ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 320949

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

PIN # 4710 -- 65 -- 9892

APPLICANT/OWNER: Moorefield Builders APPLICANT ADDRESS: 1516 Mocksville Hwy, Statesville

SITE ADDRESS: 251 Sunny Path Ln, Statesville 28625 PHONE: 704-880-6620 ALT. PHONE –

SITE DIRECTIONS: East Mocksville - Rt Pineville - Lt Sunny Path - Lot on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Frey Family Living Trust SECTION: – LOT # 1 LOT AREA: 1.104 DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date	Infiltrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	1000	(gal)	PT		Date	Infiltrator	System Description:	25% reduction			☐ Business	No. Persons	6	☒ Private			
Pump Make	Champion	Model	~~HF~~	3/4HP	Serial #	~~A240036~~	Repair System Description:	PPBPS			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	5		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community			
Trench Width	36"	Trench Bottom Depth(Low side)		36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: See attatched plan by Michael Athanas & Associates

INITIAL SITE SKETCH

See attatched Plan by Michael Athanas & Associates

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.

Tanks 7/22/22 CW

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: 9/30/21 Installed by: Piedmont Backhoe

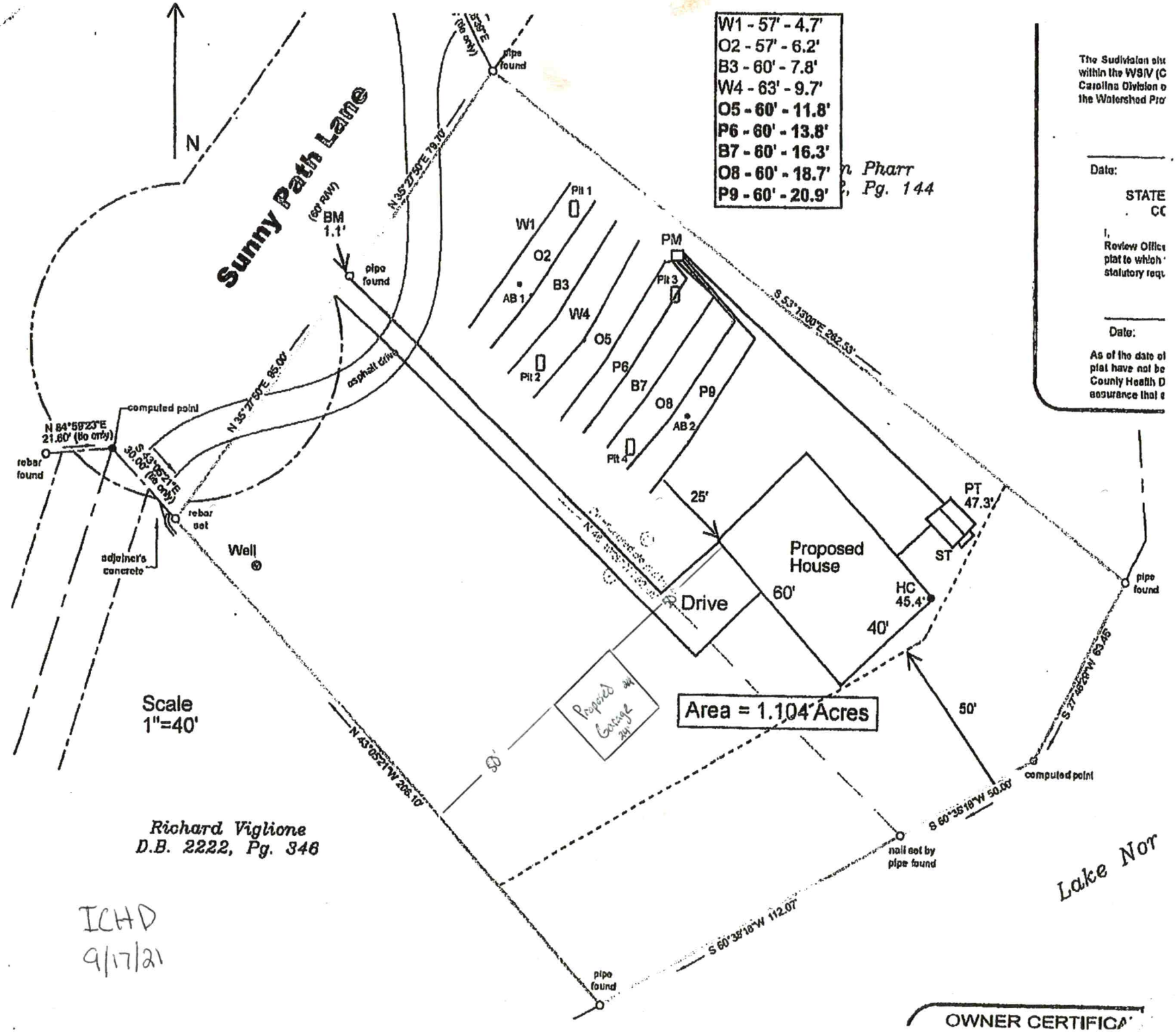
IMPROVEMENT PERMIT by: Cory Wilt Date: 9/17/21 OPERATION PERMIT by: Cory Wilt Date: 1/19/23

AUTHORIZATION TO CONSTRUCT by: Cory Wilt Date: 9/17/21 Existing System Inspected by: Date:

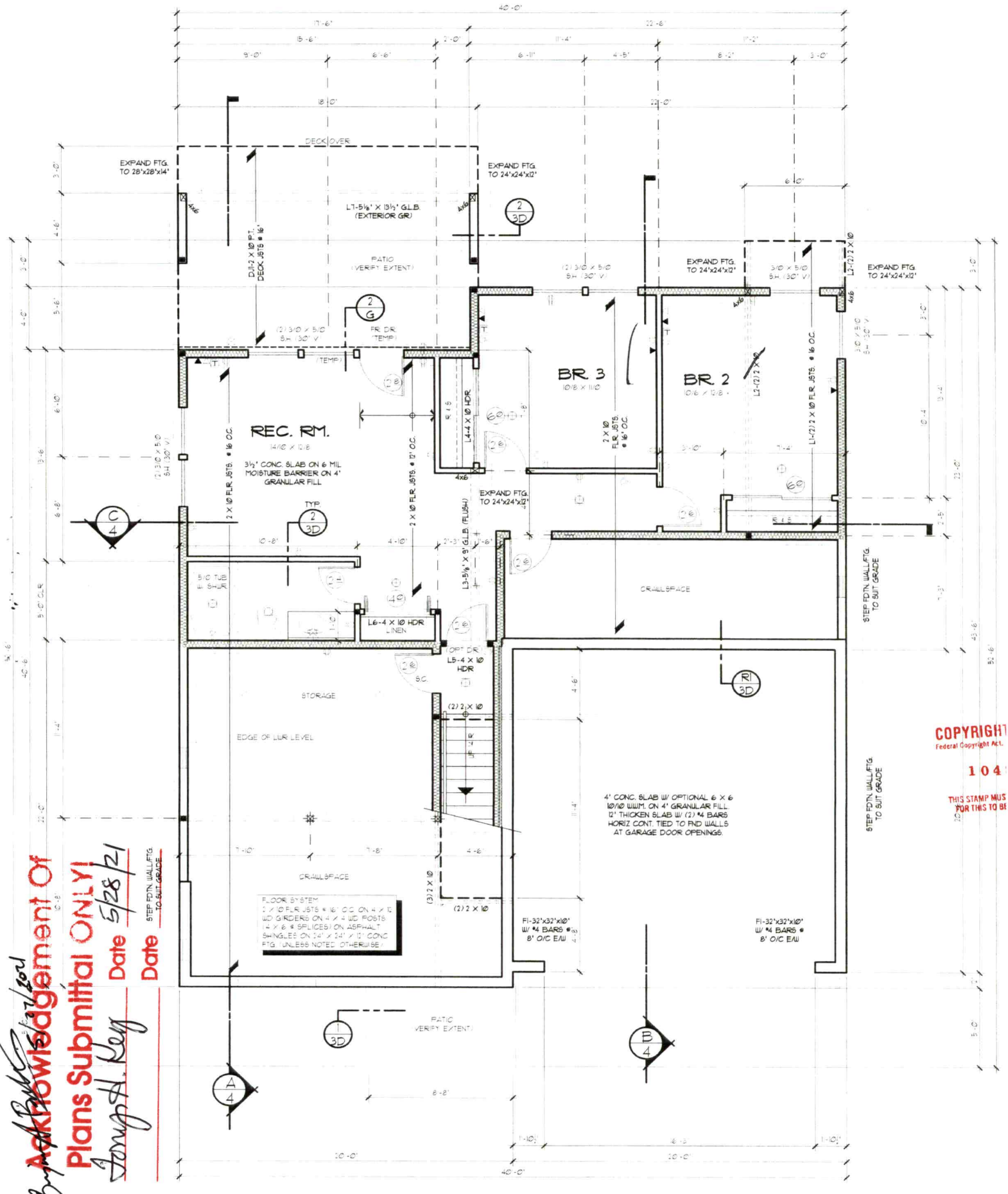
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	7/25/22	MW
Tanks Checked		CW
Pressure Manifold or Valve Box Checked		
Pressure Head Set	7/25/22	MW
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? _____	


W1 - 57' - 4.7'
O2 - 57' - 6.2'
B3 - 60' - 7.8'
W4 - 63' - 9.7'
O5 - 60' - 11.8'
P6 - 60' - 13.8'
B7 - 60' - 16.3'
O8 - 60' - 18.7'
P9 - 60' - 20.9'
N
Sunny Path Lane
BM 1.1'
(60' R/W)
pipe found
N 35°27'50"E 79.70'
N 35°27'50"E 85.00'
asphalt drive
computed point
N 84°59'23"E 21.60' (tie only)
rebar found
S 43°05'21"E 30.00' (tie only)
rebar set
adjoiner's concrete
Well
Pit 1
Pit 2
Pit 3
Pit 4
PM
W1
O2
B3
W4
O5
P6
B7
O8
P9
AB 1
AB 2
S 53°13'00"E 282.53'
25'
Proposed House
PT 47.3'
ST
HC 45.4'
60'
40'
Drive
N 43°05'21"W 208.10'
Proposed 24' Garage
50'
Area = 1.104 Acres
S 27°26'28"W 65.46'
computed point
S 60°35'18"W 50.00'
nail set by pipe found
S 60°38'18"W 112.07'
pipe found
Scale 1"=40'
Richard Viglione
D.B. 2222, Pg. 346
Pharr
Pg. 144
Lake Nor
Date:
STATE
Review Office
Date:
OWNER CERTIFICA

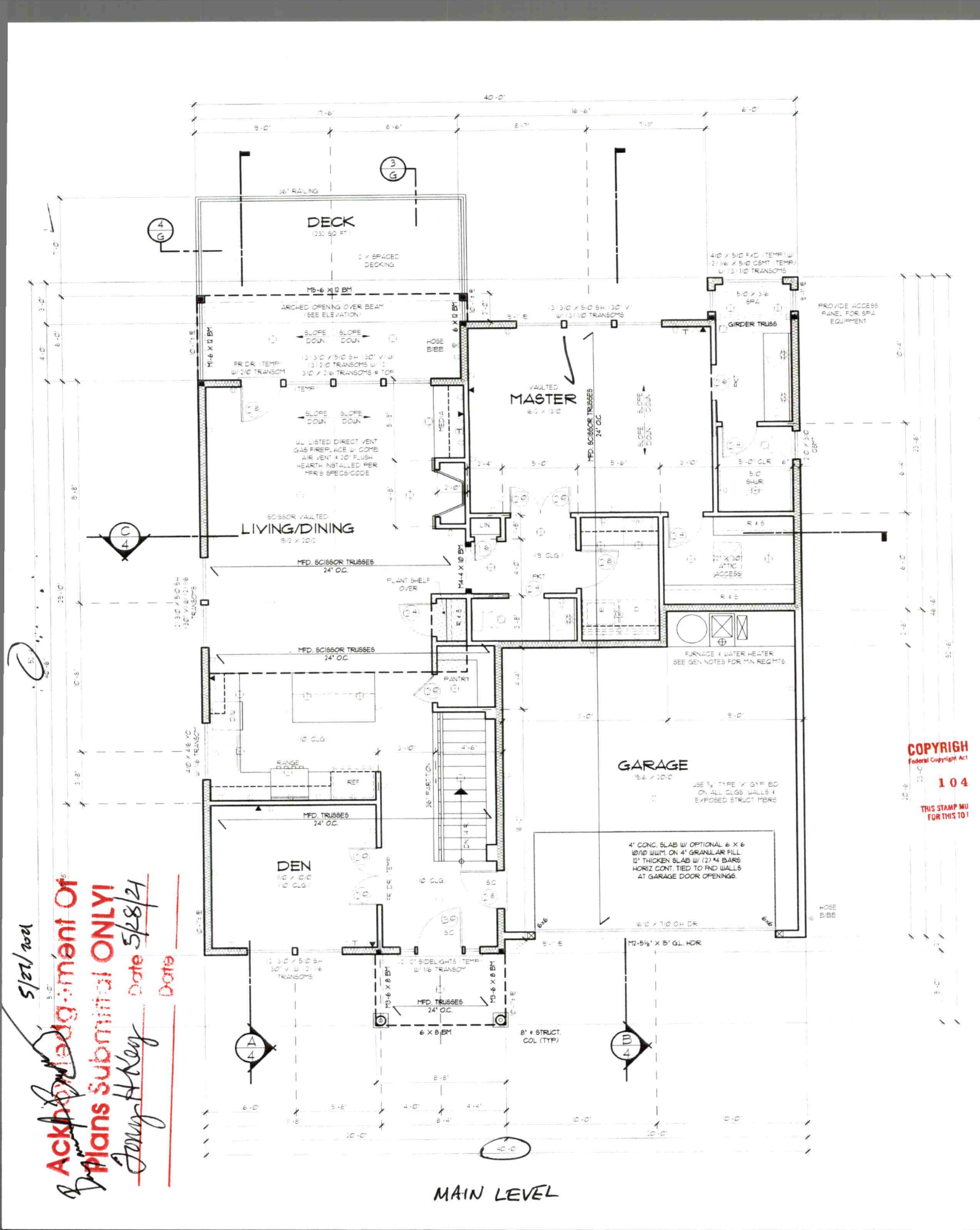
ICHD
9/17/21



Acknowledgement Of Plans Submittal ONLY!
Date 5/28/21
Date

COPYRIGHT
Federal Copyright Act.
104
THIS STAMP MUS FOR THIS TO BE

BASEMENT



MAIN LEVEL

Acknowledgment Of Plans Submittal ONLY!
Date 5/28/24
Date

5/21/2024

COPYRIGH
Federal Copyright Act
104
THIS STAMP MU
FOR THIS TO I

RECEIVED SEP C 9 2021

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

AP-320949 $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

CW Relayout for detached garag.

Limited

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: Moorefield Builders, Inc Address: 1516 Mocksville Hwy. Statesville Zip: 28625
Applicant Email: _____ Phone: 704-880-6620 Alt. Phone: _____
Owner Name: Tony Key Address: 227 Laurel Creek Rd. Statesville Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 251 Sunny Path Ln., Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: East Monbo to Pineville to Sunny Path - lot at end on left

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

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

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.

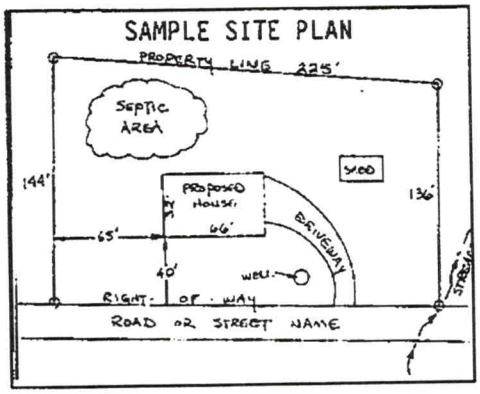
Signature: Melissa Moorefield 8-27-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See attached

Signature: Melissa Moorefield

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

8-27-21

DATE

PROPERTY ID #: 4710750825_
COUNTY: __Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Key Family Living Trust_____ APPLICATION DATE_____
ADDRESS: 227 Laurel Creek Rd, Statesville, NC 28625_____ DATE EVALUATED: _____
PROPOSED FACILITY: ___3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD_____ PROPERTY SIZE: _____
LOCATION OF SITE: Sunny Path Ln_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	
1	LS 25%	0-3	Br CL WSBK	FR SS SP SXP	N/A	59"	F-C SAP	N/A	PS 0.3
		3-22	R C SBK	FR SS SP SXP					
		22-59	R CL WSBK	FR SS SP SXP					
2	LS 25%	0-6	Br CL WSBK	FR SS SP SXP	N/A	56"	F-C SAP	N/A	PS 0.3
		6-22	R C SBK	FR SS SP SXP					
		22-56	R CL WSBK	FR SS SP SXP					
3	LS 25%	0-4	Br CL WSBK	FR SS SP SXP	N/A	50"	F-C SAP	N/A	PS 0.3
		4-16	R C SBK	FR SS SP SXP					
		16-50	R CL WSBK	FR SS SP SXP					
4	LS 25%	0-3	Br CL WSBK	FR SS SP SXP	N/A	55"	F-C SAP	N/A	PS 0.3
		3-20	R C SBK	FR SS SP SXP					
		20-55	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT^2	711 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:_____
_____

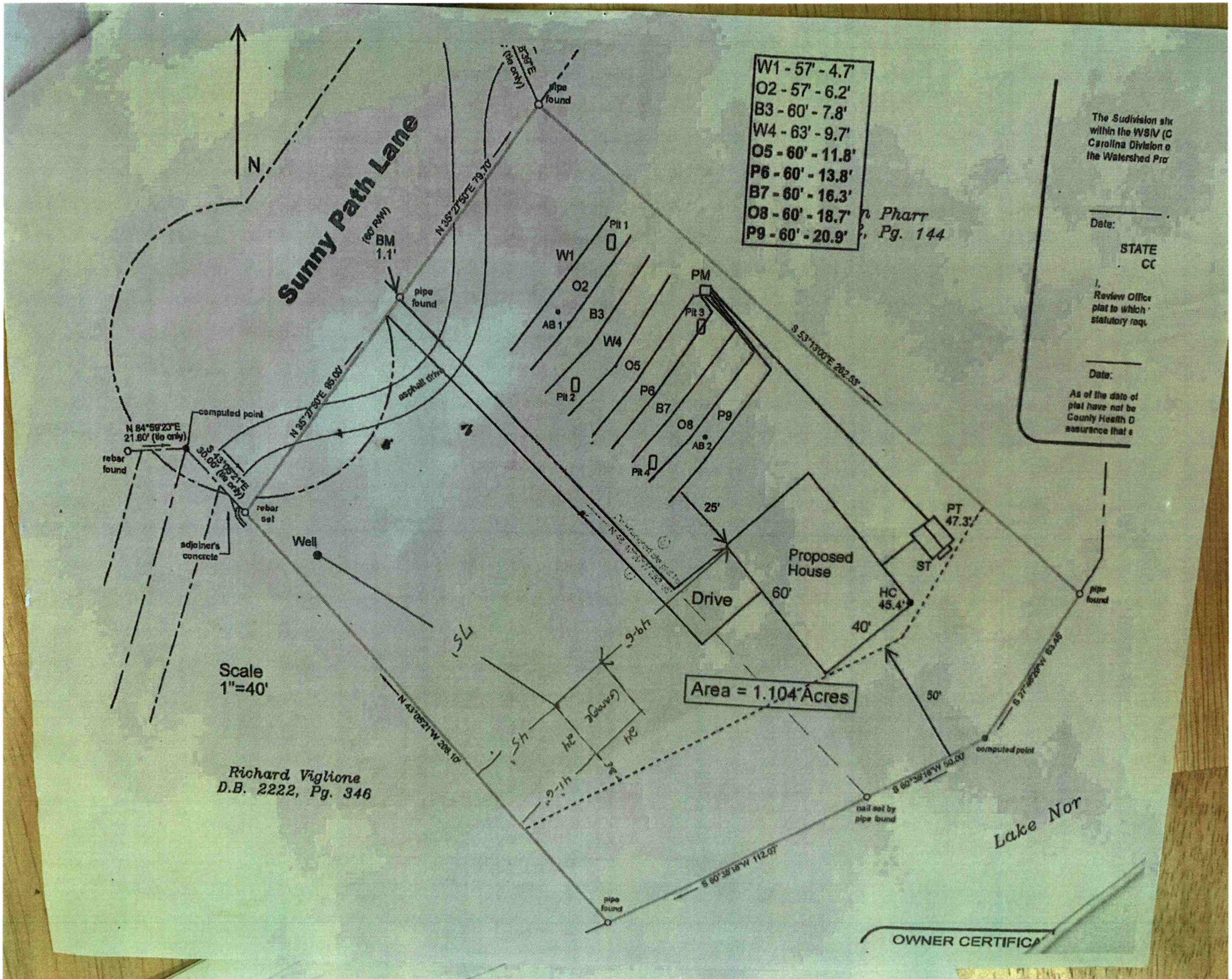
SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4710750825
DATE OF EVALUATION: _____
COUNTY: __IREDELL__

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
AB 1	LS 25%	0-18	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		18-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 25%	0-18	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		18-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____


W1 - 57' - 4.7'
O2 - 57' - 6.2'
B3 - 60' - 7.8'
W4 - 63' - 9.7'
O5 - 60' - 11.8'
P6 - 60' - 13.8'
B7 - 60' - 16.3'
O8 - 60' - 18.7'
P9 - 60' - 20.9'
Sunny Path Lane
(60' R/W)
N
BM
1.1'
pipe found
N 35°27'50"E 79.70'
N 35°27'50"E 65.00'
asphalt drive
computed point
N 84°59'23"E
21.80' (tie only)
rebar found
S 43°05'21"E
30.00' (tie only)
rebar set
adjoiner's concrete
Well
Pit 1
Pit 2
Pit 3
Pit 4
W1
O2
B3
W4
O5
P6
B7
O8
P9
PM
AB 1
AB 2
S 53°13'00"E 282.53'
25'
Proposed House
60'
40'
Drive
PT
47.3'
ST
HC
45.4'
pipe found
Area = 1.104 Acres
50'
S 77°48'28"W 63.48'
computed point
S 60°38'18"W 50.00'
nail set by pipe found
S 60°38'18"W 112.07'
pipe found
N 43°05'21"W 208.10'
Richard Viglione
D.B. 2222, Pg. 346
Scale
1"=40'
Lake Nor
OWNER CERTIFICA
The Subdivision shi
within the WSIV (C
Carolina Division o
the Watershed Pro
Date:
STATE
CC
I,
Review Office
plat to which
statutory requ
Date:
As of the date of
plat have not be
County Health D
assurance that s

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*) Tony Harrison Key

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, TONY HARRISON KEY, am the legal owner(s) of the property located at 251 Sunny Path Ln., Statesville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Moorefield Builders, 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.

X Tony Harrison Key
Signature of Owner(s)

8-27-21
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320949 Issue Date: 08/30/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4710659892.000	251 SUNNY PATH LN	Iredell County

Owner Information	Applicant Information
Name: KEY FAMILY LIV TR	Name: MOOREFIELD BUILDERS INC
Address:	Address: 429 FIFTH CREEK RD.
,	STATESVILLE, NC 28625
Phone:	Phone: (704)880-6620

Use Requested	Zone Code
Accessory Building	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	50	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

24X24 GARAGE

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 08/30/2021

Signature of Owner/Contractor

Permit Number	320949	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed) ✓ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
No

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): garage 24x24

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 576

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Tony Key Phone # _____

Owner's Current Address 227 Laurel Creek Rd., Stvl., NC 28625

Property Information

Property Address 251 Sunny Path Ln., Stvl., 28625 Parcel # _____

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y (N) Flood Plain: Y (N) Township:_____

Directions to property (from a MAIN ROAD) East Monbo to Pineville to Sunny Path - lot at end on left

Application Information

Applicant's Name or Company Morefield Builders, Inc Applicant's Phone # 704-880-6620

Applicant's Address 1516 Mocksville Hwy., Statesville, NC 28625

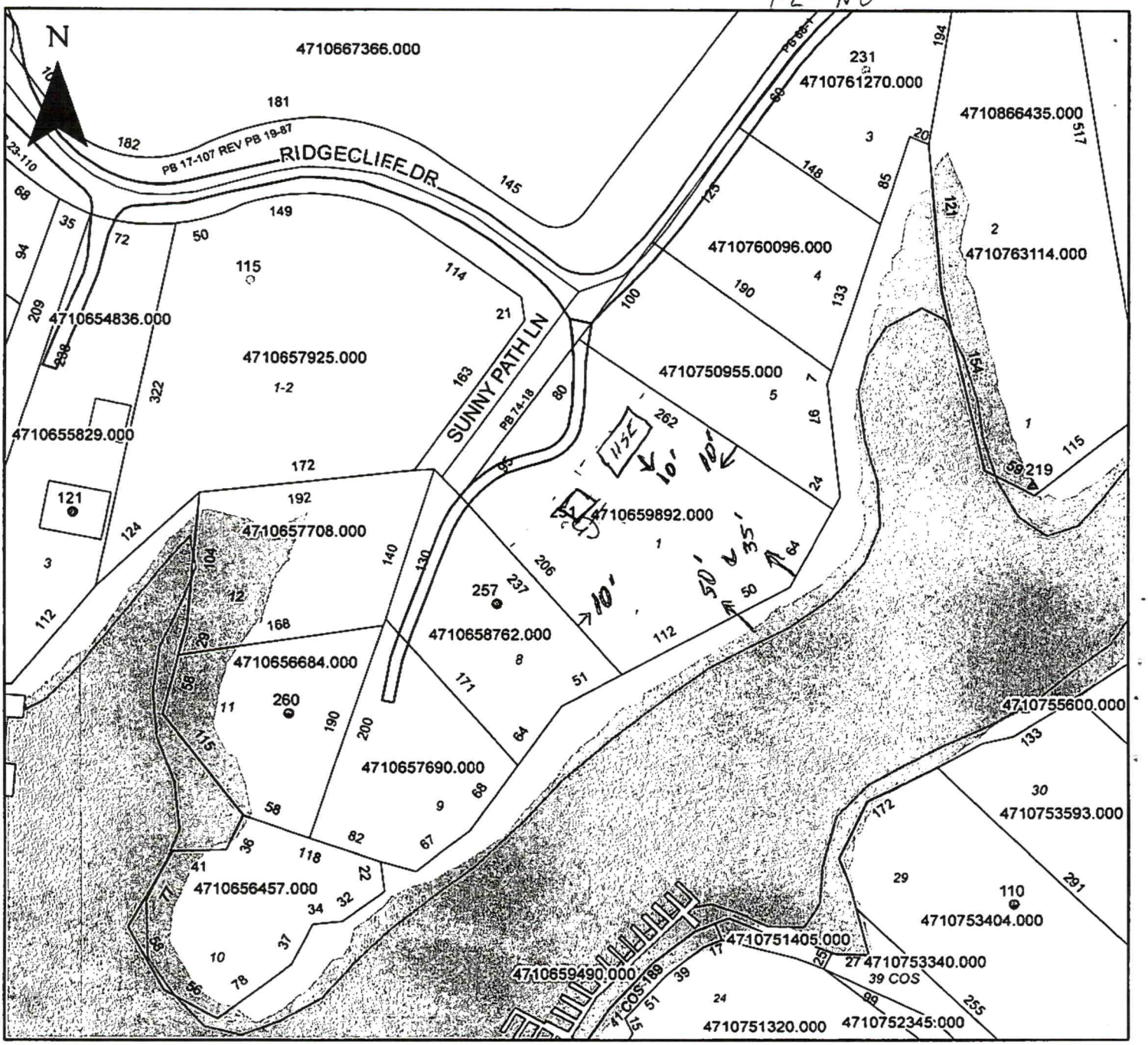
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Melissa Morefield DATE 8-30-21

320944 R-20 1.104 AC
WS IV CA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 251 Sunny Path Ln.

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. Applicant further acknowledges that the 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.

-Melissa Mansfield
Applicant

8-30-21
Date