ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307051

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

PIN # 4731922357

APPLICANT/OWNER: Jonathan Bajek | APPLICANT ADDRESS: 110 Hunter Green Ln Mooresville NC 28115

SITE ADDRESS: 535 Lake Circle Troutman NC 28166 | PHONE: 704-614-7781 | ALT. PHONE

SITE DIRECTIONS: US 21 S to R on Wagner St, L on Era Ln, R on Lake Cir, Lot on L | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: JP Holthouser | SECTION: M2 | LOT # 22 | LOT AREA: 0.69 acres | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date
Pump Tank	(gal)	PT	Date
Pump Make	Model		Serial #
# Nitrification Fields	# Lines		Linear Ft.
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth

EXISTING

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms: Existing | No. Persons: Existing | No. Employees | ☐ Crawl Space

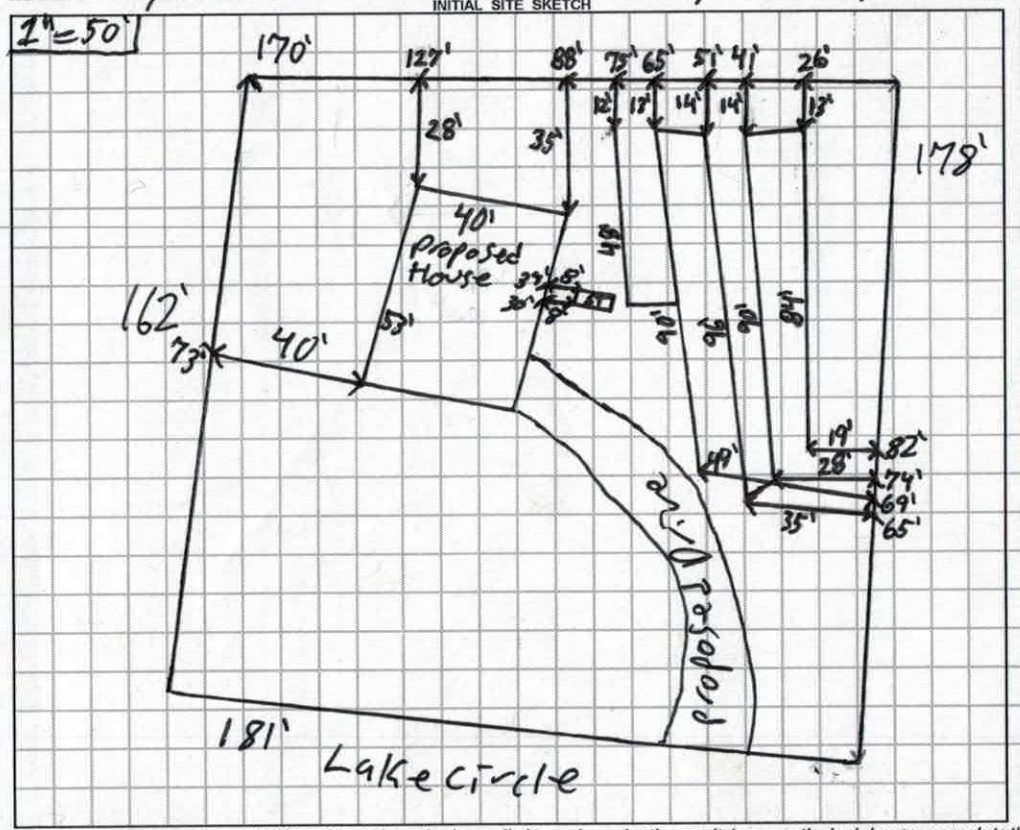
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: NO Foundation drains can be installed on side of House closest to septic system. Recommend diverting storm and surface water Away from septic Area

Water Line must be 10' off septic Area. Drive needs to be shifted off of drain Lines.

INITIAL SITE SKETCH



AS BUILT 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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Jonathan Bajek | Date: 6-3-2020 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick J Bagley III | Date: 6/1/2020

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

RECEIVED MAY 05 2020

AP-001001
$250.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: JONATHAN BAJEK Address: 110 HUNTER GREEN Lane Mooresville Zip: 28115
Applicant Email: JBAJEK@YAHOO.COM Phone: 704-619-7781 Alt. Phone:
Owner Name: JONATHAN BAJEK Address: SAME Zip:
Owner Email: JBAJEK@YAHOO.COM Phone: SAME Alt. Phone:

Property Information:

Street Address: 535 LAKE CIR TROUTMAN NC 28166
Subdivision Name: Section/Phase: Lot Number: 22
Driving Directions: WAGNER to ERA to LAKE CIRCLE

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

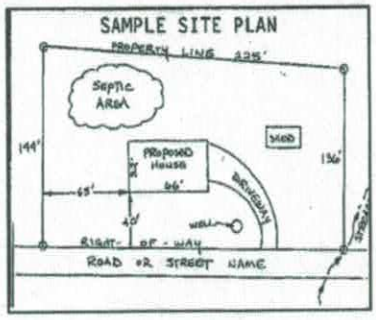
Signature: Jonathan Bajek 4-29-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed** Already in place
- ( ) **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**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____ 4-29-2020

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

(Building inspections collect fee)

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Town of Troutman DATE 8-22-95 TAX MAP NO. 3J3L22-24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Margaret Davis (James Lindsey) PHONE: Business _____ Home 664-6628

ADDRESS 548-C N. Main Street, Mooresville, N.C. 28115

LOCATION From Troutman take Perth Rd TL ERA Drive TR Lake Circle Lot on L

SUBDIVISION NA BLOCK / SECTION NA LOT 22 & Part of 23 LOT AREA ~170'x175' SITE CLASS. PS. DESIGN FLOW 360 L.T.A.R. +225 sq ft / ft²

Septic Tank: 1000 Gallons; STB 794 Date 9-29-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet equivalent to 1000 Linear Feet 480'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: Chambered Graveless System

Repair System Description: pump to Chambered Graveless Syst

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Gravel Depth NA

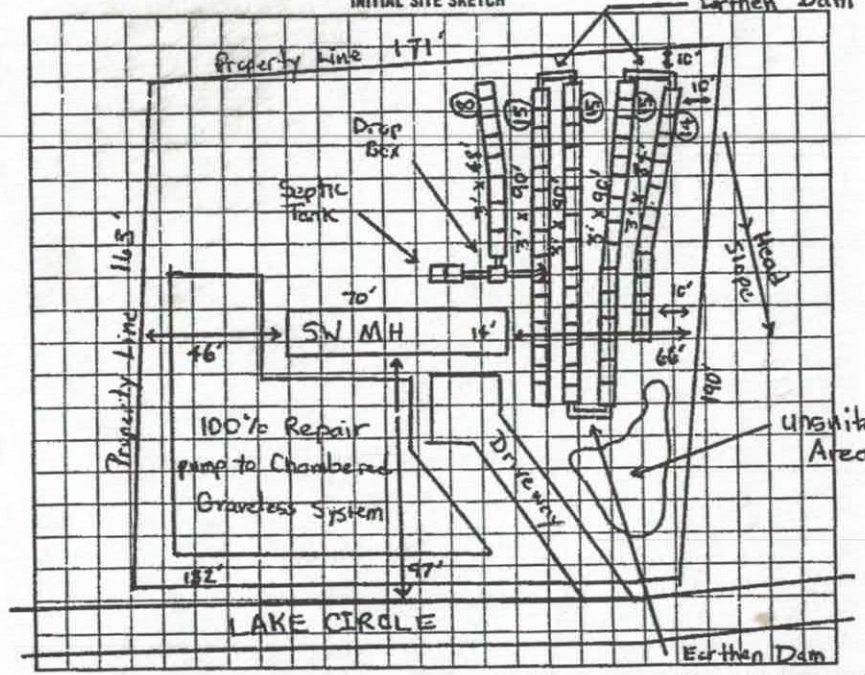
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Install Chambered Graveless system on Contour of land. INSTALL SHALLOW (no deeper than 24" to trench bottom). Keep System min. 5' from foundation of house, 10' from all property lines, and min. 50' from any well. Also 10' from water line. Install 67 chambers total. Bring in enough sand to fill around trenches any part of system.

Comments: Home not located at time of inspection. Keep it min. 5' from any part of septic system. Keep water line min. 10' from any part of Septic System. Install driveway off of septic system. Do not drive over

INITIAL SITE SKETCH



AS BUILT SKETCH

* Contractor must be certified by the manufacturer.
* If contractor is unsure of installation, contact Health Dept. before installation begins.

SAME AS INITIAL SKETCH

I understand that this 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.

Signed: James Paul Lindsey

Improvement Permit by: Michael J. Dennis date 8-23-95

Existing System Inspection by: _____ date _____

Installed by: F. J. Ervin

Certificate of Completion by: _____ date _____

Operation Permit by: Michael J. Dennis date 1-5-96

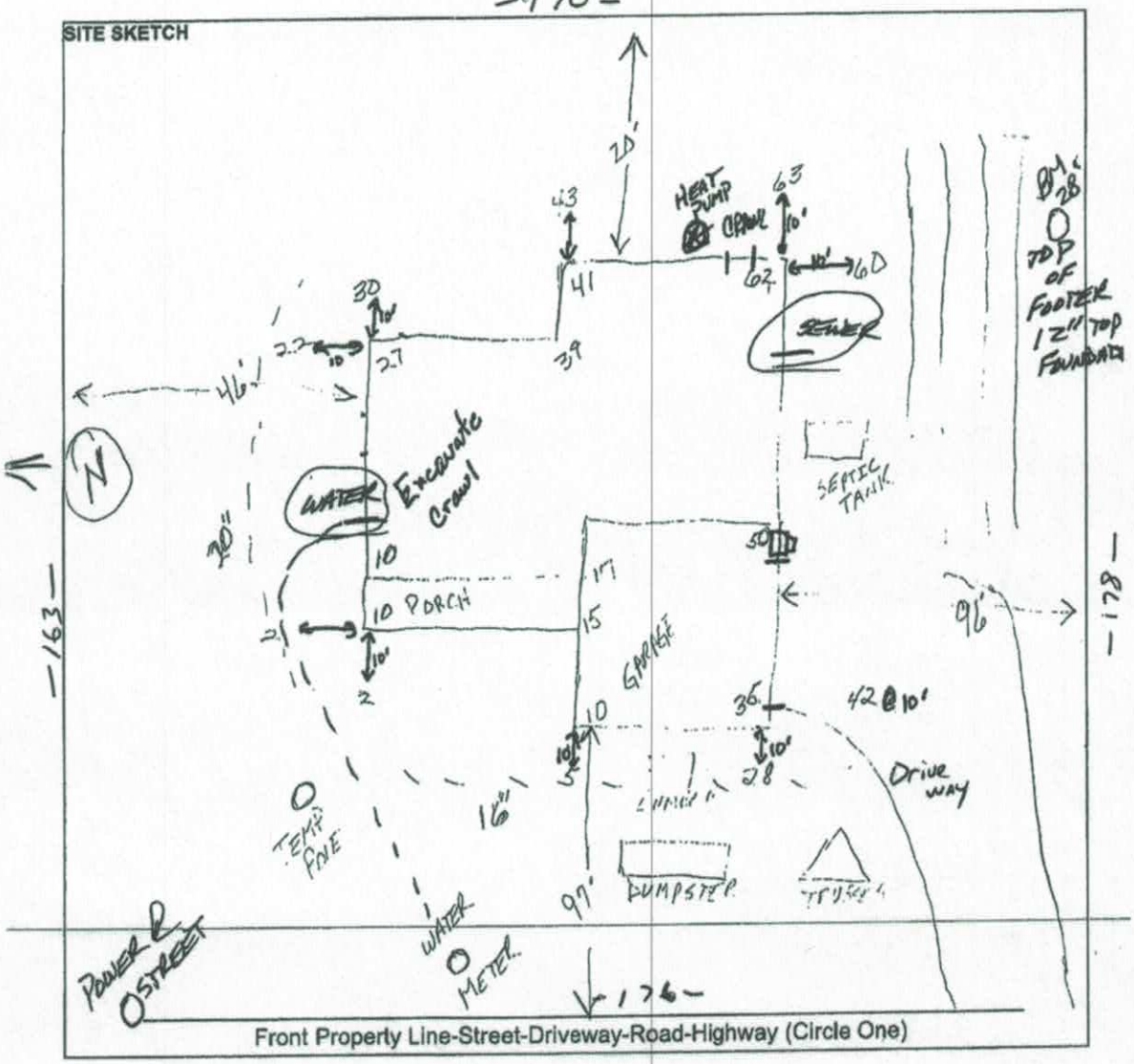
HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

00232

Lot 2

-170-

SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

Signature _____ Date 3/3/2020

Cathleen Bajek

Signature _____ Date 3/3/2020

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, JONATHAN BAIER, am the legal owner(s) of the property located at 535 LAKE CIRCLE TROUTMAN NC 28166, identified as PIN (Parcel Identification Number) 473192-2357, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Sedgewick Builders, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Jonathan Baier
Signature of Owner(s)

4.29.2020
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

SALES PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX:
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 68" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

Acknowledgement Of Plans Submittal ONLY!

Date 6.3.2020

Patrick J Bajek III Date 6/1/2020

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

BACK PORCH
BEAM MATERIAL TABLE

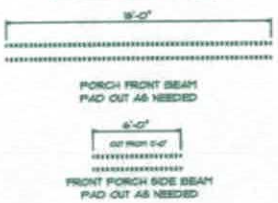
LENGTH	WIDTH	DEPTH	COUNT
16'-0"	3	10	3



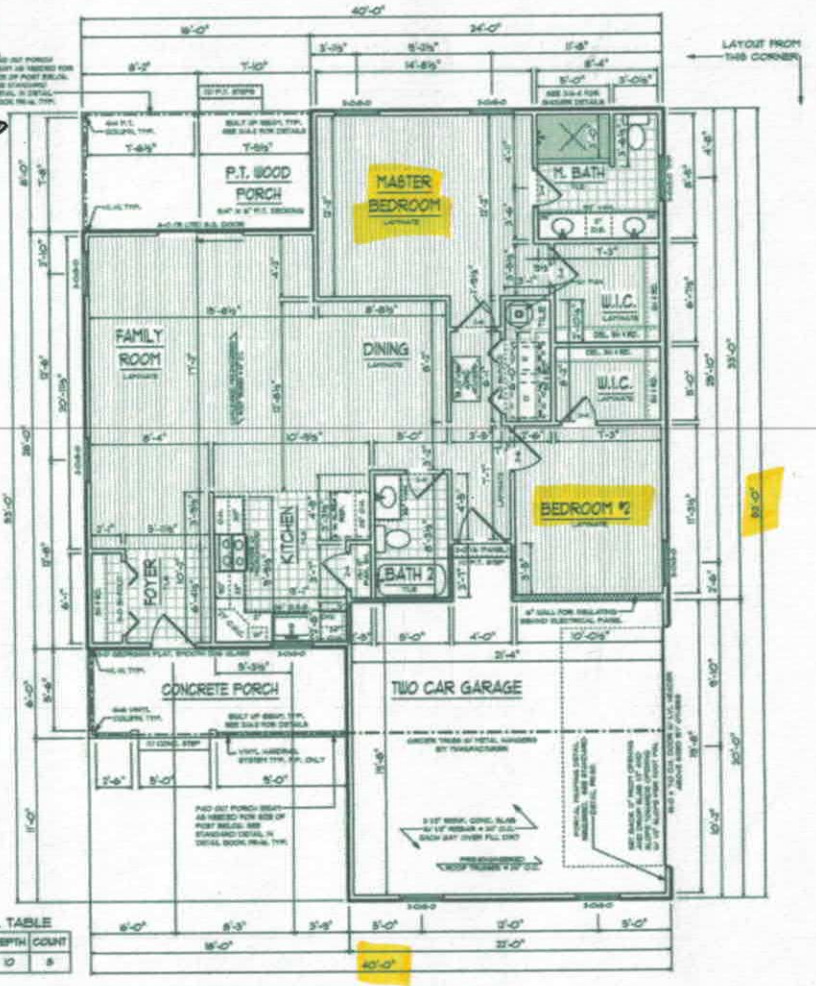
3 / A-2 REAR PORCH BEAM LAYOUT
SCALE 1/8"=1'-0"

FRONT PORCH
BEAM MATERIAL TABLE

LENGTH	WIDTH	DEPTH	COUNT
16'-0"	2	10	2
12'-0"	2	10	1



2 / A-2 FRONT PORCH BEAM LAYOUT
SCALE 1/8"=1'-0"



HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	5

1 / A-2 FLOOR PLAN
SCALE: 1/8"=1'-0"

CONTACT INFORMATION
PHONE:
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: TYNAD FLEMING

PLAN SETS
SALES: WENDY W. 3.24.20
CONSTRUCTION: TF 3-11-20
REVISED: TF

SQUARE FOOTAGES:
1ST FLR HEATED: 1232
GARAGE: 480
FRONT PORCH: 108
REAR PORCH: 128
TOTAL SQFT: 1500

SEDGEWICK HOMES PROUDLY PRESENTS THE ALLENMORE MAPLE SERIES TO:

JONATHAN & CATHLEEN BAJEK

JOB#: 03200003

535 LAKE CIRCLE, TROUTMAN, NC 28166

SHEET NUMBER A-2 OF FOUR

REVISED: 3.16.2016

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