IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 228641

PIN # 4646-68-7734

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

APPLICANT/OWNER: Chad Goodwin Signature Here | APPLICANT ADDRESS: 915 River Highway Mooresville, NC

SITE ADDRESS: 105 Donnive Drive Mooresville, NC 28117 | PHONE: 704-598-4951 | ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → L on Silver Hook → R on Apple Blossom → Lot straight ahead @ intersection w/Donnive | SAP CONTROLLED: ☒ YES ☐ NO

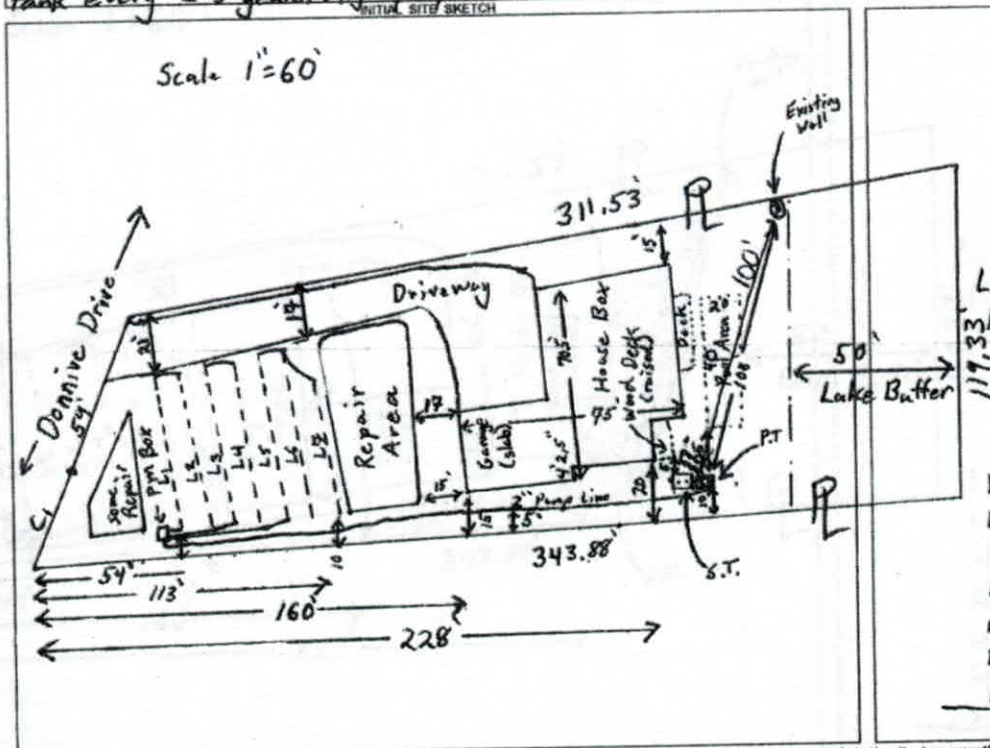
SUBDIVISION: Gibbs Cove | SECTION: P2 | LOT # 27 | LOT AREA: 0.768 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	IM 1060	Date	Infiltrator	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	IM 1060	Date	Infiltrator	System Description: PM (25% Reduction)	☐ Business	No. Persons	8
Pump Make	Liberty	Model	LSD	Serial #		Repair System Description: LP-PPBPS (50% Reduction)	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	7 (3 Taps)	Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: As of 12/12/18, house already built (see approved floorplans from 3/8/18.) Recommend pumping septic tank every 3-5 years. Any spare/leftover drainfield area to be set aside for repair purposes. Serial connect lines L1+L2, L3+L4, L5+L6+L7. Recommend setting floats to desc system 200 gallons per pumping event.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	1-22	KW
Tanks Checked	1-22	KW
Pressure Manifold or Valve Box Checked	4/3	CC
Pressure Head Set	4/3	CC
Electrical Checked	4/3	CC
Floats Set	4/3	CC
Alarm Checked	4/3	CC
Maintenance Contract Y / N		

L1 52'50 } 1/2" SCH 40 Tap
L2 58'
L3 58' } 1/2" SCH 40 Tap
L4 60'62'
L5 60'62'
L6 64' 62' } 3/4" SCH 80 Tap
L7 64' (48' required) 50'
400'

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: Chad Goodwin — Date: 1/7/19

IMPROVEMENT PERMIT by: Tom Shuck — Date: 12/13/18

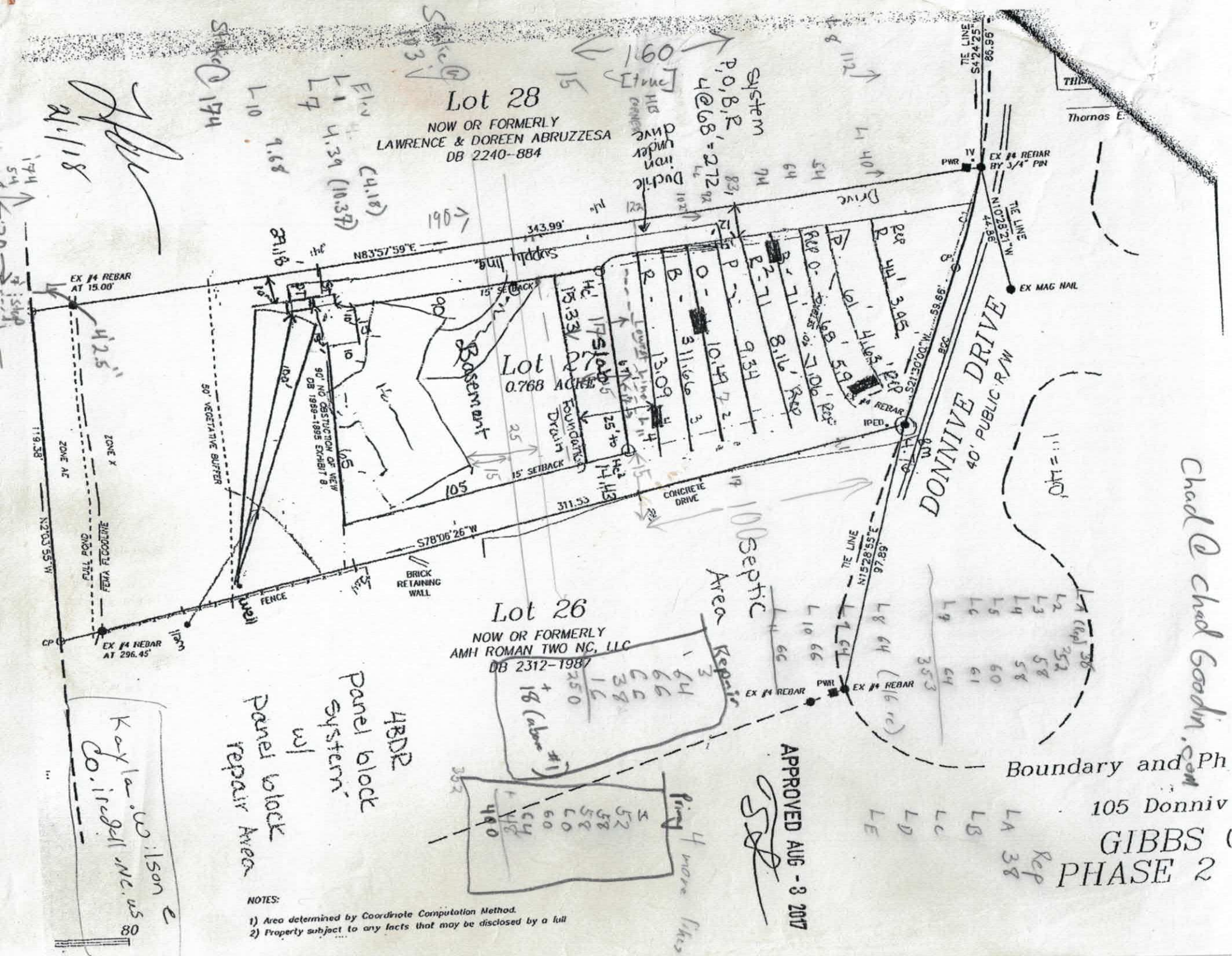
AUTHORIZATION TO CONSTRUCT by: Tom Shuck — Date: 12/13/18

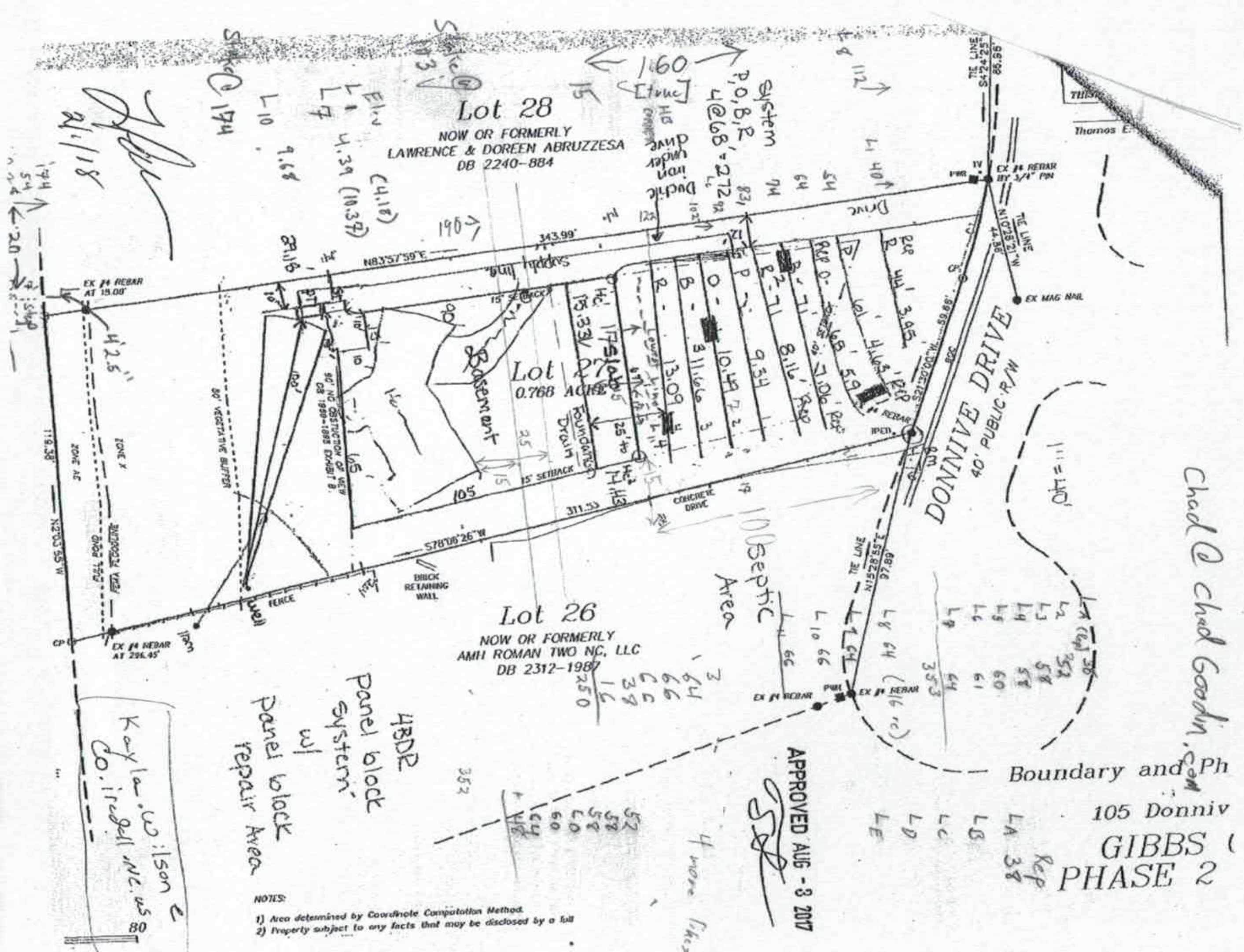
Installed by: Abernathy

OPERATION PERMIT by: Carla C Cave — Date: 4-3-19

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.


Lot 28
NOW OR FORMERLY
LAWRENCE & DOREEN ABRUZZESA
DB 2240-884
Lot
0.768 ACRE
Lot 26
NOW OR FORMERLY
AMH ROMAN TWO NC, LLC
DB 2312-1987
DONNIVE DRIVE
40' PUBLIC R/W
EX #4 REBAR AT 15.00'
EX #4 REBAR AT 296.45'
EX #4 REBAR BY 3/4" PIN
EX MAG NAIL
343.99'
N83°57'59"E
S78°06'26"W
311.53'
N20°03'55"W
119.38'
15' SETBACK
50' VEGETATIVE BUFFER
50' NO OBSTRUCTION OF VIEW DB 1999-1895 EXHIBIT B
FEMA FLOODLINE
ZONE AE
ZONE X
FULL ROW
FENCE
BRICK RETAINING WALL
CONCRETE DRIVE
Basement
Slab
Foundation Drain
Septic Area
Repair
Ductile iron under drive
System
P.O.B.R. 4@68'=272'±
TIE LINE S42°42'25"W 86.96'
TIE LINE N10°28'21"W 44.56'
TIE LINE N15°28'55"E 97.89'
APPROVED AUG - 8 2017
4BDR Panel block system w/ Panel block repair Area
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full
Boundary and
105 Donniv
GIBBS
PHASE 2


Lot 28
NOW OR FORMERLY
LAWRENCE & DOREEN ABRUZZESA
DB 2240-884
Lot 27
0.768 ACRE
Lot 26
NOW OR FORMERLY
AMH ROMAN TWO NC, LLC
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DONNIVE DRIVE
40' PUBLIC R/W
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TIE LINE
S4°24'25"W
85.95'
TIE LINE
N15°28'55"E
97.89'
TIE LINE
N10°28'21"W
44.86'
S21°30'00"W
59.66'
EX #4 REBAR AT 19.08'
EX #4 REBAR AT 296.45'
EX #4 REBAR BY 3/4" PIN
EX #4 REBAR
EX MAG NAIL
ZONE AE
ZONE X
FULL POND
FEMA FLOODLINE
50' VEGETATIVE BUFFER
50' NO OBSTRUCTION OF VIEW DB 1959-1885 EXHIBIT B
15' SETBACK
40' SETBACK
BRICK RETAINING WALL
FENCE
CONCRETE DRIVE
Well
Basement
Slab
Foundation Drain
Drive
Septic Area
4BDR
Panel block system
w/
Panel block repair Area
Kayla.wilson@co.iredell.nc.us
Chad@chadGoodin.com
APPROVED AUG - 3 2017
1" = 40'
Boundary and Ph
105 Donniv
GIBBS (
PHASE 2
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full

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: Mann Development
ADDRESS:
PROPOSED FACILITY: SFR
LOCATION OF SITE: 105 Donnive Dr
PROPOSED DESIGN FLOW (.1949): 480
APPLICATION DATE
DATE EVALUATED: 7/12/17
PROPERTY SIZE: 0.168
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	L ~5%	0-5	mo GR SL	FR ns/np	Br	54+	N/A	N/A	0.3
		5-30	Mo SBK C	FR SS/SP	R				
		30-54	WK SBK C	FR SS/SP	R; F/C sap				
2	L ~11%	0-25	Mo SBK C	FR SS/SP	R	49"	PS	N/A	0.3
		25-49	WK SBK CL	↓	R yel; C/M sap				
		49-60	MA L sap	↓	ye R				
3	L ~12%	0-37	Mo SBK C	FR SS/SP	R	52+	N/A	N/A	0.3
		37-52	WK SBK C	↓	R; F/C sap				
			* F Rounded Rock; Soil above & below						
4	L ~13%	0-21	Mo SBK C	FR SS/SP	R	35"	PS	N/A	0.3
		21-35	WK SBK C	↓	R, C sap				
		35-60	MA L sap	↓	multi; F/C				
			* F Rounded Rock		at surface				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.3	0.3

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

APPROVED AUG - 8 2017

COMMENTS:

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

PROPERTY ID #: 4646-68-9934
COUNTY: Iredell

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

OWNER: Chad Goodwin Signature Homes
APPLICATION DATE: 8/21/18
ADDRESS: 915 River Highway
DATE EVALUATED: 11/29/18
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.768 acres
LOCATION OF SITE: 105 Donnive Drive Mooresville
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Existing
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS Upper 21' from PL (compact clear)	0-4	Gravel/Loam		(Firm towards middle of lot)	29			0.30 PS
		4-14	clay V.W.SBK	Very Firm, Sticky, Sp Soap					
		14-25	clay W.SBK	Sl. Firm, Sticky Sp Soap					
		25-29	Clay Loam W.SBK some Soap	Sl. Friable, SS Sp Soap					
		29-48	MA Loamy Saprolite	Well Drained + Friable					
2	20' Above Garage LSS	0-12	SCL V.W.SBK	Sl. Firm, SS Sp Soap		44			0.30 PS
		12-28	Clay W-M SBK	Sl. Firm, Sticky, Sp Soap					
		28-44	Clay Loam W.SBK some Saprolite	Sl. Friable, SS Sp Soap					
		44-63	MA Loamy Saprolite	Well Drained + Friable					
3	LSS Lower 17' from PL (compact clear)	0-4	Gravel/Loam			44			0.3 PS
		4-14	Clay V.W.SBK	Very Firm, Sticky, Sp Soap					
		14-36	clay W-M SBK	Sl. Firm SS Sp Soap					
		36-44	clay loam W.SBK	Sl. Friable, SS Sp Soap					
		44-62	MA Loamy Saprolite	Well Drained + Friable					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	274
System Type(s)	25% Red	50% Red
Site LTAR	0.30	0.30

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5/20/08
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 27 Gibbs Cove PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L 6-8%	0-27	mAbkC	fr-fi SSSp Sap					PS .3
		27-38	mSbkC	fr SSSp Sap com sap					
		38-48	mSbkCL	ft SSSp Sap	Rem Clay				
		Adjacent lot has saprolite at 42" so to be safe keep 30" max depth							
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): Verified Original Soil rating
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Anthony Cotes
OTHER(S) PRESENT: _____

105 Donnive Drive Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	267
Total Linear Feet	272
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	170' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	32 gpm
Elevation head	Approx: 31.23 ft
Pressure head	3 ft
Friction head	3.0 ft
20% Contingency	7.446 ft
Total Head	44.676 ft
Pump Requirements	32 gpm @ 44.7' of head To be designed by installer.
Maximum Dosing Volume	230.4 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	315
Repair LTAR	0.3

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

APPROVED AUG - 3 2017

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Red	LPPPBPS	44	3.95				
2	Repair	Pink	LPPPBPS	61	4.63				
3	Repair	Orange	LPPPBPS	68	5.9				
4	Repair	Blue	LPPPBPS	71	7.06				
5	Repair	Red	LPPPBPS	71	8.16				
6	**System**	**Pink**	**LPPPBPS**	**68 endfed**	**9.34**	**16**	**16**	**1 per panel**	**5/32"**
7	**System**	**Orange**	**LPPPBPS**	**68 endfed**	**10.49**	**16**	**16**	**1 per panel**	**5/32"**
8	**System**	**Blue**	**LPPPBPS**	**68 endfed**	**11.66**	**16**	**16**	**1 per panel**	**5/32"**
9	**System**	**Red**	**LPPPBPS**	**68 endfed**	**13.09**	**16**	**16**	**1 per panel**	**5/32"**
						Total: 64	Total: 64 (1 in each panel turned up)		

Total System:	272'
Total Repair:	315'

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	29.18
House	orange		14.43

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation

APPROVED AUG - 8 2017

RECEIVED FEB 1 - 2018

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:

lisa@chadgoodin.com

Applicant Name: Chad Goodin Signature Address: Hwy 115 River Hwy Mooresville Phone: 704 363-7302

Owner Name: Brett Henderson Address: 105 Donnive Mooresville Phone: 704 796-6310

Property Information:

Street Address: 105 Donnive Dr. Mooresville, NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Brawley to (R) Silver Hook + (L) on Apple Blossom

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) 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:

(✓) 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: _____ 1/31/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

228641

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Chad Goodin Signature Address: Homes 915 River Hwy Mooresville Phone: 704 363-7302

Owner Name: Bret Henderson Address: 198 Catalina Mooresville Phone: _____

Property Information:

Street Address: 105 Donivc DR. Mooresville

Subdivision Name: Gibbs Cove Section/Phase: P2 Lot Number: 27

Driving Directions: BSR → L on Silver Hook Dr. → R on Apple Blossom Lot ahead

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

25% Reduction

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: _____ 8/21/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUL 17 2017

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

#228641
Paid $850.00

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repai

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Sauriders (704) 578-4951

Applicant Information:

Applicant Name: Marin Development **Address:** 16405 Northcross Dr Suite G1 Huntersville 28078 **Phone:**

Owner Name: James Graham **Address:** **Phone:**

Property Information:

Street Address: 105 Donnive Dr Mooresville NC

Subdivision Name: Gibbs Cove **Section/Phase:** P2 **Lot Number:** 27

Driving Directions: BSR, L on Silver Hook Dr, Apple Blossom Dr, ends @ Donnive Dr. lot across street.

Site Development Information: *(check or complete ALL that apply)* 12/22/17

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3 4
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbin

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 gran right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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 7/13/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Brett Henderson, am the legal owner of the property located at 105 Donnive DR., identified as PIN(Parcel Identification Number) 4646687734.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Charles W. Goodin, Lisa Macnamara, Chad Goodin Signature Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

DocuSigned by:
Brett C. Hen
6B1B6315E686420...
Signature of Owner — 1/29/2018 Date

Signature of Witness — Date

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, JAMES L GRAHAM, am the legal owner of the property located at 105 DONIVE PL, MOORESVILLE NC 28117, identified as PIN(Parcel Identification Number) 4646687734000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, THE OAKS GROUP, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

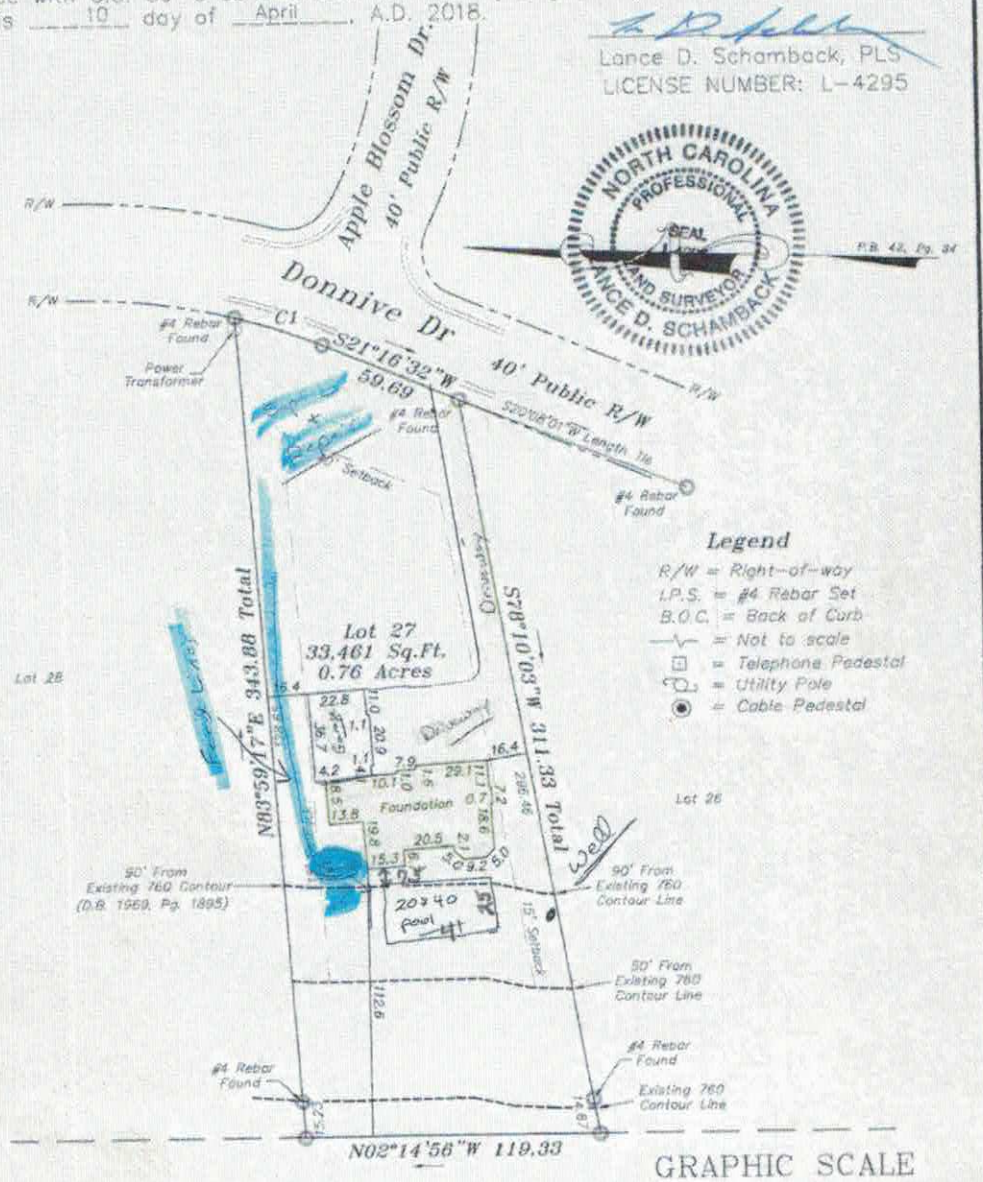
Signature of Owner — Date 7/13/17

Signature of Witness — Date 7/13/17

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 42, Page 34) That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 10 day of April, A.D. 2018.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal

GRAPHIC SCALE
(IN FEET)
1 inch = 60 ft.

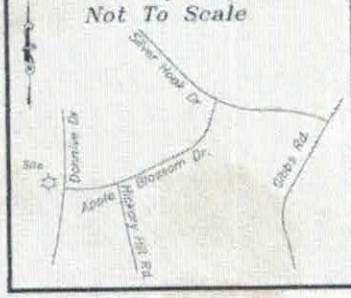
60 0 30 60 120

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	37.46	249.78	S16°59'09"W	37.43

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 42 at Page: 34 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
5) This survey is of an existing

Vicinity Map
Not To Scale



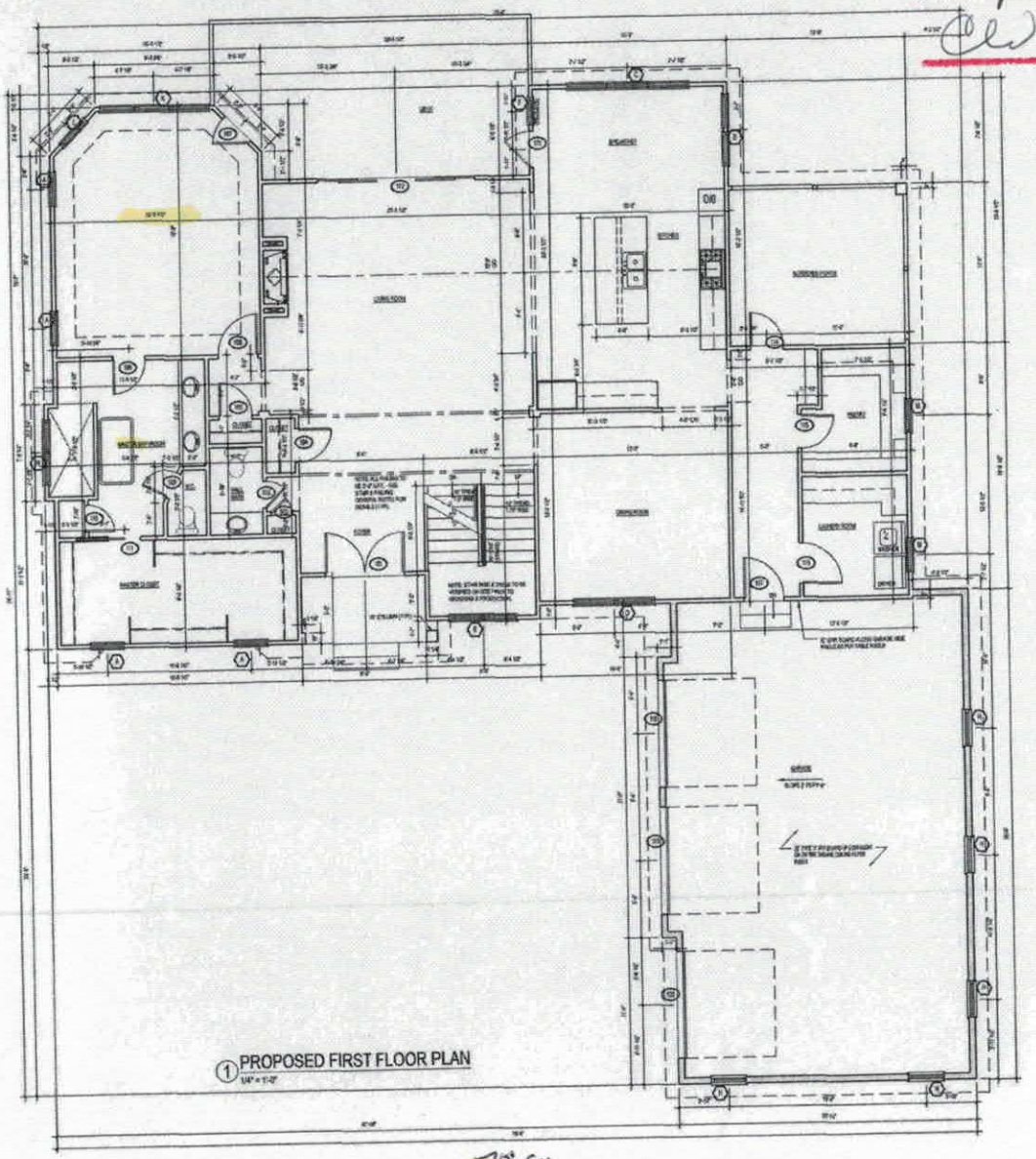
Foundation Survey
FOR
Bret C. Henderson

PROPERTY DESCRIPTION
Lot 27,
Gibbs Cove Subdivision
Plat Book 42, Page 34
Davidson Township
Iredell County, NC

SCALE: 1" = 60
FIELD BOOK:
FILE: 2018-35Found
TAX PIN NO: 4646687734

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

Acknowledgement Of
Plans Submittal ONLY!
Kayla Wilson Date 3-8-18
Date 3/8/18



1 PROPOSED FIRST FLOOR PLAN
1/4" = 1'-0"

GENERAL NOTES:

1. ALL PROPERTY LINES TO BE VERIFIED BY SURVEYOR.
2. ALL BUILDING LOCATIONS TO BE VERIFIED BY SURVEYOR.
3. FINISH GRADE TO BE COORDINATED BY CONTRACTOR.
4. ALL FINISH FLOOR HEIGHTS TO BE VERIFIED AT SITE & PRIOR TO CONSTRUCTION.
5. FACE OF PLYWOOD SHEATHING TO ALIGN WITH FACE OF SUPERIOR WALL FOUNDATION & SLAB.
6. FIRE BLOCK @ FLOOR & CEILING PER CODE.
7. ALL DIMENSIONING ARE TO FACE OF STUD & CONCRETE FOUNDATION.
8. STAIR RISE & TREAD DEPTH TO BE VERIFIED ON SITE BY STAIR COMPANY PRIOR TO PRODUCTION.
9. INTERIOR & EXTERIOR STAIR NOSING SHALL CONFORM TO R311.7.4 PROFILE - CURVATURE OF THE NOSING SHALL BE NO GREATER THAN ⅜".
10. ALL RISERS TO BE SOLID.
11. ALL CASED OPENINGS TO MATCH DOOR MFG. - CONTRACTOR TO COORDINATE.
12. RAILS TO BE 36" IN HEIGHT.
13. ALL EXTERIOR CEILING TO BE SQUARE CEILING - SEE DRAWINGS FOR ALL SIZES & HEIGHTS.
14. NO RAIL REQUIRED IF GRADE TO STOOPS & PORCHES IS LESS THAN 29" IN HEIGHT.
15. USE DOUBLE FELT FOR ALL PITCHES OF 4:12 OR LESS.
16. ALL EAVES TO BE 1'-0" U.N.O.
17. ALL FASCIAS TO BE 8".
18. CONTRACTOR TO COORDINATE GUTTER & DOWNSPOUT LOCATIONS.
19. CONTINUOUS EAVE VENT U.N.O.

STAIRS, RAILING & GUARD NOTES:

1. R311.7.1 WIDTH - STAIRWAYS SHALL NOT BE LESS THAN 36 INCHES IN CLEAR WIDTH AT ALL POINTS ABOVE THE PERMITTED HANDRAIL HEIGHT - SEE PLANS FOR CLEAR WIDTH.
   1.1. EXCEPTION DOES NOT APPLY TO THIS PROJECT.
2. R311.7.4.1 RISER HEIGHT - THE MAXIMUM RISER HEIGHT SHALL BE 8 INCHES.
   2.1. ALB SPECIFIES MAXIMUM RISER HEIGHT SHALL BE 8 INCHES FOR THIS PROJECT.
3. R311.7.4.2 TREAD DEPTH - THE MINIMUM TREAD DEPTH SHALL BE 9 INCHES.
4. R311.7.7 HANDRAILS - HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH CONTINUOUS RUN OF TREADS OR FLIGHT OF STAIRS WITH FOUR OR MORE RISERS.
5. R311.7.7.1 HANDRAIL HEIGHT - HANDRAIL HEIGHT SHALL NOT BE LESS THAN 34 INCHES AND NOT MORE THAN 38 INCHES IN HEIGHT.
6. R312.2 GUARD HEIGHT - GUARDS SHALL NOT BE LESS THAN 36 INCHES.
   6.1. EXCEPTIONS: 1 & 2 APPLY TO PROJECT - GUARD HEIGHT SHALL NOT BE LESS HAN 34 INCHES IF ON THE OPEN SIDE OF STAIR & SERVES AS THE RAILING.
7. R312.3 OPENING LIMITATIONS - REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM THE WALKING SURFACE TO THE REQUIRED GUARD HEIGHT WHICH ALLOW PASSAGE OF A SPHERE 4 INCHES IN DIAMETER.
   7.1. EXCEPTIONS: 1 & 2 APPLY TO PROJECT - OPEN SIDE OF STAIR SHALL NOT ALLOW PASSAGE OF A 8 INCH SPHERE IN DIAMETER AT THE TRIANGULAR OPENINGS BETWEEN BOTTOM RAIL, TREAD AND RISER.
   GUARDS SHALL NOT ALLOW PASSAGE OF A 4 ⅜ DIAMETER SPHERE ON OPEN SIDE OF STAIR.

NOTE:
1. Prices or specification of these construction documents by the client, without the Chad Goodin Signature Homes permission, will be at the client's sole risk and the client agrees to indemnify and hold the Chad Goodin Signature Homes harmless for all claims, damages and expenses, including attorney fees, arising out of such reuse by client or by others acting through client.
2. This set of mechanical drawings was created using the 2015 North Carolina Residential Code & shall require @ 115 MPH as the design prior for the wind velocity of the North Carolina Residential Code.
3. THESE DRAWINGS ARE NOT TO BE SCALED FOR ANY REASON. ALL DIMENSIONS TO BE FIELD VERIFIED. IF DIMENSIONS ARE IN QUESTION, OBTAIN CLARIFICATION FROM CHAD GOODIN SIGNATURE HOMES.

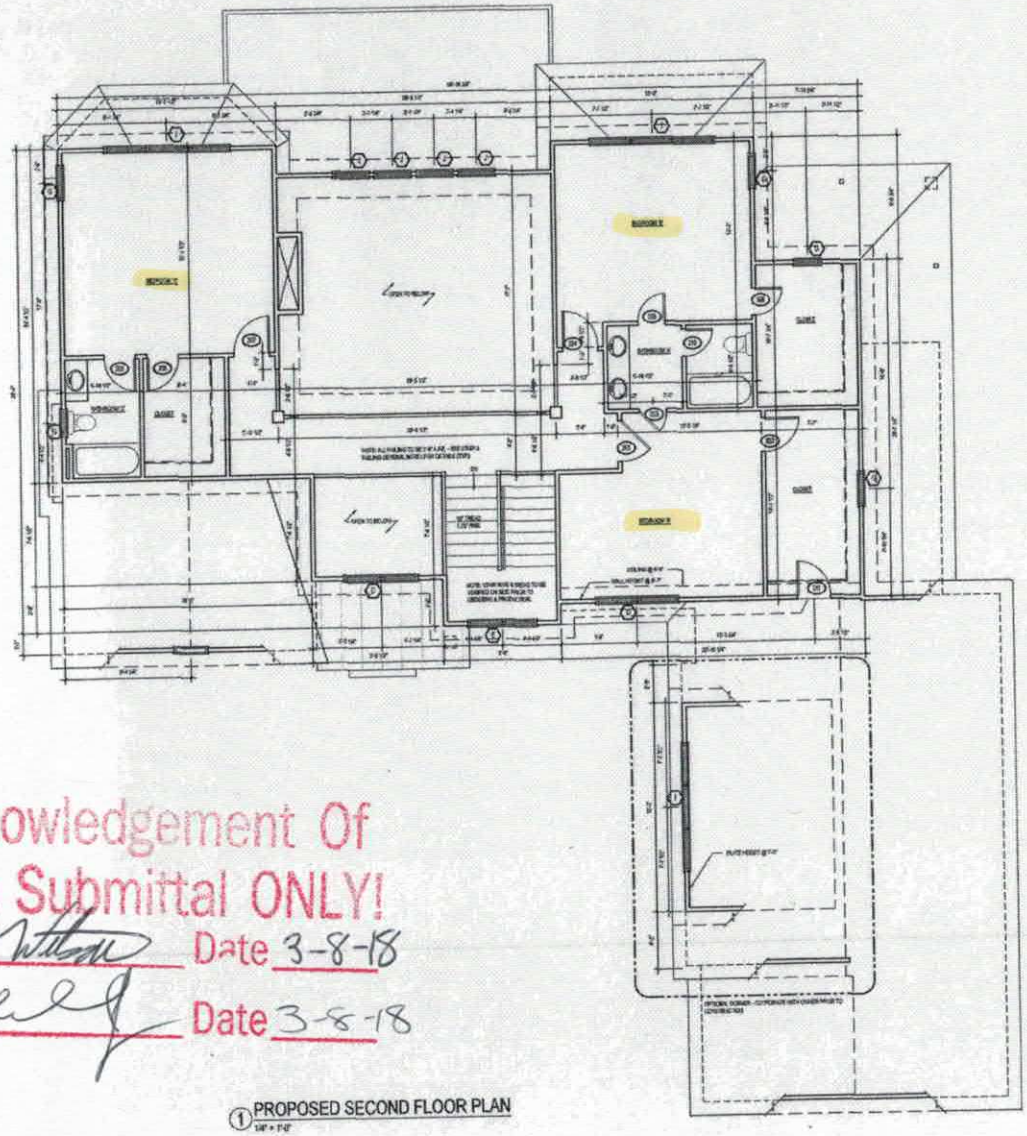
Chad Goodin Signature Homes Exclusive:

The Henderson

PROPOSED 1ST FLOOR PLAN

A-2.1

OP: TWELVE



Acknowledgement Of
Plans Submittal ONLY!
Date 3-8-18
Date 3-8-18

① PROPOSED SECOND FLOOR PLAN
1/4" = 1'-0"

GENERAL NOTES:

