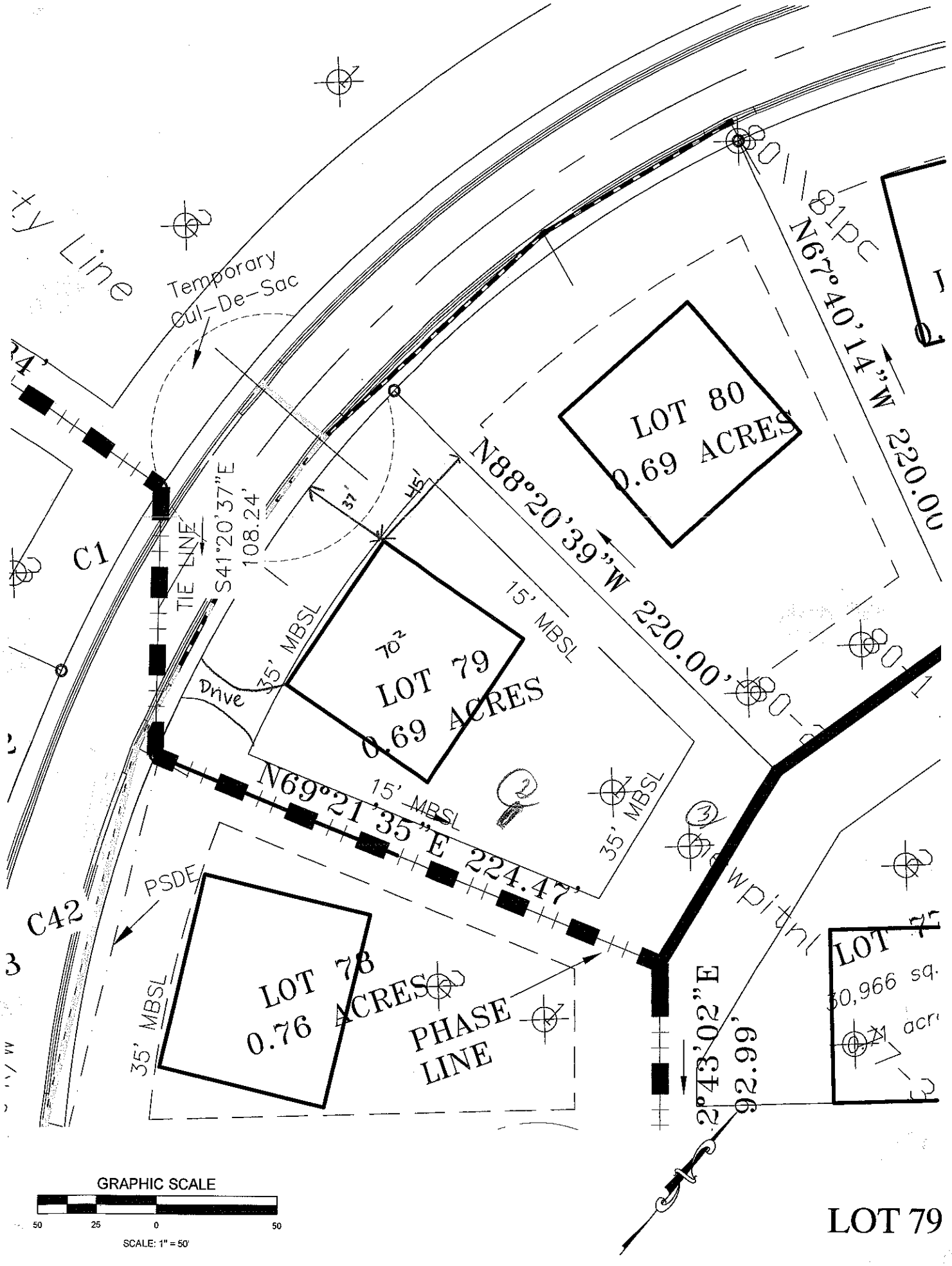


GRAPHIC SCALE

50 25 0 50

SCALE: 1" = 50'

TMENT OF ENVIRONMENT AND NATURAL RESOURCES
N OF ENVIRONMENTAL HEALTH
WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/27/06
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 79 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	PROFILE CLASS & LTAR
1	L 5%	0-5	mgr sl	FR SS/SP	Dkbr				PS
		5-10	wsbk scl	FR SS/SP	Br				D.5
		10-26	msbk c	FR SS/SP	R				
		26-56	wsbk cl	FR SS/SP	R C; Seep Inund				
2		0-3	gr vfrsl	fr ss sp					.3
		3-8	wksbk sl	fr ss sp					
		8-32	msbk red c	fr ss sp SO/P	Dk gray mott				
		32-52	wksbk mdcl (BC)	fr ss sp					
3	8% 5% V	0-13	wksbk scl	fr ss sp					.3
		13-37	msbk red c	fr ss sp SO/P					
		37-43	wksbk red cl	fr ss sp	Dk red SO/P				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Applicant Name: Orleans Homes Address: 700 Forest Pt Cir. S-102 Phone: 704-357-6641

Owner Name: _____ Address: _____ Phone: _____

Property Information:

Street Address: _____

Subdivision Name: Chesapk Pt. Section/Phase: _____ Lot Number: 79

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 8/27/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: _____ 8/27/13

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

As Seen on Plan

White Copy – Environmental Health Yellow Copy – Applicant
V:\FORMS\OSWP Forms\Application For OSWP Permit.doc

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 180599ZO

Printed: 8/27/2013

Master #: 180599

Associated Permits:
180599ZO Zoning

Applicant

Name: Parker & Orleans Homebuilders, Inc
Address: 700 Forest Point Cr., Suite 102
Charlotte, NC 28273

Phone: 704-357-6632

Parcel

Parcel Number: 4636025257.000
Address: 274 COVE CREEK RD
Mooresville, NC 28117
Subdivision: Chesapeake Point Ph 2

Zoning: R20
Township: 1700
Area: 0.697
Lot(s): 79

Directions to Parcel: Brawley School Road, left Isle of Pines, right Cove Creek, on left

Owners

Name: OPCNC LLC
Address: 281 MONTIBELLO DR
MOORESVILLE, NC 281170000

Contractors

Contractor Type: Building
Name: Parker & Orleans Homebuilders, Inc
Address: 700 Forest Point Cr., Suite 102
Charlotte, NC 28273

Phone: 704-357-6632

Fees and Receipts:

Number	Description	Amount
FEE-295067-07	Zoning - Permit Application	$75.00
FEE-295074-07	Technology Fee - Code Enforcement	$2.25
	Total Fees:	**$77.25**