IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280.00 MOORESVILLE 704-664-5281

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

PERMIT# 123202 PIN# 4638441104 Bob DATE 11-4-04

OWNER OR CONTRACTOR Dennis Lauffenburger PHONE: Business 528-2000 Home 663-4408

ADDRESS 108 Outside Loop Mooresville, NC 28117

LOCATION Perth Rd North TR Normandy ~ 2 miles on right #410

SUBDIVISION C&T BLOCK / SECTION 11 LOT 113 LOT AREA .967 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3 T

Septic Tank: 1000 Gallons; STB 1007 Date 3-1-06
Pump Tank: 1000 Gallons; PT 274 Date 3-1-06
Pump Make: Zoeller Model N153A Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 2 1 0 0 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-25% Reduction
Repair System Description: Pump-25-50% Reduction
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No. Employees
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

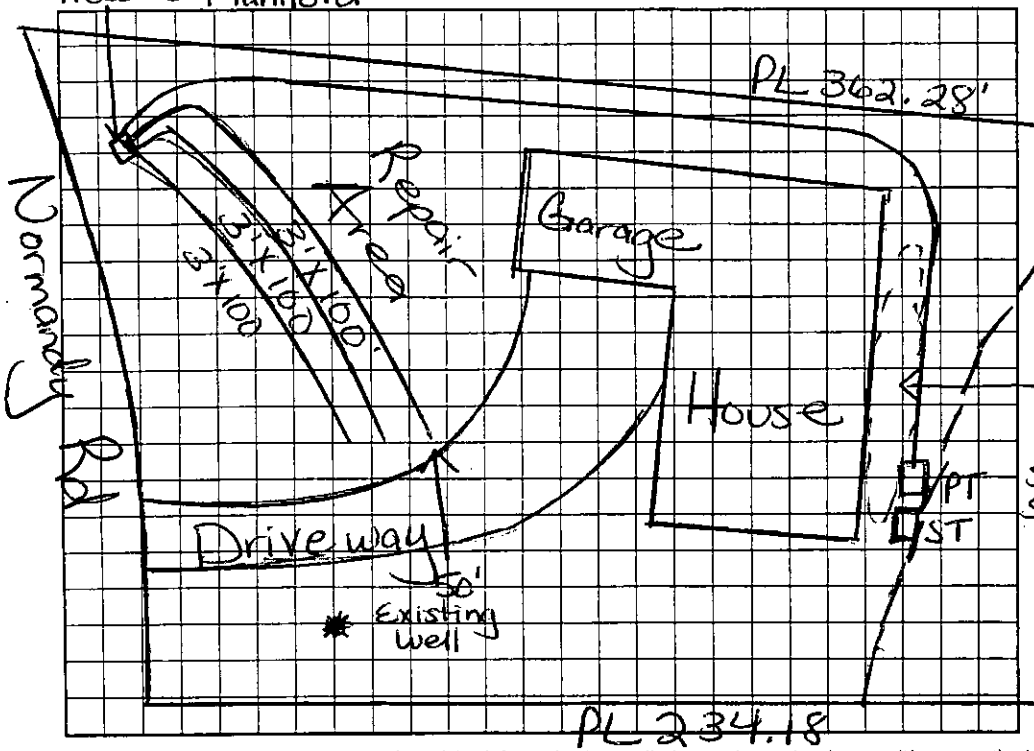
Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Keep trenches shallow in order to stay out of Saprolite. Otherwise setback to wells would have to be 100'.

Comments:/Conditions: Keep Septic System 10' to PL, 50' From lake & 50' From wells if kept Shallow. Need 3 Floats

Pressure Manifold

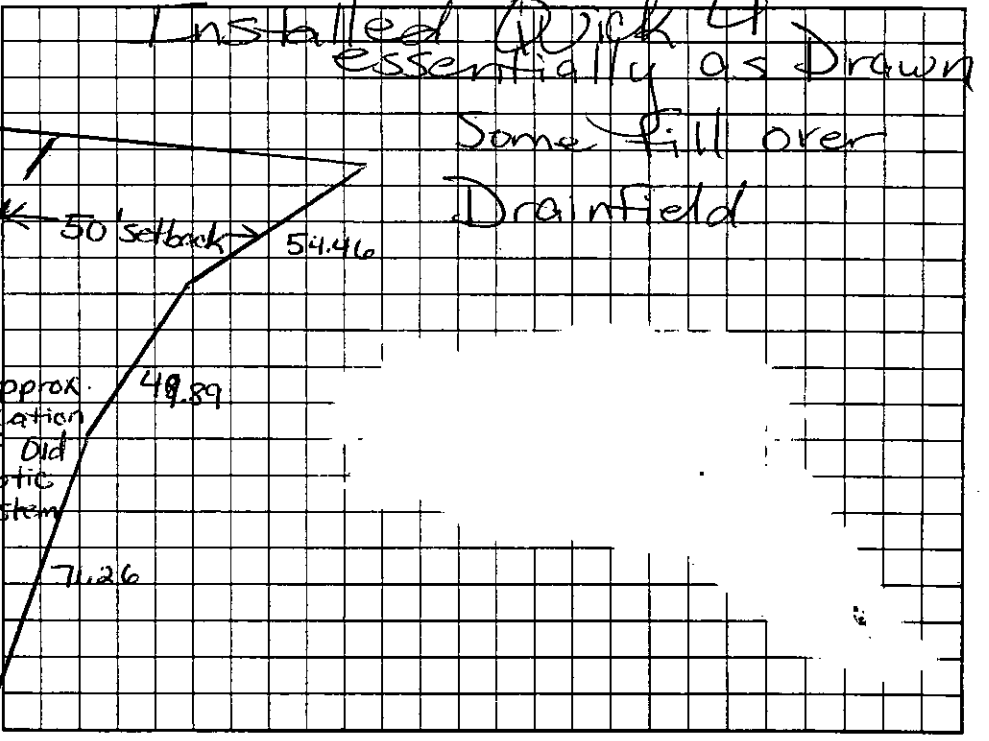
INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Trick 4 essentially as Drawn

Some fill over Drainfield



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: Dennis R. Lauffenburger date 11-5-04 Installed by: A & S Grading

Improvement Permit by: Maria H. Dolson RS date 11/4/04 Operation Permit by: Maria H. Dolson RS date 10/5/06

Authorization to Construct by: Maria H. Dolson RS date 11/4/04 Existing System Inspection by: date

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

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	123202ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	410 Normandy Rd. Mooresville NC 28117		
Parcel #:	4638-44-1104	Zoning:	R20
Lot #:	Size: .967	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Dennis ~~Layfenburger~~ Lauffenburger	Owner:	Dennis & Virginia Layfenburger
Address:	108 Outside Loop Mooresville NC 28117	Address:	108 Outside Loop Mooresville, NC 28117
Phone:	704-663-4408	Phone:	704-663-4408
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

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

Min. Lot Area: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

House must be 50 ft from lake

Directions:

Perth Rd south, rigth Normandy Rd, 2 miles on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

I certify that all 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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Dennis R. Lauffenburger Date: 8-4-04

A non-refundable fee of $45.00 is charged on all permit applications.

ALAINA DILLARD

Printed: 8/4/2004

32 SAP

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: ___ 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	Work Phone
DENNIS Lauffenburger	108 OUTSIDE LN Mooresville 28117	704-663-4408	704-528-2000
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
SAME	"	"	"

4. **Property Information:**

410 NORMANDY Rd — Street Address
——— — Subdivision Name
Lot — Section/Phase and Lot Number

Driving Directions: 150 West - RIGHT ON PERTH - Left ON NORMANDY 410 NORMANDY (approx 2 miles down NORMANDY ON RIGHT) - (LAKE SIDE)

****

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 2
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (X) 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: Dennis K Lauffenburger
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-4-04
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…

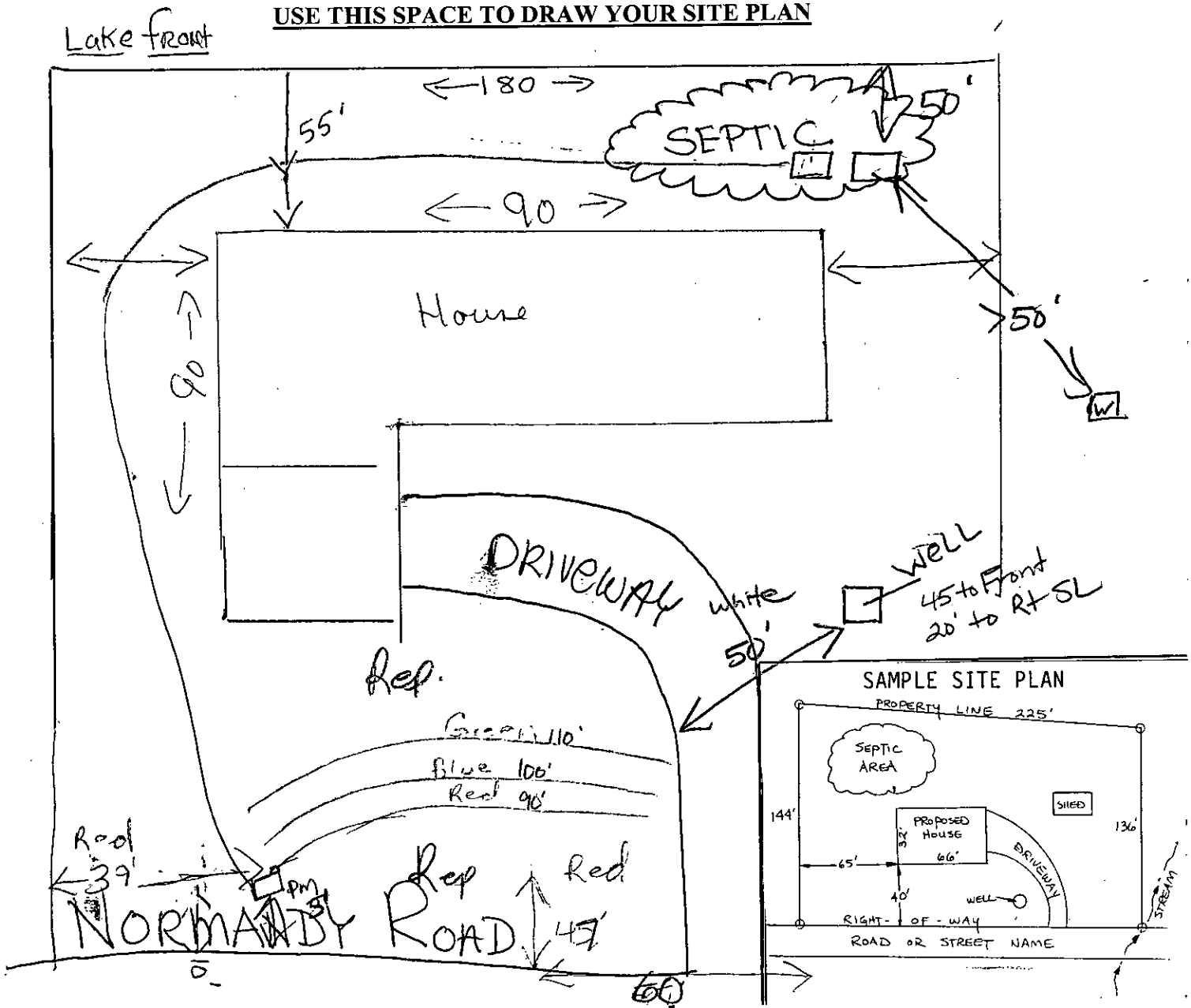
Circle N/A on the following if appropriate:

- ____ 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: Dennis R. Lauffenburger
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-4-04
DATE

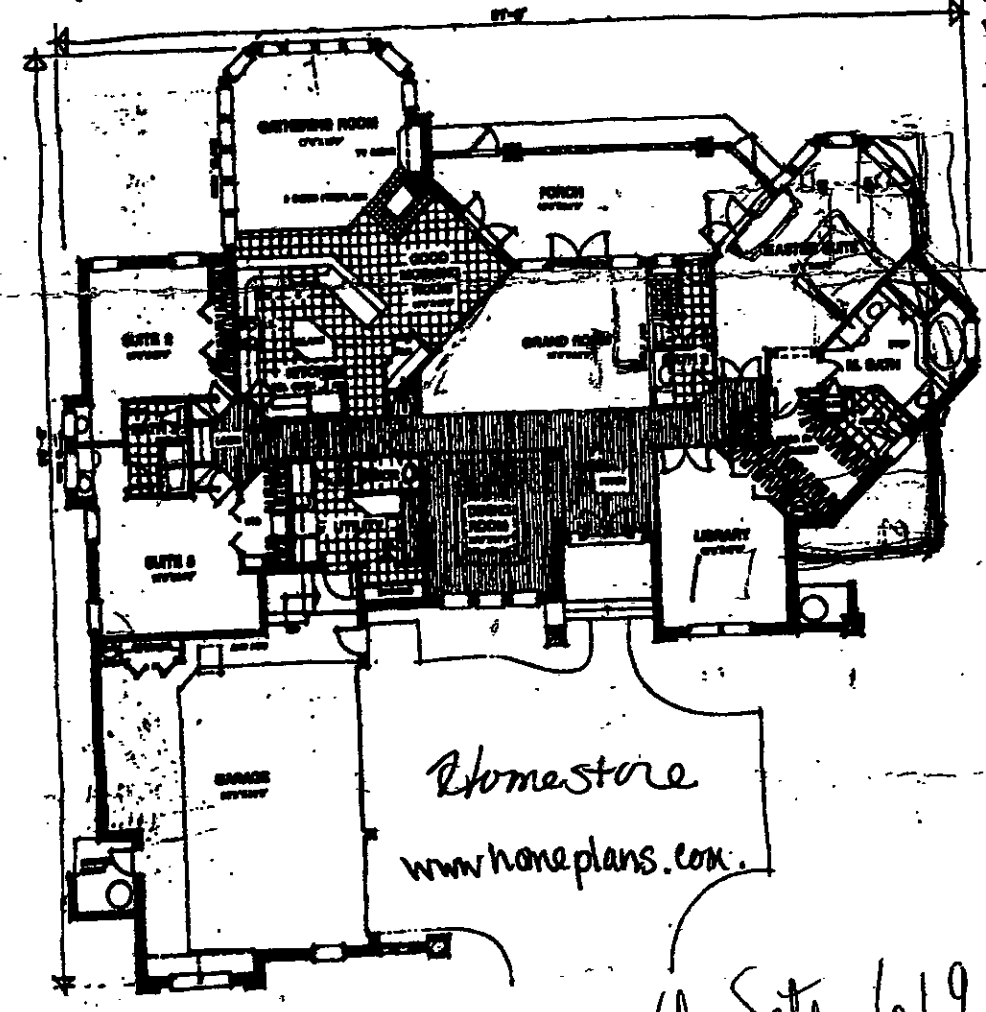
USE THIS SPACE TO DRAW YOUR SITE PLAN





flowers Spectacular Design

ORIGINAL HOUSE



Homestore
www.noneplans.com

Spectacular Sweeping Views

- The elegant brick facade of this exciti home conceals a highly contemporar interior.
- The foyer opens to a huge Grand Roo that further opens to a delightful rear porch, also accessed through the morning room, pool bath and master suite.
- Completely surrounded in windows and high fixed glass is a spacious gathering room, also featuring a three sided fireplace and built-in entertainment center.
- The spectacular master suite is secluded to the rear of the home, bu wrapped in windows and offering it own fantastic bath with luxury tub a bidet.
- Two additional sleeping suites foun the other end of the home share a b with private vanities.

Plan EOF-8	
Bedrooms: 3-4	Baths
Space:	
Main floor	3,392 s
Total Living Area	3,392 s
Garage	871 s
Exterior Wall Framing	
Foundation options:	
Slab	
(Foundation & framing conversion diag available—see order form.)	
Blueprint Price Code	

4 Sets 619

Homestyles—
Modern 1888-266-3439 8 11 65y

809

1888 497-3476

TO ORDER THIS BLUEPRINT, CALL TOLL-FREE 1-800-547-5570

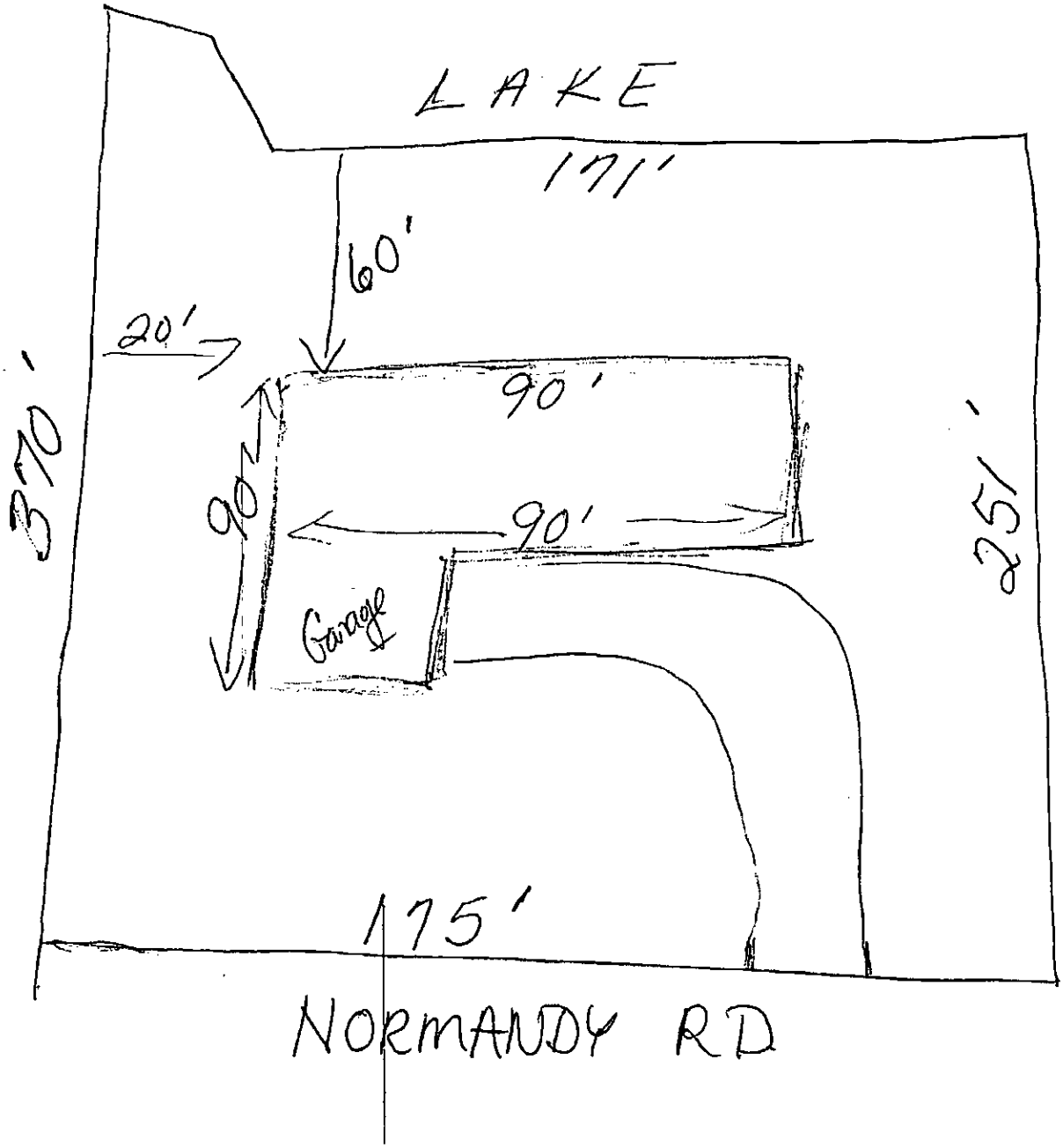
 (prices and details on pp. 12-15.)

Plan EOF-8

To: Maria Dotson

FROM: Dennis Lauffenburger
410 Normandy Rd - New Construction

Ref: Dimensions of Property and Proposed Location of Home.



DEPARTMENT OF ENVIRONMENT, HEALTH, 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: Dennis Lauffenburger APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 10/8/04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 410 Normandy PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	In Front	0-8"	Brw SCL	GR FR					PS .3 to 32"
		8"-32"	R to R/Brw	C/CL m-w SBK SS,SP,SE,FFR w/ Some SAP Inclus					
		32"-48"	R to Rd/Brw	L SAP w/ Inclus of C/C					
2	In Front	0-8"	Brw SCL	GR FR					PS .3 to 34"
		8"-34"	R to R/Brw	C/CL m-w SBK SS,SP,SE,FR w/ few to many SAP Inclus					
		34"-48"	Rd/Brw to Yel/Rd	L SAP w/ Inclus of CL					
3									
4									

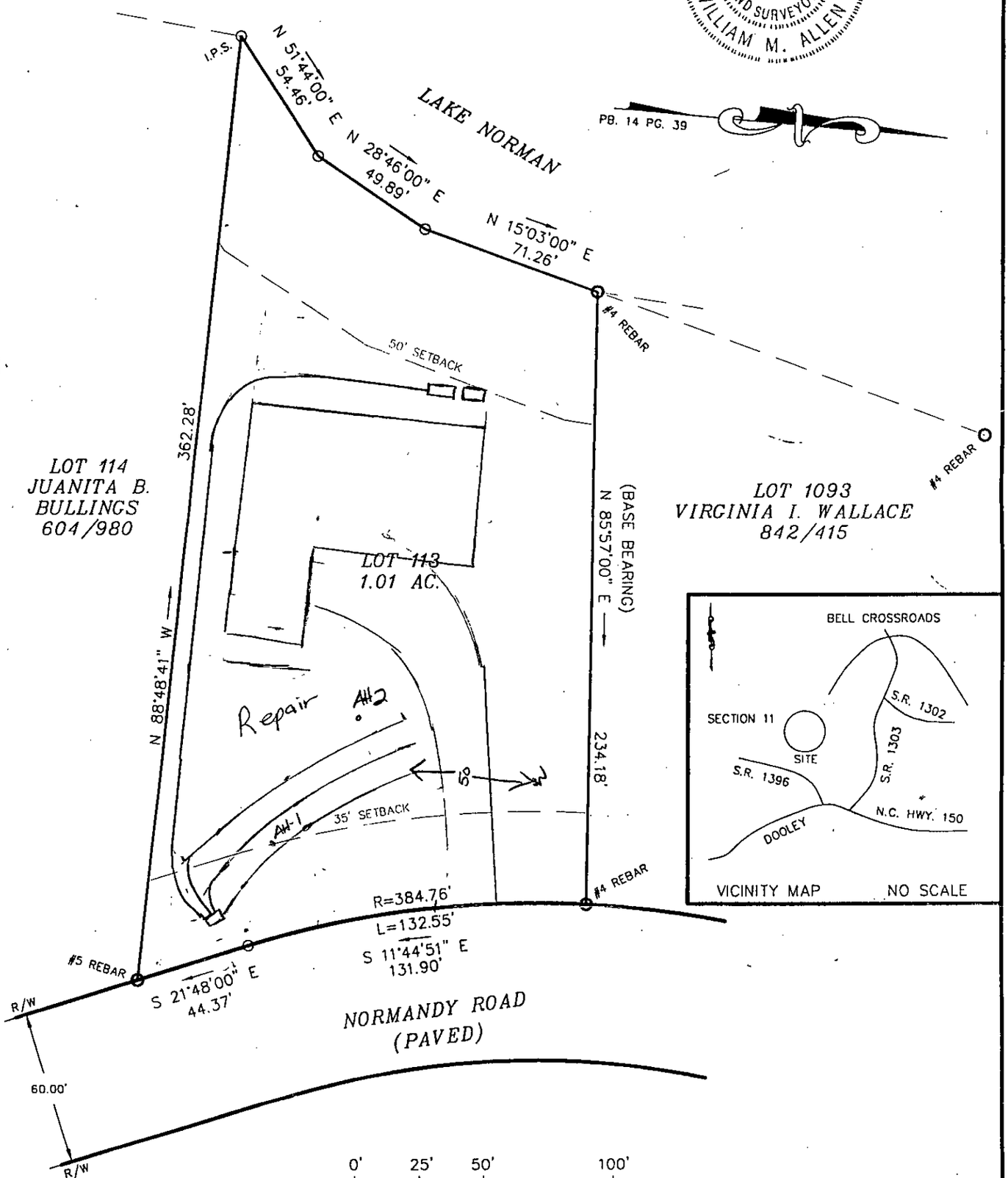
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

DAS DON ALLEN & ASSOCIATES, P. A.
ENGINEERING * SURVEYING * PLANNING
111 Raceway Drive * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 603, page 498, and/or plat book 14, page 39, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 25, day of OCTOBER, A.D. 19 99.

WILLIAM M. ALLEN, SEAL PLS
L-3499
NORTH CAROLINA REGISTERED LAND SURVEYOR
WILLIAM M. ALLEN



0' 25' 50' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

LEGEND
P.P. = POWER POLE
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL

BOUNDARY SURVEY

OF
410 NORMANDY ROAD
LOT 113 CRESCENT LAND & TIMBER CORP., SECT. 11

SCALE 1" = 50'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: DENNIS R. & GINNY LAUFFENBURGER

FIELD BOOK:
FILE: 6309910
TAX MAP NO: 4638-44-1104