IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231116

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

PIN # 4711204812

APPLICANT/OWNER: Danielle Fox APPLICANT ADDRESS: 147 Bonnie Ln. Statesville, NC

SITE ADDRESS: 117 Harborcliff Dr. Statesville, NC 28677 PHONE: 704-682-4216 ALT. PHONE 704-252-3223

SITE DIRECTIONS: Buffalo Shoals → L on Laurel Cove → R on Harborgate → R on N Harbor Watch → L on Harbor Ridge → L on Harborcliff → 1st on L

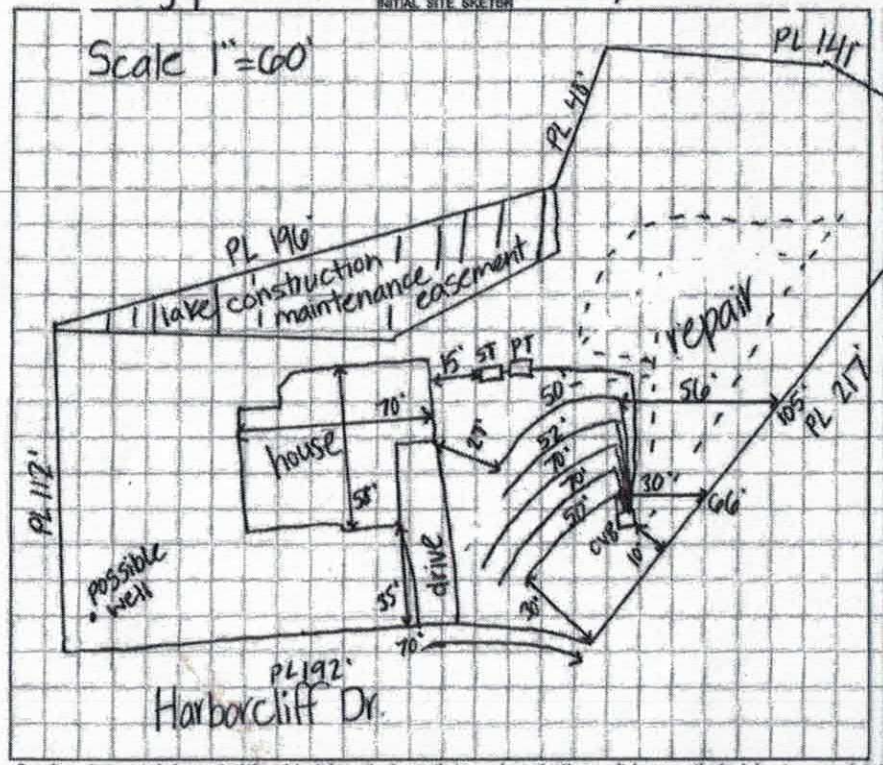
SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Harbor Watch SECTION: — LOT # 132 LOT AREA: .951 ac DESIGN FLOW: 480gpd L.T.A.R.: .275 (.1 repair)

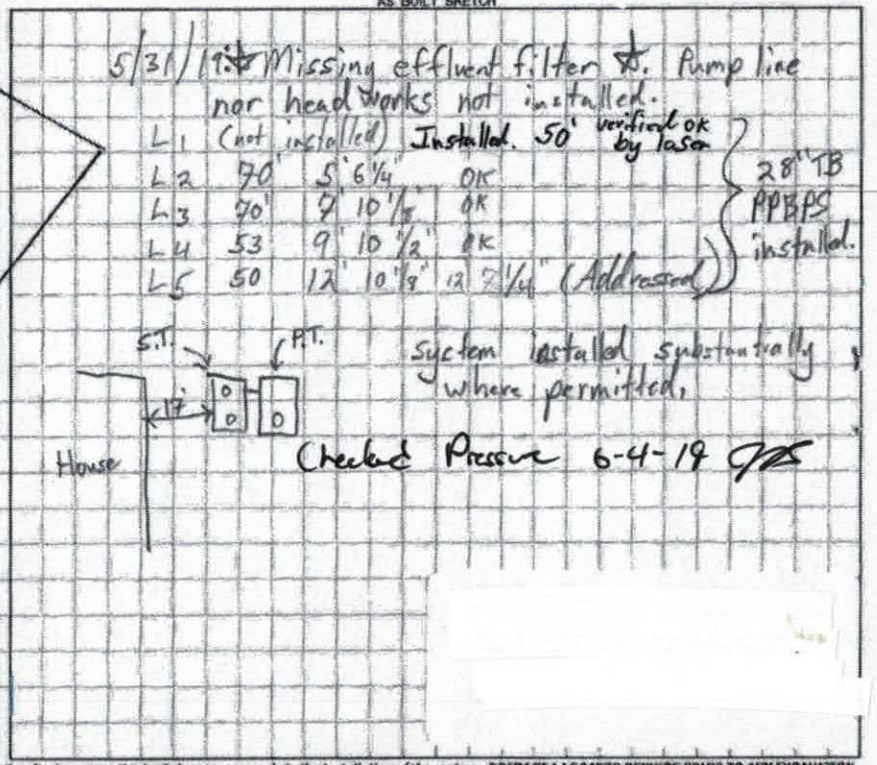
Septic Tank	1000	(gal)	STB	Infiltrator	Date		☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Infiltrator	Date		System Description:	LP PPBPS	☐ Business	No. Persons	8	☑ Private
Pump Make	Gould	Model		WE0712H	Serial #	E1941763	Repair System Description:	drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		5	Linear Ft	292'	Maintenance Agreement Required:	☑ YES ☐ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth (Low side)		28"	38" high side		Gravel Depth	— ☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: * Install at 38" highside. Lot is steep and will require pre installation meeting with ICHD.*
* Strongly recommend fencing off septic area before house construction begins.
Preconstruction Meeting held 3/26/19 - Kayla Wilson

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: Danielle M. Fox Date: 7-6-18 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-6-18 OPERATION PERMIT by: Carla C. Cane Date: 6-24-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-6-18 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.

Harbor Watch 7 Lot #132

	Date	Initials
Drain Lines Checked	5/31/19	[illegible]
Tanks Checked needs filter	5/31/19	[illegible]
Pressure Manifold or Valve Box Checked	6/19/19	MD
Pressure Head Set	6/4/19	JB
Electrical Checked	6/19/19	MD
Floats Set	6/19/19	MD
Alarm Checked	6/19/19	MD
Maintenance Contract Y / N	6/24/19	CC

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

Sheet 1 of 1
PROPERTY ID #: 4711204812
COUNTY: Iredell

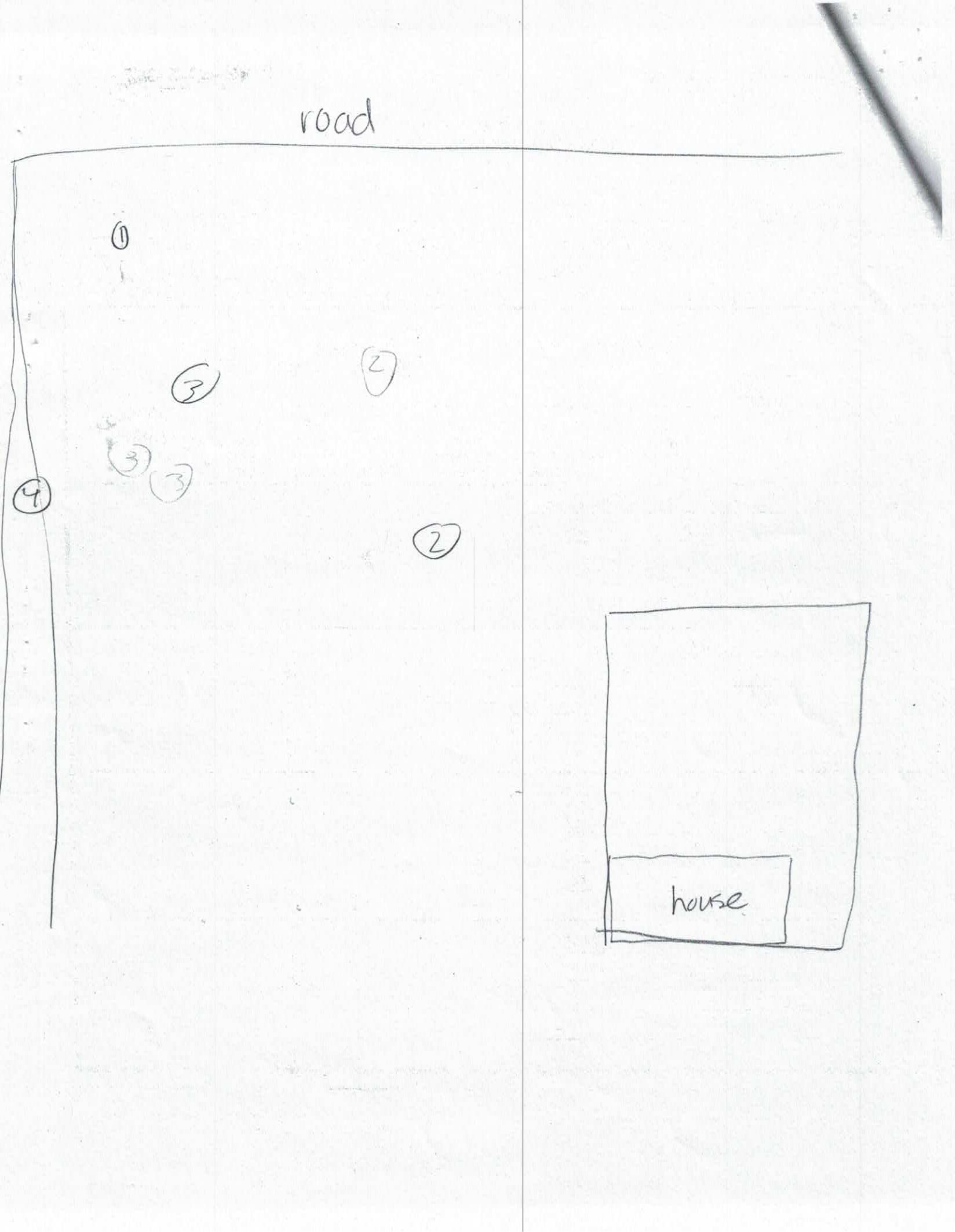
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

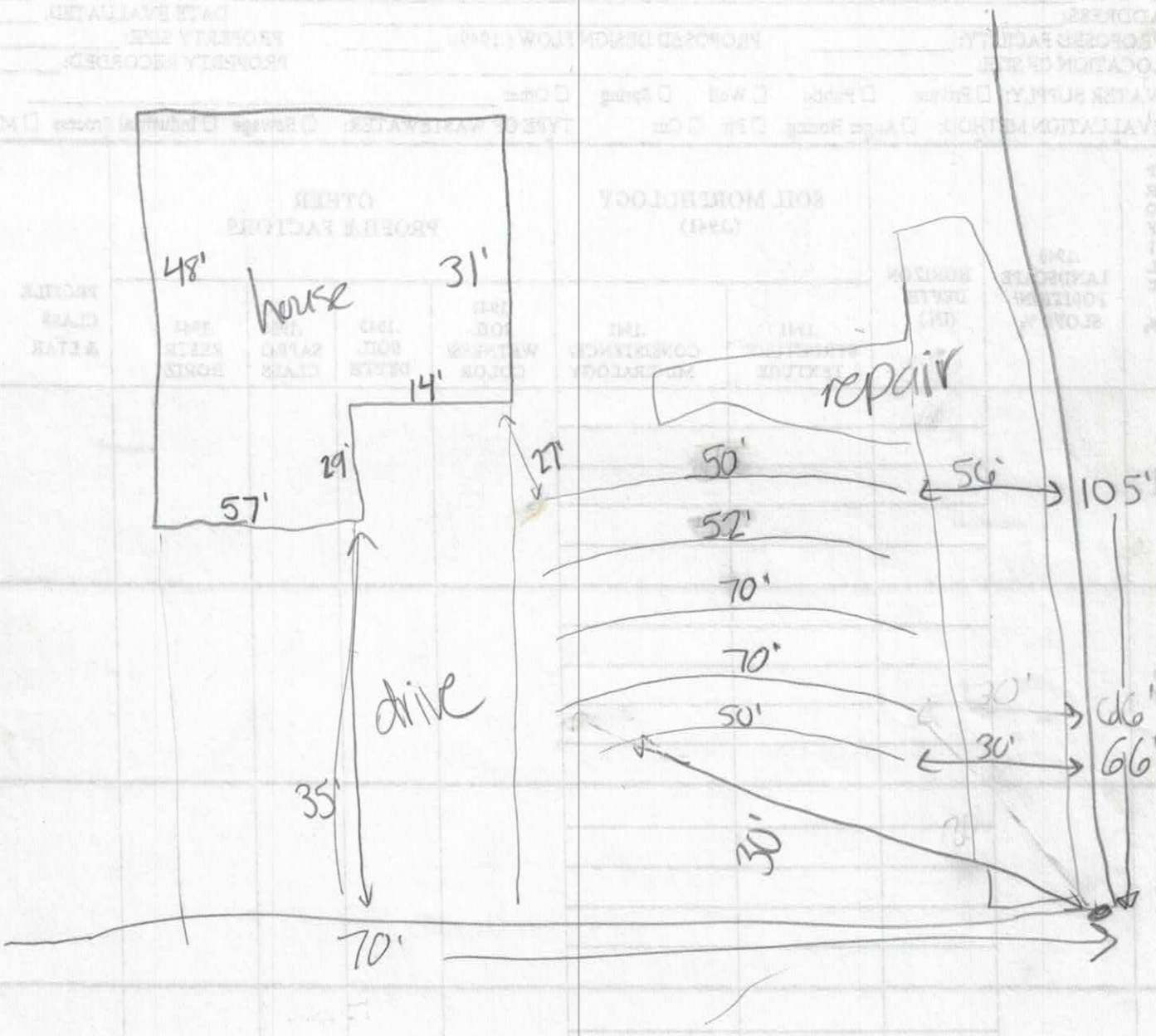
OWNER: Danielle Fox
APPLICATION DATE 10-26-17
ADDRESS: 117 Harborcliff Dr.
DATE EVALUATED: 6-28-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .95 ac
LOCATION OF SITE: Old Mountain Rd → L on Buffalo Shoals → L on Laurel Cove → R on Harborgate → R on N Harbor Watch → L on Harbor Ridge → L on Harborcliff lot on L
PROPERTY RECORDED: YES
WATER SUPPLY: ☒ Private ☐ Public ☑ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

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 repair	28% LS	0-12	Gr SL	VFr, NS, NP, SE	—	32	12-60 many RC SAP		PS .25
		12-32	WSBK CL	Fi, SS, SP, SE					
		32-60	L SAP mass	Fr-Fi, NS, NP					
2 init	35% LS	0-7	WSBK SCL	Fr, SS, SP, SE	—	43	19-43 com-many SAP inc 19-64 few RC SAP inc		PS .3
		7-19	SBK C	Fr, SS, SP, SE					
		19-43	WSBK CL	Fr, SS, SP, SE					
		43-64	L SAP mass	Fr, NS, NP					
3 init	41% LS	0-7	WSBK SCL	Fr, SS, SP, SE	—	35	20-62 few-com RC SAP inc. 20-35 com-many SAP inc		PS .275
		7-20	SBK C	Fr, SS, SP, SE					
		20-35	WSBK CL	Fr, SS, SP, SE					
		35-62	L SAP mass	Fr-Fi, NS, NP					
4 repair	37% LS	0-25	L SAP mass	Fr, NS, NP	—	25	—		PS (drip) .1
		25-60	rock/RC SAP mass						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	V
Site LTAR	.275	.1

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


road
1
2
3
3
3
4
house


48'
house
31'
14'
29'
57'
27'
repair
50'
56'
105'
52'
70'
70'
drive
50'
30'
66'
35'
30'
70'

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: Danielle Mae Fox Address: 147 Bonnie Ln Statesville Zip: 28625
Applicant Email: HardFoxTrucking@gmail.com Phone: 704-682-4216 Alt. Phone: 704-252-3223
Owner Name: Mahta Mirzaei McKee Address: 1815 Dunmore Ln Clemmons Zip: 27012
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 Harbor Cliff Dr. Statesville NC. 28677
Subdivision Name: Harbor Watch Section/Phase: _____ Lot Number: 132
Driving Directions: Buffalo Shoals to Laurel Cove, turn Rt on Harbor gate, turn Rt Harbor Watch, Turn left on Harbor Ridge, turn lft on Harbor Cliff 400ft on Left

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: 4
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
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Danielle Mae Fox 10-26-17
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, Mahfa Mckee Hamid Mckee, am the legal owner(s) of the property located at 117 Harbor Cliff Dr. Statesville NC 28625, identified as PIN (Parcel Identification Number) 4711204812, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Danielle Mae Fox, 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.

Mahfa Mckee Hamid Mckee	10-25-2017		
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
adrienna.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

DigiSign Verified: 199B187F-C48F-475E-80B2-849C68A82D16

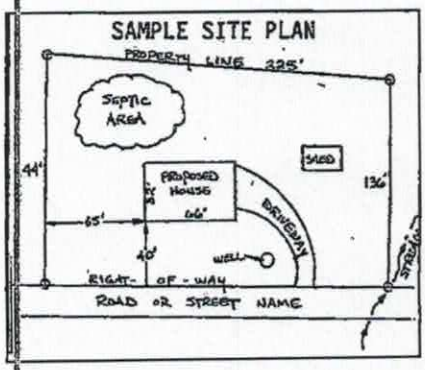
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See attached

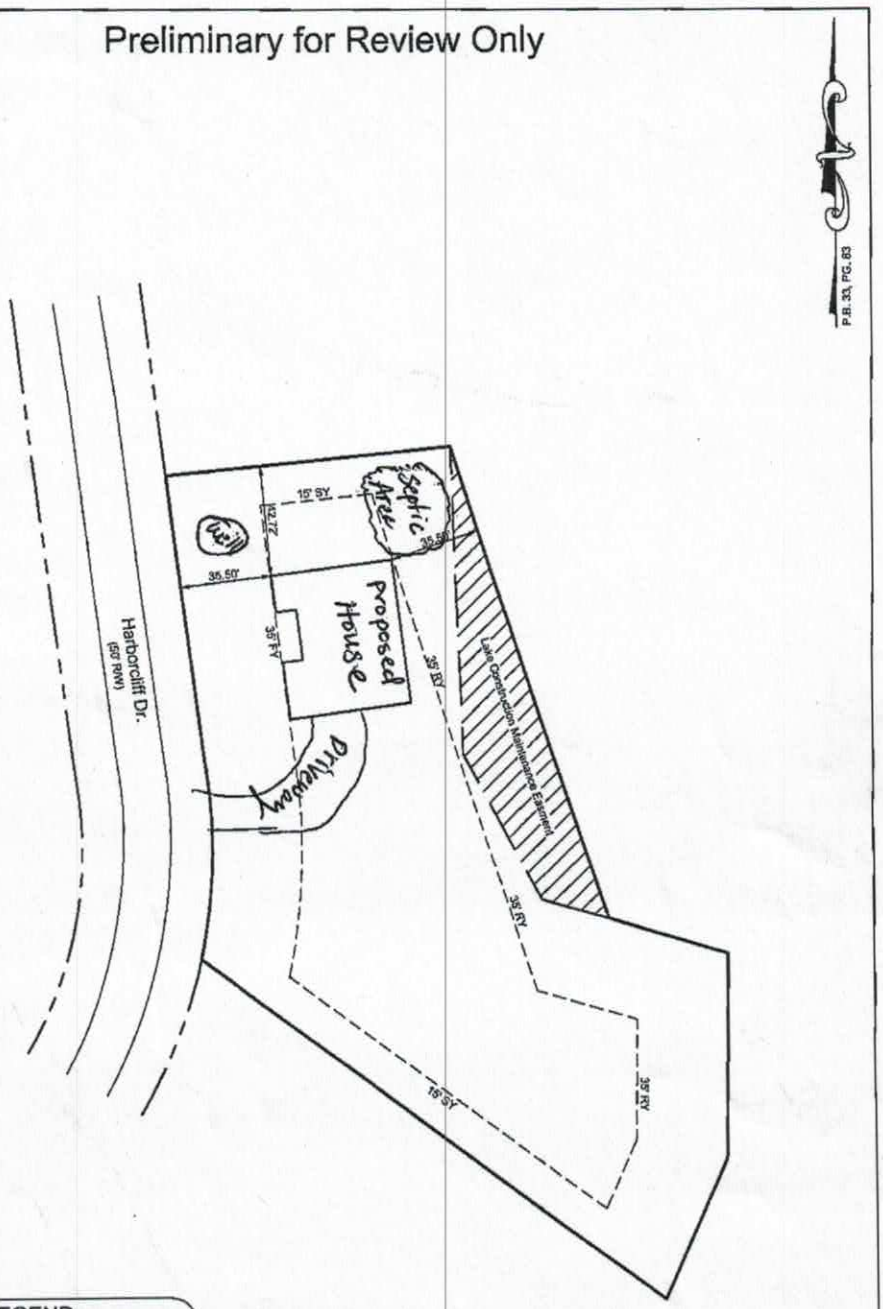
Signature: Danielle Mae Fox

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

10-26-17

DATE

Preliminary for Review Only



LEGEND	
FY	Front Yard Setback
SY	Side Yard Setback
RY	Rear Yard Setback
R/W	Right of Way
LCME	Lake Construction Maintenance Easement
P.B.	Plat Book
PG.	Page
	SETBACKS
	R/W
	LCME

0 40 80 120

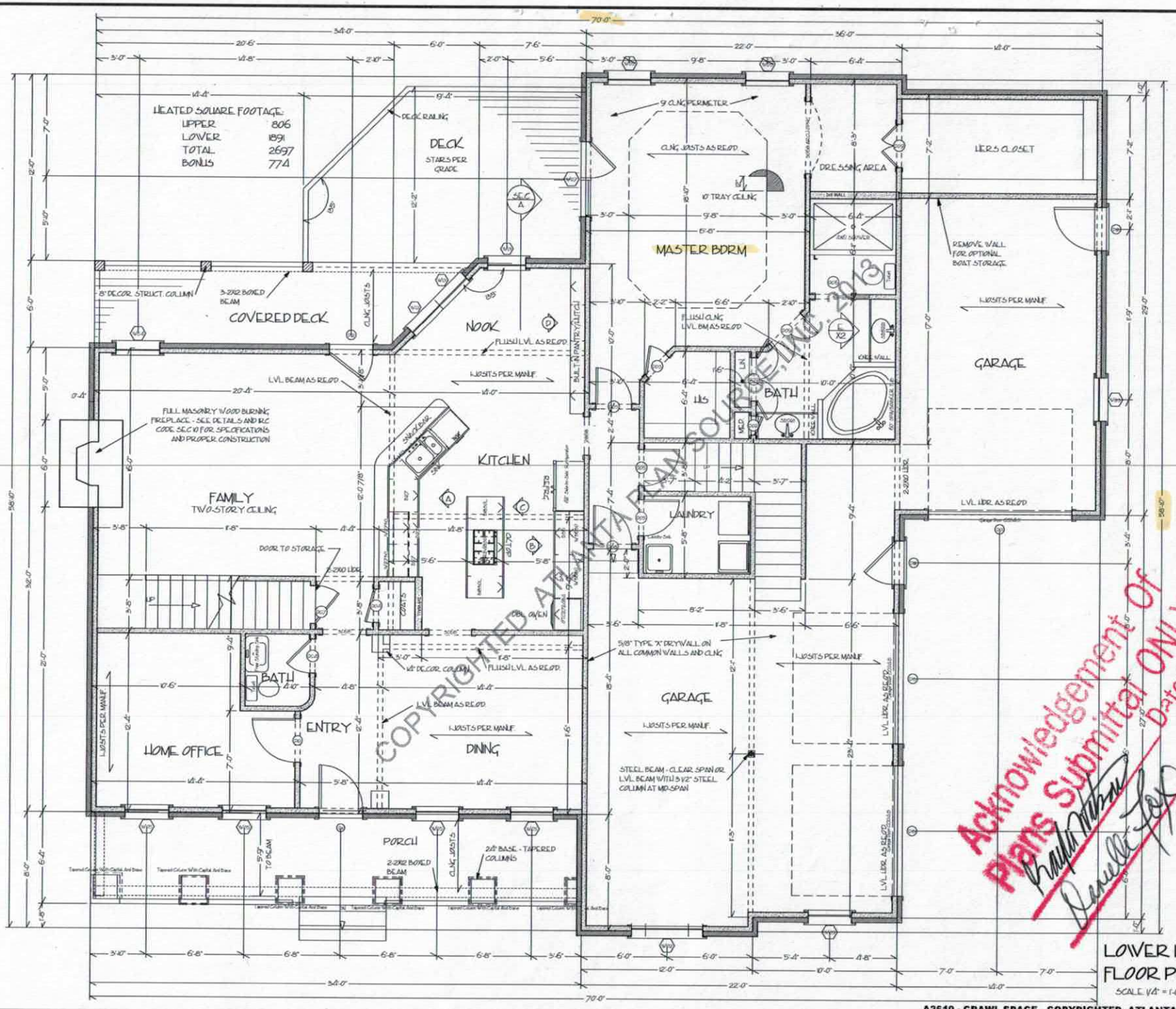
JORDAN GRANT

ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

OWNER: Fox

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 40'	
DEED REF: 2224 - 386	PIN NO: 4711204612
DATE OF MAP: 10-11-17	SURVEY DATE: 10-09-17
REVISION:	DRAWING FILE: 20171002

117 Harborcliff Dr., Statesville, NC 28677
Fallstown Twp. - Iredell County - North Carolina



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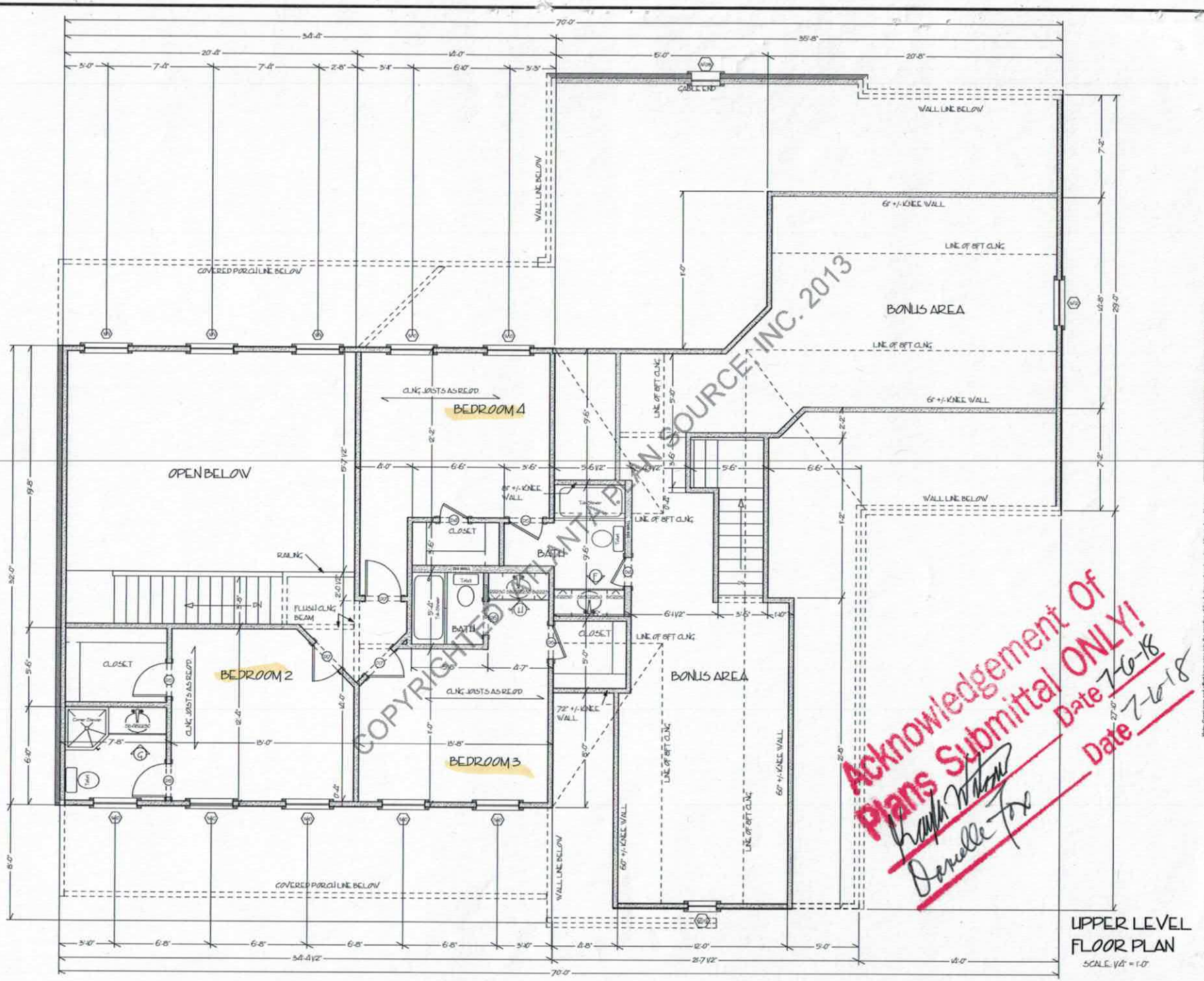
Acknowledgement of Plans Submittal ONLY! Date 7-6-18

Date

LOWER LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"

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Acknowledgement Of Plans Submittal ONLY!
Date 7-6-18
Date 7-6-18

UPPER LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

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