# IREDELL COUNTY HEALTH DEPARTMENT

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

1:30

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

PERMIT # 121076 PIN # 4614 97 3705 DATE 4/9/09

OWNER or APPLICANT WAYNE TEDDY PHONE: Business SAME 704-662-8625 Home:

OWNER or APPLICANT ADDRESS 199 BALMORAL DR. MOORESVILLE, NC. 28117

LOCATION / DIRECTIONS 1100 TR TUSKARORA RD. TR BALMORAL R FORK LAST DRIVE ON L

SUBDIVISION CL+T BLOCK / SECTION 6 LOT # 230 LOT AREA 1.23 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 6-30-10
Pump Tank 1000 Gallons: PT 27 Date 6-7-10
Pump Make Geotech Model WE0312M(2) Serial #
Nitrification Field No Fields 1 No Lines 3 Linear Feet 267
Trench Width 2-3' Max. Trench Bottom Depth 30" Gravel Depth No

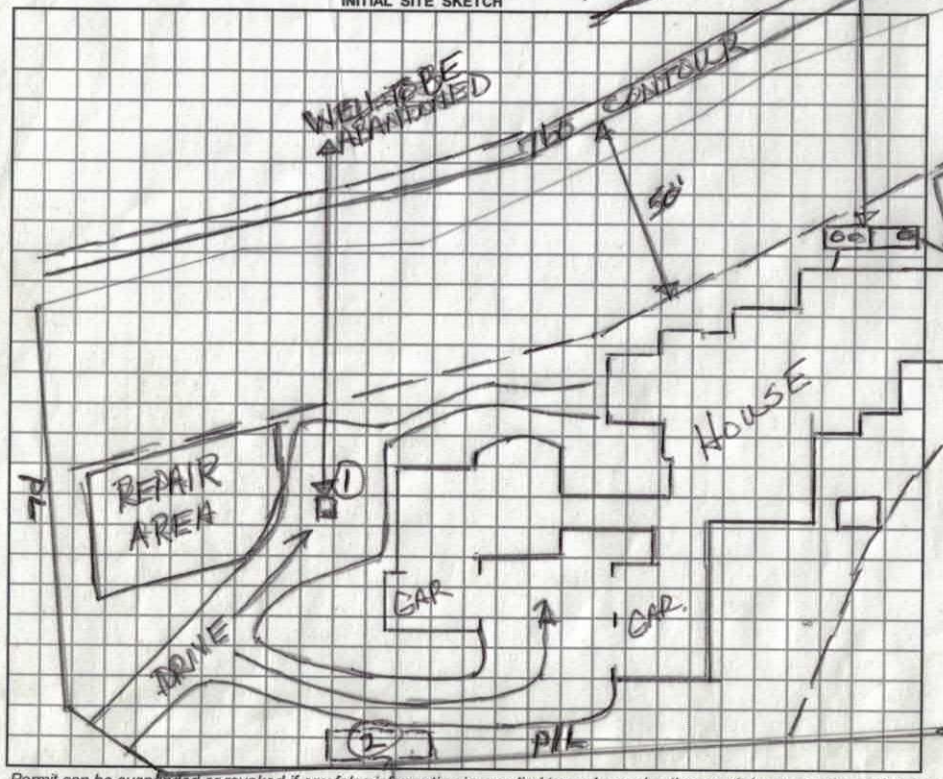
☒ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI
System Description: LP - 16" PPBAS
Repair System Description: SAME
Maintenance Agreement Required ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

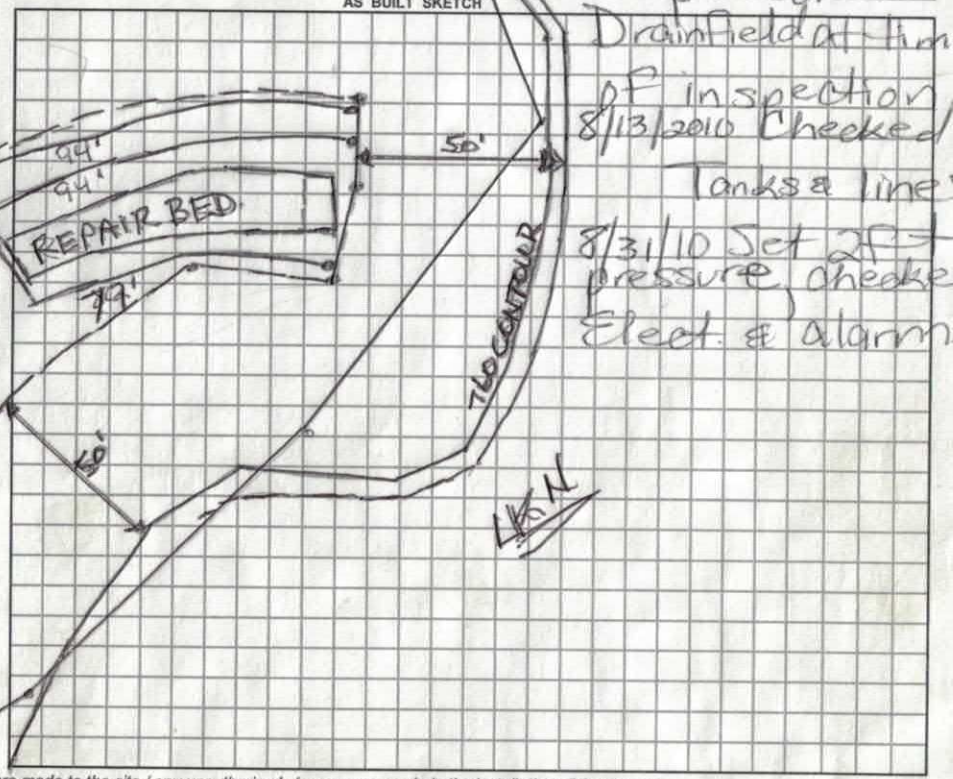
Comments / Conditions: ABANDON WELL (1), INSTALL NEW WELL (2) WHERE SHOWN. WATER + POWER LINE MUST BE RELOCATED FROM BED BEFORE USE.

INITIAL SITE SKETCH




Comments / Conditions: Drilled 3/16" hole. Soil dirt hard & compacted over Drainfield at time of inspection 8/13/2010 Checked Tanks & lines 8/31/10 Set PST pressure, checked Elect. & alarm.

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

Owner / Applicant Signature: Scott M. Mills *NEW WELL AREA Date 4.23.09

Improvement Permit by: Wesley Sparks RS. Date 4/13/09

Authorzation to Construct by: Wesley Sparks RS. Date 6/3/09

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

Installed by: R & T

Operation Permit by: [signature] REHS Date: 8/31/2010

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

# S&ME, INC.
# SITE/SOIL EVALUATION

**Project No.** Wayne Teddy **Phone No.** _____ **Date:** _____
**Location** 198 Bal[illegible] **Pin** _____ **County:** Iredell **Property Size** _____

**Proposed Facility:** 4 Bdr **Water Supply:** On-Site Well ☒ Community ☐ Public ☐ **Evaluation:** Auger Boring ☒ Pit ☐ Cut ☐

**Weather:** _____ **Antecedent Moisture** moist **Surface Water:** LA

| FACTORS | PROFILE 1 | PROFILE 2 | PROFILE 3 | PROFILE 4 |
|---|---|---|---|---|
| Landscape Position % | L | L | L | L |
| Horizon Depth I | 0-4 | 0-12 | 0-5 | 0-20 |
| Color Munsell | 10yr 4/4 | 10yr 4/4 | 10yr 5/6 | 10yr 4/4 |
| Texture | cl | cl | sicl | c |
| Structure | m-w sbk | w sbk | | m f sbk to sbk |
| Consistence | fr so/sp | fr ss/sp | | fr s/p |
| | | | | |
| | | | | |
| Boundary | | | | |
| Horizon Depth II | 12-47 | 12-47 | 5-20 | 20-46 |
| Color – Munsell | 10yr 5/6 | 10yr 5/6 | 10yr 5/6 red | 10yr 4/4 |
| Texture | c/cl | c/cl | c | c/cl |
| Mottles | m f sbk | | m f sbk | f sap |
| Structure | fr s/p | | fr ss/so | m-w sbk |
| Consistence | fr soft bk nsk | | | fr ss/so |
| | w sbk | | | |
| | fr ss/so | | | |
| Boundary | | | | |
| Horizon Depth III | | | 20-46 | |
| Color – Munsell | | | 10yr 4/4 | |
| Texture | | | c | |
| Mottles | | | m f sbk | |
| Structure | | | fr ss/sp | |
| Consistence | | | | |
| | | | | |
| | | | | |
| Boundary | | | | |
| Horizon Depth IV | | | | |
| Color – Munsell | | | | |
| Texture | | | | |
| Mottles | | | | |
| Structure | | | | |
| Consistence | | | | |
| | | | | |
| | | | | |
| Boundary | | | | |
| Soil Wetness | | | | |
| Restrictive Horizon | | | | |
| Saprolite | | | | |
| LTAR | .3 | .3 | .3 | .3 |
| Classification | P5 | P5 | P5 | P5 |
| | | | | |
| | | | | |

## LEGEND

**LANDSCAPE POSITION**

| | |
|---|---|
| R | Ridge Interfluve |
| S | Shoulder |
| L | Linear Slope |
| S | Foot Slope |
| N | Nose Slope |
| H | Head Slope |
| Cc | Conclave Slope |
| Cv | Convex Slope |
| T | Terrace |
| P | Flood Plain |

**TEXTURE**

| | |
|---|---|
| s | sand |
| ls | Loamy sand |
| sl | sandy loam |
| l | loam |
| si | silt |
| sil | silt loam |
| sicl | silty clay loam |
| cl | clay loam |
| scl | sandy clay loam |
| sc | sandy clay |
| sic | silty clay |
| c | clay |

**CONSISTENCE WET**

| | |
|---|---|
| Ns | non-sticky |
| Ss | slightly sticky |
| S | sticky |
| Vs | very sticky |
| | |
| Np | non-plastic |
| Sp | slightly plastic |
| P | plastic |
| Vp | very plastic |

**MOIST**

| | |
|---|---|
| vfr | Very friable |
| fr | friable |
| fi | firm |
| vfi | Very firm |

**STRUCTURE**

| | |
|---|---|
| sg | single grain |
| m | massive |
| cr | crumb |
| gr | granular |
| sab | subangular blocky |
| ab | angular blocky |
| pl | platy |
| pr | prismatic |

# S&ME, INC.
# SITE/SOIL EVALUATION

**Project No.** Wayne Teddy **Phone No.** _____ **Date:** _____
**Location** 179 Belmont **Pin** _____ **County:** _____ **Property Size** _____

**Proposed Facility:** 4BR **Water Supply:** On-Site Well ☒ Community ☐ Public ☐ **Evaluation:** Auger Boring ☒ Pit ☐ Cut ☐

**Weather:** _____ **Antecedent Moisture** Moist **Surface Water:** _____

| FACTORS | PROFILE 5 | PROFILE 6 | PROFILE | PROFILE |
|---|---|---|---|---|
| Landscape Position % | L | L | | |
| Horizon Depth I | 0-28 | 0-4 | | |
| Color Munsell | 10YR | 10YR 5/2 | | |
| Texture | C/L | SiL | | |
| Structure | f sbk | m gr | | |
| Consistence | vfr SSK fi SS/SP | vfr | | |
| | | | | |
| Boundary | | | | |
| Horizon Depth II | 28-46 | 4-40 | | |
| Color – Munsell | 10YR 4/3 | 10YR | | |
| Texture | SCL | C | | |
| Mottles | C 5YR 5/8 | m f 5YR | | |
| Structure | W SBK | f 2 SS/SP | | |
| Consistence | fi SS/P | | | |
| | | | | |
| Boundary | | | | |
| Horizon Depth III | | 40-47 | | |
| Color – Munsell | | 10YR | | |
| Texture | | CL | | |
| Mottles | | f 5YR | | |
| Structure | | W SBK | | |
| Consistence | | f 2 SS/P | | |
| | | | | |
| Boundary | | | | |
| Horizon Depth IV | | | | |
| Color – Munsell | | | | |
| Texture | | | | |
| Mottles | | | | |
| Structure | | | | |
| Consistence | | | | |
| | | | | |
| Boundary | | | | |
| Soil Wetness | | | | |
| Restrictive Horizon | | | | |
| Saprolite | | | | |
| LTAR | | | | |
| Classification | PB -3 | PB -3 | | |
| | | | | |
| | | | | |

## LEGEND

**LANDSCAPE POSITION**

| | |
|---|---|
| R | Ridge Interfluve |
| S | Shoulder |
| L | Linear Slope |
| S | Foot Slope |
| N | Nose Slope |
| H | Head Slope |
| Cc | Conclave Slope |
| Cv | Convex Slope |
| T | Terrace |
| P | Flood Plain |

**TEXTURE**

| | |
|---|---|
| s | sand |
| ls | Loamy sand |
| sl | sandy loam |
| l | loam |
| si | silt |
| sil | silt loam |
| sicl | silty clay loam |
| cl | clay loam |
| scl | sandy clay loam |
| sc | sandy clay |
| sic | silty clay |
| c | clay |

**CONSISTENCE WET**

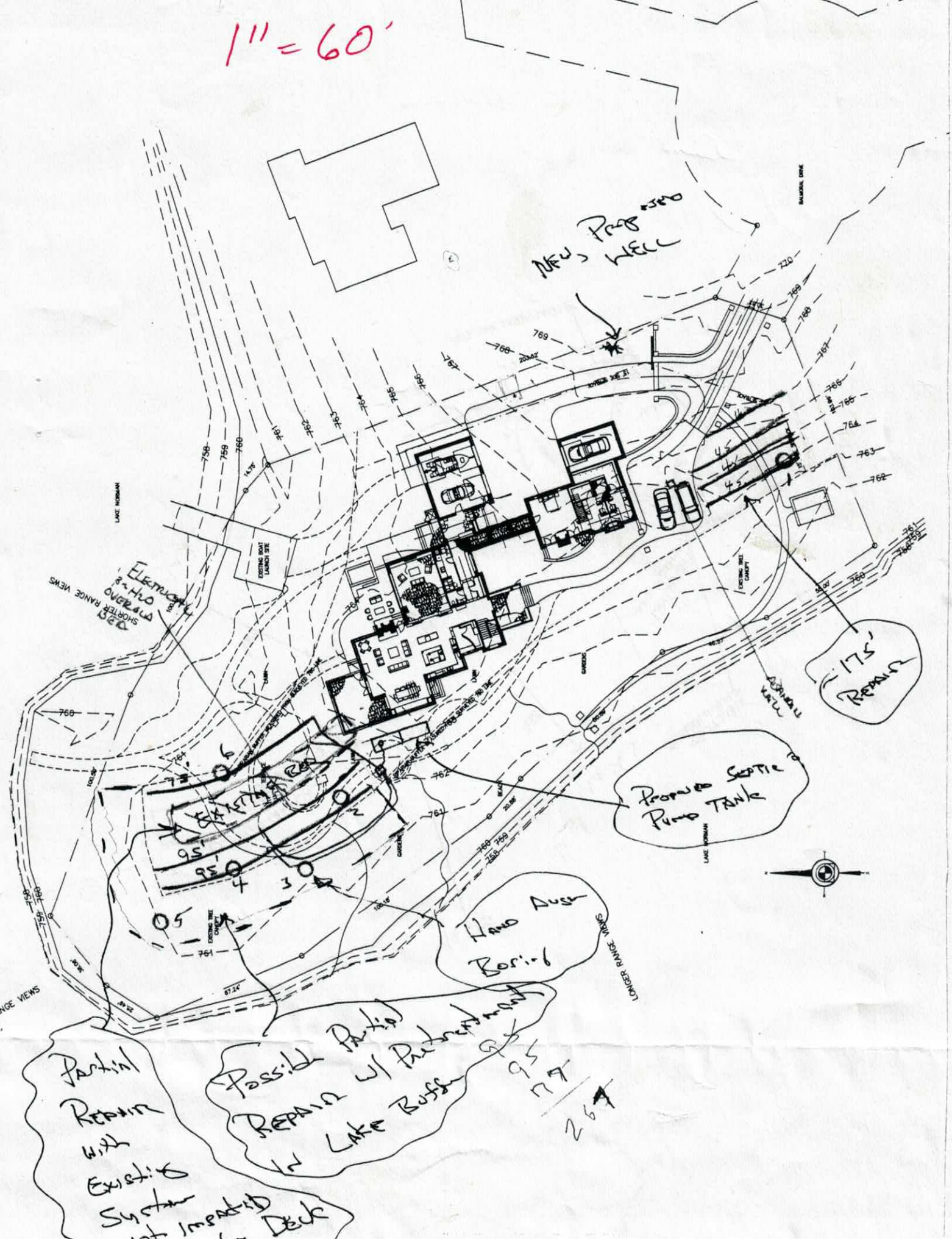
| | |
|---|---|
| Ns | non-sticky |
| Ss | slightly sticky |
| S | sticky |
| Vs | very sticky |
| | |
| Np | non-plastic |
| Sp | slightly plastic |
| P | plastic |
| Vp | very plastic |

**MOIST**

| | |
|---|---|
| vfr | Very friable |
| fr | friable |
| fi | firm |
| vfi | Very firm |

**STRUCTURE**

| | |
|---|---|
| sg | single grain |
| m | massive |
| cr | crumb |
| gr | granular |
| sab | subangular blocky |
| ab | angular blocky |
| pl | platy |
| pr | prismatic |


1" = 60'
New Proposed Well
Proposed Septic Pump Tank
175' Repair
Hand Auger Boring
Possible Parking Repair w/ Parking Lot Buffer
Parking Repair with Existing System
Deck
Lake Norman
Shoreline Ranges Views
Existing Boat Launch Site
Existing Tree Canopy
Balmoral Drive
Garage
Lower Range Views

# 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)*

RE-LAYOUT

1. **APPLICATION FOR:** X 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* X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| WAYNE TEDDY | 199 Balmoral Drive | — | SAME 704-662-8125 |

| Owner Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| SAME | | | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 199 Balmoral | Lot 230 Sect 6 | MEHL-NECK |

**Driving Directions:** BSR, Rt. TUSKARORA, R Balmoral, 1st END.

**********

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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- X 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:**

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)*

T-S

( ) Alternative ( ) Conventional ( ) Innovative X 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:** _____ 4-6-09
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:**

- ✓ **Property Line measurements are clearly identified…**
- ✓ **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***
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred 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:**

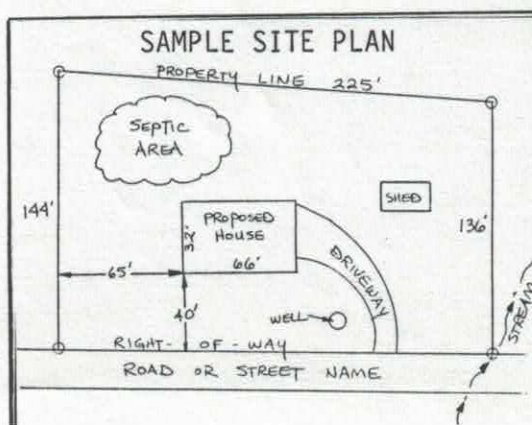
- ____ **Location of septic systems and wells within 100' of your property… N/A**
- ____ **Location of easements and rights of ways on your property… N/A**
- ____ **Location of any designated wetlands on the property… N/A**

**Signature:** Paul Zoll
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

4-6-09
**DATE**

### USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan



Date Received _____ TCHR (S) Application No. _____

T. C. No. _____

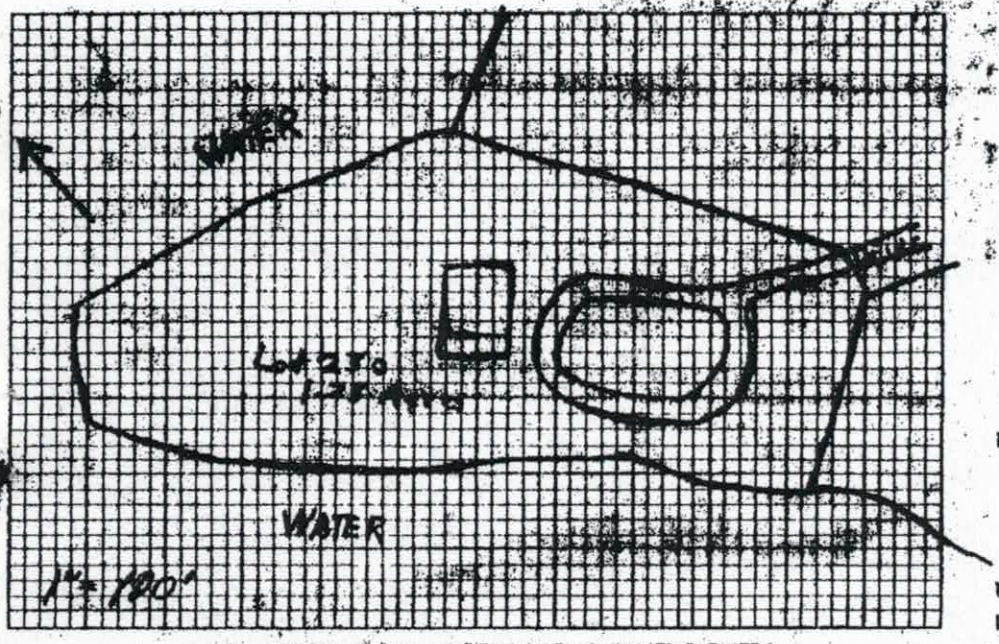
Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair on individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.




3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No
4) No. of Bedrooms 2
5) Business Use ____ Max No. Employees _____
6) Washing Machine ✓ Yes ____ No
7) Garbage Disposal ✓ Yes ____ No
8) Dishwasher ____ Yes ____ No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No
11) FHA Case No. N/A
12) VA Case No. N/A

13) NAME OF OWNER Massey Jr. (LAST) Charles (FIRST) Caswell (MIDDLE)

14) ADDRESS OF OWNER 570 Lansing Dr. Charlotte, N.C. 28211

15) PHONE NO. Home 364-0911 Office 533-1259

16) LOCATION OF SYSTEM Lot #230, Sec 6, Lake Norman, "Meck Neck", Meck County
STREET OR COUNTY ROAD

17) SUBDIVISION Sec. #6 Lot No. 230 Block No. _____

Plat Map Book No. 17 Page No. 625 Crescent Land & Timber Co.

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ✓ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____ See Attached Plat

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

1/17/77
DATE OF APPLICATION

Charles C. Massey Jr.
OWNER

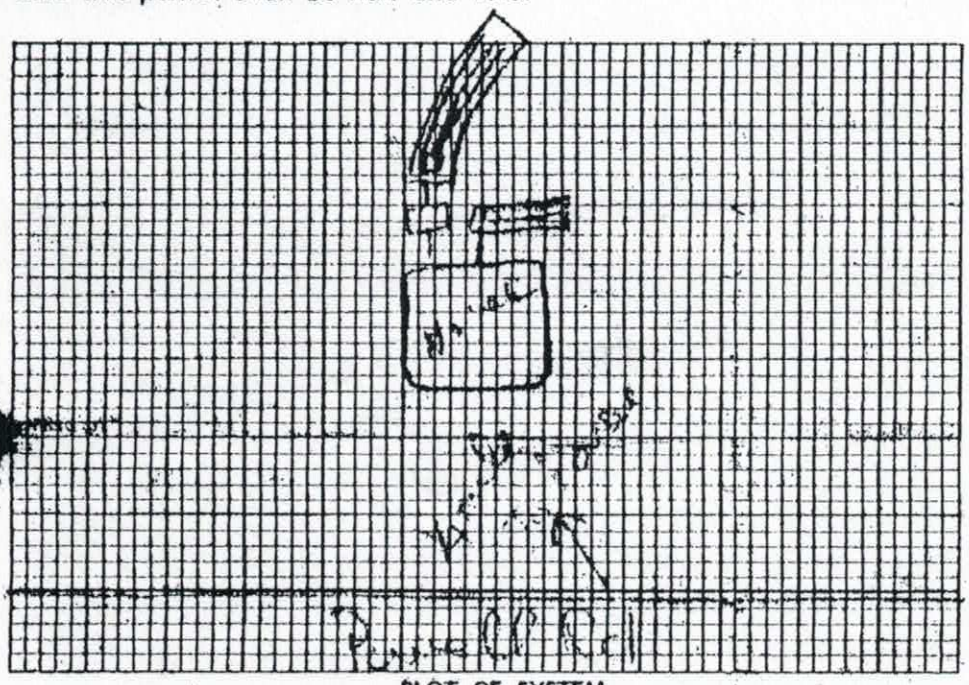
Date Issued 3 May 71

T. C. No. 201-26

Map Date 6 A 26

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
### (Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application ____, dated 4-21-71 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3 May 71, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines:

Total Line Length 150'

Number of Lines 5-3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Massey, Jr., Charles C.

LOCATION OF PROPERTY off Powell Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: ____

Division or Section Head

J. M. Reynolds
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Contractor's Copy

# 85264

# 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 #: | 121076ZO | Subdivision: | |
| Proposed Use: | Single Family | Township: | 1800 Meck Neck |
| Location of Property: | 199 Balmoral Dr. Mooresville NC 28117 | | |
| Parcel #: | 4614-97-3705 | Zoning: | R20 |
| Lot #: | Size: 1.23 | Flood Plain: | No Watershed: WSIV-CA |
| Applicant: | Toney Jacobs & Associates, Inc (Toney Jacobs) | Owner: | Charles Massey Jr. |
| Address: | 168 Broadbill Dr<br>Mooresville NC 28117 | Address: | 199 Balmoral Dr.<br>Mooresville, NC 28117 |
| Phone: | 704-663-6905 | 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: 25,000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Directions:

onto Brawley School Rd [SR-1100] 2.8 Keep STRAIGHT onto Brawley School Rd 2.5 Turn RIGHT to stay on Brawley School Rd 1.5 Road name changes to Mayhew Rd [SR-2160] 0.3 Turn RIGHT (South-West) onto SR-2153Tuskarora Trail] 0.5 Arrive Balmoral Dr, Mooresville, NC 28117

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $45.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $200.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $245.00 |

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: Toney Jacobs Date: 5-6-04

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

ELLIOTTE BLACKWELL

Printed: 5/6/2004

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

| Applicant | Phone # | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|---|
| Wayne Teddy | 952-927-1087 | 4615 Golf Terrace | Edina | Minn. | 55424 |

| Current Property Owner | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|
| C. Massey Jr. | 199 Balmoral Dr | Mooresville | | 28117 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| NA | 230 | | Balmoral Dr. |

| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| | June 1977 | 4614-97-3705 |

Specific Directions to Property end. Balmoral Dr.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement No Basement with Plumbing No

Crawl Space ✓ Concrete Slab ✓ Garbage Disposal ✓ Jaccuzi or spa ✓

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

5/26/04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**
**Site Plan Form**

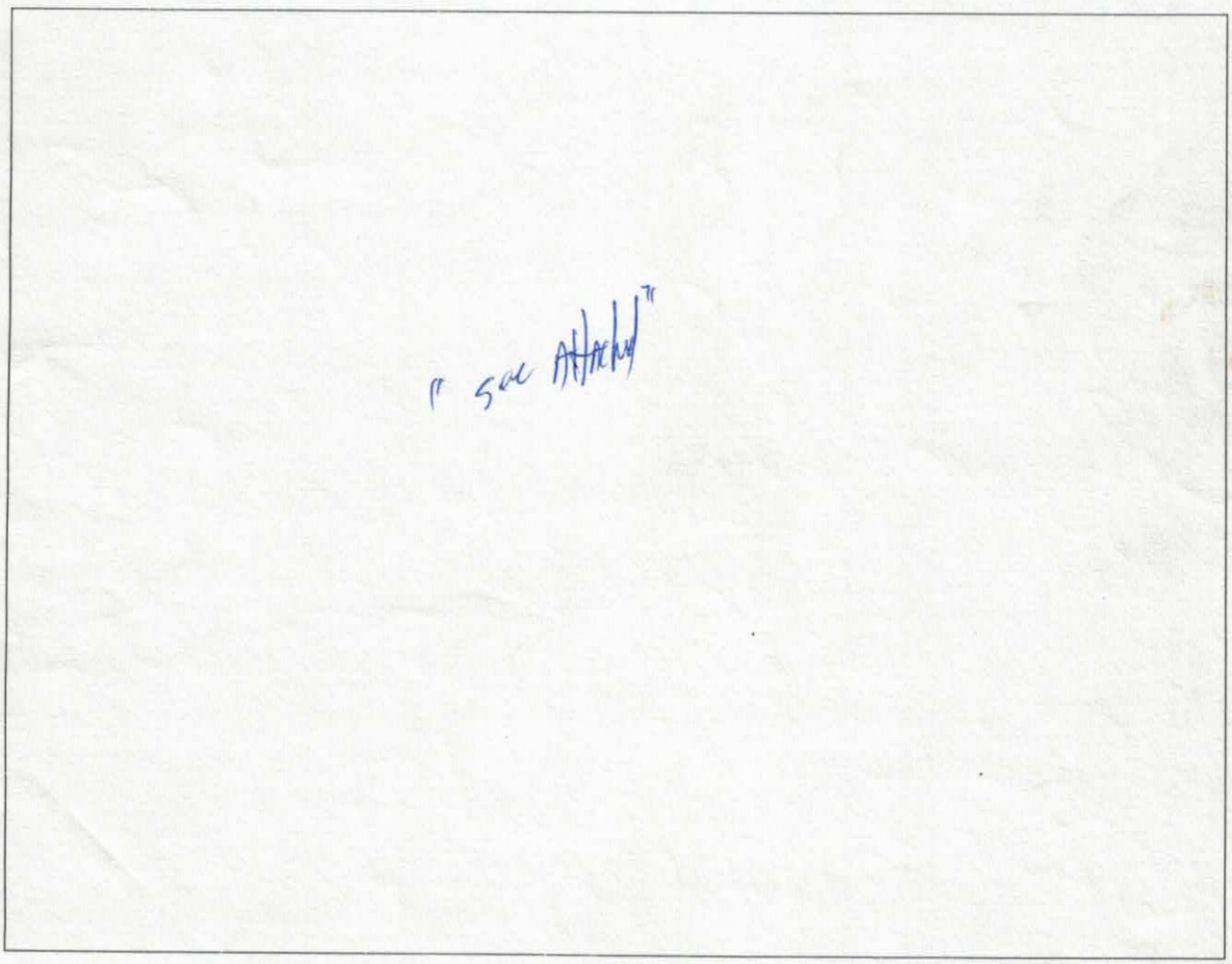
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INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

---

**As Close To Scale As Is Possible:** 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.




I hereby convenant that the above representation is correct to the best of my knowledge and ability.

5/26/04 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Fq.Ø MOORESVILLE 704-664-5281

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

PERMIT# 121076 PIN# 4614 97 3705 DATE 6/1/04

OWNER OR CONTRACTOR WAYNE TEDDY PHONE: Business 952-927-1087 Home

ADDRESS 4615 GOLF TERRACE EDINA, MN. 55424

LOCATION 199 BALMORAL DR MOORESVILLE

SUBDIVISION CL+T BLOCK / SECTION 6 LOT 330 LOT AREA 1.2 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. -3

Septic Tank: 1500 Gallons; STB Date

Pump Tank: 1500 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 666 Linear Feet 333

No Lines 5@66.6 Trench Width 2 Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pressured 16" PPBS

Repair System Description: < 1983

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

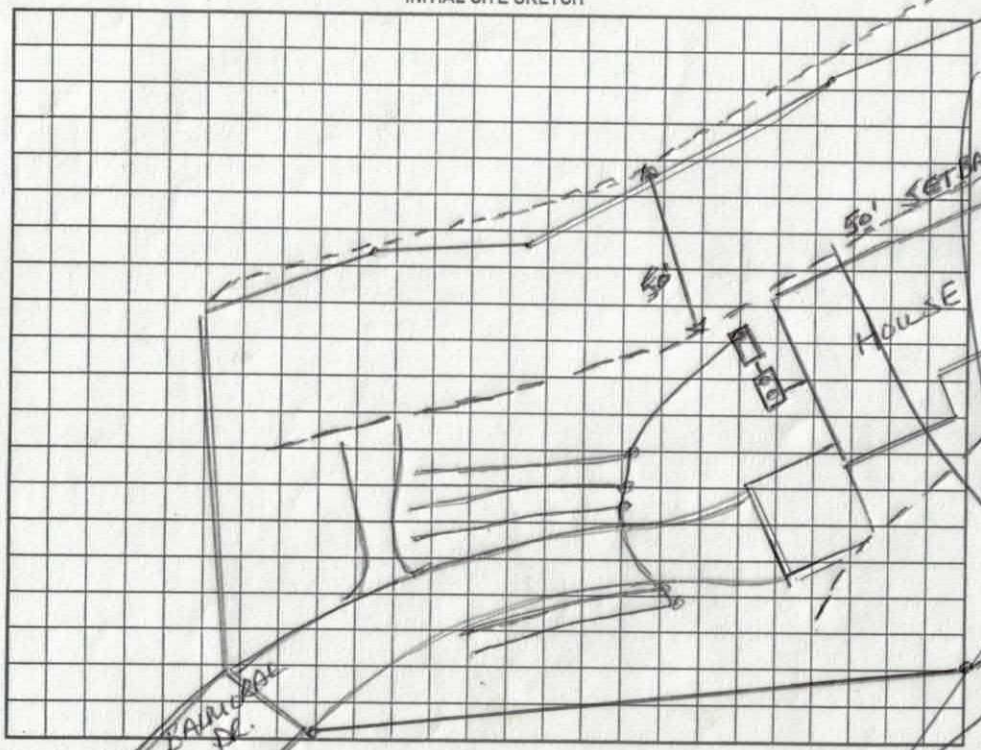
Water Supply: ☒ Individual ☐ Public ☐ Community

NEW

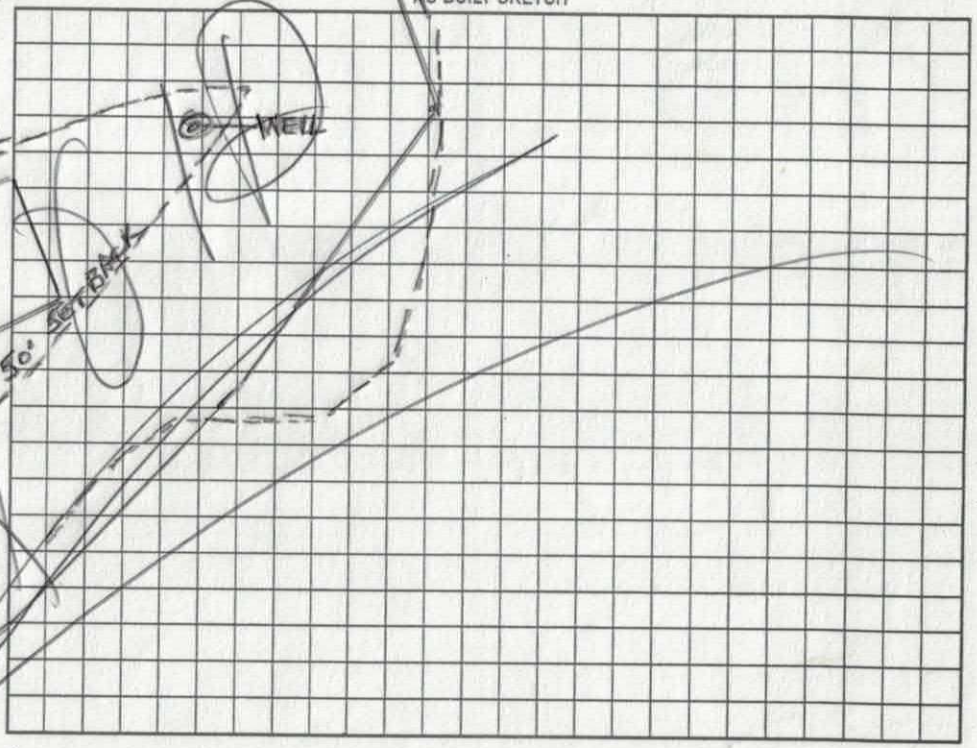
Comments:/Conditions: Old well to be properly abandoned by Well Contractor. Maintenance Contract will be required for this system.

Comments:/Conditions:

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. 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: X Tony Teddy date 6-1-04

Improvement Permit by: Wesley Sparks R.S. date 6/1/04

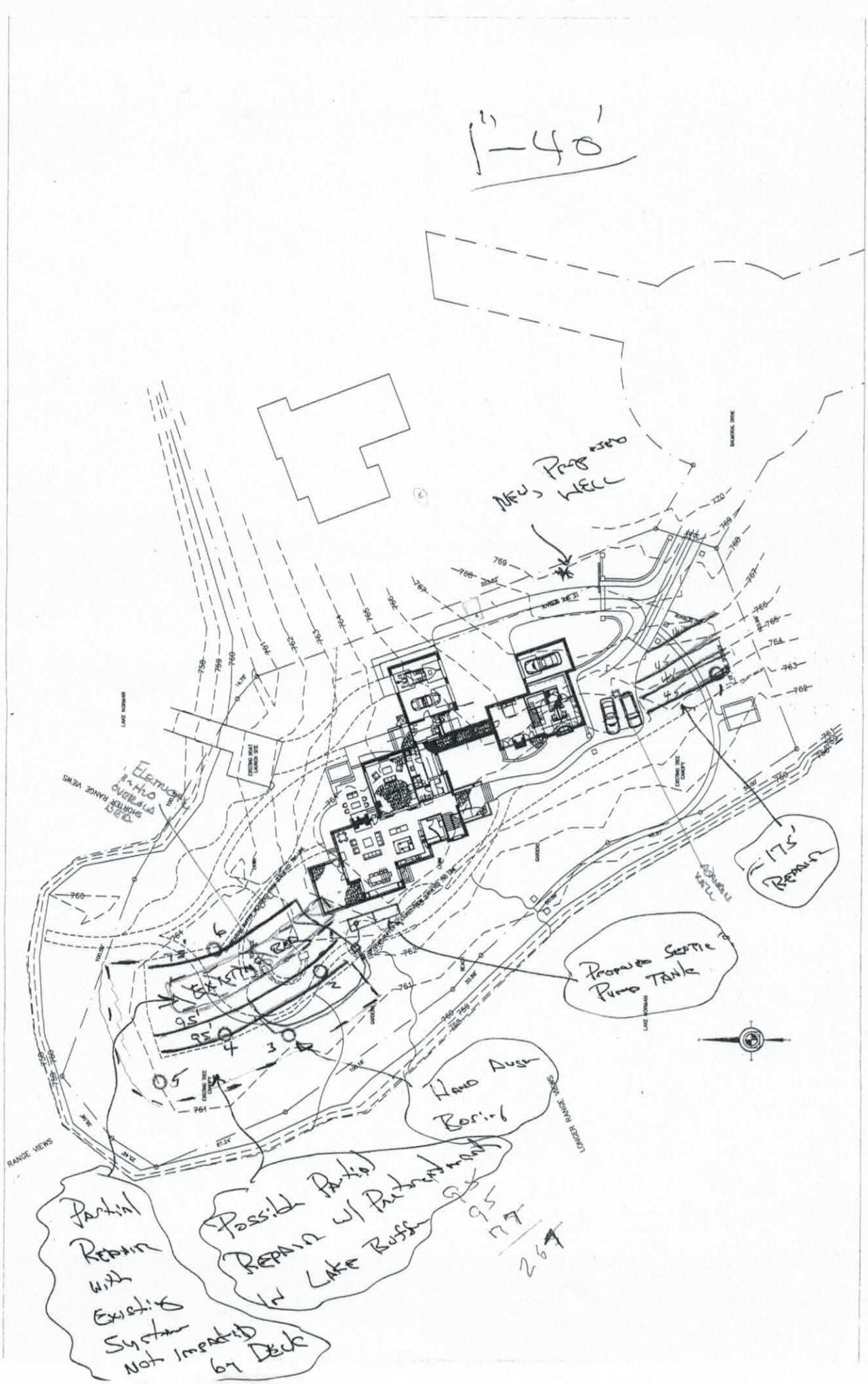
Authorization to Construct by: date

Installed by:

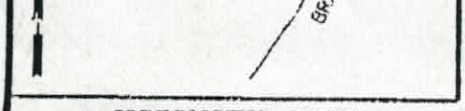
Operation Permit by: date

Existing System Inspection by: date

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


1"=40'
NEW PROPOSED WELL
PROPOSED SEPTIC & PUMP TANK
175' REPAIR
HAND AUGER BORING
PARTIAL REPAIR WITH EXISTING SYSTEM NOT IMPACTED BY DECK
POSSIBLE PARTIAL REPAIR W/ PARTIAL MOUND IN LAKE BUFFER
95
97
264
LAKE ROMAIN
LOWER RANGE VIEWS
RANGE VIEWS

PRELIMINARY
NOT FOR SALES, CONVEYANCES
OR RECORDATION



*VICINITY MAP*
*NO SCALE*

LAKE NORMAN

30" Tunnel Depth.

760.8' RIP-RAP
760.4'
760.3'
760.9'
759.8'
S 70°02'00"E 100.50'
N 32°20'00"E
25.49'
760.2'
38.06'
N 51°12'00"E
760.0'
760.4'
760.1'
S 60°53'00"E
100.18'
760.2'
760.4'
S 48°39'00"E
14.81'
#5 REBAR
N 23°08'00"W
67.24'
760.5'
50' SETBACK PER PB 34-29
50' SETBACK PER PB 34-29
terrace
40'
1800±
760.5'
759.8'
N 36°51'00"W
100.18'
TWO STORY
FRAME
3600±
36.1'
36.1'
48.4'
50' SETBACK FROM 760' LINE
635±
SQ FT
50' SETBACK FROM 760' LINE
New well
LOT 230
1.23 AC.
S 20°39'00"E 203.56'
45' SETBACK
LOT 229
FRED D. VERMEULEN
& WF., JEAN L.
5034-42 (MECK CO.)
PIN # 4614-97-4775
N 50°07'00"W
20.88'
760.5'
RIP-RAP
760.8'
N 41°57'00"W
80.89'
LAKE NORMAN
761.0'
BALMORAL
DRIVE
761.0'
N 18°29'00"W
46.57'
#5 REBAR
35' SETBACK
#5 REBAR
S 17°35'41"W
30.64'
N 34°04'55"W
55.75'
S 68°05'20"W 103.82'
761.1'
#4 REBAR
761.2'
LOT 232
STEVEN T. MEDLIN
1494-1743
PIN #4614-97-4449
Well to be abandoned

BASED ON
MB 34-29
1975

*BOUNDARY/PHYSICAL SURVEY*
*WAYNE & LESLIE TEDDY*
PROPERTY OF CHARLES MASSEY, JR. & WF., INGRID A.
199 BALMORAL DRIVE
LOT 230, SECT. 6, MECK-NECK, PB 34-29
DB. 3982-989 (MECK CO.), PIN #4614-97-3705
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.
MAY 6, 2004

1" = 60'

FILE NAME: TEDDY

***NOTES:***

1. THIS PROPERTY IS NOT LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO GRID MONUMENTS APPEAR TO BE WITHIN 2000'.

***LEGEND:***

- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- BACK OF CURB
- SETBACK LINE
- CP COMPUTED POINT
- PP POWER POLE

Date Received _____ JCAR(S) Application No(s). _____

T. C. No. _____

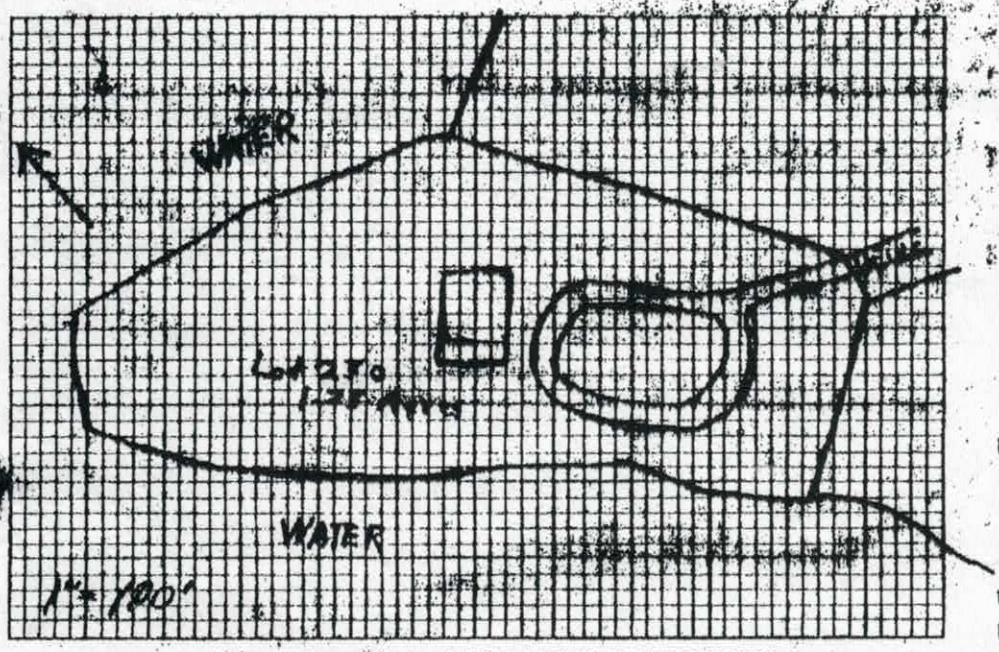
Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.




3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No
4) No. of Bedrooms 2
5) Business Use ____ Max No Employees _____
6) Washing Machine ✓ Yes ____ No
7) Garbage Disposal ✓ Yes ____ No
8) Dishwasher ____ Yes ____ No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No
11) FHA Case No. N/A
12) VA Case No. N/A

13) NAME OF OWNER Massey Jr. (LAST) Charles (FIRST) Caswell (MIDDLE)

14) ADDRESS OF OWNER 570 Lansing Dr. Charlotte, N.C. 28211

15) PHONE NO. Home 364-0911 Office 533-1259

16) LOCATION OF SYSTEM Lot #230, Sec 6, Lake Norman, "Meck Neck", Meck Coun
(STREET OR COUNTY ROAD)

17) SUBDIVISION Sec. #6 Lot No. 230 Block No. _____

Plat Map Book No. 17 Page No. 625 Crescent Land & Timber Co.

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ✓ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____ See Attached Plat

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

1/17/77
DATE OF APPLICATION

Charles C. Massey Jr.
OWNER

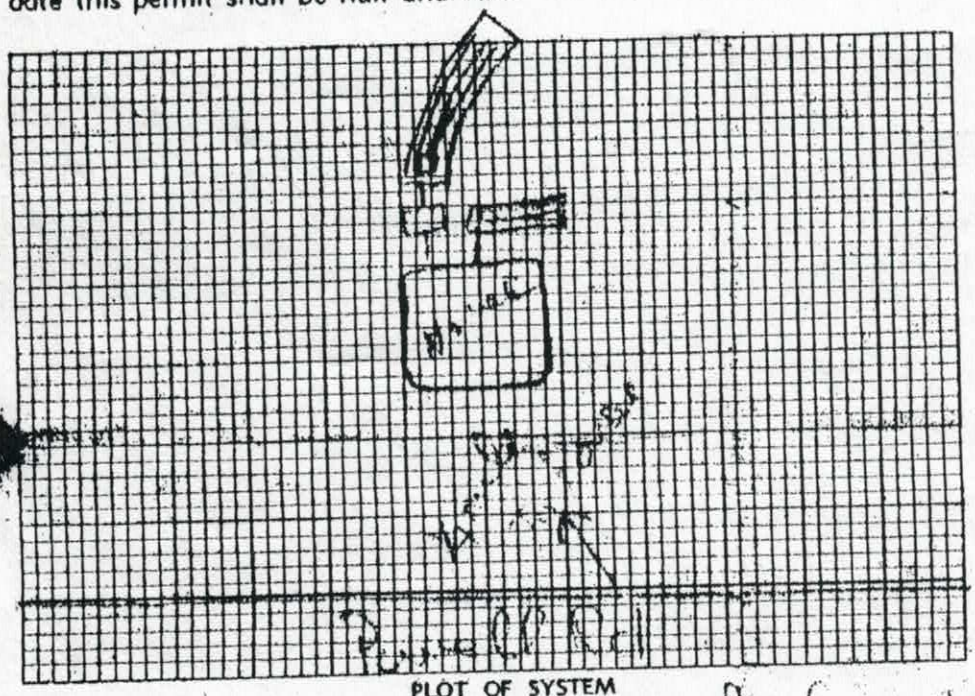
Date Issued 3 Nov 71

T. C. No. 601-261

Map Date 6-9-26

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
### (Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application ____, dated 11 1 71 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3 Nov 71, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines:

Total Line Length 150'

Number of Lines 5-3'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Massey, Jr, Charles C.

LOCATION OF PROPERTY off Powell Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: ____

J M Reynolds
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

**Contractor's Copy**