9/9/13 Site visit prep 07-19-13 Corners of lots not marked

IREDELL COUNTY HEALTH DEPARTMENT

Pd $500.00 @ Stool

Rec'd 7-25-13 MS

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit ~~(✓)~~ New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Ginger Sparks **Address:** 106 Sawhorse Dr Mooresville, NC **Phone:** 704-450-780

Owner Name: Ginger Sparks **Address:** " " **Phone:** _____

Property Information:

Street Address: 000 Triplett Rd Cleveland, NC 27013

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: 115 N, left on Mazeppa, left on Triplett Rd, 2.5 m on rt. just past Frostview on right B4 Hidden Creek Subdivision

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: 3
Maximum Number of Occupants: 3
(✓) Swimming Pool (Future - maybe)
( ) 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: Ginger Sparks — 7.24.13

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

IREDELL COUNTY HEALTH DEPARTMENT

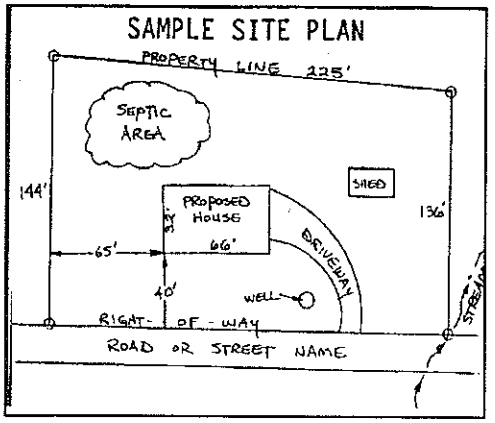
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- TB ( ) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

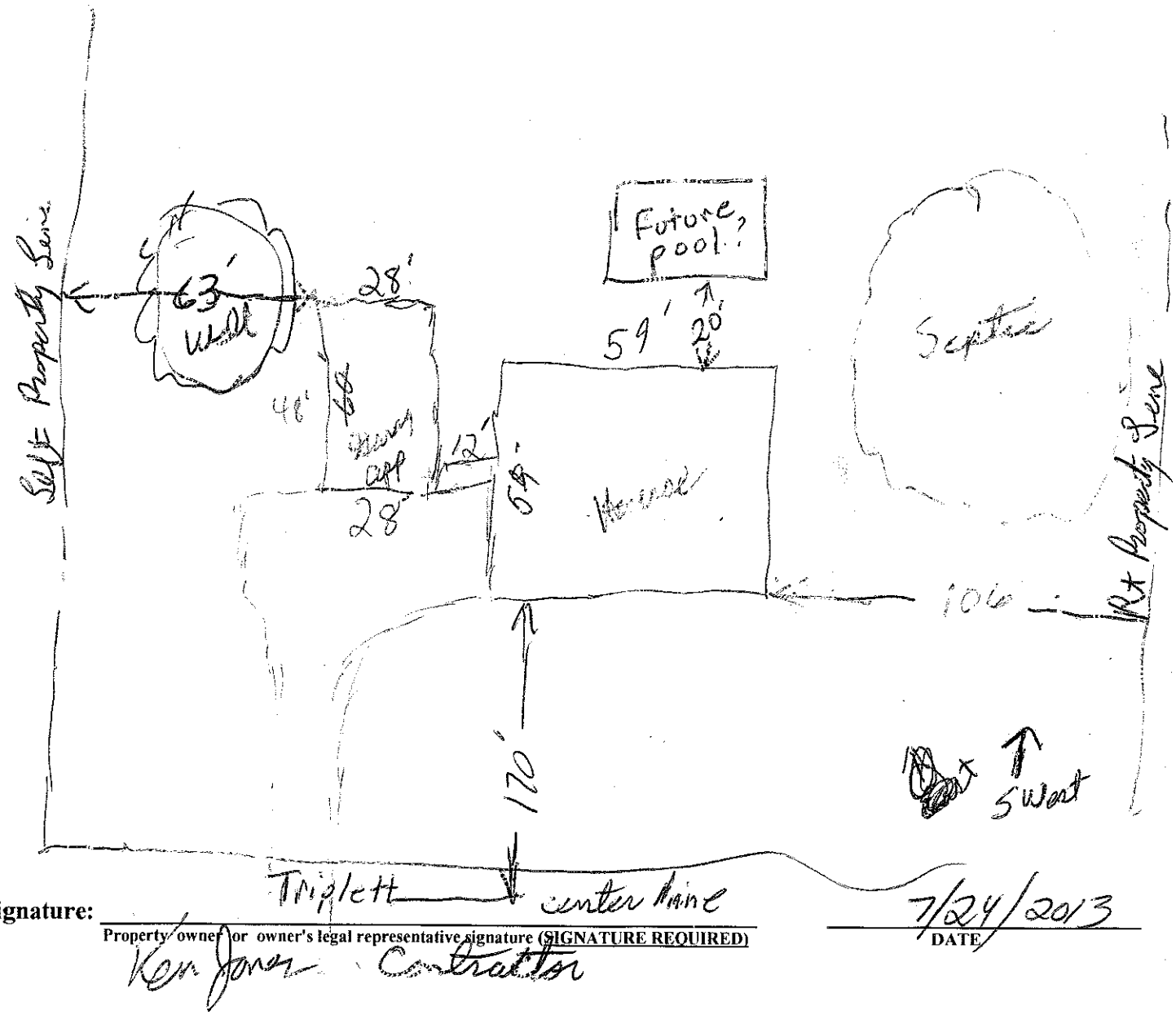


Circle N/A on the following if appropriate:

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: Ken Jones Contractor
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/24/2013
DATE

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

Zoning Permit

Permit Number: 179999ZO

Printed: 7/19/2013

Master #: 179999

Associated Permits:
179999ZO Zoning

Applicant

Name: GINGER B SPARKS **Phone:**
Address: 106 SAWHORSE DR
MOORESVILLE, NC 281150000

Parcel

Parcel Number: 4770352634.000 **Zoning:** RA
Address: 000 TRIPLETT RD **Township:** 1600
CLEVLAND, NC 27013 **Area:** 4.122
Subdivision: **Lot(s):**
Directions to Parcel: 115 N , Left on Mazeppa, Left on Tripplet Rd, ~~3.5~~ 2.5 miles on Right

Owners

Name: GINGER B SPARKS
Address: 106 SAWHORSE DR
MOORESVILLE, NC 281150000

Contractors

Contractor Type: Building
Name: Owner
Address:

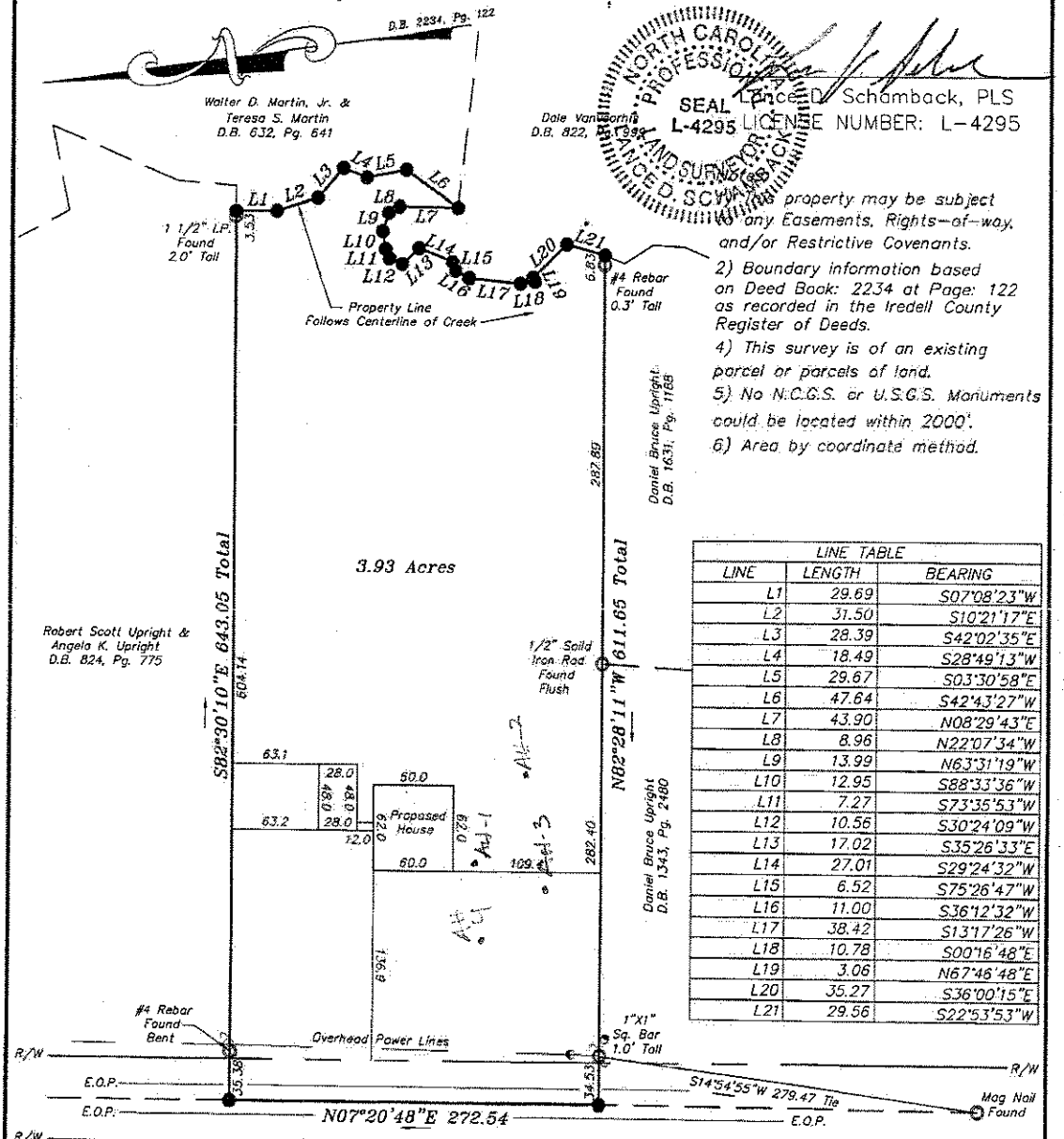
Fees and Receipts:

Number	Description	Amount
FEE-291335-07	Zoning - Permit Application	$75.00
FEE-291336-07	Technology Fee - Planning	$2.25
FEE-291337-07	Environmental Health - Gravity System	$500.00

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: 2234, Page 122). 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 17 day of October A.D. 2013.

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR LANCE D. SCHAMBACK SEAL L-4295

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



LINE TABLE		
LINE	LENGTH	BEARING
L1	29.69	S07°08'23"W
L2	31.50	S10°21'17"E
L3	28.39	S42°02'35"E
L4	18.49	S28°49'13"W
L5	29.67	S03°30'58"E
L6	47.64	S42°43'27"W
L7	43.90	N08°29'43"E
L8	8.96	N22°07'34"W
L9	13.99	N63°31'19"W
L10	12.95	S88°33'36"W
L11	7.27	S73°35'53"W
L12	10.56	S30°24'09"W
L13	17.02	S35°26'33"E
L14	27.01	S29°24'32"W
L15	6.52	S75°26'47"W
L16	11.00	S36°12'32"W
L17	38.42	S13°17'26"W
L18	10.78	S00°16'48"E
L19	3.06	N67°46'48"E
L20	35.27	S36°00'15"E
L21	29.56	S22°53'53"W

1) *This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.*
2) *Boundary information based on Deed Book: 2234 at Page: 122 as recorded in the Iredell County Register of Deeds.*
4) *This survey is of an existing parcel or parcels of land.*
5) *No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.*
6) *Area by coordinate method.*

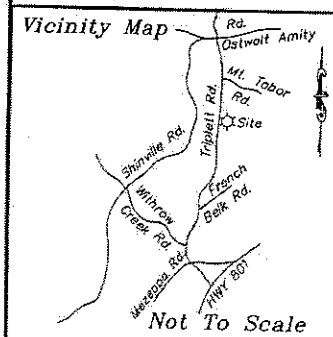
Legend

E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
—∿— = Not to scale
⊡ = Telephone Pedestal
● = Calculated Point

Triplett Road
60' Public R/W
S.R. 2362

GRAPHIC SCALE
100 0 50 100 200
(IN FEET)
1 inch = 100 ft.

Vicinity Map



Not To Scale

Boundary Survey
FOR
Ginger B. Sparks

PROPERTY DESCRIPTION
Deed Book 2234, Page 122

Barringer Township
Iredell County, NC

SCALE: 1" = 100
FIELD BOOK:
FILE: 2013-112
TAX PARCEL ID: 4770352634

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 477036263
COUNTY: Duplin

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

PID 477035263 4

OWNER: Ginger Sparks APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 9/9/13
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Triplett Rd 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LL 3%	0-3"	SCL GR		SS,SP,SE,FR				PS .3
		3-20"	Rd/Brn CL fri m-w SBK		SS,SP,SE,FR w/ few SAP Incl				
		20-48"	Rd/Brn CL/SCL w SBK to m-w						
2	LL 5%	0-4"	Brn SCL GR		SS,SP,SE,FR SAP Incl				PS .3
		4-45"	Rd/Brn VFR CL m-w SBK w/ few to many						
		45-48"	CL/SAP mix						
3	0-2% SL 2-24" SL 24-48" LL 3%	0-7"	Brn SCL		SS,SP,SE,FR				PS .3
		7-18"	Rd/Brn CL/SCL m-w SBK						
		18+ BC							
4	LL 4%	0-6	Brn SCL		SS,SP,SE,FR SAP Incl				PS .3
		6-36	Rd/Brn to R CL/SCL m-w SBK						
		36-48	Rd/Brn CL w/ few to many						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: M. Dotson
OTHER(S) PRESENT: _____

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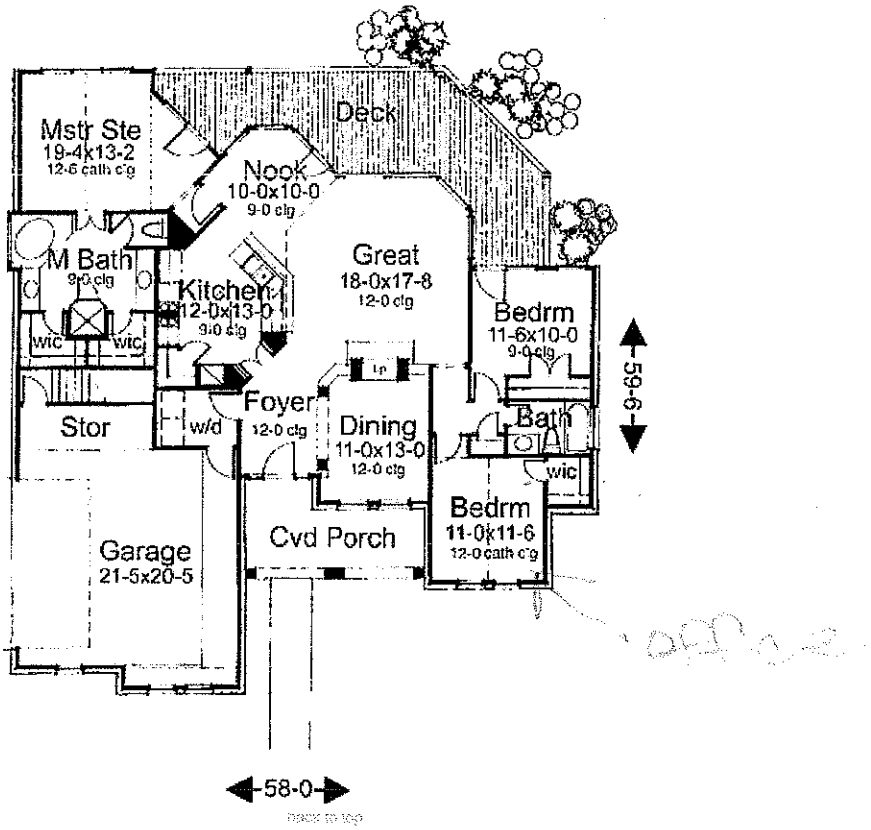
House Plan DW-1675 Images

Floor Plans
Main Floor

Exterior
Color Photo
Color Rendering
Front View
Rear View

Floor Plans

Main Floor



Acknowledgement Of
Plans Submittal ONLY!
Date 7-24-13
Date 11/1/13

Exterior

Color Photo