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:

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

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
281 Walking Horse Trail	Anniston	Lot: 138

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(x) 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 — August 29, 2014

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

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IREDELL COUNTY HEALTH DEPARTMENT

Paid $195.00 Int. Relayout #20517S

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)

Paid $155.00 9-25-14

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:**

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

4. **Property Information:**

Walking Horse (Street Address) — Anniston (Subdivision Name) — Lot 138 (Section/Phase and Lot Number)

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 N/A
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:** M. A. — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-8-14 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:

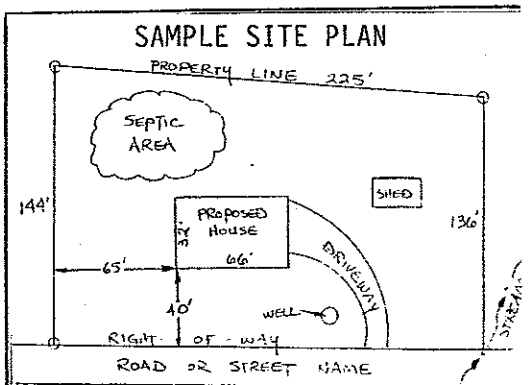
- ✓ **Location of septic systems and wells within 100' of your property…** **N/A**
- **Location of easements and rights of ways on your property…** **N/A**
- **Location of any designated wetlands on the property…** **N/A**

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 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...

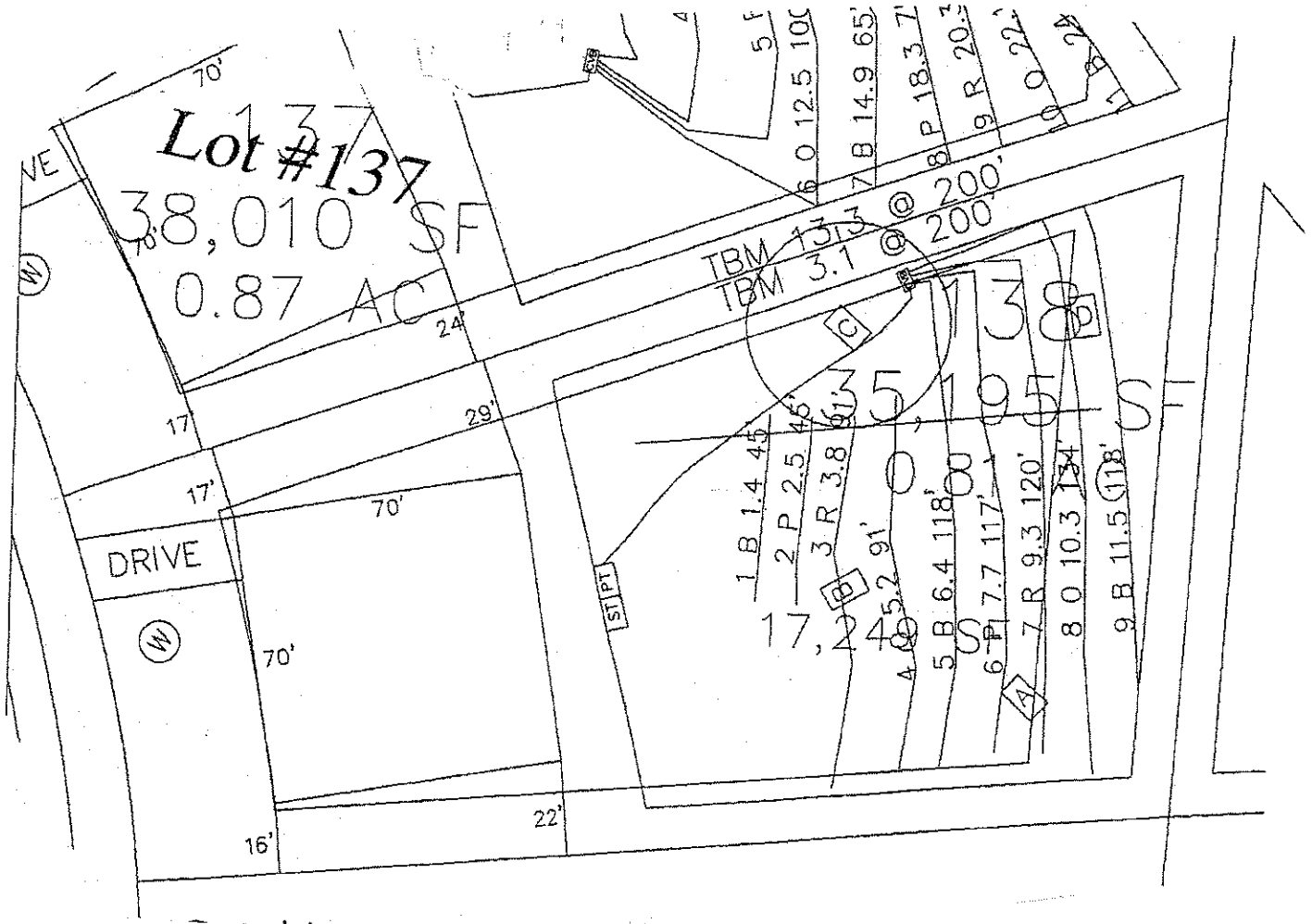
Circle N/A on the following if appropriate:

- 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 — Sept 11, 2014

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



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

Owes 365.00 365.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149923 PIN# 9664984110.138 DATE 5/29/08

OWNER OR APPLICANT Niblock Development Co. PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave NW Concord, NC 28027

LOCATION Shearers Rd TL Anniston TR Bushell TL Walking Horse on Left

SUBDIVISION Anniston BLOCK / SECTION ph 4 LOT 138 LOT AREA .808 SITE CLASS. P5 DESIGN FLOW 600 L.T.A.R. 0.25

Septic Tank: 1500 Gallons: STB _____ Date _____

Pump Tank: 1500 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36

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

System Description: LPP P&P5

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

Gravel Depth N/A ☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: *Per plan specs
Install approved inline filter in P.T.

Comments/Conditions:

INITIAL SITE SKETCH

See Plan by Rollins Soil & Env. Services, Inc

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 6-11-08

Improvement Permit by: Anthony Cohen Jr. date 5/29/08

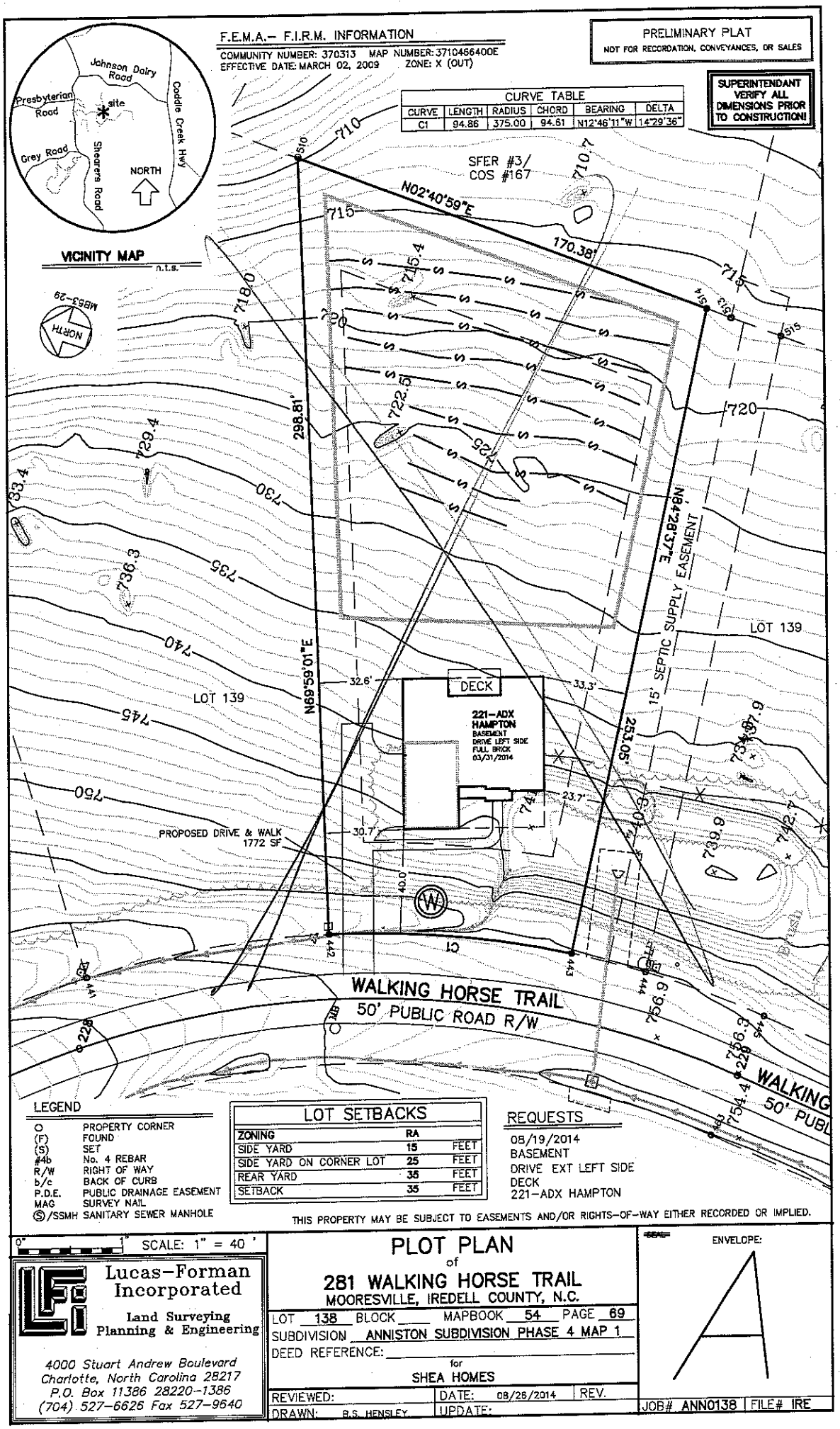
Authorization to Construct by: _____ date _____

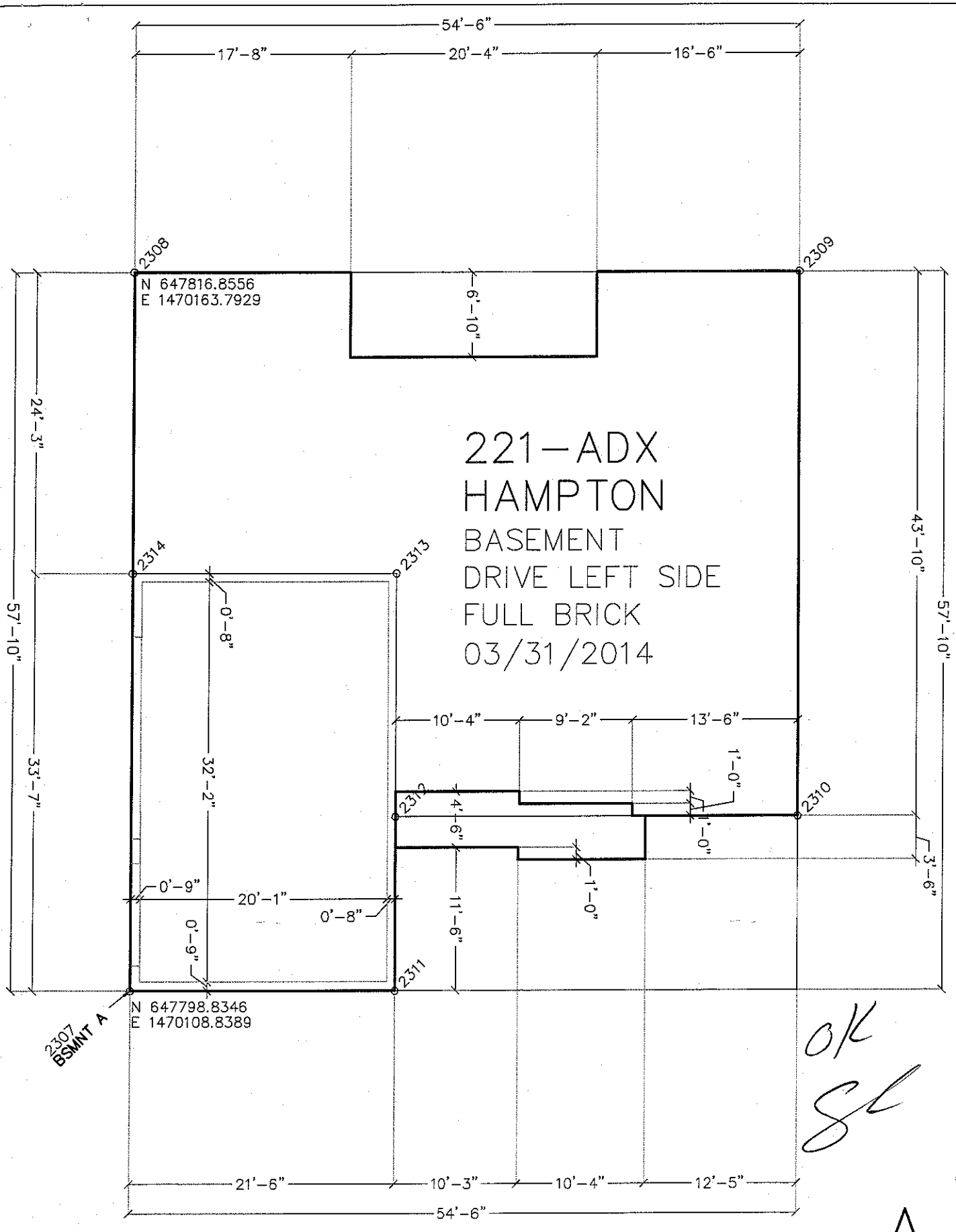
Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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


F.E.M.A.– F.I.R.M. INFORMATION
COMMUNITY NUMBER: 370313 MAP NUMBER: 3710456400E
EFFECTIVE DATE: MARCH 02, 2009 ZONE: X (OUT)
PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES
SUPERINTENDANT VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION!
CURVE TABLE
CURVE | LENGTH | RADIUS | CHORD | BEARING | DELTA
C1 | 94.86 | 375.00 | 94.61 | N12°46'11"W | 14°29'36"
VICINITY MAP
n.t.s.
Johnson Dairy Road
Presbyterian Road
site
Coddle Creek Hwy
Grey Road
Shearers Road
NORTH
SFER #3/
COS #167
N02°40'59"E
170.38'
298.81'
N89°59'01"E
N84°28'37"E
15' SEPTIC SUPPLY EASEMENT
LOT 139
DECK
221–ADX
HAMPTON
BASEMENT
DRIVE LEFT SIDE
FULL BRICK
03/31/2014
PROPOSED DRIVE & WALK
1772 SF
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
LOT SETBACKS
ZONING RA
SIDE YARD 15 FEET
SIDE YARD ON CORNER LOT 25 FEET
REAR YARD 35 FEET
SETBACK 35 FEET
REQUESTS
08/19/2014
BASEMENT
DRIVE EXT LEFT SIDE
DECK
221–ADX HAMPTON
THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS–OF–WAY EITHER RECORDED OR IMPLIED.
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
281 WALKING HORSE TRAIL
MOORESVILLE, IREDELL COUNTY, N.C.
LOT 138 BLOCK MAPBOOK 54 PAGE 69
SUBDIVISION ANNISTON SUBDIVISION PHASE 4 MAP 1
DEED REFERENCE:
for
SHEA HOMES
REVIEWED: DATE: 08/26/2014 REV.
DRAWN: B.S. HENSLEY UPDATE:
ENVELOPE:
JOB# ANN0138 FILE# IRE



OK

SL

HUBBING PLAN

ENVELOPE: A

SHEET 2 OF 2

LUCAS-FORMAN, INC. 4000 STUART-ANDREW BLVD. CHARLOTTE, NC 28217 (704) 527-6626

JOB: ANN0138 1" = 10' DATE: 08/25/2014 BY: BSH