IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 200824

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

PIN # 4648-23-0317

APPLICANT/OWNER: MEGAN FAYE | APPLICANT ADDRESS: 9011 CHAGRIN DR. CORNELIUS

SITE ADDRESS: 127 CASTLE DR. MOORESVILLE 28117 | PHONE: | ALT. PHONE

SITE DIRECTIONS: BIG INDIAN LOOP, TR CASTLE, ON L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: INDIAN FOREST | SECTION: 2 | LOT # 26 | LOT AREA: 1.24 AC | DESIGN FLOW: 600 | L.T.A.R.: .3

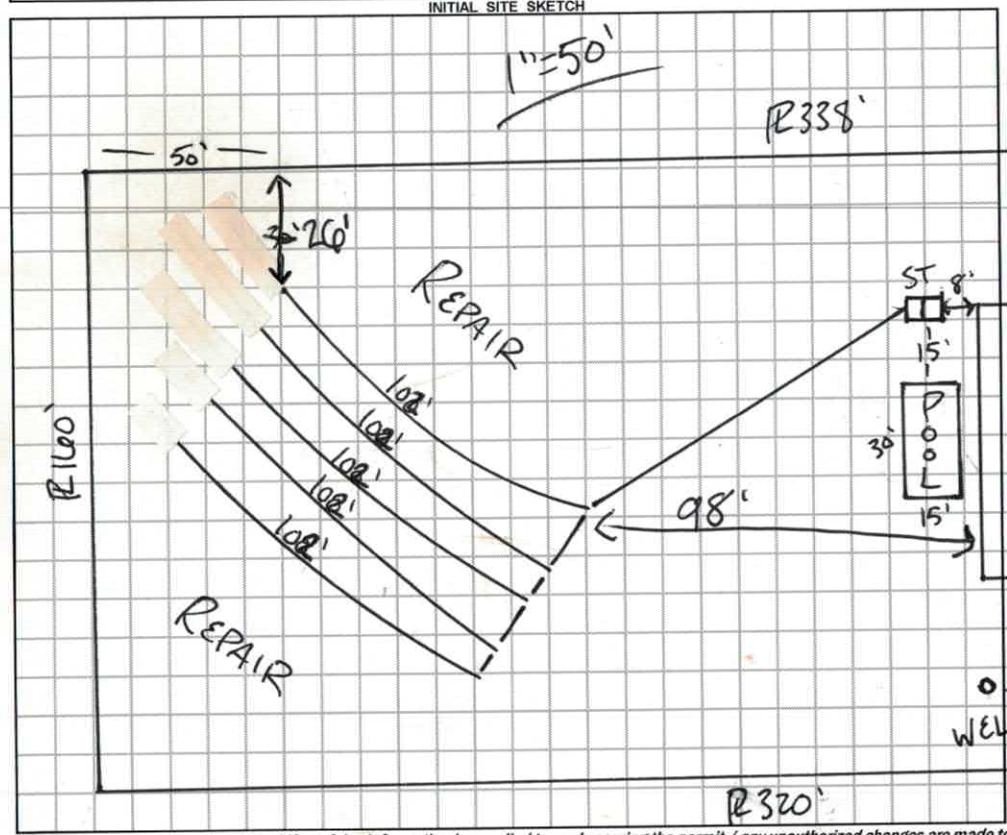
Septic Tank	~~1250~~ 1500 (gal)	STB 338	Date 1-17-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT	Date	System Description: 25% REDUCTION		☐ Business	No. Persons 10
Pump Make		Model	Serial #	Repair System Description: PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5C 100'	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

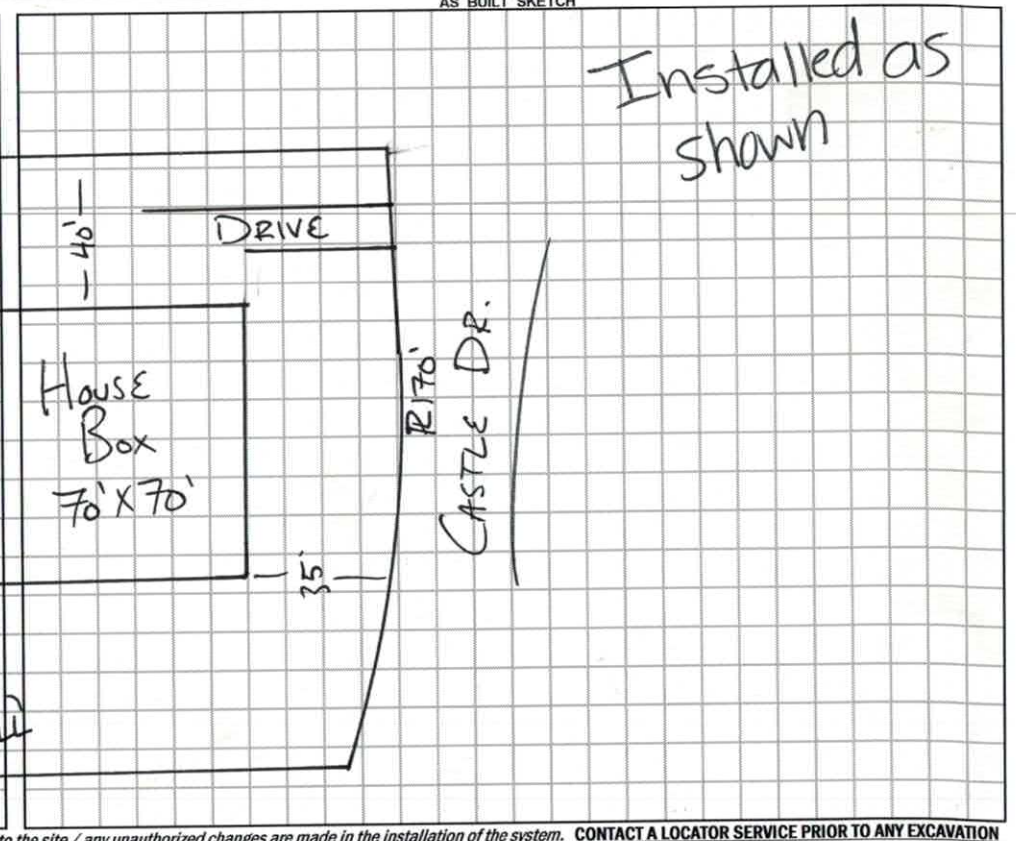
Comments / Conditions:

* Tank only 8' from crawl space house. Permit only shows 8', not 10' * Tank is lower than foundation drain *

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: [signature] Date: 8-17-17

IMPROVEMENT PERMIT by: [signature] APPROVED Date: JUL 27 2017

AUTHORIZATION TO CONSTRUCT by: [signature] APPROVED Date: JUL 27 2017

Installed by: BW Christenbury

OPERATION PERMIT by: [signature] Date: 3-16-18

Existing System Inspected by: Date:

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

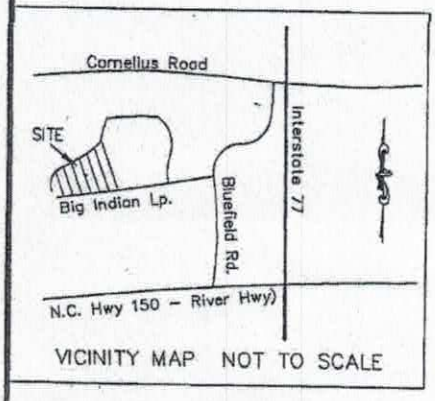
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1827, page 1479, and/or plat book 49, page 109, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 9, day of DEC., A.D. 20 13

WILLIAM M. ALLEN PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

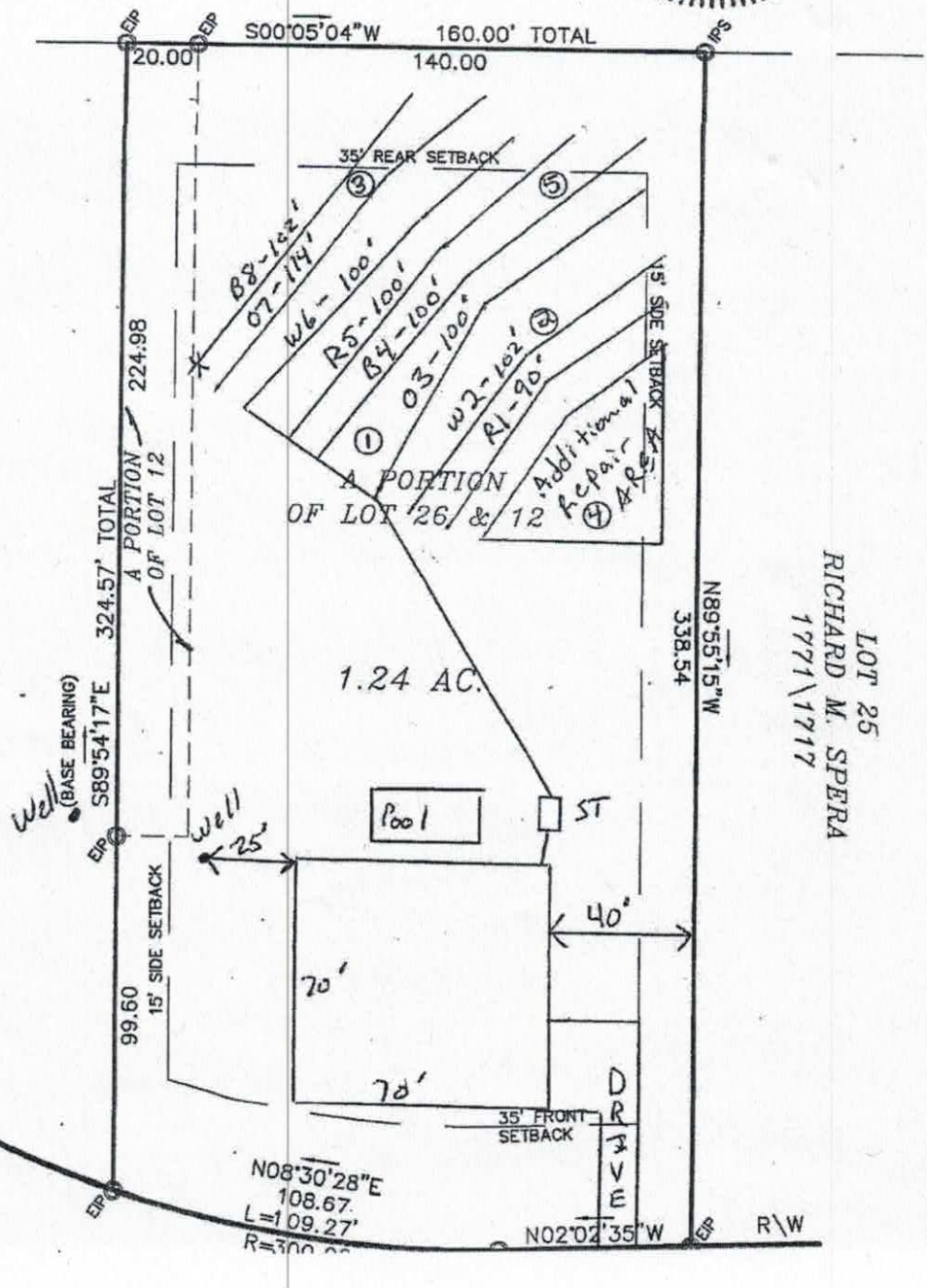
MAGNETIC

MICHAEL COOK
1385\125



APPROVED
BA

A PORTION
OF LOT 12 & 26
JOHN F. CISSELL
2082\826



RECEIVED JUL 2 1 2017

Paid $320.00 EFT

#200824

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: (X) 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: (PRINT CLEARLY)

Applicant Name: ES Johnson Bldrs Address: PO Box 1402, Cornelius, NC Zip: 28031
Applicant Email: margie@esjohnson.com Phone: 704-987-7950 Alt. Phone: 704-819-2193
Owner Name: Magen G Faye Address: 9011 Chagrin Dr, cornelius, NC Zip: 28031
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 127 Castle Dr, Mooresville NC 28117
Subdivision Name: Indian Forest Section/Phase: _____ Lot Number: 26
Driving Directions: 150,TR Bluefield, TL Big Indian, TR Castle, on L

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: 5
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 (X) 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: Charlie McGarty 7/18/2017
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, MEGAN G. FAYE, am the legal owner(s) of the property located at 127 CASTLE DR. MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 1702P06000C003, located in Iredell County, North Carolina. 4648230317.000

I do hereby authorize (print legal representative/company name) ES JOHNSON BUILDERS, 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.

Megan D Faye 7/9/17

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

Acknowledgement of
Plans Submittal ONLY!

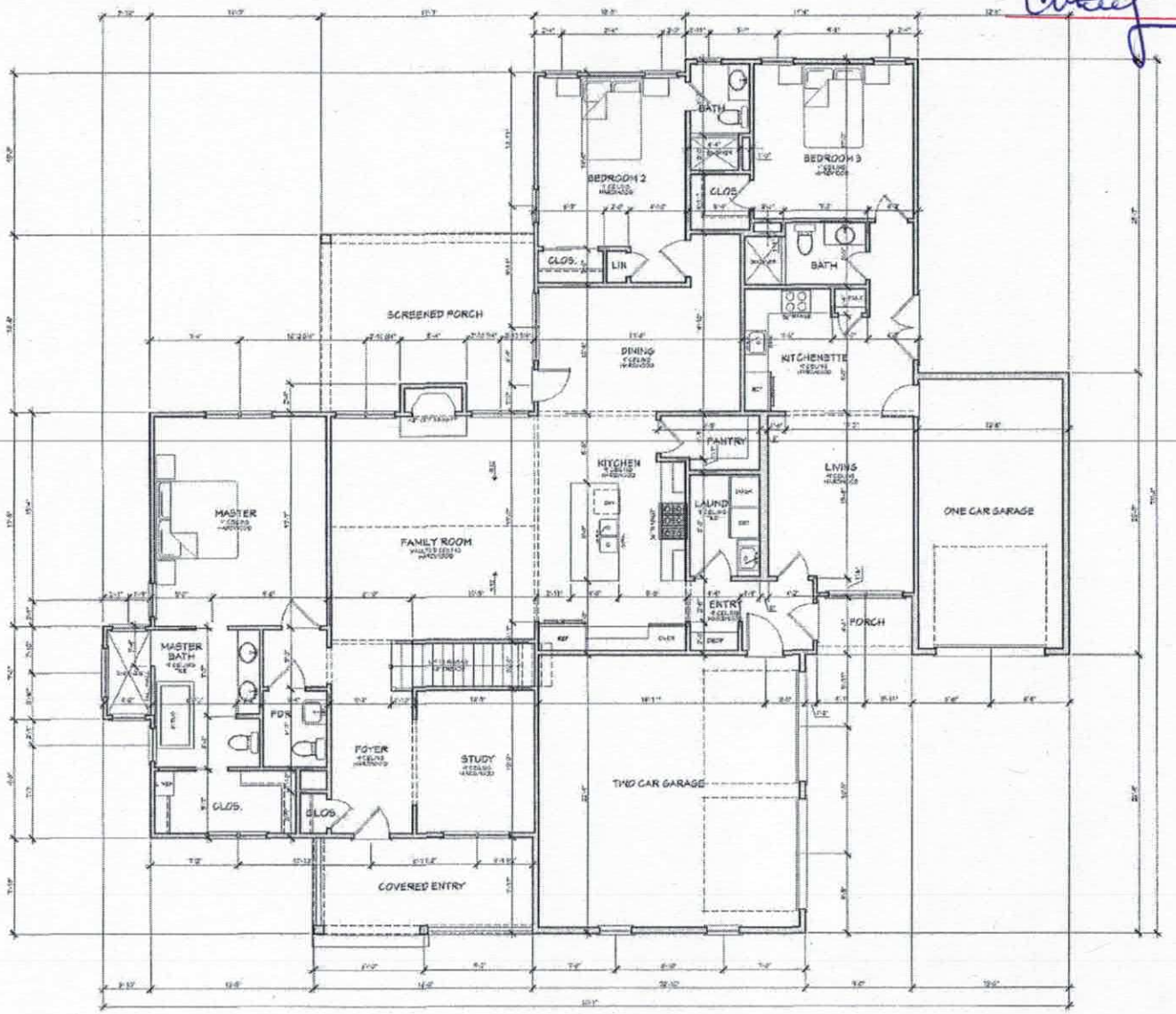
APPROVED JUL 26 2017

Date

Date 8-17-17

70'

70'



SQUARE FOOTAGE	
HEATED SQ. FOOTAGE	
MAIN LEVEL	2859 SQ. FT.
UPPER LEVEL	304 SQ. FT.
TOTAL HEATED	3164 SQ. FT.
COVERED ENTRY	141 SQ. FT.
SIDE PORCH	37 SQ. FT.
TWO CAR GARAGE	512 SQ. FT.
ONE CAR GARAGE	240 SQ. FT.
SCREENED PORCH	243 SQ. FT.
TOTAL UNDER ROOF	4167 SQ. FT.

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

C. J. Johnson BUILDERS

The Faye Residence

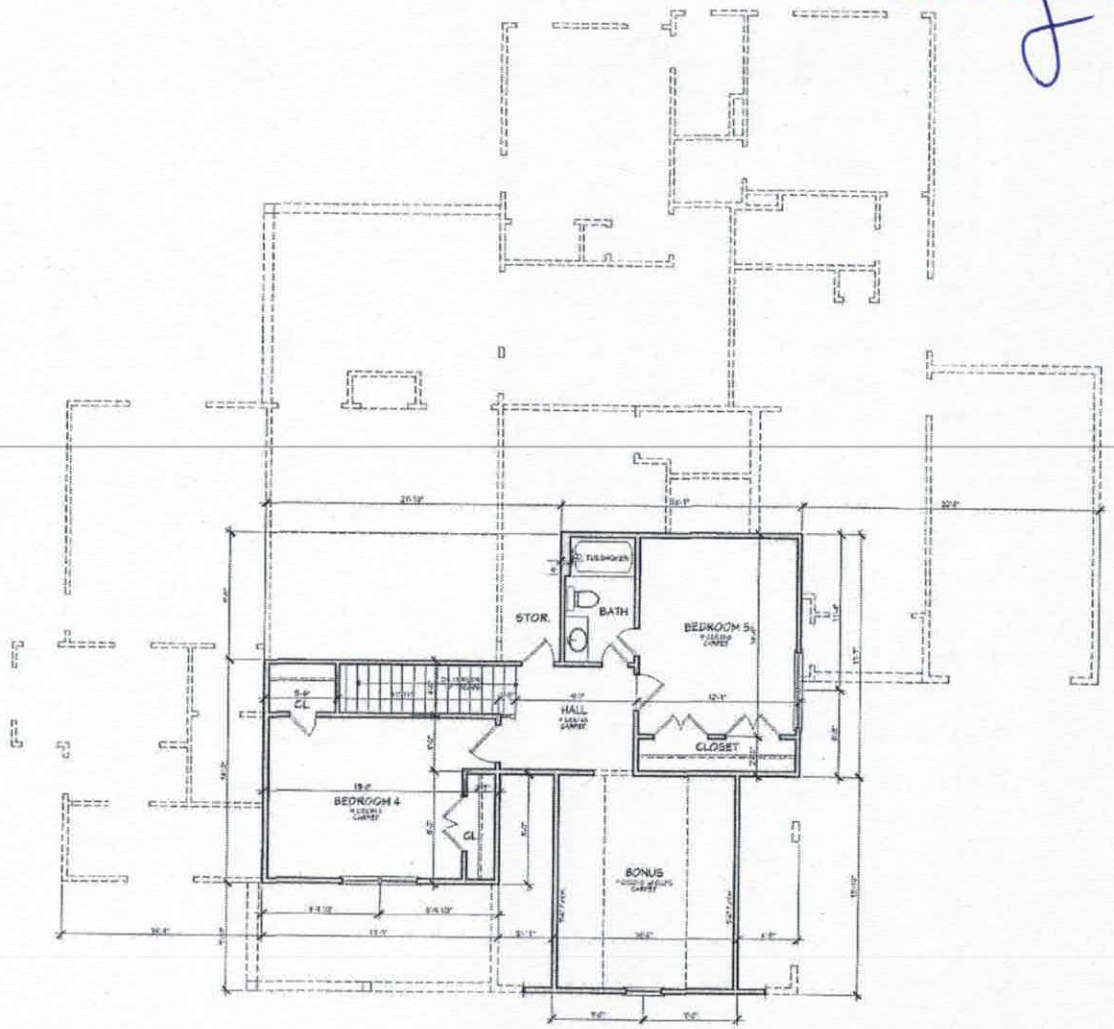
7/5/17

Sheet

4

Acknowledgement of
Plans Submittal ONLY!

APPROVED JUL 26 2017
Date 8-17-17



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

C.J. Johnson BUILDERS

The Faye Residence

7/5/17

Sheet

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