IREDELL COUNTY HEALTH DEPARTMENT

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

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

11x40 315.00 fa. 9

PERMIT# 11-p-02-04 12235 PIN# 4730488453 4730-58-2644V DATE June 14, 04

OWNER OR CONTRACTOR Cecil-Stamey LLC PHONE: Business _____ Home _____

ADDRESS 125 East Plaza Dr. / 108 Westfield office Ctr, Mooresville N.C. 28115

LOCATION State Park Rd. TR into Meadow Glen TR 1st STREET TR Scotch Irish Ln. 2nd lot on Right

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 137 LOT AREA .36 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25-.3 = frontyard

Septic Tank: 1000 Gallons; STB 825 Date 10-18-04

Pump Tank: 1000 Gallons; PT 302 Date 10-11-04

Pump Make: Zoeller Model N-137 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 440 Linear Feet 220

No Lines 3 @ 73'± Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2+

☐ Business No. Employees _____

☐ Other _____

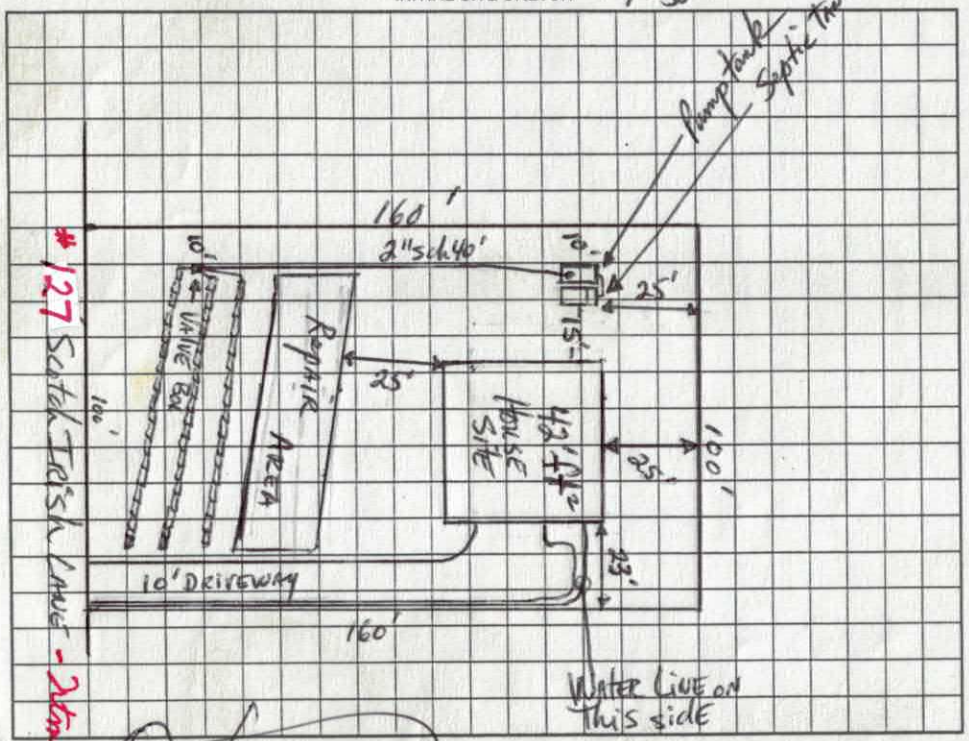
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

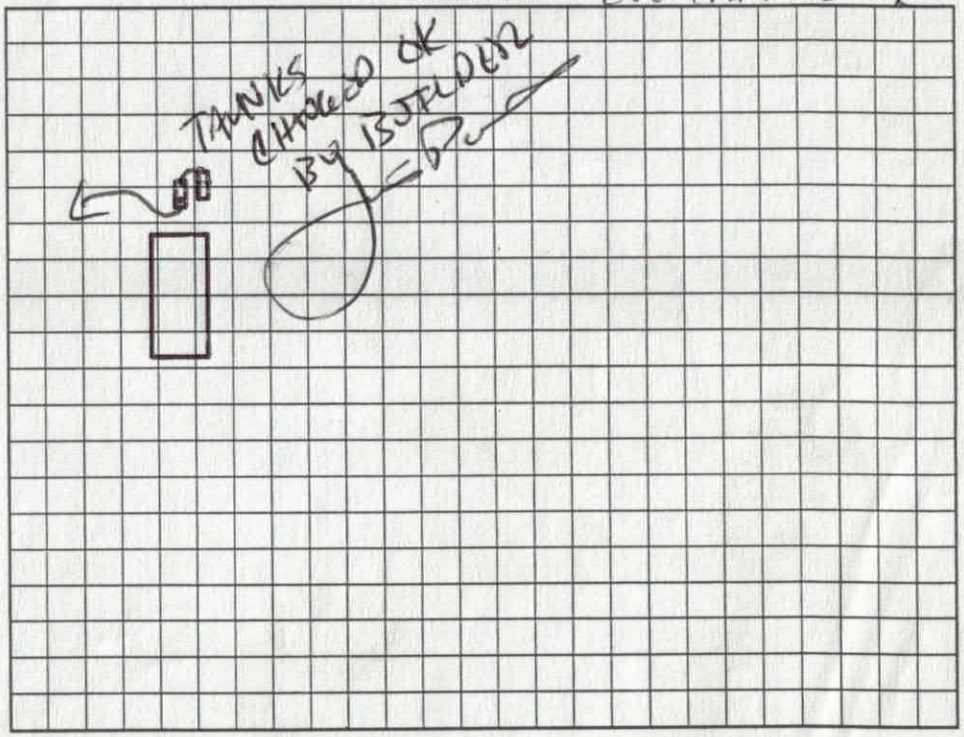
Comments/Conditions: In line filter required in pump tank.

Comments/Conditions: APPROVED HOUSE PLAN REV 6-22-04 LL
POLYLOK FILTER & MARKER
NEEDS ELECTRICAL & CONTACT
V'D ELECTRICAL & CONTACT ON 2-7-05

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH EVERYTHING OK



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 6-18-04 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date 6-14-04 Operation Permit by: _____ date 2-7-05

Authorization to Construct by: _____ date 6-22-04 Existing System Inspection by: _____ date _____

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cecil Stamey APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5-18-04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 137 Meadowglen PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

#6 0-5 gr brnSL frssp ch.2304
5-10 SBK RyC frspSeep
10-65 gryelbrnSCL Rock Seep (4)

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .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	compacted sil	c fi vfi					.25-.3 7/16"
		16-65	WkSBK R-yR	c/cL frsp-sssp Seep					
2	14% L	0-4	gr brnSL	frss sp					.25
		4-17	mfSBK RC	frsp Seep					
		17-65	WkSBK RCL	frsssp common wetSap					
3		0-6	gr brn SL	frssSp					.2 on type and dpt (1) on bedrock due to only rock
		6-60	WkSBK red/brn	c fisp many rock					
4	10% L	0-2	gr brnSL		*upper 10" compacted				.37 10"
		2-29	mfSBK RC	*frspSeep					
		29-60	WkSBK yRd	frssSp common wetSap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS per .1956	PS per .1956
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.25-.3	.25-.3

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

COMMENTS: Original site plan- house on front half of lot. LPPPBPS system w/ repair can be pre-installed in front yard.

#5 0-2 gr brnSL upper 11" Compacted (+1-4t)
2-28/35 fSBK RC *frsp Seep .3 > 11"
28/35-57 wkfSBK RCL frsssp common wetSap - N wall mottly ≤ Seep

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

SEE ATTACHED DRAWINGS.

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

6/22/04 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

EDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $15.00 MOORESVILLE 704-664-5281

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

MIT# 11-p-02-04 PIN# 4730488453 DATE June 14, 04

ER OR CONTRACTOR Cecil-Stamey LLC PHONE: Business _____ Home _____

RESS 125 East Plaza Dr. 100 Westfield office Ctr. Mooresville N.C. 28115

TION State Park Rd. TR into Meadow Glen TR 1st street TR Scotch Irish Ln. 2nd lot on Right

DIVISION Meadow Glen BLOCK / SECTION _____ LOT 137 LOT AREA .36 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25-.3 frontyard

ic Tank: 1000 Gallons; STB _____ Date _____

ip Tank: 1000 Gallons; PT _____ Date _____

ip Make: _____ Model _____ Serial No. _____

fication Field: No Fields 1 Square Feet 440 Linear Feet 220

Lines 3 @ 73'± Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2+

☐ Business No. Employees ____

☐ Other _____

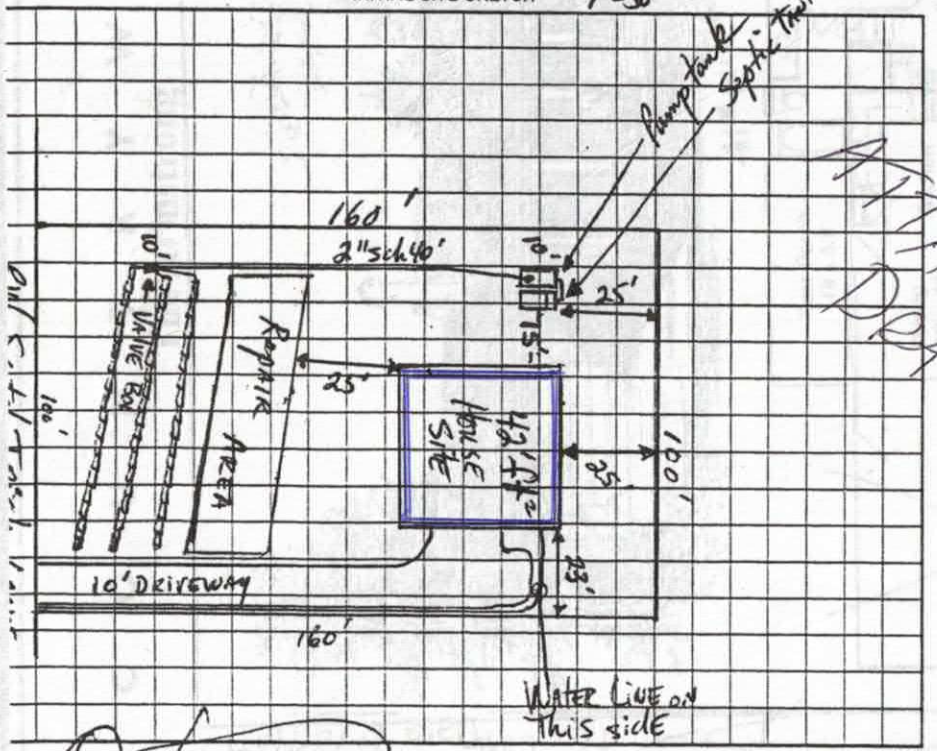
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

nents:/Conditions: IN LINE filter Required in pump tank.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Improvement Permit Only - Do not Issue Building Permit

t 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 t 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.

d: _____ date 6-7-04 Installed by: _____

vement Permit by: _____ date 6-14-04 Operation Permit by: _____ date _____

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

HEALTH DEPT COPY: WHITE OWNER COPY (FINAL): YELLOW CONTR COPY: PINK

PAID
FEB 10 2004
TOWN OF TROUTMAN

TOWN OF TROUTMAN
ZONING CLEARANCE APPLICATION
PERK TEST ONLY

Change of Principal Use _____
New or Enlarged Principal Use _____
New or Enlarged Accessory Structure _____

PERMIT 11 ***-p-*** 02-04 ***DATE OF APPLICATION*** February 9, 2004

APPLICANT'S NAME Cecil Stamey, LLC
APPLICANT'S MAILING ADDRESS 108 Westfield Center
Mooresville, North Carolina 28115

DAY TIME PHONE # (704) 932-6195

PROPERTY LOCATION: 127 Scotch Irish Lane, Meadow Glen Subdivision Lot #137

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN): 4730488453

EXISTING ZONING: R-20 ***IN A SPECIAL FLOOD HAZARD AREA?*** ***Yes*** ____ ***No*** X

LOT DIMENSIONS: ***Length*** 160' ***Area*** .3673 Ac.
(Fill in all four blanks) ***Width*** 100' ***Street Frontage*** 100'

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: Single Family Dwelling

PROPERTY OWNER'S NAME: C & S Associates, LLC

PROPERTY OWNER'S MAILING ADDRESS 108 Westfield Plaza, Mooresville, N. C. 28115

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER Same

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION

Front: _____ ***Right Side:*** _____
Rear: _____ ***Left Side:*** _____

STRUCTURE REQUIREMENT *(Note: A separate application must be completed for each structure)*

(Set Backs)	***Required***	***Proposed***
Lot Area		
Side Yard—Left		
Side Yard—Right		
Front Setback(from road R/W)		
Building Height		
Lot Width at Building Line		
Rear Yard Setback		

****Additional ten feet (10') required on all side yards which abut a public or private street***

Comments: **PERK TEST ONLY!!!!**

Zoning Clearance Application
Page 2

ATTACHMENTS

In order to be considered complete, the following must accompany each application:

1. A fee (in cash or a check made payable to the Town of Troutman) in the amount of $25.00 shall be submitted to the Zoning Administrator.
2. A scaled dimensional drawing which shows (a) the exact shape, dimensions and location of the lot to be built upon, and (b) the exact shape, dimensions, use and location of existing structures on the lot. Upon this survey or drawing shall be sketched the following: (a) the exact shape, dimensions and area of the structure(s) to be placed upon the lot; (b) all setback lines on the lot once the proposed structure is completed; and (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Ordinance

CERTIFICATION

1. I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

O Haney
Signature of Applicant

Date: 2-9-04

2. I, O Haney, Owner of property 4736488453 (list PIN number) in Troutman, North Carolina, do hereby authorize O Haney (Applicant's Name) to submit this zoning permit application to the Zoning Administrator on my behalf.

O Haney
Signature of Property Owner

Date: 2-9-04

3. To the best of my knowledge, this application is accepted and deemed complete.

Donald E. Duncan, Jr.
Signature of Zoning Administrator

Date: 2/9/04

(THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR)

Based on the information hereby furnished to me and my knowledge of the Troutman Zoning Ordinance, I hereby: **APPROVE** / **DISAPPROVE** this Zoning Permit.

COMMENTS: _____

Donald E. Duncan, Jr.
Zoning Administrator

Date: 2/9/04

THIS PERMIT EXPIRES SIX (6) MONTHS FROM THE ISSUE DATE.