IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 237341

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

PIN # 4654865993

APPLICANT/OWNER: Matt Johnson | APPLICANT ADDRESS: PO Box 221 Mt Mourne, NC

SITE ADDRESS: 161 Canterbury Place Rd Mooresville, NC 28115 | PHONE: 704-576-3887 | ALT. PHONE —

SITE DIRECTIONS: Shearers Rd (S) → R on Presbyterian → L on Buckingham Place → R on Canterbury Pl → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Davidson Downs | SECTION: — | LOT # 96 | LOT AREA: .466 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .3 (.275 repair)

Septic Tank 1000 (gal)	STB 794	Date 12/2/17	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: gravity PPBPS		☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4 @ 50'	Linear Ft. 200'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☑ Community
Trench Width 24" min.	Trench Bottom Depth (Low side) 33"/36" high side	Gravel Depth —	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

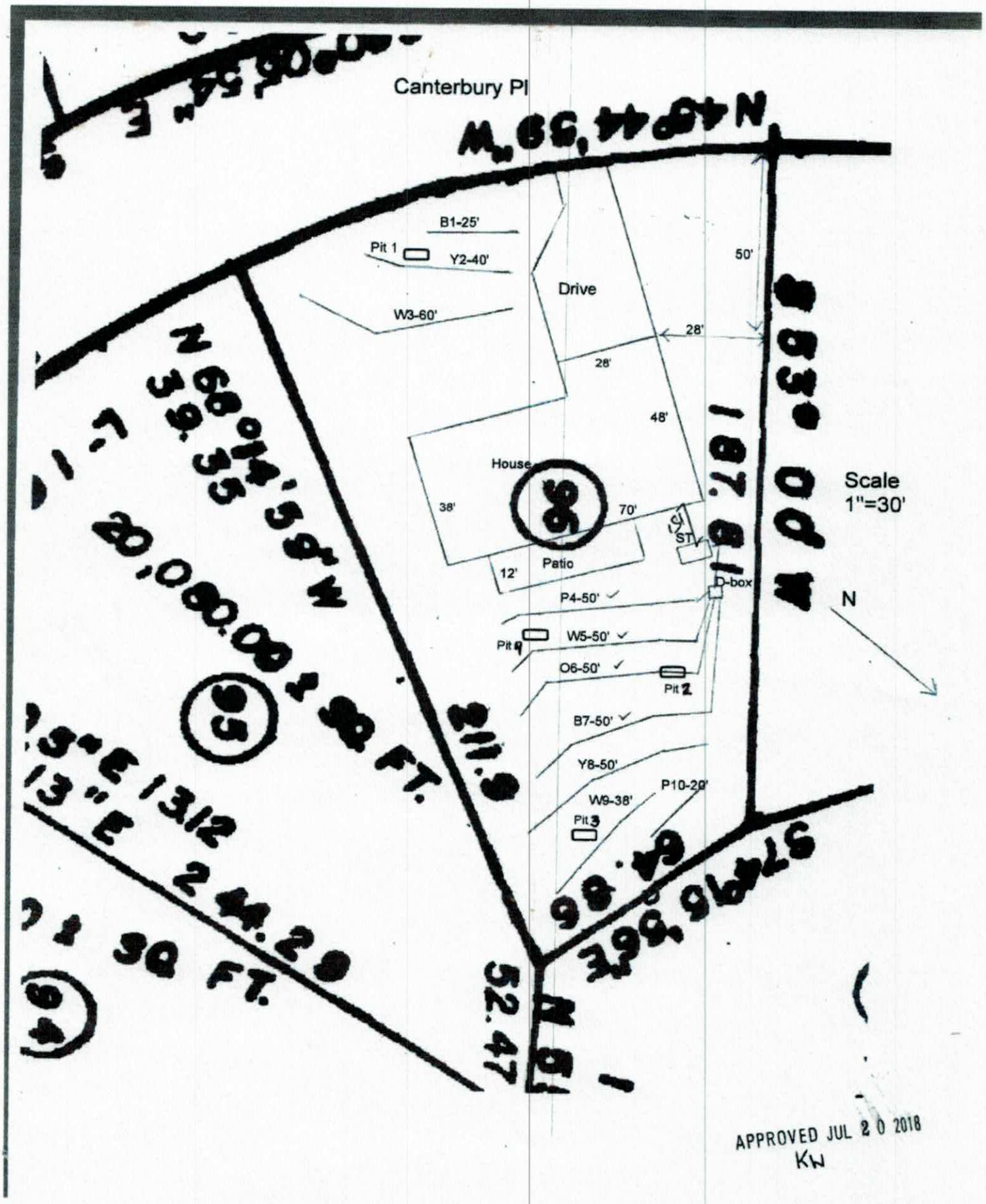
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

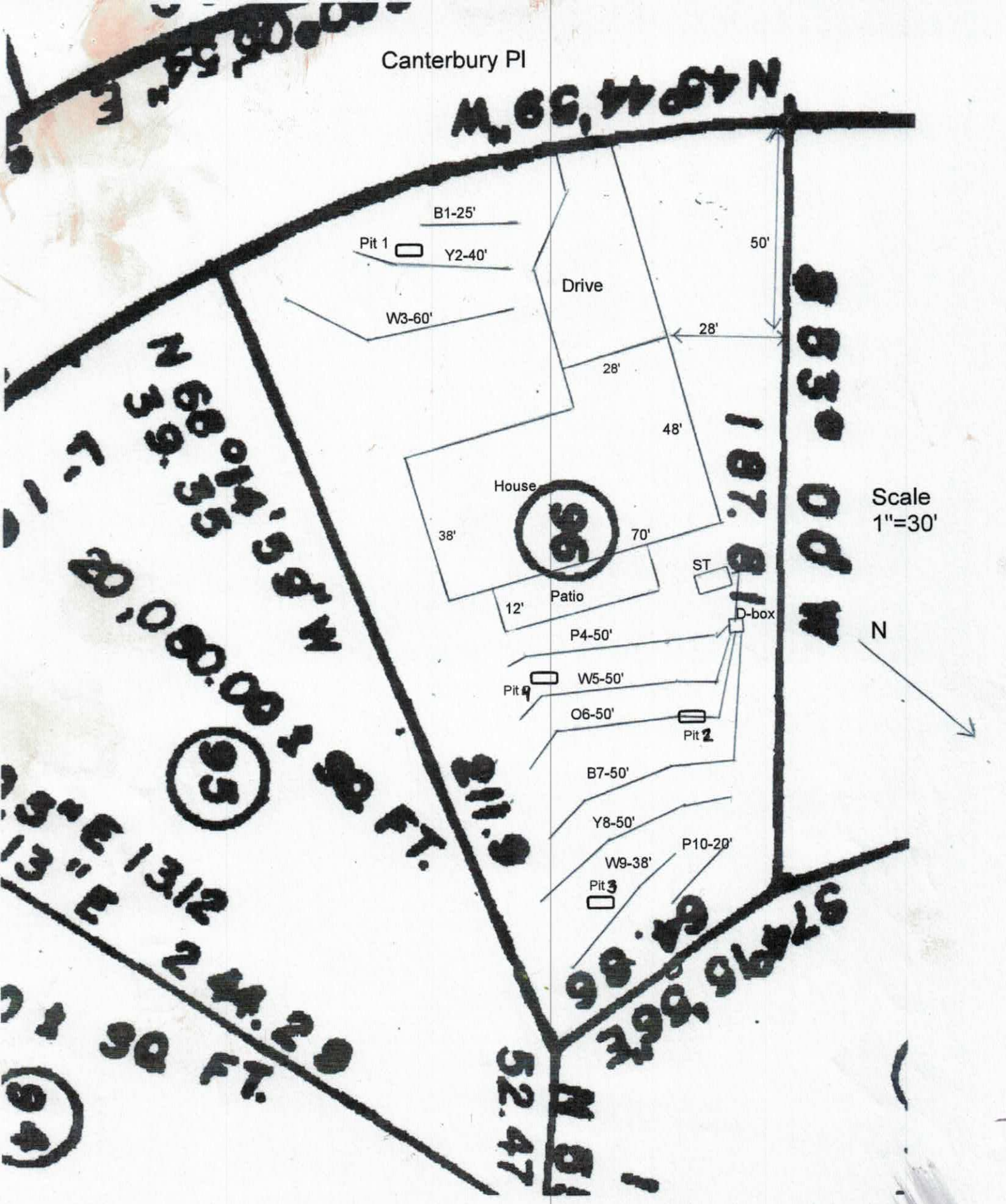
Owner / Applicant Signature: [signature] Date: — Installed by: Dellinger Grading

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-20-18 OPERATION PERMIT by: Carlos C. Cobb Date: 1/31/19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-20-18 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 inspector to confirm your inspection time.


Canterbury Pl
B1-25'
Pit 1
Y2-40'
W3-60'
Drive
50'
28'
28'
48'
House
38'
70'
Patio
12'
ST
D-box
P4-50'
W5-50'
Pit 2
O6-50'
Pit 2
B7-50'
Y8-50'
W9-38'
P10-20'
Pit 3
Scale
1"=30'
N
APPROVED JUL 20 2018
KN



APPROVED JUL 20 2018
KW



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

Reference: Data Sheet for Davidson Downs Lot 96
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.275 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: LPPPBPS
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Blue 1		25'
Yellow 2		40'
White 3		60'
Pink 4	**50'**	**70'**
White 5	**50'**	**68'**
Orange 6	**50'**	**64'**
Blue 7	**50'**	**55'**
Yellow 8		50'
White 9		38'
Pink 10		20'



Initial System: 200' **Repair System:** 233'

Comments:

APPROVED JUL 20 2018
KW

APPROVED JUL 2 0 2018
KW

PROPERTY ID #: 4654865993
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Davidson Downs Inc
ADDRESS: Denver, NC
PROPOSED FACILITY: 3 bdrm PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: Davidson Downs Lot 96, Canterbury Place
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.4666 AC
PROPERTY RECORDED: 7/21/1983

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 8%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	56"	F-C SAP	N/A	PS 0.3
		5-32	R C SBK	FR SS SP SXP					
		32-56	R CL WSBK	FR SS SP SXP					
PIT 2	LS 8%	0-16	Br SCL WSBK	FR SS SP SXP	N/A	65"	N/A	N/A	PS 0.3
		16-38	R C SBK	FR SS SP SXP					
		38-65	R CL WSBK	FR SS SP SXP					
PIT 3	LS 2%	0-17	Br SCL WSBK	FR SS SP SXP	Few Mn	57"	N/A	N/A	PS 0.3-0.275
		17-44	Br R C SBK	FR SS SP SXP					
		44-57	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-9	Br SCL WSBK	FR SS SP SXP	N/A	57"	N/A	N/A	PS 0.3
		9-32	R C SBK	FR SS SP SXP					
		32-57	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	699 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ,MA&A
OTHER(S) PRESENT:

COMMENTS:

#237341

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: Matt Johnson **Address:** PO Box 221 Mt. Mourne, NC **Zip:** 28123

Applicant Email: jmattj2@aol.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 161 Canterbury Pl

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 96

Driving Directions: HWY 115 S, TL Presbyterian, TR Buckingham Pl, TR Canterbury, on LT

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) 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: _____ 7/17/2018
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, MATT JOHNSON, am the legal owner(s) of the property located at LOT 96 CANTERBERY PLACE RD, identified as PIN (Parcel Identification Number) 4654865993, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) GARY McNEELY, 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.

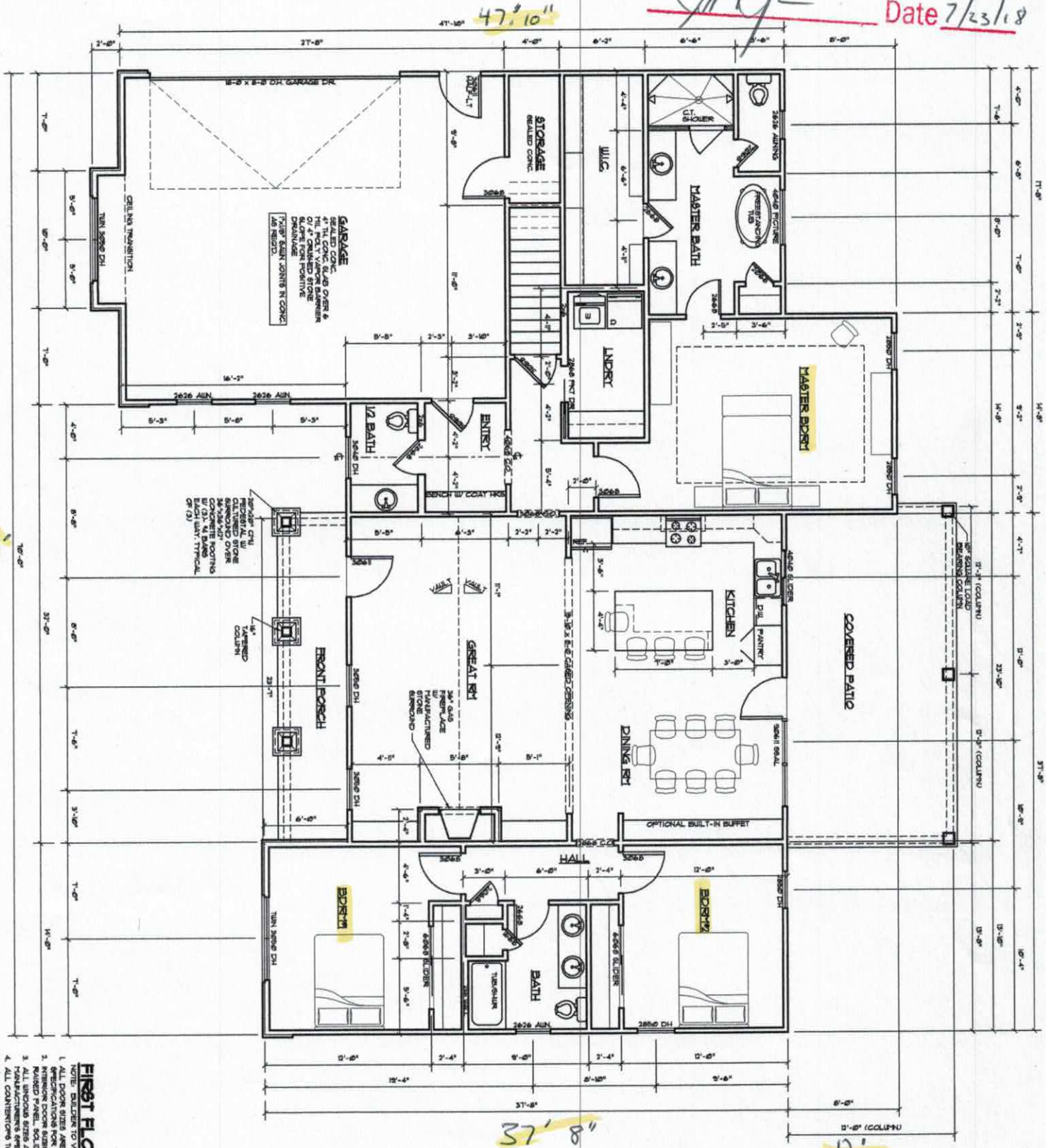
Signature of Owner(s)	Date	Signature of Witness	Date
	7/12/18	Cole Johnson	7-13-18

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

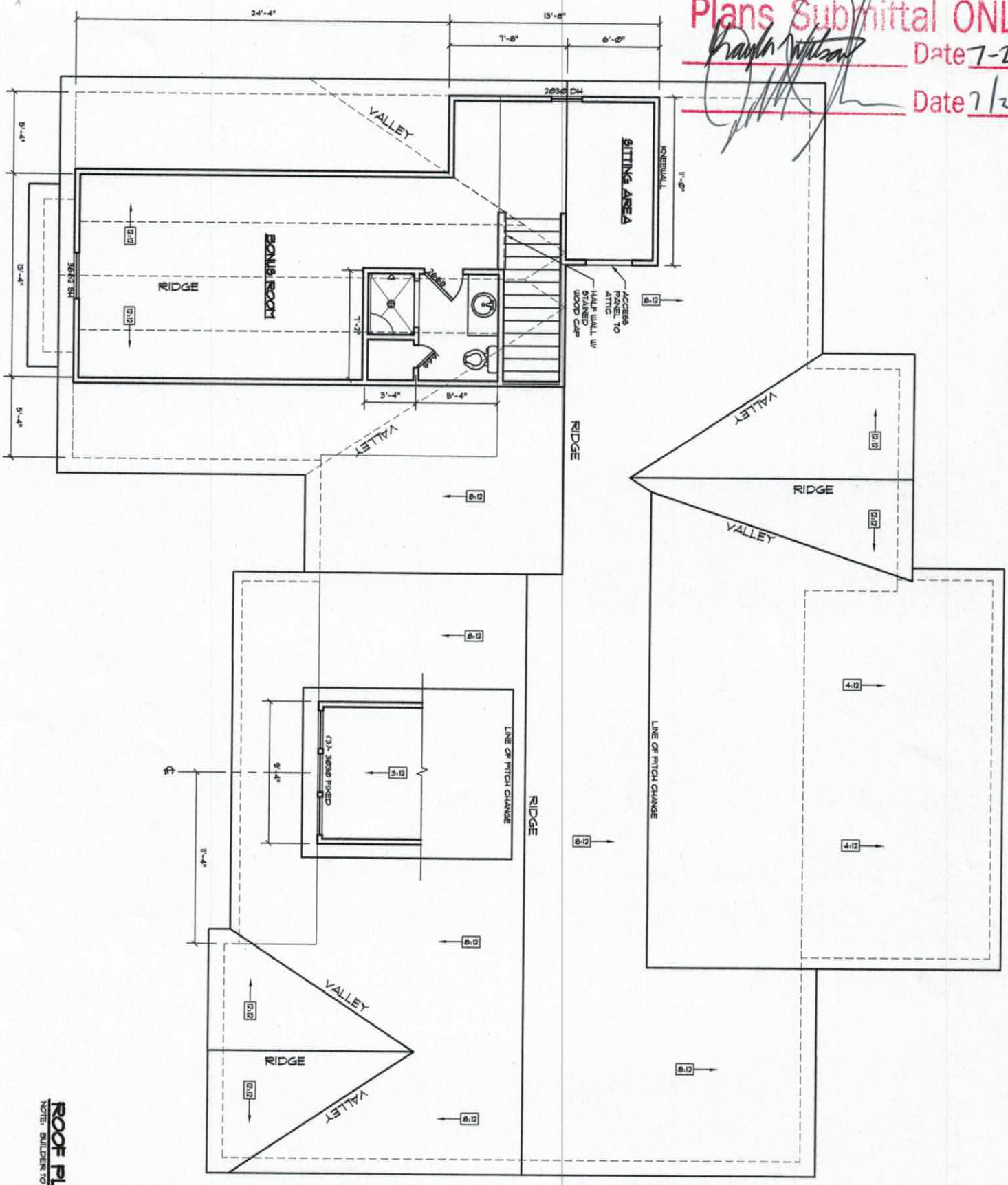
Acknowledgement Of
Plans Submittal ONLY!
Date 7-20-18
Date 7/23/18



FIRST FLOO

NOTE: BUILDER TO VERI

1. ALL DOOR SIZES ARE LE SPECIFICATIONS FOR RO
2. INTERIOR DOOR SIZES M RAISED PANEL SOLID C
3. ALL WINDOW SIZES ARE MANUFACTURER'S SIZE
4. ALL COUNTERTOPS TO BE
5. ALL WINDOWS TO MEET C



Acknowledgement Of Plans Submittal ONLY!

Date 7-20-18

Date 7/23/18

ROOF PLAN

NOTE! BUILDER TO VERIFY ALL!

IREDELL COUNTY

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

APPLICATION NUMBER
237341
Issue Date: 07/18/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4654865993.000	161 CANTERBURY PLACE ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DAVIDSON DOWNES INC	Applicant: MICHAEL ATHANAS & ASSO
Address: 4643	Address: 561 ENNIS RD
IREDELL CO, NC 28625	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	35.00	35.00	15.00	15.00	NO	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	145881	TOTAL FEES:	$ 77.25