RECEIVED JUL 0 3 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 Statesville 7-2-14

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) 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: Mark Benitez **Address:** Mooresville NC **Phone:** _____

Owner Name: Joseph Zangara **Address:** 111 Ashley CT Jupiter, FL 33458 **Phone:** _____

Property Information:

Street Address: 149 Ruby Ln

Subdivision Name: CL+T **Section/Phase:** 5 **Lot Number:** 17

Driving Directions: BSR, TL Isle of Pines, TL Gannett, TR Ruby, on Lt

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: 4
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)* **Year existing system installed:** _____

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

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: _____ 7/3/2014

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

980-721-6778

IREDELL COUNTY HEALTH DEPARTMENT

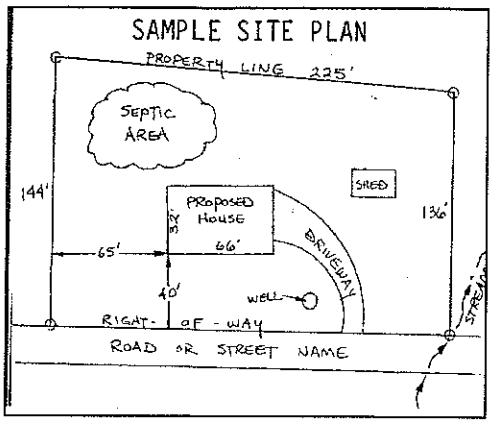
ENVIRONMENTAL HEALTH DIVISION

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 Attached Plan

Signature: _____ 7/31/2014

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



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 149 Ruby Ln., CL&T Sec. 5, Lot 17
House Footprint: See attach plan
Building Setbacks: 35' front, 15 side, 50' lake
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.35 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Limited (deeded 1976)
Distribution: Gravity-drop boxes/end cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 30"-36"

Line	Design Length	Actual Length
Yellow 1	70'	70'
Orange 2	100'	100'
Blue 3	80'	80'
White 4	68'	70'
Orange 5	25'	25'

Initial System: 343' **Repair System:** Limited (Left front of lot)

Comments:
Please note this lot has some topographic issues/terraces that will need to be address when removing the trees from the proposed septic area. These topographic areas will need to be blended in order to remove any of the topographic inconsistencies. MA&A has augered additional borings in these depressional areas in order to confirm adequate soil depth for minor type grading/blending activities. Please note this property was deeded in 1976 (please refer to map for deed date), therefore this lot doesn't require repair area and the septic lines can be minimum of 5 feet to the property line. There does appear to be a repair area located in the front left of the yard, this area we believe was laid out by ICHD. All septic areas and the house were located by the surveyor.

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

204928

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories?___

If an addition, please describe project: ___

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ___

Does the property have community water? Yes (No) If yes, please list who provides it: ___

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Owner Information

Property Owner's Name Joseph Zangara Phone #___

Owner's Current Address 111 Ashley ct, Jupiter, FL 33458

Property Information

Property Address 149 Ruby Ln Parcel # 4635397527

Subdivision: CL+T Sec 5 Lot: 17 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) Brawley Sch. Rd, TL Isle of Pines, TL Garnett, TR Ruby, on Lt

Application Information

Applicant's Name or Company Michael Attaway & Assoc. Applicant's Phone # 704-576-3887

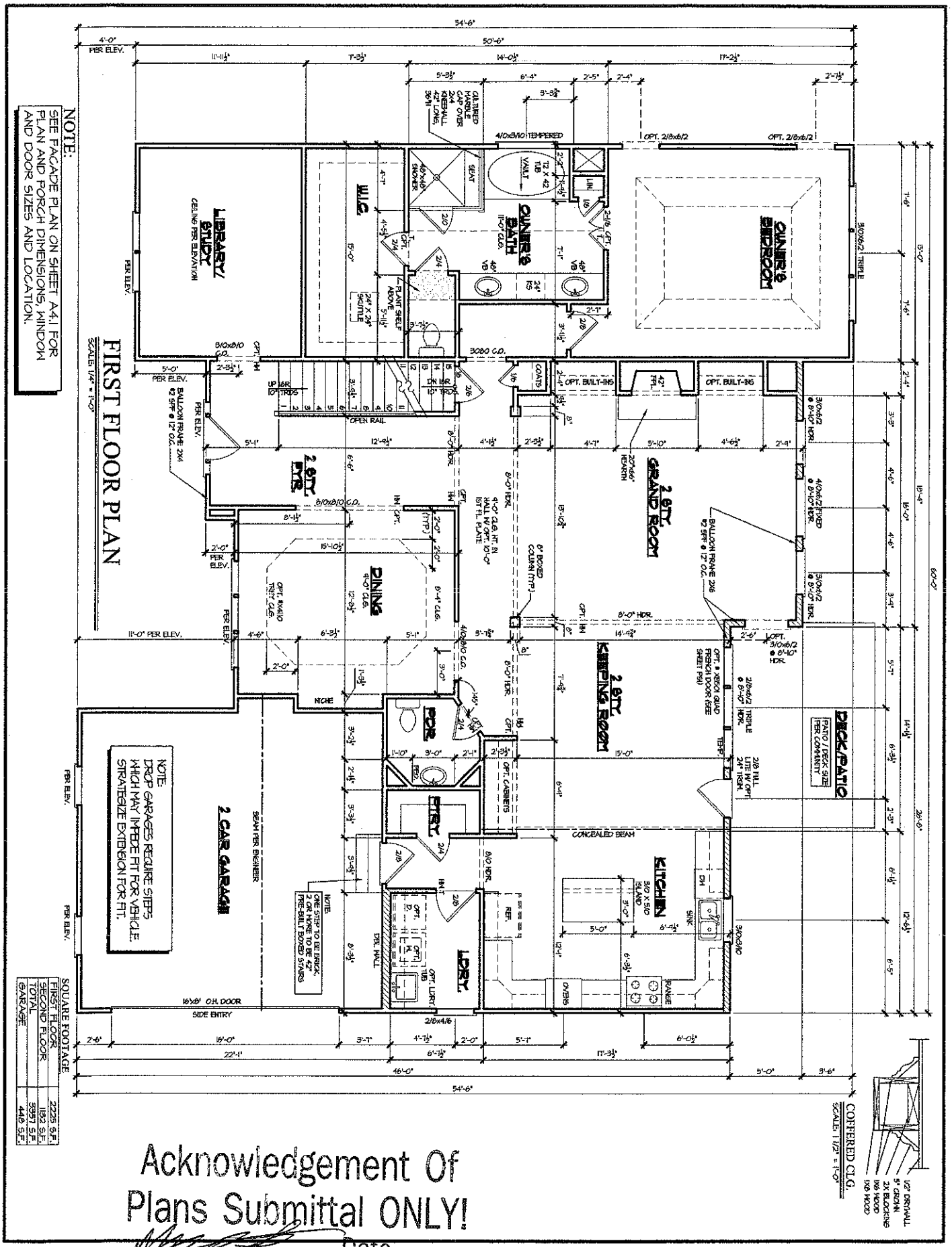
Applicant's Address 541 Ennis Rd. Weddington NC 28173

If Company, Representative's Name and Title ___

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT

DATE 7/2/2014



SHEET NO. A3.1	Model Name: ST. MICHAELS	Revision: 01/26/05 JLS; 06/24/05 JLS; 01/23/12-4106; 04/13/12-4292; 02/01/10-3154; 10/04/10-3850; 02/21/11-3909
	Sheet Title: FIRST FLOOR PLAN	Plan No.: Date: 12/29/04 Drawn By: JLS

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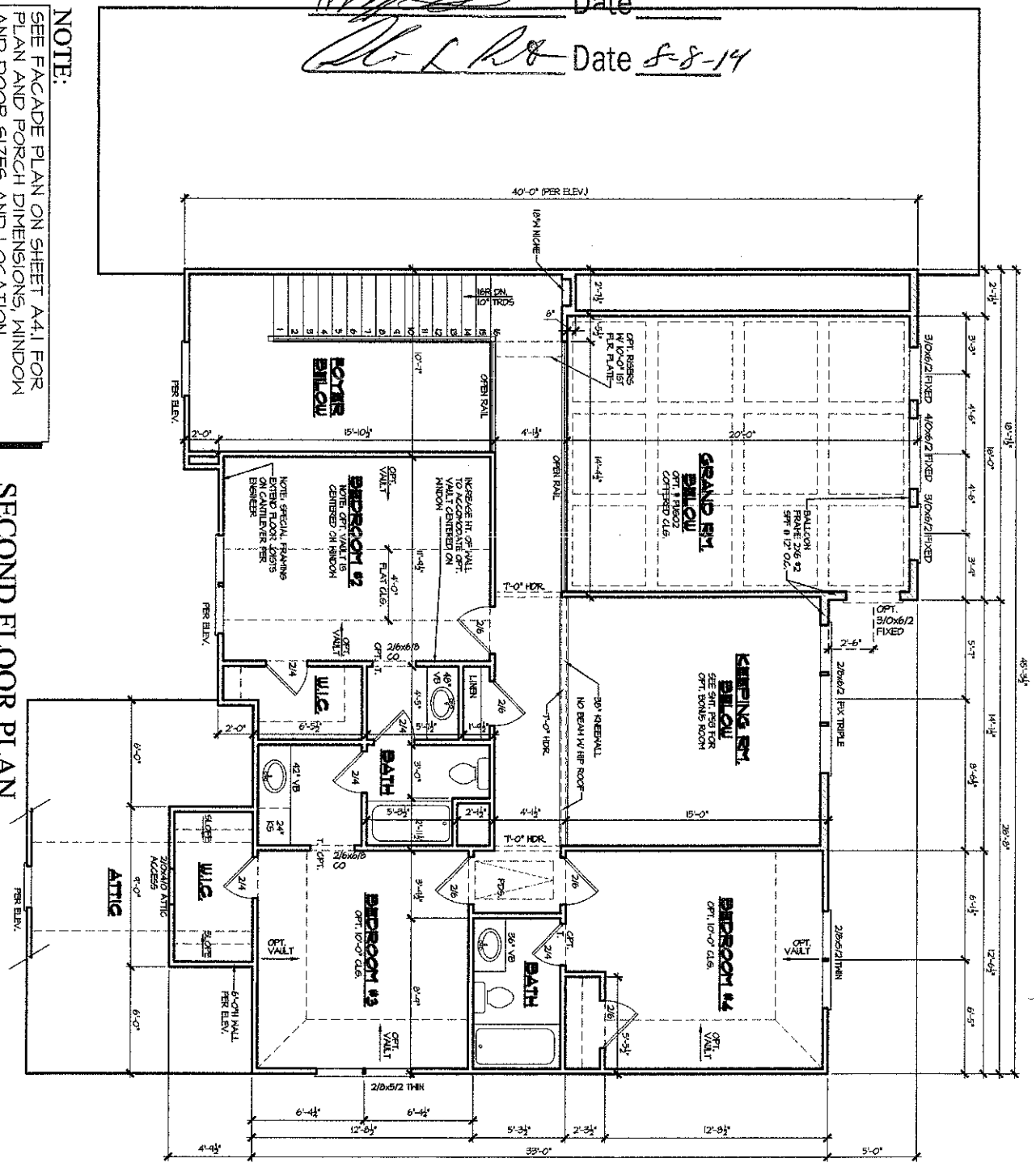
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7360 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2522 • Fax (770) 622-9171

Acknowledgement Of Plans Submittal ONLY!

Date

Date 5-8-14

NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

SHEET NO. A3.2	Model Name: ST. MICHAELS Sheet Title: SECOND FLOOR PLAN	Revision: 08/24/05 JLS 08/14/06 JLS 10/04/10-3850 02/21/11-3904 10/06/11 AMH	Plan No:	Drawn By: JLS Date: 12/20/04	This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

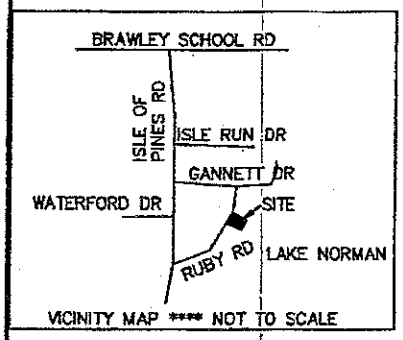
PEACHTREE RESIDENTIAL PROPERTIES
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7380 McGinnis Ferry Rd. Suwanee, Georgia 30174
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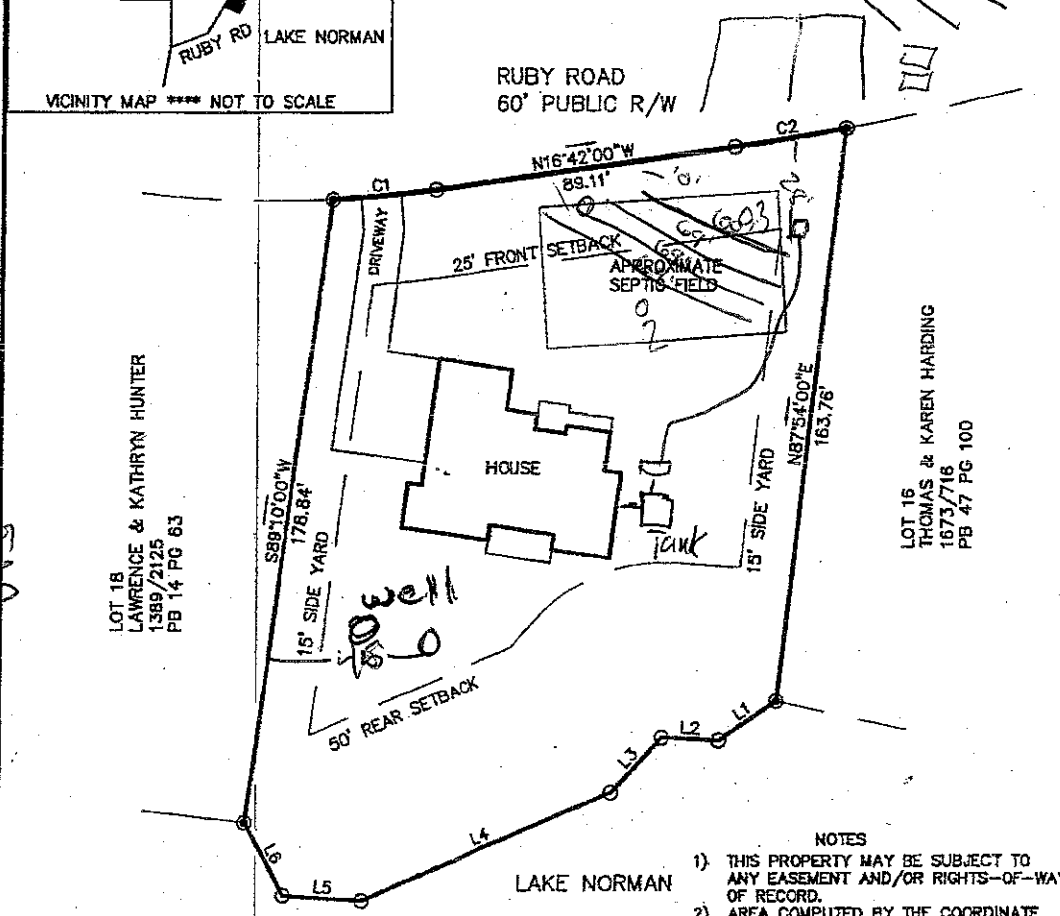
DOWELL & COMPANY, P.C.
ENGINEERING * SURVEYING * PLANNING
344 Rolling Hill Road Suite 103 * Mooresville, N.C. 28117
(704) 660-9697 (704) 664-5177 Fax Email: leland7896@aol.com

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2215, page 1550, and/or plat book 14, page 63, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.
my hand and seal on the 18, day of FEBRUARY A.D. 20 14

Douglas L. Dowell Jr.
DOUGLAS L. DOWELL JR., PLS L-3508

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-3508 DOUGLAS L. DOWELL JR.





CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C1	30.30	334.52	30.29	N14°06'56"W
C2	32.40	697.94	32.40	N18°02'09"W

LINE TABLE		
LINE	LENGTH	BEARING
L1	20.23	S42°33'00"E
L2	17.00	S05°57'00"E
L3	21.54	S55°49'00"E
L4	79.57	S31°52'00"E
L5	23.00	S04°53'00"E
L6	23.90	S52°55'00"W

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON ') ELEVATION:
4) OVER HEAD POWER
5) NO TITLE DOCUMENTS SUPPLIED FOR THIS SURVEY.

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

PLOT PLAN SURVEY

OF

LOT 17 CL&T RECREATION LOTS SECTION 5

CODDLE CREEK TWSP., IREDELL CO., NC

SCALE 1" = 40'

ACQUIRED BY: JOSEPH E HACKETT AND DAWN T ZANGARA

FIELD BOOK:
FILE: 14988/14988
TAX MAP NO: 4635-39-7527

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

Sheet: 1 OF 1
PIN #: 4636-39-7527
Lot #: 17
Permit #: 201778
AppID: NA

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: DAWN ZANGARA
Applicant: BRIAN CLODFELTTER
Address: 111 ASHLEY CT. JUPITUR FL. 334500
Date Evaluated: 4/23/2014
Proposed Facility: SFR Design Flow (.1949) 480
Property Size: .64 AC
Location of Site: CL&T-5-17
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 10%	0-28	RC,M,SBK	SS	MANY MICA COM SAP	48"	NA	48+	.3
		28-40	RCL,M,SBK	SS					
		40-48	RCL,W,SBK	SS					
AB 2	LINEAR 10%	0-23	RC,M,SBK	SS	MANY MICA MANY/COM SAP	48"	NA	48+	.3
		23-32	RCL,M,SBK	SS					
		32-48	RCL,W,SBK	SS					
AB 3	LINEAR 10%	0-20	RC,M,SBK	SS		48"	NA	48+	.3
		20-48	RCL,M/W,SBK	SS					
		48+	LSAP	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	NOT REQUIRED
System Type(s)	LP PANEL	NA
Site LTAR	.3	NA

Other Factors (.1946): DEEDED PRIOR TO 1983
Soil Evaluation By: BEN ALDRIDGE
Others Present: NONE
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: NONE

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4635397527____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 10%	0-4	Br SCL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.35
		4-36	R CL WSBK	FR SS SP					
		36-48	R L WSBK	FR SS SP					
6	LS 10%	0-8	FILL		N/A	48"	N/A	N/A	PS 0.3-0.35
		8-46	R CL WSBK	FR SS SP					
		46-48	R L WSBK	FR SS SP					
7	LS 10%	0-18	R C SBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.35
		18-40	R CL WSBK	FR SS SP					
		40-48	R L WSBK	FR SS SP					
B 1	LS 5% ALP	0-20	R C mFSBK	Fr SS SP SSP	Com/many Soft Fe CL Inc.	40"	PS		PS .3
		20-40	R CL MFSBK	Fr SS SP SSP					
		40-48	VFR SL SAPR	Fr SS SP SSP					
B 2	HS 12% ALP	0-12	Fill		Com SP	48"	-	-	PS .3
		12-18	R SCL Gr	Fr SS SP SSP					
		18-48	R CL MFSBK	Fr SS SP SSP					

COMMENTS: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4635397527
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Joseph Zangara APPLICATION DATE
ADDRESS: Jupiter, FL DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.64 AC
LOCATION OF SITE: CL&T Sec. 5, Lot 17 PROPERTY RECORDED: 12/2/1976
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
1	LS 10%	0-5	Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.35
		5-34	R CL WSBK	FR SS SP					
		34-48	R L WSBK	FR SS SP					
2	LS 10%	0-10	R SL GR	VFR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.35
		10-48	R CL WSBK	FR SS SP					
3	LS 10%	0-6	Br SL GR	FR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.35
		6-28	R SCL WSBK	FR SS SP					
		28-48	R CL WSBK	FR SS SP					
4	LS 10%	0-48	R CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.35

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1107 FT2	LIMITED
System Type(s)	25% Reduction	
Site LTAR	0.325	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M A & Associates
OTHER(S) PRESENT:

COMMENTS: