IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220018

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

PIN # 4676-11-9329

APPLICANT: DOUGLAS SMITH APPLICANT ADDRESS: 125 SAYE PLACE MOORESVILLE

SITE ADDRESS: 132 BURLEY DR. - Mrsvl. PHONE: 704-902-9353 ALT. PHONE:

SITE DIRECTIONS: HWY 3, TL BURLEY, ON R

SUBDIVISION: BURL ACRES SECTION: LOT # 9 LOT AREA: 1.878 AC DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank 1000 (gal) STB 794 Date 10-24-16
Pump Tank W/P (gal) PT W/P Date W/P
Pump Make W/P Model Poly/Flo Serial # PL-68
Nitrification Fields 1 # Lines 4@109' Linear Ft: 436
Trench Width 36" Max. Trench Bottom Depth 34" Gravel Depth —

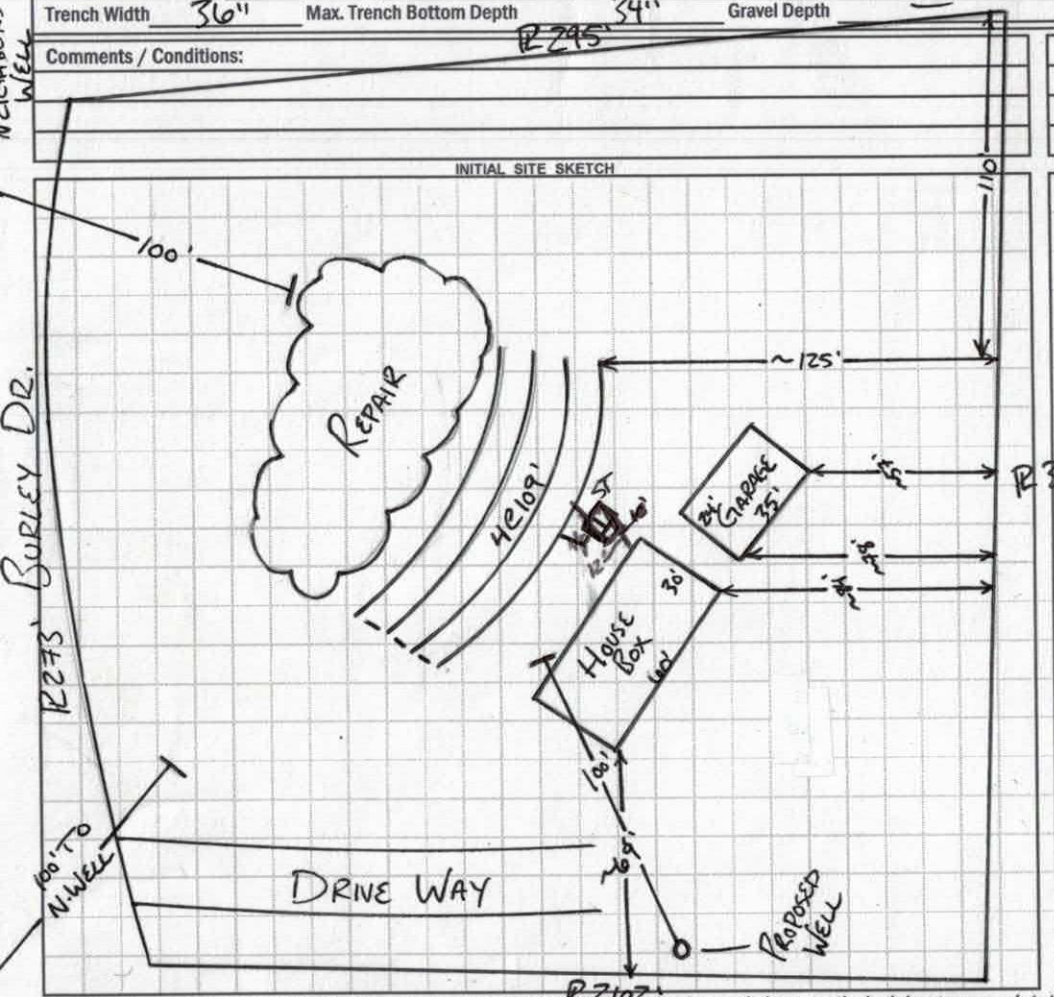
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=60'

Installed Quik 4 as drawn

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

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

Owner / Applicant Signature: [signature] Date: 9-6-16

IMPROVEMENT PERMIT by: [signature] Date: APPROVED AUG 30 2016

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED SEP 02 2016

Installed by: Richard Abercrombie

OPERATION PERMIT by: [signature] Date: 03/10/17

Existing System Inspected by: Date:

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4676-11-9329
Lot #: 9
Permit #: 220018
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

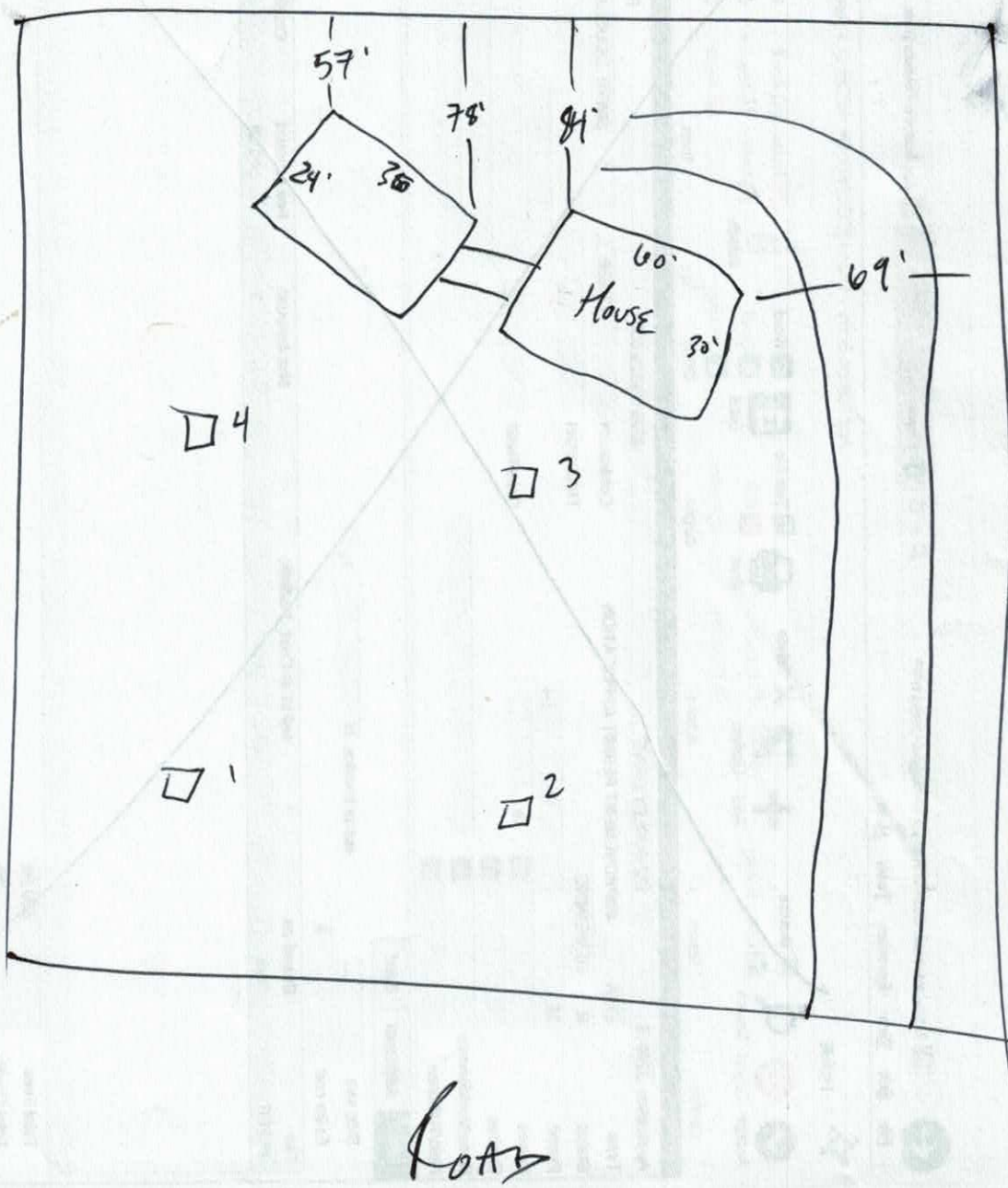
Owner: MATTHEW HARRINGTON
Applicant: DOUGLAS SMITH
Address: 125 SAYE PLACE MOORESVILLE
Date Evaluated: 8/29/2016
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: 1.878 AC
Location of Site: BURL ACRES LOT 9
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	LINEAR 6%	0-19	C,M,SBK	FIRM,SS	NA	34"	S	60"+	.3
		19-34	CL,M,SBK	FR,SS					
		34-60	SSAP	NS					
PIT 2	LINEAR 6%	0-30	C,M,SBK	FIRM,SS	MANY SAP AND FELDSPAR INC 0-30 NA	30"	S	60"+	.3
		30-60	SSAP	NS					
PIT 3	LINEAR 6%	0-32	C,M,SBK	FIRM,SS	NA	32"	S	60"+	.3
		32-60	SSAP	NS					
PIT 4	LINEAR 6%	0-30	SC,M,SBK	SS	NA	60"	NA	60"+	.275
		30-60	C,M,SBK	FIRM,SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	G-25% RED
Site LTAR	.275	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: DOUGLAS SMITH
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: NONE

78 ~~##~~
4
84



Road

RECEIVED JUL 1 1 2016
BA

Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#220018

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Douglas S Smith	125 Saye Place Mooresville 28115		704-902-9353
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Matthew Harrington			704-488-3071
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

132 Burky Dr Mooresville NC 28115	Lot 9	Lot 9
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Rt 8 leaving main st Mooresville towards Kannapolis Left on Burky. Lot on end Right side.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2 adults 2 kids
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 6-15-16
Property owner/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, Douglas Smith am the legal owner(s) of the property located at Lot 9 Burley Dr Mooresville N.C 28115, identified as PIN (Parcel Identification Number) Lot 9, 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.

6-15-16
Signature of Owner(s) Date

Signature of Witness Date

6-24-16
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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...

X All proposed structures are indicated...

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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

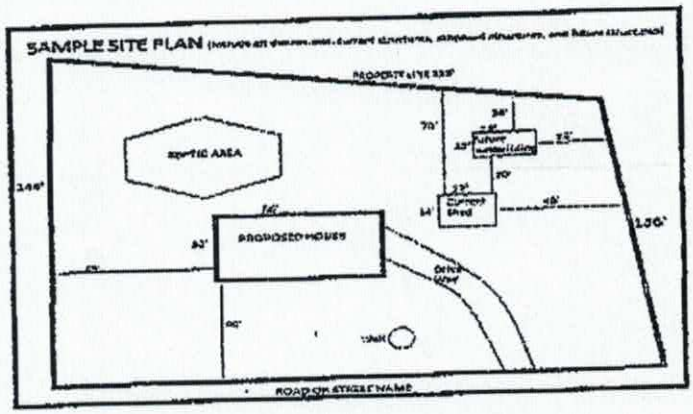
____ North arrow, or other sufficient indicator of direction...

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

Signature: _____ _____ **DATE**

REQUIRED property owner or owner's legal representative signature.

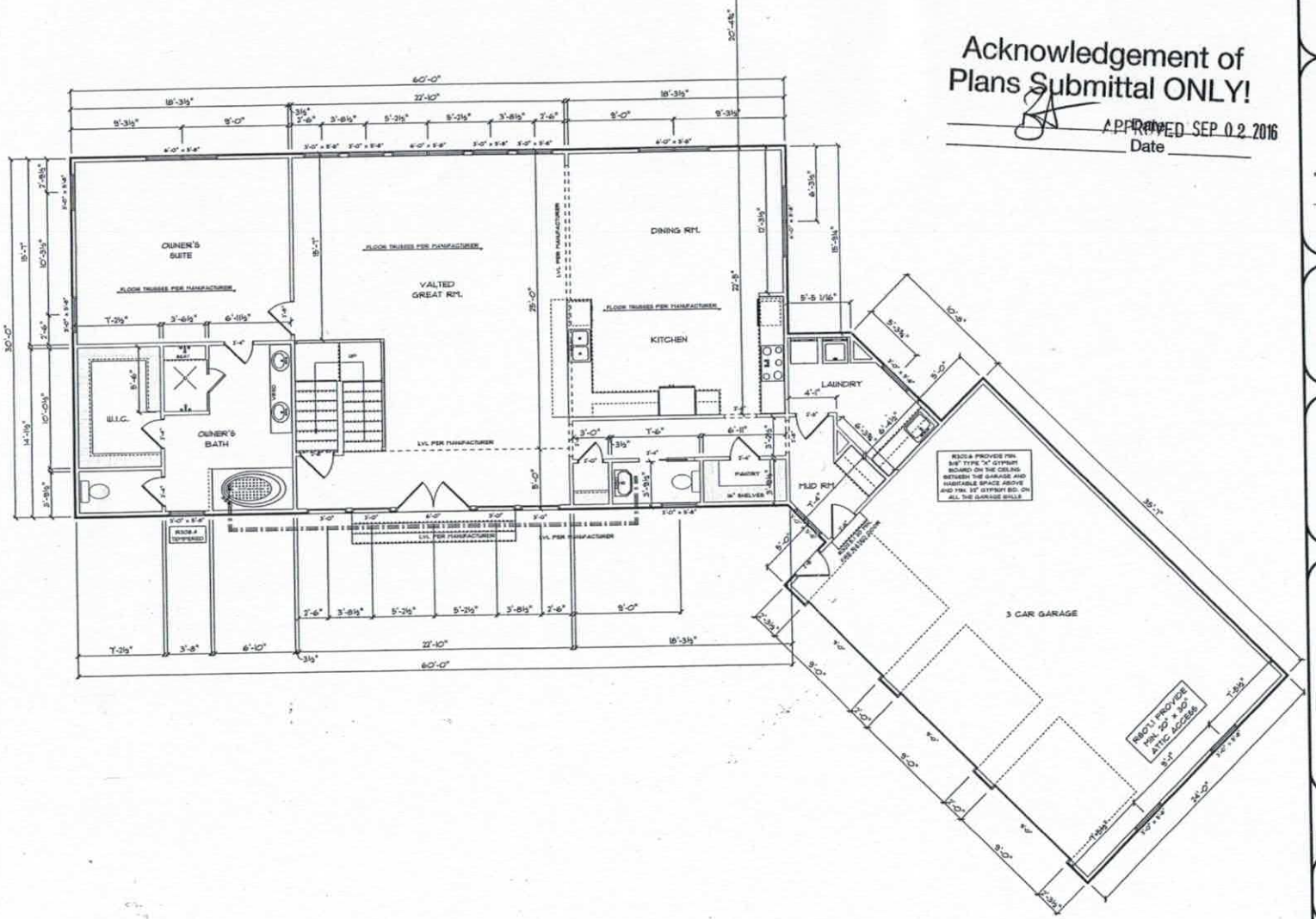
Mathew Hannyton
New Construction
in progress

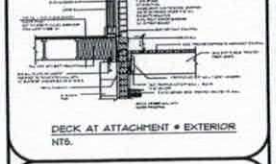
20008
121634

Acknowledgement of
Plans Submittal ONLY!

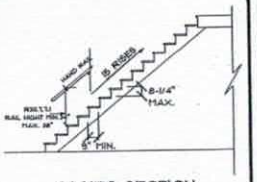
APPROVED SEP 02 2016

Date



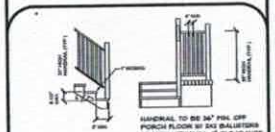


DECK AT ATTACHMENT @ EXTERIOR
NTS.



STAIRS SECTION

NOTE:
1. ALL EXTERIOR HDRS. ARE (2) 2 x 10 W/ (2) 2 x 4 JACKS EACH (SIDE) UNLESS OTHERWISE NOTED
2. ALL INTERIOR HDRS. ARE (2) 2 x 10 W/ (1) 2 x 4 JACKS EACH (SIDE) UNLESS OTHERWISE NOTED
3. HATCHED AREAS INDICATE DROPPED CEILINGS
4. ALL CASED OPENINGS @ 7'-11" H



HANDRAIL TO BE 36" MIN. OFF PORCH FLOOR W/ 2X2 BALUSTERS SPACED WITH MAX. 4" CLEARANCE BETWEEN.

GARAGE / EXT. STAIR

SQUARE FOOTAGE
1ST. FLOOR 1506 SQFT. 2ND. FLOOR 1245 SQFT. BASEMENT 1800 SQFT.
TOTAL HEATED 4951 SQFT.
GARAGE 866 SQFT.
TOTAL UNDER ROOF 5811 SQFT.

ATTENTION
1- ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES THAT APPLY.
2- THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE STARTING CONSTRUCTION.
3- ALL DIMENSIONS SHOULD BE READ OR CALCULATED. NOT SCALED.
4- NOT RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED.

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

SMITH RESIDENCE

REVISIONS: 09-24-2016

DATE DRAWN: 09-24-2016

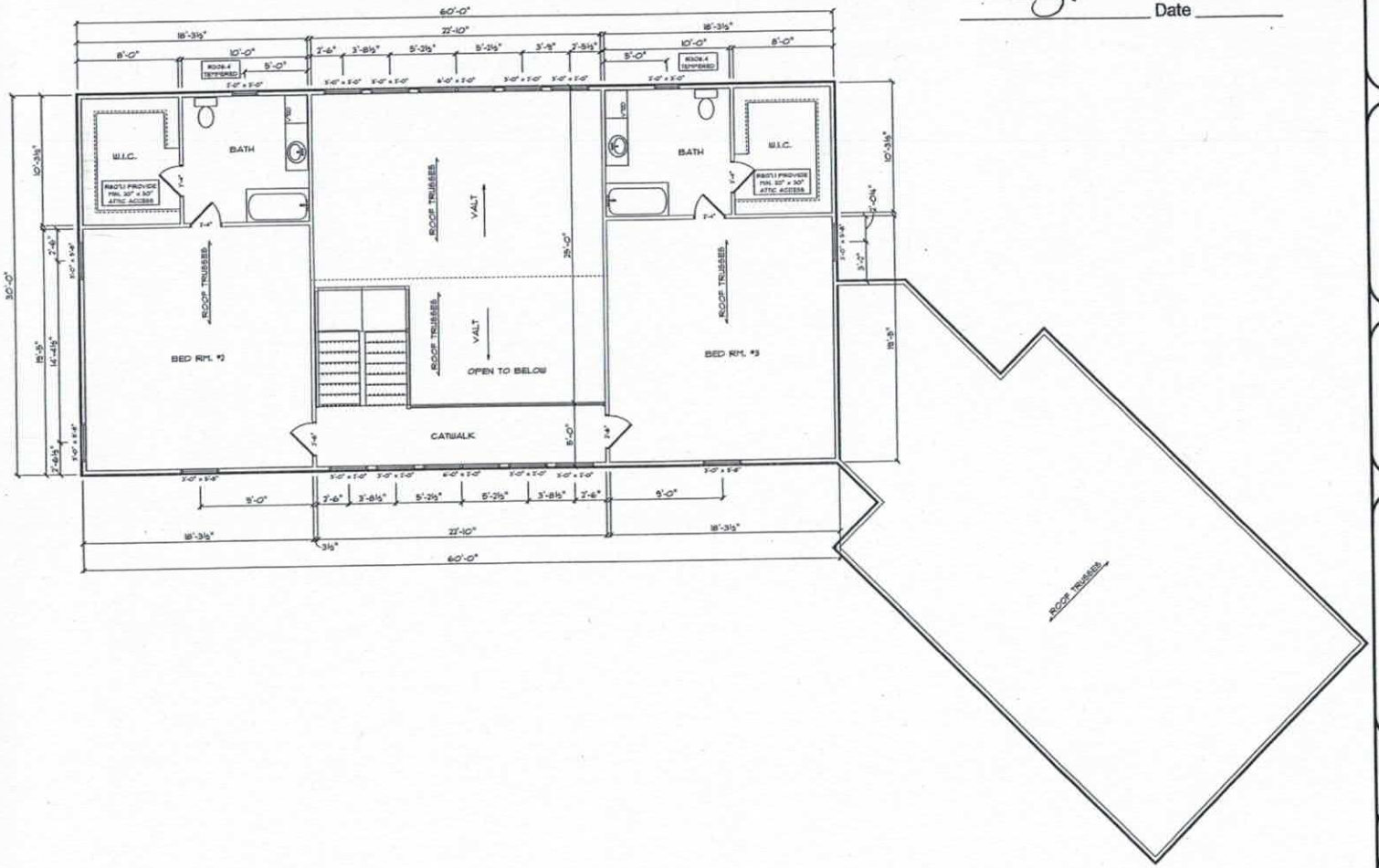
A-4

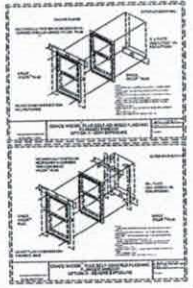
Acknowledgement of
Plans Submittal ONLY!

APPROVED SEP 02 2016

Date _____

Date _____





SMITH RESIDENCE

REVISIONS: 08-24-2016

DATE DRAWN: 08-24-2016

ATTENTION

1 - ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES THAT APPLY.
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2ND. FLOOR PLAN

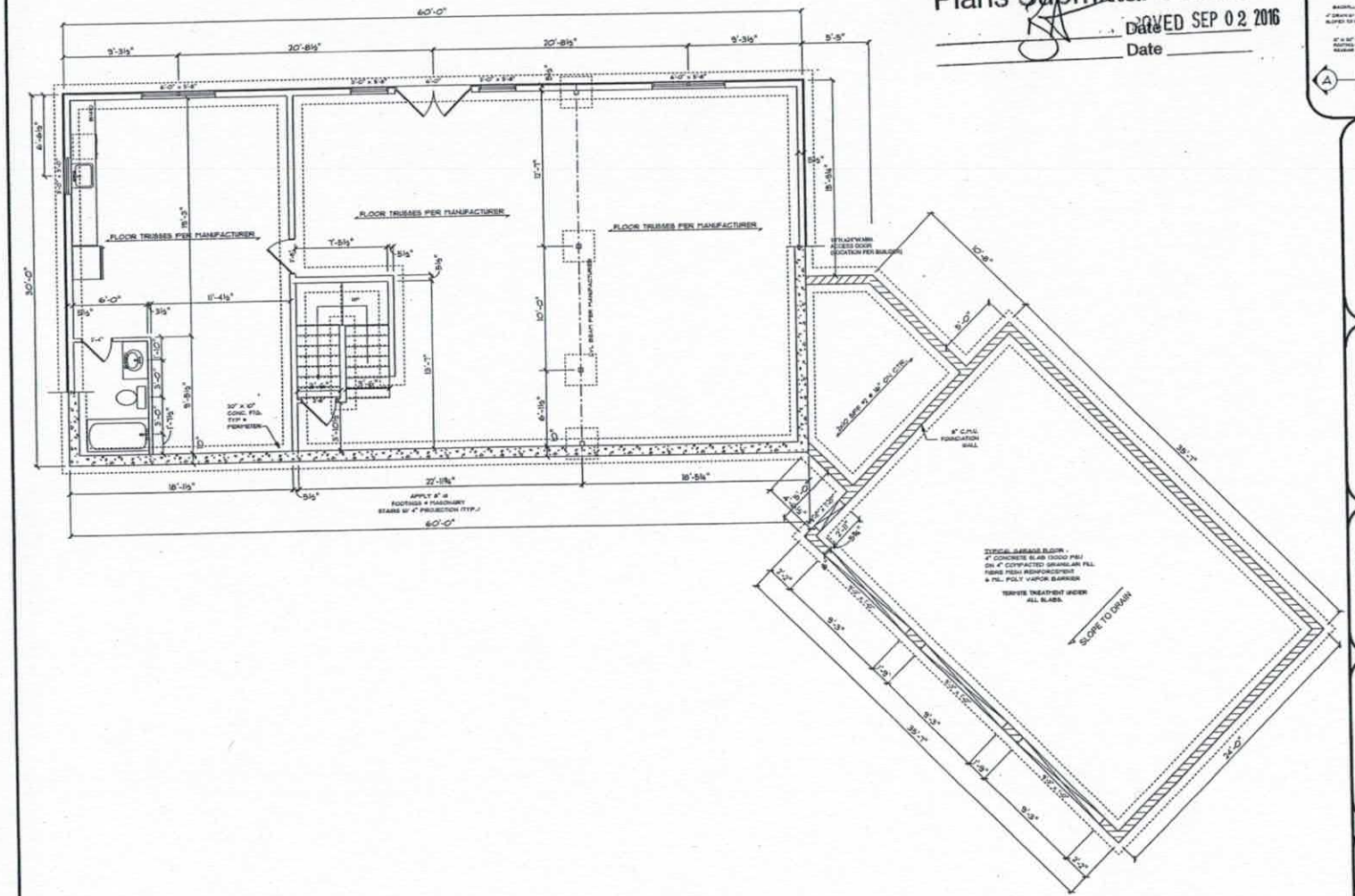
SCALE: 1/4" = 1'-0"

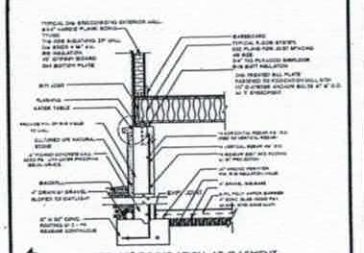
A-5

Acknowledgement of
Plans Submittal ONLY!

Date APPROVED SEP 02 2016

Date _____





A POURED 10" FOUNDATION AT BASEMENT

SCALE: N.T.S.



SLAB DETAIL

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

4" CONC. SLAB
OVER 6 MIL. POLY
VAPOR BARRIER
ON 4" CLEAN STONE
OVER 95% COMPACTED FILL
TERMITE TREATMENT UNDER
ALL SLABS

GENERAL NOTES:

1. FLOOR JOIST SHALL BE 2X10 SPF #2 @ 16"O.C. U.N.O.
2. DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS GREATER THAN 5'-0" IN LENGTH.
3. 8" X 16" C.M.U. PIER ON 24" X 32" X 10" CONC. FOOTING (TYP.)
4. CONCRETE TO HAVE 3000 PSI. MIX (MIN.)
5. ALL SOIL TO HAVE 2000 PSF. BEARING CAPACITY

VENTILATION NOTE:
THE MINIMUM NET AREA OF VENTILATION OPENINGS SHALL NOT BE LESS THAN 1 SQ. FT. FOR EACH 150 SQ.FT. OF UNDER FLOOR AREA. ONE SUCH VENTILATING OPENING SHALL BEWITH IN 3' OF EACH CORNER OF SAID BUILDING

4" CONCRETE SLAB
ON FILL AND TAPP
TERMITE TREATMENT UNDER
ALL SLABS.

ATTENTION

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FOUNDATION PLAN

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

SMITH RESIDENCE

REVISIONS: 08-24-2016
DATE DRAWN: 08-24-2016

A-3

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
220018
Issue Date: 07/11/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676119329.000	132 BURLEY DRIVE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: HARRINGTON MATTHEW	Applicant: SMITH, DOUGLAS
Address: 140 ELBA DR MOORESVILLE, NC 28115	Address: 125 SAYE PLACE MOORESVILLE, NC 28115
Phone:	Phone: 704-902-9353

Use Requested	Zone Code
SFD	RA

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

Remarks:

PAID
Online Payment
7-11-16

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.

See Attached

Applicant: _____ Date: _____

Permit Number	73885	TOTAL FEES:	$ 77.25