IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222631

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

PIN # 4774262741

APPLICANT: Moore Field Builders APPLICANT ADDRESS: 429 Fifth Creek Road

SITE ADDRESS: 447 New Salem Road PHONE: 704-880-6620 ALT. PHONE: N/A

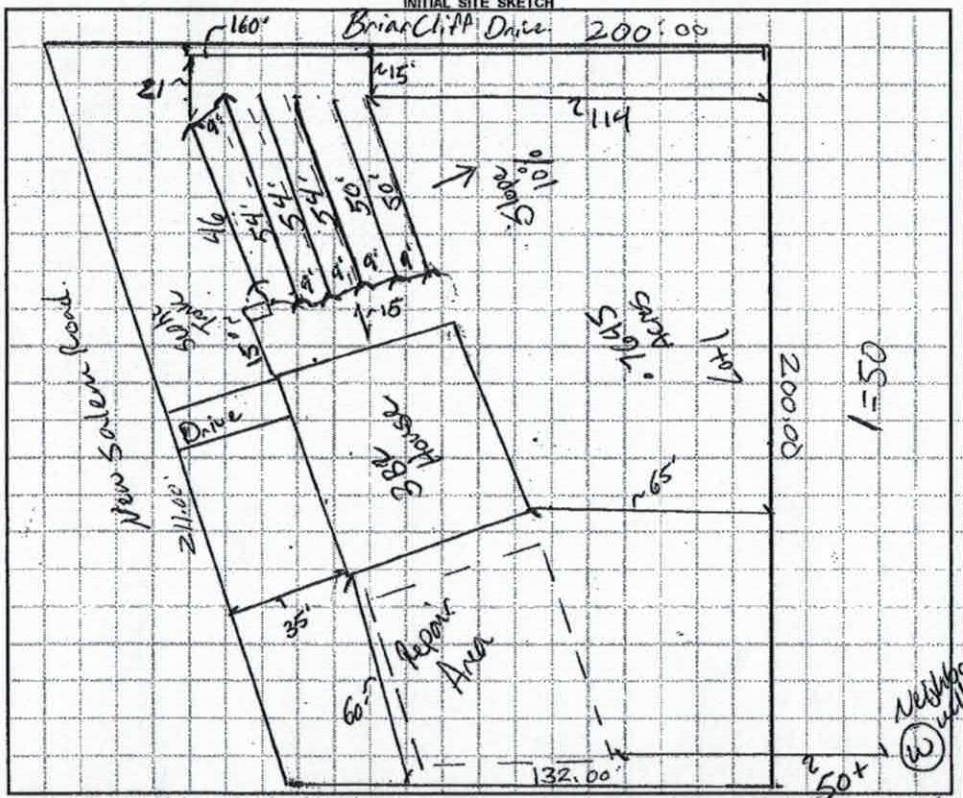
SITE DIRECTIONS: Hwy 69 E Turn Right New Salem Rd. Property on left ~1.5 miles.

SUBDIVISION: Briarcliff Acres SECTION: N/A LOT # 1 LOT AREA: .76 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1012	Date	1-22-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description: 25% reduction				☐ Business	No. Persons	6	☐ Private	
Pump Make			Model		Serial #		Repair System Description: 50% Reduction PPBPS				☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	6	Linear Ft:	300		Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space		☒ Community	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☒ Basement w/o plumbing	

Comments / Conditions: Install on contour of land, utilize Serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED 7@46' TO STAY OFF OF UNDERGROUND POWER LINE.

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: 12/6/16 Installed by: STEVE JORDAN BA00-8

IMPROVEMENT PERMIT by: [signature] Date: 12/02/16 OPERATION PERMIT by: APPROVED Date: SEP 19 2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/06/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 2
PROPERTY ID #: 4774262791
COUNTY: Iredell

Briarcliff Acres LOT 1

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

OWNER: Moorefield Bldrs
ADDRESS: 429 Fifth Creek Rd.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 447 New Salem Rd.
APPLICATION DATE: 10-26-16
DATE EVALUATED: 11-11-16
PROPERTY SIZE: 0.76 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☒ ~~Public~~ ☐ Well ☐ Spring ☐ Other N/A
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	11% LSS	0-30	C ~~ABK~~	Fr Md SE	+48"	+48"	+48"	+48"	PS 0.3
		30-48	BC ABK	Fr Md SC					
2	10% LSS	0-7	SCL SBK	Fr Md SE	+48"	+48"	+48"	+48"	PS 0.3
		7-32	C ABK	Fr Md SE					
		32-48	BC ABK	Fr Md SE					
3	4% LSS	0-11	SCL SBK	Fr Md SE	+48"	+48"	+48"	+48"	~~PS~~ 0.3
		11-24	C SBK	Fr Md SE					
		24-48	BC SBK	Fr Md SE					
			Few Y/B 21-24"						
4	4% LSS	0-15	SCL SBK	Fr Md SE	36" Chroma 2	36"	+42"	36"	PS 0.35
		15-32	CL SBK	Few mag deposits Fr Md SE					
		32-44	BC ~~WSSBK~~	Y/B mag deposits					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jack Moore
OTHER(S) PRESENT: N/A

COMMENTS: I was 88' short of 25% Reduction at lower LTAR assigned to bucket #4

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
		O (Organic)	None	None

MINERALOGY/ CONSISTENCE	STRUCTURE
SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

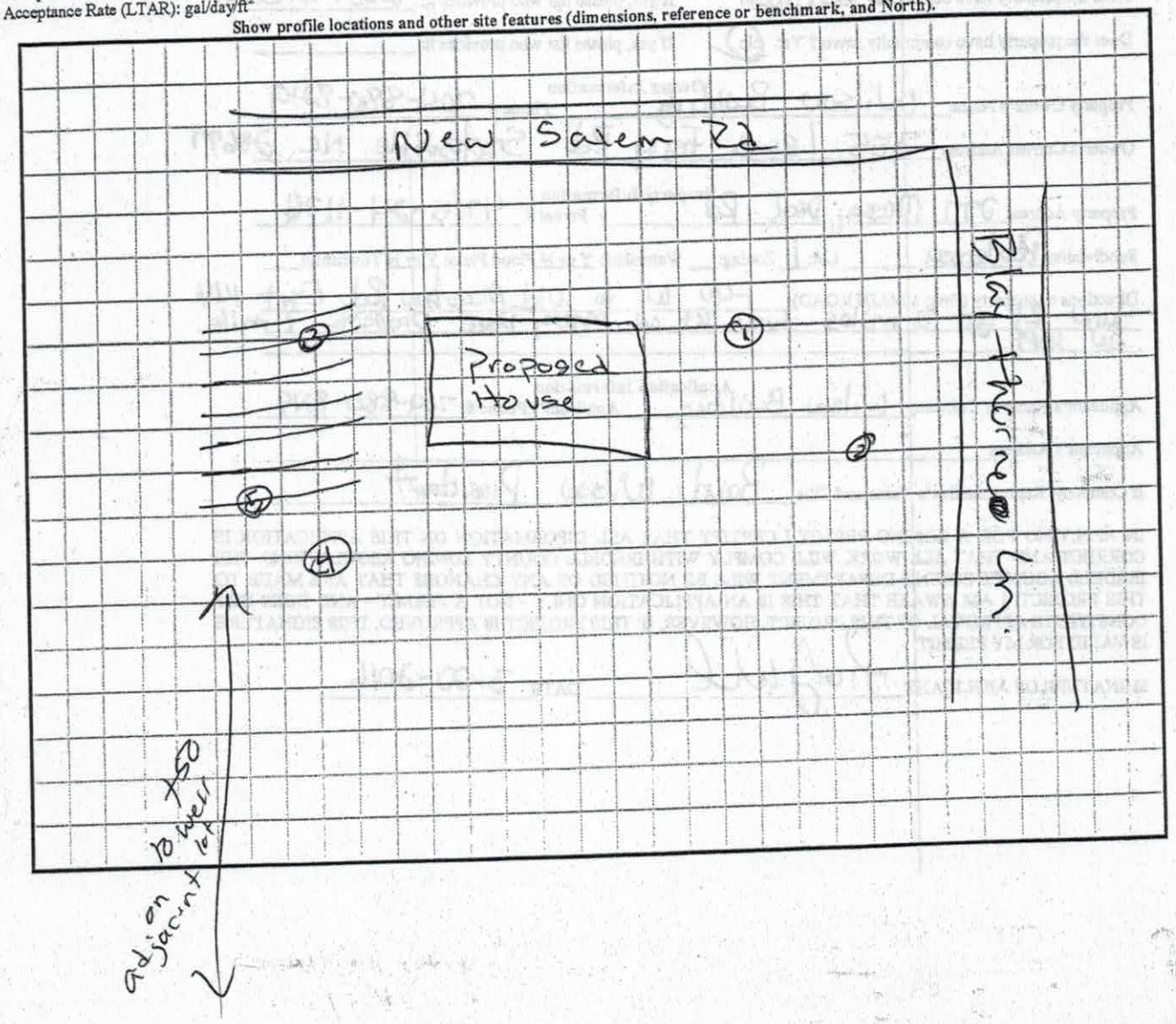
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

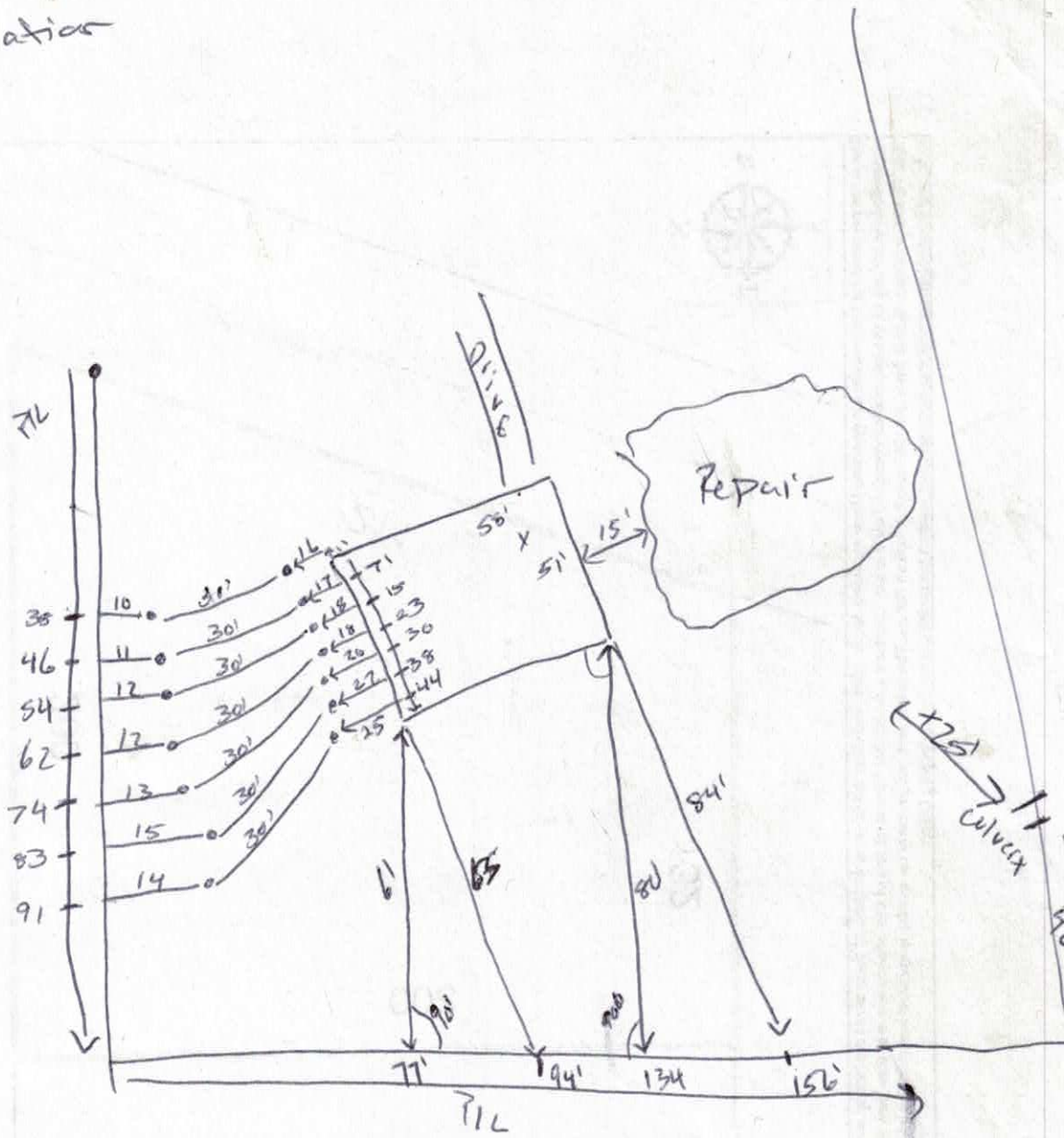
PROPERTY ID #: 4774262741
DATE OF EVALUATION: 11-11-16
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	4% LS	0-16	SCL SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS
		16-33	C ABK	Fi Mod SE					
		33-48	BC FEW Y/B WABK	Fr Mod SE					

7 Panel/Line = 49 panels = 176 gallons/dose

~ 175' Force Main

~ 13' Elevation



160'
114'
24'
15'
54'
54'
54'
50'
50'
51'
51'
House
(F)
Repair

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Moorefield Builders Inc	429 Fifth creek Rd	704 880-6620	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
bill shannon Abel			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
447 New salem Rd		

Driving Directions: 64 east Turn Right New salem 1.5 miles on left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
( ) Other Plumbing with Grinder Pump in Basement

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
(✓) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building 1650
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

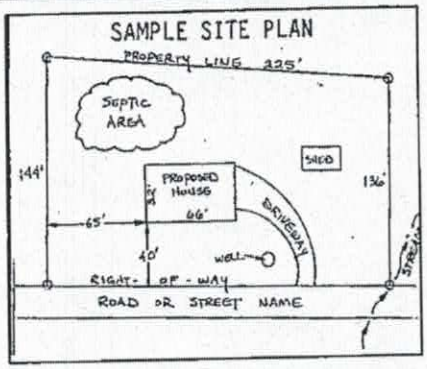
9. Signature: Matt Moore — 10-20-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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:

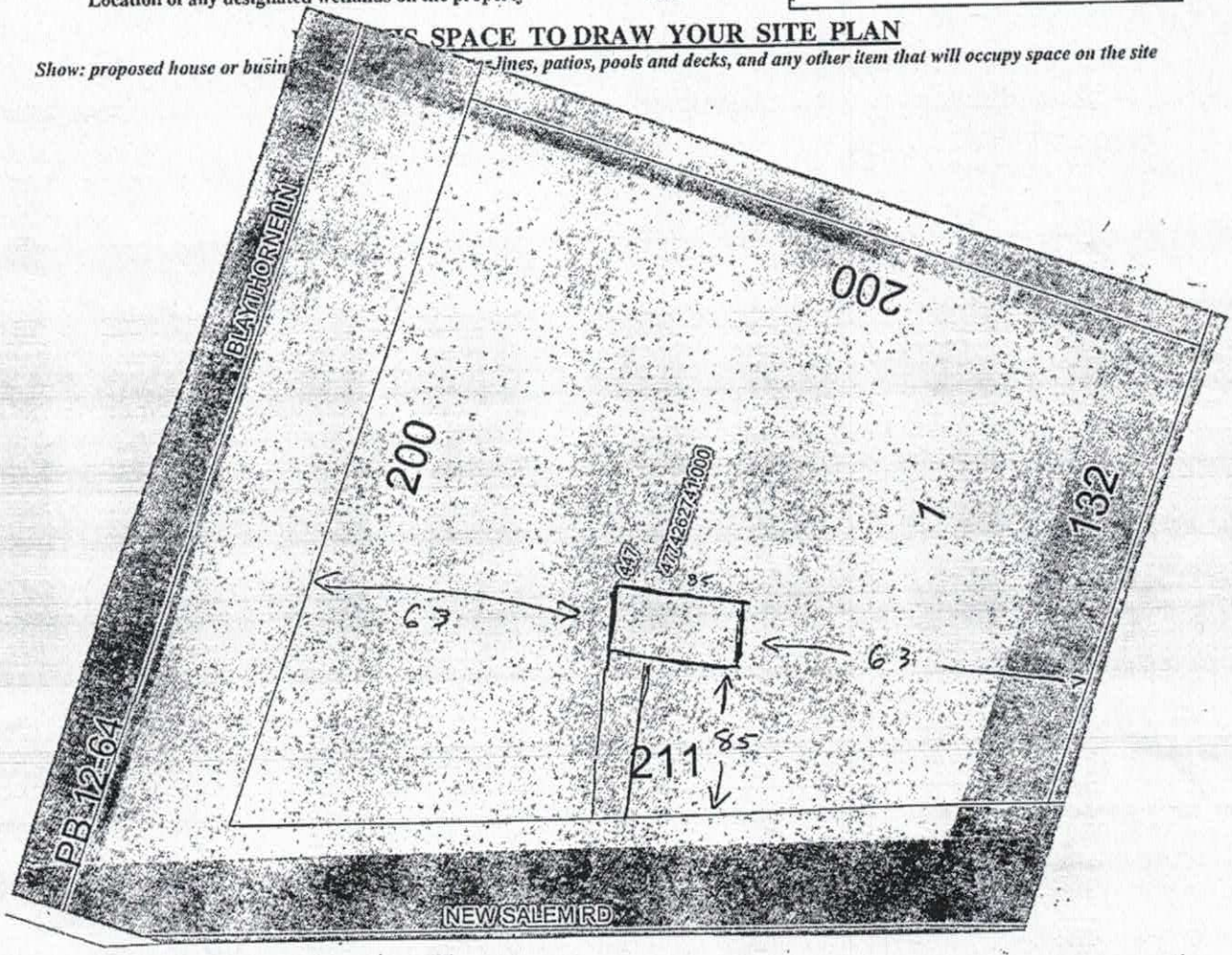
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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 busin[illegible]lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Matthew K Moore

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

10-20-2016

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
222631
Issue Date: 10/20/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4774262741.000	447 NEW SALEM ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BOLIN DWIGHT L+JULIA A	Applicant: MOOREFIELD BUILDERS IN
Address: 405 NEW SALEM RD STATESVILLE, NC 28625	Address: 429 FIFTH CREEK RD. STATESVILLE, NC 28625
Phone:	Phone: 704-880-6620

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	25.00	15.00	NOT	X

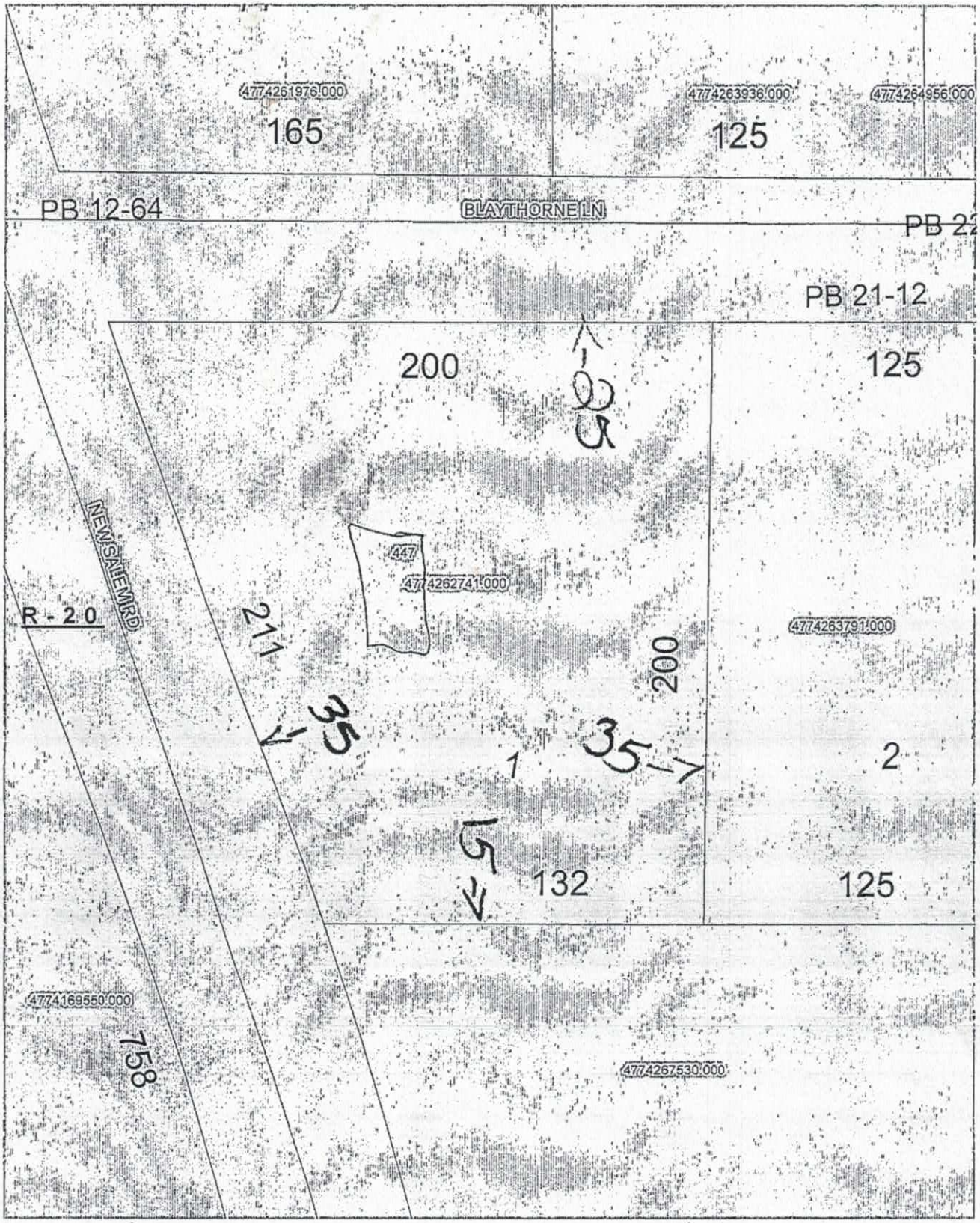
Remarks: Side Road.

$ PAID 104

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: *See Attached* Date: _____

Permit Number	83635	TOTAL FEES:	$ 77.25



Sign Mat Mar Date 10-20-2011

Acknowledgement Of
Plans Submittal ONLY!
Date 12/5/16
Date 12/5/16

ELECTRICAL LEGEND

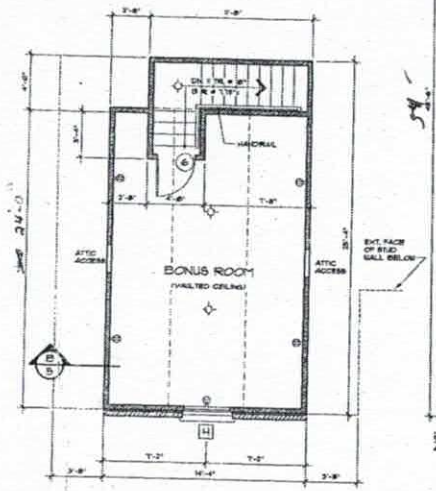
SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, CLOSE VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN, LIGHT, AND HEATER

PLAN NOTES:

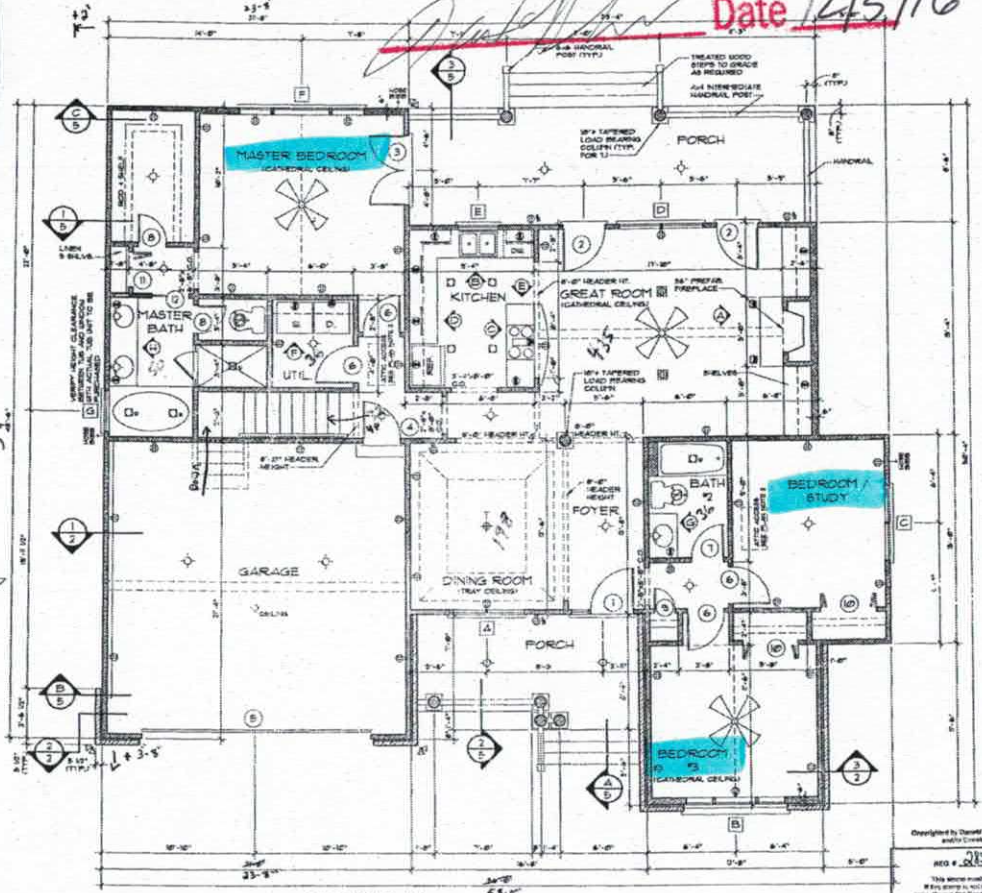
1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.

   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC (ATTIC) WITH THE OWNER PRIOR TO CONSTRUCTION. VERIFY LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS FOR ATTIC, CRAWL SPACE, OR GARAGE LOCATIONS.

   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x30".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL SWING AND UTILITY ROOF.
5. TYPICAL WALL 2x4@ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.



BONUS ROOM FLOOR PLAN 1/4" = 1'-0"



FLOOR PLAN 1/4" = 1'-0"

TOTAL LIVING	1676 sq. ft.	
GARAGE + STORAGE	418 sq. ft.	418
BONUS ROOM	329 sq. ft.	347

122 T/LF
$ 1222
665 SQ FT
$ 5985 Hdwd
841 carpet
$ 2523

WINDOW SCHEDULE

SYMBOL

MARK	SIZE	QUAN.	DESCRIPTION
A	(2) 2'-8" x 6'-1"	1	DH
B	3'-0" x 5'-10"	1	DH, W/ HALF CIRCLE TRANSOM +
	3'-0" x 5'-10"		
	2'-10" x 5'-10"		
C	(2) 2'-8" x 5'-8"	1	DH
D	(2) 3'-0" x 6'-6"	1	DH
E	3'-0" x 4'-3"	1	DH
F	2'-4" x 5'-10"	1	DH, CENTER FIXED W/ HALF CIRCLE TRANSOM +
	4'-0" x 5'-10"		
	2'-4" x 3'-10"		
G	3'-0" x 5'-2"	1	DH
H	2'-4" x 5'-10"	1	DH, W/ HALF CIRCLE TRANSOM +

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.
+ SEE ELEVATION FOR TRANSOM.

DOOR SCHEDULE

SYMBOL

MARK	SIZE	QUAN.	DESCRIPTION
	3'-0" x 6'-8"	1	EXT. THREE-QUARTER GLASS W/ 14" SIDELITE + ELLIPTICAL TRANSOM +
1	3'-0" x 6'-8"	2	EXT. FULL GLASS W/ 5" TRANSOM
2	(2) 2'-6" x 6'-8"	1	EXT. FULL GLASS W/ 5" TRANSOM
4	3'-0" x 6'-8"	1	EXT. 1 HOUR FIRE-RATED
5	16'-0" x 7'-0"	1	GARAGE
6	2'-8" x 6'-8"	9	INT.
7	2'-6" x 6'-8"	1	INT.
8	2'-6" x 6'-8"	2	INT.
9	1'-6" x 6'-8"	1	INT.
10	(2) 2'-6" x 6'-8"	2	INT. BIFOLD
11	2'-8" x 6'-8"	1	INT. BIFOLD
12	2'-8" x 6'-8"	1	INT. POCKET DOOR

+ SEE ELEVATION FOR TRANSOM

Copyrighted by Donald A. Gardner Architects, Inc. and/or Donald A. Gardner, Inc.
REG # 28977
This above mentioned plan is © 2001 DAGI, Inc. If any stamp is not on this set, it is an illegal copy. Please inform the architect copy is: 1-910-328-1965.
These plans only, or shall be amended, CAVE house only and the source CANNOT be identified. See additional house terms inc. are contained.
RED INK

DO NOT SCALE DRAWINGS.
COPYRIGHT © 8/8/03 ALL RIGHTS RESERVED BY DONALD A. GARDNER, INC.
NOT TO BE COPIED OR REPRODUCED WITHOUT WRITTEN PERMISSION

ALL FEDERAL, STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS ETC. SHALL BE CONSIDERED AS PART OF SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED, OR IMPLIED WHERE THEY ARE IN VARIANCE

STANDARD DESIGN DOCUMENT

NORTH CAROLINA REGISTERED ARCHITECT SEAL

DONALD A. GARDNER, INC.
ARCHITECTS • PLANNERS
P.O. BOX 2878 • GREENVILLE N.C. • 27836
252 • 758 • 7580
www.donaldgardner.com/GP

DESIGN NO. 2029
SHEET 2 OF 3 SHTS
PLAN