RECEIVED MAY 9 2014

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 #
True Homes	2649 Brekonridge Ctr Dr, Monroe NC 28110	(704) 238-1229	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	2649 Brekonridge Ctr Dr, Monroe, NC 28110	(704) 238-1229	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Riverwood Road	Riverwood Bend	3

Driving Directions: From I-77, head west on River Highway (Hwy 150), turn left on McCrary Road

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 4
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: _____ 5/5/14

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:

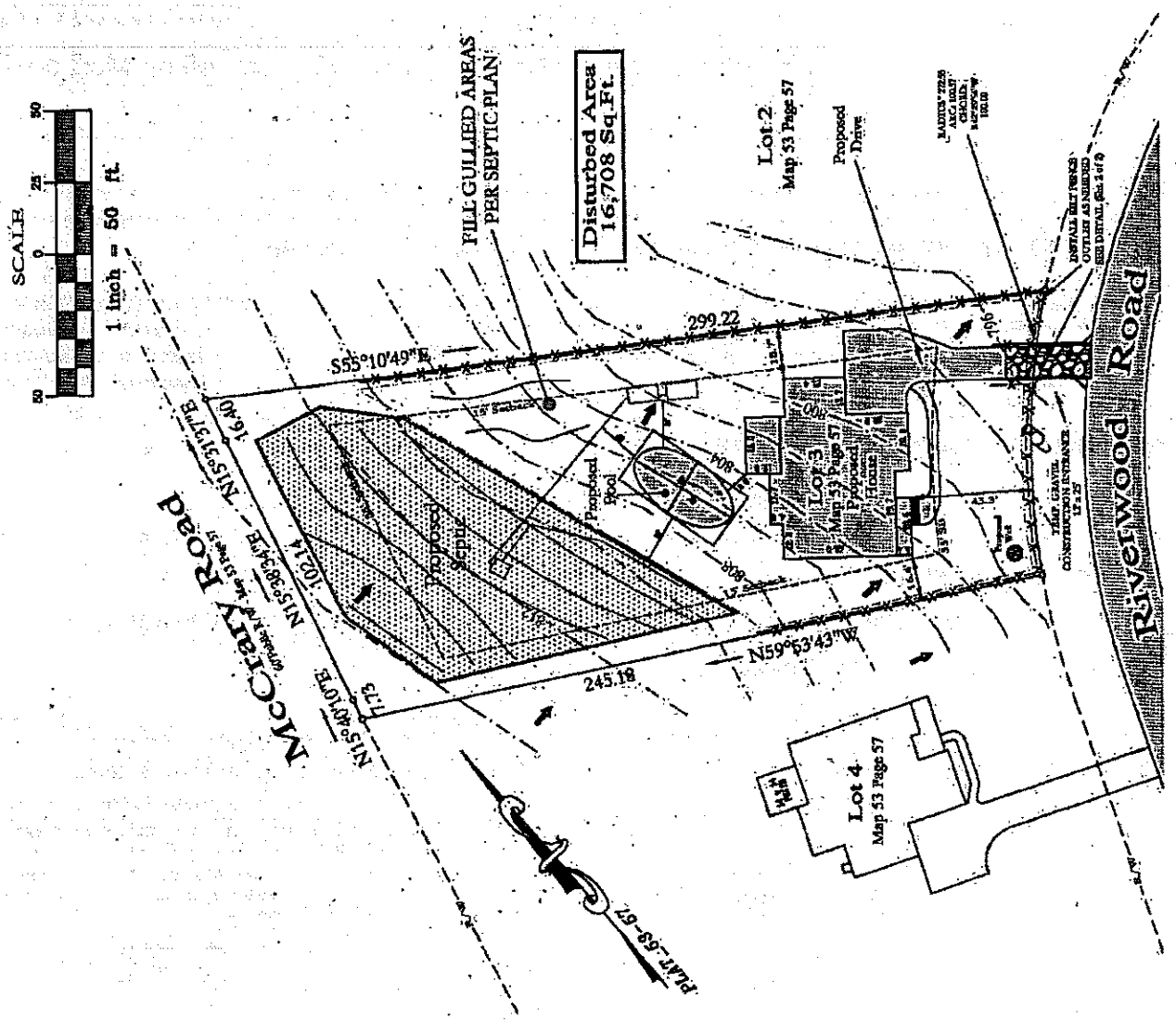
- X — **Property Line measurements are clearly identified…**
- X — **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

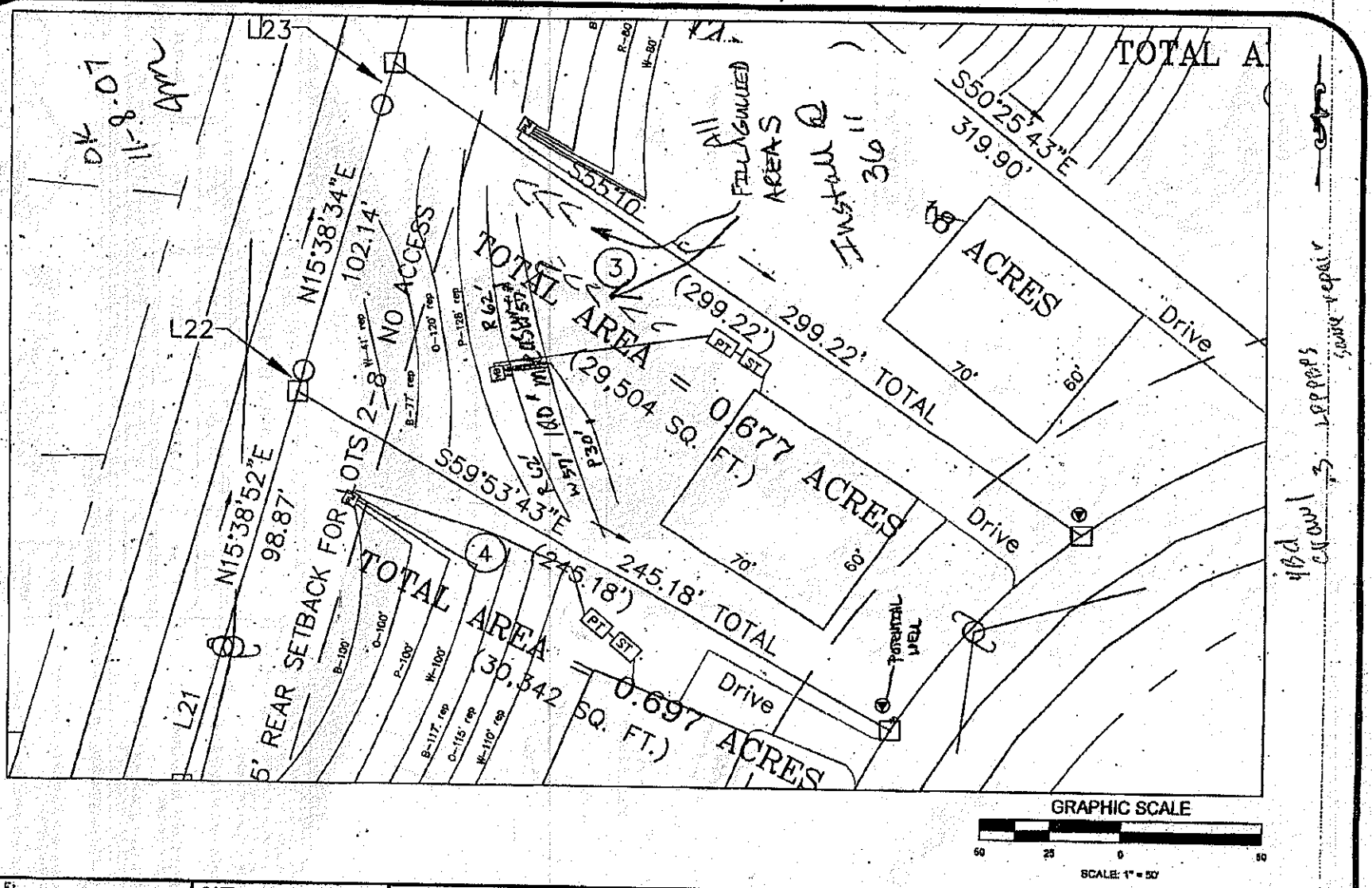
- attached — **Location of septic systems and wells within 100' of your property…** **N/A**
- ____ — **Location of easements and rights of ways on your property:..** **N/A**
- ____ — **Location of any designated wetlands on the property…** **N/A**

Signature: _____ 5/5/14
REQUIRED **property owner or owner's legal representative signature.** **DATE**

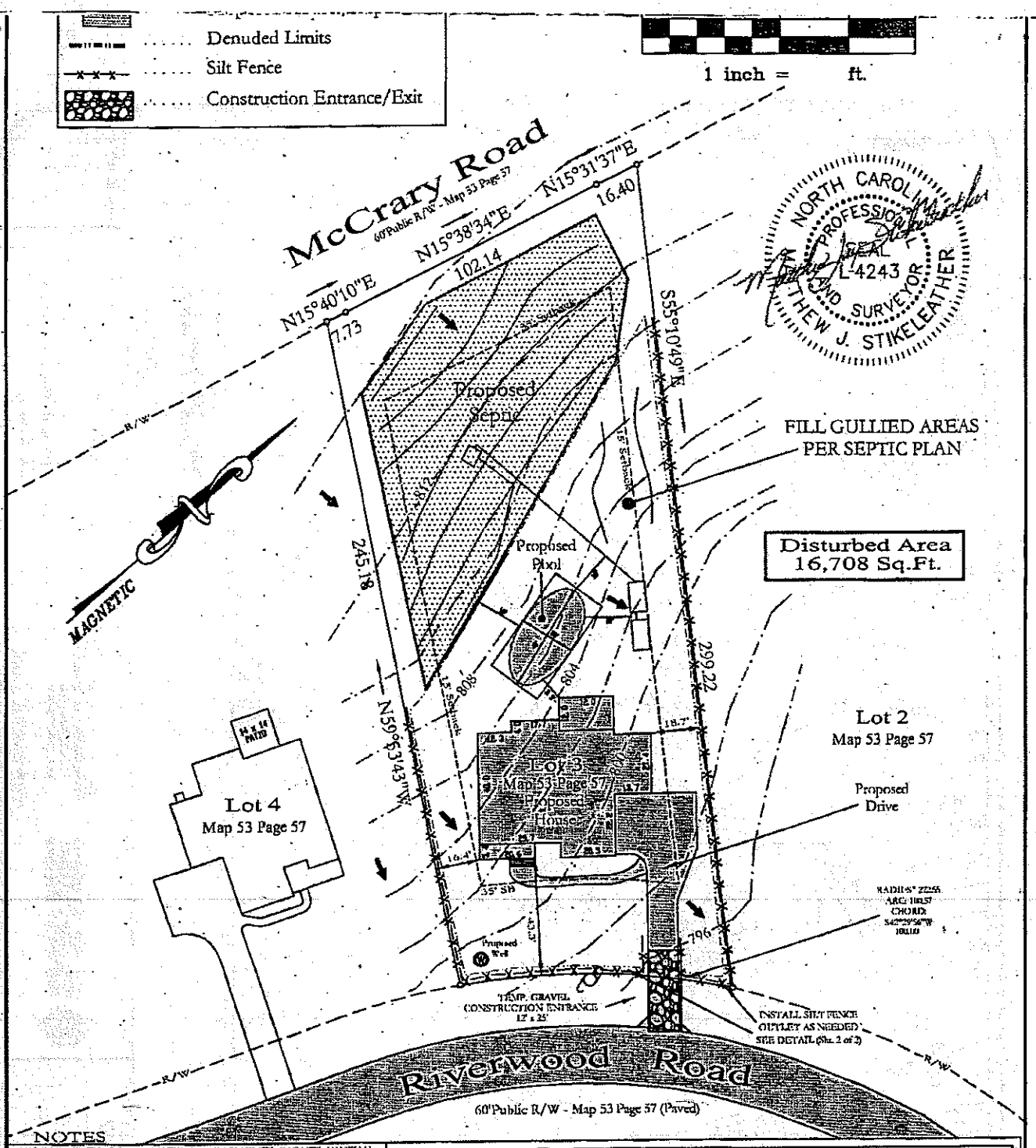
USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\dlutz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63F0\Application For OSWP Permit (2).doc



SCALE: 1" = 50'	DATE: 11-1-07	S&ME 3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7160 FAX. 336-288-8960 WWW.SMEINC.COM	Lot 3 Riverwood Bend Subdivision – McCrary Rd. Iredell County, NC	FIGURE NO. 1
PROJECT NO. 1588-07-051	DRAWN BY: JBP			
	CHECKED BY: PLM			



NORTH CAROLINA PROFESSIONAL SEAL L-4243 LAND SURVEYOR MATTHEW J. STIKELEATHER

NOTES

THIS PROPERTY IS SUBJECT TO ALL EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD. THIS SURVEY WAS COMPLETED WITHOUT A FULL TITLE SEARCH. PROPERTY IS SUBJECT TO DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS, RECORDED, OR UNRECORDED.

UNDERGROUND UTILITIES WERE NOT LOCATED AT THE TIME OF THIS SURVEY.

THIS IS NOT A BOUNDARY SURVEY. ALL INFORMATION GATHERED FROM PLATS OF RECORD.

CONTOUR DATA WAS GATHERED FROM IREDELL CO. GIS WEBSITE AND IS CONSIDERED APPROXIMATE.

SEE SHEET 2 OF 2 FOR ADDITIONAL EROSION CONTROL NOTES AND SPECIFICATIONS.

DISTANCES SHOWN FROM PROPOSED HOUSE TO THE PROPERTY LINE ARE FROM THE FOUNDATION.

INFO FOR THE WELL SITE AND SEPTIC AREA WAS TAKEN FROM SME PLANS DATED 11-1-07.

THIS PLAN HAS NOT BEEN REVIEWED BY A SEPTIC SCIENTIST TO DETERMINE IF THE PROPOSED POOL IS ABLE TO BE BUILT.

PLOT PLAN FOR:
TRUE HOMES, LLC
#120 Riverwood Road

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1" =50'	DAVIDSON	IREDELL	N.C.	04-10-14

LOT 3 RIVERWOOD BEND SUBDIVISION
MAP 53 PAGE 57 - DEED 2235-1567 - TAX # 4637261111.

DEED RECORDED	2235-1567
MAP RECORDED	
SURVEYED	CJS
MAPPED	MJS

SURVEYOR:
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH
WAXHAW NC 28173
704-400-0117
NC FIRM # P-0910

Providence

Paid $195.00 4-17-14 RM

Int. Relayout

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

*Relayout for Pool Addition **PAGE 1: *APPLICATION FORM***

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Larry Thompson **Address:** 175 Kluttz Road, Salisbury 28147 **Phone:** 704-301-4881

Owner Name: True Homes **Address:** 2649 Breckonridge Center, Monroe 28110 **Phone:** 704-238-1229

Property Information:

Street Address: 120 Riverwood Road (Tax ID Number: 4637261111)

Subdivision Name: Riverwood Bend **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: Travel west on NC 150 approximately 5.6 miles, turn left onto McCrary Road. Travel 1 mile and turn left onto Riverwood Road. Lot 3 is located on the left.

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
(X) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: PPBPS Permitted

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: _____ April 16, 2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

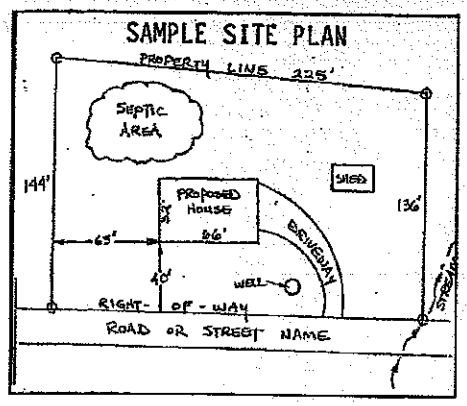
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (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 and well location**
- (X) **Area you prefer your septic system to be placed**
- (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

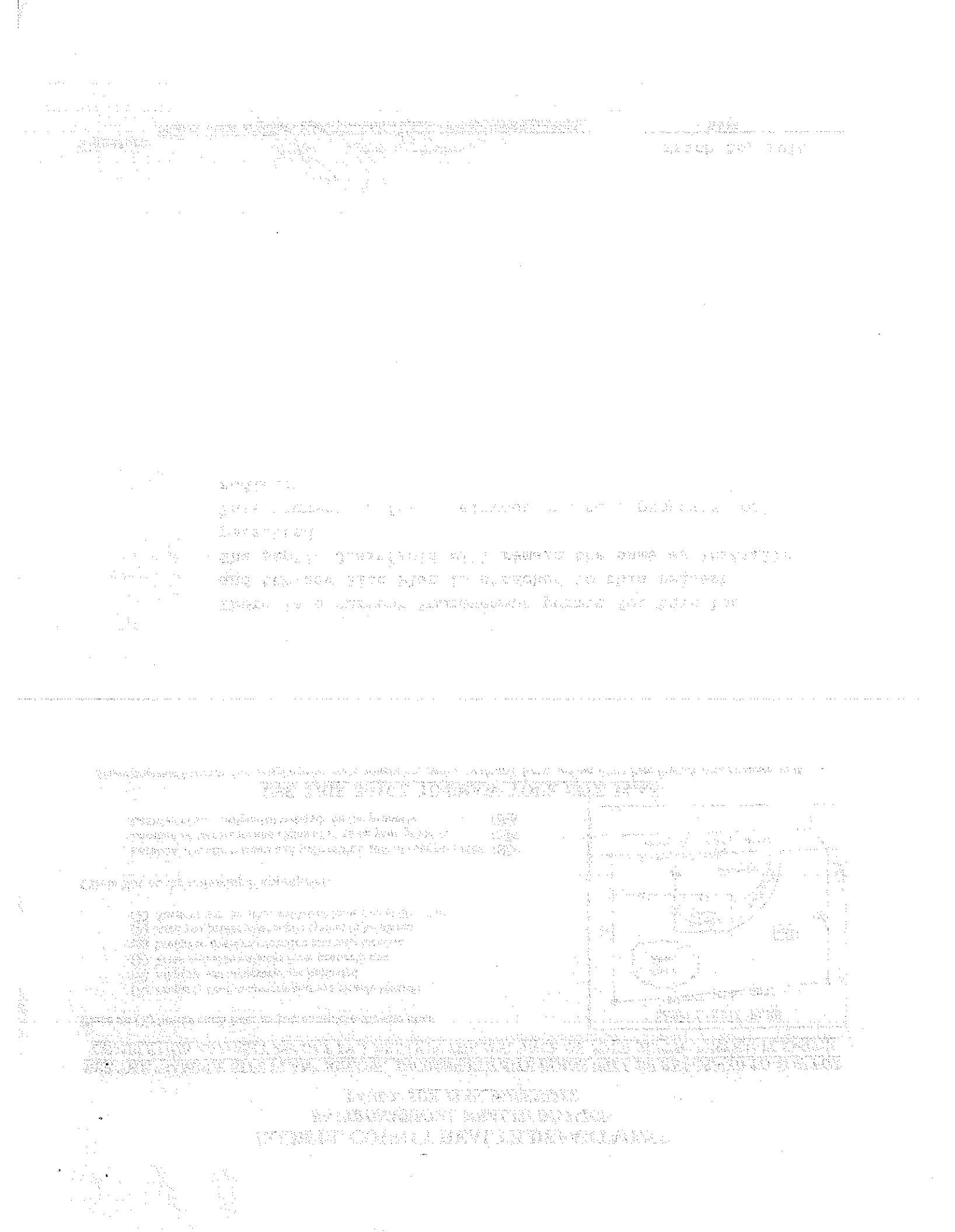
There is a current improvement permit for this lot and the new Site Plan is attached to this request
The septic drainfield will remain the same as initially permitted.
This request is for a relayout due to a proposed pool addition.

Signature: _____

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

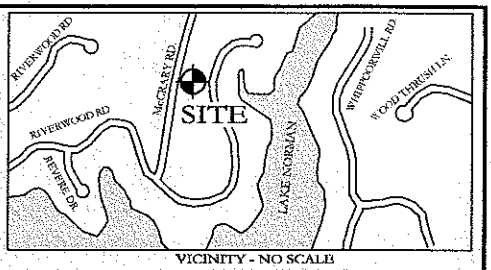
March 18, 2014

DATE



LEGEND

←	Direction of Water Flow
E/P	Edge of Pavement
AC.	Acre
●	Iron Found/ Set/ Computed
R/W	Right of Way
C/L	Centerline
	Power Pole
P/L	Property Line
O.H.U.	Overhead Utility
	Proposed House / Septic Area
	Denuded Limits
-x-x-x-	Silt Fence
	Construction Entrance/Exit

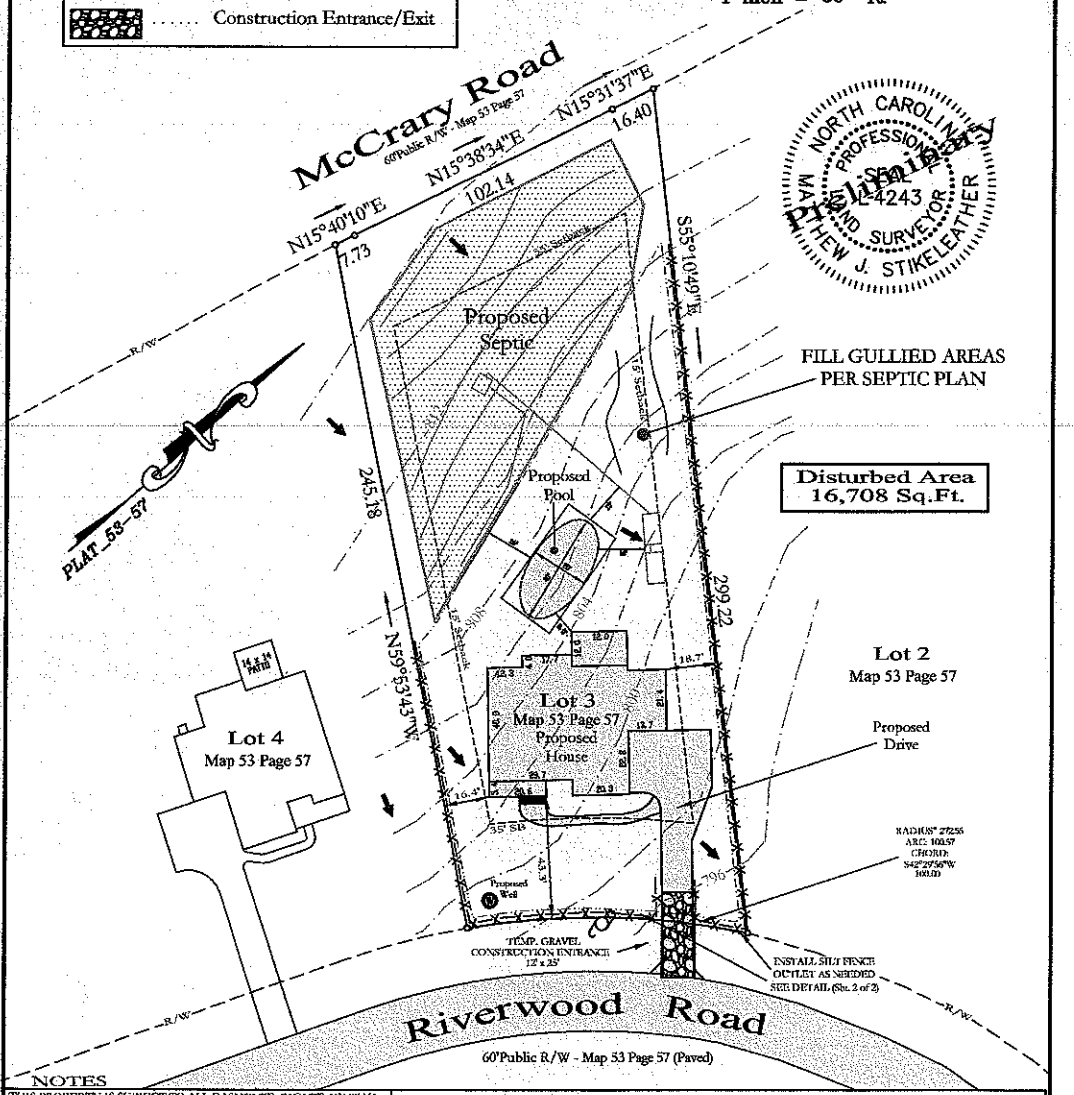


VICINITY - NO SCALE

SCALE

50 0 25 50

1 inch = 50 ft.



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NC FIRM # P-0910

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