IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228863

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

PIN # 3782743258

APPLICANT/OWNER: Chris McNeil APPLICANT ADDRESS: 1728 Oakland Drive 28081

SITE ADDRESS: 111 Docuside Lane Statesville NC 28677 PHONE: 704 933 1642 ALT. PHONE —

SITE DIRECTIONS: Hwy 70 W to Oaks Development on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Oaks Landings SECTION: -1- LOT # 54 LOT AREA: .577 Acres DESIGN FLOW: 360 L.T.A.R.: .30

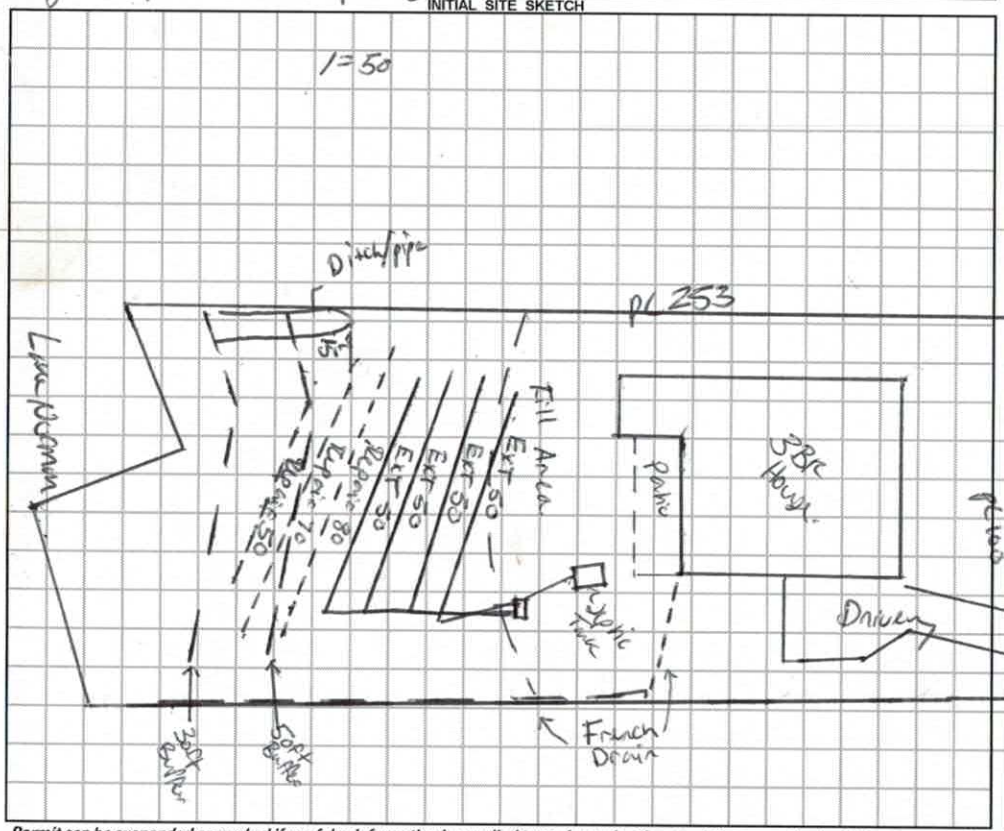
Septic Tank	1000	(gal)	STB	168	Date	9/9/19	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II III IV V VI		
Pump Make	—	Model	—		Serial #	—	System Description:	Gravity 50% Reduction	
# Nitrification Fields	1	# Lines	4		Linear Ft	200	Repair System Description:	LP-Panel - TSII	
Trench Width	24	Trench Bottom Depth(Low side)	32		Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
							☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☒ Basement w/o plumbing

Comments / Conditions: Purpose of this permit is to Relocate Repare Area. and remove Fill Material that is Located over Existing drainfield and Tank Original System / Interceptor Drawn Checked 12/17

1/10/2020 Met with Contractor about wall Placement. wall is to be 10ft upslope from Septic Tank + Drainfield,

INITIAL SITE SKETCH



AS BUILT SKETCH

* Installed as Shown on Permit *

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: Chris McNeil Date: 8/6/19 Installed by: Ted Williams. Gravity Septic

IMPROVEMENT PERMIT by: Benjamin A Bolin Date: 8/5/19 OPERATION PERMIT by: Benjamin A Bolin Date: 4-27-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolin Date: 8/5/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

mid parking area 0-24 0-9 Fill Compacted SCL
24-50 - Clay Firm 0.15
50-CO - clay SL Firm

OWNER: Chris Mc Neil
ADDRESS: 111 Dockside Stony Point
PROPOSED FACILITY: 3 BR SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: Same as above
APPLICATION DATE 7/21/17
DATE EVALUATED: 8/17/17
PROPERTY SIZE: 0.57ac
PROPERTY RECORDED: Yes

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) .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	Repair	0-16	SCL v.w.SBK	Sl. Firm, SS, SP, Sap	—	62	—	—	0.30 PS
		16-53	Clay w-m SBK	Sl. Firm, Sticky, SP, Sap					
		53-62	Clay some w SBK sap	Sl. Firm, Sticky, SP, Sap					
2		0-18	SCL v.w. SBK	Sl. Firm, SS, SP, Sap	7.5 YR 5/4 mottles @ 38"	62	—	—	0.30 PS
		18-42	Clay w-m SBK	Sl. Firm, Sticky, SP, Sap					
		42-62	Clay some w.SBK some SAP	Sl. Friable, SS, SP, Sap					
3		0-19	SCL w SBK	Sl. Firm, SS, SP, Sap	2.5 Y 6/3 [below old stump] some mottles	54	—	—	0.30 PS
		19-28	SCL w-m old stump w.SBK	very Sl. Firm Sticky, SP, Sap					
		28-64	Clay some w-m SBK SP	Sl. Firm, Sticky, SP, Sap					
4	Repair	0-14	SCL w.SBK	Sl. Firm, SS, SP, Sap	10 YR 6/3 @ 32"	53	—	—	0.275
		14-34	Clay some w SBK w-m	Sl. Firm Sticky, SP, Sap					
		34-55	Clay Loam some SAP w.SBK	Sl. Friable, SS, SP, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	50% reduction	50% +25% Reduction TS II
Site LTAR	0.30	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Chris McNeil

COMMENTS: Intersept Lot Reviewed

L_1	P	8.07'	68'	18
L_2	B	9.74	66	16
L_3	W	11.25	66'	16
L_4	P	12.82	64	14
L_5	B	[9.12]	56 (0-38 25%)	28
L_6	W	[10.56]	56	92
L_7	P	[11.58]	56	

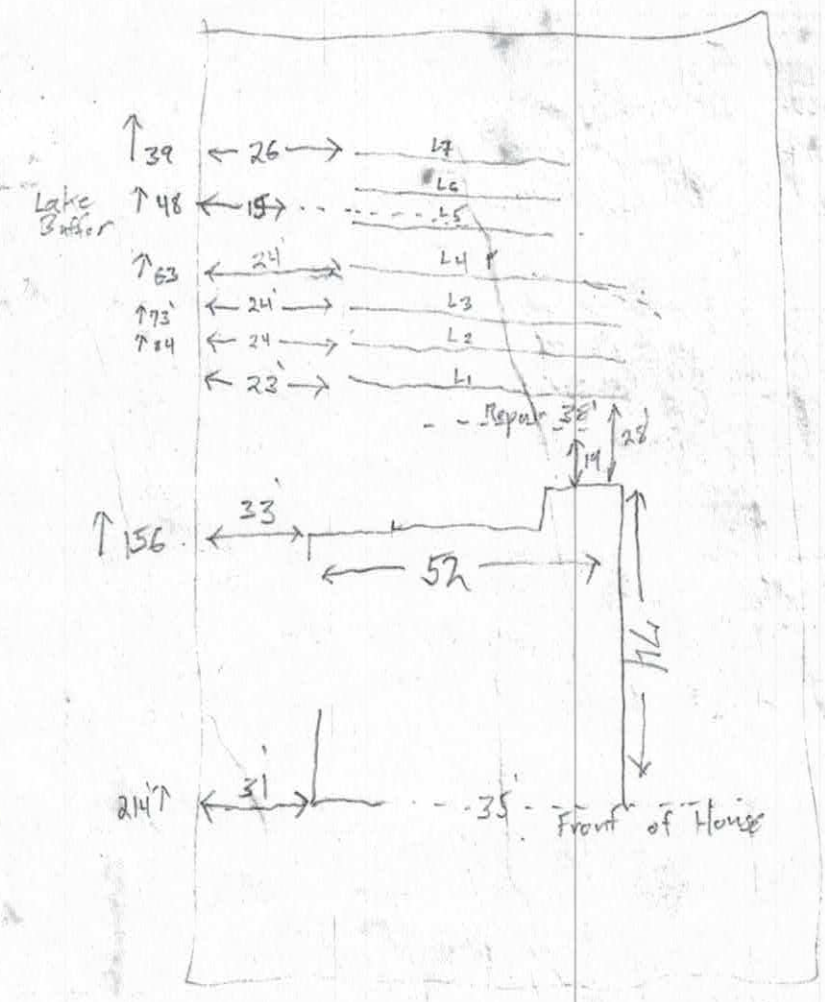
=> 126

116 + 38 => 154

189 - 154 => 35'

218 of 50%

327 of 25%



= 130 of 50% reduction

=> 260 conventional

38'

154' of 25% reduction

RECEIVED JUN 5 - 2019

#228863 Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Comprehensive Relayout

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) 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: (PRINT CLEARLY)

Applicant Name: Chris McNeil Address: 1726 Oakland Dr. Zip: 28681
Applicant Email: cmcneil9@outlook.com Phone: 704 933-1642 Alt. Phone: _____
Owner Name: Chris McNeil Address: _____ Zip: _____
Owner Email: cmcneil9@outlook.com Phone: 704 933-1642 Alt. Phone: _____

Property Information:

Street Address: 111 Dockside Lane
Subdivision Name: River Oaks Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 70 W. to Oaks Development on Right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(✓) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: Chris McNeil 06-05-19
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Chris McNeil

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.

2. I, Chris McNeil, am the legal owner(s) of the property located at 111 Dockside Ln., identified as

PIN (Parcel Identification Number) 3782, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, 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.

Chris McNeil
Signature of Owner(s)

06-05-19
Date

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

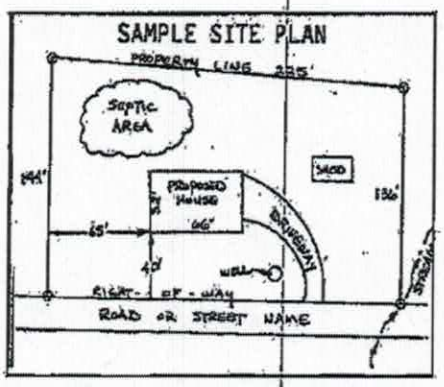
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
( ) 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 Added Permit w/ Red Lines

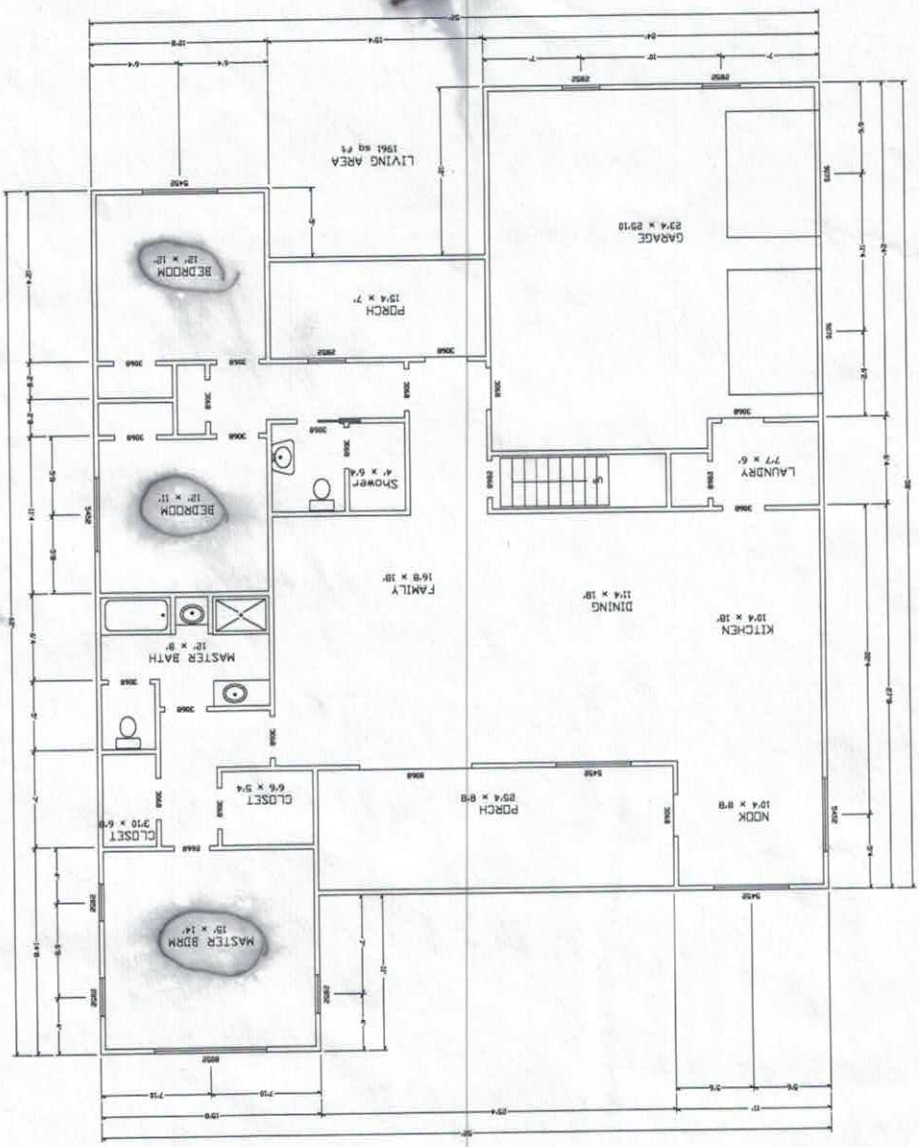
NOTE: To Remove Dirt over Septic Area and Add Retaining Wall -

Wall is 2' High, 4' Long, 3' High } EACH Block

Wall will be approx 10' High and 16' off Septic Line & End at least 15' From Tank.

Signature: Chris McNeil — 06-05-19

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



Acknowledgement Of Plans Submittal ONLY!
Date 9/6/17
Owner 9/6/17

K. Howell 828-312-9221	Scale 1/4 7-20-17	Howell Technologies Inc. McNeil Home	Main Level

HOWELL TECHNOLOGIES INC
REAL ESTATE & CONSTRUCTION

IREDELL COUNTY

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

APPLICATION NUMBER
228863
Issue Date: 07/21/2017

52'

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
3782743258.000	111 DOCKSIDE LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCNEIL CHRISTOPHER G+JEANNIE L	Applicant: HOWELL TECHNOLOGIES
Address: 1728 OAKLAND DR KANNAPOLIS, NC 28081	Address: 125 WHITEHALL LANE HUDSON, NC 28638
Phone:	Phone: 828-396-5141

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.577	35.00	50.00	15.00	15.00	CACL	AE

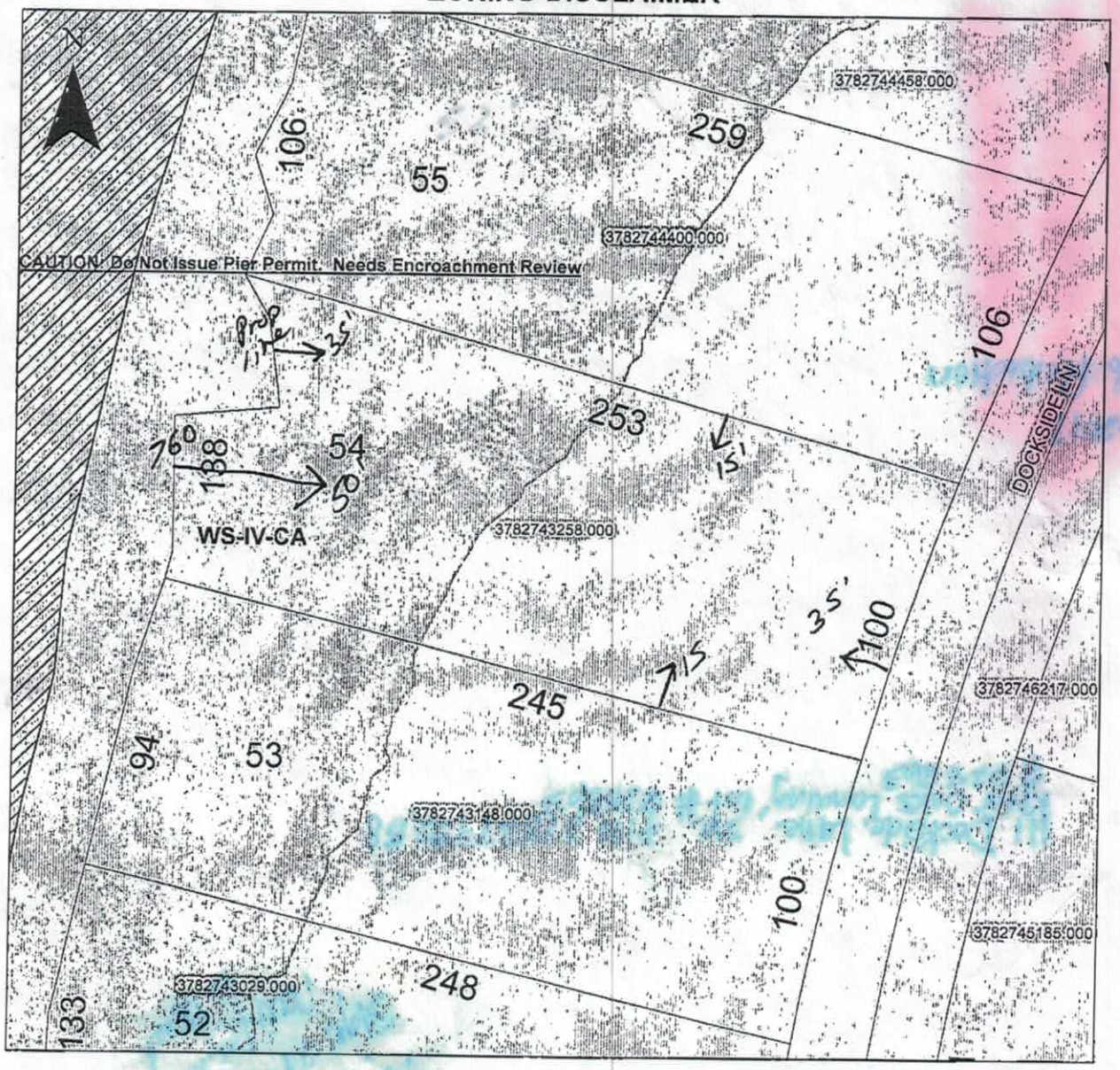
Remarks:

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	109846	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 111 Dockside

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.

X _____
Applicant

7/21/17
Date