PEGGY SPIVEY

IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit 3/16/99.

STATESVILLE 704-878-5305 21 MOORESVILLE 704-664-5281

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

PERMIT# 077010 PIN# ~~4639734550~~ 4720-50-9852 DATE 4/5/02

OWNER OR CONTRACTOR Welborn Properties Inc. / Crescent Resources PHONE: Business (704) 896-9886 ~~Home~~ Cell (704) 202-9822

ADDRESS 18116 W. Catawba Ave Suite 310 Cornelius, N.C. 28031

LOCATION State Park Rd (L) Wildlife, (R) Sierra Woods, (R) Mode View, (L) Deer Cove Lane

SUBDIVISION Wildlife Bay BLOCK / SECTION II LOT 85 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1,000 Gallons; STB 1007 Date 4-11-02
Pump Tank: 1,000 Gallons; PT 274 Date 3-19-02
Pump Make: ZOELLER Model E 140-B Serial No. 140-0004
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 300
No Lines ~~6 or 7~~ 7 Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: Pump, LP - Panel Blk
Repair System Description: Pump, LP - Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No

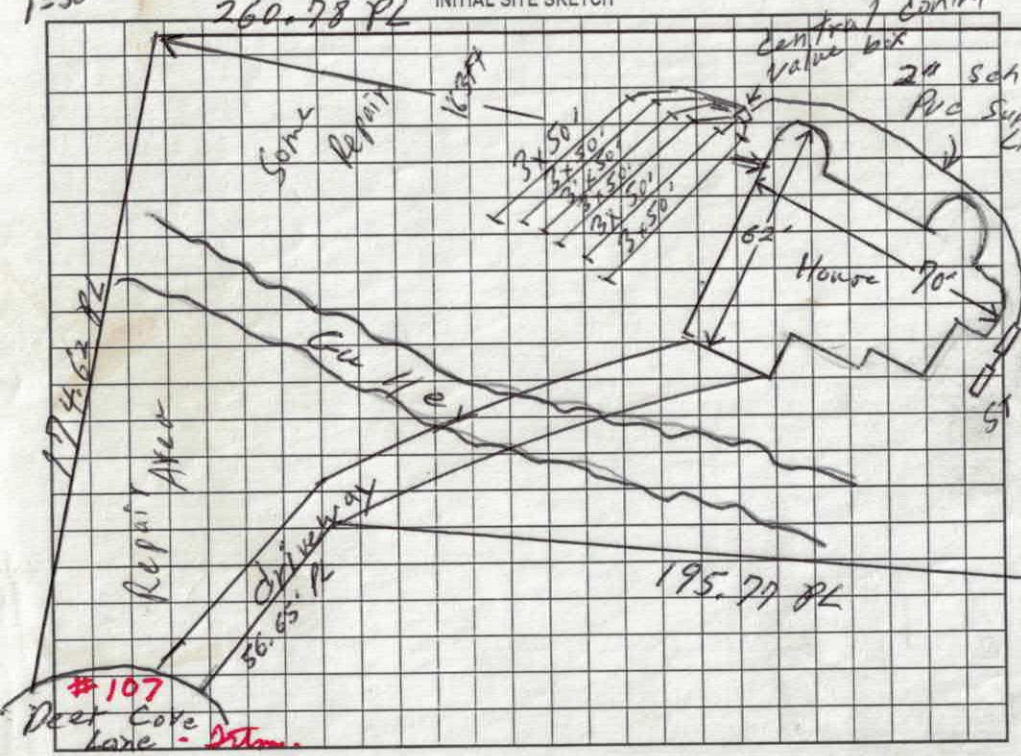
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

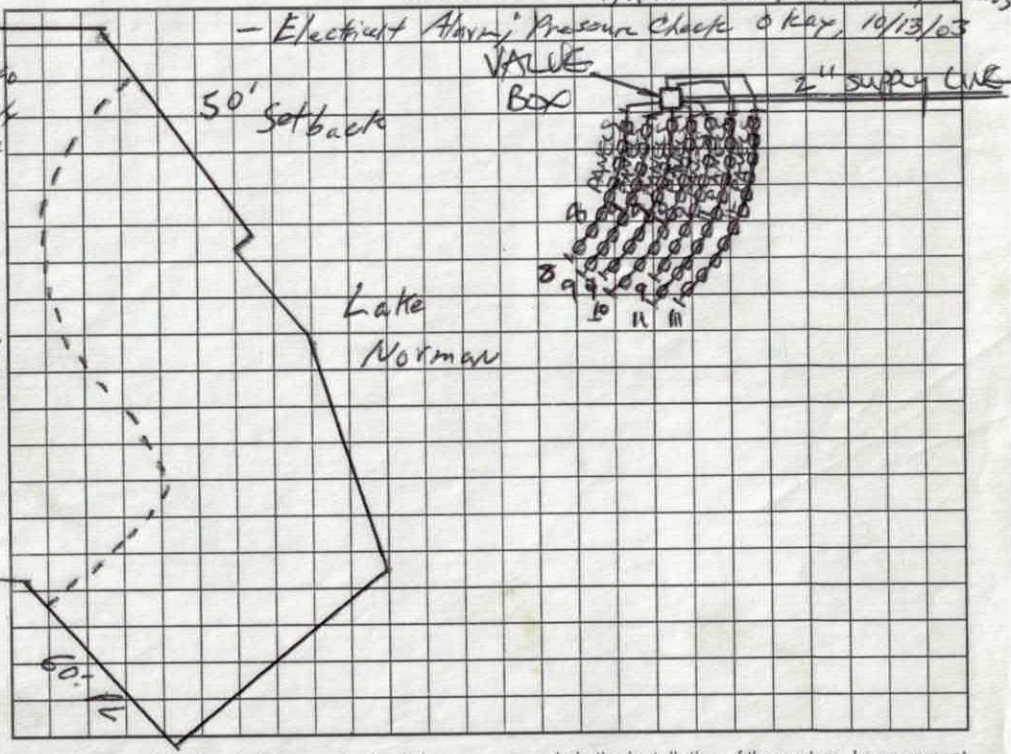
Comments/Conditions: (1) Install Pump - PPBS System with Sim-Tech or similar In-line filter in Pump Tank (2) Do Not grade hill beside of Gulley on House Side (3) maintain proper set backs. (4) Call Health Dept to inspect system before installation.

Comments/Conditions: -Poly Pak Filter Installed, PT Riser Installed
(1) 67 PPBPS PANELS INSTALLED IN SEVEN LINES AS SHOWN BELOW W/ PRIOR HEALTH DEPT. APPROVAL
-In-line Pump Filter Okay 10/13/03
- Electrical Alarm/Pressure Checks Okay, 10/13/03

INITIAL SITE SKETCH 1"=50'



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: Randy C Welborn date 4/5/02 Installed by: WAYNE OLONTZ

Improvement Permit by: William O. Johnson date 4/5/02 Operation Permit by: William O. Johnson date 12/30/03

Authorization to Construct by: William O. Johnson date 4/5/02 Existing System Inspection by: _____ date _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 2/3/94

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

LOCATION OF SITE: Wildlife Bay II Lot #85 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-35	Rd L mF SBK FR SS SP						PS .3
		35-46	Rd-Yel/Yel-Brw SAP SS, SP	massive			SAP		
2		0-14"	Brw SL						PS .3
		14-25"	Brw/Rd-Brw SCL w/many Rock Fragments SS, SP, FR & SAP Inches						
		25-50	SL SAP Brw-Rd/Brw w/many Rock Fragments						
		50"	SL/L SAP Yel-Brw						
3									
4									

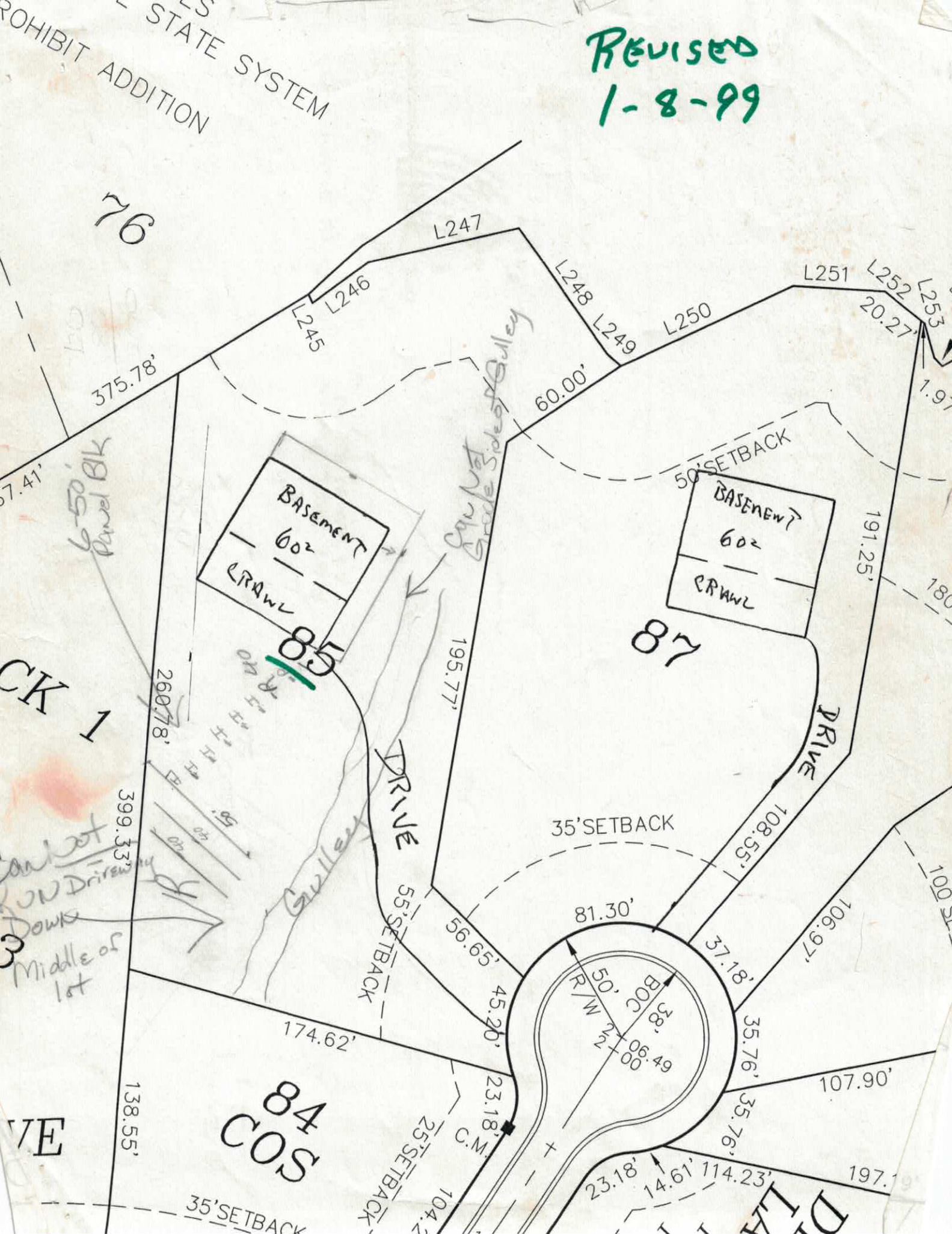
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____


REVISED
1-8-99
PROHIBIT ADDITION
STATE SYSTEM
76
L247
L246
L245
L248
L249
L250
L251
L252
L253
20.27'
375.78'
60.00'
50'SETBACK
BASEMENT
60²
CRAWL
85
87
191.25'
195.77'
260.78'
399.33'
DRIVE
35'SETBACK
108.55'
81.30'
56.65'
45.20'
55'SETBACK
174.62'
37.18'
106.97'
50'
R/W
BOC
48.06.49
35.76'
107.90'
84
COS
138.55'
23.18'
C.M.
25'SETBACK
104.2
35'SETBACK
14.61'
114.23'
197.1
Middle of lot

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
Peggy M. Spivey	704 896-5955	18716 W. Catawba Ave Suite 100	Cornelius	NC	28031
Barbara J. Cramer (Current Property Owner)		1107 McCord Road,	Valparaiso	Indiana	46383

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Wildlife Bay	85	Phase II	—

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

Specific Directions to Property State Park Road - Left on Wildlife Road Right Sierra Woods Dr. Right on Maple View Drive Left on Deer Cove Lane - See Lot 85

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

House X Mobile Home — Commercial — No. Bedrooms 4 No. Baths 3

No. Persons or Employees (commercial only) N/A Basement Yes Basement with Plumbing Yes

Crawl Space _____ Concrete Slab N/A 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.

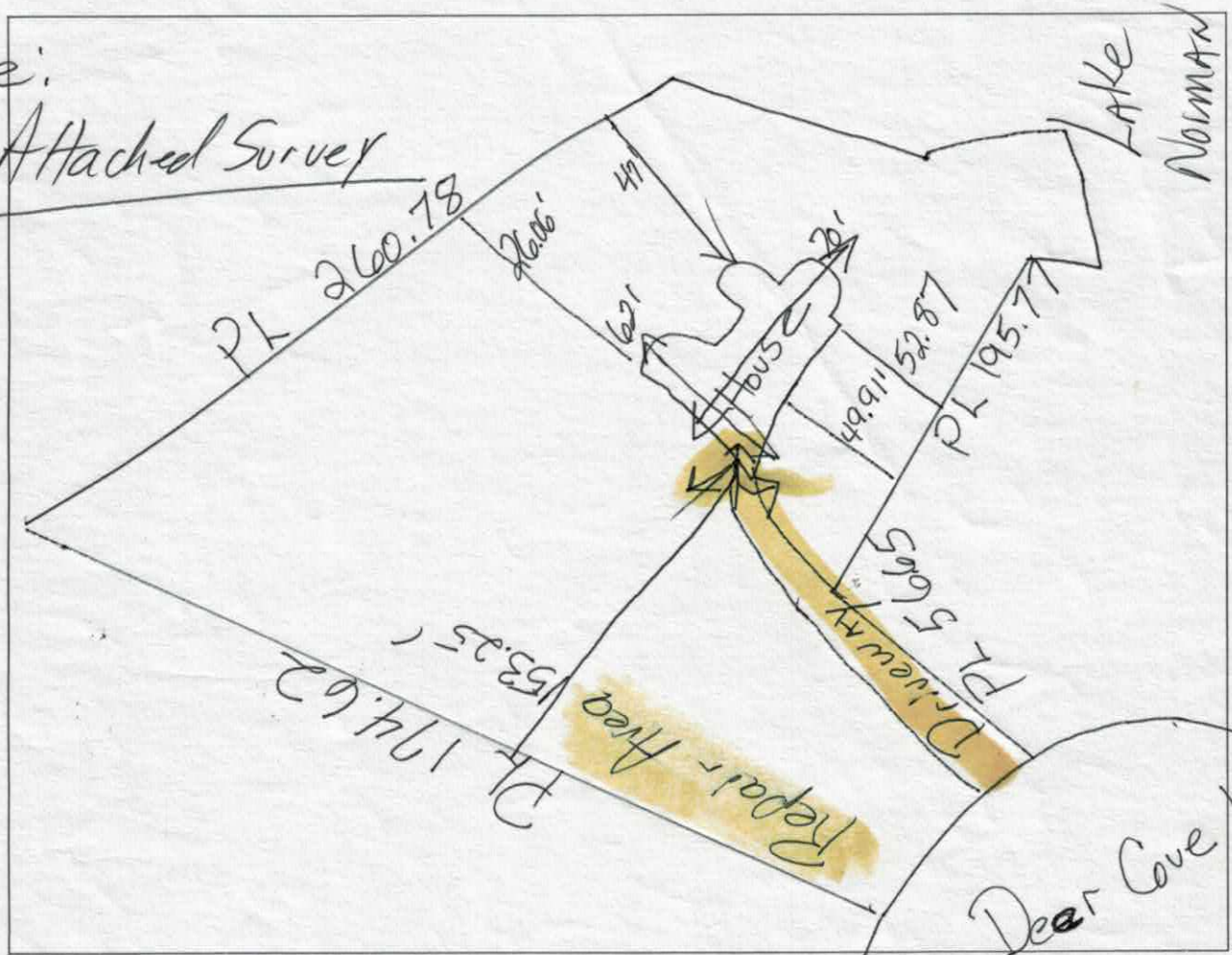
3/23/02 DATE by Randy C. Wells ~~SIGNATURE~~ OF OWNER/AUTHORIZED AGENT

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.

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.

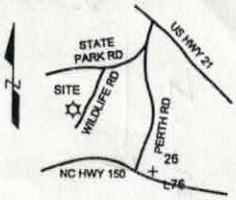
3/23/02 Date by Randy C Wellborn SIGNATURE OF OWNER/AUTHORIZED AGENT

EXHIBIT MAP

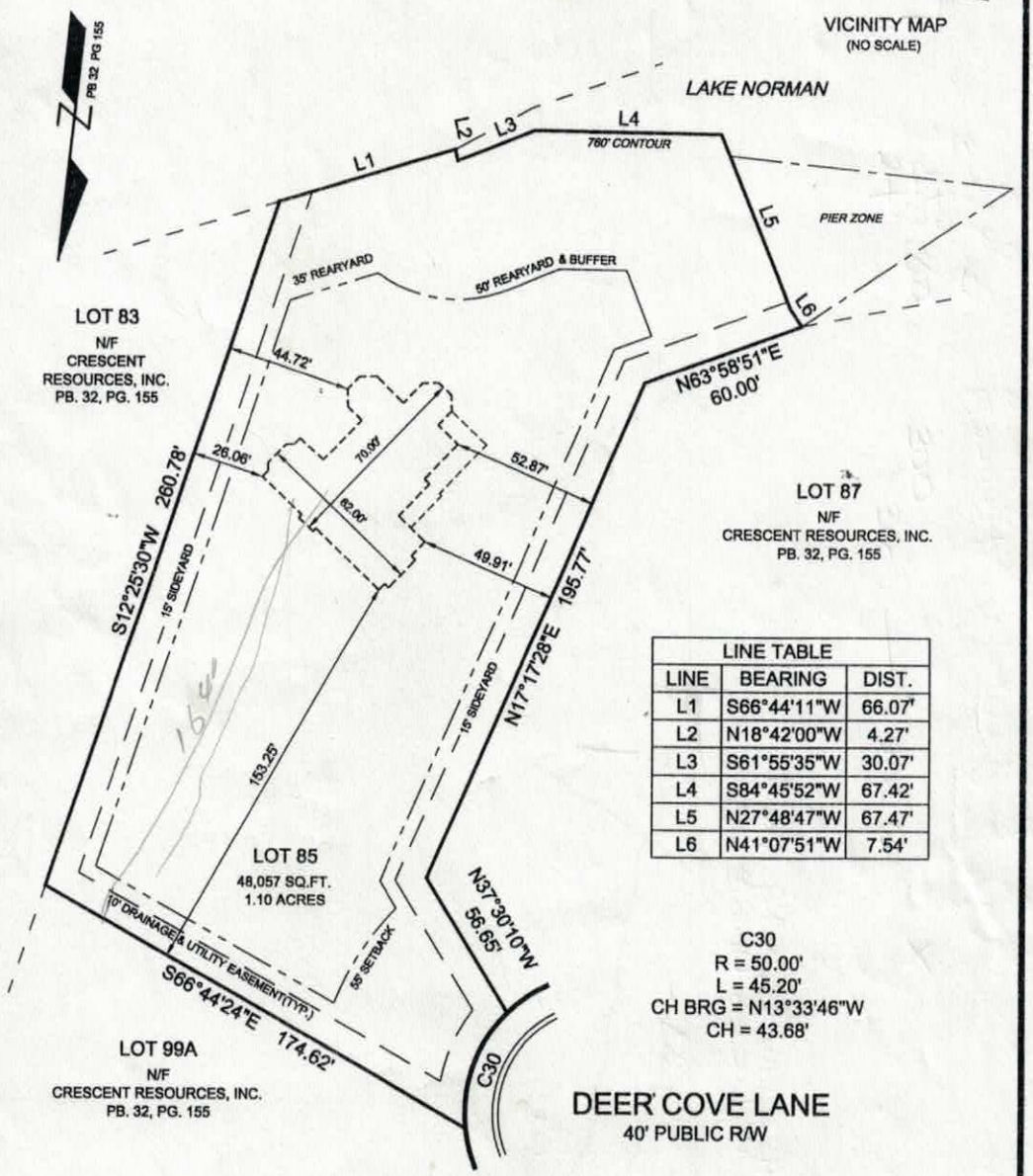
WILDLIFE BAY
PHASE 2
PLAT BOOK 32, PAGE 155
LOT 85

LEGEND

- RIGHT OF WAY
- PROPOSED HOUSE
- PROPOSED DRIVE/PORCH
- CONCRETE CURB & GUTTER



VICINITY MAP
(NO SCALE)



LINE TABLE		
LINE	BEARING	DIST.
L1	S66°44'11"W	66.07'
L2	N18°42'00"W	4.27'
L3	S61°55'35"W	30.07'
L4	S84°45'52"W	67.42'
L5	N27°48'47"W	67.47'
L6	N41°07'51"W	7.54'

C30
R = 50.00'
L = 45.20'
CH BRG = N13°33'46"W
CH = 43.68'

SUMMIT
LAND
SURVEYING COMPANY
18716 W. CATAWBA AVENUE
CORNELIUS, NC 28031
(704) 895-0955

PREPARED FOR

JOHN PRESTON HOMES, LLC

LOT 85 DEER COVE LANE
DAVIDSON TOWNSHIP IREDELL COUNTY
NORTH CAROLINA

MARCH 15, 2002

GRAPHIC SCALE
0' 25' 50'
1" = 50'

JOB NO. 02-0241RRRR
DWG NO. 32-155-853

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 175

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

PERMIT# 077810 PIN# 4639734550 DATE 3-16-99

OWNER OR CONTRACTOR Crescent Resources, Inc. PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION State Park Rd TL Wildlife TR Sierra Woods TR Maple View TL Deer Cove Ln.

SUBDIVISION Wildlife Bay BLOCK / SECTION II LOT 85 LOT AREA SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 6 at 50' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth

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

System Description: Pump-LPP-Panel Blk

Repair System Description: Pump(LPP) Panel Blk

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

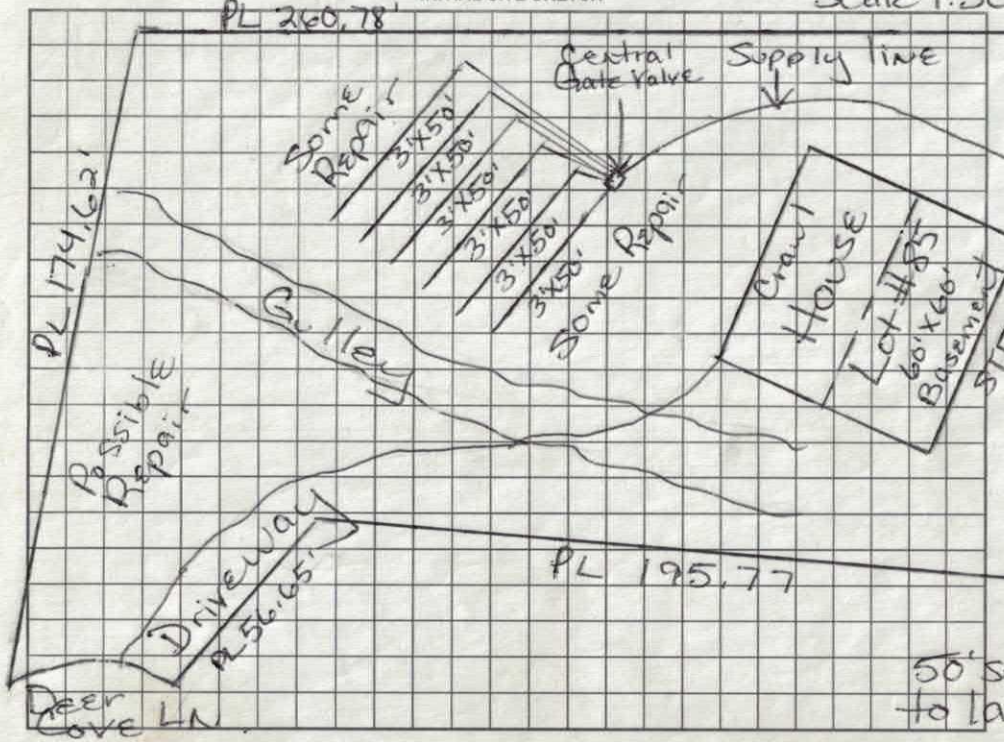
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

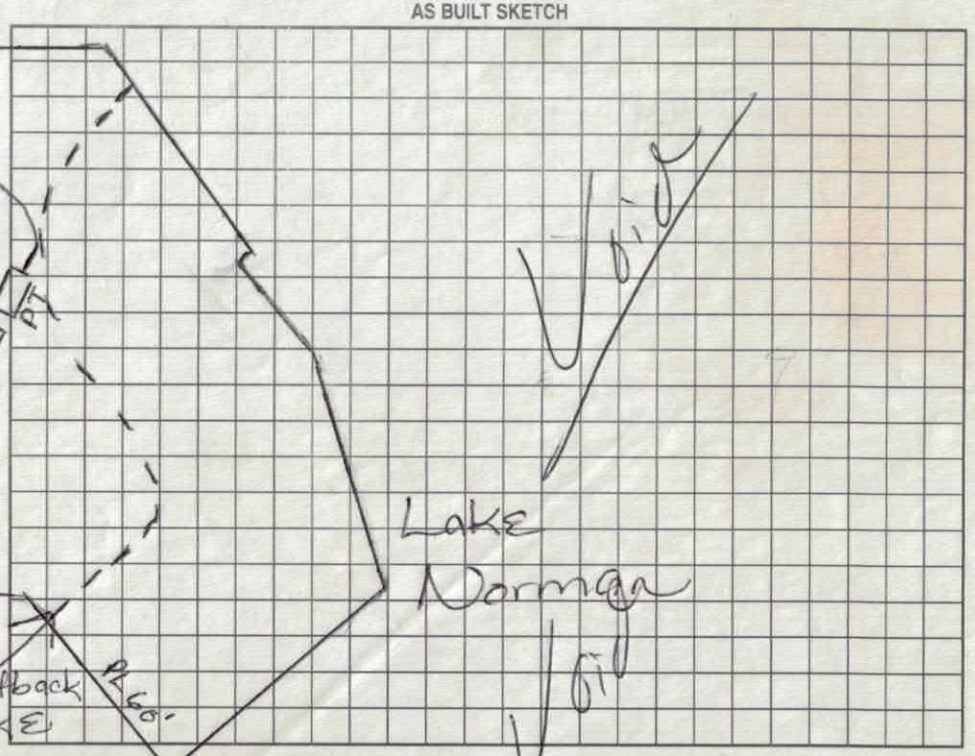
Comments:/Conditions: ** Can Not Run Driveway Down Middle of lot, do not grade side of Gulley. Keep Septic System at least 10' from PL & 50 from House.

Comments:/Conditions: partial 50% Reduction in Drainfield area.

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



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Signed: Tammy Clarke, CPSS (Agent) date 4/13/99

Improvement Permit by: Maria H. Dotson RS date 3/16/99

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

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: 077010 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RES. Address: PO BOX 1003

City: CHAR State: NC Zip: 282010000

Phone: 0000000000

Proposed Use: 01

PIN #: 4639-73-4550 Zoning: RA Township: 15

Street Address:

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: WILDLIFE BAY Lot #: 85 Lot Size:

Has Property been recorded? Community Water? Sewer?

Provider:

Watershed: WSIV-CA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 50R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: STPARK RDTL WILDLIFERD TR SIERRA WOODS TR DEER RUN

Staff: WMA Date: 09/25/98

Fees: Zoning: $ 15.00 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: