IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074528 PIN# 4629 59 6534 DATE 8-21-01

OWNER OR CONTRACTOR DAVID HUMPHREY PHONE: ~~Business~~ Cell 704-224-8716 Home 704-528-1964

ADDRESS 235 SUMMER TREE DR, TROUTMAN, NC 28166

LOCATION STATE PRK RD, © WILDLIFE © SIERRA © DEER RUN © EAGLECHASE 3RD ON LEFT

SUBDIVISION WILDLIFE BAY BLOCK / SECTION I LOT 42 LOT AREA 47,104 sq ft SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 02-07-02
Pump Tank: 1000 Gallons; PT 17 Date 02-07-02
Pump Make: MYERS Model MES05 Serial No. 25325007
Nitrification Field: No Fields 1 Square Feet EQ21600' Linear Feet 280'
No Lines 7 Trench Width 24" Max Trench Bottom Depth 30"

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

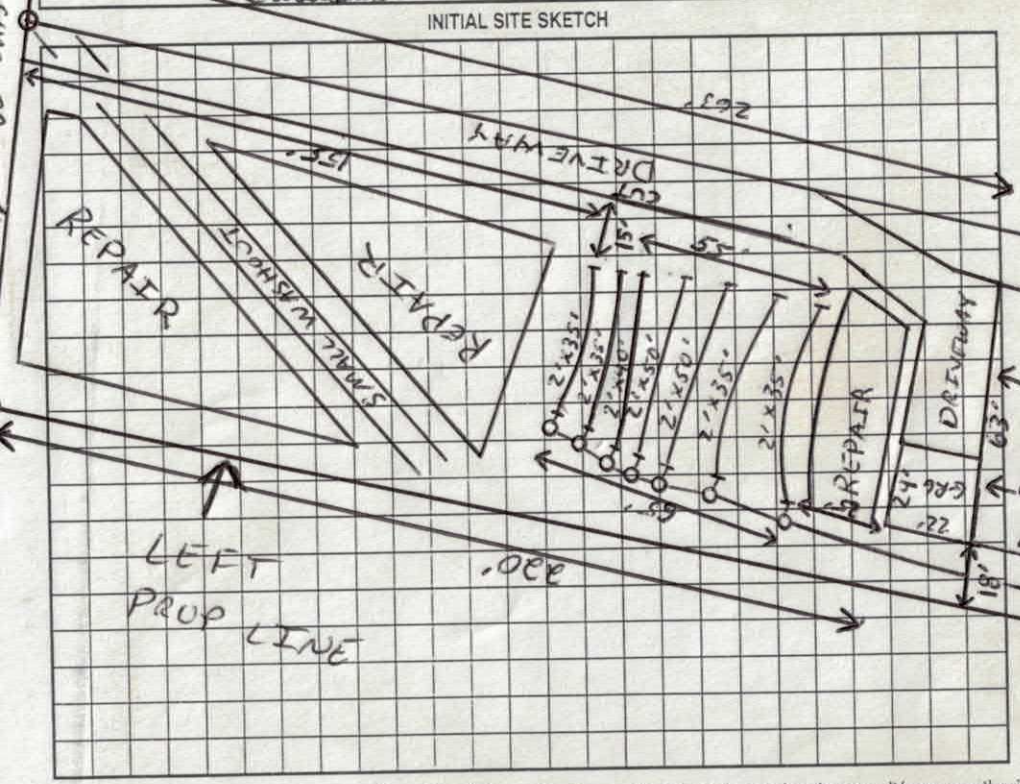
Water Supply: ☐ Individual ☐ Public ☒ Community

#125 EAGLECHASE

Comments:/Conditions: ① KEEP SUPPLY LINE 5' FROM PROPERTY LINE & 10' FROM BASEMENT FOUNDATION DRAIN ② DIVERT RAIN/SURFACE H2O RUNOFF DOWN LEFT PROP LINE

Comments:/Conditions: ④ INSTALL LINES ON CONTOURS ⑤ MAINTAIN SETBACKS ⑥ KEEP H2O LINE 10' FROM SYSTEM ⑦ MUST HAVE CERTIFIED OPERATOR B4 OP IS ISSUED ⑧ CALL FOR PUMP SIZING & INSTALLATION IF WANTED.

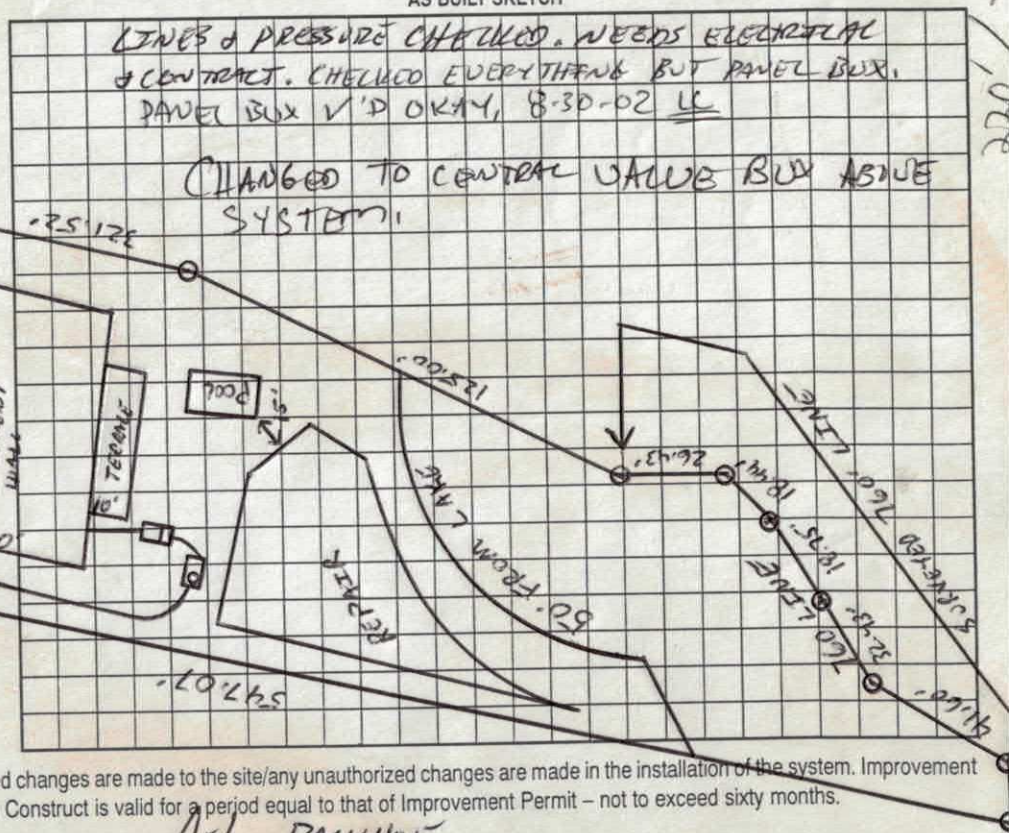
INITIAL SITE SKETCH



AS BUILT SKETCH

LINES & PRESSURE CHECKED. WEEDS ELECTRICAL & CONTRACT. CHECKED EVERYTHING BUT PANEL BOX. PANEL BOX V'D OKAY, 8-30-02 LL

CHANGED TO CENTRAL VALVE BOX ABOVE SYSTEM.



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: David A Humphrey date 8-27-01
Improvement Permit by: Jan Clark RS date 8-21-01
Authorization to Construct by: Jan Clark RS date 8-21-01

Installed by: A-1 BACKHOE
Operation Permit by: Jan Clark RS date 8-30-02
Existing System Inspection by: date

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

DAVID HUMPHREY

220'

22'

200 LF = 46 PANELS / 33 TONS SAND
80 LF = 18 PANELS / 13 1/4 TONS SAND

64 PANELS

GPM

3/16 HOLE
64 x 0.59 = 37.76 gpm ≈ 38 gpm

Friction Loss Per 100 Ft

1.78 x 2.20% = 3.916

FRICTION LOSS

3.916 x 1.2 = 4.6992 ≈ 5 Friction Head

ELEVATION HEAD = 22'
FRICTION HEAD = 5
WORKING HEAD = 2

29 TDH
38 GPM

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources Inc APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/4/98

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

LOCATION OF SITE: Wildlife Bay Phase I Lot #42 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		D-24"	Rd/Brn C/cl	SBK SS,SPSE	FI-FR	W/ Tndsof SAP/ W. Rock			PS .3
		24-36"	SAP/ W. Rock mix						
		36-48"	SL/ SAP						
2	~10%	0-26"	Rd/Brn CL	SBK SS,SPSE,	FI-FR	w/ Mica flakes			PS .3+
		26-48"	L SAP						
3	AA-1	0-6"	Rd/Brn SCL	wSBK GR, FR					PS .3
		6-47"	Rd/Brn C/CL	m-wSBK SS,SPSE, FI-FR					
			w/ Yellow SAP inclus						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

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

Current Property Owner	Mailing Address	City	State	Zip Code
SAME				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
WILDLIFE Bay	42	PH. 1	

(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

Tax Map # 4639734550

Specific Directions to Property STATE PARK RD.
L WILDLIFE
R SIERRA
L DEER RUN
R EAGLE CHASE

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 1/2 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.

6-25-98 DATE Paul G. Ramey SIGNATURE OF OWNER/AUTHORIZED AGENT

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: 074528 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282010000

Phone: 0006636905

Proposed Use: 01

PIN #: 4639734550 Zoning: R20 Township: 1700

Street Address: EAGLE CHASE LN

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: WILDLIFE BAY Lot #: 42 Lot Size: 47104

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 50R 15S

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: STATEPARK L WILD R SIERRA L DEER R EAGLE 3RD ON LT

Staff: RRS Date: 06/17/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant:_____
Owner: Agent: