IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) 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: Calvin Wood **Address:** P.O. Box 3965, Mooresville **Phone:** 704 208 4251

Owner Name: Nest Homes **Address:** P.O. Box 3965, Mooresville **Phone:** 704208-4251

Property Information:

Street Address: 152 Roseland Ct.

Subdivision Name: Roseland Heights **Section/Phase:** _____ **Lot Number:** 57

Driving Directions: Hwy 115/21 N, R on Shepard Rd, R on Roseland Ct. lot on R before end

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: ~~3~~ 3 (R)
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) 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 (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: Heather D. Austin-Dent
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-8-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

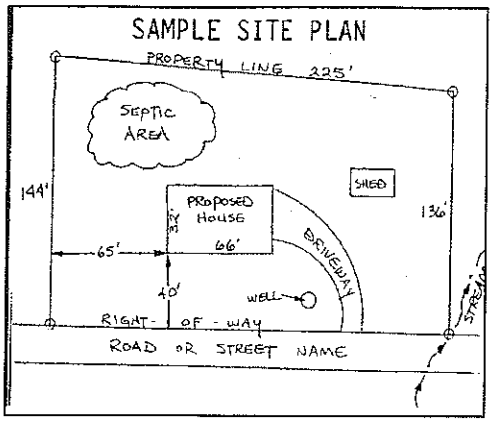
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

See attached

Signature: H. St. Aubin-Bond

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

5-8-15

DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Eric Wood, am the legal owner of the property located at 152 Roseland Ct., identified as PIN(Parcel Identification Number) 4659-82-3752, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Heather St. Aubin - Stout Nest Homes, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Eric M. Wood — 5.8.15

Signature of Owner — Date

_____ _____

Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205896

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

PIN # 4659-82-3752

APPLICANT: Gauvain Wood APPLICANT ADDRESS: PO Box 3965 Mooresville NC

SITE ADDRESS: 152 Roseland Ct PHONE: ALT. PHONE:

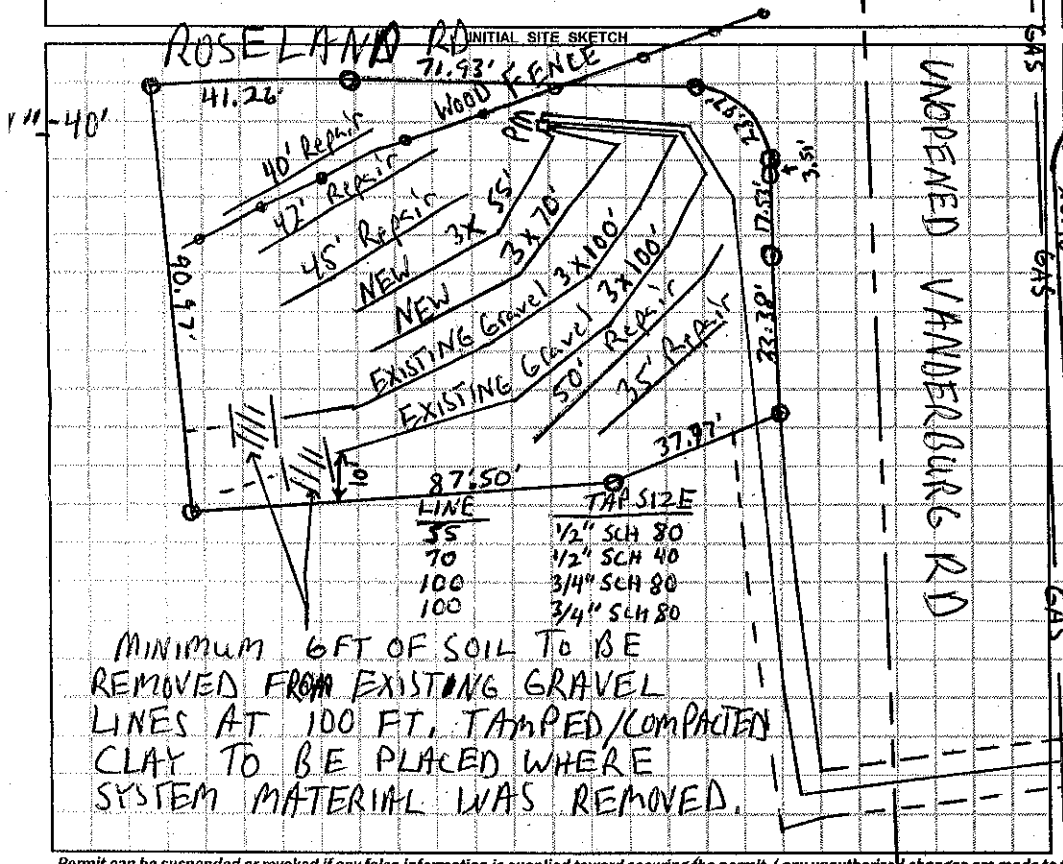
SITE DIRECTIONS: Hwy 115/21 N, TR on Shepherd Rd, TR on Roseland Ct, Lot on R before end

SUBDIVISION: Roseland Heights SECTION: LOT # 57 LOT AREA: 0.37 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.35

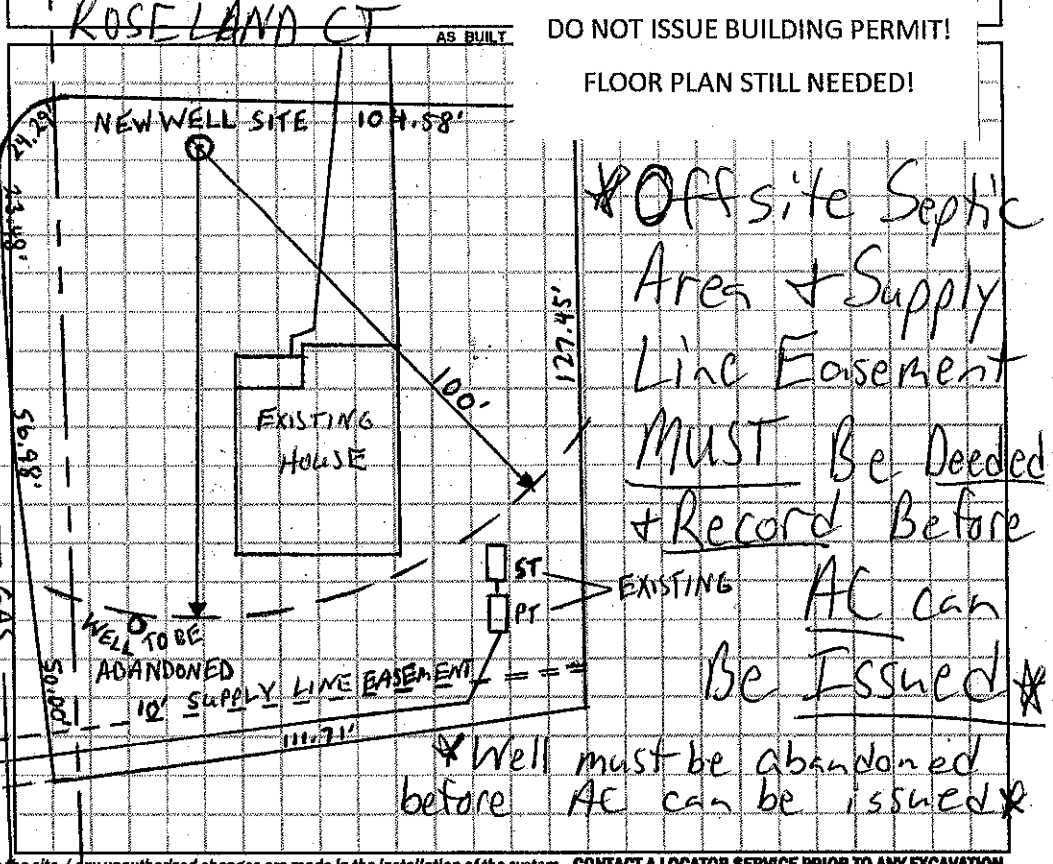
Septic Tank	EXISTING	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	EXISTING	(gal)	PT		Date	System Description:	EXISTING CONV + 25% Reduction			☐ Business	No. Persons	6	☑ Private		
Pump Make			Model		Serial #	Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1		# Lines	2	Linear Ft: 125'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community		
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth N/A		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install new 25% Reduction Lines and divid flow between new lines and existing W/ a Pressure Manifold. CALL WITH QUESTIONS.

INITIAL SITE SKETCH



AS BUILT



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Offsite Septic Area + Supply Line Easement MUST Be Deeded + Recorded Before AC can Be Issued

Well must be abandoned before AC can be issued

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 9/26/14 Installed by:

IMPROVEMENT PERMIT by: Date: 9-13-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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Place an (X) beside whichever is submitted if applicable ~~X~~ Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: GAUVAIN WOOD Address: P.O. Box 3965 MOORESVILLE, NC Phone: 704-530-460

Owner Name: SPEAR BLDR'S, INC Address: SALISBURY NC Phone: ——

Property Information:

Street Address: 152 ROSELAND CT

Subdivision Name: ROSELAND HEIGHTS Section/Phase: _____ Lot Number: 57

Driving Directions: HWY 21 N, TR ROSELAND (Lot ON Rt

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence (EXISTING HOUSE)
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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:

~~X~~ New Well ( ) Existing Well (Abandon) ( ) 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 ~~X~~ No Does the site contain any jurisdictional wetlands?
( ) Yes ~~X~~ No Is any non-domestic sewage (i.e. industrial) to be generated?
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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: _____ 9-5-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

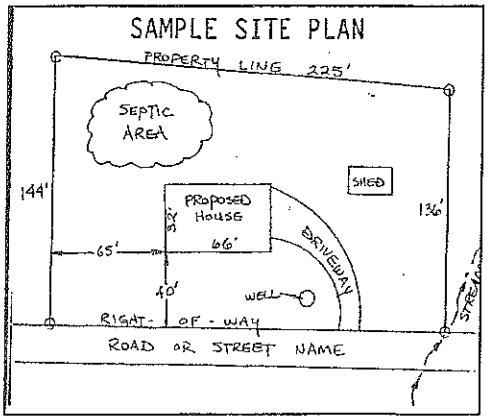
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Circle N/A on the following if appropriate:

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

EXISTING HOUSE & WELLS —

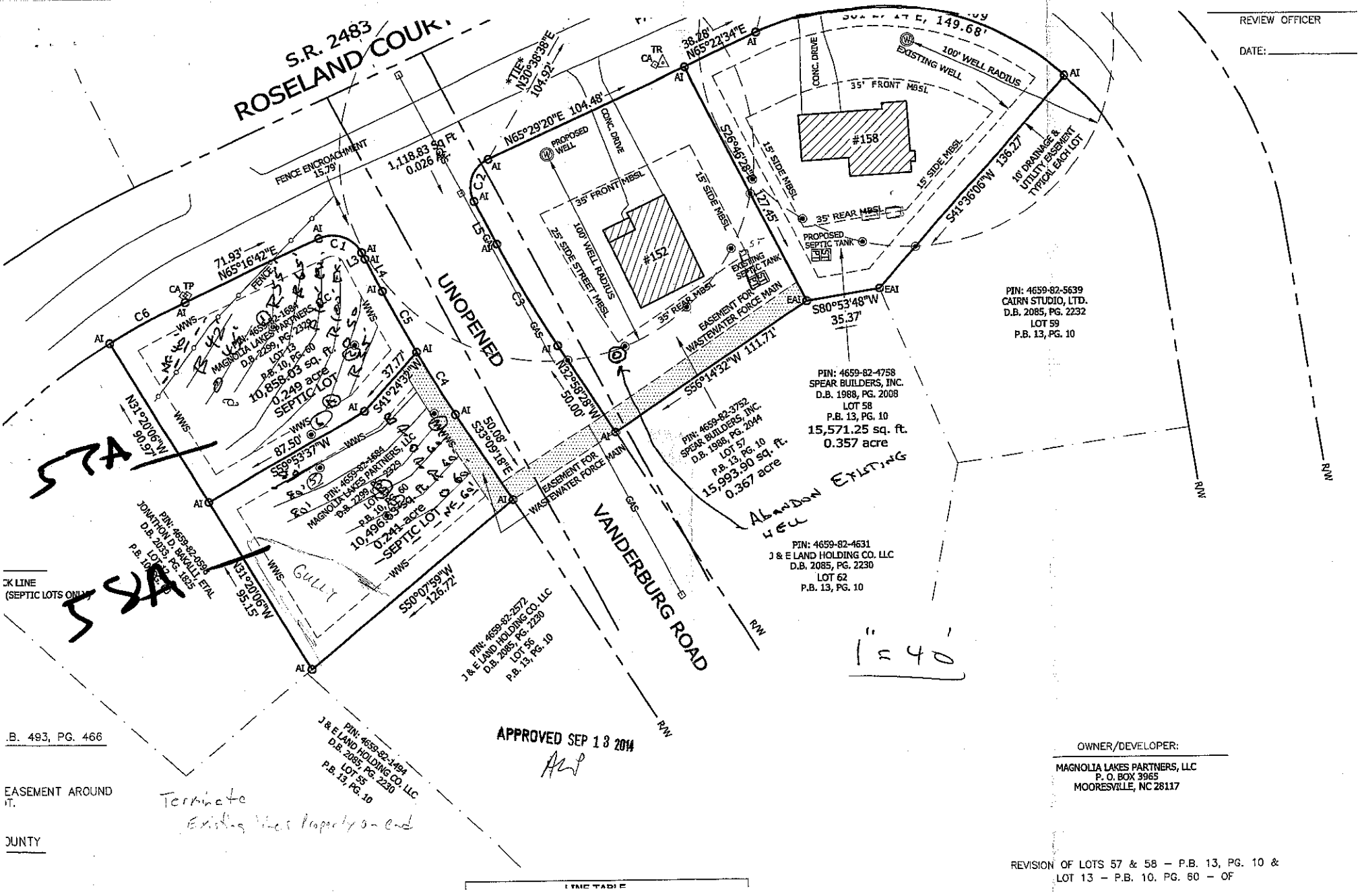
SEE ATTACHED SURVEY

Signature: _____

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

9-5-14

DATE


S.R. 2483
ROSELAND COURT
UNOPENED
VANDERBURG ROAD
FENCE ENCROACHMENT 15.79'
1,118.83 Sq Ft 0.026 ac
TIE N30°38'38"E 104.92'
N65°29'20"E 104.48'
38.28' N65°22'34"E
149.68'
EXISTING WELL
100' WELL RADIUS
PROPOSED WELL
CONC. DRIVE
35' FRONT MBSL
15' SIDE MBSL
#158
#152
35' REAR MBSL
PROPOSED SEPTIC TANK
EXISTING SEPTIC TANK
25' SIDE STREET MBSL
S26°46'28"E 127.45'
S41°36'06"W 136.27'
10' DRAINAGE & UTILITY EASEMENT TYPICAL EACH LOT
EASEMENT FOR WASTEWATER FORCE MAIN
S80°53'48"W 35.37'
S56°14'32"W 111.71'
N32°59'28"W 50.00'
S35°09'18"E 50.08'
71.93' N65°16'42"E
N31°20'06"W 90.97'
S41°24'33"W 37.77'
S50°53'37"W 87.50'
N31°20'06"W 95.15'
S50°07'59"W 126.72'
10,858.03 sq. ft. 0.249 acre SEPTIC LOT
10,496.85 sq. ft. 0.241 acre SEPTIC LOT
PIN: 4659-82-1684 MAGNOLIA LAKES PARTNERS, LLC D.B. 2299, PG. 2329 LOT 13 P.B. 10, PG. 60
PIN: 4659-82-5639 CAIRN STUDIO, LTD. D.B. 2085, PG. 2232 LOT 59 P.B. 13, PG. 10
PIN: 4659-82-4758 SPEAR BUILDERS, INC. D.B. 1988, PG. 2008 LOT 58 P.B. 13, PG. 10 15,571.25 sq. ft. 0.357 acre
PIN: 4659-82-3752 SPEAR BUILDERS, INC. D.B. 1988, PG. 2044 LOT 57 P.B. 13, PG. 10 15,993.90 sq. ft. 0.367 acre
PIN: 4659-82-4631 J & E LAND HOLDING CO. LLC D.B. 2085, PG. 2230 LOT 62 P.B. 13, PG. 10
PIN: 4659-82-2572 J & E LAND HOLDING CO. LLC D.B. 2085, PG. 2230 LOT 56 P.B. 13, PG. 10
PIN: 4659-82-1494 J & E LAND HOLDING CO. LLC D.B. 2085, PG. 2230 LOT 55 P.B. 13, PG. 10
PIN: 4659-82-0398 JONATHON D. BAKALI ET AL D.B. 2033, PG. 1825 LOT 12
GULLY
57A
57A
Abandon Exist. Well
1" = 40'
APPROVED SEP 13 2014
Terminate Existing Well Property Bound
REVIEW OFFICER
DATE:
OWNER/DEVELOPER:
MAGNOLIA LAKES PARTNERS, LLC
P. O. BOX 3965
MOORESVILLE, NC 28117
REVISION OF LOTS 57 & 58 – P.B. 13, PG. 10 & LOT 13 – P.B. 10, PG. 60 – OF
LINE TABLE
.B. 493, PG. 466
EASEMENT AROUND
IT.
OUNTY
CK LINE
(SEPTIC LOTS ONLY)