Site address: 134 Angel Oaks Dr - Stat. CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13489 PIN# 4713625520.5 DATE 2-12-07

OWNER OR APPLICANT ANGEL OAKS DEVLPMT PHONE: Business 704 948-6466 Home

ADDRESS 9615 J SAM FURR RD SUITE 221 HUNTERSVILLE NC 28078

LOCATION 40 WEST (L) OLD ORTON RD (R) Angel OAKS DR (ON) RT BY CREEK

SUBDIVISION Angel Oaks BLOCK / SECTION LOT 27 + 27A LOT AREA 1.81 +/- SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-19-07
Pump Tank: 1000 Gallons; PT 371 Date 2-5-07
Pump Make: GOULDS Model WE0152HH Serial No.
Nitrification Field: No Fields 1 Square Feet EP=1200' Linear Feet 200'
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LOW PRESS SD% REDUCT
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: (1) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT (2) SYSTEM IS FLAGGED OUT completely (3) 100' LINE WILL BE FED WITH [redacted] TEE IN MIDDLE

Comments/Conditions: + ONE TURNUP, POLYLOK FILTER & MARKER

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

AS BUILT SKETCH

off site septic on PIN # 4713-52-8814

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: [signature] date 2/13/07 Installed by: [signature] date 4-30-07

Improvement Permit by: [signature] date 2-12-07 Operation Permit by: [signature] date

Authorization to Construct by: [signature] date 2-12-07 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

PERMIT# 134861 PIN# 4713635526 DATE 2-12-07

OWNER OR APPLICANT ANGEL OAKS DEVELOPMENT PHONE: Business 704 948-6466 Home

ADDRESS 9815 J SAM FURR RD SUITE 221 HUNTERSVILLE NC 28078

LOCATION 40 WEST ON OLD OLIN RD ON ANGEL OAKS DR 600 FT BY CREEK

SUBDIVISION Angel Oaks BLOCK / SECTION LOT 27 LOT AREA 1.81+.83 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 2-19-07

Pump Tank: 1000 Gallons: PT 37 Date 2-5-07

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EPA=1200' Linear Feet 200'

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ALL

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

System Description: LOW PRESS SD% REDUCT

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ Gravity ☒ Pressure

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

No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: ① CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT ② SYSTEM IS EVALUATED OUT COMPLETELY ③ 100' LINE WILL BE FED WITH [redacted] TEE IN MIDDLE

Comments/Conditions: & ONE TRENCH. POLYLOK FILL & MARKER

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LICENSE LOOK, P.S.

AS BUILT SKETCH

NOTES	Date	Initials
Drain Lines Checked	4-27-07	ALL
Tanks Checked	4-27-07	ALL
Pressure Manifold or Valve Box Checked	4-27-07	ALL
Pressure Head Set	4-27-07	ALL
Electrical Checked		
Floats Set	4-27-07	ALL
Alarm Checked	4-27-07	ALL
Maintenance Contract Y / N		

- SEPTIC ALARM LOCATED ABOVE
- PUMP INFO IN RISER LID

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 plan 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: [signature] date 2/13/07 Installed by: MATT NICELY

Improvement Permit by: [signature] date 2-12-07 Operation Permit by: date

Authorization to Construct by: [signature] date 2-12-07 Existing System Inspection by: date

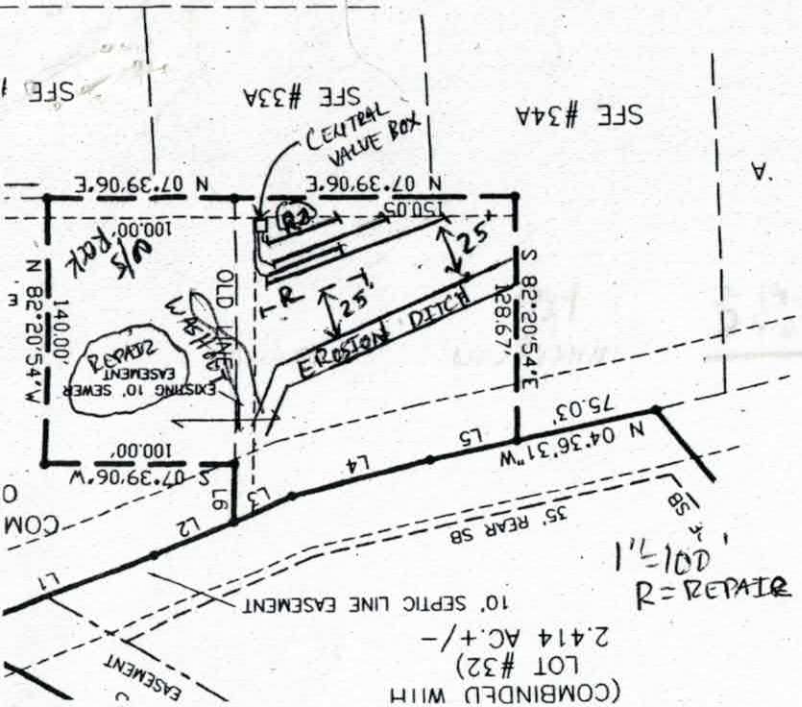
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PAGE 01 IREDELL ENVHLTH STVL 7048713483 04/30/2007 07:55

PERMIT # 134891

PIN # 4713635526

Angel OAKS LOT 27



REPAIR AREA

60' REPAIR BELOW

30' REPAIR ABOVE

30' REPAIR AT END OF LINE'S (10' ON EACH)

80' ACROSS OLD LINE

INITIAL SYSTEM

1st LINE 40'x2'

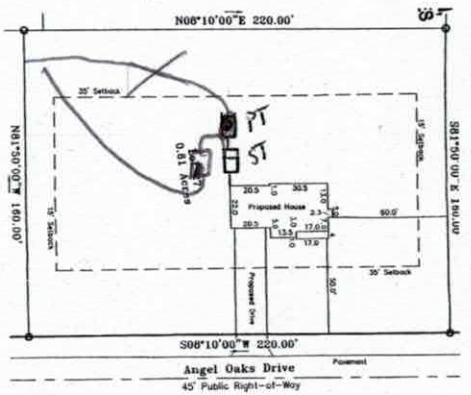
2ND LINE 60'x2'

3RD LINE 100'x2' = FED WITH TEE IN MIDDLE OF LINE WITH ONE TURNUP

SUPPLY LINE'S Previously Installed

OFFSITE

1"=100'



Initial LOT

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

Sheet ___ of ___
PROPERTY ID #: 13479
COUNTY: 47 63 63 55 26

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jack Dale Arbert — APPLICATION DATE: ___
ADDRESS: 9815 Johnson Rd Site 201 Huntersville NC — DATE EVALUATED: ___
PROPOSED FACILITY: Rental — PROPOSED DESIGN FLOW (.1949): ___ — PROPERTY SIZE: 9 Ac+ 8SAC
LOCATION OF SITE: Lake Oaks 27A Offsite — PROPERTY RECORDED: Yes
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	37% L	0-24 24-36 36-60"	cmsl sbk cwksl sbk saprolite	fr ss po fr ss po long fr ss po	→ sapind ≤ 50%	36"			PS ,3
2	37% L	0-24 24-36 36-60	cmsl sbk cwksl sbk long sap	fr ss po fr ss po fr ss po	sapind gleys				PS ,3
3	37% L	0-48" 48-60	cmsl sbk long sap	fr ss po fr ss po	sapind ≤ 50% 36-48" some rock fragments				PS ,3
4	37% L	0-48" 48-52" 52-60	cmsl sbk rock fr sgl. fr sapind fr ss po	fr ss po	48" HARD TO AUGER				JS

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	LPP 50%	LPP 50%
Site LTAR	,3	,3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. Cook
OTHER(S) PRESENT: ___

COMMENTS:
(5) 0-36 cmsl sbk & ss sp sap ind ≤ 50% PS, ,3

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
		O (Organic)	None	None

MINERALOGY/ CONSISTENCE
NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

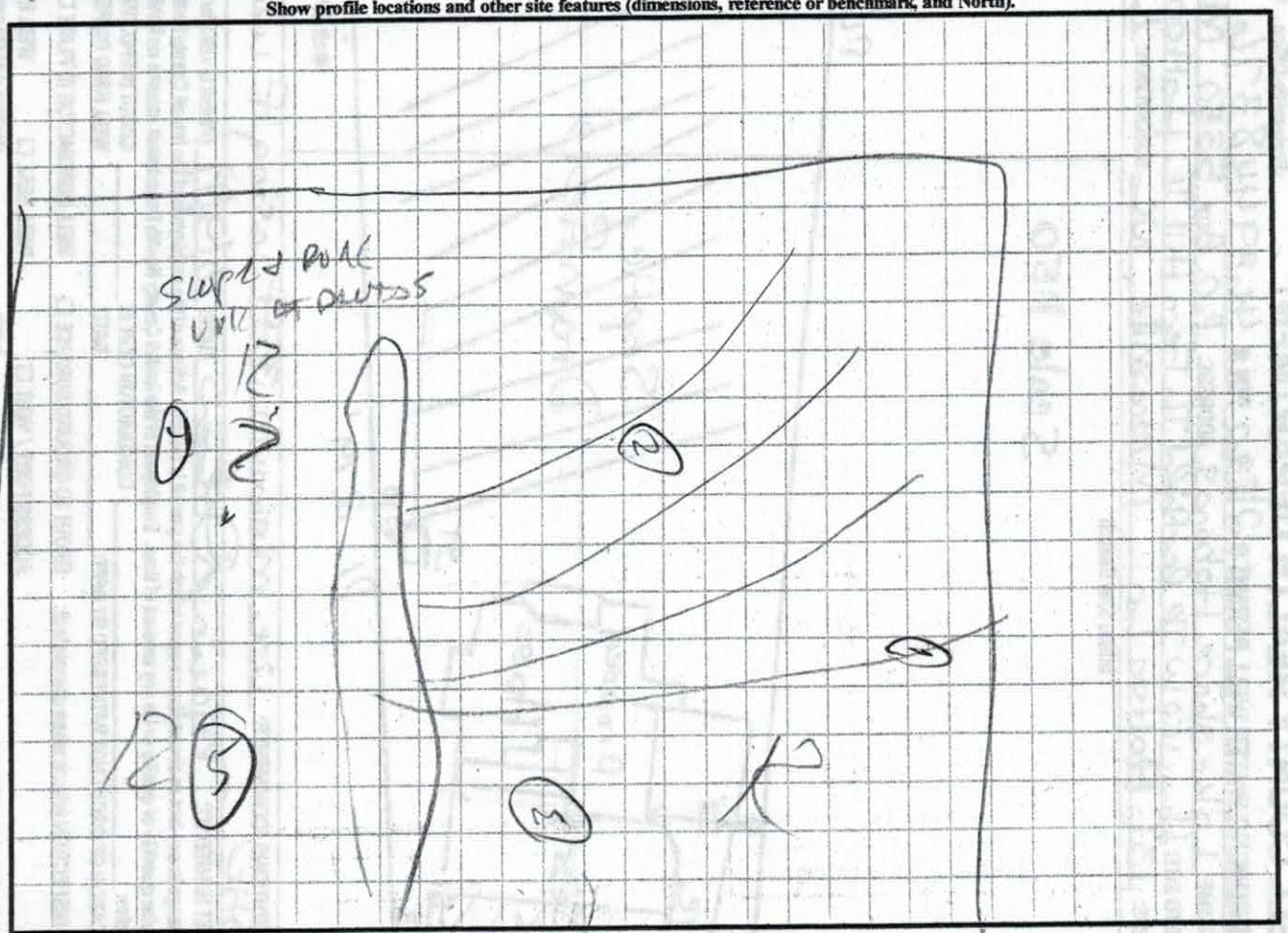
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

MAP REVISION
FOR
ANGEL OAKS

MARCH 29, 2001 SCALE: 1" = 150'
SHILOH TWSP. IREDELL CO., NC

RONNIE DEDMON SURVEYORS, P.A.
RONNIE DEDMON, PROF. SURV. L-1222
CHUCK POOVEY, PROF. SURV. L-3762
ROBERT DEDMON, PROF. SURV. L-3899
PHILLIP HARRIS, PROF. SURV. L-4164
4837 NC HIGHWAY #16 NORTH
P.O. BOX 494, DENVER, N.C. 28037
(704) 483-4908

COURSE	BEARING	DISTANCE
L-1	N 03°28'24"E	24.35'
L-2	N 66°06'13"W	55.75'
L-3	N 03°50'44"E	64.20'
L-4	N 02°26'57"E	7.79'
L-5	N 02°26'57"E	51.42'
L-6	N 13°33'28"W	112.09'
L-7	N 15°48'32"W	46.44'
L-8	N 15°48'32"W	34.18'
L-9	N 06°18'16"W	75.32'
L-10	N 04°35'37"W	46.66'

150 0 150 300 450

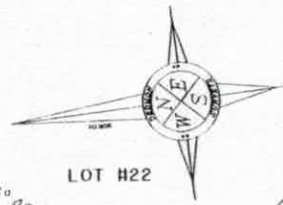
GRAPHIC SCALE - FEET

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

ROBERT J. DEDMON
L-3899

NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT JETTON DEDMON

NOTE: THIS MAP IS BASED SOLELY ON A PLAT BY DOWELL & COMPANY ENTITLED ANGEL OAKS SUBDIV., SHEET 2 OF 2. NO PHYSICAL SURVEY WAS CONDUCTED IN PREPARATION OF THIS MAP.



MORNINGSTAR CT. 45' PUBLIC R\W

GREEN LEAF CT. 45' PUBLIC R\W

TURNING LEAF LN. 45' PUBLIC R\W

LOT #25
LOT #31
LOT #22
LOT #20
LOT #16
LOT #15
LOT #21
LOT #35
LOT #34
LOT #36
LOT #36A
LOT #34A
LOT #21A
LOT #20A
LOT #16A

S 56°37'19"E 121.47'
A=109.58'
R=50.00'
N 86°09'57"E 88.93'
S 36°49'47"W 591.09'
399.31'
191.78'
OLD LINE
N 38°57'01"E 257.22'
N 04°36'31"W 75.03'

25' ACCESS ESMT.

LOT #33 REVISED
(COMBINDED WITH LOT #32)
2.414 AC. +/-
SEPTIC LINE EASEMENT

COMMON OPEN SPACE
0.924 AC. +/-

COMMON SPACE

LOT #15A REVISED
1.173 AC. +/-

S 07°50'56"W 120.68'
S 26°17'33"E 101.33'
N 82°20'54"W 154.30'
S 82°20'54"E 303.37'
233.37'
N 83°44'06"W 459.67'
OLD LINE
211.75'
N 07°39'06"E
70.00'
280.62'

LOT #27A REVISED
S 82°20'54"E 128.67'
OLD LINE
100.00'
S 82°20'54"E 140.00'
150.05'
43.23'
50.00'
56.82'
43.22'
N 07°39'06"E

LOT #23A
LOT #43A
LOT #17A
110.00'
N 82°20'54"W 140.00'
S 82°20'54"E 140.00'
73.37'
36.63'

LOT #33A REVISED
0.23 AC. +/-
N 83°44'06"W 100.00'
S 83°44'06"E 100.00'
100.04'
N 07°39'06"E 150.04'

LOT #12A REVISED
0.916 AC. +/-
70.05'
250.11'
N 07°39'06"E

PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAY OR EASEMENTS NOT OBSERVED.

NOTE: OWNER TO VERIFY ALL SETBACKS & ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.

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	Work Phone
angel Oaks Development	9815 J Sam Furr Rd suite 221 Huntersville, NC 28078	704 948 6466	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
134 angel oaks Dr Statesville, NC 28677	angel oaks	27 lot 11

Driving Directions: old mtn road, left into angel oaks 5th house on right

****

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: Christ Edmund — 10/15/06

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

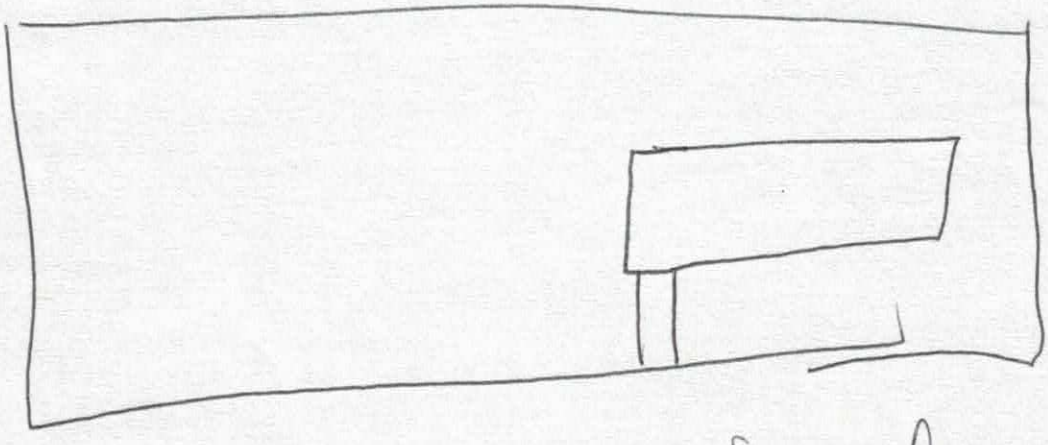
Signature: Justin Eyland

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

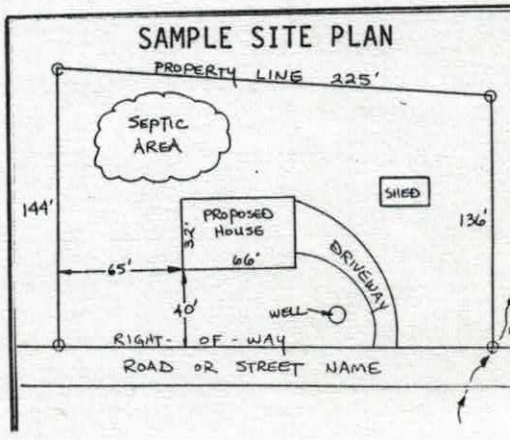
10/15/06

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



see attached plot plan

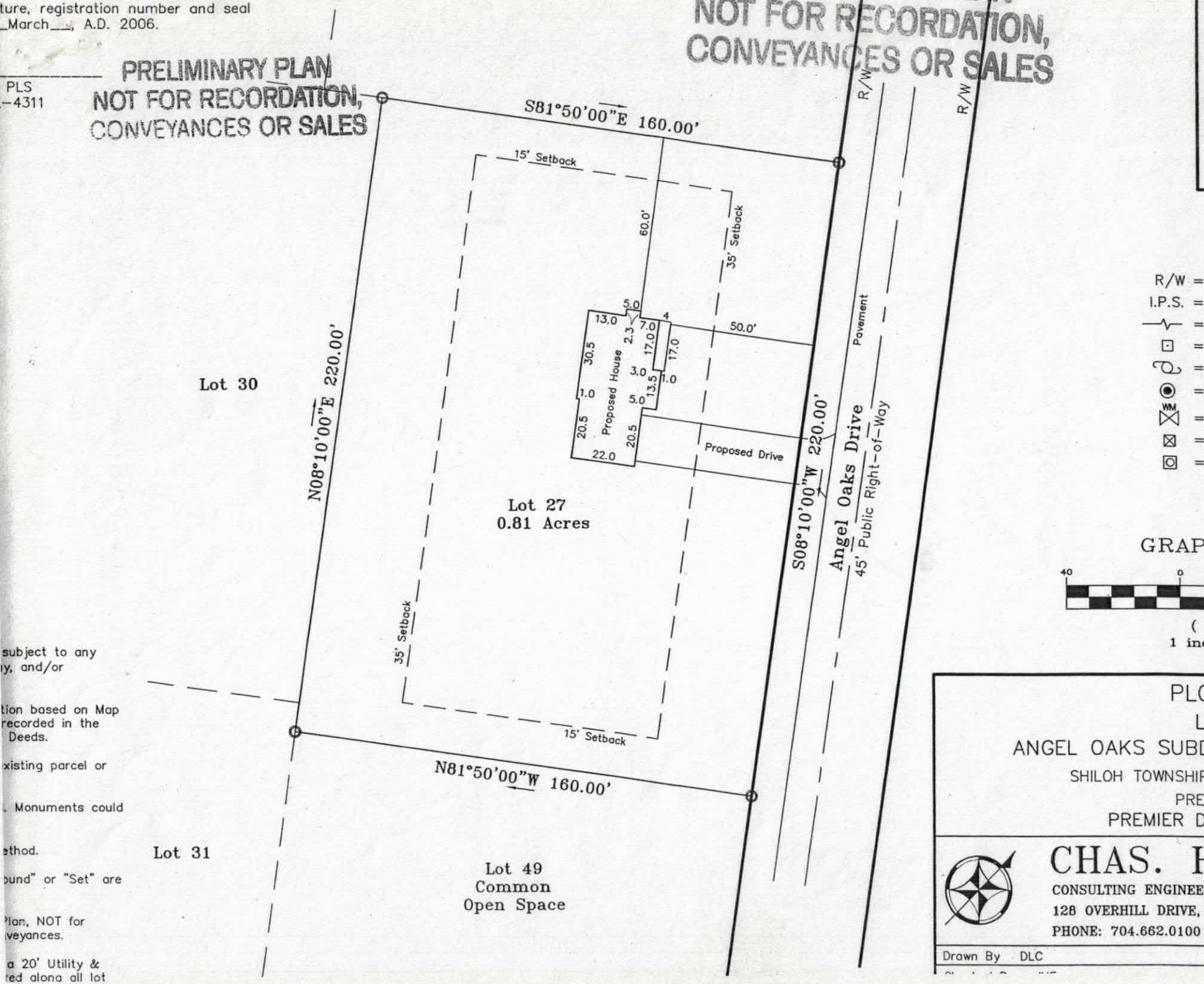


ture, registration number and seal
_March__, A.D. 2006.

PLS
-4311

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

NOT FOR RECORDATION,
CONVEYANCES OR SALES



LEGEND

R/W = Right-of-
I.P.S. = #4 Rebar
= Not to s
= Telephone
= Utility Po
= Cable Pe
= Water Me
= Electric
= Lateral

GRAPHIC S

40 0 20

(IN FEET
1 inch = 40

subject to any
y, and/or

tion based on Map
recorded in the
Deeds.

xisting parcel or

. Monuments could

ethod.

ound" or "Set" are

Plan, NOT for
veyances.

a 20' Utility &
ed along all lot

PLOT PLA
LOT 27
ANGEL OAKS SUBDIVISION
SHILOH TOWNSHIP, IREDELL
PREPARED
PREMIER DEVELOPI

CHAS. H. S
CONSULTING ENGINEERS, SURVE
128 OVERHILL DRIVE, SUITE 10
PHONE: 704.662.0100 FAX: 704.

Drawn By DLC

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 089527 PIN# 4713632148 DATE July 9, 01

OWNER OR CONTRACTOR Earl Garrick PHONE: Business 374-9700 Home

ADDRESS 9815 J. Sam Furr Rd., Suite 47, Huntersville NC 28078

LOCATION From Troutman Old Mtn. Rd. TL Angel Oaks Drive on Right

SUBDIVISION Angel OAKS BLOCK / SECTION LOT 27/27A LOT AREA .81Ac+, .83Ac SITE CLASS PSSFE DESIGN FLOW 360gpd L.T.A.R. #3 SFE-system area

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200

No Lines 3 Trench Width 24" min 8' oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OK 36" max 4'oc

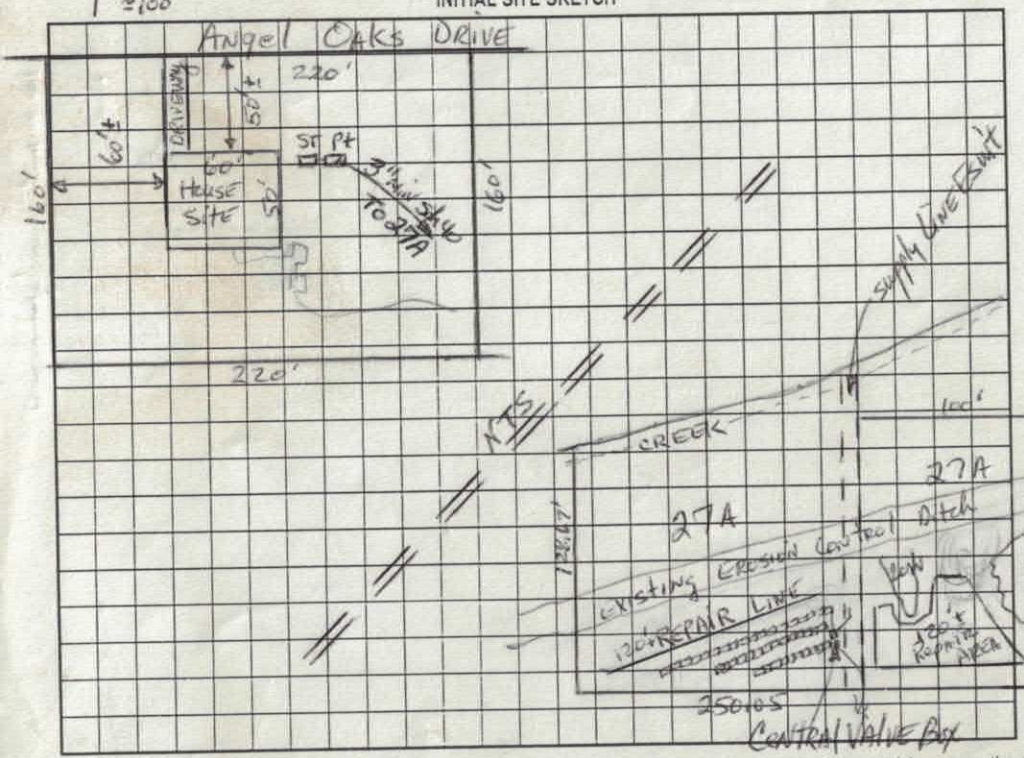
No pump specs included (SEE ME-for details - DRH)

Comments:/Conditions: Approved 3 BEDROOM HOUSE PLAN

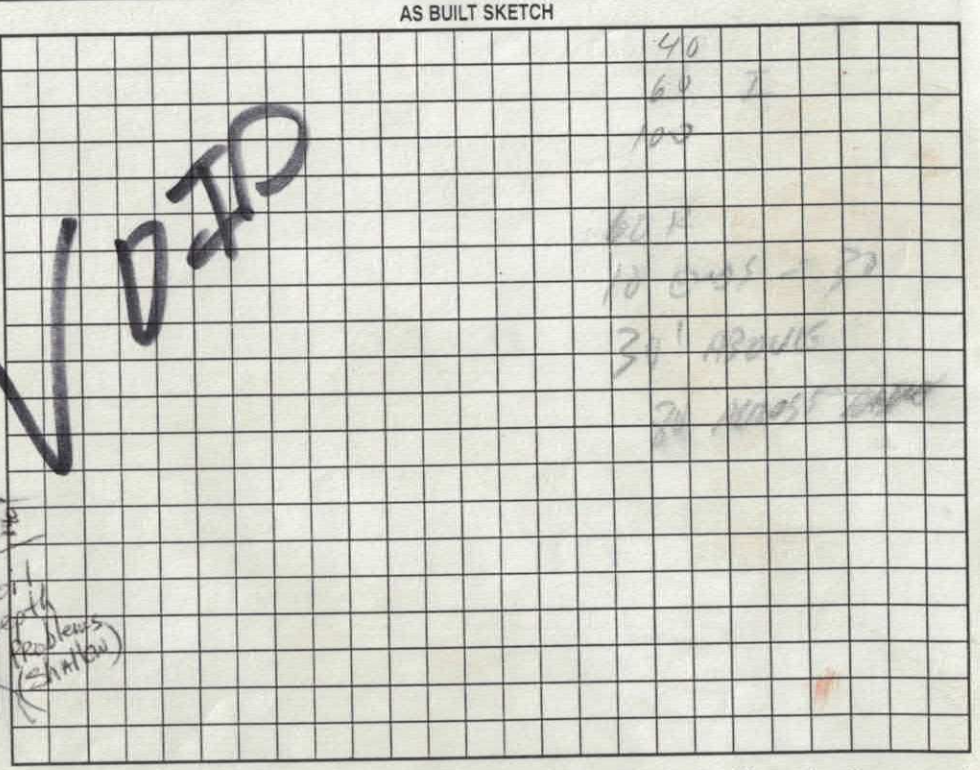
ON 3-29-06

INITIAL SITE SKETCH

1" = 100'



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 7-18-01 Installed by:

Improvement Permit by: date 7-9-01 Operation Permit by: date

Authorization to Construct by: date 3-29-06 Existing System Inspection by: date

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

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:

Earl Garrick	704-374-9700	9815J Sam Furr Rd., Suite 47 Huntersville, N.C.			
Applicant	Phone #	Mailing Address	City	State	Zip Code
Same as above					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

ANGEL OAKS	27		1005
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

County water	May-1998	
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property From Troutman: Go out Old Mtn. Rd. Cross Buffalo Shoals Rd. go aprox. 3-4 miles. Angel Oaks subdivision on left.

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

House _____ Mobile Home X Commercial _____ No. Bedrooms 3 No. Baths 2

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

Crawl Space X Concrete Slab _____ Garbage Disposal X 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.

4-6-2000 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 089527 Zoning Permit: X Improvements Permit:

Name: GARRICK EARL Address: 9815 J SAM FURR RD

City: HUNTERSVILLE State: NC Zip: 280780000

Phone: 7043749700

Proposed Use: 03

PIN #: 4713632148 PT Zoning: RA Township: 1400

Street Address: 134 ANGEL OAKS DR

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: ANGEL OAKS Lot #: 27 Lot Size: .81

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVPA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: REPLACEMENT PD FOR OLD PD# 77730 FROM 10/26/98,HEALTH PAID

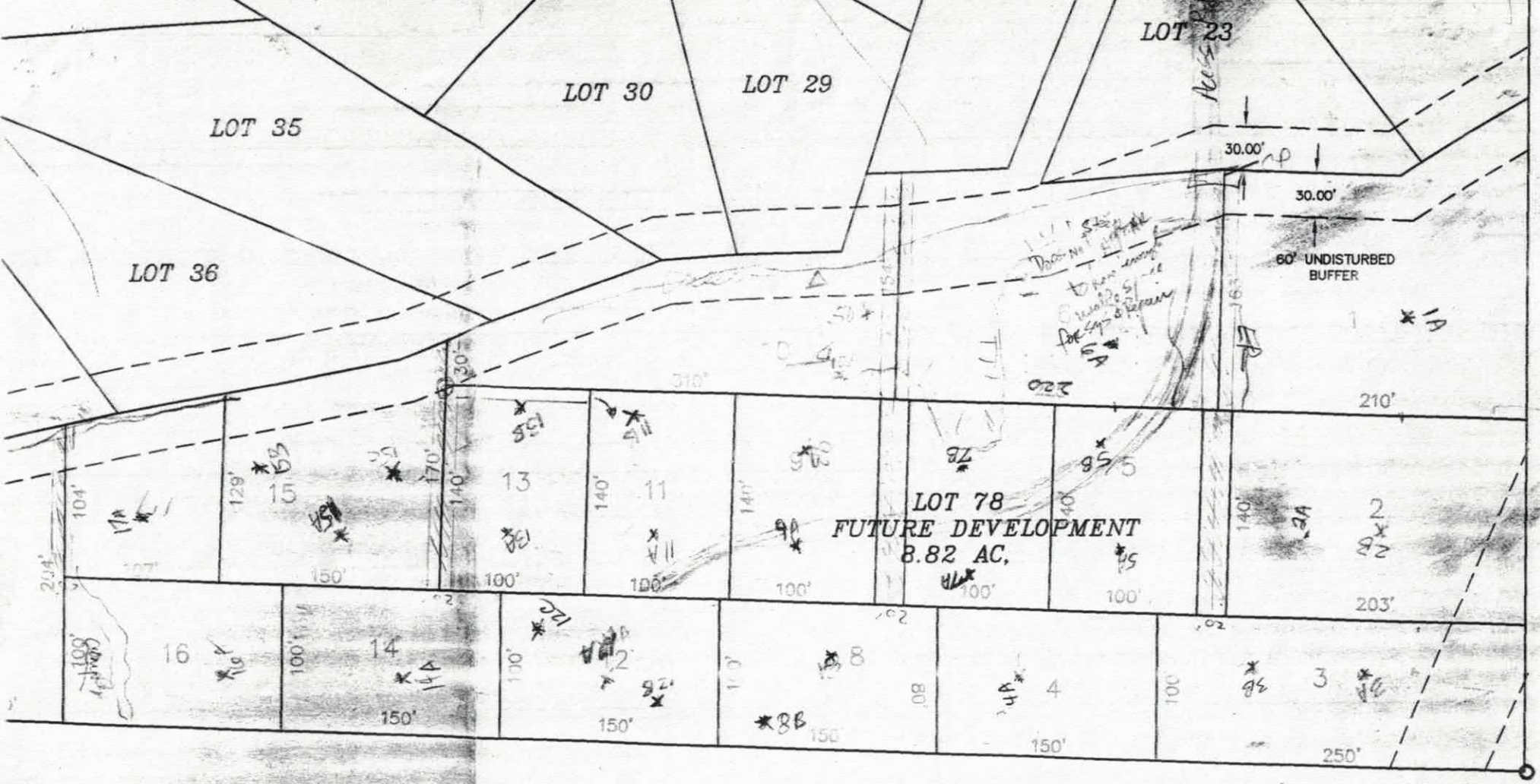
Hold Building Permits? Y Reason: PLAT NOT RECORDED

Location: OLD MTN,L ANGEL OAKS,ON RIGHT

Staff: RAM Date: 05/03/00

Fees: Zoning: $ 31.50 Health: $ .00

Signature of Applicant:_____
Owner: Agent:



BEFORE EROSION CONTROL DITCH !

AH LOCATIONS

(mobile) 634-0173

ITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

ER: _____ APPLICANT: _____

RESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12-16-99

OSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

ATION OF SITE: Angel Oaks SFE's PROPERTY RECORDED: _____

ER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

LUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

E OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.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
18A	0-18	sabpc	fr sp					PS .3
	18-46	mk sa by pcl	fr sss p					
17A 27%	0-14	gr y brn sl/sdl	fr sss p	36"+				PS .2-.25 @ ≤ 24"
	14-42+	gley y brn sdl	fr sp-sss p					
15A SFE 27A Initial System Area	0-16	Snd brn s/cl	fr sp					PS .3
	16-50	wk sab light brn/ l sp	fr sss p					
	50+60	" " mix/w sl silty	fr sp					
15B IN or just Below ER cutoff Date 27A	0-9	gr brn sl/sdl	fr	31"+				PS .25 @ ≤ 19"
	9-31	sab pcl/cl	fr sp					
	31-37+	gley y brn sl	fr/fi sp	mixed/sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
able Space (.1945)		
n Type(s)		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

ITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

ER: _____ APPLICANT: _____

RESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12-16-99

OSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

ATION OF SITE: SFE's Angel Oaks PROPERTY RECORDED: _____

ER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

LUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

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15C IW/AT ER Control Ditch 27A	0-6	gr brn sl/scl fr						PS .03
	6-19	wk sbk, pbrn cl/cL fr sp						
	19-60	SL/L sap fr/sp/fi/mi/pl/w						
13B 37%	0-16	wk sbk brn scl/cL fr/sp						PS .37
	26-60	1/sl cem						
11-B 48%	0-24	gr-wk sbk brn/rdbrn sl/scL fr/sp						
	24+	hard rock						
28 bx	0-7	gr brn sl/scl fr						PS .31
	7-32	sbk rd/cL fr/sp						
	32-48	wk sbk yr/r-y L/scL fr/sp/fi/mi						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ble Space (.1945)		
n Type(s)		
CAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

TE WASTEWATER SECTION COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

ER: _____ APPLICANT: _____

RESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12-2-96

OSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

TION OF SITE: Gingel Oaks SFE's PROPERTY RECORDED: _____

ER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____

LUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

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13A Repair Area SFE 27A	0-5	gr-wkab vfN sl fr ss sp						PS .3
	5-21	Sil red cl fr sp ss						
	21-36	wkfsb w/ CL/L	Sl ind fr ss sp					
	36-46	L/Sil cl sm	fr ss sp					
14A	0-7	gr-wkab brn sl/cl	fr					PS .3
	7-27	sbk rc	fr-fi SD					
	27-48	wkfsab yr cl/L	few-common mi sl sp	fr ss sp				
16A	0-9	gr brn sl cl	fr ss sp					PS .3
	9-34	sbk RC/cl	fr sp					
	34-60	BC wkfsab yr cl	few-common mi sl sp	fr ss sp				
1-1699 19A	0-4	brn sl/l	fr					PS .3
	4-24	sbk RC	fr sl sp					
	24-48	m-wk sab yr cl	fr sl sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ble Space (.1945)		
n Type(s)		
TAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

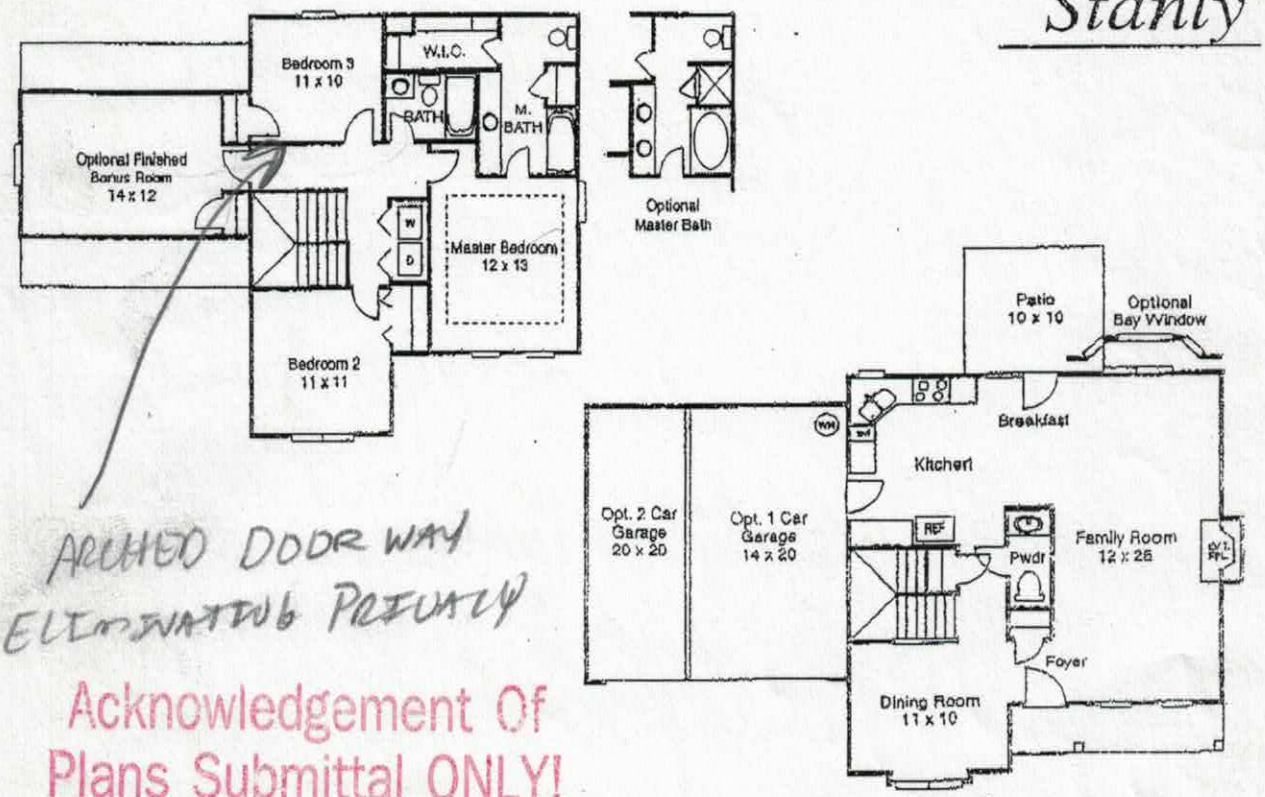
OTHER(S) PRESENT: _____

lot 27



Shown With Optional 2 Car Garage

Stanly



Approved 3 BEDROOM PLAN

ARCHED DOORWAY ELIMINATING PRIVACY

Acknowledgement Of
Plans Submittal ONLY!

Date 3-29-04

Date 3/29/04

Elevations are artists' conceptions only. Elevations, floorplans and room dimensions are approximate and may be subject to change without notice. (Rev. 3/7/02)

New Homes of Angel Oaks

Lorne
704-761-2484

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 #:	134891ZO	Subdivision:	Angel Oaks
Proposed Use:	Single Family	Township:	1400 Shiloh
Location of Property:	134 Angel Oaks Dr Statesville NC 28677		
Parcel #:	4713635526.000	Zoning:	RA
Lot #:	27 Size: .81	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Christy Garrick	Owner:	EARL T GARRICK
Address:	9815 J Sam Furr Rd Huntersville NC 28078	Address:	9815 J SAM FURR RD HUNTERSVILLE, NC 280780000
Phone:		Phone:	704-948-6466
Property Recorded:	Yes 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: 21780 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:

replacing permit # 089527

Directions:

Old Mtn,l Angel Oaks,on Right

FEES

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

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.

DEBBIE WILLIAMS Printed: 3/29/2006