IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: John Woodie **Address:** 1836 Shelton Ave. Sales **Phone:** 704-902-3923

Owner Name: John Woodie **Address:** 1836 Shelton Ave. Statesville, N.C. **Phone:** 704-878-2941

Property Information:

Street Address: 491 Stillwater, Troutman, N.C. 28166

Subdivision Name: CL+T **Section/Phase:** 17 **Lot Number:** 64

Driving Directions: Hwy 21 to Troutman, Right on Perth Rd, Right on Duke Power ~~Robinson Farm~~ State Park Rd, Left on Morrison Farm Rd, Left on Daigrault Cut, Right on Stillwater 1/8 Mile Lot 491 on Left.

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) 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)* **Year existing system installed:** _____

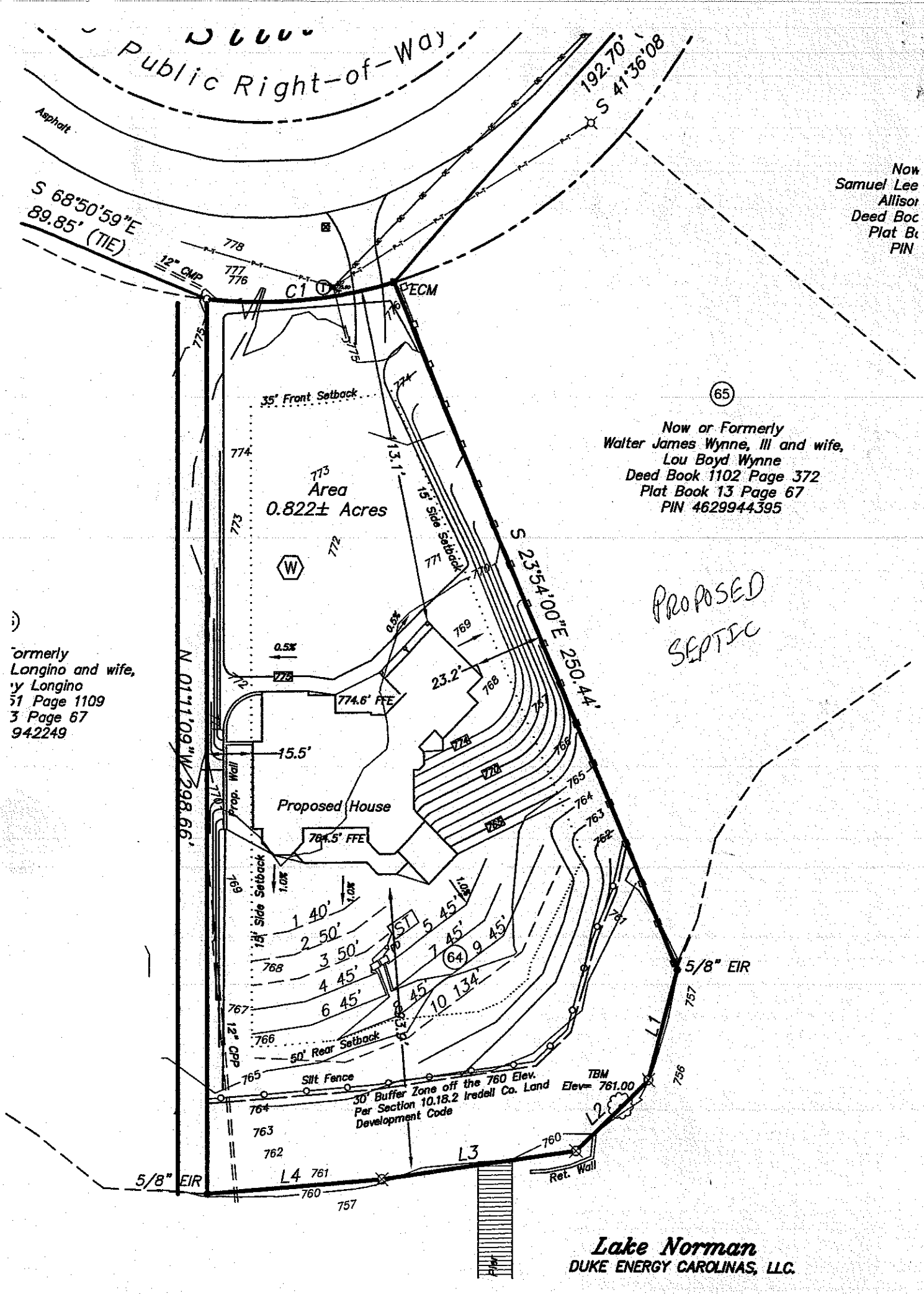
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

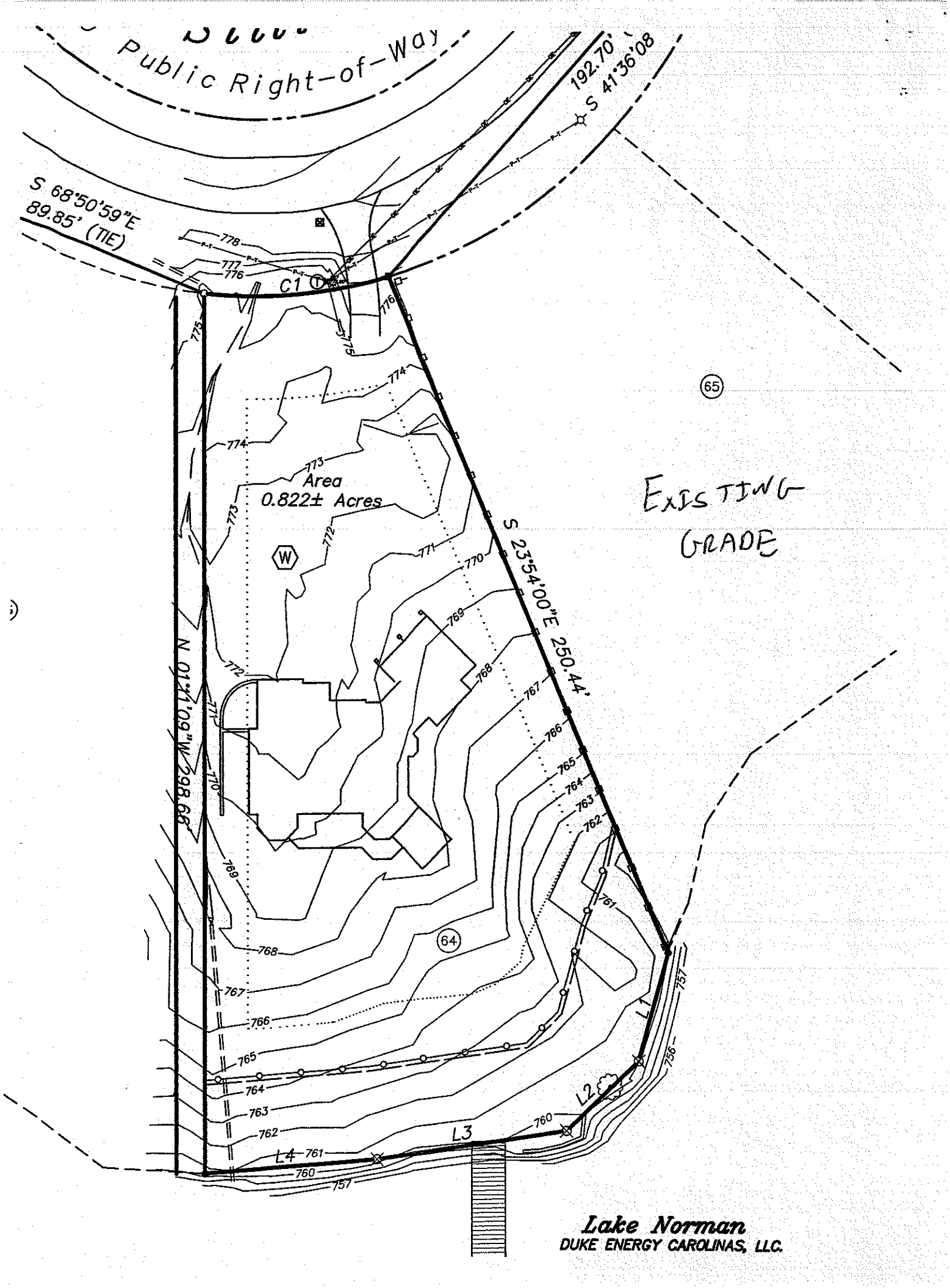
Please answer the following to the best of your ability:

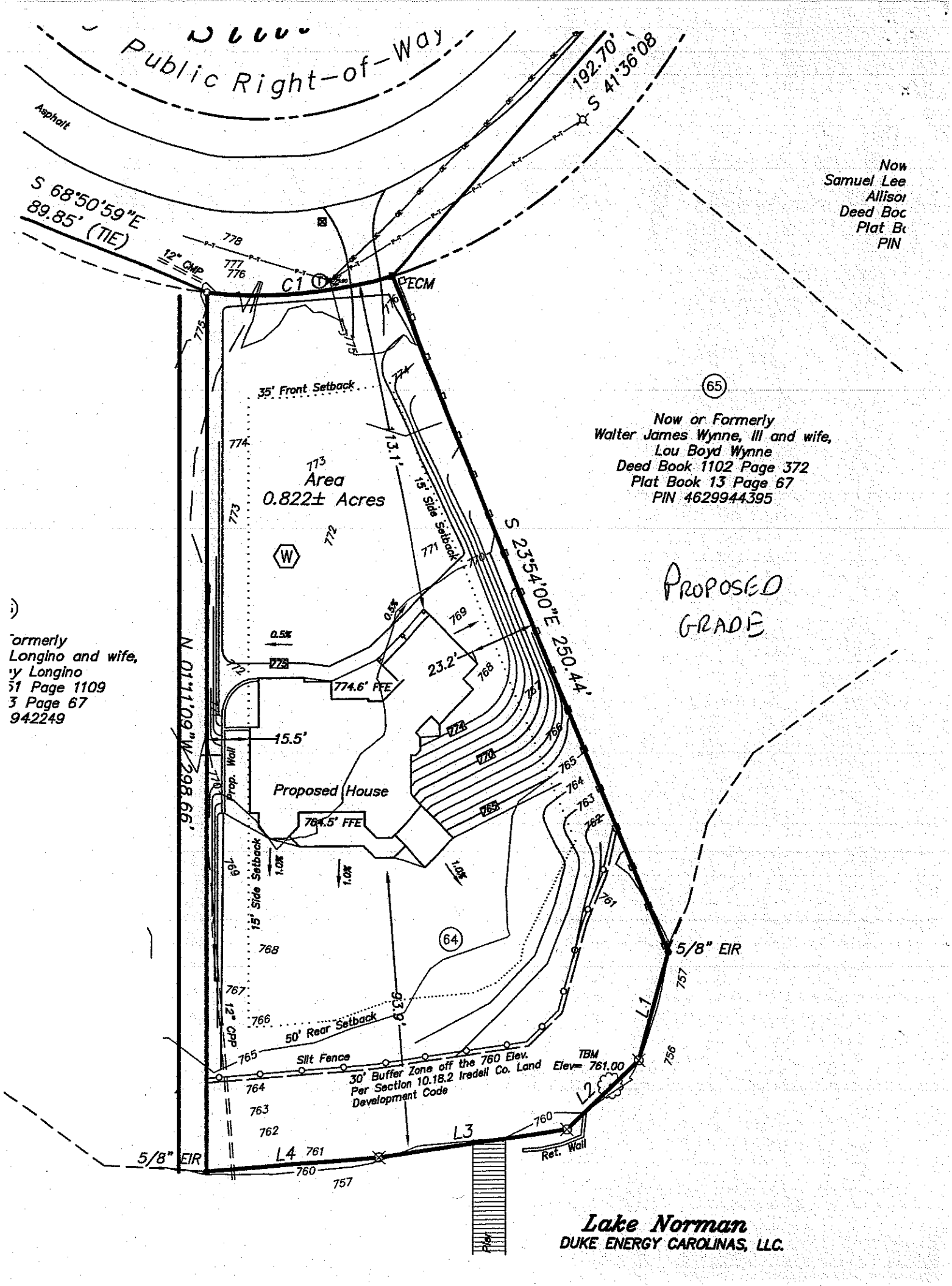
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: John Woodie — 6-3-2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE


Public Right-of-Way
Asphalt
S 68°50'59"E
89.85' (TIE)
12" CMP
C1
ECM
192.70'
S 41°36'08
Now
Samuel Lee
Allison
Deed Boo
Plat B
PIN
35' Front Setback
Area
0.822± Acres
15' Side Setback
113.1'
S 23°54'00"E 250.44'
65
Now or Formerly
Walter James Wynne, III and wife,
Lou Boyd Wynne
Deed Book 1102 Page 372
Plat Book 13 Page 67
PIN 4629944395
PROPOSED
SEPTIC
ormerly
Longino and wife,
y Longino
51 Page 1109
3 Page 67
942249
N 01°10'00"W 298.65'
774.6' FFE
764.5' FFE
Proposed House
15.5'
23.2'
Wall Prop.
0.5%
1.0%
1 40'
2 50'
3 50'
4 45'
5 45'
6 45'
7 45'
8 45'
9 45'
10 134'
ST
64
50' Rear Setback
12" CPP
Silt Fence
30' Buffer Zone off the 760 Elev.
Per Section 10.18.2 Iredell Co. Land
Development Code
TBM
Elev= 761.00
5/8" EIR
L1
L2
L3
L4
Ret. Wall
Lake Norman
DUKE ENERGY CAROLINAS, LLC.


Public Right-of-Way
192.70'
S 41°36'08
S 68°50'59"E
89.85' (TIE)
C1
778
777
776
775
774
773
772
771
770
769
768
767
766
765
764
763
762
761
760
757
756
Area
0.822± Acres
W
65
64
EXISTING
GRADE
S 23°54'00"E 250.44'
N 01°11'09"W 298.66'
L1
L2
L3
L4
Lake Norman
DUKE ENERGY CAROLINAS, LLC.


Public Right-of-Way
Asphalt
S 68°50'59"E
89.85' (TIE)
12" CMP
192.70'
S 41°36'08
Now
Samuel Lee
Allison
Deed Boo
Plat Bo
PIN
PECM
C1
35' Front Setback
773
Area
0.822± Acres
13.1'
15' Side Setback
65
Now or Formerly
Walter James Wynne, III and wife,
Lou Boyd Wynne
Deed Book 1102 Page 372
Plat Book 13 Page 67
PIN 4629944395
S 23°54'00"E 250.44'
PROPOSED
GRADE
0.5%
774.6' FFE
23.2'
15.5'
Prop. Wall
Proposed House
764.5' FFE
1.0%
15' Side Setback
64
N 01°11'09"W 298.69'
93.9'
50' Rear Setback
12" CPP
Silt Fence
30' Buffer Zone off the 760 Elev.
Per Section 10.18.2 Iredell Co. Land
Development Code
TBM
Elev= 761.00
5/8" EIR
L1
L2
L3
L4
Ret. Wall
Lake Norman
DUKE ENERGY CAROLINAS, LLC.

CALL BRADY FREEMAN - @ 704 746 6497

IREDELL COUNTY HEALTH DEPARTMENT FOR APPOINTMENT.

ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
PRESTIGE Builders	Wildlife Bay	@	704 664 2671
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jack Parker	491 Stillwater Trail		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
491 Stillwater Rd.	CL & T; Sec 17	64

Driving Directions: State Park Rd - TL - Morrison Farm - TL Devaute Cut - TR Stillwater - ON LT # 491

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
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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: ___ 8/10/11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

CALL BRADY FREEMAN @ 704-746-6497

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- V **Property Line measurements are clearly identified…**
- / **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- / **Front and side setbacks from property line…**
- / **Preferred driveway location and configuration, preferred well location…**
- / **Area you prefer your septic system to be placed…**
- / **North arrow, or other sufficient indicator of direction…**

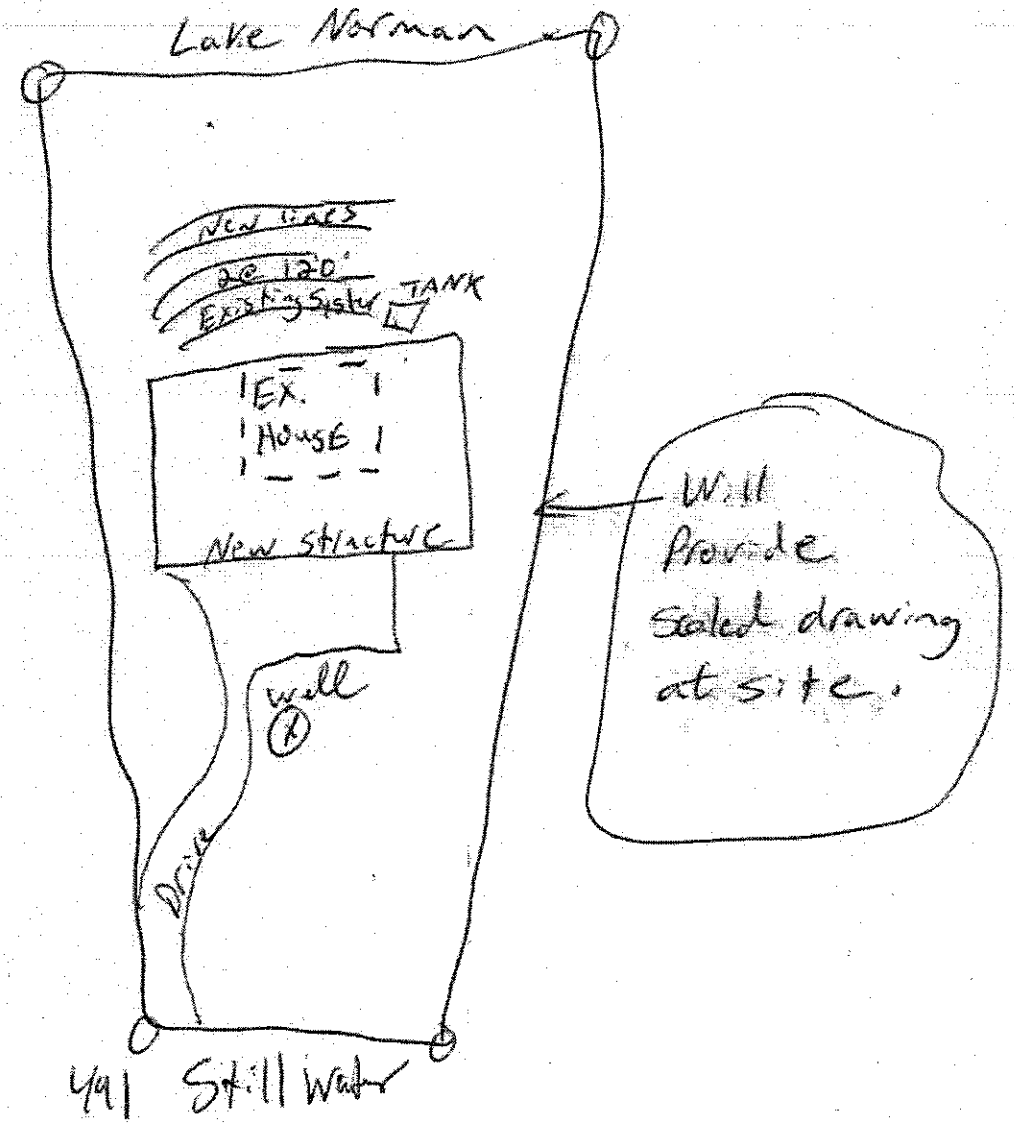
Circle N/A on the following if appropriate:

- / **Location of septic systems and wells within 100' of your property…** **N/A**
- / **Location of easements and rights of ways on your property…** **N/A**
- / **Location of any designated wetlands on the property…** **N/A**

Signature: C. [signature] 8/10/11

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN



IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bill Parlier DATE 6-15-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. off Perth Ch. Rd., bear left on Morrison Farm Rd. go approx. 1.5 mi., T.L. on Dayvault Rd. go to intersec., T.R. – ½ mi. on L.H.S.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ P.B. No. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area Ample

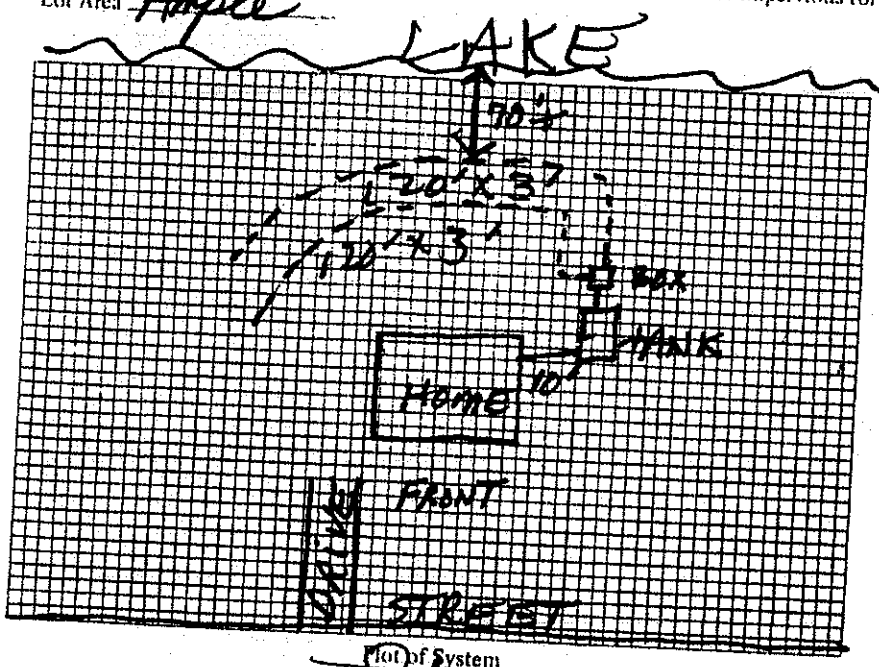
Character & Porosity of Soil Prev. Suitable

Percolation Rate 5 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Atlt Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 6-15-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit. DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold