IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
William Walsh	189 Bayberry Creek Mooresville NC		704-929-5357
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
SAME			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
189 Bayberry Creek	Farms	Lot 433

Driving Directions: I-77 Rt Mooresville, (Bayberry Creek, Left on Left

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___
NEW SYSTEM Ex. House

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 2 ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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.

9. **Signature:** _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-25-14
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...
- ✓ *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred well location...
- ✓ 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:

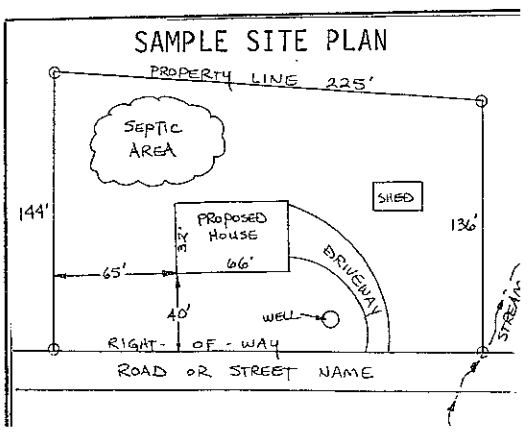
- Location of septic systems and wells within 100' of your property... (N/A)
- Location of easements and rights of ways on your property... (N/A)
- Location of any designated wetlands on the property... (N/A)

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

3-25-14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached.



The Farms Lot 433 Fast Track Information 3-24-14

William Walsh, S&ME Job No. 43-14-032

Number of Bedrooms	**4**
Basement or Crawl	**Crawl**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	436
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	~140' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	*Approx. 13'
Pressure head	2.0'
Friction head	Approx. 2'
20% Contingency	3.4'
Total Head	20.4'
Pump Requirements	22 gpm @ 20.4' of head ***To be verified by installer.** Try and use existing pump.
Maximum Dosing Volume	240 gal - 2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 10.9 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	376' shown *290' Required*
Repair Loading Rate	0.3

The Farms Lot 433 Fast Track System Information

William Walsh, S&ME Job No. 43-14-032

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)*
1	**System**	**White**	**25% Reduction**	**109**	**7.1**
2	**System**	**Blue**	**25% Reduction**	**109**	**6.7**
3	**System**	**red**	**25% Reduction**	**109**	**6.2**
4	**System**	**pink**	**25% Reduction**	**109**	**5.3**
5	Repair	White	LP PPBPS	56	5.2
6	Repair	Blue	LP PPBPS	35	5.2
7	Repair	orange	LP PPBPS	80	5.6
8	Repair	pink	LP PPBPS	76	5.8
9	Repair	red	LP PPBPS	76	6.2
10	Repair	White	LP PPBPS	53	6
				Total System: 436'	
				Total Repair: 376'	

Tank	white	Existing		Rod Reading (ft)
Pump Tank	white	Existing		10.3
House		Brick Patio at Rear		9.5

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

NOTES:

***Elevations must be verified by installer.**
at installation.
If possible, use existing manifold and pump.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID:
Lot #:
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Willie Wallace - Tom 423-3
Address: 189 Bayberry
Proposed Facility: 3 Bdrm Design Flow (.1949) 480
Location of Site:

Applicant:
Date Evaluated: 3-22-24
Property Size: .957 ac
Property Recorded:

