IREDELL COUNTY HEALTH DEPARTMENT

* PERMIT REPLACES ONE ISSUED 10-21-03, NOW VOID

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

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

PERMIT# 114174 PIN# 4765-38-8233 ✓ DATE 2-24-05

OWNER OR CONTRACTOR LINDA KNOX PHONE: Business (336) 766-3142 Home 704-400-2996 (NYSTROM)

ADDRESS 8184 HAWKINS CLEMMONS NC 27012

LOCATION DAVIE AVE TO US 64E TL RIVER HILL RD TL RIVERTON DR LOT AT END ON RT.

SUBDIVISION WEXFORD ✓ BLOCK / SECTION 2 LOT 8 LOT AREA 0.463 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 1-21-05

Pump Tank: 1000 Gallons; PT 302 Date 2-17-05

Pump Make: GOULD Model WE0512HA1 Serial No. J 04GA341

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

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

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

System Description: LP PANEL 50% REDUCTION

Repair System Description: LP PANEL 50% REDUCTION

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other ___

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

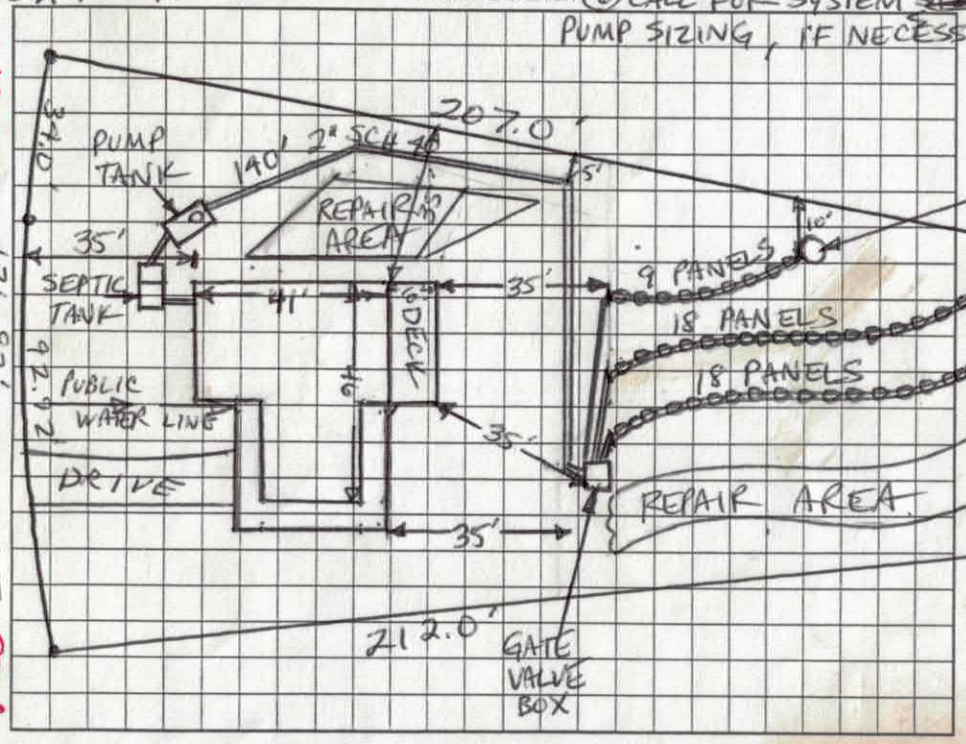
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① INSTALL TOTAL OF 45 PANELS ② RAKE & LIME TRENCH WALLS ③ SYSTEM WILL REQUIRE MAINTENANCE AGREEMENT ④ PUMP TANK WILL REQUIRE IN-LINE FILTER (SIM-TECH) ⑤ MAINTAIN SETBACKS ⑥ CALL FOR SYSTEM SPECS / MANUAL DISCONNECT PUMP SIZING, IF NECESSARY

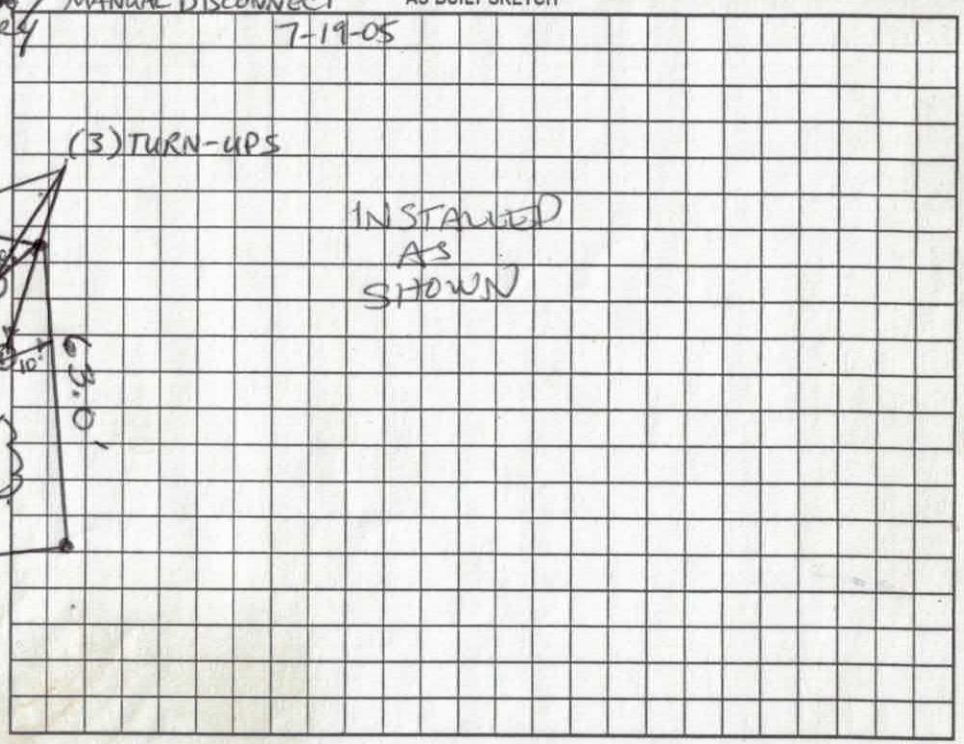
Comments:/Conditions: SEPTIC TANK, PUMP TANK, & DRAIN FIELD INSPECTED O.K. 5-5-05 PRESSURE CHECK O.K. 5.5-05 WATER LINE MOVED 5-6-05; MAINT CONTRACT 7-19-05

SCALE ✕ 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH 7-19-05



#122 126.92' DRIVE-STD

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 ___ Installed by: K & K GRADING

Improvement Permit by: Christy M. Shew LHS,LSS date 2-24-05 Operation Permit by: Christy M. Shew LHS,LSS date 7-21-05

Authorization to Construct by: Christy M. Shew LHS,LSS date 2-24-05 Existing System Inspection by: ___ date ___

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

ON-SITE WASTEWATER SECTION

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: Wexford lot 8 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-30	MSSK R/MCL	fr. SSSP	few YW Rock				PS
		30-51	WFSSK YRCL/L	fr. SSSP	B/C common	SAP YW Rock			1.3
2		0-50	RC SSK	fi SP					PS -3
3									
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: _____

LEGEND

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
(Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
(Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
(Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
(Flood Plain)		L (Loam)				SBK (Subangular Blocky)
(Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SCL (Sandy Clay Loam)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SiL (Silt Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SiCL (Silty Clay Loam)				
(Shoulder Slope)		Si (Silt)				
(Terrace)						

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05
	SiC (Silty Clay)		
	C (Clay)		
	O (Organic)	None	

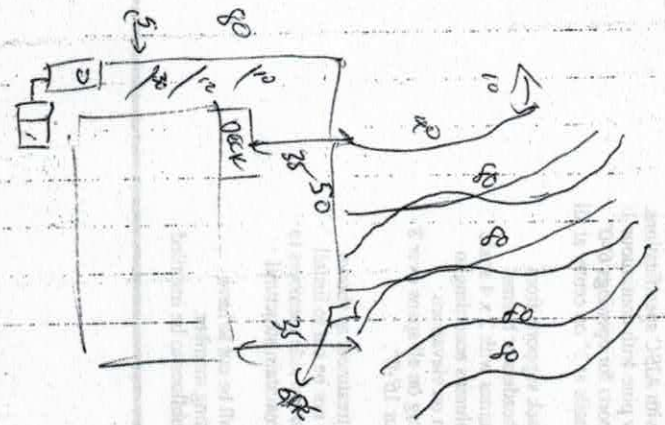
***Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.**

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



LP PANEL
&
PEP
OWE $575

130' SUPPLY

DENR (######)
Review (#####)

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

LINDA W. KNOX	336-766-3142	818 F Hawkins Rd	CLEMMONS	N.C	27012
Applicant	Phone #	Mailing Address	City	State	Zip Code

SAME AS ABOVE				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

WEXFORD	8	12	Riverton DR
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Public	1-15-03	PIN. # 4765-36-8233
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property FROM STATESVILLE TAKE Hwy 64E TO River hill Rd (TURN left onto RiverHILL Rd AT OAK DALE BAPTIST CH). Go past 3rd BRICK House on LEFT and TURN LEFT AT THE WEXFORD SIGN (unmarked, Riverton DR.). LOT 8 is 2nd LOT on the right behind vinyl/BRICK HOUSE AT WEXFORD ENTRANCE.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

7-28-03 DATE Linda W. Knox SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 114174 PIN# 4765 36 8233 DATE 10/21/03

OWNER OR CONTRACTOR LINDA KNOX PHONE: Business 336-766-3142 Home

ADDRESS 8184 HAWKINS - CLEMMONS NC 27012

LOCATION 64E - 7L RIVERHILL - 7L RIVERTON - ON RT

SUBDIVISION WEXFORD BLOCK / SECTION LOT 8 LOT AREA .463AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36FD/FD2

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 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 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees

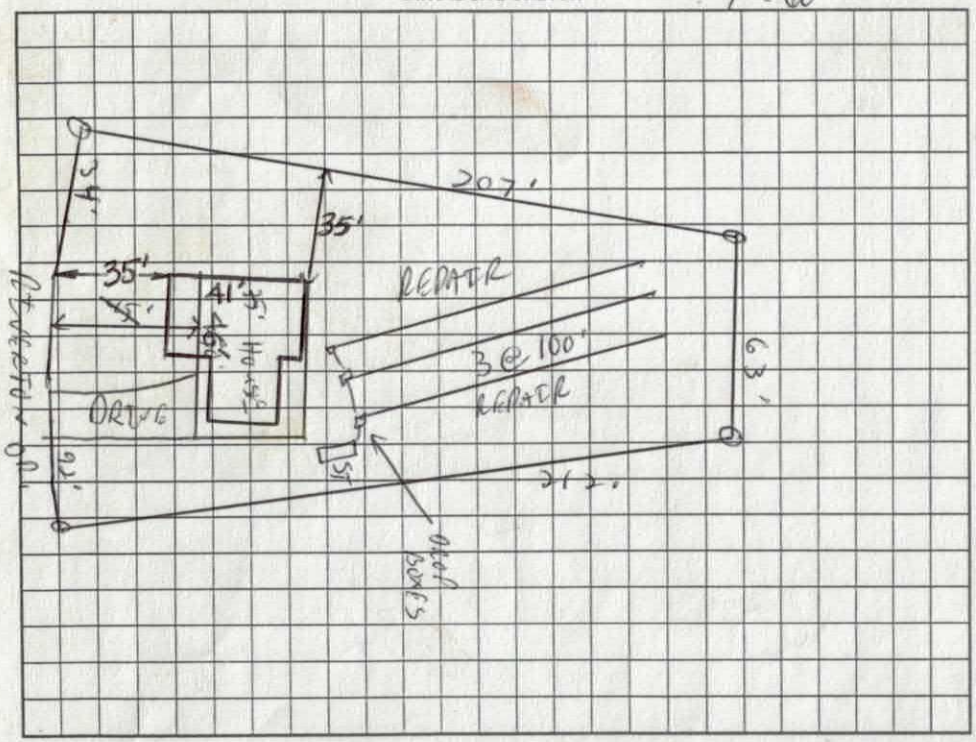
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Indjvidual ☑ Public ☐ Community

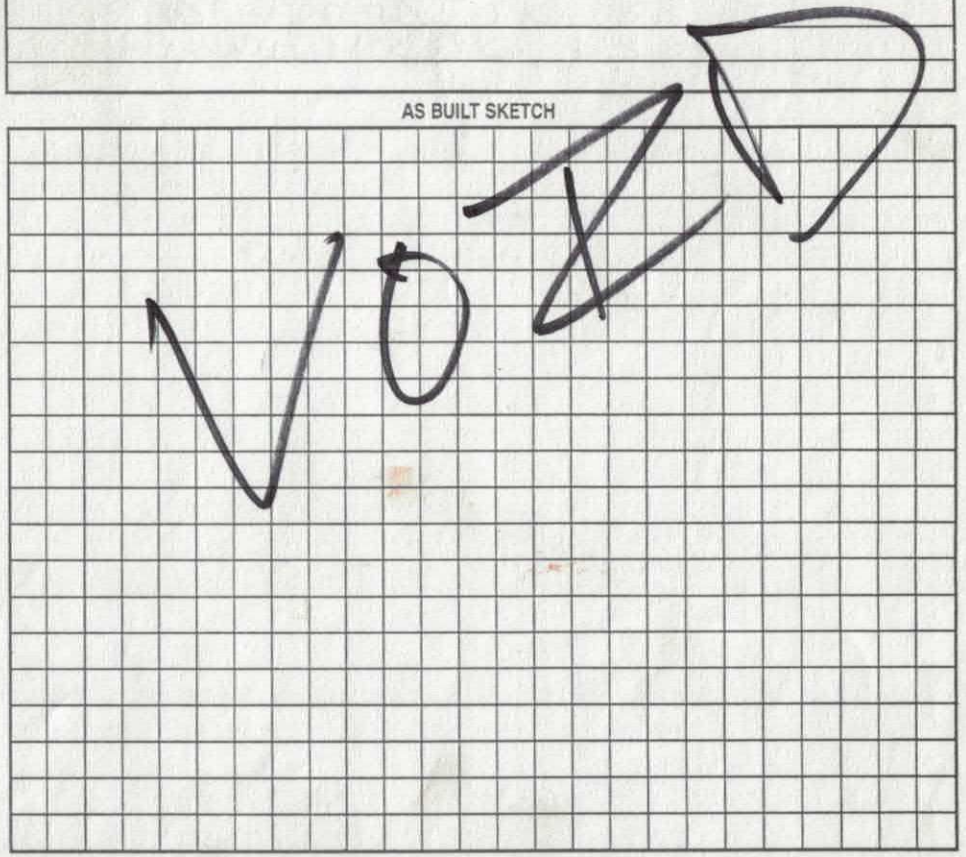
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM IN THREE EQUAL LENGTH LINES ON CONTOUR AS SHOWN

Comments:/Conditions:

INITIAL SITE SKETCH 1"=60'



AS BUILT SKETCH



VOID

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Signed: Linda W. Knox date 10/22/03 Installed by:

Improvement Permit by: date 10/21/03 Operation Permit by: date

Authorization to Construct by: STEVE HEDRICK date 6-28-04 Existing System Inspection by: date

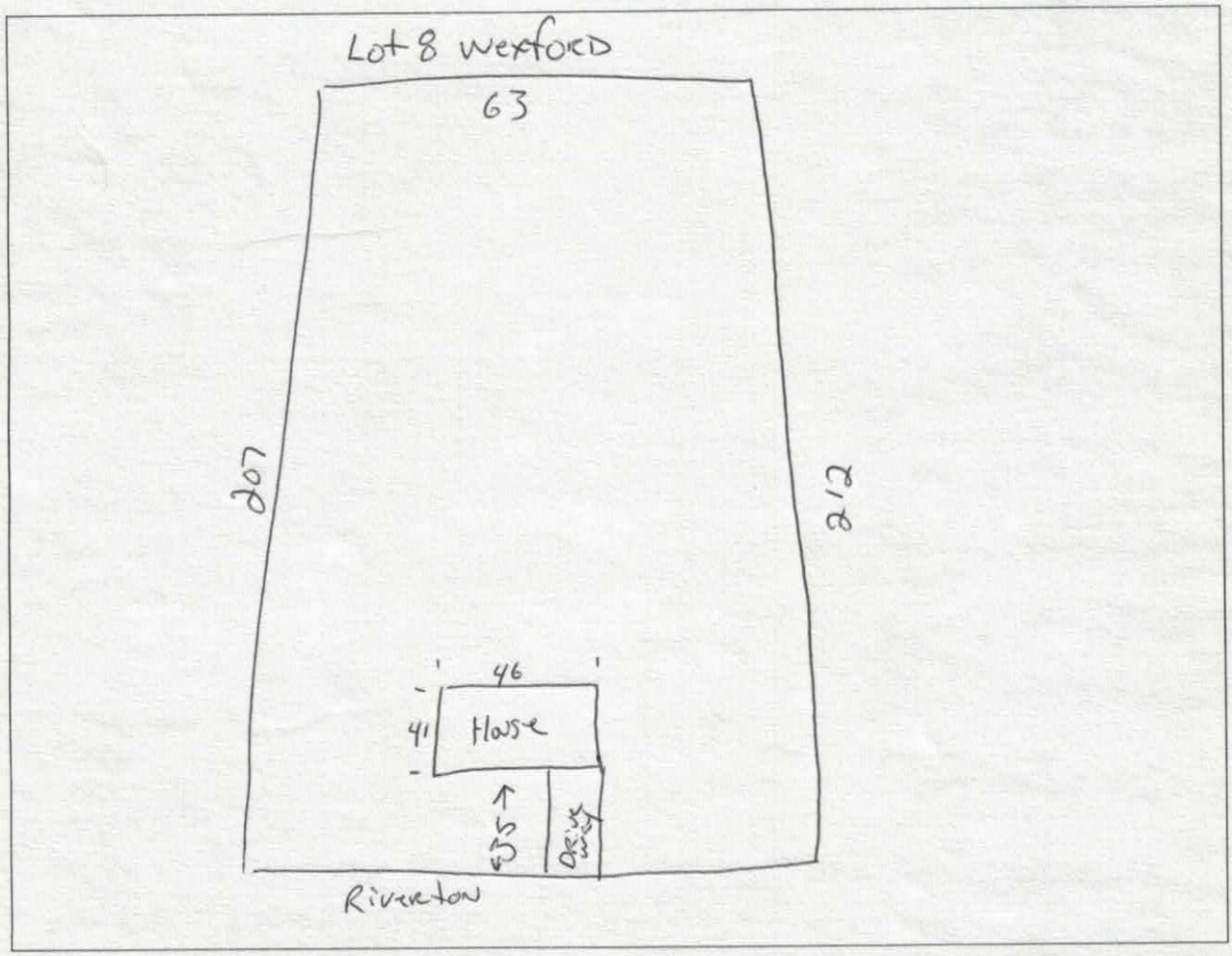
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

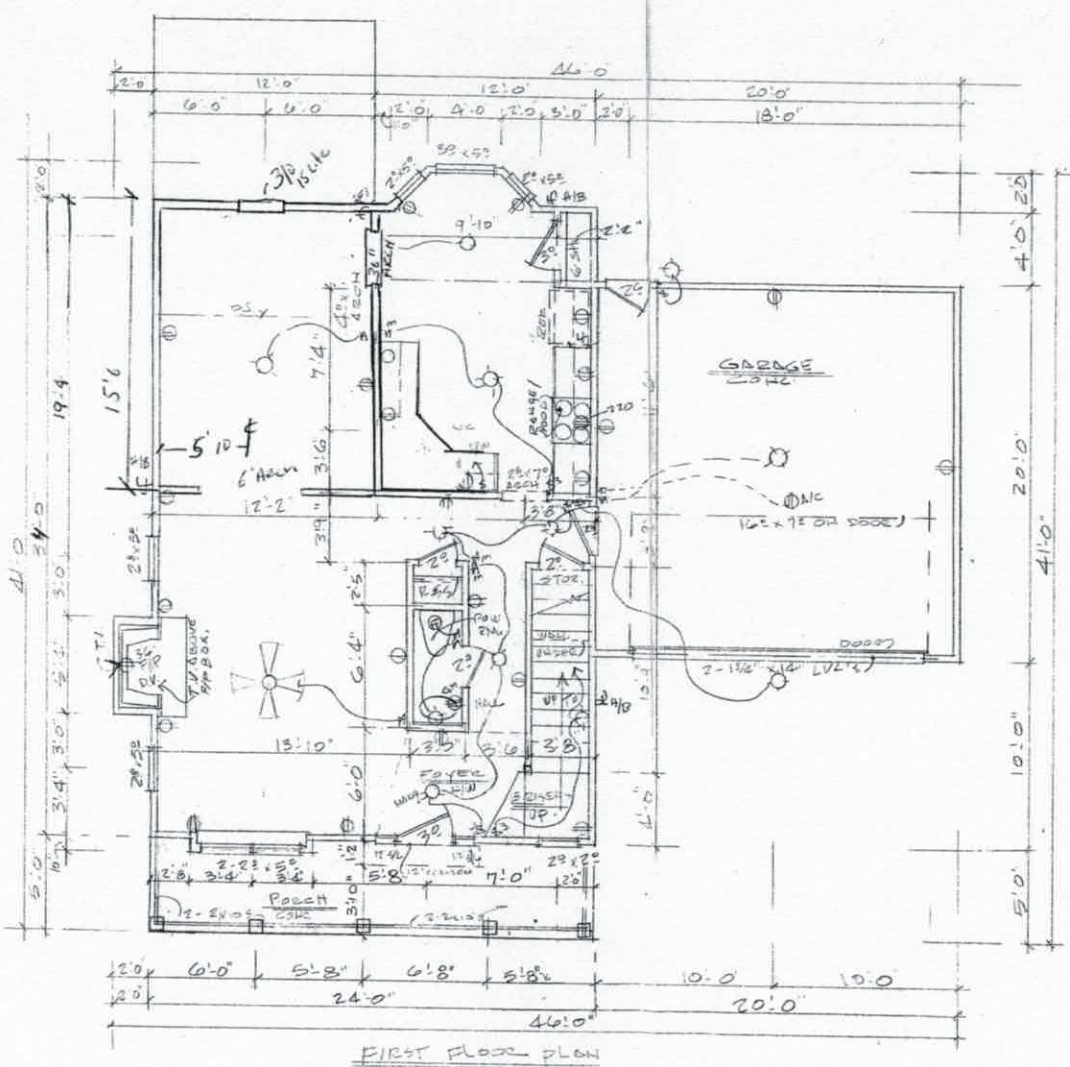
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

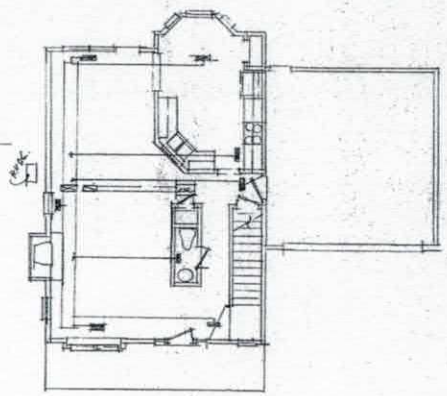
As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

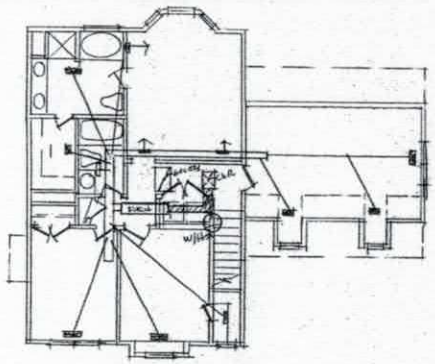


I hereby convenant that the above representation is correct to the best of my knowledge and ability.

6/25/04 Date Mike Mc SIGNATURE OF OWNER/AUTHORIZED AGENT



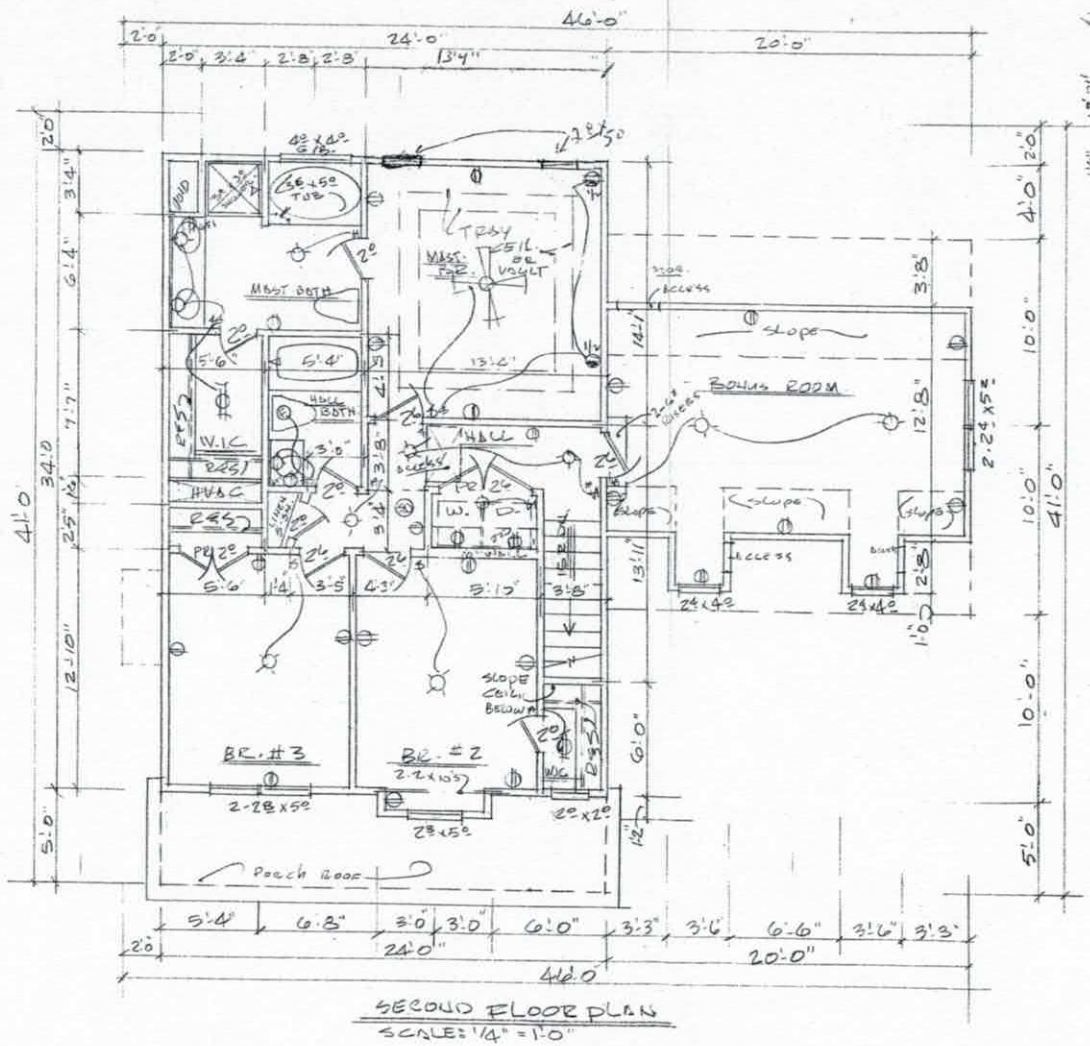




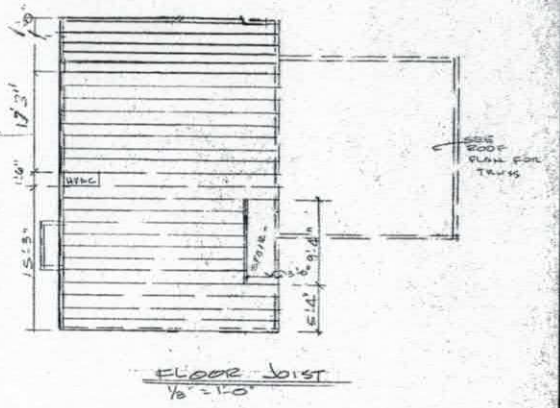
Acknowledgement Of Plans Submittal ONLY!

STEVE HENRICK Date 6-17-04

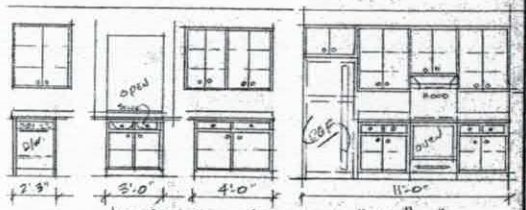
Mike Nystrom Date 6/28/04



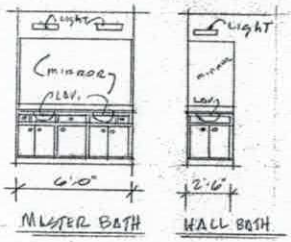
SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"



FLOOR JOIST
1/8" = 1'-0"



KITCHEN CABINETS 1/4"=1'-0"



MASTER BATH HALL BATH

Acknowledgement Of Plans Submittal ONLY!

STEVE HEDRICK Date 6-17-09

Date 6/25/09

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 #:	114174ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1300 Chambersburg
Location of Property:	000 Riverton DR Statesville NC 28677		
Parcel #:	4765-36-8233	Zoning:	R20
Lot #:	8 Size: .463	Flood Plain:	Watershed: None
Applicant:	Linda W Knox	Owner:	Linda W Knox
Address:	8184 Hawkins Clemmons NC 27012	Address:	8184 Hawkins Clemmons, NC 27012
Phone:	336-766-3142	Phone:	336-766-3142
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	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: 20,000	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:

Directions:

Davie Ave. to US-64, L River Hill Rd., L Riverton

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: Linda W. Knox Date: 7-1-03

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

ELLIOTTE BLACKWELL Printed: 6/30/03