IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12530 PIN# 4629-58-2744 DATE 12-30-04

OWNER OR CONTRACTOR JOHN STELLMACH PHONE: Business Home 704-408-0343

ADDRESS 19900 SHEARWATER POINTE DR Cornelius NC 28031

LOCATION STATE PARK RD (L) Wildlife RD (R) Sierra Woods (L) DEER RUN LOT # 28 ON RT

SUBDIVISION Wildlife Bay BLOCK / SECTION I LOT 28 LOT AREA 28,967 SF SITE CLASS BS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 2-14-05

Pump Tank: 1000 Gallons; PT 19 Date 4-6-05

Pump Make: Goulds Model WE05511 Serial No. S06073552

Nitrification Field: No Fields 1 Square Feet 600-1600' Linear Feet 270'

No Lines 3x90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LOW PRESS 50% REDUCT

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

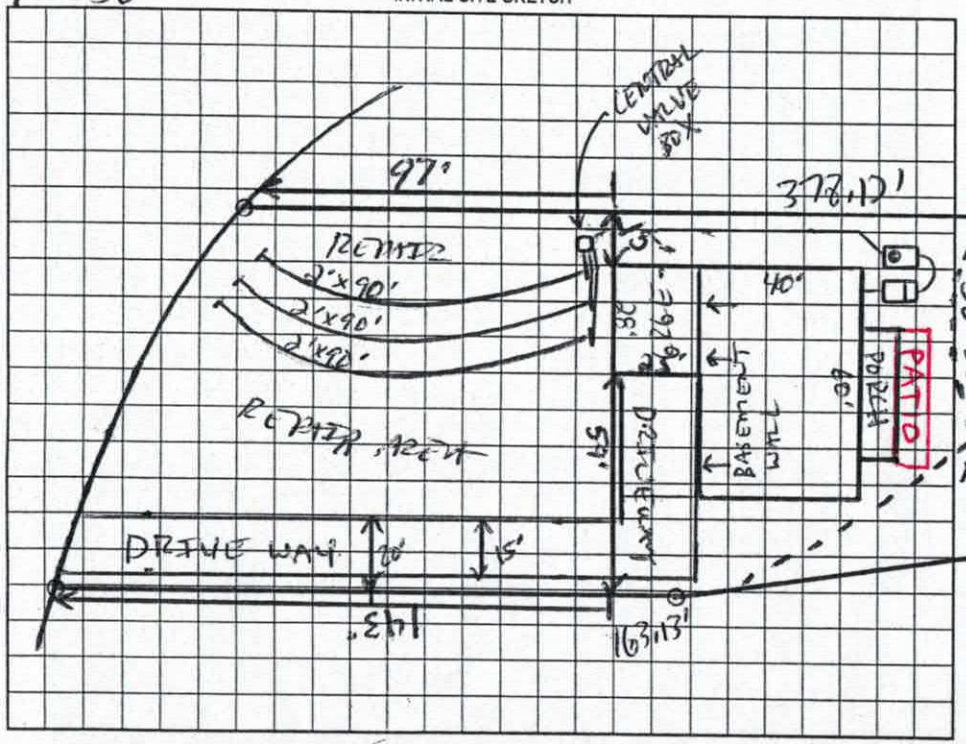
Comments:/Conditions: (1) KEEP BASEMENT CUT SHALLOW ENOUGH SO TANKS PLACEMENT & SETBACKS CAN BE MAINTAINED (2) INSTALL LINES ON CONTOUR & MAINTAIN SETBACKS (3) CALL PATOR TO INSPECTION FOR PUMP SIZING & SYSTEM SPECS IF NECESSARY.

Comments:/Conditions: (4)

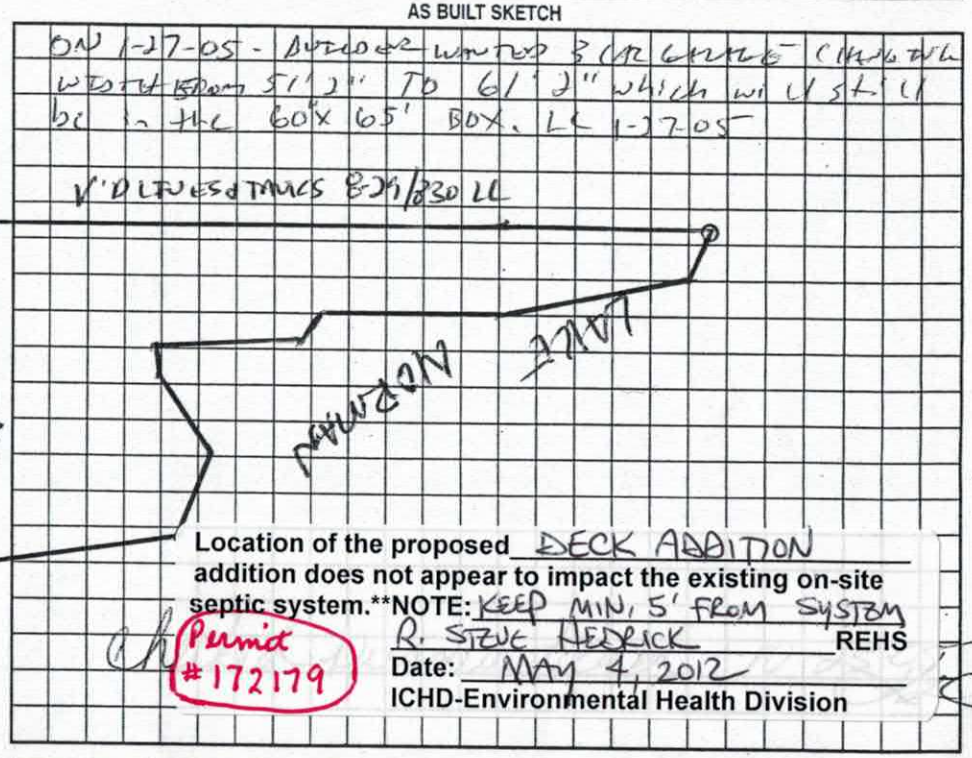
Approved 55' x 52' 4 BEDROOM PLAN; KEEP BACK OF HOME IN SAME LOCATION ALLOWING MORE ROOM FOR THE SEPTIC.

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed DECK ADDITON addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN. 5' FROM SYSTEM

Permit #172179

R. STEVE HEDRICK REHS

Date: MAY 4, 2012

ICHD-Environmental Health Division

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: John A. Stellmach date 12/30/04

Improvement Permit by: [signature] date 12-30-04

Authorization to Construct by: [signature] date

Installed by: C & S GRADING

Operation Permit by: [signature] date 10-28-05

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

3. **Applicant Information:**

Robert Haynes	196 Deer Run Dr	704.528.2041	704-962-0196
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Haynes	Troutman NC 28166		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

196 Deer Run DR	Wildlife Bay	
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: STATE Park Rd from Ruth Rd to Wildlife Rd - turn Right on Sierra then left on Deer Run 196 Deer Run on Right

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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
( ) Other ___

Maximum Number of Bedrooms ___
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 ___

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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.

Robert Haynes

___ DATE

IREDELL COUNTY HEATLH 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...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred 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

Signature: _____
REQUIRED property owner or owner's legal representative signature.

4-30-12
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

