ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318652

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

PIN # 4678 -- 21 -- 2937

APPLICANT/OWNER: JMB Holdings, LLC | APPLICANT ADDRESS: 3951-A Wexford Ln, Denver NC 28037

SITE ADDRESS: 730 Wiggins Rd Mooresville, NC | PHONE: 704-230-1016 | ALT. PHONE

SITE DIRECTIONS: NC 152 → (L) Wiggins → (L) on driveway before Northridge (no drive on Sansone) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wiggins Walk | SECTION: | LOT # 7 | LOT AREA: 2.163 ac | DESIGN FLOW: 480gpd | L.T.A.R.: 0.3

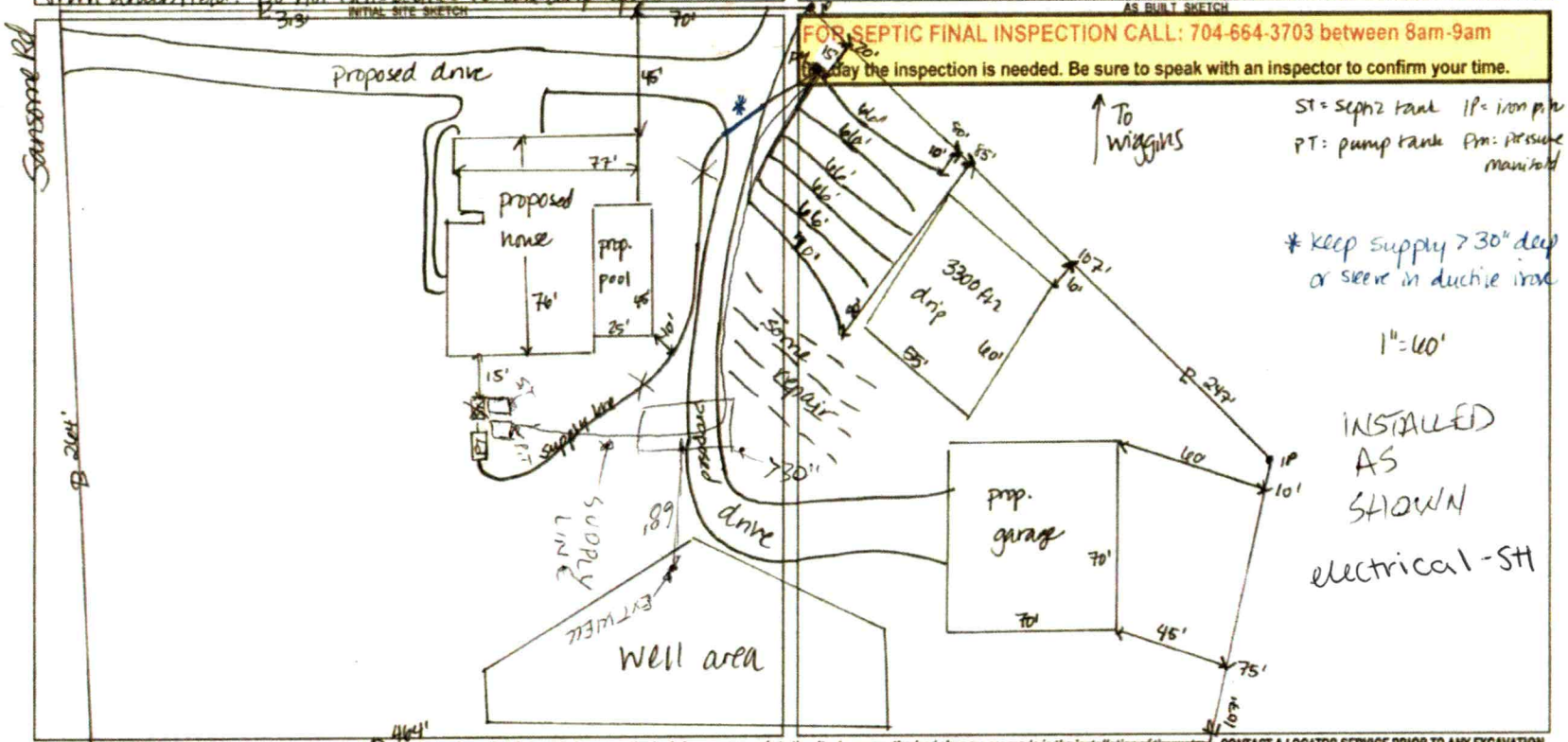
Septic Tank	1000	(gal)	STB	760	Date	1-23-2023	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	1-20-2023	System Description:	25% Reduction			
Pump Make	Goulds	Model	WE0512HUC		Serial #	—	Repair System Description:	50% Red. + Drip / or 480lft drip			
# Nitrification Fields	1	# Lines	16		Linear Ft.	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth	24" Max		Gravel Depth	N/A		☐ 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: Do not pave, grade, drive, park, or bury utilities in drainfield. Install on contour, direct drainage from drainfield. Do not extend lines toward drip repair

Pressure manifold: 2" supply, 2' pressure head Dose = 182g
All lines = 1½ SCH 80 taps Flow = 32.88 gpm
RunTime = 5.5 min Drawdown = 8.7"

INITIAL SITE SKETCH



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.

ST = septic tank IP = iron pin
PT = pump tank PM = pressure manifold

* keep supply > 30" deep or sleeve in ductile iron

1" = 40'

INSTALLED AS SHOWN

electrical - STH

Permit can be suspended or revoked if any false information is applied 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: 7/25/22 Installed by: ZENTZ

IMPROVEMENT PERMIT by: D. Meberg Date: 7/17/22 OPERATION PERMIT by: Sydney Howard Date: 6/21/23

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 7/17/22 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	3-15-2023	BCW
Tanks Checked	3-15-2023	BCW
Pressure Manifold or Valve Box Checked	3-15-2023	BCW
Pressure Head Set	3-15-23	BCW
Electrical Checked	6-21-23	SH
Floats Set	3-15-2023	BCW
Alarm Checked	3-15-2023	BCW
Maintenance Contract Needed? Y / (N)	3-15-2023	BCW
Comments: SUPPLY LINE CHECKED		

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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318652

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

PIN # 4678 -- 21 -- 2937

APPLICANT/OWNER: JMB Holdings, LLC | APPLICANT ADDRESS: 3951-A Wexford Ln Denver NC 28037

SITE ADDRESS: 198 Sansome Rd, Mooresville NC 28115 | PHONE: 704-230-1016 | ALT. PHONE

SITE DIRECTIONS: NC 152 → (L) Wiggins → (L) on driveway before Northbridge (no drive on Sansome) | SAP CONTROLLED: ☐ YES ☒ NO

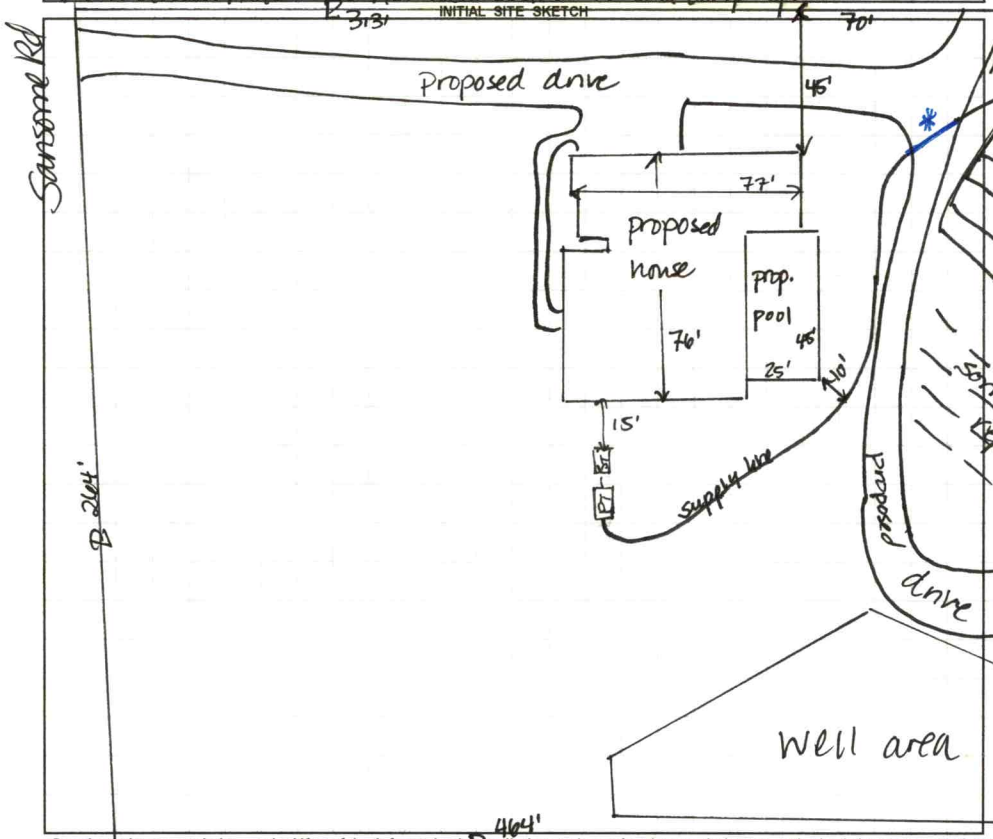
SUBDIVISION: Wiggins Walk | SECTION: | LOT # 7 | LOT AREA: 2.163 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	(gal)	PT		Date	System Description: 25% Reduction				☐ Business	No. Persons 8	☒ Private
Pump Make		Model			Serial #	Repair System Description: 50% Red. + Drip / or 4800ft drip				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	10	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth			24" MAX	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Install on contour, direct drainage from drainfield. Do not extend lines toward drip repair

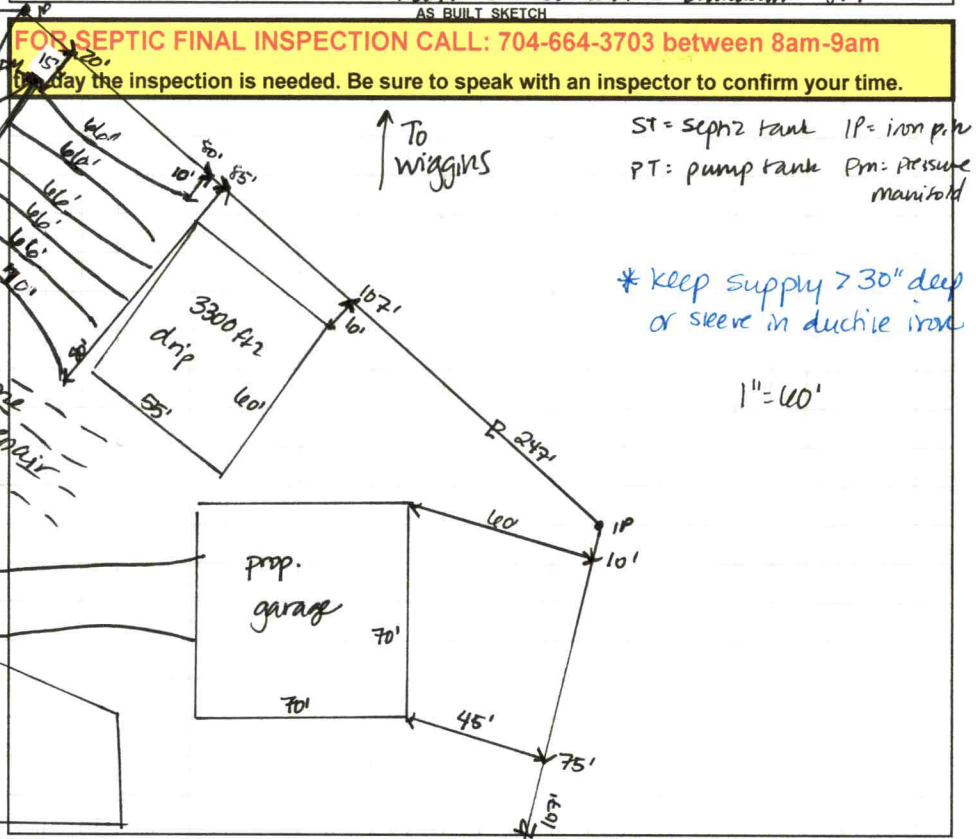
Pressure manifold: 2" supply, 2' pressure head Dose = 182g
All lines = 1½ SCH 80 taps Flow = 32.88 gpm
Run Time = 5.5 min Drawdown = 8.7"

INITIAL SITE SKETCH



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.



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: 7/25/22 | Installed by:

IMPROVEMENT PERMIT by: D. Mebez | Date: 7/17/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: D. Mebez | Date: 7/17/22 | 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? _____	

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

7/16/22

Owner: Mary & Steve Viglie
Address: 1305 Cordilleras Ave, San Carlos, CA 94070

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 198 Sansome Rd, Mooresville, NC 28115 Permit #318652

I, Johnny Monroe Deane III voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____7/28/21_____ for a system:
(permit date)

Error! Reference source not found. at 198 Sansome Rd, Mooresville, NC 28115 Permit #318652

for the site will be "revoked" immediately by the authorized agent/local health department.

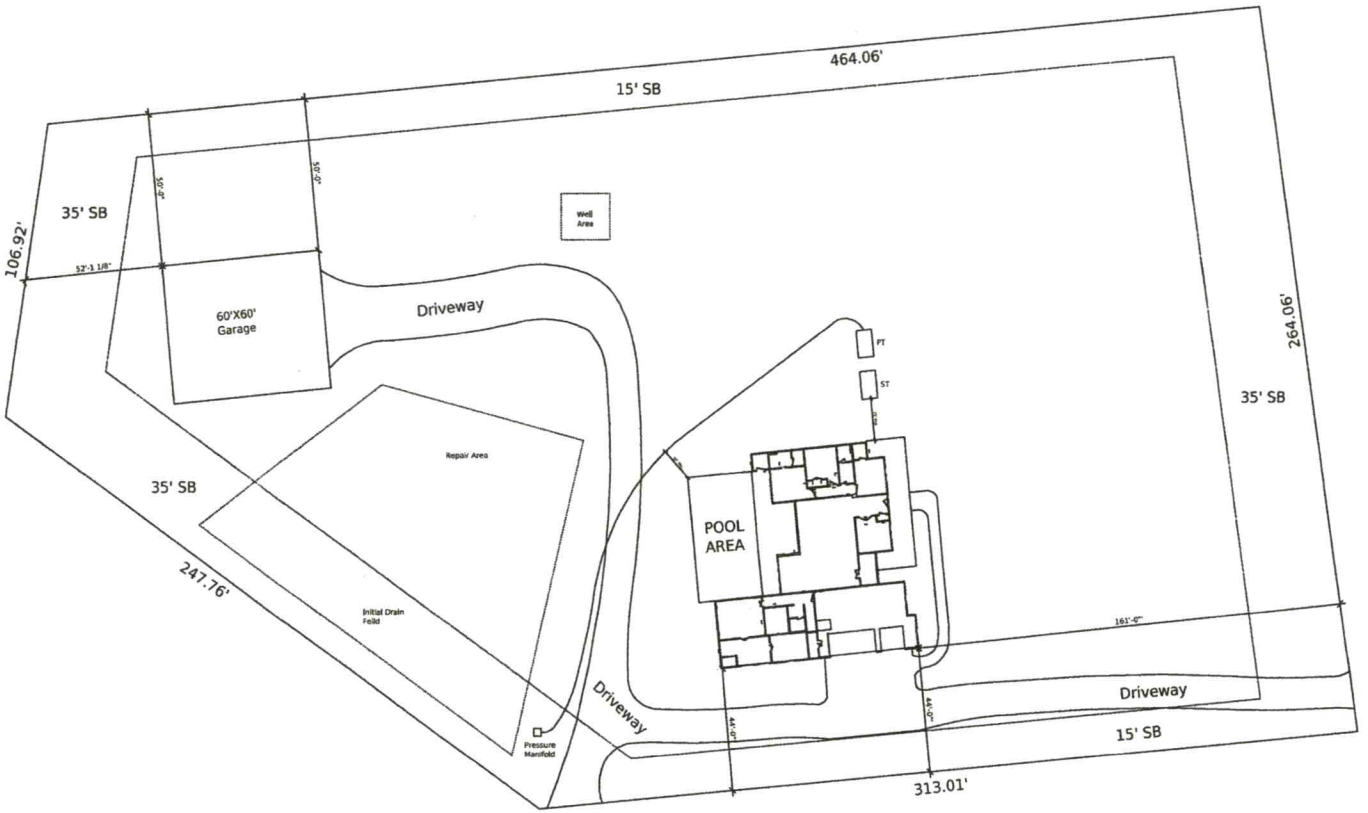
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department



Revised Site Plan
198 SANSOME RD.
2.63 AC.

GENERAL NOTES

Lake Norman, NC

BEASON HOMES

www.beasonhomes.com
704.230.1016

No.	REVISION/ISSUE	DATE

ORIENTATION | STAMP

ALL DRAWINGS ARE THE PROPERTY OF THE DESIGNER AND THEY ARE NOT TO BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE WRITTEN CONSENT OF THE DESIGNER

CONTRACTOR TO CHECK AND VERIFY ALL DIMENSIONS BEFORE COMMENCING WORK AND TO REPORT ANY DISCREPANCIES TO THE DESIGNER

Cadsoft
CADSOFT
255 WOODLAWN RD. W
GUELPH, ON N1H 8J1
888-223-7638

PROJECT NAME:
The Viglienzoni Residence
198 Sansome Rd.
Mooresville

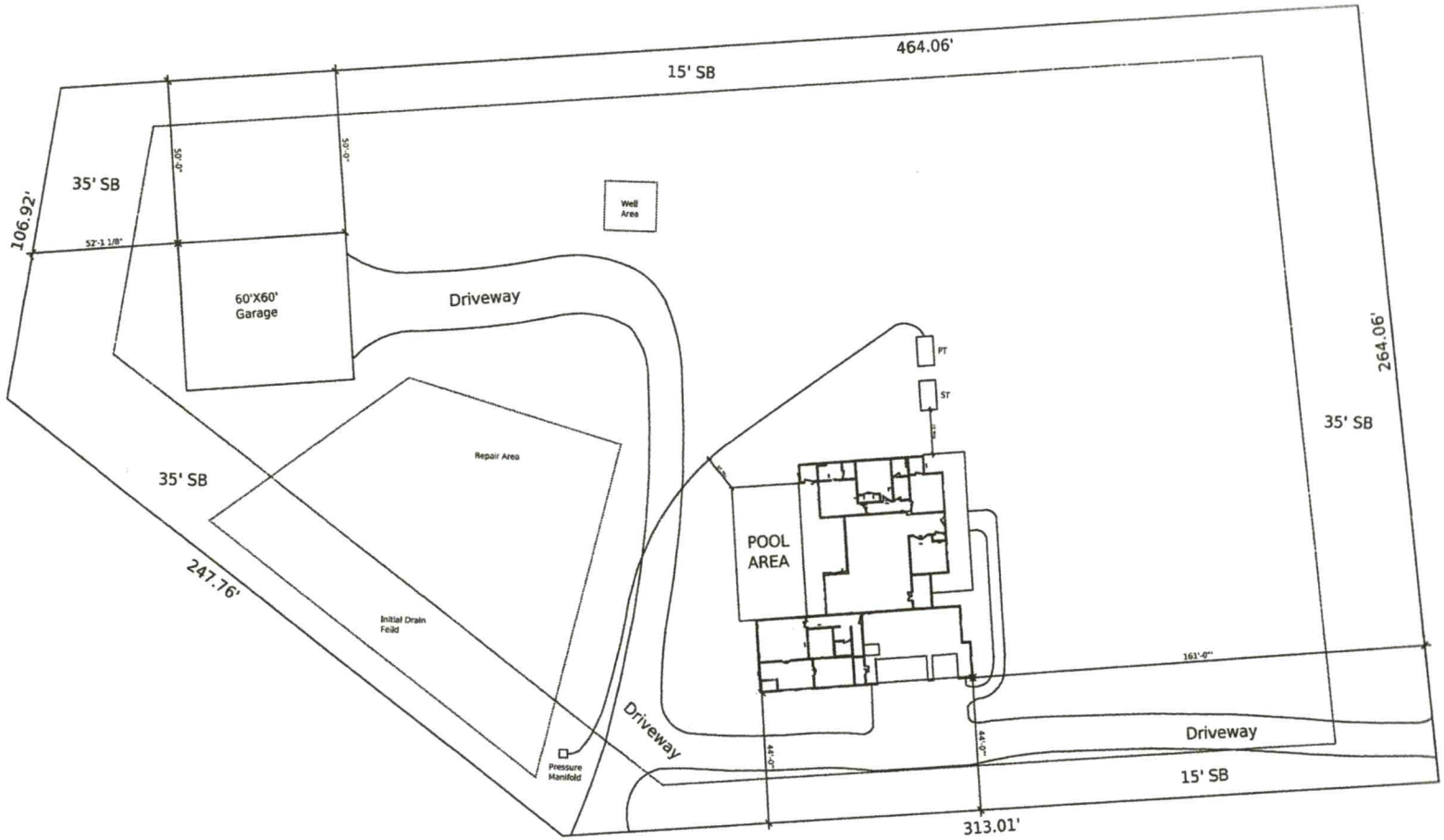
CLIENT:

DRAWING: Site Plan

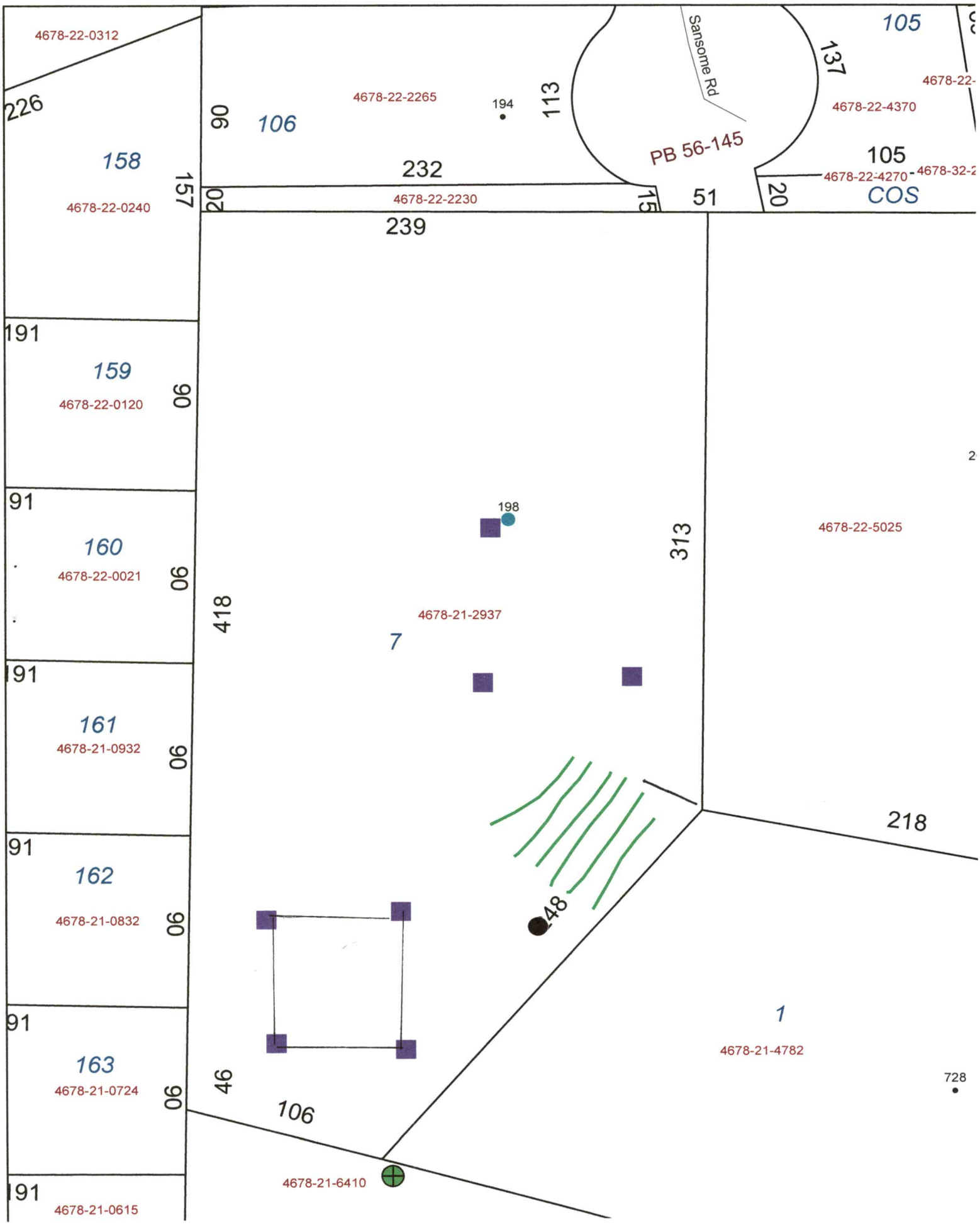
SCALE: | DATE: #AUG. 2016

DRAWN BY: #DRAWN BY
CHECKED BY: #CHECKED BY
APPROVED BY: #APPROVED BY

SHEET: A1



Revised Site Plan
198 SANSOME RD.
2.63 AC.


4678-22-0312
226
158
4678-22-0240
157
4678-22-2265
106
90
194
113
Sansome Rd
105
137
4678-22-4370
PB 56-145
232
105
4678-22-4270
4678-32-2
20
4678-22-2230
15
51
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COS
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191
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4678-22-0120
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4678-21-4782
46
106
728
4678-21-6410
191
4678-21-0615

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

Sheet 1 of 1
PROPERTY ID #: 467821937
COUNTY: Iredell

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

OWNER: Mary Viglienzoni
ADDRESS: 1305 Cordilleras Ave San Carlos CA 94070
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 198 Sansome
APPLICATION DATE: 6/7/22
DATE EVALUATED: 7/12/22
PROPERTY SIZE: 2.03
PROPERTY RECORDED: Y

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	LS 5-8	0-4	SCL - SBK	SSSP-FR-SKP	5Y 4/1 @ 24" large rock & VFI sap ind; sap mc common	48"	N/A	N/A	PS 0.25 12" max
		4-14	L - SBK	↓					
		14-48	CL - WSBK						
		Chroma 2 around rocks							
2	LS 5-8	0-10	SCL - SBK	SSSP-FR-SKP	sap mc common 32" +	48"	N/A	N/A	B 0.3
		10-32	C - SBK	↓					
		32-48	CL WSBK						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	4800 ft
System Type(s)	25% PM	drip
Site LTAR	0.3	0.25/0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Webers
OTHER(S) PRESENT: Kenny & Rusty Orbison

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

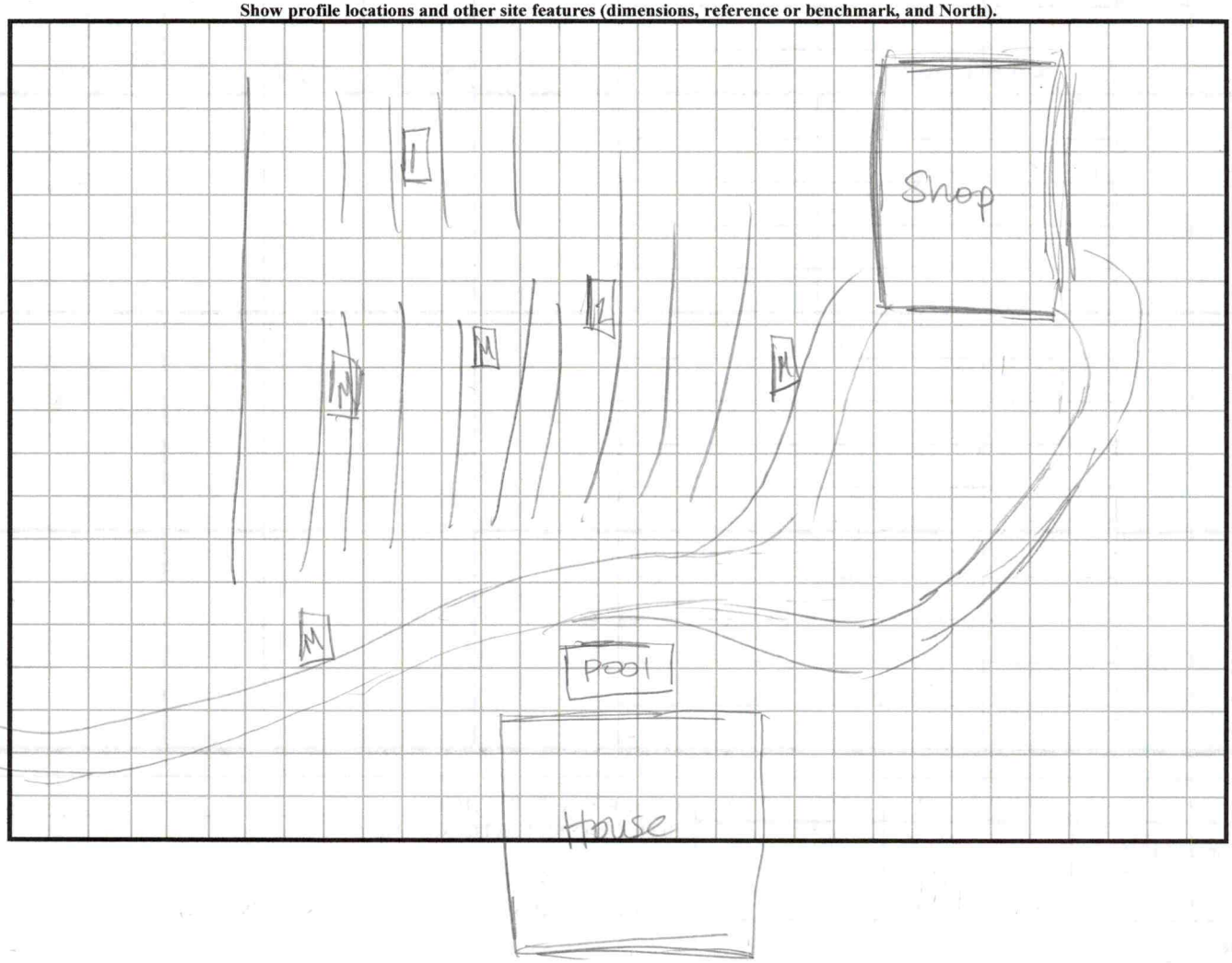
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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

Sheet ___ of ___
PROPERTY ID #: 4678212937
COUNTY: Iredell

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

OWNER: JMB Holdings Inc — APPLICATION DATE ___
ADDRESS: 3951-A Wexford Ln Denver, NC 28037 — DATE EVALUATED: 7/21/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 2.63 Ac
LOCATION OF SITE: 198 Sansome Mooresville, NC 28115 — PROPERTY RECORDED: Y
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	5%	0-8	Brw SCL	w SBK SS, SP, Sexp, FR					
		8-28	RCm-L	w SBK SS, SP, Sexp, FR				w Rock & SAP Inclus	
		28-38	RC	w SBK SS, SP, Sexp, FR				few to many	PS
			SAP Inclus		—				
		38-52	L/SL	SAP massive, FR		38"	PS	—	.3 to 38
2	5%	0-20	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		20-45	RCm-L	w SBK SS, SP, Sexp, FR					
		45-54	RCL	w SBK SS, SP, Sexp, FR				w/ Common	SAP Inclus
			& Mica flakes		—	54"	PS	—	.3
		54-56	L/SL	SAP massive, FR					to 54"
3	10%	0-10	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		10-20	RCL, SP, Sexp	M-w SBK, FI-FR					.275
		20-38	RL	w SBK SS, SP, Sexp, FI-FR					
	Repair	38-52	RL	w SBK SS, SP, Sexp, FI-FR				some Small rocks	
			& Yel/Brw	Mottles	—	52"	—	—	
4	10%	0-12	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		12-27	Rd/Brw C	M-w SBK SS, SP, Sexp, FR					.275 to
		27-43	Rd/Brw C	w SBK SS, SP, Sexp, FR					43"
	Repair	43-52	Rd/Brw	Yel/Brw SCL w SBK SS, SP, Sexp, FR					>43 .2
			FI w/ Common	Yel/Brw Mottles	—	52"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Redut	H PPBSS
Site LTAR	.3	.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Johnny Beane

COMMENTS: ___

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

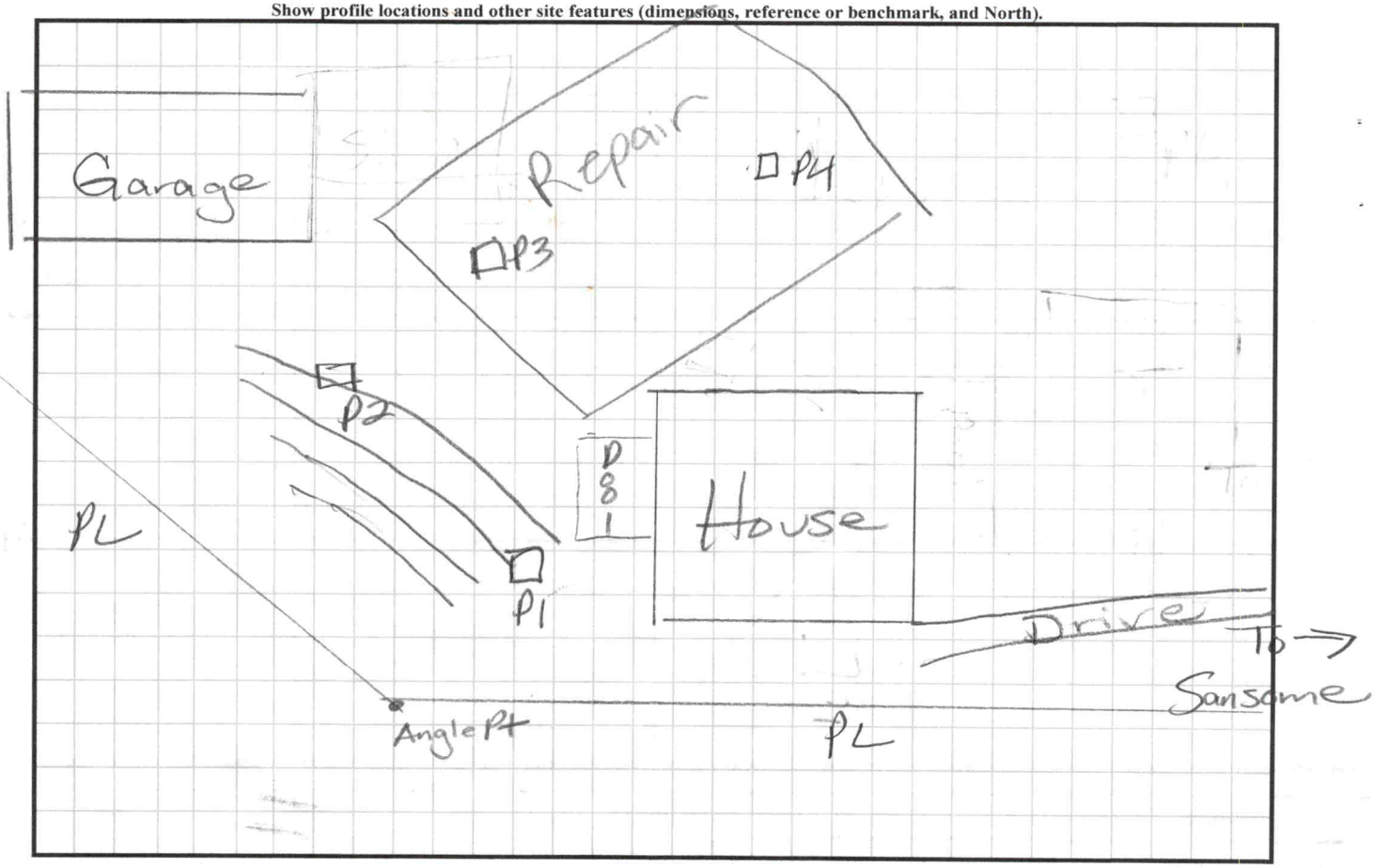
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



4

lot 7 Wiggins

RECEIVED JUN 7 - 2022

DW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Comprehensive

PAGE 1: *APPLICATION FORM* AP-318652 $500.00

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: JMB Holdings, Inc. **Address:** 3951-A Wexford Ln, Denver NC **Zip:** 28037
Applicant Email: brent@bcasonnc.com **Phone:** 704-230-1016 **Alt. Phone:** 704-775-6525
Owner Name: Mary Viglienzoni **Address:** 1305 Cordilleras Ave, San Carlos, CA **Zip:** 94070
Owner Email: mmviglienzoni@gmail.com **Phone:** 650-888-3864 **Alt. Phone:** _____

Property Information:

Street Address: 198 Sansome Rd, Mooresville, NC 28115
Subdivision Name: Wiggins Walk **Section/Phase:** Null **Lot Number:** 7
Driving Directions: Take 152 E to Northbridge Dr, Left on Wiggins Rd, Left on Sansome Rd.

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — **CHECK FOUNDATION TYPE**
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Crawl Space Foundation
(✓) Accessory Building — (✓) Swimming Pool — ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ — ( ) 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: _____

( ) 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: _____
(✓) 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.

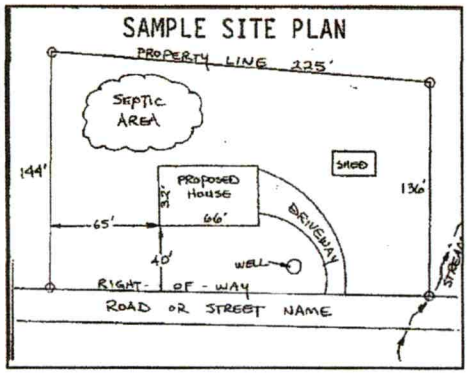
Signature: _____ 6-6-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (✓) **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

Signature: _____ 6-6-22

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

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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, Mary Viglienzoni, am the legal owner(s) of the property located at 198 Sansome Rd, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4678212937, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Johnny Beane, JM3 Holdings, Inc DBA Beanie Hvac 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)

6/6/22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

JmB **Complete all Environmental Health forms:**

- JmB Application
- JmB Site Plan including the dimensions of proposed structure, addition, pool etc.
- JmB Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- JmB Copy of Zoning Permit when applicable
- JmB Sign this sheet after you have completed all items

JmB **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JmB **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

JmB **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

JmB **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 6-6-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB21570

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$500.00**
AP-318652 Address: 198 SANSOME RD APN: 4678212937.000			**$500.00**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
TOTAL FEES PAID BY RECEIPT:WEB21570			**$500.00**

Date Paid: Tuesday, June 07, 2022

Paid By: JMB HOLDINGS INC

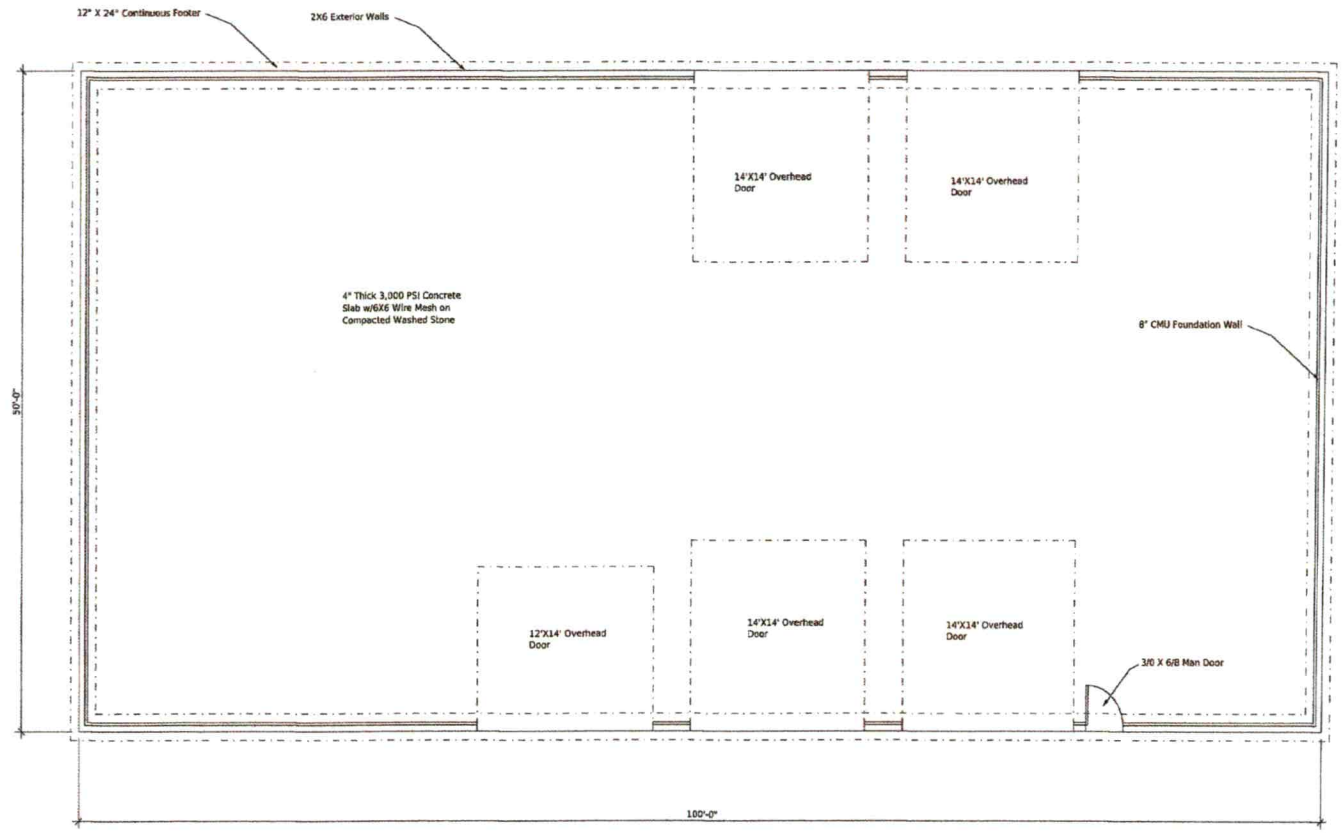
Cashier: ECON

Pay Method: CREDIT EVJTDD

No Bedrooms

R Bstwil 4-13-22

4/13/22



Floor/Foundation Plan

GENERAL NOTES

Lake Norman, NC

BEASON HOMES

www.beasonhomes.com

704.230.1016

No.	REVISION/ISSUE	DATE

ORIENTATION | STAMP

ALL DRAWINGS ARE THE PROPERTY OF THE DESIGNER AND THEY ARE NOT TO BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE WRITTEN CONSENT OF THE DESIGNER

CONTRACTOR TO CHECK AND VERIFY ALL DIMENSIONS BEFORE COMMENCING WORK AND TO REPORT ANY DISCREPANCIES TO THE DESIGNER

Cadsoft

CADSOFT
255 WOODLAWN RD. W
DUBLIN, OH 43214 (U)
888-223-7638

PROJECT NAME:
The Viglienzoni Residence
202 Sansome Rd.
Mooresville

CLIENT:

DRAWING:
Detached Shop
Floor/Foundation

SCALE: 1/4" = 1'-0" | DATE: #AUG, 2016

DRAWN BY: #DRAWN BY
CHECKED BY: #CHECKED BY
APPROVED BY: #APPROVED BY

SHEET: B1

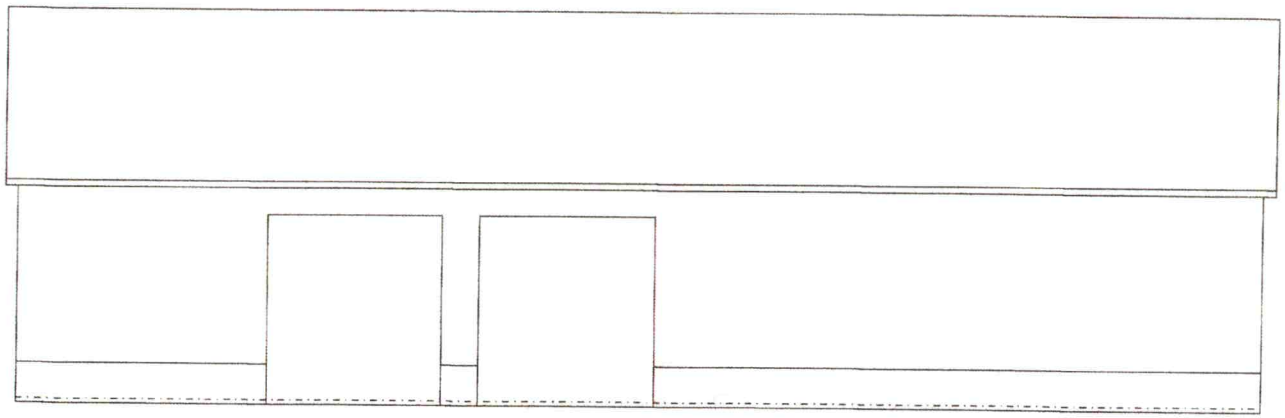
No Bedrooms

R Bl wil 4-13-22

4/13/22



Front Elevation



Rear Elevation

GENERAL NOTES

Lake Norman, NC

BEASON HOMES

www.beasonhomes.com

704.230.1016

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Cadsoft

CADSOFT
256 WOODLAWN RD. W
GUELPH, ON N1H 6J1
866-223-7638

PROJECT NAME:
The Viglienzoni Residence
202 Sansome Rd.
Mooresville

CLIENT:

DRAWING:
Detached Shop
Elevations

SCALE: 1/4" = 1'-0" | DATE: #AUG, 2016

DRAWN BY: #DRAWN BY

CHECKED BY: #CHECKED BY

APPROVED BY: #APPROVED BY

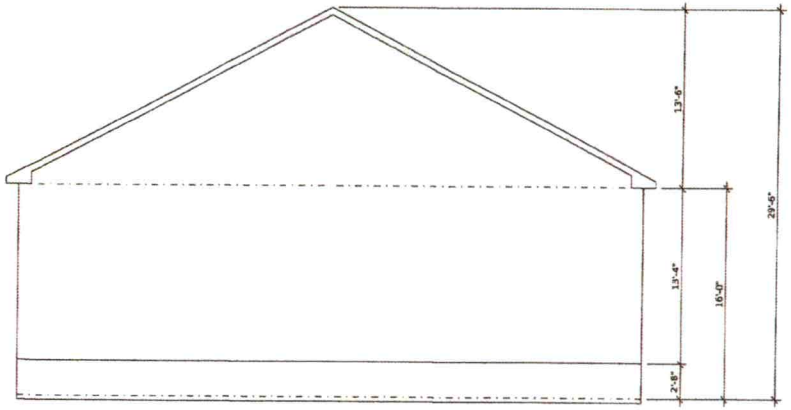
SHEET: B2

No. Bedrooms

R Bldr 4-13-22



Right Elevation



Left Elevation

GENERAL NOTES

Lake Norman, NC

BEASON HOMES

www.beasonhomes.com

704.230.1016

No.	REVISION/ISSUE	DATE

ORIENTATION

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Cadsoft

CADSOFT
755 WOODLAWN RD. W
GUELPH, ON N1H 8J1
800-223-7638

PROJECT NAME:
The Viglienzoni Residence
202 Sansome Rd.
Mooresville

CLIENT:

DRAWING:
Detached Shop
Elevations 2

SCALE: 1/4" = 1'-0" DATE: #AUG. 2016

DRAWN BY: #DRAWN BY

CHECKED BY: #CHECKED BY

APPROVED BY: #APPROVED BY

SHEET: B3

RECEIVED APR 1 1 2022

RECEIVED MAY 2 2022

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* AP-318652

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: JM3 Holdings, Inc. Address: 3951-A Wexford Ln, Denver, NC Zip: 28037
Applicant Email: brent@beaconnc.com Phone: 704-230-1016 Alt. Phone: 704-775-6525
Owner Name: Mary Vighenzoni Address: 1305 Cordilleras Ave, San Carlos CA Zip: 94070
Owner Email: mmvighenzoni@gmail.com Phone: 650-888-3864 Alt. Phone: _____

Property Information:

Street Address: 198 Sansome Rd, Mooresville, NC 28115
Subdivision Name: Wiggins Walk Section/Phase: Null Lot Number: 7
Driving Directions: Take 152 E to Northbridge Dr, Left on Wiggins Rd, Left on Sansome Rd.

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

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

CHECK FOUNDATION TYPE
(✓) 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: _____
(✓) 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: _____
(✓) 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?
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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.

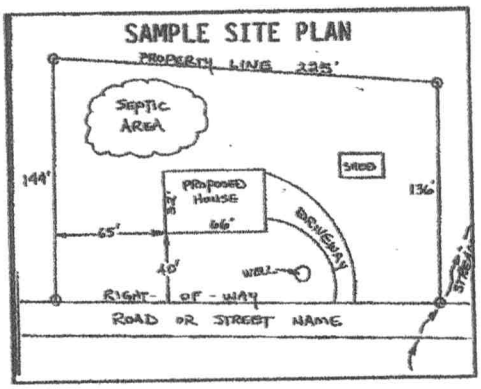
Signature: _____ 4-8-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

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- (✓) **All proposed structures are indicated**
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Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
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USE THIS SPACE TO DRAW YOUR SITE PLAN

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Signature: _____ 4-8-22

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IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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☒ 2. I, Mary Viglienzoni, am the legal owner(s) of the property located at 198 Sansome Rd, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4678212937, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Johnny Beaver, JMB Holdings, Inc DBA Beason Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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- Improvement Permit (IP) / Authorization to Construct (AC)
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_____ 4/8/22

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

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- All utilities shall be marked before pits are dug. Call NC 811 for this service.
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- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4-8-22

Questions? Contact the Environmental Health Offices below:

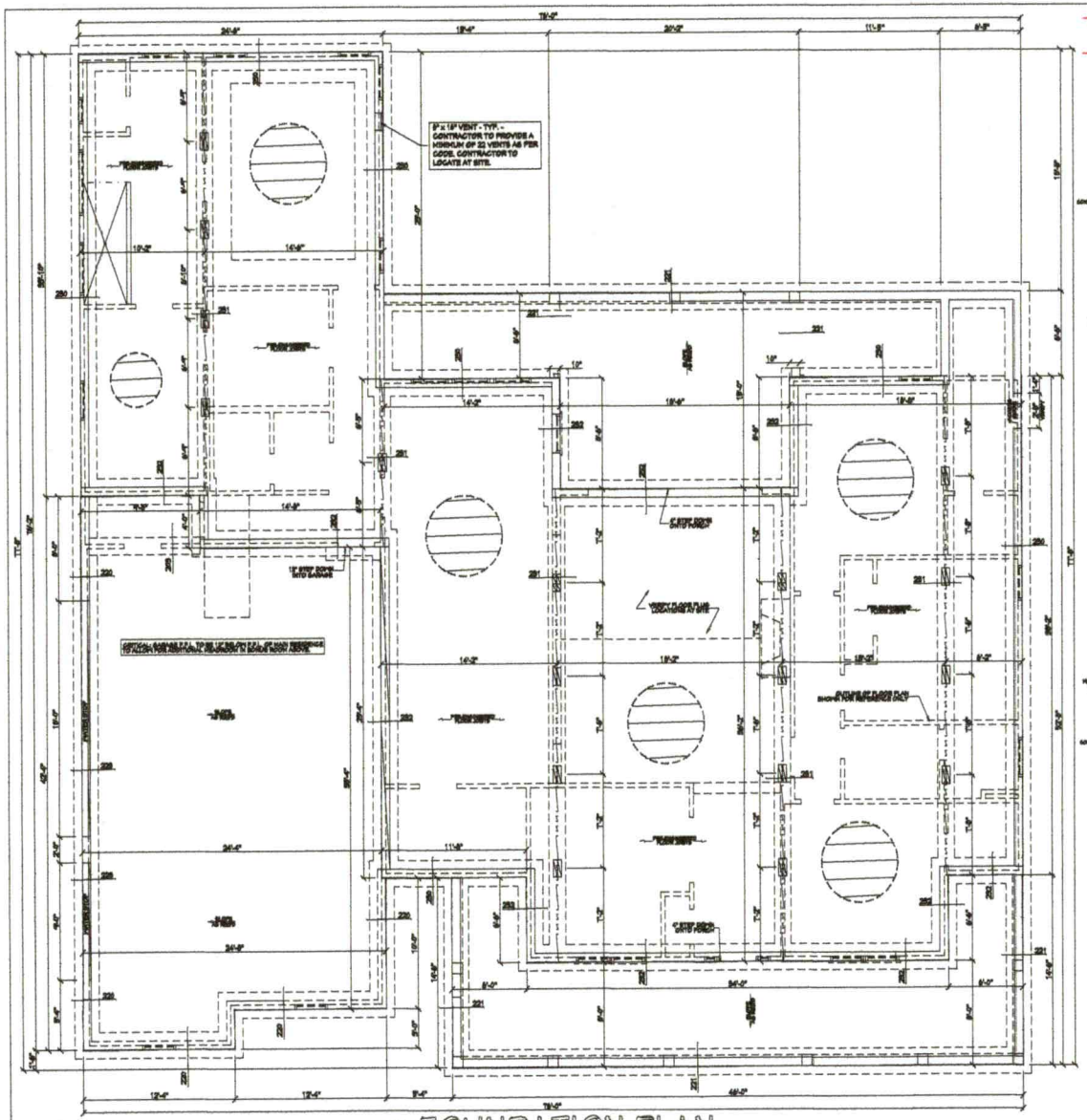
Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Acknowledgement of
Plans Submittal ONLY!

Date 4-11-22

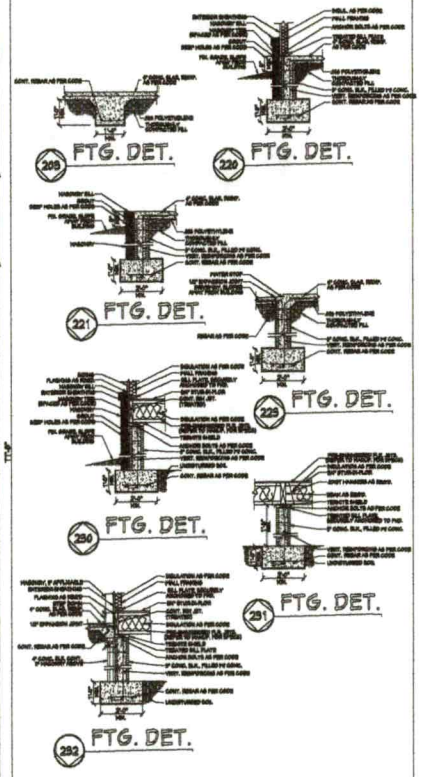
Date



201 FOUNDATION PLAN
SCALE 1/4" = 1'-0"

77'-8"

76'



CRAWLSPACE FOUNDATION NOTES:

1. ALL FOOTING SIZES AND LOCATIONS TO BE VERIFIED BY A LICENSED STRUCTURAL ENGINEER.
2. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
3. CONTRACTOR SHALL VERIFY ALL DIMENSIONS WITH FLOOR PLAN PRIOR TO CONSTRUCTION AND MAKE ANY NECESSARY ADJUSTMENTS.
4. CONTRACTOR TO PROVIDE WATERPROOFING AS REQ'D TO MEET ALL APPLICABLE CODES AND TYPICAL BUILDING PRACTICES.
5. CONCRETE SLABS TO BE 4" (3000 psi MIN.), REINFORCED AS PER CODE OR AS DETERMINED BY LICENSED ENGINEER.
6. CONTRACTOR TO PROVIDE ADEQUATE DRAINAGE BASED ON EXISTING SITE CONDITIONS. VERIFY w/LOCAL CODES.
7. REFER TO FLOOR JOIST MANUFACTURER FOR JOIST SIZING AND SPACING, CROSS BRACING REQUIREMENTS, AND BEAM SIZES.
8. VERIFY THE QUANTITY AND LOCATION OF BRICK VENTS WITH ALL APPLICABLE CODES AT SITE.

GENERAL NOTES

Lake Norman, NC

BEASON HOMES

www.beasonhomes.com
704.230.1016

No.	REVISION/ISSUE	DATE

ORIENTATION | STAMP

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CONTRACTOR TO CHECK AND VERIFY ALL DIMENSIONS BEFORE COMMENCING WORK AND TO REPORT ANY DISCREPANCIES TO THE DESIGNER

Cadsoft
CADSOFT
255 WOODLAWN RD. W
GUELPH, ON N1H 8J1
888-223-7638

PROJECT NAME:
The Viglienzoni Residence
198 Sansome Rd.
Mooresville

CLIENT:

DRAWING: Foundation Plan

SCALE: 1/4" = 1'-0" DATE: #AUG. 2016

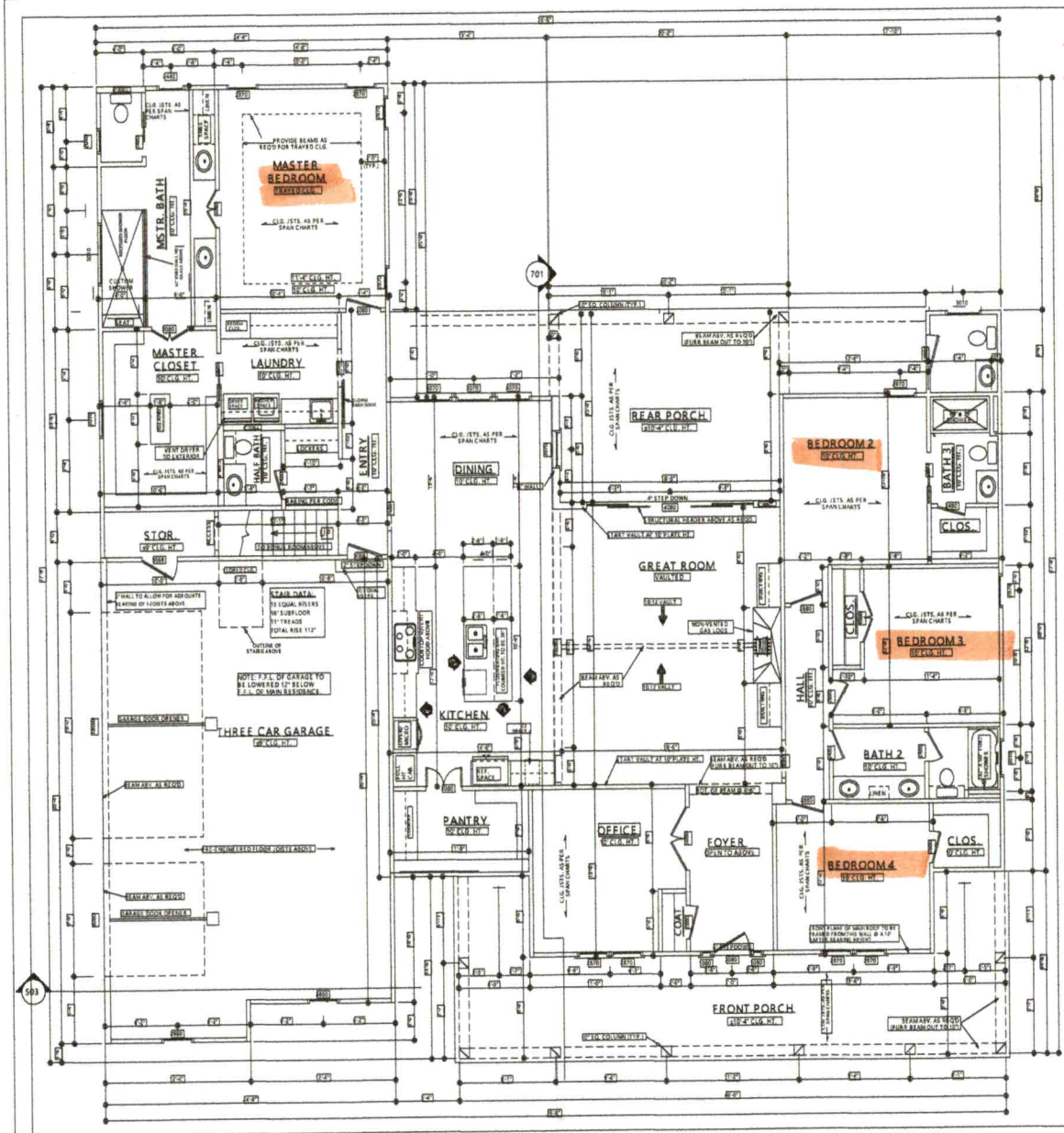
DRAWN BY: #DRAWN BY
CHECKED BY: #CHECKED BY
APPROVED BY: #APPROVED BY

SHEET: A2

Acknowledgement of Plans Submittal ONLY!

R Bl Wil Date

Date



NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD, IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
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14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1507.2

NOTE: CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE.

BB-2926 MAIN FLOOR PLAN

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

AREAS:	
2926	S.F. HEATED - FIRST FLOOR
606	S.F. UNHEATED - BONUS ROOM FLOOR
288	S.F. UNHEATED - REAR PORCH
900	S.F. UNHEATED - GARAGE
39	S.F. UNHEATED - STORAGE
446	S.F. UNHEATED - FRONT PORCH
2279	S.F. UNHEATED - TOTAL
5205	S.F. TOTAL UNDER ROOF

4-11-22

GENERAL NOTES

Lake Norman, NC

BEASON HOMES

www.beasonhomes.com

704.230.1016

No.	REVISION/ISSUE	DATE

ORIENTATION | STAMP

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Cadsoft

CADSOFT
255 WOODLAWN RD. W
GUELPH, ON N1H 8J1
888-223-7638

PROJECT NAME:
The Viglienzoni Residence
198 Sansome Rd.
Mooresville

CLIENT:

DRAWING: Floor Plan

SCALE: 1/4" = 1'-0" DATE: #AUG. 2016

DRAWN BY: #DRAWN BY

CHECKED BY: #CHECKED BY

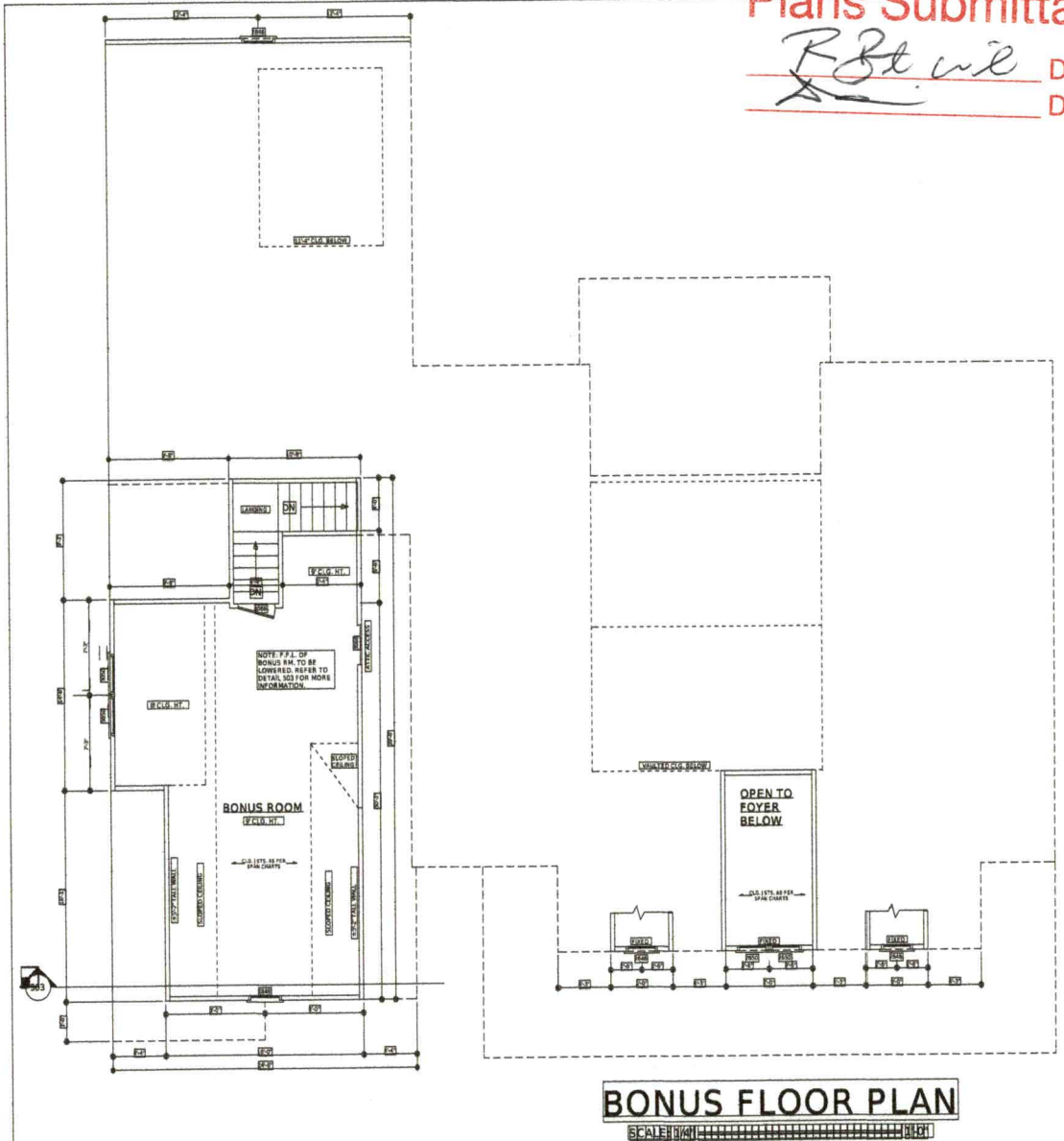
APPROVED BY: #APPROVED BY

SHEET: A3

Acknowledgement of
Plans Submittal ONLY!

Date 4-11-22

Date 4/11/22



BONUS FLOOR PLAN

SCALE: 1/4"

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Lake Norman, NC

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Cadsoft

CADSOFT
255 WOODLAWN RD. W
GUELPH, ON N1H 8J1
888-223-7638

PROJECT NAME:
The Viglienzoni Residence
198 Sansome Rd.
Mooresville

CLIENT:

DRAWING: Bonus Plan

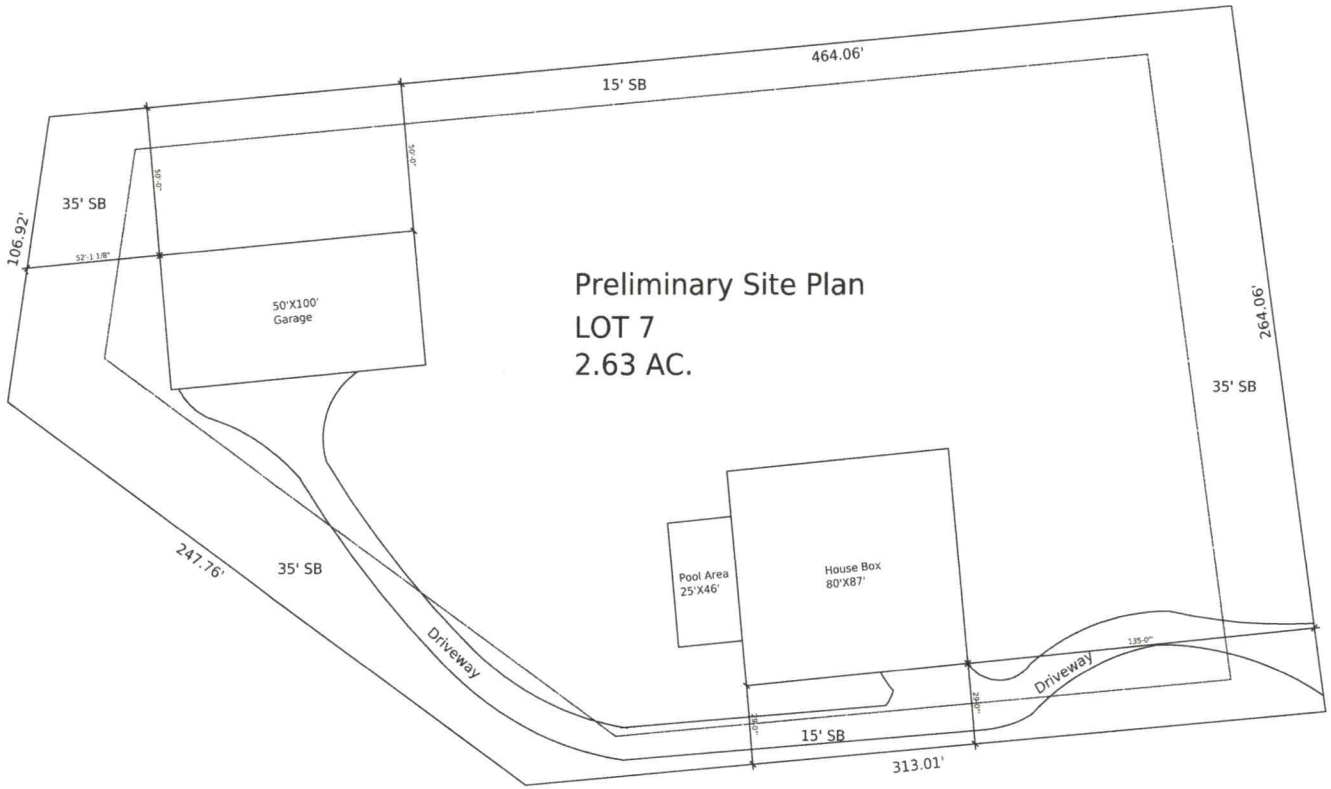
SCALE: 1/4" = 1'-0" | DATE: #AUG. 2016

DRAWN BY: #DRAWN BY

CHECKED BY: #CHECKED BY

APPROVED BY: #APPROVED BY

SHEET: A4



GENERAL NOTES

Lake Norman, NC

BEASON HOMES

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No.	REVISION/ISSUE	DATE

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Cadsoft®

CADSOFT
255 WOODLAWN RD. W
GUELPH, ON N1H 8J1
888-223-7638

PROJECT NAME:
Wiggins Walk Lot 7

CLIENT:

DRAWING:
Pre-lim Site Plan

SCALE:

DATE: #AUG, 2016

DRAWN BY: #DRAWN BY

CHECKED BY: #CHECKED BY

APPROVED BY: #APPROVED BY

SHEET:
A1

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R12083

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$700.00**
AP-318652 Address: 198 SANSOME RD APN: 4678212937.000			**$700.00**
EH NEW SYSTEM PERMITS			$700.00
PUMP BALANCE NEW SYSTEM	10492751-447004	0	$700.00
TOTAL FEES PAID BY RECEIPT: R12083			**$700.00**

Date Paid: Thursday, July 29, 2021

Paid By: JMB HOLDINGS INC

Cashier: BBN

Pay Method: CHECK 2560

RECEIVED JUN 17 2021

Pits Wed. AM

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* AP-318652 $500.00

Application For: (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: JMB Holdings, Inc Address: 3951-A Wexford Ln, Denver, NC Zip: 28037

Applicant Email: brent@hegsonne.com Phone: 704-230-1014 Alt. Phone: 910-431-6915

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 198 Sansome Road, Mooresville, NC 28115

Subdivision Name: Wiggins Walk Section/Phase: _____ Lot Number: 7

Driving Directions: Take NC-152 E for 2 miles, L on Wiggins Rd for 1 mile, L onto Northbridge Dr, L on Sansome Rd

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE
(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: _____

( ) 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?
(X) 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.

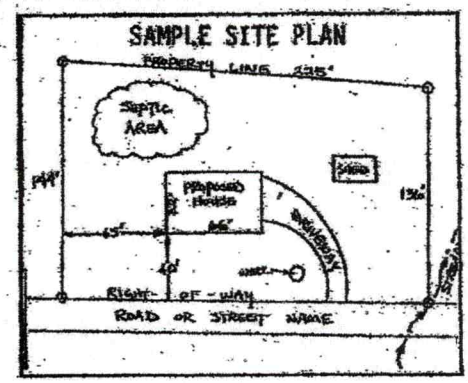
Signature: _____ TMF LLC manager 6/8/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

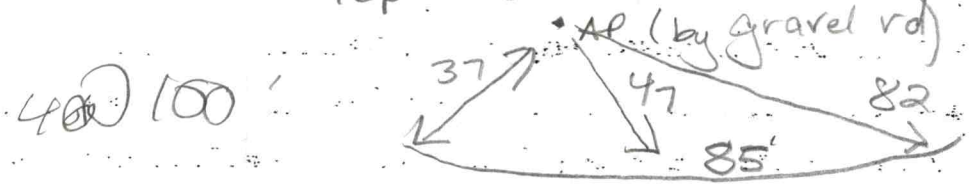
Circle N/A on the following if appropriate:

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

Top Contour line to Angle PT



Signature: _____

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

6-4-21

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*) _____

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, Angela McConnell, am the legal owner(s) of the property located at 198 Sansome Rd, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4678 21 2937, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Johnny Beane III, JMB Holdings, Inc, 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.

Angela J. McConnell Manager TMF LLC — Signature of Owner(s)

6/4/21 — Date

Mooresville - Environmental Health

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

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

JmB **Complete all Environmental Health forms:**

JmB Application

JmB Site Plan including the dimensions of proposed structure, addition, pool etc.

JmB Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

JmB Copy of Zoning Permit when applicable

JmB Sign this sheet after you have completed all items

JmB **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JmB **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

JmB **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

JmB **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ Date 6-4-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB12971

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-318652 Address: 198 SANSOME RD APN: 4678212937.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB12971			**$577.25**

Date Paid: Wednesday, June 16, 2021

Paid By: JMB HOLDINGS INC

Cashier: ECON

Pay Method: CREDIT 186873

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318652

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

PIN # 4678-21-2937

APPLICANT/OWNER: JmB Holdings, Inc | APPLICANT ADDRESS: 3951-A Westford Ln Denver, NC 28037

SITE ADDRESS: 198 Sansome Rd Mooresville, NC 28115 | PHONE: 910431 6915 Jonathan Bean | ALT. PHONE 704230-1016

SITE DIRECTIONS: Hwy 152 E TL Wiggins Rd TL Northbridge Dr TL Sansome Rd @ end. | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wiggins Walk | SECTION: | LOT # 7 | LOT AREA: 2.63 Ac. | DESIGN FLOW: 480 gpd | L.T.A.R.: .31 / .275 Rep

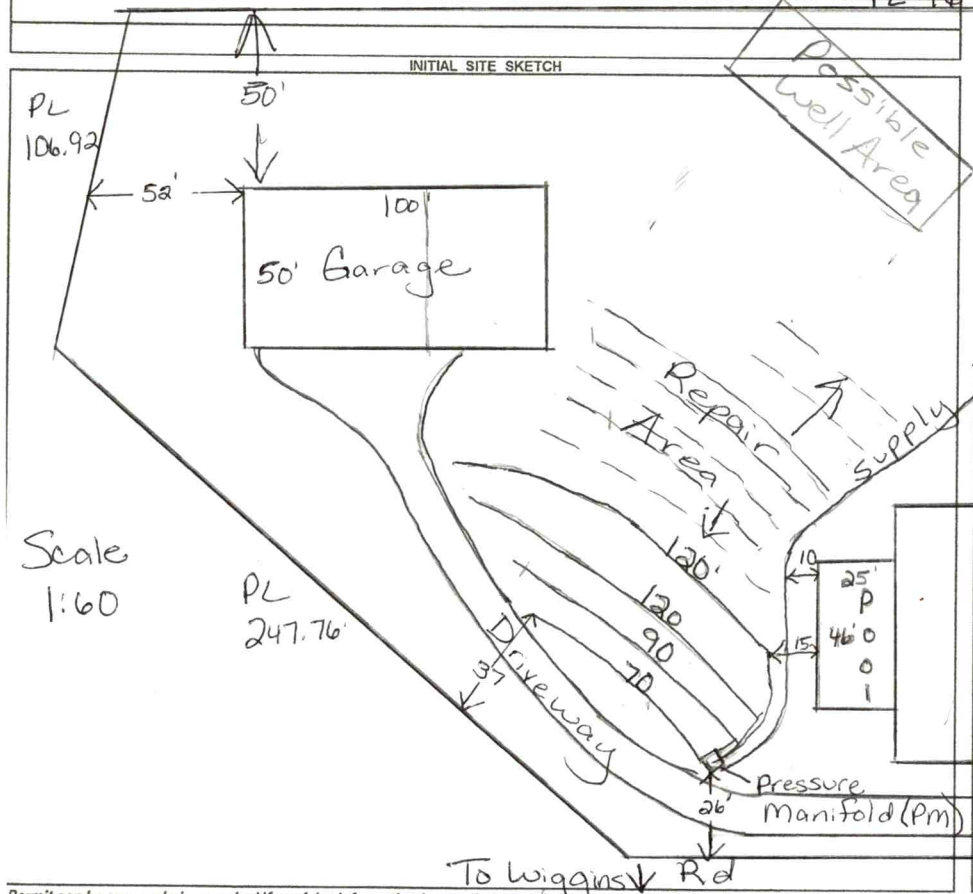
Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: Pump-PM-25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: Hart PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth (~~Low side~~) max 24" Initial	Gravel Depth N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

PL 464.06'

32.79gpm @ 2ft Pres Head
Dose 1829
8" drawdown
555 min.

INITIAL SITE SKETCH



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.

Pressure Manifold: Use 1/2" sch 80 tap for 70ft line @ 5.48g
Use 1/2" sch 40 tap for 90ft line @ 7.11g
Use 3/4" sch 80 tap for 120ft lines. 10.1g

PL 264.06'

Wants to move house 15ft or 15ft away from gully down toward's gulley

Revised

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: 8-2-21 | Installed by: _____

IMPROVEMENT PERMIT by: Maina Wolson Date: 7/28/21 | OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: D. Wehen Date: 9/11/21 | 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? _____	