ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 313798

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

PIN # 4657 -68 -8769

APPLICANT/OWNER: Jason Tebbs & Krystal DelCastillo APPLICANT ADDRESS: 348 Rinehart Rd Mooresville, NC 28115

SITE ADDRESS: 352 Rinehart Rd Mooresville, NC 28115 PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 115N. (across Hwy 150) TL Rinehart Rd on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Arla Estates SECTION: — LOT # 3 LOT AREA: 1.68Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .31 / .125Rep

Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	~~1000~~ (gal)	PT	Date	System Description:			Gravity – 25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description:			Drip dispersal	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side) max	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Ditches must be graded/filled so they won't hold water

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (dated 3/2/21)

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.

As Built Attached

tanks & lines > 8/24/22 DW

~~*~~ Need ditches filled to sign OP ~~*~~

12/15/22 DW

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: 3/30/21 Installed by: Stevens Septic

IMPROVEMENT PERMIT by: Date: 3/29/21 OPERATION PERMIT by: D. Wieberg Date: 12/15/22

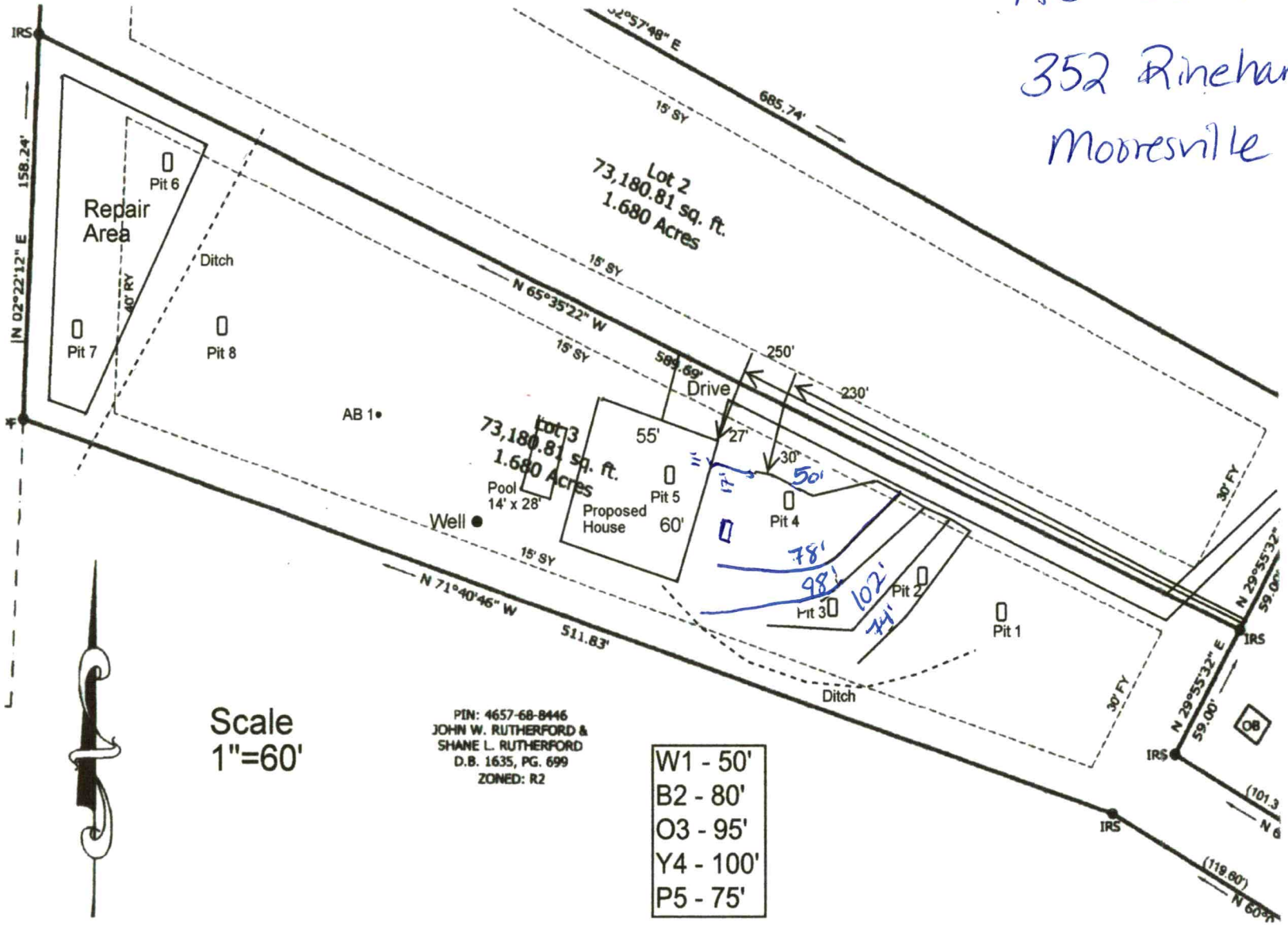
AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/16/21 Existing System Inspected by: Date:

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? _____	

As Built
352 Rinehardt
Mooresville



RECEIVED MAR 11 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP-313798

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: Jason Fobbs & Krystal DelCastillo **Address:** 348 Rinehart Rd, Mooresville, NC **Zip:** 28115

Applicant Email: fobbs04@gmail.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 352 Rinehart Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: 8
(✓) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/10/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

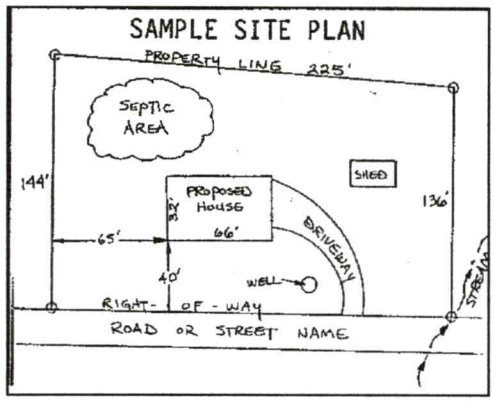
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 3/10/2021

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, Krystal delCastillo, am the legal owner(s) of the property located at 352 Rinehardt Road, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4657-68-8769, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

Signature of Owner(s) — Date: 3/8/21

Signature of Witness — Date: 3/8/21

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

Expedited Review Process

Checklist For Licensed Soils Scientists *9/28/2015*

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

✓ *A Copy of This Completed Checklist*

✓ Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)

✓ Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant

✓ A copy of the Iredell County *Zoning Permit* (if required)

✓ *Documentation to Authorize an Owners Legal Representative* form

____ *Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts

✓ Owner or Clients contact information, included on application or part of submitted design

✓ NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth

✓ Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:

- ✓ Drainlines for initial and repair system
- ✓ Septic Tank locations identified
- ✓ Pump Tank location identified
- ✓ Proposed distribution method must be clearly identified
- ✓ All proposed and existing structures identified
- ✓ Proposed setbacks must be noted
- ✓ Proposed and existing driveway
- ✓ Well locations (if applicable)
- ✓ North arrow identified

✓ Pump Systems must note the following elevations on a scaled site plan:

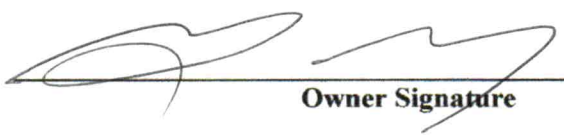
- ✓ Pump Tank
- ✓ Initial septic system and repair line elevations
- ✓ Front or rear of house at point closest to drain field
- ✓ Temporary Bench Mark

✓ Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.

✓ Septic design signed and sealed by LSS.

✓ Site requirements completed by time of health department staff visit:

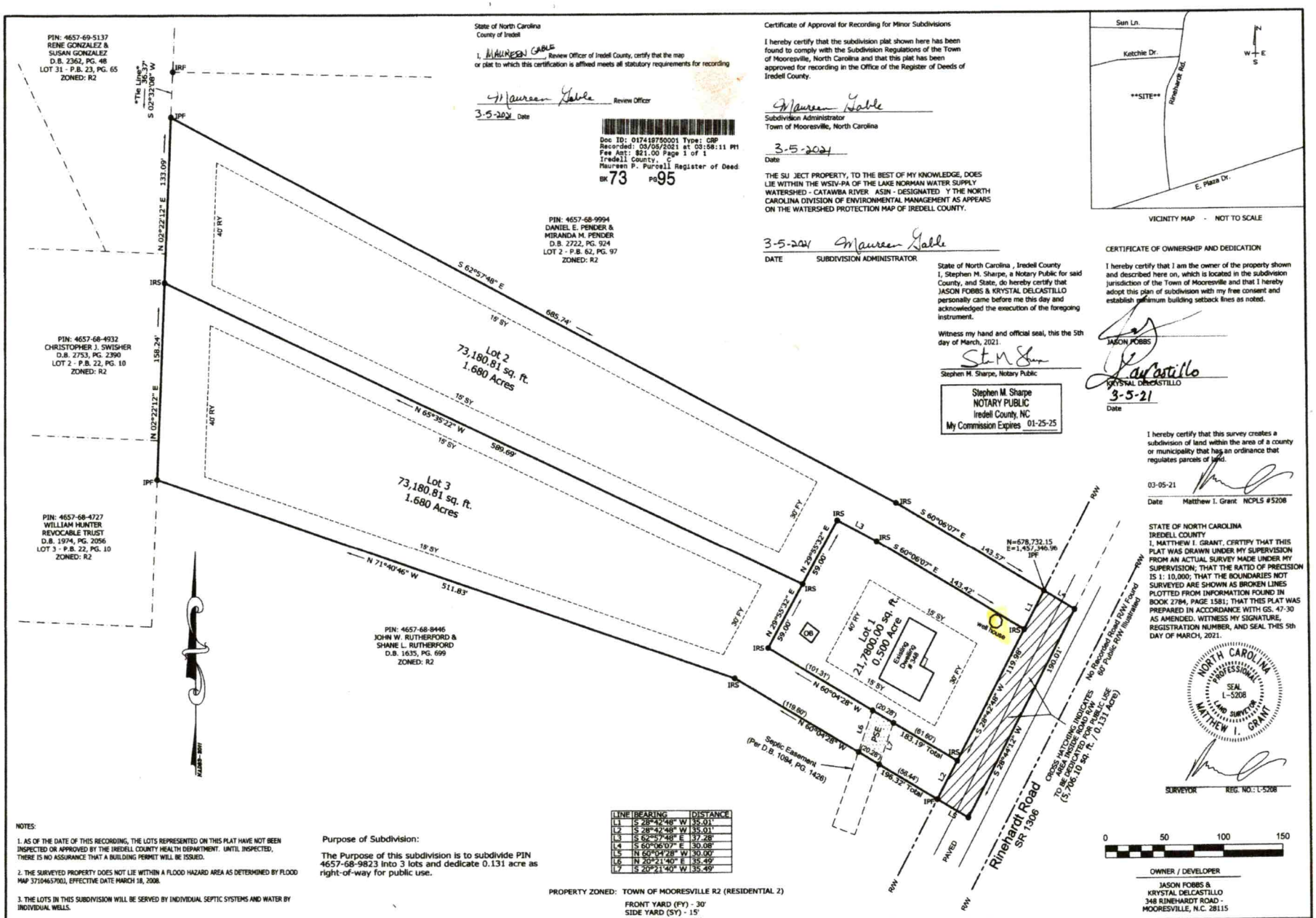
- ✓ All under brushing, debris cleanup
- ✓ Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot
- ✓ Permanent corners must be identified in field, or located by a licensed surveyor as needed.
- ✓ Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line
- ✓ Septic and Pump Tank location marked as required
- ✓ All proposed structures must be staked



Owner Signature

3/11/2021

Date



State of North Carolina
County of Iredell

I, Maureen Gable, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Maureen Gable Review Officer

3-5-2021 Date

Doc ID: 017419750001 Type: CRP
Recorded: 03/05/2021 at 03:58:11 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Maureen P. Purcell Register of Deeds
BK 73 PG 95

Certificate of Approval for Recording for Minor Subdivisions

I hereby certify that the subdivision plat shown here has been found to comply with the Subdivision Regulations of the Town of Mooresville, North Carolina and that this plat has been approved for recording in the Office of the Register of Deeds of Iredell County.

Maureen Gable
Subdivision Administrator
Town of Mooresville, North Carolina

3-5-2021
Date

THE SU JECT PROPERTY, TO THE BEST OF MY KNOWLEDGE, DOES LIE WITHIN THE WSIV-PA OF THE LAKE NORMAN WATER SUPPLY WATERSHED - CATAWBA RIVER ASIN - DESIGNATED Y THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

3-5-2021 Maureen Gable
DATE SUBDIVISION ADMINISTRATOR

VICINITY MAP - NOT TO SCALE

State of North Carolina , Iredell County
I, Stephen M. Sharpe, a Notary Public for said County, and State, do hereby certify that JASON FOBBS & KRYSTAL DELCASTILLO personally came before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this the 5th day of March, 2021.

Stephen M. Sharpe, Notary Public

Stephen M. Sharpe
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 01-25-25

CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owner of the property shown and described here on, which is located in the subdivision jurisdiction of the Town of Mooresville and that I hereby adopt this plan of subdivision with my free consent and establish minimum building setback lines as noted.

JASON FOBBS

KRYSTAL DELCASTILLO

3-5-21
Date

I hereby certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

03-05-21
Date Matthew I. Grant NCPLS #5208

STATE OF NORTH CAROLINA
IREDELL COUNTY
I, MATTHEW I. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: 10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 2784, PAGE 1581; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 5th DAY OF MARCH, 2021.

NORTH CAROLINA PROFESSIONAL SEAL L-5208 LAND SURVEYOR MATTHEW I. GRANT

SURVEYOR REG. NO.: L-5208

0 50 100 150

OWNER / DEVELOPER
JASON FOBBS &
KRYSTAL DELCASTILLO
348 RINEHARDT ROAD -
MOORESVILLE, N.C. 28115

NOTES:

1. AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

2. THE SURVEYED PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD MAP 3710465700J, EFFECTIVE DATE MARCH 18, 2008.

3. THE LOTS IN THIS SUBDIVISION WILL BE SERVED BY INDIVIDUAL SEPTIC SYSTEMS AND WATER BY INDIVIDUAL WELLS.

4. THE SURVEYED PROPERTY IS ZONED R2 (TOWN OF MOORESVILLE)

5. THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIO AL REGISTER OF HISTORIC PLACES.

6. PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL A D ACCURATE TITLE SEARCH.

7. PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

8. AREA BY COORDINATE COMPUTATION.

9. PROPERTY MAY BE SUBJECT TO GOVER MENTAL ORDINANCES, ZONING A D OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

10. NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.

Purpose of Subdivision:

The Purpose of this subdivision is to subdivide PIN 4657-68-9823 into 3 lots and dedicate 0.131 acre as right-of-way for public use.

LINE	BEARING	DISTANCE
L1	S 28°42'48" W	35.01'
L2	S 28°42'48" W	35.01'
L3	S 62°57'48" E	37.28'
L4	S 60°06'07" E	30.08'
L5	N 60°04'28" W	30.00'
L6	N 20°21'40" E	35.49'
L7	S 20°21'40" W	35.49'

PROPERTY ZONED: TOWN OF MOORESVILLE R2 (RESIDENTIAL 2)

FRONT YARD (FY) - 30'
SIDE YARD (SY) - 15'
REAR YARD (RY) - 40'

LEGEND:

PSE - PROPOSED SEPTIC EASEMENT
IPF - IRON PIPE FOUND
IRS - IRON REBAR SET
IRF - IRON REBAR FOUND
NTS - NOT TO SCALE
RCP - REINFORCED CONCRETE PIPE
R/W - RIGHT OF WAY
OB - OUTBUILDING
◉ - COMPUTED POINT

PIN: 4657-68-9823
JASON FOBBS &
KRYSTAL DELCASTILLO
D.B. 2784, PG. 1581
ZONED: R2

SITE DATA:

ACREAGE IN TOTAL TRACT TO BE SUBDIVIDED: 3.991 Acres
ACREAGE IN ROAD R/W AND
OTHER NONRESIDENTIAL USES: 0.131 Acre
TOTAL NUMBER OF PARCELS CREATED: 3 Lots

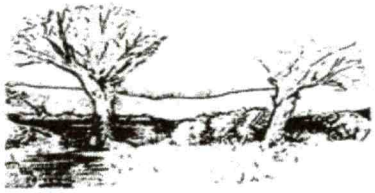
JORDAN GRANT
ENGINEERING SURVEYING PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 928-7919
FIRM # P-1227

Minor Subdivision For:
Arla Estates

DRAWN BY: SMS	CHECKED BY: MJG
SCALE: 1"=50'	
DEED REF: 2784-1581	PIN NO: 4657-68-9823
DATE OF MAP: 02-19-21	SURVEY DATE: 12-14-20
REVISION: 03-05-21	DRAWING FILE: 20201129-MSUB

348 RINEHARDT ROAD - MOORESVILLE, N.C. 28115
CODDLE CREEK TOWNSHIP --- IREDELL COUNTY --- NORTH CAROLINA

Book: 73 Page: 95 Page 1 of 1



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
3/2/2021

Reference: Data Sheet for 352 Rinehart Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip dispersal
Distribution: Gravity-End cap/drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"



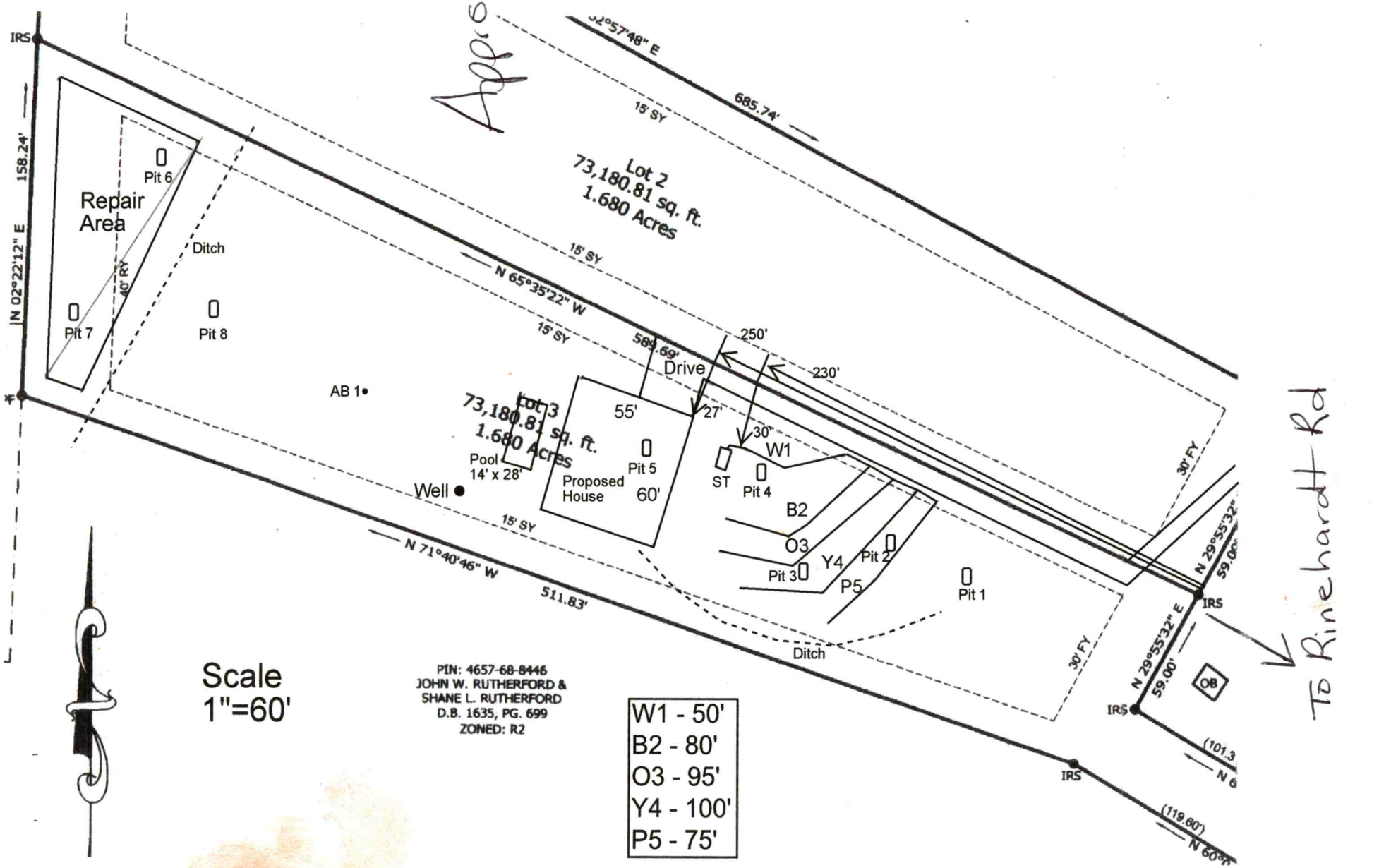
Line	Design Length	Actual Length
White 1	50'	50'
Blue 2	80'	80'
Orange 3	95'	95'
Yellow 4	100'	100'
Pink 5	75'	75'

Initial System: 400' **Repair System:** 5200 FT^2

Comments:
The ditches must be graded/filled so they will not hold water.

The suitable soils are very specific on the property and care must be taken not to disturb this area. Failure to do so could result in permit to be voided. Please fence of septic area.

Approved
3/26/21
MD



Scale
1"=60'

PIN: 4657-68-8446
JOHN W. RUTHERFORD &
SHANE L. RUTHERFORD
D.B. 1635, PG. 699
ZONED: R2

W1 - 50'
B2 - 80'
O3 - 95'
Y4 - 100'
P5 - 75'

PROPERTY ID #: 4657688769__
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 3/26/21 MD

OWNER: Jason Fobbs & Krystal DelCastillo_____ APPLICATION DATE_____
ADDRESS 348 Rinehart Rd, Mooresville, NC 28115_____ DATE EVALUATED: _2/2021_____
PROPOSED FACILITY: _4 BDRM_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: __1.680 AC_____
LOCATION OF SITE: 352 Rinehart Rd, Mooresville_____ PROPERTY RECORDED: __2021_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ 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 8%	0-38	R C ABK	FR SS SP SXP	YB's CHR 2 @ 30"	30"	F-C SAP	N/A	Prefer not to use
		38-62	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-28	R C SBK	FR SS SP SXP	Few YB No YB >28"	62"	F-C SAP	N/A	PS 0.3 >28"
		28-62	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-22	R C SBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		22-50	R CL WSBK	FR SS SP SXP					
		50-58	VER SL SAP M	VFR SS SP SXP					
PIT 4	LS 4%	0-16	R C SBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		16-50	R CL WSBK	FR SS SP SXP					
		50-61	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	5200 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

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

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

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

Approved 3/26/21 mm

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	LS 3%	0-6	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 14"	14"	N/A	N/A	US
		6-14	R C SBK	FR SS SP SXP					
PIT 6	LS 6%	0-8	Br CL WSBK	FR SS SP SXP	Few YB TO 22"	65"	F-C SAP	N/A	PS 0.25
		8-22	R C ABK	FR SS SP SXP					
		22-65	R CL WSBK	FR SS SP SXP					
PIT 7	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	YB/Litho CHR 2 @ 34"	34"	N/A	N/A	PS 0.25
		4-34	R C ABK	FR SS SP SXP					
AB 1	LS 2%	0-5	Br CL WSBK	FR SS SP SXP	Com YB CHR 20 @ 20"	20"	N/A	N/A	US
		5-20	R C ABK	FR SS SP SXP					
PIT 8	LS 6%	0-4	Br SCL WSBK	FR SS SP SXP	Com YB CHR 2 @ 16"	16"	N/A	N/A	US
		4-16	R C ABK	FR SS SP SXP					

COMMENTS: _____

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-313798 Subdivision: ARLA ESTATES-

Proposed Use: THIS IS FOR SEPTIC TANK AND PERK INFORMATION ONLY

Street Address: 352 RINEHARDT RD

Tax PIN: 4657688769.000 Zoning: R2 Lot: 3 Size: 1.68

Owner: FOOBS JASON+KRYSTAL DELCASTILLO Applicant: JASON FOBBS

Address: Address:

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: 0 Front Yard Depth: 30 Side Yard Depth: 5

Rear Yard Depth: 40 Corner Yard Depth: 5

Remarks: ***** THIS IS FOR SEPTIC TANK AND PERK INFORMATION ONLY*****

CPMP	12/31/2020	
Approved By:	Date	Application Fee

RECEIVED MAR 11 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP-313798

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: Jason Fobbs & Krystal DelCastillo **Address:** 348 Rinehart Rd, Mooresville, NC **Zip:** 28115

Applicant Email: fobbs04@gmail.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 352 Rinehart Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: 8
(✓) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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:** _____

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:

( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/10/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

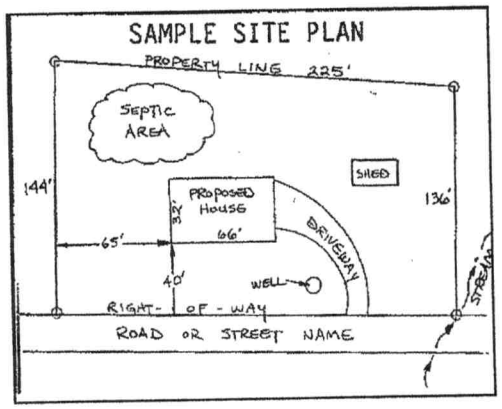
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 3/10/2021

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, Krystal deCastillo, am the legal owner(s) of the property located at 352 Rachardt Road, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4657-68-8769, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

Signature of Owner(s) — Date: 3/8/21

Signature of Witness — Date: 3/8/21

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

Expedited Review Process

Checklist For Licensed Soils Scientists

9/28/2015

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

✓ *A Copy of This Completed Checklist*

✓ Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)

✓ Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant

✓ A copy of the Iredell County *Zoning Permit* (if required)

✓ *Documentation to Authorize an Owners Legal Representative* form

____ *Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts

✓ Owner or Clients contact information, included on application or part of submitted design

✓ NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth

✓ Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:

- ✓ Drainlines for initial and repair system
- ✓ Septic Tank locations identified
- ✓ Pump Tank location identified
- ✓ Proposed distribution method must be clearly identified
- ✓ All proposed and existing structures identified
- ✓ Proposed setbacks must be noted
- ✓ Proposed and existing driveway
- ✓ Well locations (if applicable)
- ✓ North arrow identified

✓ Pump Systems must note the following elevations on a scaled site plan:

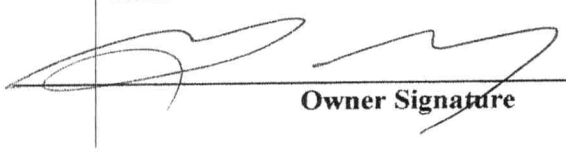
- ✓ Pump Tank
- ✓ Initial septic system and repair line elevations
- ✓ Front or rear of house at point closest to drain field
- ✓ Temporary Bench Mark

✓ Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.

✓ Septic design signed and sealed by LSS.

✓ Site requirements completed by time of health department staff visit:

- ✓ All under brushing, debris cleanup
- ✓ Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot
- ✓ Permanent corners must be identified in field, or located by a licensed surveyor as needed.
- ✓ Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line
- ✓ Septic and Pump Tank location marked as required
- ✓ *All proposed structures must* be staked



Owner Signature

3/11/2021

Date

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-313798

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Jason Fobbs & Krystal DelCastillo **Address:** 348 Rinehart Rd, Mooresville, NC **Zip:** 28115
Applicant Email: fobbs04@gmail.com **Phone:** _____ **Alt. Phone:** _____
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 352 Rinehart Rd
Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

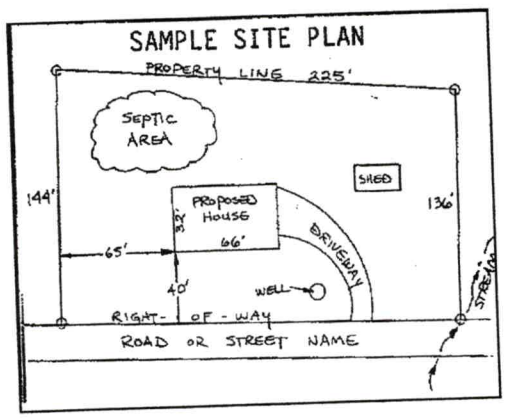
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/10/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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( ) 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: _____ 3/10/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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- 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: 3/8/21

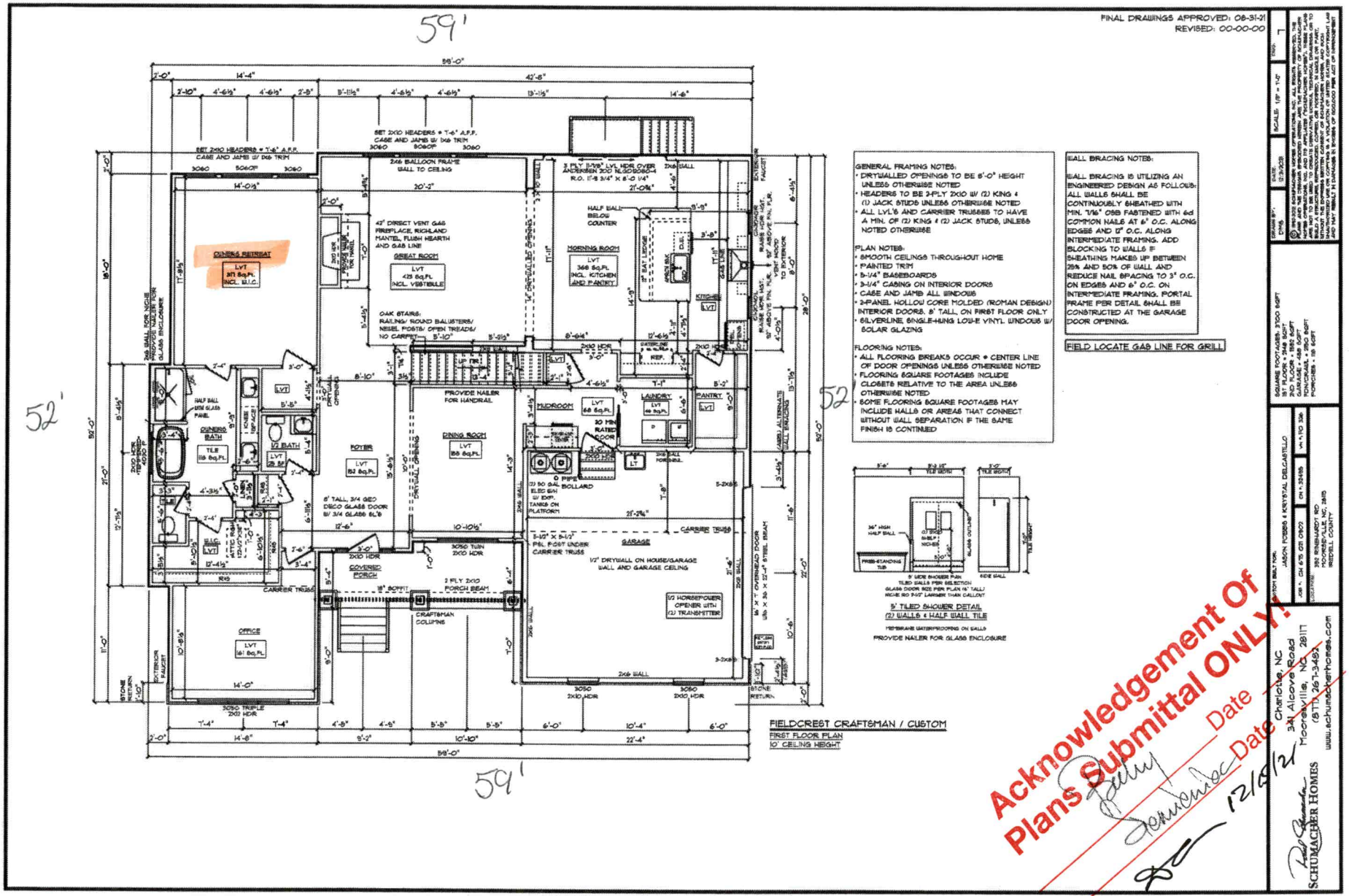
Signature of Witness — Date: 3/8/21

Please return this signed form to the appropriate office:

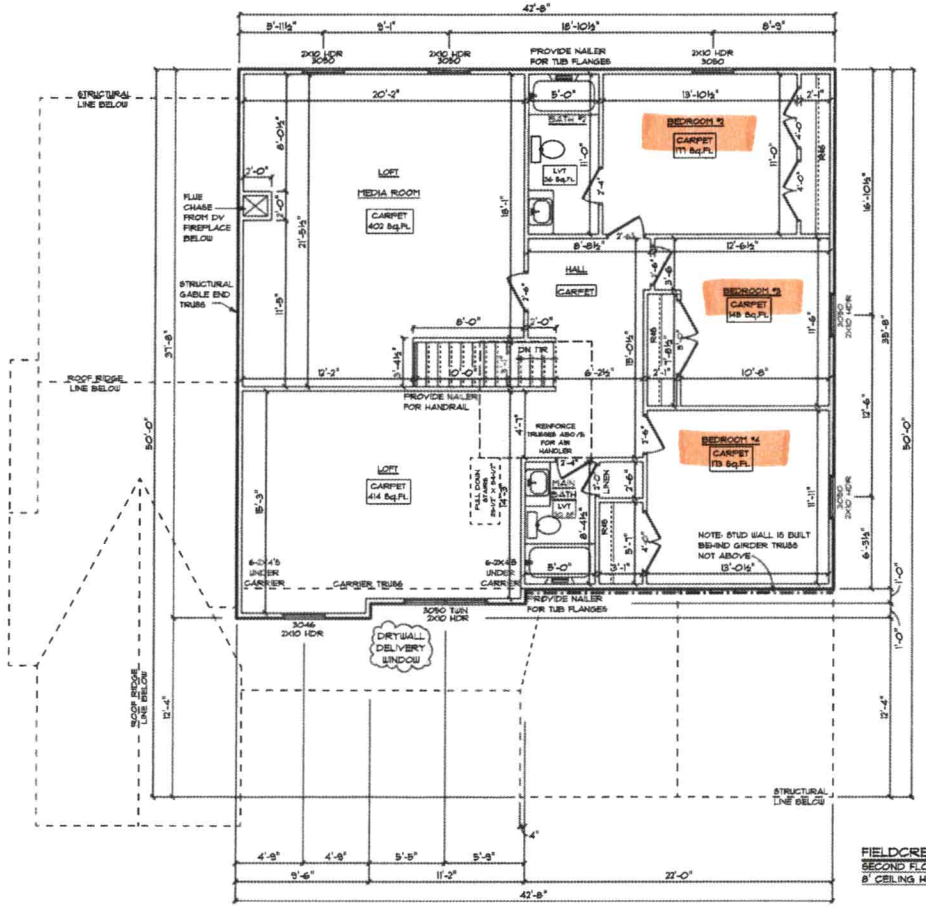
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize


59'
52'
52
59'
FINAL DRAWINGS APPROVED: 08-31-21
REVISED: 00-00-00
GENERAL FRAMING NOTES:
• DRYWALLED OPENINGS TO BE 6'-0" HEIGHT UNLESS OTHERWISE NOTED
• HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
• ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE
PLAN NOTES:
• SMOOTH CEILINGS THROUGHOUT HOME
• PAINTED TRIM
• 5-1/4" BASEBOARDS
• 3-1/4" CASING ON INTERIOR DOORS
• CASE AND JAMB ALL WINDOWS
• 3-PANEL HOLLOW CORE MOLDED (ROMAN DESIGN) INTERIOR DOORS, 8' TALL ON FIRST FLOOR ONLY
• SILVERLINE SINGLE-HUNG LOW-E VINYL WINDOWS W/ SOLAR GLAZING
FLOORING NOTES:
• ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
• FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
• SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED
WALL BRACING NOTES:
WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.
FIELD LOCATE GAS LINE FOR GRILL
5' TILED SHOWER DETAIL
(2) WALLS & HALF WALL TILE
FIELDCREST CRAFTSMAN / CUSTOM
FIRST FLOOR PLAN
10' CEILING HEIGHT
SQUARE FOOTAGES: 3700 SQFT
1ST FLOOR = 2448 SQFT
2ND FLOOR = 1252 SQFT
BONUS ROOM = 280 SQFT
PORCHES = 180 SQFT
SCALE: 1/8" = 1'-0"
DATE: 2/3/2021
DRAWN BY: DMB
SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3487
www.schumacherhomes.com
JASON POSSEE & KRYSTAL DELCASTILLO
352 RINEHARDT RD
MOORESVILLE, NC, 28115
IREDELL COUNTY
Acknowledgement Of
Plans Submittal ONLY!
Date
Date
12/9/21
352 Rinehardt

FINAL DRAWINGS APPROVED: 08-31-21
REVISED: 00-00-00



FIELDCREST CRAFTSMAN / CUSTOM
SECOND FLOOR PLAN
8' CEILING HEIGHT

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

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS
- CASE AND JAMB ALL WINDOWS
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FLOORING NOTES:
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WALL BRACING NOTES:

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Acknowledgement Of Plans Submittal ONLY
Date
Date 12/5/24

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-4482
www.schumacherhomes.com

SCALE: 1/8" = 1'-0"
DATE: 12/3/2021
DRAWN BY: DMB
SHEET 10

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SQUARE FOOTAGES: 3700 SQFT
1ST FLOOR = 1915 SQFT
2ND FLOOR = 1785 SQFT
GARAGE = 486 SQFT
COVERED PORCHES = 119 SQFT
PORCHES = 19 SQFT

PLAN NO. 3700
PLAN NAME: FIELDCREST
JASON FOBES & KRYSTAL DELCASTILLO
JOB #: CH 478 CD 0902
CH. # 32486
VH # TO 336
LOCATION: 180 SWALLOWCT RD
MOORESVILLE, NC 28115
IREDELL COUNTY