ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 317302

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

PIN # 4655 --40 --2565

APPLICANT/OWNER: Nicholas Saranjecki APPLICANT ADDRESS: 16223 Grathham Circle Huntersville, NC 28078

SITE ADDRESS: 458 Midway Lake Rd Mooresville, NC 28115 PHONE: 704881-3490 ALT. PHONE

SITE DIRECTIONS: Hwy 115 S. TL Midway Lake Rd on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Sycamore Creek SECTION: LOT # 1 LOT AREA: 9.04 Ac. DESIGN FLOW: 600 gpd L.T.A.R.: .3

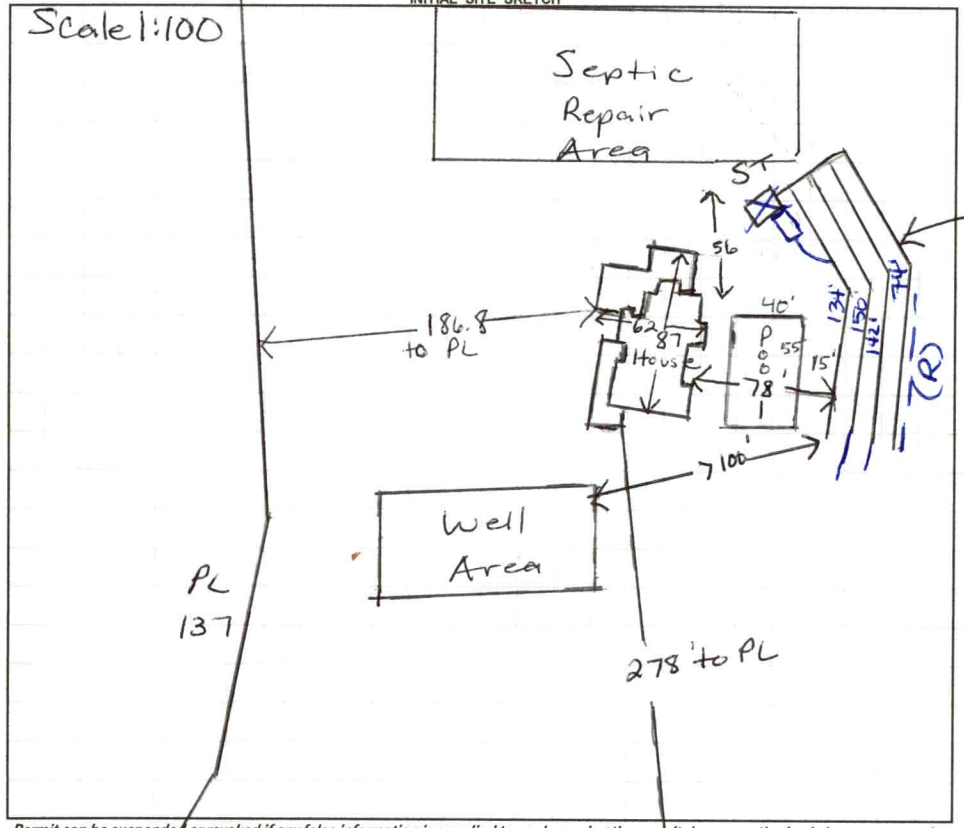
Septic Tank	1500 (gal)	STB	964	Date	5/18/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction	☐ Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:	Pump – 25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	500'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Must keep pool a minimum of 15ft (Max) from Septic & 10ft to Supply line.

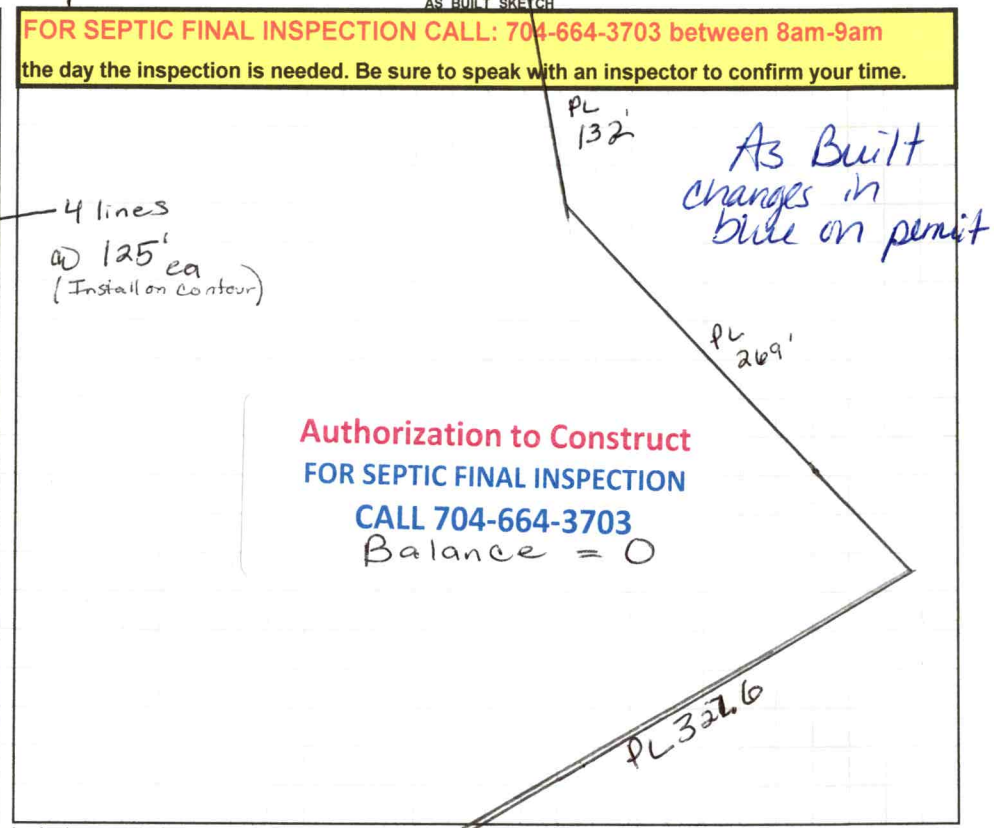
The purpose of this permit was to put the Initial Septic Drainfield in an area that can be fed by gravity flow. Repair area is in the location

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: Chad Hall Date: 6/7/2022 Installed by: Kenn Kirkpatrick - Rowan Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/1/22 OPERATION PERMIT by: D. Wieberg Date: 7/13/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/1/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Midway Lake

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317302

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

PIN # 4655 40 2565

APPLICANT/OWNER: Nicholas Saraniecki | APPLICANT ADDRESS: 16223 Grafham Circle Huntersville, NC 28078

SITE ADDRESS: 458 Midway Lake Rd Mooresville, NC | PHONE: 704 881-3490 | ALT. PHONE

SITE DIRECTIONS: Hwy 115 S to Midway Lake Rd on ~~right~~ left | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Sycamore Creek | SECTION: | LOT # 1 | LOT AREA: 9.04 Ac | DESIGN FLOW: 600 gpd | L.T.A.R.: .3

