IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236453

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

PIN # 4712-34-9323

APPLICANT/OWNER: CS+SC APPLICANT ADDRESS: P.O. Box 1703 Mooresville, NC 28115

SITE ADDRESS: 161 Atwell Drive Statesville, NC 28677 PHONE: 704-202-5791 ALT. PHONE

SITE DIRECTIONS: Buffalo Shoals Rd West from Statesville → R on Eutola → L on Atwell → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Eutola Farms SECTION: — LOT # 29 LOT AREA: 1.57 acres DESIGN FLOW: 360 L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	10/2/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction (LP-PPBPS)			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	33"		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached plans from CS+SC

dated 7/16/2018

revised 8/7/2018 (site plan/house location)

Adrian Pruett LSS # 1314

AS BUILT SKETCH

2/14/19: Sharf midseam 1000-gal conc tank w/ 4 Polylok PL-68 filter

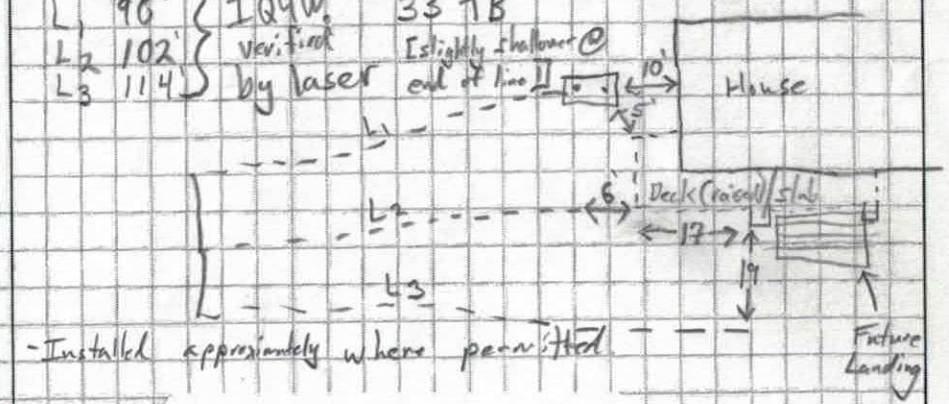
L1 90' } IQ4W verified by laser

L2 102' }

L3 114' }

33" TB

Slightly shallower @ end of line



-Installed approximately where permitted

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: [signature] Date: —

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/14/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Pruett Date: 8/22/2018

Installed by: Shane Cashion

OPERATION PERMIT by: Tom Shuck Date: 2/14/19

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 AUG 14 2018
1 O 25'
2 B 56'
P5
DRIVE WAY
3 Y 26'
85'
4 P 135'
P3
5 O 130'
6 R 90'
7 Y 80'
ST
HOUSE BOX
55'
52'
40'
381.69'
ATWELL RD.
351.61'
P2
P1
1"=50'
NORTH
EUFOLA FARMS
LOT 29
418.84'

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

**Proposed Design for a 25% Reduction Septic System
using Gravity distribution for a 3 bedroom single family residence
on Lot 29 of Eufola Farms Subdivision, in
Statesville, Iredell County, North Carolina.**

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6

July 13, 2018
Job Number 18085
Design By: Ben Aldridge



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as PPBPS Low Pressure installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	Waycross Holdings LLC.
Address:	9815J Sam Furr Rd. Huntersville, NC 28078
Buyer:	Breck Kraft
Phone:	704-400-4862
County:	Iredell
Location:	EUFOLA FARMS LOT 29
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	300
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	300
Total Lateral Length Required:	300
Trench Depth:	33 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	900
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	33 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	5
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	1.80
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by BEN ALDRIDGE, REHS

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EUFOLA FARMS LOT 29
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

July 13, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	ORANGE	NA	NA	25	25
2	BLUE	NA	NA	56	56
3	YELLOW	NA	NA	26	26
4	PINK	NA	NA	178	135
5	***ORANGE***	***NA***	***NA***	***171***	***130***
6	***RED***	***NA***	***NA***	***146***	***90***
7	***YELLOW***	***NA***	***NA***	***80***	***80***
			Total	**456**	**372**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***300***	***ACCEPT.***	***0.300***	***25% RED.***	***GRAVITY***
Repair	242	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes:
** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

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APPROVED AUG 14 2018
1 O 25'
2 B 56'
P5
P4
DRIVE WAY
3 Y 26'
85'
ATWELL RD.
4 P 135'
P3
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6 R 90'
7 Y 80'
ST
P1
HOUSE BOX
40'
381.69'
55'
52'
351.61'
1"=50'
NORTH
EUFOLA FARMS
LOT 29
418.84'

DOSING CALCULATIONS

Location EUFOLA FARMS

Lot No: 29

No. of Bedrooms	3
Design Flow	360 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2\ day}$
25% RED.? (YES OR NO)	YES
Supply Line Length	5 ft.
Supply Line Volume	1.8 gal.
Required Feet of 25% RED. Line	300 ft.
Amount of Line from Layout	300 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	195.9 gal.

APPROVED AUG 14 2018

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

PROP. ID #: 4712349323
COUNTY: IREDELL

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

OWNER: BRECK KRAFT
ADDRESS: 9815J SAM FURR RD. HUNTERSVILLE, NC 28078
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: EUFOLA FARMS LOT 29

APPLICATION DATE: 7/12/2018
DATE EVALUATED: 7/9/2018
PROPERTY SIZE: 1.579 ac
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE X PUBLIC WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/9%	0-6	SCL,W,SBK	FR,SS,SP,SEXP	NA	53	COM INC 49-53	53+	0.3
		6-49	RC,S,SBK	FI,S,P,SEXP					
		49-53	RCL,W,SBK	FR,SS,SP,SEXP					
2	LS/7%	0-11	SCL,W,SBK	FR,SS,SP,SEXP	NA	49	NA	49+	0.3
		11-49	RC,S,SBK	FI,S,P,SEXP					
3	LS/7%	0-19	SCL,W,SBK	FR,SS,SP,SEXP	NA	52	NA	52+	0.325
		19-36	CL,M,SBK	FR,SS,SP,SEXP					
		36-52	RC,M,SBK	FI,S,SP,SEXP					
4	LS/5%	0-12	SCL,W,SBK	FR,SS,SP,SEXP	NA	49	NA	49+	0.3
		12-36	C,M,SBK	FR,SS,SP,SEXP					
		36-49	RC,S,SBK	FI,S,P,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	GRAVITY 25% REDUCTION	PPBPS
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	JACOB CONRAD, BRECK KRAFT

APPROVED AUG 14 2018

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

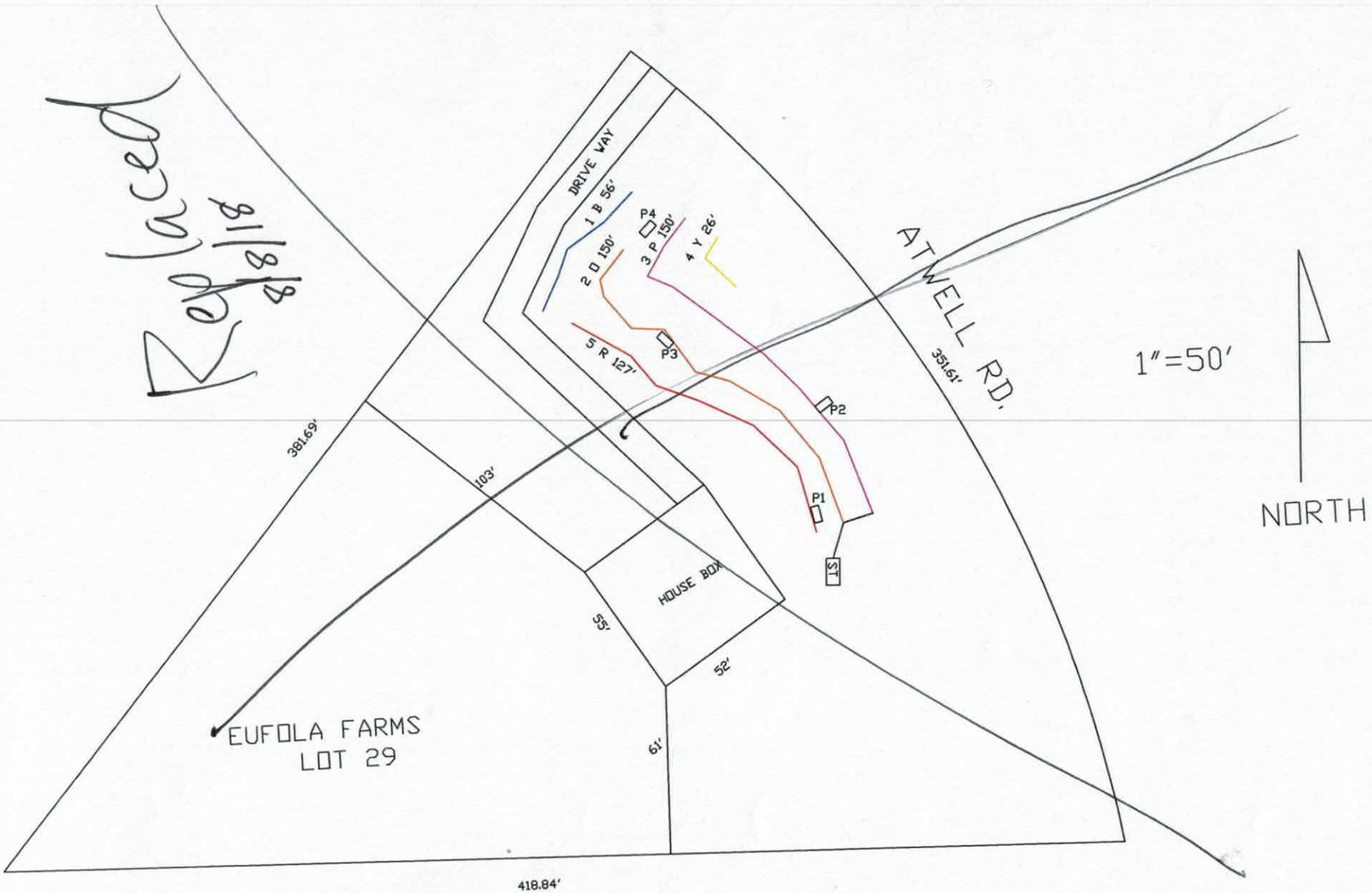
Sheet 2 OF 2

PROP. ID #: 4712349323

COUNTY: IREDELL

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

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
PIT 5	LS/5%	0-17	SCL,W,SBK	FR,SS,SP,SEXP	NA	48	NA	48+	0.3
		17-48	RC,M,SBK/ABK	FI,S,SP,SEXP					


Replaced 8/8/18
DRIVE WAY
1 B 56'
2 D 150'
3 P 150'
4 Y 26'
5 R 127'
P1
P2
P3
P4
ST
HOUSE BOX
ATWELL RD.
351.61'
381.69'
103'
55'
52'
61'
418.84'
EUFOLA FARMS
LOT 29
1"=50'
NORTH

RECEIVED AUG 2 2 2018

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: Brteck Kraft Address: 9815J Sam Furr Rd #207 Huntersville Zip: 28078
Applicant Email: breck@oldbayhomes.com Phone: (704)400-4862 Alt. Phone: _____
Owner Name: Waycross Holdings, LLC Address: 9815J Sam Furr Rd. Huntersville, NC Zip: 28078
Owner Email: breck@waycrossholdings.com Phone: (704)400-4862 Alt. Phone: _____

Property Information:

Street Address: 161 Atwell Dr. Statesville.
Subdivision Name: Eufola Farms Section/Phase: _____ Lot Number: 29
Driving Directions: Buffalo Shoals to Eufola to Lot on right just brfore Atwell Dr.

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

CHECK FOUNDATION TYPE

[✓] New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____ Digitally signed by www.google.com DN: ou=Created by http://www.fiddler2.com, o=DO_NOT_TRUST, cn=www.google.com Date: 2018.08.21 17:02:45 -04'00' 8-21-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

$350.00
#236453

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) 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: (X) 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: CS&SC **Address:** P.O. Box 1703 Mooresville, NC **Zip:** 28115

Applicant Email: adrianpruett@yahoo.com **Phone:** 704-202-5791 **Alt. Phone:**

Owner Name: Waycross Holdings LLC. **Address:** 9815J Sam Furr Rd. Huntersville, NC **Zip:** 28078

Owner Email: **Phone:** 704-400-4862 **Alt. Phone:**

Property Information:

Street Address: 161 Atwell Rd. Statesville, NC. 28677

Subdivision Name: Eufola Farms **Section/Phase:** **Lot Number:** 29

Driving Directions: TR W Front St. TL onto Buffalo Shoals Rd. TR onto Eufola Rd TR onto Atwell Rd. Lot is on left.

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: 3
Maximum Number of Occupants: 6
( ) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference (X) 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: 7-16-18
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____ Digitally signed by www.google.com DN: ou=Created by http://www.fiddler2.com, o=DO_NOT_TRUST, cn=www.google.com Date: 2018.08.21 17:03:14 -04'00'

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, Waycross Holdings, LLC, am the legal owner(s) of the property located at 1203 Eufola Rd. Statesville, identified as

PIN (Parcel Identification Number) 4712435234, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ Digitally signed by www.google.com DN: ou=Created by http://www.fiddler2.com, o=DO_NOT_TRUST, cn=www.google.com Date: 2018.08.21 17:05:36 -04'00' 8-21-18

Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

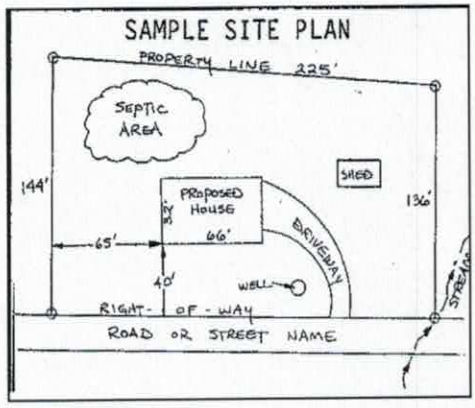
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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 Septic layout
Per Breck 8/22/18

Signature: _____ _____

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

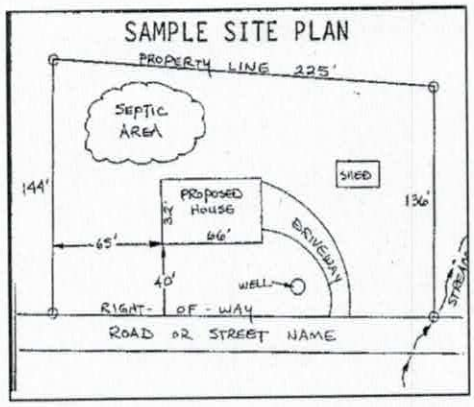
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- ( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

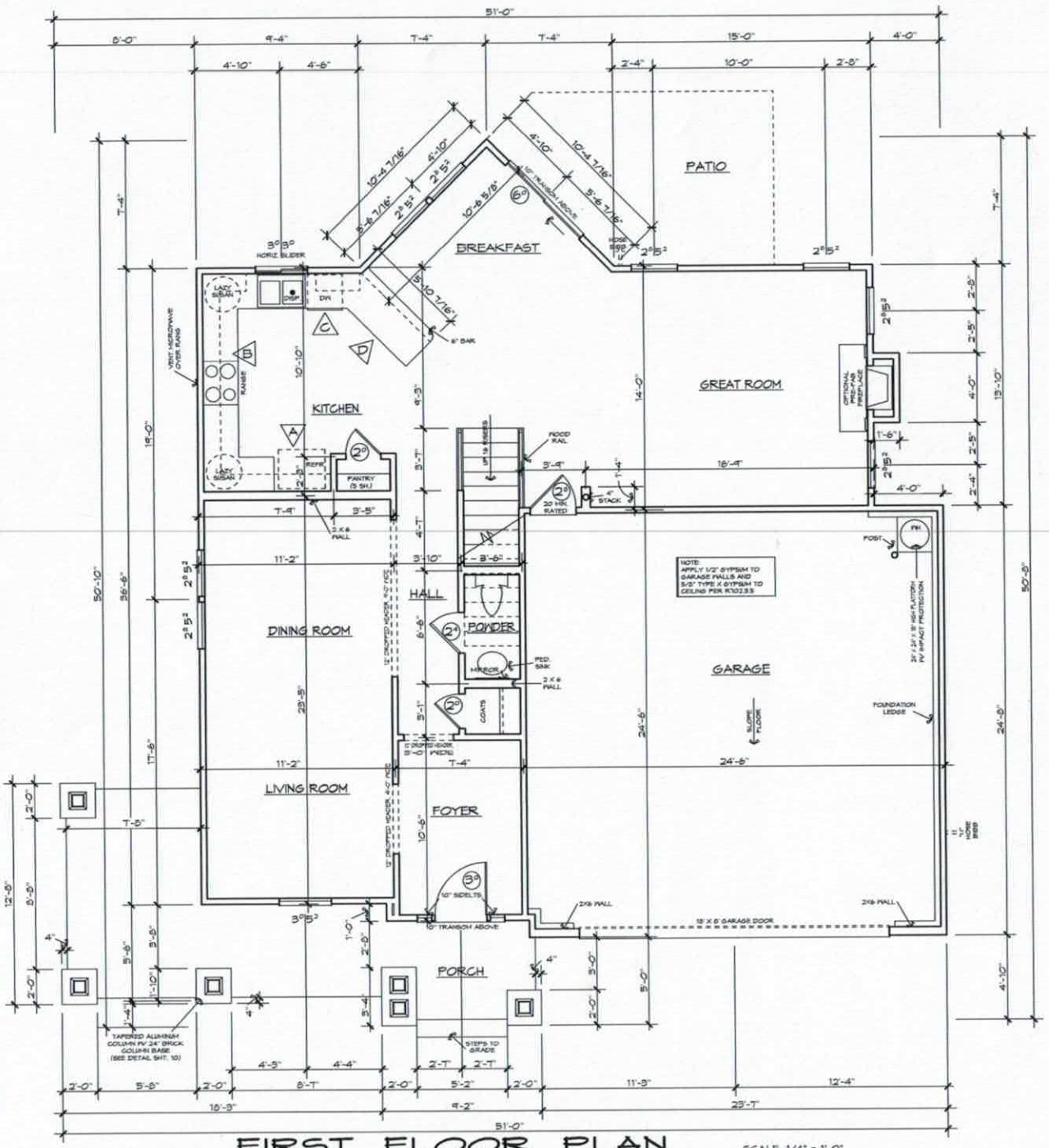
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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: _____ 7-16-18

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



FIRST FLOOR PLAN SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Benjamin A Bolte Date 8/22/2018

BJ Date 8/24/18

AREA SCHEDULE	
1ST FLOOR HEATED	1037 SQ. FT.
2ND FLOOR HEATED	1446 SQ. FT.
TOTAL HEATED AREA	2483 SQ. FT.
GARAGE & STORAGE	593 SQ. FT.
COVERED PORCH	196 SQ. FT.
TOTAL AREA	3273 SQ. FT.

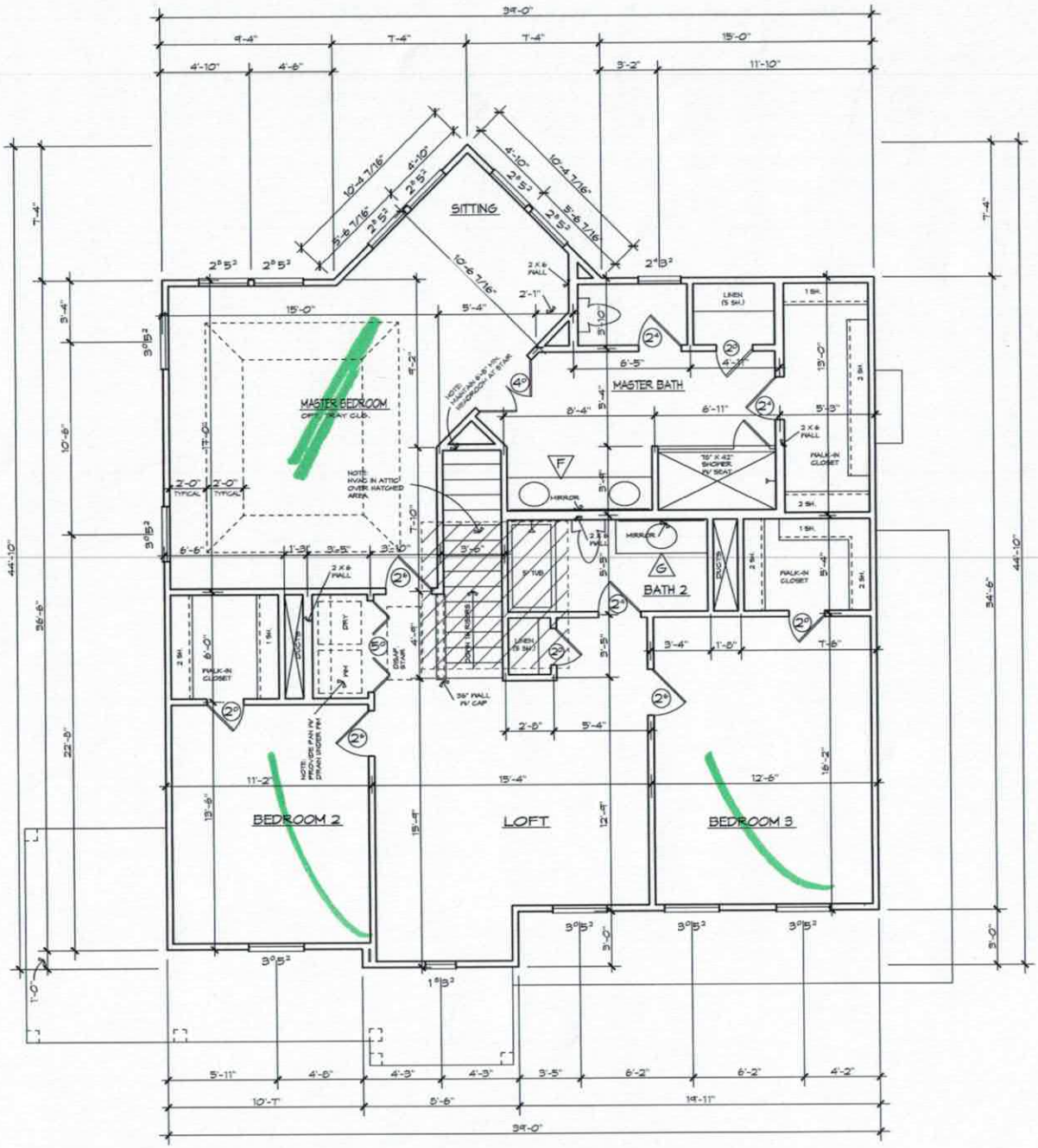
GENERAL NOTES:
1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. ALL JOIST AND BEAM SPANS DETERMINED FOR THE USE OF #2 SOUTHERN YELLOW PINE. ANY OTHER SPECIES MUST BE VERIFIED.
4. DOUBLE JOIST IN SECOND FLOOR UNDER ALL PARALLEL PARTITIONS.
5. FLOOR TO TOP PLATE FIRST FLOOR = 9'-1 1/2"
   FLOOR TO TOP PLATE SECOND FLOOR = 9'-1 1/2"
   FLOOR TO WINDOW HEAD FIRST FLOOR = 7'-8"
   FLOOR TO WINDOW HEAD SECOND FLOOR = 8'-8"
6. ALL TWIN, TRIPLE, OR MULTIPLE WINDOWS TO HAVE 2-2" X 4" REINFORCING BETWEEN EACH WINDOW.
7. DESIGN LOADS FOR FLOOR TRUSSES TO BE:
   TOP CHORD = 40 psf. LIVE, 10 psf. DEAD LOAD
   BOTTOM CHORD = 0 psf. LIVE, 5 psf. DEAD LOAD
8. DESIGN LOADS FOR ROOF TRUSSES TO BE:
   TOP CHORD = 20 psf. LIVE, 10 psf. DEAD LOAD
   BOTTOM CHORD = 0 psf. LIVE, 10 psf. DEAD LOAD

Residence Type: Montrose - A

Revisions

Job No.: Stock
Date: 6/2018
Drawn By: DT
Sheet No.: A1

THD Tino Home Design, LLC
Residential Design and Drafting Services
Post Office Box 5973
Hamersville, North Carolina 28370
Home: (704) 843-0681 Fax: (704) 992-3682
www.tinohomedesign.com



SECOND FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Benjamin [illegible] Date 8/22/2018

BH Date 8/24/18

GENERAL NOTES:
1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. ALL JOIST AND BEAM SPANS DETERMINED FOR THE USE OF #2 SOUTHERN YELLOW PINE. ANY OTHER SPECIES MUST BE VERIFIED.
4. FLOOR TO TOP PLATE FIRST FLOOR = 9'-1 1/2"
   FLOOR TO TOP PLATE SECOND FLOOR = 9'-1 1/2"
   FLOOR TO WINDOW HEAD FIRST FLOOR = 7'-8"
   FLOOR TO WINDOW HEAD SECOND FLOOR = 8'-8"
5. ALL TWIN, TRIPLE, OR MULTIPLE WINDOWS TO HAVE 2-2" X 4" REINFORCING BETWEEN EACH WINDOW.
6. DESIGN LOADS FOR ROOF TRUSSES TO BE:
   TOP CHORD = 20 psf. LIVE, 10 psf. DEAD LOAD
   BOTTOM CHORD = 0 psf. LIVE, 10 psf. DEAD LOAD
7. DESIGN LOADS FOR ATTIC TRUSSES TO BE:
   TOP CHORD = 20 psf. LIVE, 10 psf. DEAD LOAD
   BOTTOM CHORD = 40 psf. LIVE, 10 psf. DEAD LOAD

Residence Type: Montrose - A	Job No.: Stock
Revisions	Date: 6/2018
	Drawn By: DT
THD Tino Home Design, LLC Residential Design and Drafting Services	Sheet No.: A2

Post Office Box 1976
Huntersville, North Carolina 28070
Phone: (704) 953-0481 Fax: (704) 943-9692
www.tinohomedesign.com

IREDELL COUNTY

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

APPLICATION NUMBER
236453
Issue Date: 07/17/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4712349323.000	161 ATWELL DRIVE	

Owner Information	Applicant Information	Contractor Information
Owner: WAYCROSS HOLDINGS LLC	Applicant: OLD BAY HOMES LLC	Contractor: CAROLINA SOIL SEPTIC C
Address: 9815J SAM FURR RD	Address: 9815J SAM FURR RD	Address: 162 WEST B ST
HUNTERSVILLE, NC 28078	HUNTERSVILLE, NC 28078	KANNAPOLIS, NC 28081
Phone: 704-400-4862	Phone: 704-400-4862	Phone: 704-202-5791
		License Type License Number
		UNLI

Project Description
NEW SINGLE FAMILY - IREDELL

Scope of Work
SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 07/17/2018

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	145796	TOTAL FEES:	$ 350.00