ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 CCN Mooresville Office (704) 660-3625 PERMIT # 305456

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

PIN # 4746301409.000

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

SITE ADDRESS: 43 Desert Sky CT. Statesville, NC 28625 PHONE: - ALT. PHONE -

SITE DIRECTIONS: Hwy 21 N @ Foot Dobbs @ on Desert Sky SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Foot Dobbs Acres SECTION: - LOT # 2 LOT AREA: 1.69 Acres DESIGN FLOW: 360 L.T.A.R.: .250

Septic Tank	1000	(gal)	STB		Date	1-16-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction	☐ Business	No. Persons	6
Pump Make	-	Model		-	Serial #	-	Repair System Description:	PM-PPbRS -50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	6		Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36 in	Trench Bottom Depth(Low side)		30 in	Gravel Depth	-	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See Proposal and Site Plan
by Carolina Soil & Septic Consulting, PLLC
LSS #1314

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**

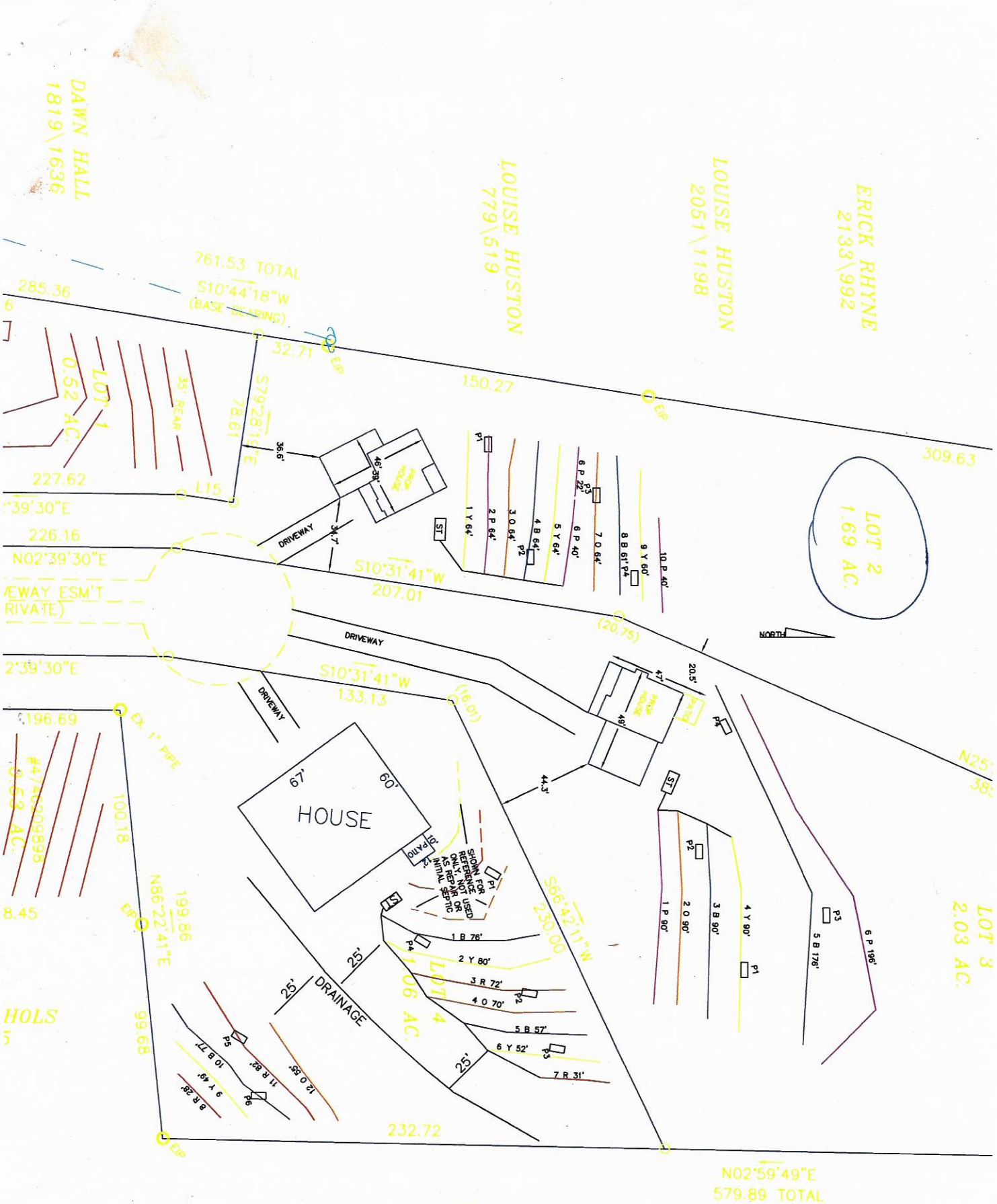
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

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

IMPROVEMENT PERMIT by: Benjamin L Bittle Date: 3-5-2020 OPERATION PERMIT by: Date: 4-6-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin L Bittle Date: 10-5-2020 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
150.27
309.63
LOT 1
0.52 AC.
35' REAR
78.61
S79°28'11"E
36.6'
227.62
115
46.39'
DRIVEWAY
34.7
226.16
N02°39'30"E
S10°31'41"W
207.01
LOT 2
1.69 AC.
NORTH
DRIVEWAY
(20.75)
20.5'
47'
49'
S10°31'41"W
133.13
(16.01)
DRIVEWAY
HOUSE
67'
60'
9'PATIO
SHOWN FOR REFERENCE ONLY - NOT USED AS REPAIR OR INITIAL SEPTIC
44.3'
196.69
EX 1" PIPE
100.18
#4740009895
0.68 AC.
8.45
N86°22'41"E
199.86
S66°42'11"W
230.00
25'
25' DRAINAGE
LOT 4
1.06 AC.
25'
1 B 76'
2 Y 80'
3 R 72'
4 0 70'
5 B 57'
6 Y 52'
7 R 31'
1 P 90'
2 0 90'
3 B 90'
4 Y 90'
5 B 178'
6 P 196'
LOT 3
2.03 AC.
HOLS
99.68
232.72
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 3 bedroom single family residence
on Lot 2 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 13, 2020
Job Number: 20011
Design By: Ben Aldridge, REHS



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 2 OF FORT DOBBS ACRES
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):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.250
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	360
Total Lateral Length Required:	360
Trench Depth:	30 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1080
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:	17
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	6.12
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett, LSS

LOT 2 OF FORT DOBBS ACRES
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE — February 13, 2020

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*YELLOW*	*NA*	*NA*	*71*	*64*
2	*PINK*	*NA*	*NA*	*71*	*64*
3	*ORANGE*	*NA*	*NA*	*68*	*64*
4	*BLUE*	*NA*	*NA*	*68*	*64*
5	*YELLOW*	*NA*	*NA*	*65*	*64*
6	*PINK*	*NA*	*NA*	*40*	*40*
6	PINK	NA	NA	22	22
7	ORANGE	NA	NA	64	64
8	BLUE	NA	NA	61	61
9	YELLOW	NA	NA	60	60
10	PINK	NA	NA	40	40
			Total	**630**	**607**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*360*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	247	*MOD.*	0.250	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**

DOSING CALCULATIONS

Location FORT DOBBS ACRES

Lot No: 2

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.250	$^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES	
Supply Line Length	17	ft.
Supply Line Volume	6.12	gal.
Required Feet of 25% RED. Line	360	ft.
Amount of Line from Layout	360	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	235.08	gal.

Sheet 1 OF 1
PROP. ID #: 4746301409
COUNTY: IREDELL

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

OWNER: K&T PROPERTIES II LLC
ADDRESS: 141 LONGFELLOW LN., MOORESVILLE, NC 28117
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 113 DESERT SKY CT.

APPLICATION DATE:
DATE EVALUATED: 1/15/2020
PROPERTY SIZE: 1.69
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	LSS 10%	0-8	B CL WFSBK	FR SS SP SEXP	FEW YB & WATER BLEEDING IN 20-36"	65"	N/A	N/A	Eval to 60 ✓ PS .25
		8-20	R C MFSBK	FI S P SEXP					
		20-36	R C MMABK	FI S P SEXP					
		36-65	R C M F/W SBK	FI S P SEXP					
P2	LSS 10%	0-6	B CL WFSBK	FR SS SP SEXP	FEW SAP 28-62" COM R CL VEINS 62-68"	62"	PS	N/A	✓ PS .3
		6-28	R C MMABK	FI S P SEXP					
		28-62	R CL WFSBK	FR SS SP SEXP					
		62-68	YR L SAP M	FR SS SP SEXP					
P3	LSS 12%	0-7	B CL WFSBK	FR SS SP SEXP	FEW YB & FEW YB VERTICAL VEINS 7-62" FEW MN 34-62"	62"	N/A	N/A	Eval to 54 ✓ PS .25
		7-34	R C MFABK	FI S P SEXP					
		34-62	R C W F/M FABK	FI S P SEXP					
P4	LSS 13%	0-2	B CL WFSBK	FR SS SP SEXP	FEW YB, FEW Y LITHO, COM R C MMABK VEINS TO 29"	60"	N/A	N/A	Eval to 50 ✓ PS .25
		2-23	R C MMABK	FI S P SEXP					
		23-60	R C MFSBK/ABK	FI S P SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	Gravity 25% Red.	PM PPBPS
SITE LTAR	0.25	0.25
COMMENTS		

OTHER FACTORS (.1946):	N/A
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	ADRAIN PRUETT
OTHER(S) PRESENT:	BEN ALDRIDGE

CERTIFIED SOIL SCIENTIST ADRAIN PRUETT SEAL OF THE STATE OF NORTH CAROLINA 1314 STATE OF NORTH CAROLINA

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 Phone: 704-235-8489 Alt. Phone:
Owner Name: K & T PROPERTIES Address: 141 S LONGFELLOW LN, MOORESVILLE Zip: 28117
Owner Email: KEVINKLINK@gmail.com Phone: 704-956-1169 Alt. Phone:

Property Information:

Street Address: 113 DESERT SKY CT, STATESVILLE NC 28625
Subdivision Name: ~~DESERT SKY~~ Fort Dobbs Acres Section/Phase: 1 Lot Number: 2
Driving Directions: HWY 21 N (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: 3
Maximum Number of Occupants: 6
( ) 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: _____ 10/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 02 2020 AP-3054560 $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: 113 DESERT SKY CT. STATESVILLE, NC

Subdivision Name: FORT DOBBS ACRES Section/Phase: _____ Lot Number: 2

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 — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: _____ 2/28/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

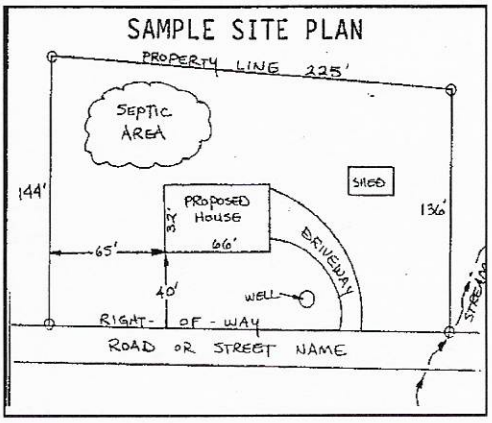
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

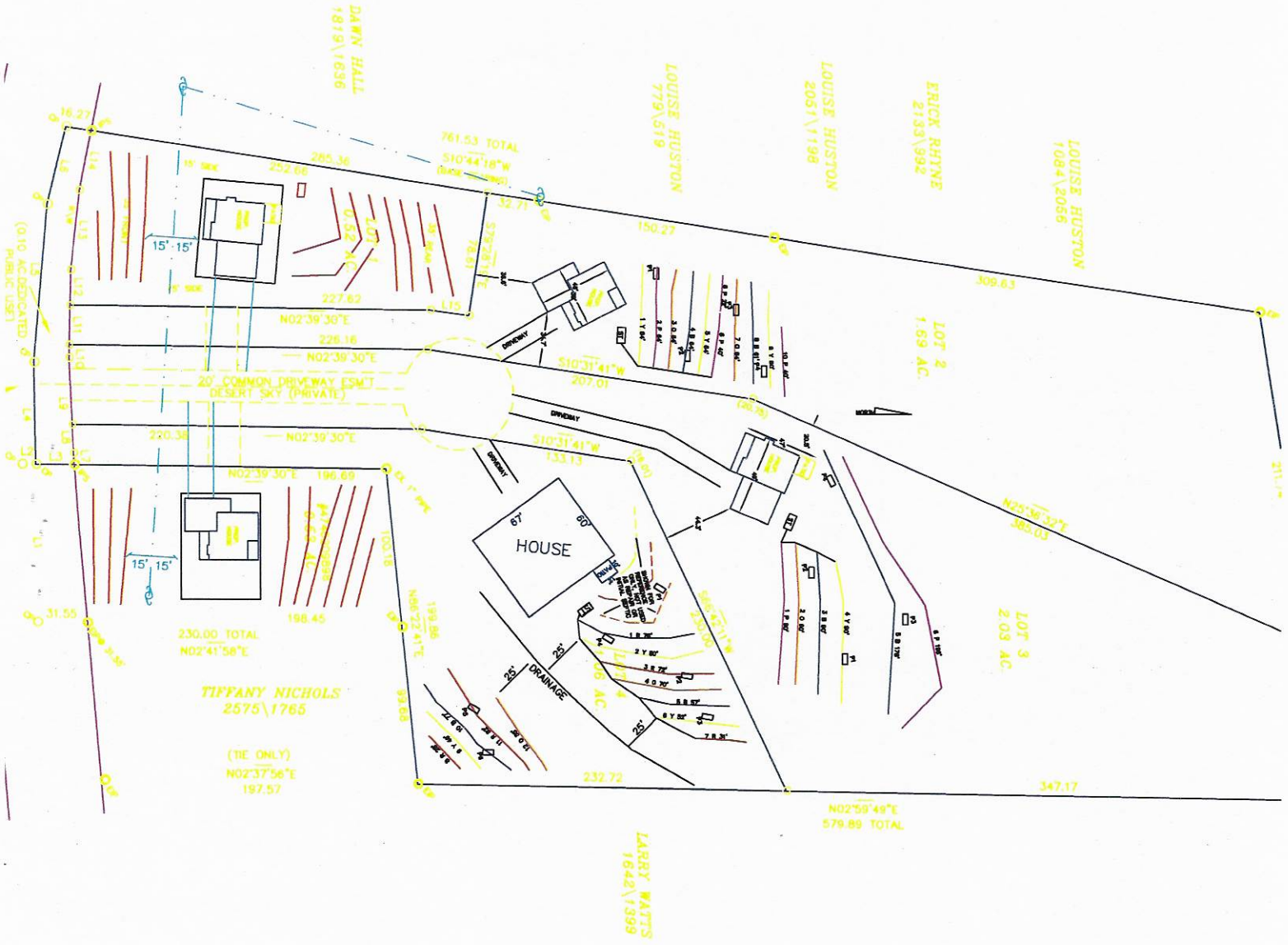
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 PLAN FROM CS&SC

Signature: _____ 2/28/20

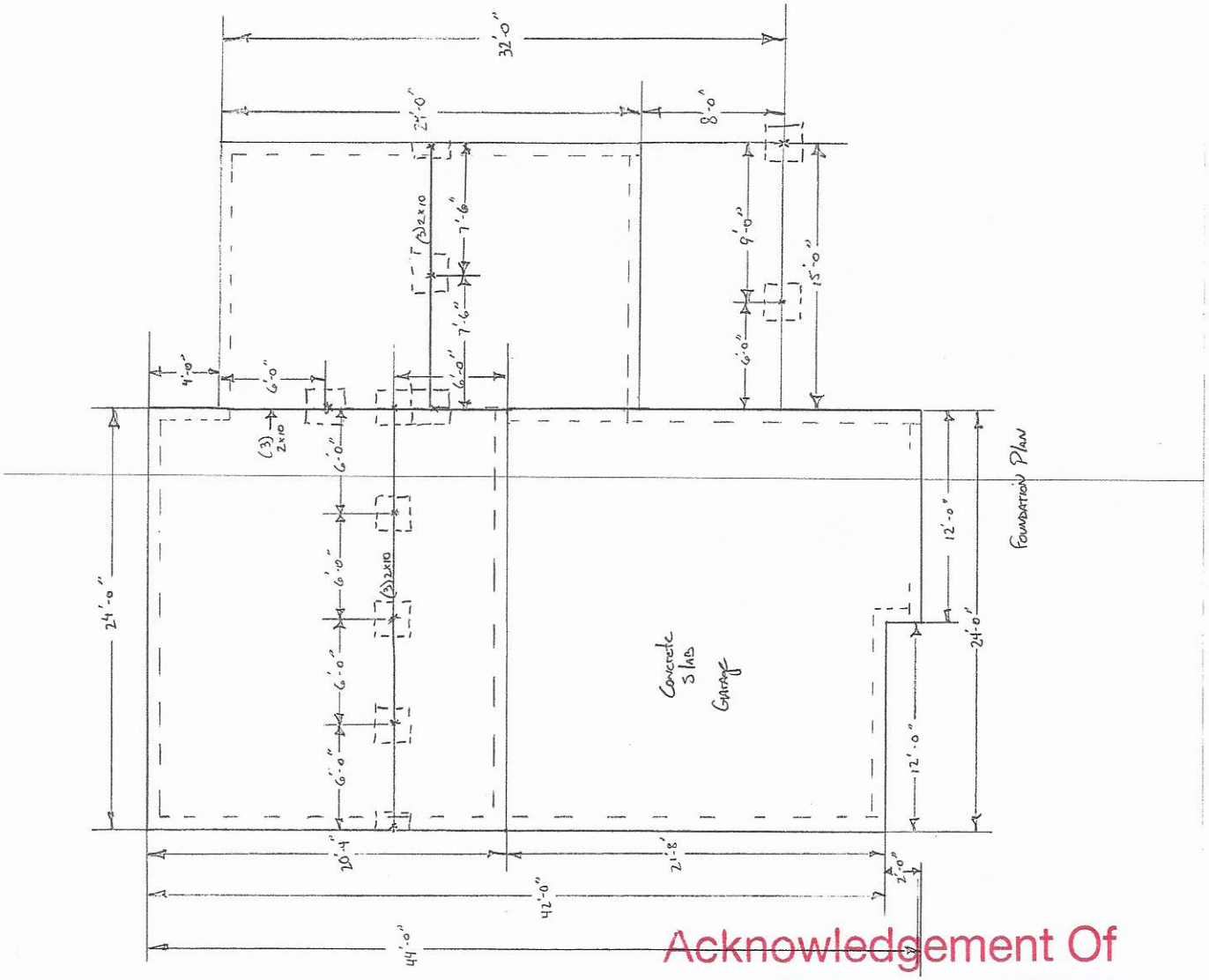
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**


DAWN HALL
1819\1696
LOUISE HUSTON
779\519
LOUISE HUSTON
2051\1198
ERICK RHYNE
2133\692
LOUISE HUSTON
1094\2056
761.53 TOTAL
S10°44'18"W
(Basis of Bearings)
285.36
252.66
32.71
150.23
309.63
15' SIDE
15' SIDE
15'
15'
LOT 1
0.52 AC.
227.62
N02°39'30"E
226.16
N02°39'30"E
20' COMMON DRIVEWAY ESMT
DESERT SKY (PRIVATE)
220.38
N02°39'30"E
N02°39'30"E
190.69
S10°31'41"W
207.01
S10°31'41"W
133.13
DRIVEWAY
DRIVEWAY
LOT 2
1.59 AC.
N25°36'32"E
385.03
HOUSE
67'
60'
S86°42'11"E
230.00
25'
25'
DRAINAGE
LOT 4
1.96 AC.
LOT 3
2.03 AC.
31.55
230.00 TOTAL
N02°41'58"E
198.45
199.86
N86°22'41"E
TIFFANY NICHOLS
2575\1765
(TIE ONLY)
N02°37'56"E
197.57
99.68
232.72
347.17
N02°59'49"E
579.89 TOTAL
LARRY WATTS
1642\1399

Acknowledgement Of
Plans Submittal ONLY!

_____ Date_____

_____ Date_____



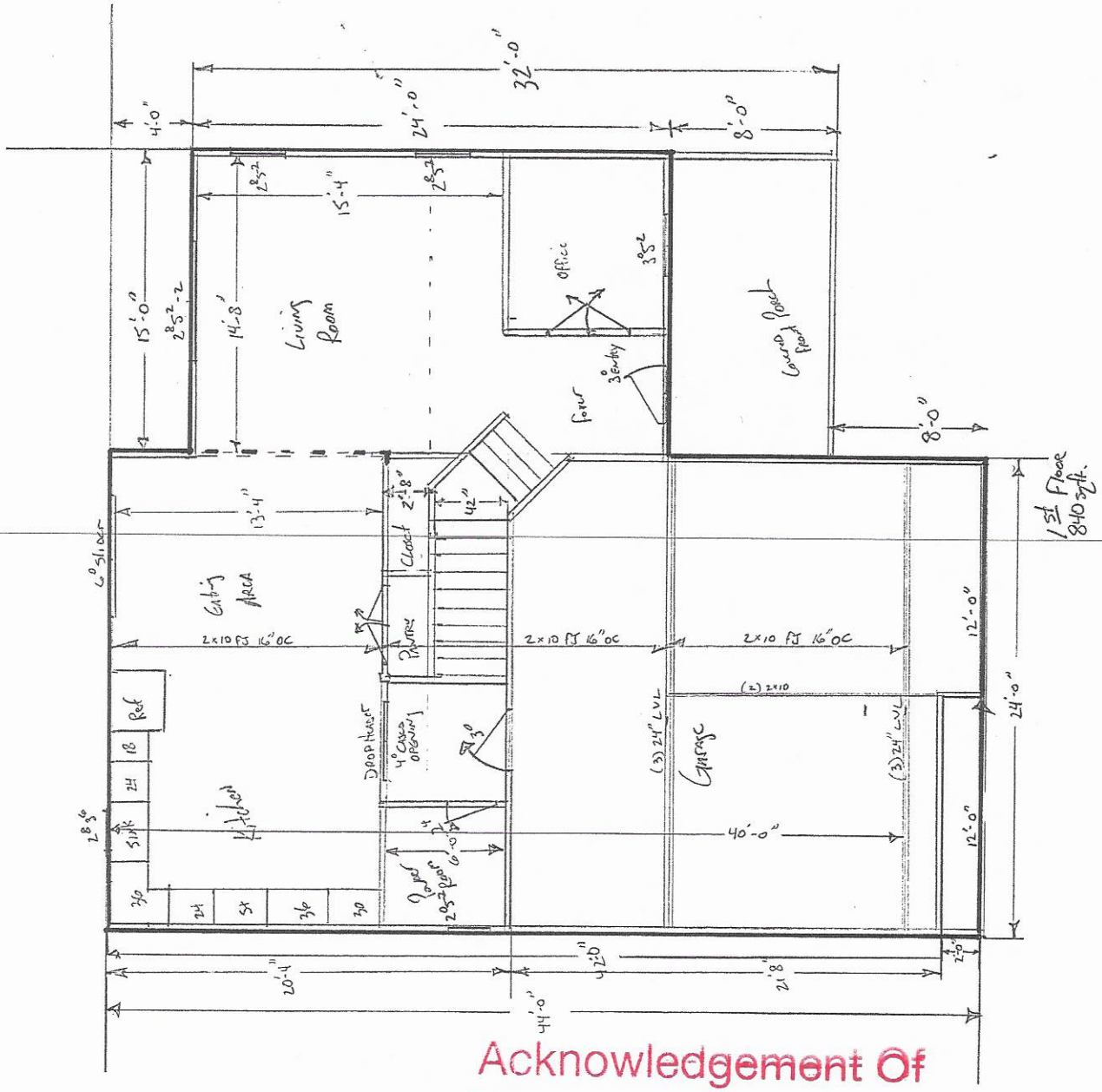
FOUNDATION PLAN

Acknowledgement Of
Plans Submittal ONLY!

FORT DOBBS
COLONIAL

RAB Date 10-5-2020

PETE DENICOLA
10/1/20 Date_____

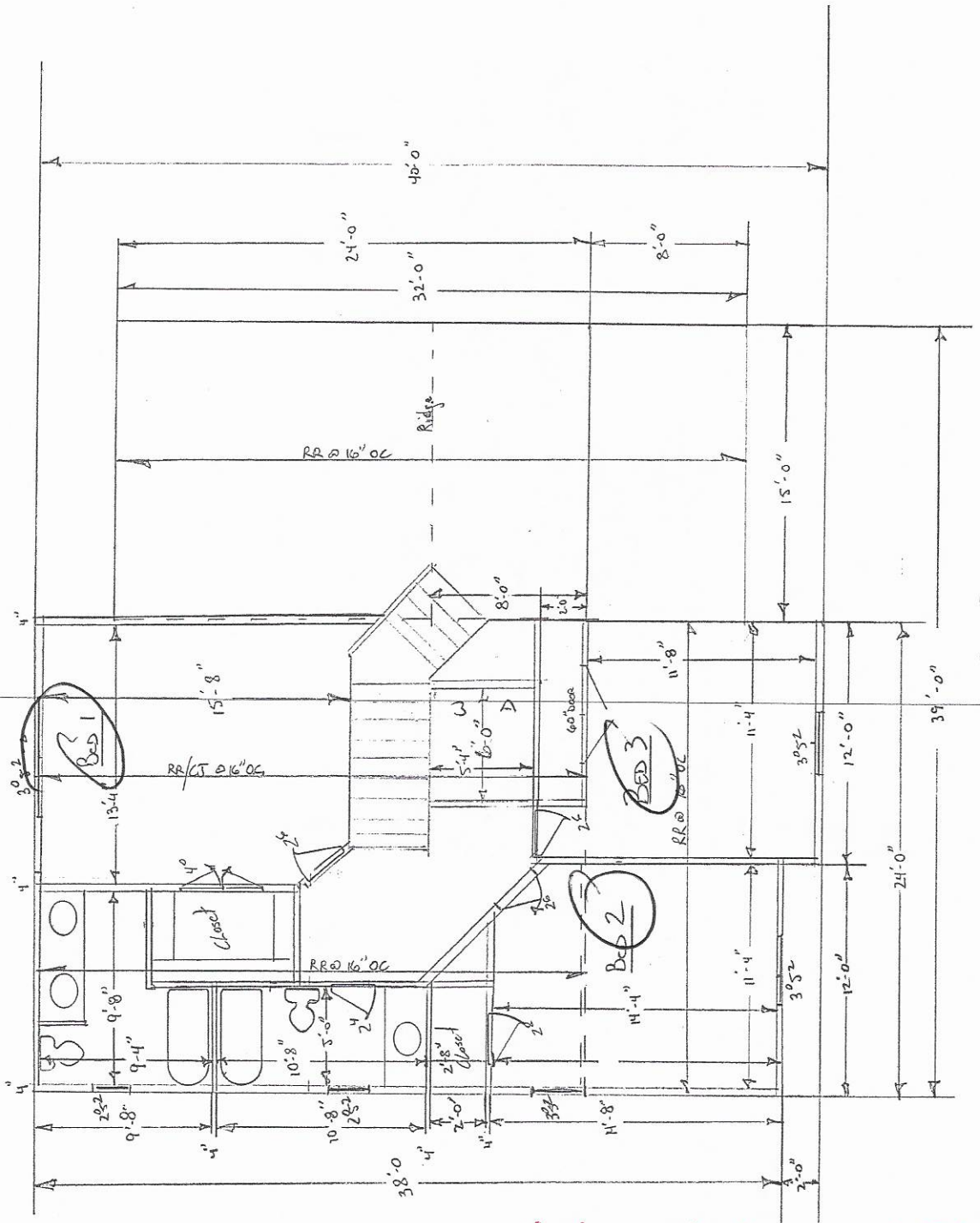


Acknowledgement Of
Plans Submittal ONLY!

Brian A Bro Date 10/5/2020

FORT DOBBS
Colonial

Pete DeNicola Date
10-1-20



2nd Floor
936 sq.ft.

Acknowledgement Of
Plans Submittal ONLY!

FORT DOBBS
COLONIAL

BAB Date 10-5-2020.

Pete DeNicola
10-1-20 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) _____

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, KEVIN KLINK / K & T PROPERTIES, am the legal owner(s) of the property located at 113 DESERT SEA CT, STATESVILLE NC, identified as PIN (Parcel Identification Number) 4746 30 1409.000, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** PETE DENICOLA / PELONIC BAY HOMES 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.

10/5/2020
Signature of Owner(s)

10/5/2020
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
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
305456 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4746301409.000	113 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
1.69	35	35	15	15	N/A	NO

Remarks
SFD

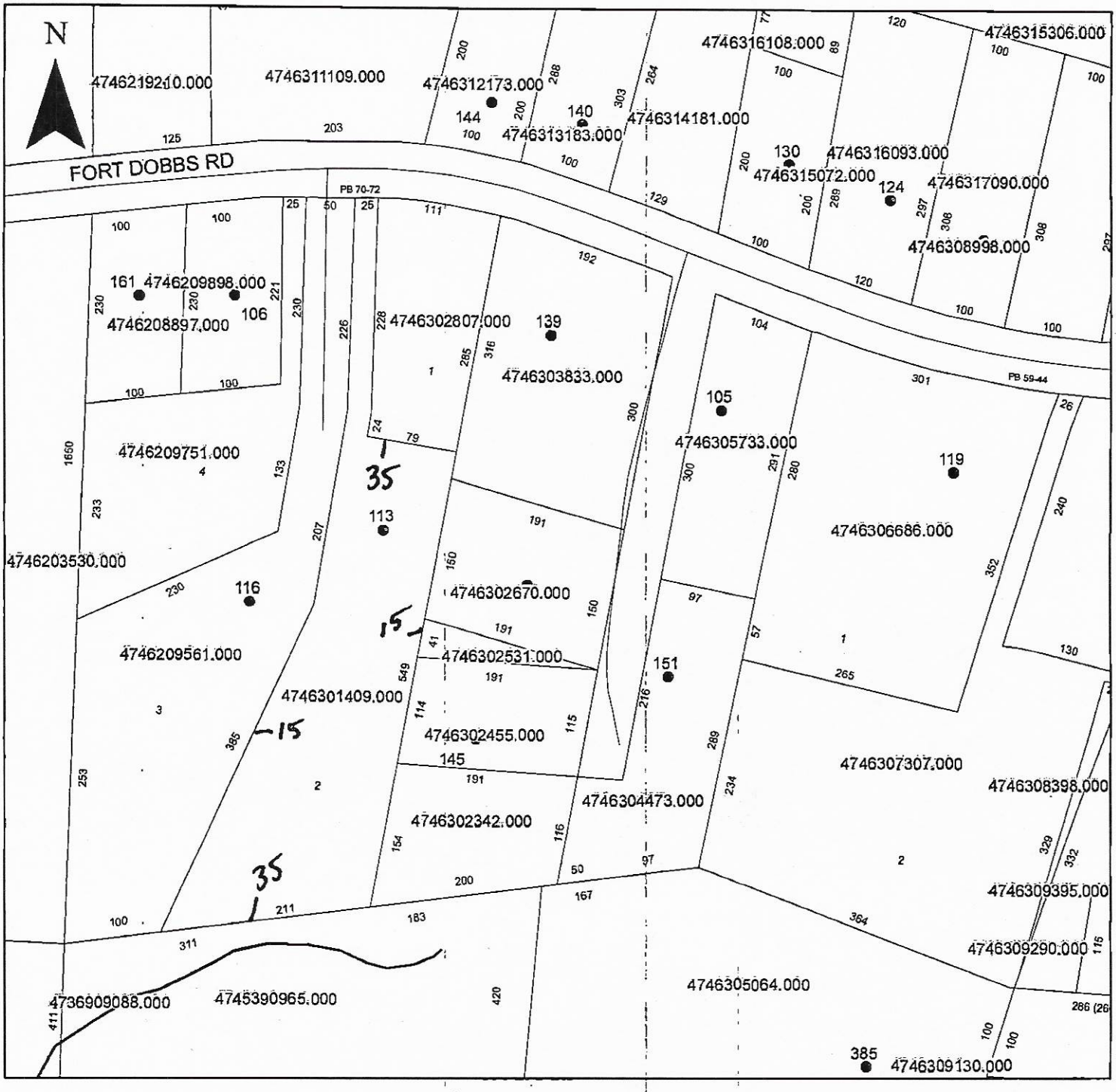
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 02/28/2020

Signature of Owner/Contractor

Permit Number	305456	TOTAL FEES:	

ZONING DISCLAIMER



Property Address 113 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 _____