RECEIVED JUN 5 2014 PH

Paid 40.00 Statesville,

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: LARRY MCLEAN Address: 1726 CHARLOTTE HWY Phone: 704 763 2975

Owner Name: LARRY MCLEAN Address: SAME Phone: SAME

Property Information:

Street Address: 1726 Charlotte Hwy

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: US 115/21 North side of Shepherd school

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: FRONT PORCH/SIDE DECK

( ) 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: _____

$ PAID

Water Supply:

( ) New Well (√) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Year existing system installed: 2006

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: Larry McLean 6-6-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY

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

APPLICATION NUMBER
203874
Issue Date: 06/06/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659519330.000	1726 CHARLOTTE HIGHWAY, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: MCLEAN LARRY E+JANENE A	Applicant: OWNER*
Address: 1726 CHARLOTTE HWY MOORESVILLE, NC 28115	Address: SAME AS PROJECT ADDRESS STATESVILLE, NC 28687
Phone:	Phone:

Use Requested	Zone Code
PORCH EXPANSION AND DECK ADDITION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.850	35.00	35.00	15.00	15.00	PACL	X

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: Larry McLean Date: 6-6-14

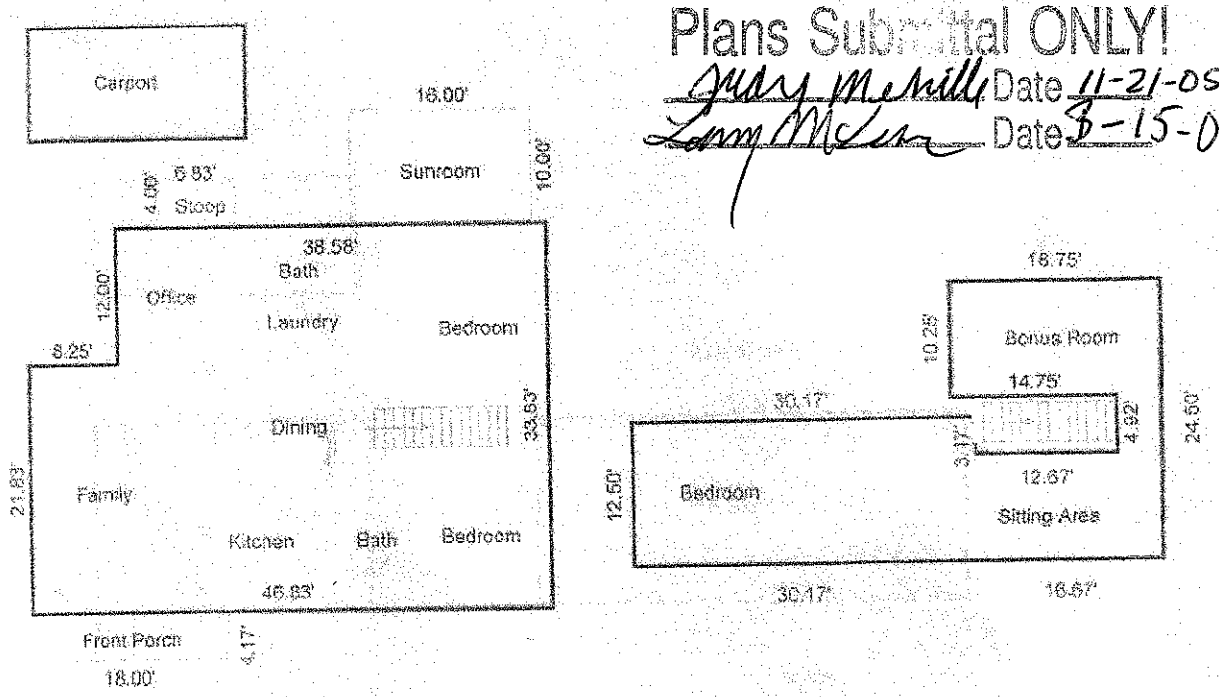
Permit Number	13759	TOTAL FEES:	$ 77.25

SKETCH/AREA TABLE ADDENDUM

SUBJECT

Property Address
City State Zip
Borrower
Lender/Client
Appraiser Name

Acknowledgement Of
Plans Submittal ONLY!
Judy McMillan Date 11-21-05
Larry McLean Date 3-15-06



Scale: 1 = 16'

AREA CALCULATIONS SUMMARY

Area	Name of Area	Size	Totals
GLA1	First Floor	1485.3276	1485.3276
GLA2	Second Floor	744.4861	744.4861
P/S	Front Porch	75.0000	
	Stoop	27.3333	
	Sunroom	160.0000	262.3333
CAR	Carport	200.0000	200.0000

LIVING AREA BREAKDOWN

	Breakdown			Subtotals
First Floor				
	33.83	x	38.58	1305.2629
	8.25	x	21.83	180.0320
0.5 x	0.00	x	0.00	0.0327
Second Floor				
	4.00	x	24.50	98.0000
	9.33	x	42.84	399.6682
	10.25	x	14.75	151.1875
	3.17	x	30.17	95.6204

DEPARTMENT OF ENVIRONMENT 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: Larry McLean
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: 11-22-0
LOCATION OF SITE: Charlotte Hwy PROPERTY SIZE: 1.6 Ac
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
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	3-4% nose	0-24	lsbk C	fr ss/sp se		48			PS .3
		24-48	lsbk cl+sap						
		40-48	lsbk cl+sap						
2		0-20	lsbk C	fr ss/sp se		48			PS .3
		20-35	lsbk c+sap						
		35-48	lsbk cl+sap						
3		0-24	lsk C			48			PS .3
		24-48	cl+sap						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	yes
System Type(s)	25% red	25%
Site LTAR	.3	

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Judy Melville
OTHER(S) PRESENT: ___

COMMENTS: sap inclusions < 20%