Water Supply: Comm [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

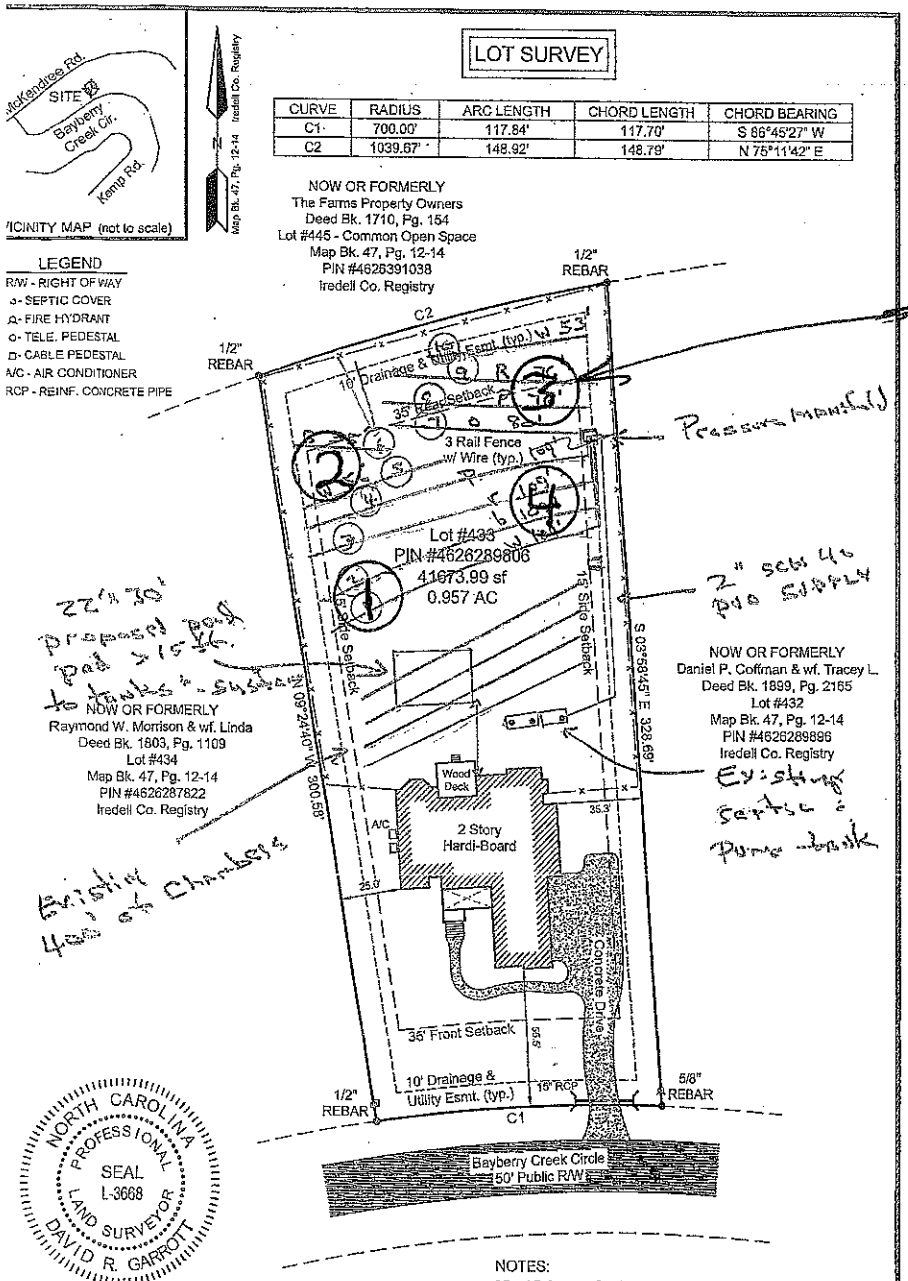
PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	L 5-10%	0-8	cl-wk	fr ss/se	b) 2.5YR 4/8	48	—	—	PS .3
		8-36	C-wk	fr-ss/p	2.5YR 4/8 matrix		ES 7.5YR 5/8		
		36-48	C-d	wk fr-ss/p	C 7.5YR 5/8				
					F 7.5YR 7/2 (.4Ln chroma 1c				
2	L 5-10% 2	0-6	sl-gr	fr ss/sp	Brown	48"	—	—	PS .3
		6-16	sl-sbk	wk fr/c fr ss/sp	2.5YR 4/8				
		16-37	C-m sbk	fr ss/p	2.5YR 4/8				
		37-48	C-d; mod sbk	fr-fi ss/p	F 10YR 8/2 in	D.C	Rock + Saprolite		
3	L 5-10%	0-13	scl-cl	wk fr ss/se	red L) 2.5YR 4/8,	48"	—	—	PS .3
		13-35	C-m sbk	fr ss/p	F 10YR 5/8 SAC				
		35-48	C	m-wk/mod sbk fr-fi ss/p	2.5YR 4/8; C 10YR 5/6				SBE
4	L 5-10% 2	0-7	scl-wk	fr ss/sp	LR 2.5YR 4/6	48"	—	—	PS .27
		7-24	C-m sbk	fr-fi ss/p	2.5YR 4/6;				
		24-48	C	m sbk fr ss/p	F 10YR 5/6	48"			0.3
					SC Blk mn2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	2&2	PS
Site LTAR	.27	.27

Other Factors (.1946):
Soil Evaluation By: PSD 3-22-24
Others Present: mrk Lc approved
Site Classification (.1948): also reviewed by
Site Evaluation By:
Others Present: Lm Tews

LOT SURVEY

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	700.00'	117.84'	117.70'	S 86°45'27" W
C2	1039.67'	148.92'	148.79'	N 75°11'42" E



Approx. Hand Auger Boring Location

Pressure Main(s)

2" sch 40 PVC Supply

27'x30' proposed bed for 3 bdrm system

Existing 4 bdrm Chambers

Existing Septic & Pump tank

NOTES:

* Deed Reference - Deed Bk. 2055, Pg. 662 William F. Walsh & wf. Linda
Dated March 23, 2010 Recorded in Iredell Co. Registry
* Map Reference - The Farms, Ph. 3, Map 3 Dated May 13, 2006
Map Bk. 47, Pg. 12-14 Recorded in Iredell Co. Registry
Performed by G. Gary Brooks, PLS
* Property subject to recorded and unrecorded right of ways, easements and agreements as may appear.

NORTH CAROLINA PROFESSIONAL SEAL L-3668 LAND SURVEYOR DAVID R. GARROTT

50 25 0 50
BAR GRAPH

David R. Garrott, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2055, page 662, etc.); that the boundaries not surveyed are clearly indicated as drawn from information found in Book n/a, page n/a; that the ratio of precision as calculated exceeds 1:10,000; that this map meets the requirements for The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600). Witness my original signature, registration number and seal this 16th day of March, A.D., 2011.

David R. Garrott, PLS #3668

DRAWN BY: S. Dyer | NLS NO.: 11020

DATE: March 15, 2011 | SCALE: 1" = 50'

NORSTAR LAND SURVEYING N W E S 2002

NORSTAR LAND SURVEYING, INC
552-B NEWELL STREET NW
CONCORD, NC 28025
PH 704 721 6651
FAX 704 721 6653
FIRM LIC. # C-2294

William F. & Linda Walsh
189 Bayberry Creek Circle

Town of Mooresville Iredell County, NC

RECEIVED MAR 2 8 2014 PW

Paid $40.00 Statesville
Paid $110.00 4-15-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit (X) Well Repair Permit ( ) Well Abandonment
(X) 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:

Applicant Name: WILLIAM WALSH Address: 189 BAYBERRY CREEK CIR, MOORESVILLE Phone: 7046601177

Owner Name: WILLIAM WALSH Address: SAME Phone:

Property Information:

Street Address: 189 BAYBERRY CREEK CIR, MOORESVILLE, NC 28117

Subdivision Name: THE FARMS Section/Phase: 3 Lot Number: 433

Driving Directions: I-77 to EXIT 35 - BRAWLEY SCHOOL RD TR MCKENDREE
TL KEMP TR AGNEW TR BAYBERRY CREEK CIR ON RIGHT

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

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: ( ) Concrete Slab Foundation
( ) Accessory Building (X) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing

Non-Residential Site Development: Type of Busi
Square Foot
Maximum N
Maximum N

GO ON LIST

$110 due

CHECKED APR 0 8 2014

Water Supply:

( ) New Well ( ) Existing Well (X) Other Public Water

Desired Septic System Type: *(you may rank in or* talled: 2005
( ) No Preference ( ) Alternative (X) Convention Other:

Please answer the following to the best of your ability:
( ) Yes (X) N ds?
( ) Yes (X) N be generated?
( ) Yes (X) N iblic agency?

I have read this application and certify that the information provi d state officials are granted right of entry to conduct necessary inspections to determine com u solely responsible for the proper identification and labeling of all property lines and corners n can be performed.

Signature: William F Walsh 3/28/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY

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

APPLICATION NUMBER
202487
Issue Date: 03/28/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626289806.000	189 BAYBERRY CREEK CIRCLE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: WALSH WILLIAM F+LINDA	Applicant: WALSH, WILLIAM
Address: 189 BAYBERRY CREEK CIRCLE MOORESVILLE, NC 28117	Address: 189 BAYBERRY CREEK CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-660-1177

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.957		25.00	10.00	10.00	CACL	X

Remarks:

$PAID

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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: WF Walsh Date: 3/28/14

Permit Number	8777	TOTAL FEES:	$ 77.25