IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 243098

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

PIN # 4679385432

APPLICANT/OWNER: Jeffery Schwartz APPLICANT ADDRESS: 133 Wellfleet Ln. Mooresville, NC

SITE ADDRESS: 192 French Belk Rd. Mt. Ulla, NC PHONE: 512-745-0722 ALT. PHONE —

SITE DIRECTIONS: 801 N → L on Triplett Rd → R on French Belk Rd → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Twin Brooks SECTION: — LOT # 48 LOT AREA: 13 ac DESIGN FLOW: 600gpd L.T.A.R.: .25 (.125 repair)

Septic Tank 1000/1600 (gal) STB 338 Date 6-21-19
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft 600'
Trench Width 36" Trench Bottom Depth(Low side) 18"/20" high Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction pretreatment drip
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private (multi connection) ☐ Public ☐ Community

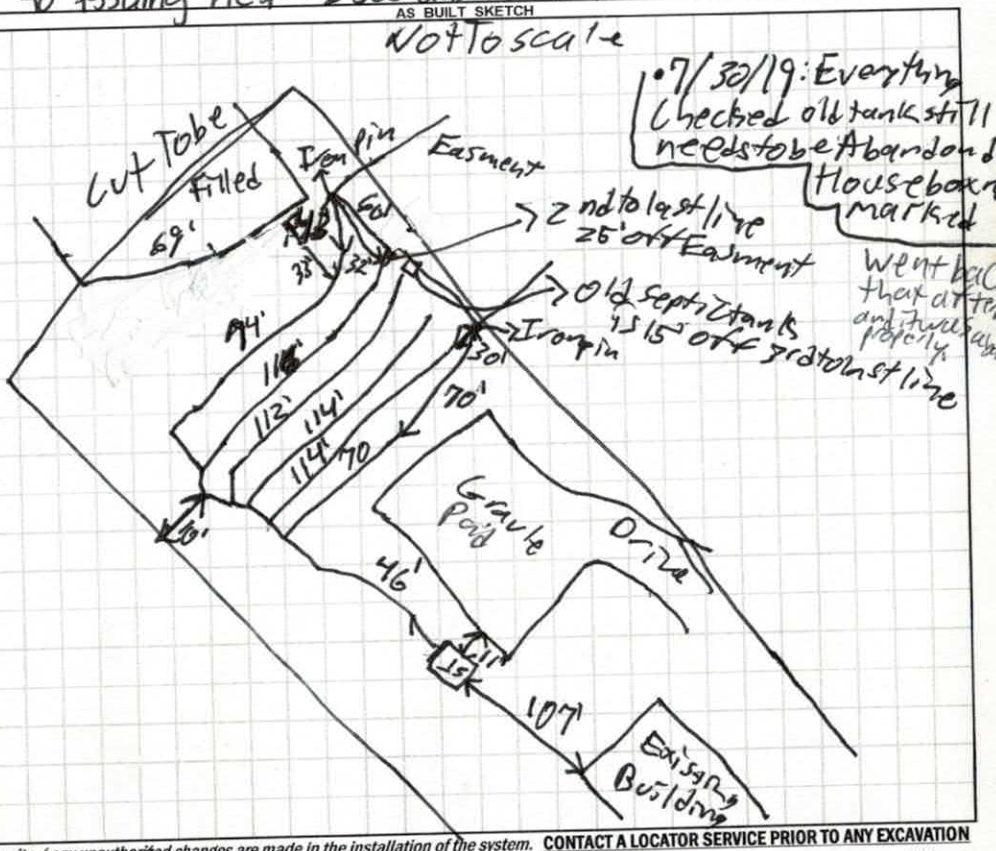
Comments / Conditions: * Do not exceed max trench depth of 20" * Pump, crush, & fill existing tank. Maintain 20' from existing septic system.

* Property must be recorded prior to issuing AC *
* Septic easement must be deeded & recorded prior to issuing AC * → see attached 6-10-19

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

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**

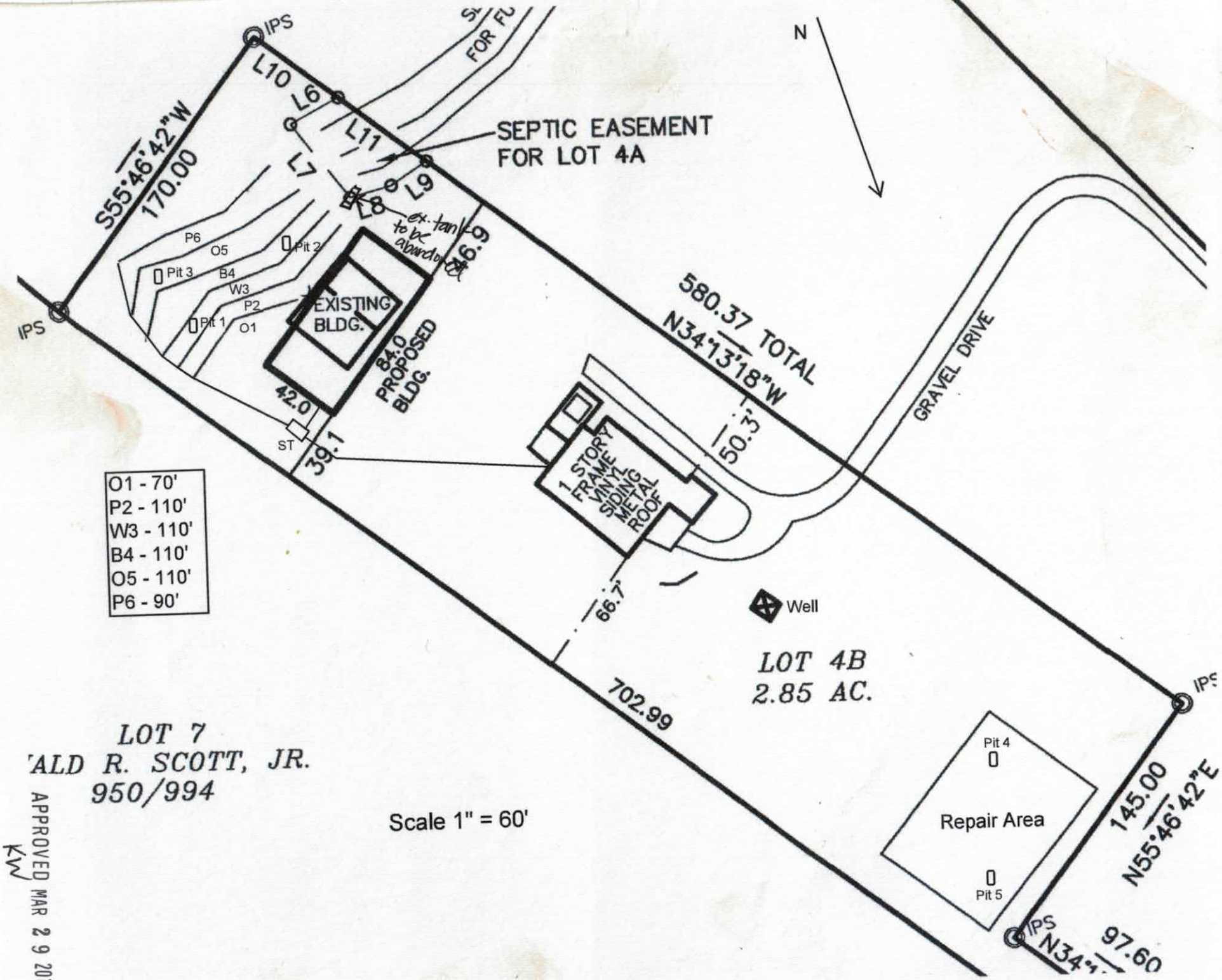
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6-13-19 Installed by: Byers Landscaping

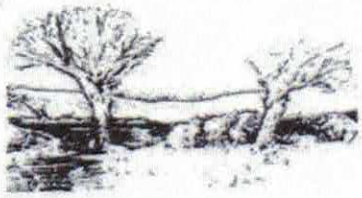
IMPROVEMENT PERMIT by: Kayla Watson Date: 3-29-19 OPERATION PERMIT by: Patrick D Byers III Date: 07/30/19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 6-10-19 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.



APPROVED MAR 29 2019
KW



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 192 French Belk Rd, Twin Brooks SD, Lot 4B
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.25 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 18-20"

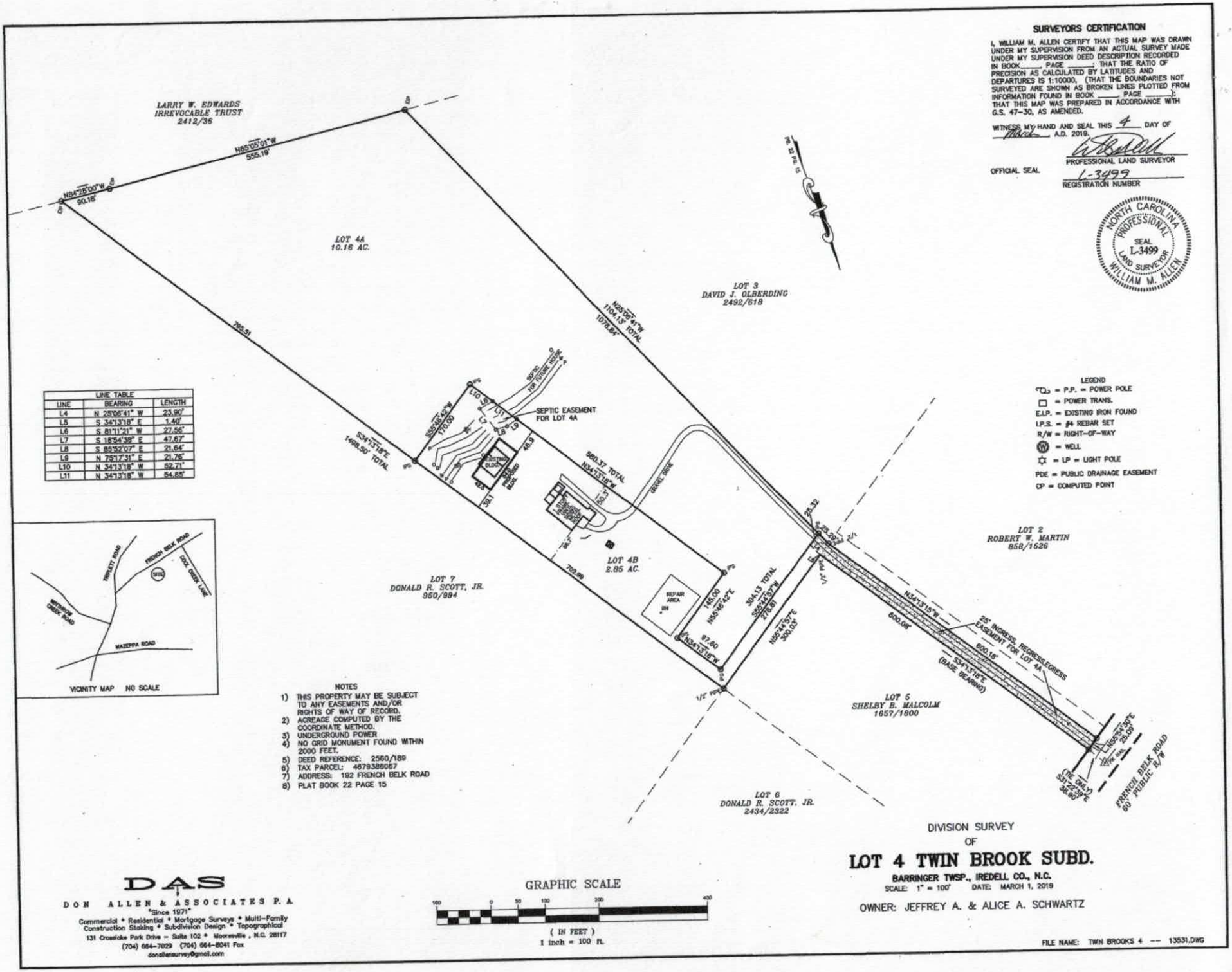


Line	Design Length	Actual Length
Orange 1	70'	73'
Pink 2	110'	114'
White 3	110'	114'
Blue 4	110'	118'
Orange 5	110'	114'
Pink 6	90'	90'

Initial System: 600' **Repair System:** 4800+ FT^2

Comments:
The existing barn will have three bedrooms upstairs and the new garage will have a two bedroom apartment. Any old farm terraces must be removed in the septic area.

APPROVED MAR 2 9 2019
KW



LINE TABLE		
LINE	BEARING	LENGTH
L4	N 25°06'41" W	23.90'
L5	S 34°13'18" E	1.40'
L6	S 81°11'21" W	27.56'
L7	S 18°54'39" E	47.67'
L8	S 85°52'07" E	21.64'
L9	N 75°17'31" E	21.76'
L10	N 34°13'18" W	92.71'
L11	N 34°13'18" W	54.85'

VICINITY MAP NO SCALE

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) DEED REFERENCE: 2560/189
6) TAX PARCEL: 4679385057
7) ADDRESS: 192 FRENCH BELK ROAD
8) PLAT BOOK 22 PAGE 15

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL
☼ = LP = LIGHT POLE
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK_____ PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000. (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____ PAGE _____; THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 4 DAY OF March, A.D. 2019.

PROFESSIONAL LAND SURVEYOR

OFFICIAL SEAL L-3499
REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
donallensurvey@gmail.com

GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

DIVISION SURVEY
OF
LOT 4 TWIN BROOK SUBD.
BARRINGER TWSP., IREDELL CO., N.C.
SCALE: 1" = 100' DATE: MARCH 1, 2019
OWNER: JEFFREY A. & ALICE A. SCHWARTZ

FILE NAME: TWIN BROOKS 4 -- 13531.DWG

PROPERTY ID #: 4679386067__
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED MAR 29 2019 KW

OWNER: Jeffery Schwartz_____ APPLICATION DATE_____
ADDRESS: 133 Wellfleet Ln, Mooresville, NC_____ DATE EVALUATED: __3/2019___
PROPOSED FACILITY: __5 bedroom__ PROPOSED DESIGN FLOW (.1949): _600 GPD___ PROPERTY SIZE: _2.85 AC_____
LOCATION OF SITE: 192 French Belk Rd, Twin Brook Lot 4B_____ PROPERTY RECORDED: _2019_____

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 4%	0-9	Br SCL WSBK	FR SS SP SXP	Mn YB CHR 2 @ 42"	42"	N/A	N/A	PS 0.25
		9-32	R C ABK	FR SS SP SXP					
		32-42	R C WSBK	FR SS SP SXP					
PIT 2	LS 4%	0-10	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 35"	35"	N/A	N/A	PS 0.25
		10-26	R C SBK	FR SS SP SXP					
		26-35	R C ABK	FR SS SP SXP					
PIT 3	LS 4%	0-6	Br SCL WSBK	FR SS SP SXP	Few YB YB	46"	N/A	N/A	PS 0.25
		6-30	R C SBK	FR SS SP SXP					
		30-46	R C WSBK	FR SS SP SXP					
PIT 4	LS 4%	0-14	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 34"	34"	N/A	N/A	PS 0.25
		14-34	R C ABK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1800 FT^2	4800+ FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.25	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED MAR 29 2019

KW

PROPERTY ID #: 4679386067

DATE OF EVALUATION: _____

COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 4%	0-13	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 34"	34"	N/A	N/A	PS 0.25
		13-34	R C ABK	FR SS SP SXP					
AB 1	LS 4%	0-6	Br SCL WSBK	FR SS SP SXP	YB's @ 30"	48"	N/A	N/A	PS 0.25
		6-48	R C SBK	FR SS SP SXP					
AB 2	LS 4%	0-6	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 34"	34"	N/A	N/A	PS 0.25
		6-34	R C WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED MAR 21 2019

Paid $350.00 #243098

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jeffery Schwartz **Address:** 133 Wellfleet Ln, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Marnie 512-745-0722 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 192 French Belk

Subdivision Name: Twin Brook **Section/Phase:** _____ **Lot Number:** 4B

Driving Directions: _____

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: 5
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: Accepted

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: _____ 3/15/2019
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, Alice Ann and Jeff Schwartz, am the legal owner(s) of the property located at 192 French Belk, Mt. Ulla, identified as PIN (Parcel Identification Number) 4679386067, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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.

Alice Ann Schwartz 3-20-19 Ann Downs 3/20/19

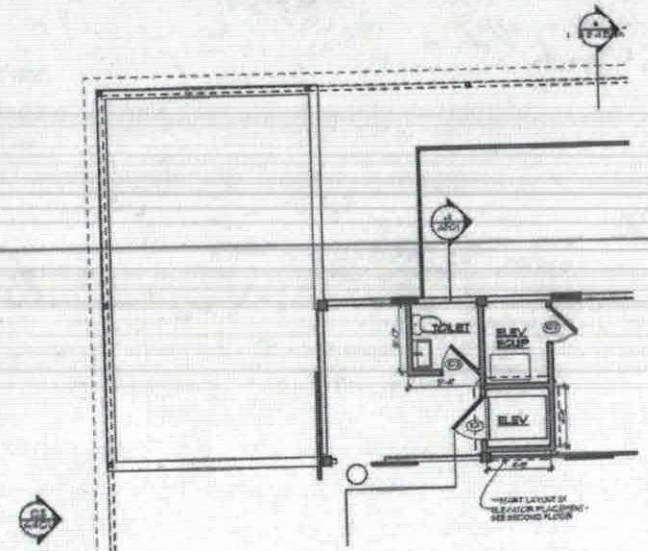
Signature of Owner(s) Date Signature of Witness Date

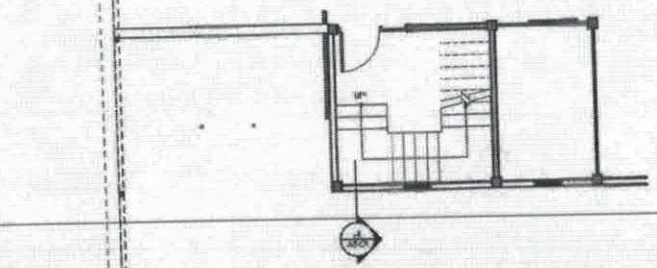
Jeff Schwartz 3-20-19

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

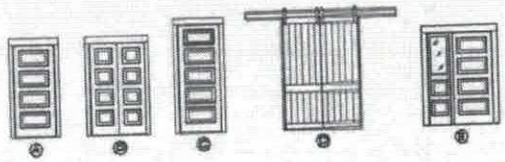
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677





PARTIAL LOWER FLOOR PLAN

DOOR SCHEDULE				
MARK	TYPE	SIZE	OPERATION	NOTES
101		3'-0"W x 8'-0"H		
101	A	3'-0"W x 8'-0"H	SWING	
102	A	2'-6"W x 8'-0"H	SWING	
103	A	2'-6"W x 8'-0"H	SWING	
104	B	3'-0"W x 8'-0"H	SWING W/ SIDELIGHT	
201	A	3'-0"W x 8'-0"H	SWING	
202	A	2'-6"W x 8'-0"H	SWING	
203	A	3'-0"W x 8'-0"H	SWING	
204	A	2'-6"W x 8'-0"H	POCKET	
205	A	3'-0"W x 8'-0"H	SWING	
206	A	2'-6"W x 8'-0"H	POCKET	
207	B	4'-0"W x 8'-0"H	SWING	
208	C	3'-0"W x 8'-0"H	POCKET	
209	D	8'-0"W x 8'-0"H	SLIDING	
210	C	3'-0"W x 8'-0"H	POCKET	
33	A	3'-0"W x 8'-0"H	SWING	
212	A	2'-6"W x 8'-0"H	POCKET	
213	B	4'-0"W x 8'-0"H	SWING	



Acknowledgement Of
Plans Submittal ONLY!
Kayla Wilson Date 4-2-19
Date 6-13-19

NOT FOR CONSTRUCTION

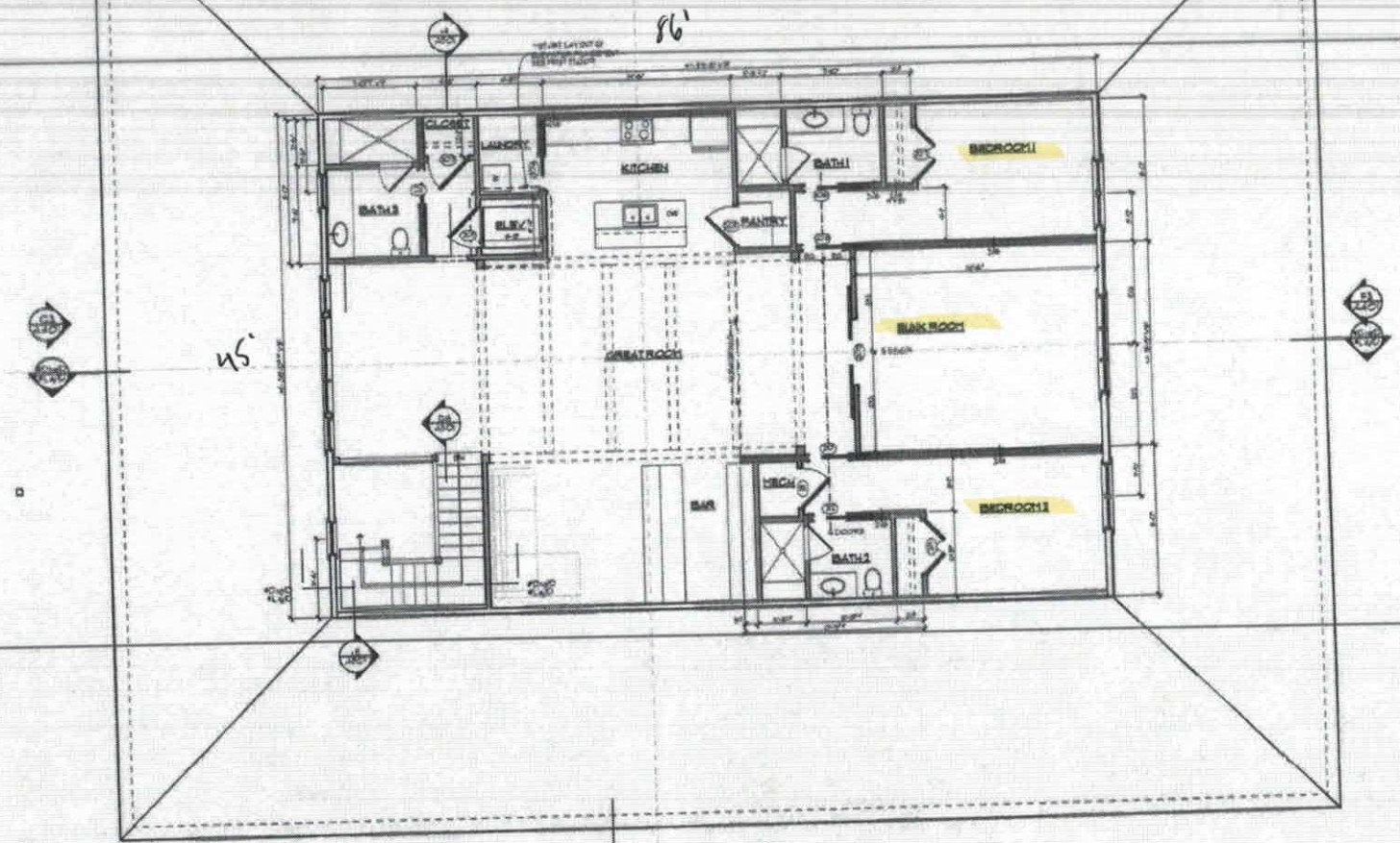
HARRISARCHITECTS

BUNK HOUSE
HERITAGE FARM

LOWER FLOOR PLAN

A201

Acknowledgement Of
Plans Submittal ONLY
Date 4-2-19
Date 6.13.19



UPPER LEVEL DIMENSIONED PLAN

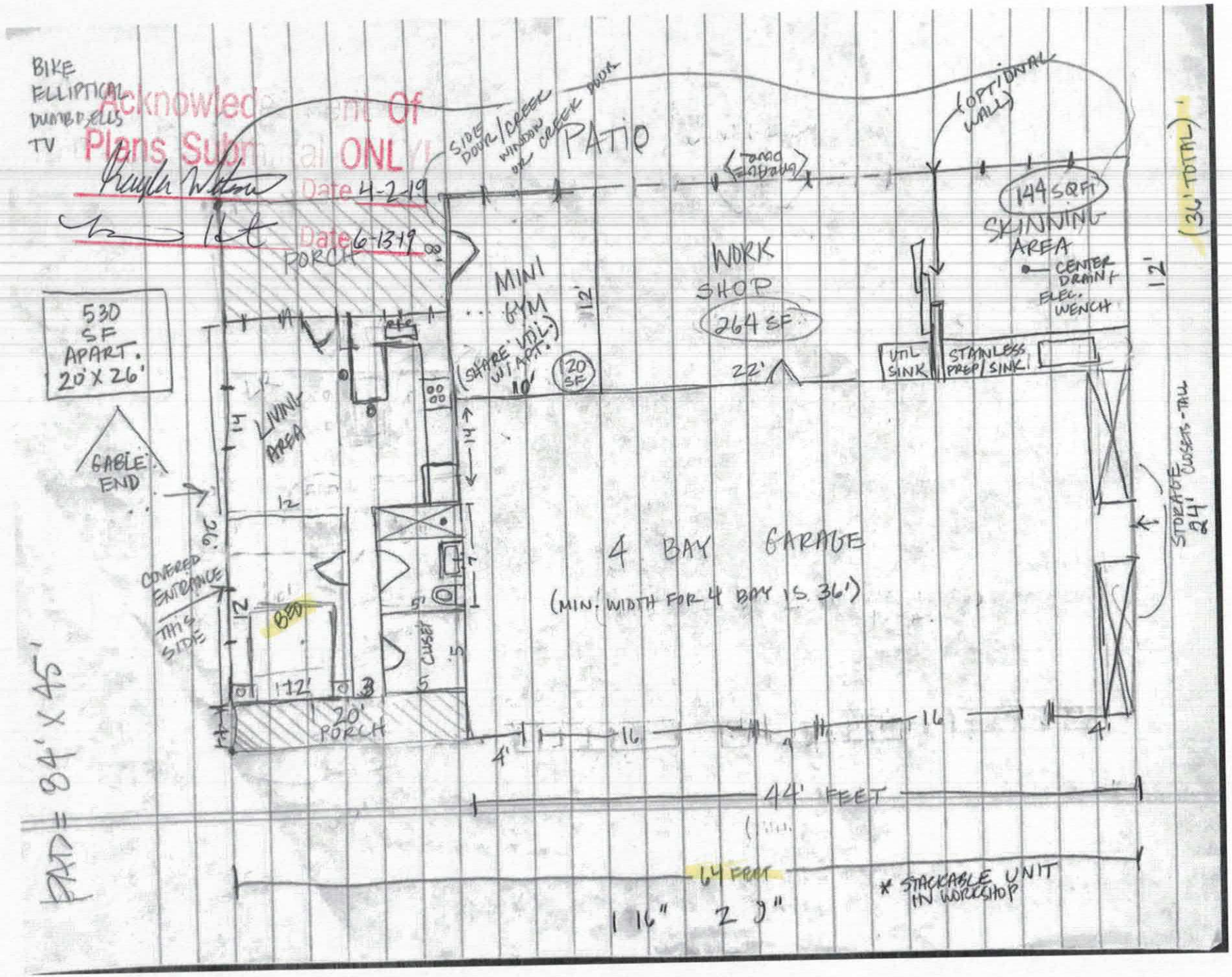
NOT FOR CONSTRUCTION

HARRISARCHITECTS

BUNK HOUSE
HERITAGE FARM

UPPER LEVEL DIMENSIONED PLAN

A203


BIKE
ELLIPTICAL
DUMBBELLS
TV
Acknowledgement Of
Plans Submittal ONLY
Date 4-2-19
Date 6-13-19
SIDE DOOR / CREEK WINDOW OR CREEK DOOR
PATIO
(OPT'L WALL)
144 SQ FT
SKINNING AREA
CENTER DRAIN
ELEC. WENCH
12'
(36' TOTAL)
WORK SHOP
264 SF
MINI GYM
(SHARE W/ APT.)
10'
20 SF
22'
UTIL SINK
STAINLESS PREP SINK
530 SF APART. 20' X 26'
PORCH
LIVING AREA
GABLE END
26'
12
CONCRETE ENTRANCE THIS SIDE
BED
12'
3
5' CLOSET
5'
4' PORCH
4'
16
16
4'
4 BAY GARAGE
(MIN. WIDTH FOR 4 BAY IS 36')
STORAGE CLOSETS - TALL
24'
44' FEET
64 FEET
* STACKABLE UNIT IN WORKSHOP
116" 29"
PAD = 84' X 45'

IREDELL COUNTY

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

APPLICATION NUMBER
243098
Issue Date: 03/21/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4679386067.000	192 FRENCH BELK ROAD, MT ULLA, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KLATT MARTY J+KRISTIN M	Applicant: MICHAEL ATHANAS & ASSO
Address: 192 FRENCH BELK RD	Address: 561 ENNIS RD
MT ULLA, NC 28125	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
ACCESSORY DWELLING - PER WA 650 SF MAX FOR HEATED SPACE 3.21.19 SL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.000	35.00	35.00	15.00	15.00	NOT	X

Remarks:

Must meet requirement R6 of the LDC. It shall be clearly subordinate to the principal structure or home. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be 2 times the minimum lot requirement for the district. Shall not be greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. Must be owned by the same person who owns the principal dwelling or home. Shall not be served by separate driveway from that of the principal dwelling or home. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure or home. Shall meet the height requirement of the zoning district.

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	171370	TOTAL FEES:	$ 77.25