Site Address: 138 Wildwood Cove Dr. - Statesville

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092413/125159 PIN# ~~4639 73 4457 (pt.)~~ 4639436570 DATE March 1, 01

OWNER OR CONTRACTOR Crescent Resources LLC / David Gibbs PHONE: Business Home

ADDRESS P.O. Box 1003, Charlotte

LOCATION Poth Rd. W. TL Fear Hill Rd TL Wildwood Cove ON Right

SUBDIVISION Wildwood Cove BLOCK / SECTION — LOT 29 LOT AREA 50,613 sq ft SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 012 Date 1/8/05
Pump Tank: 1000 Gallons; PT 17 Date 11/21/04
Pump Make: Gould's Model WED-512 Motor No. 1044347
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - INNOVATIVE - 25% Red.
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

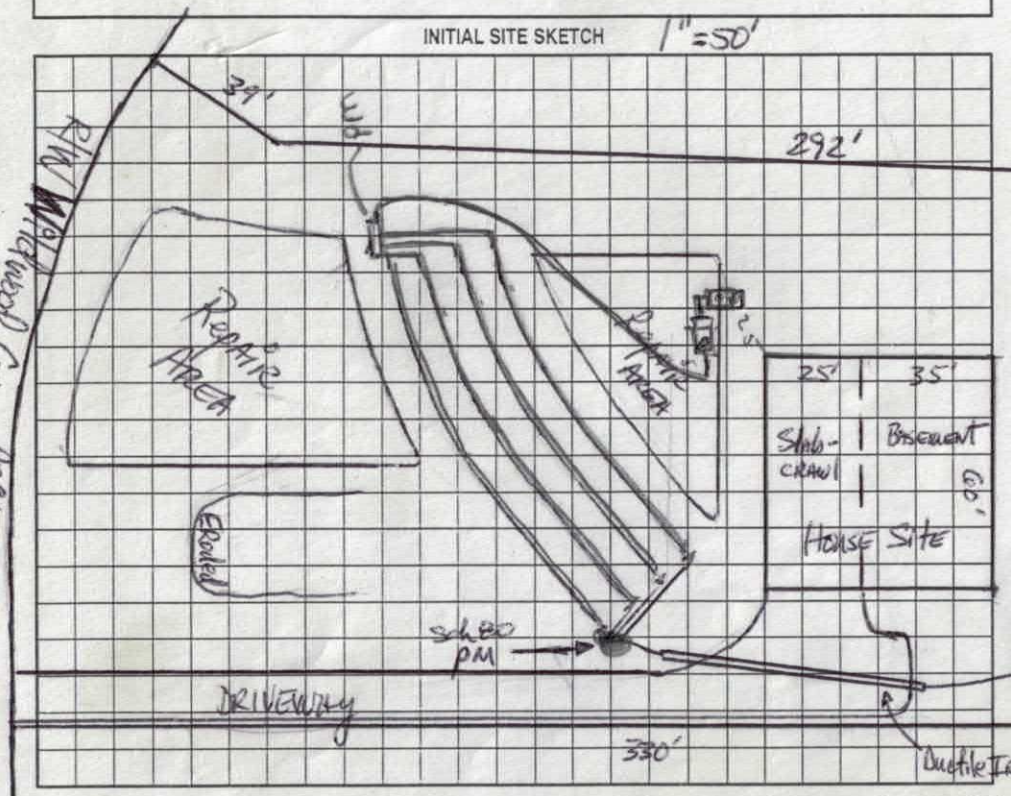
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

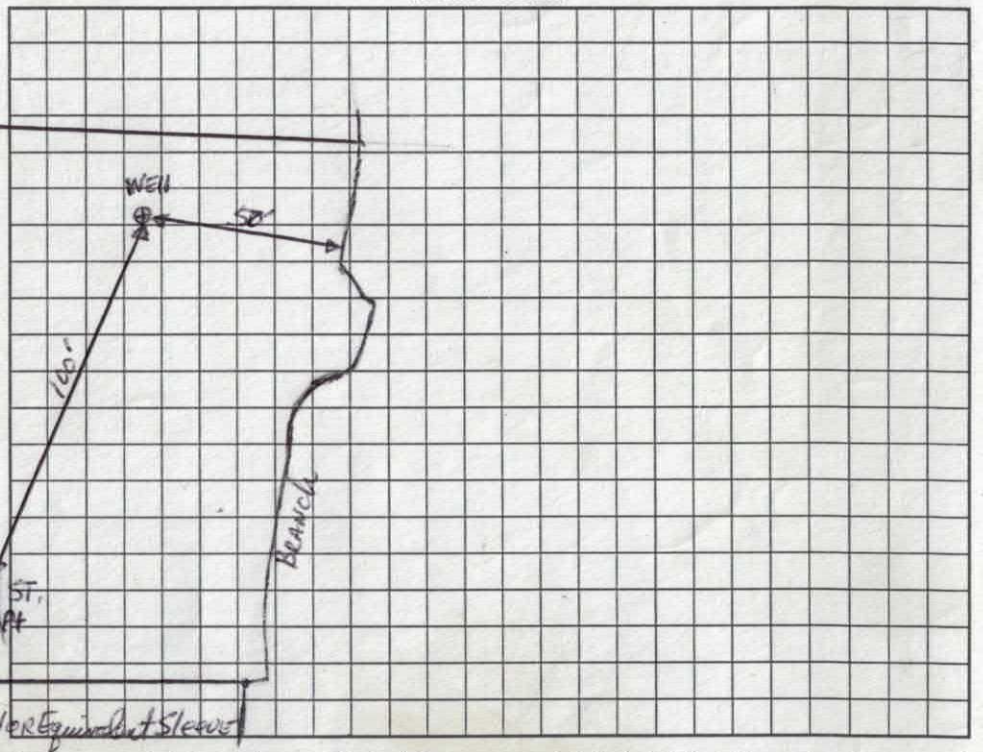
Comments:/Conditions:

Comments:/Conditions: (PARTIAL)

INITIAL SITE SKETCH 1"=50'



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. 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: date 3-21-01 Installed by: Steve Jordan

Improvement Permit by: RS date 3-1-01 Operation Permit by: Wesley Sparks RS. date 4/13/05

Authorization to Construct by: RS date 11/1/04 Existing System Inspection by: date

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

.ER: CR+ APPLICANT:

)RESS: APPLICATION DATE: DATE EVALUATED: 10-20-8

POSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:

ATION OF SITE: Wildwood Cove PROPERTY RECORDED:

TER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other

LUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

E OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.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
#36 TCJ Lot 30	0-17	SAb RcL	fi					B .03
	17-27	wk SAb/HB RcL	fi-fr SSSP					
	27-37	wk YR L SAp	wk c fi L					
#37 TCJ Lot 30	0-24	SAb RcL	fi-fr					PS .03
	24-42	wk SAb R light CL	wk SAp fr					
#38 TCJ Lot 29	0-26	SAb RcL	fi-fr SSSP					PS .3
	26-46	wk SAb RcL	fr SSSP few wk SAp					
#39 Lot 29	0-20	SAb RcL	fi-fr SSSP					PS .03
	20-29	wk SAb/HB RcL	few wk SAp fi-fr SSSP					
	29-46	wk YR L SAp	fr SSSP					

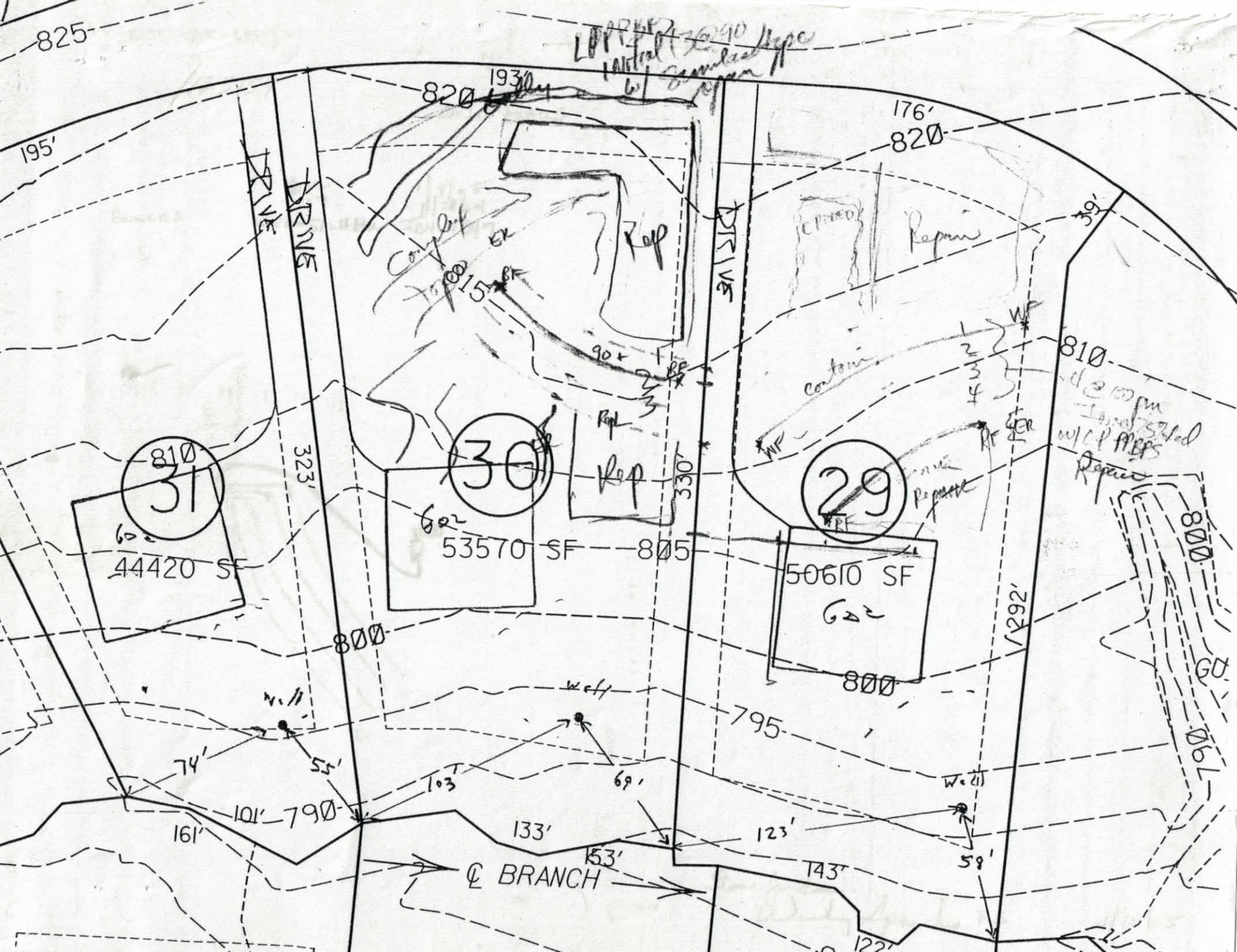
ESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
le Space (.1945)		
Type(s)		
AR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:


825
820
193'
195'
DRIVE
DRIVE
176'
820
39'
Repair
Rep
Rep
Rep
815
90±
810
31
30
29
323'
330'
1292'
60±
44420 SF
62±
53570 SF
805
50610 SF
62±
800
800
800
795
790
790
74'
55'
101'
161'
103'
69'
133'
153'
123'
143'
59'
℄ BRANCH
WF
RF
SF
810

5

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:

DAVID GAUS	704-400-2307	122 NAHCOTTA DR	MOORESVILLE	NC	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

DAVID GAUS	122 NAHCOTTA DR	MOORESVILLE	NC	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

WILDWOOD COVE	29		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property HWY 150 WEST FROM I-77, TURN RIGHT ON PERTH RD, FOLLOW APPROX 4 MILES & TURN LEFT ON FERN HILL, FOLLOW APPROX 1 MILE & TURN LEFT INTO WILDWOOD COVE SUBDIVISION, LOT IS APPROX 1½ BLOCKS ON RIGHT.

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3½

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

Crawl Space _____ 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.

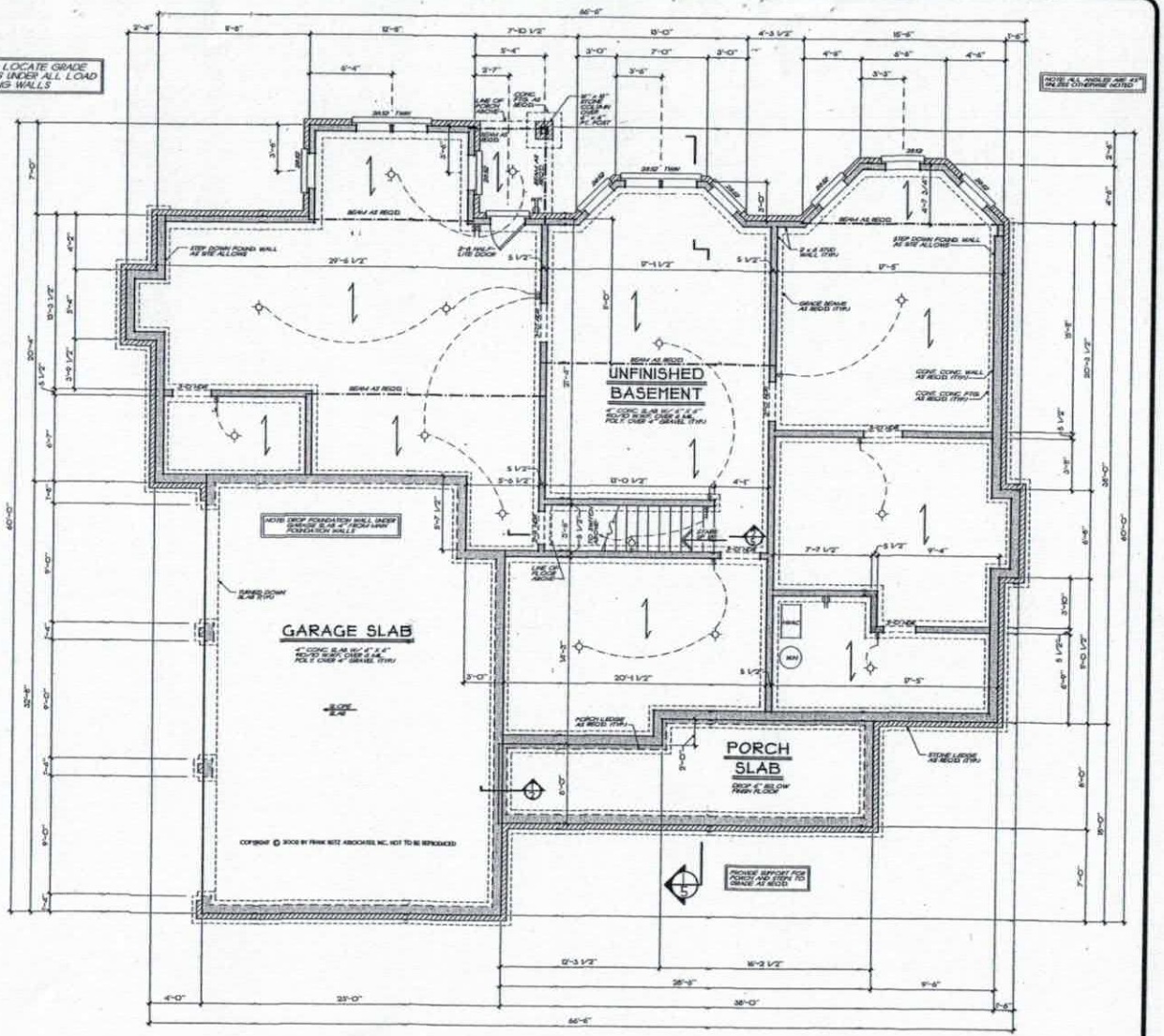
10-29-04 DATE David Gaus SIGNATURE OF OWNER/AUTHORIZED AGENT

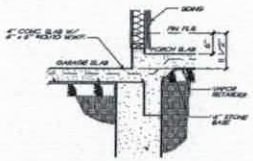
Acknowledgement of
Plans Submittal ONLY!

BA Date 2-17-14

Date _____

NOTE: LOCATE GRADE BEAMS UNDER ALL LOAD BEARING WALLS





1/2 SLAB DETAIL
3/4" = 1'-0"

BASEMENT FOUNDATION PLAN
1/4" = 1'-0"

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

REVISIONS	DATE	BY
CLAD SIP INFO	4-18-06	CHK

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BASEMENT FOUND. PLAN

THE WOODCLIFFE

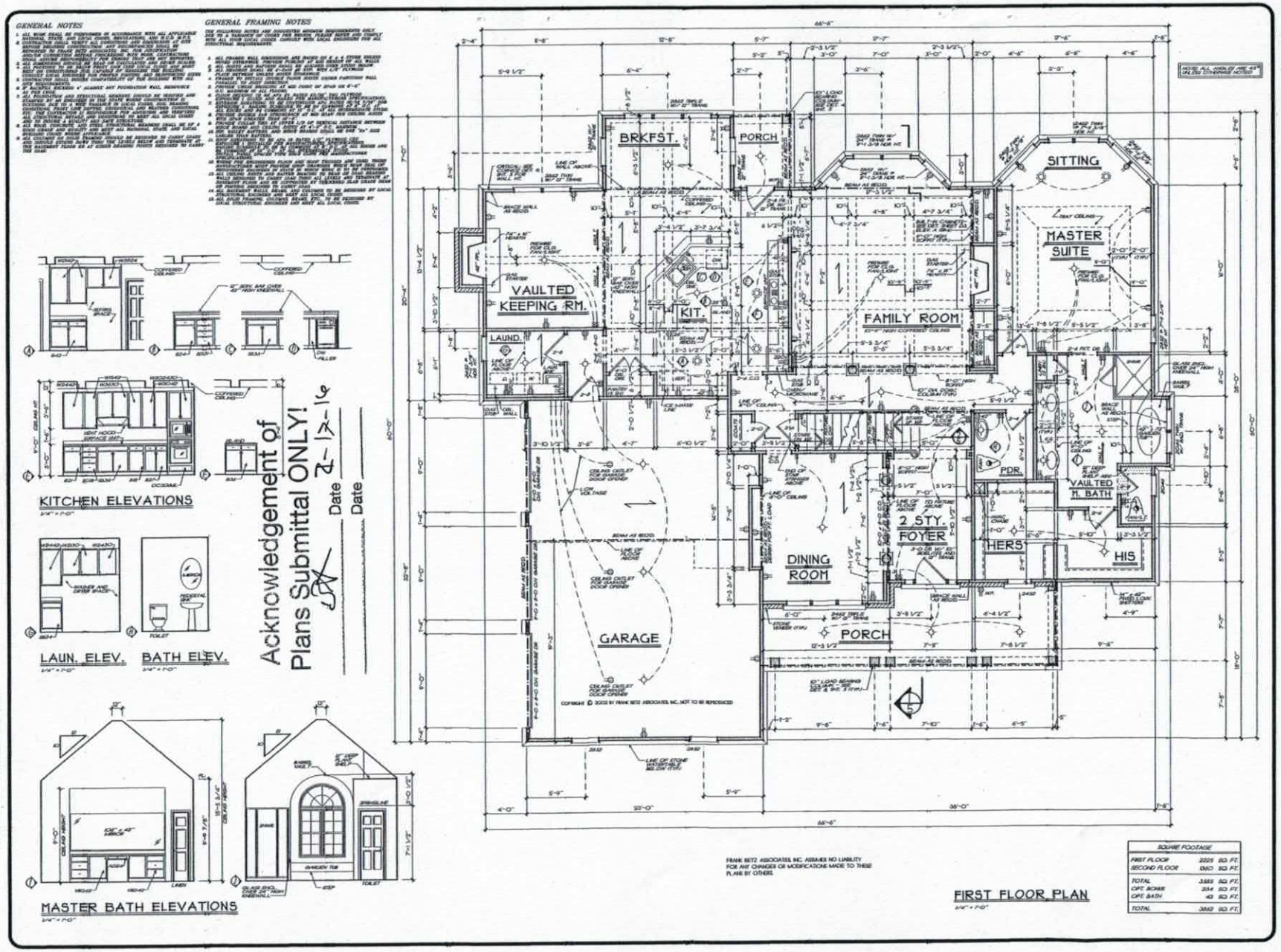
FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

BY: RLD CSC REV

DATE: 8-30-02

SHEET: 2 OF: 5

H:\3D-2004\ALP.dwg



REVISIONS	DATE	BY
CLAD 30'-0"	4-18-02	CSC
CLAD 24'-0"	7-17-02	CSC
CLAD 24'-0"	8-15-02	CSC
CLAD 24'-0"	9-4-02	CSC

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FIRST FLOOR PLAN
K. & B. ELEVATIONS

THE WOODCLIFFE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-631-0888 888-717-3003

BY: RLD CSC: MW

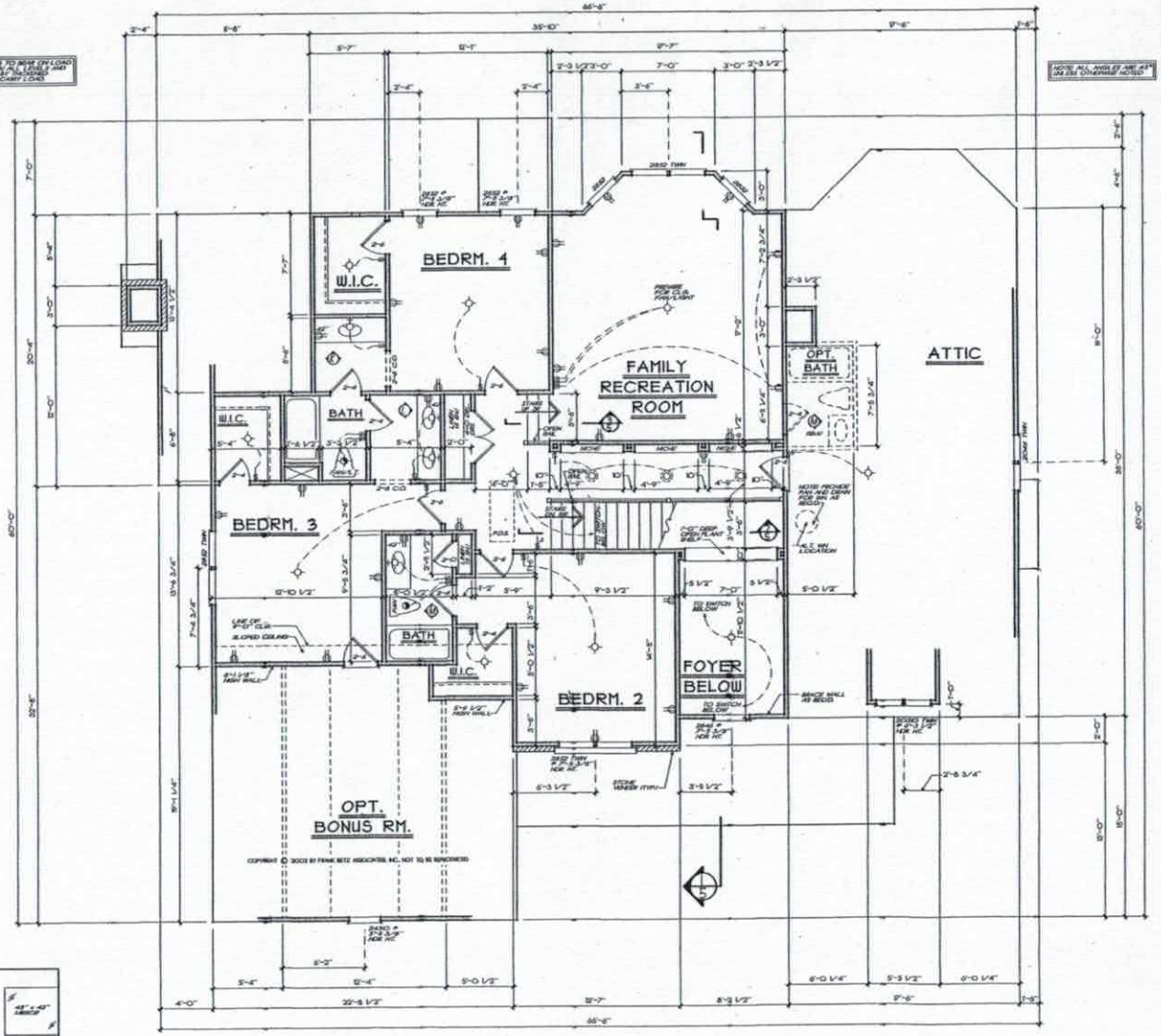
DATE: 4-19-02

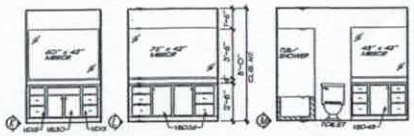
SHEET: 3
OF: 5

Acknowledgement of
Plans Submittal ONLY!

BA Date 2-17-16

Date





BATH ELEVATIONS

SECOND FLOOR PLAN

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

REVISIONS	DATE	BY
CLAR AIR HO	4-18-04	KW

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SECOND FLOOR PLAN
BATH ELEVATIONS

THE WOODCLIFFE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

BY: PLD CK: KW

DATE: 4-30-04

SHEET: 4

OF: 5

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 092413 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282010000

Phone: 7046636905

Proposed Use: 01

PIN #: 4639 73 4457 PT Zoning: RA Township: 1700

Street Address: WILDWOOD COVE DR

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: WILDWOOD COVE Lot #: 29 Lot Size: 50610

Has Property been recorded? N Community Water? N Sewer? N

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: HEALTH FEES PD ON 91898

Hold Building Permits? Y Reason: PLAT NOT RECORDED

Location: 15OW,R PERTH,L FERNHILL,L WILDWOOD COVE,ON RT

Staff: SBW Date: 09/22/00

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: