IREDELL COUNTY HEALTH DEPARTMENT

704-528-1919 CT 315.00 Paid

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

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

PERMIT# ~~06-P-02-04~~ 12759 PIN# ~~4730488453~~ 4730-58-4430 DATE June 14, 04

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

ADDRESS 108 Westfield Center, Mooresville N.C. 28115

LOCATION State Park Rd TR into Meadowglen TR 1st street TR Scotch Irish 5th lot on Right

SUBDIVISION Meadowglen BLOCK / SECTION 4 LOT 134 LOT AREA .367ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1012 Date 1-11-05

Pump Tank: 1000 Gallons: PT 17 Date 5-13-04

Pump Make: Goulds Model WE07J5H Serial No. E022304

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

No Lines 3@80' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPPBDS

Repair System Description: LPPPBDS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

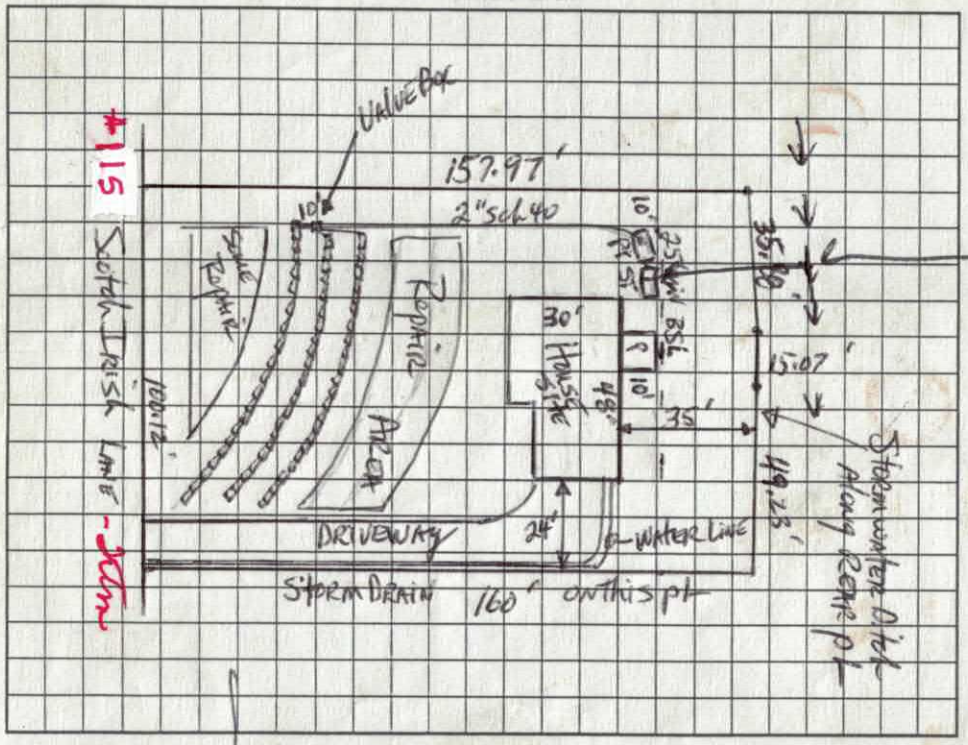
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: In line filter Required in pump tank. 55 panels total; one 3/16" hole per panel; 3' design pressure head 40gal/min @ 27' TDHead pump requirement.

Comments:/Conditions: TUFF TITE FILTER & MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

~~W/D LINES & TANKS, NEEDS PRESSURE, ELECTRICAL & PUMP INFO & CONTRACT, LC~~

9-18-06 KL

NEEDS PRESSURE & CONTRACT 3.17.06

TANKS ARE 25' FROM BACK DOOR AT GARAGE

RUNOFF DITCH

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

Improvement Permit by: _____ date 6-14-04

Authorization to Construct by: _____ date 6-14-04

Installed by: STEVE JORDAN

Operation Permit by: _____ date 9/25/06

Existing System Inspection by: _____ date _____

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: Cecil-Stamey APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 5-18-04
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 3bedsgpd PROPERTY SIZE: ___
LOCATION OF SITE: lot 134 Meadow Glen PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

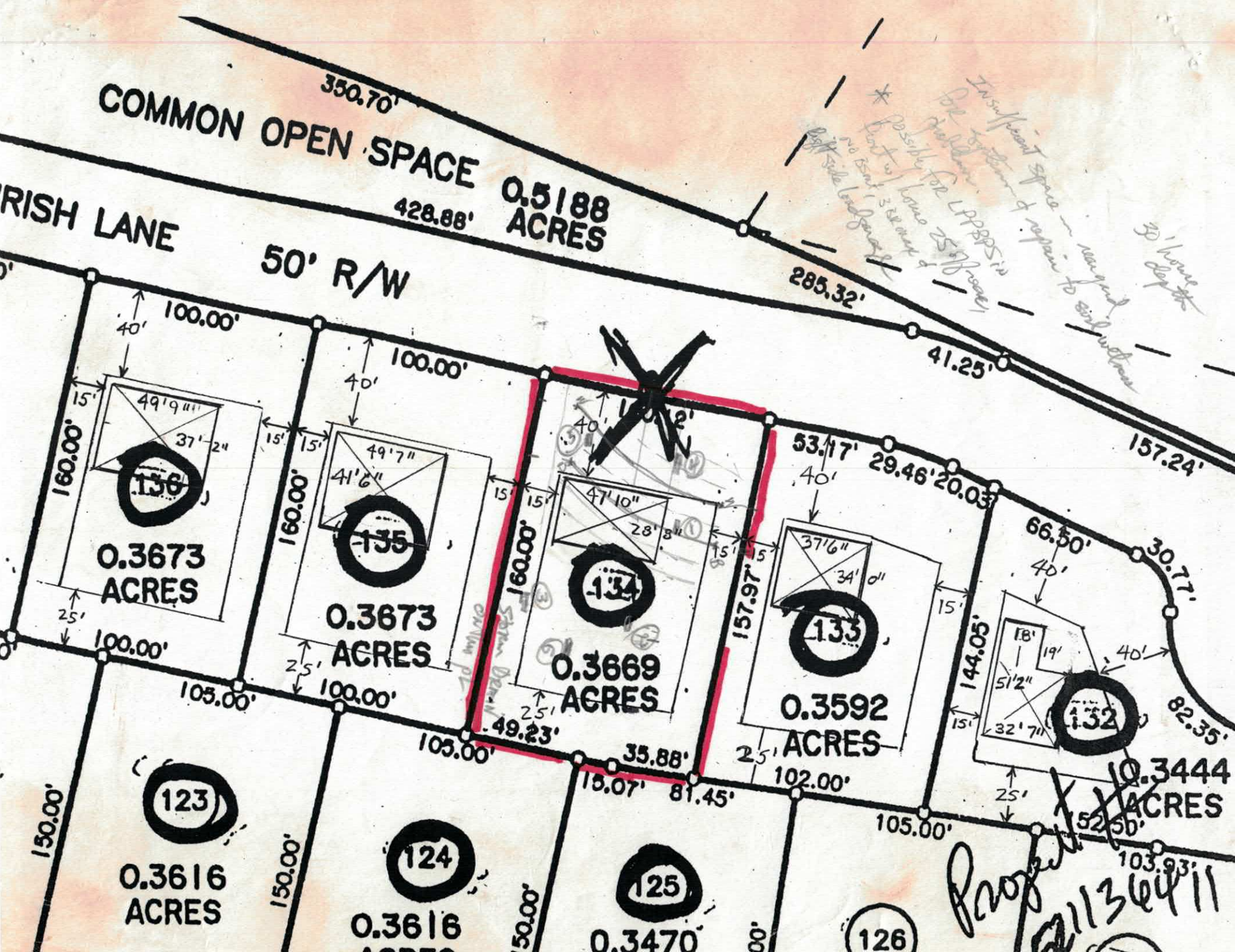
#5 0-8/11 compacted c fill .37
8/11-47 wk-m-fsbk rc frsp sxp 8/4
47-60 wk fsbk gy cl/L frss sp

#6 0-3 fr-vfsbk brn scl frssp
3-34 mfsbk RC frs sxp .125-.3 @ 24-40"
34-55 wk fsbk yb brn scl frss sp Cu hrt 0h2 @ 40"+ common mot sp

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% L	0-8	compacted scl/c	fi-vfi	few common yb brn mottles				.25 78"
		8-24	wk fsbk RC	frsp sxp					
		24-61	wk fsbk yb cl	fi frss sp					
2		0-6	compacted scl/c	fi	42"+ South wall				.25 > 6" but < 42"
		6-19	mfsbk RC	frsp sxp					
		19-62	wk fsbk yb cl	frss sp common yb brn mottles					
3		0-9	g wk sbk brn-yb brn scl frss sp		upper 6" slightly compacted				.25 < 36"
		9-22	mfsbk RC	frsp sxp					
		22-58	wk fsbk yb-gy cl	frss sp	common-many yb brn mottles				
4	9% L	0-4	g brn scl	frss sp					.3
		4-37	wk fsbk RC	fi sp sxp					
		37-53	wk fsbk gy cl/L	frss sp	common mi sp				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPPBRS	LPPPBRS
Site LTAR	.25	.25

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


COMMON OPEN SPACE 0.5188 ACRES
350.70'
428.88'
285.32'
41.25'
157.24'
RISH LANE
50' R/W
100.00'
40'
15'
49'9"
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'
66.50'
30.77'
144.05'
18'
19'
51'2"
32'7"
132
82.35'
0.3444 ACRES
52.56'
103.93'
105.00'
102.00'
81.45'
35.88'
49.23'
123
0.3616 ACRES
150.00'
124
0.3616 ACRES
125
0.3470
126

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	704 400.9643	125 E Plaza Dr. 108 Westfield Offices Ctr.	Mooresville	N.C.	28115

Current Property Owner	Mailing Address	City	State	Zip Code
Cecil Stamey LLC	125 E Plaza Dr. 108 Westfield Ctr.	Mooresville	N.C.	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Meadow Glen Sub Div.	134	Scotch Irish Lane	03

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public Troutman 2000		4730488453

Specific Directions to Property State Park Rd - 1st Right
Meadow Glen 1st Right To Scotch Irish Lane
Then Right

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

FRANK BETZ ASSOCIATES INC

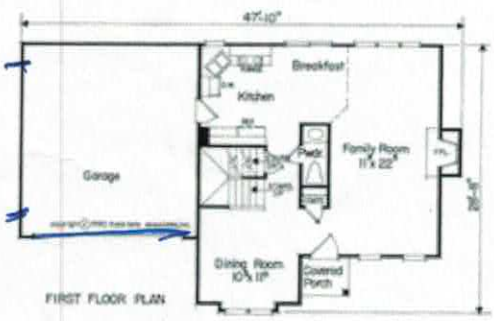
HOMEPLANS *Designed for Today's Market.*

TAHOE

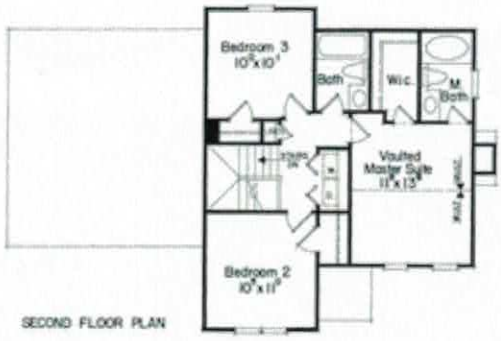


1st Floor	670 sq. ft.
2nd Floor	651 sq. ft.
Total	1321 sq. ft.
Basement	670 sq. ft.

Overall Dimensions: 47'-10" x 28'-8"



FIRST FLOOR PLAN



SECOND FLOOR PLAN

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

Reverse Plan

Acknowledgement Of Plans Submittal ONLY!

Date 6-14-04

Date

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 08 ***-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: 115 Scotch Irish Lane, Meadow Glen Subdivision Lot #134

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*** .3669 Ac.
(Fill in all four blanks) ***Width*** 101' ***Street Frontage*** 101'

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!!!!**