Site Address: 137 Marlo Loop - Trlr.

Existing System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10/10/07

PERMIT# 143172 PIN# 4740600177.000

OWNER OR APPLICANT Raymond J. Gabler PHONE: Business 732 890-8008 Home

ADDRESS PO Box 508 Manasquan NJ 08736

LOCATION Flowerhouse Lp. TR Carlyle Rd. TL Marlo Loop Property on Lft

SUBDIVISION Carlyle Farms BLOCK / SECTION 1 LOT 9 LOT AREA .52ac SITE CLASS. DESIGN FLOW 240 L.T.A.R. .4

Existing

Septic Tank: 1000 gal. Gallons: STB Exis. Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240' Ex

No Lines Ex. 3 Trench Width Exis 36" Max Trench Bottom Depth Exis. Gravel Depth 12"

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

System Description: Existing System

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☒ Mobile Home A.C. ☐ Business ☐ Other

No. Bedrooms 2 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community well

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

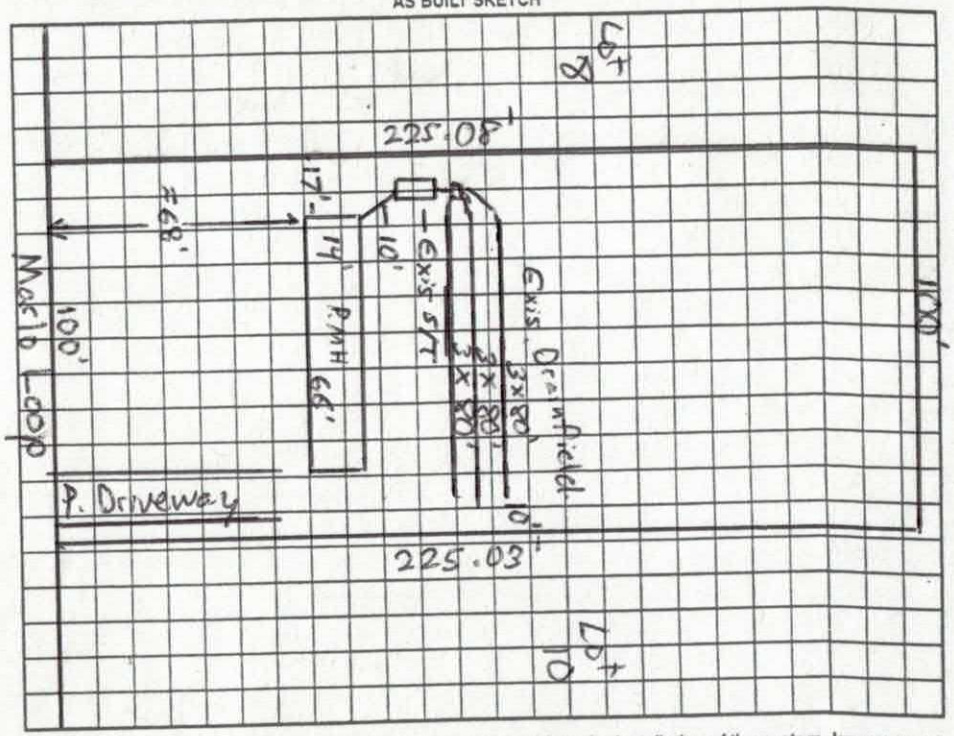
Comments:/Conditions:

Comments:/Conditions: 10/9/07 Verified 2BR MH to be connected to 2BR Exis septic system. No visible malfunction observed of Septic system.

INITIAL SITE SKETCH

ENTERED BOSD

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. Improvement Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐

Signed: John Fenn date 10/11/07 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Anthony Cohen Jr date 10/10/07

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

3. Applicant Information:

RAY GABLER	P.O. BOX 508, MANASQUAN, NJ 08736	CELL # 732-890-8008	732-528-0310
Applicant Name	Mailing Address	Home Phone	Work Phone
ROI PROPERTY GROUP, LLC	P.O. BOX 508, MANASQUAN, NJ 08736	732-890-8008	732-528-0310
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

