IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21867

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

PIN # 4639624358

APPLICANT: Rick Constable APPLICANT ADDRESS: 18637 Northline Drive Suite I Cornelius NC 28031

SITE ADDRESS: 166 Bayshore Lp. Mooresville NC PHONE: 704 807-079 ALT. PHONE: 704-439-3810

SITE DIRECTIONS: Hwy 150 West TR Perth Rd TL Liva Ln TR Baycrossing TL Bayshore Lp lot on right

SUBDIVISION: Baycrossing SECTION: 2 LOT # 97 LOT AREA: .710 Acres DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	338	Date	12-23-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4/3	Water Supply
Pump Tank	1000 (gal)	PT	477	Date	1-9-17	System Description:				☐ Business	No. Persons	8	☒ Private
Pump Make	Bioworks	Model	WE0512HV	Serial #		Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	360'	Maintenance Agreement Required:		☐ YES	☐ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A			☐ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

System Description: GP Pump - 25% Reduction

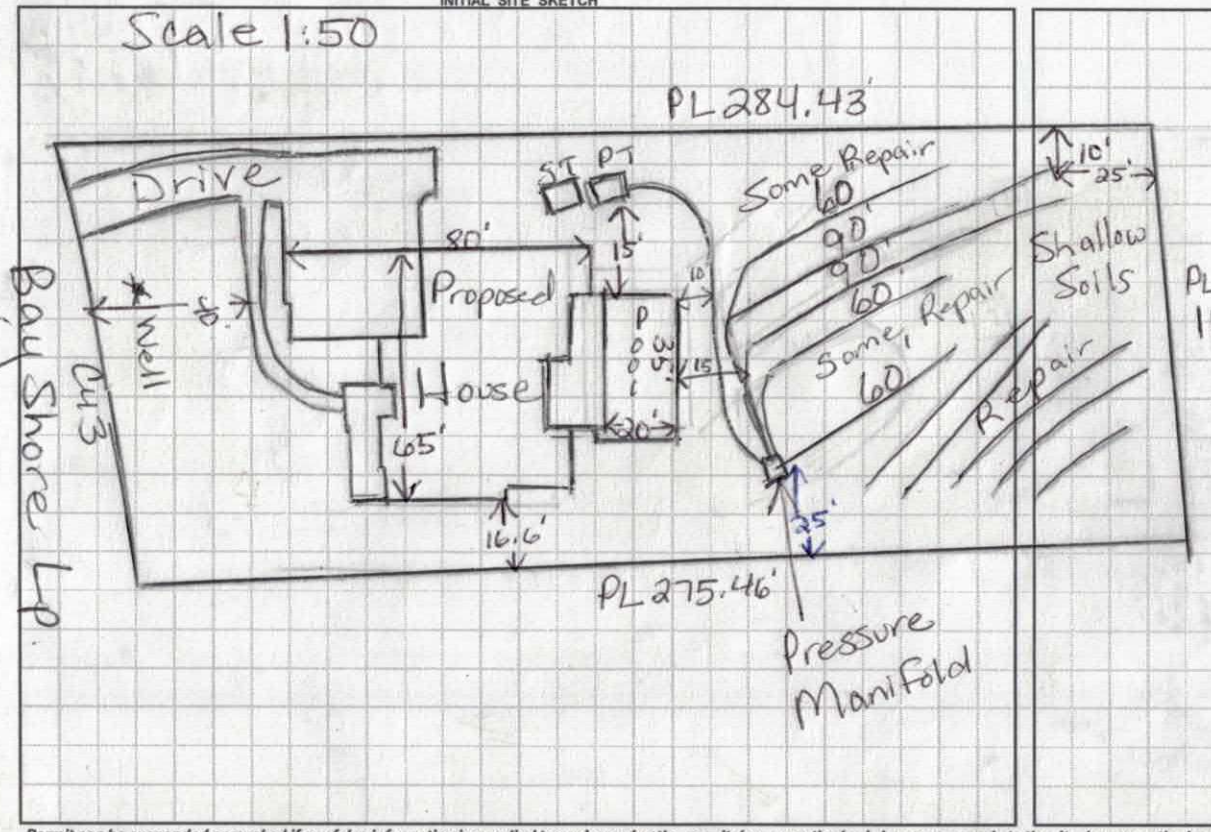
Repair System Description: Pump - 25% Reduction

Comments / Conditions: 2/21/17 Checked tanks, lines & supply line & pressure manifold.

* Fill may be required for repair area

Reviewed floor plans, in Compliance with I.P.

INITIAL SITE SKETCH



AS BUILT SKETCH

Pressure Manifold

1½" sch 40 taps for 60 ft lines

3/4" sch 80 taps for 90 ft lines

	Date	Initials
Drain Lines Checked	2/21/17	MD
Tanks Checked	2/21/17	MD
Pressure Manifold or Valve Box Checked	2/21/17	MD
Pressure Head Set 2F	3/17/17	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: Supply line Checked	2/21/17	MD

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: Rick Constable Date: 4/1/16 Installed by: Steve London

IMPROVEMENT PERMIT by: Marian Dotson RS Date: 6/25/16 OPERATION PERMIT by: Marian Dotson Date: 3/17/17

AUTHORIZATION TO CONSTRUCT by: Marian Dotson RS Date: 6/30/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4639624135
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rick Constable — APPLICATION DATE
ADDRESS: 1616 Bayshore Lp Mooresville, NC — DATE EVALUATED: 6/18/16
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: .710
LOCATION OF SITE: Bay Crossing #94 — PROPERTY RECORDED:
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
1	3%	0-3"	Brw SCL	SS, SP, SE, FR					PS .3
		3-20	R, C m-w	SBK SS, SP, SE, FR					
		20-50	R, C, w	SBK SS, SP, SE, FR					
2	3%	0-10	Brw SCL	SS, SP, SE, FR					PS .3
		10-30	R CL	w SBK SS, SP, SExp, FR					
		30-48	R C	m SBK SS, SP, SExp, FR					
3	5%	0-3	Brw SCL	SS, SP, SE, FR					PS .3
		3-48	R C/CL	m-w SBK SS, SP, SExp, FR					
4	14%	0-14	Brw SCL	w SBK SS, SP, SE, FR					PS .3
		14-50	R C/CL	m-w SBK SS, SP, SE, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Pump-25% Red	Pump-25% Red
Site LTAR	.25-.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): B
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4639624 35
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rick Constable
ADDRESS: 166 Bayshore Lp Mooresville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: Bay Crossing #97
APPLICATION DATE _____
DATE EVALUATED: 6/18/16
PROPERTY SIZE: .710
PROPERTY RECORDED: _____

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

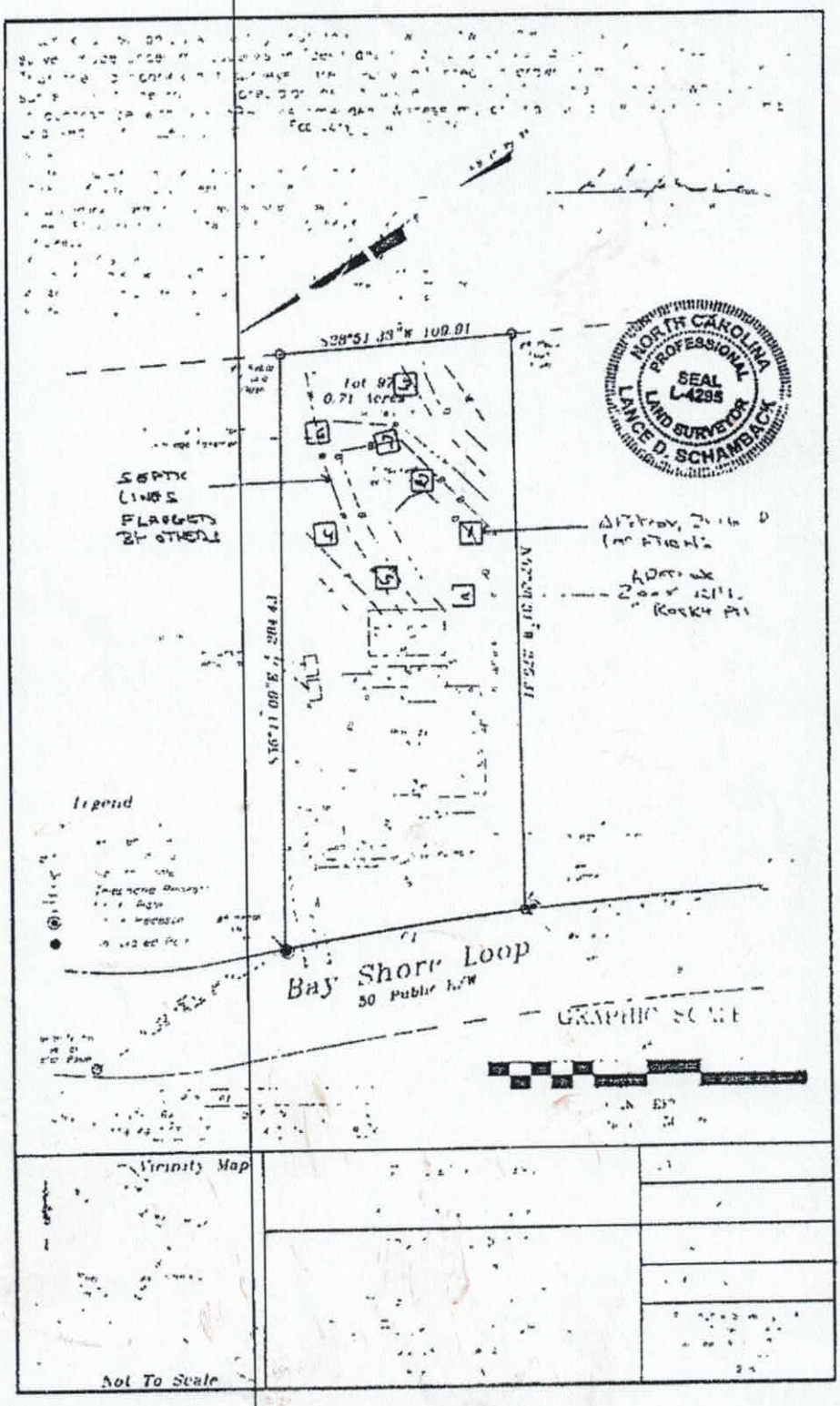
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 S	3%	0-50"	Rd/Brn CL	w SBK SS, SP, PE, FR					PS .3
2	6		Water in Pit						P
3	5%	0-10	Bw SCL						PS .3
	7	10-22	B Cnf Few yellow mottles						22"
		22-48	B SCL/CL Wet to massive Yellow mottles						PS .25 > 22"
			Water in bottom of pit.						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Pump 25% Red	Pump 25-50% Red
Site LTAR	.25-.3	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____

Pit Locations



* SITE PLAN MUST ACCOMPANY PERMIT FOR SOIL CONDITIONS HELPER REPORT DATED 3-1-16.

Jim Noelle Backhoe Pit Locations
3-1-16

108

109

320'
2PPPBPS
w/Similar
Repair

98

97

96

95

110'

105'±

105'±

DRIVE

DRIVE

DRIVE

JBLIC R/W

16+00

15+00

14+00

13+00

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

Old

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: [illegible] APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 3-2-05
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ___
LOCATION OF SITE: Lot 97 Bay Crossing PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

#5 0-6 wk sbk sl fr ss p
6-36 wk sbk c fr ss p fawy brn .25
36-48 sbk rcl fr ss p mottles .3

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10	wk sbk fri sdy l	fr ss sp					.225-.2
		10-38	m f sbk/sbk RC	fr ss s p	fawy brn mottles, water seeps from ret/channels				
		38-60	wk sbk sdy l/cl	fr ss s p	few gravel and sap				
2		0-54	sbk sdy l	fr ss s p	with few ind w. rock/sap				.3
3		0-58	wk sbk - massive sdy l/ RCl mottles	fr ss s p	without hard w. rock	(4) Dig more pits			(4) saltbox
4	3-9-05 2-3% R	0-7	wk sbk brn sdy l	fr ss s p					.3
		7-31	m f sbk/mass rcl/cl	fr ss s p/sbk					
		31-54	wk sbk RCl	fr ss s p					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.225	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [signature]
OTHER(S) PRESENT: [illegible] TCJ

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 47, Page 33. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 2 day of February, A.D. 2016.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

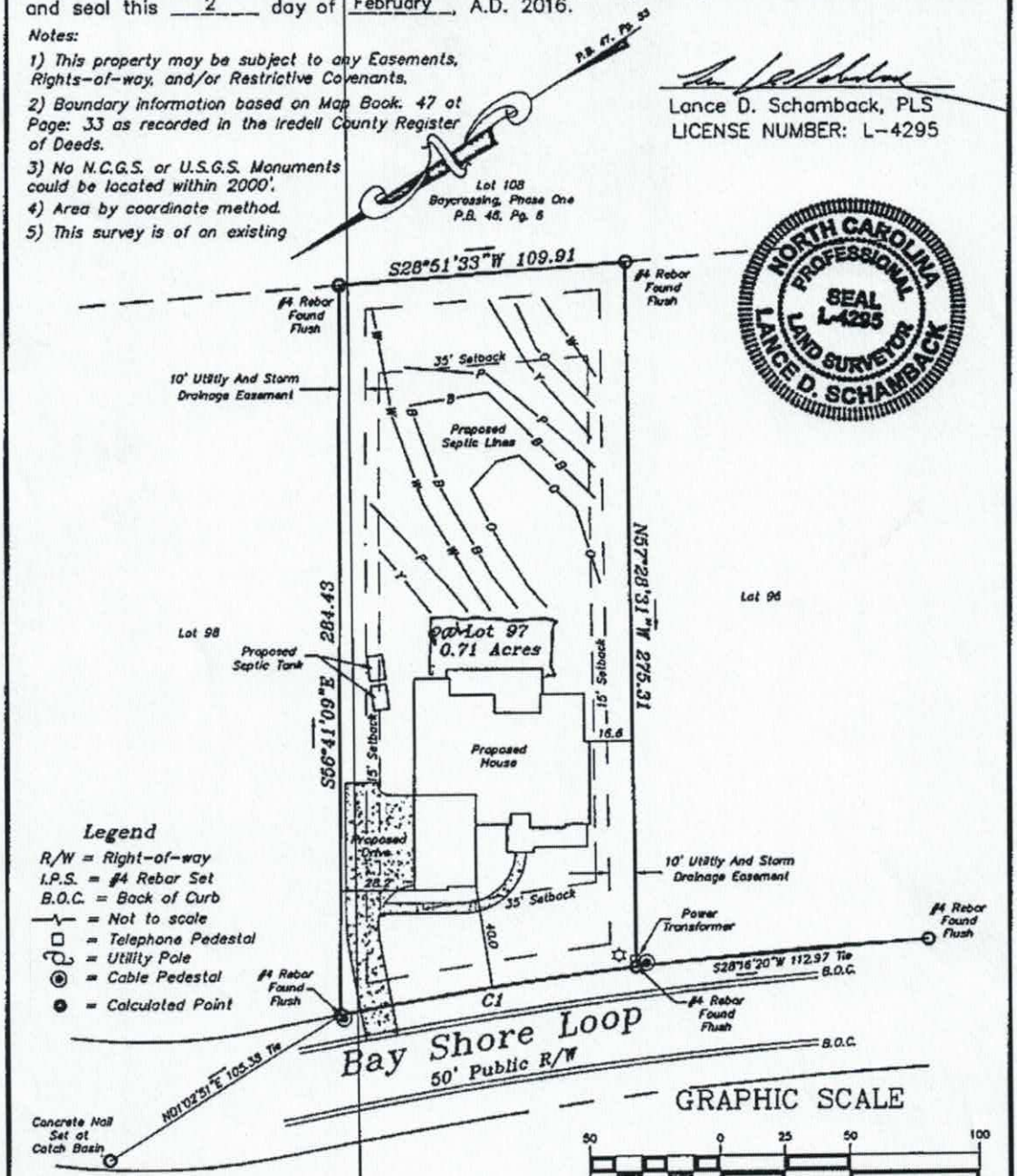
2) Boundary information based on Map Book: 47 at Page: 33 as recorded in the Iredell County Register of Deeds.

3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

5) This survey is of an existing

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point

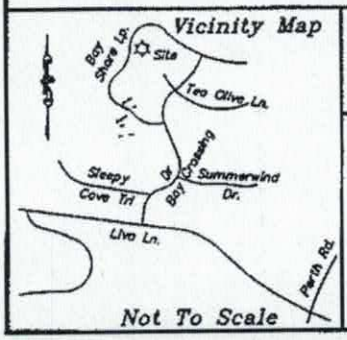
GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	114.74	1737.57	N24°31'14"E	114.72

Vicinity Map



Not To Scale

Boundary Survey
FOR
Mr. and Mrs. Noelle

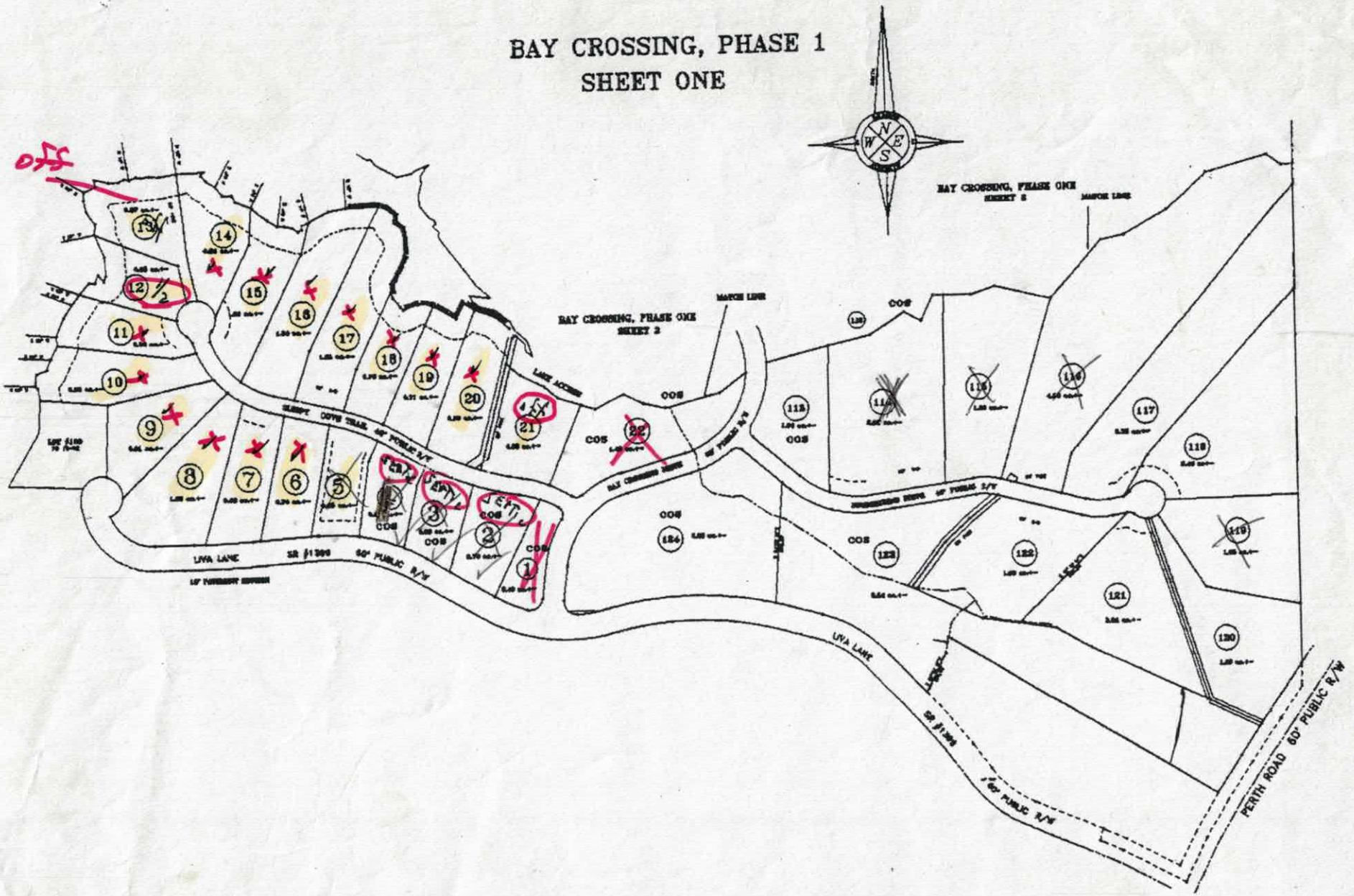
PROPERTY DESCRIPTION

Lot 97,
Baycrossing, Phase Two
Plat Book 47, Page 33
Davidson Township
Iredell County, NC

SCALE: 1" = 50
FIELD BOOK:
FILE: 2016-20
TAX MAP NO: 4639624358

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

BAY CROSSING, PHASE 1
SHEET ONE



RECEIVED MAY 9 - 2016

Please CALL prior to inspection 166 Bayshore 5/9

Name: Rick

Number: 704-807-0797

HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

...LL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR ... THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION ...UBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS. APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $1200.00

#21867

...ITION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ 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

Place check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Monterey Bay Rick Constable	18637 Northline Drive, Suite I Cornelius 28031	704-807-0797	704-439-3810
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jim Noelle	13039 Southampton Ct. Cornel, IN 46032	317-490-4394	___
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

166 Bayshore Loop	Bay Crossing	Lot 97
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From Exit 36 go west on Hwy 150, Right on Perth Road, left on Liva Lane, right on Baycrossing, Left on Bayshore Loop, Lot 97 is on Right about ¼ mile.

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3 (per plan)
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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:

(✓) 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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

Panel system with pump previously on prelim.

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?

( ) Yes (✓) 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: Rick Constable 5/1/2016

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

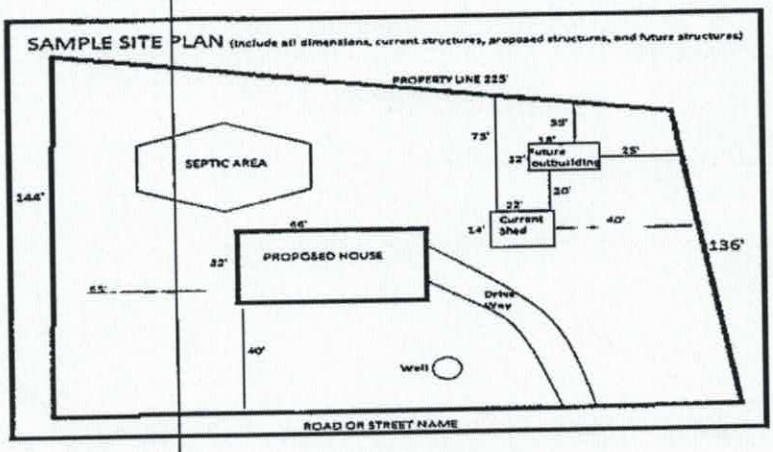
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: Rick Cook

REQUIRED property owner or owner's legal representative signature.

5/1/2016

DATE

S 28°52' 44" W 539.20'

55.00'

ASEMENT

100.00'

110.00'

110.00'

0.78 AC.+-

0.71 AC.+-

0.72 AC.+-

98

97

96

S 50° 45' 27" E

308.48'

S 56° 41' 09" E

284.43'

S 57° 26' 34" E

275.46'

S 58° 02' 51" E

274.12'

35' S/B

C44

C43

C42

BAY SHORE LOOP 50' PUBLIC R/W

C33

C34

RCP

C31

C32

35' S/B

49" E

18" HDPE

0.96 AC.+-

0.93 AC.+-

0.93 AC.+-

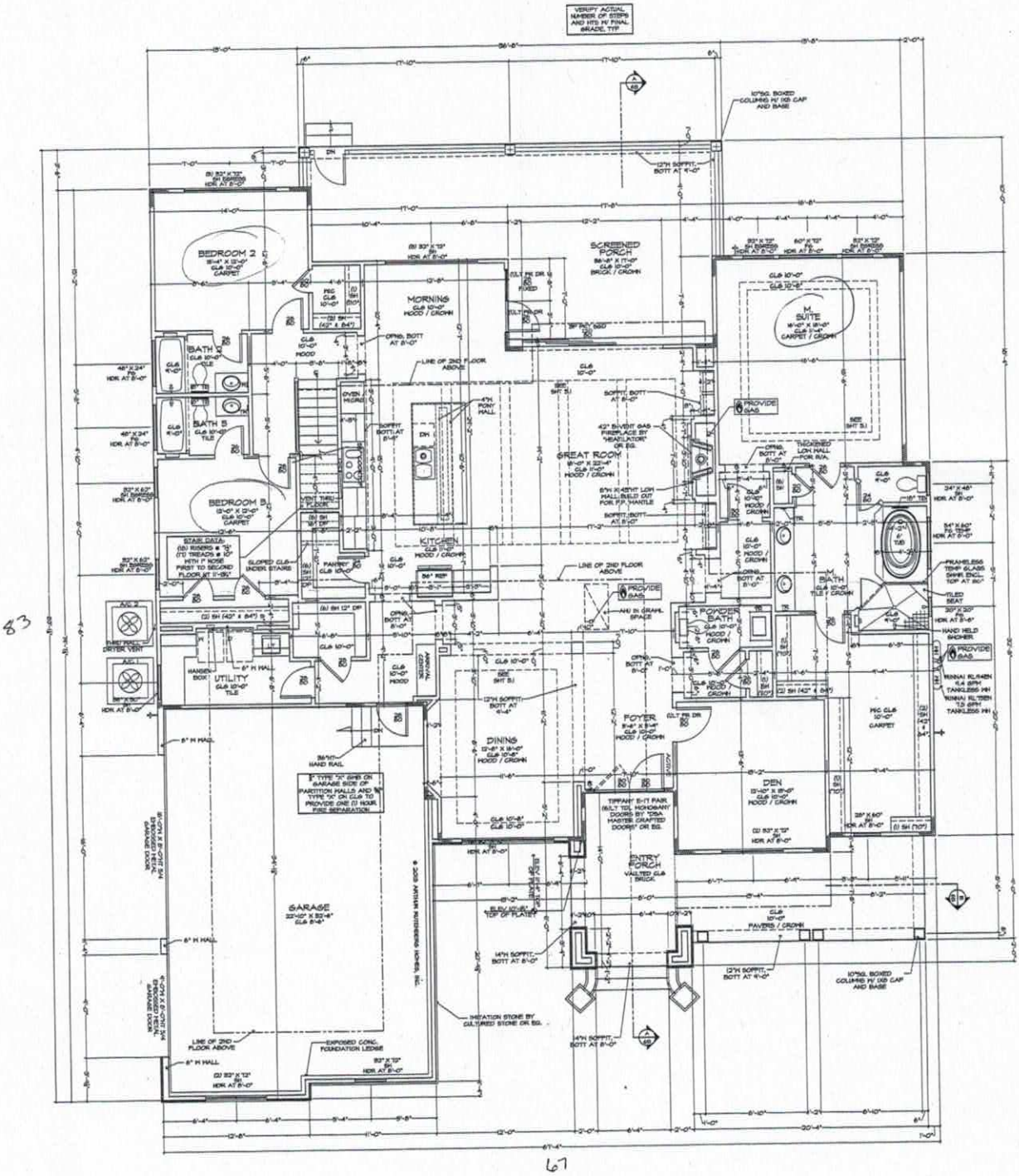
30" E

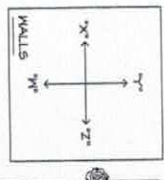
00" E

Acknowledgement of
Plans Submittal ONLY!

Date 6/29/2016

Date 6/30/16





GENERAL NOTES

SQUARE FOOTAGES

TOTAL LIVABLE

FLOOR PLAN

24X36= 1/4"=1'-0"
18X24= 1/8"=1'-0"

MR. AND MRS. NOELLE
BUILDER: MONTEREY BAY CHARLOTTE, LLC
CORNELIUS, NORTH CAROLINA
AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE

05/25/16 - SH - A
05/16/16 - SH - B

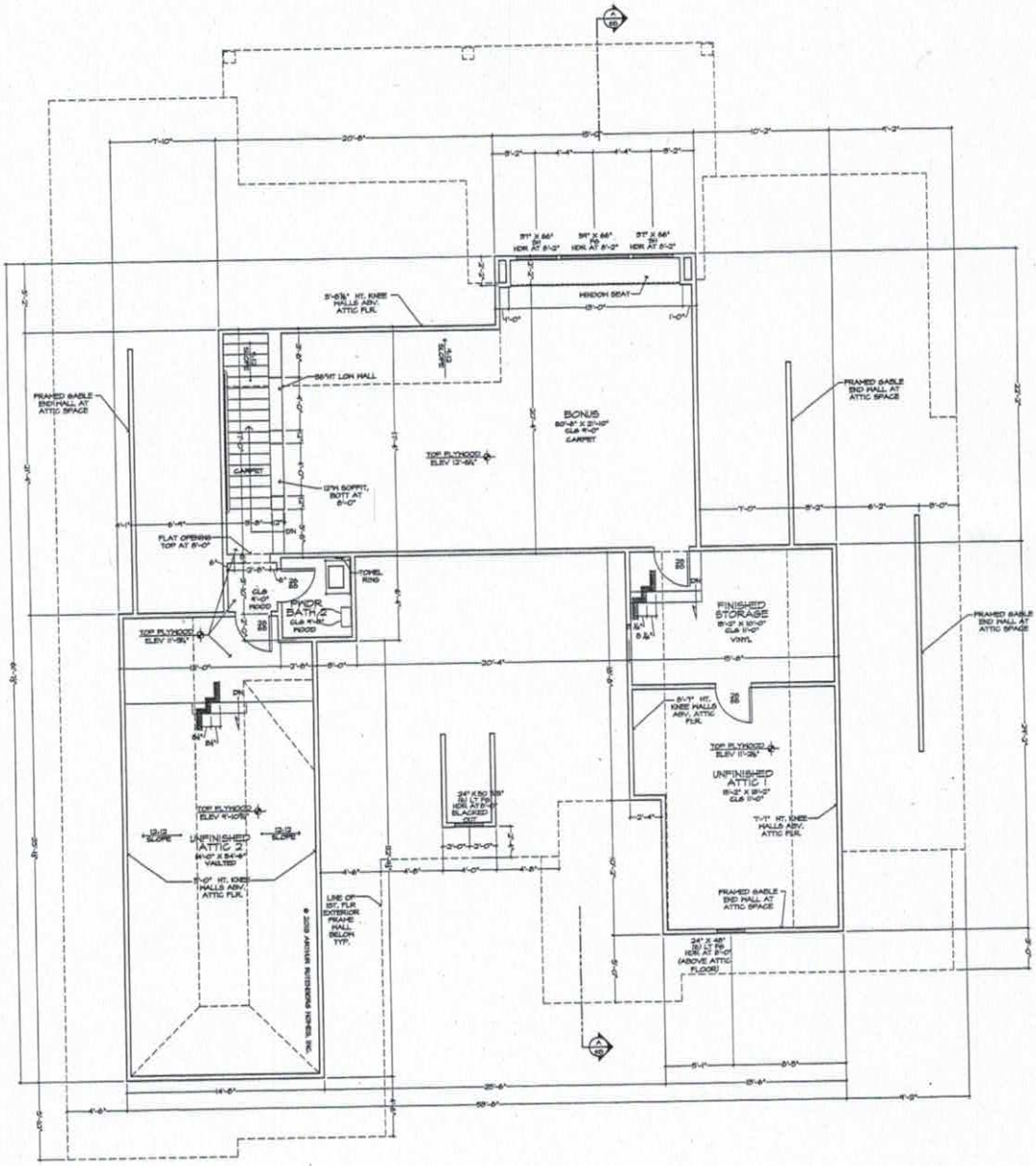
Arthur Rutenberg Homes

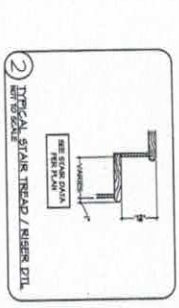
LOT 97 BayCrossing, 166 Bayshore Loop

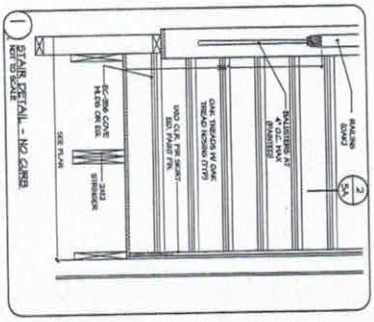
Acknowledgement of
Plans Submittal ONLY!

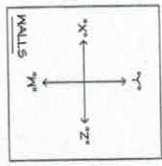
Rick Comstock Date 6/29/2016

Marissa Stone Date 6/30/16









GENERAL NOTES:

2ND FLOOR PLAN

24X36= 1/4"=1'-0"
18X24= 1/8"=1'-0"

MR. AND MRS. NOELLE

BUILDER: MONTEREY BAY CHARLOTTE, LLC

Arthur Rutenberg Homes

Lot 97 BayCrossing, 166 Bayshore Loop

IREDELL COUNTY

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

APPLICATION NUMBER
218671
Issue Date: 05/09/2016

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639624358.000	166 BAY SHORE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NEWINS DAVID W+LISAGENE	Applicant: MONTEREY BAY- CHARLOTT
Address: 27 BAUER AVENUE MOORESVILLE, NY 11949	Address: 18637 NORTHLINE DR SUITE I CORNELIUS, NC 28031
Phone:	Phone: 704-807-0797

Use Requested	Zone Code
SFD REPLACING PERMIT 125333	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
V5399 $77.25
V5400 $120.00
5-9-16

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.

See Attached

Applicant: _____ Date: _____

Permit Number	68195	TOTAL FEES:	$ 77.25