IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 130379 PIN # 4770598987 DATE

OWNER or APPLICANT Ted Cirker Building PHONE: Business 7045269479 Home:

OWNER or APPLICANT ADDRESS 15812 Lakeshore Huntersville NC

LOCATION / DIRECTIONS Old Nat'l Rd to Buffalo Shoals Rd to Island Cove Rd Island 1st on left

SUBDIVISION Riverhills Estates BLOCK / SECTION LOT # 13 LOT AREA 1.68 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank 1000 Gallons: STB 1000 Date 9-30-8

Pump Tank 1000 Gallons: P T 374 Date 10-7-08

Pump Make Model Serial #

Nitrification Field No Fields No Lines 5 Linear Feet 200

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 50% Low Pres

Repair System Description: 50% Low Pres

Maintenance Agreement Required ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

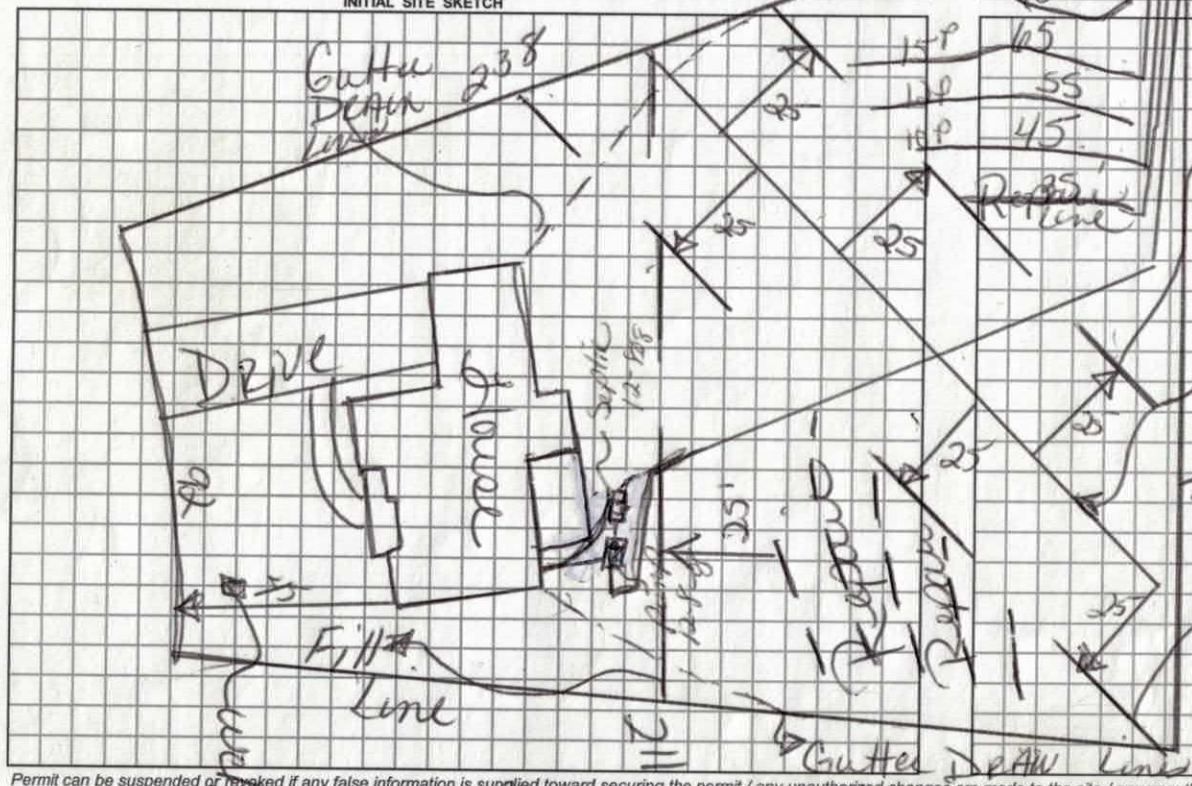
Comments / Conditions

Supply line must be 15' off repair

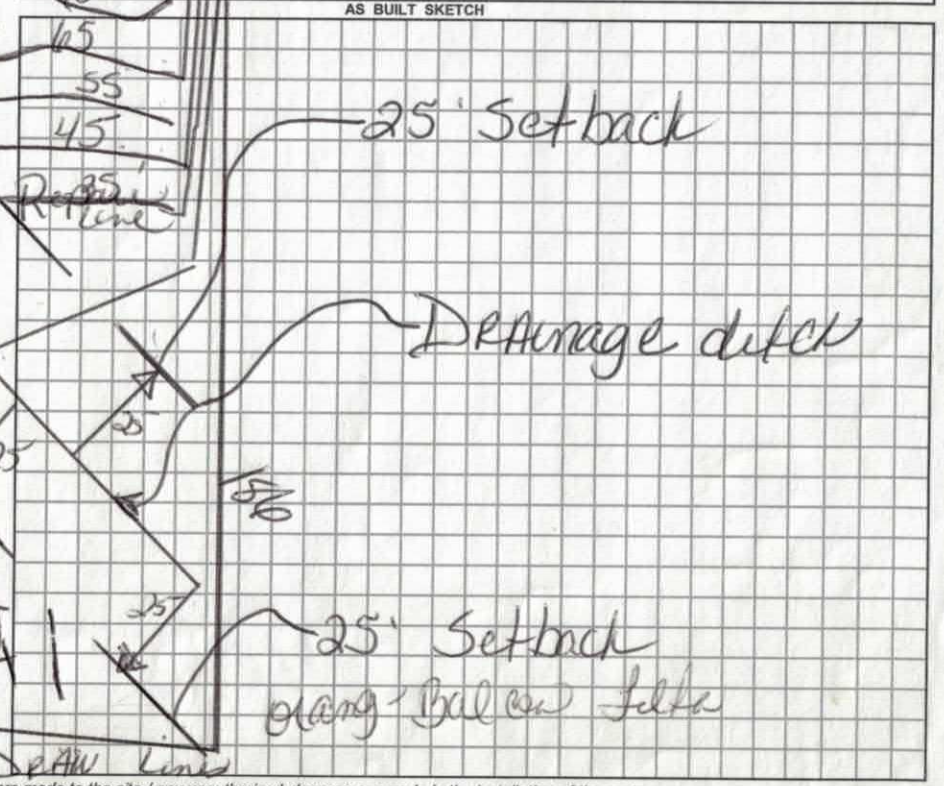
Comments / Conditions

Central Valve Box

INITIAL SITE SKETCH



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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration ☐ IMPROVEMENT PERMIT w / 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 10/24/08

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Charles Beatty Grading

Operation Permit by: Date: 12-15-09

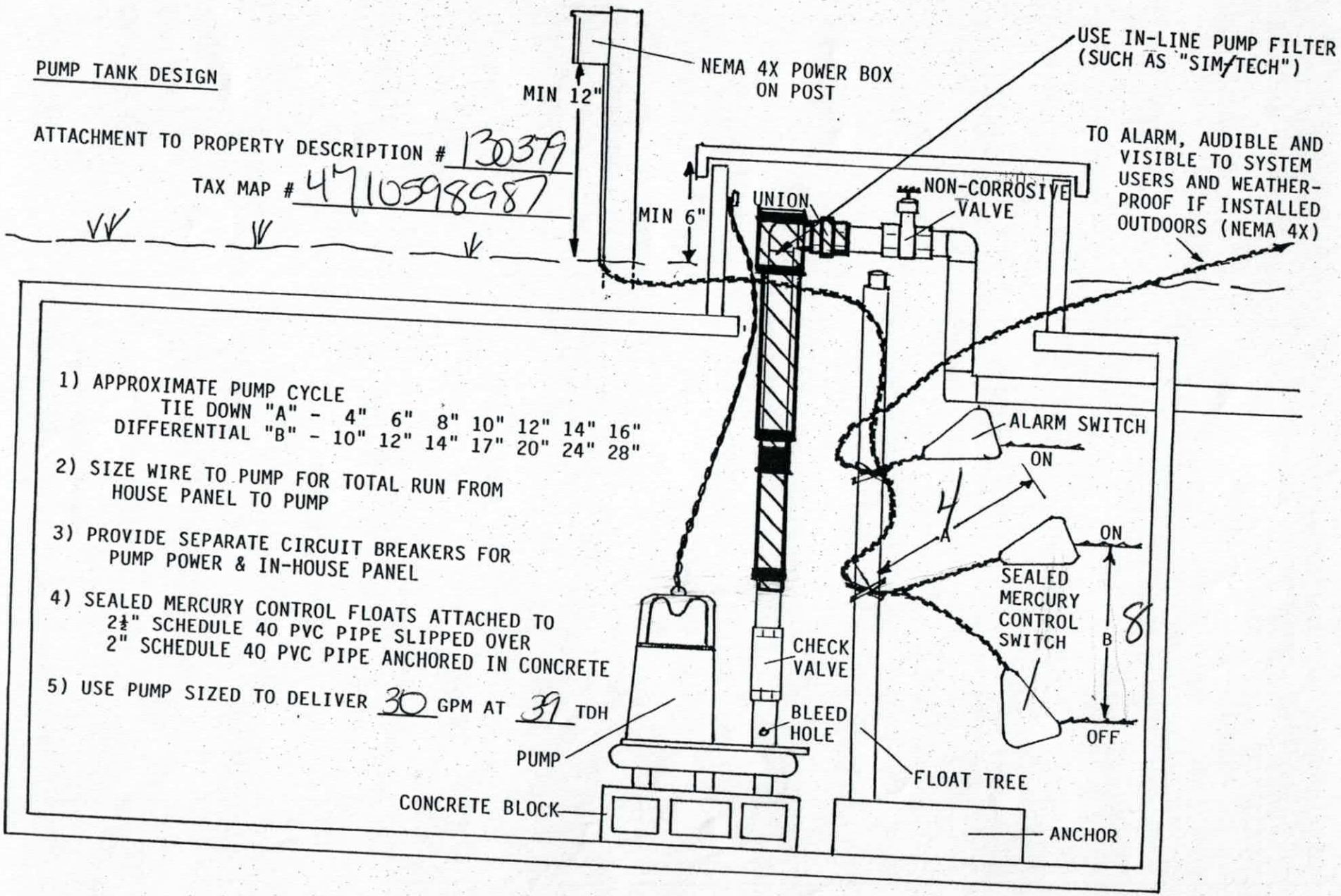
Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 13039

TAX MAP # 47 10 59 89 87



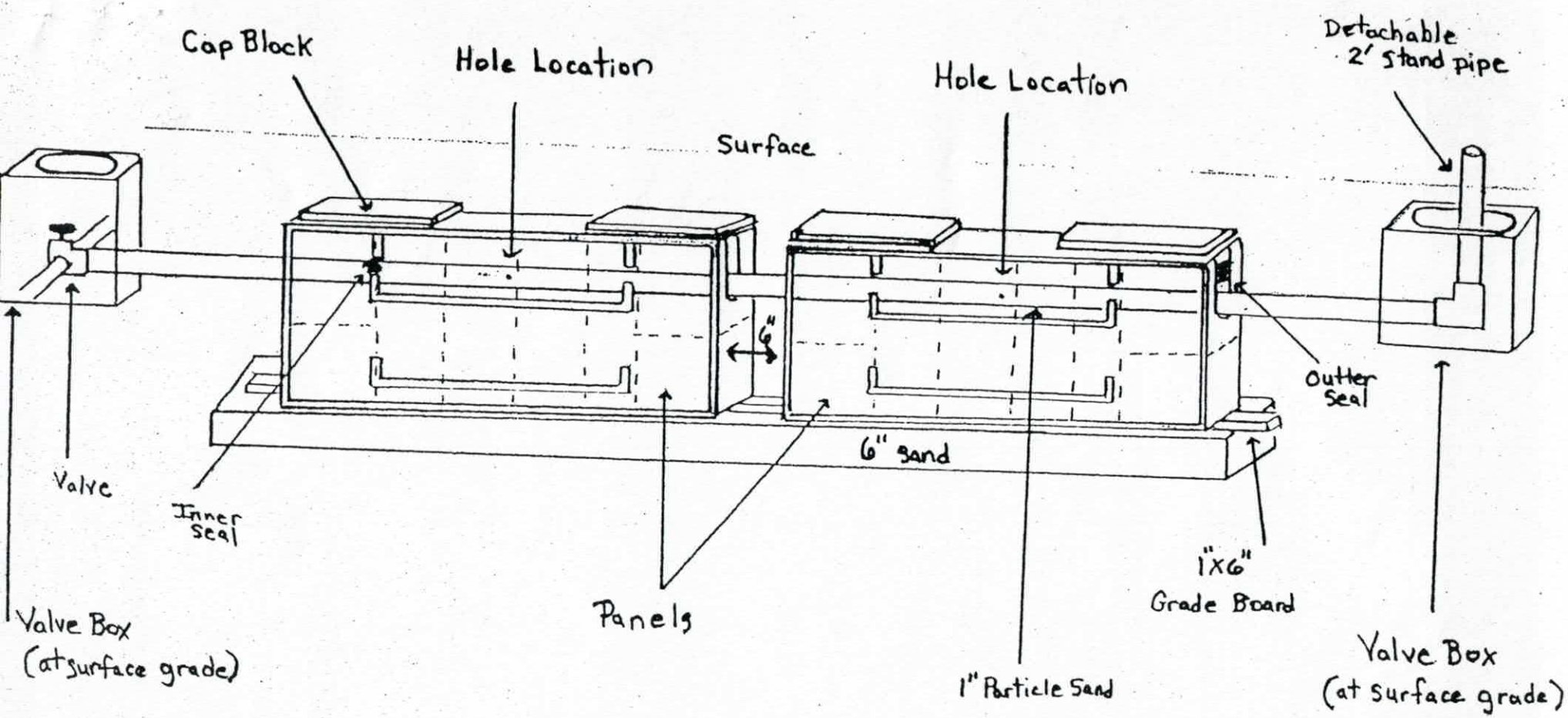
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 30 GPM AT 39 TDH



Pressure Dosed PPBPS

# of panels 46.
Size holes 3/16. 1 hole per panel.
Approximate amount of sand needed 33 Tons.
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 30.
TDH 39.

130379
4710598987

Comments

Pump Design Sheet **For:** **By:** K Cook

System Length (linear ft)	200	Total Flow (gpm)	29.99
# of 16in Panels	46		
# of Lines	5		
Hole Size (in) (5/32=.156 3/16=.188)	0.188	Friction Loss (ft) - Supply Line	4.13
Drainfield Pipe Size (in)	1.25	Friction Loss (ft) - Valve Box	4.00
Supply Line Size (in)	2	Friction Loss (ft) - Drain Lines	12.35
Supply Line Length (ft)	165		
Pressure Head (ft)	2	Friction Loss (ft) - Total	20.48
Elevation Head (ft)	16		
		Total Dynamic Head (ft)	38.98

When choosing a pump for this system, you will need a pump that can deliver:

29.99 GPM against **38.98** FT of Total Dynamic Head

Dose Volume (gal)	166.15
Pump Run Time (min)	5.54
Tank Drawdown (in)	7.91

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 X 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	Work Phone
Ted Clarke	15812 Bayshore Huntsville NC 28078	704-526-9478	
Joe Bertucci	6 Layton Lane Center Reach NY 11720	~~704~~ 631-767-6890	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
155 Island Terrace	River Hills	L 12

Driving Directions: 77 Exit 42 Right onto S. Main to L on old mountain to left on Bluff. Shoals to Left on Laurel Cove to Left on Island Terrace house on left.

****

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 3
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)*

( ) 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: _____ 6/20/08
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

new Builder

IREDELL COUNTY HEALTH DEPARTMENT

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

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1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct X BOTH ___Existing System Inspection

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   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	Work Phone
Ted Clarker	15812 Bayshore Drive	704-526-9478	
Owner Name	Mailing Address	Home Phone	Work Phone
Joe Bertuccio	6 Layton Lane Centereach NY 11720	631-767-6890	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
155 Island Terrace	River Hills	L12

Driving Directions: 77 S exit 42 R onto S. Main, L on old Mountain, L of Buffalo Shoals, L on Laurel Cove, L on Island Terrace, House on Left

****

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 3
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:

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

****

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

( ) 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: [signature] 8/19/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID AUG 19 2008

REDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13037 PIN# 4705598987 DATE 9-18-08

OWNER OR APPLICANT Ted Cinter, Builders PHONE: Business 704-526-9479 Home

ADDRESS 1582 Bayshore Huntersville NC

LOCATION Old NC 115 RD Bethabara Shoals Laurel Ave Island Trail

SUBDIVISION Knollhill BLOCK / SECTION LOT 3-12 LOT AREA .65 +easement SITE CLASS. P6 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12" ☐ Gravity ☑ Pressure

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

System Description: 25% Pump PP

Repair System Description: 50% to Pump

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

24" Trench Bottom

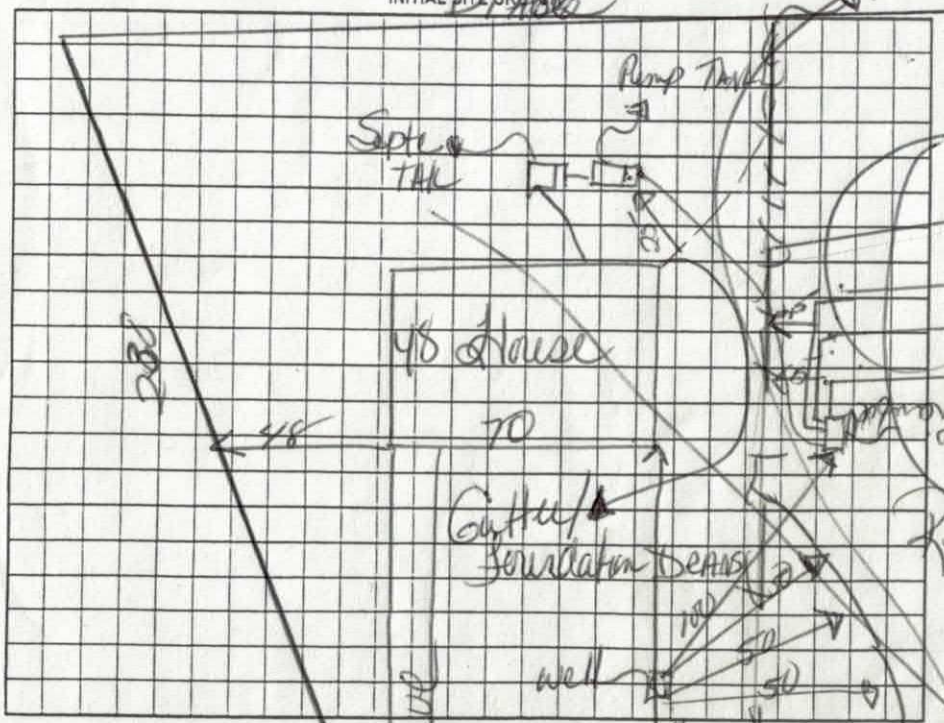
Maintain 15' R Drainage Drainage way

Comments:/Conditions:

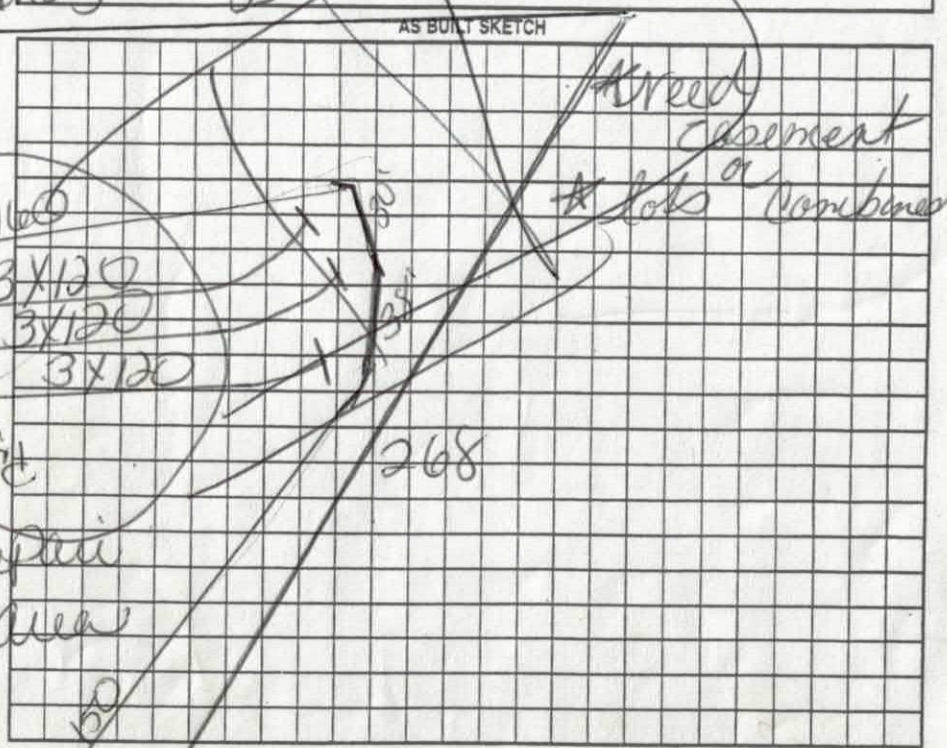
Install as certified

Maintain all setbacks

INITIAL SITE SKETCH



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. 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 Installed by:

Improvement Permit by: Ben Cook date 9-18-08 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

New Builder: Ted Cinker Building

PERMIT# 13039 PIN# 4710598937 DATE 8-17-05

OWNER OR CONTRACTOR ~~Expert Investment Group~~ PHONE: Business 704-363-9913 Home

ADDRESS 135 Sundance Road Mooresville NC 28117

LOCATION Hwy 21 to Old Buffalo Buffalo Shoals (R) Equal Cove (R) Island Terrace (R) - Property (L)

SUBDIVISION River Hill Estates BLOCK / SECTION LOT 15 LOT AREA .685 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 300

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

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

System Description: 25% Gravity 50% Pump + (1a)

Repair System Description:

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

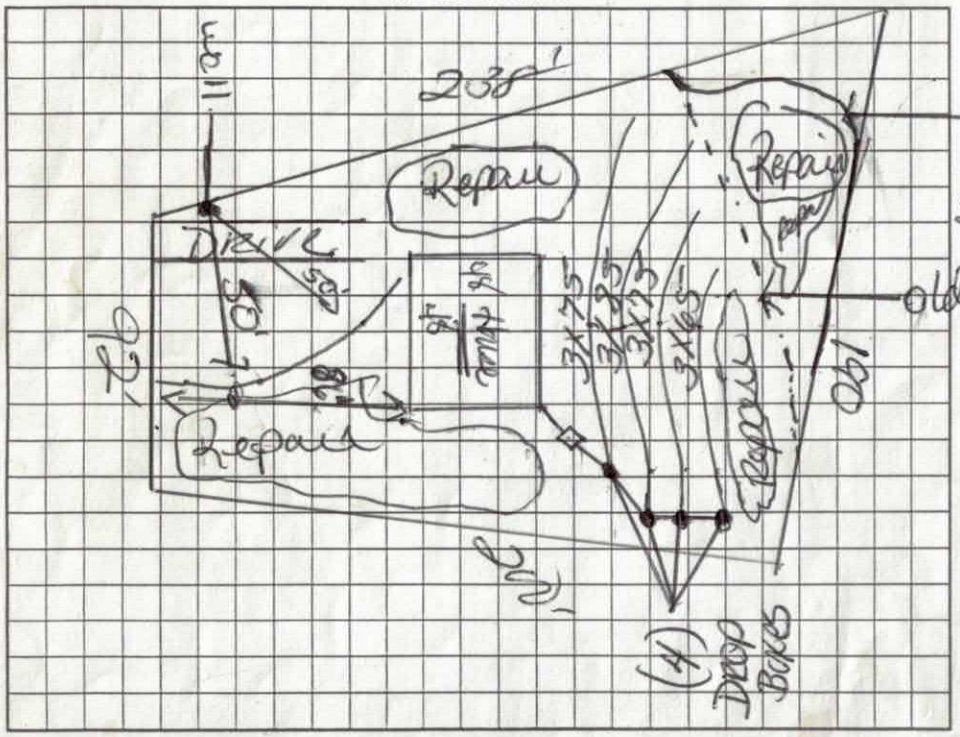
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: (1) Install on Contour - (2) Relocate Drainage way DOWN Property line (3) Pipe House DRAIN around system

Comments/Conditions: Stay 10' off old drainage way

(1" = 60')

INITIAL SITE SKETCH



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. 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 8-19-05 Installed by:

Improvement Permit by: Reed Cook date 8-19-05 Operation Permit by: date

Authorization to Construct by: Reed Cook date 8-19-05 Existing System Inspection by: date

← new Builder: Ted

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

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**

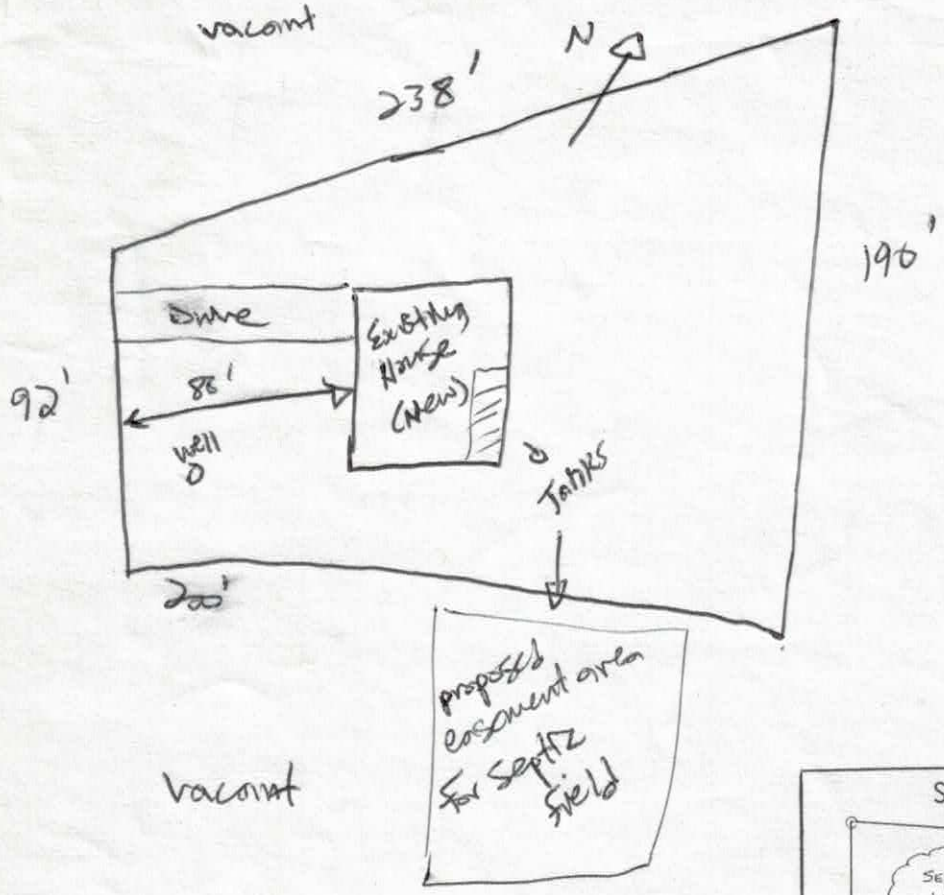
Signature: Jack Cain

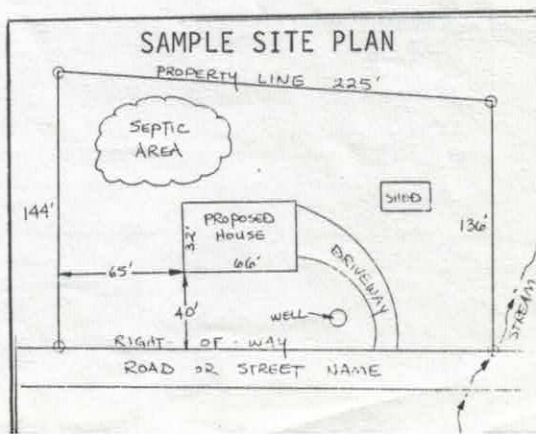
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

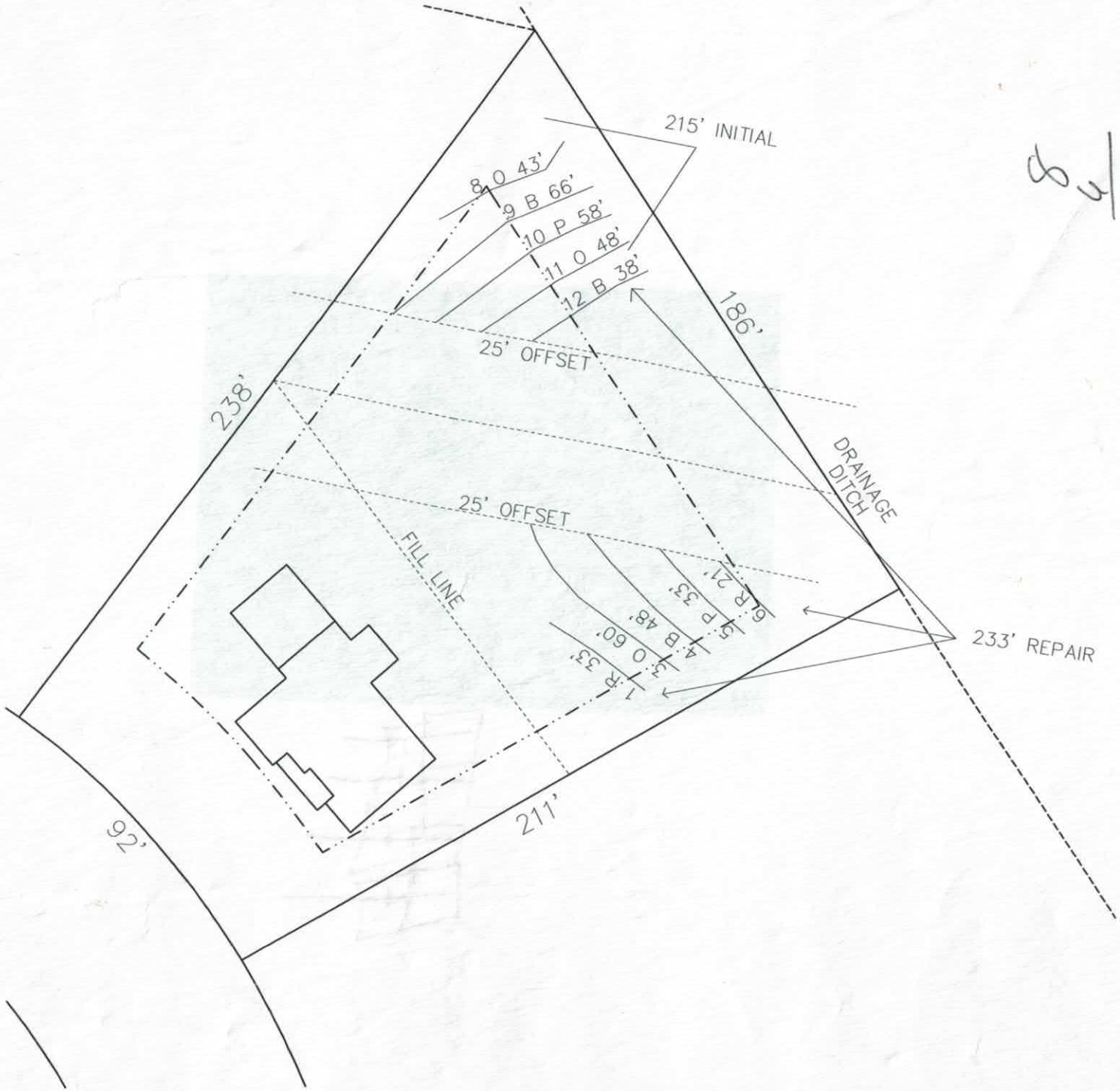
8/19/08

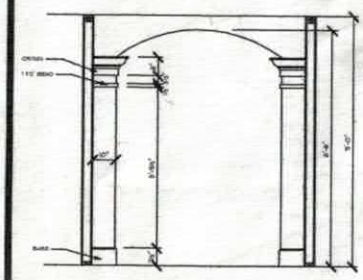
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

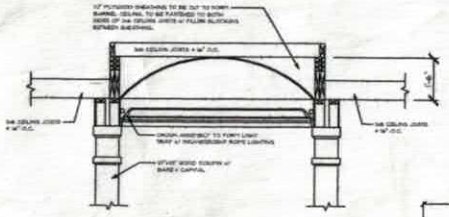




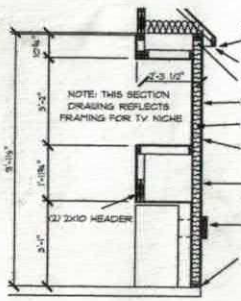

215' INITIAL
8 O 43'
9 B 66'
10 P 58'
11 O 48'
12 B 38'
186'
25' OFFSET
238'
25' OFFSET
DRAINAGE DITCH
FILL LINE
6 R 21'
5 P 33'
4 B 48'
3 O 60'
1 R 33'
233' REPAIR
92'
211'



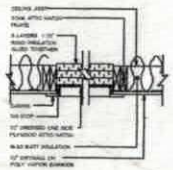
ENTRY ARCH DETAIL



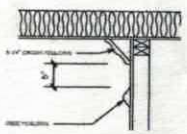
BARREL CEILING DETAIL @ ENTRY



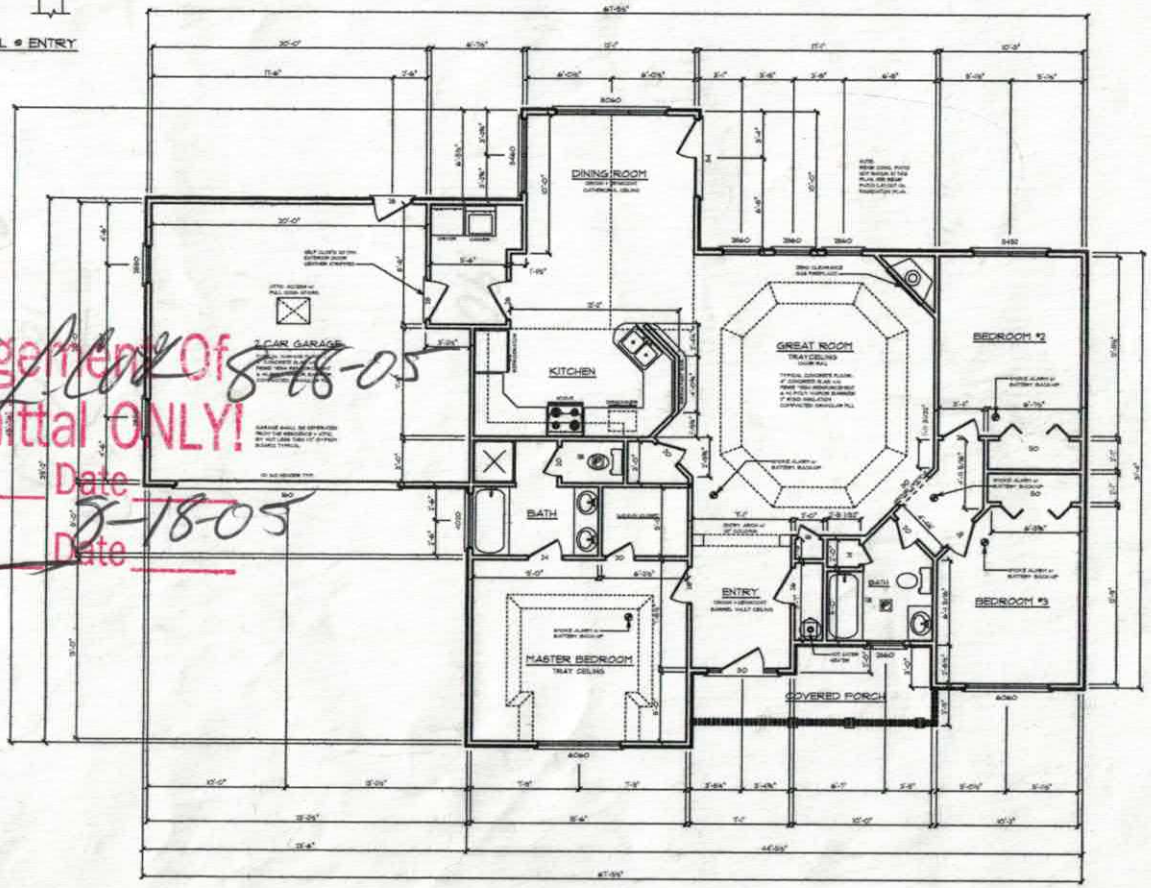
FIREPLACE FRAMING CROSS SECTION



ATTIC HATCH



2 PIECE CROWN MOULDING



MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 8-16-05

Date 8-18-05

SITEWORK:
PROTECT EXTERIOR OF BELOW GRADE FOUNDATIONS WITH 2 COATS ASPHALT.
PERIMETER DRAINS TO BE 4" PERFORATED PVC AND PLACED BELOW SLAB OF INTERIOR SLABS AND SLOPED TO STORM DRAINS OR OTHER APPROVED DISBURSEMENT AREAS.
PROVIDE APPROPRIATE CLEANOUTS.
ROOF AND SITE RUNOFF TO BE DISBURSED VIA SEPARATE PVC SYSTEM SIZED TO PREVENT BACKUP.
PROVIDE FLASHINGS OVER ALL EXPOSED WINDOWS AND DOORS USE ONLY 40 MIL BUILDING PAPER FOR BUILDING WRAP AND APPLY WITH CARE ABRUPTNS SIDING WILL LEAK.
PROVIDE BUILT IN GUTTERS AND ADEQUATE DOWNSPOUTS SIZED AND SLOPED TO PREVENT POOLING OR BACKUP.

1. BECAUSE SITE CONDITIONS MAY VARY, M & M HOME DESIGN CANNOT GUARANTEE THE SUITABILITY OF THESE PLANS FOR USE ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING AND SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CONNECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. M & M HOME DESIGN WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

SHEET A-2

SOFTPLAN

M&M HOME DESIGN

© Copyright Nov., 2003

CONTRACTOR:
GENERAL CONTRACT SERVICES
P.O. BOX 4253
MOORESVILLE, NC 28117
(704) 799-1955

CONSTRUCTION SITE:
CELTIC RIDGE SUBDIVISION
STATESVILLE, NC, IREDELL CO.
SUBLOT # 20
NATHANIEL GRACIE DRIVE

HOME OWNER:
MIKE MULLALLY
147 WALDELL ROAD
MOORESVILLE, NC 28117
(704) 663-0372

DRAWN BY: J. GENCHUR
DATE: NOV. 14, 2003
REVISIONS:

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 130379ZO

Printed: 8/10/2005

Master #: 130379

Associated Permits:
130379ZO Zoning

Applicant

Name: Ekberg Investment Group, Inc
Address: 135 Sundown Road
Mooresville, NC 28117

Phone: (704) 363-9913

Parcel

Parcel Number: 4710598987.000
Address: 155 Island Terrace Rd.
Statesville, NC 28677
Subdivision: River Hill Estates

Zoning: R20
Township: 1500
Area: .685
Lot(s): 13

Directions to Parcel: Buffalo Shoals Rd, left Laural Cove Rd, left Island Terrace Rd, property on left

Owners

Name: Joseph Bertuccio
Address:

Contractors

Contractor Type: Building
Name: Ekberg Investment Group, Inc
Address: 135 Sundown Road
Mooresville, NC 28117

Phone: (704) 363-9913

Fees and Receipts:

Number	Description	Amount
FEE-104728-04	Zoning - Permit / Inspection	$45.00
FEE-104729-04	Environmental Health - Type I or II System	$200.00

Total Fees: $245.00

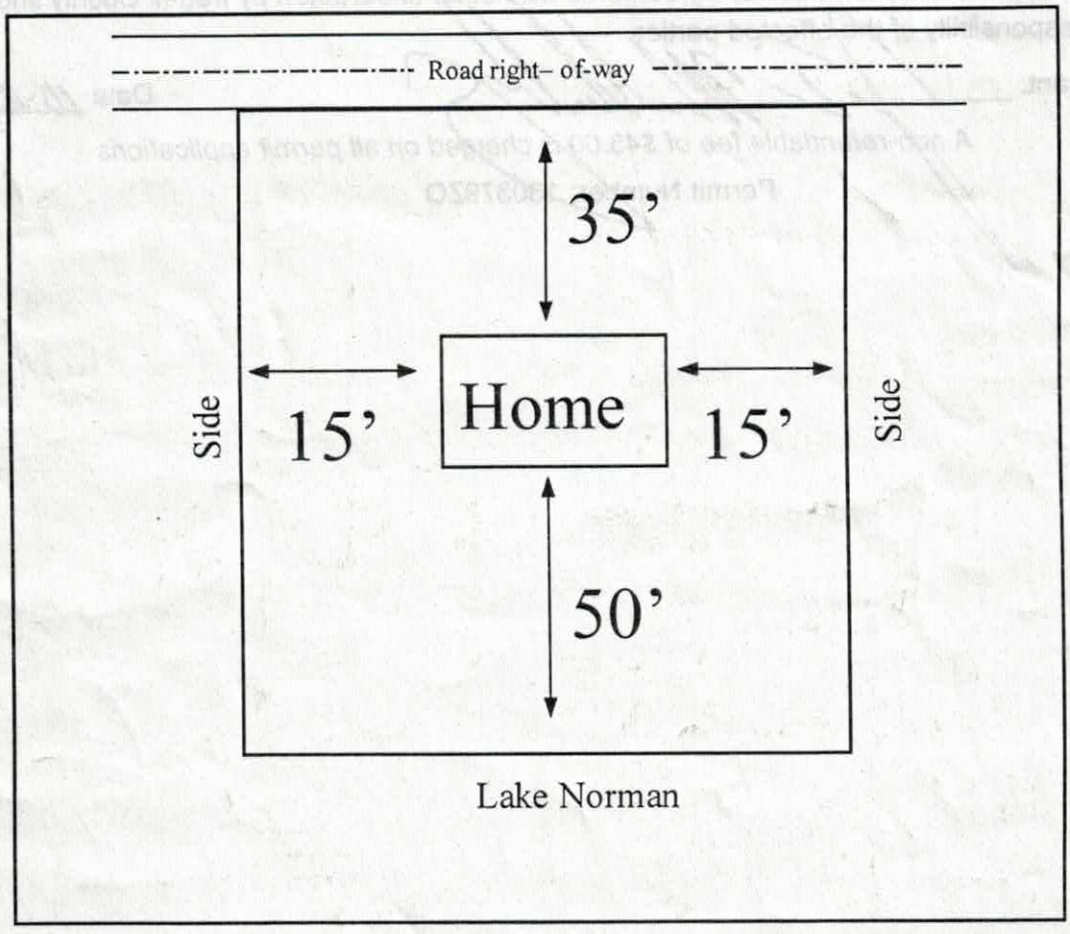
ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

10 Aug 05
Date

STREET NAME : 155 Island Terrace Rd.



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.