ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-304349

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

PIN # 4646265346

APPLICANT/OWNER: William O'Connell / Colony Construction | APPLICANT ADDRESS: 19722 Schooner Dr. Cornelius, NC

SITE ADDRESS: 332 Sundown Rd. Mooresville, NC | PHONE: 248-790-9545 | ALT. PHONE 704-904-5612

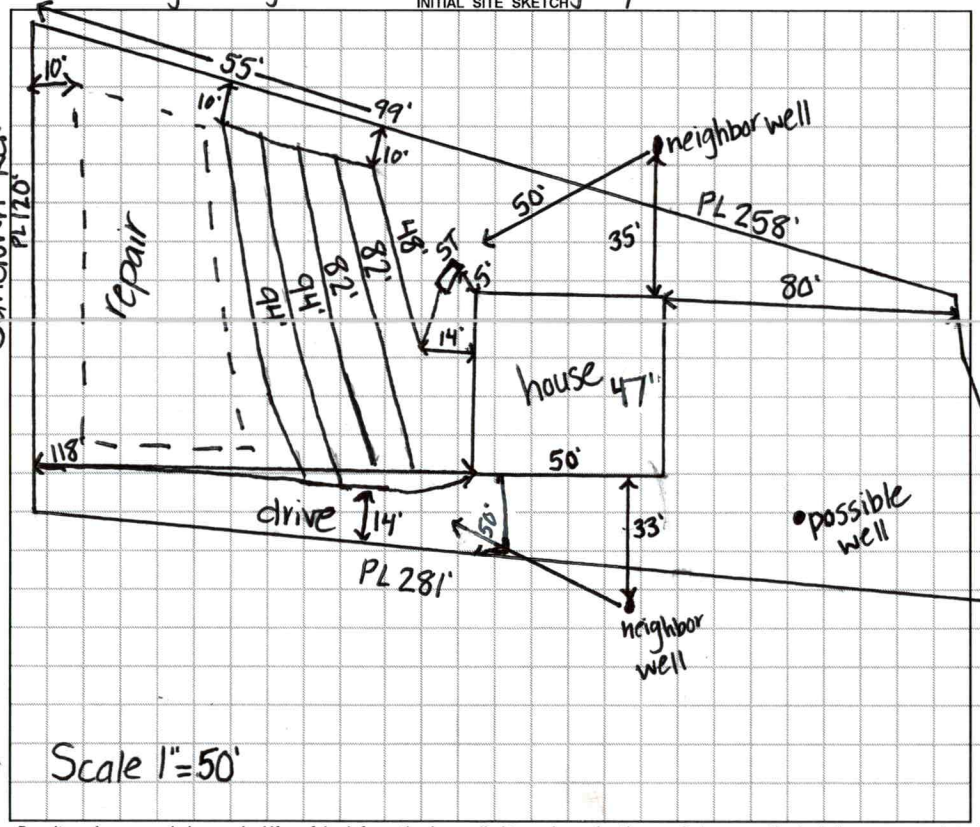
SITE DIRECTIONS: Brawley School Rd → L on Williamson → R on Sundown → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Mary Knox Atwell (looks like 7 backwards) | SECTION: – | LOT # 7 | LOT AREA: .599 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

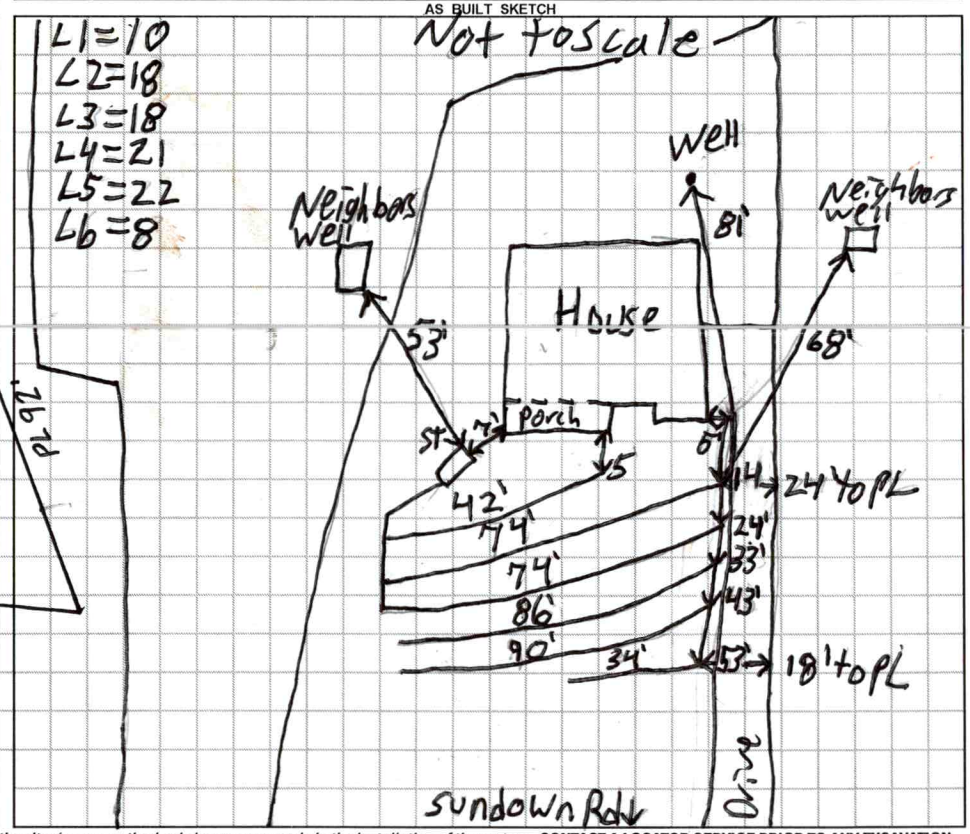
Septic Tank	1000 (gal)	STB (SHAF) R60	Date 5/23	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 8	☑ Private
Pump Make	Model		Serial #	Repair System Description: gravity PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5		Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 32"/36" highside		Gravel Depth —	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution.
*Drive cannot exceed 14' from property line. Maintain 50' from neighboring wells when installing system.

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: William O'Connell | Date: 2/11/20 | Installed by: Precision

IMPROVEMENT PERMIT by: Kayla Watson | Date: 2-6-20 | OPERATION PERMIT by: Patrick J Boyle III | Date: 7/21/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 2-24-20 | 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.

AP- 304349

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

1-23-2020
$500.00

APPLICATION FORM

Application For: ( ) 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: William O'Connell Address: 19722 Schooner Dr. Zip: 28031
Applicant Email: billyo53@gmail.com Phone: 248-790-9545 Alt. Phone: 704-904-5612
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 332 Sundown Rd.
Subdivision Name: Mary Knox Atwell Subdivision Section/Phase: _____ Lot Number: 7
Driving Directions: _____

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: 8
( ) 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
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

1/22/2020
DATE

W+ WSNOT 5499 R20

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 Lot 7, 332 Sundown Rd. Mooresville, 28117, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,
William O'Connell, 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

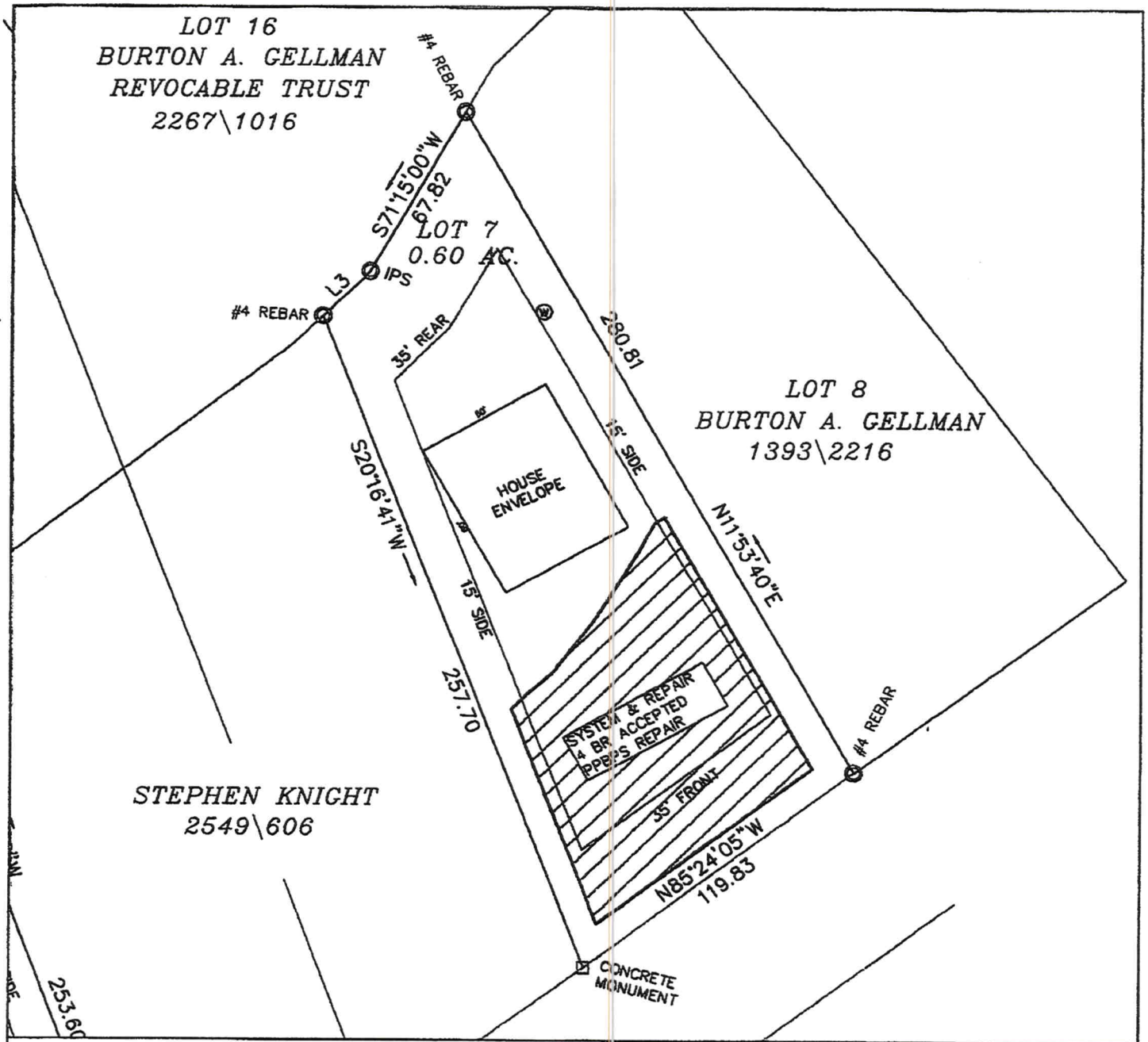
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

William O'Connell
Signature of Owner(s)

1/22/2020
Date

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

Statesville - Environmental Health
ronda.hart@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" = 50'

50 0 50 100

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 852
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 GELLMAN ESTATE - SUNCREST ROAD LOTS 2 - 7

LOCATION/DATE: SUNCREST 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.

Layout Specifications - Sundown Road Lot 7

Project #: 18-0057

LAYOUT FOR 4 BEDROOM HOME — August 23, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	BLUE					93	93
2	PINK					92	92
3	RED					96	96
4	ORANGE					101	101
5	YELLOW					100	100
6	BLUE					99	99
7	PINK					106	106
8	RED					70	70
					Total	757	757

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*NOT DET.*	*0.300*	*25% RED*	*0.300*	*ACCEPTED*	*NOT DET.*
Repair	NOT DET.	0.300	PPBPS	0.300	PPBPS	NOT DET.

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

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

Sheet 1 of 1
PROPERTY ID #: 4646726534G
COUNTY: Iredell

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

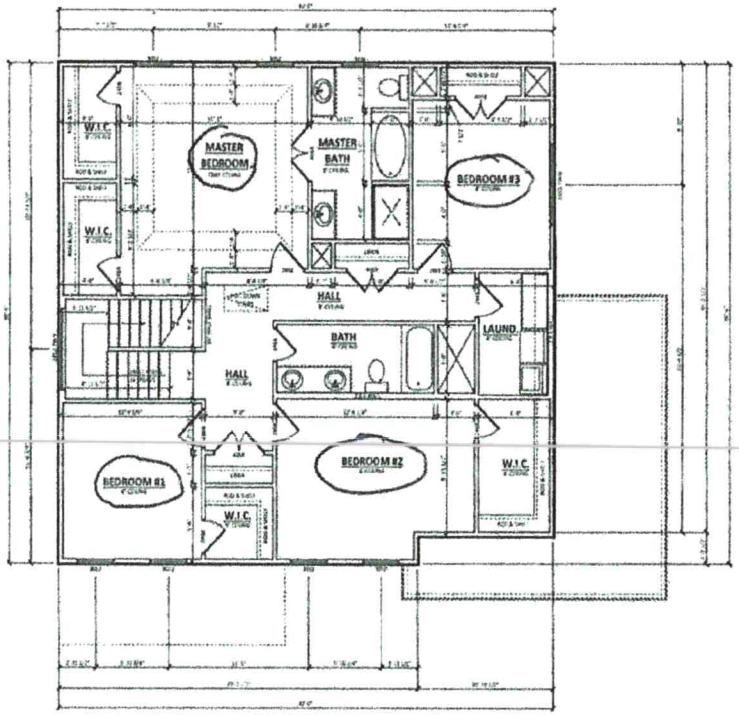
OWNER: Colony Construction — APPLICATION DATE 1-22-20
ADDRESS: 332 Sundown Rd. Mooresville, NC — DATE EVALUATED: 2-4-20
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .599 ac
LOCATION OF SITE: Brawley School → L on Williamson → R on Sundown → lot on R — PROPERTY RECORDED: 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	6%	0-7	WSBK SCL	Fr,SS,SP,SE	—	50	25-50 few-com SAP inc		PS
		7-25	ABK C	Fr,SS,SP,SE					
		25-50	WSBK CL	Fr,SS,SP,SE					
R	LS/FS								.3
2	8%	0-13	WSBK SCL	Fr,SS,SP,SE	—	64	36-64 com-many SAP inc		PS
		13-36	SBK C	Fr,SS,SP,SE					
		36-64	WSBK CL	Fr,SS,SP,SE					
R	LS								.3
3	10%	0-7	WSBK SCL	Fr,SS,SP,SE	—	50	26-50 com-many SAP inc.		PS
		7-26	ABK C	Fr,SS,SP,SE					
		26-50	WSBK CL	Fr,SS,SP,SE					
I	LS								.3
4	11%	0-8	Gr SL	VFr,NS,NP,SE	—	60	36-60 few SAP inc.		PS
		8-17	WSBK SCL	Fr,SS,SP,SE					
		17-36	SBK C	Fr,SS,SP,SE					
I	LS	36-60	WABK CL	Fr,SS,SP,SE					.3

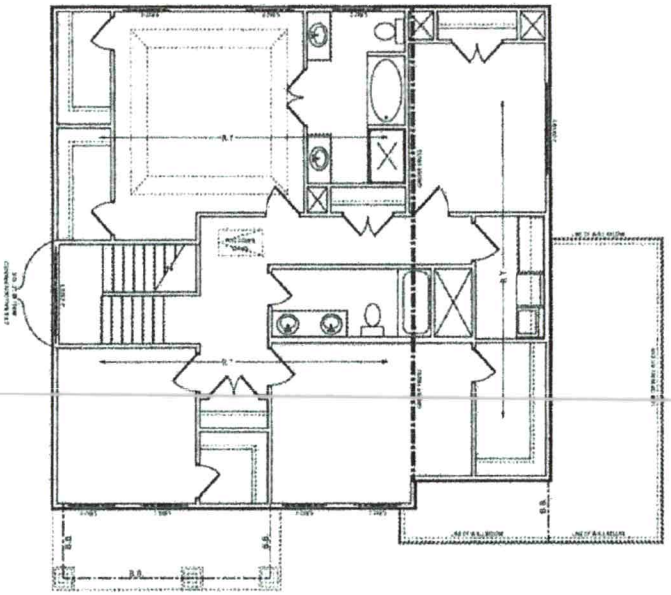
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

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

COMMENTS:



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



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

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

SECOND FLOOR DOOR SCHEDULE

PRODUCT CODE	SIZE	HINGE DIRECTION	REVERSED	COUNT
28X80 COLONIAL A 1	2'-4" x 6'-8"	L	NO	3
28X80 COLONIAL A 1	2'-4" x 6'-8"	R	NO	2
32X80 COLONIAL A 1	2'-8" x 6'-8"	L	NO	3
32X80 COLONIAL A 1	2'-8" x 6'-8"	R	NO	2
48X80 COLONIAL A 2	4'-0" x 6'-8"	LR	NO	4

SECOND FLOOR WINDOW SCHEDULE

PRODUCT CODE	SIZE	COUNT
3'-0" X 5'-2" TWIN DOUBLE HUNG	6'-0" x 5'-2"	2
3'-0" X 3'-6" DOUBLE HUNG	3'-0" x 3'-6"	1
3'-0" X 5'-2" DOUBLE HUNG	3'-0" x 5'-2"	6

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h ≤ 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-9"	2X4 @ 12" O.C.
11'-0" < h < 14'-9"	2X6 @ 16" O.C.
h > 14'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HUS210-2 (MAX)
(3) 2X12	HUS212-2 (MAX)
(2) 1-3/4" X 9-1/8" LVL	HUS410 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HUS412 (MAX)
(2) 1 3/4" X 14" LVL	HUS416 (MAX)
ALL TRIPLE LVL MEMBERS	HHUS5.50/10

t&m HOME DESIGN

Drawings & Specifications as instruments of service are and shall remain the property of Steve Mathis Home Design and the same may not be used on any other project without the written consent of Steve Mathis Home Design. Steve Mathis Home Design assumes no responsibility for any changes, revisions, deletions, or omissions made to these plans without the written consent of Steve Mathis Home Design. Builder is responsible for all dimensions and conditions on the job.

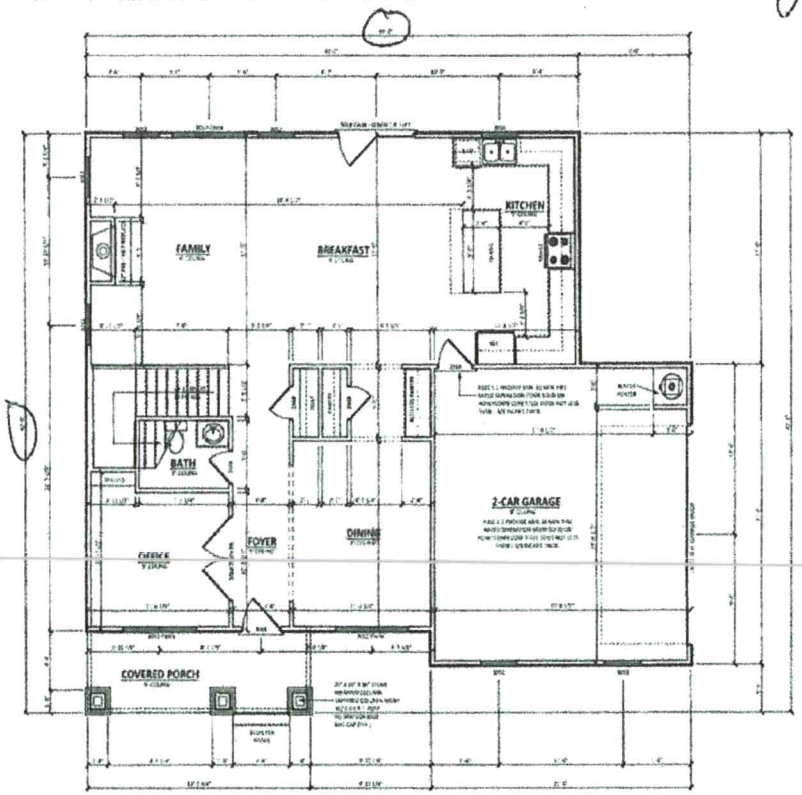
#	DESCRIPTION	DATE
1		

William O'Connell
332 Sundown Rd.
Mooresville, NC 28117 Lot #7

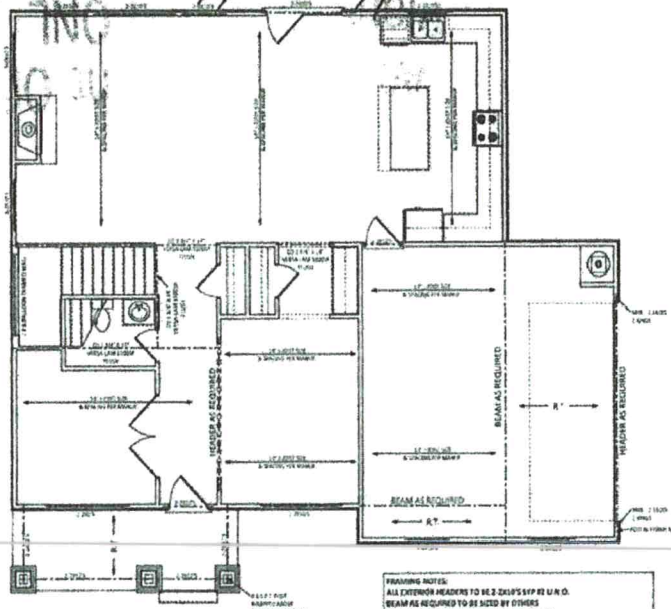
T&M HOME DESIGN, LLC.
22 South Main Street Suite 200B
Newton, NC 28658
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

Second Floor Plan
Second Floor Ceiling

DATE	PROJECT #
1-24-20	
SCALE	SHEET
1/4" = 1'-0"	A-3

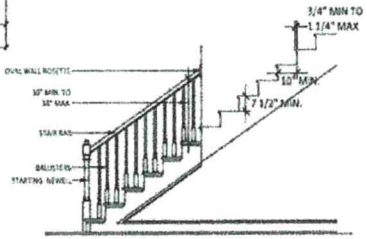


MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"



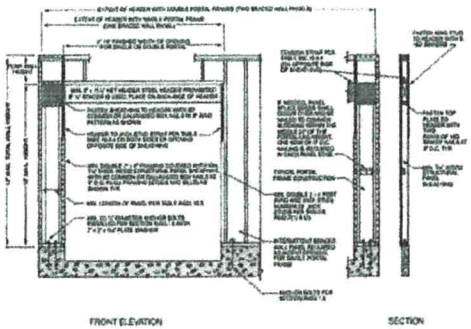
FRAMING NOTES:
ALL EXTERIOR HEADERS TO BE 2-2X10'S SYP #2 U N O.
BEAM AS REQUIRED TO BE SIZED BY OTHERS
ALL BEAMS & JOIST TO BE VERIFIED BY ENGINEER
TRUSS AND I JOIST MANUF. TO ADJUST JOIST ACCORDINGLY
OVER HALLWAYS AND SOFFITS TO ALLOW FOR RECESSED LIGHTING

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



VERIFY ALL STAIR DETAILS WITH OWNER AND INTERIOR DECORATOR
13 TREADS @ 7in RISERS STAIR SYSTEM BASED ON A 10" TREAD
& A 9' RISER W/ AN 8'-1 1/2" PLATE HEIGHT AND A 14" FLOOR JOIST
W/ 3/4" T.G. SUB FLOOR

FIRST FLOOR STAIR SYSTEM
SCALE: NTS



FRONT ELEVATION

SECTION

FIRST FLOOR DOOR SCHEDULE

PRODUCT CODE	SIZE	HINGE DIRECTION	REVERSED	COUNT
2'-8" X 6'-8" STEEL ENTRY	2'-8" x 6'-8"	R	NO	1
3'-0" X 6'-8" FRONT ENTRY	3'-0" x 6'-8"	R	NO	1
3'-0" X 6'-8" TWIN FRENCH C.H. LEFT	6'-0" x 6'-8"	NL	NO	1
16'-0" X 7'-0" O.H. GARAGE DOOR	16'-0" x 7'-0"	U	NO	1
2'-4" X 6'-8" INTERIOR	2'-4" x 6'-8"	L	NO	1
2'-4" X 6'-8" INTERIOR	2'-4" x 6'-8"	R	NO	2
3'-0" X 6'-8" INTERIOR FFRENCH	6'-0" x 6'-8"	LR	NO	1

FIRST FLOOR WINDOW SCHEDULE

PRODUCT CODE	SIZE	COUNT
3'-0" X 5'-2" TWIN DOUBLE HUNG	6'-0" x 5'-2"	3
3'-0" X 3'-6" DOUBLE HUNG	3'-0" x 3'-6"	1
3'-0" X 5'-2" DOUBLE HUNG	3'-0" x 5'-2"	6

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h < 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-3"	2X4 @ 12" O.C.
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h > 13'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(1) 2X8	HUS28-2
(1) 2X10	HU210-3 (MAX)
(2) 2X12	HU412-3 (MAX)
4(1-3/4" X 9-1/4" LVL	HUS10 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HUS12 (MAX)
(2) 1 3/4" X 14" LVL	HUS16 (MAX)
ALL TRIPLE LVL MEMBERS	HUS5.50/10

T&M HOME DESIGN, LLC.
22 South Main Street Suite 200B
Newton, NC 28658
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

William O'Connell
332 Sundown Rd.
Mooresville, NC 28117 Lot #7

First Floor Plan
Second Floor Framing

A-2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304349 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4646265346.000	332 SUNDOWN RD	Iredell County

FILE COPY

Owner Information	Applicant Information
Name: COLONY CONSTRUCTION INC	Name: WILLIAM O'CONNELL
Address: 20210 RAINBOW CIR	Address: 19722 SCHOONER DR
CORNELIUS, NC 28031	CORNELIUS , NC 28031
Phone:	Phone: (704)333-8999

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.5999	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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

Signature of Owner/Contractor

Date: 01/23/2020

PAID
Credit
MH

Permit Number	304349	TOTAL FEES:	$77.25

1/23/2020