Newest

Paid $195.00 5-9-14
Int. Relayout

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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 _X_ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kathleen Saunders, LSS	129 Delargy Cir 28117		704-578-4951
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
121 Holt Lane	McCrary Woods	Lot 33

Driving Directions: Hwy 150 W, L McCrary, R Holt, Lot on L

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
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(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:

(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 ( ) 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: Kathleen Saunders — 5-9-14

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: Kathleen Saunders — 5-9-14

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see Attached

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 #:	119586zo	Subdivision:	McCrary Woods
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Holt Ln. Mooresville NC 28117		
Parcel #:	4637-16-6015.033	Zoning:	R-A
Lot #:	33 Size: .74	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc (Toney Ja	Owner:	McCrary Partners LLC
Address:	168 Broadbill Dr Mooresville NC 28117	Address:	P.O. Box 3604 Mooresville, NC 28117
Phone:	704-663-6905	Phone:	704-799-9770
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: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:
Hold building permit until plat recorded

Directions:
Perth Road. Right On River Hwy, Left McCrary Rd, right on Holt Ln, 1st on left

FEES

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

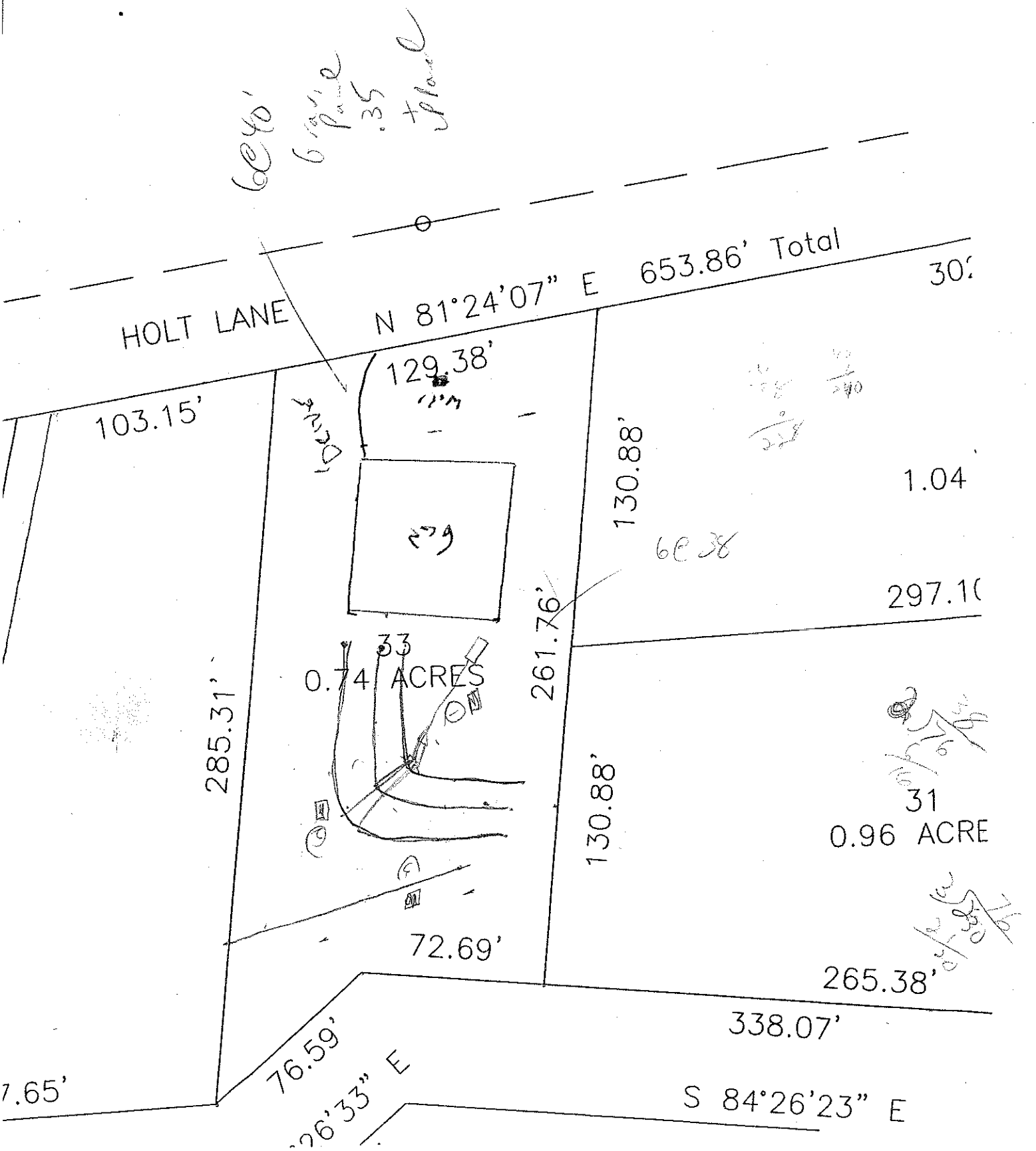
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning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

Applicant: _____ Date: 11/4/04

STEPHANIE WHITLOCK

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

Printed: 11/9/2004


HOLT LANE
N 81°24'07" E 653.86' Total
129.38'
103.15'
130.88'
1.04
297.1(
33
0.74 ACRES
261.76'
285.31'
130.88'
31
0.96 ACRE
72.69'
265.38'
338.07'
76.59'
S 84°26'23" E

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: McCrary Woods lot 33 PROPERTY RECORDED: _____
WATER SUPPLY: ❑ Private ❑ Public ❑ Well ❑ Spring ❑ Other _____
EVALUATION METHOD: ❑ Auger Boring ❑ Pit ❑ Cut
TYPE OF WASTEWATER: ❑ Sewage ❑ Industrial Process ❑ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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		0-24	RCL MFSBK	fri SSSP					PS .35
		24-60	LSAP Mass	fri NSNP					
2		0-28	YR CL MFSBK	fri SSSP fri SAP					PS .35
		28-54	RYMB LSAP Mass	fri SSSP					
3		0-28	RC SBK	fri SSSP					PS .35
		28-53	SLSAP Mass	fri SSSP					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

Lot 33 McCrary Woods Subdivision Fast Track

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.35**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	258
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes/End Ports
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	36 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	240
Repair Loading Rate	0.35

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Rod Reading (Ft).	Line Length (Ft.)
1	System	Pink	25% Reduction	4.1	86 endfed
2	System	Blue	25% Reduction		86 endfed
3	System	Orange	25% Reduction		86 endfed
4	Repair	Red	LP PPBPS	9.0	140
5	Repair	White	LP PPBPS		100
			House Corner	0.0	Total System: 258'
			Tank	0.5	Total Repair: 240'

Note: Uses LTAR from previous, unexpired permit

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 8/13/13

Owner or Client: Kathleen & Adam Saunders
Proposed Facility: Design Flow: 360
Location of Site: Lot 33 McCrary Woods
Soil Described By: KMS Others Present:
Antecedent Moisture: Weather:

Property Size:
Site LTAR: Int. 0.35 Rep. 0.35
Site Classification:

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L	0-12	MO SBK CL	FR SS/SP		Red			0.35
		12-44	WK SBK CL	FR SS/SP	C sap	Red		C yel Br WR	
		44-60	MA L sap	FR SS/SP		Red			
2									
3									
4									
5									
6									

COMMENTS:

On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Lot #: 33
File #:
AppID:

Owner: Kathleen Saunders
Address: 129 Delaray Cir 28117
Proposed Facility: SFR
Design Flow (.1949) 360
Location of Site: 121 Holt LN

Applicant: Same
Date Evaluated: 5/9/14
Property Size: 0.75 Ac
Property Recorded:

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] 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	LN 2%	0-21	WK SBK CL	FR SS/SP	Red; C sap multi				0.35
		21-60	MA L sap	FR SS/SP					
2	LSH	0-10	WK SBK CL	FR SS/SP	R Bg, C sap multi				0.35
		10-60	MA L sap	FR SS/SP					
3	L	0-16	WK SBK CL	FR SS/SP	Red, C sap multi				0.35
		16-60	MA L/SL sap	FR SS/SP					
4	Existing pit								0.35

OK
MD
5/13/14

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	35% Red	LPP PBBPS
Site LTAR	0.35	0.35

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: