ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 241007

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

PIN # 4654760347

APPLICANT/OWNER: Matt Johnson | APPLICANT ADDRESS: 2685 Queens Dr Lincolnton NC 28092

SITE ADDRESS: 124 Castleview Ln. Mooresville NC 28115 | PHONE: 704-309-5484 | ALT. PHONE: —

SITE DIRECTIONS: Shearers Rd to Ron Presbyterian, L on Sink Farm, Ron Manory, Lonca Stevie w/ Lot on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Downes | SECTION: 4 | LOT # 162 | LOT AREA: .62 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .3 (.3 Repair)

Septic Tank	1000 (gal)	STB	794	Date	8-6-2019	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	3-26-2020	System Description:	LPPPBPS (offsite)			☐ Business	No. Persons 8
Pump Make	GOULDS	Model	WE1512HH	Serial #	L1942115	Repair System Description:	LPPPBPS (offsite)			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3@90'	Linear Ft	270'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24" min	Trench Bottom Depth(Low side)	30"/32" high	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Lines must be installed on contour. All property Lines must be marked during time of installation. Do not Drive on Store material, or manipulate Drainfield in any way. Reccomend Fencing off Drainfield area to prevent any manipulation.

INITIAL SITE SKETCH

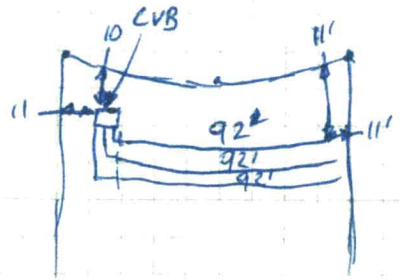
See Attached Site plan By Michale Athanas and Associates with updated house Location site plan Approved 12/17/19 PJB

5/1/2020: Tanks both had Risers and filter. Supply Line was connected to Pipe going to offsite. Alarm and Floats set/ checked. st not connected to house. pressure set. still need Electric and maintenance contract.

AS BUILT SKETCH

FILTERS NOT CHECKED IN TANKS
BOTH TANKS NEEDS RISERS
~~Tanks~~, DRAWLINE, & CVB CHECKED

SEE ATTACHED



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.

Date: 12/20/19 Installed by: FJ Erving

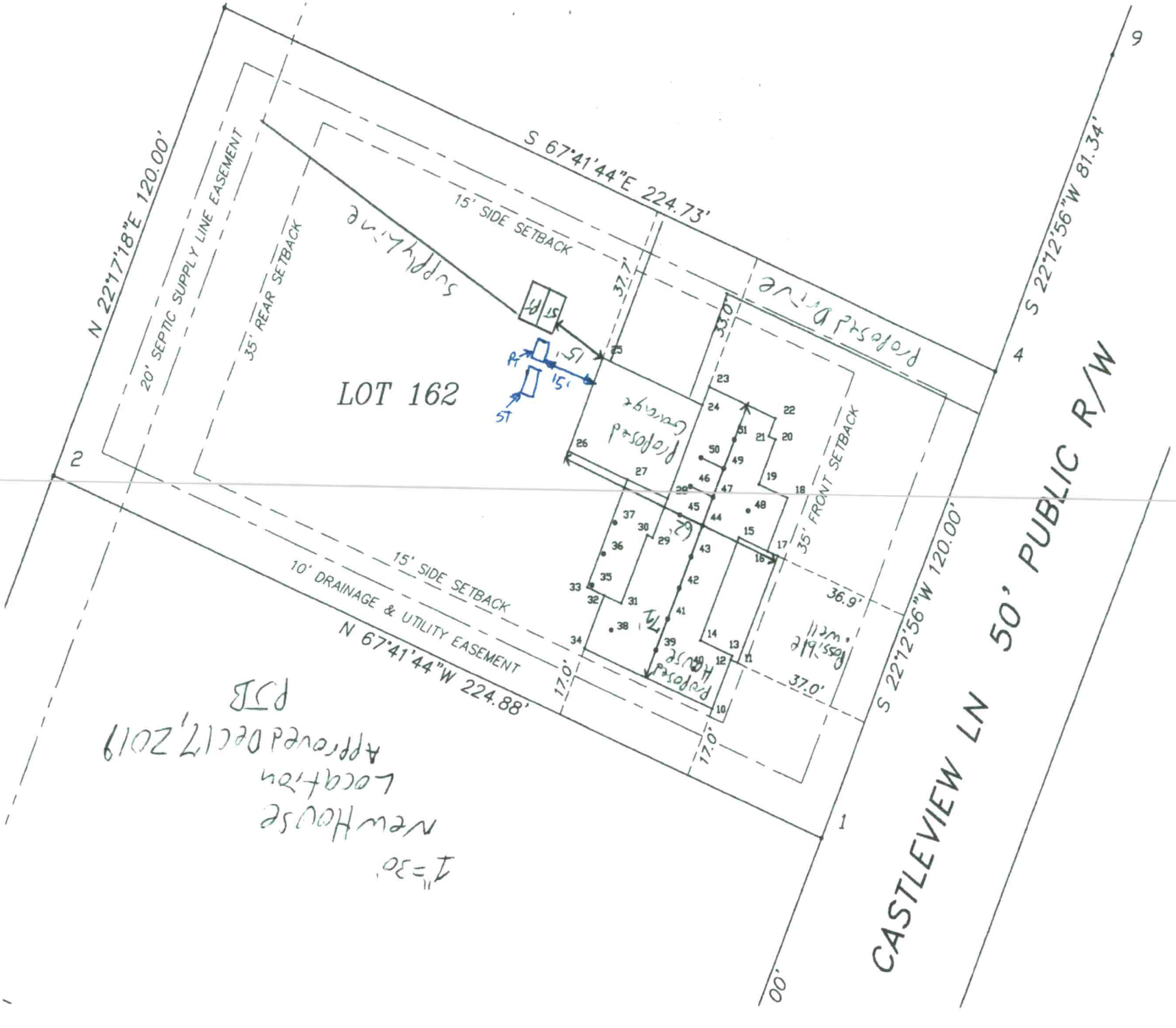
Date: 12/17/19 OPERATION PERMIT by: Maria Dotson Date: 7/6/20

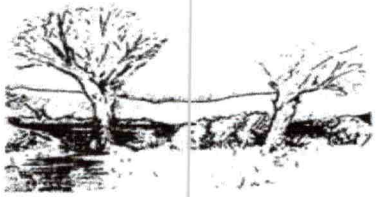
Date: 12/17/19 Existing System Inspected by: Date:

664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Bryant check supply Line at offsite Lot

	Date	Initials
Drain Lines Checked	4/29/2020	BW
Tanks Checked	5/1/2020	PJB
Pressure Manifold or Valve Box Checked	4/29/2020	BW
Pressure Head Set	5/1/2020	PJB
Electrical Checked	6/30/2020	PJB
Floats Set	5/1/2020	PJB
Alarm Checked	5/1/2020	PJB
Maintenance Contract Y (N)		
Comments: As of 6/30/20 No Maint Contract	7/6/20	mc


N 22°17'18"E 120.00'
S 67°41'44"E 224.73'
S 22°12'56"W 81.34'
S 22°12'56"W 120.00'
N 67°41'44"W 224.88'
20' SEPTIC SUPPLY LINE EASEMENT
35' REAR SETBACK
15' SIDE SETBACK
15' SIDE SETBACK
10' DRAINAGE & UTILITY EASEMENT
35' FRONT SETBACK
LOT 162
Supply Line
Proposed Drive
Proposed Garage
Proposed House
Existing Well
CASTLEVIEW LN 50' PUBLIC R/W
37.7'
35.0'
36.9'
37.0'
17.0'
17.0'
15'
15'
15'
15'
1
2
4
9
New House
Location
Approved Dec 17, 2019
PJB
1"=30'



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

Reference: Data Sheet for Lot 162 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC

House Footprint: 70'x70'
Building Setback: 35' Front, 10' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: PPBPS (Off-site Easement)
Proposed Repair LTAR: 0.3 GPD/ft2
Repair System Type: PPBPS (Off-site Easement)
Distribution: LP-CVB
Flow per Orifice: .59
Hole Size & Material: 3/16"
Number of Panels: 60
System Flow: 35.4 gal/min
Dosing Volume: 216 gal/dose
Pump Run Time: 6.1 min
Total Linear Footage: 270'
Trench Bottom Square Footage: 810 sq.ft
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Proposed Trench Bottom Depth: 30"
Septic/ Pump tank size: 1000 ST, 1000 PT

APPROVED JAN 15 2019
KW

APPROVED DEC 17 2019
PJB

Line	Design Length	Number of Panels	Actual Length	Elevation
White 1	**90'**	**20**	**96'**	**TBD**
Blue 2	**90'**	**20**	**95'**	**TBD**
Pink 3	**90'**	**20**	**90'**	**TBD**
Yellow 4			85'	TBD
White 5			82'	TBD
Blue 6			77'	TBD
Yellow 7			65'	TBD

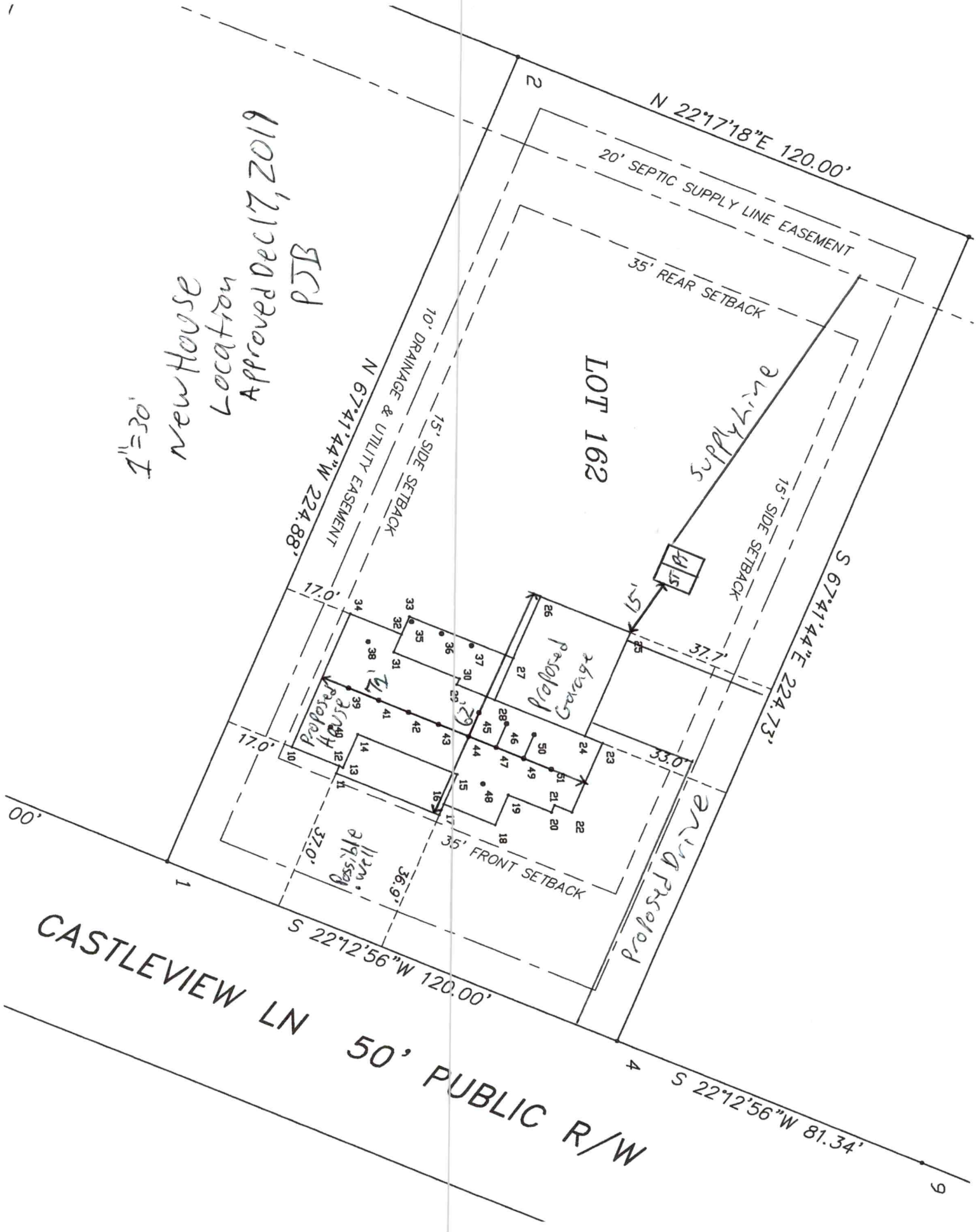
Initial System: 270' PPBPS **Repair System:** 309' PPBPS

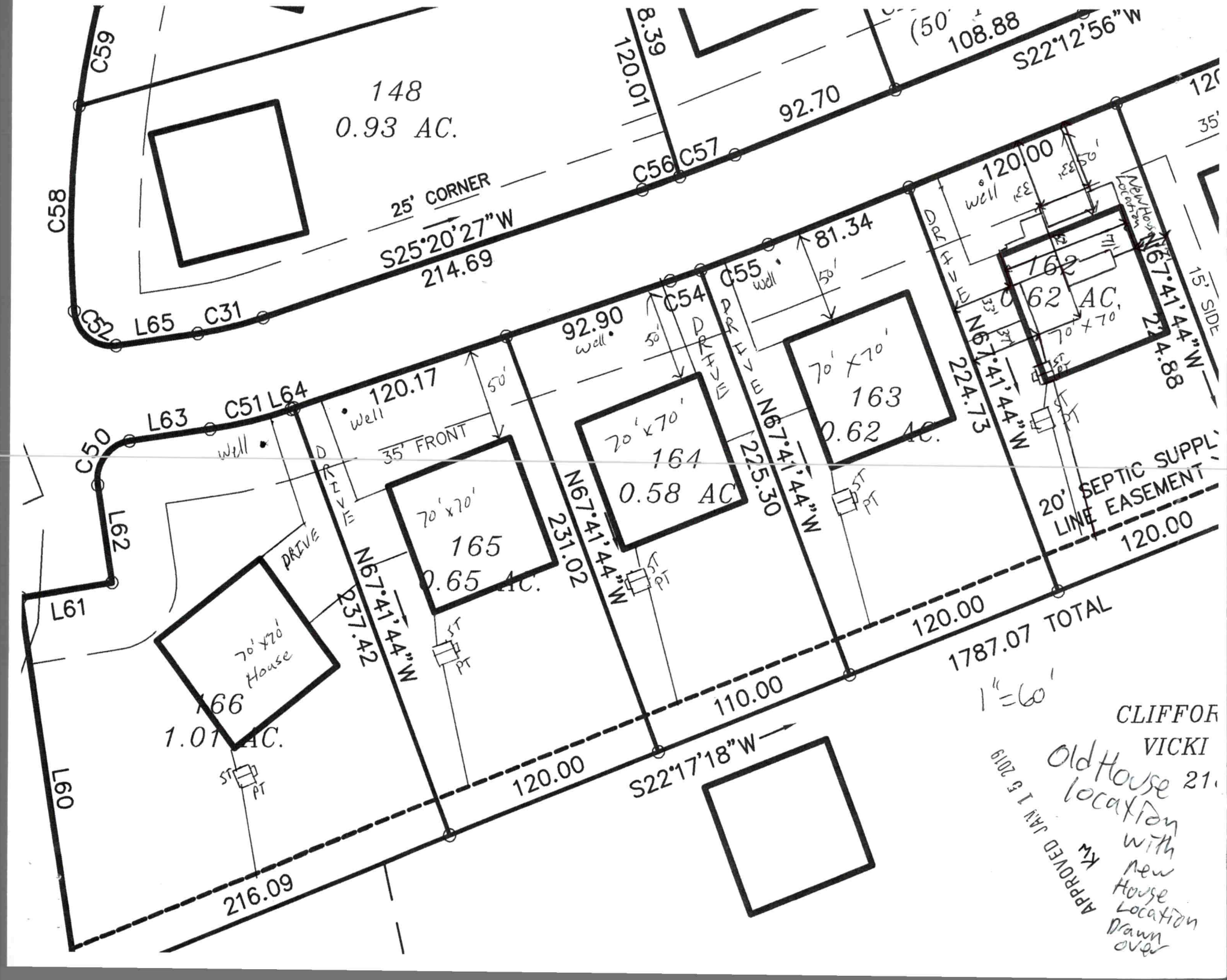
Comments:
The purpose of this evaluation is to permit the property for a 4-bedroom residence.

- The proposed house site has been staked by the surveyor using stakes with white tape.
- Due to soil and topography MA&A is proposing to permit this site as an off-site septic easement.
- All elevations and pressure line lengths will be determined prior to installation.

APPROVED JAN 15 2019
KW

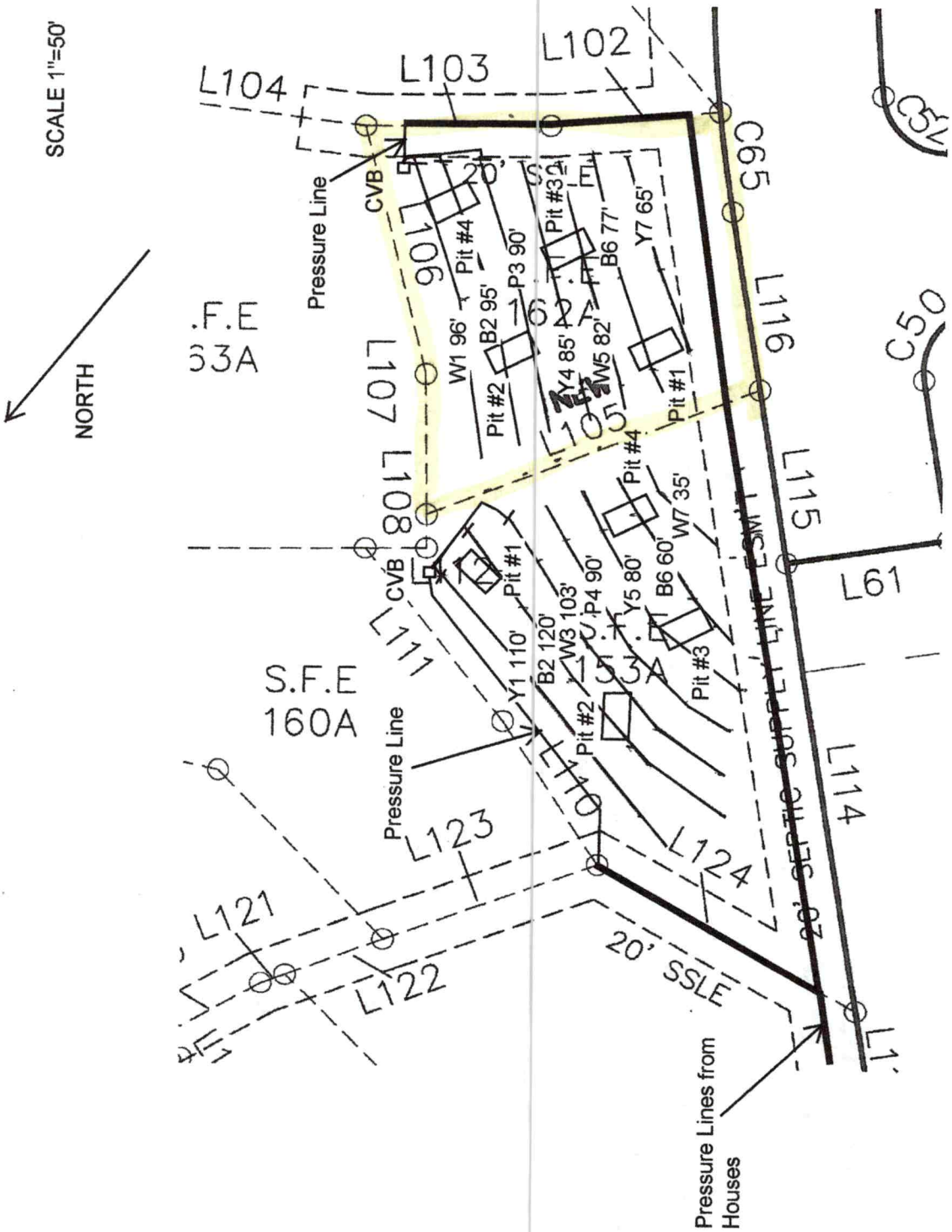
APPROVED DEC 17 2019
PJB


1"=30'
New House
Location
Approved Dec 17, 2019
PJB
N 22°17'18"E 120.00'
20' SEPTIC SUPPLY LINE EASEMENT
35' REAR SETBACK
10' DRAINAGE & UTILITY EASEMENT
15' SIDE SETBACK
N 67°41'44"W 224.88'
LOT 162
Supply Drive
15' SIDE SETBACK
S 67°41'44"E 224.73'
17.0'
17.0'
15'
37.7'
33.0'
Proposed Garage
Proposed House
Possible Well
32.0'
36.9'
35' FRONT SETBACK
Proposed Drive
S 22°12'56"W 120.00'
S 22°12'56"W 81.34'
CASTLEVIEW LN 50' PUBLIC R/W
00'
1
2
4
9


148
0.93 AC.
C59
C58
C56 C57
25' CORNER
S25°20'27"W
214.69
92.70
S22°12'56"W
108.88
120.01
8.39
C31
C32
L65
C54
C55
92.90
well
50'
DRIVE
81.34
120.00
33'
50'
New House Location
N67°41'44"W
224.88
15' SIDE
162
0.62 AC.
70' x 70'
163
0.62 AC.
224.73
N67°41'44"W
C50
L63
C51 L64
120.17
well
35' FRONT
70' x 70'
164
0.58 AC
225.30
70' x 70'
165
0.65 AC.
231.02
N67°41'44"W
20' SEPTIC SUPPLY LINE EASEMENT
120.00
L62
L61
DRIVE
70' x 70' House
166
1.01 AC.
P37.42
N67°41'44"W
ST
PT
120.00
1787.07 TOTAL
110.00
S22°17'18"W
120.00
216.09
L60
1"=60'
CLIFFOR
VICKI
Old House location with new House Location Drawn over
APPROVED JAN 16 2019
KK

APPROVED DEC 17 2019
PJB

APPROVED JAN 15 2019
KW



PROPERTY ID #: _____
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED JAN 15 2019
KW

OWNER: Ray Development _____ APPLICATION DATE_____
ADDRESS: Denver, NC _____ DATE EVALUATED: _10/2018_____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.67 AC_____
LOCATION OF SITE: Davidson Downs Lot 162 SFE _____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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%	0-17	Br SCL WSBK	FR SS SP SXP	N/A	58"	N/A	N/A	PS 0.3
		17-30	R C SBK	FR SS SP SXP					
		30-58	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6% ✓	0-5	Br SCL WSBK	FR SS SP SXP	N/A	47"		N/A	PS 0.3+
		5-21	R C SBK	FR SS SP SXP					
		21-47	R CL WSBK	FR SS SP SXP			C-M SAP		
		47-60	VER SL SAP M	FR SS SP SXP			PS		
PIT 3	LS 6% ✓	0-10	Br SCL WSBK	FR SS SP SXP	N/A	58"		N/A	PS 0.3
		10-28	R C SBK	FR SS SP SXP					
		28-58	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 4	LS 6%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	47"		N/A	PS 0.3+
		7-17	R C SBK	FR SS SP SXP					
		17-42	R CL WSBK	FR SS SP SXP			F-C SAP		
		42-60	VER SL SAP M	FR SS SP SXP			PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT^2	927 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

*PB familiar with

12/13/19
$105 | $100
241 007

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: RE DRAW (✓) 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: MATT JOHNSON **Address:** 26985 QUEENS DRIVE **Zip:** 28092
Applicant Email: matt@johnsonbuildinginc.com **Phone:** 704 309 5484 **Alt. Phone:** ———
Owner Name: " **Address:** " **Zip:** ———
Owner Email: " **Phone:** " **Alt. Phone:** ———

Property Information:

Street Address: 124 CASTLEVIEW LN. MOORESVILLE
Subdivision Name: DAVIDSON DOWNES **Section/Phase:** ——— **Lot Number:** 162
Driving Directions: FROM 115 SOUTH, TURN LEFT ON PRESBYTERIAN RD, TURN RIGHT SINK FARM RD, TURN RIGHT BUCKINGHAM PLACE, TURN RIGHT CASTLEVIEW, LOT IS ON RIGHT

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

(✓) 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: ———
Non-Residential Site Development: **Type of Business:** ———
Square Footage of Building: 3156 **Max. Number of Employees:** ——— **Max. Number of Seats/Beds/Other:** ———

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply:

( ) Replacement Well – Reason: — MOVED HOUSE —
( ) Multi-connection Well **Number of Houses:** ——— **Number of Persons:** ———
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: ———
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ———

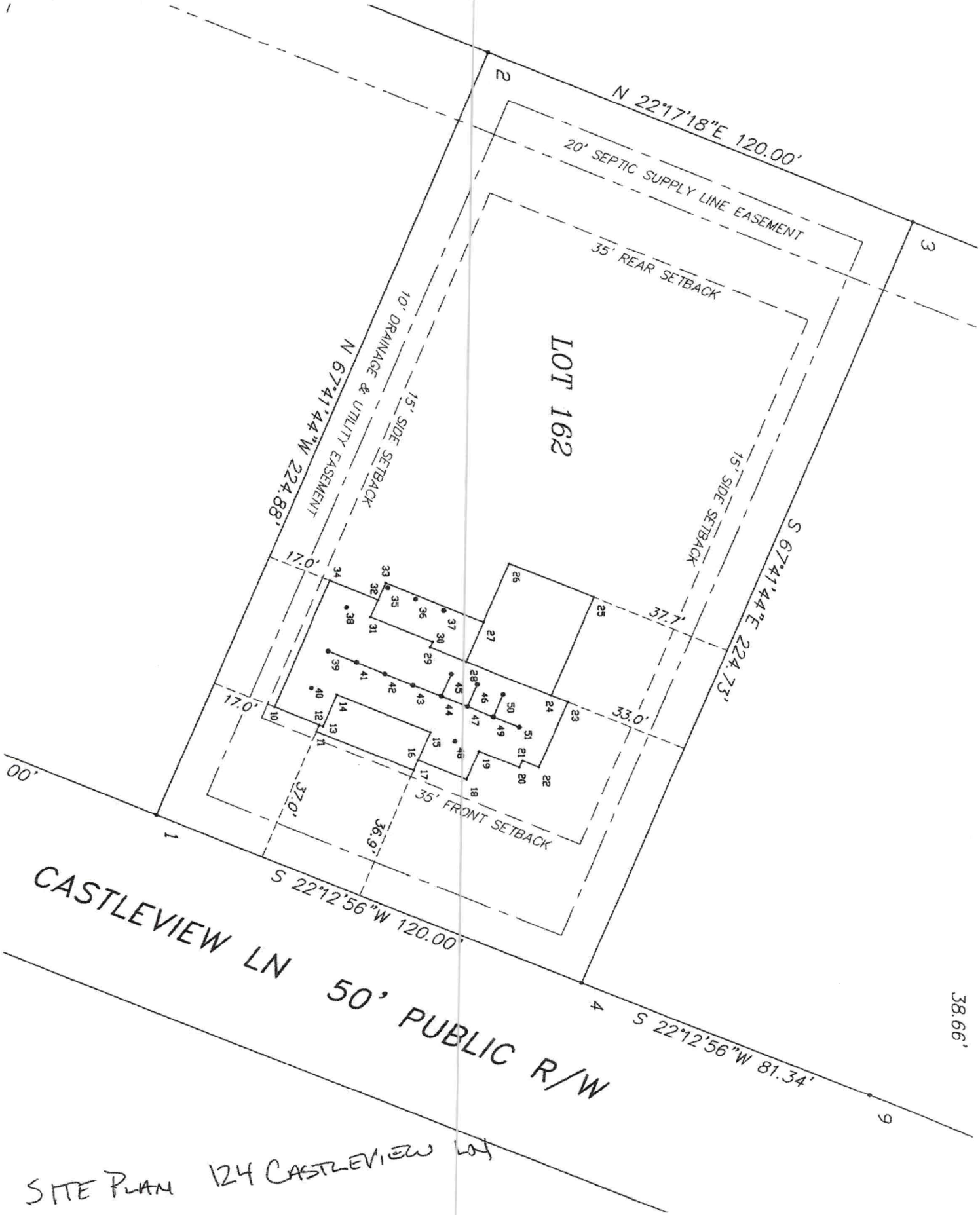
Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: MATT JOHNSON
Property owner or owner's legal representative signature **(SIGNATURE REQUIRED)**

12/13/19
DATE



SITE PLAN 124 CASTLEVIEW LN

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*) _____

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

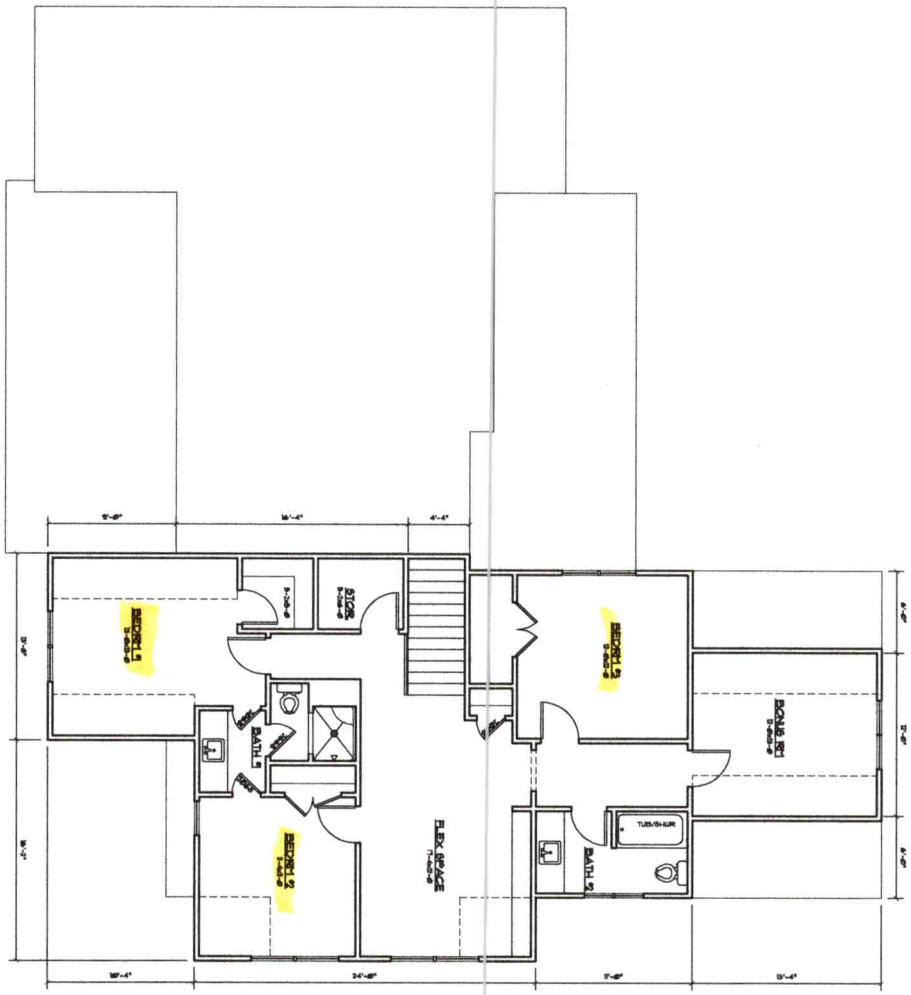
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 11/20/19

Date 11/25/19



SHEET NO.	REVISIONS	BY
A-3		

DRAWN BY: JLD

CONTRACTOR:

PROJ. JOB# DAVIDSON DOWNS

DATE: 9/23

PROJECT NAME:

DAVIDSON DOWNES

JOHNSON BUILDING COMPANY

DENVER, NORTH CAROLINA

IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO CAREFULLY REVIEW AND VERIFY ALL BUILDING CODE COMPLIANCE WITH ALL BUILDING CODES AND REGULATIONS. THESE CONSTRUCTION DOCUMENTS HAVE BEEN DEVELOPED FOR THE SPECIFIC LOT AS SHOWN AND ARE NOT TO BE USED ON ANY OTHER LOT. THESE DOCUMENTS MAY NOT BE REPRODUCED IN ANY FORM OR BY ANY METHOD BY ANYONE FOR ANY PURPOSE WITHOUT THE WRITTEN CONSENT OF CORNERSTONE HOME DESIGNS, LLC.

CORNERSTONE HOME DESIGNS, LLC.

JOEL L. DAVIS- DESIGNER
PHONE: 828-638-2900

EMAIL: CHDLLC@GMAIL.COM
WWW.NCHOMEDESIGN.COM

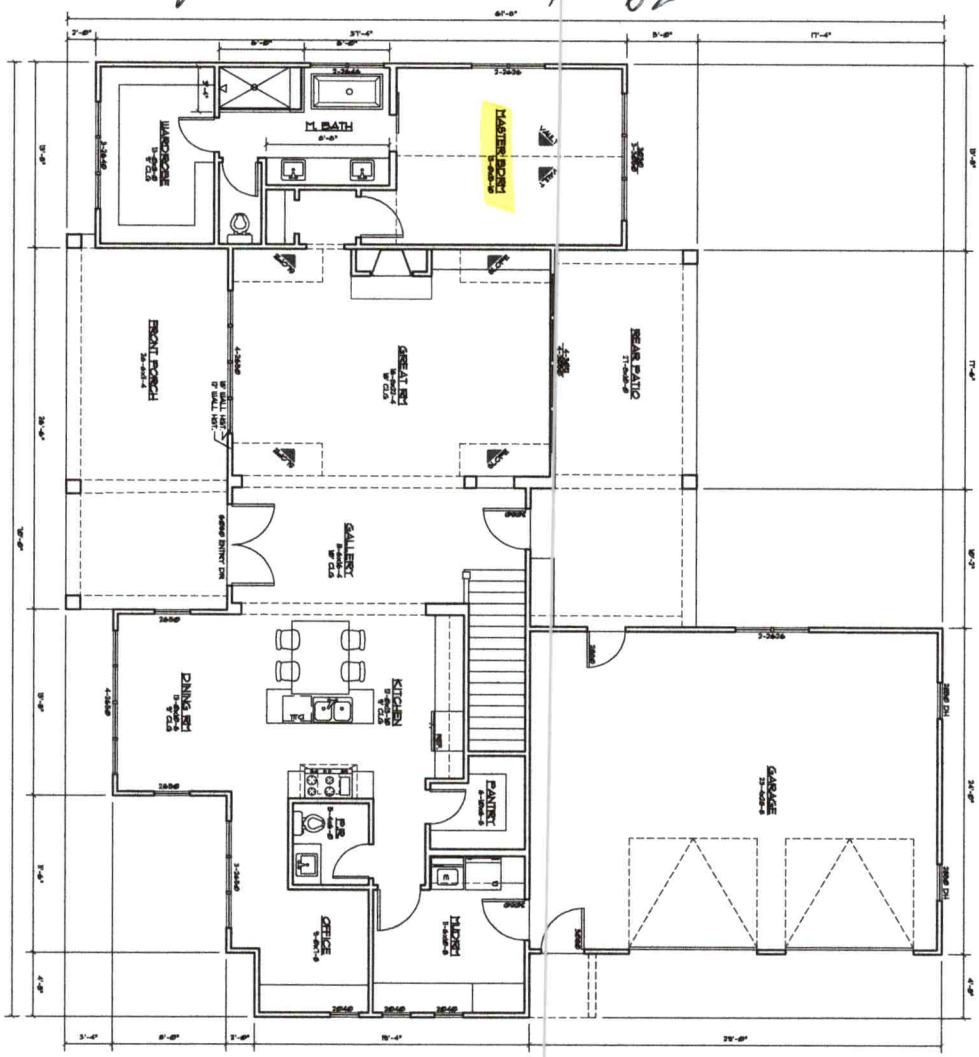
Acknowledgement of
Plans Submittal ONLY!

Date 11/20/19

Date 11/25/19

62'

71'



FIRST FLOOR PLAN

NOTE: BUILDER TO VERIFY ALL DIMENSIONS

FIRST FLOOR PLAN :	1,800 SF
SECOND FLOOR PLAN :	1,800 SF
TOTAL FINISHED :	3600 SF
UNFINISHED AREAS :	N/A SF
PORCHES / DECKS :	200 SF
GARAGES :	576 SF

SHEET NO.	A-2
OF FIVE	

REVISIONS BY

DRAWN BY: JLD

CONTRACTOR:

PROJECT NAME:

DAVIDSON DOWNES

JOHNSON BUILDING COMPANY

DENVER, NORTH CAROLINA

IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CAREFULLY COORDINATE ETH ALL BUILDING REGULATORY AGENCIES

DESIGN AND SPECIFICATIONS WHERE USED.

DESIGN MODIFICATION

DESIGN MODIFICATIONS SHALL BE SUBMITTED FOR THE EXPLICIT USE BY THE ORIGINAL PURCHASER LISTED. THESE DOCUMENTS MAY NOT BE REUSED, NOR MAY THEY BE ALTERED IN ANY WAY WITHOUT THE CONSENT OF DESIGNER.

CONSTRUCTION WITHOUT WRITTEN CONSENT OF DESIGNER VOIDS DESIGNER LIABILITY.

COPYRIGHT 2019 CORNERSTONE HOME DESIGNS, LLC. ALL RIGHTS RESERVED

CORNERSTONE HOME DESIGNS, LLC.

JOEL L. DAVIS- DESIGNER

PHONE: 828-638-2900

EMAIL: CHDLLC@GMAIL.COM

WWW.NCHOMEDESIGN.COM

IREDELL COUNTY

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

APPLICATION NUMBER
241007
Issue Date: 12/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654754930.000	124 CASTLEVIEW LANE, MOORESVILLE, NC 28115	

Owner Information		Applicant Information	
Owner:	RAY DEVELOPMENT LLC	Applicant:	MICHAEL ATHANAS & ASSO
Address:	4643 MARINER LANE	Address:	561 ENNIS RD
	DENVER, NC 28037		WEDDINGTON, NC 28173
Phone:		Phone:	704-576-3887

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	162563	TOTAL FEES:	$ 77.25