IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229116

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

PIN # 4646301617

APPLICANT/OWNER: Andy Crane | APPLICANT ADDRESS: 21324 Davidson St.

SITE ADDRESS: 348 Catalina Dr. Mooresville, NC | PHONE: 704-578-4951 (Kathleen) | ALT. PHONE ——

SITE DIRECTIONS: US 21S → L on Alcove → R on Catalina → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Catalina Cove | SECTION: — | LOT # 23 | LOT AREA: — | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date 4-23-18	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons	6	☑ Private
Pump Make		Model	Serial #	Repair System Description: repair exempt		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 7	Linear Ft: 300'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"/24" high side	Gravel Depth	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: DoNOT exceed 24" trench bottom.
* 50' lake buffer must be clearly marked during time of install.

Floor plans submitted are 2' wider than permit allows. OK to shift house 2' to the RIGHT. KW

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

AS BUILT SKETCH

Installed Quick 4
Cline lengths changed slightly - see drawing

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: 1-31-18 | Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Kayla Wilson Date: 1-31-18 | OPERATION PERMIT by: Maiva [illegible] Date: 4/6/18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 1-31-18 | 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.

RECEIVED JAN 1 1 2018

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Paid $350.00
#229116

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Andy Crane **Address:** 21324 Davidson St, Cornelius 28031 **Phone:**

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

Property Information:

Street Address: 348 Catalina Dr Mooresville NC

Subdivision Name: Catalina Cove **Section/Phase:** **Lot Number:** 23

Driving Directions: Williamson Rd, Rt Catalina Dr. Property 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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

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

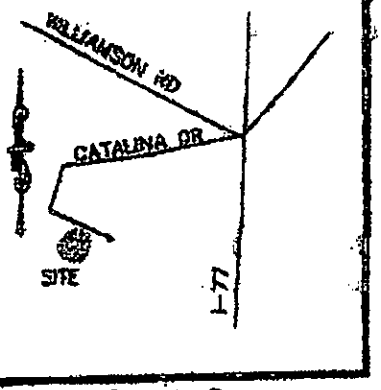
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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: Emma Helt / Kathleen Saunders — 1-9-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



LOCATION MAP
NOT TO SCALE

NORTH CAROLINA PROFESSIONAL SEAL L-4661 LAND SURVEYOR G. KEMP MILLER

I certify that this survey was completed under my direct supervision (as recorded in DB 801, PG 297); the lines not surveyed were drawn from the deeds referenced on the adjoining lots; that the ratio of precision is 1:78787; and that this map meets the requirement of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 58. 1600).
This 1st day of February, 2014.

G. KEMP MILLER, PLS, CFS
7330 E. Lakeside Dr.
Charlotte, NC 28215
704-535-0287
704-577-6516

LAKE NORMAN

NORTH PER DB 801, PG 297

S87°13'00"W 45.40'

EIP

50' SETBACK FROM 760' CONTOUR

N87°37'38"W 119.15'

LOT 22
MB 8, PG 26-26A

PROPERTY LINE PER DB 801, PG 297

15' SETBACK

NAIL IN TREE

LOT 25
194.17' SQ.FT.

S29°06'08"W 167.87'

15' SETBACK

15' SETBACK

Drive

S27°01'25"E 138.45'

SETBACK

DRIVE ENCROACHES

EIP L=18.21' CP
S74°37'12"E
18.20

S79°17'45"E
135.97'

L=136.27'
R=689.87'

S87°33'33"E 39.34'

EIP

CATALINA DRIVE
60' PUBLIC RIGHT OF WAY

APPROVED JAN 31 2018 KW

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS, BUILDING SETBACKS, OR RIGHTS-OF-WAY THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

3. PROPERTY CURRENTLY ZONED: R-20

NOTE: SETBACKS SHOWN PER IREDELL COUNTY LAND DEVELOPMENT CODE AND SHOULD BE VERIFIED WITH THE COUNTY PRIOR TO ANY CONSTRUCTION.

Catalina Cove Lot 23 Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	24"
Maintenance Agreement Required	No
Repair System	**Repair Exempt**
Total Linear Feet	xxx
Repair Loading Rate	xxx
Trench Depth	xxx

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	25 endfed
2	System	Pink	25% Reduction	35 endfed
3	System	Red	25% Reduction	35 endfed
4	System	Blue	25% Reduction	45 endfed
5	System	Orange	25% Reduction	53 endfed
6	System	Pink	25% Reduction	61 endfed
7	System	Red	25% Reduction	46 endfed
				Total System: 300'
				Total Repair: xxx'

APPROVED JAN 3 1 2018
KW

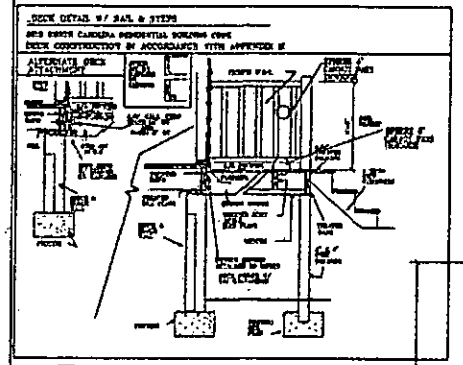
Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

Acknowledgement Of

Plans Submittal ONLY!

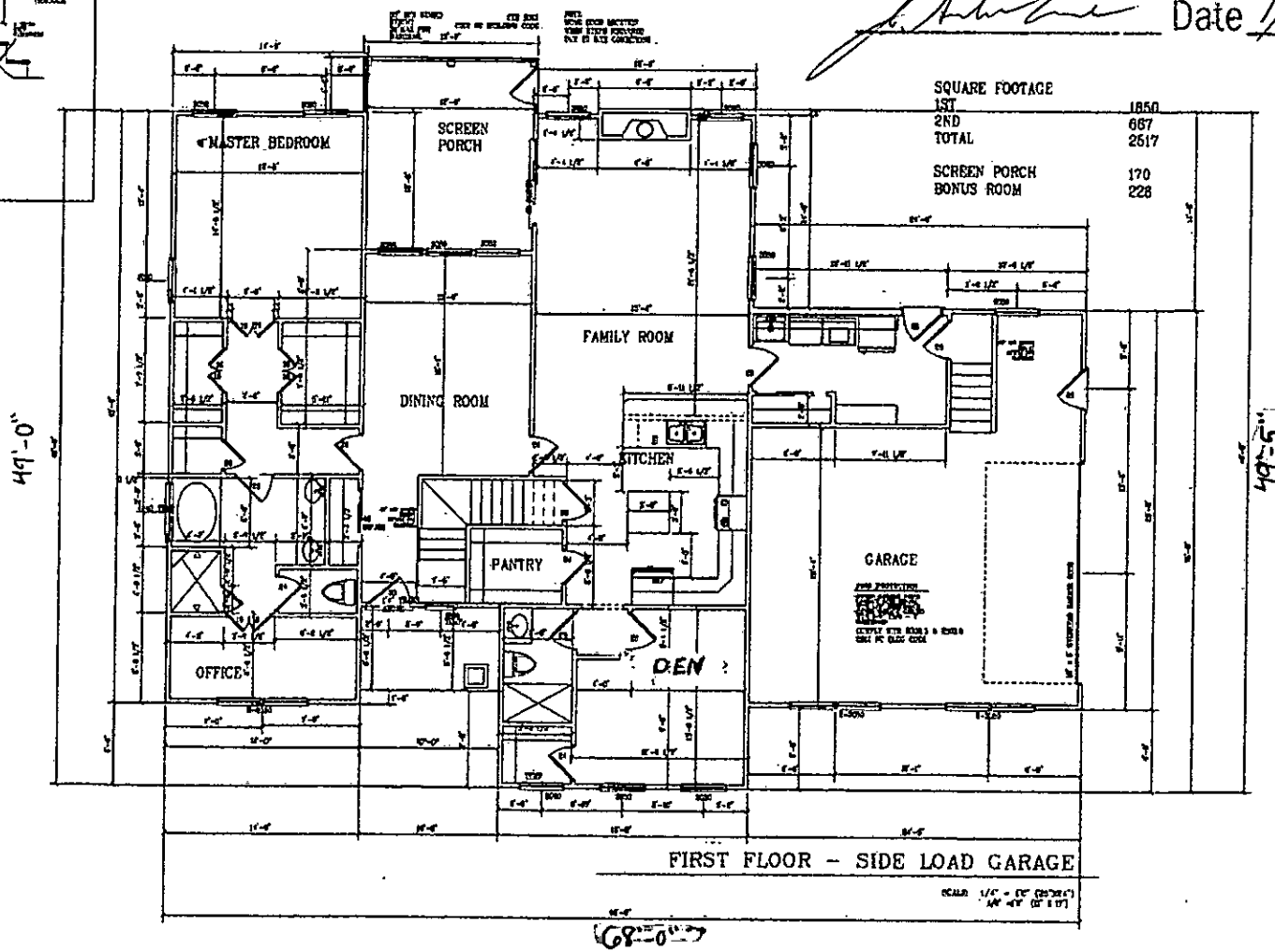
Date 1-31-18

Date 1/31/18



SQUARE FOOTAGE

1ST	1850
2ND	667
TOTAL	2517
SCREEN PORCH	170
BONUS ROOM	228



FIRST FLOOR – SIDE LOAD GARAGE

TABLE R302.6 DWELLING/GARAGE SEPARATION

SEPARATION	MATERIAL
FROM THE RESIDENCE AND ATTIC	NOT LESS THAN ½-INCH GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE
FROM ALL HABITABLE ROOMS ABOVE THE GARAGE	NOT LESS THAN ⅝-INCH TYPE X GYPSUM BOARD OR EQUIVALENT
STRUCTURES SUPPORTING FLOOR/CEILING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION	NOT LESS THAN ½-INCH GYPSUM BOARD OR EQUIVALENT
GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT	NOT LESS THAN ½-INCH GYPSUM BOARD OR EQUIVALENT APPLIED TO THE EXTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA

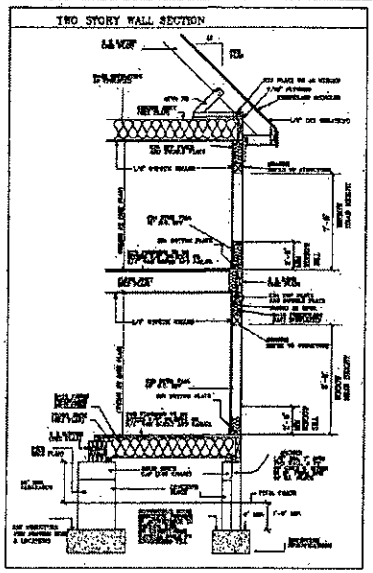
R302.5.1 OPENING PROTECTION. OPENINGS FROM A PRIVATE GARAGE DIRECTLY INTO A ROOM USED FOR SLEEPING PURPOSES SHALL NOT BE PERMITTED UNLESS OPENINGS BETWEEN THE GARAGE AND RESIDENCE SHALL BE EQUIPPED WITH SOLID WOOD DOORS NOT LESS THAN 1⅜ INCHES (35 MM) IN THICKNESS, SOLID OR HONEYCOMB CORE STEEL DOORS NOT LESS THAN 1⅜ INCHES (35 MM) THICK, OR 20 MINUTE FIRE-RATED DOORS.

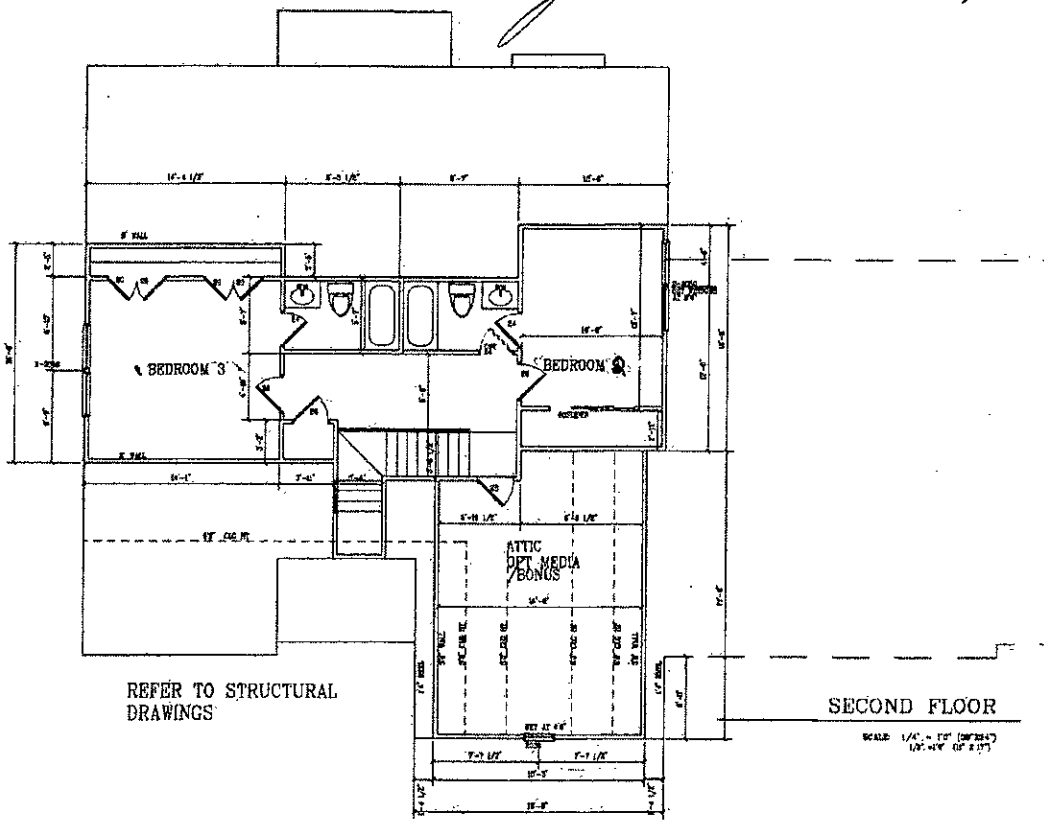
R302.6 DWELLING/GARAGE FIRE SEPARATION. THE GARAGE SHALL BE SEPARATED AS REQUIRED BY TABLE R302.6. OPENINGS IN GARAGE WALLS SHALL COMPLY WITH SECTION R302.5. THIS PROVISION DOES NOT APPLY TO GARAGE WALLS THAT ARE PERPENDICULAR TO THE ADJACENT DWELLING UNIT WALL.

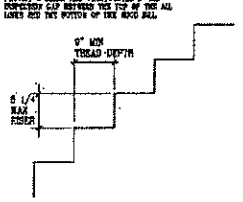
REFER TO STRUCTURAL DRAWINGS

CRANE MASTER DOWN- SIDE LOAD GARAGE
CRANE REALTY LLC
21324 DAVIDSON STREET
CORNELIUS NORTH CAROLINA 28031

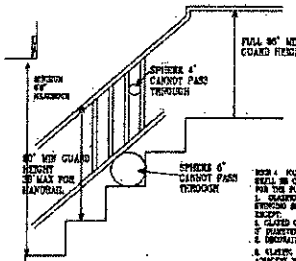
Acknowledgement Of
Plans Submittal ONLY!
Kayla Watson Date 1-31-18
J Andrew Lee Date 1/31/18







DETAIL OF STAIR RISER & TREAD



DETAIL OF GUARD & HANDRAIL HEIGHT

CRANE MASTER DOWN- FRONT AND SIDE LOAD GARAGES
CRANE REALITY LLC
21324 DAVIDSON STREET
CORNELIUS, NORTH CAROLINA 28031

APPROVED JAN 3 1 2018
KW

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

Sheet 1 of 1
PROPERTY ID #: 4646301617
COUNTY: Iredell

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

OWNER: Andy Crane
ADDRESS: 348 Catalina Dr 28117
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Catalina Cove lot 23

APPLICATION DATE
DATE EVALUATED: 1/9/18
PROPERTY SIZE: 0.47
PROPERTY RECORDED: Repair Exempt

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	L ~5%	0-22	Mo SBK CL	Fr SS/SP	R	38"	PS	N/A	0.35
		22-38	WK SBK CL	↓	R, C SAP Multi				
		38-48	MA L SAP						
2	L ~5%	0-9	Mo GR SL	FR NS/NP	DK Br	48"	N/A	N/A	0.3
		9-32	MO SBK CL	FR SS/SP	R; FMn				
		32-48	WK SBK CL	↓	R; C SAP				
3 repair	L	0-29	SBK C	FI, SS, SP, SEXP	—	48	—		PS .3
		29-48	WSBK CL	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	Exempt
Site LTAR	0.3	N/A

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

COMMENTS:

Updated February 2014

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, Crane Realty LLC, am the legal owner(s) of the property located at 4646 301617, identified as PIN (Parcel Identification Number) 348 Catalina Dr, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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] 6/31/16			
Signature of Owner(s)	Date	Signature of Witness	Date

Crane Realty LLC
owner/member/manager

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
229116
Issue Date: 08/01/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4646301617.000	348 CATALINA DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: LANE ELAINE M	Applicant: KATHLEEN SAUNDERS
Address: 112 IREDELL CO, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

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

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	110730	TOTAL FEES:	$ 77.25