Paid $105.00 1-22-14
Ltd Redraw
A/C

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: PMA Investments **Address:** 452 woodbridge rd statesville 28625 **Phone:** 704-580-5514

Owner Name: Tim & Linda Reseau **Address:** _____ **Phone:** _____

Property Information:

Street Address: 161 waterbury drive

Subdivision Name: Northington woods **Section/Phase:** _____ **Lot Number:** 43

Driving Directions: Perth Rd N. Left fork Hill left Northington woods left waterbury dr

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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:

(X) New Well ( ) Existing Well ( ) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 1/20/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

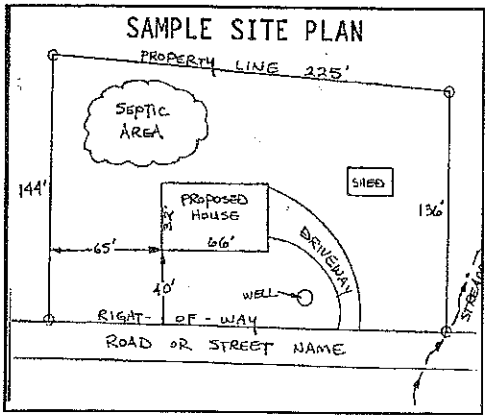
ENVIRONMENTAL HEALTH DIVISION

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:

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

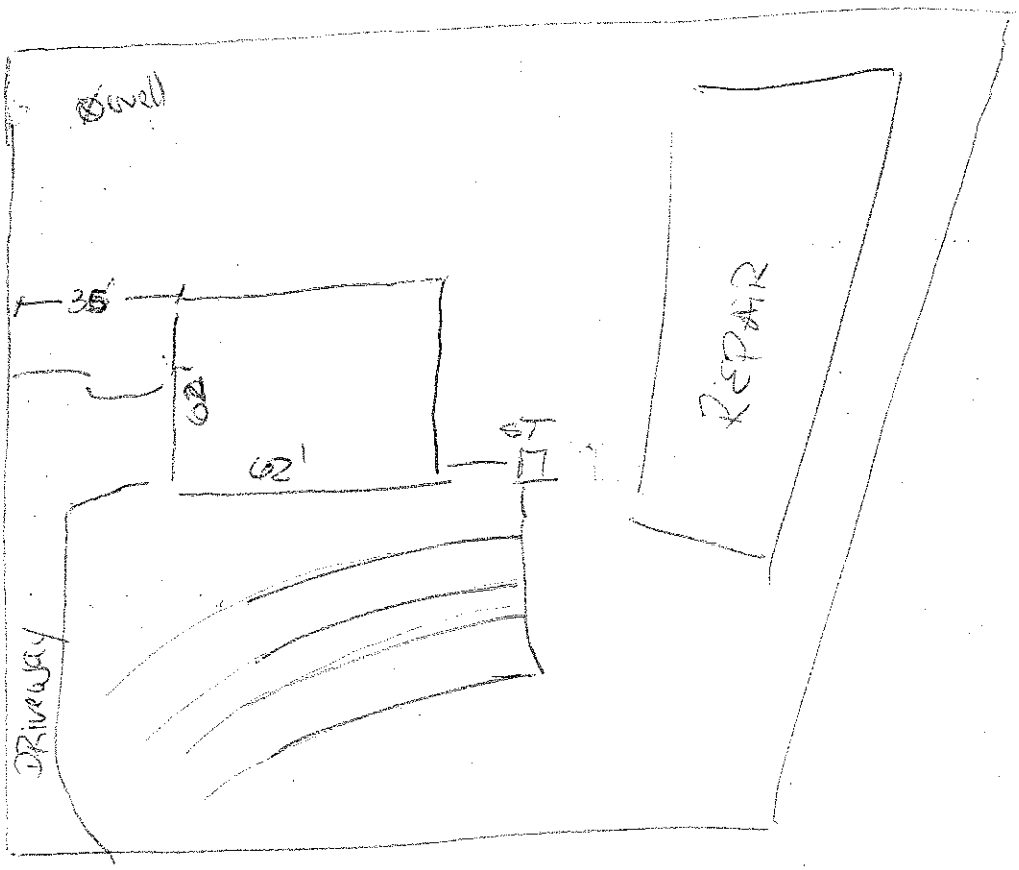


Circle N/A on the following if appropriate:

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

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) — DATE

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 #: 122565ZO
Proposed Use: Single Family
Location of Property: 000 Waterbury Dr. Mooresville NC 28117
Parcel #: 4639-64-0340.043
Lot #: 43 Size: .707
Applicant: Shavender Devel Group, LLC
Address: 1143 D. Executive Circle
Cary NC 27511
Phone:
Property Recorded: No Site Plan Reviewed:

Subdivision: Northington Woods
Township: 1700 Davidson
Zoning: RA
Flood Plain: No Watershed: WSIV-CA
Owner: Shavender Devel Group, LLC
Address: 1143 D. Executive Circle
Cary, NC 27511
Phone:
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: 25,000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Hold building permit until plat has been recorded to document lot creation from parent parcel.

Directions:

US-21 [SR-115] 0.2 Turn LEFT (South-West) onto Flower House Loop [SR-1312] 0.8 Turn LEFT to stay on Flower House Loop [SR-1312] 0.3 Turn RIGHT (West) onto Carlyle Rd [SR-1313] 1.4 8: Turn RIGHT (West) onto Fern Hill Rd [SR-1300] Left onto Northington Woods Dr.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: Lee B Sullivan Date: 7/19/04

ELLIOTTE BLACKWELL

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

Printed: 7/8/2004

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: Shoreline Dev. Co. APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 11-12-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 43 Wellington Woods PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

#5 0-16 wk sbk, rbrn scl, fr sss, sap
16-50 wk sbk, r brn, c, fr ss, sap
few-common angular coarse gravel .25

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-3	brn scl	fr ss sp	few inc/w rock at lower horizon change				.3
		3-18	wk m fsbk rc	fr ss sp sap					
		18-34/42	wk m fsbk/ mk pp	vfr ss sp					
		34/42-55	wk m sbk - massive (BC)	L fr sss p	common inc sap				
2		0-15	wk sbk brn scl	fr ss sp	few gybrn mottles				(4)
		15-24	m sbk rbrn c	fr ss sp sap	few 5YR gybrn mottles				
		24-36	m sbk rc	fr ss sp common gybrn	few inc 2				
		36-52	wk fsbk rc	fr sss p	few gybrn mottles				
3	~5%	0-54	wk m fsbk rbrn	fr sss p sap	few-common inc sap 2414				.3
4		0-6	wk sbk rbrn scl	fr sss p	few gy rock				.3
		6-32	m sbk rc	fr ss sp sap					
		32-50	wk sbk yrd	fr sss p	common inc sap few gy w. rock				

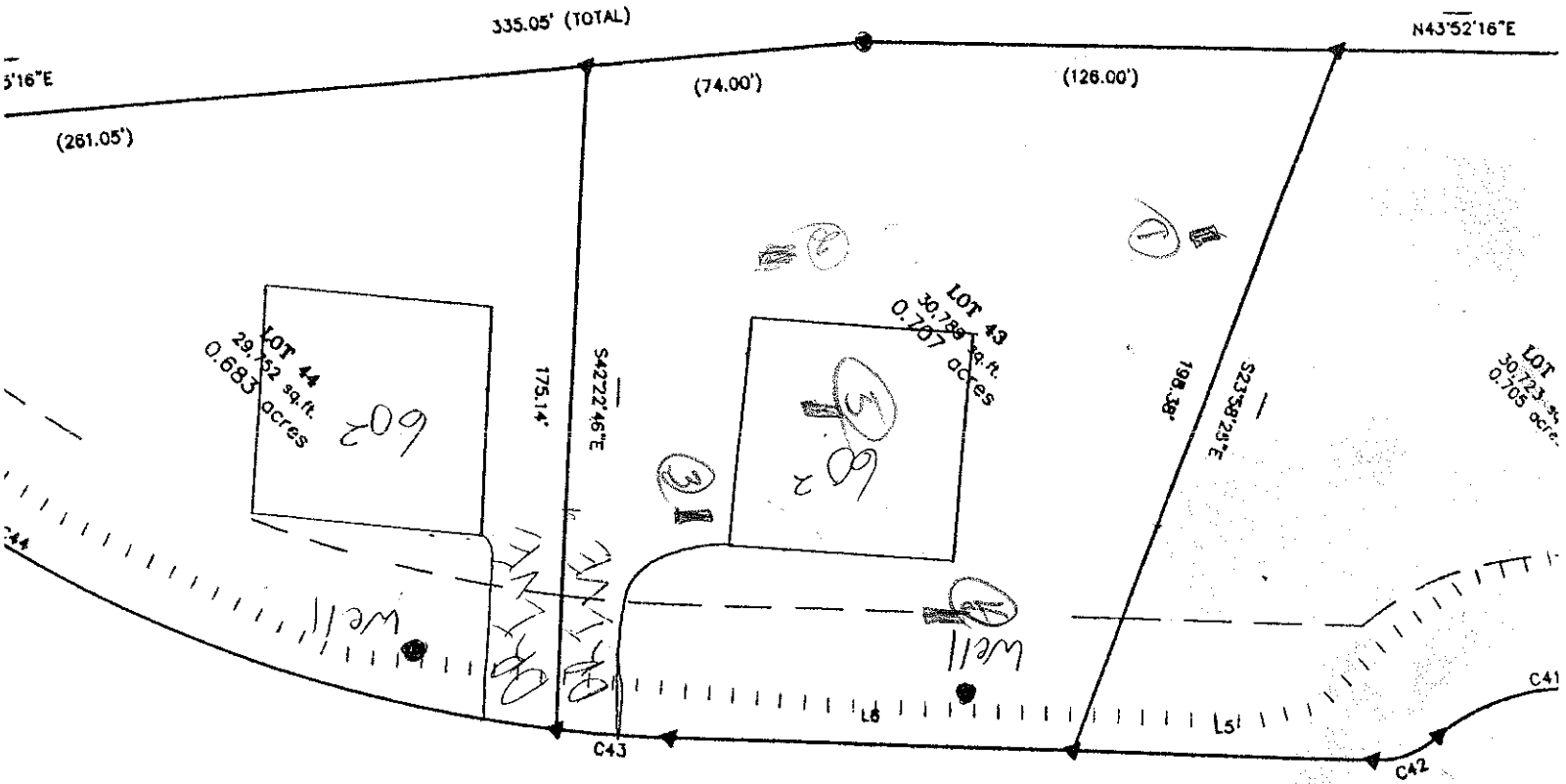
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	RS	RS
System Type(s)	CONV PP BBS	LPP BBS
Site LTAR	.3	.3

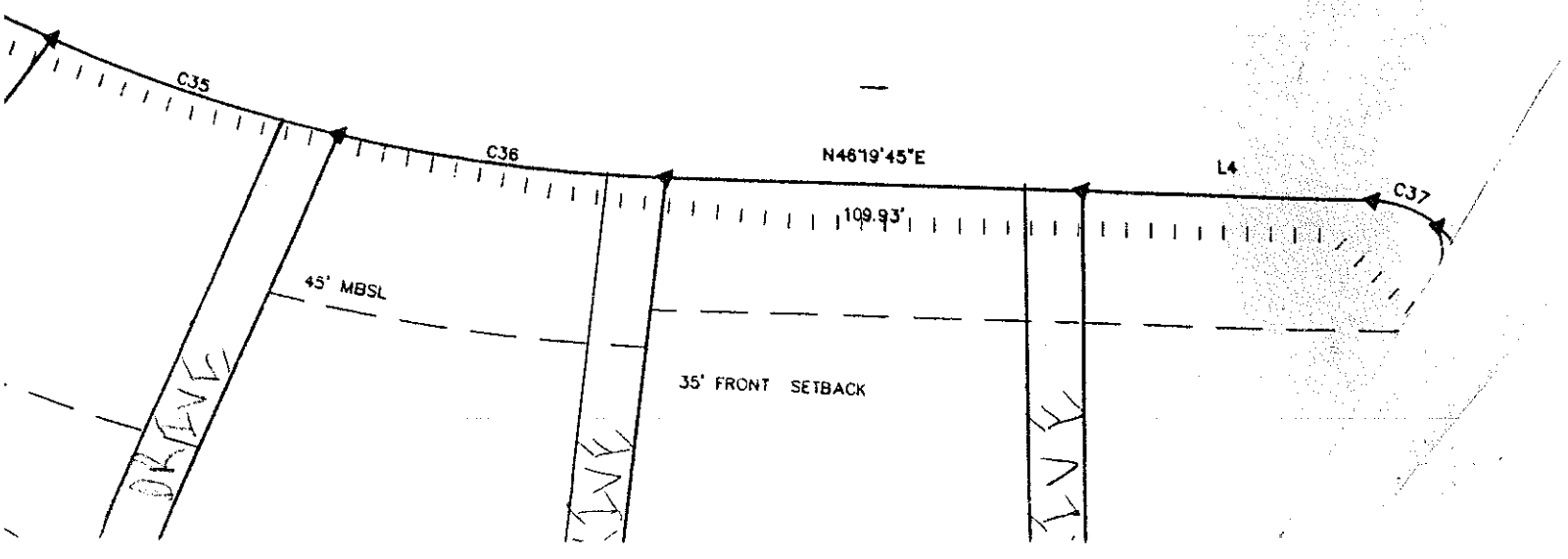
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: [signature]
OTHER(S) PRESENT: David Brannigan

		42°50'00"	S24°54'44"W
		00 04"	S39°49'46"W
		314'45"E	N73°45'13"W
		45"E	N21°10'15"W
		1.72'	80.00'
			86.46'
			18.26'
			69.36'
			38.27'
			50.13'
			59.25'
			18.26'

C72	135.50'	25.00'	3°50'27"	S31
C73	103.42'	730.00'	37°17'31"	
C74	80.67'	730.00'	91°42'09"	S
C75	36.49'	730.00'	12°10'47"	S31
C76	138.09'	25.00'	10°38'06"	S71'2
C77	90.25'	469.90'	8°07'01"	S60'04
C78	192.97'	420.00'	6°19'55"	S50'41'
C79	10.00'	420.00'	83°37'09"	S43°28'18
C80	50.38'	420.00'	16°50'16"	S82°06'55"
C81	108.86'	320.00'	12°18'42"	N64°29'38"W
C82	15.73'	320.00'	26°19'27"	N66°45'25"W
C83	95.03'	320.00'	1°21'52"	N47°26'21"W
C84	30.73'	230.00'	9°01'16"	N33°35'42"W
	36.79'	230.00'	19°29'31"	N28°24'08"W
	25.00'	230.00'	2°48'57"	N14°08'44"W
		23°40'26"		N02°59'30"W
		7°39'18"		N13°25'14"W
		84°18'55"		N29°05'07"W
				N09°14'42"E

TYPICAL SETBACK DETAIL

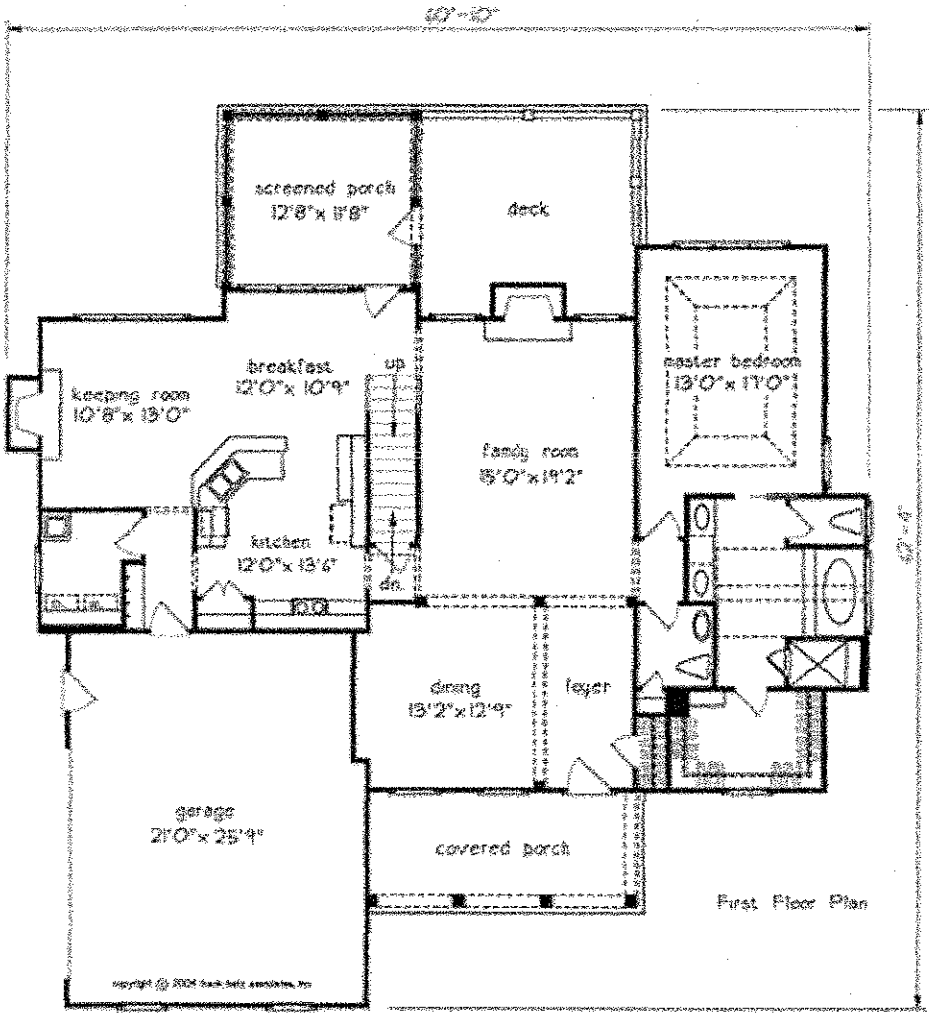




FRANK BETZ ASSOCIATES INC.

HOMEPLANS
Designed for Today's Market.

ATHERTON



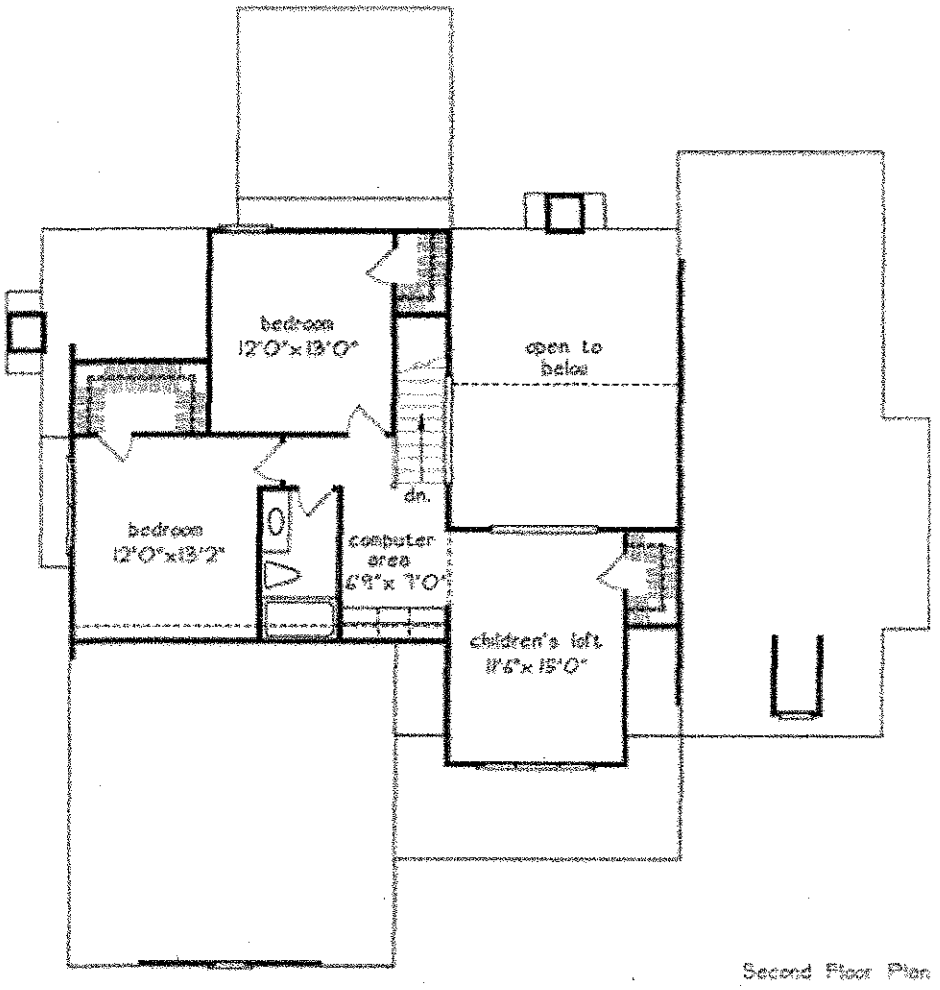
Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions. Photographs may have been modified from the original construction documents.

Acknowledgement Of Plans Submittal ONLY!
Date 1/20/14
APPROVED FEB 20 2014
Date

FRANK BETZ ASSOCIATES INC.

HOMEPLANS
Designed for Today's Market.

ATHERTON



Second Floor Plan

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions. Photographs may have been modified from the original construction documents.

Acknowledgement Of
Plans Submittal ONLY!
Date 1/20/14
APPROVED FEB 20 2014
Date