IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 2130 2188165

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

PIN # 4646-16-7797

APPLICANT: HOWARD PETERSON APPLICANT ADDRESS: 16006 ELEPHANT RD. PARKASIE, PA

SITE ADDRESS: 377 SUNDOWN RD. PHONE: 215-622-5662 ALT. PHONE:

SITE DIRECTIONS: WILLIAMSON, TR SUNDOWN, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: 1AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank ~~EXISTING~~ (gal) STB Date 10-11-17
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 120'
Trench Width 36" Max. Trench Bottom Depth 18-20" Gravel Depth —

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI
System Description: BED + 25% REDUCTION
Repair System Description: 25% REDUCTION (1 BR)
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: CURRENT WELL MUST BE ABANDONED BEFORE AC
INSTALLED NEW ST. (EXISTING ST WAS DAMAGED & FAILING APPART)

Installed 80FT line & 40FT drain lines

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

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: 6-1-16 Installed by: Kevin Hoffman

IMPROVEMENT PERMIT by: APPROVED MAY 26 2016 OPERATION PERMIT by: Date: 1/4/18

AUTHORIZATION TO CONSTRUCT by: APPROVED SEP 28 2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED MAY 16 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#218865

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: Howard Peterson **Address:** 1606 Elephant Rd. Parkasie PA 18944 215 **Phone:** 622-5662

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 377 Sundown Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Williamson Rd, TR Sundown, on LT

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

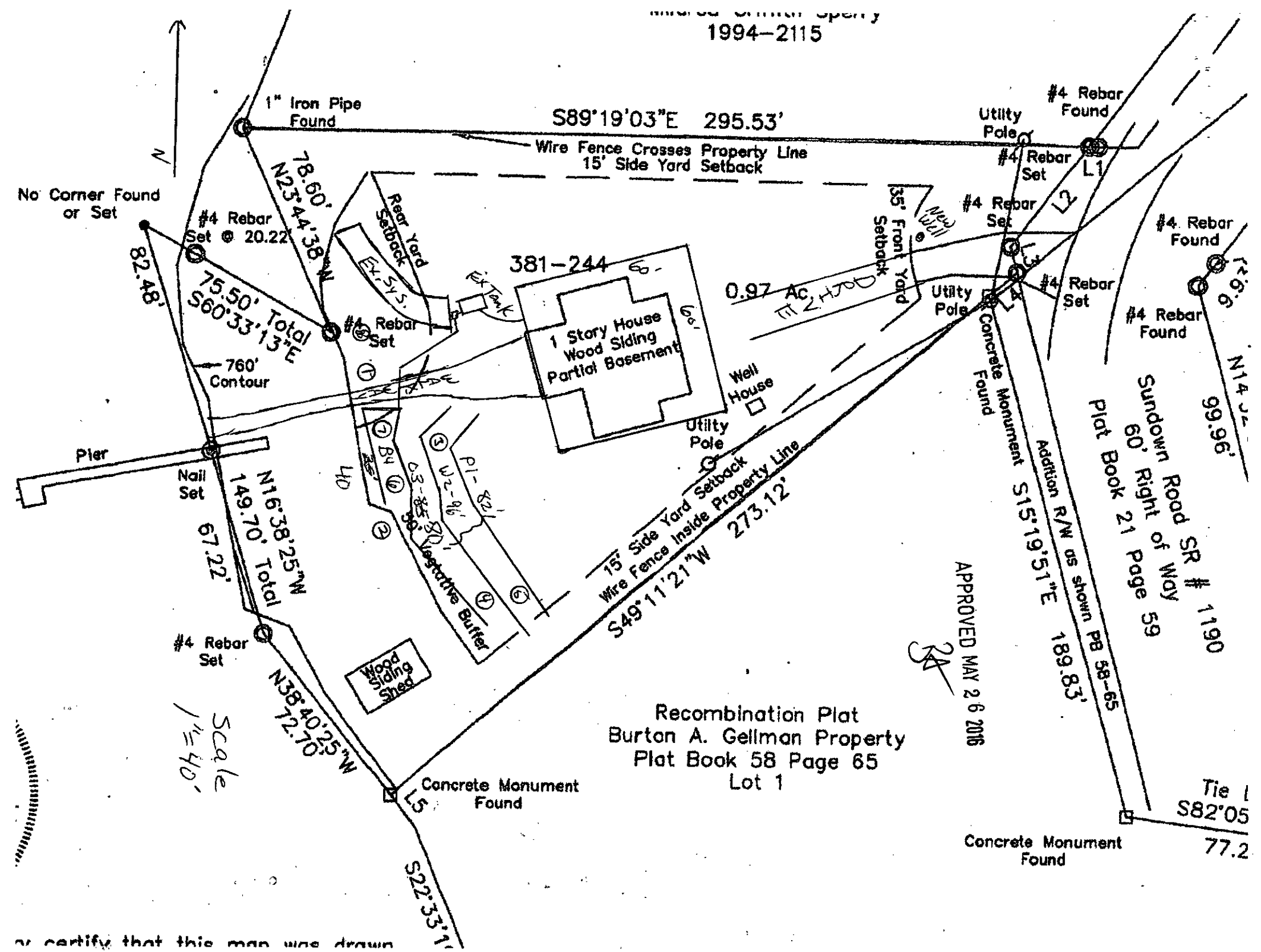
Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 5/16/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



