IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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: X Improvement Permit X 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 #
Bret Linker	341 Alcove Rd. Mooresville NC 28117	704-662-3228	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Johnathon Harris	118 Buffalo Creek Dr. Statesville	704-682-1818	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Buffalo Creek Dr.	Buffalo Creek	Lot 15

Driving Directions: _____

****

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 4
Maximum Number of Occupants 6
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: R Bret Linker Schumacher Homes of NC, Inc 12/10/15

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:

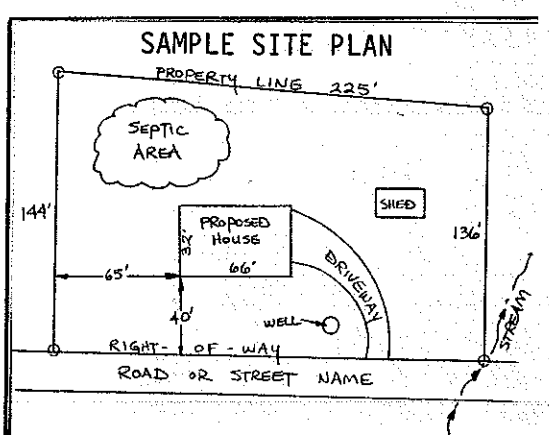
- ✓ **Location of septic systems and wells within 100' of your property… N/A**
- ✓ **Location of easements and rights of ways on your property… N/A**
- ✓ **Location of any designated wetlands on the property… N/A**

Signature: Brett Linker Schumacher Homes of NC Inc. 12/10/15

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24251

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

PIN # 4772-43-7064.000

APPLICANT: Tommy Harris APPLICANT ADDRESS: 233 Eagle Lake Rd. Statesville NC

SITE ADDRESS: 118 Turkey Creek Trl Statesville NC PHONE: 704-682-1510 ALT. PHONE: —

SITE DIRECTIONS: 21 N to Turkey Creek Rd. to Turkey Creek Trl 2nd on R

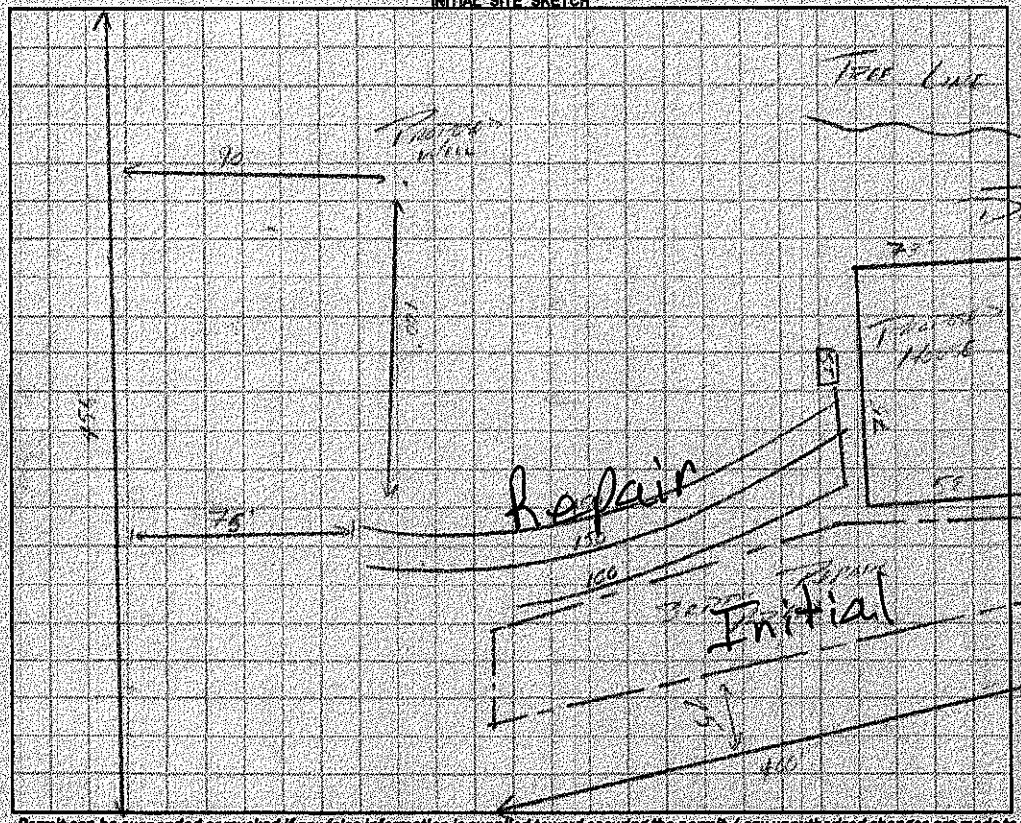
SUBDIVISION: Turkey Creek SECTION: 1A LOT # 15 LOT AREA: 2.93 Acres DESIGN FLOW: 400 GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction - Graywater			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Same			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	450	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	33"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

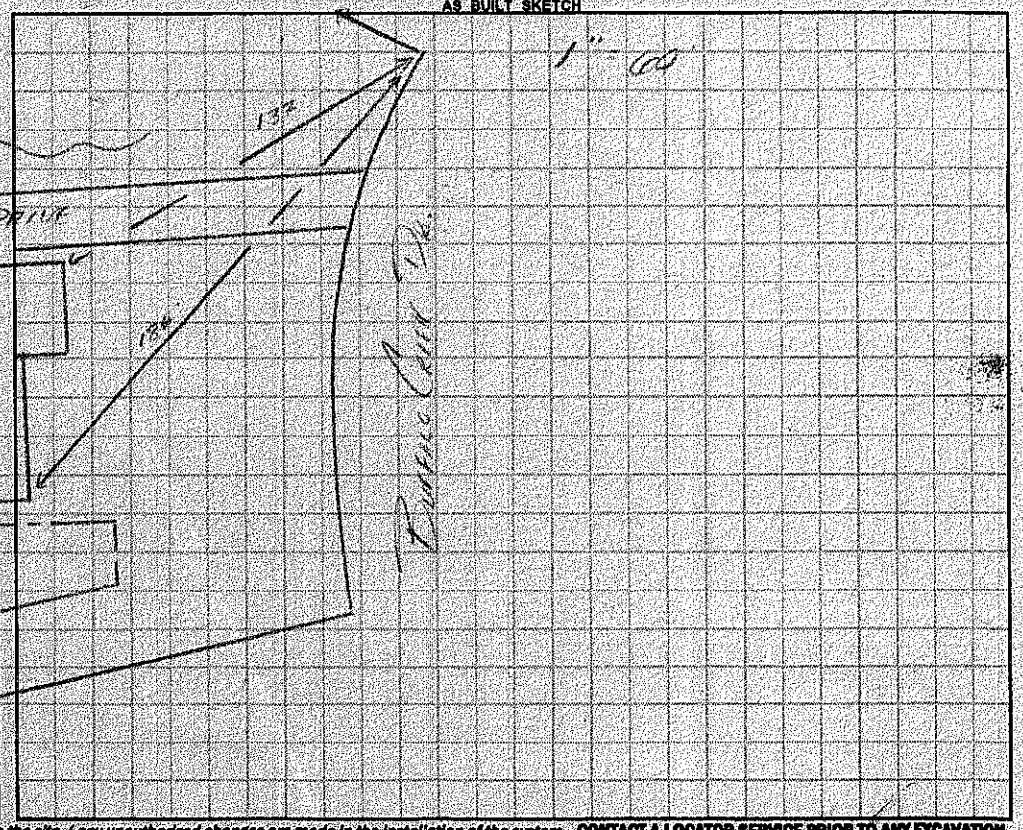
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Use Front Part of Trench for Rep. 1

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.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: — Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 6/22/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/9/15 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
211251
Issue Date: 06/12/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722498060.000	118 BUFFALO CREEK DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: HARRIS GLENN+SAMANTHA	Applicant: HARRIS GLENN+SAMANTHA
Address: 233 ISLAND FORD RD STATESVILLE, NC 28625	Address: 233 ISLAND FORD RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.930	35.00	35.00	15.00	15.00	NO	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: _____

Permit Number	40851	TOTAL FEES:	$ 77.25

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Jonathan Glenn Harris, am the legal owner(s) of the property located at 118 Buffalo Creek Dr. Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4722497060.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Bret Linker, Schumacher Homes of NC Inc to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	12-10-15		12-10-15

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of Plans Submittal ONLY!
Date 7-9-15

7-2-15

GENERAL NOTES:
- PARTITIONS OPENINGS TO BE 6'-8" HEIGHT
- UNLESS OTHERWISE NOTED
- HEADERS TO BE 2 PLY
- UNLESS OTHERWISE NOTED
- SMOOTH FINISH THROUGHOUT HOME
- PLANTERS
- 5/16" GYP BOARDS
- 2-1/4" CASING ON INTERIOR DOORS AND WINDOWS
- 4" DRYWALLED RETURNS
- 2-PANEL SMOOTH DESIGN HOLLOW CORE DOORS MOLDED
- INTERIOR DOORS
- SPLITJOINT WHERE NECESSARY

ALL FLOOR FRAMING BREAKS OCCUR AT CENTER LINE OF DOORS OPENINGS
UNLESS OTHERWISE NOTED
FLOORING SQUARE FOOTAGES INCLUDE CLOSETS IMMEDIATELY ADJACENT TO THE AREA
UNLESS OTHERWISE NOTED
SOME ROOMS SQUARE FOOTAGES MAY INCLUDE OPEN AREAS THAT CONNECT WITHOUT WALLS OR SEPERATION IF THE SAME FINISH MATERIALS

Add (2) 6" fins on each side 12" into well

(2) 24x60 Shelves

Painted drywall

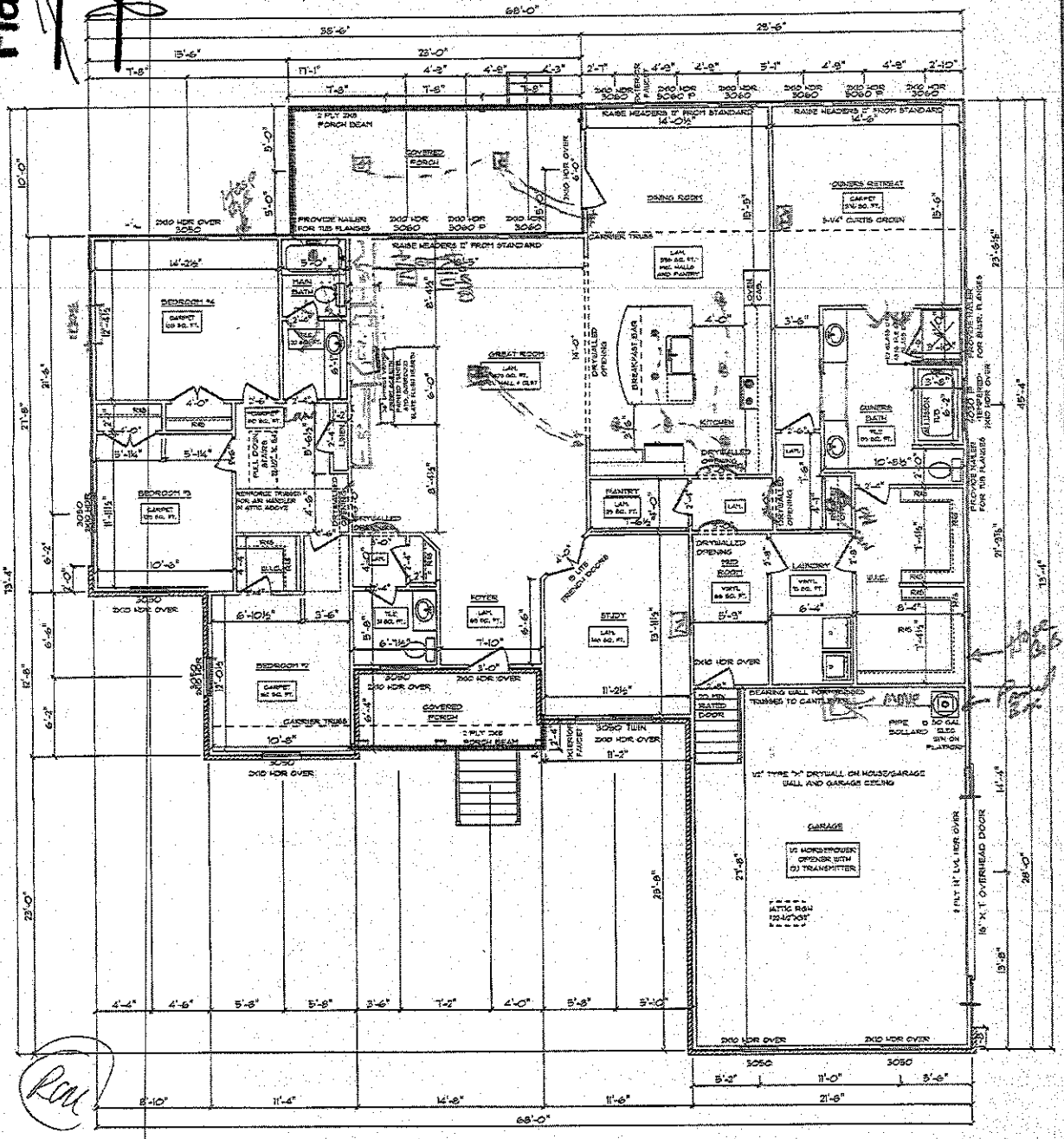
(2) 30"

(2) 30"

Top will be maple cotton to match

Top to be matching white 60"

- VERIFY SIZE OF GREAT ROOM BUILT-INS
- VERIFY LOCATION OF 42" BASE CABINET IN OWNER'S BATH
- VERIFY RAISING 6/0 WINDOW HEADERS 12" FROM STANDARD



VERONA 'A' / CUSTOM

MAIN FLOOR PLAN
9' CEILING HEIGHT

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
Sales: (877) 267-3482
Construction: (800) 401-1534
www.schumacherhomes.com

CUSTOM BUILT FOR: SAMANTHA McCRARY AND JONATHAN HARRIS
JOB #: CH 675.05.0035
LOCATION: BUFFALO CREEK DR. LOT 15 STATESVILLE, NC 28677 COUNTY: IREDELL

STYLE OF HOME: VERONA 'A' / CUSTOM

SQUARE FOOTAGES:
CRAWL: 725
MAIN FLOOR: 2725
GARAGE: 629
PORCH: 318

DRAWN BY: DJK | DATE: 6/25/15 | SCALE: 1/8" = 1'-0" | SHT: 4

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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)

12/10/15 (Date)

Owner: Johnathon Harris
Address: 118 Buffalo Creek Dr. Statesville NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
permit # 211251 / Johnathon Harris / 118 Buffalo Creek Dr. Statesville NC

I, Bret Linker, 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 6/29/15 (date) for a system 25% Reduction - Gravity (system name)

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

Bret Linker
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
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)

7/1/15 (Date)

Owner: Jonathan Harris
Address: 118 Buffalo Creek
Statesville, NC 28677

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#139094 Noble Mills

I, Jonathan Harris, 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 1/20/07 (date) for a system

25% reduction gravity
(system name)

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

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 # 21251

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

PIN # 4722-49-8060.000

APPLICANT: Jonnathan Harris APPLICANT ADDRESS: 233 Island Ford Rd. Statesville NC

SITE ADDRESS: 118 Buffalo Creek Dr. Statesville NC PHONE: 704-682-1810 ALT. PHONE: —

SITE DIRECTIONS: Old Mountain To Buffalo Shoals, TR Buffalo Creek, Site 2nd on R.

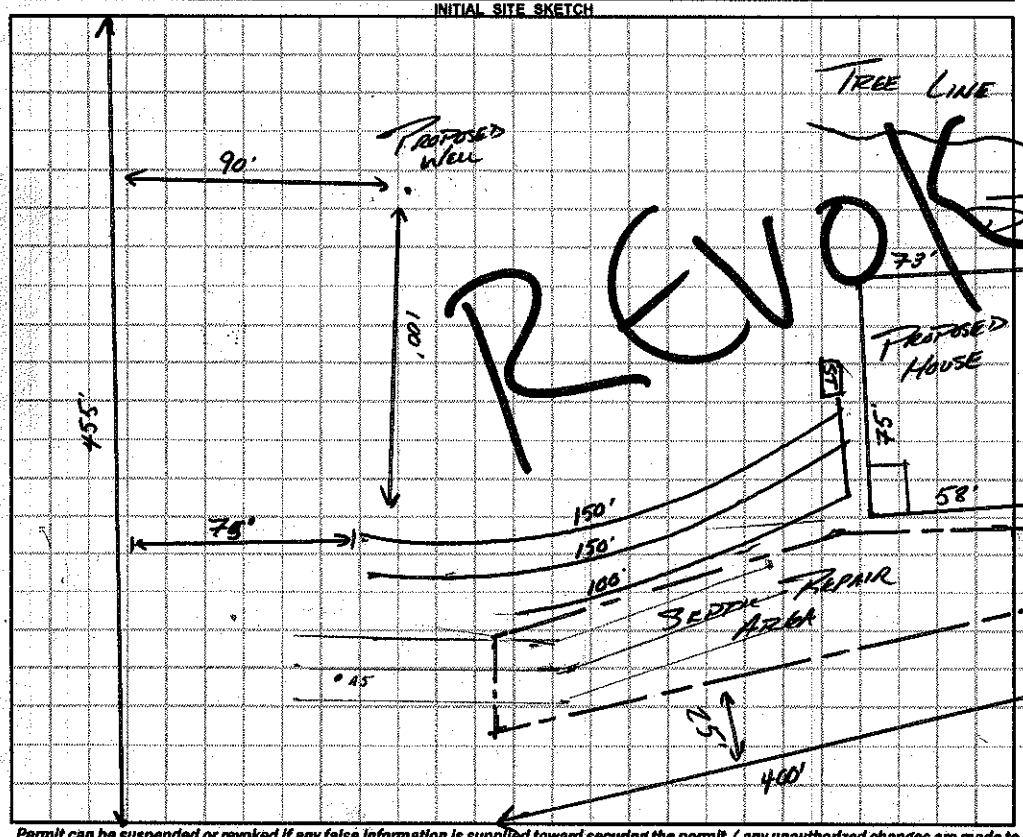
SUBDIVISION: Buffalo Creek SECTION: N/A LOT # 15 LOT AREA: 2.930 Acre DESIGN FLOW: 480 GPD. L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction - Gravity			
Pump Make			Model		Serial #		Repair System Description:	Same			
# Nitrification Fields	1	# Lines	3		Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	* 23" *		Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

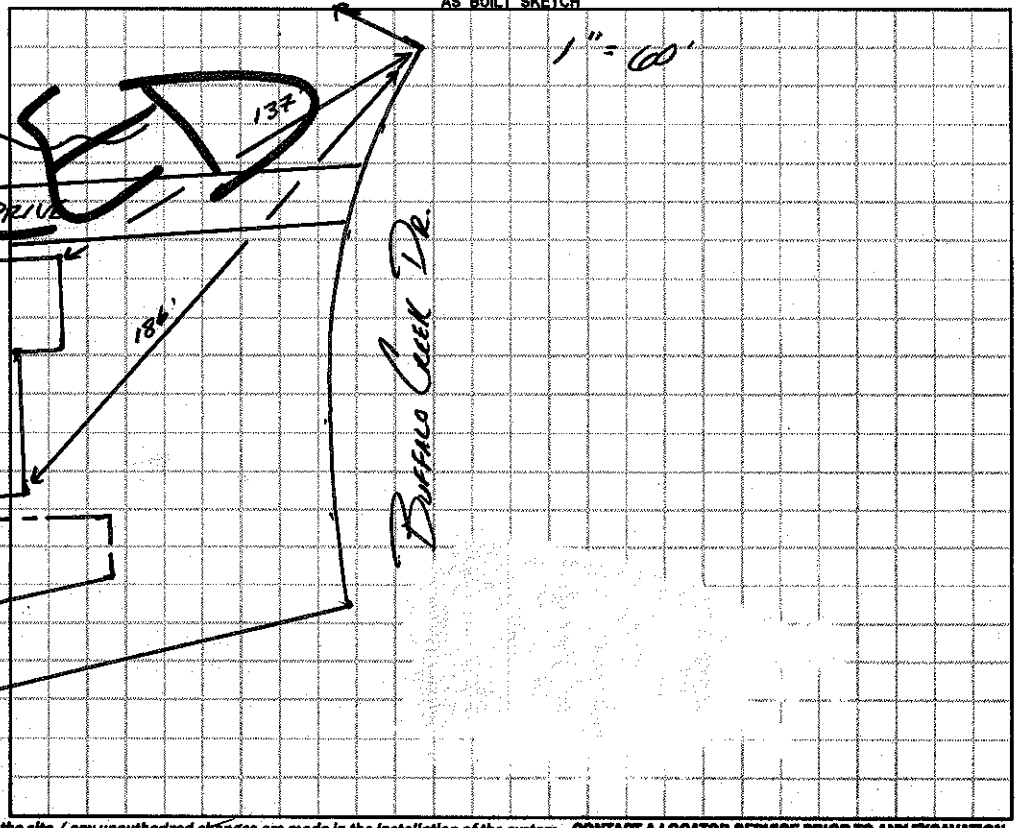
Comments / Conditions: Use Engle Dist. 5' Setback From House.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 60'



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.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2-2-15 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 6/29/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Justin D Nordeen Date: 7/9/15 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139094 PIN# 4722-49-8060 DATE 1-20-07

OWNER OR APPLICANT NOBLE B. MILLS PHONE: Business Home 704-528-5013

ADDRESS 226 LIPPARD SPRINGS CIR, STATESVILLE, NC 28677

LOCATION BUFFALO SIDALLS ROAD, TL BUFFALO CREEK DRIVE, LOT ON RIGHT

SUBDIVISION BUFFALO CREEK BLOCK / SECTION ____ LOT 15 LOT AREA 2.90 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 2100 Linear Feet 675

No. Lines THREE Trench Width 36" Max Trench Bottom Depth 23"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED "FAST TRACK" SITE PLAN PREPARED BY STEVE PRICE, SOIL AND ENVIRONMENTAL CONSULTANTS, PA

AS BUILT SKETCH

REVOKED

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: Noble B. Mills, II date 1-25-07

Improvement Permit by: STEVE HEDRICK date 1-20-07

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

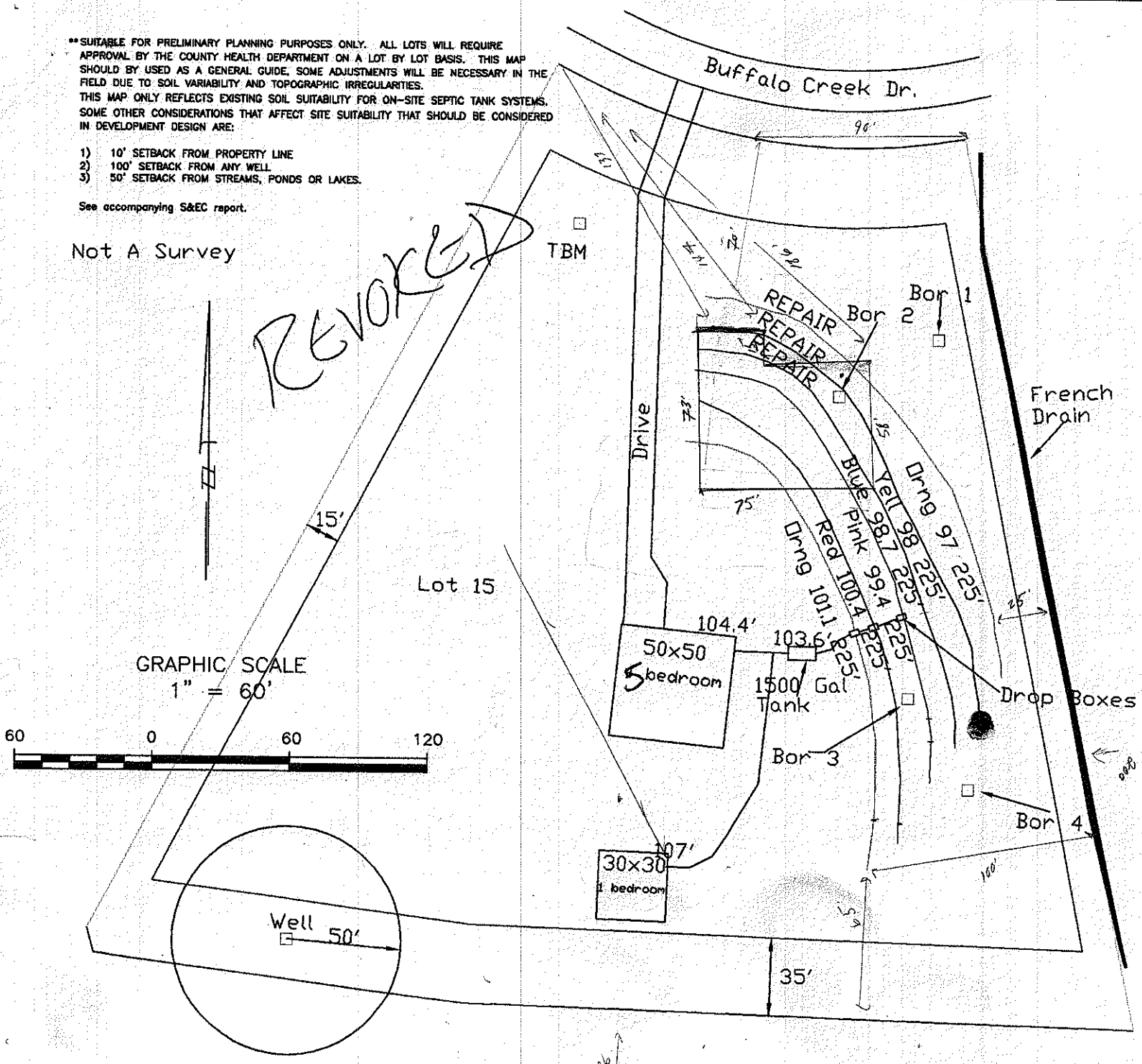
**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

Not A Survey

REVISED



PROJECT NO.	S-1611
PROJECT MGR.	SP
DRAWN BY	SB
FIELD WORK	SB BF SP
SCALE	1" = 60'
FILE	Y:\Jobs\S-1611

Soil & Environmental Consultants, PA
828 LeMay Dr., Ste C Concord, NC 28025 ▪ Phone (704)720-9405 ▪ Fax (704) 720-9406

S&EC

Buffalo Shoals
Shady Mtn
- BUFFALO SHOALS -
IREDELL COUNTY, NORTH CAROLINA
NOV 2006

SHEET TITLE
Feat Track Site Plan
SKETCH MAP

SHEET
1 OF 1