IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21380

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

PIN # 4639-33-5255

APPLICANT: PATRICK INDRIES APPLICANT ADDRESS: 112 CAMP LN.

SITE ADDRESS: 107 BLUE RIDGE TR. - Mrsvl. PHONE: ALT. PHONE:

SITE DIRECTIONS: PERTH, TL FERN HILL, TL BLUE RIDGE TR. ON L

SUBDIVISION: WOODLEAF SECTION: - LOT # 3 LOT AREA: .82AC DESIGN FLOW: 480 L.T.A.R.: .3

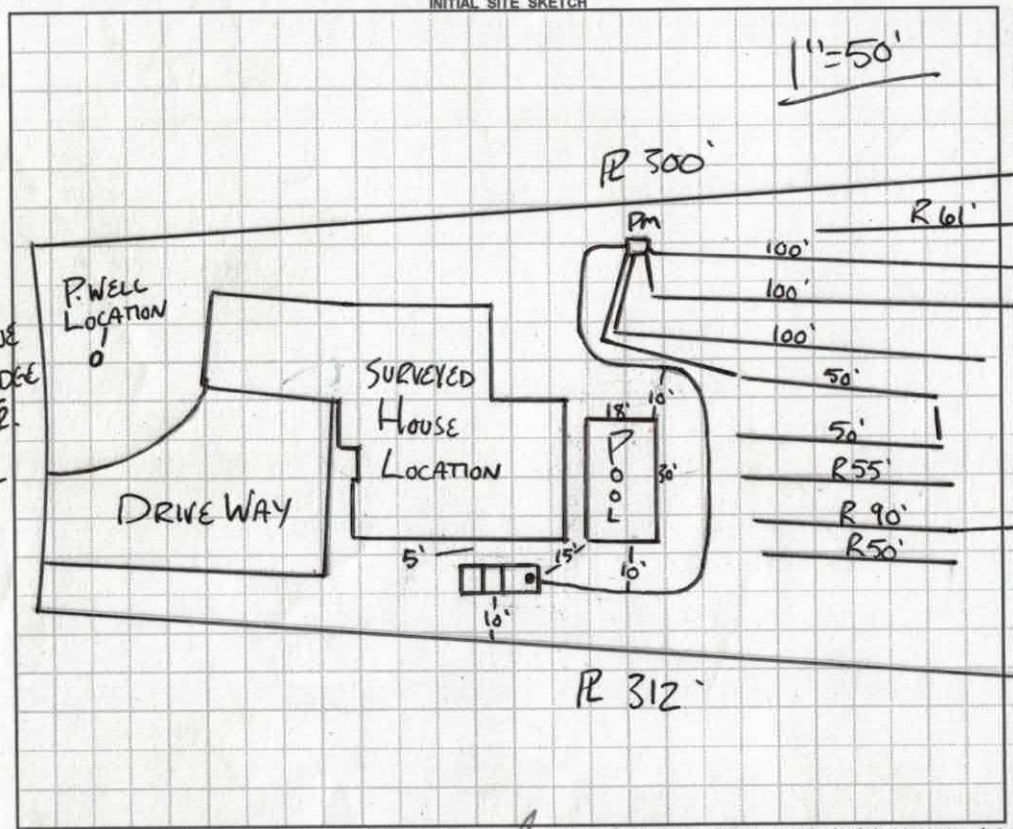
Septic Tank	1000	(gal)	STB	2071	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT	2071	Date	System Description:			PM - 25% REDUCTION	☐ Business	No. Persons
Pump Make	GOULDS	Model		PES1	Serial #	Repair System Description:			PANEL BLOCK	☐ Other	No. Employees
# Nitrification Fields	1	# Lines		5	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth		* 30" *	Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

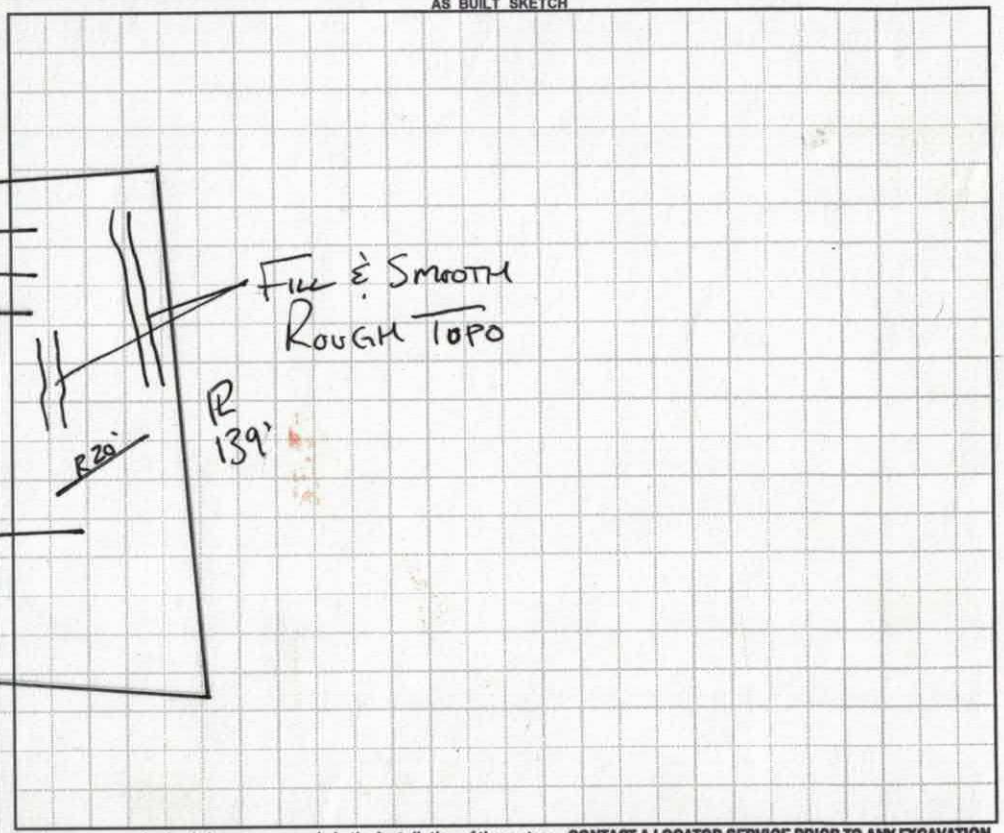
Comments / Conditions:

CHECKED TANKS, LINES, SET 2' PH 9-29-16

INITIAL SITE SKETCH



AS BUILT 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. **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: 4-15-16 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: APPROVED Date: APR 07 2016 OPERATION PERMIT by: Date: 11-16-16

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: APR 07 2016 Existing System Inspected by: Date:

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

RECEIVED MAR 2 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) Paid $105.00

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

****

#211380

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 #
PATRICK INDRIES	112 CAMP LN	980 722-3345	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
ARAD - HOME LLC PATRICK INDRIES	SAME		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
107 BLUE RIDGE TR.	WOODLEAF	3

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* Move tanks

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- (X) 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)* ( ) 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: _____ 3.2.16

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

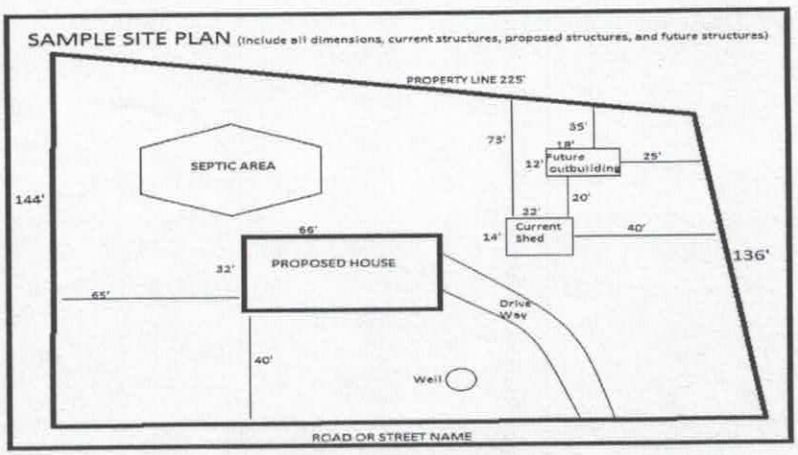
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

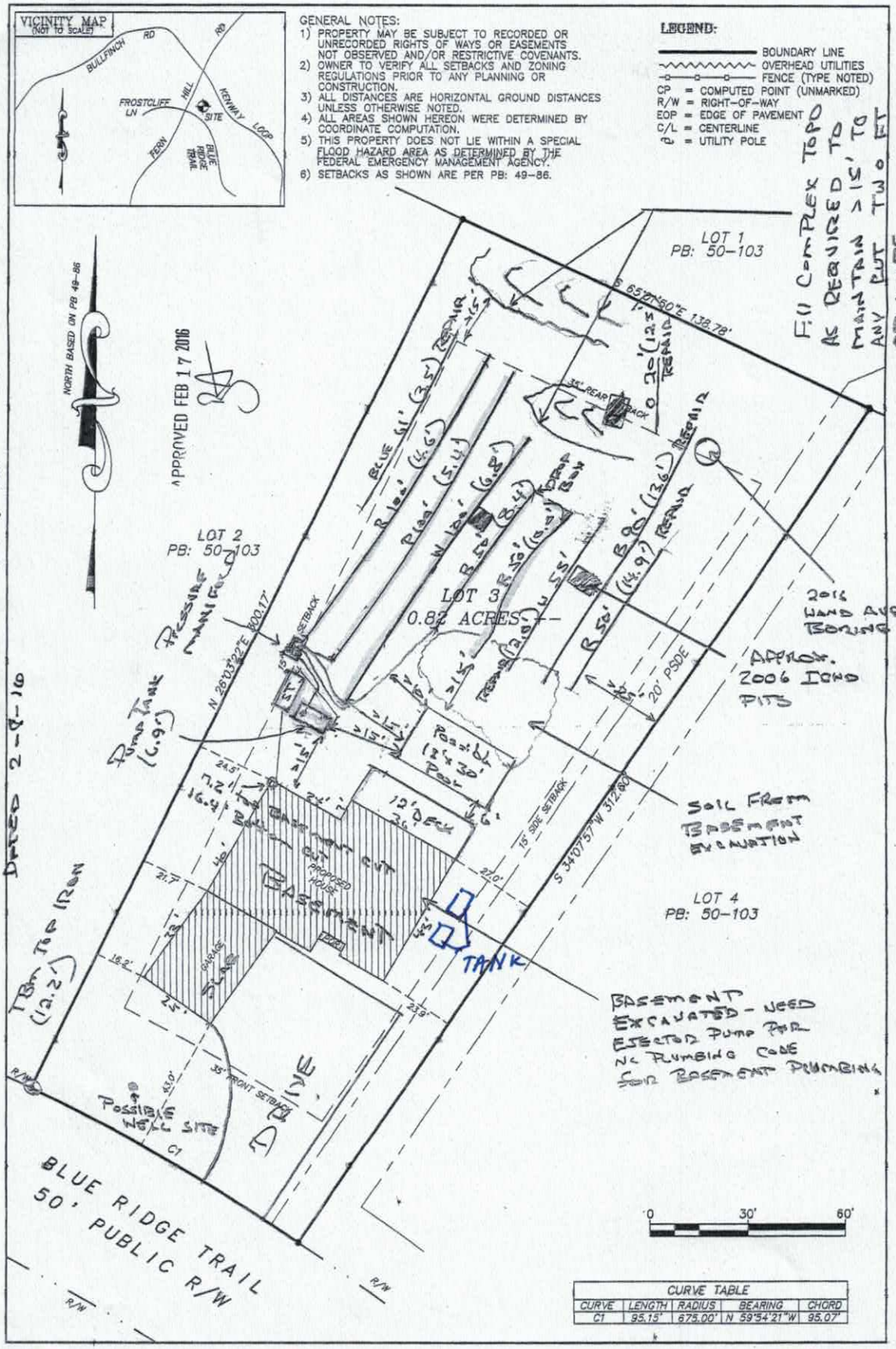
SEE ATTATCH.

Signature: _____

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

3.2.16

DATE



FILL COMPLEX TOPO AS REQUIRED TO MAINTAIN >15' TO ANY CUT TWO FT OR MORE

2016 HAND AUGER BORING APPROX. 2006 IRRIG PITS

SOIL FROM BASEMENT EXCAVATION

BASEMENT EXCAVATED - USED EJECTOR PUMP PER NC PLUMBING CODE FOR BASEMENT PLUMBING

TBF Top of Iron (12.2')

* SITE PLAN MUST ACCOMPANY PERMIT APP - SOIL CONSULTANT WRITTEN APPROVAL DATED 2-8-16

DRAWN BY: SRW	
DRAWING FILE NAME: 15197.WL3	
PROJECT NO: 15197	
PROPERTY ADDRESS: 107 BLUE RIDGE TRAIL MOORESVILLE, NC 28117	
DATE: JANUARY 14, 2016	
SCALE: 1"=30'	

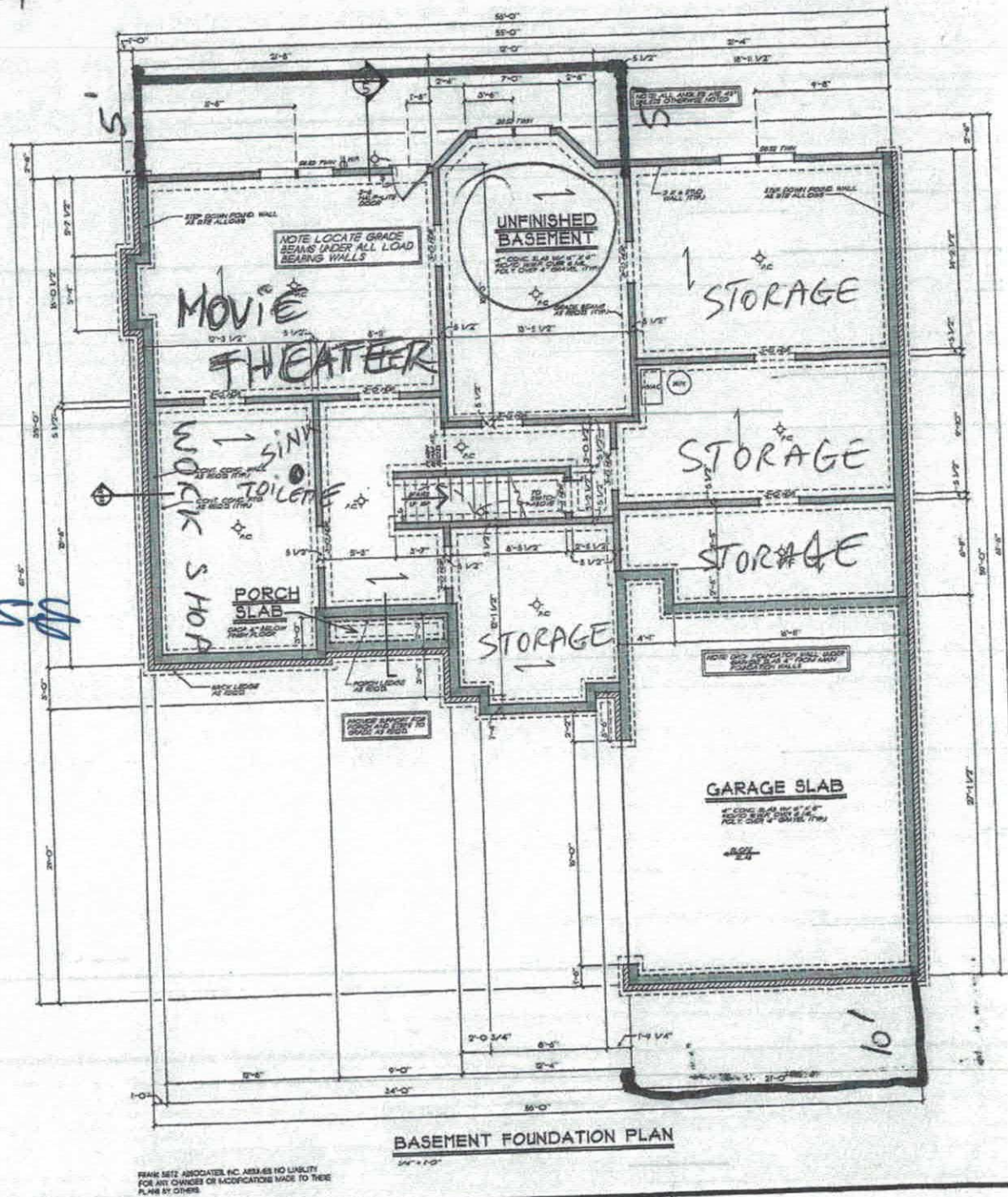
HOUSE LOCATION PLAN FOR
PRESTIGE HOMES & RENOVATIONS LLC
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
LOT 3 OF WOODLEAF SUBDIVISION
REFERENCES: DB: 1753-2350 & PB: 49-86

HARRIS LAND SURVEYING, PLLC
FIRM LICENSE #: P-1295
4080 DAVIS RD
MAIDEN, NC 28650
704-400-8800
phillipharris3@gmail.com

PRESTIGE HOMES SEPTIC SITE PLAN
2-8-16

LOT 3 WOOD LEAF
BLUE RIDGE TR.
MOORESVILLE

FLOOR PLAN
REVERSED
TO FIT
INSIDE HORSE
"BOX" ON
SITE PLAN



Acknowledgement Of
Plans Submittal ONLY!

Date 2-17-16

Date

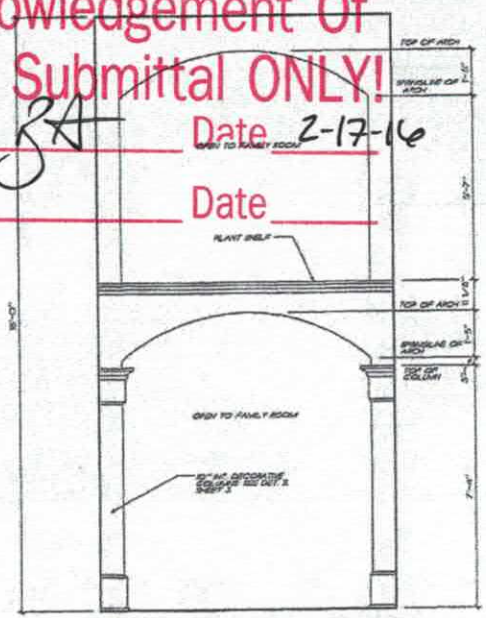
GENERAL NOTES

GENERAL FRAMING NOTES

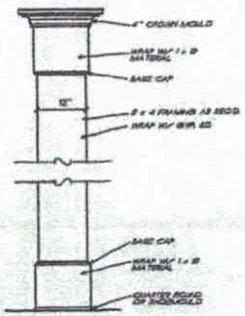
Acknowledgement Of
Plans Submittal ONLY!

BA Date 2-17-16

Date

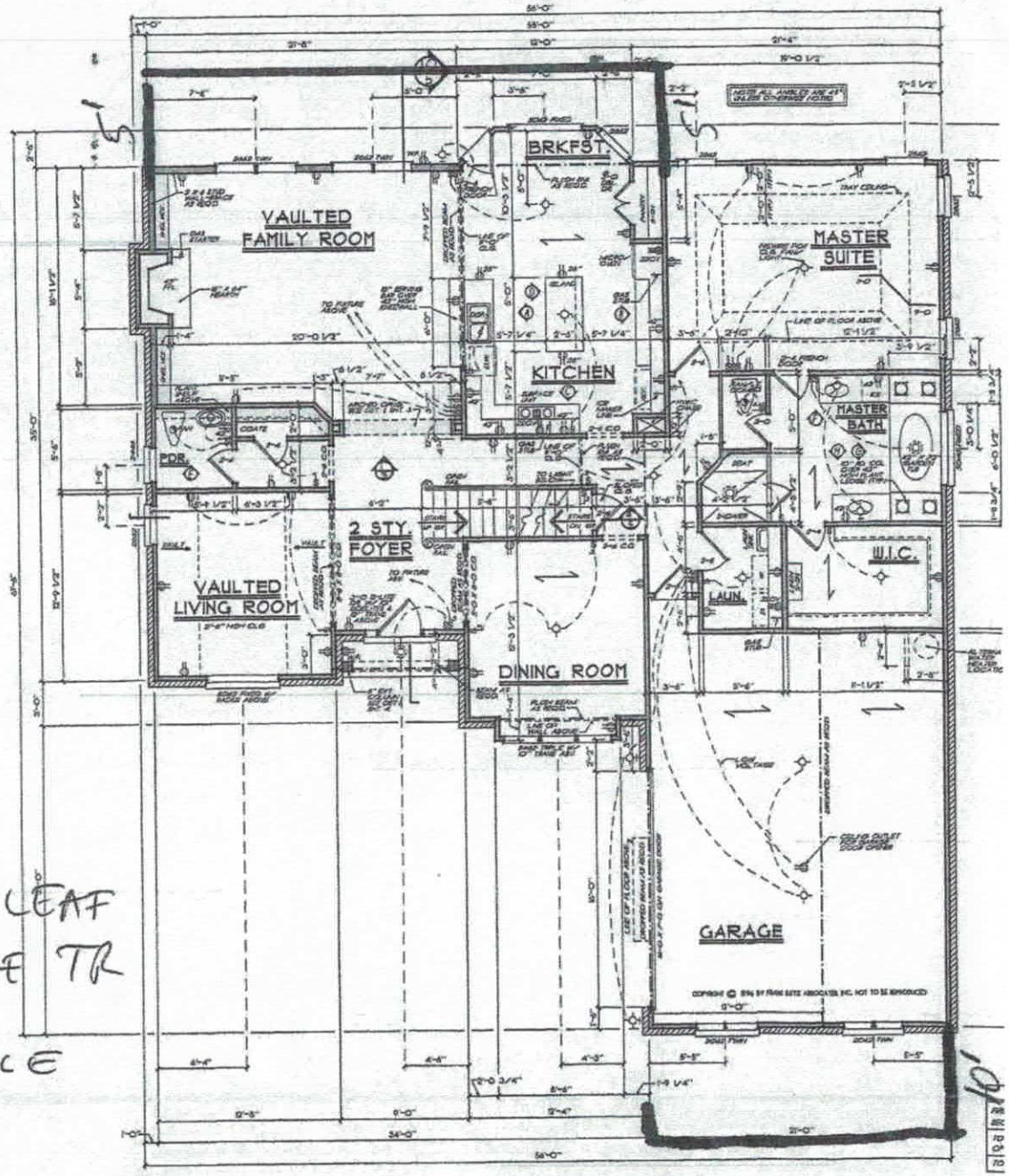


1/3 ARCHED OPENING DETAIL



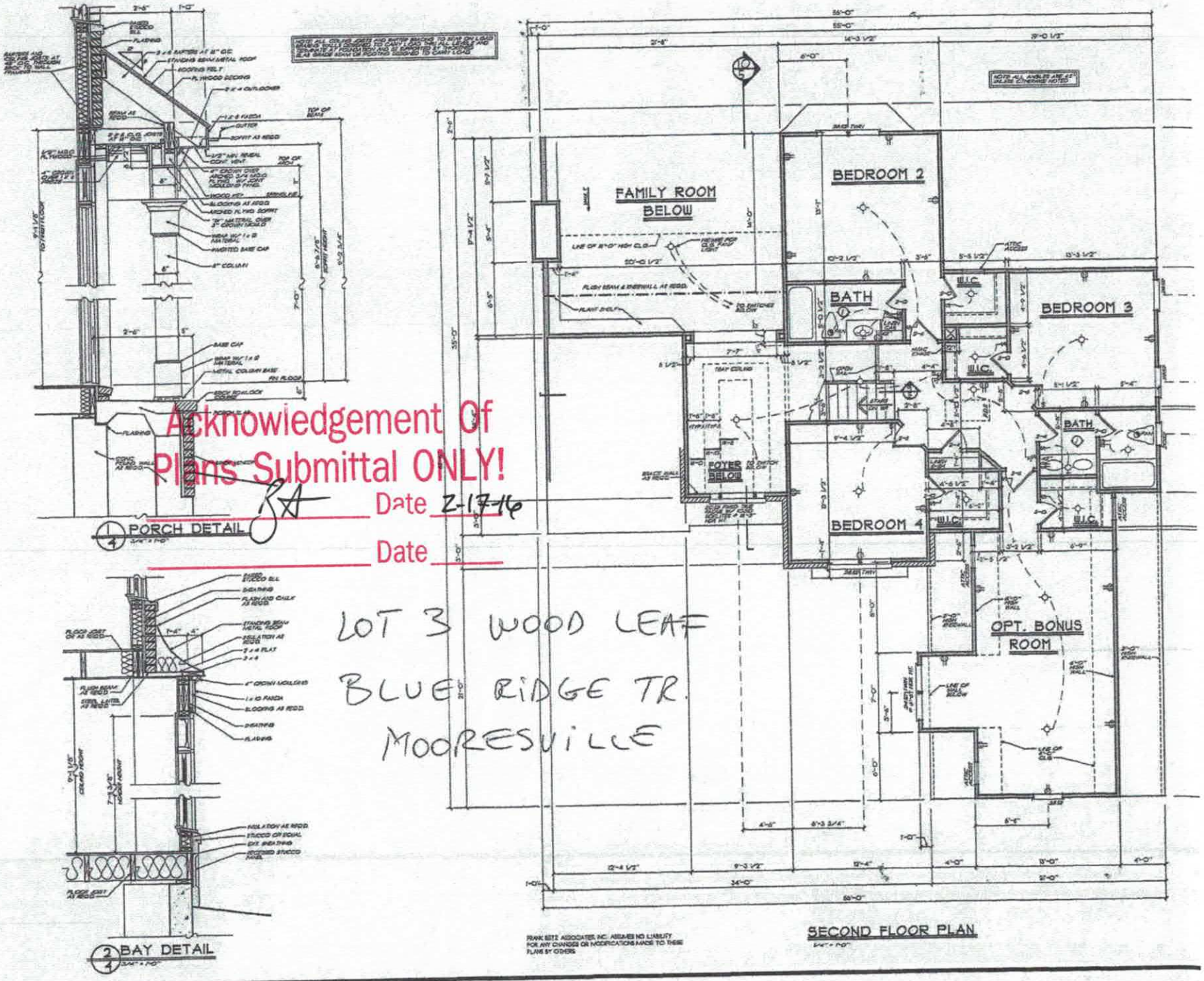
2/3 INT. COLUMN DETAIL

LOT 3 WOODLEAF
BLUE RIDGE TR
MOORESVILLE



FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS

FIRST FLOOR PLAN


FAMILY ROOM BELOW
BEDROOM 2
BATH
BEDROOM 3
FOYER BELOW
BEDROOM 4
BATH
OPT. BONUS ROOM
PORCH DETAIL
BAY DETAIL
SECOND FLOOR PLAN
Acknowledgement Of
Plans Submittal ONLY!
Date 2-17-16
Date
LOT 3 WOOD LEAF
BLUE RIDGE TR.
MOORESVILLE