Paid $350.00 4-17-14 Relocation

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* 202883 (✓s mode 202883 RH tank

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: Daryl Kennedy **Address:** 167 Wynard Lane **Phone:** 641-7753

Owner Name: " **Address:** " **Phone:** "

Property Information:

Street Address: 167 Wynard Lane

Subdivision Name: North Shore **Section/Phase:** 2 **Lot Number:** 42

Driving Directions: Sw Boundary TR Isle of Pines; TR Cane Creek; TL Wynard, TR Wynard at end

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: 8 — ( ) Concrete Slab Foundation

( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing

( ) Bedroom(s) Addition — ( ) Other Addition/Structure: Screen porch — ( ) 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)* N/A **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: _____ 4/17/14

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

704-582-9279

IREDELL COUNTY HEALTH DEPARTMENT

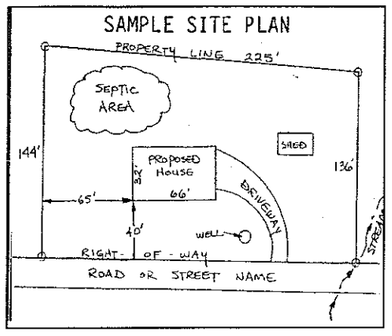
ENVIRONMENTAL HEALTH DIVISION

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"

Signature: _____ _____ 9/17/14

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

Daryl Kennedy
167 Wynward
704 641-7783

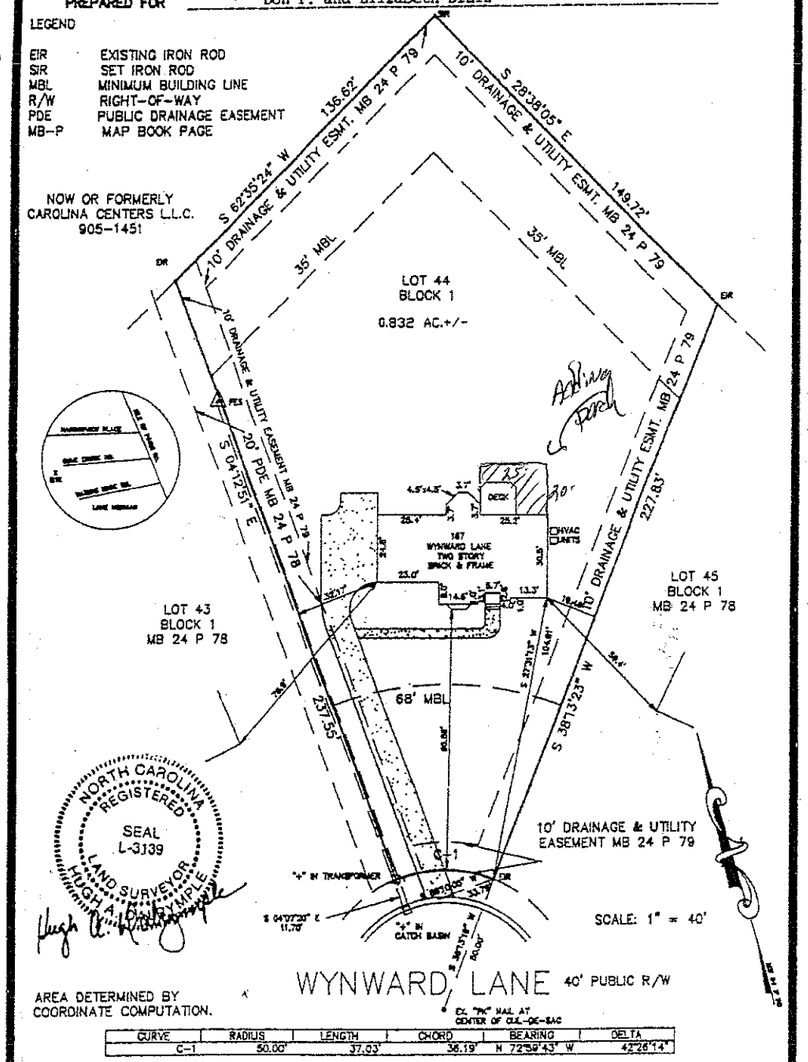
PHYSICAL SURVEY

LOT 44, BLOCK 1, NORTH SHORE II, PHASE II, MAP 1 OF 2, A REVISION OF LOT 20 NORTH SHORE II, PHASE I
DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA
MAP BOOK 24 PAGE 78

PREPARED FOR Don P. and Elizabeth DIETZ

LEGEND

EIR	EXISTING IRON ROD
SIR	SET IRON ROD
MBL	MINIMUM BUILDING LINE
R/W	RIGHT-OF-WAY
PDE	PUBLIC DRAINAGE EASEMENT
MB-P	MAP BOOK PAGE



AREA DETERMINED BY
COORDINATE COMPUTATION.

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C-1	50.00'	37.03'	36.19'	N 72°59'43" W	42°26'14"

PREPARED BY:

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

THIS PROPERTY IS NOT LOCATED IN
ANY SPECIAL FLOOD HAZARD AREA
AS IDENTIFIED ON COMMUNITY PANEL
NO. 370313-0220-B, DATED 5/15/80.

REVISED:

DWN: AJB CKD: [illegible] DATE: 10/13/

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. Kappia DATE 9/25/96 TAX MAP NO. 2G 23 B 44 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Don Doty (RI INGRAM) PHONE: Business 896-4777 Home 463-11-2329

ADDRESS 169 Wynward Lane Mooresville, NC.

LOCATION cul de sac of Wynward Ln., drive directly ahead.

SUBDIVISION North Shore BLOCK/SECTION 2 LOT 44 LOT AREA .62 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 399 Linear Feet 133

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☐ New System X Repair System Type: I, II, III, IV, V, VI

System Description: CH PLASTIC

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

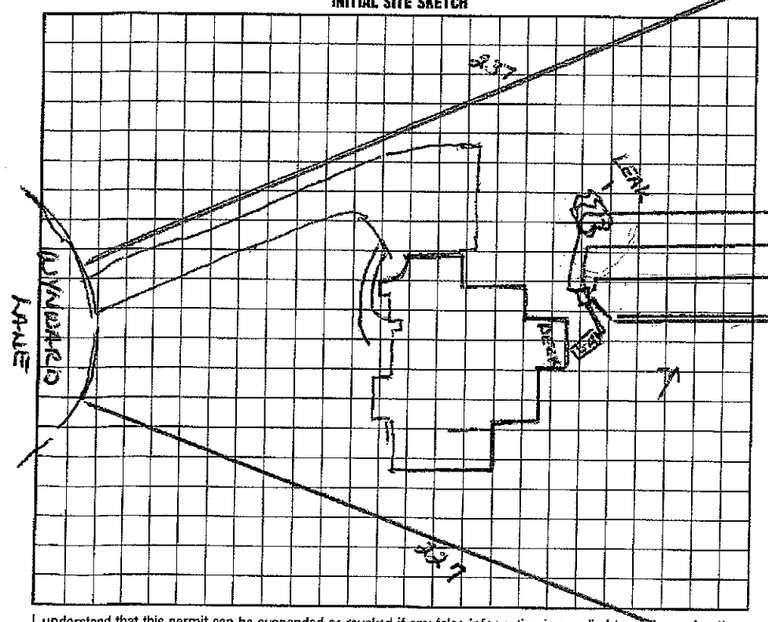
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
X Community
☐ Public

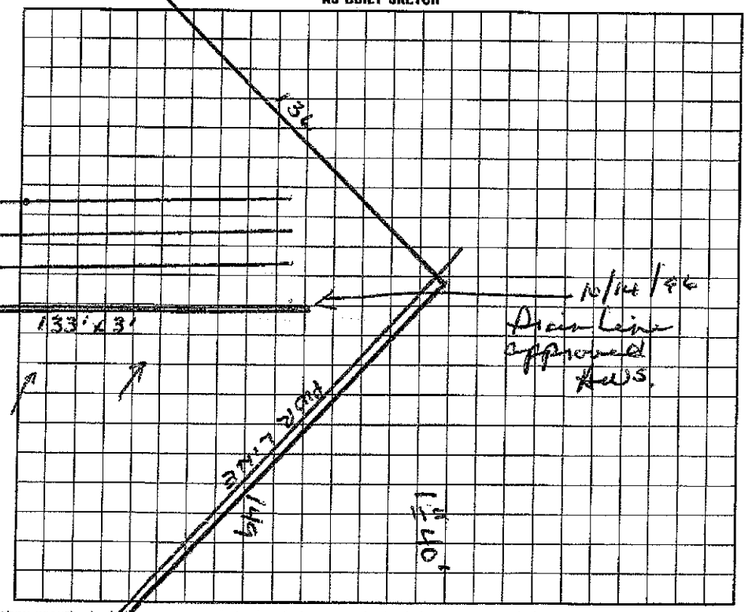
Comments: Re-level Dist. Box with Level Levelers on all lines - Reduce head on lowest line when leak is located.

Comments:

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.

Signed: ____ Installed by: Don Horne Grading

Improvement Permit by: ____ date ____ Certificate of Completion by: ____ date ____

~~Existing System Inspection by:~~ Wesley Sparks R.S. date 9/25/96 Operation Permit by: Wesley Sparks R.S. date 11/25/96

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 20787 DATE 4-24-95 TAX MAP NO. 26-23-B-44 Watershed: ☑ Yes ☐ N

OWNER OR CONTRACTOR Robert Ingraham Homes PHONE: Business 391-3515 Home 892-

ADDRESS 2900 B I-85 Serv Rd Charlotte, N.C.

LOCATION Brawley School Rd TL Isle of Pine Pt TR Cove Creek Rd TL wynnewpt TR wynward at end

SUBDIVISION North Shore BLOCK / SECTION 2 LOT 44 LOT AREA .62 acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 794 Date 5/24/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth W/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Infiltrator

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other ____

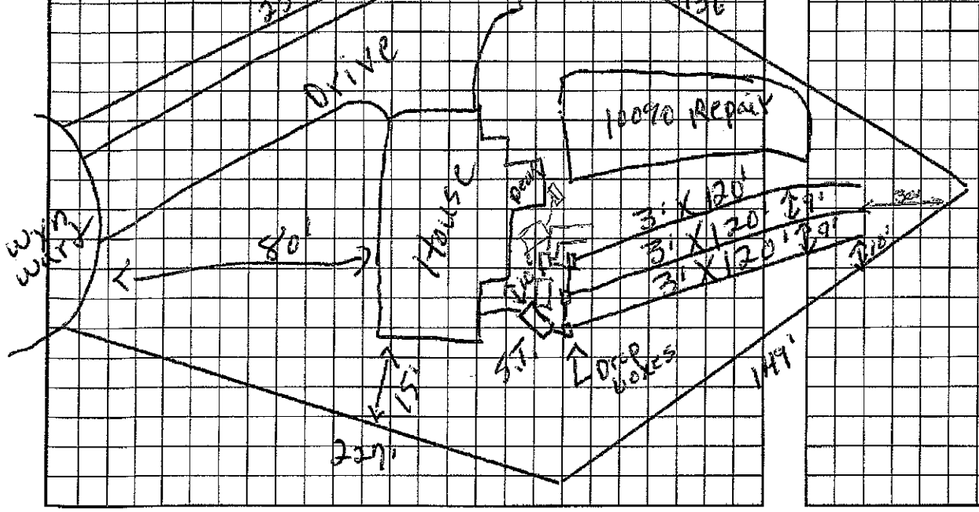
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments:

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: James R Wilson 4-24-95

Improvement Permit by: P. C. Moore date 4-24-95

Existing System Inspection by: ____ date ____

Installed by: Johnny Hogue Grading

Certificate of Completion by: Wesley Sparkman R.S. date 8/25/95

Operation Permit by: ____ date ____

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