ICHD–ENVIRONMENTAL HEALTH DIVISION

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

AP

PERMIT # 307965

PIN # 4676470234

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

APPLICANT/OWNER: Tanya Pieterse | APPLICANT ADDRESS: P.O Box 1428 Mooresville NC 28115

SITE ADDRESS: 145 Quail Hill Dr Mooresville, NC 28115 | PHONE: 704 799-5186 | ALT. PHONE

SITE DIRECTIONS: Main St N TR Linwood Rd TL Brumley Rd TR Quail Hill Dr on left | SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: Quail Hill | SECTION: 1 | LOT# 11 | LOT AREA: | DESIGN FLOW: | L.T.A.R.:

Septic Tank Exist 1000 (gal) | STB | Date

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

Nitrification Fields | # Lines | Linear Ft

Trench Width | Trench Bottom Depth(Low side) | Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Exist. Gravity-Convent. (Gravel)

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

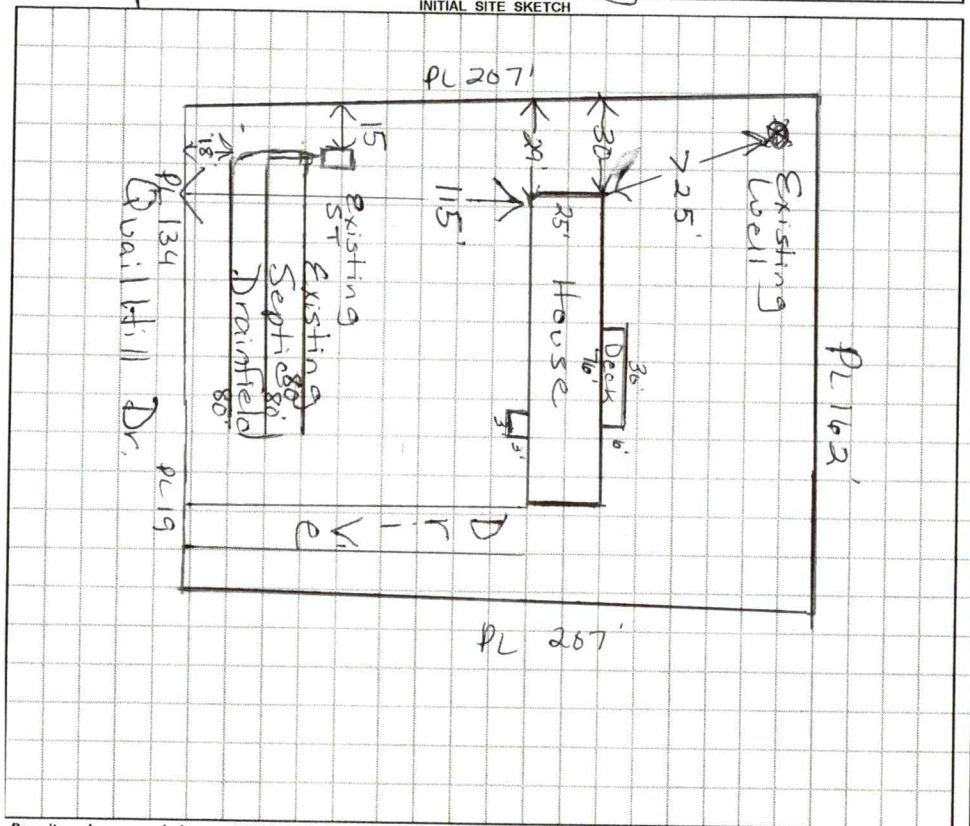
☐ Basement w/o plumbing

Water Supply: ☒ Private Exist. ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be functioning okay at time of Inspection.

Keep new MH a minimum of 10ft from Septic & 25' from well

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

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: Acceptance of Permit Recvd | Date: 7.14.2020 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Maria Dotson | Date: 7/13/2020

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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Taya Peterse, am the legal owner or the agent of the property located at 145 Quail Hill Drive, Mooresville NC 28115 identified as PIN(Parcel Identification Number) 4676470234, located in Iredell County, North Carolina.
Permit # 307965.

I do hereby agree to the permit design and the conditions of this permit.

T Peterse 7/14/2020
Signature of Owner/Authorized Agent Date

7/14/2020
Signature of Witness Date

TANYAPIE78@GMAIL.COM
email

4676-47-0234

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Clyde Cockman DATE 11-14-85 PERMIT NO. 500

PHONE: Business _____ Home _____

LOCATION 1150 TL 1133 .2mile TR Quail Hill Drive 5th on left

SUBDIVISION NAME Quail Hill LOT NO. 11 SECTION OR BLOCK NO. 2 S. R. No. _____

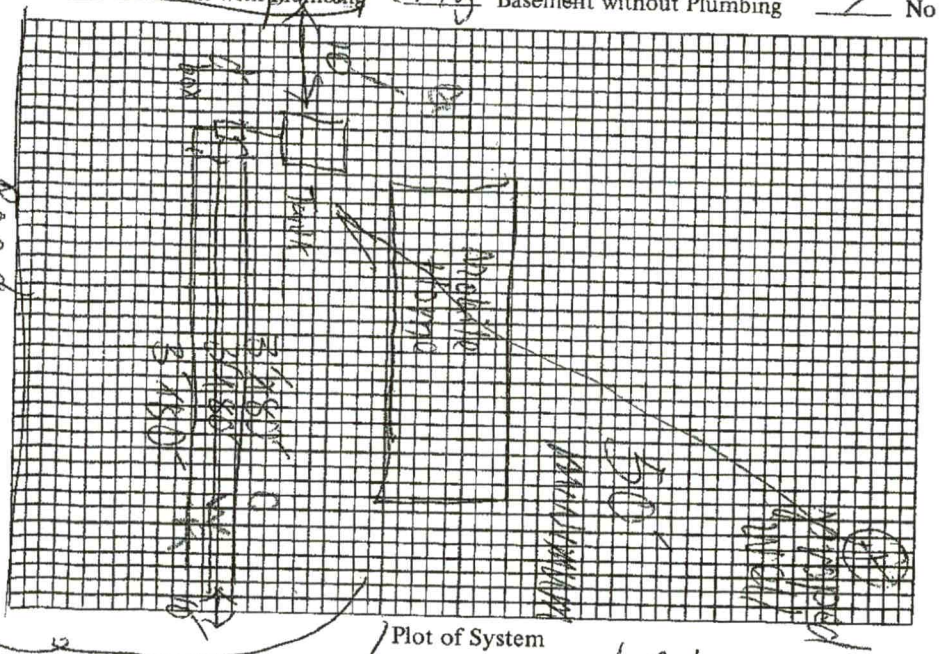
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	None obs	

Lot Area 20,000ft²

Basement with Plumbing ~~Basement~~ Property line Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Dellinger

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: well has not put down at date of inspection @ 11-14-85

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 11-14-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

RECEIVED JUN 19 2020

AP-307961
$250.00

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
( ) 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: TANYA PIETERSE Address: PO BOX 1428, MOORESVILLE NC Zip: 28115
Applicant Email: TANYAPIE78@GMAIL.COM Phone: 704-799-5186 Alt. Phone: 704-608-7876
Owner Name: BROTAN PROPERTIES LLC Address: PO BOX 1428, MOORESVILLE NC Zip: 28115
Owner Email: BROTANPROPERTIES@GMAIL.COM Phone: 704-799-5186 Alt. Phone: 704-608-7876

Property Information:

Street Address: 145 QUAIL HILL DRIVE, MOORESVILLE NC 28115
Subdivision Name: QUAIL HILL Section/Phase: 1 Lot Number: 11
Driving Directions: FROM MOORESVILLE DOWNTOWN, EAST ON HWY 152 (MAIN ST) - RIGHT ON LINWOOD RD - LEFT ON BRUMLEY ROAD - RIGHT ON QUAIL HILL DRIVE

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) 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: N/A
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: 2 Number of Persons: 6

( ) 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: UNKNOWN
( ) 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.

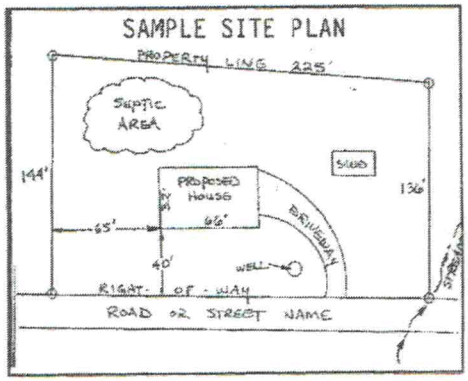
Signature: TPieterse — 06/19/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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:

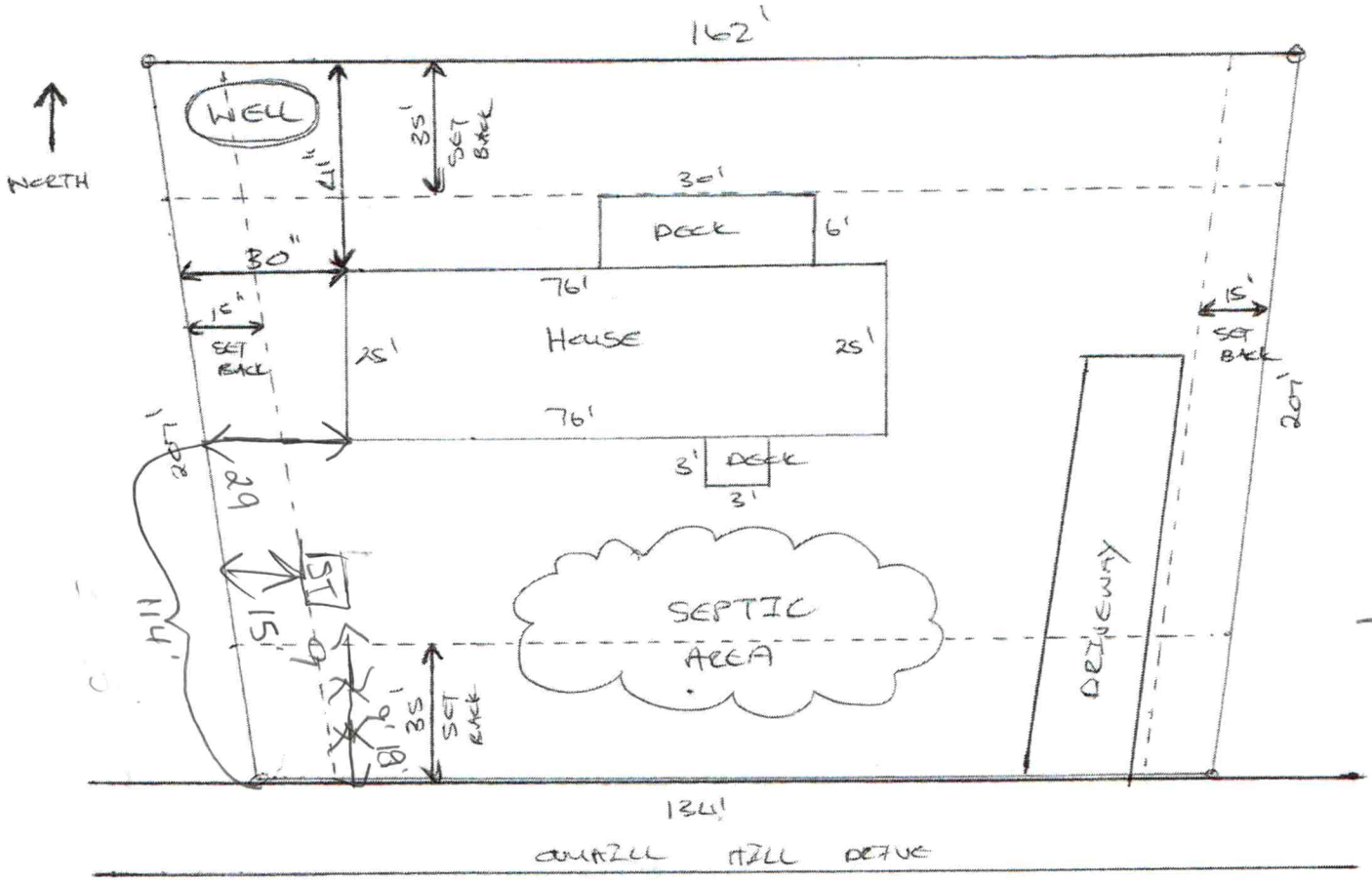
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: Theresa

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

06/9/2020

DATE

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*) _____
OWNER OF BROTAN PROPERTIES LLC

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.

_____ 06/19/2020
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@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
307965 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676470234.000	145 QUAIL HILL DR	

Owner Information	Applicant Information
Name: BROTAN PROPERTIES LLC	Name: BROTAN PROPERTIES LLC
Address: PO BOX 1428	Address: PO BOX 1428
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.75	35	35	15	15		

Remarks
MODULAR HOME

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: 06/04/2020

Signature of Owner/Contractor

Permit Number	307965	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

307965

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ 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)
NONE

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): MODULAR HOME SETUP FOR PARENTS, MIGHT RENT OUT UNTIL THEY CAN MOVE IN.

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1960

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 BRITAIN PROPERTIES LLC Phone # 704-799-5186

Owner's Current Address PO BOX 1428, MOORESVILLE NC 28115

Property Information

Property Address 145 COUNTRY HILL DRIVE Parcel # 4671641 0234

Subdivision: COUNTRY HILL Lot: 11 Zoning: RA Watershed: Y (N) Flood Plain: Y (N) Township: N/A

Directions to property (from a MAIN ROAD) FROM MOORESVILLE DOWNTOWN, EAST ON HWY 152 (MAIN STREET), THEN RIGHT ON WINDSOR AVE, LEFT ON BRUMLEY ROAD, RIGHT ON COUNTRY HILL ROAD, PROPERTY ON THE LEFT.

Application Information

Applicant's Name or Company BRITAIN PROPERTIES LLC Applicant's Phone # 704-799-5186

Applicant's Address PO BOX 1428, MOORESVILLE NC 28115

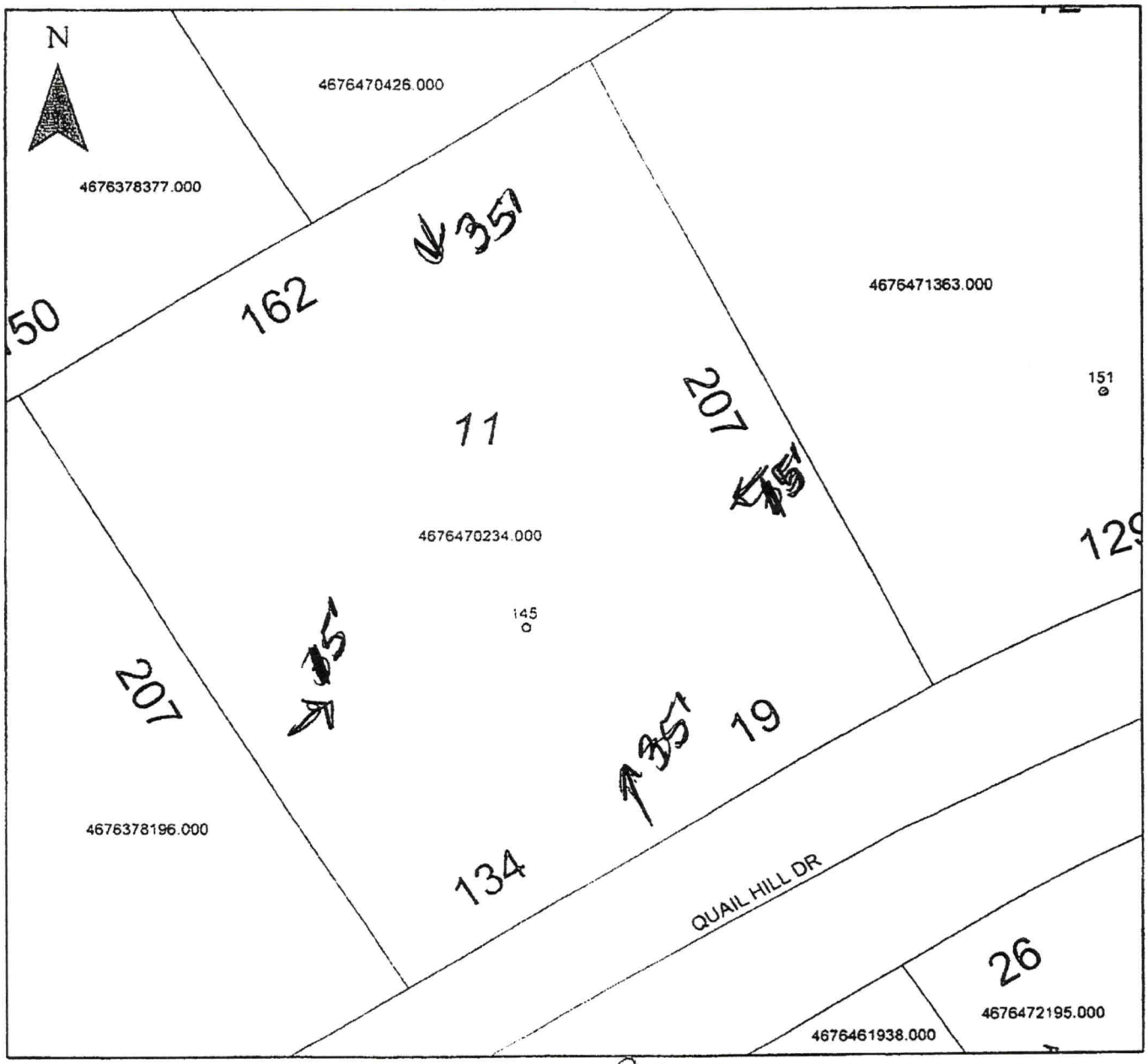
If Company, Representative's Name and Title TANYA PICKENS (CO-OWNER)

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 PLANNING & DEVELOPMENT 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 [signature] DATE 06/03/2020

.75 RA US-11 Bow Coddle Creek N

ZONING DISCLAIMER



Property Address 145 Quail Ridge

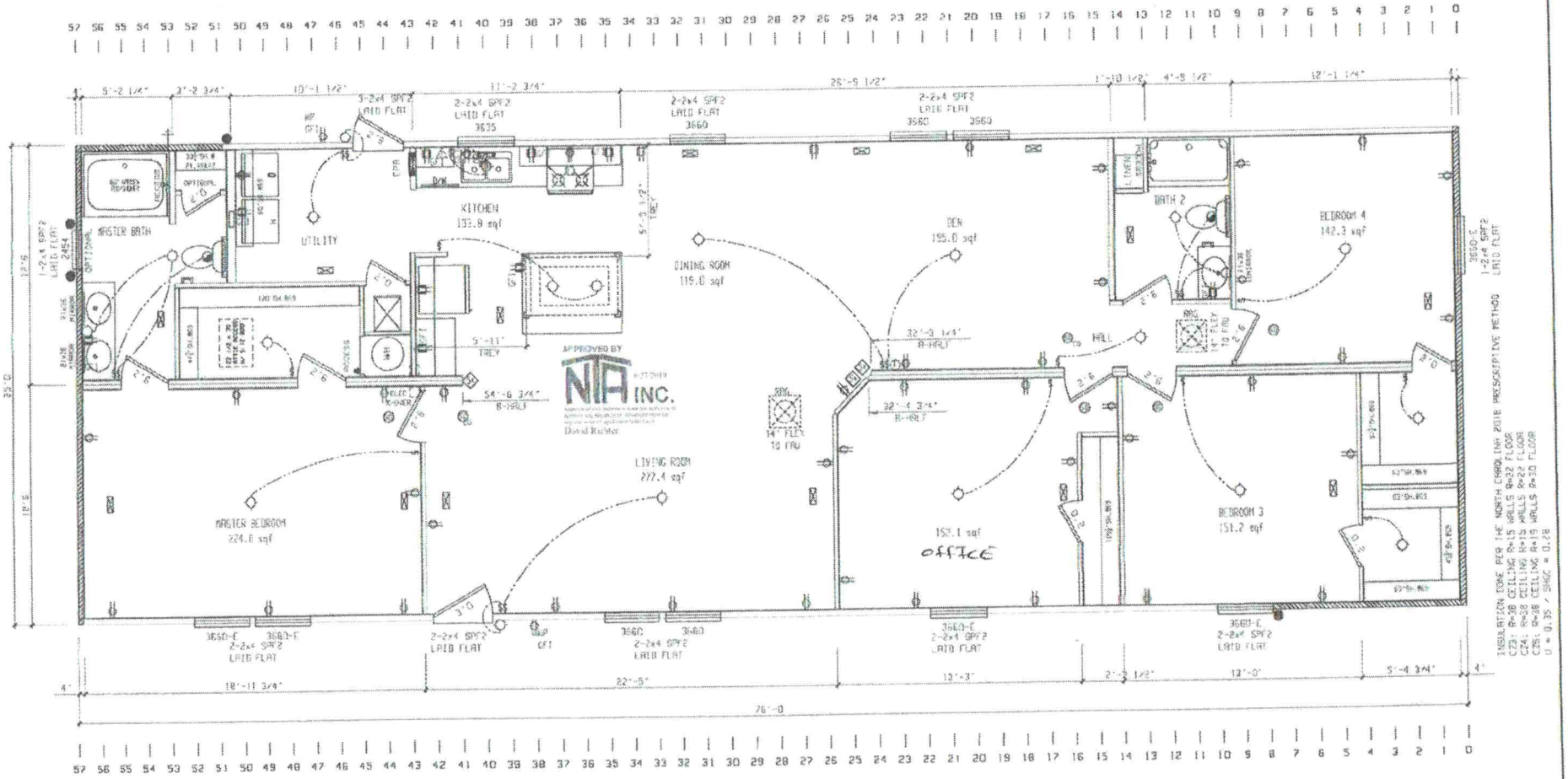
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions,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

TReverge

Applicant

06/04/2020

Date



234°EW/ 70°SW
241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.D.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
90 MPH WIND SPEED

212°EW/ 65°SW
320PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.C.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3898.1
100 MPH WIND SPEED

256°EW/ 92°SW
366PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.E.1.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3898.1
120 MPH WIND SPEED

2x6 SIDEWALL HEADERS PER:
EW-20.3.R.G.C.22.20-1 (90MPH)
EW-20.3.R.G.E.22.20-1 (100MPH)
EW-20.3.R.G.I.22.20-1 (120MPH)

RIDGE BEAM PER:RC-60.3.R.G.M. .20
COLUMNS PER: EW-20.3.R.G.M.45.20
2x4 SIDEWALL HEADERS PER:
EW-20.3.R.G.C.22.20 (90MPH)
EW-20.3.R.G.E.22.20 (100MPH)
EW-20.3.R.G.I.22.20 (120MPH)

RETURN AIR REQUIREMENTS
1. 20"x16" GRILL REQUIRED
2. 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3. DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4. 4"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FREE END SHEAR WALL WITH BLOCKING
(H) THE H SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND: SCHULT
SERIES: CL2S

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 96.00

DRAWING TITLE
MASTER PLAN

MODEL NAME: 2575-TPS-4BR - CARRIER READY
SQ. FT.: 1900

PLANT	DESCRIPTION	MODEL NO.
958	25X76 4BR-2BA	2575

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
DRR	07/12/2017	08/23/2019	1-1