IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086080 11993A PIN# ~~4639-73-4457~~ 4629-43-2713.024 DATE 3-16-04

OWNER OR CONTRACTOR ROBERT SAIN PHONE: Business 4629.63.2950.024A Home 704-660-3319

ADDRESS 164 KISKADEE DR MOORESVILLE, NC 28117

LOCATION 21 SOUTH (R) PERTH, (R) STATE PARK (L) MORRISON FARM (R) APPEL AT END IN CUL-DE-SAC

SUBDIVISION HAWKS BAY BLOCK / SECTION LOT 24/24A LOT AREA 60,044 + 24,325 SITE CLASS. PS DESIGN FLOW 480. L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 3/2 Date 1-12-04

Pump Tank: 1000 Gallons; PT 27 Date 2-31-04?

Pump Make: GOULDS Model WE07512HD Serial No 5059770?

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 276'

No Lines 4 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: LP PAVEL ONSITE

Repair System Description: LP/PM INNOVATIVE ONSITE 24A

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

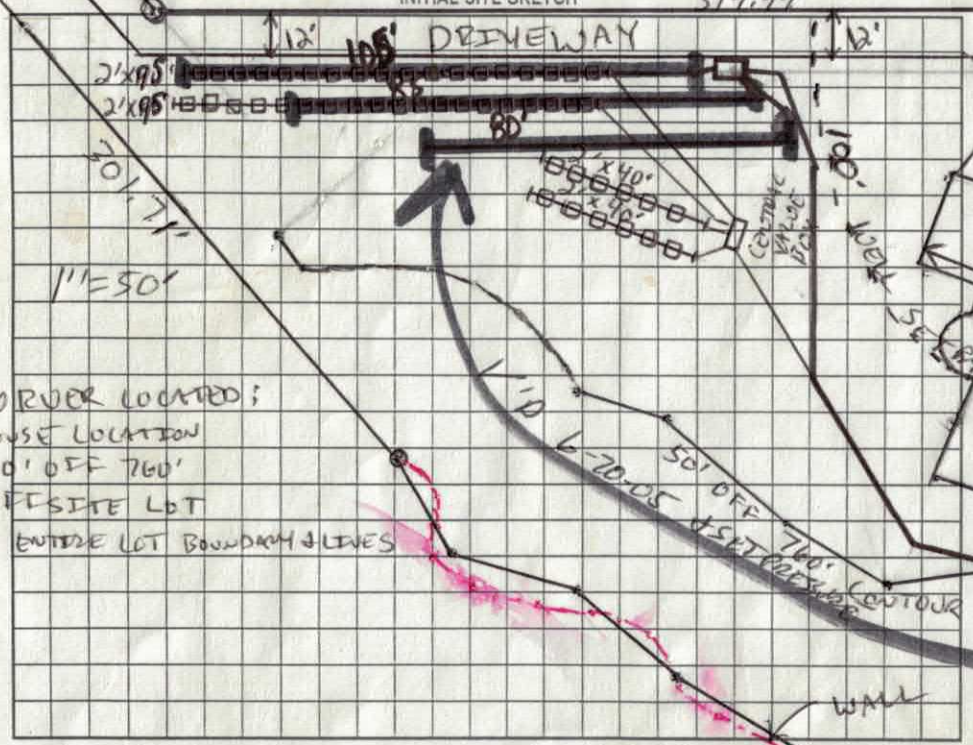
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

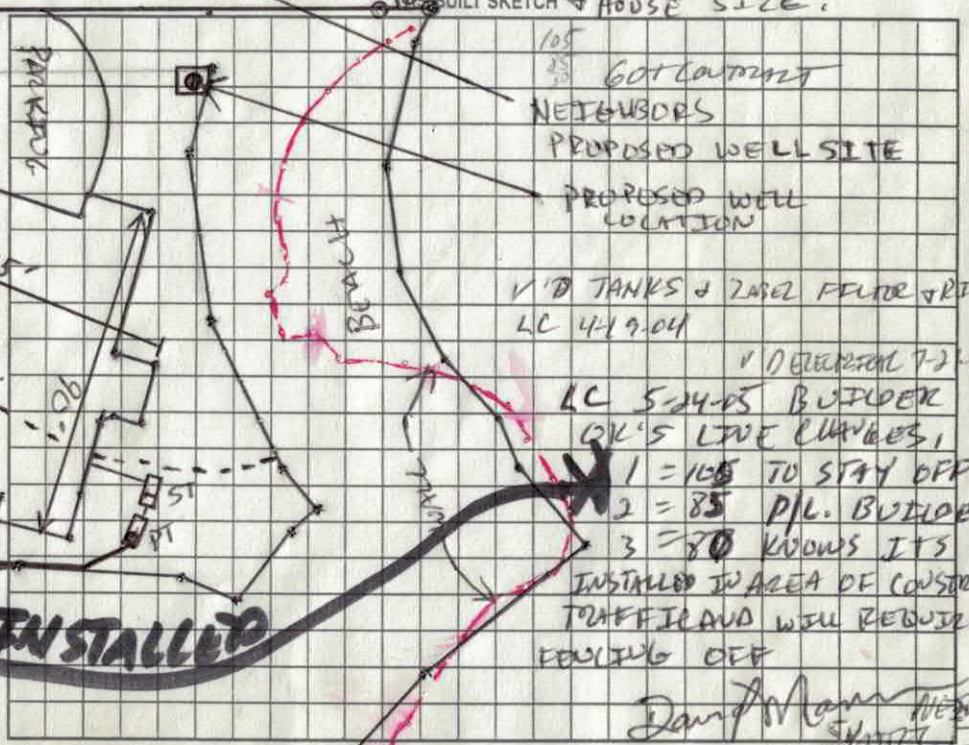
Comments:/Conditions: (1) CALL PRIOR TO ANY EXCAVATION FOR CONSULTATIVE VISIT ABOUT GRADING & SETBACKS (2) CALL PRIOR TO INSTALLATION OF SYSTEM FOR PUMP SIZING & SPEC IF NECESSARY, (3) DONOT CUT

Comments:/Conditions: BASEMENT EXCESSIVELY, MAINTAIN PROPER FALL TO THE TANKS & KEEP THEM ABOVE THE 50' SETBACK, (4) THE PERMIT WAS REDRAWN OFF PREVIOUSLY ISSUED PERMIT DATED DEC. 20 1999. ONLY CHANGES THAT WERE MADE WAS: ST & PT LOCATIONS, WELL LOCAT

INITIAL SITE SKETCH



BUILT SKETCH & HOUSE SIZE.



SURVEY LOCATED; HOUSE LOCATION 50' OFF 760' OFFSITE LOT & ENTIRE LOT BOUNDARY & LINES

W/D TANKS & 2 ABCL FILTER & RISER LC 4-19-04

W/D ELECTRICAL 7-21-05

LC 5-24-05 BUILDER OK'S LINE CHANGES, 1 = 105 TO STAY OFF 2 = 85 P/L. BUILDER 3 = 80 KNOWS ITS INSTALLED IN AREA OF CONSTRUCT TRAFFIC AND WILL REQUIRE FENCING OFF

Dan A Mann Health Supervisor

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: Robert A Sain date 3-17-04 Installed by: ORBISON

Improvement Permit by: [signature] RS date 3-16-04 Operation Permit by: [signature] RS date 7-22-05

Authorization to Construct by: [signature] RS date 3-16-04 Existing System Inspection by: date

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

off site septic repair on 24A

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
ROBERT SAIN	704-660-3319	164 KISKADEE DR	MOORESVILLE	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
Robert Sain	SAME AS ABOVE			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
	24		

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

Specific Directions to Property _____

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 X

Crawl Space _____ Concrete Slab _____ Garbage Disposal X 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.

12-29-03 DATE Robert Sain 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.

SEE Attached PLAT

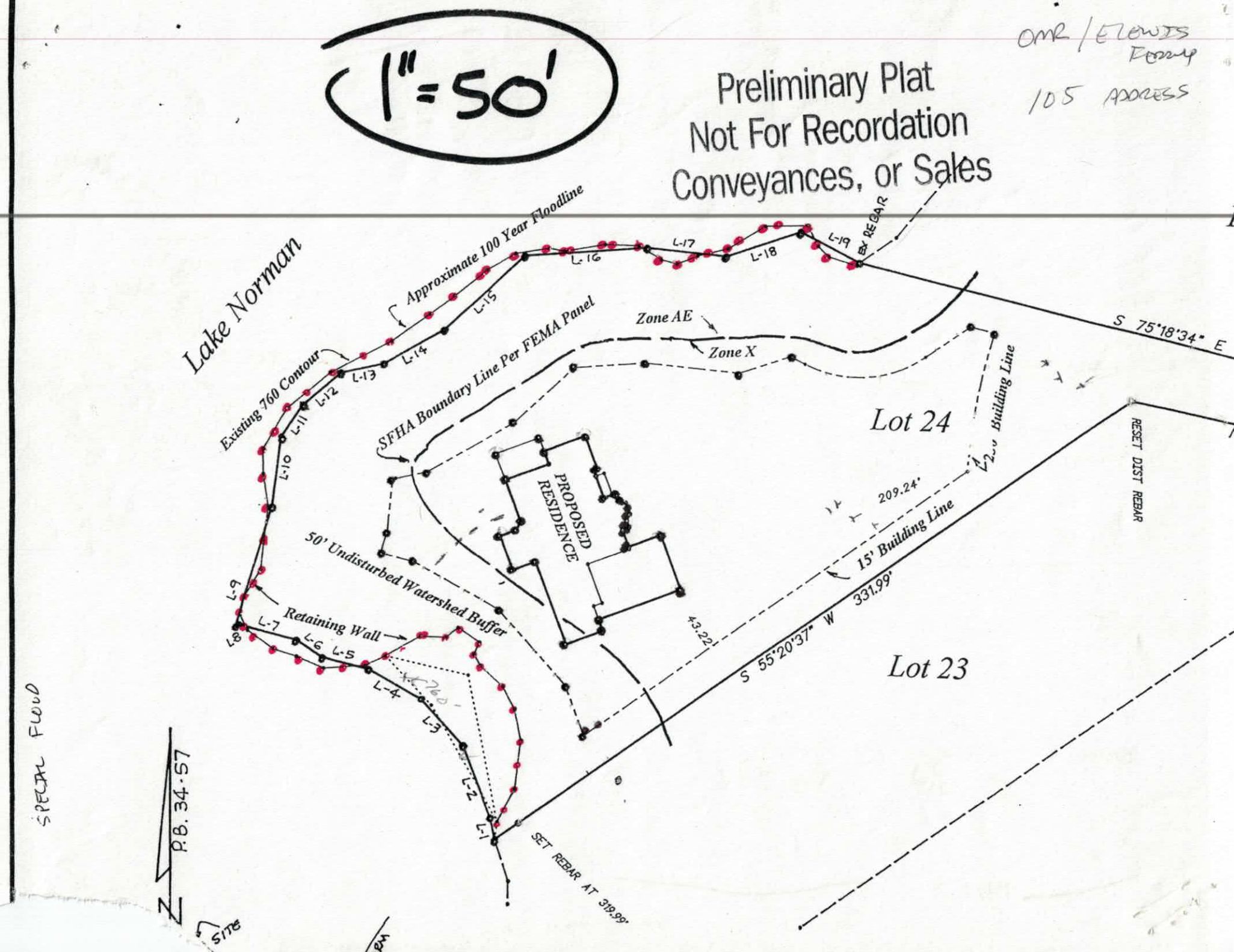
I hereby convenant that the above representation is correct to the best of my knowledge and ability.

_____Date_____SIGNATURE OF OWNER/AUTHORIZED AGENT

1" = 50'

Preliminary Plat
Not For Recordation
Conveyances, or Sales

OMR / ELEWIS
Ferry
105 ADDRESS



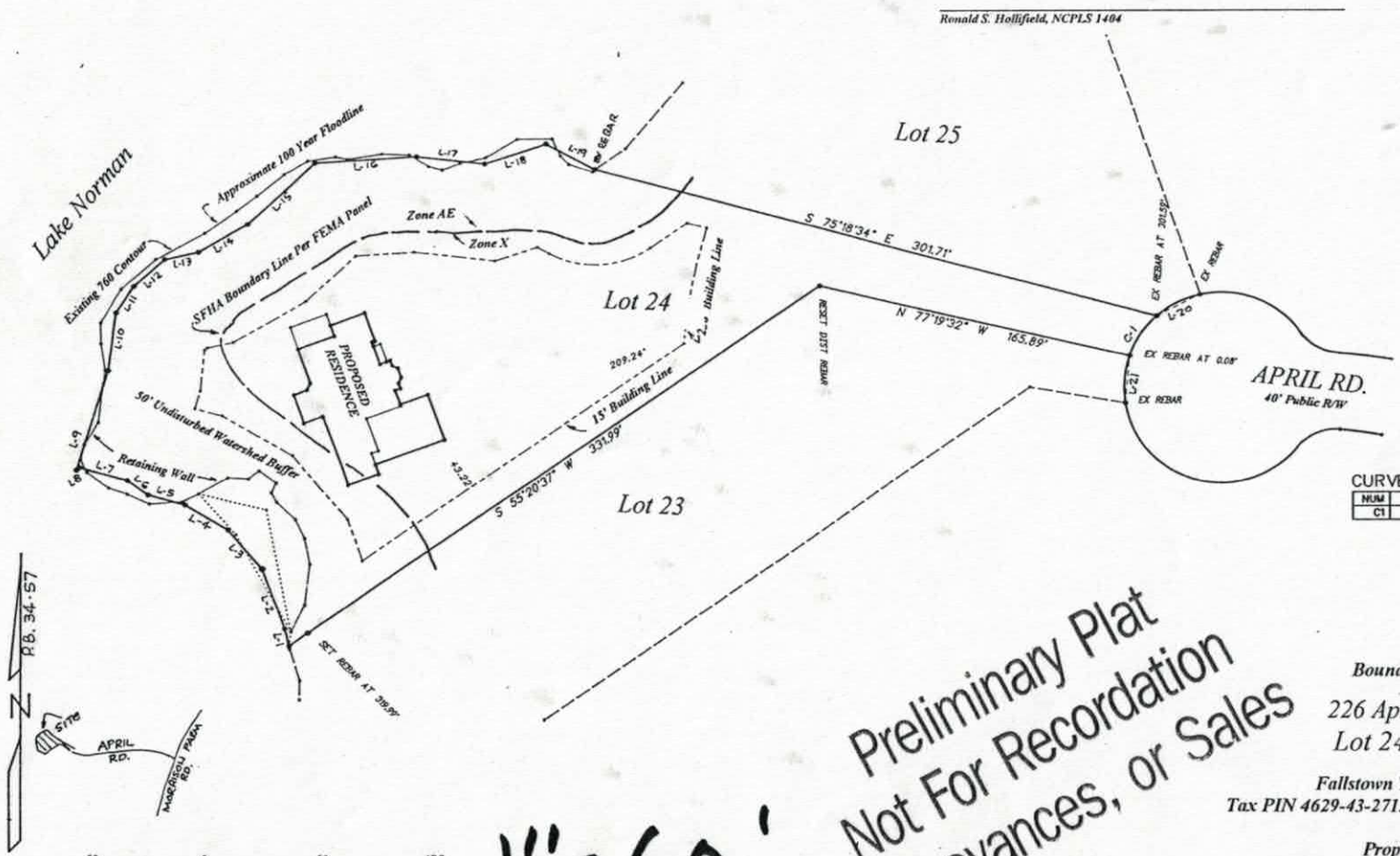
NOTE: IRON STAKES AND MONUMENTS AS SHOWN, ALL OTHERS CALCULATED POINTS.

R. S. Hollifield land surveying / subdivision planning ~ P. O. Box 1036 Troutman, NC 28166
phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@vvi.net

file: hwkbay24

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in book SEE TITLE BLOCK ; map recorded in book SEE TITLE BLOCK), that the boundaries not surveyed are shown as broken lines platted from information as shown; that this plat was prepared in accordance with G. S. 47-30 as amended; that the ratio of precision is 1:10,000+. This survey is of an existing parcel or parcels of land and does create a new street or change an existing street. No USGS monument found within 2000'. A portion of this property is located in a Special Flood Hazard Area (Zone "AE") designated by the FEMA FLOOD INSURANCE RATE MAPS.
See panel # 370313 0150C (Effective Date: 06/22/98)
Witness my original signature, registration number, and seal this 20th of January , 2004.

Ronald S. Hollifield, NCPLS 1404



LINE TABLE

NUM	DISTANCE	BEARING
L1	9.25'	N13°48'04"W
L2	33.48'	N20°05'04"W
L3	26.61'	N40°34'59"W
L4	28.08'	N59°51'53"W
L5	20.23'	N75°11'38"W
L6	13.36'	N55°29'06"W
L7	25.49'	N74°48'24"W
L8	2.21'	S58°26'16"W
L9	54.52'	N17°11'49"E
L10	30.53'	N7°35'11"E
L11	16.75'	N33°55'03"E
L12	21.40'	N48°41'41"E
L13	18.64'	N77°57'03"E
L14	29.23'	N59°58'40"E
L15	47.27'	N47°01'05"E
L16	52.79'	N86°24'14"E
L17	34.69'	S83°34'54"E
L18	33.31'	N71°28'13"E
L19	28.59'	S61°54'17"E
L20	24.88'	N62°47'05"E
L21	25.11'	S5°31'53"W

CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	28°58'18"	25.28'	50.00'	S33°54'27"W	25.01'

1" = 60'

Preliminary Plat
Not For Recordation
Conveyances, or Sales

Boundary and Physical Survey

226 April Road; 1.379 Acres
Lot 24 of HAWKES BAY

Fallstown Township Iredell County, NC
Tax PIN 4629-43-2713 ~ D. B. 1458-366 ~ P. B. 34-56, 57, 58

Property of: Robert A. Saia

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086077 PIN# 4639734457 (pt.) DATE Dec. 21, '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 Road (SFE on Right) Lot at End

SUBDIVISION Hawkers Bay BLOCK / SECTION _____ LOT 23, 23A LOT AREA 39,776 + 39952 sf SITE CLASS: PS SFE DESIGN FLOW 480 gpd L.T.A.R. .3

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 4@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM-Innovative-25% Red on SFE 23A

Repair System Description: LP Panel Block on SFE 23A

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

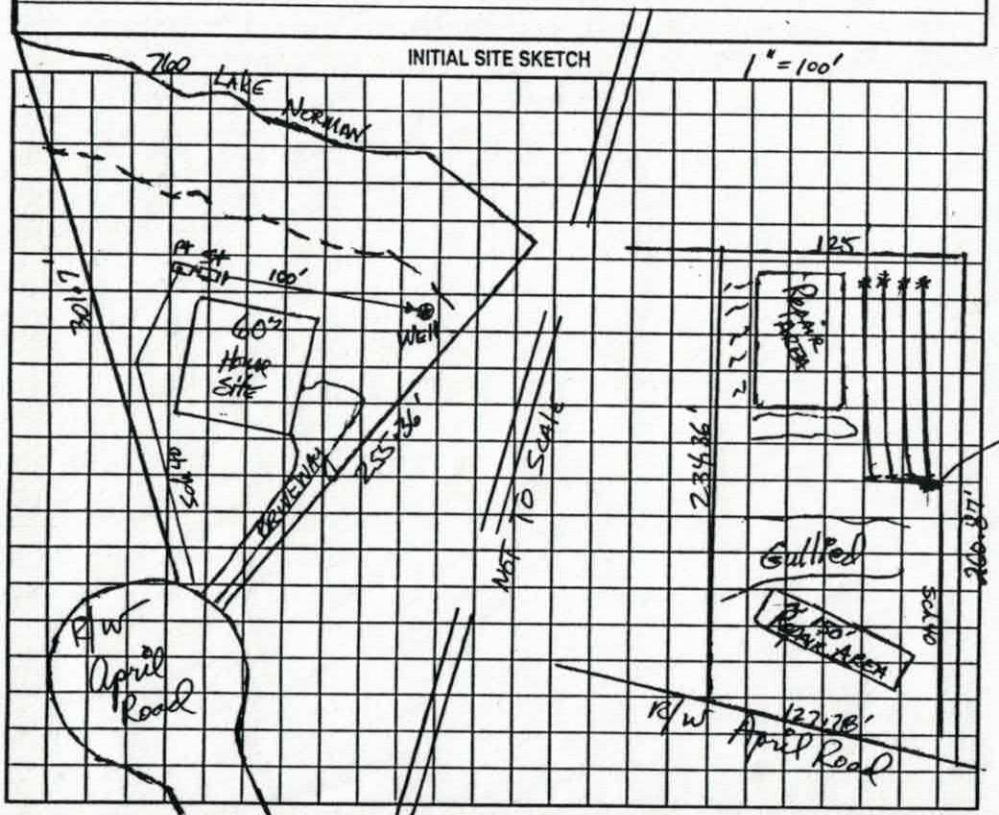
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL

Comments:/Conditions:

INITIAL SITE SKETCH



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.

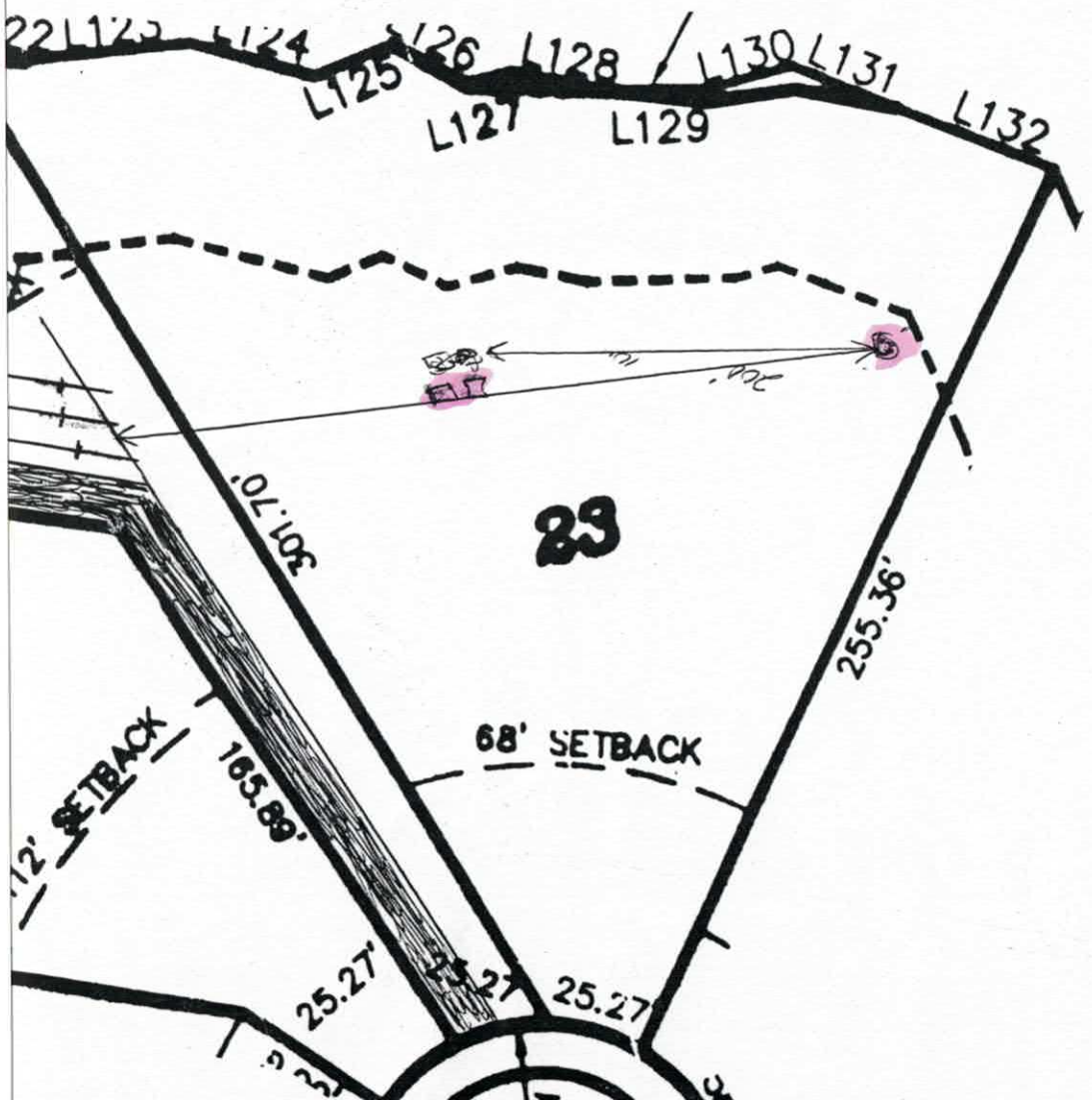
Signed: _____ date 12-21-99 Installed by: _____

Improvement Permit by: _____ date 12-21-99 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

TOPO IN
TANK AREA



IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086080 PIN# 4639734457 (pt.) DATE Dec. 20, '99

OWNER OR CONTRACTOR Crescent Resources Inc. PHONE: Business Home

ADDRESS P.O. Box 1003, Charlotte

LOCATION State Park Rd. TL Morrison Farm Rd. TR April Rd. ATEND

SUBDIVISION Hawkers Bay BLOCK / SECTION LOT 24, 24A LOT AREA 60,044 + 24,325 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP Panel Black on site

Repair System Description: LP/PM Innovative on SFE 24A

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

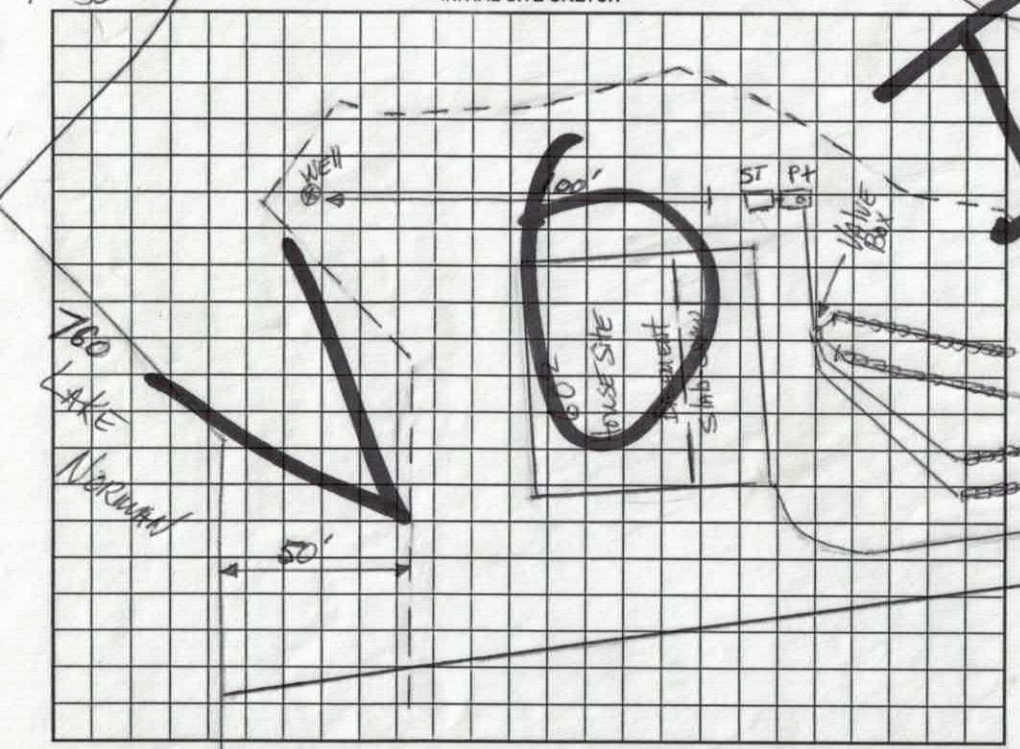
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Any Basement plumbing will require thouse of an in house (floor) pump to lift to main level plumbing in order to maintain 100' from well to septic tank & pump tank

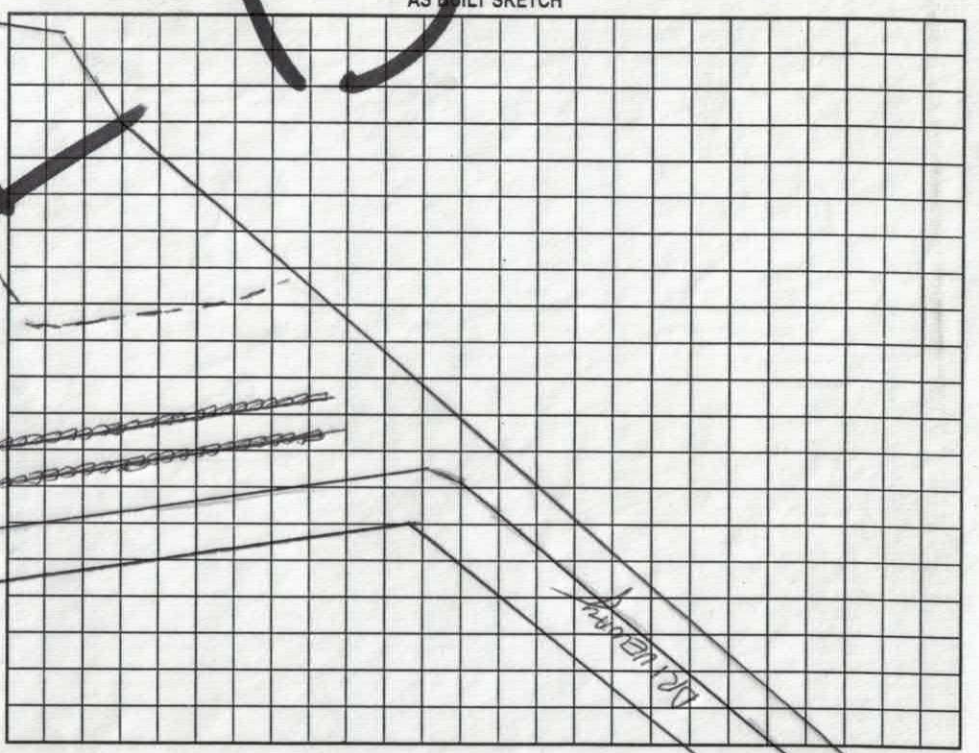
Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



VOID

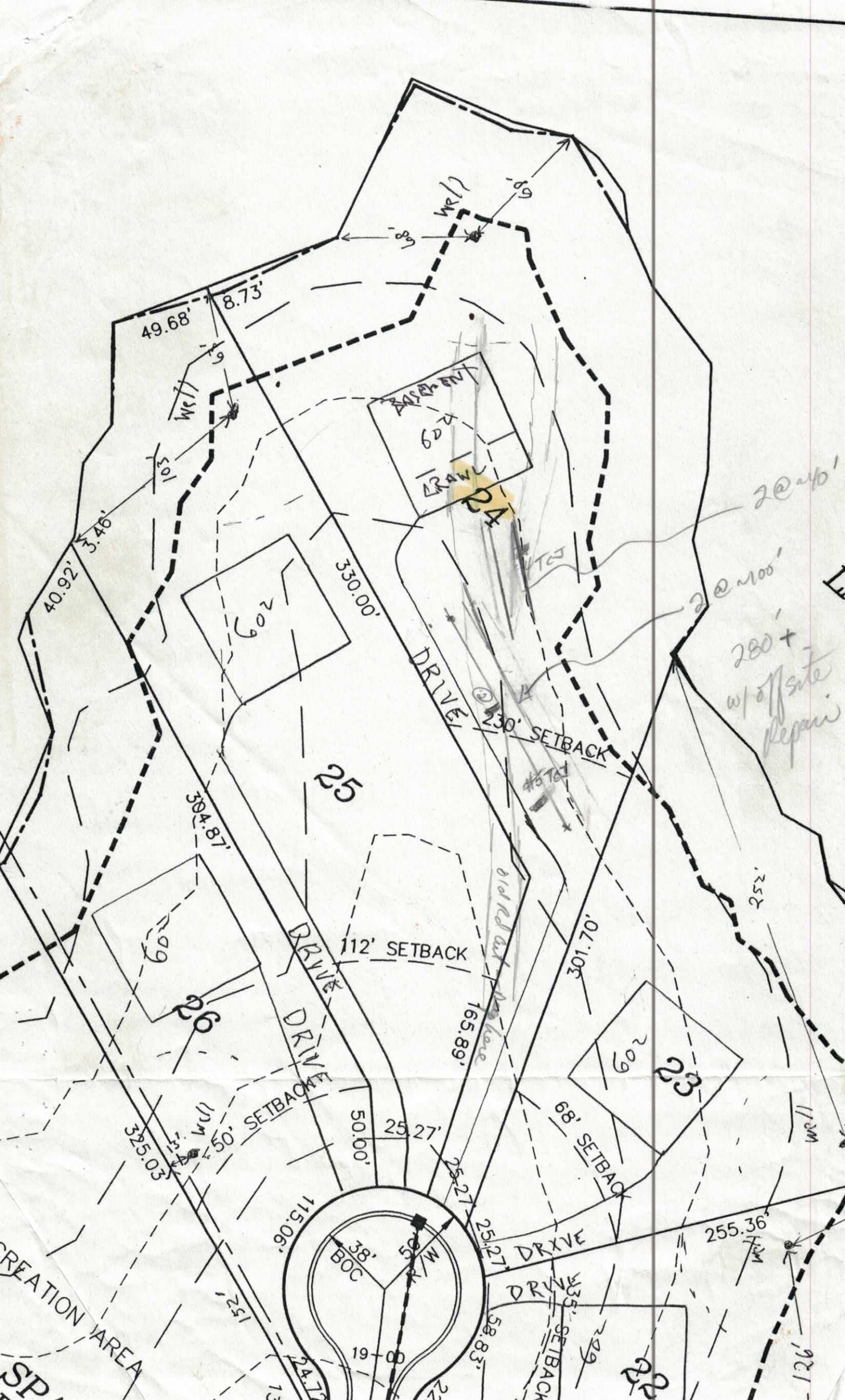
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan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

Signed: date 12-21-99 Installed by:

Improvement Permit by: Wayne Thomson, RS date 12-20-99 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


well
49.68'
8.73'
well
3.46'
40.92'
330.00'
DRIVE
230' SETBACK
304.87'
112' SETBACK
DRIVE
DRIVE
165.89'
301.70'
50' SETBACK
325.03'
50.00'
25.27'
115.06'
38' BOC
50' R/W
19'-00"
68' SETBACK
DRIVE
255.36'
DRIVE
58.83'
SETBACK
CREATION AREA
24
25
26
23
22
602
609
2@40'
2@100'
280'+
w/ offsite
Repair

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRT APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 1/16-99

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

LOCATION OF SITE: Lot 24 Hawkes 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	TCJ #5	0-32	wksbk yr scl/cl few mi sp fr ss sp						PS .3
		32-57	wksbk mod rys/l sp	fr ss sp					
2		0-18	wk sbk ry l	fr ss sp					PS .3
		18-54	mfabk mod yrc	fr ss sp (end of pit)					
		(40-50")	few lamb sl sp ot gnatgrad						
		other end	sp @ 34" t						
3	#4 TCJ	0-19	wk sbk r scl	common mi sp fr ss sp					PS .4
		19-52	massive ry sp	fr ss sp					
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: _____

ON-SITE WASTEWATER SECTION

PROPERTY PID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CBL APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 4-17-99
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 3 CBS Hunters Bay PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

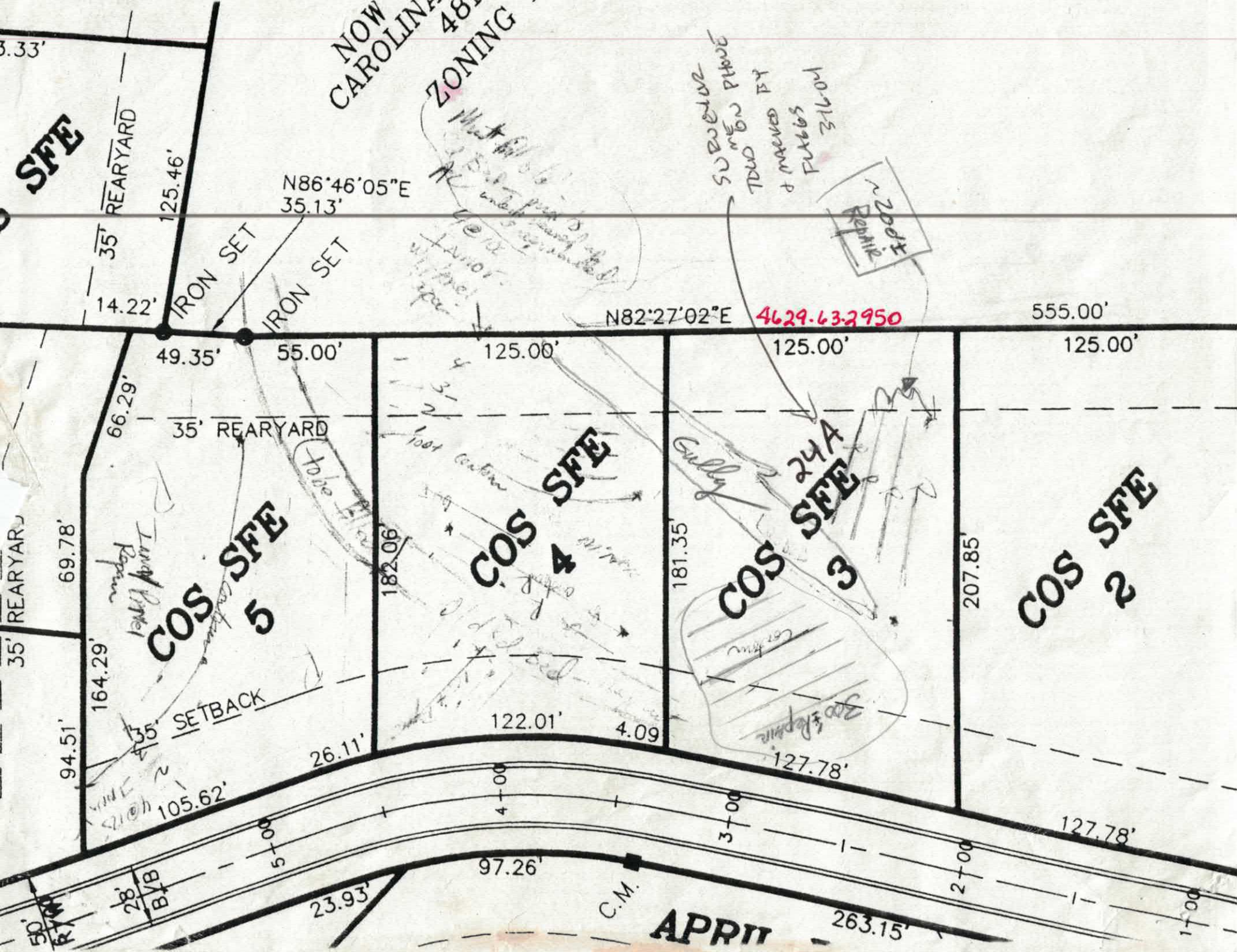
Rough topo on most of lot

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		0-4	fsm sl/sl	fr					PS .3
		4-28	sbk rc/cl	fr sp-sssp					
		28-42	wk fsbk/abk rcl	fw ml sp fi sssp					
		42-54	15% w/fsbk rbrn, y brn L com ml sp fi sssp						
2		0-8	gr sl sand	fr					PS .3
		8-29	m fsbk rc	fr ss					
		29-52	msbk yel cl	fr sss sp fw ml sp					
3									
4									

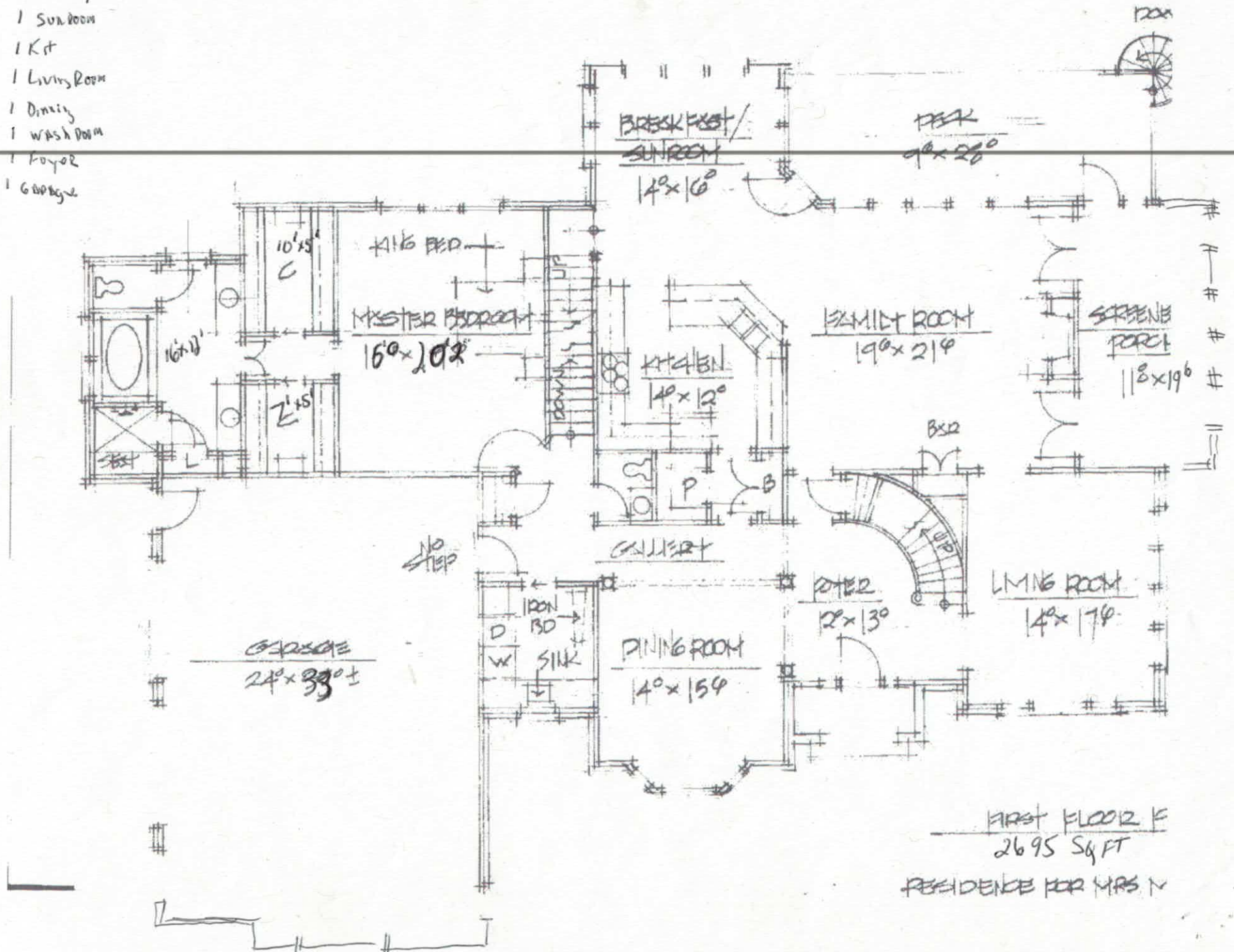
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____


N86°46'05"E
35.13'
IRON SET
IRON SET
14.22'
35' REARYARD
125.46'
N82°27'02"E
555.00'
49.35'
55.00'
125.00'
125.00'
125.00'
66.29'
35' REARYARD
69.78'
164.29'
35' SETBACK
94.51'
105.62'
182.06'
181.35'
207.85'
122.01'
4.09
26.11'
127.78'
127.78'
97.26'
23.93'
263.15'
COS SFE 5
COS SFE 4
COS SFE 3
COS SFE 24A
COS SFE 2
SFE
REARYARD
35'
C.M.
APPR

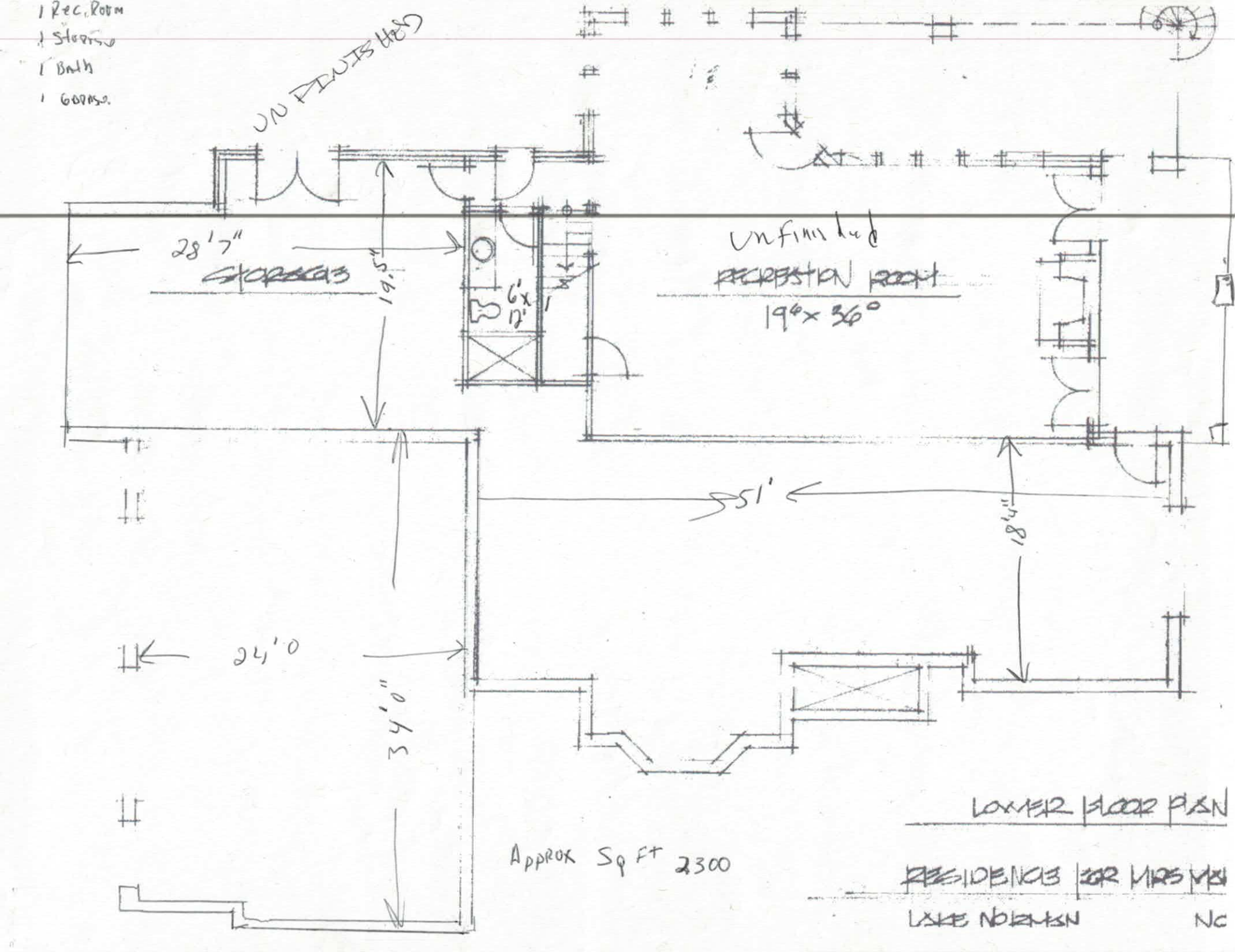
1 Bedroom
2 Bath
1 Family
1 Sunroom
1 Kit
1 Living Room
1 Dining
1 Wash Room
1 Foyer
1 Garage



FIRST FLOOR E
2695 SQ FT

RESIDENCE FOR MRS M

1 Rec. Room
1 Storage
1 Bath
1 Garage



Approx Sq Ft 2300

LOWER FLOOR PLAN

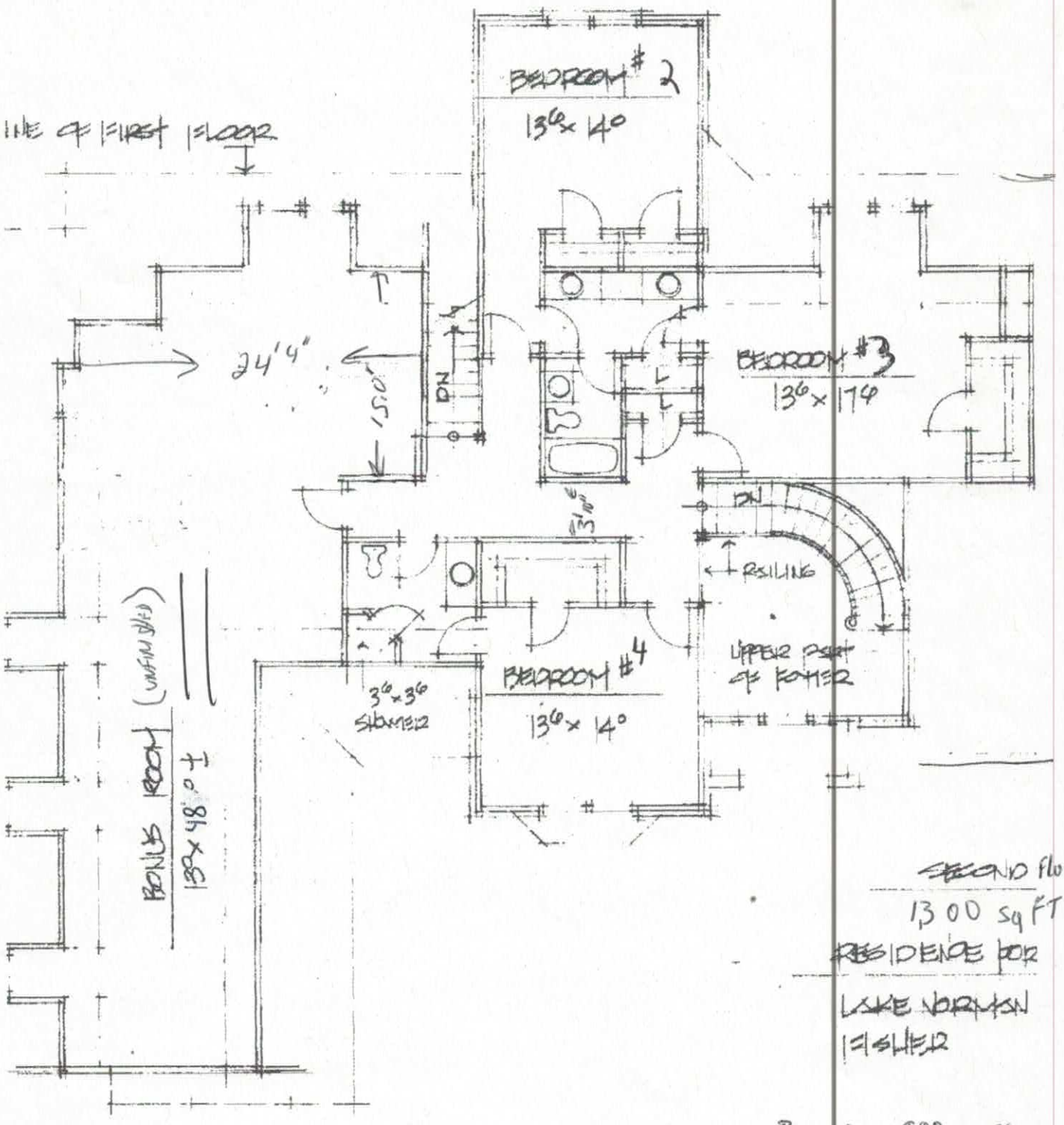
RESIDENCE FOR MRS MS

LAKE NORMAN NC

3 BEDROOM

2 BATH

1 BONUS



SECOND FLOOR

1300 SQ FT

RESIDENCE FOR

LAKE NORMAN

ISLAND

BONUS 980 SQ FT

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: 086080 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: APRIL RD

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

Subdivision/MHP: HAWLES BAY Lot #: 24 Lot Size: 60044

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: F35 S15 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 MORRIAON FARM,R APRIL, AT END

Staff: RAM Date: 10/27/99

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: