IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131375 PIN# 4665 ~~31 5665.017~~ 21-2003 253 Streamside Place, MVL DATE 2/23/06

OWNER OR CONTRACTOR Topaz Dev. Inc / Wynsor Homes PHONE: Business Home 28115

ADDRESS 19117 Calloway Hills Ln. Davidson NC 28036 253 Streamside Pl. MVL 28115

LOCATION Shearers, TR Streamside, at end on Lt.

SUBDIVISION Creeks Edge BLOCK / SECTION - LOT 17 LOT AREA 1.30 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 Initial / 0.25 Rep

Septic Tank: 1000 Gallons; STB 524 Date 2-22-05

Pump Tank: 1000 Gallons; PT 282 Date 10-29-06

Pump Make: MYERS Model ME 50-3-24 Serial No. ok

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4 or 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other ___

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

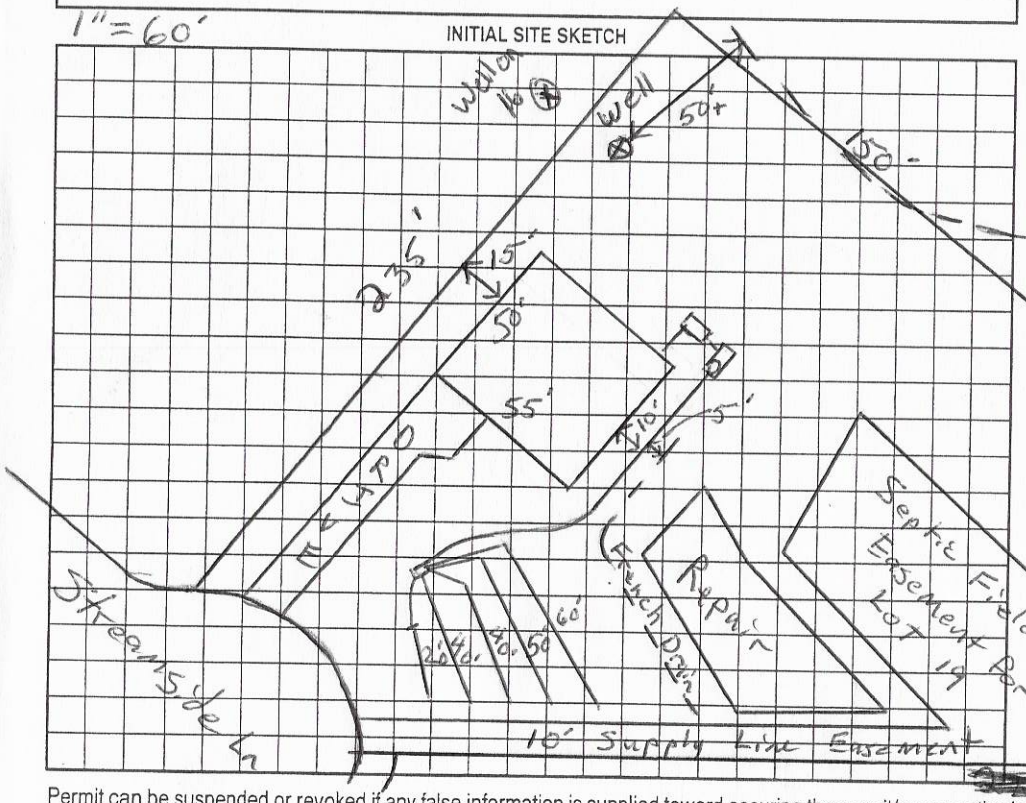
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: 3 bedrooms only - House is 87' From Front Prop Line House cannot exceed footprint in width

Comments:/Conditions: French Drain to be Installed at time of Repair

1"=60'

INITIAL SITE SKETCH



AS BUILT SKETCH

Lines & tanks checked 12-20-06

50', 50', 40', 40', 20' as built

3/29/2021: Pressured, PVC checked, Alarm and floats checked. Electronics had 4 braker needs 2.

