Site Address: 193 Templeton Bay Dr - Misol.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 125.00 Paid 1.00 MOORESVILLE 704-664-5281

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

PERMIT# 225 Mrsvl. 135386 PIN# 4645-59-2250 ~~4646407065~~ 7175 DATE Dec 19,01

OWNER OR CONTRACTOR Dienst Enterprises Inc. / Pride Homes PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION _____

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 39/39A LOT AREA 28440 + 14400 ft² SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .025-.3 SFE 39A

Septic Tank: 1000 Gallons; STB 1012 Date 7-24-06
Pump Tank: 1000 Gallons; PT 1014 Date 4-22-06
Pump Make: Goulds Model WE2012 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450
No Lines 5@90' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - Innovative - 25% Red.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth Unk

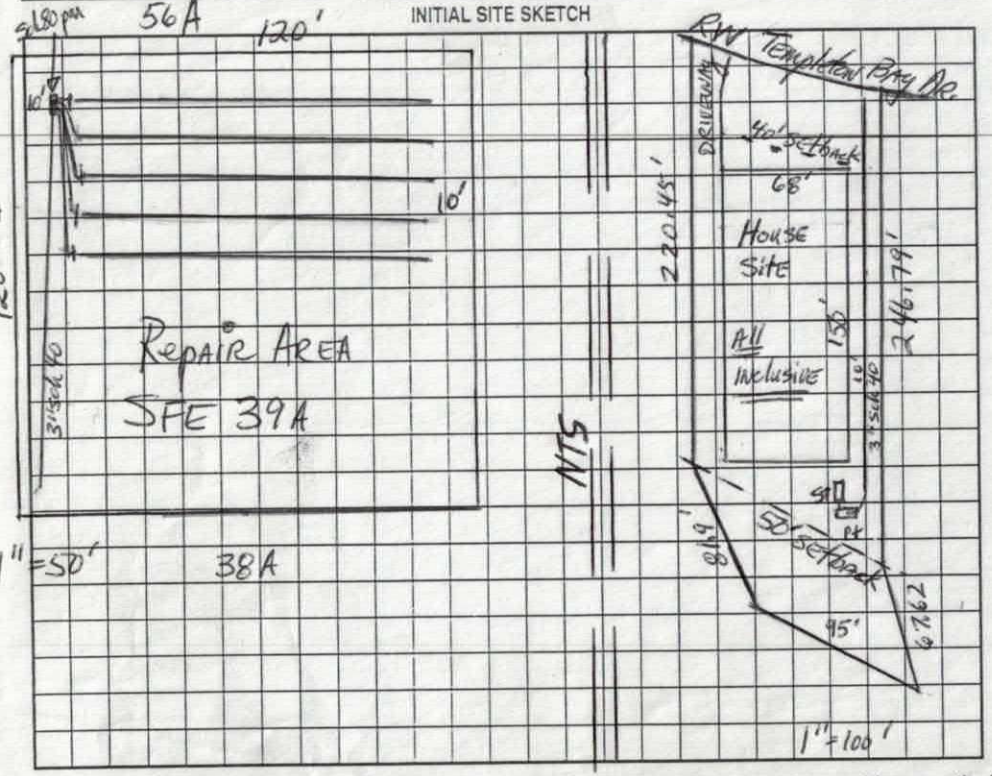
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

