IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

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

Applicant Name: Jonathan McConnell **Address:** 1206 Assembly St Belmont NC 28012 **Phone:** 704-400-5944

Owner Name: Johnathan McConnell **Address:** 1206 Assembly St Belmont NC **Phone:** 704-400-5944

Property Information:

Street Address: 1520 Mt Ulla Hwy, Mooresville NC 28115

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Land is between 1528 Mt Ulla Hwy & 1512 Mt Ulla Hwy

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

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

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

(X) 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: _____

Water Supply:

(X) 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:** _____

(X) No Preference ( ) Alternative ( ) 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 (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: Matt Glen Cline Builders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-10-14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

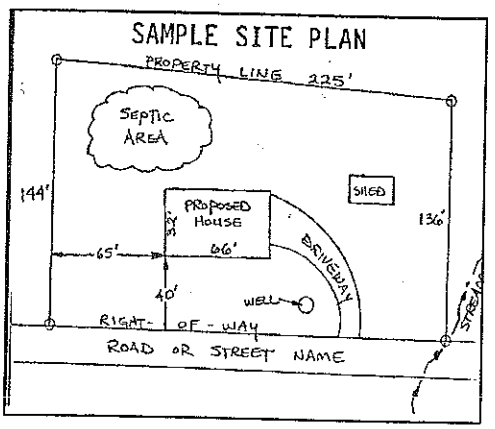
ENVIRONMENTAL HEALTH DIVISION

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

See Attached Improvement plan.

Signature: _____

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

2-10-14

DATE

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 4679-32-5302
Lot #:
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jonathan McConnell
Address: 1206 Assembly St Belmont NC 28012
Proposed Facility: 4 BRM Design Flow (.1949) 480 gpd
Location of Site: 1520 Mt Mile Hwy Mooresville NC 28115
Applicant: Jonathan McConnell
Date Evaluated:
Property Size:
Property Recorded: Yes

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
B 1	SS 5%	0-11	B SCL Gr	Fr SS SP SE P		30"	PS	-	PS
		11-18	R C WFSBk	Fr SS SP SE P					
		18-30	R CL WFSBk	Fr SS SP SE P	com sap, com feldspar, com mica				
		30-48	Var SL Gr	Fr SS SP SE P	few C veins, com CL incl, many feldspar, many mica				.3-.35
B 2	SS 6-7%	0-4	B SCL Gr	Fr SS SP SE P		34"	PS	-	PS
		4-30	R C WFABk	Fi S P SE P	few/com feldspar, com mica				
		30-34	R CL WFSBk	Fr SS SP SE P	com R C veins, many mica, many feldspar				
		34-48	Var SL Sap	M Fr SS SP SE P	few R C veins, com CL incl,				.3
B 3	SS 4%	0-6	B SCL Gr	Fr SS SP SE P		38"	PS	-	PS
		6-20	R C MFSBk	Fi S P SE P					
		20-30	R C WFSBk	Fr SS SP SE P	Com sap + feldspar + mica				
		30-38	R CL WFSBk	Fr SS SP SE P	many sap + feldspar + mica				.3
		38-48	Var SL Sap	M Fr SS SP SE P	com CL incl.				
B 4	SS 12%	0-6	B SCL Gr	Fr SS SP SE P		36"	PS	-	PS
		6-30	R C WFSBk	Fr SS SP SE P	com feldspar, few sap				
		30-36	R CL WFSBk	Fr SS SP SE P	many sap + feldspar com mica				.3
		36-48	Var SL Sap	M Fr SS SP SE P	Com CL incl				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red.	25% Red.
Site LTAR	0.3	0.3

Other Factors (.1946): None
Soil Evaluation By: ALP
Others Present: None
Site Classification (.1948): PS
Site Evaluation By: ALP
Others Present: None

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2 of 2
Property ID: 4679 32-5302
Lot #:
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jonathan McConnell
Address: 1206 Assembly St Belmont NC 28012
Proposed Facility: 4BR
Design Flow (.1949) 480gpd
Location of Site: 1520 Mt. Ulla Hwy Mooresville NC 28115

Applicant: Jonathan McConnell
Date Evaluated:
Property Size:
Property Recorded: Yes

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
B 5	LSS 5%	0-6	B SCL Gr	Fr SS SP SEXP		32"	PS	-	PS .3
		6-20	R CL WFSBK	Fr SS SP SEXP					
		20-28	R CL WFSBK	Fr SS SP SEXP	con feldspar, few sap				
		28-32	YR CL WFSBK	Fr SS SP SEXP	many sap, con feldspar				
		32-48	Var SL Sap	B Fr SS SP SEXP	few CL incl.				
P 1	SS 5%	0-6	B CL WFSBK	Fr SS SP SEXP		31"	PS	-	PS .35
		6-24	R CL WFSBK	Fr SS SP SEXP					
		24-31	R CL WFSBK	Fr SS SP SEXP	con feldspar				
		31-60	Var SL Sap	Fr SS SP SEXP	con feldspar, few CL				
P 2	SS 5%	0-6	B CL/SCL Gr	Fr SS SP SEXP		36"	PS	-	PS .3
		6-31	R CL WFSBK/ABK	Fr SS SP SEXP	con feldspar				
		31-36	R CL WFSBK	Fr SS SP SEXP					
		36-81	Var SL/L Sap	M Fr SS SP SEXP	con feldspar, few CL incl.				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	0.3	0.3

Other Factors (.1946): None
Soil Evaluation By: ALP
Others Present: None
Site Classification (.1948): PS
Site Evaluation By: ALP
Others Present: None

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 181258ZO

Printed: 9/27/2013

Master #: 181258

Associated Permits:

181258ZO	Zoning
181258WE	Well

Applicant

Name: JONATHAN G MCCONNELL
Address: 1206 ASSEMBLY ST
BELMONT, NC 28012

Phone: 704-400-5944
8589-3364

Parcel

Parcel Number: 4679325302.000
Address: 1520 MT ULLA Hwy.
MOORESVILLE, NC 28115
Subdivision:

Zoning: RA
Township: 1600
Area:
Lot(s):

Directions to Parcel: GARNER BAGNAL, RIGHT TRIPLETT ROAD, LEFT 801, PARCEL ON RIGHT

Owners

Name: JONATHAN G MCCONNELL
Address: 1206 ASSEMBLY ST
BELMONT, NC 28012

Phone: 704-400-5944

Contractors

Contractor Type: Special
Name: Owner
Address:

Fees and Receipts:

Number	Description	Amount
FEE-298065-07	Zoning - Permit Application	$75.00
FEE-298068-07	Technology Fee - Planning	$2.25
FEE-298069-07	Environmental Health - Gravity System	$500.00

$ PAID Cash
9-27-13