IREDELL COUNTY HEALTH DEPARTMENT

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

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

C1 315.00 Pg 9

PERMIT# 09-p-02-04 / 22398 PIN# 4730408453 4730-58-3498 DATE June 14, 04

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

ADDRESS 108 Westfield Plaza Mooresville N.C. 28115

LOCATION State Park Rd. TR into Meadowglen TR 1st Street TR Scotch Irish Ln. 4th Lot on Right

SUBDIVISION Meadowglen BLOCK / SECTION 4 LOT 135 LOT AREA .367ac SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 0825 Date 6-28-05

Pump Tank: 1000 Gallons: PT 302 Date 8-12-05

Pump Make: SEE AS BUILT SKETCH Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 480 Linear Feet 240

No Lines 3@80 Trench Width 24" min 80c Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPP BBPS

Repair System Description: LPP BBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2+ No. Employees ___

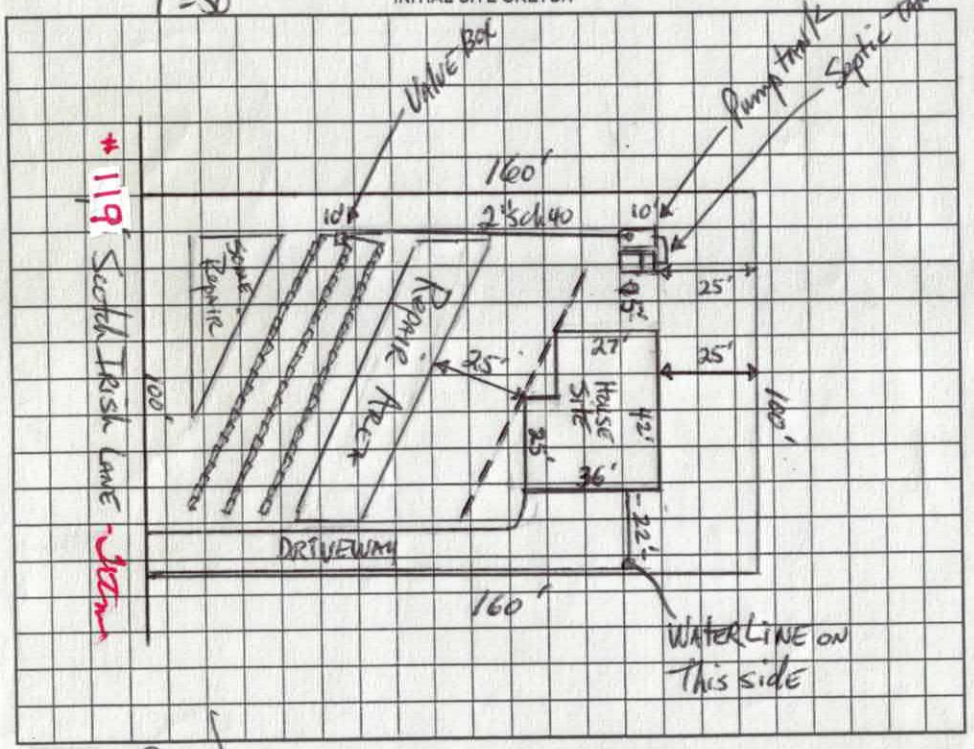
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INLINE filter Required in pump tank. JJC

Comments/Conditions: Blue Luff - Effl filter installed Septic tank Marker

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

Tar Heel Pump 152-002 .4HP 6 CAMS

Checked lines, pump tank, septic tank and house manifold 2" head 2" ft pres. head good — 9-23-05

V'D ELECTRICAL 1-9-06 - LC

NEEDS CONTACT

GOT CONTACT 1-9-06 LC

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 6-14-04 Installed by: Rowan Septic date 9-23-05

Improvement Permit by: _____ date 6-14-04 Operation Permit by: _____ date 1-9-06

Authorization to Construct by: _____ date 6-22-04 Existing System Inspection by: _____ date 1-9-06

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

DEPARTMENT OF ENVIRONMENT, HEALTH, 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: Cook-Stoney APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-18-04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 135 Meadowlea 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	13% L	0-10	compacted scl	c fi-mfi	36"+ sep @ Rot channels				.25 10" bot less than 36"
		10-30	mfsbk rcl	fr sp sexp					
		30-61	wkfsbk rcl	frsssp Comm yBRN Mottles					
2		0-5	gn brn sl/scl	frsssp	few common yBRN mottles				.25 <50"
		5-50	wkfsbk R-YR cscl	fr sssp sexp					
		50-60	wk sbk gray yBRN sc	fr sp sexp/ juiced					
3	12% L	0-3	gn brn sl	scl	46"+ mottles	chr 3+4 @ 30"+			.25 <30"
		3-15	wfsbk rcl	fr sp sexp					
		15-27	wkfsbk rcl	frsssp Heavy BRN					
		27-60	wk sbk gray BRN	si cl-fr sp sexp/ juiced					
4		0-5	gn brn sl	frsssp					.3 to .2 <46"+
		5-11	wkfsbk rscl	frsssp					
		11-23	wfsbk rc	fr sp sexp					
		23-60	wkfsbk gy-y brn	sc/scl/scl frsp sexp	46"+				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS pre-1996	PS pre-1996
System Type(s)	CAPPERS	CAPPERS
Site LTAR	.25	.25

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

)N-SITE WASTEWATER SECTION COUNTY: _____

page 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

)W..ER: _____ APPLICANT: _____

DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-18-04

ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

OCATION OF SITE: lot 135 Meadow Glen continued PROPERTY RECORDED: _____

/ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

VALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

YPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	10% L	0-14	compacted subsoil	fi-vfi	few prom mott 60, few manganese stains		fay sandy sap		.25 > 14"
		14-64	wk fsbk RC	fr sp sap					
6		0-8	gr dom s/l soil	fr ss sp	few manganese concretions few gravel mott 60 sandy sap				.25
		8-55	wk fsbk s/cl L	fr-fi ss sp					
7		0-6	gr-wk fsbk dom s/l soil	fr ss sp	3%				.25 > 36"
		6-27	m fsbk RC	fr sp sap					
		27-48	wk fsbk yb sandy sc	fr sp sap/mica					

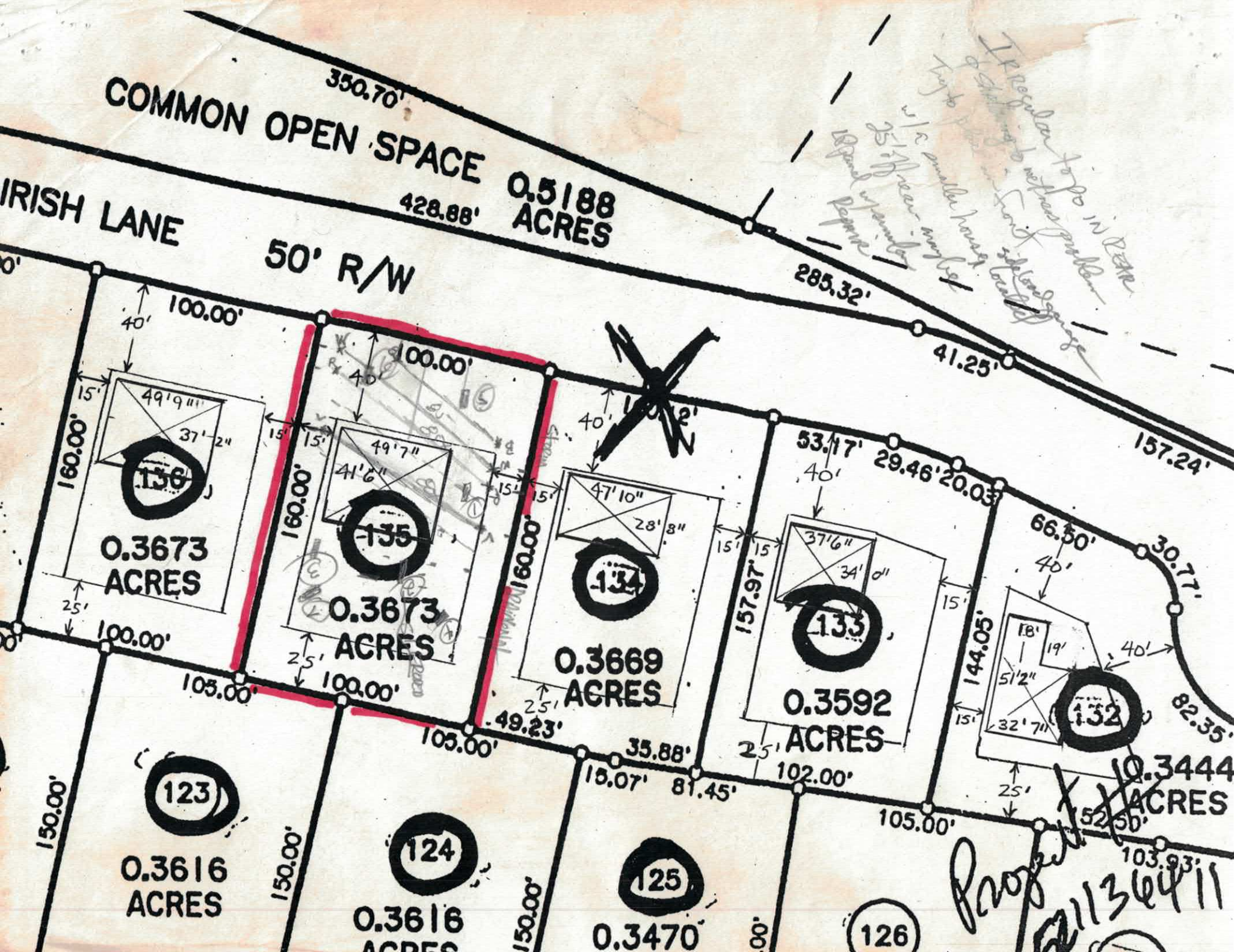
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
/stem Type(s)		
te LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____


COMMON OPEN SPACE 0.5188 ACRES
350.70'
428.88'
285.32'
41.25'
157.24'
IRISH LANE
50' R/W
100.00'
40'
15'
49'9 11/16"
37'2"
156
0.3673 ACRES
160.00'
25'
100.00'
49'7"
41'6"
135
0.3673 ACRES
47'10"
28'8"
134
0.3669 ACRES
53.17'
29.46'
20.03'
37'6"
34'0"
133
0.3592 ACRES
157.97'
144.05'
66.50'
30.77'
82.35'
18'
19'
51'2"
32'7"
132
0.3444 ACRES
105.00'
49.23'
35.88'
15.07'
81.45'
102.00'
52.50'
103.93'
123
0.3616 ACRES
150.00'
124
0.3616 ACRES
125
0.3470
126
Irregular topo in rear & slopes to rear property line
w/ a small hump
25' drainage easement
Rear property line
113644'11"

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
CECIL STAMEY LLC	704 4009643	108 WESTFIELD PLAZA	MOORESVILLE	NC	28115

Current Property Owner	Mailing Address	City	State	Zip Code
CECIL STAMEY LLC	108 WESTFIELD PLAZA	MOORESVILLE	NC	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
MEDOW GLENN SUBDIV	#135	SCOTCH IRISH LANE	03

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
TROUTMAN - PUBLIC 2800		4730488453

Specific Directions to Property STATE PARK Rd 1st Right
MEDOW GLENN SUB DIV 1st Right
SCOTCH IRIS LANE

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement ✓ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-6-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

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 DRAWING.

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

MIT# 09-p-02-04 PIN# 4730488453 DATE June 14, 04

NER OR CONTRACTOR Cecil-Stamey LLC PHONE: Business Home

DRESS 108 Westfield Plaza Mooresville N.C. 28115

CATION State Park Rd. TR into Meadowglen TR 1st Street TR Scotch Irish Ln. 4th lot on Right

IDIVISION Meadowglen BLOCK / SECTION LOT 135 LOT AREA .367 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

ptic Tank: 1000 Gallons: STB Date

mp Tank: 1000 Gallons: PT Date

mp Make: Model Serial No.

rification Field: No Fields 1 Square Feet 480 Linear Feet 240

Lines 3 @ 80' Trench Width 24" min BOC Max Trench Bottom Depth 36"

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

System Description: LP PBBPS

Repair System Description: LP PBBPS

Maintenance Agreement Required: ☑ Yes ☐ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2+

☐ Business No. Employees

☐ Other

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

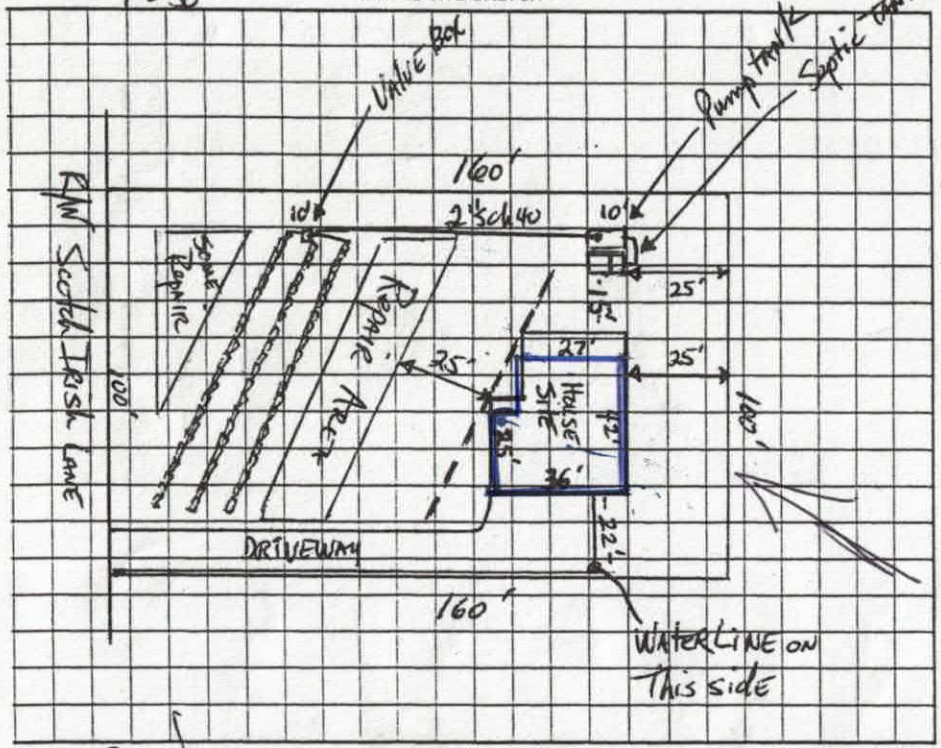
Water Supply: ☐ Individual ☑ Public ☐ Community

nments:/Conditions: INLINE filter Required in pump tank.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



ATTACHED DRAWING

AS BUILT SKETCH

Improvement Permit Only - Do Not Issue Building Permit

mit 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 mit 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.

ied: date 6-15-04 Installed by:

rovement Permit by: date 6-14-04 Operation Permit by: date

horization to Construct by: date Existing System Inspection by: date

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

homestore™
plans and publications

Plan: UDG-97015



A front porch and a rear patio in this udated country design allow for gracious outdoor living.

The main floor features an expansive Great Room capped by a cathedral ceiling.

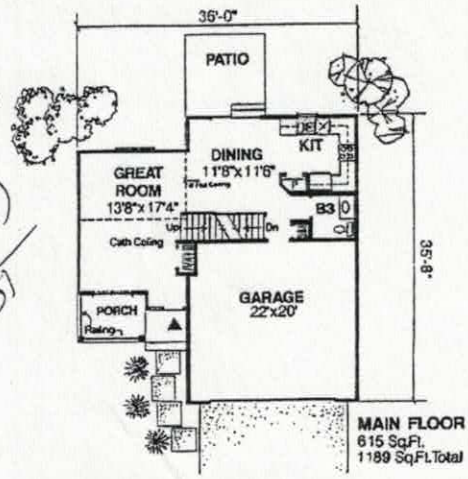
Upstairs, the master bedroom features an 11-ft. cathedral ceiling and a magnificient arched window overlooking the front yard.

Plan Details

Bedrooms/Possible:	3/3
Bathrooms:	2 Full, 1 Half
Foundation:	Full Basement
Width:	36 ft.
Depth:	36 ft.
Living Area:	
First:	615 sq. ft.
Second:	574 sq. ft.
Total Living Area:	**1189 sq. ft.**
Garage:	
Attached	
Stalls	Two Car
Special Rooms:	
Great	
Extra Features:	Patio/Terrace Porch
Home Style:	Cost-Effective Country
Home Type:	Narrow-Lot

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1-888-447-1946

APPROVED
3 BEDROOM
4 UNFINISHED
BASEMENT

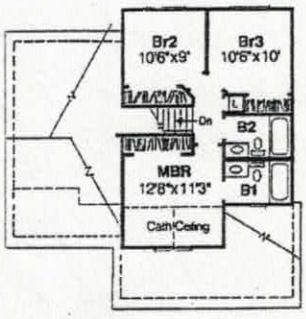


First Floor (Main Floor)

Acknowledgement Of
Plans Submittal ONLY!

Date 6-22-04

Date 6/24/04



Second Floor (Upper Floor)

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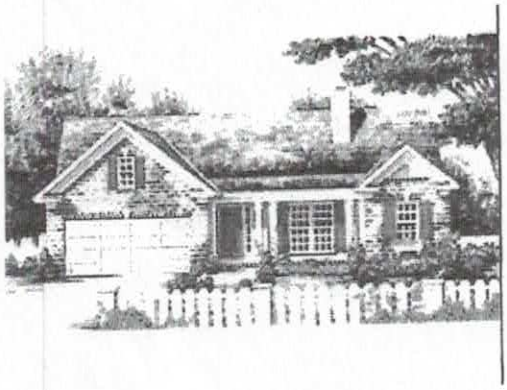
COMMON OPEN SPACE
IRISH LANE
50' R/W
0.5188 ACRES
428.88'
350.78'
289.32'
41.25'
152.
Meadowglen
Lot 135
Driveway on Right side
Drive
136
135
134
133
132
123
124
125
126
0.3673 ACRES
0.3616 ACRES
0.3669 ACRES
0.3592 ACRES
0.3470
160.00'
150.00'
100.00'
105.00'
40'
25'
15'
49.23'
35.88'
81.45'
157.97'
93.17'
129.46'
20.03'
144.05'
66.50'
102.00'

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

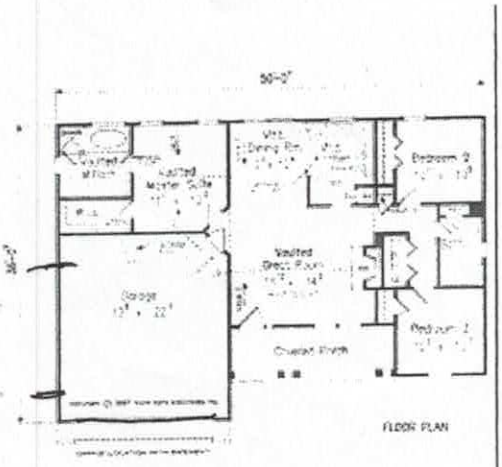
TRAYBERN

Lot 135
Left Side load



1st Floor	1080 sq. ft.
Total	1080 sq. ft.
Basement	1100 sq. ft.

Overall Dimensions: 50'-0" x 36'-0"



Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

will not fit
NEED Revised floor plan.

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 09 ***-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: 119 Scotch Irish Lane, Meadow Glen Subdivision Lot #135

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN): 4730488453

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

LOT DIMENSIONS: ***(Fill in all four blanks)*** ***Length*** 160' ***Area*** .3673 Ac. ***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!!!!**

135

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.

D Stamey S

Signature of Applicant

Date: 2-9-04

2. I, D Stamey, Owner of property 4730488453 (list PIN number) in Troutman, North Carolina, do hereby authorize D Stamey (Applicant's Name) to submit this zoning permit application to the Zoning Administrator on my behalf.

D Stamey

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: X **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.