y certify that this map was drawn

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

PROPERTY ID #: 4646167797_
COUNTY: _Iredell___

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

APPROVED MAY 26 2016
BA

OWNER: Howard & Julie Peterson_____ APPLICATION DATE_____
ADDRESS: 1606 Elephant Rd. Perkasie, PA 18944_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 bdrm_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: _0.97 AC_____
LOCATION OF SITE: 377 Sundown Rd_____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
2	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	F-C YB CHR 2 @ 38"	38"	N/A	N/A	PS 0.25
		4-38	R C SBK	FR SS SP SEXP					
3	LS 6%	0-5	Br CL WSBK	FR SS SP SEXP	F-C YB CHR 2 @ 43"	43"	N/A	N/A	PS 0.25
		5-34	R C SBK	FR SS SP SEXP					
		34-43	YR C SBK	FR SS SP SEXP					
4	LS 6%	0-3	Br CL WSBK	FR SS SP SEXP	Few Mn No Mn	48"	Few SAP	N/A	PS 0.3-0.275
		3-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Bed + 360 FT2	Limited
System Type(s)	Bed + 25% Red	25% Reduction
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

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 #: 4646167797____
DATE OF EVALUATION: _____
COUNTY: _Iredell_____

APPROVED MAY 2 6 2016
RA

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
5	LS 6%	0-8	Br CL WSBK	FR SS SP SEXP	Mn @ 30"	48"	N/A	N/A	PS 0.275
		8-48	R C SBK	FR SS SP SEXP					
6	LS 6%	0-12	RBr CL WSBK	FR SS SP SEXP	YB @ 28" CHR 2@ 36"	36"	N/A	N/A	PS 0.25
		12-36	R C SBK	FR SS SP SEXP					
7	LS 6%		Inconclusive						
			Old stump hole						
8			FILL						US

LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA

COMMENTS: _____

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, Howard + Julie Peterson, am the legal owner(s) of the property located at 377 Sundown Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4646-16-7797.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas + Associates, 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)	Date	Signature of Witness	Date
Julie Peterson	5-16-16		

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

IREDELL COUNTY

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

APPLICATION NUMBER
218865
Issue Date: 05/16/2016

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4646167797.000	377 SUNDOWN ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PETERSON HOWARD A+JULIE A	Applicant: PETERSON HOWARD A+JULI
Address: 1606 ELEPHANT ROAD MOORESVILLE, PA 18944	Address: 1606 ELEPHANT ROAD MOORESVILLE, PA 18944
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Scanned + emailed 5/16/16

$ PAID

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: See Attached Date: _____

Permit Number	68796	TOTAL FEES:	$ 77.25

Attention: Maria

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 9/20/17

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

2. Well Construction Permit #: 218865

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☑ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 9/20/17

5a. Well location:

Mike Palmer

Facility/Owner Name

Facility ID# (if applicable)

377 Sundown Rd

Physical Address, City, and Zip

Fredell

County

4646167797

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 40' (ft.)

6c. Borehole diameter: 2" (in.)

6d. Water level below ground surface: 10 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 50g

7e. Sealing materials used (check all that apply):
- ☐ Neat Cement Grout
- ☐ Sand Cement Grout
- ☐ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☑ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

2 Bags Hole plug 50#

7g. Provide a brief description of the abandonment procedure:

Pavel + Hydrated

8. Certification:

Alfred J Kiesling 9/20/17

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

RECEIVED SEP 2 3 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit – $550.00 ( ) Well Repair Permit ( ) Well Abandonment - $75.00
( ) 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: (PRINT CLEARLY)

Applicant Name: Mike Palmer Homes Address: 6211 Denver Industrial Park Rd Zip: 28037
Applicant Email: Jesse Brown@mikepalmerhomes.com Phone: 828-312-2972 Alt. Phone: _____
Owner Name: Julie Peterson Address: 1606 Elephant Rd Parkside, PA _____
Owner Email: Juliepete@Verizon.net Phone: 215-622-5662 Alt. Phone: _____

Property Information:

Street Address: 377 Sundown Rd Mooresville NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Williamson Rd onto Sundown, Lot on left

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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

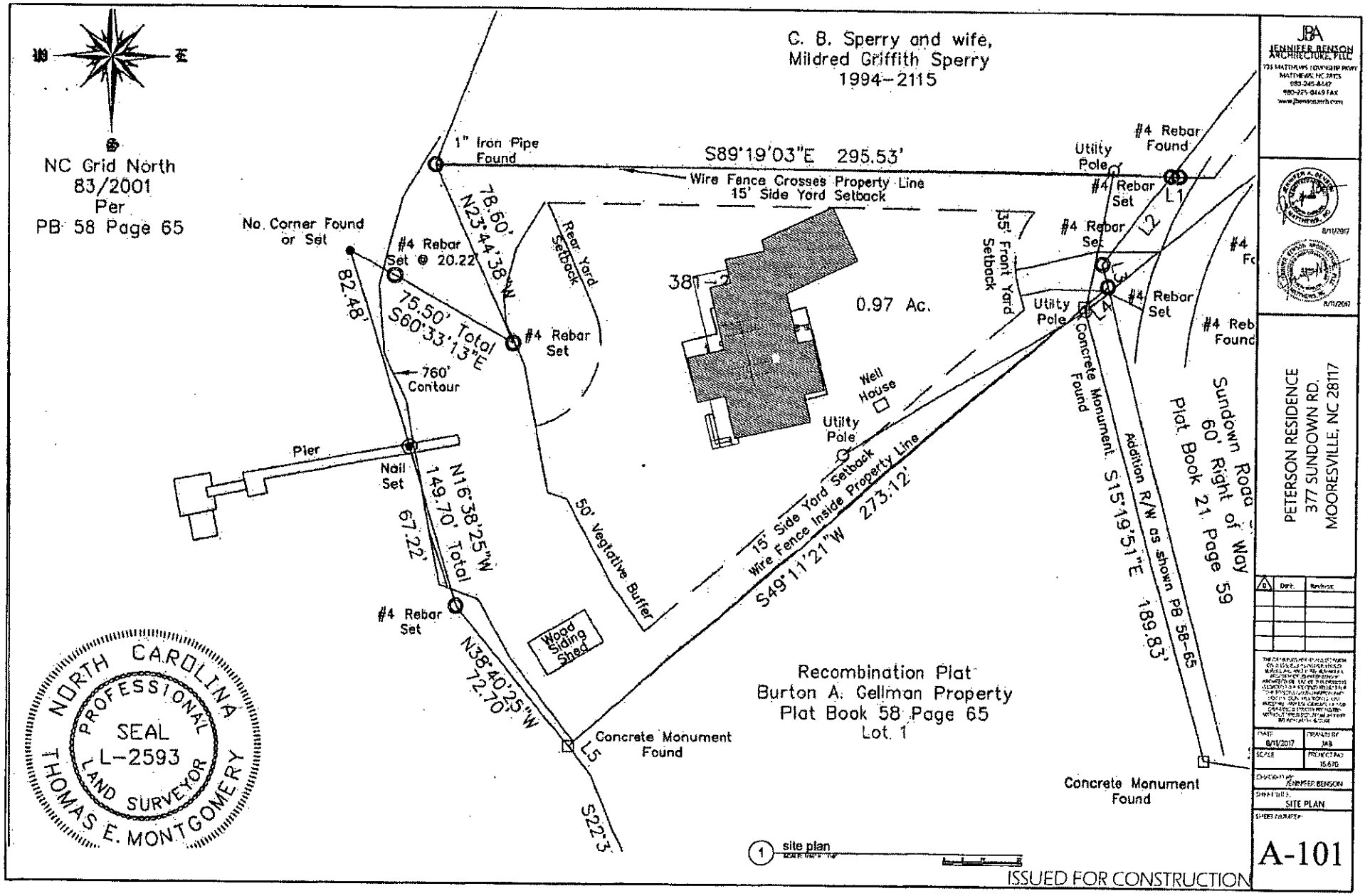
Water Supply: (✓) Replacement Well – Reason: Abandon well
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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: _____ 8/30/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


NC Grid North
83/2001
Per
PB 58 Page 65
C. B. Sperry and wife,
Mildred Griffith Sperry
1994-2115
1" Iron Pipe Found
S89°19'03"E 295.53'
Wire Fence Crosses Property Line
15' Side Yard Setback
#4 Rebar Found
Utility Pole
#4 Rebar Set
L1
L2
L3
L4
No. Corner Found or Set
#4 Rebar Set @ 20.22'
78.60'
N23°44'38"W
82.48'
15.50' Total
S60°33'13"E
#4 Rebar Set
Rear Yard Setback
35' Front Yard Setback
38'
0.97 Ac.
760' Contour
Well House
Utility Pole
Concrete Monument Found
Addition R/W as shown PB 58-65
S15°19'51"E 189.83'
Sundown Road
60' Right of Way
Plat Book 21 Page 59
Pier
Nail Set
N16°38'25"W
149.70' Total
67.22'
50' Vegtative Buffer
15' Side Yard Setback
Wire Fence Inside Property Line
S49°11'21"W 273.12'
#4 Rebar Set
Wood Siding Shed
N38°40'25"W
72.70'
L5
Concrete Monument Found
S22°3
Recombination Plat
Burton A. Gellman Property
Plat Book 58 Page 65
Lot 1
Concrete Monument Found
NORTH CAROLINA
PROFESSIONAL
SEAL
L-2593
LAND SURVEYOR
THOMAS E. MONTGOMERY
1 site plan
ISSUED FOR CONSTRUCTION
JBA
JENNIFER BENSON ARCHITECTURE, PLLC
PETERSON RESIDENCE
377 SUNDOWN RD.
MOORESVILLE, NC 28117
DATE 8/11/2017
DRAWN BY JAB
SCALE
PROJECT NO 1567G
CHECKED BY JENNIFER BENSON
SHEET TITLE SITE PLAN
SHEET NUMBER A-101

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, Howard + Julie Peterson, am the legal owner(s) of the property located at 377 Sundown Rd Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4646-14-7797.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Palmer 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.

8/30/17
Signature of Owner(s) Date

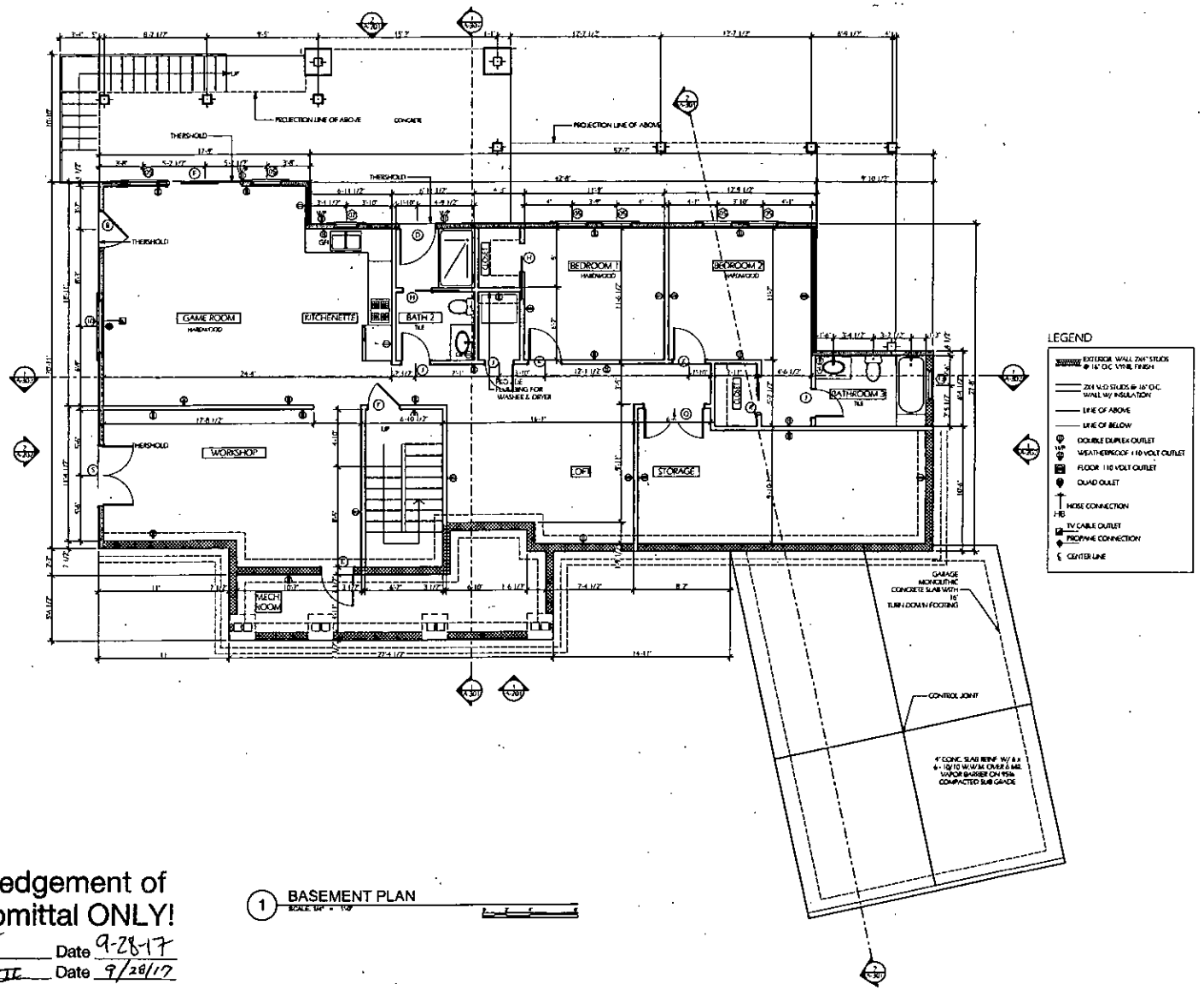
8/30/17
Signature of Witness Date

Julie Peterson 8/30/17

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
116 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



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

Acknowledgement of Plans Submittal ONLY!

Date 9-28-17

Date 9/28/17

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8447
980-225-0449 FAX
www.jbensonarch.com

8/11/2017

8/11/2017

PETERSON RESIDENCE
377 SUNDOWN RD.
MOORESVILLE, NC 28117

Δ	Date	Revisions

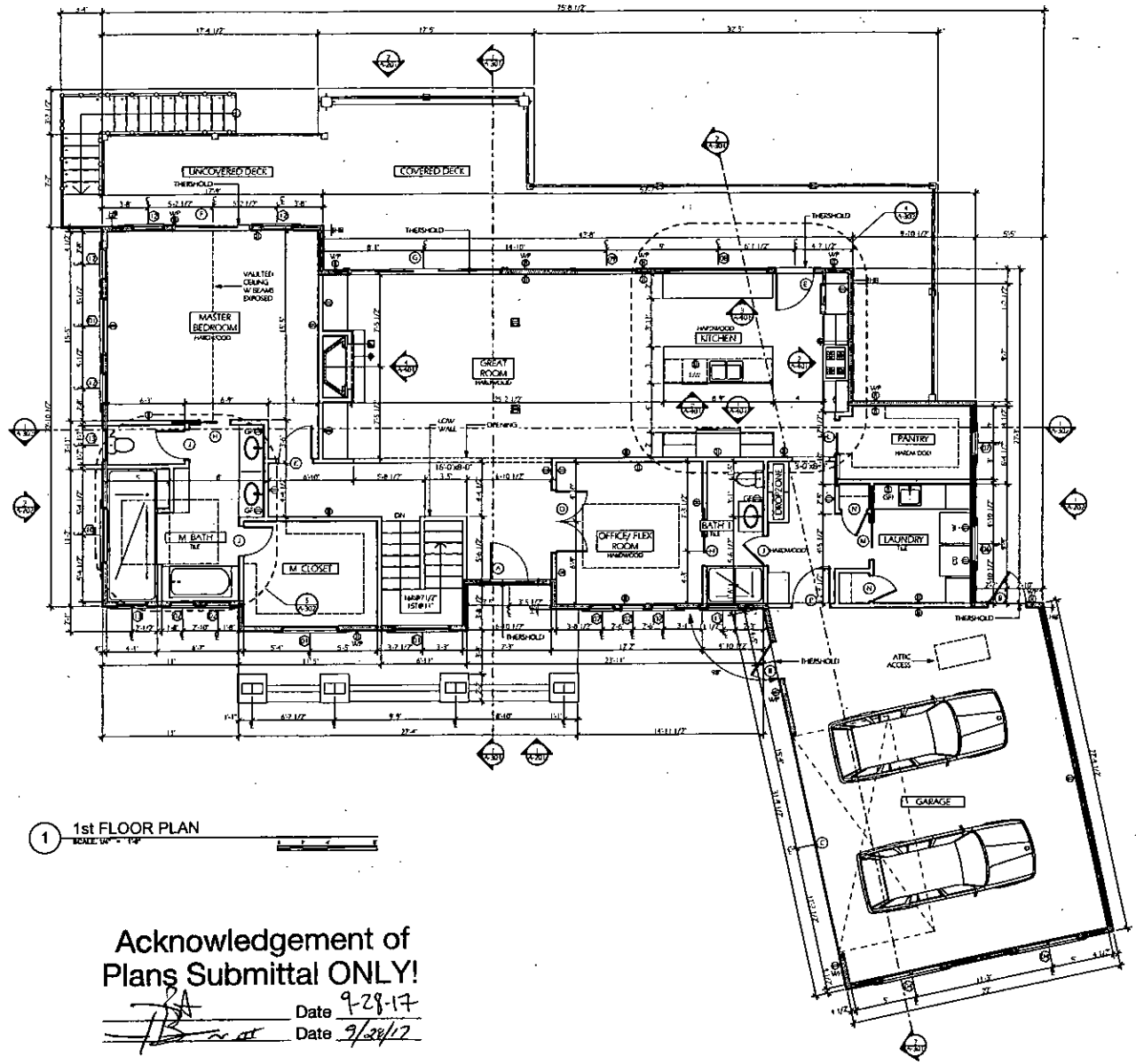
THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET AND AMENDMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIED PROJECT FOR THE PERSONS NAMED HEREON AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWINGS IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON ARCHITECTURE

DATE	DRAWN BY
8/11/2017	JAB
SCALE	PROJECT NO
	16 670

CHECKED BY: JENNIFER BENSON

SHEET TITLE: BASEMENT PLAN

SHEET NUMBER: A-104



1 1st FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTES
1. ALL DIMENSIONS ARE TO THE FACE OF STUD
2. ALL CLOSETS TO HAVE ROD AND SHELF TYP.
3. 6" BASEBOARD THROUGH OUT
4. 6" CEILING MOULDING THROUGH OUT
5. PROVIDE CONTINUOUS 7/16" OSB ON ALL EXTERIOR WALLS
6. EXTERIOR WALLS TO BE 1/2" GWB, 2X4 MID STUDS @ 16" O.C. - SYP #2 R-15 BATT INSULATION (1 7/16 OSB THYEK BUILDING WRAP OR S&A AND EXTERIOR FINISH AS NOTED ON ELEVATIONS
7. ALL INTERIOR WALLS TO BE 2X4 WOOD STUDS @ 16" O.C - SYP #2 W/ 1/2" G.W.B EA. SIDE
8. PROVIDE WOOD STRUCTURAL PANELS MIN. 4'-0" AT CORNERS FOR WALL BRACING
9. PROVIDE (2) 2X8 HEADERS FOR ALL WINDOW AND DOOR OPENINGS TO 4'-6" AND (2) 2X10 HEADERS TO OPENINGS TO 6'-0"
10. PROVIDE (2) JACK STUDS EA. SIDE AT ALL WINDOW AND DOOR LOCATIONS
11. DARK WOOD FLOOR TO BE INSTALLED AS SHOWN ON PLANS
12. TILE FLOOR FOR ALL BATHROOMS TO BE INSTALLED AS SHOWN ON PLANS
13. WOOD COLOR TREX FLOOR AND RAILING SYSTEM TO BE INSTALLED IN DECK AREA
14. ALL EXTERIOR DOORS TO BE ALUMINUM/WOOD CLAD SYSTEM
15. ALL INTERIOR DOOR TO BE HOLLOW CORE PAINT GRADE 4 EQ. PANELS
16. ALL WINDOWS TO BE VINYL CLAD SYSTEM

LEGEND
- EXTERIOR WALL 2X4" STUDS @ 16" O.C. VINYL FINISH
- 2X4 MID STUDS @ 16" O.C. WALL W/ INSULATION
- LINE OF ABOVE
- LINE OF BELOW
- DOUBLE DUPLEX OUTLET
- WEATHERPROOF 110 VOLT OUTLET
- FLOOR 110 VOLT OUTLET
- QUAD OUTLET
- HOSE CONNECTION /HB
- TV CABLE OUTLET
- PROPANE CONNECTION
- ℄ CENTER LINE

DOOR SCHEDULE

ID	SIZE W	SIZE H	DESCRIPTION
A	2'	6'-8"	15 MIN WOOD/GLASS W/ SIDELIGHTS
B	2'	6'-8"	20 MIN RATED CLOSER TO MEET FIRE RATED REQ'S
C	16'	8'	METAL ALSC ROLL UP GARAGE DOOR
D	2'	6'-8"	15 MIN WOOD/GLASS
E	2'	6'-8"	15 MIN WOOD/GLASS
F	2'	6'-8"	FRENCH W/ BLINDS/ SLIDING
G	11'	6'-8"	FRENCH W/ BLINDS/ SLIDING
H	2'-6"	6'-8"	POCKET
I	2'-6"	6'-8"	POCKET W/ LOUVER
J	2'-6"	6'-8"	FRENCH
K	2'-6"	6'-8"	FRENCH
L	2'-6"	6'-8"	FRENCH W/ POCKET
M	2'	6'-8"	FRENCH W/ POCKET
N	2'	6'-8"	FRENCH
O	2'	6'-8"	LOUVERED FOR CLOSING, SIGHT FRAMING REQ'S
P	2'-6"	6'-8"	FRENCH/DUTCH
Q	2'-6"	6'-8"	FRENCH W/ ROCKET PULLER
R	2'-6"	6'-8"	FRENCH/DUTCH

TG= PAINT GRADE TEMP = TEMPERED
MP= RAISED PANEL HC= HOLLOW CORE
FX= FIXED
ALL EXTERIOR DOOR AND WINDOWS TO BE VINYL CLAD SYSTEM
ALL INTERIOR DOORS TO BE 5 EQUAL SOLID PANEL HORIZONTAL RP

WINDOW SCHEDULE

ID	SIZE W	SIZE HT	DESCRIPTION
01	4'-2"	5'-8"	PR. TRANSOM W/ GRID
02	4'	5'	SINGLE W/ GRID
03	4'	5'	DYNAMIC SINGLE HUNG W/ GRID
04	2'-6"	5'	SINGLE HUNG
05	3'	5'	SINGLE HUNG
06	3'	4'	SINGLE HUNG
07	2'	4'	FIXED
08	3'	3'	FIXED TRIUP
09	5'-3"	1'-8"	PR. TRANSOM
10	4'-2"	1'-8"	TRANSOM W/ GRID SEE ELEVATION FLOOR PLANS
11	3'	1'-8"	TRANSOM W/ GRID SEE ELEVATION FLOOR PLANS
12	2'-6"	5'	SINGLE HUNG
13	2'-6"	4'-6"	AWNING

Acknowledgement of Plans Submittal ONLY!
Date 9-28-17
Date 9/28/17

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8447
980-225-0449 FAX
www.jbensonarch.com

8/11/2017

8/11/2017

PETERSON RESIDENCE
377 SUNDOWN RD.
MOORESVILLE, NC 28117

D	Date	Revision

THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET AS RATE AUBJECTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIED PROJECT FOR THE PERSONS NAMED HEREON AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWING IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON ARCHITECTURE

DATE	DRAWN BY
8/11/2017	JAB
SCALE:	PROJECT NO
	16.670

CHECKED BY: JENNIFER BENSON

SHEET TITLE: 1st FLOOR PLAN

SHEET NUMBER: A-102



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

APPROVED MAY 2 6 2016

3A

Reference: Data Sheet for 377 Sundown Rd. PIN 4646167797
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: Existing Bed + 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-Drop box/End cap
Septic Tank Size: Existing
Proposed Trench Bottom: 18-20"

Line	Design Length	Actual Length
Pink 1		82'
White 2		96'
Orange 3	**85'**	**100'**
Blue 4	**35'**	**35'**

Initial System: Bed + 120' **Repair System:** 178'

Comments:
The purpose of this evaluation is to go from 2 bedrooms to 3 bedrooms. No permit for the existing system could be found. The new home will lift the basement plumbing to the main level plumbing that will then gravity feed to the existing septic tank. The distribution should be set up to feed the existing bed first, then the new lines. The lot was deeded in 1964 (BK 396, PG506) so it is exempt from repair area. The existing well will be abandoned and a new well installed. Remove any water lines in the septic area.