IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 044876 / 134692 PIN# 4639-73-4550 (PT) 4629 69 4523 DATE 05/01/03

OWNER OR CONTRACTOR SCOTT BROERMAN Pride Homes PHONE: Business Home 704-838-7055

ADDRESS ~~119 KESTREL DR~~ MOORESVILLE, NC 28117 4209 Barnwood Trail, Denver

LOCATION STATE PARK RD., (L) WILDLIFE, (R) SIERRA, (L) DEER RUN, 9th LOT ON LEFT.

SUBDIVISION WILDLIFE BAY BLOCK / SECTION I LOT 9 LOT AREA ~0.59 ACRES SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 3-14-06

Pump Tank: 1,000 Gallons; PT 17 Date 11-21-05

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ to 1,600 Linear Feet 280'

No Lines 4 @ 70' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: LOW PRESSURE, 50% REDUC.

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☒ Public ☒ Community

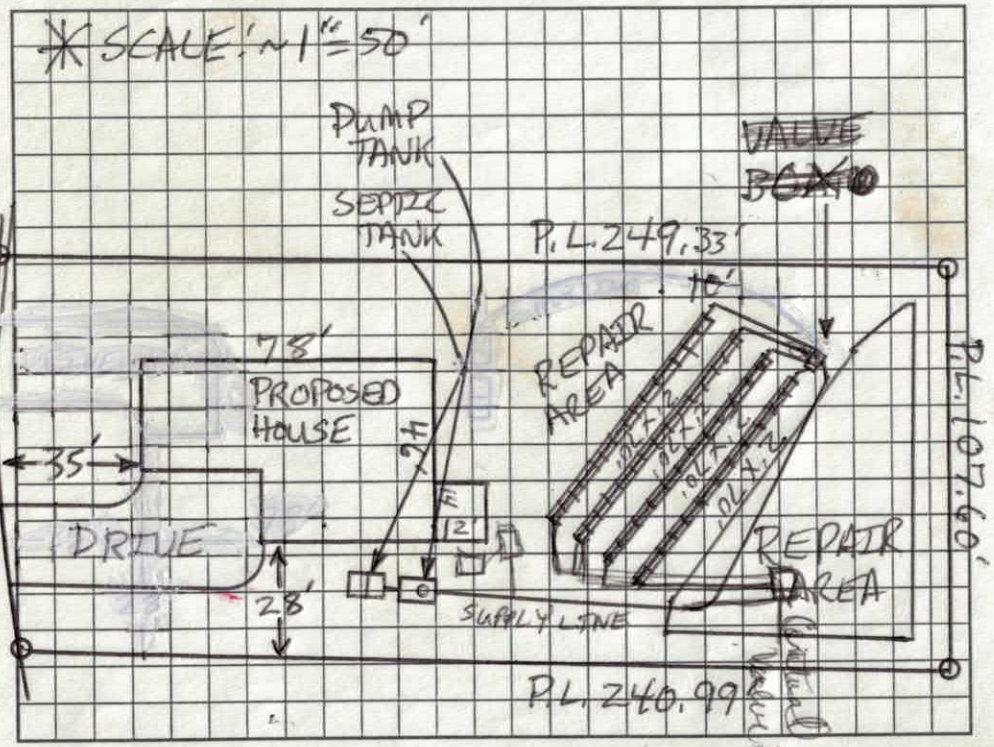
Comments:/Conditions: (1) INSTALL SYSTEM USING 16 PANELS PER LINE (USING 64 PANELS TOTAL TO EQUAL 280'), (2) CALL PRIOR TO INSTALLATION FOR SYSTEM TO BE REFLAGGED & FOR PUMP/LOW PRESSURE INFO. IF NEEDED; (3) 30" TRENCH BOTTOM

Comments:/Conditions:

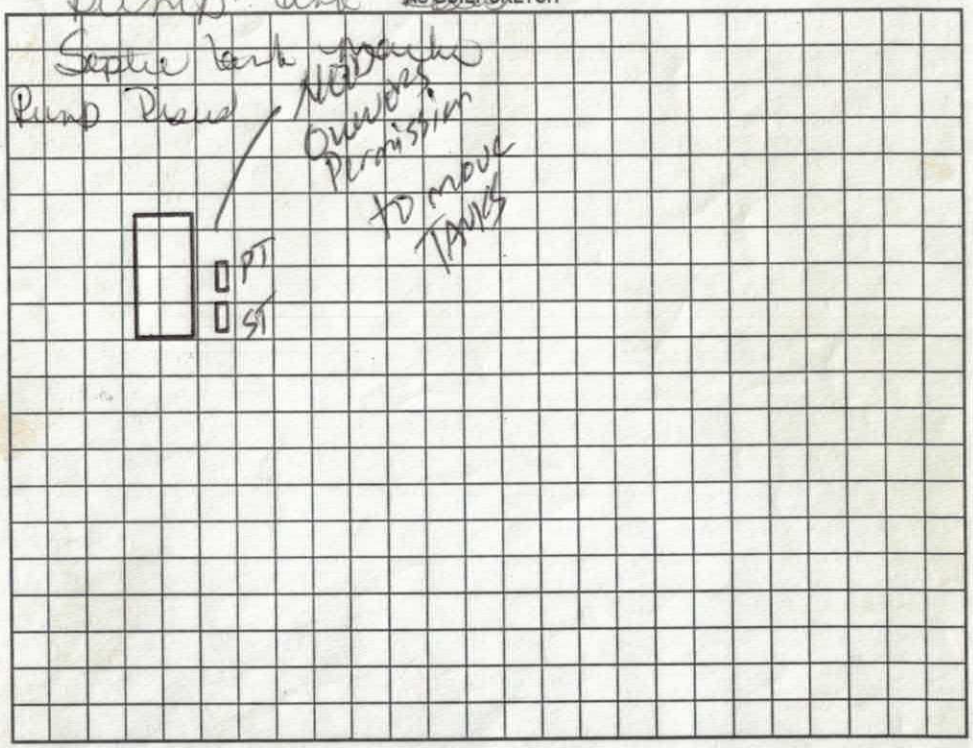
Symtec Filter Pump Tank

Yellow Sub Lateral Line

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: Scott M. Broerman date 5-2-03 Installed by: C & G GRADING

Improvement Permit by: Patrick Mitchell date 05/01/03 Operation Permit by: Rudy Cook date 10-27-06

Authorization to Construct by: Patrick Mitchell date 05/01/03 Existing System Inspection by: date

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRI APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 7/2/98

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

LOCATION OF SITE: Wild Tiger Bay Lot 9 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-6	SCL w SBK-GR FR						PS
		6-29	Rd C ABK SP, FI						
		29-42	Rd/pa CL, SOK SS, SP, FR w/ Inclus of SAP						,3
2		0-4"	Brw SCL						PS
		4-40	Rd C/CL m-w SBK FR SS, SP Few to Common Inclus of SAP						,3
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: _____

IREDELL COUNTY HEALTH DEPARTMENT

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Prido Homes Inc.	4207 Burnwood Trail Denver NC		704-489-9878

Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
145 Deer run	Wildlife Bay	Lot 9

Driving Directions: Hwy 21 Perth rd (Rt) (Rt) State Park rd (L) onto Wildlife rd (Rt) Sierra Woods (Left) Deer run

****

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

Maximum Number of Bedrooms 4
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 ___

****

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.

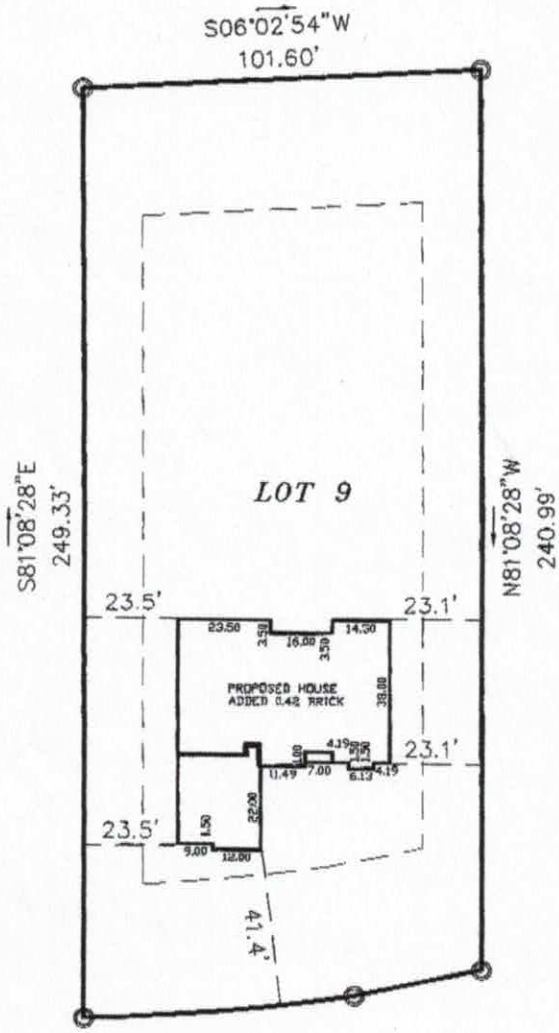
9. Signature: [signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-22-06
DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book_____, page_____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the _____, day of _____, A.D. 20_____.

WILLIAM M. ALLEN, PLS



PLOT PLAN SURVEY
OF
LOT 9, WILDLIFE BAY

SCALE 1" = 40'
ACQUIRED BY: PRIDE HOMES

FIELD BOOK:
FILE:
DC FILE:
TAX MAP NO:

APR 11 2006 05:48

GENERAL NOTES

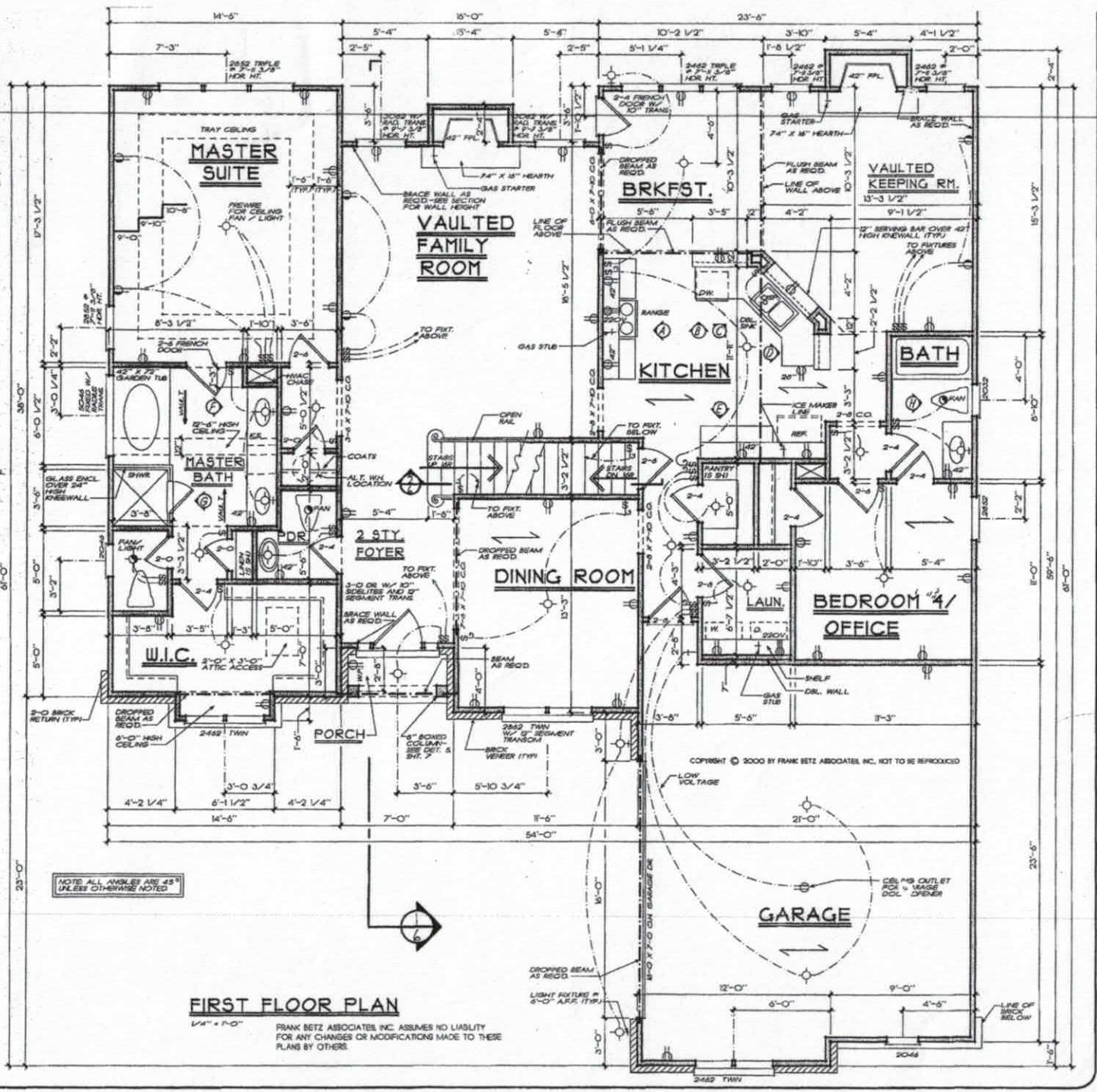
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS AND PARAVIA MFR.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODES) AND MUST REST ON UNDISTURBED SOIL CAPABLE OF SUPPORTING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL ENSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. IF BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL, REINFORCE AS PER CODE.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURING DUE TO A WIDE VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FROST LINE DEPTH, GEOLOGICAL AND WEATHER CONDITIONS, ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE STRUCTURE.
8. ALL WOOD, CONCRETE AND STEEL STRUCTURAL MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL, STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL COLUMNS OR SOLID FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND DOWN THRU THE LEVELS BELOW AND TERMINATE AT THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE OF CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

1. PROVIDE PURLINE AT MID HEIGHT OF ALL WALLS.
2. ALL JOISTS AND RAFTERS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 3"-2x10's WITH 1/2" PLYWOOD FILLER/ PLATE UNLESS OTHERWISE NOTED.
4. FRAMER TO INSTALL DOUBLE FLOOR JOISTS UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
5. PROVIDE 2x4 CROSS BRIDGING AT MID POINT OF SPAN OR 8'-0" O.C. MAXIMUM IN ALL FLOORS.
6. ALL EXTERIOR CORNERS INSIDE AND OUTSIDE CORNERS SHALL BE BRACED WITH 1/2" CDX PLYWOOD SHEATHING SCHEDULE SHALL BE 8d COMMONS AT 6" O.C. AT ALL EDGES AND 8d COMMONS AT 12" O.C. AT ALL INTERMEDIATE STUDS (OPTION = APPROVED DIAGONAL CORNER BRACES BOTH DIRECTIONS AT ALL CORNERS.
7. ALL COLUMNS OR SOLID FRAMING SHALL EXTEND DOWN THRU ALL LEVELS AND TERMINATE AT THE BASEMENT FLOOR AND BE SUPPORTED BY A THICKENED SLAB, GRADE BEAM, OR FOOTING DESIGNED TO CARRY LOAD.
8. PROVIDE DOUBLE 2x6 STRONGBACK AT MID SPAN FOR CEILING JOISTS WITH SPAN GREATER THAN 10'-0".
9. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN RIDGE BOARD AND CEILING JOISTS AT 4'-0" O.C. MAXIMUM.
10. HIP, VALLEY RAFTERS, AND RIDGE BOARDS SHALL BE ONE "2x" SIZE LARGER THAN RAFTERS.
11. ROOF DECKING SHALL BE 1/2" CDX PLYWOOD MINIMUM.
12. WHERE PRE ENGINEERED FLOOR AND ROOF TRUSSES ARE USED, TRUSS MANUFACTURER MUST PROVIDE SHOP DRAWINGS WHICH BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED.
13. ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND TERMINATE AT BASEMENT FLOOR AND BE SUPPORTED BY THICKENED SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.
14. ALL BASEMENT WALLS, BEAMS, AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
15. ALL SOLID FRAMING, COLUMNS, BEAMS, ETC., TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
16. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS OTHERWISE NOTED.

SQUARE FOOTAGE		
FIRST FLOOR	1946	SQ. FT.
SECOND FLOOR	562	SQ. FT.
TOTAL	2508	SQ. FT.
OPT. BONUS ROOM	366	SQ. FT.
TOTAL	2874	SQ. FT.



NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED

FIRST FLOOR PLAN

1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

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HOMEPLANS

FIRST FLOOR PLAN

THE ASHWORTH

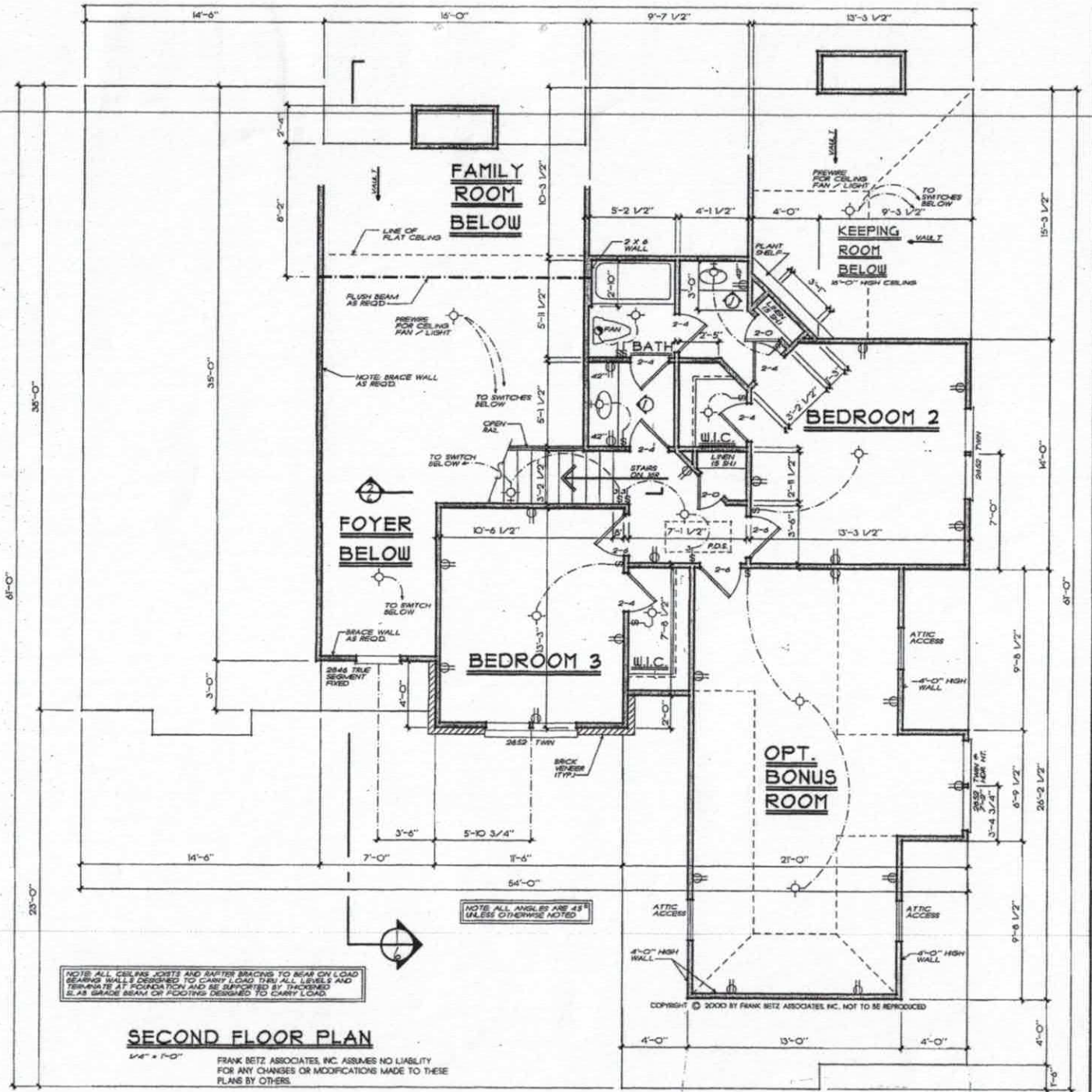
FBA
FRANK BETZ ASSOCIATES, INC.
3401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0888
www.frankbetz.com

BY: PLD CK: WMB

DATE: 05-23-00

SHEET 4 OF 7

TIME:9:03 AM DATE: 5-23-2000 PATHNAME: K:\BOOK22\ASHWORTH\2508ACAD.DGN



SECOND FLOOR PLAN

1/4" = 1'-0"

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DATE	BY	DATE	BY

HOME PLANS

SECOND FLOOR PLAN

THE ASHWORTH

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 850
SMYRNA, GEORGIA 30080
770-432-0888
www.frankbetz.com

BY PLD CK WMB

DATE 05-23-00

SHEET 5 OF 7

TIME: 7:44 AM DATE: 5-23-2000 PATH NAME: X:\BOOK22\ASHWORTH.SF\DWG\SDC5

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 #:	134692ZO	Subdivision:	Wildlife Bay
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	145 DEER RUN DR Troutman NC 28166		
Parcel #:	4629694523.000	Zoning:	R20
Lot #:	9 Size: 0.562	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Pride Homes, Incorporated	Owner:	JOHN R & SANDRA M MCCORMICK
Address:	578 Normandy Rd Mooresville NC 28117	Address:	108 DEER COVE LN TROUTMAN, NC 281660000
Phone:	704-664-1808	Phone:	
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	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: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

DEVELOPER PERMIT

Directions:

State Park Rd, left Wildlife, right Sierra , left Deer Run, property on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

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.

DEBBIE WILLIAMS Printed: 3/22/2006