IREDELL COUNTY HEALTH DEPARTMENT

Site Address: 155 Pine Mist Dr - Mrvl 28117

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

11:00

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

PERMIT # 222922 PIN # 4636-35-0511 DATE 10-23-12

OWNER or APPLICANT JEFFREY WARD BUILDERS PHONE: Business 704-929-2587 Home:

OWNER or APPLICANT ADDRESS 1094E TURNERSBURG HWY STATESVILLE

LOCATION / DIRECTIONS BSR, TL ISLE OF PINES, TL PINE MIST, ON L

SUBDIVISION WHISPERING OAKS BLOCK / SECTION — LOT # 10 LOT AREA .78AC DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 194 Date 2-1-17

Pump Tank 1000 Gallons: PT 283 Date 1-24-17

Pump Make Liberty Model 290V Serial #

Nitrification Field No Fields — No Lines 3 Linear Feet 267'

Trench Width 24"-36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI

System Description: LP-PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

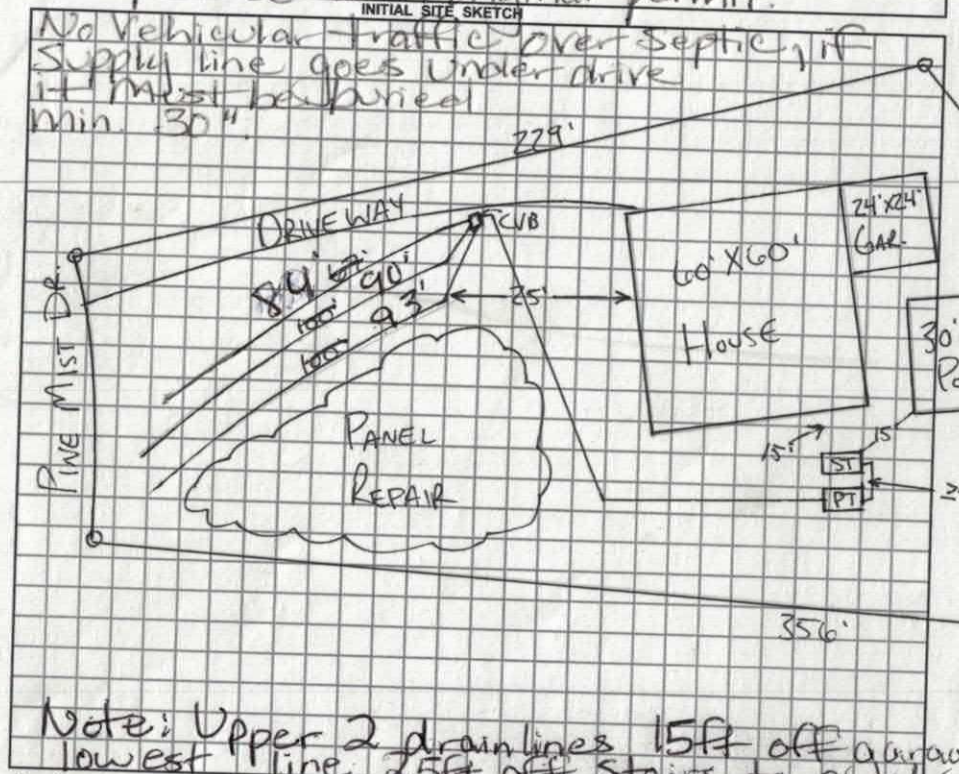
☒ Residence No. Bedrooms 4 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions ① KEEP DRAW LINES 25' FROM BASEMENT
② KEEP PRESSURE LINE 10' FROM BASEMENT
11/14/16 Reviewed revised floor plans, in compliance with original permit.

INITIAL SITE SKETCH

No vehicular traffic over septic, if supply line goes under drive it must be buried min. 30".



Note: Upper 2 drainlines 15ft off garage lowest line 25ft off stairs to patio

Comments / Conditions: Note: Revised Application is for a Crawl Space. Must keep Septic System at least 10ft from PL!

AS BUILT SKETCH

1"=50' 3/7/17 Checked tanks

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 w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Date 11-2-12

Improvement Permit by: Date 10-24-12

Authorization to Construct: Maria Dotson, RS Date 11/14/16

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: R & H

Operation Permit by: Maria Dotson Date: 7/10/17

Existing System Inspected by: Date:

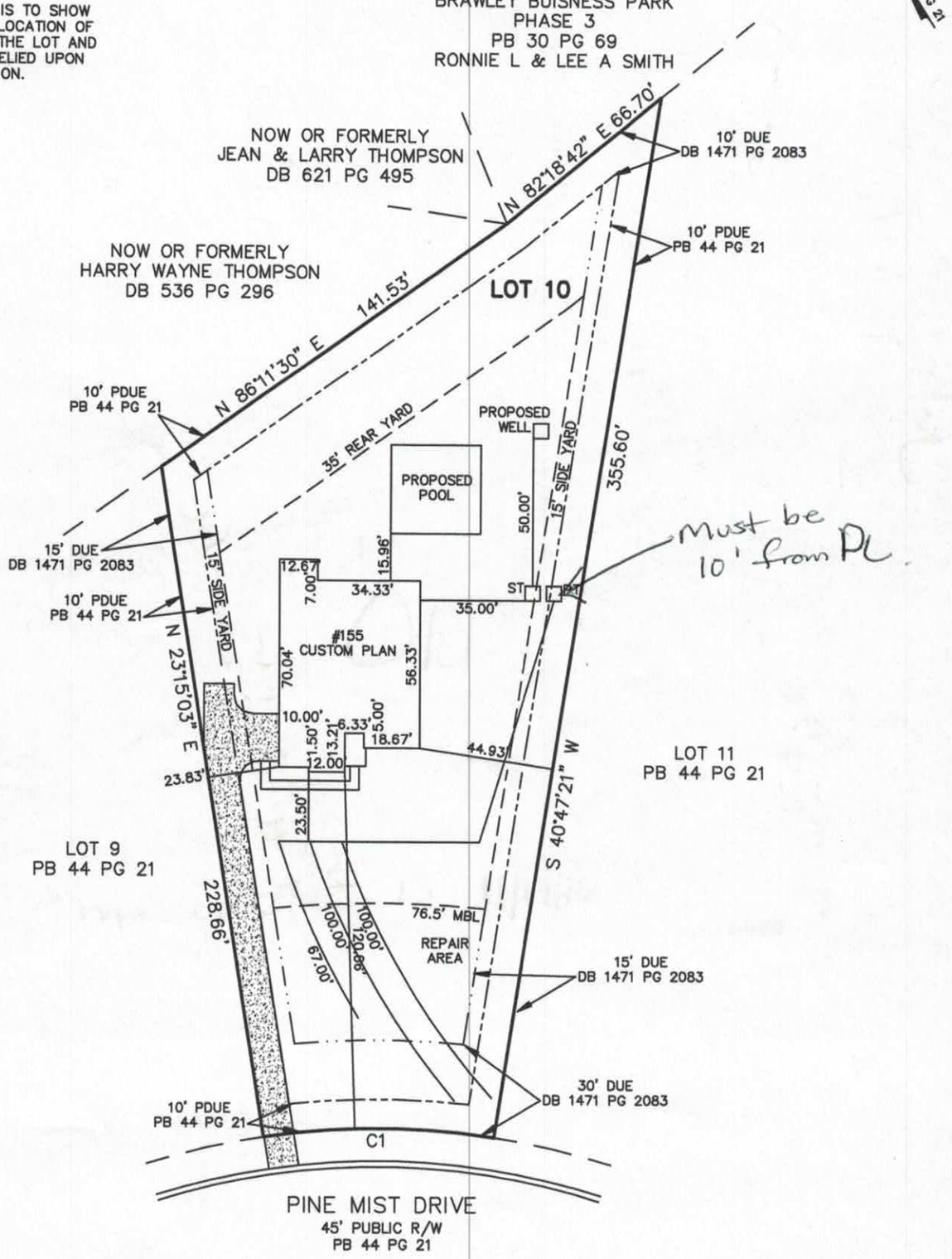
WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

SITE DEVELOPMENT PLAN

PREPARED BY:
DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
608-G Matthews Mint Hill Road
MATTHEWS, NORTH CAROLINA 28105
(704) 847-4700

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

SCALE: 1"=50'



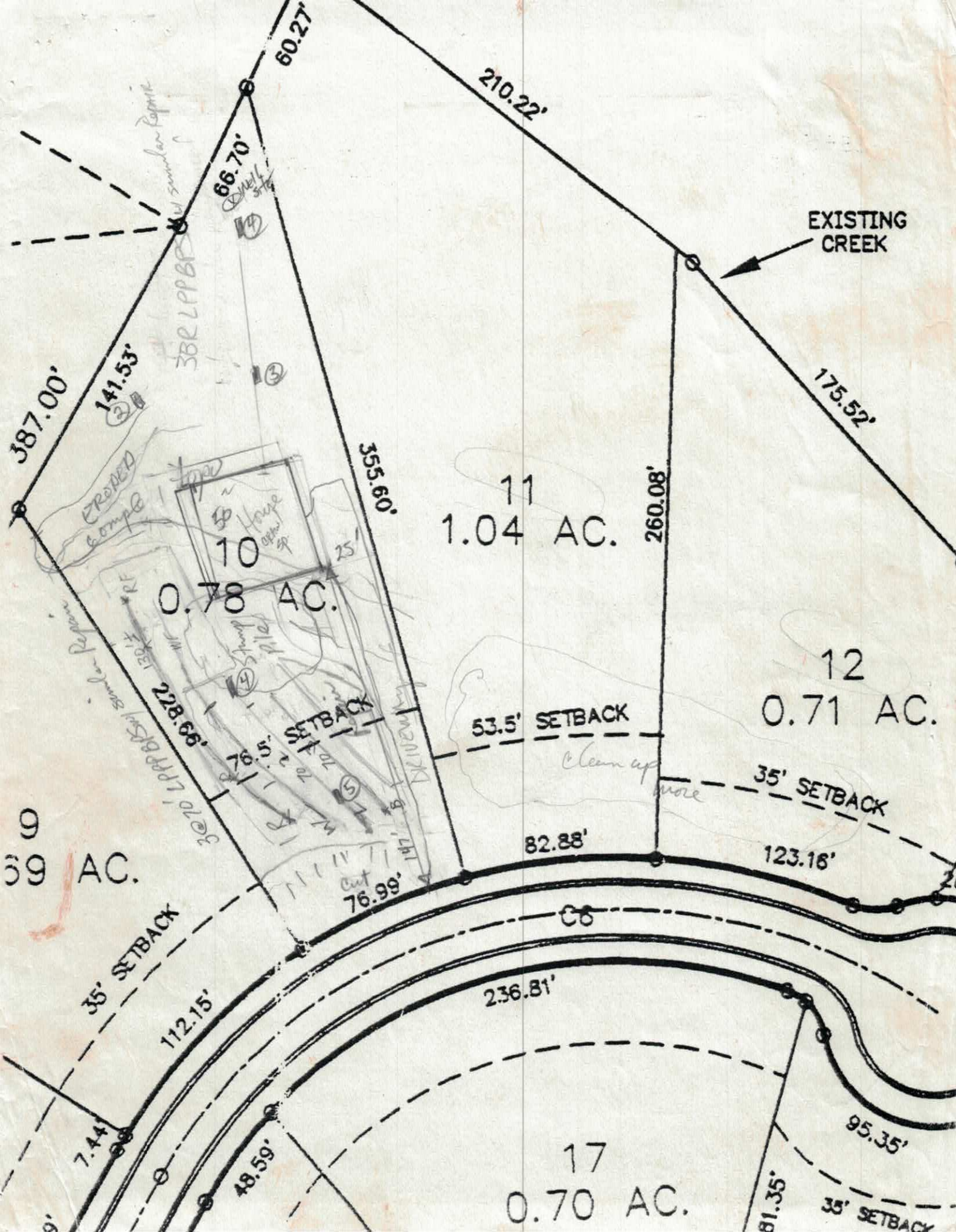
CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	252.50'	77.29'	76.99'	N57°58'56"W	17°32'18"

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision WHISPERING OAKS SUBDIVISION County IREDELL
Address 155 PINE MIST DRIVE Owner FOUNDATION HOMES
Lot 10 Block ___ Plan CUSTOM Elevation ___ Drive (Left) SIDE (Right) ___ (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab ___ Other ___

REVISED: ADDED PROPOSED HOUSE DWN: JDA CKD: DATE: 11/02/16

T:\Drawings\whispering pines\WO-0010.dwg


60.27'
210.22'
66.70'
EXISTING CREEK
387.00'
141.53'
355.60'
175.52'
260.08'
11
1.04 AC.
10
0.78 AC.
12
0.71 AC.
228.66'
76.5' SETBACK
53.5' SETBACK
35' SETBACK
82.88'
123.16'
76.99'
35' SETBACK
112.15'
236.81'
7.44'
48.59'
95.35'
17
0.70 AC.
35' SETBACK
ERODED
SLOPE
3@10' LPPBR
DRIVEWAY
Clean up more
cut
fill

DIVISION OF ENVIRONMENTAL HEALTH
SITE WASTEWATER SECTION

Page ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2-3-03
PROPOSED FACILITY: 1 lot 10 PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: _____
LOCATION OF SITE: Whispering Pines PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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		0-9	sg brwn scl	frsssp					.3
		9-18	mtsbk RC	frsssp common micaf.					
		18-68	wksbk rcl	frsssp common-many micsap					
2		0-10	wksbk SL	frsssp					.3
		10-47	RCL	frsssp					
		47-60	LSMp	frsssp few mica					
3		0-10	gr brwn scl	frsssp					.25 @ <30"
		10-30	wksbk SC	frsp					
		30-	gleyed RBrwn C		30"+				
4		0-19	gy SL	frsssp					(4)
		19-52	yBrn C		23"				

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

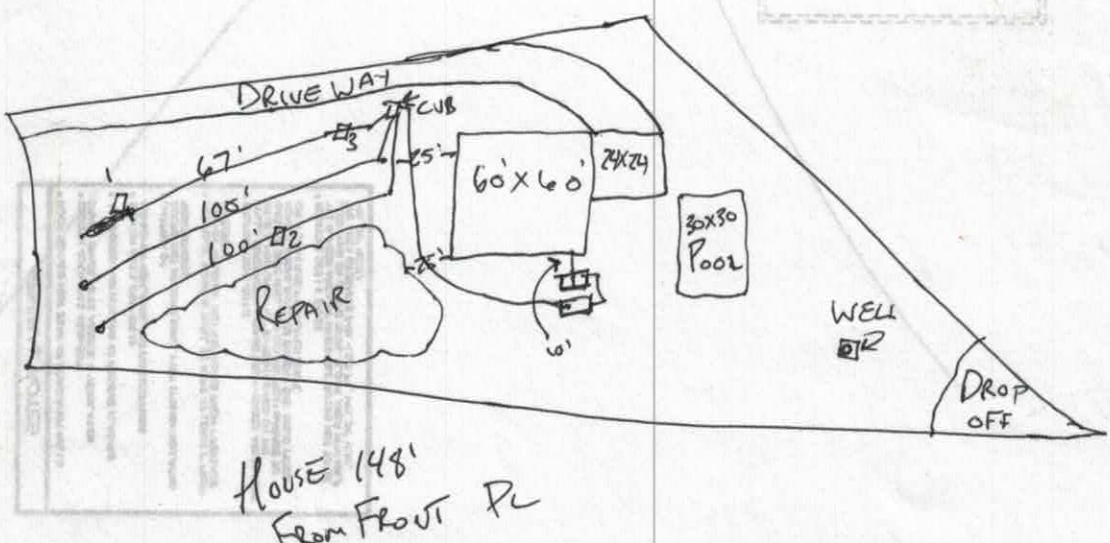
COMMENTS: _____

(5) 0-8 compacted cL fr
8-17 wk-m fsbk RCL frsssp few micsap
17-59 wk fsbk/sbk - massive yR L frsssp common-many micsap .3
(B-C)

PIT #1 0-21 CMABK FIRM .3
21-48 CL MSBK SS FR

PIT #2 0-12 CMABK FIRM .35
12-48 CL MSBK SS FR MANY SAP INC

PIT #3 0-16 CMABK FIRM .35
16-48 CL MSBK SS FR COM SAP INC



HOUSE 148' FROM FRONT PL

RECEIVED NOV - 2 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: ___Improvement Permit /Authorization To Construct ___ 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 #
Jonathan Smith	268 Glencoe LN	704 650-2260	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jonathan Smith			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
155 Pine mist Dr	Whispering OAKS	#10

Driving Directions: Brawley school Rd, TL Isle of Pines, TL Pine mist, ON left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(/) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 3
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 ( ) 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 _____ *Year*

( ) Alternative (/) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: _____ 11-2-16

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

09-11-12 pd #500.00 MS 10/4/12 On Hold per Builder

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: ___ 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:

* Please Call before going onsite

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jeffrey C Ward Builders	1094E Turnersburg Hwy Statesville NC	828-312-8469	704 929 2587

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Cielo Cardona	6427 Denver Ind. Park Rd Denver NC	704-483-1842	704-657-7445

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
L-10 Pine Mist Dr	Whispering Oaks	10

Driving Directions: Brawley Sch Rd T.L. Isle of Pines T.L. Pine Mist on left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms ~~4~~ 3 ← PER CONVERSATION W/ APPLICANT
Maximum Number of Occupants 4
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 ( ) 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 ___ *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: Jeffrey Ward — 9-11-12

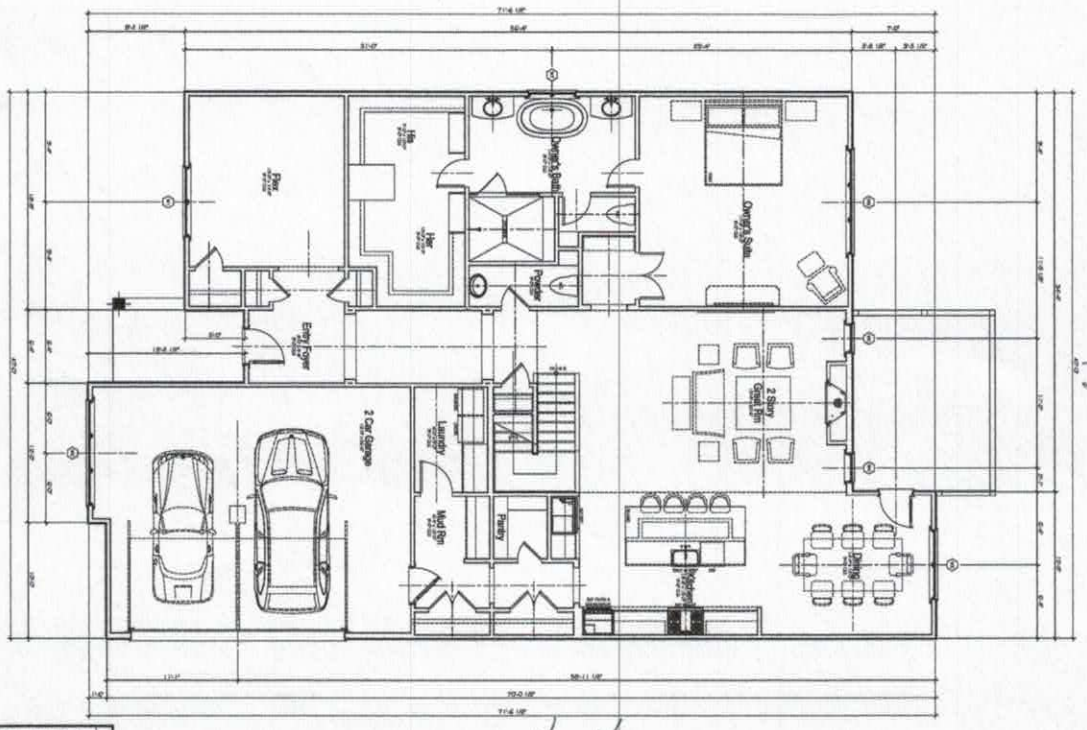
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Acknowledgement of
Plans Submittal ONLY!

Date 11-2-16

~~Date~~ 11/14/16

First Floor Plan



71' 6 1/2

Square Footage Calculations

HEATED SQUARE FOOTAGE	
MAIN FLOOR	3599 SQ. FT.
UNHEATED SQUARE FOOTAGE	
COVERED FRONT ENTRY	74 SQ. FT.
COVERED REAR ENTRY	67 SQ. FT.
TOTAL UNHEATED	141 SQ. FT.
TOTAL HEATED	3599 SQ. FT.
TOTAL UNHEATED	141 SQ. FT.
TOTAL UNDER ROOF	3740 SQ. FT.

A1

Proposed One Family Residence

FIRST FLOOR PLAN

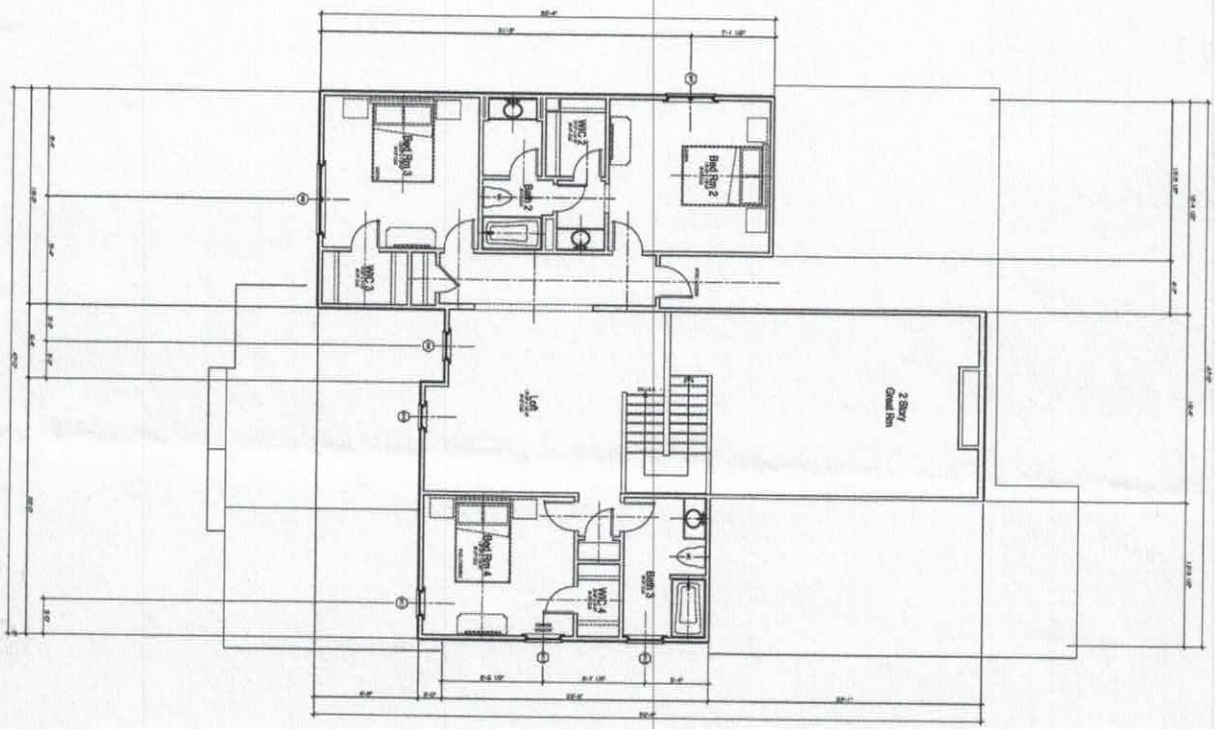
rs² design, inc

Acknowledgement of
Plans Submittal ONLY!

Date 11-2-16

Date 11/14/16

Second Floor Plan



A2

Proposed One Family Residence

SECOND FLOOR PLAN

rs² design, inc