IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236213.

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

PIN # 4705536377

APPLICANT/OWNER: Gary Lackey APPLICANT ADDRESS: 456 Massey Deal Road Statesville NC

SITE ADDRESS: 456 Massey Deal Rd Statesville, NC 28625 PHONE: 980-241-0051 ALT. PHONE 828-244-3048.

SITE DIRECTIONS: 64/90 to Upper Fann Rd (L on Massey Deal located & Intersect SAP CONTROLLED: ☐ YES ☒ NO

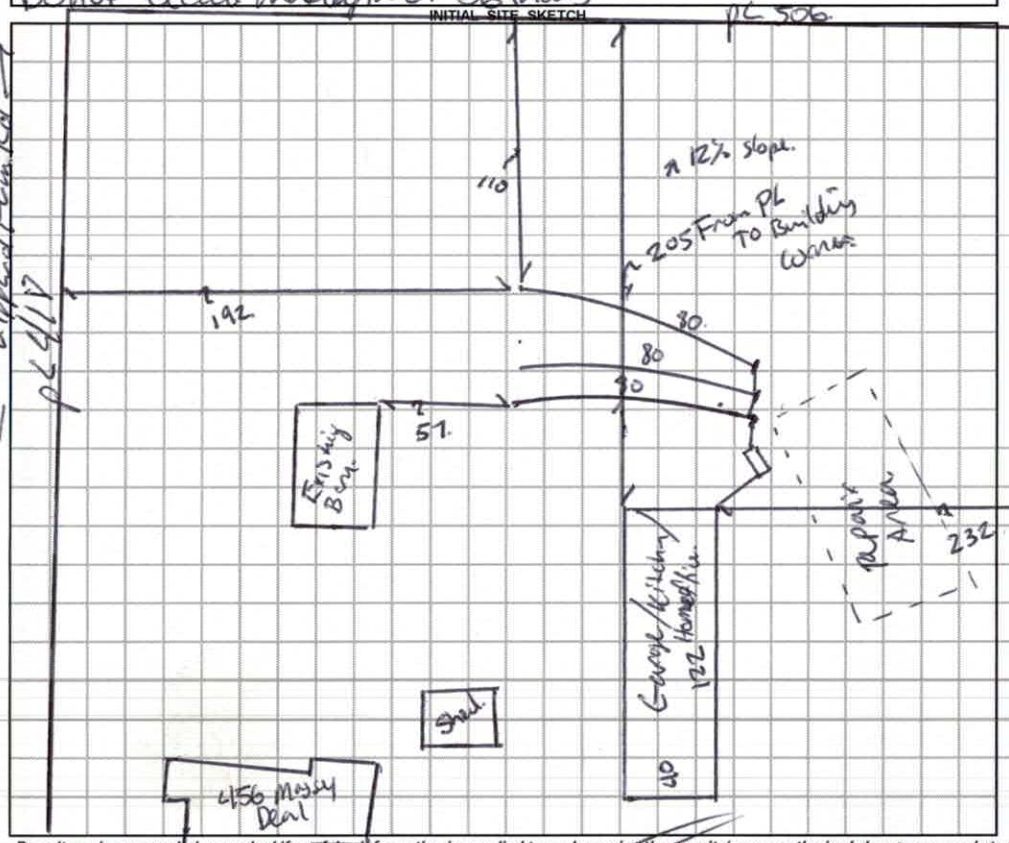
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 4.99 Acres. DESIGN FLOW: 240 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	1012	Date	2/25/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	25% Reduction			
Pump Make	~	Model	~		Serial #	~	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	32.		Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		

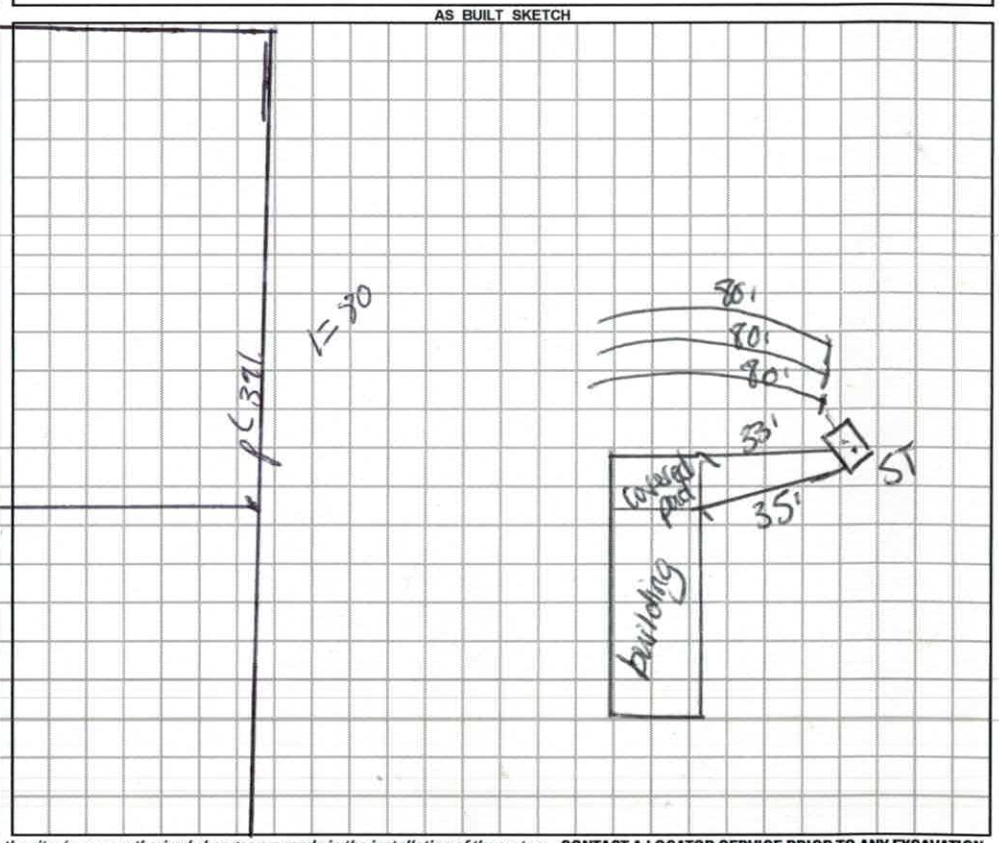
☐ Residence	No. Bedrooms		Water Supply
☐ Business	No. Persons		☐ Private
☒ Other	No. Employees		☒ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: System design for Garage / Kitchen / Home Office
Install on the contour of the land stabilize serial distribution.
Do not exceed max depth of 36 inches

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: Gary S Lackey Date: 7-17-2018 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Benjamin A Bottkin Date: 6/21/2018 OPERATION PERMIT by: Carter C. Cave Date: 4/12/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottkin Date: 7/19/2018. 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 #: 4705536
COUNTY: [illegible]

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

OWNER: Craig Lucy
ADDRESS: 456 Mossy Dell Rd SLK NC.
PROPOSED FACILITY: Single Family
LOCATION OF SITE: 456 Mossy Dell Rd
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949): 240GPD.
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
APPLICATION DATE 6/15/4
DATE EVALUATED: 6/15
PROPERTY SIZE: 5 Acres
PROPERTY RECORDED: 76.

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	Shoulder 10%	0-6	SCL GR	SSSP FR SPP	10YR 4/6	60		Mica.	PS .30.
		6-32	C SBK	SSSP FR					
		32-60	CC B2C WABK	SSSP VFR					
2	Side 12%	0-5	SCL GR	SSSP FR SEXP	10R 4/6	50		Mica.	PS .30
		5-32	C WSBK	SSSP FR					
		32-50	CC B2C WABK	SSSP FR					
3	Shoulder 10%	0-5	SCL GR	SSSP FR SEXP	10R 4/6	50		Mica	PS .30.
		5-34	C WSBK	SSSP FR					
		34-50	CC B2C WABK	SSSP FR					
4	Side 12%	0"-8"	SCL GR	SSSP FR SEXP	10R 4/6	52		MICA	PS .30
		8"-33"	C WSBK	SSSP FR					
		33"-52"	CC B2 WABK	SSSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240.
System Type(s)	III 25%	II 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): Landscape drops back to .25 LTAR
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bothin
OTHER(S) PRESENT: White

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.

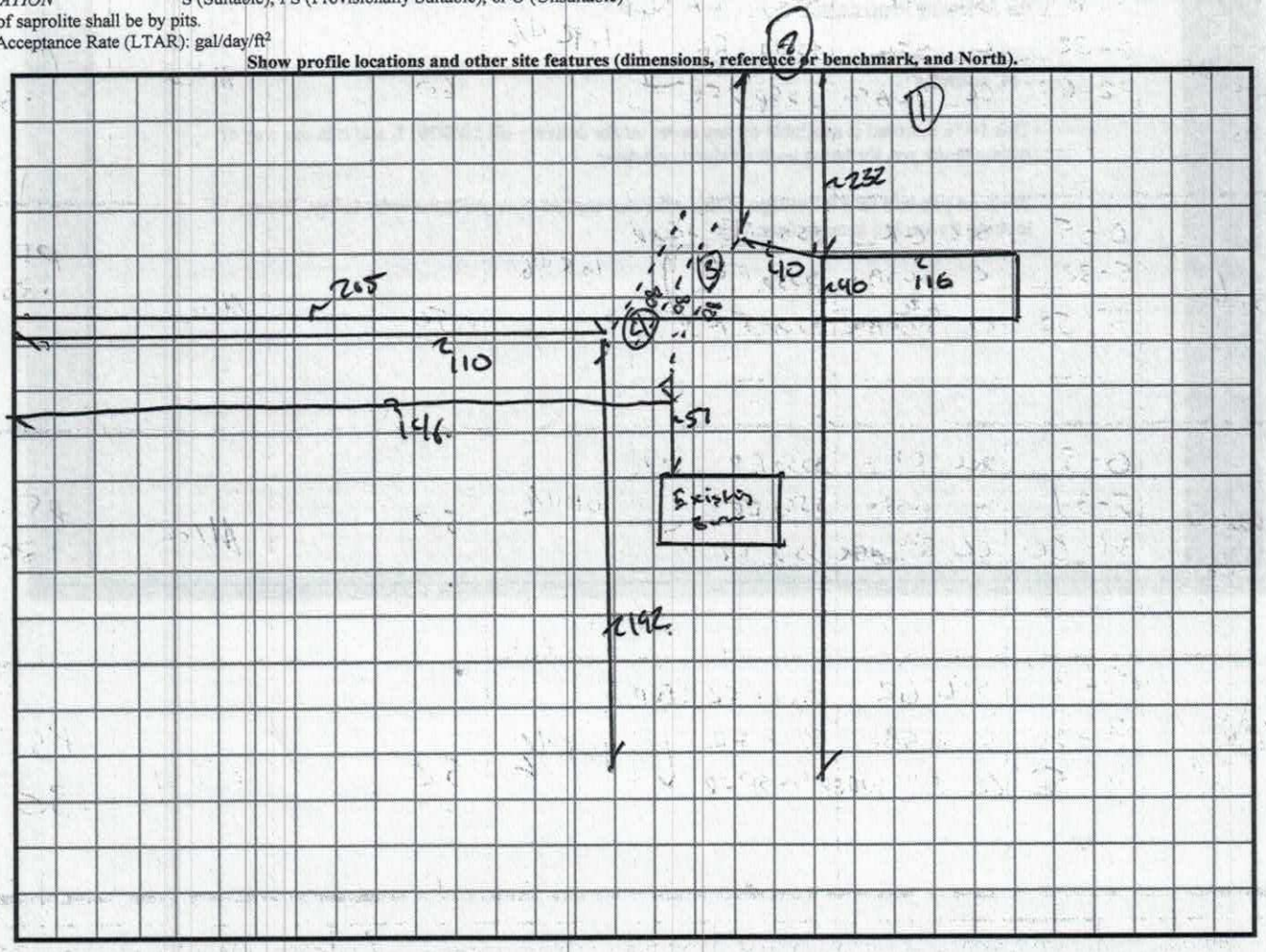
NOTES

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).



RECEIVED JUN 5 - 2017

236213 Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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
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: Gary S Lackey Address: 456 Massey Deal Rd, Statesville Zip: 28625
Applicant Email: ridemore951@gmail.com Phone: 980-241-0051 Alt. Phone: 828 244 3048
Owner Name: Gary Lackey Address: 456 Massey Deal Rd, Statesville, NC 28625 Zip: 28625
Owner Email: ridemore951@gmail.com Phone: 980 241 0051 Alt. Phone: 828 244 3048

Property Information:

Street Address: 456 Massey Deal Rd Statesville, NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 64/90 West to Liggard Fm Rd, ~~Right~~ Left to Massey Deal, Located at intersection

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 0 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 0 — (✓) Concrete Slab Foundation
(✓) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: Private use Garage
Square Footage of Building: 4800 Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: 0

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 (✓) 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: Gary S Lackey 6-4-2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

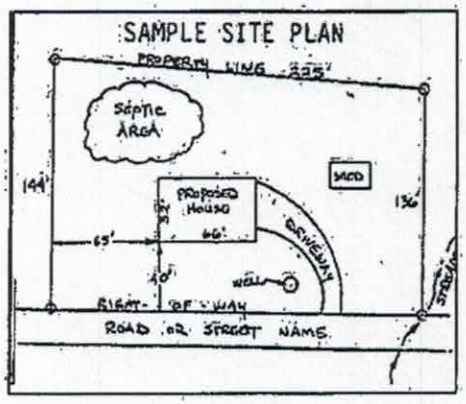
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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

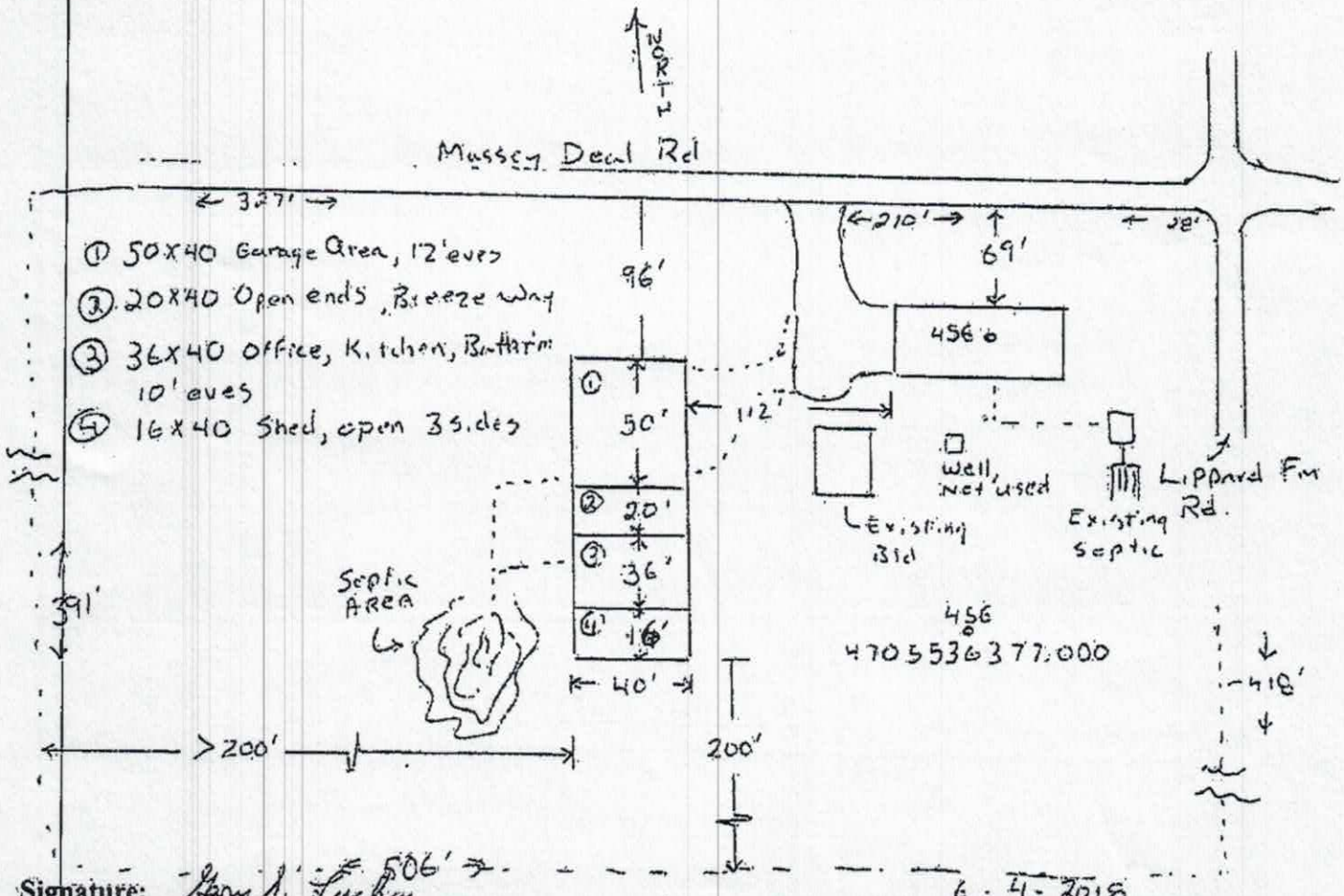


Circle N/A on the following if appropriate:

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: Gary A. Lucas — 6-4-2018

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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)* Gary S Lackey

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, Gary S Lackey, am the legal owner(s) of the property located at 456 Massey Deal Rd, Statesville NC, 28625, identified as

PIN (Parcel Identification Number) 4705536377.000, 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.

Gary S Lackey
Signature of Owner(s)

6-4-2018
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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR CECIL LACKEY DATE 1-16-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - T.L. on Sipes Farm Rd., go approx. 1.5 miles - house on R at corner of Massey Deal Rd.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

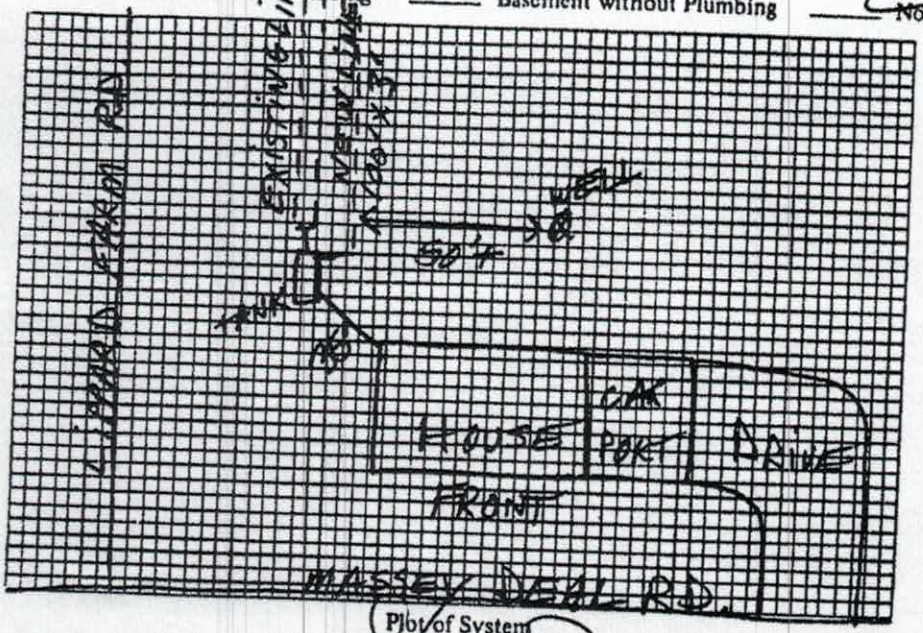
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area Ample

Character & Porosity of Soil Prev. Suitable.
Percolation Rate _____
Topography _____
Depth to Water Table Repair
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Roger Sigmon.
Installed by Bascy Sigmon

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New tee set for new line outside of tank.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-16-85.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

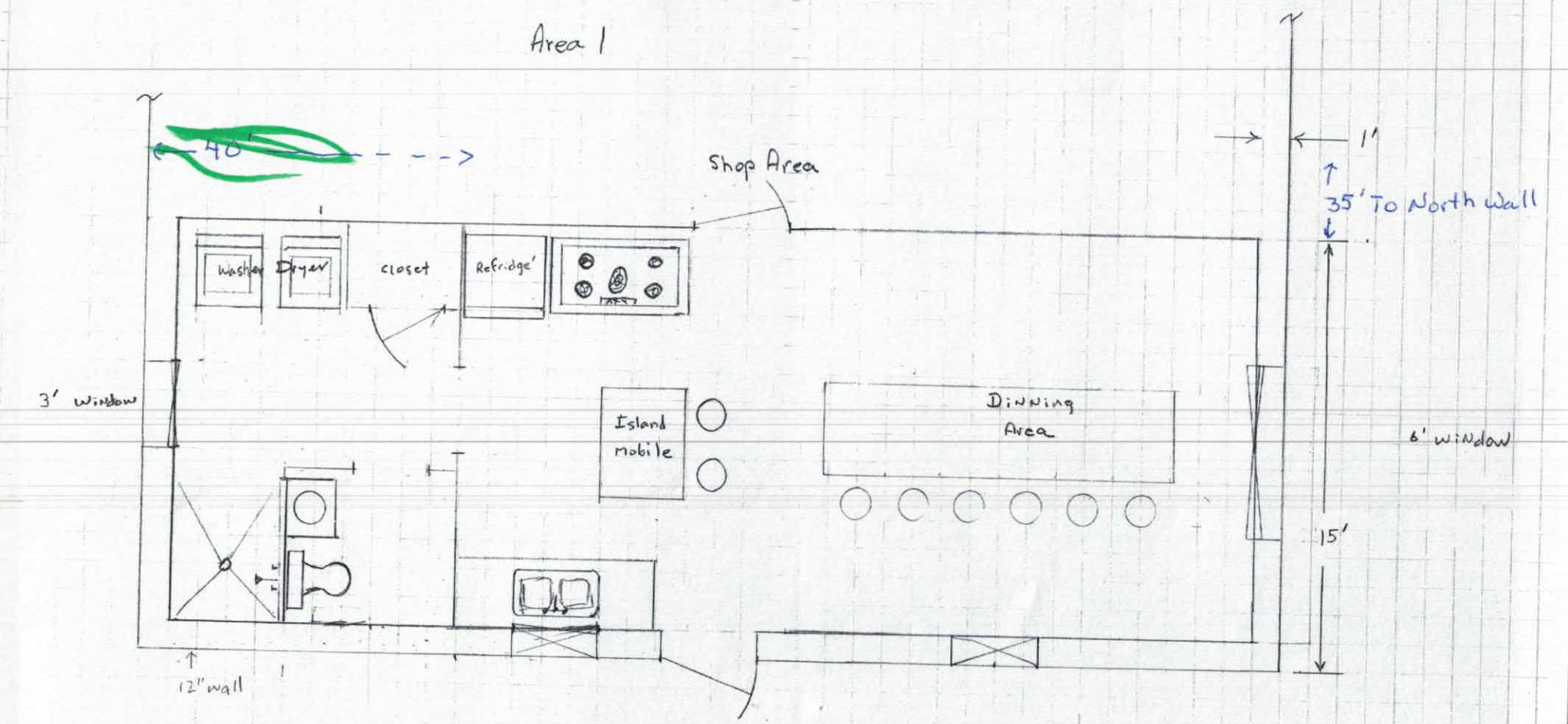
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

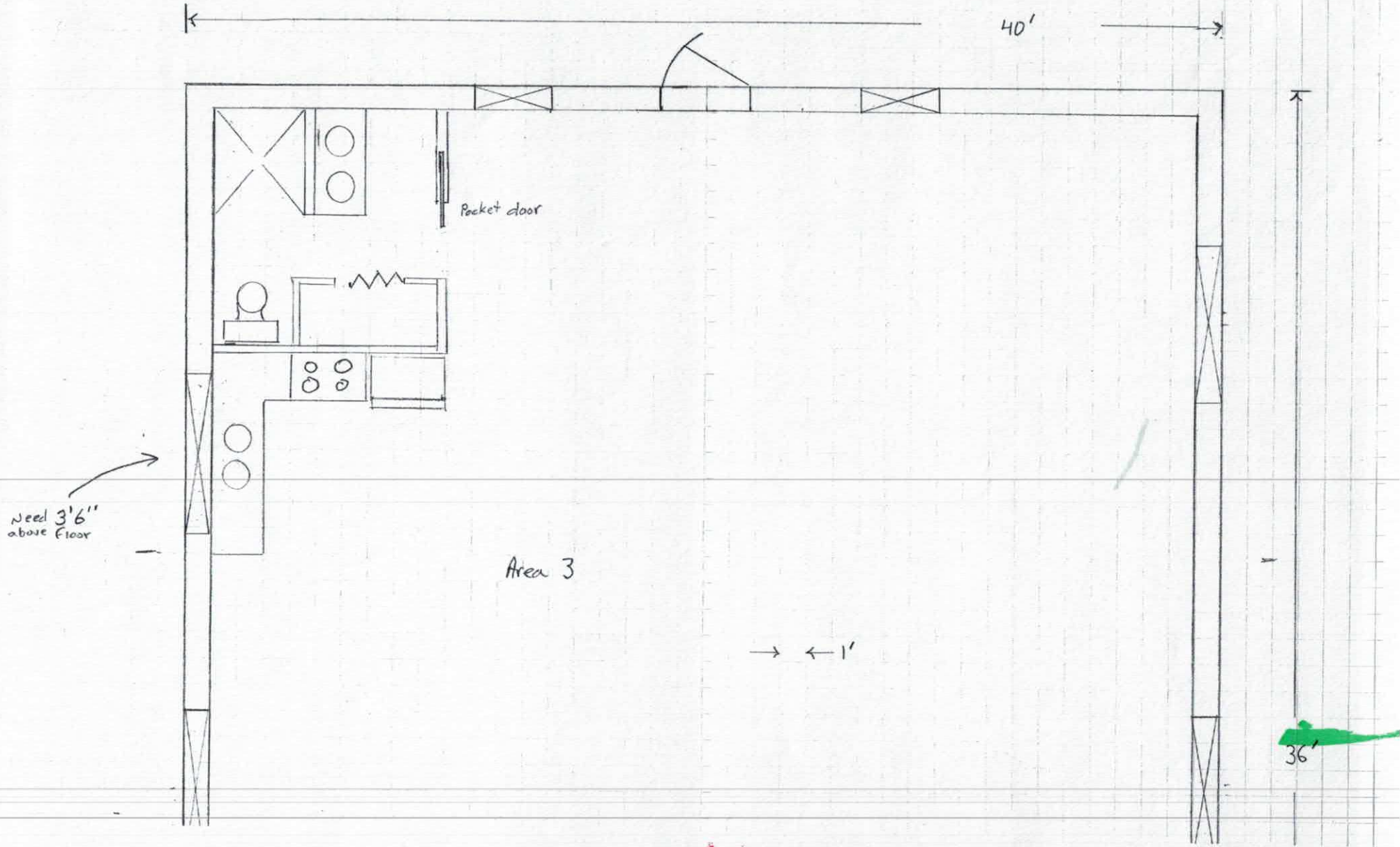
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Acknowledgement Of
Plans Submittal ONLY!
Gary Lackey Date 7-17-2018
Benjamin Betts 7/19/2018.

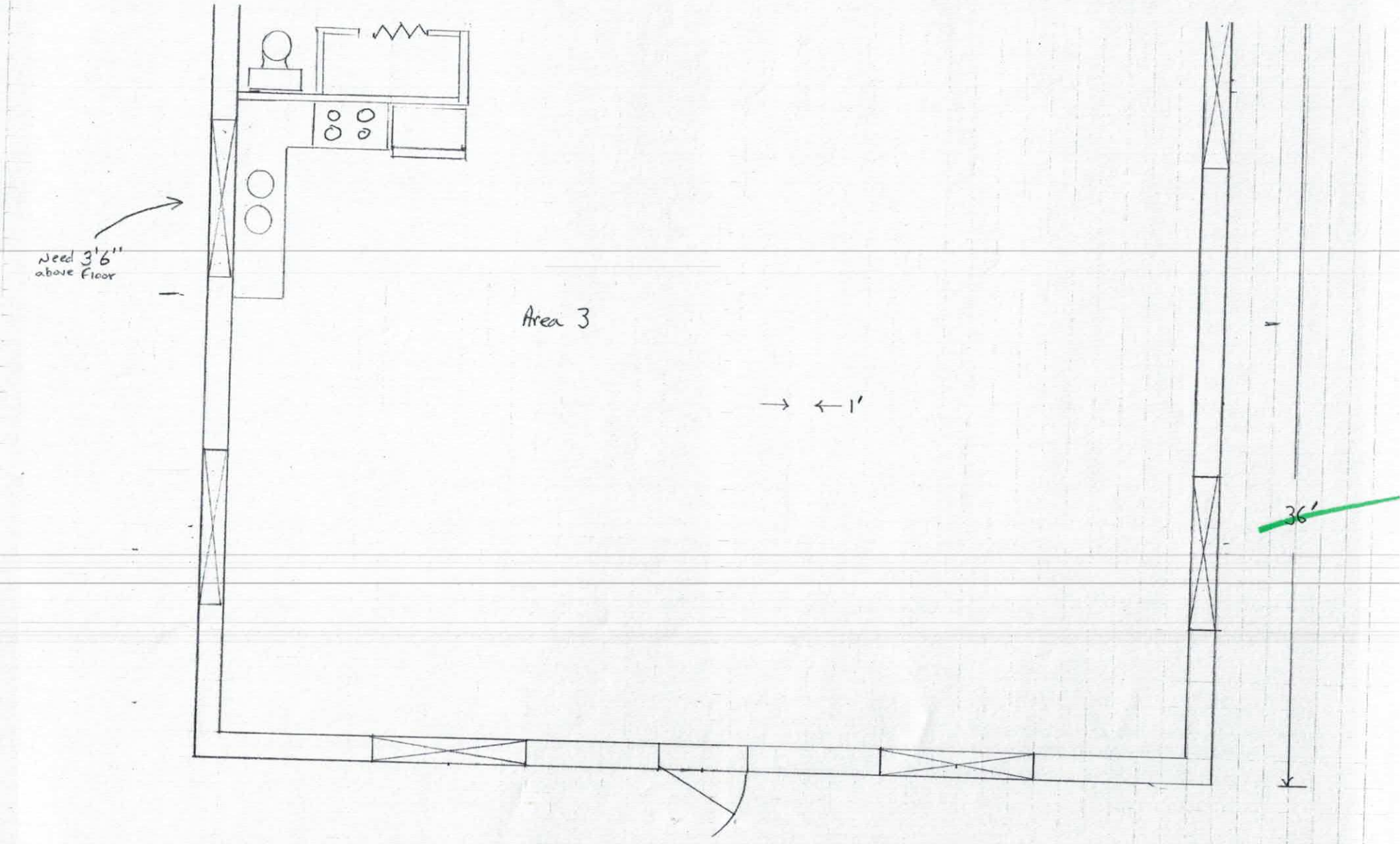
Area 1





Acknowledgement Of
Plans Submittal ONLY!
Gary Lachey Date 7-17-2018
Benjamin Date 7-18-2018.

Acknowledgement Of
Plans Submittal ONLY!
Gary Lachey Date 7-17-2018
Benjamin A Date 7-17-2018



Acknowledgement Of
Plans Submittal ONLY!

Benjamin Bee Date 7/19/2018.

_____ Date _____

Not To Scale

IREDELL COUNTY

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

APPLICATION NUMBER
236213
Issue Date: 06/05/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4705536377.000	456 MASSEY DEAL ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WILSON ELOISE G LACKEY	Applicant: WILSON ELOISE G LACKEY
Address: 456 MASSEY DEAL RD	Address: 456 MASSEY DEAL RD
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
GARAGE AND SHED W/ KITCHEN AND BATH	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.990		10.00	10.00	10.00	NOT	X

Remarks:

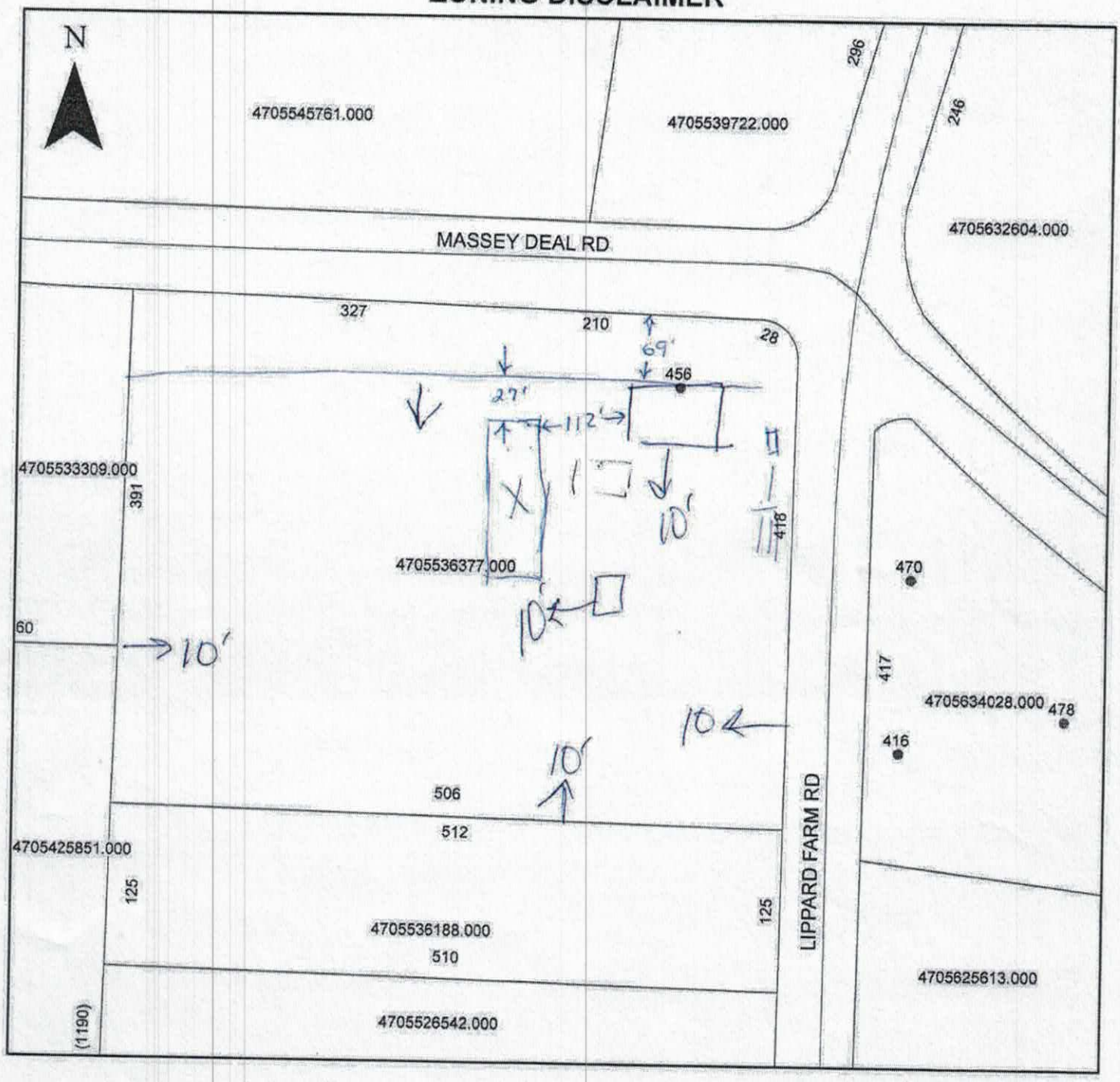
Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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	141173	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 456 Massey Deal Shiloh

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. Applicant further acknowledges that the 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.

Gary Lackey
Applicant

6-4-2018
Date