Paid $350.00 PH Statesville
Paid $500.00 2-26-14

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 (X) 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: (X) 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: Michelle Yount **Address:** 152 North Shore Dr. Mooresville NC 28117 **Phone:**

Owner Name: Julianne Jones **Address:** PO Box 262, Cornelius NC **Phone:**

Property Information:

Street Address: 358 Beaten Path

Subdivision Name: CL+T **Section/Phase:** 9 **Lot Number:** 99A

Driving Directions: BSR, TR Blume, TL Beaten Path, on RT

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____

Water Supply:

(X) 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:** 1995

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 2/24/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

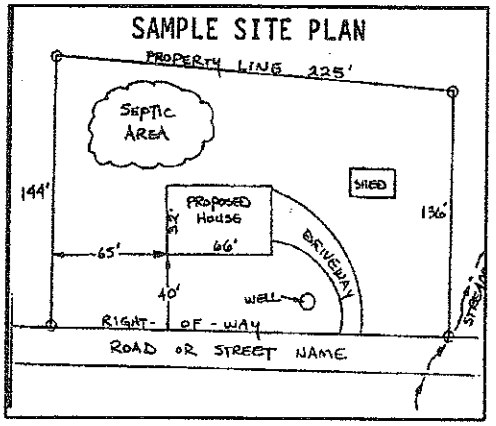
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) **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**



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 Plan

Signature: _____

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

2/24/2014

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5241

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

PROPERTY DESCRIPTION NO. 19419 DATE Nov. 22, '94 TAX MAP NO. part of 2L 4A 99 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Julianne K. Jones PHONE: Business [redacted] Home 4627 [redacted] 3774

ADDRESS PO Box 2621 Cornelius 358 Beaton Path

LOCATION 1100 TR 1178 (Blume) TL Beaton Path ~ 1 mile on Rt. LN WSID

SUBDIVISION Current / LN BLOCK / SECTION 9 LOT 99A LOT AREA 1.85 Ac SITE CLASS. B per. 1956 DESIGN FLOW 480 gpd L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 794 Wellington Date 1-16-95

Pump Tank: 1000 Gallons; PT 270 Wellington Date 8-14-95

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

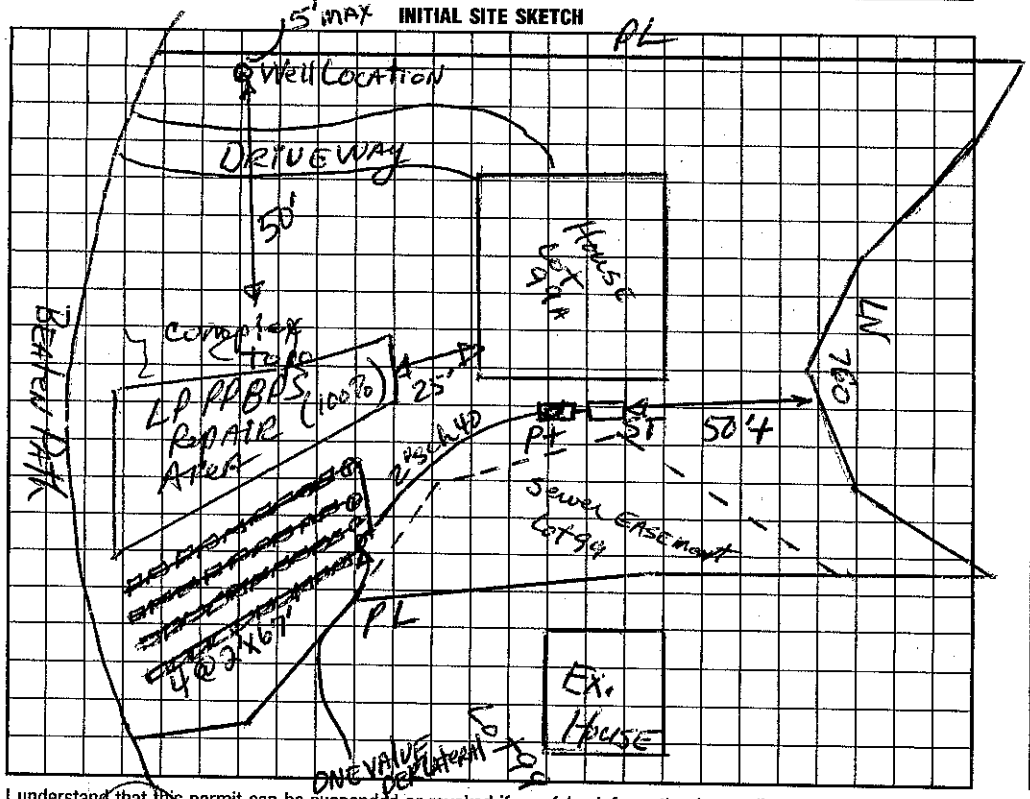
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Pre-installation visit w/ ST installer required. Laterals to follow contour.

Comments: Installed in 3 laterals

INITIAL SITE SKETCH



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: [signature]

Improvement Permit by: [signature] RS date 11/22/94

Existing System Inspection by: _____ date _____

Installed by: F. J. Ervin

Certificate of Completion by: Wesley Sparks RS date 12/8/95

Operation Permit by: Wesley Sparks RS date 12/8/95

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

I, RUFUS ... DIRECT SUPERVISION, ... THE ANGULAR ERROR WAS < 7.5 SECONDS

WITNESS MY HAND AND OFFICIAL SEAL THIS ____

N.C.P.L.S. L-2844
LICENSE NO.

PROFESSIONAL LAND ...



VICINITY MAP
NO SCALE

LOT 97
DAVID HILLSGROVE
& wf. REBECCA
DB 1563-1242
PIN 4627-93-3940
MB 14-100

LAKE NORMA...

Scale 1" = 40'

N 47°27'23"E 225.23'

L1
L2
L3
L4
L5
L6

LOT 99A
0.849 ACRES

12.55'

N 56°21'05"E 91.04'

S 29°38'42"W 77.41'

64.86'

15' SIDE SETBACK

30' LAKE SETBACK

5/8" REBAR

Basement

Drive

SEPTIC DRAINFIELD EASEMENT FOR LOT 99

15' SIDE SETBACK

N 00°04'17"W 62.80'

S 14°30'30"W 94.33'

N 30°08'28"W 39.83'

S 29°43'02"E 52.04'

SEWER PUMPS

WHITE FLAGS 3-5'

BLUE FLAGS 3-5'

ORANGE FLAGS 3-5'

35' FRONT SETBACK

Gravel Drive

Arc 211.73'
N 34°08'45"W 201.56'
Rad 185.79'

BLUE FLAGS 2

ORANGE FLAGS 2

WHITE FLAGS 2

BLUE FLAGS 1

ORANGE FLAGS 1

WHITE FLAGS 1

N 14°27'21"W 35.34'

N 67°45'32"W 62.89'
Arc 62.91'
Rad 671.06'

BEATEN PATH LANE

60' R/W

N

KELL... D...
PIN ...

Distance

IREDELL COUNTY HEALTH DEPARTMENT

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Owner Name: Michele Yant Address: 358 Beaten Path Phone: 704-307-1115

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Subdivision Name: C + L Timber Section/Phase: _____ Lot Number: 99A

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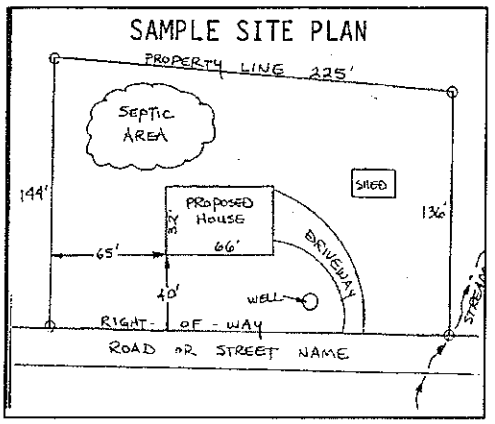
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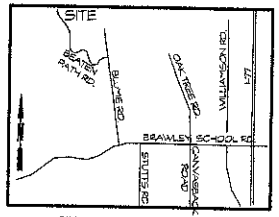
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NOTE:
ALL DRAWINGS ARE DIAGRAMMATIC AND APPROXIMATE DEPENDING UPON FIELD CONDITIONS. CONSULT PROJECT ARCHITECT BEFORE CONSTRUCTION IF INFORMATION IS UNAVAILABLE. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY ALL APPLICABLE CODES AND REGULATIONS GOVERNING ALL PHASES OF THE WORK. CONTRACTOR SHALL VERIFY ALL DIMENSIONS, NOTES AND DETAILS PRIOR TO CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO THE OWNER.



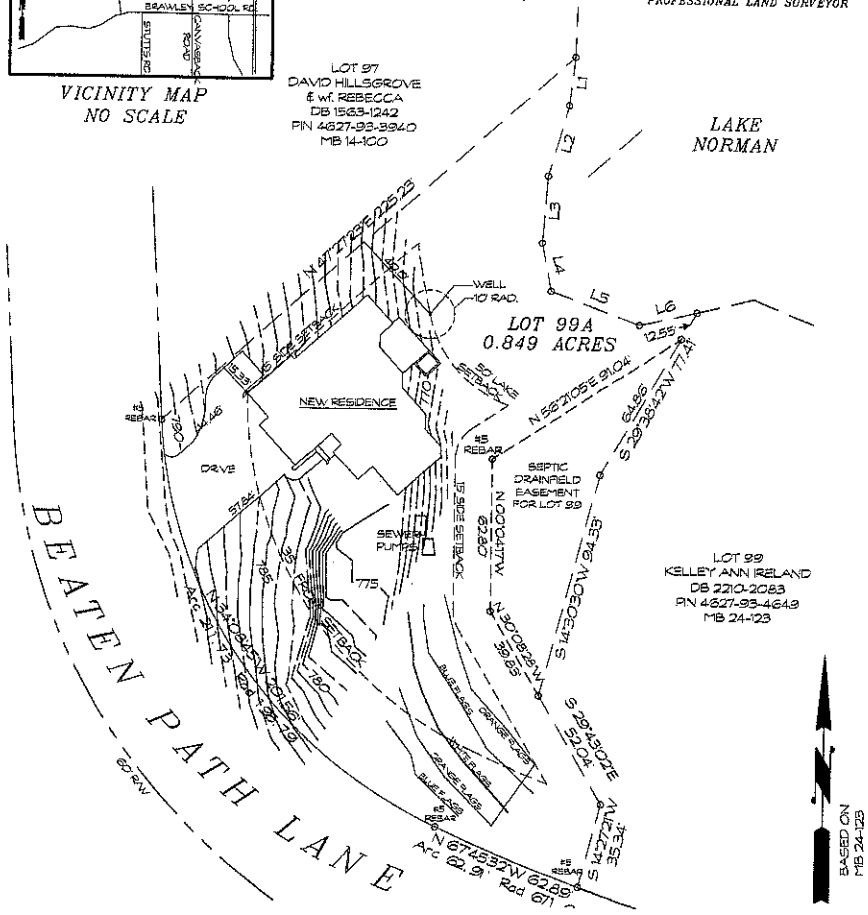
VICINITY MAP
NO SCALE

I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

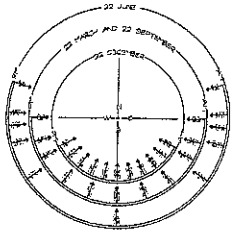
WITNESS MY HAND AND OFFICIAL SEAL THIS ___ DAY OF _____

N.C.P.L.S. L-2844
LICENSE NO.

PROFESSIONAL LAND SURVEYOR



SITE PLAN
SCALE: 1" = 20'-0"





PIPPIN HOME DESIGNS INC.
Professional Member AIBD
9150 EMERY HIGHWAY
Suite 176
MOORESVILLE, NC 28117
TEL 704.906.6333

Creating where people live

A NEW HOME FOR:
STEPHEN & MICHELE YANT
353 BEATEN PATH LANE
MOORESVILLE, NORTH CAROLINA
IREDELL COUNTY

REVISIONS	BY

PROJECT #:
DATE:
DRAWN BY: T.T.
DESIGNED BY: JSP
SHEET NO: 2

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PLANS NOT TO BE REPRODUCED

AIBD