ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 307011

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

PIN # 4711036104 / offsite - - 4711036673

APPLICANT/OWNER: Pat + Sodi Mckinny APPLICANT ADDRESS: 301 N Polton Glen Gardner NJ 08826

SITE ADDRESS: 166 Southern Horizon Statesville NC 28677 PHONE: 908-391-4631 ALT. PHONE 704-364-8095

SITE DIRECTIONS: Buffalo Shoals towards Lake R on Ridgeward SAP CONTROLLED: ☐ YES ☒ NO

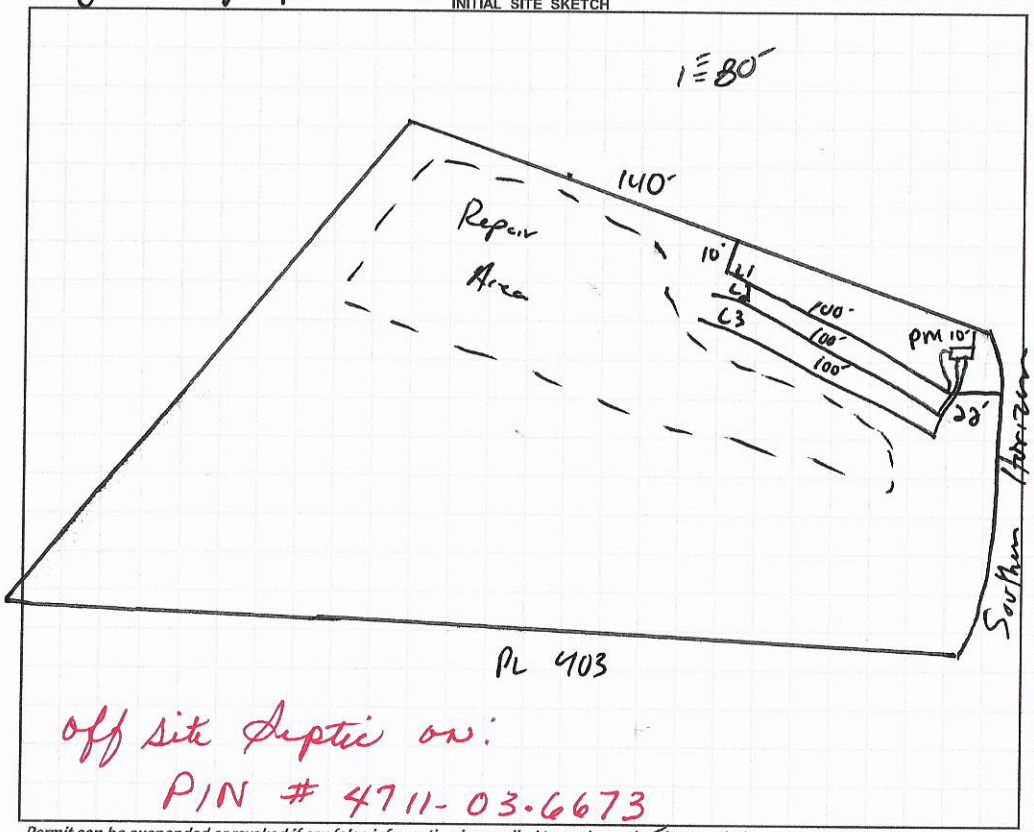
SUBDIVISION: Ridgeward SECTION: - LOT # 34/34A LOT AREA: 0.6 Acres DESIGN FLOW: 360gpd L.T.A.R.: 3

Septic Tank	1000	(gal)	STB	Plastic	Date	Inf. Hole	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	Plastic	Date	Inf. Hole	System Description:	25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make	Zoeller	Model	189		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)		Max 76"	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Contour of land use Pressure Manifold for distribution. Use whole house grinder pump at basement Stubout

L1 ½ sch 40 @ 7.11 136 gal dose
L2 ½ sch 40 @ 7.11 6.4 = downdem
L3 ½ sch 40 @ 7.11 Use a section of 4" pipe before Septic tank

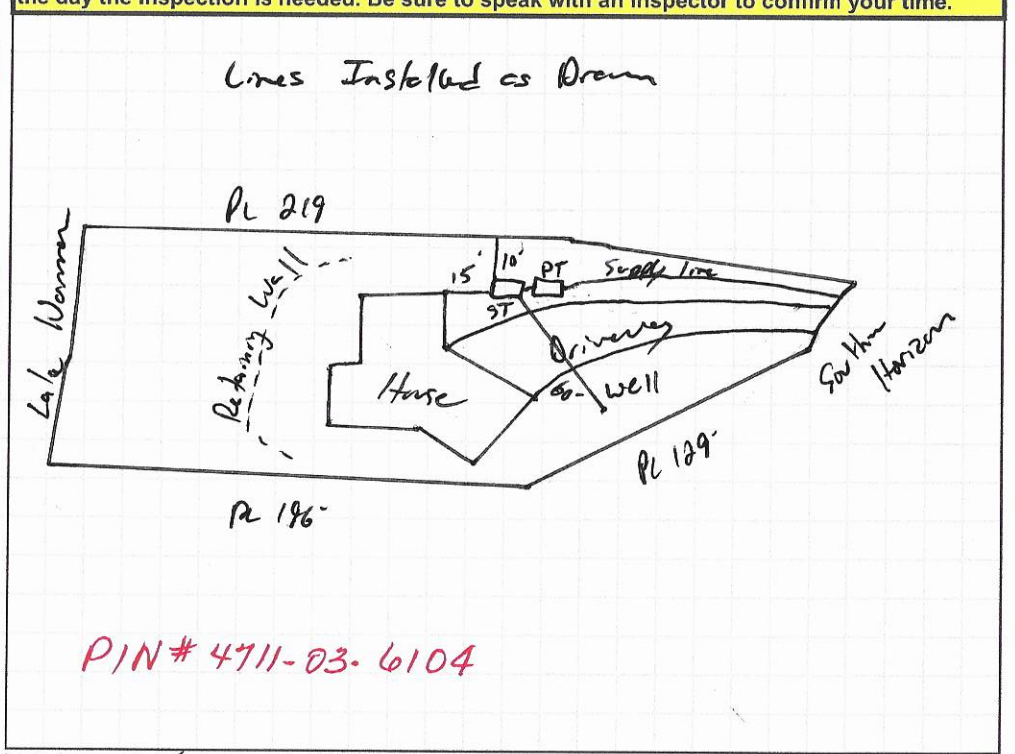
INITIAL SITE SKETCH



Off site Septic on:
PIN # 4711-03.6673

AS BUILT SKETCH

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 time.



PIN # 4711-03.6104

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: 9-8-2021

AUTHORIZATION TO CONSTRUCT by: Date: 9-8-2021

Installed by: Site Grading

OPERATION PERMIT by: Date: 10-4-2021

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

	Date	Initials
Drain Lines Checked	10-1-20	
Tanks Checked	10-1-20	
Pressure Manifold or Valve Box Checked	10-4-2021	
Pressure Head Set	10-4-2021	
Electrical Checked	10-4-21	
Floats Set	10-4-21	
Alarm Checked	10-4-21	
Maintenance Contract Y / (N) Not Required		
Comments:		

Offsite Septic
4711-03-6104
600-4"
4711-03-6173
700-0"
Southern Horizon Dr
SEPTIC
SEPTIC

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

Sheet 1 of 1
PROPERTY ID #: 47116 36104
COUNTY: Iredell

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

OWNER: Pat & Jodi McKinney
ADDRESS: 349 N Pakton NJ
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 166 Sartin Horizon
APPLICATION DATE 4-17-20
DATE EVALUATED: 4-30-2020
PROPERTY SIZE: 0.6 Ave
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)		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	
1	15% SS	0-6	SBK SCL	FrSSSPSeap	N/A	48+	N/A	N/A	PS .3
		6-27	SBK C						
		27-48	SBK CL						
2	15% SS	0-18	SBK SCL		N/A	48+	N/A	N/A	PS .3
		18-40	SBK C						
		40-58	SBK CL						
3	15% SS	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-22	SBK C						
		22-48	SBK CL						
4	SS 15%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-27	SBK C						
		27-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25%	25%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

