IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227449

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

PIN # 4648-12-6900

APPLICANT/OWNER: JBR Custom Homes APPLICANT ADDRESS: P.O. Box 5289 Mooresville, NC 28117

SITE ADDRESS: 146 Castle Drive Mooresville, NC PHONE: 704-576-3887 ALT. PHONE

SITE DIRECTIONS: Rt 150 W → R on Bluefield → L on Big Indian Loop → R on Castle → @ end on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Indian Forest SECTION: 2 LOT # 21 LOT AREA: 1.340 acres DESIGN FLOW: 600 L.T.A.R.: 0.30

Septic Tank	1500 (gal)	STB	964	Date	8/25	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction - Serial Distribution	☐ Business	No. Persons	10
Pump Make	—	Model	—	Serial #	—	Repair System Description: 25% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft	500	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 ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Direct all surface + house downspout drains away from septic system.

6/29/17 Reviewed Floor plans, in compliance with Septic plan.

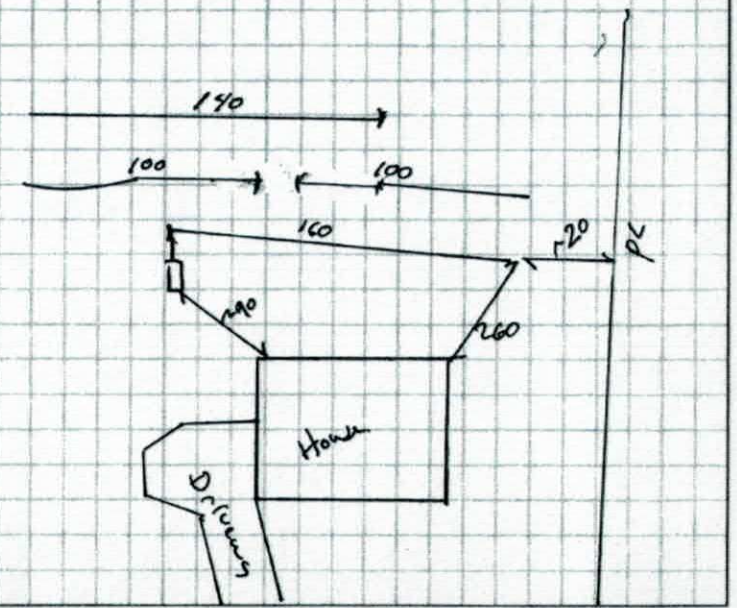
INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated 5/30/2017 Michael Athanas LSS# 1252

AS BUILT SKETCH

* 12/13 Drainlines + Tank Checked B.B.
- Still needs distribution/plumbing + Filter Tee



	Date	Initials
Drain Lines Checked	12/13	BB
Tanks Checked	12/13	BB.
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

* Filter Tee
* Distribution still need to be Inspected

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

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

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/29/17 Installed by: Gunter Grading

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/7/2017 OPERATION PERMIT by: Ben Aldridge Date: 12/14/17

Date: 6/29/17 Existing System Inspected by: Date:

L23
L12
C13
well
50'
DRIV
20'
75'
House
90'
20' Pool
40'
S89°54'18"E
178.12
S54°46'49"W
365.60
118.59
N08°11'44"W
178.12
1.85 ac.
LOT 21
58,161 sq. ft.
1.34 ac.
15'
01-160'
B2-100'
P6
P1
B2-100'
P3-140'
P5
Y4-235'
05-232'
B4-224'
P4
P3
P2
N
C.C.M.
N 682
E 144.1
TOTAL
4°49"E
Scale
1"=40'
Approved
6/7/2017



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet For 146 Castle Dr, Indian Forest Lot 21
House Footprint: 75' x 90'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 24-30"



Line	Design Length	Actual Length
Orange 1	**160'**	**170'**
Blue 2	**100'/100'**	**218'**
Pink 3	**140'**	**140'**
Yellow 4		235'
Orange 5		232'
Blue 6		224'

Initial System: 500' **Repair System:** 691'

Approved
6/17/2017

Comments:
The house box is marked in red flags and the pool in white flags.

PROPERTY ID #: 4648126900
COUNTY: IREDELL

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

OWNER: JBR Custom Homes — APPLICATION DATE: _____
ADDRESS: PO Box 5289, Mooresville, NC 28117 — DATE EVALUATED: _____
PROPOSED FACILITY: 5 bdrm — PROPOSED DESIGN FLOW (.1949): 600 GPD — PROPERTY SIZE: 1.34 AC
LOCATION OF SITE: 146 Castle Dr, Indidan Forest Lot 21 — PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut — TYPE OF WASTEWATER: Ξ 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	LS 6% Prim ✓	0-26	R CL WSBK	FR SS SP SEXP	N/A	26"	PS	N/A	PS 0.4
		26-60	VER L SAP M	FR SS SP SEXP					
2	LS 6% Rep	0-20	R C SBK	FR SS SP SEXP	N/A	33"	PS	N/A	PS 0.3-0.4
		20-33	R CL WSBK	FR SS SP SEXP					
		33-57	VER L SAP M	FR SS SP SEXP					
				well drained very sandy @ 50"-59"					
3	LS 6% Rep ✓	0-23	R C SBK	FR SS SP SEXP	N/A	36"	PS	N/A	PS 0.3-0.4
		23-36 (32)	R CL WSBK	FR SS SP SEXP					
		36-58 (32-59)	VER L SAP M	FR SS SP SEXP					
				well drained very sandy @ 50"-59"					
4	LS 6%	0-43	R C SBK	FR SS SP SEXP	N/A	50"	N/A	N/A	PS 0.3
		43-50	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT2	2073 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: Tom Shuck 6/7/2017 (Pits 1, 3, 6)
Approved 6/7/2017

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4648126900
DATE OF EVALUATION:
COUNTY: IREDELL

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	
5	LS 6%	0-44	R CL WSBK	FR SS SP SEXP	N/A	44"	PS	N/A	PS 0.4
		44-60	VER L SAP M	FR SS SP SEXP					
6	LS 6% ✓ Primary	0-20 22	R C SBK	FR SS SP SEXP	N/A	32"	PS	N/A	PS 0.3-0.4
		22-34 20-32	R CL WSBK	FR SS SP SEXP					
		34-63" 32-57	VER SL SAP M	VFR SS SP SEXP					
				↑ Very well Drained 40"-62"					

COMMENTS:

RECEIVED JUN 2 9 2017

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)

1. **APPLICATION FOR:** ___ 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
   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 #
Jeff Hunt	134 Castle Dr. Mooresville	704-661-8814	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
JBC Custom Homes Inc.	134 Castle Dr. Mooresville	704-661-8814	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
146 Castle Dr. Mooresville	Indian Forest	Lot # 21

Driving Directions: Rt. 150 W To Bluefield (R) - (L) on Big Indian Loop (R) To Castle Dr. - Last lot on (R).

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

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

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
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 _____ *Year*

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

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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:** Jeffrey L Hunt — 6/29/17

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

5/30 227449
pd $350

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*

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

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: JBR Custom Homes **Address:** PO Box 5289, Mooresville, NC **Zip:** 28117

Applicant Email: JBRCustomHomes@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 146 Castle Dr.

Subdivision Name: Indian Forest **Section/Phase:** _____ **Lot Number:** 21

Driving Directions: HWY 150W, TR Bluefield, TL Big Indian, TR Castle, at end 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(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 (X) Other: Accepted

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: _____ 5/30/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

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, Jeff Hunt, am the legal owner(s) of the property located at 146 Castle Dr. Indian Forest 21, identified as PIN (Parcel Identification Number) 464 P 12 6900, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc., 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

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

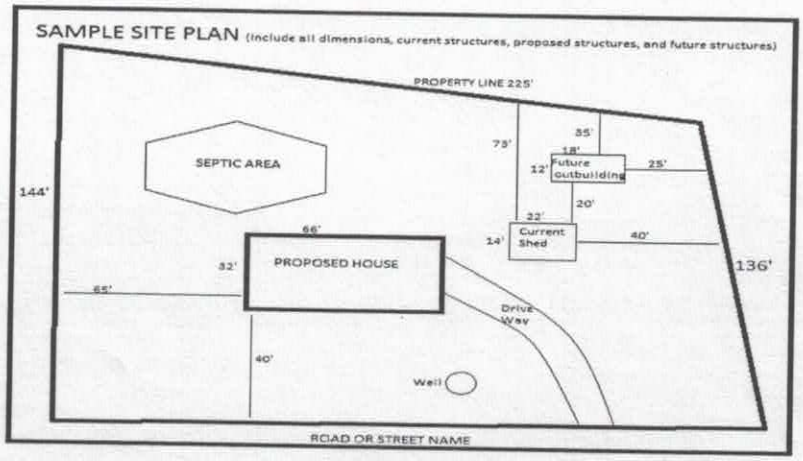
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached

146 Castle Dr. Mooresville

Signature: _____

REQUIRED property owner or owner's legal representative signature.

6/29/17

DATE

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

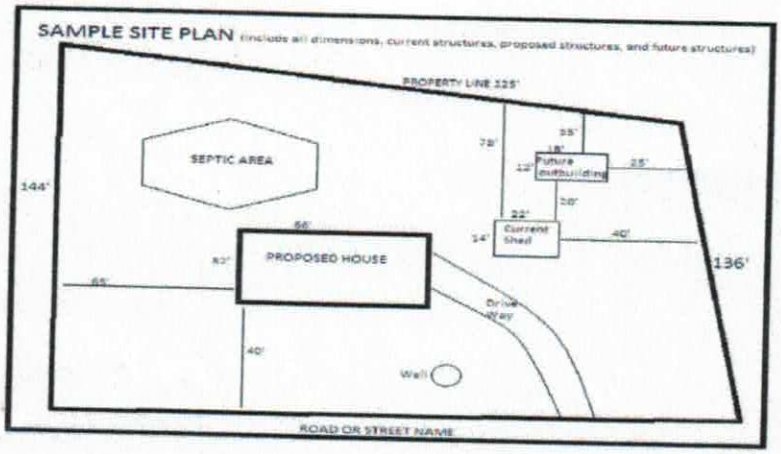
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached Site Plan

Signature: _____

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

5/30/2017

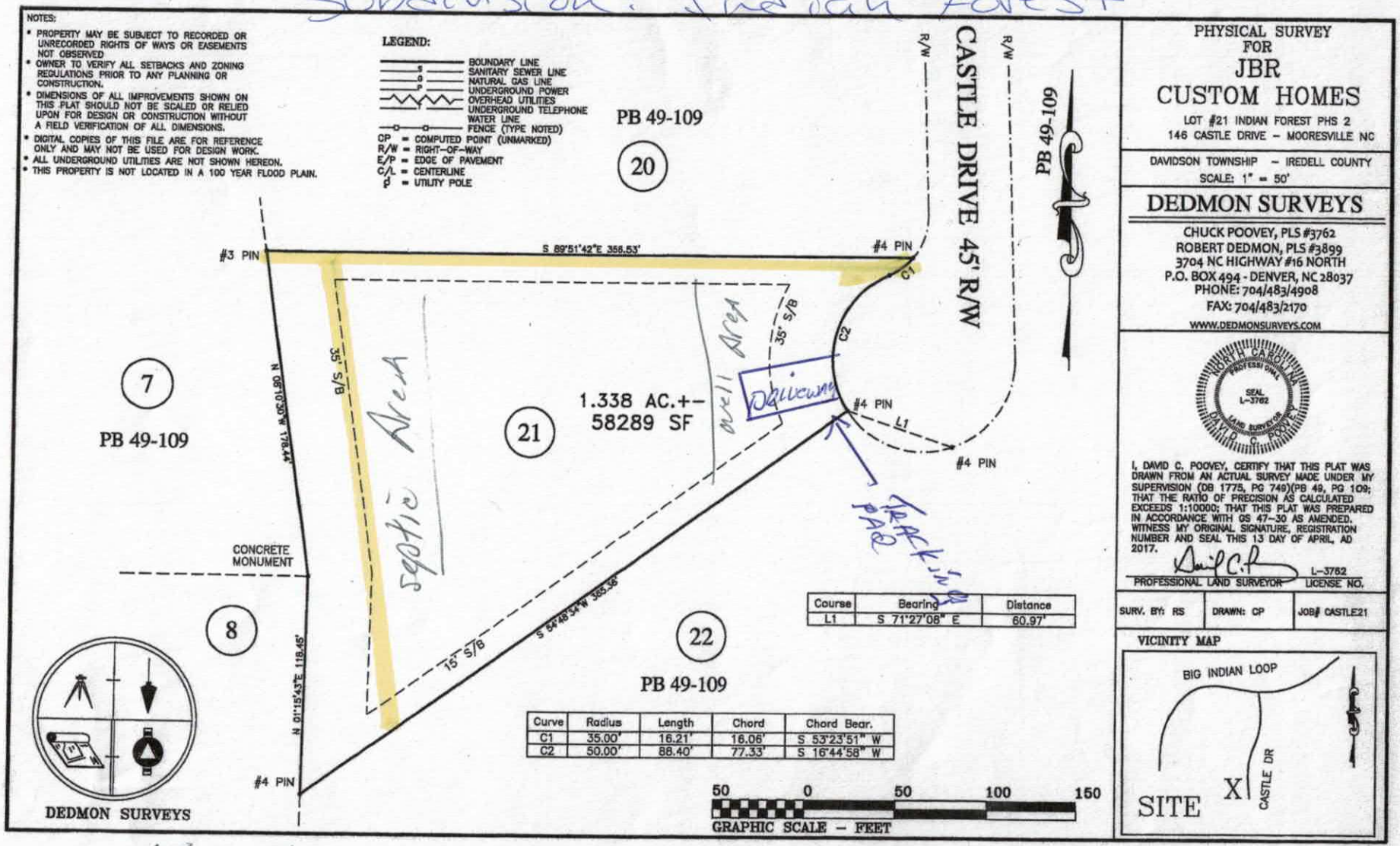
DATE

(PIN) Tax ID No [redacted] 4648126900.000

146 Castle Drive, Mooresville

Silt Fence — PI — Lot 21

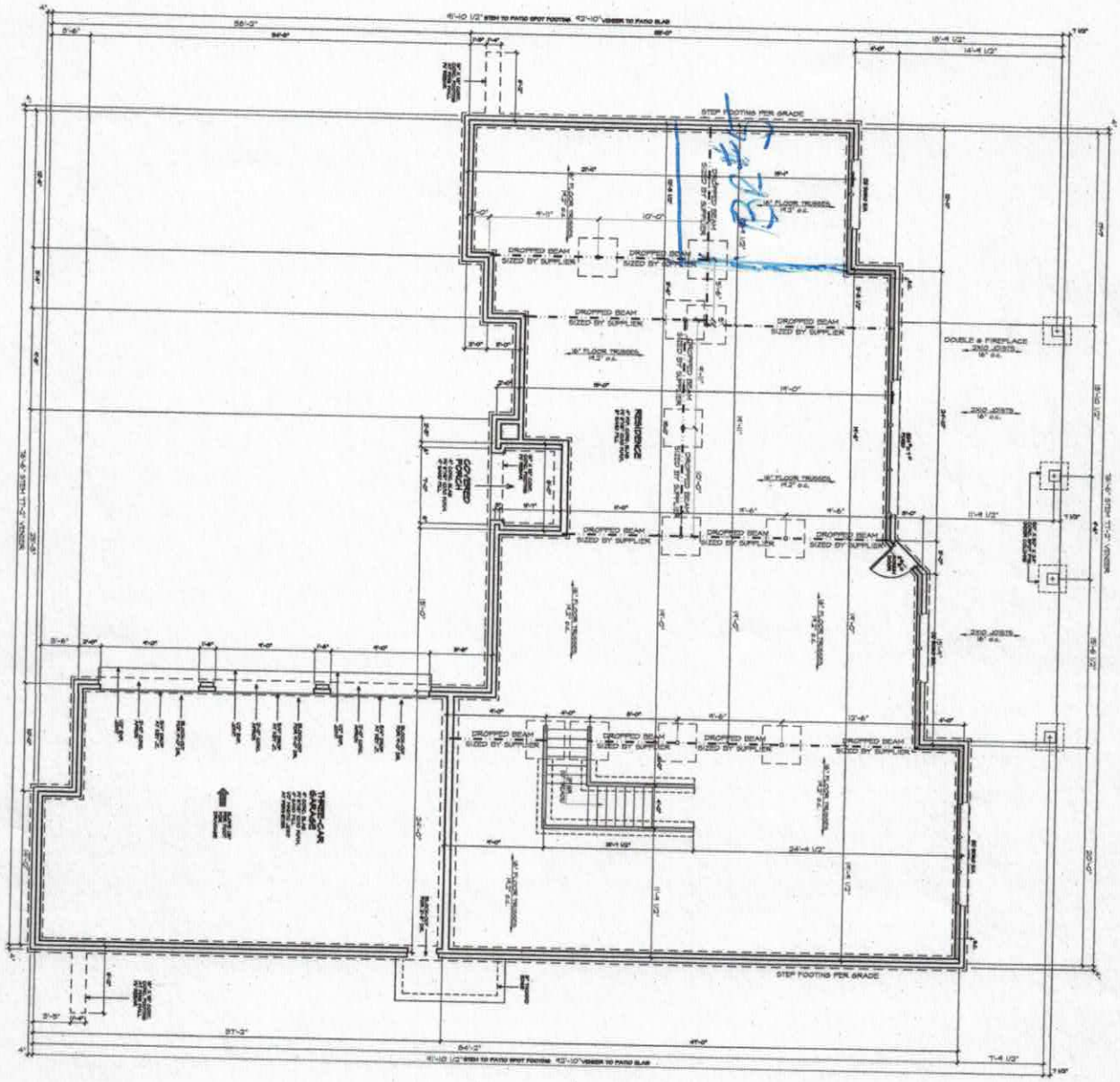
Subdivision: Indian Forest



JBR Custom Homes Inc.

Jeff Hand Pres. 6/29/17

146 Castle Dr Mooresville



TBK Custom Homes
146 Castle Rock Way
6/29/17 -

Acknowledgement of Plans Submittal ONLY!

Date
Date 6/29/17

705-661-8819

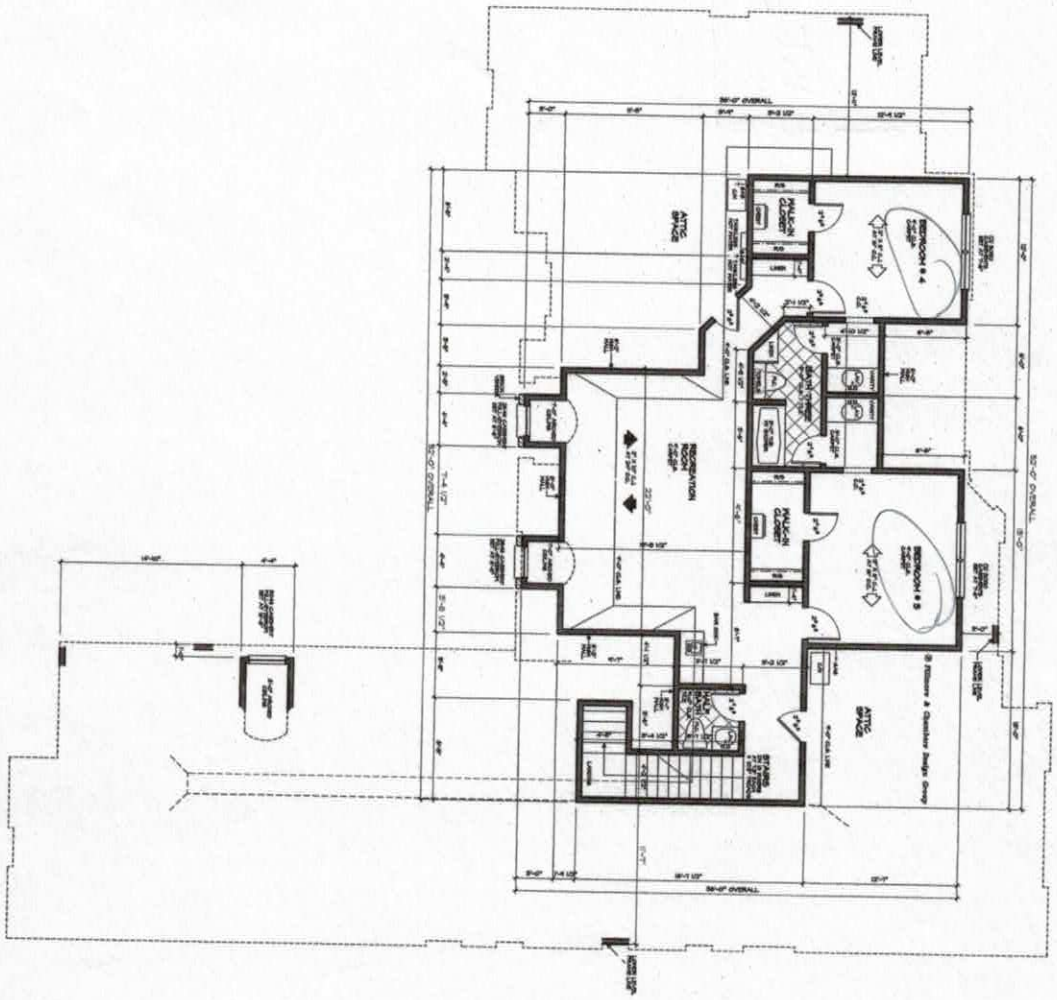
FOUNDATION PLAN

F2542

5

FILLMORE & CHAMBERS DESIGN GROUP

Contact Info
4901 N. Robinson
Oklahoma City
Oklahoma, 73118
Phone: 405.843.5456
Fax: 405.840.9264
JC-Fillmore@att.net
fillmoredesign.com



JBR Custom Homes

146 Castle Mountain Ave

Acknowledgement of Plans Submittal ONLY!

6/29/17 Date

Majed Dabbas Date 6/29/17

704-661-8814

UPPER LEVEL FLOOR PLAN

F2642

FILLMORE & CHAMBERS DESIGN GROUP

Contact Info:
8901 N. Robinson
Oklahoma City
Oklahoma, 73116
Phone: 405.843.0456
Fax: 405.840.9294
FC- Fillmore@att.net
fillmoredesign.com

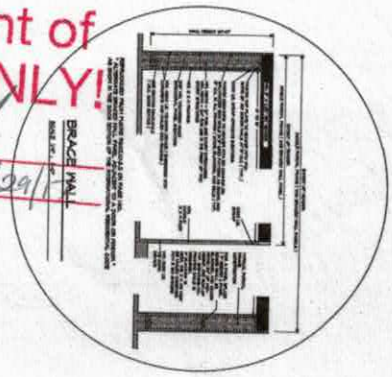


JBR Custom Homes
146 Castle Dr. Mooresville
6/29/17

Acknowledgement of Plans Submittal ONLY!

Date

Date 6/29/17



FLOOR PLAN

F2542

FILLMORE & CHAMBERS DESIGN GROUP

Contact Info:
6001 N. Rotherwood
Oklahoma City
Oklahoma, 73116
Phone: 405.843.5456
Fax: 405.840.8284
FC-Fillmore@att.net
fillmoredesign.com

IREDELL COUNTY

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

APPLICATION NUMBER
227449
Issue Date: 05/24/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648126900.000	146 CASTLE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KRUK JOSEPH+DEBORAH D	Applicant: MICHAEL ATHANAS & ASSO
Address: P O BOX 104 WEST HAMPTON, NY 11977	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.340	35.00	35.00	15.00	15.00	CACL	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	104052	TOTAL FEES:	$ 77.25