IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214402

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

PIN # 4654-87-4860.25

APPLICANT/OWNER: Kelly Hyde APPLICANT ADDRESS: 14710 Plessis PL. Huntersville, NC 28078

SITE ADDRESS: 106 Avon Place Mooresville, NC 28115 PHONE: N/A ALT. PHONE Mike Athanas 704-310-1832

SITE DIRECTIONS: Rt 115 South → L on Presbyterian → R on Buckingham → R on Avon → site on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Davidson Downs SECTION: — LOT # 59 LOT AREA: 1.45 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	825	Date	3/12/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	302	Date	5/8/2018	System Description: 50% Reduction - PPBPS (Pressure Manifold)				☐ Business	No. Persons 6
Pump Make	Zoeller	Model	N153	Serial #		Repair System Description: 50% Reduction (LP-PPBPS)				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend setting the pump to dose no more than 114 gallons per pumping cycle. Also recommend pumping the septic tank every 3-5 years. An event counter and elapsed time counter is also recommended for the control panel. *Gully between primary + repair area must be filled*

INITIAL SITE SKETCH

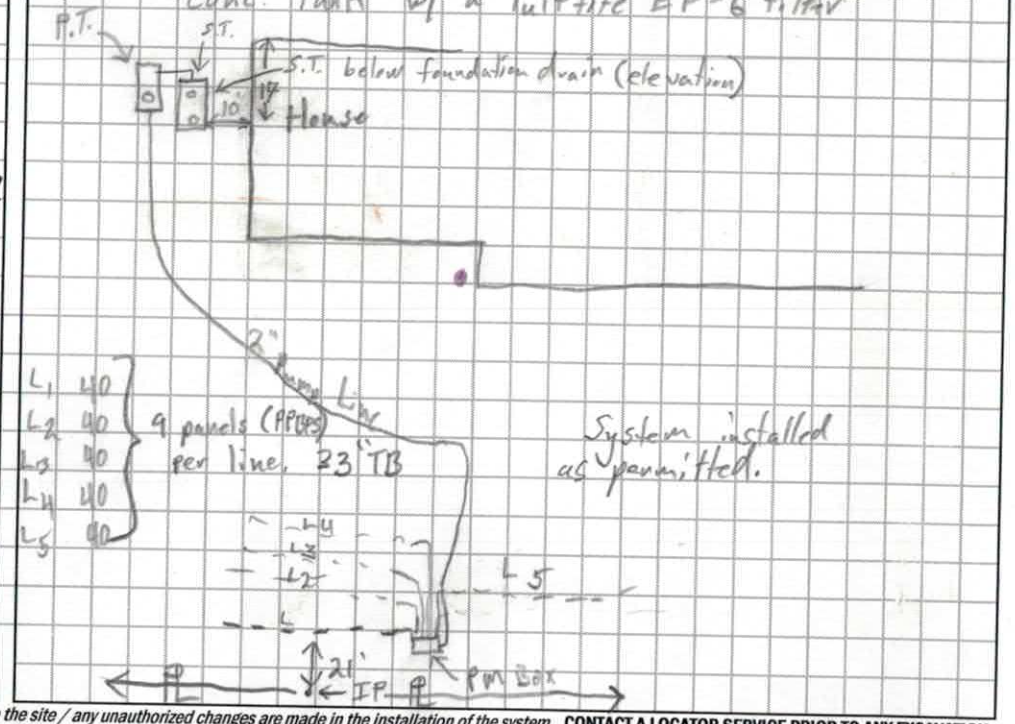
See attached plans from Michael Athanas + Associates

Dated 1/5/2018 Michael Athanas LSS #1252

	Date	Initials
Drain Lines Checked	8/24/18	[illegible]
Tanks Checked	8/24/18	[illegible]
Pressure Manifold or Valve Box Checked	10/11/18	MD
Pressure Head Set	10/17/18	MD
Electrical Checked	11/16/18	MD
Floats Set	10/17/18	MD
Alarm Checked	11/16/18	MD
Maintenance Contract Y (N) not Required		
Comments:		

AS BUILT SKETCH

8/24/2018 Rowan Septic 1000-gal mid-seam conc. tank w/ a Tuff-Tite EF-6 filter



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**

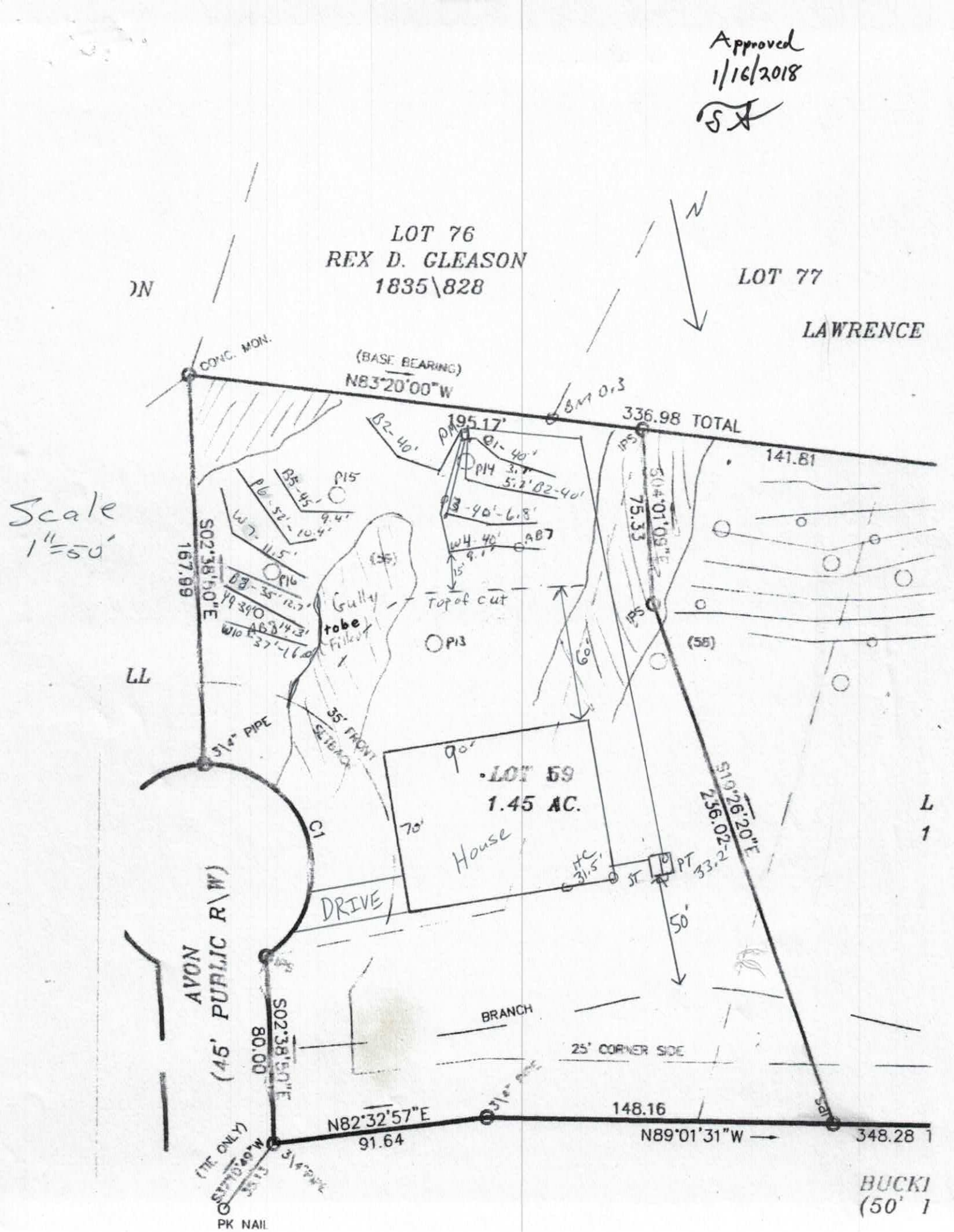
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1/22/18 Installed by: Kevin Kirkpatrick (Rowan Septic)

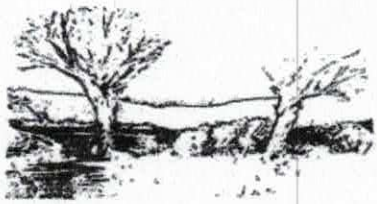
IMPROVEMENT PERMIT by: Tom Shuck Date: 1/16/18 OPERATION PERMIT by: Maria Dotson Date: 11/5/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/16/18 Existing System Inspected by: _____ Date: _____

Approved
1/16/2018
SX



Approved
1/16/2018



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

Reference: Data Sheet for Davidson Downs Lot 59
House Footprint: 70' x 90'
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 5.48 GPM
Tap Size & Material: ½ SCH 80
System Flow: 27.4 GPM
Dosing Volume: 162 gallons
Pump Run Time: 6 minutes
Elevation Head: 34.5'
Friction Head: 4.4'
Pressure Head: 2'
Total Dynamic Head: 40.9'
Supply Line Length: 235' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length	Elevation
Orange 1	**40' (9 panels)**	**60'**	**3.7'**
Blue 2	**40'/40' (9/9 panels)**	**93'**	**5.2'**
Pink 3	**40' (9 panels)**	**50'**	**6.8'**
White 4	**40' (9 panels)**	**42'**	**9.1'**
Blue 5		*45'*	*9.4'*
Pink 6		*52'*	*10.4'*
White 7		*57'*	*11.5'*
Blue 8		*35'*	*12.7'*
Yellow 9		*39'*	*14.3'*
White 10		*37'*	*16.0'*

Initial System: 200'
Pump Tank: 33.2'
Repair System: 265'
House Corner: 31.5'
Benchmark: 0.3'

Comments:
MA&A have removed and added repair lines to create more area behind the house.

Do not cut within 15 ft of the septic or repair area. The basement wall must be 25 ft down slope from the system. The gully between the septic areas will need to be filled. The house is marked in red and blue flags. All septic lines were located by Don Allen Surveying.

APPROVED DEC 0 2 2015



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

Reference: Data Sheet for Davidson Downs Lot 59
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 34.5'
Friction Head:
Pressure Head: 2'
Total Dynamic Head:
Supply Line Length: 165'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Orange 1	**55' (13 panels)**	**60'**	**3.7'**
Blue 2	**80' (18 panels)**	**93'**	**5.2'**
Pink 3	**50' (12 panels)**	**50'**	**6.8'**
White 4	**40' (9 panels)**	**42'**	**9.1'**
Orange 5	**45' (10 panels)**	**46'**	**10.7'**
Blue 6		36'	12.3'
Pink 7		43'	13.8'
White 8		44'	16.1'
Blue 9		45'	9.4'
Pink 10		52'	10.4'
White 11		57'	11.5'

APPROVED DEC 02 2015

BA

Blue 12	35'	12.7'

Initial System: 270' **Repair System:** 312'
Pump Tank: 33.2' **House Corner:** 31.5' **Benchmark:** 0.3'

Comments:
Do not cut within 15 ft of the septic or repair area. The basement wall must be 25 ft down slope from the system. The gully between the septic areas will need to be filled. The house is marked in red and blue flags. All septic lines were located by Don Allen Surveying.

SOIL/SITE EVALUATION

APPROVED DEC 02 2015 BA

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 7	LS 12%	0-30	R C SBK	FR SS SP	N/A	30"	PS	N/A	PS 0.3-0.4
		30-48	L SAP M	FR SS SP					
AB 8	LS 10%	0-12	Br CL WSBK	FR SS SP	N/A	12"	PS	N/A	PS 0.4
		12-48	L SAP M	FR SS SP					

COMMENTS: _____

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

PROPERTY ID #: _____
COUNTY: Iredell

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

APPROVED DEC 02 2015
3A

OWNER: Chris Mozeley
ADDRESS: _____
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Davidson Downes Lot 59
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: 1.45 AC
PROPERTY RECORDED: 2015
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 13	LS 12%	0-5	Br CL WSBK	FR SS SP	N/A	40"	PS	N/A	PS 0.3-0.4
		5-40	R C SBK	FR SS SP					
		40-63	L SAP M	FR SS SP					
PIT 14	LS 10%	0-24	R C SBK	FR SS SP	N/A	24"	PS	N/A	PS 0.3-0.4
		24-60	L SAP M	FR SS SP					
PIT 15	LS 10%	0-3	Br CL WSBK	FR SS SP	N/A	33"	F-C SAP PS	N/A	PS 0.3-0.4
		3-33	R C SBK	FR SS SP					
		33-60	L SAP M	FR SS SP					
PIT 16	LS 12%	0-15	Br CL WSBK	FR SS SP	N/A	15"	PS	N/A	PS 0.4
		15-60	L SAP M	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	624 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS: _____

RECEIVED JAN 5 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $75.00 Ltd #214402

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Kelly Hyde **Address:** 14710 Plessis Pl, Huntersville, NC **Zip:** 28078

Applicant Email: dangerclose@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 106 Avon Pl

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 59

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) 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 — (X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 1/5/2018
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, Kelly S. Hyde, am the legal owner(s) of the property located at 106 Avon Pl Lane, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4654874825.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sam Gandy / 4G Design Build, _____, 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.

Kelly Hyde 1/9/2018

Signature of Owner(s) 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

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

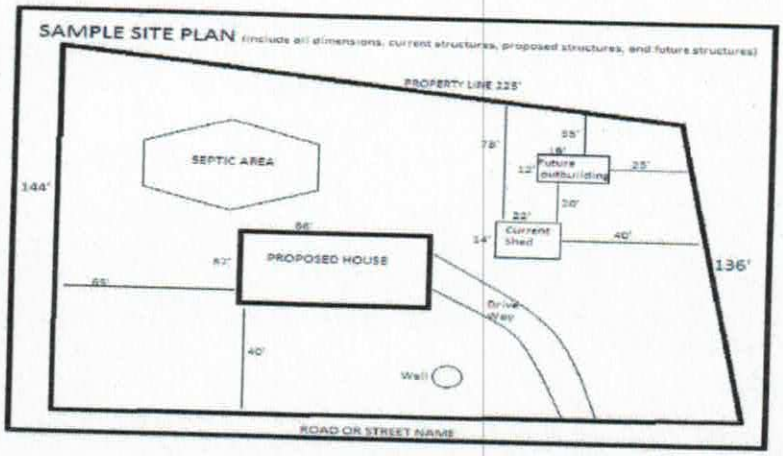
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached Site Plan

Signature: _____

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

1/5/2018

DATE

APPROVED DEC 0 2 2015

BA

11/3/15 Pits full of water

Supply line & distribution?

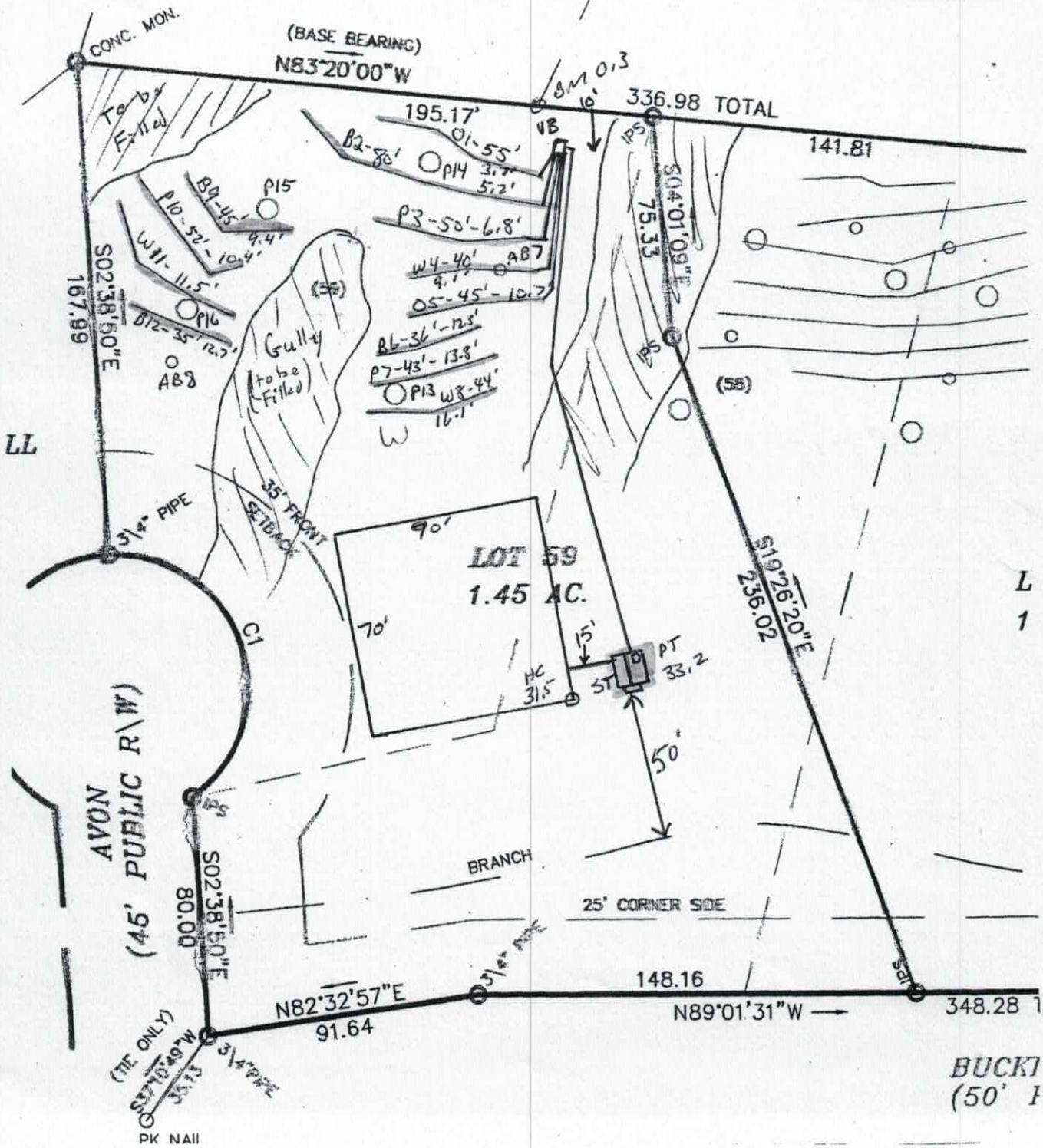
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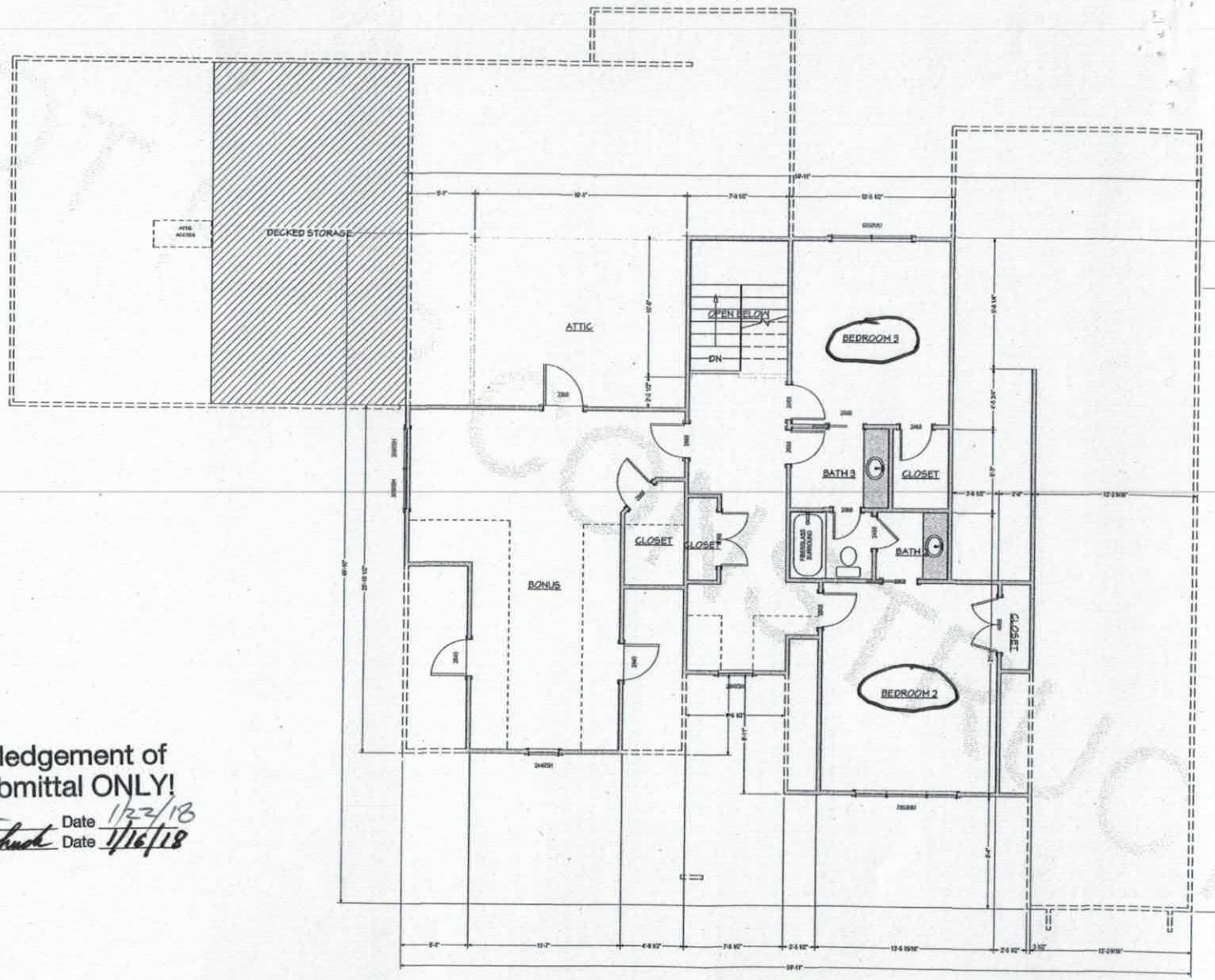
LOT 76
REX D. GLEASON
1835\828

LOT 77

LAWRENCE



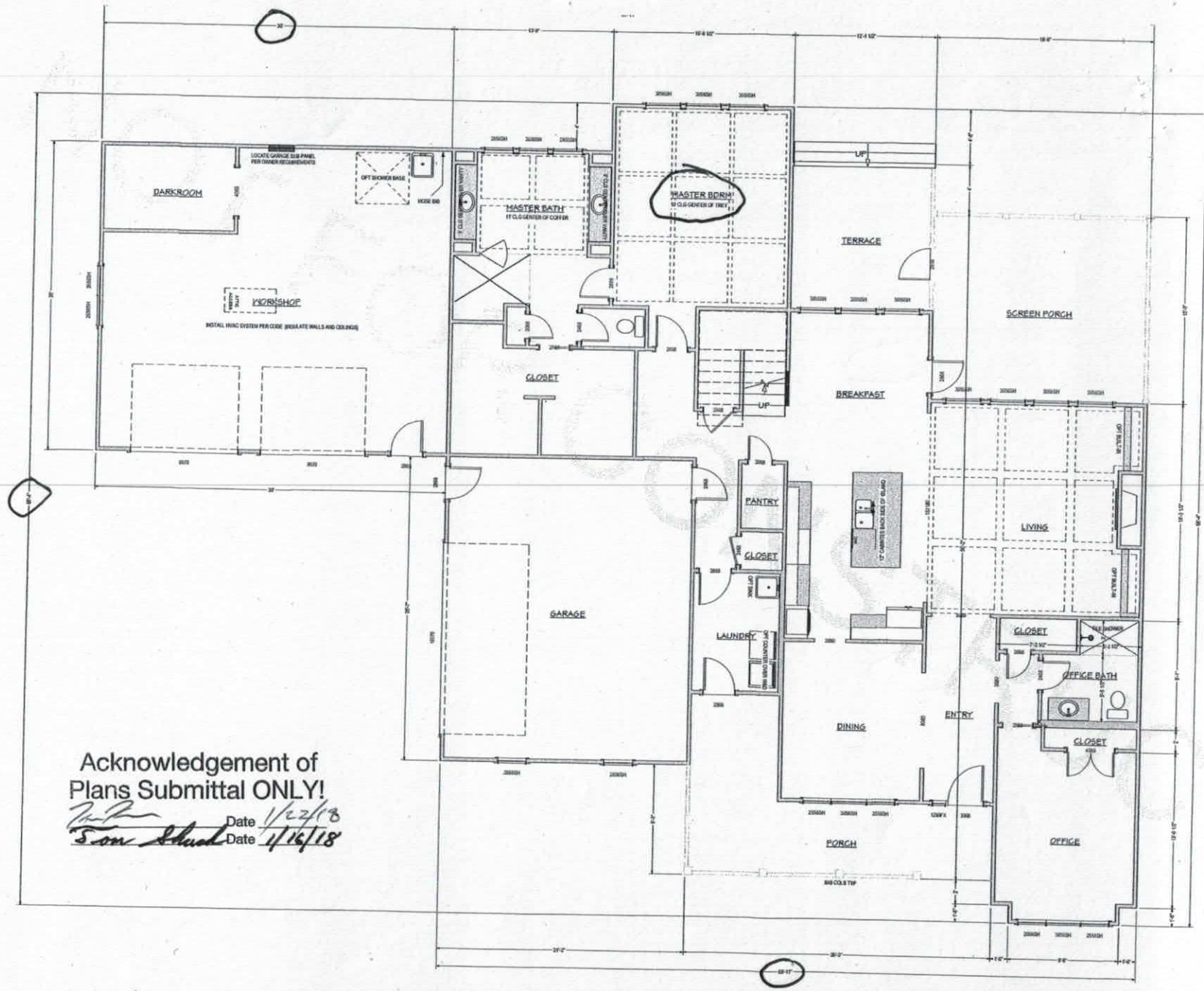
BUCKI
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Acknowledgement of
Plans Submittal ONLY!

Date 1/22/18

Date 1/16/18



Acknowledgement of
Plans Submittal ONLY!

Date 1/22/18

Tom Stud Date 1/16/18

IREDELL COUNTY

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

APPLICATION NUMBER
214402
Issue Date: 10/22/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4654874860.000	106 AVON PLACE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DAVIDSON DOWNES INC	Applicant: MOZELEY, CHRIS
Address: C/O R C MOZELEY 4542 IVY RUN LN MOORESVILLE, NC 28037	Address: DENVER, NC
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.785	35.00	35.00	15.00	25.00	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	52188	TOTAL FEES:	$ 77.25