RECEIVED OCT 2 0 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $110.00 dl

Ltd Relayout # 205768

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) 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: IQ Custom Construction **Address:** 840 Edmonton Rd Mantuin 28125 **Phone:** 704 400 6472

Owner Name: IQ Custom Construction **Address:** 840 Edmonton Rd Mantuin 28125 **Phone:** 704 400 6472

Property Information:

Street Address: 156 Wood Duck Loop

Subdivision Name: Lake Side Farms **Section/Phase:** _____ **Lot Number:** 23

Driving Directions: 77 South to Exit 35 (R) onto Brawley School Rd (L) onto Connorsbach (L) onto Wood Duck Loop ~~(R)~~ to Have on right.

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: _____

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/20/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

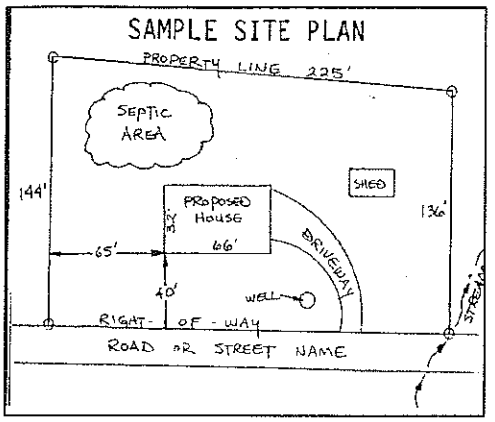
ENVIRONMENTAL HEALTH DIVISION

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

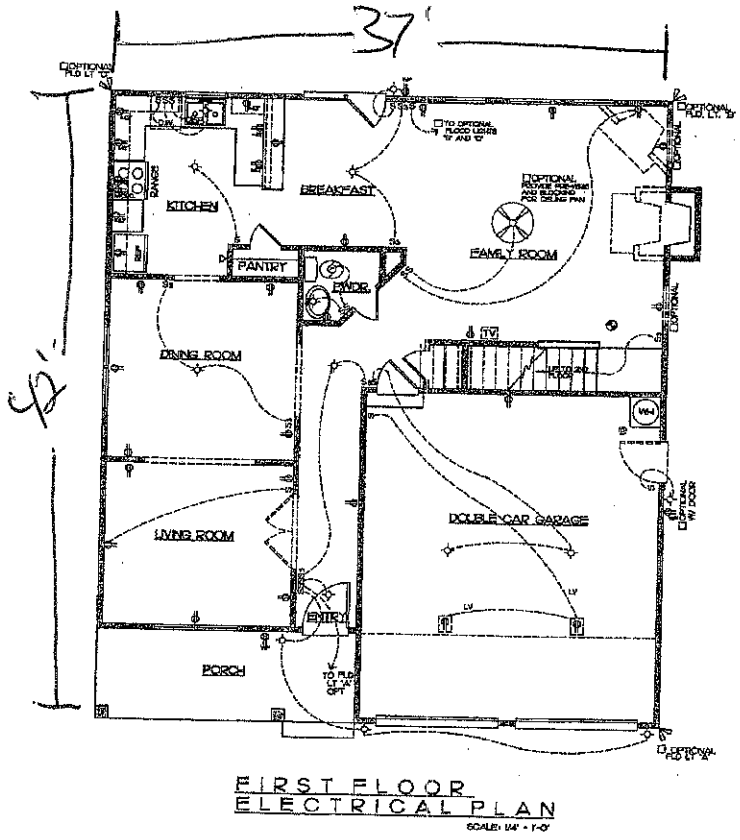
Signature: _____

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

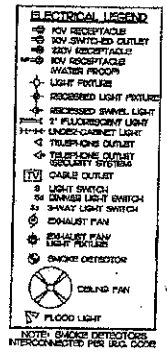
10/20/14

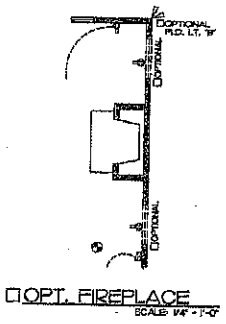
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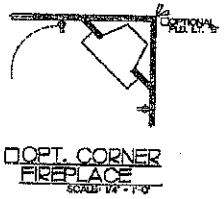
Acknowledgement Of
Plans Submittal ONLY!
Date 9/9/14
APPROVED SEP 09 2014

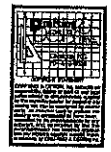


FIRST FLOOR
ELECTRICAL PLAN
SCALE: 1/4" = 1'-0"









GANDY COMMUNITIES
P.O. BOX 2338 CONCORD, N.C. 28026
2550 STADIUM DRIVE SUITE 201
CONCORD, NORTH CAROLINA 28025
704-786-1555 FAX 704-786-1556

The Connell
FIRST FLOOR
ELECTRICAL PLAN

DRWG BY: GLEDNHARDT
DATE: 9-30-04
REV: DEMI-DORM

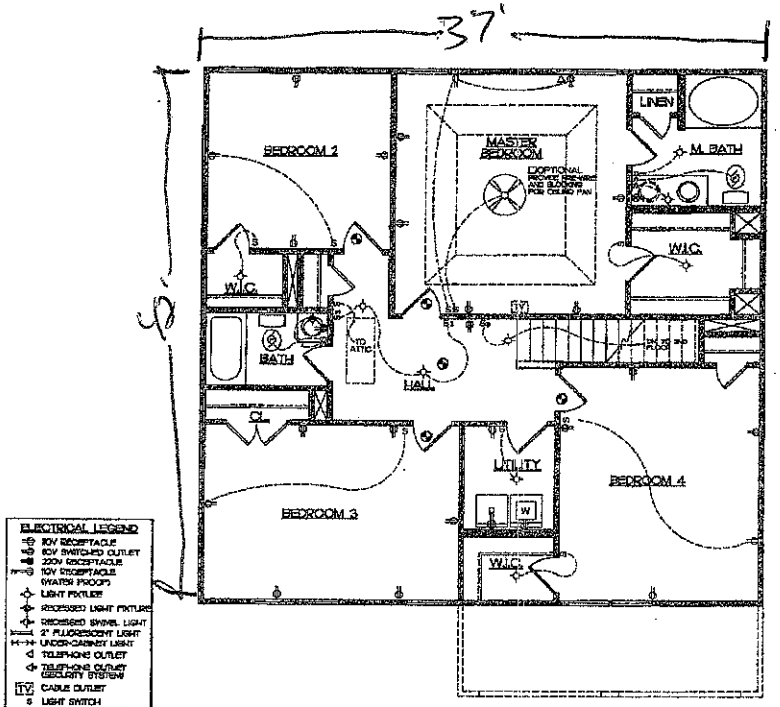
PLAN #

Shee
E1

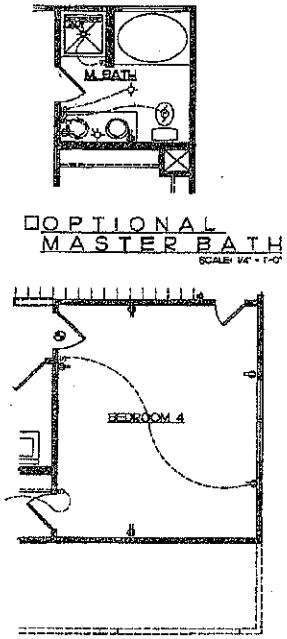
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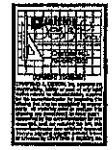


SECOND FLOOR
ELECTRICAL PLAN
SCALE: 1/4" = 1'-0"



OPTIONAL
MASTER BATH
SCALE: 1/4" = 1'-0"

ELEVATION 'B'
FLOOR PLAN
SCALE: 1/4" = 1'-0"



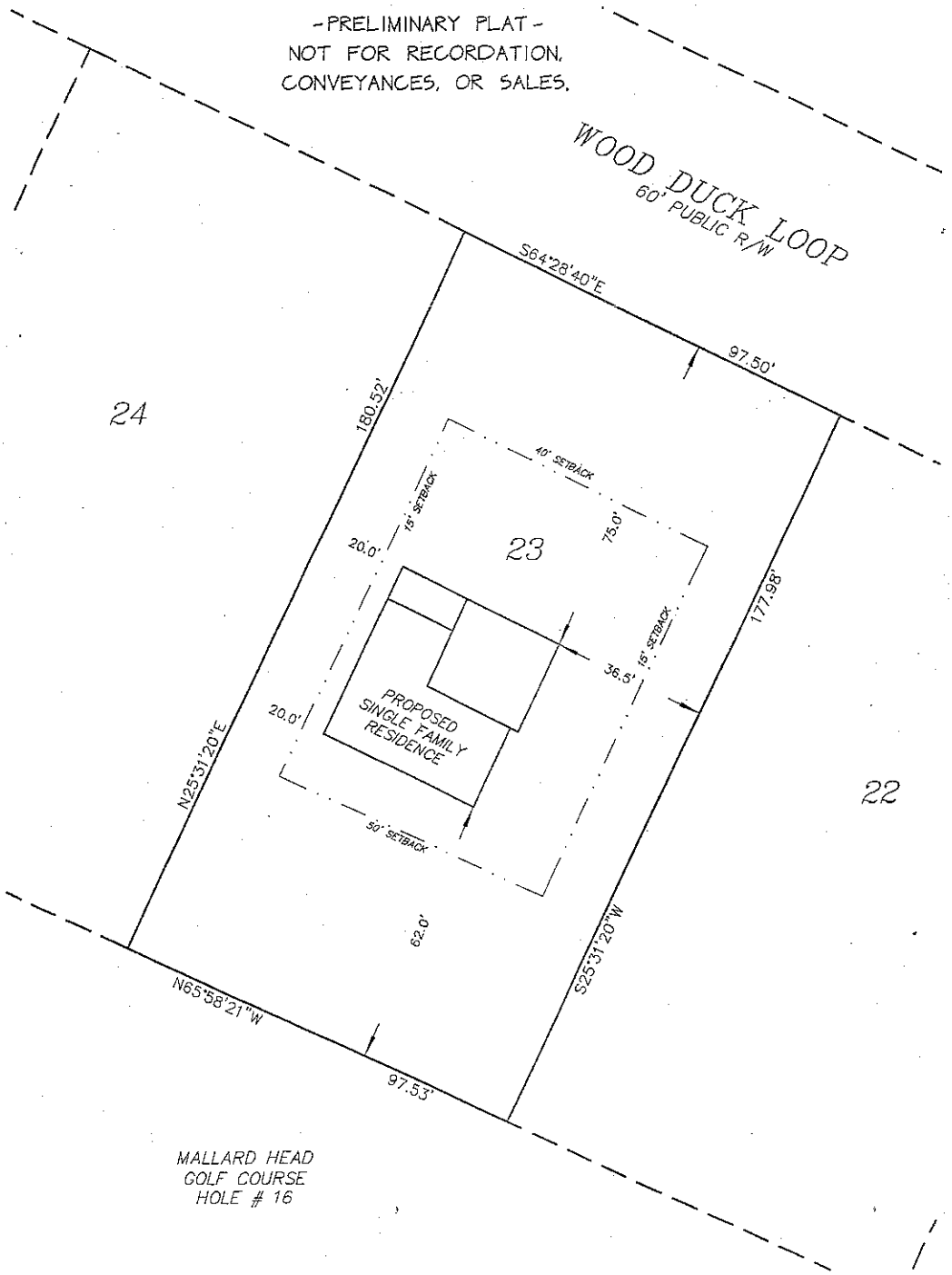
GANDY COMMUNITIES
P.O. BOX 256 CORNELIUS, N.C. 28031
7701 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA, 28031
704-655-1996 FAX: 704-892-4681

The Connell
SECOND FLOOR
ELECTRICAL PLAN

DR. BY: GLEONHARDT
Date: 8-20-04
Rev: 09-16-05CW

PLAN #

Sheet
E2


-PRELIMINARY PLAT-
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.
WOOD DUCK LOOP
60' PUBLIC R/W
S64°28'40"E
97.50'
24
180.52'
40' SETBACK
15' SETBACK
20.0'
23
75.0'
177.98'
36.5'
15' SETBACK
20.0'
PROPOSED
SINGLE FAMILY
RESIDENCE
N25°31'20"E
22
50' SETBACK
62.0'
S25°31'20"W
N65°58'21"W
97.53'
MALLARD HEAD
GOLF COURSE
HOLE # 16

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 134158ZO
Proposed Use: Single Family
Location of Property: 000 WOOD DUCK LOOP Mooresville NC 28117
Parcel #: 4636977541.000
Lot #: 23 Size: 0.404
Applicant: JACK G WEST
Address: PO BOX 3248
MOORESVILLE NC 281170000
Phone:
Property Recorded: Yes Site Plan Reviewed:

704-664-6898

Subdivision: Lakeside Farm
Township: 1700 Davidson
Zoning: R20
Flood Plain: No Watershed: WSIV-CA
Owner: JACK G WEST
Address: PO BOX 3248
MOORESVILLE, NC 281170000
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 5 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

DEVELOPER PERMIT

Directions:

I77 south to exit 36, right Hwy 150, left Williamson Rd, right Brawley School Rd, left Canvasback, left Wood Duck Loop, property on right

Ref 4 UPDF

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all 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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 2/24/2006

Talked to Mrs West 6-21-06
Go Ahead with Perk
07

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

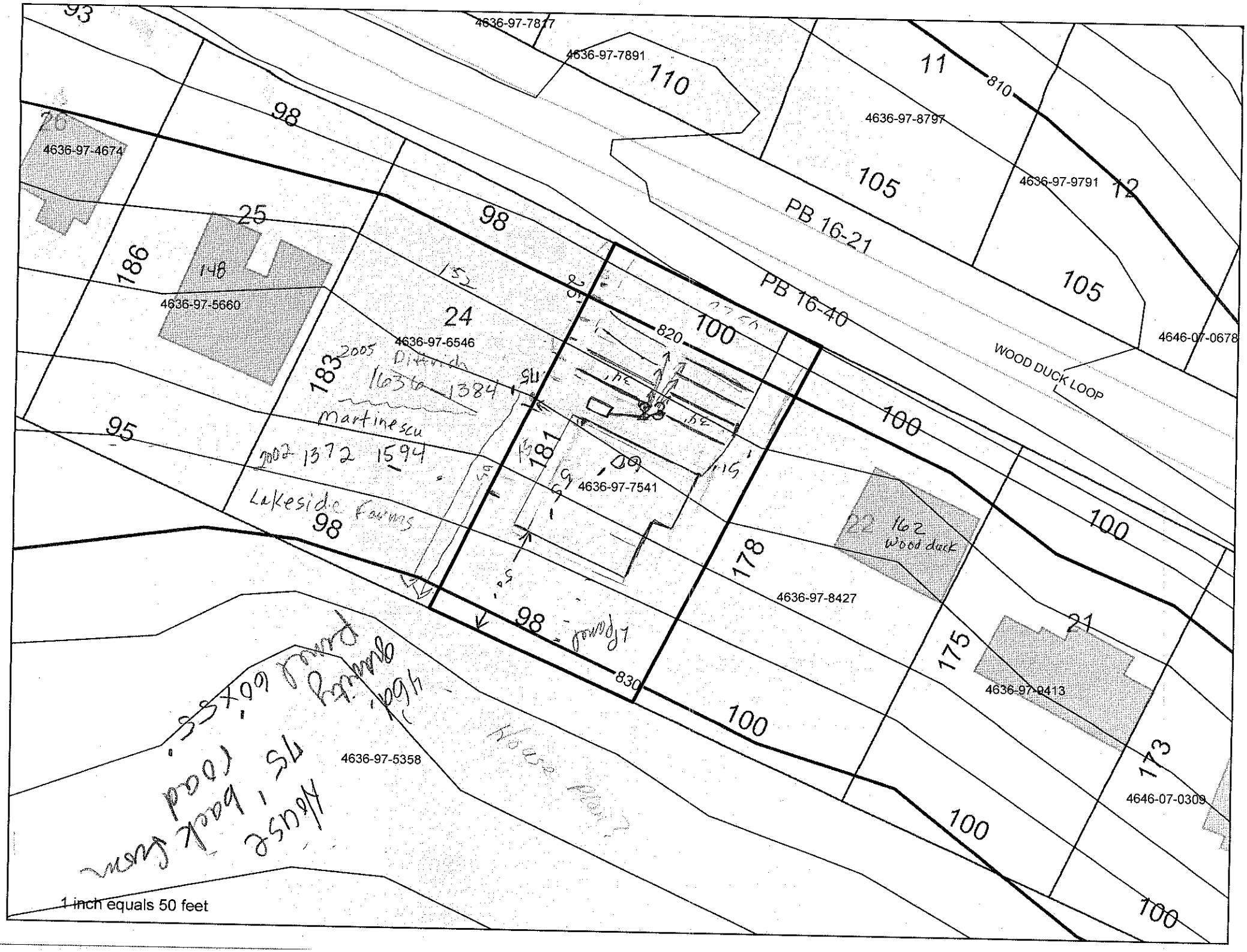
OWNER: Marion West
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480 gpd DATE EVALUATED: 6-30-06
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Community PROPERTY RECORDED: _____
EVALUATION METHOD: ☒ 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	linear 4%	0-25	lsbkc	lvss/spse		48			PS .3
		25-48	lsbkcl						
2		0-48	lsbk c+sap inc. sap approaching 50% in part s			48			PS .3
3									
4									

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

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

COMMENTS: _____


4636-97-7817
4636-97-7891
4636-97-8797
4636-97-9791
4636-97-4674
4636-97-5660
4636-97-6546
4636-97-7541
4636-97-8427
4636-97-9413
4636-97-5358
4646-07-0678
4646-07-0309
PB 16-21
PB 16-40
WOOD DUCK LOOP
820
830
1 inch equals 50 feet