IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222290

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

PIN # 4664976912

APPLICANT: Waytek Taraskiewicz APPLICANT ADDRESS: 254 Walking Horse Tr Davidson NC 28056

SITE ADDRESS: 254 Walking Horse Trl Davidson NC 28056 PHONE: 704-576-3887 ALT. PHONE: N/A

SITE DIRECTIONS: Shearers, T/L Anniston Way, T/R Burnell, T/L Walking Horse, on right

SUBDIVISION: Anniston SECTION: PHM LOT # 150 LOT AREA: 1.518 ac DESIGN FLOW: Ex 5 L.T.A.R.:

Septic Tank	Ex 1500	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI		[X] Residence	No. Bedrooms	5	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	Relocation for Deck				[ ] Business	No. Persons	10	[X] Private	
Pump Make		Model			Serial #		Repair System Description:					[ ] Other	No. Employees		[ ] Public	
# Nitrification Fields	1	# Lines	1		Linear Ft:	60	Maintenance Agreement Required:	[ ] YES	[X] NO			[ ] Slab	[ ] Crawl Space		[ ] Community	
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing		[ ] Basement w/o plumbing		

Comments / Conditions: per plan by Michael Athanas + Associates

The purpose of this permit is to relocate the first trail line to accomidate for a deck

INITIAL SITE SKETCH

See plan by Michael Athanas + Associates

AS BUILT SKETCH

INSTALLED AS SHOWN

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**

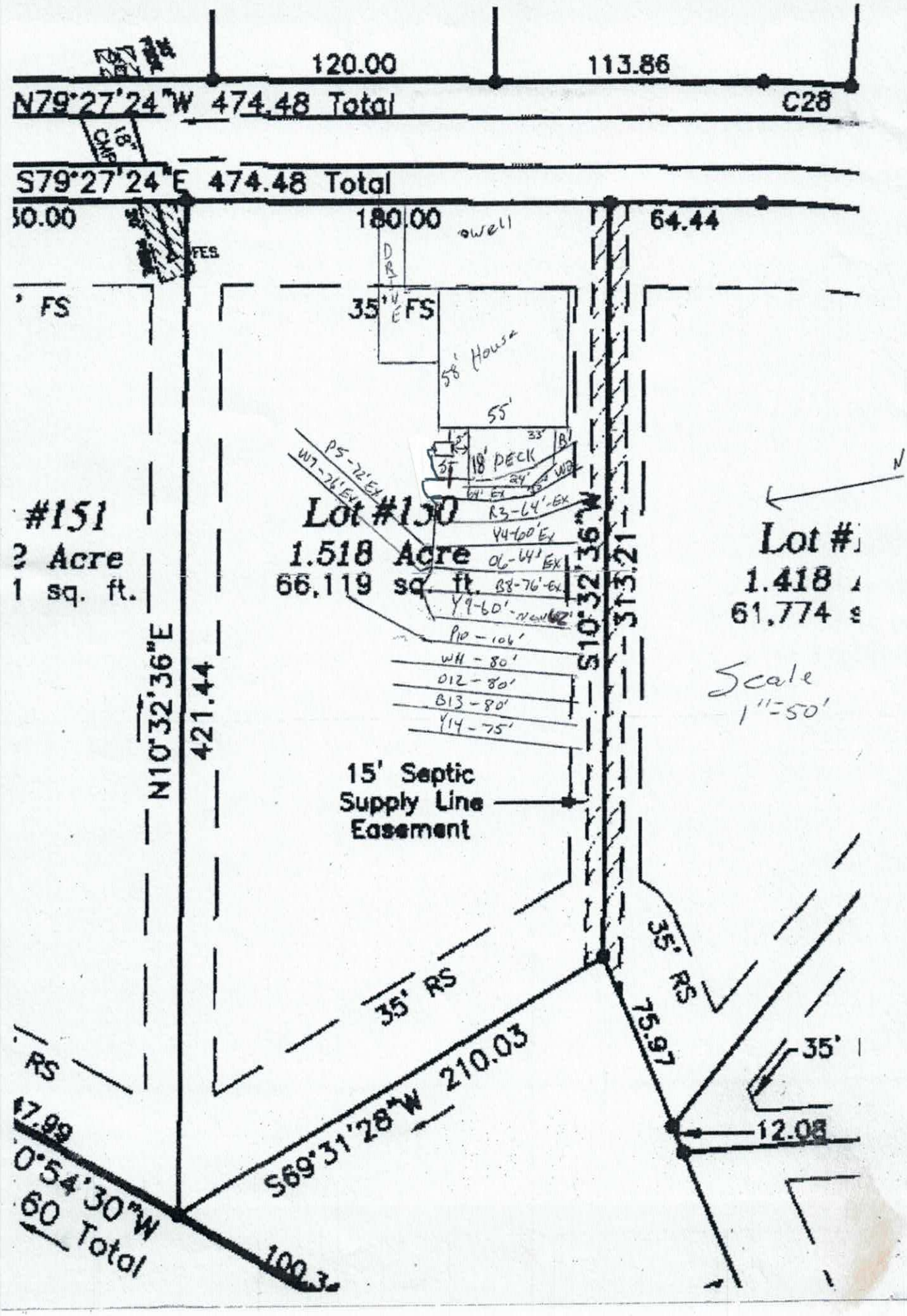
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Waytek Taraskiewicz Date: 11/2/16 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: [signature] Date: 11/1/16 OPERATION PERMIT by: [signature] Date: 2-21-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/3/16 Existing System Inspected by: Date:

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


120.00
113.86
N79°27'24"W 474.48 Total
C28
S79°27'24"E 474.48 Total
180.00
well
64.44
FES
35' FS
58' House
55'
18' DECK
W1-76'-Ex
R3-64'-Ex
Y4-60'-Ex
06-64'-Ex
B8-76'-Ex
Y9-60'-New
P10-106'
WH-80'
012-80'
B13-80'
Y14-75'
#151
2 Acre
1 sq. ft.
Lot #130
1.518 Acre
66,119 sq. ft.
Lot #
1.418
61,774
N10°32'36"E
421.44
S10°32'36"W
313.21
Scale
1"=50'
15' Septic
Supply Line
Easement
35' RS
35' RS
35'
75.97
S69°31'28"W 210.03
12.08
47.99
0°54'30"W
60 Total
100.3



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 254 Walking Horse Tr. Anniston Lot 150
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Predetermined LTAR: 0.275 GPD/FT2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons (existing)
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	
Blue 1	**60'**	**60'**	**(existing-abandon)**
White 2	**64'**	**64'**	**(existing)**
Red 3	**64'**	**64'**	**(existing)**
Yellow 4	**60'**	**60'**	**(existing)**
Pink 5	**72'**	**72'**	**(existing)**
Orange 6	**64'**	**64'**	**(existing)**
White 7	**76'**	**76'**	**(existing)**
Blue 8	**76'**	**76'**	**(existing)**
Yellow 9	**60'**	**90'**	**(new)**
Pink 10		106'	
White 11		80'	
Orange 12		80'	
Blue 13		80'	
Yellow 14		75'	

Initial System: 536' **Repair System:** 421'

Comments:

MA&A have evaluated this lot for a patio addition. We propose to abandon the first line (B1) and replace it with a new line Y9. This design is based off the previously permitted design. According to the final site plan, the first line has 15 Quick 4 chambers installed (60 ft). We are proposing to replace this with 60 ft of new line. Any deck post must be 5 ft from the septic system.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH
123 morning Dove

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Essex Homes
ADDRESS: 120 cromer Rd - Lexington, SC
PROPOSED FACILITY: 4 BR House PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Lot 6 Autumn Grove

APPLICATION DATE 9-25-16
DATE EVALUATED: 10-5-16
PROPERTY SIZE: 0.64 acres
PROPERTY RECORDED: Yes

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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1									
2 (B2)	LSS shoulder 16%	0-13	SCL v. weak SBK	sl. friable, SS, SP, SOP	—	48	—	—	0.30 PS
		13-39	R clay w/ SBK	sl. firm, SS, SP, SOP					
		39-48	R clay loam w/ SBK w/ some Saprolite	very fri. able, SS, SP, SOP					
3									
4	LSS shoulder 7%	0-10	SCL v. weak SBK	sl. friable, SS, SP, SOP	—	48	—	—	0.30 PS
		10-48	R clay w/ SBK ↑ strong!	sl. firm, SS, SP, SOP					

Lengths OK Locations OK

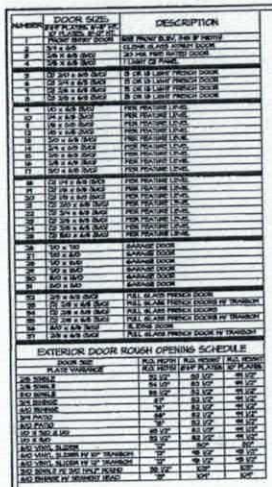
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270	270
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

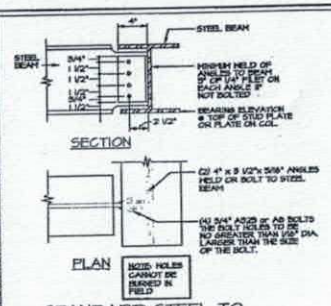
LOT-150

Deck

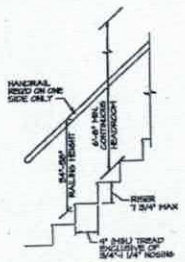


EXTERIOR DOOR ROUGH OPENING SCHEDULE

DOOR SIZE	ROUGH WIDTH	ROUGH HEIGHT
2'-6" X 6'-8"	2'-8 1/2"	6'-10 1/2"
2'-8" X 6'-8"	2'-10 1/2"	6'-10 1/2"
3'-0" X 6'-8"	3'-2 1/2"	6'-10 1/2"
4'-0" X 6'-8"	4'-2 1/2"	6'-10 1/2"
5'-0" X 6'-8"	5'-2 1/2"	6'-10 1/2"
6'-0" X 6'-8"	6'-2 1/2"	6'-10 1/2"
8'-0" X 6'-8"	8'-2 1/2"	6'-10 1/2"
9'-0" X 6'-8"	9'-2 1/2"	6'-10 1/2"
10'-0" X 6'-8"	10'-2 1/2"	6'-10 1/2"
12'-0" X 6'-8"	12'-2 1/2"	6'-10 1/2"
16'-0" X 7'-0"	16'-2 1/2"	7'-0 1/2"
18'-0" X 7'-0"	18'-2 1/2"	7'-0 1/2"



STANDARD STEEL TO STEEL BEAM CONNECTION
SCALE: N.T.S.



SCHEMATIC STAIR SECTION

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 29249 4/3/14 KERRI P. MUNSON

NORTH CAROLINA RESIDENTIAL STRUCTURES, P.C. No. C3295 CERTIFICATE OF AUTHORIZATION

RESIDENTIAL STRUCTURES, P.C.
3440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

NOTE FOR GARAGE HEADERS:
6" X 4" STEEL WITH OVERSIZED BRICK OR
5" X 3 1/2" STEEL WITH QUEEN SIZED BRICK

FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!
APPROVED NOV 2 0 2014
Date
Date 11/25/14

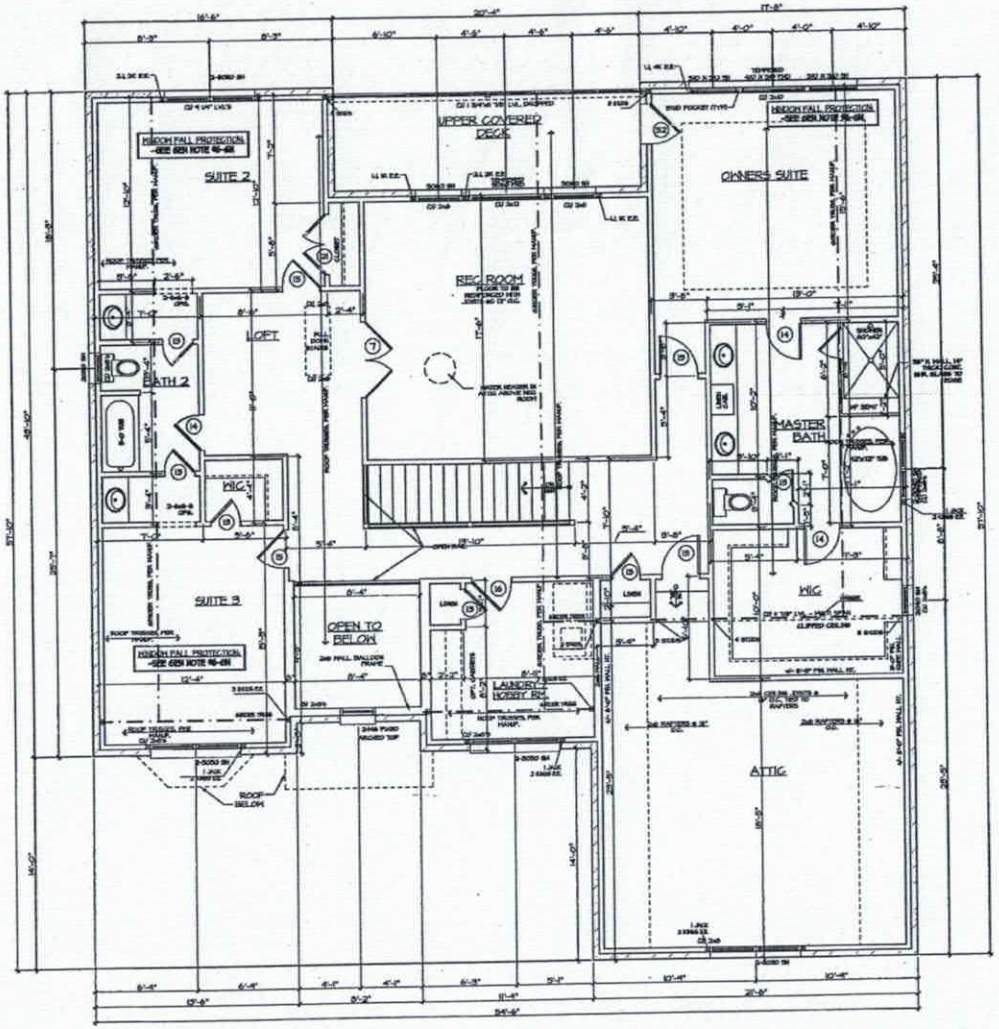
SheaHomes (Charlotte)
8008 Corporate Center Dr. Suite 300
Charlotte, NC 28226
704-319-5000

PLAN NUMBER: 221-BD
PLAN NAME: HAMPTON
BD
Date: 11.3.14
Scale: 1/8"=1'-0"
Drawn: MHH
Checked: CAD
Sheet: 2A

Acknowledgement of Plans Submittal ONLY!

Date 11/2/16
Date 11/3/16

LOT- 150



NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 25249 4/3/14 KEVIN P. MUNSON

NORTH CAROLINA RESIDENTIAL STRUCTURES, P.C. No. C3295 CERTIFICATE OF AUTHORIZATION

RESIDENTIAL STRUCTURES, P.C.
3440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

Acknowledgement Of
Plans Submittal ONLY!
APPROVED NOV 20 2014
Date
Date 11/25/14

SECOND FLOOR PLAN

Shea Homes (Charlotte)
8008 Corporate Center Dr. Suite 300
Charlotte, NC 28226
704-319-3000

BD

PLAN NUMBER: 221-BD
PLAN NAME: HAMPTON
Date: 11.5.14
Scale: 1/8"=1'-0"
Drawn: MMH
Checked: CAD
Sheet: 3B

Acknowledgement of
Plans Submittal ONLY!
Date 11/2/16
Date 11/3/16

RECEIVED OCT 5 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 #222290

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Wojtek Taraskiewicz **Address:** 254 Walking Horse Tr. Davidson NC 28036 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 254 Walking Horse Trail

Subdivision Name: Anniston **Section/Phase:** **Lot Number:** 150

Driving Directions: Shearers, TL Anniston Way, TR Burnell, TL Walking Horse, on Rt

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:
Maximum Number of Occupants:
( ) Swimming Pool
(X) Other Addition/Structure: Patio/Deck

( ) 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:

( ) New Well (X) 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 (X) Other: Accepted

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: _____ 9/21/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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, Wojtek Taraszkiewicz _____, am the legal owner(s) of the property located at_ 254 Walking Horse Trail, Davidson, NC_____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**
Michael Athanas + Assoc., _____, 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.

_____ 09/07/16 _____ 9/7/16
Signature of Owner(s) 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

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

IREDELL COUNTY HEALTH DEPARTMENT

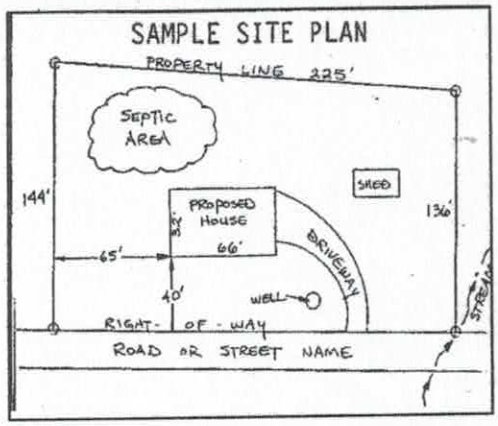
ENVIRONMENTAL HEALTH DIVISION

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:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location and 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

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 Plan

Signature: _____ 9/21/2016

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

IREDELL COUNTY

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

APPLICATION NUMBER
222290
Issue Date: 10/05/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4664976912.000	254 WALKING HORSE TRAIL, DAVIDSON, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TARASZKIEWICZ WOJTEK+MARTA	Applicant: TARASZKIEWICZ WOJTEK+M
Address: 254 WALKING HORSE TRAIL DAVIDSON, NC 28036	Address: 254 WALKING HORSE TRAIL DAVIDSON, NC 28036
Phone:	Phone:

Use Requested	Zone Code
DECK ADDITN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.518	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	82334	TOTAL FEES:	$ 77.25