IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) 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

Applicant Information:

Applicant Name: Live Well Homes Address: 310 Bridgecrest Dr Fort Mill SC 29715 Phone: 704 787-0517

Owner Name: " Address: " Phone: "

Property Information:

Street Address: 512 Stillwaters Rd Troutman

Subdivision Name: Falls Park

Driving Directions: SW State Park, TL Morrison Farm, TL Maynard, TR Stillwaters on right

Section/Phase: 2 Lot Number: 16

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure:

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other:

Year existing system installed: 25+ yrs.

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. industrial) 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.

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

DATE 7/20/15

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

Feb. 24, 2015 (Date)

Owner: Live Well Homes
Address: 310 Springcrest Dr
Fort Mill SC 29715

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 2014611, Live Well Homes
513 Stillwater Rd, Troutman NC
(Falls Park - Sect 2 - Lot 16)

I, Chris Rebusto, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 7-24-14 for a system
(date)
4 bedroom - 25% reduction Type III(b)
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner
President

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

T. Jacobs PERMIT # 20461

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

PIN # 4629940845

APPLICANT: Equity Commercial Properties APPLICANT ADDRESS: 114 Morlake Dr.

SITE ADDRESS: 512 Stillwater Rd PHONE: 704-709-9202 ALT. PHONE: 704-582-9219

SITE DIRECTIONS: Perth Rd to State Park Rd TL Morrison Farm Rd TL Stillwater Rd

SUBDIVISION: Falls Park SECTION: 2 LOT # 16 LOT AREA: 1.01 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I	II	III	IV	V	VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description: 25% Reduction									☐ Business	No. Persons	8	☐ Private
Pump Make			Model		Serial #		Repair System Description: 25% Reduction									☐ Other	No. Employees		☑ Public
# Nitrification Fields	1		# Lines	4	Linear Ft:	436'	Maintenance Agreement Required:		☐ YES	☑ NO						☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"		Max. Trench Bottom Depth	24" on Low side	Gravel Depth	N/A	☐ GRAVITY	☑ PRESSURE								☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

See attached Plans by
Tony Jacobs, LSS &
Kathleen Saunders, LSS

AS BUILT SKETCH

REVOKED
2-26-15

FLOOR PLAN STILL NEEDED!

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Tony C Jacobs, LSS Date: 7/24/14

IMPROVEMENT PERMIT by: Kathleen Saunders Date: 7-24-14

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____

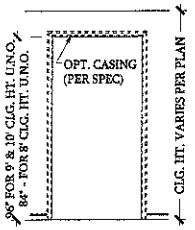
Installed by: _____

OPERATION PERMIT by: _____ Date: _____

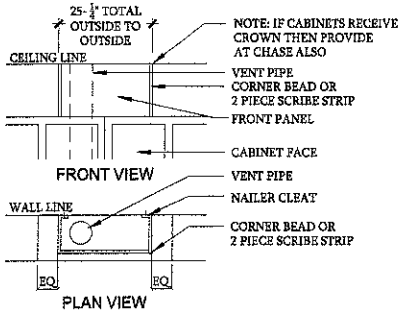
Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

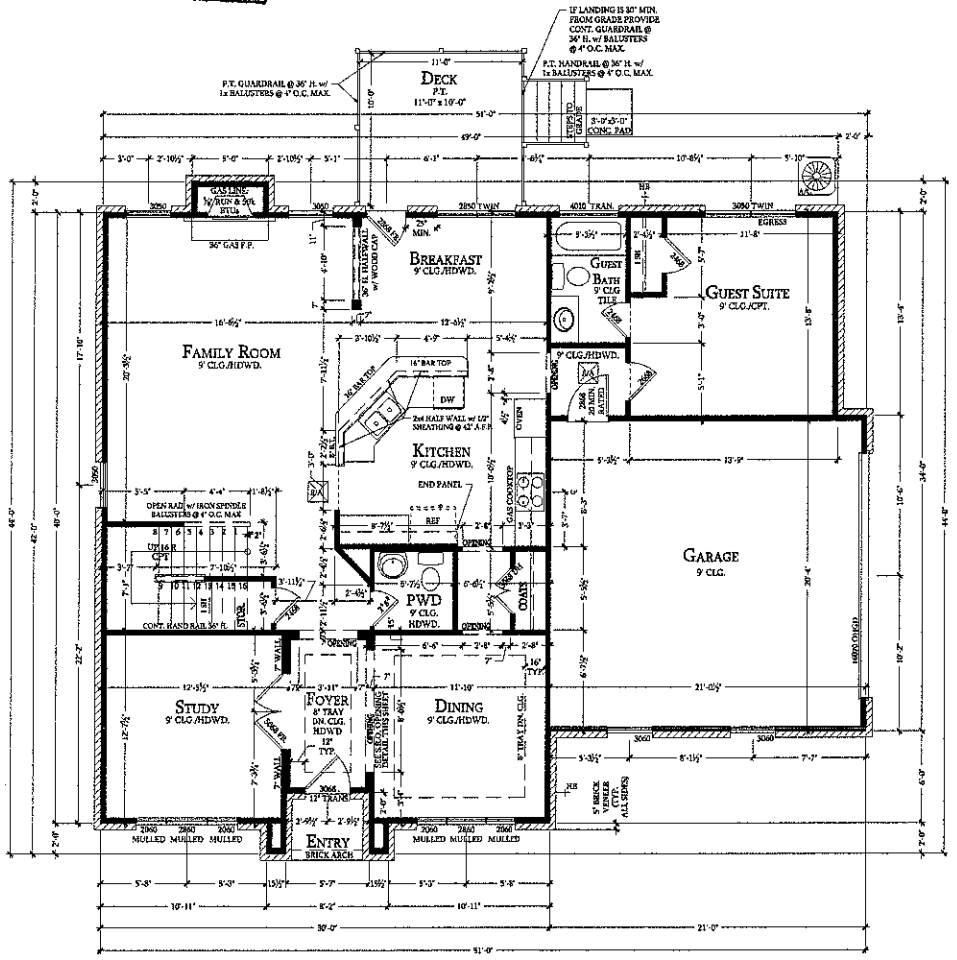
Acknowledgement Of
Plans Submittal ONLY!
Date 2/24/15
Date 2-24-15



SHEETROCK
OPENING DETAIL
SCALE: 3/16"=1'-0"



VENT PIPE CHASE
FOR GAS COOKTOP
SCALE: N.T.S.



FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

DO NOT SCALE DRAWINGS
For Dimensions not shown contact plan coordinator for clarification

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

revisions:		
	date:	revised by:

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRSC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302 & DWELLING/GARAGE SEPARATION OF THE IRSC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	1449 s.f.
SECOND FL. LIVING:	1796 s.f.
TOTAL LIVING:	3245 s.f.
GARAGE:	429 s.f.
FRONT PORCH/COVERED ENTRY:	25 s.f.

FALLS PARK LOT 16

3237 Providence II

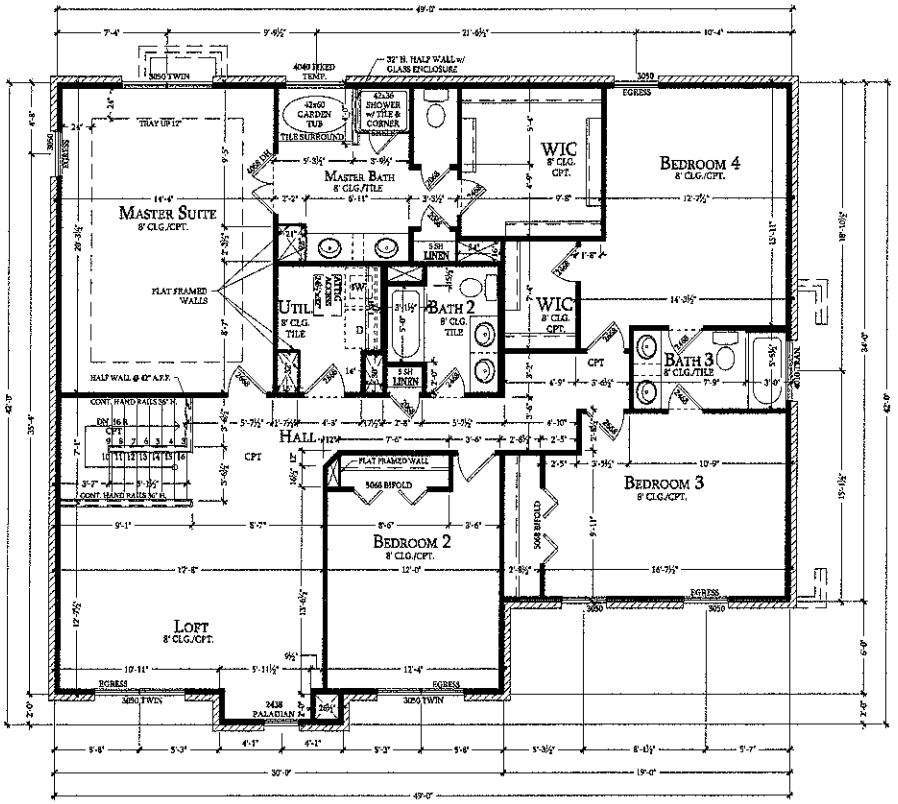
LiveWell Homes
THE BEST THINGS IN LIFE ARE FROM YOUR HOME

501 Springcrest Drive
Fort Mill, SC 29715

designed by:	kwh
drawn by:	fdl
checked by:	fdl
date:	1/8/15

A-3.0s
FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Date 2/24/15
Date 2-24-15



SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"

DO NOT SCALE DRAWINGS
For Dimensions not shown contact plan coordinator for clarification.

revisions:		
	date:	revised by:

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2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRSC 2012 SECTION R312
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRSC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

FALLS PARK LOT 16

3237 Providence II

LiveWell Homes
THE BEST THINGS IN LIFE START WITH YOUR HOME

501 Springcrest Drive
Fort Mill, SC 29715

designed by:	twh
drawn by:	tdl
checked by:	tdl
date:	1/8/15

A-5.0s
SECOND FLOOR PLAN