Paid $135.00 RW
12-19-13

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

*Backing up into Tank

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Patti Betts **Address:** 121 Rolling Hill RD **Phone:** 704 798-5959

Owner Name: Gary Eaker **Address:** 482 Oak Tree RD **Phone:** 704 622-6569

Property Information:

Street Address: 482 Oak Tree RD, Mooresville, NC 28117

Subdivision Name: CLNT **Section/Phase:** 9 **Lot Number:** 216

Driving Directions: Brawley Sch. RD, Right on Oak Tree, house will be on Right

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 1970

( ) 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.

Signature: Patricia Betts (Listing Agent) 12-19-2013

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

IREDELL COUNTY HEALTH DEPARTMENT

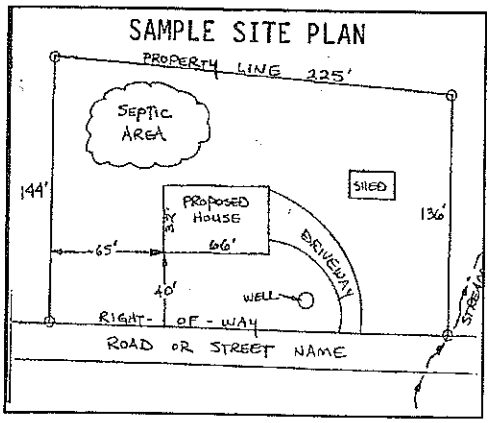
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) 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 ORIGINAL SEPTIC LAYOUT.

Signature: Patricia Bolt

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

12-19-2013

DATE

PINNACLE LAND SURVEYING, PA

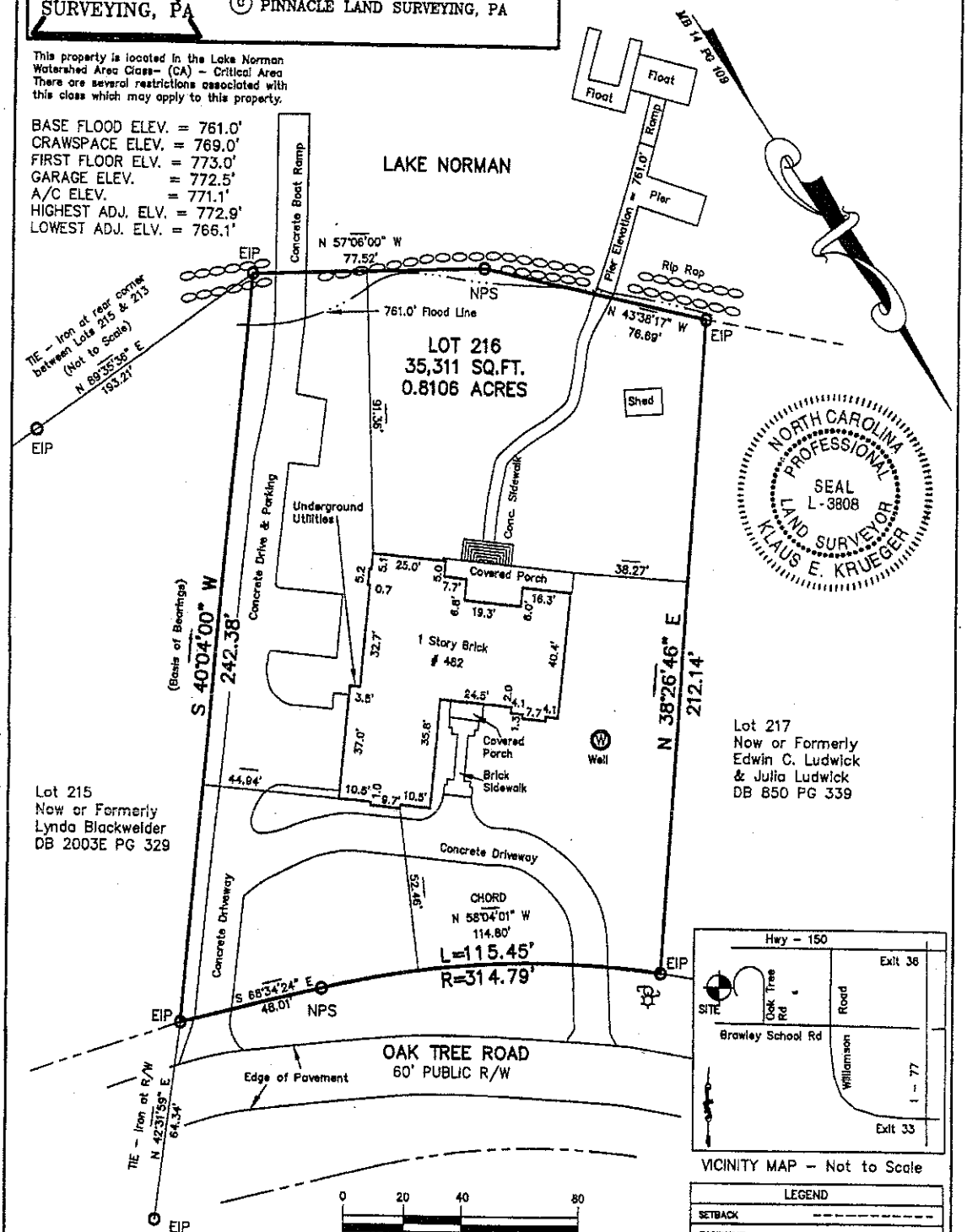
SURVEYING – PLANNING – MAPPING
P.O. BOX 2727 (704) 399-9120
HUNTERSVILLE, NC 28070 FAX (704) 398-1226

© PINNACLE LAND SURVEYING, PA

KLAUS E. KRUEGER PLS L-3808

This property is located in the Lake Norman Watershed Area Class- (CA) - Critical Area There are several restrictions associated with this class which may apply to this property.

BASE FLOOD ELEV. = 761.0'
CRAWSPACE ELEV. = 769.0'
FIRST FLOOR ELV. = 773.0'
GARAGE ELEV. = 772.5'
A/C ELEV. = 771.1'
HIGHEST ADJ. ELV. = 772.9'
LOWEST ADJ. ELV. = 766.1'



VICINITY MAP – Not to Scale

LEGEND			
SETBACK			
EASEMENT			
PROPERTY LINE			
LINES NOT SURVEYED			
FEATURE			
RIGHT OF WAY			
SET IRON PIN	O SIP		
EXISTING IRON PIN	O EIP		
CONCRETE MONUMENT	⊡ CCM		
NO PIN SET	O NPS	WATER METER	
POWER POLE		CATCH BASIN	
SEWER MANHOLE	Ⓢ	LAMP POST	
UTILITY BOX		ELECTRIC BOX	

I certify that this survey was performed by me (Klaus E. Krueger), under my supervision.
This survey is of an existing parcel of land.
The Raw Error of Closure was better than 1:10,000.
I did not do a full title search on this property.

This house is not located within any special flood hazard area as shown on Flrm maps of this area (Panel 370313 0200 B) dated February 26, 1982

DATE of:
Survey 01/23/04
Drawing 01/26/04
Job No: 3448
File: 482OAKTREE
Drawn by: KEK

For Buyer:
DOUGLAS E. MacFAYDEN
& CLAIRE H. MacFAYDEN
Physical Survey of
482 OAK TREE ROAD
MOORESVILLE, NORTH CAROLINA 28117
DAVIDSON TOWNSHIP, IREDELL COUNTY

Map Recorded in Map Book 14 Page 109 & 110
Lot 216 Section 9, Crescent Land & Timber Corp.
Currently Owned by: William O. Musgrave & Wanda F.

Deed Recorded in Deed Book 930 Page 1964
Tax Parcel # 000049788200
To be Conveyed to Douglas E. MacFayden & Claire H. MacFayden

PINNACLE LAND SURVEYING, PA
P.O. BOX 2727 (704) 399-9120
HUNTERSVILLE, NC 28070 FAX (704) 398-1226
© PINNACLE LAND SURVEYING, PA

KLAUS E. KRUEGER PLS L-3

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GARAGE ELEV. = 772.5'
A/C ELEV. = 771.1'
HIGHEST ADJ. ELV. = 772.9'
LOWEST ADJ. ELV. = 766.1'

MB 14 PG 109

LAKE NORMAN

Float
Float
Ramp
Pier
Pier Elevation = 761.0'
Concrete Boat Ramp
Rip Rap
N 57°08'00" W 77.52'
EIP
NPS
761.0' Flood Line
N 43°38'17" W 76.69'
EIP
TIE - Iron at rear corner between Lots 215 & 215 (Not to Scale) N 89°35'38" E 193.21'
EIP
LOT 216
35,311 SQ.FT.
0.8106 ACRES
Shed
Underground Utilities
Conc. Sidewalk
Concrete Drive & Parking
Covered Porch
38.27'
25.0'
5.1
5.2
0.7
5.0
7.7'
6.8'
19.3'
6.0'
16.3'
1 Story Brick
482
32.7'
40.4'
S 40°04'00" W 242.38'
(Basis of Bearings)
N 38°26'46" E 212.14'
24.5'
2.0
4.1
7.7
4.1
1.3'
35.8'
37.0'
3.8'
Covered Porch
Brick Sidewalk
Well
44.94'
10.5'
10.0'
9.7'
10.5'
Lot 215
Now or Formerly
Lynda Blackwelder
DB 2003E PG 329
Concrete Driveway
Concrete Driveway
CHORD
N 58°04'01" W
114.80'
L=115.45'
R=314.79'
EIP
S 68°34'24" E 48.01'
NPS
EIP
EIP
OAK TREE ROAD
60' PUBLIC R/W
Edge of Pavement
TIE - Iron at R/W N 42°31'59" E 64.34'
EIP
0 20 40 80
1 inch = 40 ft.

Lot 217
Now or Fo
Edwin C. L
& Julia Lu
DB 850 P

Hwy -
SITE
Oak Tree Rd
Brawley School

VICINITY MAP -

LEGE
SETBACK
EASEMENT
PROPERTY LINE
LINES NOT SURVEYED
FEATURE
RIGHT OF WAY
SET IRON PIN
EXISTING IRON PIN
CONCRETE MONUMENT
NO PIN SET O NPS
POWER POLE
SEWER MANHOLE (S)
UTILITY BOX

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To be Conveyed to Douglas E. MacFayden & Cl

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet __1__ *of* __1__

PROPERTY ID #: _4637-32-6099_

COUNTY: ___IREDELL__

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: GARY EAKER APPLICATION DATE 12-19-13

ADDRESS: 482 OAK TREE RD MOORESVILLE NC 28117 DATE EVALUATED: 12-27-13

PROPOSED FACILITY: 3 BRM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 0.81 AC

LOCATION OF SITE: 482 OAK TREE RD PROPERTY RECORDED: _____

WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 1	LSS 3%	0-14	B SCL/CL WFSBK	FR, SS, SP, SEXP	-Few/com. Mn -Few quartz rock -com sap	48"	-	-	PS 0.275
		14-32	R C WFSBK	FR, S, P, SEXP					
		32-43	R C WFSBK	FR, S, P, SEXP					
		43-48	R C WFSBK	FR, SS, SP, SEXP					
B 2	LSS 3%	0-17	B SCL/CL WFSBK	FR, SS, SP, SEXP	-Few YB @ transition -Many YB, few chr. 2 >46"	48"	-	-	PS 0.275 to 36" 0.25-.2 >36"
		17-36	R C WFSBK	FR, S, P, SEXP					
		36-48	R C WFSBK	FR, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		GRAVITY 25% REDUCTION
Site LTAR		0.25-0.3

OTHER FACTORS (.1946): NONE

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ALP

OTHER(S) PRESENT: NONE

COMMENTS: BEST PROFESSIONAL JUDGEMENT LOT. 24" TRENCH BOTTOM MAX

IREDELL COUNTY HEALTH DEPARTMENT

4603732600 99

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19056 DATE Feb 21, 95 TAX MAP NO. 2K6A216

OWNER OR CONTRACTOR William Musgrave PHONE: Business _____ Home _____

ADDRESS _____ Watershed: ☑ Yes ☐ No WS IV

LOCATION 1100 TR Oak Tree Rd. Bear left @ lake ~1/4 mile on Right

SUBDIVISION Crescent Lkt BLOCK / SECTION 9 LOT 216 LOT AREA Existing SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields _____ Square Feet _____ Linear Feet _____

No Lines Existing Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

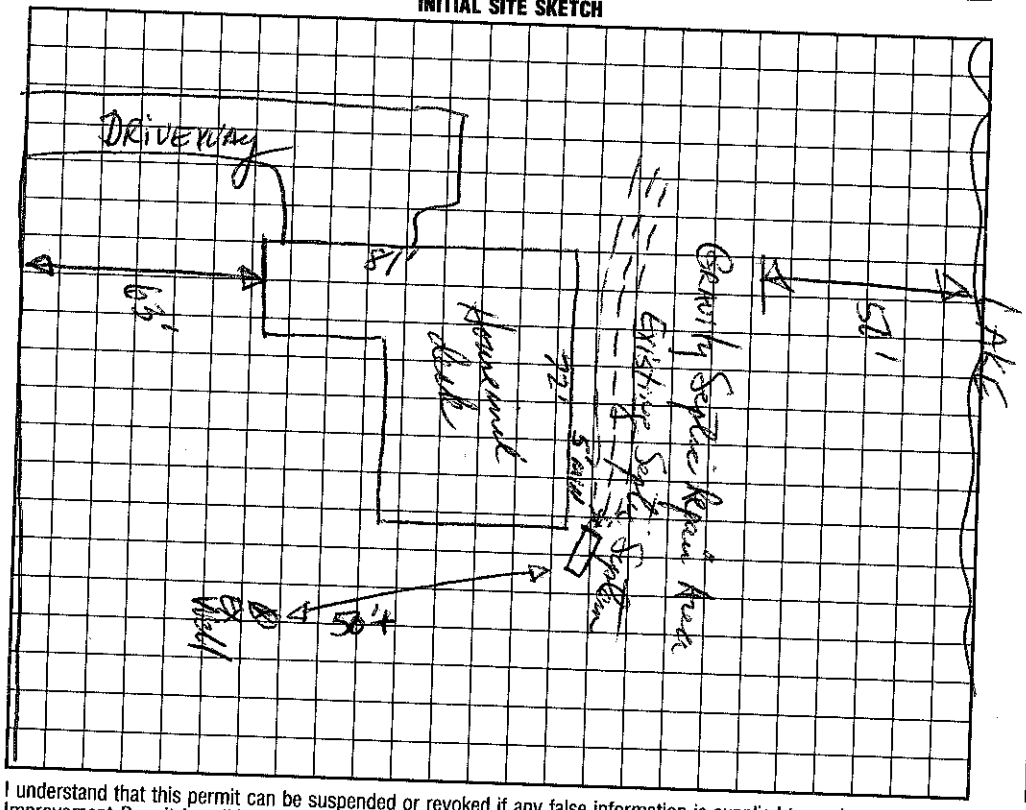
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: Replacing 3 bedroom MH w/ 3 bedroom house. No signs of system malfunction

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Darrell Hamm RS date 2/21/95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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

MUSGRAVE

IN 19056

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Construct Dwelling

Location: 1100 ft Oak Tree Rd, 1.5 mi on rt

Tax Map No.	Township	Jurisdiction	Zoning
2K-6-A-21C	Davidson	Iredell	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Sec 9	21C		( ) yes ( ) no

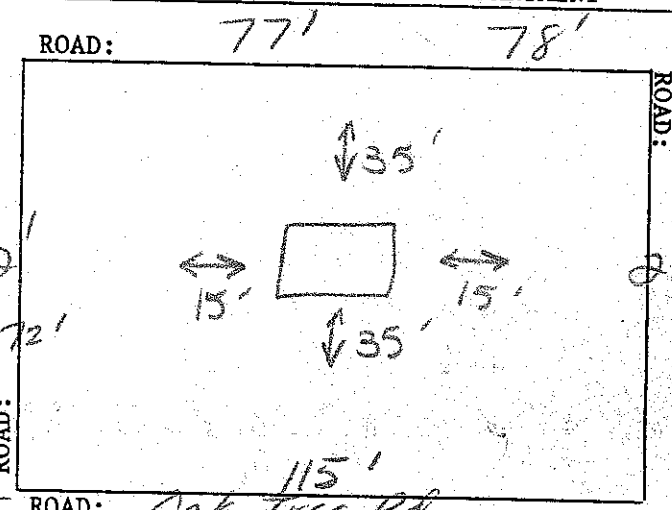
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



$15-2
25-HD
$40.

83148
083148

OWNER	ADDRESS	PHONE NO.
William Musgrave	3001 Idlewood Cr. Char. 28209	568-5550

I certify that all of the 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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X W Musgrave
Signature of Owner or Authorized Agent

6/16/94
Application Date

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

Lot area 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Updated 1/2/95 K. Hewitt

ZONING ADMINISTRATION DIVISION

K. Hewitt 6/16/94
Approved by Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

L.C. DELLINGER BLDG	827-4669	1633 S. Hwy 16	STANLEY	NC	28164
Applicant	Phone #	Mailing Address	City	State	Zip Code

BILL MUSGRAVE	3001 IDLEWOOD CIRCLE	CHARLOTTE	NC	28209
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

482 OAK TREE ROAD	LOT #216	—	—
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

EXISTING WELL-PRIVATE		2K-6-A-216
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House Y Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement NO Basement with Plumbing _____

Crawl Space Y Concrete Slab _____ Garbage Disposal Y Jaccuzi or spa Y

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-21-95 DATE L.C. Dellinger, Inc. SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

William O. Musgrave	704/343-0426	3001 Idlewood Circle	Charlotte	NC	28209
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same as above				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

482 Oak Tree Road	216	Section 9	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Turn right on Oak Tree Road from Brawley School Road south of Williamson Road. Follow Oak Tree 1.5 miles to property on right.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3.5

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal Yes Jaccuzi or spa Yes

COVENANT AND SIGNATURE:

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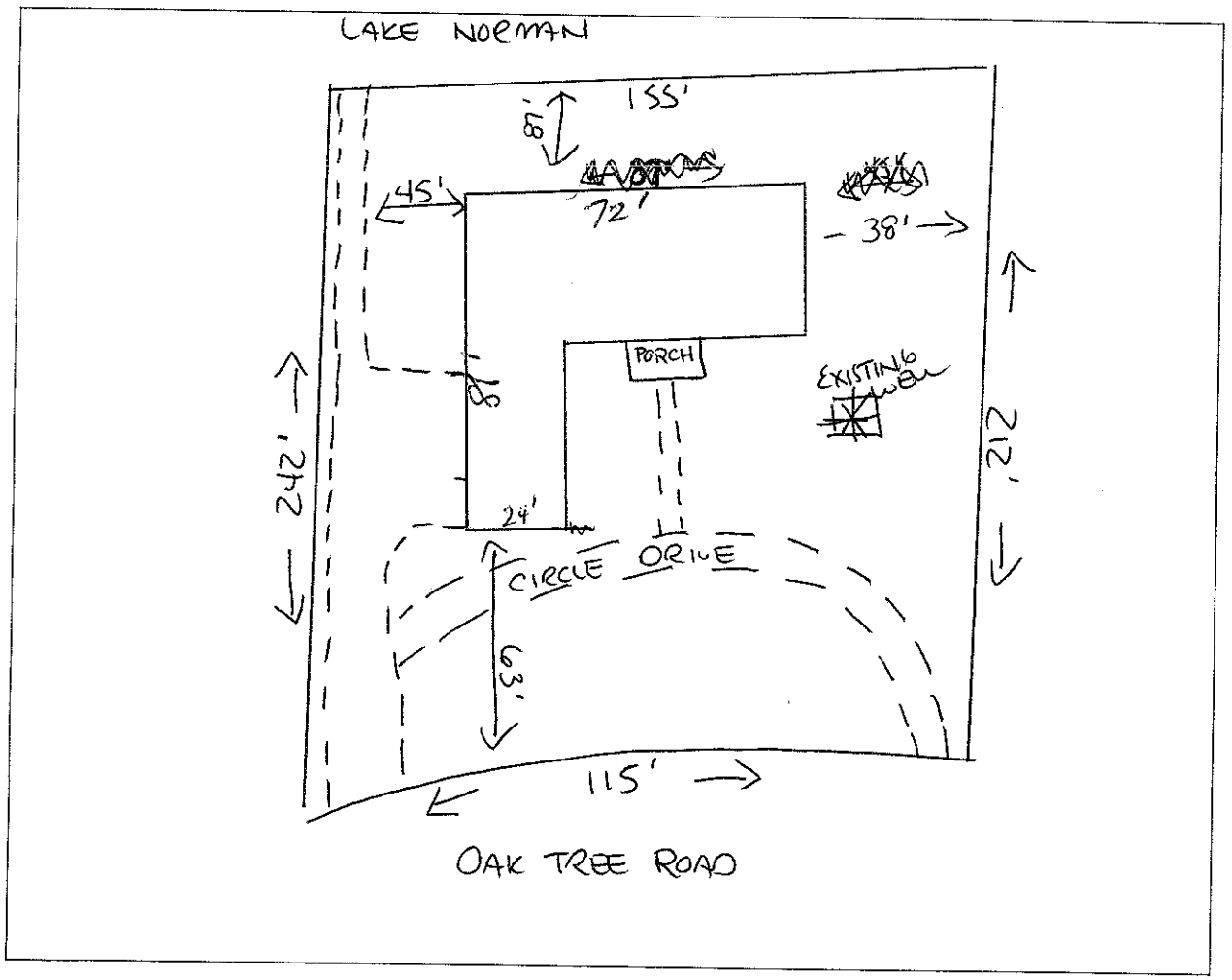
10-27-94 DATE W. Musgrave SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

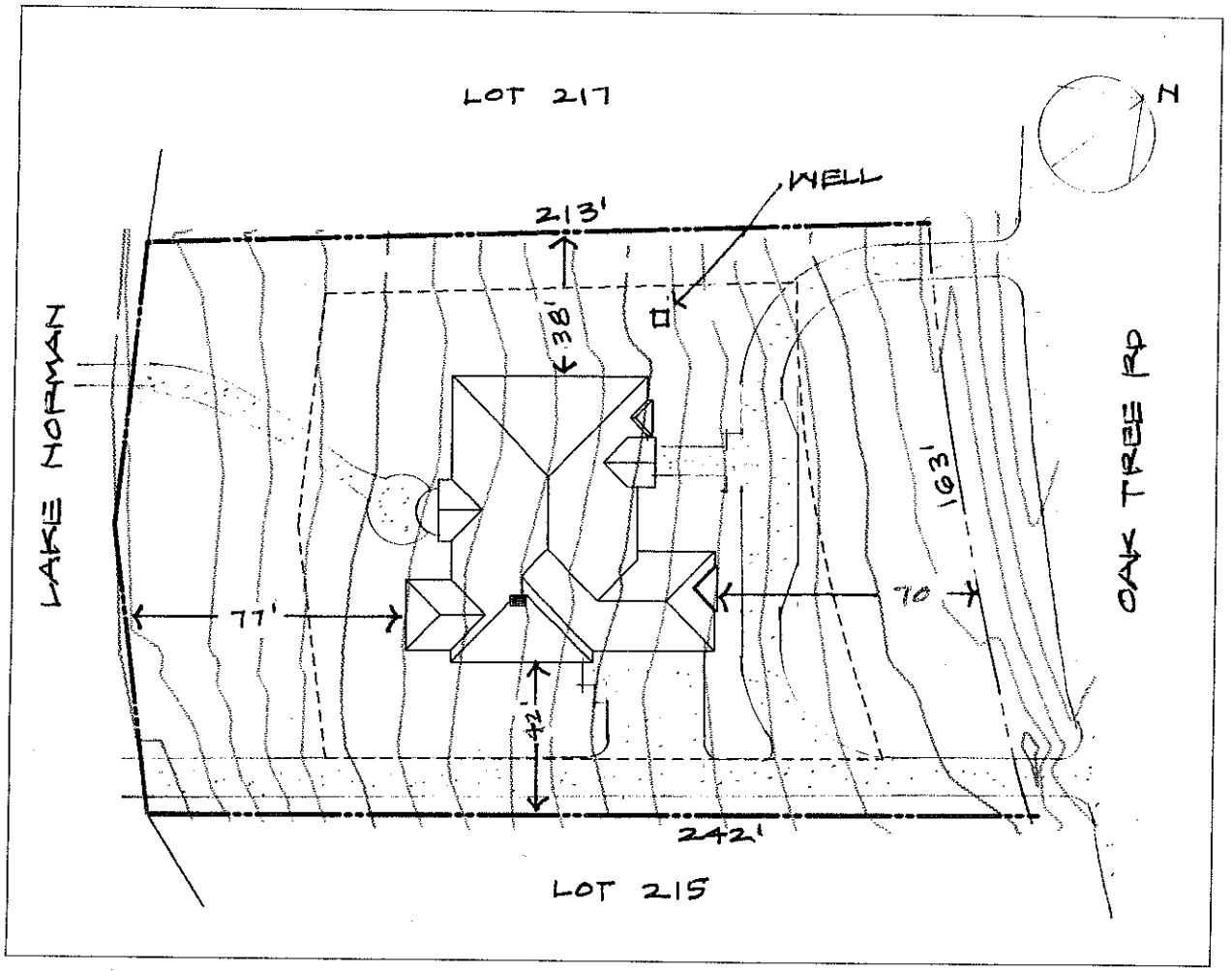
2-21-95 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

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I hereby convenant that the above representation is correct to the best of my knowledge and ability.

10-27-94 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET ____ OF ____
PROPERTY I.D.#: ____
PROPERTY RECORDED: ____
COUNTY: ____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Bill Musgrave
ADDRESS: ____ OWNER: ____ AGENT: ____ PHONE: ____
APPLICATION DATE: ____ DATE EVALUATED: 10/27/94
PROPOSED FACILITY: ____
PROPERTY SIZE: ____
LOCATION OF SITE: Lot 216, Sect 9, Oak Tree RD.
WATER SUPPLY: On-Site Well ✓ Comm. Well ____ Public ____ Other ____ EVAL. METHOD: Auger Boring ✓ Pit ____ Cut ____

PROFILE	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS	HORIZON LTAR
1		0-11	SAB/CL	1:1 /fr			PS		.3
		11-45	SAB/C	1:1 /fi-vfi					
		45+	wkSAB/CL	1:1 /fi					
2									
3									
4									
5									

AVAILABLE SPACE (.1945) ____ SITE CLASSIFICATION (.1948): ____ SITE LONG-TERM ACCEPTANCE RATE: ____
EVALUATED BY: ____ OTHER(S) PRESENT: ____
COMMENTS: ____