IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 227329

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

PIN # 4664-97-1722

APPLICANT/OWNER: ROBERT FERGIONE APPLICANT ADDRESS: 13917 BALLANTYNE MEADOWS DR.

SITE ADDRESS: 111 OVERLOOK RIDGE LN. DAVIDSON PHONE: 704-544-0424 ALT. PHONE

SITE DIRECTIONS: SHEARERS, TL ANNISTON, TR BURNELL, TL WALKING HORSE, TR OVERLOOK SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ANNISTON SECTION: 4 LOT # 155 LOT AREA: .9AC DESIGN FLOW: 600 L.T.A.R.: .3

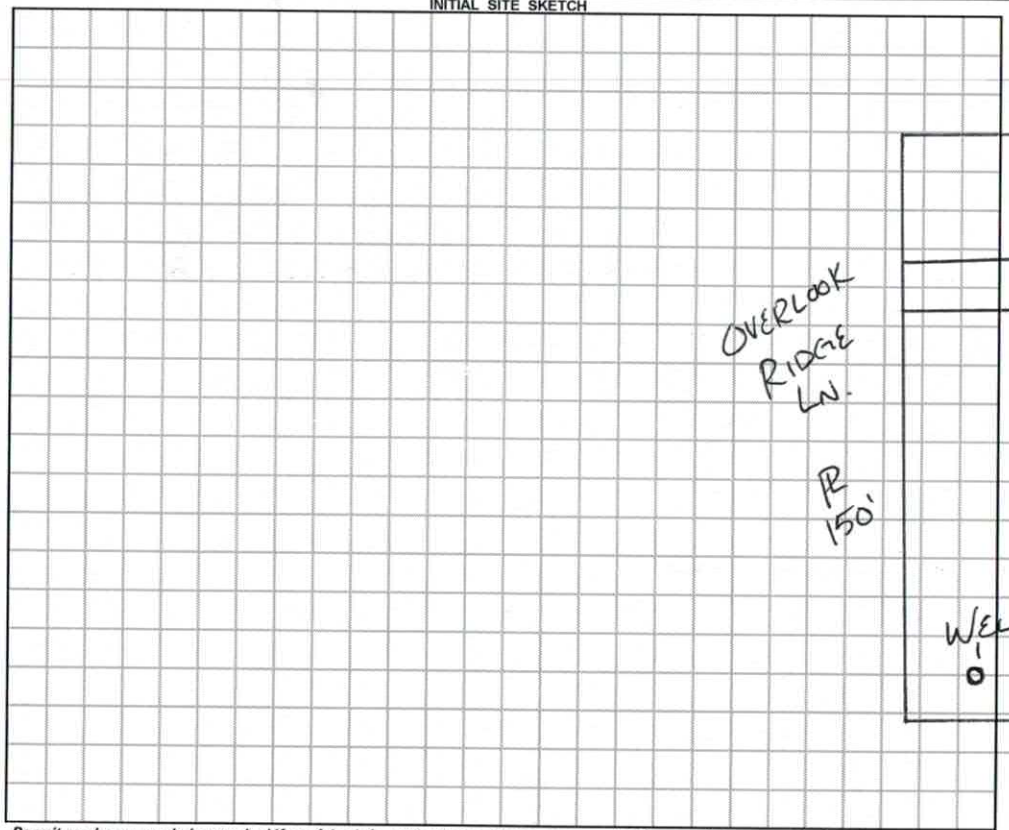
Septic Tank	Ex 1500	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms	5
Pump Tank	Ex 1500	(gal)	PT	Date	System Description:		PM - 25% REDUCTION		☐ Business	No. Persons	10
Pump Make		Model		Serial #	Repair System Description:		PPRPS		☑ Other	No. Employees	
# Nitrification Fields		# Lines	EXISTING	Linear Ft	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☐ Crawl Space	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth			☐ GRAVITY	☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

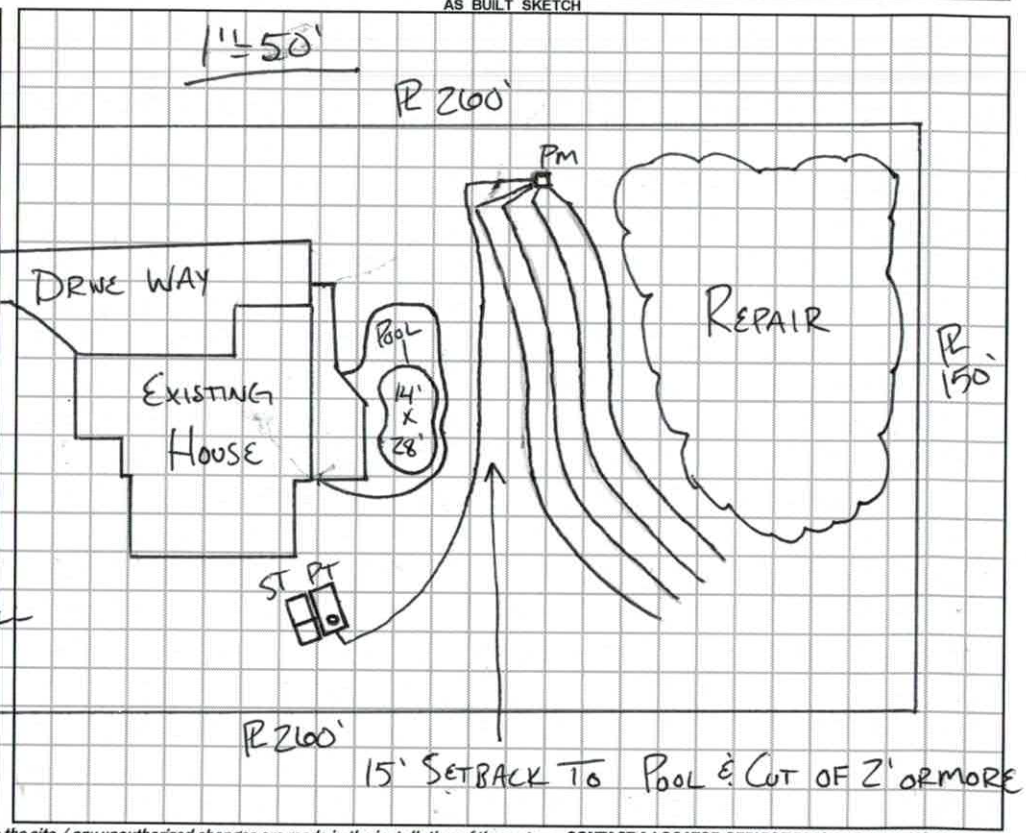
Comments / Conditions: SUPPLY LINE SETBACK IS 10' FROM POOL, IF SUPPLY LINE IS DAMAGED DURING POOL INSTALL A REPAIR PERMIT MAY BE REQUIRED.

POOL

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. **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: Bll permits issued since EH was issued is Munis — W/O signature — Date:

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date: APPROVED MAY 31 2017

OK

RECEIVED MAY 19 2017

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 $250.00

1. **APPLICATION FOR:** ___Improvement Permit ___Authorization To Construct X Existing System Inspection

227329

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 #
Robert A. Fergione	13917 Ballantyne Meadows Dr.	7045440424	7043630500
Glen Schrotenboer	111 Overlook Ridge Ln. Davidson, NC 28036	616821-1704	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Overlook Ridge Lane	Anniston	Lot 155, Phase 4

Driving Directions: 77S to Exit 31. Langtree Rd to right on NC115S. Left on Presbyterian Rd 2.4 miles to right on Shearers Rd, 0.2 miles to left Anniston Way, Right on Burnell Place Left on Walking Horse Trail, rt on Overlook Ridge Lane

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 due to _____
(X) Other inspection for new inground pool installation.

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) 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 (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 2015 (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: Robert A. Fergione — 5/18/17

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:

_____ 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

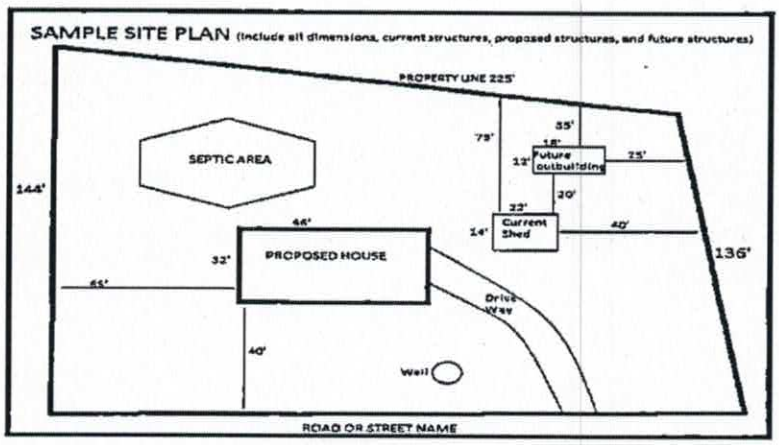
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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 **_____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: _____ 5/19/17

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180962

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

PIN # 4664.97.3441551722

APPLICANT: ANNISTON LLC / Mark Benitez APPLICANT ADDRESS: PO Box 39 Cornelius

SITE ADDRESS: 111 Overlook Ridge Ln. PHONE: ALT. PHONE:

SITE DIRECTIONS: Shearers - TL Anniston Way - TL Burnell - TL Walkent Horse - TR Overlook - on LT

SUBDIVISION: Anniston SECTION: IV LOT # 155 LOT AREA: .9AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank	~~1000~~ 1500 (gal)	STB	444	Date	7-9-15	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 5	Water Supply: ☑ Private
Pump Tank	1500 (gal)	PT	477	Date	7-14-15	System Description:	Pump 75% Reduction			☐ Business	No. Persons 10	☐ Public
Pump Make		Model		Serial #		Repair System Description:	LP Pumps			☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	4	Linear Ft:	500	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	22"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: 7/22/14 Reviewed Floor plans in compliance with original plan.
★ Note: No vehicular traffic over tanks, drive must not be in area of tanks

10/12/15 Set 2ft pressure, Checked elect. & alarm

INITIAL SITE SKETCH

ST/PT

See Rollins Soil & Environmental's Plan

AS BUILT SKETCH

Checked Tanks & Lines & PM
½" 40 Taps 8-25-15 RA

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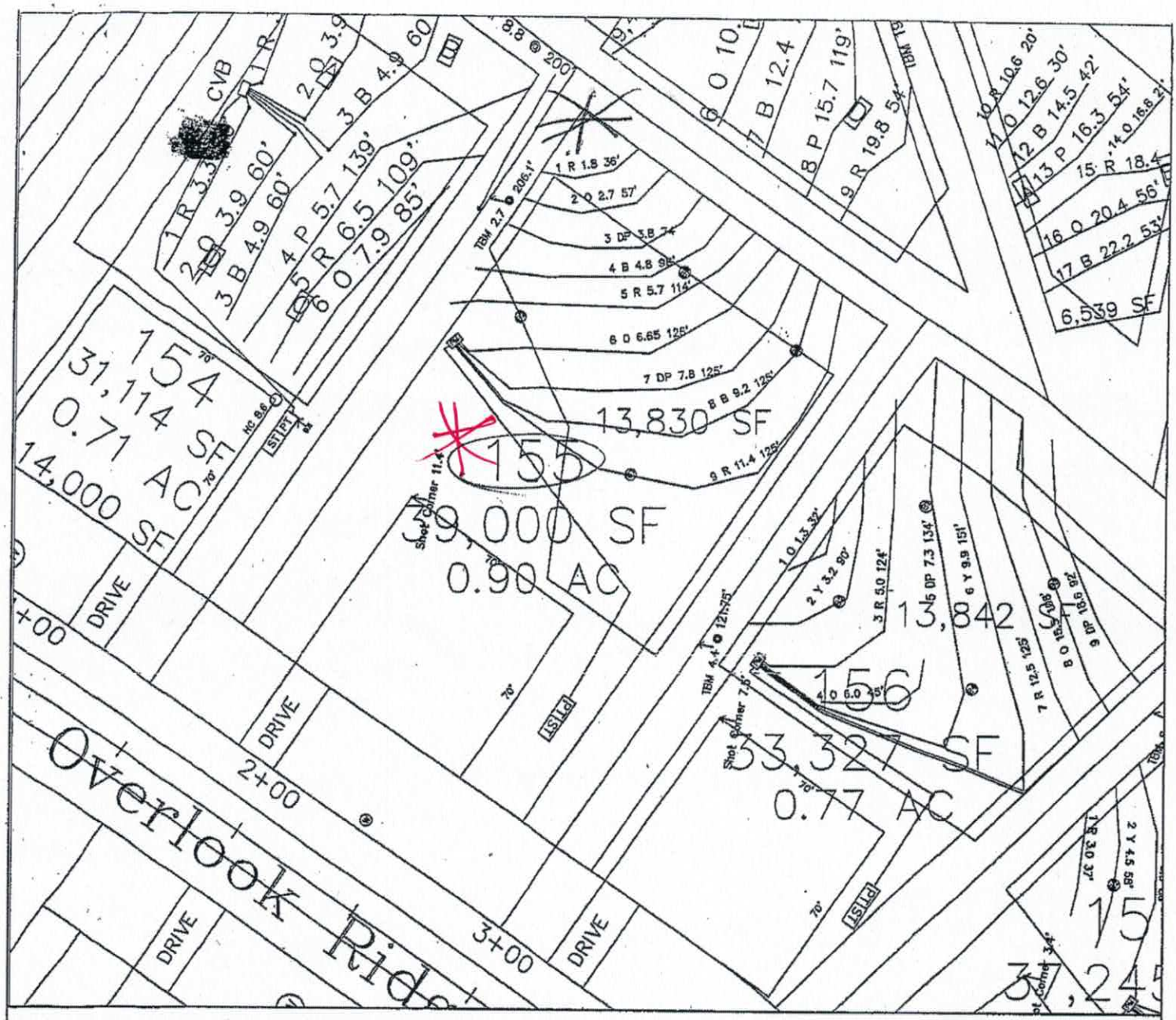
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: W. Todd Fox Date: 11/22/13 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 9/17/13 OPERATION PERMIT by: Maria Dolson RS Date: 10/12/15

AUTHORIZATION TO CONSTRUCT by: Maria Dolson RS Date: 7/22/14 Existing System Inspected by: Date:

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



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Footprint

System lines.

Repair lines.

Temporary Bench Mark (TBM)

Well Location. (25) Pit Location.

OVL
SF

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES, PA
P.O. BOX 532
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: rollans.ashley@yahoo.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ANNISTON II, LLC / ANNISTON SUBDIVISION

LOCATION/DATE: SHEARER CHAPEL ROAD, IREDELL COUNTY, NORTH CAROLINA, SEPTEMBER 2013

JOB # : 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Glen Schrotenboer, am the legal owner(s) of the property located at 111 Overlook Ridge Lane, Davidson, NC, identified as PIN (Parcel Identification Number) 4664971722, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) San Juan Fiberglass Pools of Charlotte, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Glen Schrotenboer *5/18/17 — Signature of Owner(s) — Date

Roxann Daugherty 5/18/17 — 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

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
* 349 N. Center Street, Statesville, NC 28677
1st Floor, Central Permitting

IREDELL COUNTY

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

APPLICATION NUMBER
227329
Issue Date: 05/19/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664971722.000	111 OVERLOOK RIDGE LANE, DAVIDSON, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PEACHTREE RESIDENTIAL LLC	Applicant: SAN JUAN FIBERGLASS PO
Address: 7380 MCGINNIS FERRY RD SUWANEE, GA 30024	Address: 13917 BALLANTYNE MEADOWS DRIVE CHARLOTTE, NC 28277
Phone:	Phone: 704-544-0424

Use Requested	Zone Code
INGROND POOL 14'10"X28	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.895		10.00	10.00	10.00	NOT	X

Remarks:

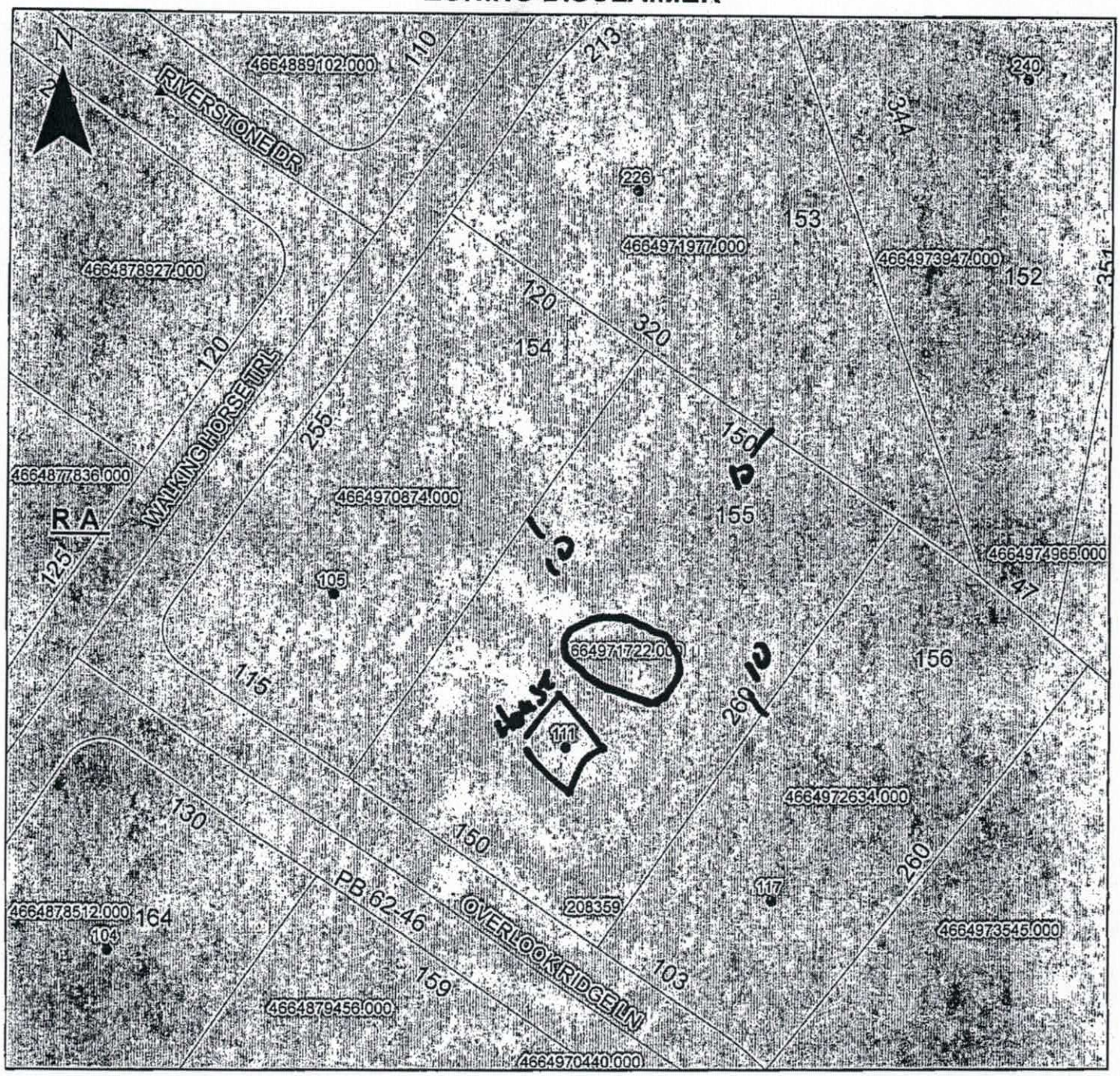
Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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	103551	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 111 Overlook Ridge Ln

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. Applicant further acknowledges that the 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

5/19/17

Date