137 MARLO LOOP, TROUTMAN, NC 28166	CARLYLE FARMS	SECTION I LOT 9
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

****

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 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
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_____ ( ) 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: Raymond Gabler 5/30/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- ✓ Property Line measurements are clearly identified…
- ✓ All proposed structures are indicated… *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ✓ Front and side setbacks from property line…
- ✓ Preferred driveway location and configuration, preferred well location…
- ✓ Area you prefer your septic system to be placed…
- ✓ North arrow, or other sufficient indicator of direction…

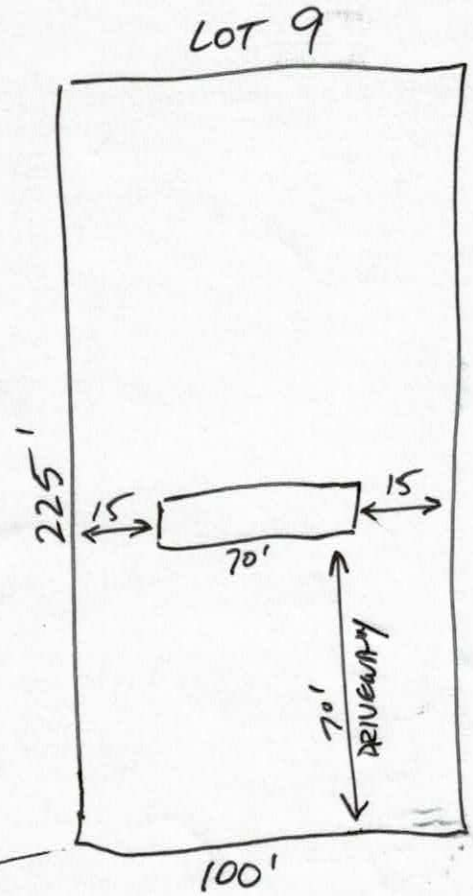
Circle N/A on the following if appropriate:

- ✓ Location of septic systems and wells within 100' of your property… N/A
- N/A Location of easements and rights of ways on your property… N/A
- N/A Location of any designated wetlands on the property… N/A

Signature: Raymond A Gobble
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/30/07
DATE

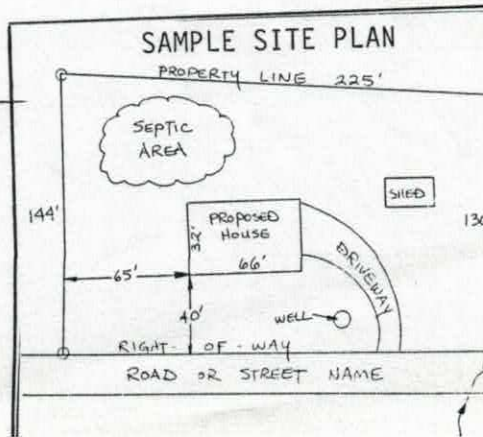
USE THIS SPACE TO DRAW YOUR SITE PLAN



SEE ATTACHED PRE-EXISTING SURVEY. INTENT IS TO REPLACE APPROXIMATELY SAME BUT WITH REQUIRED SETBAC

well located across street

MARLO LOOP



Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

[redacted]

Zoning Permit

Permit Number: 143172ZO

Printed: 5/30/2007

Master #: 143172

Associated Permits:
143172ZO Zoning

Applicant

Name: Raymond J Gabler
Address: PO Box 508
Manasquan, NJ 08736

Phone: 732-890-8008

Parcel

Parcel Number: 4740600177.000
Address: 137 Marlo LOOP
Troutman, NC 28116
Subdivision: Carlyle Farms

Zoning: RA
Township: 1600
Area:
Lot(s): 9

Directions to Parcel: Flowerhouse Loop, Right on Carlyle Road, Left on Marlo Loop, Property on Left

Owners

Name: Thomas John Development
Address: 427 E Statesville Ave Suite 201
Mooresville, NC 28115

Phone: 704-562-6247

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-154206-07	Zoning - Permit / Inspection	$45.00
FEE-154207-07	Environmental Health - Existing System	$100.00
	Total Fees:	**$145.00**
REC-84510-07		$145.00
	Total Receipts:	**$145.00**

Conditions