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 2/23/06 Installed by: Stanley

Improvement Permit by: RS date 2/23/06 Operation Permit by: D Webber date 4/12/2021

Authorization to Construct by: RS date 8/16/06 Existing System Inspection by: _____ date _____

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

Timothy Stewart owner

	Date	Initials
Drain Lines Checked	12-20-06	gm
Tanks Checked	12-20-06	gm
Pressure Manifold or Valve Box Checked	3/29/2021	PJB
Pressure Head Set	3/29/2021	PJB
Electrical Checked	4/12/21	DW
Floats Set	3/29/2021	PJB
Alarm Checked	3/29/2021	PJB
Maintenance Contract (Y) / N	3/29/2021	PJB

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: Lot 17 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	
1		0-5	gls / gl	frssso	chroma 2 @ 30"				PS 0.2 to 30"
		5-58	f/gc-cl	sbk/mk frs p					
2		0-36	Rc	sbk frssso					PS 0.3
		36-60	sl	sgp frssso					
3		0-24	Rc	sbk frssso	Line of chroma 2 color at interface of Chorizon (36") Probable Lateral H_2O				PS 0.3 to 36"
		24-36	Rc/ind	sgp frssso					
		36-60	sl	sgp frssso					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

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
   ___ 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
Topaz Dev	19117 Calloway Hills Ln. Davidson	895-5257	564-4680
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
James Rizzo	Same		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 17 Streamside Pl.	Creeks Edge	Lot 17

Driving Directions: Sheerer Rd South past Faith Inn Rd Sub. on right Lot in culdesac

***

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: ___ 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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone / Office	Work Phone
Wynor Homes	P.O. Box 1332 Hiddenite NC	704-921-9799	704-363 6360
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Wynsor Homes		704	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Stream Side PL	Creeks Edge	17

Driving Directions: Old Shores

****

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 3
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:**

(✓) 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:** _____ _____

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:

- 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…

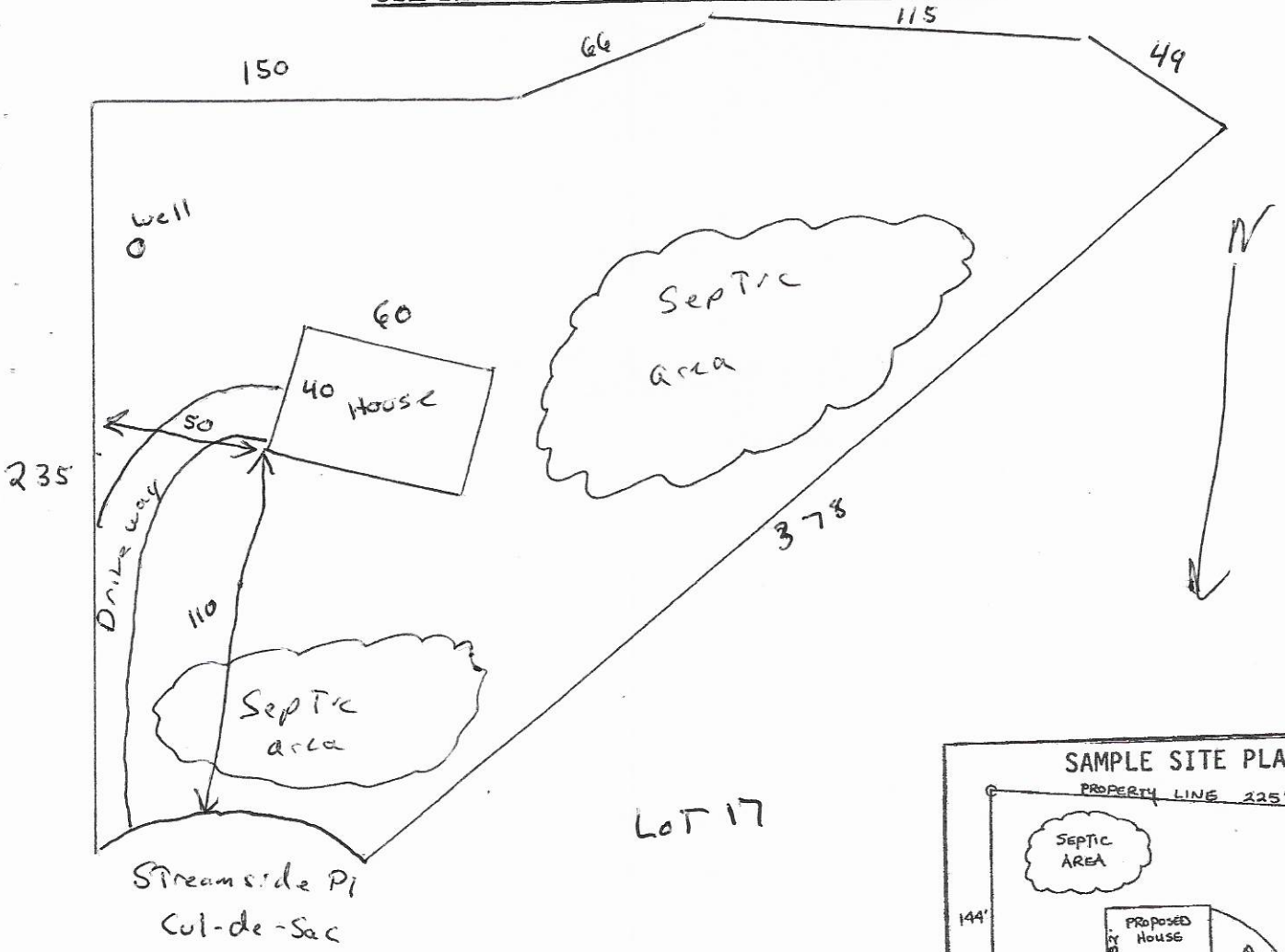
Circle N/A on the following if appropriate:

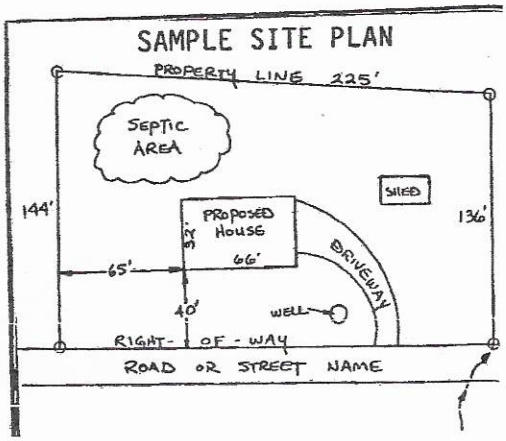
- ____ — Location of septic systems and wells within 100' of your property… N/A
- ____ — Location of easements and rights of ways on your property… N/A
- ____ — Location of any designated wetlands on the property… N/A

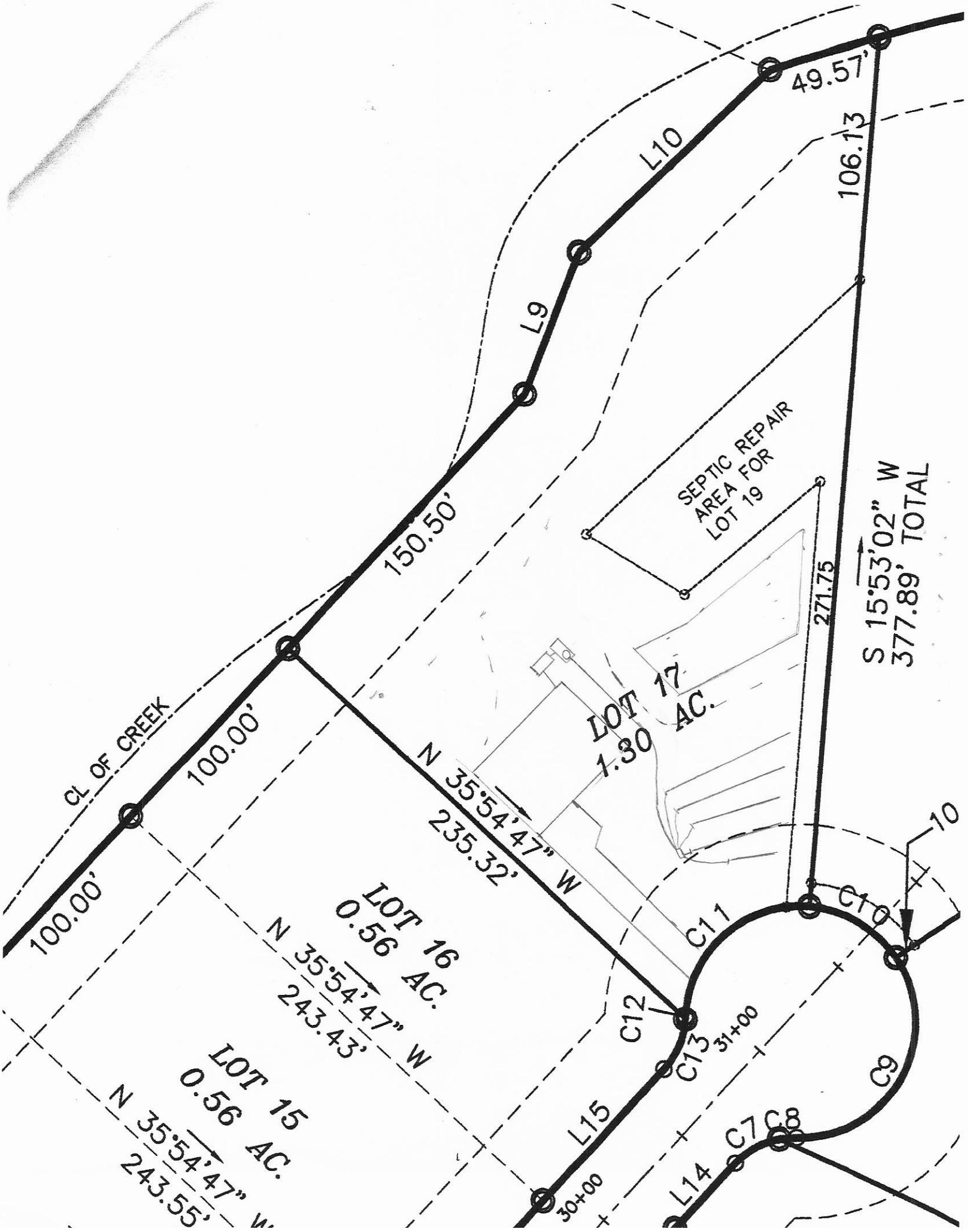
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/1/06
DATE

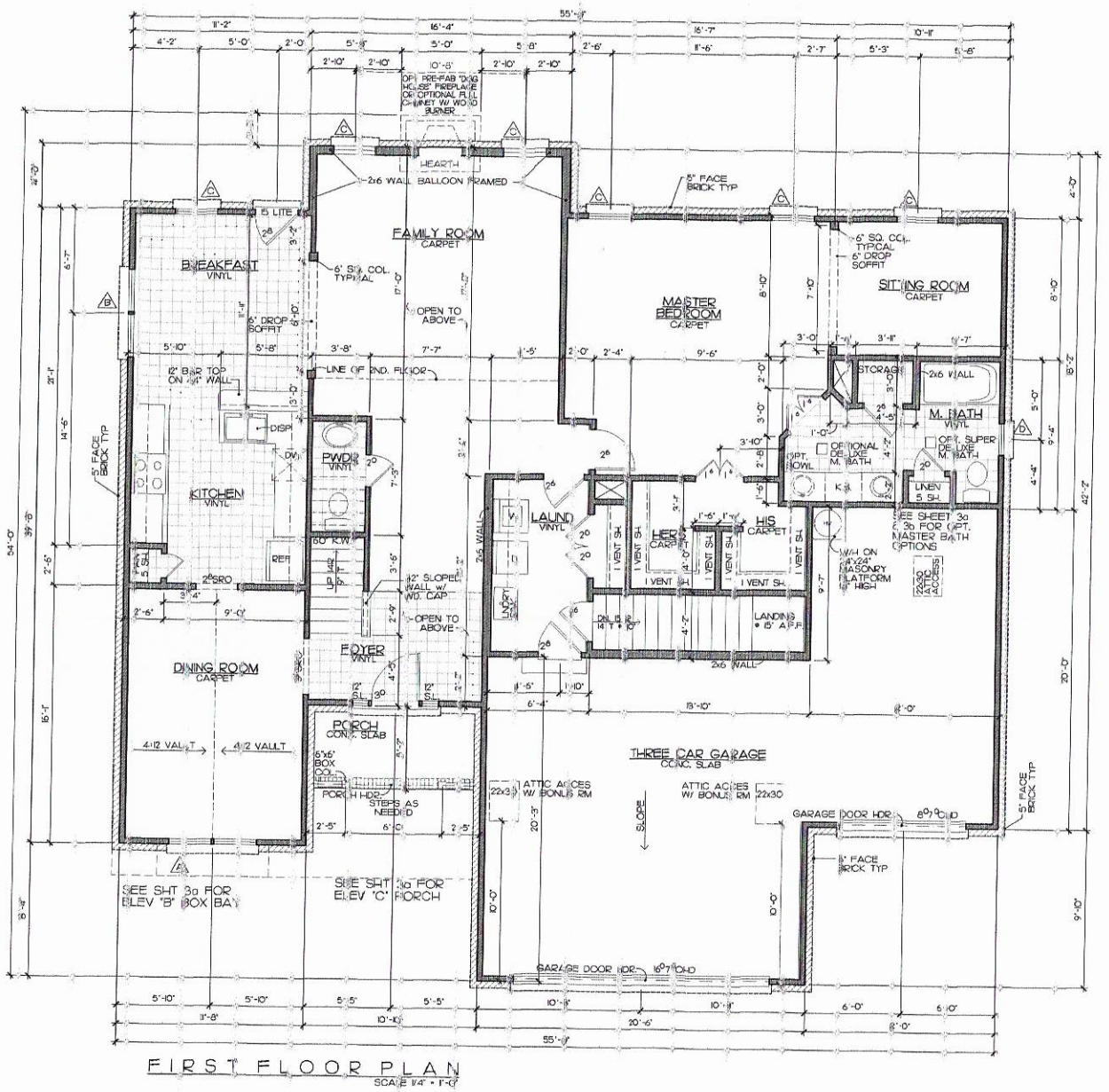
USE THIS SPACE TO DRAW YOUR SITE PLAN






49.57'
L10
106.13'
L9
150.50'
SEPTIC REPAIR AREA FOR LOT 19
271.75'
S 15°53'02" W
377.89' TOTAL
LOT 17
1.30 AC.
CL OF CREEK
100.00'
100.00'
N 35°54'47" W
235.32'
LOT 16
0.56 AC.
N 35°54'47" W
243.43'
LOT 15
0.56 AC.
N 35°54'47" W
243.55'
C11
C10
10
C12
C13
31+00
C9
L15
C7
C8
30+00
L14

CE 17



WINDOW SCHEDULE	
A	(2) 2'6" S.H.
B	(2) 2'6" S.H.
C	2'6" S.H.
D	2'6" S.H.
E	2'6" FIXED
F	3'6" FIXED TEMPERED

SQUARE FOOTAGES	
FIRST FLOOR =	650 sq ft
SECOND FLOOR =	760 sq ft
TOTAL	1,216 sq ft
FIRST FLOOR PLAN W/ OPT. SUPER DELUX M. BATH =	1448 sq ft
OPT. BONUS =	228 sq ft
OPT. BATH (2F)=	82 sq ft
TOTAL =	2,571 sq ft
BOX BAY ELEV "B" =	14 sq ft
GARAGE =	553 sq ft
PORCH "A & B" =	51 sq ft
PORCH "C" =	51 sq ft

Drafting Design Inc.

WYNSOR HOME BUILDERS

THE WYNSOR II

FIRST FLOOR PLAN

DR. BY: DCB/CCJ

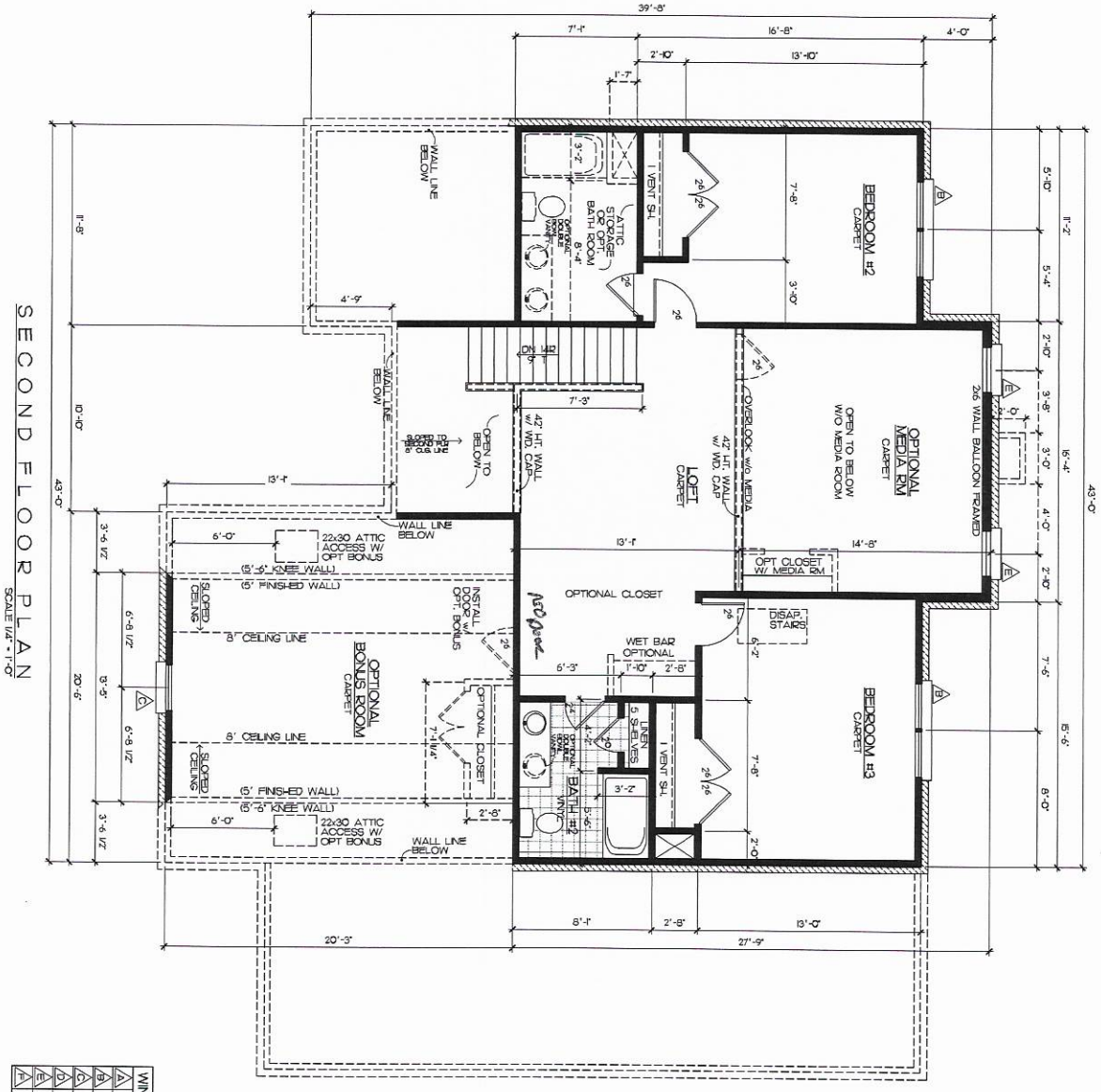
Date: 11-7-06

REV:

Site

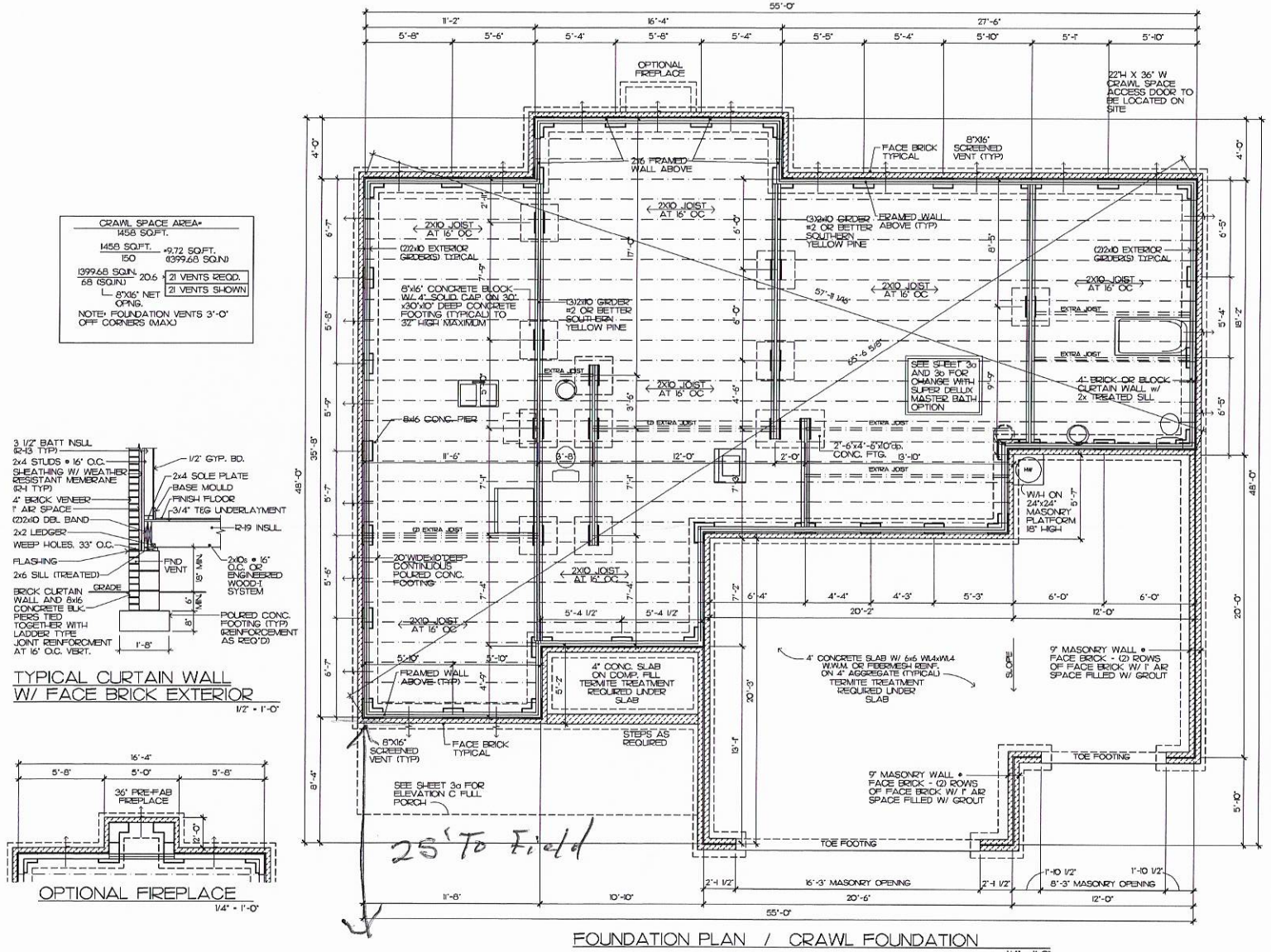
HLTMBL2F

Sheet 3



WINDOW SCHEDULE	
A	(2) 2'6" S.H.
B	(2) 2'5" S.H.
C	2'5" S.H.
D	2'4" S.H.
E	2'6" FIXED
A	39'5" FIXED TEMPERED

Sheet	4
	H.TYMB.22IF
Site	
REV.	
Date	1-7-06
DR. BY	COSICAJ
Project	THE WINSOR II
	SECOND FLOOR PLAN
	WYNSOR HOME BUILDERS



FOUNDATION PLAN / CRAWL FOUNDATION

1/4" = 1'-0"

CRAWL SPACE AREA=
1458 SQ.FT.

1458 SQ.FT. / 150 = 9.72 SQ.FT. (1399.68 SQ.IN.)

1399.68 SQ.IN. / 68 (SQ.IN.) = 20.6 → 21 VENTS REQD. / 21 VENTS SHOWN

└ 8"X16" NET OPNG.

NOTE= FOUNDATION VENTS 3'-0" OFF CORNERS (MAX.)

TYPICAL CURTAIN WALL
W/ FACE BRICK EXTERIOR

1/2" = 1'-0"

OPTIONAL FIREPLACE

1/4" = 1'-0"

Reverse

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Charlotte, NC
704-560-9088

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WYNSOR HOME BUILDERS

Project: THE WYNSOR II

Sheet Title: FOUNDATION

DR. BY: CCB/CAJ

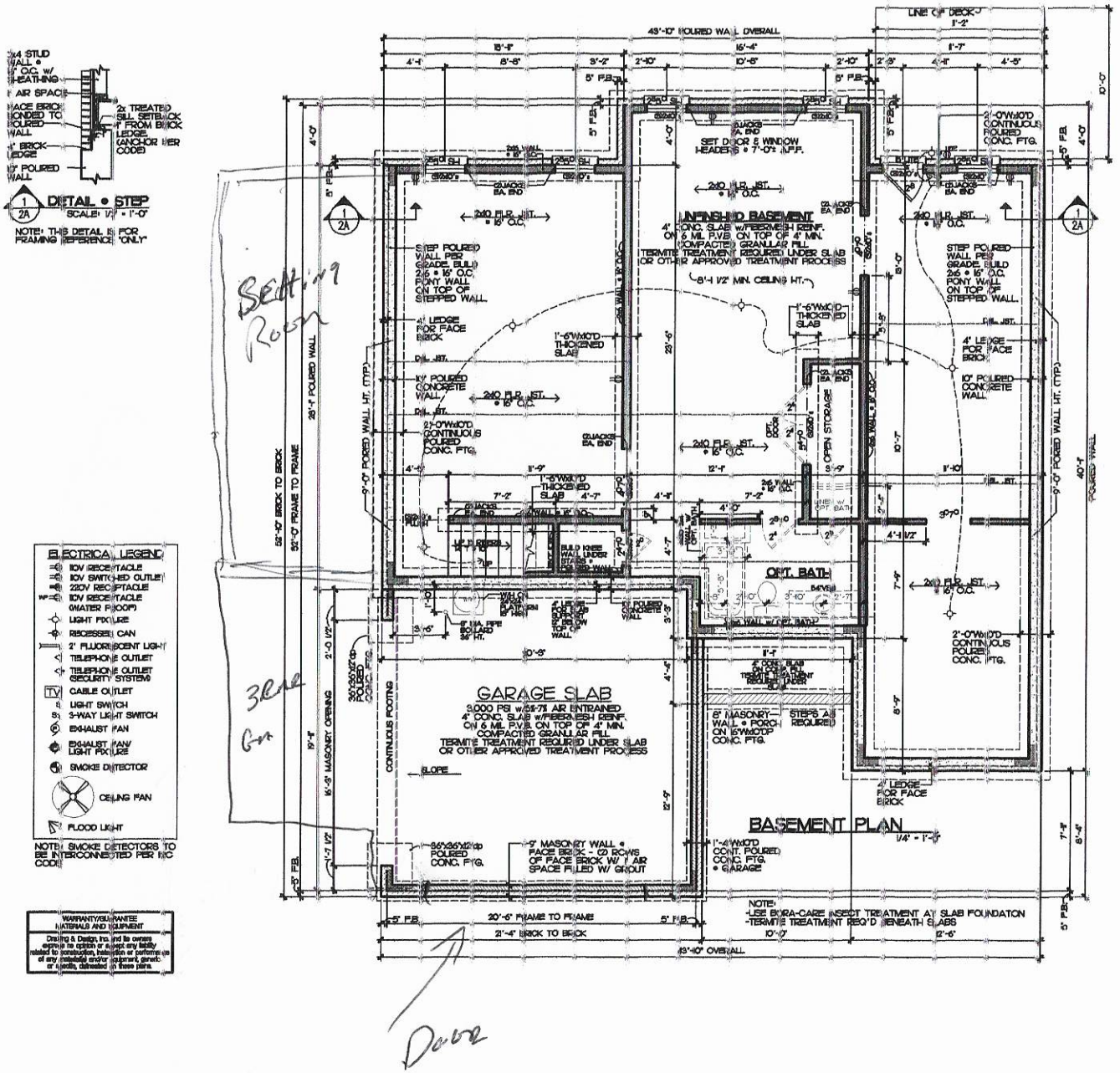
Date: 1-17-06

REV:

Site:

H-LTMB2SF

Sheet 2a



ELECTRICAL LEGEND

- 110V RECEPTACLE
- 110V SWITCHED OUTLET
- 220V RECEPTACLE
- WP 110V RECEPTACLE (WATER PROOF)
- LIGHT FIXTURE
- RECESSED CAN
- 2' FLUORESCENT LIGHT
- TELEPHONE OUTLET
- TELEPHONE OUTLET (SECURITY SYSTEM)
- TV CABLE OUTLET
- S LIGHT SWITCH
- S3 3-WAY LIGHT SWITCH
- EXHAUST FAN
- EXHAUST FAN/LIGHT FIXTURE
- SMOKE DETECTOR
- CEILING FAN
- FLOOD LIGHT

NOTE: SMOKE DETECTORS TO BE INTERCONNECTED PER IRC CODE

WARRANTY/GUARANTEE MATERIALS AND EQUIPMENT

Drafting & Design, Inc. and its owners express no opinion or accept any liability related to construction, fabrication or performance of any material and/or equipment, generic or specific, delineated in these plans.

Drafting & Design, Inc.
Charlotte, NC
704-542-2938

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CHAPTER 1 DESIGN, the concepts, ideas, or style of any of the drawings, specifications, or other documents prepared by the Architect, including the arrangement of rooms, the overall form and style of the building, the interior design, the exterior design, and the landscape design, whether such documents are in the form of drawings, specifications, or other documents, and whether such documents are in the form of hard copy or electronic media, are the property of the Architect and may not be used by any person or entity without the express written permission of the Architect. Any unauthorized use of these documents will be subject to legal action.
CHAPTER 2 DESIGN, the concepts, ideas, or style of any of the drawings, specifications, or other documents prepared by the Architect, including the arrangement of rooms, the overall form and style of the building, the interior design, the exterior design, and the landscape design, whether such documents are in the form of drawings, specifications, or other documents, and whether such documents are in the form of hard copy or electronic media, are the property of the Architect and may not be used by any person or entity without the express written permission of the Architect. Any unauthorized use of these documents will be subject to legal action.

WYNSOR HOMES INC.

Project: THE WYNSOR

Sheet Title: BASEMENT PLAN

DR. BY: J. BODNAR
Date: 04-19-06
REV:
Site:

W-WYN#F

Sheet 2a

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	131375zo	Subdivision:	Creeeks Edge
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Streamside Ln. Mooresville NC 28115		
Parcel #:	4665315665.017	Zoning:	RA
Lot #:	17 Size: .63	Flood Plain:	No Watershed: None
Applicant:	TOPAZ DEVELOPMENT INC	Owner:	TOPAZ DEVELOPMENT INC
Address:	19117 CALLAWAY HILLS LANE DAVIDSON NC 280360000	Address:	19117 CALLAWAY HILLS LANE DAVIDSON, NC 280360000
Phone:		Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	20000	Min. Front Yard:	35 ft	Min. Left Side Yard:	15 ft
Min. Lot Width:	100	Min: Rear Yard:	35 ft	Min: Right Side Yard:	15 ft

Min. Number Parking Spaces:

Max. Built Upon Area:

Comments:

Hold building permit until plat is recorded

Directions:

Hwy 115 south, left Shearers, right Streamside Ln, property on left

DEVELOPER PERMIT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 9/16/2005