ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625

PERMIT # 234182

PIN # 4659847954

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

APPLICANT/OWNER: Pha Lee

APPLICANT ADDRESS: 136 Trolling Wood Ln Mooresville, NC 28117

SITE ADDRESS: 136 Cottage Ct Mooresville, NC

PHONE: 704 450-1863

ALT. PHONE

SITE DIRECTIONS: Hwy 115N TR Shepherd Rd TR Cottage Ct. lot at end on right

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: The Glen

SECTION: 12 LOT # 6 LOT AREA: 5.74 Ac.

DESIGN FLOW: 600gpd L.T.A.R.: .275

Septic Tank	1500 (gal)	STB	3000	Date	Infiltrator	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 5
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction	[ ] Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:	LP PRODS	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft.	min 545	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	29"	Gravel Depth	N/A		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

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

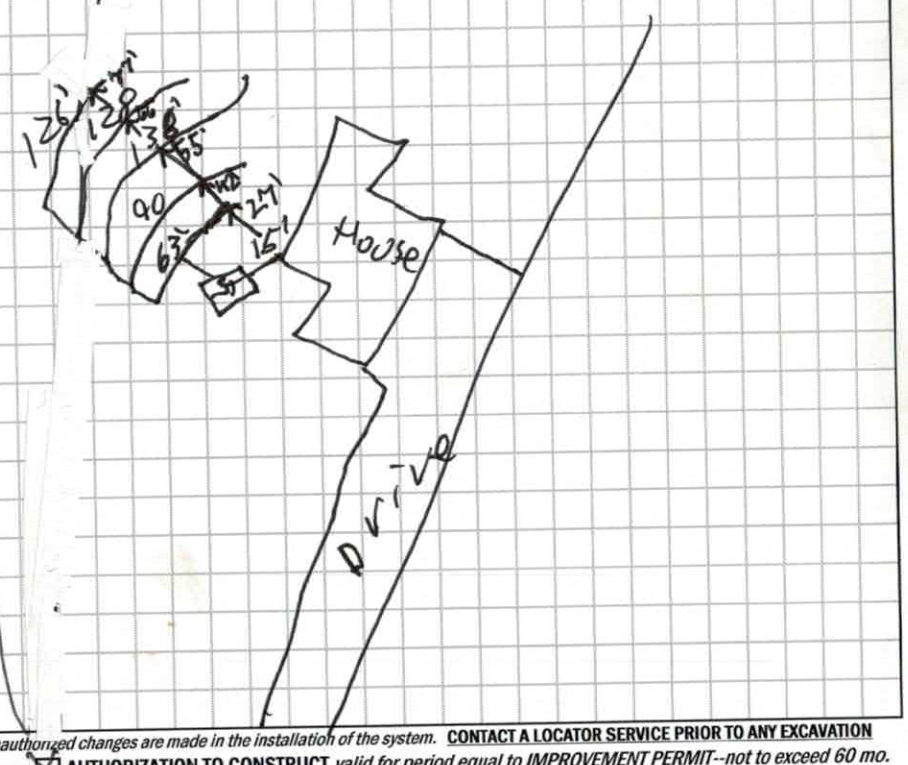
Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved Septic Plan by Carolina Soil & Septic Consulting PLLC (dated 5/28/19)

AS BUILT SKETCH

Not to scale



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: [signature] Date: 6/19/19

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/7/19

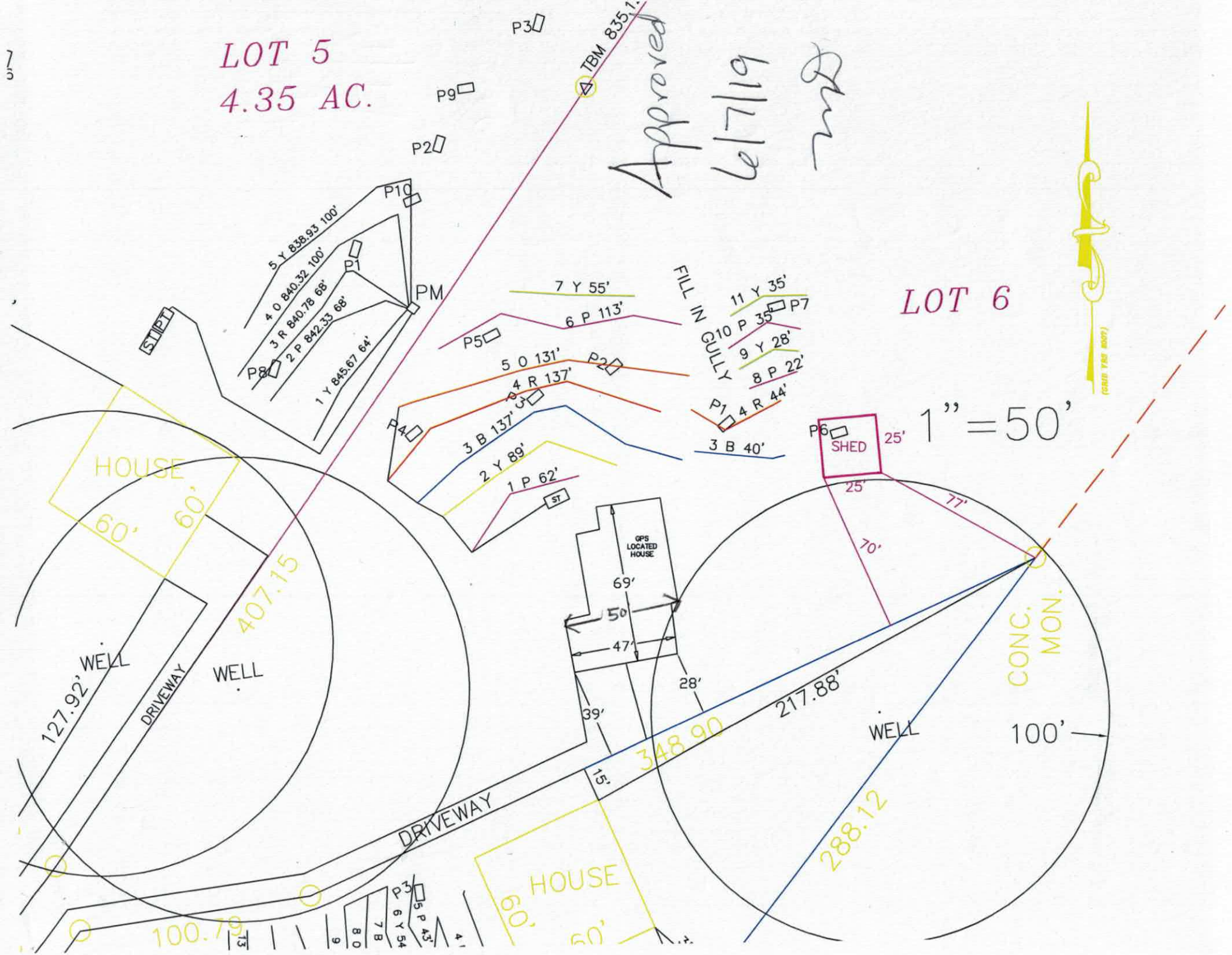
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/28/19

