IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140470 PIN# 4655944659 4655-94-5544 DATE 3-5-07

OWNER OR APPLICANT James Danyels PHONE: Business 704-507-4207 Home 704-799-9006

ADDRESS 573 Faith Rd 28115

LOCATION Hwy 115 S Th Faith 3 mi on right just past Charity Ln

SUBDIVISION Danyels Place BLOCK / SECTION ____ LOT 3 LOT AREA 1.0 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .2 gpd/ft2

Septic Tank: 1000 Gallons; STB 794 Date 5-1-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 450
No Lines 6@75' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction pump
Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other ____

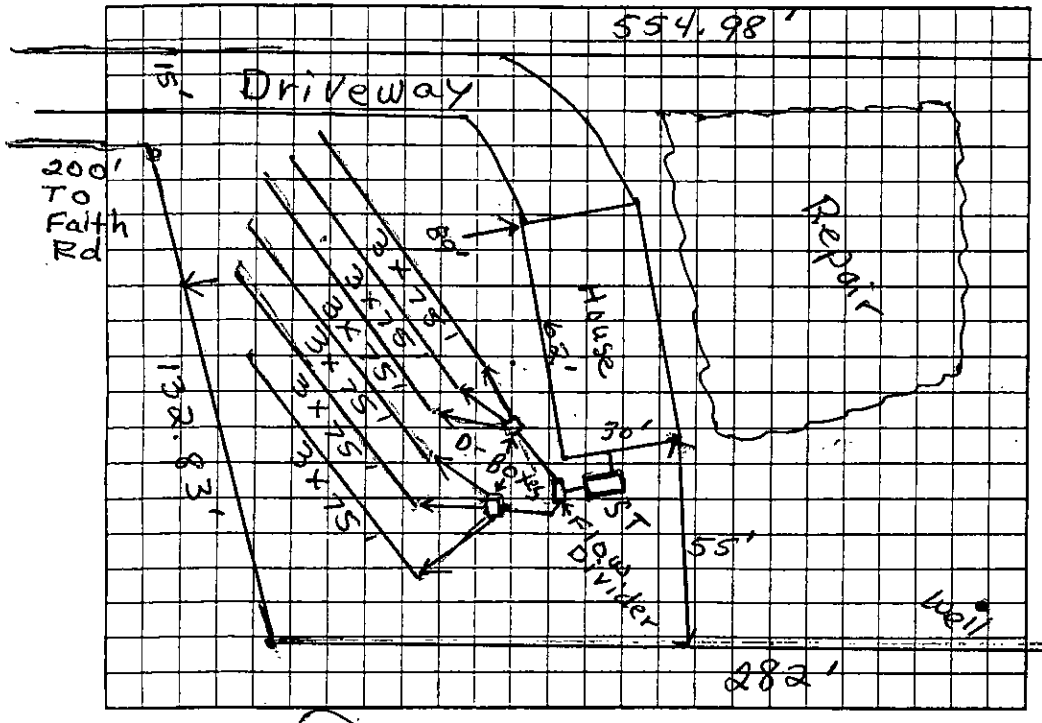
Water Supply: ☒ Individual ☐ Public ☐ Community

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

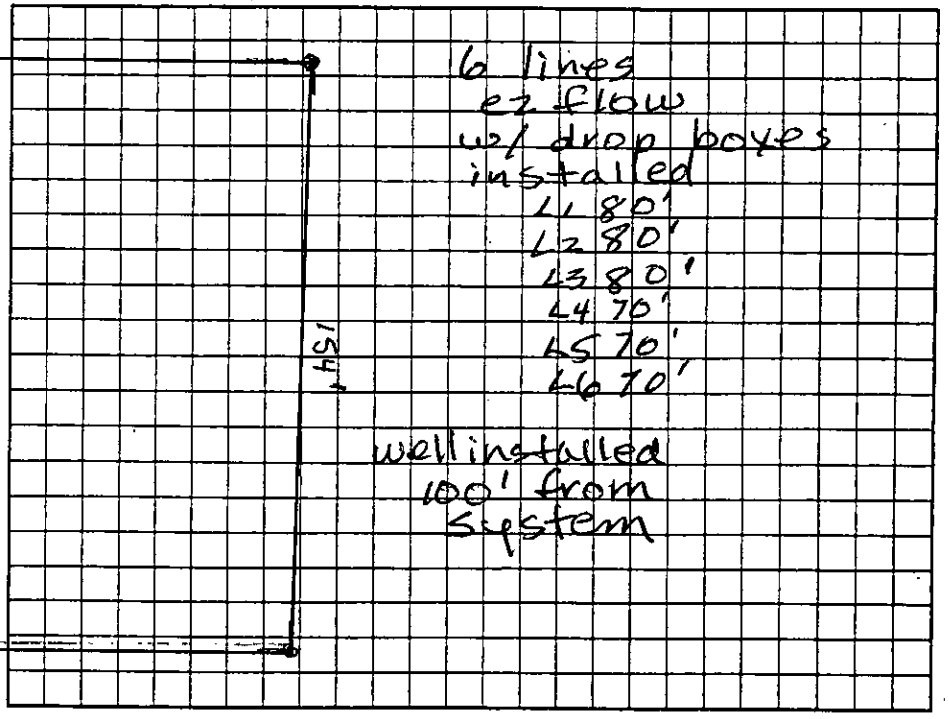
Comments:/Conditions: Install at 36" trench bottom
House moved 20' back to 89' off front property line

Comments:/Conditions:
Red Poly lok filter
ST w/ marker

1"=50' 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 sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: James Danyels date 3-5-07 Installed by: ~~Steven's Trucking & Septic~~ Hall Landscaping & Grading

Improvement Permit by: Judy Melville date 3-5-07 Operation Permit by: Judy Melville date 6-14-07

Authorization to Construct by: Judy Melville date 3-5-07 Existing System Inspection by: ____ date ____

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

COPY

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 #:	140470ZO	Subdivision:	
Proposed Use:	Modular	Township:	0300 Coddle Creek Outside
Location of Property:	584 Faith RD Mooresville NC 28115		
Parcel #:	4655944659.00B	Zoning:	RA
Lot #:	Size: 1.0	Flood Plain:	No Watershed: None
Applicant:	KIMBERLY KNIGHT	Owner:	Richard W Danyels
Address:	573 FAITH RD MOORESVILLE NC 28115	Address:	
Phone:	704-799-9006	Phone:	
Property Recorded:	Yes 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: 20000	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 DEED RECORDED.. SPLITING LOT

Directions:

HWY 115 , LEFT ON FAITH, APROX 3 MILES ON RIGHT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

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.

ALAINA DILLARD

Printed: 1/30/2007

#4655945590

Lisa & Kenton Hardwick

1632 1937 2005

Richard W Danyels Danyels Place Lot #2

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
James Daniels	573 Faith Rd 28115	704-799-9088	704-507-4207
Owner Name	Mailing Address	Home Phone	Work Phone
Richard Daniels	588 Faith Rd 28115	704-636-2892	704-807-2216

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
584 Faith Rd 28115		1,0

Driving Directions: Hwy 115 S to Mt. Morne School. Go to Stop light Turn (L) Go approx. 3 miles Charity Ln - Property to right of Charity Ln on (R)

****

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 3
Maximum Number of Occupants 4
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:** James Daniels
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/30/07
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…**
- ✓ ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

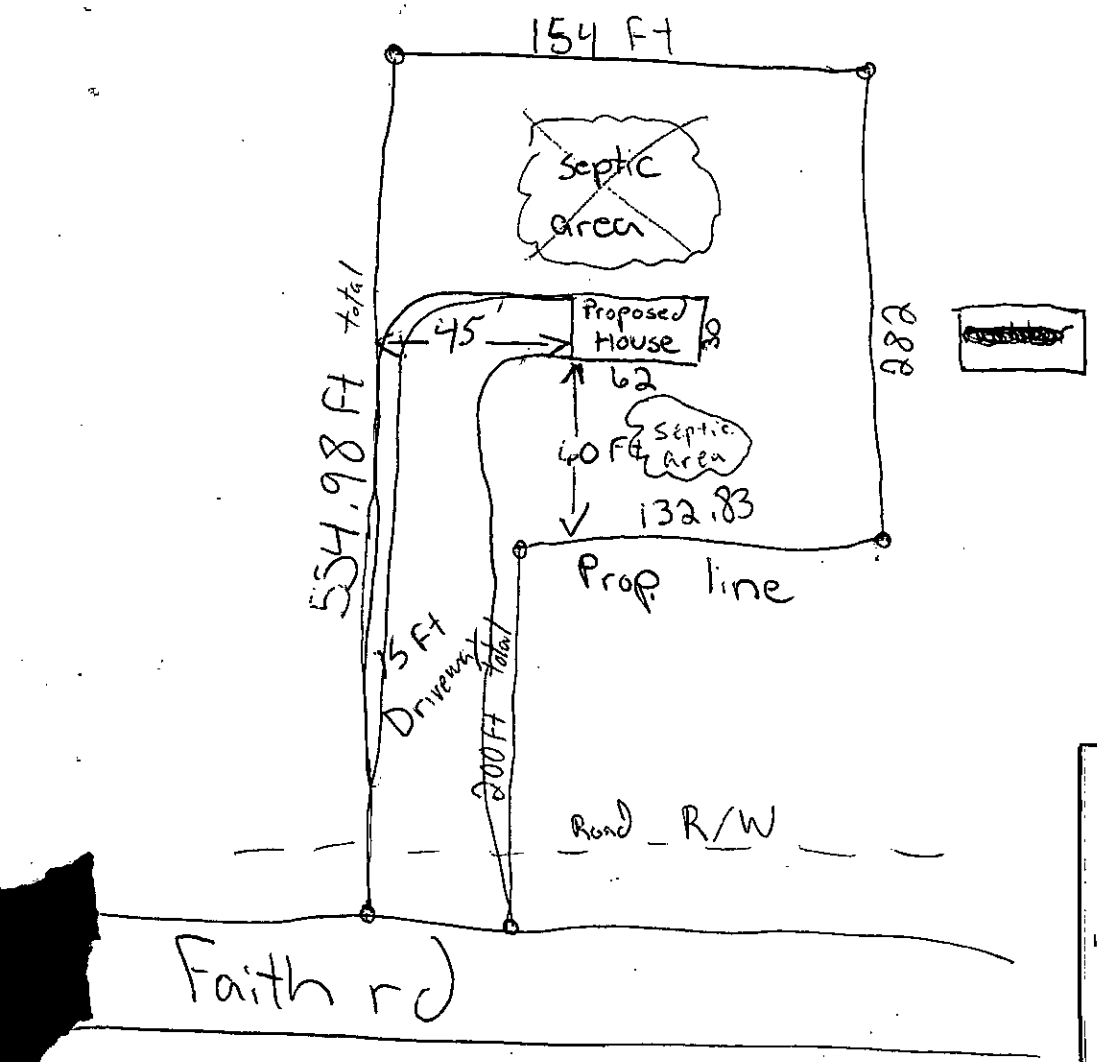
Circle N/A on the following if appropriate:

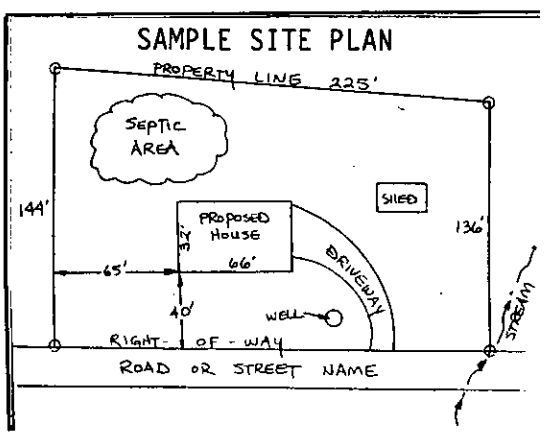
- ✓ **Location of septic systems and wells within 100' of your property… N/A**
- ✓ **Location of easements and rights of ways on your property… N/A**
- N/A **Location of any designated wetlands on the property… N/A**

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

2-13-07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





Jim Quick HOMES, INC.
Phone 704-283-1561
Charlotte 704-333-8850
FAX 704-283-9281
Email: jimquickhomes@aol.com

PAUL WEBB
LAND HOME SPECIALIST

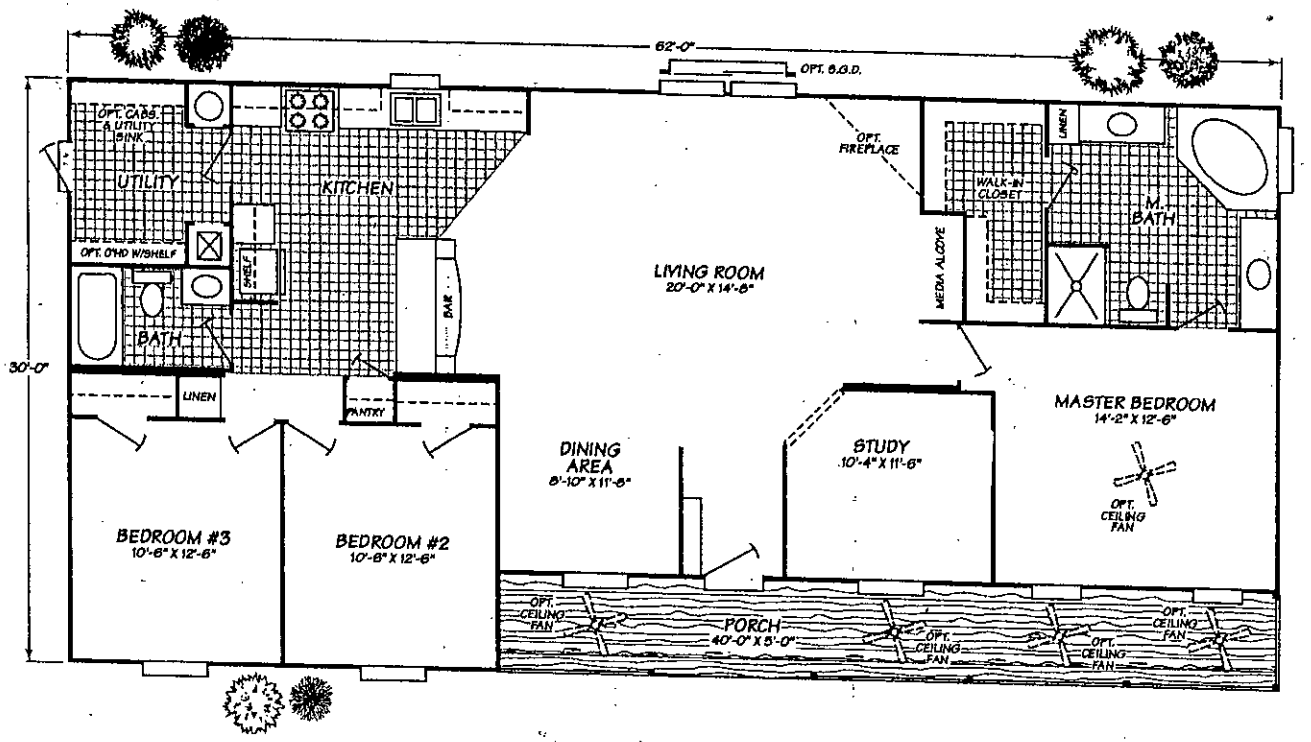
90/98 9 Year Winner

REGISTERED HOUSING SPECIALIST

4018 Hwy. 74 West . Monroe, N.C. 28110

#26

3 Bedrooms • 2 Baths • Approx. 1,660 Square Feet



Acknowledgement Of
Plans Submittal ONLY!

_____ Date 3-5-07

_____ Date 3-1-07

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Danyels / Kimberly Knight — APPLICATION DATE: 2-
ADDRESS: — DATE EVALUATED: 2-16-07
PROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: ___
LOCATION OF SITE: 25 Leavers Rd TR Faith on left before Charity Ln — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Near Driveway Front Linear 4-5%	0-11	1gr scl	fr ss/sp	com. manganese few/yel/br may be relic	48			.25
		11-40	1sbk PBr C	fr/fi SE					
		40-48	1sbk C + Sap	fr/fi					
2	Front of House	0-8	1g scl/l	fr		48			.2
		8-28	1sbk/abk c	fi slp SE					
		28-48	C + com. Sap	fr/fi					
3	Repair Back of House	0-8	1g scl		few manganese	48			.25
		8-28	1sbk C	fr ss/sp SE					
		28-48	C + sap yellow sap						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
able Space (.1945)	Yes	Yes
m Type(s)	25%	25%
e LTAR	.2	.2

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J Melville
OTHER(S) PRESENT: ___

COMMENTS: ___

State of North Carolina
County of Iredell

I, _____, review officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____
Review Officer Date

Watershed Certification

All lots within DANYELS PLACE subdivision, to the best of my knowledge, do not lie within a Watershed Area designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell County.

_____
Subdivision Administrator Date

CERTIFICATE OF APPROVAL FOR RECORDING (Minor Subdivision)

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

_____
Subdivision Administrator Date
Iredell County, North Carolina

NOTES:
1. All improvements to conform with the IREDELL COUNTY SUBDIVISION ORDINANCE.
2. Subject property is zoned RA.
3. Minimum Setbacks:
   Front 35'
   Side 15'
   Rear 35'
4. All lots subject to a 10' drainage and utility easement on each side of all lot lines.
5. Total lots = 1
6. Proposed new street = N/A
7. Total acreage = 1.204 Acres
8. CM = Control Monument
9. Iron stakes at all lot corners, unless noted otherwise.
10. This property is not located in a Special Flood Hazard Area designated by the FEMA Flood Hazard Boundary Maps. (See Panel #3703J3 0215 B)
    Eff. Date: 05/15/1980
11. Iredell County Health Department Disclaimer
    As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued.
12. Sewer service by individual septic tank and drain field. Water service by individual well.

Certificate of Ownership and Dedication (Minor Subdivision)

I (we) hereby certify that I (we are) am the owner (s) of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I (we) hereby adopt this plan of subdivision with my (our) free consent and establish minimum setback lines as noted.

I (we) further certify that:
a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I (we) understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____ _____
Owner, Richard W. Danyels Date

NOTARY STATEMENT
North Carolina
_____ County

I, a Notary Public for said County and State, do hereby certify that Richard W. Danyels and Karen N. Danyels, personally appeared before me this day, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this ____ day of _____, 2007

_____
Notary Public

My Commission expires: _____

Preliminary Plat
Not For Recordation
Conveyances, or Sales

Final Plat (Minor Subdivision)

1.204 Acres

Lot 1 DANYELS PLACE

A Portion of Tax PIN 4655-94-4659 ~ A Portion of DB 1505-2596 ~ PB 46-107
Coddle Creek Township Iredell County, NC

...NIELS AND WIFE, NANCY M. DANYELS
...05-2594

Witness my original signature, registration number, and seal this 1rst day of February, 2007.

Ronald S. Hollifield, NCPLS 1404

