925

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 232619

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

PIN # 4645352302

APPLICANT/OWNER: Goodin Construction / Danielle Kryssing | APPLICANT ADDRESS: 915 River Hwy. Mooresville, NC

SITE ADDRESS: 251 Queens Cove Rd. Mooresville, NC 28117 | PHONE: 704-363-7302 | ALT. PHONE 704-230-0890

SITE DIRECTIONS: Alcove → R on Templeton → L on Harwell → R on Queens cove → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

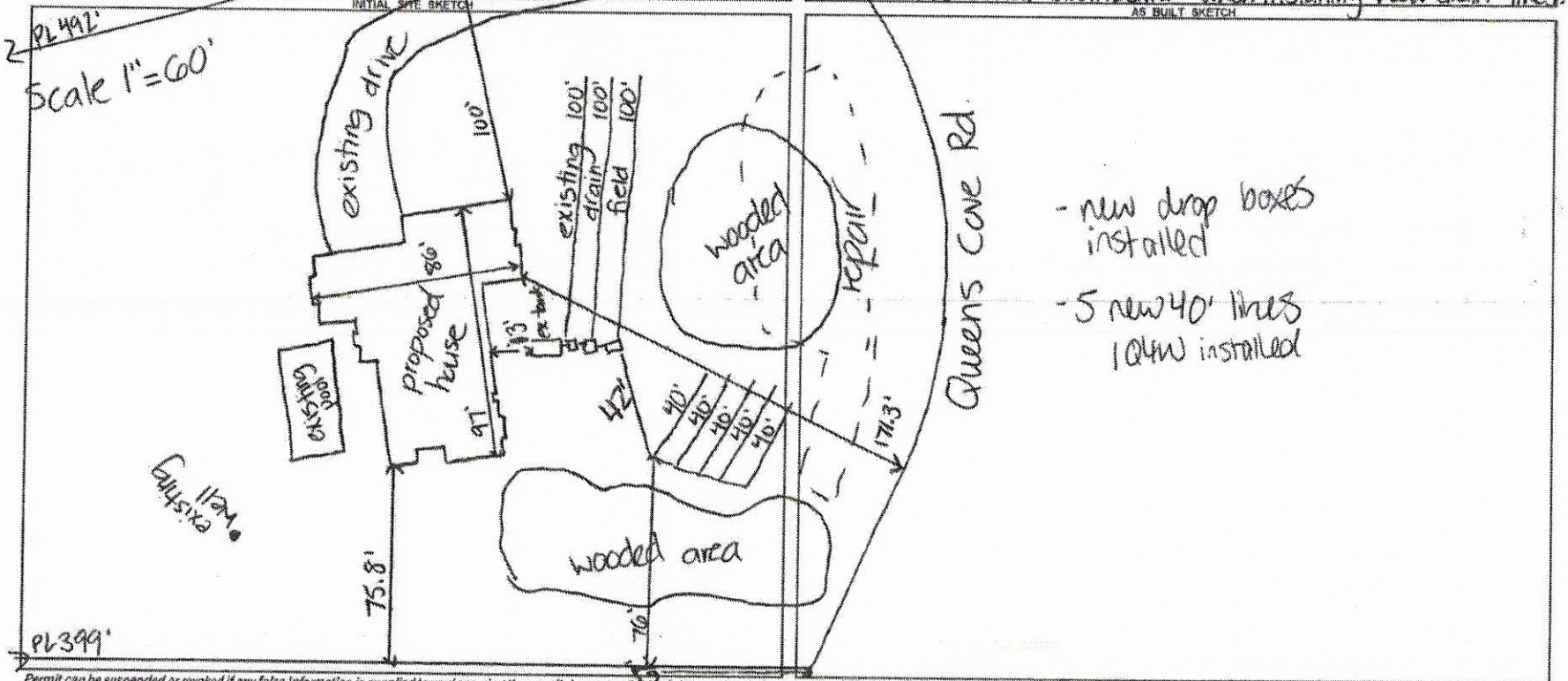
SUBDIVISION: Queens Cove | SECTION: 2 | LOT # 29 | LOT AREA: 3.117ac | DESIGN FLOW: 600gpd | L.T.A.R.: .3

Septic Tank	ex. 1250 (gal)	STB	ext	Date	ext	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5	Water Supply
Pump Tank	(gal)	PT		Date		System Description:			gravel + 25% reduction	☐ Business	No. Persons 10	☑ Private
Pump Make		Model		Serial #		Repair System Description:			25% reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5 @ 40'	Linear Ft	200'	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth		☑ GRAVITY		☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

Install 200' of 25% reduction to existing system as shown. Replace existing septic tank if necessary. Use serial distribution when installing new drain lines.

INITIAL SITE SKETCH



- new drop boxes installed
- 5 new 40' lines laid installed

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: [signature] Date: 12-6-18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 12-4-18 OPERATION PERMIT by: Carla C. Nicks Date: 12-27-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-4-18 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.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4645-35-2302
DATE OF EVALUATION:
COUNTY: IREDELL

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	L. 7%	0-16	SCLWSBK	SS	—	48"	—	48+	.3
		16-18	RCLWSBK	SS					
		18-48	RCMSBK	SS					
# 2	L ~~10~~ 5%	0-4	RSCLWSBK	SS	FEWMCA INC 34+	48"	—	48+	.3
		4-34	RCMSBK	SS					
		34-48	RCLWSBK	SS					

COMMENTS:

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

Applicant Information:

Applicant Name: Gooden Construction Address: 915 River Hwy Mooresville Phone: 704-363-7302
Owner Name: Clark & Danielle Kryssing Address: _____ Phone: _____

Property Information:

Street Address: 251 Queens Cove Rd Mooresville NC 28117
Subdivision Name: Queens Cove Section/Phase: 11 Lot Number: 29
Driving Directions: Alcove S R on Templeton L on Harwell
R on Queens Cove

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/6/18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

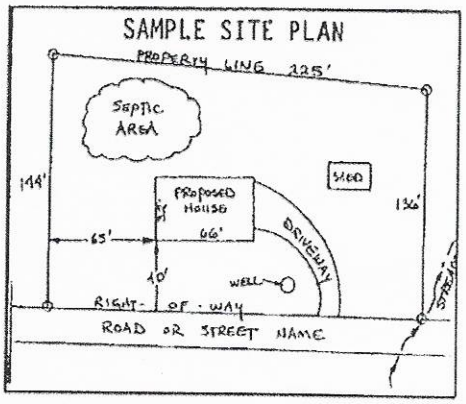
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

See Attached

Signature: _____

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

11/6/18
DATE

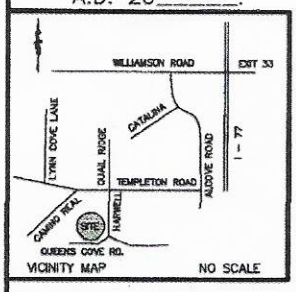
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

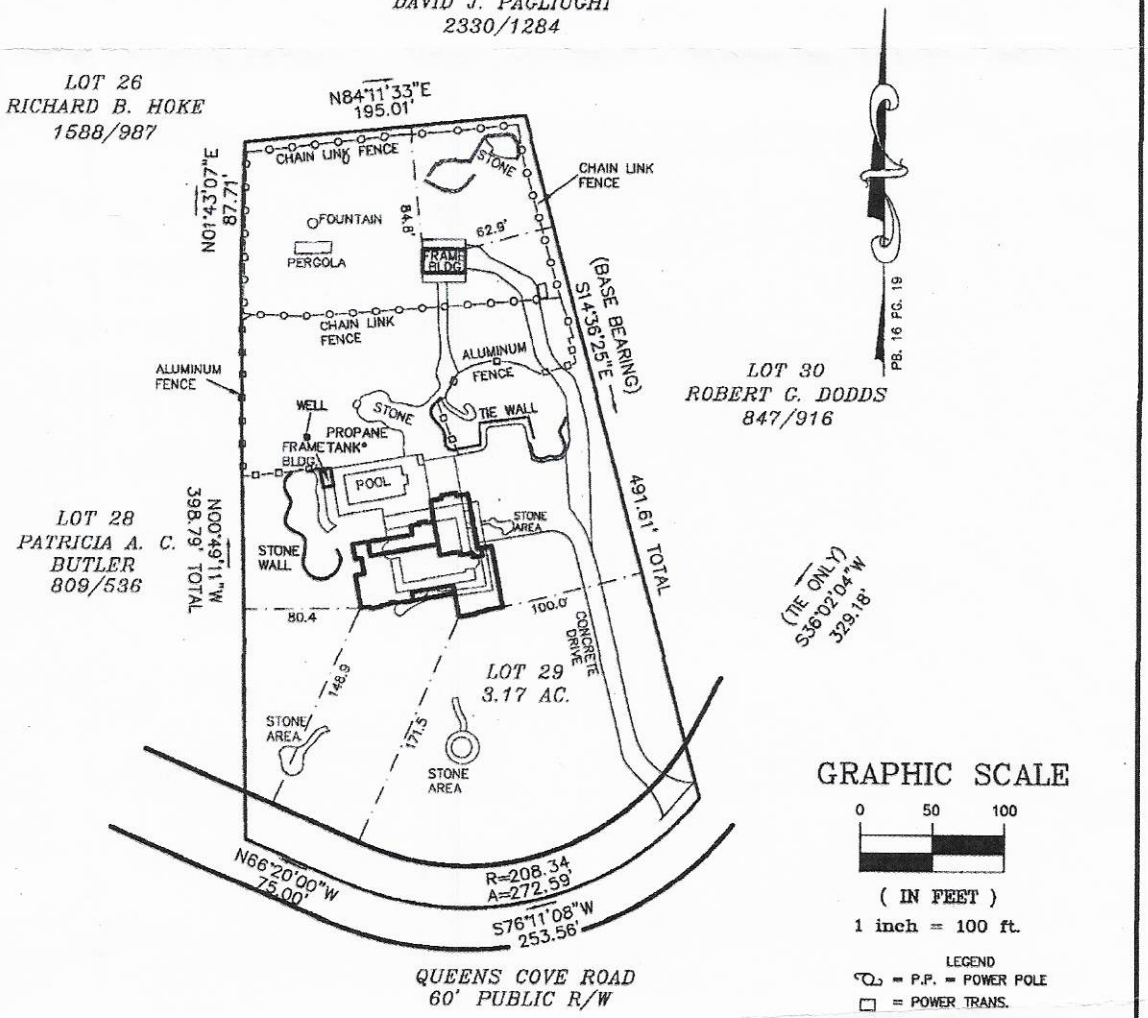
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2449, page 900, and/or plat book 16, page 19, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 20, day of MARCH, A.D. 20 18.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN





GRAPHIC SCALE

0 50 100

(IN FEET)

1 inch = 100 ft.

LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PLOT PLAN SURVEY

OF

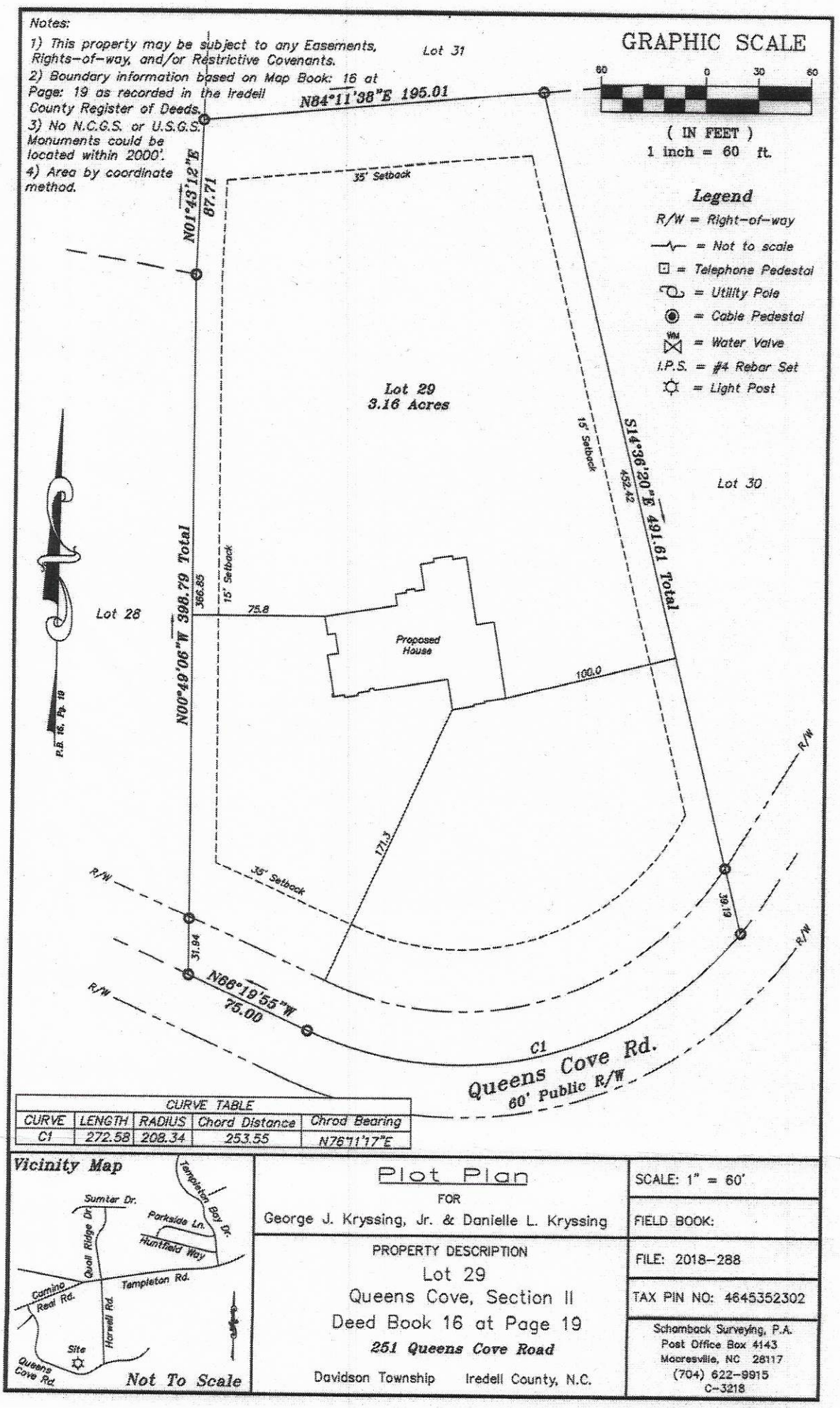
251 QUEENS COVE ROAD

LOT 29 QUEENS COVE – SECT. II

SCALE 1" = 100' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: GEORGE J. KRYSSING, JR. & DANIELLE L. KRYSSING

FIELD BOOK: 501C
FILE: QUEENS COVE 29 SI
DC FILE:
TAX MAP NO: 4645352302


Notes:
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 16 at Page: 19 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.
Lot 31
GRAPHIC SCALE
60 0 30 60
(IN FEET)
1 inch = 60 ft.
Legend
R/W = Right-of-way
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Water Valve
I.P.S. = #4 Rebar Set
= Light Post
N84°11'38"E 195.01
N01°43'12"E 87.71
35' Setback
Lot 29
3.16 Acres
15' Setback
S14°36'20"E 491.61 Total
452.42
Lot 30
N00°49'06"W 398.79 Total
366.85
15' Setback
75.8
Lot 28
P.B. 16, Pg. 19
Proposed House
100.0
171.3
35' Setback
R/W
39.19
31.84
N66°18'55"W
75.00
C1
Queens Cove Rd.
60' Public R/W
CURVE TABLE
CURVE | LENGTH | RADIUS | Chord Distance | Chrod Bearing
C1 | 272.58 | 208.34 | 253.55 | N76°11'17"E
Vicinity Map
Sumter Dr.
Templeton Bay Dr.
Parkside Ln.
Quail Ridge Dr.
Huntfield Way
Templeton Rd.
Camino Real Rd.
Harwell Rd.
Site
Queens Cove Rd.
Not To Scale
Plot Plan
FOR
George J. Kryssing, Jr. & Danielle L. Kryssing
PROPERTY DESCRIPTION
Lot 29
Queens Cove, Section II
Deed Book 16 at Page 19
251 Queens Cove Road
Davidson Township Iredell County, N.C.
SCALE: 1" = 60'
FIELD BOOK:
FILE: 2018-288
TAX PIN NO: 4645352302
Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

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, Danielle Kryssing, am the legal owner(s) of the property located at 257 Queens Cove Rd Mooresville, identified as PIN (Parcel Identification Number) 4645-35-2302, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lisa Hackworth, Chad Goodin Signature Homes, 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.

