RECEIVED MAR 2 3 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00

#205177

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: Shea Homes **Address:** 8058 Corporate Center Dr Ste 300 Charlotte NC **Phone:** _____

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

Property Information:

Street Address: 259 W/King Horse Trail

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

Driving Directions: Shearers, TL Anniston Way, TR Burnell, TL W/King Horse, on LT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:

(X) New Well ( ) 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: _____ 3/23/2015

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

IREDELL COUNTY HEALTH DEPARTMENT

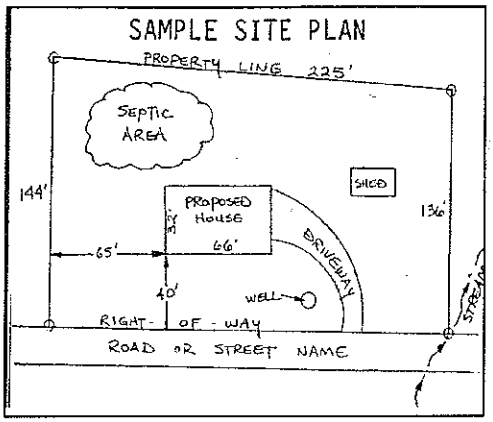
ENVIRONMENTAL HEALTH DIVISION

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: _____ 3/23/2015

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, David Hunter, am the legal owner of the property located at 259 Walking Horse Trail, identified as PIN(Parcel Identification Number) 4664 98 7296, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas & Assoc., _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

David Hunter 3/23/15
Signature of Owner Date

[signature] 3/23/15
Signature of Witness Date

RECEIVED SEP 1 5 2014

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit x Authorization To Construct ___ BOTH ___ Existing System Inspection

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:

Shea Builders	8008 Corporate Center Drive, Charlotte, NC 28277	(704) 884-1548	(704) 674-8102
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Shea Builders	8008 Corporate Center Drive, Charlotte, NC 28277	(704)319-5000	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

259 Walking Horse Trail	Anniston	Lot: 134
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: ~~From I-77 N, Exit 30 towards Davidson, , Kept right onto Griffin St~~

Exit circle onto Griffin St, right onto Presbyterian Rd, right on 1125/Shearers Rd

Left on Anniston Way…to The Anniston community

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

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

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

( ) 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:

(x) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative (x) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. 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: Cynthia Blandford

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

August 29, 2014
DATE

IREDELL COUNTY HEATLH 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...
  SHOW: proposed house or business footprint, wells, water lines, patios, pool 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...

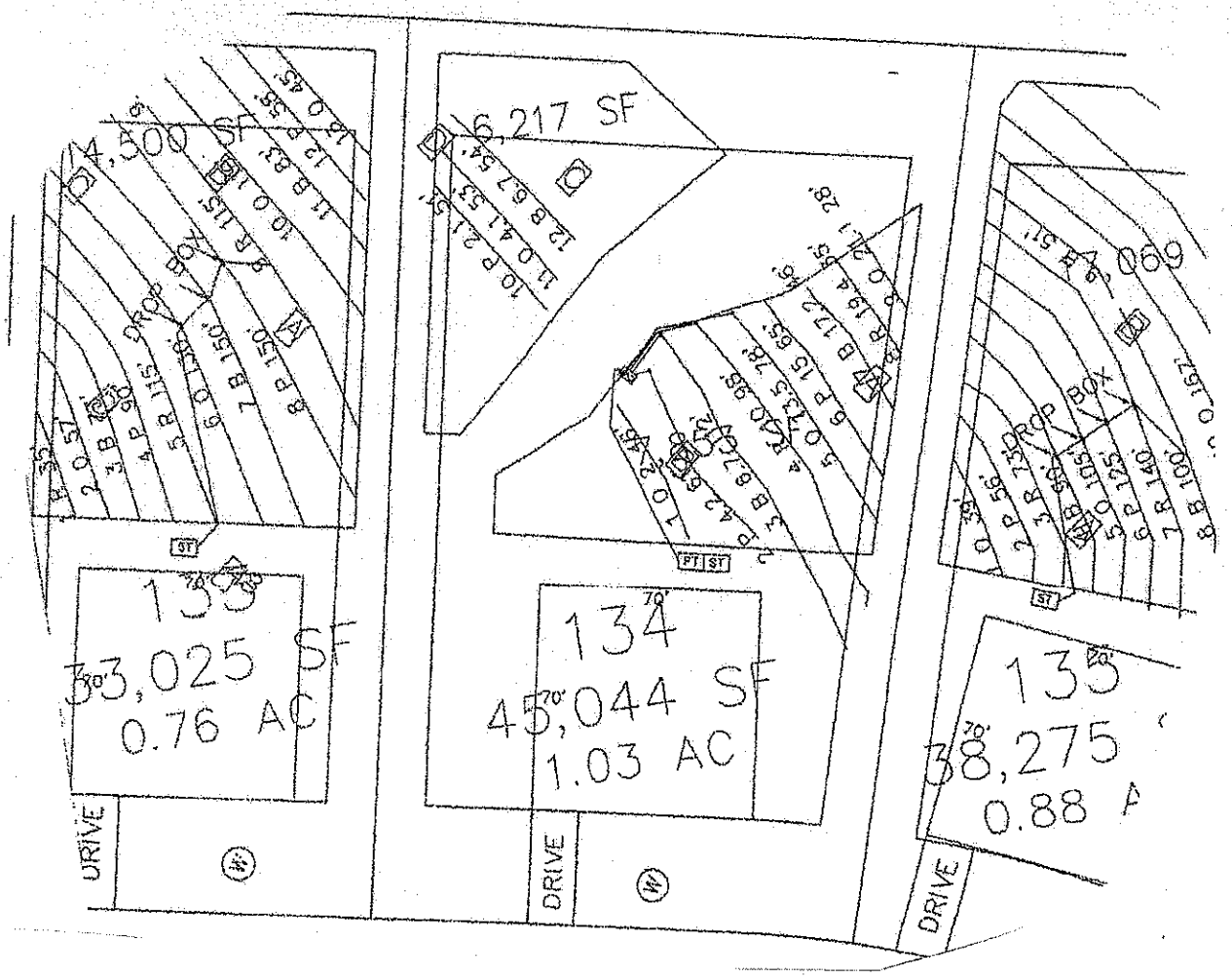
Circle N/A on the following if appropriate:

- X — Location of septic systems and wells within 100' of your property... N/A
- X — Location of easements and rights of ways on your property... N/A
- X — Location of any designated wetlands on the property... N/A

Signature: Cynthia Blackburn — *REQUIRED* property owner or owner's legal representative signature.

Sept 11, 2014 — DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health
V:\FORMS\OSWP Forms\Application For OSWP Permit.doc

Yellow Copy – Applicant

F.E.M.A.– F.I.R.M. INFORMATION

COMMUNITY NUMBER: 370313 MAP NUMBER: 3710468400E
EFFECTIVE DATE: MARCH 02, 2009 ZONE: X (OUT)

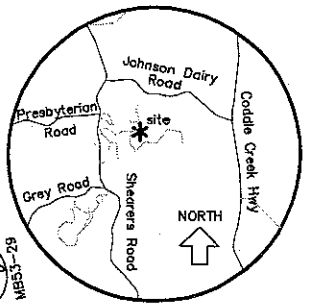
PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

LOT SETBACKS		
ZONING	RA	
SIDE YARD	15	FEET
SIDE YARD ON CORNER LOT	25	FEET
REAR YARD	35	FEET
SETBACK	35	FEET

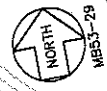
SUPERINTENDANT VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION!

REQUESTS

08/20/14
BASEMENT
DRIVE EXT. LEFT SIDE LOAD
SCREEN PORCH
207–CDX ALPINE



VICINITY MAP
n.t.s.



N/F
BENTLEY FAMILY
LIMITED PARTNERSHIP
DB 1794–884

N79°23'32"W 177.06'

45,044 sq. ft.
1.034 acres

S16°05'52"W 278.01'

N10°32'36"E 275.14'

S79°27'24"E 113.86'

LOT 133

LOT 135

SCREEN PORCH

48.0'

58.8'

53.0'

46.0'

40.0'

207–CDX ALPINE
BASEMENT
DRIVE LEFT SIDE
FULL BRICK
07/29/08

PROPOSED DRIVE & WALK
1751 SF

DENSE FOLIAGE

WALKING HORSE TRAIL
50' PUBLIC ROAD R/W

LEGEND

O	PROPERTY CORNER
(F)	FOUND
(S)	SET
#4b	No. 4 REBAR
R/W	RIGHT OF WAY
b/c	BACK OF CURB
P.D.E.	PUBLIC DRAINAGE EASEMENT
MAG	SURVEY NAIL
Ⓢ/SSMH	SANITARY SEWER MANHOLE

CURVE TABLE					
CURVE	LENGTH	RADIUS	CHORD	BEARING	DELTA
C1	36.35	375.00	36.34	N76°40'46"W	5°33'15"

THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS–OF–WAY EITHER RECORDED OR IMPLIED.

0' 1" SCALE: 1" = 40 '

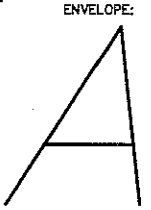
Lucas–Forman Incorporated
Land Surveying
Planning & Engineering
4000 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220–1386
(704) 527–6626 Fax 527–9640

PLOT PLAN
of
259 WALKING HORSE TRAIL
MOORESVILLE, IREDELL COUNTY, N.C.

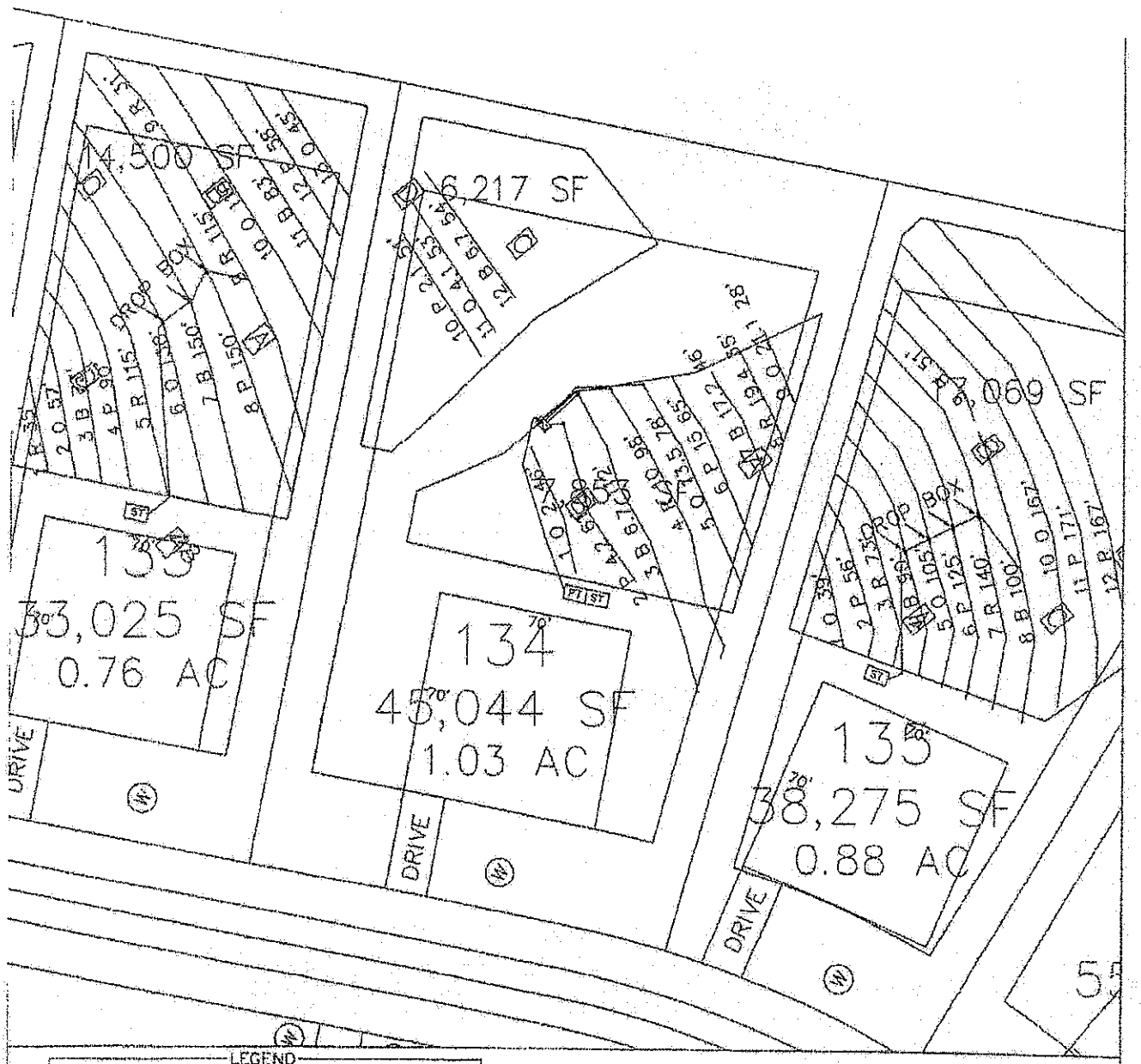
LOT 134 BLOCK ____ MAPBOOK 54 PAGE 69
SUBDIVISION ANNISTON SUBDIVISION PHASE 4 MAP 1
DEED REFERENCE: ____
for
SHEA HOMES

REVIEWED:	DATE: 08/27/2014	REV.
DRAWN: B.S. HENSLEY	UPDATE:	

ENVELOPE:



JOB# ANN0134 | FILE# IRE



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 (All 70' x 70')
- System lines
- Repair lines
- TBM
- Well Location
- (A) RS&ES Pit Location.
- (25) RS&ES Boring Location.
- (28) Health Dept. Pit 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

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

LOCATION/DATE: SHERROD CHAPEL ROAD, MORGAN COUNTY, NORTH CAROLINA, JULY 2008

PROJECT NAME: NIBLOCK DEVELOPMENT CORP. / ANNISTON PHASE IV

JOB # : 01-1008
FILE: C:\JOBS\01-1008
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

IREDELL COUNTY HEALTH DEPARTMENT

$515.00

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

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

PERMIT# 150556 PIN# 4664984110.134 DATE 6-5-08

OWNER OR APPLICANT Niblock / Rollans Environmental PHONE: Business 704 361-1201 Home

ADDRESS 360 McGill Ave NW Concord, NC 28027

LOCATION Shearers Rd TL Anniston

SUBDIVISION Anniston BLOCK / SECTION 4 LOT 134 LOT AREA 1.034 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons: STB Date

Pump Tank: 1500 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump-LP- Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Original Site evaluation done by Rollans Environmental

Per plan specs

Comments:/Conditions: Use In-line filter in PT

INITIAL SITE SKETCH

See Attached plan by Rollans Environmental

AS BUILT SKETCH

Improvement Permit Only-Do Not Issue Building Permit

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: date 6-18-08 Installed by:

Improvement Permit by: RS date 6/5/08 Operation Permit by: date

Authorization to Construct by Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-6-15 (Date)

Owner: Shea Homes
Address: 8001 Corporate Center Drive
Charlotte, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Shea Homes PIN 4664 98 4110 #205177 dated 8-13-14
Anniston Lot 134 - 259 Walking Horse Trail, Davidson, NC

I, Paul Luby (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 8-13-14 (date) for a system 25% Reduction PPBPS (system name) for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205177

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

PIN # 4664984110

APPLICANT: SHEA HOMES APPLICANT ADDRESS: 8008 CORPORATE LAKES DR

SITE ADDRESS: WALKING HORSE LN - LOT 134 PHONE: ALT. PHONE: 704-576-3887

SITE DIRECTIONS: SHEARS ROAD (L) ANNISTON (R) BARRELL (R) WALKING HORSE LOT ON (L)

SUBDIVISION: ANNISTON SECTION: 4 LOT # 134 LOT AREA: 1.034AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 500'
Trench Width 3' Max. Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: 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: KEEP LINES ON CONTOUR AS PER DESIGN

SCREEN PORCH DOES NOT APPEAR TO EFFECT SEPTIC SYSTEM ON SITE PLAN. 9/19/14

INITIAL SITE SKETCH

See ATTACHED DESIGN BY MICHAEL ATHANAS + ASSOC

approved 8/13-14

AS BUILT SKETCH

REVOKED

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: 9/22/14 Installed by:

IMPROVEMENT PERMIT by: Sonic Young REHS-LSS Date: 8-13-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

APPROVED SEP 19 2014

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

IREDELL COUNTY HEALTH DEPARTMENT 515.00

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

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

PERMIT# 150556 PIN# 4664984110.134 DATE 6-5-08

OWNER OR APPLICANT Niblock / Rollans Environmental PHONE: Business 704 361-1201 Home

ADDRESS 300 Mc Gill Ave NW Concord, NC 28027

LOCATION Shearers Rd IL Anniston

SUBDIVISION Anniston BLOCK / SECTION 4 LOT 134 LOT AREA 1.034 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB Date

Pump Tank: 1500 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP- Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Original Site evaluation done by Rollans Environmental Per plan specs

Comments/Conditions: Use In-line filter in PT

INITIAL SITE SKETCH

See Attached plan by Rollans Environmental

AS BUILT SKETCH

RENOVATED

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: date 6-18-08

Improvement Permit by: RS date 6/5/08

Authorization to Construct by

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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

RECEIVED AUG - 8 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $195.00 Jat. Relayatt #205177

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

$155 Due — s/b $350.00 Comprehensive

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ✓ 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

Overpayment on #204453 & $155.00 applied to this permit. 9-19-14

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Shea Homes	8008 Corporate Center Dr.		704-576-3887
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Shea Homes			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Walking Horse	Anniston	Lot 134

Driving Directions: Shears Rd → TL Anniston

****

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

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

(✓) 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
N/A

****

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

8. **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. industry) 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.

9. Signature: _____ 8-8-14

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

IREDELL COUNTY HEATLH DEPARTMENT

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...
  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:

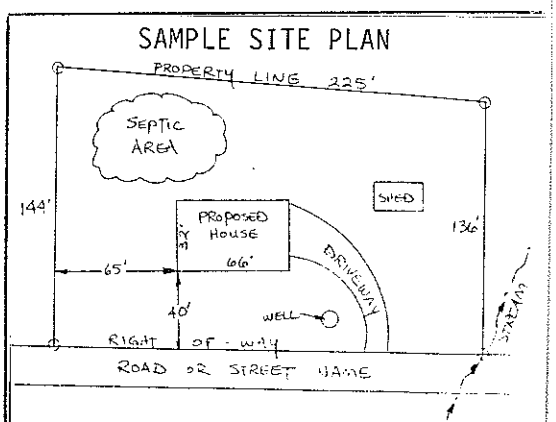
- ✓ Location of septic systems and wells within 100' of your property... N/A
- Location of easements and rights of ways on your property... N/A
- Location of any designated wetlands on the property... N/A

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

8-8-14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Refer to attached survey



IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: (X) Improvement Permit ( ) Authorization To Construct ( ) BOTH ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted:
   Place check ( ) beside whichever is submitted if applicable
   (X) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   (X) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Samuel A. Rollins	2120 Graham Rd Mt. Ulla NC 28125	(704) 278-0989	Same
Owner Name	Mailing Address NC	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Anniston	Lot 134

Driving Directions: See Zoning Permit

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
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:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (X) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

(X) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) 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: Samuel A Rollins
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/23/08
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...
  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:

- X Location of septic systems and wells within 100' of your property... N/A
- X Location of easements and rights of ways on your property... N/A
- X Location of any designated wetlands on the property... N/A

Signature: Samuel A Tolbert

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

5/23/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

