(BB)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 307623

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

PIN # 4646299284

APPLICANT/OWNER: Robert sprague | APPLICANT ADDRESS: 111 Corona Cir Mooresville NC 28117

SITE ADDRESS: 111 Corona Cir Mooresville NC 28117 | PHONE: 704-200-8959 | ALT. PHONE 980-721-3988

SITE DIRECTIONS: Brawley School Rd to L on Williamson Rd

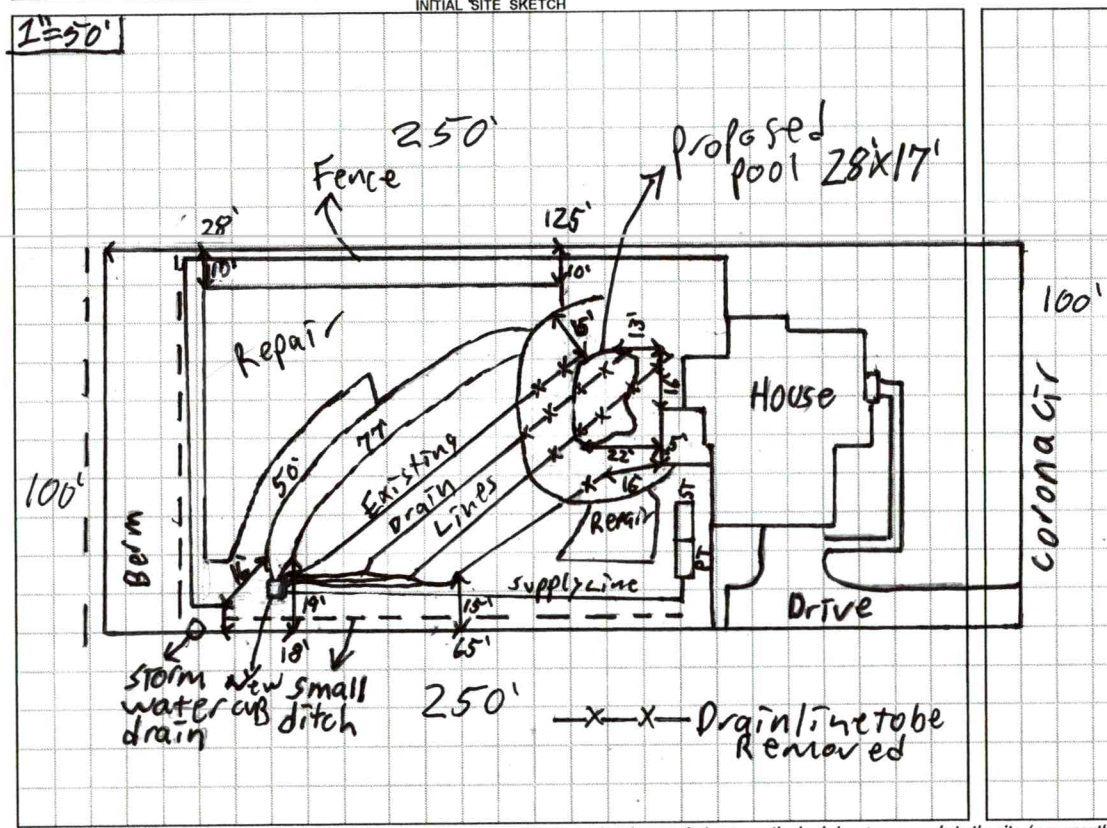
SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Estates at sundown cove | SECTION: P3S#1 | LOT # 52 | LOT AREA: .57acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

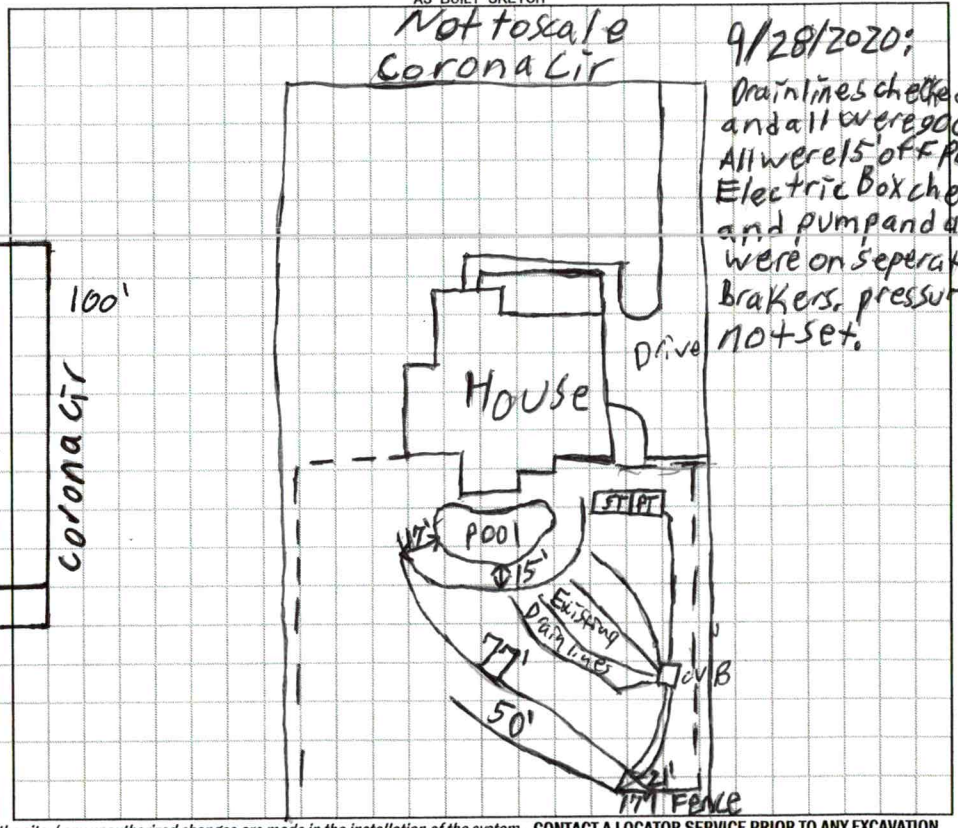
Septic Tank	Existing (gal)	STB	Existing	Date	Existing	[ ] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	Existing (gal)	PT	Existing	Date	Existing	System Description: LPPPBPS		[ ] Business	No. Persons	8	[ ] Private
Pump Make	Existing	Model	Existing	Serial #	Existing	Repair System Description: LPPPBPS		[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	2	Linear Ft	127'	Maintenance Agreement Required: [X] YES [ ] NO		[ ] Slab	[X] Crawl Space		[X] Community
Trench Width	24"	Trench Bottom Depth(Low side)		36"	Gravel Depth	[ ] GRAVITY [X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Install 2 new Lines on contour. All sections of existing drainLines that extend through pool and the 15' set back must be properly abandond.

INITIAL SITE SKETCH



AS BUILT SKETCH



9/28/2020: Drainlines checked and all were good. All were 15' off Pool. Electric Box checked and pump and alarm were on seperate Brakers. pressure not set.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recvd Date: 7.23.2020 Installed by: Allen Henkle

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 7/14/2020 OPERATION PERMIT by: Patrick J Byrne III Date: 10/5/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrne III Date: 7/14/2020 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, ROBERT SPRAGUE, am the legal owner or the agent of the property located at 111 CORONA CIRCLE, identified as PIN(Parcel Identification Number) 4642992284, located in Iredell County, North Carolina.
Permit # AP308208.

I do hereby agree to the permit design and the conditions of this permit.

Robert A Sprague 7-23-20
Signature of Owner/Authorized Agent Date

Signature of Witness 7/23/2020
Date

RSPRAGUE@CMAD.ORG
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

	Date	Initials
Drain Lines Checked	9/28/2020	PJB
Tanks Checked	9/28/2020	PJB
Pressure Manifold or Valve Box Checked	9/28/2020	PJB
Pressure Head Set	9/29/2020	PJB
Electrical Checked	9/28/2020	PJB
Floats Set	9/29/2020	PJB
Alarm Checked	9/29/2020	PJB
Maintenance Contract Y / N	10/5/2020	PJB
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 4646299284
COUNTY: Iredell

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

need to move irrigation 5/20/2020

OWNER: Robert Sprague
ADDRESS: 111 Coronado Dr
PROPOSED FACILITY: Existing SFR PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 111 Coronado Dr

APPLICATION DATE
DATE EVALUATED: 6/26/2020
PROPERTY SIZE: 5.7
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community well
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	SS 2%	0-5	Topsoil	—	YB mottles	48"	Litho Inclus. Strong at 24" sandy sap	Parent material clump at or at pit	PS, 3
		5-24	C SBK	Fr SS SP SeXP					
		24-48	CL SBK	Fr SS SP SeXP					
		48-60	Sandy sap	VFr					
2	SS 4%	0-5	Topsoil	—	few YB mottles	22"	Litho Inclusions common to sandy saprolite 22"	—	PS, 3
		5-15	C SBK	Fr SS SP SeXP					
		15-22	CL SBK	Fr SS SP SeXP					
		22-60	Sandy sap Mass	VFr					
3	SS 4%	0-9	Topsoil	—	few YB mottles	30"	Litho Inclusions Unxfl Sap at 30"	—	PS, 3
		9-17	C SBK	Fr SS SP SeXP					
		17-30	CL SBK	Fr SS SP SeXP					
		30-60	Sandy Sap	VFr					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	127'	267
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick Q
OTHER(S) PRESENT:

COMMENTS: Sunny

RECEIVED MAY 22 2020 AP-307623 $250.00

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 | RELOCATION

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: (PRINT CLEARLY)

Applicant Name: Robert Sprague Address: 111 Corona Circle, Mooresville NC Zip: 28117

Applicant Email: sprague143@twc.com Phone: 704-200-8954 Alt. Phone: 980-721-3988

Owner Name: Robert Sprague Address: 111 Corona Circle, Mooresville NC Zip: 28117

Owner Email: sprague143@twc.com Phone: 704-200-8954 Alt. Phone: 980-721-3988

Property Information:

Street Address: 111 Corona Circle, Mooresville NC 28117

Subdivision Name: The Estates at Sundown Cove Section/Phase: 2 Lot Number: 52

Driving Directions: Turn onto Sundown Road off of Williamson Road, turn right on Eclipse Way which is located in The Estates at Sundown Cove neighborhood, left on Corona Circle and the home is the 3rd one on the left from Eclipse Way.

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: 4
Maximum Number of Occupants: 4
(X) 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: _____
(X) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well (X) 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 (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: _____ 5-20-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SITE DEVELOPMENT PLAN

PREPARED BY:

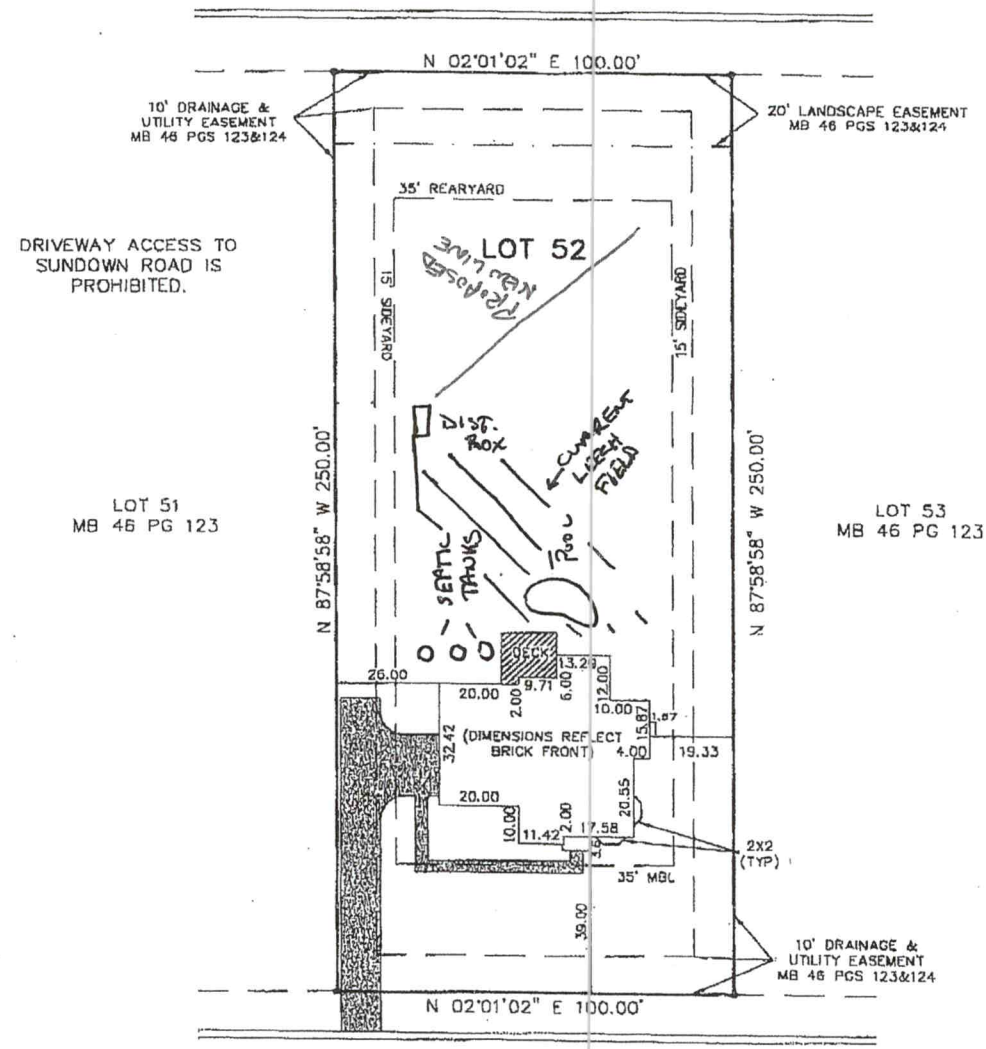
DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

