IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 240084

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

PIN # 4646261739

APPLICANT/OWNER: William O'Connell
APPLICANT ADDRESS: 20210 Rainbow Circle Cornelius, NC
SITE ADDRESS: 372 Sundown Rd. Mooresville, NC 28117
PHONE: 704-904-5612 ALT. PHONE —
SITE DIRECTIONS: Brawley School Rd → L on Williamson → R on Sundown → lot on R
SUBDIVISION: Mary Knox Atwell
SECTION: — LOT # 2 LOT AREA: .477ac
SAP CONTROLLED: ☐ YES ☑ NO
DESIGN FLOW: 360gpd L.T.A.R.: .3 (.3 repair)

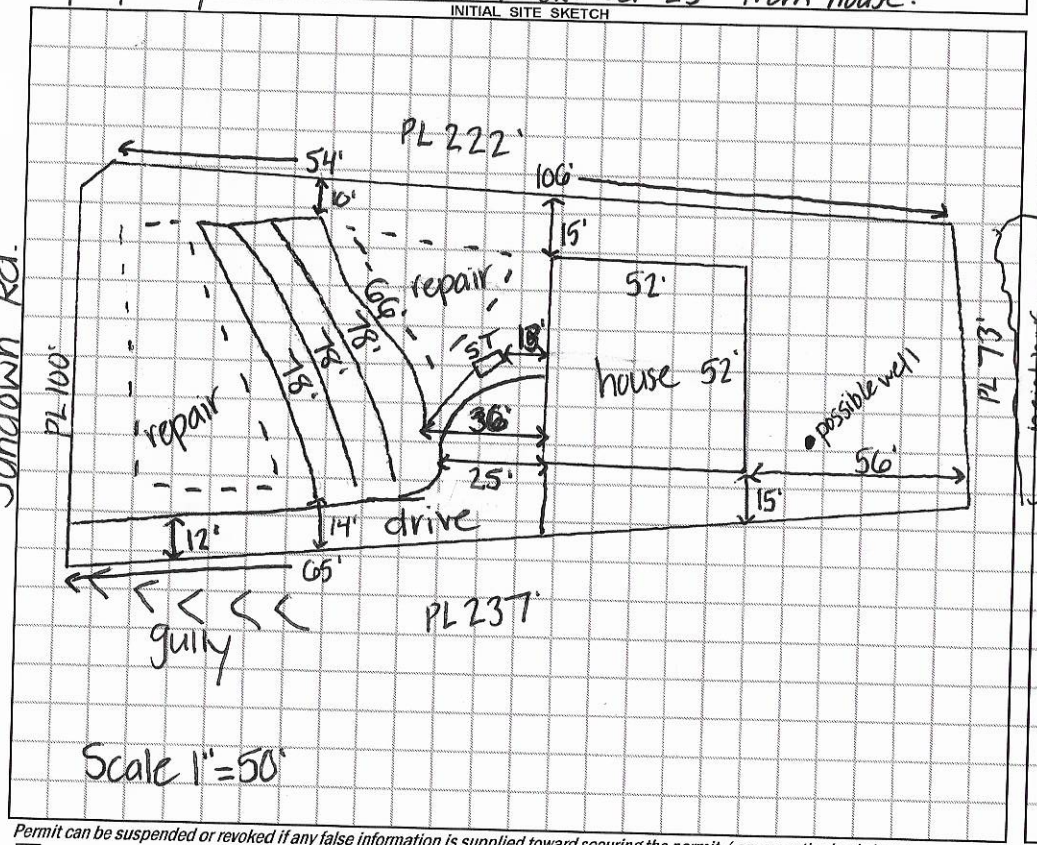
Septic Tank	1000 (gal)	STB	766	Date	10-25-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36"	Trench Bottom Depth (Low side) MAX	36"	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	

☑ Residence ☐ Business ☐ Other ☑ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space
Water Supply: ☑ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions: * Install at max trench depth of 36". OK to cheat contour up to 3" * Drive cannot exceed 12' from property line and cannot exceed 25' from house.

No porch or patio to be build impacting well variance area. KW 3-15-19

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

* Drain field installed prior to constructing drive.

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: William O'Connell Date: 3-15-19
IMPROVEMENT PERMIT by: Kayla Watson Date: 2-20-19
AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 3-15-19
Installed by: Precision Excavation (Shane)
OPERATION PERMIT by: Kayla Watson Date: 1-17-20
Existing System Inspected by: — Date: —

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

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

Sheet 1 of 1
PROPERTY ID #: 4641626 1739
COUNTY: Iredell

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

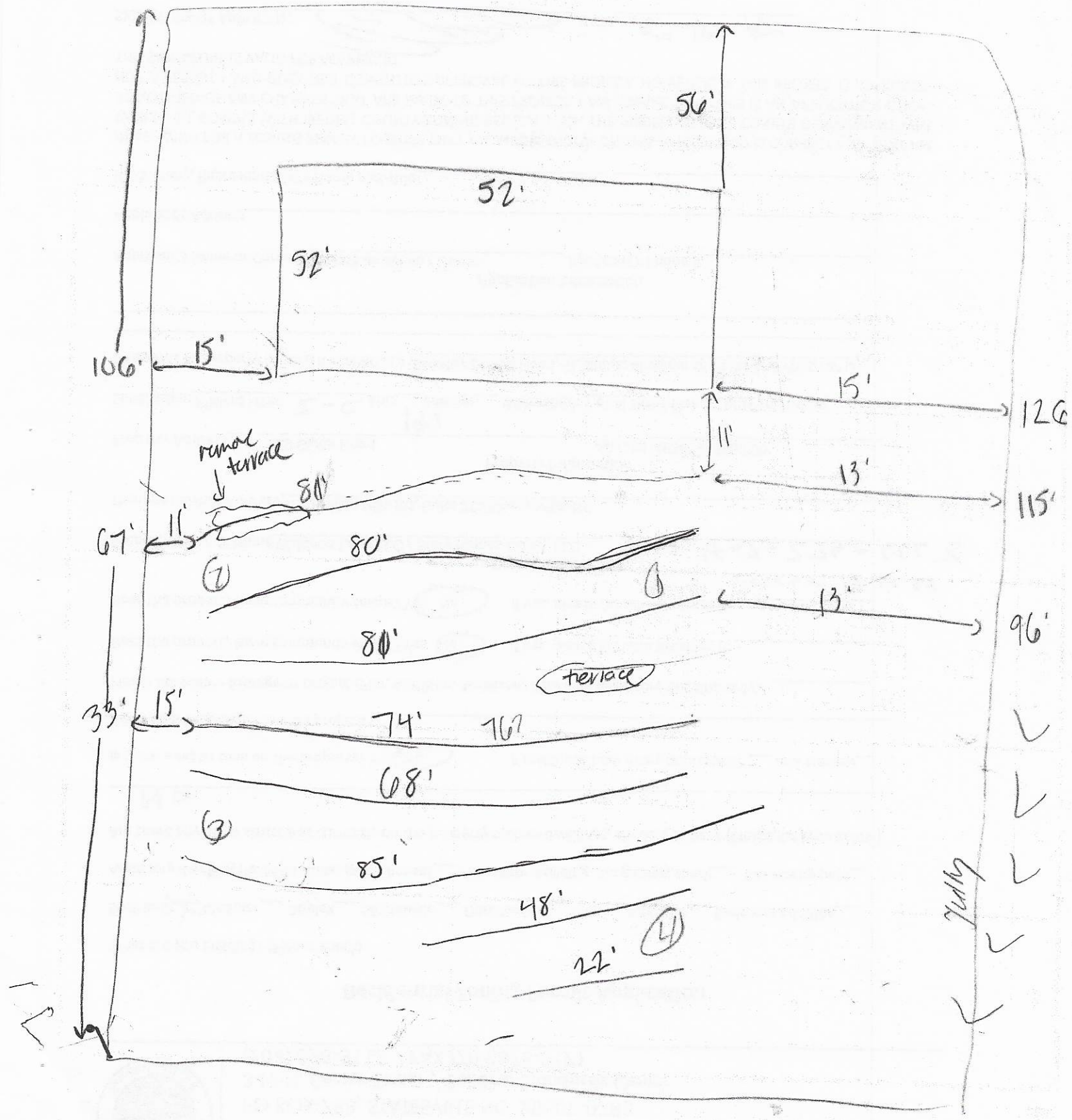
OWNER: Colony Construction Inc. APPLICATION DATE 11-6-18
ADDRESS: 372 Sundown Rd DATE EVALUATED: 11-16-18
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: .477ac
LOCATION OF SITE: Brawley School → L on Williamson → R on Sundown → lot on R PROPERTY RECORDED: YES
WATER SUPPLY: ☑ 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	12% LS	0-6	WSBK SCL	Fr,SS,SP,SE	—	60	28-60" few-com SAP inc		PS .3
		6-28	SBK C	Fr,SS,SP,SE					
		28-60	WSBK CL	Fr,SS,SP,SE					
2	12% LS	0-14	C (fill) remove terrace		—	65	52-65" few SAP inc		PS .3
		14-36	SBK SC	Fr,SS,SP,SE					
		36-52	SBK C	Fr,SS,SP,SE					
		52-65	WSBK CL	Fr,SS,SP,SE					
3	5% LS/FS	0-11	WSBK SCL	Fr,SS,SP,SE	—	56	34-56" few-com SAP inc.		PS .3
		11-34	SBK C	Fr,SS,SP,SE					
		34-56	WSBK CL	Fr,SS,SP,SE					
4	6% LS/FS	0-18	WSBK SCL	Fr,SS,SP,SE	—	56	33-56" few SAP inc.		PS .3
		18-33	SBK C	Fr,SS,SP,SE					
		33-56	WSBK CL	Fr,SS,SP,SE					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


56'
52'
52'
106'
15'
15'
126'
11'
rental terrace
80'
13'
115'
67'
11'
80'
2
6
13'
96'
80'
terrace
33'
15'
74'
76'
68'
3
85'
48'
4
22'
Yard

240084

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ( ) 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: William OConnell Address: 20210 Rainbow Circle Cornelius Zip: 28031
Applicant Email: WOCONN1953@GMAIL.COM Phone: 704-904-5613 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 372 SUNDOWN
Subdivision Name: MARY KNOX ATWELL Section/Phase: _____ Lot Number: 2
Driving Directions: WILLIAMSON to SUNDOWN

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) 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: William OConnell 2-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

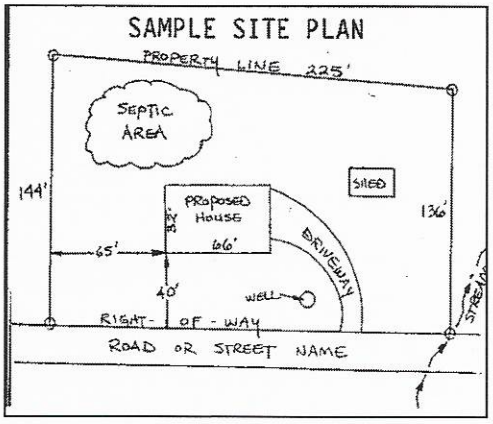
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

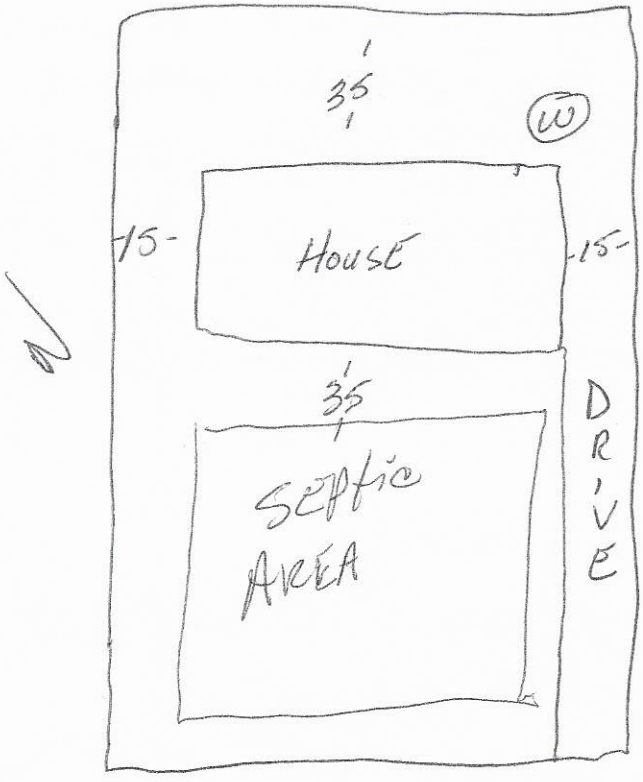


Circle N/A on the following if appropriate:

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



Signature: William O'Connell

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

2-12-19

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here***)** William O'Connell

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.

2. I, William O'Connell, am the legal owner(s) of the property located at 372 Sundown Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4646261739.000, 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.

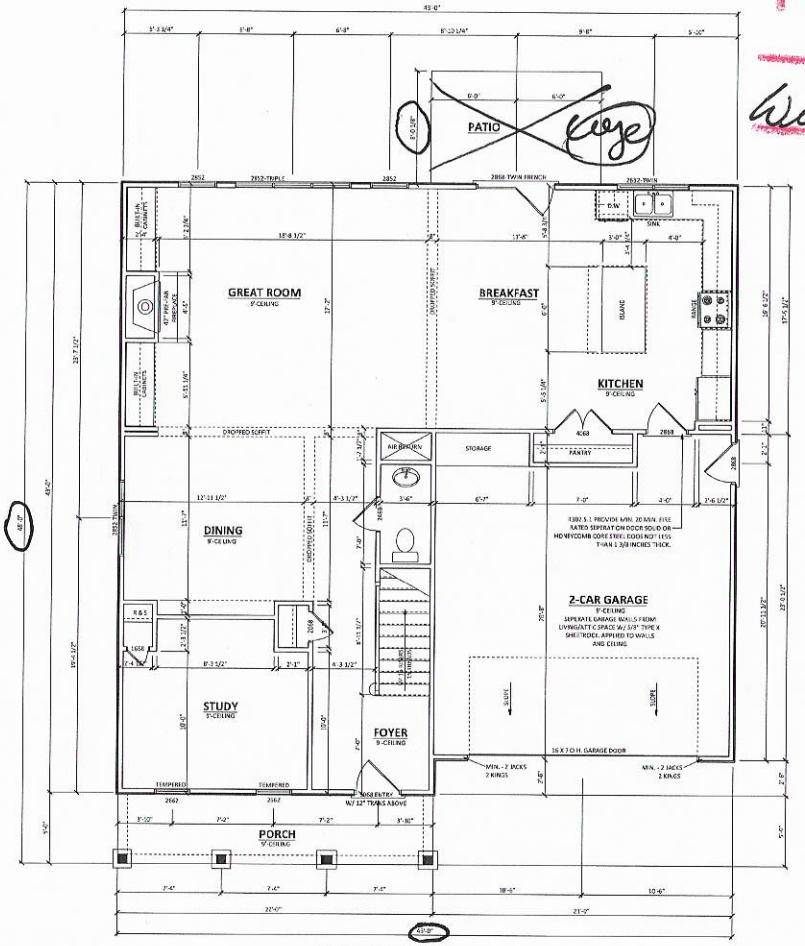
William O'Connell
Signature of Owner(s)

2-12-19
Date

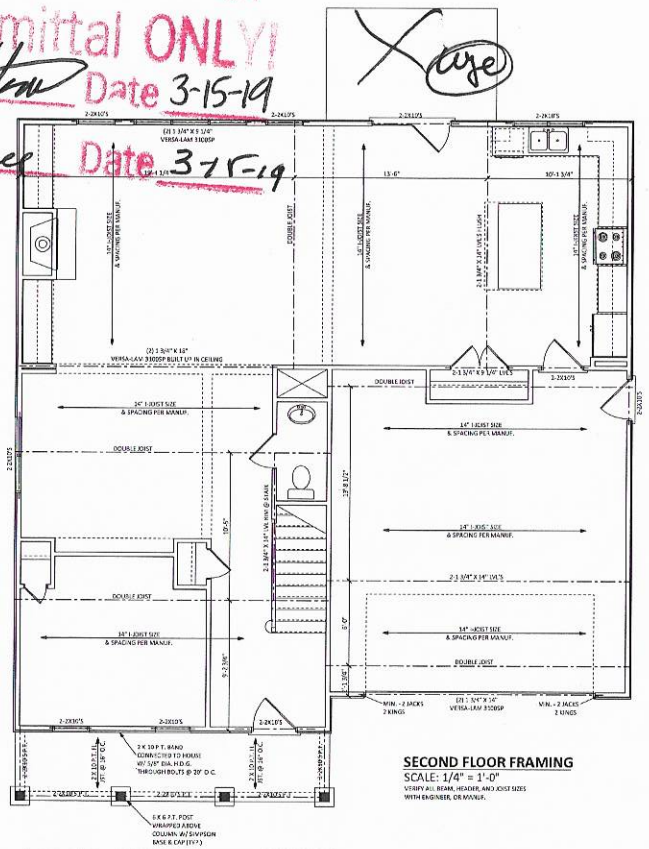
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Date 3-15-19
Date 3-15-19

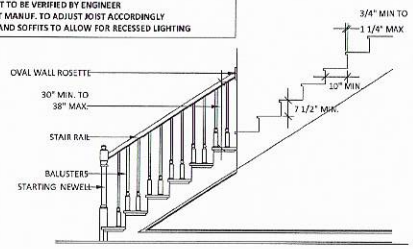


MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"



SECOND FLOOR FRAMING
SCALE: 1/4" = 1'-0"
VERIFY ALL BEAMS, HEADER, AND JOIST SIZES WITH ENGINEER, OR MANUF.

FRAMING NOTES:
ALL EXTERIOR HEADERS TO BE 2-2X10'S SYP #2 U.N.O.
BEAM AS REQUIRED TO BE SIZED BY OTHERS
ALL BEAMS & JOIST TO BE VERIFIED BY ENGINEER
TRUSS AND I-JOIST MANUF. TO ADJUST JOIST ACCORDINGLY
OVER HALLWAYS AND SOFFITS TO ALLOW FOR RECESSED LIGHTING



VERIFY ALL STAIR DETAILS WITH OWNER AND INTERIOR DECORATOR.
(15 TREADS & 16 RISERS) STAIR SYSTEM BASED ON A 10" TREAD & A 8" RISER W/ AN 9'-1/2" PLATE HEIGHT AND A 14" FLOOR JOIST W/ 3/4" T.G. SUB FLOOR

FIRST FLOOR STAIR SYSTEM
SCALE: NTS

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h < 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-0"	2X4 @ 12" O.C.
11'-0" < h < 18'-9"	2X6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HU210-2 (MAX)
(2) 2X12	HU212-2 (MAX)
(2) 1-3/4" X 9-1/4" LVL	HU410 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HU412 (MAX)
(2) 1-3/4" X 14" LVL	HU416 (MAX)
ALL TRIPLE LVL MEMBERS	HHUS5.50/10

FIRST FLOOR HEATED: 1,330 SQ. FT.
SECOND FLOOR HEATED: 1,482 SQ. FT.
TOTAL HEATED SQ. FT.: 2,812 SQ. FT.

GARAGE: 476 SQ. FT.
FRONT COVERED PORCH'S: 220 SQ. FT.
REAR PATIO: 96 SQ. FT.

TOTAL SQUARE FOOTAGE UNDER ROOF: 3,604 SQ. FT.

T&M Designs, LLC

Tracy Sipe assumes no liability for any items constructed from this plan. Release of these plans contemplates further cooperation among the owner and his designer. Changes made from these plans without consent of the designer of responsibility for all consequences arising out of such changes. All these dimensions on these drawings shall have precedence over scaled dimensions and the contractor shall verify and be responsible for all dimensions and conditions on the job.

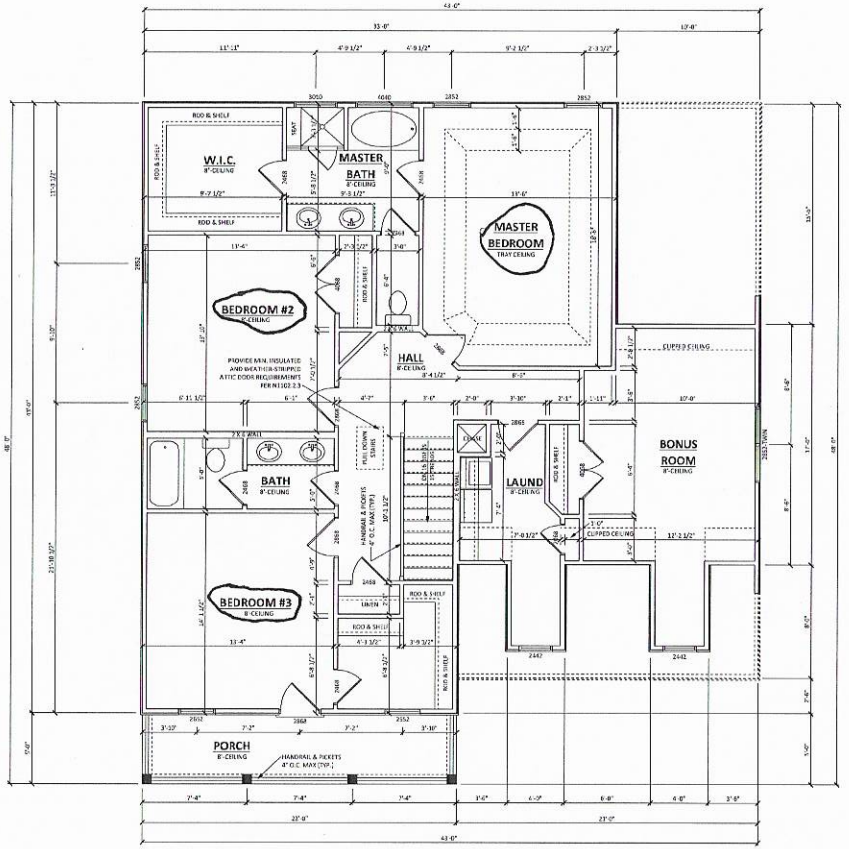
No.	Revisions	Date

Bill O'Connell
Lot # 2 Sundown

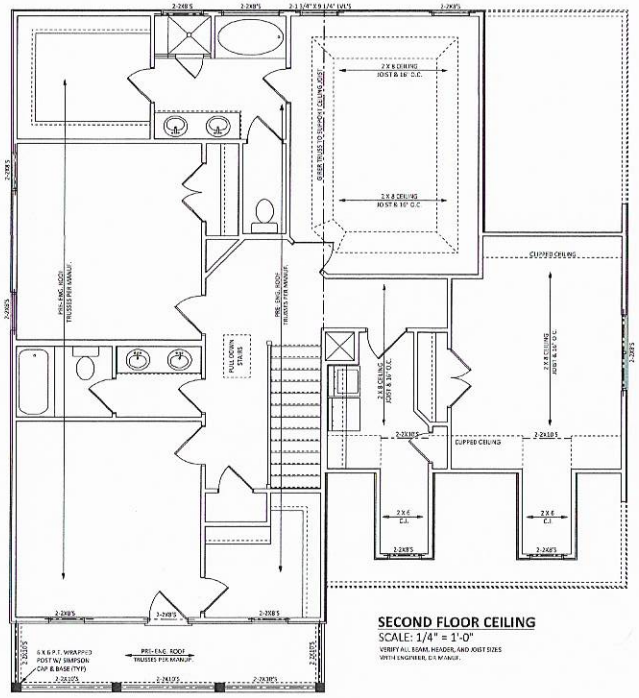
T&M DESIGNS, LLC.
1705 Emmanuel Church Rd
Conover, NC 28613
Tracy Sipe: 704-200-3808 Marie Sipe: 704-200-3811

First Floor SF Framing

Date	Project #
3-12-19	201905
Scale	Sheet
1/4" = 1'-0"	A-2
Drawn By	
TD	



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



SECOND FLOOR CEILING
SCALE: 1/4" = 1'-0"
VERIFY ALL BEAM, HEADER, AND JOIST SIZES WITH ENGINEER, EOR MANUF.

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ALL TRIPLE LVL MEMBERS	HHUS5.50/10

Acknowledgement Of
Plans Submittal ONLY!
Date 3-15-19
Date 3-15-19

T&M Designs, LLC

Bill O'Connell
Lot # 2 Sundown

T&M DESIGNS, LLC.
1705 Emmanuel Church Rd
Conover, NC 28613
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

Second Floor SF Ceiling

Date 1-10-19 | Project # 181005
Scale 1/4" = 1'-0" | Sheet A-3
Drawn By: TTS

IREDELL COUNTY

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

APPLICATION NUMBER
240084
Issue Date: 11/06/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4646261739.000	372 SUNDOWN, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: COLONY CONSTRUCTION INC	Applicant: OCONNELL, WILLIAM
Address: 20210 RAINBOW CIRCLE	Address: 20210 RAIN BOW ICR
STATESVILLE, NC 28031	CORNELIUS, NC 28031
Phone:	Phone: 704-904-5612

