CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305458

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

PIN # 4746209751

APPLICANT/OWNER: Pete Denicola - CS+SC APPLICANT ADDRESS: 110 Sheep Path Drive Mooresville NC 28115

SITE ADDRESS: 114 Desert Sky CT Statesville NC 28625 PHONE: - ALT. PHONE -

SITE DIRECTIONS: 21 N TL Fort Dobbs TL Desert Sky SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Fort Dobbs Acres SECTION: - LOT # 4 LOT AREA: 1.06 Acres DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank 1000 (gal) STB 760 Date 1-23-2021

Pump Tank - (gal) PT - Date -

Pump Make - Model - Serial # -

Nitrification Fields 1 # Lines 7 Linear Ft 438

Trench Width 36in Trench Bottom Depth(Low side) 30 in Gravel Depth -

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See site Plan and Proposal by Carolina Soil + Septic Consulting PLLC, LSS 1314.

AS BUILT SKETCH

Installed as Drawn

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**

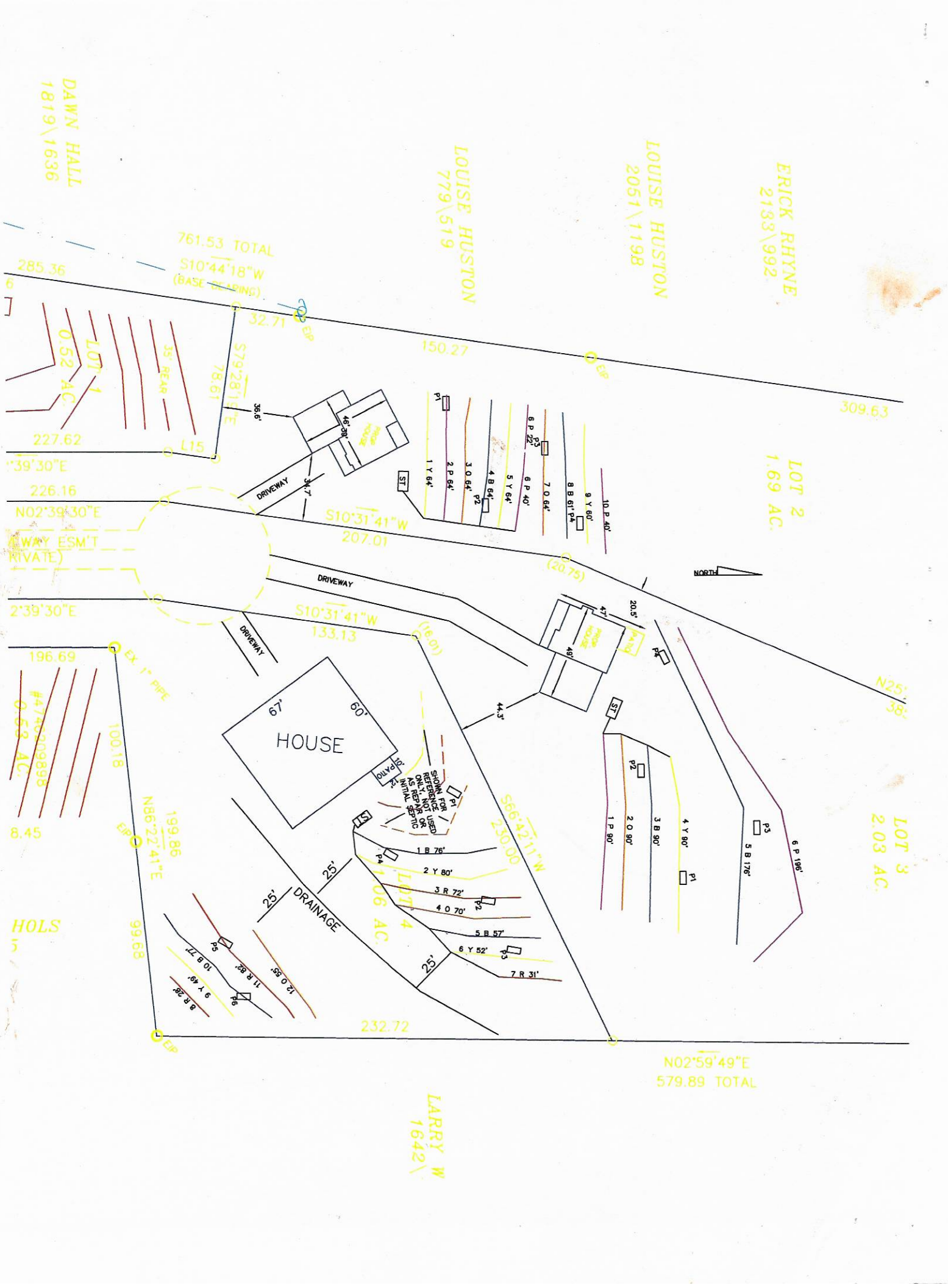
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Permit Acceptance Form Rec'd Date: 5-27-20 Installed by: Tommy For Grading + Repair Inc.

IMPROVEMENT PERMIT by: Benjamin L Bates Date: 3-5-2020 OPERATION PERMIT by: Date: 4-6-202(

AUTHORIZATION TO CONSTRUCT by: Benjamin L Bates Date: 9/25/2020 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.


DAWN HALL
1819\1636
LOUISE HUSTON
779\519
LOUISE HUSTON
2051\1198
ERICK RHYNE
2133\992
761.53 TOTAL
S10°44'18"W
(BASE BEARING)
285.36
32.71
EIP
150.27
EIP
309.63
LOT 1
0.52 AC.
35' REAR
78.61
S79°28'13"E
36.6'
227.62
L15
:'39'30"E
226.16
N02°39'30"E
46' 38'
HOUSE
DRIVEWAY
34.7
S10°31'41"W
207.01
LOT 2
1.69 AC.
P1
1 Y 64'
2 P 64'
3 O 64'
P2
4 B 64'
5 Y 64'
6 P 40'
P3
6 P 22'
7 O 64'
8 B 61' P4
9 Y 80'
10 P 40'
ST
(20.75)
NORTH
WAY ESM'T
RIVATE)
2'39'30"E
DRIVEWAY
DRIVEWAY
S10°31'41"W
133.13
(16.01)
47'
20.5'
49'
HOUSE
PATIO
P4
196.69
EX 1" PIPE
67'
60'
HOUSE
44.3'
ST
N25°
38'
#47400998
0.68 AC.
100.18
8.45
199.86
N86°22'41"E
EIP
10'
PATIO
SHOWN FOR REFERENCE ONLY. NOT USED AS REPAIR OR INITIAL SEPTIC
P1
ST
S66°42'11"W
230.00
P4
1 B 76'
2 Y 80'
3 R 72'
4 O 70'
5 B 57'
6 Y 52'
P3
7 R 31'
25'
25'
DRAINAGE
LOT 4
1.06 AC.
25'
P2
1 P 90'
2 O 90'
3 B 90'
4 Y 90'
P1
P3
5 B 176'
6 P 196'
LOT 3
2.03 AC.
HOLS
99.68
P5
10 B 77'
9 Y 49'
8 R 28'
P6
11 R 62'
12 O 55'
232.72
EIP
N02°59'49"E
579.89 TOTAL
LARRY W
1642\

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 4 bedroom single family residence
on Lot 4 of Fort Dobbs Acres 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

February 10, 2020
Job Number: 20011
Design By: Adrian Pruett



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:	K & T Properties II LLC
Address:	141 South Longfellow Ln Mooresville, NC 28117
Contact:	Pete Denicola
Phone:	704-235-8489
County:	Iredell
Location:	LOT 4 OF FORT DOBBS ACRES
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	438
Total Lateral Length Required:	436.36
Trench Depth:	30 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1314
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	9 ft.
Repair Trench Depth:	30 in.
Repair Trench Width:	36 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	4
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	1.44
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett, LSS

LOT 4 OF FORT DOBBS ACRES
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

February 10, 2020

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***BLUE***	*NA*	*NA*	*86*	*76*
2	***YELLOW***	*NA*	*NA*	*82*	*80*
3	***RED***	*NA*	*NA*	*72*	*72*
4	***ORANGE***	*NA*	*NA*	*70*	*70*
5	***BLUE***	*NA*	*NA*	*57*	*57*
6	***YELLOW***	*NA*	*NA*	*52*	*52*
7	***RED***	*NA*	*NA*	*31*	*31*
8	RED	NA	NA	28	28
9	YELLOW	NA	NA	49	49
10	BLUE	NA	NA	77	77
11	RED	NA	NA	82	82
12	ORANGE	NA	NA	56	56
			Total	**742**	**730**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***438***	***ACCEPT.***	***0.275***	***25% RED.***	***GRAVITY***
Repair	292	*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: **There are a Yellow, Red and Orange line flagged upslope of the first initial Blue line being used in the field, these lines are not needed and are NOT to be considered future repair**
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location FORT DOBBS ACRES

Lot No: 4

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES	
Supply Line Length	4	ft.
Supply Line Volume	1.44	gal.
Required Feet of 25% RED. Line	436.36364	ft.
Amount of Line from Layout	438	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	286.014	gal.

PROP. ID #: 4746209751

COUNTY: IREDELL

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

OWNER: K&T PROPERTIES II LLC

ADDRESS: 141 SOUTH LONGFELLOW LN., MOORESVILLE, NC 28117

PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD

LOCATION OF SITE: LOT 4 FORT DOBBS ACRES

APPLICATION DATE:

DATE EVALUATED: 1/15/2020

PROPERTY SIZE: 1.06

PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE PUBLIC X 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	
P1	NS 7%	0-6	B CL WFSBK	FR SS SP SEXP	WATER BLEEDING IN 26", FEW/COM TRANSLOCATED SURFACE 6-26", FEW/COM MN STAINING 26-31"	63"	N/A	N/A	PS .275
		6-26	R C MFSBK	FI S P SEXP					
		26-31	R C MFSBK	FI S P SEXP					
		31-48	R C MMABK	FI S P SEXP					
		48-63	R C MFSBK	FI S P SEXP					
P2	LSS 15%	0-4	B SCL GR	FR SS SP SEXP	FEW SPOTS WATER BLEEDING IN 4-25", FEW Y SAP SPOTS 25-43", FEW SAP 43-63"; COM SAP 63-70"	70"	N/A	N/A	PS .275 ✓
		4-25	R C MMABK	FI S P SEXP					
		25-43	R C MFSBK	FI S P SEXP					
		43-63	R CL WFSBK	FI S P SEXP					
		63-70	R CL WFSBK	FR SS SP SEXP					
P3	LSS 13%	0-7	B CL WFSBK	FR SS SP SEXP	FEW SAP 22-33", COM R L & R CL INCL., FEW R C VEINS 33-47"; FEW/COM R C INCL. 47-66"	33"	PS	N/A	Eval to 54 Jacks ✓ PS .3
		7-22	R C MFSBK	FI S P SEXP					
		22-33	R CL WFSBK	FR SS SP SEXP					
		33-47	YR L SAP M	FR SS SP SEXP					
		47-66	VAR L SAP	FR SS SP SEXP					
P4	LSS 14%	0-7	B CL WFSBK	FR SS SP SEXP	COM CL, COM SAP 22-30", COM/MANY SAP 30-56"	56"	PS	N/A	Eval to 48 ✓ PS.3
		7-22	R C MFSBK	FI S P SEXP					
		22-30	R C MFABK	FI S P SEXP					
		30-56	YR CL WFSBK	FR SS SP SEXP					
		56-68	VAR SL SAP M	FR NS NP NEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	GRAVITY 25%	LP PPBPS
SITE LTAR	0.275	0.3
COMMENTS		

OTHER FACTORS (.1946): N/A

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRAIN PRUETT

OTHER(S) PRESENT: BEN ALDRIDGE

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1314 STATE OF NORTH CAROLINA

Rest of Soil Descriptions on Back →

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #: 4746209751

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
P5	LSS/FS 7%	0-8	B CL WFSBK	FR SS SP SEXP	FEW SAP21-31"; COM SAP 31-39"; COM RCL VEINS 39-63"	39"	PS	N/A	✓ PS .3
		8-21	R C MMSBK	FI S P SEXP					
		21-31	R CL WFSBK	FR SS SP SEXP					
		31-39	YR CL/L WFSBK	FR SS SP SEXP					
		39-63	RY L SAP M	FR SS SP SEXP					
P6	LSS 15%	0-5	B CL WFSBK	FR SS SP SEXP	COM SAP 18-23"	23"	PS	N/A	✓ PS .35 SAP @ 32 INCH
		5-18	R C MFSBK	FI S P SEXP					
		18-23	R CL WFSBK	FR SS SP SEXP					
		23-65	VAR L/SL SAP M	FR SS SP SEXP					

RECEIVED SEP 2 4 2020

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*

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: PECONIC BAY HOMES INC Address: 127 BLUFF MEADOW LN Zip: 28115
Applicant Email: PETE@PECONICBAYHOMES.COM Phone: 704-235-8489 Alt. Phone: 704-235-8443
Owner Name: K & T PROPERTIES Address: 141 S LONGFELLOW LN Zip: 28117
Owner Email: KICLINK@POWERHOME.COM Phone: 704-956-1169 Alt. Phone: _____

Property Information:

Street Address: 114 DESERT SKY CT, STATESVILLE NC 28625
Subdivision Name: ~~DESERT SKY~~ Fort Dobbs Acres Section/Phase: - Lot Number: 4
Driving Directions: HWY 21 NORTH (L) FORT DOBBS (L) DESERT SKY

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: 8
( ) 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?
( ) 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: _____ 9/24/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 0 2 2020

AP-305458
$350.00

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: PETE DENICOLA/CS&SC Address: 110 SHEEP PATH DR. MOORESVILLE, NC 28115 Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: PETE DENICOLA Address: 110 SHEEP PATH DR. MOORESVILLE, NC 28115 Zip: _____

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

Property Information:

Street Address: 114 DESERT SKY CT. STATESVILLE, NC

Subdivision Name: FORT DOBBS ACRES Section/Phase: _____ Lot Number: 4

Driving Directions: 21N, TL FORT DOBBS, TL DESERT SKY

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

CHECK FOUNDATION TYPE

(✓) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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?
( ) 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.

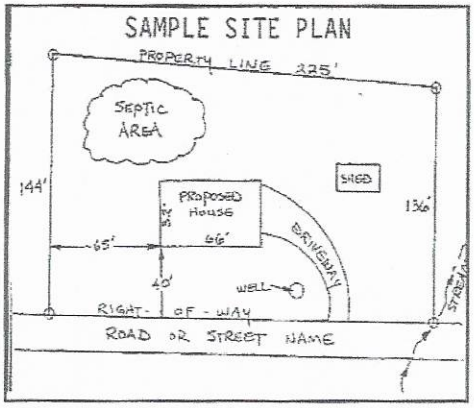
Signature: _____ 2/28/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

SEE SITE PLAN - CAROLINA SOIL

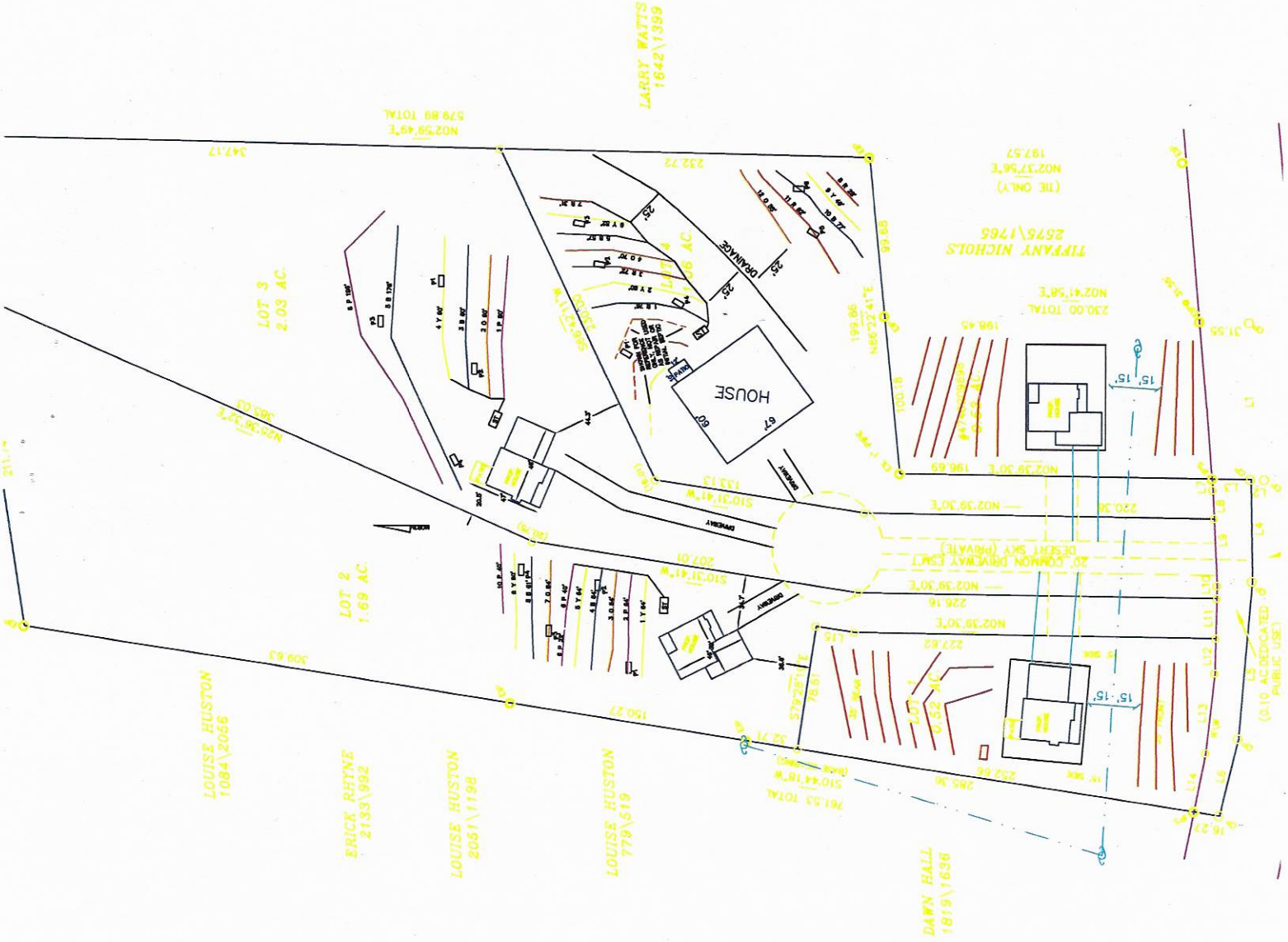
ATTACHED SEPTIC PERMIT #305458

Signature: _____

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

9/24/2020

DATE


LARRY WATTS
1642\1399
LOT 3
2.03 AC.
LOT 2
1.69 AC.
HOUSE
DRIVEWAY
DRAINAGE
TIFFANY NICHOLS
2575\1765
LOUISE HUSTON
1084\2066
ERICK REYNE
2133\992
LOUISE HUSTON
2051\1198
LOUISE HUSTON
779\619
DAWN HALL
1819\1636

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, KEVIN KLINK | K & T PROPERTIES, am the legal owner(s) of the property located at 114 DESERT SKY CT, STATESVILLE NC 28625, identified as PIN (Parcel Identification Number) 4746209751, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** PETER DENICOLA, PELICAN BAY HOMES, 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) — Date 9/21/20

Signature of Witness — Date 9/22/2020

Please return this signed form to the appropriate office:

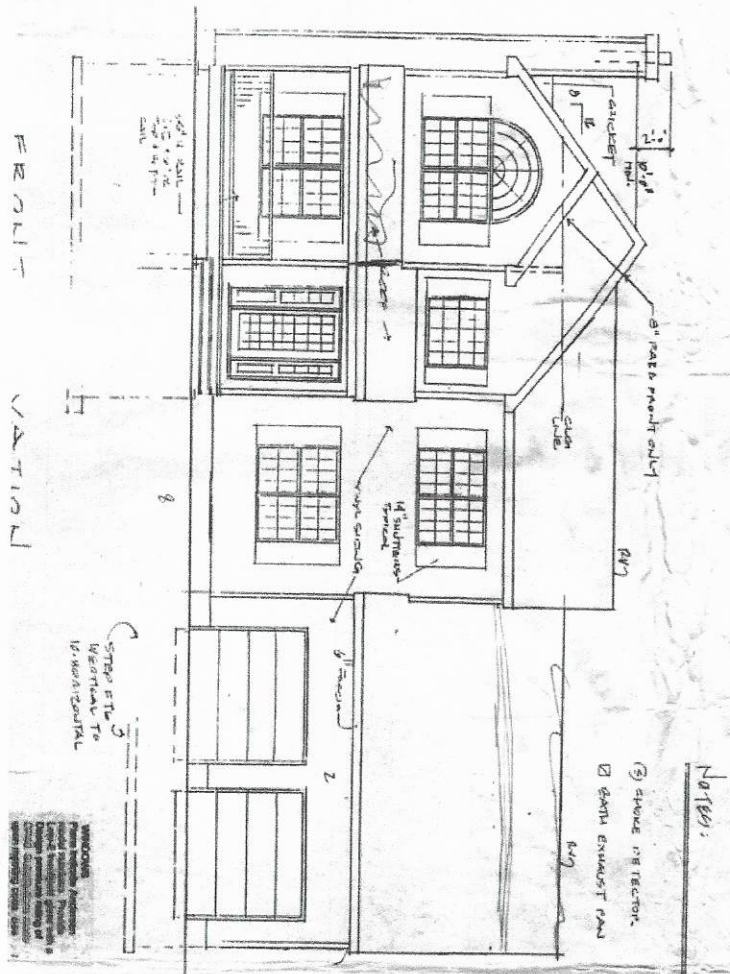
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

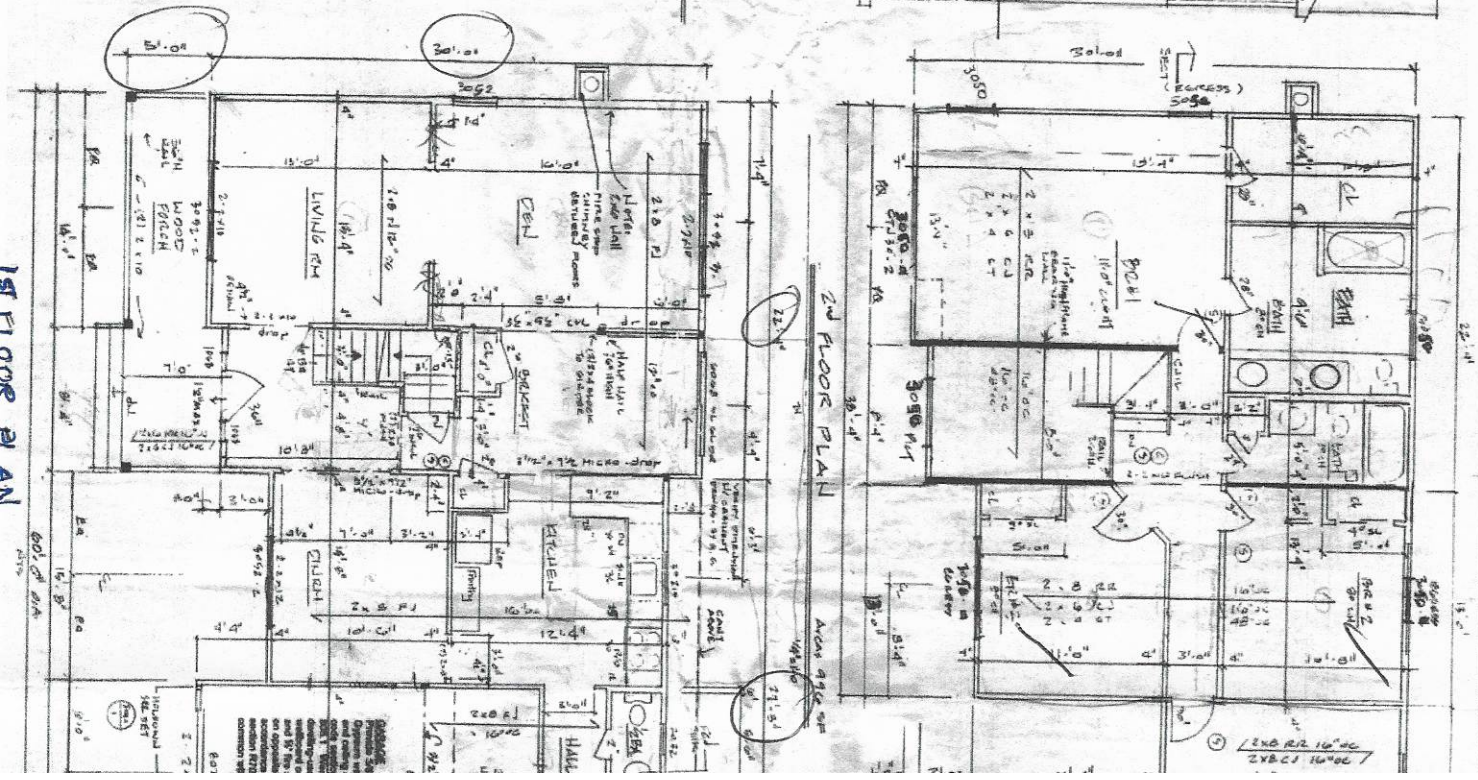
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 9/25/2020

Date 9/29/20





MECcheck Compliance Report
New York State Energy Conservation Construction Code
MECcheck Software Version 3.3 Release 1c
Data filename: A:\denisola\energy code estimate\nocl.ecb

COUNTY: Suffolk
STATE: New York
HDD: 5350
CONSTRUCTION TYPE: Detached 1 or 2 Family
HEATING TYPE: Non-Electric

DATE: 07/29/02
DATE OF PLANS: 6-12-02

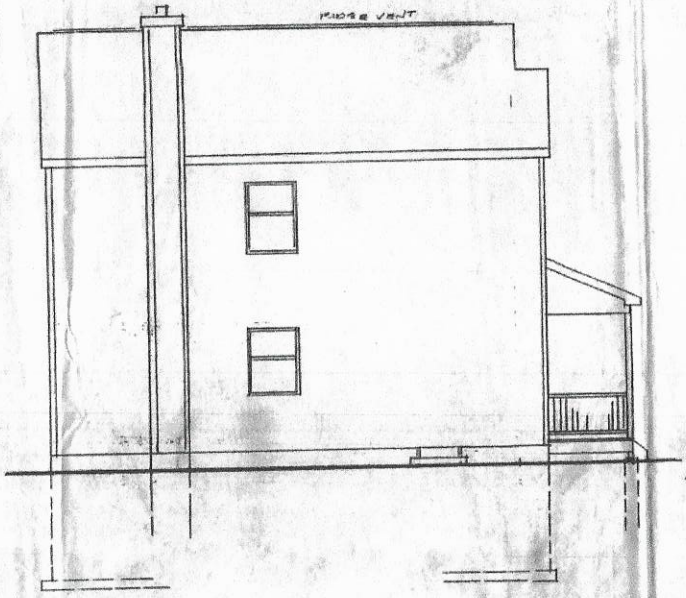
PROJECT INFORMATION:
East Marion Colonial
Pete Denicola

COMPLIANCE: Passes

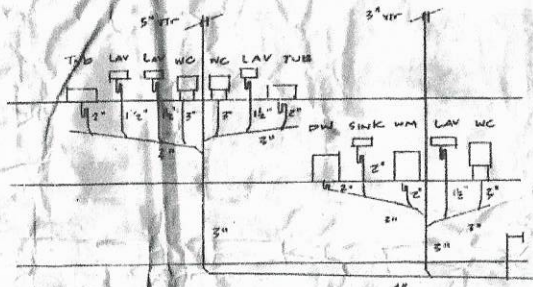
Maximum UA = 158
Your ftone = 344
3.9% Better Than Code

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	1320	30.0	0.0		39
Ceiling 2: Cathedral Ceiling (no attic)	75	19.0	0.0		4
Wall 1: Wood Frame, 16" o.c.	2100	13.0	0.0		148
Window 3: Wood Frame, Double Pane with Low-E	250			0.340	85
Door 1: Solid	41			0.400	16
Floor 1: All-Wood Joist/Truss, Over Unconditioned Space	1110	19.0	0.0		52

COMPLIANCE STATEMENT: The proposed building represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed systems have been designed to meet the New York State Energy Conservation Construction Code requirements. When a Registered Design Professional has stamped and signed this page, they are attesting that to the best of his/her knowledge, belief, and professional judgment, such plans or specifications are in compliance with this Code.



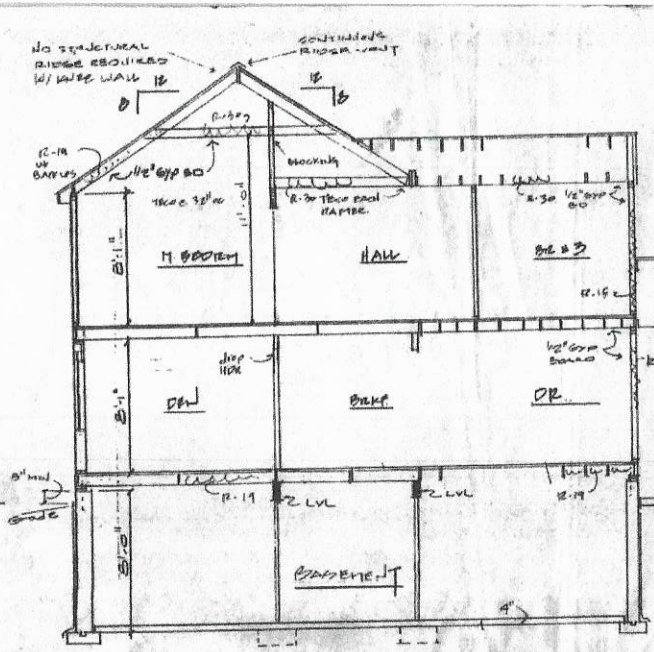
LEFT ELEVATION 1/4"=1'-0"



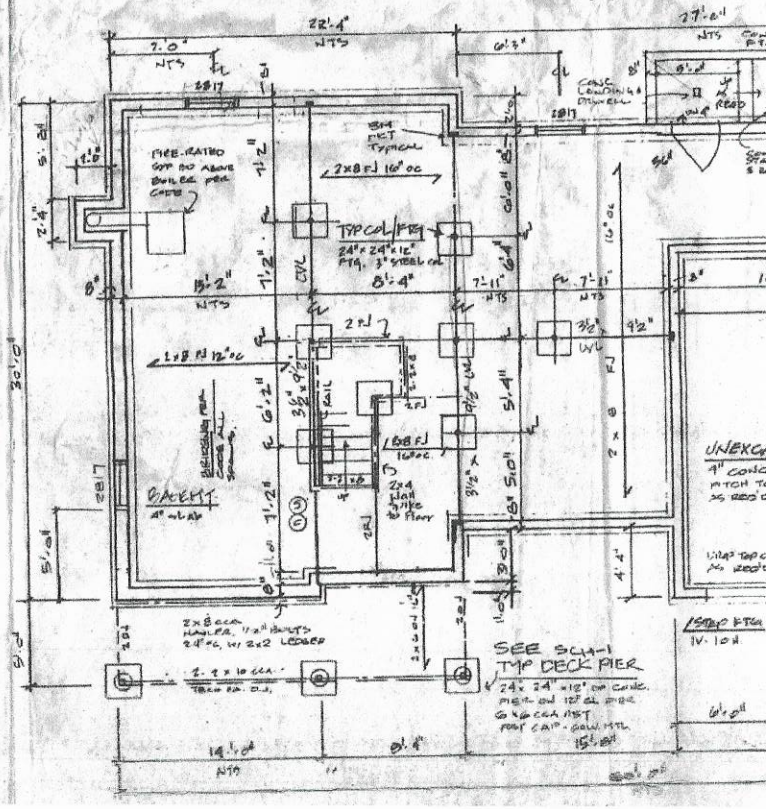
PLUMBING RISER NTS



TYPICAL FOUNDATION
8" poured concrete wall on 18" x 8" Concrete wall footing, exterior Dampproofing, 2-2 x 8 treated sill plates, 308 steel Termite Shield.
TYPICAL ANCHOR BOLT
½" x 10" oc or 6'0" apart for corner and ends of each sill plate, joint strap connections at all blocking walls. * See dwg SCH-1



SECTION 1/4"=1'-0"



IREDELL COUNTY · NC

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

APPLICATION NUMBER
305458 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4746209751.000	114 DESERT SKY CT	Iredell County

Owner Information	Applicant Information
Name: K+T PROPERTIES II LLC	Name: CAROLINA SOIL SEPTIC CONSULTING, PLLC
Address:	Address: 162 WEST B ST KANNAPOLIS, NC 28081
Phone:	Phone: (704)202-5791

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.06	35	35	15	15	N/A	NO

Remarks

SFD

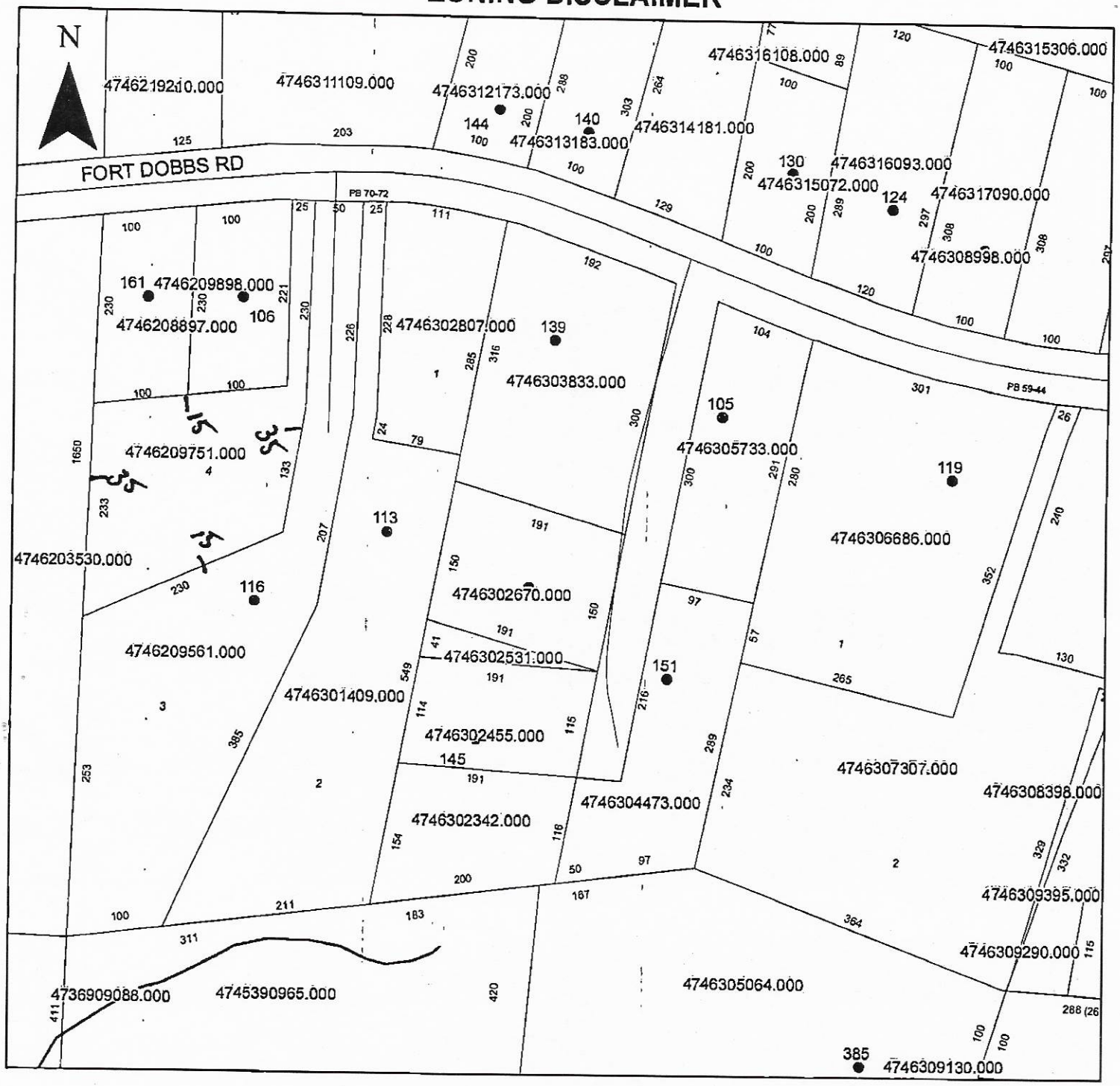
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 02/28/2020

Permit Number	305458	TOTAL FEES:	

ZONING DISCLAIMER



Property Address 114 Desert sky ct.

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.

Applicant

Date