RECEIVED SEP 3 0 2013 PH

Paid $500.00 Statesville

Paid $100.00 PW Site Revisit Fee

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(✓) 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: CALEB HILL Address: 15506 CARRINGTON RIDGE DR. Phone: 704.302.6676

Owner Name: " Address: " Phone: "

Property Information:

Street Address: LOT 86 PONDEROSA CIRCLE

Subdivision Name: _____ Section/Phase: _____ Lot Number: 86

Driving Directions: I-77 to exit 33 WEST ON WILLIAMSON RD L - ON PONEROSA CIR - L ON PONDEROSA CIR LOT IS ON R

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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: STORAGE SHED

( ) 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 ( ) 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 ( ) Other: _____

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. industrial) 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.

Signature: C Hill

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

9.30.13

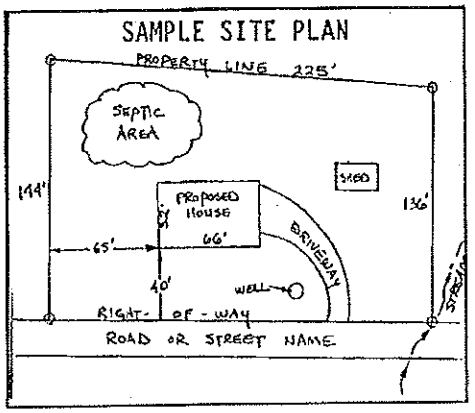
DATE

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:

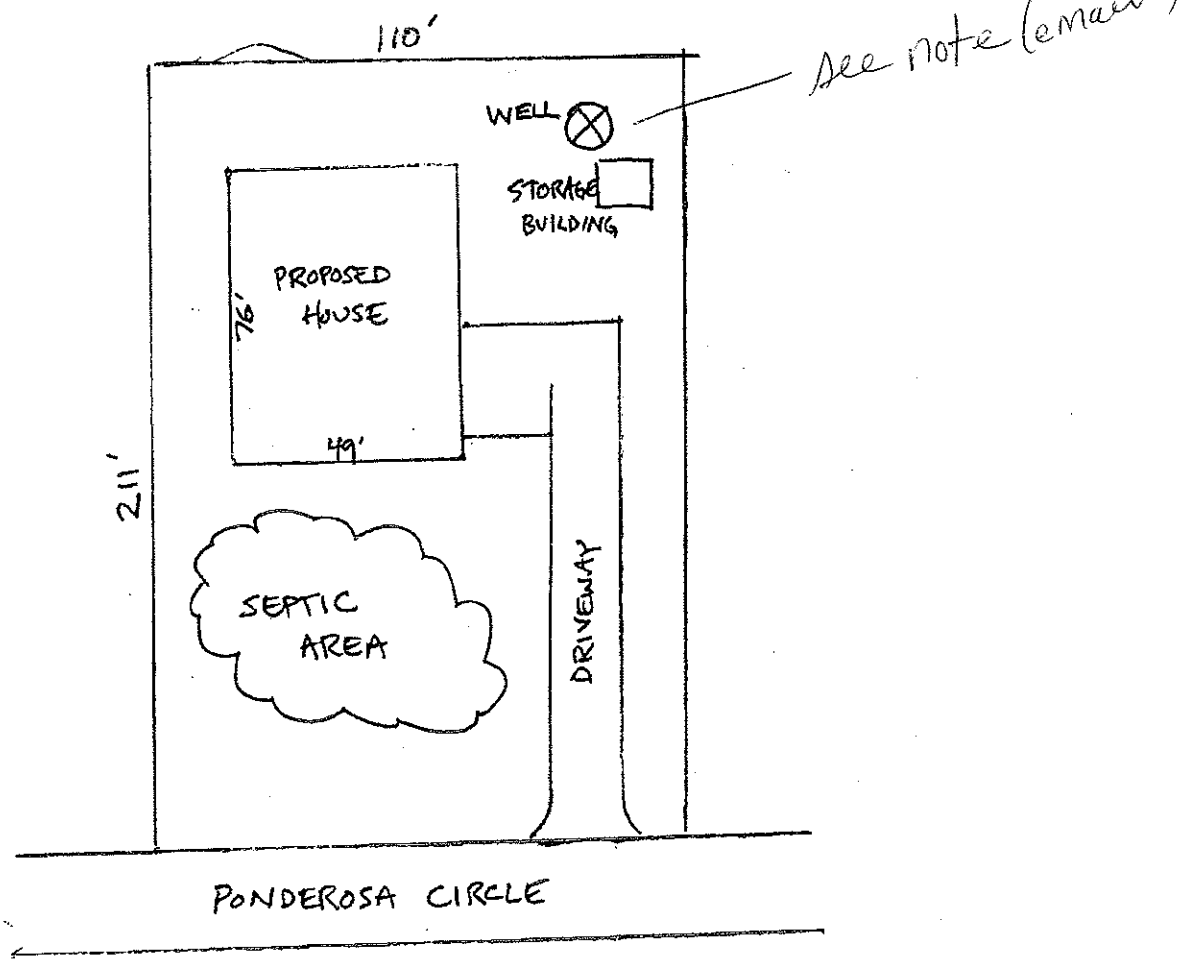
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____ 9.30.13

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

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

FILE COPY

Zoning Permit

Permit Number: 181273ZO

Master #: 181273

Associated Permits:
181273ZO Zoning

Applicant

Name: Hill, Caleb Andrew
Address: 15506 Carrington Ridge Dr.
HUNTERSVILLE, NC 28078

Phone: (704) 302-6676

Parcel

Parcel Number: 4646334133.000
Address: 000 PONDEROSA Cir.
MOORESVILLE, NC 28117
Subdivision: Lake Norman Bonanza

Zoning: R20
Township: 1700
Area: .53
Lot(s): 86

Directions to Parcel: I77 TO EXIT 33, RIGHT WILLIAMSON,2ND LEFT PONDEROSA, LEFT PONDEROSA , PROPERTY ON RIGHT

Owners

Name: MATTHEW N EMANUEL
Address:

PAID
Credit
9-30-13
DW

Contractors

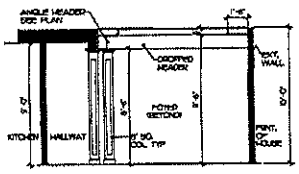
Contractor Type: Building - L
Name: Hill, Caleb Andrew
Address: 15506 Carrington Ridge Dr.
HUNTERSVILLE, NC 28078

Phone: (704) 302-6676

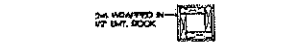
8602

Fees and Receipts:

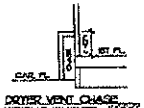
Number	Description	Amount
FEE-298158-07	Zoning - Permit Application	$75.00
FEE-298159-07	Technology Fee - Planning	$2.25
FEE-298160-07	Environmental Health - Gravity System	$500.00

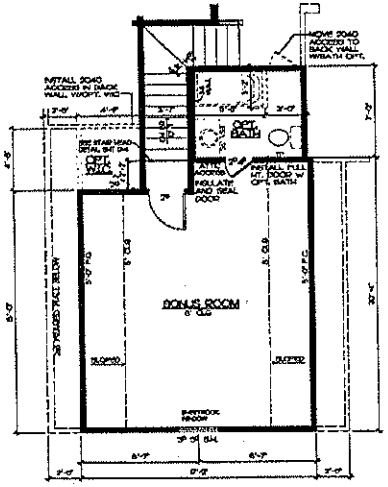


① COLUMN DETAIL AT DINING RM.



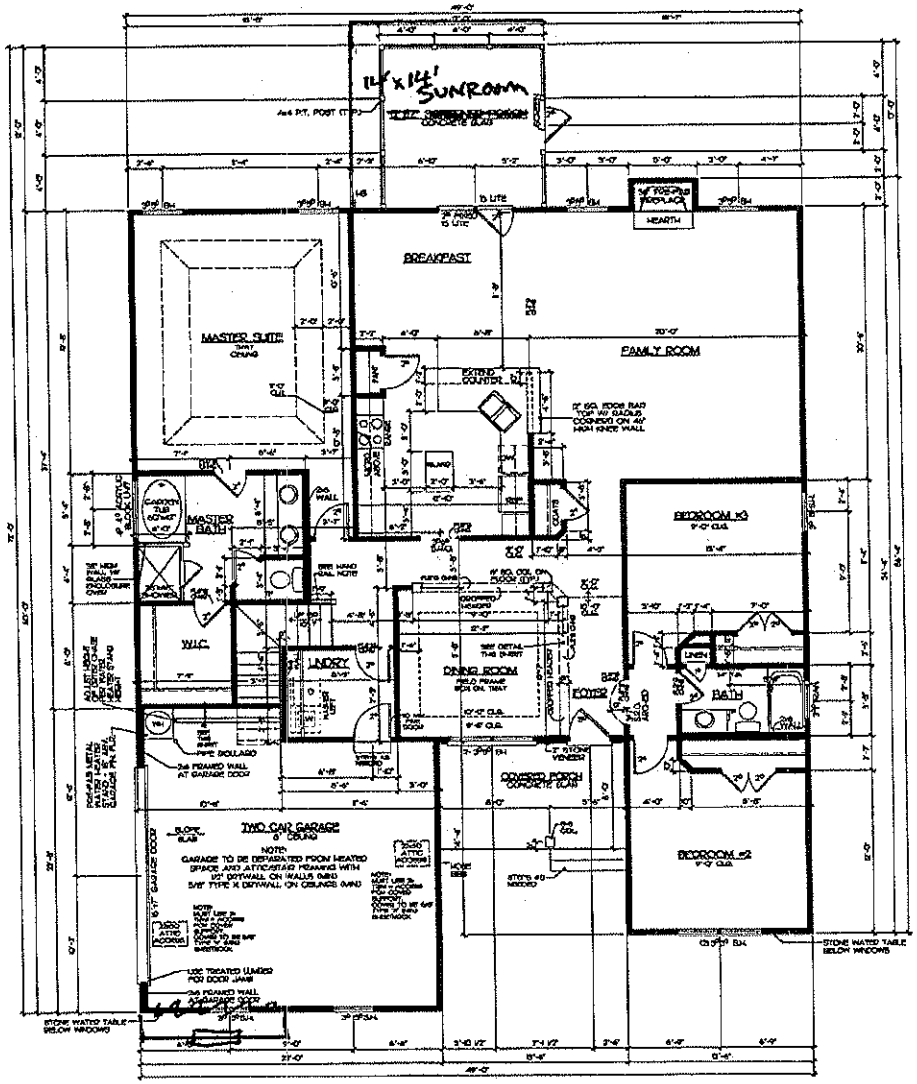
TYPICAL INTERIOR COLUMN IN PLAN





BONUS RM. PLAN

NOTES:
- WINDOW SCL TO BE SAME AS WINDOW CALL OUT
- SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
- CASED OPENING AT ALL SHOULD DOORS

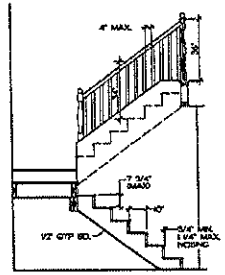


FIRST FLOOR PLAN

NOTES:
- WINDOW SCL TO BE SAME AS WINDOW CALL OUT
- SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
- CASED OPENING AT ALL SHOULD DOORS
- SEE DETAIL SHEET FOR ADDITIONAL DETAILS

SQUARE FOOTAGE
FIRST FLOOR - 2,125
SECOND FLOOR - 338
TOTAL - 2,463
OPT. BATH - 61
OPT. WIC - 25
FRONT PORCH - 108
SCREEN PORCH - 144
2 CAR GARAGE - 468

HANDRAIL NOTE



TYPICAL STAIR DETAIL

NOTE: ALL WINDOWS TO BE LOW E GLASS

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNFACED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS LOCATED LESS THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF 2012 NCRSC SECTION R613 OR R312.2.

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2012 N.C.R.C.

Drafting Design Line
Drafting No. 704-242-8929

IQ CUSTOM CONSTRUCTION
340 Edinburgh Rd NE Ste. 102 Mills, NC 704-660-5778

Project: The Shelburne
Sheet Title: FLOOR PLAN

Drawn By: J. DOONAN
Date: 09-13-10
Rev: 1-19-11, 2-21-11, 4-18-11, 5-2-11
Mod:

Job No.
Sheet: 3

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4646-33-4133
Lot #: 86
Permit #: 181273
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: CALEB HILL
Applicant: SAME
Address: PONDEROSA CIRCLE.
Date Evaluated: 11/4/2013
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: .53 AC
Location of Site: BONANZA 86
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

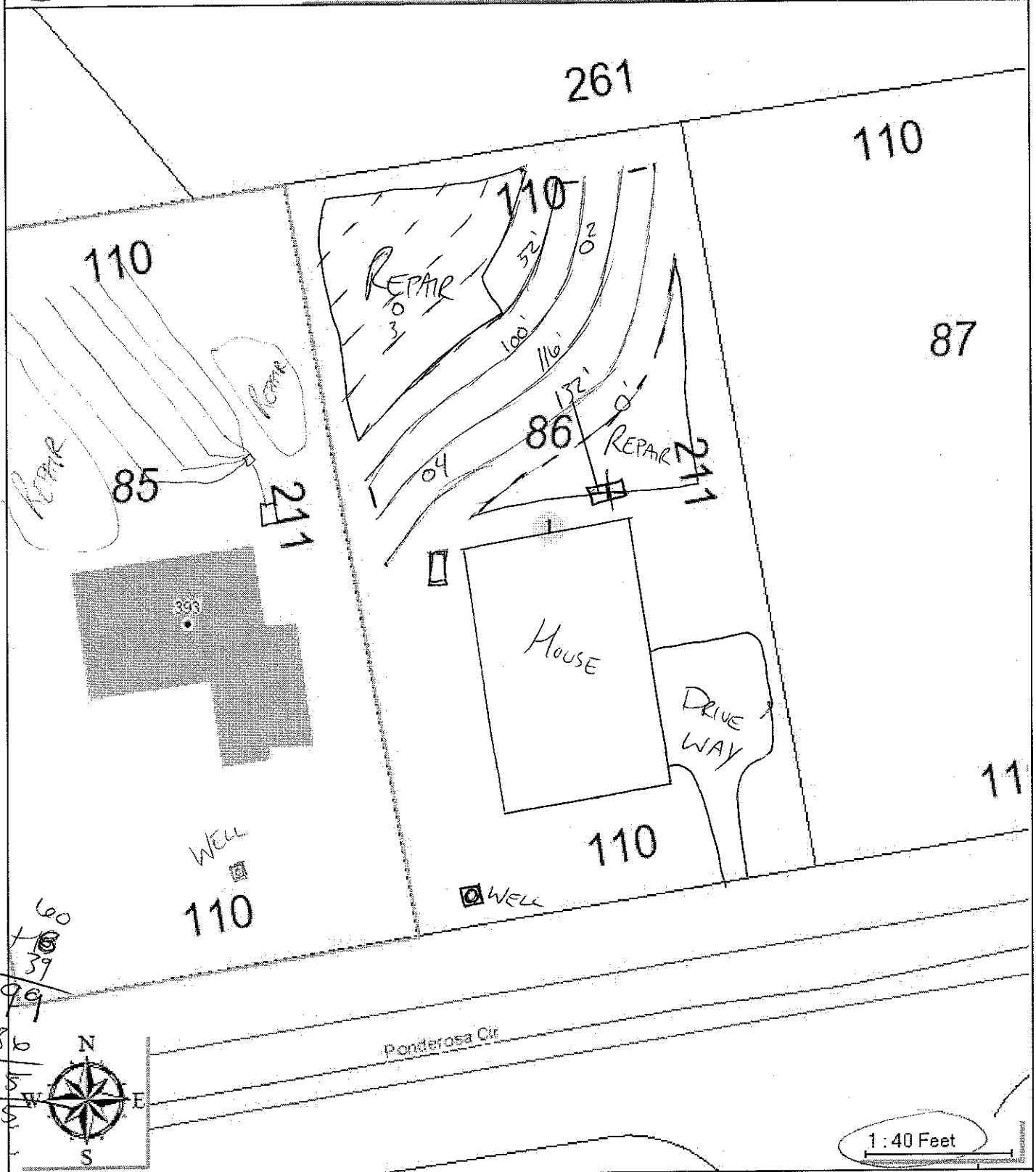
PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR <2%	0-18	SCL,W,SBK	SS	NA	48"	NA	48"+	.3
		18-48	RC,M SBK	SS					
AB 2	LINEAR <2%	0-18	SCL,W,SBK	SS	NA	48"	NA	48"+	.3
		18-48	RC,M SBK	SS					
AB 3	LINEAR <2%	0-12	SCL,W,SBK	SS	NA	48"	NA	48"+	.3
		12-48	RC,M,SBK	SS					
AB 4	LINEAR <2%	0-12	SCL,W,SBK	SS	NA	48"	NA	48"+	.3
		12-48	RC,M,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	LP PANEL BLOCK
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: NONE
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: NONE

CONNECTGIS WEB HOSTING IREDELL COUNTY NORTH CAROLINA

Iredell
Printed October 30, 2013
See Below for Disclaimer



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