Site Address: 190 Maple View Dr - Irtn

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 6-21-2001 11/2 HP

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

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

PERMIT# 077025 PIN# 4639 73 4550 4720-51-3647 DATE 1-4-02

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE Business (704) 663-6905 Home

ADDRESS P.O. BOX 10033 CHARLOTTE NC 28201

LOCATION STATE PARK ROAD, TR WILDLIFE, TR SIERRA WOODS, TR MAPLE VIEW, LOT AT END ON RIGHT

SUBDIVISION WILDLIFE PKY BLOCK / SECTION II LOT 99, 99A LOT AREA 2.15 ACRES SITE CLASS 1S DESIGN FLOW 480 L.T.A.R. 0.38 GPD/FT²

Septic Tank: 1000 Gallons STB 794 Date 11-6-01
Pump Tank: 1000 Gallons PT 283 Date 11-13-01
Pump Make: GOULDS Model WE 2CI2 1/2 Serial No 2012/1/220
Nitrification Field: No Fields 1 Square Feet Req. to 1600 Linear Feet 270
No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I II III IV V
System Description 50% REDUCTION, LOW-PRESS.
Repair System Description 50% REDUCTION, LOW-PRESS.
Maintenance Agreement Required: ☑ Yes ☐ No

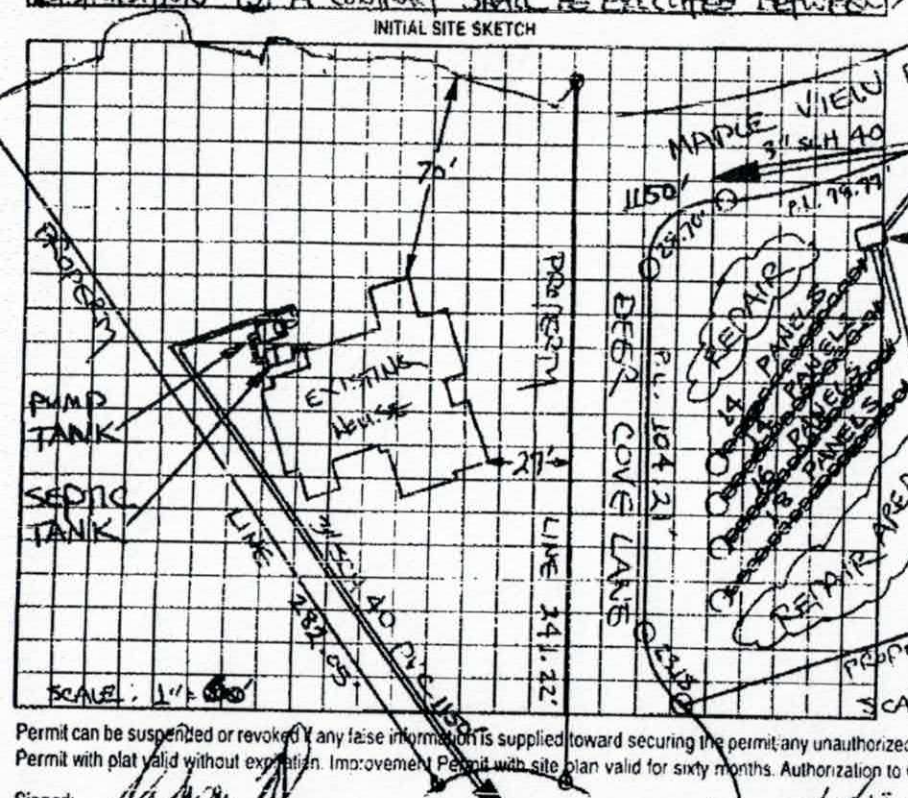
☑ House/Mod Home No Bedrooms 4
☐ Mobile Home No Bathrooms 3½
☐ Business No Employees
☐ Other

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

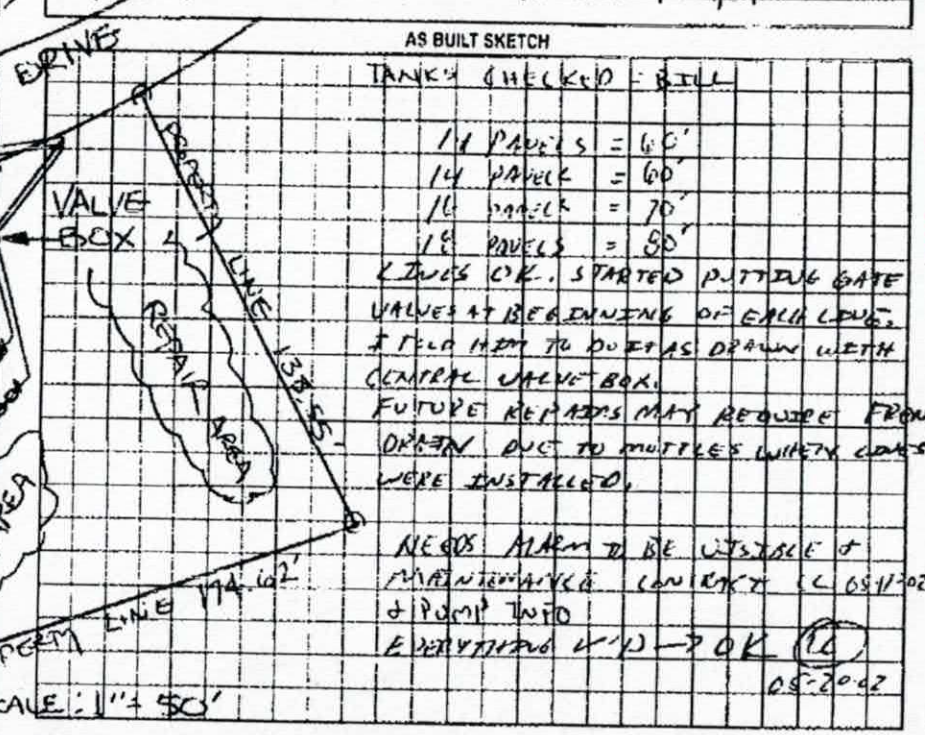
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions ① INSTALL 62 PPBP'S PANELS IN FOUR LINES AS SHOWN USING PRESSURE DOSING DISTRIBUTION ② SEE ATTACHED SHEETS FOR PUMP & LOW PRESSURE DISTRIBUTION ③ A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT ④ USE IN-LINE PUMP FILTER SUCH AS "GAG SIM/TECH" IN PUMP TANK

INITIAL SITE SKETCH



AS BUILT SKETCH



TANK'S CHECKED - BILL

14 PANELS = 60'
14 PANELS = 60'
16 PANELS = 70'
18 PANELS = 80'

LINES OK. STARTED PUTTING GATE VALVES AT BEGINNING OF EACH LINE. PIPE RUN TO DUPLEX AS DRAWN WITH GENERAL VALVE BOX.

FUTURE REPAIRS MAY REQUIRE FRONT DRAIN OUT TO MUFFLERS WHEN LINES WERE INSTALLED.

NEEDS ALARM TO BE INSTALLED & MAINTENANCE CONTRACT BY 05/1/02 & PUMP INTO EFFLUENT LINE → OK (14) 05-20-02

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 1/14/02 Installed by: KURT DUNNING

Improvement Permit by: STEVE HEDRICK date 1-4-02 Operation Permit by: _____ date 05-20-02

Authorization to Construct by: STEVE HEDRICK date 1-4-02 Existing System Inspection by: _____ date _____

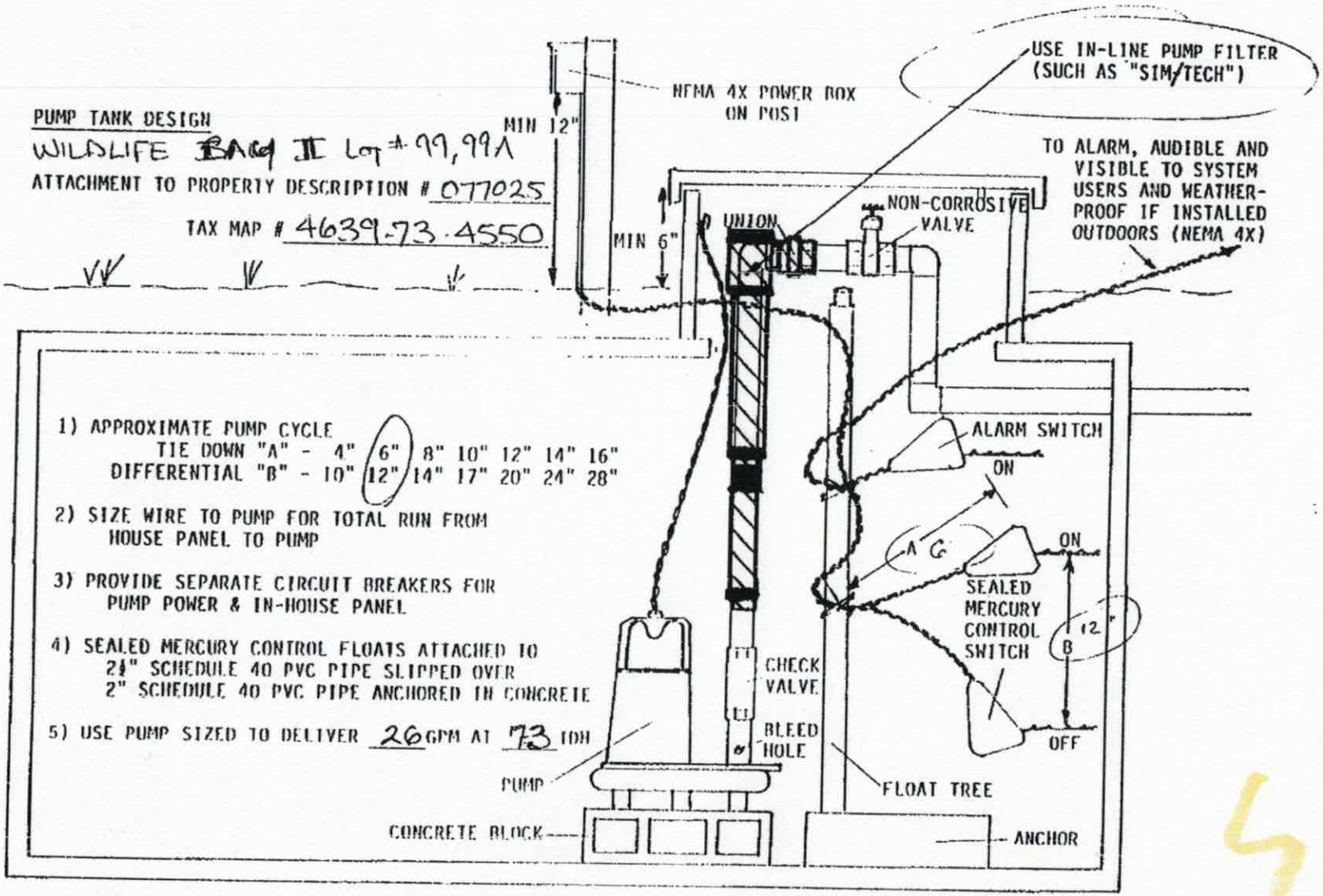
HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

Off site septic is on lot 99A
PIN# 4720-51-9093.99A

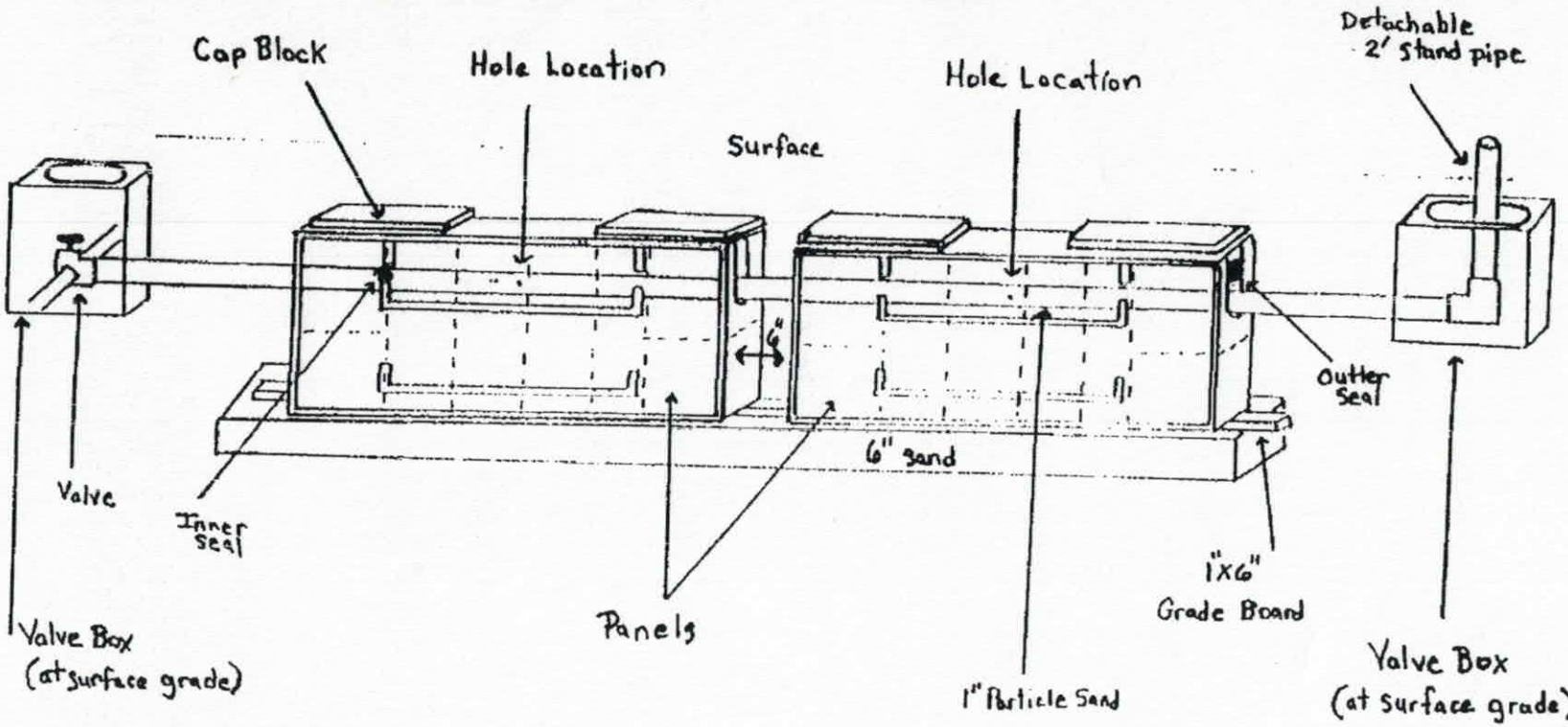


(Off site septic for lot 99)

PIN # 4720-51-9093.99A



JAN. 4, 1989 6:07



Pressure Dosed PPBPS

# of panels 62.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed 45 TONS.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 26.
TDH 73.

WILDLIFE PARK II LOT 99, 99A
PIN # A639-73-4550
PD # 017025

Comments

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Valves shall be grouped and placed in a valve box with a lid at ground level. Turn ups shall also be capped with threaded fittings and brought to ground level and covered with a plastic cup with cover. Valves and turn ups shall be marked as to the ones that go together.

JAN. 4, 1989 6:07

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 2/3/99
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Wildlife Bay II Lot # 119 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 .1941 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-15"	Yel/Brw SCL		S, SP				P 3
		15-53"	Rd/Y mf SCL						
2		0-7"	Brw SCL		P,SE				P 3
		7-18"	Yel/Brw						
		18-44"	Yel/Rd						
		44-57"							
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: _____

JAN. 4, 1989 6:12

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12/4/88
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Wildlife Bay II Lot # 84 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other (195A)
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		0-16 Brn SL 16-54" Yel/Br			SW FR to ½ of	FT	SP	wFrm	PS 3
2	LA 45	0-14" Brn SL 14-25" Brn/Rd SCL w/ SSS 25-50 SL SAP Brn-Rd 50- SLT SAP Gry-Rd			MW FR	P	Frm/Fri		PS 3
32		0-7 Brn SL 7-21 Yel/Brn 21-55 Yel/Brn SL/SCL Rd/Mot SAP Varies so Ent of Pit			P	FT	SP		PL 25
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: _____

JAN. 4, 1989 6:13

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
KOEHLER HOMES INC.	704-662-0624	108 PIER 33 DR #4-4	MOORESVILLE	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
JEFF LANCASTER				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
WILDLIFE BAY	99	PIN# 4639734550	

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

Specific Directions to Property STATE PARK RD TO WILDLIFE RD, TURN RIGHT, TO SIERRA WOODS DR - TURN RIGHT -, TO MAPLE VIEW, TURN RIGHT TO END OF CULDESAC

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3½

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

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

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.

1/21/01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

JAN. 4, 1989 6:09

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
Crescent Pines, Inc	663-6905	P.O. Box 1003	Cham.	NC	28201

Current Property Owner	Mailing Address	City	State	Zip Code
SAME				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Wildlife Bay	99	Ph. 2	

(Proposed) Water Supply: (Public) Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map # 4639-73-4550

Specific Directions to Property State Park Rd
TL Wildlife
TR Sierra Woods
TR Maple View

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) ____ Basement 1/2 Basement with Plumbing X

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

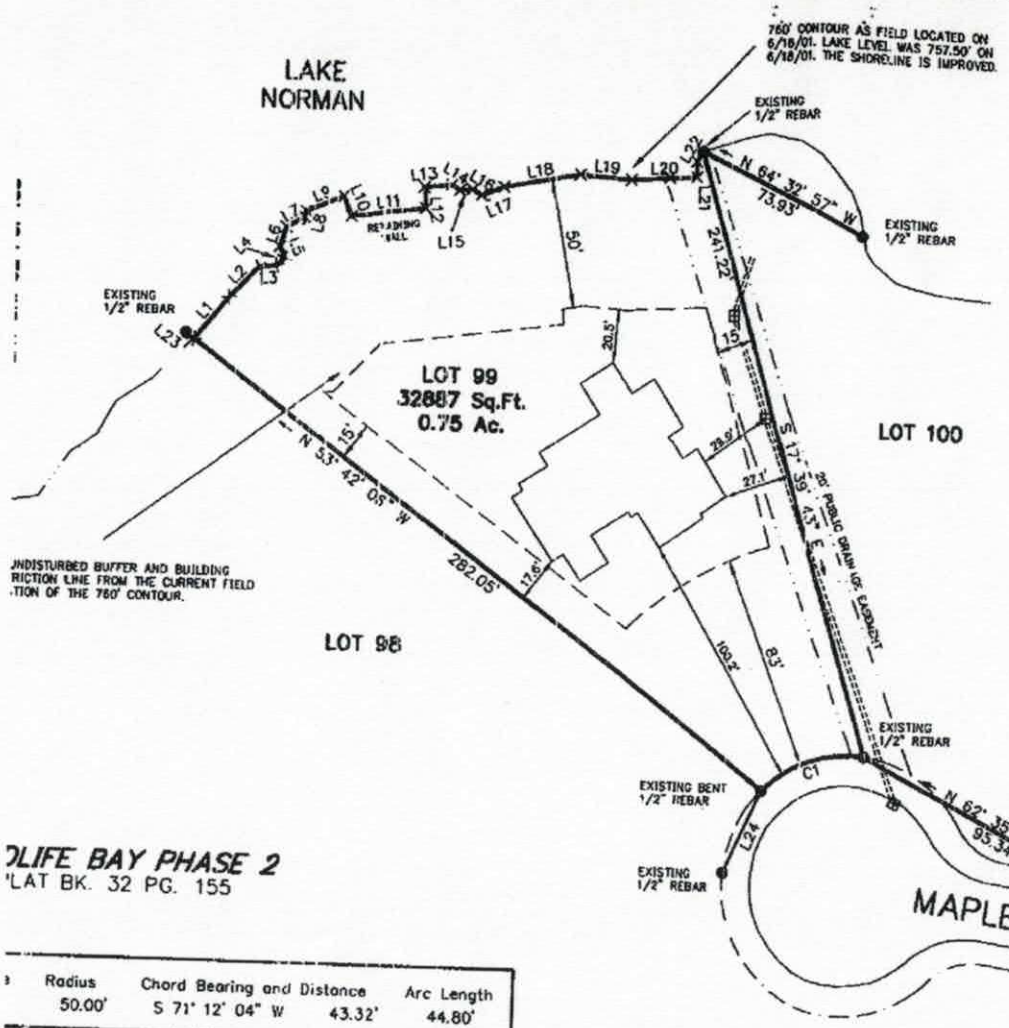
I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to 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.

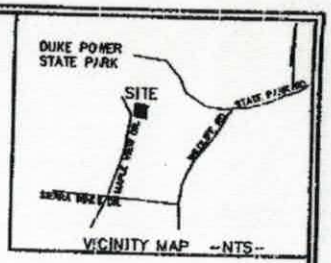
10-29-98 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT

JAN. 4, 1989 6:09

JAN. 4, 1989 6:10



Line	Bearing	Distance
L1	N 39° 01' 22" E	20.89'
L2	N 43° 47' 31" E	16.51'
L3	N 84° 07' 53" E	6.92'
L4	N 42° 14' 46" E	4.02'
L5	N 22° 53' 26" W	4.68'
L6	N 16° 13' 52" E	7.96'
L7	N 60° 12' 48" E	8.00'
L8	N 12° 44' 35" E	2.40'
L9	N 67° 58' 07" E	15.94'
L10	S 23° 43' 23" E	8.05'
L11	N 82° 10' 44" E	28.44'
L12	N 5° 21' 29" W	7.98'
L13	N 83° 31' 54" E	10.43'
L14	S 59° 34' 20" E	3.57'
L15	N 84° 45' 04" E	4.78'
L16	S 61° 32' 50" E	4.32'
L17	N 68° 02' 39" E	8.94'
L18	N 78° 53' 34" E	29.71'
L19	S 85° 36' 14" E	19.92'
L20	N 87° 14' 05" E	26.14'
L21	N 1° 39' 36" W	5.87'
L22	N 31° 29' 02" E	4.58'
L23	S 53° 42' 06" E	3.73'
L24	N 25° 07' 49" E	35.10'



I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; that the actual ratio of precision exceeds 1:10,000; and that this plat represents an existing parcel of land. Witness my original signature, seal, and registration number this the 21st day of June, 2001.

Michael R. Bowden
Professional Land Surveyor L-3811

NORTH CAROLINA PROFESSIONAL SEAL L-3811 LAND SURVEYOR MICHAEL R. BOWDEN

OLIFE BAY PHASE 2
LAT BK. 32 PG. 155

	Radius	Chord Bearing and Distance		Arc Length
	50.00'	S 71° 12' 04" W	43.32'	44.80'

ERSE ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
AS DETERMINED BY COORDINATE COMPUTATIONS.
DISTANCES ARE HORIZONTAL GROUND DISTANCES.
RENCES: DEEDS AND MAPS SHOWN HEREON.

⊡ = WATER METER
● = UTILITY POLE
● = EXISTING IRON AS NOTED
○ = 5/8" REBAR SET
⊞ = CATCH BASIN/DROP INLET

50 25 0 50 100
SCALE OF DRAWING IS 1 INCH = 50 FEET

Survey For:
KOEHLER HOMES INC.
MAPLE VIEW DRIVE
DAVIDSON TOWNSHIP
IREDELL CO., N. C.

Project # 010108-1 Date: 18 JUNE, 2001

BOWDEN SURVEYING & MAPPING (704) 663-5566
195-A WEST PLAZA DRIVE MOORESVILLE, N.C., 28117

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: 077025 Zoning Permit: Y 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 #: 99 Lot Size:

Has Property been recorded? Y 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: STPARKRD TLWILDLIFERD TRSIERRAWOODS TR DEER RUN

Staff: WMA Date: 09/25/98

Fees: Zoning: $ 15.00 Health: $ 175.00

Signature of Applicant: _____
Owner: Agent:

JAN. 4, 1989 6:08