IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240060

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

PIN # 4659565774

APPLICANT/OWNER: Richwood Builders LLC APPLICANT ADDRESS: P.O. Box 2189 Cornelius NC 28031

SITE ADDRESS: 132 Sheep Path Drive Mooresville NC PHONE: 704 942-4066 ALT. PHONE Jay 704 363 5060

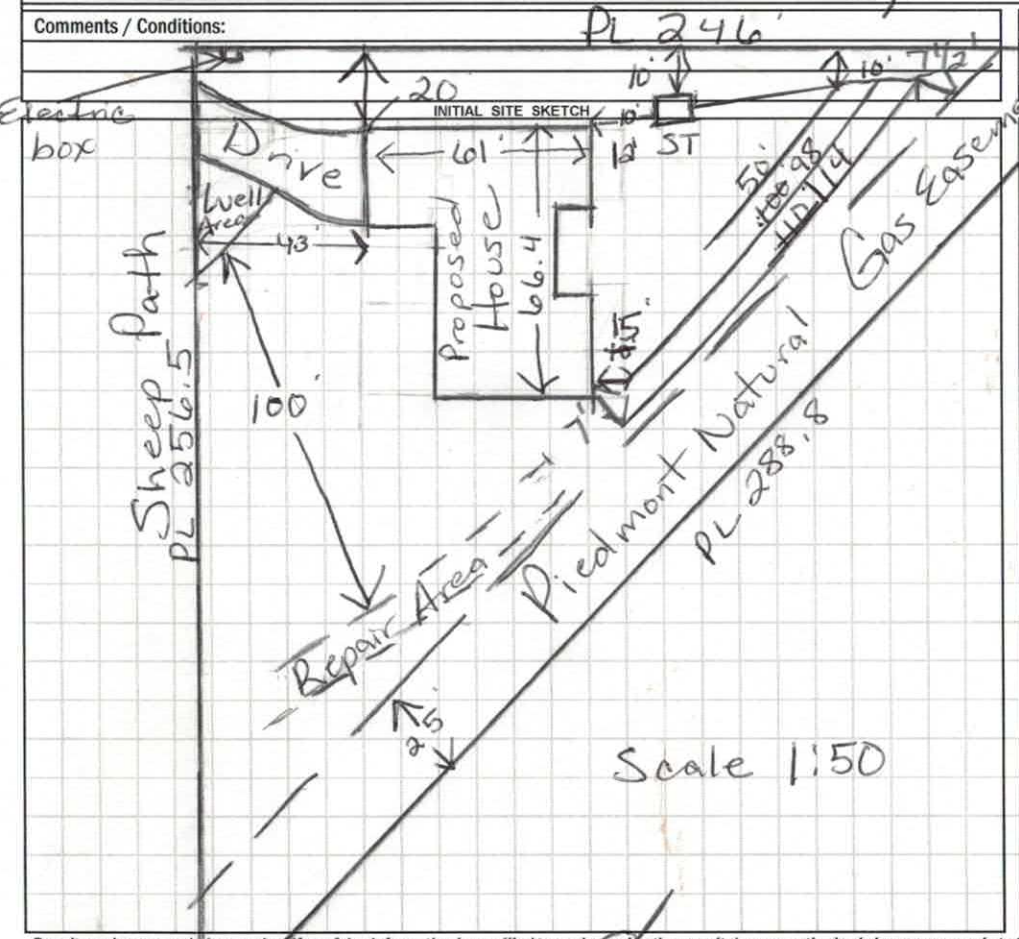
SITE DIRECTIONS: Hwy 115 N TR Shepherd Rd TL Shepherd's Bluff TL Bluff Meadow TL Sheep Path on left SAP CONTROLLED: [X] YES [ ] NO

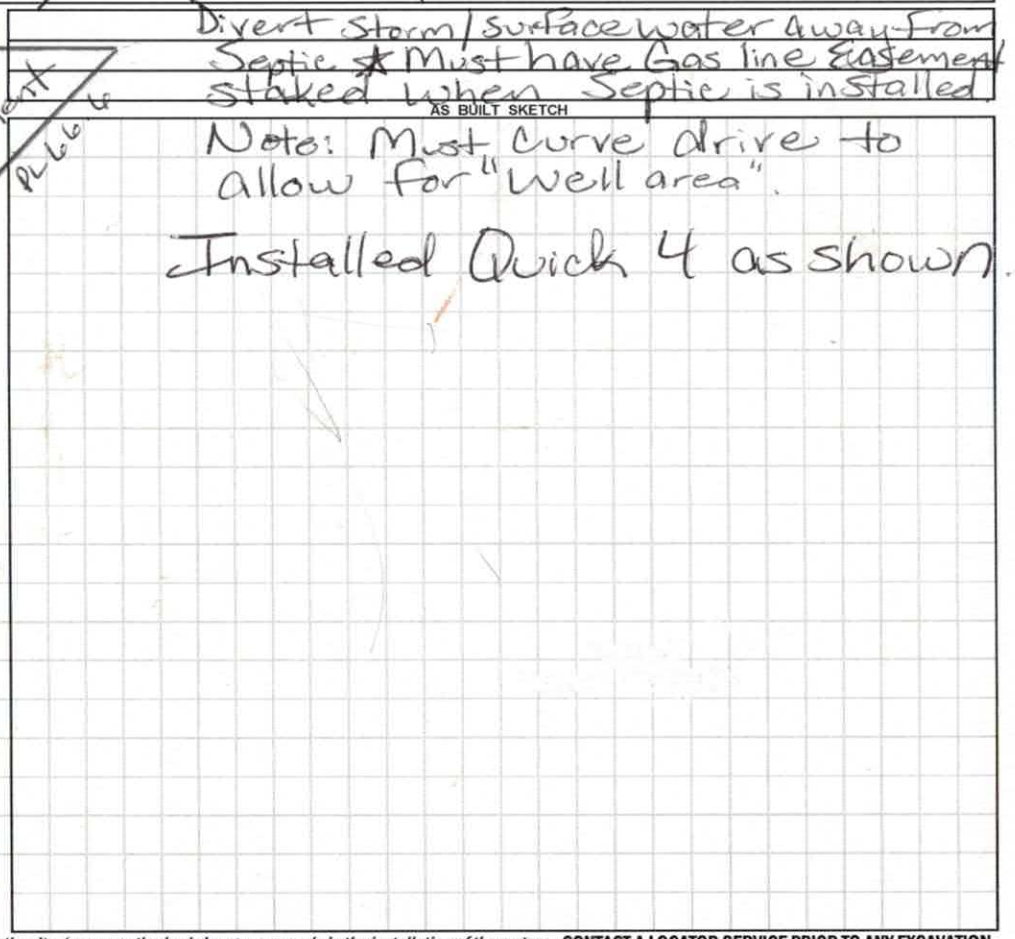
SUBDIVISION: Shepherd's Bluff SECTION: 5 LOT # 45 LOT AREA: .72 Acre DESIGN FLOW: 360gpd L.T.A.R.: .35

Septic Tank	1000	(gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Gravity - 25% Reduction			[ ] Business	No. Persons	6	[X] Private
Pump Make		Model		Serial #	Repair System Description:	LPP PPBPS			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	3	Linear Ft	260'	Maintenance Agreement Required:	[ ] YES	[X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)		36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments / Conditions:

Divert storm/surface water away from Septic ★ Must have Gas line Easement staked when Septic is installed





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.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 1-2-19 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Maria Dotson Date: 12/28/18 OPERATION PERMIT by: Maria Dotson Date: 8/30/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/3/19 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-18	CL SBK/ARK	FR	RED	58"	— (inc @ 40")	—	.35
		18-27	CL SBK	FR					
		27-40	C SBK	FR					
		40-58	CL SBK	FR					
2		0-52	CL SBK	FR		52"	PS	—	.35
		52-60	LSAP						
3		0-38	CL SBK	FR		38"	PS	—	.35
		38-61	LSAP						
4					WELL CAN BE CLOSER THAN 100' TO REPAIR BECAUSE NO SAP. PRESENT TO 58"				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.35	.35

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

COMMENTS: _____

240060

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Richwood Builders, LLC Address: PO Box 2189 Cornelius Zip: 28031
Applicant Email: Bobbie.Richwoodbuilders@gmail.com Phone: 704-9424066 Alt. Phone: 704-237-3391
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 132 Sheep Path Dr, Mooresville NC 28115
Subdivision Name: Shepherds Bluff Section/Phase: 5 Lot Number: 45
Driving Directions: _____

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

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: _____ 12-6-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

24-0060

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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Applicant Email: Bobbie.Richwoodbuilders@gmail.com Phone: 704-942-4066 Alt. Phone: 704-237-3391
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

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Please answer the following to the best of your ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
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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: _____ 11-6-18
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number) 4659-56-5774, located in Iredell County, North Carolina.

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

_____ 12-06-18
Signature of Owner(s) Date

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Jay Montazeri, am the legal owner(s) of the property located at 132 Sheep Path Drive, Mooresville 28115 identified as

PIN (Parcel Identification Number) 4659-56-5774, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Richwood Builders, LLC _____, 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)
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_____ 11-6-18
Signature of Owner(s) Date

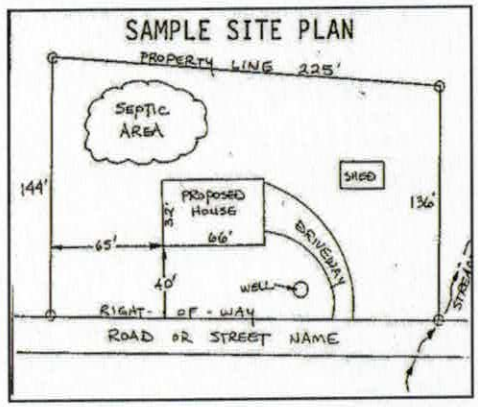
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

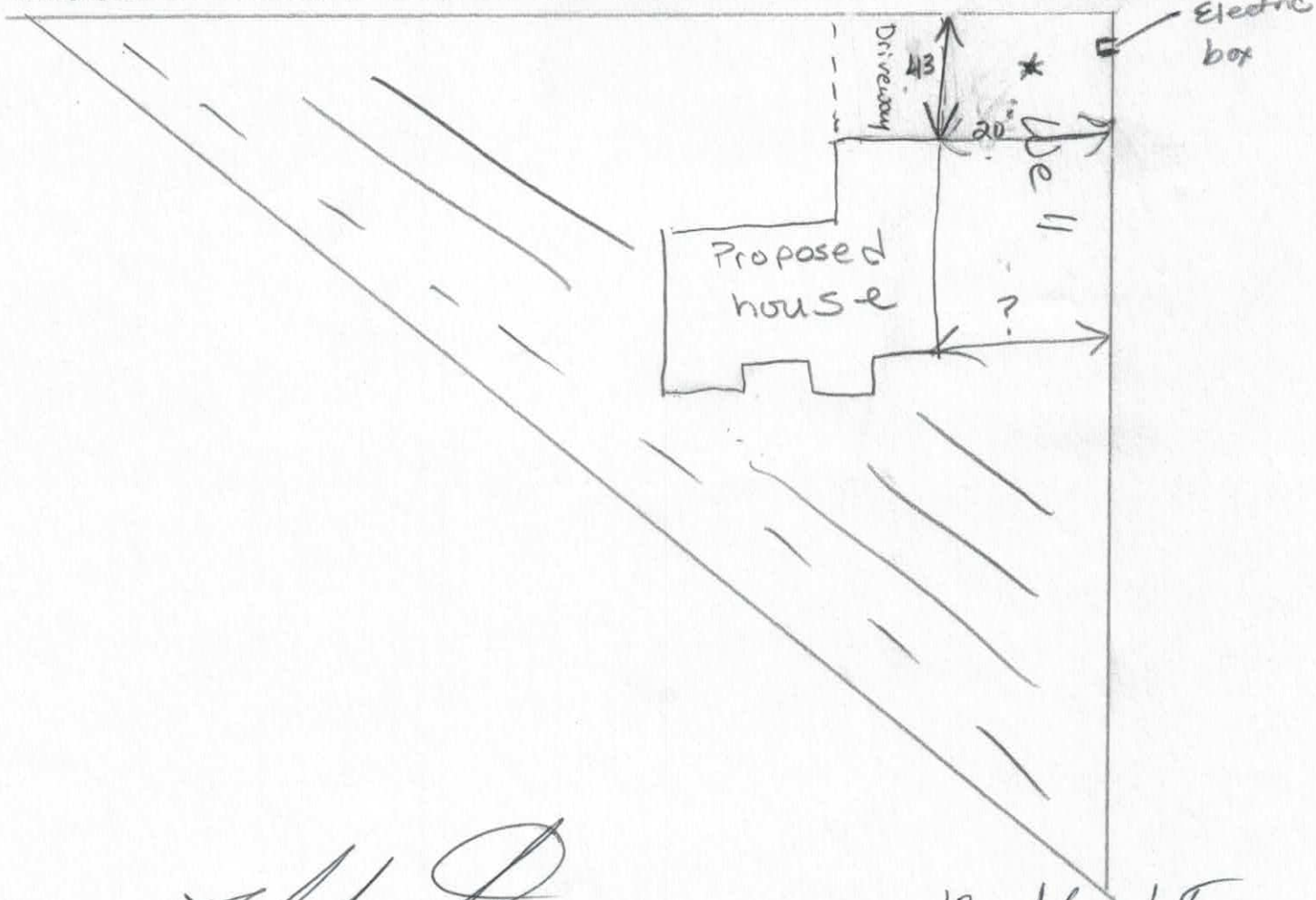
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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



Signature: _____ 12-16-15

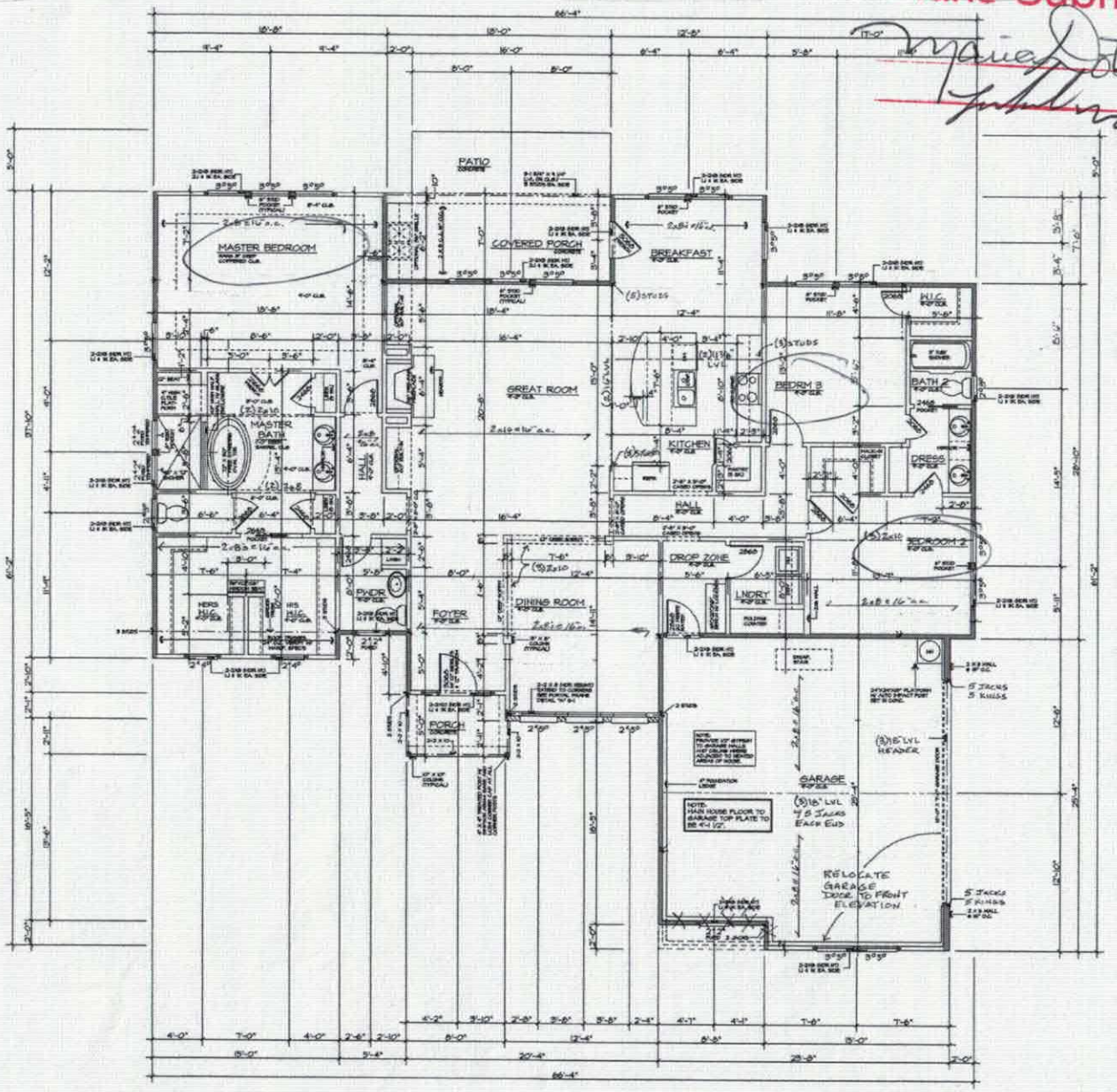
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

66.4

Acknowledgement of Plans Submittal ONLY!

Date 11/21/18

Date



BRICK LINTEL NOTES:

BRACED WALL NOTES:

WALL HEIGHT (H)	STUD SIZE / SPACING
H ≤ 9'-0"	2"x 4" @ 16" O.C.
10'-0" < H ≤ 12'-0"	2"x 4" @ 12" O.C.
13'-0" < H ≤ 17'-0"	2"x 6" @ 16" O.C.
H > 17'-0"	CONSULT ENGINEER

BEARINGS WALLS SYMBOL =

GENERAL NOTES:

HEADER NOTES:

AREAS	
TOTAL HEATED	2282
GARAGE	360
REAR PORCH	121
FRONT PORCH	32
TOTAL AREA	3011

FLOOR PLAN

GB ENGINEERING

G B Engineering, PLLC
Gary A. Barnes, PE
1109 E. Morehead St. Suite 13
Charlotte, NC
(704) 677-5339
NC Bus. Lic. #P-1298

Sealed for Structural Information Only

11-8-18

G B Engineering, PLLC
1109 E. Morehead St. #13
Charlotte, NC 28204
(704) 677-5339
NC Bus. Lic. #P-1298

FLOOR PLAN

Richwood Builders
132 Sheep Path Drive Mooresville, NC 28117

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