CURVE	LENGTH	RADIUS	DELTA	CHORD DIR.	CHORD
C1	95.32'	271.73'	20°05'57"	N33°03'04"W	94.83'

STATE OF NORTH CAROLINA
IREDELL COUNTY

I certify that this map was drawn from an actual survey made under my supervision. The unadjusted error of closure as calculated is 1': 10,000+ Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book 481, Page 91

Witness my hand and seal this 25th day of October, 2000.

James R. Hobbs
Professional Land Surveyor
L-3703

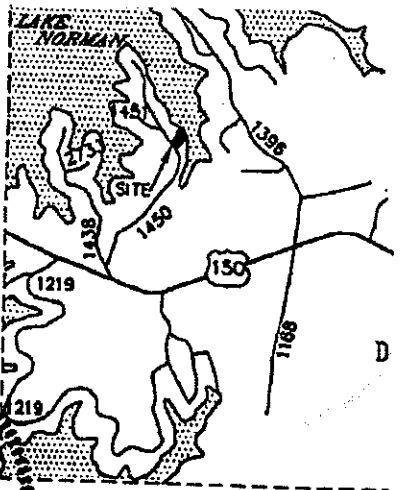
NOTE: ALL DISTANCES ARE HORIZONTAL DISTANCES UNLESS OTHERWISE NOTED.

NOTE: AREA BY COORDINATE COMPUTATION.

NOTE: PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.

NOTE: ALL CORNERS NOT IDENTIFIED ARE POINTS ALONG DUKE ENERGY CORP. PROJECT BOUNDARY (LAKE NORMAN)

NORTH CAROLINA PROFESSIONAL SEAL L-3703 LAND SURVEYOR JAMES R. HOBBS



LOCATION MAP NOT TO S

STATE OF NORTH CAROL
COUNTY OF IREDELL

I, _____ Review
Iredell County, certify that the
or plat to which this certification
meets all statutory requirements for

_____ Review Officer

Date _____

DUKE ENERGY CORP. PROJECT BOUNDARY PER P.B. 14 PG. 50

LAKE NORMAN
DUKE ENERGY
UMI-169

S24°49'00"E 29.08'
S65°53'00"E 40.95'
S07°51'00"E 42.43'
S02°24'00"W 31.82'
S30°48'00"E 39.29'
S16°02'00"E 12.64'
9.78'

PRESENT FULL POND

CONTROL CORNER

PLAT NORTH PB 14 PG 50

Lot 237
ALVIN WILLIAM HYATT
& wife
LINDA SOMERSETT HYATT
D.B. 605 PG. 489
P.B. 14 PG. 50

Lot 238
0.810 Acres

Lot 239
WILLIAM MAX CARLTON
& wife
BARBARA HALSEY CARLTON
D.B. 904 PG. 1842
P.B. 14 PG. 50

268.17' (TOTAL)
BASE BEARING
N41°37'00"E 258.39'
S60°04'53"W 235.29'

Approved ICHO 12-31-13

*See Conditions per email 12-2013 from K. Saunders

MAG NAIL (F) CL INT. SR 1450 & SR 1451

GRAVEL DRIVE

C1

CONTROL CORNER

S44°18'15"E 282.73' (NTS)
S43°11'21"E 149.86' (NTS)

18' PAVED

HERMANCE LANE S.R. 1450 (60' ROAD R/W.)

LEGEND

- LINES SURVEYED
- LINES NOT SURVEYED
- TIE LINES
- OVHD DISTRIBUTION LINE (OVERHEAD)
- ▲ #4 REBAR (F)
- △ #5 REBAR (S)
- ■ #5 REBAR (F)
- ◉ MAG NAIL
- ○ #6 REBAR
- ⊕ CONC. MO
- RETAIL POWER POLE (NTS) NOT TO SCALE
- (F) DENOTES FOUND
- (S) DENOTES SET

GRAPHIC SCALE
0 25 50

Lot 238 Crescent Land & Timber Fast Track

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**10 inch Large Diameter Pipe**
No. Lines	8 (See Table)
Total Linear Feet	480
Trench Width	1.5' min.
Trench Spacing	7.5' min.
Trench Bottom Depth (low side) 21"on high side	16 inches
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	15' of 2" SCH 40 PVC
Siphon Break hole	no
Repair System	**Repair Exempt**
Total Linear Feet	Deeded Dec 22, 1969
Repair Loading Rate	

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	10" LDP	40 endfed
2	System	Pink	10" LDP	40 endfed
3	System	Red	10" LDP	60 endfed
4	System	Pink	10" LDP	60 endfed
5	System	Orange	10" LDP	60 endfed
6	System	Red	10" LDP	80 endfed
7	System	Pink	10" LDP	80 endfed
8	System	NF	10" LDP	60 endfed
				Total System: 480'
				Total Repair:

Note: Lot is repair exempt. Preserve all remaining space as possible repair area.

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 11/29/12

Owner or Client: Crescent Resources
Proposed Facility: House Design Flow: 360
Location of Site: Lot 238 Hermance
Soil Described By: KMS Others Present: DB
Antecedent Moisture: Dry Weather: 40°F

Property Size: 0.81 Ac
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS
Repair Exempt

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	LN 34%	0-5	WK GR SL	FR ns/np		DkBr			0.3
		5-12	Mo GR SL	FR ns/np		Lt Br			
		12-30	WK SBK SCL	FR SS/SP	F/C Sap	yel R			
		30-52	MA SL Sap	FR ns/np		multi			
				Rock	vein in step @ 30"				
2	LN 28%	0-19	WK GR SL	FR ns/np		Br			0.3 to 39"
		19-30	WK SBK SCL	FR SS/SP	C/M Sap	yel R			
		30-39	MA SL Sap	F/FR SS/NP		multi			
		39"	Cr						
				Rock inclusion 30" in back corner of pit					
3	L AH	0-20	WK GR SL	FR ns/np		Lt Br			0.3
		20-36	WK SBK SCL	FR SS/SP	C Sap	yel R			
		36-48	MA SL Sap	FR ns/np		multi			
		48"	AR						
4	L AH	0-32	WK GR SL	FR ns/np		Br			0.3
		32-48	WK SBK SCL	FR SS/SP	C Sap	yel R			
		48-50	MA SL Sap	FR ns/np		multi			
		50"	AR						
5									
6									

COMMENTS:

Approved ICHD
12-31-12

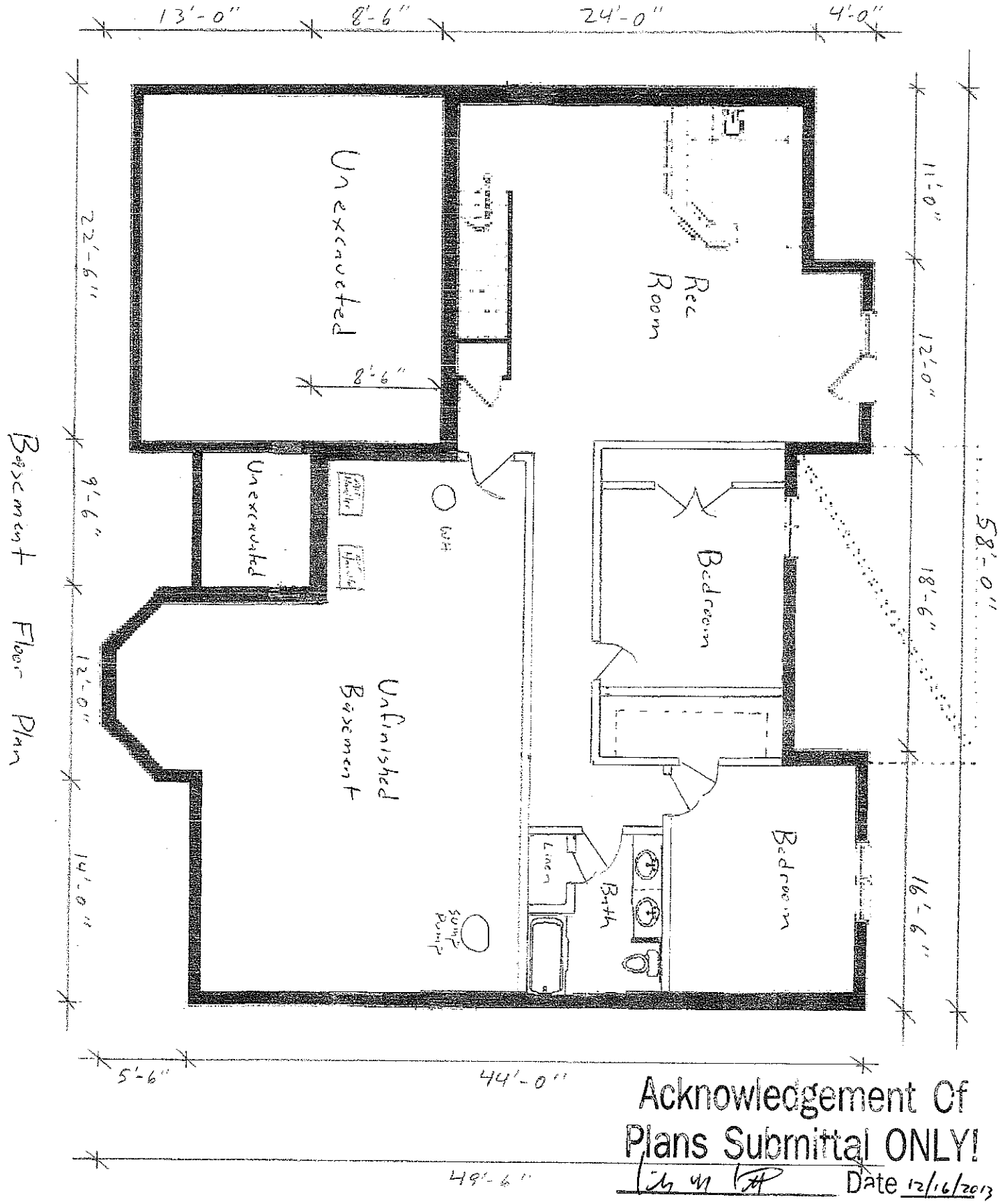
First Floor Plan



Acknowledgement Of Plans Submittal ONLY!

Date 12/16/2013

Date 12-20-13



Basement Floor Plan

Acknowledgement Of Plans Submittal ONLY!

Date 12/16/2013

Date 12-20-13

Deed Recorded → Dec 22, 1969

CURVE TABLE					
CURVE	LENGTH	RADIUS	DELTA	CHORD DIR.	CHORD
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STATE OF NORTH CAROLINA
IREDELL COUNTY

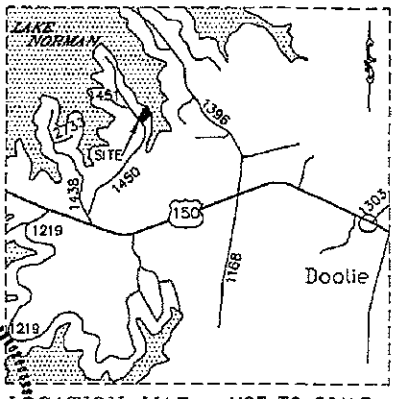
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The unadjusted error of closure as calculated is 1':_10,000+_____
Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book 481, Page 91

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James R. Hobbs
Professional Land Surveyor
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NORTH CAROLINA PROFESSIONAL SEAL L-3703 LAND SURVEYOR JAMES R. HOBBS



LOCATION MAP NOT TO SCALE

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____ Review officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____
Review Officer

Date _____

DUKE ENERGY CORP. PROJECT BOUNDARY PER P.B. 14 PG. 50

LAKE NORMAN
DUKE ENERGY
UMI-169

S65°53'00"E 40.85'
S24°49'00"E 29.08'
S07°51'00"E 42.43'
S02°24'00"W 31.62'
S30°46'00"E 39.29'
S16°02'00"E 12.64'

9.78'

PRESENT FULL POND

CONTROL CORNER

PRESENT FULL POND

PLAT NORTH PB 14 PG 50

(TOTAL) 268.17'

Lot 238
0.810 Acres

Lot 239
WILLIAM MAX CARLTON
& wife
BARBARA HALSEY CARLTON
D.B. 904 PG. 1842
P.B. 14 PG. 50

Lot 237
ALVIN WILLIAM HYATT
& wife
LINDA SOMERSETT HYATT
D.B. 605 PG. 489
P.B. 14 PG. 50

BASE BEARING N41°37'00"E 258.39'

S60°04'53"W 235.29'

LEGEND

LINES SURVEYED	
LINES NOT SURVEYED	
TIE LINES	
OVHD DISTRIBUTION LINE (OVERHEAD)	
▲ #4 REBAR (F)	◉ MAG NAIL (F)
△ #5 REBAR (S)	○ #6 REBAR (F)
■ #5 REBAR (F)	⊕ CONC. MON. (F)
RETAIL POWER POLE	
(NTS) NOT TO SCALE	
(F) DENOTES FOUND	
(S) DENOTES SET	

MAG NAIL (F) CL INT.
SR 1450 & SR 1451

GRAVEL DRIVE

C1

CONTROL CORNER

S44°18'15"E 282.73' (NTS)

S43°11'21"E 149.86' (NTS)

18' PAVED

HERMANCE LANE S.R. 1450 (60' ROAD R/W.)

GRAPHIC SCALE
0 25 50 100
(IN FEET)
1 inch = 50 ft.

CRESCENT RESOURCES, INC.
(S.E. CHRISTIE)
UMI-169
D.B. 481 PG. 91

TAX ID: 4638-01-5988
FOR SOURCE OF TITLE REFER TO D.BK. 481 PG. 0091

PROPERTY OWNED BY
CRESCENT RESOURCES, INC.
RECREATION LOTS SECTION 11

BOUNDARY SURVEY OF
LOT 238
DAVIDSON TOWNSHIP
IREDELL COUNTY, N.C.

SCALE: 1" = 50'
BOOK: 4
SURPLUS TRACT 3272
OCTOBER 11, 2000
LNS JOB NO.: S000907

LNS
LAKE NORMAN SURVEYING & MAPPING P.L.L.C.
610 Ingram Road
Statesville, North Carolina 28625
Phone (704) 876-4450 Fax (704) 876-4451

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 108542ZO

Printed: 8/20/2002

Master #: 108542

Associated Permits:
108542ZO Zoning

Applicant

Name: Crescent Resources
Address: PO Box 1003
Charlotte, NC 28201

Phone: 704-663-6905

Parcel

Parcel Number: 4638-01-5988
Address: 226 Hermance Ln.
Mooresville, NC 28117
Subdivision: CL&T Sec 11

Zoning: RR
Township: 1700
Area: .81
Lot(s): 238

Directions to Parcel: 150W, R Hermance Ln, 6th lot on right past Ross Rd

Owners

Name: Crescent Resources
Address: PO Box 1003
Charlotte, NC 28201

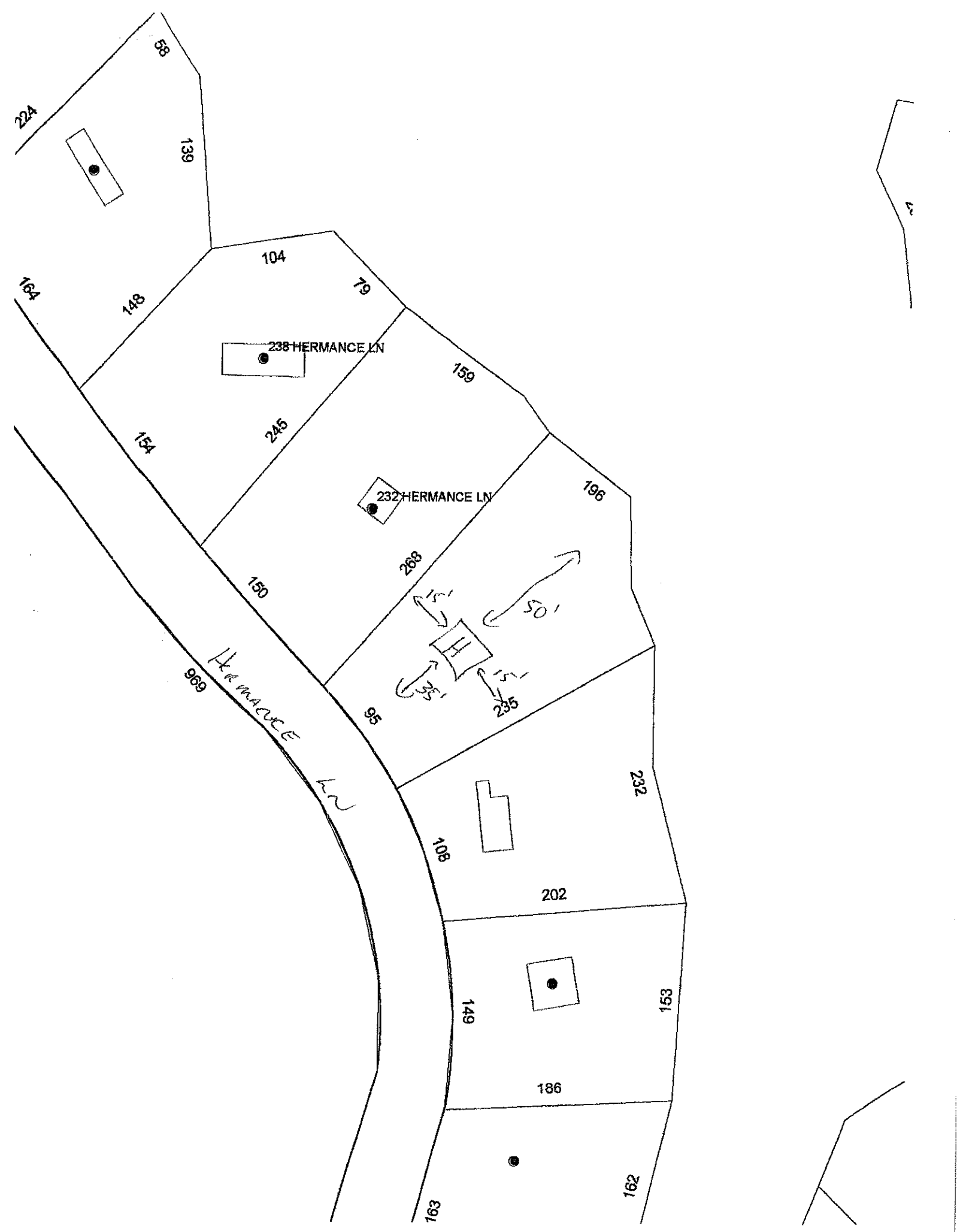
Phone: 704-663-6905

Fees and Receipts:

Number	Description	Amount
FEE-45579-02	Zoning - Permit / Inspection	$45.00
FEE-45580-02	Environmental Health - Type I or II System	$200.00
	Total Fees:	**$245.00**
REC-29410-02		$245.00
	Total Receipts:	**$245.00**

Permit Information:

Max Built Upon Area:


58
224
139
104
164
148
19
238 HERMANCE LN
159
154
245
232 HERMANCE LN
196
150
268
15'
50'
35'
15'
235
969
HERMANCE LN
95
232
108
202
149
153
186
162
193

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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Crescent Ross	663-1983	P.O. Box 103	Chm.	NC	28620
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
	236	11	

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

Specific Directions to Property: 150, R Hemmings on Rt past Ross Rd

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 2-3 No. Baths 2

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

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

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.

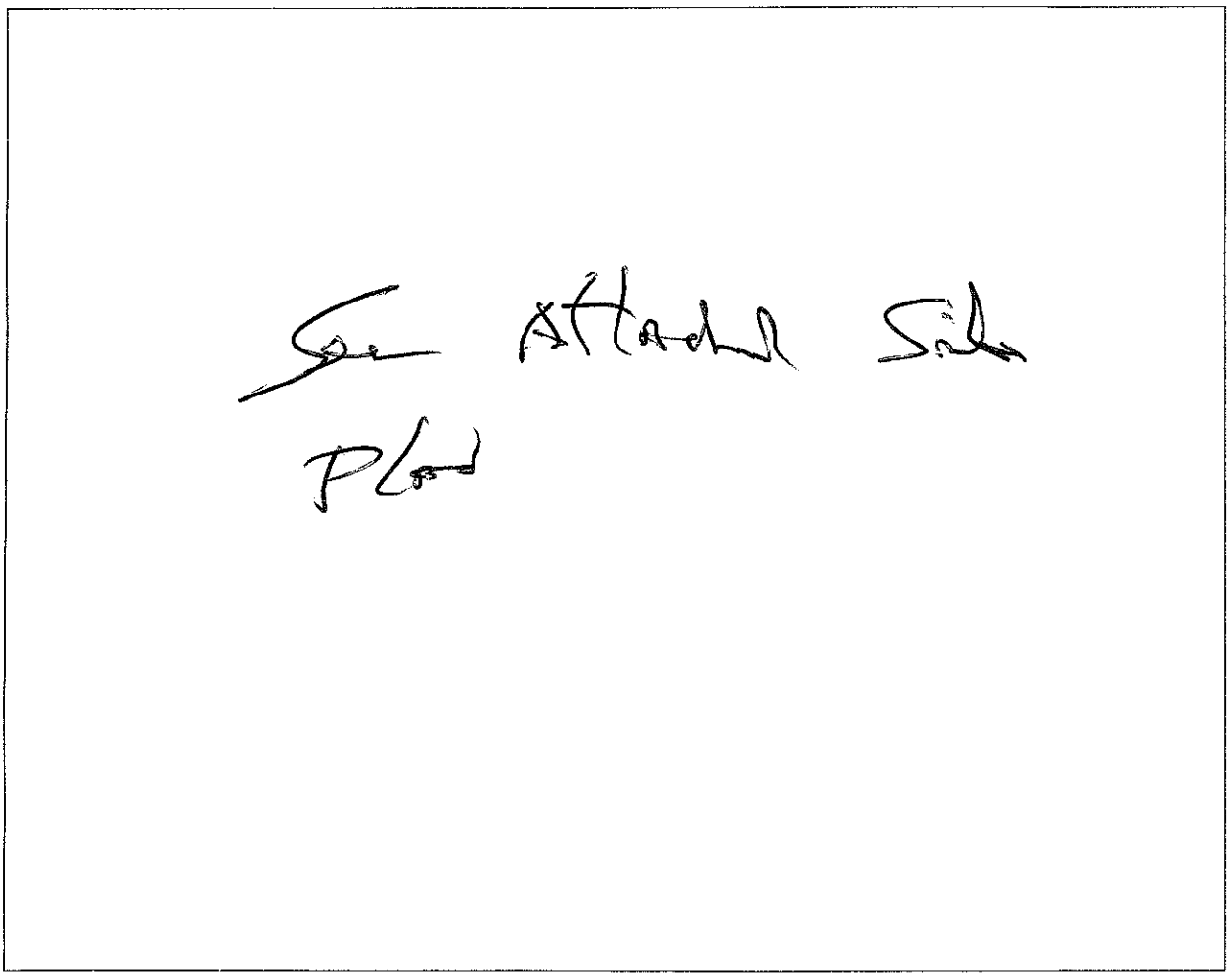
1-4-02 DATE _____ SIGNATURE OF OWNER/~~AUTHORIZED AGENT~~

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.

1-9-02 Date _____ SIGNATURE OF OWNER/~~AUTHORIZED AGENT~~

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: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit Lin 30% +	0-20	SL gr	Fr' ss sp	0-7 SL 7-17 SL SAP 1 Inch of SL				
		20-40	SL SAP/Rock controlled						
		0-9	SL						
		9-20	c-sl Ind sandy						
		20-40	SL SAP						
2	Pit	0-24	SL						
		24-40	Sap Rock controlled						
3	Pit	0-23	SL						
		23-	Rocky Sap						
4	Auger	0-26	SL						
		26-	Rocky Sap						

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: _____

THE OAKS GROUP, PA

Date: December 18, 2012

To: Iredell County Environmental Health Department

From: Kathleen Saunders, LSS #1313

RE: Lot 238 CL&T Subdivision Fast Track Septic Request

Please accept for submittal the following packet for review under the Fast Track Permitting Program for Iredell County, NC. This packet includes a scaled site plan and system design criteria prepared in conjunction with the Fast Track Program requirements by a Licensed Soil Scientist. It is ultimately the responsibility of the Iredell County Environmental Health Department staff to verify the information contained in this packet prior to issuing a Septic Improvement Permit.

The permit request is for a non-expiring permit for a 3 bedroom house with a crawl space foundation. The primary system type is a gravity fed 10 inch large diameter pipe and the lot is repair exempt because it was recorded December 22, 1969 according to the book/page documents noted on the most recent survey.

Please call me at 704-578-4951 once you've had a chance to review this packet in order to set up a site visit, or if you should have any questions.

SITE/SOIL EVALUATIONS • SEPTIC PERMITTING
227 GRAYLAND ROAD, MOORESVILLE, NC 28115 • KATHLEENMSAUNDERS@GMAIL.COM • MOBILE: (704) 578-4951

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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: X 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: X 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
   Non-Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Crescent Resources	PO Box 1003 Charlotte NC		
Owner Name	Mailing Address	Home Phone	Work Phone
	Contact Kathleen Saunders, LSS		704-578-4951

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	CL&T	Section 11 Lot 238

Driving Directions: Hwy 150 W, R Waddell Rd, R Hermance, Lot on R past Ross Rd

****

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
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. 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: Kathleen Saunders — 12-18-12

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

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 #
William + Angelica Withrell	125 Eclipse Way Mooresville 28117	(704) 658-5877 *	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Crescent Communities	227 West Trade Street Suite 1000 Charlotte NC 28202	(980) 321-6255	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
226 Hermanie Lane Mooresville 28117	CL+T	Section 11 Lot 238

Driving Directions: Hwy 150 W turn right on Waddell turn right on Hermanie on right past Ross Road

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* * Sump Pump to raise basement waste to 1st floor level

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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: [signature] 12/16/2013
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:

____ **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**

Signature: [signature] 12/16/2013

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Well, House, and Septic to be located as per the Improvement Permit dated 12/31/12, copy attached.

IREDELL COUNTY HEATLH DEPARTMENT

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  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:

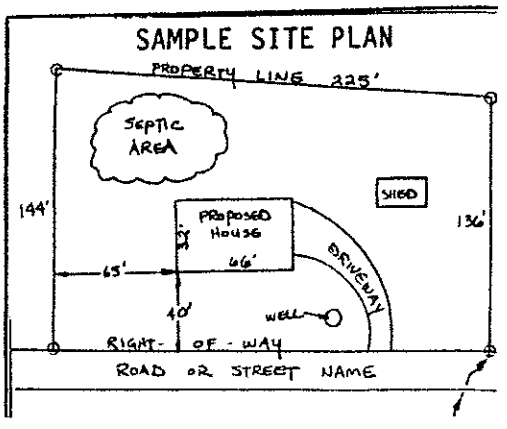
- ____ Location of septic systems and wells within 100' of your property... (N/A)
- ____ Location of easements and rights of ways on your property... (N/A)
- ____ Location of any designated wetlands on the property... (N/A)

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-18-12
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached



Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 176384ZO

Printed: 12/19/2012

Master #: 176384

Associated Permits:
176384ZO Zoning

Applicant

Name: The Oaks Group
Address: 227 Grayland Rd
Mooresville, NC 28115

Phone: 704-578-4951

Parcel

Parcel Number: 4638015988.000
Address: 226 Hermance Ln.
Mooresville, NC 28117
Subdivision: CL&T Sec 11

Zoning: RR
Township: 1700
Area: .81
Lot(s): 238

$ PAID
1634
12-19-12

Directions to Parcel: 150W, R Hermance Ln, 6th lot on right past Ross Rd

7016

Owners

Name: Crescent Resources
Address: P.O. Box 396
Terrell, NC 28682

Phone: 828-478-2130

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-271803-07	Zoning - Permit Application	$75.00
FEE-271805-07	Technology Fee - Planning	$2.25
FEE-271806-07	Environmental Health - Gravity - Fast Track	$350.00
	Total Fees:	**$427.25**
REC-141149-07		$427.25
REC-141150-07		
	Total Receipts:	**$427.25**