IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-1841

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

PIN # 4669110930

APPLICANT: Danny Martinescu APPLICANT ADDRESS: 1607 High Ridge Rd Stanley, NC 28164

SITE ADDRESS: 168 Albany Dr Mooresville, NC 28115 PHONE 704 361-1090 ALT. PHONE

SITE DIRECTIONS: US 21 N TR Shinnville Rd TL Albany on right near end

SUBDIVISION: Bethany Place SECTION: LOT # 14 LOT AREA: .74 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3 gpd

Septic Tank 1000 (gal) STB 794 Date 10-19-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 267'
Trench Width 24" Max. Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI
System Description: Gravity-Panel Block
Repair System Description: LPP PPBPS
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

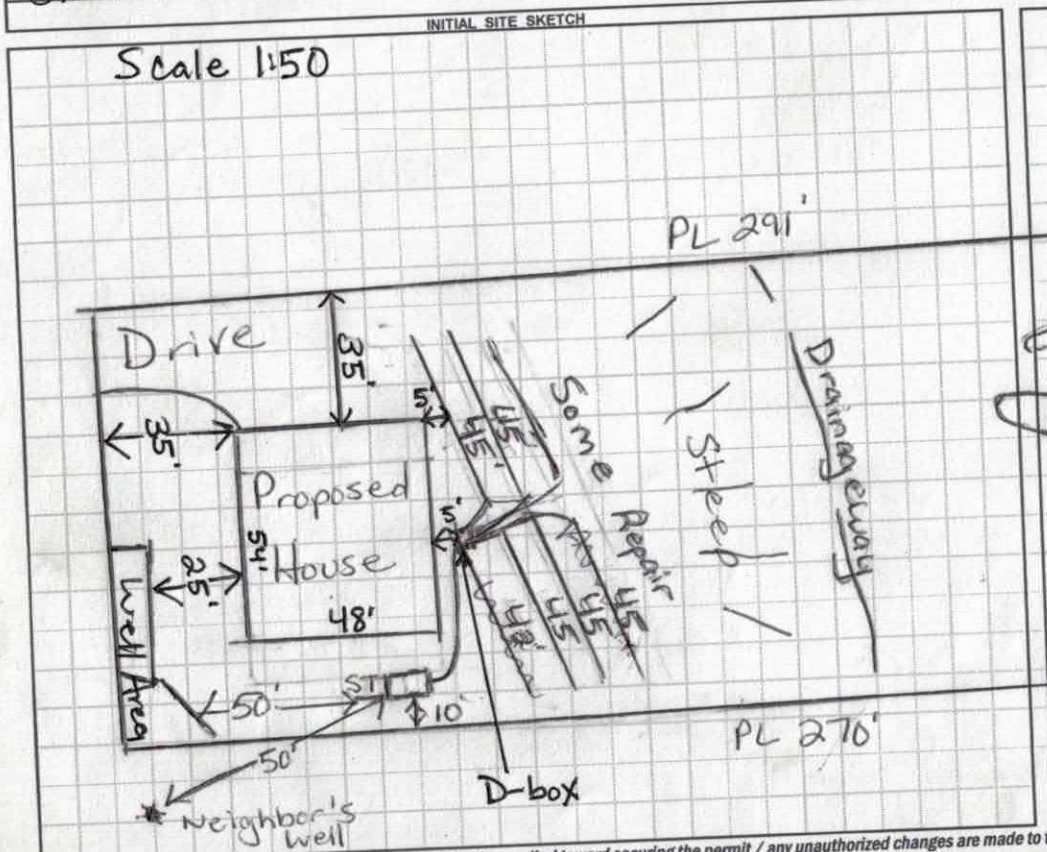
[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/ plumbing
No. Bedrooms 4 No. Persons No. Employees
[X] Crawl Space [ ] Basement w/o plumbing

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

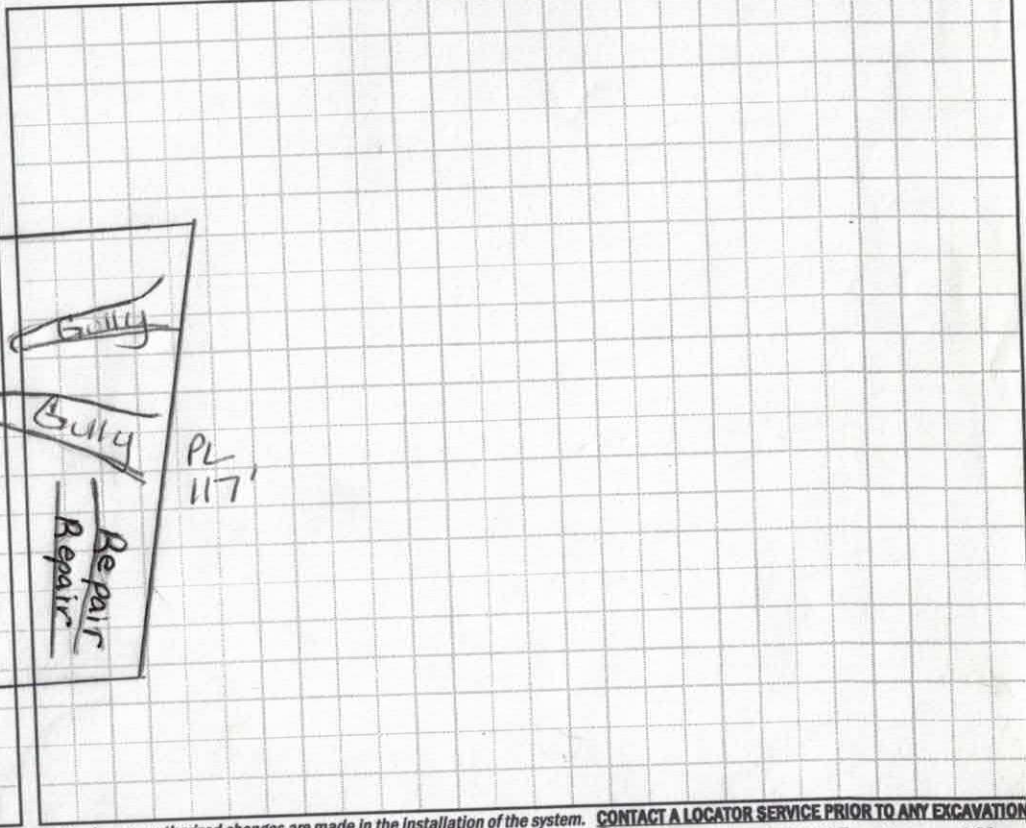
Comments / Conditions: Note: If house has no drain then Setback is 5ft as shown. If drain than Setback is 10ft.

12/8/16 Checked tanks
12/9/16 3 lines on each side

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: Date: 6-7-16 Installed by: Bellingher Grading

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 4/11/16 OPERATION PERMIT by: Maria Dotson Date: 12/9/16

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 4/11/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of __
PROPERTY ID #: 4669-11-0930
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: GAVRIL MARINESCU
ADDRESS: 1607 HOLT RIDGE ROAD
PROPOSED FACILITY: 3BR HOUSE
LOCATION OF SITE: BETHANY PLACE LOT 14
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE 6-13-07
DATE EVALUATED: 7-24-07
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.74 ACRE
PROPERTY RECORDED: __
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AUGER 1	L 12%	0-32	SBK CL	FR SEXP					PS 0.3
		32-48	WFSBK CL	VFR SEXP					
AUGER 2	L 12%	0-34	SBK CL	FR SEXP.					PS 0.3
		34-48	WFSBK CL	VFR SEXP					
AUGER 3	L 14%	0-30	SBK C	FR SEXP			NEED BACK HOE PIT		
		30-42	WFSBK SAP MIX	FR SEXP					
		42+	M SAPROLITE						
PIT 4	L 14%	0-32	SBK C	FR SEXP					PS 0.3
		32-53	SBK SAPMIX SC	FR SEXP					
		53-60	M SL SAPROLITE	VFR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	~~III~~ IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: GAVRIL MARINESCU, VASILE LAZAR

COMMENTS: __

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

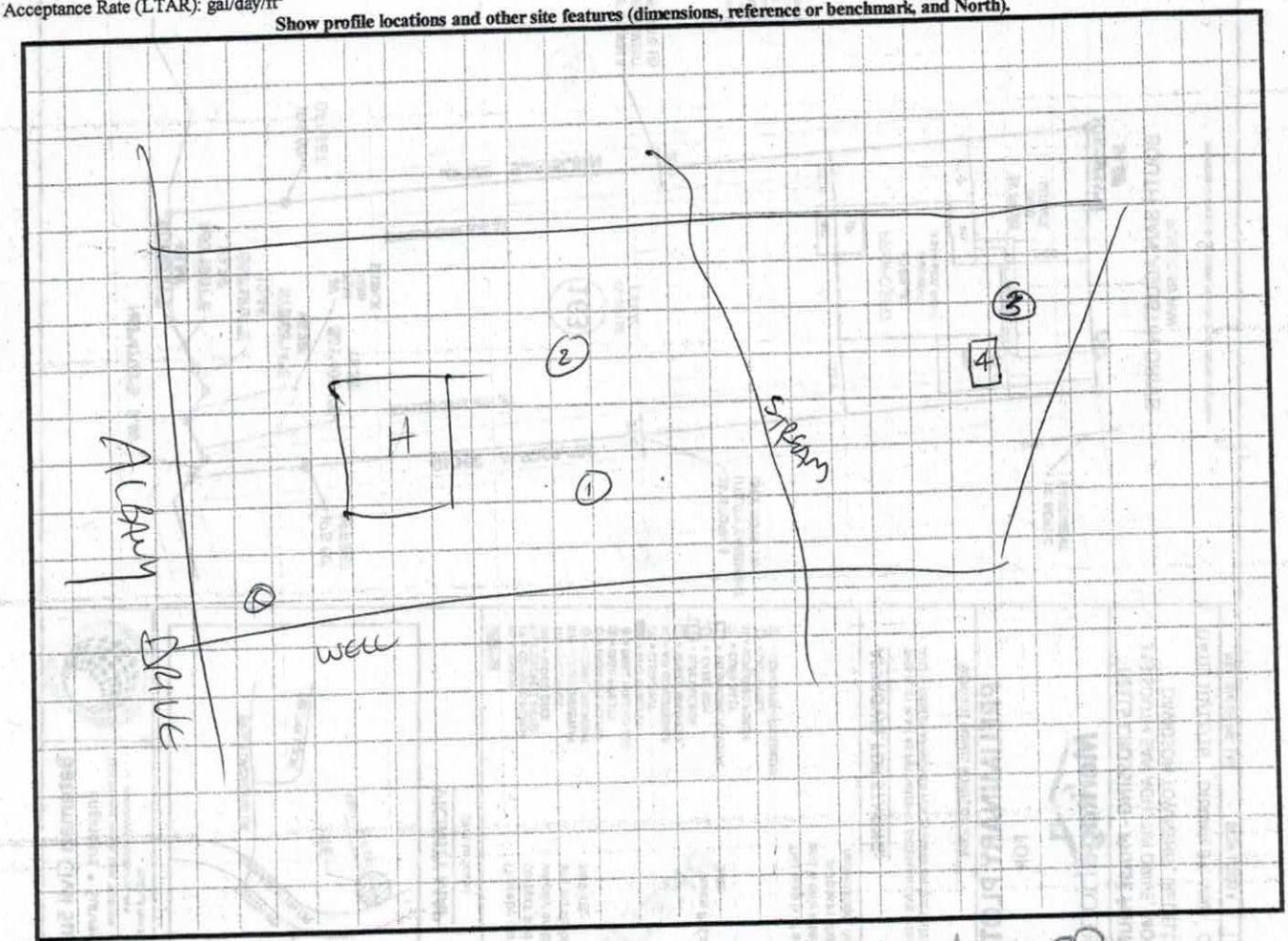
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

121ft to drop off

RECEIVED OCT 2 3 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $320.00
#213197

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Danny Martinez **Address:** 1607 High Ridge Dr **Phone:** 704-38[illegible]

Owner Name: same **Address:** — **Phone:**

Property Information:

Street Address: Lot # 14 ~ Albany Place Mooresville NC 28115 (168)

Subdivision Name: Bethany Place **Section/Phase:** 1 **Lot Number:** 14

Driving Directions: Hwy 21 to Shinnville Rd turn Right to Albany Dr on Left.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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 ( ) 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: [signature] 8-27-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

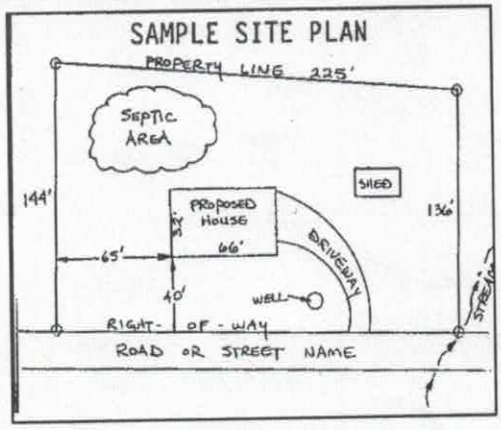
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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

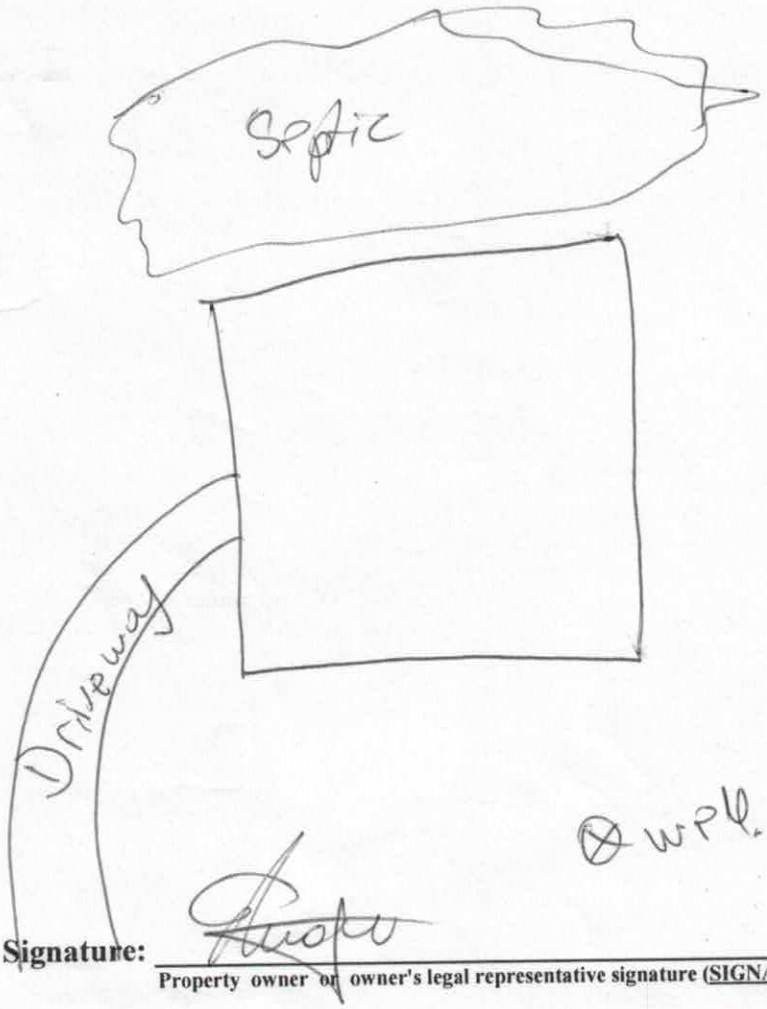


Circle N/A on the following if appropriate:

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: _____ 8-27-15

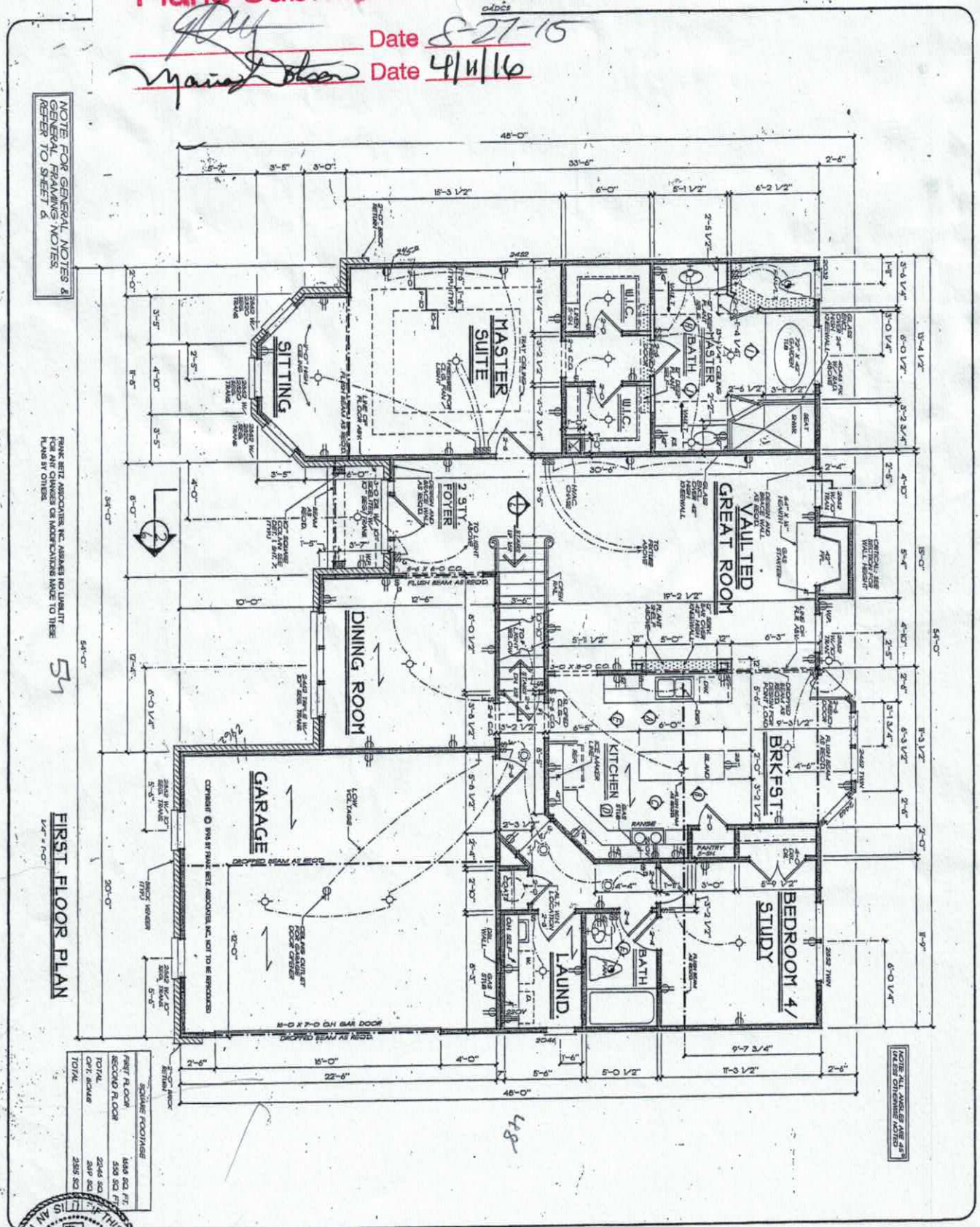
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE


JENNIFER WAY
ALBANY DR
GINGER RD
1 inch equals 190 feet

Acknowledgement of
Plans Submittal ONLY!

Date 8-27-15

Date 4/11/16



NOTE: FOR GENERAL NOTES & GENERAL FRAMING NOTES, REFER TO SHEET 6

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

51

FIRST FLOOR PLAN

1/4" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	1558 SQ. FT.
SECOND FLOOR	559 SQ. FT.
TOTAL OPT. SCHUS	2244 SQ. FT.
TOTAL	2117 SQ. FT.
	2559 SQ. FT.

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED

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IF THIS STAMP IS NOT IN RED, THIS IS AN UNAUTHORIZED COPY OF THESE PLANS

BY: JRL CK: JAM

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0888
www.frankbetz.com

FIRST FLOOR PLAN

THE SULLIVAN

HOMEPLANS

DATE	REV	DATE	REV
6/16/99	CLAK 20-48		
10/5/01	CLAK 21-61		

Use drawing is not to be reproduced or used for construction any building without the written authorization of Frank Betz Assoc., Inc.

TIME:5:22 PM DATE:8-20-15

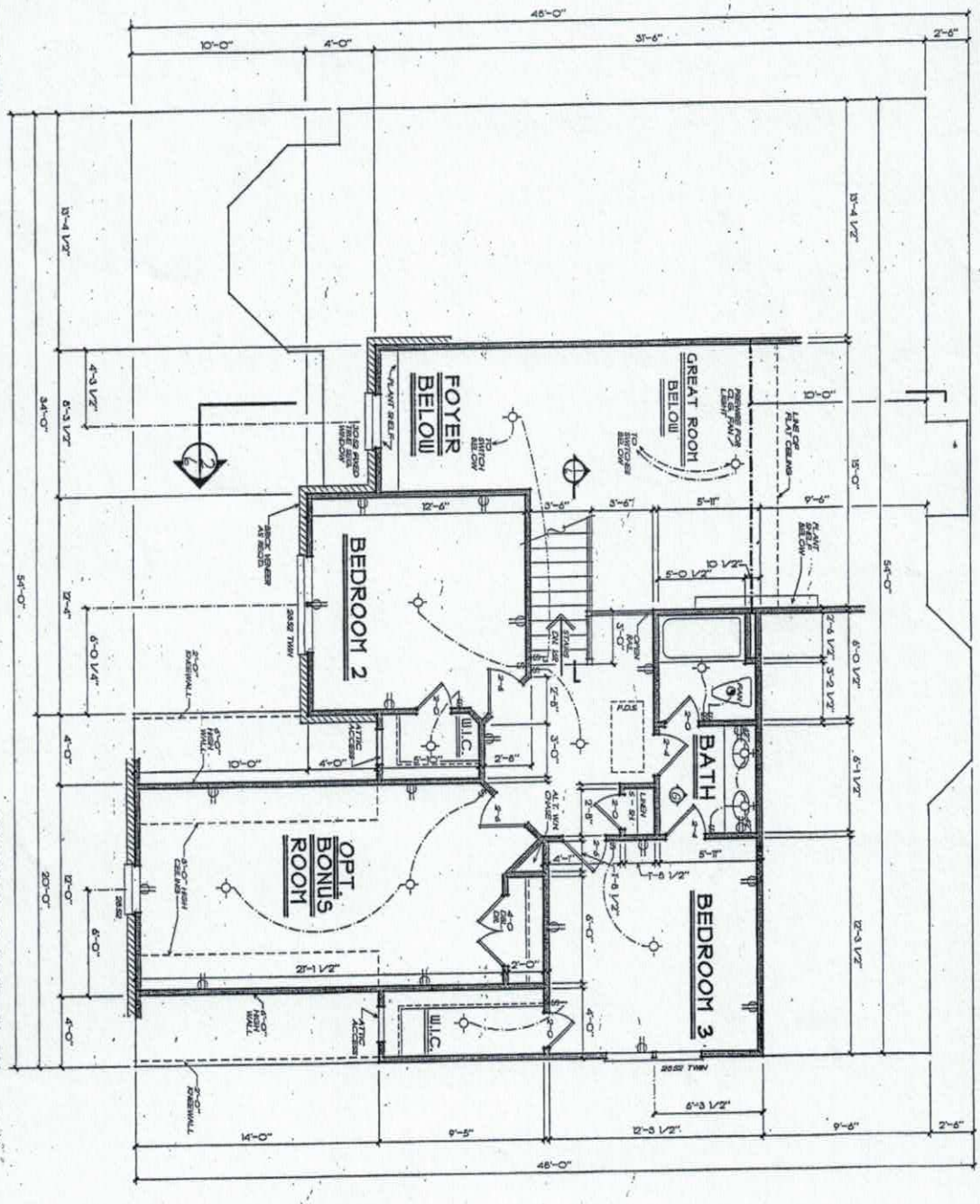
Acknowledgement of
Plans Submittal ONLY!

Date 8-27-15

Date 4/11/16

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

NOTE: ALL CRIPPLE JOISTS AND HEADER BRACING TO BEAM OR LOAD BEARING WALL BELOW SHALL BE INSTALLED AT TIME OF FRAMING AND BE SUPPORTED BY PERMANENT FOUNDATION AND RESISTED BY THICKENED SLAB GARAGE BEAM OR FOOTING DESIGNED TO CARRY LOAD.



SECOND FLOOR PLAN

1/4"=1'-0"

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED.

IF THIS STAMP IS NOT RED IT IS A COPY AND NOT AN ORIGINAL SET OF PLANS

BY

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0888
www.frankbetz.com

SECOND FLOOR PLAN
THE SULLIVAN

HOMEPLANS

DATE	REV	DATE	REV

The drawings to not to be reproduced or used for construction any building without the written authorization of Frank Betz Assoc., Inc.

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

DEVELOPER PERMIT

[redacted]

Zoning Permit
Permit Number: 142633ZO

Printed: 5/2/2007

Master #: 142633

Associated Permits:
142633ZO Zoning

Applicant
Name: Gavril Martinescu
Address: 1607 High Ridge Road
Stanley, NC 28164
Phone: 704-361-1090

Parcel
Parcel Number: 4669111776.014
Address: 000 Albany RD
MOORESVILLE, NC 28115
Subdivision: Bethany Place
Zoning: RA
Township: 0300
Area: 0.74
Lot(s): 014
Directions to Parcel: hwy 21, left on shinnville rd, left on bethany

Owners
Name: Gavril Martinescu
Address: 1607 High Ridge Road
Stanley, NC 28164
Phone: 704-361-1090

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-152298-07	Zoning - Permit / Inspection	$45.00
FEE-152301-07	Environmental Health - Type I or II System	$350.00
	Total Fees:	**$395.00**
REC-83359-07		$395.00
	Total Receipts:	**$395.00**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-PA
Flood Zone:	No
Set Backs:	F35 R35 LS15 RS15
Minimum Lot Size:	21780
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:
Zoning Permit Comments: SINGLE FAMILY

No Building permit shall be issued for a residential dwelling or a nonresidential principal structure until a grading permit has been issued. No land shall be graded for the purpose of construction of a residential dwelling or a nonresidential principal structure, until a grading permit has been issued by the County. The County shall collect such fees for the issuance of grading permits as are authorized by the fee schedule adopted by the Board of Commissioners.

In addition to obtaining the permit; the owner, building contractor, or other responsible party shall:

A. Control run-off as to not damage or adversely impact adjoining properties by providing silt fencing and stabilization or utilizing Low Impact Design (drainage swales, functional landscaping, etc.); and
B. Refrain from altering the general direction of the natural drainage flow.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental