Site Address: 203 Milford Circle - Mrsol

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118948 PIN# ~~4625 83 4957. 1331~~ 4625919987 DATE 11-27-06

OWNER OR APPLICANT GM Helms PHONE: Business 704 662-9410 Home

ADDRESS P.O. Box 5383 Mooresville, NC 28117

LOCATION Brawley School Rd TL Yacht Rd TL Milford Circle on left

SUBDIVISION The Point BLOCK / SECTION 13 LOT 133 LOT AREA 38,756ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 8-15-06

Pump Tank: 1000 Gallons; PT 27 Date 8-19-06

Pump Make: Myers Model ME50S2 Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth N/A [ ] Gravity [X] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Persons

[ ] Business No. Employees

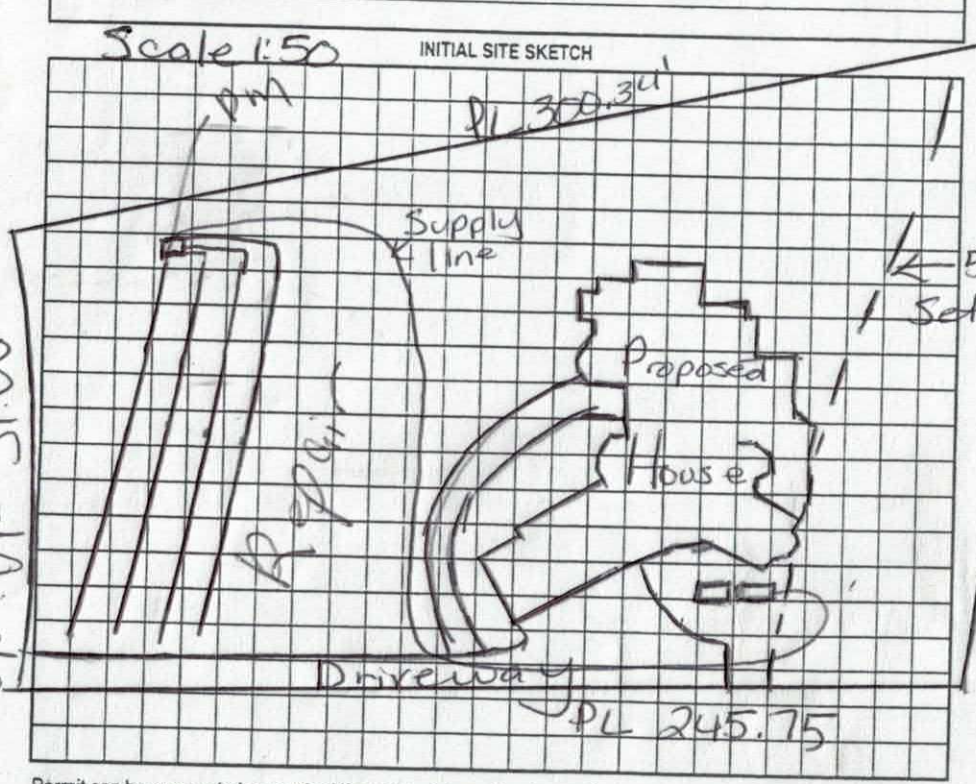
[ ] Other

Water Supply: [ ] Individual [X] Public [ ] Community

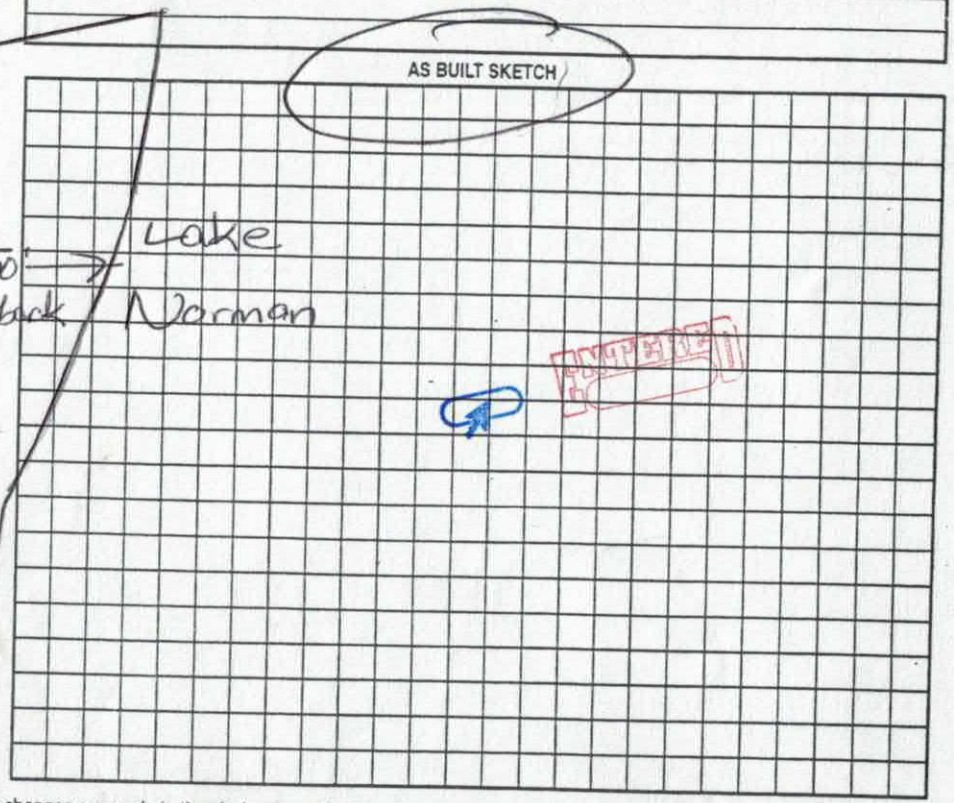
Comments:/Conditions: Tanks checked 9/20/06
EZ Flow checked 11/21/06

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: R&T

Operation Permit by: Marie H. Dotson RS date 2/13/07

Existing System Inspection by: _____ date _____

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

PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

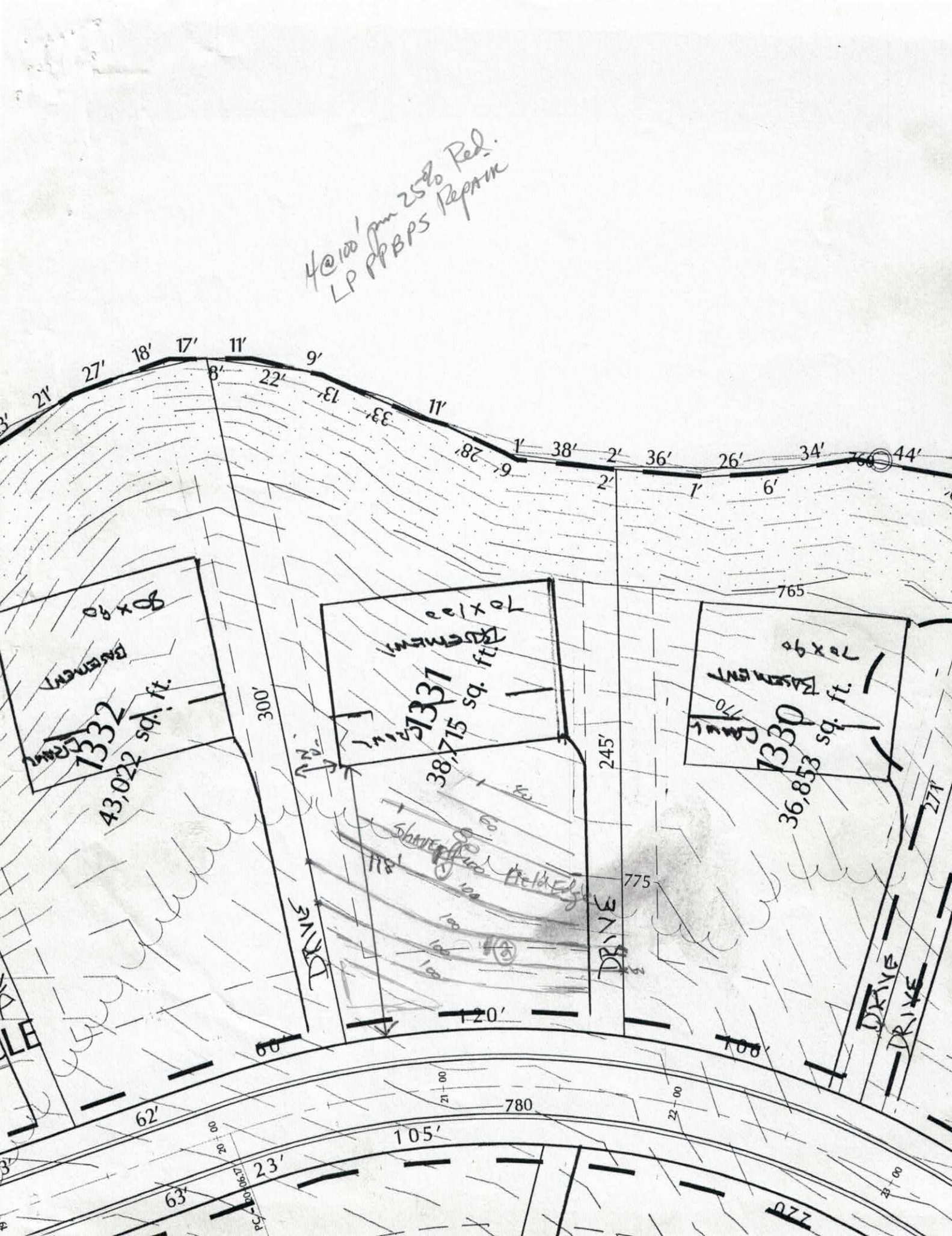
WNER: APPLICATION DATE
DDRESS:
ROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): DATE EVALUATED: 3/1/04
OCATION OF SITE: Lot 133 Phase 13 The Pt PROPERTY SIZE:
ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED:
VALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
YPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-26	wk fsbk rbk w/sol fr sss p						.3
		26-53	wk sbk rc/dk fr sss p/so pp						
2	4% ± L	0-13	gr-wk sbk brn sl/scl fr sss p						.3
		13-46	mf sbk/wk sbk rc fr sss p/so pp						
		46-57	wk fsbk rc/dk fr sss p						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PNDS/Red	LPP PBPS
Site LTAR	.3	.3

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

COMMENTS:


4@100' from 25% Red.
LP PPBPS Repair
1332
43,022 sq. ft.
1331
38,715 sq. ft.
1330
36,853 sq. ft.
300'
245'
765
775
780
120'
105'
62'
63'
23'
DRIVE

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
G.M. Helms Const. Inc	P.O. Box 5383 Mooresville, NC 28117		704-2062-9410
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
203 Milford Circle	The Point	13 1331

Driving Directions: _____

****

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 4
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:**

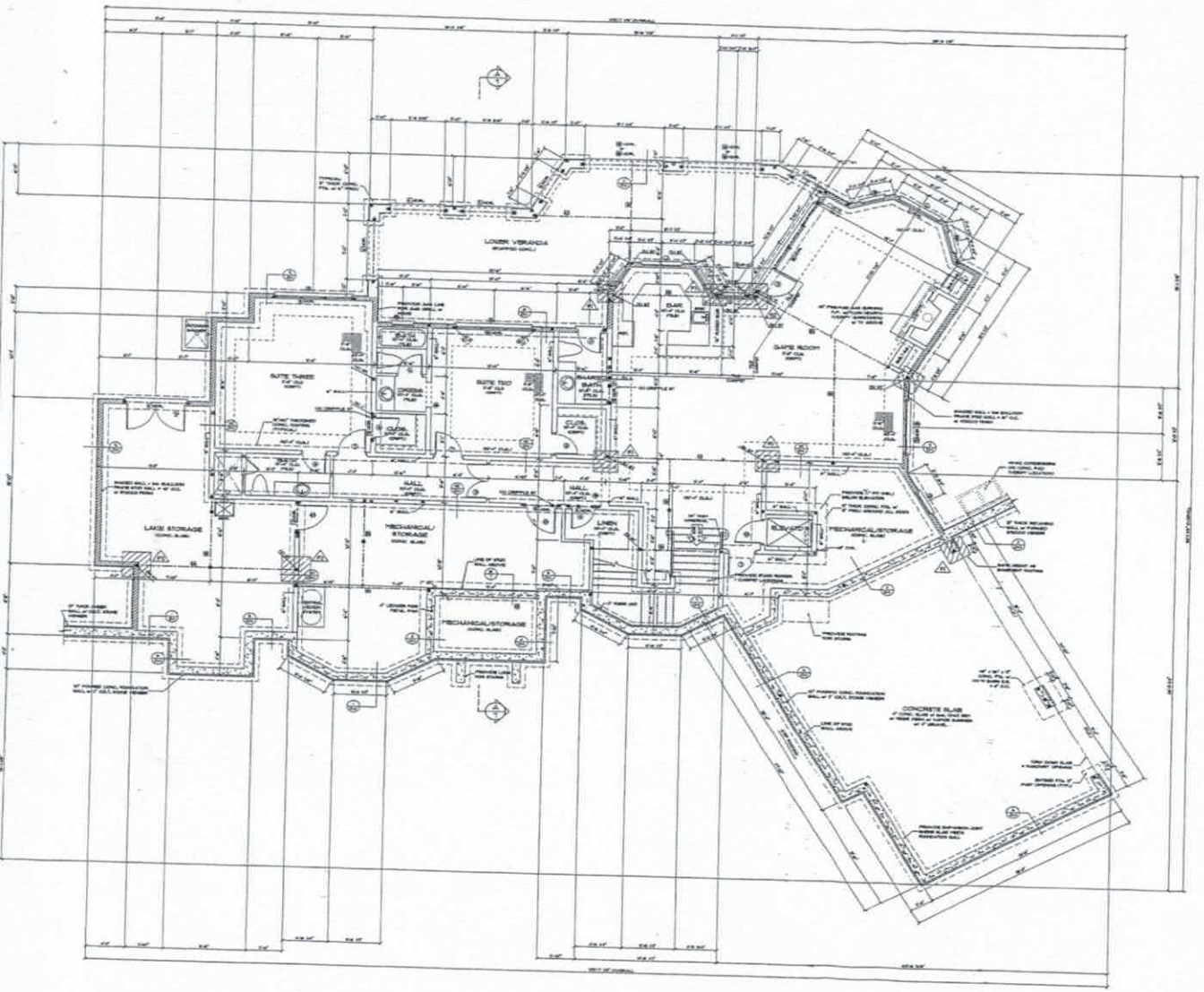
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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: Gary M Helms
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/3/02
DATE



BEAM SCHEDULE

SIZE	MATERIAL	REMARKS

DOOR SCHEDULE

SIZE	DESCRIPTION

WINDOW SCHEDULE

SIZE	DESCRIPTION

NOTES:

SQUARE FOOTAGE

TOTAL HEATED SPACE

TOTAL UNDER ROOF

GENERAL NOTES:

NOTE:

NOTE:

NOTE:

FOOTING KEY

LOWER LEVEL PLAN

SCALE: 1/4" = 1'-0"

DANDREA RESIDENCE

LOT 1331, THE POINT

G.M. HELMS CONSTRUCTION

THE POINT
LOT 1331

PROJECT:

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

FEBRUARY 28, 2006

JEREMY PUSELL

REVISIONS	DATE

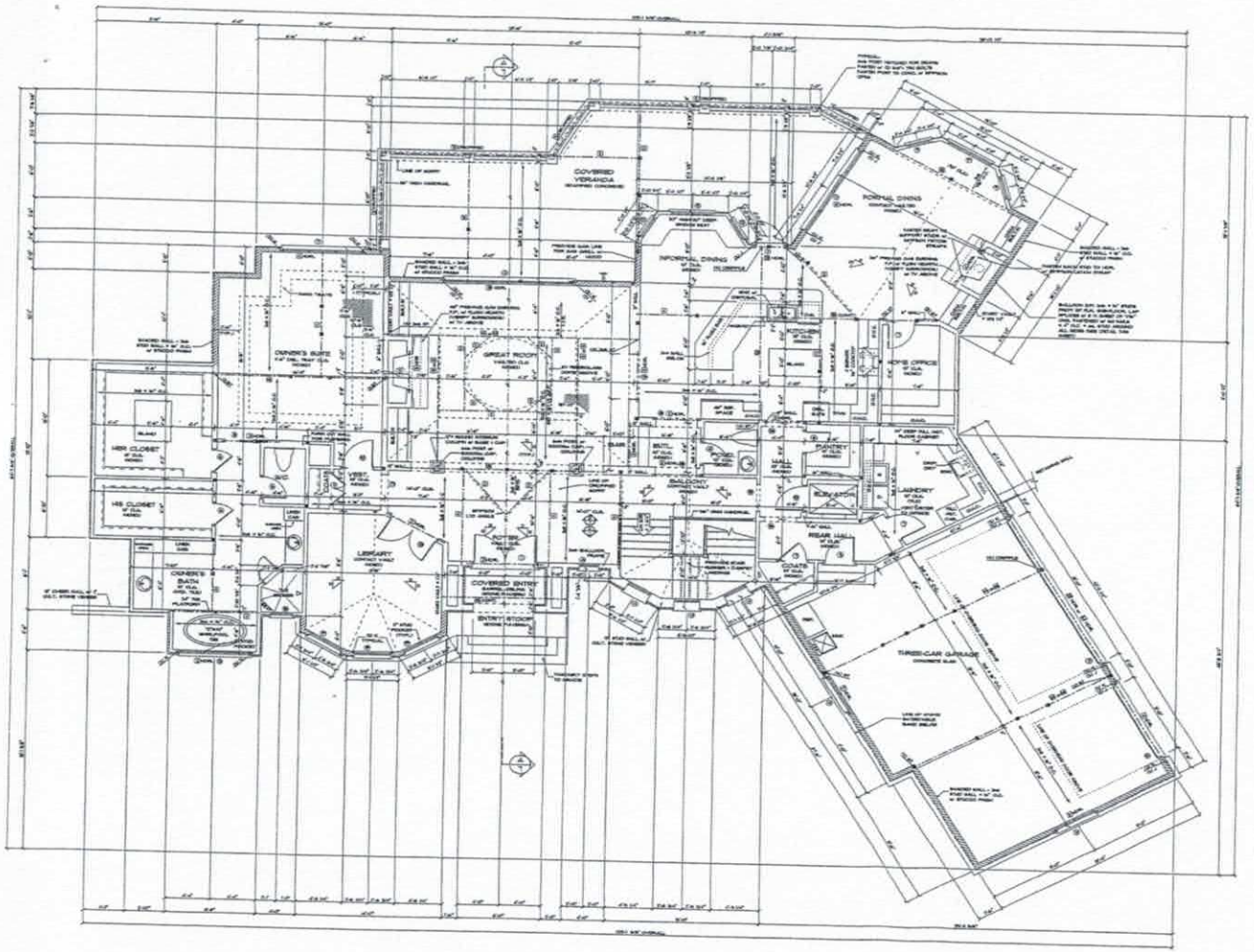
2005.198

Christopher Phelps & Associates
a residential design firm
225 East Worthington Avenue
Suite 200
Charlotte, NC 28203

SHEET

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BEAM SCHEDULE

SIZE	MATERIAL	REMARKS

DOOR SCHEDULE

SIZE	DESCRIPTION
	GARAGE DOORS

WINDOW SCHEDULE

SIZE	DESCRIPTION

SPLICE DETAIL

NOTES:

1. VERIFY ALL OPENINGS W/ MANUFACTURER.
2. VERIFY ALL DOOR AND WINDOW SPECIFICATIONS W/ THE HOME OWNER.
3. VERIFY ALL DOOR AND WINDOW SIZES, PLACEMENT, & ELEVATIONS.

SQUARE FOOTAGE

FIRST FLOOR HEATED	SQ. FT.
LOWER LEVEL HEATED	SQ. FT.
TOTAL HEATED SPACE	SQ. FT.
THREE CAR GARAGE	SQ. FT.
COVERED VERANDA	SQ. FT.
COVERED ENTRY	SQ. FT.
MECHANICAL ROOM	SQ. FT.
LAND STORAGE	SQ. FT.
LOWER VERANDA	SQ. FT.
TOTAL UNDER ROOF	SQ. FT.

GENERAL NOTES:

NOTE:

NOTE:

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

DATE: FEBRUARY 28, 2006

DRAWN BY: JEREMY MASELL

REVISIONS	DATE

JOB #: 2005.136

PROJECT:

DANDREA RESIDENCE

LOT 1331, THE POINT

G.M. HELMS CONSTRUCTION

THE POINT
LOT 1331

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

Christopher Phelps & Associates
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225 East Worthington Avenue
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Charlotte, NC 28203

SHEET

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THESE PLANS ARE PROTECTED UNDER THE FEDERAL COPYRIGHT LAWS. THEY ARE NOT TO BE USED FOR ANY PURPOSE OTHER THAN THE ONE AND ONLY ONE SPECIFIED ON THE PLAN, REPRODUCTION OR REUSE OF THE PLAN IS PROHIBITED.

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 #:	118948ZO	Subdivision:	The Point Ph 13
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Milford Cr. Mooresville NC 28117		
Parcel #:	4625-83-4957.1331	Zoning:	R20 CUD
Lot #:	1331 Size: 38,715	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc (Toney Ja	Owner:	The Point On Norman LLC
Address:	168 Broadbill Dr Mooresville NC 28117	Address:	2214 Brawley School Road Mooresville, NC 28115
Phone:	704-663-6905	Phone:	704-660-1185
Property Recorded:	No 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: 30000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 90 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Hold building permit until plat is recorded

Directions:

Brawley School Rd, left on Yacht Rd, left on Milford Cr, right into the circle, 3rd on right past Milford Cr

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:_____ Date: _____

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

STEPHANIE WHITLOCK

Printed: 2/9/2004