IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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 **X** 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 **X** Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BLuto Builders	17005 Green Dolphin Ln	704-782-6216	704-202-8035
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Superior Properties of Iredell	P.O. Box 5339 Statesville NC 28670	704-880-2303	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Spring Run Mooresville	Mallard Head	129

Driving Directions: Brawley School, Left on Canvasback, Right on Spring Run

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) 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 (X) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (X) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes	(X) No	Does the site contain any jurisdictional wetlands?
( ) Yes	(X) No	Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes	(X) 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: _____ 3/12/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEATLH 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:

X	**Property Line measurements are clearly identified…**
X	**All proposed structures are indicated…** *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
X	**Front and side setbacks from property line…**
X	**Preferred driveway location and configuration, preferred well location…**
offsite – N/A ✓	**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**

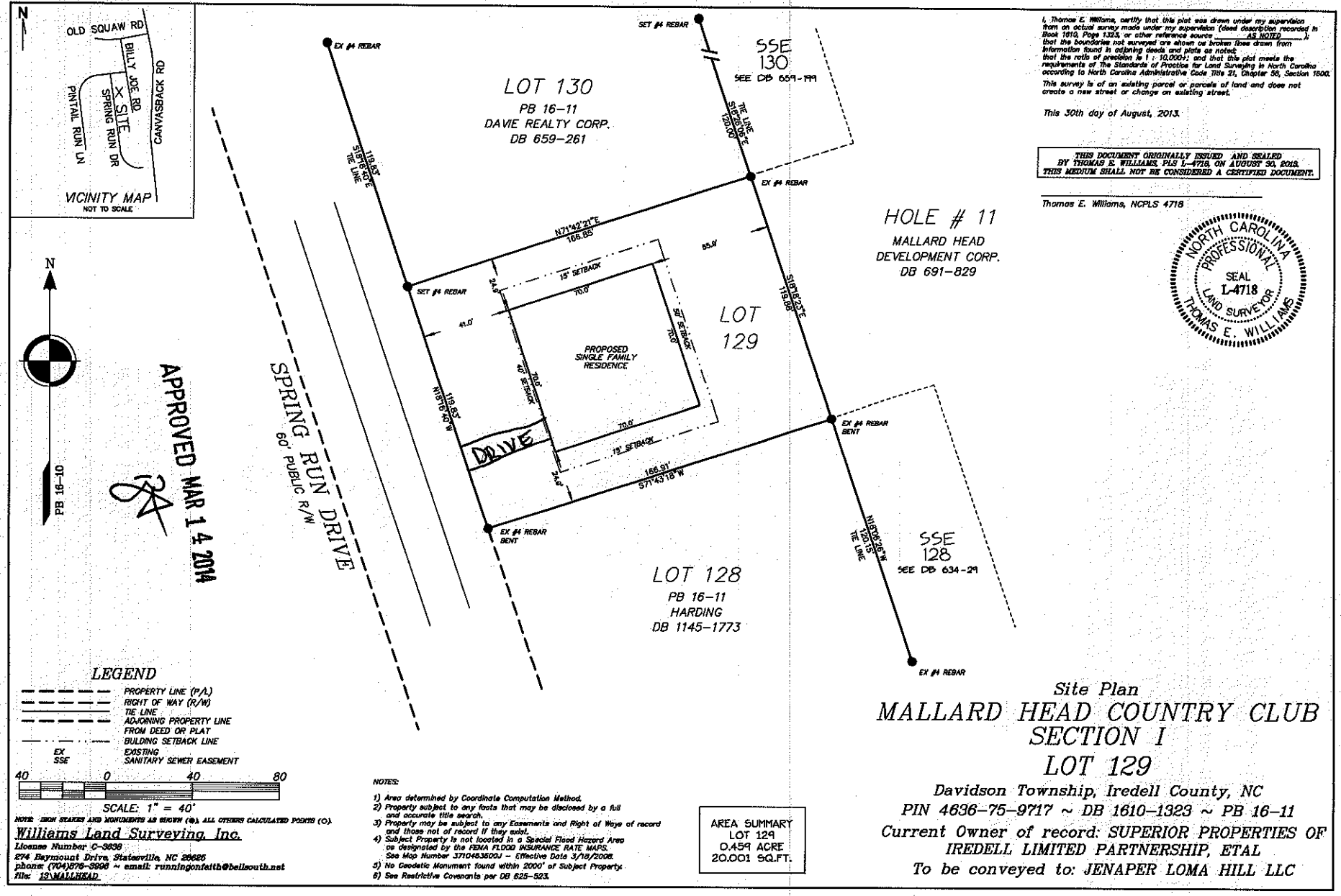
Signature: _____ 3/12/14

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached from:

Carolina Soil + Septic



NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●), ALL OTHERS CALCULATED POINTS (○).

Williams Land Surveying, Inc.
License Number C-3639
274 Baymount Drive, Statesville, NC 28625
phone (704)978-3998 ~ email: runningonfaith@bellsouth.net
File: 13\MALLHEAD

NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710453600J ~ Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) See Restrictive Covenants per DB 625-523.

AREA SUMMARY
LOT 129
0.459 ACRE
20,001 SQ.FT.

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1610, Page 1323, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

This 30th day of August, 2013.

THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY THOMAS E. WILLIAMS, PLS L-4718, ON AUGUST 30, 2013. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

Site Plan

MALLARD HEAD COUNTRY CLUB
SECTION I
LOT 129

Davidson Township, Iredell County, NC
PIN 4636-75-9717 ~ DB 1610-1323 ~ PB 16-11
Current Owner of record: SUPERIOR PROPERTIES OF IREDELL LIMITED PARTNERSHIP, ETAL
To be conveyed to: JENAPER LOMA HILL LLC

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sengper Loma Hill, LLC	PO Box 5351 Mooresville NC 28117		704-962-6694
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Spring Run Dr	Mallard Head Country Club	Lot 129

Driving Directions: _____

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
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
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)*

( ) 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: _____ 8-22-13

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

IREDELL COUNTY HEATLH 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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred 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~~

Signature: _____ 8-22-13

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan