ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (Mooresville Office (704) 660-3625 PERMIT # AP223849

MO 2:00

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

PIN # 4654753514

APPLICANT/OWNER: Ray Development APPLICANT ADDRESS: 4542 Ivy Run. Ln. Denver, NC

SITE ADDRESS: 258 Sink Farm Rd. Mooresville, NC PHONE: 980-297-2787 ALT. PHONE

SITE DIRECTIONS: 1155 → L on Presbyterian → R on Sink Farm → lot on R

SUBDIVISION: Davidson Downs SECTION: 3 LOT # 139 LOT AREA: .97ac

SAP CONTROLLED: ☑ YES ☐ NO

DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 825	Date 9/4/19	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT 302	Date 8/2/19	System Description: PM 25% reduction	
Pump Make	Liberty	Model 280	Serial #	Repair System Description: LP PPBPS	
# Nitrification Fields	1	# Lines 4 @ 100'	Lines 400'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth (average) MAX 36"	Gravel Depth		☐ GRAVITY ☑ PRESSURE

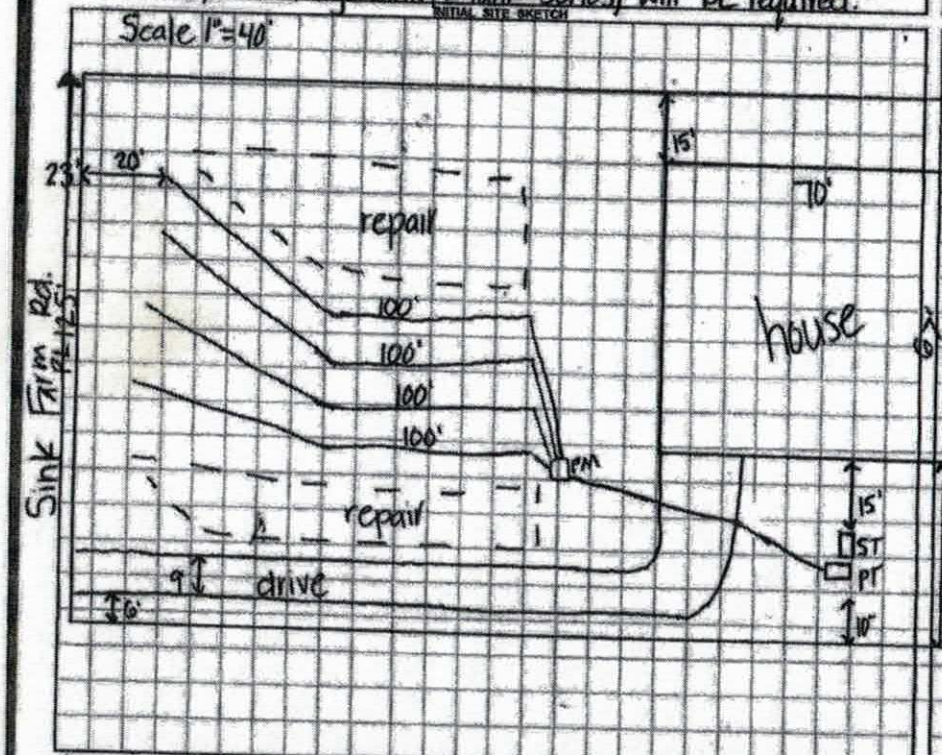
☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

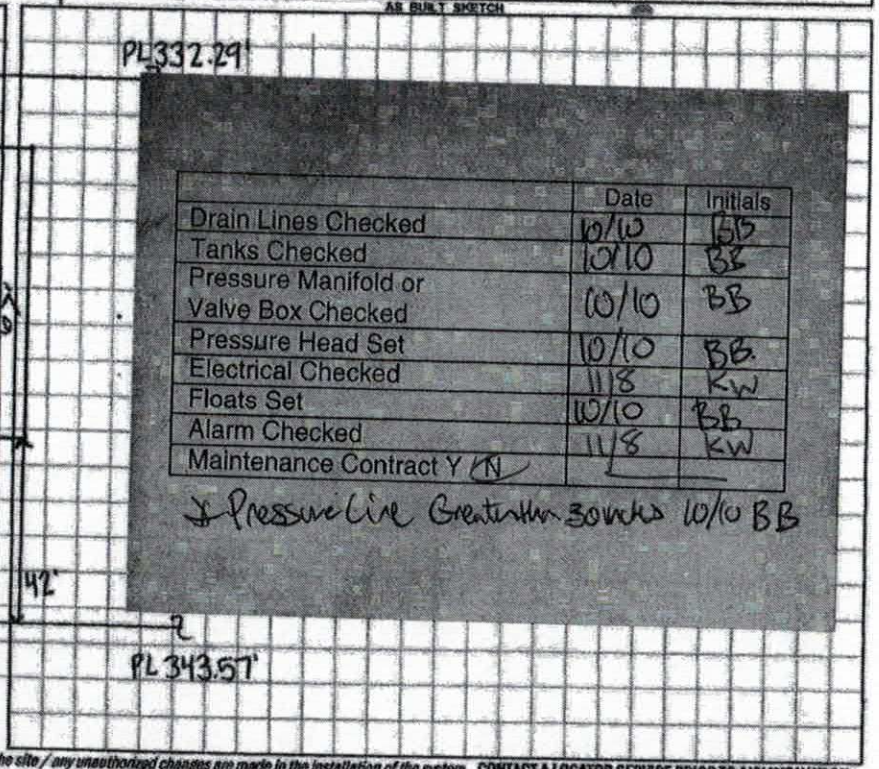
Comments / Conditions: * supply line must be buried >30" under drive or sleeved in ductile iron. If whole house ejector pump is needed, a settling tank (2 tank series) will be required.

Tap Size 1½ sch 40 Supply line: 2"
dosing volume: 175 gal
pressure head: 2'

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	10/10	BB
Tanks Checked	10/10	BB
Pressure Manifold or Valve Box Checked	10/10	BB
Pressure Head Set	10/10	BB
Electrical Checked	11/8	KW
Floats Set	10/10	BB
Alarm Checked	11/8	KW
Maintenance Contract Y (N)		

* Pressure Line Greater than 30" cover 10/10 BB

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: Mark Mayle Date: 10-7-19

IMPROVEMENT PERMIT by: Kayla Watson Date: 10-3-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 10-3-19

Installed by: Town Septic

OPERATION PERMIT by: Kayla Watson Date: 11-8-19

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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 223849

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

PIN # 4654753514

APPLICANT/OWNER: Ray Development | APPLICANT ADDRESS: 4542 Ivy Run Ln. Denver, NC

SITE ADDRESS: 258 Sink Farm Rd. Mooresville, NC | PHONE: 980-297-2787 | ALT. PHONE: —

SITE DIRECTIONS: 115.5 → L on Presbyterian → R on Sink Farm → lot on R | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Davidson Downs | SECTION: 3 | LOT # 139 | LOT AREA: .97ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

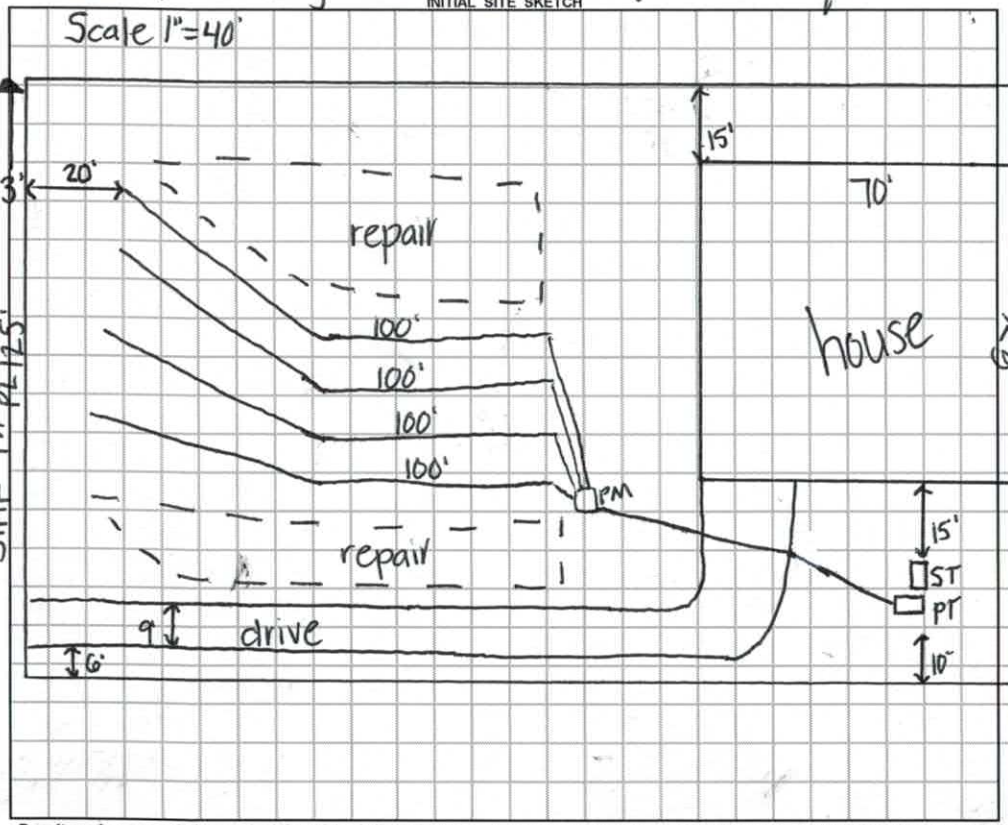
Septic Tank	1000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	PM 25% reduction			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	LP PPBPS			☐ Other	No. Employees
# Nitrification Fields		# Lines	4 @ 100'	Lines	400'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side) MAX	36"	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: * supply line must be buried >30" under drive or sleeved in ductile iron. If whole house ejector pump is needed, a settling tank (2 tank series) will be required.

Tap size 1/2 sch 40 supply line: 2"
dosing volume: 175 gal
pressure head: 2'

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: 10-7-19 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 10-3-19 OPERATION PERMIT by: Kayla Watson Date: 11-8-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 10-3-19 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.



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

Reference: Data Sheet for 258 Sink Farm Rd. Davidson Downs 139

House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 9.5'
Friction Head: 2.2'
Pressure Head: 2'
Total Dynamic Head: 13.7'
Supply Line Length: 120' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length	Elevation
Yellow 1		85'	3.6'
White 2		103'	4.1'
Blue 3		104'	5.0'
Orange 4	**100'**	**105'**	**5.7'**
Yellow 5	**100'**	**108'**	**6.0'**
White 6	**100'**	**114'**	**6.7'**
Blue 7	**100'**	**116'**	**7.3'**

APPROVED APR 17 2017

Initial System: 400' **Repair System:** 292'
Pump Tank: 10.2' **House Corner:** 3.8' **Benchmark:** 2.9'

Comments:
The house is marked in red flags, the tanks in yellow.

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

PROPERTY ID #: _____
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Ray Development LLC _____ APPLICATION DATE _____
ADDRESS: 4542 Ivy Run Ln., Denver, NC 28037 _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: ____0.97 AC_____
LOCATION OF SITE: Davidson Downs Lot 139 _____ PROPERTY RECORDED: ___2016_____

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	
PIT 1 Mp	LS 6%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	40"	Few SAP @ 28" PS	N/A	PS 0.3
		8-40	R C SBK	FR SS SP SEXP					
		40-60	VER SL SAP M	FR SS SP SEXP					
			↑ Clay Loam layer w/ Abundant Saprolite						
PIT 2	LS 6%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	28"	PS	N/A	PS 0.3
		5-28	R C SBK	FR SS SP SEXP					
		28-67	VER SL SAP M	FR SS SP SEXP					
PIT 3 Pmr	LS 6%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	32"	F-C SAP PS	N/A	PS 0.3
		8-32	R C SBK	FR SS SP SEXP					
		32-62	VER SL SAP M	FR SS SP SEXP					
AB 1	LS 6%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	30"	F-C SAP PS	N/A	PS 0.3
		8-30	R C SBK	FR SS SP SEXP					
		30-48	VER SL SAP	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: Tom Shuck 4/11/2017 (Pit 1+3)

APPROVED APR 17 2017

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

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
AB 2	LS 6% converted to Pit 4/20/17 for SAP design requirements	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	30"	F-C SAP PS	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SEXP					
		30-48	VER L SAP M	FR SS SP SEXP					
		26-60	Loamy Saprolite MA	well drained + Very Friable					
AB 3	LS 4%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-12	R SCL WSBK	FR SS SP SEXP					
		12-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					

COMMENTS: _____

AP223849

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

$105

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: RAY DEVELOPMENT Address: 4542 IVY RUN LN, DENVER NC Zip: 28037

Applicant Email: CHRISMOZELEY@YAHOO.COM Phone: 980 297 2787 Alt. Phone: _____

Owner Name: RAY DEVELOPMENT Address: SAME Zip: _____

Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 258 SINK FARM RD, MOORESVILLE

Subdivision Name: DAVIDSON DOWNES Section/Phase: III Lot Number: 139

Driving Directions: 115 SOUTH, L ON PRESBYTERIAN, R ON SINK FARM

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: 4
Maximum Number of Occupants: _____
( ) 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: _____

( ) New Well ( ) Existing Well (X) 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: _____ 10-1-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Lmtd Relay 223849

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH $105 pd

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: (PRINT CLEARLY)

Applicant Name: Ray Development Address: 4542 Ivy Run Ln, Denver Zip: 28037

Applicant Email: chrismozeley@yahoo.com Phone: 980-297-2787 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 258 Sink Farm Rd

Subdivision Name: Davidson Downs Section/Phase: III Lot Number: 139

Driving Directions: 115 South, L Presbyterian, R Sink Farm

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: 4
Maximum Number of Occupants: _____
( ) 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: _____

( ) New Well ( ) Existing Well (X) 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: _____ 3.25.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 2 1 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#223849

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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:

Applicant Name: Davidson Downs LLC **Address:** 4542 Ivy Run Ln. Denver NC 28037 **Phone:** 297-2787
Chris ~~Tate~~ 980

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 258 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 139

Driving Directions: 115, TL Presbyterian, TR Sink Farm

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

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

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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: _____ 2/28/2017
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Ray Development by

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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

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

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Chris Mozely, am the legal owner(s) of the property located at 258 Sink Farm Rd Davidson Downs Lot 139, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

_____	12-29-16	_____	_____
Signature of Owner(s)	Date	Signature of Witness	Date

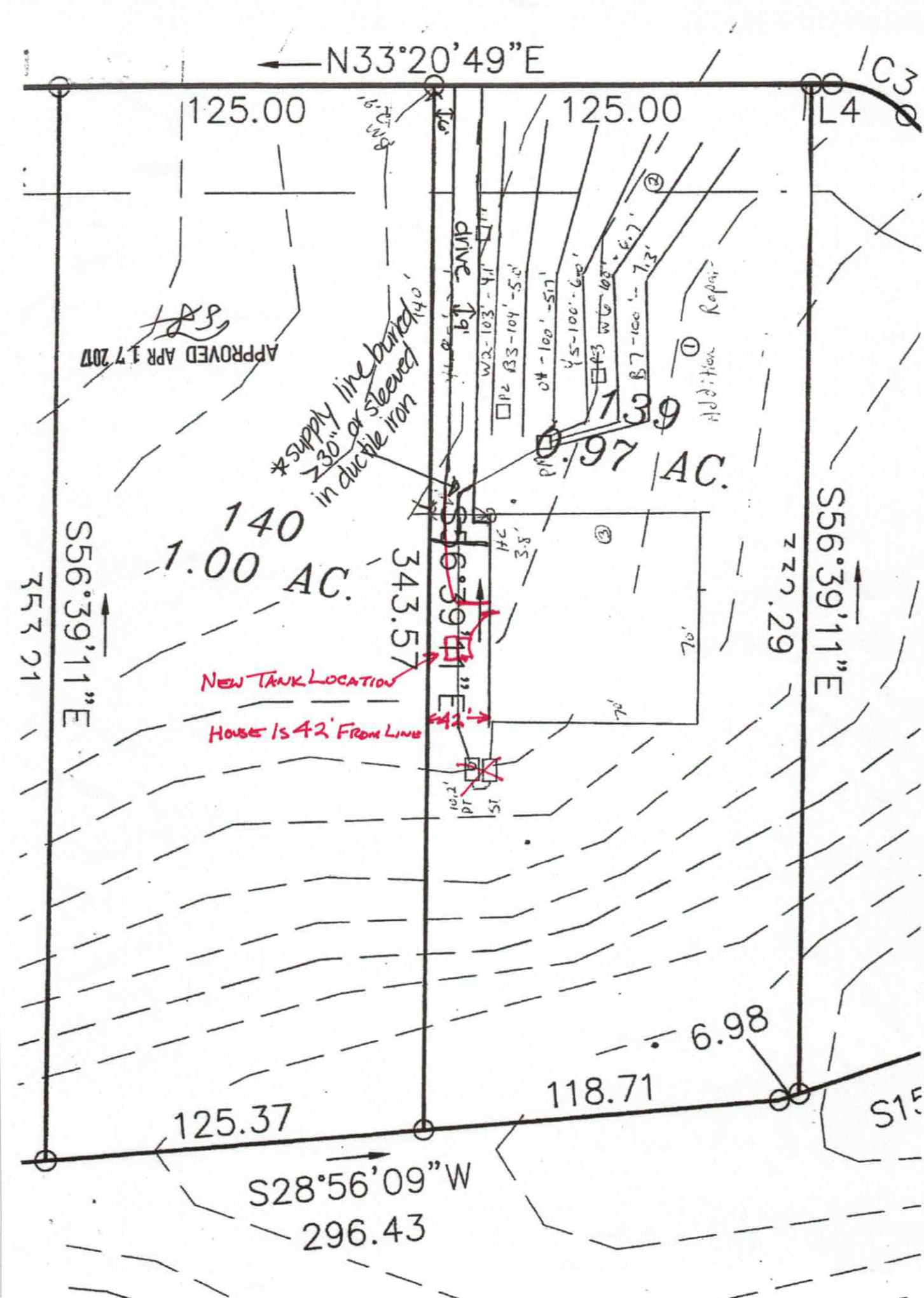
Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


N33°20'49"E
125.00
125.00
C3
L4
APPROVED APR 17 '07
drive 19'
*supply line buried 40' 30" or sleeved in ductile iron
W2-103'-41'
B3-104'-52'
04-100'-51'
05-100'-60'
B3 W6 102'-60'
B7-100'-7.3'
Addition
Repair
1
39
0.97 AC.
140
1.00 AC.
S56°39'11"E
343.57
S56°39'11"E
357.21
S56°39'11"E
222.29
NEW TANK LOCATION
HOUSE IS 42' FROM LINE
42'
70'
70'
14'
3.5'
10.2'
PT
ST
6.98
118.71
125.37
S28°56'09"W
296.43
Scale
1"=40'

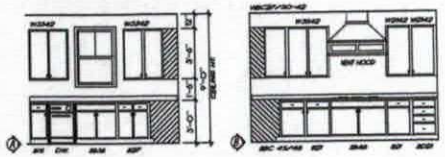
Date 3-28-19

Date 3-27-19

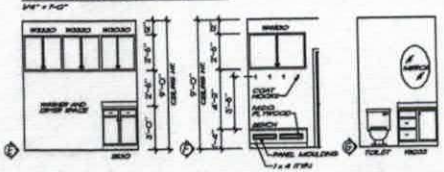
Acknowledgement of Plans Submittal ONLY

GENERAL NOTES

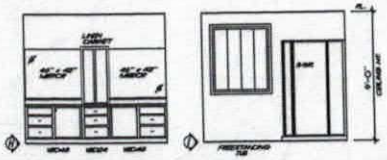
GENERAL FRAMING NOTES



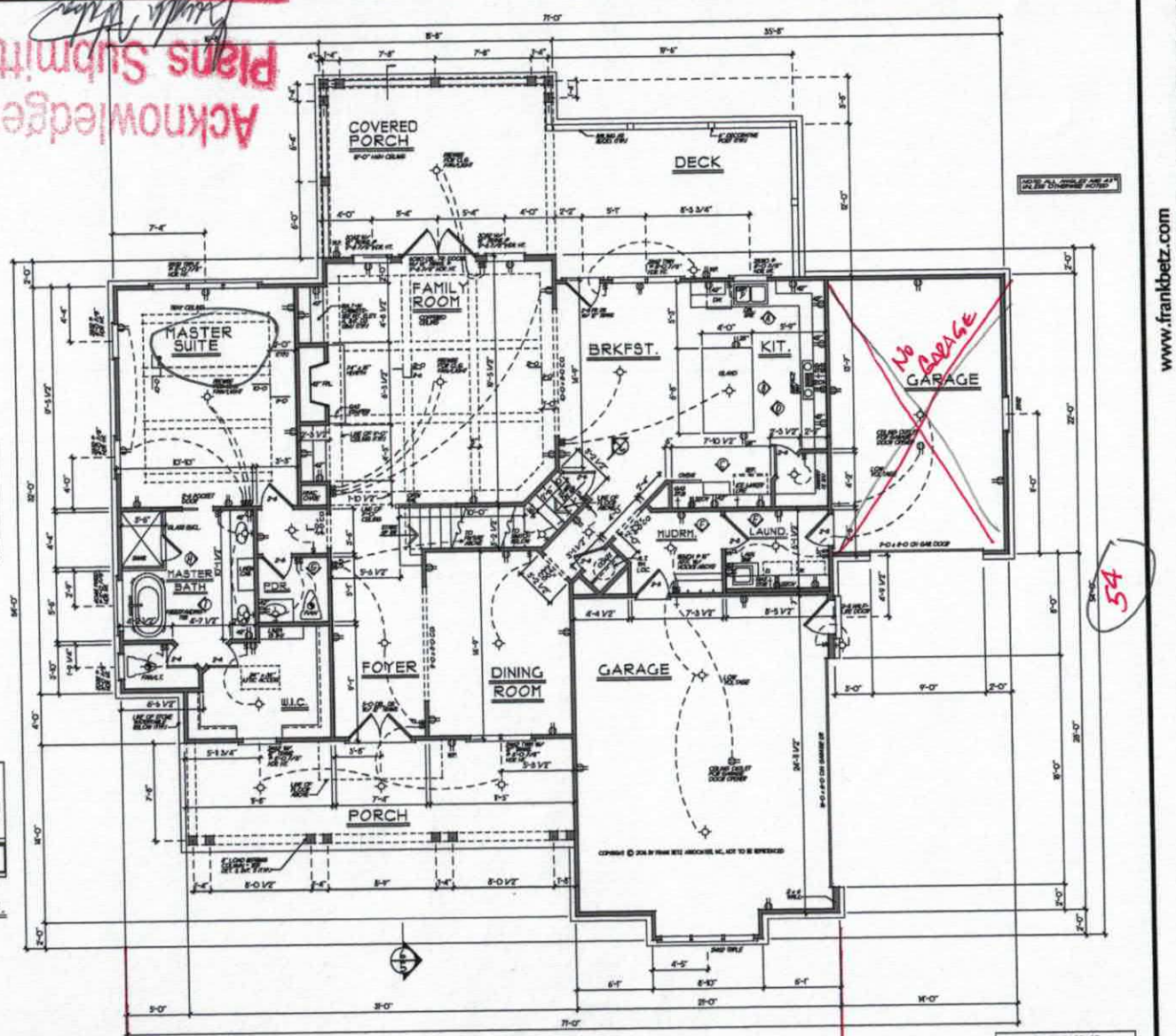
KITCHEN ELEVATIONS



MUDROOM ELEV. LAUN. ELEVS. PDR. RM.



MASTER BATH ELEVATIONS



FIRST FLOOR PLAN

SQUARE FOOTAGE		
FIRST FLOOR	1640	SQ. FT.
SECOND FLOOR	890	SQ. FT.
TOTAL	2530	SQ. FT.
OPT. BONUS	334	SQ. FT.
TOTAL	3066	SQ. FT.

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

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www.frankbetz.com

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FIRST FLOOR PLAN
K. & B. ELEVATIONS

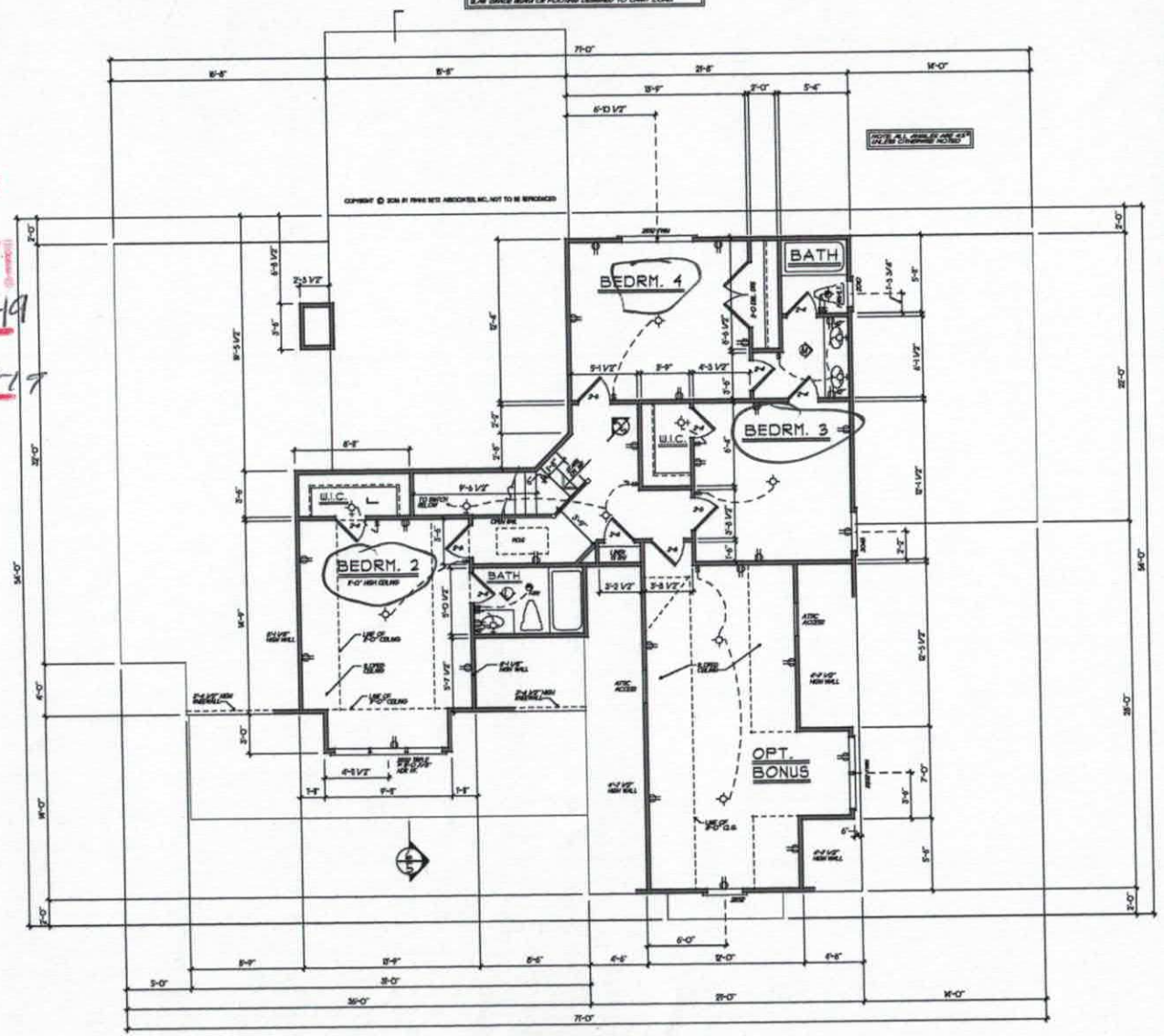
THE ANSONBOROUGH

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOME PLANS
3320 GEORGE BUSBEE PARKWAY
SUITE 110
KENNESAW, GEORGIA 30144
770-421-1888 888-717-3038

DATE: 6-6-16

SHEET 3 OF 5

Acknowledgement Of
Plans Submittal ONLY!
Date 3-27-19
Date 3-28-19



SECOND FLOOR PLAN



BATH ELEVATIONS

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

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SECOND FLOOR PLAN/ BATH ELEVATIONS

THE ANSONBOROUGH

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3590 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-421-0888 800-717-3038

DATE:

SHEET: 4
OF: 5

IREDELL COUNTY

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

APPLICATION NUMBER
223849
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	258 SINK FARM ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RAY DEVELOPMENT LLC	Applicant: RAY DEVELOPMENT LLC
Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037	Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037
Phone:	Phone:

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	NOT	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	88406	TOTAL FEES:	$ 77.25