1 11:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207705

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4639562849

APPLICANT: CHRIS CAMPBELL APPLICANT ADDRESS: 144 LOWRIE LOOP MOORESVILLE

SITE ADDRESS: 134 Tennessee Circle Mooresville PHONE: ALT. PHONE: 704 578 4951

SITE DIRECTIONS: PERTH - TL Fern Hill - TR Tennessee Circle ON RT

SUBDIVISION: North Wood SECTION: 1 LOT # 1 LOT AREA: 1.24AC DESIGN FLOW: 960 L.T.A.R.: .35

Septic Tank 2000 1625 (gal) STB 74 Date 5-15-18

Pump Tank 2000 1625 (gal) PT 74 Date 5-11-18

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 960

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: pump 25% Reduction

Repair System Description: pump 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 8

☐ Business No. Persons 16

☐ Other No. Employees

☐ Slab ☐ Crawl Space

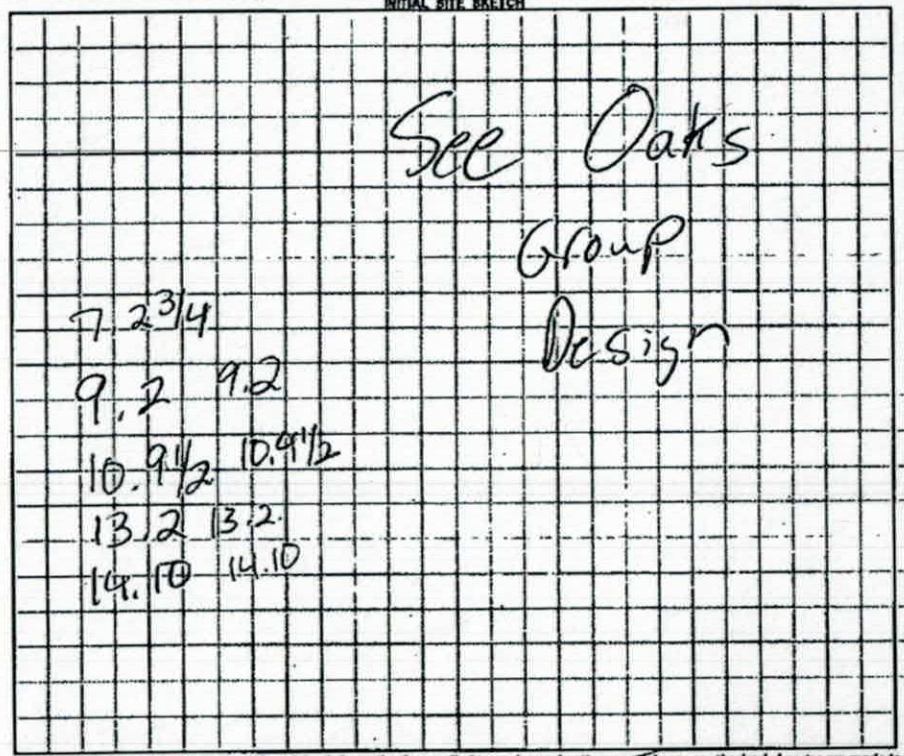
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: CHANGE OF REPAIR AREA FROM ORIGINAL.

12/19/17 Cheaked drain lines

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	12/19/17	MD
Tanks Checked	7-19-18	KW
Pressure Manifold or Valve Box Checked	7/25/18	CC
Pressure Head Set	7/25/18	CC
Electrical Checked	7/25/18	CC
Floats Set	7/25/18	CC
Alarm Checked	7/25/18	CC
Maintenance Contract Y (N)		
Comments:		

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 7/19/16

IMPROVEMENT PERMIT by: Date: 7/6/16

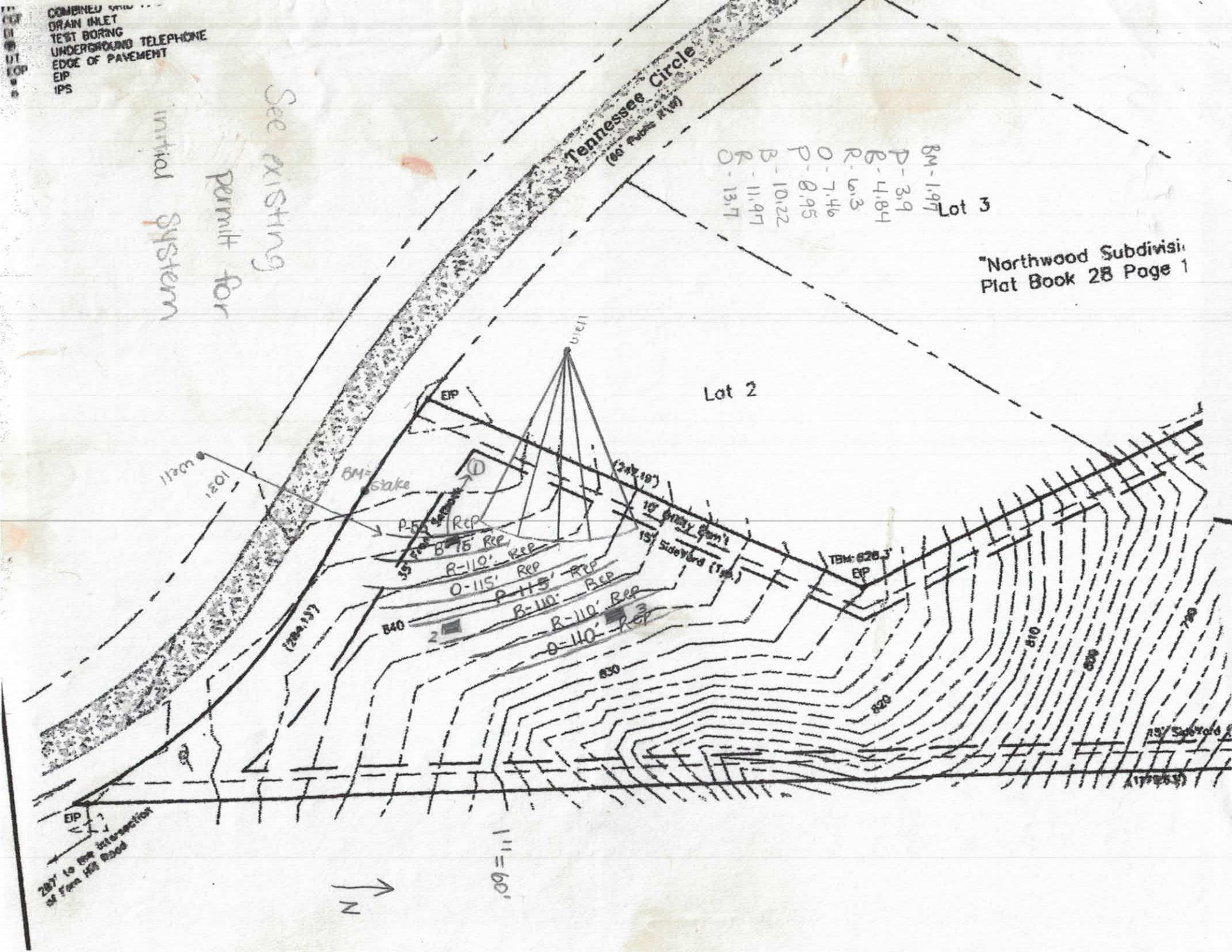
AUTHORIZATION TO CONSTRUCT by: Date: 7/6/16

Installed by: R&H

OPERATION PERMIT by: Carlos C. Cave Date: 7/25/18

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


COMBINED
DRAIN INLET
TEST BORING
UNDERGROUND TELEPHONE
EDGE OF PAVEMENT
EIP
IPS
See existing permit for initial system
Tennessee Circle
(60' Public R/W)
BM - 1.97
P - 3.9
B - 4.84
R - 6.3
O - 7.46
P - 8.95
B - 10.22
R - 11.97
O - 13.7
Lot 3
"Northwood Subdivisi
Plat Book 28 Page 1
Lot 2
EIP
BM= Stake
P-55' Rcp
B-75' Rcp
R-110' Rcp
O-115' Rcp
P-115' Rcp
B-110' Rcp
R-110' Rcp
O-110' Rcp
10' Drainage Eas't
15' Sideyard
TBM: 628.3'
EIP
840
830
820
810
800
790
EIP
287' to the intersection of Tara Hill Road
N
1" = 60'

