IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20926

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

PIN # 4654-86-7950 #221926

APPLICANT: LAWRENCE SCHIMEL APPLICANT ADDRESS: 171 CANTERBURY R. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-895-1662 ALT. PHONE:

SITE DIRECTIONS: 115 S, TL PRESBYTERIAN, TR BUCKINGHAM, TR CANTERBURY, ON L

SUBDIVISION: DAVIDSON DOWNES SECTION: LOT # 95 LOT AREA: .995 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2650' Linear Ft: 100'

Trench Width 24" Max. Trench Bottom Depth 36" MAX Gravel Depth

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI

System Description: PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

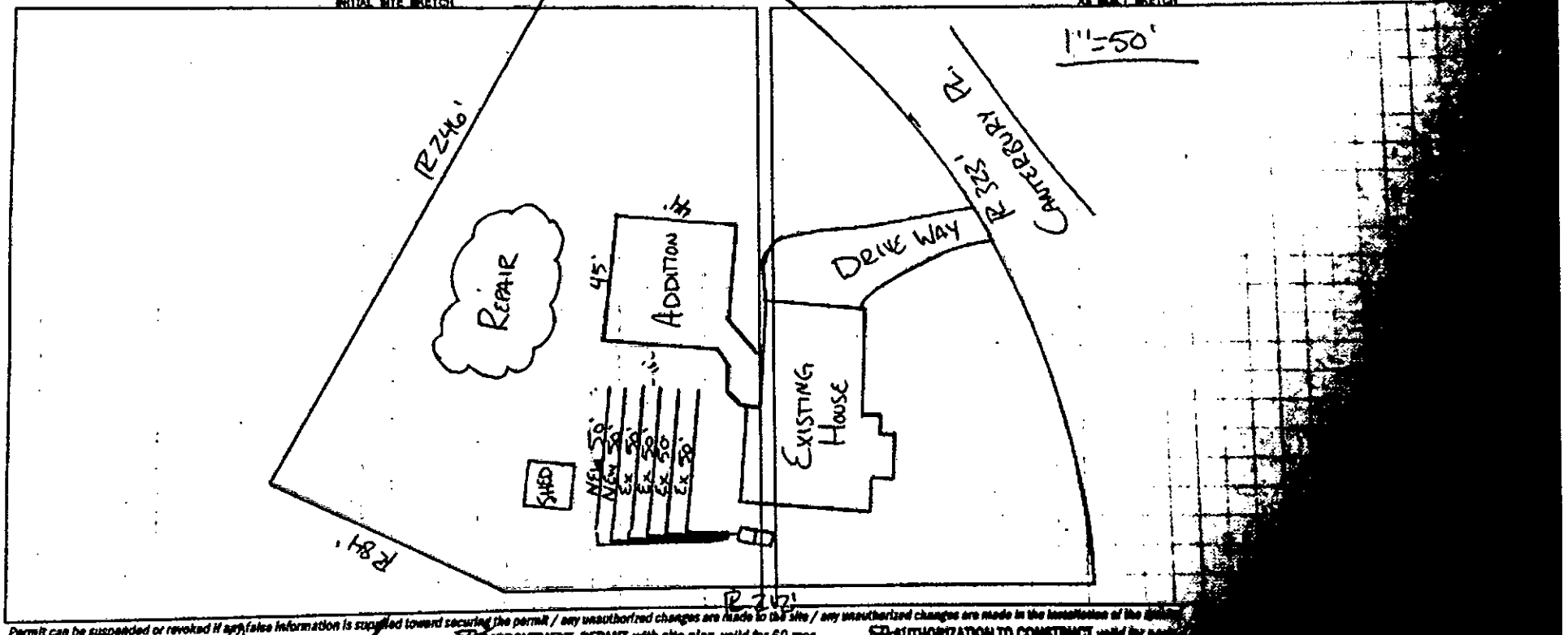
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

DRAIN LINES MUST BE 15' FROM BASEMENT OR FOUNDATION DRAIN

INITIAL SITE SKETCH

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 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for

Owner / Applicant Signature: Patricia Schimel Date: 4-5-17 Installed by: Gunter

IMPROVEMENT PERMIT by: BAllen Date: 4-4-17 OPERATION PERMIT by:

AUTHORIZATION TO CONSTRUCT by: BAllen Date: 4-4-17 Existing System Inspected by:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED SEP 20 2016 OK

Paid $500.00 Expansion #221926

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) 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: LAWRENCE F SCHIMEL / PATRICIA S SCHIMEL Address: 171 CANTERBURY PLACE, MOORESVILLE 28115 Phone: 704 895 1662

Owner Name: SAME Address: SAME Phone: SAME

Property Information:

Street Address: 171 CANTERBURY PLACE ROAD

Subdivision Name: DAVIDSON DOWNES Section/Phase: _____ Lot Number: 94/95

Driving Directions: HWY 115 SOUTH TO LEFT ON PRESBYTERIAN RD. RIGHT ON BUCKINGHAM, RIGHT ON CANTERBURY

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 PER OWNER
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(✓) Basement without Plumbing UNFINISHED SMALL TOOL-WORK ROOM OUTSIDE ACCESS ONLY

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

SEE NEW FP BA

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: 1997

( ) 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: Lawrence F. Schimel / Patricia S. Schimel 9-20-16

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

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
221926
Issue Date: 09/20/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654866990.000	171 CANTERBURY PLACE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOBBS RAYMOND E+MARGARET	Applicant: SCHIMEL, LAWRENCE F.
Address: 171 CANTERBURY PLACE RD MOORESVILLE, NC 28115	Address: 171 CANTERBURY PLACE RD MOORESVILLE, NC 28115
Phone:	Phone: 704-895-1662

Use Requested	Zone Code
1200 TO 1500 SQ. FT ADDTN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	80987	TOTAL FEES:	$ 77.25

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4654-85-7480
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: LAWRENCE SCHUMEL — APPLICATION DATE: 9-20-14
ADDRESS: 171 CANTERBURY DR. — DATE EVALUATED: _____
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 1AC
LOCATION OF SITE: SAME — PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other COMMUNITY
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	L 4%	0-37	RC,M,SBK	SS	—	48"	—	48"+	.3
		37-48	RCL,M,SBK	SS					
2	L 4%	0-9	SCL,W,SBK	SS	—	48"	—	48"+	.3
		9-36	RC,M,SBK	SS					
		36-48	RCL,W,SBK	SS					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PANEL	PANEL
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: RA
OTHER(S) PRESENT: NONE

COMMENTS: _____

PIN# 4654-97-1268

IREDELL COUNTY HEALTH DEPARTMENT

Coast Auth STATESVILLE 704-878-5305 MOORESVILLE 704-6[illegible]61

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067960 DATE July 11, '97 TAX MAP NO. 4654866990 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Raymond E. Hobbs PHONE: Business _____ Home _____

ADDRESS 226 Buckingham Pl. Rd. Mooresville

LOCATION 1155 - Ty Presbyterian TR Sink Farm TL Downing TR Canterbury ~3rd on left

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 95 LOT AREA ~20,080ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 745 Date 3/2/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 400 Linear Feet 200

No. Lines 4@50 Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity panel block

Repair System Description: ~~gravity~~ pumped panel/chamber

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

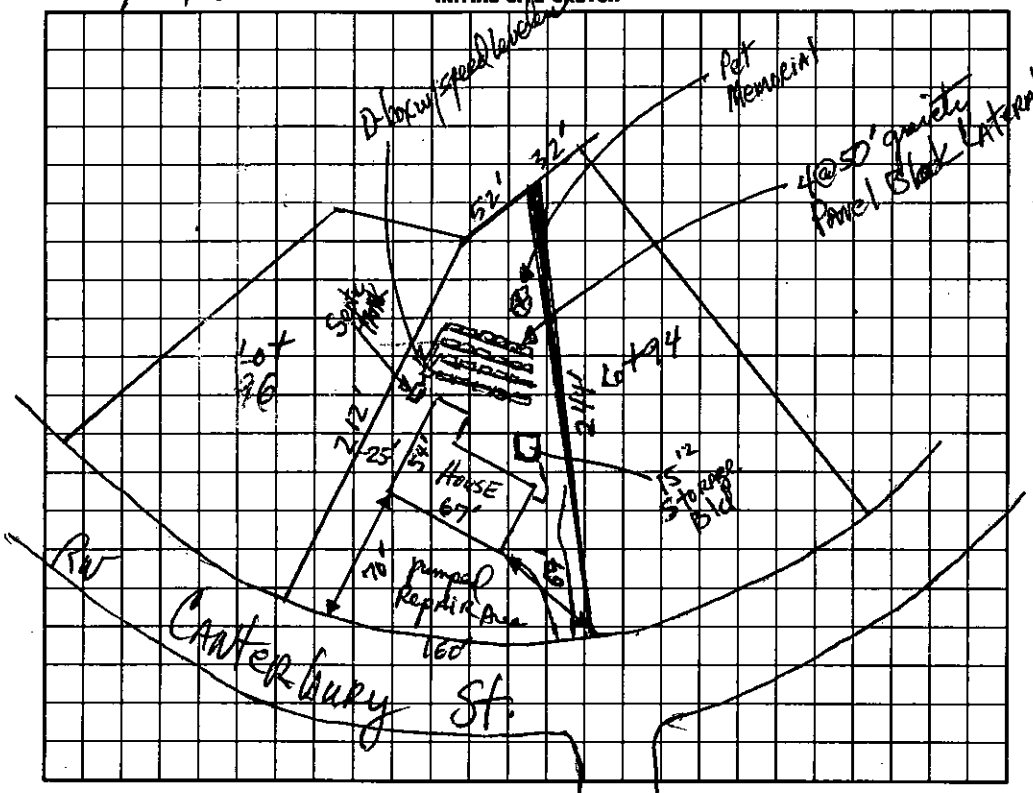
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

1"=100'



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Margaret D. Hobbs

Improvement Permit by: D. R. Thomas, RS date 7-11-97

~~Existing System~~ Construction Authorization by: D. R. Thomas, RS date 7-11-97

Installed by: DENVER PLUMBING

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 5/6/98

~~HEALTH~~ DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

TE WASTEWATER SECTION

COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Raymond Hobbs APPLICANT:

ADDRESS: APPLICATION DATE: DATE EVALUATED: 7-11-

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

LOCATION OF SITE: lot 95 Pinelow Downs PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON 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.	PROF CLASS & LT.
1	L ~5%	0-48	SaLBR c/cL	fi sp SS-SpSS					PS #37
2	L ~5%	0-48	SaLBR c/cL Common mica	fi Si - SD-SSP flakes					PS #34
3									
4									

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

Acknowledgement Of
Plans Submittal ONLY!
Date 4417
Date 7-5-17

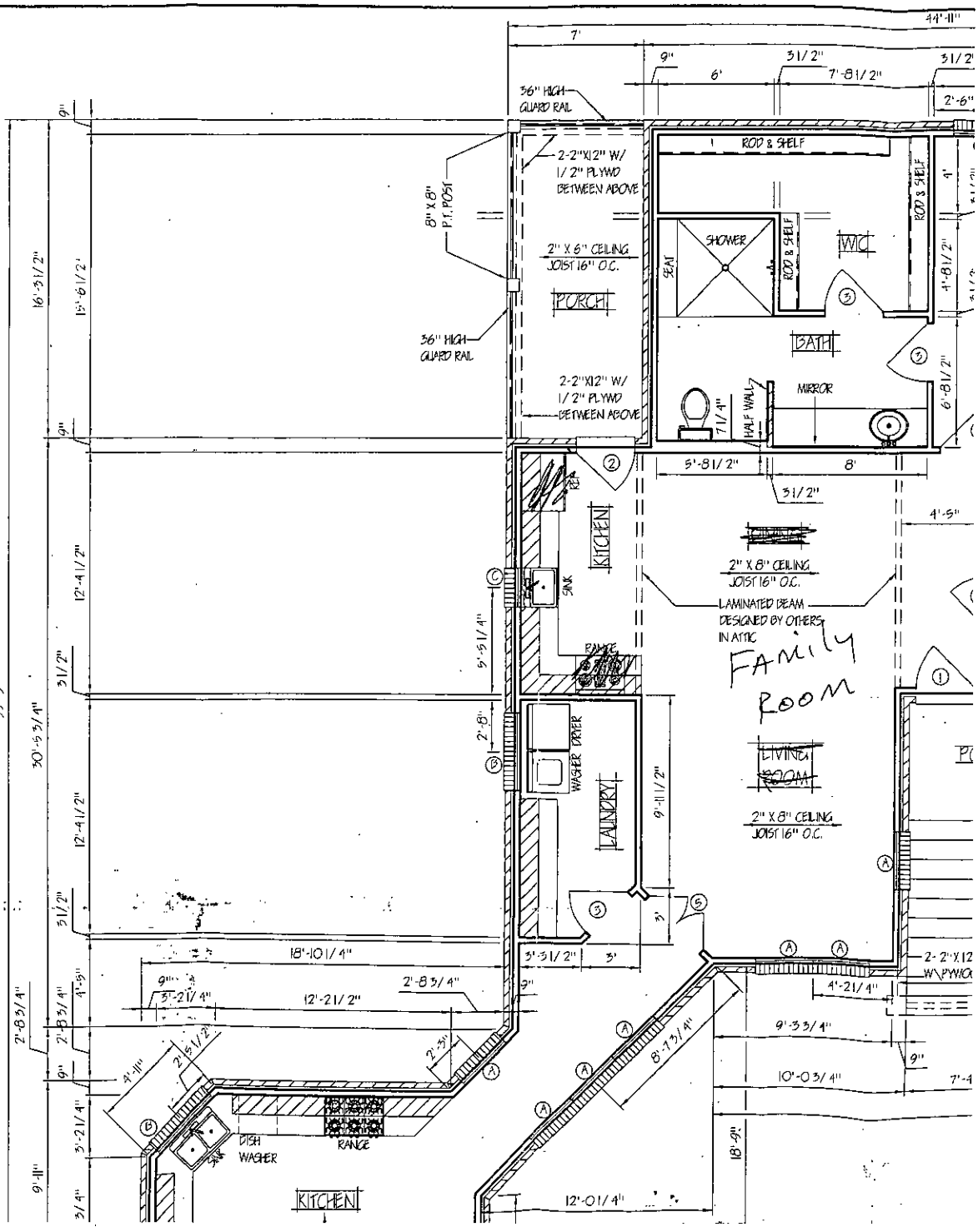
FIBERGLASS SHINGLES OVER 1 PLY 30# FELT OVER
5B BOARD OR AS SET FORTH IN IDC SECTION R904 AND R905
ERS OF EXTERIOR WINDOWS AND DOORS, PENETRATIONS
EXTERIOR WALLS, AND JOINTS OF ABUTTING
AR MATERIALS SHOULD BE SEALED WITH AN
LASTIC CAULK PER ASTMC-962.
RIOR FACES OF WALLS AND CEILINGS SHALL BE
D WITH 1/2" PLAIN GYPSUM BOARD INSTALLED WITH 1"
RYWALL SCREWS HAVING EXTERNAL AND INTERNAL
BEADS.
NTS SHOULD BE TAPED AND 3 COATS OF SPACKLE

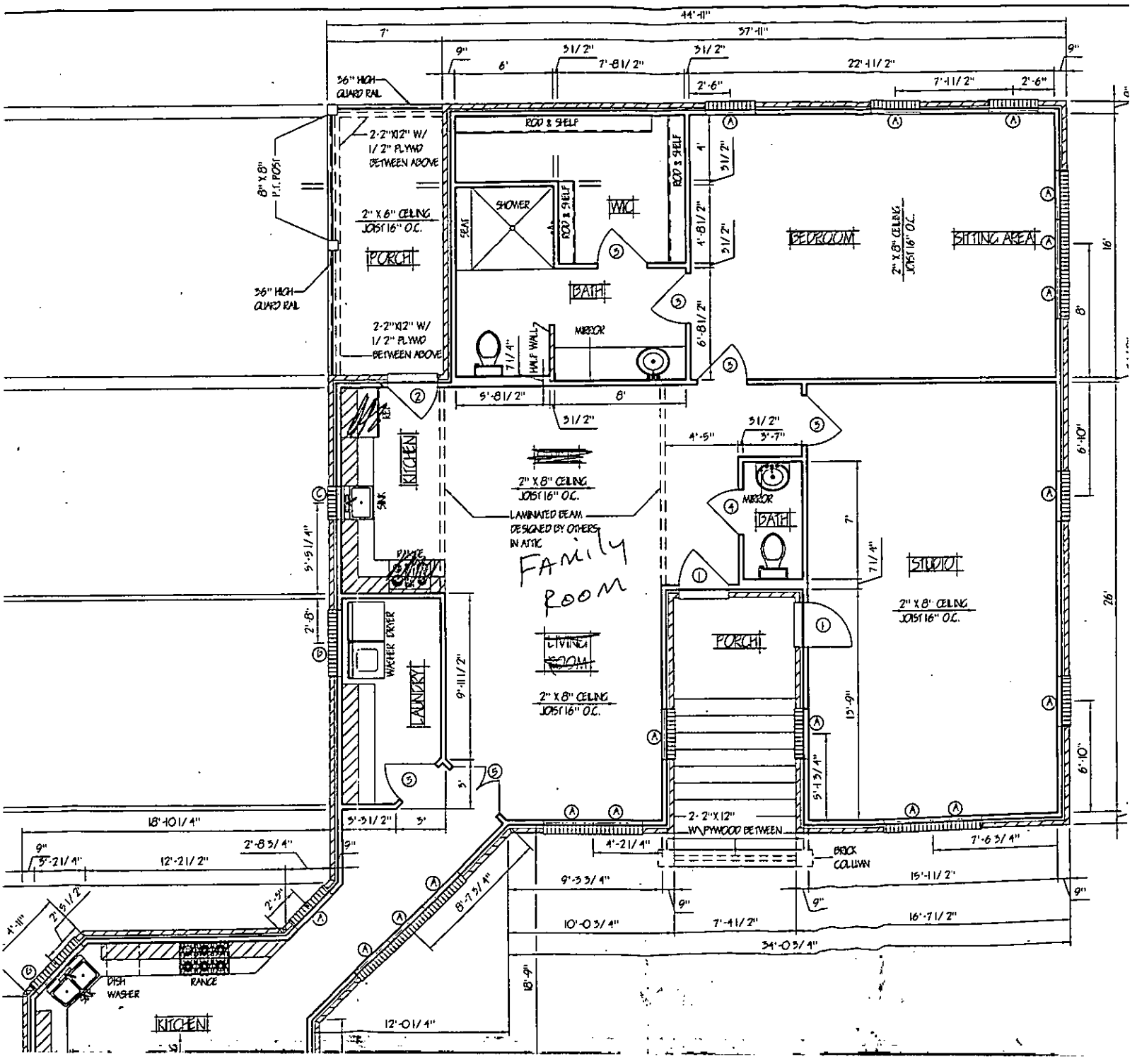
RANGE PEEL FINISH

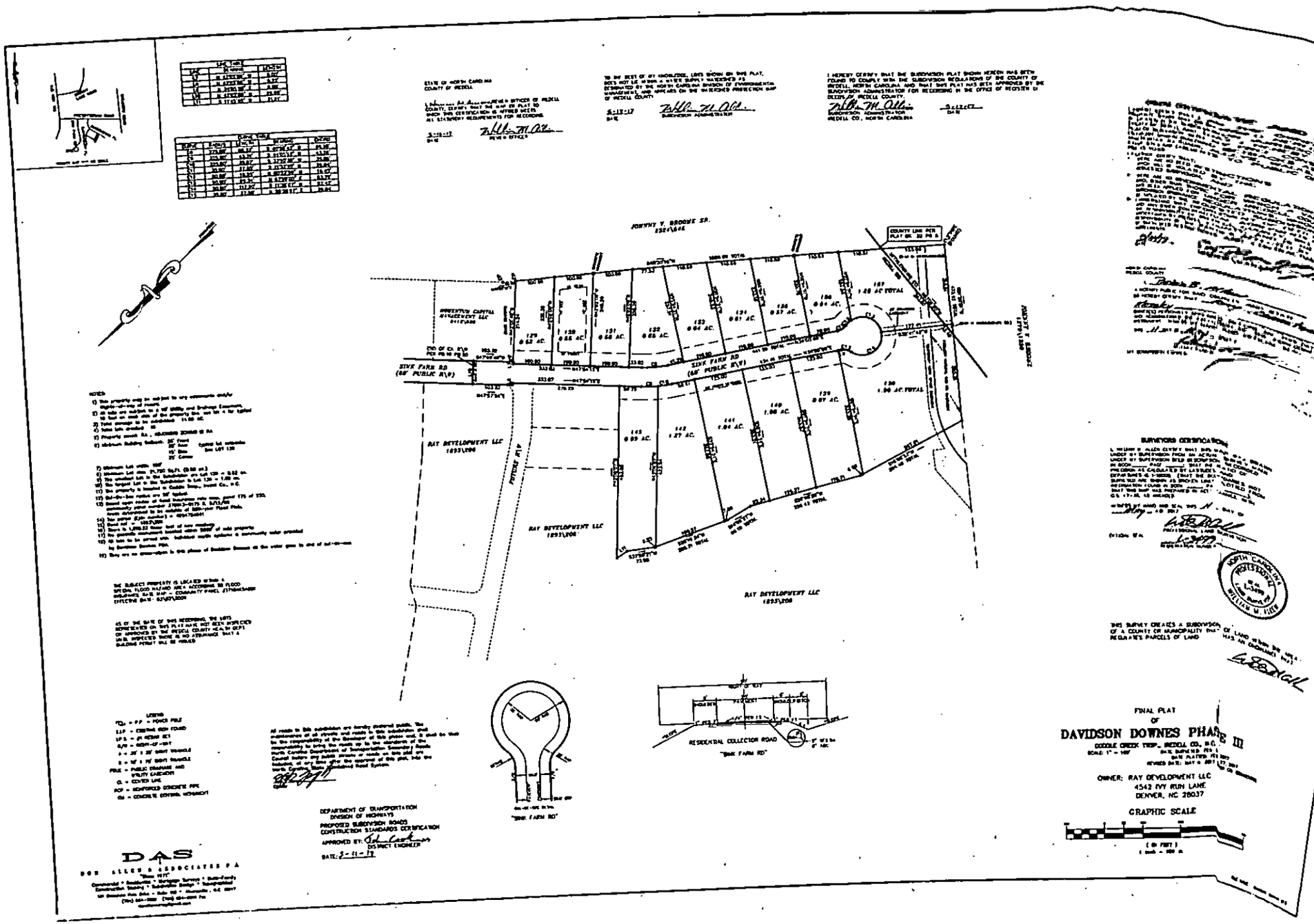
NOTES:
CTRICAL EQUIPMENT, DEVICES, FIXTURES, AND WIRES
E INSTALLED PER MANUFACTURER'S SPECIFICATION
E ALL STATE, LOCAL, AND ALL OTHER APPLICABLE
AL CODES.
CTRICAL WORKMANSHIP SHALL COMPLY TO ALL STATE,
AND ALL OTHER APPLICABLE ELECTRICAL CODES.
EPING AREAS ARE TO BE PROTECTED WITH SMOKE
RS. THESE SMOKE DETECTORS WILL BE WIRED TO 110
USE CURRENT AND MEET THE DESIGN CRITERIA BY UL
268. THEY WILL BE INSTALLED NO FURTHER THAN
' FROM ANY SLEEPING AREA, AND NO CLOSER THAN 6"
E WALL OR CEILING DEPENDING UPON WHERE THEY ARE
D.
AL OUTLETS SHALL BE LOCATED WITHIN A REASONABLE
E OF WHERE SHOWN ON PLANS.
HEATING AND AIR CONDITIONERS SHALL BE DESIGNED BY
CAL CONTRACTOR WITH A PERFORMANCE WARRANTY
ON AND TELEPHONE OUTLETS SHALL BE LOCATED AT OWNERS

LETS TO APPLIANCES OPTIONAL TO OWNER
CTRICAL LIGHTING FIXTURES, RECEPTACLE OUTLETS AND SMOKE
ORS SHALL BE ARC FAULT PROTECTED. RECEPTACLES IN
LAUNDRY, BATHS, GARAGE AND EXTERIOR SHALL BE GROUND
ROTECTED.
ROSTATS ARE TO BE CENTRALLY LOCATED TO THEIR
CONTROL.
R ELECTRICAL SERVICE SHALL BE DETERMINED
BY ELECTRICAL CONTRACTOR AND OR
AL POWER COMPANY
DLER CONDENSATE LINES SHALL HAVE CLEANOUT PORTS
ABLE AT EACH UNIT
E WALK REQUIRED FROM ATTIC ACCESS TO MECHANICAL
AND WATER HEATER WITH
BLE LIGHT AND 110 VOLT OUTLET AT SYSTEM IN ATTIC

2 THERMAL PROTECTION
LATION SHALL BE AS FOLLOWS:
FOR ALL 6" EXTERIOR WALLS
FOR ALL 4" EXTERIOR WALLS
FOR ATTIC AND FLOOR
ETROCK AROUND TUBS AND SHOWERS SHALL BE
OOF.
ORATING, INCLUDING PAINT AND WALLPAPER, TO BE
D AND LOCATED PER OWNER. MINIMUM OF FOUR
COLORS PLUS TRIM




44'-11"
37'-11"
7'
9"
6'
3 1/2"
7'-8 1/2"
3 1/2"
22'-11 1/2"
2'-6"
7'-11 1/2"
2'-6"
36" HIGH GUARD RAIL
2-2"X12" W/ 1/2" PLYWD BETWEEN ABOVE
8" X 8" P.T. POST
2" X 6" CEILING JOIST 16" O.C.
PORCH
36" HIGH GUARD RAIL
2-2"X12" W/ 1/2" PLYWD BETWEEN ABOVE
ROD & SHELF
SHOWER
SEAT
ROD & SHELF
WIC
ROD & SHELF
4'
3 1/2"
4'-8 1/2"
3 1/2"
BATH
MIRROR
7 1/4"
HALF WALL
6'-8 1/2"
BEDROOM
2" X 8" CEILING JOIST 16" O.C.
SITTING AREA
16'
8'
5'-8 1/2"
8'
3 1/2"
4'-5"
3 1/2"
3'-7"
6'-10"
KITCHEN
SINK
2" X 8" CEILING JOIST 16" O.C.
LAMINATED BEAM DESIGNED BY OTHERS IN ATTIC
FAMILY ROOM
MIRROR
BATH
7'
7 1/4"
STUDIO
5'-5 1/4"
2'-8"
WASHER DRYER
LAUNDRY
9'-11 1/2"
LIVING ROOM
2" X 8" CEILING JOIST 16" O.C.
PORCH
2" X 8" CEILING JOIST 16" O.C.
26'
12'-9"
6'-10"
5'-1 3/4"
5'
5'
18'-10 1/4"
5'-3 1/2"
5'
2- 2"X12" W/PLYWOOD BETWEEN
4'-2 1/4"
BRICK COLUMN
7'-6 3/4"
9"
5'-2 1/4"
12'-2 1/2"
2'-8 3/4"
9"
9'-3 3/4"
9"
15'-11 1/2"
9"
4'-11"
2 1/2"
2'-5"
8'-7 3/4"
10'-0 3/4"
7'-4 1/2"
16'-7 1/2"
34'-0 3/4"
DISH WASHER
RANGE
KITCHEN
12'-0 1/4"
18'-9"


JOHNNY T. BROOKS SR.
IMPRESSION CAPITAL HOLDINGS LLC
SINK FARM RD
(66' PUBLIC R/W)
RAY DEVELOPMENT LLC
1893\098
PATENT R/W
RAY DEVELOPMENT LLC
1893\098
RAY DEVELOPMENT LLC
1893\098
RESIDENTIAL COLLECTOR ROAD
"SINK FARM RD"
"SINK FARM RD"
FINAL PLAT
OF
DAVIDSON DOWNES PHASE III
OWNER: RAY DEVELOPMENT LLC
4542 IVY RUN LANE
DENVER, NC 28037
GRAPHIC SCALE
DAS

65-2

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221926

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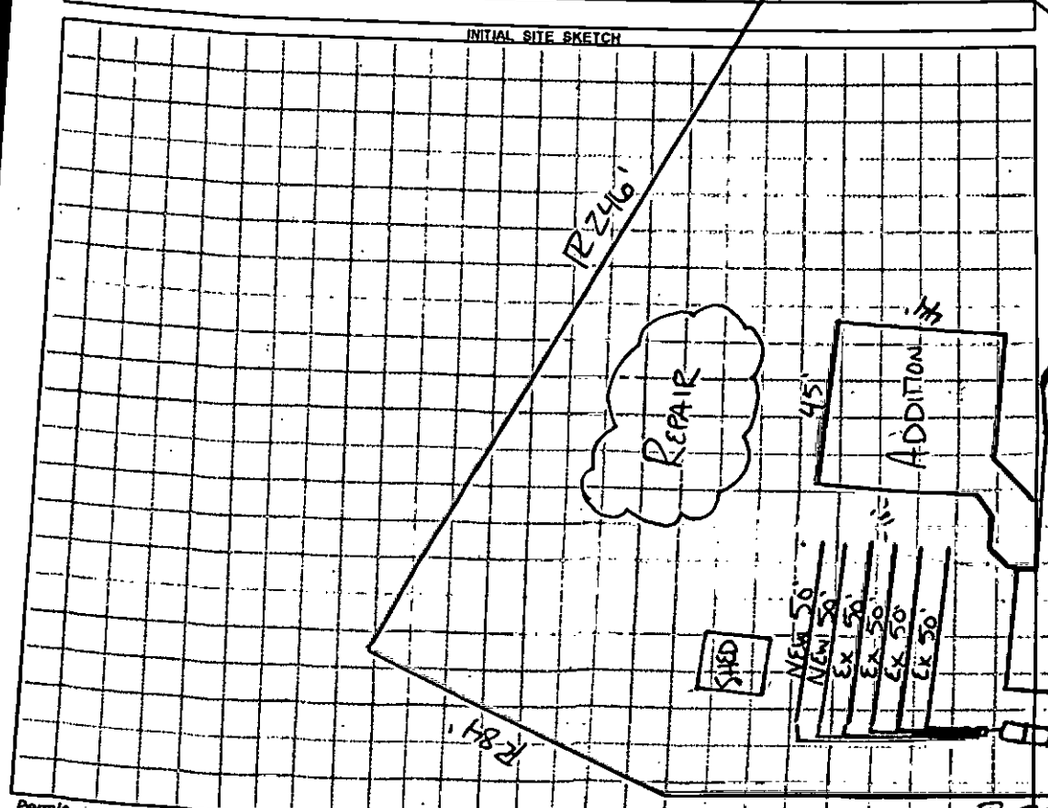
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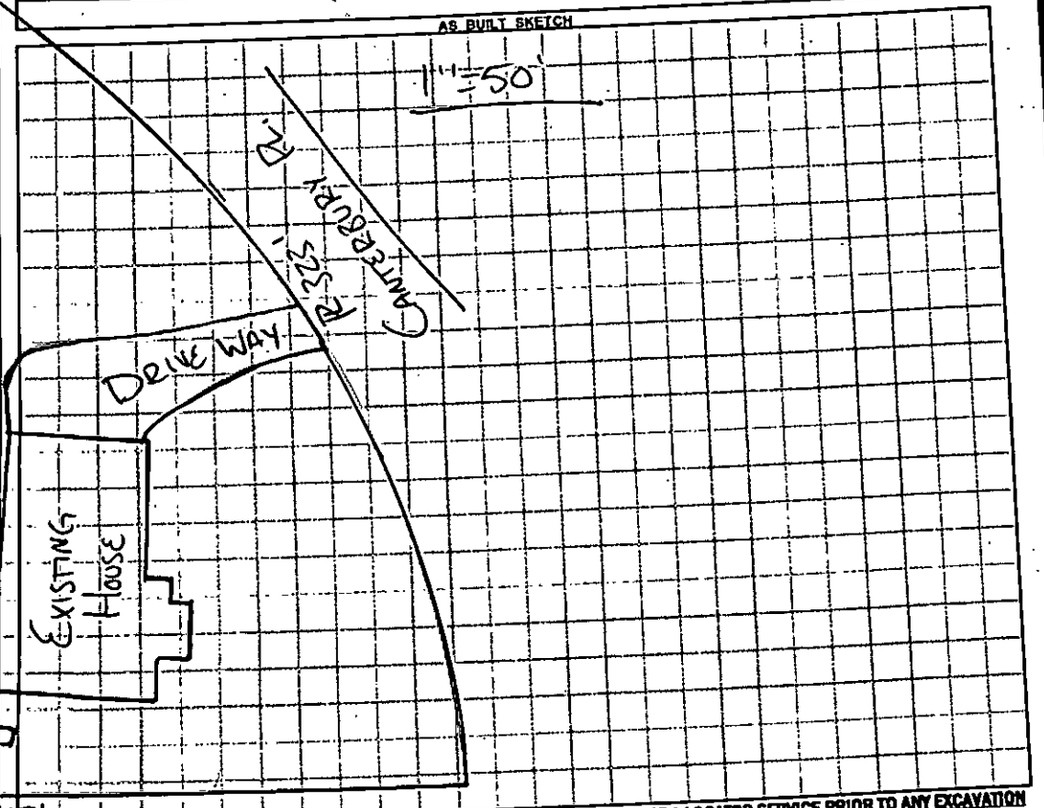
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DRAW LINES MUST BE 15' FROM BASEMENT OR FOUNDATION DRAIN

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AS BUILT SKETCH



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Owner / Applicant Signature: Date: 4-5-17 Installed by: Date:

IMPROVEMENT PERMIT by: Date: 4-4-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 4-4-17 Existing System Inspected by: Date:

Applicant/Conditional Approval) - PINK