1. ALL PROPERTY LINES TO BE VERIFIED BY SURVEYOR.
2. ALL BUILDING LOCATIONS TO BE VERIFIED BY SURVEYOR.
3. FINISH GRADE TO BE COORDINATED BY CONTRACTOR.
4. ALL FINISH FLOOR HEIGHTS TO BE VERIFIED AT SITE & PRIOR TO CONSTRUCTION.
5. FACE OF PLYWOOD SHEATHING TO ALIGN WITH FACE OF SUPERIOR WALL FOUNDATION & SLAB.
6. FIRE BLOCK @ FLOOR & CEILING PER CODE.
7. ALL DIMENSIONS ARE TO FACE OF STUD & CONCRETE FOUNDATION.
8. STAIR RISE & TREAD DEPTH TO BE VERIFIED ON SITE BY STAIR COMPANY PRIOR TO PRODUCTION.
9. INTERIOR & EXTERIOR STAIR NOSING SHALL CONFORM TO R311.7.4 PROFILE - CURVATURE OF THE NOSING SHALL BE NO GREATER THAN ½".
10. ALL RISERS TO BE SOLID.
11. ALL CASED OPENINGS TO MATCH DOOR MFG. - CONTRACTOR TO COORDINATE.
12. RAILS TO BE 36" IN HEIGHT.
13. ALL EXTERIOR COLUMNS TO BE SQUARE COLUMNS - SEE DRAWINGS FOR ALL SIZES & HEIGHTS.
14. NO RAIL REQUIRED IF GRADE TO STOOPS & PORCHES IS LESS THAN 29" IN HEIGHT.
15. USE DOUBLE FELT FOR ALL PITCHES OF 4:12 OR LESS.
16. ALL EAVES TO BE 1'-0" U.N.O.
17. ALL FASCIAS TO BE 8".
18. CONTRACTOR TO COORDINATE GUTTER & DOWNSPOUT LOCATIONS.
19. CONTINUOUS RIDGE VENT U.N.O.

STAIRS, RAILING & GUARD NOTES:

1. R311.7.1 WIDTH - STAIRWAYS SHALL NOT BE LESS THAN 36 INCHES IN CLEAR WIDTH AT ALL POINTS ABOVE THE PERMITTED HANDRAIL HEIGHT. - SEE PLANS FOR CLEAR WIDTH.
   1.1. EXCEPTION DOES NOT APPLY TO THIS PROJECT.
2. R311.7.4.1 RISER HEIGHT - THE MAXIMUM RISER HEIGHT SHALL BE 8 INCHES.
   2.1. ALL SPECIFIED MAXIMUM RISER HEIGHT SHALL BE 8 INCHES FOR THIS PROJECT.
3. R311.7.4.2 TREAD DEPTH - THE MINIMUM TREAD DEPTH SHALL BE 9 INCHES.
4. R311.7.7 HANDRAILS - HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH CONTINUOUS RUN OF TREADS OR FLIGHT OF STAIRS WITH FOUR OR MORE RISERS.
5. R311.7.7.1 HANDRAIL HEIGHT - HANDRAIL HEIGHT SHALL NOT BE LESS THAN 34 INCHES AND NOT MORE THAN 38 INCHES IN HEIGHT.
6. R312.2 GUARD HEIGHT - GUARDS SHALL NOT BE LESS THAN 36 INCHES.
   6.1. EXCEPTIONS: 1 & 2 APPLY TO PROJECT - GUARD HEIGHT SHALL NOT BE LESS THAN 34 INCHES (F) ON THE OPEN SIDE OF STAIR & SERVES AS THE RAILING.
7. R312.3 OPENING LIMITATIONS - REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM THE WALKING SURFACE TO THE REQUIRED GUARD HEIGHT WHICH ALLOW PASSAGE OF A SPHERE 4 INCHES IN DIAMETER.
   7.1. EXCEPTIONS: 1 & 2 APPLY TO PROJECT - OPEN SIDE OF STAIR SHALL NOT ALLOW PASSAGE OF A 6 INCH SPHERE IN DIAMETER AT THE TRIANGULAR OPENINGS BETWEEN BOTTOM RAIL, TREAD AND RISER). GUARDS SHALL NOT ALLOW PASSAGE OF A 4 ⅜" DIAMETER SPHERE ON OPEN SIDE OF STAIR.

NOTE:
1. Reuse or modification of these construction documents by the client, without the Chad Goodin Signature Homes permission, will be at the client's sole risk, and the client agrees to indemnify and hold the Chad Goodin Signature Homes harmless for all injuries, damages and expenses, including attorney fees, arising out of such reuse by client or by others acting through client.
2. This set of Architectural Drawings was created using the 2015 North Carolina Residential Code & shall require all 2018 NC Code changes to be met prior to the new release of the North Carolina Residential Code.
3. THESE DRAWINGS ARE NOT TO BE SCALED FOR ANY REASON. ALL DIMENSIONS TO BE FIELD VERIFIED. IF DIMENSIONS ARE IN QUESTION, OBTAIN CLARIFICATION FROM CHAD GOODIN SIGNATURE HOMES.

Chad Goodin Signature Homes
105 Rue Way
Mooresville, NC 28117
Phone: (704) 535-7360

Chad Goodin Signature Homes Exclusive:

The Henderson

PROJECT #: 1801
ISSUED: 10/18/2018
REVISIONS:

PROPOSED 2ND FLOOR PLAN

A-2.2

OF TWELVE

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 228641 Subdivision: GIBBS COVE

Proposed Use: SEPTIC EASEMENT FOR SFH

Location: 105 DONNIVE DRIVE

Tax PIN: 4646687734.000 Zoning: R2 Lot: 27 Size: 0.768

Owner: GRAHAM JAMES+MARION
Address: 101 DONNIVE DR
MOORESVILLE, NC 28117

Applicant: OAKS GROUP
Address: 121 HOLT LN
MOORESVILLE, NC 28117

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Kathleen Saunders
Signature of Owner or Authorized Agent

Date 7-17-17

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area:
Front Yard Depth: 40.00
Rear Yard Depth: 50.00
Side Yard Depth: 6.00
Corner Yard Depth:

Remarks: APPROVAL FOR SEPTIC EASEMENT
PLOT PLAN FOR SFH TO BE SUBMITTED TO TOWN OF MOORESVILLE ZONING
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INPSECTIONS

HP
Approved By:

07/13/2017
Date

$50
Application Fee