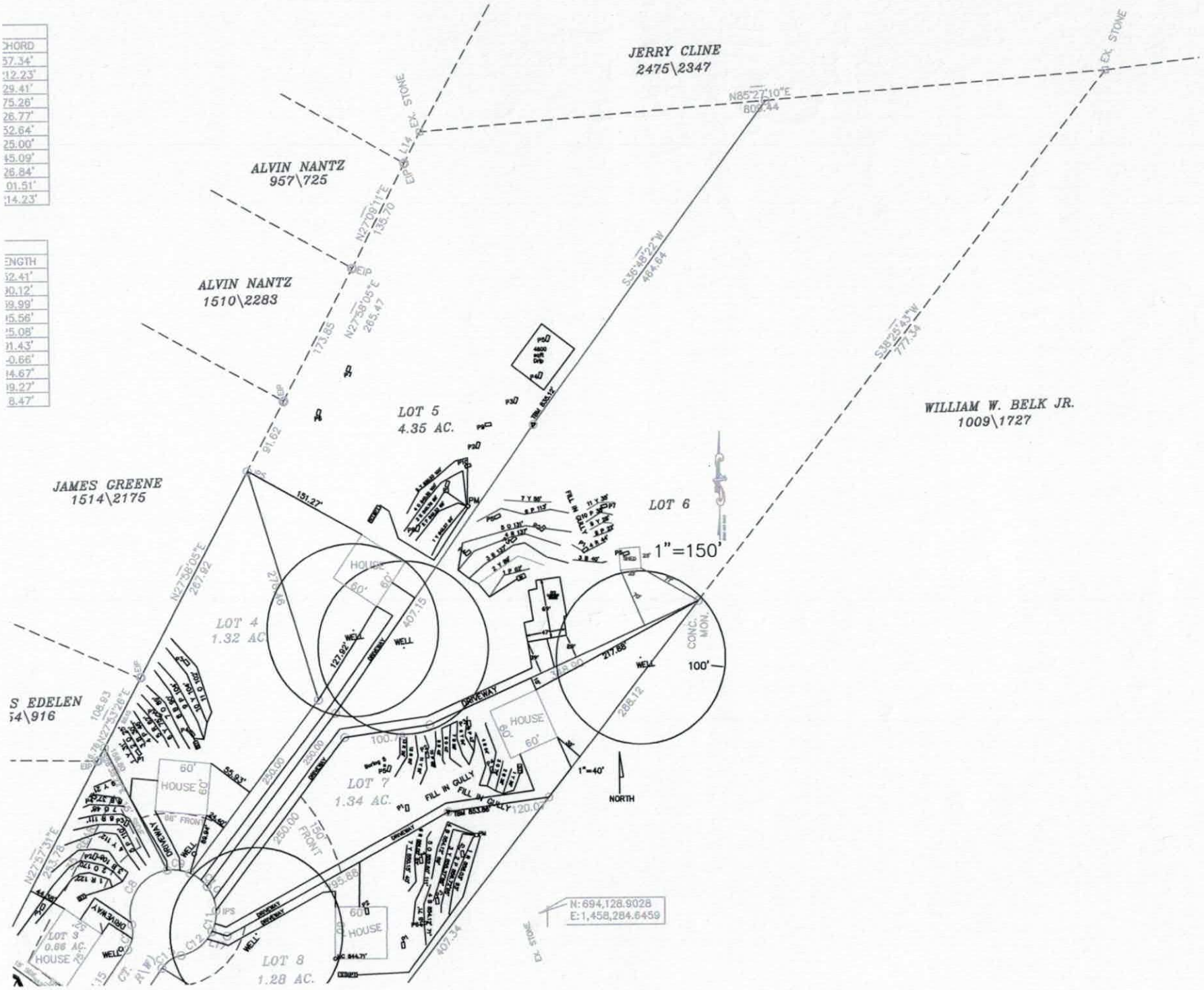
Installed by: Bass Grading

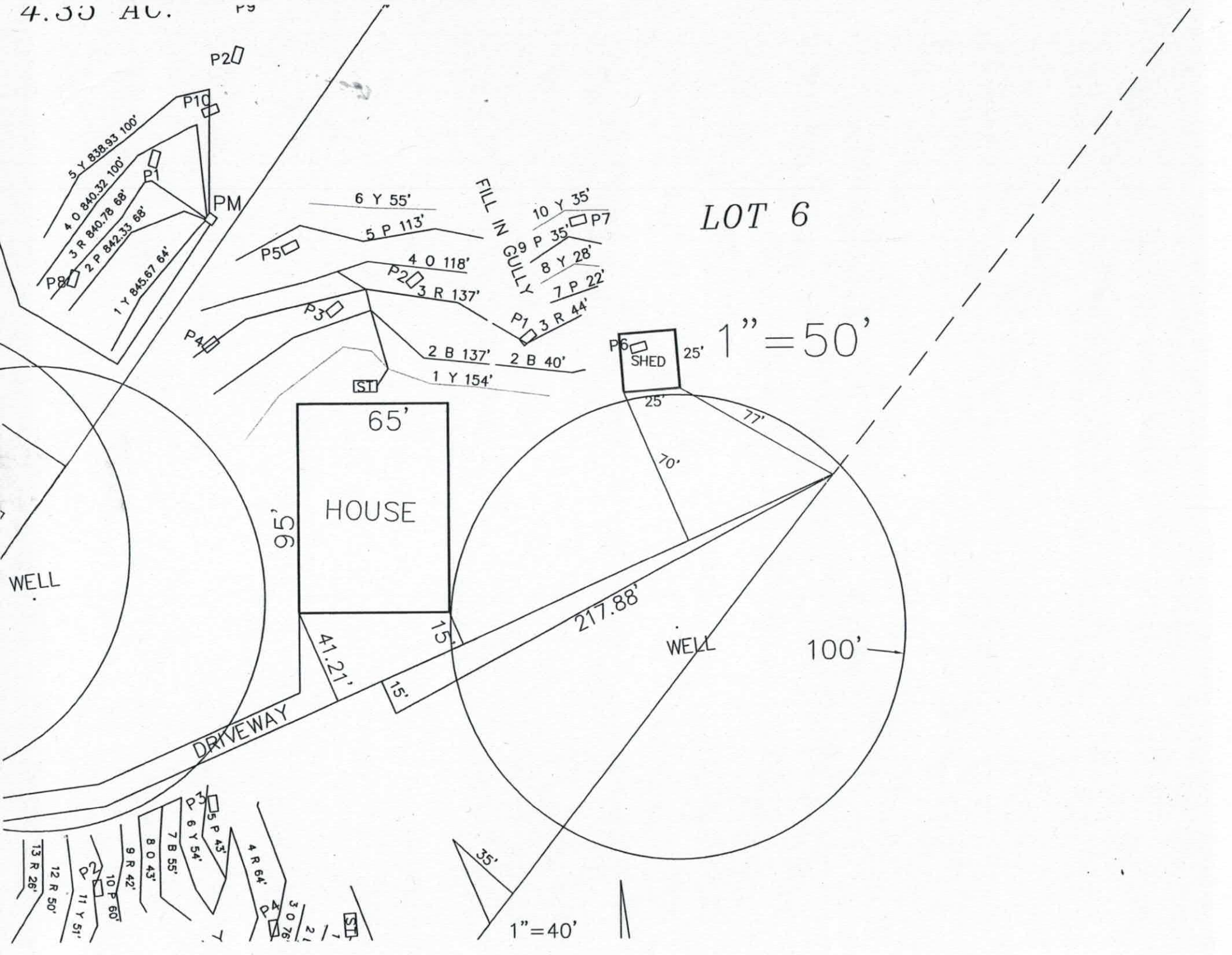
OPERATION PERMIT by: Patrick J Bagley III Date: 06/28/19

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.


LOT 5
4.35 AC.
Approved
6/7/19
LOT 6
1"=50'
TBM 835.1
P1
P2
P3
P4
P5
P6
P7
P8
P9
P10
PM
ST/PT
5 Y 838.93 100'
4 0 840.32 100'
3 R 840.78 68'
2 P 842.33 68'
1 Y 845.67 64'
7 Y 55'
6 P 113'
5 0 131'
4 R 137'
3 B 137'
2 Y 89'
1 P 62'
ST
FILL IN GULLY
11 Y 35'
10 P 35'
9 Y 28'
8 P 22'
4 R 44'
3 B 40'
SHED
25'
77'
70'
HOUSE
60'
60'
407.15
127.92'
WELL
DRIVEWAY
WELL
GPS LOCATED HOUSE
69'
50'
47'
39'
28'
348.90
15'
DRIVEWAY
217.88'
WELL
CONC. MON.
100'
288.12
100.79'
HOUSE
60'
60'
5 P 43'
6 Y 54'
8 0
7 B
6
13


JERRY CLINE
2475\2347
EX. STONE
N85°27'10"E
806.44
ALVIN NANTZ
957\725
EIPK, L14, EX.
N27°09'11"E
135.70
ALVIN NANTZ
1510\2283
EIP
N27°38'05"E
265.47
173.85
91.62
S36°48'22"W
464.64
S38°25'43"W
777.34
WILLIAM W. BELK JR.
1009\1727
LOT 5
4.35 AC.
JAMES GREENE
1514\2175
151.27
LOT 6
1"=150'
N27°38'05"E
267.92
LOT 4
1.32 AC.
HOUSE
60' 60'
407.15
WELL
127.62'
DRIVEWAY
CONC. MON.
217.88
100'
288.12
S EDELEN
54\916
108.83
N27°57'31"E
253.76'
60'
HOUSE
60'
55.93'
250.00
DRIVEWAY
LOT 7
1.34 AC.
FILL IN GULLY
120.00'
150' FRONT
95.88'
1"=40'
NORTH
N: 694,128.9028
E: 1,458,284.6459
LOT 3
0.66 AC.
HOUSE
LOT 8
1.28 AC.
407.34
EX STONE


4.55 AC.
P2
P10
5 Y 838.93 100'
4 O 840.32 100'
3 R 840.78 68'
2 P 842.33 68'
1 Y 845.67 64'
P1
PM
P8
6 Y 55'
5 P 113'
FILL IN GULLY
10 Y 35'
P7
9 P 35'
8 Y 28'
7 P 22'
P5
4 O 118'
P2
3 R 137'
P3
P1
3 R 44'
P4
2 B 137'
2 B 40'
1 Y 154'
ST
LOT 6
P6
SHED
25'
1"=50'
25'
77'
70'
65'
HOUSE
95'
WELL
217.88'
41.21'
15'
15'
WELL
100'
DRIVEWAY
35'
1"=40'
P3
5 P 43'
6 Y 54'
7 B 55'
8 O 43'
9 R 42'
10 P 60'
11 Y 51'
12 R 50'
13 R 26'
P2
4 R 64'
P4
3 O 78'
ST

OWNER INFORMATION

Owner:	Pha & Mi Lee
Address:	136 Trollingwood Ln Mooresville, NC 28117
Buyer:	Pha & Mi Lee
Phone:	704-450-1863
County:	Iredell
Location:	LOT 6 OF THE GLEN SUBDIVISION
Source of Wastewater Flow:	5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	600
System Flow:	NA

Approved
6/7/19
MD

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	600
Loading/Soil Application Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	556
Total Lateral Length Required:	545.45
Trench Depth:	29 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1668
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	30 in.
Septic Tank Size:	1500 gal.
Estimated Supply Line Length:	40
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	14.40
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by CS&SC

LOT 6 OF THE GLEN SUBDIVISION
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 5 BEDROOM RESIDENCE

May 28, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***PINK***	***NA***	***NA***	***62***	***62***
2	***YELLOW***	***NA***	***NA***	***89***	***89***
3	***BLUE***	***NA***	***NA***	***137***	***137***
3	BLUE	NA	NA	40	40
4	***RED***	***NA***	***NA***	***137***	***137***
4	RED	NA	NA	44	44
5	***ORANGE***	***NA***	***NA***	***131***	***131***
6	PINK	NA	NA	113	113
7	YELLOW	NA	NA	55	55
8	PINK	NA	NA	22	22
9	YELLOW	NA	NA	28	28
10	PINK	NA	NA	35	35
11	YELLOW	NA	NA	35	35
			Total	**928**	**928**

Approved 6/7/19 MD

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***556***	***ACCEPT.***	***0.275***	***25% RED.***	***GRAVITY***
Repair	372	*MOD.*	0.275	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **This design precludes the use of a foundation drain around house.**
Iredell County has CS&SC's permission to change septic tank location and distribution type

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

PROPERTY ID #: _____
COUNTY: IREDELL

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

OWNER: DJ PHOENIX LLC. APPLICATION DATE 3-15-18
ADDRESS: 112 OLD POST RD. MOORESVILLE, NC 28117 DATE EVALUATE
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 600 GPD 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	
P 1	LSS 5%	0-8	COMPACTION		NA	26"	S	56"	.35
		8-17	SCL,W,SBK	FR,SS,SP,SEXP					
		17-34	CL,W,SBK	FR,SS,SP,SEXP					
		34-56	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 2	LSS 5%	0-9	YSCL,W,SBK	FR,SS,SP,SEXP	Y/BR @ 9"	51"	COMM INC @ 43-51	51"	.275
		9-43	RC,M,SBK/ABK	FR,SS,SP,SEXP					
		43-51	CL,M,SBK	FR,SS,SP,SEXP					
P 3	LSS 6%	0-7	YSCL,W,SBK	FR,SS,SP,SEXP	FEW Y/BR @ 7"	52"	S	55"	.3
		7-28	RC,M,ABK	FR,SS,SP,SEXP					
		28-52	RCL,W,SBK	FR,SS,SP,SEXP					
		52-55	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 4	LSS 6%	0-7	BRSCL,W,SBK	FR,SS,SP,SEXP	NA	42"	S	57"	.3
		7-42	RC,M,ABK	FR,SS,SP,SEXP					
		42-57	LSAP,MASSIVE	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
DATE OF EVALUATION: 3-9-15
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P5	LSS 6%	0-20	RC,M,SBK	FR,SS,SP,SEXP	NA	35"	S	61"	.3
		20-35	RCL,W,SBK	FR,SS,SP,SEXP					
		35-61	LSAP,MASSIVE	FR,SS,SP,SEXP					
P6	LSS 6%	0-23	R/BRC,S,ABK	FR,S,SP,SEXP	Y/BR @ 0-17 CH2 @ 17-36	60"	NA	17"	U
		23-60	RC,M,ABK	FIRM,S,SP,SEXP					
P7	LSS 5%	0-11	COMPACTION		NA	39"	S	56"	.3
		11-30	RC,S,ABK	FIRM,S,SP,SEXP					
		30-39	CL,M,SBK	FR,SS,SP,SEXP					
		39-56	LSAP,MASSIVE	FR,SS,SP,SEXP					

COMMENTS: _____

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

APPROVED APR X 2 2018
KW

PROPERTY ID #: _____
COUNTY: IREDELL

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

OWNER: DJ PHOENIX LLC. APPLICATION DATE 3-15-18
ADDRESS: 112 OLD POST RD. MOORESVILLE, NC 28117 DATE EVALUATE
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD 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	
P 1	LSS 5%	0-8	COMPACTION		NA	26"	S	56"	.35
		8-17	SCL,W,SBK	FR,SS,SP,SEXP					
		17-34	CL,W,SBK	FR,SS,SP,SEXP					
		34-56	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 2	LSS 5%	0-9	YSCL,W,SBK	FR,SS,SP,SEXP	Y/BR @ 9"	51"	COMM INC @ 43-51	51"	.275
		9-43	RC,M,SBK/ABK	FR,SS,SP,SEXP					
		43-51	CL,M,SBK	FR,SS,SP,SEXP					
P 3	LSS 6%	0-7	YSCL,W,SBK	FR,SS,SP,SEXP	FEW Y/BR @ 7"	52"	S	55"	.3
		7-28	RC,M,ABK	FR,SS,SP,SEXP					
		28-52	RCL,W,SBK	FR,SS,SP,SEXP					
		52-55	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 4	LSS 6%	0-7	BRSCL,W,SBK	FR,SS,SP,SEXP	NA	42"	S	57"	.3
		7-42	RC,M,ABK	FR,SS,SP,SEXP					
		42-57	LSAP,MASSIVE	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
DATE OF EVALUATION: 3-9-15
COUNTY: IREDELL

APPROVED APR X 2 2018
KW

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P5	LSS 6%	0-20	RC,M,SBK	FR,SS,SP,SEXP	NA	35"	S	61"	.3
		20-35	RCL,W,SBK	FR,SS,SP,SEXP					
		35-61	LSAP,MASSIVE	FR,SS,SP,SEXP					
P6	LSS 6%	0-23	R/BRC,S,ABK	FR,S,SP,SEXP	Y/BR @ 0-17 CH2 @ 17-36	60"	NA	17"	U
		23-60	RC,M,ABK	FIRM,S,SP,SEXP					
P7	LSS 5%	0-11	COMPACTION		NA	39"	S	56"	.3
		11-30	RC,S,ABK	FIRM,S,SP,SEXP					
		30-39	CL,M,SBK	FR,SS,SP,SEXP					
		39-56	LSAP,MASSIVE	FR,SS,SP,SEXP					

COMMENTS: _____

RECEIVED JUN 3 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $75.00 # 234182

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: PHA LEE Address: 136 TROLLINGWOOD LN., MOORESVILLE Zip: 28117

Applicant Email: LEEFAMILY@XLEEP.COM Phone: 704-450-1863 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

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

Property Information:

Street Address: 136 COTTAGE CT., MOORESVILLE

Subdivision Name: THE GLEN Section/Phase: _____ Lot Number: 6

Driving Directions: HWY 115 N, TR ON SHEPHERD, TR ON COTTAGE, LOT IN CUL-DE-SAC

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: _____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____

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: _____ 5-31-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

234182 AC

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Mai Nhia Lee Address: 136 Trollingwood Ln Mooresville Zip: 28117
Applicant Email: leefamily@xleep.com Phone: 704-657-2390 Alt. Phone: 704-450-1863
Owner Name: Mai Nhia + Pha Lee Address: 136 Trollingwood Ln Mooresville Zip: 28117
Owner Email: Mai Nhia + Pha Lee Phone: 704-657-2390 Alt. Phone: 704-450-1863

Property Information:

Street Address: 136 cottage Court Mooresville NC 28115
Subdivision Name: The Glen Section/Phase: _____ Lot Number: 6
Driving Directions: _____

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

(X) New Single Family Residence Maximum Number of Bedrooms: 5
( ) New Multi-Family Residence Maximum Number of Occupants: 10
( ) 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
( ) 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: _____
(X) No Preference ( ) Alternative ( ) 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: _____ 9/21/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

234182

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: (X) 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: PHA AND MI LEE/CS&SC Address: _____ Zip: _____

Applicant Email: LEEFAMILY@XLEEP.COM Phone: 704-450-1863 Alt. Phone: _____

Owner Name: DJ PHOENIX, LLC Address: 112 OLD POST RD., MOORESVILLE, NC Zip: 28117

Owner Email: douglasajohnson1@gmail.com Phone: 704-400-5066 Alt. Phone: _____

****

Property Information:

Street Address: 136 COTTAGE CT., MOORESVILLE

Subdivision Name: THE GLEN Section/Phase: 1 Lot Number: 6

Driving Directions: HWY 115 N, TR ON SHEPHERD RD., NEW SUBDIVISION RD ON R PAST SHEPHERD VALLEY, @ END OF CUL-DE-SAC

****

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: 5
Maximum Number of Occupants: 10
( ) 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 (X) Alternative ( ) 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: _____ 6-5-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 19 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 # 234182

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: (X) **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: DJ PHOENIX, LLC/CS&SC **Address:** 112 OLD POST RD., MOORESVILLE, NC **Zip:** 28117

Applicant Email: douglasajohnson1@gmail.com **Phone:** 704-400-5066 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 136 ~~STONE~~ COTTAGE CT., MOORESVILLE

Subdivision Name: THE GLEN **Section/Phase:** 1 **Lot Number:** 6

Driving Directions: HWY 115 N, TR ON SHEPHERD RD., NEW SUBDIVISION RD ON R PAST SHEPHERD VALLEY, @ END OF CUL-DE-SAC

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

CHECK FOUNDATION TYPE

(X) **New Single Family Residence** **Maximum Number of Bedrooms:** 4 (X) **Crawl Space Foundation**
( ) **New Multi-Family Residence** **Maximum Number of Occupants:** 8 ( ) **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:** _____

(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** (X) **Alternative** ( ) **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: _____ 3-15-18
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

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, DOUG JOHNSON, am the legal owner(s) of the property located at 136 COTTAGE CT. MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4659-84-6924, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRUITT, CAROLINA SOIL + SEPTIC CONSULTING, 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 _____

Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

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

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

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:

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I, Maindia Lee, am the legal owner(s) of the property located at 136 Cottage Ct Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4659847954.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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	Signature of Witness	Date
[signature]	9/28/18		

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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- Application for Compliance Inspection

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Signature of Owner(s) _____ Date _____

Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

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

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

RIDGEWOOD/ CUSTOM
FIRST FLOOR PLAN
9' CEILING HEIGHT

Acknowledgement of Plans Submittal ONLY!

Date 9/12/18

Date 9/26/18

FINAL DRAWINGS APPROVED: 07-19-18
REVISED ON: 08-20-18

SCHUMACHER HOMES

Charlotte, NC
341 Alcova Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR: PHA AND MA LEE

JOB #: CH-618-018 (2881) | DN #: 26109

LOCATION: 136 COTTAGE CT
MOORESVILLE, NC 28115

SQUARE FOOTAGES: 3490 SQ. FT.
FIRST FLOOR = 2188 SQ. FT.
SECOND FLOOR = 1452 SQ. FT.
OPEN AREAS = 422 SQ. FT.
GARAGE = 518 SQ. FT.
PORCH = 90 SQ. FT.
FOUNDATION = 2180 SQ. FT.

DRAWN BY: DTB | DATE: 8/30/2018 | SCALE: 1/8" = 1'-0" | SHEET: 6

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RIDGEWOOD / CUSTOM

Acknowledgement of Plans Submittal ONLY!

Date 9/21/18

Date 9/26/18

- GENERAL FRAMING NOTES:
- DIMENSIONS AND OPENINGS TO BE 6"-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 4FT. DOOR TO HAVE 7' HEADER UNLESS OTHERWISE NOTED
- ALL DOOR WIDTHS UNLESS OTHERWISE NOTED
- PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- 5 1/4" BASEBOARDS
- 3 1/4" CASING ON INTERIOR DOORS AND WINDOWS
- ALL DOORS HAVE DRYWALLED RETURNS
- 2 PANEL MOLDED CORE TRUDEE INTERIOR DOORS
- FLY-SEEN LOOSE VINYL WINDOWS
- FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR AT CENTERLINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS NOTED OTHERWISE
- TILE FLOORING SQUARE FOOTAGES "AT" INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION, = THE TILE AREA IS CONTINUO

FINAL DRAWINGS APPROVED: 07-19-18
REVISED ON: 08-20-18

SCHUMACHER HOMES

Charlotte, NC
341 Alcova Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM SELECTION: FHA AND HA LEE

LOT: CH 679 018 (2381) | CN: 38109

LOCATION: 139 COTTAGE CT MOORESVILLE, NC, 28115

SQUARE FOOTAGES: 3650 SQ. FT.
FIRST FLOOR = 2188 SQ. FT.
SECOND FLOOR = 1462 SQ. FT.
OPEN AREA = 422 SQ. FT.
GARAGE = 518 SQ. FT.
PORCH = 80 SQ. FT.
FOUNDATION = 2160 SQ. FT.

DESIGN BY: DMS | DATE: 8/20/2018 | SCALE: 1/8" = 1'-0" | SHEET: 01

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IREDELL COUNTY

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

APPLICATION NUMBER
234182
Issue Date: 03/16/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659846924.000	136 COTTAGE COURT, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: NANTZ MORRIS G JR+ERIC MARK NA NTZ	Applicant: CAROLINA SOIL SEPTIC C
Address: 106 SAM SNEAD DR	Address: 162 WEST B ST
MEBANE, NC 27302	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SFD LOT 6 HOLD BUILDING PERMIT TILL PLAT HAS BEEN RECORDED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	132249	TOTAL FEES:	$ 77.25