704-201-5382 RECEIVED SEP 2 3 2015 205996

John

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $40.00 Statesville
Paid $110.00
EXIST SYSTEM INSP

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(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: A Deck Above Address: 1201-H Technology Dr. Phone: 704-821-3269

Owner Name: Pam Siegfried Address: 123 Egrets Walk Pl Phone: 704-577-1479

Property Information:

Street Address: 123 Egrets Walk Place

Subdivision Name: Edgewater Park Section/Phase: _____ Lot Number: 48

Driving Directions: 77 South Exit 35 - Brawley School Right on Brawley School Right on Blume Rd Right on Herons Gate Dr. Right on Egrets Walk Place

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

( ) 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: _____

( ) 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: _____ 9-24-2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

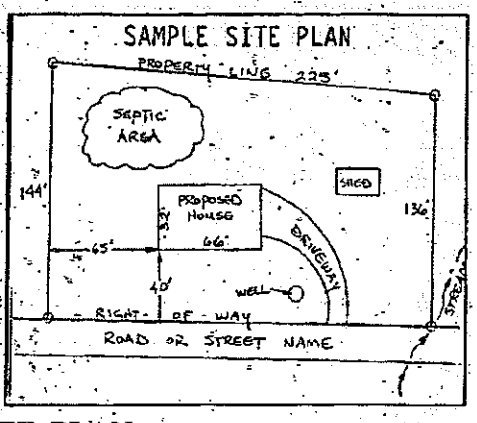
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) 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: _____ 9-26-14

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

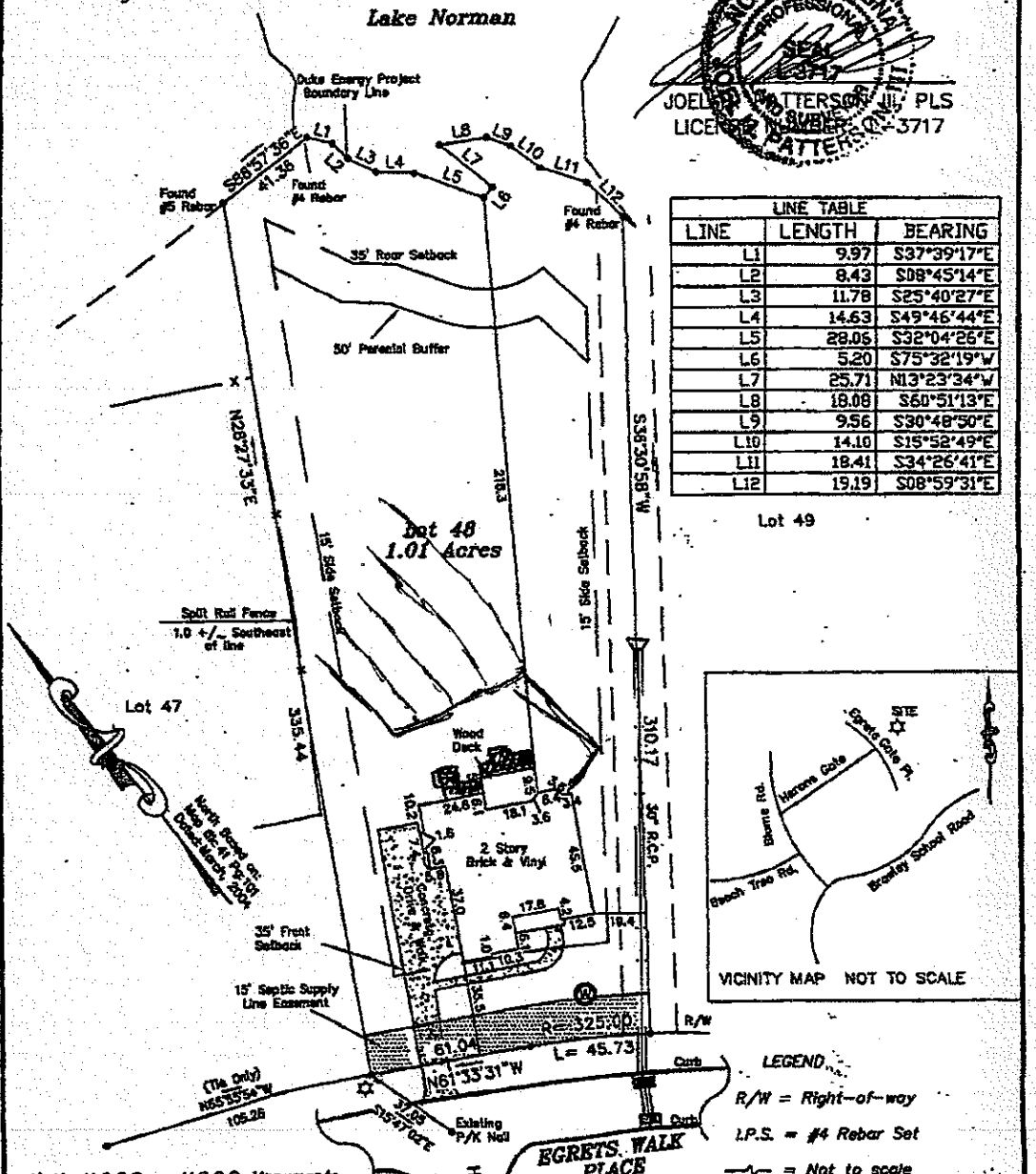
PATTERSON LAND SURVEYING, P.A.

P.O. Box 5010, Mooresville, NC 28117 O-(704) 663-0110 M-(704) 361-0415

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 1780, Page 1572. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 18th day of OCTOBER, 2021.

NORTH CAROLINA PROFESSIONAL SEAL L-3717 SURVEYOR JOEL H. PATTERSON III

JOEL H. PATTERSON III, PLS
LICENSE NUMBER L-3717



LINE TABLE		
LINE	LENGTH	BEARING
L1	9.97	S37°39'17"E
L2	8.43	S08°45'14"E
L3	11.78	S25°40'27"E
L4	14.63	S49°46'44"E
L5	28.05	S32°04'26"E
L6	5.20	S75°32'19"W
L7	25.71	N13°23'34"W
L8	18.08	S60°51'13"E
L9	9.56	S30°48'50"E
L10	14.10	S15°52'49"E
L11	18.41	S34°26'41"E
L12	19.19	S08°59'31"E

LEGEND

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Light Pole
= Cable Pedestal
= Well
= Storm Drain Structure

1) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

2) Boundary information based on Map Book 41 at Page 101 as recorded in the Iredell County Register of Deeds.

3) This survey is of an existing parcel or parcels of land.

4) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

5) Area by coordinate method.

SCALE 1" = 50'

ACQUIRED BY: MARK D. SIEGFRIED

PHYSICAL SURVEY

OF 123 EGRETS WALK PLACE

LOT 48 "EDGEWATER PARK-SUBDIVISION" PHASE 3

DAVIDSON TWSP., IREDELL CO., NC

FIELD BOOK:
FILE: 12088

TAX MAP NO: 4657409222

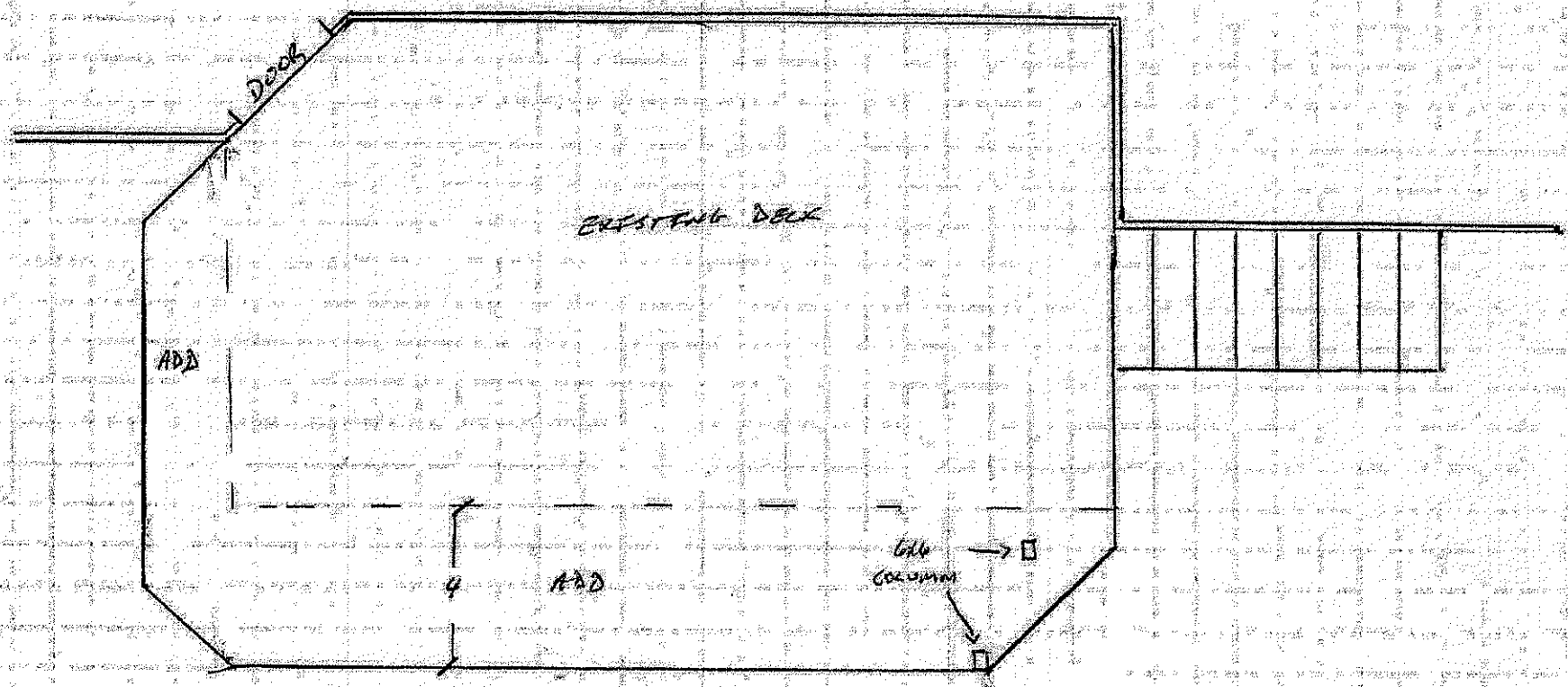
1 Deck 5' off Side OK

09-12-14;08:40AM; 704-855-5573 # 1/ 1

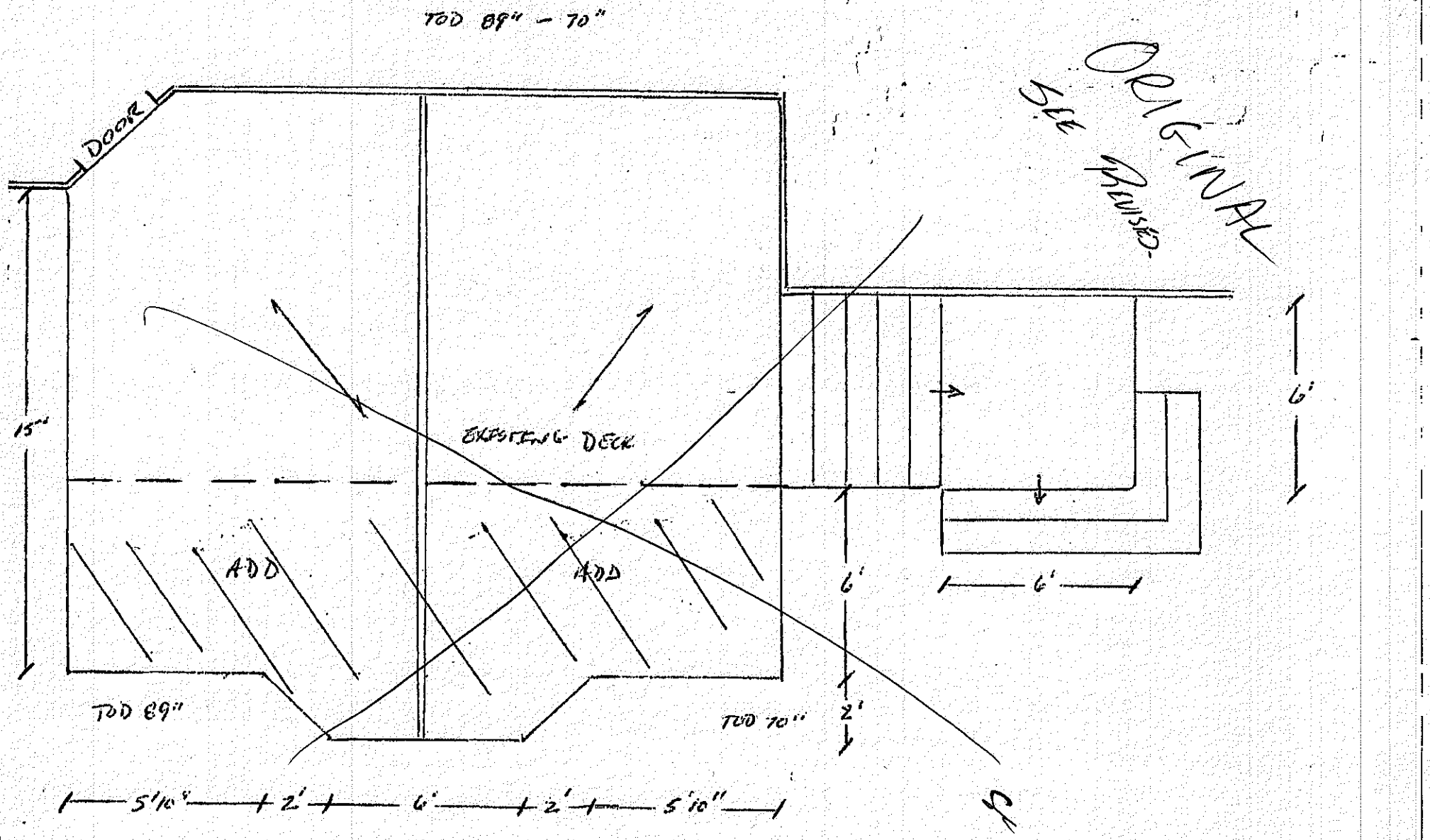
REVISED

PLAN SET REVISED
123 EGGERTS MILL RD.

Acknowledgement Of
Plans Submittal ONLY!
Date ____
Date 3/13/15



PAM SIEGFRIED
123 EGGERTS MILL RD



ORIGINAL

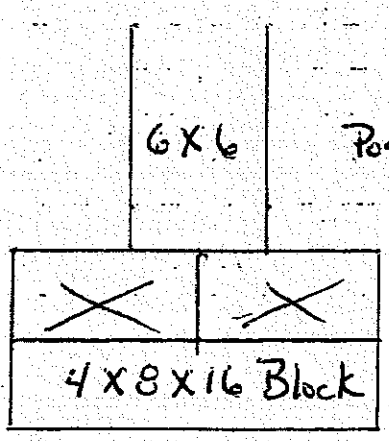
Floor joist oc 16"

Floor joist size 2X8

Beam/girder 2X10

Decking Material 5/4 Treated

Ledger 2X2



Depth 16"

Hole size 20" X 20"

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12280 PIN# [redacted] 4652-40-9722 DATE Jan 3, 2005

OWNER OR CONTRACTOR Nobel Development PHONE: Business Home

ADDRESS 320 Mill Pine NW Taylorsville N.C. 28681

LOCATION Driving from E. Tr Elmore T Elmore Oak Dr to end access Street on Cypress Point W.

SUBDIVISION Edgewater Woods BLOCK / SECTION LOT 46 LOT AREA 1 acre SITE CLASS 15 DESIGN FLOW 440 gpd L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons: STB 794 Date: 5/23/06
Pump Tank: 1000 Gallons: P.T. 283 Date: 7/18/06
Pump Make: Gould Model PA 1 M Serial No
Nitrification Field: No Fields 1 Square Feet 640/760 Linear Feet 320/332
No Lines 5 Trench Width 36"/48" Max Trench Bottom Depth 36 Gravel Depth N/A

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: LPP60S
Repair System Description: LPP60S
Maintenance Agreement Required: ☐ Yes ☐ No

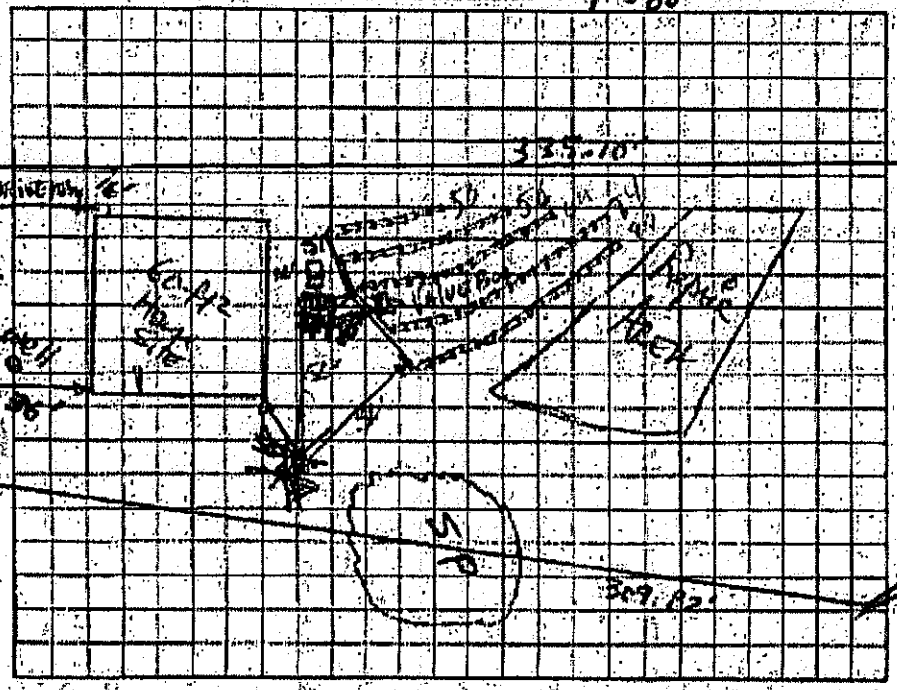
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

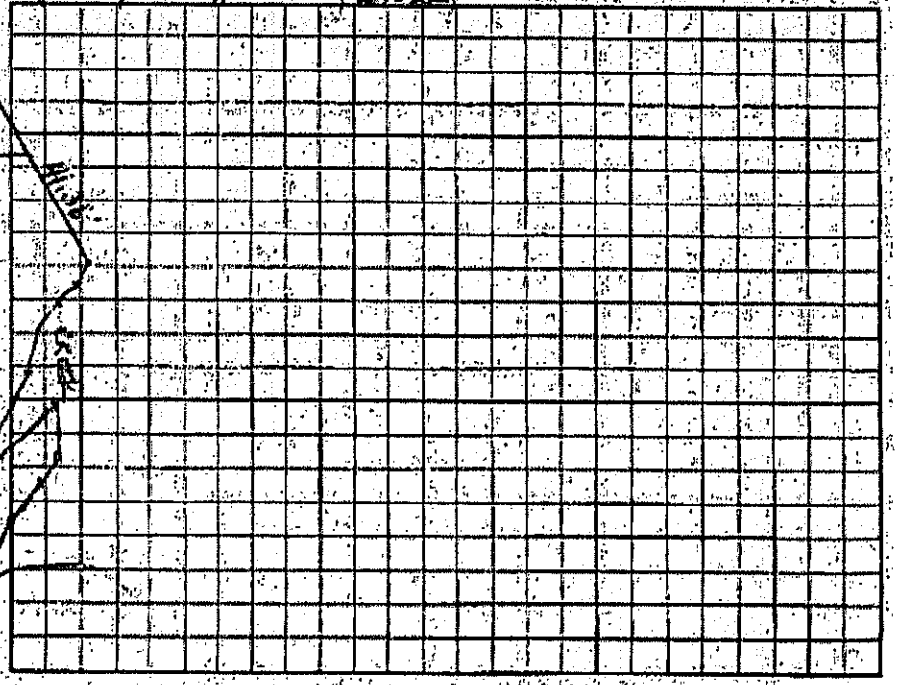
Comments/Conditions: * To Live Filter Required on Primary Trench
3/28/06 Reviewed Building plans Site plan
Essentially in Compliance with I.P.

Comments/Conditions: * Dave on other Side.
Well placed 25' in front of house JM
Tonka Lowe Pressman

INITIAL SITE SKETCH 1"=60'



FINAL 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 Pat Carpenter date 3-1-05 Installed by: Larry Hinkle

Improvement Permit by: Marion Hall Jr. date Jan 3, 05 Operation Permit by: Marion Hall Jr. date 8/24/06

Authorization to Construct by: Marion Hall Jr. date 3/28/06 Existing System Inspection by: date

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