# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP309574

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

PIN # 4710929107

APPLICANT/OWNER: Bryan Parker | APPLICANT ADDRESS: 7732 Seasons Hollow Rd Lewisville NC 27023

SITE ADDRESS: 246 Clark Cove Rd Statesville NC 28677 | PHONE: 336-462-0382 | ALT. PHONE 336-765-7476

SITE DIRECTIONS: N center St to S on US 21 S, R on Barium Ln, R on Old Mountain Rd, L on E Monbo Rd, L on St. Johns Rd, R on Clark Cove Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Old Homestead 1 | SECTION: — | LOT # 6 | LOT AREA: 0.49 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275

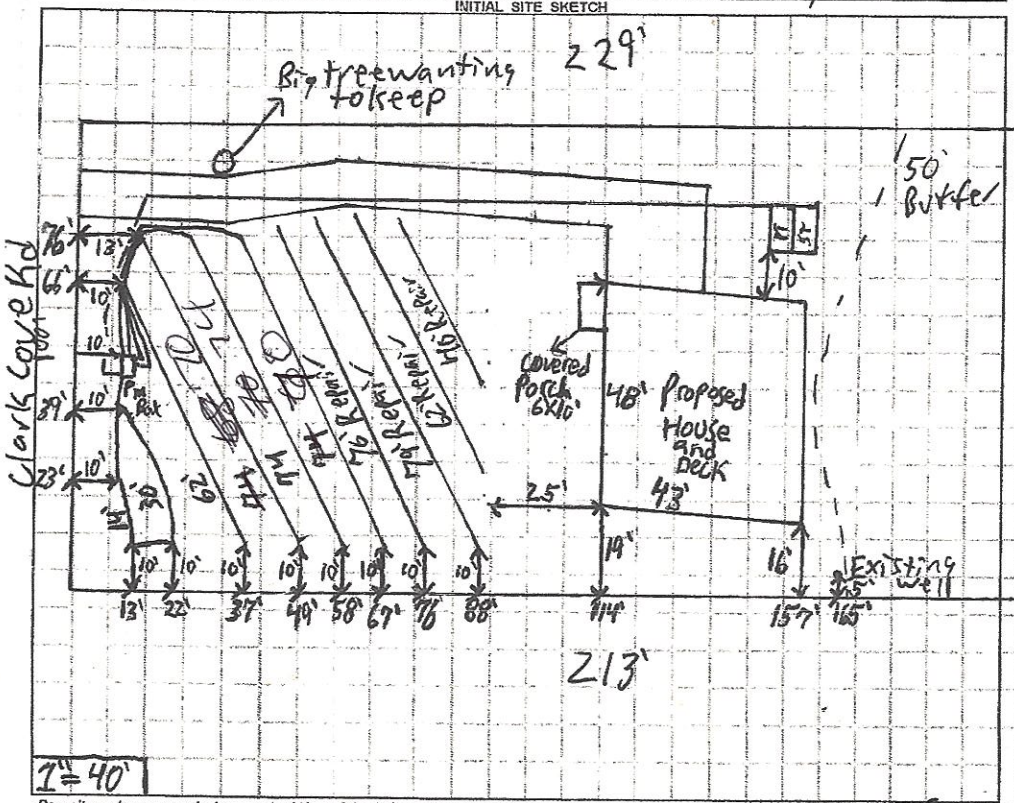
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 7-31-2021 | ☒ New System | ☐ Repair ☐ Expansion System Type: I II III IV V VI |
| Pump Tank | 1000 (gal) | PT | 363 | Date | 7-16-2021 | System Description: | PM 25% Reduction |
| Pump Make | | Model | | Serial # | | Repair System Description: | LPPPBPS |
| # Nitrification Fields | 4 | # Lines | 6 | Linear Ft | 328' | Maintenance Agreement Required: | ☐ YES ☒ NO |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 30" | Gravel Depth | — | | ☐ GRAVITY ☒ PRESSURE |

☒ Residence — No. Bedrooms 3 | ☐ Business — No. Persons 6 | ☐ Other — No. Employees | ☐ Slab ☐ Crawl Space | ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT Drive on, Store material or manipulate drainfield in anyway. All property Lines, corners and 50' buffer must be marked during time of installation and inspection. Any part of supply line that goes under Driveway must be either 30" deep or sleeved in ductile Iron. If Tanks are installed at 3' or deeper they must be traffic grade

### INITIAL SITE SKETCH




### AS BUILT SKETCH

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 11/1/21 | MP |
| Tanks Checked | 10/14/21 | JB |
| Pressure Manifold or Valve Box Checked | 11/2/21 | CW |
| Pressure Head Set | 12-15-2021 | JB |
| Electrical Checked | 12/13 | BR |
| Floats Set | 11/2/21 | CW |
| Alarm Checked | 12/13 | BD |
| Maintenance Contract Y (N) | | |
| Comments: | | |

| Lines | Tap size |
|---|---|
| L1+L2 | ½" Sch 40 |
| L3 | ¾" Sch 80 |
| L4 | ¾" Sch 40 |
| L5 | ¾" Sch 40 |
| L6 | ¾" Sch 40 |

Installed Chm36 as Shown

*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: [signature] Date: 10/21/2020

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 10/7/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 10/12/2020

Installed by: Shady Knoll Septic (Andrew Daywalt)

OPERATION PERMIT by: [signature] Date: 12-15-2021

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 inspector 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 #: 471092910
COUNTY: Iredell

8 96 to 1053 — 2057 0

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

OWNER: Bryan Parker
ADDRESS: 7732 Seasons Hollow Rd Lewisville NC 27023
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 246 Clarke Cove Rd

APPLICATION DATE 7/30/20
DATE EVALUATED: 9/8/2020
PROPERTY SIZE: 0.49 acres
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 ~~RESTR~~ HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SS 15% | 0-10 | SLL WSBK | FrSSSPSexp | Few YBmottles | 62" | — | Manganese inclusions | PS .275 |
| | | 10-20 | SCL WSBK | FrSSSPSexp | | | | | |
| | | 20-55 | C WSBK | FrSSSPSexp | | | | | |
| | | 55-62 | LL WSBK | FrSSSPSexp | | | | | |
| 2 | SS 16% | 0-9 | SCL VFWSBK | FrSSSPSexp | Few YBmottles | 60" | Litho inclusions more common at bottom | Manganese inclusion small Rocks common | PS .275 |
| | | 9-15 | SC WSBK | FrSSSPSexp | | | | | |
| | | 15-33 | C SBK | FrSSSPSexp | | | | | |
| | | 33-60 | CL SBK | FrSSSPSexp | | | | | |
| 3 | SS 14% | 0-10 | SLL WSBK | FrSSSPSexp | Few YBmottles | 69" | Litho Inclusions More common at bottom | Manganese Inclusions | PS .275 |
| | | 10-15 | SC WSBK | FrSSSPSexp | | | | | |
| | | 15-43 | C SBK | FrSSSPSexp | | | | | |
| | | 43-69 | CL SBK | FrSSSPSexp | | | | | |
| 4 | SS 16% | 0-16 | SCL VFWSBK | FrSSSPSexp | Few YBmottles | 66" | Litho Inclusions more common at bottom | Manganese Inclusions | PS .275 |
| | | 16-24 | SC WSBK | FrSSSPSexp | | | | | |
| | | 24-45 | C SBK | FrSSSPSexp | | | | | |
| | | 45-66 | CL SBK | FrSSSPSexp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 327' | 218' |
| System Type(s) | PM 25% | LPP BPS |
| Site LTAR | .275 | .275 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: RH, ICE B
OTHER(S) PRESENT:

COMMENTS: Sunny but under trees carport needs to be removed and lot cleared. TREE pit dug under carport before Layout

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Bryan Parker
ADDRESS: 7732 Seasons Hollow Rd Lewisville NC 27023
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 246 Clark Cove Rd
APPLICATION DATE 7/30/2020
DATE EVALUATED: 9/30/2020
PROPERTY SIZE: 0.49 acres
PROPERTY RECORDED: yes

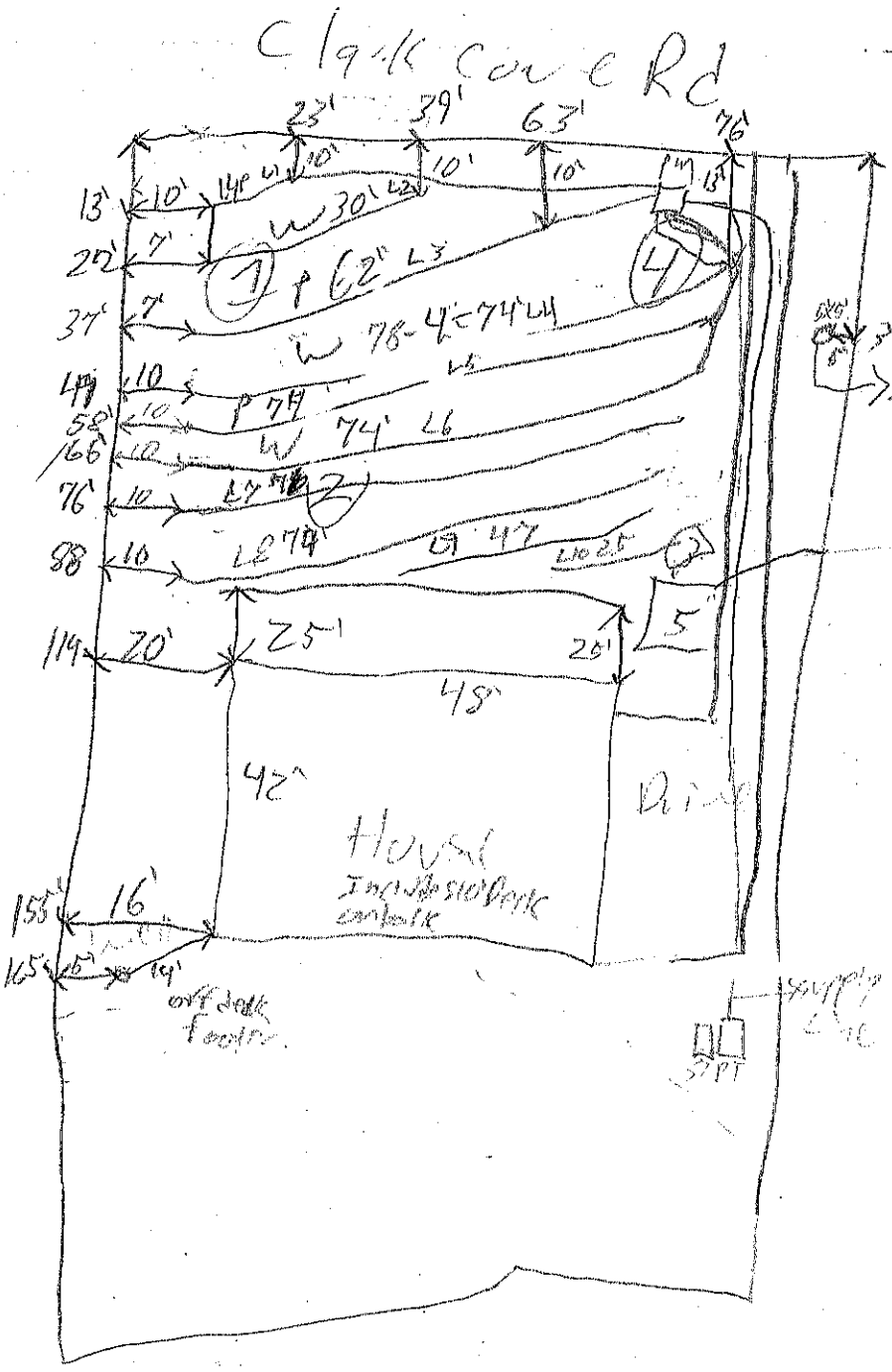
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| 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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SS 14% | 0-10 | FILL | — | few F/P mott 10YR 5/6 | 60" | few Litho inclusions | — | .275 |
| | | 10-14 | SCL WSBK | FR SS SP SO NP | | | | | |
| | | 14-20 | SCL WSBK | FR SS SP SO NP | | | | | |
| | | 20-46 | C SBK ARG | FR SS SP SO VP | | | | | |
| | | 46-60 | CL SBK | FR SS SP SO VP | | | | | |
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| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 327' | 218 |
| System Type(s) | PM 25% | LPP BPS |
| Site LTAR | .275 | .275 |

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

COMMENTS: Carport removed and pit looked at




360 ÷ .275
→ 1309 ÷ 3
→ 436 x .75
→ 327

360 ÷ .275
→ 1309 ÷ 3
→ 436 x .5
→ 218

Channel Panel = 545

Panel Panel = 436'

Initial
L1+L2 = 45 = 44
L3 = 62
L4
L5
L6

Repair Lines
L7
L8
L9
L10

RECEIVED JUL 3 0 2020 AP-309574 $500.00

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

## 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
*Place an (X) beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Bryan Parker Address: 7732 Seasons Hollow Rd Lewisville Zip: 27023
Applicant Email: bryan@midsouthirrigation.com Phone: 336-462-0283 Alt. Phone: 336-765-7425
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 246 Clark Cove Rd. Statesville NC
Subdivision Name: Old Homestead Section/Phase: _____ Lot Number: 6
Driving Directions: turn on State Park Rd. from Perth Rd., Right on St. John's Rd. Left on Clark Cove Rd., lot will be on right

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

(X) 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: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) 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 (X) 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:** _____ 7/30/20
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*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ _____
Signature of Owner(s) Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

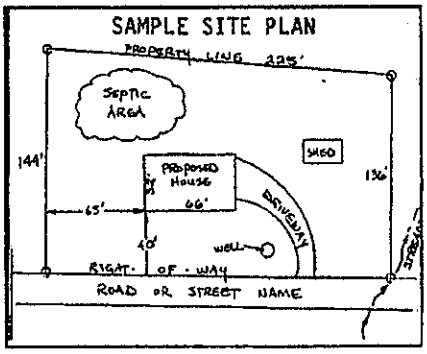
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

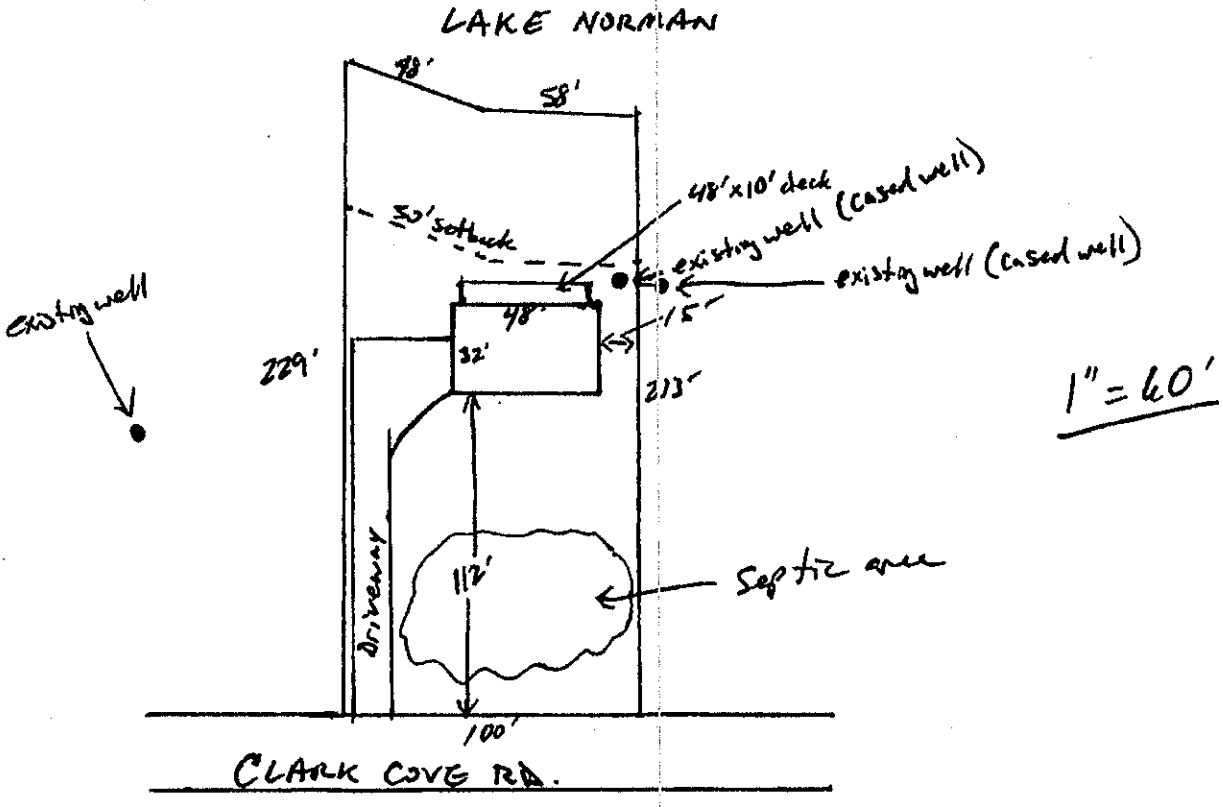
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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*

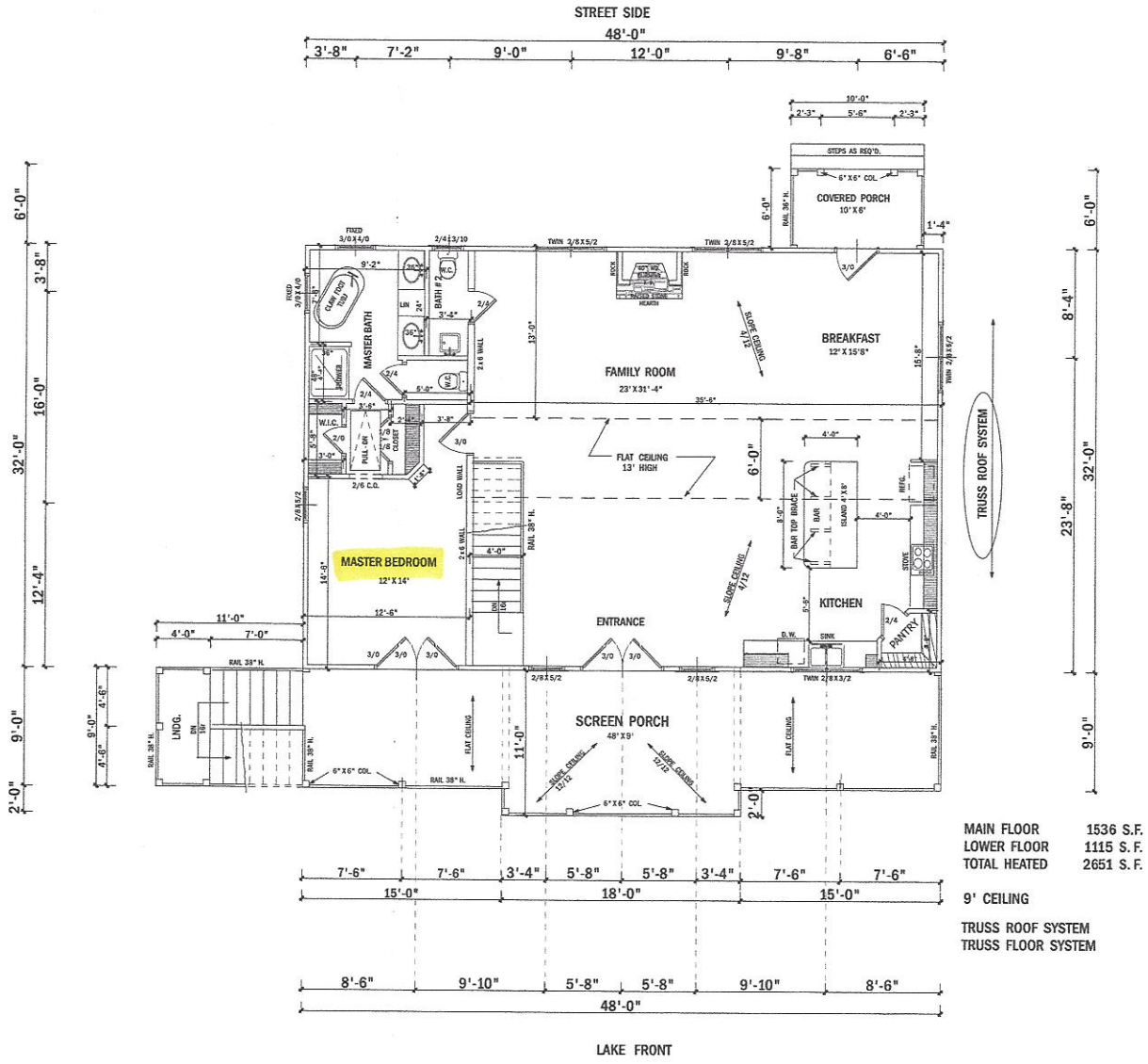



**Signature:** _____ 7/30/20

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

Acknowledgement Of Plans Submittal ONLY! Date 10/21/20

Parker Bagley III Date 10/7/2020




MAIN FLOOR 1536 S.F.
LOWER FLOOR 1115 S. F.
TOTAL HEATED 2651 S. F.

9' CEILING

TRUSS ROOF SYSTEM
TRUSS FLOOR SYSTEM

1) While every effort has been made in preparing this plan. We cannot guarantee against human error. The contractor must check all dimensions and other details and be responsible for the same.
2)Contractor shall confirm size of all conc. footings w/ local inspector.
3)All structural members designed & sealed by mfgr.
4)All exterior walls shall be O.S.B. struct. wall panel.
5)All conc. slabs shall be filled & tamped, pour 4" reinf. conc. slab w/ stone backfill & 6 mil. poly.
6)All crawl spaces shall be smoothed & cleaned, backfilled w/ sand, cover 75% area w/ 6 mil. poly.
7)All decks & screen porches shall be connected w/ 5/8" dia. galv. bolts @ 16" o/c.
8)All garages sheetrock ceilings & stud walls & 20 min. f/c door to house.
9)Accuracy of square footage must be determined by contractor.


PHIL'S DESIGN & Drafting, LLC.
336-946-2115 o
336-655-5940 c


| JOB # | DATE |
|---|---|
| SEPT-20 | 9-8-20 |

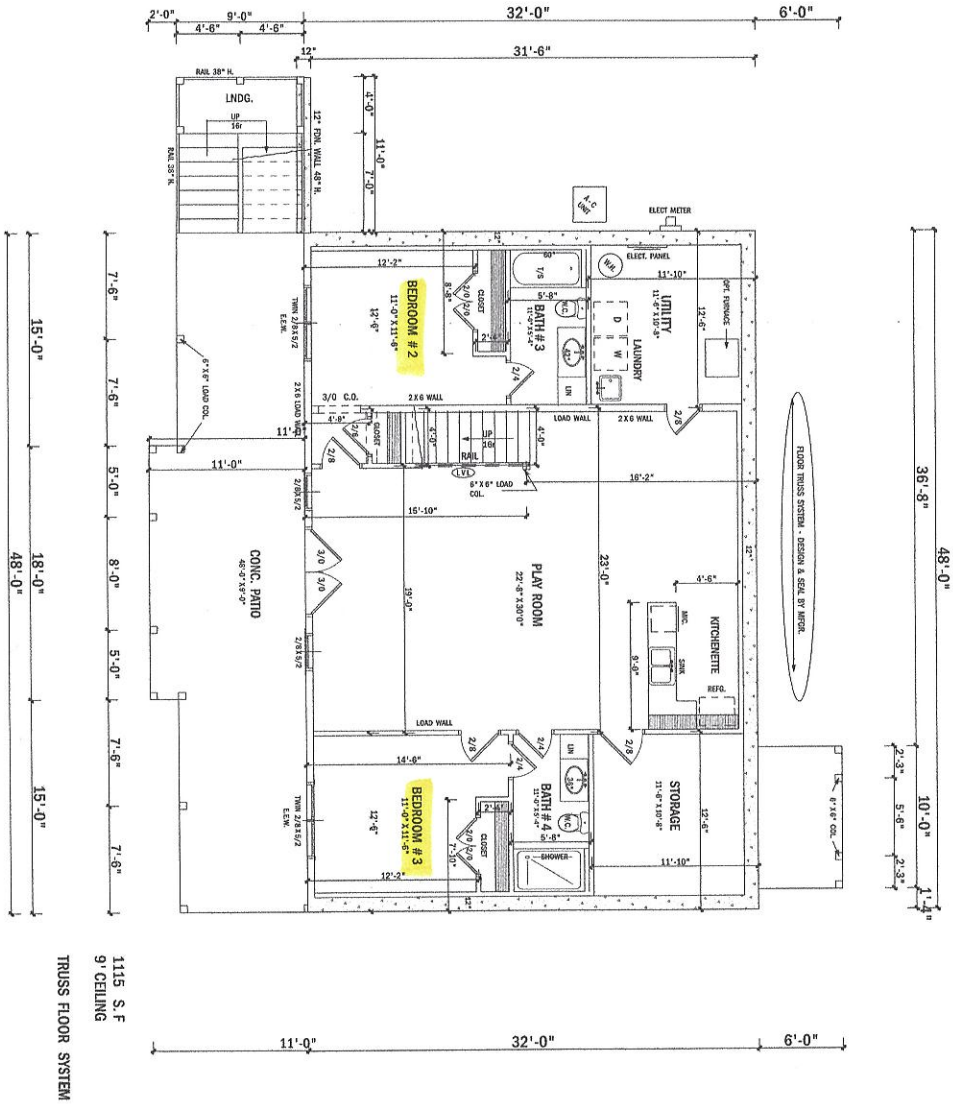
PARKER Residence
LAKE HOUSE

UPPER LEVEL

REVISIONS

| SCALE | |
|---|---|
| 1/4"=1'-0" | |
| SHEET # | PLAN # |
| 3 OF 3 | 2651 |

Acknowledgement Of
Plans Submittal ONLY!
Date 10/21/20
Patrick J Byrne III Date 10/7/2020




1115 S.F
9' CEILING
TRUSS FLOOR SYSTEM

1) While every effort has been made in preparing this plan, We cannot guarantee against human error. The contractor must check all dimensions and other details and be responsible for the same. Contractor shall confirm size of all conc. footings w/ local inspector.
2) All structural members designed & sealed by mfgr.
3) All exterior walls shall be O.S.B. struct. wall panel.
4) All exterior walls shall be O.S.B. struct. wall panel.
5) All conc. slabs shall be filled & compact. over 4" rock, conc. slab w/ score backfill & 6 mil. poly.
6) All crawl spaces shall be smoothed & cleaned, backfilled w/ sand, cover 75% area w/ 6 mil. poly.
7) All decks & screen porches shall be connected w/ 5/8" dia. galv. bolts @ 16" o/c.
8) All garages sheetrock ceilings & stud walls & 20 min. f/c door to house.
9) Concrete footage must be determined by contractor.

| | | | | | |
|---|---|---|---|---|---|
| SCALE 1/4"=1'-0" | PARKER Residence LAKE HOUSE | JOB # SEPT-20 | PHIL'S DESIGN & Drafting, LLC. 336-946-2115 o 336-655-5840 c | | |
| SHEET # 2 OF 3 | LOWER LEVEL | DATE 9-8-20 | | | |
| PLAN # 2651 | REVISIONS | | | | |

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 309574<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4710929107.000 | 246 CLARK COVE RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: PARKER BRYAN+TINA | Name: PARKER BRYAN+TINA |
| Address: | Address: |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.49 | 35 | 50 | 15 | 15 | WSIV-CA Catawba/Lake Norman | YES |

| Remarks |
|---|
| SFD |

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.

PAID
Cash

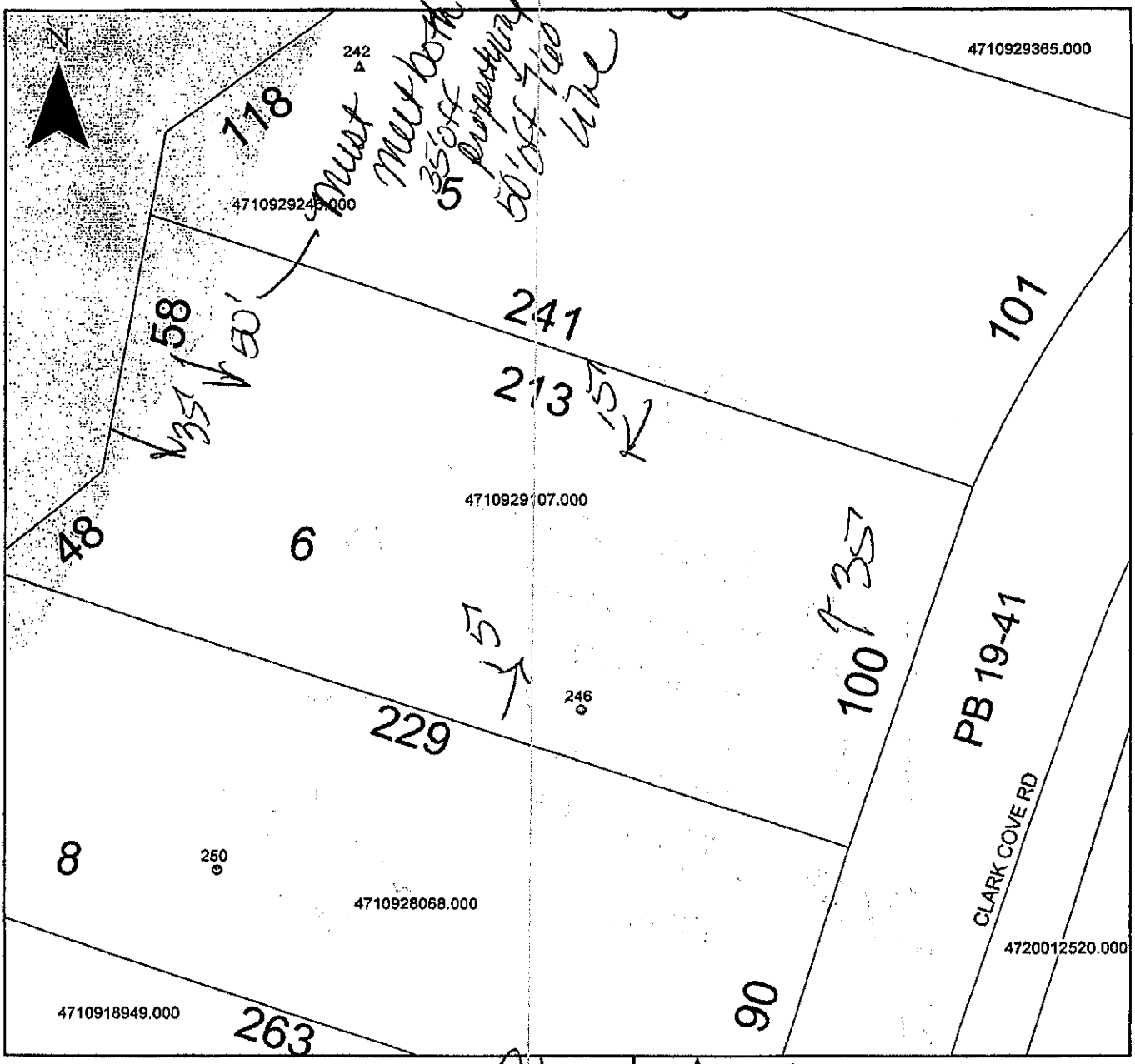
**Date:** 07/30/2020

7/30/20

Signature of Owner/Contractor

| Permit Number | 309574 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 246 Clark Cove

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.

Applicant

7/30/20

Date