IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084076 PIN# ~~4664 28 7188 Pt.~~ ~~4654-88-6368~~ 4664-28-7375 DATE 11/9/00

OWNER OR CONTRACTOR David Maines PHONE: Business 907-6765 Home 895-7716

ADDRESS 20615-K Sterling Bay Ln. Cornelius, NC. 28031

LOCATION Presbyterian Rd. TR Davidson Ridge to 5 lot on (L)

SUBDIVISION Davidson Ridge BLOCK / SECTION ____ LOT 7 LOT AREA .70 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/26/01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *
No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 25% Reduction - EZ Flow *
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☐ No

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

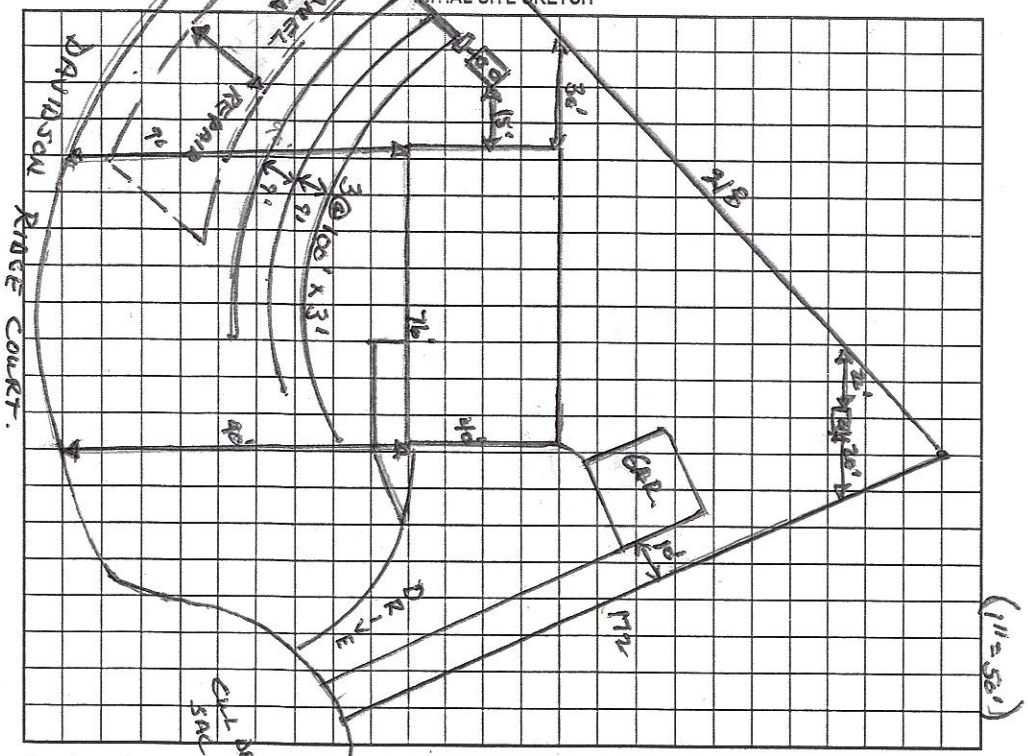
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth No ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
* Recommend EZ Flow due to constantly standing contours in drainfield area.

Comments:/Conditions:

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: * Selina Bennett date 11/15/00
Improvement Permit by: Wesley Sparks RS. date 11/9/00
Authorization to Construct by: Wesley Sparks RS. date 11/9/00

Installed by: Rowan Septic
Operation Permit by: [signature] RS date 5/1/01
Existing System Inspection by: ____ date ____

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

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 084076 Zoning Permit: X Improvements Permit: 1

Name: RUSSELL HARRY Address: 104 VILLA LN

City: DAVIDSON State: NC Zip: 280360000

Phone: 7048955174

Proposed Use: 01

PIN #: 4664287188 PT Zoning: RA Township: 300

Street Address: DAVIDSON RIDGE CT

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: DAVIDSON RIDGE 3Lot #: 7 Lot Size: .70

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: 115S,R PRESBYTERIAN,L DAVIDSON RIDGE,4TH LOT ON LT

Staff: RAM Date: 09/27/99

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION: 895-7716 H. 20615-K Sterling Bay Ln W

David Maines	907-6765 mobile	Cornelius	NC	28031
Applicant	Phone #	Mailing Address	City	State	Zip Code

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Davidson Ridge	7		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

11-2-00 DATE Debra Maines SIGNATURE OF OWNER/AUTHORIZED AGENT