IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086147 PIN# ~~4630734457~~ (pt.) 4629-43-9395 DATE Dec 22, '99

OWNER OR CONTRACTOR Crescent Resources Inc. PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte

LOCATION State Park Road TL Morrison Farm Rd. TR April Rd. TL Nautilus Court 1st lot on left

SUBDIVISION Hawber Bay BLOCK / SECTION _____ LOT 31 LOT AREA 50,439 ft² SITE CLASS FS DESIGN FLOW 460 gpd L.T.A.R. ~.25

Septic Tank: 1000 Gallons; STB 794 Date 2-20-03

Pump Tank: 1000 Gallons; PT 283 Date 8-22-03

Pump Make: SOULDS Model WGD511H Serial No 60358769

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 5@70' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

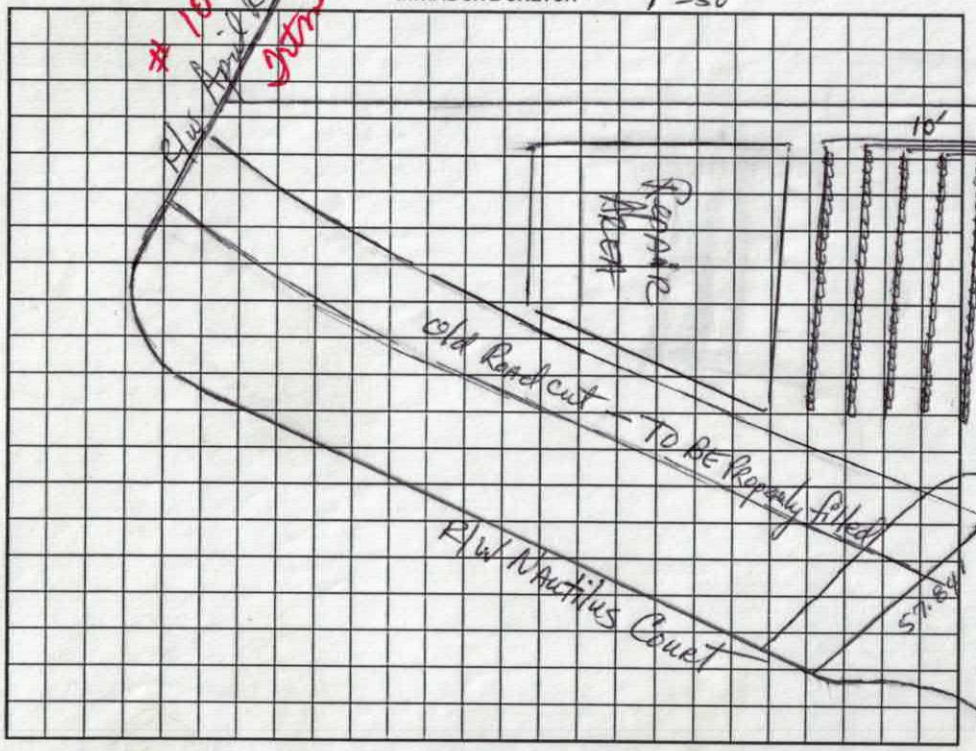
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

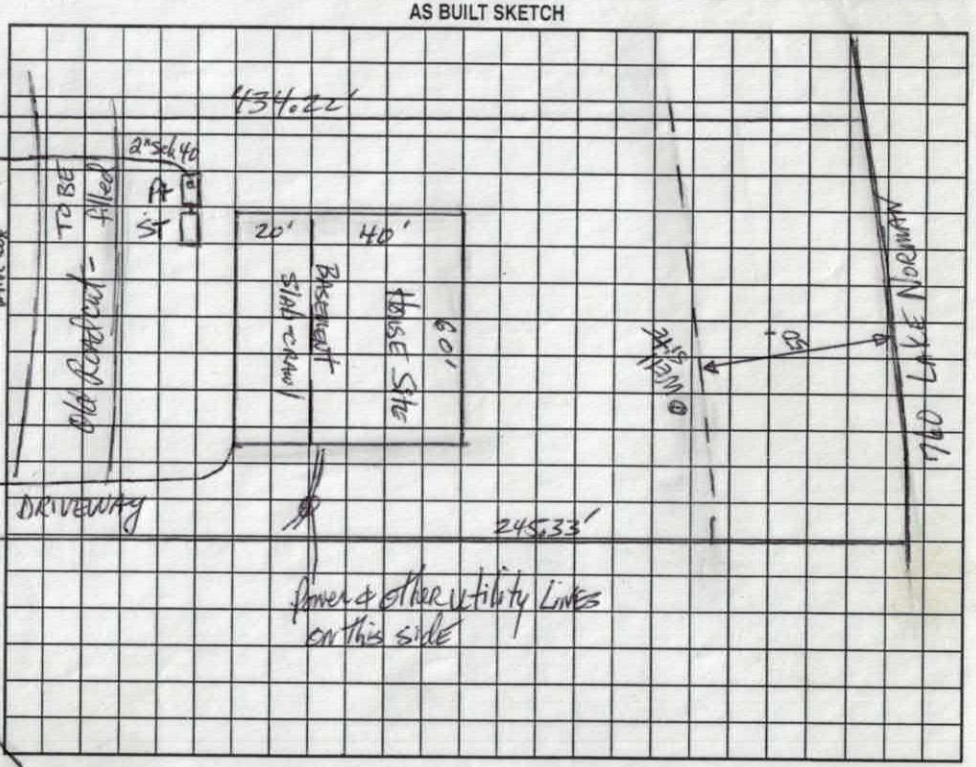
Comments:/Conditions: Any plumbing in basement will require the use of an in house pump to lift to main level plumbing in order to maintain a 100' minimum well & septic system separation.

Comments:/Conditions: (PARTIAL) ① DRAINLINES INSPECTED 9-29-03, out OF CONTOUR 2'4", SOIL CHARACTERISTICS OK, ~~APPROVED~~ AFTER REVIEW - RSH. Electrical + Alarm, Pressure check - okay 11-14-03. WOJ.

INITIAL SITE SKETCH 1"=50'



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: Paul G. Pungo date 1-14-00 Installed by: Dave Clark

Improvement Permit by: _____ date 12-22-99 Operation Permit by: William O. Johnson date 1/30/04

Authorization to Construct by: Patrick Mitchell date 07/15/03 Existing System Inspection by: _____ date _____

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CAPT APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 11-16-99

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Lot 31 Hunters Bay PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON 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		0-6	gr brnd sl						.25 -
		6-24	sbk RC	fr fi sp					
		24-43	wk sbk/mas RBM	vfr fi-vfi sp-ss sp					
		43-48	sl sap	fi-fr ss sp					
2		0-6	gr brnd sl	fr					.25
		6-26	m fab RC	fi sp					
		26-60	wk sbk ygl c	a mm fi sl/sap fi sp					
3									
4									

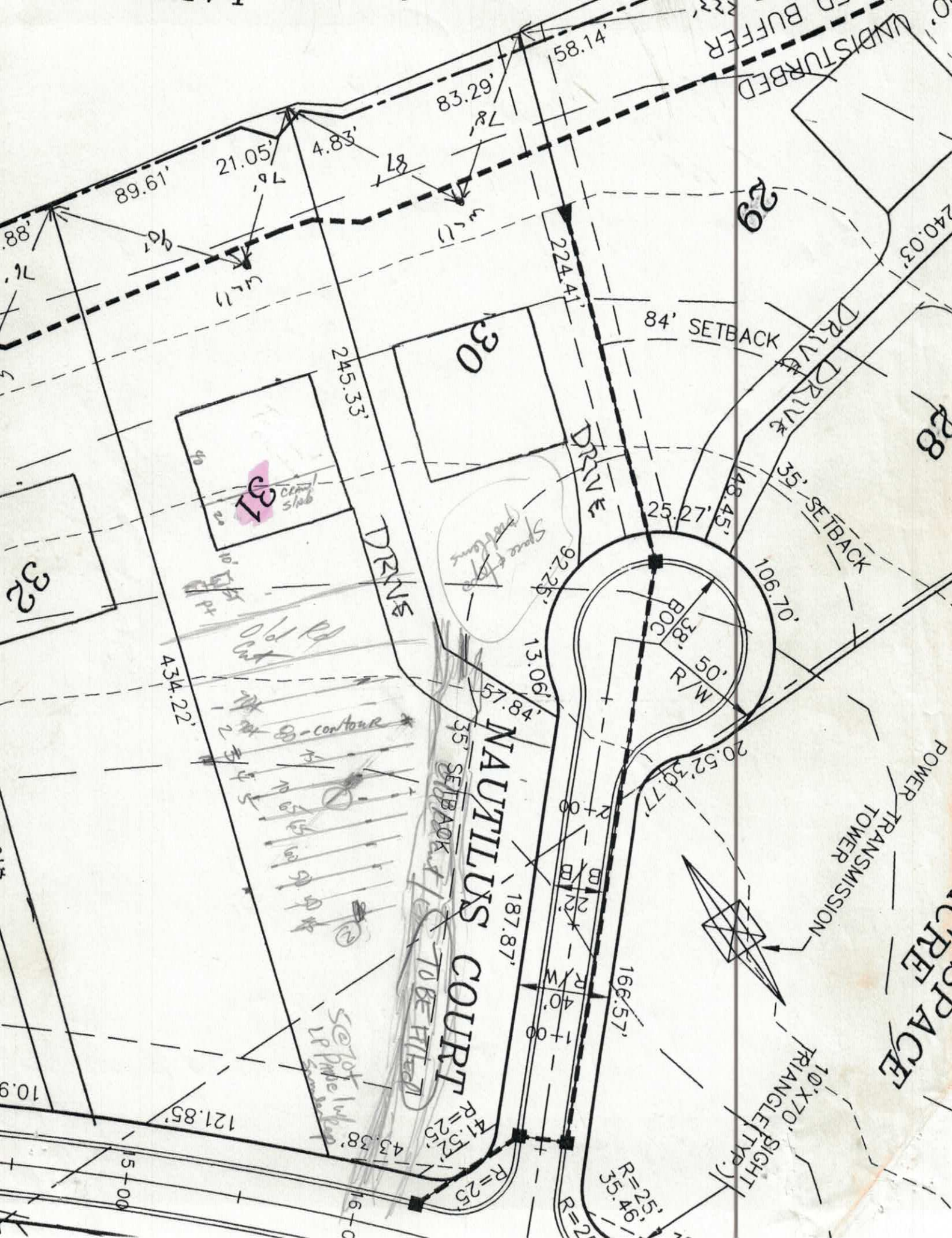
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
ystem Type(s)		
e LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____


UNDISTURBED BUFFER
58.14'
83.29'
89.61'
21.05'
4.83'
224.41'
84' SETBACK
29
30
31
32
28
245.33'
DRIVE
DRIVE
DRIVE
240.03'
35' SETBACK
48.45'
25.27'
92.25'
106.70'
38.50' R/W
BOC
13.06'
57.84'
434.22'
NAUTILUS COURT
35' SETBACK
187.87'
166.57'
20.52'30.77'
POWER TRANSMISSION TOWER
121.85'
43.38'
R=25'
41.52'25
R=25'
35.46'
10'x70' TRIANGLE (TYP.)
SIGHT
SPACE

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 RESC. INC.	663-6905	P.O. Box 1003	Charlotte	NC	28201
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
HAWKES BAY	31		Pt. of.

(Proposed) Water Supply: Public, (Private Well) **Preliminary Plat Approval Date** (DEVELOPERS ONLY) Tax Map # 4639734457

Specific Directions to Property State Park Rd
IL Morrison Farm
TR April Rd.

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4

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

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.

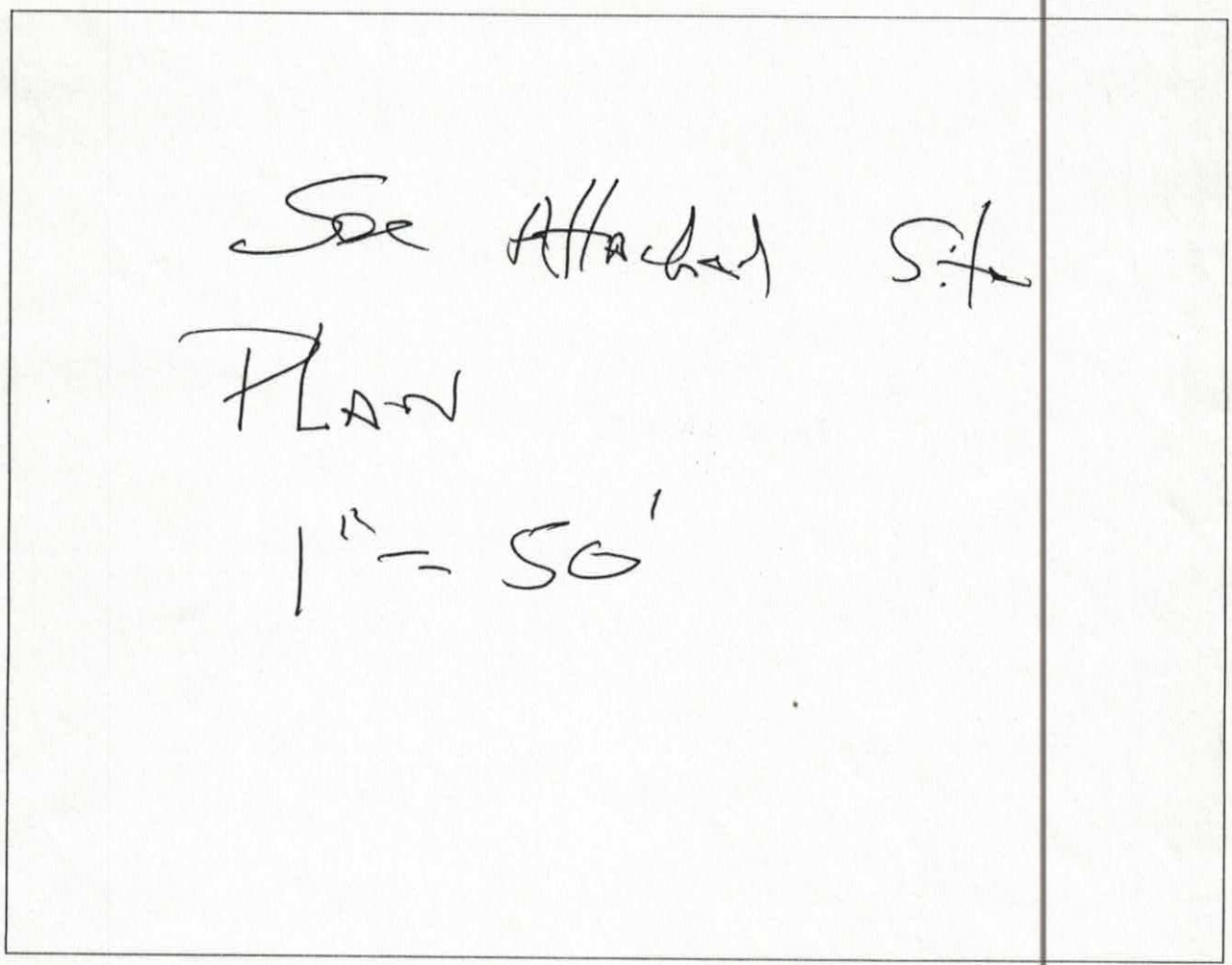
10-29-99 DATE [signature] SIGNATURE OF OWNER/~~AUTHORIZED AGENT~~

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.



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

10-29-99 Date Paul G. Fanning SIGNATURE OF OWNER/AUTHORIZED AGENT

Notes

(1) House FS Reversed

(2) ½ Bath in Basement

Acknowledgement Of
Plans Submittal ONLY!

Date 7-15-03

Date

BASEMENT FOUNDATION PLAN

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY SETTLEMENT, CRACKING OR MISALIGNMENT OF FLOOR OR FOUNDATIONS CAUSED BY FACTORS OUTSIDE OF THE PLANS BY OTHERS.

SHEET 2 of 2

DATE: 8-20-02

BY: DOC

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0888
www.frankbetz.com

BASEMENT FOUND. PLAN

THE BROOKMERE

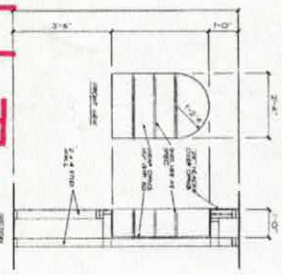
HOMEPLANS
DESIGNED FOR TODAY'S MARKET

REVISIONS | DATE | BY

Date

Date 7-15-03

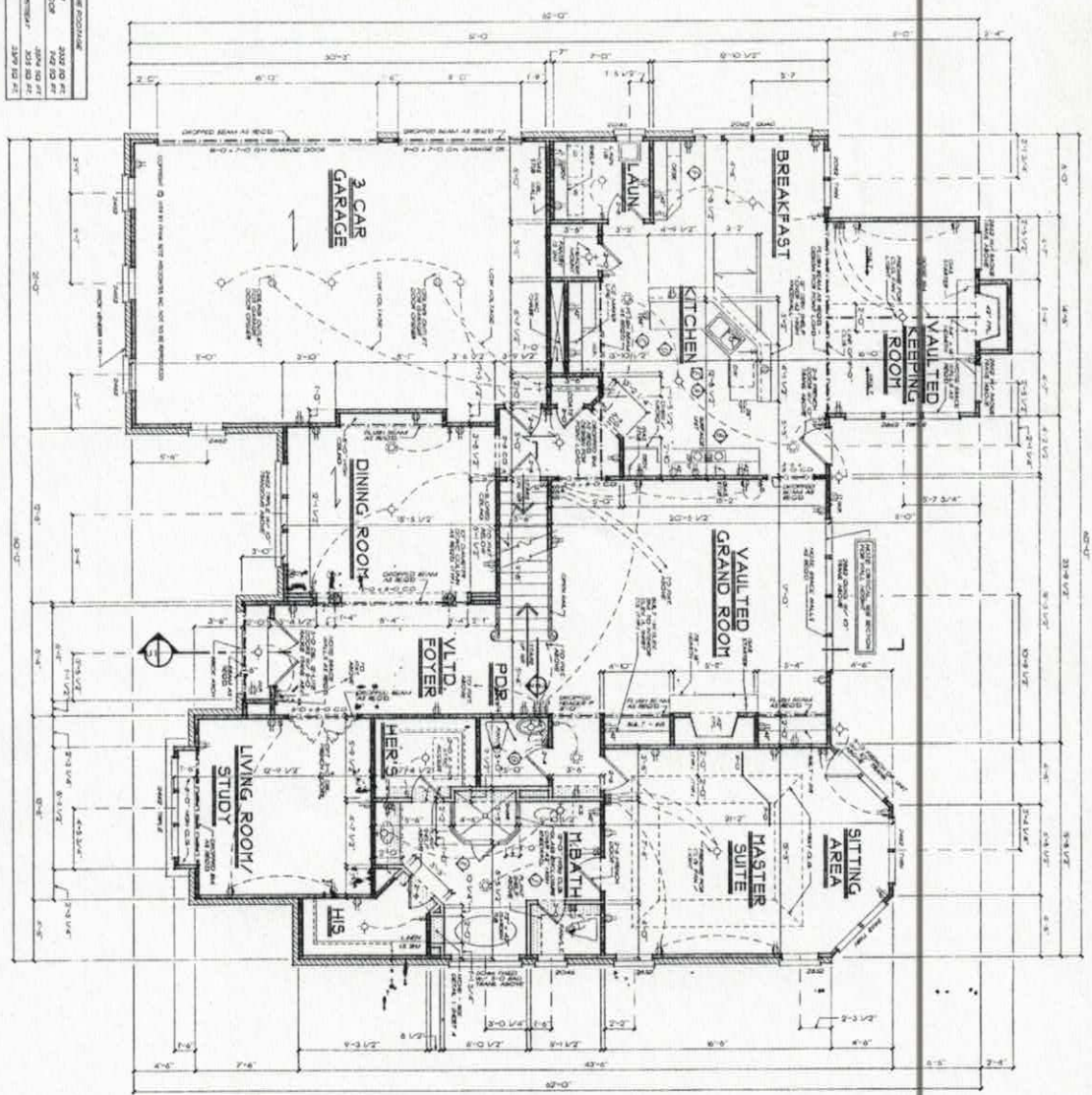
Acknowledgement Of Plans Submittal ONLY!



GENERAL NOTES

GENERAL FRAMING NOTES

LIVING SQUARE FOOTAGE	
FIRST FLOOR	2332 SQ. FT.
SECOND FLOOR	742 SQ. FT.
TOTAL UNDER ROOF	3074 SQ. FT.
CHILDREN'S WING	323 SQ. FT.
TOTAL	3397 SQ. FT.



FIRST FLOOR PLAN

FRANK BETZ ASSOCIATES, INC. RESERVES ITS LAWFUL COPYRIGHT AND OTHER PROPERTY RIGHTS IN THESE PLANS IN WHOLE OR IN PART. ALL REPRODUCTIONS OR COPIES OF THESE PLANS IN WHOLE OR IN PART, AND ALL DERIVATIVE WORKS THEREOF, PREPARED BY ANY PERSON AND BY ANY METHOD, INCLUDING BUT NOT LIMITED TO ELECTRONIC FILE, MUST BEAR THE COPYRIGHT NOTICE OF FRANK BETZ ASSOCIATES, INC. ANY REVISIONS MADE TO THESE PLANS BY ANY PERSON OTHER THAN FRANK BETZ ASSOCIATES, INC. VOIDS OUR ACCEPTANCE OF ANY RESPONSIBILITY FOR THE CONSTRUCTION OF THE PROJECT. ANY REVISIONS TO THESE PLANS MUST BE SUBMITTED TO FRANK BETZ ASSOCIATES, INC. FOR REVIEW AND ACCEPTANCE BEFORE CONSTRUCTION REVISIONS ARE MADE TO THESE PLANS BY OTHERS.

SHEET 3 OF 6

DATE 8-NOV-04

ST-2000 CK: mw

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0888
www.frankbetz.com

FIRST FLOOR PLAN

THE BROOKMERE

HOMEPLANS
DESIGNED FOR TODAY'S MARKET

REVISIONS	DATE	BY

Acknowledgement Of
Plans Submittal ONLY!

Date 7-15-02

Date

SECOND FLOOR PLAN

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0998
www.frankbetz.com

SECOND FLOOR PLAN

THE BROOKMERE

HOMEPLANS
DESIGNED FOR TODAY'S MARKET

SHEET 4

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 086147 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282010000

Phone: 7046636905

Proposed Use: 01

PIN #: 4639734457 PT Zoning: RA Township: 1700

Street Address: NAUTILUS CT

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: HAWKES BAY Lot #: 31 Lot Size: 50459

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15/25 R50

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT NOT RECORDED

Location: ST PARK,L MORRISON FARM,R APRIL,AT CRNR NAUTILUS

Staff: RAM Date: 11/01/99

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____
Owner: Agent: