IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 18823 DATE Aug 9, '94 TAX MAP NO. 2623 621 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Clingingham Homer PHONE: Business 463-10-0611 ✓ Home CW

ADDRESS 137 Wynwood Way - Mrsvl.

LOCATION Clyde Rhyne Rd TR Cove Creek Rd TL Wynswept TR Wynwood immediately on left

SUBDIVISION North Shore II BLOCK / SECTION II LOT 21 LOT AREA 20,000 ft² ± SITE CLASS. PS pt. 1956 DESIGN FLOW 360 gpd L.T.A.R. .3

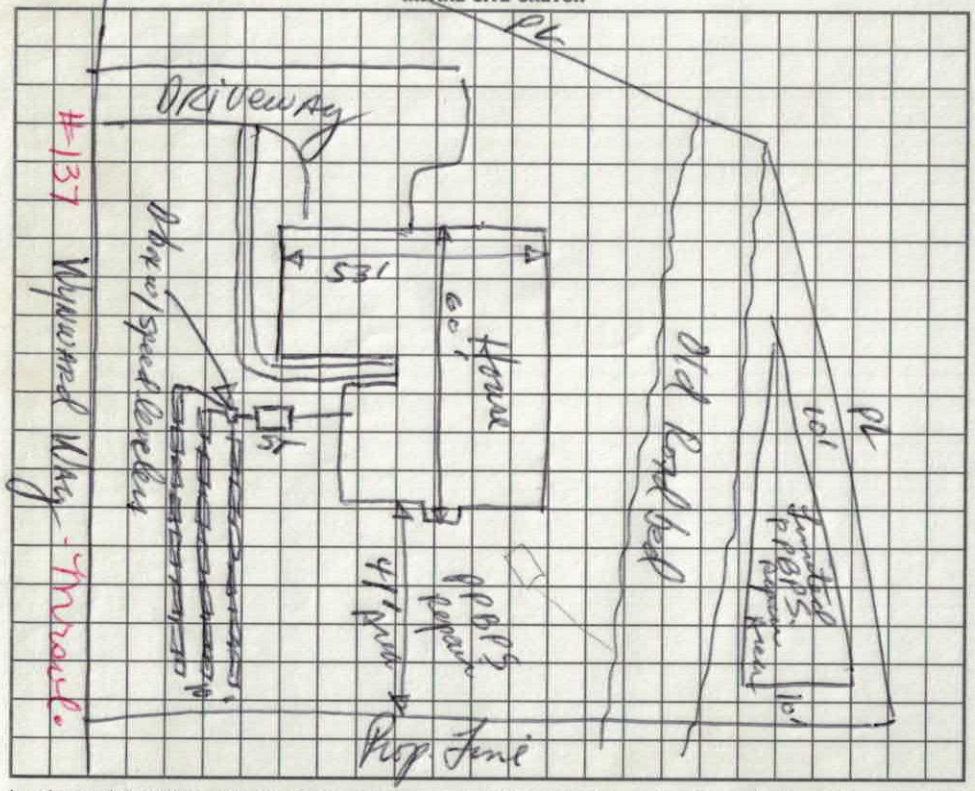
Septic Tank: 1000 Gallons; STB 194 Kellogg Date 10/20/94	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 3	Water Supply: ☐ Individual
Pump Tank: ____ Gallons; PT ____ Date ____	System Description: gravity PPBPS	☐ Mobile Home No. Bathrooms 2½	☑ Community
Pump Make: ____ Model ____ Serial No. ____	Repair System Description: Same	☐ Business No. Employees ____	☐ Public
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 200	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other ____	
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A		☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing	

Comments: Plumbing must exit slightly above existing grade in front of house or a pump will be required.

Comments: 12/13/94 backhoe pit dug in old roadbed, soil looked good. OK to install grav. PPBPS in rear yd using old roadbed area w/ LP PPBPS in front at repair area SRH

Tankset OK 12/13/94

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: [signature] RS date 8/9/94

Existing System Inspection by: ____ date ____

Installed by: Iron Horse Grading

Certificate of Completion by: Wesley Sparks RS. date 12/16/94

Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET ___ OF ___
PROPERTY I.D.#: ___
PROPERTY RECORDED: ___
COUNTY: ___

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Robert Engraham Homes OWNER: ___ AGENT: ___ PHONE: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 8/4/94
PROPOSED FACILITY: 3 bedroom SF Dwelling
PROPERTY SIZE: ___
LOCATION OF SITE: Lot 24, North Shore II
WATER SUPPLY: On-Site Well ___ Comm. Well ___ Public ___ Other ___ EVAL. METHOD: Auger Boring ✓ Pit ___ Cut ___

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS	HORIZON LTAR
1	LS to SS 4%	0-6	gr-sl	1:1 / vfr			PS		.6
		6-28	~~SAB~~ - C	1:1 / fi			PS		.4
		28-40+	wk SAB - sic/sicl	1:1 / fr-fi			PS		.3
2									
3									
4									
5									

AVAILABLE SPACE (.1949): 4 SITE CLASSIFICATION (.1948): 4 SITE LONG-TERM ACCEPTANCE RATE .3
EVALUATED BY: [illegible] OTHER(S) PRESENT: ___
COMMENTS: Site can be reclassified PS per rule .1956, modified system: PP/PS and with adjustment of house location.

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Robert Ingraham Homes	391-3715	2700-B I-85 Service Rd.	Charlotte	N.C.	28115
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
North Shore II	21		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		2E-23-B-21

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

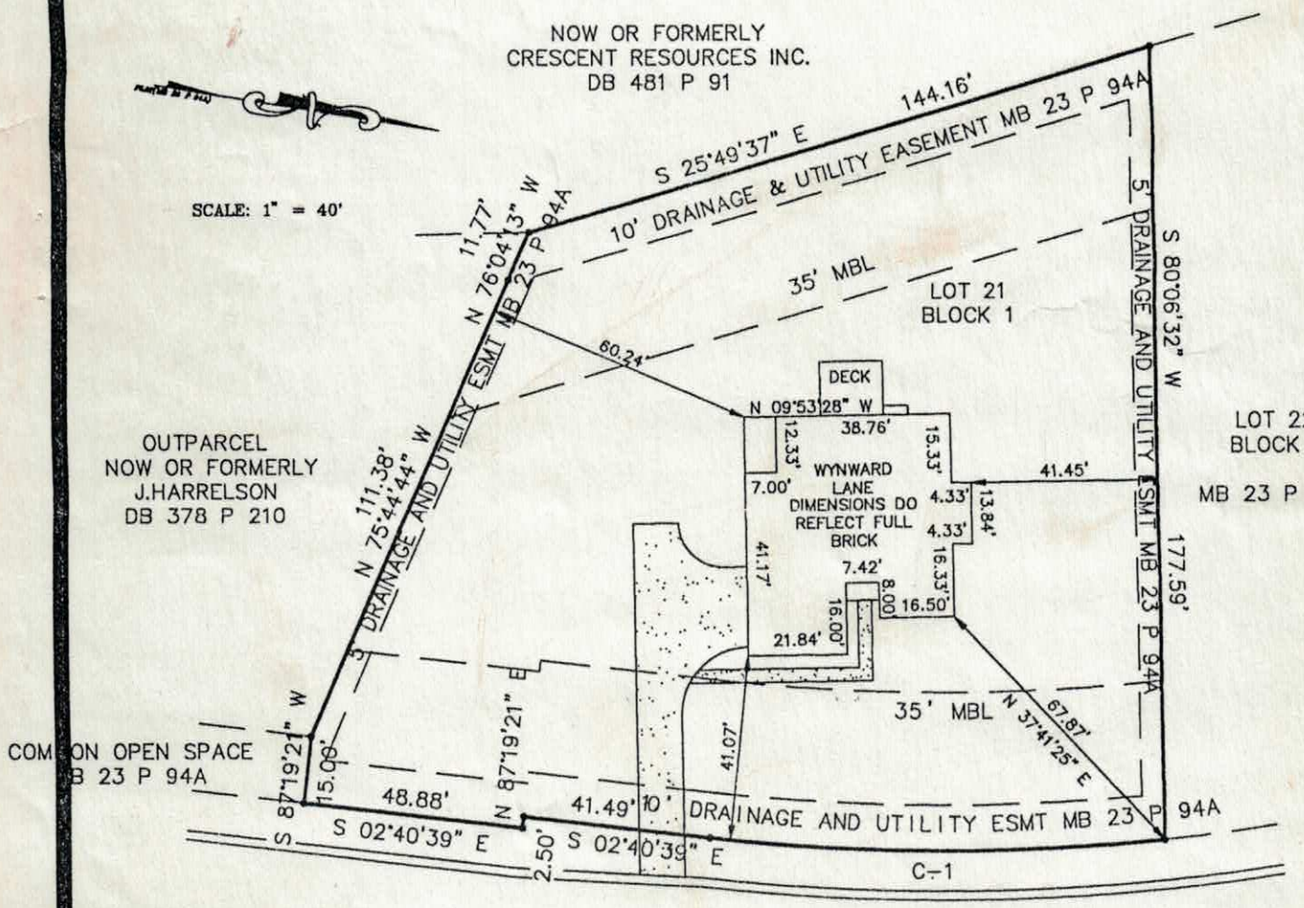
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

8/4/54 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190



WYNWARD WAY
40'-45' PUBLIC R/W

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C-1	470.37'	101.06'	100.86'	N 08°49'58" W	12°18'36"

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision NORTH SHORE II PHASE I County Iredell
Address Wynward Lane
Lot 21 Block 1 Plan Innisbrook (Left) X (Right) ___ Elevation A
Patio ___ Deck X Fireplace X Garage (1 Car) ___ (2 Car) X Brick Front Full Basement ___
Crawl X Slab ___ Fully Fenced Rear Yard ___ Other ___

REVISED: DWN: MJD CKD: [illegible] DATE: 6 / 24 / 94

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

No. 18823

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Construct Dwelling

Location: 8/N/94

Tax Map No.	Township	Jurisdiction	Zoning
4646-23-B-21	Davidson	Iredell	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
North Shore - Phase One	21		( ) yes ( ) no

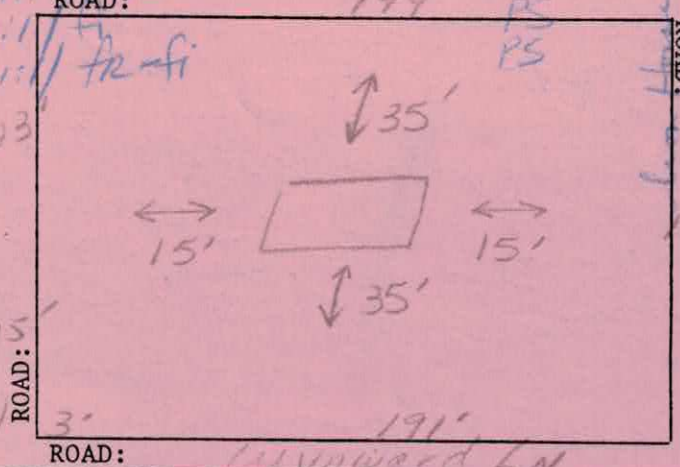
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



#15-Z
25-HD
#40.

OWNER	ADDRESS	PHONE NO.
Robert Ingram Homes	2900-B I-85 Serv Rd. Carolina Business Ctr, Char 28208	391-3715

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date 7-28-94

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area _____ sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

K. Hewitt 7-28-94
Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner