ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317686

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

PIN # 4657--29--2143

APPLICANT/OWNER: Denali Home Builders | APPLICANT ADDRESS: 1270 Northside Dr Statesville NC 28625

SITE ADDRESS: 146 Oates Rd Mooresville NC 28117 | PHONE: 704-224-1440 | ALT. PHONE:

SITE DIRECTIONS: E Center Ave to Lons Church St, Ron E McLelland Ave, Lon E Plaza Dr, Ron 52 N, Lon Oates, Lot on R

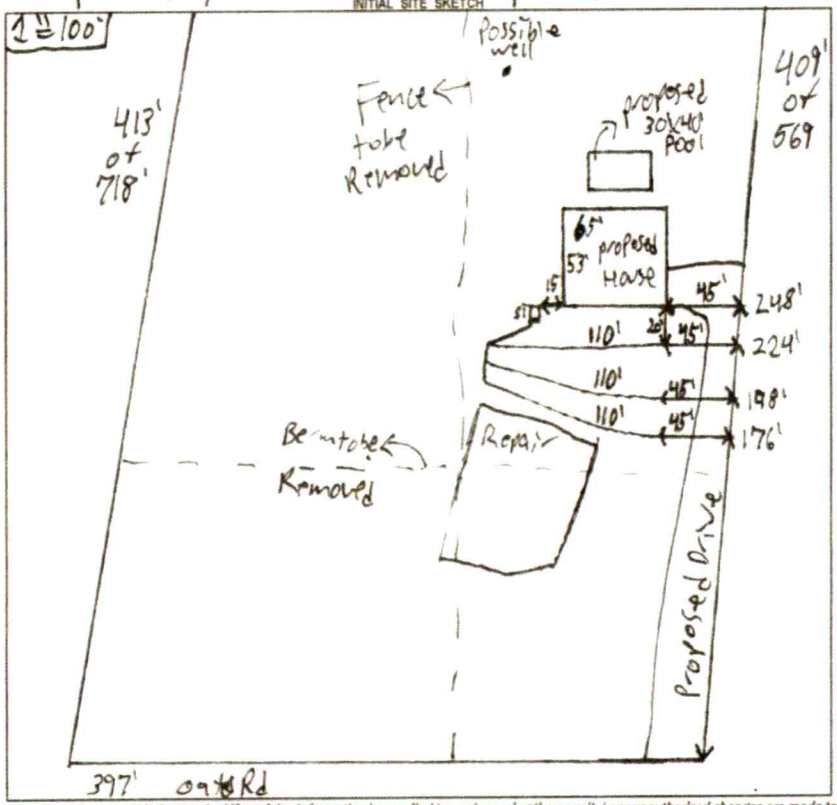
SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: 5.56 acres | MAP CONTROLLED: [X] YES [ ] NO | DESIGN FLOW: 360GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	1012	Date	1-23-2022	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	[ ] Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPBPS	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	330'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

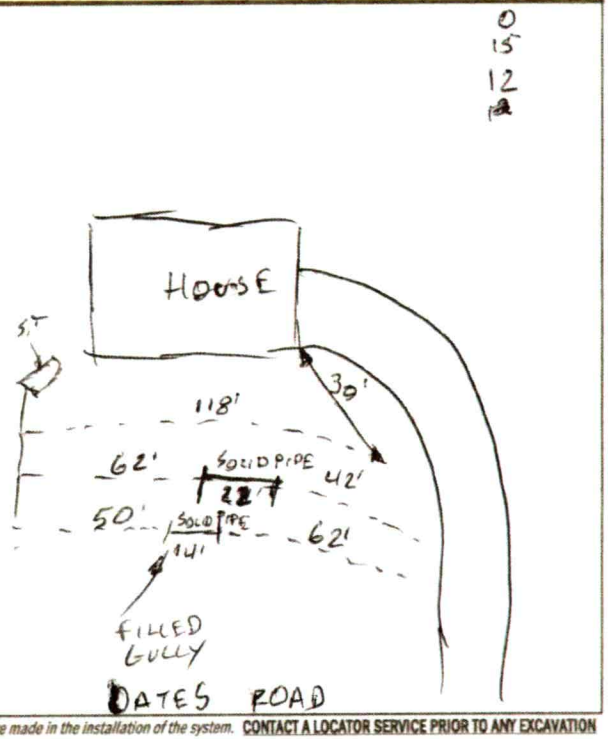
Comments / Conditions: Install lines on contour. DO NOT drive on, store material or mark/plate drainfield in anyway. Do not place any fill material on top of system.

INITIAL SITE SKETCH



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: 8/10/21 Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 7/27/2021 OPERATION PERMIT by: Burnett C. White Date: 4-20-2022

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 8/9/2021 Existing System Inspected by: _____ Date: _____

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317686

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

PIN # 4657--29--2143

APPLICANT/OWNER: Denali Home Builders | APPLICANT ADDRESS: 1270 Northside Dr Statesville NC 28625

SITE ADDRESS: 146 Oates Rd Mooresville NC 28117 | PHONE: 704-224-1440 | ALT. PHONE

SITE DIRECTIONS: E Center Ave to L on S Church St, R on E McLelland Ave, L on E Plaza Dr, R on US21 N, L on Oates, 2 L to on R

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: 5.56 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275

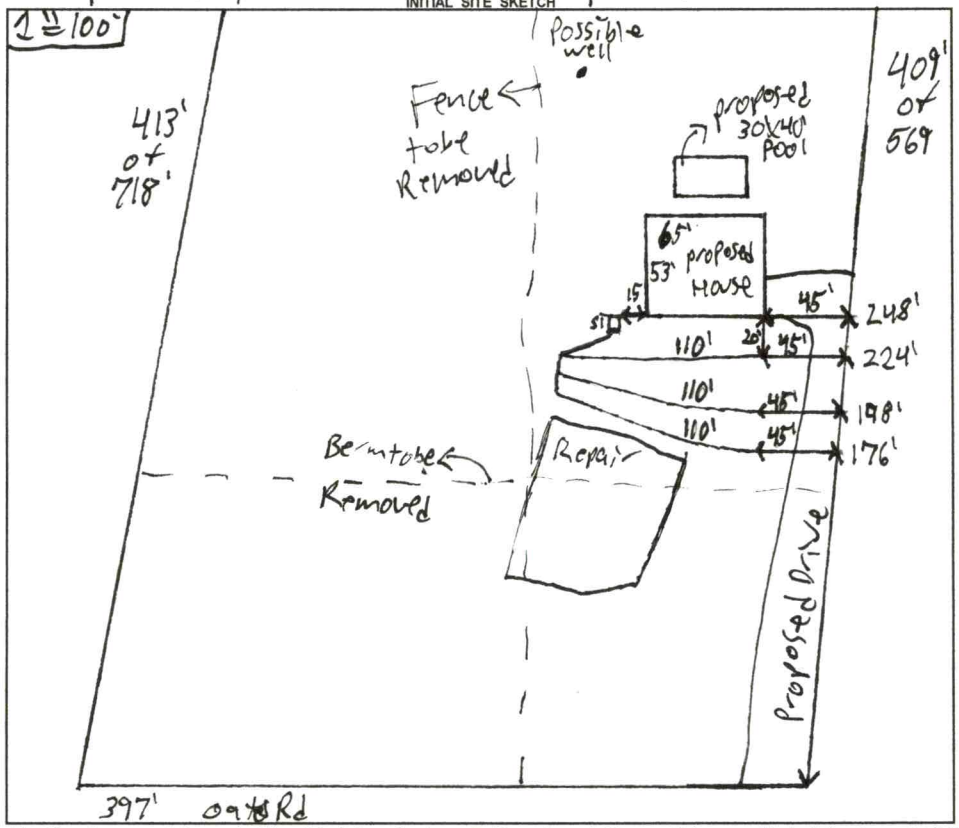
Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:	Gravity 25% Reduction		
Pump Make	—	Model —	Serial # —	Repair System Description:	LPP'BPS		
# Nitrification Fields	1	# Lines	3	Linear Ft: 330'	Maintenance Agreement Required:	[ ] YES	[X] NO
Trench Width	36"	Trench Bottom Depth(Low side)		Gravel Depth —		[X] GRAVITY	[ ] PRESSURE

[X] Residence — No. Bedrooms 3 — No. Persons 6
[ ] Business — No. Employees
[ ] Other
[ ] Slab — [X] Crawl Space
[ ] 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 anyway. Do not place any fill material on top of system.

INITIAL SITE SKETCH



AS BUILT SKETCH

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[ ] **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: 8/10/21 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 7/27/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 8/9/2021 | 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? _____	

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

Sheet 1 of 2
PROPERTY ID #: 4657292143
COUNTY: Iredell

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

OWNER: Pengi Homebuilders — APPLICATION DATE 11/11/2020
ADDRESS: 1270 Northside Dr Statesville — DATE EVALUATED: 7/6/2021
PROPOSED FACILITY: New Single Family — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 5.56 acres
LOCATION OF SITE: 146 Cutts Rd — PROPERTY RECORDED: yes

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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-10	Plowlayer	—	Some YB mottles scattered throughout	49"	Litho and Parent Rx common throughout Loamy sap Rx	Manganese more common at bottom	PS.3
		10-19	C SBK/ABK	F-SSSP SCXP					
		19-49	CL SBK	Fr SSSPSCXP					
		49-60	Loamy mass	VFr					
2	SS 5%	0-11	Compacted Plowlayer	—	YB mottles common throughout	40"	Loamy sap at 30"	some parent Rx inclusions manganese common at bottom	PS.275
		11-24	SCWSBK	F-SSSPSCXP					
		24-40	CLSBK	Fr SSSPSCXP					
		40-60	Loamy sap mass	VFr					
3	SS 5%	0-9	Compacted Plowlayer	—	few Chroma 3 and 6's at top 20"	60"	Litho and Parent Rx more common at bottom	Manganese more common at bottom	PS.275
		9-34	CABK	Fr SSSPSCXP					
		34-60	CLSBK/ABK	Fr-SSSPSCXP					
4	SS 4%	0-15	Fill	—	few YB mottles scattered throughout	53"	Litho inclusions to Loamy sap at 53"	fill w/ridiculous tolerance Manganese common at bottom	PS.275
		15-24	CABK	FrSSSP					
		24-53	CLSBK/ABK	FrSSSPSCXP					
		53-65	Loamy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Cory

COMMENTS: Sunny

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

Sheet 2 of 2
PROPERTY ID #: 4657292143
COUNTY: Iredell

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

OWNER: Denali Home Builders — APPLICATION DATE 11/11/2020
ADDRESS: 1270 North Side Dr Statesville — DATE EVALUATED: 7/6/2021
PROPOSED FACILITY: New Single Family — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 5.56 acres
LOCATION OF SITE: Old Oates Rd — PROPERTY RECORDED: yes

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	
5	SS	0-10	SC WSBK	FV SSP	chroma 2 sand clay at 17" more common on down	60"	very few litho fractions	Chroma 2's and clay at 17"	U
		10-20	C strong ABK	F S P sese					
		20-60	CL SBK/ABK	F S P sexy					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218'
System Type(s)	Gravity 25%	LPP PBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

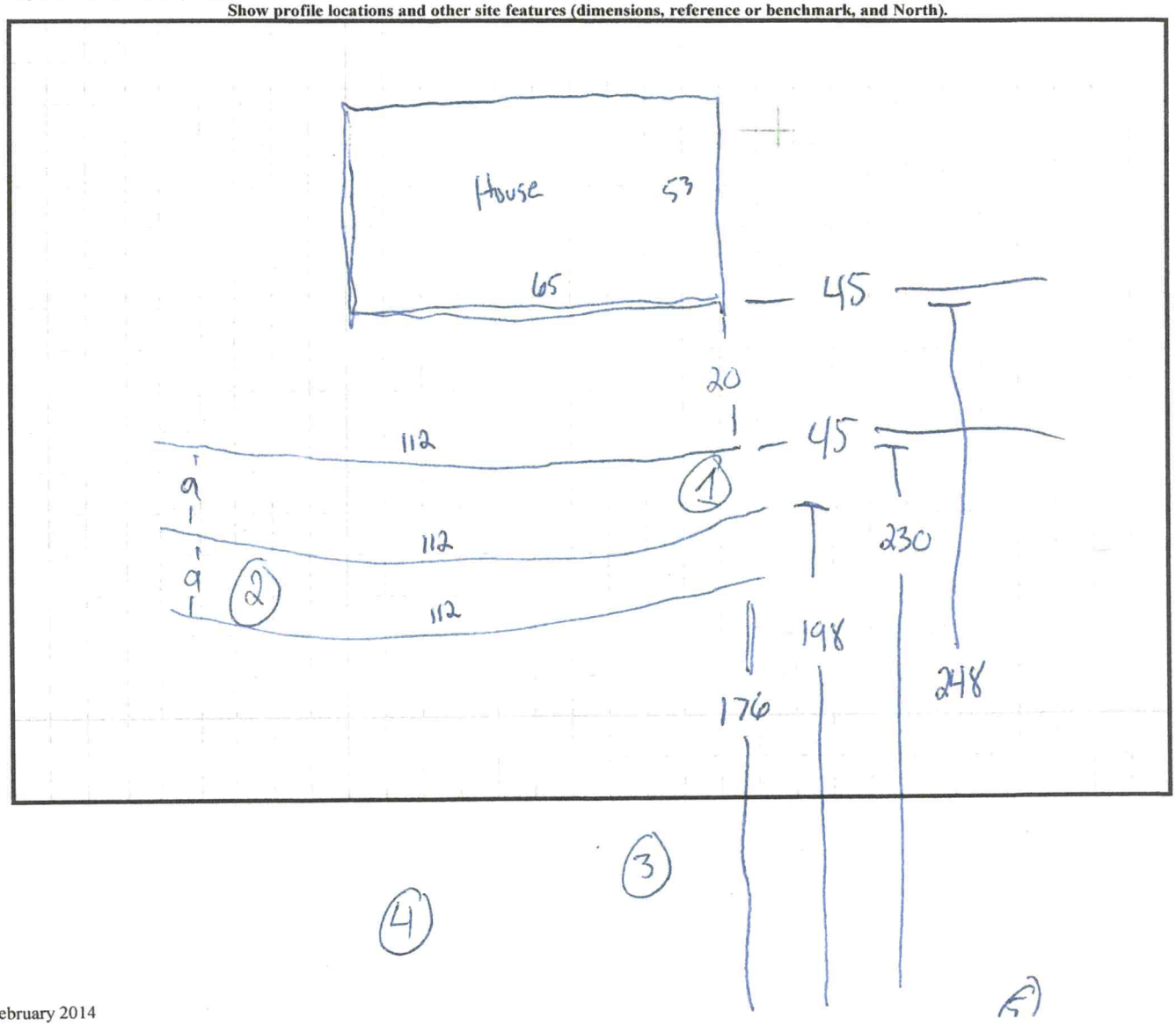
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

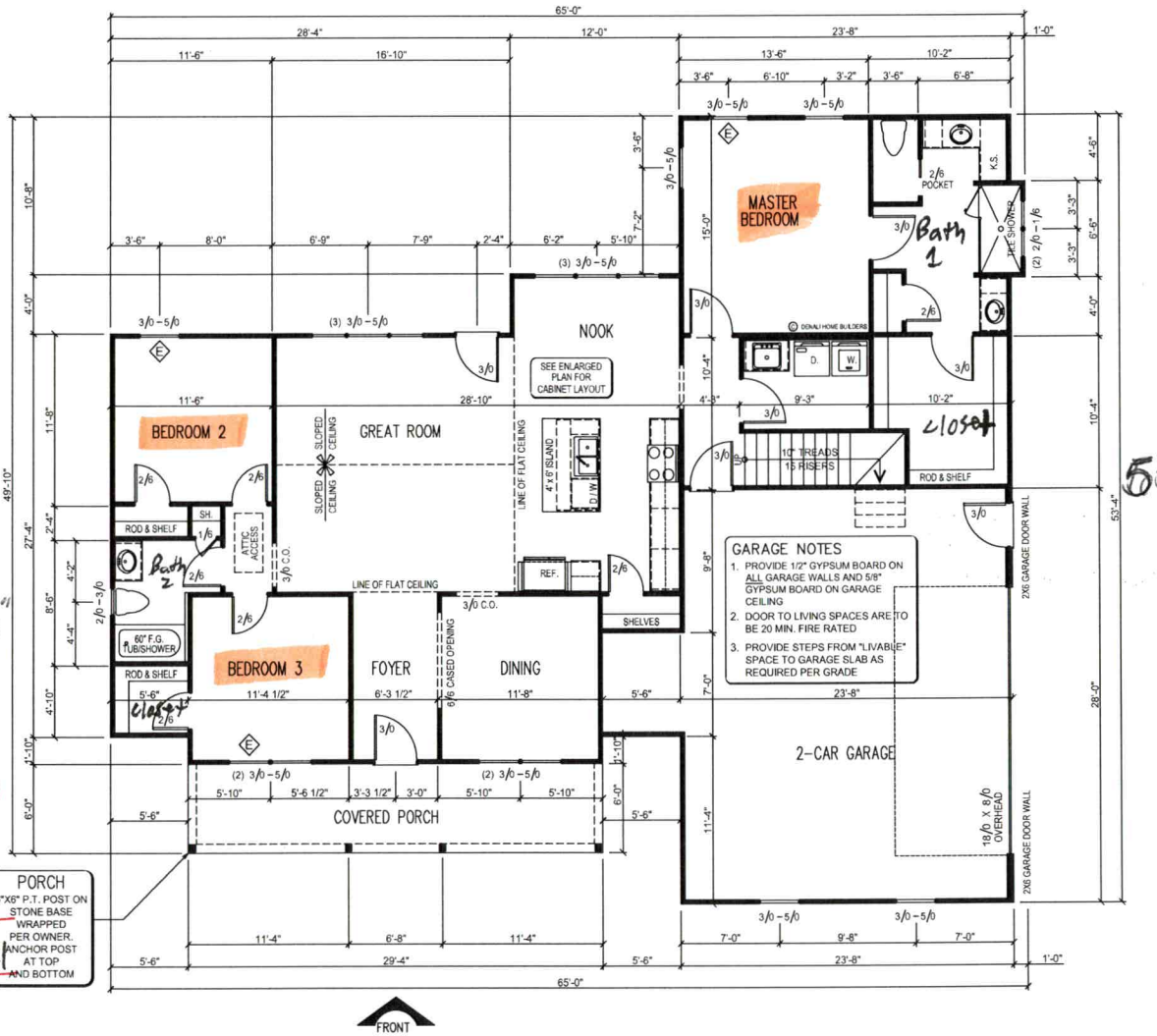
140 Oates

Show profile locations and other site features (dimensions, reference or benchmark, and North).



ISSUED FOR CONSTRUCTION

65'



PLAN NOTES

1. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD.
   NO WALL FINISHES ARE ASSUMED, TYPICAL U.N.O. VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION.
2. EXTERIOR WALLS TO BE 2X4 @ 16" O.C., TYPICAL UNLESS NOTED OTHERWISE
3. INTERIOR WALLS TO BE 2X4 @ 16" O.C., TYPICAL UNLESS NOTED OTHERWISE
4. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
5. PLACE DOORS 5" FROM CORNER WHERE APPLICABLE, PER PLAN
6. WEATHER STRIP ALL DOORS OR OPENINGS INTO ATTIC OR NON HEATED SPACES

(E) INDICATES THAT THE WINDOW MUST MEET EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURES DESIGN MANUAL FOR FURTHER DETAILS.

SEE ENLARGED PLAN FOR DIMENSIONS NOT SHOWN ON THIS PLAN

49'-10"

Acknowledgement Of Plans Submittal ONLY!

Date 8/10/21

Patricia J Bgett Date 8/9/2021

PORCH
6"X6" P.T. POST ON STONE BASE WRAPPED PER OWNER. ANCHOR POST AT TOP AND BOTTOM

(704) 872-1591
DenaliHomeBuilders@gmail.com

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF DENALI HOME BUILDERS. ALL RIGHTS RESERVED
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BRANTLEY RESIDENCE

OATES ROAD ◆ MOORESVILLE, NC

MAIN LEVEL FLOOR PLAN

SQUARE FOOTAGE	
MAIN LEVEL	1775 S.F.
UPPER LEVEL	338 S.F.
FRONT PORCH	176 S.F.
GARAGE	698 S.F.
TOTAL HEATED -	2113 S.F.

DRAWN BY: DOUG GAITHER
DESIGN NO: DH-2020-120
SCALE: 1/8" = 1'-0"
BASE PLAN: GRAYLING
REVISION:
MANAGER KENT JACKSON
DATE DRAWN: 12/30/20

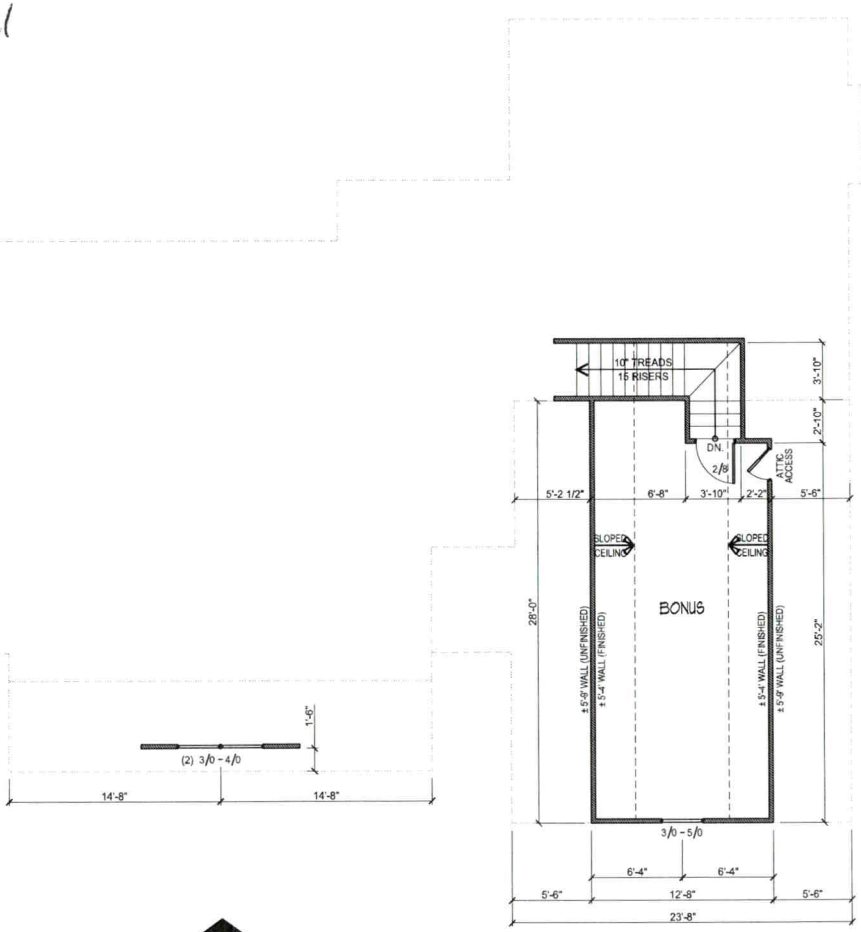
B3.0

ISSUED FOR CONSTRUCTION

Acknowledgement Of Plans Submittal ONLY!

Date 8/10/21

Date 8/9/2021



DENALI HOME BUILDERS

(704) 872-1591
DenaliHomeBuilders@gmail.com

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BRANTLEY RESIDENCE

OATES ROAD ◆ MOORESVILLE, NC

UPPER LEVEL FLOOR PLAN

SQUARE FOOTAGE	
MAIN LEVEL	1775 S.F.
UPPER LEVEL	338 S.F.
FRONT PORCH	176 S.F.
GARAGE	698 S.F.
TOTAL HEATED -	2113 S.F.

DRAWN BY:
DOUG GAITHER
DESIGN NO:
DH-2020-120
SCALE:
1/8" = 1'-0"
BASE PLAN:
GRAYLING
REVISION:

MANAGER
KENT JACKSON
DATE DRAWN:
12/30/20

B3.1

CONNECTGIS WEB HOSTING

North Carolina Iredell County



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RECEIVED MAY 24 2021

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

Iredell County Health Department – Environmental Health Division AP-317684 $500.00

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: ( ) 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: Denali Home Builders Address: 1270 Northside Drive Zip: 28625
Applicant Email: denalihomebuilders@gmail.com Phone: 704 224 1440 Alt. Phone: _____
Owner Name: Dakota + Hannah Brantley Address: _____ Zip: _____
Owner Email: _____ Phone: 704 881 4174 Alt. Phone: _____

Property Information:

Street Address: 146 Oates RD Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 150 to Hwy 21N - Left on Oates RD

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(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 (X) 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.

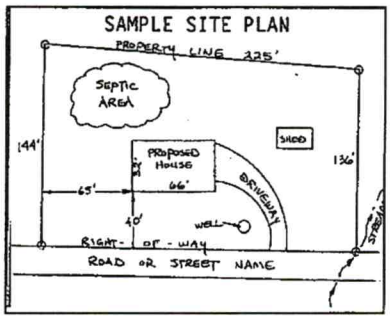
Signature: _____ 11/11/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

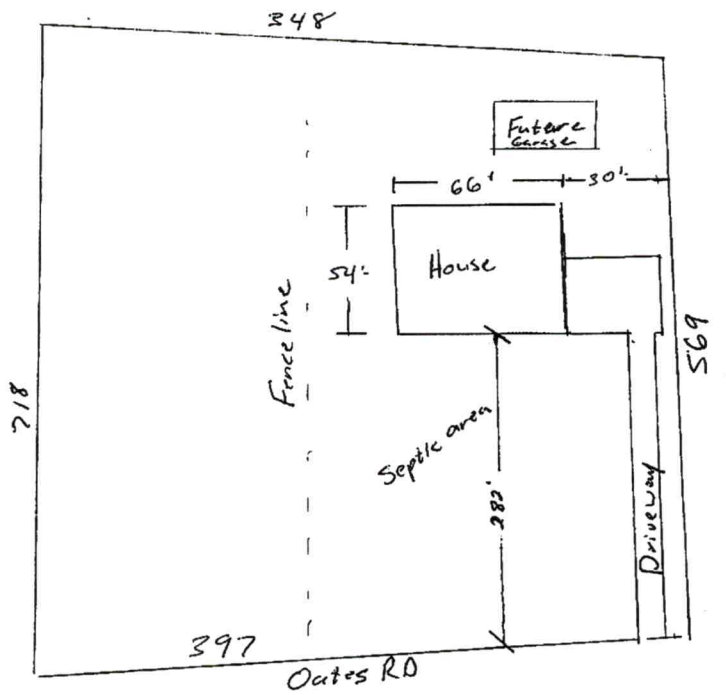
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Patrick [illegible] 11/11/20

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

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.

X 2. I, Hannah Brantley Dakota Brantley, am the legal owner(s) of the property located at 146 Oates RD Mooresville NC 28117, identified as PIN (Parcel Identification Number) 465729143, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Denali Home Builders, _____, 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.

_____ 5/5/2021
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-317686 Subdivision: -

Proposed Use: SFD- need disclaimer

Street Address: 146 OATES RD

Tax PIN: 4657292143.000 Zoning: R2 Lot: Size: 5.56

Owner: BRANTLEY DAKOTA H+HANNAH

Address:

,

Applicant: Denali Home Builders

Address: 1270 Northside Drive

Statesville, NC 28625

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 5.56 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK.

INSTALLATION OF A SIDEWALK IS REQUIRED - (ORDINACE9.2.4(B)
DETERMINATION OF CURB, GUTTER & SIDEWALK INSTALLATION UPON STAFF CONSULTATION WITH NCDOT.

MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

MJH	05/10/2021	
Approved By:	Date	Application Fee

RECEIVED AUG 0 6 2021

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

AP- 317684

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: ( ) 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: Denali Home Builders Address: 1270 Northside Drive Zip: 28625
Applicant Email: denalihomebuilders@gmail.com Phone: 704 224 1440 Alt. Phone: _____
Owner Name: Dakota & Hannah Brantley Address: _____ Zip: _____
Owner Email: _____ Phone: 704 881 4174 Alt. Phone: _____

Property Information:

Street Address: 146 Oates RD Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 150 to Hwy 21N - Left on Oates RD

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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 (X) 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.

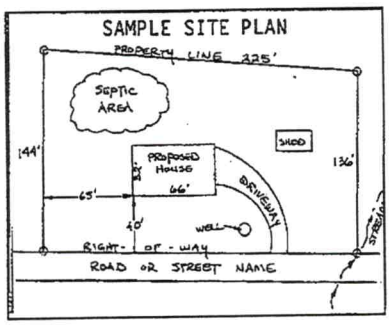
Signature: _____ 11/11/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

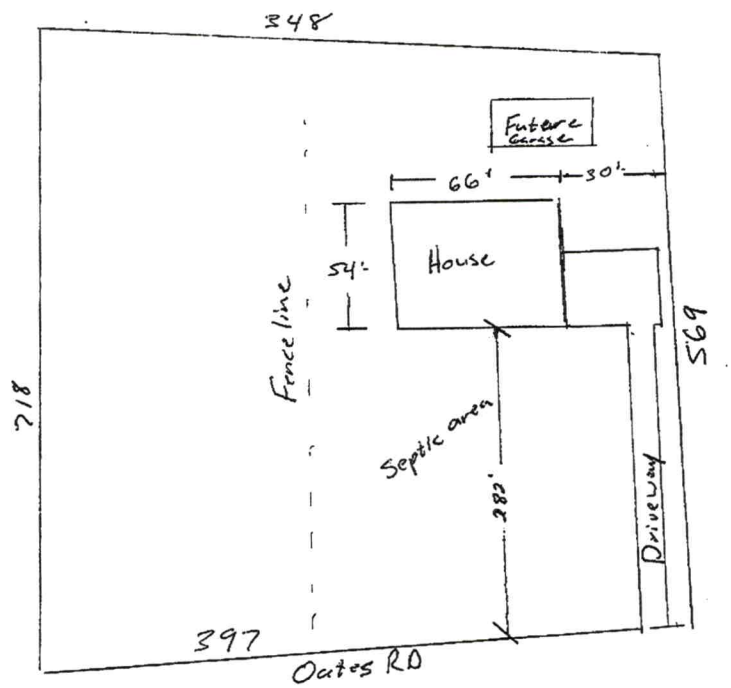
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: _____ 11/11/20

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

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.

X 2. I, Hannah Brantley Dakota Brantley, am the legal owner(s) of the property located at 146 Oates RD Mooresville NC 28117, identified as PIN (Parcel Identification Number) 465729143, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Denali Home Builders, 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 5/5/2021

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
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