IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 223840

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

PIN # 4654754941 - 9789

APPLICANT: Davidson Downs LLC | APPLICANT ADDRESS: 4543 Ivy Run Ln Denver, NC 28037

SITE ADDRESS: 229 Sink Farm Rd Mooresville, NC 28115 | PHONE: | ALT. PHONE: 980 297 2787 Chris

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

SUBDIVISION: Davidson Downs | SECTION: 3 | LOT # 130 | LOT AREA: .55 Acre | DESIGN FLOW: 450 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 375	Date 10/2/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: PBBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft: 400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

5/8/18 Reviewed Floor plans, in compliance with Septic plan

INITIAL SITE SKETCH

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

AS BUILT SKETCH

L1 - 40'
L2 - 90'
L3 - 90'
L4 - 90'
L5 - 70'
L6 - 14'
} 400' total (see attached drawing)

- tank 22' from house + 9' from slab
- top line 13' from back of house

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:

IMPROVEMENT PERMIT by: Virginia Dotson Date: 3-16-17

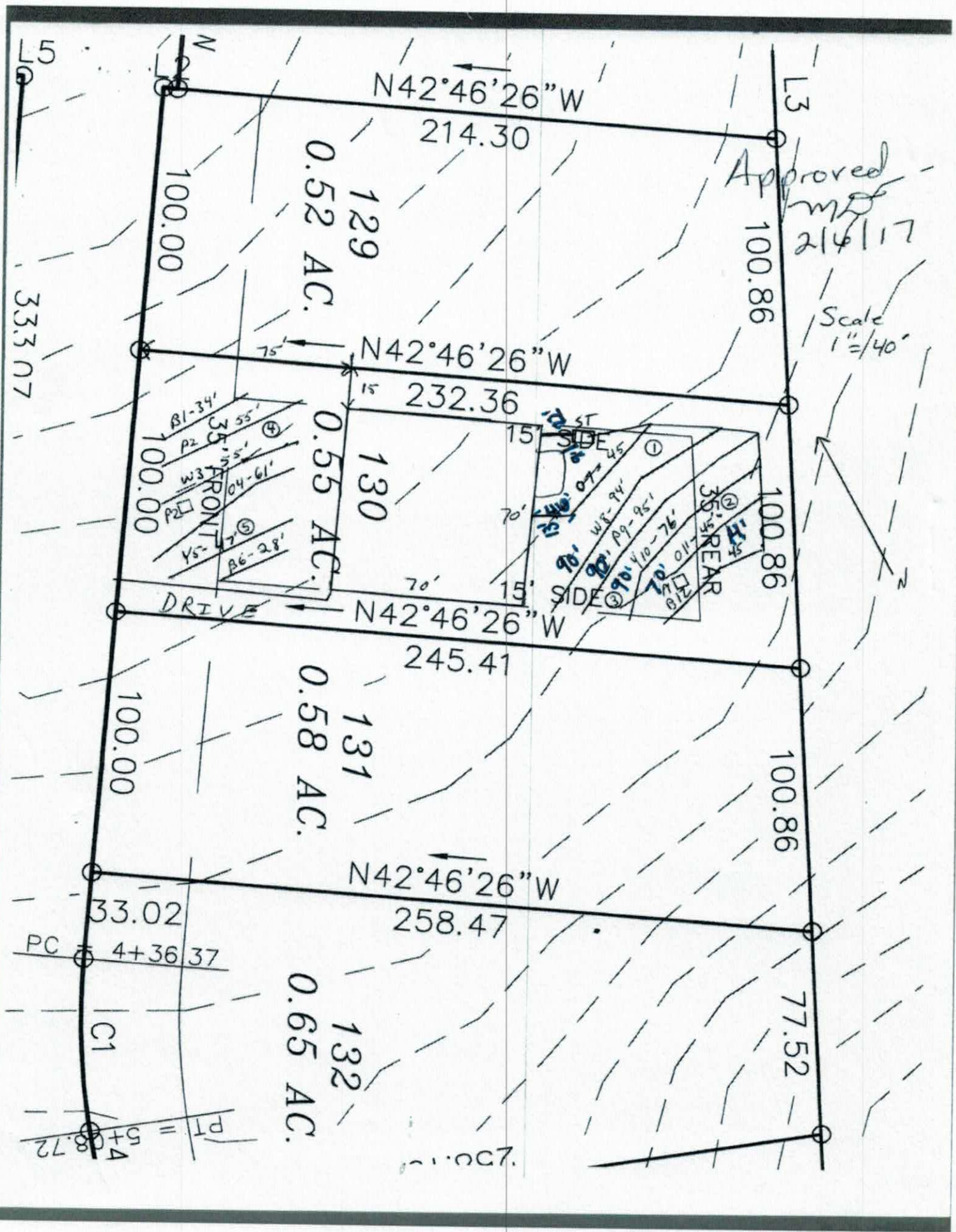
AUTHORIZATION TO CONSTRUCT by: Marcus Dotson Date: 2/6/17 5/8/18

Installed by: Rowan Septic

OPERATION PERMIT by: Carlen C. Carl Date: 11/21/18

Existing System Inspected by: Date:

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


L5
N
N42°46'26"W
214.30
L3
Approved
214117
100.00
0.52 AC.
129
100.86
333.07
Scale
1"=40'
75'
N42°46'26"W
15'
232.36
B1-34'
P2
35'
55'
4
W3
55'
04-61'
P2
FRONT
100.00
0.55 AC.
130
5T
15'
SIDE
1
07-45
70'
WE-94'
PQ-95'
90'
90'
90'
70'
35'
2
REAR
45'
H'
100.86
Y5-
7'
5
B6-28'
70'
15'
SIDE
3
Y10-76'
B12
DRIVE
N42°46'26"W
245.41
100.00
0.58 AC.
131
100.86
N42°46'26"W
33.02
258.47
PC = 4+36.37
C1
0.65 AC.
132
77.52
PT = 5+08.72

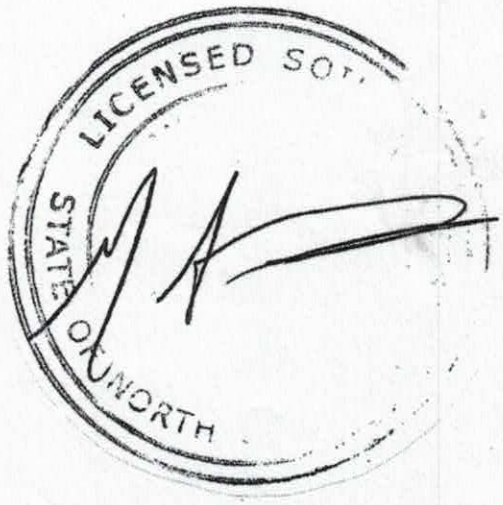


Approved
2/6/17
MD

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

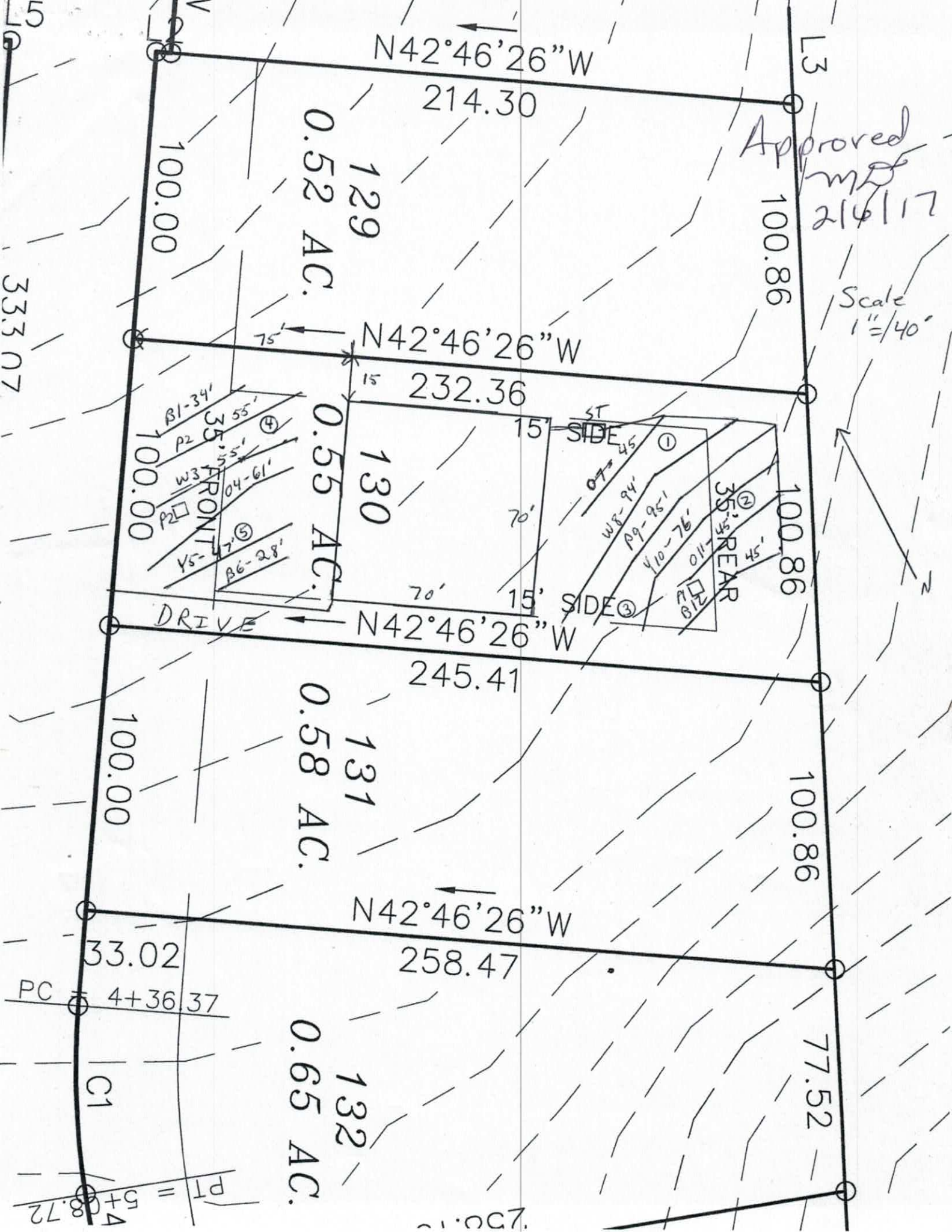
Reference: Data Sheet for 229 Sink Farm Rd. Davidson Downs Lot 130
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity- End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 30" (repair)

Line	Design Length	Actual Length
Blue 1		34'
Pink 2		55'
White 3		55'
Orange 4		61'
Yellow 5		47'
Blue 6		28'
Orange 7	**45'**	**45'**
White 8	**94'**	**94'**
Pink 9	**95'**	**96'**
Yellow 10	**76'**	**77'**
Orange 11	**45'**	**45'**
Blue 12	**45'**	**46'**



Initial System: 400' **Repair System:** 280'

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


L5
L3
N42°46'26"W
214.30
100.00
129
0.52 AC.
100.86
Approved
MD
2/6/17
Scale
1"=40'
333.07
75'
N42°46'26"W
15
232.36
B1-34'
P2
35.55'
④
100.00
W3
04-61'
P2
FRONT
Y5-47'
⑤
B6-28'
0.55 AC.
130
15'
SIDE
5T
①
45
07
W8-94'
P9-95'
Y10-76'
011-45'
35.
②
REAR
45'
A1
B12
100.86
70'
70'
15'
SIDE ③
N
DRIVE
N42°46'26"W
245.41
100.00
131
0.58 AC.
100.86
N42°46'26"W
33.02
258.47
PC = 4+36.37
C1
132
0.65 AC.
77.52
PT = 5+08.72

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

PROPERTY ID #: 4654754941
COUNTY: IREDELL

Approved 2/6/17 MD

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

OWNER: Ray Development LLC
ADDRESS: 4542 Ivy Run Ln., Denver, NC 28037
PROPOSED FACILITY: _4 BDRM_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____
LOCATION OF SITE: Davidson Downs Lot 130
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: _0.55 AC
PROPERTY RECORDED: __2016

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	
AB 1	LS 6%	0-34	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3+
		34-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 6%	0-30	R C SBK	FR SS SP SEXP	N/A	46"	F-C SAP PS	N/A	PS 0.3+
		30-46	R CL WSBK	FR SS SP SEXP					
		46-48	VER L SAP M	FR SS SP SEXP					
AB 3	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 4	LS 6%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		12-42	R C SBK	FR SS SP SEXP					
		42-48	R CL WSBK	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

Approved
MD 2/6/17

PROPERTY ID #: 4654754941
DATE OF EVALUATION: DD 130
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 5	LS 6%	0-10	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		10-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					
PIT 1	LS 6%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	33"	Few SAP PS	N/A	PS 0.3
		8-33	R C SBK	FR SS SP SEXP					
		33-64	L SAP M	FR SS SP SEXP					
PIT 2	LS 6%	0-16	Br SCL WSBK	FR SS SP SEXP	Few YB @ 47"	58"	F-C SAP	N/A	PS 0.3<47"
		16-52	R C SBK	FR SS SP SEXP					
		52-58	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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information: CHRISMOZELEY@YAHOO.COM

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

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
229 SINK FARM RD, MOORESVILLE	DAVIDSON DOWNES	130

Driving Directions: HWY 115 SOUTH, TL PRESBYTERIAN, TR SINK FARM, NEAR END ON LEFT

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 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 ( ) 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: _____ 5-7-18

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
223840

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

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 ~~704~~ 980

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

Property Information:

Street Address: 229 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 130

Driving Directions: 115, TL Presbyterian, TR Sink Farm, on Lt

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

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 229 Sink Farm Rd Davidson Downs 130, 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)	12-29-16 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

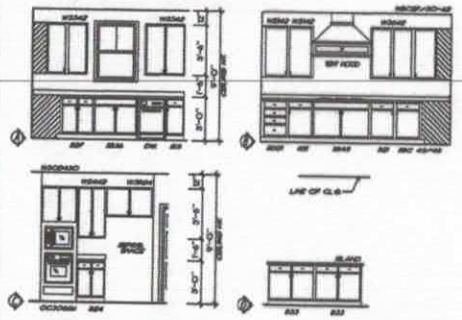
Acknowledgement of
Plans Submittal ONLY!

Date 5-8-17

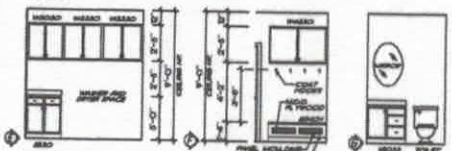
Date 5/8/18

GENERAL NOTES

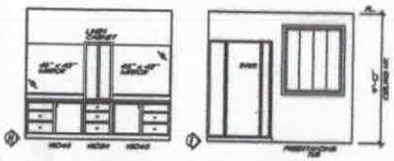
GENERAL FRAMING NOTES



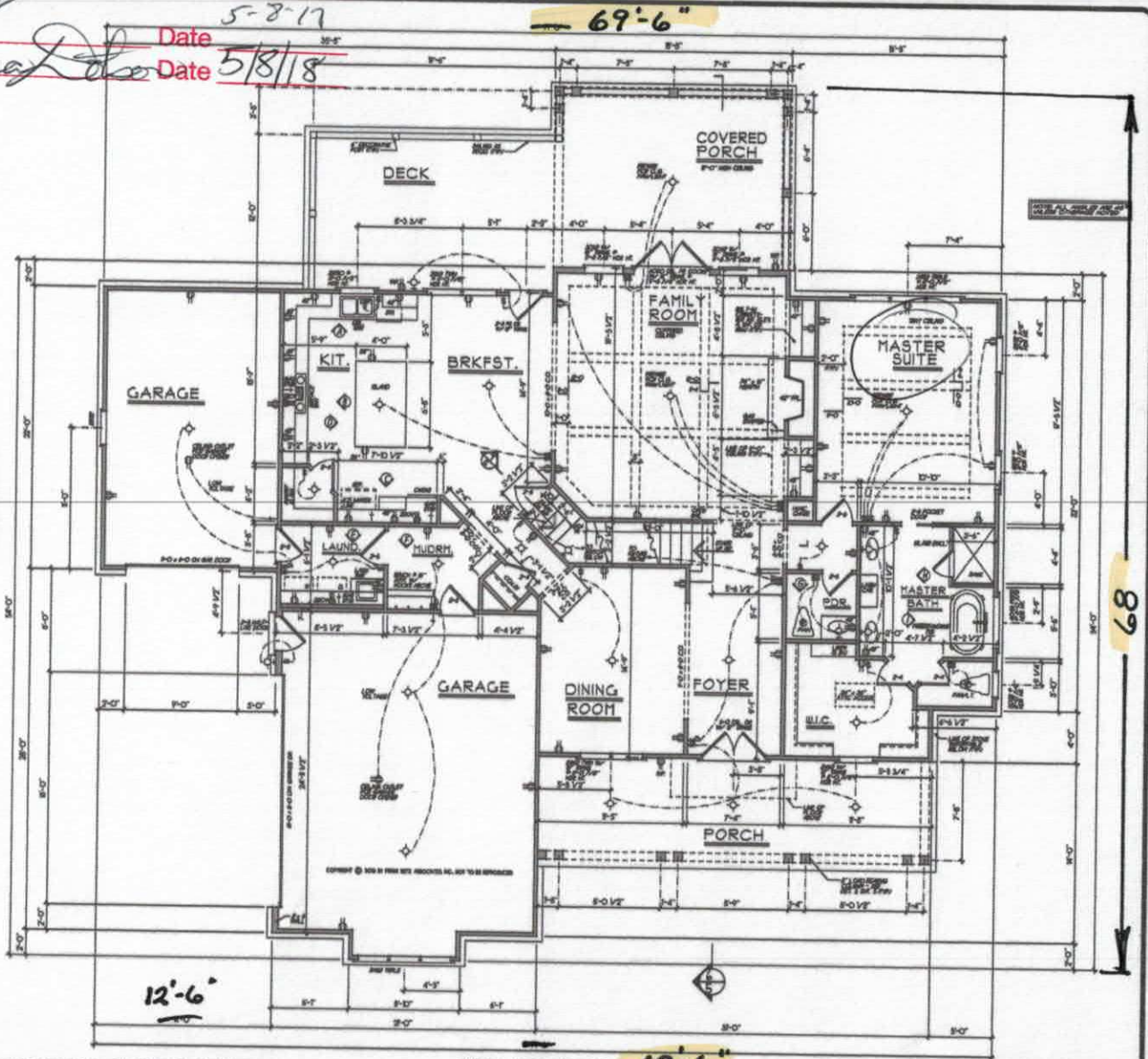
KITCHEN ELEVATIONS



MUDROOM ELEV. LAUN. ELEVS. PDR. RM.



MASTER BATH ELEVATIONS



FIRST FLOOR PLAN 69'-6"

SQUARE FOOTAGE		
FIRST FLOOR	1940	SQ. FT.
SECOND FLOOR	890	SQ. FT.
TOTAL	2830	SQ. FT.
OPT. BONUS	334	SQ. FT.
TOTAL	3064	SQ. FT.

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

www.frankbetz.com

Southern Living Design Collection

FIRST FLOOR PLAN
K. & B. ELEVATIONS

THE ANSONBOROUGH

FRANK BETZ ASSOCIATES, INC.

SHEET: 3 OF 5

Acknowledgement of Plans Submittal ONLY!

Date 5-8-18

Date 5/8/18

BATH ELEVATIONS

SECOND FLOOR PLAN

OPT. BONUS

BEDRM. 3

BATH

W.I.C.

BEDRM. 4

BATH

BEDRM. 2

W.I.C.

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3330 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-421-0888 800-717-3005
www.frankbetz.com

SECOND FLOOR PLAN/
BATH ELEVATIONS

THE ANSONBOROUGH

Southern Living
Design Collection

4

IREDELL COUNTY

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

APPLICATION NUMBER
223840
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	229 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	88392	TOTAL FEES:	$ 77.25