IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24370 DATE 11/19/97 TAX MAP NO. pt of 2-CA 4625-27-8033 (20) Watershed: ☑ Yes ☐

OWNER OR CONTRACTOR KELLY CONSTRUCTION HOMES PHONE: Business 664-2115 Home

ADDRESS 144 LYNN COVE LN. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR BAY HARBOUR - ON LT NEAR END

SUBDIVISION HARBOUR BLOCK / SECTION 5 LOT 20 (20B) LOT AREA 41,487 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 12/9/97E Date 5/8/98

Pump Tank: 1000 Gallons; PT 127 Date 2/20/98

Pump Make: Hydromatic Model SK50M1 Serial No. 3/98

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 5 Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: LP PANEL BLOCK

Repair System Description: SAME - OFF SITE

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

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

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: REVISED

Comments: Cheaked Blue & Yellow line - 5/6/98

Off-site Repair Area @ 4625-38-1258

INITIAL SITE SKETCH

SEE ATTACHED PLAN

AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Tonya Grace 11-19-97

Improvement Permit by: C. Bob Thomas RS date 11/19/97

Existing System Inspection by: C. Bob Thomas RS date 11/19/97

Installed by: Curt Dunning

Certificate of Completion by: Wesley Sparks RS. date 7/13/98

Operation Permit by: Wesley Sparks RS. date 7/13/98

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

SFD - Bay Harbour Sunset Pointe

278² Panel Htg

BAY HARBOUR

45' BLUE

76' YELLOW

62' WHITE

65' RED

35' YELLOW

GATE VALVE BOX

69.36

41.71

39.68

45.40

58.51

18.34

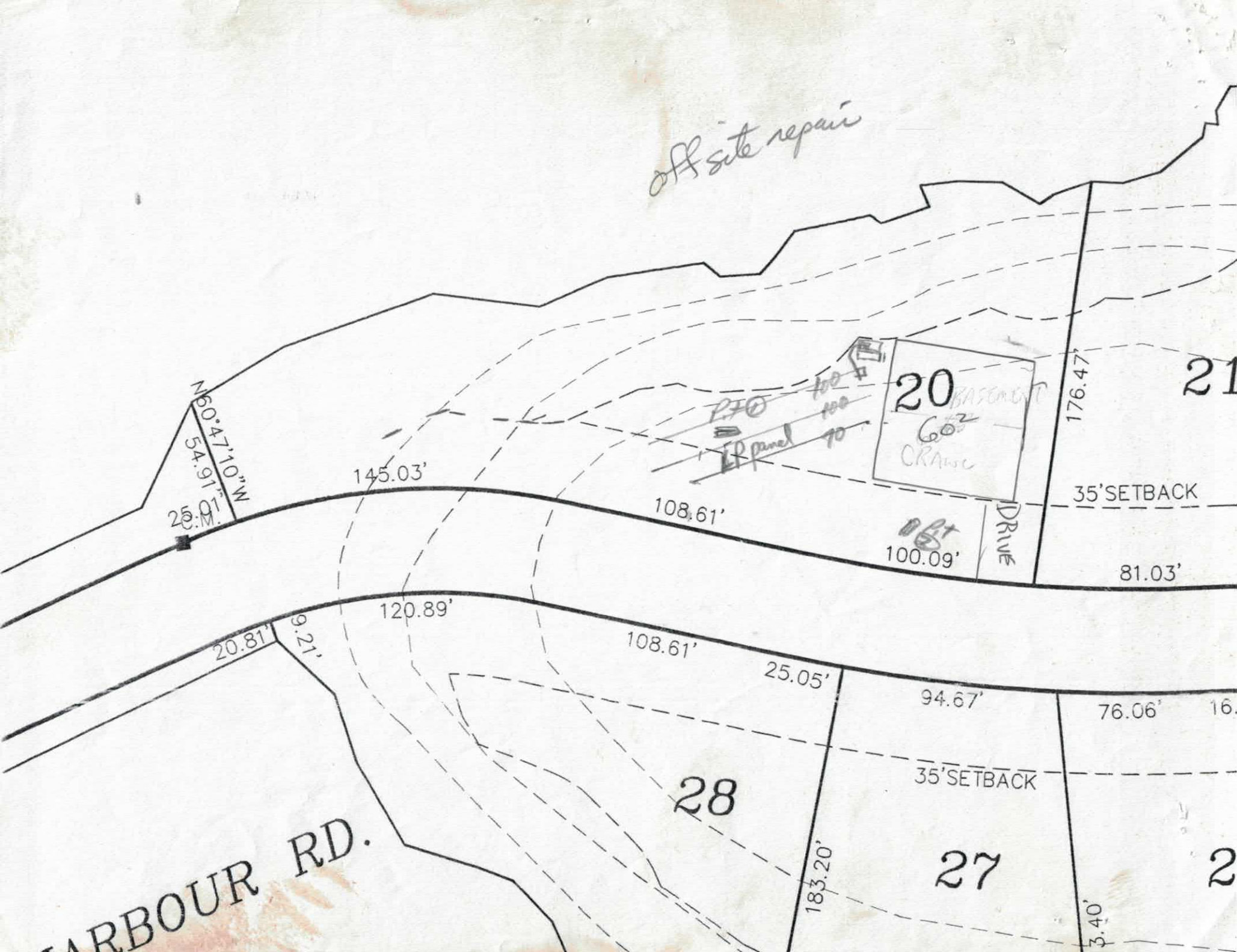
18.34

97.97

PT

ST

1" = 20'


off site repair
20
21
28
27
N60°47'10"W
54.91'
25.01'
C.M.
145.03'
108.61'
100.09'
DRIVE
35'SETBACK
176.47'
81.03'
120.89'
20.81'
9.21'
108.61'
25.05'
94.67'
76.06'
35'SETBACK
183.20'
3.40'
HARBOUR RD.

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

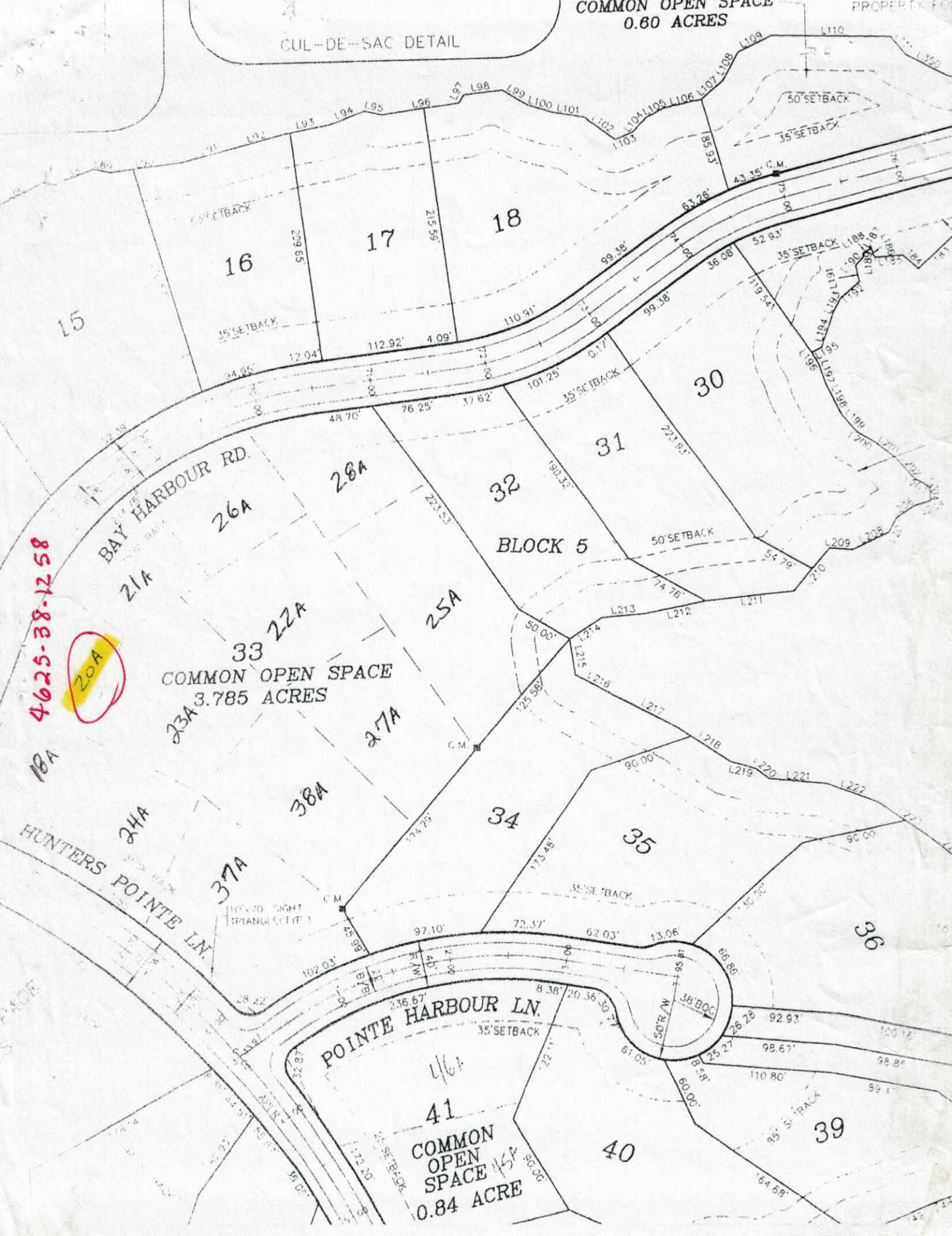
OWNER: CRI APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 7/7-96
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 20 Harbour Sect 5 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON 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	V 6%	0-36	SABRC	fisp	mottles				- 3
		36-50+	MWKSBK RCL	fnssp	mottles				
2	S-L 4%	0-20	SABRC	fisp 1:1					- 3+
		20-50	MSBK RCL	fnssp 1:1					
		50-63+	MSBK RSL	fr ss NP 1:1					
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: _____


COMMON OPEN SPACE
0.60 ACRES
CUL-DE-SAC DETAIL
BAY HARBOUR RD.
HUNTERS POINTE LN.
POINTE HARBOUR LN.
BLOCK 5
COMMON OPEN SPACE
3.785 ACRES
COMMON OPEN SPACE
0.84 ACRE
15
16
17
18
21A
22A
23A
24A
25A
26A
27A
28A
30
31
32
33
34
35
36
37A
38A
39
40
41
20A
18A
4625-38-12 58
50' SETBACK
35' SETBACK

pd 24370

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
Crescent Resources Inc.	663-6905	PO Box 1003	Charlotte	NC	28201-1003
Current Property Owner		As Above			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Harbour	20	phase II	off Bay Harbor

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public	Spring '96	Part of 2C-A-3

Specific Directions to Property: south Brawley School
right Bay Harbor
on left

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) 8 Basement Partial Basement with Plumbing ✓

Crawl Space _____ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa ✓ residential / tub

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.

7/12/96 DATE Tony [illegible], CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT

Harbour V
Lot 20

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

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.

See Attachment – 1"=50' lot w/topo (USGS)

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

7/12/96 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 | 878-5305

24370

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: SF dwelling

Location: Brawley Sch. Rd. TR Bay Harbour 3rd Lt on left before Cul de sac

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2C-A-3 pt	Davidson	Iredell	R-20 CUD

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
The Harbour V	20	41,487	( ) yes (✓) no

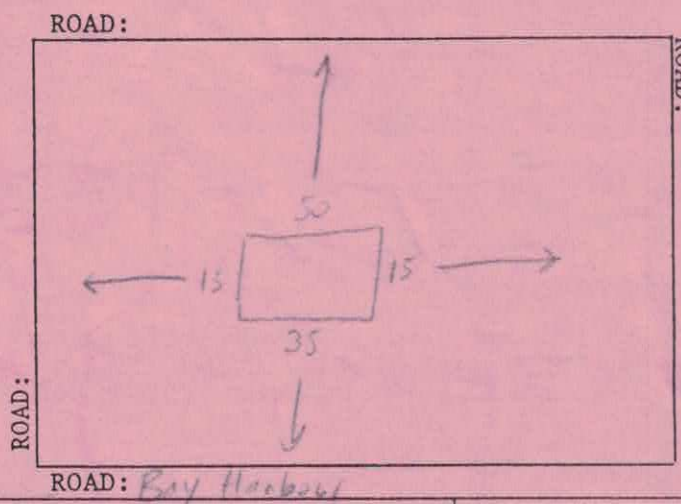
Approx. Area to be disturbed	Street Address	Phone	Watershed
			WS III - CA

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

$15
50
65



OWNER	ADDRESS	PHONE NO.
Crescent Resources	PO Box 1003 Charlotte 28201	525-6024

I certify that all of the 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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Tony Ford (Agent) [illegible] — 7-11-96

Signature of Owner or Authorized Agent — Application Date

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

Lot area 25000 sq. ft. Front yard depth 35 ft. Corner yard depth ____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 50 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Do not issue permit until plan has been received

ZONING ADMINISTRATION DIVISION

Ron Smith — 7/11/96

Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner