IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240286

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

PIN # 4637255203

APPLICANT/OWNER: Triangle Homebuilders APPLICANT ADDRESS: P.O. Box 1031 Denver, NC 28037

SITE ADDRESS: 159 Riverwood Rd Mooresville, NC PHONE: 704 507-8607 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TL McCrary TL Riverwood Rd on right SAP CONTROLLED: ☐ YES ☒ NO Exist.

SUBDIVISION: Cub T SECTION: 10 LOT # 53 LOT AREA: .75 Acre DESIGN FLOW: 360 gpd L.T.A.R.: Exist

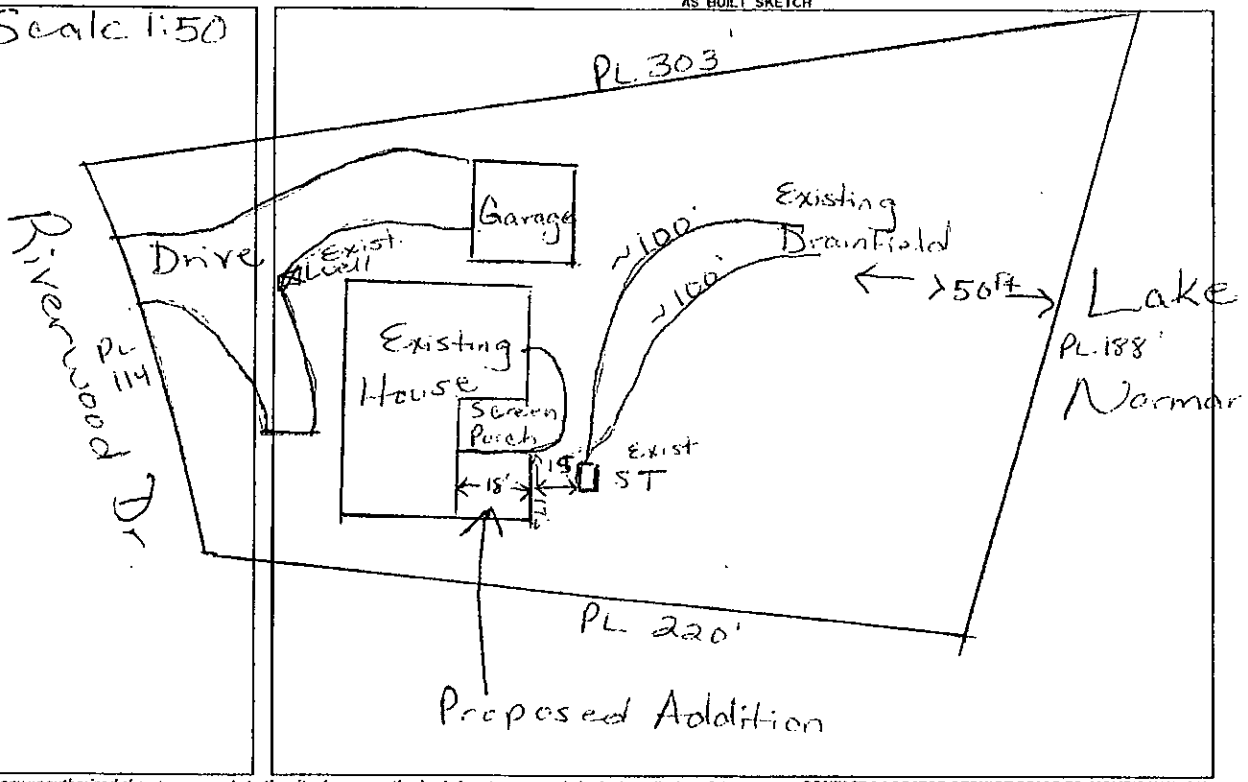
Septic Tank 1600 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Exist. Gravity Convent	☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description:	☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines Exist	Linear Ft 200	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth 10+	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: The existing Septic System appears to be functioning Okay at the time of the inspection. The proposed addition does not appear to impact the existing Septic System & meets Setbacks.

INITIAL SITE SKETCH

Divert Storm/Surface water Scale 1:50 Away from Septic.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-3-19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 1/2/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

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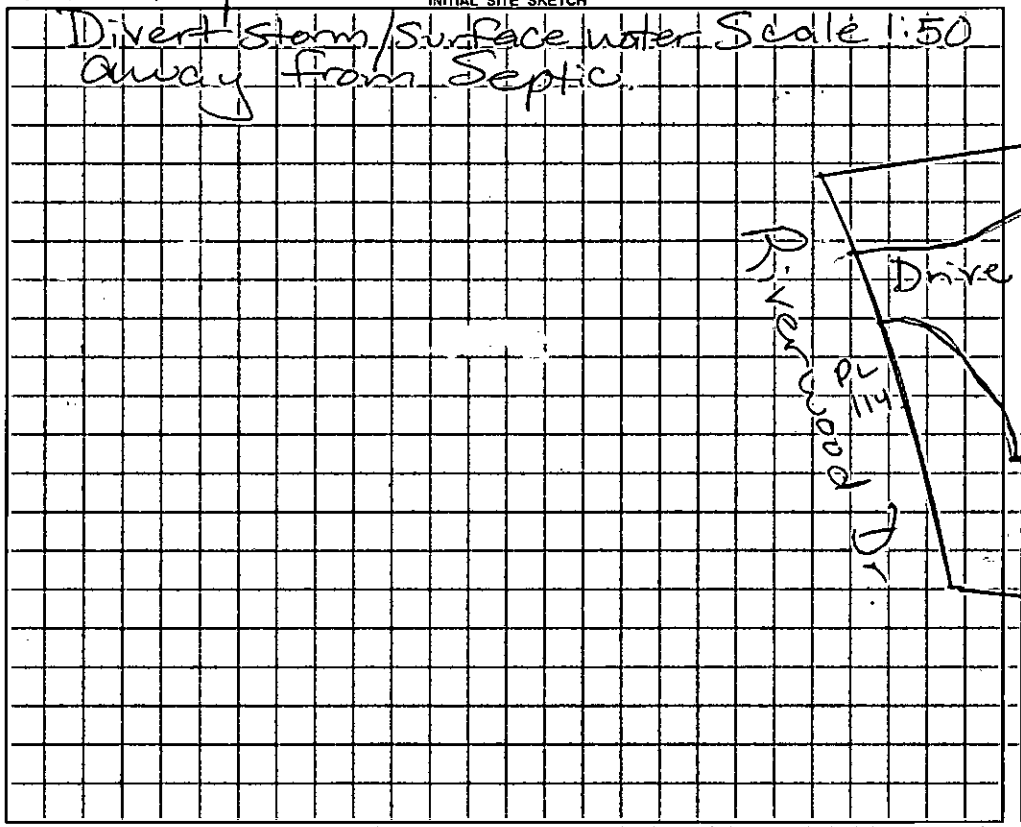
SITE DIRECTIONS: Hwy 150 W TL McCrary TL Riverwood Rd on right SAP CONTROLLED: ☐ YES ☒ NO Exist.

SUBDIVISION: Lot 7 SECTION: 10 LOT #: 53 LOT AREA: .75 Acre DESIGN FLOW: 360gpd L.T.A.R.: Exist

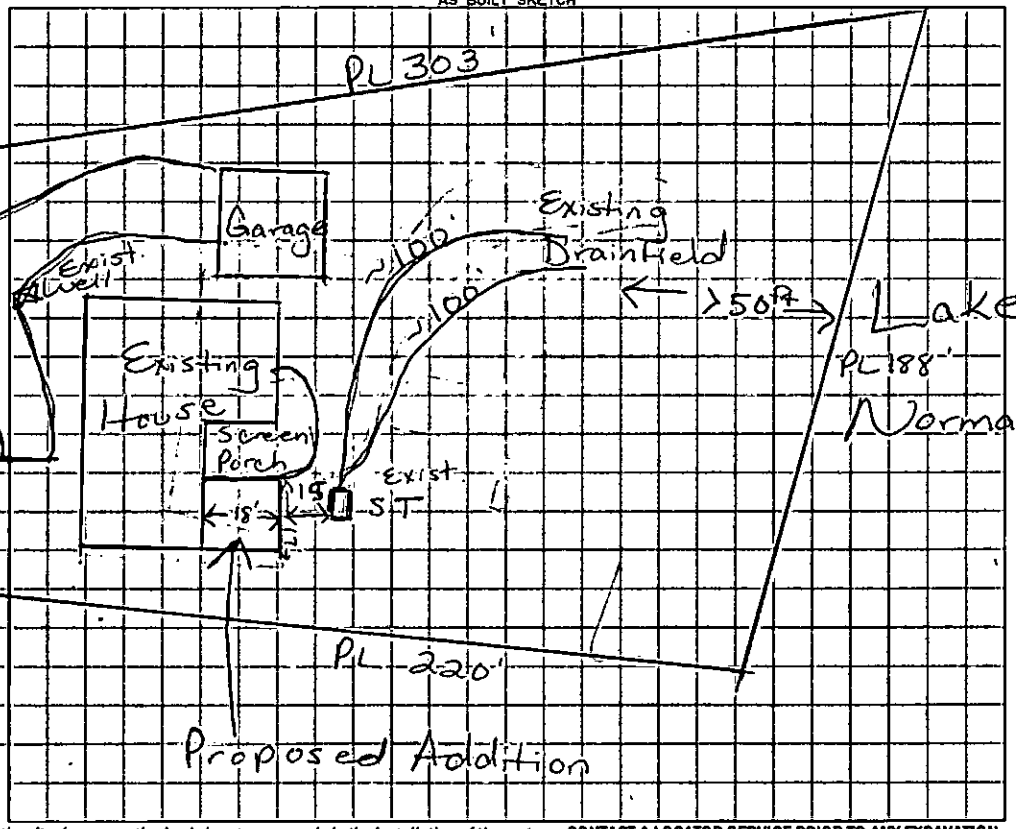
Septic Tank 1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Exist. Gravity Convent	☐ Business	No. Persons To	☐ Private
Pump Make	Model	Serial #	Repair System Description:	☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines Exist	Linear Ft: 200	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth 10+	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: The existing Septic System appears to be functioning Okay at the time of the inspection. The proposed addition does not appear to impact the existing Septic System & meets setbacks.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with 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: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Marcia Dotson Date: 1/2/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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(j) 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: (PRINT CLEARLY)

Applicant Name: Danyele Smith Triangle Homebuilders Address: PO Box 1031 Denver NC Zip: 28037
Applicant Email: danyelesmith@triangleh.com Phone: 704-507-8607 Alt. Phone:
Owner Name: Bradley Rogers Address: 121 Bloomfield Blvd, Bloomfield Hills MI Zip: 48302
Owner Email: brogers13108@sbcglobal.net Phone: 248-986-0584 Alt. Phone:

Property Information:

Street Address: 159 Riverwood Road Mooresville

Subdivision Name: Section/Phase: Lot Number:

Driving Directions: Hwy 150 to McCrary across from Big Daddy's. Left onto Riverwood house is on right.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 3 incl. addition
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

( ) 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: 1979
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

X **Signature:** Danyele Smith 11-15-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

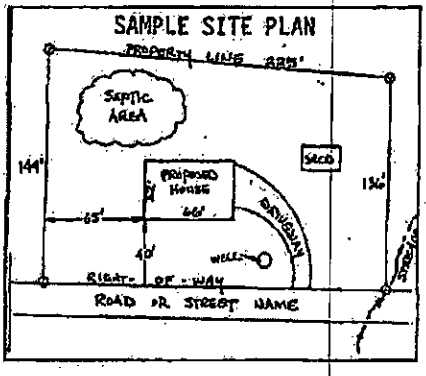
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

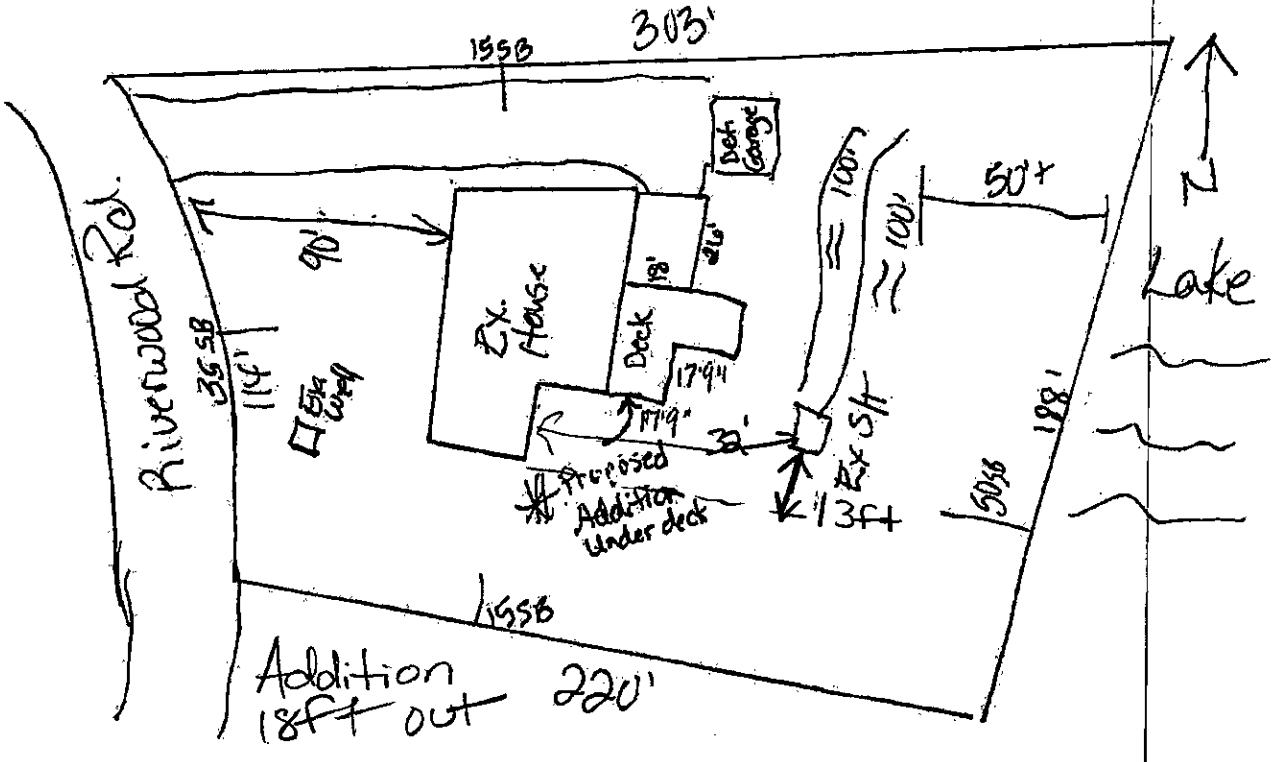


Circle N/A on the following if appropriate:

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



Signature: Manuela Johnson

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

DATE 11-15-18

ST - 33' from back of house, 8ft from Screened porch
13ft from edge of house

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
240286
Issue Date: 12/17/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4637255203.000	159 RIVERWOOD ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	ROGERS BRAD CHARLES+BARBARA JE AN	Applicant:	TRIANGLE HOMEBUILDERS-
Address:	121 BLOOMFIELD BLVD BLOOMFIELD HILLS, MI 48302	Address:	8119 PINE LAKE ROAD UNKNOWN DENVER, NC 28037
Phone:		Phone:	704-507-8607

Use Requested	Zone Code
ADDING BEDROOM AND DECK	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone	
	35.00	50.00	15.00	15.00	CACL		AE

Remarks:

Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	162297	TOTAL FEES	$ 77.25