(11)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 CC Mooresville Office (704) 660-3825 PERMIT # 239660

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4761024553

APPLICANT/OWNER: Jason & Carmen Jazierski APPLICANT ADDRESS: 134 Weathers Creek Trail Troutman NC 28166

SITE ADDRESS: 134 Weathers Creek Rd Troutman NC 28166 PHONE: 704-746-5046 ALT. PHONE ~

SITE DIRECTIONS: Driving on Amity on Weathers Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Oak Ridge SECTION: 2 LOT # 14 LOT AREA: .7223 DESIGN FLOW: 360 L.T.A.R.: Existing

Septic Tank 1000 (gal)	STB 760	Date 7-17.	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT 365	Date 7-17.	System Description: Relocation of Septic & Pump Tank		☐ Business	No. Persons 6	☒ Private
Pump Make Zoeller	Model BN152-B	Serial # 152-000	Repair System Description:		☐ Other	No. Employees	☐ Public
# Nitrification Fields Ext	# Lines Ext	Linear Ft Ext	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width Ext	Trench Bottom Depth(Low side) Ext	Gravel Depth Ext	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Purpose of this permit is to Relocate Septic & Pump Tanks since they are in close to pool. See attached Layout & Proposed Penn Collins Soil & Environmental Services & Treasure has agreed to be Backup

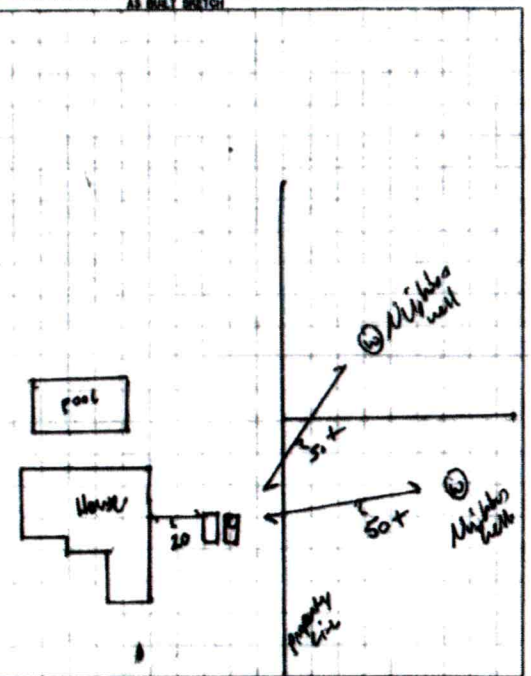
Set 2ft pressure 1/25/19

INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked		
Tanks Checked	9/26	BB.
Pressure Manifold or Valve Box Checked	1/25/19	MD
Pressure Head Set	1/25/19	MD
Electrical Checked	1/24/19	BB
Floats Set	1/24/19	BB
Alarm Checked	1/24/19	BB
Maintenance Contract Y/N		
Comments: Needs Pressureline & Pressure Head & Floats Set.		

* Pressureline Leak @ manifold Box
* Needs Pressure Head Set For Final.
* Must Remove Campers, Boat, Tractor, & other Debris off Drainfield *
- Botkins 1/24

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 site plan 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: [signature] Date: 9/17/18 Installed by: Shannon - Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A. Botkins Date: 9/12/18 OPERATION PERMIT by: Ben Botkins Date: 2/11/19

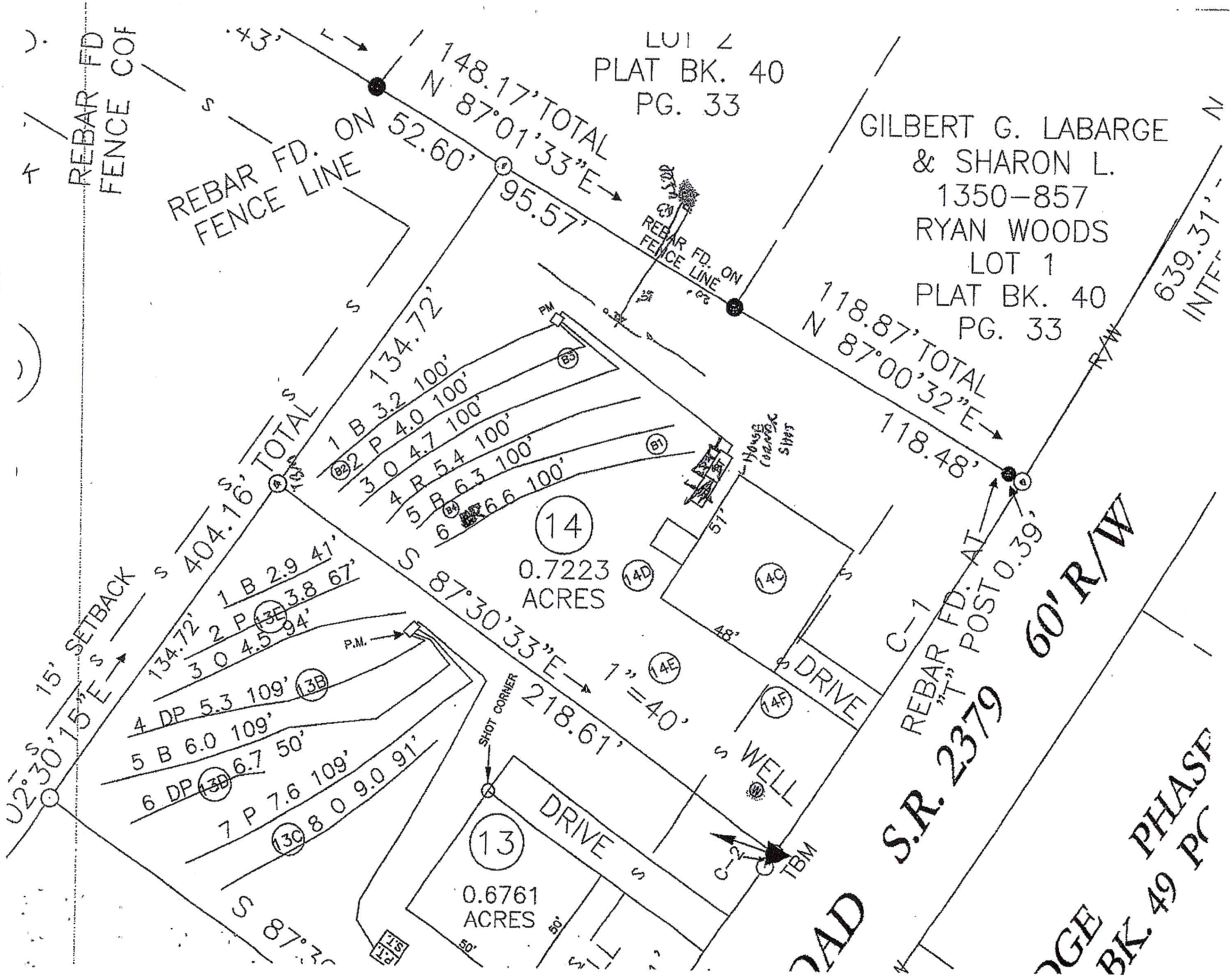
AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botkins Date: 9/12/18. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set	1/25/19	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

300 x .65
234 x .70 163.8 gallon drum

7.8 inch drawdown

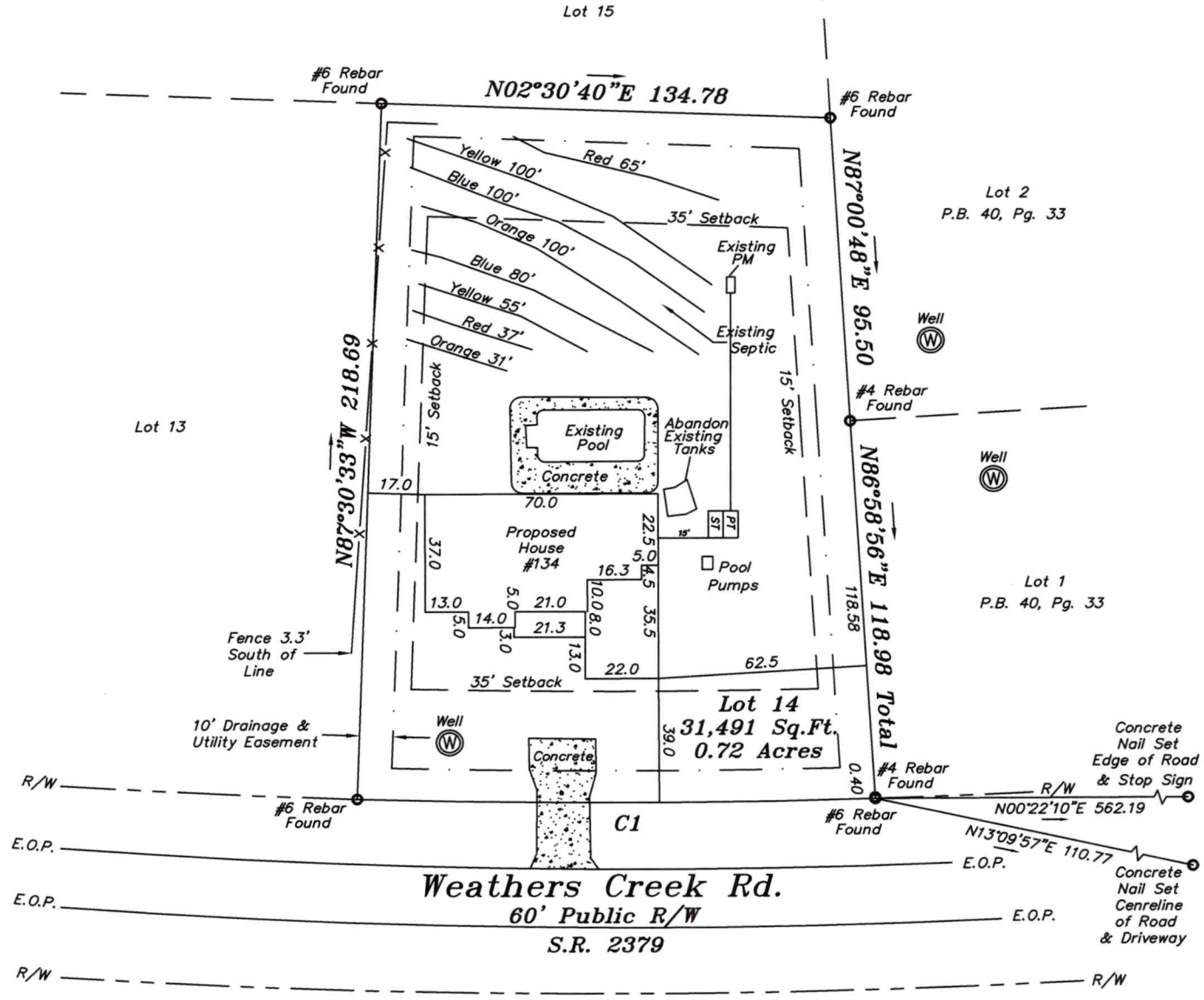

LOT 2
PLAT BK. 40
PG. 33
148.17' TOTAL
N 87°01'33"E
95.57'
REBAR FD. ON
FENCE LINE
REBAR FD
FENCE COR
REBAR FD. ON
FENCE LINE
GILBERT G. LABARGE
& SHARON L.
1350-857
RYAN WOODS
LOT 1
PLAT BK. 40
PG. 33
118.87' TOTAL
N 87°00'32"E
118.48'
639.31'
R/W
S 404.16' TOTAL
134.72'
15' SETBACK
S 02°30'15"E
1 B 3.2 100'
2 P 4.0 100'
3 O 4.7 100'
4 R 5.4 100'
5 B 6.3 100'
6 6.6 100'
14
0.7223
ACRES
S 87°30'33"E
218.61'
1" = 40'
House (Vacant)
51'
48'
DRIVE
WELL
C-1
REBAR FD. AT
"T" POST 0.39'
60' R/W
S.R. 2379
134.72'
1 B 2.9 41'
2 P 3.8 67'
3 O 4.5 94'
4 DP 5.3 109'
5 B 6.0 109'
6 DP 6.7 50'
7 P 7.6 109'
8 O 9.0 91'
P.M.
PM
SHOT CORNER
13
0.6761
ACRES
DRIVE
C-2
TBM
50'
50'

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 50, Page 28. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 22 day of August, A.D. 2018.

P.B. 50, Pg. 28

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chrod Bearing
C1	155.43	2512.00	155.40	N00°35'29"E



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 50 at Page: 28 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.
5) Area calculated by coordinate method.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

Legend

= Power Pole
= Guy Wire
E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal

Boundary Survey

SCALE: 1" = 50

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	Corinthian Development LTD
Address:	P.O. Box 3421 Mooresville, NC 28117
Phone:	704-664-4822
County:	Iredell
Location:	Oak Ridge Subdivision Lot #14
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	21.33

Design Specifications

Drainfield Size:	300
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	81
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	14.09
Dosing Volume:	137.13
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.03
Elevation Head:	8.10
Total Dynamic Head:	12.80
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

Oak Ridge Subdivision Lot #14
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360
SOIL APPLICATION RATE:	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	81
TOTAL DYNAMIC HEAD:	12.80
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	137.13
PUMP TANK DRAW DOWN*:	6.5
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

OAK RIDGE LOT #14

Project #: 01-1296

LAYOUT FOR 3 BEDROOM HOME

August 23, 2007

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		2.4			100.00		
INSTR. 1			102.40				
HOUSE CNR				6.40	96.00		
P. TANK				6.30	96.10		
1	***BLUE***			***3.20***	***99.20***	***100***	***100***
2	***PINK***			***4.00***	***98.40***	***100***	***100***
3	***ORANGE***			***4.70***	***97.70***	***100***	***100***
4	RED			5.40	97.00	100	100
5	BLUE			6.30	96.10	100	100
6	RED			6.60	95.80	100	100
					Total	**600**	**600**

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
** System*	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% RED.*	**PRESSURE**
Repair	300	0.300	*MOD.*	0.300	25% RED.	**MANIFOLD** PRESSURE MANIFOLD

Notes:

** TBM located on angle point of lot 13/14 (see site plan)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

PRESSURE MANIFOLD TAPSHEET - OAK RIDGE LOT #14

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area
1	*BLUE*	99.2	*100*	SCH 40 1/2	7.11	300
2	*PINK*	98.4	*100*	SCH 40 1/2	7.11	300
3	*ORANGE*	97.7	*100*	SCH 40 1/2	7.11	300
	total	feet =	300	gal/min =	21.33	
			Des. Flow	360		
			Pump Run=	6.43		
			soil LTAR	0.275		
			LTAR +5%	0.28875		
			LTAR with ACCEPTED	0.366666667		
			LTAR with ACCEPTED + 5%	0.385		

CALCULATIONS

Location OAK RIDGE

Project Number 01-1296

Lot No: Lot 14

No. of Bedrooms	3
Design Flow	360 $^{gal}/_{day}$
LTAR	0.3 gpd/ft²
25% RED.? (YES OR NO)	YES
Supply Line Length	81 ft.
Supply Line Volume	14.094 gal.
Required Feet of Line	300 ft.
Amount of Line from Layout	300 ft.
Gallons per Minute	21.33 $^{gal}/_{min}$
Required Septic Tank Capacity	1000 gal.
Minimum Standard Tank Size	1000
Lateral Line Volume	195.9 gal.
Dosing Volume	137.13 gal.

Note: Dosing Volume based on70% of lateral line volume

Tank Draw Down	6.5 *Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.43 minutes
Elevation Head	8.1 ft.
Pressure Head	2 ft.
Friction Factor	1.27 ft./100 ft. *(From the interpolater.)*
Friction Head	1.03 ft.
Total Dynamic Head (+15%)	12.80 ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

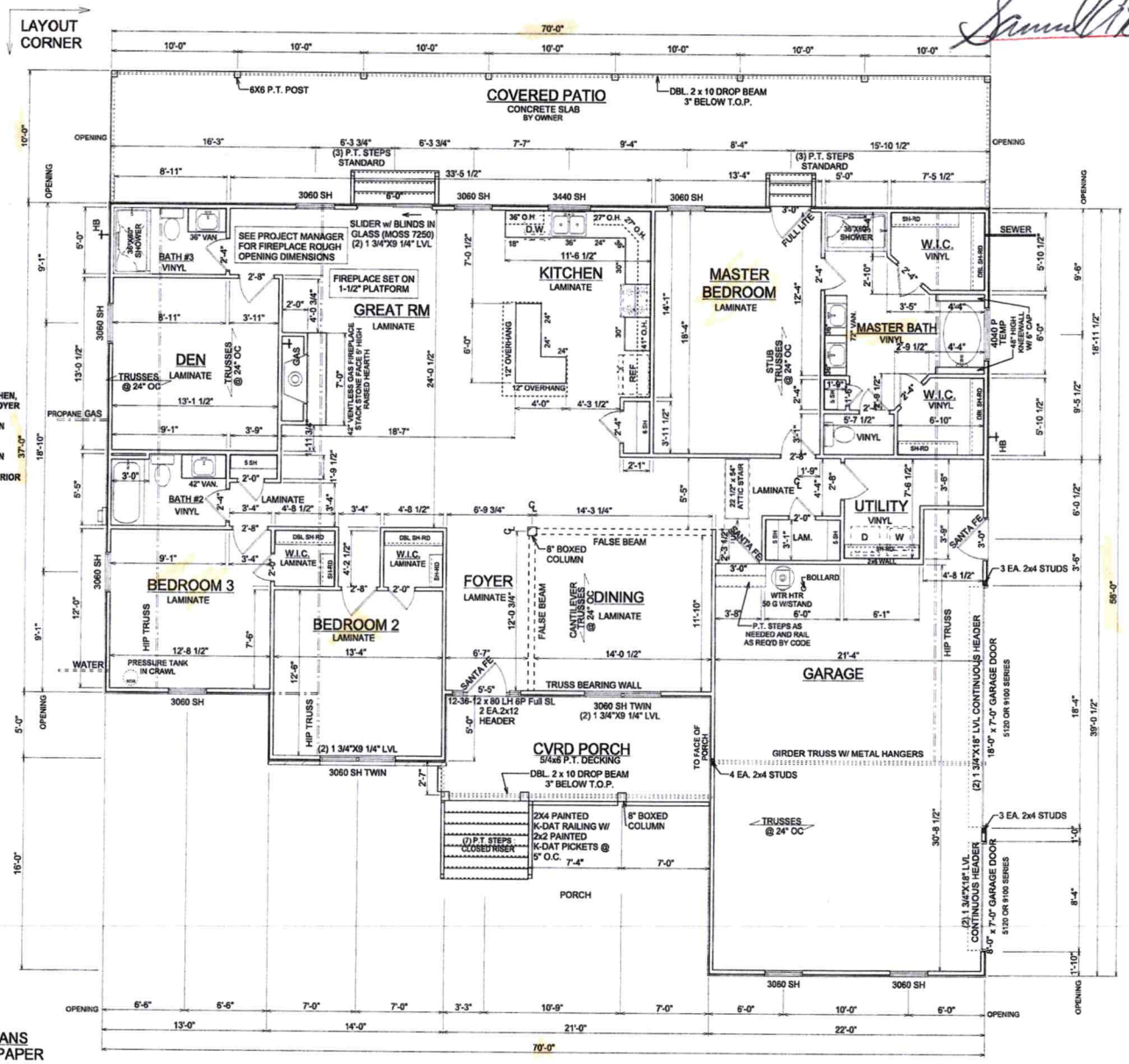
GPM	f
20	0.84
	0.88
25	1.27
	1.28
30	1.78
	1.76
35	2.37
	2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Acknowledgement Of
Plans Submittal ONLY!

Date 9/12

Date 9/18

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SPECIAL NOTES

- SHED ROOF 10' OFF BACK FOR CONCRETE SLAB BY OWNER
- LAMINATE IN GREAT ROOM, KITCHEN, DINING ROOM, DEN, HALLWAYS, FOYER AND BEDROOMS
- LEVEL 2 WINDMERE PLUS VINYL IN MASTER BATH AND MASTER WALK-IN-CLOSTS
- SQUARE MARBLE VANITY SINKS IN BATHROOMS (4 TOTAL)
- ALL DOORS (INTERIOR AND EXTERIOR DOORS SANTA FE STYLE)
- ONE ADDITIONAL PAINT COLOR
- BY OWNER APPLIANCES

GENERAL NOTES

MIN. 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR

ALL LOAD BRNG WALLS & EXT. OPNGS TO HAVE (2) 2x10 HEADERS UNLESS OTHERWISE NOTED

STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED

7/16" O.S.B. AND HOUSEWRAP REQUIRED

DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSION FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION

ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED A MINIMUM OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED

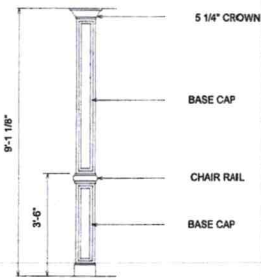
NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE

CLOSET SHELF HEIGHT OFF FLOOR:
SINGLE-66"
DOUBLE-42" & 84"

ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION

ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE

INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM



6" x 8" BOX COLUMNS WRAPPED w/ DRYWALL

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

SHEET NO: 5 OF 10

FIRST FLOOR PLAN

SCALE: 1/8"=1'-0"

DRAWN BY: D.N.

DATE: 05/04/2018

REVISIONS:
10/12/18 R.T. - REVERSED
05/02/18 D.N. - REVERSED HOUSE
07/02/18 R.T. - FINAL REVIEW
07/25/18 R.T. - FINAL PLAN

JOB # 8718030

AREAS:

FIRST FLOOR	2421 S.F.
GARAGE	169 S.F.
FRONT PORCH	710 S.F.
COVERED PATIO	700 S.F.
TOTAL UNDER ROOF	3991 S.F.

THE FRANKLIN CUSTOM
FOR JASON & CARMEN JEZIERSKI
134 WEATHERS CREEK ROAD
TROUTMAN, NC 28166
IREDELL - NC

PROPERTY OF: AMERICA'S HOME PLACE, INC.
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SOLD BY: JILL SCHOOLEY

PRINT DATE: July 02, 2018

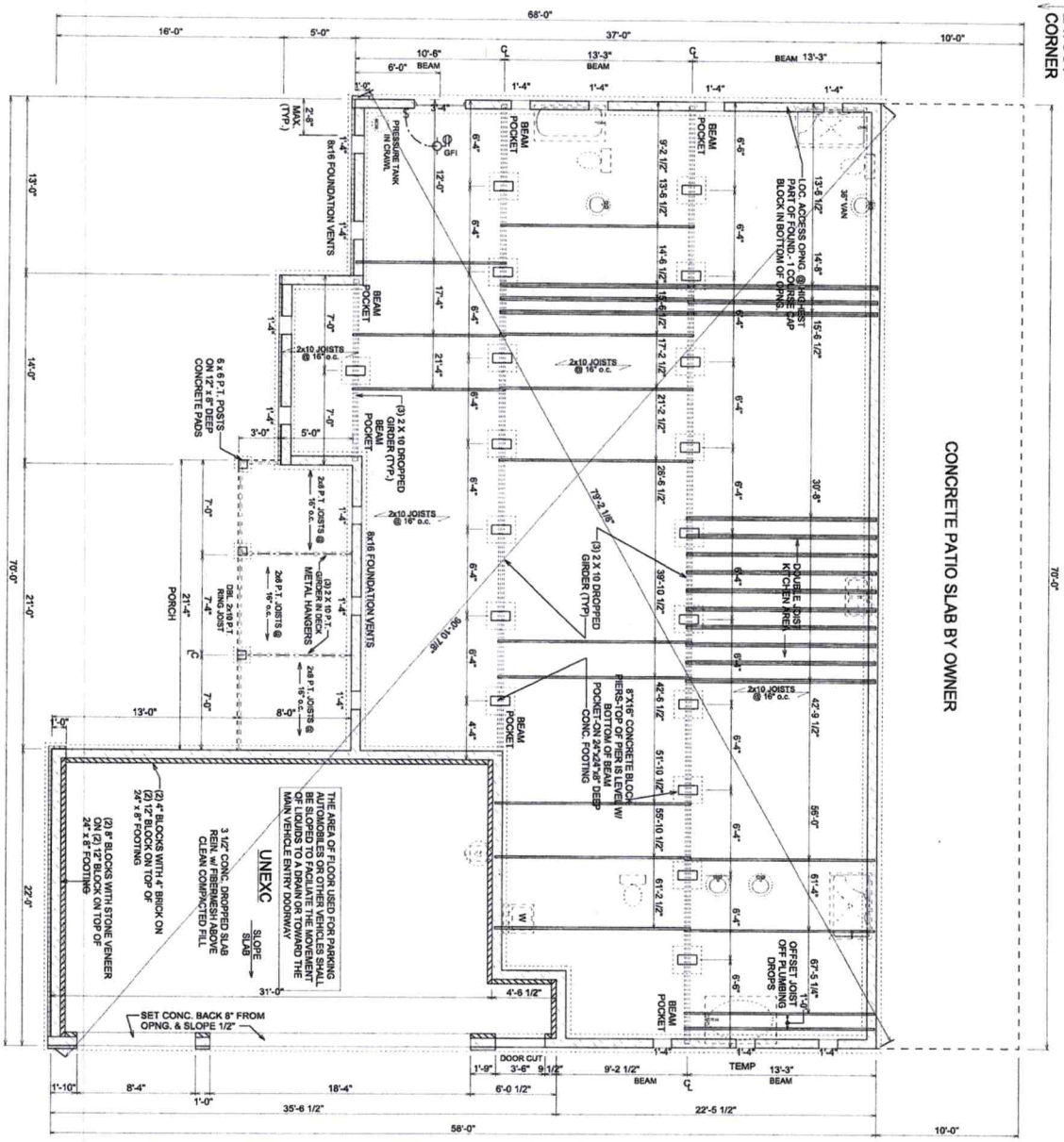
FINAL CONSTRUCTION PLANS
FORMATTED FOR 11 x 17 PAPER

Acknowledgement Of Plans Submittal ONLY!

Date 9/10/18

Date 9/12/18

FINAL CONSTRUCTION PLANS
FORMATTED FOR 11 x 17 PAPER



GENERAL NOTES

TYPICAL FOUNDATION WALL: 4" BRICK W/ 4" BLOCK ON (2) 8" BASE BLOCK ON TOP OF 16"x 8" DEEP POURED CONCRETE FOOTING

FILL ALL CELLS SOLID UNDER BEAM POCKET BEARING POINT

ADD LIGHT AND SWITCH UNDER FLOOR NEAR ACCESS

NOTCH SILL PLATE AROUND DROPPED BEAM

CRAWL SPACE VENT AND ACCESS DIMENSIONS ARE APPROXIMATE. VENTS AND ACCESSES SHOULD BE LOCATED WITHIN CONCRETE BLOCKS. DO NOT LOCATE THESE UNDER BEAMS OR ANY OTHER STRUCTURAL LOCATIONS. VENTS SHOULD BE INSTALLED PER LOCAL CODE

ALL GIRDER BREAKS MUST BE ON PIERS OR POSTS

POLY REQ'D IN CRAWL

GRAVEL REQ'D UNDER GARAGE SLAB

POLY REQ'D UNDER GARAGE SLAB

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PRINT DATE: July 02, 2018

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SOLD BY: JILL SCHOOLEY

THE FRANKLIN CUSTOM
FOR JASON & CARMEN JEZIERSKI
134 WEATHERS CREEK ROAD
TROUTMAN, NC 28166
IREDELL - NC

AREAS:

FIRST FLOOR	2421 S.F.
FRONT PORCH	169 S.F.
GARAGE	701 S.F.
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TOTAL UNDER ROOF	3991 S.F.

DATE: 05/04/2018
REVISION:
05/12/18 R.T. - REVERSED HOUSE
05/02/18 D.N. - REVERSED HOUSE
06/28/18 R.T. - FINAL REVIEW
07/02/18 R.T. - FINAL PLAN
JOB # 8718030

FOUNDATION & PLUMBING
SCALE: 1/8"=1'-0"
DRAWN BY: D.N.

SHEET NO.: 4 OF 10

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

DELIVERED SEP 10 2018

#238660

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Relocate Tanks - $500.00

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

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: **(PRINT CLEARLY)**

Applicant Name: Jason & Carmen Jazlerski **Address:** 134 Weathers Creek Trail Mountain NC 28166 **Zip:** _____

Applicant Email: ashlyrollans@gmail.com **Phone:** 704 746 5016 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 134 Weathers Creek Rd Trout man NC 28166

Subdivision Name: Oakridge **Section/Phase:** _____ **Lot Number:** 14

Driving Directions: Amity Hill, R on Weathers, Left on Rd

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool Existing — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 10/4/07

( ) No Preference ( ) Alternative ( ) Conventional (X) Modified Conventional (X) Other: Accepted Report

****

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 (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.

Signature: _____ 9/10/18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jason + Carmen Jezierski, am the legal owner(s) of the property located at 134 Weatlors Creek Rd Troutman NC 28166, identified as PIN (Parcel Identification Number) 4761 02 4553, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans, Rollans Soil Environmental Services, 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.

Signature of Owner(s) Date — Signature of Witness 9/4/18 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

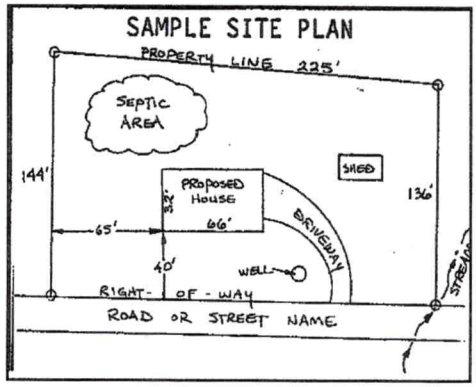
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
(X) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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: Steven A Fuller

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

9/10/18
DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

9/4/18 (Date)

Owner: Jason + Carmen Jezierski
Address: 134 Weathers Creek Rd
Troutman NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
134 Weathers Creek Rd Troutman NC 28166
PIN 4761 02 4553

I, Carmen Jezierski Jason Jezierski voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 8/24/07 (date) for a system

(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138856 PIN# 4761 02 4553 DATE 8/24/07

OWNER OR APPLICANT Corinthian Dev. PHONE: Business 704-400-1258 Home

ADDRESS PO Box 342 Mooresville, NC. 28117

LOCATION Shemwell Rd TL Weather Rock Creek on (L) just past subdivision road.

SUBDIVISION Oakridge BLOCK / SECTION LOT 14 LOT AREA: .67 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth No ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: Fast Lan. to 25% Reduction

Repair System Description: Name Type

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

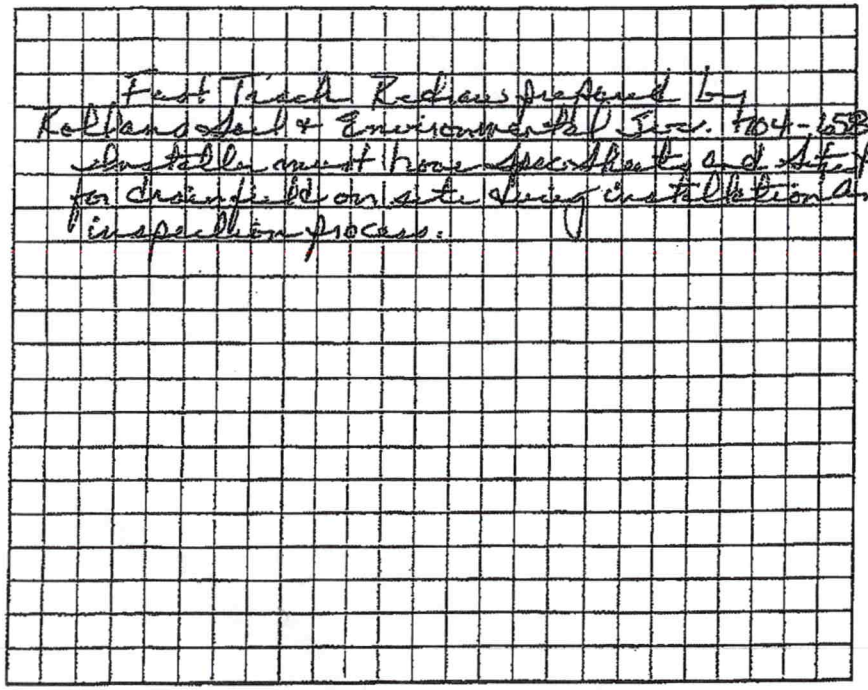
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Trench depth 30" maximum; lines on contour as flagged in field; No variations without ICHD approval!

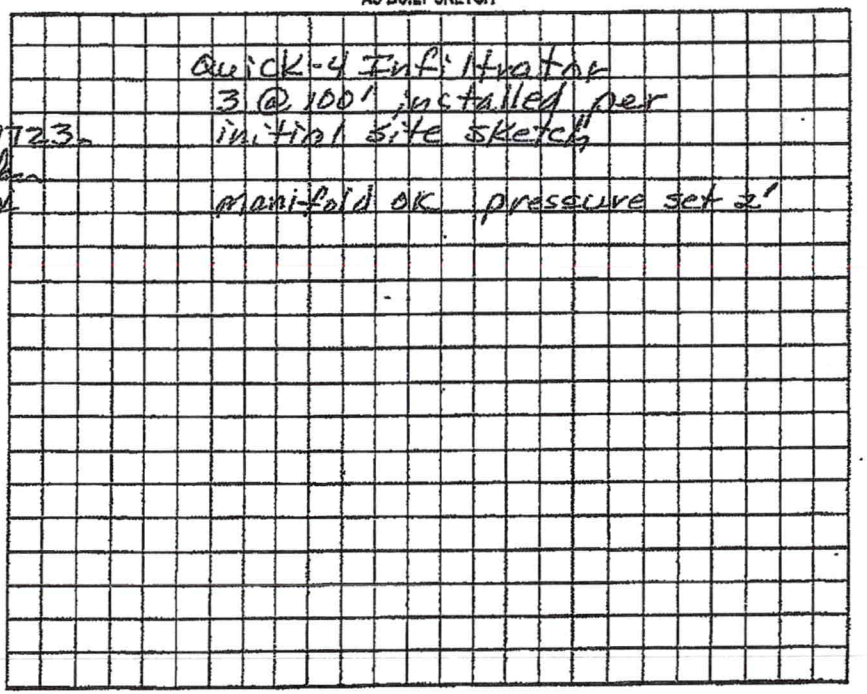
Comments/Conditions:

Blue Polylok filter
ST w/ marker

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: [signature] date 9-19-07 Installed by: Corinthian

Improvement Permit by: Wesley Sparks R.S. date 8/24/07 Operation Permit by: Wesley Sparks R.S. date 10/4/07

Authorization to Construct by: Wesley Sparks R.S. date 8/24/07 Existing System Inspection by: date

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