IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241002

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

PIN # ~~4654754930~~ 4654762844

APPLICANT/OWNER: Ray Development | APPLICANT ADDRESS: 463 Mariner Ln Denver, NC

SITE ADDRESS: 104 Castleview Ln Mooresville, NC | PHONE: 980-297-2787 | ALT. PHONE —

SITE DIRECTIONS: Shearers Rd(S) → R on Presbyterian → L on Sink Farm → Ron Manorly → L on Castleview | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Davidson Downs | SECTION: — | LOT # 166 | LOT AREA: 1.01ac | DESIGN FLOW: 480gpd | L.T.A.R.: .275 (.275repair)

Septic Tank	1000 (gal)	STB	760	Date	8/30/21	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	8/16/21	System Description: LP PPBPS		☐ Business	No. Persons 8
Pump Make	Liberty	Model	280	Serial #		Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	291'	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space
Trench Width	24"/min	Trench Bottom Depth(Low side)	30"/32"high side	Gravel Depth	—	☐ GRAVITY ☑ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Lot must be recorded prior to issuing the AC. Supply line easement and offsite must be recorded as well.

11/30/21 House slightly larger but Septic drainfield is offsite so it's ok. MD

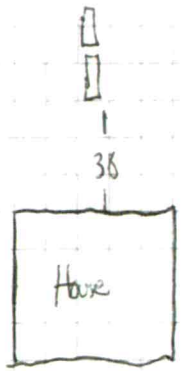
INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Lines ✓ 11-3-2021
CVB ✓

Tanks ✓ CW 10/27/21
Supply line to back of property ✓
pressure head 12/3/21
Alarm
Electrical



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: Ramon Septic

IMPROVEMENT PERMIT by: [signature] Date: 2-4-19 OPERATION PERMIT by: Cary Whitt Date: 12/13/21

AUTHORIZATION TO CONSTRUCT by: Mara Dotson Date: 1/26/21 Existing System Inspected by: _____ Date: _____

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



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

Reference: Data Sheet for Lot 166 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: 0.275 gpd/ft2
Suggested System Type: PPBPS (Off-site Easement)
Proposed Repair LTAR: 0.275 GPD/ft2
Repair System Type: PPBPS (Off-site Easement)
Distribution: LP-CVB
Flow per Orifice: .59
Hole Size & Material: 3/16"
Number of Panels: 66
System Flow: 38.94 gal/min
Dosing Volume: 237.6 gal/dose
Pump Run Time: 6.1 min
Total Linear Footage: 291'
Trench Bottom Square Footage: 873 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 FEB X 4 2019
KW

Line	Design Length	Number of Panels	Actual Length	Elevation
Yellow 1			48'	TBD
Pink 2	**65'**	**15**	**65'**	**TBD**
Blue 3	**75'**	**17**	**78'**	**TBD**
Orange 4	**85'**	**19**	**88'**	**TBD**
White 5	**66'**	**15**	**95'**	**TBD**
Pink 6			117'	TBD
Blue 7			102'	TBD
Orange 8			80'	TBD

Initial System: 291' PPBPS **Repair System:** 347' PPBPS

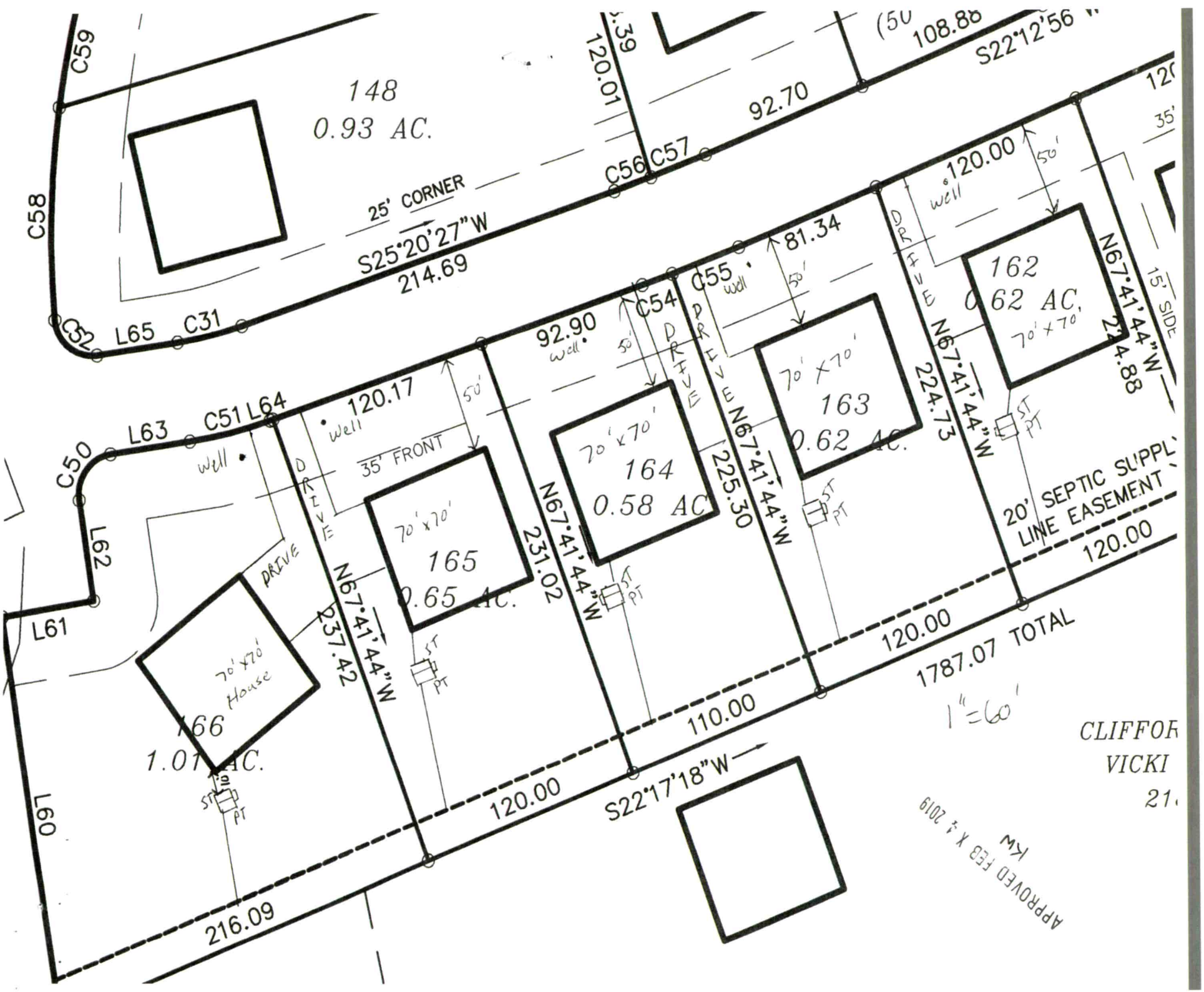
Comments:

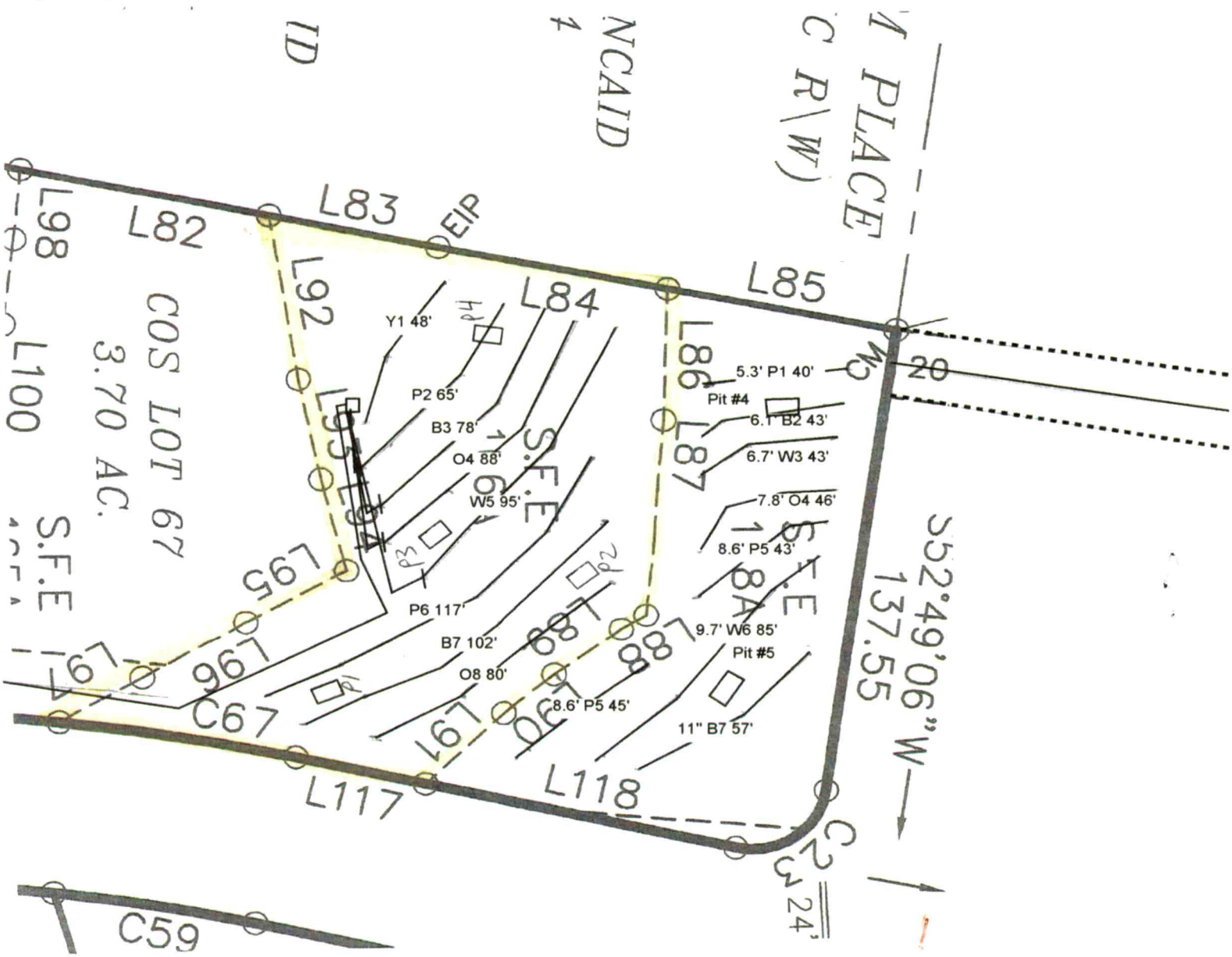
The purpose of this evaluation is to permit the property for a 4-bedroom residence.

- 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 FEB X 4 2019

KW


148
0.93 AC.
C59
C58
C57
C56
C55
C54
C51
C50
L65
C31
L63
L64
L62
L61
L60
25' CORNER
S25°20'27"W
214.69
92.70
S22°12'56"
108.88
120.01
120.00
81.34
50'
well
DRIVE
N67°41'44"W
224.88
15' SIDE
162
62 AC.
70' x 70'
163
0.62 AC.
70' x 70'
164
0.58 AC
70' x 70'
165
0.65 AC.
70' x 70'
House
166
1.07 AC.
92.90
120.17
35' FRONT
231.02
225.30
224.73
237.42
20' SEPTIC SUPPLY LINE EASEMENT
120.00
110.00
1787.07 TOTAL
1"=60'
S22°17'18"W
216.09
ST
PT
APPROVED FEB X 4 2019
KW



APPROVED FEB X 4 2019
KW

PROPERTY ID #: _____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

KW

APPROVED FEB X 4 2019

OWNER: Ray Development _____ APPLICATION DATE _____

ADDRESS: Denver, NC _____ DATE EVALUATED: _____

PROPOSED FACILITY: 4 bdrm _____ PROPOSED DESIGN FLOW (.1949): 480 GPD ___ PROPERTY SIZE: 0.67 AC _____

LOCATION OF SITE: Davidson Downs Lot 166 _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☰ Private ☐ Public ☰ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: Auger Boring ☰ Pit ☐ Cut TYPE OF WASTEWATER: ☰ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-30	R C SBK	FR SS SP SXP	N/A	55"	F-CSAP	N/A	PS 0.3
		30-55	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	N/A	58"	N/A	N/A	PS 0.3
		3-30	R C SBK	FR SS SP SXP					
		30-58	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	50"	F-C SAP	N/A	PS 0.3
		4-28	R C SBK	FR SS SP SXP					
		28-50	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	53"	F-C SAP	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SXP					
		34-53	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	873 FT^2	1041 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____

OTHER(S) PRESENT: _____

COMMENTS: _____

HS 230

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241002

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

PIN # ~~4654754930~~ 4654762844

APPLICANT/OWNER: Ray Development APPLICANT ADDRESS: 463 Mariner Ln. Denver, NC

SITE ADDRESS: 104 Castleview Ln. Mooresville, NC PHONE: 980-297-2787 ALT. PHONE —

SITE DIRECTIONS: Shearers Rd(S) → R on Presbyterian → L on Sink Farm → R on Manorly → L on Castleview SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Davidson Downs SECTION: — LOT # 166 LOT AREA: 1.01ac DESIGN FLOW: 480gpd L.T.A.R.: .275 (.275repair)

Septic Tank	1000	(gal)	STB 760	Date 8/30/21	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT 363	Date 8/16/21	System Description: LP PPBPS		☐ Business	No. Persons	8	☑ Private	
Pump Make	Liberty	Model	280	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	4	Linear Ft 291'	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	24"(min)	Trench Bottom Depth(Low side)	30"/32"(high side)	Gravel Depth —	☐ GRAVITY ☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Lot must be recorded prior to issuing the AC. Supply line easement and offsite must be recorded as well.

11/20/21 House slightly larger but Septic drainfield is offsite so it's ok. MD

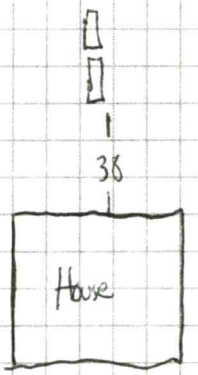
INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Lines ✓ 11-3-2021
CVB ✓

Tanks ✓ CW 10/27/21
Supply line to back of property ✓



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: Rowan Septic

IMPROVEMENT PERMIT by: Date: 2-4-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 1/26/21 Existing System Inspected by: Date:

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

IEH

J.C. Moore
Maintenance Contract

State of North Carolina

County of Iredell

Permit Number 24/002

THIS AGREEMENT is made and entered into this the 7th day of December 2021, by and between Gregory + Laura Gayle (hereinafter the "Owner") and J.C. Moore (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IVA system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A. 1961 to manage a Type ☒ - A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the owners systems located at

104 Castleview LN
Mooresville NC 28115

A. The Contractor shall inspect the system at least at the frequency required in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type ☒-A system.

B. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit.

(1) Inspect the structural integrity and maintain all of the physical and mechanical components of the system.
(2) Inspect the performance and condition of the drain field.
(3) Flush and clean the laterals of the system.
(4) Check and set pressures in the system.
(5) Check and adjust pump delivery rate of the system.
(6) Clean septic tank filter if applicable and accessible.
(7) Perform any other requirements of the Operations Permit.

C. The Contractor shall report the result of its inspections to home Owner after each inspection and to the local Health Department at the frequency specified in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type ☑ -I System.

D. If an inspection indicates the need for system repairs, the Contractor shall notify the local Health Department within 48 hours of the inspection.

E. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine mainteriance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system that require the use of hand tools only at the request of the Owner and shall be entitled to payment therefore at the Contractors normal charge for services and materials. The Contractor shall not perform repairs that require the use of heavy equipment, electrical license or plumbing license.

2. <u>The Owner's Obligations.</u>

A. The Owner shall pay the Contractor upon signing this contract, the sum of for the first year of periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be renewed at the end of each 12-month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not increase more that 20 percent per year. The Owner shall pay in the following methods.

( ) to be paid at the time of the signing of this agreement and to be paid before the second scheduled inspection.

(300.00) dollars to be paid at the time of the signing of this agreement.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system $ 30.00 dollars per hour, with minimum of one hour. plus cost of material(s) as a result of nonscheduled service or maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system.

D. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until termination.

A. Automatic Termination
This Agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice to terminate by mutual consent to the local Health Department thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

b) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause but may assign its rights and duties under this Agreement as provided in paragraph 4 below.

4. Assignment

A. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

B. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A. 1961 to manage a Type IVA system upon thirty (30) days written notice to the Owner and the local Health Department.

5. Representations

The Parties represent to each other that each has the power, authority, and legal right to enter into and perform its obligations as set forth in this Agreement.

6. Regulatory Amendments

References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

7. No Implied Waiver

The waiver by either Party of a default or a breach by the other Party of any provision of this agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

8. Notice

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by mail and addressed as follows:

To the Owner:

Gregory + Laura Gayle
104 Castleview LN
Mooresville NC 28115

To the Contractor:

JC moore
1220 Trantman Dr.
Statesville NC 28625

To the Local Health Department

Iredell Co Environmental Health
610 East Center Ave
Mooresville NC 28115

The date of any Notice shall be the date of delivery. Changes in the respective addresses to wh notice may be directed may be made from time to time by either Party by notice to the other Par

9 Place of Agreement

This Agreement and any questions concerning its validity, construction of and performance sha be governed by the laws of the State of North Carolina, notwithstanding the place of execution the order in which the signatures of the Parties are affixed.

10 Entire Agreement and Amendment.

This Agreement supersedes all prior negations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

11 Severability

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination implement and give effect to the intentions of the Parties as reflected in this Agreement and to other provisions of this Agreement shall as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicat originals, one of which is retained by each of the Parties, the day and year first above written

(OWNER) x For Greg Gayle

(CONTRACTOR) P. C. Moore

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21/002

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

PIN # ~~4654754930~~ 4654762844

APPLICANT/OWNER: Ray Development APPLICANT ADDRESS: 463 Mariner Ln. Denver, NC

SITE ADDRESS: 104 Castleview Ln. Mooresville, NC PHONE: 980-297-2787 ALT. PHONE —

SITE DIRECTIONS: Shearers Rd(S) → R on Presbyterian → L on Sink Farm → R on Manorly → L on Castleview SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Davidson Downs SECTION: — LOT # 1066 LOT AREA: 1.01ac DESIGN FLOW: 480gpd L.T.A.R.: .275 (.275 repair)

Septic Tank	1000	(gal)	STB	760	Date	8/30/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	8/16/21	System Description:	LP PPBPS			
Pump Make	Liberty		Model	280	Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	4	Linear Ft	291'	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24"(min)		Trench Bottom Depth(Low side)	30"/32" highside			Gravel Depth	☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Lot must be recorded prior to issuing the AC. Supply line easement and offsite must be recorded as well.

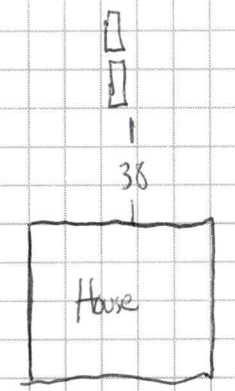
1/26/21 House slightly larger but Septic drainfield is offsite so it's ok. MD

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Tanks ✓ Supply line to back of property ✓ CW 10/27/21



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: Shayla Wilson Date: 2-4-19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Maria Dobson Date: 1/26/21 Existing System Inspected by: _____ Date: _____

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

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: (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: (PRINT CLEARLY)

Applicant Name: RAY DEVELOPMENT Address: 4542 IVY RUN LN, DENVER Zip: 28037

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

Owner Name: SAME Address: _____ Zip: _____

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

Property Information:

Street Address: 104 CASTLEVIEW LN, MOORESVILLE

Subdivision Name: DAVIDSON DOWNES Section/Phase: IV Lot Number: 166

Driving Directions: 115 S, L ON PRESBYTERIAN, R ON SINE FARM, R ON BUCKINGHAM, R ON MANORLY
LAST LOT ON LEFT

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

(X) 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
(X) Other Addition/Structure: GARAGE

CHECK FOUNDATION TYPE
(X) 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: _____ 1-21-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

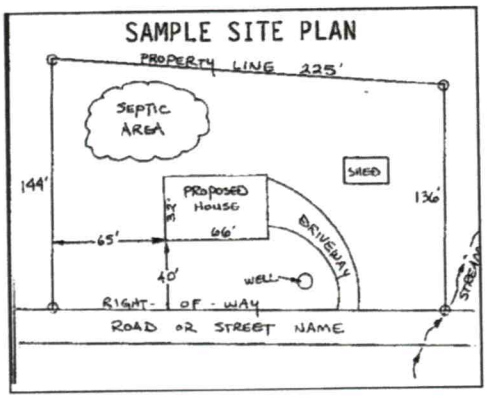
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: _____

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

1-21-21

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.

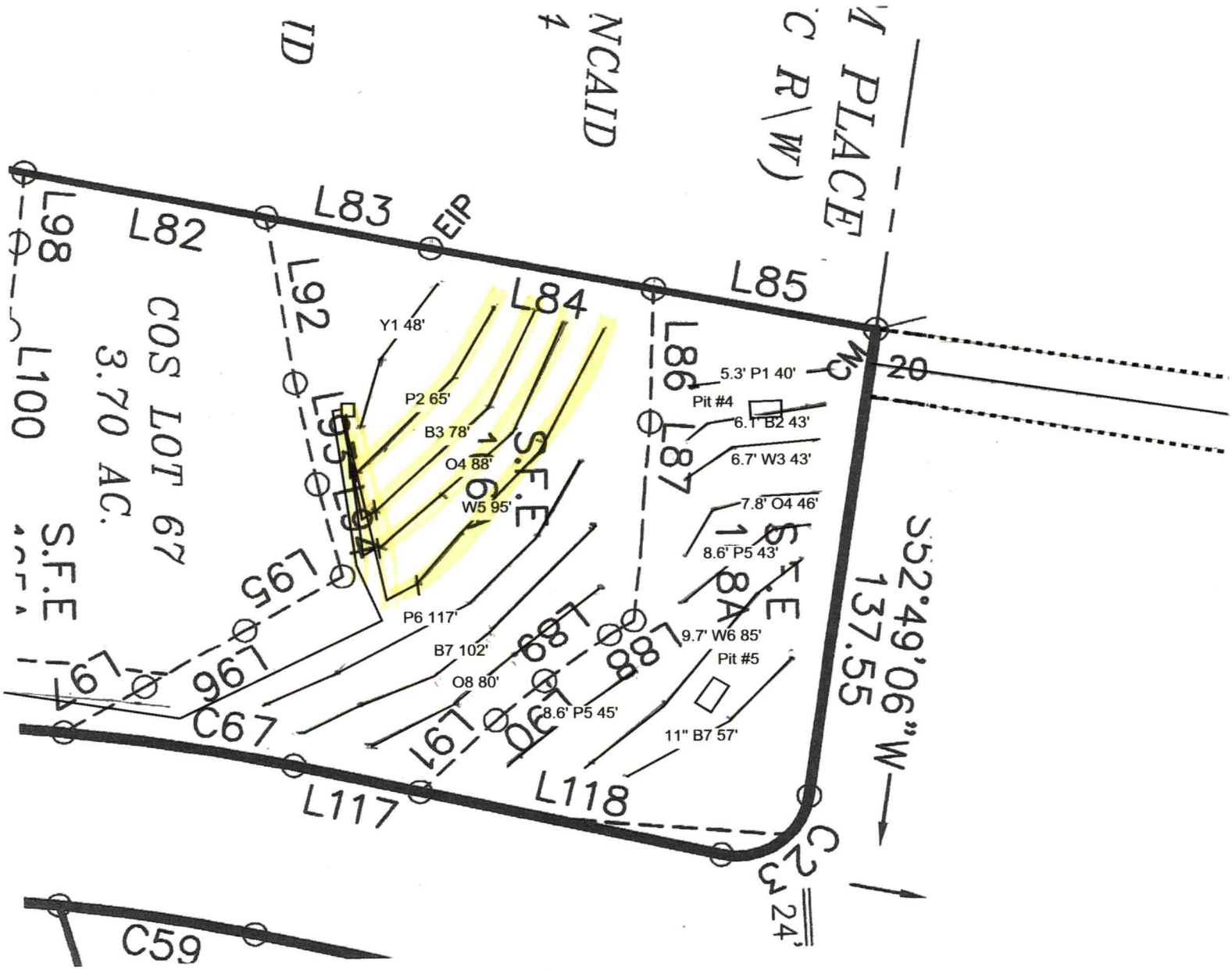
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

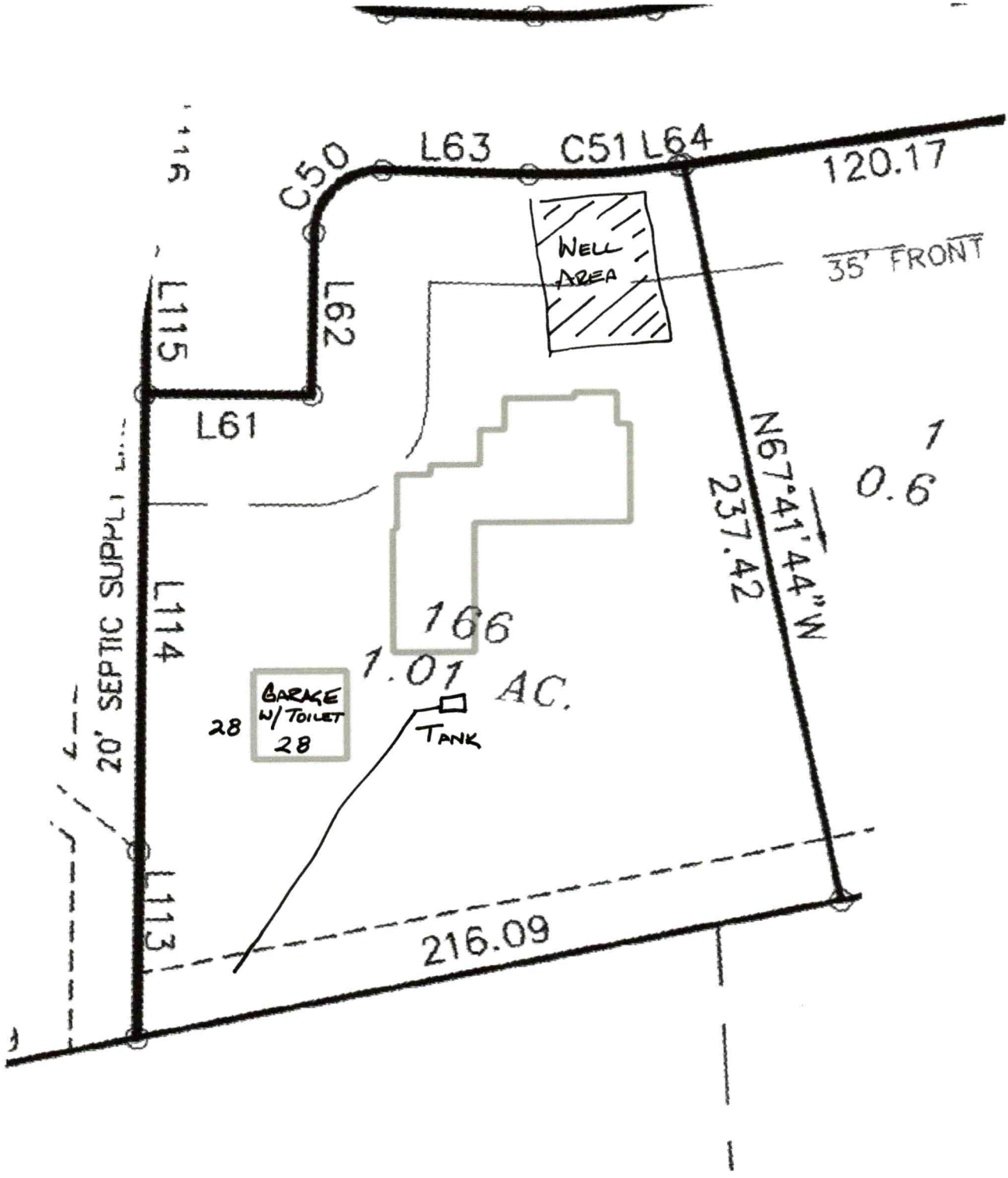
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

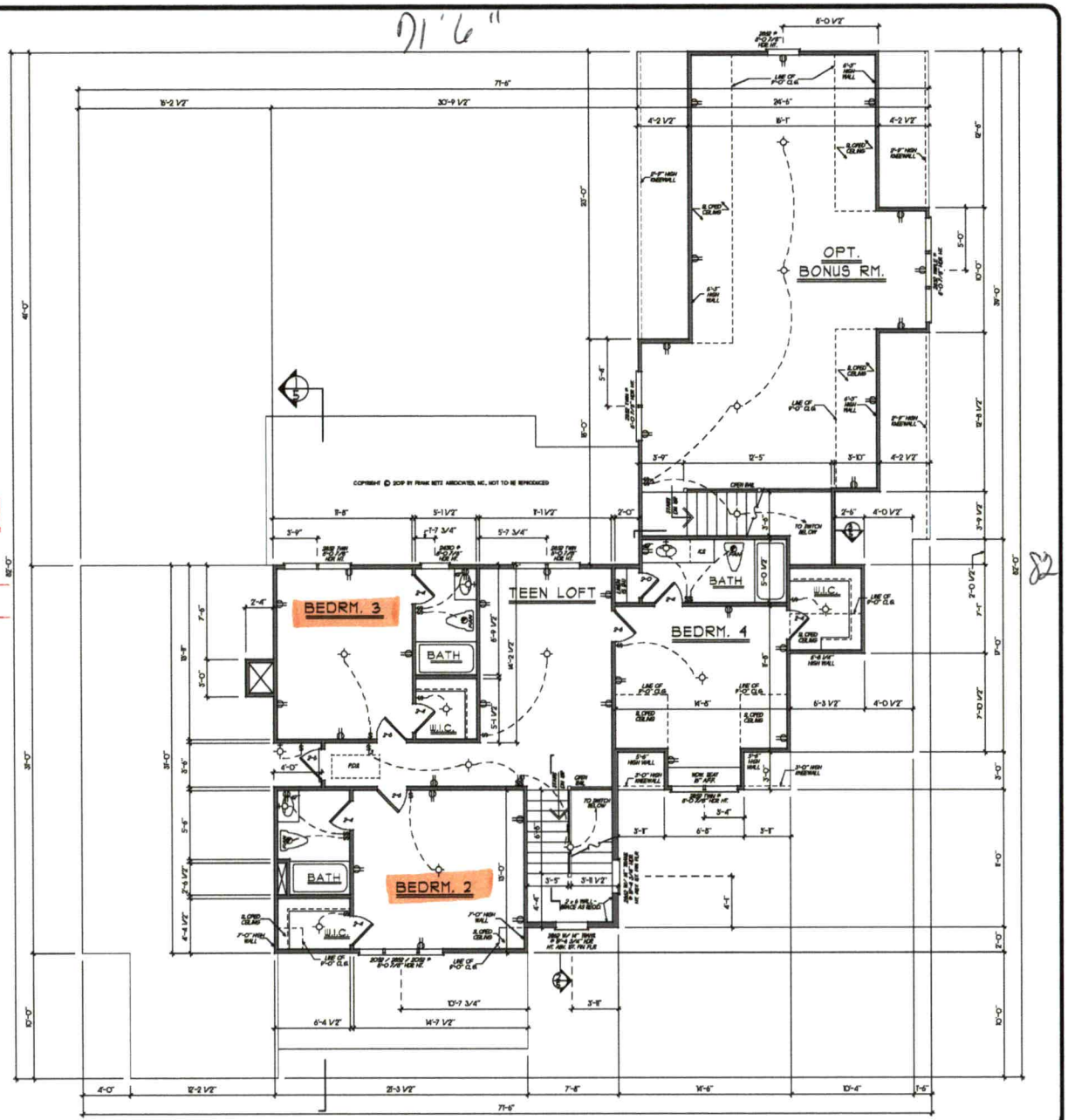
_____ _____
Signature of Owner(s) Date

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


L98
L82
L83
EIP
L92
L84
L85
L86
L87
L100
COS LOT 67
3.70 AC.
S.F.E
Y1 48'
P2 65'
B3 78'
O4 88'
W5 95'
P6 117'
B7 102'
O8 80'
8.6' P5 45'
5.3' P1 40'
Pit #4
6.1' B2 43'
6.7' W3 43'
7.8' O4 46'
8.6' P5 43'
9.7' W6 85'
Pit #5
11" B7 57'
S52°49'06"W
137.55
C67
L117
L118
C59
C2
24'
20


C50
L63
C51 L64
120.17
WELL AREA
35' FRONT
L115
L62
L61
N67°41'44"W
237.42
1
0.6
20' SEPTIC SUPPLY
L114
166
1.01 AC.
28
GARAGE W/ TOILET
28
TANK
L113
216.09



Acknowledgement of Plans Submittal ONLY!

Date 1-25-21

Date 1/26/21

SECOND FLOOR PLAN

1/4" = 1'-0"

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

REVISIONS	DATE	BY

Copyright Frank Betz Associates, Inc. All Rights Reserved. This Submittal, Construction Set Plans and Specifications, including the ideas, designs, arrangements and plans indicated or represented by it, or the plans depicted herein are Strictly Prohibited unless expressly authorized in writing by FBA, Inc.

HOMEPLANS
Designed for Today's Market®
www.frankbetz.com

SECOND FLOOR PLAN

THE HARPERS FERRY

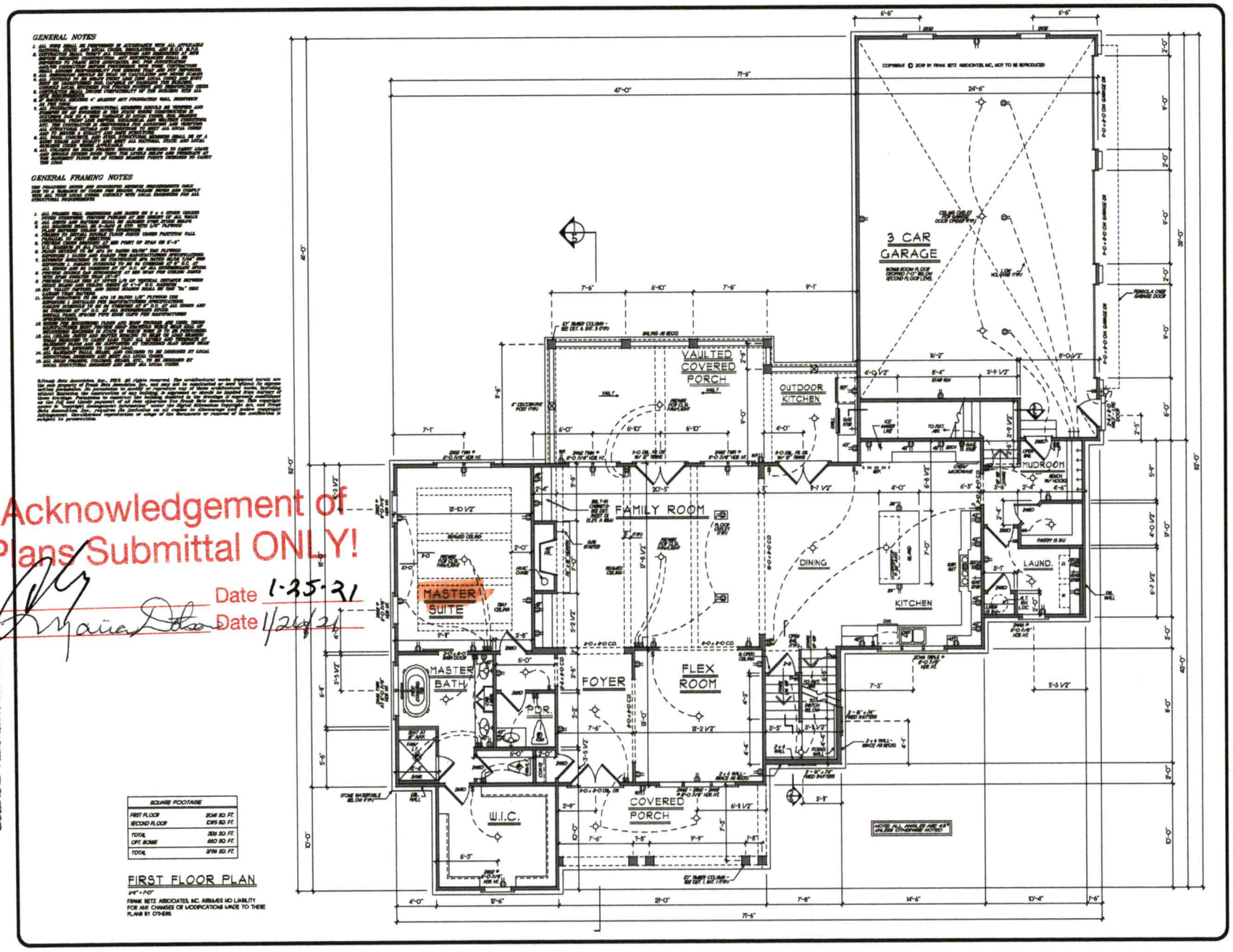
FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3330 CUMBERLAND BOULEVARD SUITE 190 KENNESAW, GEORGIA 30144
770-431-0600 800-717-3000

BY MHB CK DCP

DATE 3/26/19

SHEET 4

OF 5



GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS. THE BUILDER IS RESPONSIBLE FOR THE PROTECTION OF LIFE AND PROPERTY DURING THE PERFORMANCE OF THE WORK.
2. THE BUILDER SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT THE JOB SITE AND SHALL REPORT ANY DISCREPANCIES TO THE DESIGNER BEFORE PROCEEDING WITH THE WORK.
3. THE BUILDER SHALL PROVIDE ADEQUATE BRACING AND SHORING TO MAINTAIN THE STRUCTURAL INTEGRITY OF THE BUILDING DURING CONSTRUCTION.
4. ALL CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI AT 28 DAYS, UNLESS OTHERWISE NOTED.
5. REINFORCING STEEL SHALL BE ASTM A615, GRADE 60, AND SHALL BE PROPERLY SUPPORTED AND SECURED IN PLACE PRIOR TO CONCRETE PLACEMENT.
6. ALL EXPOSED CONCRETE CORNERS SHALL HAVE 3/4" CHAMFER, UNLESS OTHERWISE NOTED.
7. CONCRETE SHALL BE PROTECTED FROM FREEZING AND MAINTAINED AT A TEMPERATURE OF NOT LESS THAN 50°F FOR AT LEAST 7 DAYS AFTER PLACEMENT.
8. ALL CONCRETE WORK SHALL CONFORM TO ACI 318 AND ACI 301 STANDARDS.
9. CONTROL JOINTS SHALL BE PROVIDED AT INTERVALS NOT EXCEEDING 30 FEET IN EACH DIRECTION.
10. EXPANSION JOINTS SHALL BE PROVIDED WHERE CONCRETE ABUTS STRUCTURES OR DIFFERENT MATERIALS.
11. ALL CONCRETE SURFACES SHALL BE FINISHED TO A SMOOTH, UNIFORM APPEARANCE, FREE OF HONEYCOMBS, VOIDS, AND OTHER DEFECTS.
12. CURING COMPOUNDS SHALL BE APPLIED TO ALL CONCRETE SURFACES IMMEDIATELY AFTER FINISHING.
13. ALL CONCRETE WORK SHALL BE INSPECTED AND APPROVED BY THE BUILDING OFFICIAL BEFORE PROCEEDING WITH SUBSEQUENT CONSTRUCTION.
14. ALL MATERIALS AND WORKMANSHIP SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
15. ALL WORK SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
16. THE BUILDER SHALL MAINTAIN A CLEAN AND ORDERLY JOB SITE AT ALL TIMES.
17. ALL DEBRIS AND WASTE MATERIALS SHALL BE REMOVED FROM THE SITE AND DISPOSED OF IN ACCORDANCE WITH LOCAL REGULATIONS.
18. THE BUILDER SHALL COORDINATE WITH ALL UTILITY COMPANIES FOR THE LOCATION AND PROTECTION OF UNDERGROUND UTILITIES.
19. ALL EXCAVATIONS SHALL BE PROPERLY SLOPED OR SHORED TO PREVENT CAVE-INS.
20. THE BUILDER SHALL PROVIDE TEMPORARY FACILITIES FOR WORKERS, INCLUDING SANITARY FACILITIES AND DRINKING WATER.
21. ALL CHANGES TO THE APPROVED PLANS SHALL BE SUBMITTED TO THE DESIGNER AND BUILDING OFFICIAL FOR REVIEW AND APPROVAL BEFORE IMPLEMENTATION.
22. THE BUILDER SHALL NOTIFY THE DESIGNER AND BUILDING OFFICIAL AT LEAST 48 HOURS IN ADVANCE OF ANY INSPECTIONS REQUIRED.
23. ALL WORK SHALL BE SUBJECT TO FINAL INSPECTION AND APPROVAL BY THE BUILDING OFFICIAL.
24. THE BUILDER SHALL PROVIDE AS-BUILT DRAWINGS TO THE OWNER UPON COMPLETION OF THE PROJECT.

GENERAL FRAMING NOTES

1. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.
2. ALL LUMBER SHALL BE GRADED AND STAMPED BY AN APPROVED GRADING AGENCY.
3. ALL FRAMING LUMBER SHALL BE SPRUCE-PINE-FIR (SPF) #2 OR BETTER, UNLESS OTHERWISE NOTED.
4. ALL EXPOSED LUMBER SHALL BE PRESSURE TREATED.
5. ALL FRAMING SHALL BE PROPERLY BRACED AND SHORED DURING CONSTRUCTION.
6. ALL FRAMING SHALL BE INSPECTED AND APPROVED BY THE BUILDING OFFICIAL BEFORE PROCEEDING WITH SUBSEQUENT CONSTRUCTION.
7. ALL FRAMING SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
8. ALL FRAMING SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
9. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.
10. ALL FRAMING SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
11. ALL FRAMING SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
12. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.
13. ALL FRAMING SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
14. ALL FRAMING SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
15. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.
16. ALL FRAMING SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
17. ALL FRAMING SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
18. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.
19. ALL FRAMING SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
20. ALL FRAMING SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
21. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.
22. ALL FRAMING SHALL BE PERFORMED BY LICENSED AND INSURED CONTRACTORS.
23. ALL FRAMING SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION.
24. ALL FRAMING SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS.

© Frank Betz Associates, Inc. 2021. All rights reserved. The architectural work depicted herein are and remain the property of Frank Betz Associates, Inc. and may not be used, reproduced, modified, or distributed in any form or by any means, electronic or mechanical, including photocopying, recording, or information storage and retrieval systems, without the prior written permission of Frank Betz Associates, Inc. Unauthorized use of these plans is strictly prohibited and may result in legal action. All rights reserved.

Acknowledgement of Plans Submittal ONLY!

Date 1-25-21

Date 1/26/21

SQUARE FOOTAGE	
FIRST FLOOR	2046 SQ. FT.
SECOND FLOOR	1295 SQ. FT.
TOTAL	3341 SQ. FT.
OPT. BONUS	460 SQ. FT.
TOTAL	3796 SQ. FT.

FIRST FLOOR PLAN

1/4" = 1'-0"

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

REVISIONS	DATE	BY

Copyright Frank Betz Associates, Inc. All Rights Reserved. The Drawings, Reproduction, Copying, Sale, Reuse, Retention, Modification, Adaptation or Use of the Drawings, Elevations, Internet, or the direct and/or indirect Reuse by Strictly Prohibited unless expressly authorized in writing by FBA, Inc.

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

FIRST FLOOR PLAN

THE HARPERS FERRY

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3330 GEORGE BUSBEE PARKWAY SUITE 190
KENNESAW, GEORGIA 30144
770-421-1666 800-777-3033

BY: BWB CK'D: DCF

DATE: 3/24/19

SHEET 3 OF 5

241002

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: Ray Development **Address:** 463 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: 104 Castleview Dr

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 166

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: _____

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: _____ 1/25/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

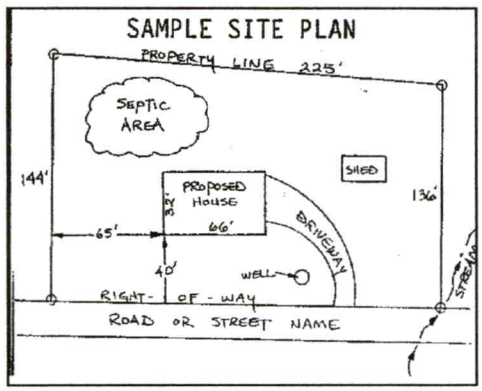
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 1/25/2019

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 166 104 Castleview Ln, 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)	12/20/2018 Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

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



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

Reference: Data Sheet for Lot 166 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: 0.275 gpd/ft2
Suggested System Type: PPBPS (Off-site Easement)
Proposed Repair LTAR: 0.275 GPD/ft2
Repair System Type: PPBPS (Off-site Easement)
Distribution: LP-CVB
Flow per Orifice: .59
Hole Size & Material: 3/16"
Number of Panels: 66
System Flow: 38.94 gal/min
Dosing Volume: 237.6 gal/dose
Pump Run Time: 6.1 min
Total Linear Footage: 291'
Trench Bottom Square Footage: 873 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 FEB X 4 2019
KW

Line	Design Length	Number of Panels	Actual Length	Elevation
Yellow 1			48'	TBD
Pink 2	**65'**	**15**	**65'**	**TBD**
Blue 3	**75'**	**17**	**78'**	**TBD**
Orange 4	**85'**	**19**	**88'**	**TBD**
White 5	**66'**	**15**	**95'**	**TBD**
Pink 6			117'	TBD
Blue 7			102'	TBD
Orange 8			80'	TBD

Initial System: 291' PPBPS **Repair System:** 347' PPBPS

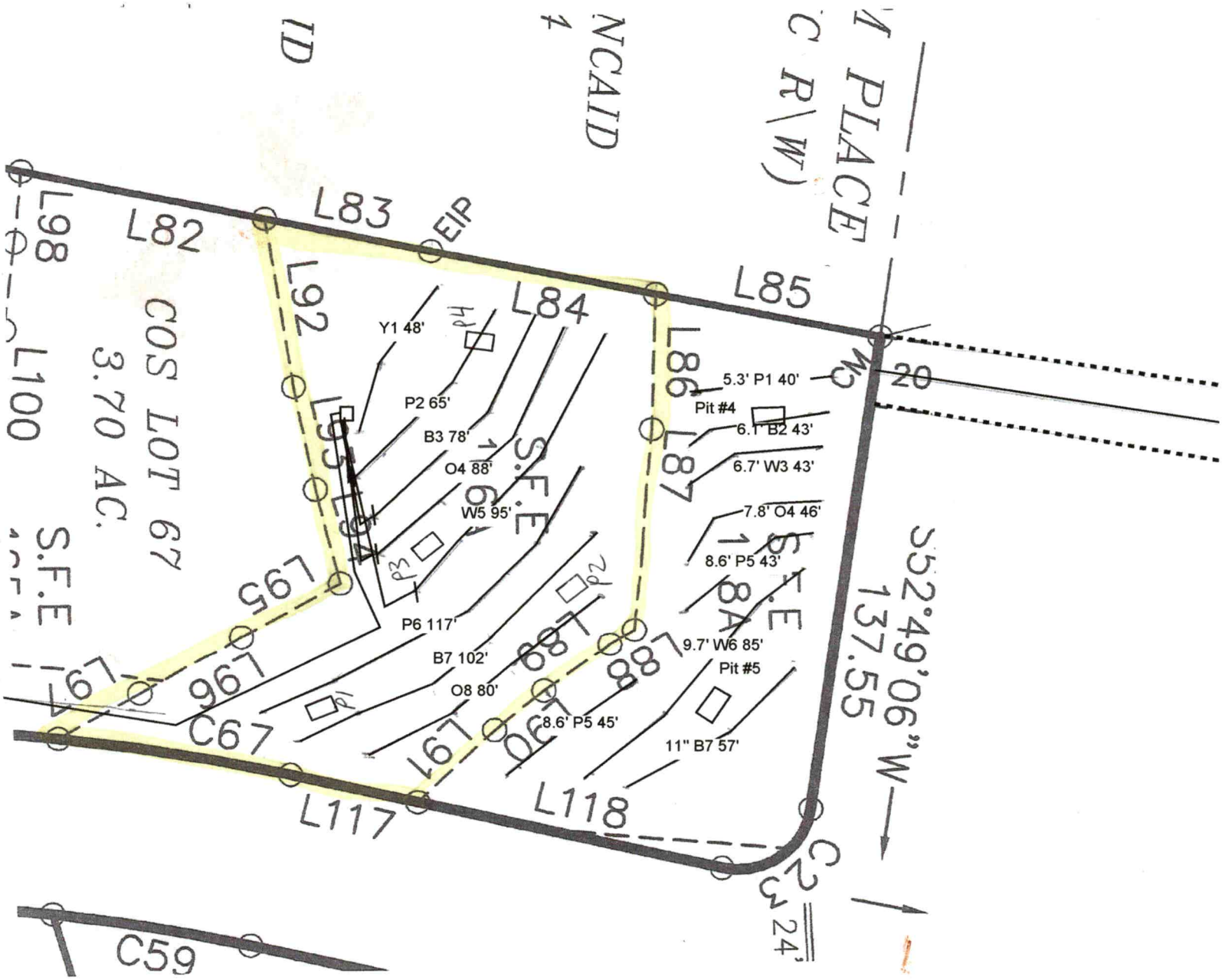
Comments:

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 FEB X 4 2019
KW


148
0.93 AC.
25' CORNER
S25°20'27"W
214.69
92.70
S22°12'56"W
108.88
120.01
8.39
C59
C58
C56
C57
C55
C54
C52
L65
C31
C51
L64
C50
L63
L62
L61
L60
92.90
well
120.17
well
well
50'
35' FRONT
DRIVE
70'x70'
165
0.65 AC.
70'x70'
164
0.58 AC
70'x70'
163
0.62 AC.
70'x70'
162
62 AC.
70'x70'
81.34
120.00
224.73
225.30
231.02
237.42
N67°41'44"W
214.88
ST
PT
20' SEPTIC SUPPLY LINE EASEMENT
120.00
120.00
1787.07 TOTAL
110.00
S22°17'18"W
120.00
216.09
70'x70'
House
166
1.01 AC.
1"=60'
APPROVED FEB 4 2019
KW


L83
EIP
L82
L98
L85
L84
L92
L86
L87
L95
L96
L100
L88
L89
L90
L91
L117
L118
C67
C59
C2
20
Y1 48'
P2 65'
B3 78'
O4 88'
W5 95'
P6 117'
B7 102'
O8 80'
8.6' P5 45'
11" B7 57'
5.3' P1 40'
Pit #4
6.1' B2 43'
6.7' W3 43'
7.8' O4 46'
8.6' P5 43'
9.7' W6 85'
Pit #5
S52°49'06"W
137.55
3.70 AC.
S.F.E
APPROVED FEB X 4 2019
KW

PROPERTY ID #: _____
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

KW
APPROVED FEB X 4 2019

OWNER: Ray Development _____ APPLICATION DATE _____
ADDRESS: Denver, NC _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.67 AC_____
LOCATION OF SITE: Davidson Downs Lot 166 _____ 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%	0-30	R C SBK	FR SS SP SXP	N/A	55"	F-CSAP	N/A	PS 0.3
		30-55	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	N/A	58"	N/A	N/A	PS 0.3
		3-30	R C SBK	FR SS SP SXP					
		30-58	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	50"	F-C SAP	N/A	PS 0.3
		4-28	R C SBK	FR SS SP SXP					
		28-50	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	53"	F-C SAP	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SXP					
		34-53	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	873 FT^2	1041 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.275	0.275

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

COMMENTS: _____
_____

IREDELL COUNTY

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

APPLICATION NUMBER
241002
Issue Date: 12/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654754930.000	104 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	162558	TOTAL FEES:	$ 77.25

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

241002

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? ___ and stories?___

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 Ray Development Phone # _____

Owner's Current Address 463 Mariner Ln, Denver, NC 28037

Property Information

Property Address 164 Castleview Ln Parcel # _____

Subdivision: Davidson Downs Lot: 166 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 Michael Athanas & Associates Applicant's Phone # _____

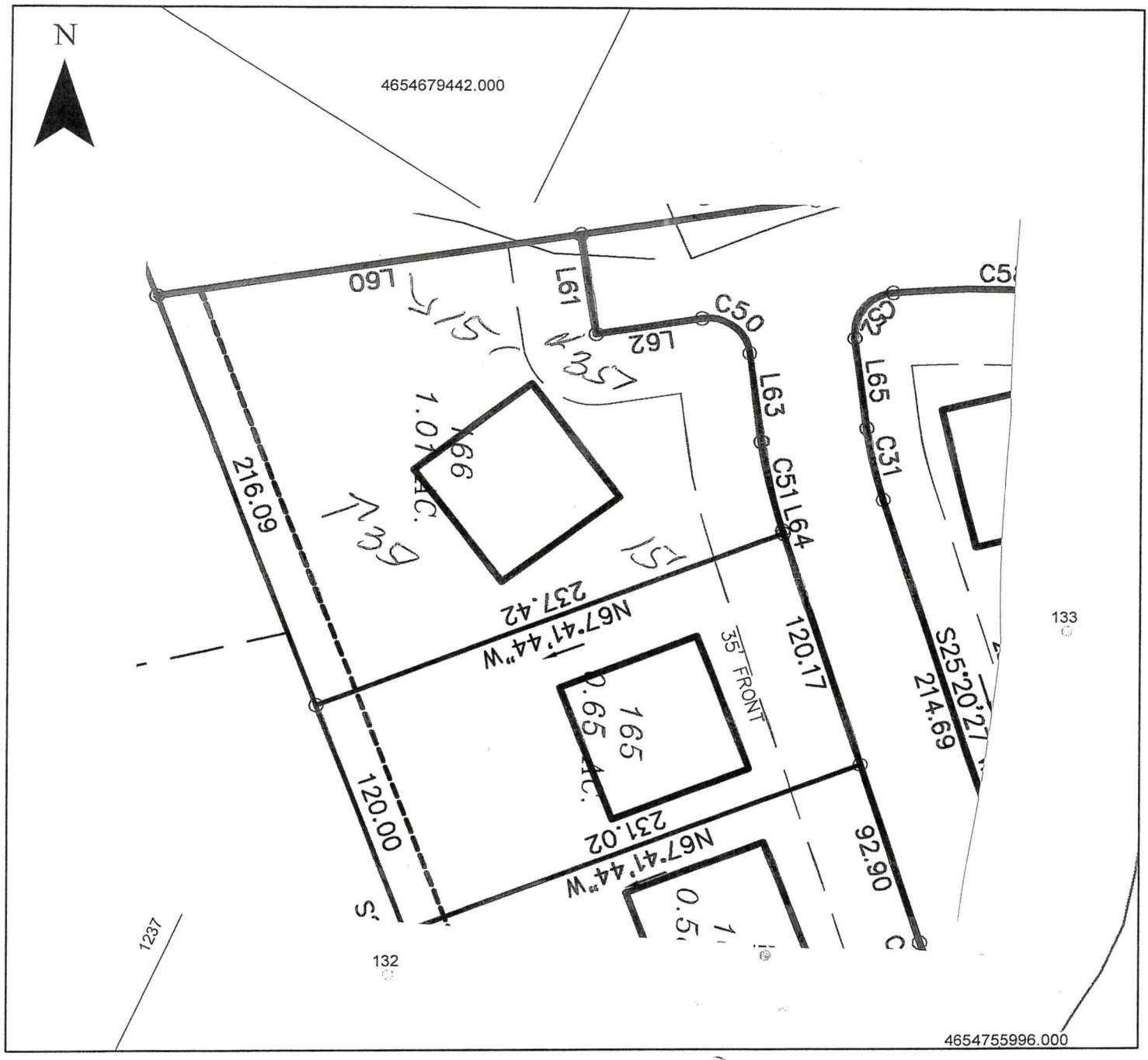
Applicant's Address 561 Ennis Rd, Weddington, NC 28173

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 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 12/14/2018

ZONING DISCLAIMER



Property Address 104 Castle View

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