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

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

MIT# ~~10-P-02-04~~ 12236 PIN# ~~4730468453~~ 4730-58-3506 DATE June 14, 04

NER OR CONTRACTOR Cecil Stamey LLC PHONE: Business _____ Home _____

RESS 108 Westfield Ctr. Mooresville, NC 28115

ATION State Park Road thru to Meadowglen TR 1st street TR Scotch Irish 3rd lot on Right

DIVISION Meadowglen BLOCK / SECTION _____ LOT 136 LOT AREA .367AC SITE CLASS PS DESIGN FLOW 240gpd L.T.A.R. N .225

tic Tank: 1000 Gallons; STB 4-15-05 Date 8-25

np Tank: 1000 Gallons; PT 4-20-05 Date 307

np Make: ZOELLER Model N-140-C Serial No. 145-1000Z

ification Field: No Fields 1 Square Feet 360 Linear Feet 180

Lines 3 Trench Width 24" min 36" 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 2

☐ Mobile Home No. Bathrooms 2+

☐ Business No. Employees _____

☐ Other _____

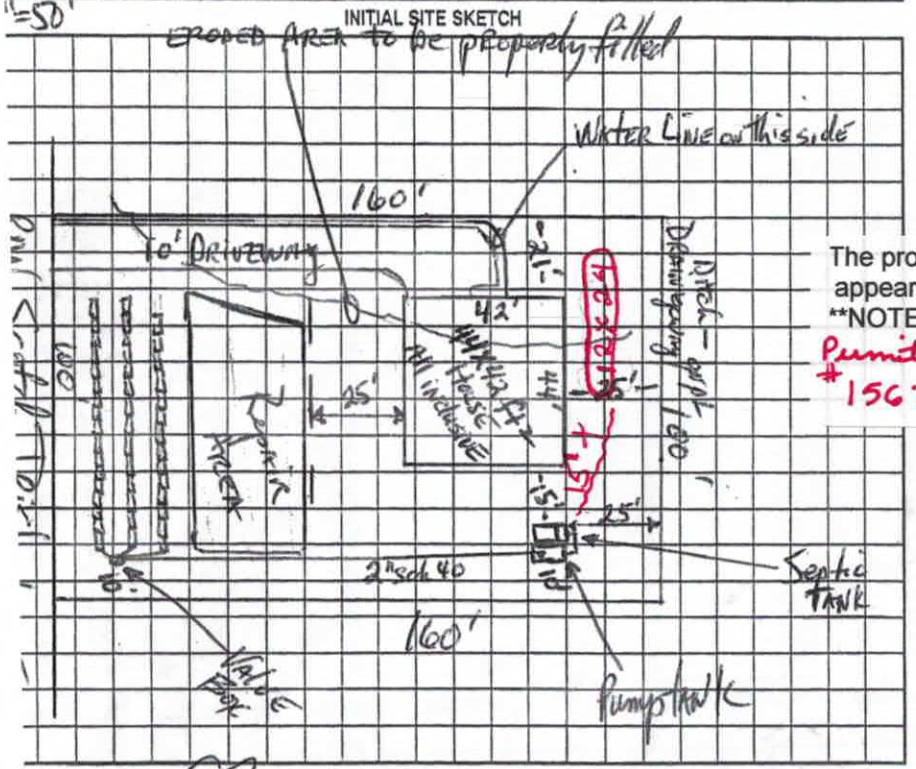
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

ments:/Conditions: 41 panels total; ONE 3/16" hole per panel; 3' design ssure head; 30gal/min @ 30' TDH end pump requirement. -Line filter required in pump tank.

Comments:/Conditions: POLYLOK FILTER & MARKER, V'D LINES, TANKS & RISER 6/14/05 LL V'D INSIDE & OUTSIDE ELECTRICAL 8-30-05 NEEDS SEAL IN PT, 6" RISER GLUED W RISER & LOWPACT

INITIAL SITE SKETCH



AS BUILT SKETCH

V'D SEPTIC, RISER, & LOWPROFILE LL 9-2-05

The proposed 12'x24' POOL addition does not appear to impact the existing septic system.

**NOTE: TANKS MSED 24' to future pool location

Permit #156795

R.S.

Date: 5-28-09

ICHD-Environmental Health Division

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 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.

_____ date 6-8-04 Installed by: ROWAN SEPTIC

ement Permit by: _____ RS date 6-14-04 Operation Permit by: _____ RS date 9-2-05

zation to Construct by: _____ RS date 6-14-04 Existing System Inspection by: _____ date _____

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

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:** ___ 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
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Morgan Lambert	123 Scotch Irish LN	704-528-1892	920-418-5671
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Morgan Lambert	123 Scotch Irish LN	704-528-1892	920-418-5671

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
123 Scotch Irish LN	Meadow Glen	136

Driving Directions: 21 South to Troutman at stop light beer right onto Perth Rd. Go appox 2 miles the beer right ow State Pork Rd. Go 1/4 mile town right ow meadow glen then turn right at first rd. Go to stop sign turn right and it is the 2nd house.

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of ~~Building~~ Pool addition
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 Pump ( ) 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:** Morgan L Lambert — 5/19/2009
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Pd $45.00 cb
Intm.

COPY

TOWN OF TROUTMAN

400 Eastway Drive• Troutman, NC 28166•704-528-7600

Residential Accessory Building Zoning Permit Application

156795 20

Permit #: 026Z-05-09

1. Project Information

Date of Application 5/18/09 PIN 4730583506

Address 123 Scotch Irish Lane Zoning District RS

Overlay District(s) WS-IV-PA

2. Contact Information

Applicant	Property Owner
Same as owner	Morgan and Colleen Lambert
Address	123 Scotch Irish Lane
City, State Zip	Troutman, NC 28166
Telephone	Telephone

3. Attachment Requirement

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

1. A fee in the amount of $45.00.
2. A scaled dimensional drawing which shows (a) the exact shape, dimensions and location of the parcel to be built upon, (b) the exact shape, dimensions, use and location of existing structures on the parcel, (c) all setback lines on the parcel once the proposed structure is completed; and (d) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Ordinance.
3. Elevations of the proposed structure(s).

4. Structure Requirement

A separate application is required for each structure.

The total of all accessory structures shall not exceed ½ the gross floor area of the principal structure.

Square footage of principal structure ____ Square footage of accessory structure(s) ____

	Required	Proposed
Lot Area	.5 acres	.37 acres
Side Yard Setback– Left	10'	38'
Side Yard Setback– Right	10'	40'
Rear Yard Setback	10'	10'