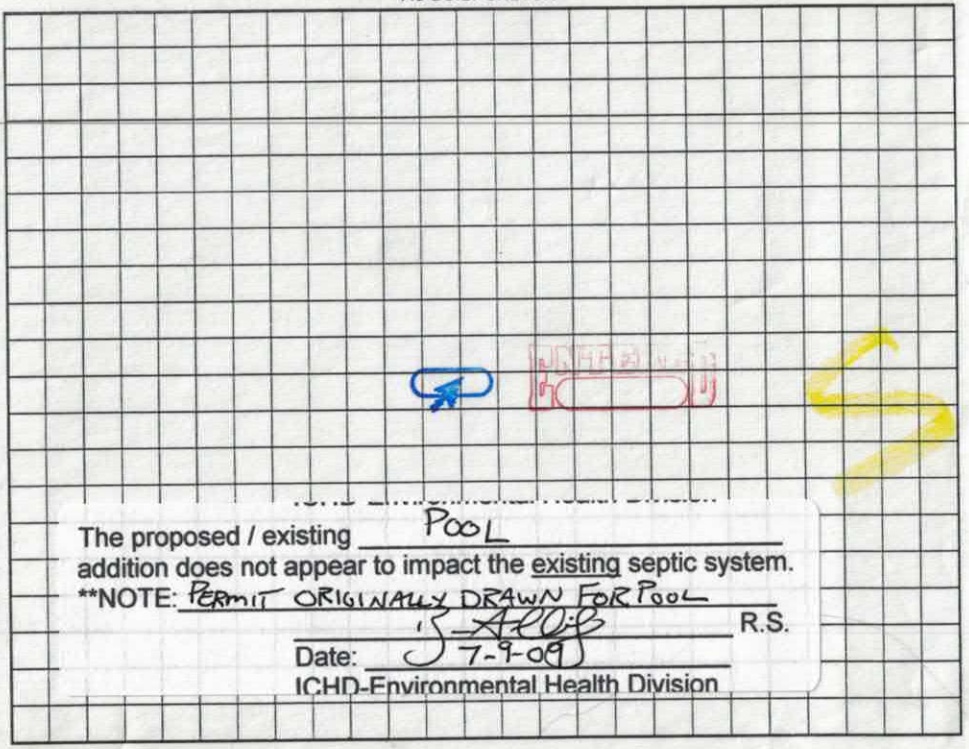
Comments:/Conditions:
Remove any old burnes in septic field easement.

Comments:/Conditions:
* Off site septic PM Lot 39A PIN #4646-50-4237

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Pool addition does not appear to impact the existing septic system.
**NOTE: Permit originally drawn for Pool
R.S.
Date: 7-9-09
ICHD-Environmental Health Division

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: Robert B. Dienst date 1/29/02
Improvement Permit by: Mark S. Hinson RS date 12-19-01
Authorization to Construct by: Wesley Sparks RS date 4/20/06

Installed by: C+S
Operation Permit by: Joseph E. Abel date 3/16/07
Existing System Inspection by: _____ date _____

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

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:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Anthony + Sylvan Pools	8334-A Arrowridge Blvd Cll NC 28273	Cell 980-322-8522	704-759-9550
Owner Name	Mailing Address	Home Phone	Work Phone
Hans Leutenegger	193 Templeton Bay Dr	Cell = 704-576-5540	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Templeton Bay	39

Driving Directions: _____

****

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

( ) 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

Pool

****

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

7/2009
DATE

DAS DON ALLEN & ASSOCIATES, P.A.

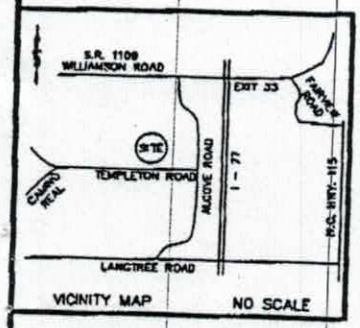
"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1595, page 1393, and/or plot book 41, page 43, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 07, day of JULY, A.D. 20

WILLIAM M. ALLEN, PLS
SEAL
L-3499
LAND SURVEYOR
WILLIAM M. ALLEN

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 05°18'43" E	31.48'
L2	S 70°33'12" W	11.99'
L3	S 70°32'37" W	11.63'



SILT FENCE WHERE GRASS STOPS AND NATURAL AREA STARTS

T2NK

H2NS

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 780' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON) ELEVATION:
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

FOUNDATION SURVEY

OF

193 TEMPLETON BAY DRIVE

LOT 39 TEMPLETON BAY

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

LEGEND

E.I.P. - EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

FIELD BOOK: