IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238869

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

PIN # 4646261760

APPLICANT/OWNER: Grande Homes APPLICANT ADDRESS: 555 Delburg St. PHONE: 704-400-1710 ALT. PHONE —

SITE ADDRESS: 368 Sundown Rd. Mooresville, NC SAP CONTROLLED: ☐ YES ☑ NO

SITE DIRECTIONS: Brawley School Rd → L on Williamson → R on Sundown Rd → lot on R DESIGN FLOW: 480gpd L.T.A.R.: .3 (.3 repair)

SUBDIVISION: Mary Knox Atwell SECTION: — LOT # 3 LOT AREA: .538 ac

Septic Tank 1000 (gal) STB Infiltrator Date Infiltrator ☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

Pump Tank 1000 (gal) PT Infiltrator Date Infiltrator System Description: LP PPBPS

Pump Make Liberty Model 1/2HP 280 Serial # Repair System Description: LP PPBPS

Nitrification Fields 1 # Lines 4 Linear Ft 268' Maintenance Agreement Required: ☑ YES ☐ NO

Trench Width 24" Trench Bottom Depth(Low side) 33"/36" highside Gravel Depth — ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

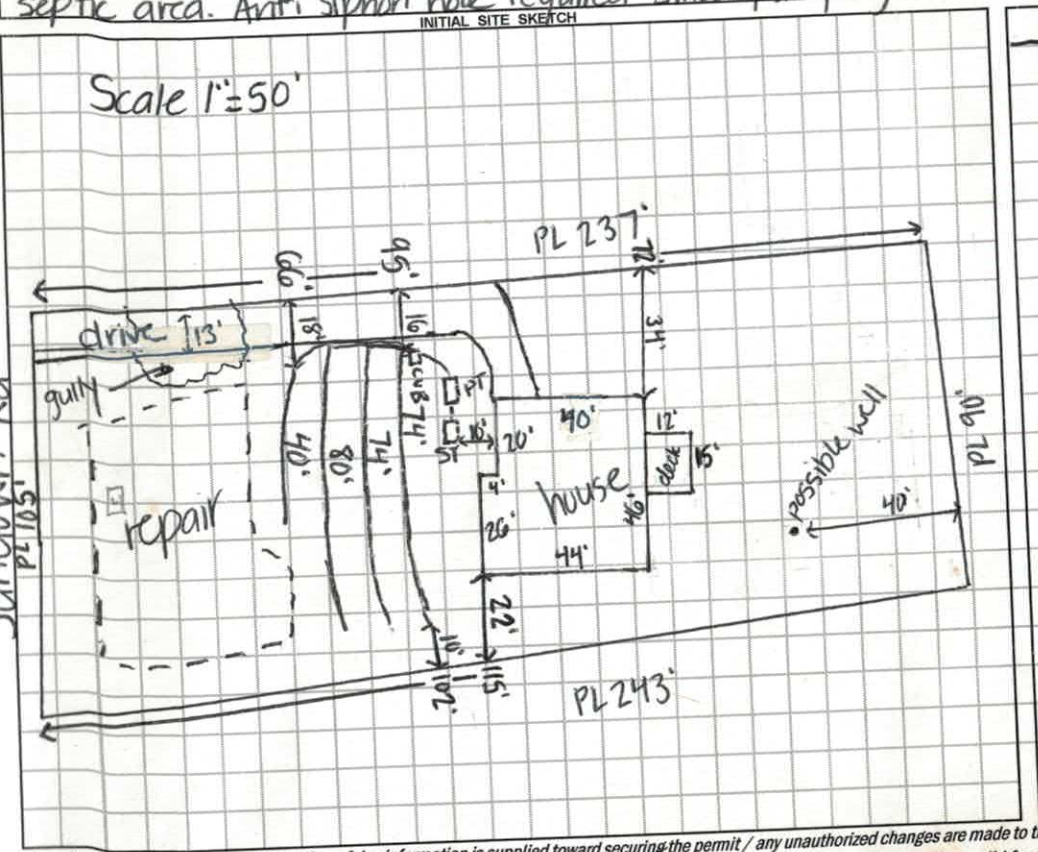
No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

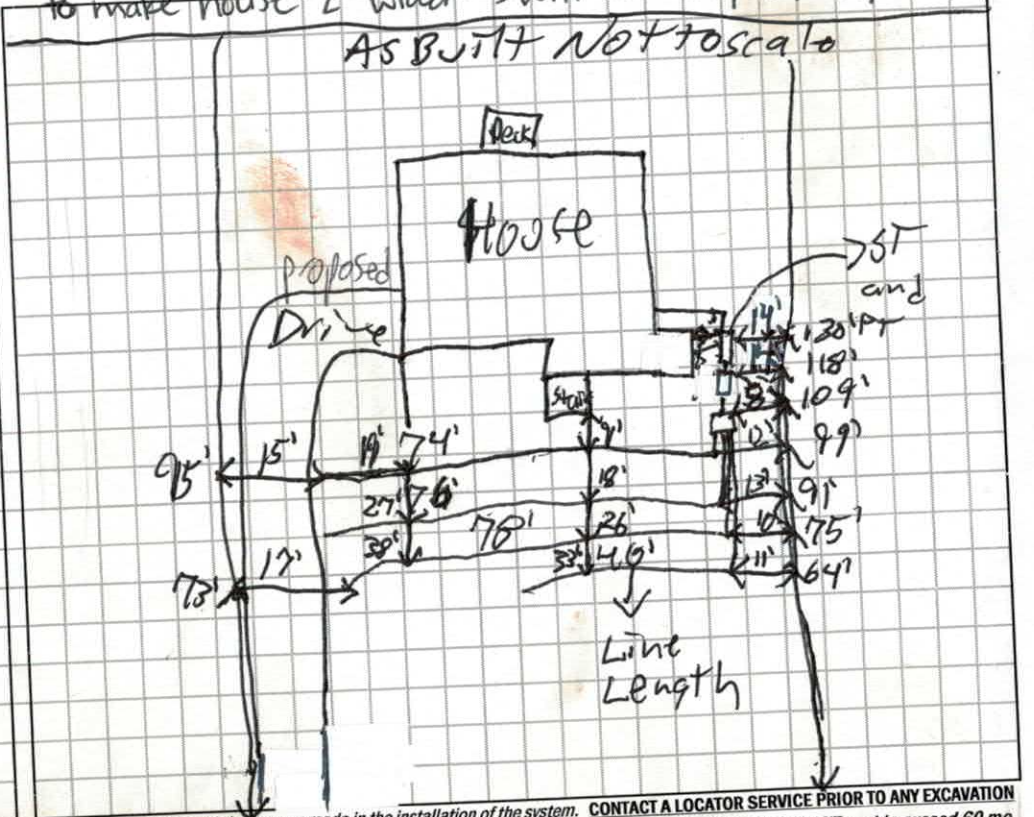
Comments / Conditions: * Drive cannot exceed 13' from property line * Fill in gully. Divert storm/surface water away from septic area. Anti siphon hole required since pumping down hill. Use 5132 orifice.

* Floor plans submitted 2' wider than permit shows. OK to make house 2' wider → will not impact 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: [signature] Date: 11-4-18 Installed by: Joe Thompson Date: 10-23-19

IMPROVEMENT PERMIT by: Kayla Watson Date: 9-28-18 OPERATION PERMIT by: Kayla Watson Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 9-28-18 Existing System Inspected by:

FOR 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.

	Date	Initials
Drain Lines Checked	8/22/19	PJB
Tanks Checked	8/22/19	PJB
Pressure Manifold or Valve Box Checked	8/22/19	PJB
Pressure Head Set	8/22/19	PJB
Electrical Checked	10/11/19	KW
Floats Set	10/11/19	KW
Alarm Checked	10/11/19	KW
Maintenance Contract (Y) / N	10/23/19	KW

Lot 3

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

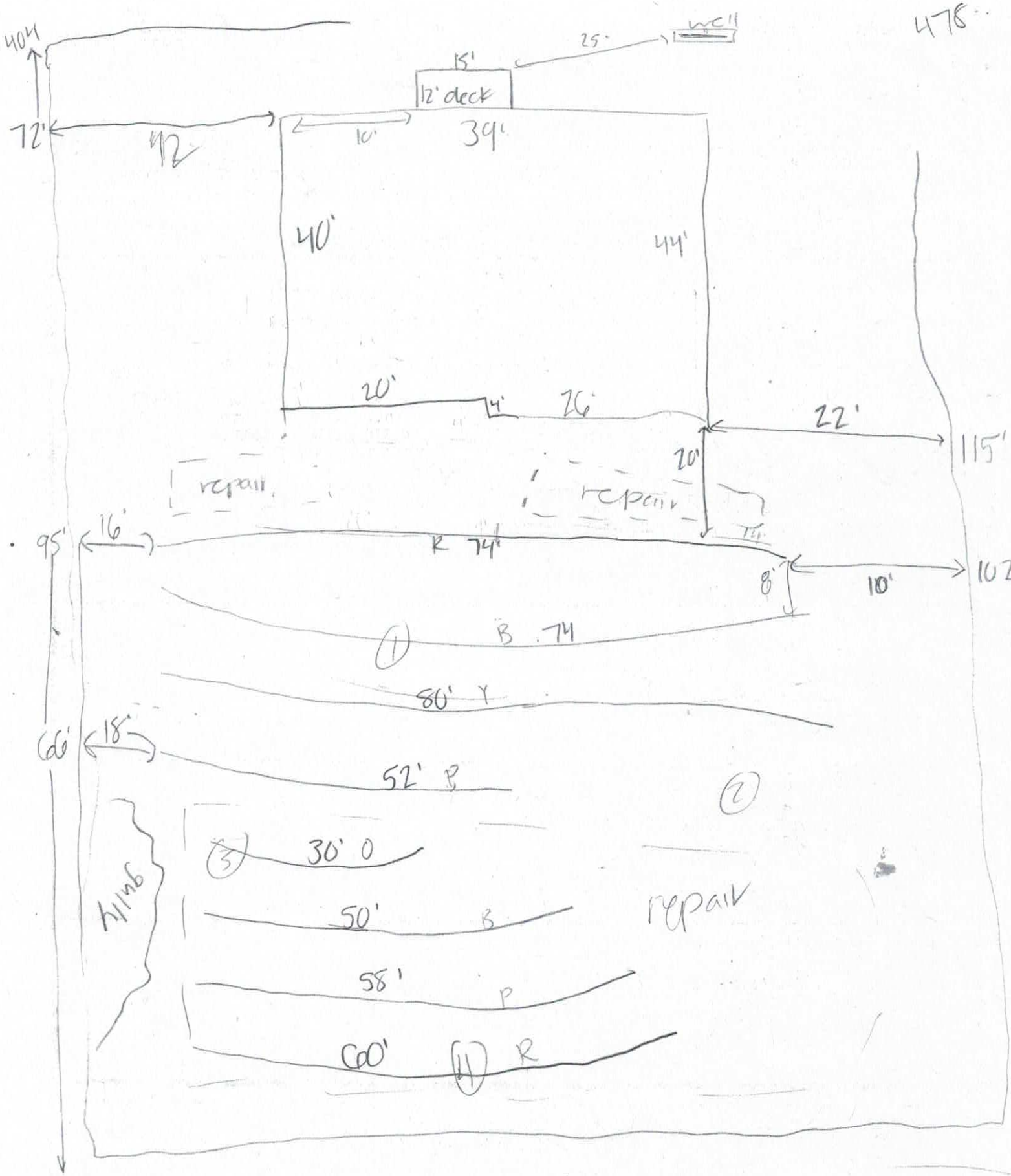
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Grandle Homes — APPLICATION DATE: 9-14-18
ADDRESS: 368 Sundown Rd. — DATE EVALUATED: 9-20-18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .538ac
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	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	12% LS	0-5	WSBK SCL	Fr,SS,SP,SE	—	48	—	—	PS .3
		5-22	SBK C	Fr,SS,SP,SE					
		22-48	WSBK CL	Fi,SS,SP,SE					
2	9% LS	0-7	WSBK SCL	Fr,SS,SP,SE	—	52	23-52" few RC SAP inc 23-52" com-many SAP inc		PS .3
		7-23	SBK C	Fr,SS,SP,SE					
		23-52	WSBK CL	Fi,SS,SP,SE					
3	12% LS	0-6	WSBK SCL	Fr,SS,SP,SE	—	52	25-52" com SAP inc		PS .3
		6-25	SBK C	Fr,SS,SP,SE					
		25-52	WSBK CL	Fi,SS,SP,SE					
4	10% LS	0-24	SBK C	Fr,SS,SP,SE	—	49	—	—	PS .3
		24-49	WSBK CL	Fr,SS,SP,SE					

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

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


478
404
72'
92'
15'
25'
WC
12' deck
10'
39'
40'
44'
20'
4'
26'
22'
115'
20'
repair
repair
95'
16'
R 74'
74'
8'
10'
102'
B 74
80' Y
66'
18'
52' P
2
3
30' O
50' B
repair
58' P
60'
1
R
hill

#238867
$320.00
5-30-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Grande Homes Address: 355 Delong St. Zip: 28036
Applicant Email: grandehomes@icloud.com Phone: 704 400 1710 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 368 Sundays Rd.
Subdivision Name: _____ Section/Phase: _____ Lot Number: 3
Driving Directions: off Williamson Rd. house on rt.

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: 4
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 (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: _____ 5-24-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

$550.00 238869

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(✓) Septic Improvement Permit (✓) New Well Permit (✓) 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: Grande Homes Address: 555 Delburg St. Zip: 28036

Applicant Email: grandehomes@icloud.com Phone: 704 400 1710 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: lot 3 Sundown 368 Sundown

Subdivision Name: Mary Kirk Atwell Section/Phase: _____ Lot Number: 3

Driving Directions: 77 to Williamson Rd lt on Sundown

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

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: _____
( ) 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: M McMillen 9-14-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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*) _____

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, Trustee of Gelhaus Trust, am the legal owner(s) of the property located at Lot 3 Sundown Rd, identified as

PIN (Parcel Identification Number) 4640-26-1760, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Grande 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

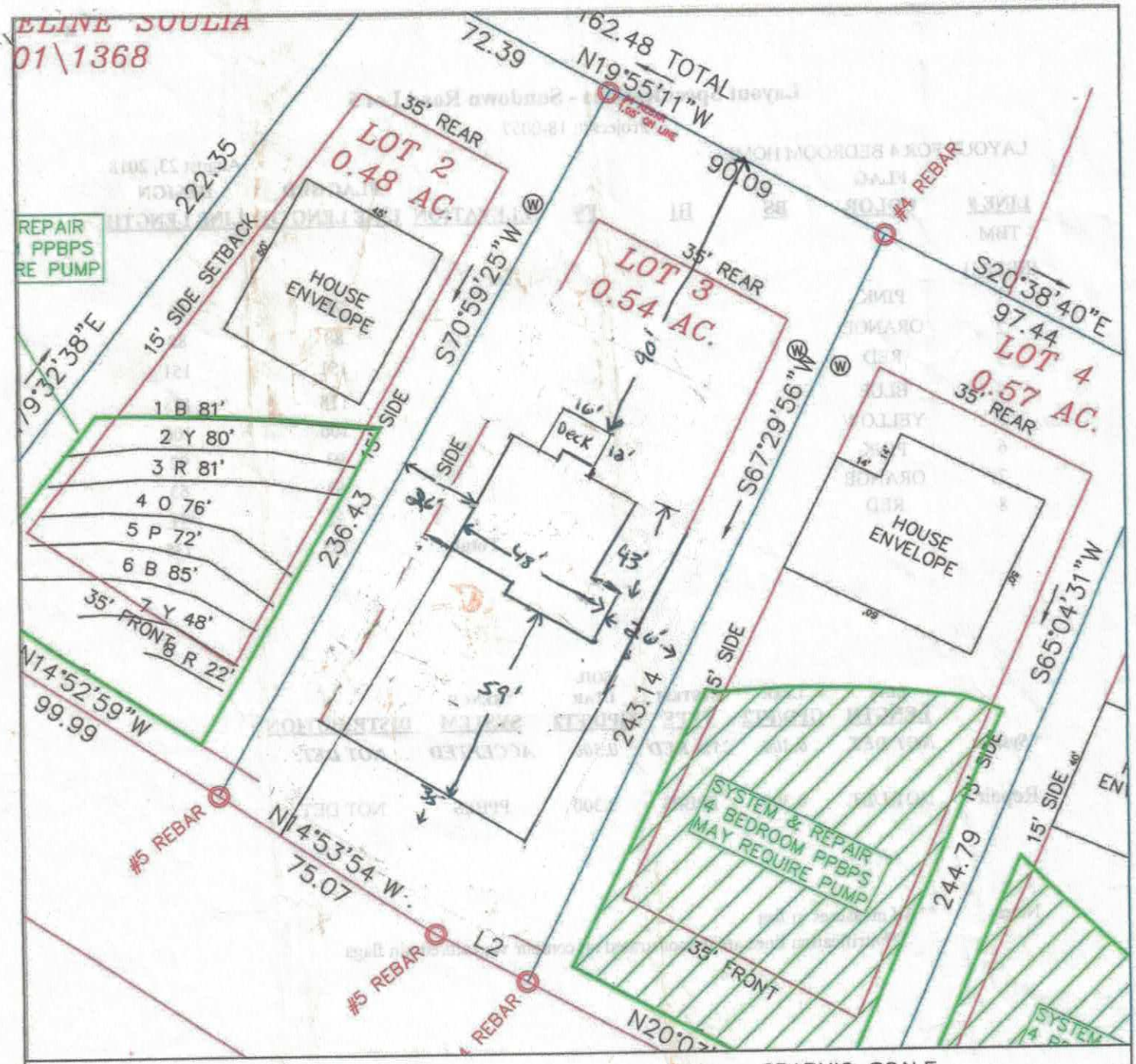
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Richard L Farley Trustee
Signature of Owner(s)

9/13/16
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



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Envelope

Well Location. (B2) Pit/Boring Location.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BURTON GILLIAM ESTATE – SUNDOWN ROAD LOTS 2 – 7

LOCATION/DATE: SUNDOWN ROAD, IREDELL COUNTY, NORTH CAROLINA, AUGUST 2018

JOB # : 18-0057
FILE: c:\JOBS\18-0057
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

Grande Homes

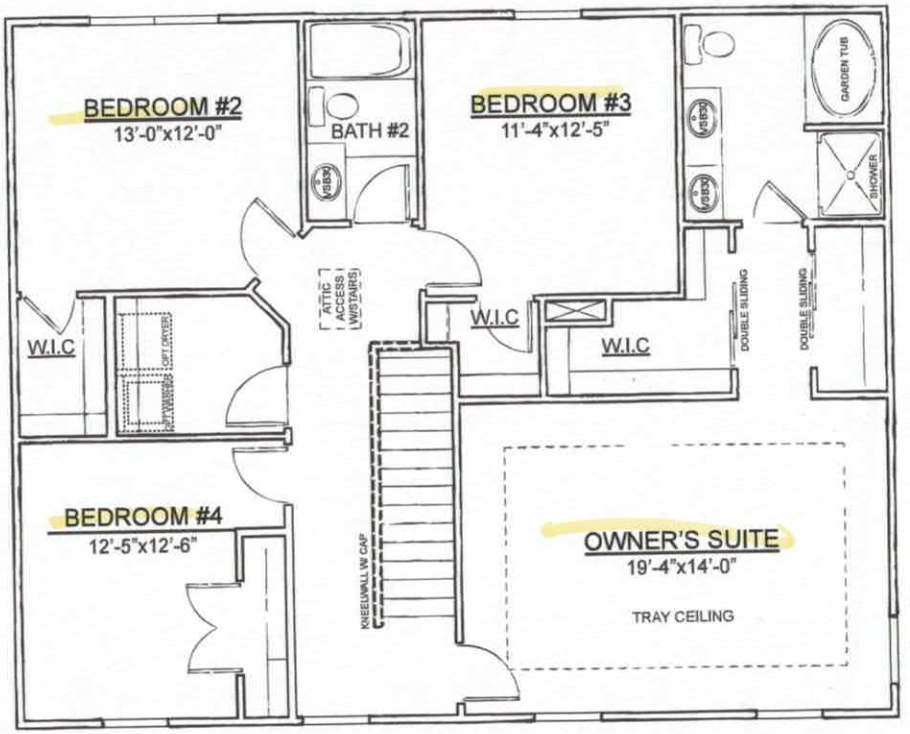
704-400-1710

Acknowledgement Of Plans Submittal ONLY!

Date 9-28-18

Date 10-4-18

Second Floor



First Floor



2,268 Finished SF

4 Large Bedrooms!

2.5 Baths (Includes Deluxe Master Bath)

Lots of Closet Space!

Large Kitchen with Island!

Tray Ceiling in Master Bedroom!

& MUCH, MUCH MORE!

This marketing diagram is for illustrative purposes only and isn't intended, nor to be used as part of the contract. Dimensions displayed are approximate. Grande Homes reserves the right to make changes without notification.

IREDELL COUNTY

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

APPLICATION NUMBER
238869
Issue Date: 09/17/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4646261760.000	368 SUNDOWN ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: GELLMAN BURTON A	Applicant: GRANDE HOMES COMPANY
Address: 12000	Address: 555 DELBURG STREET
IREDELL CO, NC 28625	DAVIDSON, NC 28036
Phone:	Phone: 704-400-1710

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: [signature] Grande Homes Date: 9-17-18

Permit Number	152636	TOTAL FEES:	$ 77.25