IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 24206 1

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

PIN # 4677004581

APPLICANT/OWNER: Joshua McCrary APPLICANT ADDRESS: 135 Farmview In Statesville

SITE ADDRESS: 361 Linwood Rd Mooresville NC PHONE: 704 380-0548 ALT. PHONE -

SITE DIRECTIONS: Hwy 152 Lon Linwood Lot on L 361 SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sam N Bowles SECTION: - LOT # 1 LOT AREA: 1 acre DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	3-6-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	2	Water Supply				
Pump Tank	1000	(gal)	PT	243	Date	4-4-19	System Description:	25% Reduction Pressure Manifold				☐ Business	No. Persons	4	☒ Private				
Pump Make			Model	4DSJ10E	Serial #	19-1683	Repair System Description:					☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1		# Lines	4	Linear Ft	240	Maintenance Agreement Required:		☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community				
Trench Width	36"		Trench Bottom Depth(trench/bed)		18" max	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: Install Drainlines on contour of land and use PM for distribution Do not drive Dave grade or bury utilities in Septic areas. Maintain 100' Setback from well with any part of Septic System. Property Recorded 3-13-19 Book 69 Page 123

AS BUILT SKETCH

Installed as Permitted

	Date	Initials
Drain Lines Checked	5/7	BR
Tanks Checked	5/7	BR
Pressure Manifold or Valve Box Checked	5/7	BB
Pressure Head Set	5/7	BB
Electrical Checked	5/6	BB
Floats Set	5/6	BB
Alarm Checked	5/6	BB
Maintenance Contract Y / N		

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:

IMPROVEMENT PERMIT by: Date: 4-22-19

AUTHORIZATION TO CONSTRUCT by: Date: 4-22-19

Installed by: Lantz Wastewater

OPERATION PERMIT by: Date: 5/10/19

Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242061

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

PIN # 4677003935

APPLICANT/OWNER: Joshua McCrary APPLICANT ADDRESS: 135 Farmview In Statesville

SITE ADDRESS: 361 Linwood Rd PHONE: 704 380-0548 ALT. PHONE -

SITE DIRECTIONS: Hwy 152 L on Linwood Lot on L 361 SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sara N Bowles SECTION: - LOT # 1 LOT AREA: 1 acre DESIGN FLOW: 240 L.T.A.R.: .25

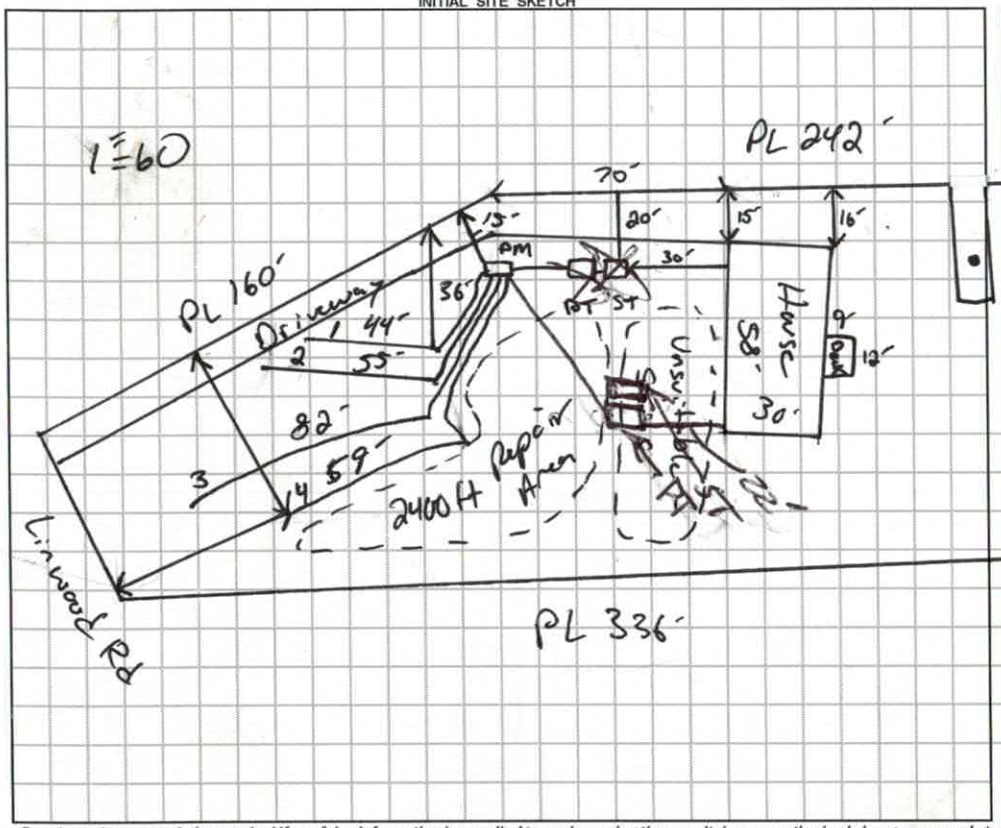
Septic Tank	1000	(gal)	STB	760	Date	3-6-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	3663	Date	4-1-19	System Description:	25% Reduction Pressure Manifold			
Pump Make			Model	Poly10K	Serial #	Plebb	Repair System Description:	Drip			
# Nitrification Fields	1		# Lines	4	Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)		18" Max	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	2	Water Supply	
☐ Business	No. Persons	4	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

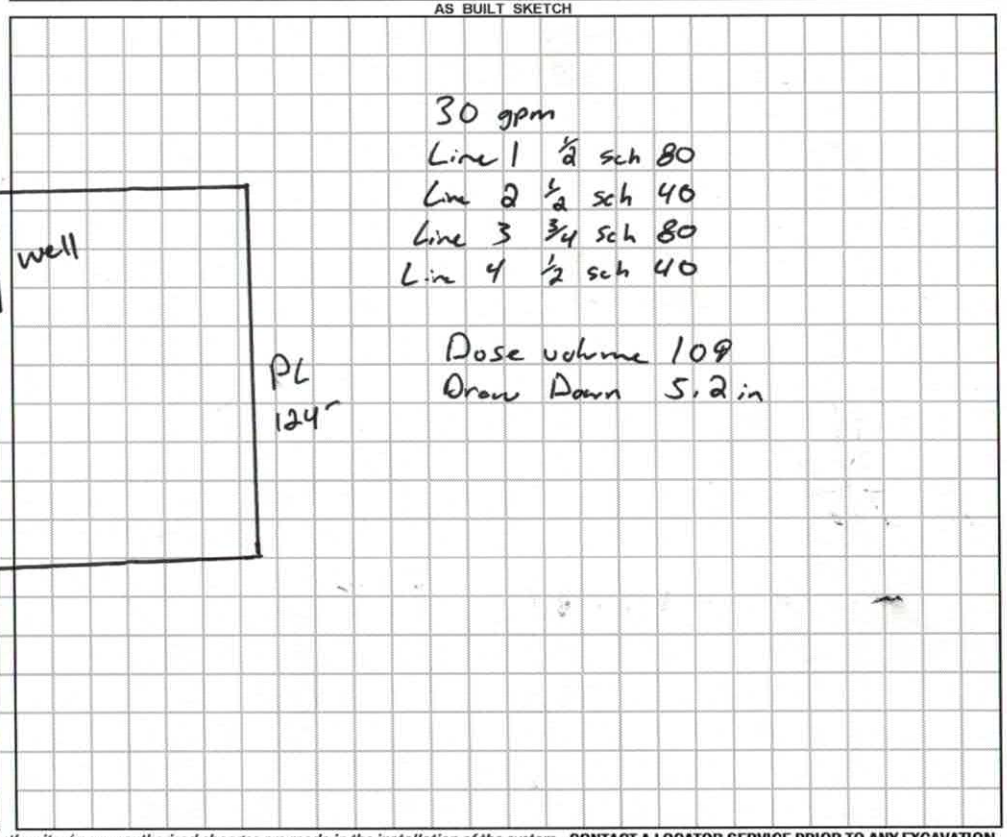
Comments / Conditions: Install Drainlines on contour of land and use PM for distribution Do not drive pave grade or bury utilities in Septa areas. Maintain 100' Setback from well with any part of Septa System.

Property Recorded 3-13-19 Book 69 Page 123

INITIAL SITE SKETCH



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: Date: Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 4-22-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 4-22-19 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 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Josh McCrary
ADDRESS: 135 Farmview Ln
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 355 Linwood Rd

APPLICATION DATE 2-7-19
DATE EVALUATED: 2-26-19
PROPERTY SIZE: 1 Acre
PROPERTY RECORDED: NO

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	2%	0-6	SBk SCL	Fr SSSP Serp	Platy @ 8" Chroma 6 10yr @ 13" 6/2	49"	/	Tiger dirt @ 8" throughout	U
		6-28	PL C	" "					
		28-48	ABk CL	" "					
2	2%	0-6	SBk SCL	Fr SSSP Serp	Chroma 6/1 @ 15" Platy @ 12"	48"	/	Tiger dirt throughout	U
		6-28	ABk/PL C	" "					
		28-48	ABk CL	" "					
3	2%	0-10	SBk SCL	Fr SSSP Serp	Chroma 6/1 @ 30"	48"	/	Platy @ 30"	PS .25
		10-34	SBk C	" "					
		34-48	SBk CL	" "					
4	2%	0-13	SBk SCL	Fr SSSP Serp	4/B Motts @ 30"	48"	/	Platy @ 30"	PS .25
		13-39	SBk/ABk C	" "					
		39-48	SBk CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	2400'
System Type(s)	25%	Drip
Site LTAR	.25	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT: Botkins

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.

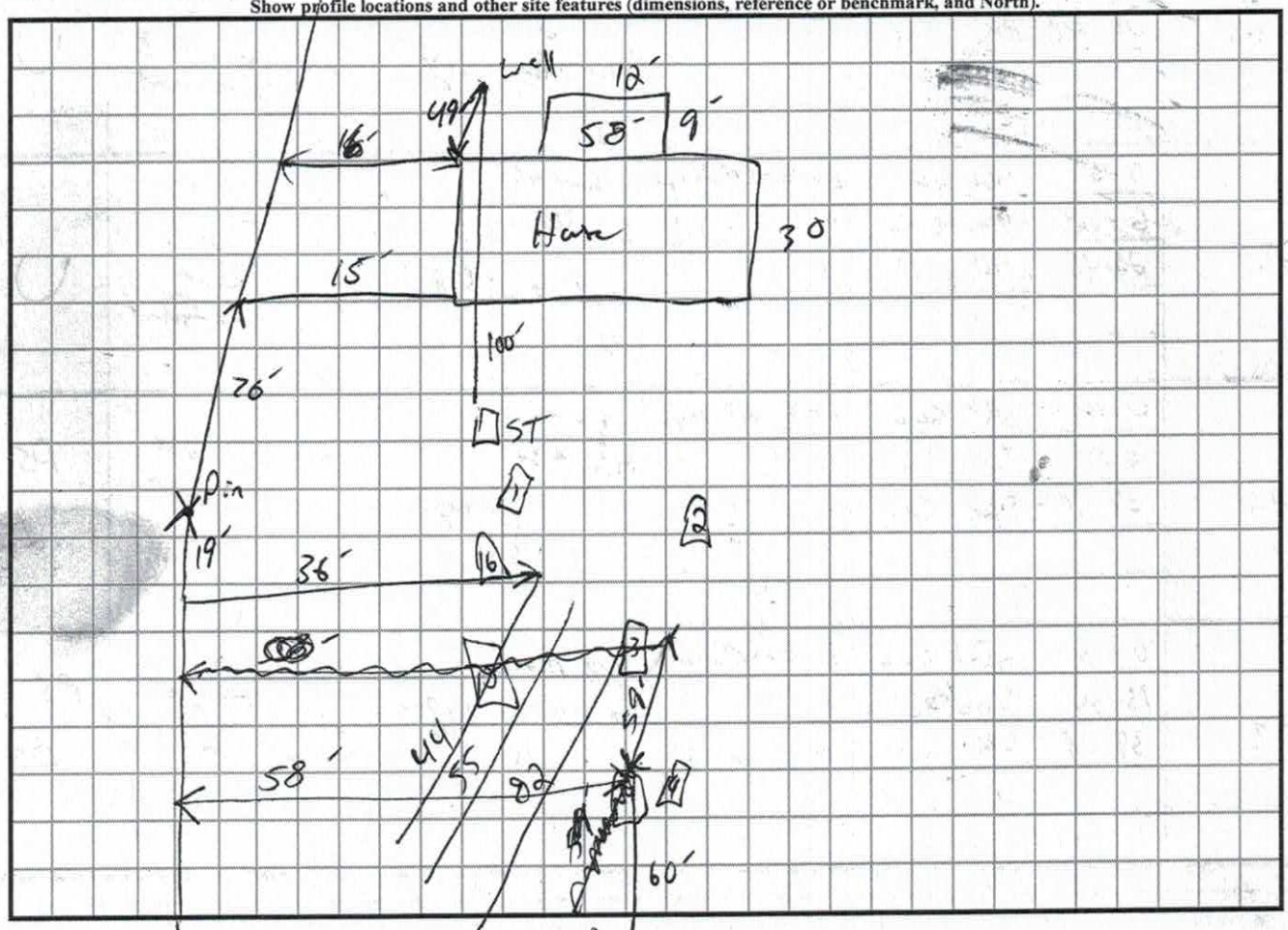
NOTES

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/ft²

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



5) 0-9 SBk SCL 43' .275
9-29 ABk C
29-48 SBk CL
31'

6) 0-8 SBk SCL
8-32 ABk C
32-48 SBk CL

10yr 6/2 @ 21"
.1 Dr. P

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

PROPERTY ID #:
DATE OF EVALUATION: 2.26.19
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	
5	2%	0-9	SBk ScL	Fr SS SP Sexp	Chroma 10yr 7/2 @ 34"	34"	N/A	29-34"	.25
		9-29	ABk C	Fr " "					
		29-48	SBk CL	Fr " "					
6	2%	0-8	SBk ScL	Fr SS SP Sexp	10yr 6/2 @ 21"	21"	N/A	8-32"	.1 Drip
		8-32	ABk C	Fr " "					
		32-48	SB CL	Fr " "					

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ✓ BOTH ___ Existing System Inspection

****

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Joshua McCrary	135 Farmview Ln. Sville NC 28625	704 380 0548	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Sara N. Bowles	361 Linwood Rd. Moorsville 28115		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
365 361 Linwood Road Moorsville, NC 28115		

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

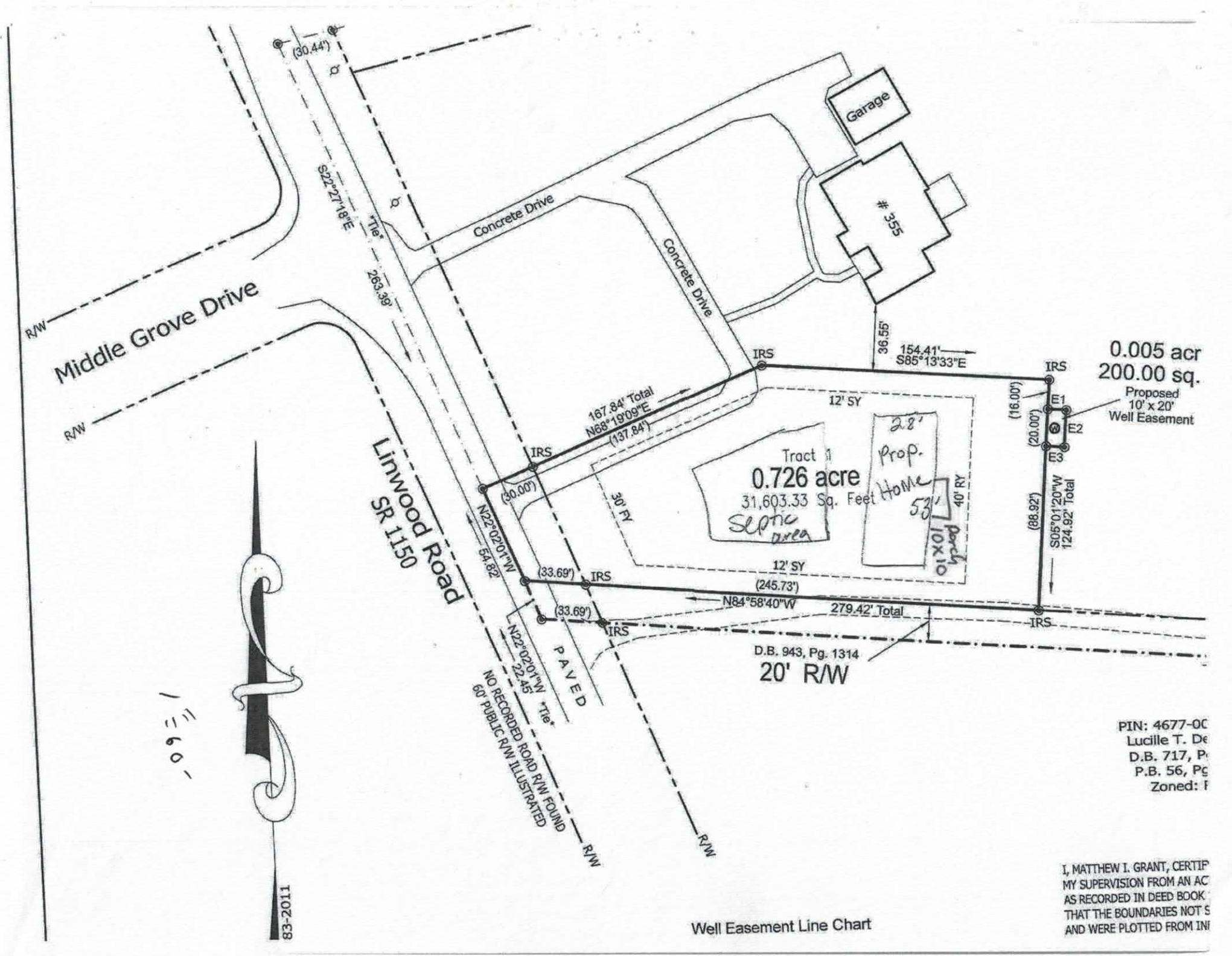
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: Sara N. Bowles — 2-7-19

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


Middle Grove Drive
R/W
R/W
Linwood Road
SR 1150
(30.44')
S22°27'18"E
"Tie"
263.39'
Concrete Drive
Concrete Drive
Garage
355
36.55'
154.41'
S85°13'33"E
IRS
IRS
IRS
167.84' Total
N68°19'09"E
(137.84')
(30.00')
12' SY
Tract 1
0.726 acre
31,603.33 Sq. Feet
Septic area
28' Prop. Home
53'
40' RY
10x10 porch
30' RY
(16.00')
(20.00')
E1
E2
E3
(88.92')
S05°01'20"W
124.92' Total
0.005 acr
200.00 sq.
Proposed
10' x 20'
Well Easement
N22°02'01"W
54.82'
(33.69')
IRS
12' SY
(245.73')
N84°58'40"W
279.42' Total
(33.69')
IRS
IRS
N22°02'01"W
22.45'
"Tie"
NO RECORDED ROAD R/W FOUND
60' PUBLIC R/W ILLUSTRATED
PAVED
R/W
R/W
D.B. 943, Pg. 1314
20' R/W
PIN: 4677-0C
Lucille T. De
D.B. 717, P
P.B. 56, Pg
Zoned: F
I, MATTHEW I. GRANT, CERTIF
MY SUPERVISION FROM AN AC
AS RECORDED IN DEED BOOK
THAT THE BOUNDARIES NOT S
AND WERE PLOTTED FROM INF
83-2011
Well Easement Line Chart

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, Sara N. Bowles, am the legal owner(s) of the property located at 355 Linwood Rd., identified as

PIN (Parcel Identification Number) 4677-00-6683, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** Joshua McCrary, _____, 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.

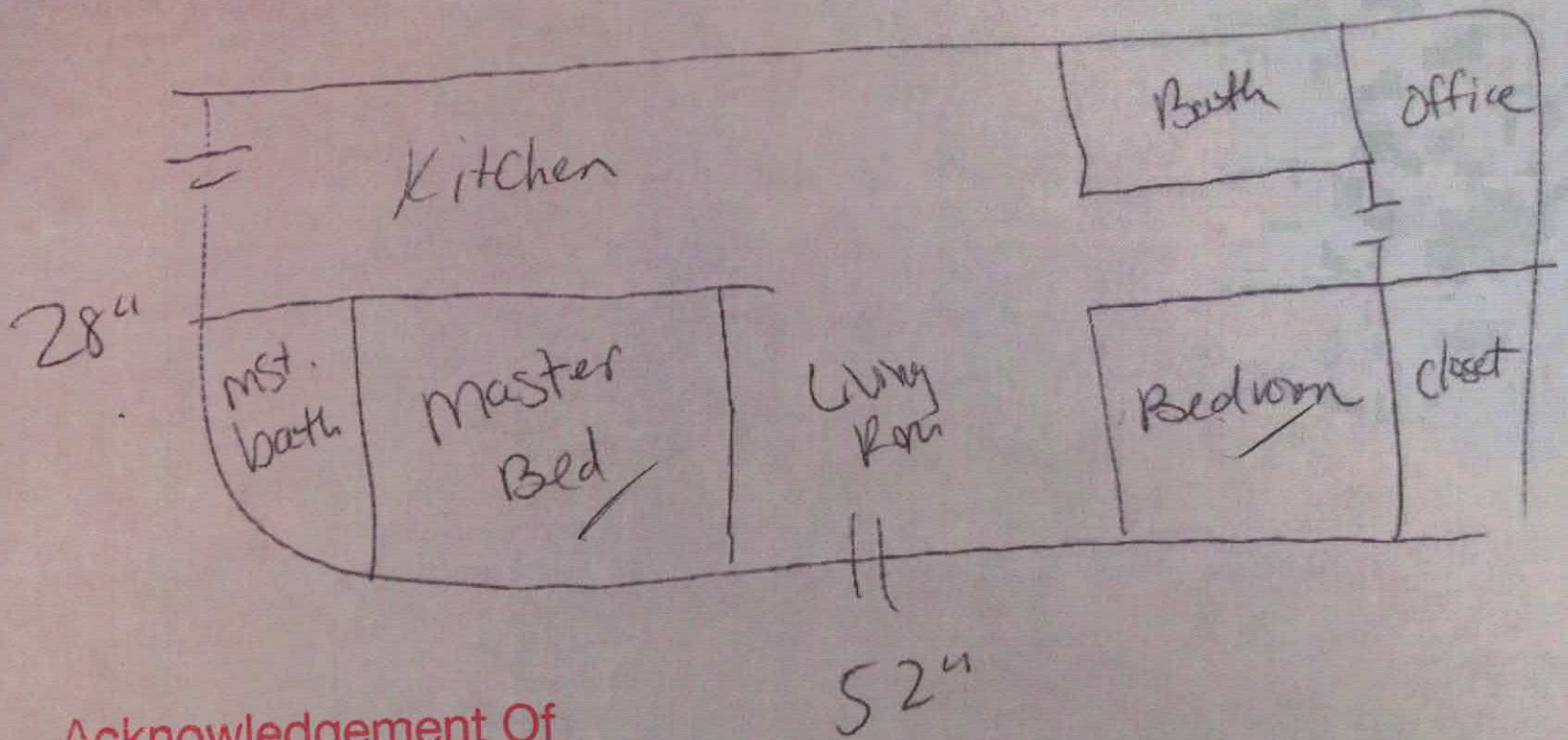
Sara N. Bowles
Signature of Owner(s)

2-7-19
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

Back



Acknowledgement Of
Plans Submittal ONLY!

Date 3.15.19

Date 3-29-19

Front

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 242061 Subdivision:

Proposed Use: MOBILE HOME NEW - PERC TEST ONLY

Location: 361 LINWOOD ROAD

Tax PIN: 4677006683.000 Zoning: Single-Family Residential-2 Lot: Size: 8.876

Owner:	BOWLES JULIAN R+SARA N	Applicant:	MCCRARY, JOSHUA
Address:	355 LINWOOD RD MOORESVILLE, NC 28115	Address:	135 FARMVIEW LN STATESVILLE, NC 28625

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent

2-7-19
Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 12.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks:

APPROVAL FOR PERC TEST ONLY
NOT APPROVED FOR CONSTRUCTION
MUST OBTAIN ALL IREDELL COUNT PERMITS AND INSPECTIONS

GM	02/07/2019	$50.00
Approved By:	Date	Application Fee