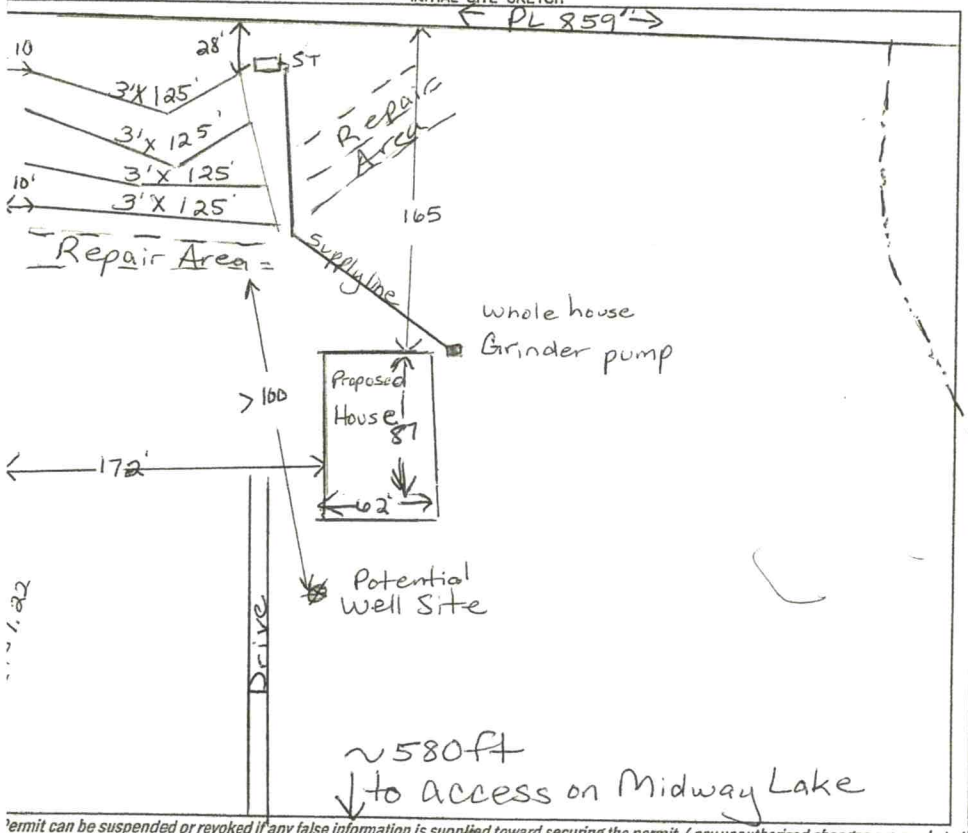
Septic Tank	1500 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	5	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction	[ ] Business	No. Persons	10	[ ] Private
Pump Make		Model	Serial #	Repair System Description:	50% Reduction	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 500'		[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

Maintenance Agreement Required: [ ] YES [X] NO

Comments / Conditions: ★ Must use 10ft of 4" pipe prior to discharging effluent into Septic tank

6/23/21 Reviewed Floor plans

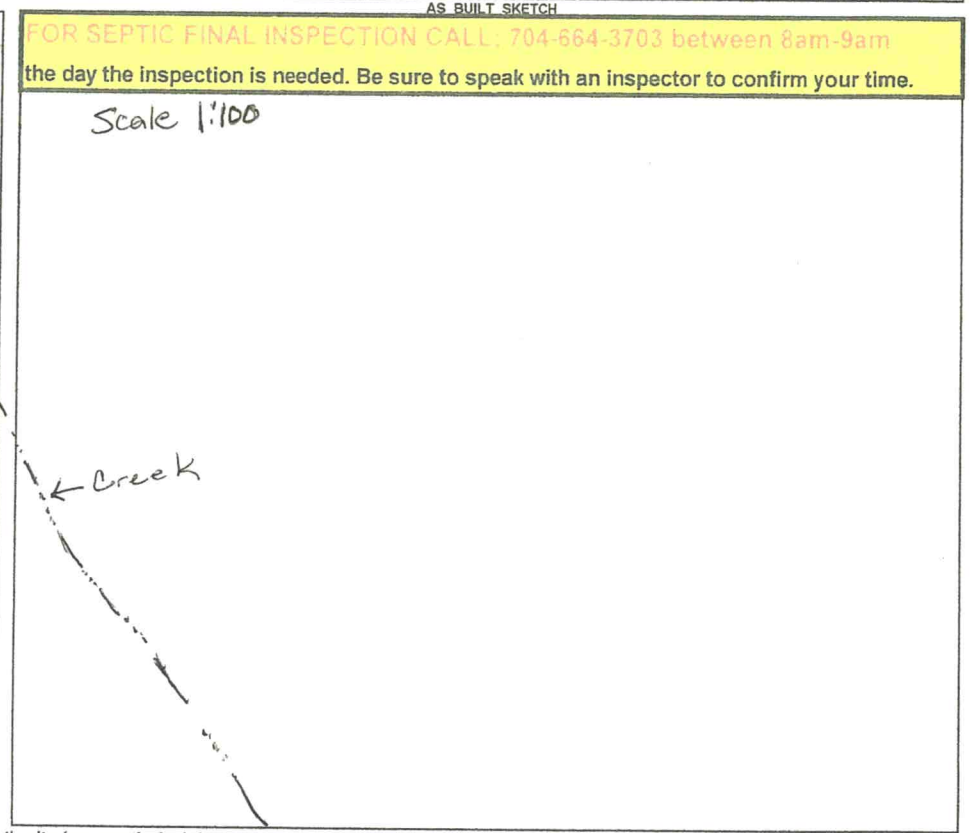
INITIAL SITE SKETCH



AS BUILT SKETCH

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

Scale 1:100



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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 7/2/21 Installed by: _____

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/22/21 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/23/21 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

"Marked"

RECEIVED SEP 3 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-317302

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

New

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: Nick Saraniecki Address: 128 Stonemarker Rd Zip: 28117
Applicant Email: saraniecki@gmail Phone: 704-881-3490 Alt. Phone: _____
Owner Name: " Address: " Zip: _____
Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 458 Midway Lake Rd
Subdivision Name: Sycamore Creek Section/Phase: NA Lot Number: 1
Driving Directions: East off 115 - half mile East, site on North of Midway Lake

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

(X) 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: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 (X) 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 (✓) 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.

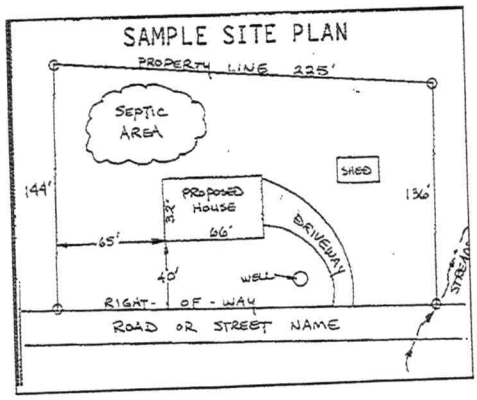
Signature: _____ 9/3/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

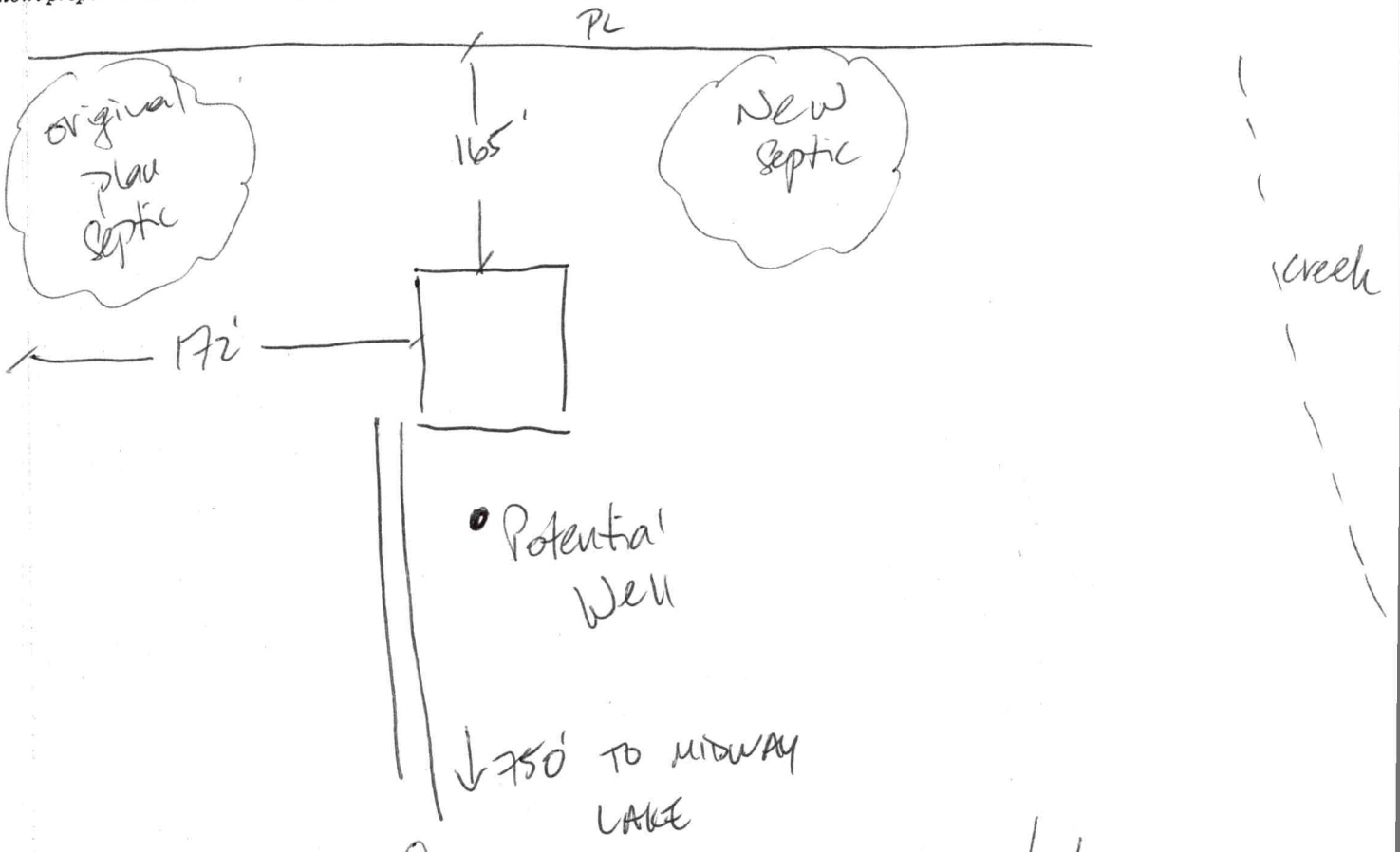
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/3/21
DATE

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*) _____ 9/3/21

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.

_____ 9/3/21
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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

Sheet 1 of 2
PROPERTY ID #: 4655402565
COUNTY: Iredell

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

OWNER: Nicholas Saraniecki
ADDRESS: 16223 Gratham Circle Huntersville, NC 28078
PROPOSED FACILITY: House
LOCATION OF SITE: 458 Midway Lake
APPLICATION DATE: 9/3/21
DATE EVALUATED: 4/29/22
PROPOSED DESIGN FLOW (.1949): 600gpd
PROPERTY SIZE: 9.04Ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~1~~ A	18%	0-4	Brw SCL w SBK	SS, SP, SExP, FR					PS .3
		4-13	RCL m-w	SBK SS, SP, SExP, FR					
		13-30	RCL w	SBK SS, SP, SExP, FR w/ few SAP Inclus					
		30-52	L/SL SAP	massive	FR				
~~2~~ B	18% Not in Drainfield	0-12	Brw SCL w	SBK SS, SP, SExP, FR					PS .25 mottles
		12-31	RCL m-w	SBK SS, SP, SExP, FR					
		31-48	RCL w	SBK SS, SP, SExP, Fi-FR w/ Yel/Brw					
		48"	Chroma 2						
~~3~~ C	12%	0-8	Brw SCL w	SBK SS, SP, SExP, FR					PS .3
		8-14	RCL m-w	SBK SS, SP, SExP, FR					
		14-40	R to R/Lg C/CL w	SBK SS, SP, SExP, FR w/ SAP Inclus					
		40-56	L/SL SAP	massive, FR					
~~4~~ D	15%	0-7	Rd/Brw CL m	SBK SS, SP, SExP, FR					PS .3
		7-22	Rd C/CL w	SBK SS, SP, SExP, FR w/ SAP Inclus					
		22-56	SL/LS SAP	massive, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Nick Saraniecki, John Whitley

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

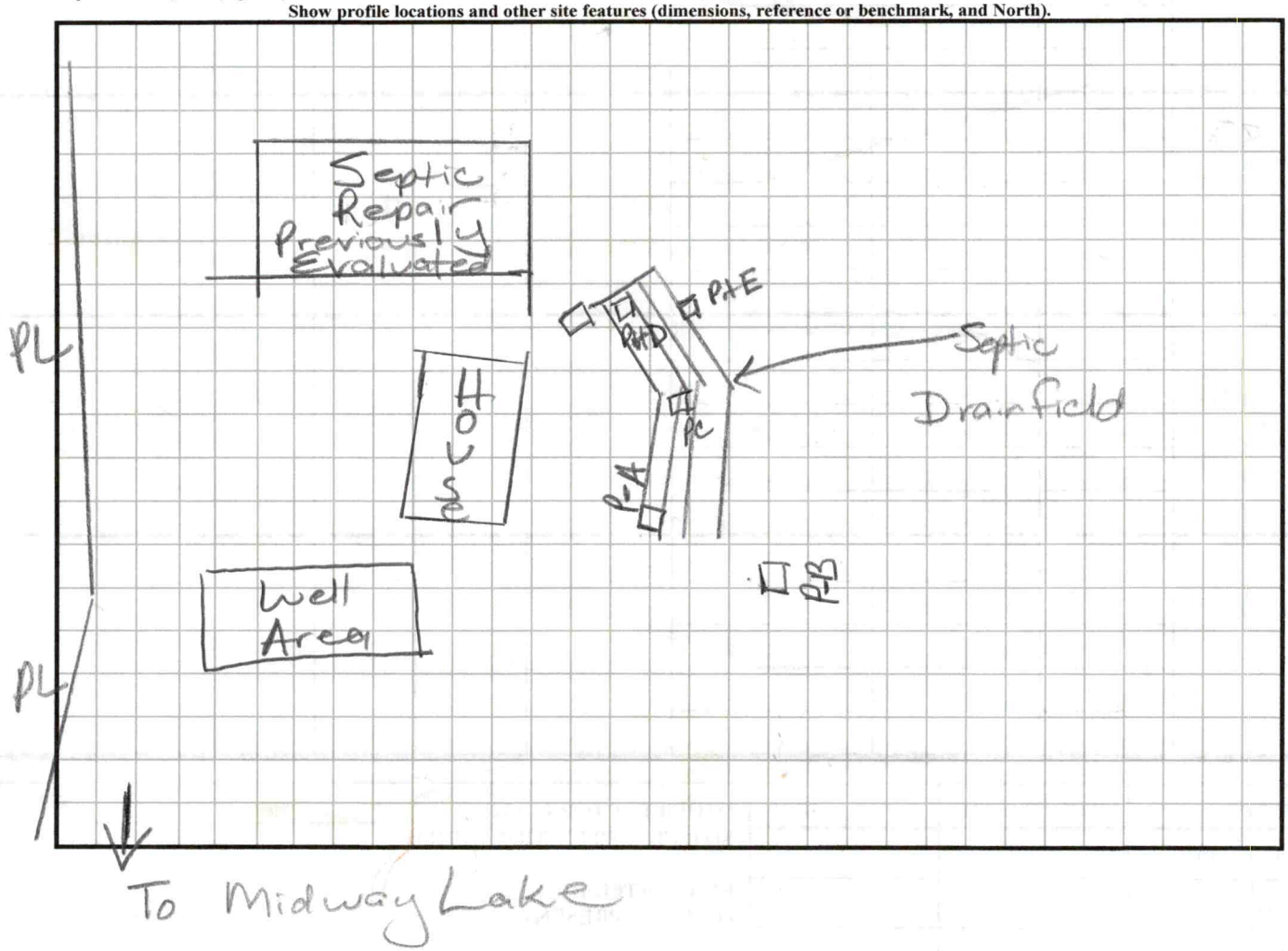
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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

Sheet 2 of 2
PROPERTY ID #: 4655402565
COUNTY: Iredell

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

OWNER: Nicholas Saraniecki — APPLICATION DATE: 9/3/21
ADDRESS: 16223 Gratham Circle Huntersville, NC 28078 — DATE EVALUATED: 9/29/20
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 600 gpd — PROPERTY SIZE: _____
LOCATION OF SITE: 458 Midway Lk — PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public ☐ 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	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 E F	15%	0-8	Brw SCL w SBK SS,	SP, SE SP, FR					PS .3
		8-18	R C, m-w SBK SS,	SP, SE SP, FR					
		18-32	R/YR C L w SBK SS,	SP, SE SP, FR w/ SAP Incls	—	32"	PS	—	
		32-52	L/SCL SAP massive,	FR					
2 E F	17%	0-17	Brw SCL w SBK SS,	SP, SE SP, FR					PS .3
		17-46	R C m-w SBK SS,	SP, SE SP, FR					
		46-56	w/ few SAP Incls						
		46-56	L/SL SAP FR,	massive	—	46"	PS	—	
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Nick Saraniecki, John Whitley

COMMENTS: _____

Updated February 2014

LEGEND

use the following standard abbreviations

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N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

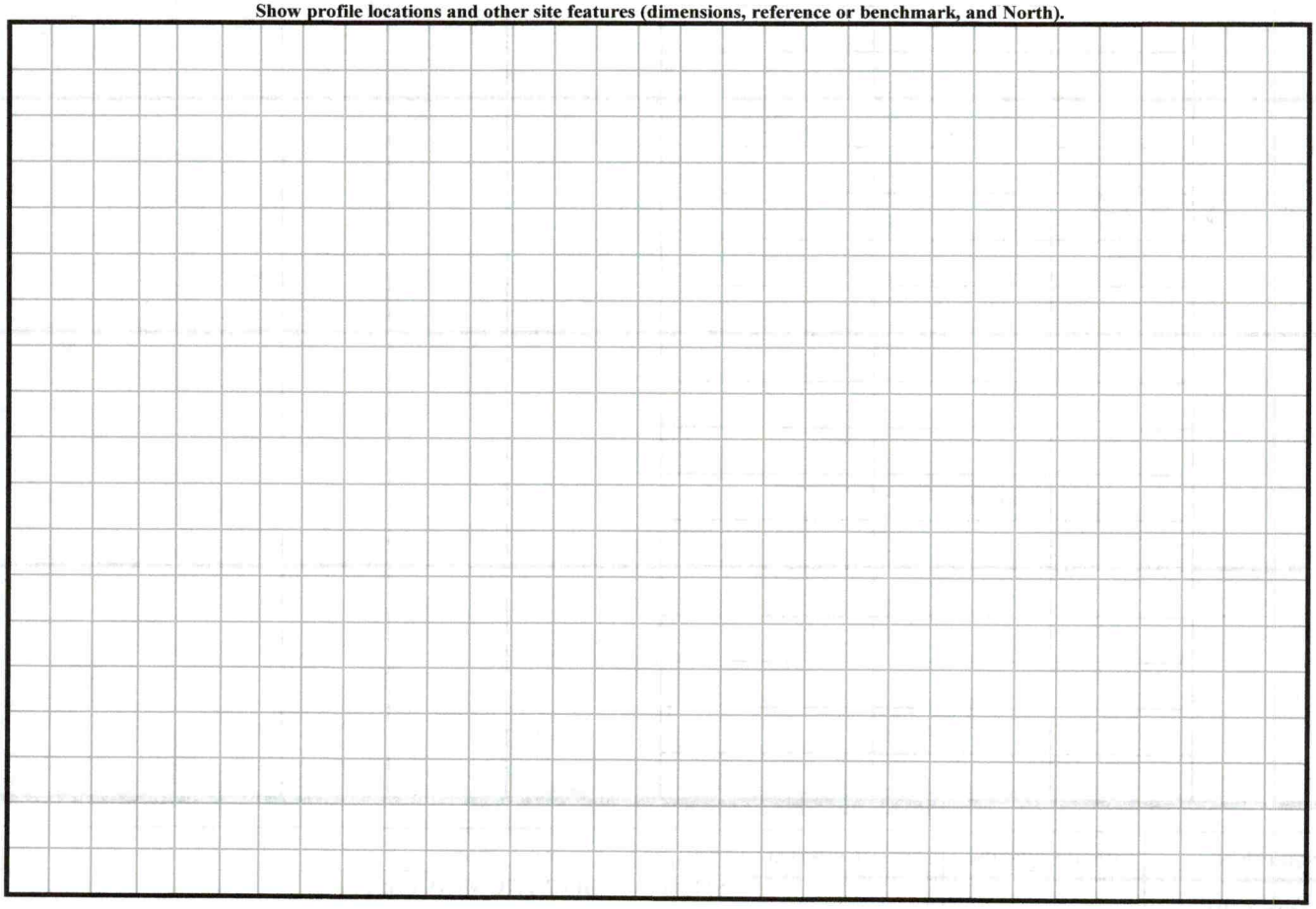
NOTES

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Long-term Acceptance Rate (LTAR): gal/day/ft^2

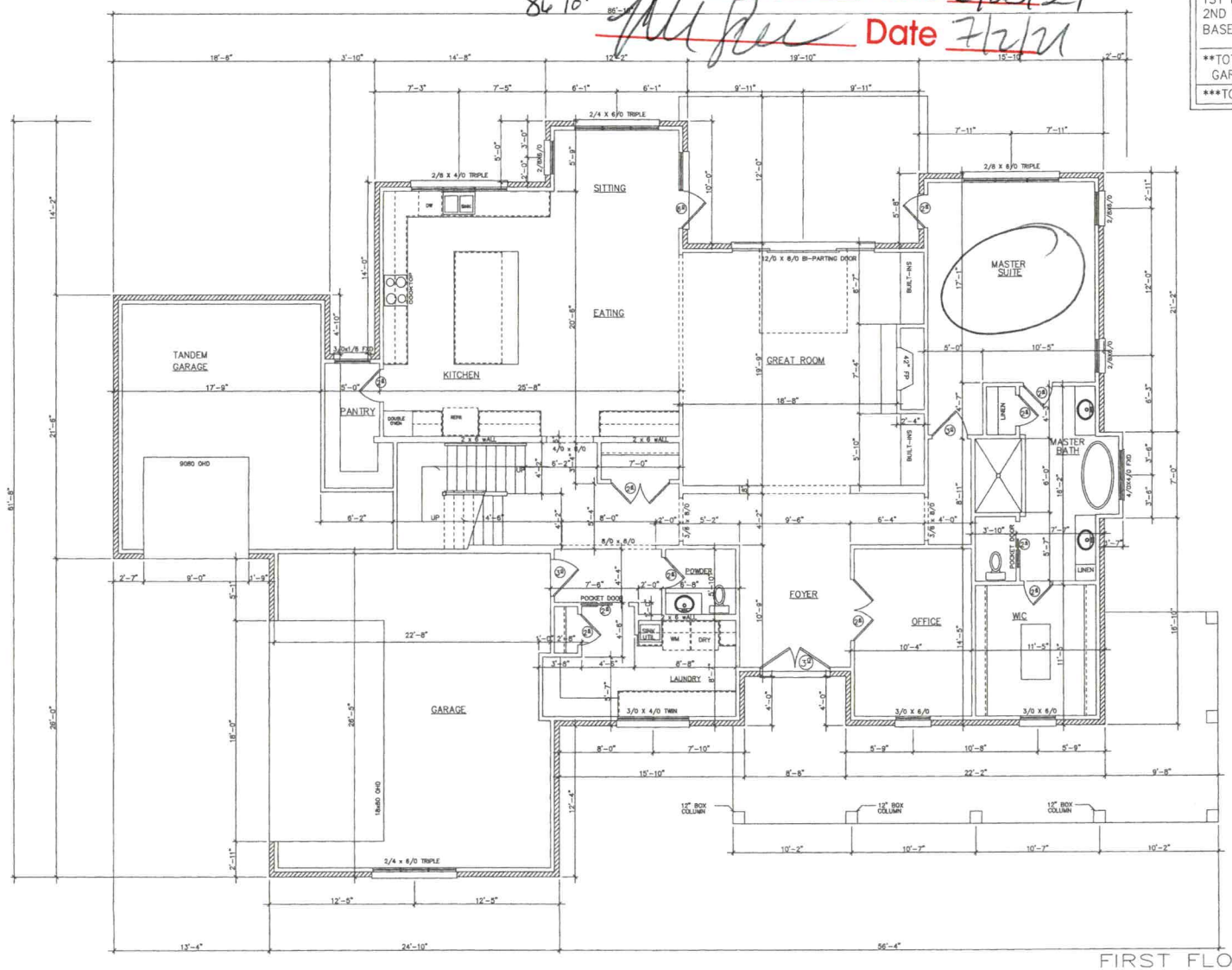
Show profile locations and other site features (dimensions, reference or benchmark, and North).



Acknowledgement Of
Plans Submittal ONLY!

Date 6/23/21

Date 7/2/21



FIRST FLOOR PLAN

SCALE: 1/4"=1'-0"

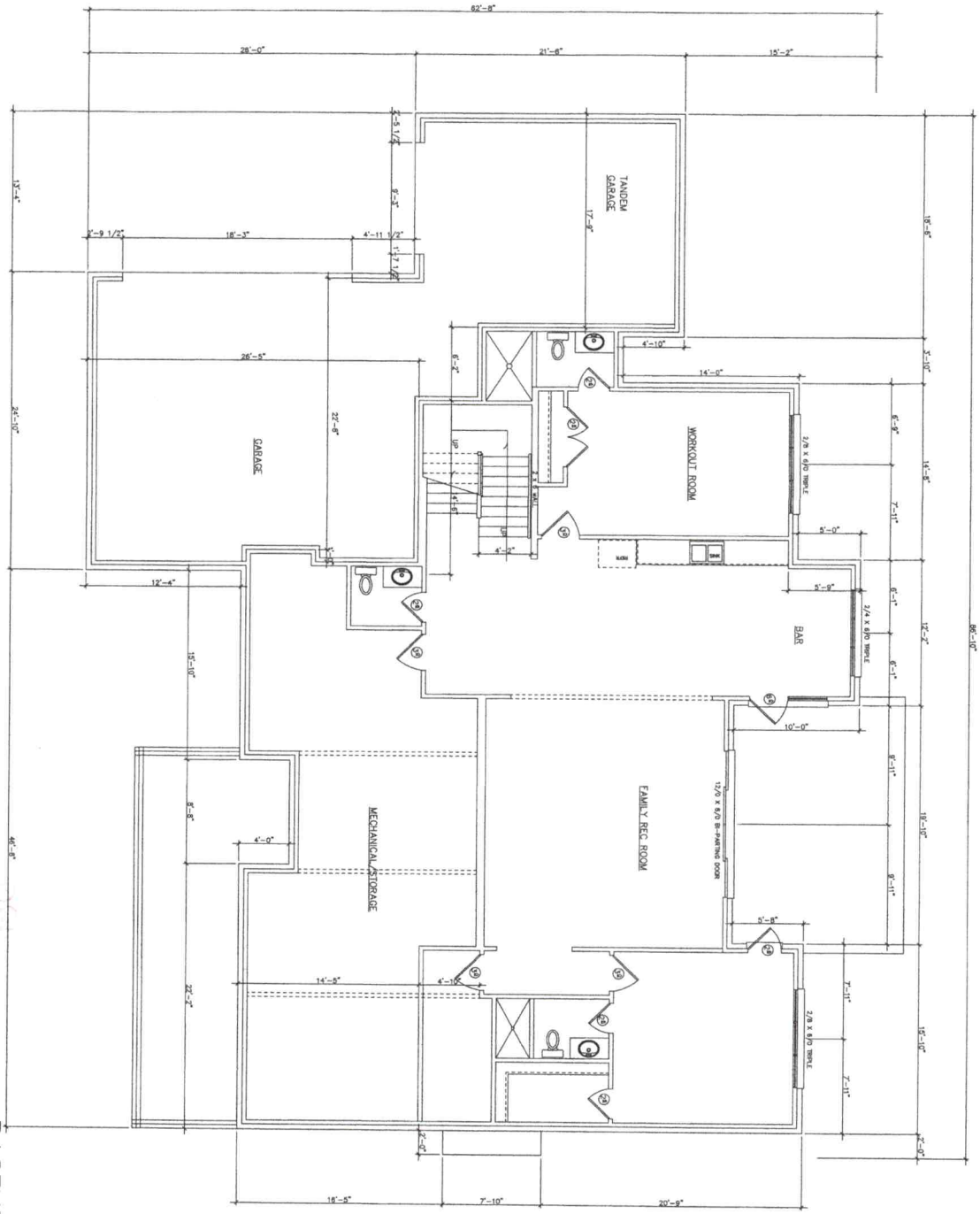
CHECKED BY: VPA	AREA:
DATE: 3/17/2021	
1ST FLOOR HEATED	2555
2ND FLOOR HEATED	149 1
BASEMENT	2555
**TOTAL HEATED AREA	404 1
GARAGE	1054
***TOTAL AREA	5095

WHITLEY & COMPANY
HARRISBURG N.C. 28075

VPA DESIGN

PLAN NUMBER : 3_2_2021
FIRST_FLOOR_PLAN

Date:	3/2/2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	1ST_FL

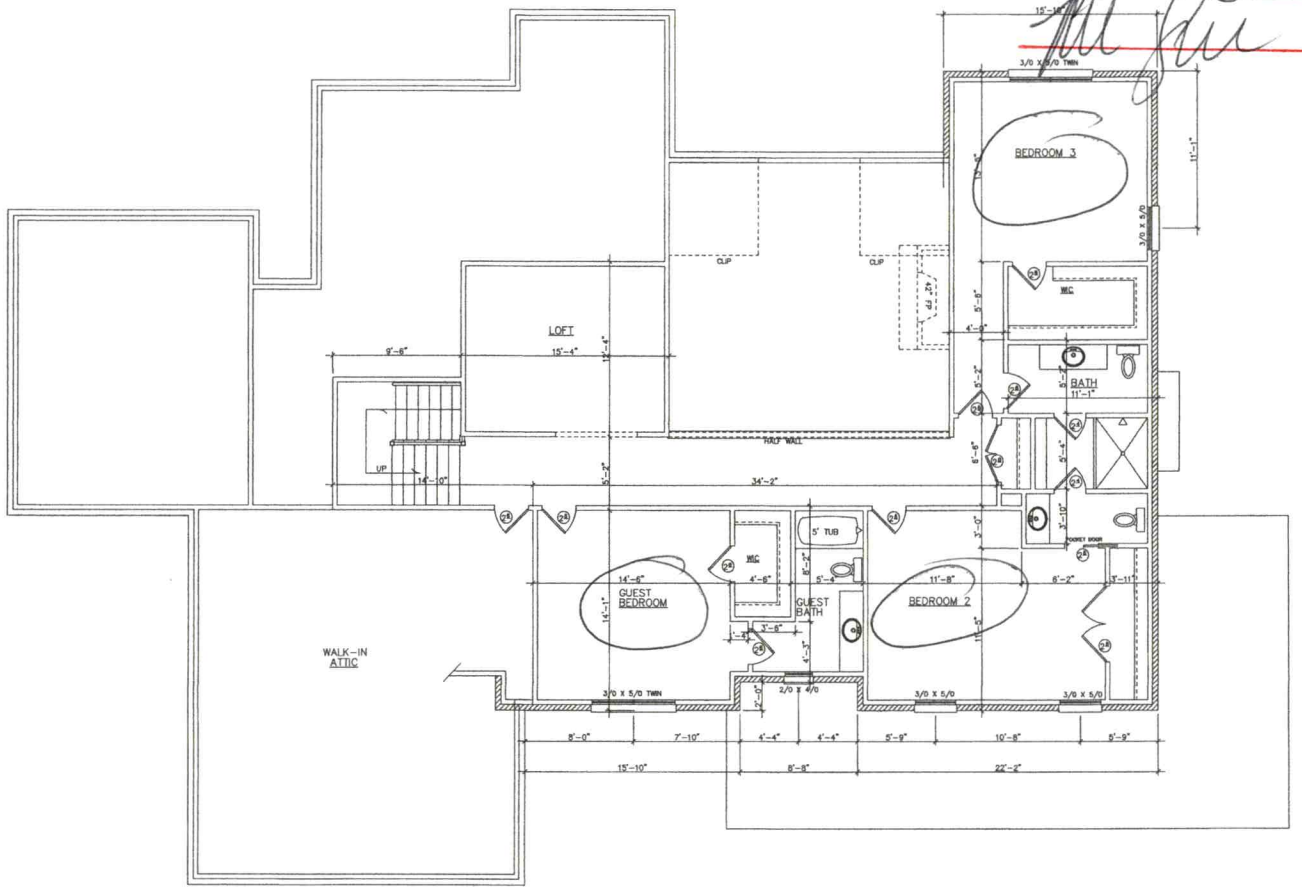


BSMT	Date: 3/2/2021 Scale: 1/4"=1' Drawn: VPA Checked: *** Sheet:	PLAN NUMBER : 3_2_2021 BASEMENT_PLAN	VPA DESIGN	WHITLEY & COMPANY HARRISBURG N.C. 28075

Acknowledgement Of Plans Submittal ONLY!

Date 6/23/21

Date 7/2/21



SECOND FLOOR PLAN

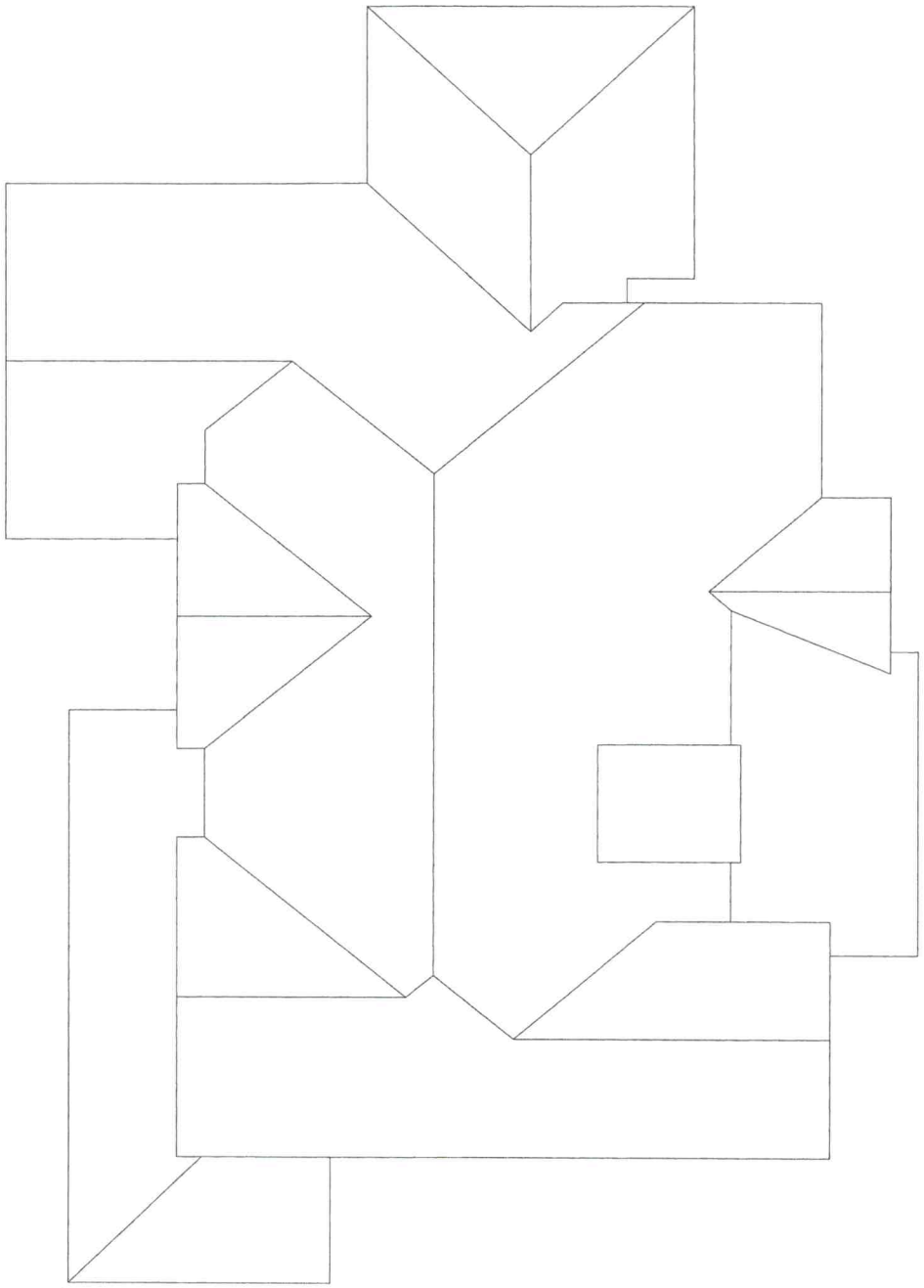
SCALE: 1/4"=1'-0"

WHITLEY & COMPANY
HARRISBURG N.C. 28075

VPA DESIGN

PLAN NUMBER : 3_2_2021
SECOND_FLOOR_PLAN

Date:	3/2/2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	2ND_FL



ROOF PLAN

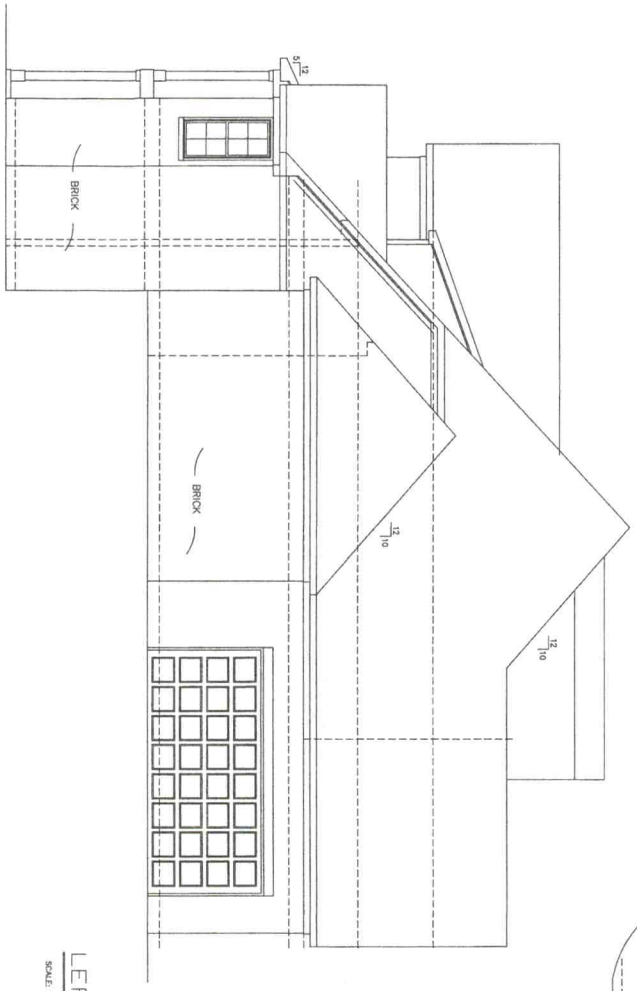
SCALE: 1/4"=1'-0"

Sheet: ROOF	Checked: ***	Drawn: VPA	Scale: 1/4"=1'	Date: 3/2/2021

PLAN NUMBER :
3_2_2021
ROOF_PLAN

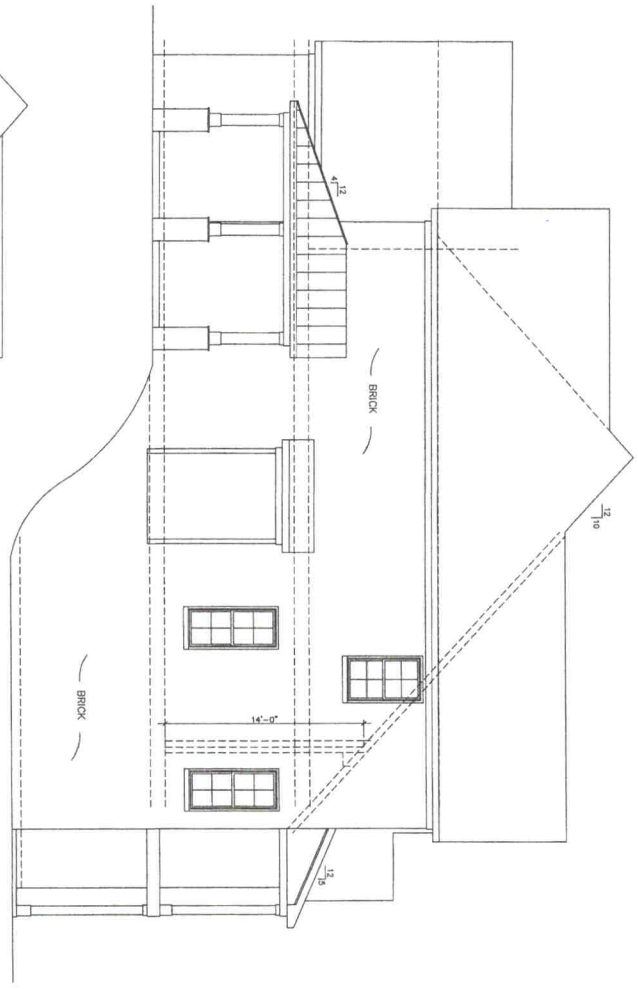
VPA DESIGN

WHITLEY & COMPANY
HARRISBURG N.C. 28075



LEFT ELEVATION

SCALE: 1/4"=1'-0"



RIGHT ELEVATION

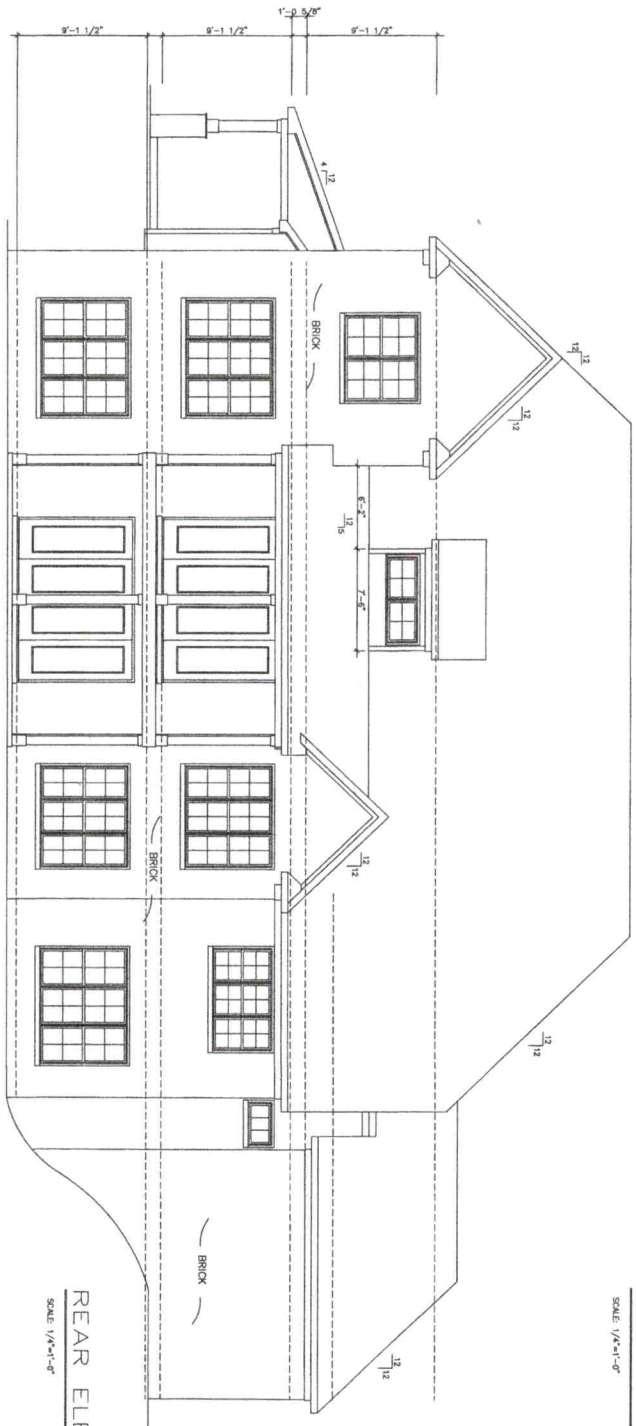
SCALE: 1/4"=1'-0"

Date:	3/2/2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	ELEVS

PLAN NUMBER :
3_2_2021
ELEVATION_PLANS

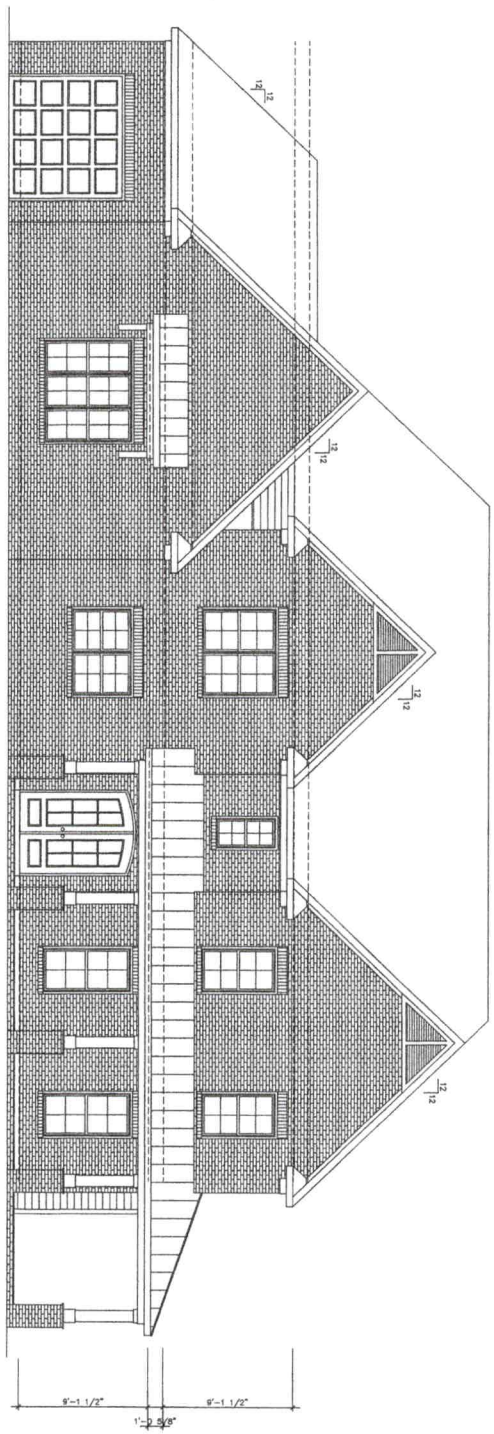
VPA DESIGN

WHITLEY & COMPANY
HARRISBURG N.C. 28075



REAR ELEVATION

SCALE: 1/4"=1'-0"



FRONT ELEVATION

SCALE: 1/4"=1'-0"

Date:	3/2/2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	ELEVS

PLAN NUMBER :
3_2_2021
ELEVATION_PLANS

VPA DESIGN

WHITLEY & COMPANY
HARRISBURG N.C. 28075

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

Sheet 1 of 2
PROPERTY ID #: 4655402505
COUNTY: Iredell

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

OWNER: Nick Saranieckl — APPLICATION DATE: 4/29/21
ADDRESS: 16223 Grafham Circle Huntersville, NC 28078 — DATE EVALUATED: 5/20/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 600 gpd — PROPERTY SIZE: 9.041 Ac
LOCATION OF SITE: 458 Midway Lake Rd Mooresville — 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	6%	0-3	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		3-16	R CLm	wSBK SS, SP, SExP, FR					
		16-49	R CL	wSBK SS, SP, SExP, FR w/ few to many SAP Inclus					
		49-54	LSAP	massive, FR					
2	7%	0-6	Brw SCL	wSBK					PS .3
		6-34	R/CLm	wSBK SS, SP, SExP, FR					
			w/ few to many SAP Inclus						
		34-54	LSAP	massive, FR w/ CL Inclus					
3	10%	0-6	Brw SCL	wSBK SS, SP, SExP, FR					PS .35-.4
		6-28	R/Brw CL	wSBK SS, SP, SExP, FR					
		28-50	L/SL	SAP					
4	10%	0-4	Brw SCL	wSBK					PS .35-.4
		4-36	R/Brw CL/L	wSS, SP, SExP, FR w/ few SAP Inclus					
		36-56	L/SL	SAP mass, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% R
Site LTAR	.35-.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson, John Whitley
OTHER(S) PRESENT: Nick Saranieckl

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

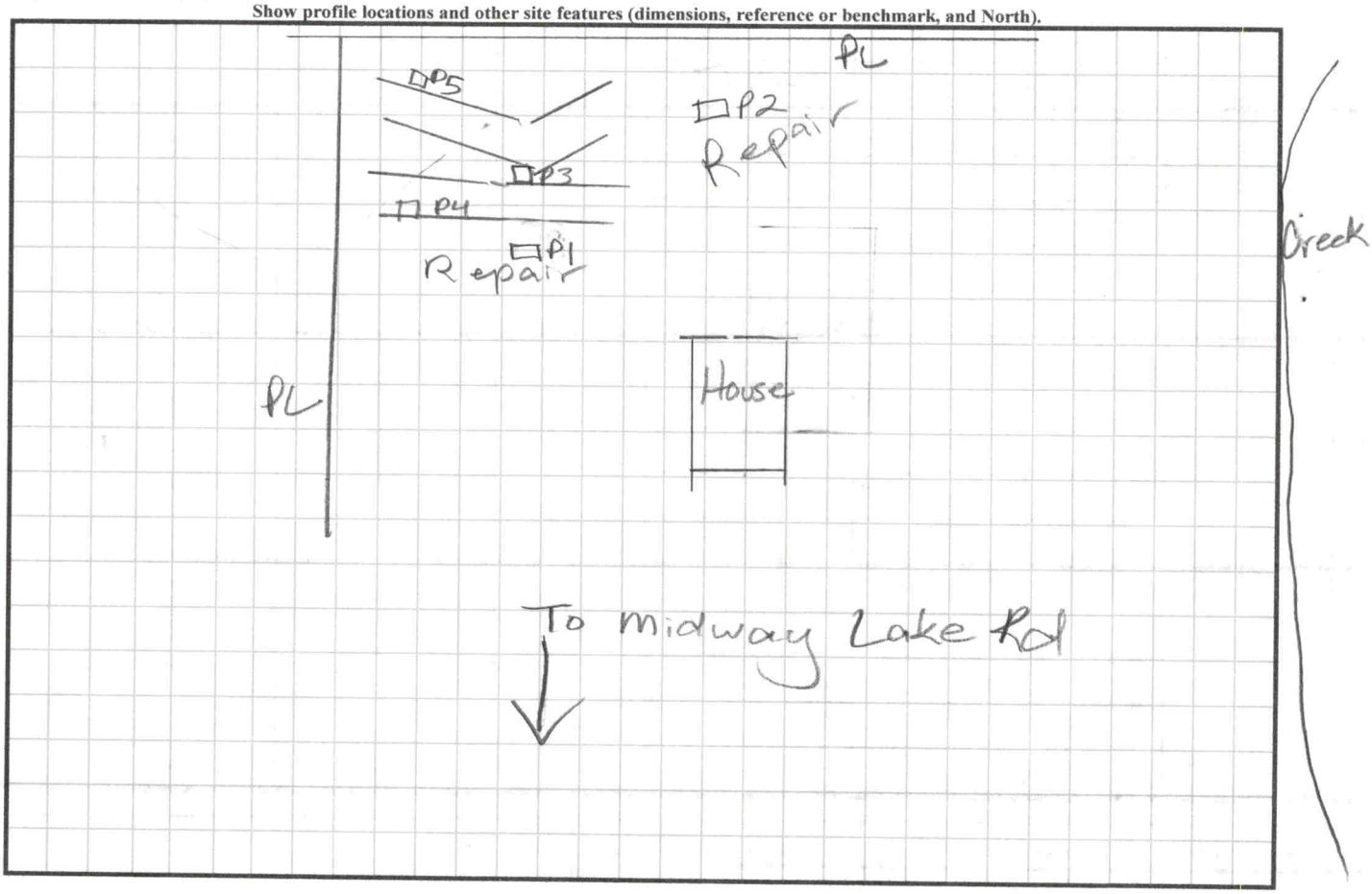
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Nick Saraniecki
458 Midway Lake Rd

PROPERTY ID #: 4655402565
DATE OF EVALUATION: 5/20/21
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	9%	0-6	Brw SCL	w SBK SS, SP, SExP, FR					PS .35 > 18"
		6-18	RC m-w	SBK SS, SP, SExP, FR					
		18-35	Rd/Brw to Yel/Rd C	w SBK, SS, SP, SExP, FR					
			w/SAP Inclus						
		35-60	LSAP massive	FR					