Site Address: 152 Dove Meadows Ln - Stat. Replaces Permit issued 19 September 07 (C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125503 PIN# 4725-78-2089 DATE 9 September 08

OWNER OR APPLICANT Terry O'Brien PHONE: Business 704-902-4310 Home 704-872-3442

ADDRESS 310 Tree Bark Rd. Statesville, N.C.

LOCATION South Creek Rd. TL Miller Farm Rd. TL Dove Meadows - Lot on Rt.

SUBDIVISION Dove Meadows BLOCK / SECTION 2 LOT 12 LOT AREA 0.48 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²/d

Septic Tank: 1000 Gallons; STB 760 Date 6-7-08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Follow contour / Honor setback requirements.

Comments:/Conditions: POLYLOK FILTER INSTALLED, ENDCAP DISTRIBUTION

INITIAL SITE SKETCH

Please see attached

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

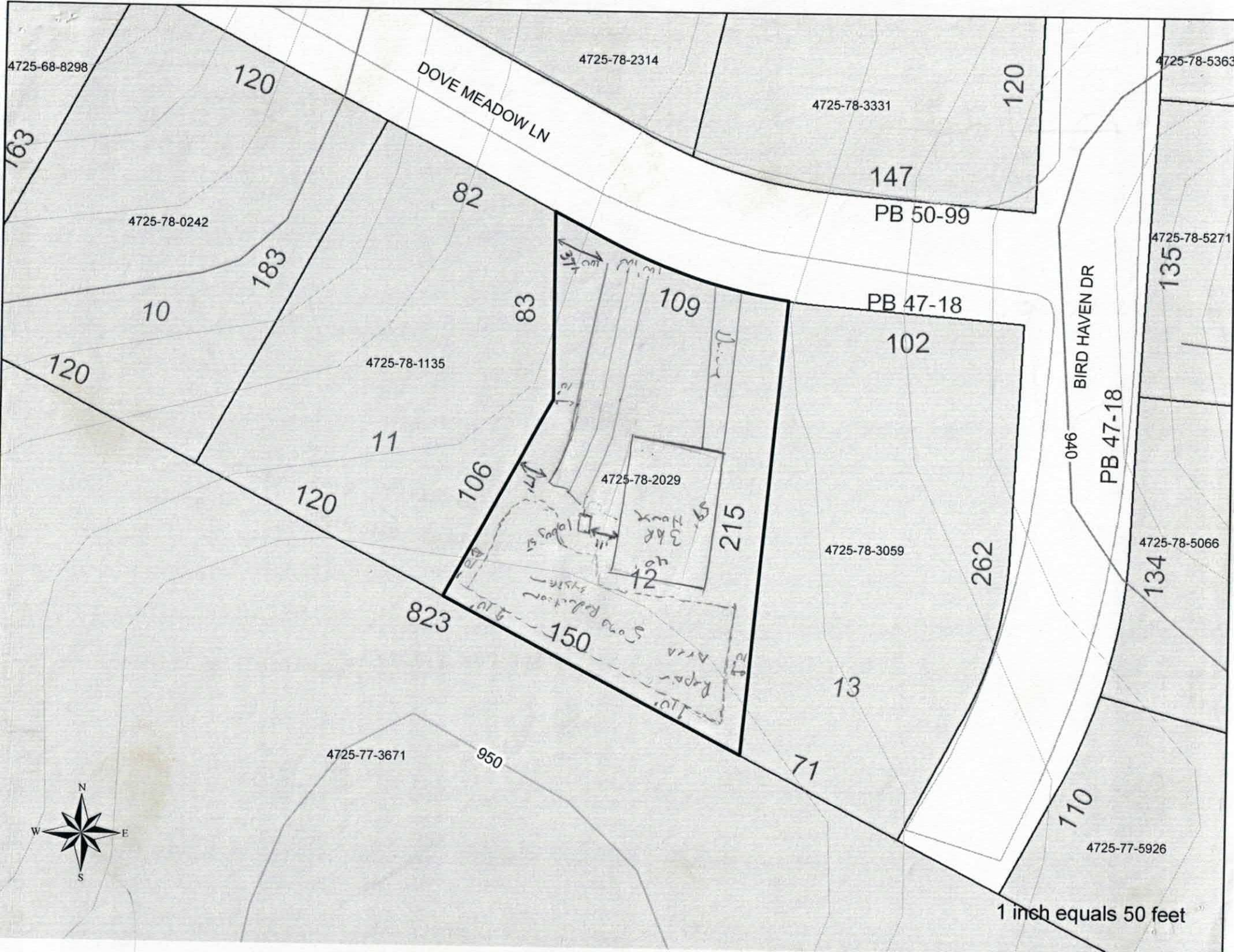
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 9-10-08 Installed by: Kenny Marlow

Improvement Permit by: R.S. date 9 Sept 08 Operation Permit by: Kyle Potts date 11-10-08

Authorization to Construct by: STEVE HENDRICK date 9-10-08 Existing System Inspection by: ____ date ____

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


4725-68-8298
120
DOVE MEADOW LN
4725-78-2314
4725-78-3331
120
147
PB 50-99
4725-78-5363
163
4725-78-0242
183
82
83
109
PB 47-18
102
BIRD HAVEN DR
4725-78-5271
135
10
120
4725-78-1135
11
106
120
4725-78-2029
215
4725-78-3059
262
940
PB 47-18
4725-78-5066
134
12
823
150
13
71
4725-77-3671
950
110
4725-77-5926
N
W
E
S
1 inch equals 50 feet

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 167 12 Dove Meadows 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12	BSL GR	fri SS SP					PS .3 to 44"
		12-44	RC/CL MPSSK	fri SSSP					
		44-48	Rock >50%						
2		0-8	BSL GR	fri SS SP					PS .3
		8-48	RC/CL MPSSK	fri SSSP - many SAP RC.					
3		0-6	B Compacted topsoil						PS .3
		6-15	RBCL MPSSK	fri SSSP					
		15-48	RCL MPSSK	fri SSSP					
4		0-8	BSL CR	fri SSSP					PS .3
		8-48	RCL MPSSK	fri SSSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

IREDELL COUNTY HEALTH DEPARTMENT

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 ___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	Work Phone
O'BRIEN BUILDERS	310 TREEBANK RD	704 872-3442	704 902-4310
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
LOT #12	DOVE MEADOW	LOT #12

Driving Directions: _____

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: _____ 8-30-07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125503 PIN# 4725 78 0467.017 4725782029 DATE 19 September 07

OWNER OR APPLICANT Terry O'Brian/ O'Brian Builders. PHONE: Business 704-902-4310 Home 704-872-3442

ADDRESS 310 Treebark Pl. Statesville, N.C.

LOCATION Scotts Creek Rd. TL miller Rd. TL Dove meadows - lot on Rt.

SUBDIVISION Dove meadow BLOCK / SECTION ____ LOT 12 LOT AREA 2 Acres SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3, 1Ft/d Eff

Septic Tank: 1200 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; P.T ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet = 800 Linear Feet 200

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - pump

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth ____ ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

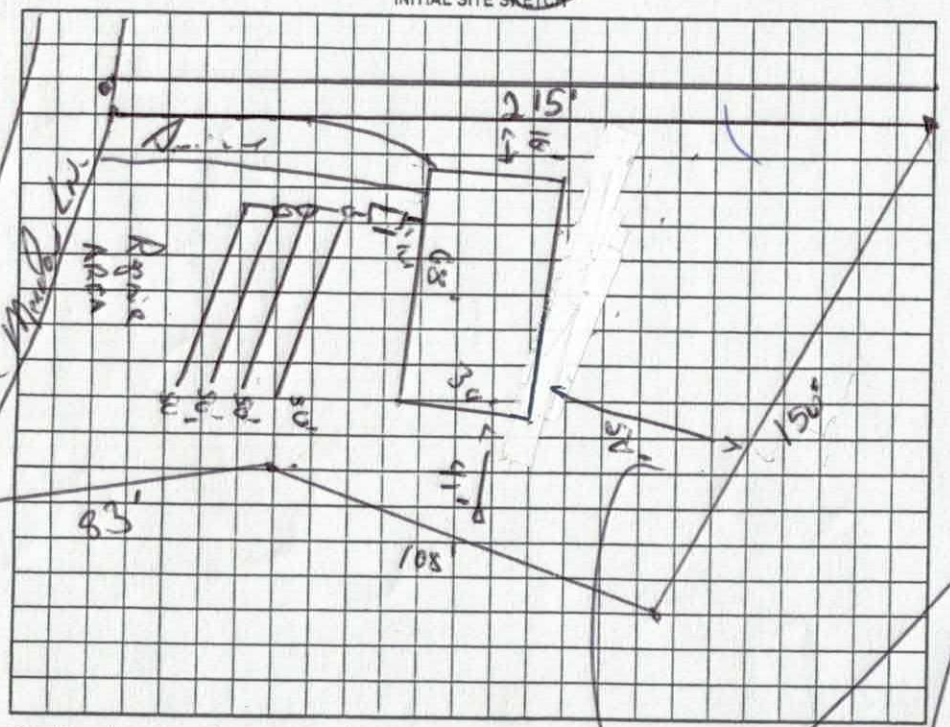
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

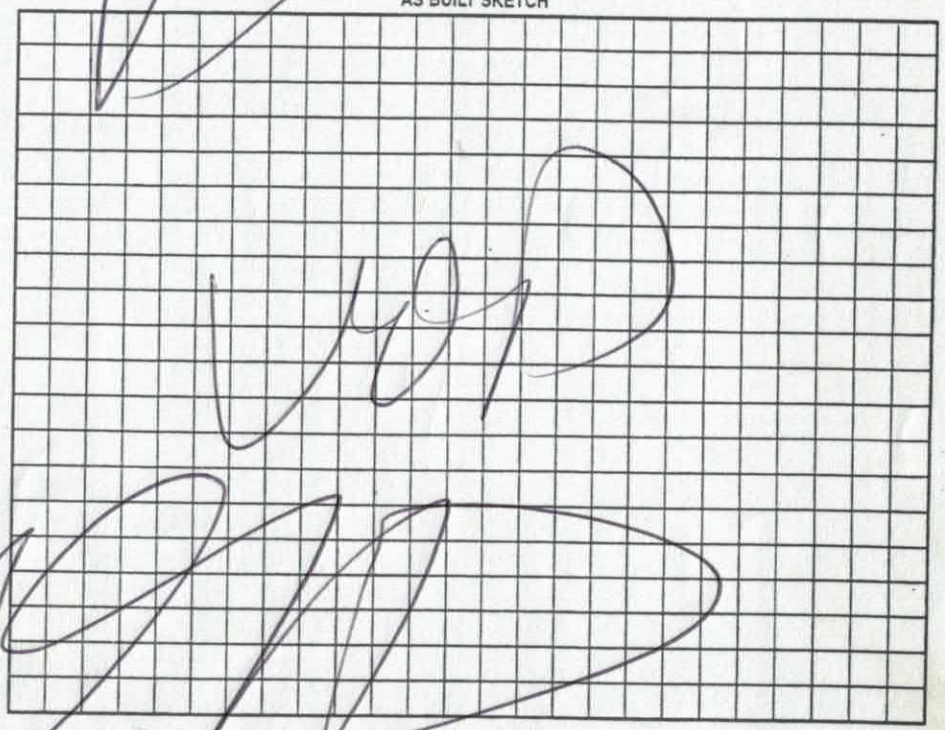
Comments:/Conditions: Follow contour / Hour - setback requirements

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: ____ date ____

Improvement Permit by: [signature] R.S. date 19 Sept 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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125503 PIN# 4725780467.012 DATE 4/28/05

OWNER OR CONTRACTOR D & S PROPERTY MANAGEMENT PHONE: Business _____ Home _____

ADDRESS 1805 SAFRIET RD - STATESVILLE, NC 28625

LOCATION I-15(N) - TL SCOTTS CREEK - TL MILLER FARM - TL DOVE MEADOWS - ON RT

SUBDIVISION DOVE MEADOWS BLOCK / SECTION 1 LOT 12 LOT AREA ~~.....~~ .51AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3600/1.0

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4 @ 50' Trench Width 24" Max Trench Bottom Depth 30"

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

System Description: PUMP PANEL

Repair System Description: ~~SEE~~ LP PANEL

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

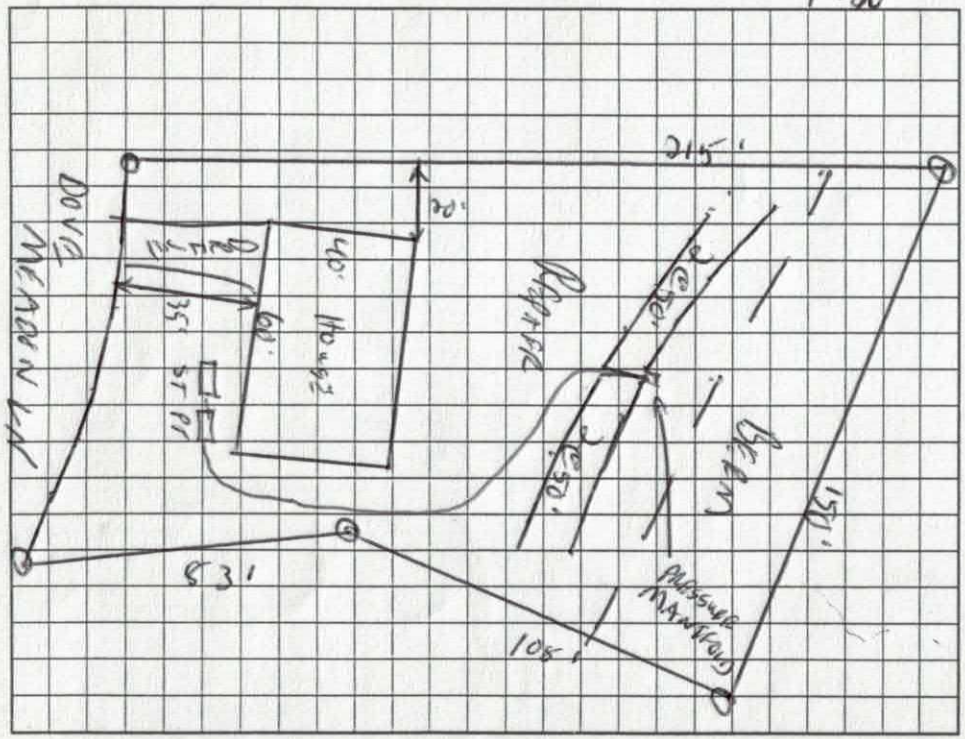
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

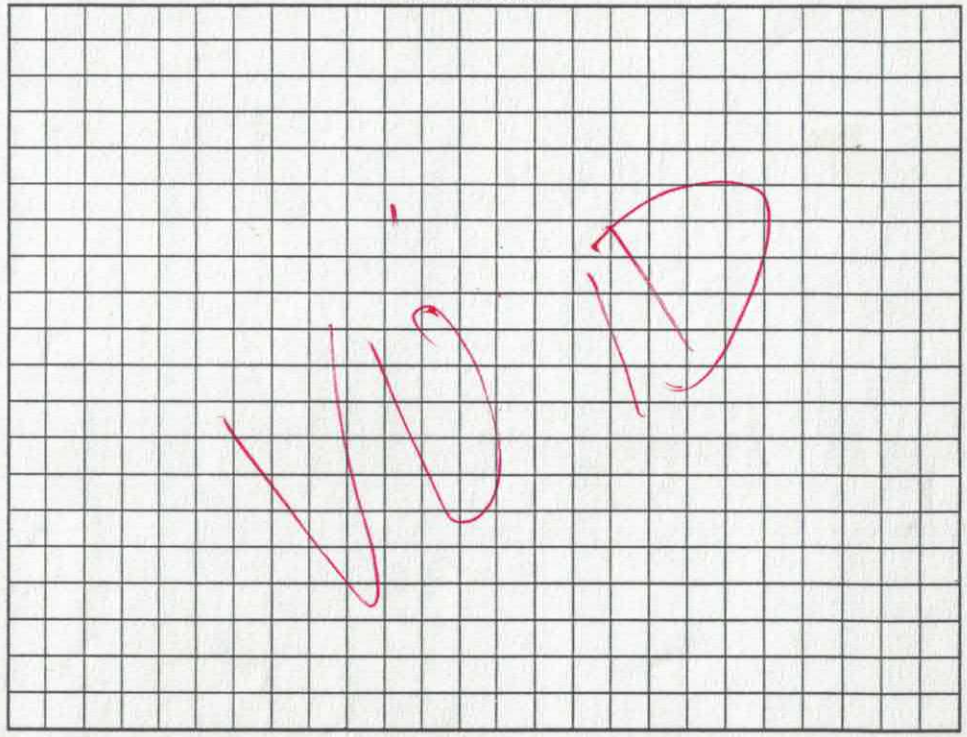
Comments:/Conditions: DO NOT CUT HOUSE PAD - NO FOUNDATION DRAIN

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



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Signed: _____ date 5-6-05 Installed by: _____

Improvement Permit by: _____ date 4/28/05 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

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**

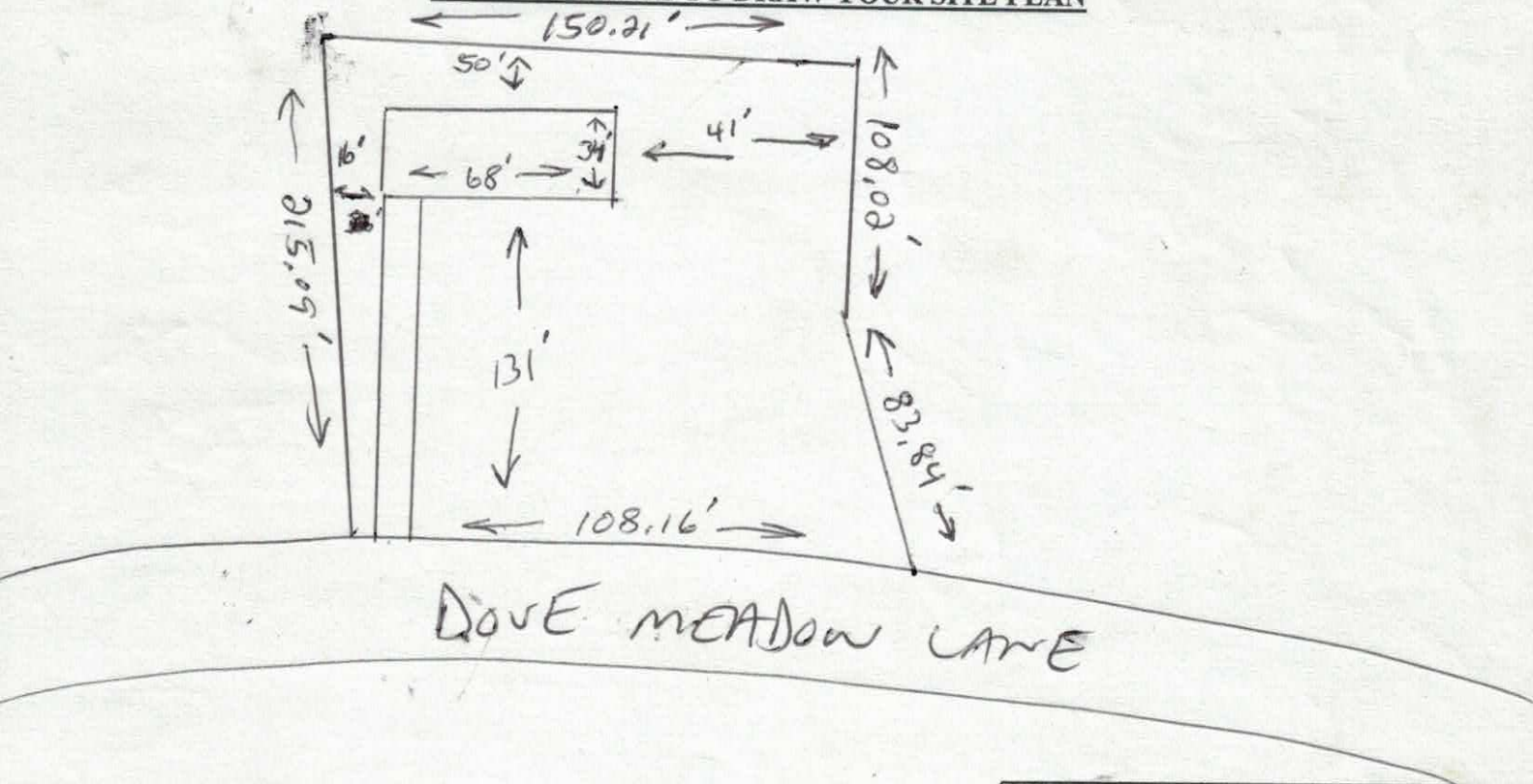
Signature: _____

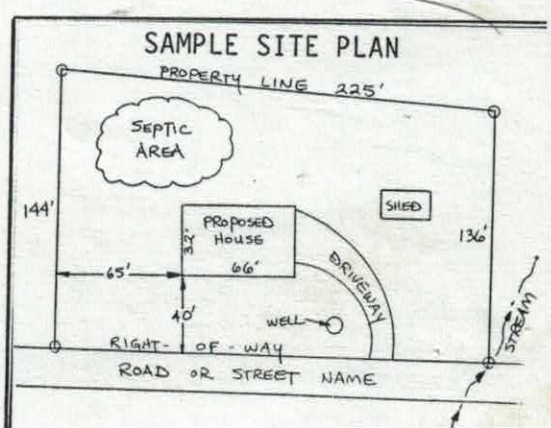
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-30-07

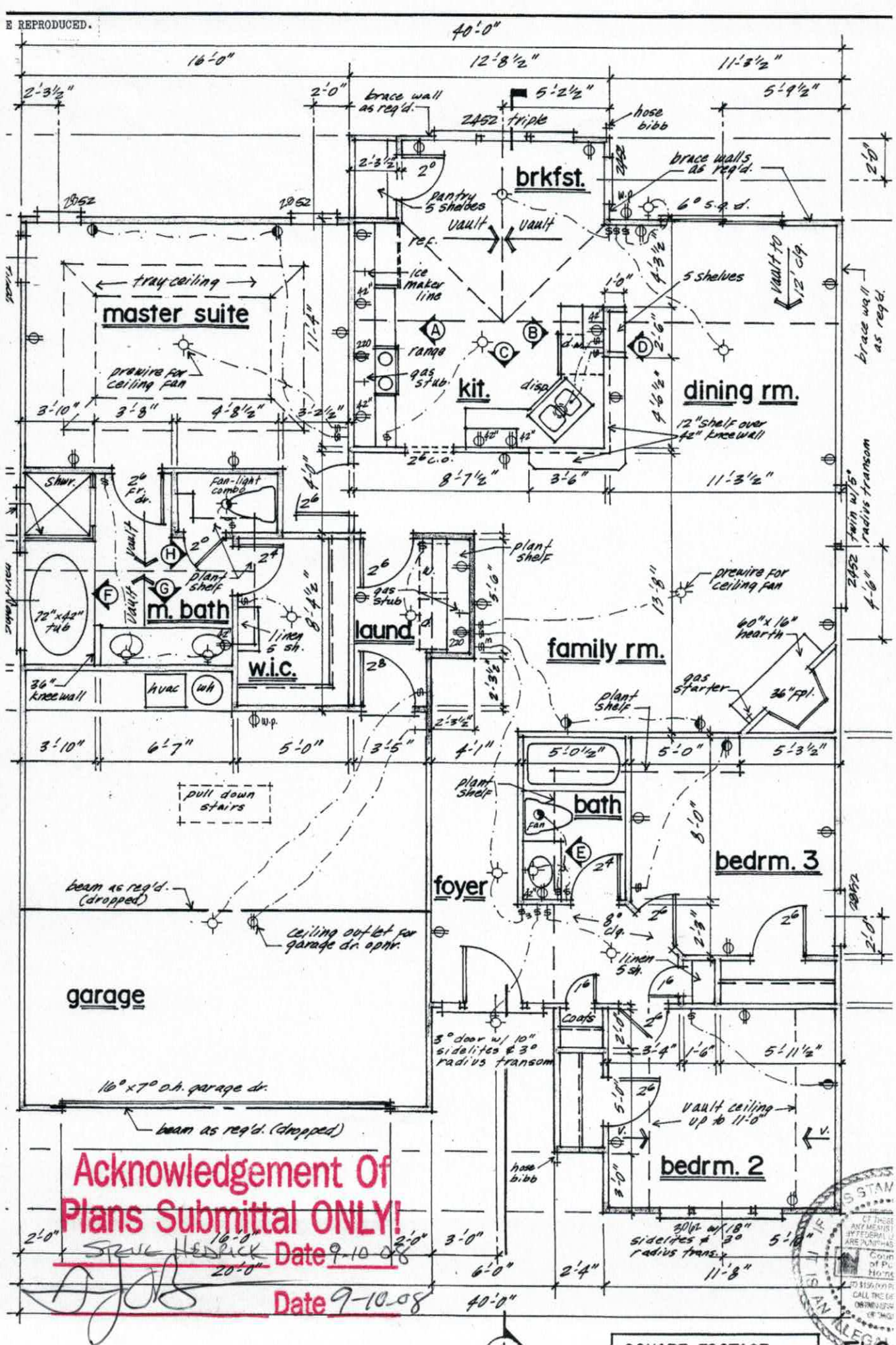
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





E REPRODUCED.



Acknowledgement Of Plans Submittal ONLY!

STEVE HEDRICK Date 9-10-08

Date 9-10-08