IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231250

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

PIN # 4706-74-6992 ✓

APPLICANT/OWNER: Tim McLain APPLICANT ADDRESS: 97 Meadow creek Loop Stony Point, NC

SITE ADDRESS: ✓155 Larkin Lane ~~Stony Point~~, NC Statesville PHONE: 704-585-2114 ALT. PHONE

SITE DIRECTIONS: Rt 90 W from Statesville → R on Scotts Farm Rd → R on Larkin Lane → @ end on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ✓Scotts Creek SECTION: -/- LOT # 25 LOT AREA: ≈ 1.2 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

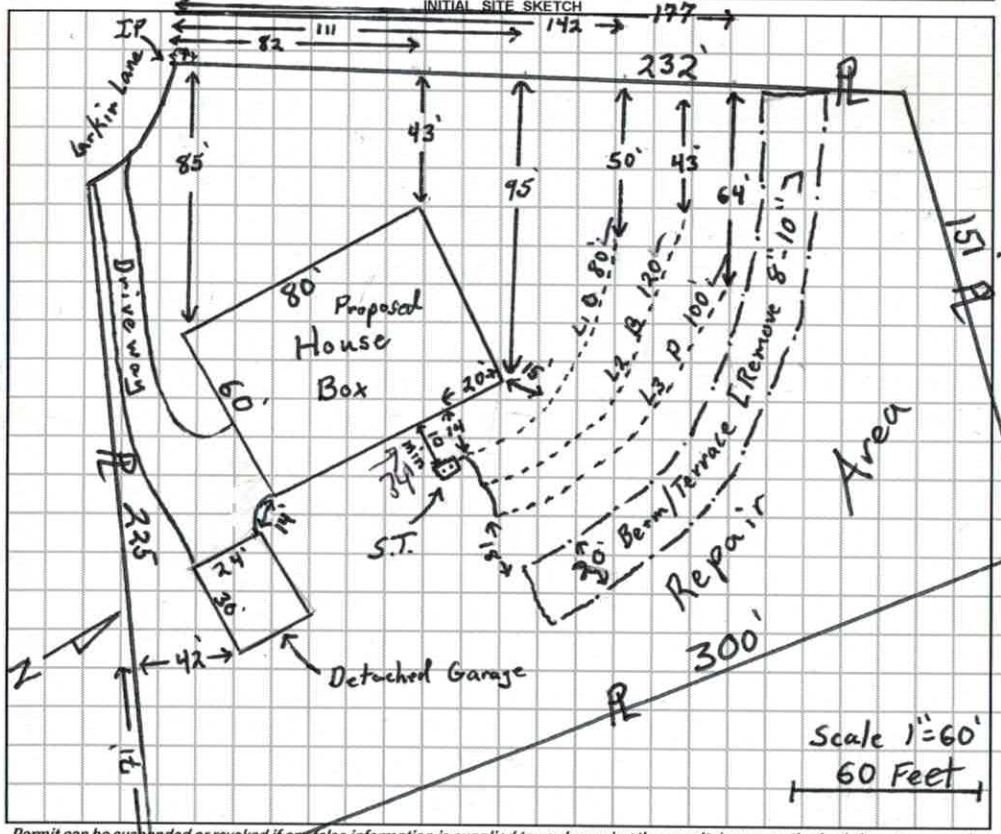
Septic Tank	1000	(gal)	STB	1012	Date	4/2/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date		System Description: 25% Reduction (Serial Distribution)		
Pump Make	—	Model		—	Serial #	—	Repair System Description: 25% Reduction		
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required: ☐ YES ☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Remove 8"-10" of berm/terrace in area shown on permit drawing.

Tank is 34' from house for addition of screened porch lines installed as permitted

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: Tim McLain Date: 12-6-17 Installed by: Yountz Grading + septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/30/2017 OPERATION PERMIT by: Carla C. Carr Date: 7/10/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolken Date: 12/15/2017 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

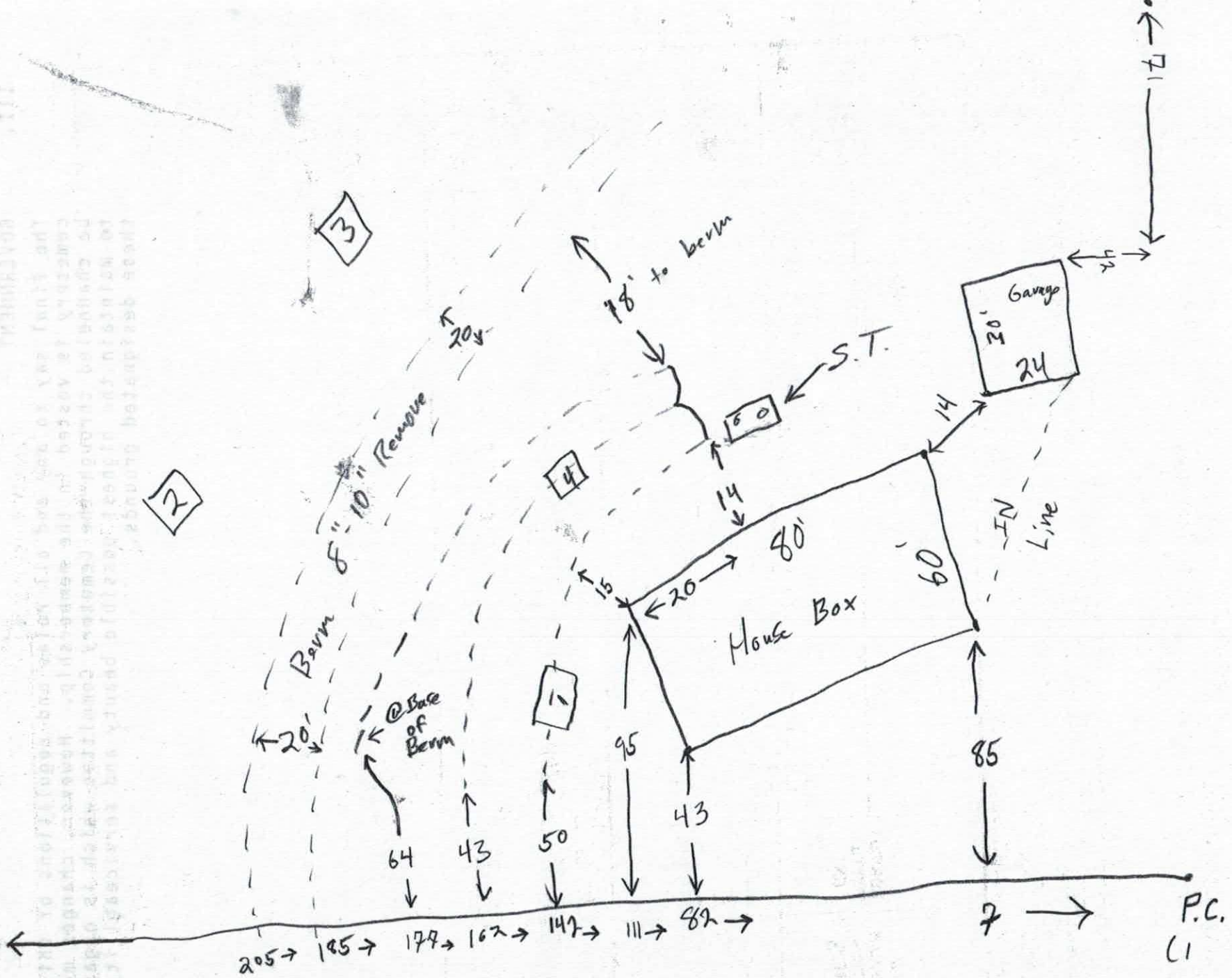
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Tim McLain — APPLICATION DATE 10/21/2017
ADDRESS: 97 Meadow creek Loop Stony Point, NC — DATE EVALUATED: 11/21/2017
PROPOSED FACILITY: 3 BR House — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: ±1.2 acres
LOCATION OF SITE: 155 Larkin Lane Stony Point — PROPERTY RECORDED: Yes
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 7% Prim	0-6	SCL V.W.SBK	Sl. Friable, SS, Sp, Sop	–	35"	–	–	0.30 PS
		6-20	Clay W-M.SBK	Sl. Firm, Sticky, Sp, Sop					
		20-35	Clay Loam W.SBK some mica	Friable, SS, Sp, Sop					
		35-62	MA Loamy Saprolite	very Friable, well Drained					
2	7% LSS Repair	0-5	SCL V.W.SBK	Sl. Friable, SS, Sp, Sop	– Moderately dense SAP vein 32-36" [falls apart]	50"	–	–	0.30 Keep Deep or Shallow
		5-32	Clay M.SBK/ABK	Sl. Firm, Sticky, Sp, Sop					
		32-50	Clay Loam W.SBK Abundant SAP	Friable, SS, Sp, Sop					
		50-72	Loamy Saprolite MA	very Friable + well Drained					
3	7% LSS Repair	0-6	SCL VW SBK	Sl. Friable, SS, Sp, Sop	–	65"	–	–	0.30 PS
		6-42	Clay M SBK/ABK	Sl. Firm, Sticky, Sp, Sop					
		42-65	Clay Loam w. SBK Abundant mica some SAP 50-65"	Friable, SS, Sp, Sop					
4	7% LSS Prim	0-5	SCL V.W.SBK	Sl. Friable, SS, Sp, Sop	–	55"	–	–	0.325 PS
		5-25	Clay W-M SBK	Sl. Firm, Sticky, Sp, Sop					
		25-55	Clay Loam W.SBK some mica common SAP 43-66"	Friable, SS, Sp, Sop					
		55-66	Loamy Saprolite MA	very Friable, well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	330'
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___
L1 Orange 80 (9.5 / 10.5) L2 Blue 120 L3 Pink 100
H 31 5.05


3
2
4
1
18' to berm
20'
8" - 10" Remove
Berm
20'
@Base of Berm
S.T.
60
14
14
15
20
80'
60
House Box
Garage
30'
24
IN Line
64
43
50
95
43
85
205
185
174
162
147
111
82
7
P.C.
C1

123833 231250

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: Tim McLain **Address:** 97 Meadowcreek Loop Stony Point NC **Zip:** 28678

Applicant Email: tim.mclain@att.net **Phone:** 704-585-2114 **Alt. Phone:** 704-880-4745

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 155 Larkin Ln, Statesville

Subdivision Name: Scotts Creek **Section/Phase:** _____ **Lot Number:** 25

Driving Directions: 1st Road to Right From 90W

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

(✓) 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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: _____ 10-31-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

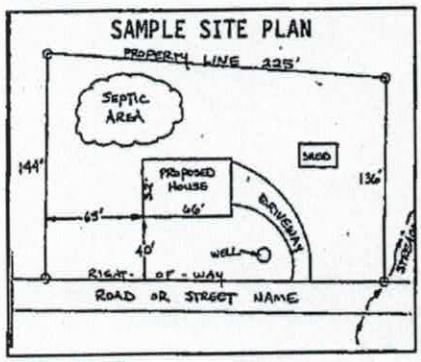
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

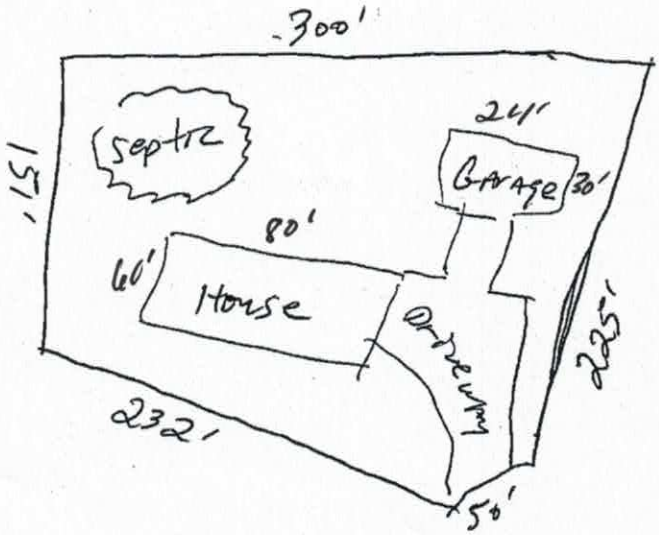


Circle N/A on the following if appropriate:

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: _____

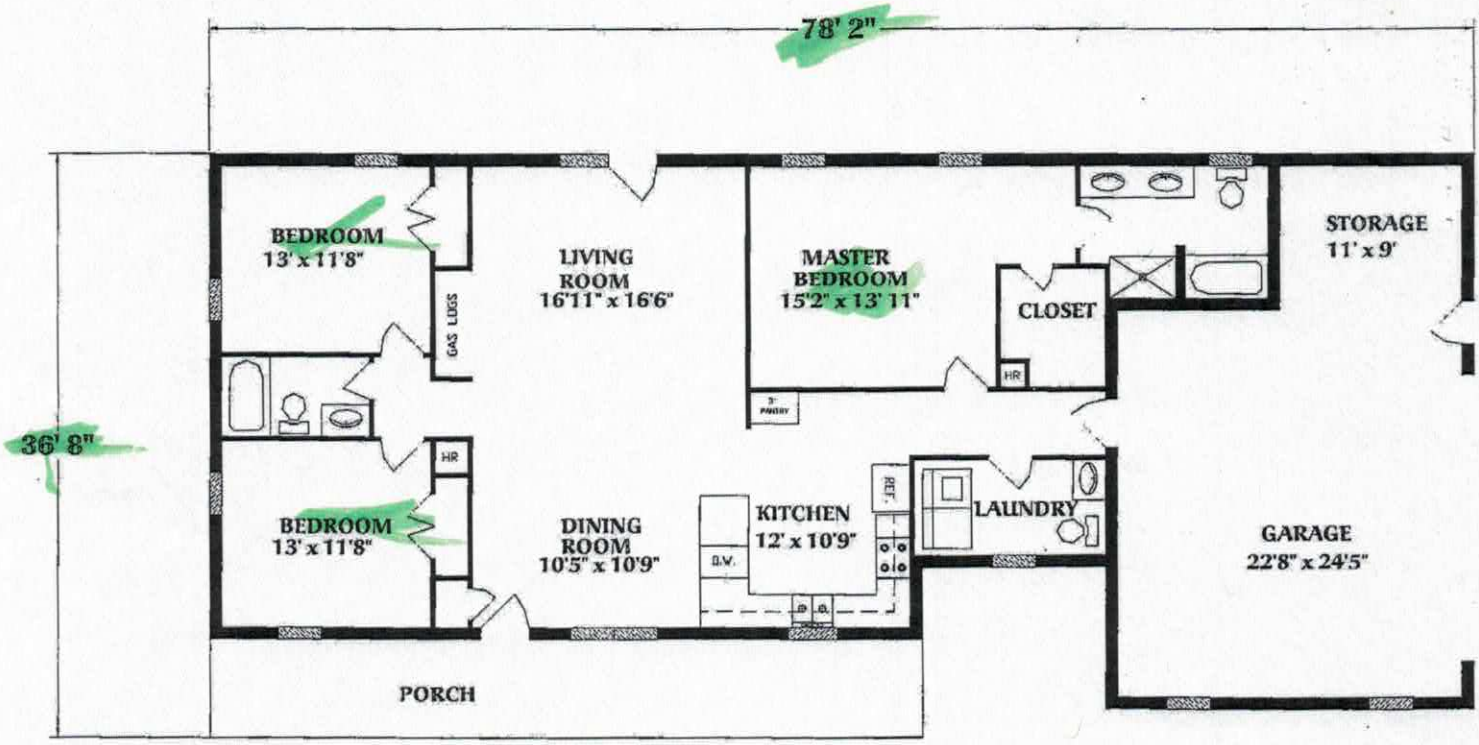
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-31-17

DATE

KLANDUCH

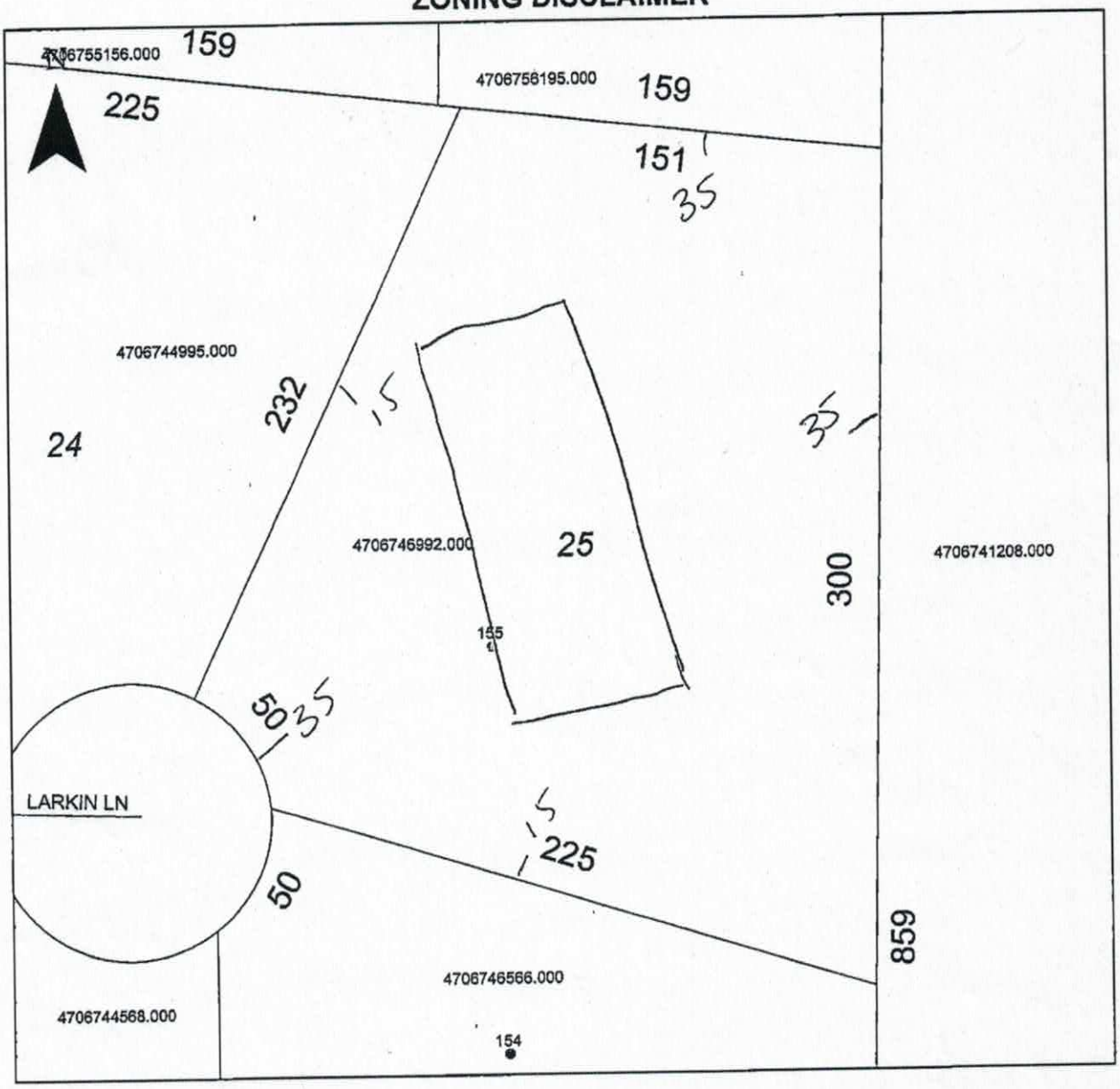
1760 Sq Ft Heated
99 Sq Ft Garage Storage



TODD ELLIS BUILDERS
Residential & Commercial
704-678-6633

Known ... of
Plans Su... ...ional ONLY!
Date 12-15-17
Date 12/15/17.

ZONING DISCLAIMER



Property Address 155 Larkin Ln

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.

X _____ X 10-31-17

Applicant Date