IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223842

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

4654754144 PIN # 4654754144

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

SITE ADDRESS: 239 Sink Farm Rd. Mooresville, NC 28115 PHONE: ALT. PHONE: 980 297 2787

SITE DIRECTIONS: Hwy 115 S TL Presbyterian TR Sink Farm 28115 Rd near end on left

SUBDIVISION: Davidson Downs SECTION: 3 LOT # 132 LOT AREA: .65 Ac. DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank 1000 (gal)	STB	Date	☒ 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: Gravity - 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: PPBDS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 8	Linear Ft: 480	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width 36"	Max. Trench Bottom Depth 24"-36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Lot must be recorded prior to AC Approved 2-8-18 KW
ST 10ft from corner of house, drainlines
Lot 1 from front steps

Installed Quick 4 Chambers

INITIAL SITE SKETCH

See attached, approved

Septic plan by Michael Athanas & Associates

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

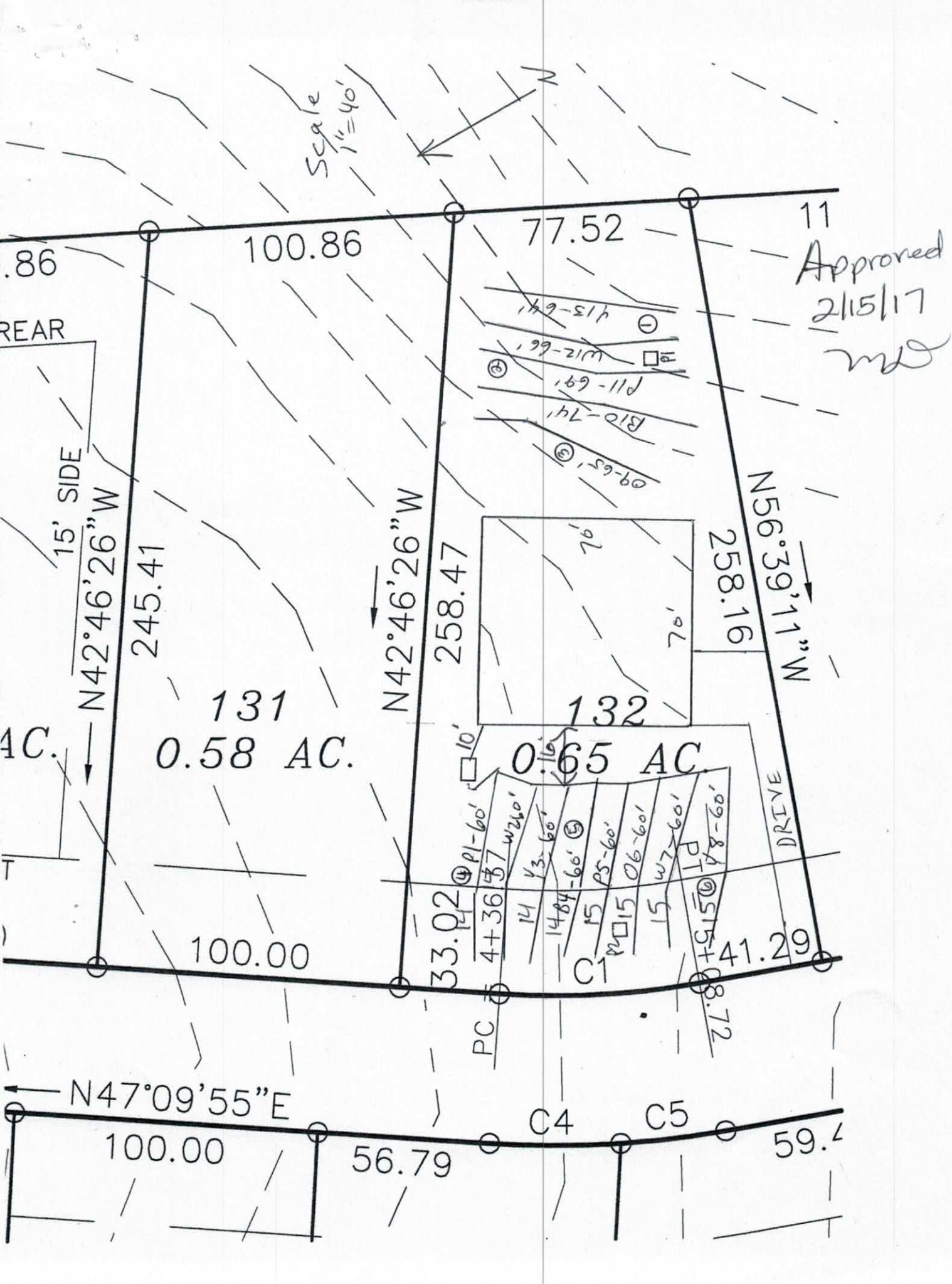
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3-16-17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 2/15/17 OPERATION PERMIT by: Date: 9/18/18

AUTHORIZATION TO CONSTRUCT by: Date: 2-8-18 Existing System Inspected by: Date:

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


Scale 1"=40'
N
.86
REAR
15' SIDE
100.86
77.52
11
Approved
2/15/17
N42°46'26"W
245.41
258.47
N56°39'11"W
258.16
131
0.58 AC.
132
0.65 AC.
AC.
100.00
33.02
41.29
C1
PC
8.72
N47°09'55"E
100.00
56.79
C4
C5
59.4
DRIVE



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

Approved
MA
2/15/17

Reference: Data Sheet for Davidson Downes Lot 132
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Shallow PPBPS
Distribution: Gravity-Distribution box to end cap/drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36" (initial), 25" (repair)

Line	Design Length	Actual Length
Pink 1	**60'**	**60'**
White 2	**60'**	**60'**
Yellow 3	**60'**	**60'**
Blue 4	**60'**	**60'**
Pink 5	**60'**	**60'**
Orange 6	**60'**	**60'**
White 7	**60'**	**60'**
Yellow 8	**60'**	**60'**
Orange 9		65'
Blue 10		74'
Pink 11		69'
White 12		66'
Yellow 13		64'



Initial System: 480' **Repair System:** 338'

Comments:
The repair area will require 3" of additional cover when installed. House marked in red flags and the septic tank in yellow.

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

Approved 2/15/17 MD

PROPERTY ID #: DD 132
COUNTY: _____

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: 0.65 AC
LOCATION OF SITE: 239 Sink Farm Rd. Davidson Downs Lot 132 _____ 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 9%	0-8	Br SCL WSBK	FR SS SP SEXP	YB CHR 2 @ 40"	40"	N/A	N/A	PS 0.25
		8-30	R C SBK	FR SS SP SEXP					
		30-40	R C WSBK	FR SS SP SEXP					
PIT 2	LS 6%	0-8	Br SCL WSBK	FR SS SP SEXP	Few YB	46"	Few SAP	N/A	PS 0.275
		8-26	R C SBK	FR SS SP SEXP					
		26-46	R CL WSBK	FR SS SP SEXP					
		46-60	L SAP M	FR SS SP SEXP					
AB 1	LS 6%	0-38	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		38-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 6%	0-10	BR SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		10-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

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

Approved 2/15/17 MD

PROPERTY ID #: DD 132
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 4%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 4%	0-4	BR SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP					
AB 5	LS 4%	0-5	BR SCL WSBK	FR SS SP SEXP	N/A	48"	Few SAP F-C SAP	N/A	PS 0.3
		5-45	R C SBK	FR SS SP SEXP					
		45-48	R CL WSBK	FR SS SP SEXP					
AB 6	LS 4%	0-7	BR SCL WSBK	FR SS SP SEXP	Mn TO 30"	48"	F-C SAP	N/A	PS 0.275
		7-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					

COMMENTS:

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:

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

****

4. Property Information:

239 SINK FARM RD	DAVIDSON DOWNES	#132
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 115 SOUTH, LEFT ON PRESBYTERIAN, RT ON 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
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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.

9. Signature: _____ 2-7-18
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 MIZZELL, am the legal owner(s) of the property located at 239 SINK FARM RD, MOORESVILLE, identified as PIN (Parcel Identification Number) 4654758655, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) RAY DEVELOPMENT / LEGACY CONSTRUCTION, 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)	2-8-18 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

RECEIVED JAN 19 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
223842

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:
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:

Applicant Name: Davidson Downs LLC **Address:** 4542 Ivy Run Ln. Denver NC 28037 **Phone:** 297-2787 Chris ~~704~~ 980

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

Property Information:

Street Address: 239 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 132

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: _____

(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: _____ 1/19/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, Chris Mozely, am the legal owner(s) of the property located at 239 Sink Farm Rd Davidson Downs 132, 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:

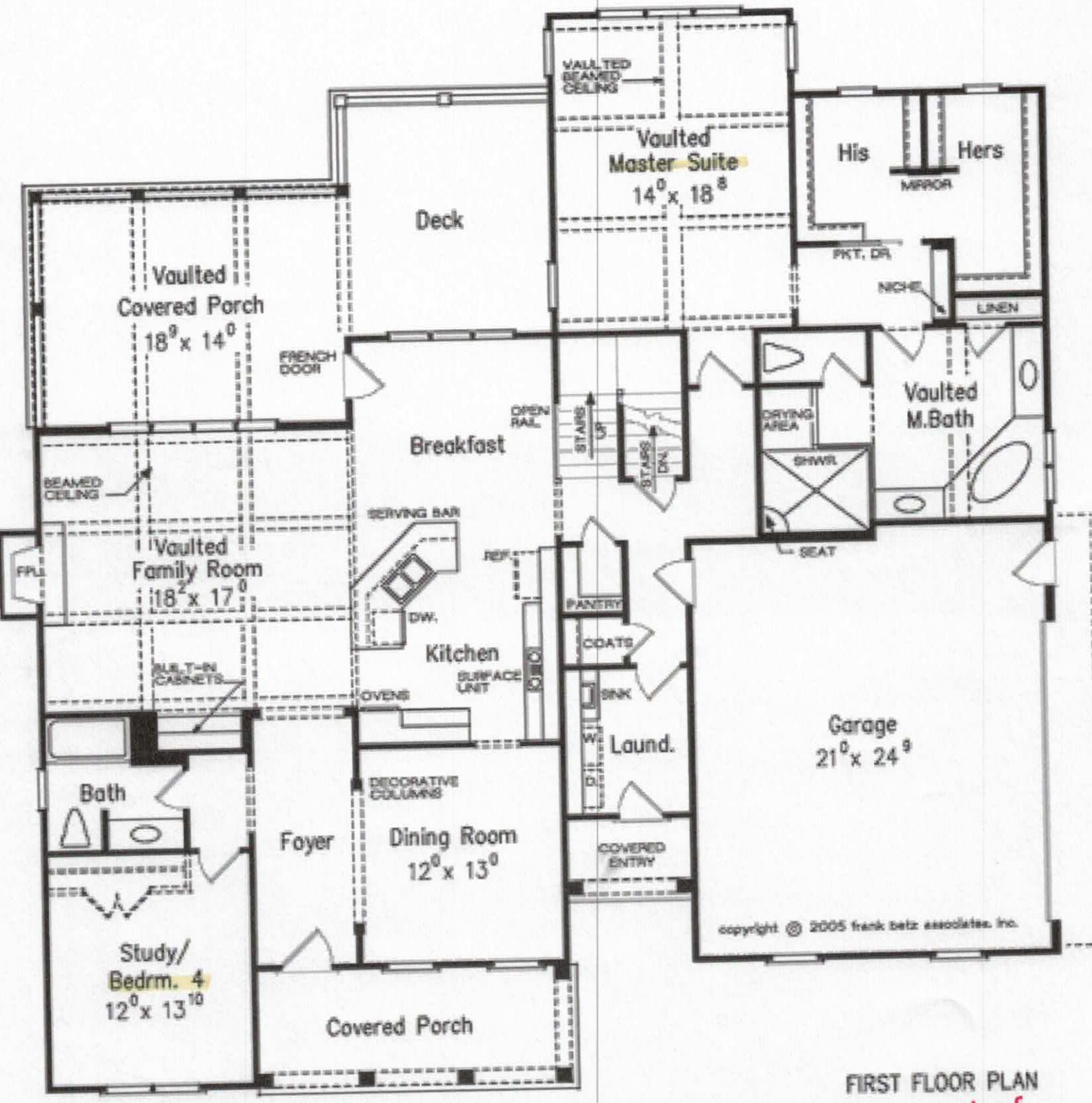
Mooresville - Environmental Health

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

FRANK BETZ ASSOCIATES
3.717.3003
MMERLAKE



FIRST FLOOR PLAN

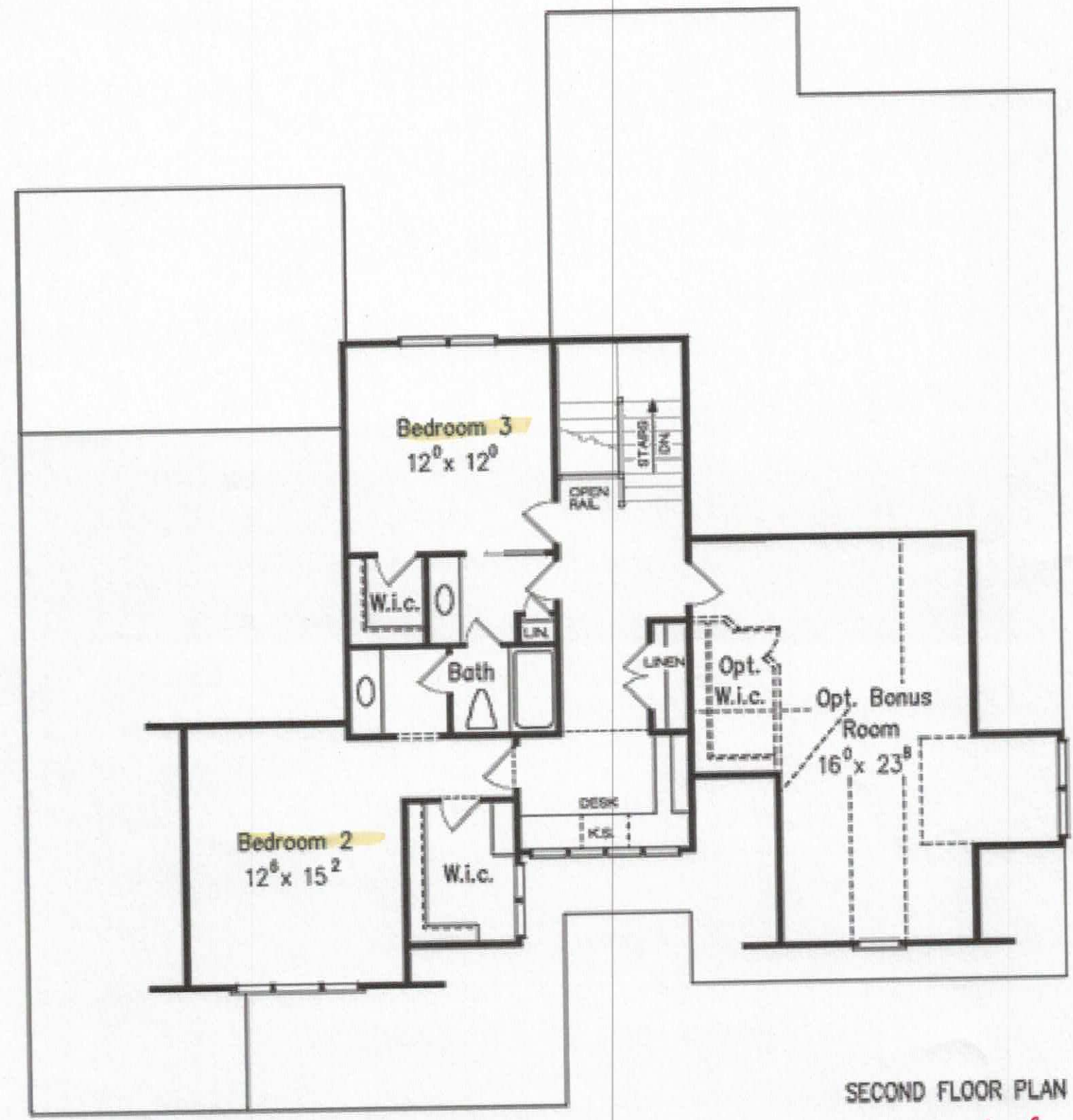
Acknowledgement of Plans Submittal ONLY!

Date 2-8-18

Date 2-8-18

Square Footage	
Total	2899
First Floor	2145
Second Floor	754
Dimensions	
Width	62' - 4"
Depth	64' - 0"
Height	26' - 6"

FRANK BETZ ASSOCIATES
3.717.3003
MMERLAKE



SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 2-8-18

Date 2-8-18

Square Footage	
Total	2899
First Floor	2145
Second Floor	754
Dimensions	
Width	62' - 4"
Depth	64' - 0"
Height	26' - 6"

orplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions. Photographs may have been modified from the original construction documents.

IREDELL COUNTY

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

APPLICATION NUMBER
223842
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	239 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	88396	TOTAL FEES:	$ 77.25