IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1309427 PIN# 4629535914 v.016 / 4629.54.8164.016A DATE 9-9-05

OWNER OR CONTRACTOR James McNeill PHONE: Business 704-677-2881 Home 704-322-4232

ADDRESS 159 Walmsley Drive Mooresville NC 28117

LOCATION State park RD to Morrison Farms to April LN to Hawks PT Drive 1st on left SFE on right

SUBDIVISION Hawksbay BLOCK / SECTION ____ LOT 16, 16A LOT AREA 30,926± 27130± SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 1000 Date 5-2-06

Pump Tank: 1000 Gallons; PT 374 Date 4-10-06

Pump Make: ? Model 10-EH-EH Serial No.

Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 330

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Panel Block

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ___

☐ Other ___

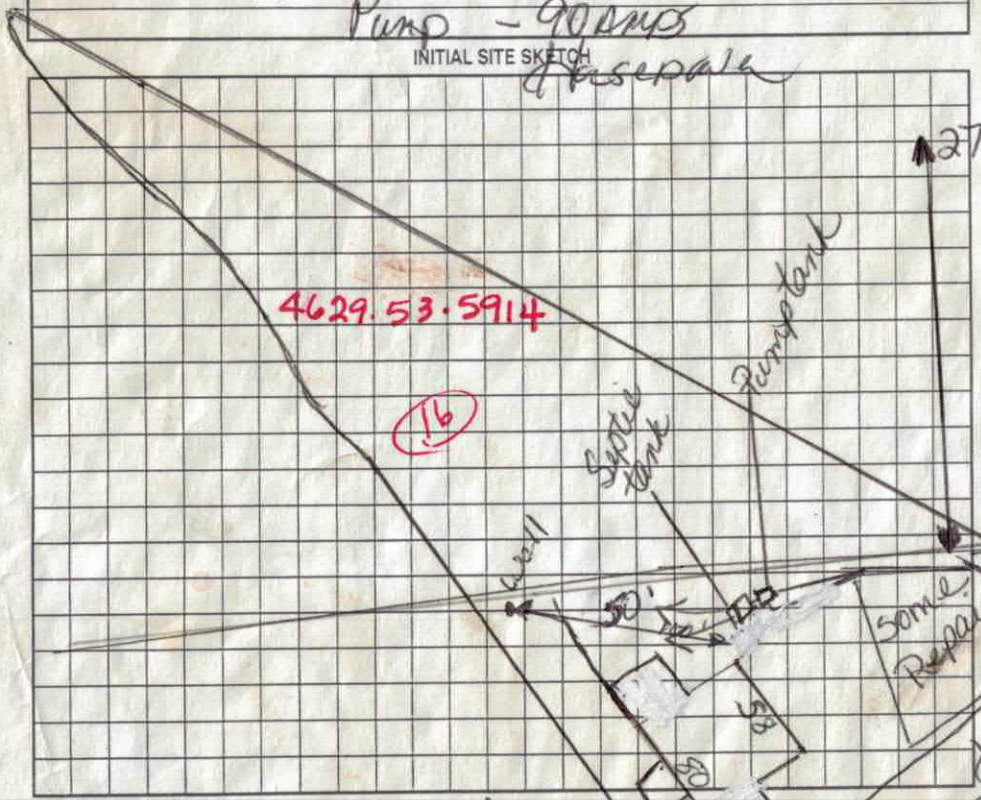
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

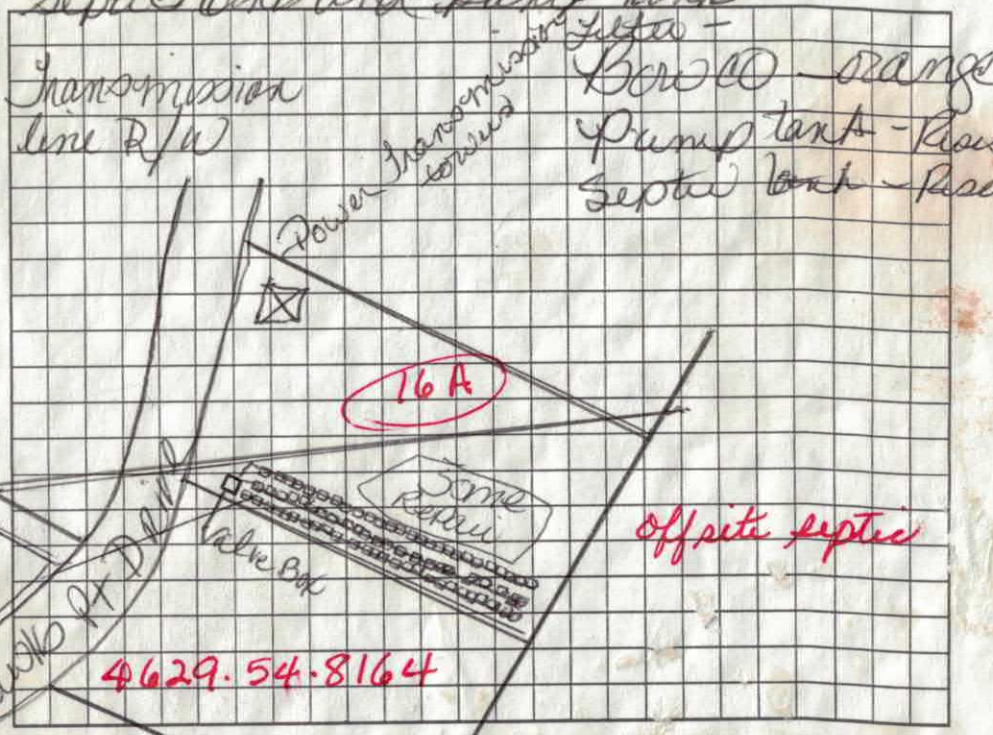
Comments:/Conditions: Maintain all set backs
Install on contour
Pump - 90 amps

Comments:/Conditions: 12-12-05 - Checked 5072
Can go within 50' -
Add 4pc to ductile iron water supply line within 25'
septic tank and pump tank

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward obtaining 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: Jimmy Bell 9/15/05 date 9/15/05 Installed by: Abernathy

Improvement Permit by: Kelly Cox date 9-13-05 Operation Permit by: Kelly Cox date 10-20-06

Authorization to Construct by: Kelly Cox date 9-13-05 Existing System Inspection by: ___ date ___

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

-SITE WASTEWATER SECTION

PROPERTY ID: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRT APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 11-17-99
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 16 Hawkes Bay PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

9B-0-7 gr brwn SL fr ssp
7-33 mfsbk RC fr ssp
33-56 mfsbk Pgy/clck few mi ssp
few mi ssp ps .3

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-4	gr						PS .3
		4-23	RC						
		23-50	mfsbk yel	fr ssp common mi ssp					
2		0-4	gr SL	fr					PS .3
		4-23	mfsbk RC	fr ssp					
		23-[illegible]	(B-C) [illegible] yel/gy/cl	fr ssp common mi ssp few pl pores					
3	8A Pig Paper	0-2	gr brn SL						PS .35
		2-16	mfsbk red/brn SL	fr ssp					
		16-28	mfsbk yel/brn SL	few common mi ssp fr ssp					
		28-48+	SL ssp	fr ssp					
4	9A	0-13	brn SL						PS .25-.3 get water depth
		13-28	mfsbk brn/gy SL	fr ssp					
		28-60	mfsbk yel/brn	fr sp					
		~39"+	few-common gy bedrock fr						

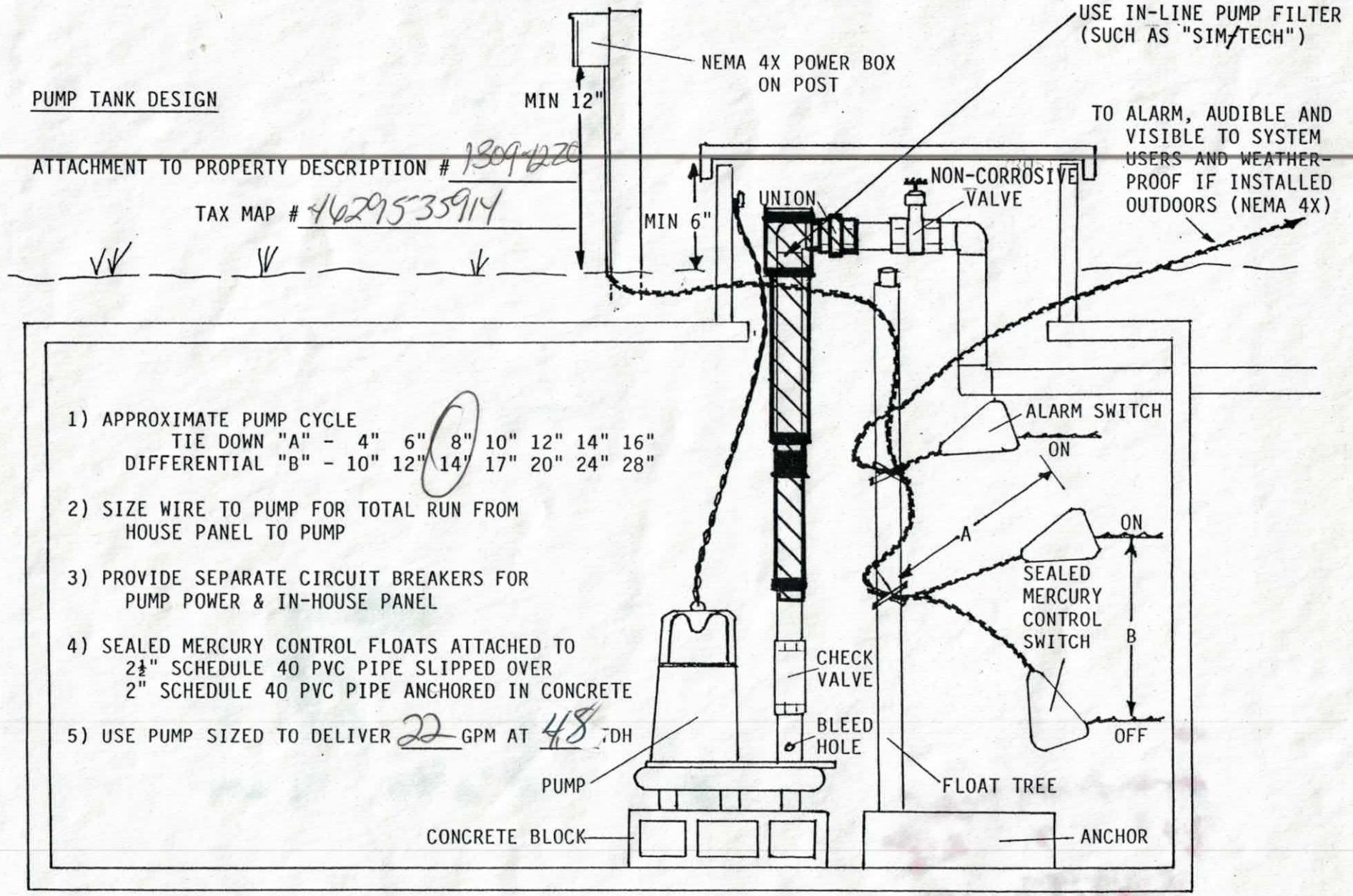
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
ype(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 1309-220

TAX MAP # 46295535914



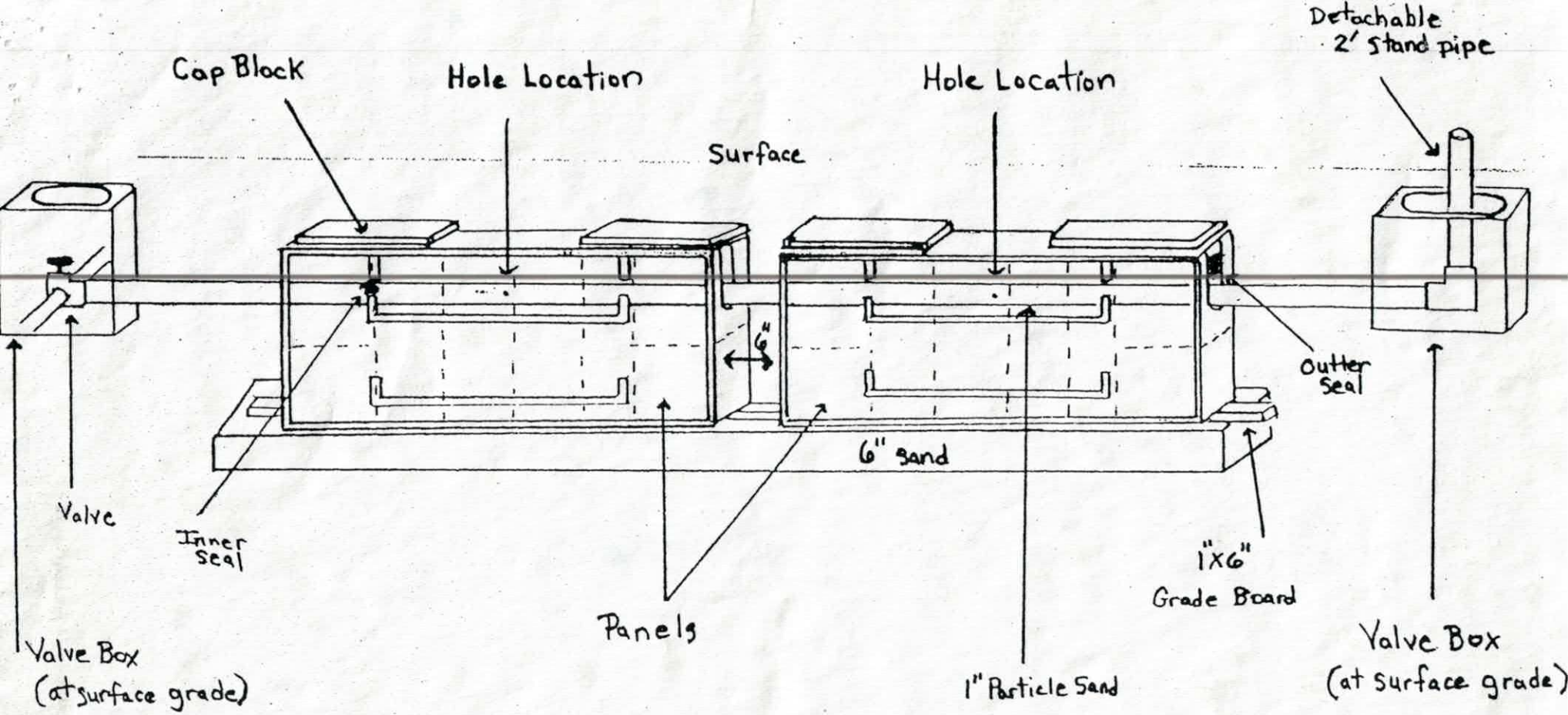
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

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 22 GPM AT 48 TDH



Pressure Dosed PPBPS

of panels 75.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 54.75 tons
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 22.
TDH 48.

Comments

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: ___ 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: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

James McNeil	159 Walmsley Pl, Mooresville 28117	704 799 2101	704 677 2881
Applicant Name	Mailing Address	Home Phone	Work Phone
Gary/Libby Duskie	116 Quiet Cove Rd, Mooresville 28117	704 660 6581	704 651 5331
Owner ~~Name~~	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

111 Hawkes Point Dr. Troutmon	Hawkes Bay	Lot 16
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Perth to State Park Rd, follow 1.2M and turn left on Morrison Farm, follow for 2 miles and turn right on April, turn right on Hawkes Point Dr, Lot on left

****

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

(X) 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 5
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**

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

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) 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:** James McNeil 8/29/05

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

- X — **Property Line measurements are clearly identified…**
- X — **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
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- ___ — **North arrow, or other sufficient indicator of direction…**

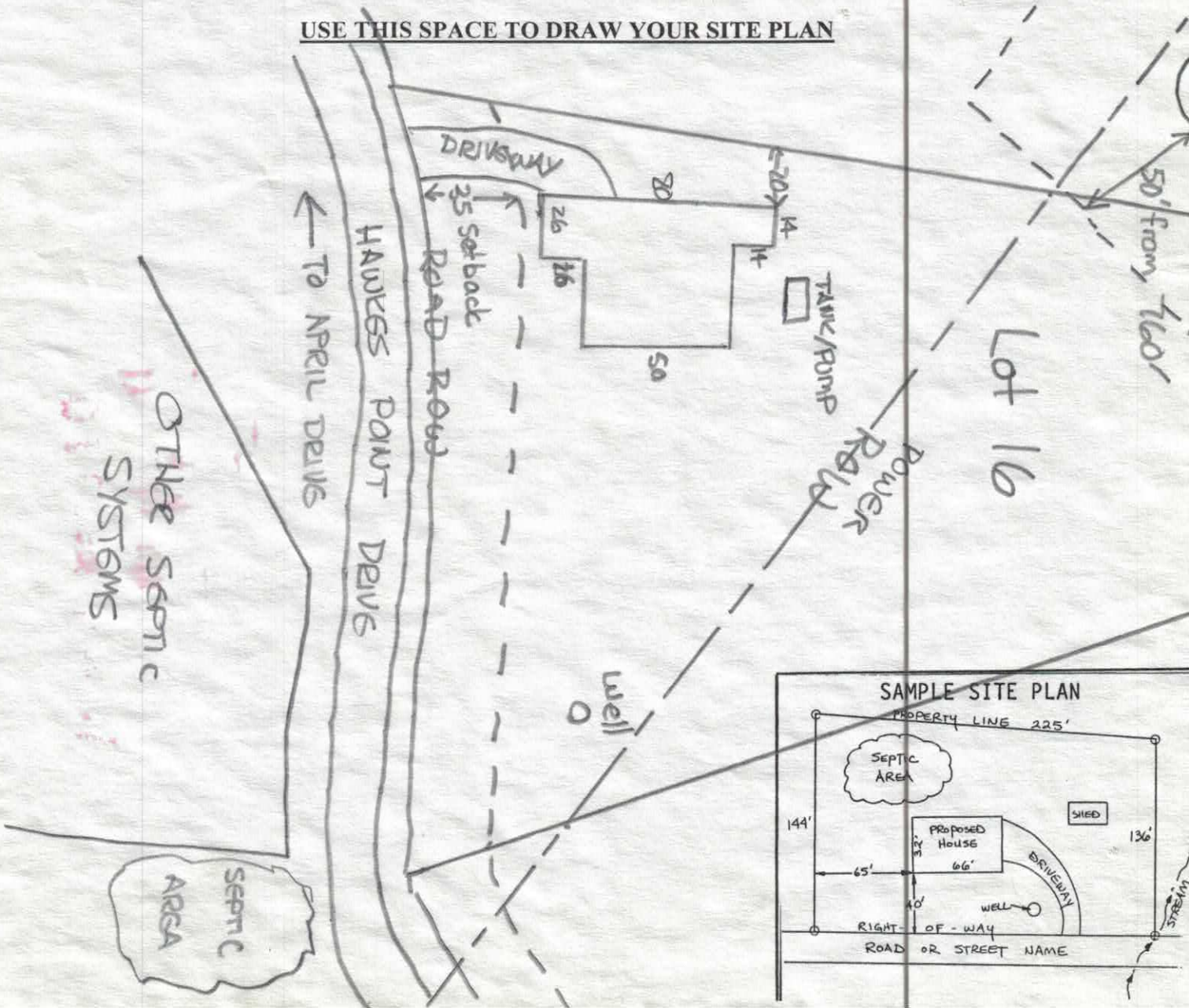
Circle N/A on the following if appropriate:

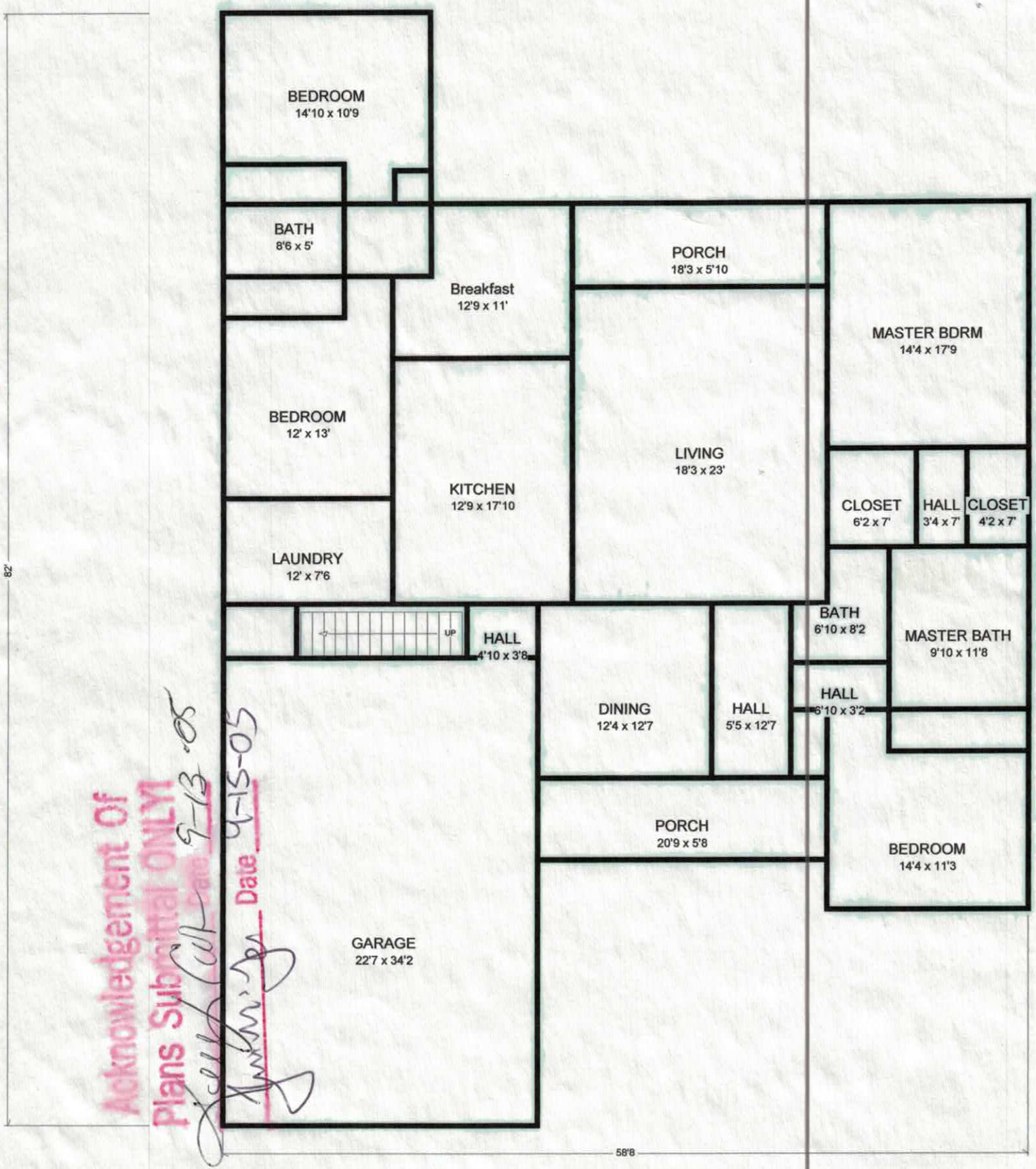
- X — **Location of septic systems and wells within 100' of your property…** **N/A**
- X — **Location of easements and rights of ways on your property…** **N/A**
- ___ — **Location of any designated wetlands on the property…** **N/A**

Signature: _____ _____

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

USE THIS SPACE TO DRAW YOUR SITE PLAN





Acknowledgement Of Plans Submittal ONLY! Date 9-13-05

Date 4-15-05

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	130942ZO	Subdivision:	Hawkes Bay
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	111 HAWKES POINT DR Troutman NC 28166		
Parcel #:	4629535914.000	Zoning:	RA
Lot #:	16 Size: 1.84	Flood Plain:	No Watershed: WSIV-CA
Applicant:	James N McNeill	Owner:	LIBBY H DUSKIE
Address:	159 Walmsley Place Mooresville NC 28117	Address:	176 QUIET COVE RD MOORESVILLE, NC 281170000
Phone:	704-677-2881	Phone:	704-362-4323
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:	Max. Built Upon Area:	

Comments:

Directions:

St Park,l Morrison Farm,r April,r Hawkes Pt,at End

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: James N. McNeill Date: 8/29/05

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 8/29/2005