IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11776 PIN# 4639-96-9750 ~~4639-96-2769.40~~ DATE 4/6/04

OWNER OR CONTRACTOR HONEYSUCKLE CREEK LLC/EGLAND-BROWN PHONE: Business 201-6465 Home

ADDRESS 227 ~~HONEYSUCKLE~~ HIDEAWAY LN MOORESVILLE NC 28117

LOCATION PERTH (N) - TL 1ST HONEYSUCKLE - 2ND ON RT

SUBDIVISION ~~HONEYSUCKLE CREEK~~ BLOCK / SECTION LOT 40 LOT AREA .66AC SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. @ 2 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 7/11/05
Pump Tank: 1000 Gallons; PT 302 Date 12/1/05
Pump Make: ZOELLER Model N140 Serial No.
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 400
No Lines @ 8@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

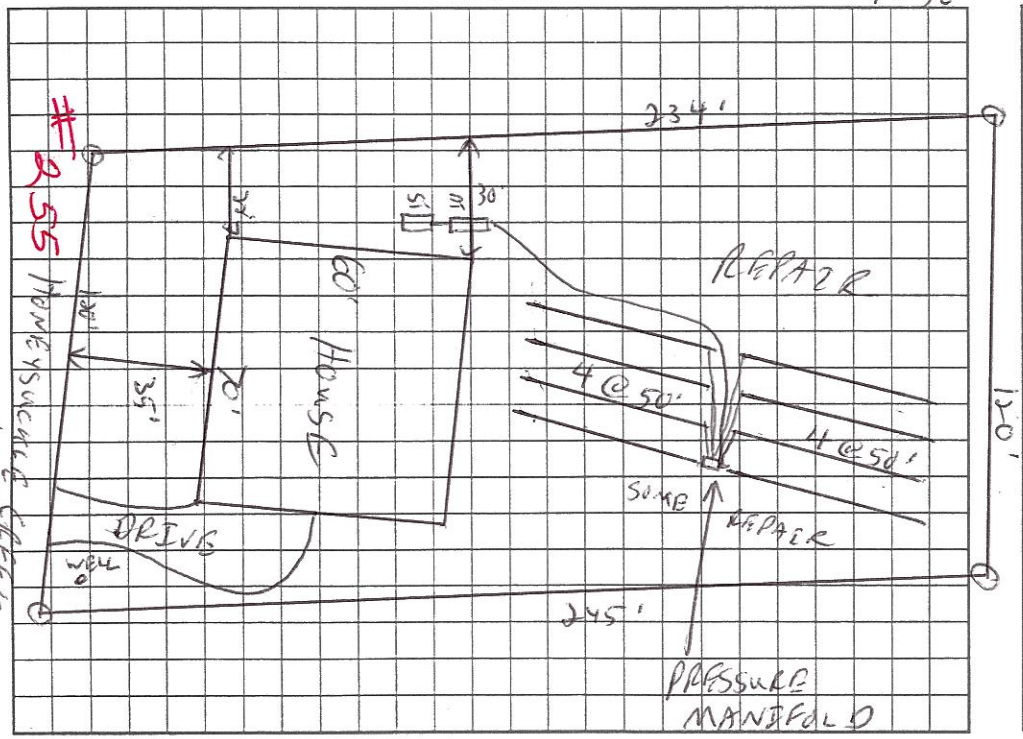
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions: DO NOT CUT HOUSE SITE

Comments:/Conditions:

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: [signature] MRS date 7-28-04

Improvement Permit by: [signature] RS date 4/6/04

Authorization to Construct by: [signature] RS date 4/29/05

Installed by: Rowan Septic

Operation Permit by: [signature] RS date 6/7/06

Existing System Inspection by: date

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

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: Honeysuckle Creek LLC APPLICATION DATE
DDRESS: DATE EVALUATED:
ROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
OCATION OF SITE: Honeysuckle Creek lot 40 PROPERTY RECORDED:
ATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
VALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
YPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-31	RBC ABk	fi sapSP -	many stains 48"> Heavy C		—	.15-.2	DS
		31-54	RYCL wsmy	fri SP sapl					
2		0-19	RC ABK	fi sapl SP					upper horizon .12-.25
		19-42	RCL MWSBK	fri SSSP sapl					
		42-55	RSAP M	fri SSSP - inc fCL/C		42"	PS	—	
3		0-20	RC ABK	fi SVP					.15-.2
		20-53	RCL MASSM	fri SP			—	—	
4		0-3	WFSBK RCL	fri SSSP					.3 >12-14"
		3-19	Somewhat Comp. to 12" - RC	fi/ SP/sapl	few SAPL	19"			
		19-61	MLSAP fine SL	fri	—	—			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

5) 0-7 mcomp RSCL fi/fri SSSP
7-23 - WFSBK RBC fri SP, sapl
23-36 W FABK/SBK YRCL fri SSSP few SAPL .2-.25 - 36"
36-57 - LSAP M WFSBK fri few CL -> .25-> 36"

6) PS

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 ✓ 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
TEGLAND-BROWN	19550 HEAVENS CIRCLE	704-507-5239	704-361-1699
-SAME-			

Owner Name / Mailing Address / Home Phone / Work Phone

4. **Property Information:**

LOT #40 — Street Address
HONEYSUCKLE CREEK — Subdivision Name
Section/Phase and Lot Number

Driving Directions: PERTH RD NORTH, LEFT ONTO HONEYSUCKLE CREEK, LOT #40

****

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

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

(✓) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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.

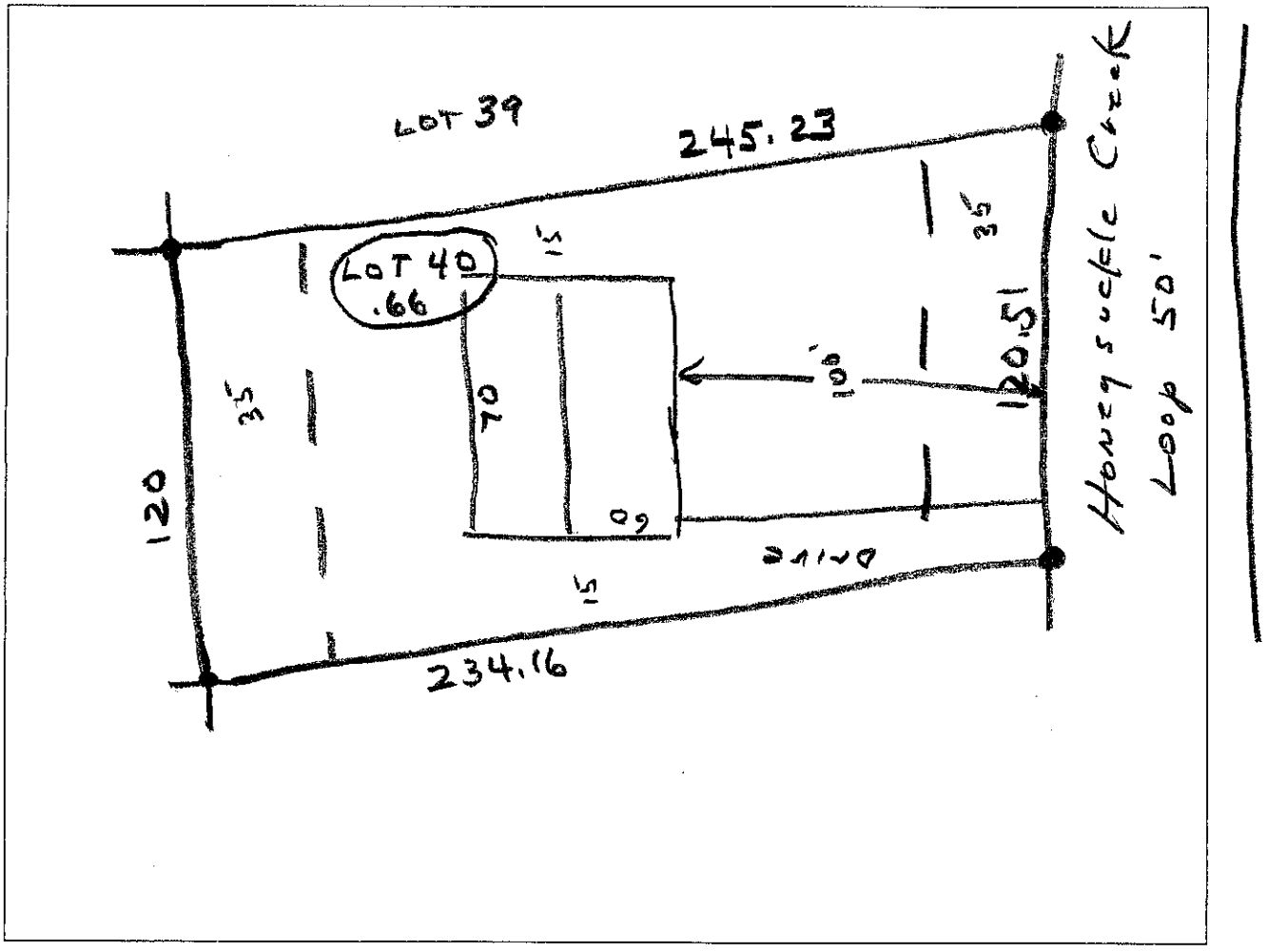
9. Signature: W E Brown — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
7/29/05 — DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

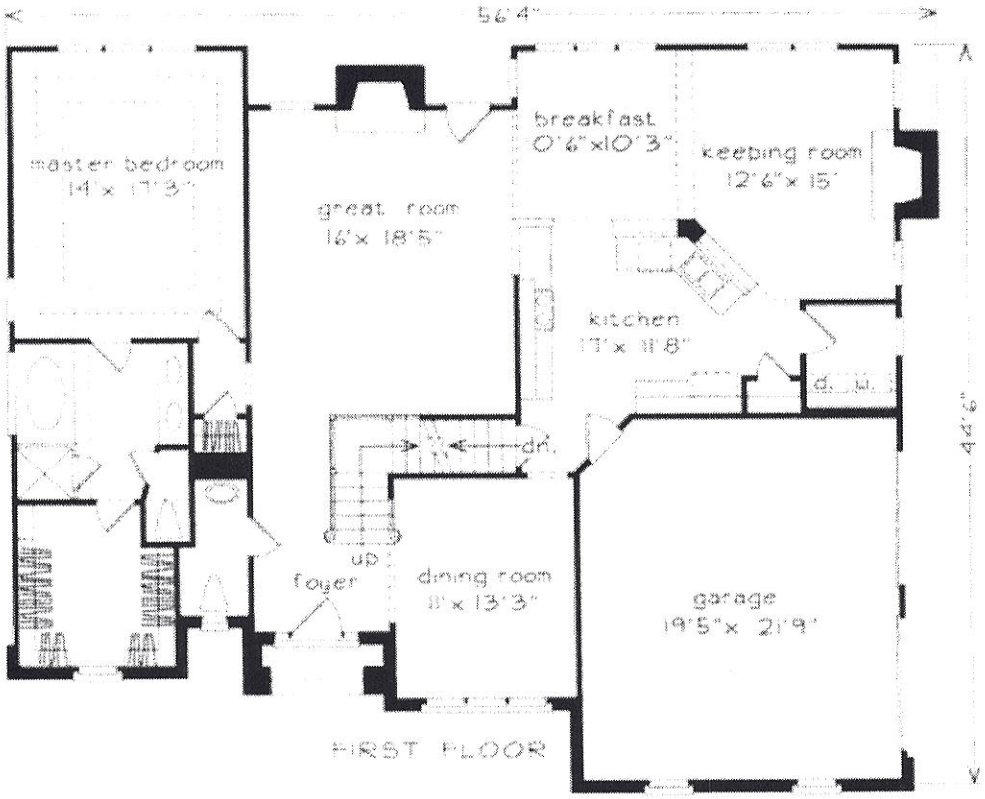


I hereby convenant that the above representation is correct to the best of my knowledge and ability.

10-20-03 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

HOMEPLANS *Designed for Today's Market.*

CRESTWOOD PLACE - Main Floor



Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

4 BDRm

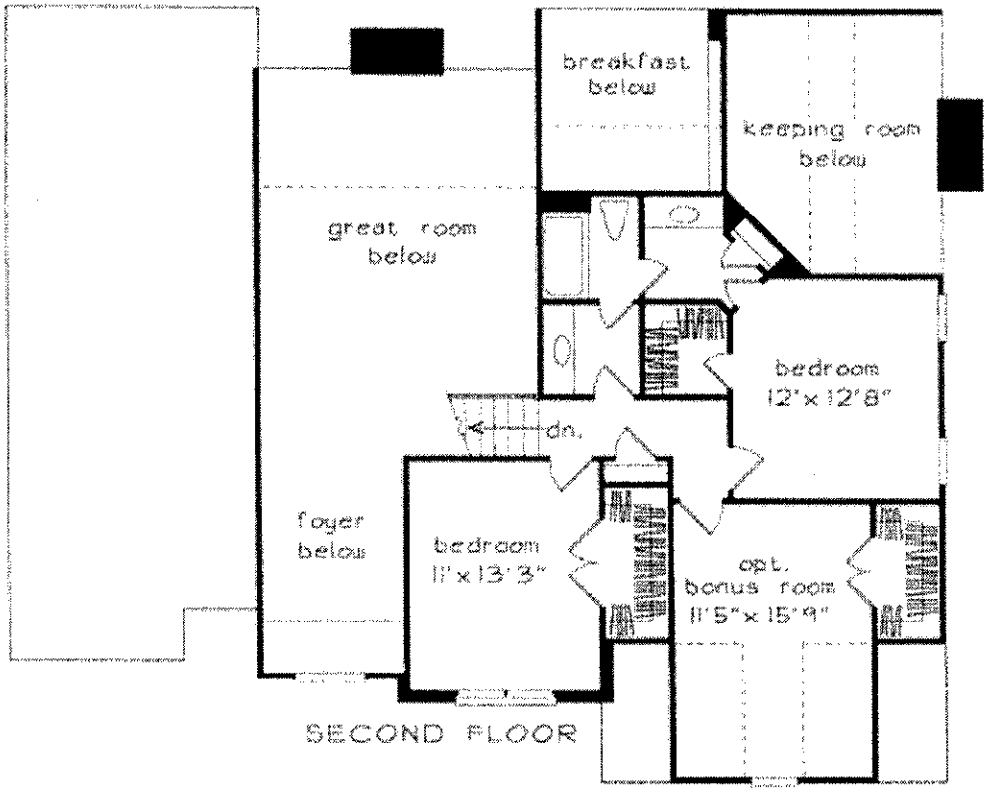
Acknowledgement Of
Plans Submittal ONLY!

W Sparkman Date 7/29/05

W S Brown Date 7/29/05

HOMEPLANS Designed for Today's Market.

CRESTWOOD PLACE - Upper Floor



Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

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 #:	117776ZO	Subdivision:	Honeysuckle Creek
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	000 Honeysuckle Creek Rd. Troutman NC 28166		
Parcel #:	4639-96-2769.40	Zoning:	RA
Lot #:	40 Size: .66	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Honeysuckle Creek, LLC	Owner:	Honeysuckle Creek, LLC
Address:	227 Hideaway Ln Mooresville NC 28117	Address:	227 Hideaway Ln Mooresville, NC 28117
Phone:	704-201-6465	Phone:	704-201-6465
Property Recorded:	No Site Plan Reviewed:	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: 21780	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 is recorded

Directions:
Perth Road South, right on second Honeysuckle loop,2nd on right

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:_____ Date: _____

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

STEPHANIE WHITLOCK Printed: 12/11/03