* Replaces

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 144017 PIN# 3774-64-~~1046~~ 1037 DATE 21 December 07

OWNER OR APPLICANT James DeCicco PHONE: Business 704-400-2184 Home 704-210-8485

ADDRESS 136 Misty Lane Mooresville, N.C. 28115

LOCATION 215 Riverwalk Rd. - Stony Point Site

SUBDIVISION Riverwalk BLOCK / SECTION 1 LOT 20 LOT AREA 0.639ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3g/ft²/d

Septic Tank: 1000 Gallons; STB Fralo STD5 SI Date

Pump Tank: 1000 Gallons; PT Fralo PT 488-137 Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 4 Square Feet ≈2400 ft² Linear Feet 481

No Lines 14 Trench Width 12" Max Trench Bottom Depth 12" Gravel Depth 9" ☐ Gravity ☑ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LPP

Repair System Description: 50% Reduction w/LPP distribution

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Honor all setbacks. * Install according to all engineer specs. (attached)

Comments:/Conditions:

40' Ductile iron pipe used for supply line 45' from well, 10' from Basement.

INITIAL SITE SKETCH

See attached site plan and drawings by engineer.

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. Improvement Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑

Signed: date

Improvement Permit by: , R.S. date 21 Dec. 07

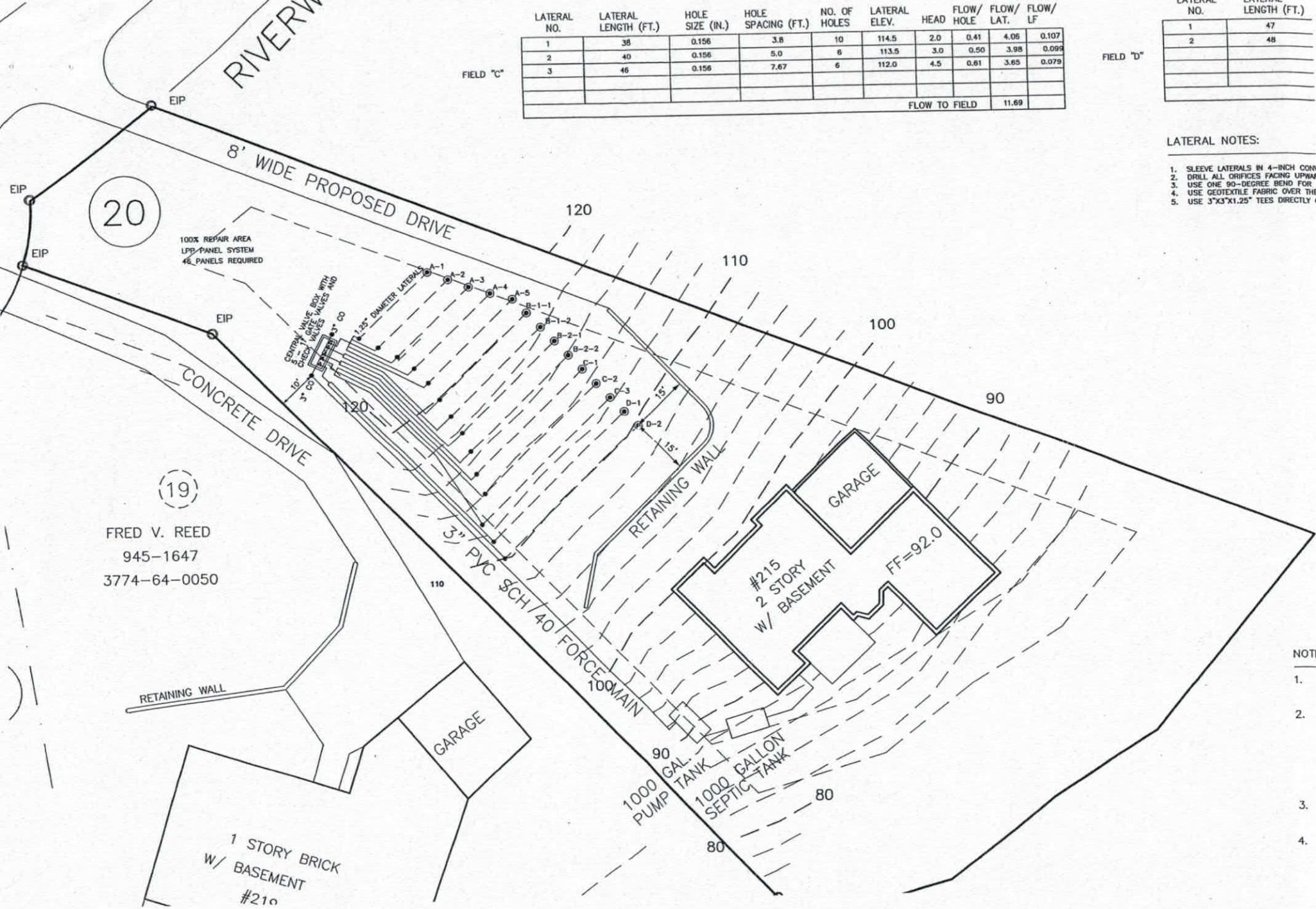
Authorization to Construct by: , R.S. date 21 Dec. 07

Installed by: A1 Backhoe Service

Operation Permit by: , R.S. date 28 March 08

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



FIELD "C"

LATERAL NO.	LATERAL LENGTH (FT.)	HOLE SIZE (IN.)	HOLE SPACING (FT.)	NO. OF HOLES	LATERAL ELEV.	HEAD	FLOW/ HOLE	FLOW/ LAT.	FLOW/ LF
1	38	0.156	3.8	10	114.5	2.0	0.41	4.06	0.107
2	40	0.156	5.0	6	113.5	3.0	0.50	3.98	0.099
3	46	0.156	7.67	6	112.0	4.5	0.61	3.65	0.079
						FLOW TO FIELD		11.69	

FIELD "D"

LATERAL NO.	LATERAL LENGTH (FT.)
1	47
2	48

LATERAL NOTES:

1. SLEEVE LATERALS IN 4-INCH CONV
2. DRILL ALL ORIFICES FACING UPWAR
3. USE ONE 90-DEGREE BEND FOR
4. USE GEOTEXTILE FABRIC OVER THE
5. USE 3"X3"X1.25" TEES DIRECTLY

NOTI

1.

2.

3.

4.

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

DRAFT

PROPERTY I.D.#: 8R-A-1 (PART of)
DATE:
COUNTY: IREDELL

SOIL SITE EVALUATION FOR ON-SITE WASTEWATER SYSTEM

APPLICANT: KEJ MARKETING
ADDRESS: P.O BOX 1627
MATTHEWS, NC. 28106

OWNER__ AGENT: ✓ PHONE: (704) 847-6006
APPLICATION DATE: 11/
PROPOSED FACILITY: 3BR House
PROPERTY SIZE: 0.6923
DATE EVALUATED

LOCATION OF SITE: RIVERWALK SECTION I LOT #20
WATER SUPPLY: On-site Well ✓ Comm. Well___ Public___ Other___ EVAL. METHOD: Auger Boring ✓ Pit ✓ Cut___

PROFILE	.1940 LANDSCP POS./ SLOPE(%)	HORIZON DEPTH (IN.)	.1941 (•)(1) TEXTURE	.1941 (•)(2) STRUCTURE	.1941 (•)(3) MINEROLOGY	MATRIX COLOR	MOTTLE COLOR	OTHER PROFILE FACTORS
1	N	0-24	C	SBK	1:1/FI			.1942 Wetness Cond. S
	25%	24-28+	SICL	SAPROLITE				.1943 Depth/.1956 Sapr. U PS
								.1944 Restrictive Hori. S
								.1948 Profile Class. U PS
								Profile LTAR 0.15
2	N	0-24	C	SBK	1:1/FI			.1942 Wetness Cond. S
	33%	24+	SICL	SAPROLITE				.1943 Depth/.1956 Sapr. U PS
								.1944 Restrictive Hori. S
								.1948 Profile Class. U PS
								Profile LTAR 0.15
3	N	0-9	SC	GR	1:1/SR			.1942 Wetness Cond. S
	27%	9-33	C	SBK	1:1/FI			.1943 Depth/.1956 Sapr. U PS
		33+	SAPROLITE					.1944 Restrictive Hori. S
								.1948 Profile Class. U PS
								Profile LTAR 0.15
4								.1942 Wetness Cond.
								.1943 Depth/.1956 Sapr.
								.1944 Restrictive Hori.
								.1948 Profile Class.
								Profile LTAR

AVAILABLE SPACE (.1945): U/PS REDRAWN OTHER FACTORS (.1946): NONE SITE CLASSIFICATION (.1948): U PS

SYSTEM TYPE: LPP / LPP LONG-TERM ACCEPTANCE RATE(S): 0.15

EVALUATED BY: STEVE HEDRICK OTHER(S) PRESENT: TIM WHITAKER (704) 866-9540

COMMENTS: RECLASS TO ACCEPT LPP ONLY

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 X Authorization To Construct ___ BOTH ___ 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:**

James A. DeCicco	130 Milroy Lane, Msvl, NC 28115	704-210-8485	704-400-2184
Applicant Name	Mailing Address	Home Phone	Work Phone
Same as above			
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

215 Riverwalk Dr. Statesville NC 28625	Riverwalk	Phase 1, Lot 20
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I-77 North, I-40 West, Exit 141 - Sharon School Rd. Take Right, Left on Stewart Rock Rd., Left on Riverwalk DR Lot on Left at beginning of culdesac.

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3-4 ?
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

****

6. **Proposed Water Supply:**

(X) 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)*

(X) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** _____ 7/20/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- X — **Property Line measurements are clearly identified…**
- X — **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

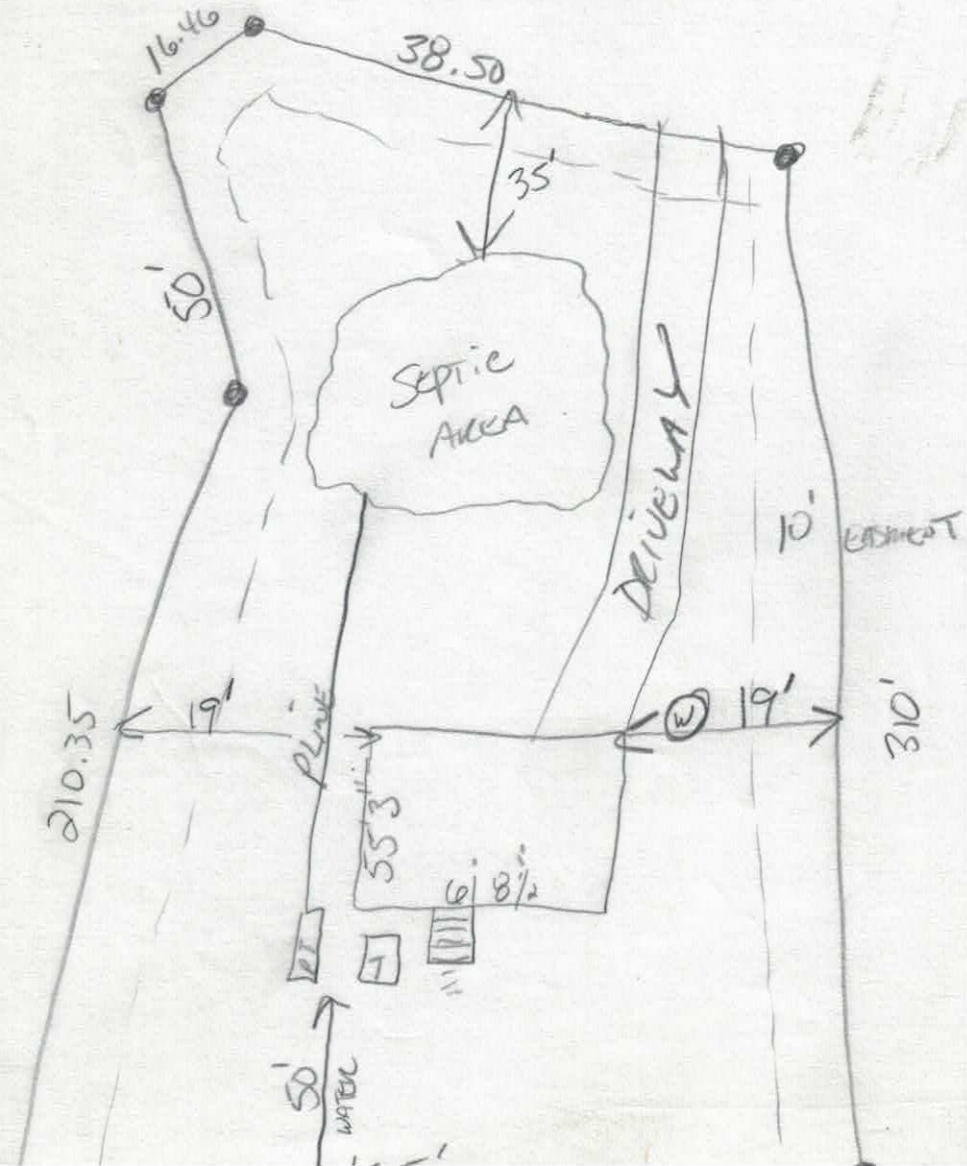
Circle N/A on the following if appropriate:

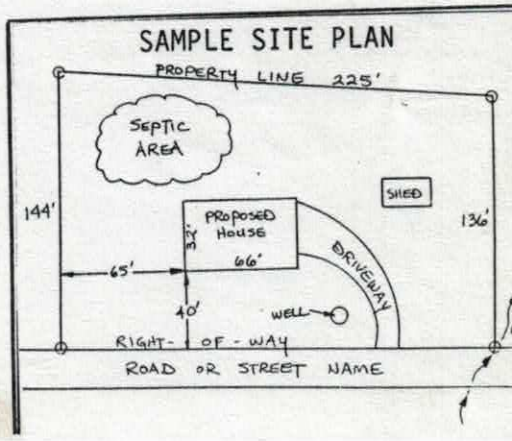
- X — **Location of septic systems and wells within 100' of your property…** **N/A**
- X — **Location of easements and rights of ways on your property…** **N/A**
- X — **Location of any designated wetlands on the property…** **N/A**

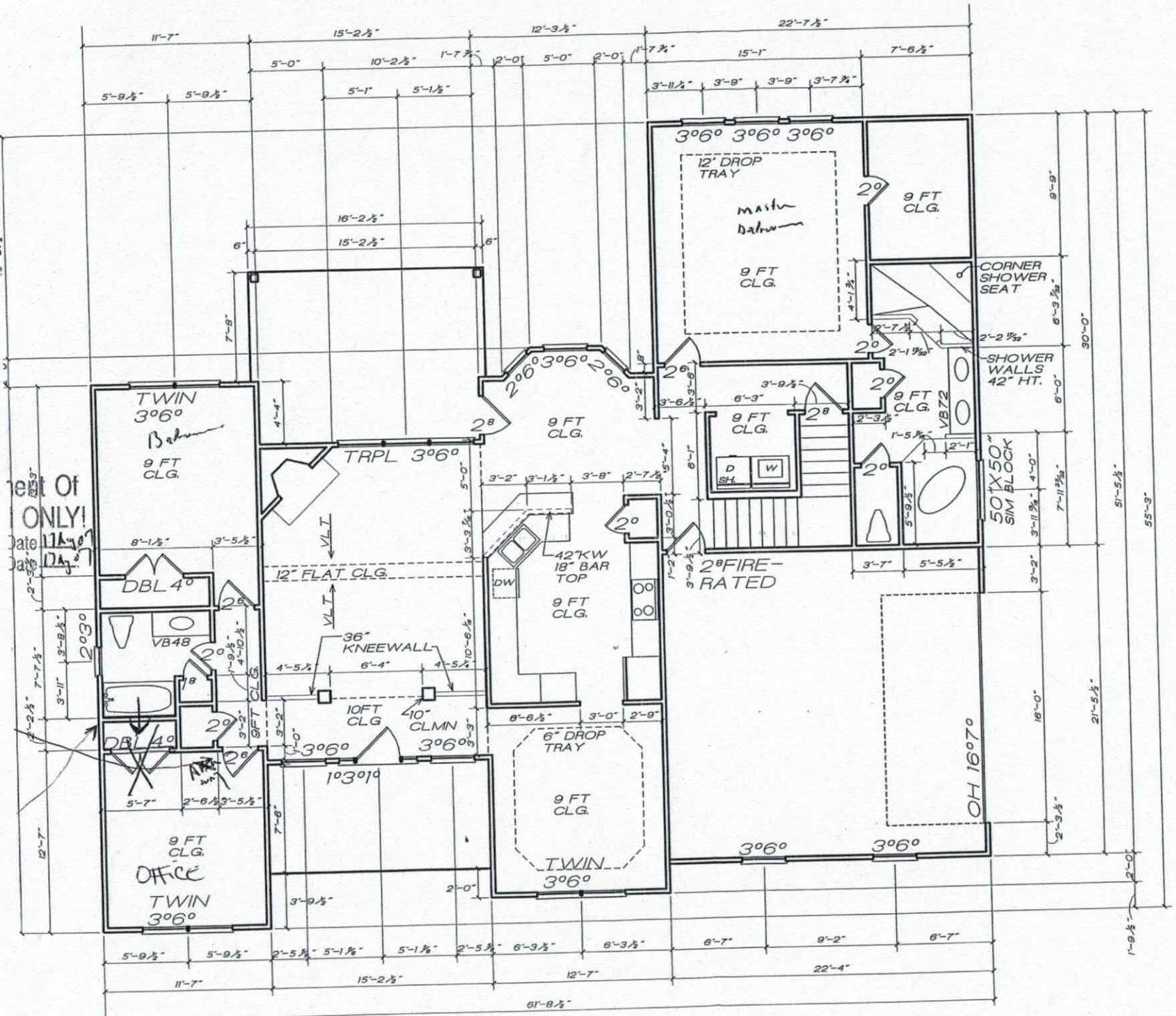
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/20/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN







STANDA

	H
RANCH	2
TWO-STORY	2
TWO-STORY W/ BSMT	2

ALL HEADERS

STANDA

BRICK OPENING

MAXIMUM OF 8'-0"

8'-0" THRU 10'-0"

10'-0" THRU 18'-0"

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 144017ZO

Printed: 7/5/2007

Master #: 144017

Associated Permits:

144017ZO	Zoning
144017GR	Grading

Applicant

Name: James Decicco
Address: 136 Millroy Ln
Mooresville, NC 28115

Phone: 704-400-2184

Parcel

Parcel Number: 3774641046.000
Address: 215 Riverwalk Rd.
Stony Point, NC 28678
Subdivision: Riverwalk

Zoning: RA
Township: 1400
Area: .63
Lot(s): 20

Directions to Parcel: I-40W, right on Sharon School Rd, right on County Line Rd, left on Stewart Rock, left on Riverwalk Rd

Owners

Name: James Decicco
Address: 136 Millroy Ln
Mooresville, NC 28115

Phone: 704-400-2184

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-156452-07	Zoning - Permit / Inspection	$45.00
FEE-156453-07	Environmental Health - Type I or II System	$400.00
	Total Fees:	**$445.00**
REC-85955-07		$445.00
	Total Receipts:	**$445.00**