IREDELL COUNTY HEALTH DEPARTMENT

276-2927 980-6704

STATESVILLE 704-878-5305 315.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 120401 PIN# 4720514396 DATE 5/12/04

OWNER OR CONTRACTOR KENT SHAW PHONE: Business 528-4421 Home

ADDRESS PO BOX 1061 TROUTMAN NC 28166

LOCATION PERTH SOUTH - TR STATE PARK - TL WILDLIFE - TR SIERRA WOODS - TR MAPLE VIEW - AT END ON LT

SUBDIVISION WILDLIFE BAY BLOCK / SECTION # LOT 95 LOT AREA SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .30PD/FT2

Septic Tank: 1000 Gallons; STB 794 Date 12-14-04
Pump Tank: 1000 Gallons; PT 27 Date 12-12-04
Pump Make: MYERS Model MW50-11P Serial No. 2608D901
Nitrification Field: No Fields 1 Square Feet 410 Linear Feet 205
No Lines 3 Trench Width 24" Max Trench Bottom Depth 30"

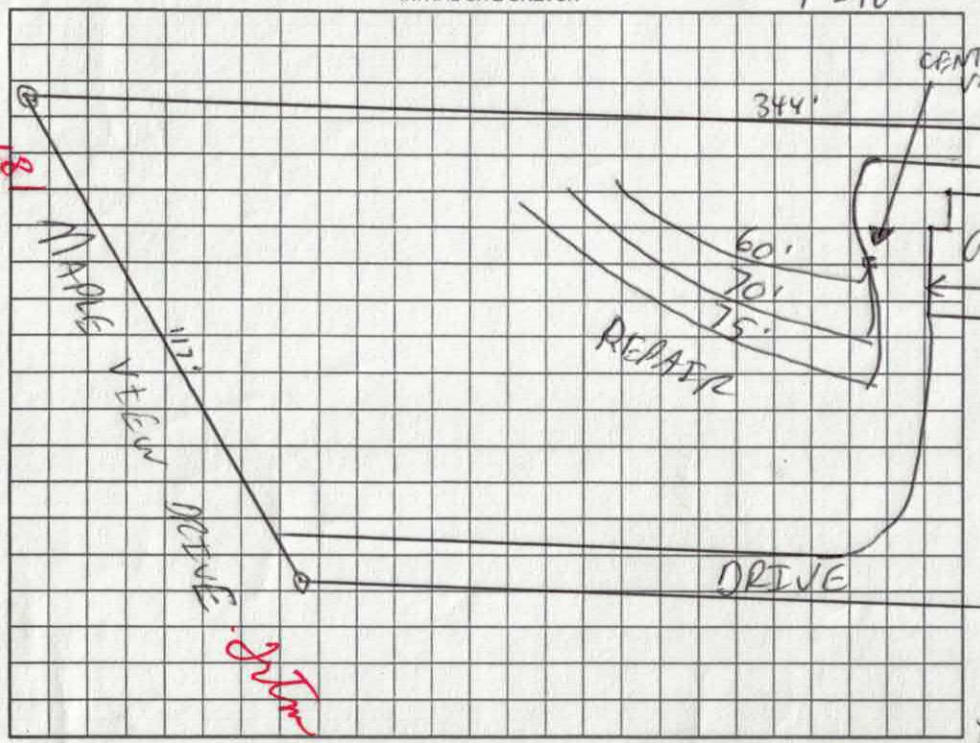
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

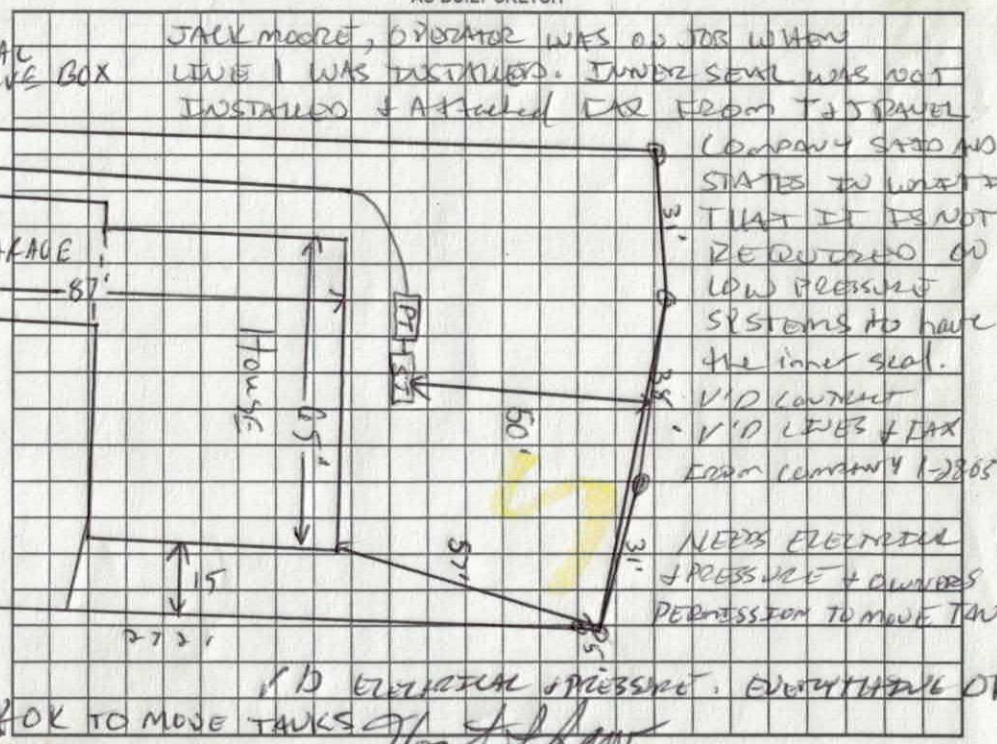
Comments/Conditions:

INITIAL SITE SKETCH 1"=40'



Comments/Conditions: POLYLOK FILTER & RISER ON PT & MARKER ON ST
OWNER SAYS TANKS [redacted] ARE BEYOND 50' SETBACK
V'D TANKS 1-26-05

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: Kent Shaw date 5/12/04 Installed by: JAMES WOOLER

Improvement Permit by: C. [illegible] RS date 5/12/04 Operation Permit by: [illegible] RS date 3-14-05

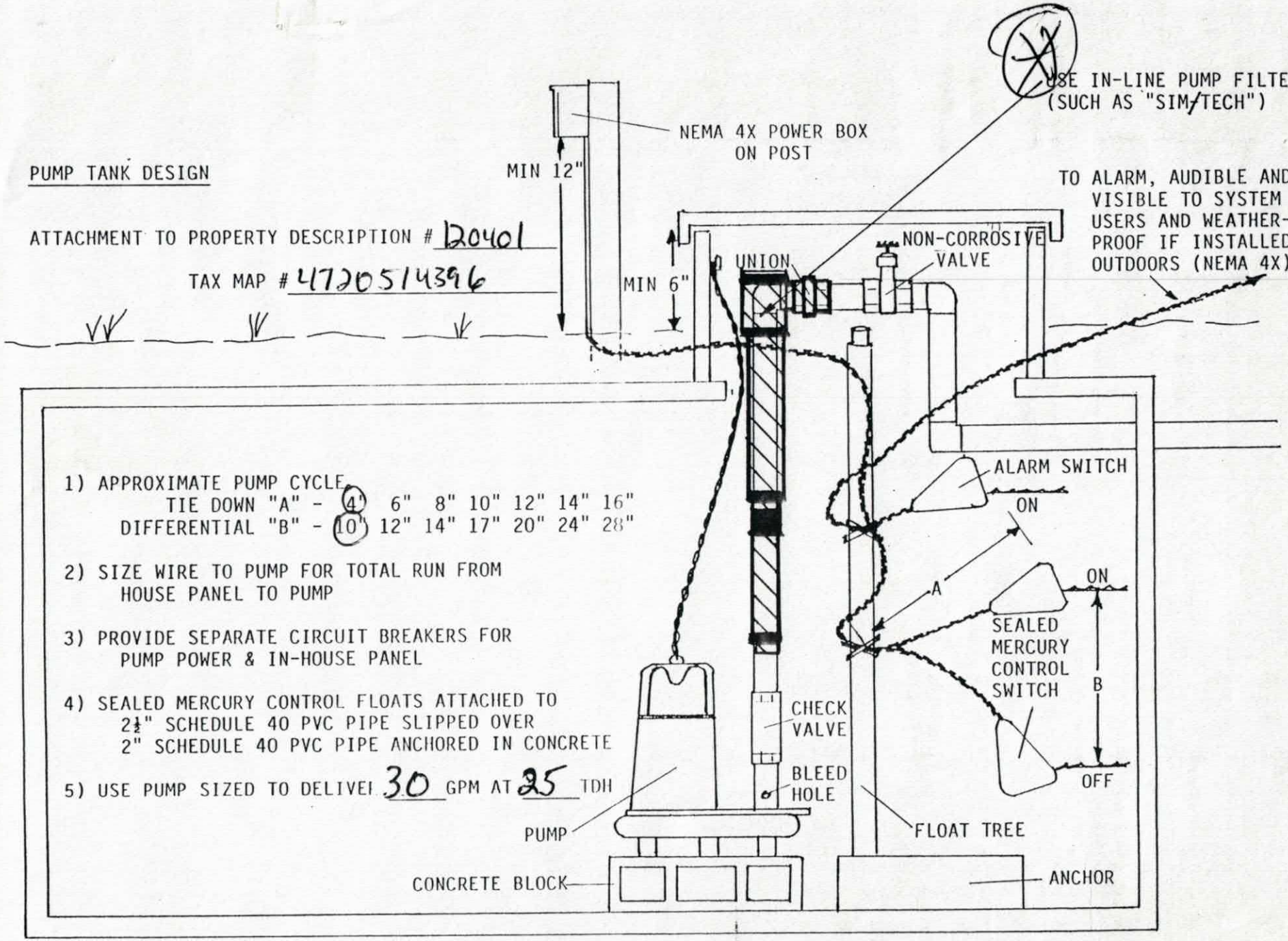
Authorization to Construct by: C. [illegible] RS date 5/12/04 Existing System Inspection by: date

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

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 12401

TAX MAP # 47205/4396



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

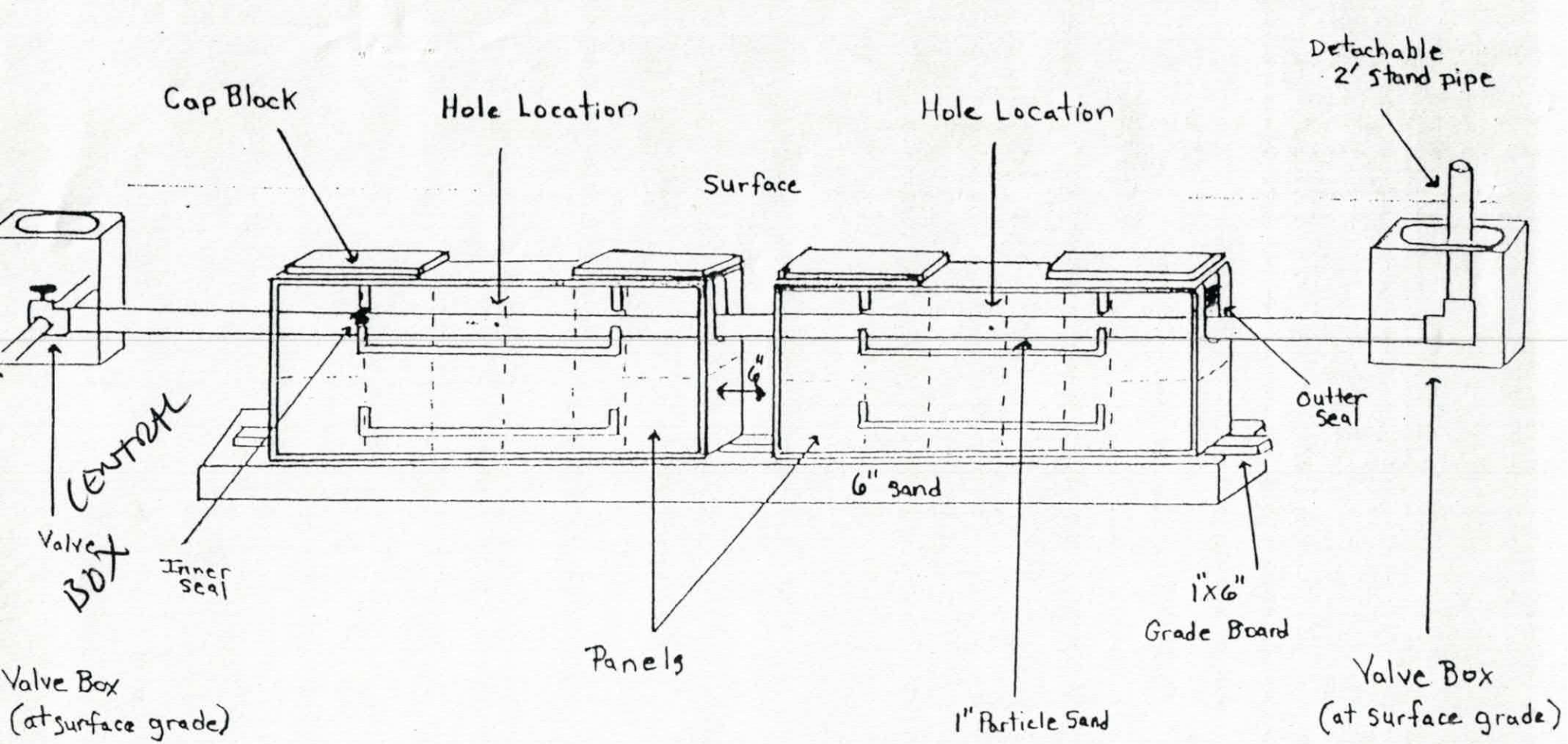
3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

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 25 TDH

3.6 per pound x 46 = 165.6 ÷ 20 gal/inch = 8.3"

8.3" ÷ 2 FOR TETHER = 4.15" 4.5 = 5"



Pressure Dosed PPBPS

of panels 46.
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed ≈600 #'s
* 100 lbs. of partical sand per 8 panels. *
Sidewalls raked and limed.
GPM 28 + 2 FOR BLEEDHOLE = 30 GPM
TDH 25. = 25 TDH

Comments

B4 1300K SPECS

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:

Kent Shaw	704528442	P.O. Box 1061	Troutman	N.C.	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code

902-0085

Tommy + Brenda Loftin	354 Hicks Creek Rd	Troutman	N.C.	28166
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Wild Life Bay	95		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: (Public), Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

4720-51-4396
Tax Map #

Specific Directions to Property State Park Rd Turn Left Wild Life Turn Right Sierra Woods Turn Right Maple View Lot 95 on Left

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

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

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.

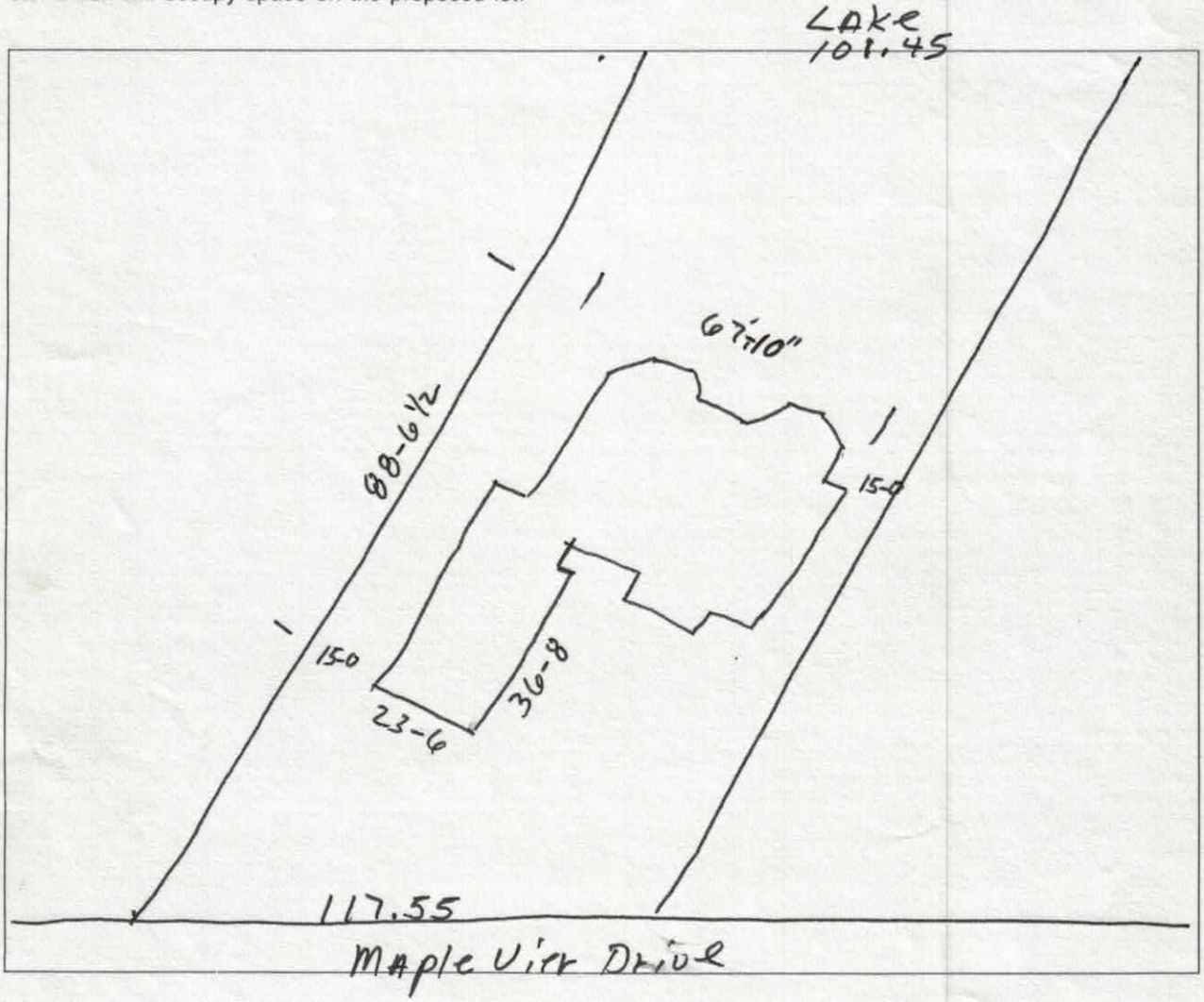
5-5-04 DATE Kent Shaw SIGNATURE OF OWNER/AUTHORIZED AGENT

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.

5-5-04 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

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 #:	120401ZO	Subdivision:	Wildlife Bay
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	181 Maple View Dr Troutman NC 28166		
Parcel #:	4720-51-4396	Zoning:	R20
Lot #:	95 Size:	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Kent Shaw & Sons Construction Inc	Owner:	Thomas & Brenda Loftin
Address:	173 Upper Oak Dr Statesville NC 28625	Address:	354 Hicks Creek Rd Troutman, NC 28166
Phone:	704-838-0282	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes 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: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

St Park Rd,Left Wildlife Bay, Right Sierra Woods,Right Maple View, On left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: K. Kent Shaw Date: 5-5-04

A non-refundable fee of $45.00 is charged on all permit applications.

ALAINA DILLARD

Printed: 4/6/2004