# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238311

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

PIN # 4756-69-1199

APPLICANT/OWNER: Kelton + Danielle Sprinkle APPLICANT ADDRESS: 146 Ravencrest Dr. Statesville NC

SITE ADDRESS: 165 Morning Dove Lane Statesville, NC 28625 PHONE: 704-929-0673 ALT. PHONE

SITE DIRECTIONS: Old Mocksville Rd N from I-40 → L on Jane Sowers → R on Baymount → becomes morning dove → on left SAP CONTROLLED: ☐ YES ☒ NO

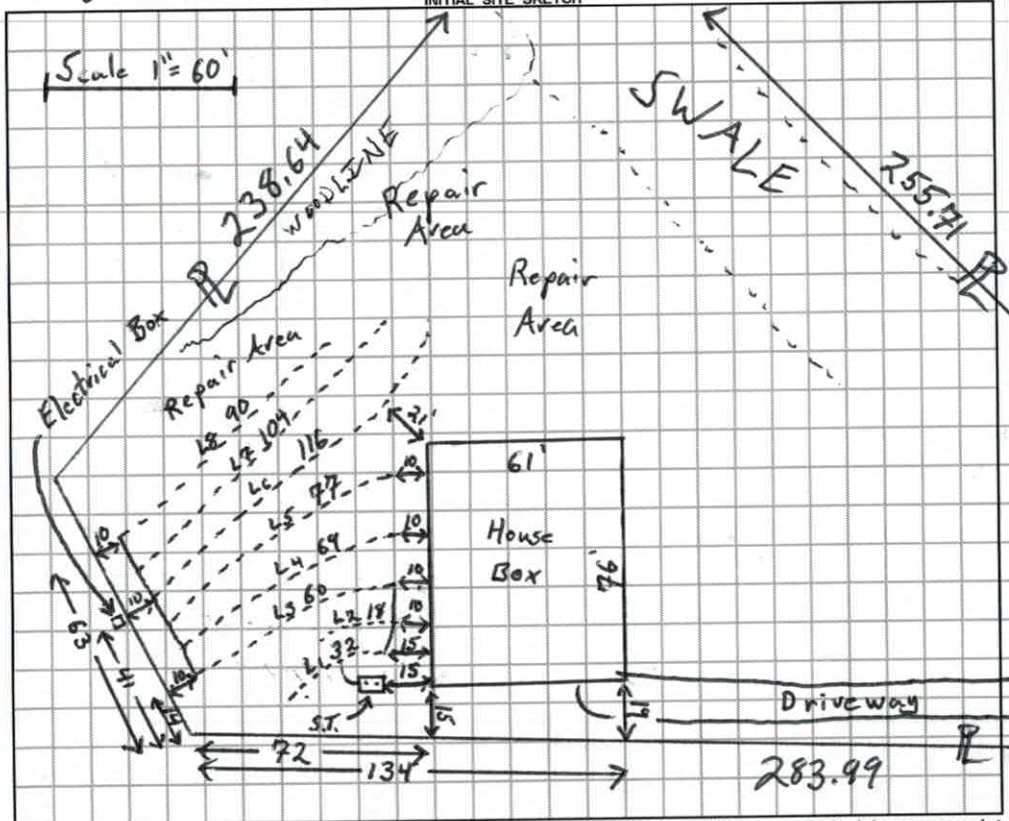
SUBDIVISION: Baymount MEADOWS SECTION: — LOT # 148 LOT AREA: 1.360 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1250 (min) | (gal) | STB | | Date | 4-6-19 | ☒ 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 (PPBPS) | | | |
| # Nitrification Fields | 1 | # Lines | 8 | | Linear Ft | 500 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | Trench Bottom Depth(Low side) | | | 30" | | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE | |

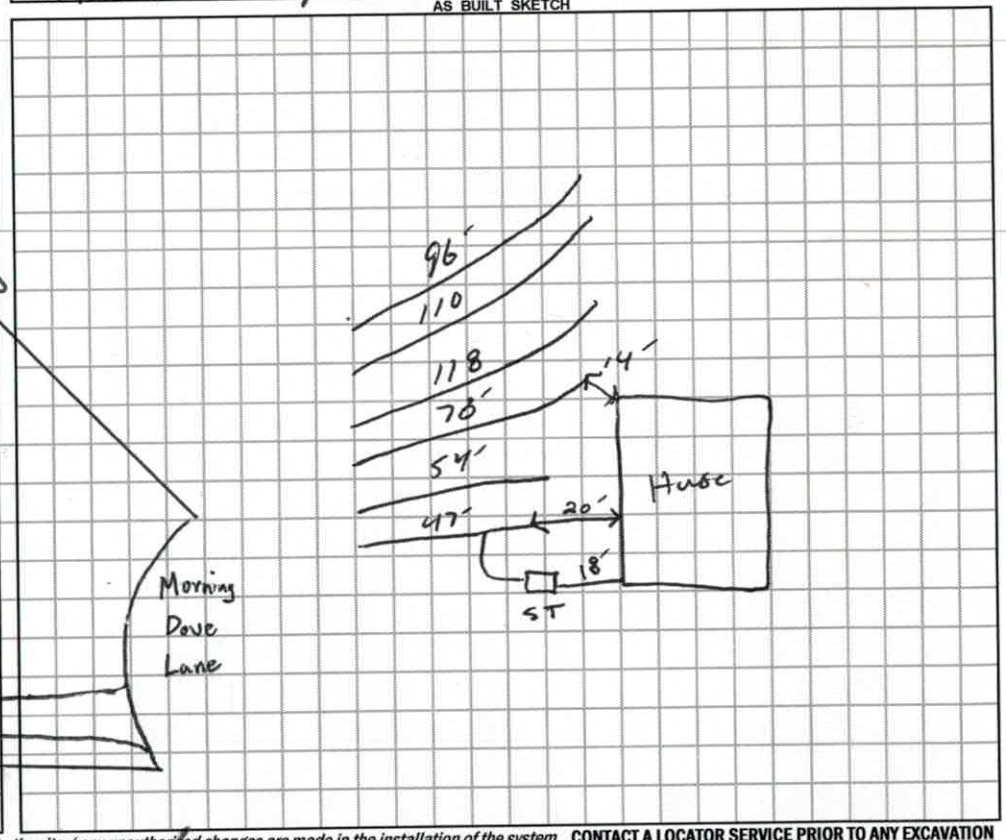
| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 5 | Water Supply |
| ☐ Business | No. Persons | 10 | ☐ Private |
| ☐ Other | No. Employees | | ☒ Public |
| ☐ Slab | ☒ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Also recommend a larger effluent filter (Zable A-300 or equivalent) be used. Though 566 l.f. of line has been laid out, only 500 l.f. need be installed. Extra/spare area to be set aside for repair purposes. Do not run electrical or utilities across septic area

INITIAL SITE SKETCH




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: Danielle Sprinkle Date: 10-3-18 Installed by: Bass Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/2/2018 OPERATION PERMIT by: Date: 5-9-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 10/10/2018 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.**

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

Sheet ___ of ___
PROPERTY ID #: 9956-69-1199
COUNTY: Iredell

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

OWNER: James + Carol Morton
ADDRESS: 165 Morning Dove Lane Statesville
PROPOSED FACILITY: 5 BR SFR
PROPOSED DESIGN FLOW (.1949): 600 GPD
LOCATION OF SITE: 165 Morning Dove Lane - Statesville

APPLICATION DATE: 8/23/18
DATE EVALUATED: 9/13/18
PROPERTY SIZE: 1.36 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Top 10% LSS | 0-10 | SCL V.W. SBK | Sl. Firm, SS, Sp, Sap | | 52 | — | — | 0.30 PS |
| | | 10-37 | Clay M. SBK/ ABK | Sl. Firm, Sticky, Sp, Sap | | | | | |
| | | 37-52 | clay Loam W. SBK common mica | Sl. Friable, SS, Sp, Sap | | | | | |
| 2 | Top Mid 10% | 0-10 | SCL V.W. SBK | Sl. Firm, SS, Sp, Sap | | 52 | — | — | 0.325 PS |
| | | 10-33 | clay M. SBK/ ABK | Sl. Firm, Sticky, Sp, Sap | | | | | |
| | | 33-53 | clay Loam W. SBK some mica | Friable, SS, Sp, Sap | | | | | |
| 3 | Bottom 9% Repair | 0-10 | SCL V.W. SBK | Sl. Firm, SS, Sp, Sap | | 49" | — | — | 0.30 PS |
| | | 10-49 | Clay M. SBK/ ABK | Sl. Firm, Sticky, Sp, Sap | | | | | |
| 4 | Side Yard 8% Repair | 0-9 | SCL V.W. SBK | Sl. Firm, SS, Sp, Sap | | 52 | — | — | 0.30 PS |
| | | 9-29 | Clay M. SBK/ ABK | Firm, Sticky, Sp, Sap | | | | | |
| | | 29-52 | clay Loam W. SBK some mica | Sl. Friable, SS, Sp, Sap | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 566' | 400+ |
| System Type(s) | 25% Red | 50% Red |
| Site LTAR | 0.3 | 0.3 |

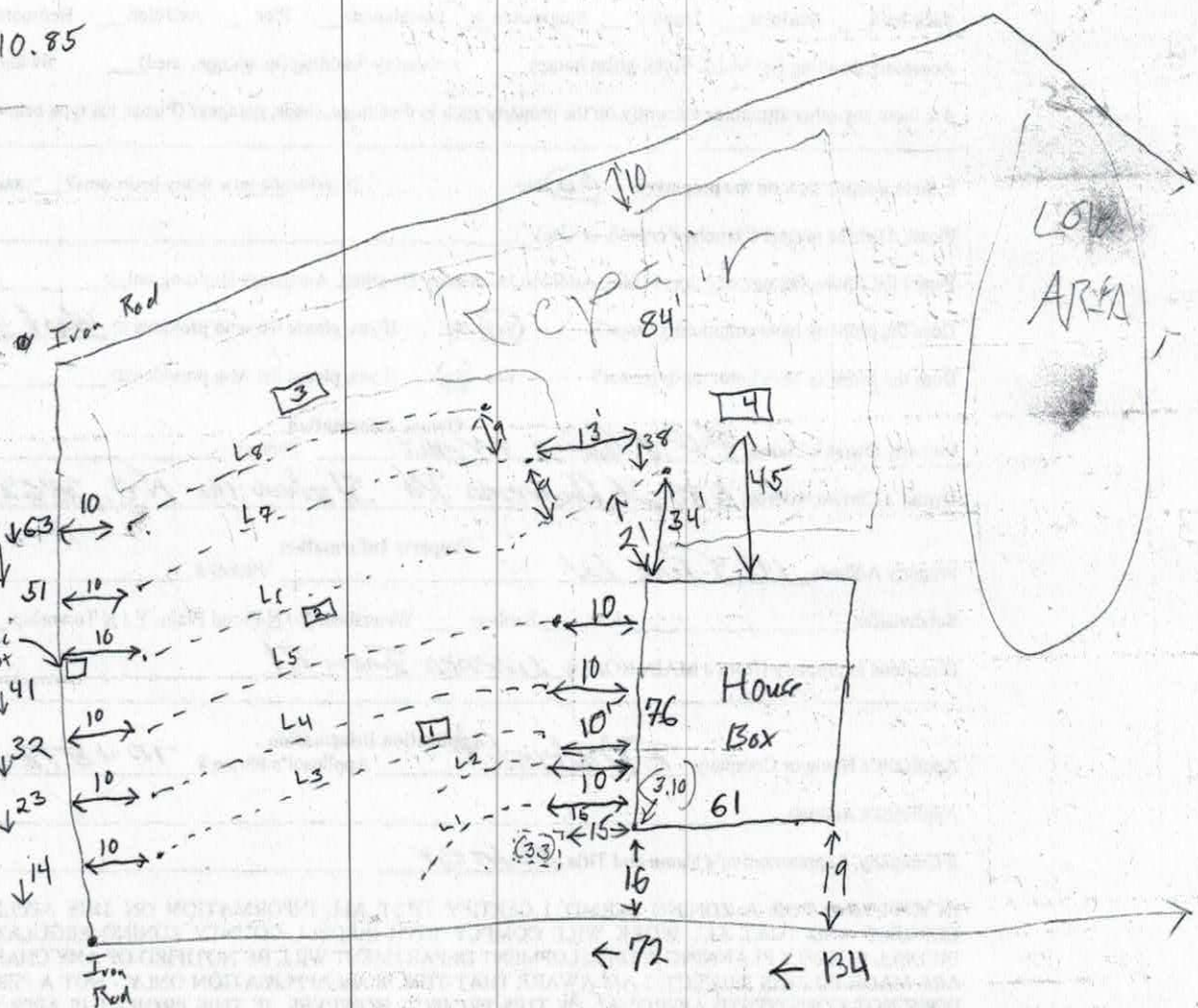
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___

| | | | |
|---|---|---|---|
| | 3 3 | | |
| $L_1$ | P | 32' | 4.27 |
| $L_2$ | W | 18' | 5.11 |
| $L_3$ | P | 60' | 6.26 |
| $L_4$ | W | 69' | 9.14 |
| $L_5$ | P | 77' | 8.11 |
| $L_6$ | W | 116' | 9.08 |
| $L_7$ | P | 104' | 10.02' |
| $L_8$ | W | 90 | 10.85 |

49

566



RECEIVED AUG 2 7 2018

Paid $500.00

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

# 238311

**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: ( ) 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: KELTON + DANIELLE SPRINKLE Address: 146 RAVENCREST DR. STATESVILLE, NC Zip: 28625
Applicant Email: ksprinkle1@gmail.com Phone: 704-929-0673 Alt. Phone: 704-929-0674
Owner Name: JAMES + CAROL MORTON Address: 165 MORNING DOVE LN. STATESVILLE, NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 165 MORNING DOVE LN., STATESVILLE, NC 28625
Subdivision Name: BAYMOUNT STONE HOUSE ADDITION Section/Phase: _____ Lot Number: 148
Driving Directions: TURN ONTO BAYMOUNT DRIVE OFF OF JANE SOWERS RD. CONTINUE STRAIGHT ONTO MORNING DOVE LN. LOT IS ON LEFT AT CUL-DE-SAC.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 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:** Kelton C Sprinkle 8/23/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Danielle Sprinkle

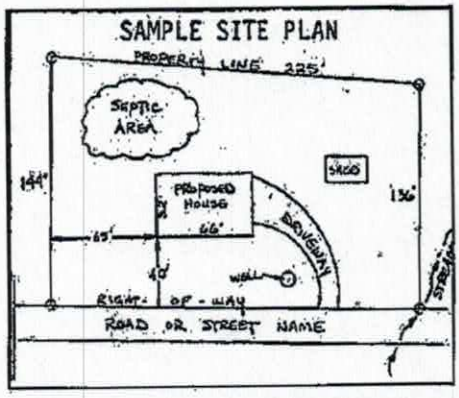
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *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:**

- (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
- NA ( ) Preferred well location
- (X) Preferred septic system location
- (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:** Kathe C. Lee
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

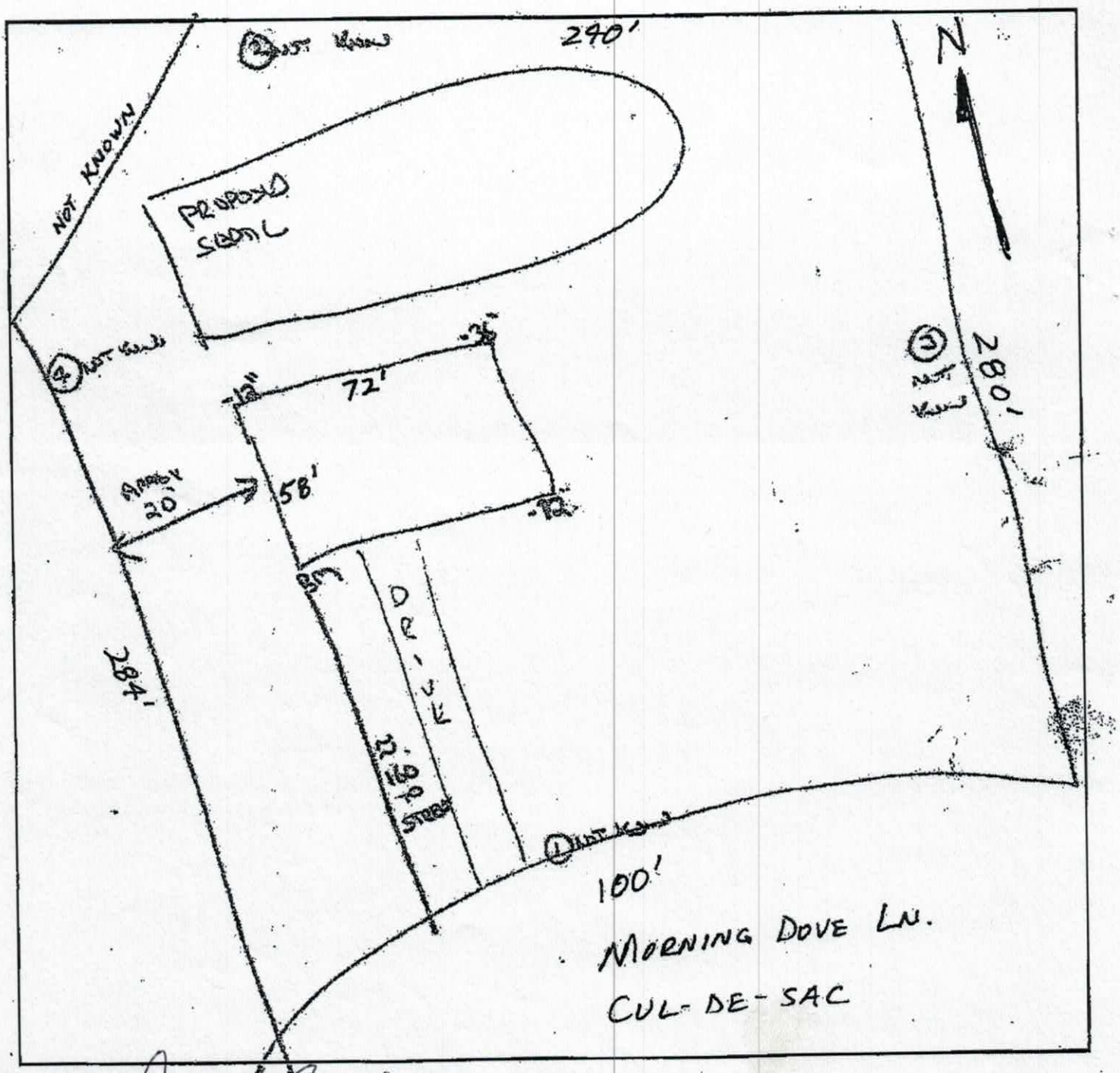
8/24/2018
DATE

Danielle Sparkle

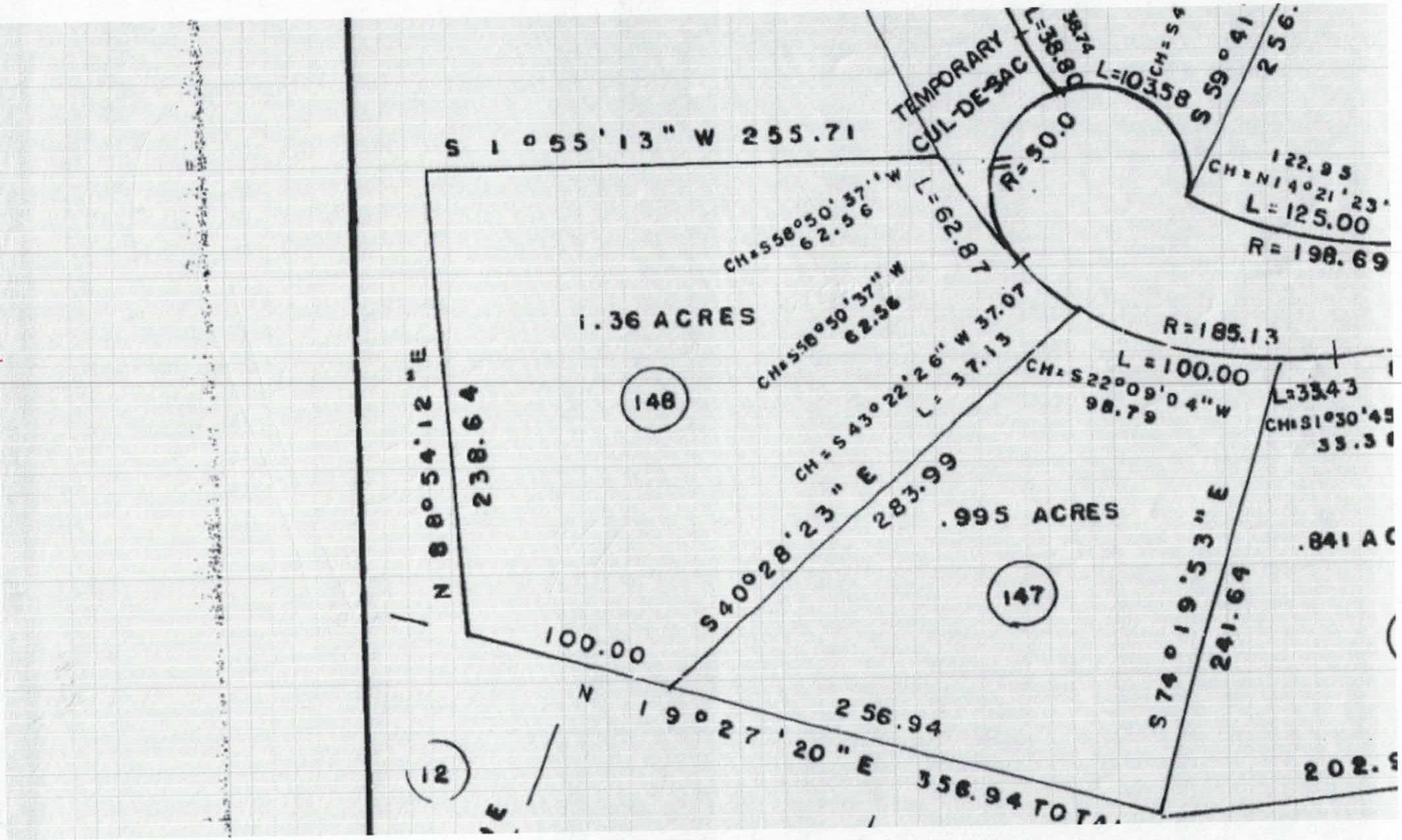
75.60

## BUILDER TO SHOW THE FOLLOWING ITEMS ON SITE SKETCH BELOW FROM THE HOMESITE INSPECTION

1. Front Set Back
2. Rear Set Back
3. Right Set Back
4. Left Set Back
5. Driveway / Sidewalks
6. Existing Structures
7. Septic Location
8. Sewer Tap
9. Sewer / Septic Exit
10. Well Location
11. Water Tap
12. Water Entry
13. Well Pressure Tank
14. Nearest Transformer
15. Electric Meter Base
16. Breaker Panel
17. Temp Power Pole
18. Propane Tank
19. Gas Line Stub
20. Natural Drain
21. Sump Crocks
22. Foundation Door
23. Identify Bench Mark
24. Identify High Corner
25. Shoot Existing Grade Elevations
26. Approximate distance top of foundation will be above existing grade at high corner: _____




Danielle Sparks

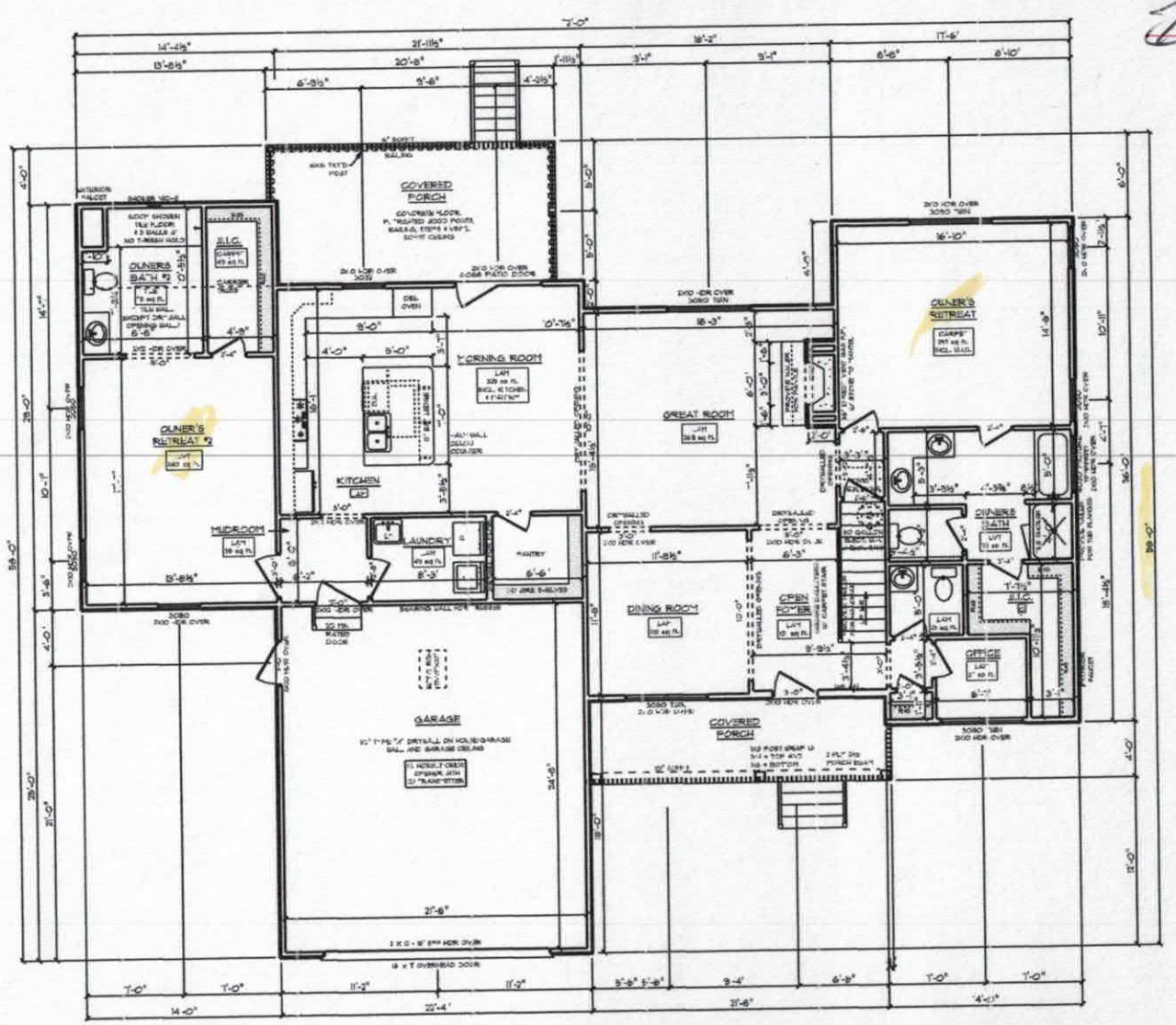

TEMPORARY CUL-DE-SAC
S 1°55'13" W 255.71
L=38.80
L=103.58
S 59°41
256.
R=50.0
122.93
CH=N14°21'23"
L=125.00
R=198.69
CH=S58°50'37"W
62.56
L=62.87
CH=S58°50'37"W
62.56
1.36 ACRES
148
R=185.13
L=100.00
CH=S22°09'04"W
98.79
L=33.43
CH=S1°30'45
CH=S43°22'26"W 37.07
L=37.13
N 88°54'12"E
238.64
283.99
.995 ACRES
147
.841 AC
S40°28'23"E
100.00
N 19°27'20"E 256.94
S74°19'53"E
241.64
356.94 TOTA
202.
12

Acknowledgement Of
Plans Submittal ONLY!

Daniel Smith Date 10/9/18

Benjamin A Bitt Date 10/10/18

72'-0"



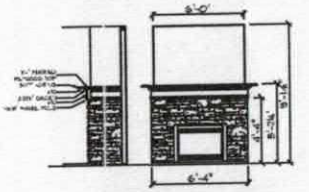

KENWOOD 'B' / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

NOTE:
- PLEASE VERIFY GARAGE FLOOR HEIGHT

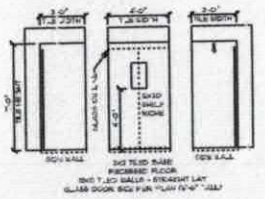
GENERAL FRAMING NOTES:
- DRYWALL ON OPENINGS TO BE 6"-8" ABOVE T-O UNLESS OTHERWISE NOTED
- HEADERS TO BE 3-PLY 2X10 W/ (1) KING + (1) JACK STUDS UNLESS OTHERWISE NOTED

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 3-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
- PLY-GEM LOWE VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING SEAMLESS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- NOTE: FLOORING SQUARE FOOTAGES MAY INCLUDE WALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED



FIREPLACE DETAIL
1/8" = 1'-0"



4' TILED SHOWER DETAIL

SQUARE FOOTAGE:
MAIN FLOOR: 1,784 SQFT
FIRST FLOOR: 274 SQFT
SECOND FLOOR: 1,048 SQFT
GARAGE: 481 SQFT
TOTAL: 2,332 SQFT

DRAWN BY: CH
DATE: 8/24/2018
SCALE: 1/8" = 1'-0"
SHEET: 6

DESIGN BUILT FOR:
KELTON COLLER + DAVELLE JORDAN SPRINKLE
LOT: 6 PH: 3
CHA-018-0810
ON 1.595AC
80 MORNING DOVE LANE
STATESVILLE, NC 28625
KENDELL

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
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GENERAL FRAMING NOTES:
- DBH LABEL OPENINGS 72" RH @ 6'-8", @ 8'-0" UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-#2 SYP (2) 2x12 KING + (1) JACK STUDS UNLESS OTHERWISE NOTED

PLAN NOTES:
- 9'-SMOOTH CEILINGS THROUGH-OUT HOME
- 8'-PANNED TRAY CEILING AREAS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED REVEALS
- 6-PANEL 4'-LITE CORE PAINTED INTERIOR DOORS
- FILTRATEK LOOSE VINYL SPA-2029

FLOORING NOTES:
- ALL FLOORING AROUND DOOR & CASE UNLESS OTHERWISE NOTED
- FLOORING REQUIRES "CUTS-ARE INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- ALL FLOORING TRANSITIONS OCCUR AT CENTERLINE OF DOORWAY OPENINGS OR ARCHITECTURAL FEATURES SUCH AS FIREPLACE SURROUNDS, BUILT-IN CABINETS, ETC. UNLESS NOTED OTHERWISE.
- FLOORING TRANSITIONS OCCUR AT CENTERLINE OF DOORWAY OPENINGS OR ARCHITECTURAL FEATURES SUCH AS FIREPLACE SURROUNDS, BUILT-IN CABINETS, ETC. UNLESS NOTED OTHERWISE.
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SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 287-3482
www.schumacherhomes.com


CUSTOM BUILT FOR:
KELTON COLES + DANIELLE JORDAN SPRINKLE
LOT #: 048-5-015-040
CN #: 38505
LOCATION:
169 MORNING DOVE LANE
STATESVILLE, NC 28625
"REFILL"

SQUARE FOOTAGE:
FOUNDATION: 2066 SQFT
FIRST FLOOR: 2014 SQFT
SECOND FLOOR: 1048 SQFT
GARAGE: 487 SQFT
PORCH: 344 SQFT

DRAWN BY: CH
DATE: 8/24/2018
SCALE: 1/8" = 1'-0"
PLAN: 9


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Acknowledgement Of Plans Submittal ONLY!

Khalil Sprkle Date 10/9/18

_____ Date _____

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 238311 |
| Issue Date: 08/27/2018 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4756691199.000 | 165 MORNING DOVE LANE, STATESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: MORTON JAMES W+CAROL A | Applicant: SPRINKLE KELTON C+DANI |
| Address: 159 MORNING DOVE LANE | Address: 146 RAVENCREST DR |
| STATESVILLE, NC 28677 | STATESVILLE, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.360 | 35.00 | 35.00 | 15.00 | 15.00 | NOT | X |

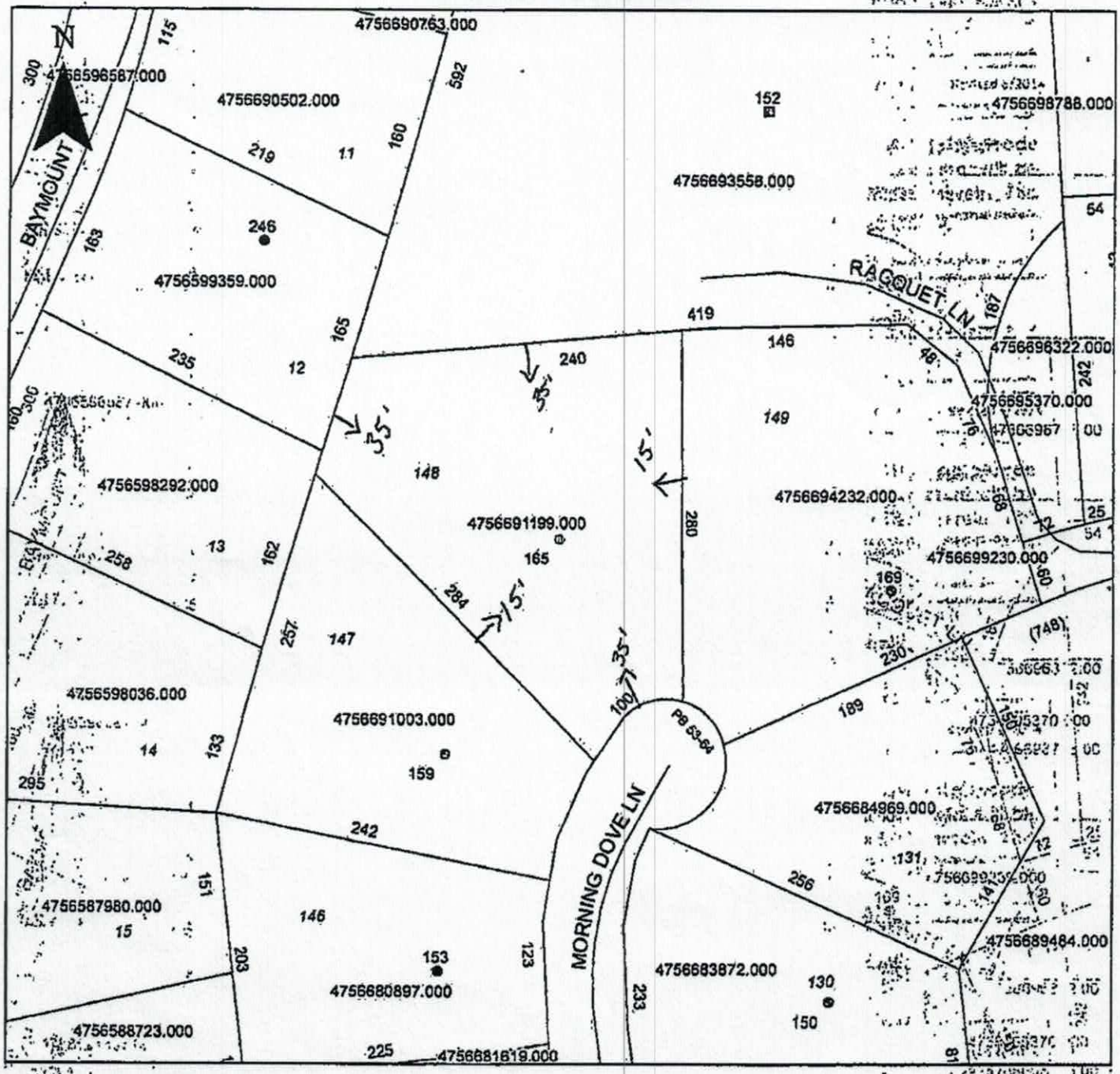
**Remarks:**

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

Applicant: _____ Date: _____

| Permit Number | 150003 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 165 Morning Dove 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.

Kathleen C. Lile
Applicant

8/27/2018
Date