IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 204101

PIN # 4645224685

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

APPLICANT/OWNER: Bob MacCormick

APPLICANT ADDRESS: 1852 Mt Zion Church Rd Alexis, NC 28006

PHONE: 704400-6475

ALT. PHONE

SITE ADDRESS: 115 Leeward Ln Mooresville, NC

SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: Langtree Rd TR Yeomen Ln TR Bain TR Leeward Ln on left

DESIGN FLOW: 360gpd L.T.A.R.: .3

SUBDIVISION: Yeoman Shores SECTION: 2 LOT # 4 LOT AREA: 1.2 Ac.

Septic Tank	1000 (gal)	STB	Infiltrator	Date	Plastic ST	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	IM1060	Date		System Description:	Gravity-Panel Blk		
Pump Make		Model		Serial #		Repair System Description:	Lot recorded June 1982		
# Nitrification Fields	1	# Lines	4	Linear Ft	200 ft	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

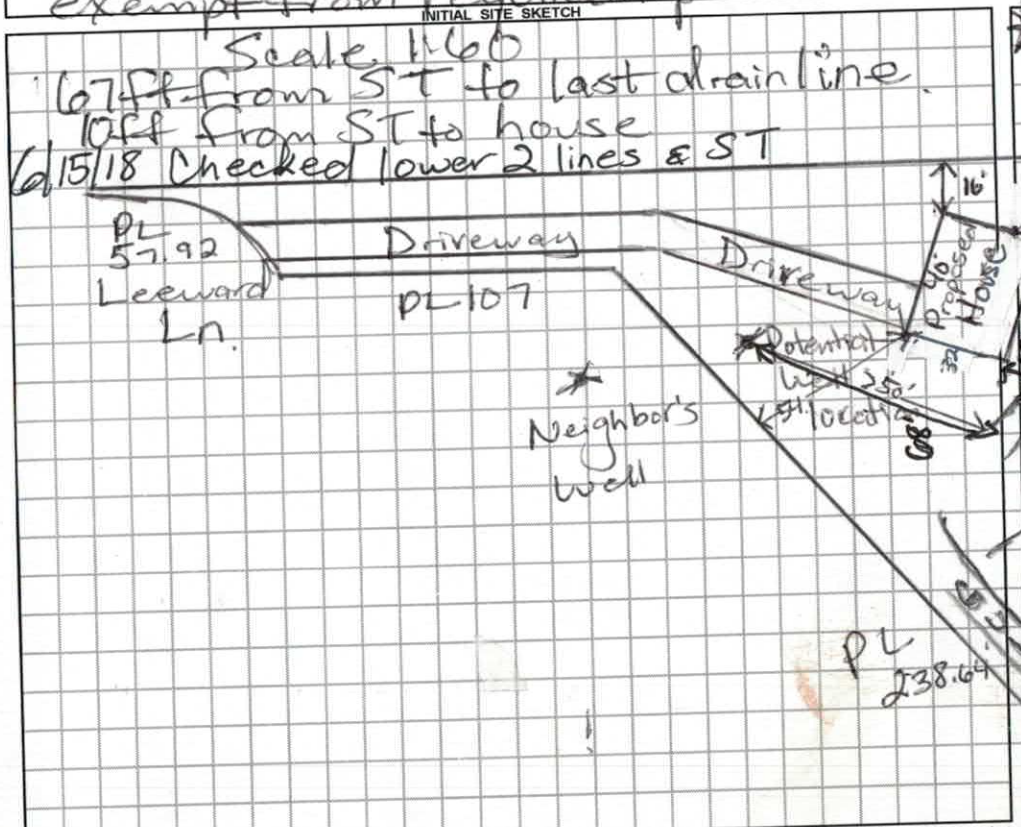
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

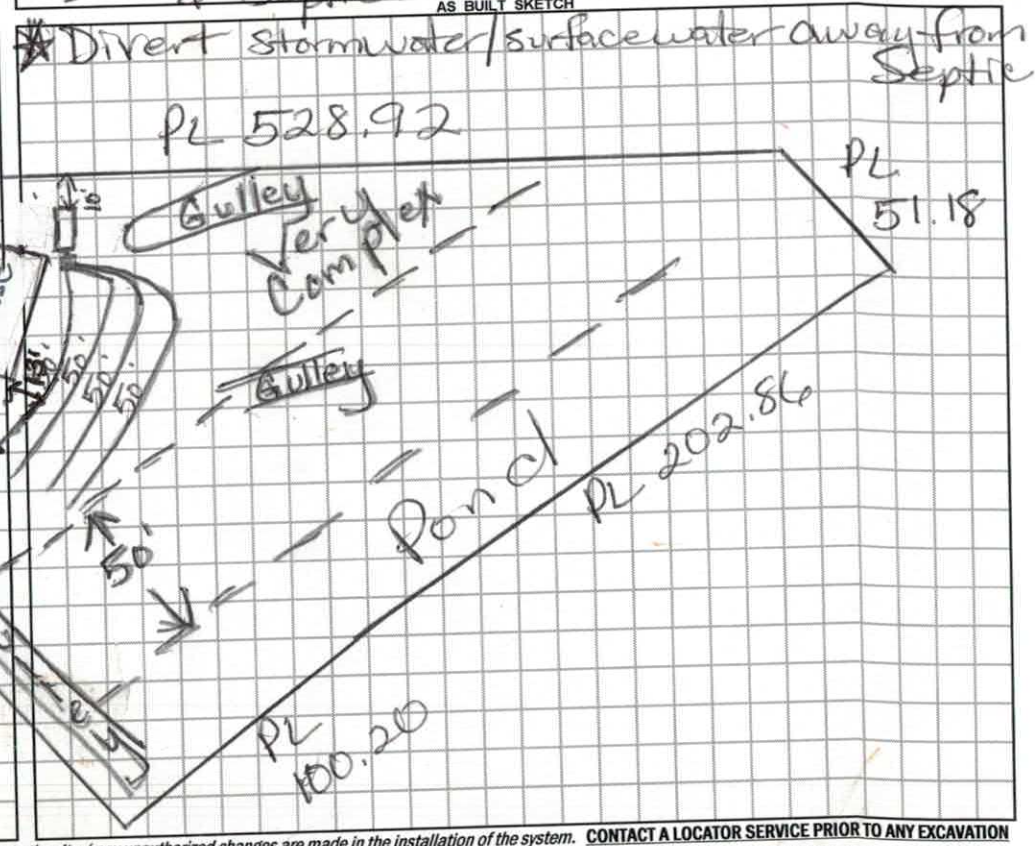
* Lot recorded June 1982 therefore exempt from required repair

Must keep house at least 25ft from any well. 50ft setback between well & Septic

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: 2/2/18

IMPROVEMENT PERMIT by: Date: 1/29/18

AUTHORIZATION TO CONSTRUCT by: Date: 1/29/18

Installed by: Specialty Septic

OPERATION PERMIT by: Date: 6-18-18

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.

DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: [illegible]
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

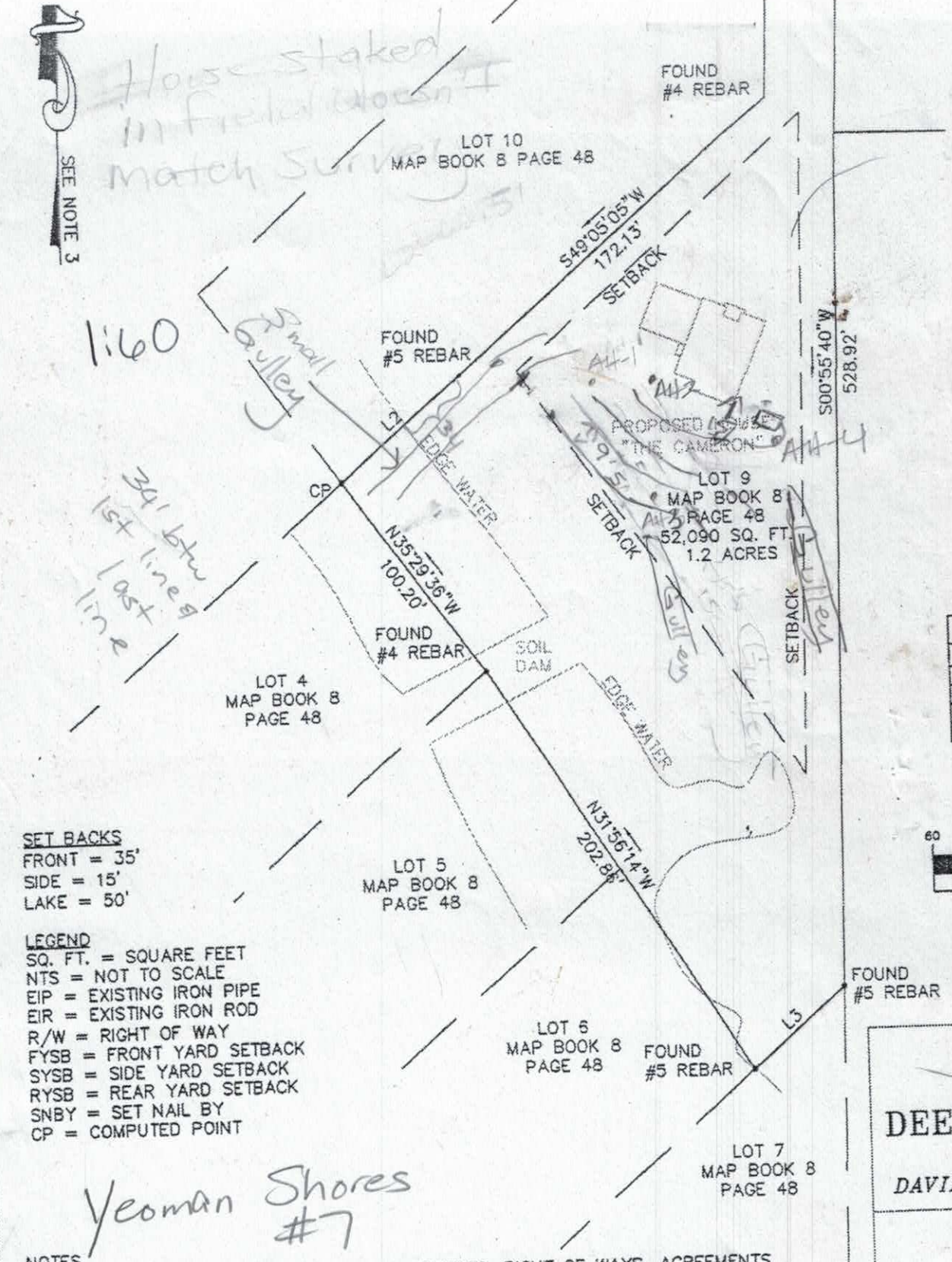
OWNER: Jacob Ferrell APPLICANT: _____
ADDRESS: 113 Leeward Ln APPLICATION DATE: _____ DATE EVALUATED: 8/26/14
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: _____
LOCATION OF SITE: Yeoman Shores #9 PROPERTY RECORDED: June 1982
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ 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	L 5%	0-10"	Bw SCL	FR, NF NP	GR	48"			PS .3
		10-48"	R C/CL m-wSBK SS, SP, SE, FR						
2	L 5%	0-6"	Bw SCL	FR, GR		48"			PS .3
		6-48"	R C/CL m-wSBK SS, SP, SE, FR						
3	L 4%	0-12"	Bw to Bd/Bw SCL FR, GR			48"			PS .3
		12-48"	R C/CL m-wSBK SS, SP, SE, FR						
4	4%	0-8"	Bd/Bw SCL FR, GR		m-wSBK SS, SP, SE	48"			PS .3
		8-48"	Bd/Bw to R C/CL						

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____



SET BACKS
FRONT = 35'
SIDE = 15'
LAKE = 50'

LEGEND
SQ. FT. = SQUARE FEET
NTS = NOT TO SCALE
EIP = EXISTING IRON PIPE
EIR = EXISTING IRON ROD
R/W = RIGHT OF WAY
FYSB = FRONT YARD SETBACK
SYSB = SIDE YARD SETBACK
RYSB = REAR YARD SETBACK
SNBY = SET NAIL BY
CP = COMPUTED POINT

Yeoman Shores #7

NOTES
1) THIS PROPERTY IS SUBJECT TO ANY EASEMENTS, RIGHT OF WAYS, AGREEMENTS OR RESTRICTIVE COVENANTS OF RECORD PRIOR TO DATE OF THIS SURVEY.
2) BOUNDARY INFORMATION BASED ON MAP BOOK 8 PAGE 48 AS RECORDED IN THE IREDELL COUNTY REGISTER OF DEEDS.
3) NORTH BASED ON MAP BOOK 8 PAGE 48 AS RECORDED IN THE IREDELL COUNTY REGISTER OF DEEDS.
4) THIS SURVEY WAS DONE WITHOUT THE BENEFIT OF A TITLE SEARCH.
5) THIS SURVEY DOES NOT CREATE OR CLOSE A STREET.

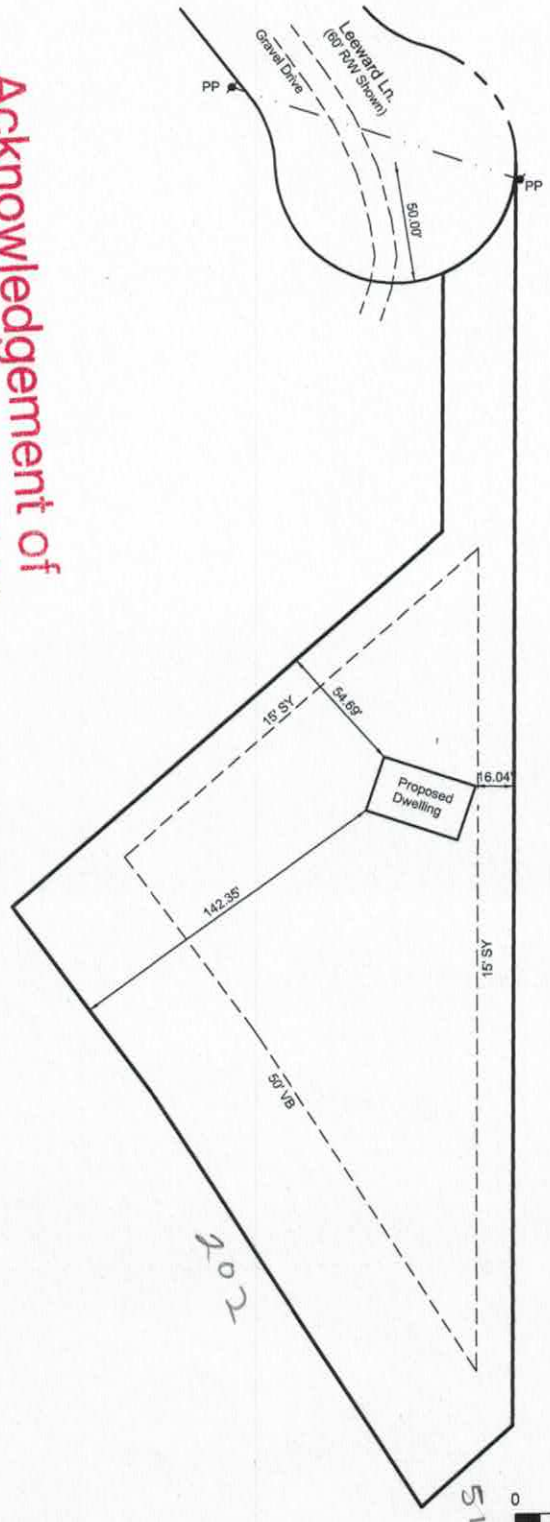
OWNER:
N/F
KENT AND
6270 LYN
CONCORD

PRELIMINARY FOR REVIEW ONLY

Acknowledgement of Plans Submittal ONLY!

Date 1/29/18

Date 1/2/18





0 50 100 150

LEGEND	
SY	SIDE YARD SETBACK
VB	VEGETATIVE BUFFER
R/W	RIGHT OF WAY
PL	PROPERTY LINE
PP	POWER POLE
P.B.	PLAT BOOK
PG.	PAGE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

OWNER:
BOB MACCORMICK

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 50'	
DEED REF: 2331-212	PIN NO: 4645-22-4685
DATE OF MAP: 12-14-17	SURVEY DATE: 12-12-17
REVISION: 01-22-18	DRAWING FILE: 20171206

115 LEEWARD LN., MOORESVILLE, NC 28117
DAVIDSON TWP. - IREDELL COUNTY - NORTH CAROLINA

RECEIVED DEC 15 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Ltd Relayout *APPLICATION FORM* Paid $105.00 # 204101

Application For:
(✓) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) 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: Bob MacCormick **Address:** 185 Mt. Zion Church Rd Alexis, NC **Zip:** 28006

Applicant Email: bobmaccormick@gmail.com **Phone:** 704 400-6475 **Alt. Phone:**

Owner Name: Same **Address:** Same **Zip:**

Owner Email: Same **Phone:** Same **Alt. Phone:**

Property Information:

Street Address: 115 Leeward Lane

Subdivision Name: Yeoman Shores **Section/Phase:** **Lot Number:** 9

Driving Directions: Langtree Rd west to Yeoman Lane, Rt. on Brin Lane, right on Leeward Lane to end.

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

(X) 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: 3
Maximum Number of Occupants:
( ) 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: Number of Persons:

(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 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: _____ 12/15/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Robert MacCormick, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 12/15/17 _____ _____

Signature of Owner(s) Date 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

I, STEVEN L. DRAKE, CERTIFY THAT THIS PLAT WAS DRAWN BY ME FROM AN ACTUAL SURVEY MADE BY ME, DEED DESCRIPTION RECORDED IN DEED BOOK 1830 PAGE 2461; THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN DEEDS OF RECORD IN THE IREDELL COUNTY, NC REGISTER OF DEEDS OFFICE; THAT THE RATIO OF PRECISION IS 1:10,000+. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL; THIS 25TH DAY OF AUGUST, 2014.

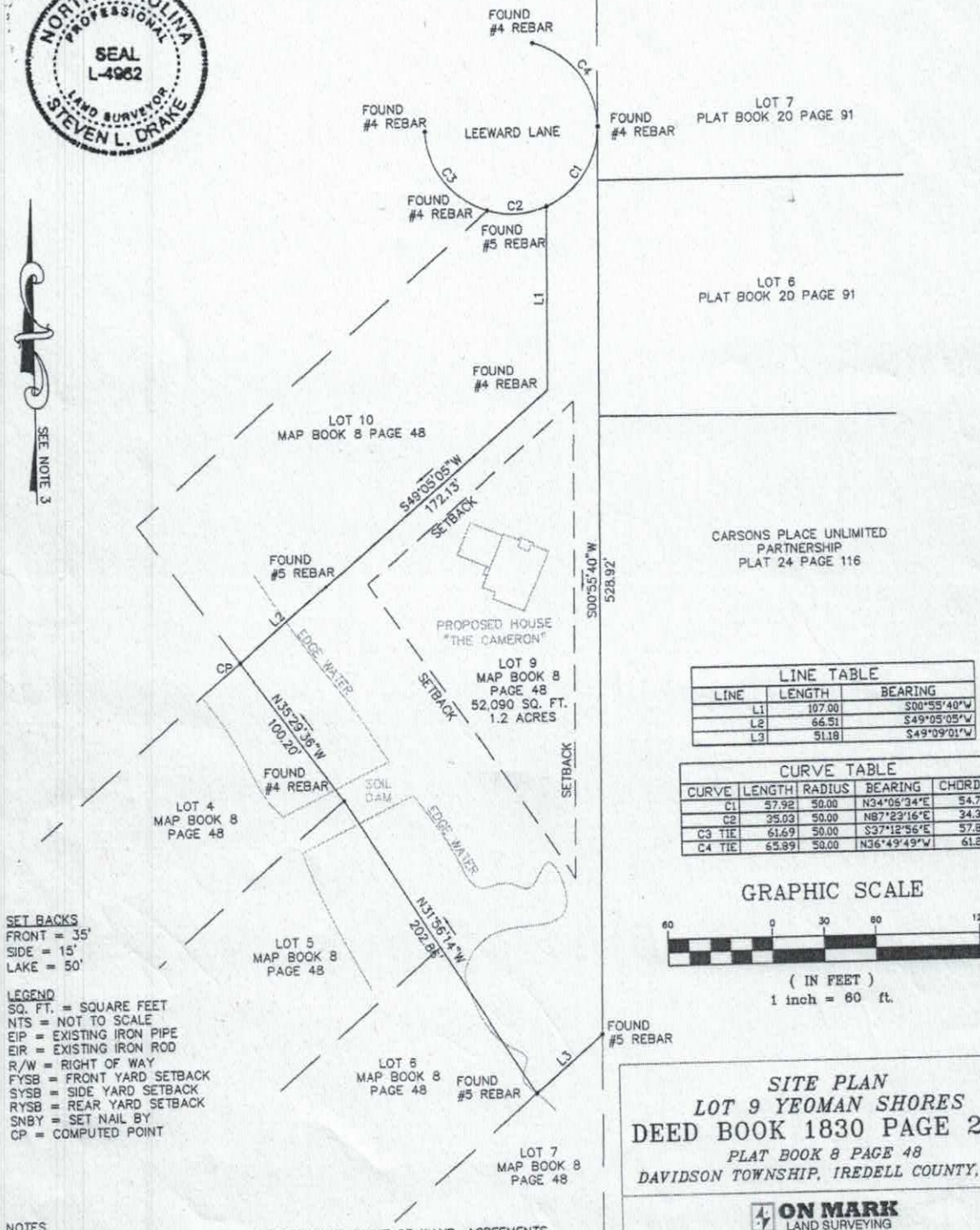
Steven L Drake

STEVEN L. DRAKE, PLS
LICENSE NUMBER: L-4962

NORTH CAROLINA PROFESSIONAL SEAL L-4962 LAND SURVEYOR STEVEN L. DRAKE



VICINITY MAP
NOT TO SCALE
IREDELL COUNTY, NC



LINE TABLE		
LINE	LENGTH	BEARING
L1	107.00	S00°55'40"W
L2	66.51	S49°05'05"W
L3	51.18	S49°09'01"W

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	57.92	50.00	N34°05'34"E	54.74
C2	35.03	50.00	N87°23'16"E	34.32
C3 TIE	61.69	50.00	S37°12'56"E	57.85
C4 TIE	65.89	50.00	N36°49'49"W	61.83

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.

SET BACKS
FRONT = 35'
SIDE = 15'
LAKE = 50'

LEGEND
SQ. FT. = SQUARE FEET
NTS = NOT TO SCALE
EIP = EXISTING IRON PIPE
EIR = EXISTING IRON ROD
R/W = RIGHT OF WAY
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SITE PLAN
LOT 9 YEOMAN SHORES
DEED BOOK 1830 PAGE 2461
PLAT BOOK 8 PAGE 48
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

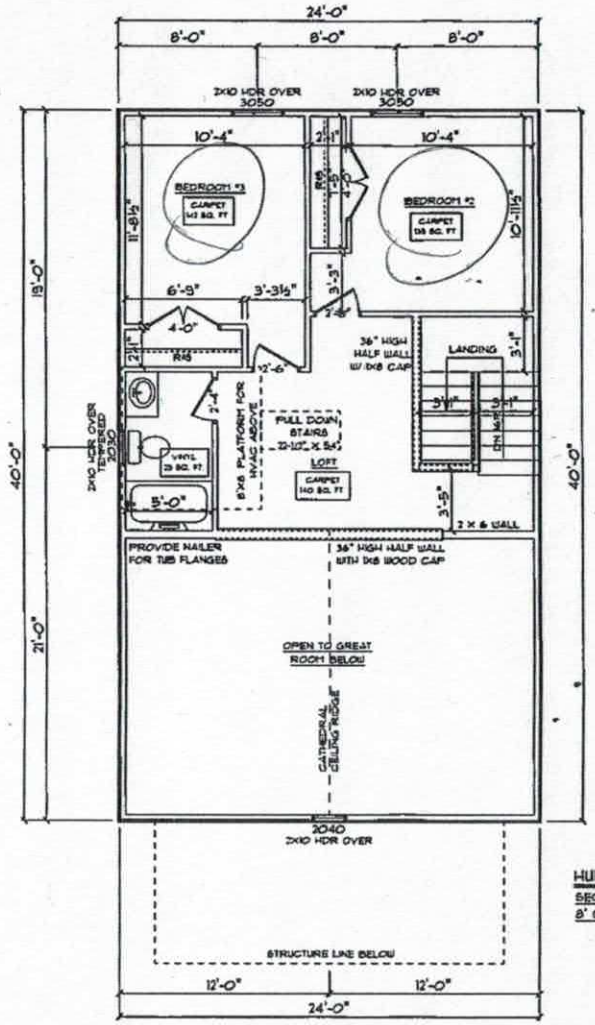
ON MARK LAND SURVEYING
101 VANCE ALLEN AVE.
ROCKWELL, NC 28138
704.746.4799
F-1256

OWNER:	PARCEL #:	SCALE
N/F KENT AND JACQUELIN ASHTON 8270 LYNWOOD DRIVE CONCORD NC 28027	4645224685	1"=60'
	DATE OF SURVEY AUGUST 25, 2014	JOB # 070214

Acknowledgement of
Plans Submittal ONLY!

Date 11/29/18

Date 12/1/18



HUMMINGBIRD / CUSTOM
SECOND FLOOR PLAN
8' CEILING HEIGHT

GENERAL FRAMING NOTES

- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2 PLY UNLESS OTHERWISE NOTED

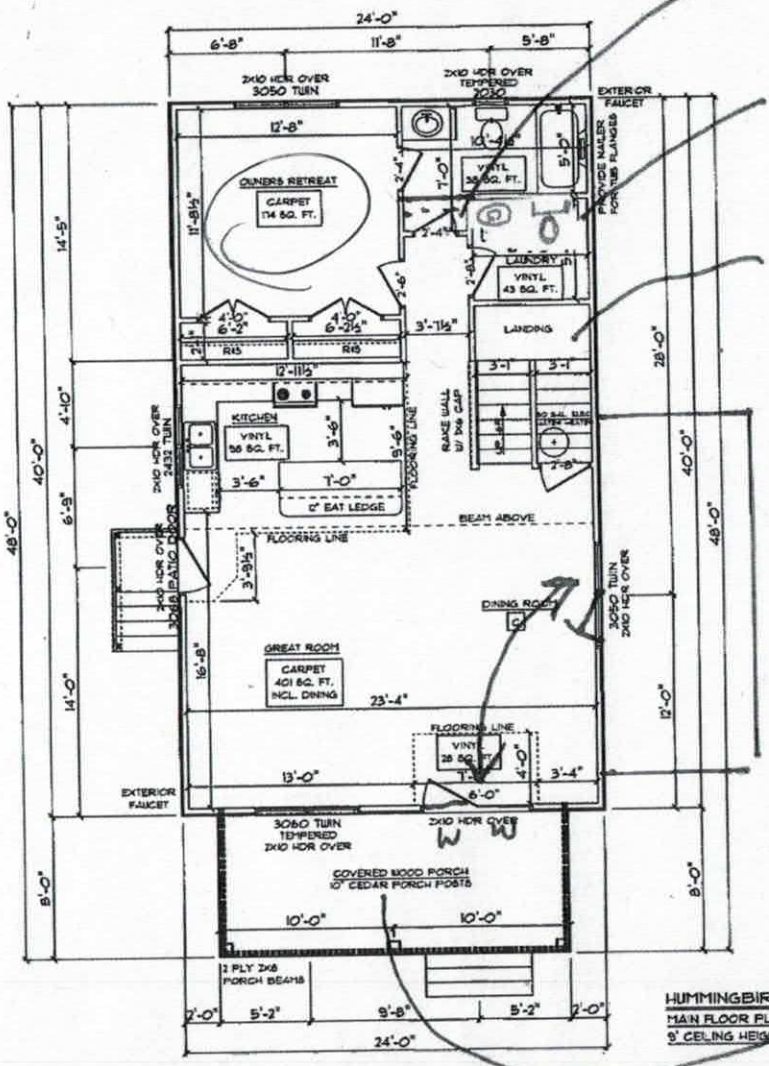
PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 6-PANEL, HOLLOW CORE MOLDED INTERIOR DOORS
- PLY-GEM LOW-E VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

Acknowledgement of
Plans Submittal ONLY!

Date 1/29/18

Date 1/2/16



HUMMINGBIRD / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

GENERAL FRAMING NOTES
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2 PLY UNLESS OTHERWISE NOTED

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
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FLOORING NOTES:
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- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

coat closet

toilet & pedestal sink

W/D connections under landing open to room

Relocate porch to Side

IREDELL COUNTY

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

APPLICATION NUMBER
204101
Issue Date: 06/17/2014

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4645224685.000	115 LEEWARD LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information

Owner: ASHTON KENT J+JACQUELIN+KIRK A SHTON
Address: 118
IREDELL CO, NC 28625
Phone:

Applicant Information

Applicant: ASHTON KENT J+JACQUELI
Address: 118
IREDELL CO, NC 28625
Phone:

Use Requested	Zone Code
SFD	RA

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

Remarks:

$PAID 210 6-17-14

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

Date:

$ 77.25