IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT RECEIVED JUN 22 2015

Paid $105.00 # 211475

(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)

Paid $215.00 7-6-15

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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Michael Crowley	1317 Hydrangea Cir NW Concord NC 28027	714 342-1516	949 525-2688
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Michael Crowley	(same)		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
154 Riverwood Rd. Mooresville 28117	Riverwood Bend	Lot # 9

Driving Directions: W West on Hwy 150, left on McCrary Rd, left on Riverwood Rd. Lot is on left.

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
- (X) Repair To Failing Septic System due to _____
- ( ) 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:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 6/19/15

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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

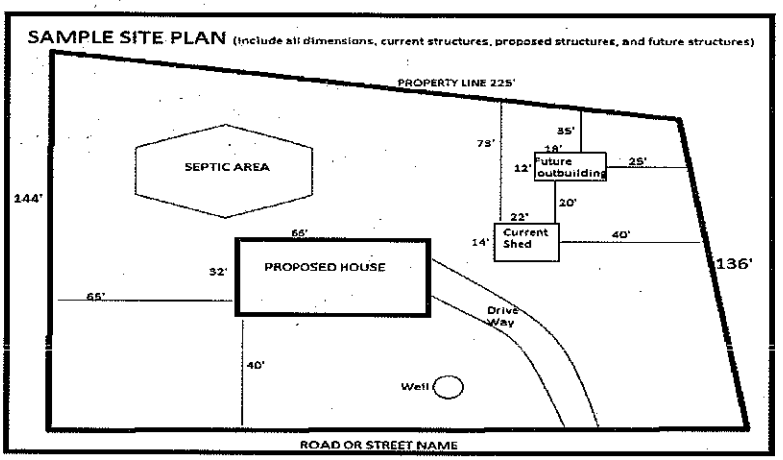
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

(See Septic Permit)

Signature: _____

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

6/22/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146288 PIN# 4637251453.009

OWNER OR APPLICANT Lakeland Luxury PHONE: Business 704-892-1828 Home DATE 11-26-07

ADDRESS 16405-D Northcross Dr. Huntersville NC 28078

LOCATION Hwy 150 W TL McCrary TL Riverwood Rd on left

SUBDIVISION Riverwood Bend BLOCK / SECTION LOT 9 LOT AREA .635Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons: ST# Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 6 Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LPPPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Set valve box at top system line

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from SAME

AS BUILT SKETCH

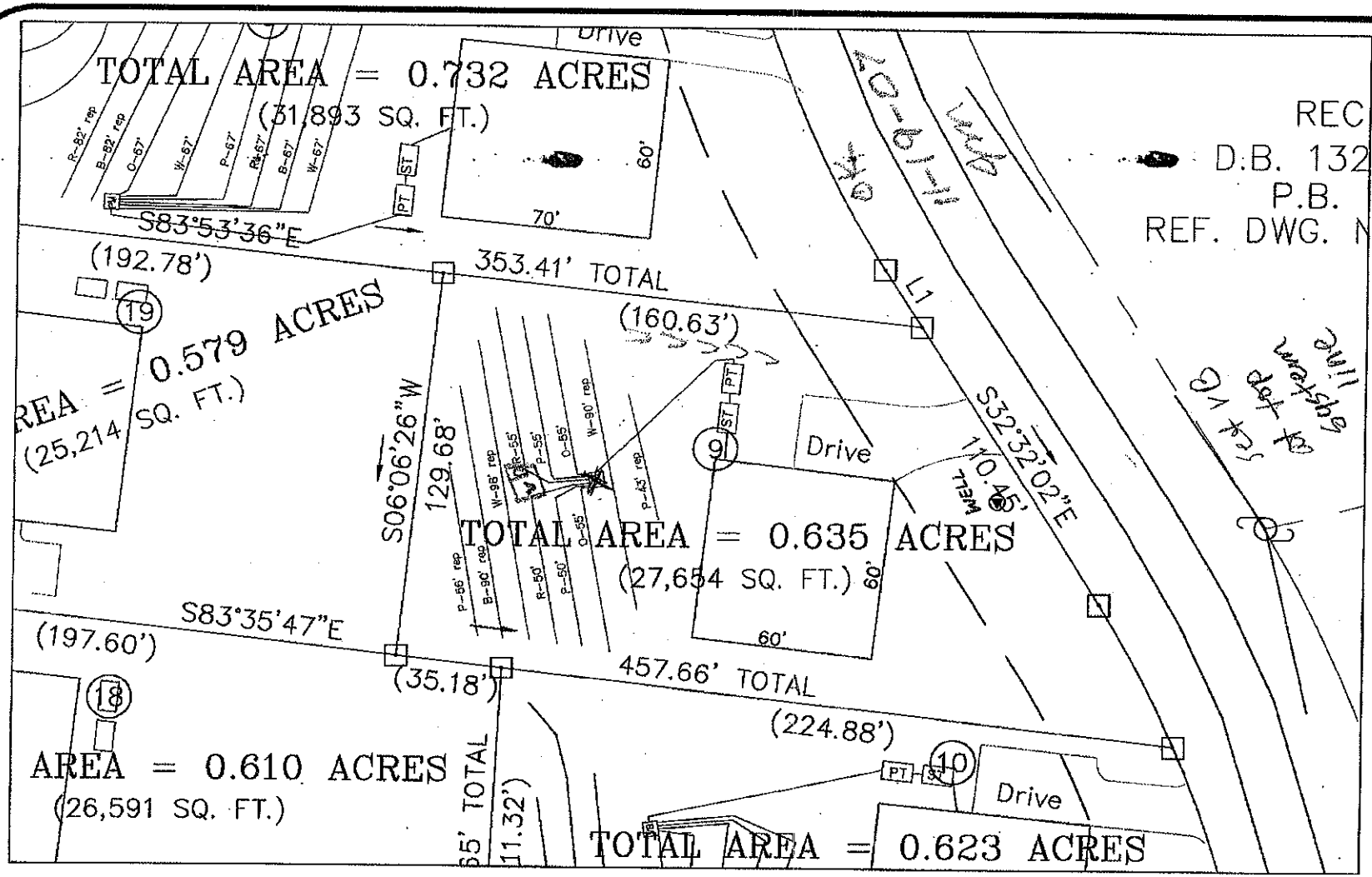
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jim Tom date 12/6/07 Installed by:

Improvement Permit by: Judy Medville date 11-26-07 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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



SCALE: 1" = 50'	DATE: 11-7-07	S&ME 3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7180 FAX. 336-288-8980 WWW.SMEINC.COM	Lot 9 Riverwood Bend Subdivision – McCrary Rd. Iredell County, NC	FIGURE NO. 1
PROJECT NO. 1588-07-051	DRAWN BY: JBP			
	CHECKED BY: PLM			

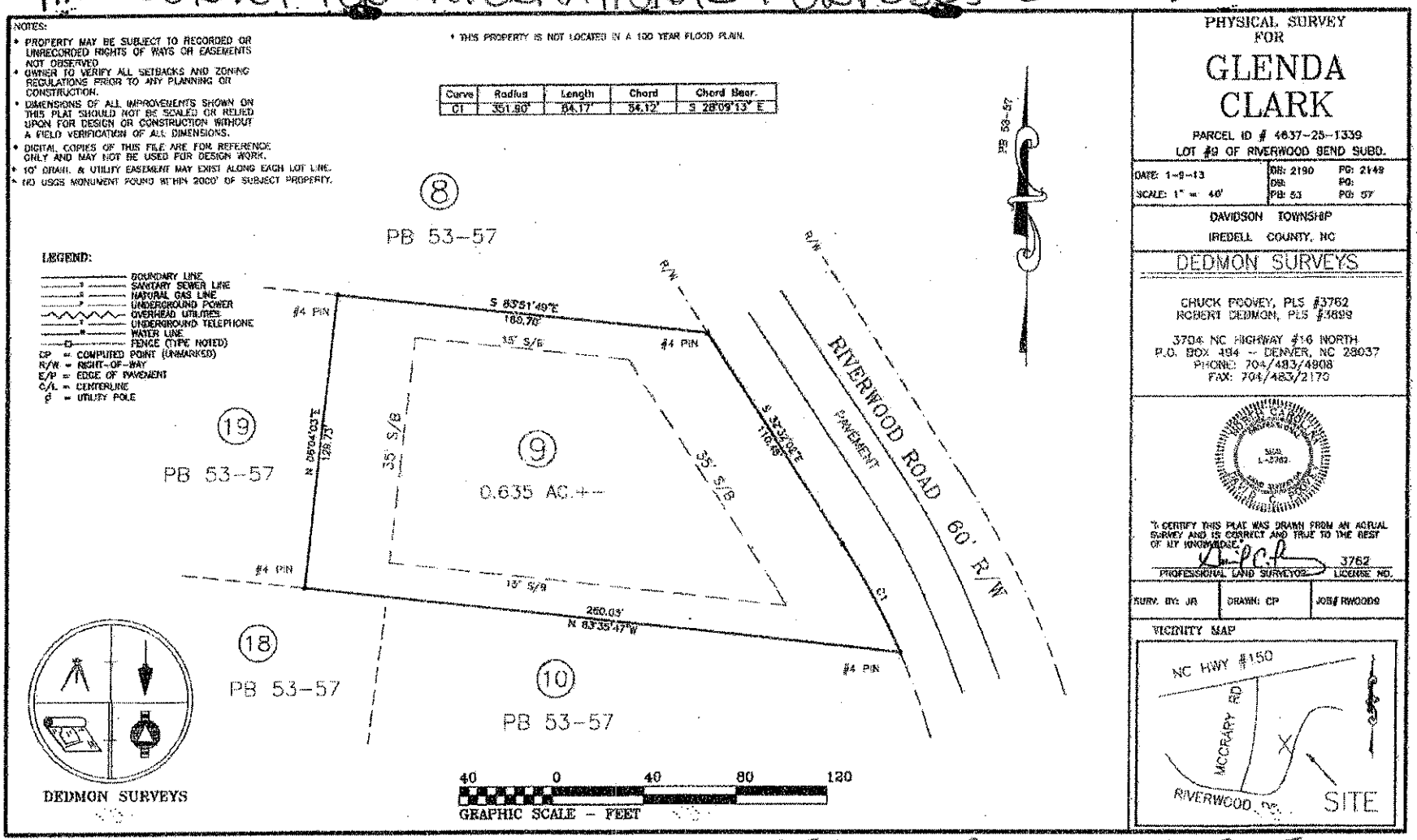
THIS SURVEY FOR INFORMATIONAL PURPOSES ONLY!

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- 10' DRAIN. & UTILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
- NO USGS MONUMENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.

* THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

Curve	Radius	Length	Chord	Chord Bear.
C1	351.90'	64.17'	64.12'	S 28°09'13" E



PHYSICAL SURVEY
FOR

GLENDA CLARK

PARCEL ID # 4637-25-1339
LOT #9 OF RIVERWOOD BEND SUBD.

DATE: 1-9-13	DB: 2190	PG: 2149
SCALE: 1" = 40'	DB:	PG:
	PB: 53	PG: 57

DAVIDSON TOWNSHIP
IREDELL COUNTY, NC

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3699

3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2179

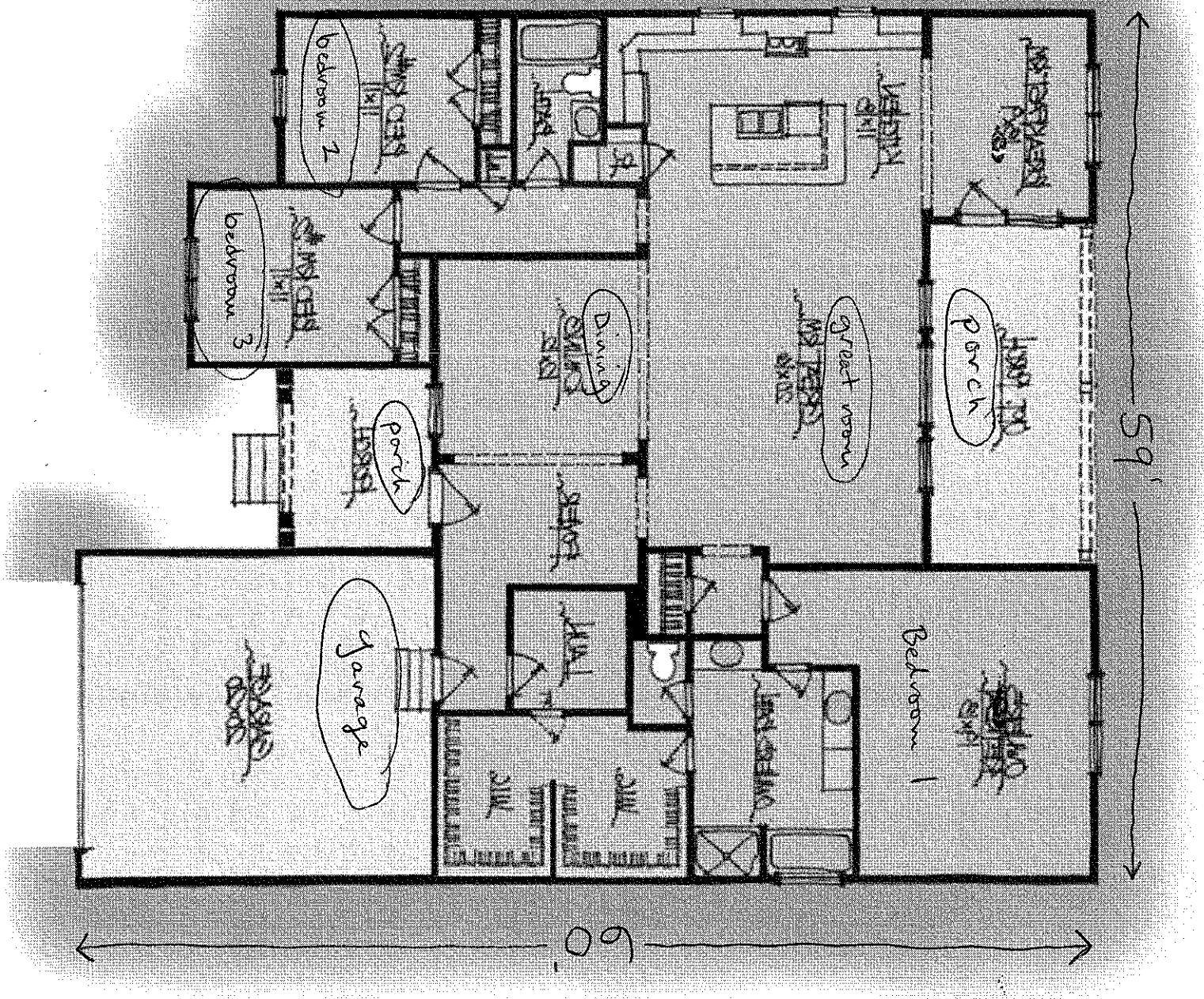
"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

PROFESSIONAL LAND SURVEYOR — 3762 LICENSE NO.

SURV. BY: JR	DRAWN: CP	JOB# RWOOD9

VICINITY MAP

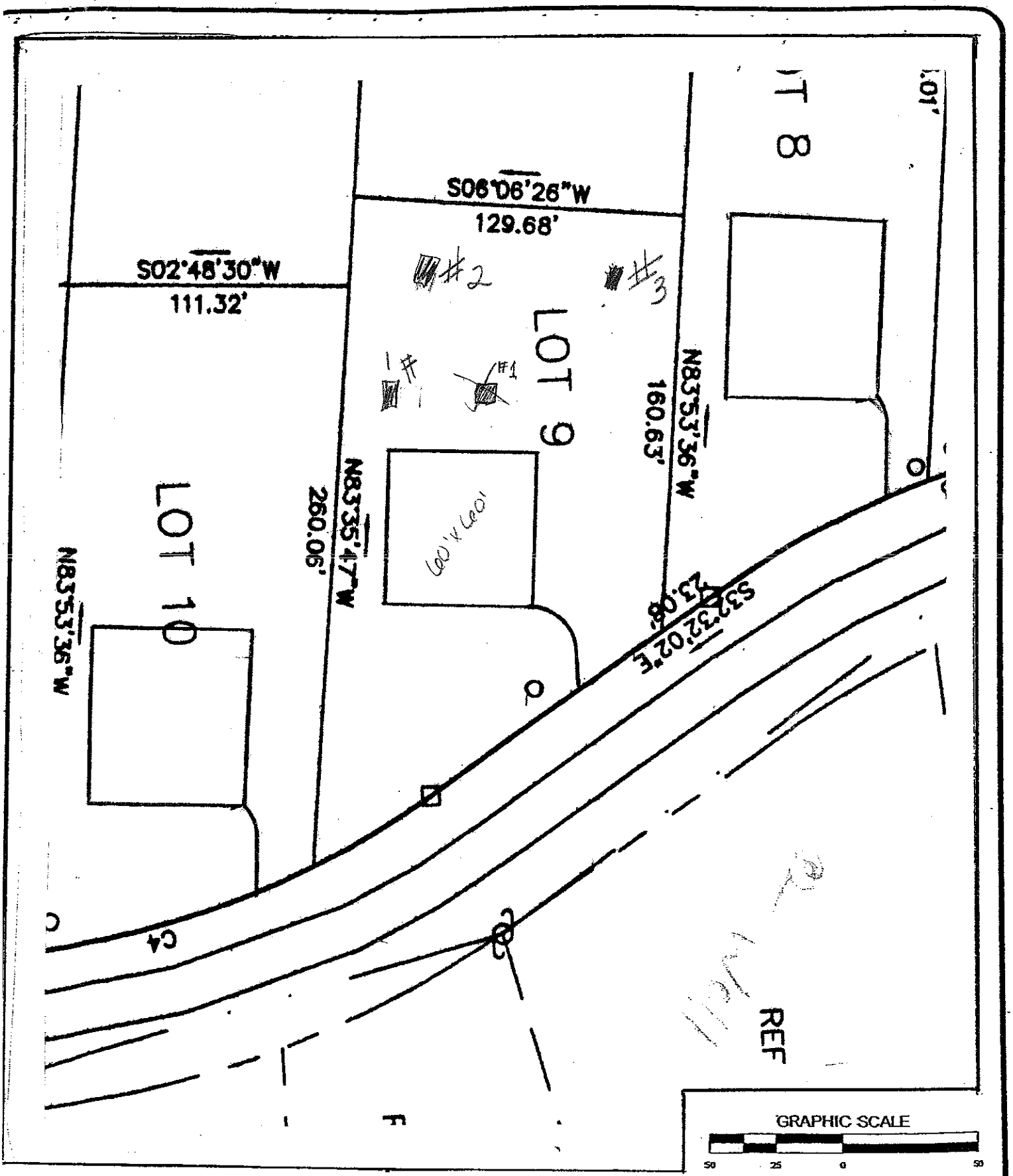
STRONGLY ADVISE BUYER TO GET THEIR OWN SURVEY TO CONFIRM ALL INFORMATION IS ACCURATE.



Acknowledgement of
Plans Submittal ONLY!

Date 6/22/15

APPROVED JUN 26 2015
Date



LE:	AS SHOWN
E:	10/03/07
WN BY:	PLM
JECT NO:	1588-07-051

S&ME
WWW.SMEINC.COM

PRELIMINARY

FIGURE NO.

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: Lakeland Luxury — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: _____
PROPOSED FACILITY: 4 BR SFD — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: _____
LOCATION OF SITE: LOT 9 — 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 (DP 8)		0-6	sbk, CL	Fr, SS, SP	(R)	F- sap			0.30
		6-30	sbk, C	Fr, SS, SP	(R)				
		30-48	sbk, CL	Fr, SS, SP	(R)				
2		0-4	gr L	fr ss np	PK Br	f-c mn			.25
		4-38	mosbk C	fr ss sp	Red Br				
		38-55	wk sbk cl	fr ss sp	Red Br	f-s sap			
3		0-5	gr sl/L	fr ss sp		f-c mn			.25
		5-24	wk sbk cl	vfr SS sp		c-m n			
		24 58	mo sbk C	fr ss sp					
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: _____

COMMENTS: _____

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 #:	146288ZO	Subdivision:	Riverwood Bend
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 RIVERWOOD RD MOORESVILLE NC 28117		
Parcel #:	4637251453.009	Zoning:	RA
Lot #:	9 Size: 0.635	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	LAKELAND DEVELOPMENT CORP.
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	
Phone:	704-662-8625	Phone:	
Property Recorded:	No Site Plan Reviewed:	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:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

Directions:

I77S TO HWY 150, LFT ONTO RIVER HWY, LFT ON MCCRARY RD, LFT ON RIVERWOOD RD.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

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.

PAULA WOODY Printed: 10/23/2007

DEVELOPER PERMIT