IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281 JIM LAVIER

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

PERMIT# 117704 PIN# 4629-78-2986 DATE 2-12-04

OWNER OR CONTRACTOR WARREN GREENLEE PHONE: Business TEDDY 704-507-3873 Home 704-576-4800

ADDRESS 19300 STATESVILLE RD CORNELIUS NC 28031

LOCATION 21 SOUTH (R) PERTH (R) STATE PARK (L) WILDLIFE ON RIGHT BY LAST CURVE BY END

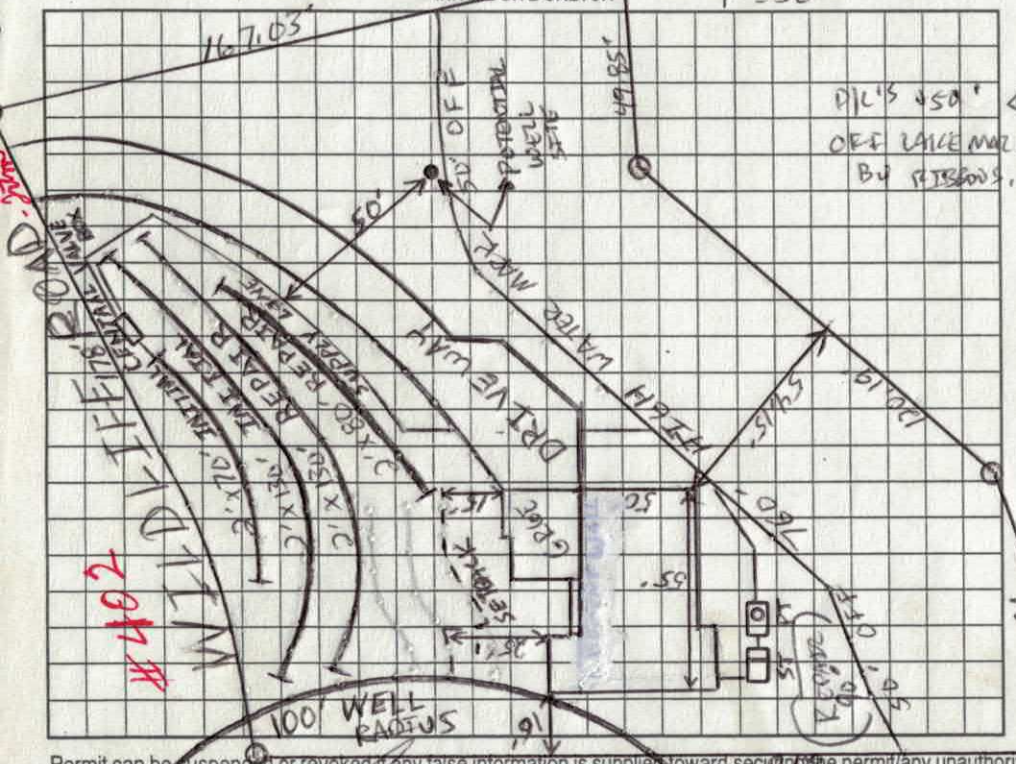
SUBDIVISION CRESCENT LANDING BLOCK / SECTION 18 LOT 801 LOT AREA .81AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-20-04	☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI	☒ House/Mod. Home	No. Bedrooms 3	Water Supply:
Pump Tank: 1000 Gallons; PT 37 Date 7-19-04	System Description: LP PANEL	☐ Mobile Home	No. Bathrooms 3 1/2	☒ Individual
Pump Make: myers Model OSE 5002-104 Serial No. 3180401	Repair System Description: LP PANEL	☐ Business	No. Employees	☐ Public
Nitrification Field: No Fields 1 Square Feet EW=1200 Linear Feet 200'	Maintenance Agreement Required: ☒ Yes ☐ No	☐ Other		☐ Community
No Lines 2 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A	☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing			

Comments:/Conditions: (1) SYSTEM + HOUSE ARE ENTIRELY FLAGGED OUT ON LOT (2) DRIVEWAY MUST NOT BE CUT. IT MUST REMAIN AT NATURAL GRADE OR THE REPAIR WILL NOT BE VALID. (3) SUPPLY LINE CROSSING UNDER THE DRIVE MUST BE DONE IN ACCORDANCE OR RULE 1950(C)(e).

(4) DO NOT CUT LOT FOR POSITIVE DRAINAGE REQMTS. KEEP HOUSE OUT OF THE GROUND + BACK FILL FOR POS. DRAINAGE. THIS CHANGES THE CUT SETBACK OF 35' to 15" FOR FILLING IT.

INITIAL SITE SKETCH 1" = 50'



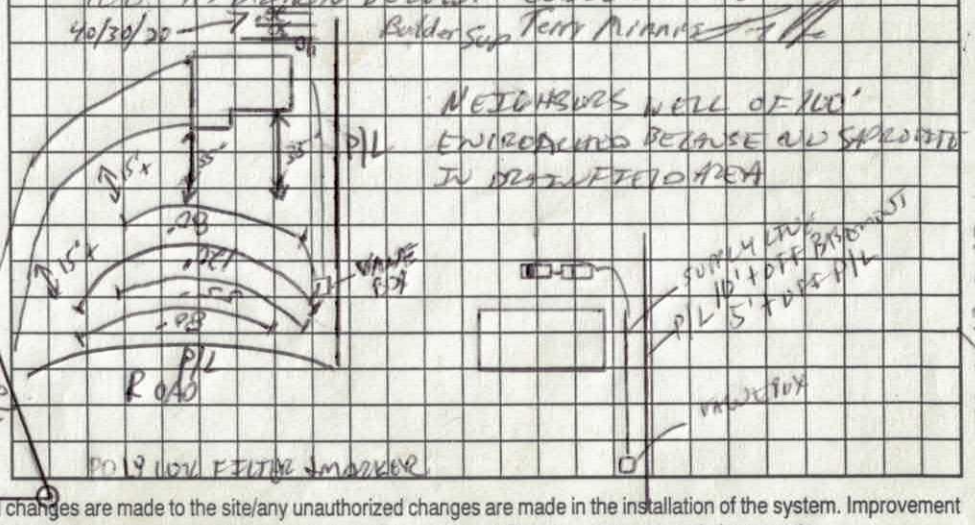
AS BUILT SKETCH

(5) THIS IS A LOW PRESSURE PANEL SYSTEM + A MAINTENANCE CONTRACT MUST BE EXECUTED BY OP IS SIGNED.

(6) NEEDS BACKFILLED SO LAST 2' OF DRIVE WILL BE 15' OFF CUT WENT + FLAGGED OUT SYSTEM BY INSTALLATION HOUSE + DRIVEWAY WAS NOT. CHANGES WERE MADE TO INSTALL + REPAIR TO GET TOTAL LENGTH OF 400'. AS SHOWN BELOW. CURVE LOOKS AS

40/30/20 Builder Sup Terry Nimmo

NEIGHBORS WELL OF 400' ENCROACHED BECAUSE OF SEPTIC IN DESIGNATED AREA



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 2-13-04 Installed by: STANLEY SEPTIC

Improvement Permit by: _____ date 2-12-04 Operation Permit by: _____ date 10-1-04

Authorization to Construct by: _____ date 2-13-04 Existing System Inspection by: _____ date _____

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

EVENTUAL I.P. + NO REPAIR AREA + BACKFILLED SO

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

1/7/04
4629-78-2986

OWNER: CRESCENT RESOURCES — APPLICATION DATE: WARREN GREW LEE
ADDRESS: PO BOX 1003 CHARLOTTE NC 28201 — DATE EVALUATED: 1-28-04
PROPOSED FACILITY: HOUSE — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: .81
LOCATION OF SITE: STATE PARK RD, (L) W. 1611 FT BY LAST LANE WRT — PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☒ Well ☐ Spring ☐ Other LOT 80
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

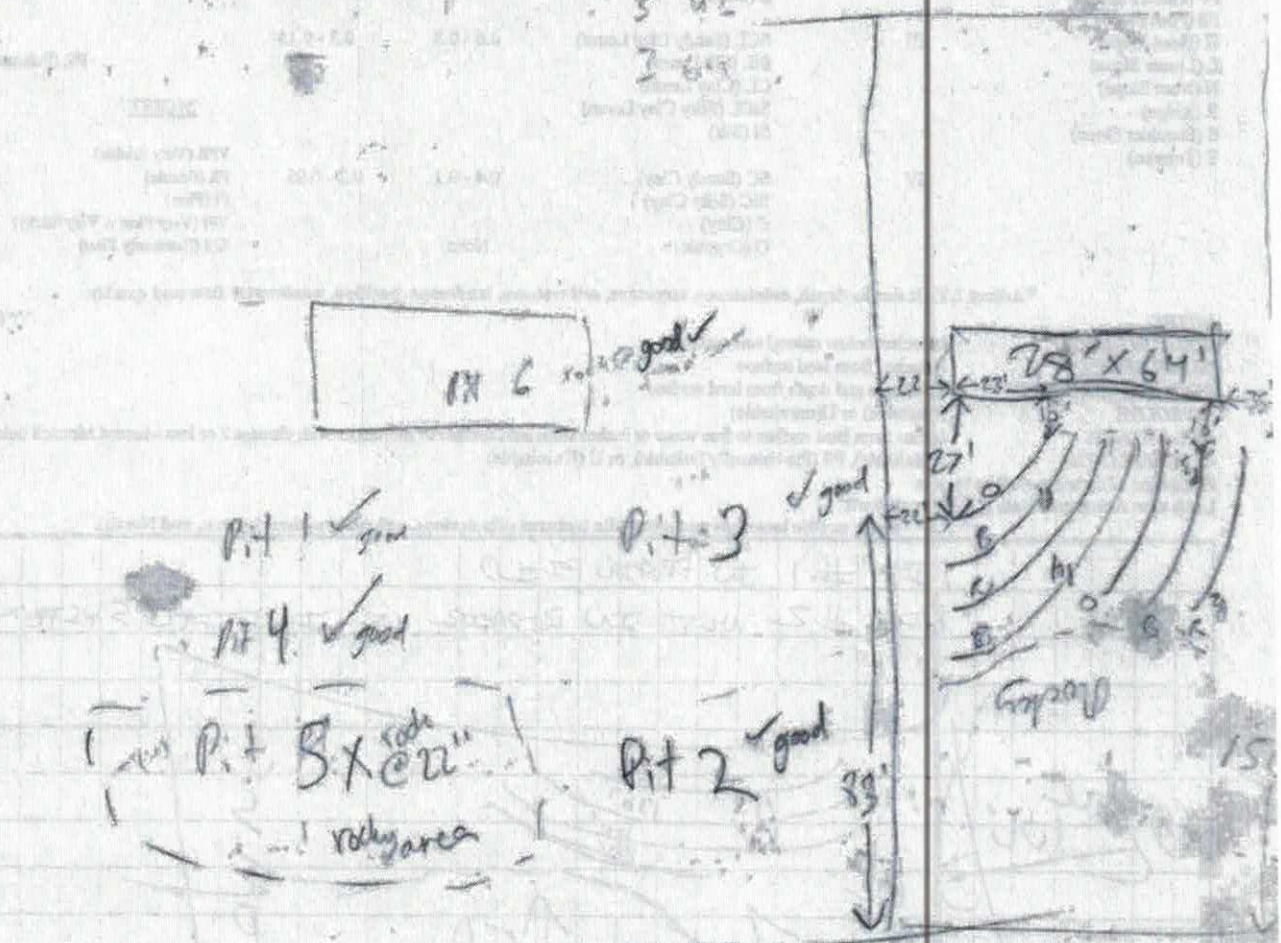
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8% L	0-4"	scl wk gr	f ns sp mvp	THIS SYSTEM @ 48" & DEEPER	PIT 48"	IN INITIAL		PS .3
		4-24"	c mod sbk	f s p svp					
		24-48"	sap inclusions c mod sbk	f ss sp svp					
		48"	ABOVE sap inclusions >50%						
		60"	SAPROLITE						
2	8% L	0-4	scl wk gr	f ns sp mvp	THIS IS NOT IN	PIT	[redacted] IN INITIAL OR REPAIR		PS .3
		4-24	c mod sbk	f s p svp					
		24-36	sap inclusions c mod sbk	f ss sp svp					
		36-60"	sap clay mix	sap >50% @ 36" & DEEPER					
3	PIT BY JL POTTER ON 9-15-99	0-36"	S A B C	FR	* HIS PIT SHOWS NO SAPROLITE IN 0-36" DESCRIPTION. HIS SYSTEM INITIALLY WAS SO' WELL SETBACK.				PS .3
		36-54	SAB CL/SAP INCLUSIONS						
		54+	SAP	VFR					
4	* BY	PITS THAT	WERE DUG		ON 1-28-04 AND 9-15-99 SYSTEM & REPAIR DESIGNED OUT OF SAPROLITE & IN SOIL. WELL CAN BE 50'				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES LP PAVER	YES LP PAVER
System Type(s)	LP PAVER	LP PAVER
Site LTAR	.3	.3

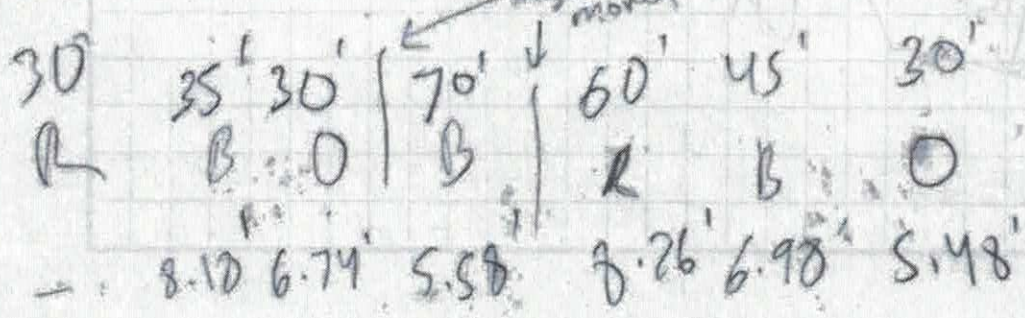
OTHER FACTORS (.1946): [redacted]
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. COOK
OTHER(S) PRESENT: SUNRISE HOME REPS

COMMENTS:
L7 WELL NEEDS 50' ENCROACHMENT AGREEMENT FROM THE STATE

3BR



Apple Valley Lane



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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: Crescent Resources
ADDRESS: _____ APPLICATION DATE: 9-2-99 DATE EVALUATED: 9-15-99
PROPOSED FACILITY: 3Bd Rm House PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .81Ac
LOCATION OF SITE: Lot 801 Wildlife Road. To end on Right 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
7	L 20%	0-48	SAB C-CL	FR SS SP					PS .3
8	L 12%	0-36	SAB C	FR					PS .3
		36-54	SAB CL / SAP Inclusion	VFR					
		54+	SAP	VFR					
9	L	0-26	SAB C	FR SS SP					PS .3
		26-36	SAB CL w/SAP	FR					
		36-48	SAP						
4									

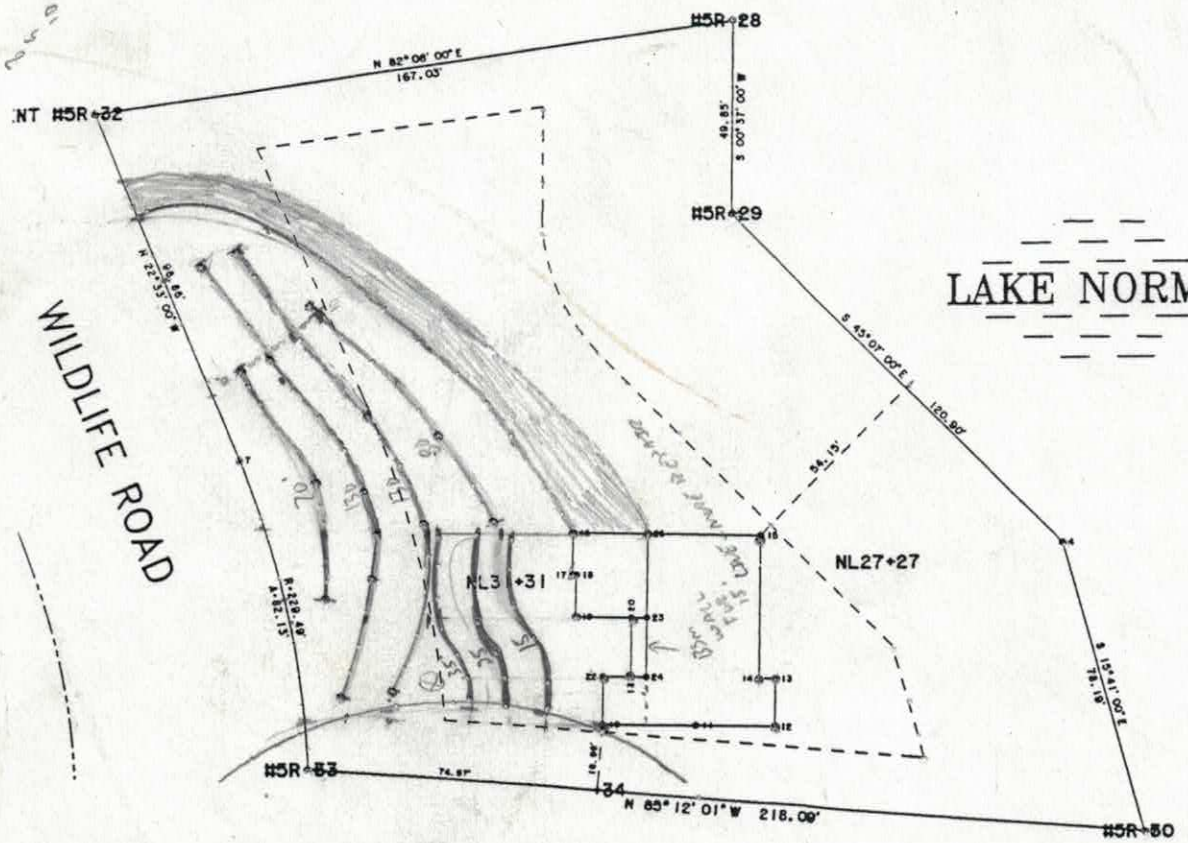
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200	Same
System Type(s)		
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J. Lotter
OTHER(S) PRESENT: Tony L.

80
130
130
70
410

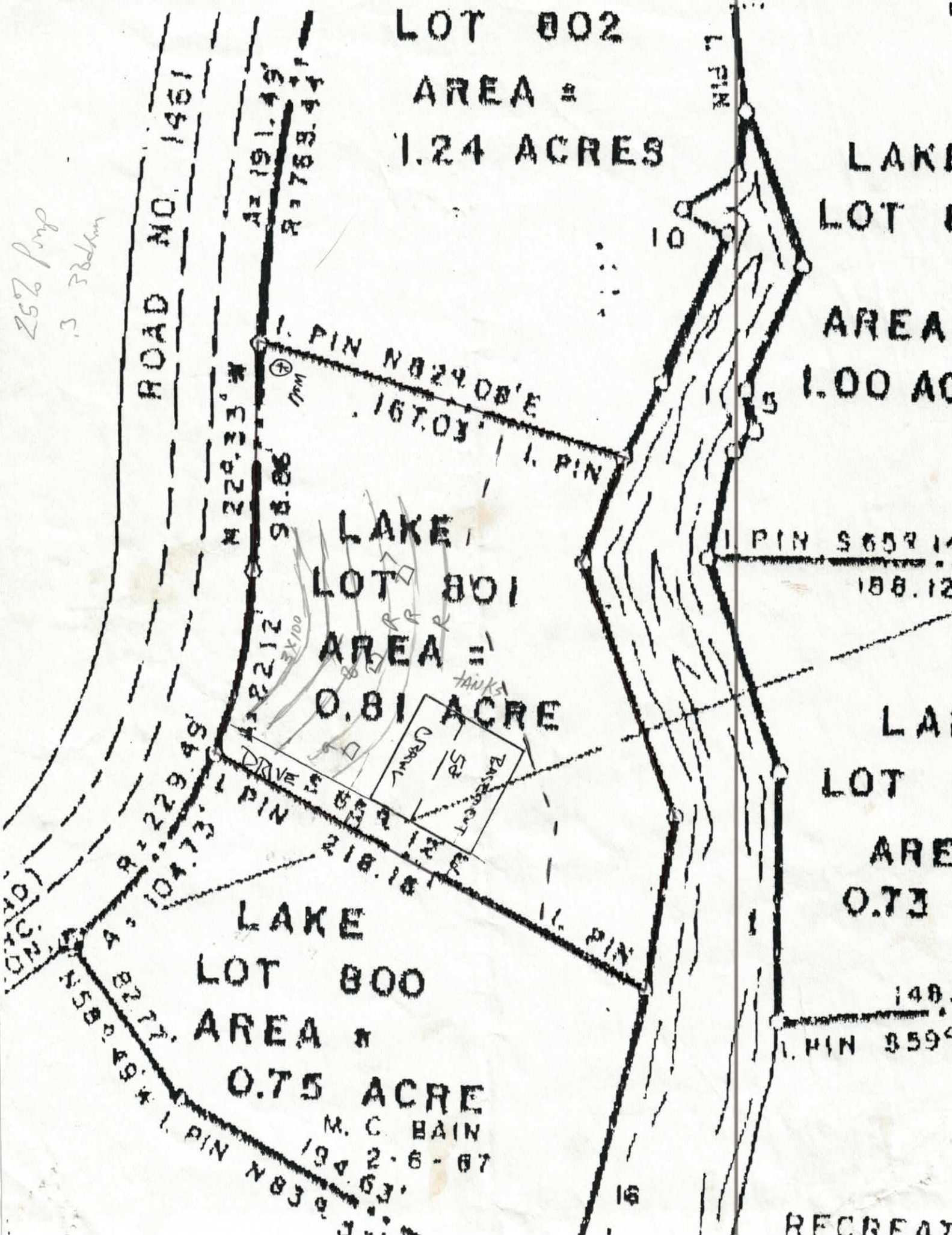
TANKS & WELL

20' easement



LAKE NORMAN

Lot #801
CRESCENT LAND & TIMBER LOTS
SCALE: 1" = 50'


LOT 802
AREA ±
1.24 ACRES
ROAD NO. 1451
LAKE
LOT 801
AREA =
0.81 ACRE
LAKE
LOT 800
AREA ±
0.75 ACRE
M. C. BAIN
12-6-67
1 PIN N82°08'E
167.03'
1 PIN
1 PIN
218.18'
1 PIN
N 22° 33' W
98.88'
R = 229.45'
A = 104.73'
R = 758.41'
A = 191.45'
N 58° 49' W
82.77'
N 83°
194.63'
10
9
1
16
LAKE
LOT
AREA
1.00 AC
0.73
1 PIN S 65°
188.12
148.
1 PIN 359°
RECREAT

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
Warren Greenlee	704-576-4800	19300 Statesville Rd Ste 200	Cornelius	NC	28031
Warren Greenlee		19300 Statesville Rd Ste 200	Cornelius	NC	28031
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

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

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

Specific Directions to Property 150 to Perth A + Turn (R) / Turn (L) on State Park / Turn (L) on Wildlife Rd

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3½

No. Persons or Employees (commercial only) _____ Basement ½ Basement with Plumbing yes

Crawl Space yes 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.

2/13/04 DATE _____ 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# 83738 PIN# 4629792986 DATE Sept 20, 99

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 704 463 6905 Home

ADDRESS PO Box 1003 Charlotte, NC 28202

LOCATION State Park Rd @ W. Idlife Rd Property AT end on The Right

SUBDIVISION BLOCK / SECTION 15 LOT 801 LOT AREA < 81 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1500 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 3 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: 25% Reduction / Pump

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

Water Supply: ☒ Individual ☐ Public ☐ Community

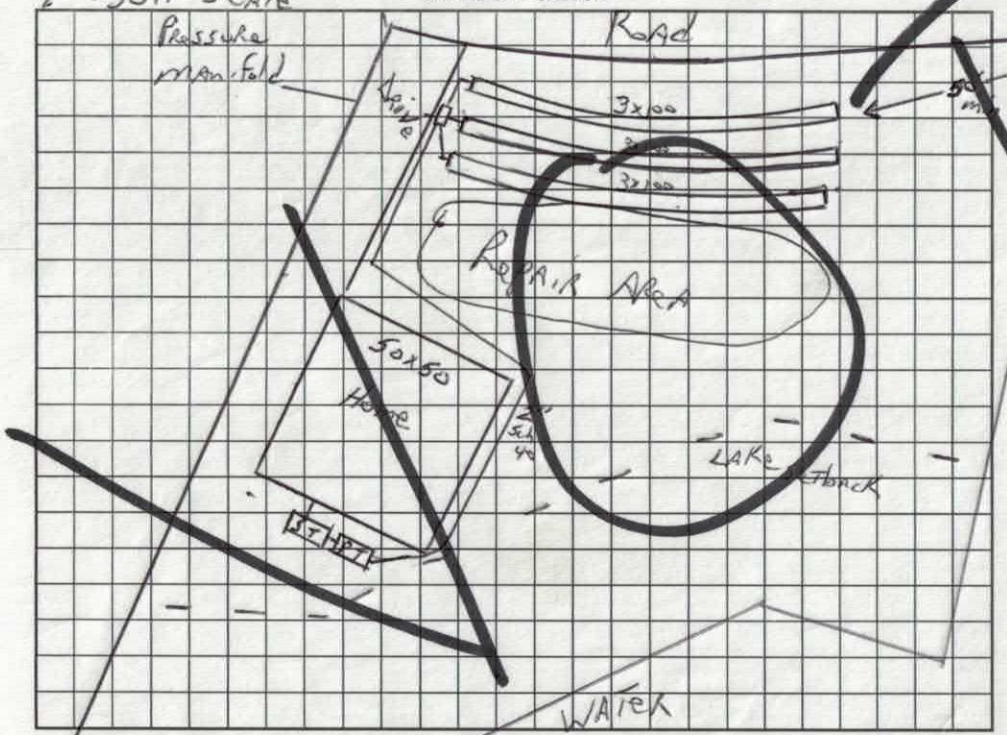
well

Comments:/Conditions: Install on Contour

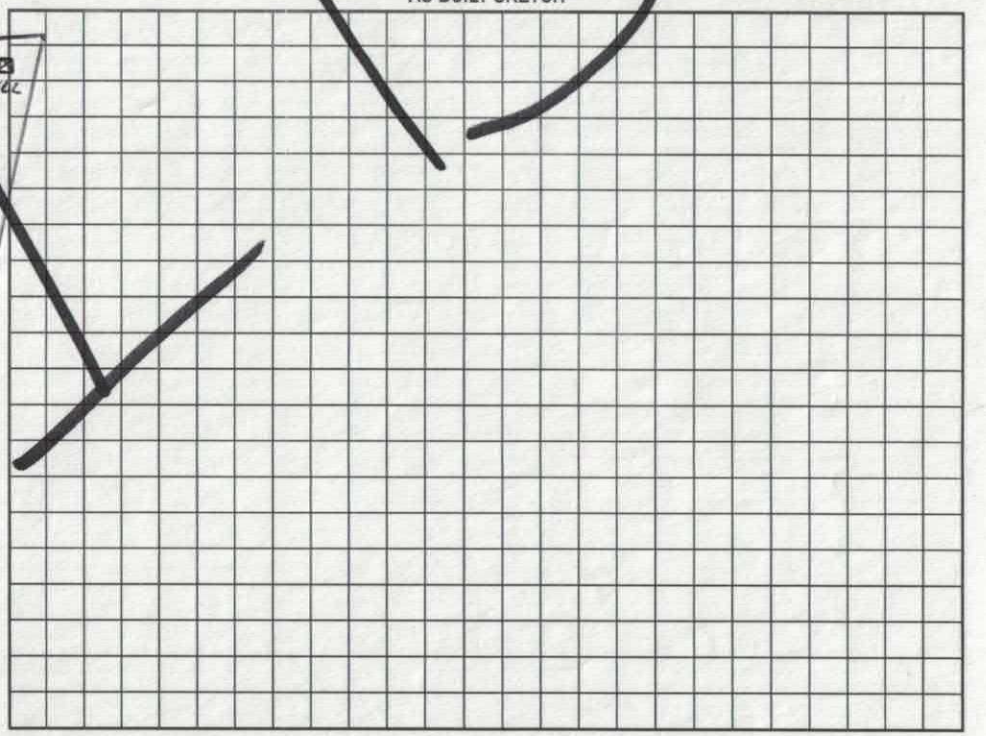
Comments:/Conditions:

1" = 50ft Scale

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: Tony C Ford, EPSS date 9-22-99 Installed by:

Improvement Permit by: C Potter date Sept 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

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: 083738 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282020000

Phone: 7046636905

Proposed Use: 01

PIN #: 4629792986 Zoning: RR Township: 1500

Street Address: WILDLIFE RD

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

Subdivision/MHP: Lot #: 801 Lot Size: .81

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35,S15,50' FROM 760 LINE

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: STATE PARK,TL WILDLIFE,AT END ON RIGHT

Staff: RAM Date: 09/02/99

Fees: Zoning: $ 31.50 Health: $ 175.00

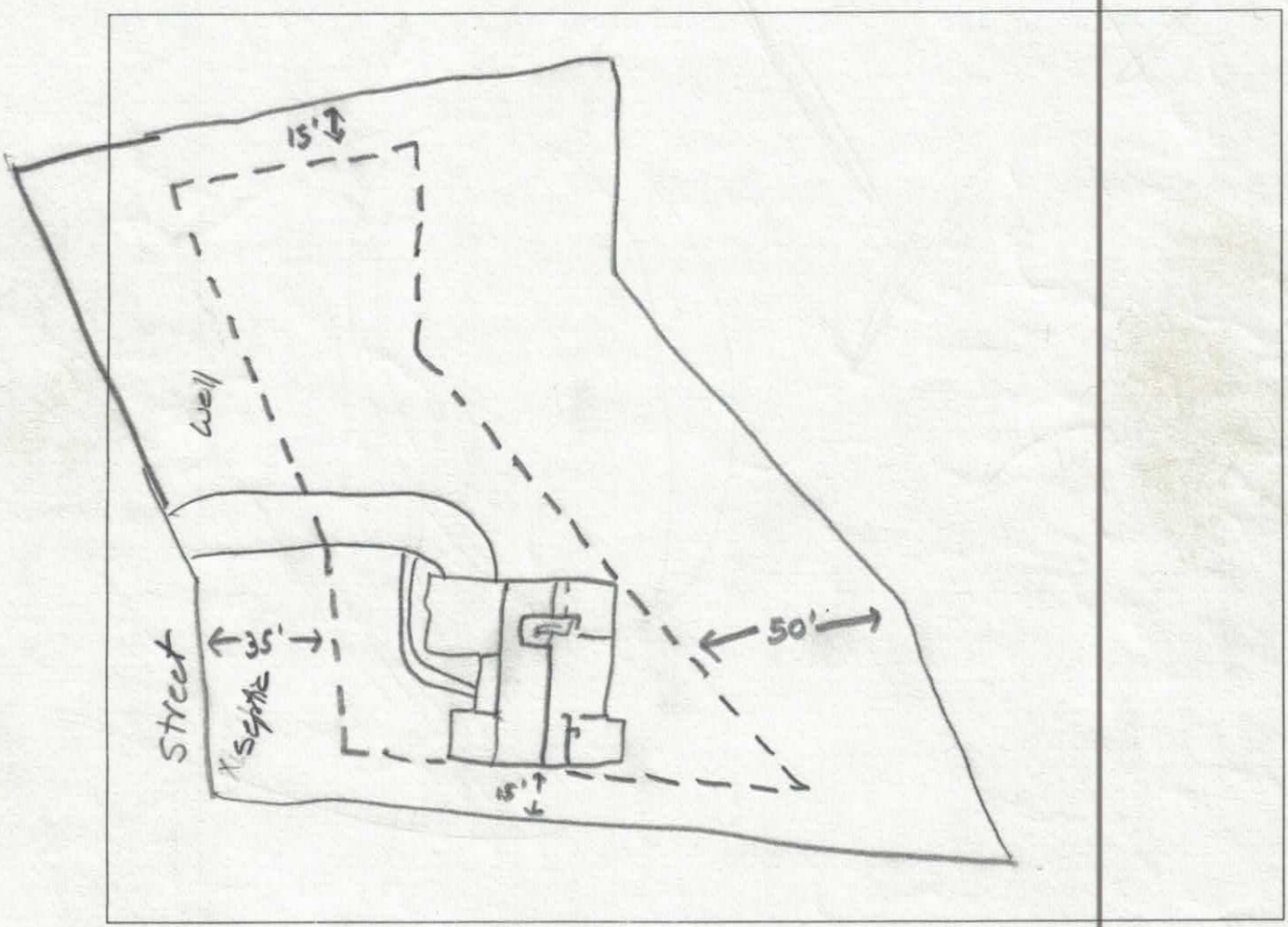
Signature of Applicant:_____
Owner: Agent:

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.

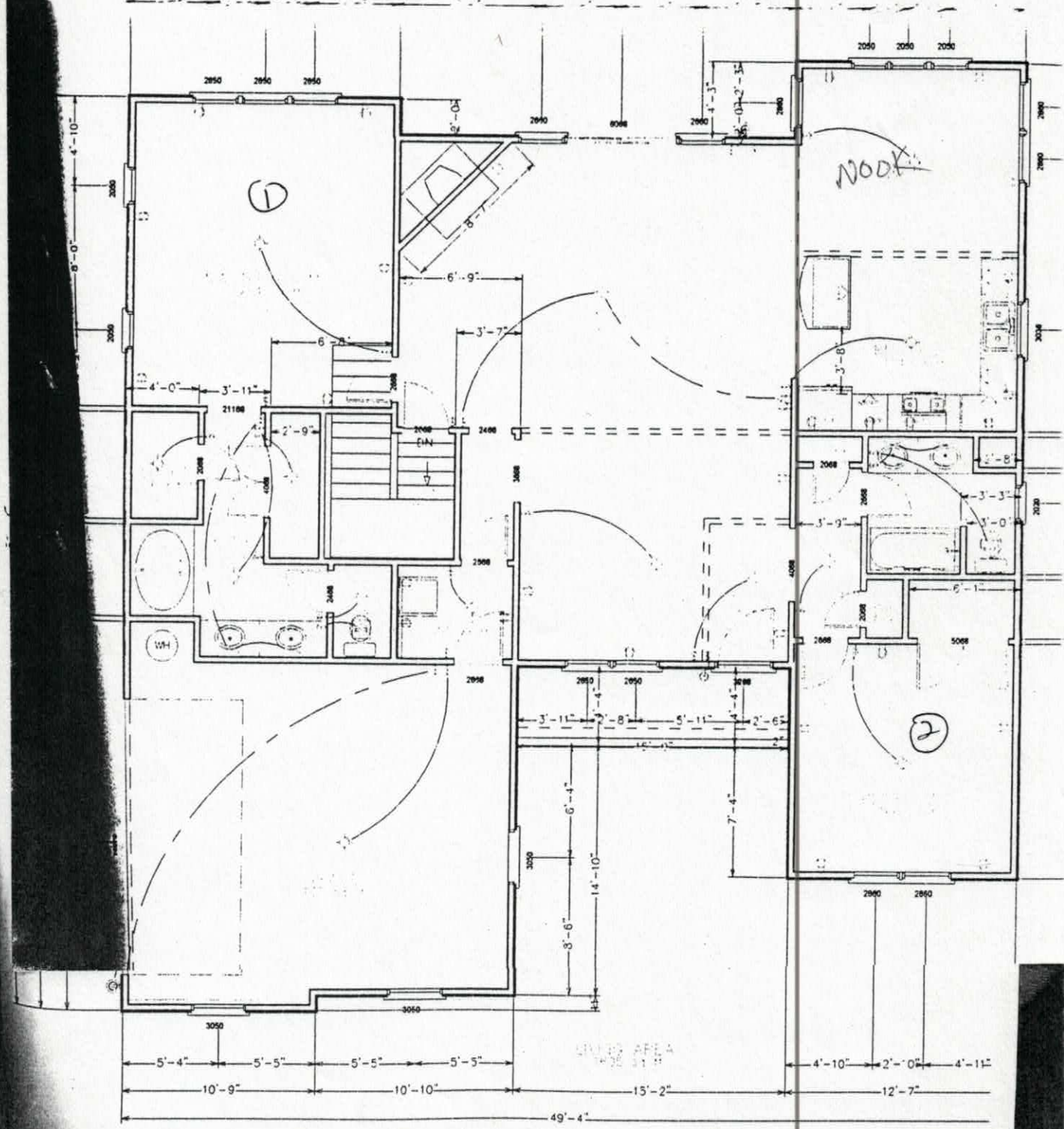
12-9-03 Date Ted Bay SIGNATURE OF OWNER/AUTHORIZED AGENT

APPROVED 3 BEDROOM PLAN

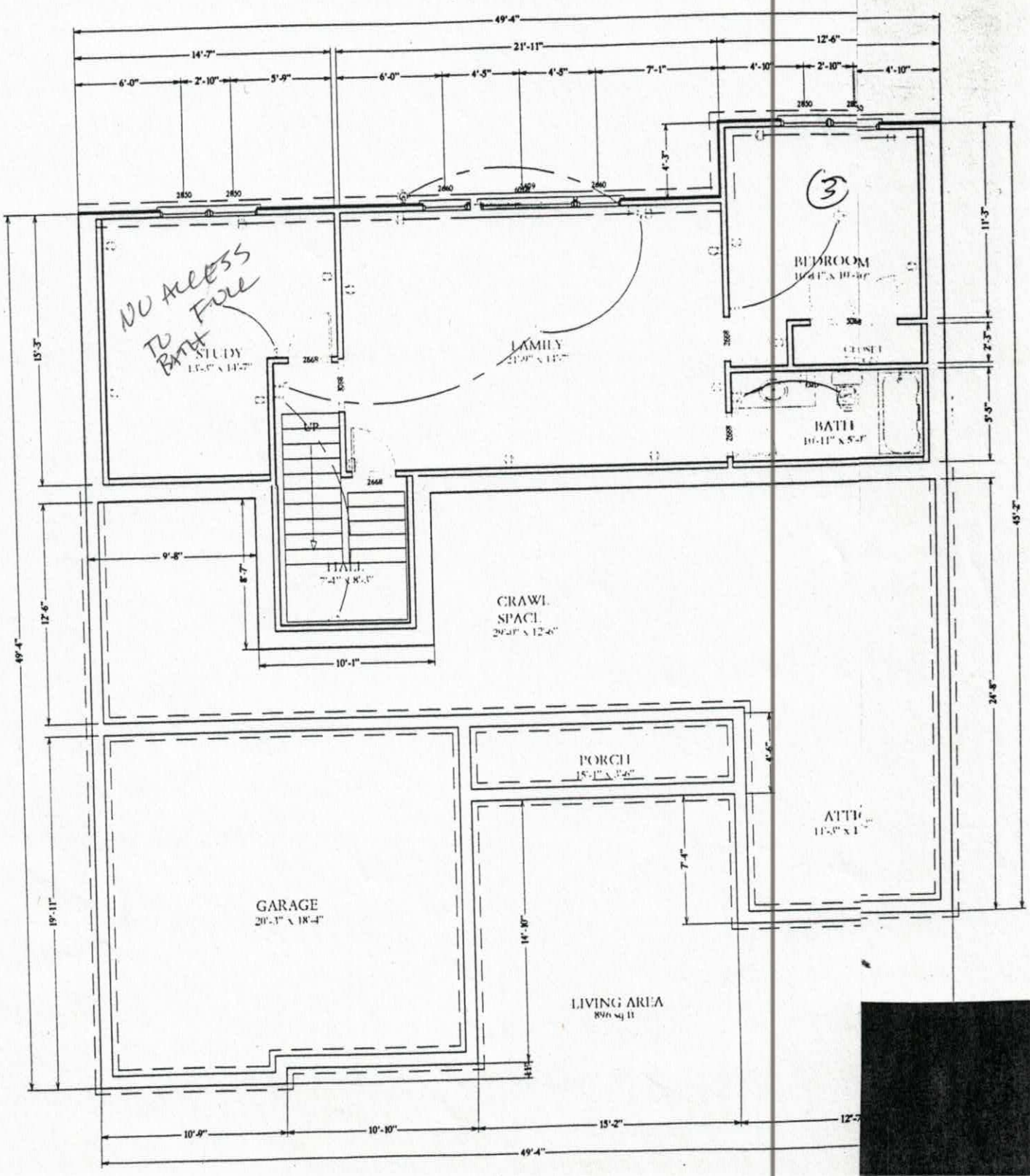
Acknowledgement Of
Plans Submittal ONLY!

Date 2/3-04

Date 2/13/04



BASEMENT


49'-4"
14'-7"
21'-11"
12'-6"
6'-0"
2'-10"
5'-9"
6'-0"
4'-5"
4'-5"
7'-1"
4'-10"
2'-10"
4'-10"
4'-3"
3
BEDROOM
CLOSET
NO ACCESS TO BATH FROM
STUDY
FAMILY
UP
BATH
HALL
9'-8"
8'-7"
10'-1"
CRAWL SPACE
29'-4" x 12'-6"
15'-3"
12'-6"
49'-4"
11'-3"
2'-3"
5'-5"
45'-2"
24'-8"
PORCH
15'-1" x 5'-6"
4'-5"
ATTIC
7'-4"
GARAGE
20'-3" x 18'-4"
19'-11"
14'-10"
LIVING AREA
896 sq ft
10'-9"
10'-10"
15'-2"
49'-4"

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 #:	117704zo	Subdivision:	
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	Wildlife Rd. Troutman NC 28166		
Parcel #:	4629-78-2986	Zoning:	RR
Lot #:	Size: .81 AC	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Ryan Braun	Owner:	Crescent Resources
Address:	173 W. Maranta Road Mooresville NC 28117	Address:	PO Box 1003 Charlotte, NC 28201
Phone:		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:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

50' buffer applies to the lake side of the lot

Directions:

State Park Road, left Wildlife, on right near end

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: RB Date: 12/9/03

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

REBECCA HARPER

Printed: 12/9/03