IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223843

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

PIN # 4654754447577

APPLICANT: Davidson Downs LLC APPLICANT ADDRESS: 4542 Fry Run Ln Denver, NC 28037

SITE ADDRESS: 245 Sink Farm Rd Mooresville, NC PHONE: ALT. PHONE: 980 297-2787

SITE DIRECTIONS: Hwy 115 S TL Presbyterian TR Sink Farm Rd at end on left

SUBDIVISION: Davidson Downs SECTION: 3 LOT # 133 LOT AREA: 1.641 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 8/20/17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: PDB PS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Lot must be recorded prior to AC

INITIAL SITE SKETCH

See approved, attached Septic plan by Michael Athanas & Assoc dated 1/19/17

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

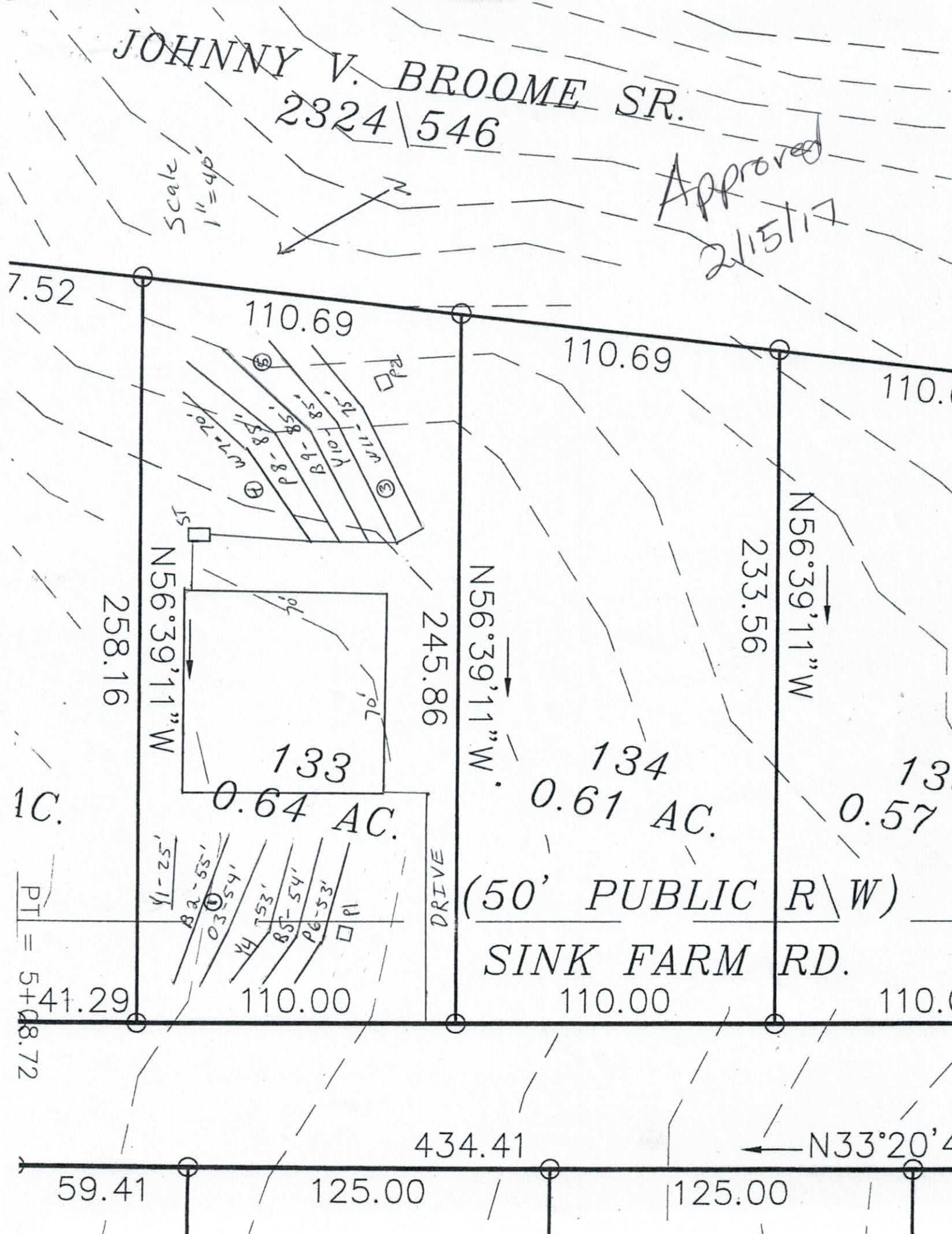
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3-14-17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 2/15/17 OPERATION PERMIT by: Date: 10/10/17

AUTHORIZATION TO CONSTRUCT by: Date: APPROVED MAY 23 2017 Existing System Inspected by: Date:

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


JOHNNY V. BROOME SR.
2324\546
Scale 1"=40'
N
Approved
2/15/17
7.52
110.69
110.69
110.
N56°39'11"W
258.16
245.86
233.56
N56°39'11"W
N56°39'11"W
133
134
13
0.64 AC.
0.61 AC.
0.57
1C.
(50' PUBLIC R\W)
SINK FARM RD.
DRIVE
PT = 5+08.72
41.29
110.00
110.00
110.
434.41
N33°20'4
59.41
125.00
125.00

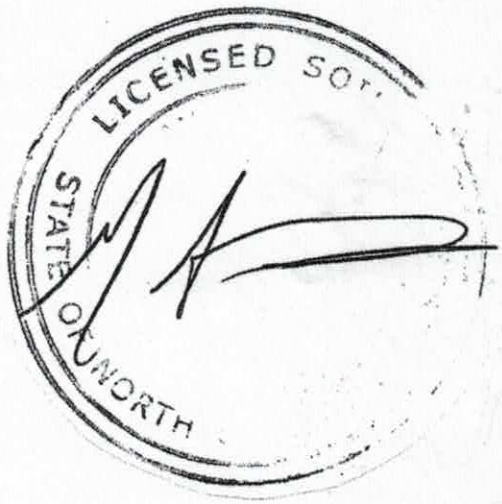


Approved
MO
2/15/17

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

Reference: Data Sheet for 245 Sink Farm Rd. Davidson Downes Lot 133
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: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Yellow 1		25'
Blue 2		55'
Orange 3		54'
Yellow 4		53'
Blue 5		54'
Pink 6		53'
White 7	**70'**	**76'**
Pink 8	**85'**	**95'**
Blue 9	**85'**	**92'**
Yellow 10	**85'**	**100'**
White 11	**75'**	**80'**



Initial System: 400' **Repair System:** 294'

Comments:

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

PROPERTY ID #: _____
COUNTY: IREDELL

Approved
2/15/17

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: _0.64 AC_____
LOCATION OF SITE: Davidson Downs Lot 133_____ 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	LS 6%	0-7	Br SCL WSBK	FR SS SP SEXP	N/A	36"	Few SAP @ 24" PS	N/A	PS 0.3+
		7-36	R C SBK	FR SS SP SEXP					
		36-66	VER SL SAP M	FR SS SP SEXP					
PIT 2	LS 6%	0-7	Br SCL WSBK	FR SS SP SEXP	N/A	43"	PS	N/A	PS 0.3
		7-32	R C SBK	FR SS SP SEXP					
		32-43	R CL WSBK	FR SS SP SEXP					
		43-62	VER SL SAP M	FR SS SP SEXP					
AB 1	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-28	R C SBK	FR SS SP SEXP					
		28-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	36"	F-C SAP PS	N/A	PS 0.3
		3-24	R C SBK	FR SS SP SEXP					
		24-36	R CL WSBK	FR SS SP SEXP					
		36-48	VER SL SAP M	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	882 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: _____

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 #: DO 133
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 3	LS 6%	0-24	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		24-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 6%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		5-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
AB 5	LS 6%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					

COMMENTS: _____

RECEIVED MAY 10 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 X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
RAY DEVELOPMENT	4542 IVY RUN LN, DENVER 28037	980-297-2787	
SAME			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
245 SINK FARM RD, MOORESVILLE	DAVIDSON DOWNES	133

Driving Directions: 115 SOUTH, TL PRESBYTORIAN, TR SINK FARM

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
- (X) 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:

( ) New Well ( ) Existing Well (X) 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. 5/24/17

AC to 3,CP

9. Signature: CHRISMOZELEY@YAHOO.COM 5-10-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JAN 19 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
#223843

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Chris ~~Polly~~ 980

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

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

Property Information:

Street Address: 245 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 133

Driving Directions: 115 S, 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: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/19/2017
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, Chris Mozely, am the legal owner(s) of the property located at 245 Sink Farm Rd Davidson Downs 133, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	12-29-16		

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

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:

X Property Line measurements are clearly identified… **X 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

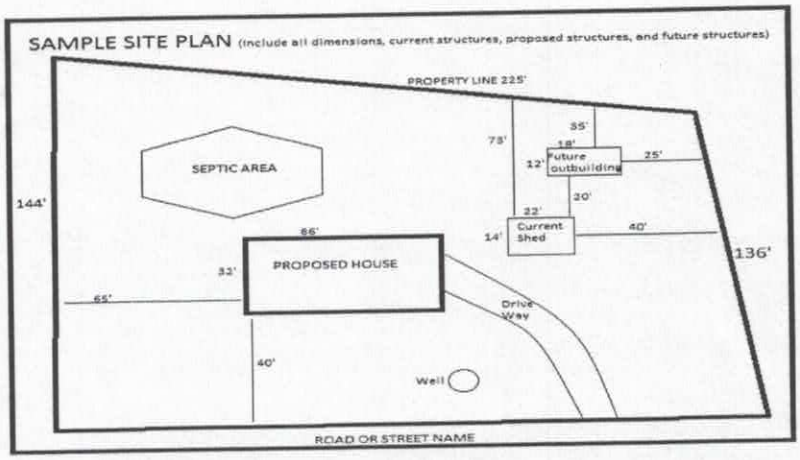
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ 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

Signature: _____ 5-10-17

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

IREDELL COUNTY HEALTH DEPARTMENT

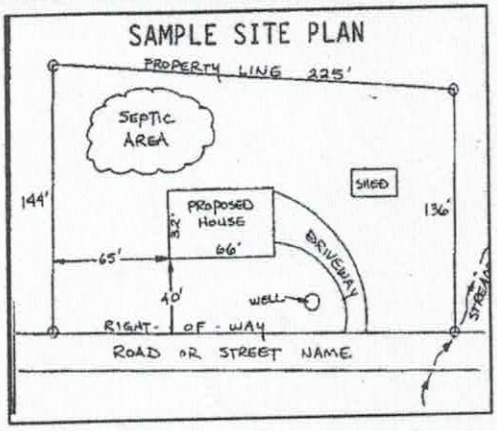
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

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

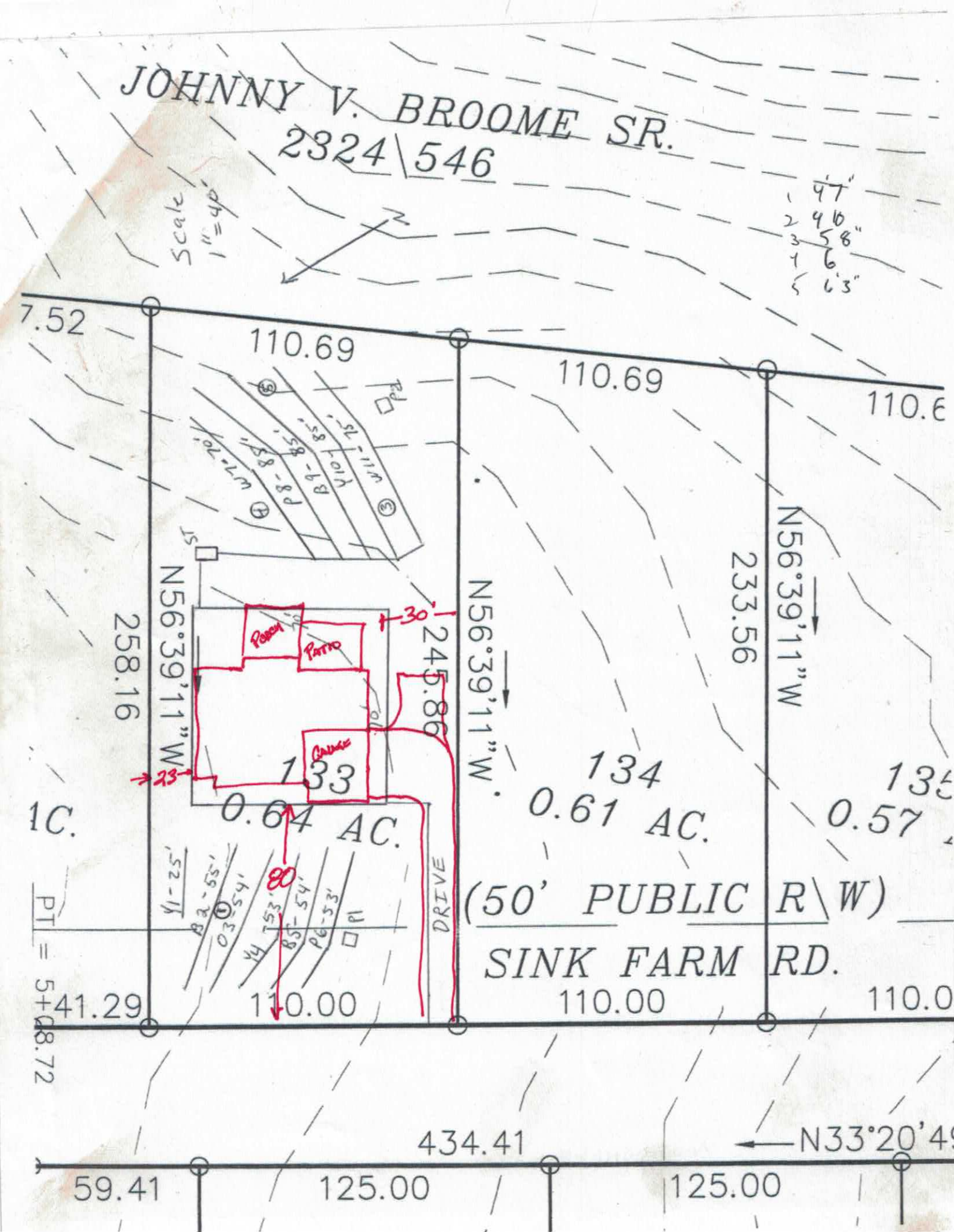
See Attached Plan

Signature: _____

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

1/19/2017

DATE

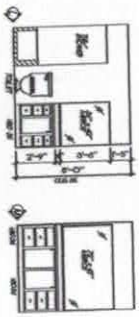

JOHNNY V. BROOME SR.
2324\546
Scale 1"=40'
N
7.52
110.69
110.69
110.6
Pd
S5
W17-70'
P8-88'
B9-88'
A10-SE-115'
N56°39'11"W
258.16
245.86
233.56
N56°39'11"W
N56°39'11"W
30'
PORCH
PATIO
GARAGE
23
133
134
135
0.64 AC.
0.61 AC.
0.57
1C.
80
DRIVE
(50' PUBLIC R\W)
SINK FARM RD.
PT = 5+41.29
110.00
110.00
110.0
8.72
434.41
N33°20'4
59.41
125.00
125.00

Acknowledgement of
Plans Submittal ONLY!

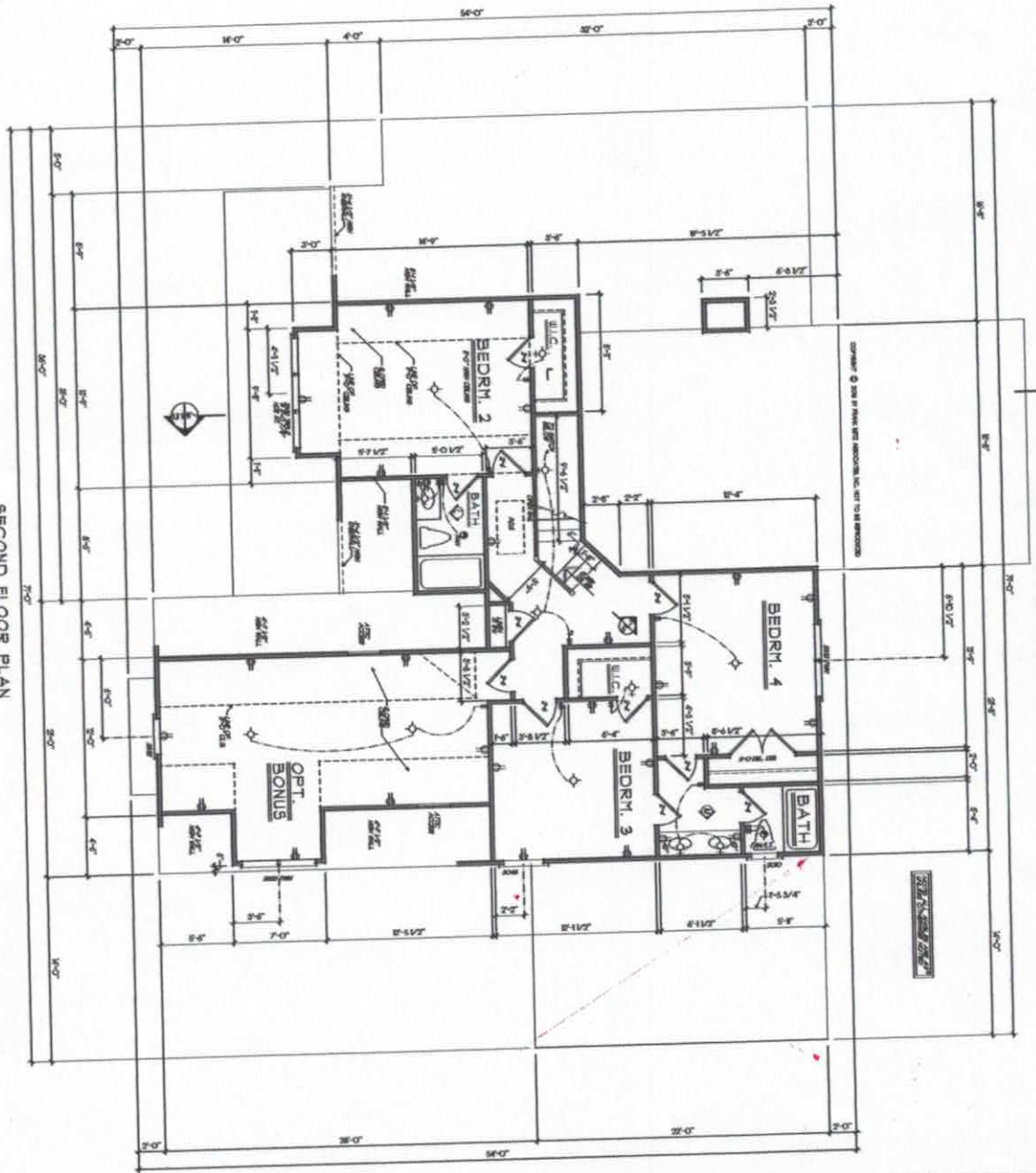
Date 5-10-17

Date APPROVED MAY 2 3 2017

BATH ELEVATIONS



SECOND FLOOR PLAN



www.frankbetz.com

SHEET 4 of 5	DATE 4-5-17	STY. ARCH. CHK. ARCH.	FRANK BETZ ASSOCIATES, INC. DESIGNERS OF CUSTOM AND STOCK HOMEPLANS 3330 GEORGE BUSBEE PARKWAY SUITE 150 KENNESAW, GEORGIA 30144 770-421-0888 888-717-3033

SECOND FLOOR PLAN/
BATH ELEVATIONS

THE ANSONBOROUGH

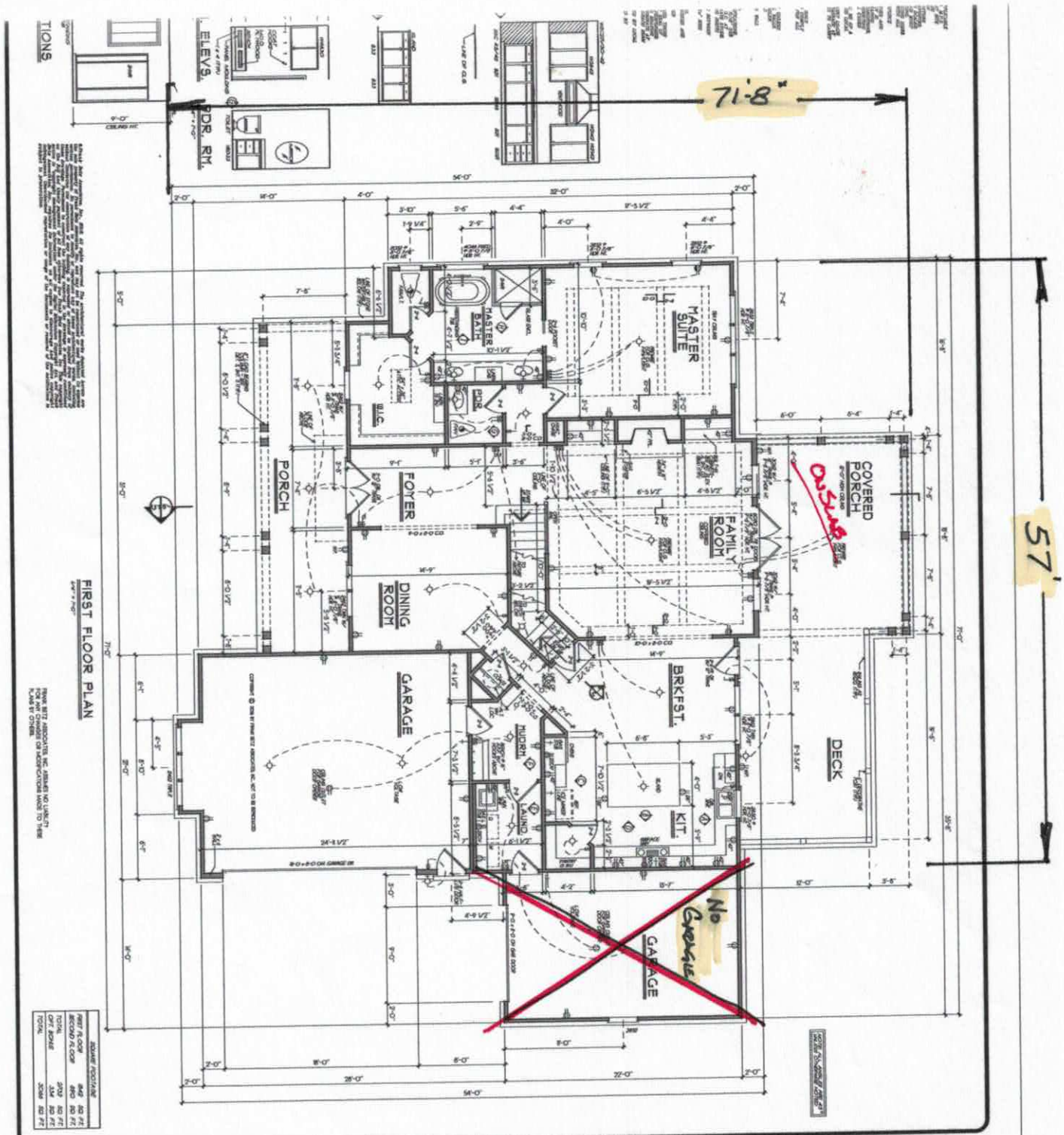
Southern Living
Design Collection

REVISIONS	DATE	BY

Acknowledgement of
Plans Submittal ONLY!

Date 5-10-17

Date APPROVED MAY 23 2017



www.frankbetz.com

SHEET	3 of 5
DATE	4-10-17
BY / OF / CK / AT	

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3520 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

FIRST FLOOR PLAN
K. & B. ELEVATIONS

THE ANSONBOROUGH

Southern Living
Design Collection

REVISIONS	DATE	BY

IREDELL COUNTY

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

APPLICATION NUMBER
223843
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	245 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	88397	TOTAL FEES:	$ 77.25