IREDELL COUNTY HEALTH DEPARTMENT

Site Address: 156 Allendale Circle - Statesville

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

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

PERMIT# 88220 PIN# 4629 60 9768 ✓ DATE April 26, 2000

OWNER OR CONTRACTOR Larry McDaniel Builders PHONE: Business 336 751-9022 Home

ADDRESS P.O. Box 577 Mocksville NC 27027

LOCATION Hwy 21 5th (R) Perth Rd (R) State Park Rd (L) Morrison Farm (R) Allendale Lot on Right past 1st Road Fork

SUBDIVISION Allendale Point BLOCK / SECTION LOT 4 LOT AREA .50 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 5-4-00

Pump Tank: 1000 Gallons; PT 188 Date 4-15-00

Pump Make: Hydromatic Model SHEF 50 Serial No. SHF 5041

Nitrification Field: No Fields 1 Square Feet 1200 sq ft Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: Low Pressure PPBPS

Repair System Description: Partial

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

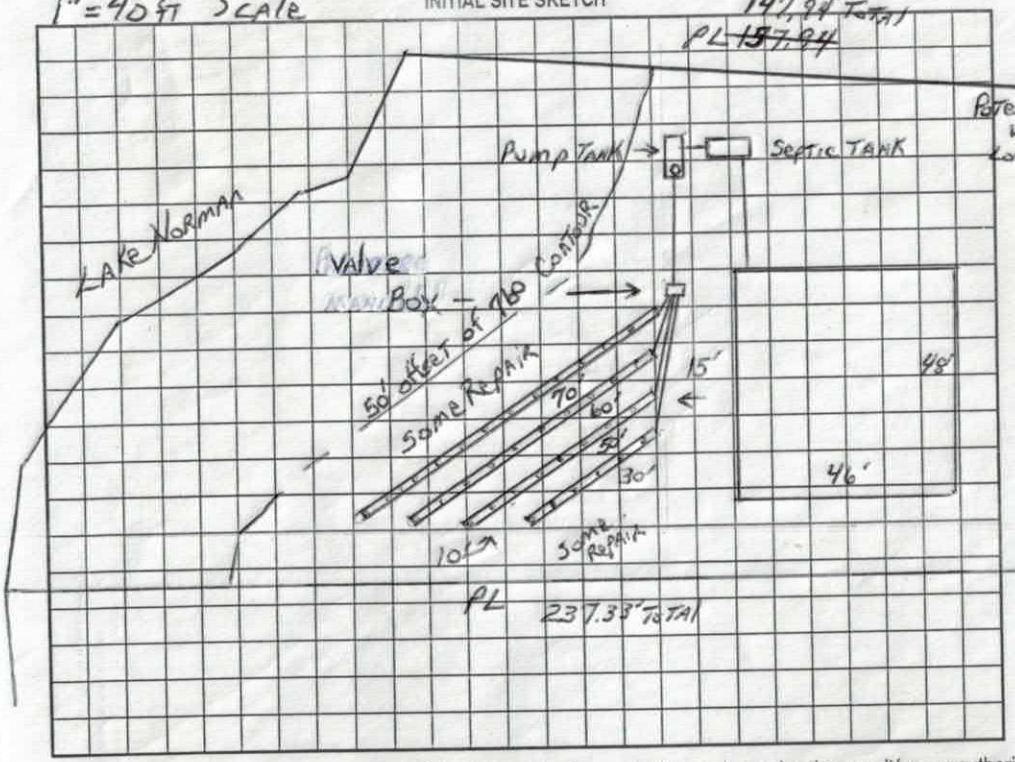
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: Maintenance Agreement Required before issuance of Operation Permit. 46 panels w/ 33 Ton sand. See Attached for pump and PPBPS information. Locate well max. feasible distance from septic system. (50 ft min.)

Comments/Conditions: Lines, tanks, checked 8/31/00 GM

1"=40ft Scale

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. 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: Julie D. Hewett date 5-19-00 Installed by: McDaniel Grading

Improvement Permit by: Jc Potter date April 25 2000 Operation Permit by: RSE date 12/15/00

Authorization to Construct by: Jc Potter date April 25 2000 Existing System Inspection by: date

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Janice McDaniel APPLICANT: McDaniel Building
ADDRESS: P.O. Box 577 Mocksville NC APPLICATION DATE: 3.2.000 DATE EVALUATED: 4/11/00
PROPOSED FACILITY: 3 BdRm House PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .5 Ac
LOCATION OF SITE: Lot 4 Allendale Point Hwy 21 Nth (R) Perth (R) State Park (L) PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other Morrison Rd ~~SR 1153~~ (R) Allendale Cir on Right past Fork.
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

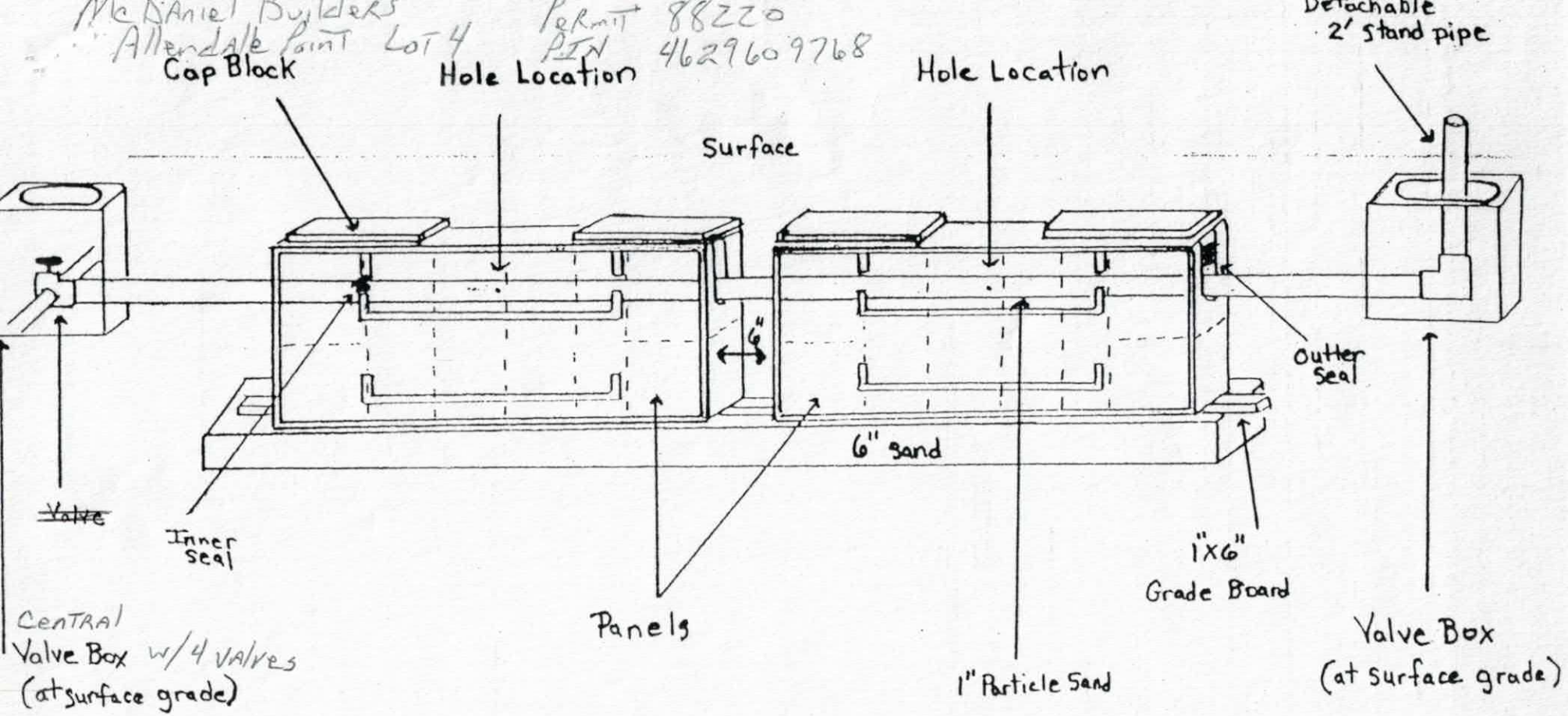
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAF
1	L-N 5.8%	0-8	SAB CL	FR					PS .3
		8-16	C/SAP	FR					
		16-48	SAP/C	FR					
2	N-L 5.8%	0-10	CL	FR					PS .3
		10-24	C/SAP	FR					
		24-36	SAP/C	FR					
		36+	SAP						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	NA
System Type(s)	IV Pump LPP b	✓
Site LTAR	.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: JC Potter
OTHER(S) PRESENT: Jack Moore, E. McDaniel

McDaniel Builders
Allendale Point Lot 4

Permit 88220
PIN 4629609768



Pressure Dosed PPBPS

of panels 46.
Size holes 3/16. 1 hole per panel.
Approximate amount of sand needed 33 Ton.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 28.
TDH To be determined on site.

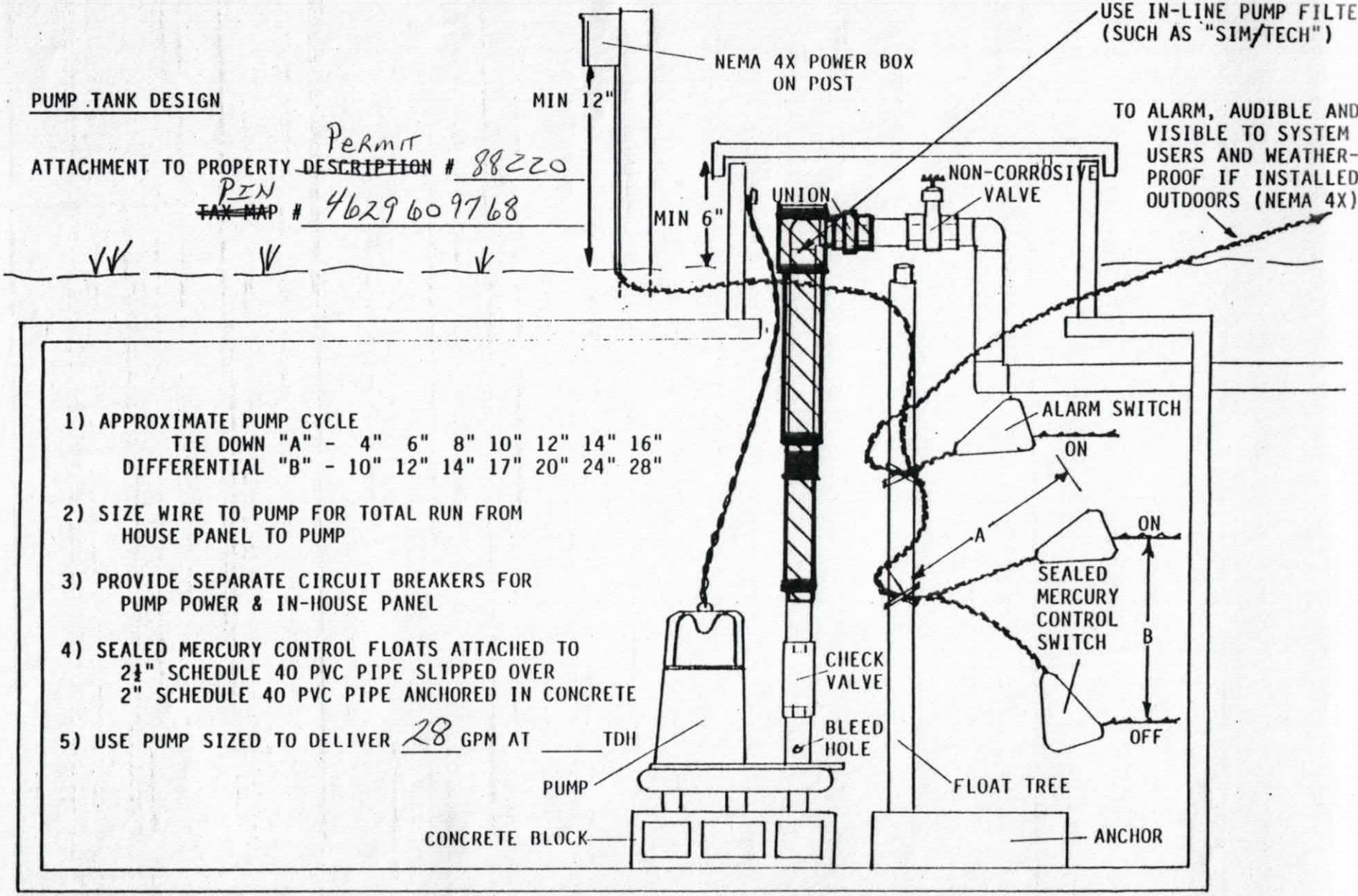
Comments

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Valves shall be grouped and placed in a valve box with a lid at ground level. Turn ups shall also be capped with threaded fittings and brought to ground level and covered with a plastic cup with cover. Valves and turn ups shall be marked as to the ones that go together.

McDaniel Builders
Allendale Point Lot 4

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY ~~DESCRIPTION~~ Permit # 88220
~~TAX MAP~~ PIN # 4629609768



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 28 GPM AT ____ TDH

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:

Larry McDaniel	336-751-9022	PO Box 577	Mocksville	NC	27028
Applicant Builders Inc	Phone #	Mailing Address	City	State	Zip Code

Honeycutt, Wallace & Patricia	PO Box 577	Mocksville	NC	27028
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Allendale Point	24		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property State Park Highway, Left on Morrison Farm, Right on April, Left on Cromdale, Right On Allendale, on Right Past Redbud.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3-4 No. Baths 2-½

No. Persons or Employees (commercial only) _____ Basement ✓ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa (Tub) ✓

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.

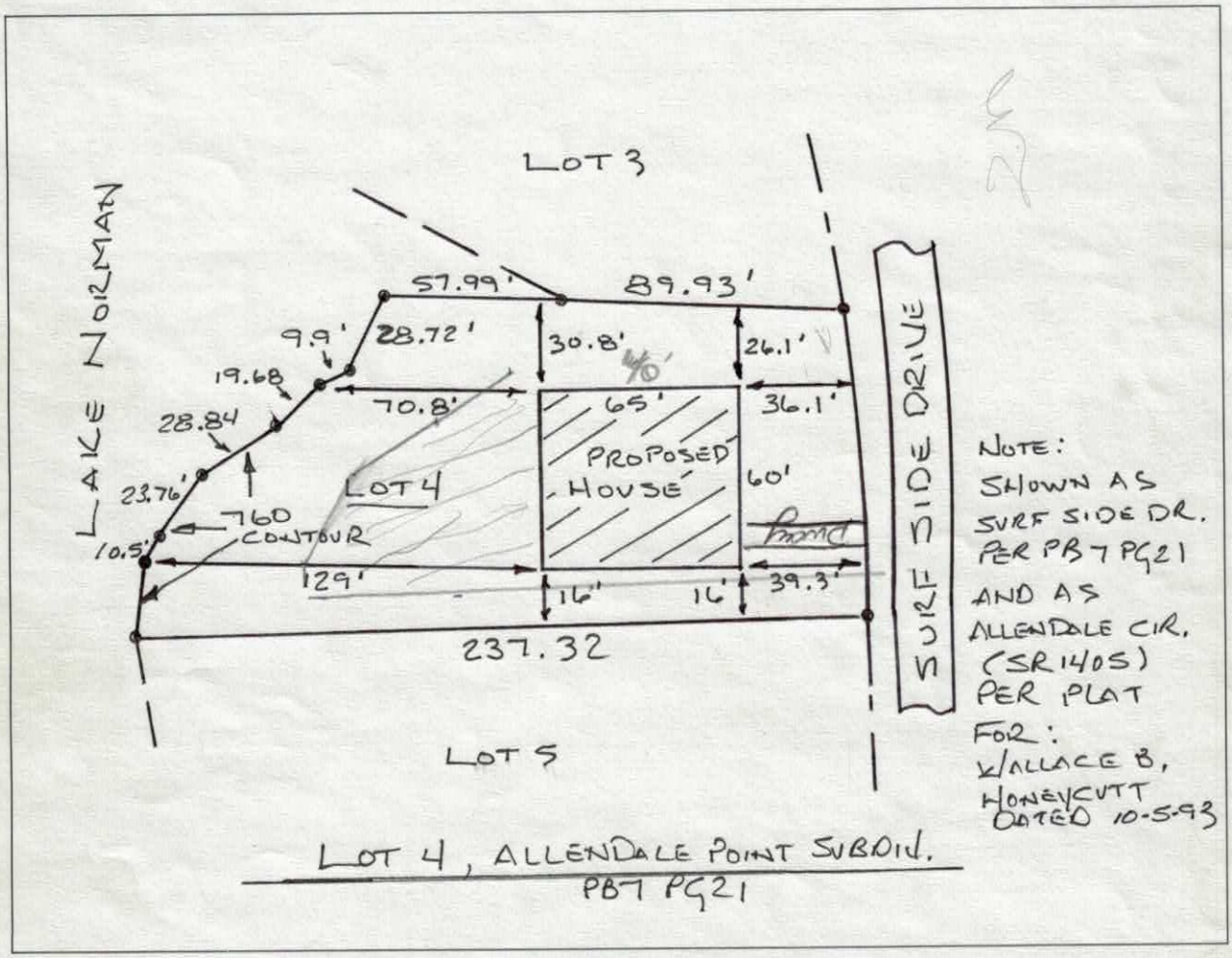
3/2/2003 DATE Larry K. McDaniel SIGNATURE OF OWNER/AUTHORIZED AGENT

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

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.

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.

3-2-00 Date Larry K. McDaniel 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: 088220 Zoning Permit: X Improvements Permit: 1

Name: LARRY MCDANIEL BUILD Address: PO BOX 577

City: MOCKSVILLE State: NC Zip: 270270000

Phone: 3367519022

Proposed Use: 01

PIN #: 4629-60-9768 Zoning: R20 Township: 1500

Street Address: ALLENDALE CR

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

Subdivision/MHP: ALLENDALE POINT Lot #: 4 Lot Size: .50

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R50(LAKE)

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason: ALLENDALE,ON RT PAST REDBUD

Location: ST PARK,L MORRISON FM,R APRIL,L CROMDALE,R

Staff: RAM Date: 03/02/00

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____ 3/2/2000
Owner: Agent: