PJB AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308977

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

PIN # 4645451813

APPLICANT/OWNER: Wayne Turner | APPLICANT ADDRESS: 319 Queens Cove Rd Mooresville, NC 28117

SITE ADDRESS: 319 Queens Cove Rd Mooresville NC | PHONE: 704 576 3887 Mike | ALT. PHONE

SITE DIRECTIONS: Alcove Rd TR Templeton TL Harwell Rd TL Queen's Cove Rd end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Queens Cove | SECTION: 2 | LOT # 2 | LOT AREA: 2.713 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB Existing	Date Existing	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description: PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	1 (+3 exist)	Linear Ft 100		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	36"	Gravel Depth N/A	Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

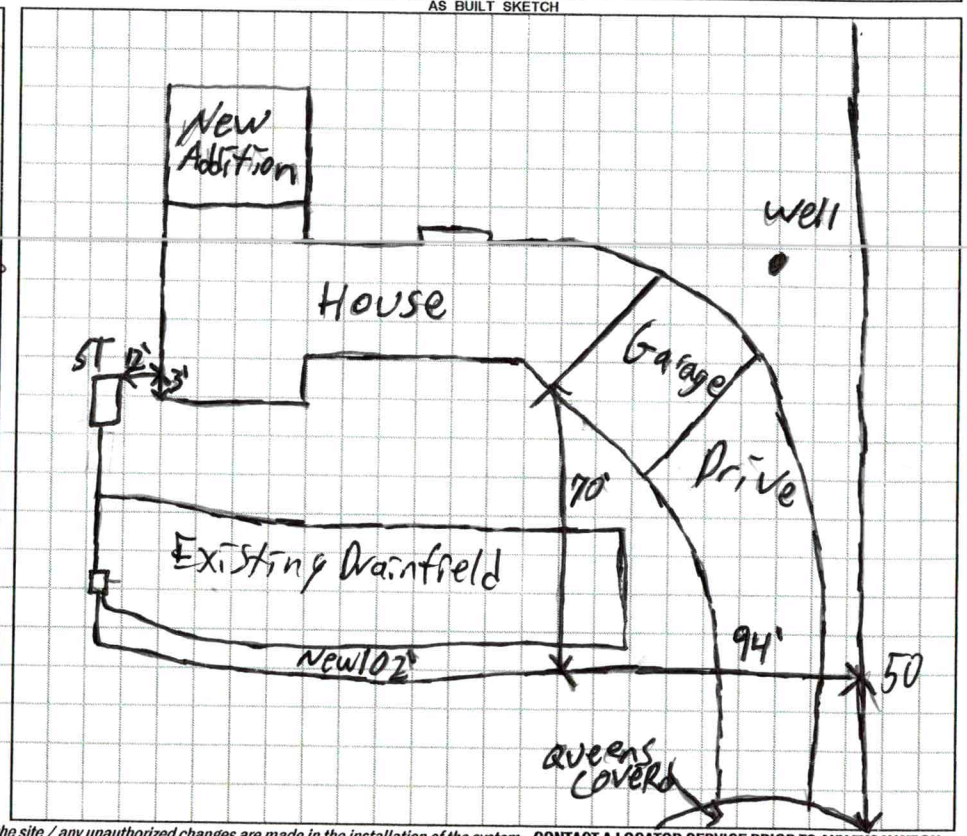
Comments / Conditions: Divert storm (max) surface water away from Septic.

Upgrading from 3 Bedrooms to 4 Bedrooms.

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanas & Assoc (dated 7/29/2020)

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-19-2020 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/10/2020 OPERATION PERMIT by: Patrick Bagley III Date: 10/9/2020

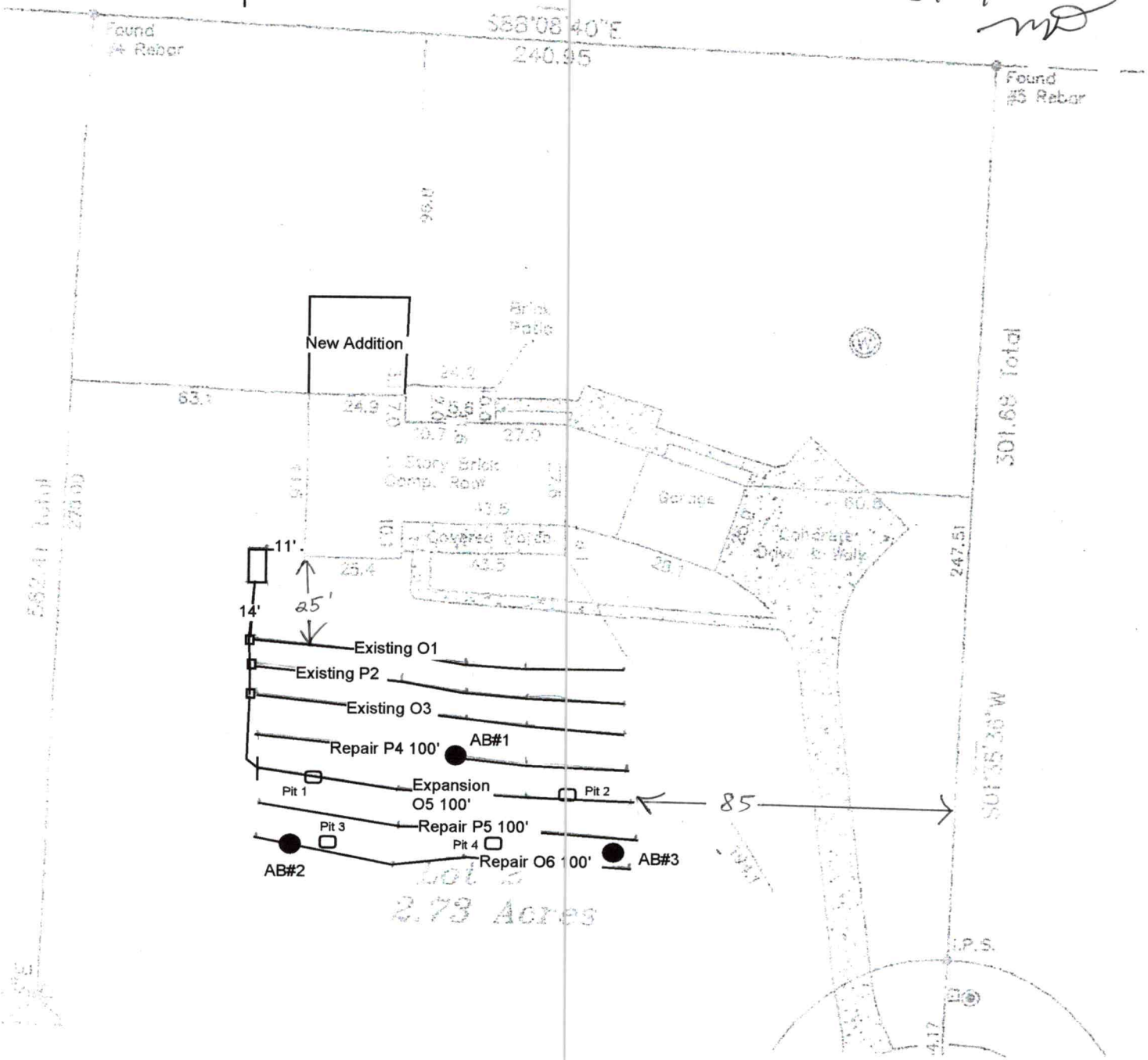
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/17/2020 Existing System Inspected by: Date:

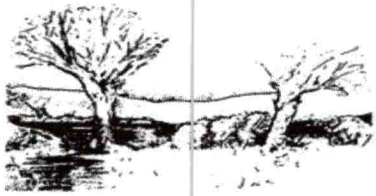
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Scale 1"=40'

North

Approved
8/10/2020
MD





Approved
8/10/2020
MD

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

Reference: Data Sheet for 319 Queens Cove Road; PID# 4645451813.000
Iredell County, NC

Building Footprint: Existing; Additional bedroom being added
Building Setback: Unknown
Water Source: Private Well
Number of Bedrooms/GPD: 3/360 existing; 1/120 to be added
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: 25% Reduction
Repair System LTAR: 0.3 GPD/FT2
Repair System Type: PPBPS
Distribution: Gravity from existing system
Total Linear Footage: 100'
Septic/ Pump tank size: 1000 gallon existing
Proposed Trench Bottom: 36" (maximum)



Line	Design Length	Actual Length
Existing Orange 1		**100'**
Existing Pink 2		**100'**
Existing Orange 3		**100'**
Pink 4		100'
Orange 5	**100'**	**100'**
Pink 6		100'
Orange 7		100'

Initial System: 300' 12" Stone Existing; 100' 25% Reduction to be added
Repair System: 300' PPBPS

Comments: The purpose of the evaluation is to permit the site for an additional bedroom.

- The existing system of 300' with 12" of gravel was located by MA&A. These are the first 3 lines on the site plan.
- An additional 100' of 25% reduction system should be installed on Orange 5 to keep the tree located below the existing system.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
ON-SITE WASTEWATER SECTION

319 Queens Cove; Lot 2 Queens Cove; PID#4645451813.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 8/10/2020 MD

OWNER: Wayne and Amy Turner APPLICATION DATE: _____
ADDRESS: 319 Queens Cove Mooresville, NC DATE EVALUATED: 7/2020
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 2.71 Acres
LOCATION OF SITE: 319 Queens Cove Mooresville, NC PROPERTY RECORDED: 12/11/1978
WATER SUPPLY: ☐ Private ☐ Public ☰ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☰ Auger Boring X 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	
AB 1	L 6-8 %	0"-3"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 12"-48".		0.3+
		3"-12"	R C SBK	SS SP FR SEXP					
		12"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	L 6-8%	0"-4"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 30"-48".		0.3+
		4"-30"	R C SBK	SS SP FR SEXP					
		30"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	L 6-8%	0"-4"	RBr CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 12"-48".		0.3+
		4"-12"	R C SBK	SS SP FR SEXP					
		12"-48"	RBr CL WBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 Ft2	900 Ft2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

Comments:

Approved
8/10/2020

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4645451813
DATE OF EVALUATION: _____
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 5%	0-4	BR CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		4-20	R C SBK	FR SS SP SXP					
		20-52	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		4-16	R C SBK	FR SS SP SXP					
		16-52	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	55"	F-C SAP	N/A	PS 0.3+
		4-30	R C SBK	FR SS SP SXP					
		30-55	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		4-22	R C SBK	FR SS SP SXP					
		22-52	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED JUL 3 1 2020 AP-308977 $350.00 ✓ 8/5/2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Wayne Turner **Address:** 319 Queens Cove Rd, Mooresville, NC **Zip:** 28117

Applicant Email: Doug - dtesta@jstesta.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 319 Queens Cove Rd

Subdivision Name: Queens Cove **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well (✓) Existing Well ( ) 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: Accepted

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 7/29/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, WAYNE TURNER JR., am the legal owner(s) of the property located at 319 QUEENS COVE RD MOORESVILLE NC 28117 identified as PIN (Parcel Identification Number) 4645451513, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	6-25-20		6/25/2020

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
308977 Issue Date: 07/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4645451813.000	319 QUEENS COVE RD	Iredell County

Owner Information	Applicant Information
Name: TURNER WAYNE A JR+AMY E	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

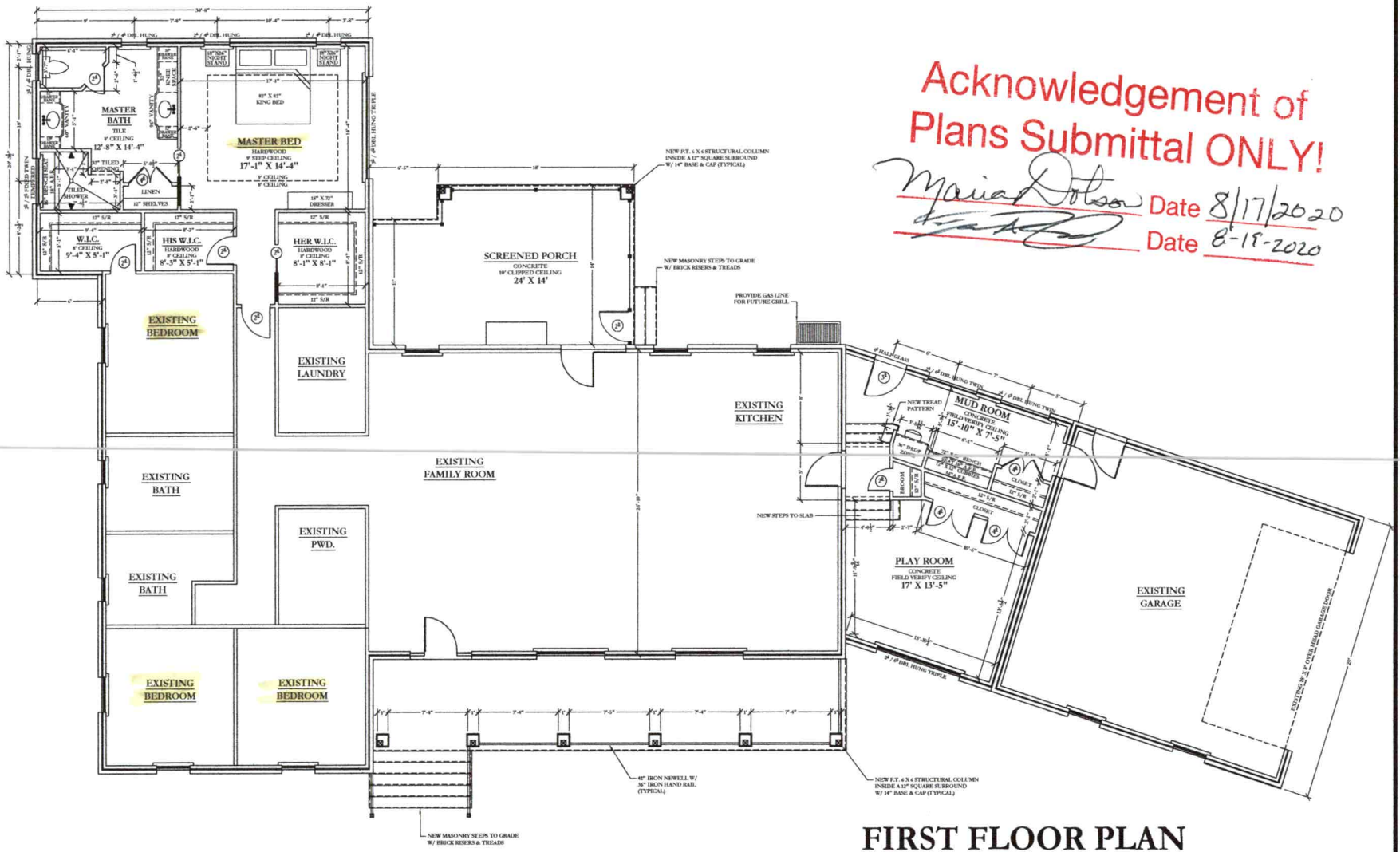
Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 07/10/2020

Signature of Owner/Contractor

Permit Number	308977	TOTAL FEES:	$77.25



Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 8/17/2020

Date 8-17-2020

FIRST FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

ADDED MASTER AREA:	615 SQ. FT.
PLAY / MUD AREA:	433 SQ. FT.
REAR PORCH AREA:	318 SQ. FT.
DETACHED GARAGE:	576 SQ. FT.

Engineer Seal

General Notes

McFarland Design Group or Robert S. McFarland assumes no liability for any home constructed from this plan. Release of these plans constitutes acceptance of this condition by the owner and/or contractor. Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the designer of responsibility for the architectural integrity of such changes. Written dimensions on these drawings shall have precedence over scaled dimensions, contractor shall verify and be responsible for all dimensions and conditions on the job.

No.	Revision/Issue	Date

"The Turner Residence"
319 Queens Cove Rd , Mooresville, Iredell County, NC 28117

McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

First Floor Plan

Date 4-24-2017
Scale 1/4" = 1'-0"
Drawn By: Rob M.
Sheet A-3