IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222164

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

PIN # 4677689386

APPLICANT: Russell Simpson APPLICANT ADDRESS: 160 RiverChase Ln Mooresville, NC 28115

SITE ADDRESS: 113 Oakwood Meadow Drive M'ville, NC PHONE: ALT. PHONE: 704 902-8249

SITE DIRECTIONS: Hwy 150 to 152 TR Teeter Rd TL Magnolia Ridge TR Oakwood Meadow on right

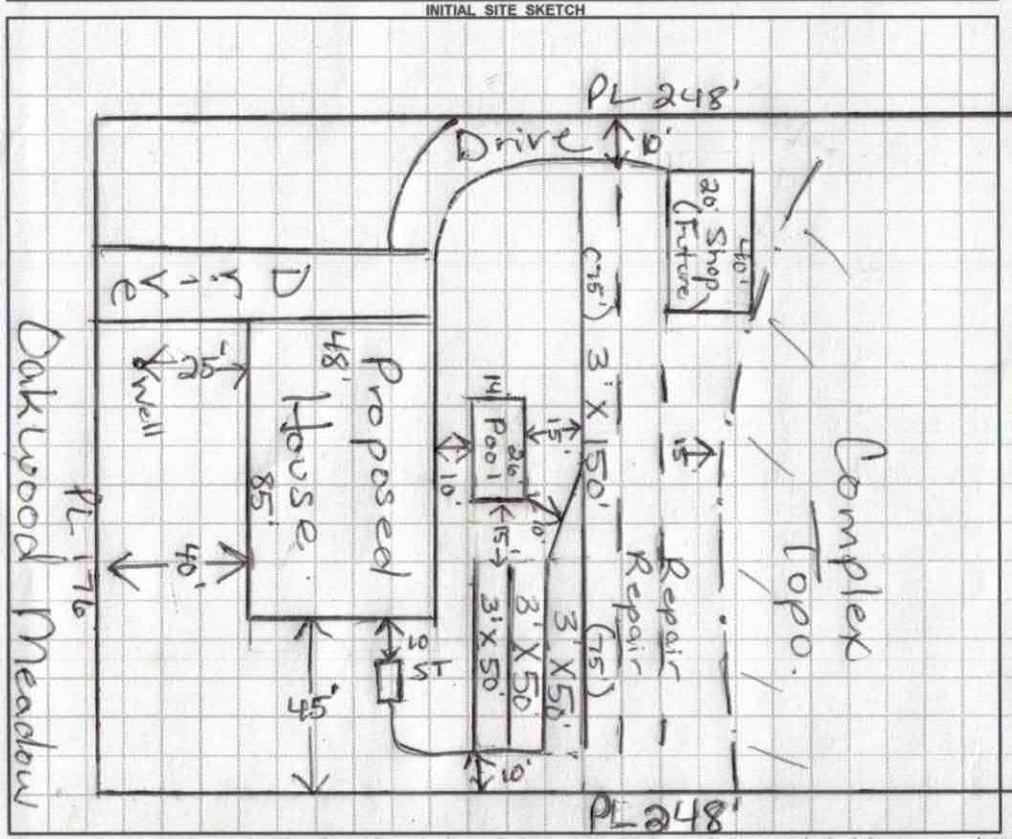
SUBDIVISION: Magnolia Ridge SECTION: — LOT # 6 LOT AREA: 1.0 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB		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:	Gravity - PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	28"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

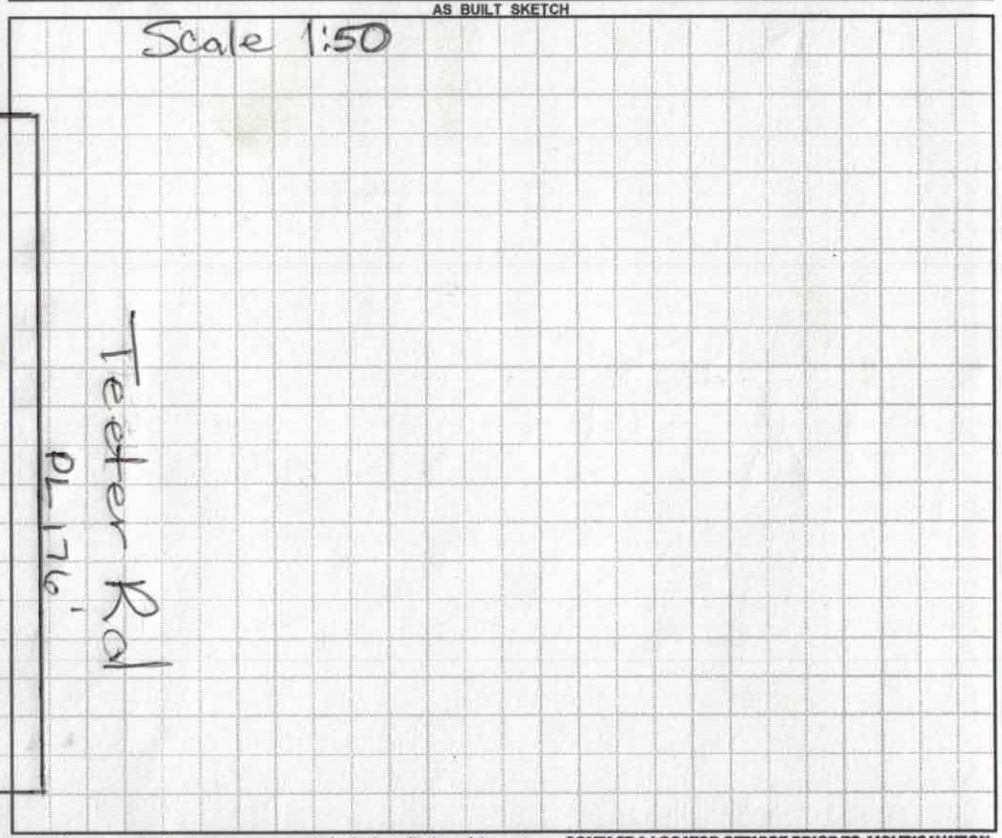
Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years

Red fitter. Used Quick 4, installed as Drawn.

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: 11/4/16 Installed by: Ground breakers

IMPROVEMENT PERMIT by: Maria Dotson REHS Date: 11/3/16 OPERATION PERMIT by: Maria Dotson Date: 3/17/17

AUTHORIZATION TO CONSTRUCT by: Thomas Rhude Date: 3/2/2017 Existing System Inspected by: Date:

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

...IRONMENTAL HEALTH
...WATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Russell Simpson — APPLICATION DATE
...SS: — DATE EVALUATED: 10/24/16
...POSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: 1.0 acres
...OCATION OF SITE: 113 Oakwood Meadow Drive — PROPERTY RECORDED: Yes

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	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
1	L 4%	0-20"	Brw to Rd/Brw SCL	wSBK					PS
		20-40	R C m-wSBK	SS, SP, SExP, FR,					
		40-48	R CL	wSBK SS, SP, SExP, FR	few				
			Yel/Brw mottles	& common	Mica	48"			.3
2	L 4%	0-4"	Brw SCL						PS
		4-18	Rd C/CL m-wSBK	SS, SP, SExP, FR					
		18-40	Rd to Rd/Brw	wSBK SS, SP, SExP					
			w/few to many	SAP	Incls	41"			.3
		41-48"	LS SAP	massive					
3	L 5%	0-11"	Brw SCL						PS .3
		11-30"	R C m-wSBK						
		30-40	R CL	wSBK SS, SP, SExP, FR					
			w/few to many	SAP	Incls	few	Quartz fragments		
		40-48	LS SAP	massive		40"			
4	L 4%	0-26"	Brw SCL/CL	wSBK SS, SP, SE, FR					
		26-48"	R C/CL m-wSBK	SS, SP, SExP, FR					PS .3
						48"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

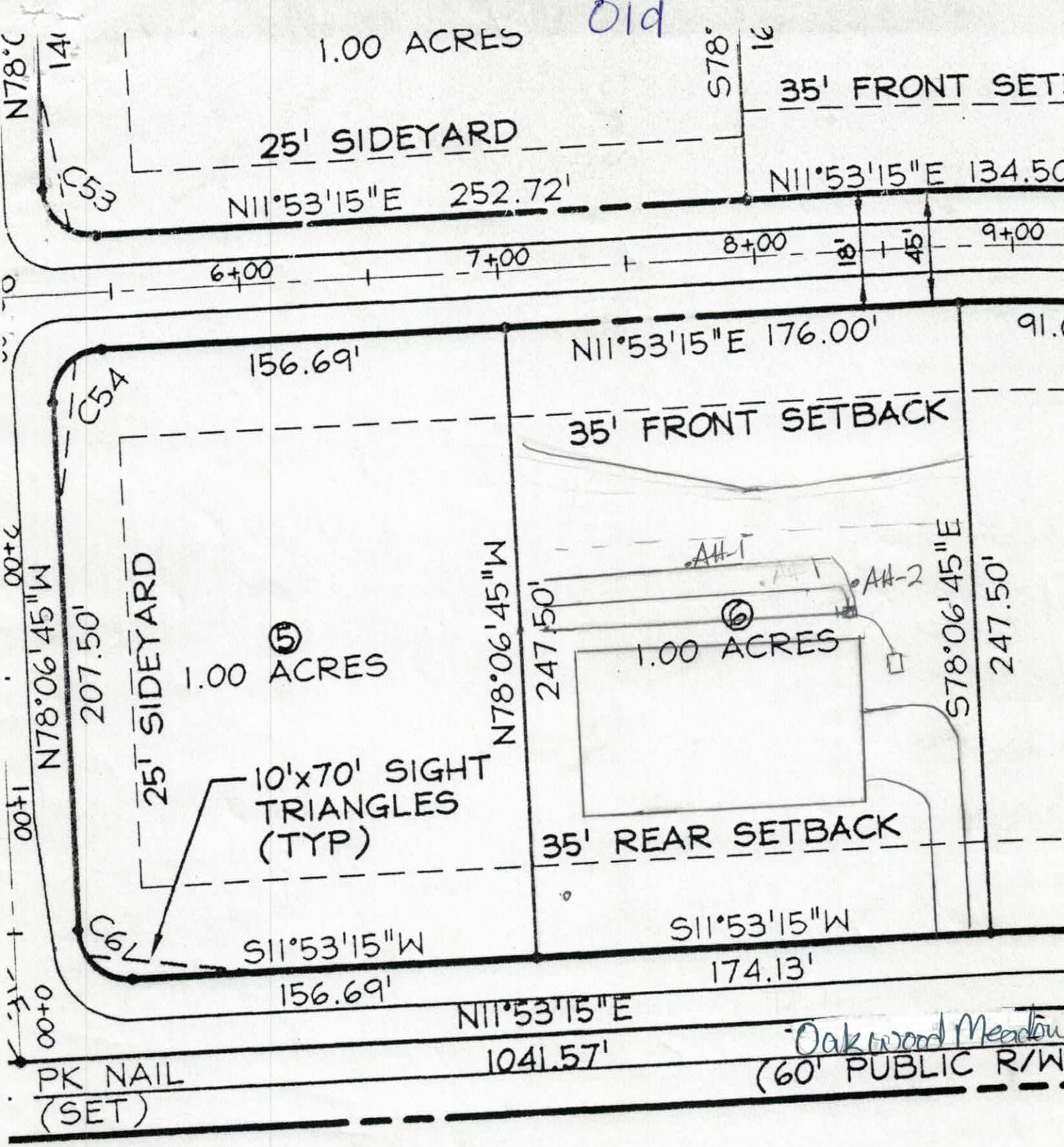
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Storrs APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 11/26/01
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot #6 Magnolia Ridge PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-14"	Brw SCL	w/SBK to FR	S, D, SE, FI				PS .25 to 30" >30" .3
		14"-30"	Yel/Brw	SC massive					
		30"-48"	Rd/Brw	C/C M-W SBK SS, SP, SE, FI-FR					
			w/ Common Mica Flakes & Few to many SAP						
				Indus					
2		0-10"	Brw SCL	w/SBK to FR	S, P, SE, FI				PS .25 to 30" >30" .3
		10"-30"	Rd/Brw	SC/C massive					
		30-48"	Rd/Brw C/C	M-W SBK SS, SP, SE, FI-FR					
			w/ Common Mica Flakes & Few to many SAP						
				Indus					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Mark Dotson
OTHER(S) PRESENT: _____



TE: Right of way encroachment agreements must be subm
all utilities, storm sewer or sidewalks located within the
roads can be added to the state syste

RECEIVED MAR 2 - 2017

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)

1. APPLICATION FOR: ___Improvement Permit _X_ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Russell Simpson	160 Rivanchase Ln	704-902-8249	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Russell Simpson			

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
113 Oakwood Meadow Dr	Magnolia Ridge	Lot 6

Driving Directions: Teeter to Magnolia Ridge right on Oakwood Meadow Dr

****

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

(X) 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 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3-2-17

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

RECEIVED SEP 28 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

#222164

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Russell Simpson	160 Riverchase Ln Mooresville NC 28115		704-902-8249
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Rachel Rocheleau	134 Meadow Lily Court. Mooresville NC 28115		704-620-0012

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
113 Oakwood Meadow Drive	Magnolia Ridge	Lot #16

Driving Directions: 152 to Tractor right on tractor left on Magnolia Rd right on Oakwood Meadow Dr. Property on right

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 3
Maximum Number of Occupants 4
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** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: _____ 9/28/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

2/22/16

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Rachel Rocheleau, am the legal owner(s) of the property located at 113 Oakwood Meadow Drive Mooresville NC 28115 identified as PIN (Parcel Identification Number) 4676-89-3869, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Meagan & Russell Simpson, 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.

Rachel D Rocheleau 9/30/16

Signature of Owner(s) Date

Signature of Witness Date

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

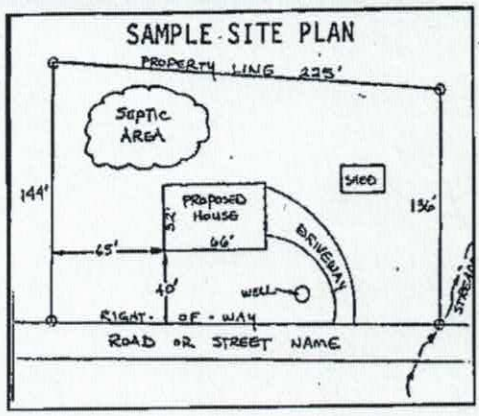
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) 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
- ( ) North arrow, or other sufficient indicator of direction

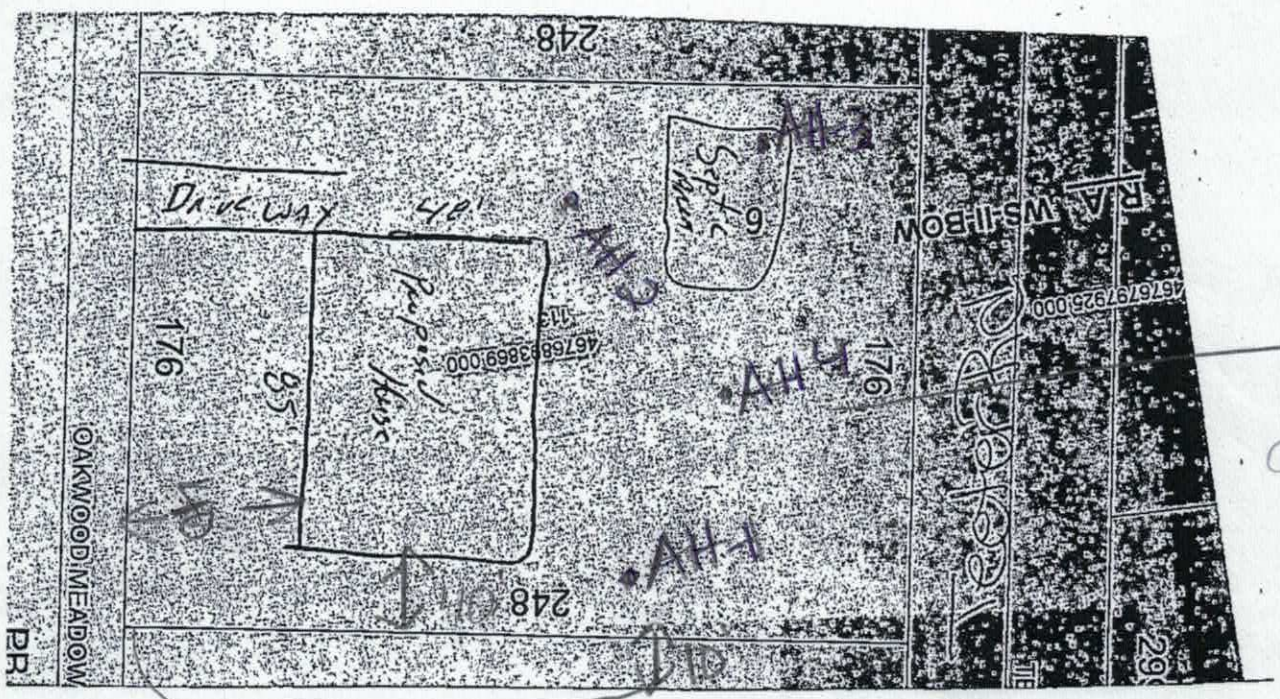


Circle N/A on the following if appropriate:

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: _____ 9/28/16

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

Acknowledgement of Plans Submittal ONLY!

Date 3/2/17

Date 3/2/17



PRELIMINARY DESIGN PLANS

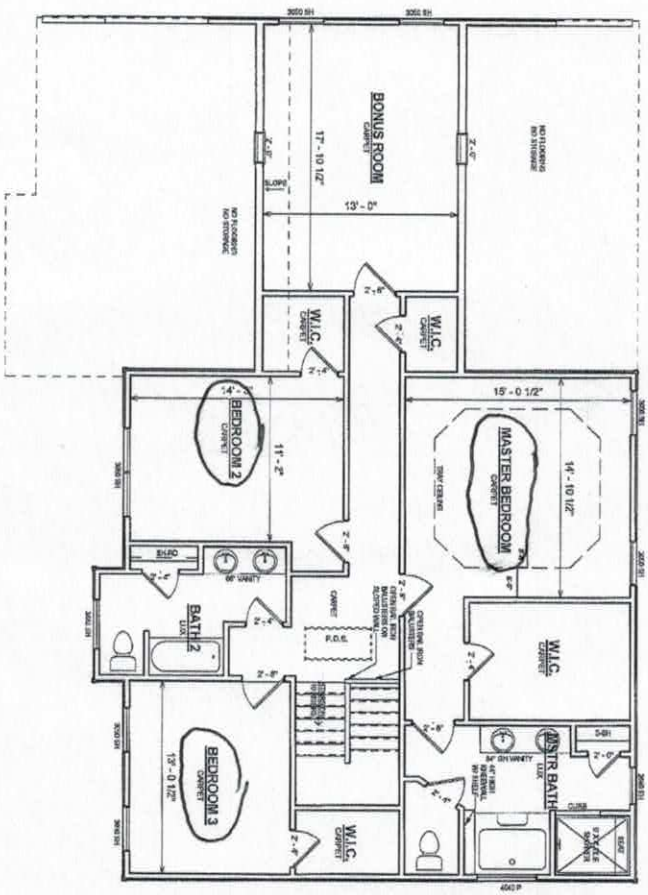
TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.

PAGE: DP-3	PROPERTY OF:	REVIEWED BY: W. BAXLEY	JOB# 07-16-085	WYNFIELD	AREAS:		Revision Schedule
			2 X 4 EXTERIOR WALL UNLESS OTHERWISE NOTED	FOR: RUSSEL AND MEGAN SIMPSON	FIRST FLOOR	1365 S.F.	Revision Number / Revision Description / Revision Date
		REVISED BY			SECOND FLOOR	1509 S.F.	
					TOTAL HEATED	2874 S.F.	
			FOUNDATION TYPE: CRAWSPACE	IREDELL NC	GARAGE	786 S.F.	
					FRONT PORCH	198 S.F.	
					SCREEN PORCH	120 S.F.	
					TOTAL UNDER ROOF	3977 S.F.	
2/23/2017 3:00:11 PM	© COPYRIGHT - 2016						
FIRST FLOOR PLAN	DRAFTER: L. MARTIN	SOLD BY: J. SCHOOLEY	OFFICE: STATESVILLE				

Acknowledgement of Plans Submittal ONLY!

Date 3/2/17

Date 3/3/17



PRELIMINARY DESIGN PLANS

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.

PAGE: DP-4	PROPERTY OF:	REVIEWED BY: W. BAXLEY	JOB#: 87-16-085	WYNFIELD	AREAS:		Revision Schedule
			2 X 4 EXTERIOR WALL UNLESS OTHERWISE NOTED	FOR: RUSSEL AND MEGAN SIMPSON	FIRST FLOOR	1365 S.F.	Revision Number / Revision Description / Revision Date
		REVISED BY:			SECOND FLOOR	1509 S.F.	
			FOUNDATION TYPE: CRAWSPACE	IREDELL NC	TOTAL HEATED	2874 S.F.	
					GARAGE	785 S.F.	
					FRONT PORCH	196 S.F.	
					SCREEN PORCH	120 S.F.	
					TOTAL UNDER ROOF	3977 S.F.	
2/23/2017 3:00:11 PM	© COPYRIGHT - 2016						
SECOND FLOOR PLAN	DRAFTER: L. MARTIN	SOLD BY: J. SCHOOLEY	OFFICE: STATESVILLE				

IREDELL COUNTY

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

APPLICATION NUMBER
222164
Issue Date: 09/28/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4676893869.000	113 OAKWOOD MEADOW DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STERNER PAT	Applicant: SIMPSON, RUSSELL
Address: 1016 ALVIN ST HANOVER, PA 17331	Address: 160 RIVERCHASE MOORESVILLE, NC 28115
Phone:	Phone: 704-902-8249

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

PAID

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	81816	TOTAL FEES:	$ 77.25