Site Address: 193 Templeton Bay Dr. Misol.

STATESVILLE 704-878-5305 / 25, 00 MOORESVILLE

IREDELL COUNTY HEALTH DEPARTMENT

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

DATE Dec 19,01

PERMIT# 225 MRSV. 135386 PIN# 4645-59-2258 4646407065 7175 PHONE: Business Home

OWNER OR CONTRACTOR Dienst Enterprises Inc. / Pride Homes

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 N/A

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

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

Water Supply: ☐ Individual ☑ Public ☑ Community

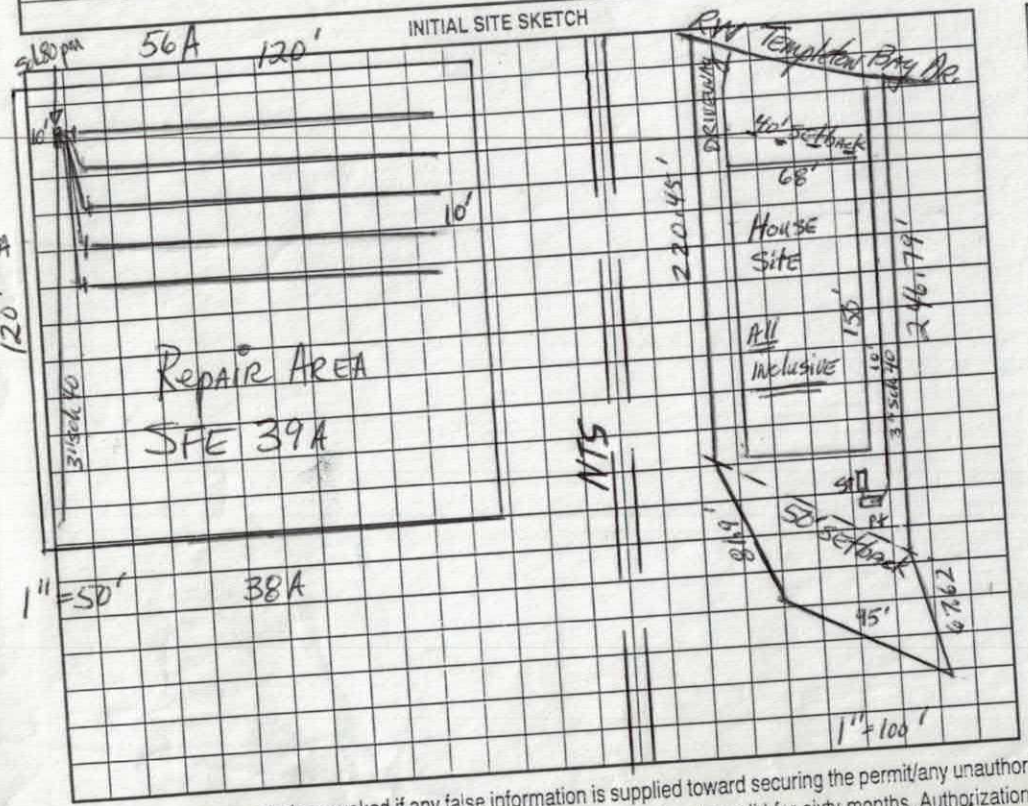
Comments:/Conditions:

Remove any old burnes in septic field easement.

Comments:/Conditions:

* Off site septic PIN 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 plan 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. Thomas LS date 12-19-01

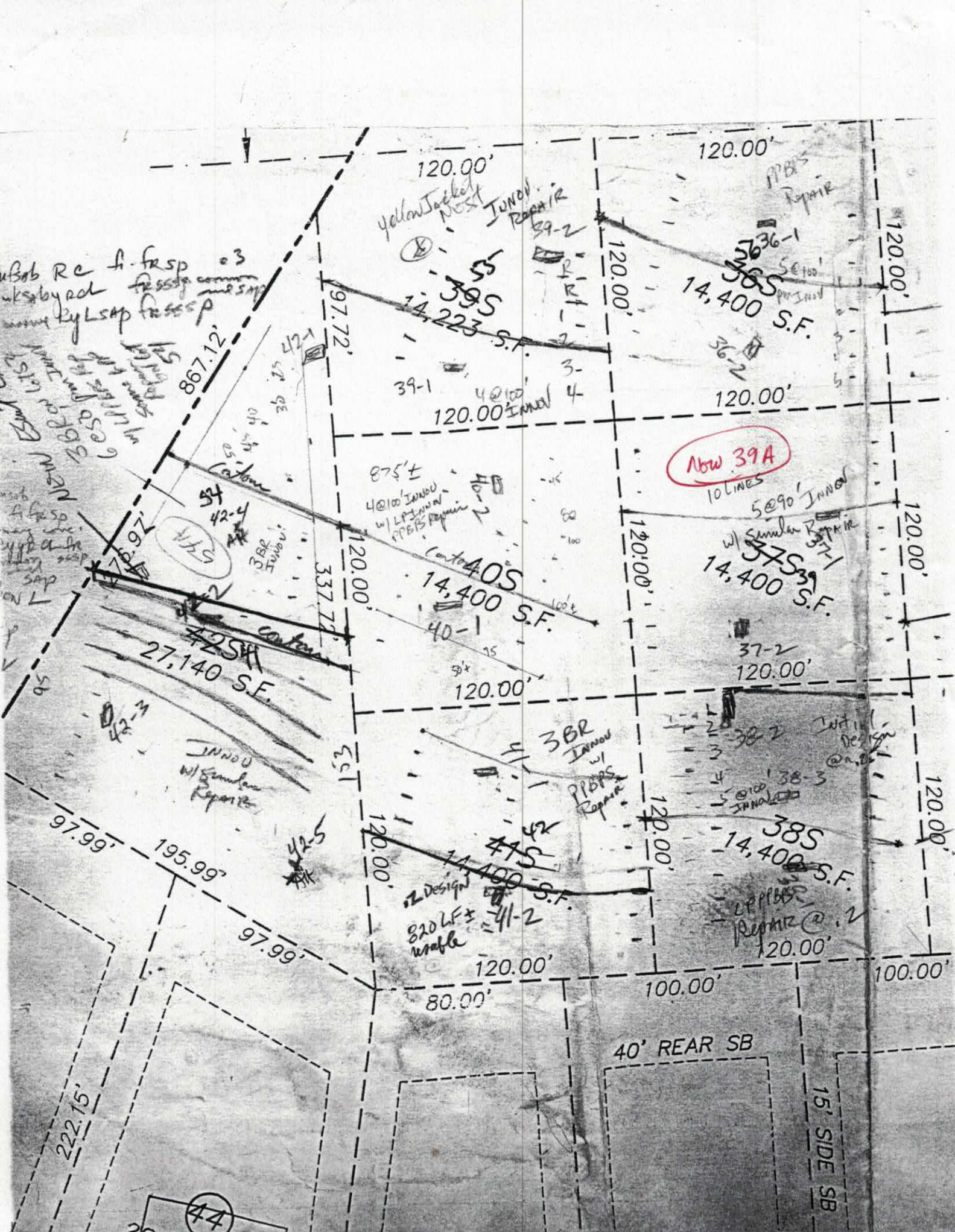
Authorization to Construct by: Wesley Sparks RS date 4/20/06

Installed by: C+S date 3/16/07

Operation Permit by: Joseph E. Allen date

Existing System Inspection by: date

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


120.00'
Yellow Jacket Nest
INNOU Repair
39-2
395
14,223 S.F.
867.12'
97.72'
39-1
4@100' INNOU
120.00'
875'±
4@100' INNOU w/ LPP INNOU PPBPS Repair
Now 39A
10 LINES
5@90' INNOU w/ Similar Repair
405
14,400 S.F.
40-1
337.77'
42SH
27,140 S.F.
42-4
42-3
INNOU w/ Similar Repair
42-5
415
14,400 S.F.
820 LF± Waffle
41-2
3BR INNOU w/ PPBPS Repair
385
14,400 S.F.
38-2
38-3
Initial Design @ 2,0
LPPPBPS Repair @ .2
97.99'
195.99'
80.00'
100.00'
40' REAR SB
15' SIDE SB
222.15'
44

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
Pride Homes Inc.	4207 Burnwood Trail	704-498-9878	
"	"	"	"
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

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

Driving Directions: Williamson rd. to Above Turn (Rt) (Rt) onto Templeton (Rt) into Templeton Bay Lot on Left.

****

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 ___

( ) 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: _____ 4-20-06
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

for ON-SITE WASTEWATER SYSTEM

ER: _____ APPLICANT: _____

RESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 9-6-01

OSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

TION OF SITE: 36-5 Templeton Farms PROPERTY RECORDED: _____

ER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

UATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

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
36-1	0-6	gr brn sL	fr sss sp					.25-.3
	6-15	gr-wksbk ebrn scl	fr sss sp					
	15-41	SAB RC gravelly	fi-fr so sxp					
	41-48	wk ab yr cl	common inf sm fi sss sp					
36-2	0-19	wfsbk RC	fr so					.3
	19-45	wksbk yr-rg cl	fr sss sp common inf sxp					
37-1 Now 39A	0-26	sbk R-yr	c/cl fr so-ss sp					.3
	26-50	m-wksbk yr-rg cl	common inf sxp fr sss p					
37-2 Now 39A	0-13	gr-wksbk brn sL/scl	fr sss p					.3
	13-38	sbk yr-r c	fr so sxp					
	38-51	m-wksbk yr cl	fi-fr sss p common inf sxp					

SCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
e Space (.1945)		
Type(s)		
AR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

DAS

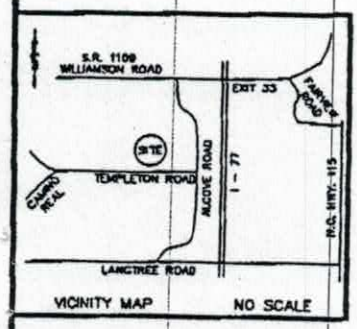
DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

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 plat 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 06

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'



LAKE NORMAN

MAGNETIC

E.I.P.

L1

S 54°28'43" W 67.41'

E.I.P.

N 07°48'31" E 63.51'

E.I.P.

N 46°14'22" E 81.61'

E.I.P.

SILT FENCE WHERE GRASS STOPS AND NATURAL AREA STARTS

WALL

246.79'

T2MK

LOT 39
0.65 AC.

221.20'

LOT 38
STEVEN L. HARWELL
1404/2142

LOT 40
JOHN M. FREESE
RONDA K. FREESE
1430/492

(BASE BEARING) S 70°32'37" W

N 70°32'39" E

FOUNDATION

15.3' 3.3' 3.5' 15.2' 24.3' 29.5'
38.8'
15.6' 4.2' 7.0' 10.4' 1.5' 12.6' 54.3'
16.0'
12.8' 1.5' 9.0' 29.5'

41.0'

0' 25' 50' 100'
SCALE IN FEET

R/W

(TIE) L3

I.P.S.

E.I.P.

R=675.00' L=103.48'
S 04°43'34" E 103.38'

(TIE) L2

I.P.S.

E.I.P.

R/W

TEMPLETON BAY DRIVE
(50' PUBLIC R/W)

R/W

R/W

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.

SCALE 1" = 50'

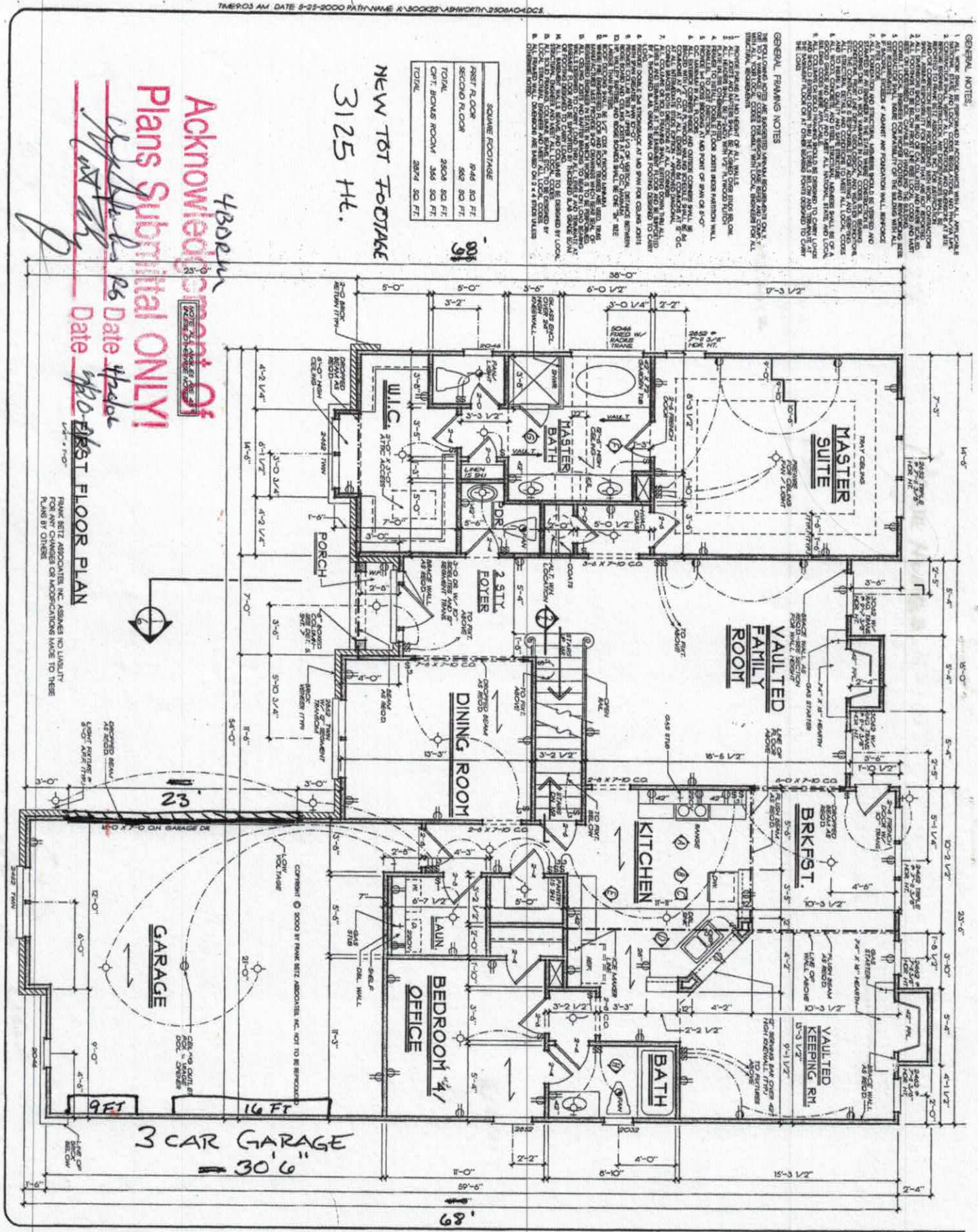
FOUNDATION SURVEY

OF
193 TEMPLETON BAY DRIVE
LOT 39 TEMPLETON BAY
DAVIDSON TWSP. (REDELL 22) N.C.

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

FIELD BOOK:

TIME 9:03 AM DATE 5-25-2000 PATH NAME K:\3000\22\ASHWORTH\2508A04.DGS



SHEET 4 OF 7

DATE 05-23-00

BY FLD CK MKB

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0006
www.frankbetz.com

FIRST FLOOR PLAN
THE ASHWORTH

HOMEPLANS

DATE	REV	DATE	REV

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TIME:7:44 AM DATE: 5-23-2000 PATHNAME: X:\BOOK22\ASHWORTH\2508ADS.DC5

SHEET 5 OF 7

DATE 05-23-00

BY FLD CK HMS

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0868
www.frankbetz.com

SECOND FLOOR PLAN
THE ASHWORTH

HOMEPLANS

DATE	REV	DATE	REV

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Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281

Number 225 ☐ Improvements Permi ☐ Zoning Permit ☐ Subdivision Approval ☐ Other

Proposed Use: Well and Septic

Location: Templeton Farms Drive

Tax PIN: 4645-59-2250 Township: Davidson Jurisdiction: Inside Zoning: R20

Subdivision: Templeton Farms Lot: 39 Size: 29,863 Flood Plain: No Watershed: WSIV CRIT

Contractor: Owner: Dienst Enterprises

Address: 125 Easton Drive Mooresville Phone: (704) 309-0123

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Tony Lee — Signature of Owner or Authorized Agent

2-15-01 — Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area	20000	Lot Width	100	Front Yard Depth	40	Side Yard Depth	15
				Rear Yard Depth	40	Corner Yard Depth	25

LAND USE INDICATED [☐ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT

Remarks: Is NOT on city water and sewer

Holding Permits? no

Tree Board Review? no

Reason:

Has Property Been Recorded? no

Erosion Plan Required? no

Directions: Off Alcove Road

ZONING ADMINISTRATOR DIVISION

Approved By: Steve Mann

Date: 2/14/01

IREDELL COUNTY HEALTH DEPARTMENT

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   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
Anthony + Sylvan Pools	8334-A-Arrowridge Blvd Clt 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?

****

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9. Signature: _____ 7/2009
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE