IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

212239
9090924

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: ERIC WARD/Freedom Homes Address: 1124 Charlotte Hwy Troutman NC Phone: 704-883-6148

Owner Name: MATTHEW RITER Address: _____ Phone: _____

Property Information:

Street Address: 138 Goneaway Ln. Cleveland NC. 27013

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hwy 115 TOWARDS TROUTMAN LOWES TURN LT ON OSTWALT AMITY THEN LEFT ONTO TRIPLETT THEN RT ONTO WATERMOSS THEN LT ONTO GONEAWAY LN LOT ON RIGHT

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: 5
( ) Swimming Pool
( ) 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: Eric Ward

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

9-2-15

DATE

STATE OF NORTH CAROLINA
IREDELL COUNTY

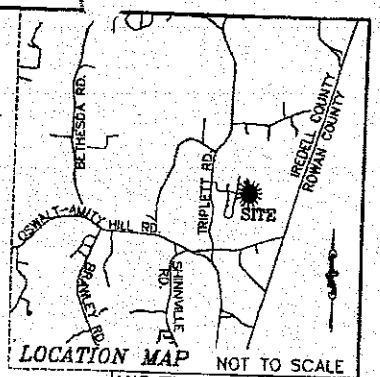
I certify that this map was drawn from an actual survey made under my supervision The unadjusted ratio of precision as calculated is 1: 10,000± Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book, as Page shown .Witness my hand and seal this 16th day of JULY, 2015.

NORTH CAROLINA PROFESSIONAL SEAL L-4952 LAND SURVEYOR NICHOLAS D. WHITLEY 7-16-15

Professional Land Surveyor
L-4952

NOTES:
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
- AREA BY COORDINATE COMPUTATION.
- PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.
- SURVEY IS BASED ON PHYSICAL EVIDENCE AND EXISTING MONUMENT FOUND DURING THE SURVEY.
- PROPERTY CORNER PIPE SIZES AS SHOWN ARE NOMINAL INSIDE DIAMETER.
- NO NCGS MONUMENT FOUND WITHIN 2000'.

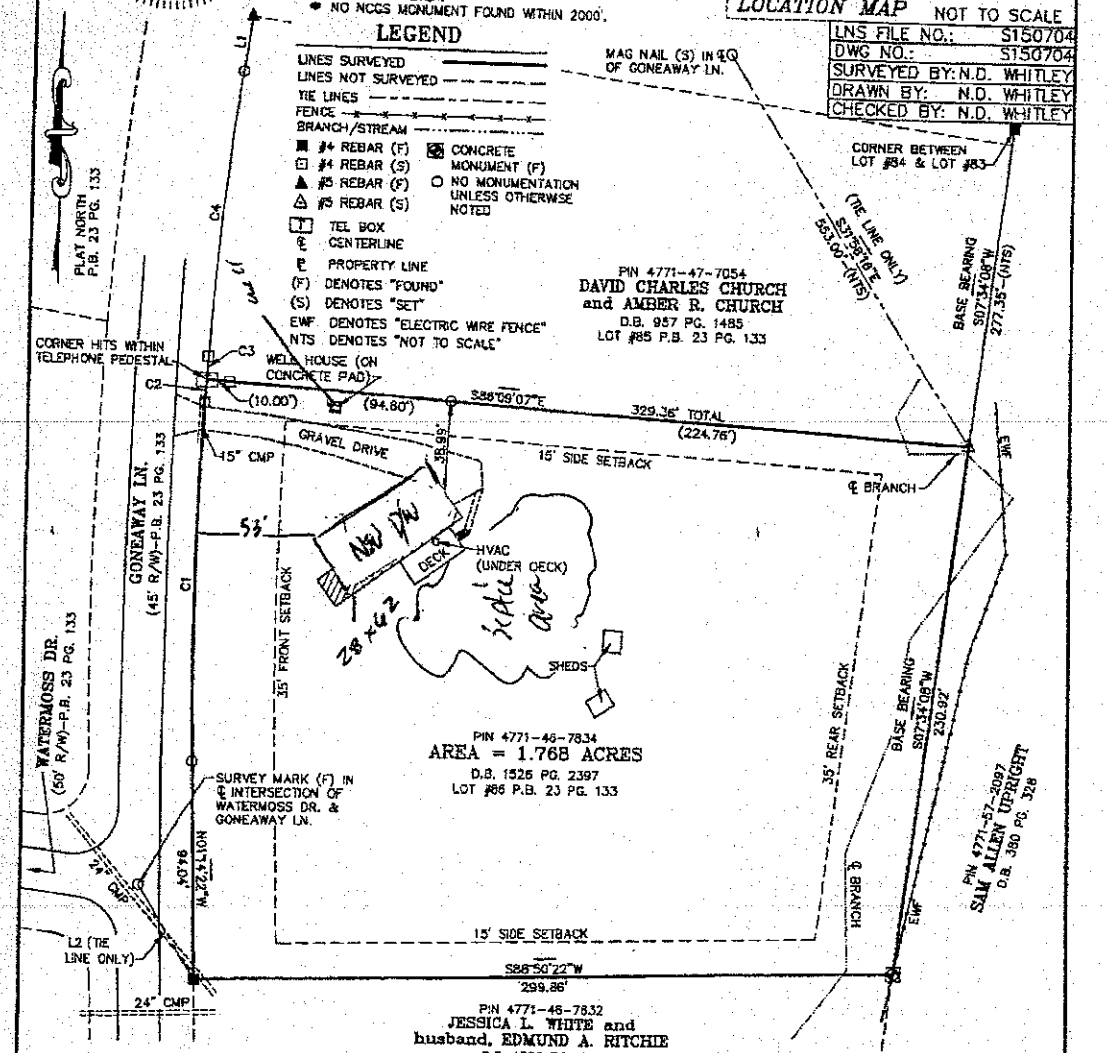
LOCATION MAP NOT TO SCALE



LNS FILE NO.:	S150704
DWG NO.:	S150704
SURVEYED BY:	N.D. WHITLEY
DRAWN BY:	N.D. WHITLEY
CHECKED BY:	N.D. WHITLEY

LEGEND

LINES SURVEYED
LINES NOT SURVEYED
TIE LINES
FENCE
BRANCH/STREAM
#4 REBAR (F)
#4 REBAR (S)
#5 REBAR (F)
#5 REBAR (S)
CONCRETE MONUMENT (F)
NO MONUMENTATION UNLESS OTHERWISE NOTED
TEL BOX
℄ CENTERLINE
℄ PROPERTY LINE
(F) DENOTES "FOUND"
(S) DENOTES "SET"
EWF DENOTES "ELECTRIC WIRE FENCE"
NTS DENOTES "NOT TO SCALE"



PIN 4771-47-7054
DAVID CHARLES CHURCH and AMBER R. CHURCH
D.B. 957 PG. 1485
LOT #85 P.B. 23 PG. 133

PIN 4771-46-7834
AREA = 1.768 ACRES
D.B. 1526 PG. 2397
LOT #86 P.B. 23 PG. 133

PIN 4771-46-7832
JESSICA L. WHITE and husband, EDMUND A. RITCHIE
D.B. 1862 PG. 317
LOT #87 P.B. 23 PG. 133

GRAPHIC SCALE
0 30 60
(IN FEET)
1 inch = 60 ft.

CURVE TABLE

CURVE	LENGTH	RADIUS	DELTA	CHORD DIR.	CHORD
C1	153.16'	1858.24'	4°43'21"	N01°07'18"E	153.12'
C2	10.00'	1837.72'	0°18'43"	N03°38'17"E	10.00'
C3	10.01'	1837.76'	0°18'44"	S03°56'41"W	10.01'
C4	122.61'	1858.24'	3°46'50"	S05°59'25"W	122.59'

LINE TABLE

LINE	BEARING	DIST.
L1	S07°52'50"W	23.32
L2	S31°24'19"E	46.92

TAX ID: 4771-46-7834
FOR SOURCE OF TITLE REFER TO D.BK. 1526 PG. 2397
PROPERTY OWNED BY
MATTHEW S. RITER and AMANDA N. CHURCH
PHYSICAL SURVEY OF

LOT #86 WILLOW RIDGE
P.B. 23 PG. 133

CHAMBERSBURG TOWNSHIP IREDELL COUNTY, N.C.
SCALE: 1" = 60'
BOOK: NA
DATE OF SURVEY: JULY 16, 2015
DATE OF MAPPING: JULY 16, 2015

LNS
SURVEY AND MAP PREPARED BY:
LAKE NORMAN SURVEYING & MAPPING PLLC #P-0190
137 Jennings Road, Suite C
Statesville, North Carolina 28625
(704) 876-4450 Fax (704) 876-4451

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, MATTHEW RITER, am the legal owner of the property located at _____, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) ERIC WARD FREEDOM HOMES _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Matthew Riter — Signature of Owner — 7-2-15 — Date

Billy Chaney — Signature of Witness — 7-2-15 — Date

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17635 DATE 1-14-94

OWNER OR CONTRACTOR Teresa Beaudoin TAX MAP NO. 5F-2-A-86

ADDRESS Rt 7 Box 223 Mooresville, N.C. PHONE: Business Home 664-4165

LOCATION 70E TR Triplett Rd Th water Mess to end Th Gone Away 3rd lot rt. Watershed: ☐ Yes ☒ No

SUBDIVISION Willow Ridge BLOCK / SECTION LOT 86 LOT AREA 1/2acre + SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 1-4-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36 Max Trench Bottom Depth 24 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees

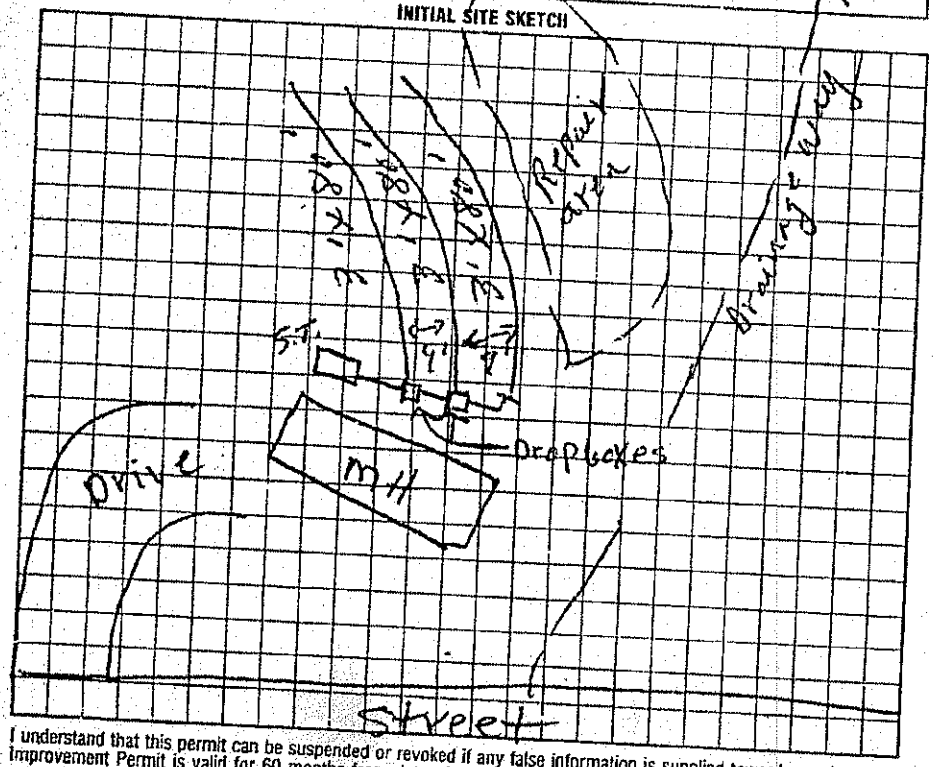
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

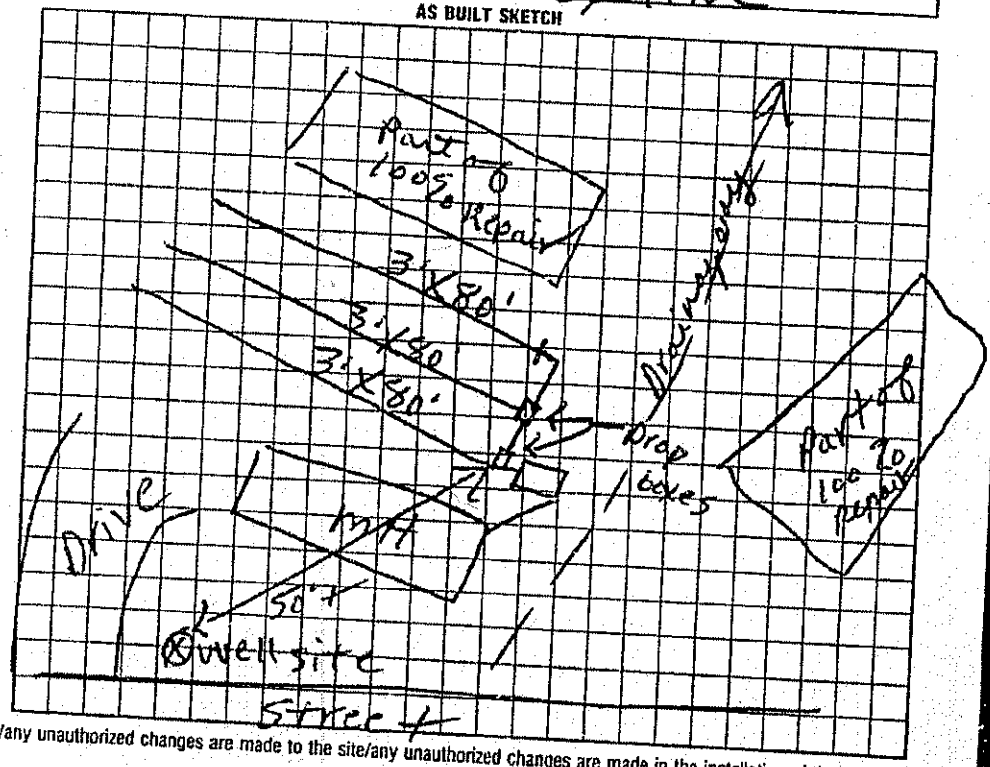
Comments:

Comments: MH + well not located at time of this inspection Keep proper distances from S.T. System

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: J. C. Moore date 1-14-94

Existing System Inspection by: date

Installed by: Kenny Billings

Certificate of Completion by: J. C. Moore date 2-9-94

Operation Permit by: date

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