212978 #250

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 #
Christopher Carr	235 Deerfield Ln	716-940-6805	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Christopher Carr	235 Deerfield Ln	716 940 6805	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
235 Deerfield Ln	Deerfield Estates	

Driving Directions: Buffalo Shoals to Old Airport Road, Right on O. Airport Rd, Left on Deerfield Ln.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
(X) Other. Accessory bldg (Garage)

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 5471
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply: N/A

( ) 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)* (X) EXISTING SYSTEM installed 2005 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other

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: _____ 19 Aug 15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

87119

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

FILE COPY

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...

X 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...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

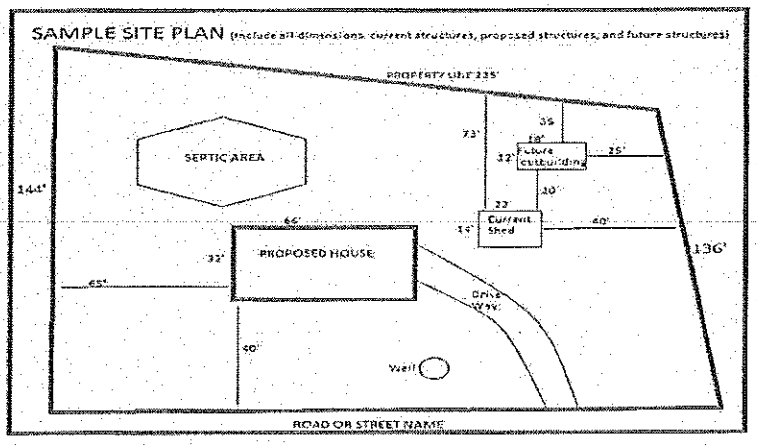
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

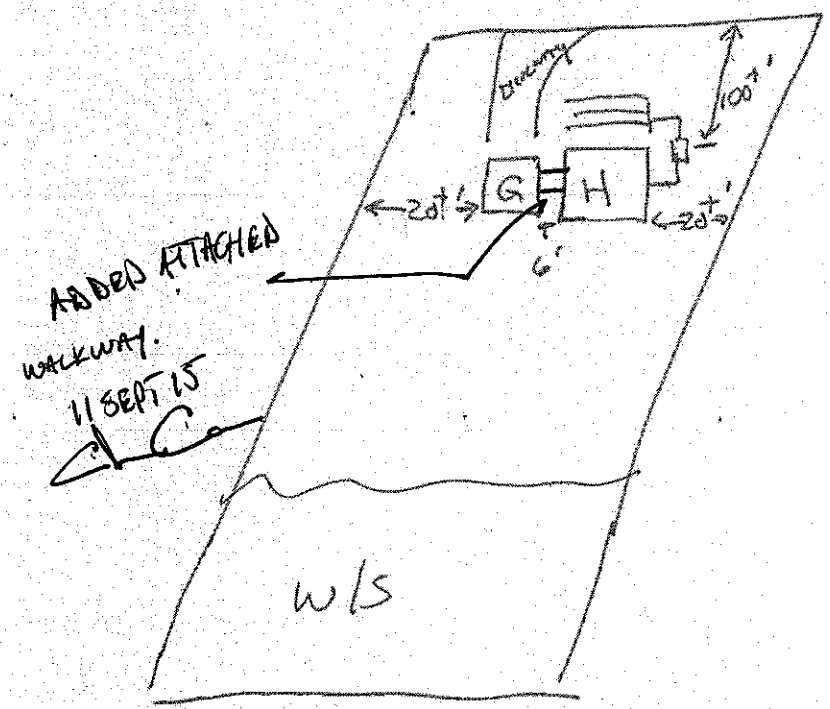
✓ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A

✓ Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



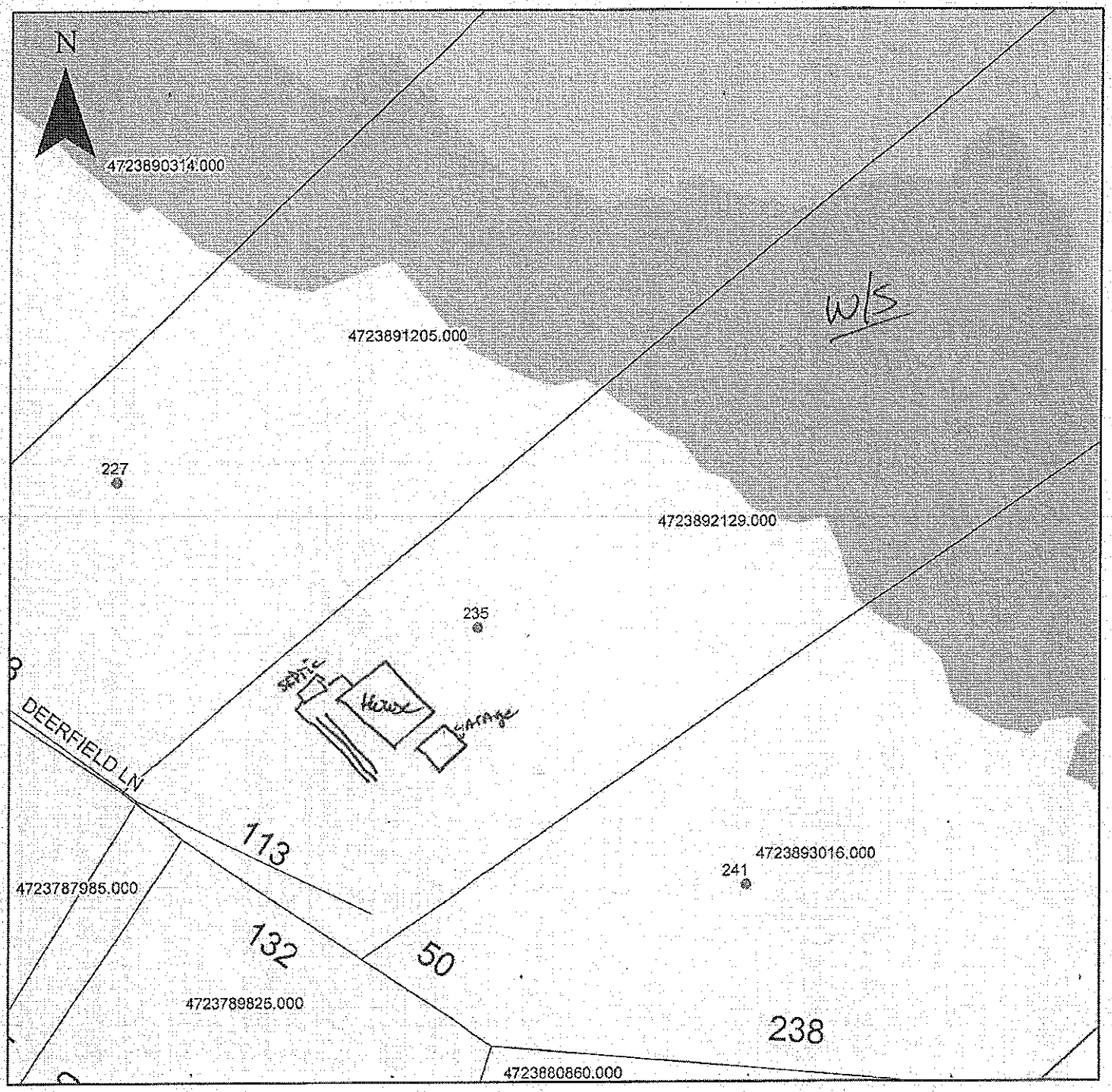
Signature: _____

REQUIRED property owner or owner's legal representative signature.

19 Aug 15

DATE

ZONING DISCLAIMER



Property Address 235 Deerfield Ln.

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. Applicant further acknowledges that the 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.

Christopher Carr
Applicant

19 August 2015
Date

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111130 PIN# 4723-89-2129 DATE 2/26/03

OWNER OR CONTRACTOR Freedom Homes - Troutman PHONE: Business (704) 528-4516 Home —

ADDRESS 1018 Charlotte Hwy Troutman, N.C. 28166

LOCATION Buffalo Shoals Rd (R) Airport Road, (R) Deer Field Lane, go to end bear right, on left before cul-de-sac.

SUBDIVISION Deerfield Estates BLOCK / SECTION — LOT 20 LOT AREA 2.66 Ac. SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1,000 Gallons; STB — Date —
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 3 Trench Width _____ Max Trench Bottom Depth _____

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

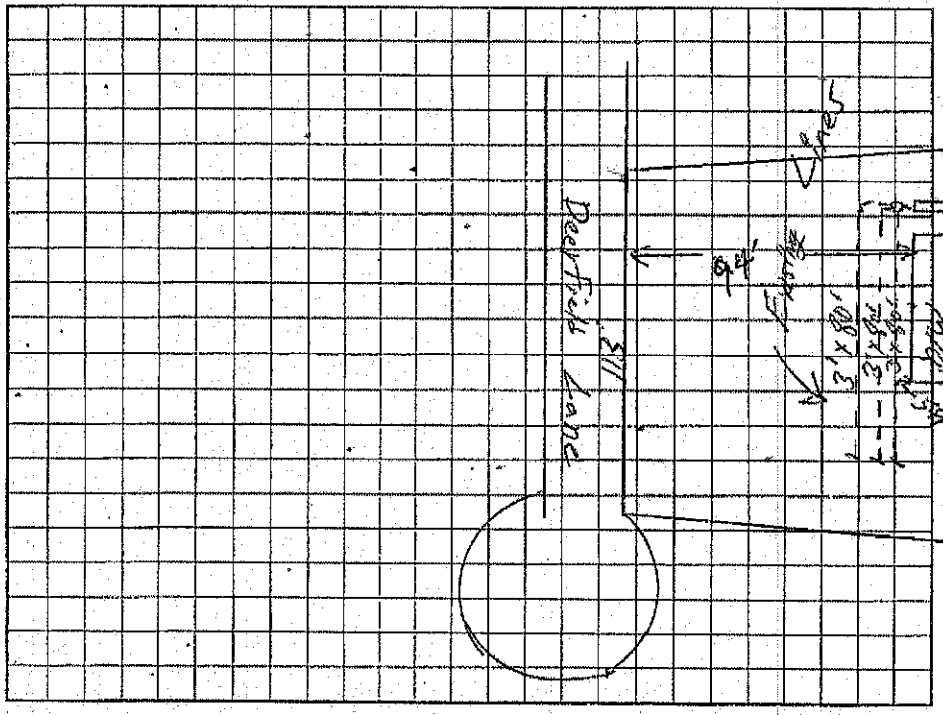
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☒ Public
☐ Community

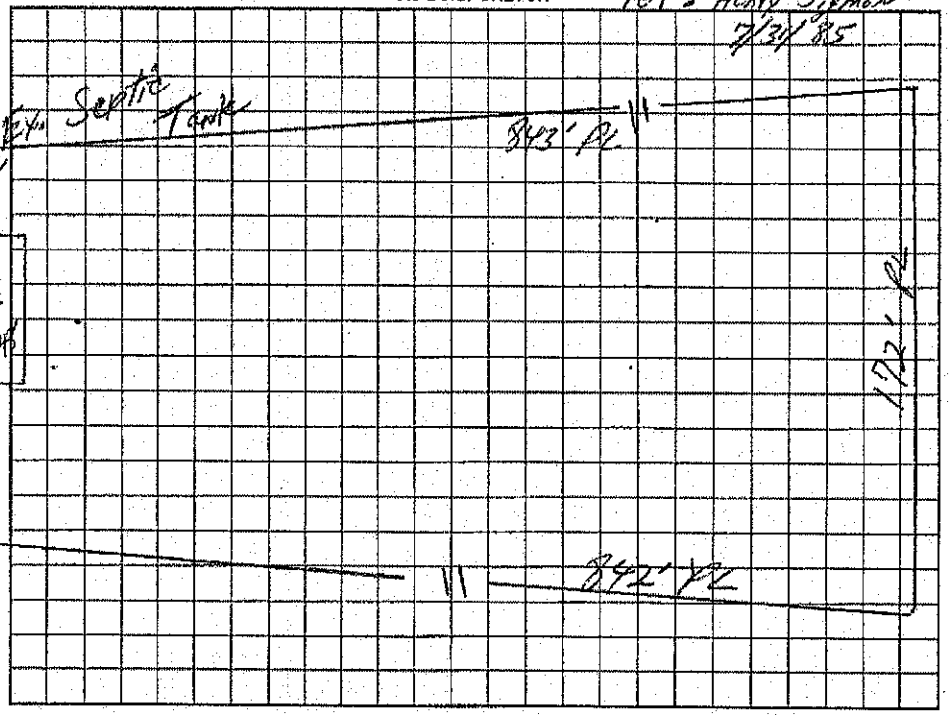
Comments/Conditions:

Comments/Conditions: ① Existing System Okay at time of Inspection no MH on lot at this time. ② Keep bldg. Foundation 5ft from septic tank & septic lines.

INITIAL SITE SKETCH



AS BUILT SKETCH Ref: Henry Sigmon 7/31/85



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: Janet R. Graham date 3/3/03 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: William O. Johnson date 2/26/03

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