Site Address: 246 S. Harbor Watch Dr - Stat

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 152720 PIN# 4711203014 DATE 11/6/08

OWNER OR APPLICANT Bill/BOBBY BRINKLEY Mitchell OWENS PHONE: Business 336-374-0516 Home 336-789-6251 EST SD

ADDRESS PO BOX 1644 Mt. Airy NC 27030

LOCATION BUFFALO SHOALS (E) LOWER LOVE RD (R) Harbor Gate (L) South Harbor WATCH ON PT

SUBDIVISION Harbor WATCH BLOCK / SECTION -1- LOT 33 LOT AREA .944 SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 853 Date 3-9-10

Pump Tank: 1500 Gallons: PT 80 Date 10-6-07

Pump Make: Zoeller Model N156 Serial No.

Nitrification Field: No Fields 1 Square Feet ED=1000 Linear Feet 336'

No Lines 6x56 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: Low Pressure 50'+ Rock/LT

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons ___ No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① Surface WATER Runoff Must be Diverted Around the nitrification Field (15ANCAC 18A.1956 6S)(5) CAN Prior to installation for system specs. Different design in pump tank for pumping down hill. ③ Maintain Setbacks

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LOUIE COOK, P.S.I.

AS BUILT SKETCH

Line #6 <K: 12 May 10 TCH

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 11/6/08

Improvement Permit by: _____ date 11/4/08

Authorization to Construct by: _____ date 11-4-08

Installed by: V&S

Operation Permit by: _____ date 2-8-11

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Permit # 15730

P.n # 4711303014

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: 152720
COUNTY: 4711-20-3014

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bobby Binkley
ADDRESS: PO Box 1644 Nash
PROPOSED FACILITY: 5BR HSE
LOCATION OF SITE: Hardeeville SC
APPLICATION DATE: 9-11-03
DATE EVALUATED: ____
PROPERTY SIZE: 1.54
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 600
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		0-24	Brown SCL	Wk gr fr nsp nsp					PS .3
		24-48"	cmed sbk	fr ss ps					
2		0-24	brown SCL	Wk gr fr nsp nsp					PS .3
		24-36	SCred sbk	fr ss ps					
		36-48"	cmed sbk	fr ss ss					
3		0-3	SCL	Wk gr fr nsp nsp					PS .3
		3-15	CL	Wk sbk fr ss ps					
		15-36	Cmed sbk	fr ss ps					
		36-48	CL/SCL	Wk sbk fr ss ps	SAP inclusions 36-48"			< 50%	
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	LP 50'1	LP 50'1
System Type(s)	4123	4EC
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. Lodge
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	NEXP (Non-expansive) 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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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)

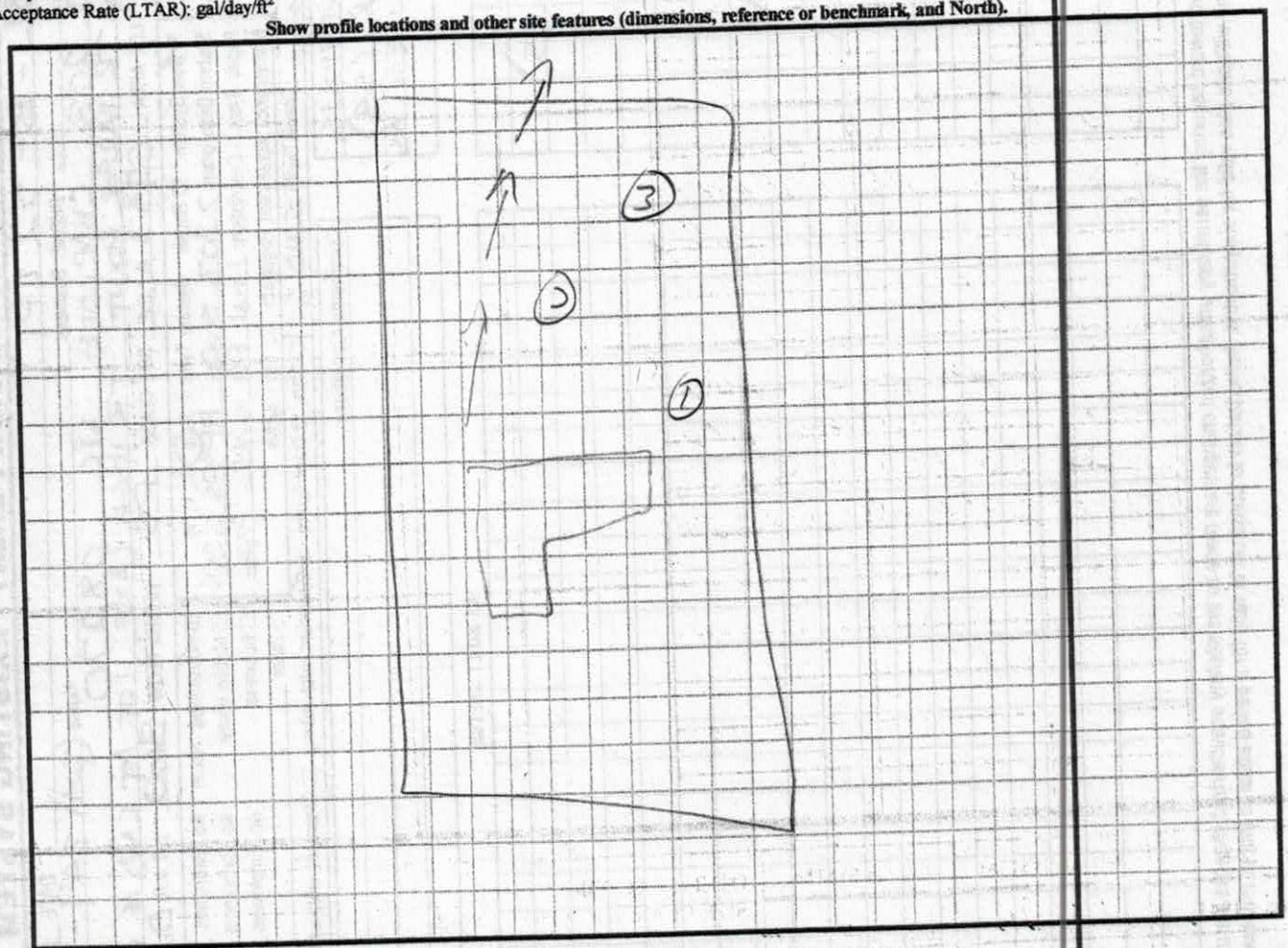
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

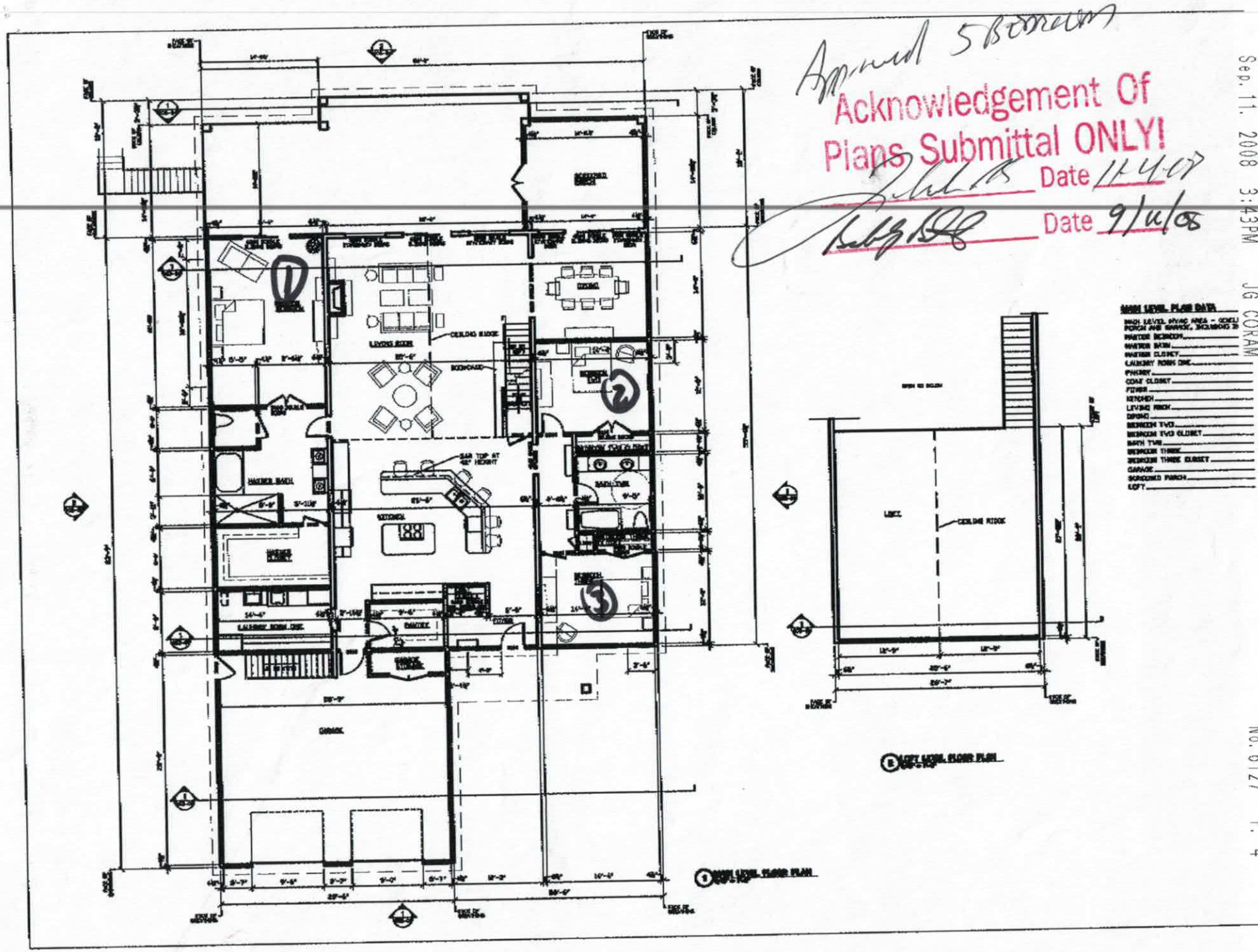
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

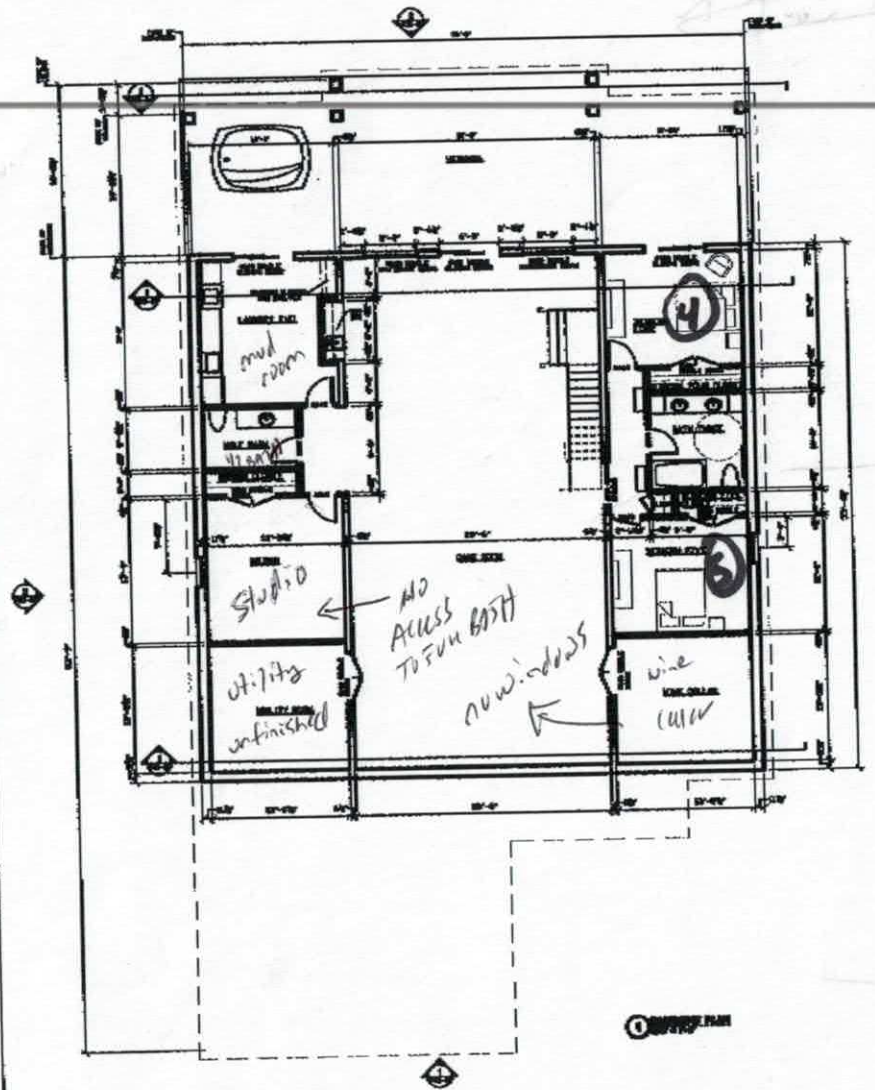


DENR (######)
Review (#####)



Sep. 11. 2008 3:43PM JG CORAM No. 6127 P. 4

Approved 5 BEDROOM PLAN



Acknowledgement Of Plans Submittal ONLY!

Date 11-4-08

Date 9/4/08

CORAM CONSTRUCTION

Owens House
Harbor Width
Lake Norman, North Carolina
DESIGN DEVELOPMENT (PRELIMINARY - NOT FOR CONSTRUCTION)

GC1-02

Sep. 11. 2008 3:42PM JG CORAM No. 6127 P. 3

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ( ) Improvement Permit (✓) Authorization To Construct ( ) BOTH ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: (X) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Bobby Brinkley	PO Box 1644, Mt. Airy, NC 27030	336-374-0316	336-789-6251 Ext. 30
Applicant Name	Mailing Address	Home Phone	Work Phone
Mitch Owens	246 S. Harborwatch Dr. Trout Town, NC	336-288-2000	336-340-6311
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

246 S. Harborwatch Dr Trout Town, NC	Harbor Watch	33
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (2) Conventional ( ) Innovative (1) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. 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. industry) 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.

9. Signature: _____ 9/4/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line…**
- ____ **Preferred driveway location and configuration, preferred well location…**
- ____ **Area you prefer your septic system to be placed…**
- ____ **North arrow, or other sufficient indicator of direction…**

