IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225370

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

PIN # 4647066494

APPLICANT: Mike Ryan APPLICANT ADDRESS: 127 B Promenade Drive Mooresville NC 28117

SITE ADDRESS: 161 Morgan Bluff Road Mooresville NC PHONE: 704.361.1084 ALT. PHONE: NA

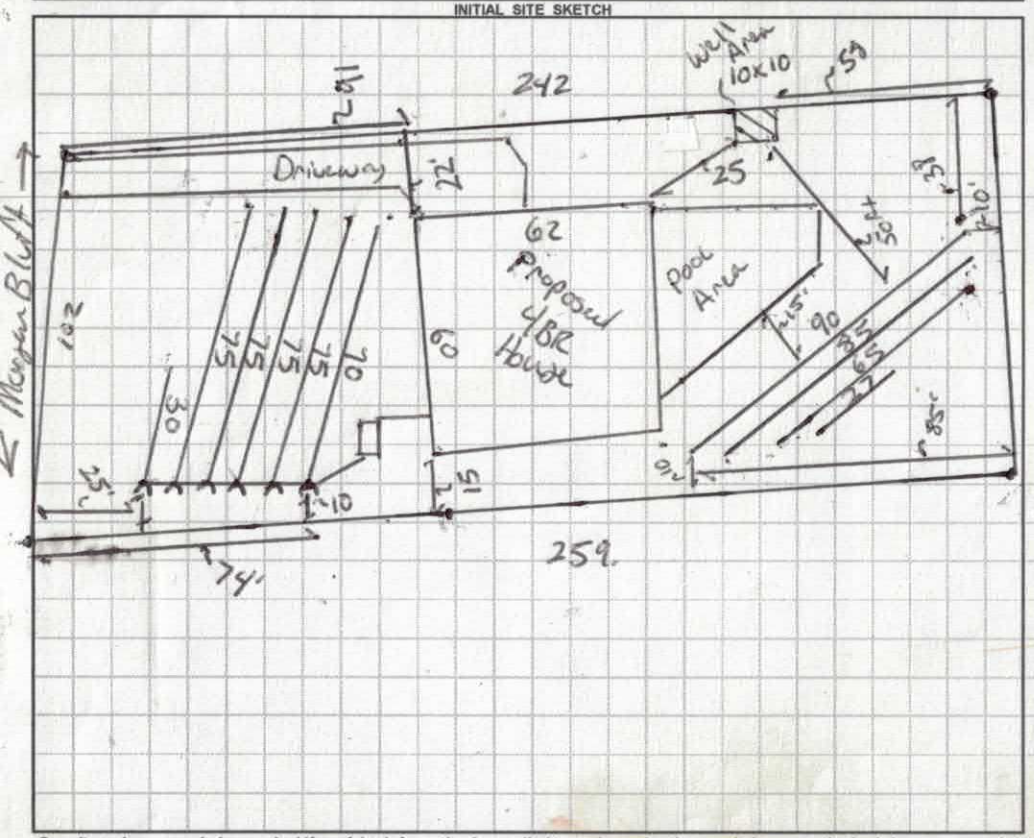
SITE DIRECTIONS: Perth Road to Cornelius Rd RT on Morgan Bluff

SUBDIVISION: Pirates Cove SECTION: — LOT # 40 LOT AREA: .58 acres DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 1012	Date 4-22-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% reduction				☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #	Repair System Description: 50% reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft: 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36	Max. Trench Bottom Depth	36	Gravel Depth —	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing	

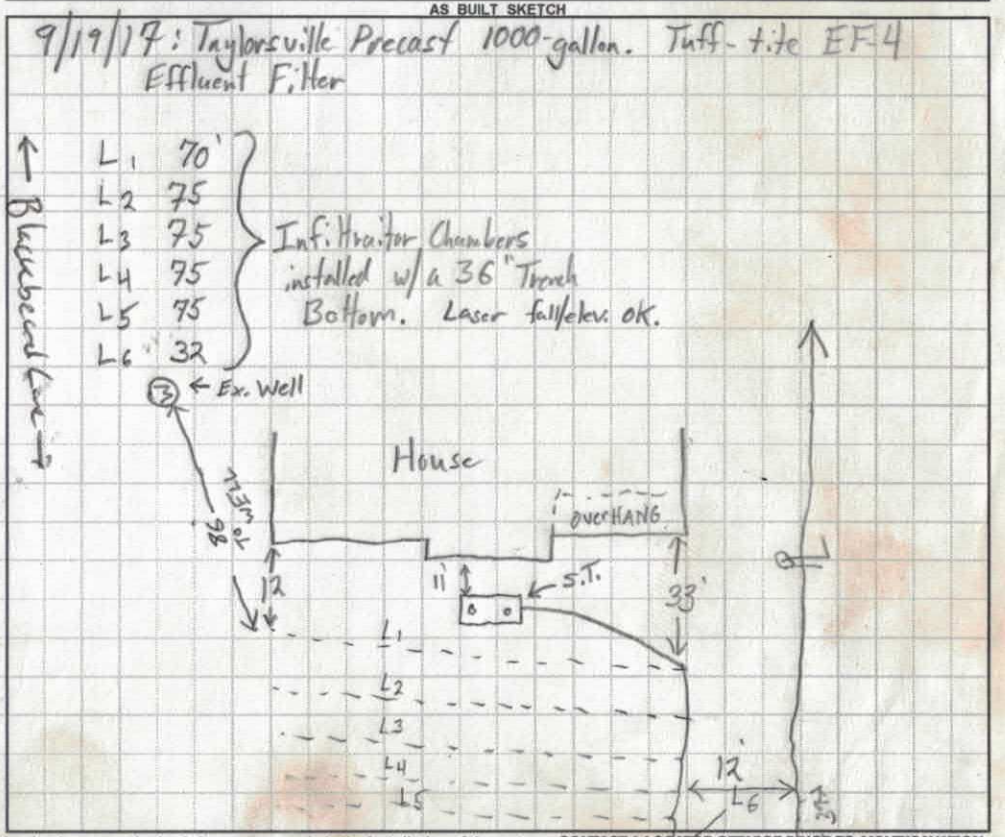
Comments / Conditions: Install on the contour of the land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not drive pave, pave, grade, or buy utilities in the drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

9/19/17: Taylorsville Precast 1000-gallon. Tuff-tite EF-4 Effluent Filter



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: Date: 4/3/2017 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: B. Bolwins Date: 3/31/2017 OPERATION PERMIT by: Tom Shuck Date: 9/19/17

AUTHORIZATION TO CONSTRUCT by: B. Bolwins Date: 3/31/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 4648066494
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

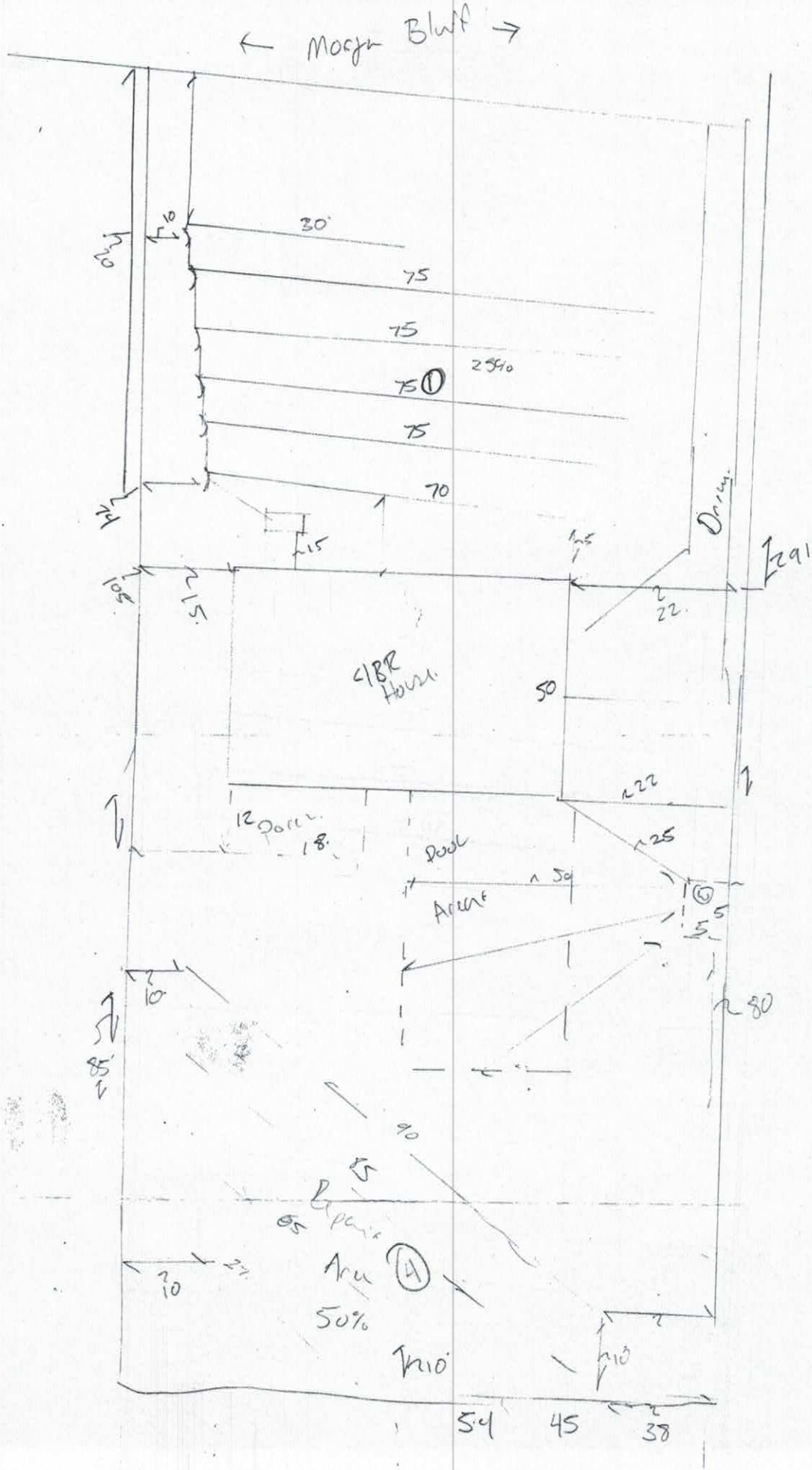
OWNER: Pinnacle Builders / Thomas
ADDRESS:
PROPOSED FACILITY: House & Lot PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 161 Meadow Bluff RD.
APPLICATION DATE 3/6/17
DATE EVALUATED: 3/27/17
PROPERTY SIZE: 0.57 Acres
PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6%	0-12	C SBK	SSSp FR	2.5YR 4/6	48	—	—	PS .3
		12-48	CL WSBK	SSSp FM					
2	6%	0-12	SCL WSBK	SSSp FR		48	—	—	PS .3
		12-42	C WSBK	SSSp FM					
		42-48	CL WSBK	SSSp FR					
3	10%	0-28	SCL SBK	SSSp FR		48	—	—	PS .3
		28-48	C WSBK	SSSp FM					
4	10%	0-40	C SBK	SSSp FR		48	—	—	PS .3
		40-48	CL WSBK	SSSp FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 PS	267 PS
System Type(s)	25% reduction	25% reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): —
EVALUATED BY: Bottoms
OTHER(S) PRESENT: —

COMMENTS:


← Morgan Bluff →
30'
75
75
75
75
70
2540
Driveway
291
22
C/BR House
50
22
12 Porch
18'
Door
Access
25
5
5
10
80
85'
90
5
Patio
Area
50%
10
27
10
10
54
45
38

Please CALL prior to inspection
Name: Mike Ryon
Number: 704-361-1084

'DELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

RECEIVED MAR 6 - 2017

MIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

E INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF
T PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON
TH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION.
SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $ 500.00

PLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ✓ BOTH ___ Existing System Inspection

#225370

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

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Pinnacle Building	127 A Promenade Mooresville 28117	(704)361-1084	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ben Thomas	514 Williamson Rd Mooresville 28117		(704-677-4698

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
161 Morgan Bluff Rd		40

Driving Directions: Perth Rd to Cornelius Rd RT on Morgan Bluff

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

- (✓) 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 ____

- ( ) 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:

(✓) 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 in ____ *YEAR*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____ ( ) No Preference

8. 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. industry) 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.

9. Signature: ____ 3/6/2017

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

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, Ben S. Thomas am the manager of Thomas McConnell Family, LLC, ~~am the~~ legal owner(s) of the property located at 161 Morgan Bluff Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Ryon, Pinnacle Building Services, 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)	Date	Signature of Witness	Date
Manager	3-6-17		3/6/17

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 *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

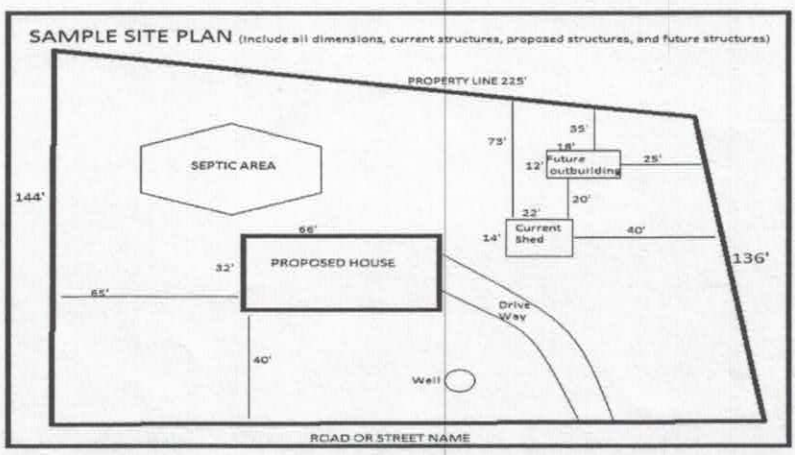
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

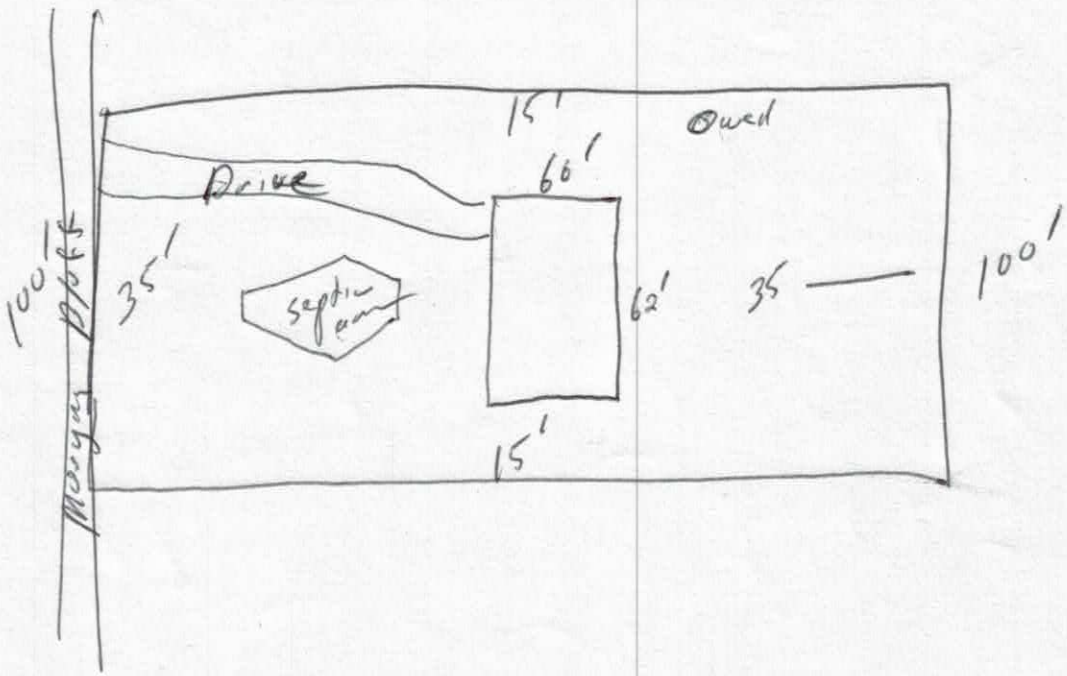
Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

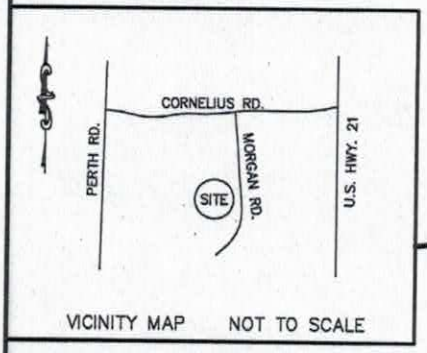
3/6/2017

DATE

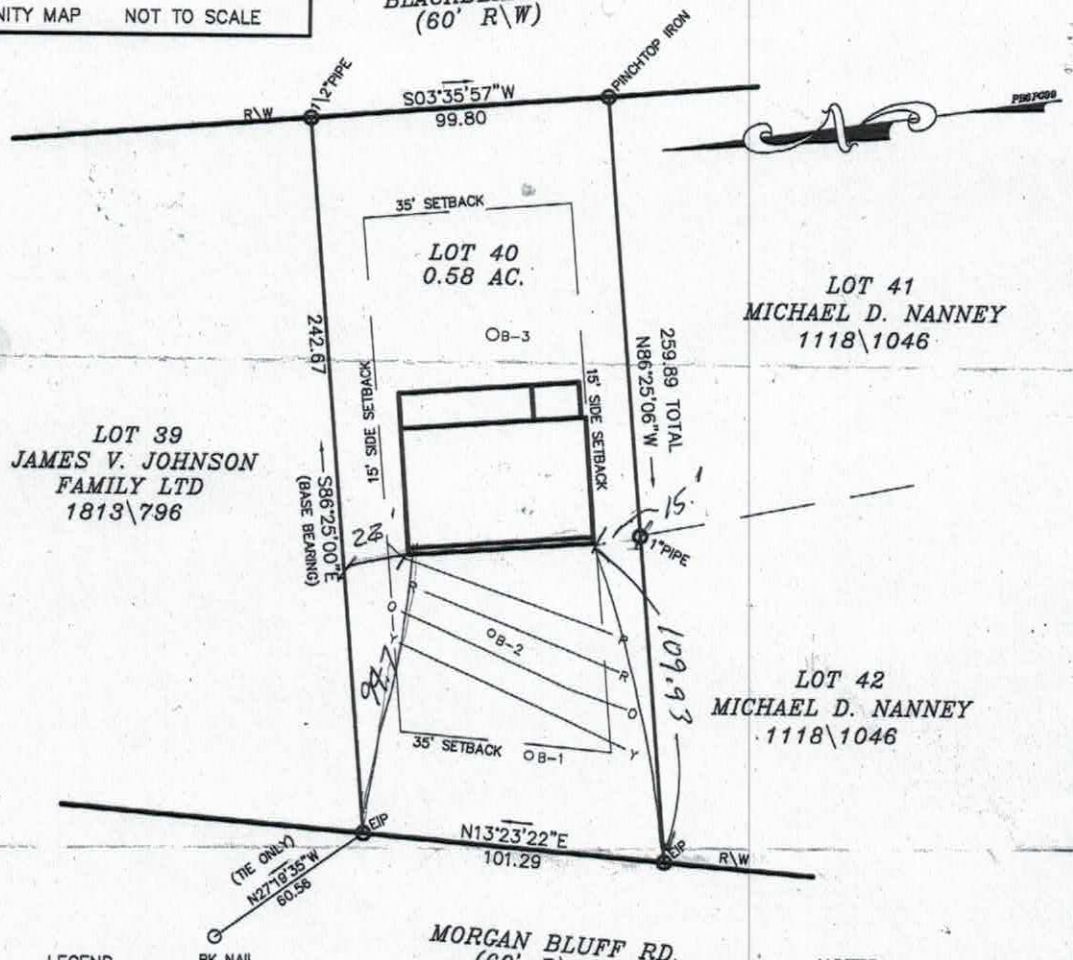
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2399, page 932, and/or plat book 6, page 99, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 30, day of MARCH, A.D. 20 16.

WILLIAM M. ALLEN, PLS



VICINITY MAP NOT TO SCALE



LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

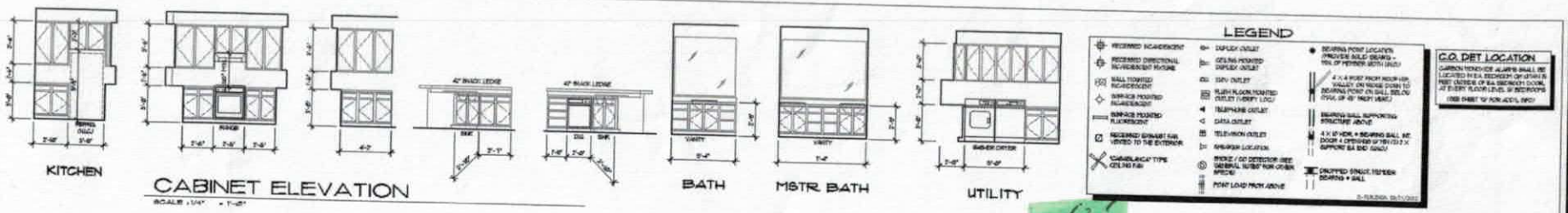
0' 25' 50' 100'
SCALE IN FEET

BOUNDARY & SEPTIC SURVEY
OF
LOT 40 PIRATES COVE

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

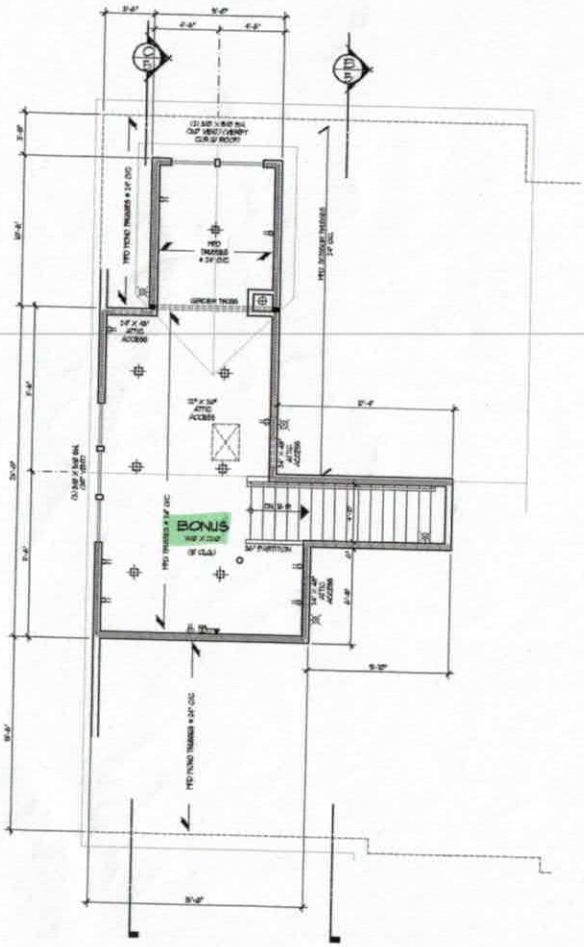
ACQUIRED BY:

FIELD BOOK: 500-J
FILE: PIRATES COVE 40
DC FILE:
TAX MAP NO: 4648066494



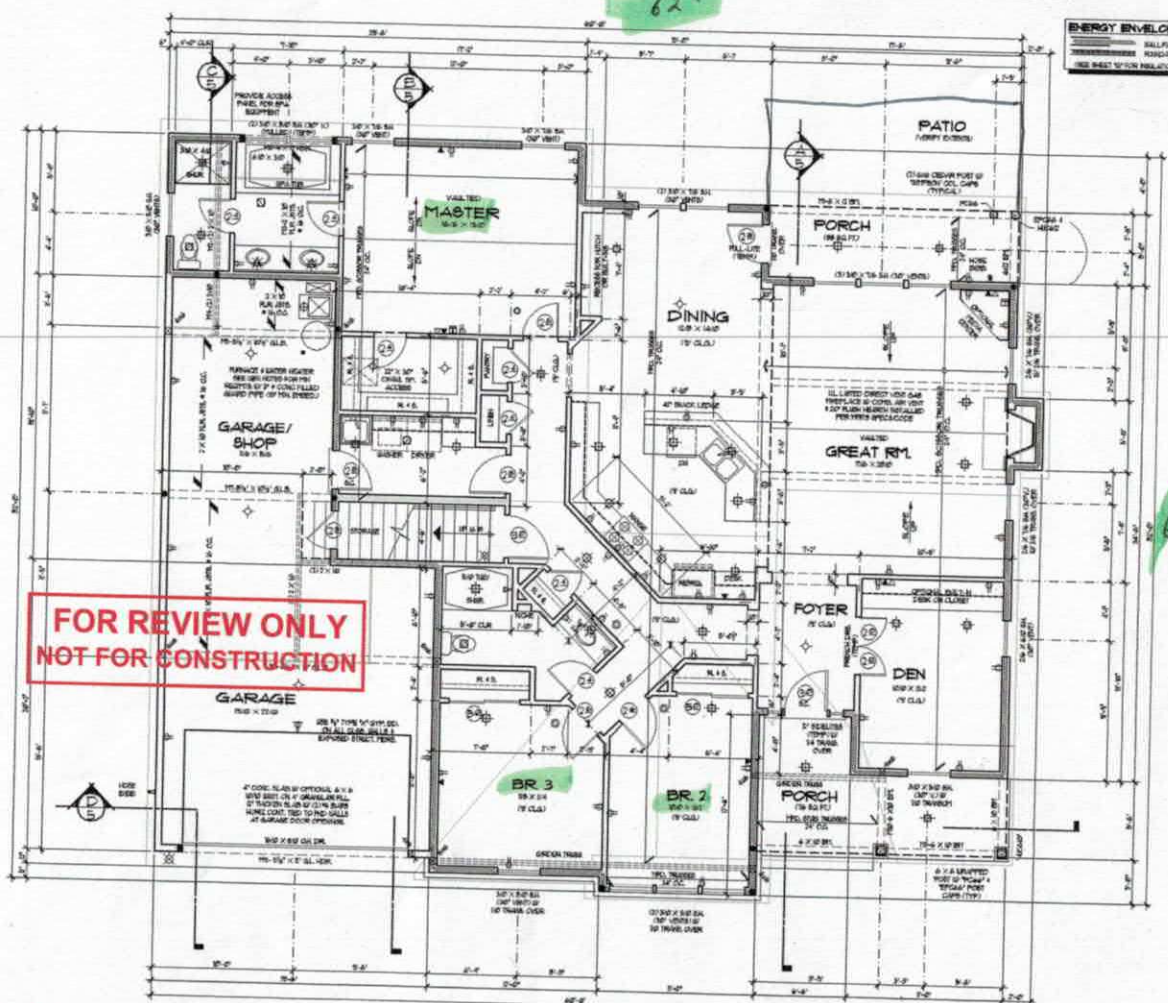
CABINET ELEVATION

SCALE: 1/4" = 1'-0"



UPPER FLOOR PLAN

SCALE: 1/4" = 1'-0"



MAIN FLOOR PLAN

FOR REVIEW ONLY
NOT FOR CONSTRUCTION

Acknowledgement of Plans Submittal ONLY!

Date 3/6/2017

Date 3/31/17

Maxford COLLECTION

25# SNOW LOAD

1231E
3

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IREDELL COUNTY

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

APPLICATION NUMBER
225370
Issue Date: 03/02/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648066494.000	161 MORGAN BLUFF ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MCLAIN BILL REID+ANN	Applicant: RYON, MIKE
Address: 140 IREDELL CO, NC 28625	Address: 127 B PROMENADE DR MOORESVILLE, NC 28117
Phone:	Phone: 704-361-1084

Use Requested	Zone Code
SFD	

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

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	95113	TOTAL FEES:	$ 77.25