Use Requested	Zone Code
SFD	

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

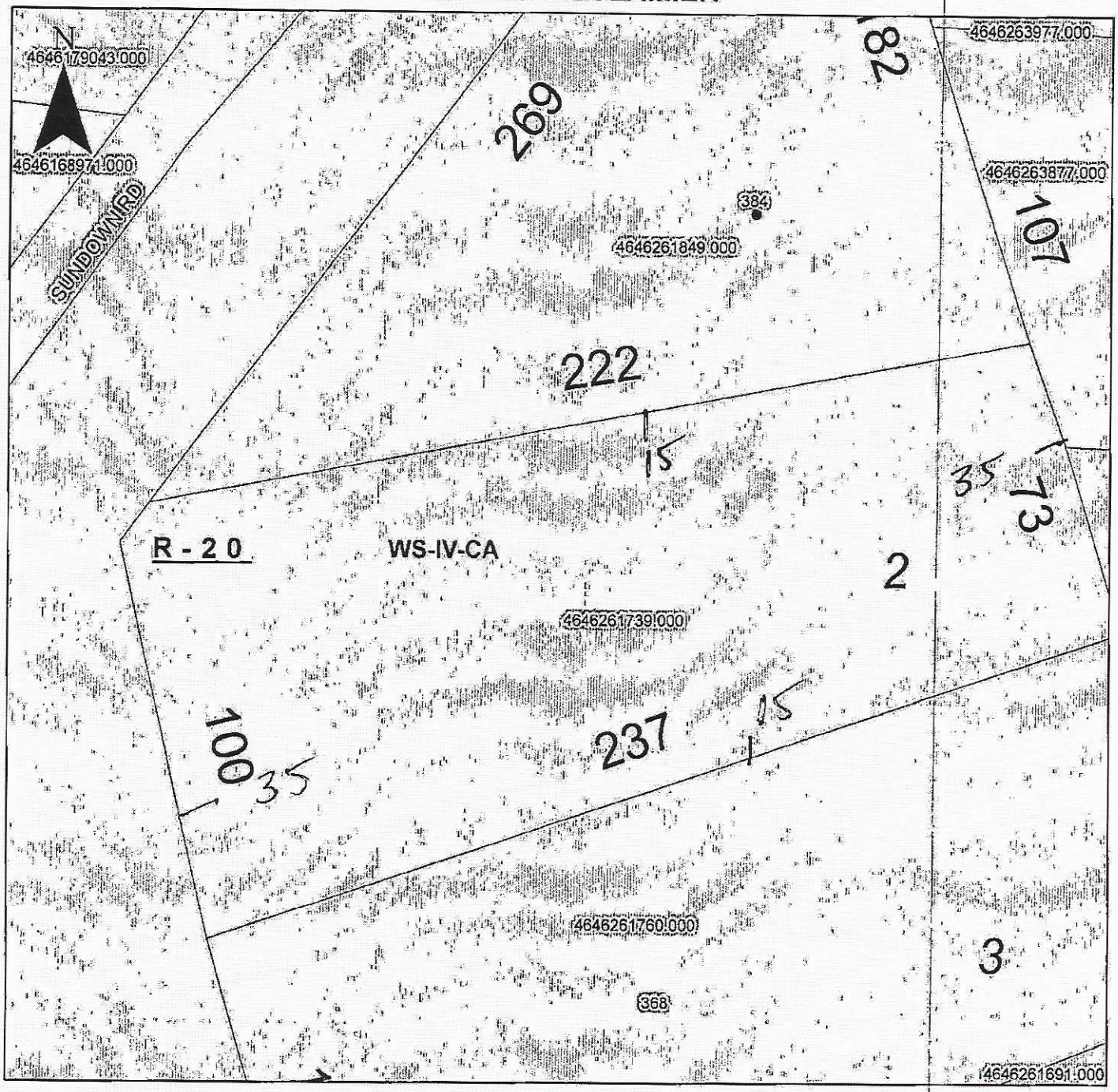
Remarks:

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	158038	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 372 Sundown Rd.

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Lauren O'Connell
Applicant

11-6-18
Date