ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317359

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

PIN # 4654--76--2184

APPLICANT/OWNER: Legacy Constructors | APPLICANT ADDRESS: 4542 Ivy Run Ln, Denver NC 28037

SITE ADDRESS: 131 Eastleview Ln Mooresville NC 28115 | PHONE: 980-297-2787 | ALT. PHONE

SITE DIRECTIONS: NC 3N to Ron Kistler Farm Rd, Ron Rocky River Rd, Lon Shearer Rd, Lon Presbyterian Rd, Lon Sink Farm Rd, Ron Buck Highampton Place Ln, Roncastleview Ln, Lot on r | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Davidson downs | SECTION: PH4 | LOT # 151 | LOT AREA: 0.79 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275 (.33R)

Septic Tank	1000 (gal)	STB	1000-760	Date	12-4-21	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] 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:	TS2 pretreated drip	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	440'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	31"/36" High side	Gravel Depth	—		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

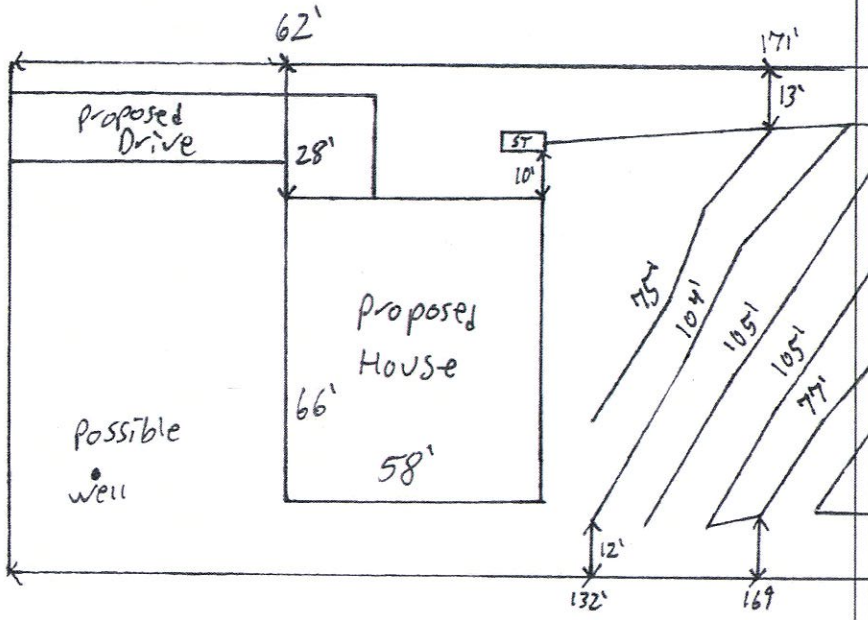
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Any part of septic must be 100' away from any well. Floor plans only

Show 3 bedrooms still wants a 4 bedroom system. Shows 466' only need 440'

INITIAL SITE SKETCH

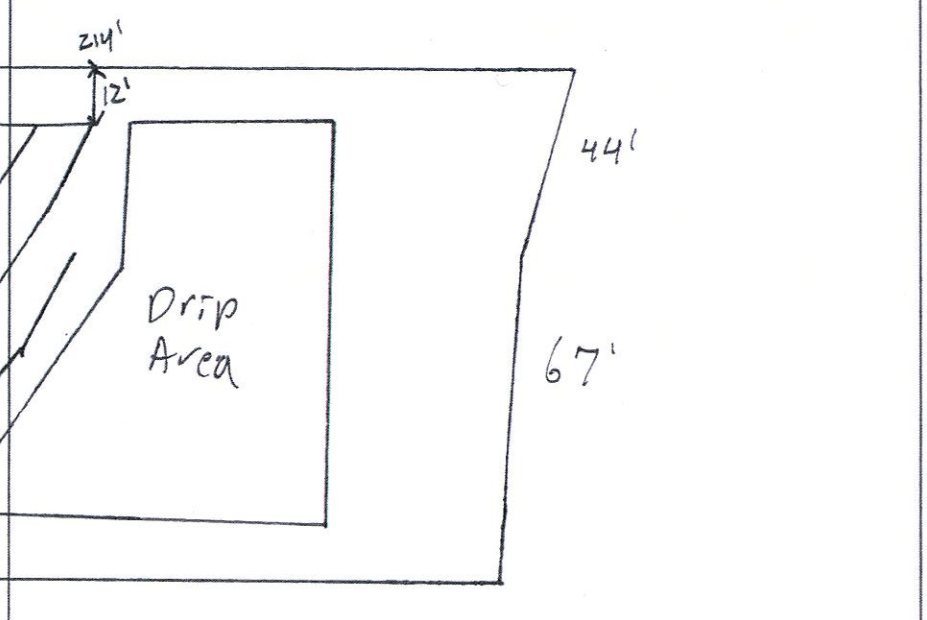
1" = 40'



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Installed as Drawn



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 9-8-21 | Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 9/2/2021 | OPERATION PERMIT by: | Date: 2-16-2022

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 9/2/2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317359

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

PIN # 4654--76--2184

APPLICANT/OWNER: Legacy Constructors | APPLICANT ADDRESS: 4542 Ivy Run Ln. Denver NC 28037

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SITE DIRECTIONS: NC 3N to Ron Kistler Farm Rd, Ron Rocky River Rd, Lon Shearer Rd, Lon Presbyterian Rd, Lon Sink Farm Rd, Ron Buck Mpkamp Lake Rd, Lon Castleview Ln, Lot on r

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Davidson downs | SECTION: PH4 | LOT # 151 | LOT AREA: 0.79 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275 (1.1R)

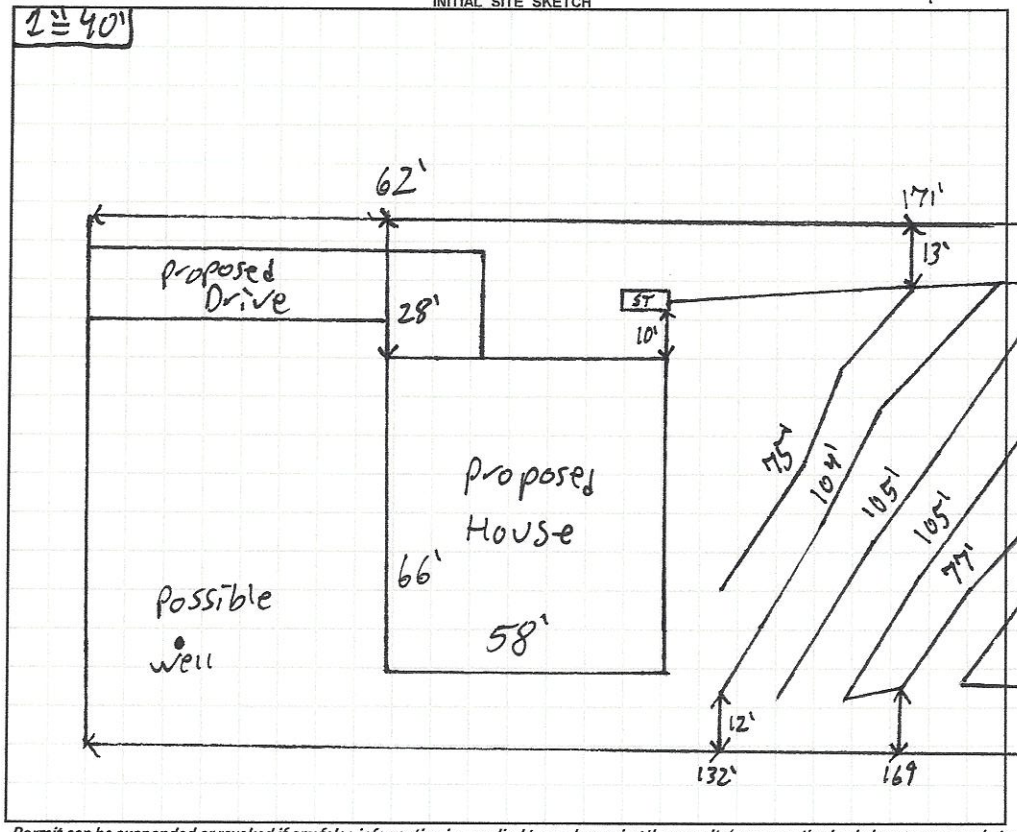
Septic Tank	1000 (gal)	STB		Date		[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	[ ] Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TS2 pretreated drip	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	440'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	31"/36" high side	Gravel Depth	—		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Any part of septic must be 100' away from any well. Floor plans only show 3 bedrooms still wants a 4 bedroom system. Shows 466' only need 440'

INITIAL SITE SKETCH

1" = 40'



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 9-8-21 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 9/2/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 9/2/2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
9/2/2021 (**Date**)

Owner: Legacy Constructors
Address: 4542 Ivy Run Ln, Denver, NC 28037

Subject: Notice of Intent to Revoke/Suspend Davidson Downs PH4 Lot 151/ 131 Castleview Ln Mooresville, NC 28115 (**specify name/location**) Improvement Permit/Construction Authorization

Dear Legacy Constructors:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 131 Castleview Ln Mooresville, NC 28115 (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization AP-239836 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
~Cannct have 2 permits on the same lot.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

9/2/2021 (Date)

Owner: Legacy Constructors
Address: 4542 Ivy Run Ln, Denver, NC 28037

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): AP-239836/ Legacy Constructors / 131 Castleview Ln Mooresville, NC 28115/ 4654762184

I, Chris Mozeley, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 11/29/2018 for a system
(date)

25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

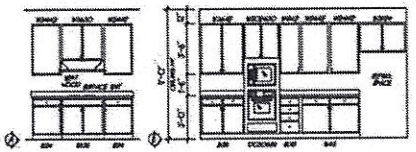
Acknowledgement of
Plans Submittal ONLY!

Date 9-2-21

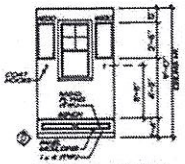
Patrick J Bagley III Date 9/2/2021

GENERAL NOTES

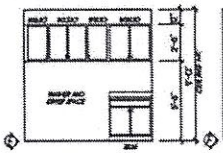
GENERAL FRAMING NOTES



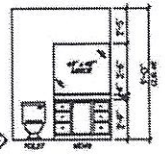
KITCHEN ELEVS.



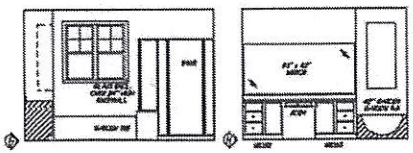
MUDRM. ELEV.



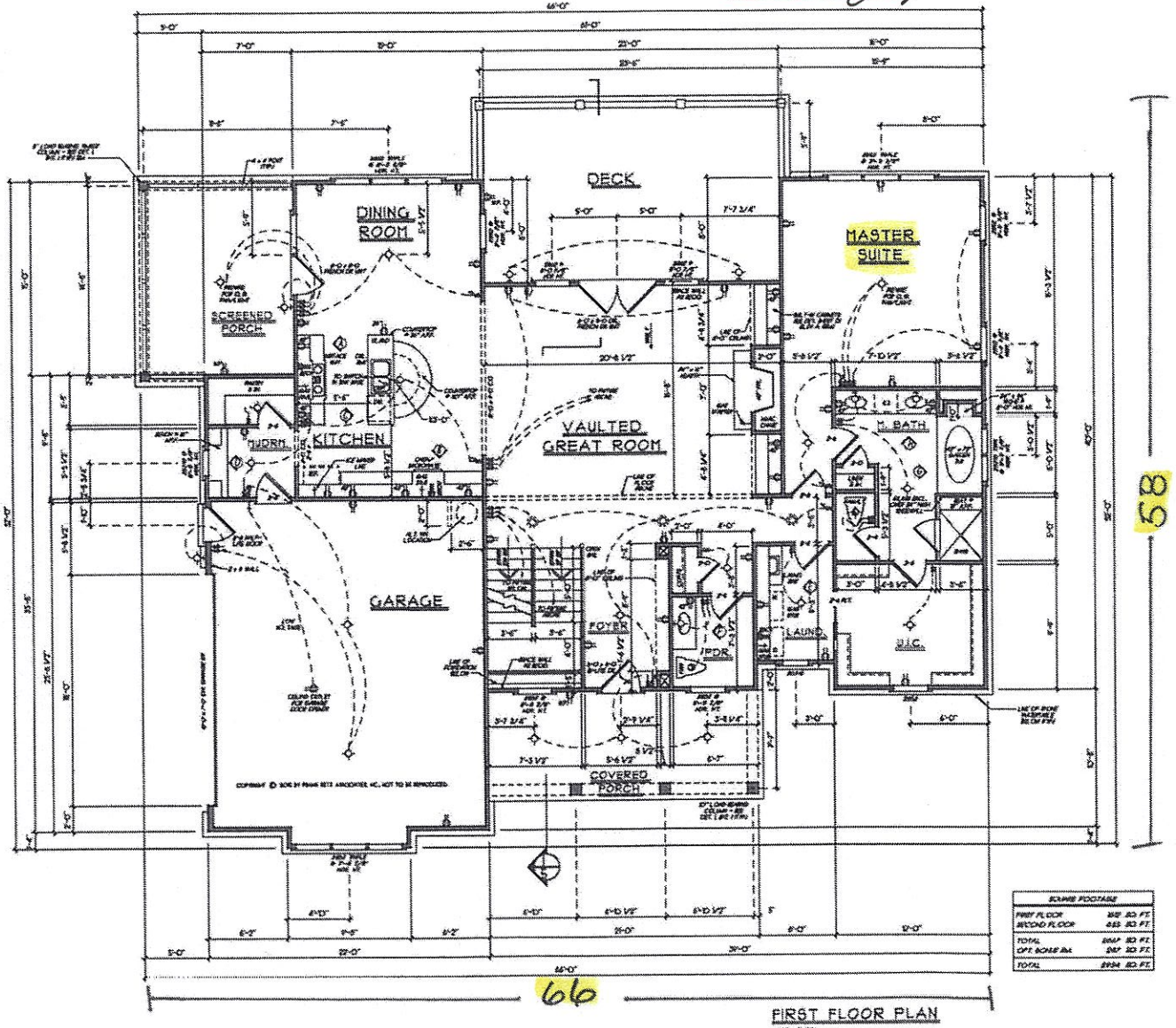
LAUND. ELEV.



PDR. ELEV.



MASTER BATH ELEVATIONS



FIRST FLOOR PLAN

SQUARE FOOTAGE	
FIRST FLOOR	SQ. FT.
SECOND FLOOR	SQ. FT.
TOTAL	SQ. FT.
OPT. BONUS RM.	SQ. FT.
TOTAL	SQ. FT.

REVISIONS	DATE	BY

HOMEPLANS
Designed for Today's Markets
www.frankbetz.com

FIRST FLOOR PLAN

THE CABOT

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND SPEC HOMEPLANS
3000 CHEROKEE FALLS PARKWAY SUITE 110 WOODSTOCK, GEORGIA 30144 770-591-0555

DATE 9-15-19

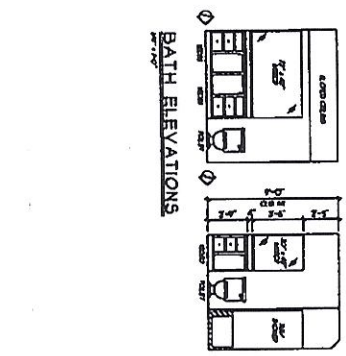
SHEET 3

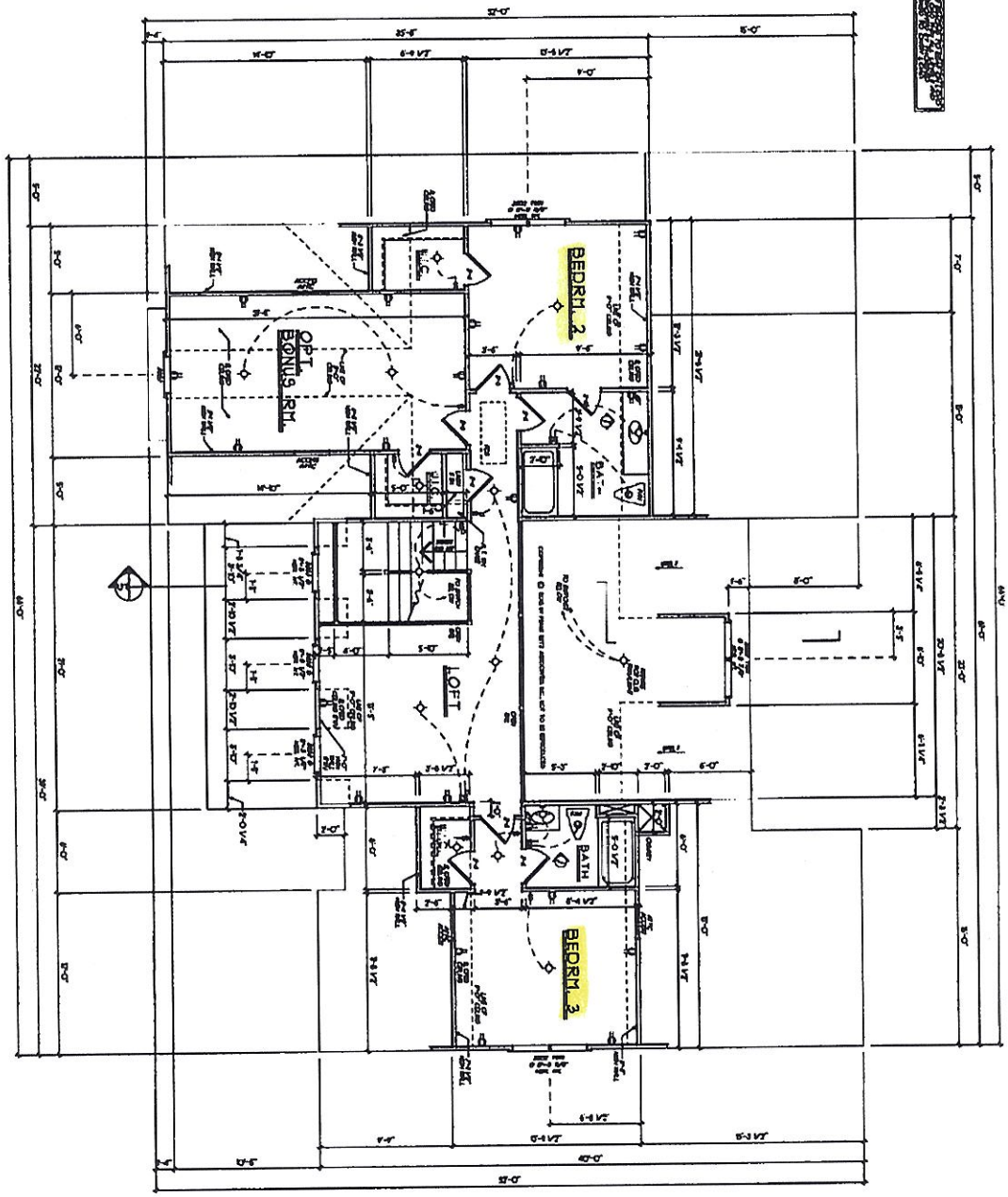
Acknowledgement of Plans Submittal ONLY!

Date 9-2-21

Date 9/2/2021

BATH ELEVATIONS





SECOND FLOOR PLAN

SHEET 4 OF 5	FRANK BETZ ASSOCIATES, INC. DESIGNERS OF CUSTOM AND STOCK HOMEPLANS 3330 GEORGE BUSBEE PARKWAY SUITE 150 KENNESAW, GEORGIA 30144 770-421-0999 888-717-3003	SECOND FLOOR PLAN THE CABOT	HOMEPLANS Designed for Today's Markets www.frankbetz.com

317359

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: LEGACY CONSTRUCTORS Address: 4542 IVY RUN LN, DENVER NC Zip: 28037

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

Owner Name: CHARLES BLAIR Address: 143 VILLAGE VIEW DR, STE 107, MVLLE Zip: 28117

Owner Email: NEDBLAIR@GMAIL.COM Phone: 302-745-2649 Alt. Phone: _____

Property Information:

Street Address: 131 CASTLEVIEW LN, MOORESVILLE

Subdivision Name: DAVIDSON DOWNES Section/Phase: IV Lot Number: 151

Driving Directions: _____

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

(V) 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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(V) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____

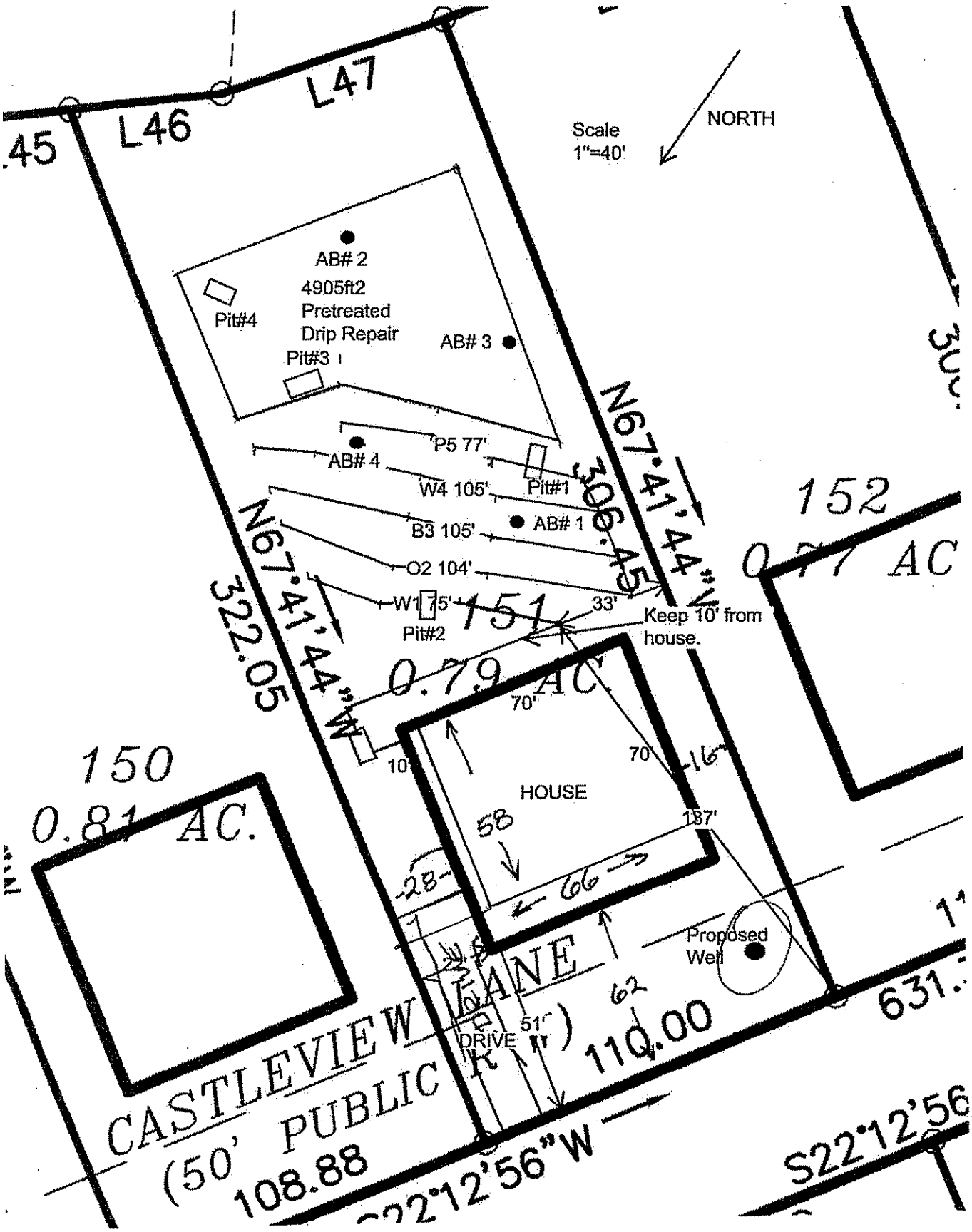
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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 (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: _____ 4-29-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


L47
L46
.45
Scale
1"=40'
NORTH
AB# 2
4905ft2
Pretreated
Drip Repair
Pit#4
Pit#3
AB# 3
P5 77'
AB# 4
W4 105'
Pit#1
B3 105'
AB# 1
O2 104'
W1 75'
Pit#2
33'
Keep 10' from
house.
N67°41'44"W
322.05
N67°41'44"W
306.45
151
0.79 AC.
152
0.77 AC
150
0.81 AC.
70'
70'
HOUSE
58
187'
66
28
Proposed
Well
CASTLEVIEW LANE
(50' PUBLIC
DRIVE
108.88
110.00
S22°12'56"W
S22°12'56"W
631.

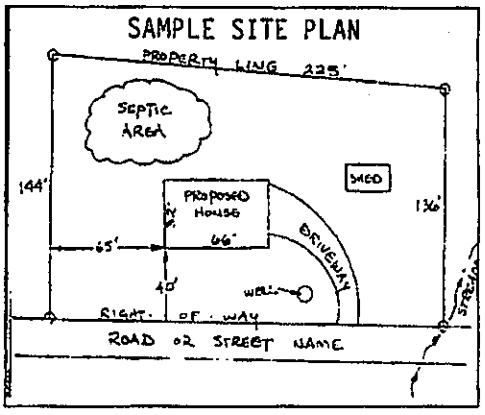
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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

Signature: _____

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

4-29-21

DATE



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

Reference: Data Sheet for Lot 151 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC

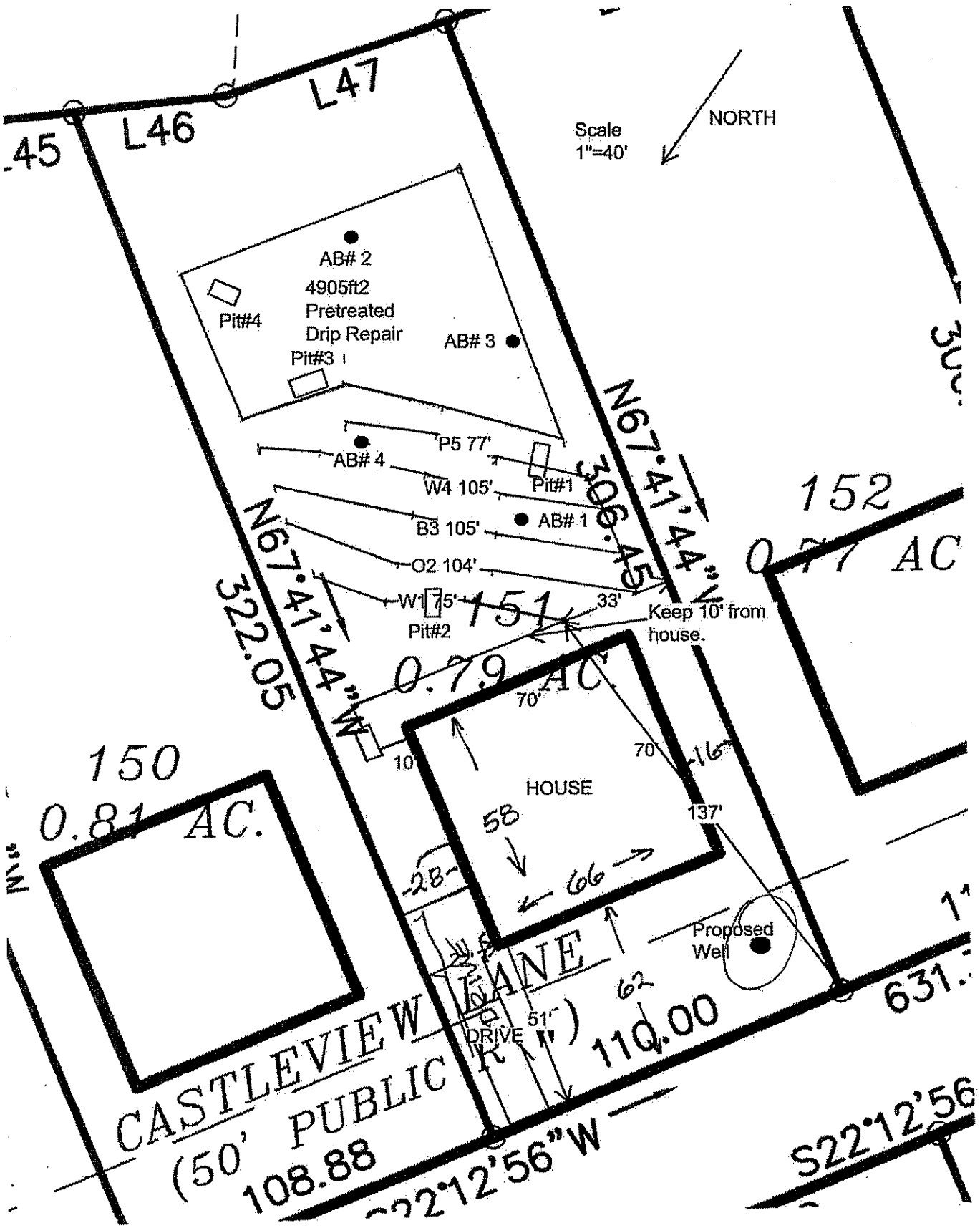
House Footprint: 70'x70'
Building Setback: 35' Front, 15' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.275 gpd/ft2
Suggested System Type: 25% Reduction
Repair Proposed LTAR: 0.1 GPD/ft2
Repair System Type: Pretreated Drip
Distribution: Gravity
Trench Bottom: 36"
Septic/ Pump tank size: 1000 gallon ST

Line	Design Length	Actual Length
White 1	70'	75'
Orange 2	100'	104'
Blue 3	100'	105'
White 4	100'	105'
Pink 5	70'	77'

Initial System: 440' 25% Reduction
Repair System: 4905 ft2 Pretreated Drip

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.
- There is a small drainage running through the septic area that will need to be graded out.


L47
L46
45
Scale
1"=40'
NORTH
AB# 2
4905ft2
Pretreated
Drip Repair
Pit#4
Pit#3
AB# 3
P5 77'
AB# 4
Pit#1
W4 105'
B3 105'
AB# 1
O2 104'
W1 75'
Pit#2
N67°41'44"W
322.05
N67°41'44"W
306.45
33'
Keep 10' from
house.
151
0.79 AC.
70'
70'
10'
HOUSE
58
66
137'
28'
150
0.81 AC.
152
0.77 AC
Proposed
Well
CASTLEVIEW LANE
(50' PUBLIC
DRIVE
51'
62
110.00
108.88
S22°12'56"W
631.
S22°12'56

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, CHARLES BLAIR, am the legal owner(s) of the property located at 131 CASTLEVIEW LN, MOORESVILLE, identified as

PIN (Parcel Identification Number) 4654762184, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CHRIS MOZELEY, LEGACY CONSTRUCTORS, 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.

DocuSigned by:
Charles E. Blair
E4A208F0DADD449...
Signature of Owner(s)

4/29/2021
Date

Mooresville - Environmental Health
[illegible]@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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317359 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4654762184.000	131 CASTLEVIEW LN	Iredell County

Owner Information	Applicant Information
Name: LEGACY CONSTRUCTORS LLC Address: Phone:	Name: LEGACY CONSTRUCTORS LLC Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.79	35	35	15	15		NO

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 04/30/2021

Permit Number	317359

TOTAL FEES:	$77.25

317359

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

CID 824128

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: ___

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ___

Does the property have community water? Yes (No) If yes, please list who provides it: ___

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Owner Information

Property Owner's Name CHARLES BLAIR Phone # 302-745-2649

Owner's Current Address 143 VILLAGE VIEW DR, ST 107, MOORESVILLE 28117

Property Information

Property Address 131 CASTLEVIEW LN, MOORESVILLE Parcel # [redacted] 4654762184

Subdivision: DAVIDSON DOWNES Lot: 15 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: ___

Directions to property (from a MAIN ROAD) ___

Application Information

Applicant's Name or Company LEGACY CONSTRUCTORS Applicant's Phone # 980-297-2787

Applicant's Address 4542 IVY RUN LN, DENVER NC 28037

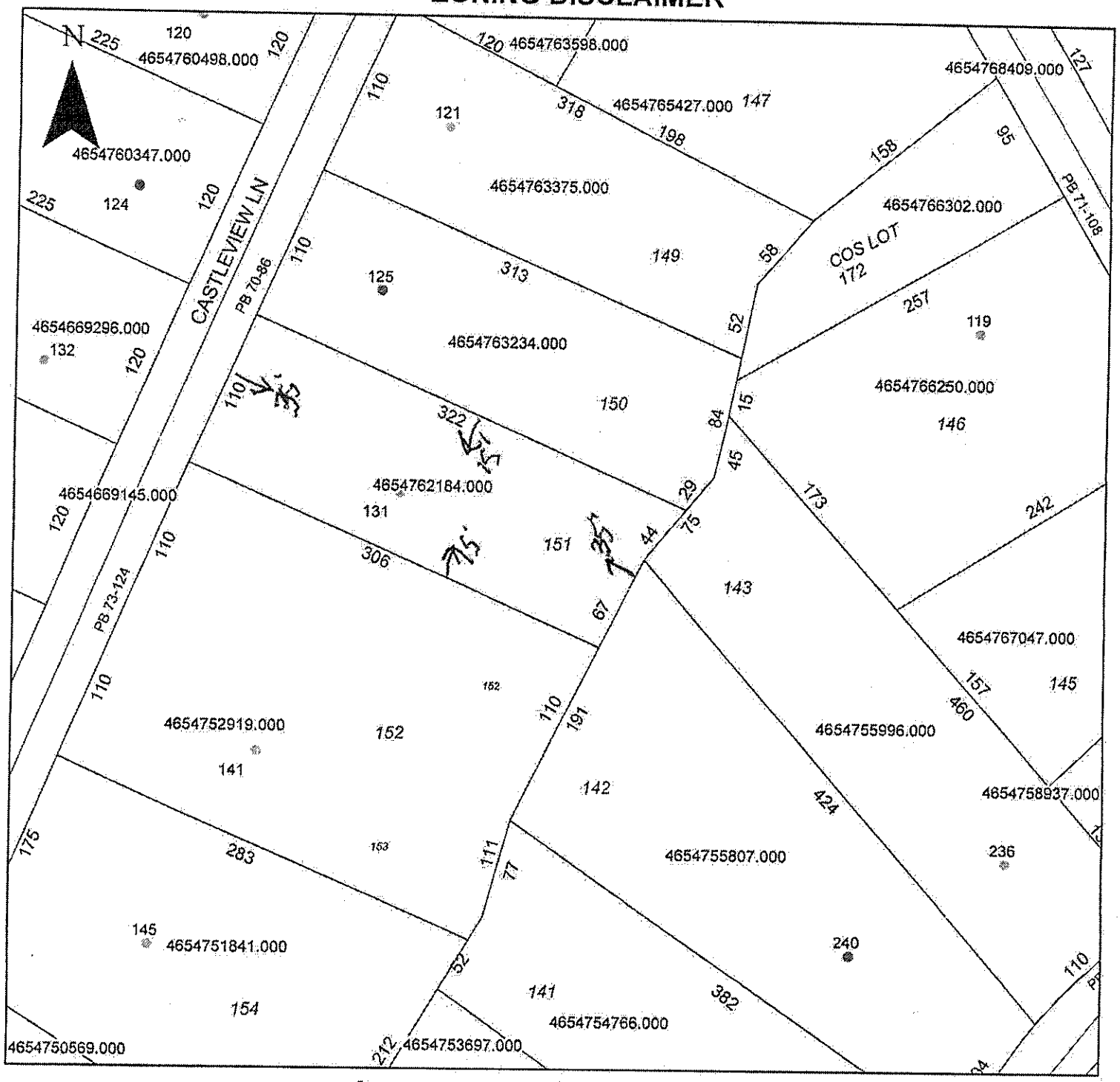
If Company, Representative's Name and Title CHRIS MOZELEY, MEMBER MANAGER

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT ___ DATE 4-29-21

acres .79
Iredell
RA flood no

ZONING DISCLAIMER



Property Address 131 Castleview Ln

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. Applicant further acknowledges that the 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.

✓ _____ ✓ 4-30-21

Applicant Date

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 2398360

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

PIN # 4654754930 New 4654762184

APPLICANT/OWNER: Ray Development LLC | APPLICANT ADDRESS: 4643 Mariner Ln. Denver, NC

SITE ADDRESS: 131 Castleview Ln. Mooresville, NC | PHONE: 980-297-2787 | ALT. PHONE 704-576-3887 (Michael Athanas)

SITE DIRECTIONS: NC 115 → L on Presbyterian → R on Sink Farm → R on Manorly → L on Castleview Ln. | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Davidson Downs | SECTION: — LOT # 151 LOT AREA: | DESIGN FLOW: 480 gpd | L.T.A.R.: .275 (.1 repair)

Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: pretreatment drip		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5	Linear Ft 440'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	31" 36" highside	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100' from any well when installing septic system.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

See Attached site plan by Michael Athanas and Associates with updated House position drawn on. 2/25/2020 PJB

AS BUILT SKETCH

APPROVED

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**

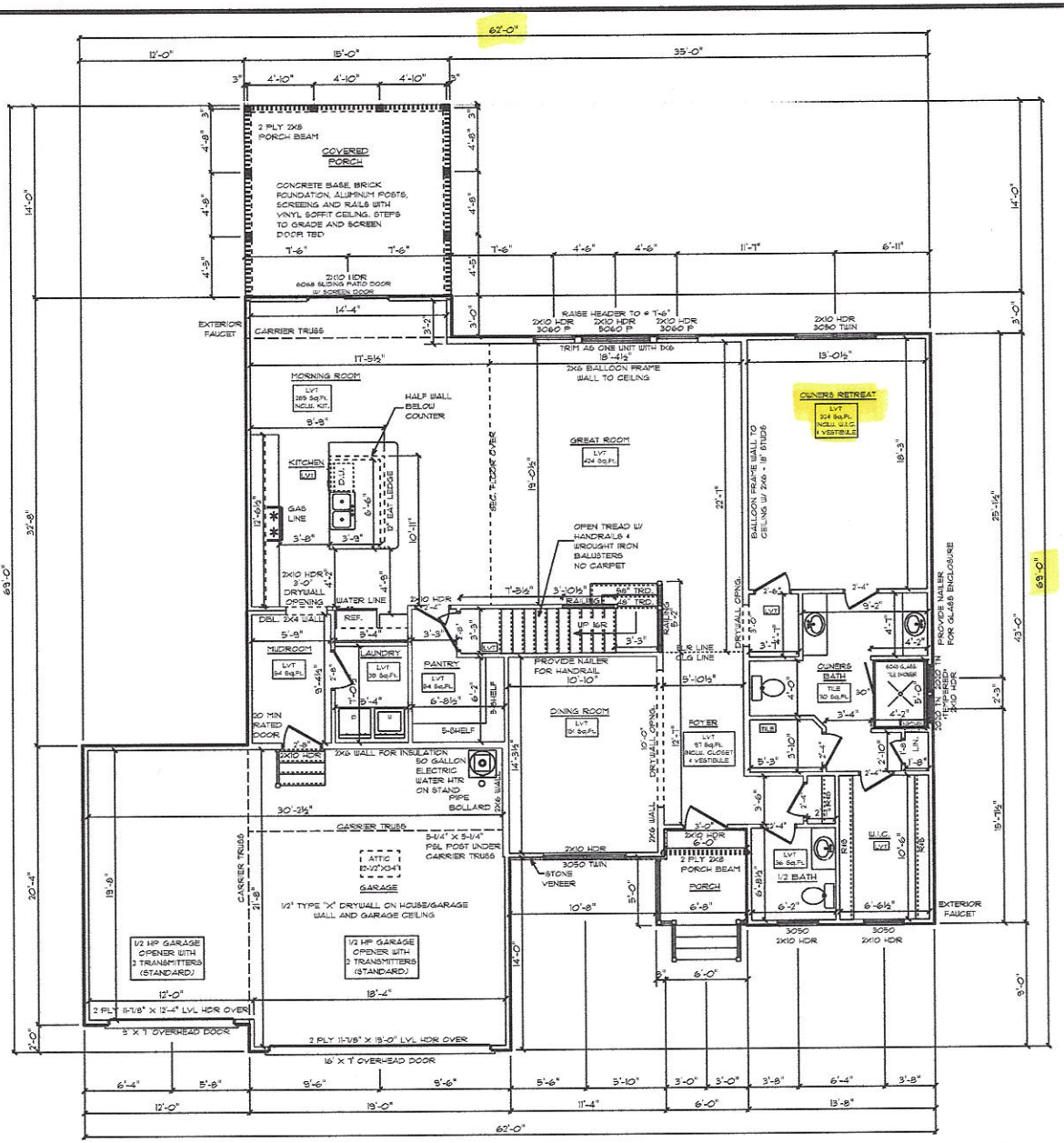
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 11-29-18 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 02/25/20 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.



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

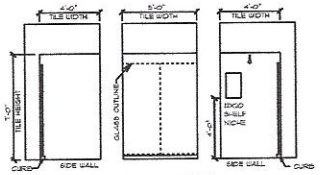
PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
- PLY-GEM LOWE VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE WALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

ADDITIONAL NOTES:
- SOLID SHEATHING BEHIND SHOWER WALLS AND AROUND WATER CLOSETS FOR GRAB BARS

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.



TILED BASE PER SELECTION
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN W/ TALL NICHE RO 3'-0" LARGER THAN CALLOUT

5'X4' TILED SHOWER DETAIL

MEMBRANE WATERPROOFING ON FLOORS AND WALLS

OLIVIA A / CUSTOM

FIRST FLOOR PLAN

9' CEILING HEIGHT

SQUARE FOOTAGES: 2978 SQFT
1ST FLOOR • 1834 SQFT
2ND FLOOR • 1105 SQFT
OPEN AREA • 49 SQFT
GARAGE • 685 SQFT
PORCHES • 256 SQFT
PORCHES • 1836 SQFT

CUSTOM BUILT FOR: DALE AND ROBERT WOODBRIDGE

JOB #: CH: VH • UD '21

DESCRIPTION: CASTLEWELL LANE, LOT 151 HICKORY NC IREDELL COUNTY

DRAWN BY: DMB

DATE: 1/17/2020

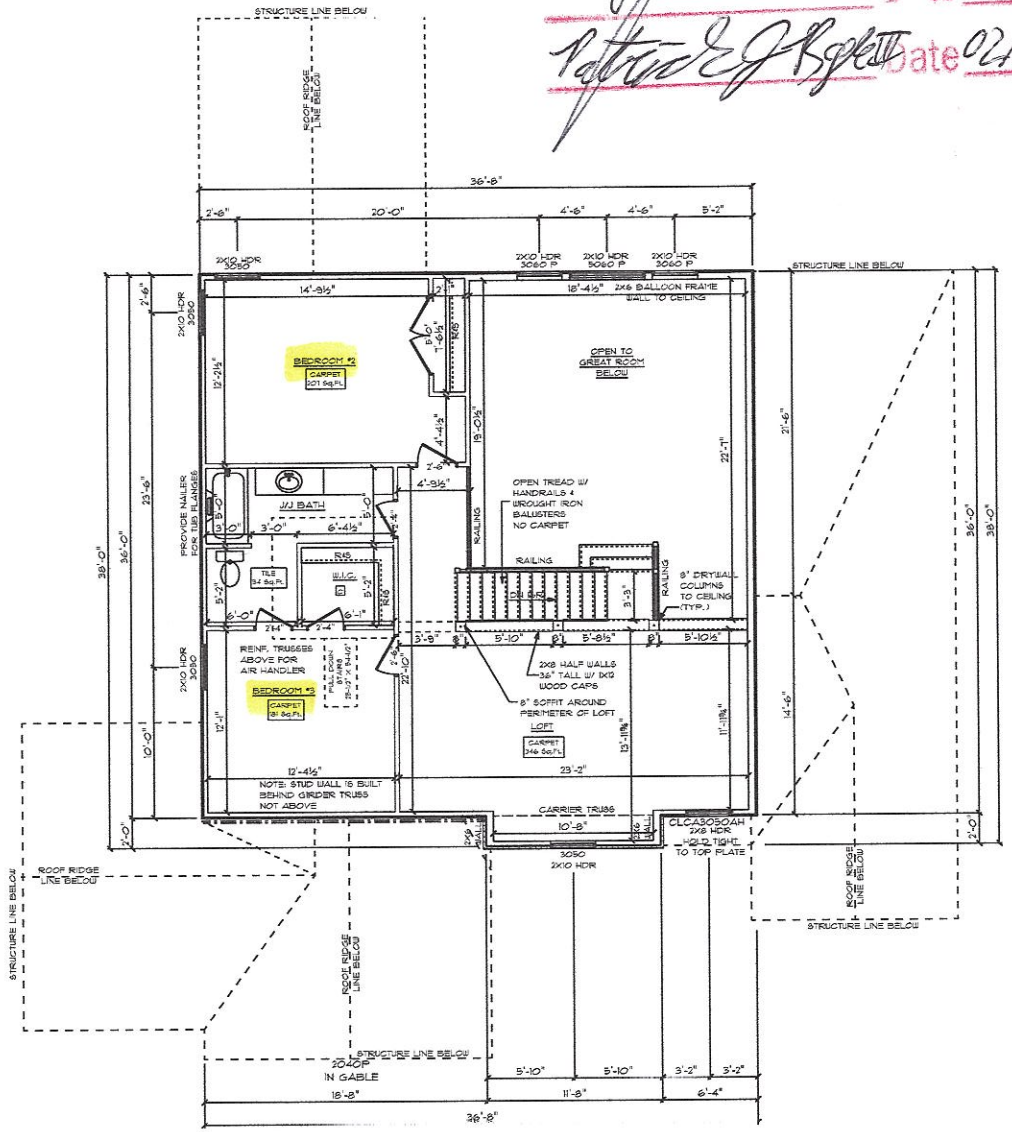
SCALE: 1/8" = 1'-0"

SHEET: 6

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SCHUMACHER HOMES

Acknowledgement Of
Plans Submittal ONLY
Date
Date 02/25/2020


STRUCTURE LINE BELOW
ROOF RIDGE LINE BELOW
36'-8"
2'-6"
20'-0"
4'-6"
4'-6"
5'-2"
2X10 HDR 3050
2X10 HDR 3060 IP
2X10 HDR 3060 IP
2X10 HDR 3060 IP
14'-9½"
18'-4½"
2X6 BALLOON FRAME WALL TO CEILING
BEDROOM #2
CARPET
201 SQ.FT.
OPEN TO GREAT ROOM BELOW
J/J BATH
TILE
34 SQ.FT.
W.I.C.
OPEN TREAD W/ HANDRAILS & WROUGHT IRON BALUSTERS NO CARPET
RAILING
9' DRYWALL COLUMNS TO CEILING (TYP.)
PROVIDE NAILER FOR TUB FLANGE
REINF. TRUSSES ABOVE FOR AIR HANDLER
BEDROOM #3
CARPET
191 SQ.FT.
2X8 HALF WALLS 36" TALL W/ 2X12 WOOD CAPS
8" SOFFIT AROUND PERIMETER OF LOFT
LOFT
CARPET
246 SQ.FT.
12'-4½"
NOTE: STUD WALL IS BUILT BEHIND GIRDER TRUSS NOT ABOVE
29'-2"
CARRIER TRUSS
10'-8"
CLG.
CLG.
CLG.



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

Reference: Data Sheet for Lot 151 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC

House Footprint: 70'x70'
Building Setback: 35' Front, 15' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.275 gpd/ft2
Suggested System Type: 25% Reduction
Repair Proposed LTAR: 0.1 GPD/ft2
Repair System Type: Pretreated Drip
Distribution: Gravity
Trench Bottom: 36"
Septic/ Pump tank size: 1000 gallon ST

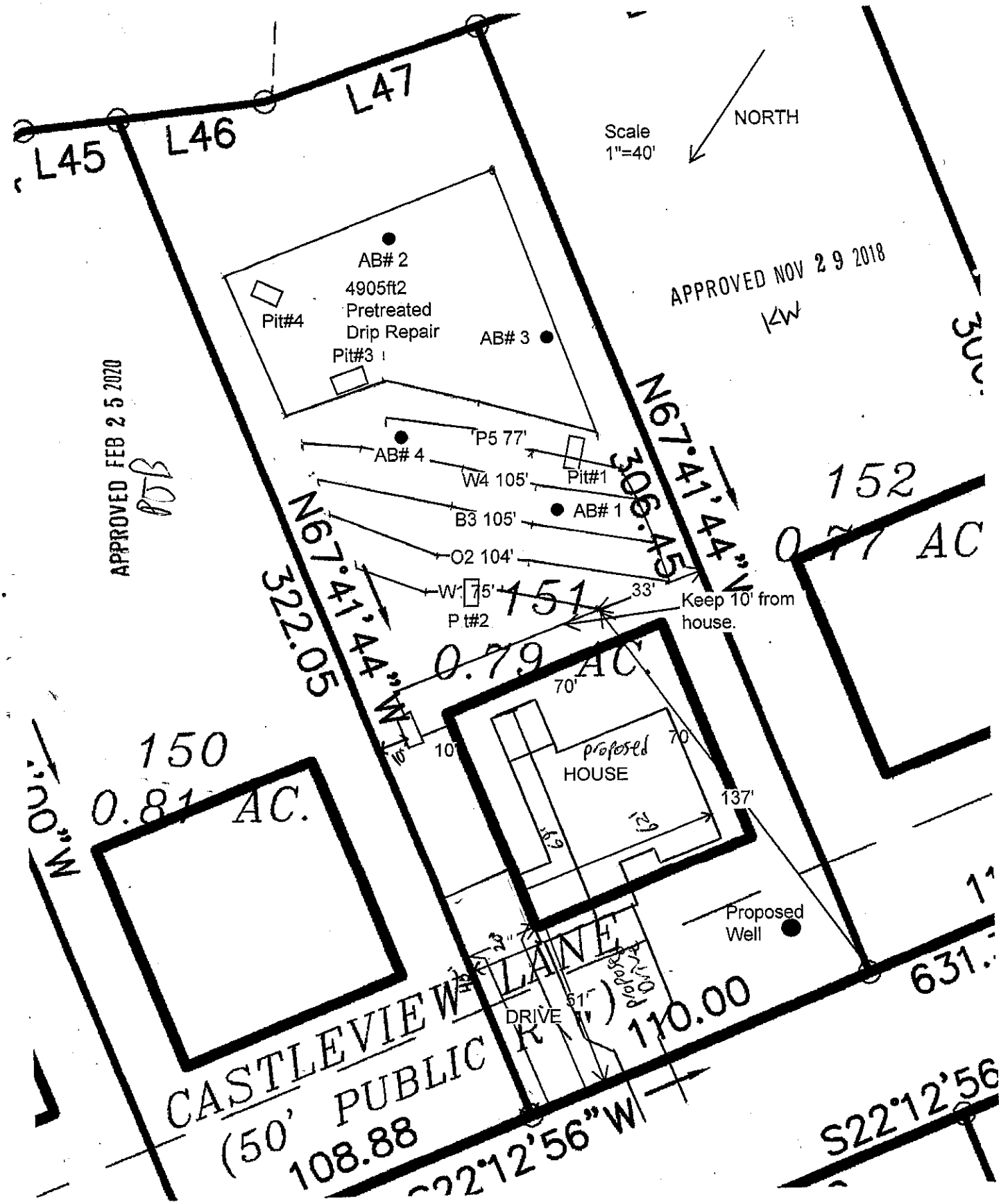
Line	Design Length	Actual Length
White 1	70'	75'
Orange 2	100'	104'
Blue 3	100'	105'
White 4	100'	105'
Pink 5	70'	77'

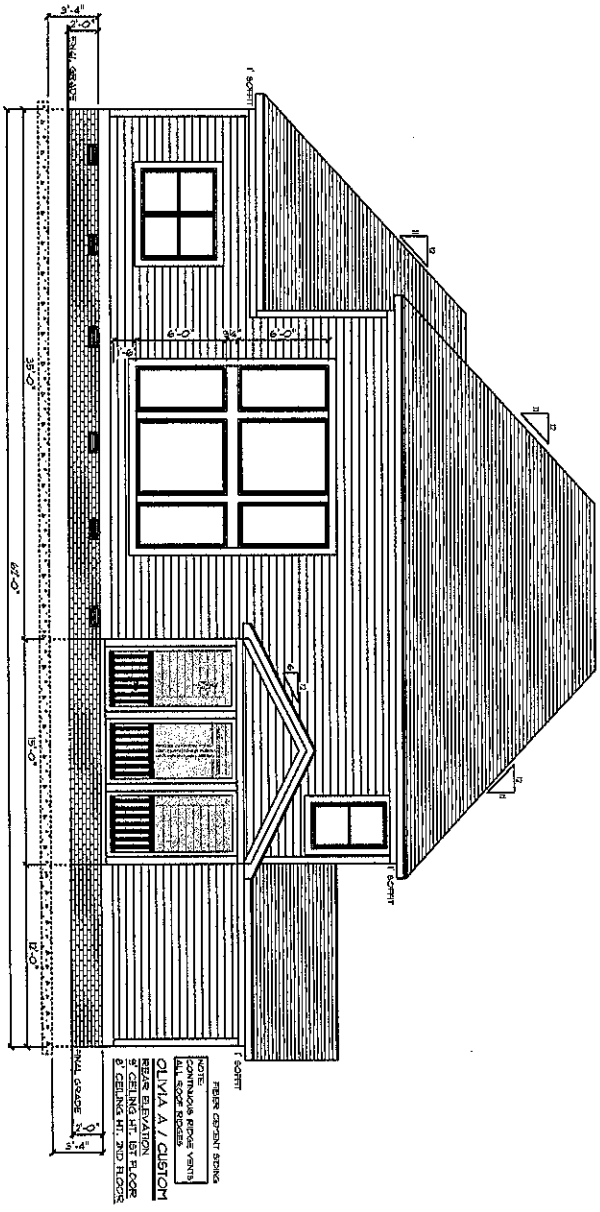
Initial System: 440' 25% Reduction
Repair System: 4905 ft2 Pretreated Drip

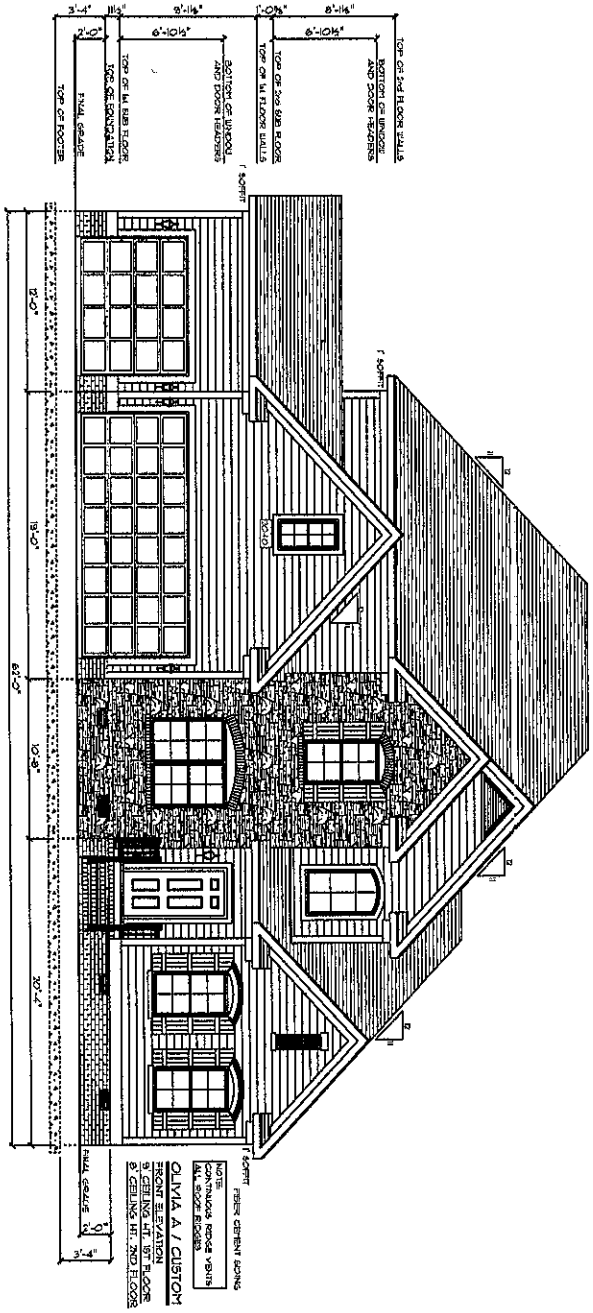
Comments:
The purpose of this evaluation is to permit the property for a 4-bedroom residence.

- The proposed house site has been staked by the surveyor using stakes with white tape.
- ~~There is a small drainage running through the septic area that will need to be graded out.~~

APPROVED NOV 29 2018
KW


L45
L46
L47
Scale
1"=40'
NORTH
APPROVED NOV 29 2018
KW
APPROVED FEB 25 2020
BOB
AB# 2
4905ft2
Pretreated
Drip Repair
Pit#4
Pit#3
AB# 3
P5 77'
AB# 4
W4 105'
Pit#1
B3 105'
AB# 1
O2 104'
W1 75'
Pit#2
N67°41'44"W
306.45
N67°41'44"W
322.05
33'
Keep 10' from
house.
152
0.77 AC
151
0.79 AC
70'
10'
proposed
HOUSE
70'
137'
150
0.81 AC.
Proposed
Well
CASTLEVIEW LANE
(50' PUBLIC R/W)
DRIVE
51'
110.00
108.88
S22°12'56"W
631.





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CUSTOM BUILT FOR:
DALE AND ROBERT WOODBRIDGE

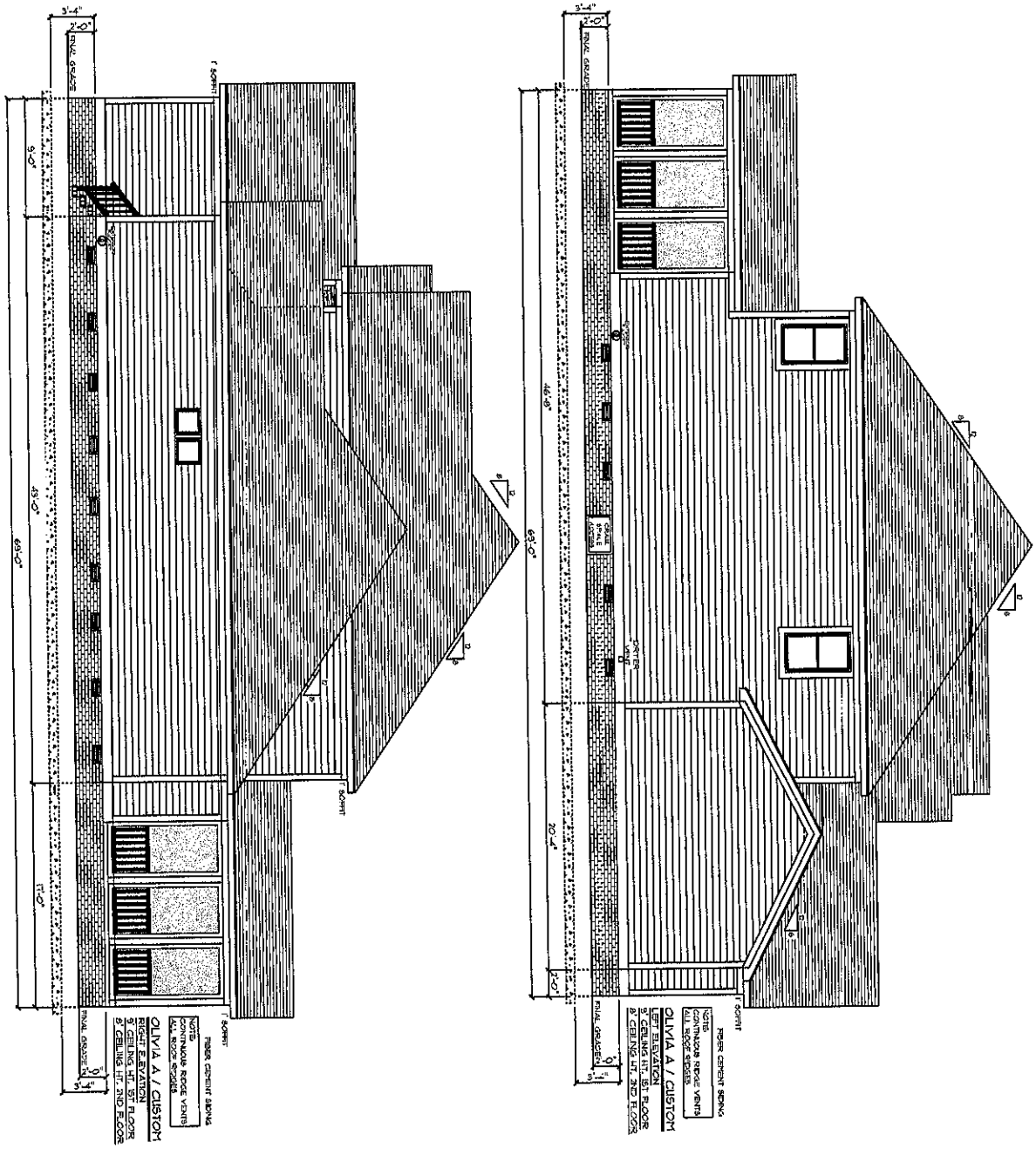
JOB #: | CH #: | VH # 410 171

LOCATION: CASTLEVIEW LANE, LOT 191
MOORESVILLE, NC
IREDELL COUNTY

SQUARE FOOTAGES: 2978 SQFT
1ST FLOOR = 1894 SQFT
2ND FLOOR = 1125 SQFT
OPEN AREA = 418 SQFT
GARAGE = 688 SQFT
PORCHES = 256 SQFT
FOYER/HALL = 1856 SQFT

DRAWN BY: DMB | DATE: 1/13/2020 | SCALE: 1/8" = 1'-0" | SHEET: 1

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CUSTOM BUILT FOR:
DALE AND ROBERT WOODERIDGE

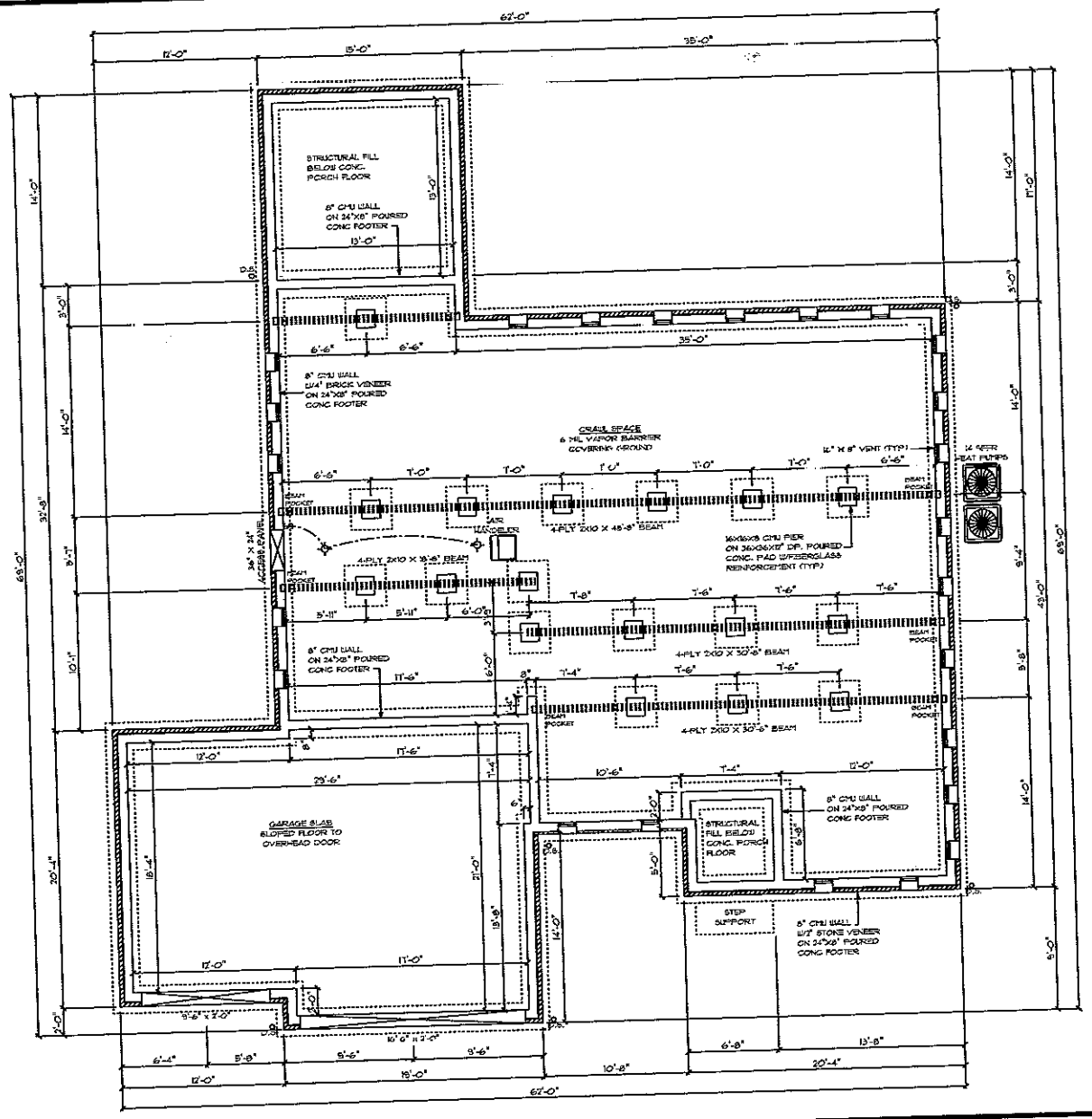
JOB #: | SN #: | VH # 100 121

LOCATION: CASTLEVIEW LANE, LOT 151
MOORESVILLE, NC,
IREDELL COUNTY

SQUARE FOOTAGES: 2578 SQFT
1ST FLOOR = 1284 SQFT
2ND FLOOR = 1125 SQFT
OPEN AREA = 419 SQFT
GARAGE = 699 SQFT
PORCHES = 296 SQFT
PONIC/RAIL = 1896 SQFT

DRAWN BY: DHB | DATE: 1/1/2020 | SCALE: 1/8" = 1'-0" | SHEET: 2

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FOUNDATION NOTES:

1. BRICK VENEER ALL EXPOSED FOUNDATION
2. BOTTOM OF PIER PADS ELEVATION SHALL BE 2" BELOW BOTTOM OF CONT. FOOTER ELEVATION.
3. DURAWALL 16"O.C. VERTICALLY (HORIZ. REINF.)
4. CONCRETE & MASONRY FOUNDATION WALLS SHALL EXTEND ABOVE FINISHED GRADE ADJACENT TO THE FOUNDATION A MIN. OF 4" WHERE MASONRY VENEER IS USED AND 6" MIN. ELSEWHERE.
5. ALL SILLS, PLATES, OR BAND JOISTS THAT REST ON OR IN CONTACT WITH CONCRETE OR MASONRY EXTERIOR WALLS SHALL REQUIRE THE USE OF PRESSURE PRESERVATIVE TREATMENT.

PIERS:

1. THE UNSUPPORTED HEIGHT OF MASONRY PIERS SHALL NOT EXCEED 10 TIMES THEIR LEAST DIMENSION. WHEN HOLLOW CONCRETE MASONRY UNITS ARE USED FOR ISOLATED PIERS TO SUPPORT BEAMS AND GIRDERS, THE CELLULAR SPACES SHALL BE FILLED SOLIDLY WITH CONCRETE.

CRAWL SPACE VENT CALCULATION:

TOTAL VENTED AREA= 1856
8"X16" VENT = 128 SQ IN = 0.89 SQFT
ASSUMED NET FREE AREA = 0.53 SQFT
TOTAL SQFT VENTILATION NEEDED 1856 /150 = 12.37
12.37 /0.53 = 24 TOTAL VENTS

WIRE DEDICATED CIRCUIT FOR WELL

GENERAL ELECTRICAL NOTES:

- GFI'S REQUIRED IN CRAWL SPACE & ACCESS PANEL AND & AIR HANDLER/FURNACE
- LIGHTS TO BE WITHIN 6' OF ACCESS PANEL AND & AIR HANDLER/FURNACE
- WIRE AIR HANDLER/FURNACE
- ELECTRICAL PANEL TO BE GROUNDED TO THIS OUTMOST

OLIVIA A / CUSTOM

FOUNDATION PLAN

SQUARE FOOTAGES: 3272 SQFT
1ST FLOOR = 1856 SQFT
2ND FLOOR = 1216 SQFT
OPEN AREA = 478 SQFT
GARAGE = 659 SQFT
PORCHES = 445 SQFT
PORCH/ALL = 1856 SQFT

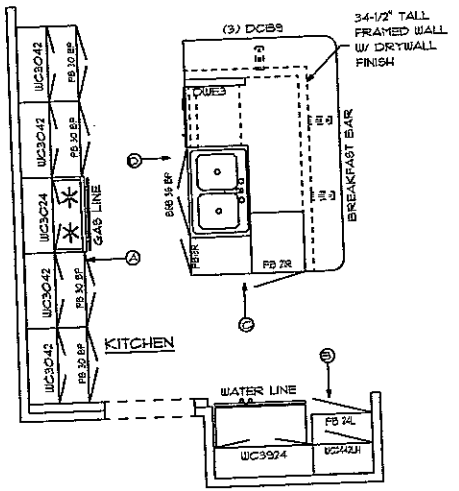
CUSTOM BUILT FOR: DALE AND ROSEMARY WOODRIDGE
JOB #: LOT: 21
LOCATION: CASTLEVIEW LANE, LOT 21 MOORESVILLE, NC, IREDELL COUNTY

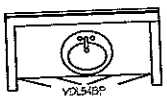
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DATE: 11/7/2020
SCALE: 1/8" = 1'-0"
SHT: 3

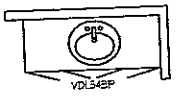
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Rudy Schumacher
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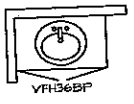
NOTE: CABINET DRAWING DIMENSIONS ACCOUNT FOR 1/2" OF DRYWALL



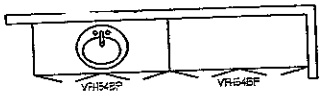




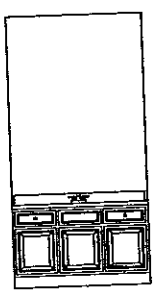
OWNER'S BATH

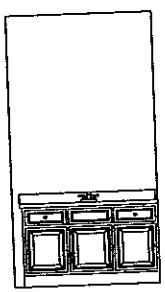


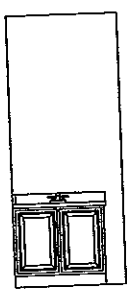
1/2 BATH

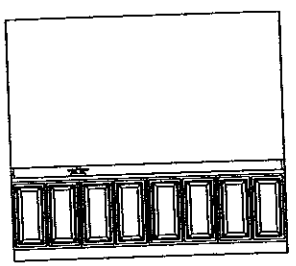


JACK & JILL BATH









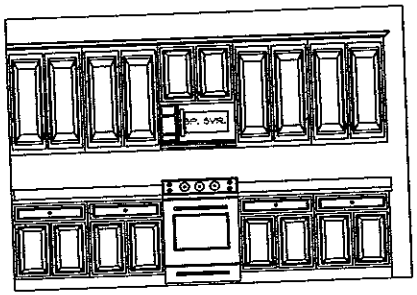
OLIVIA A / CUSTOM

CABINET PLAN

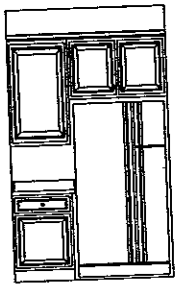
CABINET NOTES:

KITCHEN
- MARSH BIRCH CABINETS W/ TRADITIONAL OVERLAY
- 2-1/4" KITCHEN CABINET CROWN MOLDING
- QUARTZ COUNTERTOPS
- UNDERMOUNT STAINLESS STEEL KITCHEN SINK
- SATIN NICKEL ROUND KNOBS

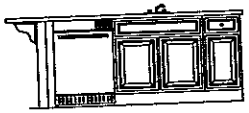
BATHS
- MARSH BIRCH CABINETS W/ TRADITIONAL OVERLAY
- GRANITE COUNTERTOPS
- SATIN NICKEL ROUND KNOBS



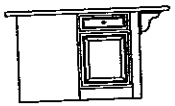
ELEVATION "A"



ELEVATION "B"



ELEVATION "D"



ELEVATION "C"

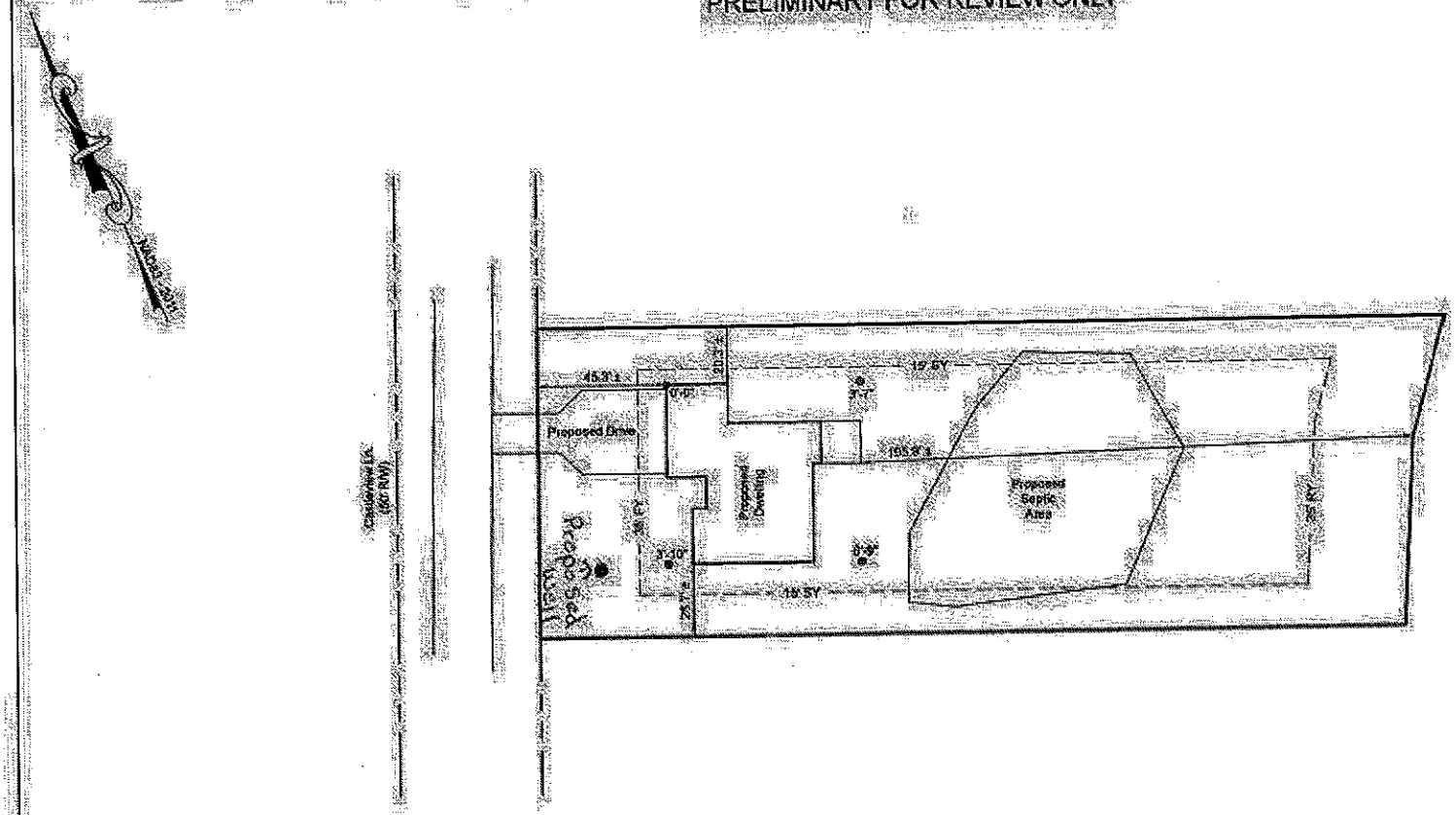
PRECON NOTES:
- CLARIFY OR VERIFY J&J BATH VANITIES. CONTRACT SAYS PER REDLINES, AND REDLINES SHOW (2) WITH SINKS

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 261-3482
www.schumacherhomes.com
SCHUMACHER HOMES

CUSTOM HOME FOR: DALE AND ROBERT WOODBRIDGE
JOB #:
LOCATION: CASTLEVIEW LANE, LOT 86 MOORESVILLE, NC IREDELL COUNTY
SCALE: 1/4" = 1'-0"
DRAWN BY: DATE: 2/17/2020
SQUARE FOOTAGES: 2975 SQFT
1ST FLOOR: 1834 SQFT
2ND FLOOR: 1105 SQFT
OPEN AREAS: 410 SQFT
GARAGE: 441 SQFT
PORCHES: 736 SQFT
FOUNDRAIL: 1896 SQFT
SHEET 11

COPYRIGHT SCHUMACHER HOMES OPERATIONS, INC. ALL RIGHTS RESERVED. THE PLANS AND THE DESIGNS EMBODIED HEREIN ARE THE PROPERTY OF SCHUMACHER HOMES OPERATIONS, INC. AND THE DESIGNS EMBODIED HEREIN MAY NOT BE REPRODUCED, COPIED OR TRANSMITTED WITHOUT THE EXPRESS WRITTEN CONSENT OF SCHUMACHER HOMES OPERATIONS, INC. ANY DERIVATIVE WORKS, TECHNICAL DRAWINGS OR TO BUILD A STRUCTURE REPRODUCED, COPIED OR TRANSMITTED WITHOUT THE EXPRESS WRITTEN CONSENT OF SCHUMACHER HOMES OPERATIONS, INC. ANY UNAUTHORIZED USE OF THESE PLANS AND DESIGNS WITHOUT SUCH CONSENT IS A VIOLATION OF UNITED STATES COPYRIGHT LAW AND MAY RESULT IN DAMAGES IN EXCESS OF $50,000 PER LOT OR PERFORMANCE

PRELIMINARY FOR REVIEW ONLY



0 40 80 120

LEGEND

FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

REFERENCE:

BEING ALL OF LOT 151 - DAVIDSON DOWNES SUBDIVISION - PHASE IV - AS RECORDED IN P.B. 70, PG. 88 - IREDELL COUNTY REGISTRY.

SETBACKS:

PROPERTY SUBJECT TO A 38' FRONT YARD (FY), 15' SIDE YARD (SY), & 30' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE.

JORDAN GRANT

ENGINEERING • SURVEYING • PLANNING

JORDAN GRANT & ASSOCIATES, PLLC

P.O. BOX 151 • STATESVILLE, NC 28687

mattg@jordan-grant.com • (704) 928-7919

FIRM # P-1227

OWNER: Woodbridge

DRAWN BY: JWE	CHECKED BY: MG
SCALE: 1" = 40'	
DEED REF.: 2436 - 1662	PIN NO: 4634-75-2184
DATE OF MAP: 01-16-20	SURVEY DATE: 01-15-20
REVISION:	DRAWING FILE: 20200106

151 Cashaway Ln. Mooresville, NC 28115

Caddie Creek TWSP • Iredell County • North Carolina

AP-304488
1-29-2020
$500.00 / $550.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Dale Woodbridge Address: 1209 Longacre Dr Augusta GA Zip: 30906
Applicant Email: dalewoodbridge@yahoo.com Phone: _____ Alt. Phone: 7863899399
Owner Name: Dale Woodbridge Address: 1209 Longacre Dr Augusta GA Zip: 30906
Owner Email: dalewoodbridge@yahoo.com Phone: _____ Alt. Phone: 7863899399

Property Information:

Street Address: 131 Castleview Lane Mooresville NC 28115
Subdivision Name: Davidson Downes Section/Phase: IV Lot Number: 151
Driving Directions: Sink Farm Road, raine for right, turn next right, follow road around to left lot is approx ¾ way down on left

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) 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: Dale Woodbridge 1-25-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

_____Property Line measurements are clearly identified… **_____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**

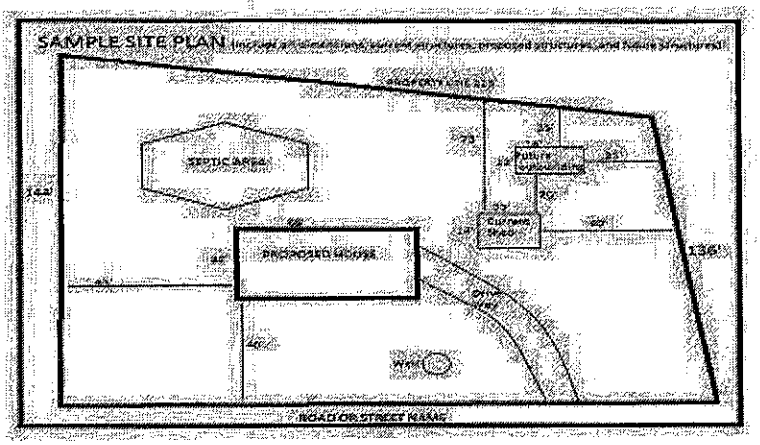
_____Front and side setbacks from property line… **_____Preferred driveway location and configuration, preferred well location…**

_____Area you prefer your septic system to be placed… **_____North arrow, or other sufficient indicator of direction…**

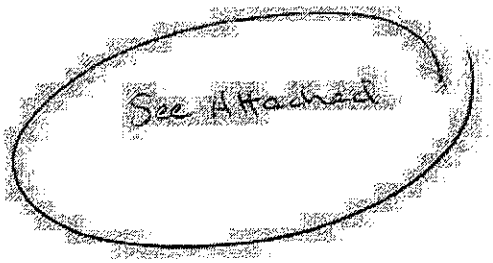
Circle N/A on the following if appropriate:

_____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



Signature: _____ 1-25-2020

REQUIRED property owner or owner's legal representative signature. 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)* _____

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

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular ___ Duplex ___ Singlewide ___ Doublewide ___ Pier ___ Addition ___ Bedroom addition ___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed) ___ Swimming pool ___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

Please describe project (Details, Purpose, or Use): Residential - Primary Residence

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2800

Does the property have community water? Yes (No) If yes, please list who provides it:

Does the property have community sewer? Yes (No) If yes, please list who provides it:

Owner Information

Property Owner's Name Robert & Dale Woodbridge Phone # 786 389 9399

Owner's Current Address 1209 Longpoint Dr Augusta GA 30906

Property Information

Property Address 181 Crestview Ln Mooresville NC 28115 Parcel #

Subdivision: Deerfield Downs Lot 151 Zoning: ___ Watershed: Y / N Flood Plain: Y (N) Township:

Directions to property (from a MAIN ROAD) Take Turnersburg Rd, turn left onto Deerfield Downs Dr, follow around to left, lot is approx 2 houses down on left

Application Information

Applicant's Name or Company Dale Woodbridge Applicant's Phone # 786 389 9399

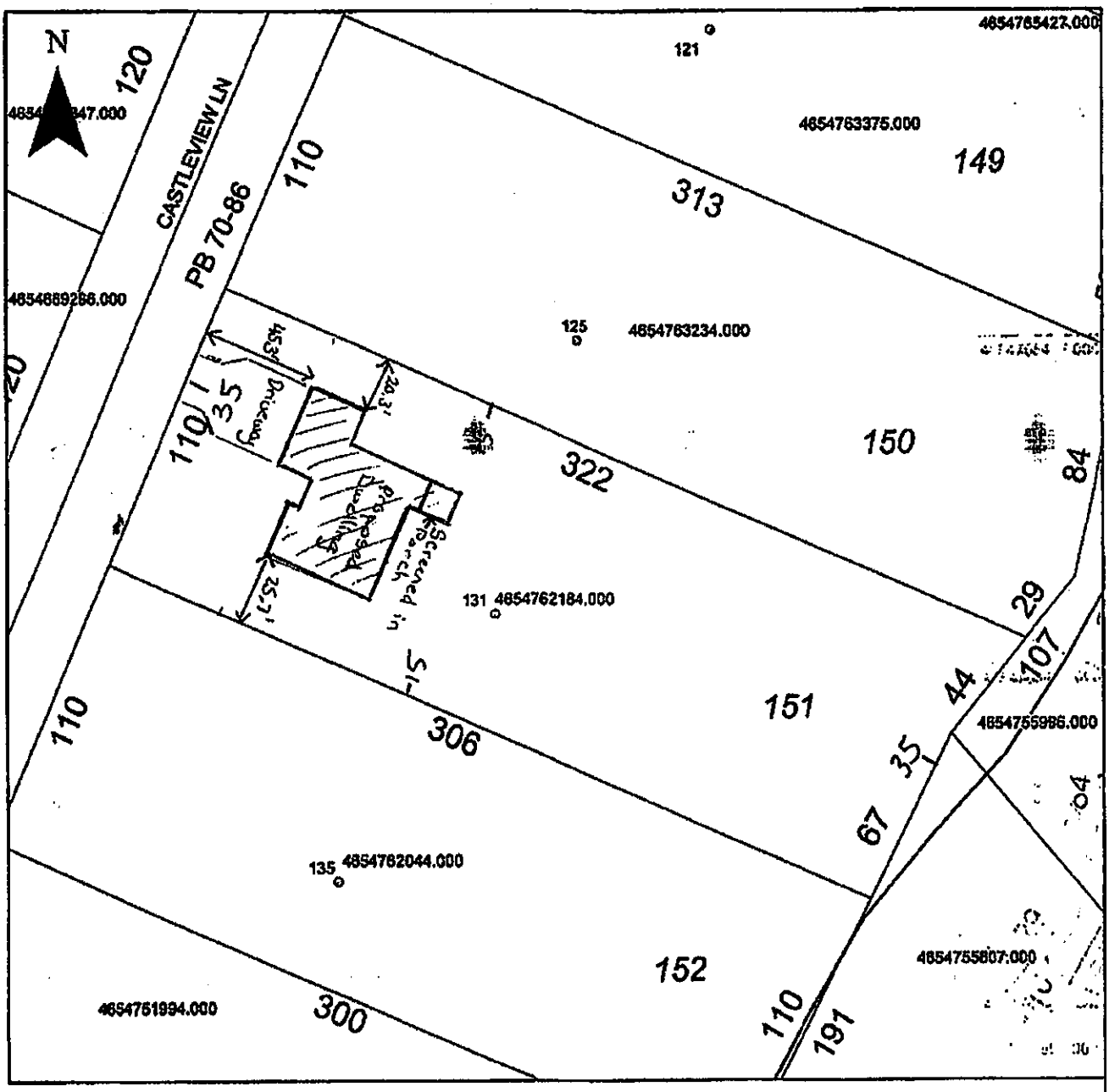
Applicant's Address 1209 Longpoint Dr Augusta GA 30906

If Company, Representative's Name and Title

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Dale Woodbridge DATE 1-27-2020

ZONING DISCLAIMER

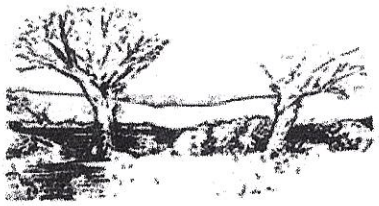


Property Address 131 Castleview

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. Applicant further acknowledges that the 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.

D Woodbridge
Applicant

1-28-2020
Date



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

See revised

Reference: Data Sheet for Lot 151 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC



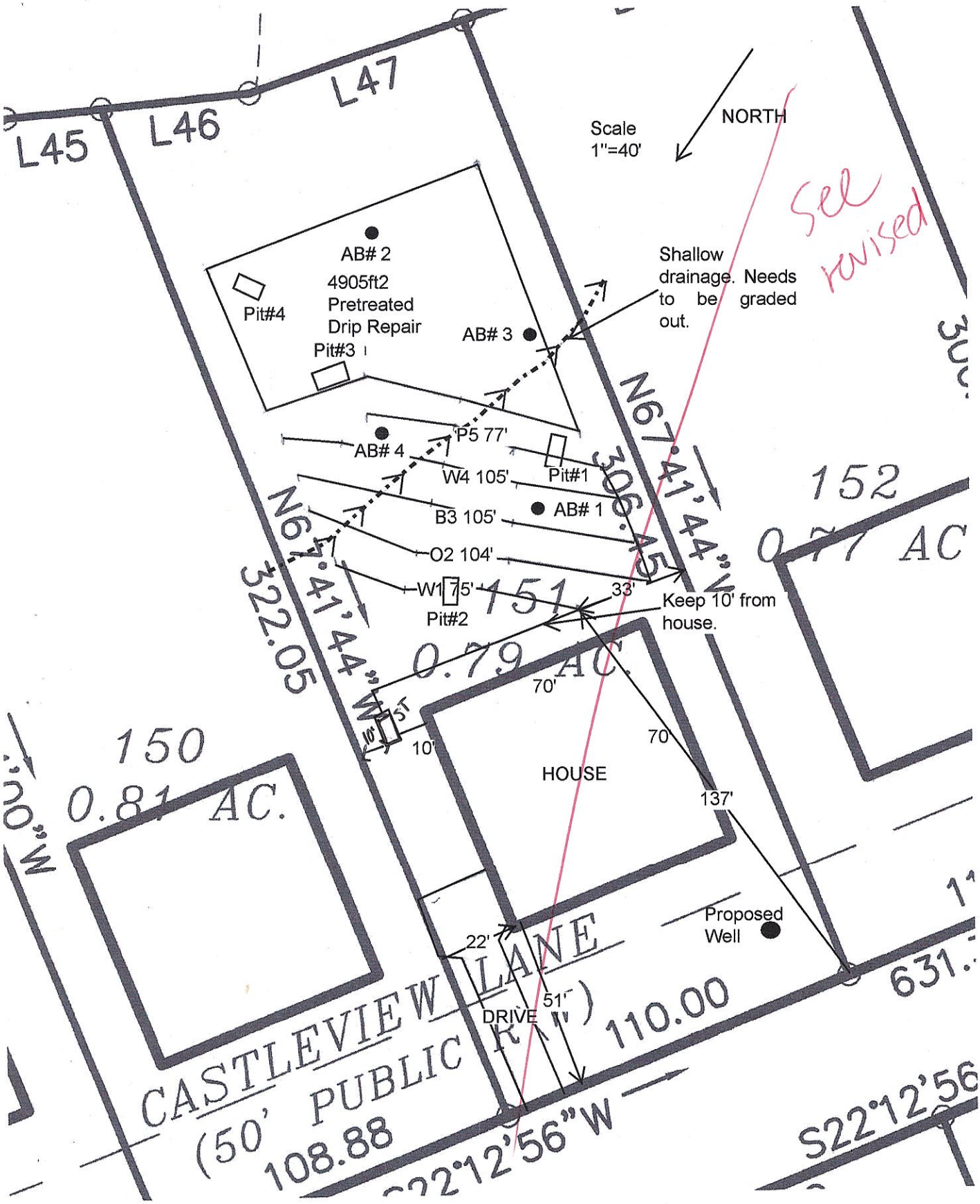
House Footprint: 70'x70'
Building Setback: 35' Front, 15' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: 25% Reduction
Repair Proposed LTAR: 0.1 GPD/ft2
Repair System Type: Pretreated Drip
Distribution: Gravity
Trench Bottom: 30"
Septic/ Pump tank size: 1000 gallon ST

Line	Design Length	Actual Length
White 1	75'	75'
Orange 2	85'	104'
Blue 3	85'	105'
White 4	80'	105'
Pink 5	75'	77'

Initial System: 400' 25% Reduction
Repair System: 4905 ft2 Pretreated Drip

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.
- There is a small drainage running through the septic area that will need to be graded out.


L45
L46
L47
Scale
1"=40'
NORTH
See revised
AB# 2
4905ft2
Pretreated
Drip Repair
Pit#4
Pit#3
AB# 3
Shallow drainage. Needs to be graded out.
AB# 4
P5 77'
W4 105'
Pit#1
B3 105'
AB# 1
O2 104'
W1 75'
Pit#2
N67°41'44"W
322.05
N67°41'44"W
306.45
152
0.77 AC
151
0.79 AC.
33'
Keep 10' from house.
70'
70'
10'
5'
HOUSE
137'
150
0.81 AC.
Proposed Well
22'
51'
DRIVE
CASTLEVIEW LANE
(50' PUBLIC R/W)
108.88
110.00
S22°12'56"W
631.
S22°12'56"W

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: TBD; Castleview Lane; Lot 151 Davidson Downes IV
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**

OWNER: Ray Development APPLICATION DATE
ADDRESS: 463 Mariner Lane Denver, NC 28037 DATE EVALUATED: 10/2018

PROPOSED FACILITY: 4 bedroom Residence **PROPOSED DESIGN FLOW (.1949):** 480 gpd **PROPERTY SIZE:** 0.79 Acres

LOCATION OF SITE: Castleview Lane Mooresville, NC 28115 PROPERTY RECORDED: To be recorded
WATER SUPPLY: ☐ Private ☐ Public ☐☐Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring X 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
AB 1	LS 12-13%	0"-7"	Br SCL WSBK	SS SP FR SEXP		36"	Few to common saprolite inclusions 23"-36". PS	None	0.3+
		7"-23"	R C SBK	SS SP FR SEXP					
		23"-36"	R CL WSBK	SS SP FR SEXP					
		36"-48"	V L Saprolite M	SS SP FR SEXP					
AB 2	LS 12-13%	0"-5"	Br L WSBK	SS SP FR SEXP	Few Mn 5"-30". Chr. 2 at 30".	30"		None	0.1– Drip
		5"-30"	R SCL WSBK	SS SP FR SEXP					
AB 3	LS 12-13%	0"-13"	RBr SCL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 36"-48".	None	0.3
		13"-36"	R C SBK	SS SP FR SEXP					
		36"-48"	R CL WSBK	SS SP FR SEXP					
Pit 1	LS 12-13%	0"-8"	Br SCL WSBK	SS SP FR SEXP		37"	Few to common saprolite inclusions 18"-37". PS	None	0.3+
		8"-18"	R C SBK	SS SP FR SEXP					
		18"-37"	R CL WSBK	SS SP FR SEXP					
		37"-72"	V L Saprolite M	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 ft2	4905 ft2
System Type(s)	25% Reduction	Pretreated Drip
Site LTAR	~~0.3~~ .275	0.1

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

EVALUATED BY: MA&A

OTHER(S) PRESENT:

COMMENTS:

APPROVED NOV 29 2018
KW

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM Cont.

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 2	LS 12-13%	0"-10"	RBr CL WSBK	SS SP FR SEXP		42"	Few to common saprolite incluisons 29"-42". PS Depth to saprolite varied 36"-42".	None	0.3+
		10"-29"	R C SBK	SS SP FR SEXP					
		29"-42"	R CL WSBK	SS SP FR SEXP					
		42"-72"	V L Saprolite M	SS SP FR SEXP					
Pit 3	LS 12-13%	0"-15"	Br SCL WSBK	SS SP FR SEXP		49"	Few to common saprolite incluisons 38"-49". PS	None	0.3+ 0.1+ Drip
		15"-32"	RBr SCL WSBK	SS SP FR SEXP					
		32"-38"	R C SBK	SS SP FR SEXP					
		38"-49"	R CL WSBK	SS SP FR SEXP					
		49"-52"	V L Saprolite M	SS SP FR SEXP					
Pit 4	LS 12-13%	0"-6"	Br L WSBK	SS SP FR SEXP	Few Mn inclusions 6"-25". Chr. 2 at 25"	25"		None	0.1+ Drip
		6"-25"	R SCL WSBK	SS SP FR SEXP					

APPROVED NOV 29 2018
KW

RECEIVED OCT 2 6 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 # 239836

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: 4643 Mariner Ln, Denver, NC Zip: 28037

Applicant Email: _____ Phone: Chris-980-297-2787 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 131 Castleview Ln

Subdivision Name: Davidson Downs Section/Phase: _____ Lot Number: 151

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 ( ) 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: Accepted

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: _____ 10/25/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

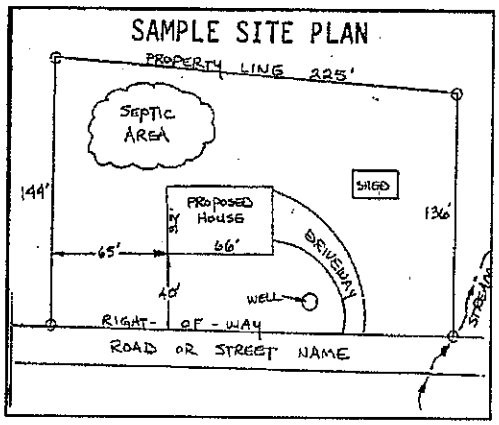
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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: _____ 10/25/2018

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

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 Mozeley, am the legal owner(s) of the property located at Davidson Downs Lot 15, 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
	10/25/2018		

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

IREDELL COUNTY

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

APPLICATION NUMBER
239836
Issue Date: 10/26/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654754930.000	131 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

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

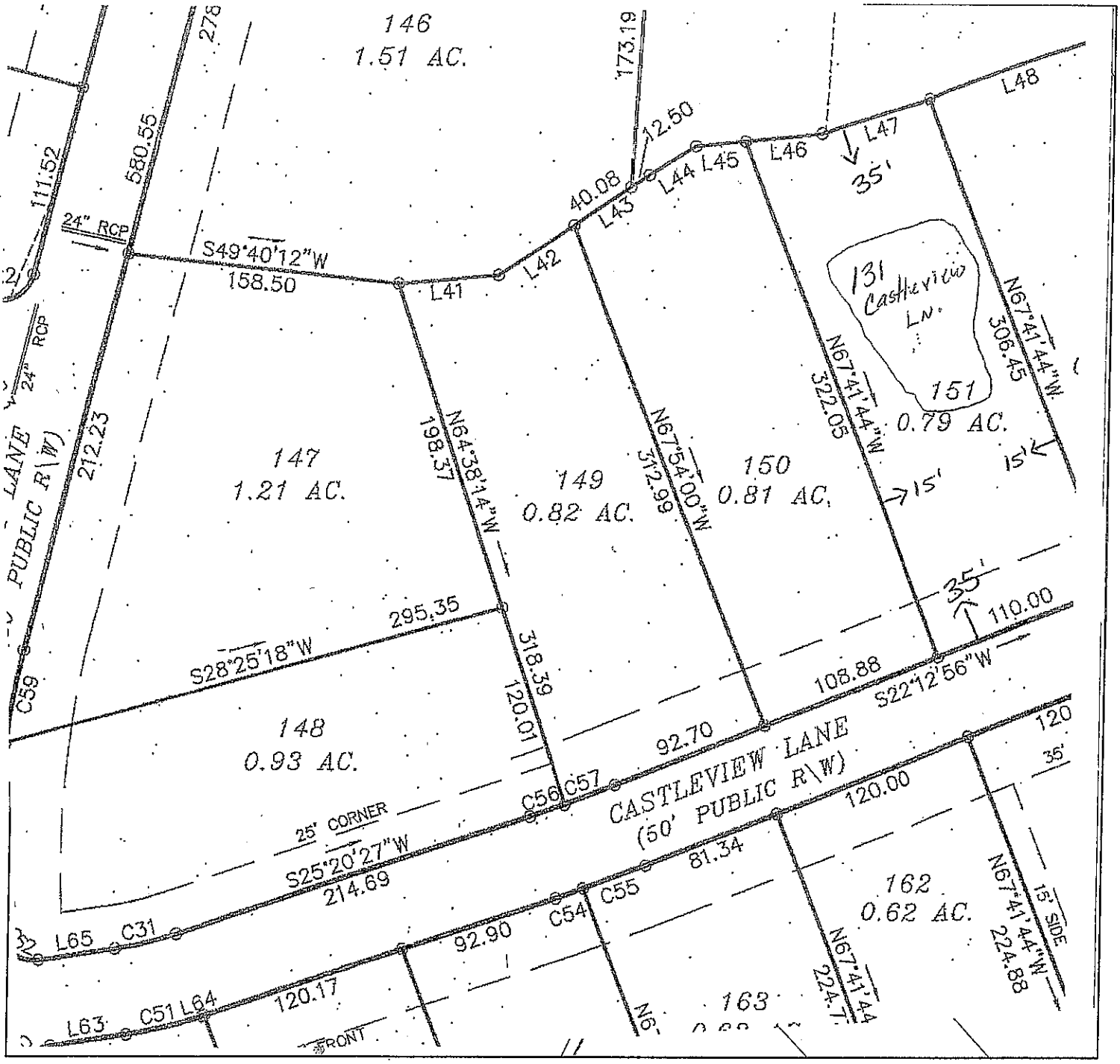
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	156941	TOTAL FEES:	$ 77.25

239836

ZONING DISCLAIMER



Property Address 131 Castleview Ln.

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. Applicant further acknowledges that the 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