IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
( ) Septic Improvement Permit (X) 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: Alesia Preece Address: P O Box 459 Cornelius, NC Phone: 704 604-7468

Owner Name: Alesia Preece Address: _____ Phone: _____

Property Information:

Street Address: 177 Ruby Road Mooresville, NC

Subdivision Name: CLNT ○ Section/Phase: 5 Lot Number: 21

Driving Directions: _____

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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)* Year existing system installed: _____

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

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 (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.

Signature: Alesia _____ 3/17/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Email Well Permits AlesiaPreece@HOTMAIL.COM

IREDELL COUNTY HEALTH DEPARTMENT

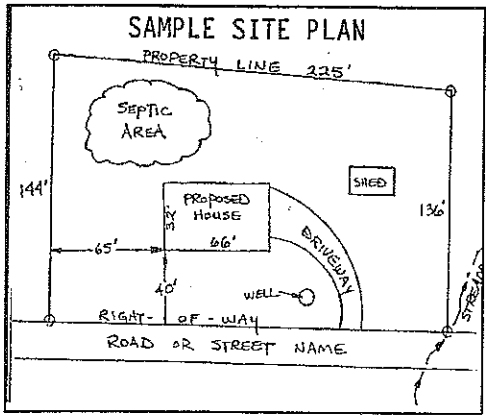
ENVIRONMENTAL HEALTH DIVISION

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:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location and 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**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Septic Permit

Signature: Alicia Green

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/17/14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201986

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

PIN # 4635-38-6935

APPLICANT: Alesia Preece APPLICANT ADDRESS: 177 Ruby Rd Mooresville NC 28117

SITE ADDRESS: 177 Ruby Rd Mooresville NC 28117 PHONE: 704-609-7468 ALT. PHONE:

SITE DIRECTIONS: Brawley Sch. Rd, TL on Isle of Pines, TL on Ruby Rd, Lot on R

SUBDIVISION: CLLT SECTION: 5 LOT # 21 LOT AREA: 0.64 DESIGN FLOW: 360gpd L.T.A.R.: 0.25

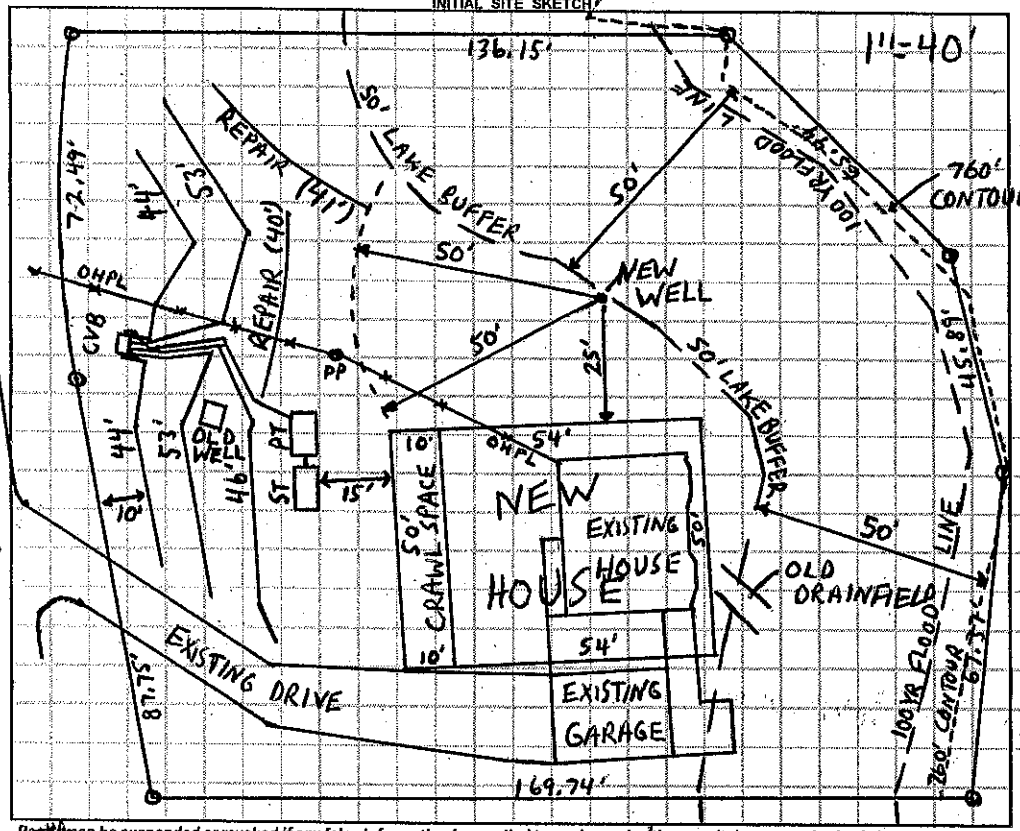
Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1	# Lines	5	Linear Ft:	240		Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24" or 36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A			☐ GRAVITY	☑ PRESSURE		

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: * Old Well inside new drainfield area to be abandoned before AC is issued. OLD DRAINFIELD to be Abandoned, Old tank to be pumped, crushed and backfilled.

INITIAL SITE SKETCH



AS BUILT SKETCH

LAKE NORMAN

---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**

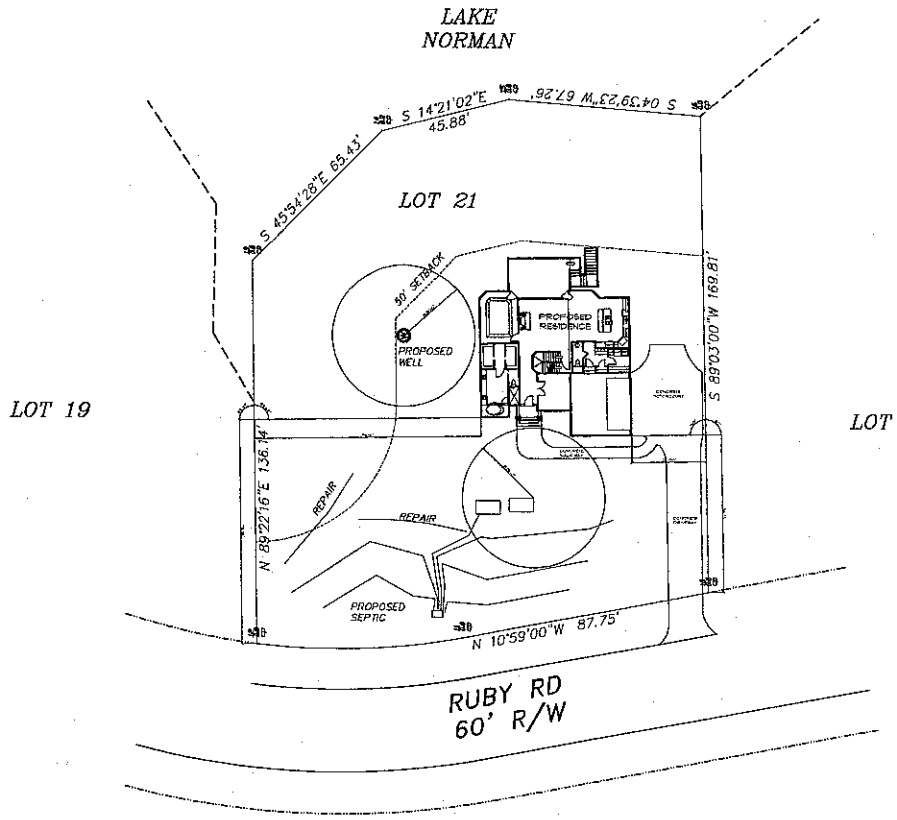
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Alesia Preece Date: 3-17-14 Installed by:

IMPROVEMENT PERMIT by: Date: 3-17-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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



Scale 1" = 20'

SITE PLAN

SCALE: 1" = 20'

ENGINEER:

DATE: JULY 8, 2014

DRAWN BY: DAVE SLOVIK

REVISIONS:

PROJECT:

THE STROUP RESIDENCE
177 RUBY ROAD
AT
MOORESVILLE, NORTH CAROLINA

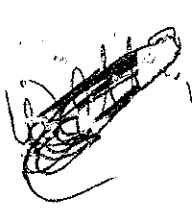
NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

DAVE SLOVIK
2331 WHITFORD LANE
CHARLOTTE, NC 28210
704-560-9919

COMPASS Building & Realty LLC
635 RIVER HIGHWAY SUITE 5 EF
MOORESVILLE, NC 28117
(704) 483-3533

SHEET
SP-1

THESE PLANS ARE PROTECTED UNDER THE FEDERAL COPYRIGHT ACT 17 USC. THE ORIGINAL PURCHASER OF THIS PLAN IS AUTHORIZED TO CONSTRUCT ONE AND ONLY ONE HOME USING THIS PLAN. MODIFICATION OR REUSE OF THIS PLAN IS PROHIBITED.



4635386935

"1969"

RECEIVED SEP 30 2013 RH

Paid $150.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Alesia Preece Address: 177 Ruby Rd Mooresville NC Phone: (704) 609-7468

Owner Name: Alesia Preece Address: 177 Ruby Rd Mooresville NC Phone: _____

Property Information:

Street Address: 177 Ruby Road Mooresville, NC

Subdivision Name: CLOT Section/Phase: 55 Lot Number: 21

Driving Directions: Off Brawley School Rd

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

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

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) 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 (X) Existing Well ( ) Community Well Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* existing system installed: _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) M... Conventional ( ) Other: _____

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 (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.

Signature: Alesia Preece 9-27-13

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Email

IREDELL COUNTY HEALTH DEPARTMENT

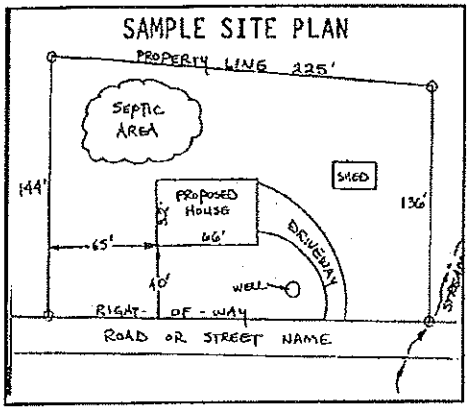
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

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( ) Property Line measurements are clearly identified
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( ) Front and side setbacks from property line
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( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

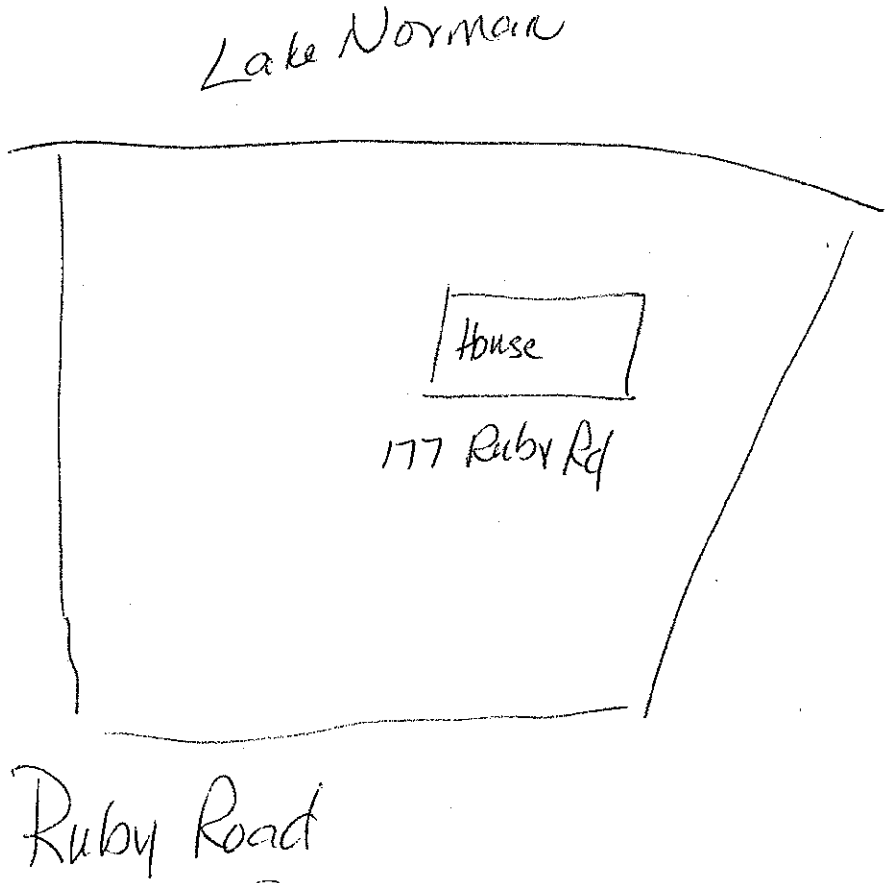


Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Alesia [signature] 9-27-13

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

RECEIVED MAR 0 3 2014

($150.00 Pd Previously) 9-30-14 see #181076 $350.00 paid Statesville 14556 3-3-14 #181010 Paid $710.00 201984 3-17-14

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 ___ 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 #
Alesia Preece	177 Ruby rd Mooresville NC 28117	704.609.7468	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
177 Ruby rd		#21 Sec 5 Dolce PB14-61

Driving Directions: I77 ex 35 West on Brawley left on Fisc of Pines left on Gannett Right on Ruby. House on left

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 ___
Maximum Number of Occupants ___
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in 1969 (YEAR)
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

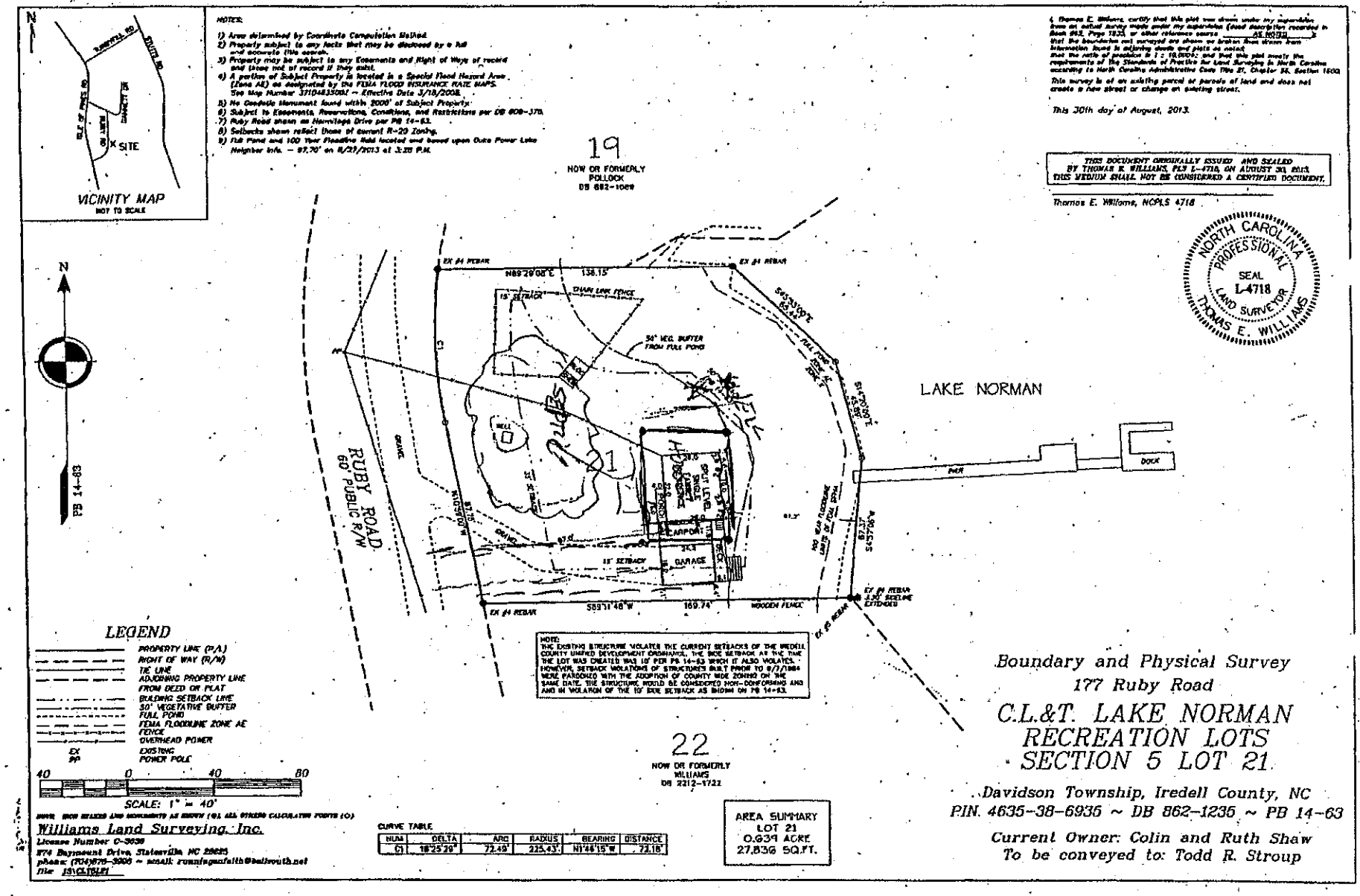
8. Please Answer The Following To The Best of Your Ability:

( ) Yes	( ) 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: [signature] 9/17/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ZO / $150 pd. 181075


VICINITY MAP
NOT TO SCALE
SITE
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) A portion of Subject Property is located in a Special Flood Hazard Area (Zone AE) as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710483500J - Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject to Easements, Reservations, Conditions, and Restrictions per DB 809-370.
7) Ruby Road shown as Hermitage Drive per PB 14-63.
8) Setbacks shown reflect those of current R-20 Zoning.
9) TIE Pond and 100 Year Floodline field located and based upon Duke Power Lake Heighter Info. - 97.70' on 8/27/2013 at 3:25 P.M.
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 862, Page 1235, or other reference source AS NOTED) that the boundaries not surveyed are shown as broken lines drawn from information found in existing deeds and plats as noted, that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code 19by 21, Chapter 56, Section 1602.
This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.
This 30th day of August, 2013.
THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY THOMAS E. WILLIAMS, PLS L-4718, ON AUGUST 30, 2013. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.
Thomas E. Williams, NCPLS 4718
NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS
19
NOW OR FORMERLY
POLLOCK
DB 882-1069
EX #4 REBAR
N89°29'08"E 136.15'
15' SETBACK
CHAIN LINK FENCE
50' VEG. BUFFER FROM FULL POND
S47°33'00"E 85.42'
FULL POND
EDGE OF WATER
S41°20'00"E 45.85'
LAKE NORMAN
PIER
DOCK
WELL
RUBY ROAD
60' PUBLIC R/W
PB 14-63
GRAVEL DRIVE
N10°50'00"W 87.75'
SPLIT LEVEL SINGLE FAMILY DWELLING
HERMITAGE DRIVE
CARPORT
GARAGE
15' SETBACK
100 YEAR FLOODLINE (BASED ON FULL POND)
N36°27'45"E 87.37'
EX #4 REBAR 1.30' BEELINE EXTENDED
EX #4 REBAR
S89°31'48"W 169.74'
WOODEN FENCE
EX #5 REBAR
22
NOW OR FORMERLY
WILLIAMS
DB 2212-1722
NOTE:
THE EXISTING STRUCTURE VIOLATES THE CURRENT SETBACKS OF THE IREDELL COUNTY UNIFIED DEVELOPMENT ORDINANCE. THE SIDE SETBACK AT THE TIME THE LOT WAS CREATED WAS 10' PER PB 14-63 WHICH IT ALSO VIOLATES. HOWEVER, SETBACK VIOLATIONS OF STRUCTURES BUILT PRIOR TO 9/1/1984 WERE PARDONED WITH THE ADOPTION OF COUNTY WIDE ZONING ON THE SAME DATE. THE STRUCTURE WOULD BE CONSIDERED NON-CONFORMING AND AND IN VIOLATION OF THE 10' SIDE SETBACK AS SHOWN ON PB 14-63.
LEGEND
PROPERTY LINE (P/L)
RIGHT OF WAY (R/W)
TIE LINE
ADJOINING PROPERTY LINE
FROM DEED OR PLAT
BUILDING SETBACK LINE
50' VEGETATIVE BUFFER
FULL POND
FEMA FLOODLINE ZONE AE
FENCE
OVERHEAD POWER
EX PP
EXISTING POWER POLE
40 0 40 80
SCALE: 1" = 40'
NOTE: IRON RELOCS AND MONUMENTS AS SHOWN (O) ALL OTHERS CALCULATION POINTS (C)
CURVE TABLE
NUM | DELTA | ARC | RADIUS | BEARING | DISTANCE
C1 | 18°25'29" | 72.49' | 225.43' | N1°46'15"W | 72.18'
AREA SUMMARY
LOT 21
0.639 ACRE
27,836 SQ.FT.
Williams Land Surveying, Inc.
License Number C-3939
174 Baymount Drive, Statesville, NC 28625
phone: (704)876-3808 ~ email: runningsmith@bellsouth.net
File 13\CTRLPT
Boundary and Physical Survey
177 Ruby Road
C.L.&T. LAKE NORMAN RECREATION LOTS
SECTION 5 LOT 21
Davidson Township, Iredell County, NC
P.I.N. 4635-38-6936 ~ DB 862-1235 ~ PB 14-63
Current Owner: Colin and Ruth Shaw
To be conveyed to: Todd R. Stroup