RECEIVED OCT 13 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $320.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#206384

Int. Relayout

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Triton Custom Builders Address: P.O. Box 3126 Mooresville 28117 Phone: 704-201-6705

Owner Name: Huskins Address: Winston Salem Phone:

Property Information:

Street Address: 224 Collingswood Rd

Subdivision Name: CLT Section/Phase: 14 Lot Number: PT65

Driving Directions: 150 RT on Perth, Lt on Stumpy Creek, Lt on Collingswood Lot on RT around curve

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

(X) 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 ( ) Existing Well (X) 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 (X) Other: 25%

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. industrial) 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.

Signature: _____ 10/13/2014

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

IREDELL COUNTY HEALTH DEPARTMENT

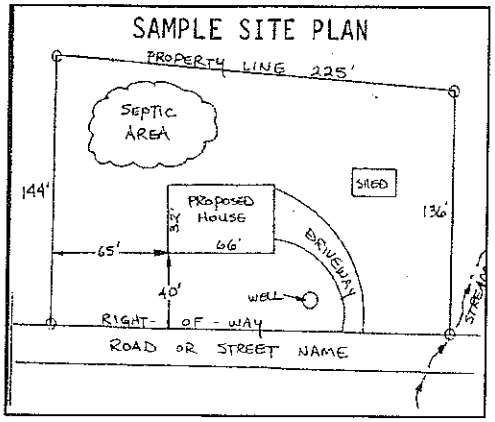
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

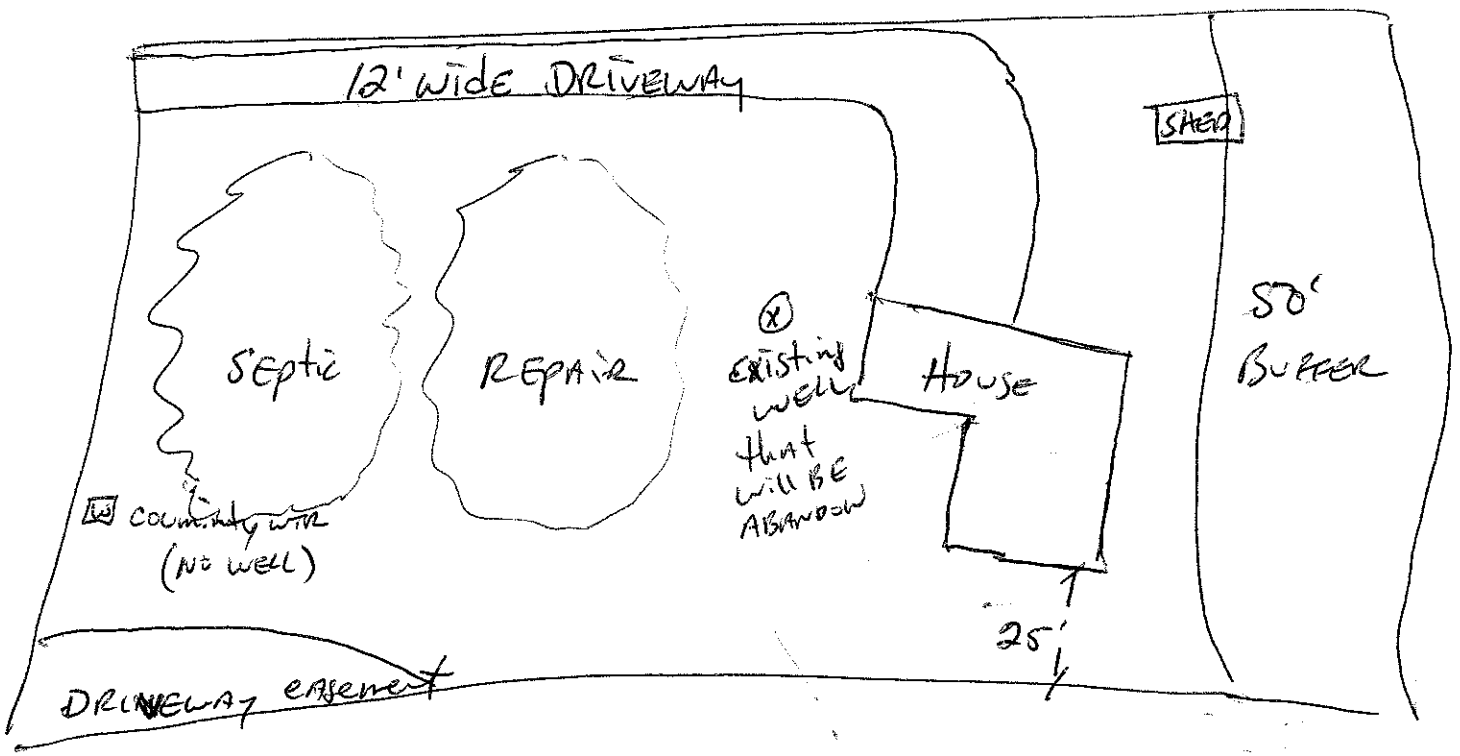


Circle N/A on the following if appropriate:

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~~

USE THIS SPACE TO DRAW YOUR SITE PLAN

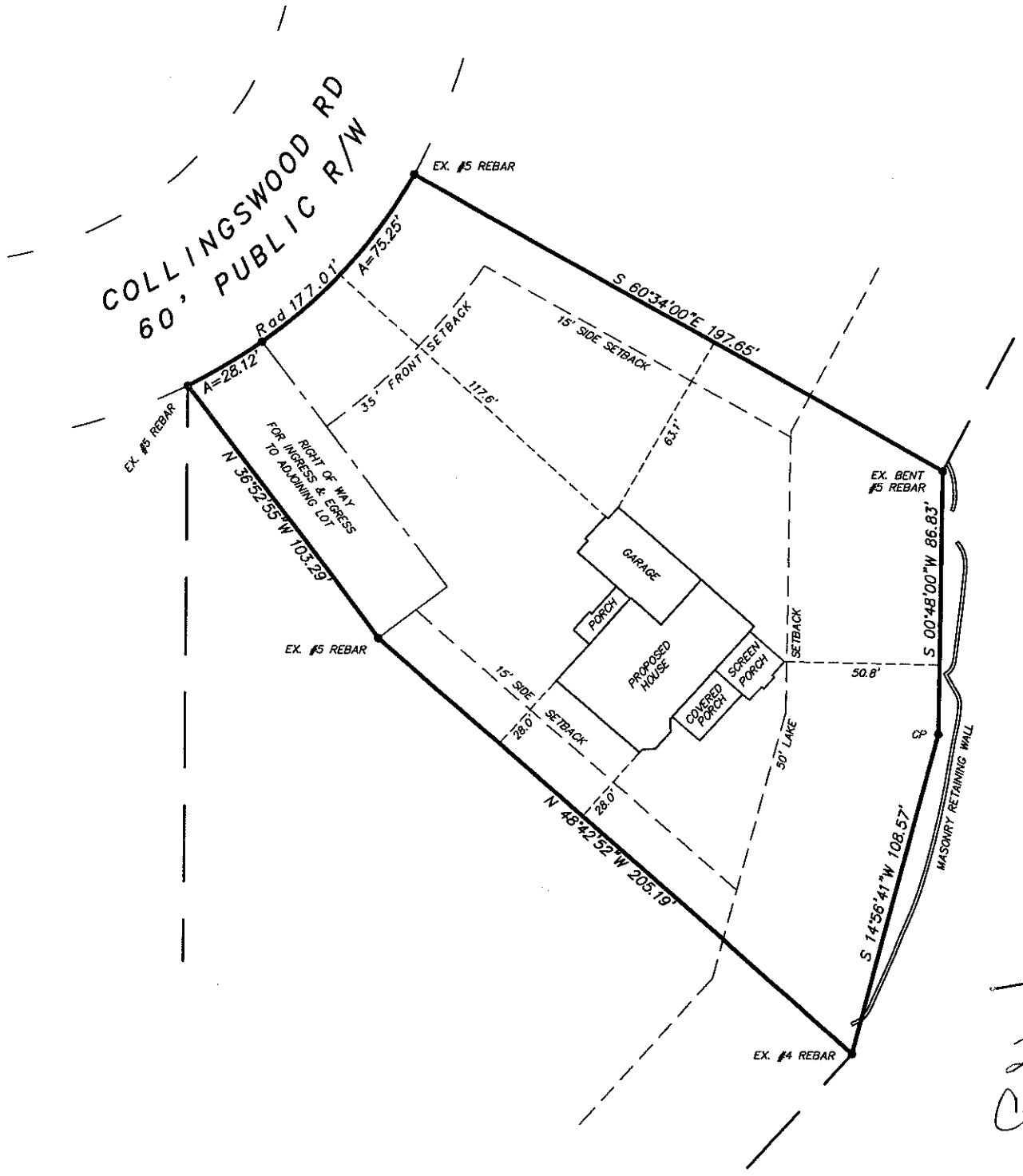
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

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

10/13/2014
DATE



1150

Titan Builder
224 Collingswood
CLOT 14 Lot 65

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 X 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
Bradley Custom Builders	129 Honeysuckle LN Mooresville NC	704-201-2291	704-201-2291
Owner Name	Mailing Address	Home Phone	Work Phone
Keith Huskins	4317 Allistan Rd Winston Salem NC 27104	336-671-1616	336-287-6474

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
224 Collingswood Rd	-NONE- CLOT	See 14/65

Driving Directions: Mooresville NC 28117

Hwy 150 west Non Perth Rd - left on Stumpy Creek LFT on Collingswood

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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 4
Maximum Number of Occupants ___
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 ( ) Existing Well ( ) Community Well ( ) City Water (X) 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: _____ 12-02-09

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

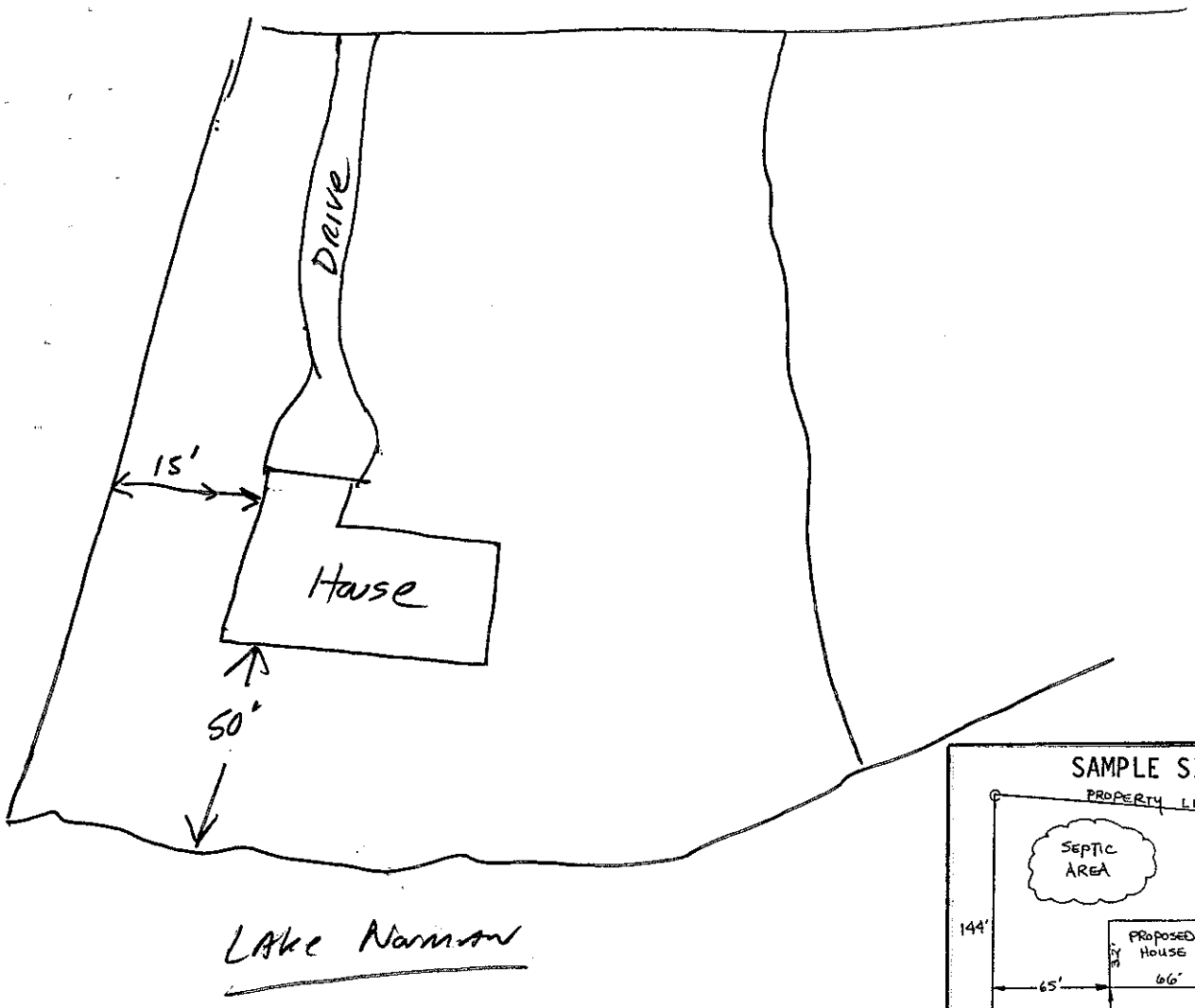
Circle N/A on the following if appropriate:

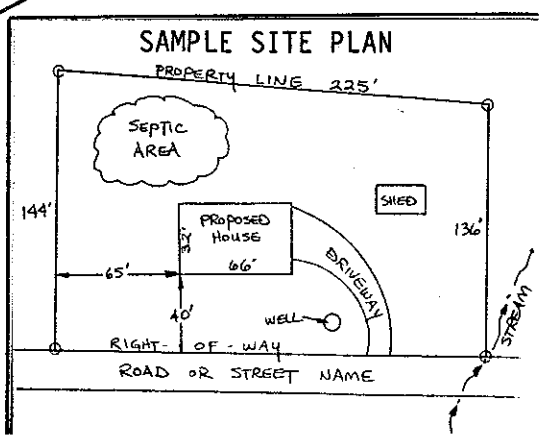
- ____ **Location of septic systems and wells within 100' of your property... N/A**
- ____ **Location of easements and rights of ways on your property... N/A**
- ____ **Location of any designated wetlands on the property... N/A**

Signature: _____ 12-02-09

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

USE THIS SPACE TO DRAW YOUR SITE PLAN





IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # ~~15922~~ 20638 PIN # 4638666 1439 DATE 1-13-2010

OWNER or APPLICANT Bradley Construction / Keith Huskins PHONE: Business 704 799-6399 Home:

OWNER or APPLICANT ADDRESS 129 Honeysuckle Ln Mooresville, NC 28117

LOCATION / DIRECTIONS Perth Rd N. TL Stumpy Creek TL Collingswood on right

SUBDIVISION CL&T BLOCK / SECTION 14 LOT # 65 LOT AREA .835Ac. DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank 1000 Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 270'

Trench Width min. 24" Max. Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type I II III (IV) V VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required [X] YES [ ] NO

[ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 4

[ ] Business No. Persons ____

[ ] Other No. Employees ____

[ ] Slab [ ] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply

[X] Private

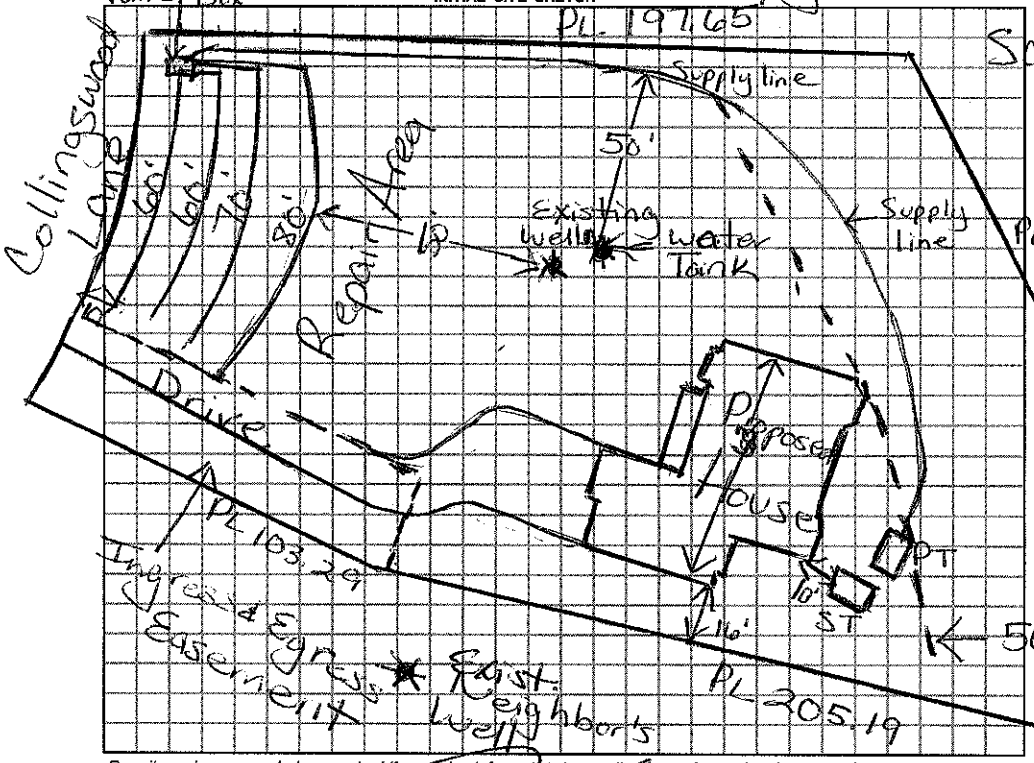
[ ] Public

[X] Community Water tap at front of Prop.

Comments / Conditions Keep Septic System (including Supply line) 50' from any Well & 10ft from PL (Supply line 5ft). Keep tanks at least 50ft from lake Central Gate Valve Box Direct Surface water away from Drainfield.

Comments / Conditions Note: Existing wells are not needed for Drinking Water Supply. There is a water meter & tap on street side of property. Must abandon wells prior to "Repair" 11/21/2010 Reviewed Floor Plan OK - MB

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Revoked

Lake

PL 108 Norman

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 w / plat valid without expiration.* [X] *IMPROVEMENT PERMIT w / 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 1-13-2010 Installed by: ____

Improvement Permit by: Marian H. Gibson RS Date 11/13/2010 Operation Permit by: ____ Date: ____

Authorzation to Construct by: Marian H. Gibson RS Date 11/21/2010 Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant