Shed - 245849

ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # Prior 245845

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

PIN # 466 724 0643

APPLICANT/OWNER: Our Towns of N. Mecklenburg | APPLICANT ADDRESS: P.O. Box 1088 Davidson, NC 28036

SITE ADDRESS: Fredell Hab. for Humanity 419 N. Academy St Mooresville, NC 28115 | PHONE: 704 896-8957 | ALT. PHONE

SITE DIRECTIONS: Statesville Ave N TL Fredell TR N. Academy on right after Tyner Rd | SAP CONTROLLED: ☐ YES ☒ NO

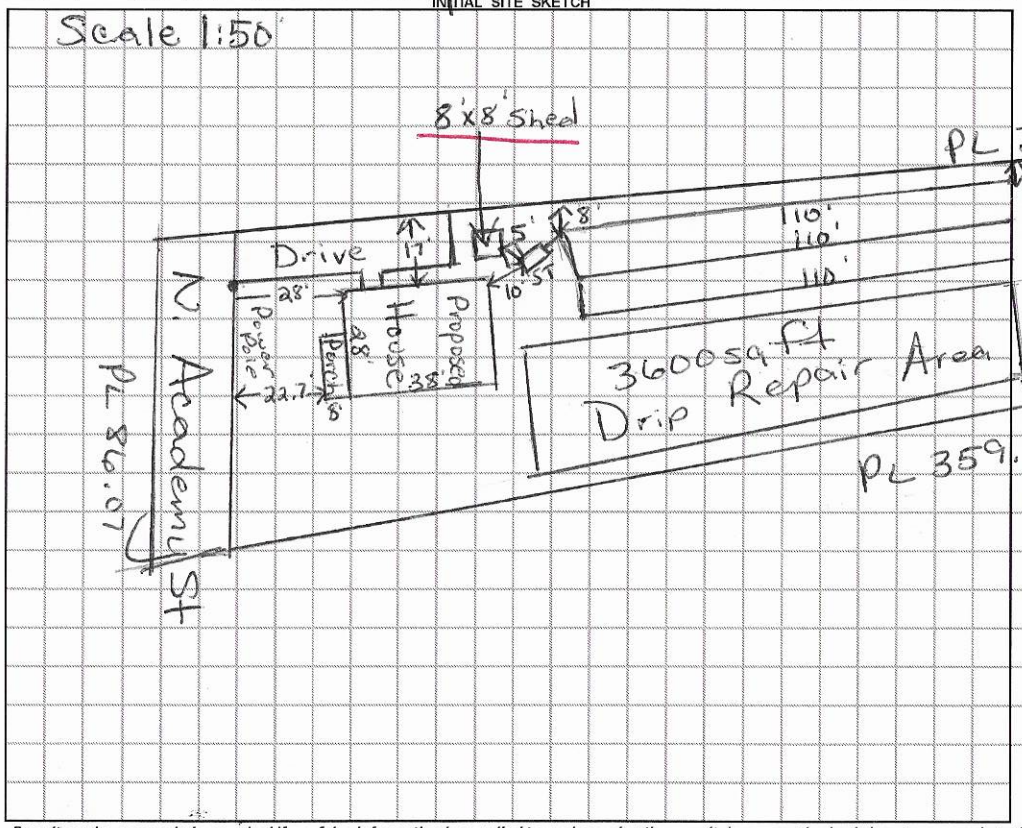
SUBDIVISION: | SECTION: | LOT # | LOT AREA: .44 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	Plastic	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	6	☐ Private
Pump Make		Model			Serial #		Repair System Description:	Drip			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	330	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	max	18"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing

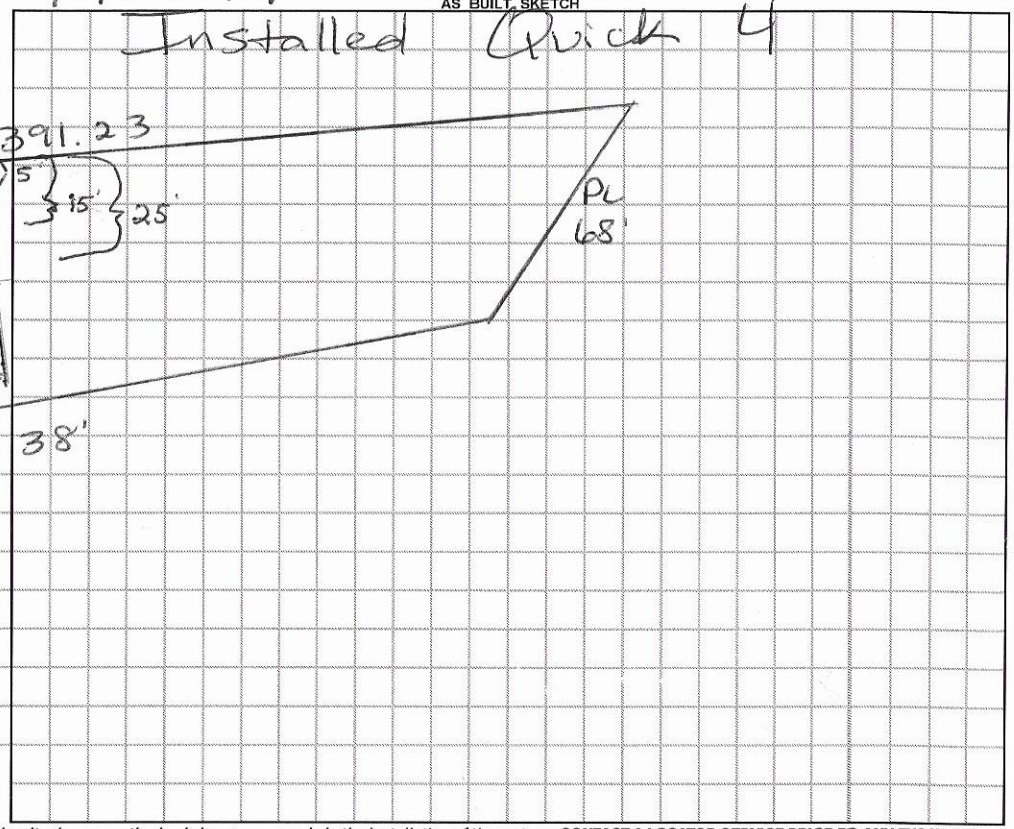
Comments / Conditions: Divert Storm/Surface water Away from Septic. Keep Shed a minimum of 5ft from Septic.

Note: Lot recorded in 1958. Setback to PL = 5ft 10 1/2 S T to house

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: Mary McNulty | Date: 7/24/19 | Installed by: Carolina Pro Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 7/23/19 | OPERATION PERMIT by: Maria Dotson | Date: 11/21/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 7/24/19 | 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.

#245895
7.8.19
$500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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)** -> Mary McNeilly

Applicant Name: Our Towns of N. Mecklenburg-Iredell Hab. for Humanity **Address:** P. O. Box 1088 Davidson NC **Zip:** 28036

Applicant Email: mmcneilly@ourtownshabitat.org **Phone:** 704-896-8957 x112 **Alt. Phone:** 704-363-5356

Owner Name: Our Towns of N. Mecklenburg-Iredell Hab. for Humanity **Address:** P. O. Box 1088 Davidson NC **Zip:** 28036

Owner Email: mmcneilly@ourtownshabitat.org **Phone:** 704-896-8957 x112 **Alt. Phone:** _____

Property Information:

Street Address: 419 N. Academy St., Mooresville NC 28115

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

Driving Directions: _____

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

3 7-22-19

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:** 6 — ( ) Concrete Slab Foundation
(X) 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 (X) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** ~~Unknown~~ N/A
( ) 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?**

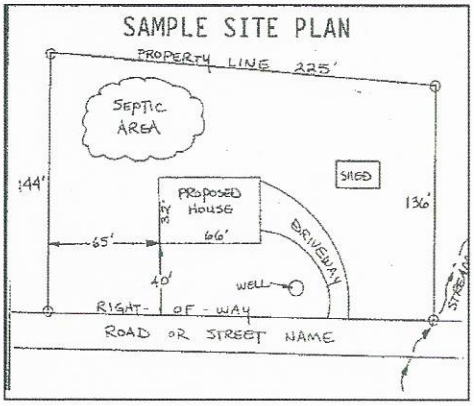
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 7/2/19
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:

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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

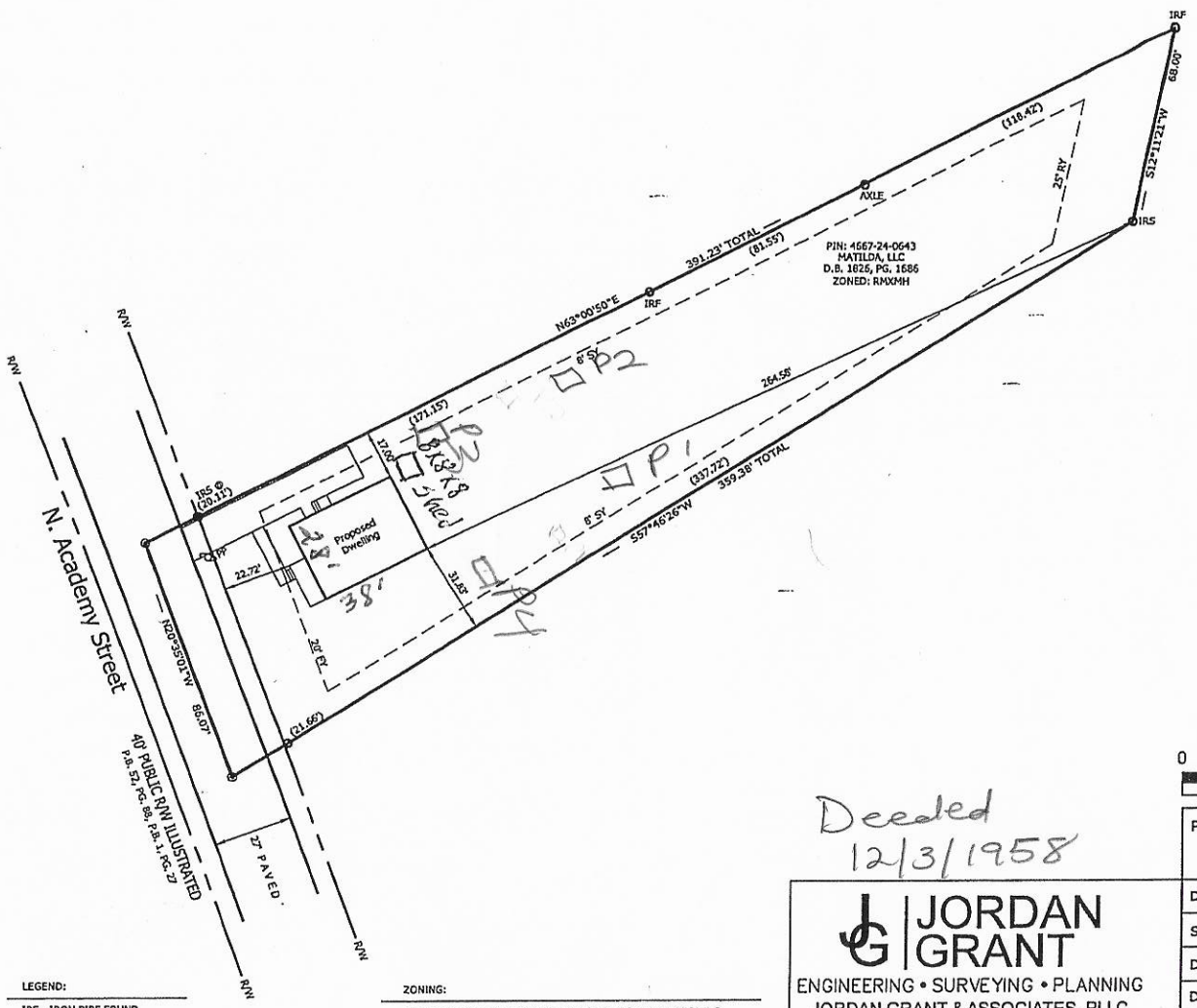
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: _____ 7/2/19

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

PRELIMINARY FOR REVIEW ONLY



Deeded
12/3/1958

Total Area:
25,459.85 sq. ft.
0.584 acre

LEGEND:

IPF - IRON PIPE FOUND
IRF - IRON REBAR FOUND
IRS - IRON REBAR SET
R/W - RIGHT OF WAY
- POWER POLE
- COMPUTED POINT

ZONING:

PROPERTY IS ZONED: RMXMH - TOWN OF MOORESVILLE ZONING.

PROPERTY IS SUBJECT TO A 20' FRONT YARD (FY), 25' REAR YARD (RY) & 8' SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER TOWN OF MOORESVILLE ZONING ORDINANCE.

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

Plot Plan For:
Our Towns Habitat For Humanity

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 40'	
DEED REF: 1826-1686	PIN NO: 4667240643
DATE OF MAP: 06/11/19	SURVEY DATE: 07/02/18
REVISION:	DRAWING FILE: 20180611

419 N. Academy St., Mooresville, NC 28115
Coddle Creek TWP. - Iredell County - North Carolina

312
150

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

Sheet ___ of ___
PROPERTY ID #: 466 124064B
COUNTY: Iredell

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

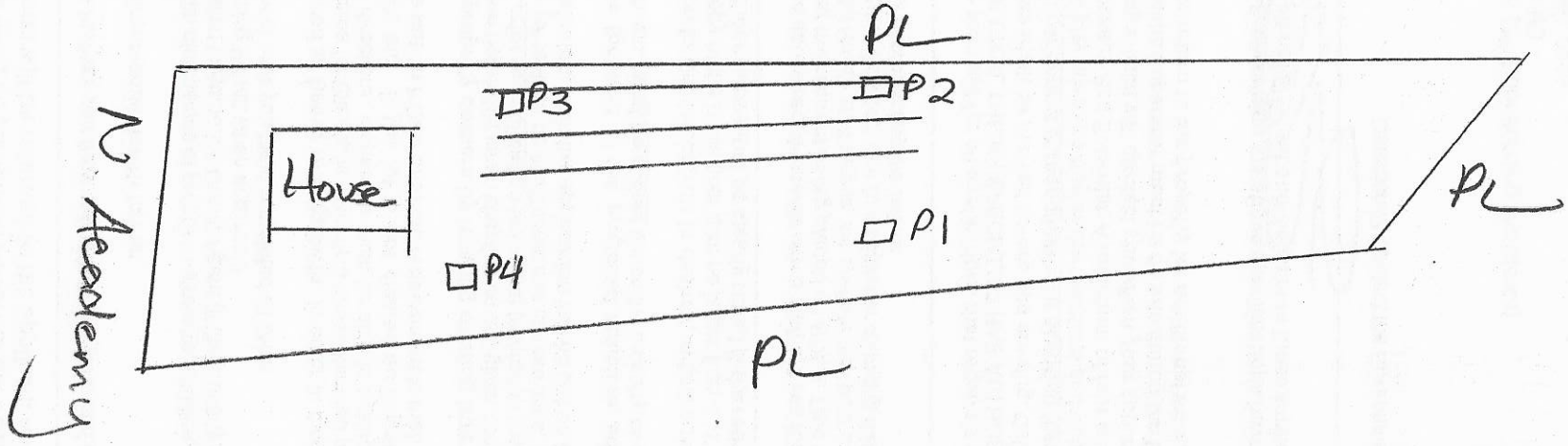
OWNER: Our Towns of N. Mecklenburg-Iredell Habitat for Humanity
ADDRESS: P.O. Box 1088 Davidson, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 419 W. Academy St. Mooresville, NC
APPLICATION DATE: 7/2/19
DATE EVALUATED: 7/22/19
PROPERTY SIZE: .44 Acre
PROPERTY RECORDED: Y

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	8% Repair	0-7	Brw SCL	w SBK SS, SP, SExP, FR					PS .275 to 30"
		7-30	RCm-C	w SBK SS, SP, SExP, Fi-FR					
		30-48	RC/SC	w SBK S, P, SExP-ExP, F	Chroma Mottles @ 30"				.2 >30"
			Yel/Brw	/ Low	30"	48"			
2	4%	0-9	Brw SCL	w SBK SS, SP, SExP, FR					PS .3 to 32"
		9-32"	RCm-C	w SBK SS, SP, SExP, Fi-FR					
		32"-50	RC/SC	w SBK S, P, SExP, ExP	Chroma Mottles @ 32"				.2 >32"
			Yel/Brw	/ Low	32"	50"			
3	4%	0-12"	Brw	w SBK SS, SP, SExP, FR					PS .3
		12"-30"	RCm	SBK SS, SP, SExP, FR					
		30-50	RC/CL	w SBK SS, SP, SExP, FR					
			few SAP	Inclus	—	50"			
4	8% Repair	0-4	Fill		36"	54"			PS .275 to 36"
		4-12	Brw SCL	w SBK SS, SP, SExP, FR					
		12-36	RCm-C	w SBK SS, SP, SExP, Fi-FR					
		36-54	RC/SC	w SBK S, P, SExP-ExP, F	Chroma Mottles @ 36"				>36" .2
			Yel/Brw	Low					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	.275	.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Greg Cole


PL
P3
P2
House
PL
P1
P4
PL
N Academy

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)_____, 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.

_____ 7/2/19

Signature of Owner(s) Date

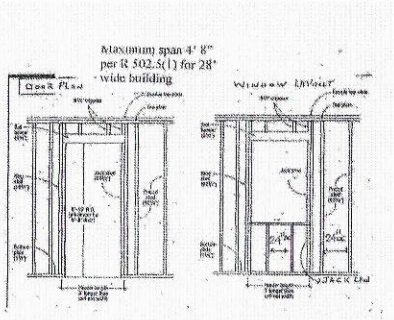
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

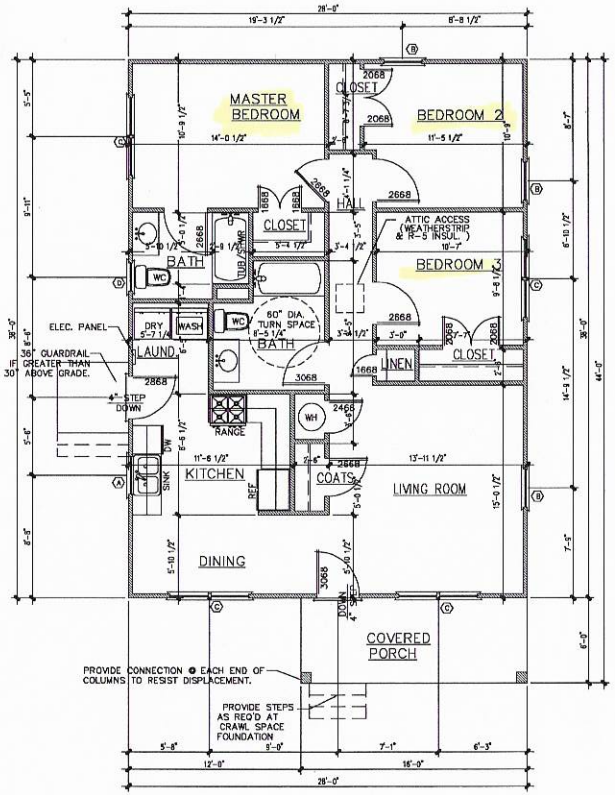
Acknowledgement of
Submittal ONLY!

Maria Dotson Date 7/23/19

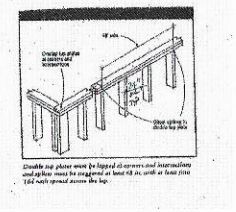
Date



2 FRAMING ELEVATION
3-A SCALE: NTS



1 FLOOR PLAN
3-A SCALE: 1/4" = 1'-0"



3 WALL DETAIL
3-A SCALE: NTS

EXTERMINATION: PROVIDE APPROVED METHOD OF BORATE TYPE TREATMENT APPLIED ACCORDING TO PRODUCT SPECIFICATIONS.

NOTE: DOOR SIZES ARE MEASURED IN FEET, (I.E. 3068 = 3'-0" WDE X 8'-8" TALL DOOR.

GRACIE-LEFT

SQUARE FOOTAGE

MAIN FLOOR HEATED	1,064 S.F.
TOTAL HEATED	1,064 S.F.
COVERED PORCH	96 S.F.
TOTAL UNDER ROOF	1,160 S.F.

WINDOW SCHEDULE

SYMBOL	QUANTITY	TYPE	UNIT SIZE	REMARKS
A	2	DOUBLE HUNG	2'-8" X 3'-2"	LOW-E GLAZING .40 E (MIN)
B	5	DOUBLE HUNG	2'-8" X 5'-2"	LOW-E GLAZING .40 E (MIN)
C	2	DOUBLE HUNG	2'-2"-8" X 5'-2"	LOW-E GLAZING .40 E (MIN)
D	2	DOUBLE HUNG	2'-0" X 3'-2"	LOW-E GLAZING .40 E (MIN)
			TEMPERED GLASS NOTED FOR HAZARDOUS AREAS IN FLOOR PLAN.	NOTE: ALL TWIN WINDOWS (D) HAVE 2x10 HEADERS AND DOUBLE JACKS

Willie Pruett Jr
Residential Designer
(NC) 11181

A NEW RESIDENCE FOR:
OUR TOWNS, HABITAT FOR HUMANITY
THE GRACIE - LEFT HAND
DAVIDSON, NC.
BUILDER: HABITAT FOR HUMANITY

DATE: MARCH 30, 2019
DRAWN BY: WP
DESIGNED BY: WP

REVISIONS	DATE

SHEET NO.
3-A
LEFT HAND

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

Number: 245845 Subdivision:

Proposed Use: SINGLE FAMILY HOME

Location: 419 NORTH ACADEMY STREET

Tax PIN: 4667240643.000 Zoning: Lot: Size: 0.440

Owner/Applicant: OUR TOWNS OF N MECKLENBURG-IREDELL
Address: PO BOX 1088
Phone: 704-896-8957
Email: Mary McNeilly <mmcneilly@ourtownshabitat.org>

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 and 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 6/20/19

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:
Front Yard Depth: 20.00
Rear Yard Depth: 25.00
Side Yard Depth: 8.00
Corner Yard Depth:

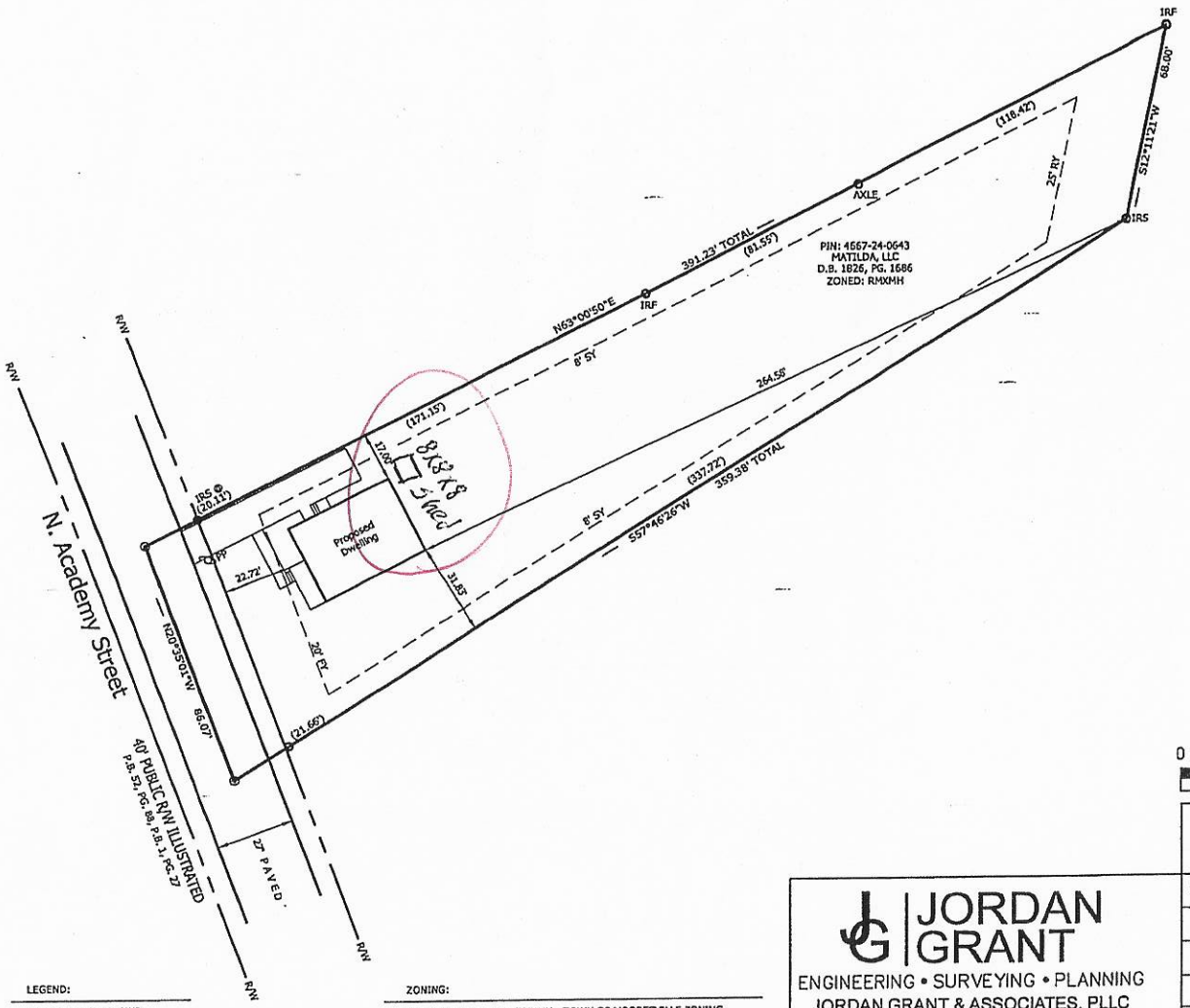
Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK.
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP
Approved By:

06/19/2019
Date

$50
Application Fee

PRELIMINARY FOR REVIEW ONLY



NAD83 - 2011

0 40 80 120

Total Area:
25,459.85 sq. ft.
0.584 acre

LEGEND:

IPF - IRON PIPE FOUND
IRF - IRON REBAR FOUND
IRS - IRON REBAR SET
R/W - RIGHT OF WAY
- POWER POLE
- COMPUTED POINT

ZONING:

PROPERTY IS ZONED: RMXMH - TOWN OF MOORESVILLE ZONING.

PROPERTY IS SUBJECT TO A 20' FRONT YARD (FY), 25' REAR YARD (RY) & 8' SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER TOWN OF MOORESVILLE ZONING ORDINANCE.

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P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:
Our Towns Habitat For Humanity

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 40'	
DEED REF: 1826-1686	PIN NO: 4667240643
DATE OF MAP: 06/11/19	SURVEY DATE: 07/02/18
REVISION:	DRAWING FILE: 20180644

419 N. Academy St., Mooresville, NC 28115
Coddle Creek TWP. - Iredell County - North Carolina

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

Number: 245849 Subdivision:

Proposed Use: ACCESSORY STRUCTURE 8 X 8

Location: 419 NORTH ACADEMY STREET

Tax PIN: 4667240643.000 Zoning: Lot: Size: 0.440

Owner:/Applicant: OUR TOWNS OF N MECKLENBURG-IREDELL
Address: PO BOX 1088

Phone: 704-896-8957

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 and 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 6/20/19

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: Front Yard Depth: 0.00 Side Yard Depth: 0.00
Rear Yard Depth: 0.00 Corner Yard Depth:

Remarks: APPROVAL FOR SHED
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

HP	06/19/2019	$50
Approved By:	Date	Application Fee