Danielle Kryssing 11/5/18

Signature of Owner(s) Date

11/5/18

Signature of Witness Date

Please return this signed form to the appropriate office:

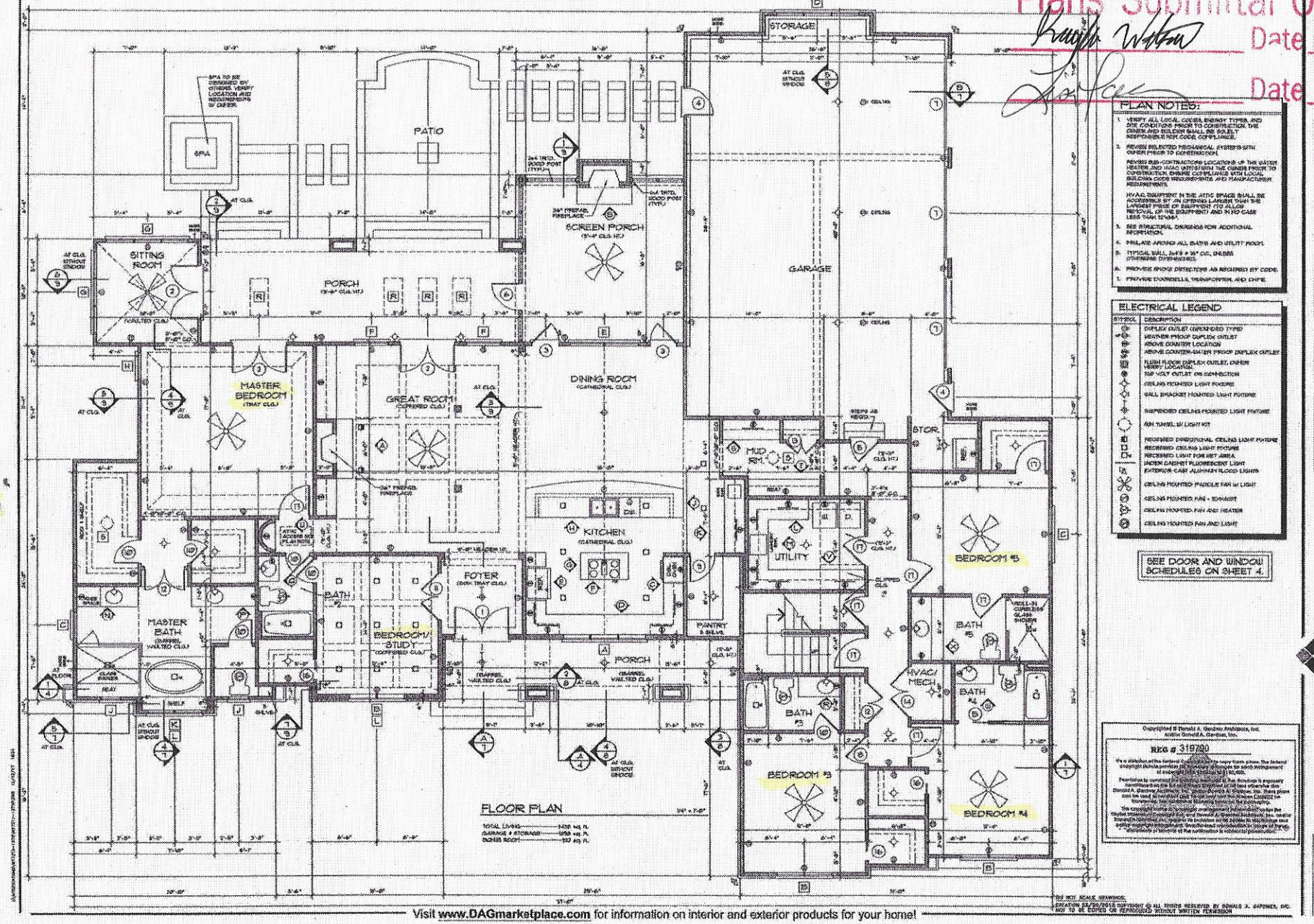
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 2867

97'

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

Acknowledgement Of
Plans Submittal ONLY
Date 12-11-18
Date 12-11-18



86'

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SOIL CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVISED SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE CODE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. PRE-LATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL: 2x4 @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	ABOVE COUNTER-WATER PROOF DUPLEX OUTLET
	FLUSH FLOOR DUPLEX OUTLET, CARPET
	TOP VOLT OUTLET ON CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	FAN TUNNEL W/ LIGHT KIT
	RECESSED OMNIDIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

SEE DOOR AND WINDOW SCHEDULES ON SHEET 4.

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REG # 319790

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CHANCER
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SHEET 3 OF 11 SHTS.
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