IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233514

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

PIN # 4647105081

APPLICANT/OWNER: William O'Connell APPLICANT ADDRESS: 20210 Rainbow Circle Cornelius, NC 28031

SITE ADDRESS: 252 Farmstead Ln Mooresville NC 28117 PHONE: 7049045612 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd Uturn at Canvasback TR Farmstead on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Farmstead SECTION: 2 LOT # 43 LOT AREA: .793Ac DESIGN FLOW: 480gpd L.T.A.R.: .3/.1 Rep

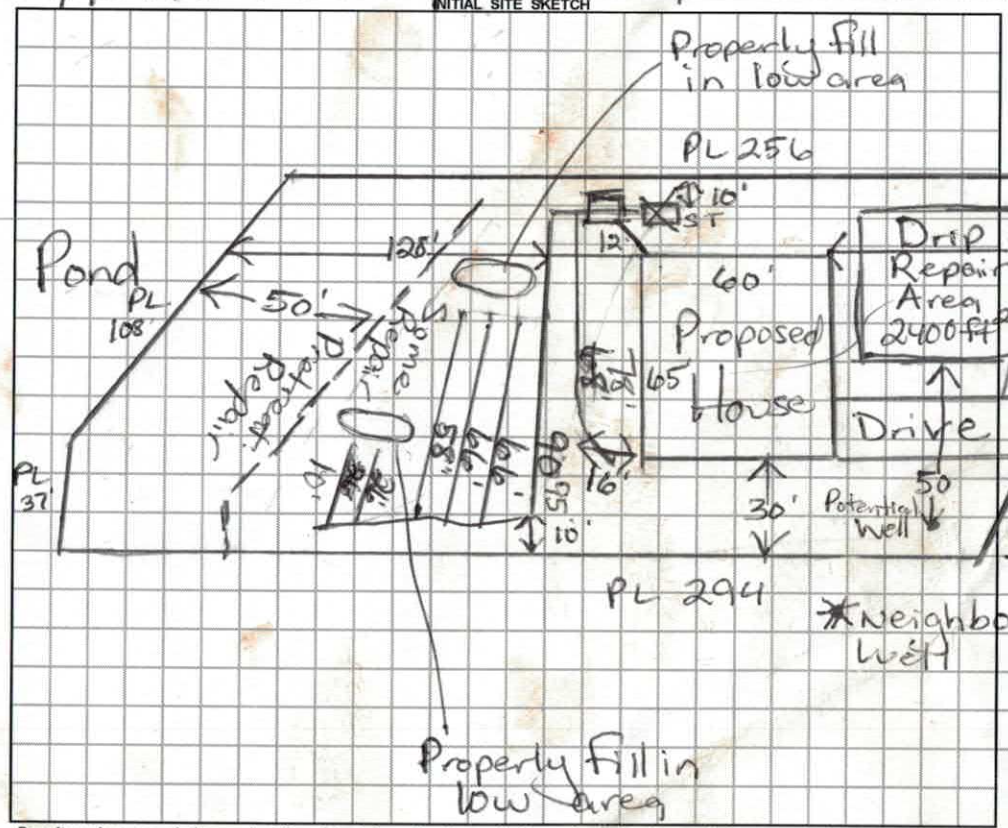
Septic Tank	1000	(gal)	STB 794	Date	6/25/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	PPBPS & Drip/Pretreat			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	max 28"	Gravel Depth	N/A		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

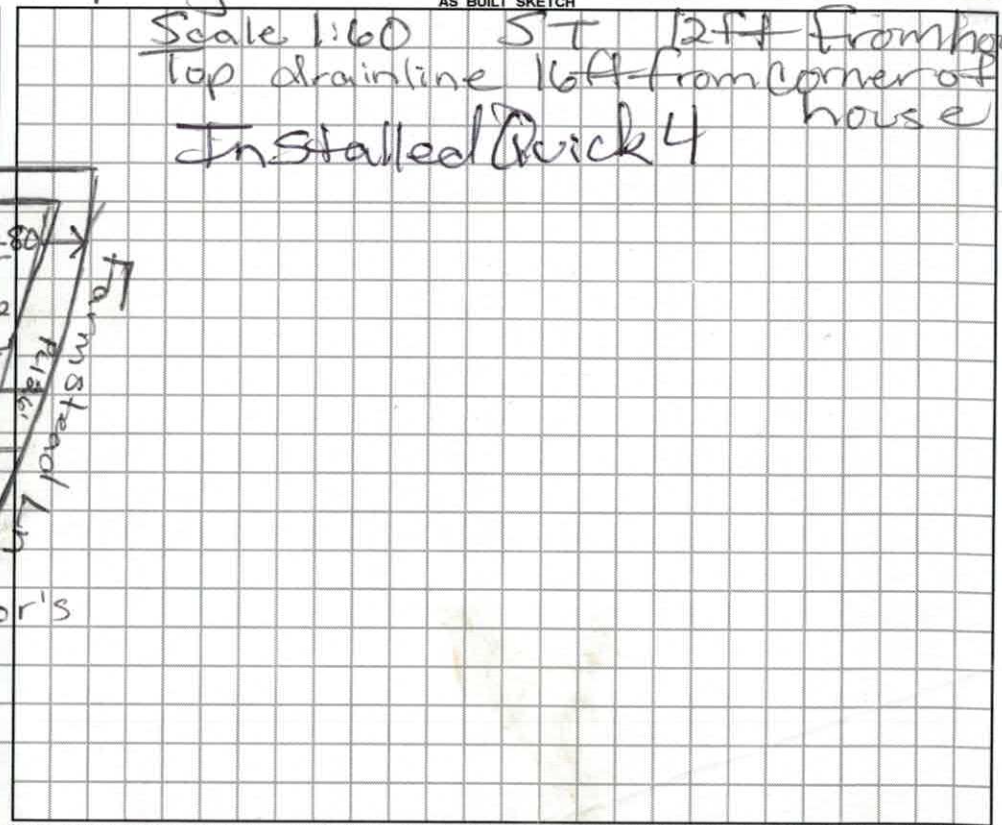
Comments / Conditions: Divert Stormwater Away From Septic
4/9/18 Reviewed Floor plans in compliance with I.P.

Note: Yard between House & Pond has numerous low spots & shallow gullies Properly fill these areas.

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: 4-5-18

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/4/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/9/18

Installed by: Precision Excavation

OPERATION PERMIT by: Maria Dotson Date: 8/7/18

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4647710508
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Applicant / Owner
~~OWNER~~: Bill O'Connell / David Kiley APPLICATION DATE: 2-16-18
ADDRESS: 2020 D. Rainbow Circle. Cornelius, NC DATE EVALUATED: 3/7/18
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: .793Ac
LOCATION OF SITE: 252 Farmstead 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	5%	0-20	Brw	SCL	SS, SP, SExp, FR				PS
		20-40	RC, m-w	SBK	SS, SP, SExp, FR				<40" = .3
		40-60	RC w	SBK	SS, SP, SExp, FR				>40" = .25
			Some yellow/Brw		Mottles				
2	6%	0-6"	Brw	SCL	SS, SP, SExp, FR				PS
		6-26	RC	m-w SBK	SS, SP, SExp, FR				.3
		26-60	RC/CL	w SBK	SS, SP, SExp, FR				
			Some SAP		Inclus				
3	4%	0-7"	Brw	SCL	SS, SP, SExp, FR				PS
		7-14"	RC	m SBK	SS, SP, SExp, FR				.25
		14-33	RC	w SBK	SS, SP, SExp, Fi-FR				
		33-40	RC &	Hard w Rock mix					
4	4%	0-9	Brw	SCL	SS, SP, SExp, FR				PS
		9-28	RC	m SBK	SS, SP, SExp, FR				.3
		28-48	RC	w SBK	SS, SP, SExp, Fi w/ some SAP				
		48-60	I/SL	SAP	massive FR				Inclus

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	RPBPS & Drip
Site LTAR	.3	.3/.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

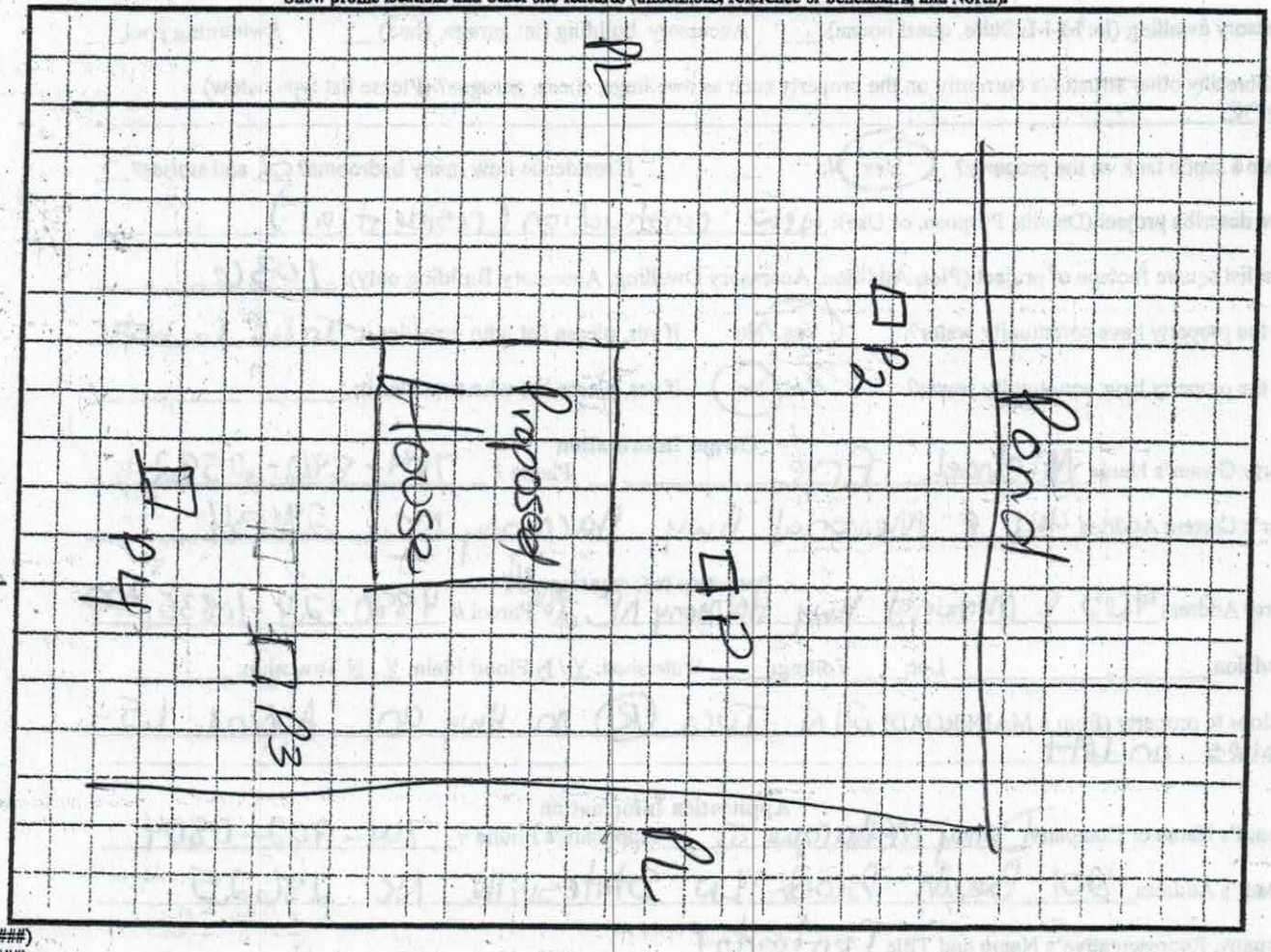
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

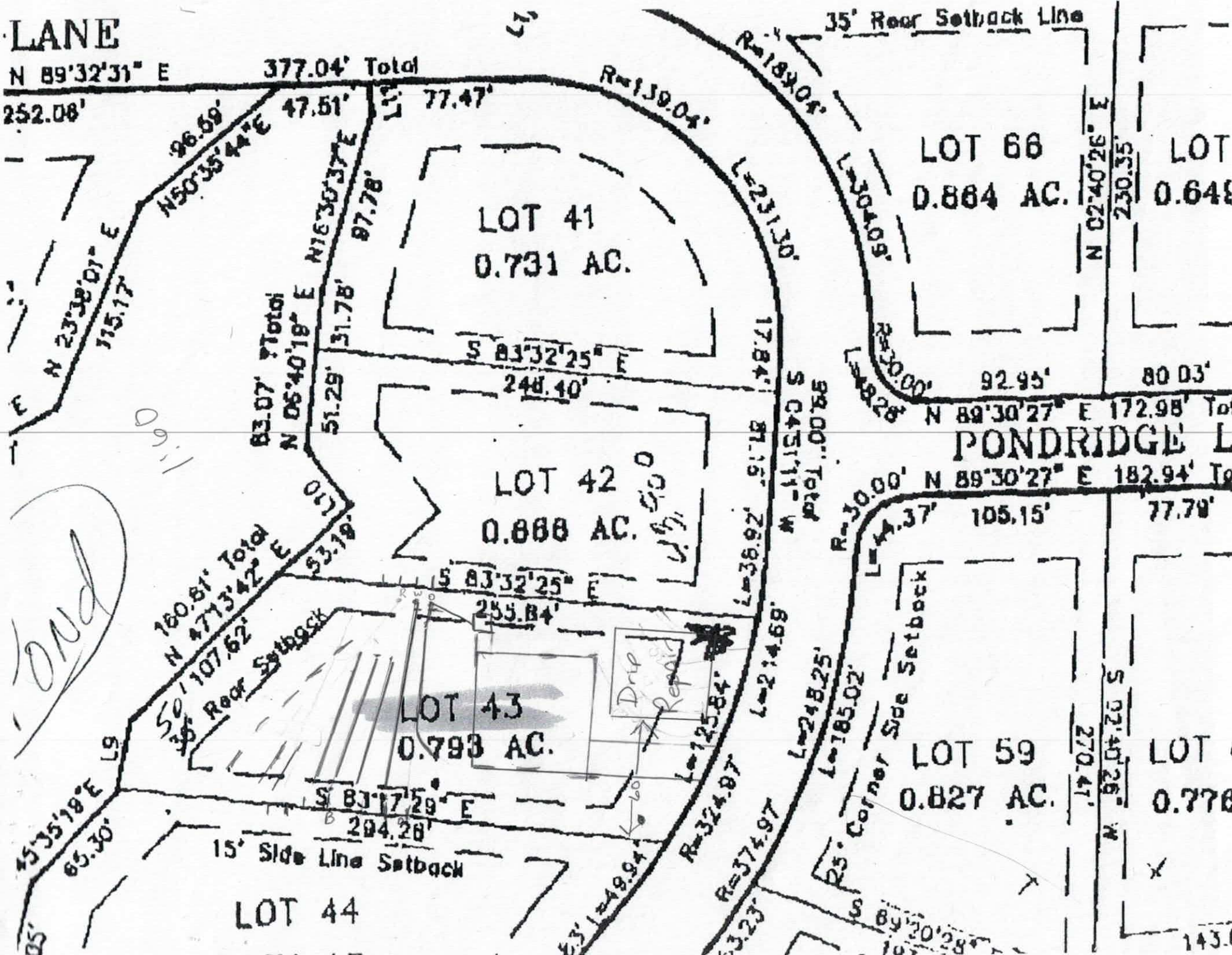
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



NR (######)
iew (#####)


LANE
N 89°32'31" E
377.04' Total
252.08'
47.51'
96.69'
N50°35'44"E
77.47'
R=139.04'
R=183.04'
35' Rear Setback Line
LOT 66
0.864 AC.
N 02°40'26" E
230.35'
LOT 41
0.731 AC.
N 23°38'01" E
115.17'
N16°30'37"E
97.78'
N 05°40'18" E
83.07' Total
31.78'
51.29'
S 83°32'25" E
248.40'
L=231.30'
L=304.09'
R=30.00'
92.95'
80.03'
N 89°30'27" E 172.98' To
PONDRIDGE L
LOT 42
0.868 AC.
S 04°51'11" W
Total
R=30.00' N 89°30'27" E 182.94' To
L=44.37'
105.15'
77.79'
160.81' Total
N 47°13'42" E
107.62'
35' Rear Setback
S 83°32'25" E
255.84'
L=36.92'
L=214.69'
L=248.25'
L=185.02'
R=30.00'
LOT 43
0.793 AC.
Drive
Repaid
L=125.84'
R=324.87'
R=374.97'
S 83°17'29" E
294.28'
15' Side Line Setback
LOT 59
0.827 AC.
25' Corner Side Setback
N 02°40'26" E
270.47'
S 89°20'28"
LOT 44
L=49.94'

2:00 pm 2/26/18 Talked to owner Pitts He is checking if lot is surveyed & marked

RECEIVED FEB 2 0 2018

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

Paid $500.00 #233514

1. APPLICATION FOR: (X) Improvement Permit (✓) Authorization To Construct ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
David Kiley	244 Farmstead Lane Mooresville 28117	704 575 0250	
Bill O'Connell	704 904 5612		

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
David Kiley	244 Farmstead Ln Mooresville NC 28117	704 5750250	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
between #244 & #266 Farmstead	252 Farmstead Lane Farmstead	43

Driving Directions: Brawley School Rd toward The Point, Then Farm Stead

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

William O'Connell 2-9-18

9. Signature: _____ 2-16-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: D2ECBB7D-6962-4F52-827E-C9E60A18946C

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, David Kiley, am the legal owner(s) of the property located at ~~Lot 43 Farmstead Lane, Mooresville, NC, 28117~~, identified as PIN (Parcel Identification Number) 4647-10-5081.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) William O'Connell, President, Colony Construction, 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 of Owner(s)	02-20-2018 Date	Joyce Page Signature of Witness	02-20-2018 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

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 08347 PIN# 4647 10 5081

OWNER OR CONTRACTOR John Spell PHONE: Business Home 545-2374

ADDRESS 8507 Vagabond Rd. Charlotte, NC 28227 DATE 11/9/99

LOCATION 1100, TL FARMSTEAD, 2ND LOT PAST PONDRIDGE ON (R)

SUBDIVISION FARMSTEAD BLOCK / SECTION 2 LOT 43 LOT AREA 1.0AC. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAV CONVENTIONAL -

Repair System Description: PRESSURE PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

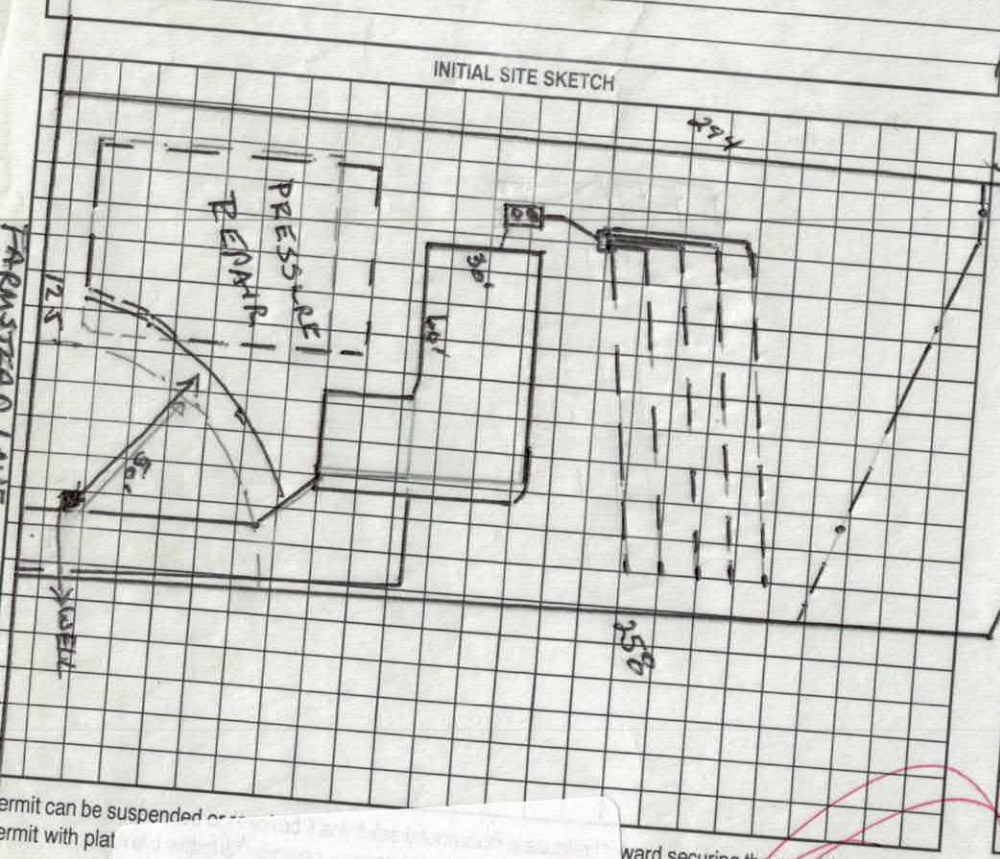
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

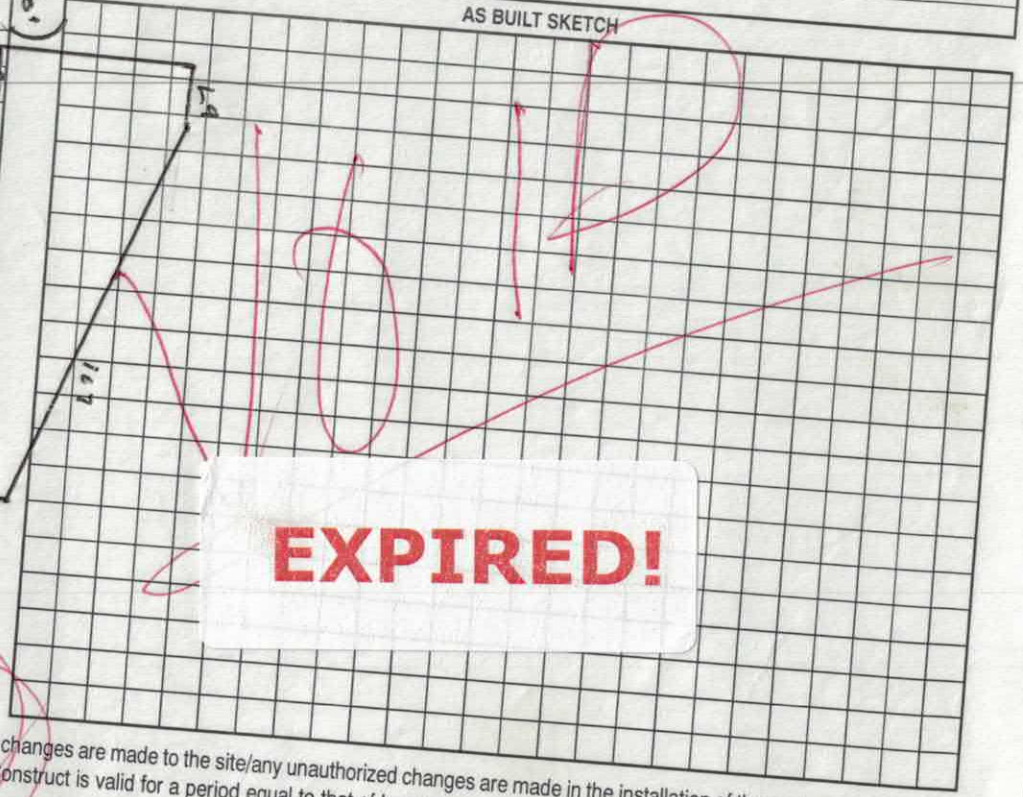
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



EXPIRED!

EXPIRED!

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gned: ... date 1-16-99 Installed by:

provement Pe... 5. date 11/9/99 Operation Permit by:

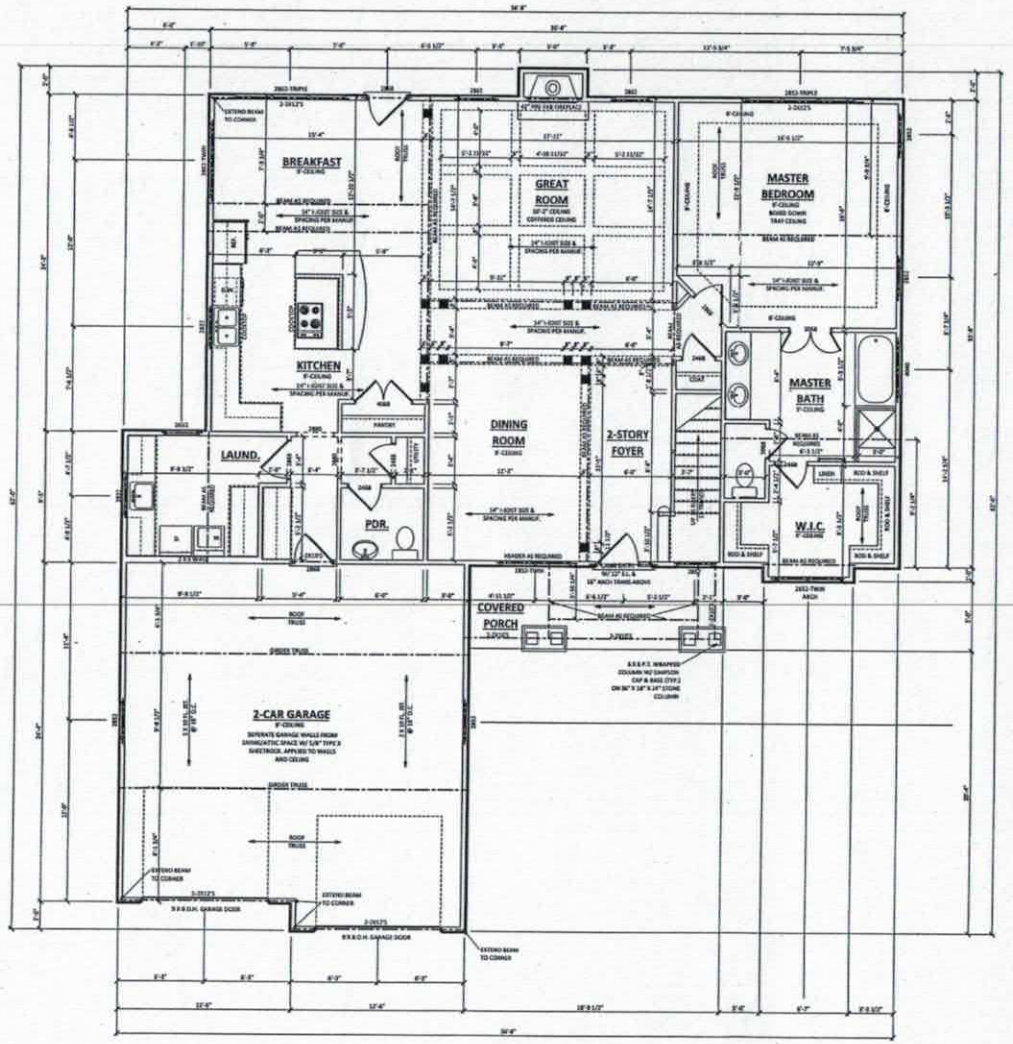
horization to C... date 11/9/99 Existing System Inspection by:

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW

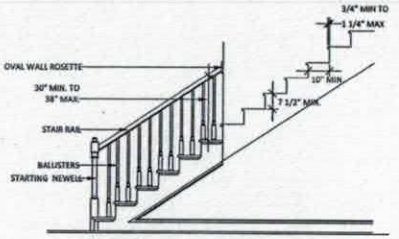
Acknowledgement of Plans Submittal ONLY!

Date 4-9-18

Date 4/9/18



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



VERIFY ALL STAIR DETAILS WITH OWNER AND INTERIOR DECORATOR.
(15 TREADS & 16 RISERS) STAIR SYSTEM BASED ON A 10" TREAD & A 8" RISER W/ AN 9'1 1/2" PLATE HEIGHT AND A 11 7/8" FLOOR JOIST W/ 3/4" T.G. SUB FLOOR

FIRST FLOOR STAIR SYSTEM
SCALE: NTS

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h < 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-0"	2X4 @ 12" O.C.
11'-0" < h < 18'-0"	2X6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HU210-2 (MAX)
(2) 2X12	HU212-2 (MAX)
(2) 1-3/4" X 9-1/4" LVL	HU410 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HU412 (MAX)
(2) 1-3/4" X 14" LVL	HU416 (MAX)
ALL TRIPLE LVL MEMBERS	HHUS5.50/10

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

FIRST FLOOR HEATED: 1,775 SQ. FT.
SECOND FLOOR HEATED: 1,771 SQ. FT.
TOTAL HEATED SQ. FT.: 2,836 SQ. FT.

GARAGE: 633 SQ. FT.
UNFINISHED BONUS: 436 SQ. FT.
FRONT COVERED PORCH: 110 SQ. FT.

TOTAL SQUARE FOOTAGE UNDER ROOF: 4,015 SQ. FT.

T&M Designs, LLC

Tony C. Tyler assumes no responsibility for errors contained in these plans. Release of these plans contemplates further cooperation among the owner and his contractor. Changes made from these plans without consent of the designer of responsibility for all consequences arising out of such changes. Written dimensions on these drawings shall have precedence over scaled dimensions. Contractor shall verify and be responsible for all dimensions and conditions on the job.

New Residence For:
"Bill O'Connell"

T&M DESIGNS, LLC.
1705 Emmanuel Church Rd
Conover, NC 28613
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

First Floor Plan

Date 4-5-18 | Project # 20180

Scale 1/4" = 1'-0" | Sheet

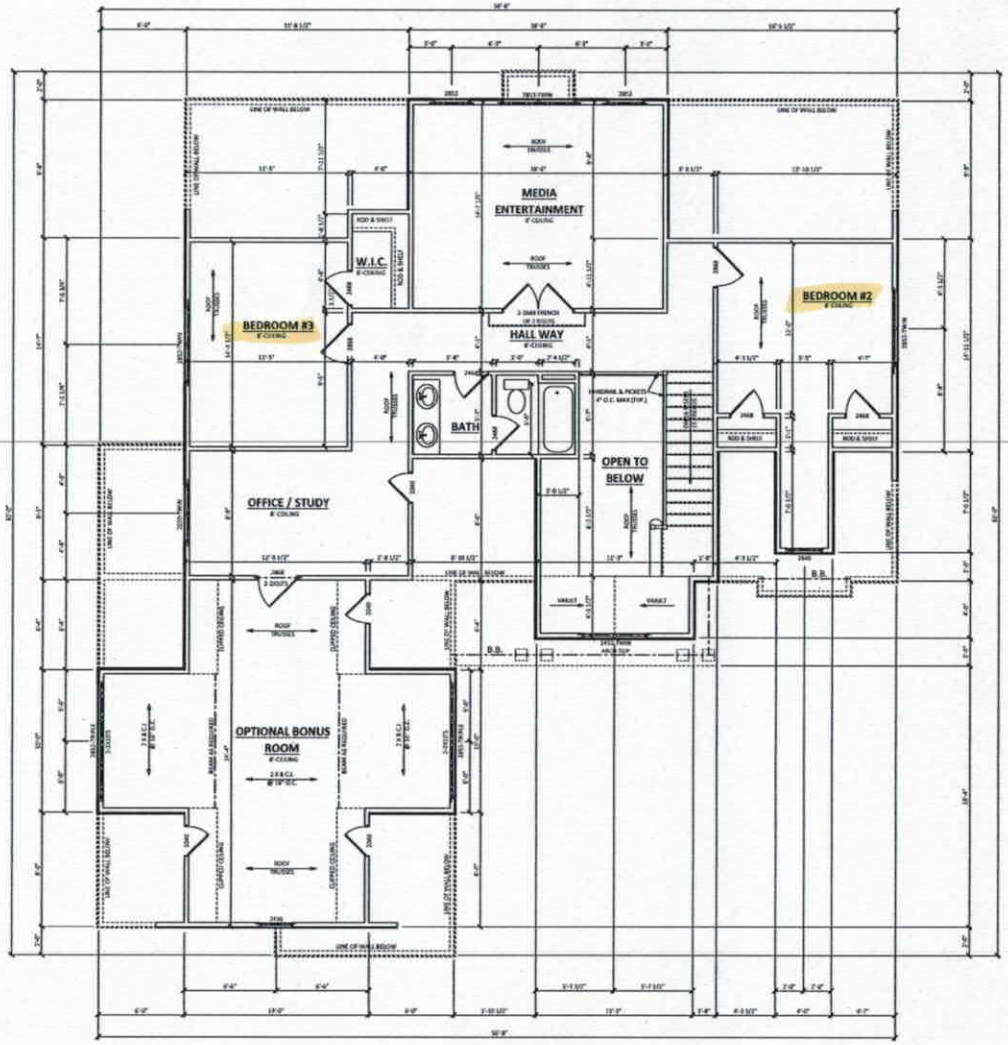
Drawn By: TT

A-2

Acknowledgement of
Plans Submittal ONLY!

William O'Connell Date 4-9-18

Maria Dotson Date 4/9/18



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

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h < 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-0"	2X4 @ 12" O.C.
11'-0" < h < 18'-0"	2X6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HU210-2 (MAX)
(2) 2X12	HU212-2 (MAX)
(2) 1-3/4" X 9-1/4" LVL	HU410 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HU412 (MAX)
(2) 1-3/4" X 14" LVL	HU416 (MAX)
ALL TRIPLE LVL MEMBERS	HHUS3.50/10

FRAMING NOTES:
ALL EXTERIOR HEADERS TO BE 2-2X8'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

T&M Designs, LLC

New Residence For:
"Bill O'Connell"

T&M DESIGNS, LLC.
1705 Emmanuel Church Rd
Conover, NC 28613
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

Second Floor Plan

A-3

IREDELL COUNTY

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

APPLICATION NUMBER
233514
Issue Date: 02/19/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4647105081.000	252 FARMSTEAD LANE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: KILEY DAVID+SANDRA	Applicant: O'CONNER, WILLIAM
Address: 14905	Address: 20210 RAINBOW CIR
IREDELL CO, NC 28625	CORNELIUS, NC 28031
Phone:	Phone: 704-904-5612

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.760	35.00	50.00	15.00	15.00	CA	X

Remarks:

Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any 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.

Applicant: _____ Date: _____

Permit Number	129134	TOTAL FEES:	$ 77.25