ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 246376

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

PIN # 4659612890

APPLICANT/OWNER: William McLaughlin/CMAC Investments APPLICANT ADDRESS: 125 Sandstone Loop Mooresville, NC

SITE ADDRESS: 125 Sandstone Loop Mooresville, NC PHONE: 704-677-3198 ALT. PHONE —

SITE DIRECTIONS: NC 115 N → R on Sandstone Loop → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .788 ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM-1060	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	partial (1 bedroom) gravity PPBPS			
# Nitrification Fields	1		# Lines	2 @ 50'	Linear Ft	100'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth (Low side) MAX		30"		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

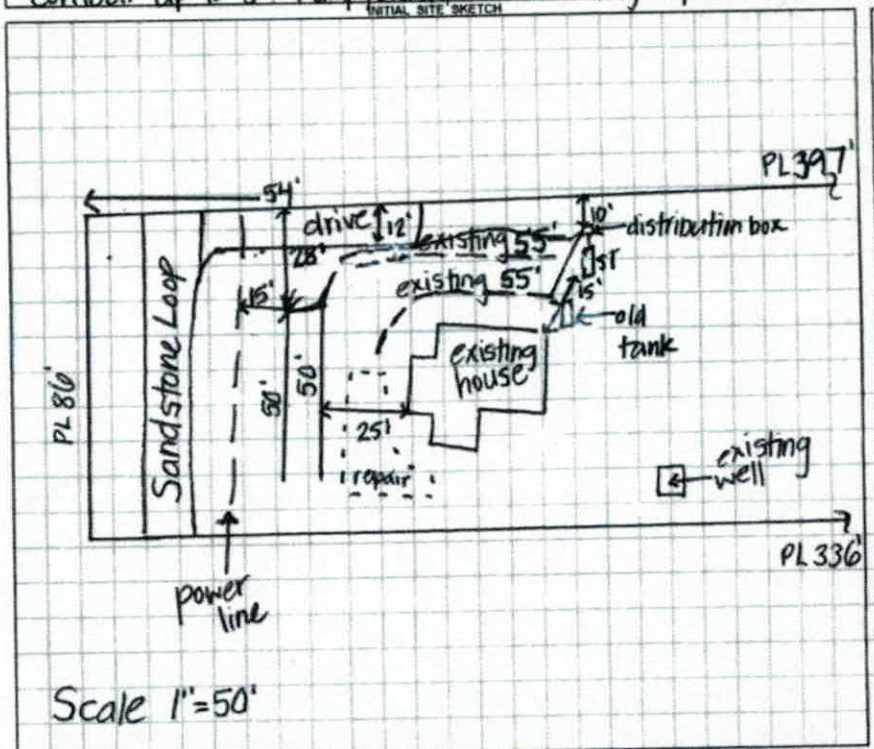
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing — No. Bedrooms 3 — No. Persons 6 — No. Employees — ☑ Crawl Space — ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

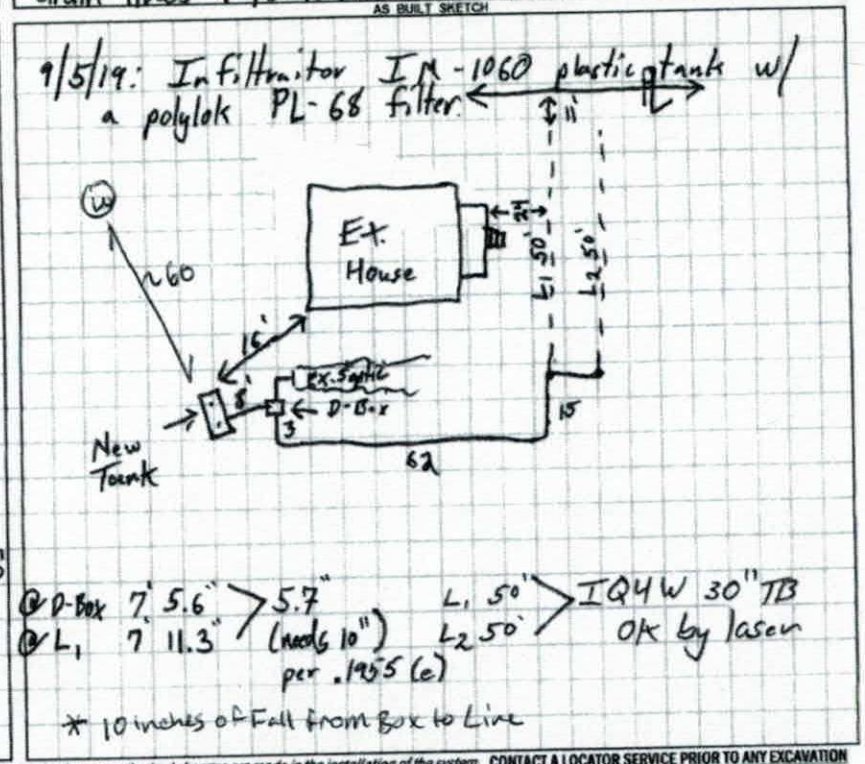
Comments / Conditions: Install 25% reduction with serial distribution. * Do not exceed max trench depth of 30". OK to cheat contour up to 3". Pump, crush, & fill existing septic tank.

* Drive cannot exceed 12' from property line* Distribution box should be set to feed 2/3 of existing drain lines & 1/3 to new drain lines.

INITIAL SITE SKETCH



AS BUILT SKETCH



Scale 1"=50'

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

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

Owner / Applicant Signature: [signature] Date: 8/6/19 Installed by: Massey Septic

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-5-19 OPERATION PERMIT by: Ben Bottoms Date: 9/6/19.

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-5-19 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 inspector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 24653 16

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

PIN # 4659612890

APPLICANT/OWNER: William McLaughlin/CMAC Investments | APPLICANT ADDRESS: 125 Sandstone Loop Mooresville, NC

SITE ADDRESS: 125 Sandstone Loop Mooresville, NC | PHONE: 704-677-3198 | ALT. PHONE —

SITE DIRECTIONS: NC 115 N → R on Sandstone Loop → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — | SECTION: — LOT # — | LOT AREA: .788 ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3

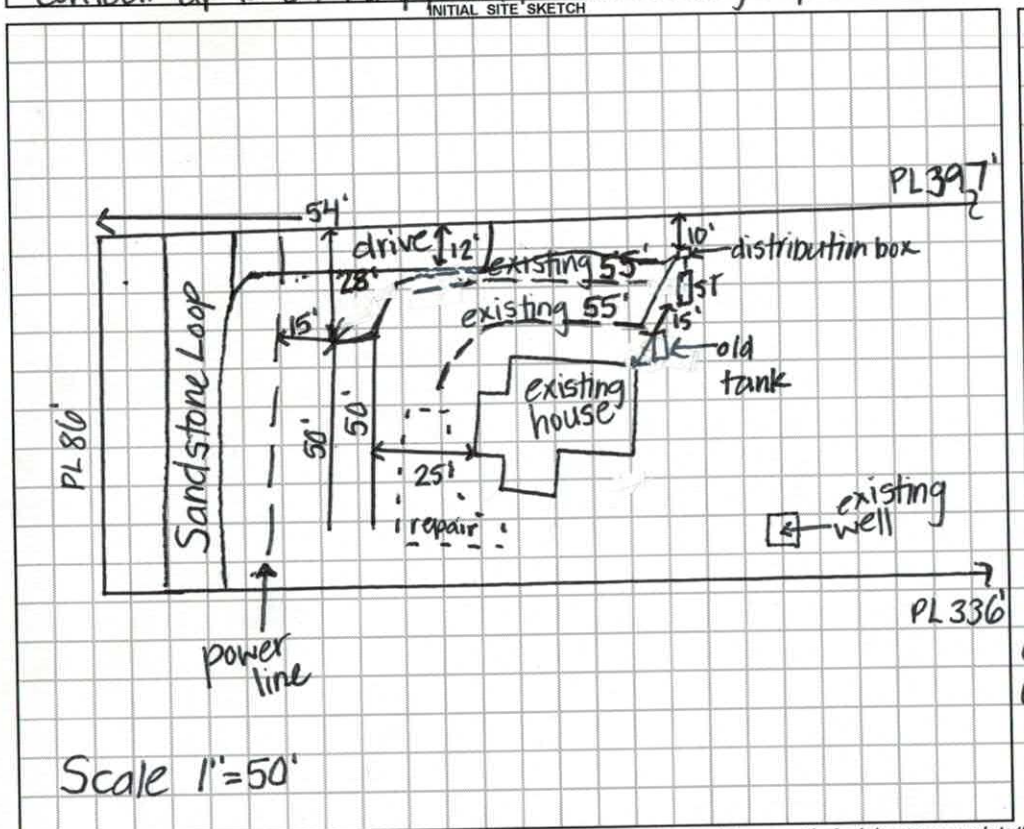
Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060	☐ New System ☐ Repair ☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	partial (1 bedroom) gravity PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2@50'	Linear Ft	100'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	30" MAX	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

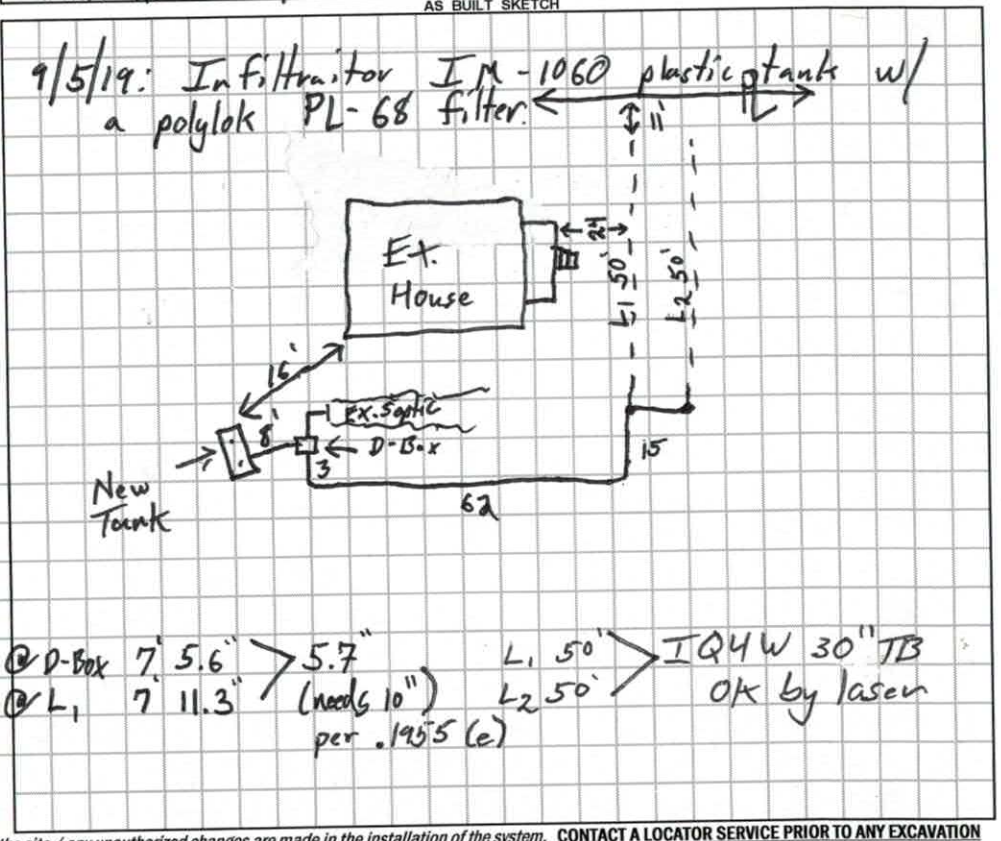
Comments / Conditions: Install 25% reduction with serial distribution. * Do not exceed max trench depth of 30". OK to cheat contour up to 3". Pump, crush, & fill existing septic tank.

* Drive cannot exceed 12' from property line* Distribution box should be set to feed 2/3 of existing drain lines & 1/3 to new drain lines.

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: [signature] Date: 8/6/19 Installed by: Massey Septic

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-5-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-5-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4659612890
COUNTY: Iredell

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

OWNER: William McLaughlin
ADDRESS: 125 Sandstone Loop
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: NC 115 N → R on Sandstone Loop → 1st on R

APPLICATION DATE 7-5-19
DATE EVALUATED: 8-5-19
PROPERTY SIZE: .788ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	27% LS	0-8	fill	—	—	50	—		PS .3
		8-15	WSBKSCL	FI,SS,SP,SE					
		15-29	SBK C	FI,SS,SP,SE					
		29-50	WSBKCL	FI,SS,SP,SE					
2	37% LS	0-9	fill	—	—	42	32-42 com-many SAP inc		PS .3
		9-20	WSBKSCL	FI,SS,SP,SE					
		20-32	SBK C	FI,SS,SP,SE					
		32-42	WSBKCL	FI,SS,SP,SE					
		42-50	SLSAP	FI,NS,NP					
3	37% LS	0-20	WSBKSCL	FI,SS,SP,SE	36-49 few YB mottles	49	—		PS .275
		20-36	SBK C	FI,SS,SP,SE					
		36-49	WABKCL	FI,SS,SP,SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

#2483
7.5.19
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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) CMAC Investments

Applicant Name: William McClaughlin Address: 125 Sandstone Loop Zip: 28115
Applicant Email: billymac2948@yahoo.com Phone: 704 677 3198 Alt. Phone: _____
Owner Name: William McClaughlin Address: 125 Sandstone Loop Zip: 28115
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 125 Sandstone Loop Mooresville NC 28115
Subdivision Name: - Section/Phase: 16 Lot Number: 336
Driving Directions: 66 RTE 21 Mooresville

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) 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: 8157 Max. Number of Employees: 3 Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) 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: _____ 7/15/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

NO permit in DB

240373

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

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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
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: Rocco Novelli Address: 139 Turnberry Ln Zip: 28117
Applicant Email: Rocco.Blackdiamond@gmail.com Phone: 704-450-3300 Alt. Phone:
Owner Name: William McLaughlin Address: 130 Easy St Zip: 28117
Owner Email: billymac294@yahoo Phone: 704-677-3158 Alt. Phone:

Property Information:

Street Address: 125 Sandstone Loop Mooresville NC 28115

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

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
(✓) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

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

Please answer the following to the best of your ability:

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

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

Signature: X _____ 11-9-18
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, William McLaughlin, am the legal owner(s) of the property located at 125 Sandstone Loop, identified as

PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CMAC 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.

_____ 7/5/19
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) N/A.

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, William McLaughlin I am the legal owner(s) of the property located at 125 Sandstone Loop Mooresville, identified as PIN (Parcel Identification Number) 4659-61-2890., located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Rocco Novelli, Black Diamond, 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.

X _____ 11/8/18

Signature of Owner(s) Date

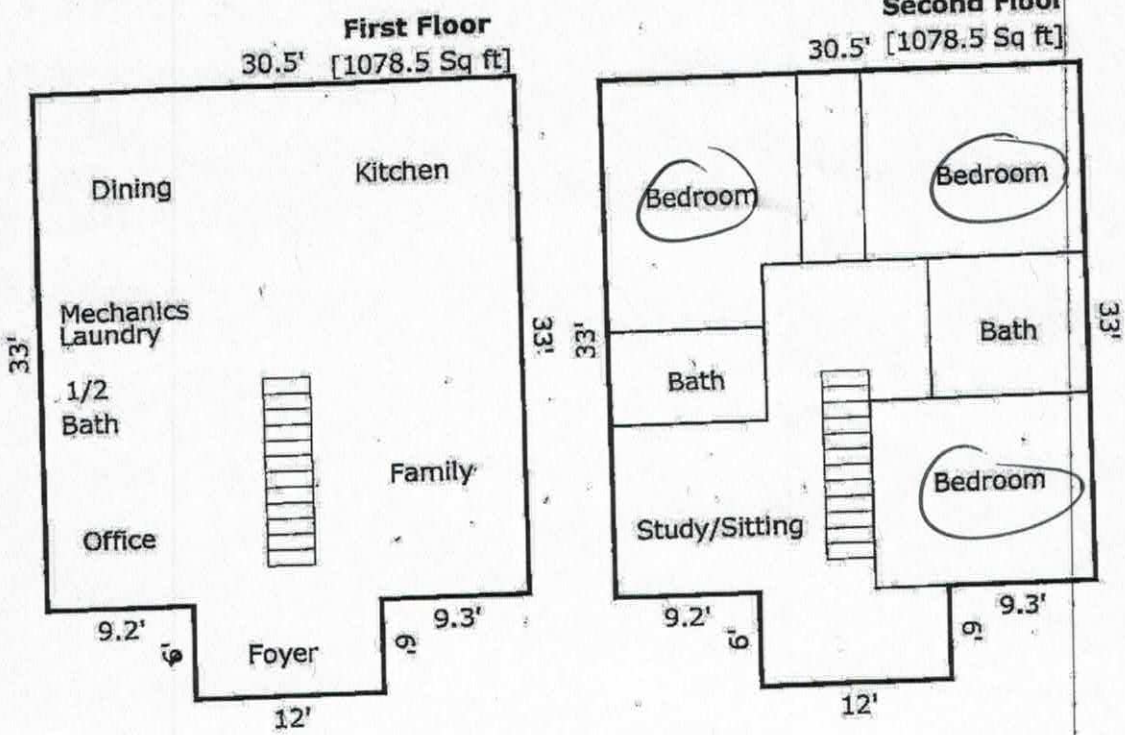
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of
Plans Submittal ONLY!

Date 8-5-19

Date 8/6/19



TOTAL Sketch by a la mode, Inc.	Area Calculations Summary	Calculation Details
Living Area First Floor	1078.5 Sq ft	12 x 6 = 72 33 x 30.5 = 1006.5
Second Floor	1078.5 Sq ft	12 x 6 = 72 33 x 30.5 = 1006.5
Total Living Area (Rounded):	2157 Sq ft	

TOTAL Sketch software by a la mode, inc. 1-800-alamode

MOORESVILLE 704-662-7640 413 N MAIN ST

IREDELL 704-878-3118 349 N CENTER ST

IREDELL COUNTY

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

APPLICATION NUMBER
246376
Issue Date: 07/05/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659612890.000	125 SANDSTONE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MOSS COITE S JR	Applicant: CMAC INVESTMENTS LLC
Address: 125 SANDSTONE LP	Address: 125 SANDSTONE
MOORESVILLE, NC 28115	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ADDITION OF SECOND FLOOR WITH TWO ADDITIONAL BEDROOMS SEE TXT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.788	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PER LORRIE - CREATE NEW PERMIT. OLD PERMIT 240373 WILL REMAIN EXPIRED SINCE IT WAS NEVER TECHNICALLY PULLED. PER CUSTOMER THE PREVIOUS CONTRACTOR RAN OFF WITH THE MONEY AND NEVER COMPLETED THE PROJECT. SL 7.5.19

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	183990	TOTAL FEES:	$ 77.25