IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211551

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

PIN # 4761-11-9766

APPLICANT: ANTHONY COMUNALE APPLICANT ADDRESS: 146 FALLEN ACORN LN.

SITE ADDRESS: SAME 146 Fallen Acorn DR PHONE: 704-929-8448 ALT. PHONE:

SITE DIRECTIONS: SHINNVILLE, TL WEATHERS CREEK, TR FALLEN ACORN LN.

SUBDIVISION: OAKRIDGE SECTION: 2 LOT # 29 LOT AREA: 5.14 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 4

☐ Business No. Persons

☒ Other No. Employees

☐ Slab ☐ Crawl Space

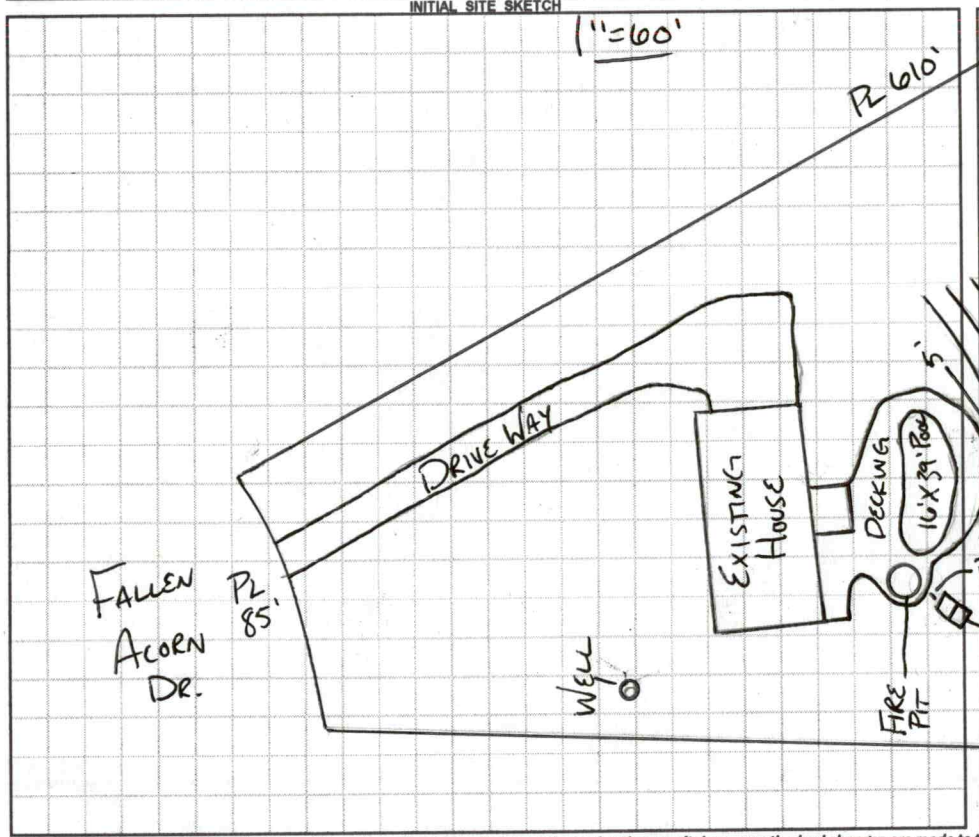
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

POOL & DECK

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: Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: JUL 16 2015

APPROVED

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21155

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

PIN # 4761-11-9766

APPLICANT: ANTHONY COLVARD APPLICANT ADDRESS: 146 FALLEN ACORN LN.

SITE ADDRESS: SAME 146 FALLEN ACORN DR PHONE: 704-929-8448 ALT. PHONE:

SITE DIRECTIONS: STATESVILLE, TL WEATHERS CREEK, TR FALLEN ACORN LN.

SUBDIVISION: OAKRIDGE SECTION: 2 LOT # 29 LOT AREA: 5.14 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 4

☐ Business No. Persons

☒ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

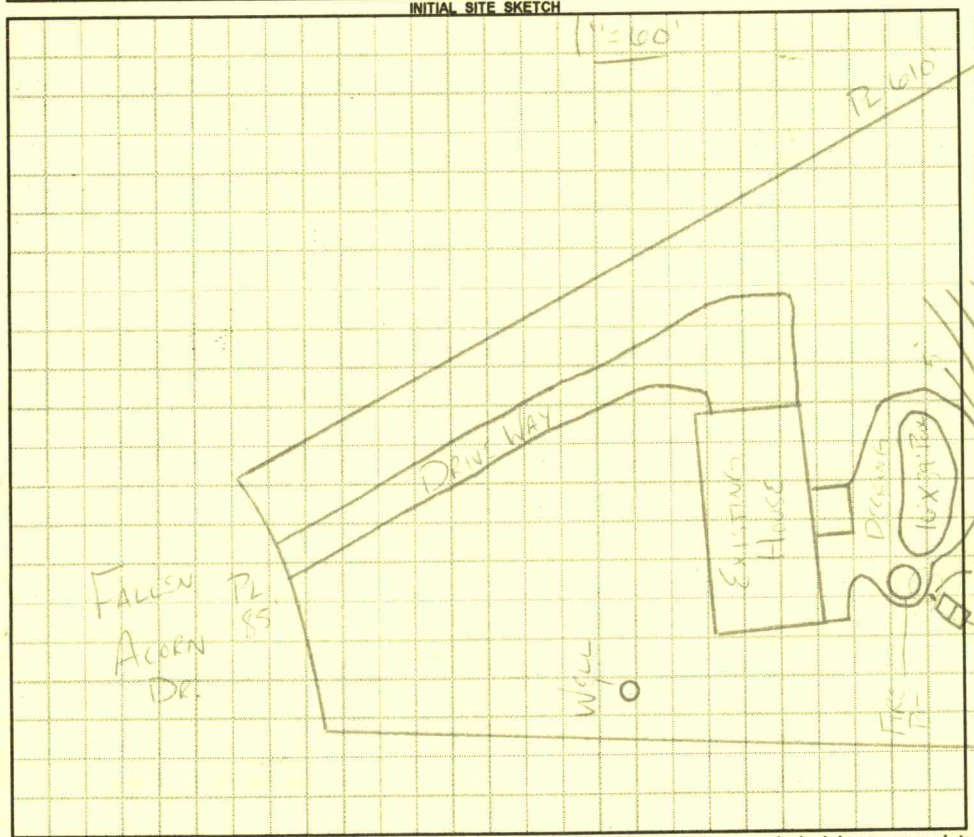
☒ Private

☐ Public

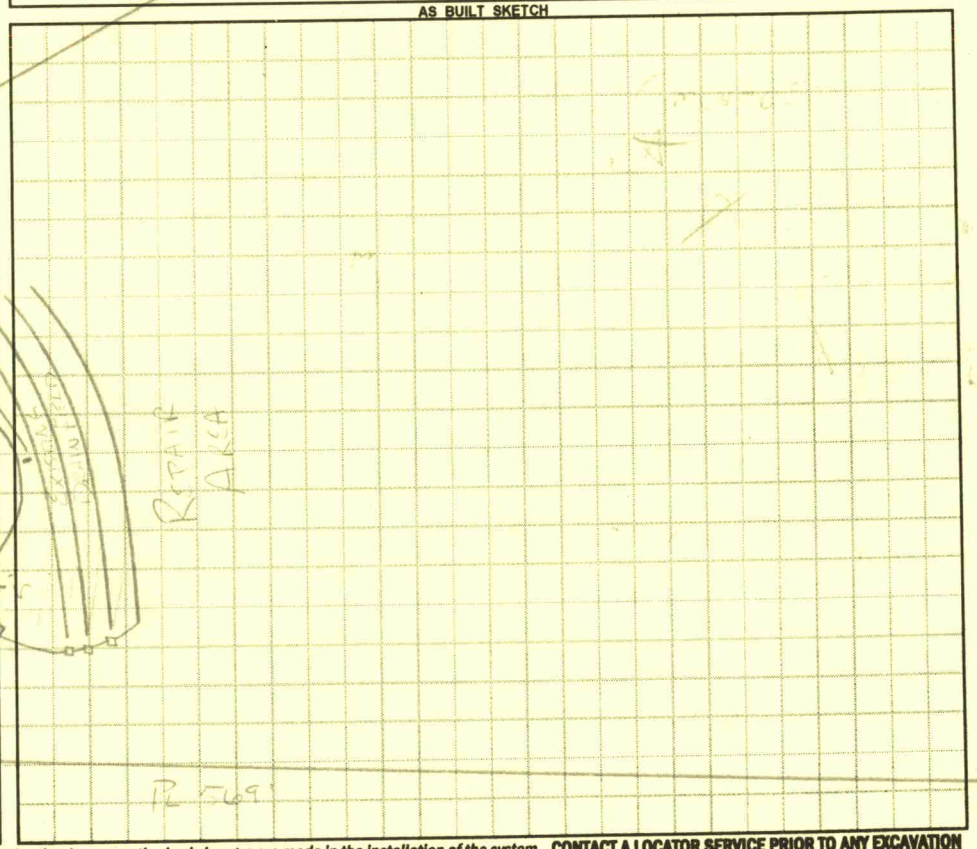
☐ Community

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. **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: Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED Date: JUL 16 2015

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # _____

APPLICANT: _____ APPLICANT ADDRESS: _____

SITE ADDRESS: _____ PHONE: _____ ALT. PHONE: _____

SITE DIRECTIONS: _____

SUBDIVISION: _____ SECTION: ____ LOT # ____ LOT AREA: _____ DESIGN FLOW: ____ L.T.A.R.: ____

Septic Tank _____ (gal) STB _____ Date _____

Pump Tank _____ (gal) PT _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Fields ____ # Lines _____ Linear Ft: _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms ____

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

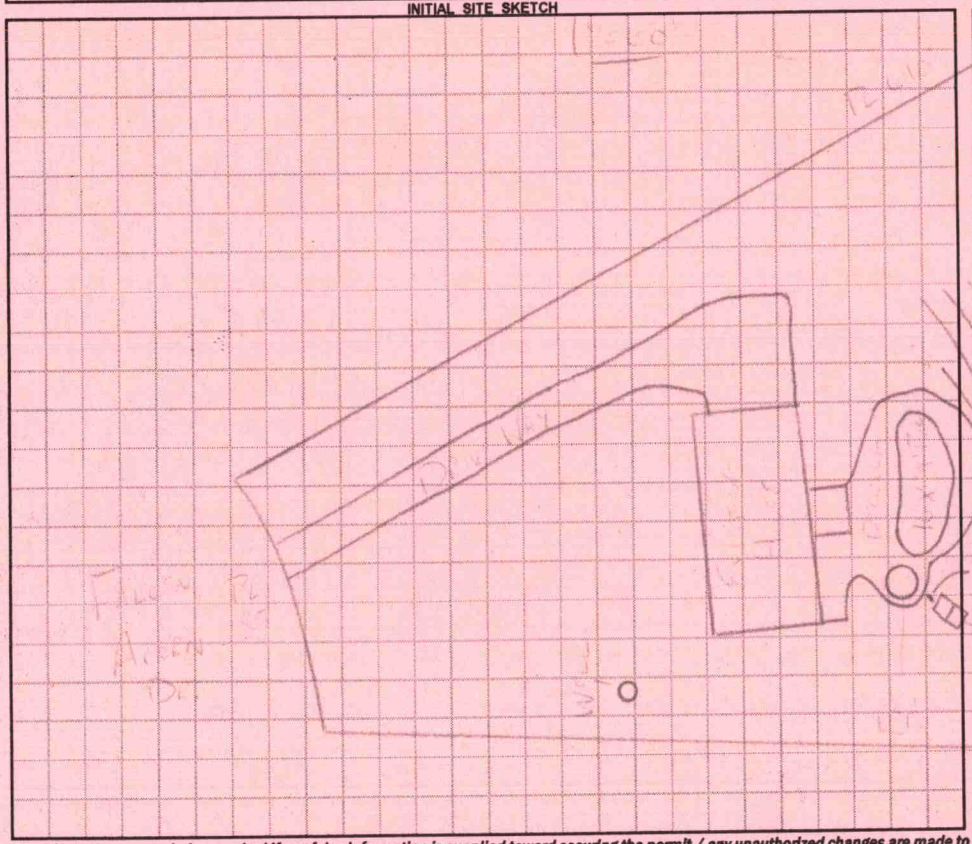
☒ Private

☐ Public

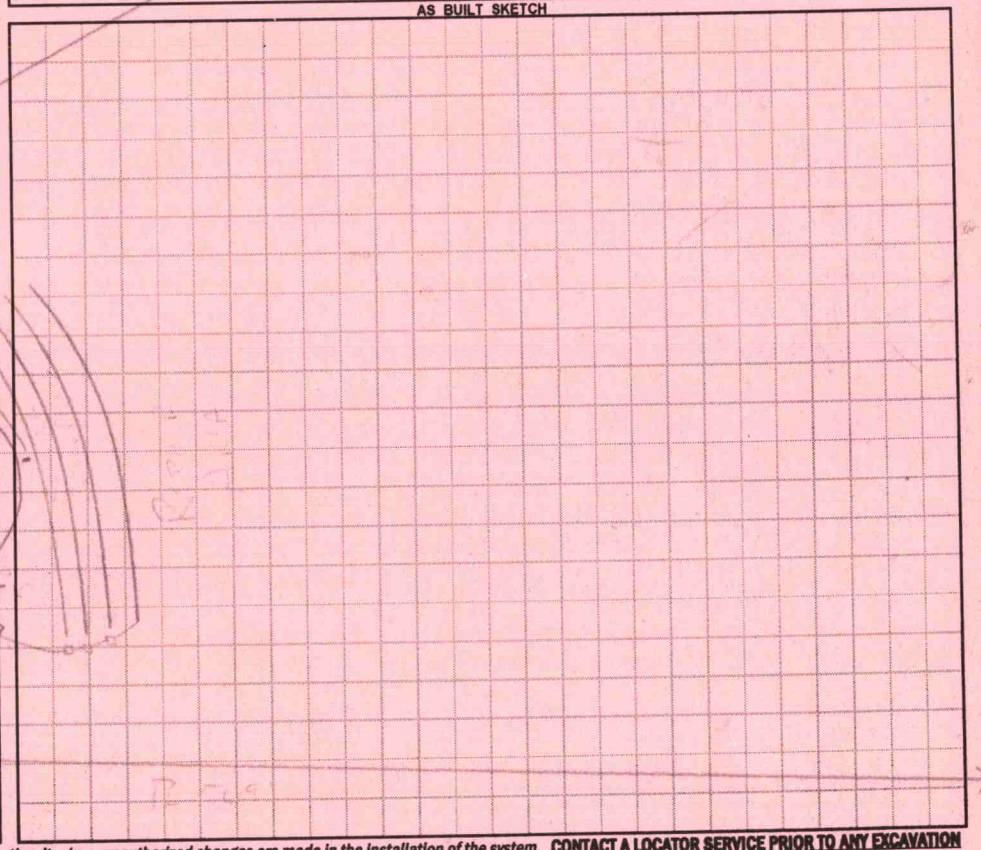
☐ Community

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. **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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

APPROVED JUL 16 2015

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED JUN 3 0 2015

Environmental for Pool + Addition to Deck 21155 21152

Paid $250.00

21155

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 (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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Anthony Conrad Address: 146 Fallen Acorn Ln. Troutman Phone: 704 929-8448

Owner Name: Anthony Conrad Address: 146 Fallen Acorn Ln. Troutman Phone: 704 929-8448

Property Information:

Street Address: 146 Fallen Acorn Ln. Troutman NC 28166

Subdivision Name: Oakridge Section/Phase: 2 Lot Number: 29

Driving Directions: Ostwalt Amity Rd - Weathers Creek Rd - Left onto Fallen Acorn Ln.

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: 4
(X) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (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: 2007

( ) 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 (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: _____ 6/22/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

anthony@castlerockcontracting.com

IREDELL COUNTY HEALTH DEPARTMENT

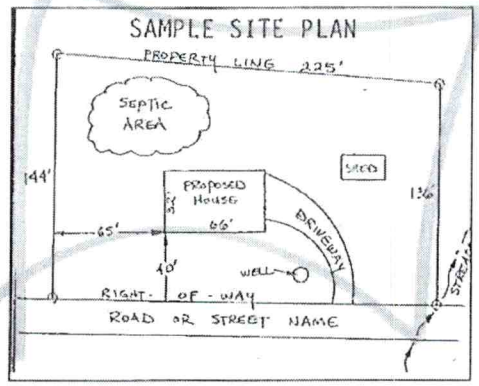
ENVIRONMENTAL HEALTH DIVISION

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

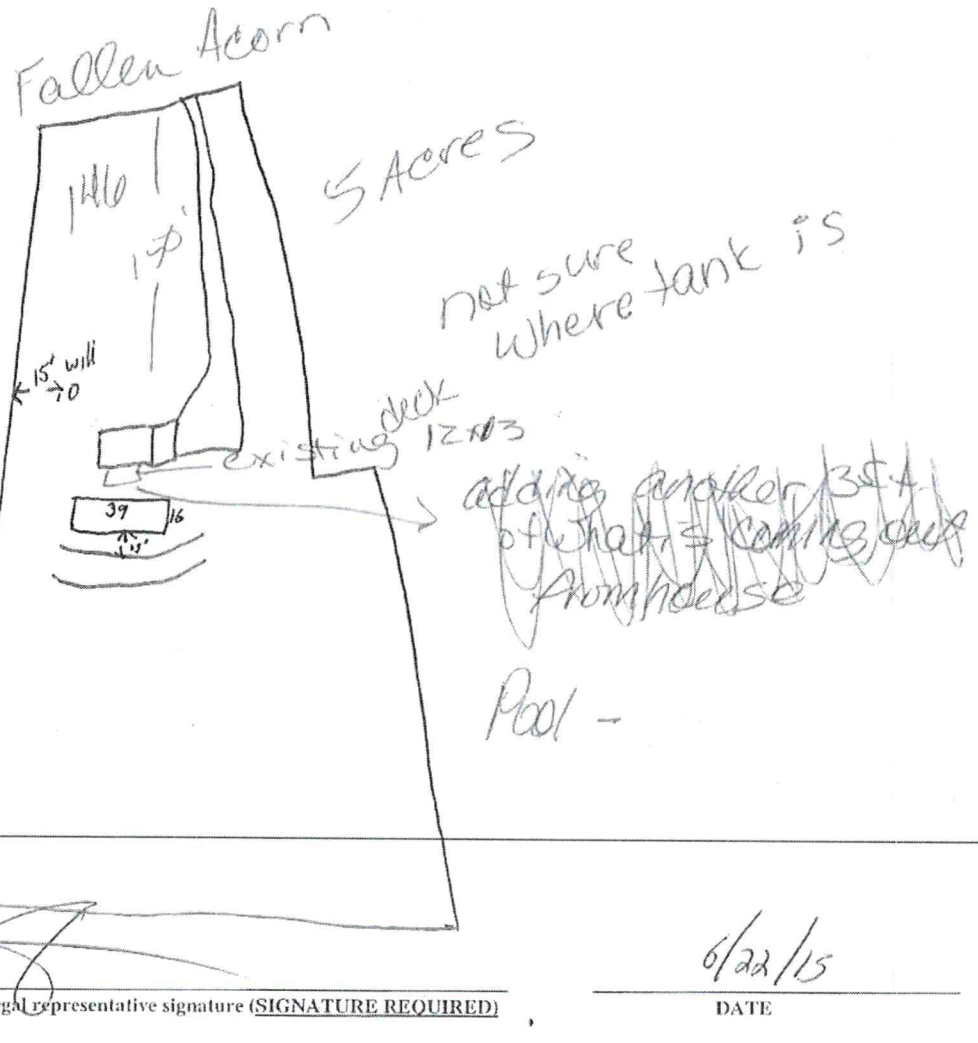


Circle N/A on the following if appropriate:

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



Signature: _____

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

6/22/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137150 PIN# ~~4761 12 2089.029~~ 4761-11-9766 DATE 8/14/06

OWNER OR APPLICANT Aimee Miller PHONE: Business _____ Home _____

ADDRESS 130 Cherchelen Dr. Charlotte NC 28115

LOCATION 115N, TR Shinnville, TL Weathers Creek, TR Falling Acorn on RT

SUBDIVISION Oak Ridge BLOCK / SECTION 2 LOT 29 LOT AREA 5.1464 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1000 Date 11/21/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 4100 ~~X~~

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~535~~

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: Conventional 25%Red

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ~~☐~~ Individual ☐ Public ☐ Community

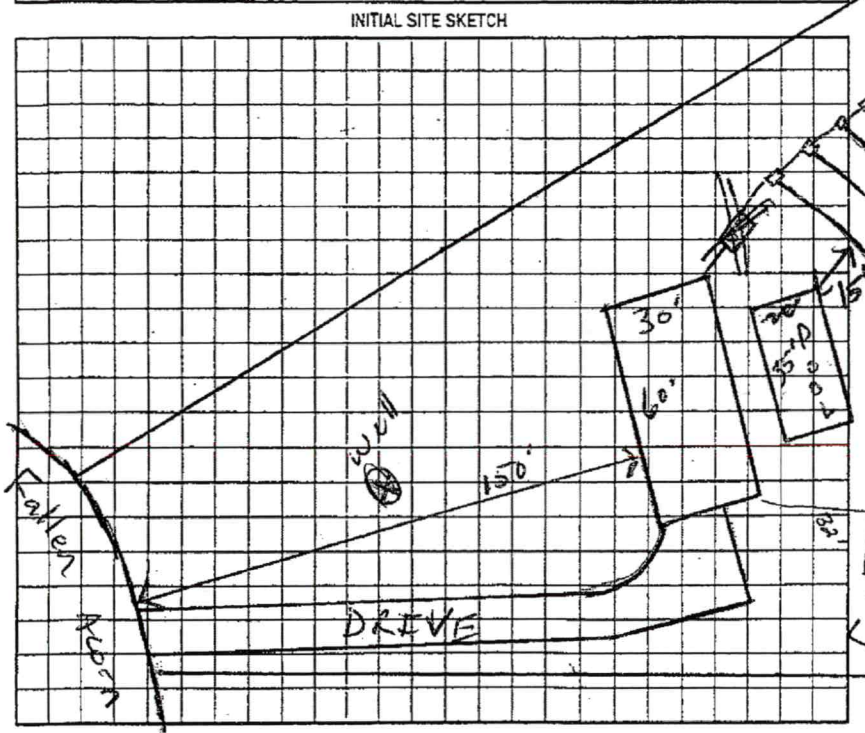
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Remove berm

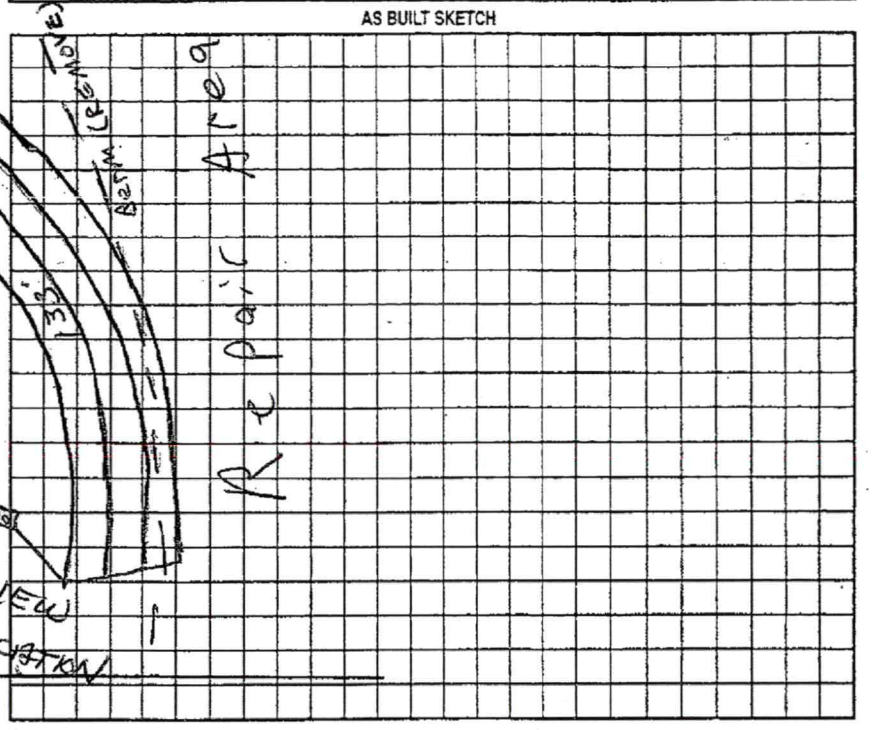
Not To Scale

Comments/Conditions: Accepted System - elevation as installed

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 8/15/06 Installed by: Kevin Bowles / K+M Grading + Backhoe

Improvement Permit by: _____ RS date 8/14/06 Operation Permit by: Wesley Sparks RS. date 2/28/07

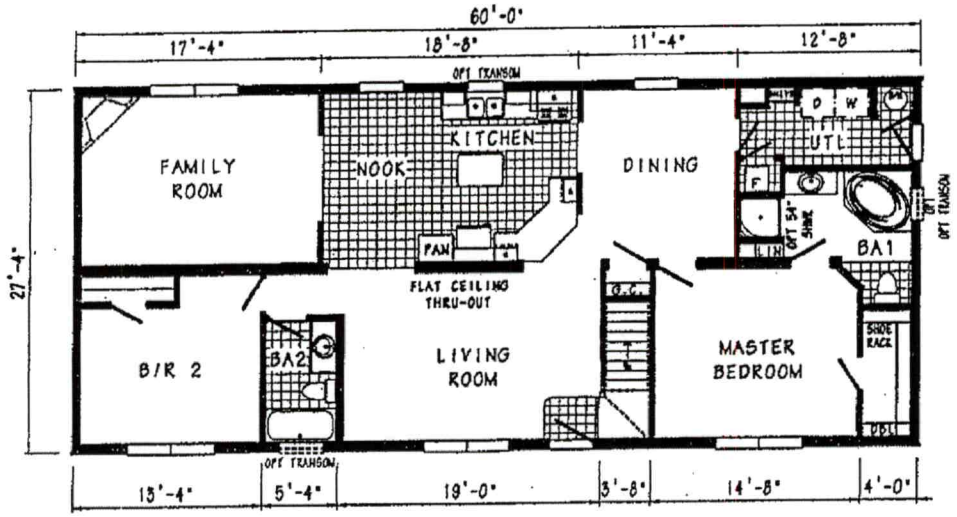
Authorization to Construct by: _____ RS date 8/14/06 Existing System Inspection by: _____ date _____

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

28 wide models

Model RC507-A 2860

#9

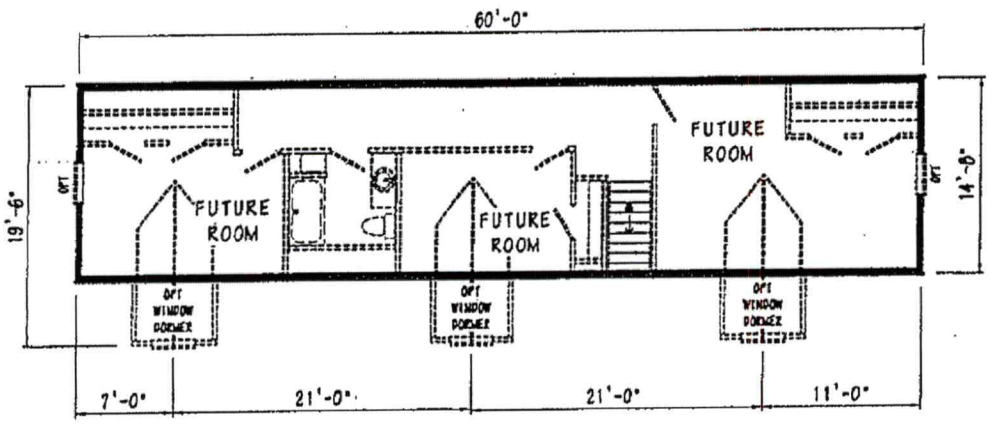


Main floor approximately 1640 square feet

Optional transom window(s) available with optional 9-foot ceilings only.

• = staggered overhead cabinets with optional 9-foot ceiling.

Original FP



Second floor approximately 880 square feet

Second floor by others.

* Lynbrook Cape by Commodore Homes

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
211551
Issue Date: 06/30/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4761119766.000	146 FALLEN ACORN DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GEORGE CHILDRENS TR	Applicant: COMUNALE ANTHONY J+MIC
Address: 146 FALLEN ACORN LANE TROUTMAN, NC 28166	Address: 294 KNOXVIEW LANE MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
POOL (ADDING SOME TO EXISTING DECK AND THEN PUTTING POOL) ENVIRONMENTAL WILL BE ON THIS PERMIT	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	10.00	10.00	10.00	NOT	

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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. The 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 responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	42483	TOTAL FEES:	$ 77.25

ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet.

Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Sanitarian.
Statesville Office (704)878-5305 Mooresville Office (704)664-5281

---

1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.

2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.

3. **Stake or flag the footprint of the building structure**.

4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.

5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.

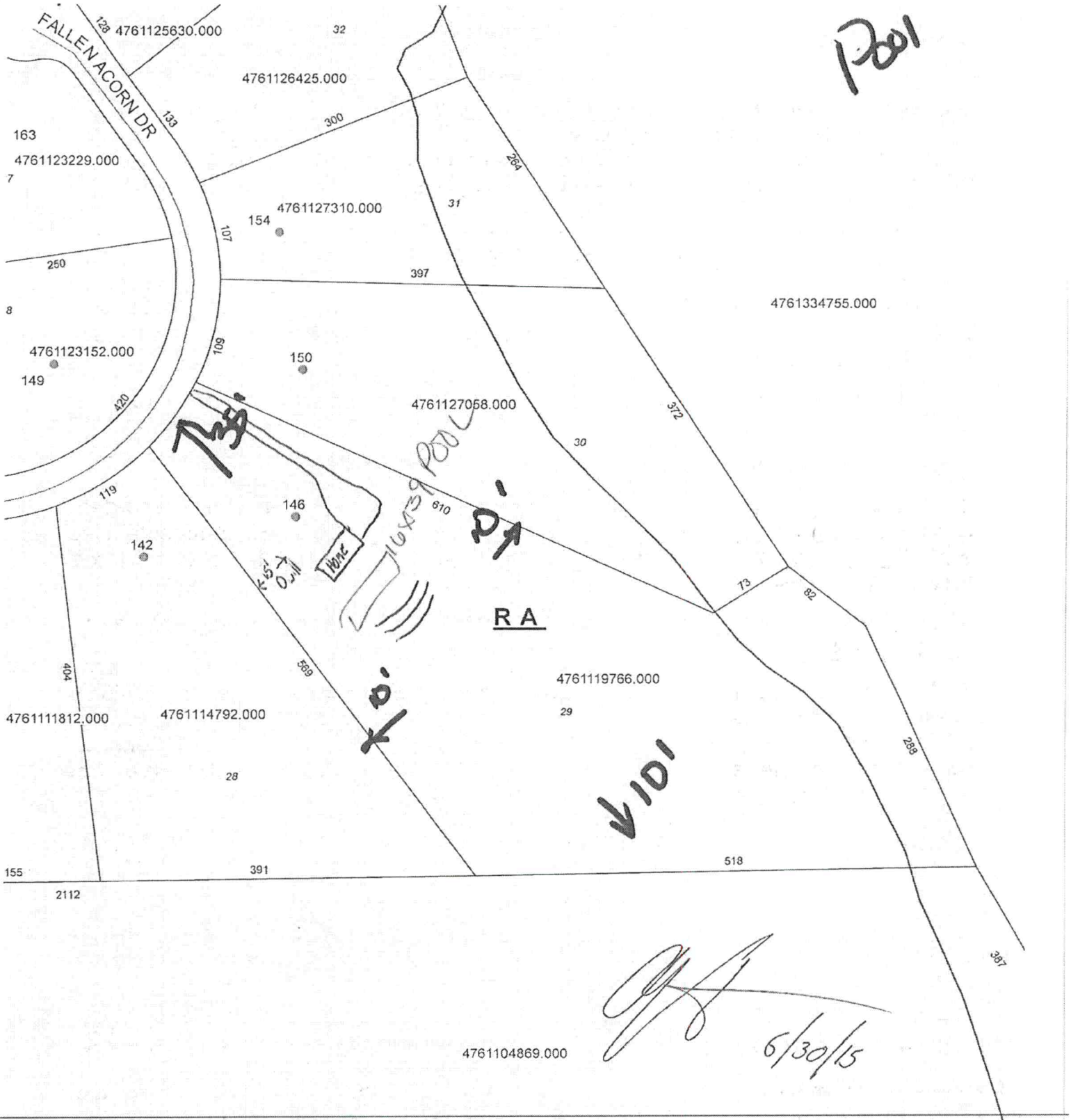
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in applicant being charged a site revisit fee of $100 and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ Date 6/22/15



1201

6/30/15

1416 Fallen Acorn

Zoning

Sign

Date

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

21155)

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool X

Pool only

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Dwelling

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories?___

If an addition, please describe project: ~~Dect / Screen Pool~~ not doing deck

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 500 sf

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Anthony Comeau Phone # 704 929-8448

Owner's Current Address 146 Fallen Acorn Ln. Troutman NC 28166

Property Information

Property Address 146 Fallen Acorn Ln. Troutman NC Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:____

Directions to property (from a MAIN ROAD) Ostwalt Amity Rd – Watkins Creek Rd, Left onto Fallen Acorn

Application Information

Applicant's Name or Company Anthony Comeau Applicant's Phone # 704 929-8448

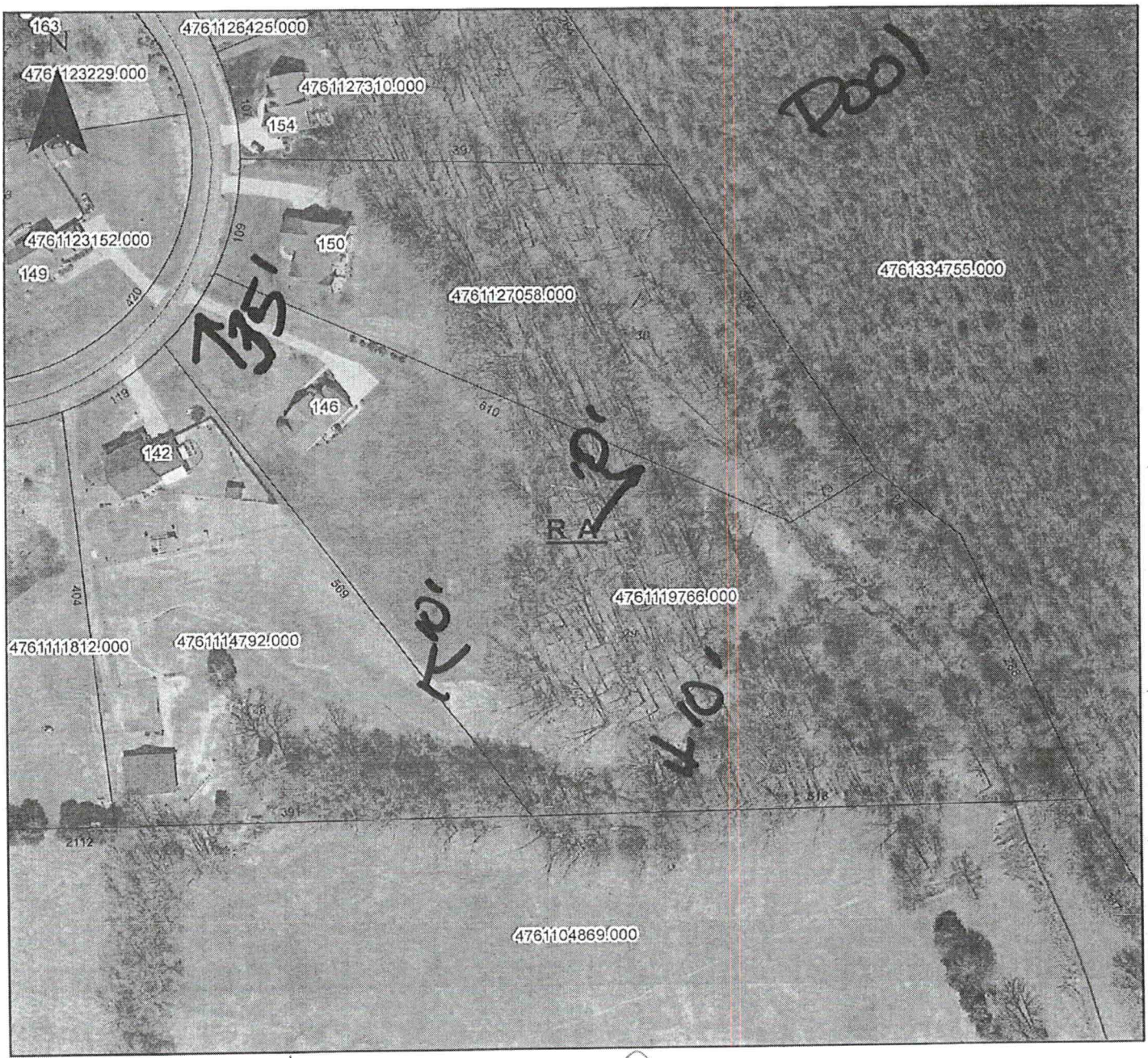
Applicant's Address 146 Fallen Acorn Ln. Troutman NC 28166

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT ~~CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE~~ IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 6/22/15

ZONING DISCLAIMER



Property Address 146 Fallen Acorn

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

6/30/15
Date

PERMITS/INSP PAYMENT RECEIPT# 368810

COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

DATE: 06/30/15 TIME: 14:10
CLERK: amanda.horton
PAID BY: COMUNALE ANTHONY J+MICHELLE

APPLICATION #: 211551

PERMIT ALLOCATION:

1	104563 PZOI	460450	2.25	Technology Fee - Planning
1	104563 PZOI	472223	75.00	Zoning Permits
1	10492751 PEHSA	447004	250.00	Environmental Health Fees

TOTAL RECEIPT AMOUNT: 327.25

AMOUNT PAID: 327.25
PAID BY: COMUNALE ANTHONY J+MICHELLE
PAYMENT METHOD: CREDIT CAR00461D
APPLICATION #: 211551

AMT TENDERED: 327.25
AMT APPLIED: 327.25
CHANGE: .00