IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134039 PIN# 4748207273 DATE 3-20-06

OWNER OR APPLICANT Related Group Inc. PHONE: Business 704-895-7459 Home

ADDRESS 152 Deer Haven Dr. - Stat

LOCATION Hwy 21 N, left Jennings, left Deer Haven, property on right

SUBDIVISION Deer Crossing BLOCK / SECTION 3 LOT 21 LOT AREA .458 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 1-30-08

Pump Tank: 1000 Gallons; PT 302 Date 9-30-07

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LP 50% Reduction

Repair System Description: LP 50% Reduction

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth n/a ☐ Gravity ☒ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

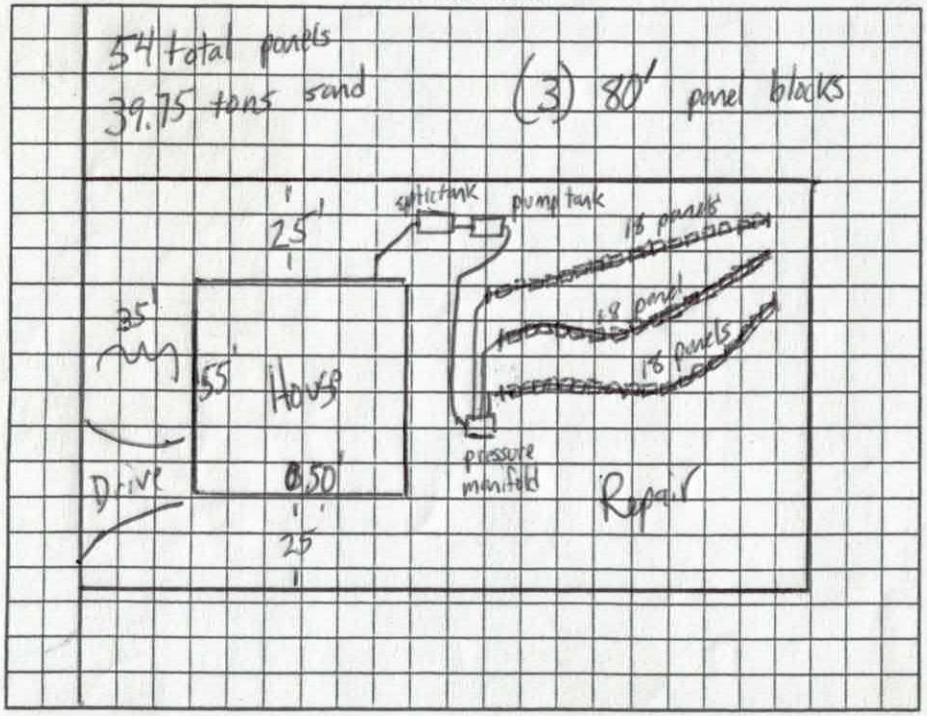
Water Supply: ☐ Individual ☒ Public ☐ Community

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

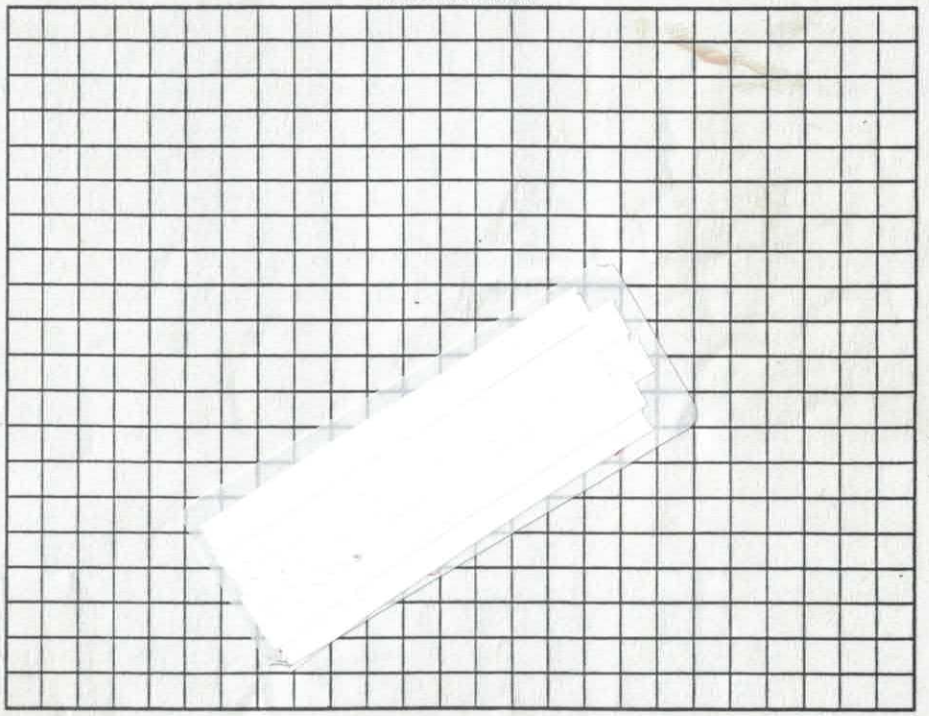
Comments:/Conditions: Blue Filter

Comments:/Conditions:

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. 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 3/31/06 Installed by: Rowan

Improvement Permit by: date 3-20-06 Operation Permit by: date 7-21-06

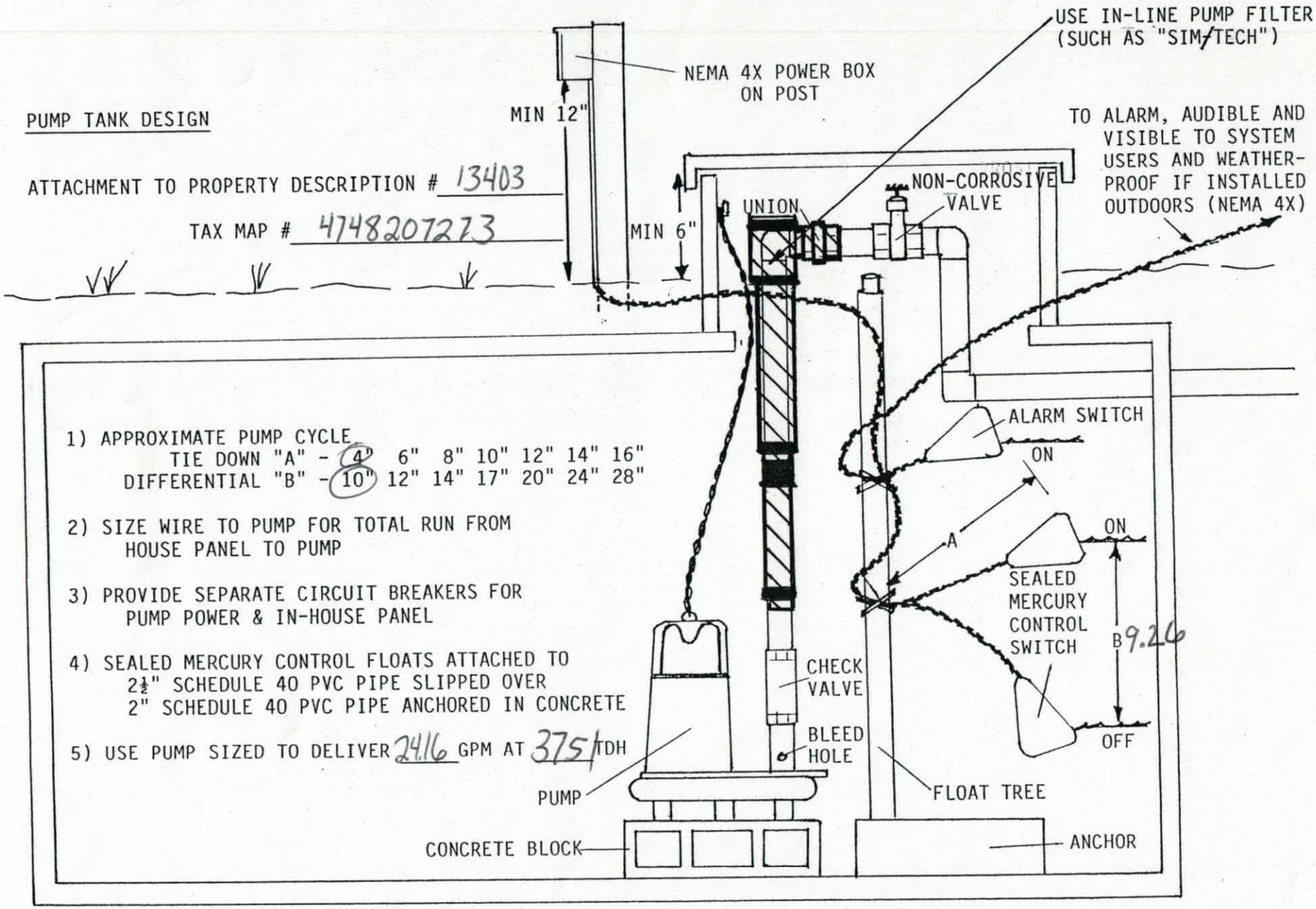
Authorization to Construct by: date 11-19-07 Existing System Inspection by: date

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

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 13403

TAX MAP # 4748207273



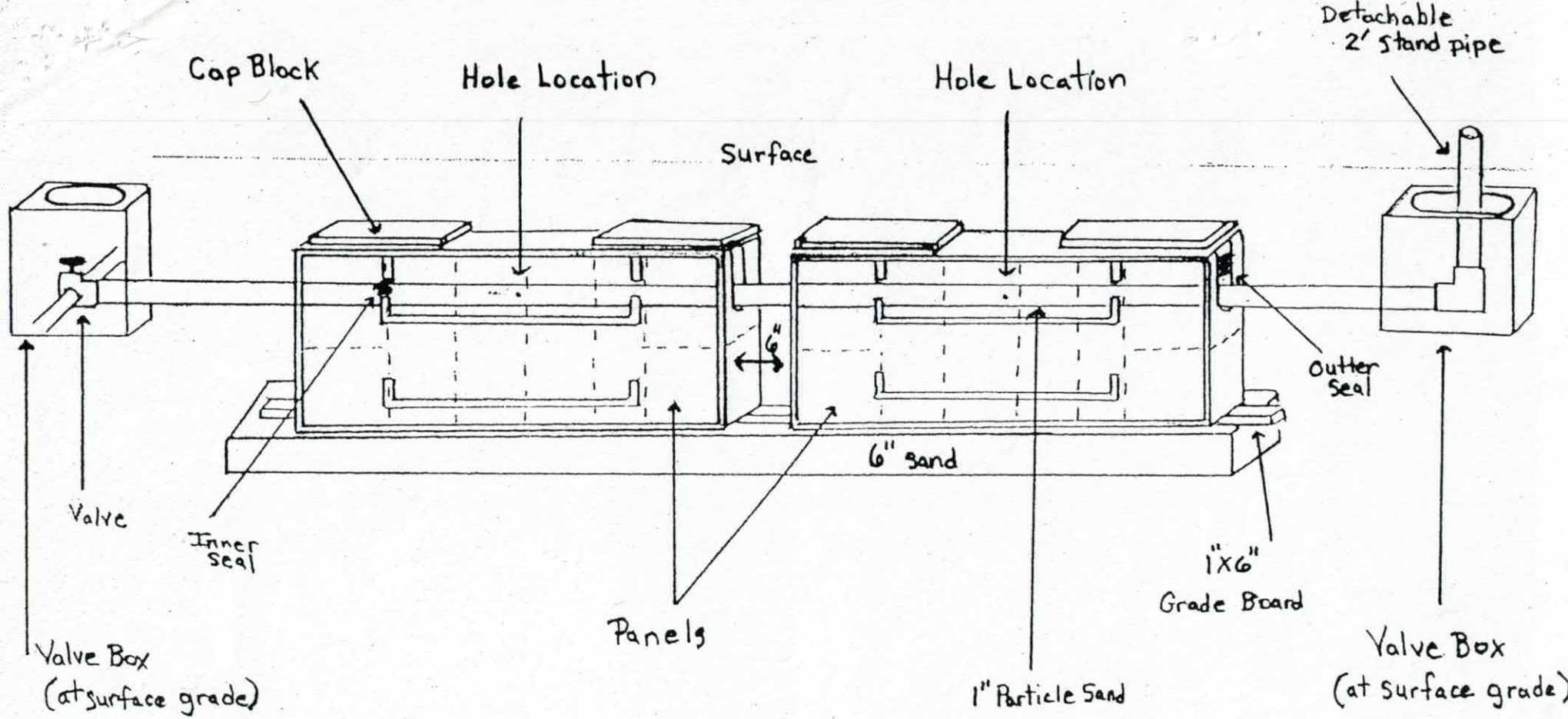
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - (4") 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - (10") 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 24.16 GPM AT 375' TDH



Pressure Dosed PPBPS

of panels 54.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 39.75 tons.
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 24.16.
TDH 37.51.

Comments

194.4 gal dose

DEPARTMENT OF ENVIRONMENT 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: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-16	CL	FR		48+			PS .25
		16-48	C	FR					
2		0-20	CL	FR		48+			PS .25
		20-48	C	FR					
3		0-12	CL	FR		48+			PS .25
		12-48	C	FR					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
RELATED GROUP INC	PO BOX 2186 DAVIDSON 28036	704 895-7459	
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
RELATED GROUP INC	SAME	ABOVE	
DIXIELAND INC	823 JENNINGS RD S. VILLE 28625	704 876-6162	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
152 DEER HAVEN DR S'VILLE 28625	DEER CROSSING	PHASE 3 LOT 21

Driving Directions: HWY 21 N. LEFT ON JENNINGS, LEFT DEER HAVEN DR PROPERTY ON RT

****

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 ___
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) Other Public Water IREDELL CTY WATER

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) to be generated?
( ) Yes (X) 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: Phil Shapiro PHIL SHAPIRO 2/20/06

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…**

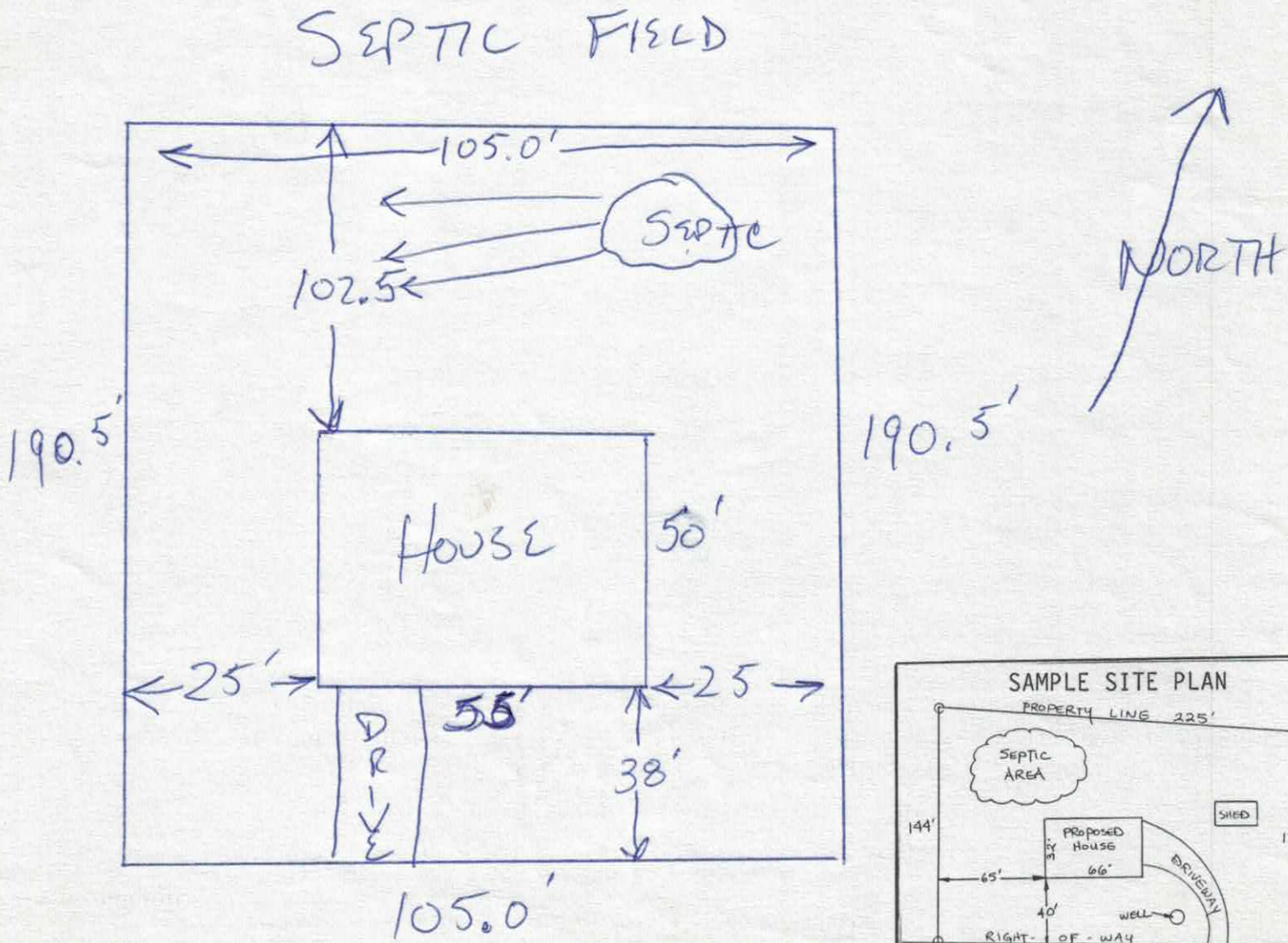
Circle N/A on the following if appropriate:

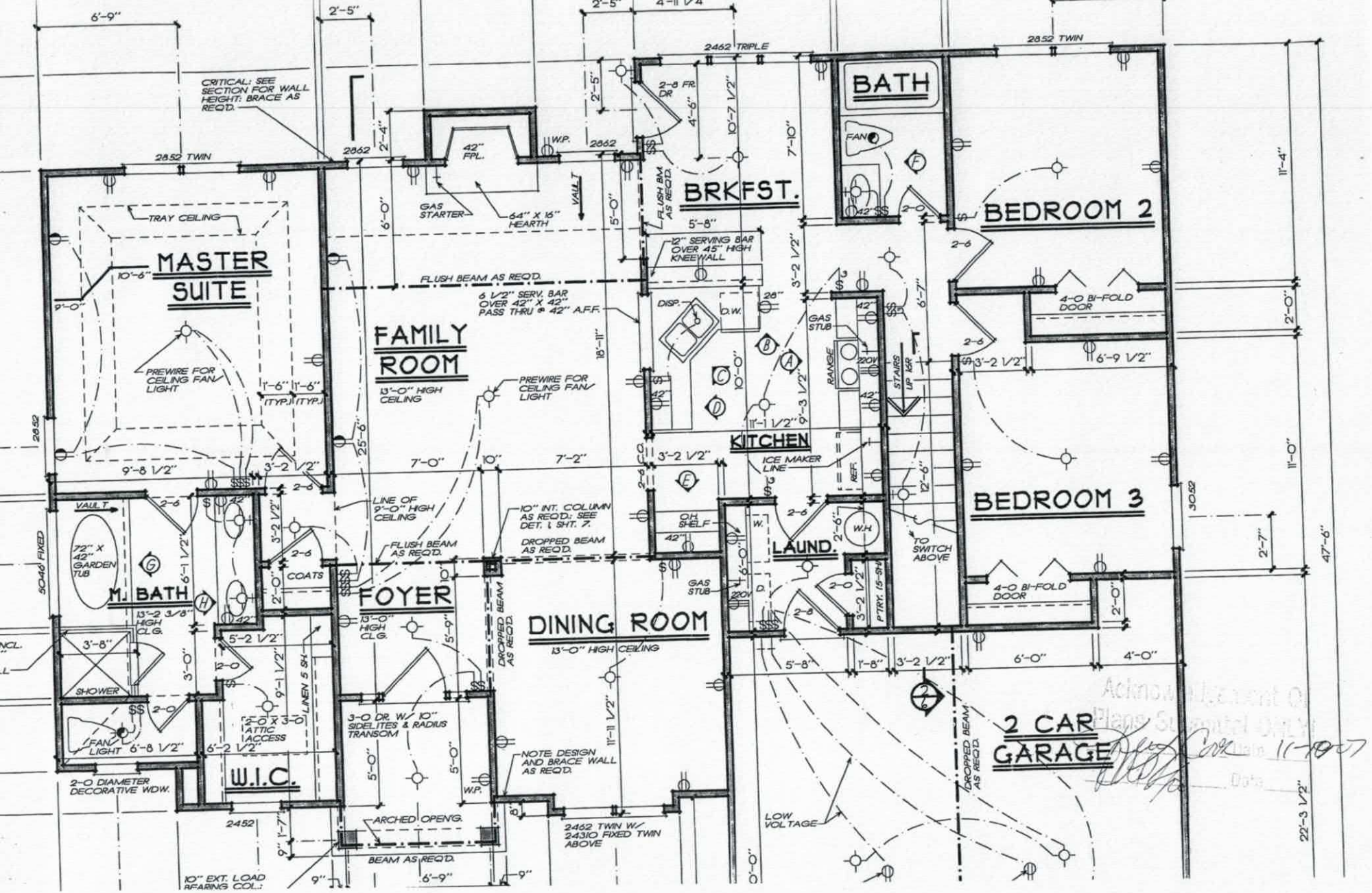
- ✓ **Location of septic systems and wells within 100' of your property…** **N/A**
- ___ **Location of easements and rights of ways on your property…** **N/A**
- ___ **Location of any designated wetlands on the property…** **N/A**

Signature: PHIL SHAPIRO
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/20/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN




MASTER SUITE
TRAY CEILING
PREWIRE FOR CEILING FAN/ LIGHT
FAMILY ROOM
13'-0" HIGH CEILING
PREWIRE FOR CEILING FAN/ LIGHT
BRKFST.
BATH
FAN
BEDROOM 2
4-0 BI-FOLD DOOR
FLUSH BEAM AS REQ'D.
6 1/2" SERV. BAR OVER 42" X 42" PASS THRU @ 42" A.F.F.
12" SERVING BAR OVER 45" HIGH KNEEWALL
KITCHEN
ICE MAKER LINE
GAS STUB
RANGE
220V
STAIRS UP 15R
LAUND.
W.H.
TO SWITCH ABOVE
BEDROOM 3
4-0 BI-FOLD DOOR
M. BATH
72" X 42" GARDEN TUB
SHOWER
FAN/ LIGHT
2-0 DIAMETER DECORATIVE WDW.
W.I.C.
2'-0" X 3'-0" ATTIC ACCESS
LINEN S SH.
COATS
FOYER
13'-0" HIGH CLG.
LINE OF 9'-0" HIGH CEILING
10" INT. COLUMN AS REQ'D.: SEE DET. 1 SHT. 7.
DROPPED BEAM AS REQ'D.
FLUSH BEAM AS REQ'D.
DINING ROOM
13'-0" HIGH CEILING
3-0 DR. W/ 10" SIDELITES & RADIUS TRANSOM
NOTE: DESIGN AND BRACE WALL AS REQ'D.
ARCHED OPENG.
BEAM AS REQ'D.
10" EXT. LOAD BEARING COL.
2462 TWIN W/ 2431O FIXED TWIN ABOVE
2 CAR GARAGE
LOW VOLTAGE
DROPPED BEAM AS REQ'D.
CRITICAL: SEE SECTION FOR WALL HEIGHT: BRACE AS REQ'D.
42" FPL.
GAS STARTER
64" X 16" HEARTH
VAULT
FLUSH BM. AS REQ'D.
2-8 FR. DR
2462 TRIPLE
2852 TWIN
2852
2462
5046 FIXED
3052
4752

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	134039ZO	Subdivision:	Deer Crossing
Proposed Use:	Single Family	Township:	1100 Bethany
Location of Property:	152 DEER HAVEN DR Statesville NC 28625		
Parcel #:	4748207273.000	Zoning:	Ra
Lot #:	21 Size: 0.458	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Related Group Incorporated	Owner:	DIXIELAND INC
Address:	123 Julia Circle PO Box 2186 Mecklenburg NC 28036	Address:	823 JENNINGS RD STATESVILLE, NC 286250000
Phone:	704-895-7459	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	21780	Min. Front Yard:	35 ft	Min. Left Side Yard:	15 ft
Min. Lot Width:	100	Min: Rear Yard:	35 ft	Min: Right Side Yard:	15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

Hwy 21 north, left Jennings, left Deer Haven, property on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

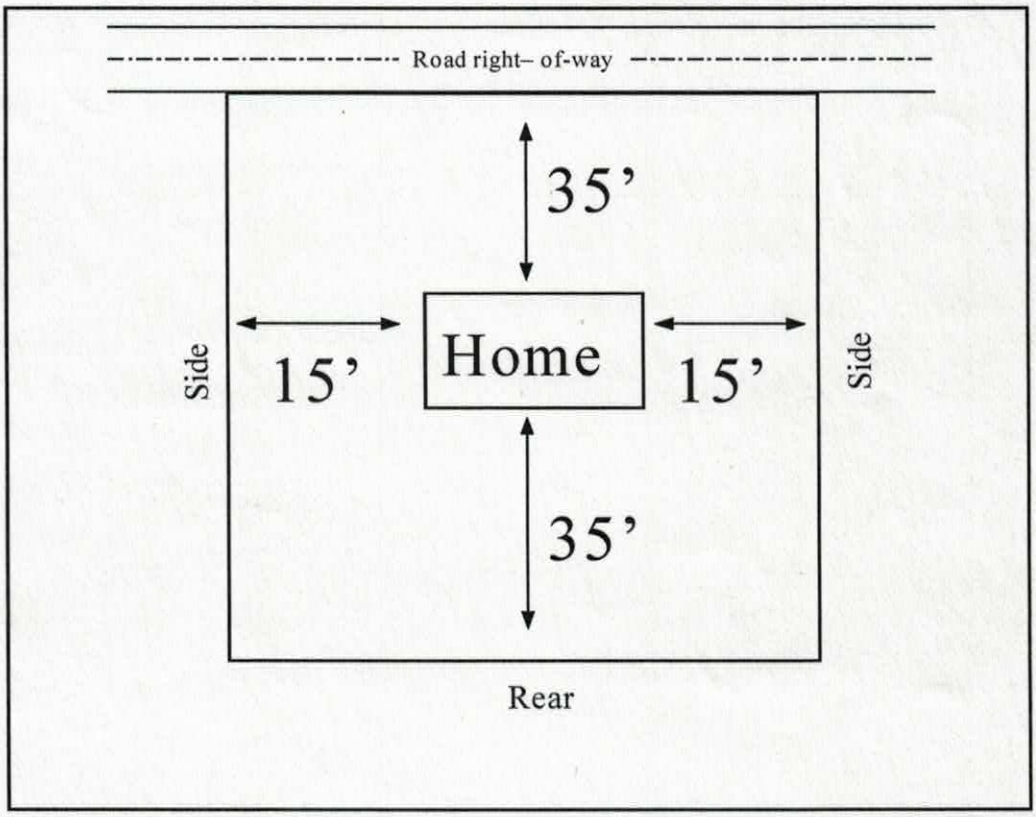
DEBBIE WILLIAMS Printed: 2/20/2006

ZONING DISCLAIMER

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 the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant Date

STREET NAME : 152 Deer Haven Dr



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.