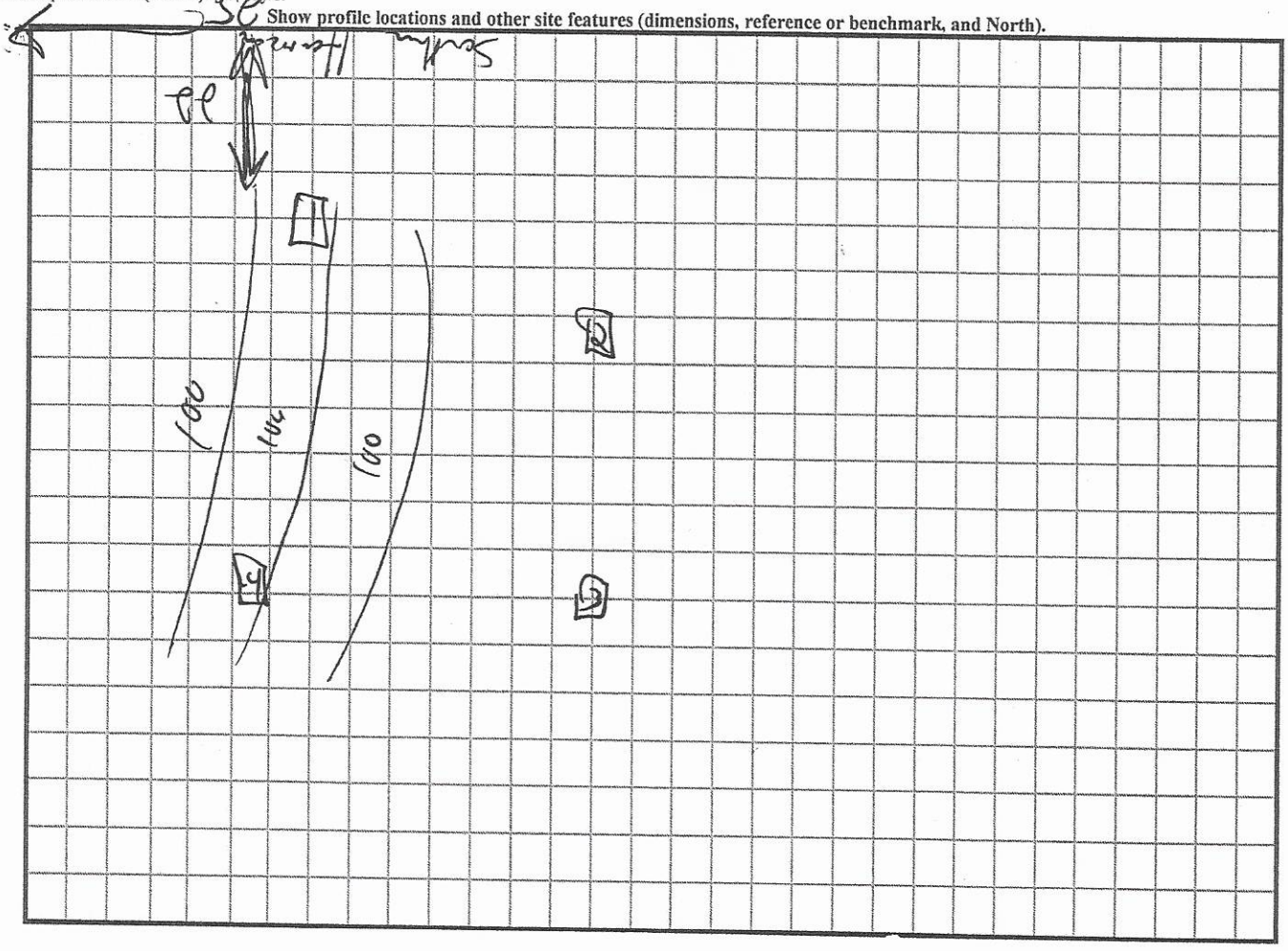
NOTES

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).



Revision RECEIVED AUG 17 2021 30 - 3

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* AP-307011 $105.00

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: Mike Palmer Homes Address: 6211 Denver Ind Park Rd Denver Zip: 28037

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 166 Southern Horizon Dr Statesville

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

Driving Directions: Buffalo Shoals Rd turn Rt

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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: 2931 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: _____ 8-13-21
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

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.

I, Pat McKinney, am the legal owner(s) of the property located at 1666 Southern Horizon Dr Statesville, identified as PIN (Parcel Identification Number) 4711036109, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Mike Palmer, Mike Palmer Homes, 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.

Pat McKinney 8-12-21 Dany Bru 8-12-21

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

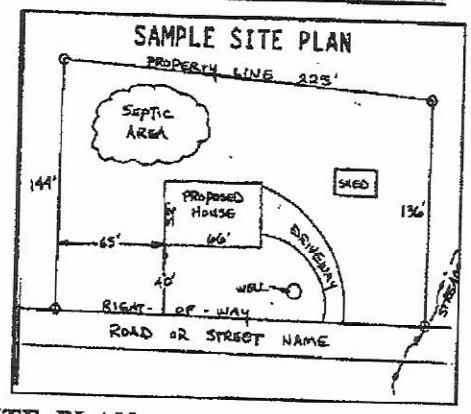
ENVIRONMENTAL HEALTH DIVISION

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

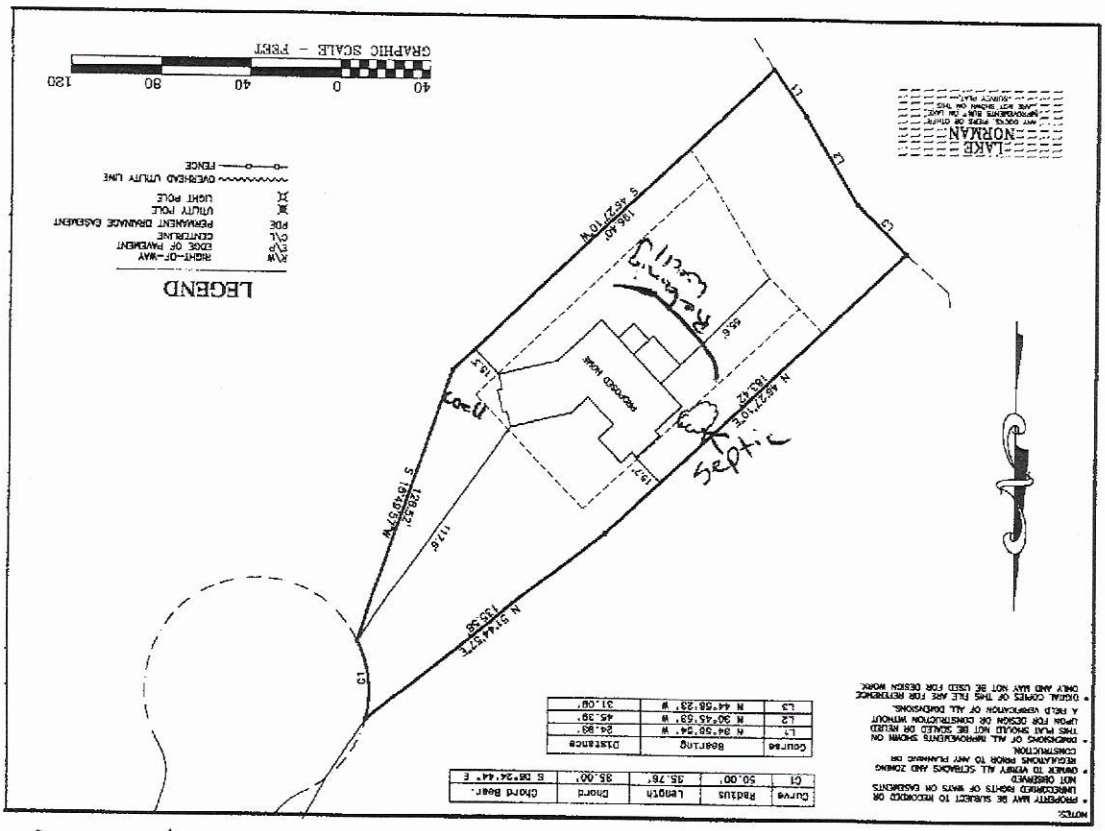
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Doug Bo

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

8-13-21

DATE



Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	35.78'	35.00'	S 08°24'44" E

Curve	Bearing	Distance
L1	N 24°43'37" W	264.89'
L2	N 30°45'09" W	45.39'
L3	N 44°58'33" W	31.00'

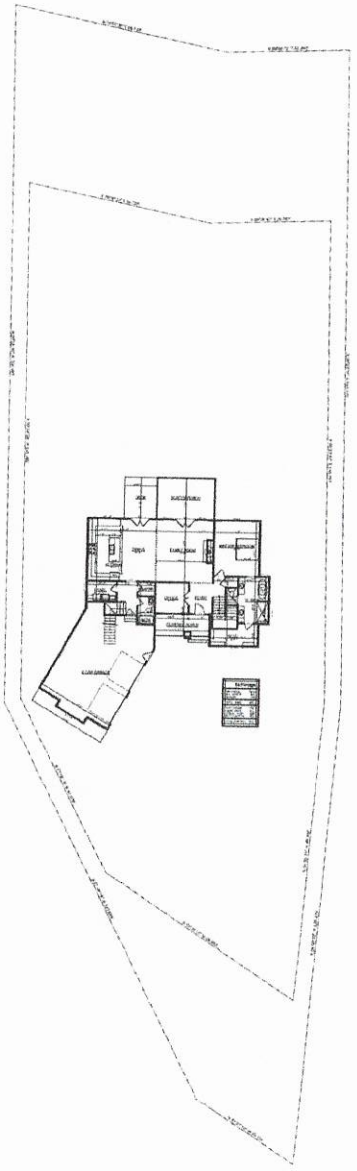
is there a way to put the septic tanks ~~on the~~ below the wall

Danny Barnes
704-622-4438

Dan B — 8-13-21

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES REGULATIONS, AND PUBLIC UTILITIES.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSION SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODES) AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY LOCAL STATE CERTIFIED STRUCTURAL ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE CONSTRUCTION.
7. ALL ANGLED WALLS ARE 45 DEGREES, U.N.O.
8. ALL OPENINGS ARE CENTERED IN WALL OR 4" FROM CORNER, U.N.O.
9. FRAME WALLS ARE DRAWN AT 3-1/2" SIDE, U.N.O.



SAMPLE SITE
SCALE: 1/16" = 1'-0"

Mike Palmer HOMES
GENERAL CONTRACTOR

PAGE SIZE 24"X36"

DATE: Sunday, April 19, 2020
SCALE: 1/16" = 1'-0"

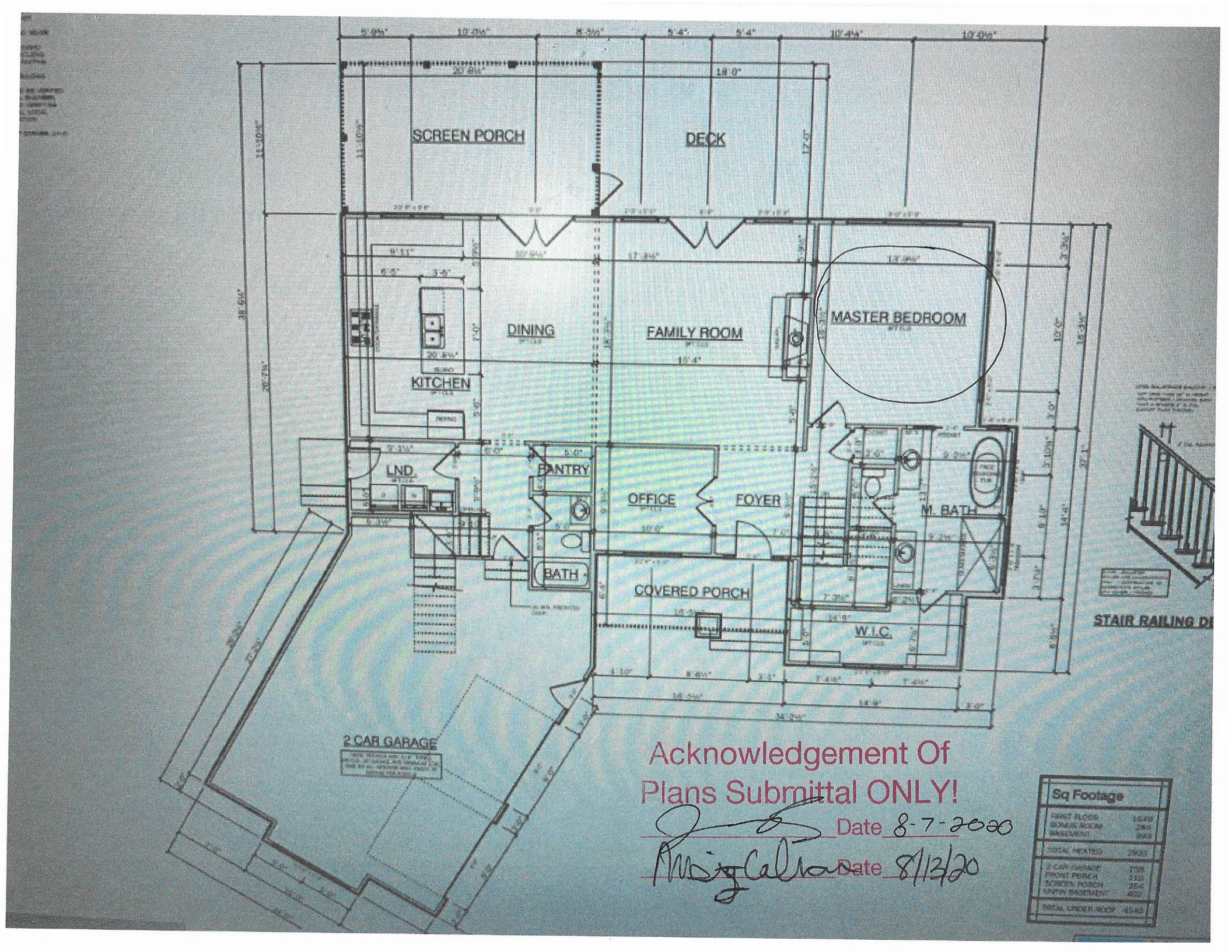
MEMBER AIBD
AMERICAN INSTITUTE of BUILDING DESIGN

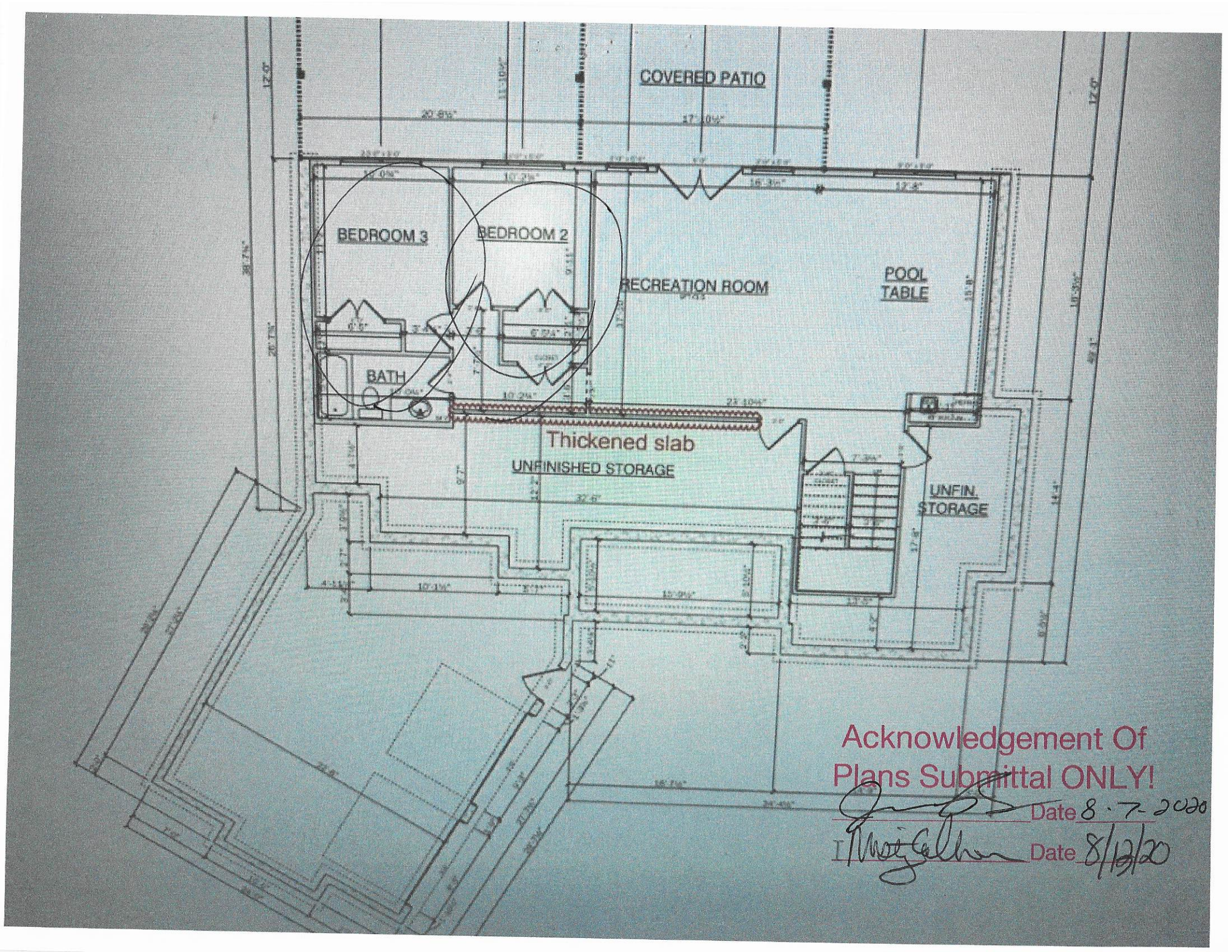
TWENTY ONE HOME DESIGN
P.O. Box 55
Waxhaw
NC
28173
PHONE: 704-461-6189
kennedy@t-twentyone.com

THIS COPYRIGHTED DESIGN IS THE SOLE PROPERTY OF TWENTY ONE HOME DESIGN AND MAY NOT BE USED OR REPRODUCED WITHOUT A WRITTEN CONSENT OF TWENTY ONE HOME DESIGN

MCKINNEY RESIDENCE

PAGE: 1 SAMPLE SITE


SCREEN PORCH
DECK
DINING
FAMILY ROOM
MASTER BEDROOM
KITCHEN
LND.
PANTRY
OFFICE
FOYER
M. BATH
BATH
COVERED PORCH
W.I.C.
2 CAR GARAGE
STAIR RAILING DE
Acknowledgement Of
Plans Submittal ONLY!
Date 8-7-2020
Date 8/13/20
Sq Footage


COVERED PATIO
BEDROOM 3
BEDROOM 2
RECREATION ROOM
POOL TABLE
BATH
Thickened slab
UNFINISHED STORAGE
UNFIN. STORAGE
Acknowledgement Of
Plans Submittal ONLY!
Date 8-7-2020
Date 8/12/20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307011
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711036104.000	166 SOUTHERN HORIZON DR	Iredell County

Owner Information	Applicant Information
Name: GRECO JANIS V	Name: MIKE PALMER HOMES INC
Address:	Address: 6211 DENVER INDUSTRIAL PARK RD
	DENVER, NC 28037
Phone:	Phone: (704)489-8200

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.607	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD

Pd online
MLB

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.

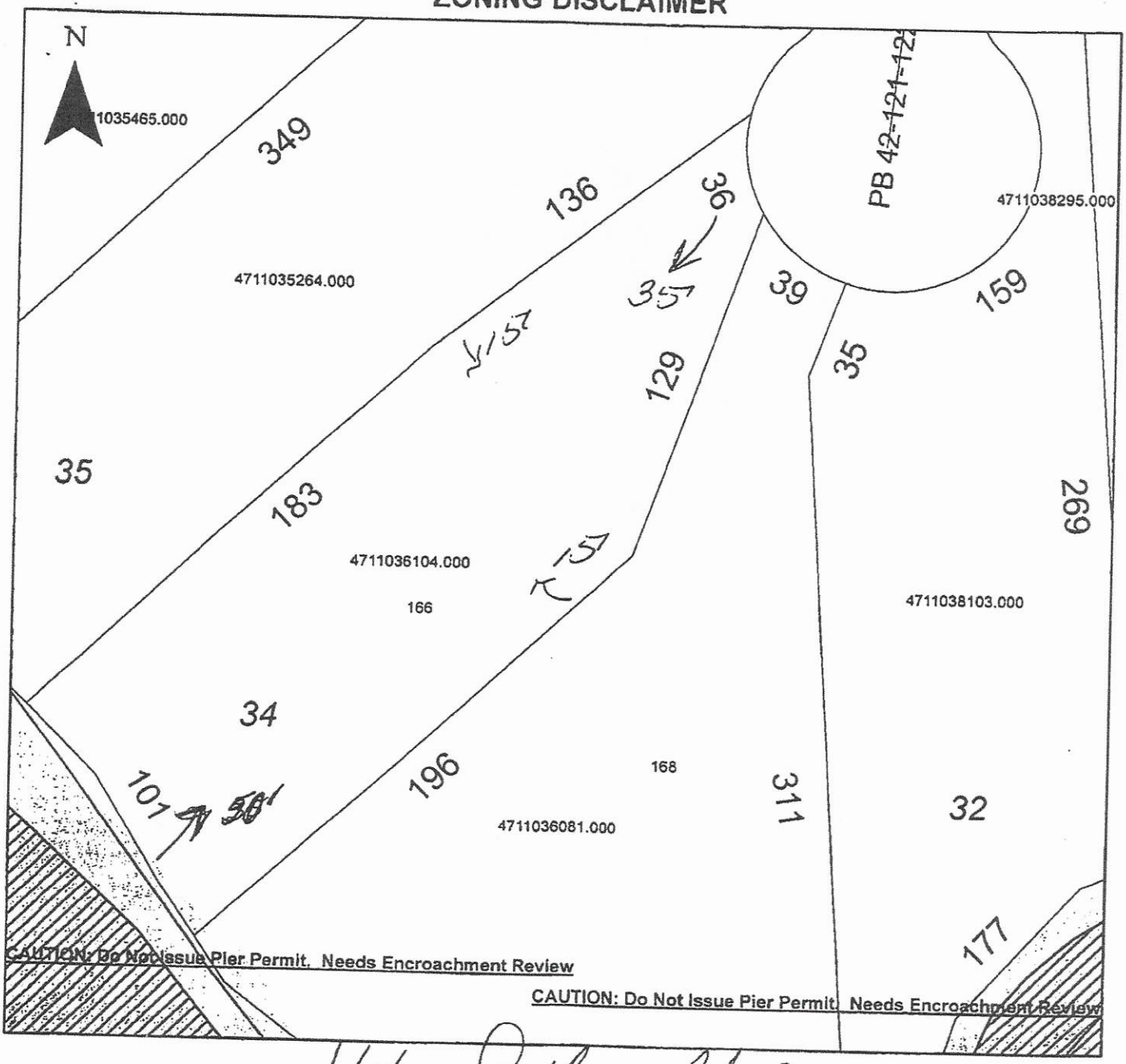
Signature of Owner/Contractor

Date: 04/27/2020

Permit Number	307011

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address Isle Southern Dr

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

Date