Lot 1 Northwood Subdivision Fast Track

Number of Bedrooms	**8**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**960**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	8 (See Table)
Total Linear Feet	960
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	375' of 2" SCH 40 PVC
Flow Rate through the system	44 gpm
Elevation head	Approx. 24.4'
Pressure head	2.0'
Friction head	12.9
20% Contingency	7.9'
Total Head	47.2'
Pump Requirements	44 gpm @ 47.2' of head To be designed by installer.
Maximum Dosing Volume	480 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 10.9 min.
Repair System	**25% Reduction**
Total Linear Feet	800
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	25% Reduction	55	3.9
2	Repair	Blue	25% Reduction	75	4.84
3	Repair	Red	25% Reduction	110	6.3
4	Repair	Orange	25% Reduction	115	7.46
5	Repair	Pink	25% Reduction	115	8.95
6	Repair	Blue	25% Reduction	110	10.22
7	Repair	Red	25% Reduction	110	11.97
8	Repair	Orange	25% Reduction	110	13.7
9	**System**	**Orange**	**25% Reduction**	**120 endfed**	**1.32**
10	**System**	**Blue**	**25% Reduction**	**120 endfed**	**3.34**
11	**System**	**Red**	**25% Reduction**	**120 endfed**	**5.48**
12	**System**	**Pink**	**25% Reduction**	**120 endfed**	**7.54**
13	**System**	**Orange**	**25% Reduction**	**120 endfed**	**9.6**
14	**System**	**Blue**	**25% Reduction**	**120 endfed**	**11.78**
15	**System**	**Red**	**25% Reduction**	**120 endfed**	**13.89**
16	**System**	**Pink**	**25% Reduction**	**120 endfed**	**15.8**
				Total System: 960'	
				Total Repair: 800'	

Tank	Red	>1625 gal (2 compartment)	20.0
Pump Tank	Red	>1625 gal.	
House	Blue		5.7

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	8
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **Can also consider a 3 inch supply line pipe for smaller pump**
All elevations should be verified by installer prior to installation.
Revision does not change the initial system, only changes repair area
System and repair rod readings were not tied together.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4639-56-2847
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Chris Campbell
APPLICATION DATE: 7/14/16
ADDRESS: 144 Laurie Loop Apt 101 Mooresville
DATE EVALUATED: 7/12/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 960
PROPERTY SIZE: 7.23
LOCATION OF SITE: 122 Tennessee Circle
PROPERTY RECORDED: post 181
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
2	L 10-15%	0-5	mo gr sl	FR ns/np	R	32"	PS	N/A ok	- 0.3
		5-27	mo SBK C	FR SS/sp	R				
		27-32	wk SBK C	↓	R, C Sap				
		32-62	MA SL Sap	↓	R yel				
1	L 10-15%	0-20	MO SBK C/c	FR ss/sp	R; F Sap	29"	PS	N/A	0.3
		20-29	wk SBK CL	↓	R, C Sap				
		29-55	MA L Sap	↓	R yel				
3	L 10-15%		Yellow Jackets			32	PS	N/A	.3 - .35
		0-18	RC SaM	fri SSS/Sap					
		18-32	RK wSaM	fri SSS/Sap	- SAP				
		32-56	LSAP M	fri SSS/P	—				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	see permit	PS
System Type(s)	see permit	25% Red
Site LTAR	see permit	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

On-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #: 1
File #:
AppID: 4639562849

Owner: Paul Long
Applicant:
Address: 122 Tennessee Circle
Date Evaluated: 11/28/14
Proposed Facility: SFR
Design Flow (.1949) 960
Property Size: 7.23 Ac
Location of Site: 122 Tennessee Circle
Property Recorded:

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b. PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
9	L ~10%	0-3	Mo GR SL	FR NS/NP	Br, Gravelly				0.25
		3-24	Mo SBK C	FI S/P	R; F Sap				
		24-48	WK SBK CL	FR SS/SP	yel R; C/M sap				
10	L ~18%	0-3	Mo GR SL	FR NS/NP	Br, Gravelly				0.25
		3-14	Mo SBK C	FI S/P	Red; F Sap				
		14-40	WK SBK CL	FR SS/SP	Red yel; C/M Sap				
		40-50	MA SL Sap	FR NS/NP	yel R				
11	L	0-14	Mo SBK C	FR SS/SP	R				0.3
		14-45	WK SBK CL	FR SS/SP	R; C Sap				
		45-50	MA SL Sap	FR NS/NP	R yel				
12	L	0-3	Mo GR SL	FR NS/NP	Br				0.3
		3-15	Mo SBK C	FR SS/SP	R				
		15-34	WK SBK CL	↓	R; C Sap				
		34-50	MA L Sap		R yel				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	Sub. Dnp
Site LTAR	0.25	0.4

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

8 BDR 0.25 25% Red 960
8 @ 120'

APPROVED JAN 14 2015

Project #: _____ Sheet: _____

Property ID #: _____

County: _____

SOIL/SITE EVALUATION

Date Evaluated: _____

Owner or Client: _____

Proposed Facility: _____ Design Flow: _____ Property Size: _____

Location of Site: _____

Soil Described By: _____ Others Present: _____ **Site LTAR:** Int. _____ Rep. _____

Antecedent Moisture: _____ Weather: _____ **Site Classification:** _____

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other

Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut

Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Lscp. Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY			PROFILE FACTORS				Profile Class & LTAR
			Structure	Texture	Consistence	Inclusions	Matrix Color	Mottles	Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	
1	L	0-4	Mo GR SL	SL	FR NS/NP		Br			0.45 to 34"
		4-34	MA SL sap	SL	FR NS/NP		Br			
		34"	AR							
2	N ~15%	0-3	Mo GR	SL	FR NS/NP		DBr			0.45 to 26"
		3-22	WK SBK	SL	FR NS/NP		Br			
		22-26	MA SL sap	SL	"		Br			
		26"	AR							
3	L ~20%	0-3	Mo GR SL		FR NS/NP		DK Br			0.45 to 32"
		3-18	WK SBK SL		↓		Br			
		18-32	MA SL sap		↓		Br			
		32"	AR							
4	SH	0-4	Mo GR	SL	FR NS/NP		DK Br			0.4 to 30
		4-14	WK SBK	SL	↓		Br			
		14-30	MA SL sap	SL	↓		GR Br			
		30"+	WR + FC veins							
5	L		Mixed SCL (Mafic soil)							US
6	L	0-21	Mixed/Mafic							US
		21"	AR							

COMMENTS: _____

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4639-56-2849
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Angela Purvis
APPLICATION DATE 1-2-15
ADDRESS:
DATE EVALUATED: 1-8-15
PROPOSED FACILITY: 8 BRM House PROPOSED DESIGN FLOW (.1949): 960 gpd
PROPERTY SIZE: 7.24 ac
LOCATION OF SITE: 122 Tennessee Cir
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1	LSS 10-15%	0-7	B SC WFSBK	Fr SS SP SExP	com sap few R/RC/CC incl.	38"	PS	-	PS .3
		7-27	RC MFSBK	Fr S P SExP					
		27-38	RC WFSBK	Fr SS P SExP					
		38-60	Var SL Sap M	Fr SS SP SExP					
P2	LSS 10-15%	0-4	B SCL Gr	Fr, SS, SP SExP	few sap	44"	PS	-	PS .275
		4-19	R C MASBK	Fi, SS SP SExP					
		19-44	YR CL WFSBK	Fr SS SP SExP					
		44-60	Var L/FSL Sap M	Fr SS SP SExP					
P3	LSS 10-15%	0-6	B CL WFSBK	Fr SS SP SExP	few/com sap few CC incl.	38"	PS	-	PS .3
		6-20	R C MFSBK	Fr SS SP SExP					
		20-38	R CL WFSBK	Fr SS SP SExP					
		38-60	Var SL Sap M	Fr SS SP SExP					
P4	NS 15%	0-8	B SCL Gr	Fr SS SP SExP		28"	-	-	PS .4 or .15 drip
		8-20	LB SCL Gr	Fr SS SP SExP					
		20-28	LB SC WFSBK	Fr SS SP SExP					
		28"	Rock Controlled Sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25% Reduc.	TS II drip
Site LTAR	0.275	0.1

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Adrian Pruett
OTHER(S) PRESENT: Kathleen Saunders

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4639-56-2849
DATE OF EVALUATION: 1-8-15
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P5	LSS 20%-	0-9	LB SL Gr	Fr SSSP SExP		24"	UN	24"	PS .2 or .1 drip
		9-20	RYC MFSBK	Fi SS SP SExP					
		20-24	RY CMSSBK	Fi, S, P SEXP	>1" peds				
		24-28	Var Rock Controlled Sap / CL Sap		few Chr 2				

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 122 Tennessee Circle

Date: July 13, 2016

Attached is the septic specification information required to permit 122 Tennessee Circle for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

RECEIVED JUL 15 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00 #207705

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Comprehensive Relayout

Application For:

- ( ) New Well Permit
- ( ) Well Repair Permit
- ( ) Well Abandonment
- (X) Septic Improvement Permit
- (X) Authorization to Construct
- ( ) Existing System Inspection
- ( ) Septic System Repai

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

- (X) Survey Plat, scaled no more than 1 inch = 60 feet
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Chris Campbell **Address:** 144 Lowrie Loop Apt 101 mooresville **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 122 Tennessee Cir mooresville

Subdivision Name: Northwood **Section/Phase:** P1 **Lot Number:** 1

Driving Directions: Perth Rd, Right on Fern Hill, Right on Tennessee Cir lot on Right

Site Development Information: *(check or complete ALL that apply)*

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 8
Maximum Number of Occupants: 16 max

- ( ) Swimming Pool
- ( ) Other Addition/Structure:

- (X) Crawl Space Foundation
- ( ) Concrete Slab Foundation
- (X) Basement with Plumbing
- ( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

- (X) New Well
- ( ) Existing Well
- ( ) Community Well
- ( ) City Water
- ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

- ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
- ( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
- ( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are grante right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Emma Helt

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/13/16

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Chris Campbell, am the legal owner(s) of the property located at 122 Tennessee Circle, identified as PIN (Parcel Identification Number) 4639-56-2849, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Chris Campbell 7/13/16
Signature of Owner(s) Date

Emma Klett 7/13/16
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED JAN 5 2015

Paid $850.00 1/2/15

207705

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Angela Purvis			

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Paul Long	Contact Kathleen Saunders, LSS	704-578-4951	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
129 Tennessee Cir	Northwood (4639562849)	Lot 1

Driving Directions: Perth to Fern Hill to Tennessee Cir, Lot on R

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 8
Maximum Number of Occupants 16
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

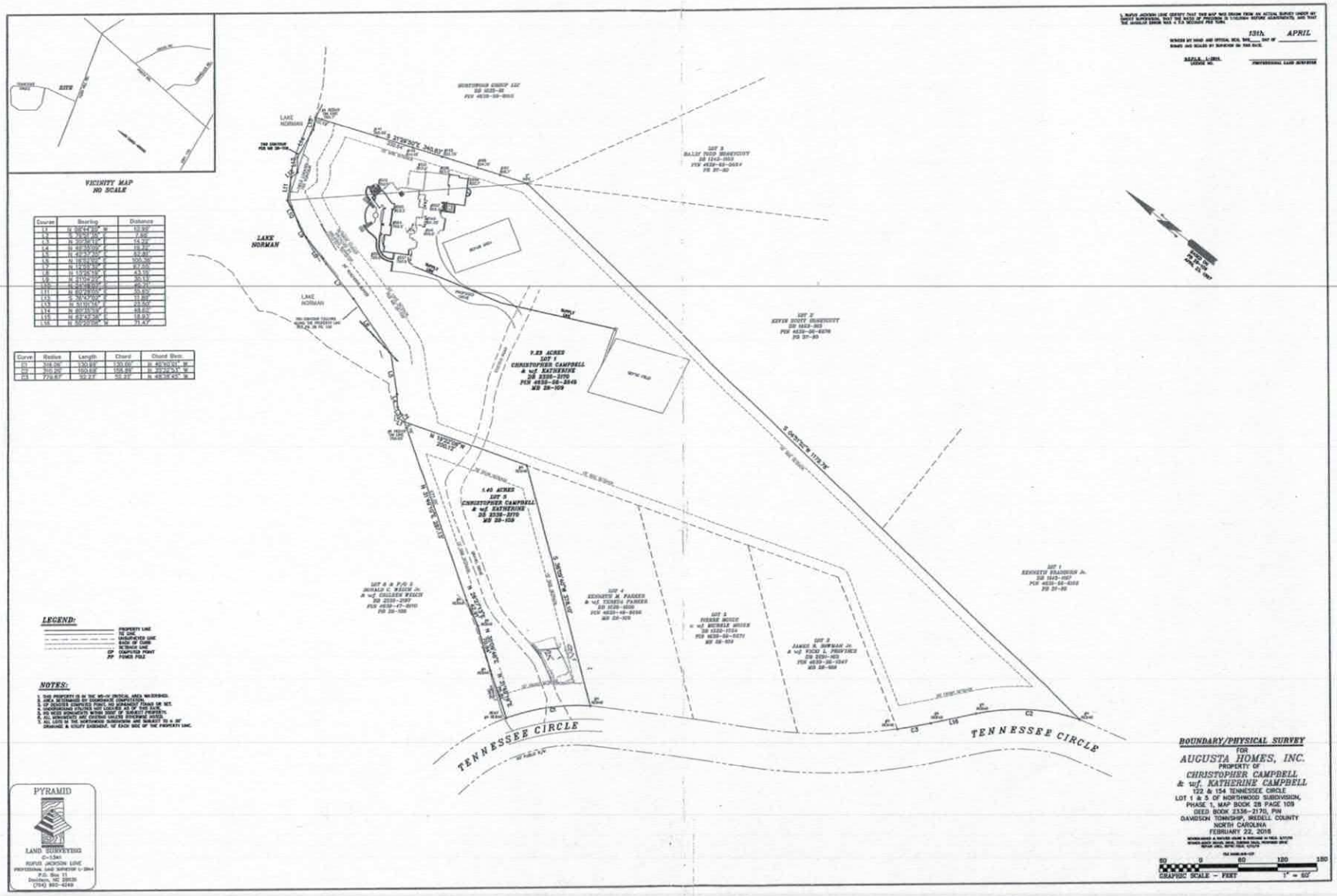
8. Please Answer The Following To The Best of Your Ability:

(X) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/2/15
DATE



Course	Bearing	Distance
L1	N 50°44'43" W	10.92'
L2	S 39°57'05" W	7.62'
L3	N 49°26'17" W	14.54'
L4	N 39°55'09" W	18.44'
L5	N 49°57'49" W	63.40'
L6	N 15°53'49" W	100.76'
L7	N 19°08'49" W	47.00'
L8	N 13°08'19" W	41.19'
L9	N 21°09'29" W	30.13'
L10	N 49°08'49" W	49.21'
L11	N 89°49'09" W	30.82'
L12	S 30°47'09" W	11.80'
L13	N 31°01'14" W	23.50'
L14	N 89°15'39" W	48.82'
L15	N 62°42'39" W	18.33'
L16	N 89°29'09" W	71.47'

Curve	Radius	Length	Chord	Chord Brng.
C1	316.00'	130.83'	129.90'	N 49°50'01" W
C2	310.00'	100.83'	100.39'	N 39°39'41" W
C3	278.97'	56.27'	56.17'	N 48°26'45" W

GOTHIC HALL SECTION

Acknowledgement of
Plans Submittal ONLY!

Date 4-19-16

Date 4-20-16

SQUARE FOOTAGE	
	AREA
FIRST FLOOR HEATED	5,060
SECOND FLOOR HEATED	4,176
GAME ROOM	1,176
STAIR TOWER	161
TOTAL HEATED AREA	10,573
PORTE-COCHERE	656
MAIN WING GARAGE	484
TWO CAR GARAGE	440
COVERED PORCH	1,080
COVERED PORCH - OUTDOOR KITCHEN	1,080
BACK ROOM / STORAGE	161
BALCONY	72
TOTAL UNDER ROOF	14,546

SHEET LIST - FIRST SUBMISSION	
SHEET NO.	SHEET DESCRIPTION
A1.1	FIRST FLOOR PLAN
A1.2	SECOND FLOOR PLAN
A1.3	ROOF PLAN
A2.1	EXTERIOR ELEVATIONS
A2.2	EXTERIOR ELEVATIONS
A3.1	BUILDING SECTIONS
A3.2	BUILDING SECTIONS

NOTE:
ALL DIMENSIONS ARE TO FACE OF FRAMING UNLESS OTHERWISE NOTED. REFER TO ELEVATION SHEET ASSEMBLY FOR TOTAL SPECS.

DOOR & WINDOW NOTE:
ALL DOORS AND WINDOWS TO BE SELECTED BY OWNER. REFER TO ELEVATIONS FOR APPROXIMATE SIZES.

FIRST FLOOR NOTES:
- 8" FOUNDATION WALL
- 12" FOUNDATION WALL
- 16" FOUNDATION WALL
- 24" FOUNDATION WALL
- 4" BRICK VENEER OVER 8" CMU WALL
- 4" BRICK VENEER OVER 12" CMU WALL
- 4" BRICK VENEER OVER 16" CMU WALL
- 4" BRICK VENEER OVER 24" CMU WALL
- 4" BRICK VENEER OVER 6" WOOD STUD WALL
- 4" BRICK VENEER OVER 8" WOOD STUD WALL
- 4" BRICK VENEER OVER 12" WOOD STUD WALL
- 4" BRICK VENEER OVER 16" WOOD STUD WALL
- 4" BRICK VENEER OVER 24" WOOD STUD WALL
- 4" BRICK VENEER OVER 6" WOOD STUD WALL
- 4" BRICK VENEER OVER 8" WOOD STUD WALL
- 4" BRICK VENEER OVER 12" WOOD STUD WALL
- 4" BRICK VENEER OVER 16" WOOD STUD WALL
- 4" BRICK VENEER OVER 24" WOOD STUD WALL

FIRST FLOOR PLAN

PROJECT:

CAMPBELL RESIDENCE

LOT 1, TENNESSEE CIRCLE MOORESVILLE, NC 28117

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P.O. Box 1693
Mint Hill, NC 28227
tel: 704-545-3228
fax: 704-545-0080

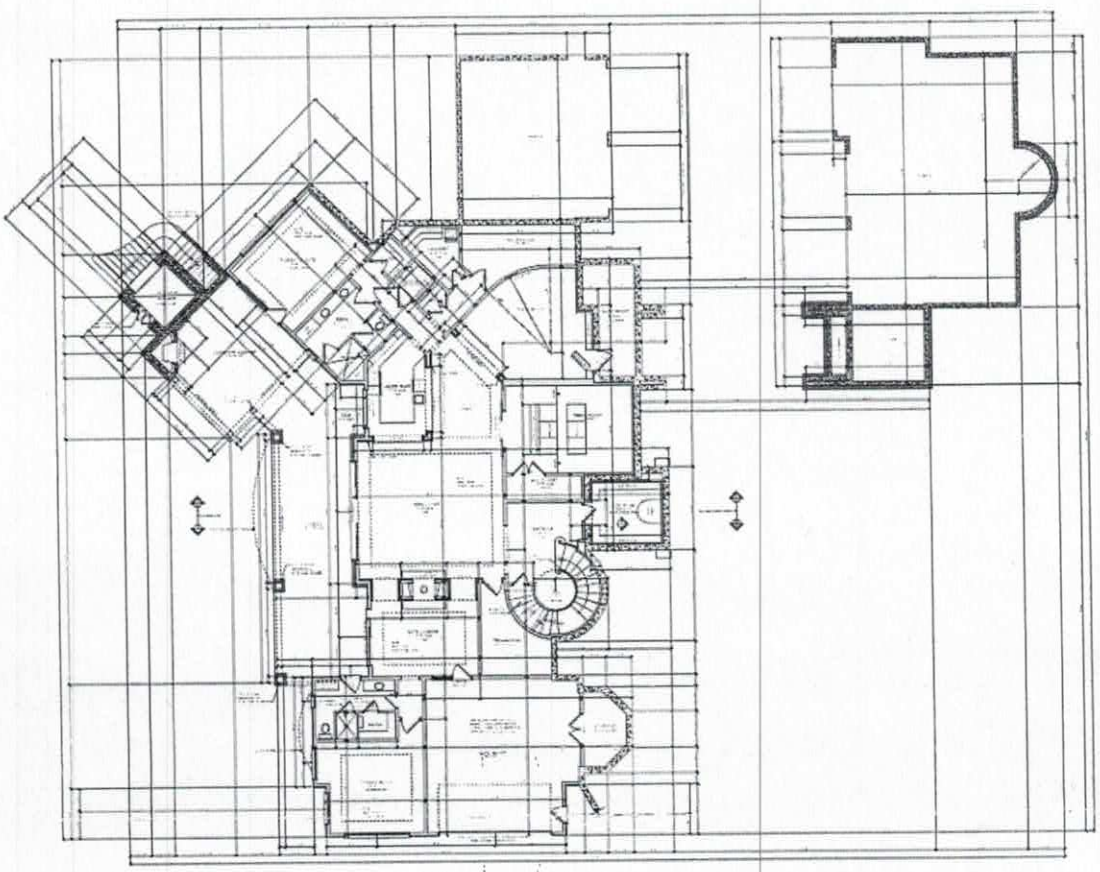
ENGINEER BY:
INTELLIGENT DESIGN ENGINEERING, P.C.
3000 THE PLAZA SUITE B
CHARLOTTE, NC 28205
NC: 0288

DRAWN BY:
J. STEFANIK

DATE:
03/09/2016

REVISED:

SHEET 6 OF 18



Acknowledgement of
Plans Submittal ONLY!

Date 4-19-16

Date 4-20-16

ENGINEER BY:
INTELLIGENT DESIGN ENGINEERING P.C.
8000 E. W.T. HARRIS BLVD. B
CHARLOTTE, NC 28269
NO. C-189

P.O. Box 691286
Mt. Pleasant, NC 28207
tel: 704-545-2937
fax: 704-545-5609

PROJECT:
CAMPBELL RESIDENCE
LOT 1, TENNESSEE CIRCLE MOORESVILLE, NC 28117

DRAWN BY:
J. STEPANK
DATE:
03/09/2016
REVISED:

SHEET 8 OF 10

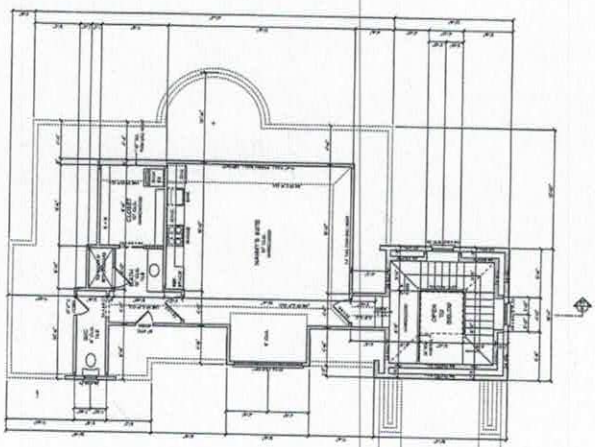
Acknowledgement of
Plans Submittal ONLY!
Shelly Mong Date 4-19-16
BA Date 4-20-16

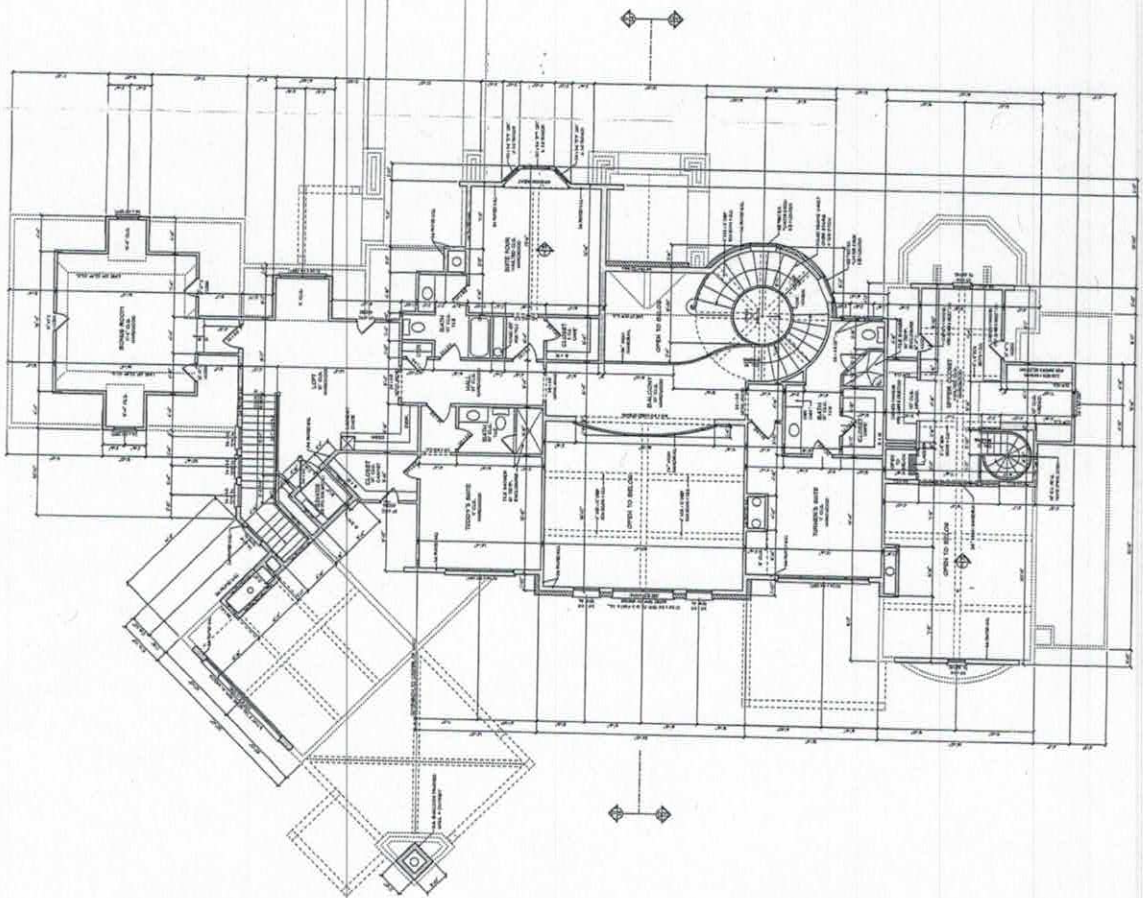
NOTE:
CONTRACTOR TO VERIFY DWG'S / MECHANICAL, ETC. FOR ELEVATION, FRAMING & ENERGY PER TOTAL SPACES.

DOOR & WINDOW NOTE:

SECOND FLOOR NOTES:

SECOND FLOOR PLAN





IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
207705
Issue Date: 01/02/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639562849.000	122 TENNESSEE CIRCLE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: LONG PAUL E	Applicant: THE OAKS GROUP
Address: 13408 HARVEST POINT DR HUNTERSVILLE, NC 28078	Address: 129 DELARGY CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
FAST TRACK FOR SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.240	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

$ PAID Credit 1-2-15

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	28857	TOTAL FEES:	$ 77.25