IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Michael Gandy Address: 16108 North Point Rd Phone: 704 506 5148

Owner Name: ELG Investments Address: 16108 North Point Rd Phone: 704 506 5148

Property Information:

Street Address: 132 Hawks Landing Dr Troutman NC

Subdivision Name: Hawks Landing Section/Phase: _____ Lot Number: 6

Driving Directions: Exit 42 take Left Flower House Loop tk Left
1 mile Hawk Landing on Rt

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. 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: _____ 5/13/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

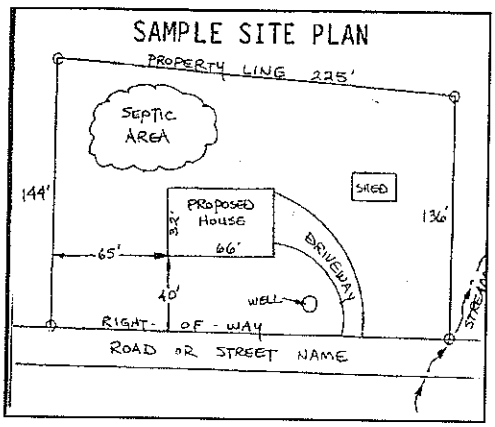
ENVIRONMENTAL HEALTH DIVISION

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and 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**
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

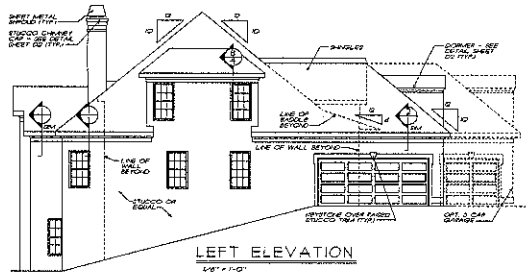
See Attached

Signature: _____

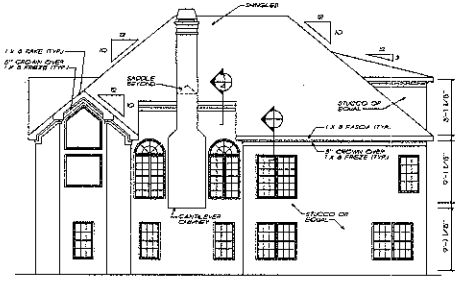
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/13/14

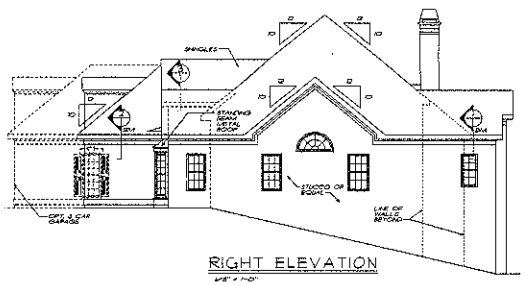
DATE



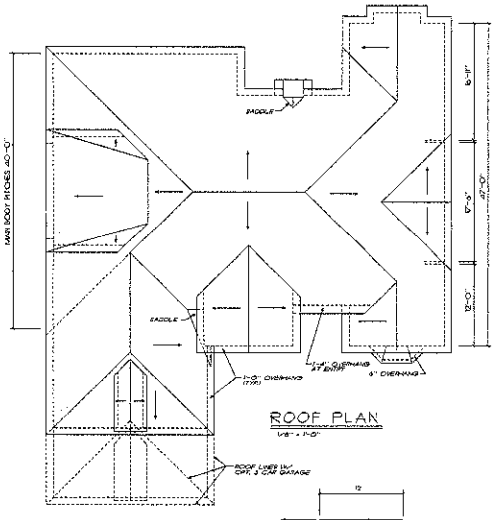
LEFT ELEVATION



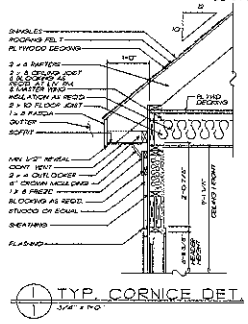
REAR ELEVATION



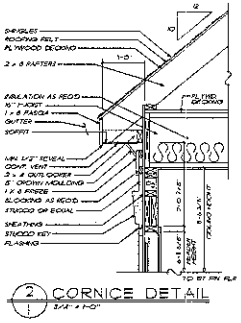
RIGHT ELEVATION



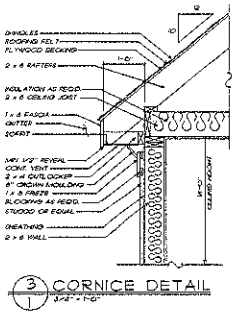
ROOF PLAN



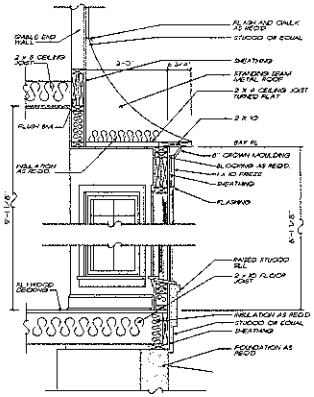
1 TYP. CORNICE DET



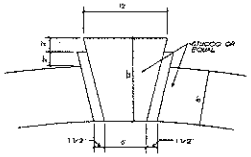
2 CORNICE DETAIL



3 CORNICE DETAIL



4 BAY DETAIL



5 STUCCO TRIM DETAIL

NOTE: ELEVATIONS REFLECT A BASEMENT FOUNDATION IF ANOTHER FOUNDATION IS USED, BUILDER SHOULD DISREGARD FOUNDATION SHOWN

NOTE: RAFTERS ARE PITCHED FROM TOP OF CEILING JOISTS SEE DETAIL 5

NOTE: ATTIC VENTILATION PER LOCAL CODES AND REQUIREMENTS



FRONT ELEVATION

WARRANTY AND LIABILITY

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REVISIONS	DATE	BY
DR. DOOR	7/24/01	
DOME @ 12	7/24/01	
EAVE	7/24/01	
AS-BUILT	01-15-02	DM

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MICHAEL GANDY
TROUTMAN, N.C.

ELEVS. / ROOF PLAN / DETAILS

THE CHADWICK

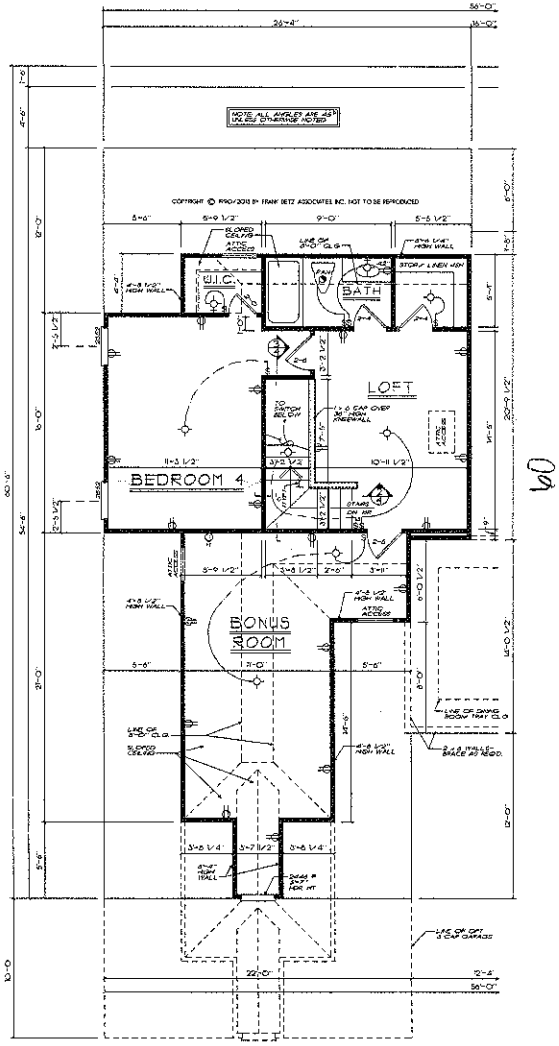
FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3903

BY CAD/CAM CK ICC/ICN

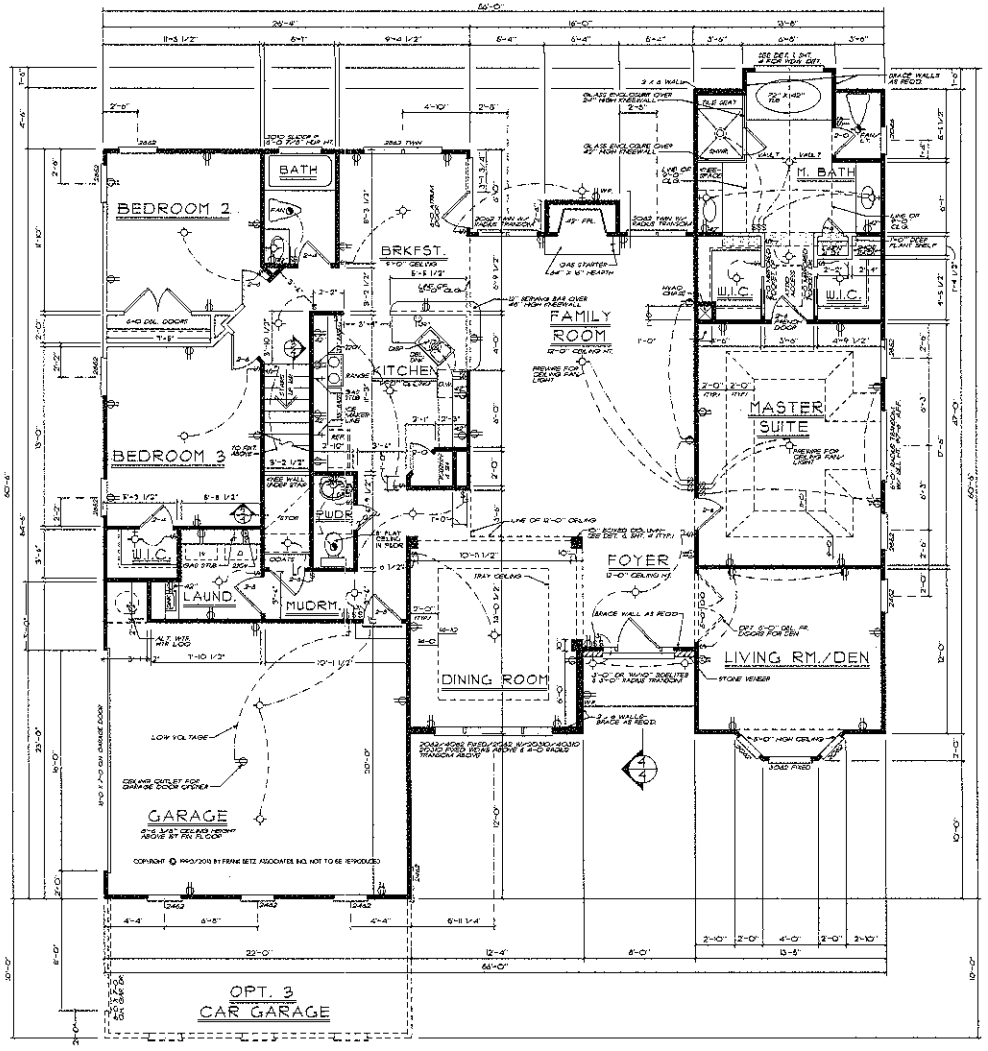
DATE 10-30-00

SHEET

OF 4



SECOND FLOOR PLAN



FIRST FLOOR PLAN

WARRANTY AND LIABILITY

SQUARE FOOTAGE	
FIRST FLOOR	206 SQ. FT.
SECOND FLOOR	766 SQ. FT.
TOTAL	2891 SQ. FT.

REVISIONS	DATE	BY
Alt. Mstr.	7-29-13	
Mstr. Suite	7-29-13	
Alt. Fdr.	7-29-13	
Alt. Kit.	7-29-13	
Mstr. Bath	7-29-13	
Mstr. Vanity	8-26-13	
Opt. Gar.	9-24-13	
Alt. Kit.	9-24-13	
Deck	9-24-13	
Alt. Mstr.	10-2-13	CMH

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MICHAEL GANDY
TROUTMAN, N.C.

FIRST / SECOND FLOOR PLANS

THE CHADWICK

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOME PLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-2003

BY SHT CK SD

DATE 10-30-00 11-2-13

SHEET 3 OF 4

Acknowledgement Of
Plans Submittal ONLY!
Date 5/13/14
Date 5/13/14

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

Zoning Permit

Permit Number: 177606ZO

Printed: 3/12/2013

Master #: 177606

Associated Permits:
177606ZO Zoning

Applicant

Name: Kathleen Saunders
Phone: 704-578-4951
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Parcel

Parcel Number: 4740622583.000
Zoning: RA
Address: 132 HAWKS LANDING DR
Troutman, NC 28116
Township: 1600
Area: 0.516
Subdivision: Hawks Landing
Lot(s): 6
Directions to Parcel: FLOWER HOUSE LOOP TO HAWKS LANDING DR, PROPERTY ON RIGHT

Owners

Name: ELG INVESTMENTS LLC
Address: 16108 NORTH POINT ROAD
HUNTERSVILLE, NC 28078

Contractors

Contractor Type: Not Liscensed
Name: Kathleen Saunders
Phone: 704-578-4951
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-278396-07	Zoning - Permit Application	$75.00
FEE-278397-07	Technology Fee - Planning	$2.25
FEE-278401-07	Environmental Health - Gravity - Fast Track	$350.00

No Building permit shall be issued for a residential dwelling or a nonresidential principal structure until a grading permit has been issued. No land shall be graded for the purpose of construction of a residential dwelling or a nonresidential principal structure, until a grading permit has been issued by the County. The County shall collect such fees for the issuance of grading permits as are authorized by the fee schedule adopted by the Board of Commissioners.

In addition to obtaining the permit; the owner, building contractor, or other responsible party shall:

A. Control run-off as to not damage or adversely impact adjoining properties or natural watercourses by providing sufficient erosion control measures, such as silt fence, drainage ditches, swales, etc
B. Refrain from altering the general direction of natural drainage direction and avoid concentrated flows when possible.
C. If land clearing is needed for septic tank testing, then erosion control measures may be needed. Contact Erosion Control Department for further assistance.
D. Call in an inspection when measures are in place prior to any building footing/foundation inspection.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibilty of the affected parties.

Applicant: Kathleen Saunders Date 3/13/13

A non-refundable fee of $75.00 is charged on all permit applications

Permit Number: 177606ZO

Lot 6 Hawks Landing Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Trench Bottom Depth (~~low side~~)	36
Distribution Device	Distribution Box
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	18' of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	282
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	54
2	Repair	Blue	LP PPBPS	88
3	Repair	Orange	LP PPBPS	100
4	System	Pink	25% Reduction	100 endfed
5	System	Orange	25% Reduction	100 endfed
6	System	Red	25% Reduction	100 endfed
7	System	Blue	25% Reduction	100 endfed
8	Repair	Red	LP PPBPS	40
				Total System: 400'
				Total Repair: 282'

Note:

oject #: _____
operty ID #: _____
County: Iredell

SOIL/SITE EVALUATION

Sheet: _____

Date Evaluated: 3/9/13

wner or Client: ELG Investments LLC
roposed Facility: House Design Flow: 480 Property Size: _____
ocation of Site: Lot 6
oil Described By: KMS Others Present: _____
ntecedent Moisture: _____ Weather: _____

Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

/ater Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
valuation Method: [X] Auger Boring [X] Pit [ ] Cut
ype of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY Structure/ Texture	SOIL MORPHOLOGY Consistence Mineralogy	PROFILE FACTORS Inclusions	PROFILE FACTORS Matrix Color	PROFILE FACTORS Mottles	PROFILE FACTORS Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L	0-3	MO GR SL	FR NS/NP		Br			0.3
		3-27	MO SBK C	FR SS/SP	F sap	Red			
		27-48	WK SBK CL	FR SS/SP	C sap	Red			
2	L 3% Pit	0-29	MO SBK C	FR SS/SP	F sap	Red			0.3
		29-48	WK SBK CL	FR SS/SP	C sap	Red			
		48-56	MA L sap	FR SS/SP		LtR		F CL pockets	
3	L	0-4	MO GR SL	FR NS/NP		Br			0.3
		4-28	MO SBK C	FR SS/SP		Red			
		28-46	WK SBK CL	FR SS/SP	C sap	Red			
		46-48	MA L sap	FR SS/SP		Red			
4	L	0-3	MO GR SL	FR NS/NP		Br			0.3
		3-27	MO SBK C	FR SS/SP		Red			
		27-46	WK SBK CL	FR SS/SP	C sap	Red			
		46-50	MA L sap	FR SS/SP		Red			
5									
6									

COMMENTS:

Approved ICHD
4-10-13