133490 Site Address: 167 adjoining tracts to the

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12142 1863 PIN# 4677367670 4677461650 John Perkins DATE 5-14-04

OWNER OR CONTRACTOR Modular Housing Solution/RBC Contr. PHONE: Business 634-4333 Home Mike Nystram 400-2996

ADDRESS 19501 W. Catawba Dr. Cornelius NC 28031

LOCATION Hwy 150 E TR Alexander Acres Rd on left

SUBDIVISION Doug Carrigan BLOCK / SECTION ____ LOT 2 LOT AREA 1.15 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-18-03

Pump Tank: 1000 Gallons; PT 383 Date 7-30-04

Pump Make: Liberty Model 283 Serial No. 27863

Nitrification Field: No Fields 4 Square Feet 900' Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump-PM 25% Reduction

Repair System Description: LP panel Block

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

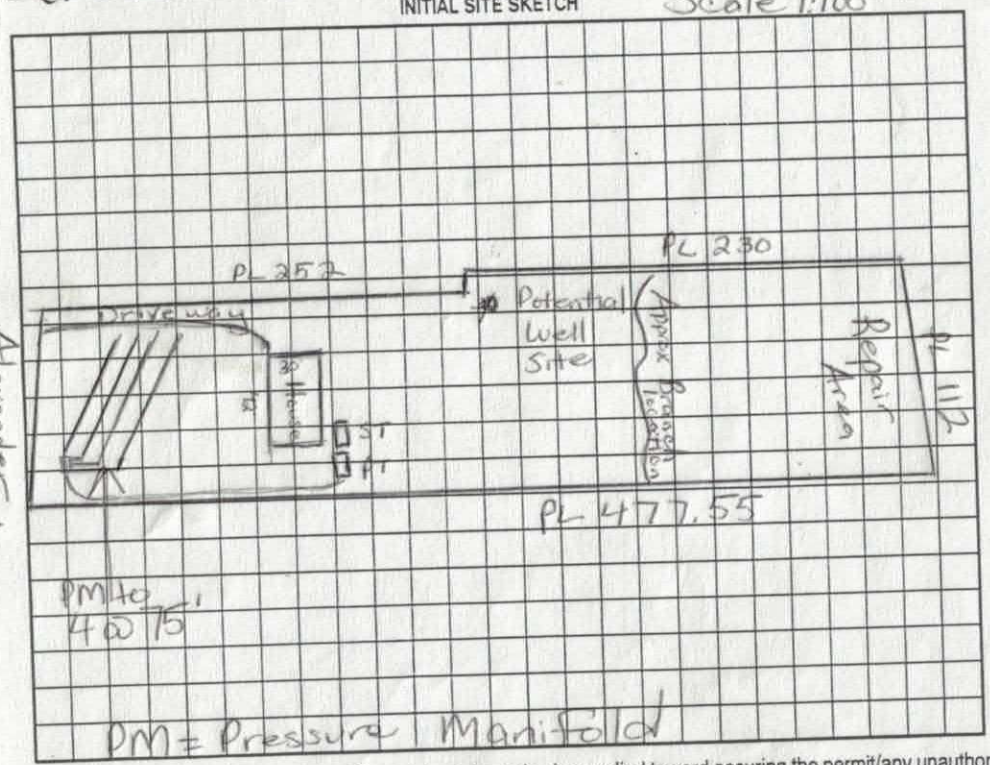
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 100' to well. Concrete ST inspected 11/30/06 MD Plastic

Comments:/Conditions: Note: 8/26/04 Okay to switch drive to other side of lot. MD ~~Hotel on ST~~

INITIAL SITE SKETCH Scale 1:100



AS BUILT SKETCH

Installed Plastic Chambers (Quick 4) had warranty Pressure, Elect, alarm & ST Checked 11/30/06 MD

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 5-20-04 Installed by: Shawn Penwarden Construction date 11/30/06

Improvement Permit by: Maria H. Dotson RS date 5/14/04 Operation Permit by: Maria H. Dotson RS date ____

Authorization to Construct by: Maria H. Dotson RS date 5/14/04 Existing System Inspection by: ____ date ____

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

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: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 9-18-01
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 2 Waterlanden Acres PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-13	SAB RBRN c fr SS SS P						.3
		13-38	wk fsab R-yr cl common mi SAP						
		38-60	wk fsab-mssve yr-Ry VSAP fr SSS P						
2		0-24	SAB RBRN scl fr SSS P SAP						.3 @ 30"
		24-48	wk fsab yBRN cl/scl few-common mi SAP few ch 3 - maybe 2			30"			
			LPP or shallow trench depth @ this Alt						
3		0-20	wk SAB RCL fi-fr SSS P SAP						.3
		20-48	wk fsab mssve cl/L common mi SAP few mi/vw fr SSS P						
4		0-35	wk SAB yR scl/cl fr SSS P						.3 .25-.3
		35-48	M-wk SAB RBRN cl fi-fr SSS P few mi SAP						

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
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
~~Melvin Housing Solution~~ ~~Melvin Davis~~	634-4333	19501 W. Catawba Ave STE 10	Cornelius	NC	28031

Current Property Owner	Mailing Address	City	State	Zip Code
TCCI	590 Sam Rd	China Grove	NC	

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
	2		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Well		

Specific Directions to Property 150 North to Take Right on Hercules Acres Rd
Lot on left.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms ~~4~~ 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

4-22-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

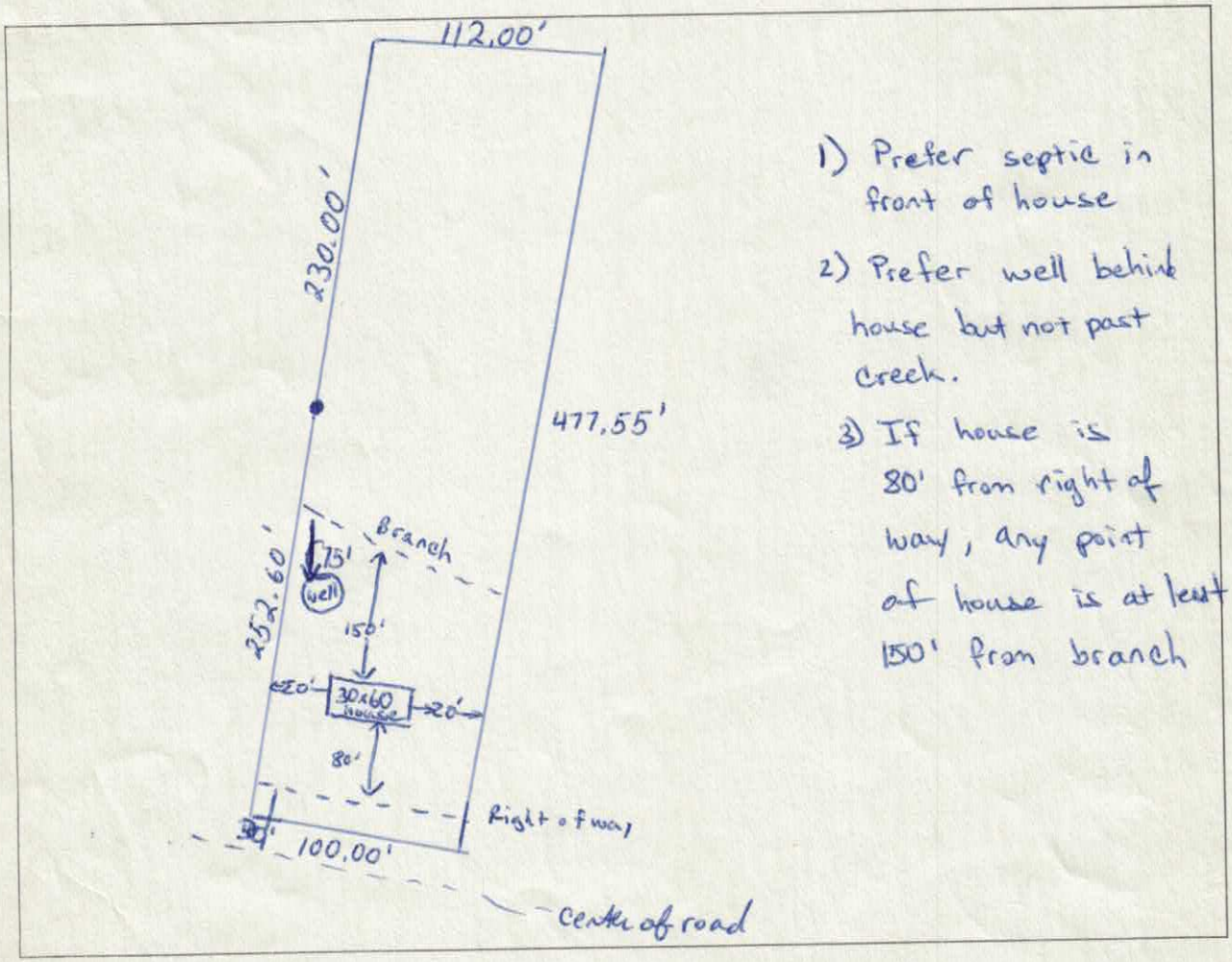
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

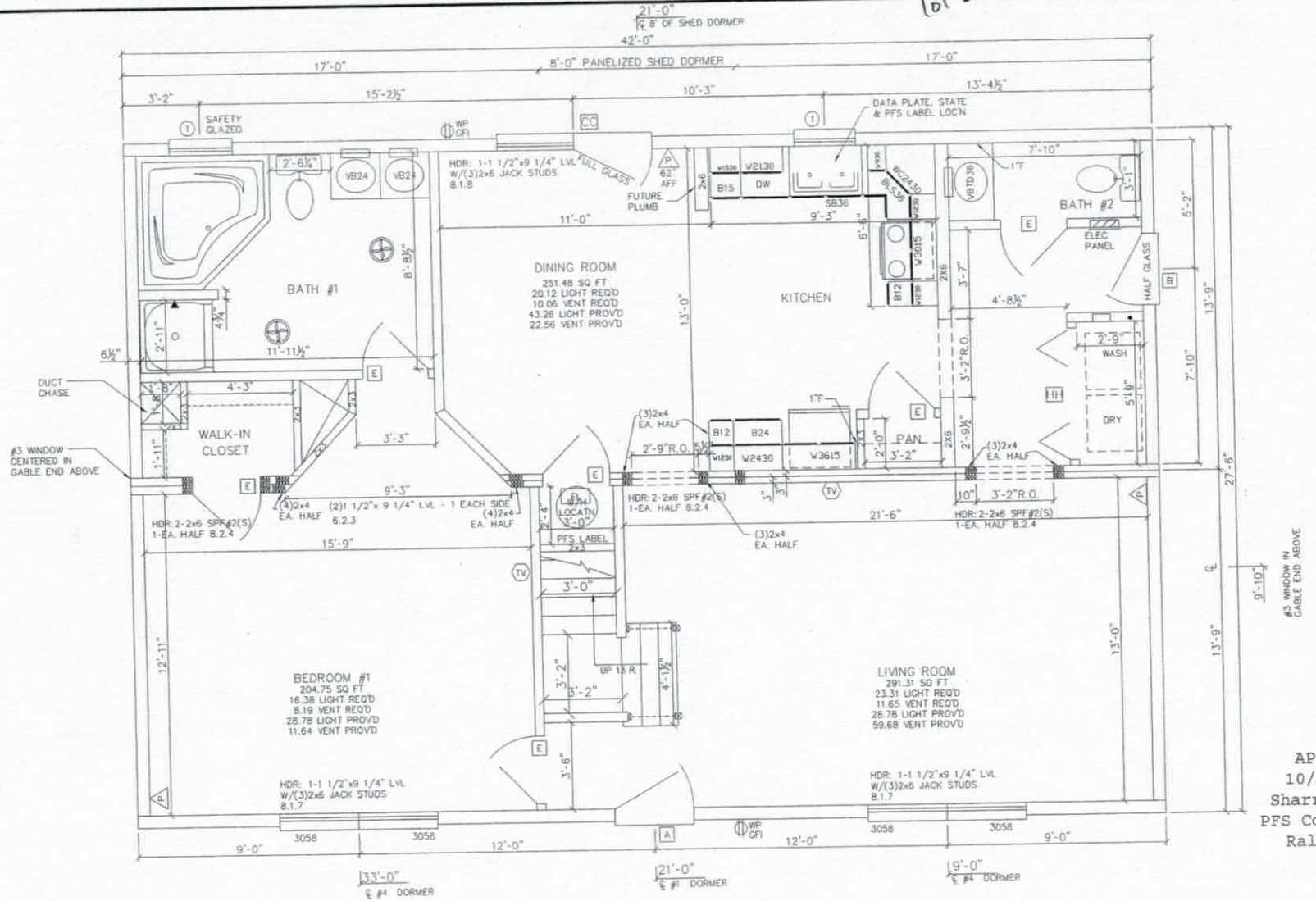
Alexander Acres Lot # 2

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

9-12-01 Date Kelly P. Cross SIGNATURE OF OWNER/AUTHORIZED AGENT



APPROVED
10/27/2003
Sharron Barry
PFS Corporation
Raleigh NC

NOTES.
1. 2x6 EXT WALLS @ 16" O.C./2x3 MARR WALLS
2. 8'-0" CLG HT.
3. 2x10 SPF#2 FLOOR JOISTS @ 16" O.C.
4. ROOF SYSTEM TO BE 16" O.C
5. 7-D SINGLE HUNG WINDOWS (#1=24210, #2=2842, #3=3048, #4=2852, #11=2858C)
6. SITE LOCATION: BOONE, NC; WAYNE COUNTY; SNOWLOAD = 40 PSF ; WINDSPEED 110 MPH
7. CRAWLSPACE ACCESS ON SITE BY BLDR
8. EMERGENCY CUT-OFF SWITCH SUPPLIED AND INSTALLED BY OTHERS PER ALL STATE AND LOCAL CODES
9. CAPE CLOSE OFF BY BLDR
10. BTU LOSS: 36,000

The Drawing is for REFERENCE ONLY and may be used in conjunction with STRUCTURAL DRAWINGS AND DETAILS. These prints are drawn as APPROXIMATE REPRESENTATIONS. Actual dimensions and overall appearance may differ due to construction techniques and conflicts that are beyond the control of AWS AMERICA.

In Signing I Acknowledge I Have Received and Accept this print

REVISIONS
1. CONFO KNB 8/26/03
2. SN FINAL - SJC - 09/30/03
3. ELEV/FOUND JPJ 10/7/03
4. SETS JMO 10/09/03
5.
6.

excel Framed
FROM THE INSIDE OUT
8480 ROCK QUARRY ROAD, RALEIGH, NC 27610
PHONE: (919) 231-7766 FAX: (919) 231-7767
PHONE: (919) 444-4888 FAX: (919) 850-0000
\\DBfiles\021\DWG Files\WEST WING\A\11361.dwg
Oct 17, 2003 - 5:19pm

1155 SQ FT.
DRAWN BY: LCG | CHECKED BY: DRK | DATE: 07/28/03 | SCALE: 1/4"=1'-0"
27'-6" X 42' CAPE
1ST FLOOR PLAN
SN-135303 /11361/ NC
BROOKSHIRE HOMES/ SPEC
SHEET # 2A

Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281

Number 1863 ☑ Improvements Permi ☐ Zoning Permit ☐ Subdivision Approval ☐ Other

Proposed Use: Well & Septic

Location: Alexander Acres Road

Tax PIN: 4677-36-7670 Township: Coddle Creek Jurisdiction: Inside Zoning: R20A

Subdivision: Carrigan Lot: 2 Size: 1.2 Flood Plain: No Watershed: X WS11 BA

Contractor: Owner: Douglas Carrigan

Address: 1251 Oakridge Farm Highway Phone: (704) 664-5222

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Kelly P. Carrigan — Signature of Owner or Authorized Agent

9-6-01 — Date

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

Lot Area: 20000 Lot Width: 100 Front Yard Depth: 40 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 25

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT

Remarks: Is NOT on city water and sewer

Holding Permits? no

Tree Board Review? no

Reason:

Has Property Been Recorded? yes

Erosion Plan Required? no

Directions: Off N. Main

ZONING ADMINISTRATOR DIVISION

Approved By: Irene Mann

Date: 9/6/01