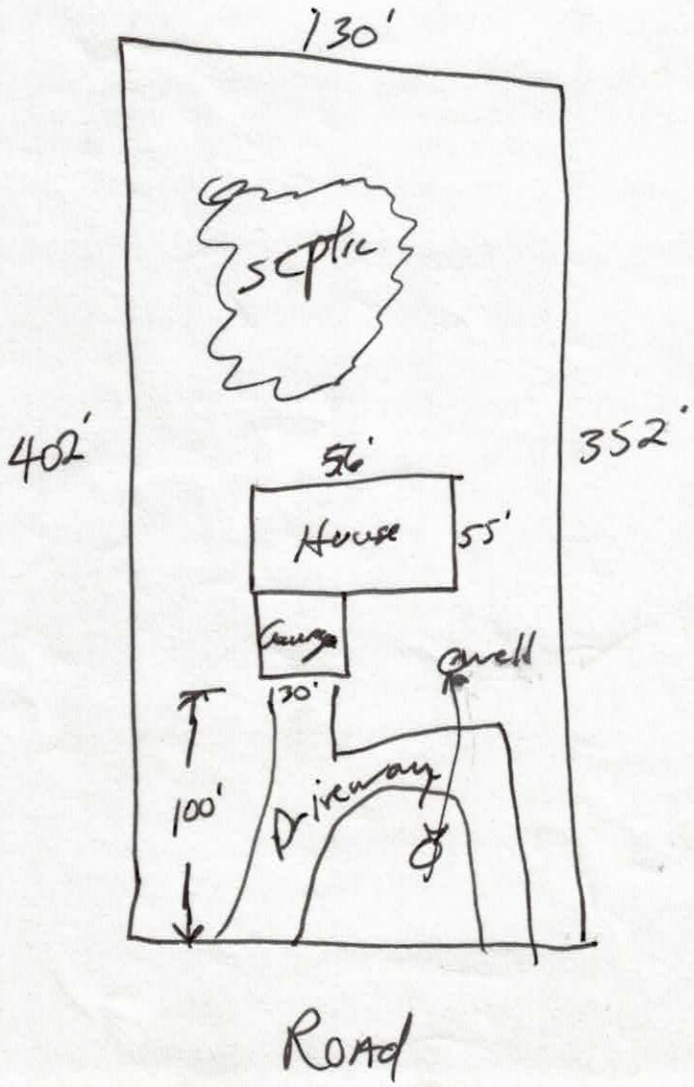
Circle N/A on the following if appropriate:

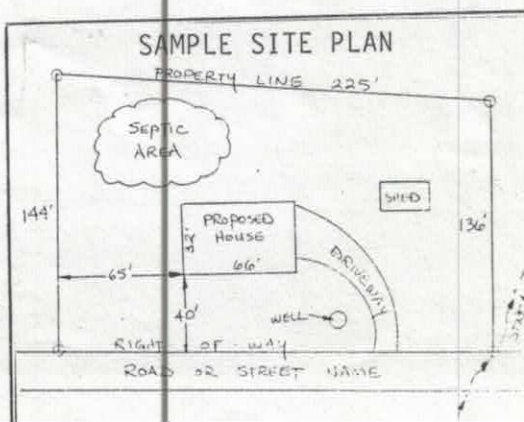
- ____ **Location of septic systems and wells within 100' of your property…** **N/A**
- ____ **Location of easements and rights of ways on your property…** **N/A**
- ____ **Location of any designated wetlands on the property…** **N/A**

Signature: _____ 9/4/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

*note! Please see supplied Plot Plan Survey.

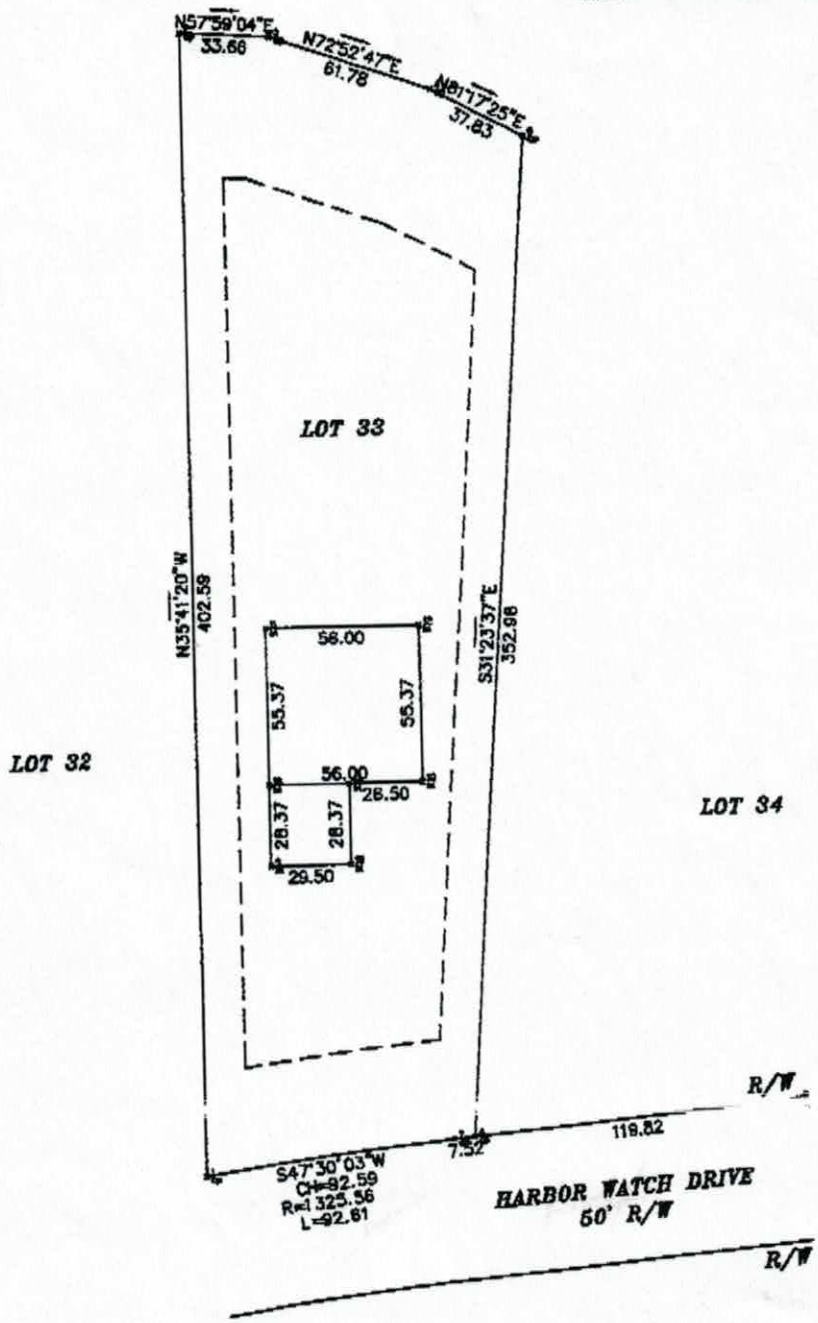




DAS DON ALLEN & ASSOCIATES, P.A
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1401, page 1520, and/or plat book 29, page 43-46, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 28TH, day of AUGUST, A.D. 20 08.

WILLIAM M. ALLEN, PLS



PLOT PLAN SURVEY

OF

LOT 33, HARBOR WATCH, SECTION 1

SCALE 1" = 20' FALLSTOWN TOWNSHIP, IREDELL CO., NC

ACQUIRED BY: MITCHELL B. & DONNA B. OWENS

FIELD BOOK:
FILE: HARBOR WATCH-33
DC FILE:
TAX MAP NO: 4711-20-3014

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 152720ZO
Proposed Use: Single Family
Location of Property: 246 S. Harbor Watch Dr. Mooresville NC 28117
Parcel #: 4711203014.000
Lot #: 33 Size: .99 acres
Applicant: JG Coram Company Incorporated
Address: 1922 Caudle Road
Mt Airy NC 27030
Phone: 336-789-6251
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Harbor Watch
Township: 1500 Fallstown
Zoning: RA
Flood Plain: No Watershed: WSIV CRIT
Owner: Mitchell & Donna Owens
Address: 1402 Wenchelsa Rd.
Greensboro, NC 27410
Phone: 336-288-2000
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 50 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
SFD

DEVELOPER PERMIT

Directions:
Exit 42, north on Hwy 21, left on Old Mountain Road, left on Buffalo Shoals, left on Laurel Cove, right into Harbor Watch, left on South Harbor Watch, on right

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$540.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 9/11/08

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 9/11/2008

#725

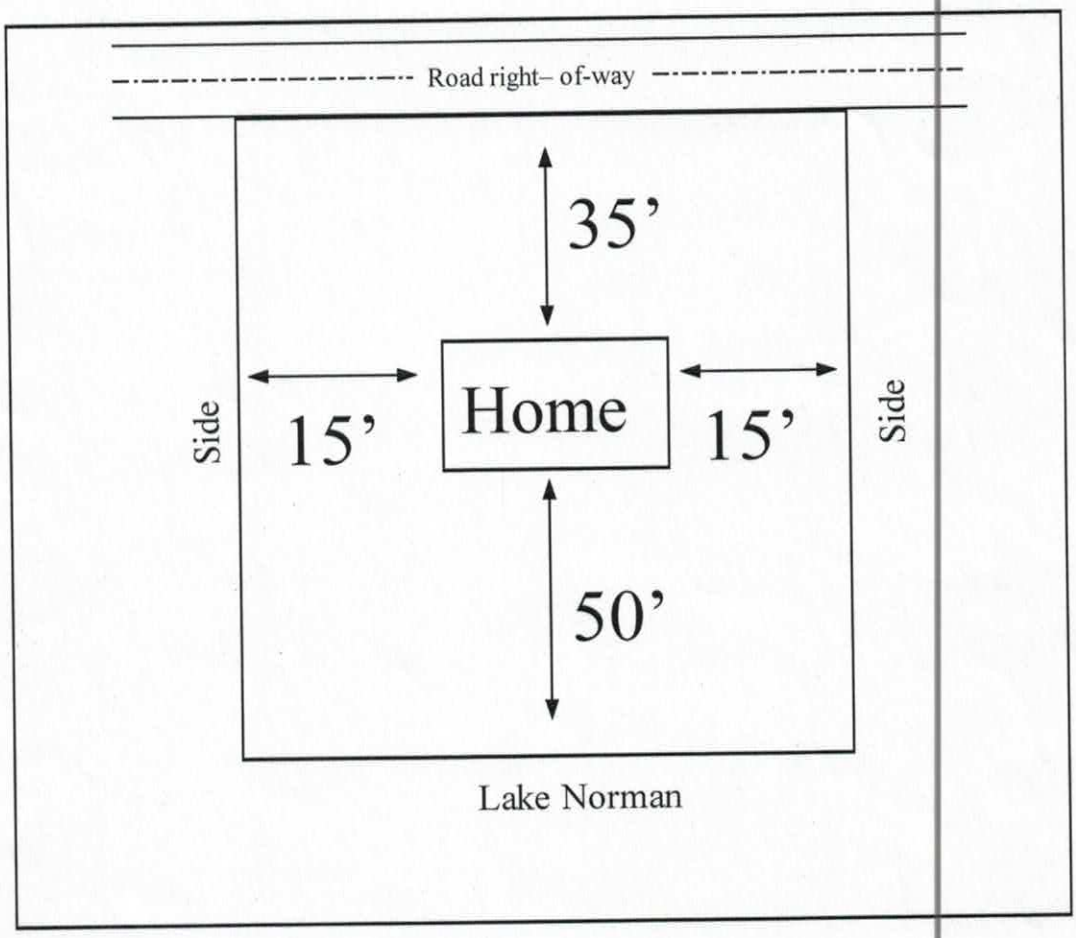
ZONING DISCLAIMER

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

9/11/09
Date

STREET NAME : 246 S. Harbor Watch Drive



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.