IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #	Alternate Phone #
Keith + Carrie Harrison	PO Box 354, Troutman NC 28166	704-528-1548	704-562-9545
as above			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1059 East Monbo Rd Statesville 28677	n/a	

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 5 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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)* ( ) EXISTING SYSTEM installed _____ (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 25% reduction system

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Keith Harrison Carrie Harrison — 8/27/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

* Please call prior to soil evaluation. Lot is under contract *

IREDELL COUNTY HEALTH DEPARTMENT 205036
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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 #	Alternate Phone #
Keith M + Carrie J Harrison	104 Shadow Ridge Ct Statesville, NC 28677	704-528-1568	704-576-4018
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Patrick + Teresa Tryson	182 Stillwater Rd, Troutman NC 28166		704-664-4445

4. Property Information:

659 East Monbo - Parcel 4721-71-6337.000 | | |
Street Address | **Subdivision Name** | **Section/Phase and Lot Number**

Driving Directions: 21 S to Troutman, turn right on Old Mountain Rd, 2nd Left on East Monbo. After Hicks Creek Road property is on left just prior to Tarheel Lane.

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
( ) Other

Maximum Number of Bedrooms 6
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 25% reduction system ( ) 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: Keith Harrison Carrie Harrison — 8/4/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

Office sheet is measurements attached

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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…**

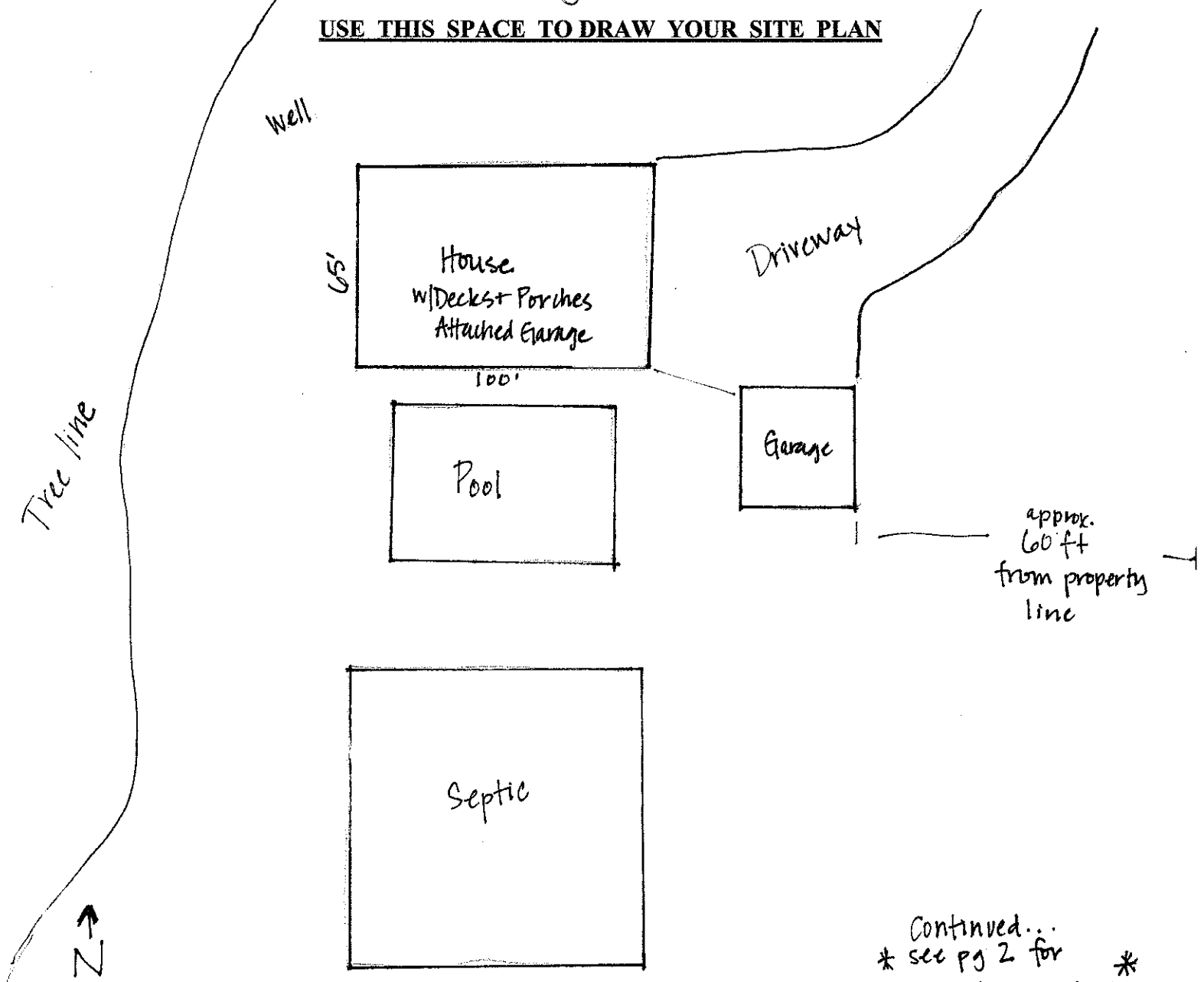
Circle N/A on the following if appropriate:

- unable to locate **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: Kristi Harrison Carrie Hall — 8/4/14

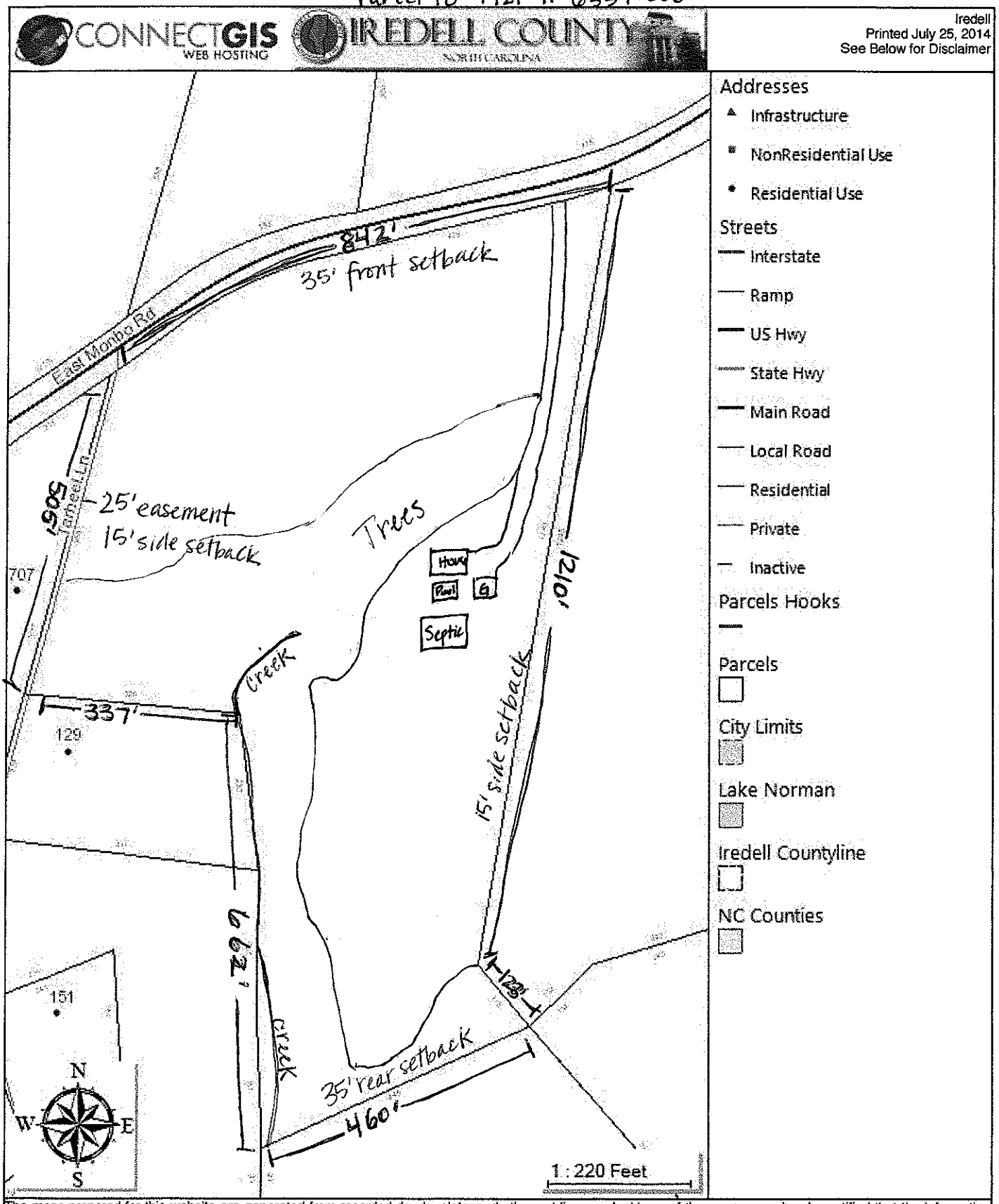
***REQUIRED* property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN



Continued...
* see pg 2 for Property overview *

Keith + Carrie Harrison, Site Plan pg 2
Parcel ID 4721-71-6337.000



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4/18/15 (Date)

Owner: Keith + Carrie Harrison
Address: 659 East Monbo Rd
Statesville NC 28677

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#2 05036
659 E. Monbo.
4 bdrm

I, Carrie Harrison, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 2/6/15 for a system
(date)
25% reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Carrie Harrison
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BF 205036

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

PIN # 4721716337

APPLICANT: Keith + Carrie Harrison APPLICANT ADDRESS: 104 Shadow Ridge Ct Statesville NC 28677

SITE ADDRESS: 657 East Monbo Rd Troutman NC 28166 PHONE: 704-528-1568 ALT. PHONE: 704-576-4018

SITE DIRECTIONS: 21S T/R Old Mountain Rd T/L E Monbo Rd Lot on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 17.656ac DESIGN FLOW: 720 L.T.A.R.: 0.25

Septic Tank 1500 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft: 728
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

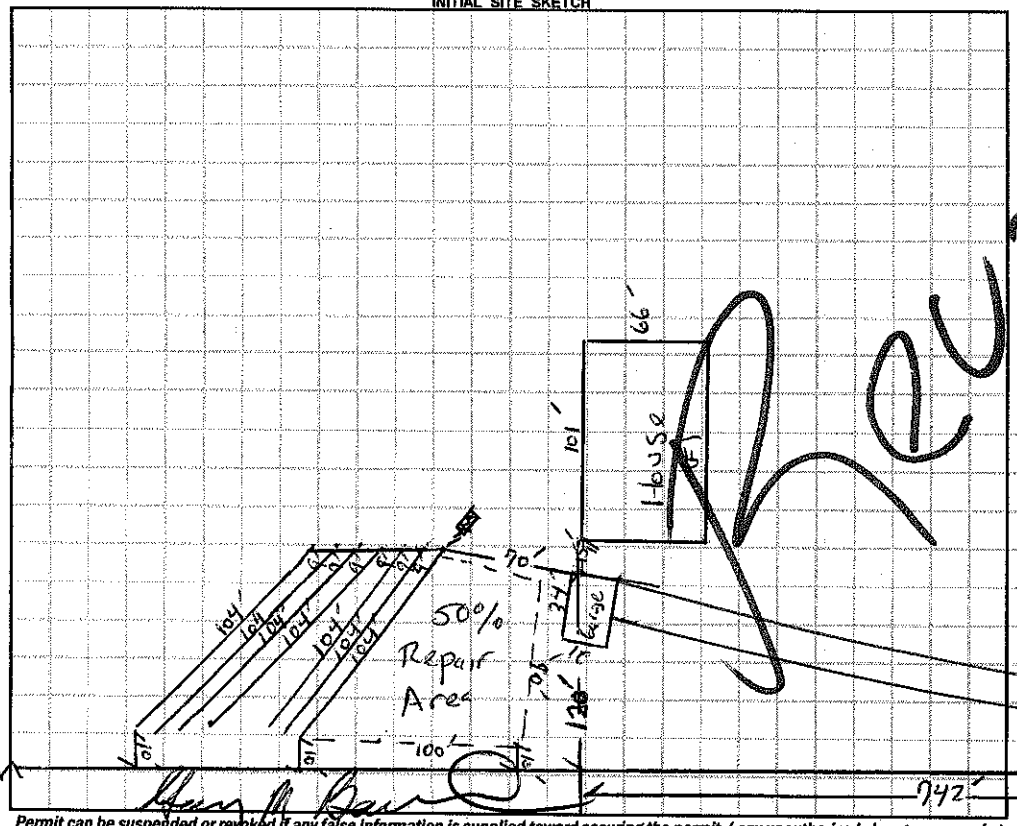
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 35% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 6
[ ] Business No. Persons 12
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

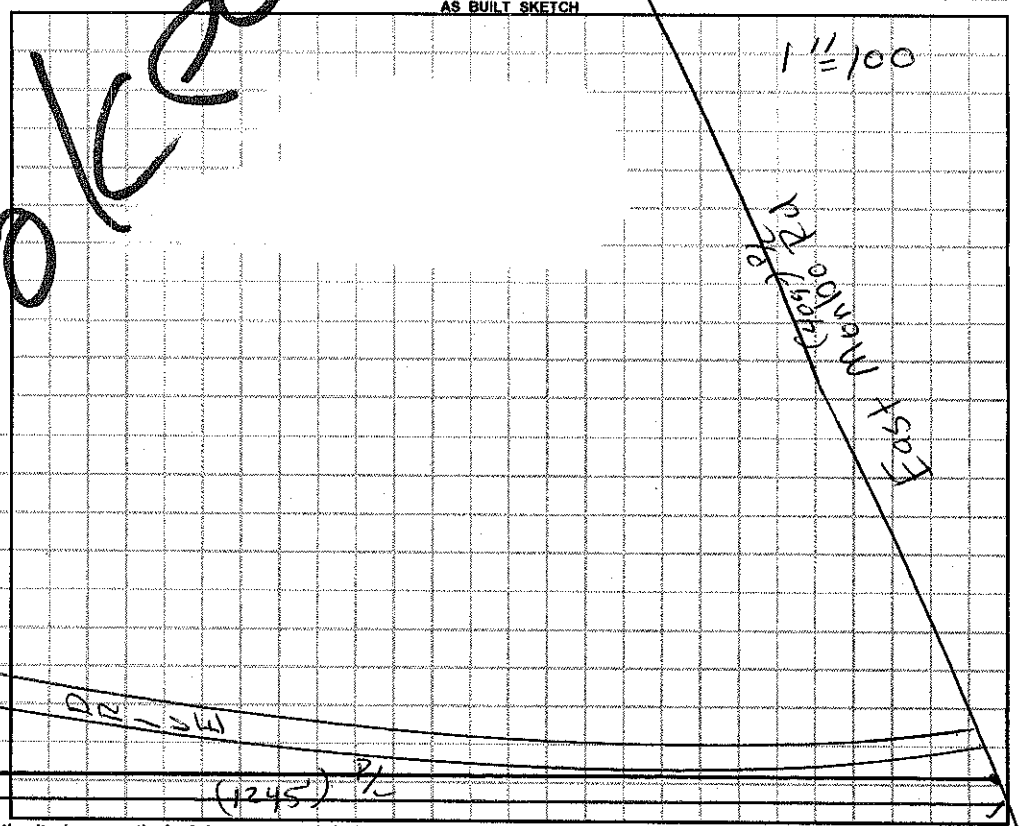
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 35% reduction on contour with Serial distribution.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 02/10/15 Installed by:

IMPROVEMENT PERMIT by: Date: 02/06/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 08/04/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
205036
Issue Date: 08/04/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4721716337.000	659 EAST MONBO ROAD, STATESVILLE, NC 28677	STATESVILLE

Owner Information	Applicant Information
Owner: TRYSON PATRICK J+TERESA A	Applicant: TRYSON PATRICK+TERESA
Address: 0 IREDELL CO, NC 28625	Address: 182 STILLWATER RD TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

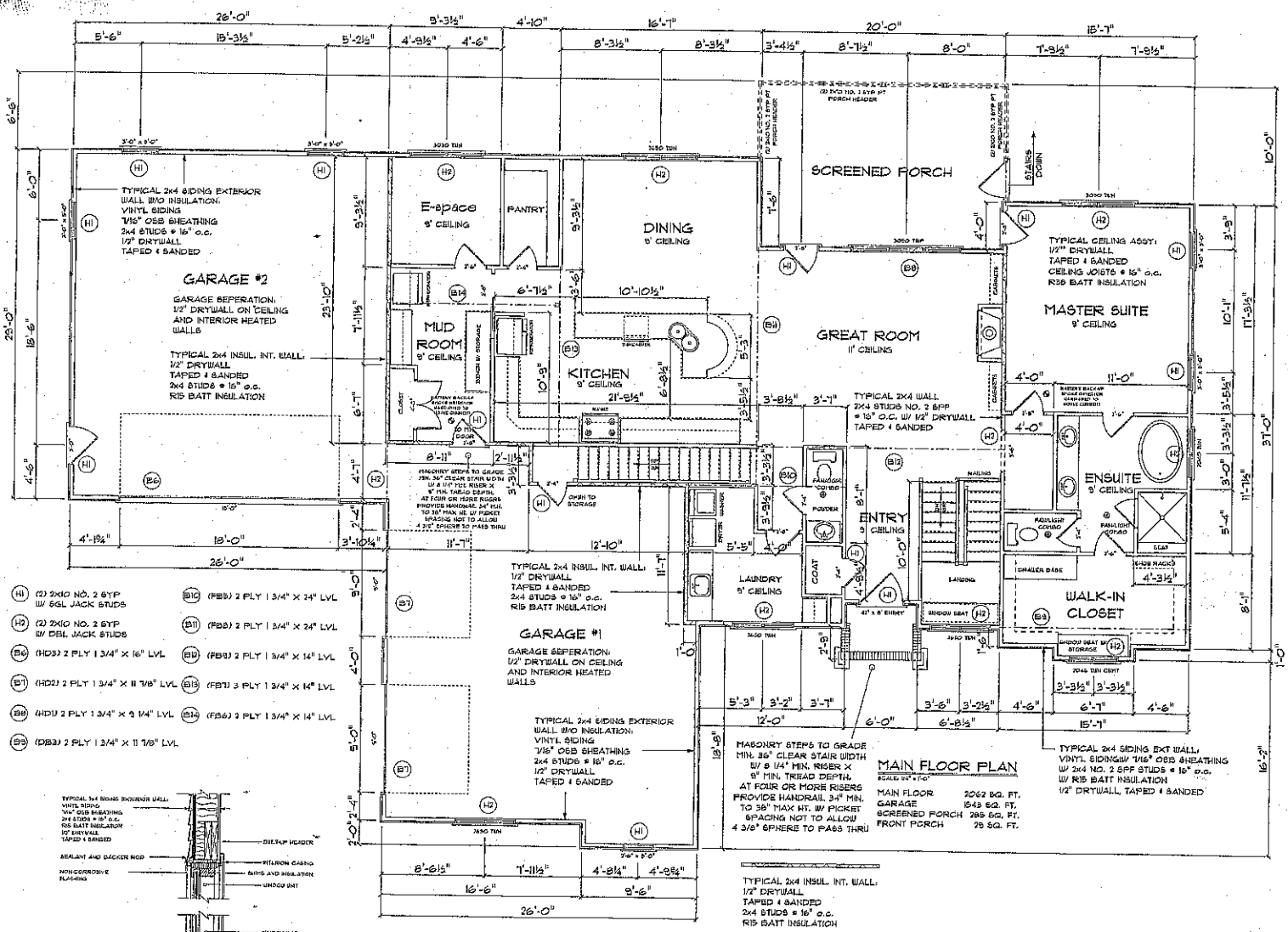
Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
17.680	35.00	35.00	15.00	15.00	PA	X

Remarks:

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. The applicant further acknowledges that 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: _____ Date: Aug 4, 2014

Permit Number	18517	TOTAL FEES:	$ 77.25



(H1) (2) 2X10 NO. 2 SYP W/ 5GL JACK STUDS
(H2) (2) 2X10 NO. 2 SYP W/ DBL JACK STUDS
(B4) (HD3) 2 PLY 1 3/4" X 16" LVL
(B7) (HD2) 2 PLY 1 3/4" X 11 7/8" LVL
(B8) (HD1) 2 PLY 1 3/4" X 9 1/4" LVL
(B9) (DB3) 2 PLY 1 3/4" X 11 7/8" LVL
(B10) (FB5) 2 PLY 1 3/4" X 24" LVL
(B11) (FB8) 2 PLY 1 3/4" X 24" LVL
(B12) (FB9) 2 PLY 1 3/4" X 14" LVL
(B13) (FB7) 3 PLY 1 3/4" X 14" LVL
(B14) (FB6) 2 PLY 1 3/4" X 14" LVL

SIDING HEAD AND SILL

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS 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 SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

Acknowledgement Of Plans Submittal ONLY!

Date

Date

Date

HARRISON

DRAWING TITLE: MAIN FLOOR

PROJECT INFORMATION: HARRISON RESIDENCE

PERMIT NO.
ORIGINAL DATE: JULY 7 2015
REVISED DATE
DRAWN BY: D. ELLIS
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-2424

SHEET NO.
A8

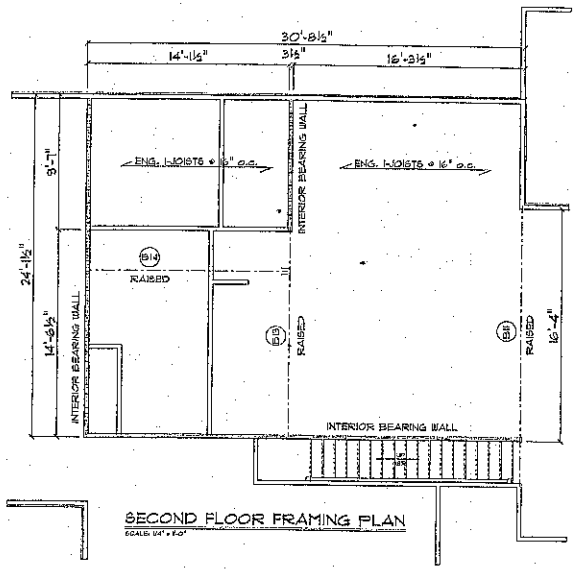
Acknowledgement Of
Plans Submittal ONLY!

Date 8/24/15

Date

1. BECAUSE SITE CONDITIONS MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS FOR YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL ARCHITECT OR ENGINEER.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED HEREIN WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY DISCREPANCIES WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL NOT BE LIABLE FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

SHEET NO. A6	SCRATCH PAD DESIGNS 111 SOUTH ZION STREET LANDIS, NC 28088 (704)855-3624	PROJECT INFORMATION PERMIT NO. ORIGINAL DATE: JULY / 2015 REVISED DATE: DRAWN BY: D. ELLIS SCALE: 1/4" = 1'-0"	PROJECT INFORMATION HARRISON RESIDENCE	DRAWING TITLE BASEMENT PLAN	



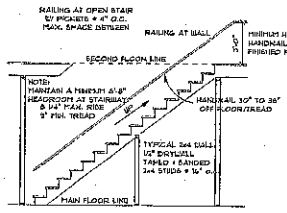
SECOND FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"

B11 (FB8) 2 PLY 1 3/4" X 24" LVL

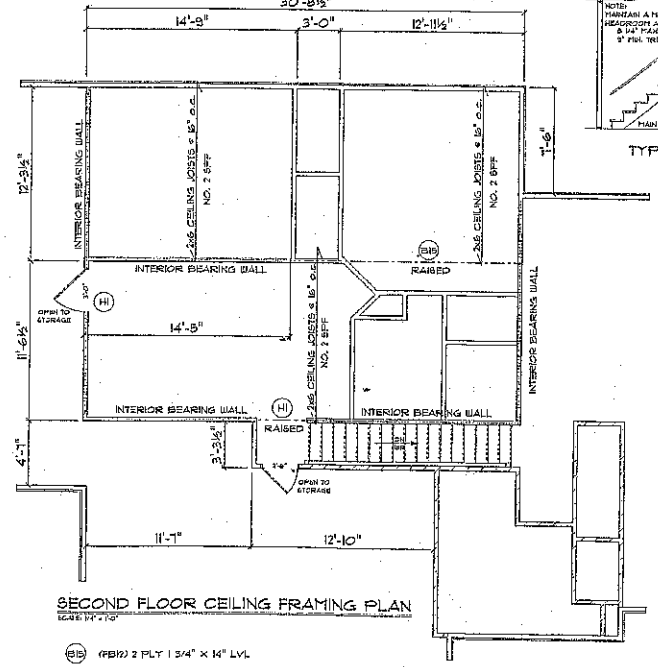
B13 (FB7) 3 PLY 1 3/4" X 14" LVL

B14 (FB6) 2 PLY 1 3/4" X 14" LVL

STAIRWAY WALLS TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. WALLS TO EXTEND FROM BASEMENT FLOOR TO CEILING OF STAIRWAY. CEILING OF STAIRWAY TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. CEILING AND WALLS TO BE PROVIDED WITH ONE (1) LAYER OF 5/8" FRG ON EACH SIDE OF STUDS AND JOISTS. FIRE RATED CAULK TO BE USED FOR ALL JOINTS AND PENETRATIONS.



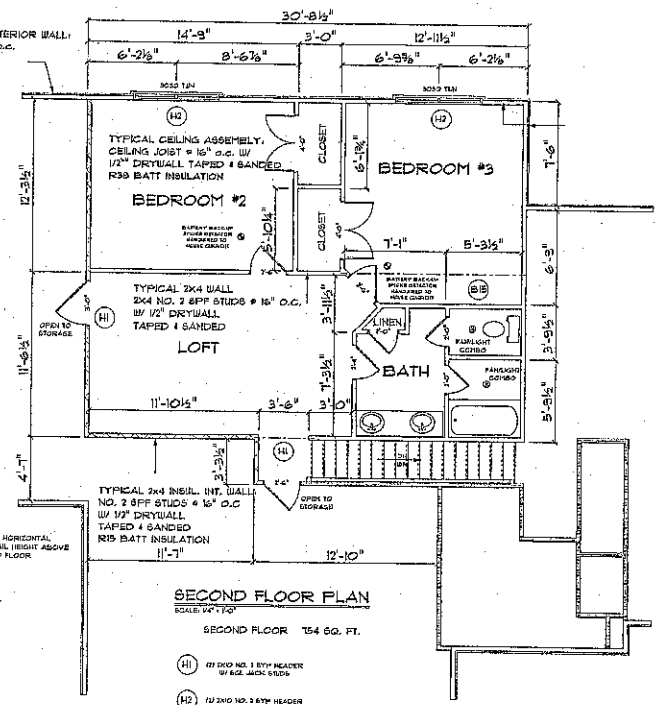
TYPICAL STAIR SECTION



SECOND FLOOR CEILING FRAMING PLAN
SCALE: 1/4" = 1'-0"

B16 (FB12) 2 PLY 1 3/4" X 14" LVL

TYPICAL 2x4 SIDING EXTERIOR WALL: NO. 2 SPF STUDS @ 16" o.c. W/ 1/2" DRYWALL TAPED & SANDED 7/16" OSB SHEATHING VINYL SIDING W/ R15 BATT INSULATION



TYPICAL 2x4 INSUL. INT. WALL: NO. 2 SPF STUDS @ 16" O.C W/ 1/2" DRYWALL TAPED & SANDED R15 BATT INSULATION

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

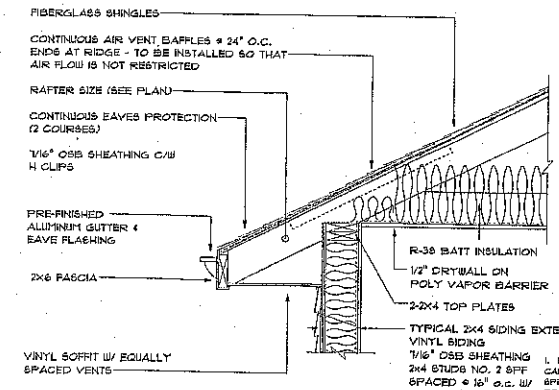
SECOND FLOOR 754 SQ. FT.

H1 (2) 2X10 NO. 2 SYP HEADER W/ 6nd JACK STUDS

H2 (3) 2X10 NO. 2 SYP HEADER W/ 0nd JACK STUDS

B15 (FB12) 2 PLY 1 3/4" X 14" LVL

TYPICAL 2x4 INSUL. INT. WALL: 1/2" DRYWALL TAPED & SANDED 2x4 STUDS @ 16" o.c. R15 BATT INSULATION



WALL DETAIL

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS 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 SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

Acknowledgement Of Plans Submittal ONLY!

Date

Date

Date

HARRISON

DRAWING TITLE: SECOND FLOOR FLOOR/CEILING/PLAN

PROJECT INFORMATION: HARRISON RESIDENCE

PERMIT NO.	
ORIGINAL DATE	JULY 7 2015
REVISED DATE	
DRAWN BY	D. ELLIS
SCALE	1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-5624

SHEET NO. A10