Site address: 576 Morrison Farm Rd.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 325.00 MOORESVILLE 704-664-5281

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

PERMIT# 094568 PIN# ~~4629641771 PT~~ 4629-74-2827 DATE 9/17/01

OWNER OR CONTRACTOR PROVIDENCE DEV. GROUP PHONE: Business _____ Home _____

ADDRESS 6707 FAIRVIEW RD CHARLOTTE NC 28210

LOCATION PERTH RD (S) - TR STATE PARK - TL MORRISON FARM - ON RT. BEFORE SUNSET BAY DRIVE

SUBDIVISION SUNSET BAY BLOCK / SECTION _____ LOT 22 LOT AREA 49073 SITE CLASS. RS DESIGN FLOW 480 GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 1017 Date 2-6-06
Pump Tank: 1000 Gallons; PT 11 Date 2-1-05
Pump Make: GOULDS Model WE05511A Serial No. 5655 97599
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90' 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
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

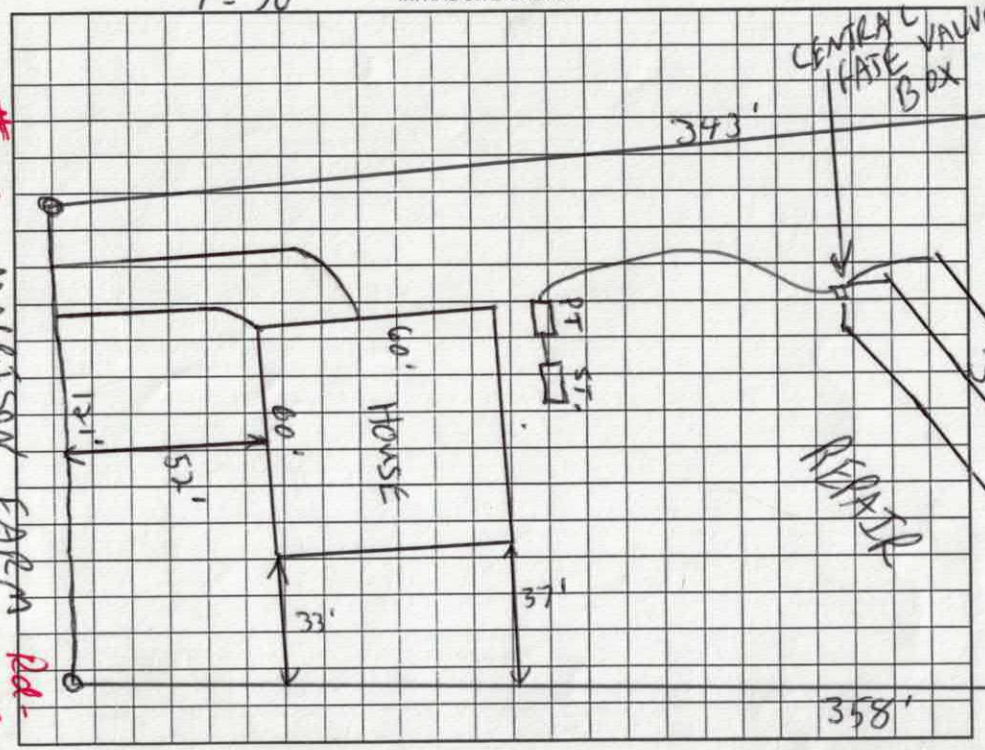
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

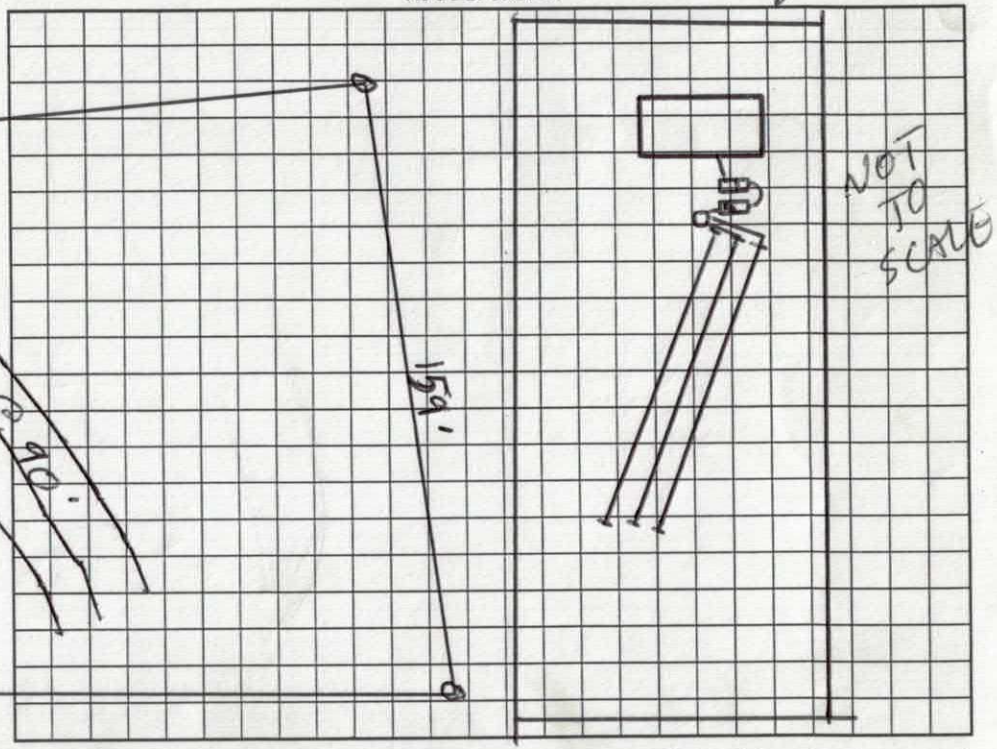
Comments:/Conditions: 60660681

Comments:/Conditions: Approved 56×53 House PLAN. 3 BEDROOM. SYSTEM SIZED FOR 4 BEDROOM SYSTEM. MAINTAIN SETBACKS. 6-7-06 BUILDER OK'S TANK CHANGES ☑ Glynn K Cook

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: _____ date 10-30-01 Installed by: C & S Grading

Improvement Permit by: _____ date 9/17/01 Operation Permit by: _____ date 7-5-06

Authorization to Construct by: _____ date 6-7-06 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK 539 5430

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
PROVIDENT DEV. GR.	663-6905	6707 FAIRVIEW SUITE B	CHAR	N.C.	28210
Same					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
~~Long Cove~~ SUNSET BAY	22		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Comm Well		4629-64-1771

Specific Directions to Property 150 W → Perth → STATE Park → (L) Morrison

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 _____ Basement with Plumbing _____

Crawl Space X 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.

2-22-2001 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Tot Sq ft
HLA 2710
Gar 491
Decks 337
3538

Acknowledgement Of
Plans Submittal ONLY!

Date 6-7-06

Date 6/7/06

Approved 3 BEDROOM PLAN
System Sized for 4 BEDROOM

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: 094568 Zoning Permit: X Improvements Permit: 1

Name: PROVIDENCE DEV Address: 6707 FAIRVIEW RD

City: CHARLOTTE State: NC Zip: 282100000

Phone: 7046636905

Proposed Use: 01

PIN #: 4629641771 PT Zoning: R20 Township: 1700

Street Address: MORRISON FARM RD

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

Subdivision/MHP: ~~LONG COVE~~ SUNSET BAY Lot #: 22 Lot Size: 49073

Has Property been recorded? Y Community Water? N Sewer? N

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

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: PERTH,R STATE PARK,L MORRISON FARM,ON R B4 LONG CO

Staff: SBW Date: 02/09/01

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____
Owner: Agent: