Site Address: 175 West Paces Rd - Mrul 28117

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 136529 PIN# ~~4544 48 5449~~ 4644 48 3156 ✓ DATE 7/21/06

OWNER OR APPLICANT Westview Partners LLC / CHARLES HOLCEE PHONE: Business 704-799-9770 Home

ADDRESS 132 JOE V. KNOX AVE Ste 105 MOORESVILLE, NC.

LOCATION 1155 TR LANGTREE RD, TL MECKLENN Rd, TR WEST PACES LAST LOT ON (L)

SUBDIVISION WESTVIEW RESERVE BLOCK/ SECTION — LOT 1 LOT AREA 1.147 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-12-08
Pump Tank: 1000 Gallons; PT 302 Date 12-10-08
Pump Make: Zoeller Model N152 Serial No.
Nitrification Field: No Fields 1 Square Feet 801 Linear Feet 267
No Lines 3@89 Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LPP - 16" PPBPS
Repair System Description: SAME (SEE COMMENTS)
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

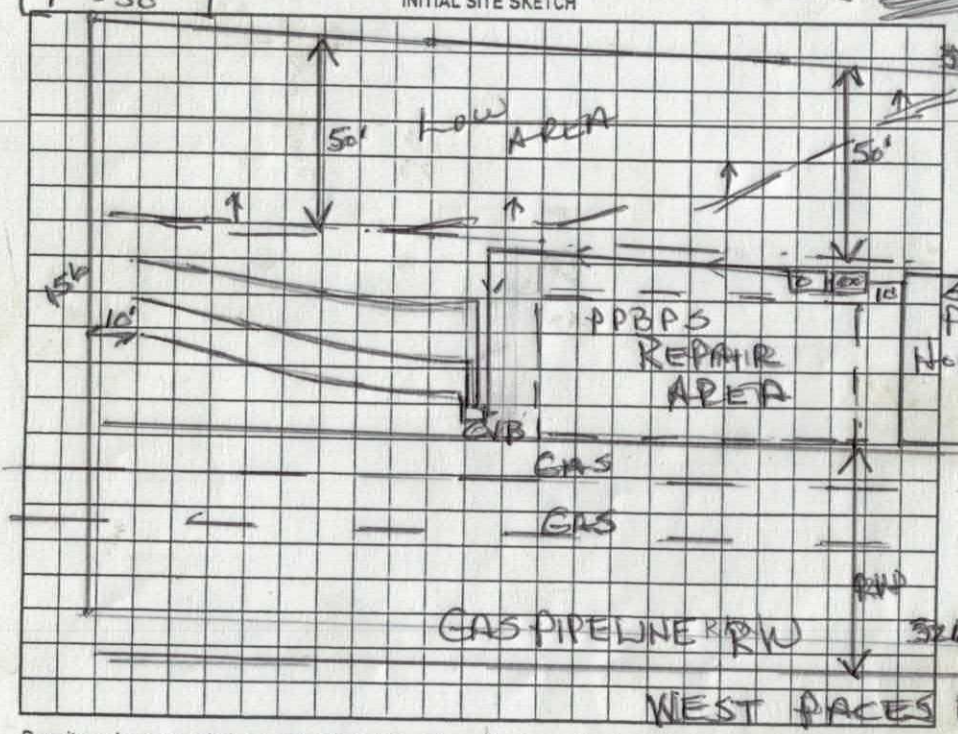
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth No ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

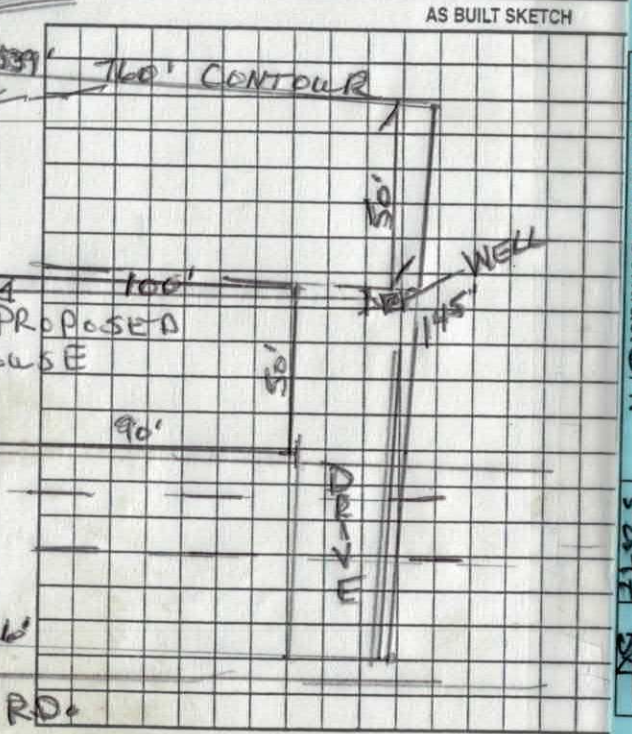
Comments:/Conditions: Earth Berme must be removed and earthen cover on soils for Compaction before AC will be issued. Berme covers repair area most. House location CANNOT BE shifted in any direction. There will be no room for an Swimming Pool. SYSTEM APPEARED TO BE WORKING

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	5-2-08	
Tanks Checked	5-2	
Pressure Manifold or Valve Box Checked	5-2	
Pressure Head Set		
Electrical Checked	3-23-17	
Floats Set	5-2	
Alarm Checked	3-23-17	
Maintenance Contract Y/ N	3-23-17	

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ✗ Jeremy Mickard date 8/2/06

Improvement Permit by: Wesley Sparks RS. date 7/21/06

Authorization to Construct by: Wesley Sparks RS date 7/25/06

Installed by: Rowan Sept

Operation Permit by: date 3-23-17

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 11/3/05
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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
17	Lot 2 L 0-2%	A 0-6	mgr sl	SS SP FR	Dk br				.3
		Bt 6-17	wsbk c	SS SP F	Reddish Br				
		BD 17-47	mgbk c	SS SP FR	Red				
		BC 47-55	wsbk cl	SS SP FR	~~EC~~ Sap	1 inch			
18	Lot 2 L 0-2%	Bt 0-21	ssbk c	SSSP VFi	Dk Br R				.3
		Bt 21-43	msbk c	SSSP Fr	Red				
		B/C 43-48	wsbk cl	SSSP Fr	Red C	Sap incl.			
19	Lot 1 L 0-2%	Bt 0-16	wsbk cl	SS SP Fr	Br				.3
		BT 16-32	msbk c	SS SP Fr	R				
		B/C 32-50	wsbk cl	SSSP Fr	R f incl. sap.				
20	Lot 1 L 0-2%	0-31	wsbk cl	SSSP Fr	Br				.25 .1
		31-60	mabk cl	SS SP Fr	R- fe sap incl				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Martin Mabe
OTHER(S) PRESENT: _____

COMMENTS: _____

Note: Pit 19 & 20 are on lot 1 / Pit 17 & 18 are

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

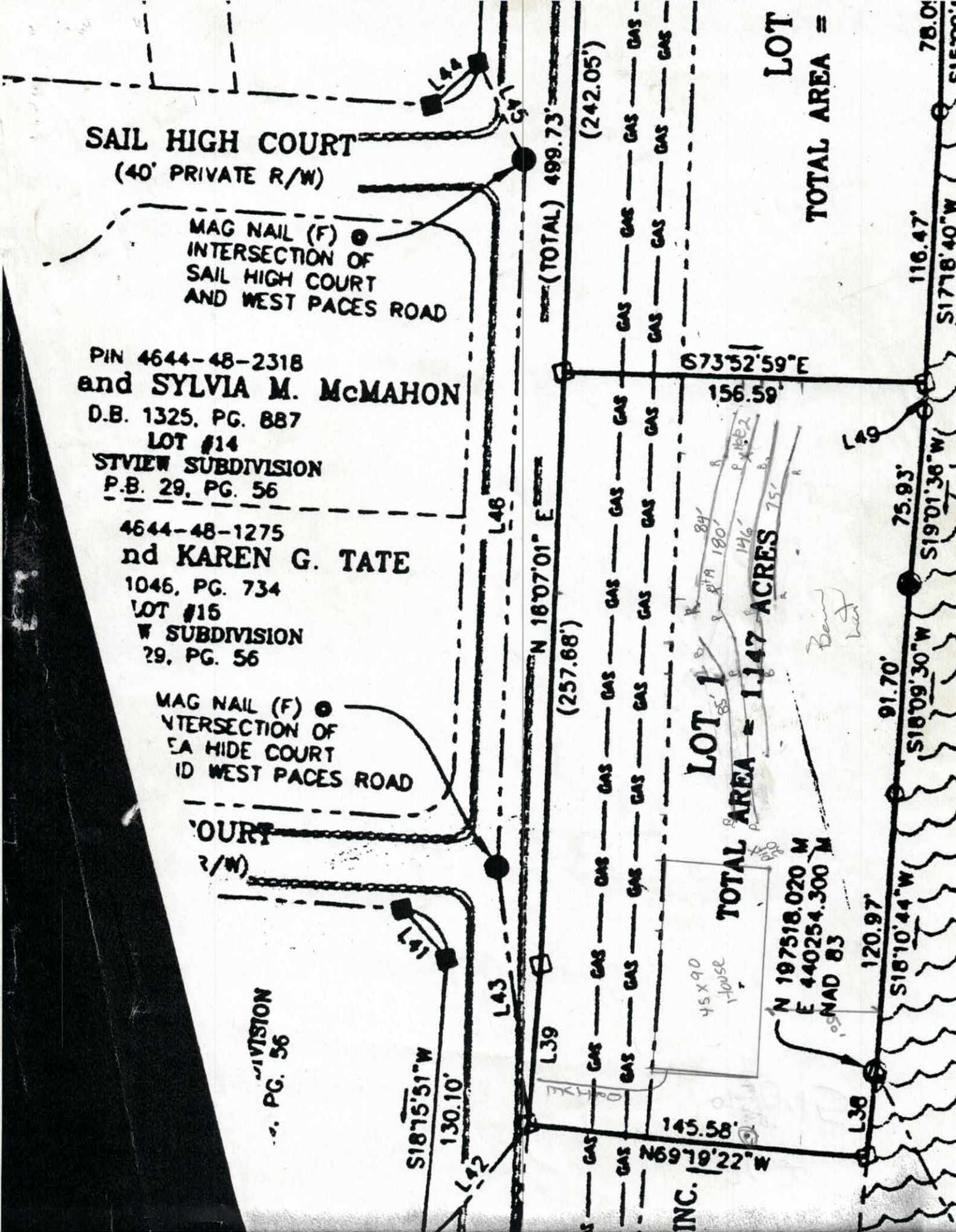
OWNER: Westview Partners LLC
ADDRESS: 132 Joe V. Knox Ave Suite 105 PO Box 3608 Mooresville NC 28117
APPLICATION DATE 7-20-0
DATE EVALUATED: 7-17-0
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Lot 1
PROPERTY SIZE: ___
PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	1	0-22	(M)SBK C	FR SS/SP	Red				0.3
		22-48	(M)SBK C	FR SS/SP	Red (f) (c) sap				
2	2	0-17	(M)SBK C	FR SS/SP	Red				0.3
		17-40	(M) SBK C	FR SS/SP	Red (f) sap				
		40-48	(vfM)SBK CL	FR SS/SP	Yellow Red (f)(c) sap				
3	Pit 19								
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Panel	Panel
System Type(s)		
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jeremy Michael R.S
OTHER(S) PRESENT: ___

COMMENTS: ___


SAIL HIGH COURT
(40' PRIVATE R/W)
MAG NAIL (F)
INTERSECTION OF
SAIL HIGH COURT
AND WEST PACES ROAD
PIN 4644-48-2318
and SYLVIA M. McMAHON
D.B. 1325, PG. 887
LOT #14
STVIEW SUBDIVISION
P.B. 29, PG. 56
4644-48-1275
nd KAREN G. TATE
1046, PG. 734
LOT #15
W SUBDIVISION
29, PG. 56
MAG NAIL (F)
NTERSECTION OF
EA HIDE COURT
ID WEST PACES ROAD
OURT
R/W)
VISION
PG. 56
(TOTAL) 499.73'
(242.05')
(257.68')
N 18°07'01" E
S73°52'59"E
156.59'
116.47'
S19°01'36"W
75.93'
S18°09'30"W
91.70'
S18°10'44"W
120.97'
S18°15'51"W
130.10'
145.58'
N69°19'22"W
LOT 1
TOTAL AREA = 1.147 ACRES
TOTAL AREA =
45x90
House
N 197318.020 M
E 440254.300 M
NAD 83
L38
L39
L41
L42
L43
L46
L49
GAS

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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: ___ 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
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Charles D. Hodges (Applicant Name)	104 Sail High Ct Mooresville, NC. 28117 (Mailing Address)	7045266854 (Home Phone)	same (Work Phone)
Charles D. Hodges (Owner Name)	" (Mailing Address)	" (Home Phone)	" (Work Phone)

4. **Property Information:**

175 West Paces Mooresville, NC. 28117 (Street Address) — West View Reserve (Subdivision Name) — #1 (Section/Phase and Lot Number)

Driving Directions: South - Alcove Rd to Mecklyn Rd Rt. on West Paces

****

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

Maximum Number of Bedrooms 4
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:**

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

****

8. **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. 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:** _____ 25 JUL 07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Review → Condition for Removal

Application For Improvement Permit and/or Authorization To Construct, 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:** ✓ 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:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Westview Partners LLC (Applicant Name)	132 Joe V. Knox Ave. Suite 105 P.O Box 3608 (Mailing Address)	___ (Home Phone)	704-799-9770 (Work Phone)
✓ (Owner Name)	Mooresville, NC 28117 (Mailing Address)	___ (Home Phone)	Fax 704-799-9789 (Work Phone)

4. **Property Information:**

West Paces Road (Street Address) — Westview Reserve (Subdivision Name) — Lot 1 (Section/Phase and Lot Number)

Driving Directions: Go to end of Mecklynn Rd. Turn Right on West Paces Rd. 4th lot on left.

****

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

Maximum Number of Bedrooms 4
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)*

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

****

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

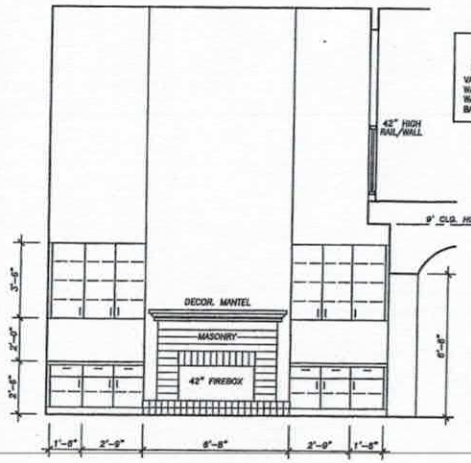
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No N/A Is the site subject to approval by any other public agency?

****

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:** Jeremy B Michael R.S S+ME — 7-20-06

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



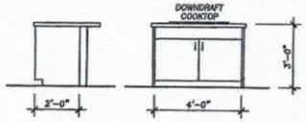
FIREPLACE ● LIVING

CABINET BLOCKING (COND. FLOOR TO BOTTOM OF BLOCK)

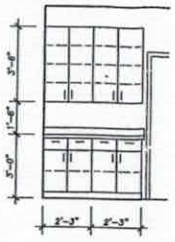
VANITY	29"
WALL (30")	54"± 80½"
WALL (42")	54"± 92½"
BASE	32"

CONTRACTOR TO FIELD VERIFY ALL CABINET DIMENSIONS PRIOR TO FABRICATION.

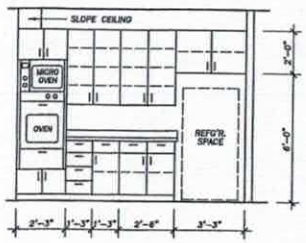
NOTE: MANUFACTURED MARBLE TOP, LAVS, & SPLASH @ ALL BATHS
PLASTIC LAM. TOPS & SPLASH @ ALL KITCHEN COUNTERS



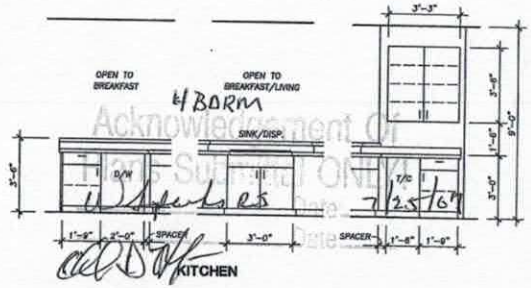
ISLAND ● KITCHEN



KITCHEN



KITCHEN



KITCHEN

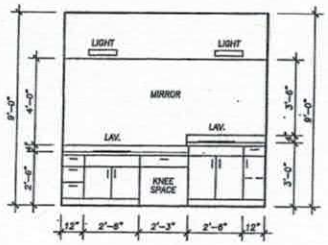
CABINET DETAILS
Scale: 3/8"= 1'-0"

Note: Subcontractors are responsible for confirming and correlating dimensions at the job site. The Architect is not responsible for construction means, methods, techniques, sequences or procedures, or for safety precautions and programs related to the project construction.

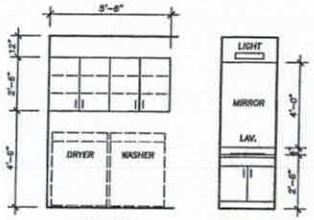
CONSULT LOCAL BUILDING OFFICIAL FOR REQUIREMENTS REGARDING SAFETY GLASS.

PLAN REVISIONS MAY BE REQUIRED TO SATISFY LOCAL CONDITIONS. CONSULT YOUR BUILDING AUTHORITY.

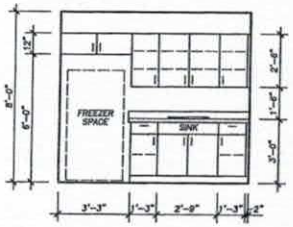
MAXIMUM FINISH SILL HEIGHT @ BEDROOM WINDOWS TO BE 43" ABOVE FINISH FLOOR.

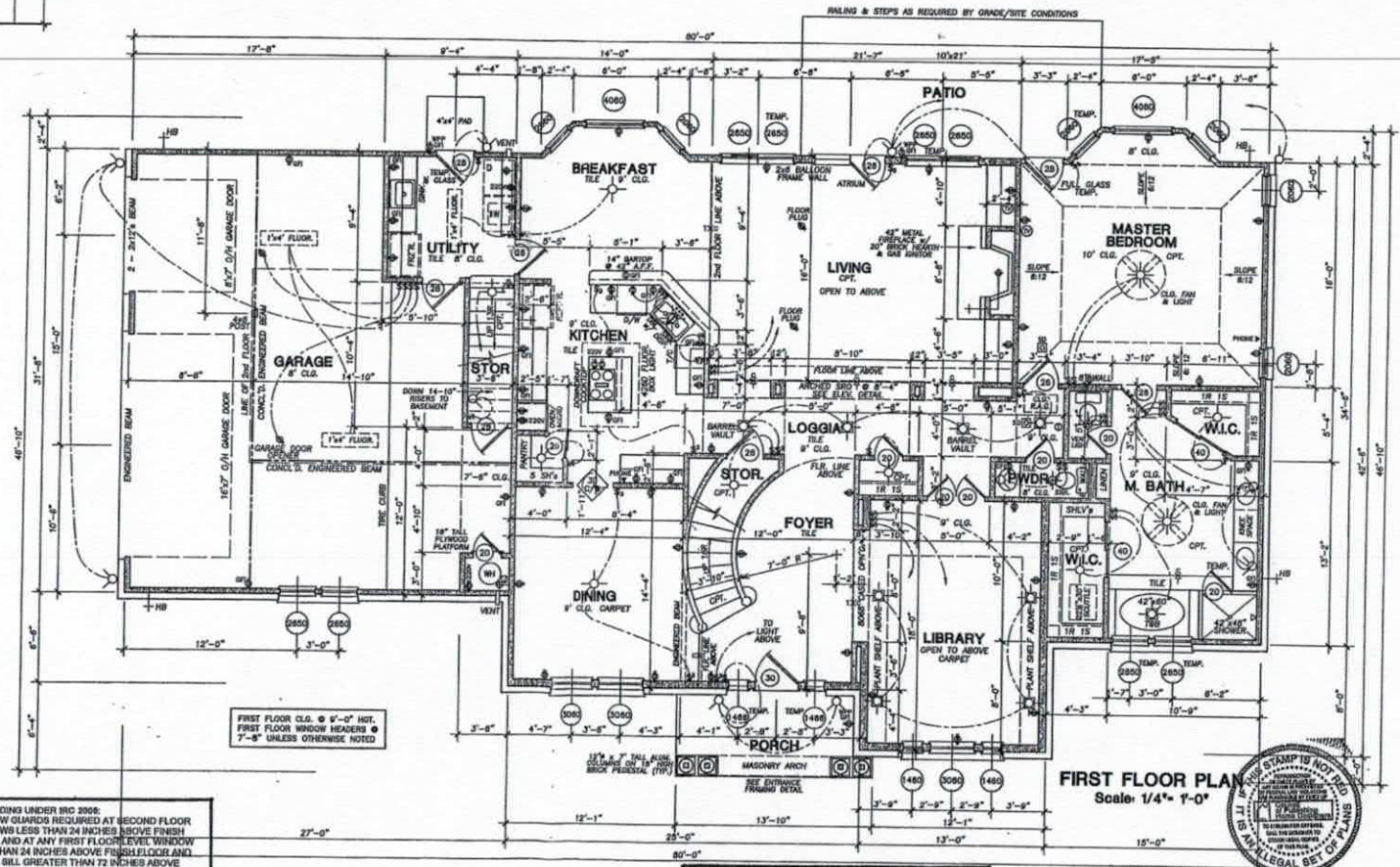


MASTER BATH



UTILITY POWDER





FIRST FLOOR PLAN
Scale: 1/4"= 1'-0"

IF BUILDING UNDER IRC 2006: WINDOW GUARDS REQUIRED AT SECOND FLOOR WINDOWS LESS THAN 24 INCHES ABOVE FINISH FLOOR AND AT ANY FIRST FLOOR LEVEL WINDOW LESS THAN 24 INCHES ABOVE FINISH FLOOR AND WITH A SILL GREATER THAN 72 INCHES ABOVE FINISH GRADE. WINDOW GUARDS TO COMPLY WITH ASTM F 2006 OR F 2090.

VERIFY MAXIMUM DROP AT PRIMARY ENTRANCE WITH LOCAL CODE REQUIREMENTS.

PLAN NUMBER MAY NOT BE ACTUAL SQUARE FOOTAGE OR ROOM NAMES

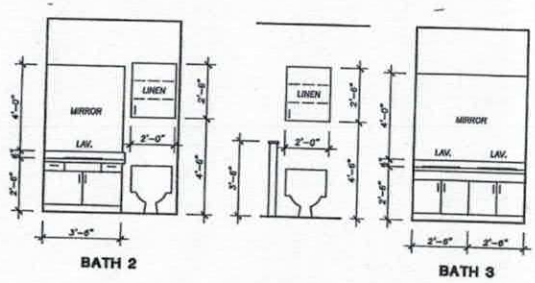
THIS STAMP IS NOT FOR CONSTRUCTION IT IS AN ILLEGAL SET OF PLANS

Acknowledgement Of Plans Submitted ONLY Date 7/25/07

DANZE & DAVIS ARCHITECTS, INC.
4701 Spicewood Springs Rd, Suite 200 Austin, Texas 78759
512/343-0714 512/343-0718 (Fax) www.danze-davis.com

3125
DRAWN BY: S/RW CHKD. BY: GLW
DATE: 2-02 REVISED: 11-2-01

COPYRIGHT 1992 DANZE & DAVIS ARCHITECTS INC. THESE DRAWINGS AND THE IDEAS HEREON ARE THE PROPERTY OF THE ARCHITECT AND MAY NOT BE USED WITHOUT HIS EXPRESSED CONSENT.

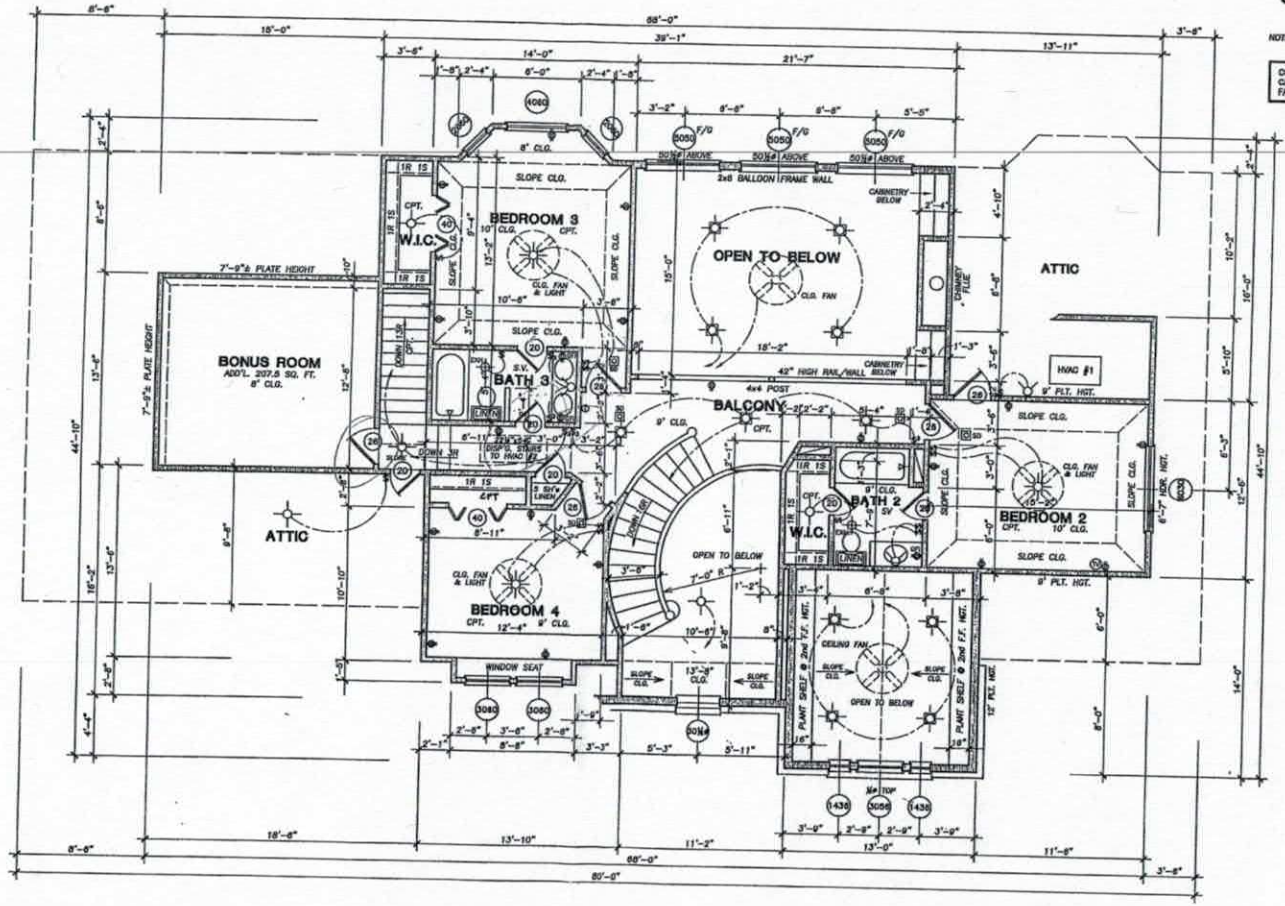


CABINET DETAILS

Scale: 3/8"= 1'-0"

NOTE: MANUFACTURED MARBLE TOP, LAVS. & SPLASH @ ALL BATHS

CONTRACTOR TO FIELD VERIFY ALL CABINET DIMENSIONS PRIOR TO FABRICATION.



AREA TABULATIONS

FIRST FLOOR (HEATED)	2150.2 SQ. FT.
SECOND FLOOR (HEATED)	917.9 SQ. FT.
TOTAL LIVING (HEATED)	3068.1 SQ. FT.
BONUS/STORAGE	207.5 SQ. FT.
GARAGE	767.9 SQ. FT.
PORCH	83.6 SQ. FT.
PATIO/DECK	207.3 SQ. FT.
SLAB	3068.4 SQ. FT.

SECOND FLOOR CLG. @ 9'-0" HGT.
SECOND FLOOR WINDOW HEADERS @ 7'-6" UNLESS OTHERWISE NOTED

SECOND FLOOR PLAN

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

3125

85784

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 136529ZO
Proposed Use: Single Family
Location of Property: 000 West Paces Rd. Mooresville NC 28117
Parcel #: 4644485649.001
Lot #: 1 Size: 1.147
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Westview Reserve
Township: 1700 Davidson
Zoning: RA
Flood Plain: No Watershed: WSIV-CA
Owner: Crescent Resources
Address: P.O. Box 1003 Charlotte, NC 28201
Phone: 704-663-6905
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 50 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built.Upon Area:

Comments:

Hold Building permit till plat has been recorded

Directions:

Langtree Tl Mecklynn Tr West Paces On Left

FEES

Zoning Permit/Inspection Fee	✓	$45.00
Site Plan Review Fee		$0.00
Environmental Health New System	✓	$200.00
Environmental Health Existing System		$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: _____

DEBBIE WILLIAMS

A non-refundable fee of $45.00 is charged on all permit applications.

Printed: 6/16/2006