Site Address: 137 Burning Ln - Stony Point

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138581 PIN# 3785-99-5855 DATE 8 February 07

OWNER OR APPLICANT Clyde Hall Enterprises, Inc. PHONE: Business 704-534-2490 Home 704-664-6400

ADDRESS P.O. Box 3397 Mooresville, N.C.

LOCATION Old Mtn. Rd. TL Cain Rd. TL Grain TR Burning Ln. At end on left.

SUBDIVISION Cain Road Estates BLOCK / SECTION 4 LOT 39 LOT AREA 1.82 Ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/day

Septic Tank: 1000 g Gallons: STB 1007 Date 2-13-07

Pump Tank: 1000 g Gallons: PT 274 Date 2-13-07

Pump Make: Gould Model WE03111M Serial No.

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 200

No Lines 4 Trench Width 24 Max Trench Bottom Depth 36" Gravel Depth ☐ Gravity ☑ Pressure

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

System Description: 50% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Pump to pressure manifold and 4 equal length lines containing (46) panels. Follow contour / Honor all setbacks

Comments:/Conditions:

INITIAL SITE SKETCH

See Attached Drawing

AS BUILT SKETCH

Carolina Old Cain Rd. Clyde 39

	Date	Initials
Drain Lines Checked	4-17	
Tanks Checked	4-17	
Pressure Manifold or Valve Box Checked	4-17	
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Bldg. C/O 5/31/07 (1:30)

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 Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: , R.S. date 8 Feb. 07

Authorization to Construct by: , R.S. date 8 Feb. 07

Installed by: Cothran & Son

Operation Permit by: date

Existing System Inspection by: date

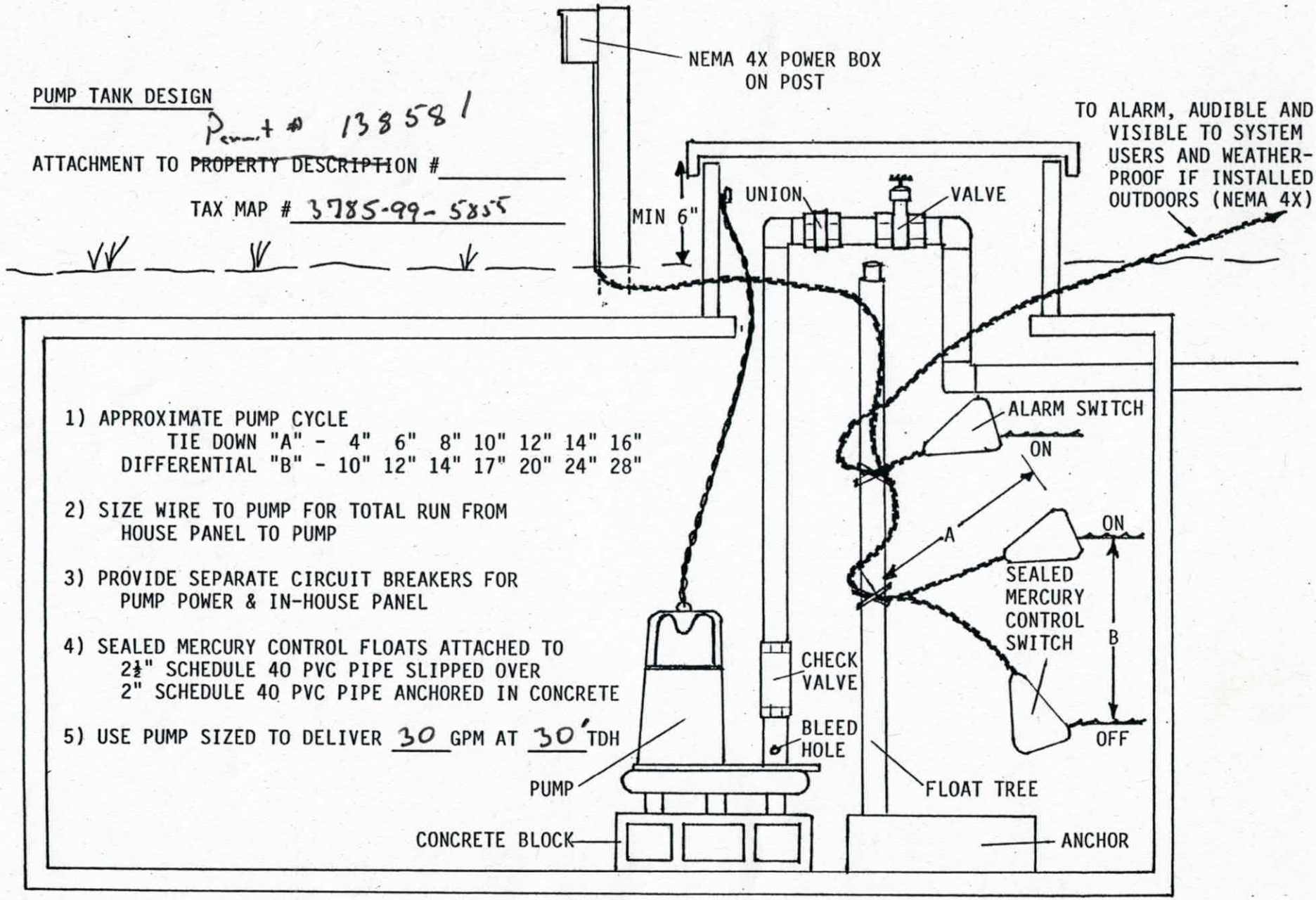
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PUMP TANK DESIGN

Permit # 138581

ATTACHMENT TO ~~PROPERTY DESCRIPTION~~ # _____

TAX MAP # 3785-99-5855



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

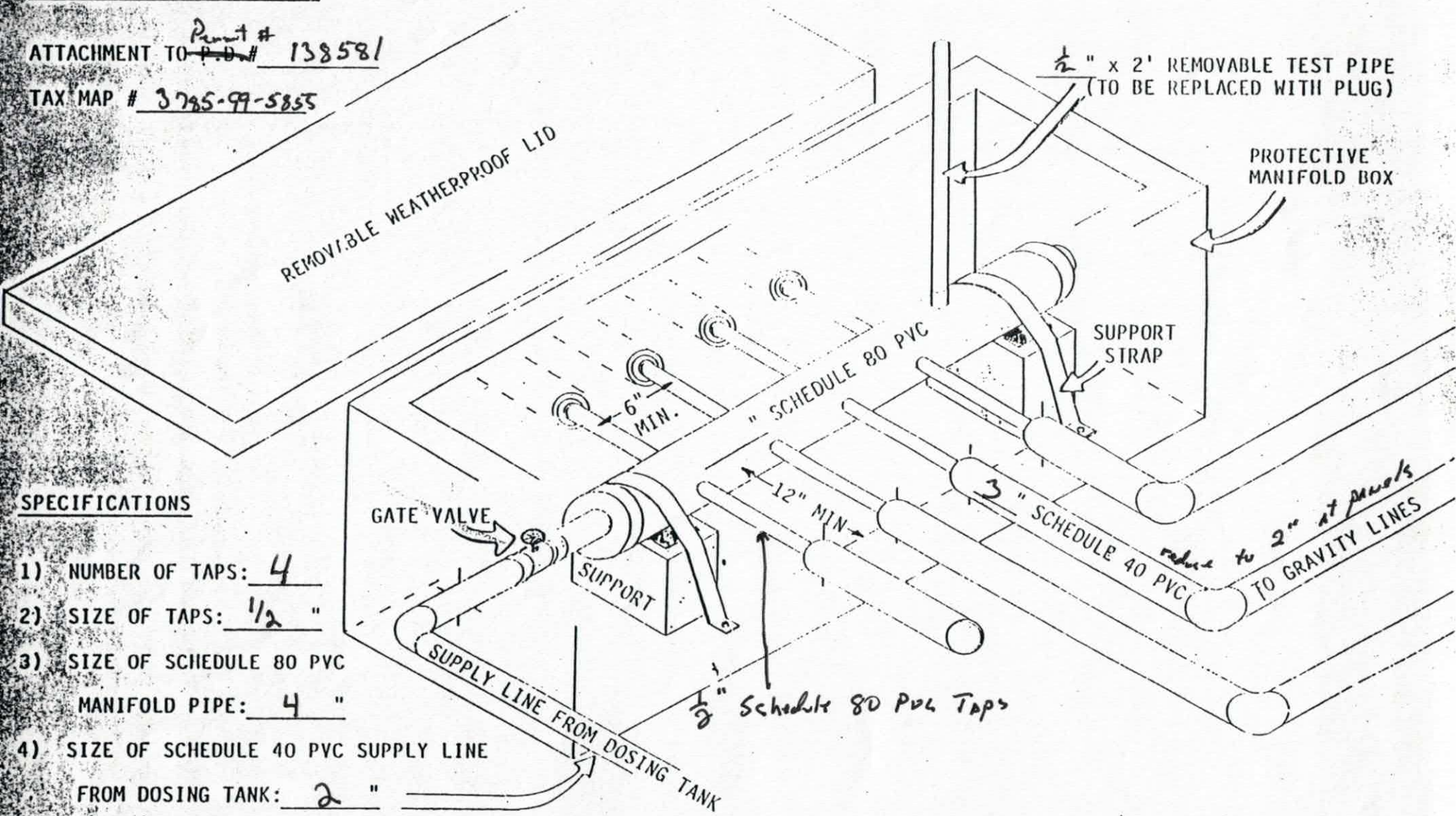
4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 30 GPM AT 30' TDH

PRESSURE MANIFOLD DESIGN

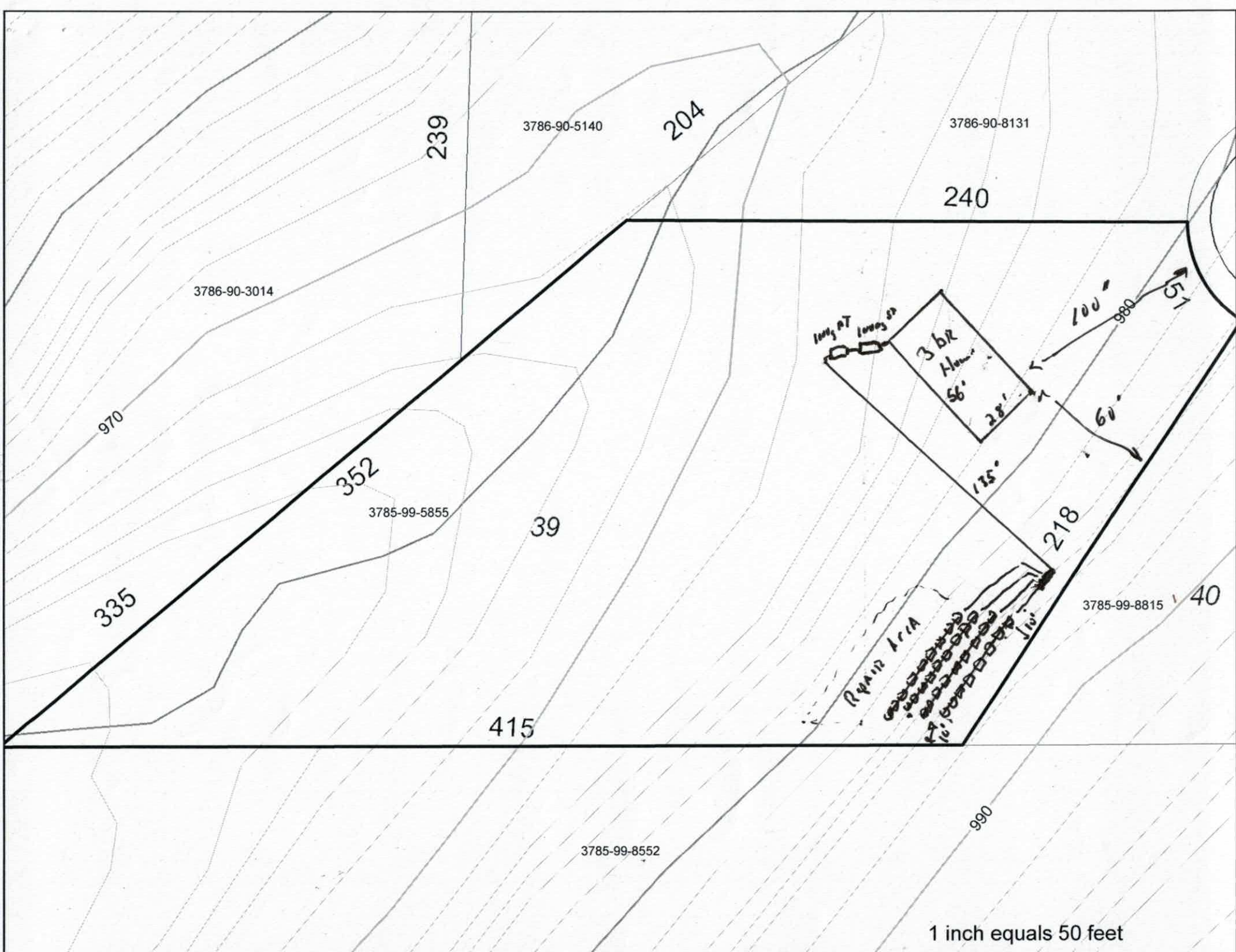
ATTACHMENT TO ~~P.D.W.~~ Permit # 138581

TAX MAP # 3785-99-5855



SPECIFICATIONS

1) NUMBER OF TAPS: 4
2) SIZE OF TAPS: 1/2 "
3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 4 "
4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "


239
3786-90-5140
204
3786-90-8131
240
3786-90-3014
970
352
3785-99-5855
39
335
415
3 bR
Home
56'
28'
100'
98
51
60'
135'
218
3785-99-8815
40
Repair Area
10'
990
3785-99-8552
1 inch equals 50 feet

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Clyde Hall Est / Cow Rd. Estates #39 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 3 BR Home PROPOSED DESIGN FLOW (.1949): ≥60 PROPERTY SIZE: 1.82 ac
LOCATION OF SITE: Cow Rd PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L FS 7%	0-20+	SSK SC	F: Sap	12" C2				U
2	L 15%	0-42+	SSK SC	F: Sap	38" C2				PS 0.3
3	L 15%	0-48+	SSK SC	F: Sap	>18	>18			PS 0.3
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

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 ✓ 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
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Clyde Hall Enterprises Inc	PO Box 3397 Mooresville, NC 28117		
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Clyde Hall Ent. Inc	same as above	704-664-6400	Cell 704 534-2490

4. **Property Information:**

137 Burning Log Street Address — Cain Road Estates Subdivision Name — Phase IV Lot 39 Section/Phase and Lot Number

Driving Directions: I-40 West Exit Right Old NW Road. approx. 5 miles Turn Left Cain Rd Turn left next street Green Drive Next street to Right Burning Log, property at end.

****

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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 _____
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)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

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:** Clyde Hall — 10-20-06
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:

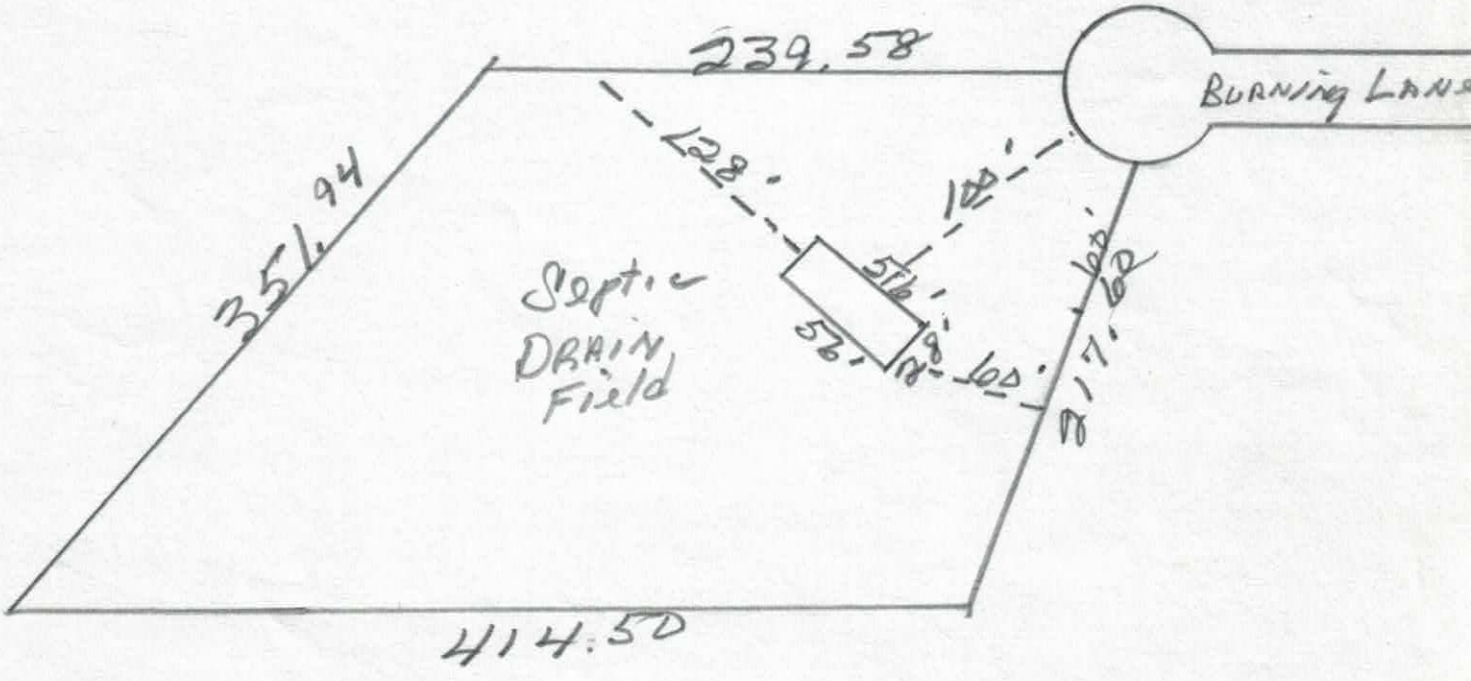
- ____ — **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ — **Location of easements and rights of ways on your property…** (N/A)
- ____ — **Location of any designated wetlands on the property…** (N/A)

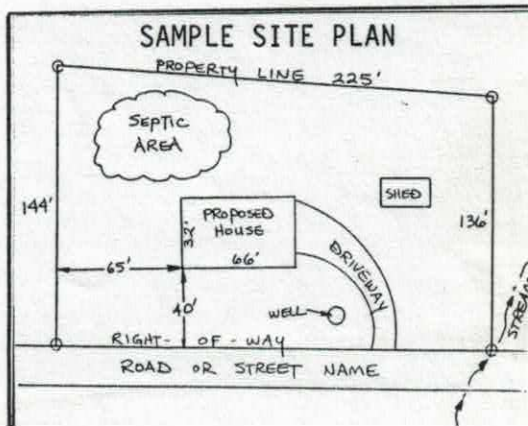
Signature: Lot 39 — 10-20-06

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

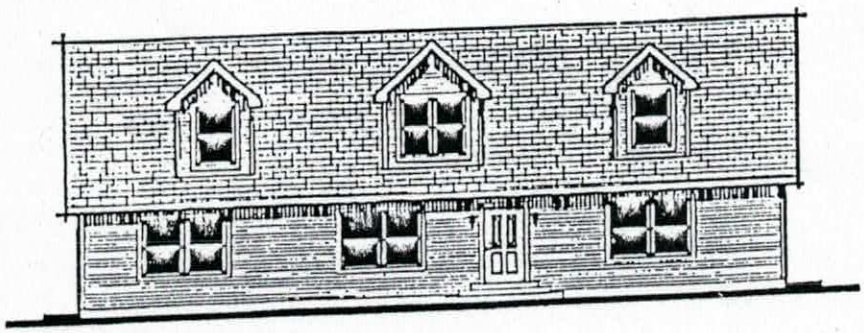
137 Burning Lane

USE THIS SPACE TO DRAW YOUR SITE PLAN





R·O·O·M·Y O·P·U·L·E·N·C·E



THE BENTLEY

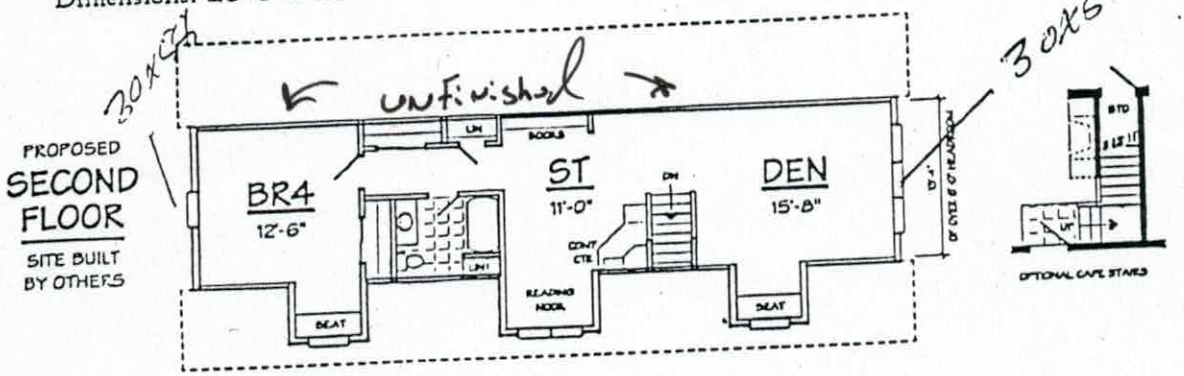
Acknowledgement Of Plans Submittal ONLY!
Date 8Feb.07
Date

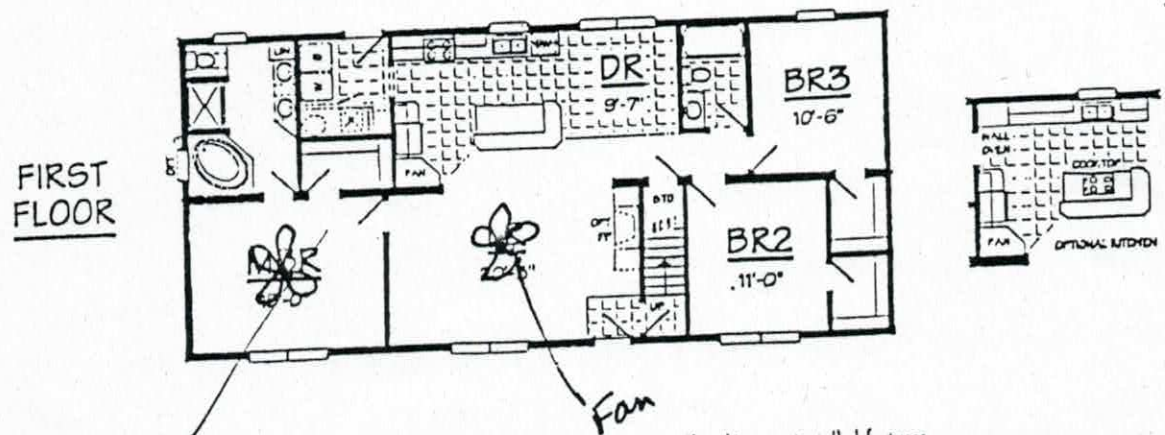
SPECS

Model Number: A3M3C56-N01
Square footage: 1484 sq. ft.
Bedrooms: 3 Baths: 2
Dimensions: 26'-6" x 56'-0"

HIGHLIGHTS

Roomy, airy layout is perfect for active families
Generous Kitchen cabinetry, including island
Separate Utility Room for washer and dryer
Luxurious Master Bath with soaker tub





Elevation is an Artist's conception and may show optional and/or site-installed features

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	138581ZO	Subdivision:	Cain Road Estates
Proposed Use:	Modular	Township:	1400 Shiloh
Location of Property:	137 BURNING LN Stony Point NC 28678		
Parcel #:	3785995855.000	Zoning:	Ra
Lot #:	39 Size: 1.82	Flood Plain:	No Watershed: WSIV-PA
Applicant:	CLYDE HALL ENTERPRISES INC	Owner:	CLYDE HALL ENTERPRISES INC
Address:	P O BOX 3397	Address:	P O BOX 3397
	MOORESVILLE NC 281170000		MOORESVILLE, NC 281170000
Phone:		Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

I40 west to Old Mountain Rd exit, right on Old Mountain, left Cain Rd, left Grain, right Burning Ln, property at the end

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

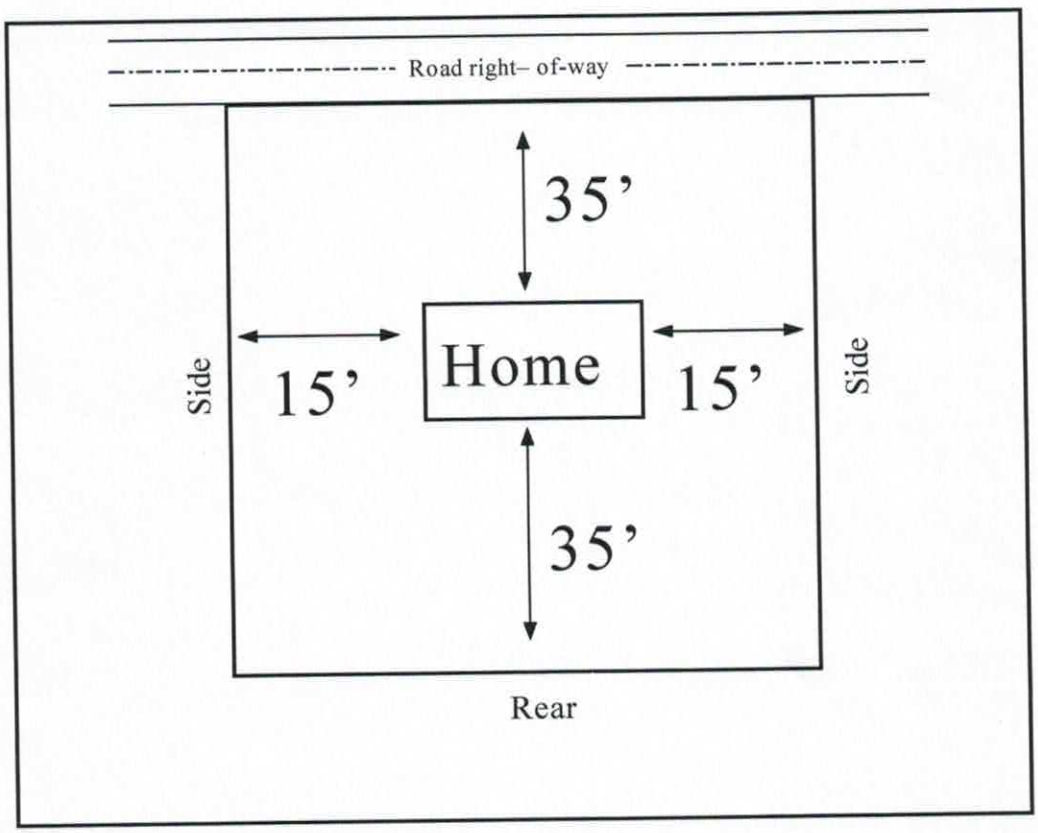
Printed: 10/5/2006

ZONING DISCLAIMER

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

STREET NAME : 137 Burning Ln



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.