MB 46 PGS 123 & 124

SCALE: 1"=40'

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

SUNDOWN ROAD
S.R. #1190
60' PUBLIC R/W

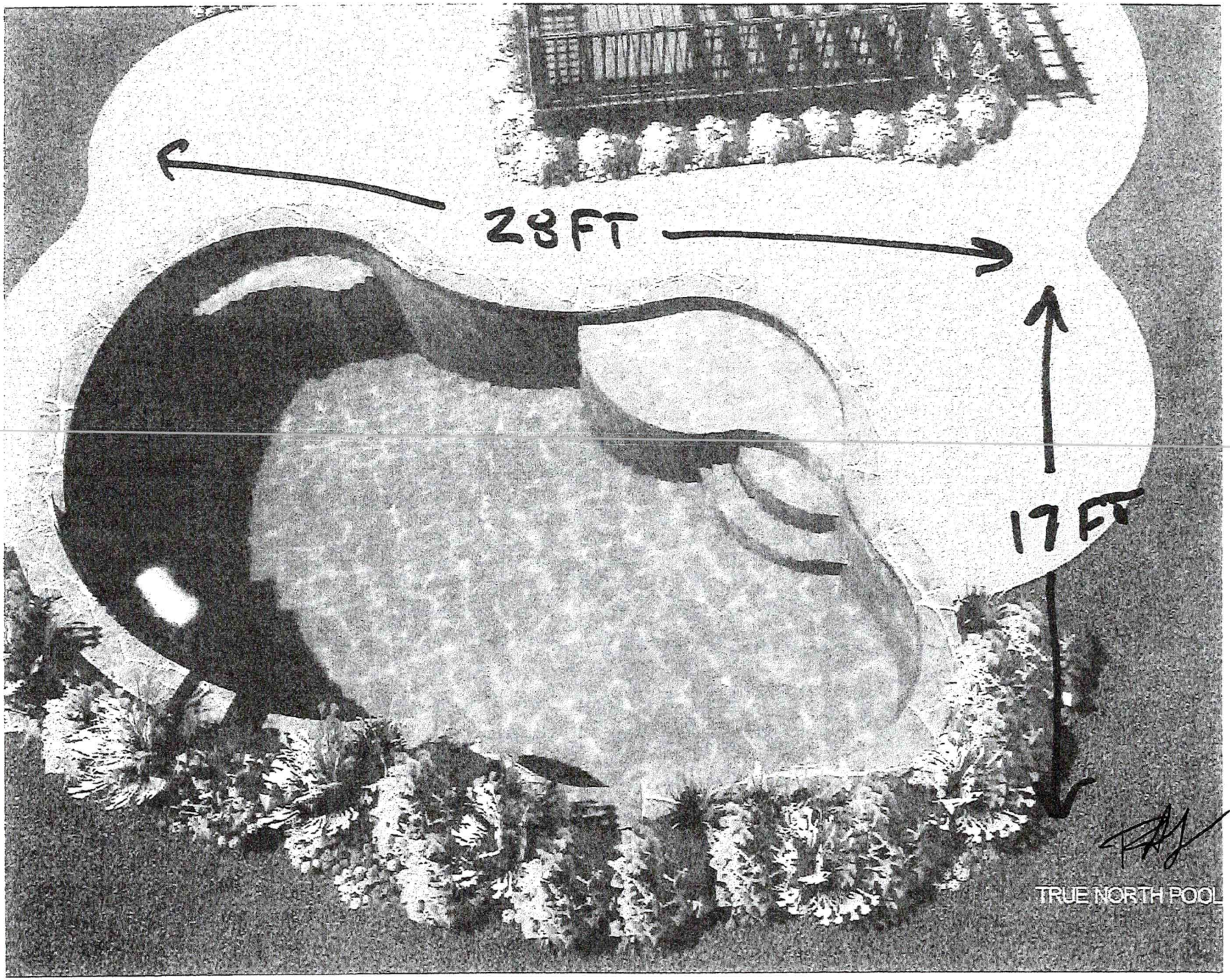


CORONA CIRCLE
50' PUBLIC R/W

ESTIMATED DRIVEWAY AREA = 1157.9 SQ.FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES


28FT
17FT
TRUE NORTH POOL

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Robert & Jennifer Sprague, am the legal owner(s) of the property located at 111 Corona Circle, Mooresville NC 28117, identified as

PIN (Parcel Identification Number) 66789, 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.

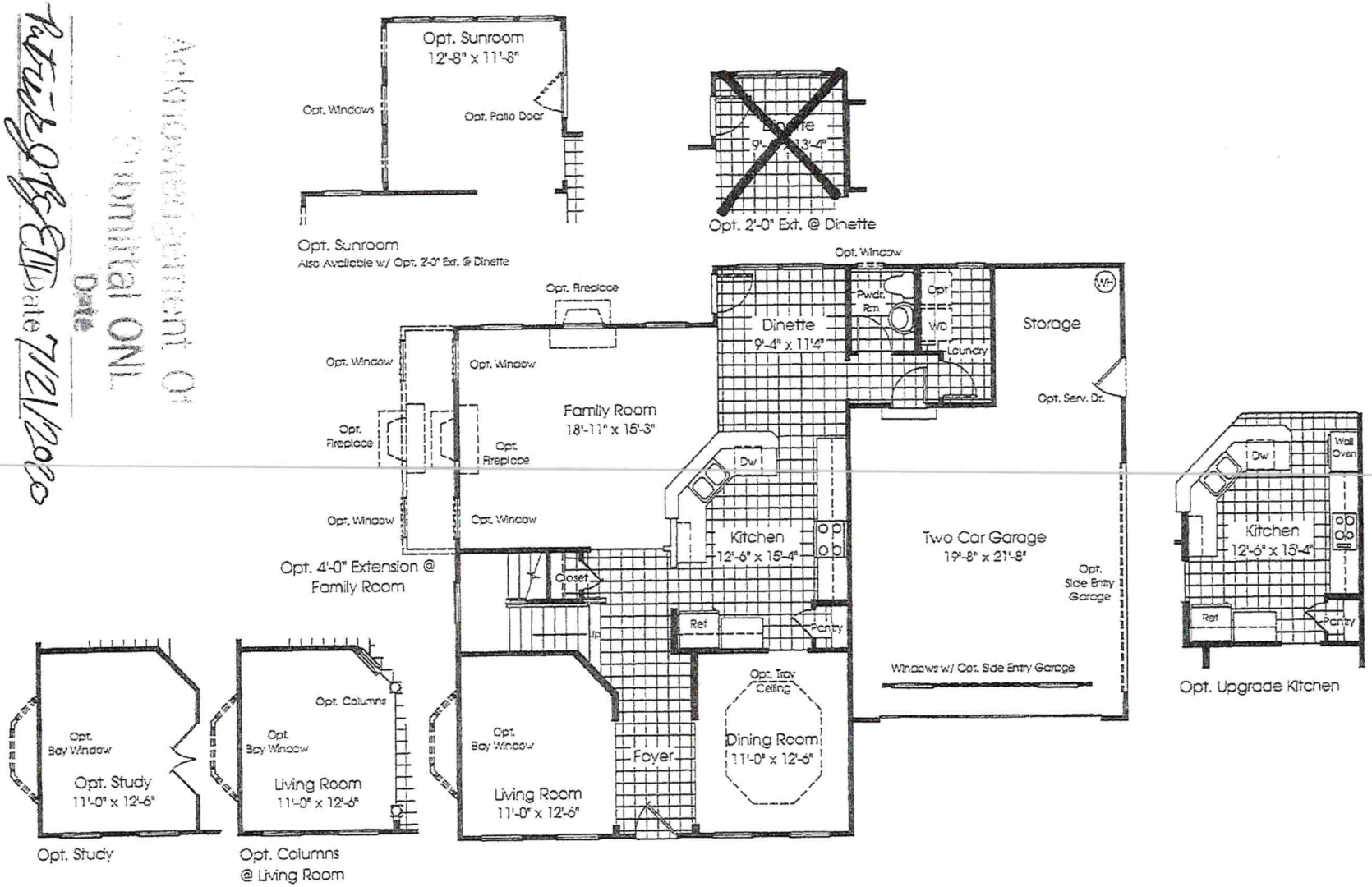
_____ 5.20.20

Signature of Owner(s) 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

Architectural Control Committee Approval
Date 7/21/2020
Initial ONL



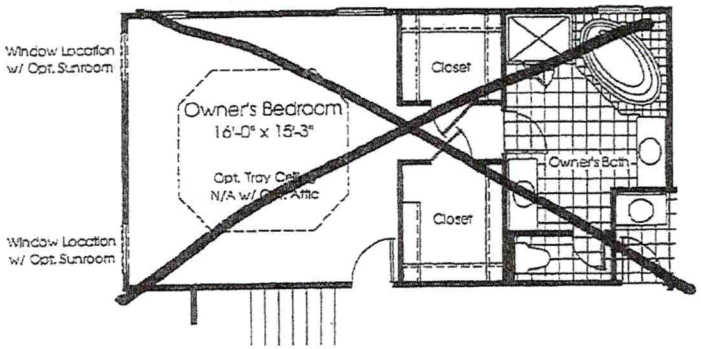
Main Level
Elevation A

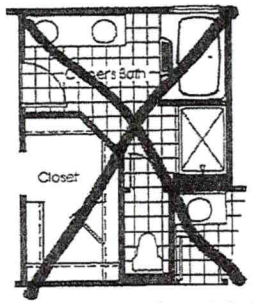
7-23-20

THE RYAN PROMISE

Our concern with quality construction doesn't stop at the point of sale. We carefully select the people who build your home. To give you peace of mind, we make at least two service inspections with our homeowners, one prior to settlement and another ten months after settlement. We back up everything we do with Ryan's exceptional 10 Year Limited Warranty. There is no additional cost to the homeowner for this level of service. We promise to be there for our customers, both before and after they purchase. Our service program is proactive, sincere and convenient. It's part of our overall concern for our customers and helps to explain why more than half our business is generated through referrals.

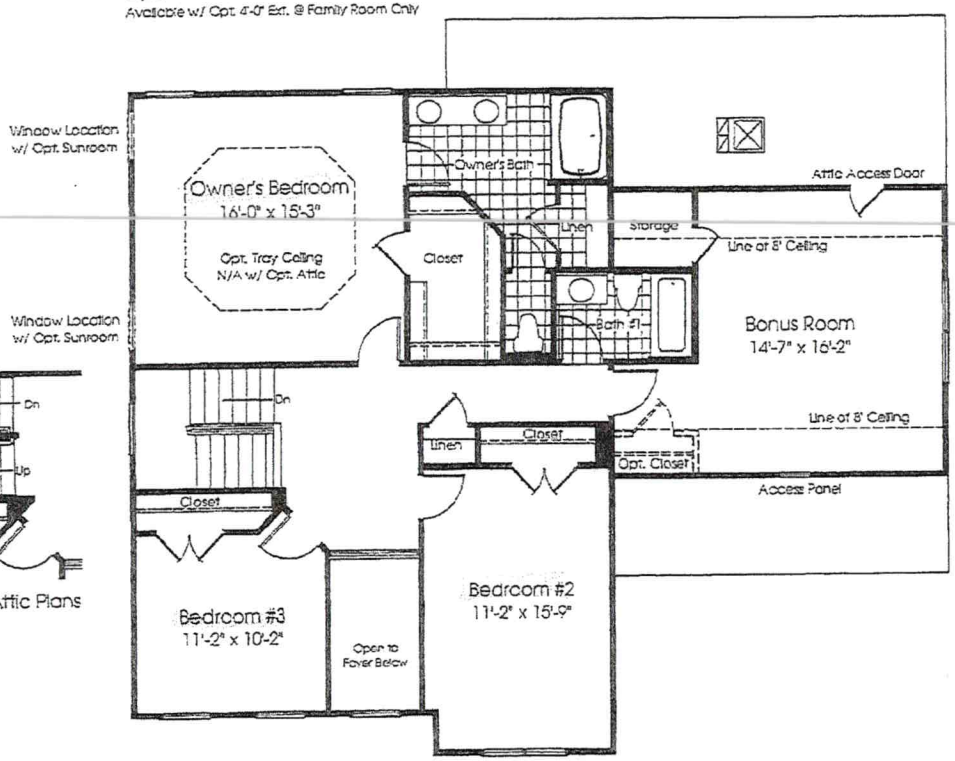
EQUAL HOUSING OPPORTUNITY

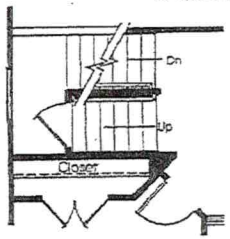




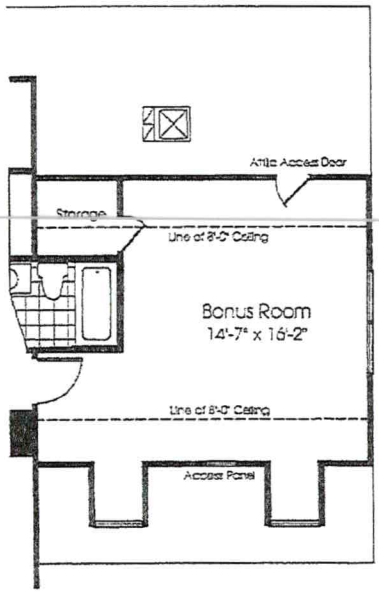
Opt. Upgrade Owner's Bath

Opt. 4'-0" Extension @ Owner's Bedroom / Bath
Available w/ Opt. 4'-0" Ext. @ Family Room Only





Stairs w/ Opt. Attic Plans



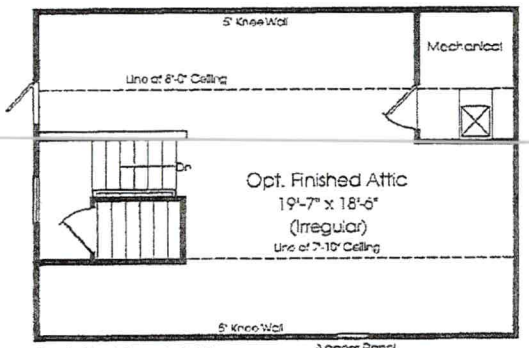
Opt. Dormers

Upper Level
Elevation A

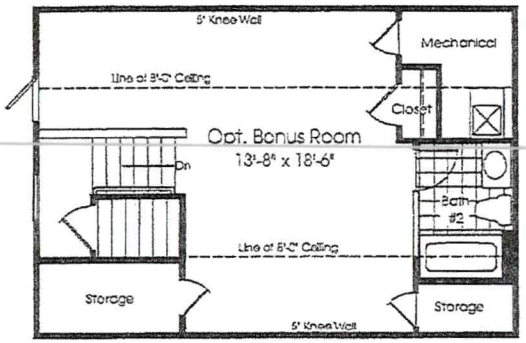
Although all illustrations and specifications are believed correct at the time of publication, the right is reserved to make changes, without notice or obligation. Windows, doors, ceilings, and room sizes may vary depending on the options and elevations selected. Optional items indicated are available at additional cost. This brochure is for illustrative purposes only and not part of a legal contract. It is recommended that the architectural blueprints be reserved for further clarification of features. Not all features are shown. Please ask our Sales and Marketing Representative for complete information.

Acknowledgment of Plans Submittal ONLY
Date 7/21/20
Date 7/21/20

The Pinecliff



Opt. Finished Attic



Opt. Bonus Room

Acknowledgement Of Plans Submitted ONL

Date

Patrick J. Boyle III Date 7/21/2020

7.23.20

Opt. Attic Level
Elevation A

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307623 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4646299284.000	111 CORONA CIR	IREDELL COUNTY

Owner Information	Applicant Information
Name: SPRAGUE ROBERT ALAN+JENNIFER D	Name: SPRAGUE ROBERT ALAN+JENNIFER D
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.57	35	35	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

pool

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

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.

Date: 05/20/2020

Signature of Owner/Contractor

Permit Number	307623	TOTAL FEES:	$77.25