# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 233132

PIN # 3784033364

APPLICANT/OWNER: Mark Warren

APPLICANT ADDRESS: 167 Clio Lane Statesville NC 28625

SITE ADDRESS: 355 Gardner Pointe Stony Point NC 28678

PHONE: 828 217 4495 ALT. PHONE 704 495 1838

SITE DIRECTIONS: Camp Circle RD (L) onto Stewart Rocca (L) onto Fullbright RD R on Gardner Point

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 23.269

DESIGN FLOW: 360 L.T.A.R.: .25

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | 5-7-2018 |
| Pump Tank | — | (gal) | PT | — | Date | — |
| Pump Make | — | Model | — | | Serial # | — |
| # Nitrification Fields | 1 | # Lines | 3 | | Linear Ft | 360 |
| Trench Width | 36 | Trench Bottom Depth(Low side) | 30 | | Gravel Depth | — |

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction.

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees —

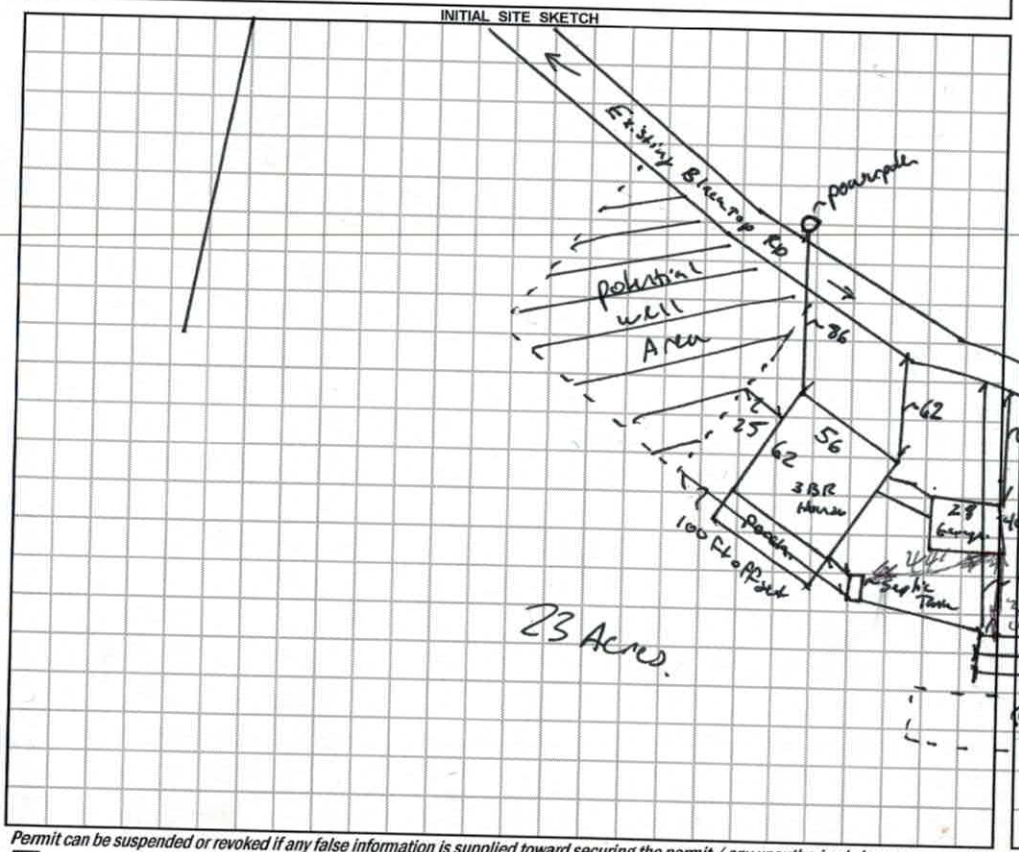
[ ] Slab [X] Crawl Space

[ ] Basement w/ plumbing [ ] Basement w/o plumbing

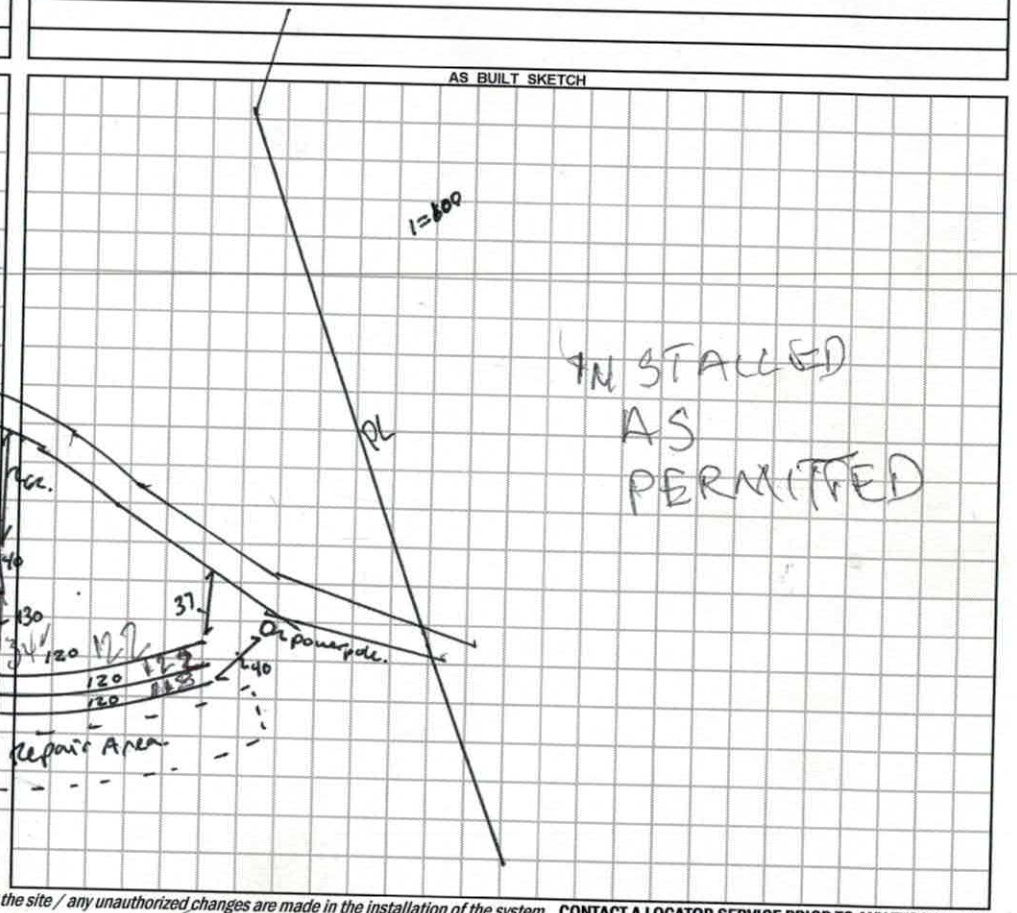
Water Supply: [X] Private [ ] Public [ ] Community

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature]

IMPROVEMENT PERMIT by: Benjamin A. Batten Date: 5-11-18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Batten Date: 6/2/2018

Installed by: LENTZ

OPERATION PERMIT by: Benjamin C. White Date: 8-7-2019

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.**

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 3780033
COUNTY: Durham

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

OWNER: Mark Warren.
ADDRESS: 355 Garbutt Pointe
PROPOSED FACILITY: Hous 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 355 Garbutt Pointe
APPLICATION DATE
DATE EVALUATED: 3/13
PROPERTY SIZE: 23 Acres
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) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | 10-12% | 0-33 | C SBK | SS SP FM SBK | 10R 4/6 | 46 | | | PS .25 |
| | | 33-46 | CL WSBK | SS SP FR | | | | | |
| | | 46-60 | Loam Sap. M | SS NP FR | | | | | |
| 2 | 10-12% | 0-36 | C SBK | " " | | 56 | | Lt to Mottles | PS .25 |
| | | 36-56 | CL WSBK | " " | | | | | |
| 3 | 10-15% | 0-40 | C SBK | " " | | 56 | | | PS .25 |
| | | 40-56 | CL SBK | " " | | | | | |
| 4 | 10/15% | 0-33 | C SBK | " " | | 50 | | | PS .25 |
| | | 33-50 | CL WSBK | " " | | | | | |
| | | 50-55 | Loam Sap. M | " " | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 360 | 360 |
| System Type(s) | III 25% | III 25% |
| Site LTAR | .25 | .25 |

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B Kris
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | | None | None | | |

| 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) |

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

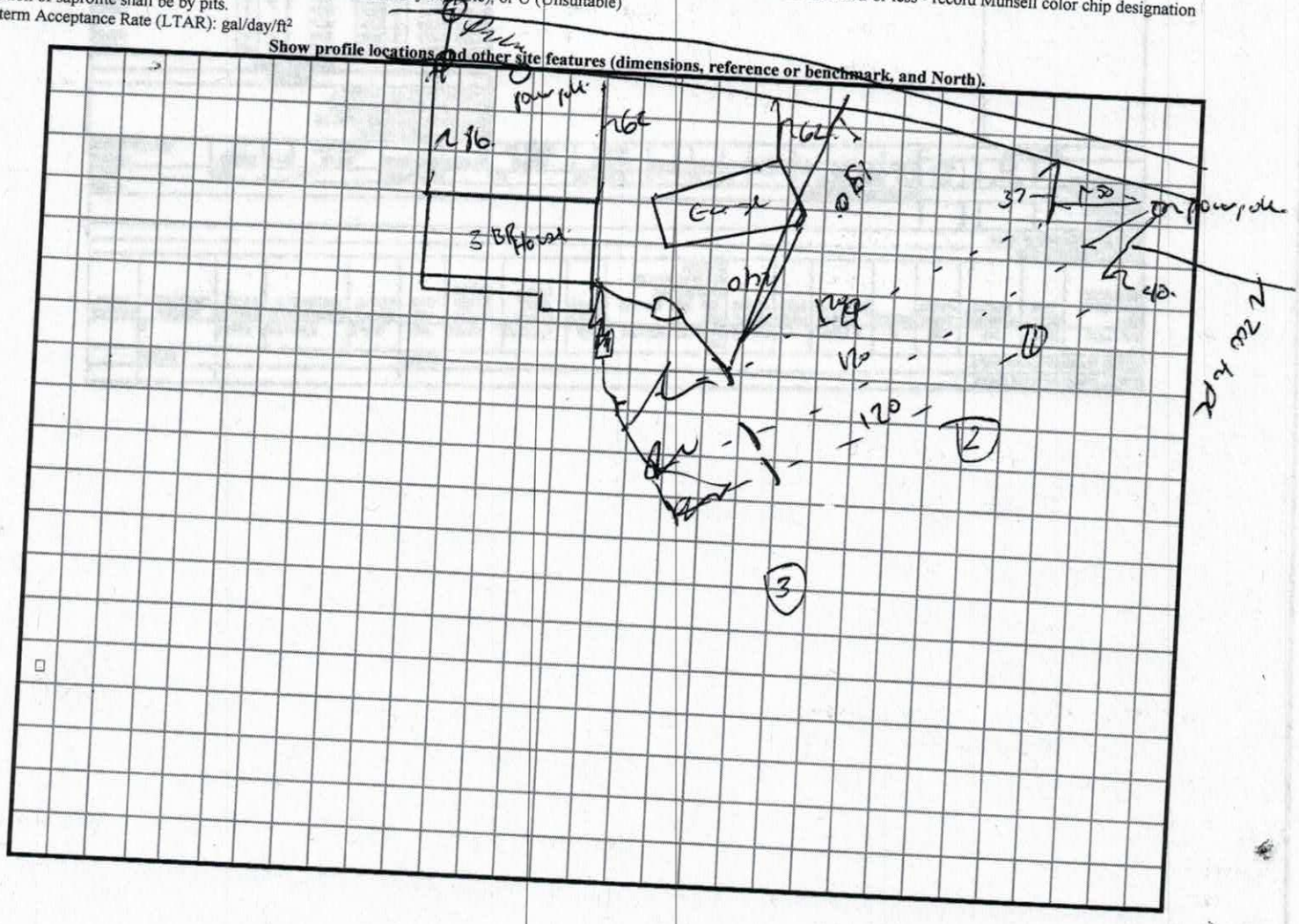
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL 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 |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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




3X120

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

**Application For:** (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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: Mark Warren Address: 107 Clio Lane Statesville NC 28625 Zip: _____
Applicant Email: warrentimber@hotmail.com Phone: 8287174495 Alt. Phone: 7044951838
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 355 Gardner Pointe Stony Point NC 28678
Subdivision Name: Riverwalk Section/Phase: _____ Lot Number: _____
Driving Directions: Countyline Rd to onto Stony Rock Left onto Fullnight Rd, to Right onto gardner pointe.

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

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to falling septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2428 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

**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:** _____ 1-7-17
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

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.

I, Mark Warren, am the legal owner(s) of the property located at 355 Gardner Pointe Stony Point NC 28678, identified as PIN (Parcel Identification Number) 3784033364, located in Iredell County, North Carolina.

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

| Signature of Owner(s) | Date | Signature of Witness | Date |
|---|---|---|---|
| Mark Warren | 1-7-17 | Sandy Warren | 1-7-17 |

Please return this signed form to the appropriate office:


**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

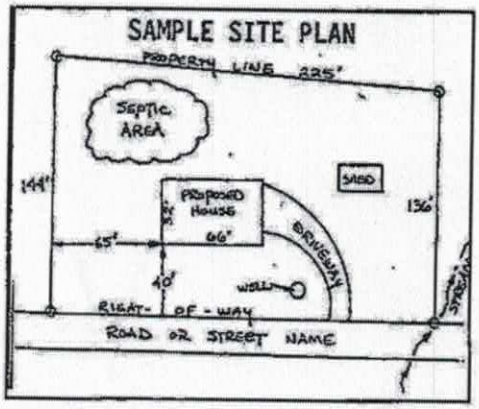
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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:**

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

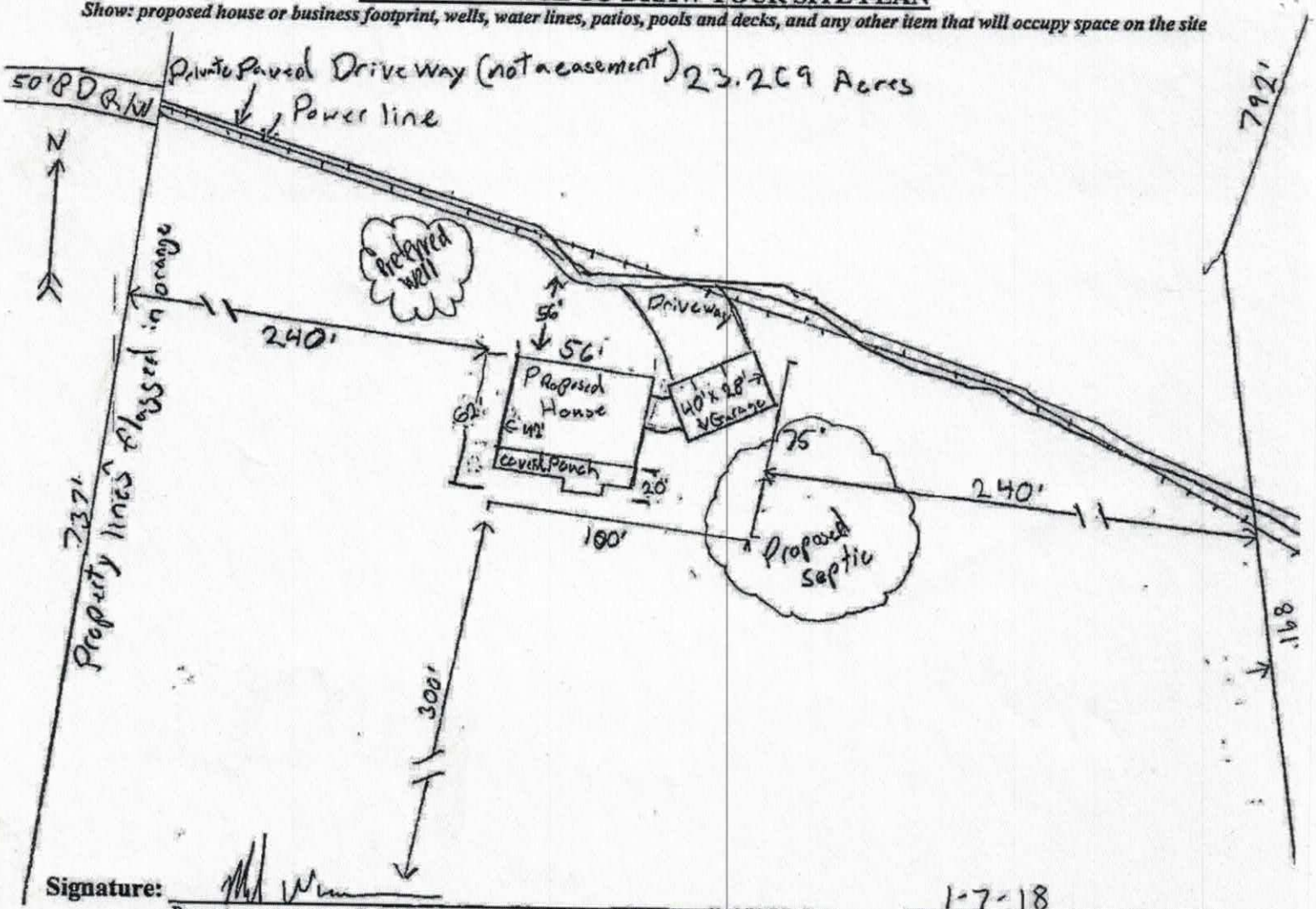



**Circle N/A on the following if appropriate:**

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***

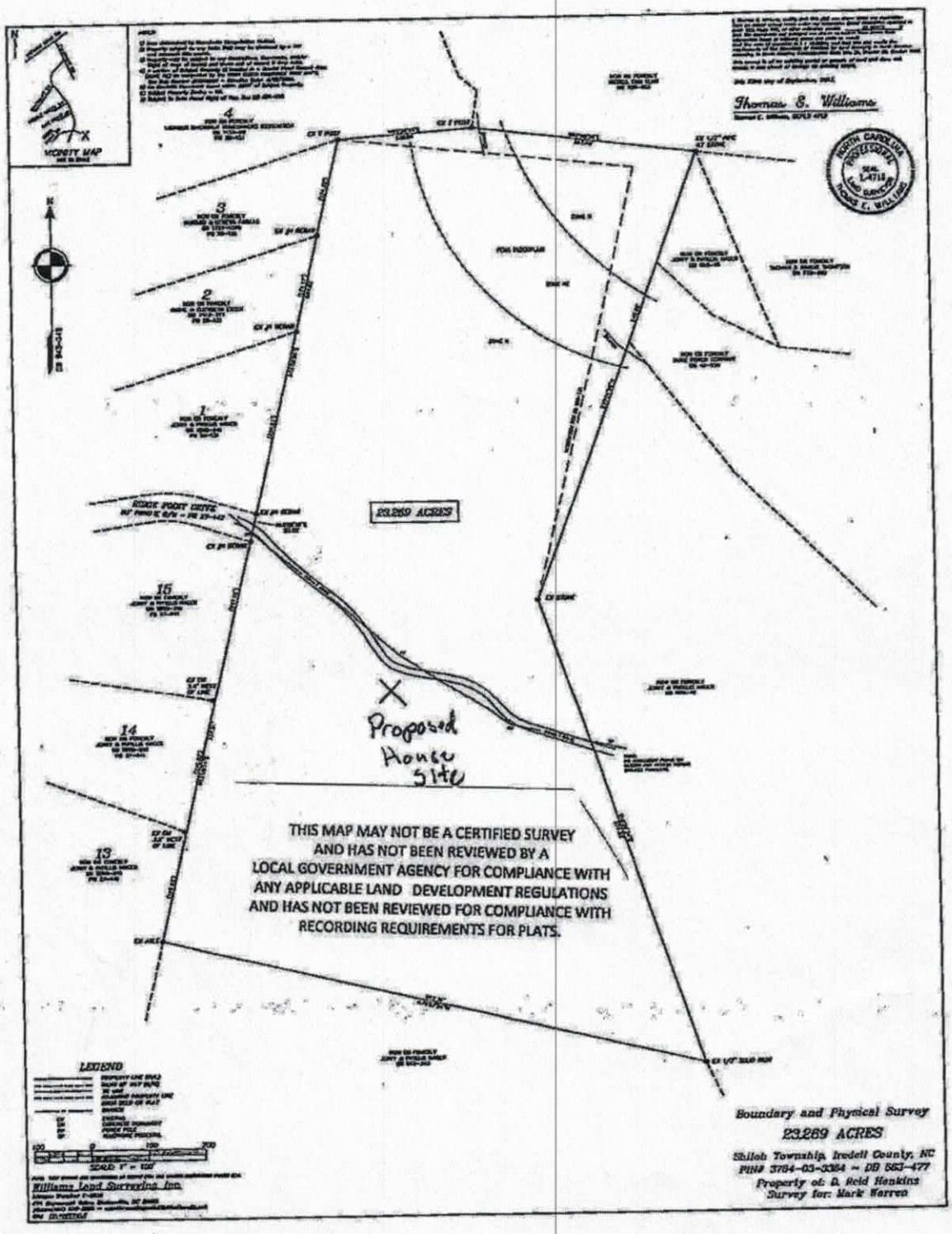



**Signature:** _____

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

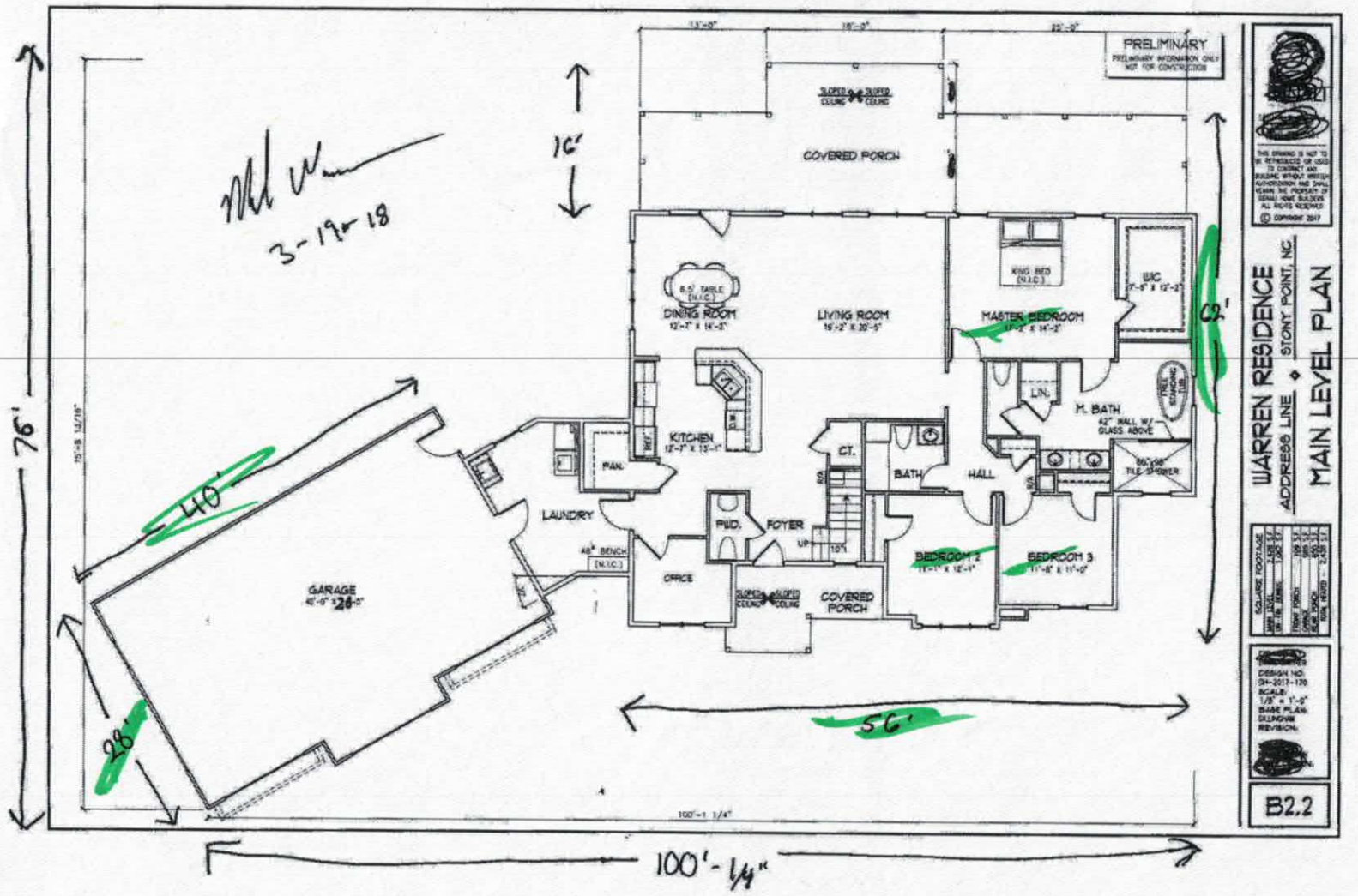
1-7-18

DATE


VICINITY MAP
Thomas E. Williams
NORTH CAROLINA PROFESSIONAL SEAL L-4714 LAND SURVEYOR THOMAS E. WILLIAMS
23.269 ACRES
Proposed House Site
THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.
LEGEND
Williams Land Surveying Inc
Boundary and Physical Survey
23.269 ACRES
Shiloh Township, Iredell County, NC
PIN# 3764-03-3364 ~ DB 563-477
Property of: D. Reid Hankins
Survey for: Mark Herren

Acknowledgement Of
Plans Submittal ONLY!
Date 4/6/18.
Date 5-11-18

233132



# IREDELL COUNTY

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

| APPLICATION NUMBER |
| --- |
| 233132 |
| Issue Date: 02/01/2018 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 3784033364.000 | 355 GARDNER POINT DRIVE, STONY POINT, NC 28678 | |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: WARREN MARK RAYMOND | Applicant: WARREN MARK RAYMOND |
| Address: 167 CLIO LANE<br>STATESVILLE, NC 28625 | Address: 167 CLIO LANE<br>STATESVILLE, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
| --- | --- |
| | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| 23.500 | 35.00 | 35.00 | 15.00 | 15.00 | CALS | AE |

**Remarks:**

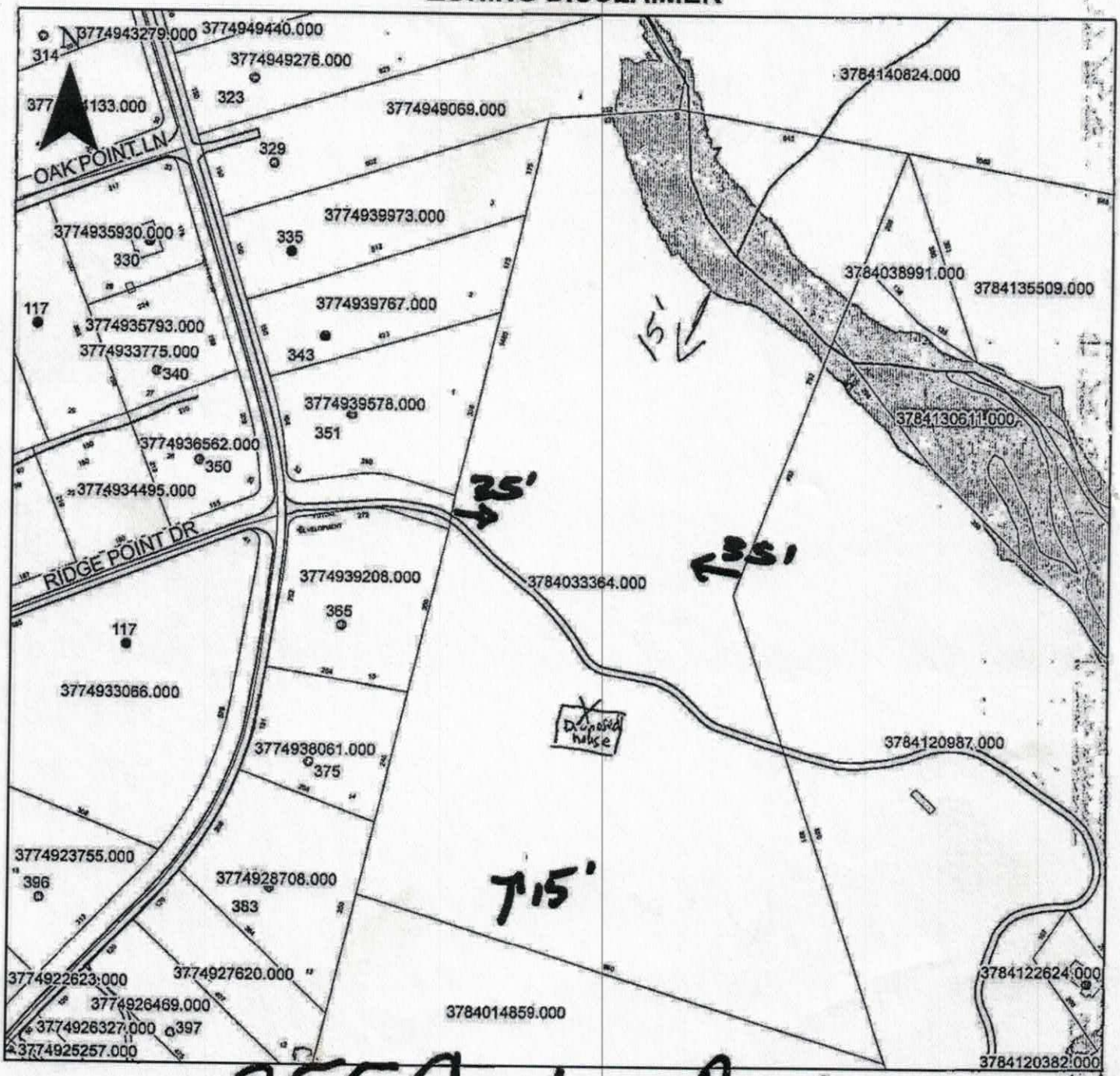
15 FEET FROM FLOOD PLAIN

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 | 127387 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |

# ZONING DISCLAIMER




Property Address 355 Gardner Point

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

1-31-17

Date