# IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

4036221964.278 *280

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

PROPERTY DESCRIPTION NO. 24150 DATE 7/20/96 TAX MAP NO. 2GA39 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR John Castro PHONE: Business _____ Home 896-9966

ADDRESS 175 S Shroner Rd. Mooresville, NC. 28115

LOCATION Isle of Pines Rd. / Branch Tr Isle Pines on (R) the right before Tulyfield Rd.

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 30,000 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB ~~1012~~ Date 12/23/96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 800/800 Linear Feet 520
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: FLOW-DIVIDER-20/B
Repair System Description: PRESSURE PANEL
Maintenance Agreement Required: ☐ Yes ☒ No
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

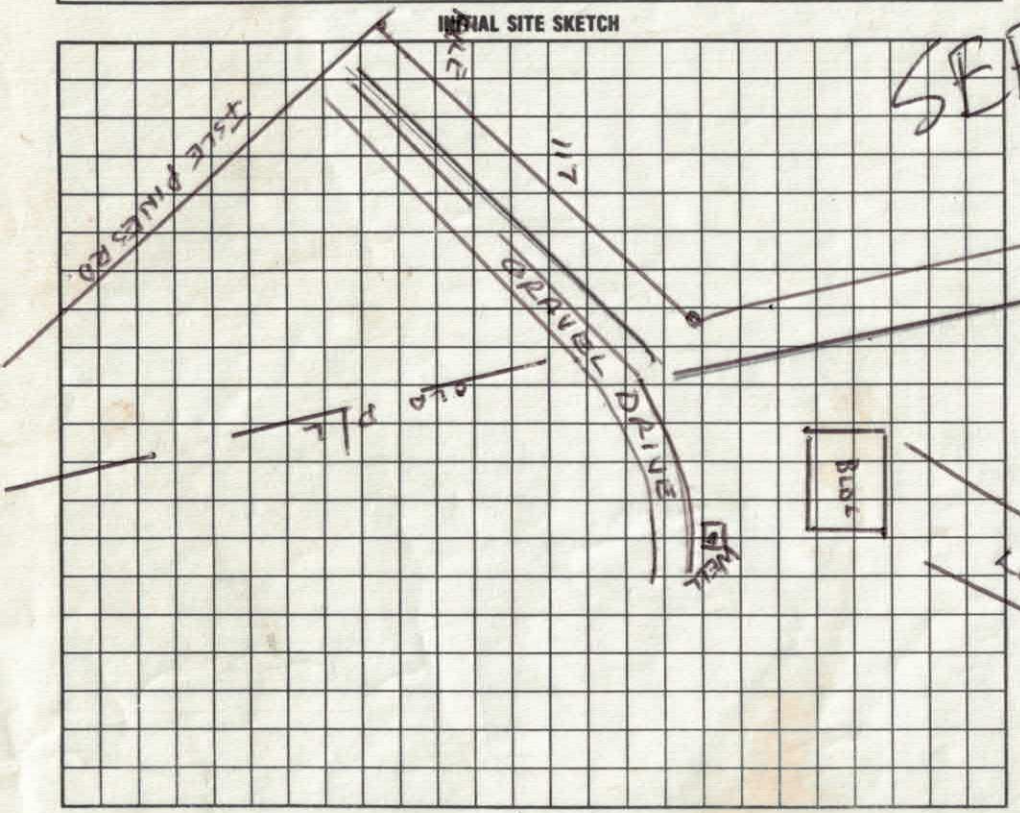
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☒ Other 2-2BD. APTS.

Water Supply:
☒ Individual
☐ Community
☐ Public

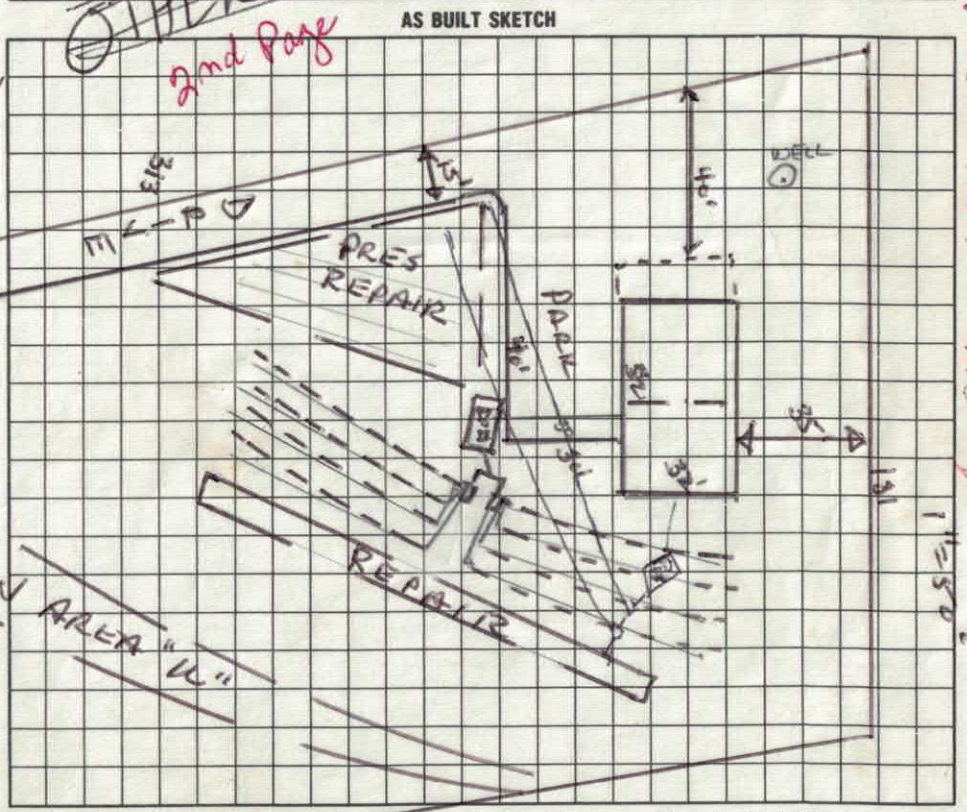
Comments: FLOW DIVIDER + S/T SET AS SHOWN
20/B REQUIRED

Comments: As Built
~~OTHER PERMIT~~

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.

Auth. Construct valid 60 months.

Signed: *

Improvement Permit by: Wesley Sparks R.S. date 7/20/96

Existing System Inspection by: Wesley Sparks R.S. date 7/20/96

Installed by: BARRY THOMPSON

Certificate of Completion by: _____ date _____

Operation Permit by: C. [signature] date 3/25/97

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

Site Addresses: 278 + 280 Isle of Pines Rd - Mrow. (Duplex)

# 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. 24150 DATE _____ TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR John Castro PHONE: Business _____ Home _____

ADDRESS SAME AS FIRST PAGE

LOCATION _____

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

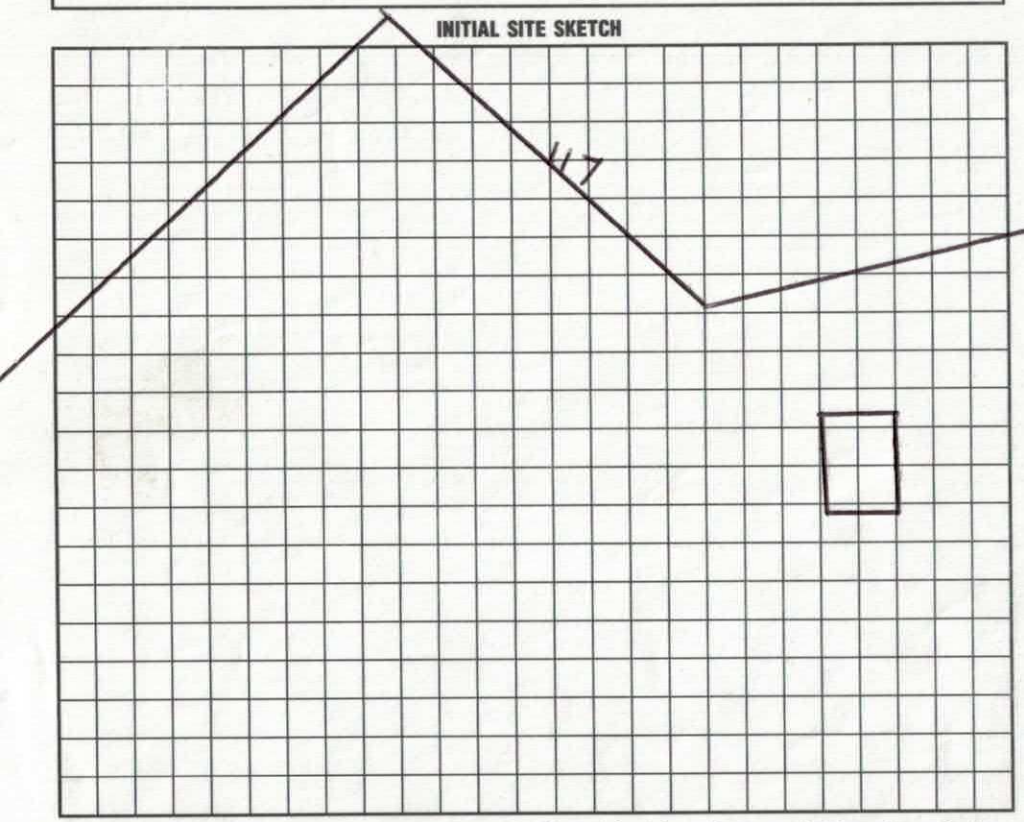
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

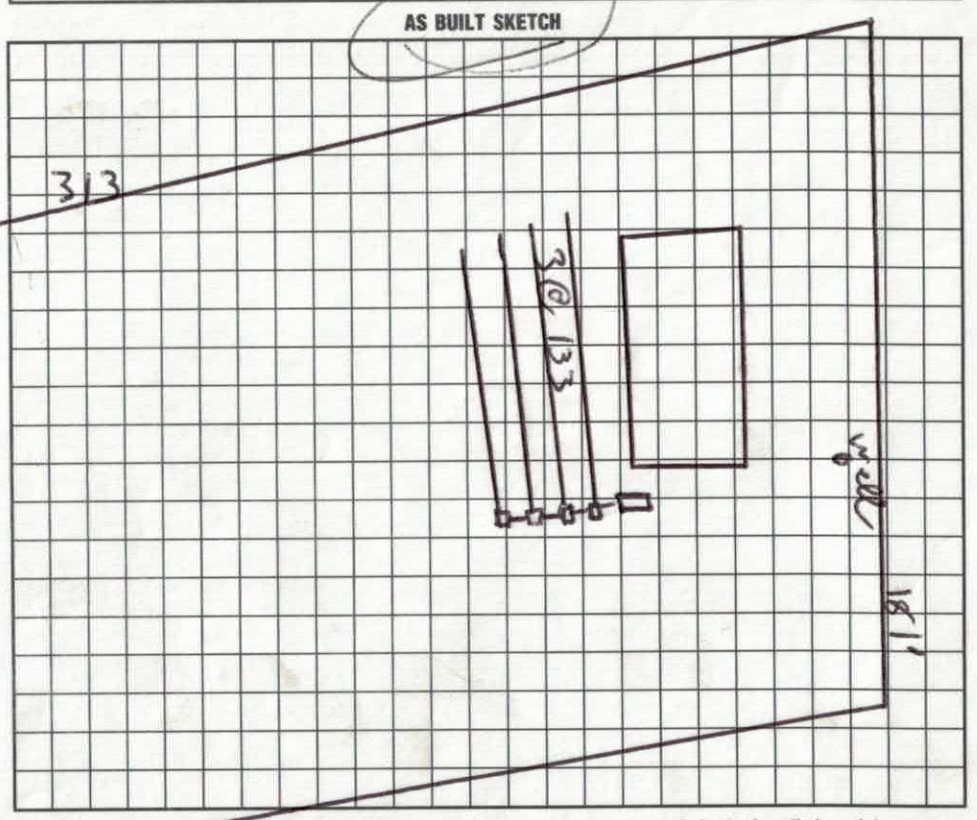
Comments:

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: _____ Installed by: BARRY THOMPSON

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

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date 3/25/97

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: John Castro APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L ~9-10% Rear on hill | 0-9 | sbk / cl | FR SS SP | PS | S | PS | PS | .35 |
| | | 10-42 | wk sbk / l sap | VFR NS NP | | | | | |
| 2 | L 5% | 0-6 | wk sbk / hcl | FI S SP | PS | | | | |
| | | 7-24 | sbk / cl | FI SS SP | | | | | .3 |
| | | 25-41 | sbk / cl | FR SS SP | | | | | |
| | | 42-48 | sbk / cl | FR SS SP | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____

**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:

| John Castro | 896-9966 | 175 Schooner | Mooresville | NC | 28115 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| Jerry Barnette | 270 Isle of Pines Rd. | Mooresville | NC | 28115 |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| | 39 | | |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

| Private Well | | 2G-A-39 |
|---|---|---|
| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |

Specific Directions to Property Brawley School Road, Left on Isle of Pines Rd. Property on Right.

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

Duplex ✓ House _____ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

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

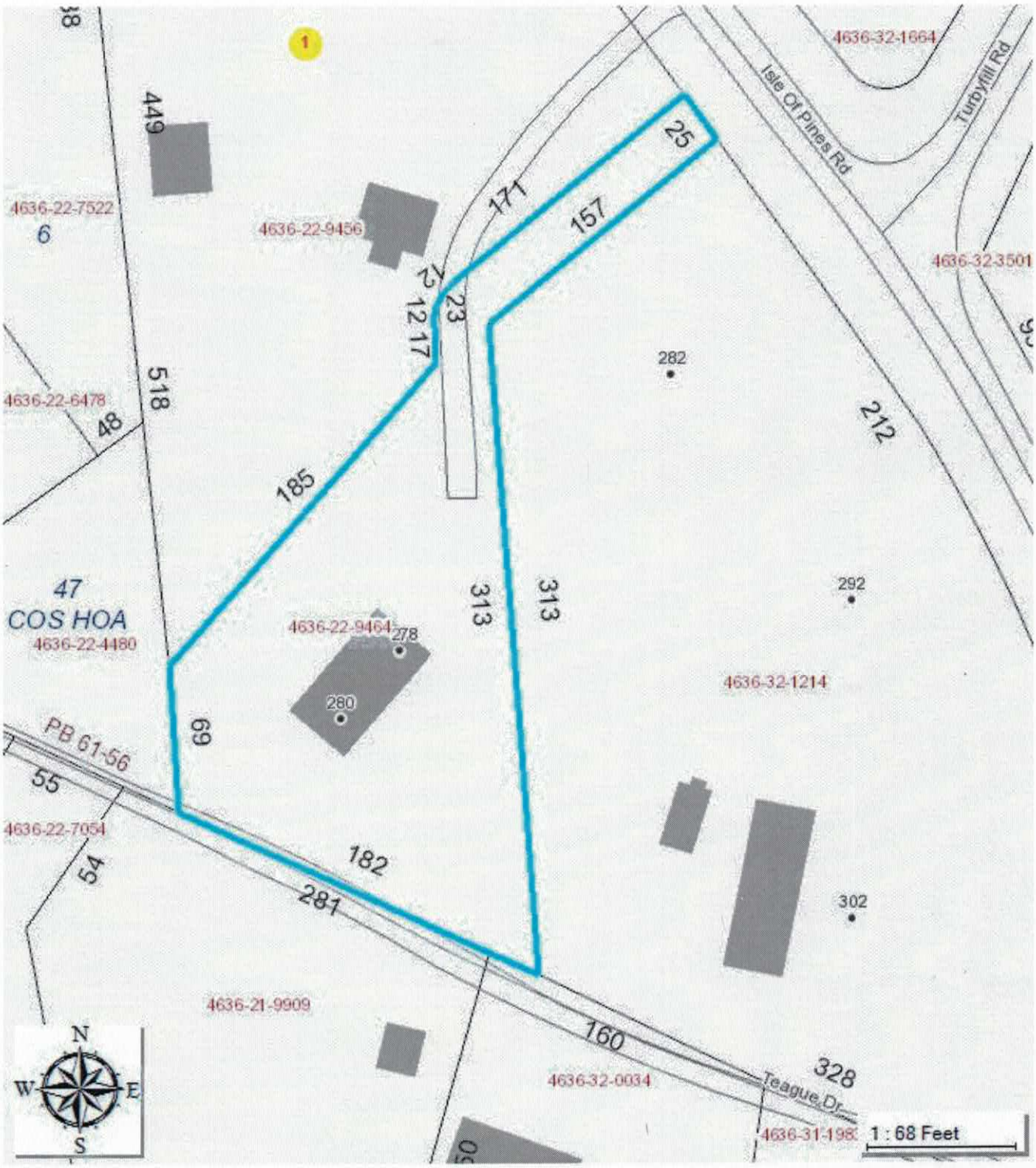
Crawl Space _____ Concrete Slab ✓ Garbage Disposal No Jaccuzi or spa No

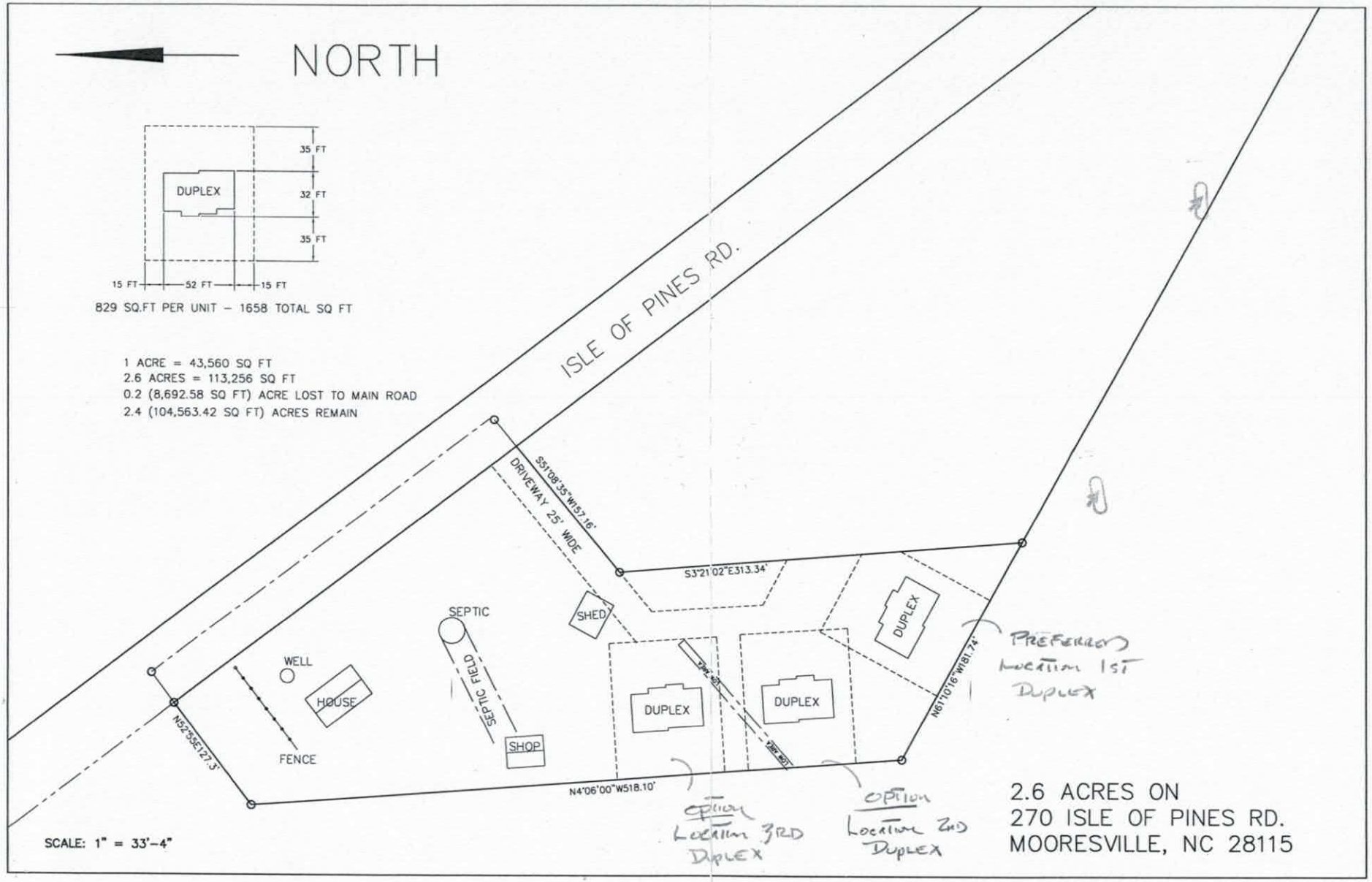
COVENANT AND SIGNATURE:

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.

6/11/06 DATE Charlotte A Castro SIGNATURE OF OWNER/AUTHORIZED AGENT


1
4636-32-1664
Isle Of Pines Rd
Turpyhill Rd
449
25
171
157
4636-22-7522
6
4636-22-9456
12
12 17
23
4636-32-3501
282
518
4636-22-6478
48
212
185
47
COS HOA
4636-22-4480
313
313
292
4636-22-9464
278
280
4636-32-1214
PB 61-56
69
55
4636-22-7054
54
182
281
302
4636-21-9909
160
328
4636-32-0034
Teague Dr
4636-31-198
N
W
E
S
1 : 68 Feet

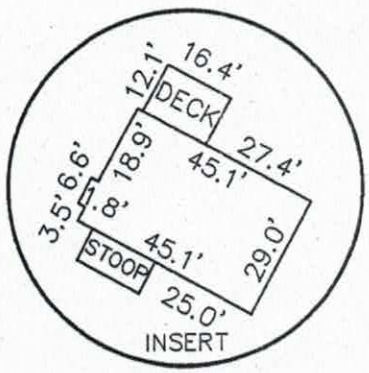

NORTH
35 FT
32 FT
35 FT
DUPLEX
15 FT
52 FT
15 FT
829 SQ.FT PER UNIT – 1658 TOTAL SQ FT
1 ACRE = 43,560 SQ FT
2.6 ACRES = 113,256 SQ FT
0.2 (8,692.58 SQ FT) ACRE LOST TO MAIN ROAD
2.4 (104,563.42 SQ FT) ACRES REMAIN
ISLE OF PINES RD.
S51°08'35"W157.16'
DRIVEWAY 25' WIDE
S3°21'02"E313.34'
SEPTIC
SHED
WELL
HOUSE
SEPTIC FIELD
SHOP
FENCE
N52°55E127.3'
N4°06'00"W518.10'
DUPLEX
DUPLEX
DUPLEX
N61°10'16"W181.74'
PREFERRED LOCATION 1ST DUPLEX
OPTION LOCATION 3RD DUPLEX
OPTION LOCATION 2ND DUPLEX
SCALE: 1" = 33'-4"
2.6 ACRES ON
270 ISLE OF PINES RD.
MOORESVILLE, NC 28115

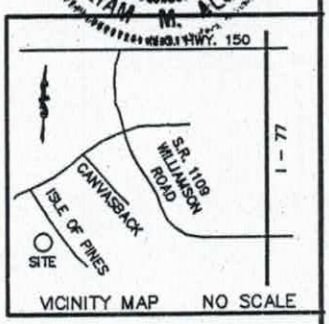
DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING * SURVEYING * PLANNING
933 Brawley School Rd. * Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 597, page 429 and/or plat book _____, page _____, that the ratio of precision is 1':10,000; that this map was prepared in accordance with the General Statutes of North Carolina chapter 47-30. Witness my hand and seal on the 15, day of JULY, A.D. 19 98

William M. Allen

NORTH CAROLINA REGISTERED LAND SURVEYOR WILLIAM M. ALLEN



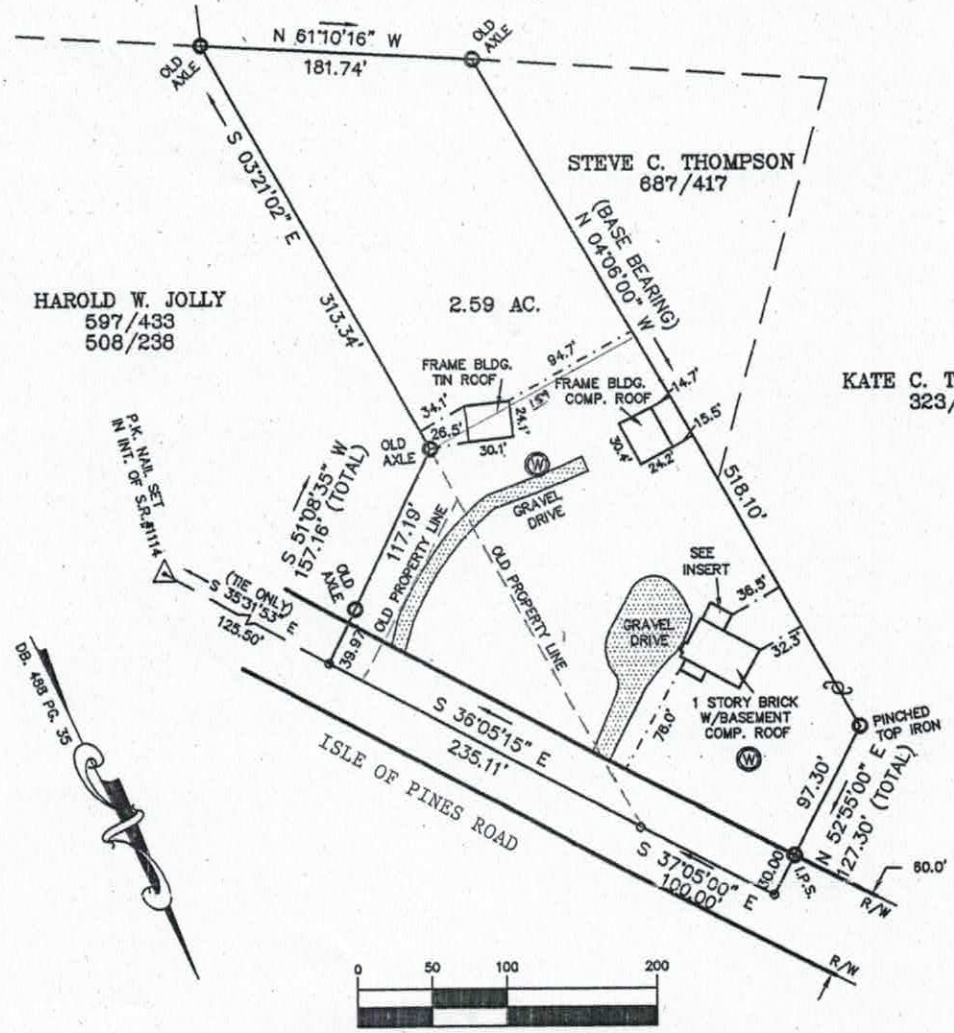

RICKY D. TEAGUE
637/754

WILLIAM GLENN TEAGUE
820/711

STEVE C. THOMPSON
687/417

HAROLD W. JOLLY
597/433
508/238

KATE C. THOMPSON
323/174




1 inch = 100 ft.

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

# PHYSICAL SURVEY
OF
## 270 ISLE OF PINES ROAD

SCALE 1" = 100'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: JOHN M. CASTRO, JR. & CHARLOTTE A. CASTRO

FIELD BOOK: 77
FILE: RN-2988606
TAX MAP NO: 2GA39

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

24150

# PROPERTY DESCRIPTION

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

Proposed Use: Duplex

Location: SR1100, N Side of Pine 3, Before Turnpike Rd on Rt

TAX MAP NO.

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 2G-A-39 | Davidson | Iredell | RA |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| | | 30,000 SF | ( ) yes (X) no |

| Approx. Area to be disturbed | Street Address | Phone | Watershed |
|---|---|---|---|
| | | | NSW-CA |

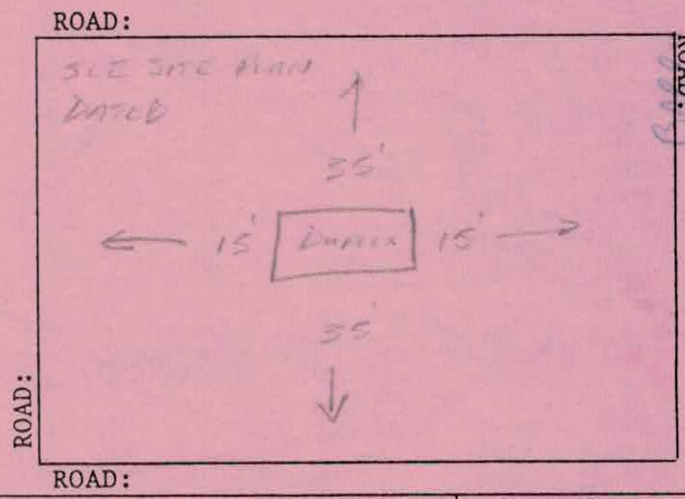
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

CK 2396 15.00 50.00 #65.00

06-10-1996 099481 Rec 99481




| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| John Castro | 175 Sycamore Rd Mooresville NC 28115 | |

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.

X [signature] 6-10-96

Signature of Owner or Authorized Agent — Application Date

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 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 110 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS: Do not issue Bldg. Permit until Deed/Plat is Recorded

ZONING ADMINISTRATION DIVISION

Willie Allen 6-10-96

Approved by — Date

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