IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094557 PIN# 4629964777 4629-54-8832 DATE 9-7-04

OWNER OR CONTRACTOR PROVIDENT DEVLPT GROUP PHONE: Business 704 663-6905 Home 704-201-5522

ADDRESS 6207 FAIRVIEW DR SUITE B CHARLOTTE, NC MIKE PEREZ

LOCATION STATE PARK RD @ MORRISON FARM @ SUNSET BAY AT END

SUBDIVISION SUNSET BAY BLOCK / SECTION LOT 13 LOT AREA 1.046AC SITE CLASS. PS DESIGN FLOW 4BD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7-18-05

Pump Tank: 1000 Gallons; PT 27 Date 7-29-05

Pump Make: Myers Model ME-50 Serial No. ME505-21

Nitrification Field: No Fields 1 Square Feet EDU 1600' Linear Feet 270'

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP 50'/. REDUCT

Repair System Description: LP 50'/. REDUCT

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 3 1/2 No. Employees

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions: ① OWNER SAID RETAINING WALLS AT BACK OF HOME WILL NOT BE THERE ② MAINTAIN SETBACKS & INSTALL LINES ON CONTOURS ③ THIS HOUSE IS A CRAWLSPACE BUT IT WILL ALSO HAVE FOUNDATION DRAINS. KEEP THEM AWAY FROM SYSTEM AREA & MAINTAIN SETBACKS ④ KEEP

Comments/Conditions: STUBOUT HIGH ENOUGH SD TANKS WILL NOT BE TOO DEEP. ⑤ HOUSE, DRIVEWAY, SIDEWALKS, PORCHES, 50' SETBACK FROM LAKE & P/L ALL ARE MARKED. ENTIRE SYSTEM WAS FLAGGED AS DRAWN BELOW.

1"=50'

INITIAL SITE SKETCH

AS BUILT SKETCH

PISTONS & POLYLOK FITT., V'D ELBOWS & TANKS, KLERD ELECTRICAL & PRESSURE & CONTACT 8-26-05

V'D PRESSURE, ELECTRICAL, & CONTACT, EVERYTHING OK

#179

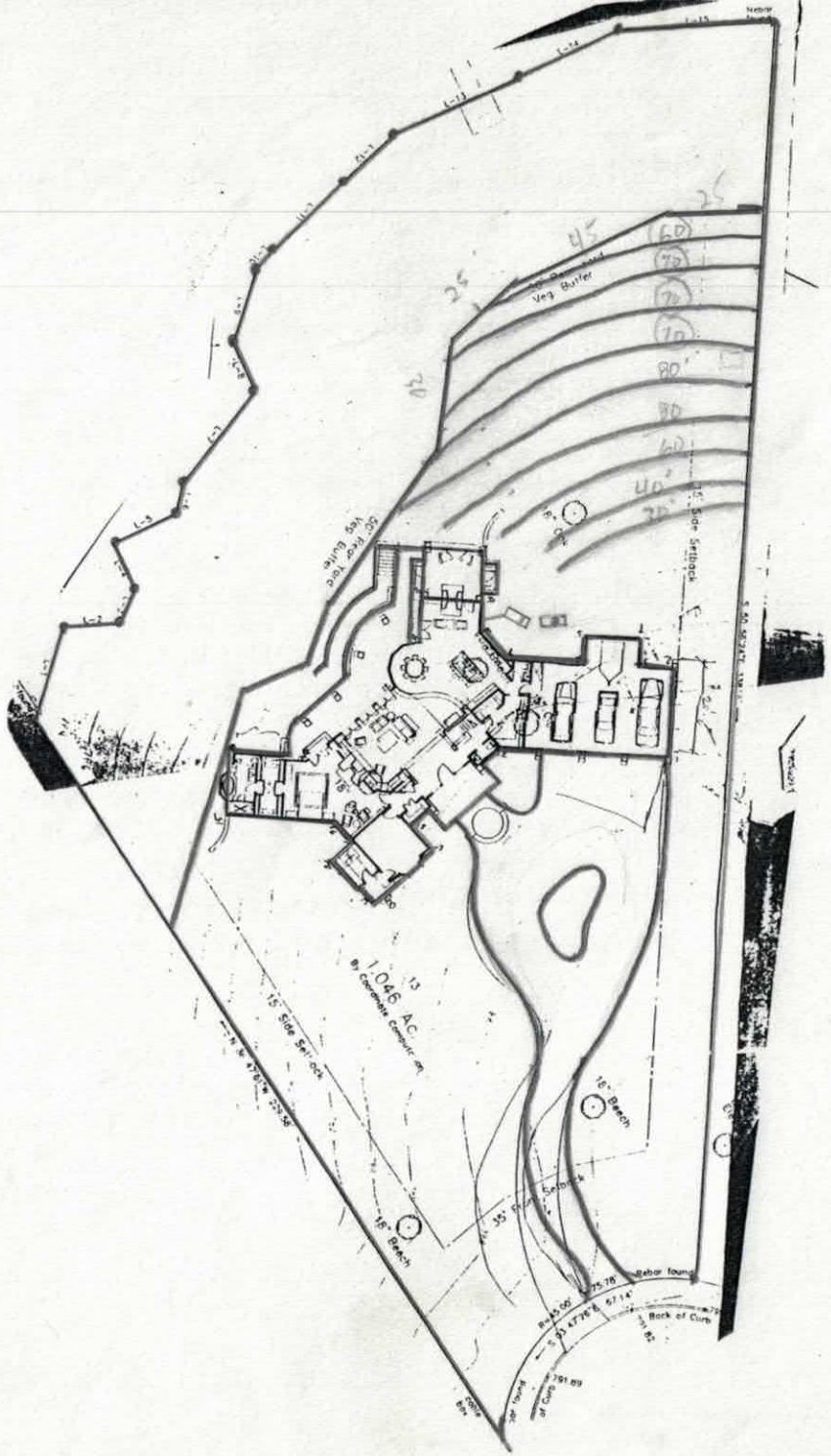
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] - PROVIDENT HOMES date 9-14-04 Installed by: R & H INC CORPORATED

Improvement Permit by: [signature] RS date 9-7-04 Operation Permit by: [signature] RS date 11-3-05

Authorization to Construct by: [signature] RS date 9-7-04 Existing System Inspection by: date

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



- ~~MAINTAIN SETBACKS STRICTLY~~ ~~TO FOUNDATION DRIPS~~
- ~~DOUBLE LINES AND CONTOURS~~
- ~~MAINTAIN SETBACKS~~
- ~~KEEP DISTURBANCE CUT HIGH~~ ~~ENOUGH TO KEEP FALL TO TARPS.~~ ~~TARPS SHOULD BE NO DEEPER THAN~~ ?36" DEEP, IF MORE ~~REINFORCED TARPS MUST TO~~ BE USED

Crawlspace

60
70
70
70

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 094557
COUNTY: 46 29 64 1771

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Provident Homes APPLICATION DATE: ___
ADDRESS: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: SUNSET BAY LOT 15 PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other COMMUNITY
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% L	0-6"	scl wk gr	fr ns sp mss					PS 1.3
		6-48"	c mod sbk	fi s sp sms					
2	6% L	0-6"	scl wk gr	fr ns sp mss					PS 1.3
		6-48"	c mod sbk	fi s sp sms					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	LPP 50'/20"	LPP 50'/20"
Site LTAR	1.3	1.3

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

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SCL (Sandy Clay Loam) SiL (Silt Loam) CL (Clay Loam) SiCL (Silty Clay Loam) Si (Silt)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05		

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

***Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.**

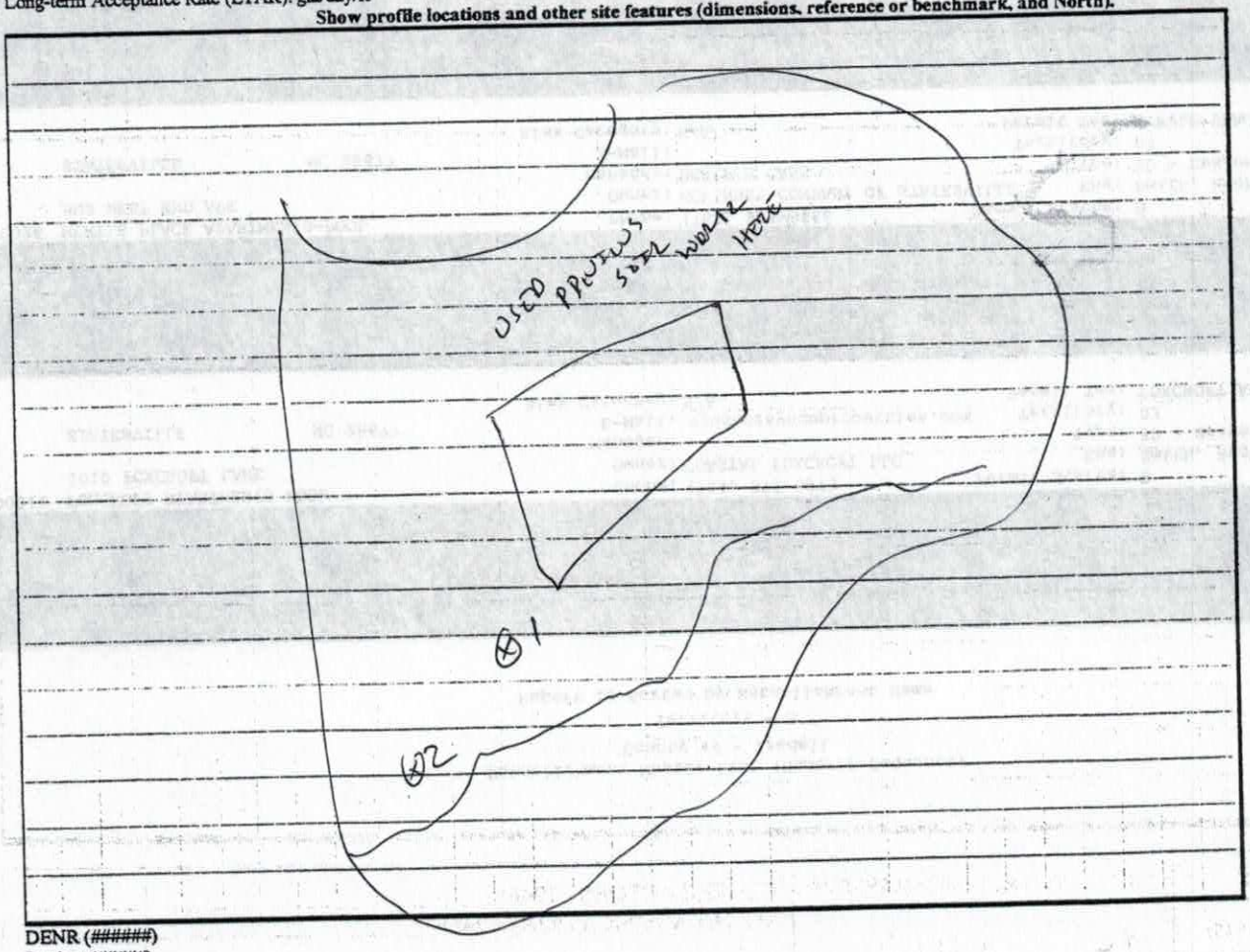
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (#####)

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
PROVIDENT HOMES	704-201-5522	6707 FAIRVIEW RD.	CHAR.	N.C.	28210
HENDRIX					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
SUNSET BAY	13	–	–

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

Specific Directions to Property STATE PARK RD TO LEFT ON MORRISON FARM, RIGHT ON SUNSET BAY DRIVE, LOT AT END IN CUL-DE-SAC.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3 1/2

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

Crawl Space X Concrete Slab X Garbage Disposal X Jaccuzi or spa X

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.

6-18-04 DATE _____ FOR PROVIDENT HOMES, INC. SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 paid MOORESVILLE 704-664-5281

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

DATE 10/24/01

PERMIT# 094557 PIN# 462 964 1771 PT

OWNER OR CONTRACTOR PROVIDENT DEV GROUP PHONE: Business 663-6405 Home

ADDRESS 6707 FAIRVIEW DR, SUITE B. CHARLOTTE.

LOCATION STATE PARK - TL MORRISON FARM - TR SUNSET BAY - AT END OF LT

SUBDIVISION SUNSET BAY BLOCK / SECTION LOT 13 LOT AREA SITE CLASS. PS DESIGN FLOW 460GPD L.T.A.R. .36PD/EF2

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP 25% REDUCTION

Repair System Description: LP PANEL

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

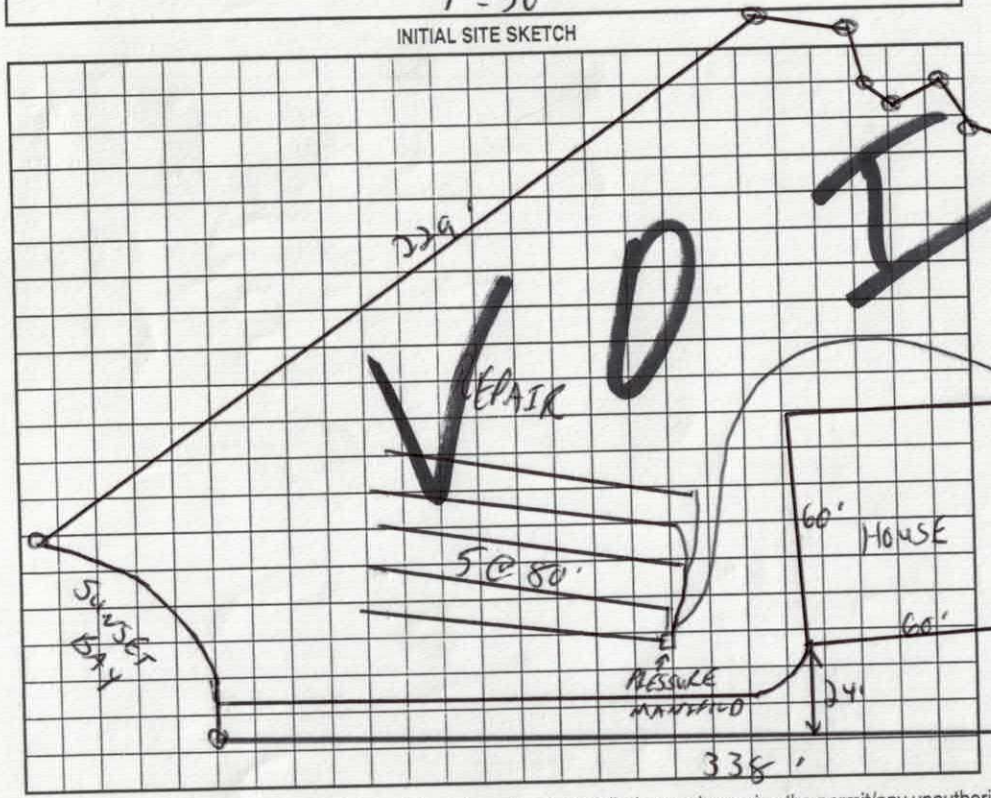
Water Supply: ☑ Individual ☐ Public ☑ Community

Comments:/Conditions:

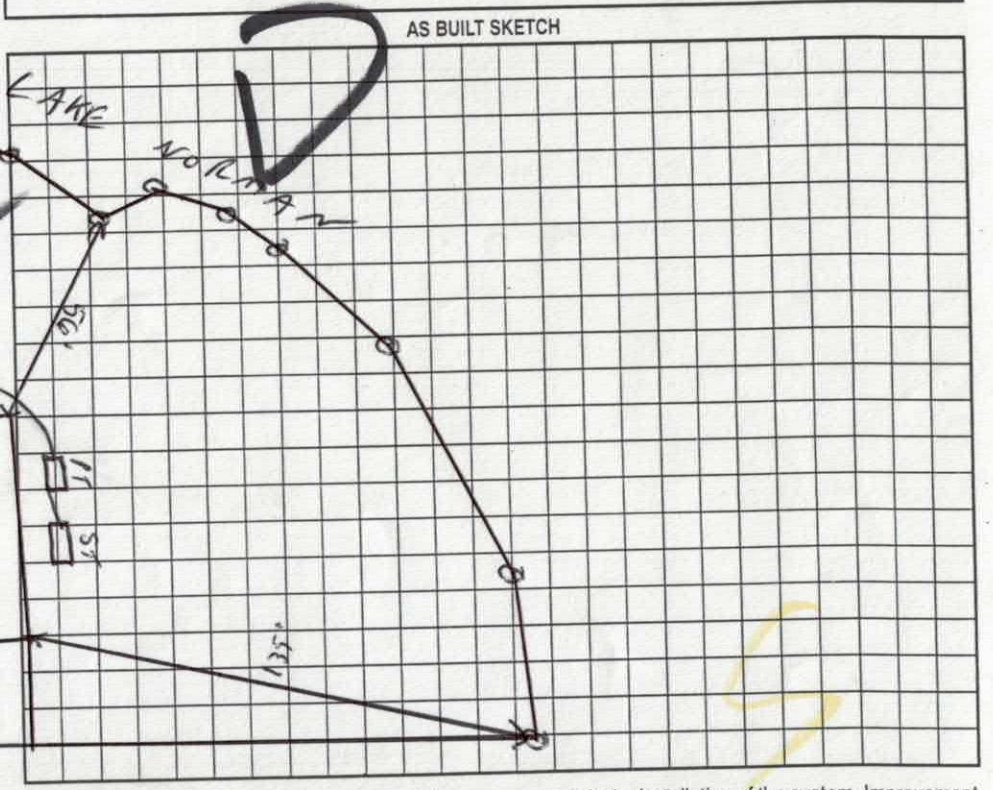
Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



VOID

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Signed: date 10-30-01 Installed by:

Improvement Permit by: C. Ray Teer RS date 10/24/01 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

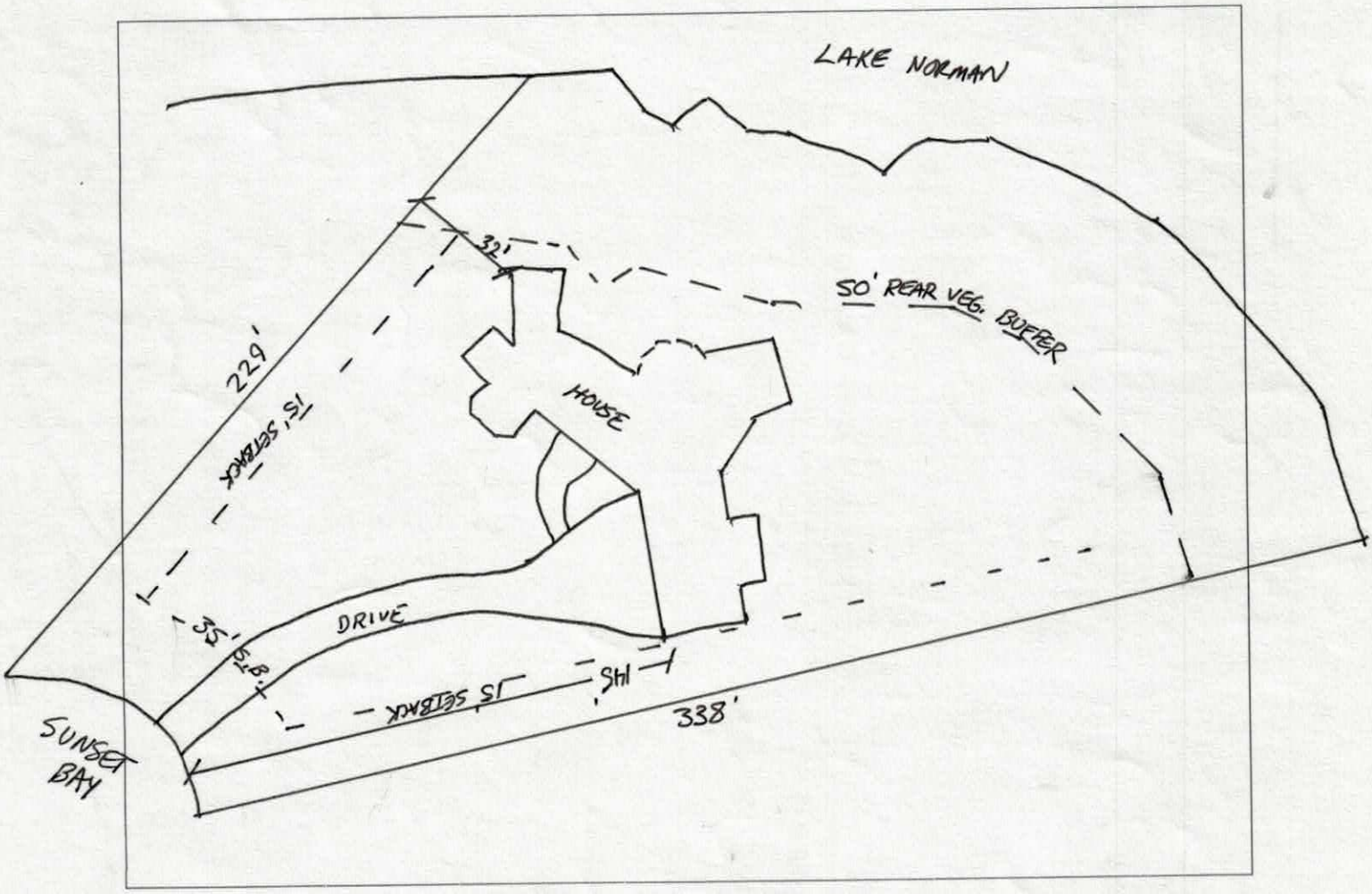
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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)

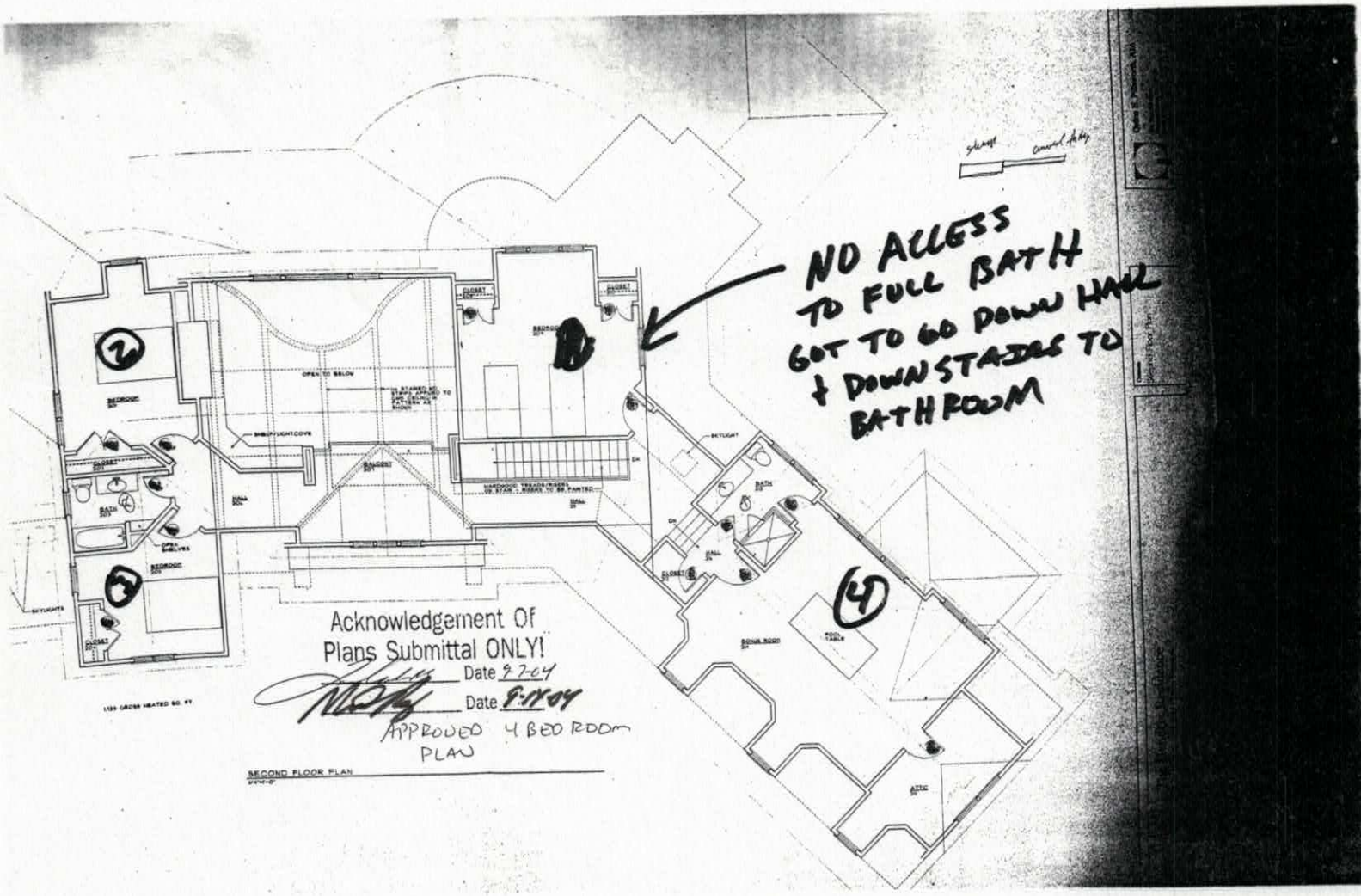
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

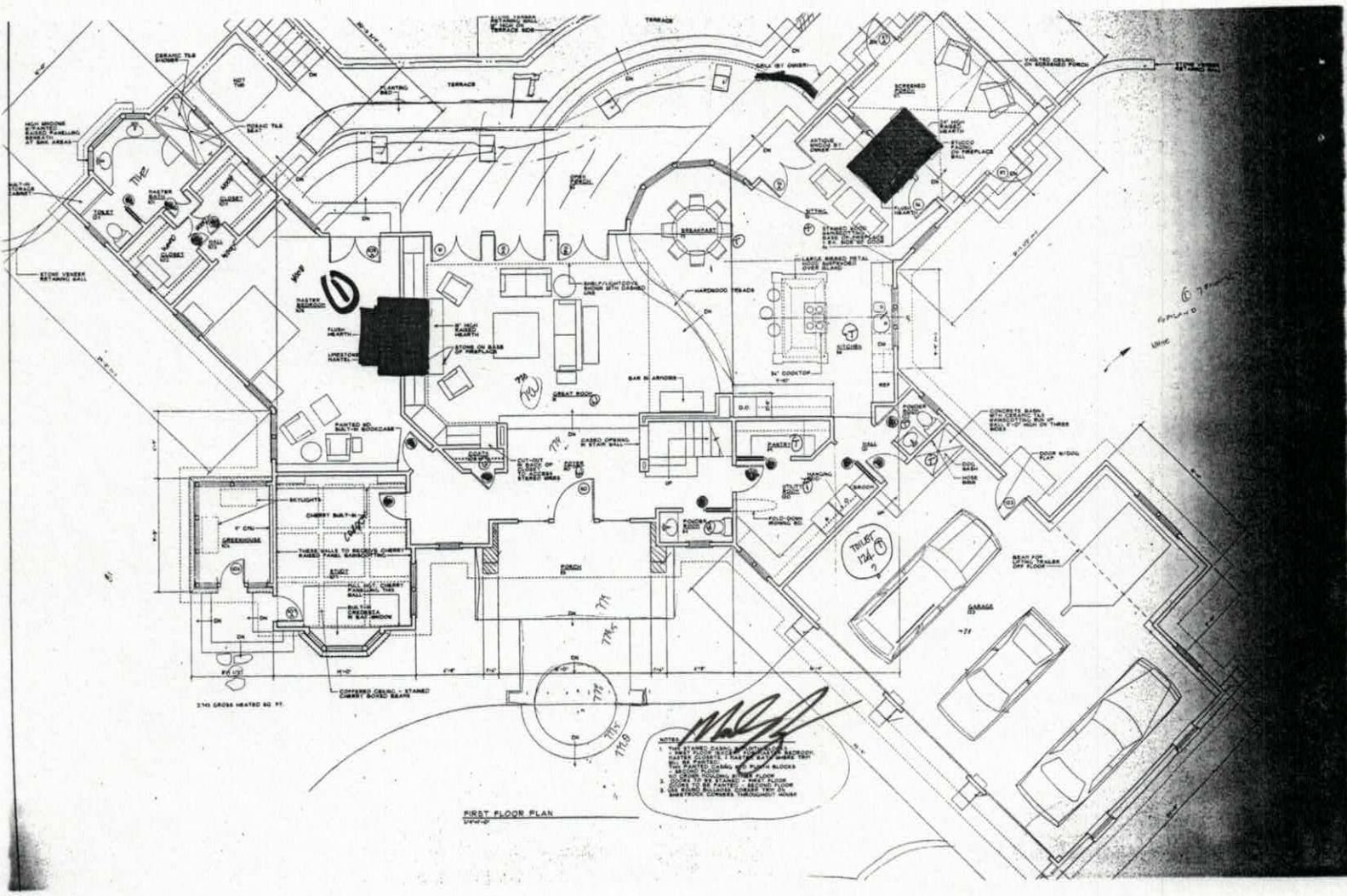
As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 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.

6-18-04 Date FOR PROVIDENT HOMES, INC. SIGNATURE OF OWNER/AUTHORIZED AGENT


NO ACCESS
TO FULL BATH
GOT TO GO DOWN HALL
+ DOWNSTAIRS TO
BATHROOM
Acknowledgement Of
Plans Submittal ONLY!
Date 8-2-04
Date 8-17-04
APPROVED 4 BED ROOM
PLAN
SECOND FLOOR PLAN



FIRST FLOOR PLAN

5

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: 094557 Zoning Permit: X Improvements Permit: 1

Name: PROVIDENCE DEV Address: 6707 FAIRVIEW RD

City: CHARLOTTE State: NC Zip: 282100000

Phone: 7046636905

Proposed Use: 01

PIN #: 4629641771PT Zoning: R20 Township: 1700

Street Address: LONG COVE DR

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

Subdivision/MHP: ~~LONG COVE~~ SUNSET BAY Lot #: 13 Lot Size: 51466

Has Property been recorded? Y Community Water? N Sewer? N

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 L50

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: PERTH,R STATE PARK,L MORRISON FARM,R LONG COVE

Staff: SBW Date: 02/08/01

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: