IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

Upgrade to 5 Bedrooms

PERMIT # 223990

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

PIN # 466 46 95 083

APPLICANT: WFB Inc / Paul Menard APPLICANT ADDRESS: P.O. Box 4301 Mooresville, NC

SITE ADDRESS: 136 Hanover Ln Davidson, NC PHONE: 704 309-4301 ALT. PHONE: 715 215 1466

SITE DIRECTIONS: Shearers Rd TL Anniston Way TL Timberside Dr. TL Hanover Ln at end

SUBDIVISION: Anniston SECTION: 3 LOT # 98 LOT AREA: 3.7Ac DESIGN FLOW: 1000gpd L.T.A.R.: .275

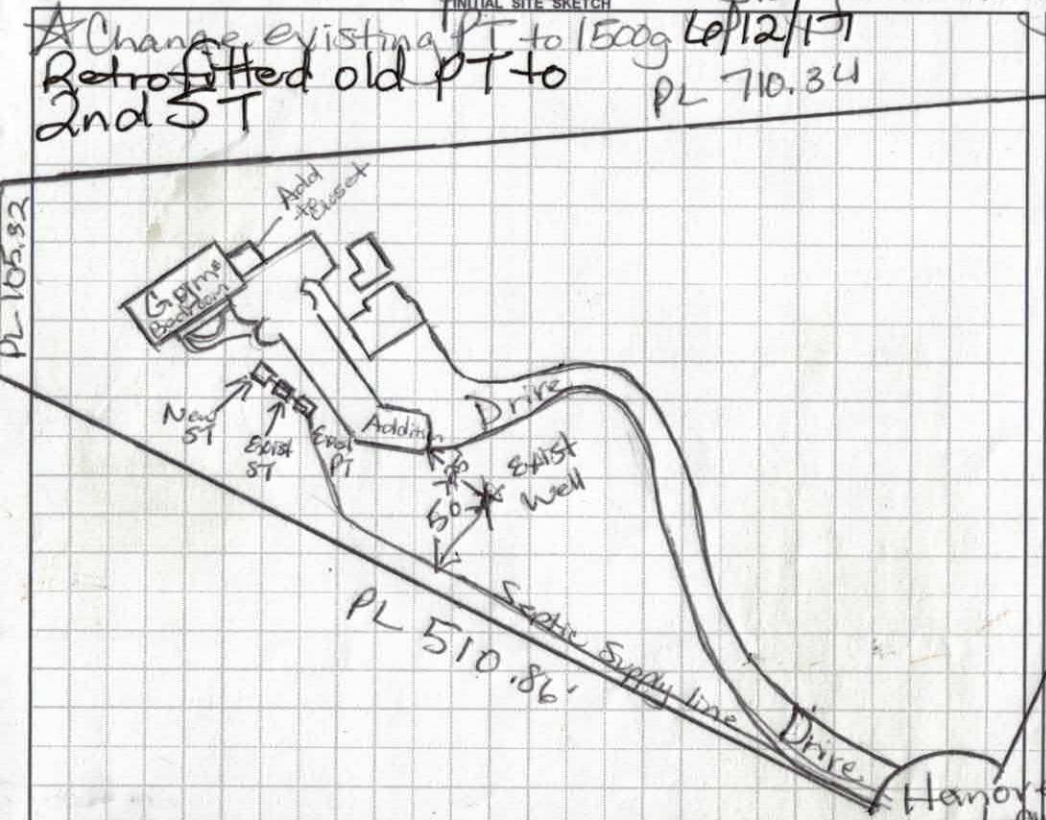
Septic Tank	X 1500 (gal)	STB		Date		☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI			☒ Residence	No. Bedrooms	5	Water Supply				
Pump Tank	1500 (gal)	PT	477	Date	4-19-17	System Description:			Pump - PM - 25% Reduction			☐ Business	No. Persons	10	☒ Private				
Pump Make		Model		Serial #		Repair System Description:			LP PPBPS			☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1	# Lines	1	Linear Ft:	120+	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: ★ Either add an extra 1000 gal Septic tank before existing 1000g ST & All Sewage must go through both Septic Tanks OR replace existing 1000g ST with 1500g ST. Add an additional drainline @ 120ft. Use same tap size as existing drainlines. 6/12/17 Installed Quick 4 122ft after Cap set 22# pressure

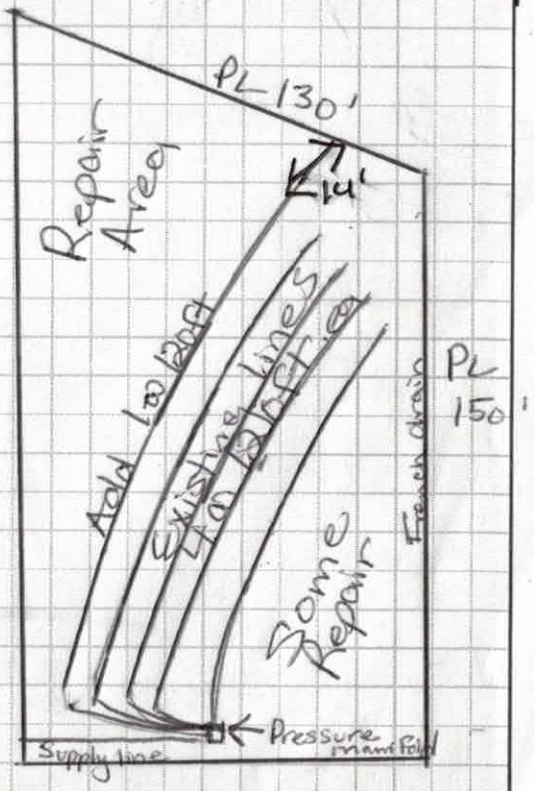
INITIAL SITE SKETCH

★ Change existing PT to 1500g 6/12/17

Retrofitted old PT to 2nd ST



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. **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: 5/2/17 Installed by: R&F

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 4/25/17 OPERATION PERMIT by: Maria Dotson Date: 6/13/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 4/25/17 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paul Menard APPLICATION DATE ____

ADDRESS: 136 Hanover DATE EVALUATED: 4/6/17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 600gpd PROPERTY SIZE: ____

LOCATION OF SITE: Annistion #98 (Offsite) 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	6%	0-6	Rd/Brn	CL wSBK	SS, SP, SEXP, FR				PS .275-.3
		6-48"	Rd Lm-wSBK/ABK		SS, SP, SExp, FR				
		0-48	Red/Brn C/CL m-wSBK/ABK		SS, SP, SExp, FR				PS .275

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

RECEIVED DEC 27 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection
For Addition - Expansion

223990

2. 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 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 #	Alternate Phone #
WHB, Inc	P.O. Box 4301 Mooresville NC	704-309-4301	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Paul Menard	136 Hanover Lane Davidson NC	715-215-1466	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
136 Hanover Lane, Davidson	Amiston	98

Driving Directions: Shearers Rd, TL Amiston Way, TL Timberside Dr, TL Hanover Ln. At End

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
X Expansion of Existing Septic System
~~(X)~~ Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 5

( ) Crawl Space Foundation?
X 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 X Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* X EXISTING SYSTEM installed 2014 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 12/23/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

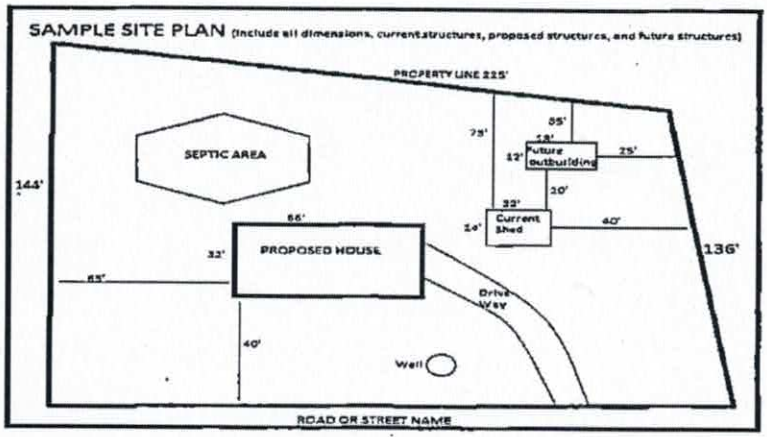
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

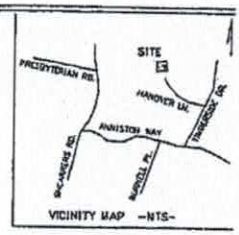
Refer to Original Plan, Asbuilt Plan, and Site Plan w/ Proposed Addition area Attached

Signature: _____ 12/23/16

REQUIRED **property owner or owner's legal representative signature.** **DATE**

Line	Bearing	Distance
L1	N 1° 31' 04" E	105.35'
L2	N 30° 37' 09" W	40.85'

Curve	Radius	Chord Bearing and Distance	Arc Length
C1	51.00'	S 78° 21' 54" W 78.50'	88.58'



NORTH
PLAT BK. 51 PG. 96

LOT 105

Addition To be in this Area

EXISTING 1/2" REBAR

BARBED WIRE FENCE

710.34' N 87° 08' 12" E

EXISTING 1/2" REBAR

LOT 104

4.7'

5.5'

L1

129.3'

35'

EXISTING 1/2" REBAR

EXISTING FOUNDATION

LOT 98
DAVE A. VANCLAUSBURG
DEED BK. 2245 PG. 1131
PIN #4664-69-5083
163777 Sq.Ft.
3.76 Ac.

SEPTIC

15'

Septic Tanks Are Here

N 82° 48' 30" W 510.88'

18'

S 26° 47' 09" W 401.50'

LOT 99

35'

C1

L2

EXISTING 1/2" REBAR

EXISTING 1/2" REBARS

LOT 97

50' HANOVER LANE
PUBLIC RIGHT OF WAY

I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; that the actual ratio of precision exceeds 1:10,000; and that this plat represents an existing parcel of land. Witness my original signature, seal, and license number this the 3rd day of September, 2013

Professional Land Surveyor L-3811

NORTH CAROLINA PROFESSIONAL SEAL L-3811 LAND SURVEYOR MICHAEL R. BOWDEN

100 50 0 100 200
SCALE OF DRAWING IS 1 INCH = 100 FEET

NOTES:

1. TRAVERSE ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
2. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.

REFERENCES: DEEDS AND MAPS ARE SHOWN HEREON

⊗ = UTILITY POLE
⊕ = CP NOTHING SET
⊙ = EXISTING IRON AS NOTED
○ = 1/2" REBAR SET
P—P—P = OVERHEAD UTILITY LINES

Foundation Survey

WHB INC.

136 HANOVER LANE
CODDLE CREEK TOWNSHIP
IREDELL CO., N. C.

Project # 130076-1 Date: 24 JULY, 2013
FIRM # F-0902

BOWDEN SURVEYING & MAPPING 704-697-5250
317 SOUTH LAUREL ST
LINCOLNTON NC 28092

COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 138095

PIN # 4664695083

APPLICANT: WHB Inc. APPLICANT ADDRESS: P.O. Box 4301 Mooresville NC 28117

SITE ADDRESS: 136 Hanover Ln Davidson, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Shearers Rd TL Anniston Way TL Timberside Dr TL Hanover Ln at end (Offsite Easement located behi

SUBDIVISION: Anniston SECTION: LOT # 98 LOT AREA: 3.7Ac DESIGN FLOW: 480gpd L.T.A.R.: .25 211 Annis

Septic Tank	1000 (gal)	STB	194	Date	3-14-14	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing	No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space
Pump Tank	1000 (gal)	PT	2	Date	2-2014	System Description:	Pump- PM-25% Reduction		
Pump Maker	Myers	Model	ME50P102	Serial #		Repair System Description:	LP PPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft:	480'	Maintenance Agreement Required:	☐ YES ☒ NO Not Initially ☐ GRAVITY ☒ PRESSURE		
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A				

Water Supply: ☒ Private ☐ Public ☐ Community

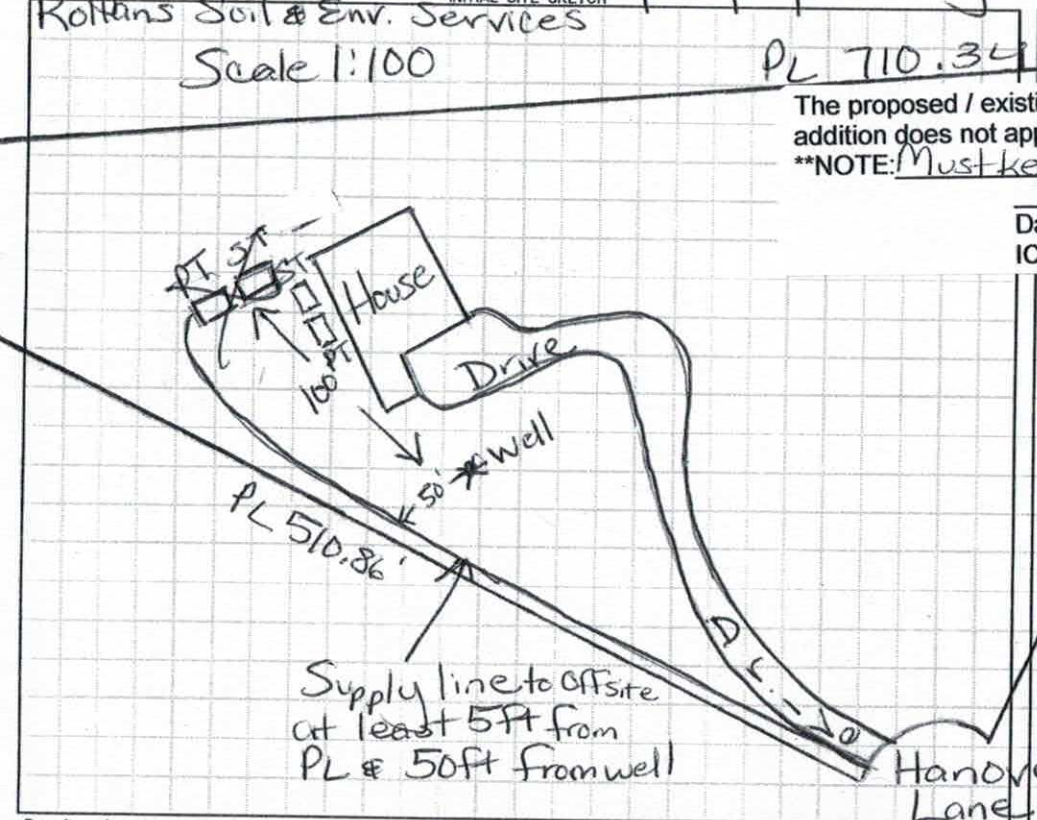
☐ Basement w/o plumbing

Comments / Conditions: Per original Septic Plan, interceptor 4 "French drain" required around drainfield area. P102 Myers pump. Original Septic Assessment & plan prepared by Rollins Soil & Env. Services

5/6/14 Checked tanks, drainlines, & Supply line. Note: Supply line from Lot 47 running on Lot #98 offsite Easement.

INITIAL SITE SKETCH

Scale 1:100



The proposed / existing Inground Swimming Pool addition does not appear to impact the existing septic system.

**NOTE: Must keep Pool cut at least 15ft from Septic

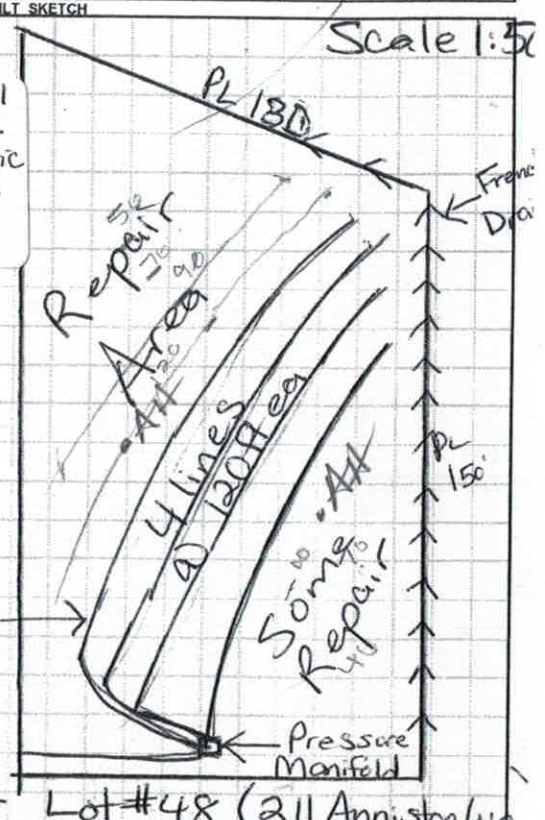
Maria Dotson R.S.

Date: 5/7/14

ICHD-Environmental Health Division

AS BUILT SKETCH

Scale 1:50



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: 9/6/13

IMPROVEMENT PERMIT by: Maria H Dotson RS Date: 8/29/13

AUTHORIZATION TO CONSTRUCT by: Maria H Dotson RS Date: 8/29/13

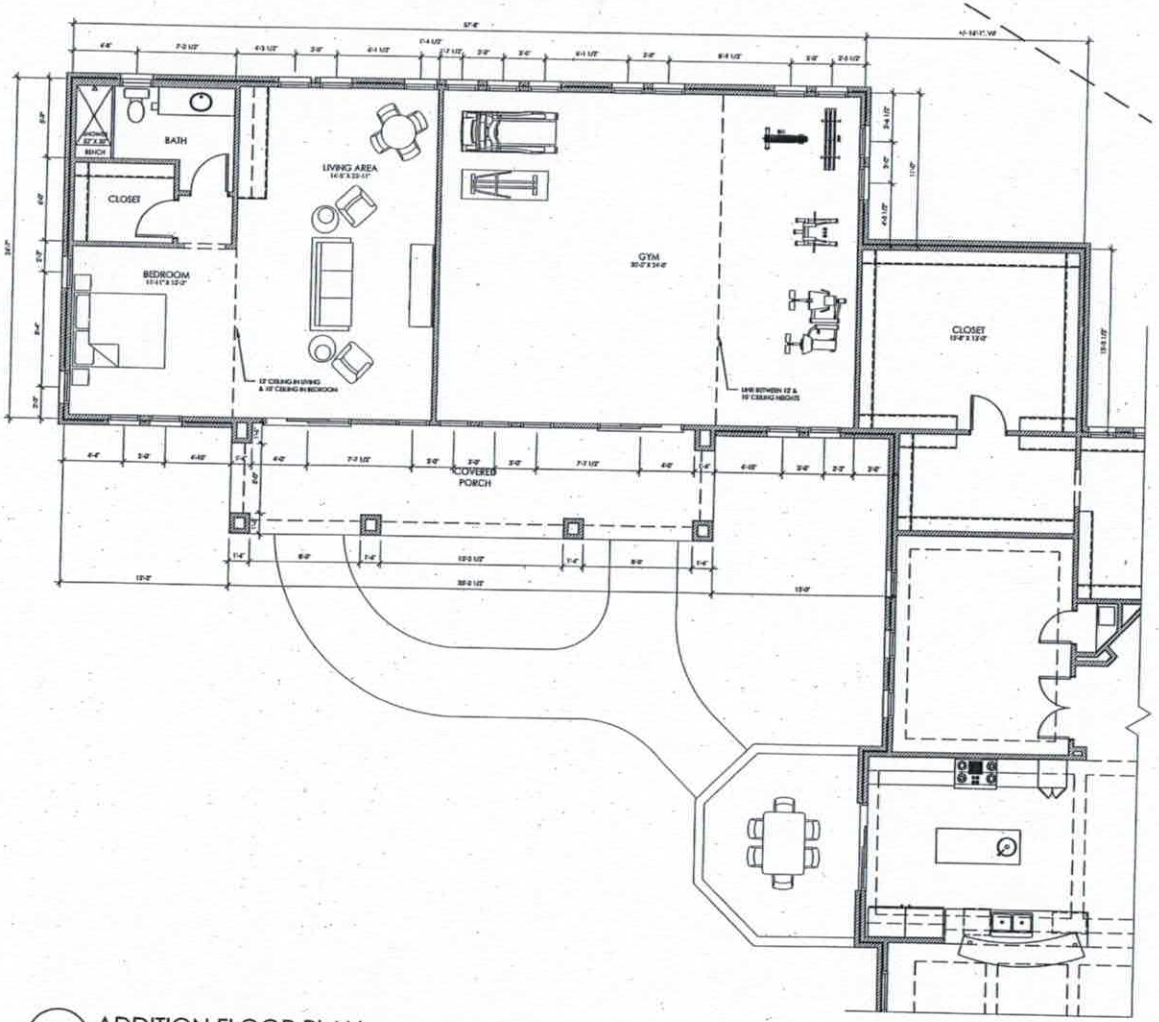
Installed by: R & H

OPERATION PERMIT by: Maria H Dotson RS. Date: 7/28/14

Existing System Inspected by: Date:

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

Acknowledgement of
Plans Submittal ONLY!
Date 3/23/17
Date 4/25/17



1 ADDITION FLOOR PLAN
1/4" = 1'-0"

ALISON HALL
ARCHITECT

WHB INC
EXCELLENCE IN CONSTRUCTION

NOT FOR CONSTRUCTION

MENARD HOME ADDITION
1236 HANOVER LANE
DAVIDSON, NORTH CAROLINA

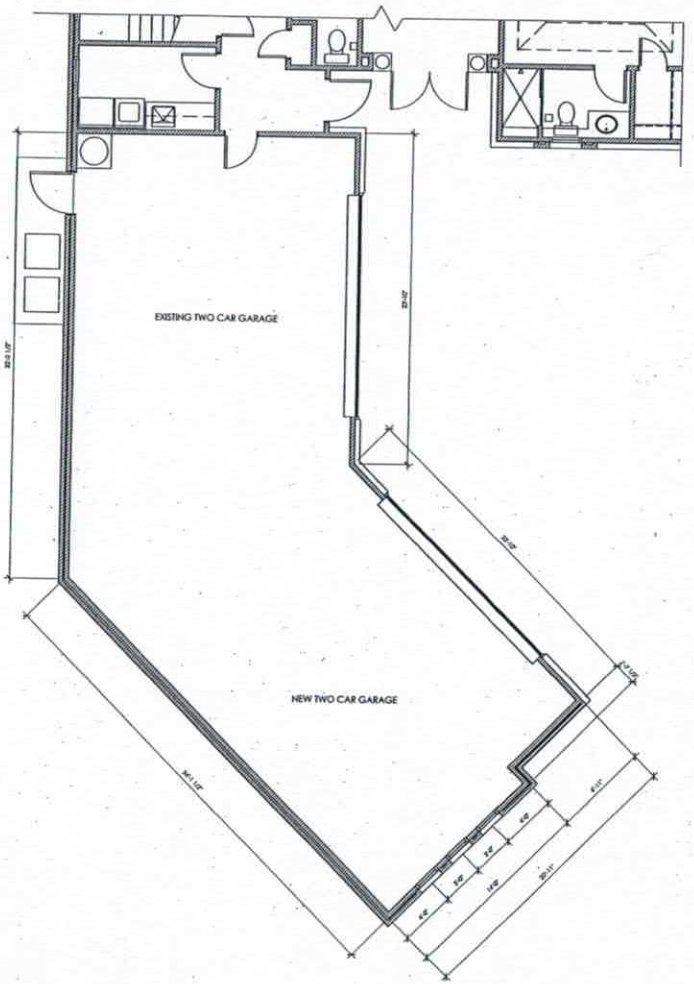
DESIGN
DEVELOPMENT SET
3-3-17

ADDITION PLANS
A1

Acknowledgement of
Plans Submittal ONLY!

Date 3/28/17

Date 4/25/17



1 GARAGE FLOOR PLAN
1/4" = 1'-0"

ALISON HALL
ARCHITECT

WHB INC
EXCELLENCE IN CONSTRUCTION

NOT FOR
CONSTRUCTION

MENARD HOME ADDITION
136 HANOVER LANE
DAVIDSON, NORTH CAROLINA

DESIGN
DEVELOPMENT SET
3-3-17

GARAGE FLOOR
PLANS

A2

L1
35'
126.3'
15'
< N 62° 48' 30" W
55.0'
40.3'
35'
Garage Addition
Addition
Deck
F WELL

IREDELL COUNTY

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

APPLICATION NUMBER
223990
Issue Date: 12/27/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4664695083.000	136 HANOVER LANE, DAVIDSON, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: VONCLAUSBURG DAVE A	Applicant: WHB INC
Address: 136 HANOVER LN DAVIDSON, NC 28036	Address: PO BOX 4301 MOORESVILLE, NC 28117
Phone:	Phone: 704-799-9500

Use Requested	Zone Code
BEDROOM ADDTN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.762	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	89106	TOTAL FEES:	$ 77.25