ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # AP-3016648

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

PIN # 4644377592

APPLICANT/OWNER: Russell Williams APPLICANT ADDRESS: 4919 E. Maiden Rd. Maiden, NC

SITE ADDRESS: 214 West Paces Rd. Mooresville, NC PHONE: 980-429-1580 ALT. PHONE 518-366-2208

SITE DIRECTIONS: US 21S → L on Alcove → 2nd exit @ traffic circle onto Mecklynn Rd → stay straight on West Paces → lt at end SAP CONTROLLED: ☐ YES ☐ NO

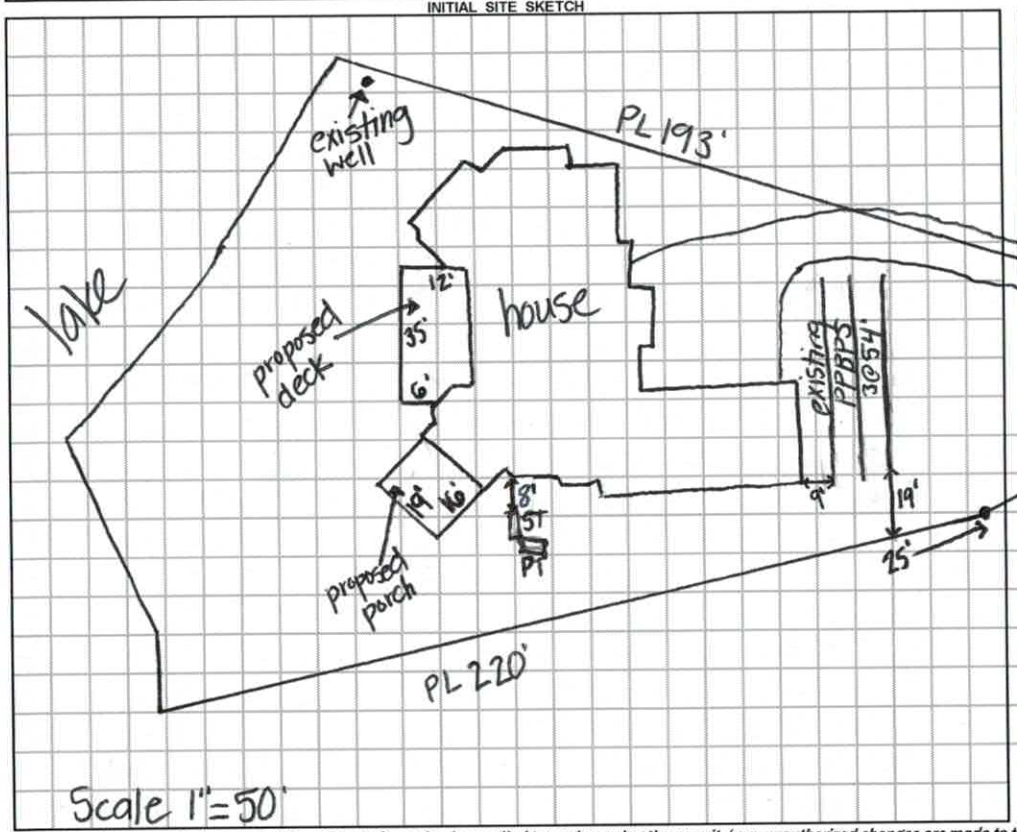
SUBDIVISION: West Paces SECTION: — LOT # 7 LOT AREA: .71ac DESIGN FLOW: 240gpd L.T.A.R.: —

Septic Tank	EXISTING (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description: EXISTING				☐ Business	No. Persons 4
Pump Make		Model	Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	EXISTING	# Lines	Linear Ft	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth —	☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

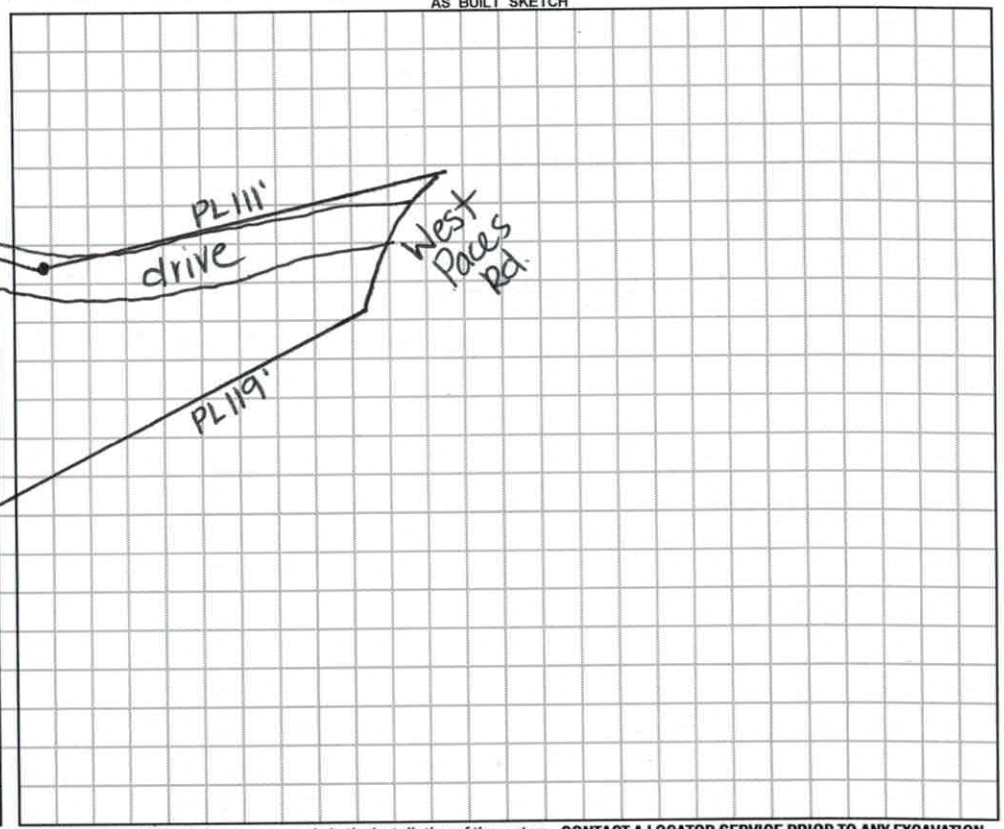
Comments / Conditions: System appears to be functioning properly during time of inspection.

INITIAL SITE SKETCH



Scale 1"=50'

AS BUILT SKETCH



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: Russell Williams Date: 11-1-19 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Kayla Watson Date: 10-31-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-301648
10-30-19
$250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

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.

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

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Russell Williams Address: 4919 E Maiden Rd Maiden Zip: 28650
Applicant Email: rwilliams9534@bellsouth.net Phone: 980 429 1580 Alt. Phone: —
Owner Name: Ken Sommerville Address: 214 West Paces Dr Mooresville Zip: 28117
Owner Email: _____ Phone: 518-366-2208 Alt. Phone: _____

Property Information:

Street Address: 214 West Paces Dr. Mooresville, NC 28117
Subdivision Name: West Paces Section/Phase: _____ Lot Number: _____
Driving Directions: Langtree Rd. to Mecklyn Rd. to end - to Rt at Gate. Gate Code - # 9603 - end on Rt.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Deck

CHECK FOUNDATION TYPE

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1993
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

NA

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 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.

Signature: Russell Williams 10-30-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, Ken Sommerville am the legal owner(s) of the property located at 214 West Paces Rd. Mooresville NC 28117 identified as

PIN (Parcel Identification Number) 4644377592.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Russell Williams, Wastewater Solutions, 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

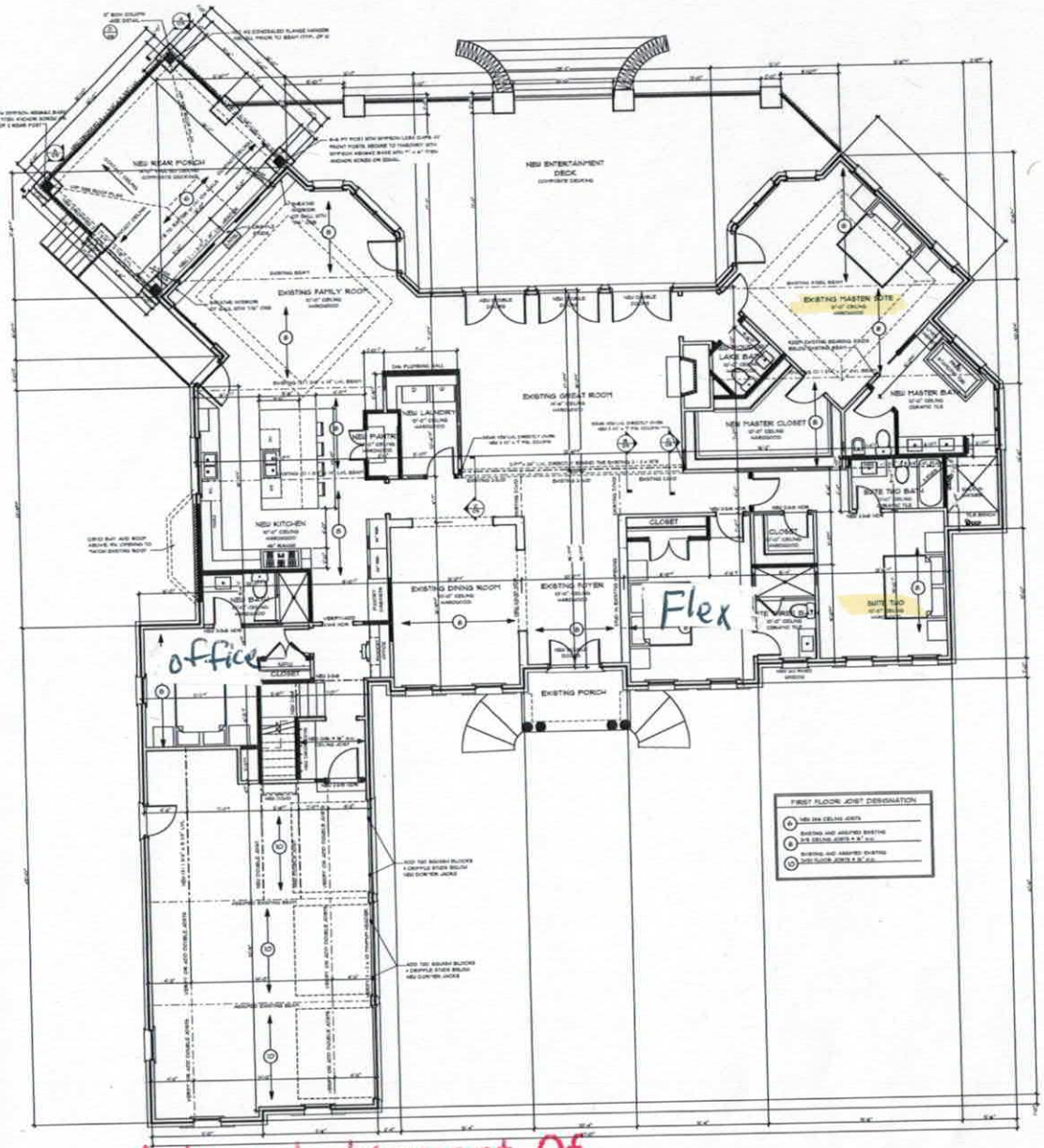
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Ken Sommerville
Signature of Owner(s)

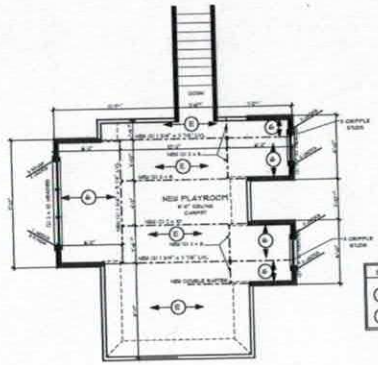
10-13-19
Date

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



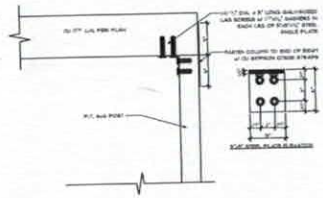
FIRST FLOOR PLAN



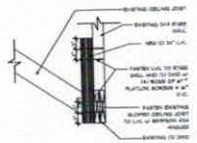
SECOND FLOOR PLAN

NOTE TO BUILDER & LUMBER SUPPLIER

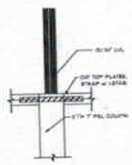
DO NOT ALTER THE TRUSS PLATE LAYOUT WITHOUT THE APPROVAL OF THE ENGINEER OF RECORD. ANY CHANGES MADE WITHOUT REVIEW AND APPROVAL BY THE ENGINEER OF RECORD SHALL RESULT IN THE ENGINEER OF RECORD BEING RELIEVED OF ALL RESPONSIBILITY FOR ALL ASPECTS OF THE ENGINEERED DESIGN.



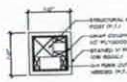
A POST-BEAM CONNECTION



B EXISTING CEILING TO NEW LVL DETAIL



C P&L COLUMN DETAIL



D BOX COLUMN DETAIL

FLOOR PLAN CONSTRUCTION NOTES

SCALE: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 10-31-19
Date 11-1-19

K&H RESIDENTIAL DESIGNS.COM
704-728-0505
N·C·B·D·C

IDE INTELLIGENT DESIGN

THE SONNEMILLE RESIDENCE
LOT 2 SONNEMILLE
CORNELIUS, NORTH CAROLINA

MEMBER: AIBD

PROJECT NO: 2019-052
DATE: 10/24/2019
REVISIONS:
DRAWN BY: C. QUINN

COPYRIGHT
K&H RESIDENTIAL DESIGNS
AUTHORIZED USE PLAN TO BE BUILT ONE TIME BY THE PRINCIPAL PURCHASER. + MODIFICATIONS OR REUSE OF THIS PLAN IS PROHIBITED

SHEET TITLE
FIRST & SECOND FLOOR PLAN

05
SHEET 05 OF 09