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. 20225 DATE 4/30/97 TAX MAP NO. 2617A21 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Ron Hughes ~~PHONE: Business~~ 463-63-6120 Home 784-1060

ADDRESS Woodstream Dr. Mooresville NC 28115

LOCATION Statts Rd. TL Woodstream on (L) at bottom of hill

SUBDIVISION Normen Woods BLOCK / SECTION ____ LOT 21 LOT AREA .5 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~~X~~ 900 Linear Feet ~~X~~ 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: CH PLASTIC

Repair System Description: 16" PPBS - 16"

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

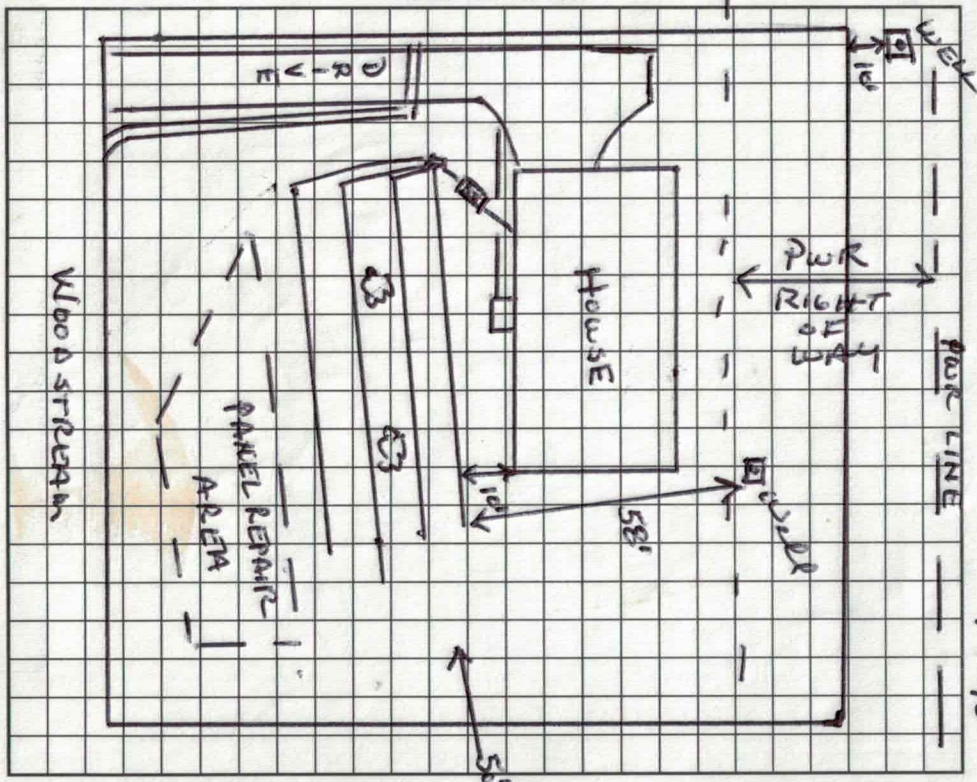
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] 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: X Larry H. Dawes

Improvement Permit by: Wesley Sparks RS date 4/30/97

Existing System Inspection by: Wesley Sparks RS date 4/30/97

Installed by: Barry Thompson

Certificate of Completion by: Wesley Sparks R.S. date 5/2/97

Operation Permit by: Wesley Sparks R.S. date 5/2/97

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

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

No 20225

PROPERTY DESCRIPTION

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

Proposed Use: To Const. A Dwelling

Location: 1100 FT SR 1112 TR Woodstream Lotsmall

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2G-17-A-21	Davidson	Iredell	R-20

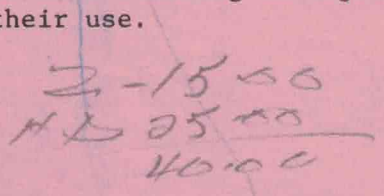
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes (X) no
Norman Woods	21	142 X 156	

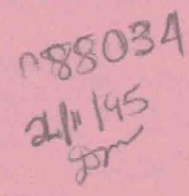
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				US 77 CA

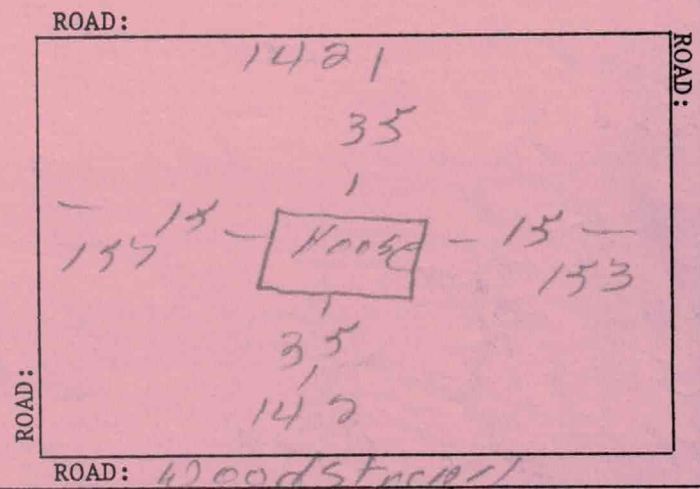
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.







OWNER	ADDRESS	PHONE NO.
Ron + Debbie Hughes	Janet Faulk 522 Fire Hwy Mooresville N.C.	704-663-2573

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.

Janet Faulk — Signature of Owner or Authorized Agent

2-1-95 — 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 21780 sq. ft. Front yard depth 35 ft. Corner yard depth 05 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

Approved by — Date 2-1-95

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

663-2573

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
Roni Debbie Hughes	704-663-3655	& Janet Faulk 522 River Hwy	Mooresville	N.C.	28115
James T. Brannan & Cynthia T Brannan		Rt. 9, Box 983	Mooresville	N.C.	28115

Current Property Owner

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Lake Norman Woods	Lot # 21	1100 TL SR 1112 TL Woodstream	10th Lot on Left

(Proposed) Water Supply: Public, (Private Well)

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

Tax Map # 2G-17-A-21

Specific Directions to Property Hwy 150 W Left on Williamson, Right on Brawley School Rd, Left on Stutts Rd, Left on Woodstream, Lot on left.
*Pick Survey ribbon
* Blue Ribbon is proposed House Site.

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.

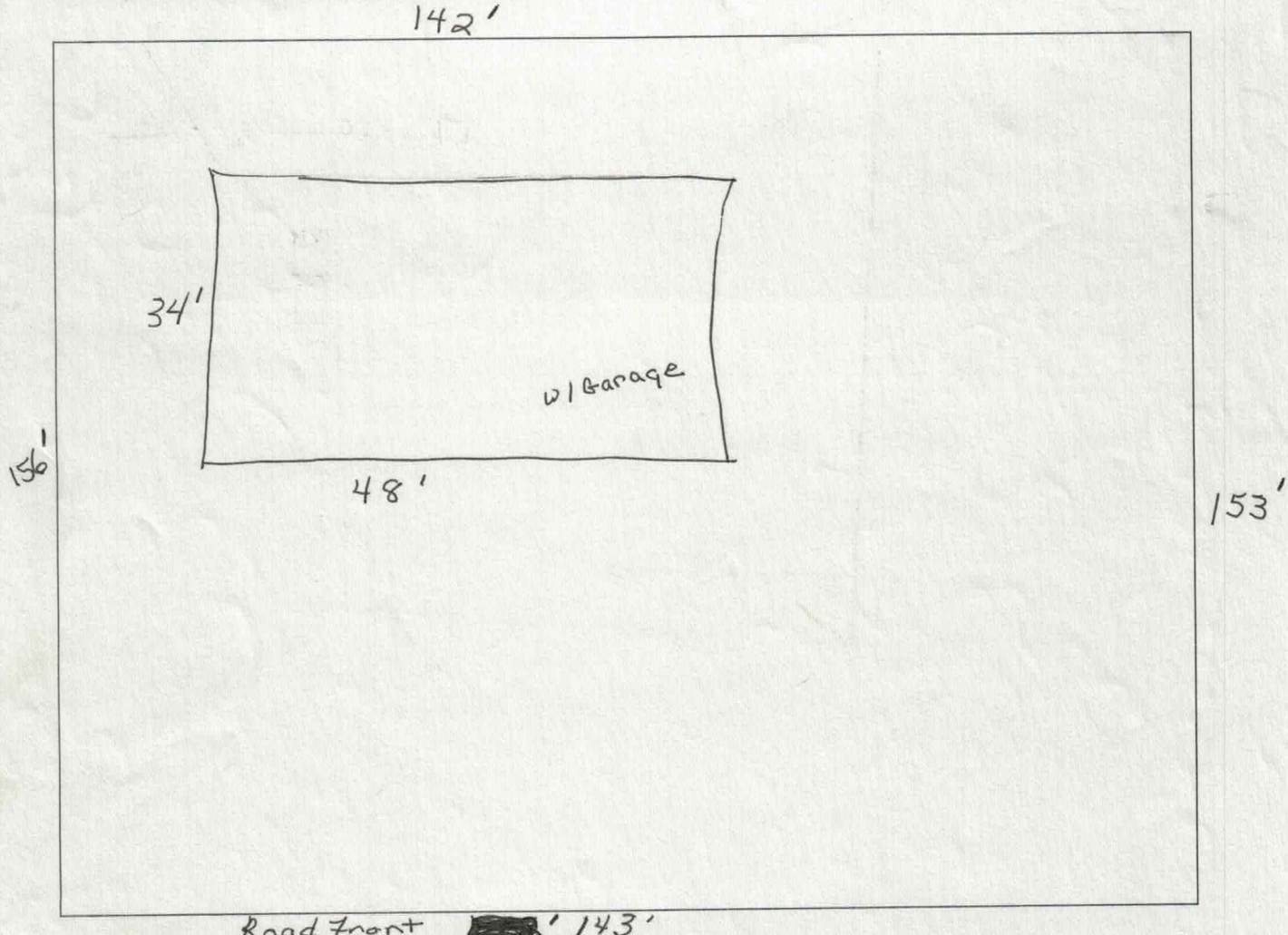
3-1-95 DATE Janet Faulk <agent> SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

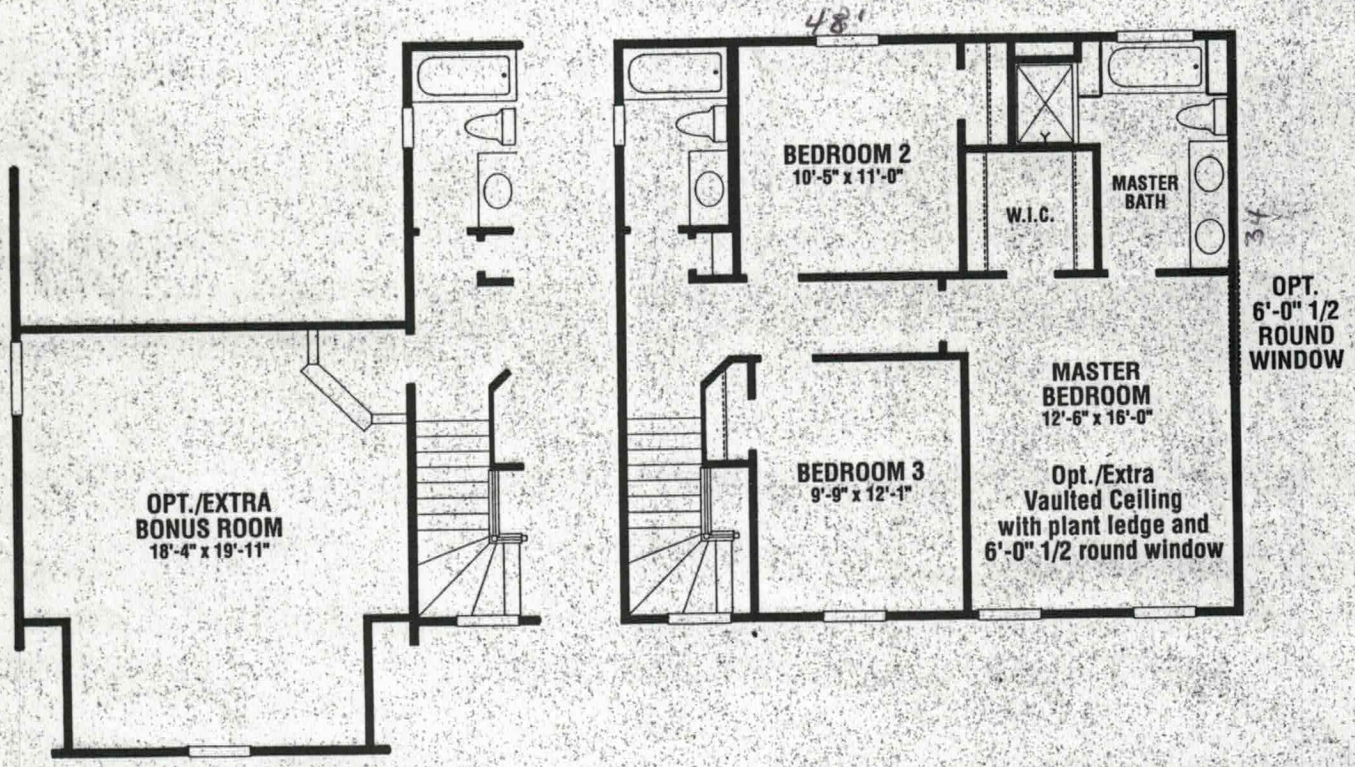
As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

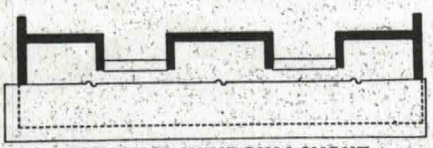


I hereby convenant that the above representation is correct to the best of my knowledge and ability.

2/1/95 Date [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT

SECOND FLOOR





OPTIONAL WINDOW LAYOUT FOR BONUS ROOM

Because we are constantly improving our product, we reserve the right to revise, change, and/or substitute product features, dimensions, specifications, architectural details and designs without notice. This brochure is for illustration purposes only and is not part of a legal contract. Prices are subject to change without notice. Room dimensions are approximate and calculated from inside of partition.

CH-407• 9-92A

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