IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209058

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

PIN # 4676-95-0664

APPLICANT: Birch North Carolina APPLICANT ADDRESS: 10735 David Taylor Dr Suite 310 Charlotte, NC

SITE ADDRESS: 132 Rain Shadow Drive Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Rt 152 South → Right on Teeter Rd → Left on Rain Shadow Drive → House/property on Right

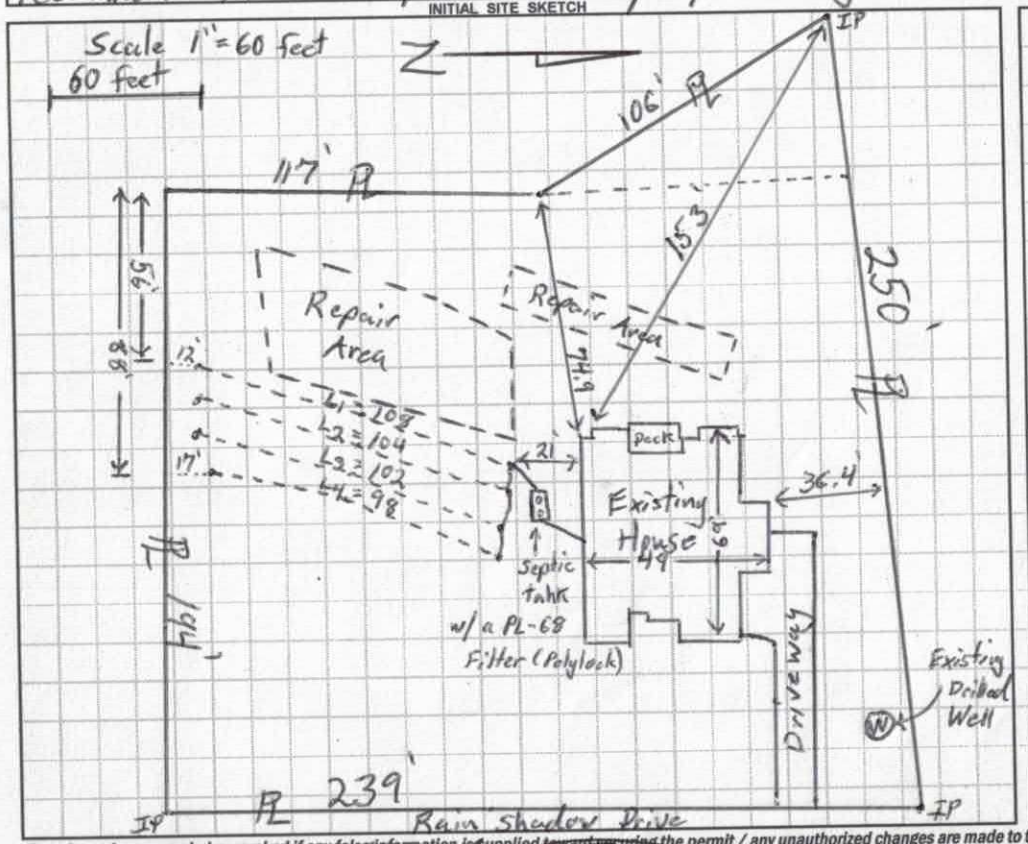
SUBDIVISION: Hollybrook SECTION: — LOT # 3 LOT AREA: 1.066 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	IM-1060 Infiltrator	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% Reduction				
Pump Make	—		Model	—	Serial #	—	Repair System Description: 50% Reduction - LP PPBPS				
# Nitrification Fields	1		# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: Existing/installed system inspected on 3-1-2016 + found to not be installed in correct/approved area. This permit replaces the previous IP issued 11-4-08 (+ CA issued 4-2-15). Strongly recommend that the septic tank be pumped every 3-5 years and that non-grass vegetation be kept/cut back at least 10' from all sewage disposal system components

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: 4/26/2016 Installed by: Russell Williams @ Wastewater Solutions

IMPROVEMENT PERMIT by: Thomas Shuck Date: 4-25-2016 OPERATION PERMIT by: Tom Shuck Date: 4-25-16

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 4-25-2016 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: BMCH North Carolina — APPLICATION DATE: 3-14-16
ADDRESS: 10735 David Taylor Dr. ste #310 Charlotte, NC — DATE EVALUATED: 4-13-16
PROPOSED FACILITY: 4 BR House — PROPOSED DESIGN FLOW (.1949): 480 gal/day — PROPERTY SIZE: 1.001
LOCATION OF SITE: 132 Rain Shadow Dr. — PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

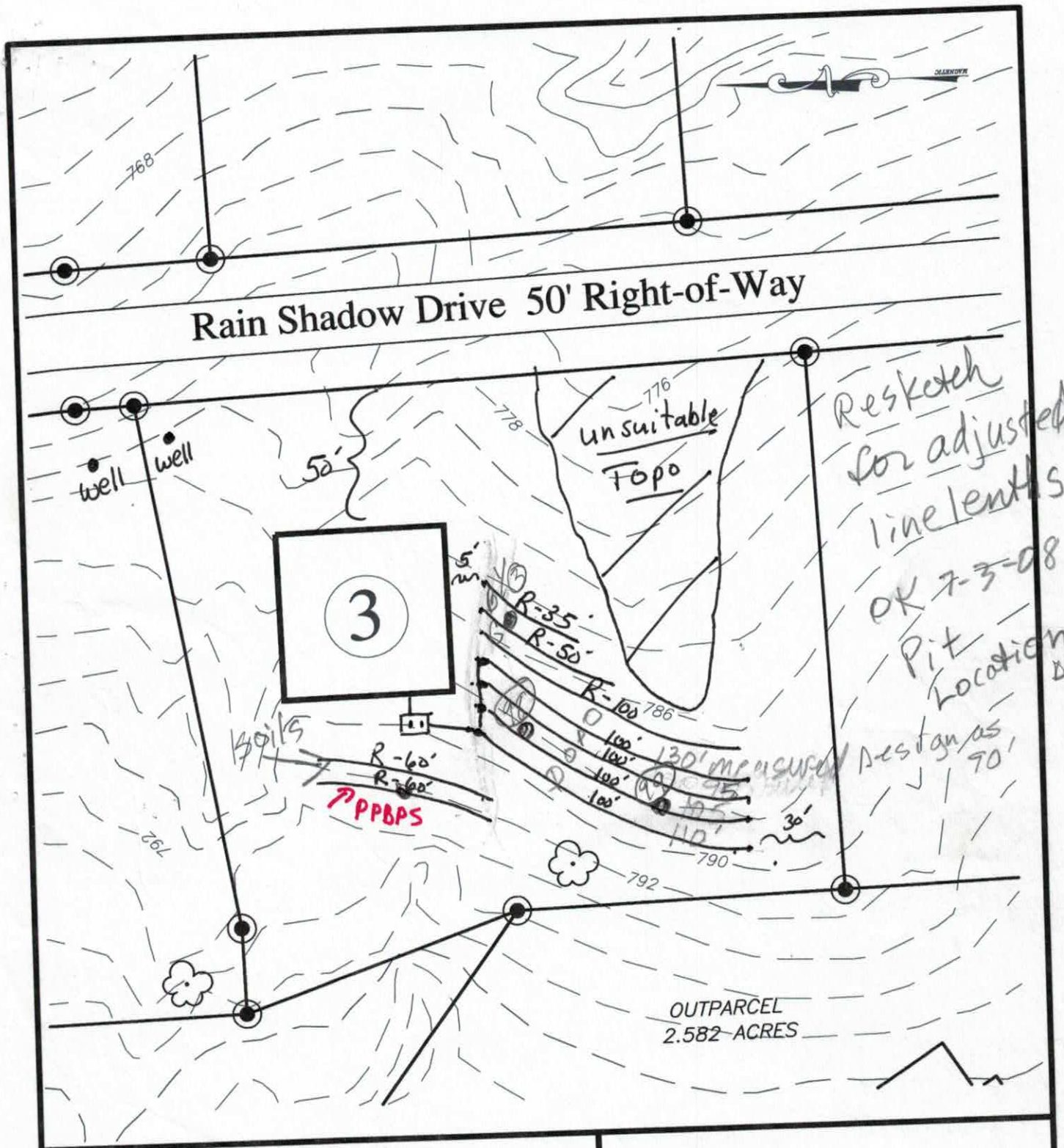
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Shoulder/ Side Slope Linear [between #3+4 laterals]	0-4"	Mixed Loamy Fill (weak SBK)	slightly Friable, SS, SP, Smp	—	48	—	—	0.3 PS
		4-48"	clay → clayloam very weak SBK	slightly Firm, SS, SP, Smp					
			uniform consistency in color						
2									
3									
4									

68X43

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	25% Reduction	50% reduction
Site LTAR	0.3	Existing

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: _____

COMMENTS:



Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

505 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

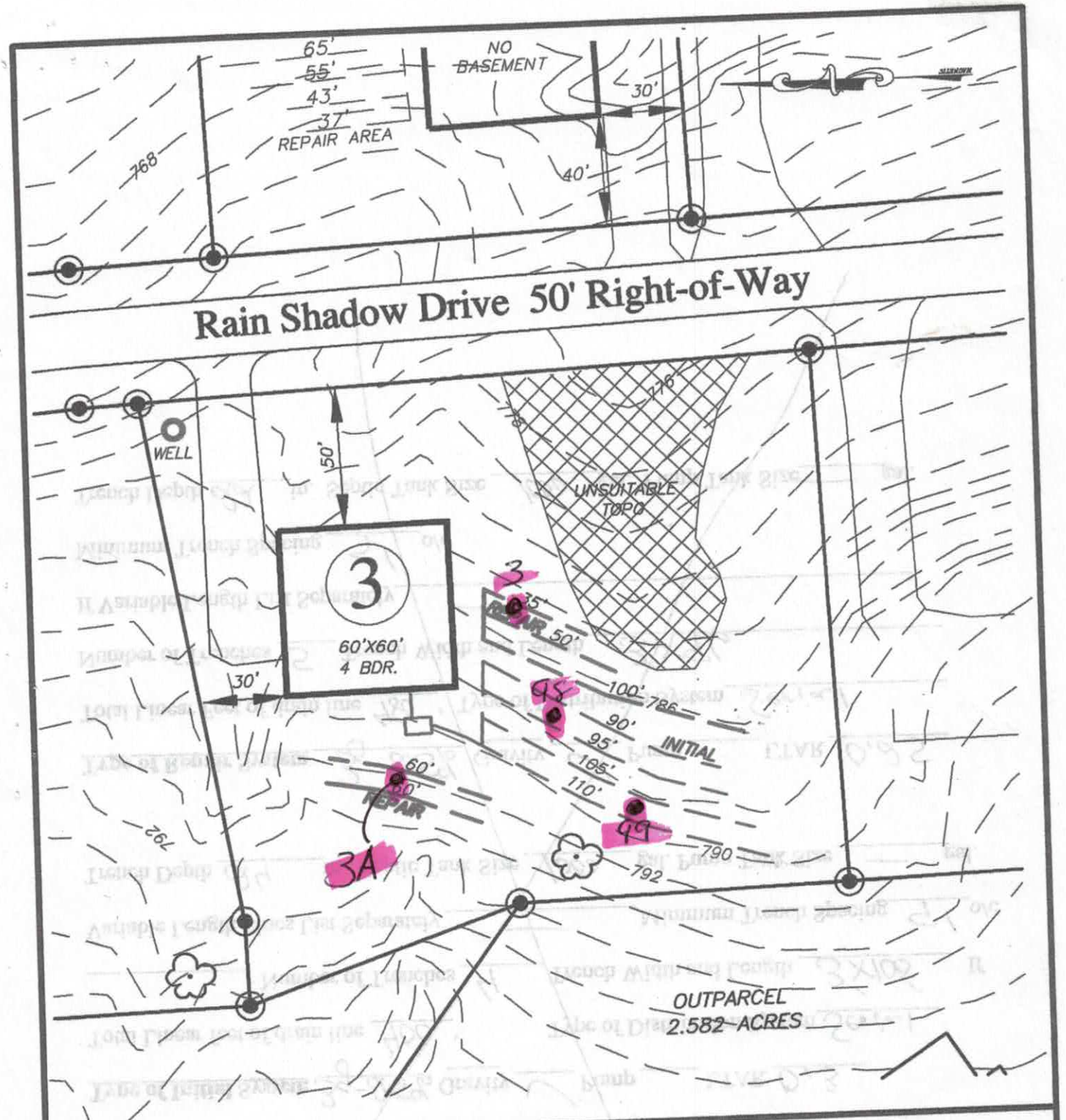
IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 3

BAR SCALE 1"=50'

0 25 50 100

4-BR Initial System LTAR 0.3 . (4)-3'x 100' -25% Red. Serial Dist
480gpd Repair - System . LTAR 0.3 (5)-@ 100', 50', 35', 60', 60', 50% -PPBPS - LPP.



Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

606 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 3

BAR SCALE 1"=50'

0 25 50 100

Soil Pit Locations

"Comprehensive Re-layout"

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED MAR 1 4 2016

PAGE 1: *APPLICATION FORM*

#209058

Application For:

( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Paid $500.00

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: BMCH North Carolina Address: 10735 David Taylor Dr. Suite 310 Phone: 704943-131

Owner Name: BMCH North Carolina Address: Charlotte, NC 28262 Phone:

Property Information:

Street Address: 132 Rain Shadow DR.

Subdivision Name: Hollybrook Section/Phase: 1 Lot Number: 3

Driving Directions: HWY 152 S. right on Teeter Rd. Left on Rain Shadow DR.

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

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

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

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

Non-Residential Site Development:

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

Water Supply:

( ) 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: Rhonda Bullard 3/14/16

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 14885 209058 PIN# 4676956328.003 DATE 8-14-2008

OWNER OR APPLICANT David R. McKay LLC BmCH RVC PHONE: Business 664-9080 Home

ADDRESS 505 Teeter Rd. Mooresville, NC 28115

LOCATION Hwy 152 E Rt on Teeter Rd. Approx 2 miles on left 3rd lot on right

SUBDIVISION Holly Brook BLOCK / SECTION LOT 3 LOT AREA 1.001 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB IM-1060 Date No Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction

Repair System Description: 4p - PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: 4/2/15 Reviewed Floor plans in Compliance with Improvement permit.

Comments:/Conditions:

INITIAL SITE SKETCH

* See plan from Wastewater Solutions & Steve Gurley GSS Consultants Inc.

Revoked (save this information)

AS BUILT SKETCH

3-1-2016: Infiltrator Plastic Tank w/ a Polylok PL-68 Filter 36" wide Infiltrator chambers @ 3' 8"

L1 = 108' 4' 1.5" ✓

L2 = 104 4' 3" ✓✓

L3 = 102 4' 10.5" ✓✓

L4 98 5' 7" ✓✓

IP TP IP

Electrical Box

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: J E McElwaine date 11-13-08 Installed by: Russell Williams Wastewater Solutions + Design

Improvement Permit by: Judy Mayfield date 11-4-08 Operation Permit by: date

Authorization to Construct by: Maureen Gleason RS date 4/2/15 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

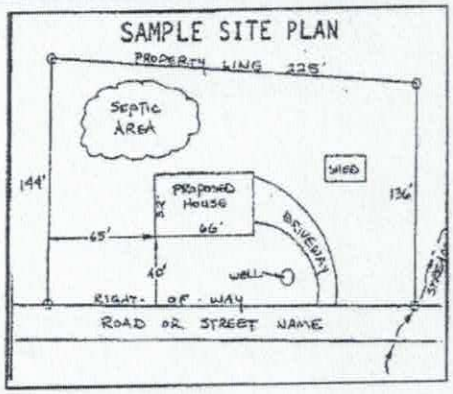
ENVIRONMENTAL HEALTH DIVISION

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



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

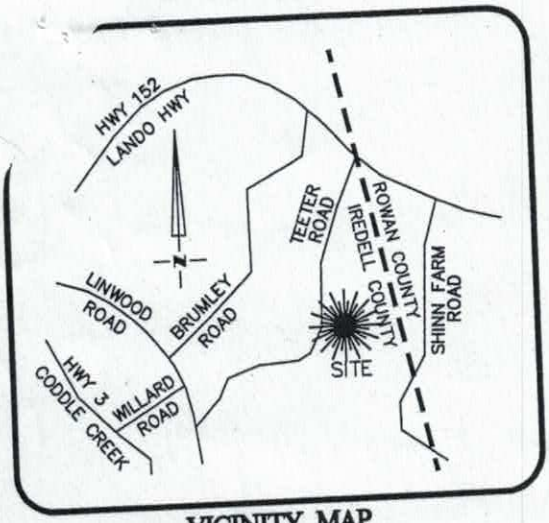
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

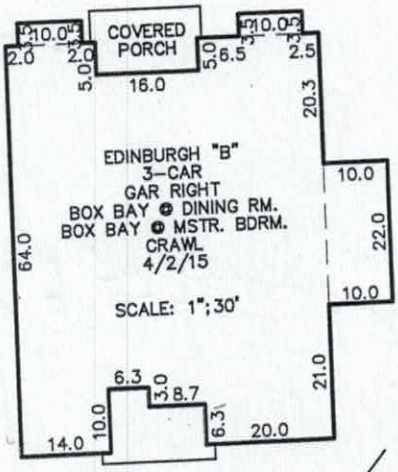
Signature: Rhonda Bustard
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/14/16
DATE



VICINITY MAP
Not To Scale

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.



1"=60'

Actual House Plan

REVISIONS

REV. #	DATE	COMMENT
REV. 1	4/10/15	UPDATED HOUSE PLAN
REV. 2	5/28/15	CHANGED TO CRAWL

POSSIBLE OVERLAP

NOW OR FORMERLY
BETTY Y MCKAY
DB 1883 PG 270

N 33°58'04" W
106.60'

POSSIBLE OVERLAP

House Location "OK"

N 01°51'03" W
117.21'

74.9'

35' REAR YARD

R 60

R 60

110'

105'

95'

90'

R 50'

R 50'

R 50'

R 35'

15' SETBACK

15' SETBACK

N 80°19'10" E
249.74'

S 87°27'06" W
193.66'

#132
46,471 Sq.Ft±
1.07 Ac.±

UNSUITABLE TOPO

36.4'

131.4'

35' SETBACK

50.0'

WELL

239.21'

S 02°32'54" E

3

2

4

RAIN SHADOW DRIVE

50' PUBLIC R/W

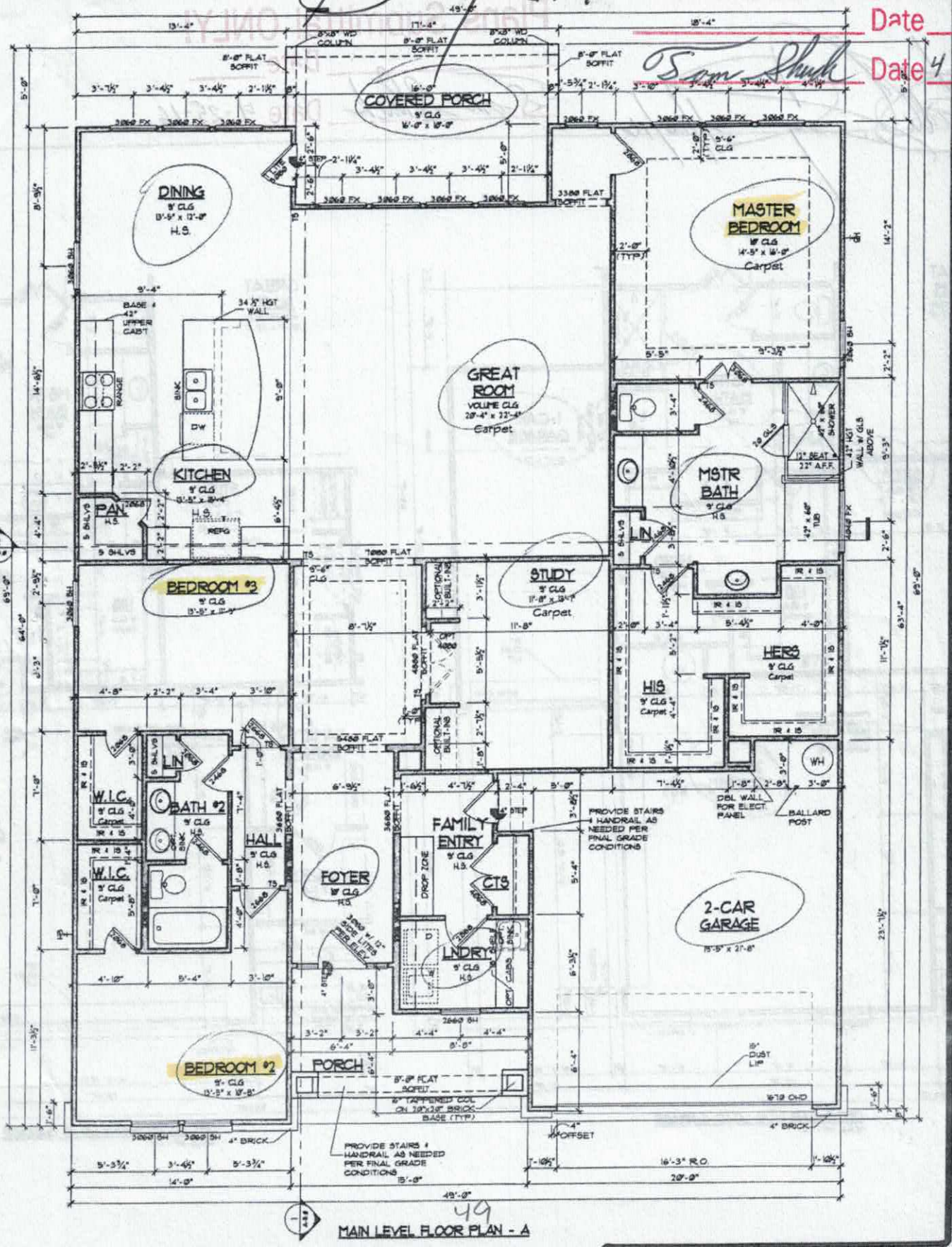
BOOK: 59 PGS: 143-144

NOTE:
ALL LOTS ARE SUBJECT TO A
10' DRAINAGE & UTILITY

Acknowledgement Of
Plans Submittal ONLY!

4/26/16
Date

Sam Shuck
Date 4



MAIN LEVEL FLOOR PLAN - A

69

49

EDINBURGH PLAN

IMPORTANT NOTI
©2014 GORDON / THOMAS I
expressly reserves the copyright
other rights to all ideas, design
plans, and specifications. These
not to be reproduced, changed
in part, without first obtaining th
written permission and consent
Gordon/Thomas Design Group
any unauthorized use of these
shall void all warranties and
Gordon/Thomas Design Group
any damages arising out of
use. The Contractor shall verify
the plans, dimensions, and specifications
shown on these drawings prior to the
commencement of any work and shall be
responsible for all dimensions and conditions
on the job. The Contractor shall immediately
notify the Architect of any discrepancies
before proceeding with the work in the area
of discrepancy. All work shall comply with
the applicable building codes and other
governing regulations. All current federal,
state, and local codes, ordinances, and regulations
which control the performance of the work
shall be considered a part of the requirements
of the plans and specifications of this building
unless otherwise noted. In case of conflict,
the most stringent requirement shall govern.
Figured dimensions are to be followed in preference
to scaled dimensions. Any errors, conflicts or
omissions which may be found in these plans
and specifications shall be reported to the
Architect before proceeding with the work in the
area affected. The Contractor shall coordinate
the work of all trades. The Contractor shall
supervise and direct the work using his best
skill and attention. The Contractor shall be
responsible for all construction means, methods,
techniques, sequences and procedures and for
coordinating all portions of the work under the
contract. All current federal, state, and local
laws, ordinances, and regulations which control
the performance of the work shall be considered
a part of the requirements of the plans and
specifications of this building unless otherwise
noted. In case of conflict, the most stringent
requirement shall govern. Figured dimensions
are to be followed in preference to scaled
dimensions. Any errors, conflicts or omissions
which may be found in these plans and
specifications shall be reported to the Architect
before proceeding with the work in the area
affected. The Contractor shall coordinate the
work of all trades. The Contractor shall supervise
and direct the work using his best skill and
attention. The Contractor shall be responsible
for all construction means, methods, techniques,
sequences and procedures and for coordinating
all portions of the work under the contract.

PLAN NO
EDINBURGH

GORDON THOMAS DESIGN GROUP

RELEASE DATE
REV | DATE | COMMENTS

DIMENSIONS
WIDTH
DEPTH

benchmark COMMUNITIES

PROJECT NO:
140023.01

SHEET NO.
A3.0

MAIN LEVEL FLOOR PLAN
SCALE: 1/8" = 1'-0" (11x17 SHEET)
1/4" = 1'-0" (24x36 SHEET)

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 148985ZO
Proposed Use: Single Family
Location of Property: 000 Rain Shadow Dr. MOORESVILLE NC 28115
Parcel #: 4676956328.003
Lot #: 3 Size: 1.001
Applicant: Wastewater Solutions & Design
Address: 4711 Rocking Horse Dr.
Maiden NC 28650
Phone: 980-429-1580
Property Recorded: No Site Plan Reviewed:

Subdivision: Hollybrook
Township: 0300 Coddle Creek Outside
Zoning: RA
Flood Plain: No Watershed: WSII BA
Owner: David & Betty McKay
Address: 505 Teeter Rd.
MOORESVILLE, NC 28115
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
MAY 12 2008
By

Directions:
SE on Coddle Creek, lft on Williford, rt on Linwood, lft on Teeter, rt on Rain Shadow Dr, lot on rt

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 3/13/2008