# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 2170666

PIN # 4638-63-2978

APPLICANT: ED SCHULTZ

APPLICANT ADDRESS: 141 CITATION DR.

SITE ADDRESS: 185 NORMANDY RD. - MOORESVILLE, NC 28117

PHONE: 516-375-3751 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL NORMANDY, TL

SUBDIVISION: LAKE NORMAN AIR PARK

SECTION: 1 LOT # 50 LOT AREA: 1.21 AC

DESIGN FLOW: 720 L.T.A.R.: 3(.35R)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 | (gal) | STB | 1014 | Date | 8-12-16 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | 25% REDUCTION | | | |
| Pump Make | | | Model | | Serial # | | Repair System Description: | PANEL BLOCK | | | |
| # Nitrification Fields | 1 | | # Lines | 7 | Linear Ft: | 600' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | | Max Trench Bottom Depth | 36" | | | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE | |

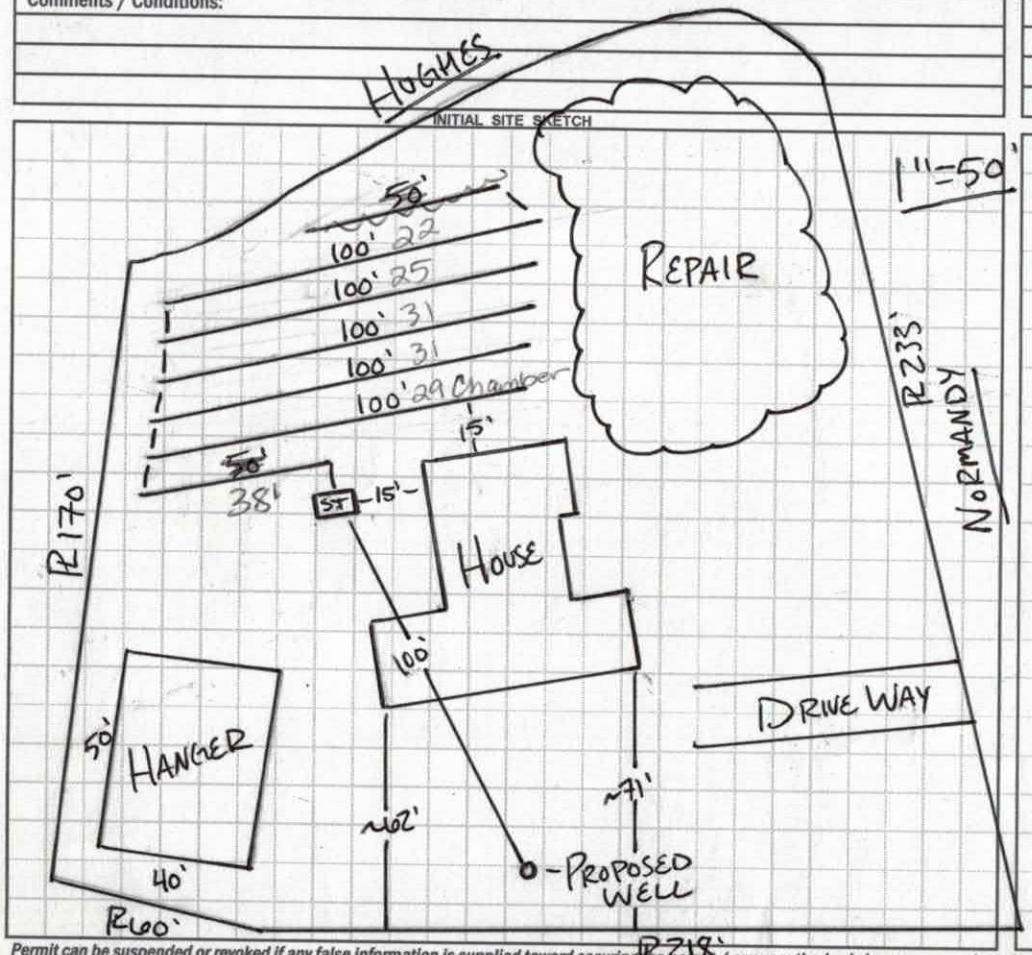
☒ Residence No. Bedrooms 6
☐ Business No. Persons 12
☒ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

SAP (REPAIR) HANGER

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed Quick 4 Plastic Chambers

*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.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2-17-17

IMPROVEMENT PERMIT by: RA-002 Date: 2-16-17

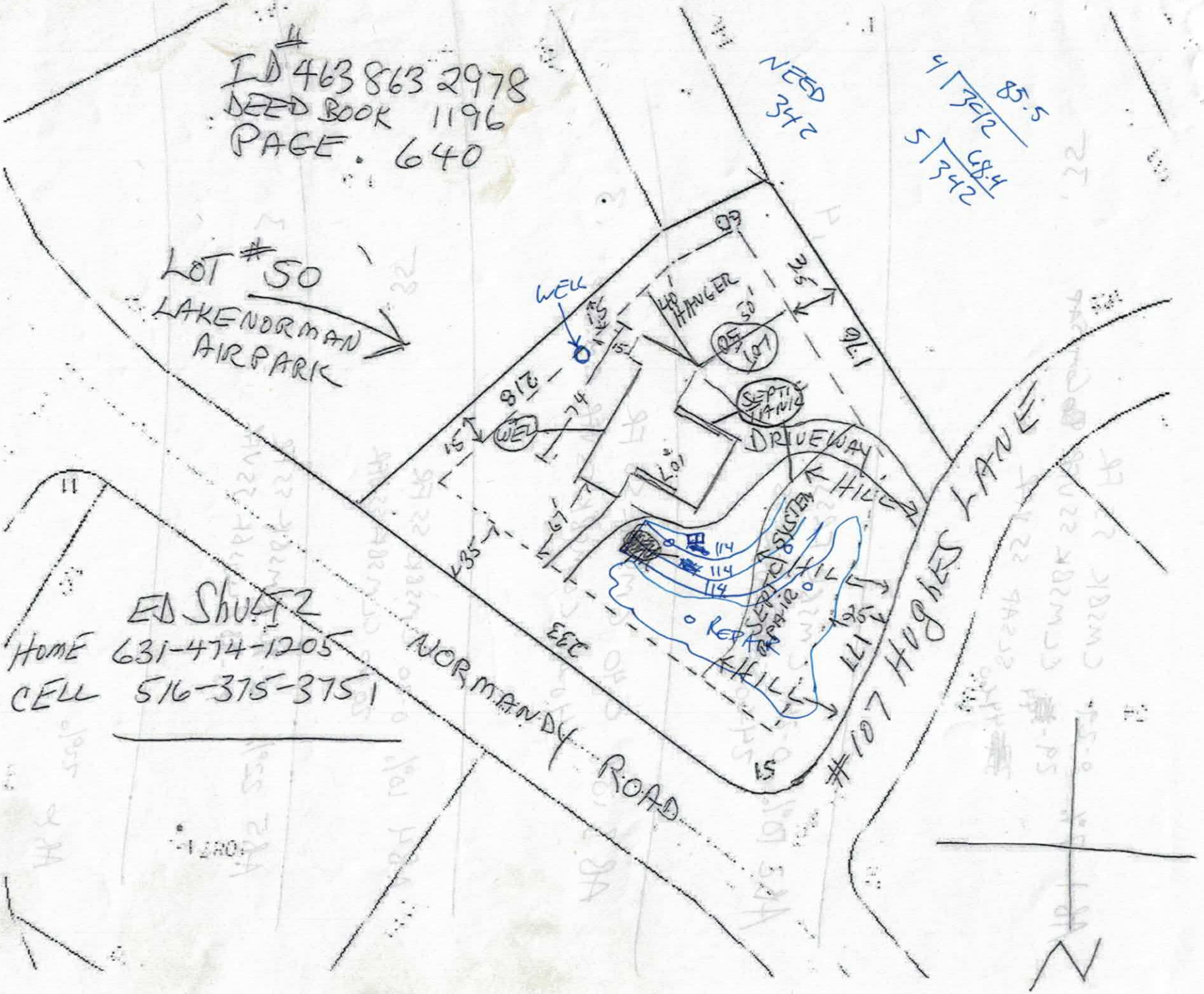
AUTHORIZATION TO CONSTRUCT by: RA-002 Date: 2-16-17

Installed by: Rowan Septic

OPERATION PERMIT by: Maria Olson Date: 7/5/17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


ID 463863 2978
DEED BOOK 1196
PAGE. 640
LOT # 50
LAKENORMAN AIRPARK
NEED 342
85.5
5 342
5 342
WELL
HANGER
SEPTIC TANK
DRIVEWAY
HILL
SEPTIC SYSTEM
REPAIR
ED SHULTZ
HOME 631-474-1205
CELL 516-375-3751
NORMANDY ROAD
#107 HUGHES LANE
N

AB1 7% 0-29 CMSBK SS FR
29-44 CLMSBK SS VFR Com. SAP .35
44-60 SLSAP SS VFR

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AB2 10% 0-24 CMSBK FRSS .4
24-60 SSAP VFR SS

---

AB3 10% 0-40 CMSBK SS FR
40-48 CLMSBK SS VFR COM. SAP .3

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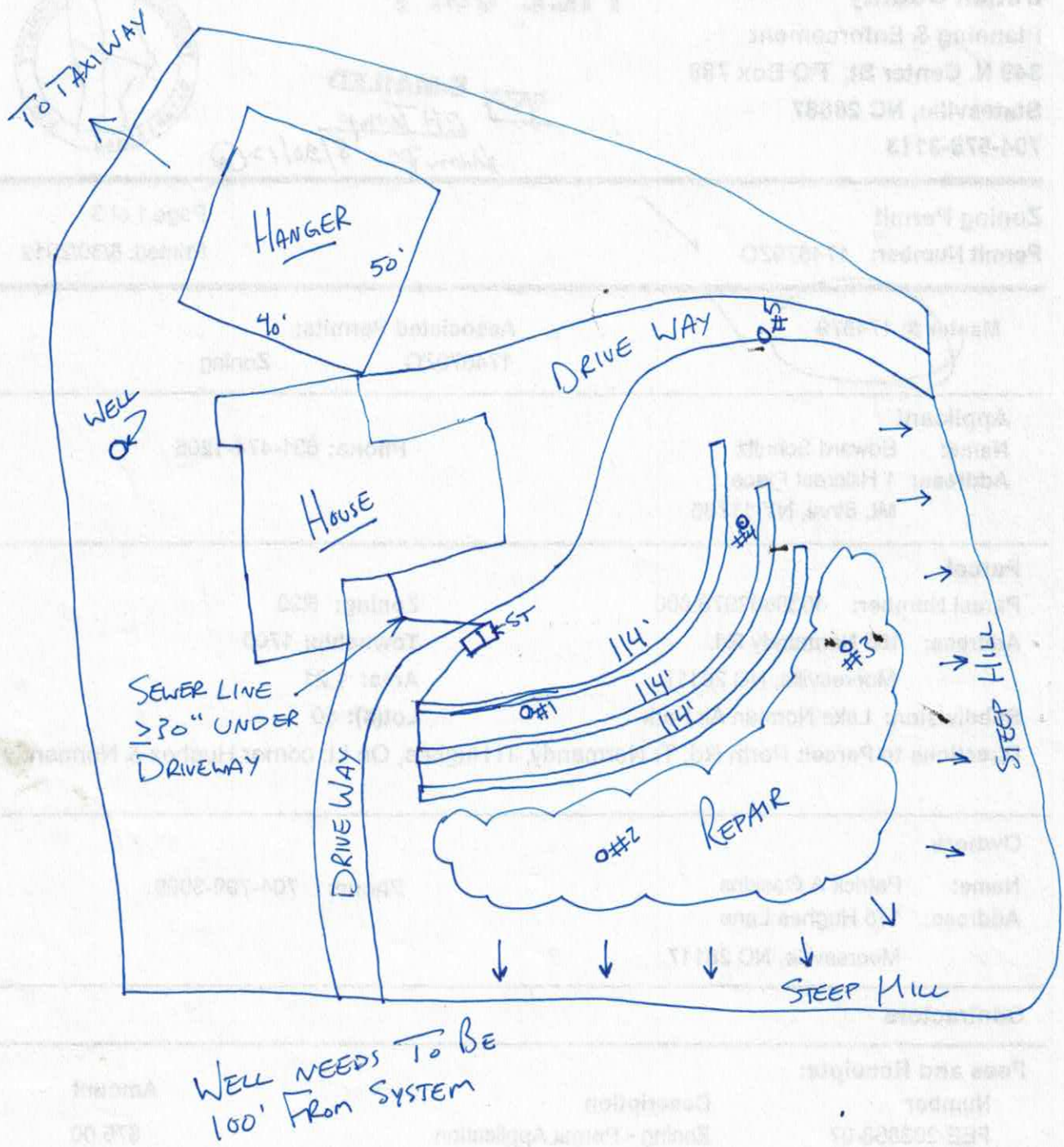
AB4 10% 0-20 CMSBK SS FR .35
20-60 CLMSBK SS VFR

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AB5 22% 0-36 CMSBK SS FR .3
36-48 CLWSBK SS VFR

---

AB6 22%




WELL NEEDS TO BE
100' FROM SYSTEM

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4638-63-2978
Lot #: 50
Permit #: 174679
AppID:

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

Owner: **EDWARD SHULTZ**
Applicant:
Address: **185 NORMANDY RD.**
Date Evaluated: **9/19/2012**
Proposed Facility: **SFR** Design Flow (.1949) **480 GPD** Property Size: **1.21 AC**
Location of Site: **LAKE NORMAN AIR PARK LOT 50** Property Recorded: **YES**
Water Supply: [ ] Public [X] Individual [X] 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 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| AB 1 | 7% LINEAR | 0-29 | C,M,SBK | SS,FR | NA | 44" | S | 60"+ | .35 |
| | | 29-44 | CL,M,SBK | SS,VFR | | | | | |
| | | 44-60 | SLSAP | SS,VFR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AB 2 | 10% LINEAR | 0-24 | C,M,SBK | SS,FR | NA | 24" | S | 60"+ | .4 |
| | | 24-60 | SSAP | SS,VFR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AB 3 | 10% LINEAR | 0-40 | C,M,SBK | SS,FR | NA | 48" | NA | 48"+ | .3 |
| | | 40-48 | CL,M,SBK | SS,VFR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AB 4 | 10% LINEAR | 0-20 | C,M,SBK | SS,FR | NA | 60" | NA | 60"+ | .35 |
| | | 20-60 | CL,M,SBK | SS,VFR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | G-25% | LP-PANEL BLOCK |
| Site LTAR | .35 | .3 |

Other Factors (.1946):
Soil Evaluation By: **BEN ALDRIDGE**
Others Present: **NONE**
Site Classification (.1948): **PS**
Site Evaluation By: **BEN ALDRIDGE**
Others Present: **NONE**

RECEIVED JAN 9 - 2016

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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)*

#217066

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

Paid $320.00

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 # |
|---|---|---|---|
| EDWARD SHULTZ | 141 CITATION DR | 514 375-3751 | |

| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| EDWARD SHULTZ | 141 CITATION DR | 516-375-3751 | |

4. Property Information:

LNAP — 185 NORMANDY DR — Street Address; Subdivision Name — LOT # 50 — Section/Phase and Lot Number

Driving Directions: RT 150 TO PERTH RD TO NORMANDY DR TO # 185

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 due to _____
(✓) Other FUTURE 1 BEDROOM GUEST SUIT IN HANGER

Maximum Number of Bedrooms ___
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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: Edward Shultz — 1-9-17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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***

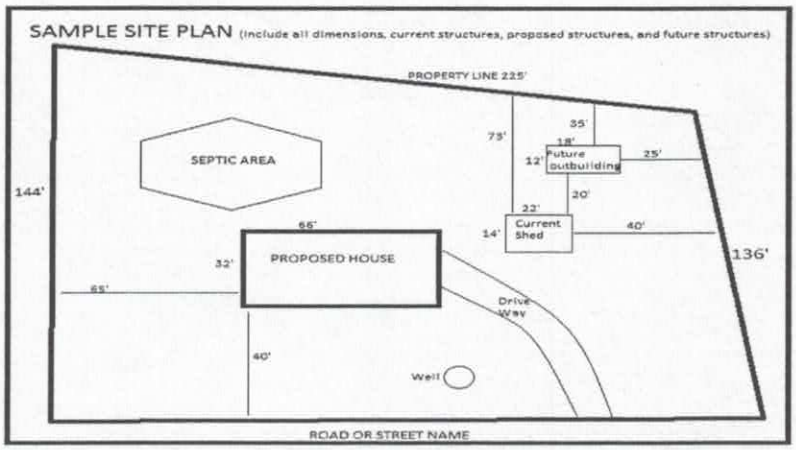
**_____ Front and side setbacks from property line…** **_____ Preferred driveway location and configuration, preferred well location…**

**_____ 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**




**USE THIS SPACE TO DRAW YOUR SITE PLAN**

SEE ATTACHED PLAN

**Signature:** _____

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

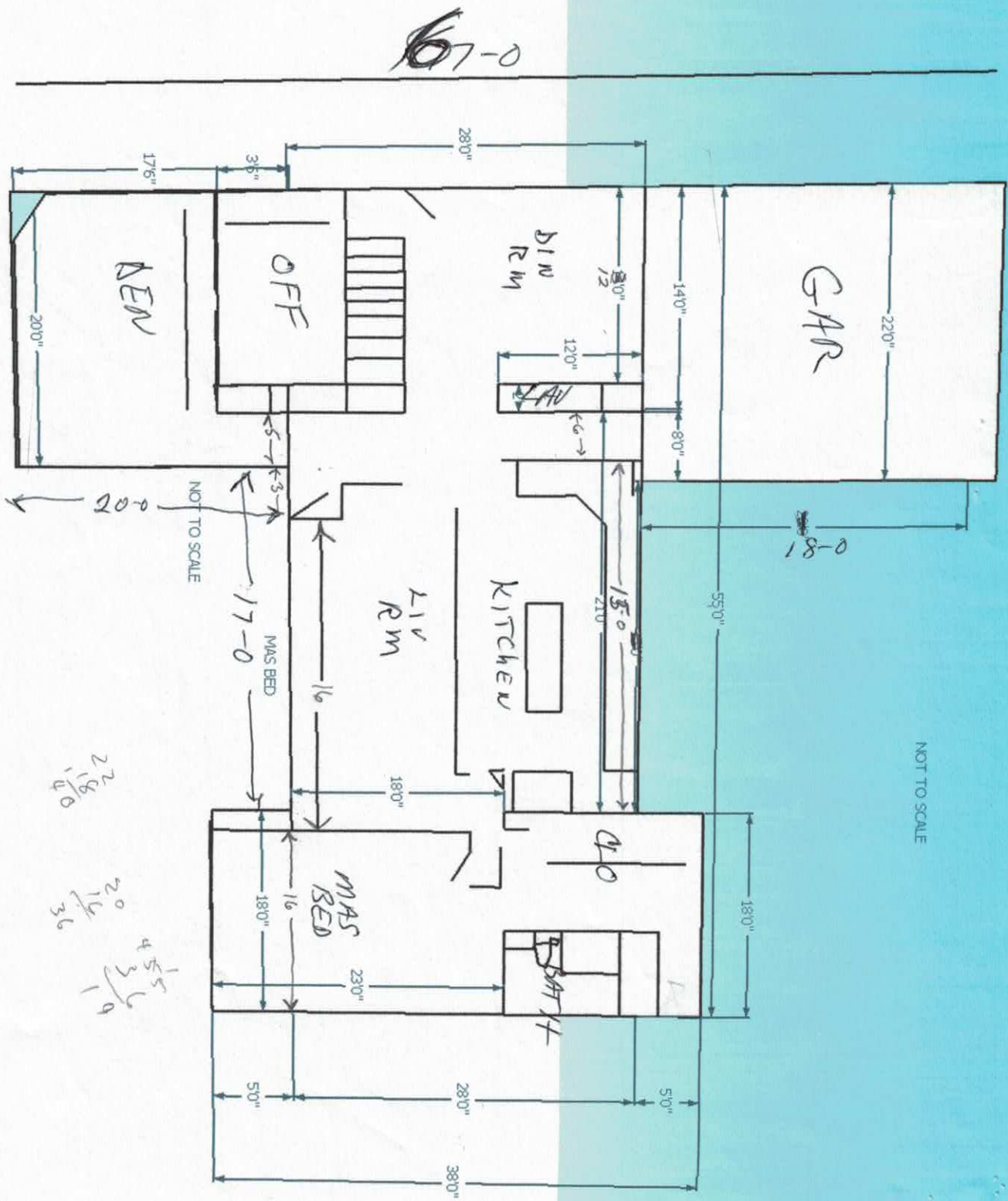
1-9-17

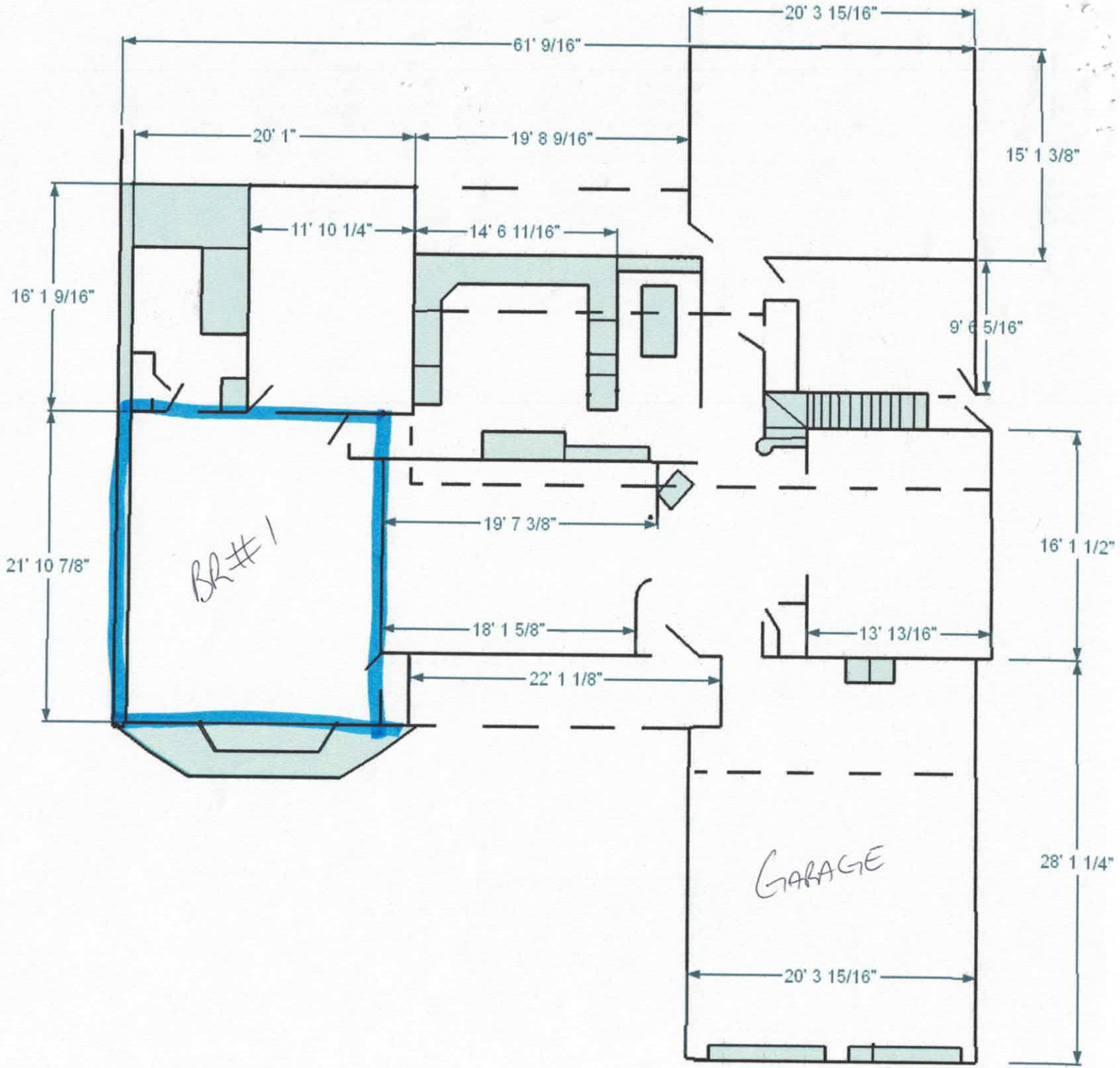
**DATE**

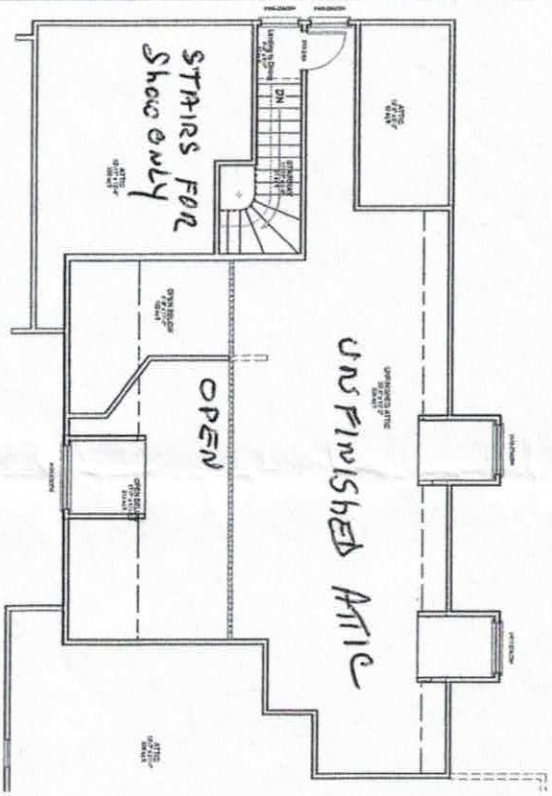
Acknowledgement Of
Plans Submittal ONLY!

Date 6-18-13

Date 6-18-13

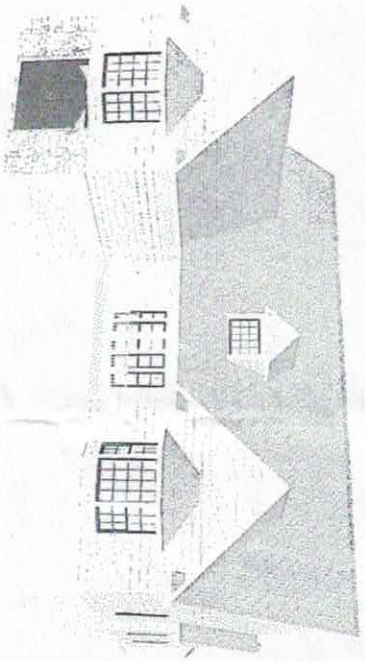


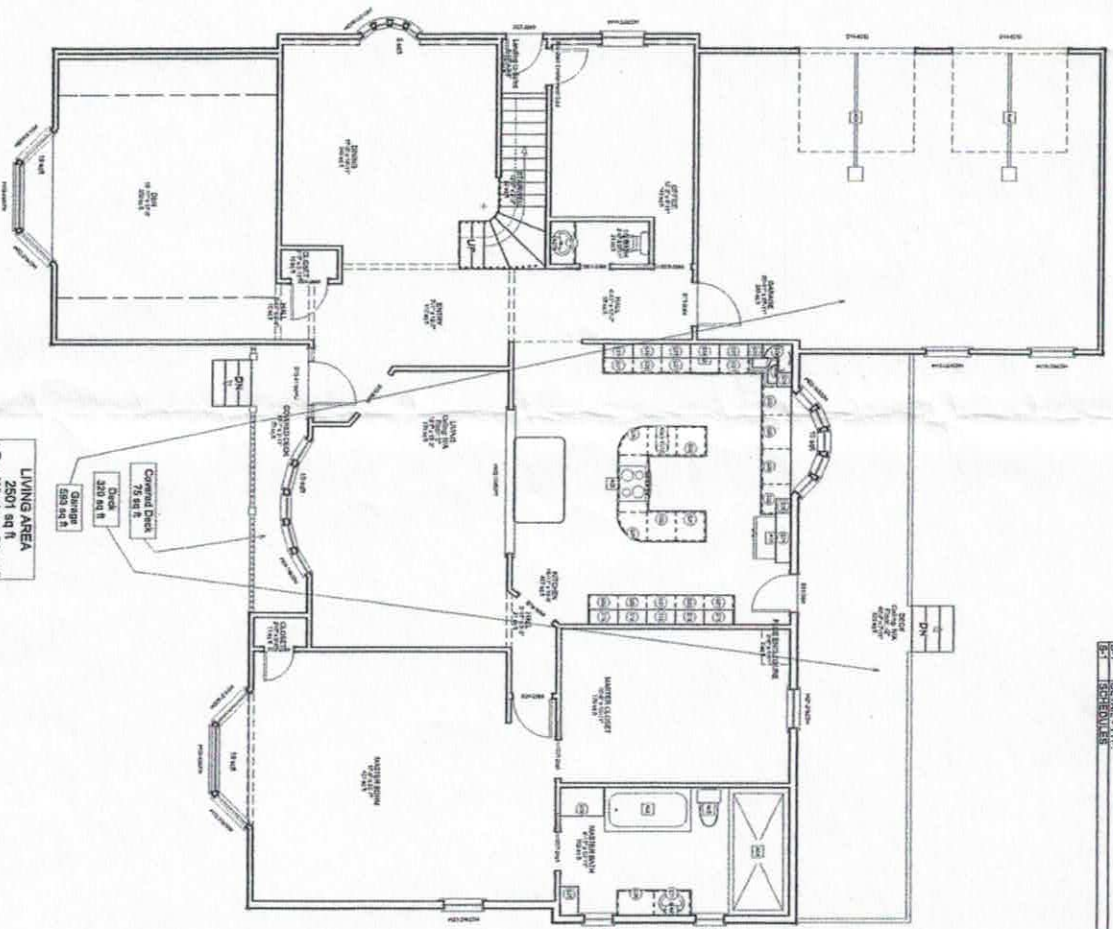

20' 3 15/16"
61' 9/16"
20' 1"
19' 8 9/16"
15' 1 3/8"
11' 10 1/4"
14' 6 11/16"
16' 1 9/16"
9' 6 5/16"
19' 7 3/8"
21' 10 7/8"
BR#1
16' 1 1/2"
18' 1 5/8"
13' 13/16"
22' 1 1/8"
GARAGE
28' 1 1/4"
20' 3 15/16"




2nd Floor .Plan View 1/4 in = 1 ft

LIVING AREA
1052 sq ft






1st Floor .Plan View 1/4 in = 1 ft

LIVING AREA
2501 sq ft
+ Bay Windows 61 sq ft

| SHEET | TITLE |
|---|---|
| P-1 | PLAN OVERVIEW |
| P-2 | ELEVATIONS - FRONT & BACK - ROOF/HOPES |
| P-3 | ELEVATIONS - LEFT & RIGHT |
| P-4 | FRAMING PLAN - WALLS, CEILING JOIST |
| P-5 | FRAMING PLAN - FLOOR JOIST |
| P-6 | FRAMING PLAN - ROOF PLAN & FRAMING - RAFTERS |
| E-1 | ELECTRICAL PLAN - FLOOR |
| E-2 | ELECTRICAL PLAN - ROOF |
| S-1 | SECTION VIEW |
| S-2 | FOUNDATION PLAN |
| | SCHEDULES |
| | CHIMNEY |
| | OVERHANG |

LAYOUT PAGE TABLE

**IMPORTANT:** To the best of my knowledge these plans are drawn to comply with client's specifications and International Residential Codes (IRC). The BUILDER shall verify all dimensions and attached drawings, and shall determine and/or verify any *structural components* ( i.e. grade beams, piers, support beams, lumber spans, connectors, ties, braced wall panels, etc.). BILL LYON ENTERPRISES is not liable for errors once construction has begun. While every effort has been made in the preparation of this plan to avoid mistakes, the maker can not guarantee against human error.

| SHEET: | ARCH D (24" x 36") | DATE: | DRAWINGS PROVIDED BY: | Shultz 0314r1-x7 | CUSTOM DRAWN FOR: |
|---|---|---|---|---|---|
| P-1 | | 7/14/2015 | Bill Lyon Enterprises www.BillLyon.com<br>1385 HWY 305 N<br>Olive Branch, MS 38654-9077<br>phone: 662-893-3394 fax: 901-326-4747<br>email: plans@billlyon.com | Plan Overview | Ed Shultz<br>#1 Hillcrest Place<br>Mt Sinai, NY 11766<br>phone: 631-474-1205 fax:<br>email: ednan1@aol.com |

| REVISION TABLE | | | |
|---|---|---|---|
| # | DATE | REV BY | DESCRIPTION |
| 1 | 7/14/2015 | WLL | REV OF SCHULTZ 0314-X6 |

FILE COPY

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

E-MAILED
EH Temp
from PC 8/30/12 @



## Zoning Permit

**Permit Number:** 174679ZO

**Master #:** 174679

**Associated Permits:**
174679ZO Zoning

### Applicant

**Name:** Edward Schultz
**Address:** 1 Hillcrest Place
Mt. Sinai, NY 11766

**Phone:** 631-474-1205

### Parcel

**Parcel Number:** 4638632978.000
**Address:** 185 Normandy Rd.
Mooresville, NC 28117
**Subdivision:** Lake Norman Air Park

**Zoning:** R20
**Township:** 1700
**Area:** 1.21
**Lot(s):** 50

**Directions to Parcel:** Perth Rd, Tr Normandy, Tl Hughes, On Lt; corner Hughes & Normandy

### Owners

**Name:** Patrick A Gaskins
**Address:** 115 Hughes Lane
Mooresville, NC 28117

**Phone:** 704-799-3099

### Contractors

### Fees and Receipts:

| Number | Description | Amount |
|---|---|---|
| FEE-263868-07 | Zoning - Permit Application | $75.00 |
| FEE-263869-07 | Technology Fee - Planning | $2.25 |
| FEE-263870-07 | Environmental Health - Gravity System | $500.00 |
| | **Total Fees:** | **$577.25** |
| REC-137989-07 | | $577.25 |
| | **Total Receipts:** | **$577.25** |

### Conditions