IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243423

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

PIN # 4679221799

APPLICANT/OWNER: TLC Construction APPLICANT ADDRESS: 201 Sassafras Rd Mooresville, NC 28115

SITE ADDRESS: 153 Dupree Ln Mooresville NC 28115 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Hwy 801 E, L Dupree LN, on left at end SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Dupree Estates SECTION: N/I LOT # 7 LOT AREA: 1.13 DESIGN FLOW: 480 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	82.5	Date	5/3/19	■ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	■ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description: 25 % Reduction	☐ Business	No. Persons	8	■ Private
Pump Make		Model		Serial #		Repair System Description: LP PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft.	480	Maintenance Agreement Required: ☐ YES ■ NO	☐ Slab	■ Crawl Space		☐ Community
Trench Width	36"	Max Trench Bottom Depth	36"	Gravel Depth	N/A	■ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Per plan By The Oaks Group, PA

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by:The Oaks Group, PA

AS BUILT SKETCH

- installed as designed
- ST 25' behind house
- no pool at time of inspection
- lines 11' from house

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: Kathleen Saunders Date: 4/9/19 Installed by: Rayan Septic

IMPROVEMENT PERMIT by: Date: 04/08/19 OPERATION PERMIT by: Carlee Carl Date: 10-24-19

AUTHORIZATION TO CONSTRUCT by: Date: 04/08/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243423

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

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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		(gal)	PT		Date		System Description:	25 % Reduction			☐ Business	No. Persons	8	■ Private	
Pump Make		Model			Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6		Linear Ft	480	Maintenance Agreement Required:	☐ YES	■ NO		☐ Slab	■ Crawl Space		☐ Community	
Trench Width	36"	Max Trench Bottom Depth		36"	Gravel Depth	N/A	■ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Per plan By The Oaks Group, PA

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by:The Oaks Group, PA

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**

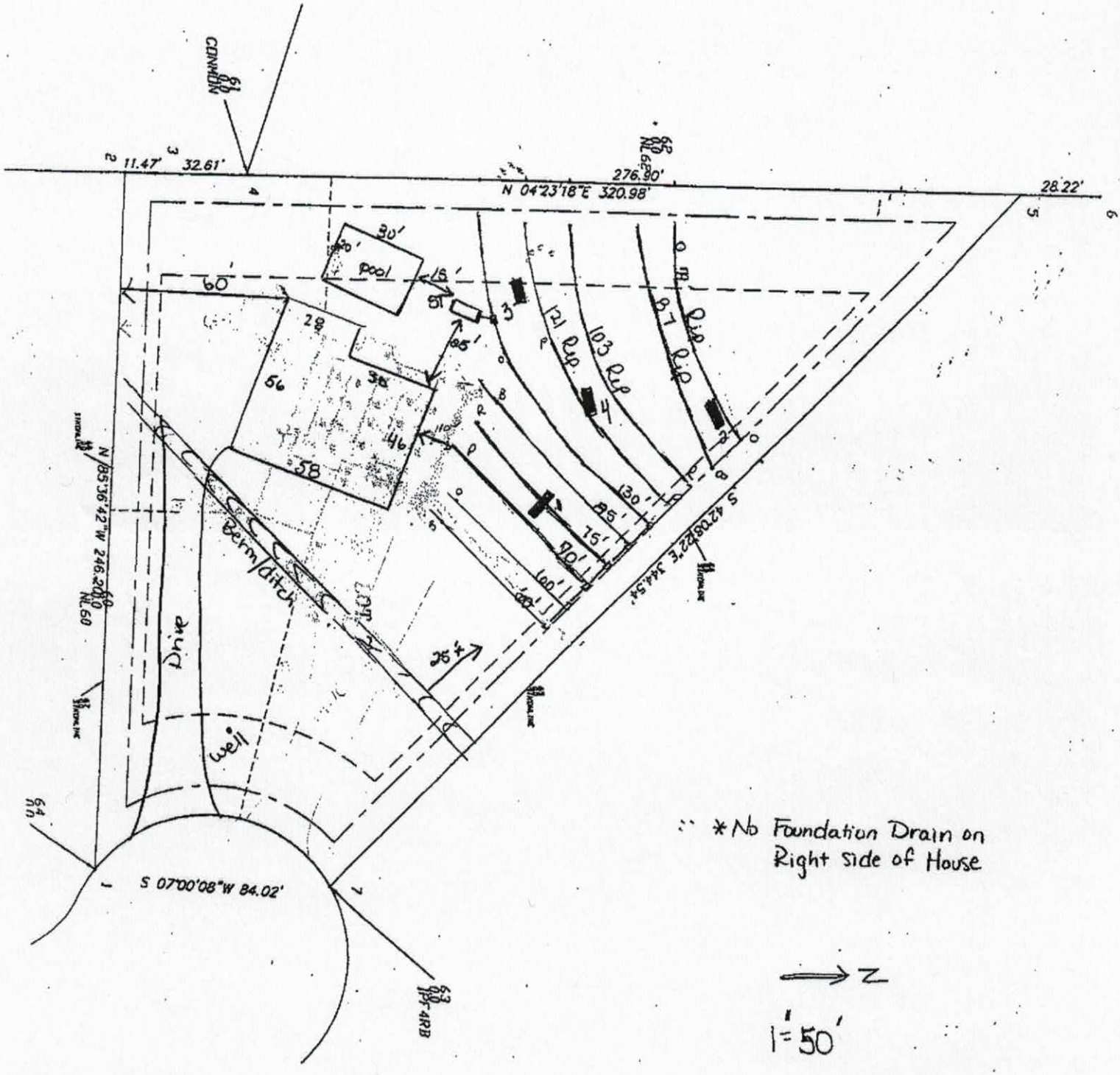
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ■ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ■ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 4/9/19 Installed by:

IMPROVEMENT PERMIT by: Date: 04/08/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 04/08/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


CONNELLY
11.47'
32.61'
N 04°23'18"E 320.98'
276.90'
28.22'
pool
30'
60'
28
56
38
46
58
121 Rip
103 Rip
87 Rip
130'
95'
75'
90'
60'
N 85°36'42"W 246.20'
S 42°08'22"E 344.54'
Berm/ditch
Drive
well
S 07°00'08"W 84.02'
* No Foundation Drain on Right side of House
N
1"=50'

Dupree Estates lot 7 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	390
Repair Loading Rate	0.25
Trench Depth	36"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	79
2	Repair	Blue	LP PPBPS	87
3	Repair	Red	LP PPBPS	103
4	Repair	Pink	LP PPBPS	121
5	System	Orange	25% Reduction	130 middlefed
6	System	Blue	25% Reduction	85 endfed
7	System	Red	25% Reduction	75 endfed
8	System	Pink	25% Reduction	70 endfed
9	System	Orange	25% Reduction	60 endfed
10	System	Blue	25% Reduction	60 endfed
				Total System: 480'
				Total Repair: 390'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Must get gravity flow from house to tank location
Tank elevation is equal to elevation of uppermost system line

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: TLC Family Homes — APPLICATION DATE _____
ADDRESS: 153 Dupree LN — DATE EVALUATED: 1/25/19
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 1.13
LOCATION OF SITE: Dupree Estates Lot 7 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5%	0-30	Mo ABK C	FR S/P	R; C yel	Br			0.25
		30-60	WK ABK SC	FR S/P	R; C pebbles				
						60+	N/A	N/A	
2	SH 2%	0-20	Mo SBK C	FR SS/SP	R; F yel	Br			0.25
		20-60	WK SBK CL	FR SS/SP	R; C sap				
						60+	N/A	N/A	
3	SH ~3%	0-26	Mo SBK C	FR SS/SP	R; C WR				0.3
		26-52	WK SBK C	↓	R; C sap/WR				
		52-68	MA SL SAP	FR NS/NP	multi				
						52"	PS	N/A	
4	L 3%	0-22	Mo ABK C	FR SS/SP	R; C sap				0.25
		22-49	WK SBK C	↓	R; C sap				
		49-72	MA L SAP	↓	multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	~~IV~~
Site LTAR	0.25	0.25

OTHER FACTORS (.1946)
SITE CLASSIFICATION (.1948)
EVALUATED BY: EMH
OTHER(S) PRESENT

LICENSED SOIL SCIENTIST — KATHLEEN M. SAUNDERS — THE GREAT SEAL OF THE STATE OF NORTH CAROLINA — 1313 — STATE OF NORTH CAROLINA

COMMENTS: Kathleen Saunders

Updated February

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11 (c)

RECEIVED APR 3 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

#243423
$500/$550

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: TLC Construction Address: 201 Sassafras Rd 28115 Zip:
Applicant Email: TLCFamilyHomes@yahoo.com Phone: Alt. Phone:
Owner Name: same Address: Zip:
Owner Email: Phone: Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 153 Dupree Lane Mooresville 28115
Subdivision Name: Dupree Estates Section/Phase: Lot Number: 7
Driving Directions: Hwy 801 E, L Dupree LN, on L at end

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

(X) 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:
(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:
(X) 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 (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: Kathleen Sanders 2-6-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, TLC Family Homes (Tim Ponczki), am the legal owner(s) of the property located at 153 Dupree Lane, identified as PIN (Parcel Identification Number) 4679 22 1799, located in Iredell County, North Carolina.

I do hereby authorize (print **legal representative/company name**) The Oaks Group, PA, 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

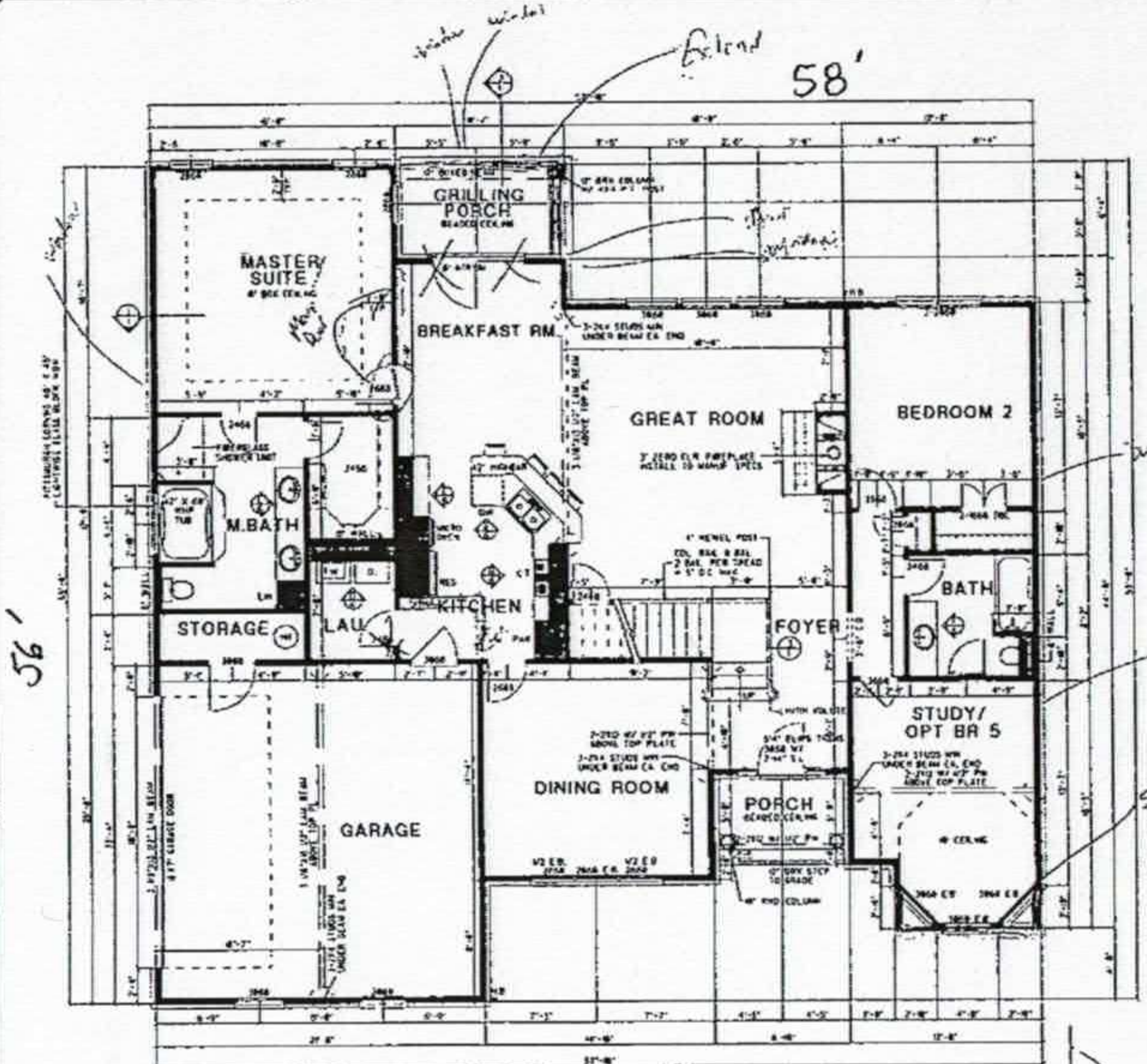
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) — 3-20-19 (Date) — Signature of Witness — 3-20-19 (Date)

Please return this signed form to the appropriate office:

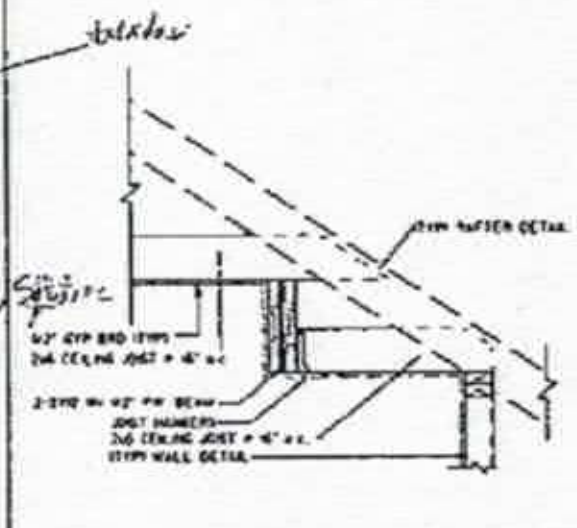
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

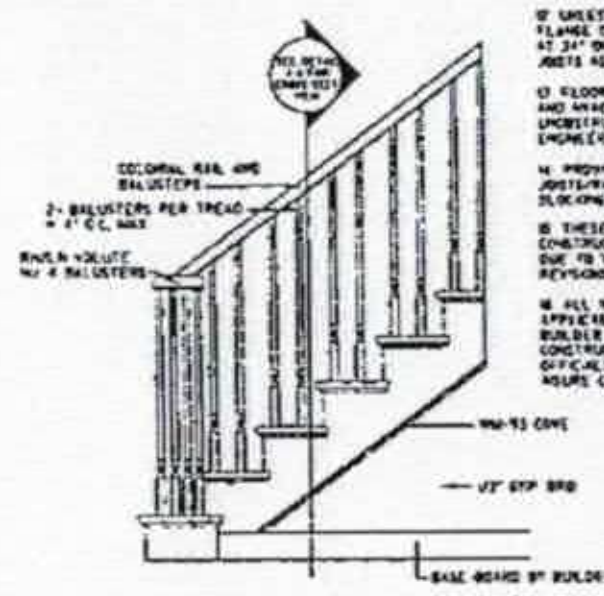


FLOOR PLAN NOTES:

CONSTRUCTION AND FRAMING NOTES:

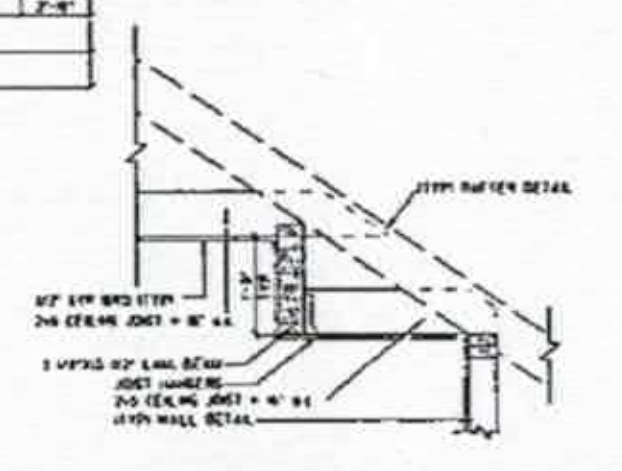


(1) 2X12 BOXED CEILING DETAIL

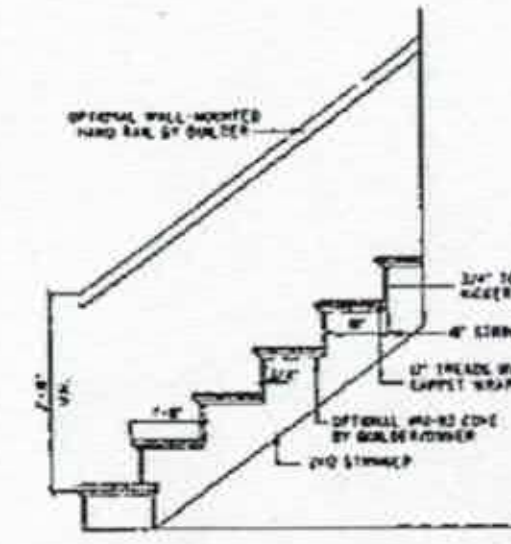


(3) STAIR DETAIL

NOTE:



(1) LAM. BEAM BOXED CEILING DETAIL



STAIR SECTIONAL



(2) BOX BEAM SECTIONAL DETAIL

FLOOR PLAN SPECIFICATIONS

NOTE:

Acknowledgement Of Plans Submittal ONLY!

Date 4/8/19

Kathleen Saunders Date 4/3/19

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MAIN FLOOR PLAN / NOTES

NDG1125

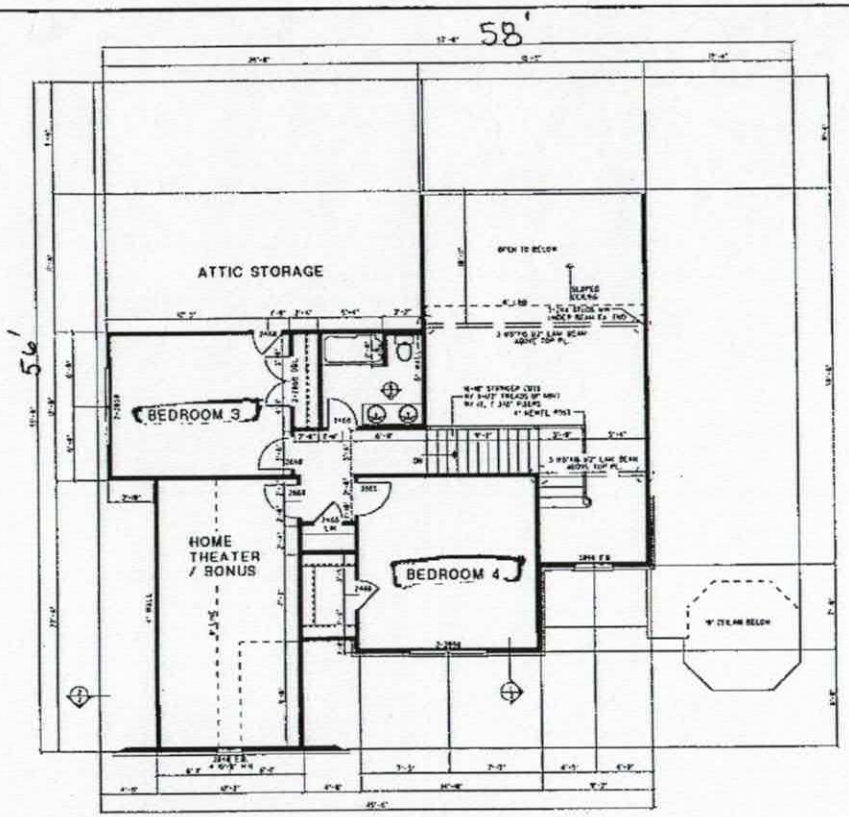
" Where Traditional Values and Family Come Together "

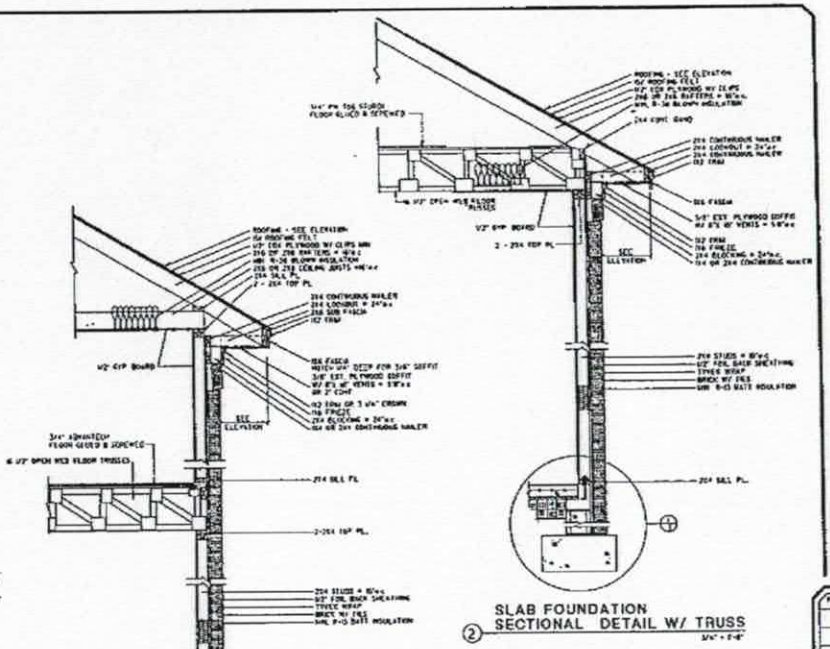
CAD DESIGNED

Nelson Design Group LLC
RESIDENTIAL PLANNERS · DESIGNERS
NATIONALLY PUBLISHED

PLAN NDG1125

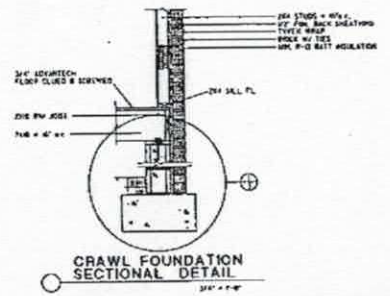
1 of 6





SLAB FOUNDATION SECTIONAL DETAIL W/ TRUSS

SLAB FOUNDATION SECTIONAL DETAIL



CRAWL FOUNDATION SECTIONAL DETAIL

REVISIONS	BY
2-24-95	KS
3-27-96	KH
7-4-96	DDH

NelsonDesignGroup
RESIDENTIAL PLANNING · DESIGN
NATIONALLY PUBLISHED

MICHAEL C. NELSON
REG Cert. No. 27484

SECTION NOTES:

1. PROVIDE INSULATION BAFFLES AT EAVE VENTS BETWEEN RAFTERS / TRUSSES
2. RIDGES, VALLEY AND HIP MEMBERS SHALL BE FULL VERTICAL DEPTH OF FRAMING MEMBERS
3. PROVIDE 2x6 COLLAR TIES AT 48" O.C.
4. PROVIDE CONTINUOUS 2x6 NAILING AT MID-SPAN OF RAFTERS SPACED AT 8'-0" MAX.
5. PROVIDE 2x4 STRUTS AT 48" O.C. FROM PURLINS TO BEARING WALLS AT 45 MINIMUM ANGLE
6. HANDRAILS SHALL BE MOUNTED 34" ABOVE NOSING OF STAIRS. GUARDRAILS SHALL BE MOUNTED AT 36".

INSULATION NOTES:

1. PROVIDE R-19 BATT INSULATION IN 2x6 WALLS, R-13 IN 2x4 WALLS, R-30 OR R-38 INSULATION IN FLAT CEILINGS AND R-26 MINIMUM SLOPED INSULATION IN VAULTED CEILINGS. ALLOW 1/2" MINIMUM AIRSPACE BETWEEN SHEATHING AND INSULATION. PACE TOPS, CROWN TO MATCH SIDE
2. INSTALL SIDE WALL AND CEILING INSULATION IN CONTINUOUS BLANKETS, WITHOUT VOIDS FOR ELECTRICAL BOXES, LIGHT FIXTURES OR HEATING DUCTWORK. CAULK ALL OPENINGS IN EXTERIOR WALLS.
3. INSTALL 6 MIL POLYETHYLENE VAPOR BARRIER AGAINST INSIDE OF ALL INSULATION. LAP JOINTS 6" MINIMUM
4. FLOORS OVER UNHEATED SPACE SHALL HAVE R-25 FOIL BACK INSULATION BETWEEN JOISTS.
5. SLAB EDGE INSULATION R-5.
6. HVAC DUCTS LOCATED IN UNHEATED SPACES SHALL BE INSULATED WITH R-8

PLUMBING NOTES:

1. PLUMBING SHALL MEET ALL LOCAL CODES
2. IF WATER HEATER IS LOCATED UNDERNEATH, EXCEPT GARAGE OR BASEMENT, PROVIDE METAL DRAIN PAN MIN. 4" HIGH WITH DRAIN TO EXTERIOR
3. ALL GAS WATER HEATERS SHALL BE VENTED AT ROOF
4. PROVIDE HOSE BIBB WATER CUT-OFF
5. PROVIDE BLOCKING AT WALL PLATES OR JOISTS FOR TUB AND

NOTE:

Plans Submittal ONLY!

Acknowledgement Date 4/3/19

Kathleen Sweeney Date 4/3/19

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UPPER FLOOR PLAN / NOTES

NDG1125

" Where Traditional Values and Family Come Together "

CAD DESIGNED

DATE	
SCALE	1/4" = 1'-0"
PLAN	NDG1125
DRAWN BY	

2 of 6

IREDELL COUNTY

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

APPLICATION NUMBER
243423
Issue Date: 04/03/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4679221799.000	153 DUPREE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NELSON CHAD B+SELENA J	Applicant: THE OAKS GROUP
Address: 145 DUPREE LANE	Address: 121 HOLT LN
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.130	35.00	35.00	15.00	15.00	BOWB	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	172886	TOTAL FEES:	$ 77.25