IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234160

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4644-38-8144

APPLICANT/OWNER: Jas-Am, Inc. APPLICANT ADDRESS: 5113 Piper Station Dr. Ste. 201 Charlotte 28277

SITE ADDRESS: 113 Sea Hide Ct. Mooresville, NC PHONE: 704-507-8795 ALT. PHONE

SITE DIRECTIONS: Langtree Rd West from I-77 → L on Meckyon Rd → R on West Paces Rd → R on Sea Hide Ct → Lot @ end of rd. SAP CONTROLLED: ☐ YES ☒ NO

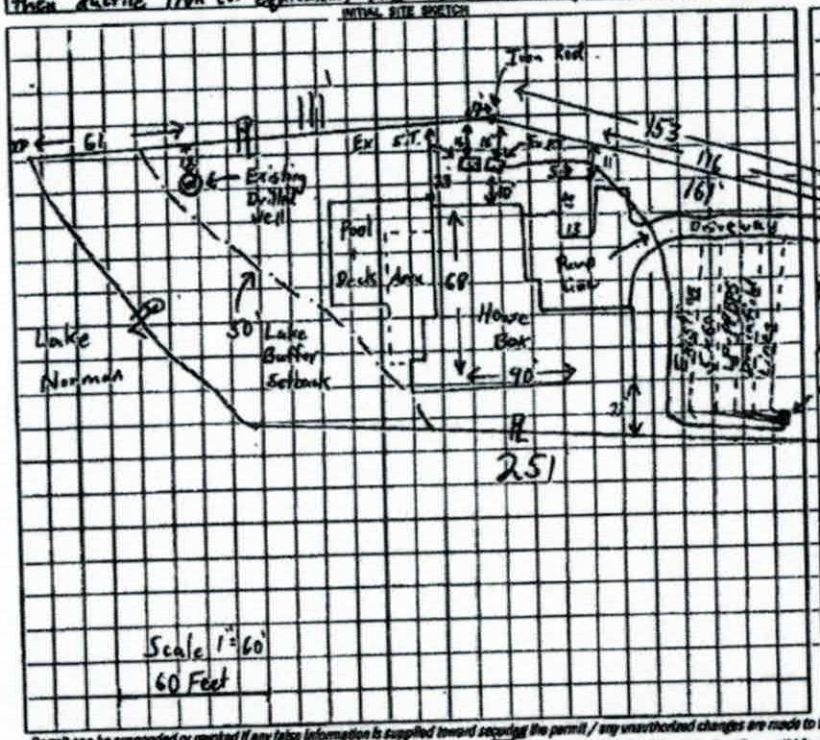
SUBDIVISION: Westview SECTION: — LOT # 18 LOT AREA: 0.94 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (Ex)

Septic Tank	1000 (Ex) (gal)	STB	825	Date	5-4-03	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (N) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (Ex) (gal)	PT	302	Date	4-9-03	System Description: LP-PPBPS (50% Reduction) [Relocate pump line]				☐ Business	No. Persons 8
Pump Make	Zoeller	Model	N-139 (Ex)	Serial #		Repair System Description: LP-PPBPS (50% Reduction)				☐ Other	No. Employees
# Nitrification Fields	1 (Ex)	# Lines	5	Linear Ft	300	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Ex ☐ Public ☐ Community

Comments / Conditions: Relocate pump line as needed to ensure compliance with the MOO rules. If line is shallower than 30" under driveway then ductile iron (or equivalent) must be used. Pump line must maintain a minimum 5' distance from garage foundation and property line. Recommend setting pump floats to dose system no more than 160 gallons per pump event.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked	7/2	KW
Pressure Head Set	7/2	KW
Electrical Checked	9-13	CC
Floats Set	7/2	KW
Alarm Checked	9-19	
Maintenance Contract Y/N	9-19	

Supply line checked 7/2 KW

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: Date: 4/19/18 Installed by: TW Ammons Septic Services

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/19/18 OPERATION PERMIT by: Date: 9-19-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/19/18 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234760

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

PIN # 4644-38-8144

APPLICANT/OWNER: Jas-Am, Inc. APPLICANT ADDRESS: 5113 Piper Station Dr. Ste. 201 Charlotte 28277

SITE ADDRESS: 113 Sea Hide Ct. Mooresville, NC PHONE: 704-507-8795 ALT. PHONE

SITE DIRECTIONS: Langtree Rd West from I-77 → L on Mecklyn Rd → R on West Paces Rd → R on Sea Hide Ct → Lot @ end of rd. SAP CONTROLLED: ☐ YES ☒ NO

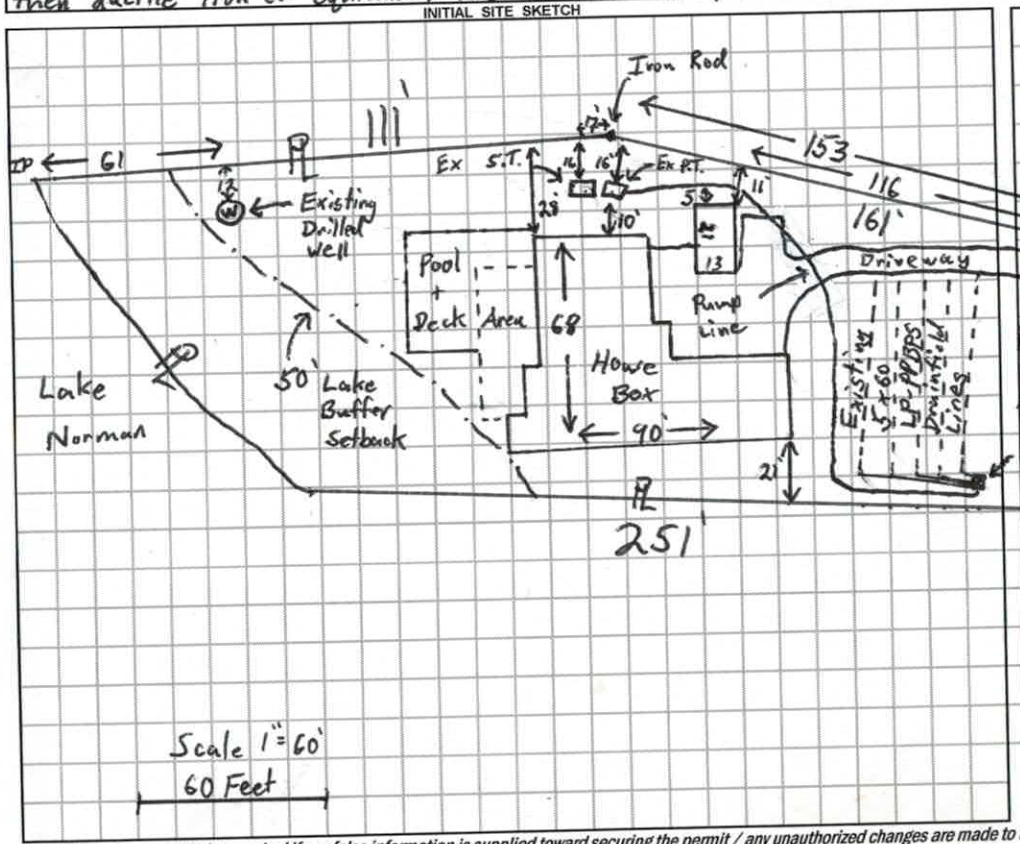
SUBDIVISION: Westview SECTION: LOT # 18 LOT AREA: 0.74 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (Ex)

Septic Tank	1000 (Ex)	(gal)	STB	825	Date	5-4-03	☒ New System	☐ Repair	☐ Expansion
Pump Tank	1000 (Ex)	(gal)	PT	302	Date	4-9-03	System Type: I II III (IV) V VI		
Pump Make	Zoeller		Model	N-137 (Ex)	Serial #		System Description: LP-PPBPS (50% Reduction) [Relocate pump line]		
# Nitrification Fields	1 (Ex)		# Lines	5	Linear Ft	300	Repair System Description: LP-PPBPS (50% Reduction)		
Trench Width	24"		Trench Bottom Depth(Low side)		30"	Gravel Depth	—	Maintenance Agreement Required: ☒ YES ☐ NO	☐ GRAVITY ☒ PRESSURE

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private Ex
☐ Other	No. Employees		☐ Public
☒ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Relocate pump line as needed to ensure compliance with the .1900 rules. If line is shallower than 30" under driveway then ductile iron (or equivalent) must be used. Pump line must maintain a minimum 5' distance from garage foundation and property line. Recommend setting pump floats to dose system no more than 160 gallons per pump event.

INITIAL SITE SKETCH



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: Date: 4/19/18 Installed by: TW Ammons Septic Services

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/19/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/19/18 Existing System Inspected by: Date:

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.

234160

Revised

RECEIVED APR 3 - 20 RECEIVED MAR 26 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Expansion
Paid $250.00 + 550.00
$800.00 total

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

Place an (X) beside whichever is submitted if applicable

Paid $200.00 4-19-18 $300.00 Well Fee Refunded

Applicant Information: (PRINT CLEARLY) Brent (704) 507-8795 Charlotte

Applicant Name: Jas-Am, Inc. Address: 5113 Piper Station Dr Suite 201 Zip: 28277

Applicant Email: brent@jasamgroup.com Phone: (704) 507 8795 Alt. Phone:

Owner Name: Sushma Krishnamaramraj Address: 118 Pauls Ln Mooresville Zip: 28117

Owner Email: Kmaram@gmail.com Phone: (704) 728-6340 Alt. Phone:

Property Information:

Street Address: 113 Sea Hide Ct Mooresville NC 28117

Subdivision Name: Westview Section/Phase: Lot Number: 18

Driving Directions: I-77 to exit 31, West on Langtree Rd, Mocksville Rd to Westpaces Rd, Right on Sea Hide Ct, House in Cul-de-sac on Right

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure:

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

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

Water Supply: ( ) Replacement Well – Reason: Number of Persons: 4
( ) Multi-connection Well Number of Houses: 1

( ) 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: 2003
( ) 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 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: 3/9/2018 DATE
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/3/2018

RECEIVED MAR 19 2019

2341160 # 0249

Expansion
Paid $250.00
+ 550.00
$800.00 total

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

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

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Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) Brent (704)507-8795 Charlotte

Applicant Name: Jas-Am, Inc. Address: 5113 Pipe Station Dr Suite 201 Zip: 28277
Applicant Email: brent@jasamgroup.com Phone: (704)507 8795 Alt. Phone:
Owner Name: Sushma & Kishan Maramraj Address: 118 Pauls Ln Mooresville Zip: 28117
Owner Email: Kmaram@gmail.com Phone: (704)728-6340 Alt. Phone:

Property Information:

Street Address: 113 Sea Hide Ct Mooresville NC 28117
Subdivision Name: Westview Section/Phase: Lot Number: 18
Driving Directions: I77 to exit 31, West on Langtree Rd, Mecklym Rd to Westpaces Rd, Right on Sea Hide Ct, House in Cul-de-sac on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: ~~5~~ 4
Maximum Number of Occupants: ~~4~~
(X) Swimming Pool
( ) Other Addition/Structure:

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: 1 Number of Persons: 4
( ) 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: 2003
( ) 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 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: _____ 3/9/2018
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

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, Kishan + Sushma Maramraj, am the legal owner(s) of the property located at 113 Sea Hide Ct Mooresville NC. 28117, identified as PIN (Parcel Identification Number) 4644-38-8144.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jas-Am, Inc, Brent Bowers / Sajan Dhaliwal, 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.

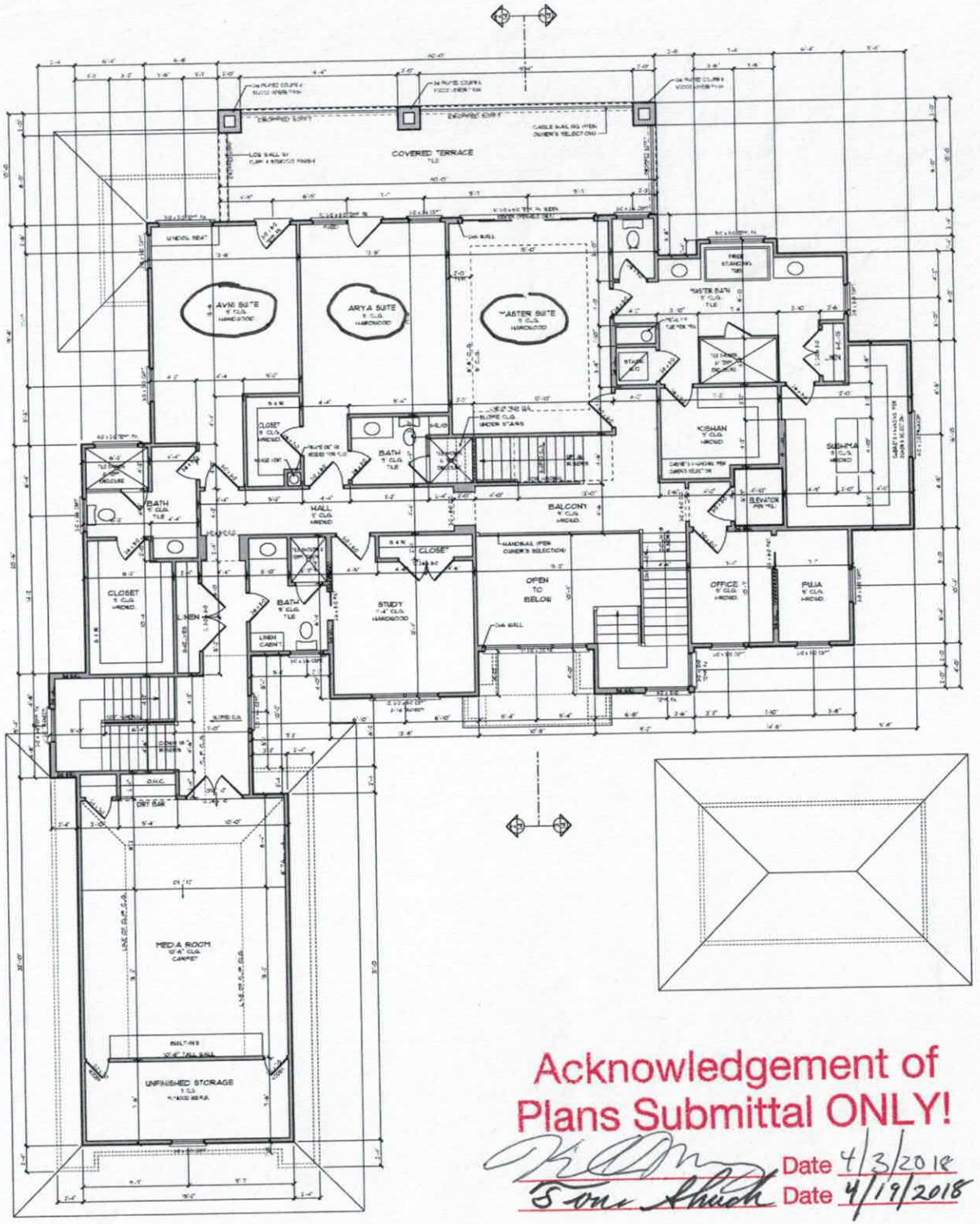
Signature of Owner(s) 3/9/2018 Date

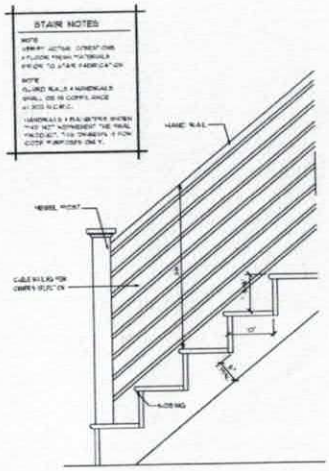
Signature of Witness 3/9/18 Date

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





TYPICAL STAIR SECTION

SCALE: 1" = 1'-0"

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. CONTRACTOR TO VERIFY ALL EGRESS & NON-EGRESS CONDITIONS. FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY w/ ALL OF 2012 NORTH CAROLINA RESIDENTIAL CODES.

NOTE:
BUILDER'S TO VERIFY DIM'S./ MECHANICAL ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPEC'S.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8'-0" DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE THRU FLOOR FRAMING PLAN FOR ALL BEARING WALL BEAM & HEADER SIZES.
- ALL DOORS WITH GLASS SHALL BE TEMPERED & WINDOW SHALL BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHALL BE CHECKED PER TYPE.

SECOND FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

Date 4/3/2018

Date 4/19/2018

Acknowledgement of
Plans Submittal ONLY!

Date 3/26/18

Tom Shuck Date 4/19/18

DOOR & WINDOW NOTE

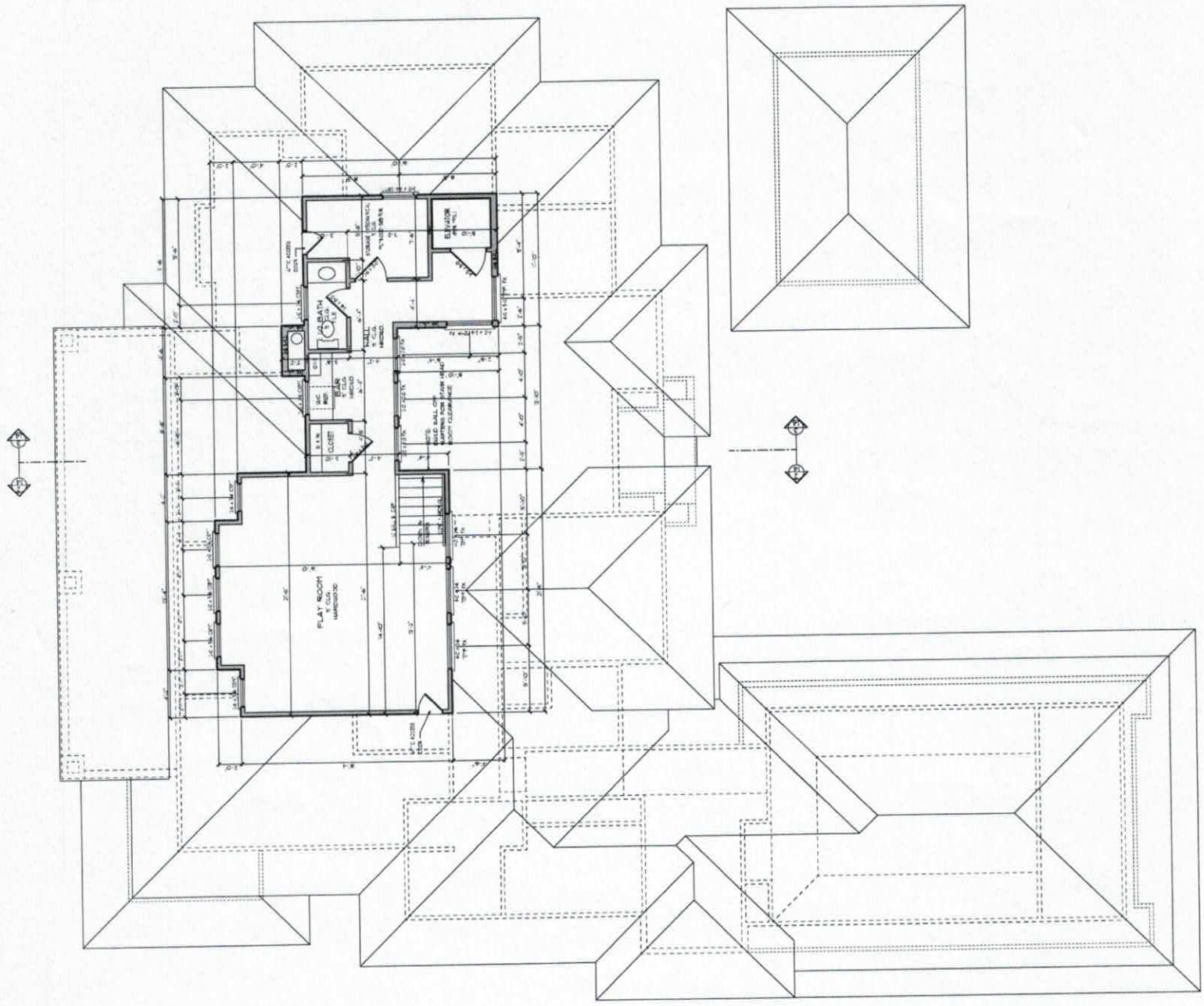
ALL SINGLE DOOR SIZES ARE NOMINAL.
ALL DOORS WITH GLASS SHALL BE TEMPERED PER CONDITIONS, FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE (4' MINIMUM & SHOWN TO COMPLY W/ ALL OF 2015 NORTH CAROLINA RESIDENTIAL CODE)

NOTE:
BUILDER IS TO VERIFY DIMS./ MECHANICAL ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPEC'S.

THIRD FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 80" DOOR AND SIDELIGHT HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR SIDELIGHT HEIGHTS
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE
- SEE FURED FLOOR CEILING PLAN FOR ALL THIRD FLOOR BEAM & THIRD FLOOR HEADER SIZES
- ALL DOORS WITH GLASS SHOULD BE TEMPERED & SHOWN SHOULD BE TEMPERED PER NFPA CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

THIRD FLOOR PLAN
SCALE 1/4" = 1'-0"



IREDELL COUNTY

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

APPLICATION NUMBER
234160
Issue Date: 03/19/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4644388144.000	113 SEA HIDE COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MARAMRAJ KISHAN+SUSHMA	Applicant: INC JAS-AM
Address: 118 PAULS LANE	Address: 5113 PIPER STATION DR
MOORESVILLE, NC 28117	CHARLOTTE, NC 28277
Phone:	Phone: 704-507-8795

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	132331	TOTAL FEES:	$ 77.25