ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319153

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

PIN # 4669 -- 11 -- 6758

APPLICANT/OWNER: Brian Adams | APPLICANT ADDRESS: 109 Airplane Ct. Mooresville, NC. 28117

SITE ADDRESS: 140 Albany Drive Mooresville NC | PHONE: 7045008754 | ALT. PHONE

SITE DIRECTIONS: US21 N TR Shinville Rd TL Albany Rd on right | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Bethany Place | SECTION: | LOT # 19 | LOT AREA: .55 Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .35

Septic Tank	1000 (gal)	STB 760	Date 7/10/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	Gravity-Dist box PPBPS			[ ] Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	PPBPS			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines 3	Linear Ft. 174'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	min. 36"	Trench Bottom Depth(Low side)	48"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: * Must install trenches @ 48" to be in good Saprolite. Use vents every 25' per PPBPS manual instructions

* Keep Septic 100ft From any well

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 6/2/21)

AS BUILT SKETCH

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 time.

Installed as Drawn

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: | Date: | Installed by: Abernathy

IMPROVEMENT PERMIT by: Maria Dotson | Date: 6/30/21 | OPERATION PERMIT by: Cory Wil | Date: 9/21/22

AUTHORIZATION TO CONSTRUCT by: D Mieberg | Date: 12/15/21 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319153

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

PIN # 4669 -- 11 -- 6758

APPLICANT/OWNER: Brian Adams | APPLICANT ADDRESS: 109 Airplane Ct. Mooresville, NC 28117

SITE ADDRESS: 140 Albany Drive Mooresville, NC | PHONE: 7045008754 | ALT. PHONE

SITE DIRECTIONS: US21 N TR Shinville Rd TL Albany Rd on right | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Bethany Place | SECTION: | LOT # 19 | LOT AREA: .55Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .35

Septic Tank 1000 (gal) STB | Date | Pump Tank (gal) PT | Date | Pump Make | Model | Serial # | # Nitrification Fields 1 | # Lines 3 | Linear Ft. 174' | Trench Width min. 36" | Trench Bottom Depth(Low side) 48" | Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: Gravity-Distbox PPBPS

Repair System Description: PPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3 | [ ] Business No. Persons 6 | [ ] Other No. Employees | [ ] Slab [X] Crawl Space | [ ] Basement w/plumbing [ ] Basement w/o plumbing

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

Comments / Conditions: * Must install trenches @ 48" to be in good Saprolite. Use vents every 25' per PPBPS manual

* Keep Septic 100' from any well

INITIAL SITE SKETCH

Instructions

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 6/2/21)

AS BUILT SKETCH

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 time.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: | Date: | Installed by:

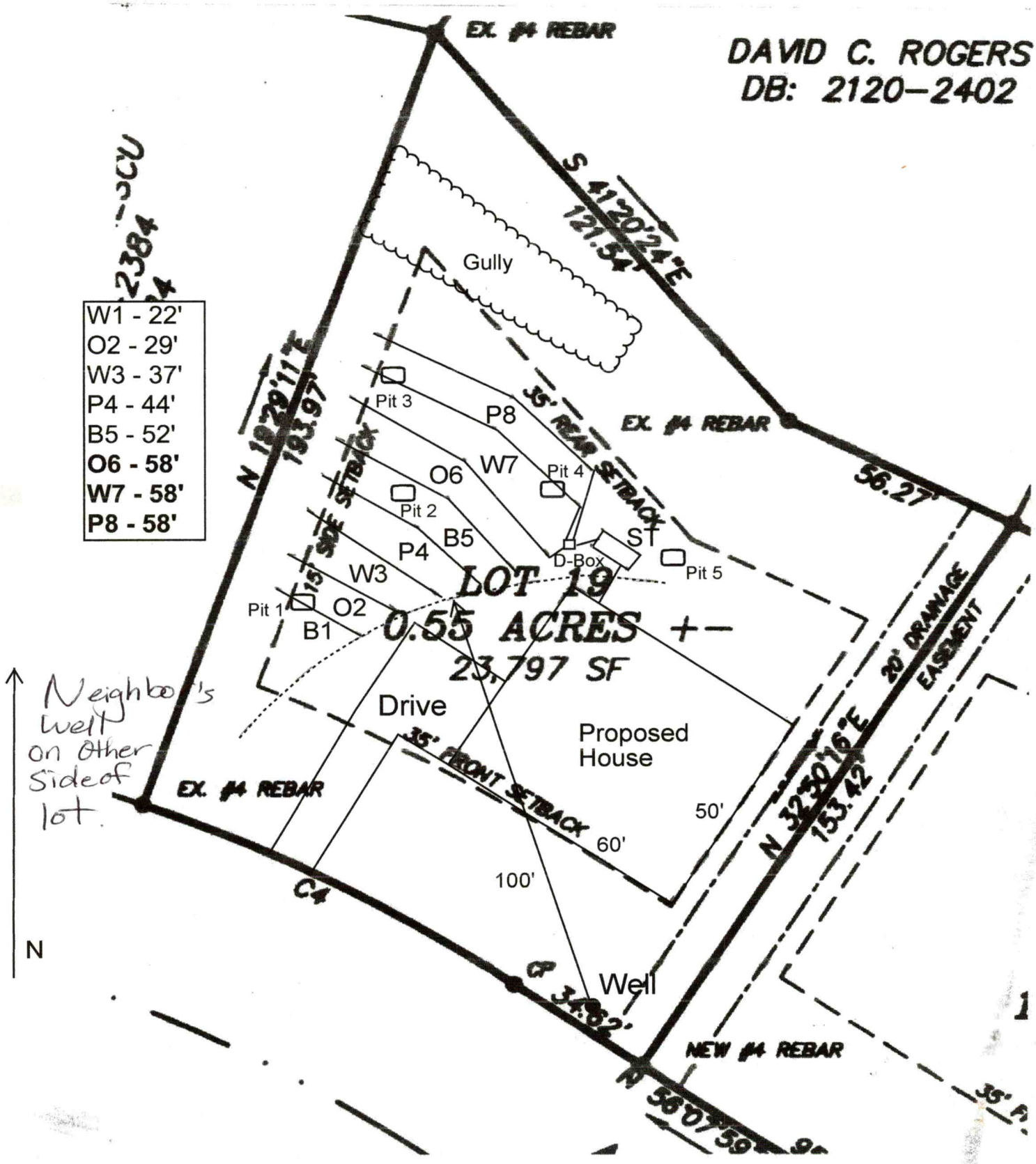
IMPROVEMENT PERMIT by: Maria Dotson | Date: 6/30/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: D. Mieberg | Date: 12/15/21 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


Scale
1"=30'
DAVID C. ROGERS
DB: 2120-2402
EX. #4 REBAR
S 41°20'24"E
121.54'
Gully
W1 - 22'
O2 - 29'
W3 - 37'
P4 - 44'
B5 - 52'
O6 - 58'
W7 - 58'
P8 - 58'
N 18°29'11"E
193.97'
35' REAR SETBACK
15' SIDE SETBACK
Pit 3
P8
W7
Pit 4
O6
Pit 2
B5
P4
W3
Pit 1
O2
B1
ST
D-Box
Pit 5
LOT 19
0.55 ACRES +-
23,797 SF
Drive
Proposed House
35' FRONT SETBACK
EX. #4 REBAR
56.27'
N 32°30'16"E
153.42'
20' DRAINAGE EASEMENT
50'
60'
100'
C4
CP 34.82'
Well
NEW #4 REBAR
N 56°07'59"
Neighbor's well on other side of lot.
N

PROPERTY ID #: 4669116758__
COUNTY: __Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved
6/30/21 mD

OWNER: Gavril Martinescu_____ APPLICATION DATE_____
ADDRESS: 4715 Cypress Garden Lp, Fort Myers, FL 33966_____ DATE EVALUATED: _6/2021_____
PROPOSED FACILITY: __3 BDRM___ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: __0.55 AC_____
LOCATION OF SITE: 140 Albany Dr, Bethany Place Lot 19_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-16	FILL		N/A	36"		N/A	PS 0.4-0.6 Trench Bottom 48"
		16-24	R C SBK	FR SS SP SXP					
		24-36	R CL WSBK	FR SS SP SXP			Com SAP		
		36-48	VER SL SAP M	VFR SS SP SXP			PS		
		48-72	VER LS SAP M	VER SS SP SXP			PS		
2	LS 10%	0-4	FILL		N/A	29"		N/A	PS 0.4-0.6 Trench Bottom 48"
		4-19	R C SBK	FR SS SP SXP					
		19-29	R CL WSBK	FR SS SP SXP			Com SAP		
		29-48	VER SL SAP M	VFR SS SP SXP			PS		
		48-72	VER SL SAP M	VFR SS SP SXP			PS		
3	LS 10%	0-8	FILL		N/A	38"		N/A	PS 0.4-0.6 Trench Bottom 48"
		8-38	R CL WSBK	FR SS SP SXP			Com SAP		
		38-72	VER SL SAP M	VFR SS SP SXP			PS		
4	LS 8%	0-14	FILL		N/A	29"		N/A	PS 0.4-0.6 Trench Bottom 48"
		14-29	R CL WSBK	FR SS SP SXP			Com SAP		
		29-72	VER SL SAP M	VFR SS SP SXP			PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	348 FT^2	368 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #:4669116758
DATE OF EVALUATION:
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	
5	LS 6%	0-36	FILL						US

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #:4669116758_____
DATE OF EVALUATION: ______________
COUNTY: __IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	
5	LS 6%	0-36	FILL						US

COMMENTS:____

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Gavril Martinescu Phone # _____

Owner's Current Address 4715 Cypress Garden Lp, Fort Myers, FL 33966

Property Information

Property Address 140 Albany Dr Parcel # _____

Subdivision: Bethany Place Lot: 19 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Michael Athanas & Associates Applicant's Phone # _____

Applicant's Address 556 Walden Trail, Weddington, NC 28173

If Company, Representative's Name and Title _____

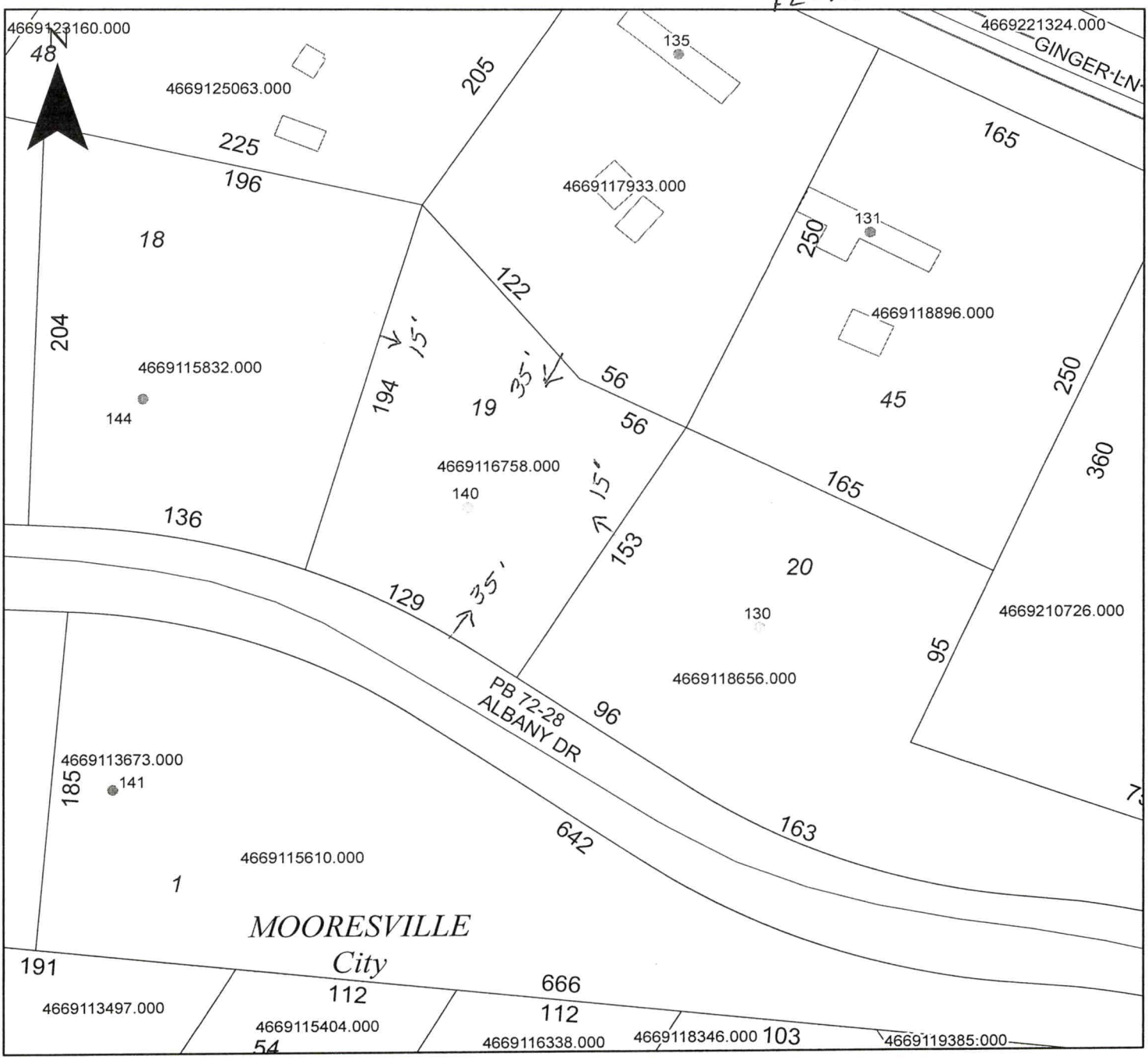
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 6/25/2021

3/9153 RA .55

ZONING DISCLAIMER

WS-ND
FL-ND



Property Address 140 Albany Dr.

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. Applicant further acknowledges that the 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

6/25/2021
Date

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-319153

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Brian Adams **Address:** 109 Airplane Court **Zip:** 28117

Applicant Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**

Owner Name: BWA BUILDERS LLC **Address:** 118 Magnolia Park Drive **Zip:** 28117

Owner Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**

Property Information:

Street Address: 140 Albany Drive, Mooresville, NC 28117

Subdivision Name: Bethany Place **Section/Phase:** **Lot Number:** 19

Driving Directions: US 21 N , Shinville Road, TL Albany Dr, lot on right

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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:
(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: Brian Adams 6/21/2021

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

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, BWA BUILDERS LLC, am the legal owner(s) of the property located at 140 Albany Drive, Mooresville, NC, identified as PIN (Parcel Identification Number) 4669116775, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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
	6/21/2021		

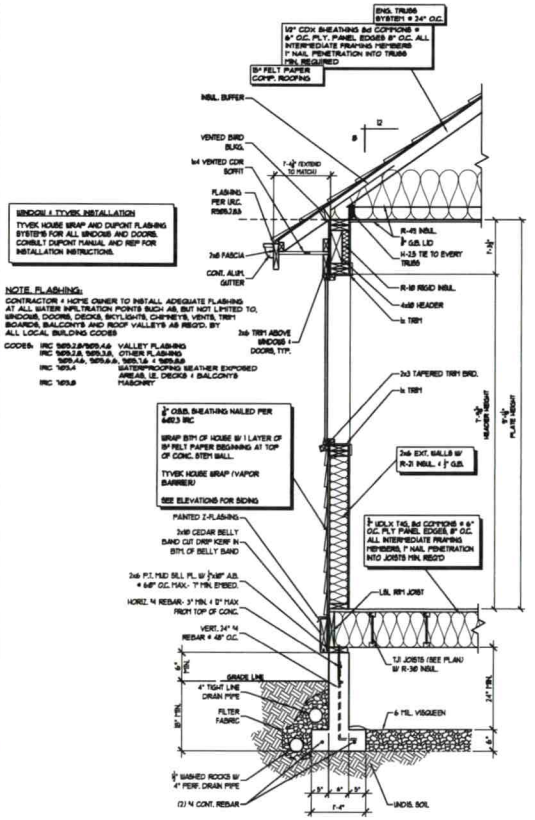
Please return this signed form to the appropriate office:

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

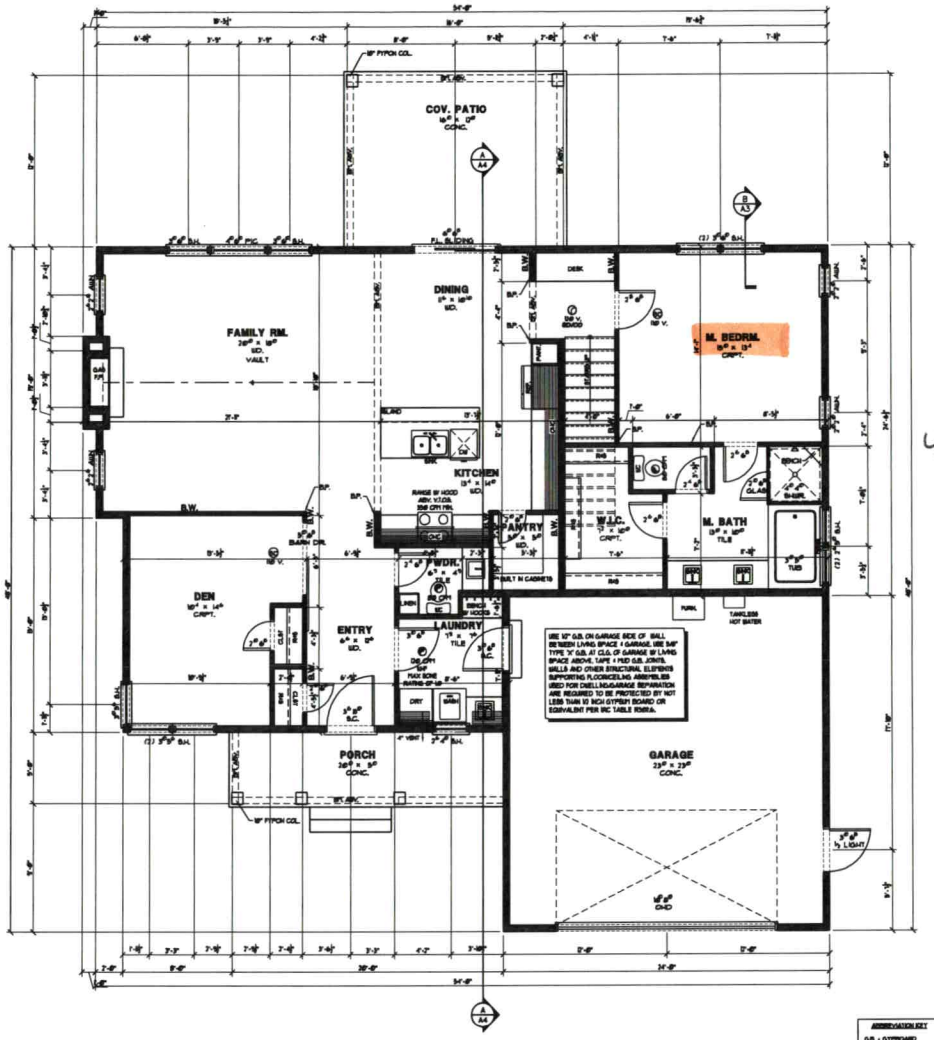
54'

48'



TYPICAL WALL DETAIL

B SCALE 3/4" = 1'-0"



MAIN FLOOR PLAN

SCALE 1/4" = 1'-0"

ENERGY BUILDING ENVELOPE 1a. -PRESCRIPTIVE COMPLIANCE IS BASED ON TABLE R402.1.1 WITH THE FOLLOWING MODIFICATIONS: VERTICAL FENESTRATION U = .035, FLOOR R-30, SLAB ON GRADE R-10 PERIMETER AND UNDER ENTIRE SLAB, BELOW GRADE SLAB R-10 PERIMETER + UNDER ENTIRE SLAB OR COMPLIANCE BASED ON SECTION R405.1a REDUCE THE TOTAL 6A BY 5%.

HIGH EFFICIENCY HVAC EQUIPMENT 3a. -GAS, PROPANE OR OIL-FIRED FURNACE WITH MINIMUM AFUE OF 94% OR GAS, PROPANE OR OIL-FIRED BOILER WITH MINIMUM AFUE OF 90%, TO QUALIFY TO CLAIM 1165 CREDIT THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE HEATING EQUIPMENT TYPE AND THE MINIMUM EQUIPMENT EFFICIENCY.

EFFICIENT WATER HEATING 3a. -ALL SHOWERHEAD & KITCHEN SINK FAUCETS INSTALLED IN THE HOME SHALL BE RATED AT 1.75 GPM OR LESS. ALL OTHER LAVATORY FAUCETS SHALL BE RATED AT 1.0 GPM OR LESS. TO QUALIFY TO CLAIM 1165 CREDIT, THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE MAXIMUM FLOW RATES FOR ALL SHOWERHEADS, KITCHEN SINK FAUCETS, AND OTHER LAVATORY FAUCETS.

EFFICIENT WATER HEATING 3c. -WATER HEATING SYSTEM SHALL INCLUDE ONE OF THE FOLLOWING: GAS, PROPANE, OR OIL WATER HEATER WITH A MINIMUM EF OF .81 OR SOLAR WATER HEATING EQUIVALENT. A MINIMUM STANDARD WATER HEATER, SOLAR WATER HEATING SYSTEM, OR ELECTRIC HEAT PUMP WATER HEATER WITH A MINIMUM EF OF 3.0 AND MEETING THE STANDARDS OF HERS NORTHERN CLIMATE SPECIFICATIONS FOR HEAT PUMP WATER HEATERS. TO QUALIFY TO CLAIM 1165 CREDIT, THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE WATER HEATER EQUIPMENT TYPE AND THE MINIMUM EQUIPMENT EFFICIENCY AND, FOR SOLAR WATER HEATING SYSTEMS, THE CALCULATION OF THE MINIMUM ENERGY SAVINGS.

NOTE: PROVIDE TEMPERED GLAZING IN ALL WINDOWS WITH EXPOSED AREAS GREATER THAN 9 SF, AND IN WINDOWS WITH SILL'S BOTTOM LESS THAN 18" ABV. FLOOR

BUILDING INFO.

BEDROOMS:	3
BATHROOMS:	2.5

SQUARE FOOTAGE

MAIN FLR.	1589 S.F.
SECOND FLR.	684 S.F.
BONUS RM.	331 S.F.
TOTAL	2604 S.F.
GARAGE	559 S.F.
COVRD. PATIO	192 S.F.

ABBREVIATION KEY

GLS. = GYPBOARD
SHT. = SHEETROCK
BLW. = BELOW
SQ. = SQUARE FEET
RWL. = RAIN WATER LEADER
EA. = EACH WAY
℄ = CENTER LINE
FIN. FL. = FINISHED FLOOR LEVEL
AFL. = ABOVE FLOOR LEVEL
BOS. = BOTTOM OF
T.O. = TOP OF
SHT. = SHEARING POINT
BW = BEARING WALL
PT = PRESSURE TREATED
DF = DOUGLAS FIR
INT. = INTERIOR
EXT. = EXTERIOR
BM. = BEAM
ABV. = ABOVE
EXP. = EXPOSE
HOSE BIB
GAS STUB
DOOR SPOUT

DUCT CONSTRUCTION. -DUCTS IN THE GARAGE AND DUCTS PENETRATING THE WALLS OR CEILINGS SEPARATING THE DWELLING FROM THE GARAGE SHALL BE CONSTRUCTED OF A MINIMUM OF NO. 26 GAUGE SHEET STEEL AND HAVE NO OPENINGS INTO THE GARAGE. THIS WOULD ALSO PROHIBIT PLYTEK ACCESS OPENINGS IN THE RETURN AIR DUCT SYSTEM.

FLOOR PLAN NOTES:
1. VENT, FRAME WINDOWS TYPICAL, ROUGH OPENINGS MAY VARY, VERIFY PER FINAL SPECS.
2. CABINET DESIGN BY OTHERS TO BE VERIFIED W/ ACTUAL FRAMED (AS BUILT) DIMENSIONS ON SITE.
3. FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS DURING CONSTRUCTION.
4. SEE STRUCTURAL PLANS FOUNDATION, FRAMING & SHEAR ALL SHEETS FOR ALL SIMPSON HOLD-DOWNS AND STRAPS AND HANGERS.

FRAMING NOTE:
FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS. DURING FRAMING CONSTRUCTION.

GUARDRAIL NOTE:
SHOP DRAWINGS, SIGNED & SEALED BY A REGISTERED DESIGN PROFESSIONAL, WILL BE REQUIRED FOR THE GUARDRAIL SYSTEMS AT THE STAIRS & DECK.

FURNACE & HOT WATER TANK NOTE:
- FURNACE & HOT WATER APPLIANCES SHALL BE DIRECT VENT.
- ALL COMBUSTION AIR TO CORE DIRECTLY FROM EXTERIOR.
- 30" CLEAR SPACE IN FRONT OF FURNACE.
- APPLIANCES TO BE INSTALLED IN PAN PER CODE.
- WATER HEATER TO BE INSTALLED A MIN OF 18" ABV. FLR.
- INSULATION FOR ALL HOT WATER PIPES SHALL HAVE A MIN. THERMAL RESISTANCE OF R-3 (STAIN) AND (STRUCTURE CONDITIONED SPACE, NO CAN BE INTERRUPTED WHEN PASSING THROUGH JST, STUDS, \ STRUCTURAL MEMBERS, OR WHERE PASSING OTHER PIPING, CONDUIT, OR WIRES, PROVIDED THE NO. IS SECURED TIGHTLY TO EACH OBSTRUCTION.

WHOLE HOUSE VENTILATION SYSTEMS SHOULD COMPLY WITH ITEM(S).
- FAN NOISE, WHOLE HOME FANS LOCATED 4' OR LESS FROM INTERIOR GRILL SHALL HAVE A SONE RATING OF 1.0 SI. WATER GARGE
- OUT DOOR AIR SHALL BE DISTRIBUTED TO EACH HABITABLE SPACE BY INDIVIDUAL OUTDOOR AIR INLETS
- DOORS SHALL BE UNDERCUT TO A MIN. OF ½" ABV. FIN. FLR. COVERING
- INDIVIDUAL SPL OUTDOOR AIR INLETS SHALL PROVIDE NOT LESS THAN 4 SQ. IN. OF NET FREE AREA OF OPENING FOR EA. HABITABLE SPACE

SMOKE ALARM NOTE.
- SMOKE ALARMS TO BE INTERCONNECTED OR WIRELESSLY CONNECTED SO THAT THE ACTIVATION OF ONE ALARM ACTIVATES ALL ALARMS IN A DWELLING UNIT.

DUCT SEALING & BLOWER TESTING.
-DUCTS LOCATED OUTSIDE THE CONDITIONED SPACE MUST BE SEALED & TIGHTNESS VERIFIED BY LEAKAGE TESTING PER MEC SECTION 403.2, AND INSULATED TO A MINIMUM OF R-6.
-AIR LEAKAGE TESTING REQUIRED FOR NEW HOUSES. MAXIMUM LEAKAGE ALLOWED PER MEC 403.2.

Acknowledgement Of Plans Submittal ONLY!

Date 12/7/21

Date 12/15/24

140 albany Dr. Bethany Pt Lot 19

Cont. Farmhouse 810 Plan # 21-1278

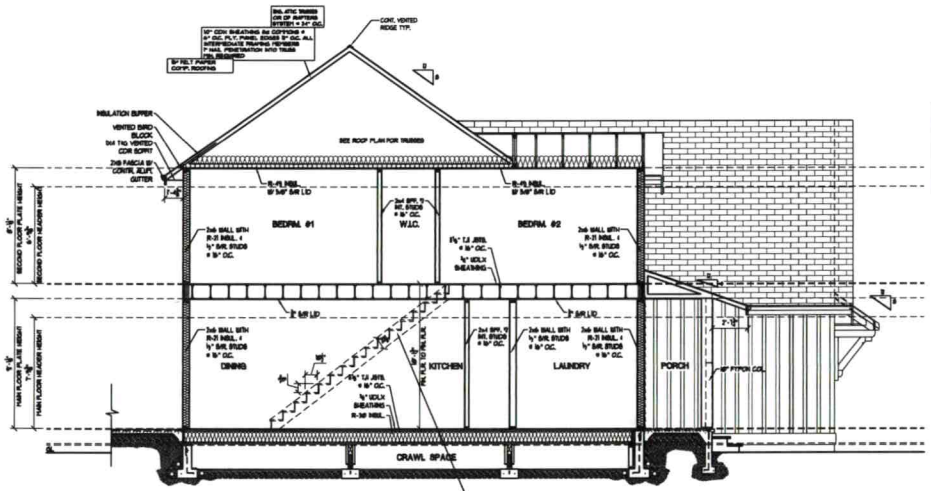
REVISIONS | DATE | BY

MAIN FLOOR PLAN

JWR Design, Inc.
JWR Plans @ readytobuildhomes

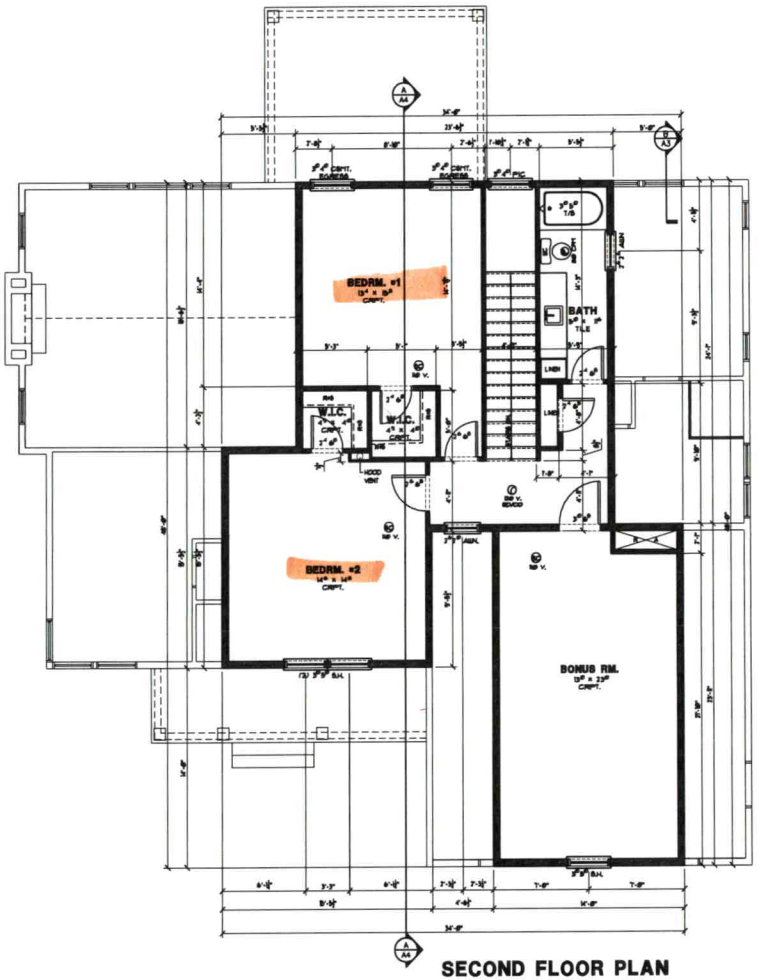
JWR

DRAWN: JERRY
DATE: 12-9-21
SCALE: AS NOTED
CHECKED: J.W.R.
SHEET: A3 OF A4



MAIN BUILDING SECTION

A4 SCALE 1/4" = 1'-0"



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

STAIR NOTES:

1. STAIR CALCULATIONS ARE BASED ON A 7 5/8"-9 1/2" RIN, RUN TO RIN, RUN DIMENSION AND SHALL BE FIELD VERIFIED BY THE CONTRACTOR, AND ADJUSTED ACCORDINGLY.
2. (16) RISERS @ 7 3/8" FROM FINISHED TREAD TO FINISHED TREAD (15) RUNS @ 10"= 150" OF RNU
3. USE (3) 2x12 'D' OR, FOR STRINGERS.
4. FIRE BLOCK CONCEALED STRINGER SPACES @ TOP & BOTTOM, AND BETWEEN WALL STUDS ALONG STAIR RUN.
5. STAIRWAYS SHALL HAVE HANDRAIL ON AT LEAST ONE SIDE OF EA. CONT. RUN W/ 4 RISERS OR MORE. HANDRAILS SHALL BE CONSTRUCTED IN COMPLIANCE W/ IRC 311.8
   - HANDRAILS MAY PROJECT INTO THE REQ'D WIDTH A DISTANCE OF 4½" FROM EACH SIDE OF A STAIRWAY.
   - HANDRAILS SHALL BE PLACED NOT LESS THAN 34", OR MORE THAN 38" ABOVE THE NOSING OF STAIR TREADS.
   - HANDRAILS SHALL BE CONTINUOUS FOR THE FULL LENGTH OF THE FLIGHT FROM A POINT DIRECTLY ABOVE THE TOP RISER TO A POINT DIRECTLY ABOVE THE LOWEST RISER. HANDRAILS ENDS SHALL BE RETURNED OR SHALL TERMINATE IN NEWEL POST OR SAFETY TERMINALS. HANDRAILS ADJACENT TO WALLS SHALL HAVE A SPACE OF NOT LESS THAN 1½" BETWEEN WALL AND HANDRAIL.
6. ANY ENCLOSED ACCESSIBLE SPACE UNDER STAIRWAYS SHALL HAVE WALLS, UNDER STAIR SURFACE AND ANY SOFFITS PROTECTED ON THE THE ENCLOSED SIDE WITH 1/2" G.B. (MIN.) TAPED AND MUDDED.
7. MAINTAIN A MIN. OF 6'-8" FINISHED HEADROOM CLEARANCE MEASURED VERTICALLY FROM TREAD NOSING TO NEAREST SOFFIT.

nowledgement Of
s Submittal ONLY!
Date 12/17/21
Date 12/15/21

Cont. Farmhouse 810
Plan # 21-1278

REVISIONS | DATE | BY

SECOND FLOOR PLAN & SECTION

JWR Design, Inc.
JWR Plans @ readytobuildhomes

JWR

DRAWN JERRY
DATE 12-9-21
SCALE AS NOTED
CHECKED J.W.R.
SHEET A4 OF A4

RECEIVED JUN 2 5 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Expedited Review — ***APPLICATION FORM*** AP-319153 Paid: $350.00

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Brian Adams **Address:** 109 Airplane Court **Zip:** 28117
Applicant Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**
Owner Name: BWA BUILDERS LLC **Address:** 118 Magnolia Park Drive **Zip:** 28117
Owner Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**

Property Information:

Street Address: 140 Albany Drive, Mooresville, NC 28117
Subdivision Name: Bethany Place **Section/Phase:** **Lot Number:** 19
Driving Directions: US 21 N , Shinville Road, TL Albany Dr, lot on right

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

CHECK FOUNDATION TYPE

(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: 3
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: **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:**
(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: Brian Adams 6/21/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

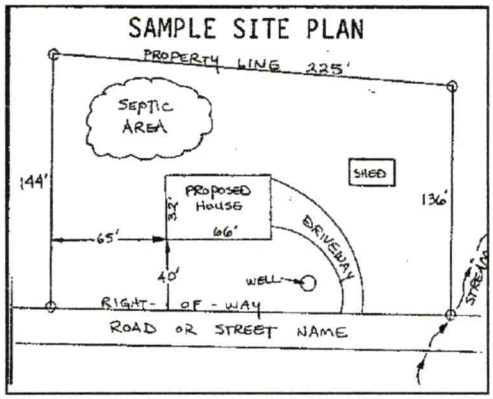
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- **(X) Preferred well location**
- **(X) 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 Plan

Signature: Brenden

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

6/21/2021

DATE

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, BWA BUILDERS LLC, am the legal owner(s) of the property located at 140 Albany Drive, Mooresville, NC, identified as PIN (Parcel Identification Number) 4669116775, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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]	6/21/2021		

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 · NC

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

APPLICATION NUMBER
319153 Issue Date: 06/25/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4669116758.000	140 ALBANY DR	Iredell County

Owner Information	Applicant Information
Name: MARTINESCU GAVRIL D	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD

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.

Date: 06/25/2021

Signature of Owner/Contractor

Permit Number	319153	TOTAL FEES:	

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
6/2/2021

Reference: Data Sheet for 140 Albany Dr, Bethany Place Lot 19
House Footprint: 60' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 360 GPD
Proposed LTAR: 0.35 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 48"

Line	Design Length	Actual Length
Blue 1		22'
Orange 2		29'
White 3		37'
Pink 4		44'
Blue 5		52'
Orange 6	**58'**	**63'**
White 7	**58'**	**67'**
Pink 8	**58'**	**67'**

Initial System: 174' **Repair System:** 184'

Comments:

