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IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 Comprehensive Relayout #206453

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) 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: Ken Koontz **Address:** 112 Yellow Jacket Ct. Mooresville, NC **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 114 Henry Ln.

Subdivision Name: Kelly Cove **Section/Phase:** **Lot Number:** 3

Driving Directions: Alcove, TR Templeton, TR Henry, on Lt

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition House Built As 4 bedroom

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(X) 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: _____ 10/16/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

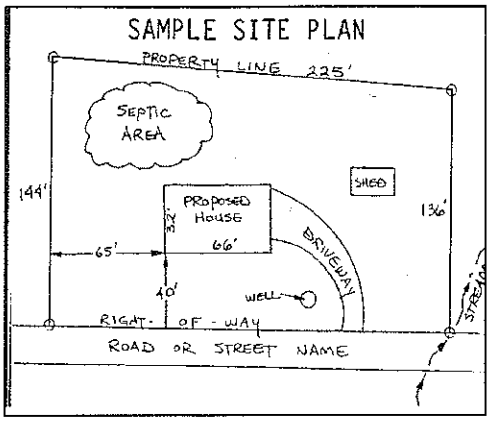
ENVIRONMENTAL HEALTH DIVISION

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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached Plan

Signature: _____ 10/16/2014

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



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Kelly Cove, Lot 3, 114 Henry Ln.
House Footprint: See Attached Plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Existing well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Shallow PPBPS
Distribution: Gravity-Drop boxes/end cap
Septic Tank Size: Existing 1000 gallons
Proposed Trench Bottom: 24-36" (initial), 28" (repair)

Line	Design Length	Actual Length
Pink 1 (existing)	**60'**	**60'**
Black 2 (existing)	**60'**	**60'**
Blue 3 (existing)	**60'**	**60'**
Pink 4 (existing)	**60'**	**60'**
Black 5 (existing)	**60'**	**60'**
Blue 6	**60'**	**66'**
Pink7	**60'**	**66'**
Blue 8		60'
Pink 9		62'
Blue 10		123'
Black 11		43'
Pink 12		20'

Initial System: 420' **Repair System:** 308'

Comments:
There is a three bedroom existing system on site. Approximately 5' of P1 and Bk 2 is under the sidewalk. We propose to add extra line to make up the difference. The trench depth of the new lines will be determined by the depth of the existing lines.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet _1_ *of* _1_
PROPERTY ID #: _4645195089
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: _Ken Koontz_ APPLICATION DATE_____
ADDRESS: _112 Yellow Jacket Cir. Mooresville, NC_ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _0.68 AC_____
LOCATION OF SITE: _114 Henry Ln., Kelly Cove Lot 3_____ PROPERTY RECORDED: _9/27/1991_____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 4%	0-45	R C SBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		45-48	R CL WSBK	FR SS SP					
2	LS 4%	0-30	R CL WSBK	FR SS SP	N/A	45"	F-C SAP	N/A	PS 0.3-0.35
		30-45	YR L WSBK	FR SS SP			PS		
		45-48	L SAP M	VFR SS SP					
3	LS 5%	0-5	Br CL WSBK	FR SS SP	N/A	46"	F-C SAP PS	N/A	PS 0.3
		5-30	R C SBK	FR SS SP					
		30-46	R CL WSBK	FR SS SP					
		46-48	L SAP WSBK	VFR SS SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 FT2 Add	616 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3 (ICHD)	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: __M A & Associates_____
OTHER(S) PRESENT: _____

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

Sheet ___ of ___
PROPERTY ID #: 4645 19508
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ken Koontz
ADDRESS: 112 Yellow Jacket
PROPOSED FACILITY: House
LOCATION OF SITE: Kelly Cove #3
APPLICANT: ___
APPLICATION DATE: ___
PROPOSED DESIGN FLOW (.1949): 480 gpd
DATE EVALUATED: 10/17/14
PROPERTY SIZE: ___
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4%10	0-31"	R C SBK	FR SS SP SE					PS .3+
		31-46"	R to VR CL	WSBK SS SP SE few to many SAP Indus					
		46-48"	LSAR & CL	mix VFR SS SP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	II
Site LTAR	.3	.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___