IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 220628

PIN # 4664987296

APPLICANT: ROLLANS SOIL

APPLICANT ADDRESS: PO BOX 832 MOORESVILLE NC 28115

SITE ADDRESS: 259 WALKING HORSE TR. DAVIDSON NC 28036

PHONE:

ALT. PHONE: 704 689 3563

SITE DIRECTIONS: SHEARERS (S) - TL ANNISTON WAY - TR BURNELL - TL WALKING HORSE ON LT

SUBDIVISION: ANNISTON

SECTION: 4 LOT # 134 LOT AREA: 1.03 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 444 Date 1-17-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines EX 3 NEW 2 Linear Ft: 502

Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth NA

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: CP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See Rollans Soil & Environmental Services Design.

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**

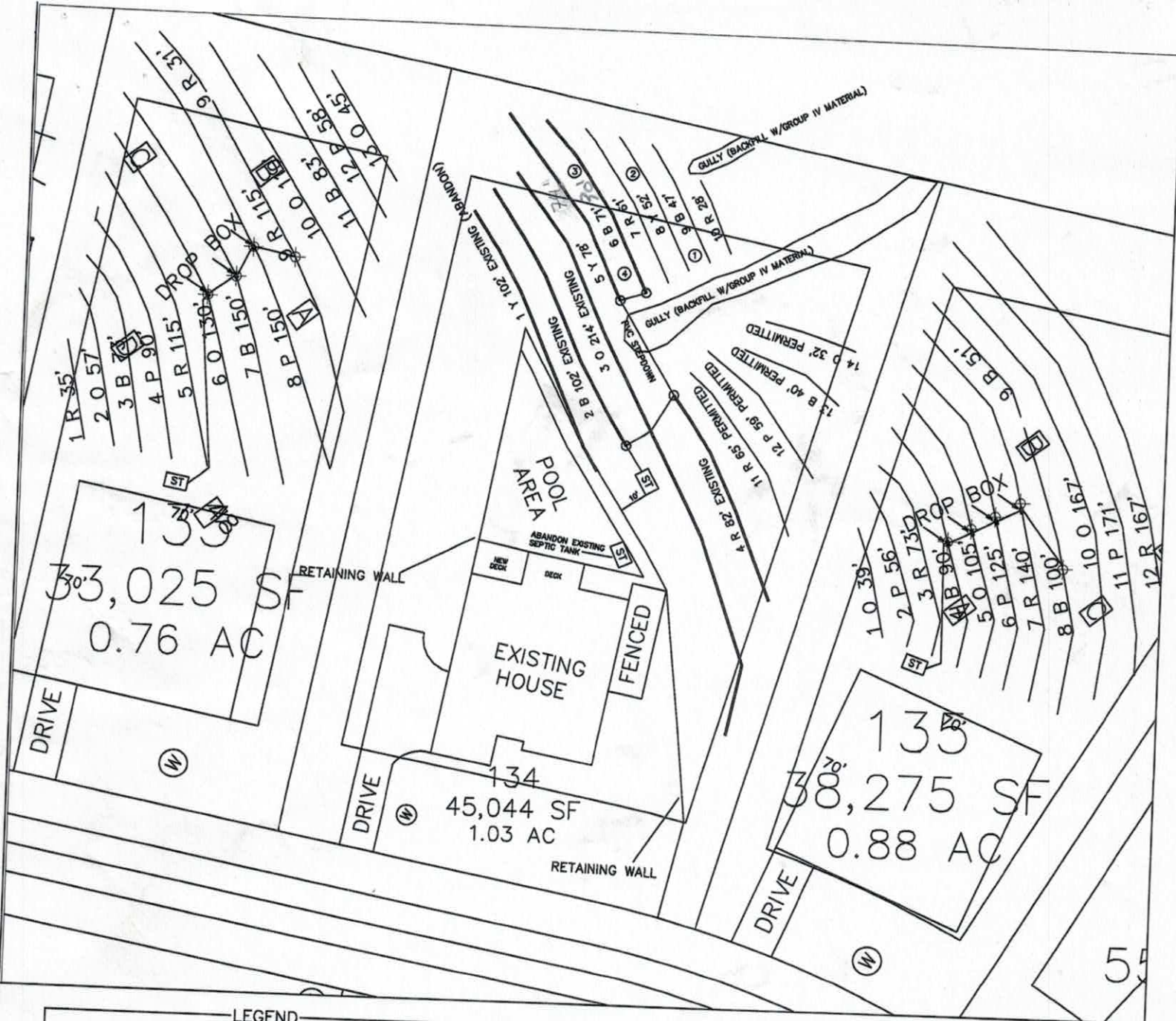
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8/12/16 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: Date: 8/9/16 OPERATION PERMIT by: KA-00-8 Date: 2-20-17

AUTHORIZATION TO CONSTRUCT by: Date: 8/9/16 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)
- (W) Well Location.
- (25) Pit/Boring Location.

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 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278 - 0589
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 LOT 66

LOCATION/DATE: SHEARER CHAPEL ROAD IREDELL COUNTY, NORTH CAROLINA JANUARY 2014

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

ROLLANS ***Soil & Environmental Services, PA.***
P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for a Modification of an Existing Accepted Septic System (Gravity) for a 5 bedroom single family residence on Lot 134, Anniston Subdivision, at 259 Walking Horse Tr., (PIN 4664987296), Iredell County, NC.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5-6
Calculations	7
Profile Descriptions	8
Expedited Review Process Checklist	9
Zoning Permit & Receipt	10-12
Application	13-14
Green Sheet	15
Agent Authorization Form	16

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA 7/26/16

July 27, 2016
Project #: 01-3204
Design By: Rollans Soil & Environmental Services, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a low pressure PPBPS (50% reduction) installation.
- **Existing Gully must be backfilled w/Group IV material to allow proper setbacks**
- **Water's Edge of Proposed Pool must be 15' from all septic components.**
- **Retaining wall must be constructed 10' upslope of all septic components.**
- **Existing Septic Tank must be pumped and properly abandoned.**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant: Rollans Soil

Address: P.O. Box 832
Mooresville, NC 28115

Phone: 704.746.5046
County: Iredell
Location: 259 Walking Horse Trail
PIN (4664987296)
Source of Wastewater Flow: 5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 600
System Flow: N/A

Design Specifications

Drainfield Size: 502
Loading Rate (gpd/ft.^{2}): 0.3
Depth of Gravel in Trench: N/A
Gravel Size: N/A
Trench Depth: 36 in. Repair Trench Bottom 36 in.
Trench Width: 36 in.
Septic Tank Size: 1500

Estimated Supply Line Length: 10
Supply Line Diameter: 4 in. SCH 40 PVC
Supply Line Volume: 6.53
Dosing Volume: N/A
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

Threaded Union: N/A
Gate Valves: N/A

Check Valves: N/A
Anti-Siphon Hole: N/A
Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services

259 Walking Horse Trail

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	600
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1506
TOTAL LATERAL LENGTH:	502
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	500
SUPPLY LINE LENGTH:	10
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1500

Layout Specifications - 259 Walking Horse Trail

Project #: 01-3204

LAYOUT FOR 4 BEDROOM HOME

July 27, 2016

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	YELLOW		ABANDON			102	0
2	***BLUE***		***EXISTING***			***102***	***102***
3	***ORANGE***		***EXISTING***			***214***	***214***
4	***RED***		***EXISTING***			***82***	***82***
5	***YELLOW***		***PROPOSED***			***78***	***76***
6	***BLUE***		***PROPOSED***			***71***	***28*** -398
7	RED					61	61
8	YELLOW					52	52
9	BLUE					47	47
10	RED					28	28
11	RED					65	65
12	PINK					59	59
13	BLUE					40	40
14	ORANGE					32	32
					Total	**1033**	**886**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***502***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	384	0.300	MOD.	0.300	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****Septic Lines must be installed to Design Length Specified on this page.**


1" = 30'
GULLY (BACKFILL W/GROUP IV MATERIAL)
GULLY (BACKFILL W/GROUP IV MATERIAL)
1 Y 102' EXISTING (ABANDON)
2 B 102' EXISTING
3 O 214' EXISTING
4 R 82' EXISTING
5 Y 78'
6 B 71'
7 R 61'
8 X 52'
9 B 47'
10 R 28'
RVC STEPDOWN
11 R 65' PERMITTED
12 P 59' PERMITTED
13 B 40' PERMITTED
14 P 32' PERMITTED
POOL AREA
ST
10'
ABANDON EXISTING SEPTIC TANK
NEW DECK
DECK
RETAINING WALL
EXISTING HOUSE
FENCED
DRIVE
134
45,044 SF
1.03 AC
RETAINING WALL
DRIVE
1 O 39'
2 P 56'
3 R 73'
R 90'
70'
135
38,275
0.88

CALCULATIONS

Location 259 Walking Horse Trail, Davidson, NC 28036

Project Number 01-3204

Lot No: 134 Anniston Subdivision

No. of Bedrooms 5

Design Flow 600 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 10 ft.

Supply Line Volume 6.53 gal.

Required Feet of Line 500 ft.
Amount of Line from Layout 502 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1500 gal.
Septic Tank Size 1500 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

Sheet 1 of 1
PROPERTY ID #: 4694729
COUNTY: Iredell

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

OWNER: Brandon Holloway
ADDRESS: 259 Walking Horse Tr Davidson NC 28036
PROPOSED FACILITY: SFR
LOCATION OF SITE: Same as above.
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949): 600gpd
APPLICATION DATE: 7/27/16
DATE EVALUATED: July 2016
PROPERTY SIZE: ± 1,630 sf
PROPERTY RECORDED: yes
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
B1	L/25%	0-3	B/sr	FrSSSPSExP	-fsap	52"	-	-	PS 0.3
		3-8	BRclwfsbk	" " " "					
		8-40	RBcwmsbk	" " " "					
		40-52	RBclwfsbk	" " " "					
B2	L/25%	0-5	RBclwmsbk	FrSSSPSExP	-fsap	52"	-	-	PS 0.3
		5-35	Rcwmsbk	" " " "					
		35-52	RBclwmsbk	" " " "					
B3	L/25%	0-12	Bclwfsbk	FrSSSPSExP	-fsap	52"	-	-	PS 0.3
		12-38	Rcmmsbk	" " " "					
		38-52	RBclwfsbk	" " " "					
B4	L/22%	0-4	B/sr	FrSSSPSExP	-fsap	48" 52"	-	-	PS 0.3
		4-14	Bclwfsbk	" " " "					
		14-45	Rcmmsbk	" " " "					
		45-52	RBclwfsbk	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	APBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Kody Idell

COMMENTS:

RECEIVED JUL 28 2016

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM* Paid $350.00 Relocation # 220628

Application For:

(√) Septic Improvement Permit ( ) New Well Permit (√) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:
Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(√) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Rollans Soil **Address:** P.O. Box 882 Mooresville NC 28115 **Phone:** 704 746 5046

Owner Name: Brandon Hollonby **Address:** 259 Walking Horse Tr Davidson NC 28036 **Phone:** 704 689 3565

Property Information:

Street Address: 259 Walking Horse Tr. Davidson NC 28036

Subdivision Name: Anniston **Section/Phase:** _____ **Lot Number:** 134

Driving Directions: Sheares, L on Anniston Way, R on Burnell, L on Walking Horse, Lot on L.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
*Existing House

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
(√) Swimming Pool
( ) Other Addition/Structure: Retaining wall

(√) 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 (√) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)***

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (√) Other: Accepted

Year existing system installed: 2015

Please answer the following to the best of your ability:

( ) Yes (√) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (√) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (√) 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: _____ 7/26/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Brandon Holloway, am the legal owner(s) of the property located at 259 Walking Horse Trl, identified as PIN (Parcel Identification Number) 4664-98-7296, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans Rollans Soils Environmental Services, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	7/28/16		7/28/16

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

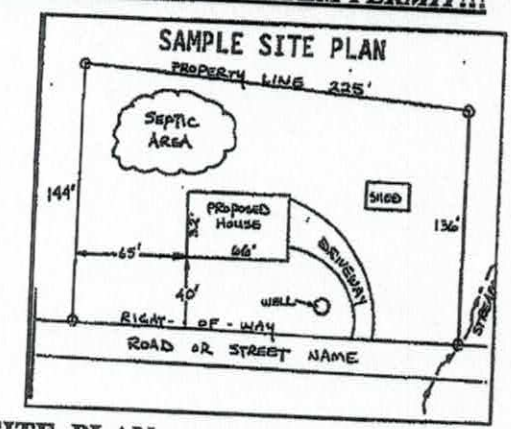
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

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

7/27/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 25197

PIN # 4664-98-4110 7296

APPLICANT: SHEA HOMES

APPLICANT ADDRESS: 8088 CORPORATE CENTER DR. CHARLOTTE

SITE ADDRESS: 259 WALKING HORSE TR.

PHONE: ALT. PHONE:

SITE DIRECTIONS: ANNISTON WAY, TR BURNELL, TL WALKING HORSE, ON L

SUBDIVISION: ANNISTON SECTION: LOT # 134 LOT AREA: 1.034 AC DESIGN FLOW: 600 L.T.A.R.: 3

Septic Tank 1500 (gal) STB 1014 Date 10-8-14

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 500'

Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II ⓘ IV V VI

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 5 No. Persons No. Employees ☒ Crawl Space

☐ Basement w/o plumbing

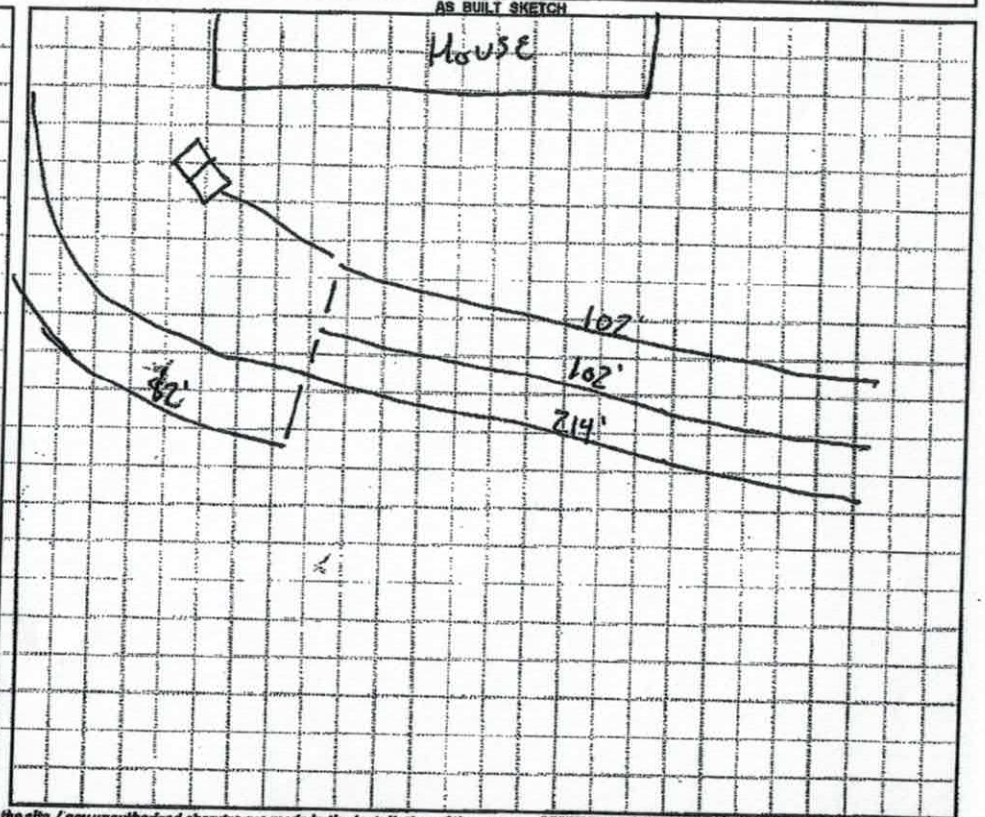
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

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: Stan Lively Date: 4/6/15 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: APPROVED MAR 26 2015 OPERATION PERMIT by: Date: 4-24-15

AUTHORIZATION TO CONSTRUCT by: Date: APPROVED MAR 26 2015 Existing System Inspected by: Date:

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

IREDELL COUNTY

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

APPLICATION NUMBER
220628
Issue Date: 07/28/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4664987296.000	259 WALKING HORSE TRAIL, DAVIDSON, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOLLOWAY BRANDON L+CHRISTY E	Applicant: ROLLANS SOIL & ENVIRON
Address: 259 WALKING HORSE TRAIL DAVIDSON, NC 28036	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.034		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: 7/27/16

Permit Number	75822	TOTAL FEES:	$ 77.25