IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 242332

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

PIN # 4646350920

APPLICANT/OWNER: Martin Machen APPLICANT ADDRESS: 16260 S. Wendover Rd Charlotte, NC

SITE ADDRESS: 125 Windrift Ln. Mooresville, NC 28117 PHONE: 704-941-8290 ALT. PHONE —

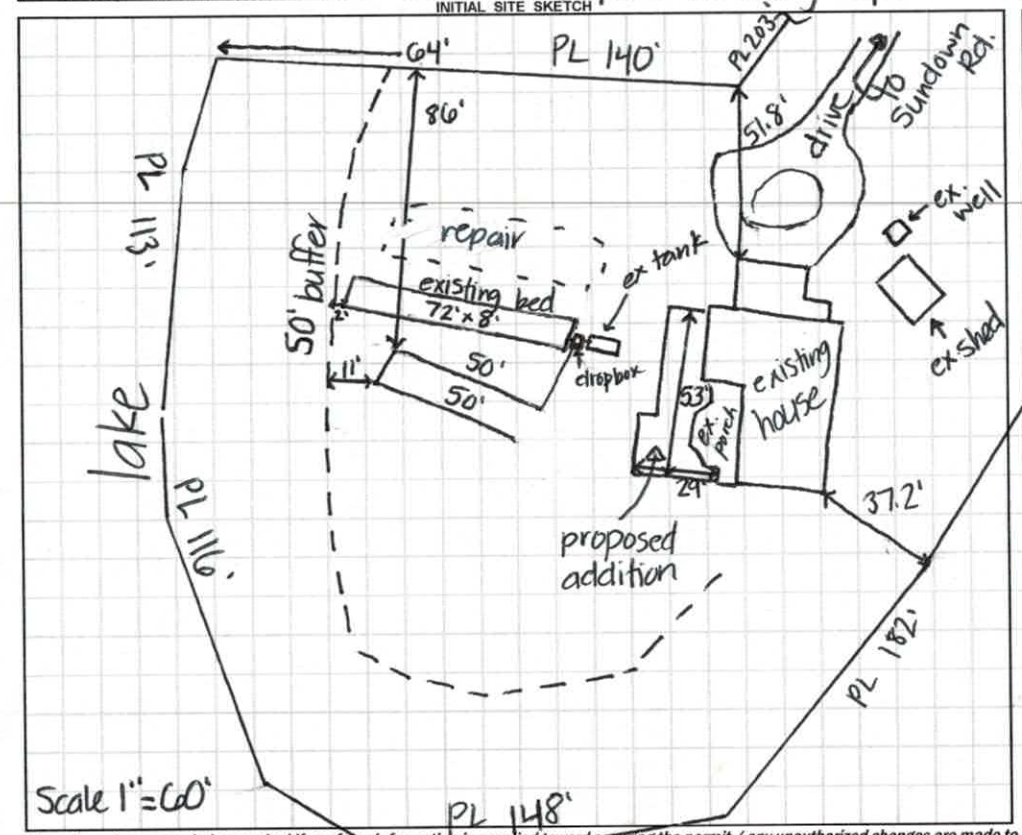
SITE DIRECTIONS: Brawley School Rd → L on Williamson → R on Sundown → L on Windrift → lot at end SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Mooreland Estates SECTION: — LOT # 1+2 LOT AREA: 1.81 ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank existing (gal)	STB	Date	☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: existing gravel bed + 25% reduction	☐ Business	No. Persons 6	☑ Private
Pump Make	Model	Serial #	Repair System Description: PM 25% reduction (1 bedroom repair)	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 2 @ 50'	Linear Ft 100'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 34"/36" high side	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution for the 2 new lines. Use drop box to feed existing bed first then feed new drainlines. Replace existing septic tank if it is not in good condition. If new tank is installed, maintain 15' from proposed addition.

INITIAL SITE SKETCH



AS BUILT SKETCH

-new drop box installed, no new tank

Installed as shown.

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: Date: 4-4-19 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: Kayla Wilson Date: 4-3-19 OPERATION PERMIT by: Kayla Wilson Date: 5-1-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 4-3-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4604635092O
COUNTY: Iredell

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

OWNER: Martin Machen
ADDRESS: 125 Windrift Ln
PROPOSED FACILITY: SFR
LOCATION OF SITE: BSR → L on Williamson → R on Sundown → L on Windrift → lot at end

APPLICATION DATE: 2-19-19
DATE EVALUATED: 4/3/19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.81ac
PROPERTY RECORDED: yes

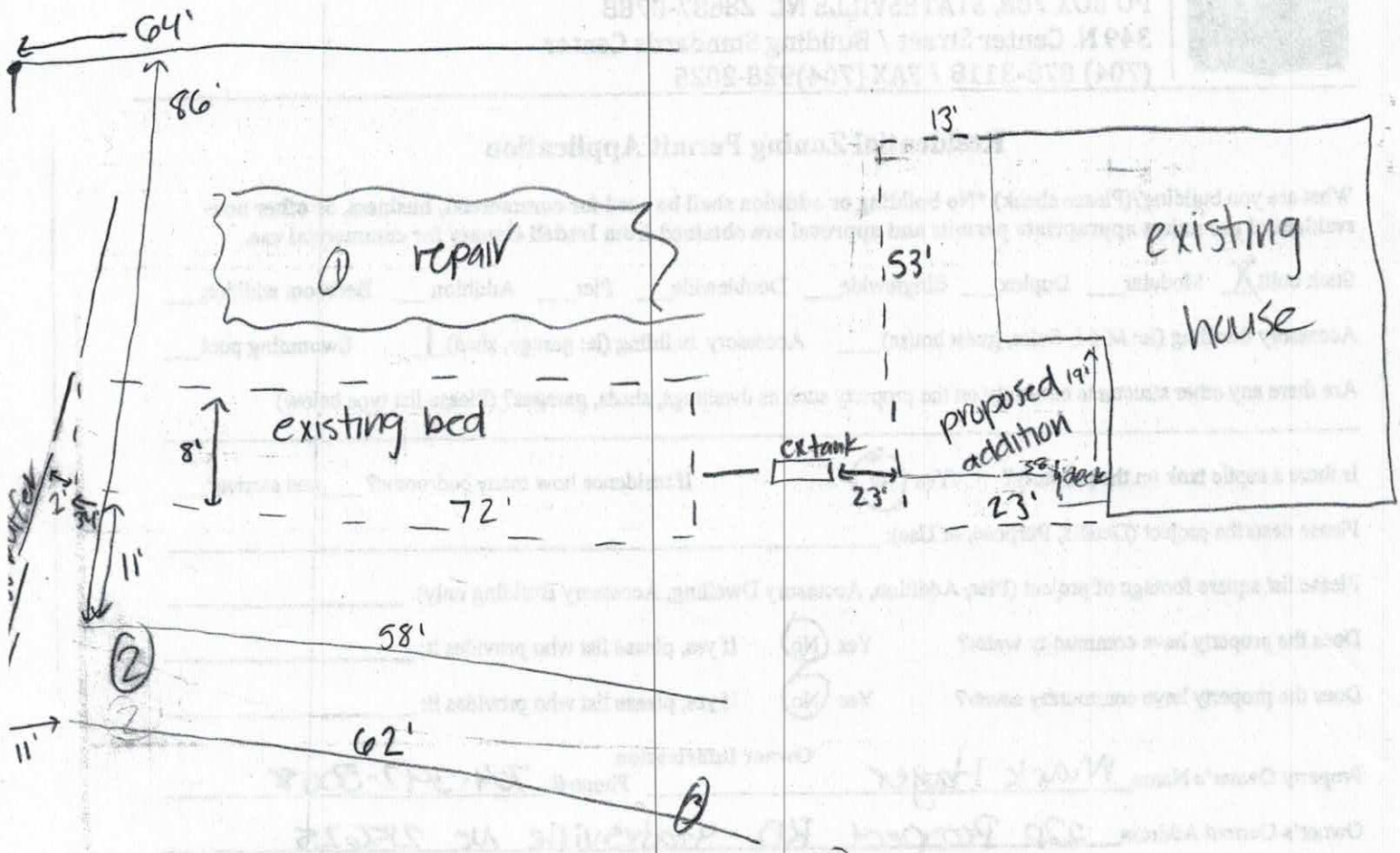
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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
1	4% LS	0-10	WSBK SCL	FR,SS,SP,SE	—	48	—		PS .3
		10-27	SBK C	FR,SS,SP,SE					
		27-48	WSBK CL	FR,SS,SP,SE					
2	5% LS	0-11	WSBK SCL	FR,SS,SP,SE	—	50	—		PS .3
		11-30	SBK C	FR,SS,SP,SE					
		30-50	WSBK CL	FR,SS,SP,SE					
3	6% LS	0-11	WSBK SCL	FR,SS,SP,SE	—	53	—		PS .3
		11-32	SBK C	FR,SS,SP,SE					
		32-53	WSBK CL	FR,SS,SP,SE					
4									

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


64'
86'
13'
53'
existing house
① repair
existing bed
8'
72'
proposed addition
19'
3'
deck
23'
23'
cx tank
2'
3'
11'
58'
②
11'
62'
③

Pd $500 2/20/19

242332

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: (PRINT CLEARLY)

Applicant Name: Martin W. Machen, Sr. Address: 1626 S. Wendover Rd Charlotte, NC Zip: 28211
Applicant Email: mwmachen@gmail.com Phone: 704-941-8290 Alt. Phone: _____
Owner Name: Machen Development Co. Address: 1626 S. Wendover Rd. Charlotte, NC Zip: 28211
Owner Email: mwmachen@gmail.com Phone: 704-941-8290 Alt. Phone: _____

Property Information:

Street Address: 125 Windrift Ln., Mooresville, NC 28117
Subdivision Name: Moreland Estates Section/Phase: _____ Lot Number: 1+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 Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
(X) Other Addition/Structure: living area
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: 1966
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: existing

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: _____ 2-19-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No Permit in DB

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

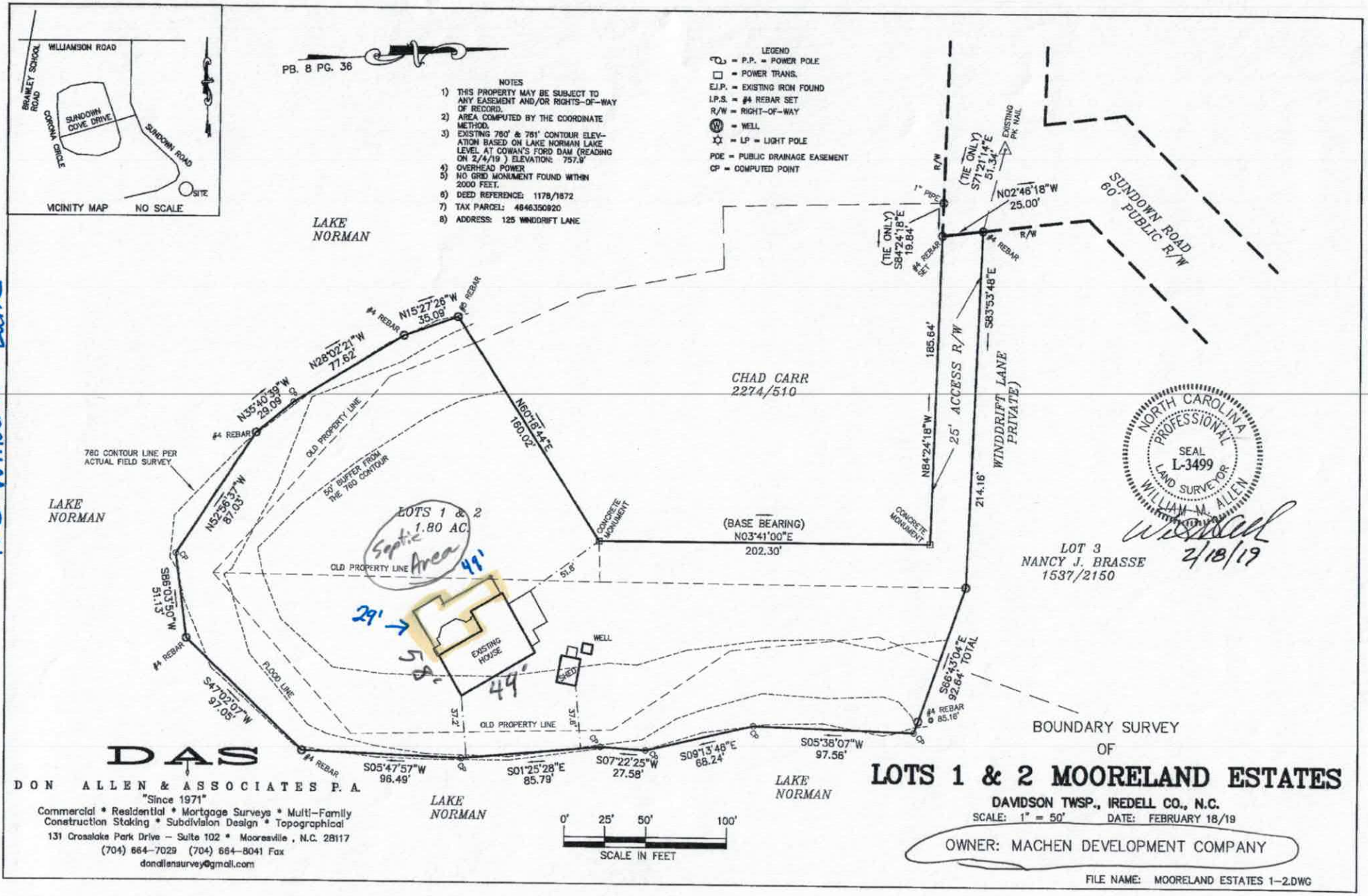
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Ostwalt - Nowalk Vault Co.
P.O. Box 26
Troutman, N.C.

		1	2	3
9/15/66	1000 gd. tank + 225' 18" tufflite instead of 6" under tile + pit	275 –		
	Dit and added depth of tufflite	80 –		
	Concrete floor in room	20 –	375 – ✓	

125 Windrift Lane



DAS

DON ALLEN & ASSOCIATES P. A.

"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical

131 Crosslake Park Drive – Suite 102 * Mooresville , N.C. 28117

(704) 664-7029 (704) 664-8041 Fax

dondallensurvey@gmail.com

BOUNDARY SURVEY OF LOTS 1 & 2 MOORELAND ESTATES

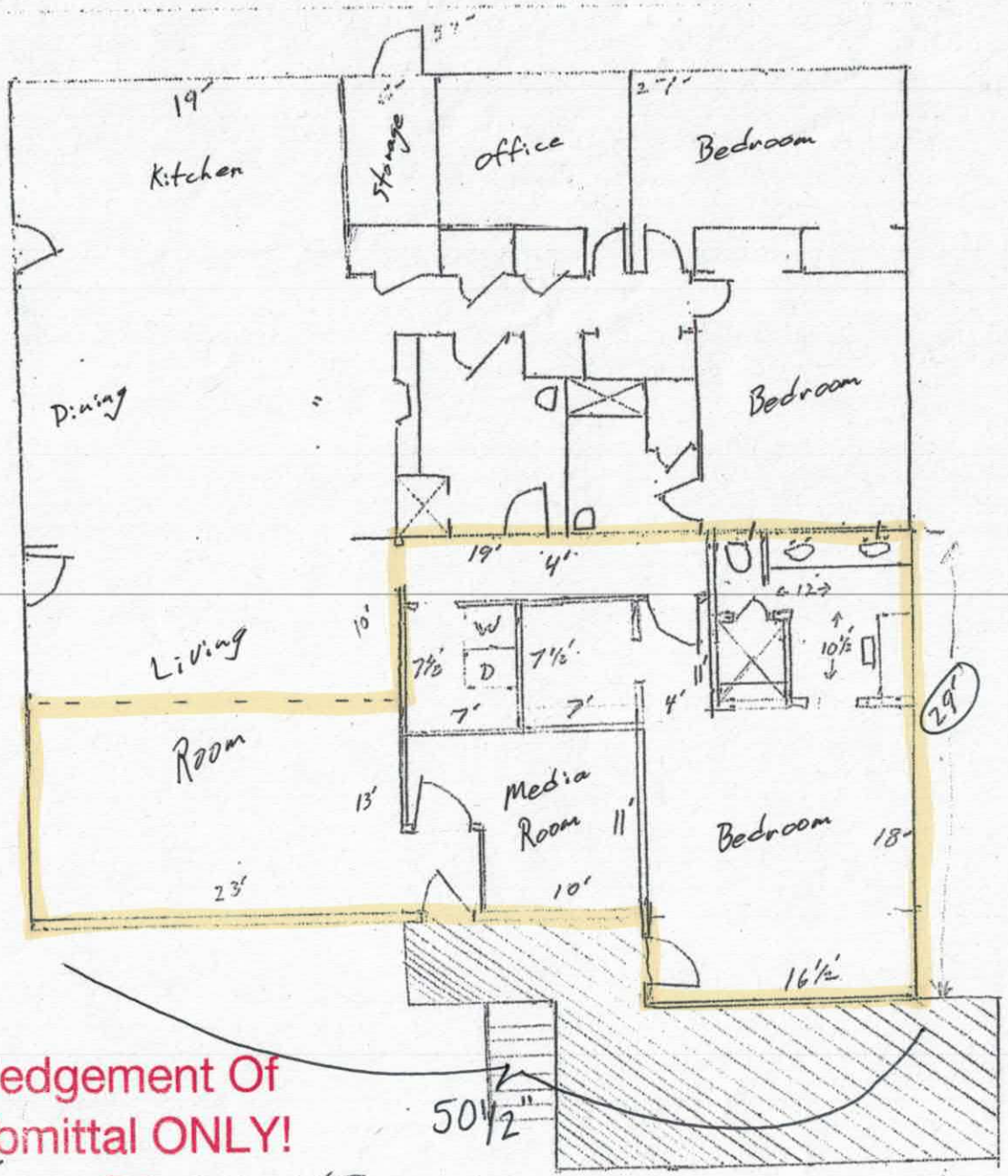
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE: 1" = 50' DATE: FEBRUARY 18/19

OWNER: MACHEN DEVELOPMENT COMPANY

FILE NAME: MOORELAND ESTATES 1-2.DWG

Machen House



Additional
1,197 Sq. Ft.

Acknowledgement Of
Plans Submittal ONLY!

Date 2-20-19

Date 4-3-19

IREDELL COUNTY

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

APPLICATION NUMBER
242332
Issue Date: 02/20/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4646350920.000	125 WINDDRIFT LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MACHEN DEVELOPMENT COMPANY	Applicant: MACHEN, MARTIN W.
Address: 7313 KILLINGDEER LN	Address: 1626 S WENDOVER RD
CHARLOTTE, NC 28226	CHARLOTTE, NC 28211
Phone:	Phone: 704-941-8290

Use Requested	Zone Code
ADDING LIVING SPACE/ CONVERTING EXISTING BEDROOM TO OFFICE A DDING BEDROOM/ BEDROOM COUNT DOES NOT CHANGE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.810	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	168138	TOTAL FEES:	$ 77.25