# IREDELL COUNTY HEALTH DEPARTMENT

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

LECHIA McCALL

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

PERMIT# 090064 PIN# 3794 61 1170 (PART) 3794-71-2577 DATE 7-15-2000

OWNER OR CONTRACTOR PIEDMONT HOUSING PHONE: Business 872-0179 Home

ADDRESS 1270 NORTHSIDE DRIVE, STATESVILLE, NC 28677

LOCATION ISLAND FORD ROAD, TL GOBLE ROAD, TL MARISTONE DR, LOT ON LEFT AT MAHOGANY

SUBDIVISION FEATHERSTONE BLOCK / SECTION III LOT 49 LOT AREA 0.70 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-4 2000

Pump Tank: 1000 Gallons; P.T. 17 Date

Pump Make: HYDROMATIC Model SK50A1 Serial No.

Nitrification Field: No Fields 1 Square Feet EQ. TO 1600 Linear Feet 270

No Lines FIVE Trench Width 24" Max Trench Bottom Depth (28")

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

System Description: LOW PRESSURE PIPE PS

Repair System Description: LOW PRESSURE PIPE PS

Maintenance Agreement Required: ☑ Yes ☐ No

~~Gravel~~ Depth SAND 6"

☐ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

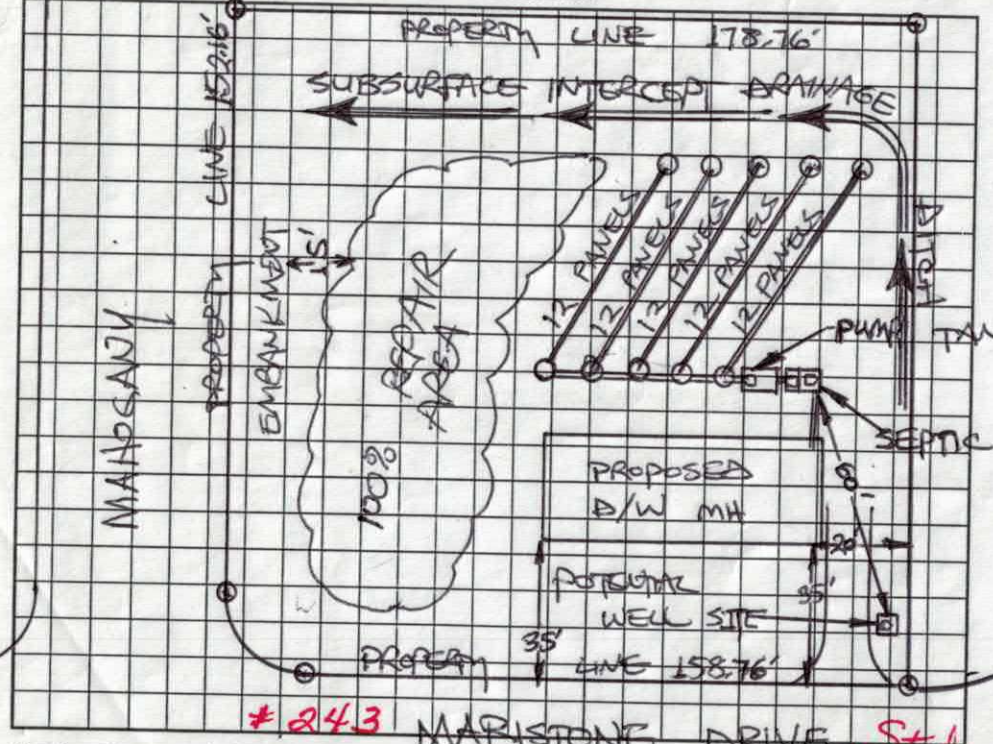
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ① KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE (60') FROM WELL ② INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH BEGINNING 42" DEEP OUT TO DAYLIGHT ③ INSTALL SIXTY (60) PPBPS PANELS ON CONTOUR AS SHOWN

Comments:/Conditions: ④ A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER AND A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT (.1961(e))

INITIAL SITE SKETCH




AS BUILT SKETCH

7-7-2000 = System installed as designed

8-2- pressure set.

CUL-DE-SAC

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: Edward McCoy date 7-18-00 Installed by: Al Blackhoe

Improvement Permit by: STEVE HEDRICK date 7-15-2000 Operation Permit by: STEVE HEDRICK date 9-14-00

Authorization to Construct by: STEVE HEDRICK date 7-15-2000 Existing System Inspection by: date

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: IREDELL

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

3794 61 1170 (PT

OWNER: PIEDMONT HOUSING APPLICANT: ED McCRAE
ADDRESS: 1270 NORTHSIDE DR APPLICATION DATE: DATE EVALUATED: 7-12-00
PROPOSED FACILITY: 4 BR D/W PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 0.70
LOCATION OF SITE: FEATHERSTONE III #49 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) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFIL CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | PIT L 8% | 0-16 | SBK / GRAVELLY SC | FR / SEXP | | PS | | | PS 0.3 |
| | | 16-40 | SBK / C | FI / SEXP | | | | | |
| | | 40+ | QUARTZ ROCK | | | | | | |
| 2 | PIT L 6% | 0-12 | SBK / GRAVELLY SC | FR / SEXP | 7.5YR 8/1 | PS | | | PS 0.3 |
| | | 12-38 | SBK / C | FI / SP/SP/SEXP | | | | | |
| | | 38+ | QUARTZ ROCK | | | | | | |
| 3 | AUGER L 4% | 0-10 | SBK / GRAVELLY SC | FR / SEXP | | PS | | | PS 0.3 |
| | | 10-40 | SBK / C | FI / SEXP | | | | | |
| | | 40+ | QUARTZ ROCK | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IV | IV |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: BRADY FREEMAN, DENNIS GAUTHIER

# LEGEND

*use the following standard abbreviations*

**LANDSCAPE POSITION**

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

| GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR | LPP .1957 LTAR |
|---|---|---|---|
| I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 |
| 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>SLC (Silt Loam Clay) | 0.6 - 0.3 | 0.3 - 0.15 |
| IV | SC (Sandy Clay)<br>SIC (Silty Clay) | 0.4 - 0.1 | 0.2 - 0.05 |
| | O (Organic) | None | |

**MINERALOGY/ CONSISTENCE**

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

**MOIST**

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

**STRUCTURE**

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

**WET**

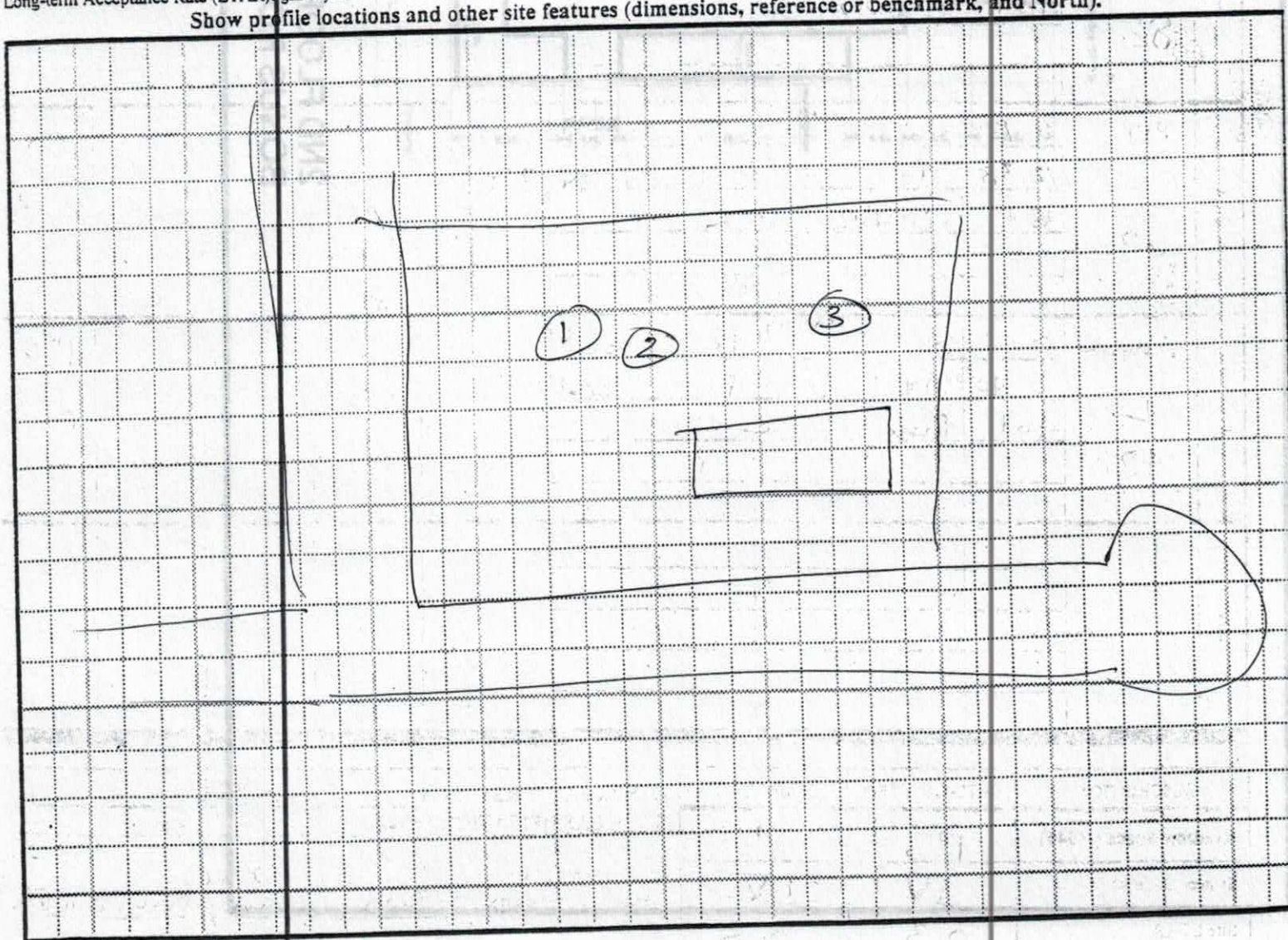
NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*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).**

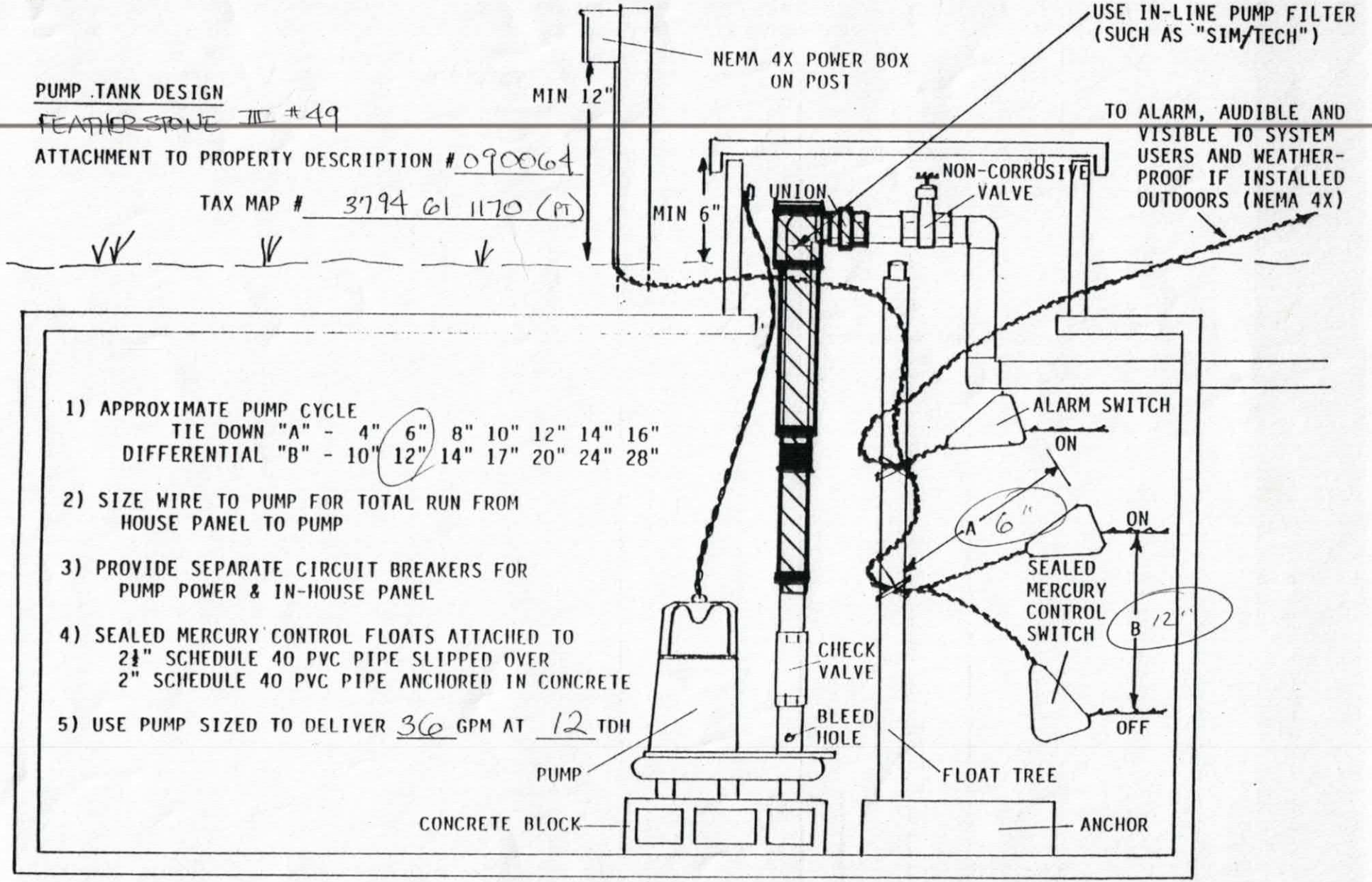


PUMP TANK DESIGN

FEATHERSTONE III #49

ATTACHMENT TO PROPERTY DESCRIPTION # 090064

TAX MAP # 3794 61 1170 (M)



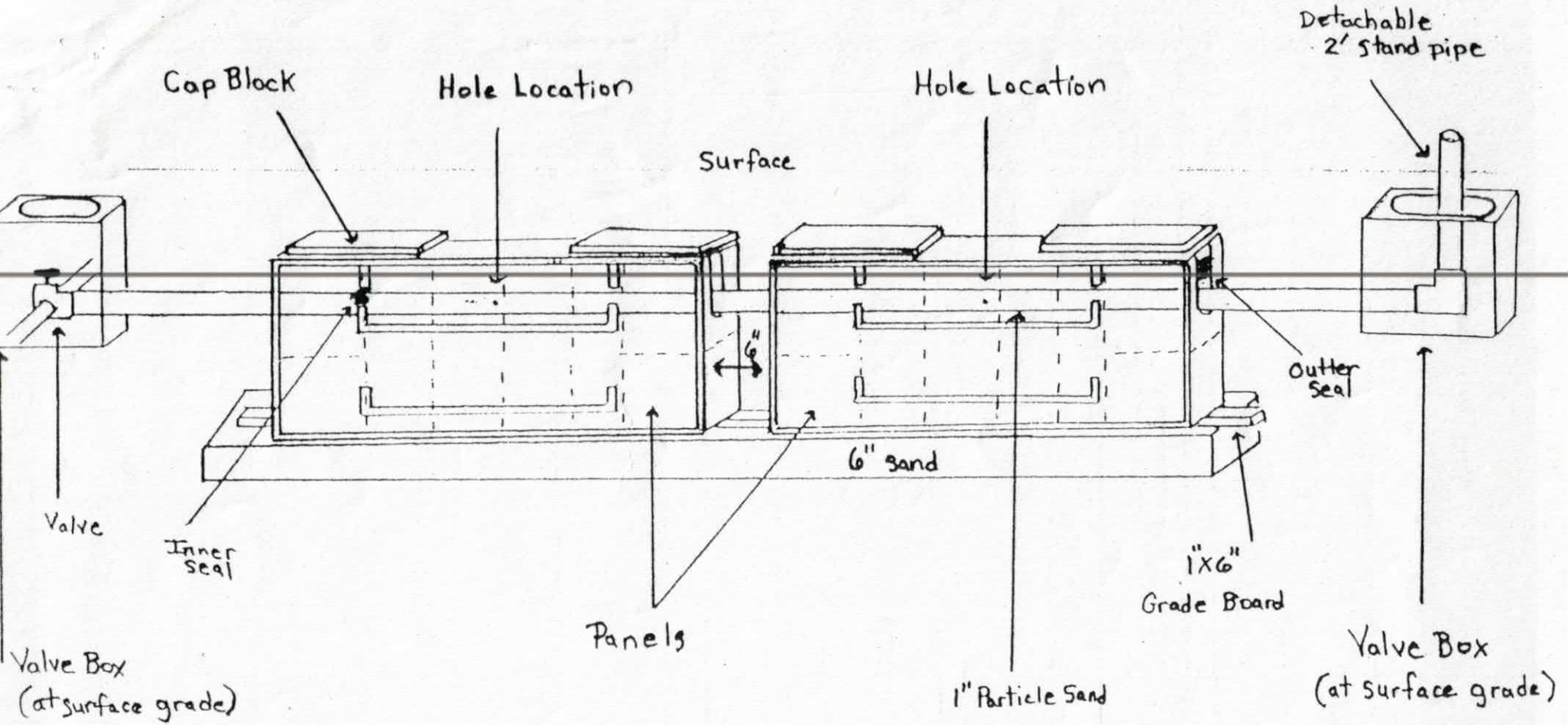

1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 36 GPM AT 12 TDH




PD# 090064
PIEDMONT HOUSING
FEATHERSTONE III #49

## Pressure Dosed PPBPS

# of panels SIXTY (60).
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed 45 TONS.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 36.
TDH 12.

## Comments

① RAKE & APPLY LIME TO TRENCH SIDEWALLS

② TRENCHES NO DEEPER THAN 28"

**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:

| Lechia W. McColl | 704-873-1721 | 566 Bethlehem Rd | Statesville | NC | 28677 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| Acreage Investments | 5551 Monroe Rd | Charlotte | NC | 28212 |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| Featherstone | 49 | | |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

| | | |
|---|---|---|
| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |

Specific Directions to Property Take I40 west to Old Mtn Rd exit turn Right, go north on old mtn Rd to Island ford Rd go 2 miles TURN Left onto Goble Rd look for featherstone ½ mile on the left turn into featherstone go to the back of the subdivision turn left onto Marstone Dr 1st lot on left #49

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

House _____ Mobile Home X Commercial _____ No. Bedrooms 4 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.

5-31-00 DATE Edward McCray SIGNATURE OF OWNER/AUTHORIZED AGENT

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

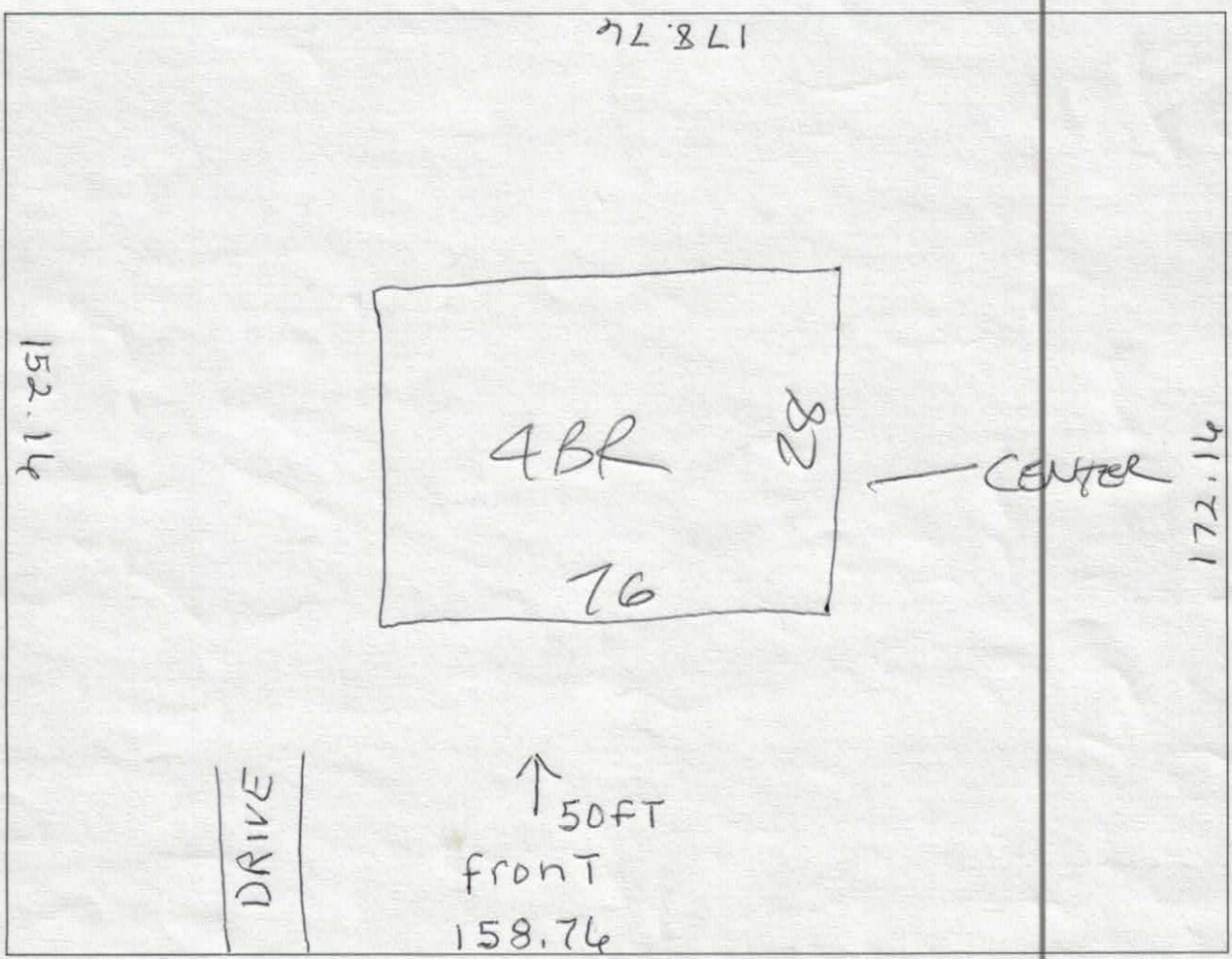
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INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

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.

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**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.

5-31-00 Date Edward McCuy SIGNATURE OF OWNER/AUTHORIZED AGENT

**IREDELL COUNTY**
**PROPERTY DESCRIPTION FORM**
**P.O. BOX 788 277 S. CENTER ST.**
**STATESVILLE, NC 28687**
**Call Sanitarian Between**
**8 a.m. and 9 a.m.**
**664-5281 / 878-5305**

Permit No: 090064 Zoning Permit: X Improvements Permit: 1

Name: PIEDMONT HOUSING Address: 1270 NORTHSIDE DR

City: STATESVILLE State: NC Zip: 286770000

Phone: 7048720179

Proposed Use: 03

PIN #: 3794611170 PT Zoning: RUR Township: 1400

Street Address: MARISTONE DR

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: FEATHERSTONE PH3Lot #: 49 Lot Size: .70

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVPA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 /25 R35,CLASS A ONLY

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: 6 SQ FT PORCH,MASONRY UNDERPINNING,MUST FACE ROAD,6" EAVE

Hold Building Permits? Reason: 3'PITCH/12' RUN

Location: ISLAND FORD,L GOBLE,R MARISTONE,CRNR MAHOGANY

Staff: RAM Date: 05/30/00

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: