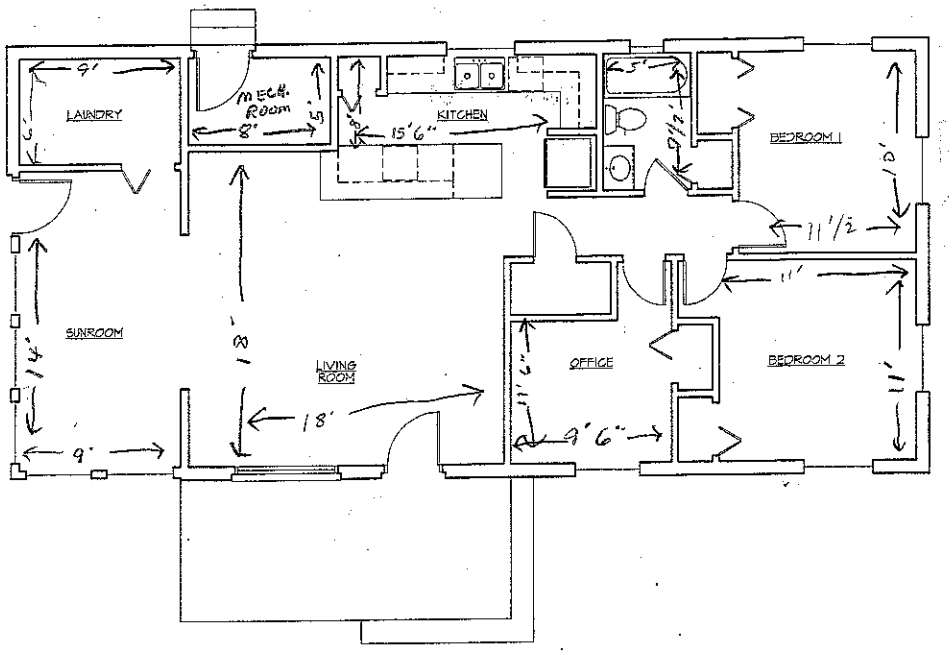


ARNER RESIDENCE - EXISTING

LE: 1/8" = 1'-0" OCT. 31 2013

5/7/14

DEPARTMENT OF ENVIRONMENT, HEALTH, 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: Sherry Gardner APPLICANT: _____
ADDRESS: 139 Gainswood APPLICATION DATE: _____ DATE EVALUATED: 5/7/14
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-4"	Brn SCL						PS
		4"-48"	Rd C/CL	m-wSBKSS, SP, SE, FR		48"			.34
2		0-3"	Brn SCL						PS
		3"-48"	Rd C/CL	m-wSBKSS, SP, SE, FR		48"			.3
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: _____

RECEIVED MAR 19 2014

Paid $500 @ Statesville

Expansion

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: SHERRY GARNER Address: 139 GAINSWOOD DR MOORESVILLE, NC 28117 Phone: 704-906-9516

Owner Name: SAME Address: _____ Phone: _____

Property Information:

Street Address: 139 GAINSWOOD DR MOORESVILLE NC 28117

Subdivision Name: C & T Section/Phase: 6 Lot Number: 51-2

Driving Directions: I-77, WILLIAMSON RD, BRAWLEY SCHOOL RD, LEFT ON GAINSWOOD (ACROSS FROM TUSCARORA), LEFT SIDE OF ROAD (GREEN #139 ON MAIL BOX)

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

PAID $571.25 CK

Water Supply:

( ) 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: UNKNOWN

(✓) 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: Sherry Garner 3/19/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

20220
220745

IREDELL COUNTY HEALTH DEPARTMENT

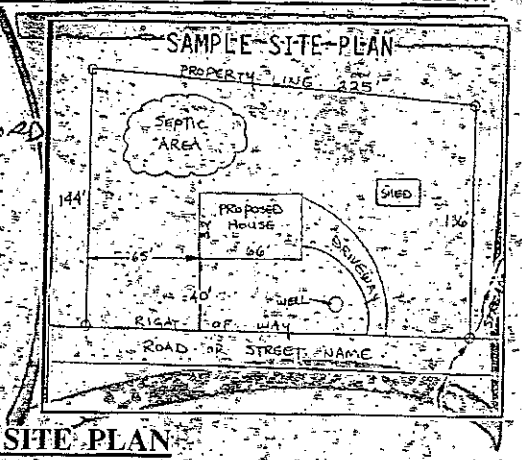
ENVIRONMENTAL HEALTH DIVISION

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: SEE ATTACHED SURVEY & SEPTIC RECORD

( ) 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 – SEE SURVEY



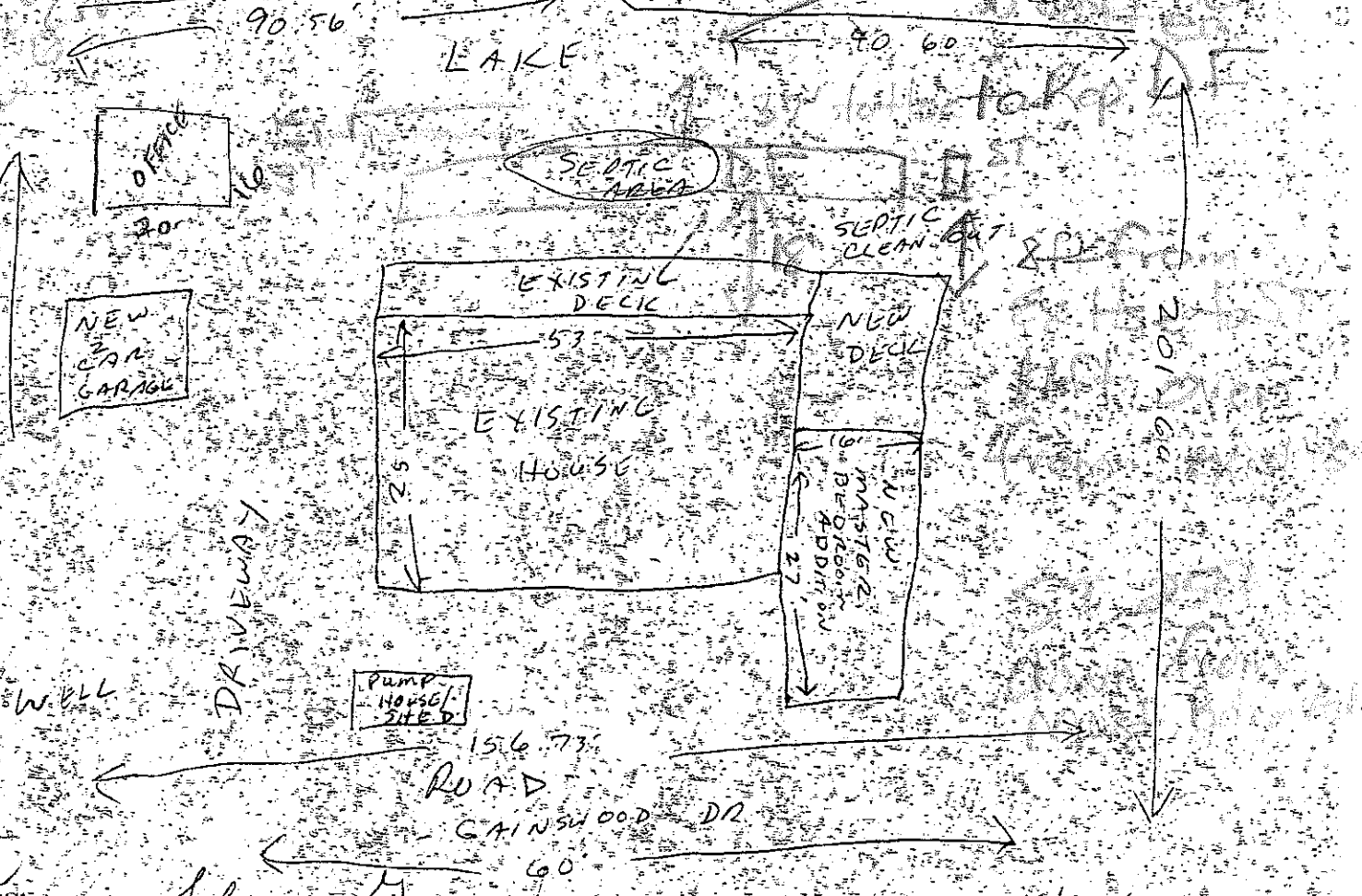
Circle N/A on the following if appropriate:

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 ORIGINAL SURVEY



Signature: Sherry Garner — 3/19/14

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

IREDELL COUNTY

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

APPLICATION NUMBER
202270
Issue Date: 03/19/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624376154.000	139 GAINSWOOD ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: GARNER SHERRY C	Applicant: SHERRY GARNER
Address: 139 GAINSWOOD DR MOORESVILLE, NC 28117	Address: 139 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
ADDITION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

50FT SETBACK IS FROM THE WATER

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	8171	TOTAL FEES:	$ 77.25

RECEIVED JUN 26 2014

Paid $40.00 Statesville pd 10150

IREDELL COUNTY HEALTH DEPARTMENT

203967

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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Applicant Name: SHERRY GARNER Address: 139 GAINSWOOD DR MOORESVILLE, NC 28117 Phone: 704-906-9516

Owner Name: SAME Address: _____ Phone: _____

Property Information:

Street Address: 139 GAINSWOOD DR, MOORESVILLE, NC 28117

Subdivision Name: CLT Section/Phase: 6 Lot Number: 512

Driving Directions: I-77, WILLIAMSON RD, BRAWLEY SCHOOL RD., LEFT ON GAINSWOOD (ACROSS FROM TUSCARORA), LEFT SIDE OF ROAD (GREEN #139 ON MAIL BOX)

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
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( ) Other Addition/Structure: _____

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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: Sherry Garner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/19/14
DATE

20220
220745

IREDELL COUNTY HEALTH DEPARTMENT

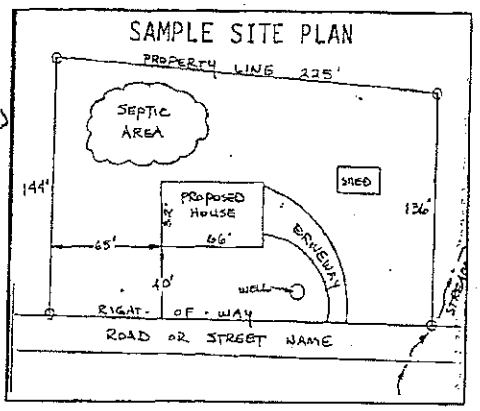
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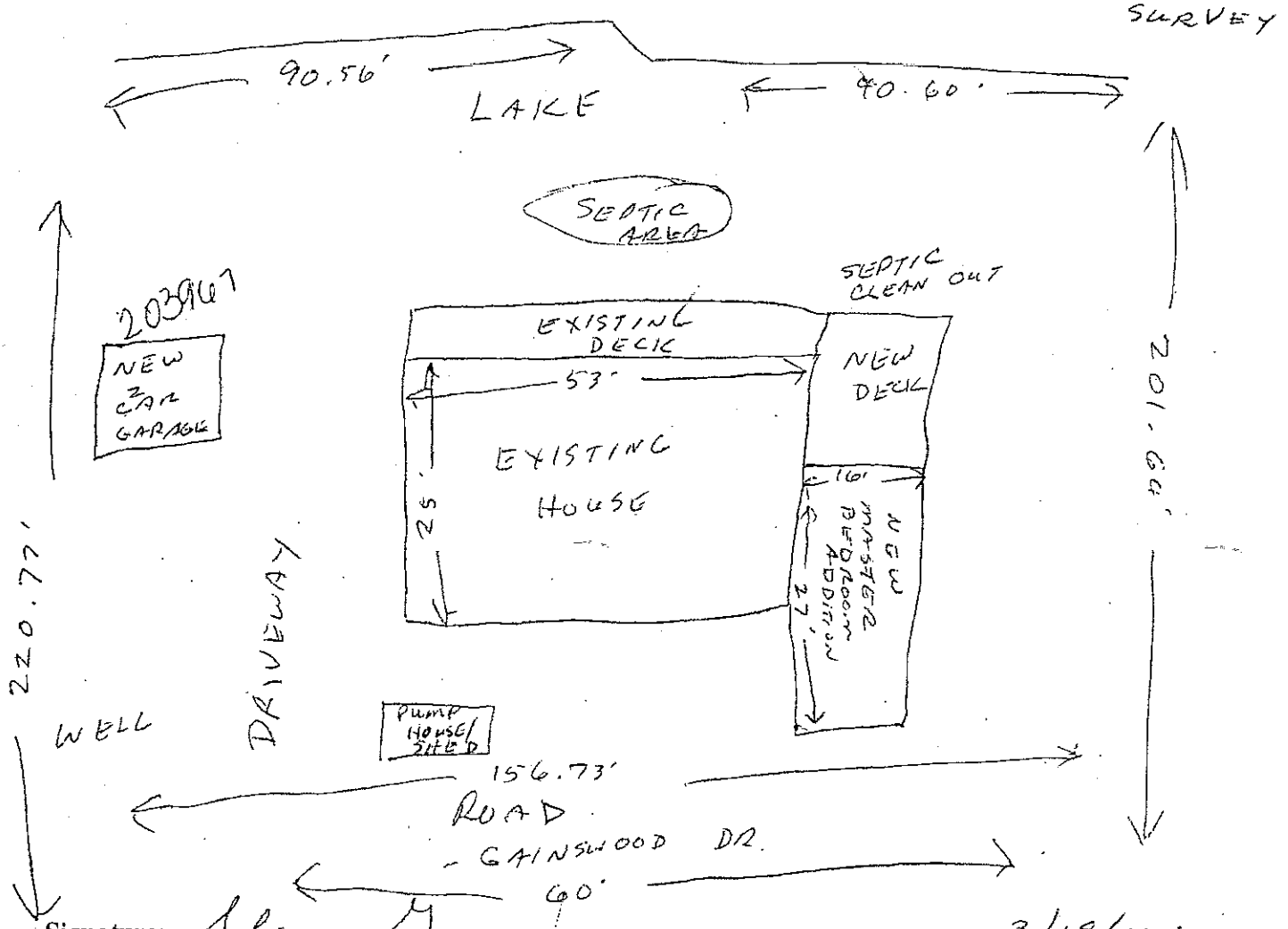
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SEE ATTACHED ORIGINAL SURVEY



Signature: Sherry Garner

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

3/19/14

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
203967
Issue Date: 06/26/2014

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address
4624376154.000	139 GAINSWOOD ROAD
Zone Code	**Jurisdicton**
R20	MOORESVILLE

Owner Information	Applicant Information
Name: GARNER SHERRY C Phone:	Name: GARNER SHERRY C Phone:

Contractor Information

Name: GARNER SHERRY C — License Type — License Number
Address: 139 GAINSWOOD DR
Phone:

Building Information

Proposed Use: R-3 RESIDENTIAL
Construction Type: 5B
Number of Stories:
Estimated Cost of Construction: $ 20,560

Heated Sq. Ft:
Unheated Sq. Ft: 484
Gross Sq. Ft: 484

Permit Details:

TECHNOLOGY FEE - PLANNING	Amount:	2.25
IREDELL COUNTY ZONING	Amount:	75.00
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

Project Description: ACCESSORY STRUCTURE - IREDELL
Scope of Work:
DETACHED GARAGE

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Sherry Garner
Signature of Owner/Contractor

Date: 06/26/2014

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	16084	TOTAL FEES:	$ 77.25