IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~78634~~ 78634

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

PIN # 4635-27-9141 ✓ 21790?

APPLICANT: ETHEL CROOK APPLICANT ADDRESS: 129 IRVING AVE. APT. J MOORESVILLE

SITE ADDRESS: ✓146 SANDY SHORE DR. - Mrvl 28117 PHONE: 704-996-8373 ALT. PHONE:

SITE DIRECTIONS: BSR, TL ISLE OF PINES, TR HARBOR VIEW, STRAIGHT ONTO SANDY SHORE

SUBDIVISION: ✓SURESIDE ESTATES SECTION: — LOT # 11&12 LOT AREA: 1.075 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 444 Date 2-22-17
Pump Tank 1500 (gal) PT 477 Date 2-16-15
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 4 Linear Ft: 335'
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

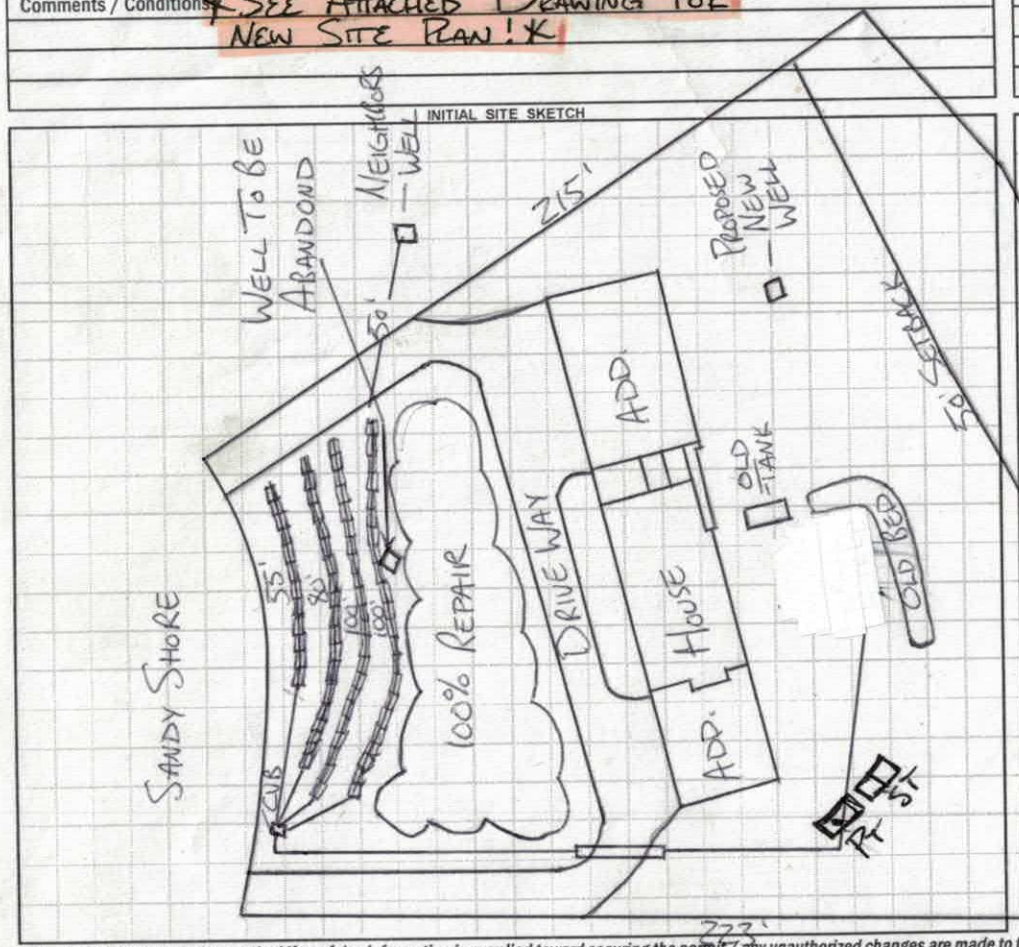
☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP- PANEL BLOCK
Repair System Description: SAME
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
No. Bedrooms 5 No. Persons — No. Employees — ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ✓SEE ATTACHED DRAWING FOR NEW SITE PLAN!✓

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

✓① CURRENT WELL MUST BE ABANDOND BEFORE AC

✓② SOIL UNDER DRIVEWAY MUST BE EVALUATED BEFORE AC
6-7-16 BA

LKW 8-30-17 CHECKED TANKS BA
3
4-5-17 CHECKED LINES & SUPPLY LINE BA

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: Rachelle D Crook Date: 8-30-13 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: BA Date: 8-30-13 OPERATION PERMIT by: Charla Wilson Date: 9-20-17

AUTHORIZATION TO CONSTRUCT by: BA APPROVED JUN 07 2016 Date: Existing System Inspected by: Date:

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 3
PIN #: 4635-27-9141
Lot #: 11&12
Permit #: 178634
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: CHEL CROOK
Address: 146 SANDY SHORE DR.
Proposed Facility: SFR Design Flow (.1949) 600 GPD
Location of Site: SURFSIDE ESTATES LOTS 11&12
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: CHEL CROOK
Date Evaluated: (6-28-13)(7-8-13)
Property Size: 1.14 AC
Property Recorded: YES

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
AB 1	L 4%	0-36	SCL/WROCK		NA	36	S	36"	.25 TO 36" U 36"+
		36+	ROCK						
AB 2	L 4%	0-10	SCL,W,SBK		NA	16"	S	25"	.25 TO 25" U 25"+
		10-16	RC,M,SBK	FIRM					
		16-25	SSAP						
		25+	ROCK						
AB 3	L 4%	0-15	SCL,W,SBK		NA	15"	S	24"	.25 TO 24" U 24"+
		15-24	SSAP						
		24+	ROCK						
AB 4	L 4%	0-20	SC,W,SBK		NA	20"	NA	20"	.25 TO 20" U 20"+
		20+	ROCK						

Description	Initial System	Repair System
Available Space (.1945)	U	U
System Type(s)	NA	NA
Site LTAR	U	U

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE, BRADY FREEMAN
Others Present: LARRY BEAM
Site Classification (.1948): U
Site Evaluation By: BEN ALDRIDGE, BRADY FREEMAN
Others Present: NONE

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

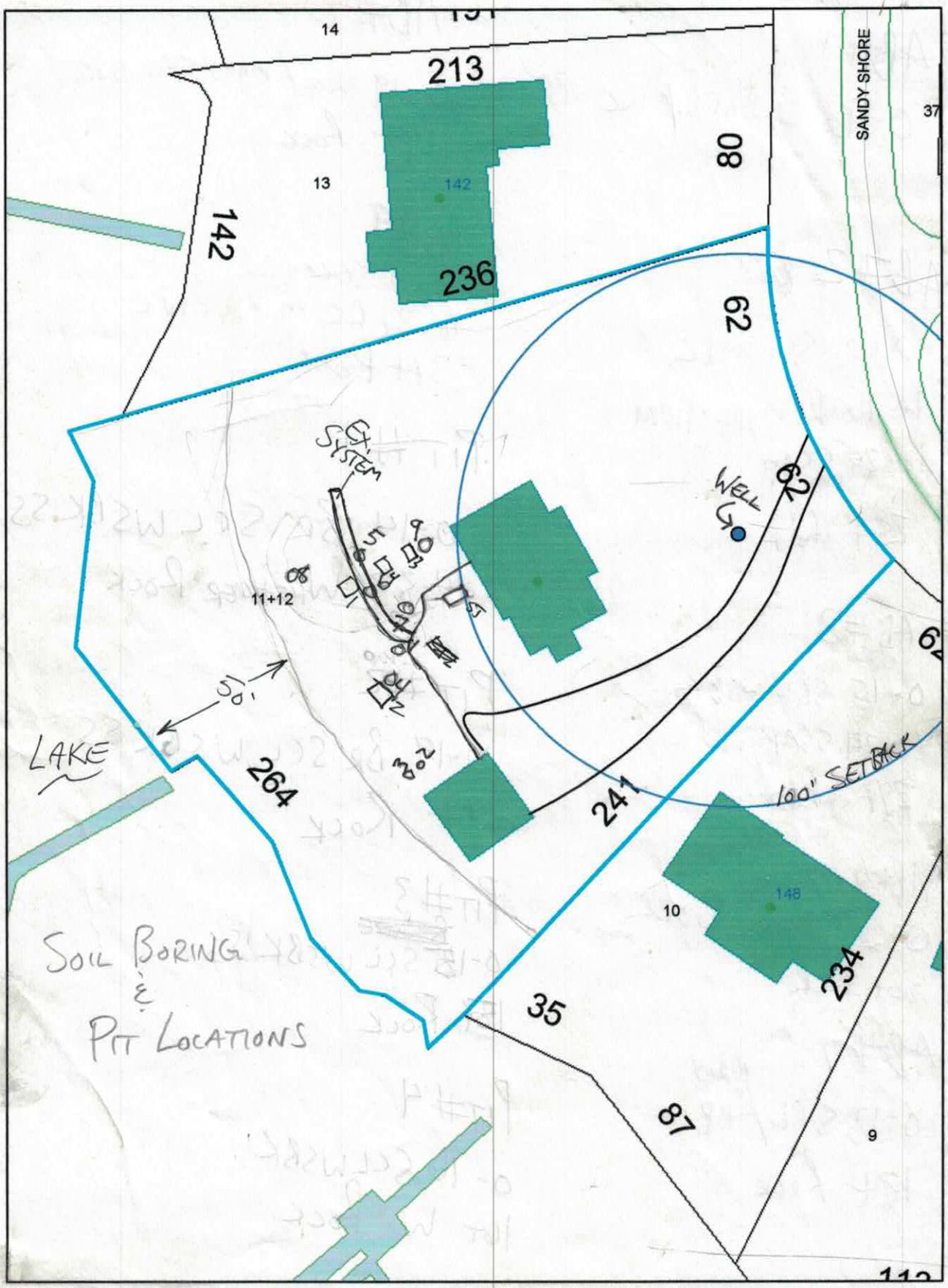
PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 7	L 4%	0-13	SCL,SAPINC	W	NA	13"	NA	13"+	U
		13+	ROCK						
AB 8	L 4%	0-19	SCL/SAPINC	W	NA	19"	NA	19"+	.25 TO 19" U 19"+
		19+	ROCK						
AB 9	L 4%	0-6	SCL		NA	31"	NA	31"+	.25 TO 31" U 31"+
		6-31	RC,M						
		31+	ROCK						
PIT 1	L 4%	0-14	BRSCL,W,SBK	SS	NA	14"	NA	14"+	U
		14+	ROCK						
PIT 2	L 4%	0-19	BRSCL,W,SBK	SS	NA	19"	NA	19"+	.25 TO 19" U 19"+
		19+	ROCK						
PIT 3	L 4%	0-15	SCL,W,SBK	SS	NA	15"	NA	15"+	U
		15+	ROCK						

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 3 OF 3
File #:

SOIL/SITE EVALUATION
ON-SITE WASTEWATER SYST
CONTINUED

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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 4	L 4%	0-16	SCL,W,SBK	SS	NA	16"	NA	16"+	U
		16+	ROCK						


14
213
13
142
236
80
SANDY SHORE
37
142
62
EX. SYSTEM
WELL
62
11+12
50'
LAKE
264
241
100' SETBACK
148
10
234
35
87
9
SOIL BORING
&
PIT LOCATIONS

AB#1
0-36 S SAP W/C INC 35

AB#2
0-10 SCL WSBK
10-16 RCM SBK V FIRM
16-25 SSAP
25+ Rock

AB#3
0-15 SCL WSBK
15-24 SSAP
24+ Rock

AB#4
0-20 SCCM/WSBK
20+ Rock

AB#7
0-13 SCL/MANY SAP INC
13+ Rock

AB#8
0-19 SCL/MANY SAP INC
19+ Rock

AB#9
0-6 SCL
6-31 RCM SAP INC
31+ Rock

PIT #1
0-14 BR SCL WSBK SS
14-33 WHEATHER Rock

PIT #2
0-19 BR SCL WSBK SS
19+ Rock

PIT #3
0-15 SCL WSBK SS
15+ Rock

PIT #4
0-16 SCL WSBK
16+ W. Rock



CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	62.23	174.79	61.90	S08°46'41"E
C2	62.19	175.50	61.87	S30°04'27"E

NORTH PER MAP BOOK 7, PAGE 18

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. THE COMBINED AREA FOR LOTS 11, 12 & ADDITIONAL TRACT IS 51,262 SQ.FT. (1.177 ACRES).

4. SETBACKS ARE FROM IREDELL COUNTY'S CURRENT R-20 ZONING.

5. CONSULT WITH GOVERNING AGENCY PRIOR TO DESIGN AND CONSTRUCTION OF ANY IMPROVEMENTS.

DOCK& PIER COVERED

LAKE NORMAN

FIELD LOCATED 760' CONTOUR

ADDITIONAL TRACT AREA
4,419 SQ.FT.
0.101 ACRES

TIE LINE N43°35'32"W 120.81'

N57°20'05"W 54.44'

N44°38'00"W 83.70'

N34°55'00"W 75.70'

N26°58'04"E 76.80'

50' REAR SETBACK (From 760')

LOT 11 LOT 12
46,843 SQ.FT
1.075 ACRES

4635-360-929
WM BYNUM MARSHALL
ANGELA D. MARSHALL
DB 1782, DB 1532

4635-279-235
SOUTHERN SUPPLY INC.
DB 803, PG 47

LINE TABLE		
LINE	LENGTH	BEARING
L1	24.00	S41°38'00"W
L2	9.12	N12°23'07"W
L3	6.00	S82°43'27"W
L4	6.62	N71°29'40"W
L5	37.51	N40°33'37"W
L6	28.05	N40°43'54"W
L7	33.54	N43°50'39"W
L8	19.28	N48°23'54"W
L9	5.20	S85°48'19"W
L10	9.71	N44°22'06"W
L11	33.82	N38°59'03"W
L12	19.81	N42°28'31"W
L13	13.68	N20°58'05"E
L14	10.07	N00°52'22"W
L15	44.22	N03°24'36"E
L16	14.37	N10°19'01"W
L17	24.57	N71°28'30"E
L18	16.37	N75°47'10"E

S41°38'00"W 214.66'

N75°27'13"E 222.64'

1 STORY W/ BASE BRICK & ALUM SIDING

DECK

BRICK WALK

BRICK WALL

TILE PATIO

STEPS

DRIVE 27'

PROPOSED SEPTIC FIELD

WHITE LINE 7
PINK LINE 6
BLUE LINE 5
ORANGE LINE 4
WHITE LINE 3
BLUE LINE 2
RED LINE 1

35' FRONT SETBACK

15' SIDE SETBACK

5' SIDE SETBACK

DRIVE

C1 C2 BM CUB

TIE LINE S00°40'07"W 79.55'

1" = 50'

LEGEND:

#4 REBAR FOUND
SMOOTH ROD FOUND
PIPE FOUND

SANDY SHORES DRIVE



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for 146 Sandy Shore Dr., Surfside Est., Lot 11/12

House Footprint: See attached
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Hole: 0.59 GPM
Hole Size & Material: 3/16"
System Flow: 44.84 GPM
Dosing Volume: 273.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: TBD
Friction Head: 9.4'
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: 240'
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Red 1	**55' (12 panels)**	**57'**	**3.8'**
Blue 2	**80' (18 panels)**	**84'**	**4.2'**
White 3	**100' (23 panels)**	**109'**	**4.7'**
Orange 4	**100' (23 panels)**	**128'**	**5.2'**
Blue 5		111'	5.8'
Pink 6		112'	6.7'
White 7		117'	7.2'

Initial System: 335'
Pump tank: TBD
Repair System: 340'
House Corner: 8.3'
Benchmark: 1.6'

Comments: MA&A performed multiple soil observations in the rear of this lot; the majority of these observations were very shallow to rock. We laid out 335' of panel block on 8' centers in the front yard in order to accommodate a 5 bedroom system, with 340' of repair. Please note the existing well in the front yard must be properly abandoned. If there are any questions, please feel free to contact us @ 704-576-3887.

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

OWNER: _Chel Crook_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 bedroom_____ PROPOSED DESIGN FLOW (.1949): _600 GPD____ PROPERTY SIZE: _____
LOCATION OF SITE: Surfside est. 11/2-146 Sandy Shore Dr._____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 7%	0-34	R C SBK	FR SS SP		48"			PS 0.3
		34-48	R CL WSBK	FR SS SP					
2	LS 10%	0-4	Br SCL WSBK	FR SS SP		48"			PS 0.3
		4-32	R C SBK	FR SS SP					
		32-48	R CL WSBK	FR SS SP					
3	LS 10%	0-4	Br SCL WSBK	FR SS SP		48"	F-C SAP		PS 0.3
		4-28	R C SBK	FR SS SP					
		28-48	R CL WSBK	FR SS SP					
4	LS 7 %	0-8	Br SCL WSBK	FR SS SP		48"	F-C SAP		PS 0.3
		8-30	R C CSBK	FR SS SP					
		30-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	668 FT2	668 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: __M A & Assoc._____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: ___________
DATE OF EVALUATION: ___________
COUNTY: ___________

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	LS 10%	0-39	R C SBK	FR SS SP		48"	F-C SAP		PS 0.3
		39-48	R CL WSBK	FR SS SP					

COMMENTS: ___________

Received March 30, 2016

See Note on Permit - Ck Compaction Under Driveway Per BA

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

#178634 217907

Application For:
( ) Septic Improvement Permit
(✓) New Well Permit
( ) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
(X) 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() 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: Goodin construction Address: 915 River Hwy Mooresville NC 28117 Phone: 7043037302

Owner Name: Rachelle Crook Address: PO Box 1782 Mooresville NC 28117 Phone: 7043037224

Property Information:

Street Address: 1410 Sandy Shore Dr. Mooresville NC 28117

Subdivision Name: Surfside Estates Section/Phase: _____ Lot Number: _____

Driving Directions: Brawley School, left on Stutts, Right on Turnbull Rd, left on Isle of Pines, Right on Harborview Pl, left on Sandy Shore Dr.

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

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

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:

(X) 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 (X) Other: LPP

Year existing system installed: 2013

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: Kevin Scott Wolfe 3/29/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DUG PITS TO CHECK FOR COMPACTION.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Ramelle Barban, am the legal owner(s) of the property located at 146 Lot Sandy Shore Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635 27 9141, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chad Woodin, Woodin Construction, Inc., to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) _____ Date _____

Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Need Zoning Permit - 050713 — 05/07/13 pd. $500.00 MS

IREDELL COUNTY HEALTH DEPARTMENT
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: X Improvement Permit ___ Authorization To Construct ___ BOTH X 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 #
Rachelle Crook	129 Jarvis Avenue Unit J		704-996-8372
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Daryl Bell			

4. Property Information: Parcel ID# 4635-27-9141

Street Address	Subdivision Name	Section/Phase and Lot Number
146 Sandy Shore Dr.	Surfside Estates	Lots 11 & 12

Driving Directions: Brawley School Rd to Isle of Pines - Rt on Harborview - House is right in front

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)* (X) Existing system--installed in 1969 (YEAR)
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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.

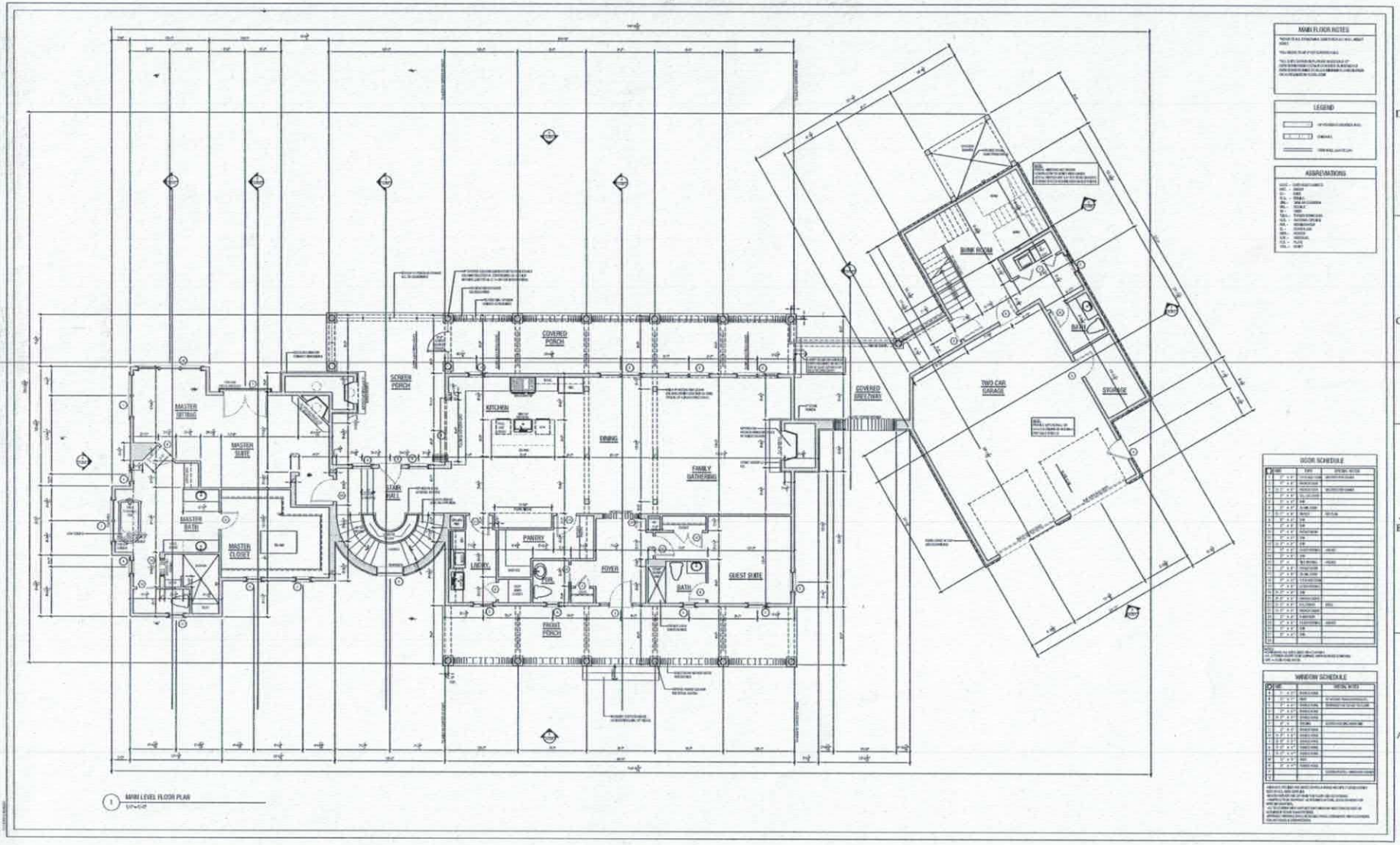
9. Signature: Rachelle L Crook — 5-7-13 (DATE)
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Please Call Before Going Owner would like to Joi

Acknowledgement of
Plans Submittal ONLY!

_____ Date _____

_____ Date _____



1 MAIN LEVEL FLOOR PLAN
1/4"=1'-0"

54"x36" PLOT SHEET

LABELIA

BARBAN RESIDENCE
146 SANDY SHORE DRIVE
MOORESVILLE, N.C.

214952

FOR CONSTRUCTION
MARCH 11, 2015

MAIN LEVEL FLOOR PLAN

A-103

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit
Permit Number: 178634ZO

Printed: 5/8/2013

Master #: 178634

Associated Permits:
178634ZO Zoning

Applicant
Name: ROCHELLE CROOK
Address: 129 IRVING AVE
APT J
MOORESVILLE, NC 28117

Phone: 704-996-8373

Parcel
Parcel Number: 4635279141.000
Address: 146 Sandy Shore Dr

Zoning: R20
Township: 1700
Area:
Lot(s):

Subdivision:

Directions to Parcel: Isle Of Pines,tr Harborview, Staight Ahead

Owners
Name: Deryl Bell
Address:

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-284227-07	Zoning - Permit Application	$75.00
FEE-284228-07	Technology Fee - Planning	$2.25
	Total Fees:	**$77.25**
REC-145863-07		$77.25
	Total Receipts:	**$77.25**

$500 pd
MR Sr. Seedatt