IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119229 PIN# 4629-69-0818 DATE 3/25/04

OWNER OR CONTRACTOR Rion Homes (Nicole Goolsby) PHONE: Business (704) 634-1488 Home (704) 895-8479

ADDRESS 19730 Charlestown Ln Cornelius 28031

LOCATION State Park Rd (L) Wildlife (R) Sierra Woods (L) Deer Run (R) Eagle Chase on (R)

SUBDIVISION Wildlife Bay BLOCK / SECTION I LOT 66 LOT AREA 1.03 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 7-18-04

Pump Tank: 1000 Gallons; PT 283 Date 5-11-04

Pump Make: ~~P.A.G.~~ Goulds Model ~~A.N.S.E.~~ 1HP 05011HH Serial No. ~~[illegible]~~

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240

No Lines 5 Trench Width 24" Max Trench Bottom Depth 30 Gravel Depth 24" Sand

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

System Description: LP Panel 50% Red.

Repair System Description: LP Panel 50% Red.

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

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

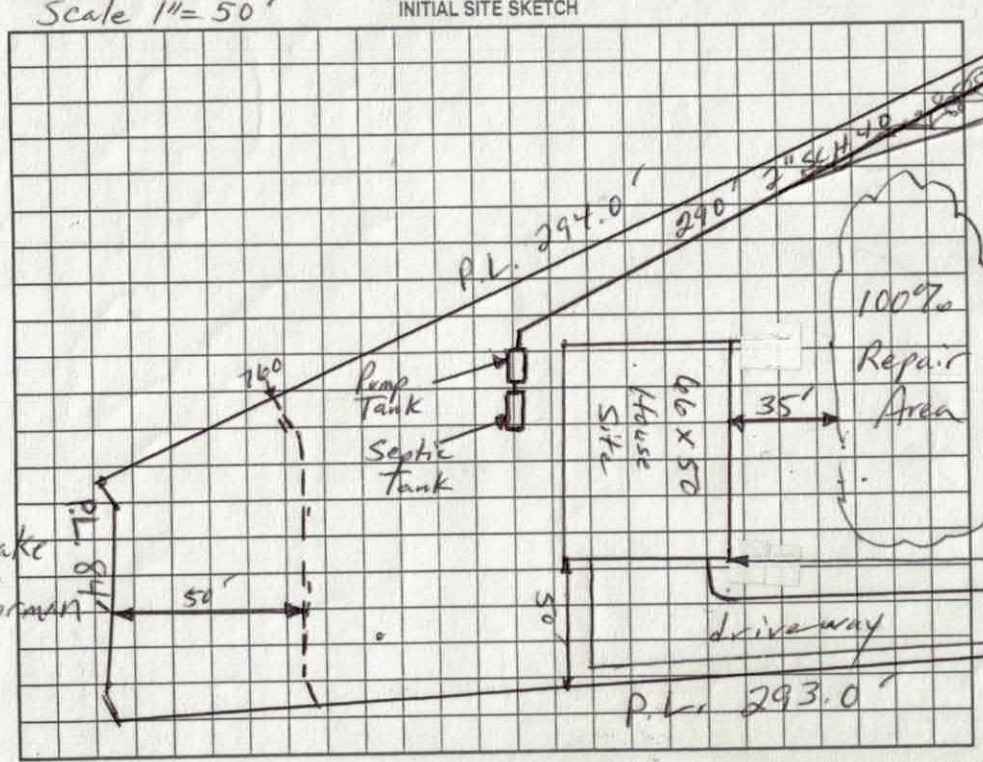
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: (1) Install lines @ 30" on contour and according to sketch (2) Must pack and fill rill gullies (3) Maintain all setbacks (4) Install tanks as shown on sketch.

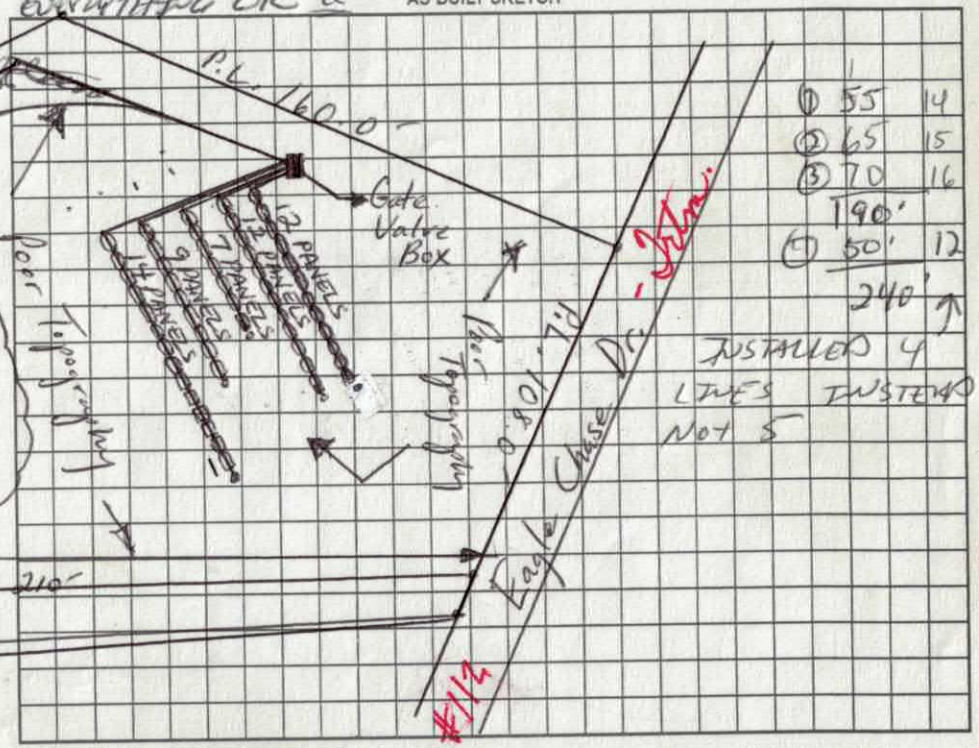
Comments:/Conditions: SYSTEM 10'4 OFF MARKED P/L & SUPPLY 5' OFF DOLYLON FILTER & ADAPTERS MARKED P/L NEEDS PRESSURE & ELECTRICAL V'D ELECTRICAL & PRESSURE, USED 54 GAL SUMP PUMP EVERYTHING OK LC

Scale 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



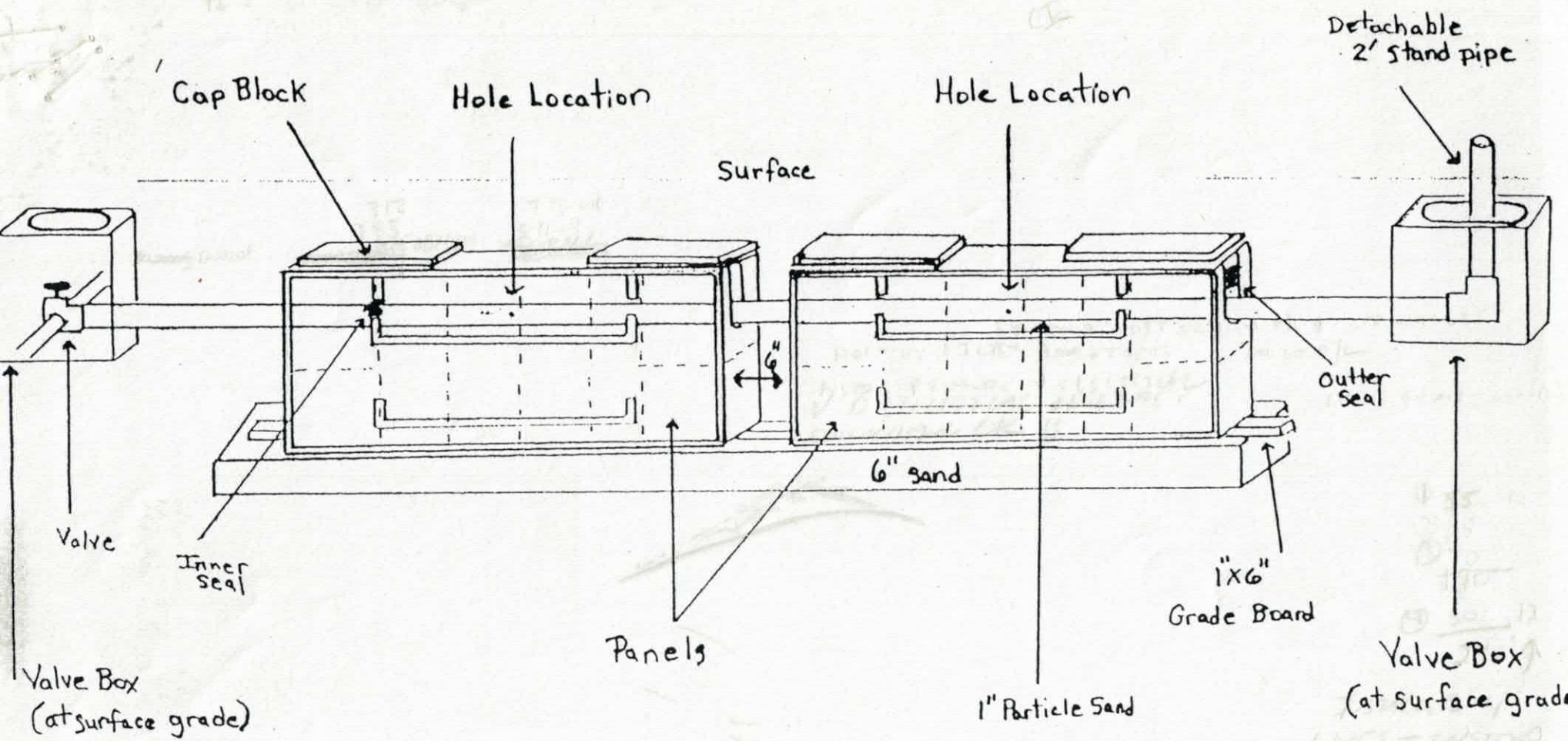
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan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

Signed: Nicole R. Goolsby date 4-2-04 Installed by: ABERNATHY

Improvement Permit by: Christopher M. Sheild, RS date 3-25-04 Operation Permit by: [signature] RS date 9-30-04

Authorization to Construct by: Christopher M. Sheild, RS date 3-25-04 Existing System Inspection by: ____ date ____

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



Pressure Dosed PPBPS

of panels 55.
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed 40 Tons
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 33.
TDH 43'.

Comments

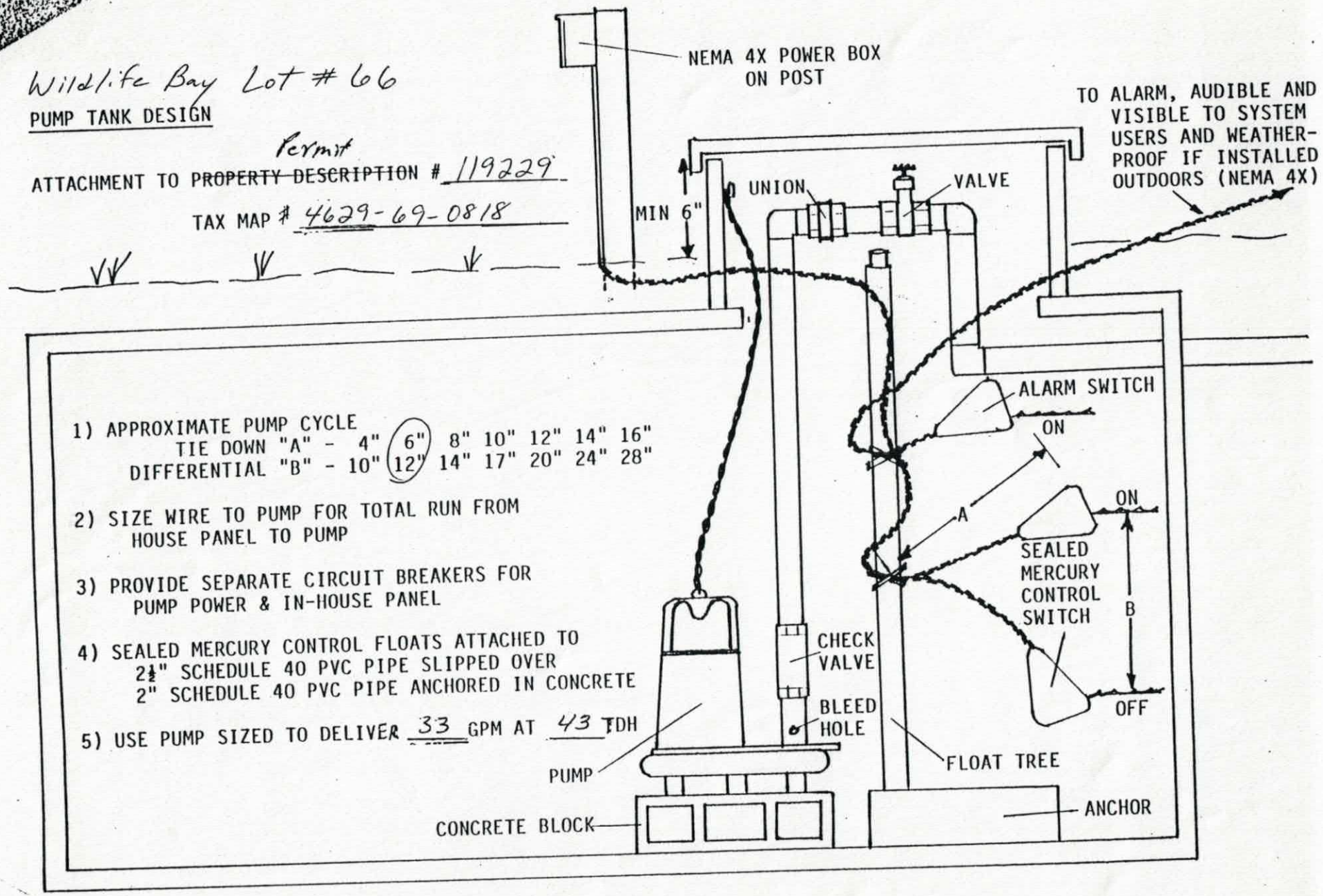
Wildlife Bay Lot # 66
Permit # 119229
Pin # 4629-69-0818

Wildlife Bay Lot # 66

PUMP TANK DESIGN

ATTACHMENT TO ~~PROPERTY DESCRIPTION~~ Permit # 119229

TAX MAP # 4629-69-0818



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" (6") 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" (12") 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 33 GPM AT 43 TDH

DEPARTMENT OF ENVIRONMENT, HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

4629-69-0818

PROPERTY ID #:
COUNTY: Ire

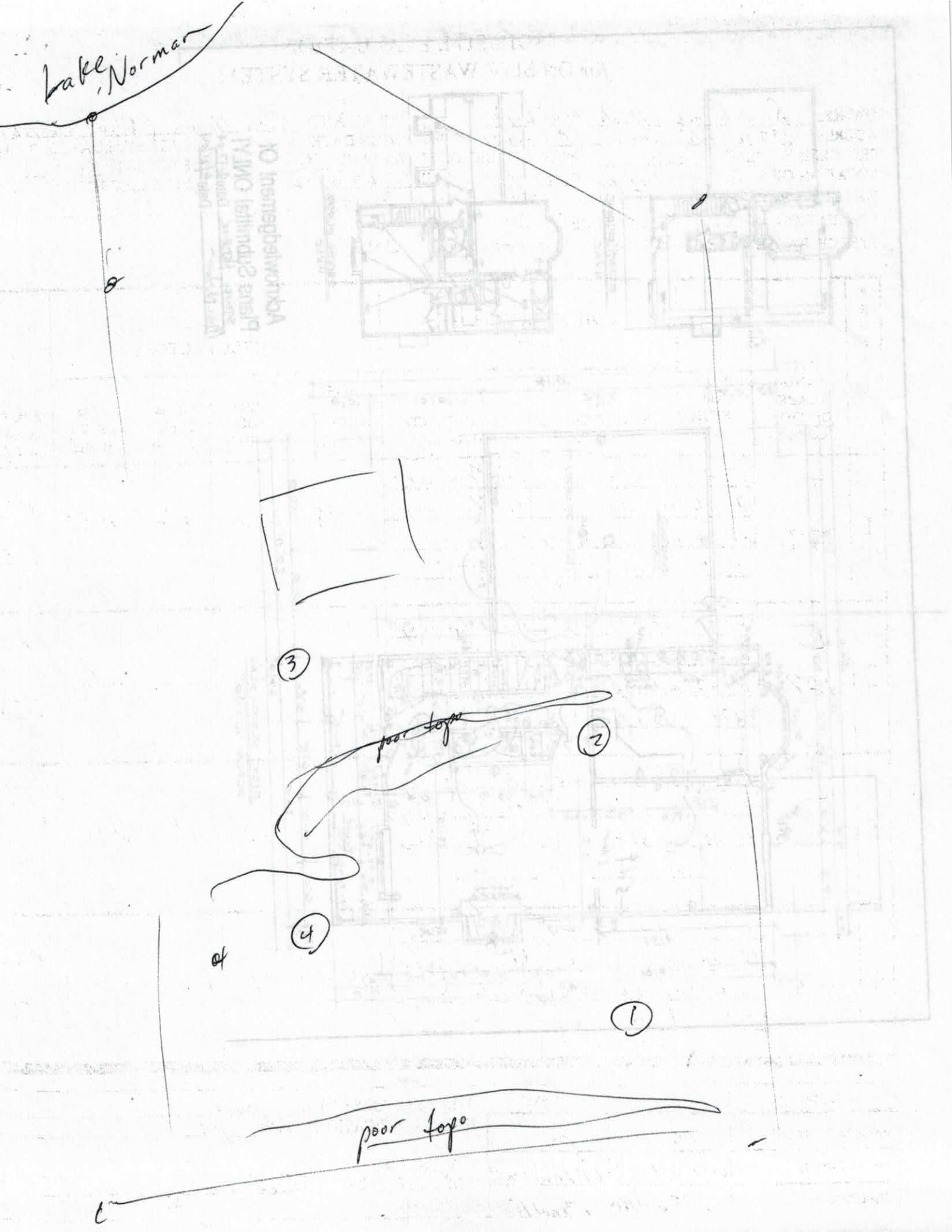
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeffrey Pelchat
APPLICANT: Rion Homes (Nicole Goolsby)
ADDRESS: 19730 Charlestown Ln Cornelius 28031
APPLICATION DATE: 2-19-04
DATE EVALUATED: 3-24-04
PROPOSED FACILITY: 3br
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.03
LOCATION OF SITE: State Park Rd © Wildlife ® Sierra Woods © Deer Run
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	PROFIL CLASS & LTAR
1	T 3%	0-2	wk sbk scl	vfr ss/sp sexp	>42	42	n/a	n/a	ps .3
		2-26	mo sbk c	fr s/p sexp					
		26-42	mo sbk c+sap	fr s/p sexp					
		42+	sl m sap	—					
2	L 12%	0-6	wk sbk scl	vfr ss/sp sexp	>42	42	n/a	n/a	ps .3
		6-30	mo sbk c	fr s/p sexp					
		30-42	mo sbk c+sap	fr s/p sexp					
		42+	sl m sap	—					
3	L 17%	0-6	wk sbk scl	vfr ss/sp sexp	>42	42	n/a	n/a	ps .3
		6-30	mo sbk c	fr s/p sexp					
		30-42	mo sbk c+sap	fr s/p sexp					
		42+	sl m sap	—					
4	L 9%	0-5	wk sbk scl	vfr ss/sp sexp	>42	42	n/a	n/a	ps .3
		5-26	mo sbk c	fr s/p sexp					
		26-42	mo sbk c+sap	fr s/p sexp					
		42+	sl m sap	—					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	ps	ps
System Type(s)	LP Panel/50%	LP Panel/50%
Site LTAR	.25 gpd/ft²	.3 gpd/ft²

OTHER FACTORS (.1946): none
SITE CLASSIFICATION (.1948): ps
EVALUATED BY: CS
OTHER(S) PRESENT: Nicole Goolsby


Lake Norman
poor topo
poor topo

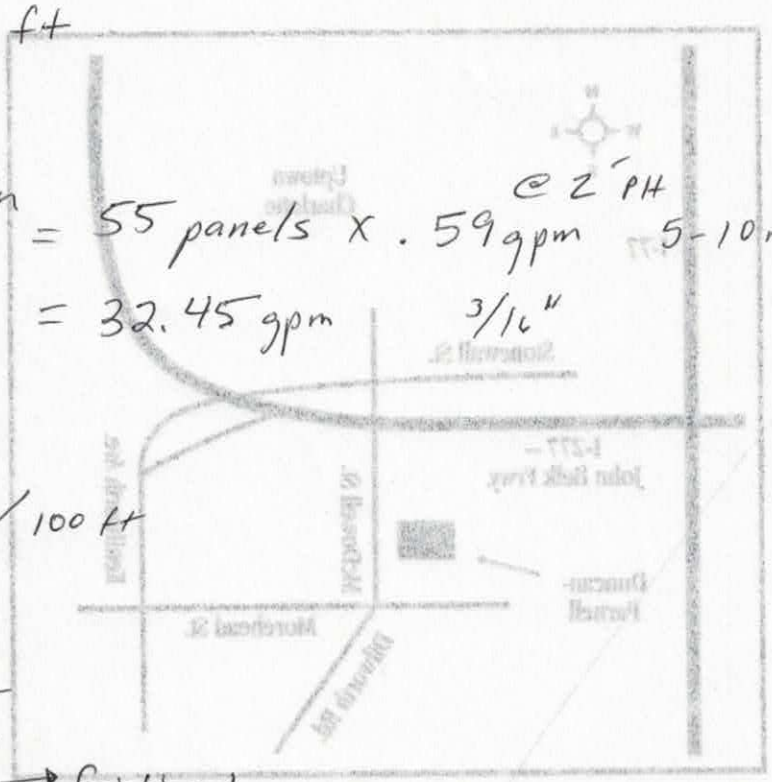
EH + FH + PH

22 + 5 + 2 = 29 + 14 = **43 TPH**

FH

240 lin ft
× 12 in
2880 in

2880 in / 52 = 55 panels × .59 gpm @ 2' PH 5-10 min run time
= 32.45 gpm 3/16"



2.05 / 100 ft
+ 2.05
4.10
× 1.845
7.56 → friction loss

8.9 × 1.3 → fittings

9.8 + 4.1 = 13.93 or **14' loss in 290' supply**

TIE-DOWN DIFF

6.53 MIN × 32.45 GPM = 212 min / 22 gpi = **9 IN**

6.53 × 22 GPM = 144 / 22 = **7 IN**

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
Nicole Goolsby	704-634-1488	19730 Charles Towne Ln	Cornelius	NC	28031

Current Property Owner	Mailing Address	City	State	Zip Code
Jeffrey Pelchat	116 Eagle Chase Ln	Troutman	NC	28166

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Wildlife Bay	66		~~1152~~

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
community well		4629-69-0818

Specific Directions to Property State Park Rd, left on Wildlife Rad. Rt on Sierra Woods, left on Deer Run, Rt on Eagles Chase Lot on right side of road

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2.5

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

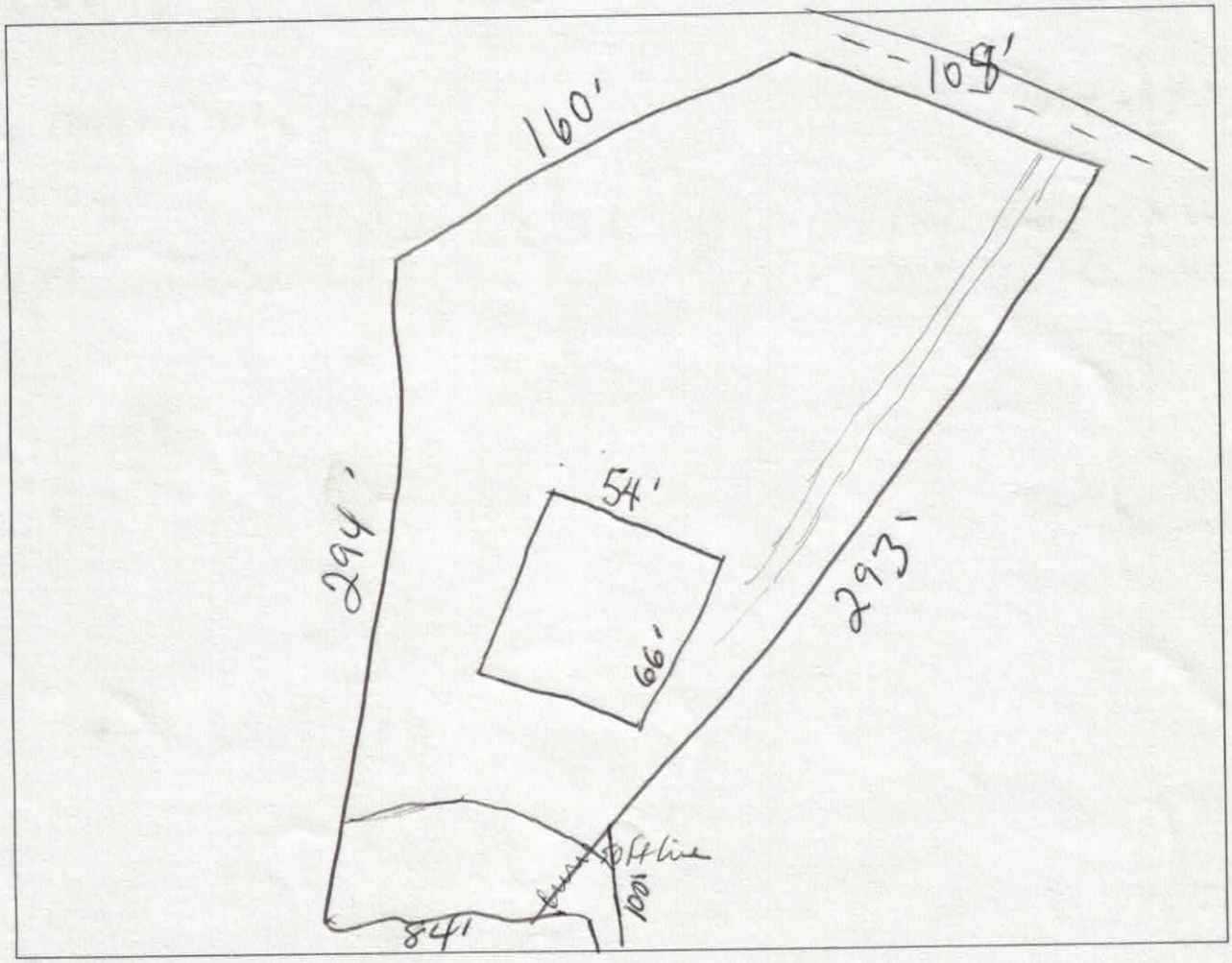
2/19/04 DATE Nicole C. Goolsby SIGNATURE OF OWNER/AUTHORIZED AGENT

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.

2/19/04 Date Nicole R Sobby SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 074581 PIN# 4639734555C PT

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 663-6900

ADDRESS P.O. Box 1063 Charlotte NC 28201

LOCATION State Park Rd 7, Wildlife Rd to Sierra Ct Dr. E

SUBDIVISION Lakeside Bay BLOCK / SECTION 1 LOT 66 LOT AREA 49404 SITE CLASS. 5

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 300

No Lines 4 at 100' 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-PM - 25% Reduct

Repair System Description: Pump-PM - Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Slab ☐ Crawl Space

Comments/Conditions: Keep Septic System at least 10' from PL & 50' from lake

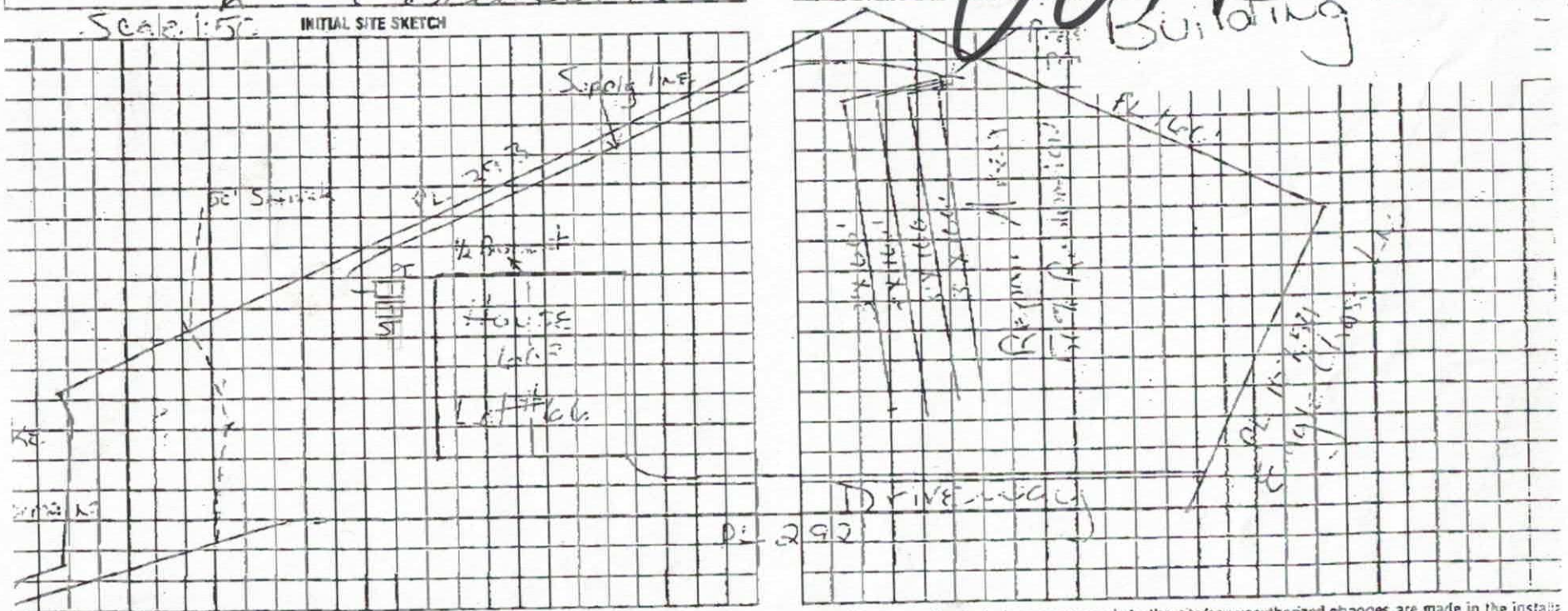
4 Bedrooms

Comments/Conditions:

Improvement Permit Only, Do not issue Building Permit

VOID

Scale 1:50 INITIAL SITE SKETCH



I understand that this 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 installa on 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 – Go exceed sixty months.

Signed: ____ date 10-5-98

Improvement Permit by: ____ date 9/15/98

Authorization to Construct by: ____ date ____

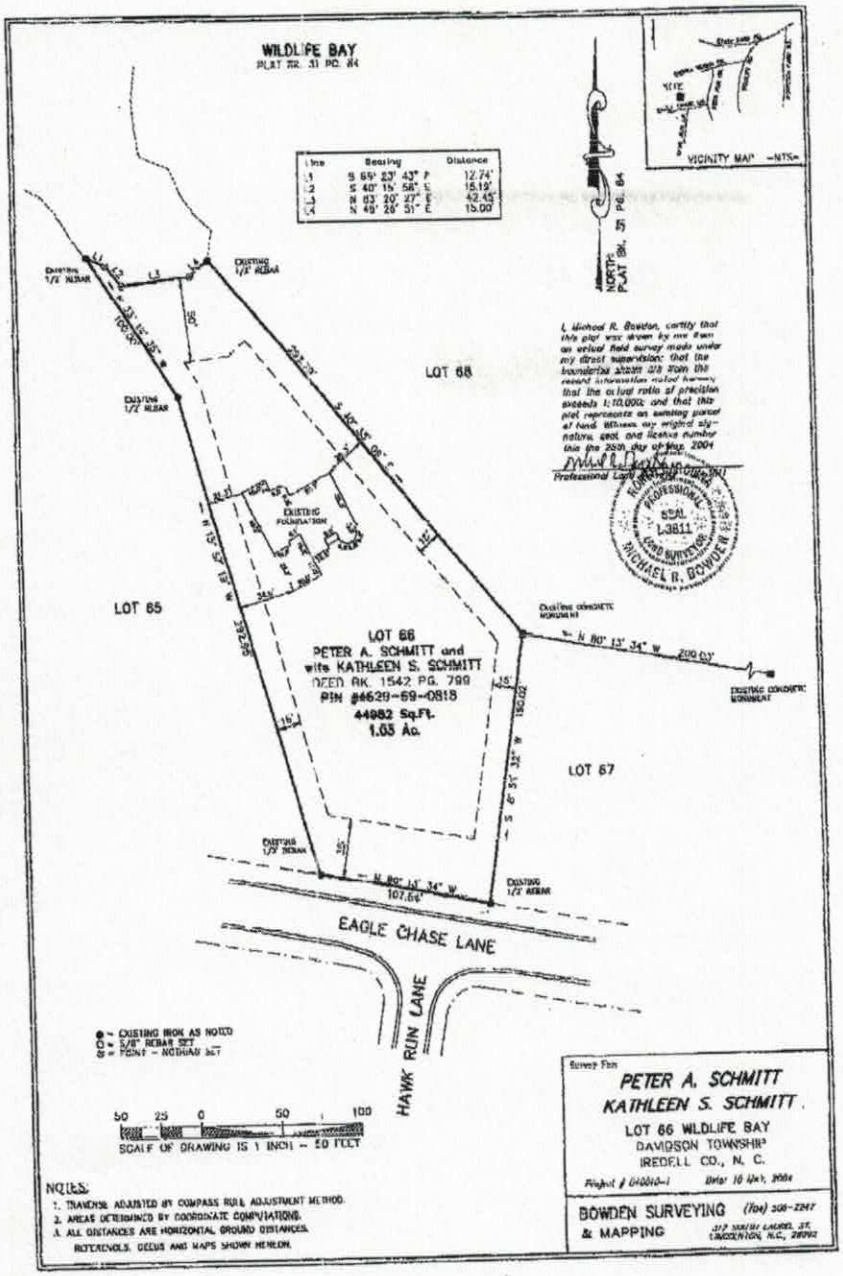
Installed by: ____

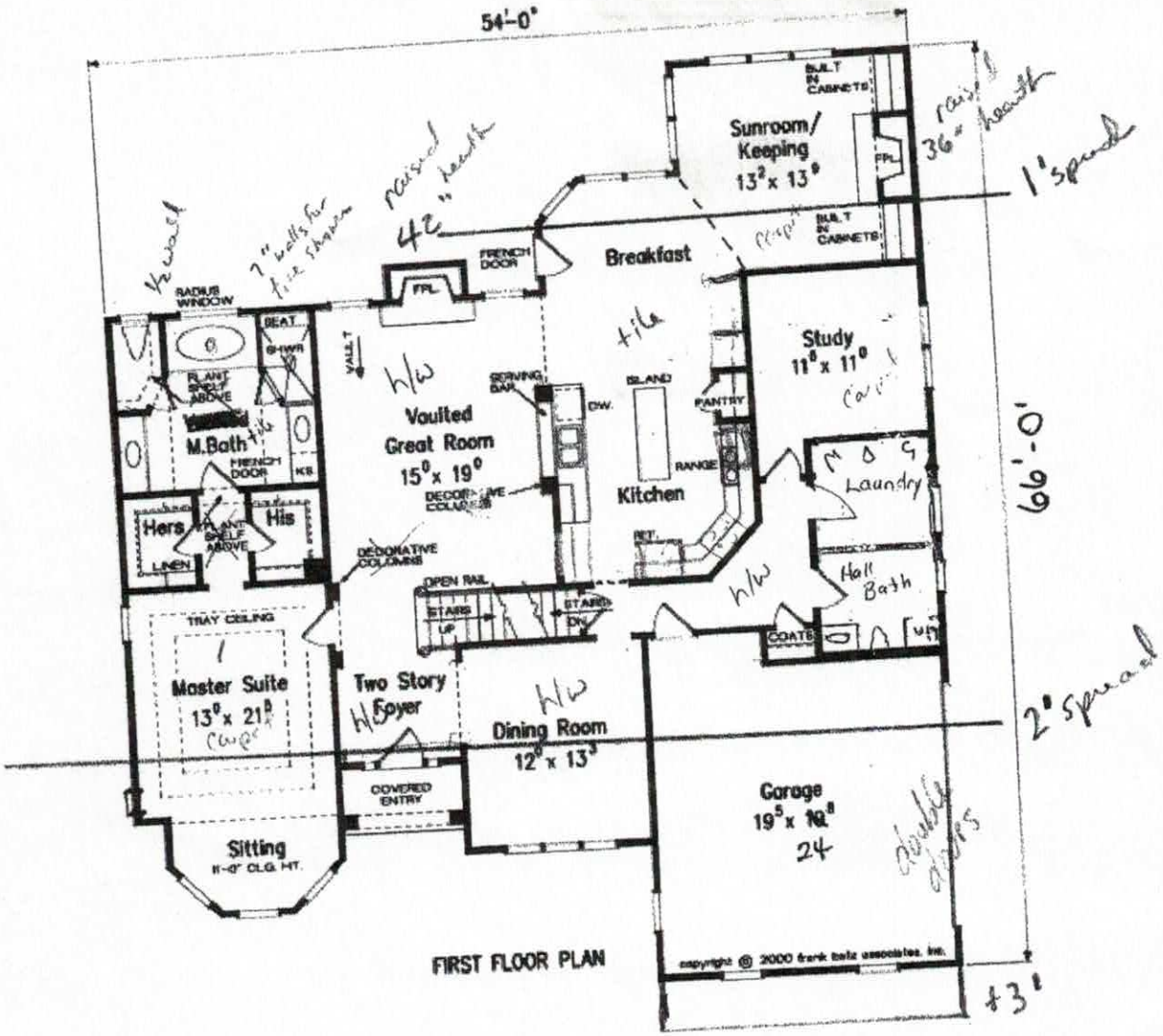
Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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

12/11/2003 14:12 7046629024 PAGE 02/02


WILDLIFE BAY
PLAT BK. 31 PG. 84
VICINITY MAP -NTS-
NORTH PLAT BK. 15 PG. 84
LOT 68
LOT 65
LOT 67
LOT 66
PETER A. SCHMITT and wife KATHLEEN S. SCHMITT
DEED BK. 1542 PG. 799
PIN #4629-69-0818
44982 Sq.Ft.
1.03 Ac.
EXISTING FOUNDATION
EXISTING CONCRETE MONUMENT
EXISTING 1/2" REBAR
EAGLE CHASE LANE
HAWK RUN LANE
● = EXISTING IRON AS NOTED
○ = 5/8" REBAR SET
⊙ = POINT - NOTHING SET
50 25 0 50 100
SCALE OF DRAWING IS 1 INCH = 50 FEET
NOTES:
1. TRAVERSE ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
2. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
REFERENCES, DEEDS AND MAPS SHOWN HEREON.
PETER A. SCHMITT
KATHLEEN S. SCHMITT
LOT 66 WILDLIFE BAY
DAVIDSON TOWNSHIP
IREDELL CO., N. C.
BOWDEN SURVEYING & MAPPING
(704) 528-2247



Plan will be reversed on the lot so driveway remains on left side

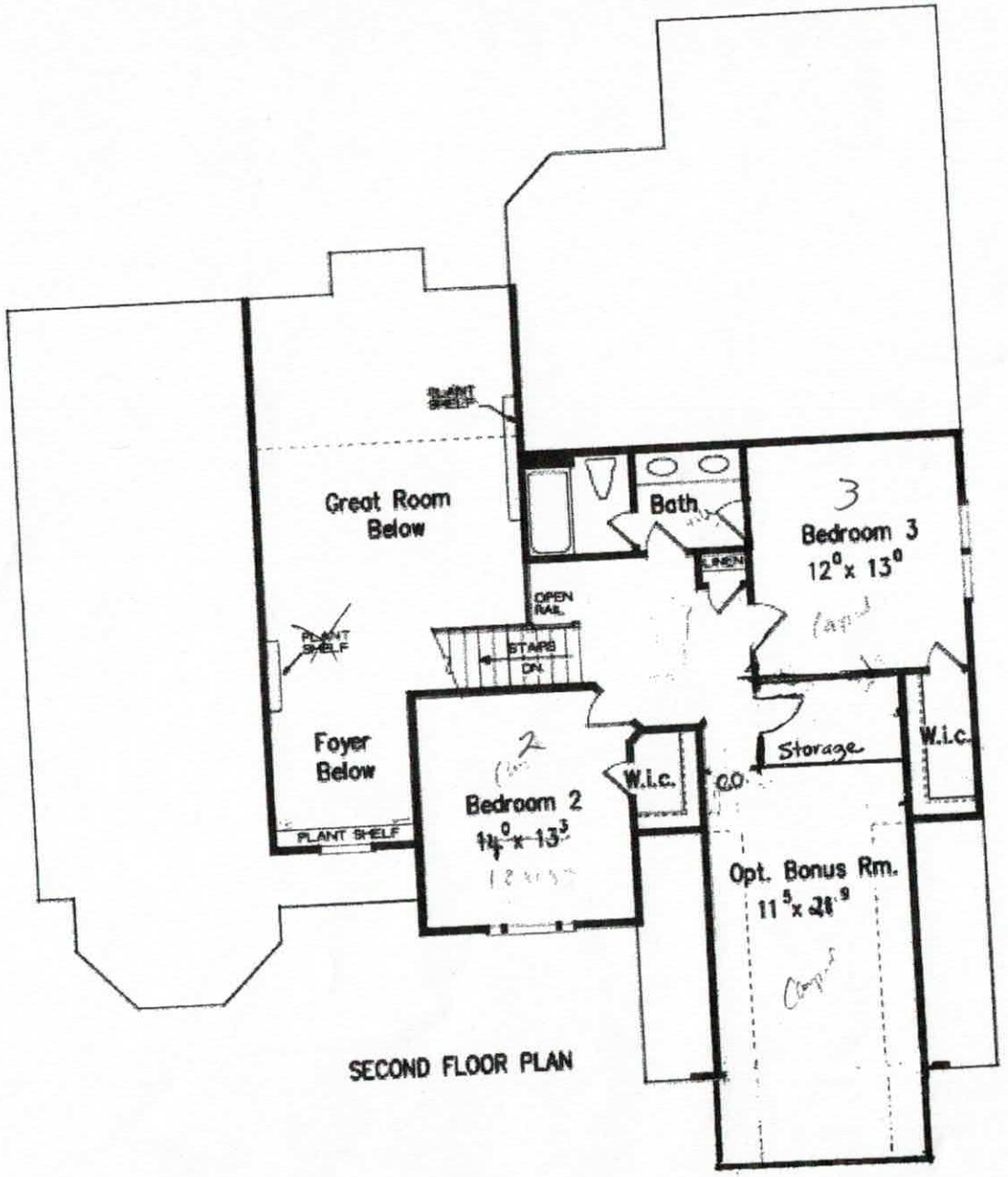
Acknowledgement Of
Plans Submittal ONLY!

Christopher M. Shanklin Date 3-25-04

Nicole R. Dooley Date 4-2-04

1/27/2004

http://www.frankbetz.com/pimages/23ambrosefirst.gif



SECOND FLOOR PLAN

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 119229ZO
Proposed Use: Single Family
Location of Property: 112 Eagle Chase Ln. Troutman NC 28166
Parcel #: 4629-69-0818
Lot #: 66 Size: 1.03
Applicant: Rion Homes (Nicole Goolsby)
Address: 19730 Charlestown Lane
Cornelius NC 28031
Phone: 704-895-8479
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Wildlife Bay
Township: 1500 Fallstown
Zoning: R20
Flood Plain: No Watershed: WSIV-CA
Owner: Jeffrey Pelchat
Address: 176 Eagle Chase Ln.
Troutman, NC 28166
Phone: 704-528-7888
Community Water: Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 90 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Directions:
State Park Rd South, left on Wildlife Rd, right on Sierra Woods, left on Deer Run, right on Eagles Chase, on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL

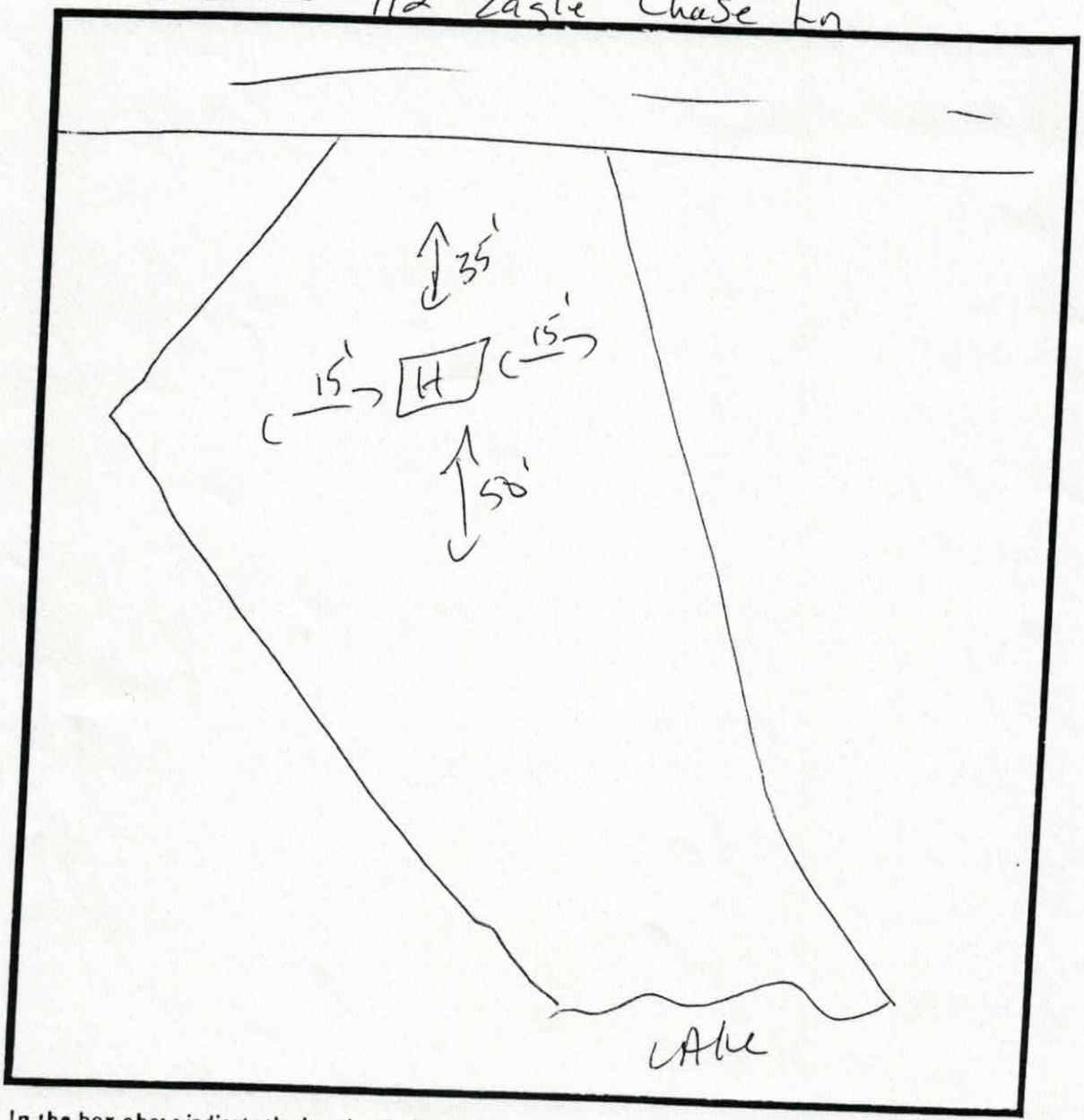
Printed: 2/19/2004

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Nicole R. Soolsby Koon Homes 2/19/04

Applicant **Date**

STREET NAME 112 Eagle Chase Ln



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distance to any other building's or structure/s on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.