IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

BA

PERMIT # 217416

APPLICANT: Lee Maynard

APPLICANT ADDRESS: 133 Morrow Ridge Lane Mooresville, NC 28117

PIN # 4711-21-~~7870~~ 7878

SITE ADDRESS: 223 Harbor Ridge Drive Statesville, NC 28677

PHONE: 704-663-5675 ALT. PHONE:

SITE DIRECTIONS: US 21 N from Mooresville → L on Old Mountain Rd → L on Buffalo Shoals → L on Laurel Cove Rd → R on Harborgate → R on Harborwatch → L on Harbor Ridge on Left

SUBDIVISION: Harbor Watch SECTION: 5 LOT # 126 LOT AREA: 1.208 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	6	Linear Ft:	360		
Trench Width	36"	Max. Trench Bottom Depth	26"	Gravel Depth	—		

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

System Description: 25% Reduction - serial distribution

Repair System Description: Drip + LP PPBPS + 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space

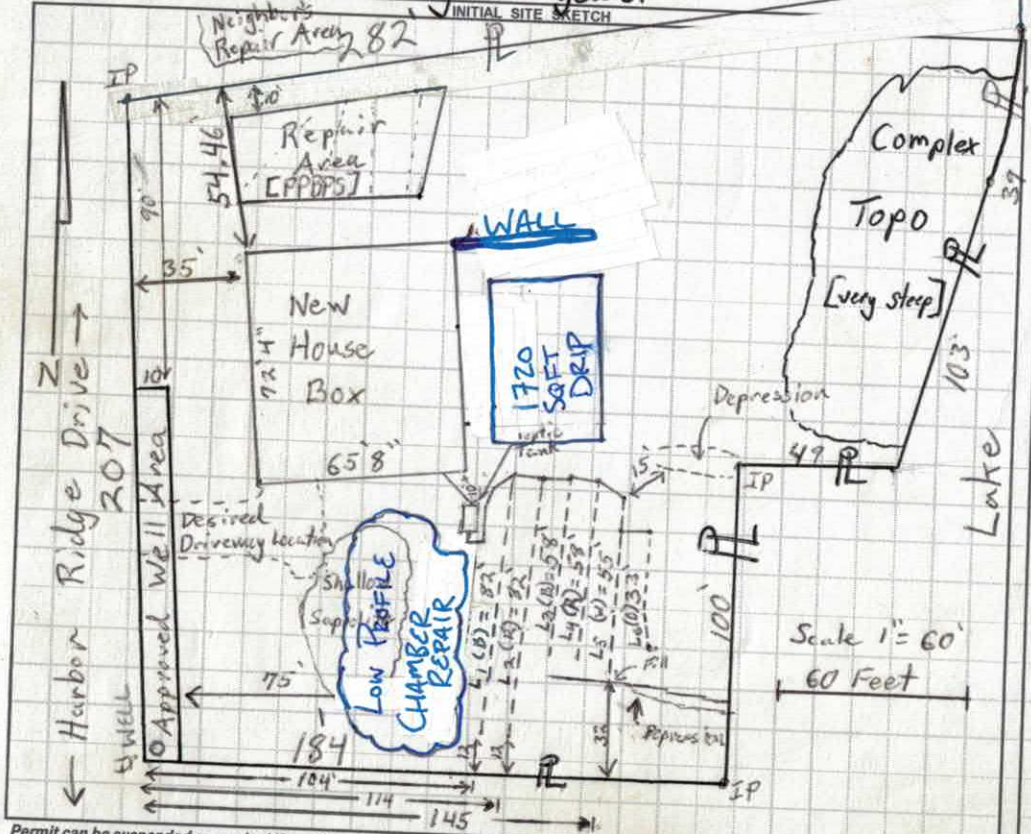
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. If a whole-house ejector is used in the basement, then a 2nd septic (trash) tank of equal size must be used in a series. Recommend pumping septic tank every 3-5 years.

Though 368 l.f. of line laid out, only 360 l.f. need be installed. As this application documentation depicts a driveway (proposed) crossing an already approved well area, it is strongly recommended that the owner closely coordinate with the well driller + builder to ensure the well is not drilled in the desired driveway area.

INITIAL SITE SKETCH



AS BUILT SKETCH

2ND LINE SILTED IN AFTER RAIN. ALL CHAMBERS REMOVED & SILT REMOVED BA

REPAIR AREA CHANGED DUE TO RETAINING WALL BA

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: L Maynard Date: 8-29-16

IMPROVEMENT PERMIT by: Tom Shuck Date: 8-23-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8-24-16

Installed by: APERNATHY

OPERATION PERMIT by: BA 6/23 APPROVED JUN 23 2017 Date:

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final)

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

PROPERTY ID #
COUNTY

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

OWNER: Lee Maynard
APPLICATION DATE 3-5-16
ADDRESS: 133 Morraws Ridge Ln.
DATE EVALUATED: 4-18-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.208 acres
LOCATION OF SITE: 223 Harbor Ridge Dr.
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ ~~Private~~ ☐ Public ☐ Well ☐ Spring ☐ Other N/A
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	25% L	0-22	C mica ABK/SBK	Fi mod SE	>48"	40"	40"	40"	PS 0.3
		22-40	BC sap incl WSBK	Fr mod SE					
		40-48	SAP(L) m	Fr					
2	25% L	0-20	SL/SCL SBK	Fr small SE	>48" 2,547,4 2,547,3	>48"	>48"	>48"	PS 0.25
		20-30	SCL Y/B mottles ABK	Fi mod SE					
		30-48	BC Y/B mottles WABK	Fr mod SE					
		common Y/B mottles 30-48"							
3	28% L	0-8	SCL GR	Fr mod SE	>28"	28"	>28"	28"	PS 0.1 DRIP
		8-21	RC ABK/SBK	Fi mod SE					
		21-28	RCl WSBK	Fr mod SE					
		28"	Rock ?%						
4	28% L	0-6	SCL SBK	Fr mod SE	>44" Few coarse rock inclusions	34" 20-34"	34"	34"	PS 0.1 DRIP
		6-20	C mica ABK	Fi mod SE					
		20-34	BC sap inclusion WABK	Fr mod SE					
		34-44	SAP m						
		44	RCS						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	V
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Justin Henderson
OTHER(S) PRESENT: N/A

COMMENTS: N/A

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #:
DATE OF EVALUATION: 4-2
COUNTY: Tra

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
5	25% L	0-16	SL/SCL SBK	FR MOR SG	24"	24"	24"	24"	PS 0-25
		16-27	RC Fin Sands WABK	inclusions FR mod SG					
		27-48	Few SAP Incl RCL WABK	FR mod SG					
			Few Y/B Mottles						

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

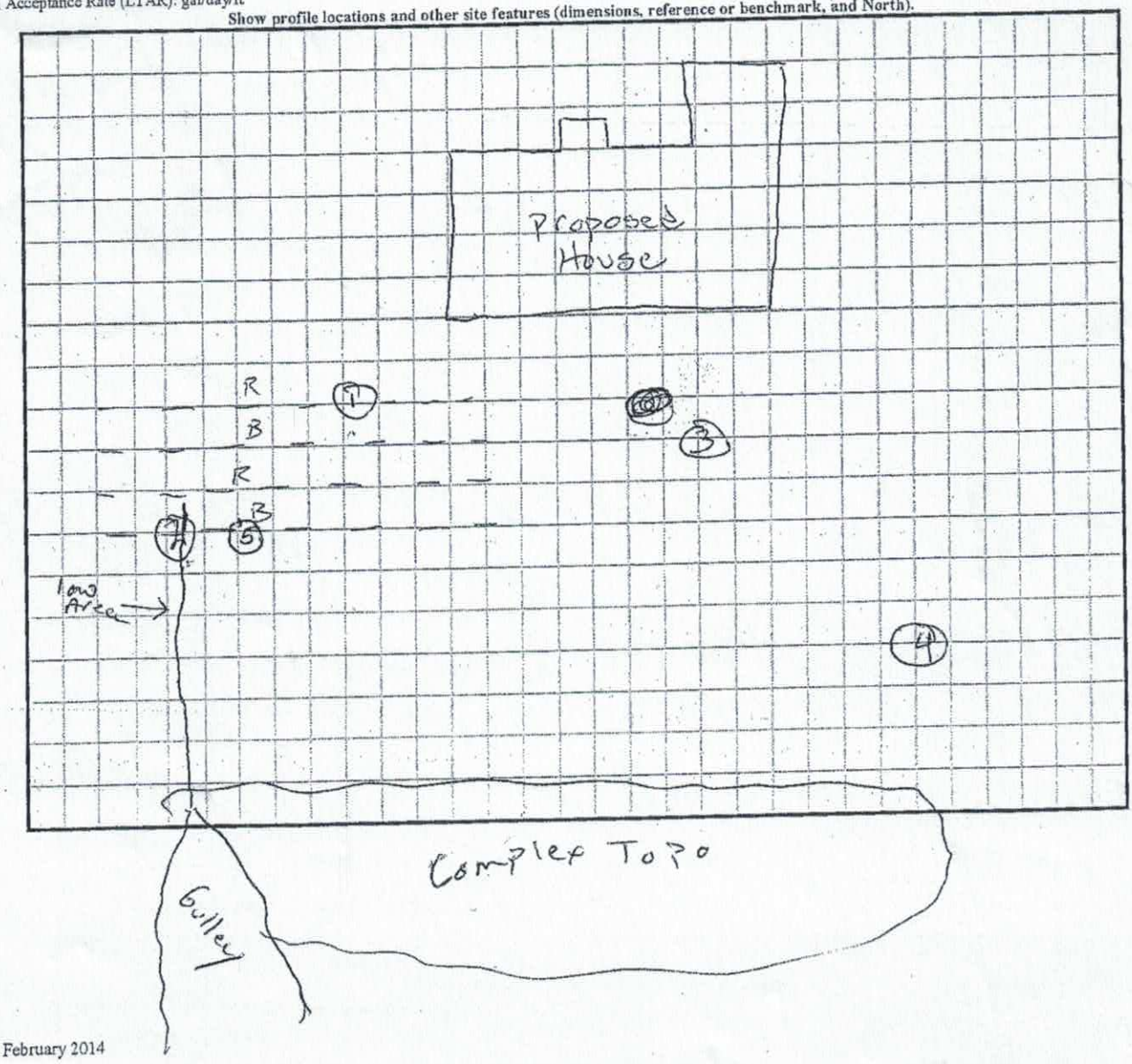
NOTES

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).



DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lee Maynard APPLICATION DATE 7-12-2016
ADDRESS: 133 Morrow Ridge Lane Mooresville, NC 28117 DATE EVALUATED: 8-18-2016
PROPOSED FACILITY: 3BR House PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 1.208 acres
LOCATION OF SITE: 223 Harbor Ridge Road Statesville, NC 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
5 (below primary)	LSS x 25	0-9	Br. Loam V.W. SBK	Very Friable, SS, Sp, Sap	—	48"	—	—	0.3 PS
		9-24	R. clay v. weak SBK/ABK	Sl. Firm, SS, SP, Sexp					
		24-48"	R clay Loam weak SBK	Friable, SS, Sp, Sexp					
			w/mixed gravels @ +SAP inclusions	36"					
6 Above primary 15%	LSS 25%	0-19	Br. SCL VW. SBK	Very Friable, SS, Sp, Sexp	—	32"	—	—	0.3 PS EP, test needed to eval saprolite
		19-24	R. clay w. SBK	Sl. Firm, SS, Sp, Sexp					
		24-32	R. Clay Loam w SBK w/saprolite	Sl. Friable, SS, Sp, Sexp					
		32-48	MX sandy Saprolite	Very Friable + well Drained					
7	LSS 25%	0-10	R. Clay Loam w/Loam w/SBK	Very Friable, SS, Sp, Sexp	—	36	—	—	0.3 PS
		10-26	R. Clay w/ SBK	Sl. Firm, SS, Sp, Sexp					
		26-36	R. Clay Loam w/SBK + gravels	Sl. Friable SS, Sp, Sexp					
		Rock (solid) @ 36"							
8	Shoulder slope 25% Top side (repair)	0-9	R. Clay Loam w/SBK	Very Friable, SS, Sp, Sexp	—	48	—	—	0.325 PS
		9-28	R. Clay w/ SBK	Sl. Firm, SS, Sp, Sexp					
		28-48	R. Clay Loam V. weak SBK	Very Friable, SS, Sp, Sexp					
			w/ Abundant Mica Flakes	40"-48"					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

3.1
5.8

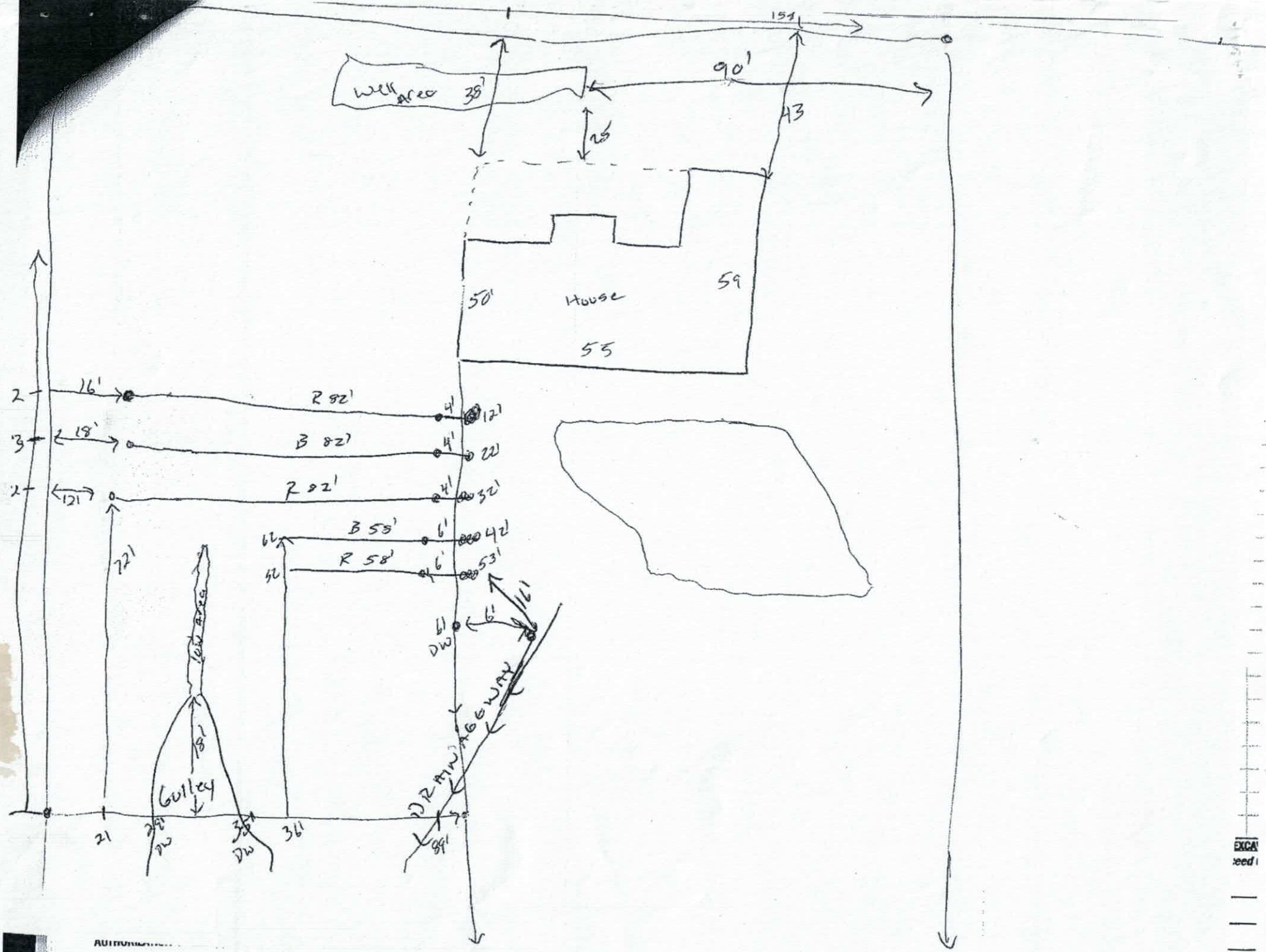
146
~~160~~ gallons Repair (0.25 Ltar @ 25% reduction
→ 110 L.F. of 25% reduction
240 gallons → 120 L.F. of 50% reduction (or
1400 Sqft of Drip (0.1 Ltar).

2
82
82
58
58
55
30
365 (360 required)

30% slope = 25" install

OK

1 inch = 50 feet
HARBOR RIDGE
PB 30-62
154
208
282
310
126
148
184
127
298
231
Driveway
Canopy
Top
Drainage Top
Bldg Envelope
55'
90'
80'
541
X
541
24' x 54' Drip Area


Well Area 38'
90'
43
25
House
50'
59
55
16'
R 82'
41
12'
18'
B 82'
41
22'
12'
R 82'
41
32'
B 55'
6'
42'
R 58'
6'
53'
6'
6'
DW
Gulley
18'
DRAINAGEWAY
21
24'
DW
36'
DW
36'
89'

RECEIVED JUN 16 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $320.00

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Init. Relayout #217416

The following optional attachments may also be submitted: ___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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Chris Shaw	PO Box 1061 Troutman		704 902 0086
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Lee Maynard	133 Morrow Ridge Lane Mooresville		704-

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
223 Harbor Ridge Dr.	Harbor Wath	#126

Driving Directions: Buffalo Shoals take left on Laurel Cove Right into Harbor Watch left onto Harbor Watch Dr. left onto Harbor Ridge Dr. house on left.

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (X) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 6/16/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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 X BOTH ___ Existing System Inspection

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lee Maynard	133 Morrows Ridge Lane Mooresville, NC 28117	704-663-5675	cell 704-575-9313
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
SAME	SAME		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
223 Harbor Ridge Rd, Statesville 28677	Harbor Watch	Sec 5 – Lot 126

Driving Directions: Buffalo Shoals Rd to Laurel Cove Rd TR Harbor Gate TR Harbor Watch TL Harbor Ridge. Lot on left.
* SEE Permit #217416 PIN# 4711-21-7878

****

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
- (X) Other * INTERMEDIATE MODIFICATION

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- X 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. 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. industry) 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.

9. Signature: Lee Maynard
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-12-2016
DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8/29/16 (Date)

Owner: Lee Maynard
Address: 223 Harbor Ridge Dr.
Statesville, NC 28677

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
2174/16 (dated 4-21-16); Lee Maynard; 223 Harbor Ridge Dr. - Stat. Harbor Watch, Phase 5, Lot # 126

I, LEE MAYNARD, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 4-21-16 (date) for a system

25% Reduction; Type III Drip System (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit-Construction Authorization
August 24, 2016

Owner: Lee Maynard
Address 133 Morrow Ridge Lane
Mooresville, NC 28117

Subject: Notice of Intent to Revoke Harbor Watch Sec. 5 Lot 126/ 223 Harbor Ridge Drive Statesville, NC 28677 **PIN: 4711-21-7870** Improvement Permit-Construction Authorization #217416 (issued 4-20-2016)

Dear Sir:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit-Construction Authorization III conditions (issued 4-20-2016). As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...**if the information submitted in the application** for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, the IP/CA shall become invalid and may be suspended or revoked."

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings,

call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is August 24, 2016**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217416

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

PIN # 4711217878

APPLICANT: Lee Maynard APPLICANT ADDRESS: 133 Morrows Ridge Ln.

SITE ADDRESS: 223 Harbor Ridge Dr PHONE: 704-575-9313 ALT. PHONE: N/A

SITE DIRECTIONS: Buffalo Shoals to Laurel Cove Rd TR Harbor Gate TR Harbor Watch TL Harbor Ridge

SUBDIVISION: Harbor Watch SECTION: 5 LOT # 126 LOT AREA: 1.209 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.025

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	5	Linear Ft:	362		
Trench Width	36"	Max. Trench Bottom Depth	28"	Gravel Depth	N/A		

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

System Description: 25% Reduction

Repair System Description: DRIP

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing

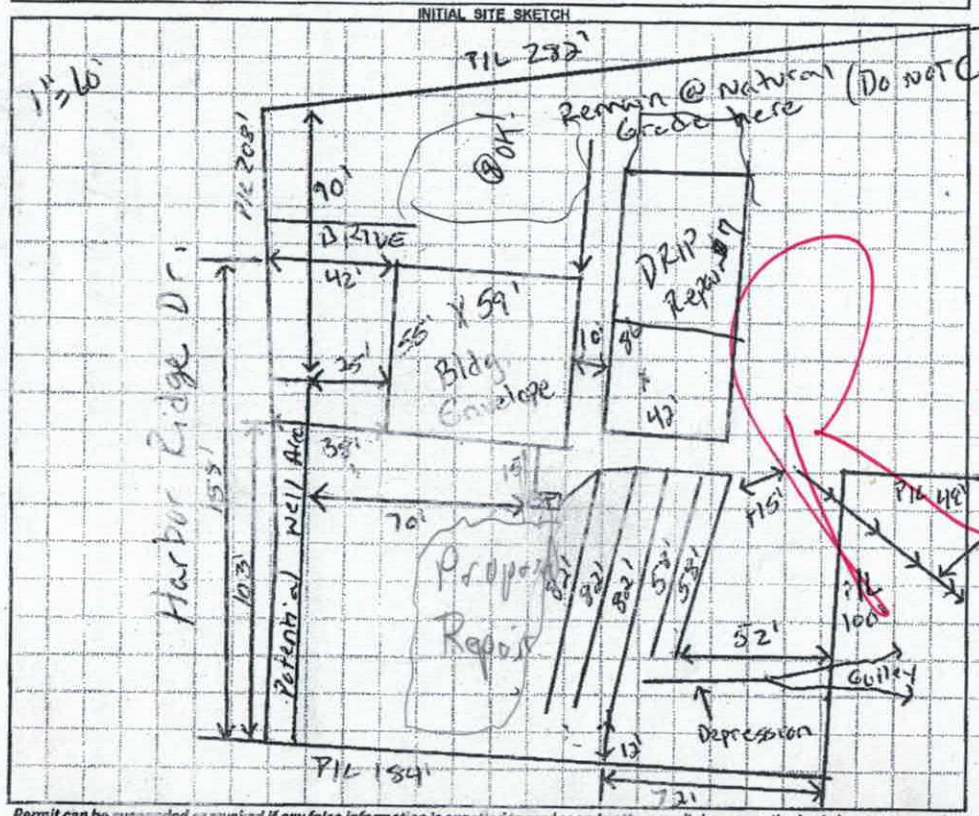
No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

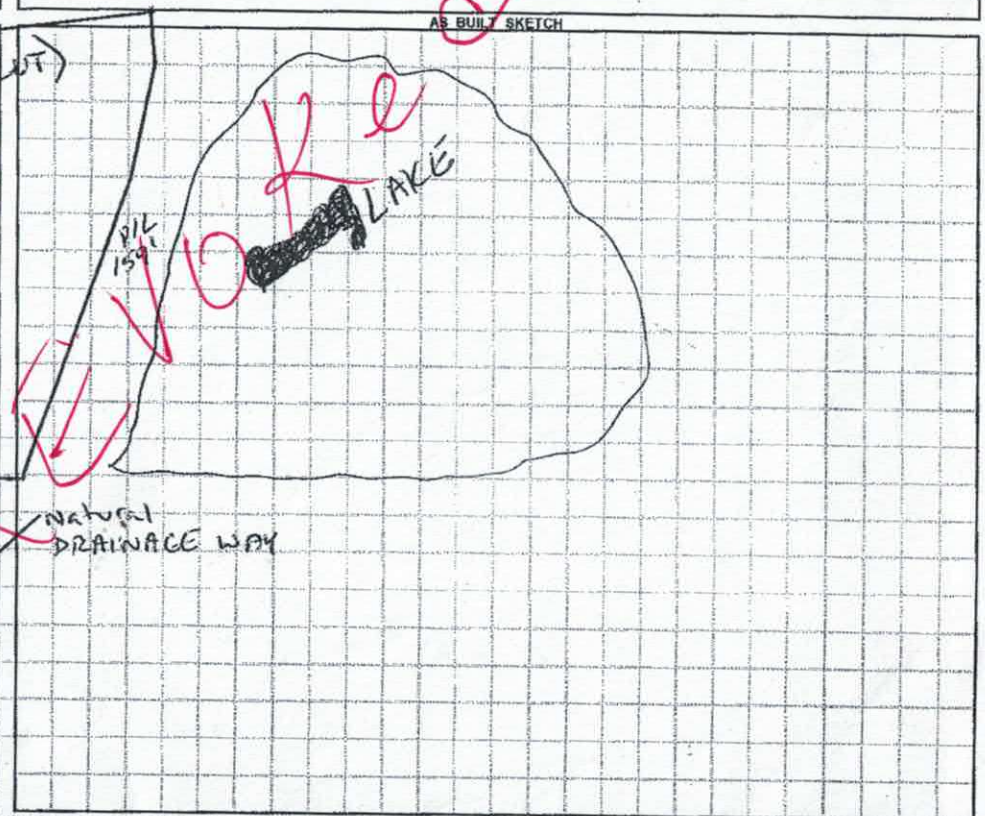
☐ Basement w/o plumbing

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

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: Lee Maynard Date: 4/21/16 Installed by:

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-20-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-21-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

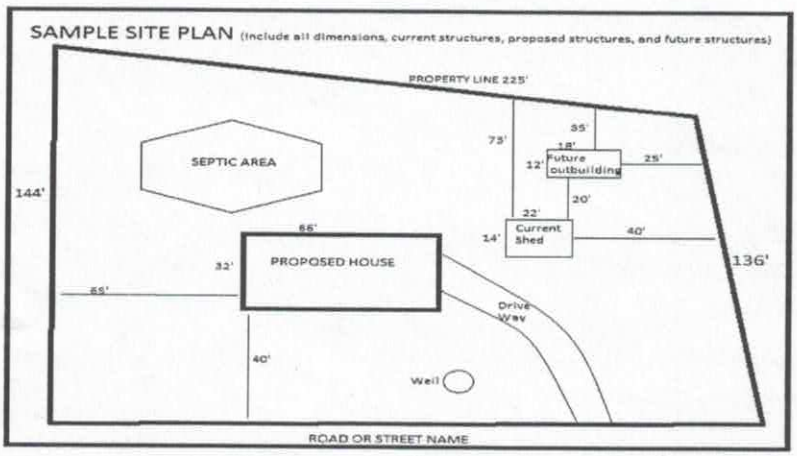
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

- X **Front and side setbacks from property line…**
- X **Preferred driveway location and configuration, preferred 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:

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached copy

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

6/16/17

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:

- V — Property Line measurements are clearly identified...
- V — 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
- V — Front and side setbacks from property line...
- V — Preferred driveway location and configuration, preferred well location...
- V — Area you prefer your septic system to be placed...
- V — 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
- N/A — Location of any designated wetlands on the property... N/A

Signature: Lee Maynard
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-12-2016
DATE

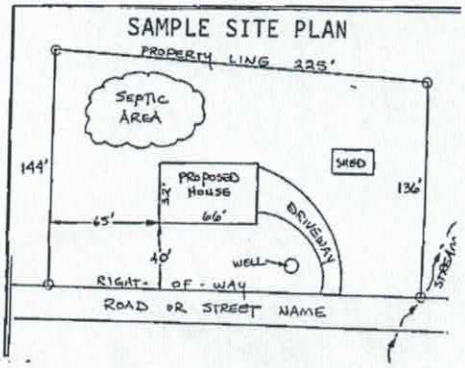
USE THIS SPACE TO DRAW YOUR SITE PLAN

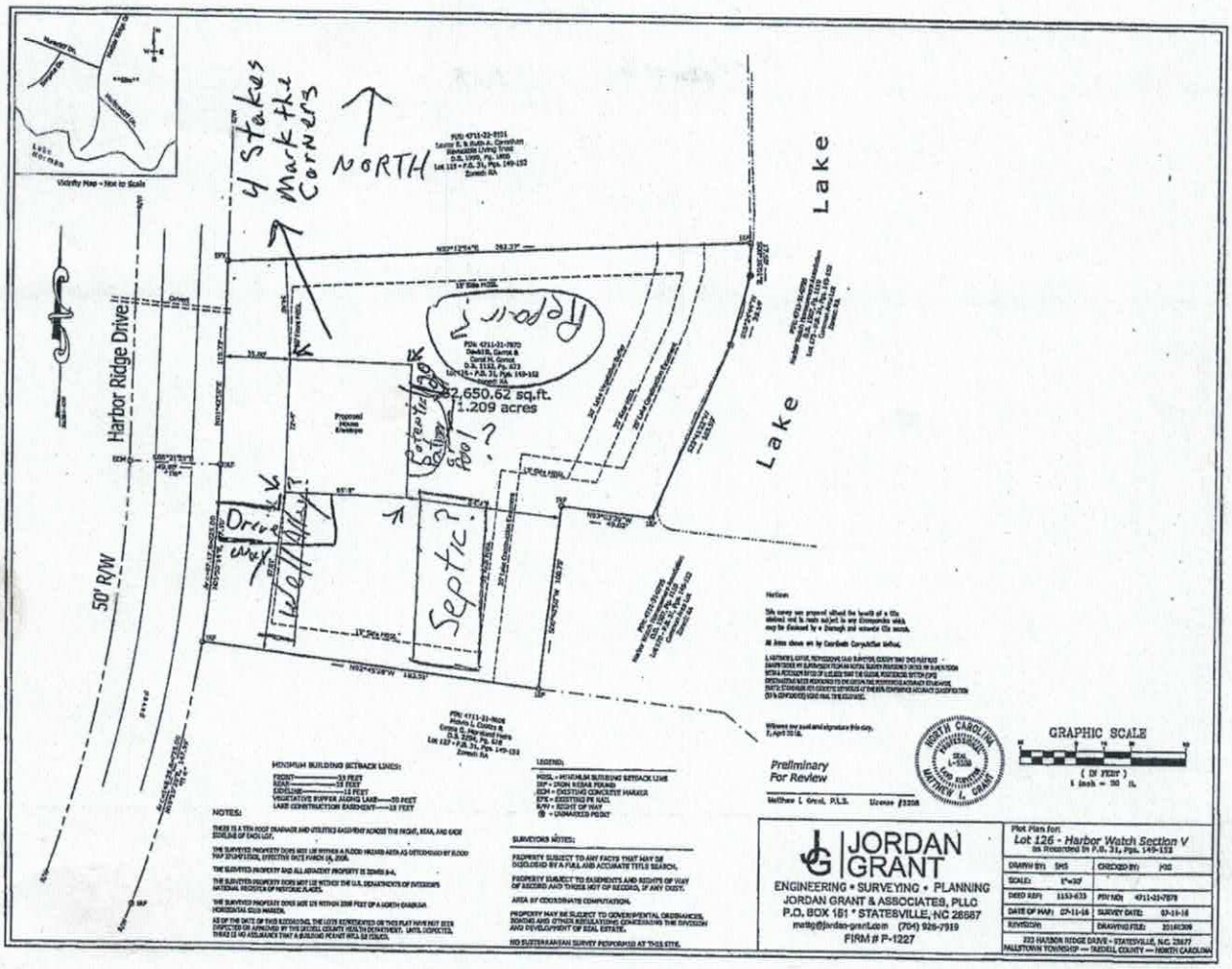
SEE ATTACHED
- Existing permit for modification
- Survey with house footprint marked

* Please contact my Builder. He would like to be present at the site when you come

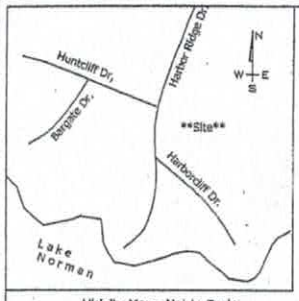
Shaw Custom Builders - Troutman
Wesley Shaw
cell 704-902-4339
office 704-528-4494

*Could you please let me know as well.
Lee Maynard
cell 704-575-9313 / 704 663-5675-Hom




4 Stakes Mark the Corners
NORTH
Harbor Ridge Drive
50' R/W
Lake
Lake
Proposed House Envelope
Existing Gazebo
Pool?
Drive
Septic?
32,650.62 sq.ft.
1.209 acres
Preliminary For Review
GRAPHIC SCALE
(IN FEET)
1 inch = 30 ft.
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
Plat Plan for:
Lot 126 - Harbor Watch Section V
as Recorded in P.B. 31, Pgs. 149-152
DRAWN BY: SMS
CHECKED BY: MG
SCALE: 1"=30'
DEED REF: 1153-633
PIN NO: 4711-21-7878
DATE OF MAP: 07-11-16
SURVEY DATE: 07-11-16
REVISION:
DRAWING FILE: 2016CS09
223 HARBOR RIDGE DRIVE - STATESVILLE, N.C. 28677
FALLSTOWN TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA

Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 8-24-16
Date



Vicinity Map - Not to Scale

PIN: 4711-22-8101
Lester E. & Ruth A. Carrathers
Revocable Living Trust
D.B. 1999, Pg. 1880
Lot 125 - P.B. 31, Pgs. 149-152
Zoned: RA

R/W

Harbor Ridge Drive

Culvert

EPK

N87°12'54"E 282.37'

IRF

S15°24'14"W 39.14'

S10°36'56"E 27.59'

15' Side MBSL

54.40'

35' Front MBSL

35.00'

110.73'

N01°42'56"E

PIN: 4711-21-7878
David R. Garrot &
Carol H. Garrot
D.B. 1153, Pg. 633
Lot 126 - P.B. 31, Pgs. 149-152
Zoned: RA

52,650.62 sq.ft.
1.209 acres

Proposed House Envelope

72'-4"

50' Lake Vegetative Buffer

35' Rear MBSL

25' Lake Construction Easement

S23°41'22"W 103.59'

ECM

S88°21'55"E 49.90' *Tie*

IRF

65'-8"

84.43'

N83°03'39"W 49.02'

15' Side MBSL

87.01'

35' Rear MBSL

25' Lake Construction Easement

S06°40'50"W 100.75'

50' R/W

Arc=97.17, R=725.00
N05°30'14"E, 97.10'

IRF

N62°45'28"W 183.91'

IRF

Arc=148.35, R=725.00
N15°15'20"E, 147.59'

R/W

IRF

PIN: 4711-21-8606
Melvin L. Coates &
Emma G. Moreland Heirs
D.B. 2294, Pg. 678
Lot 127 - P.B. 31, Pgs. 149-152
Zoned: RA

PIN: 4711-31-0795
Harbor Watch Homeowners Association
D.B. 1507, Pg. 110
Lot 170 - P.B. 31, Pgs. 149-152
Common Area Lot
Zoned: RA

Lake

Notice:

This survey was prepared with ... obstruct and is made subject ... may be disclosed by a ...

All Area ... by Coord...

I, MATTHEW L. GRANT, ... DRAWING ISSUED BY ... NOT AN EXPRESSION ... OBSERVATIONS WERE ... PART 2; STANDARDS FOR ... (95 % CONFIDENCE) USING REAL TI...

Witness my seal and ... 7, April 2016.

Preliminary
For Review

Matthew L. Grant, P.L.S.

MINIMUM BUILDING SETBACK LINES:

FRONT——————35 FEET
REAR——————35 FEET
SIDELINE——————15 FEET
VEGETATIVE BUFFER ALONG LAKE——50 FEET
LAKE CONSTRUCTION EASEMENT——25 FEET

LEGEND:

MBSL - MINIMUM BUILDING SETBACK LINE
IRF - IRON REBAR FOUND
ECM - EXISTING CONCRETE MARKER
EPK - EXISTING PK NAIL
R/W - RIGHT OF WAY
⊗ - UNMARKED POINT

NOTES:

THERE IS A TEN FOOT DRAINAGE AND UTILITIES EASEMENT ACROSS THE FRONT, REAR, AND EACH SIDELINE OF EACH LOT.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD MAP 3710471100K, EFFECTIVE DATE MARCH 18, 2008.

THE SURVEYED PROPERTY AND ALL ADJACENT PROPERTY IS ZONED R-A.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIORS NATIONAL REGISTER OF HISTORIC PLACES.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN 2000 FEET OF A NORTH CAROLINA HORIZONTAL GRID MARKER.

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

SURVEYORS NOTES:

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

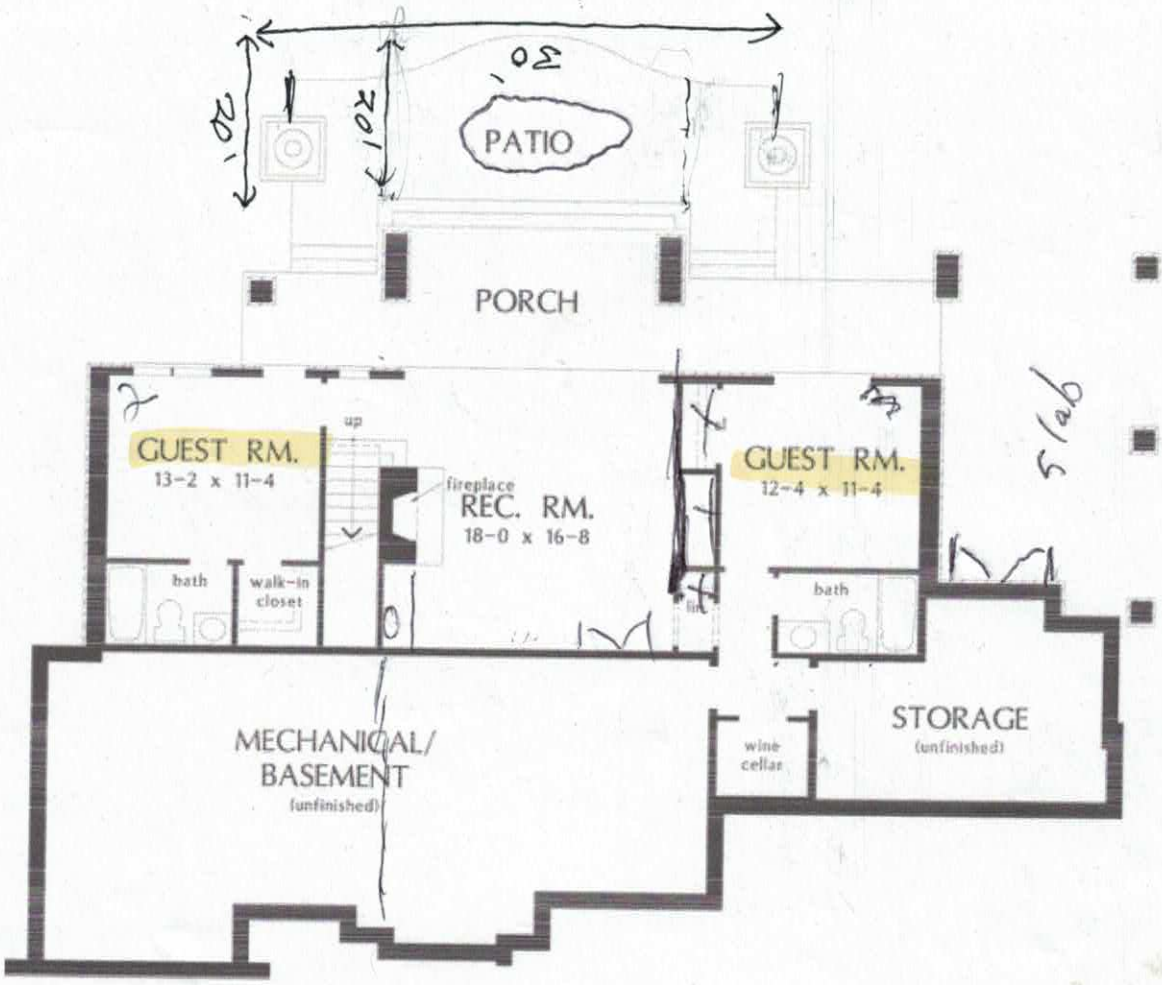
PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.

JORDAN G...
P.O. BOX 1...
mattg@jord...



BASEMENT FLOOR PLAN

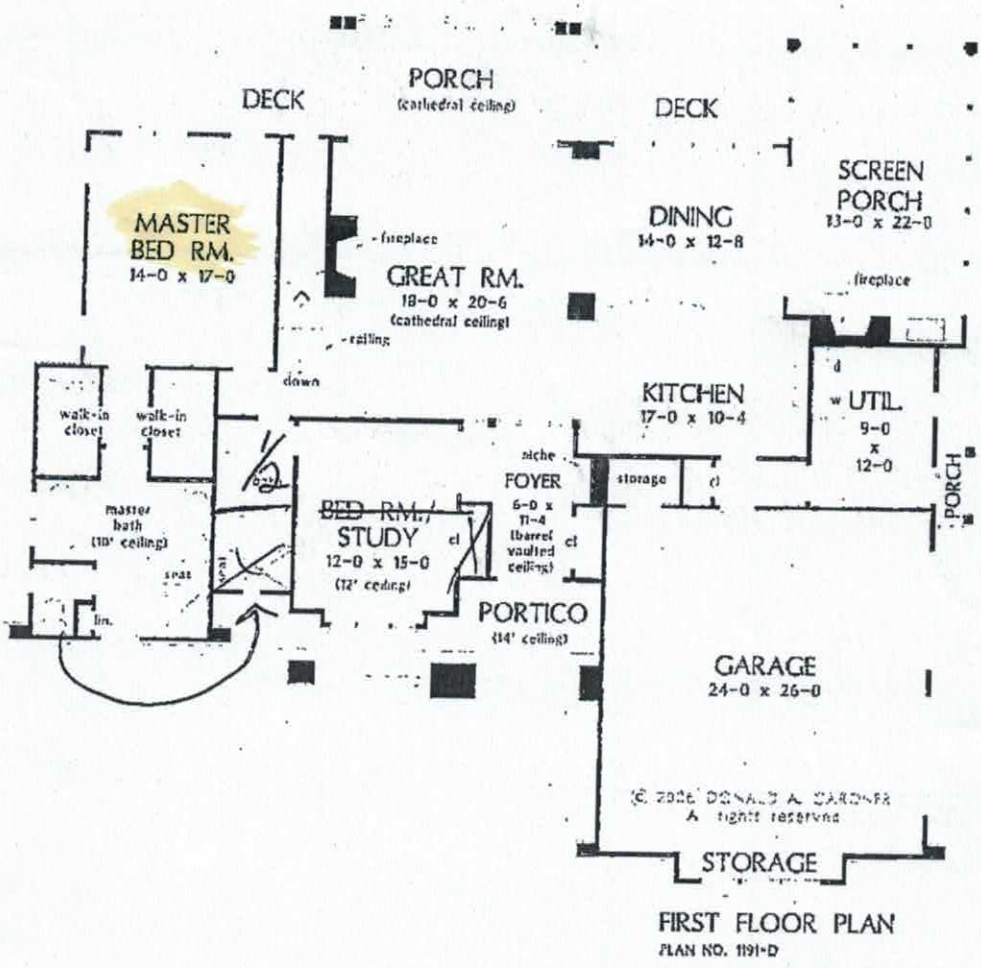
PLAN NO. 1191-D

Acknowledgement Of
Plans Submittal ONLY!

Sean Shuck Date 8-24-16

Date

FIRST



FIRST FLOOR PLAN
PLAN NO. 1191-D

Plan Prices and Options

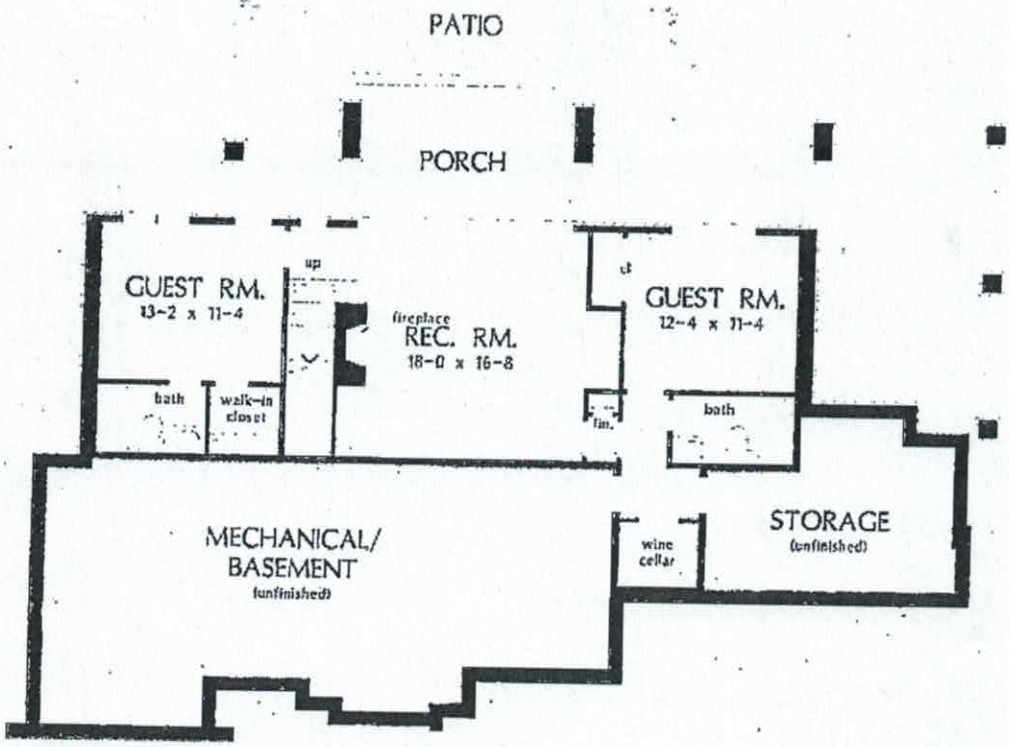
Acknowledgement Of
Plans Submittal ONLY!
Tom Pluck Date 8-24-16
Date

~~AutoCAD File and PDF File Included~~
~~$2,435.00~~

~~PDF Reproducible Set (Best Value)~~
~~$1,335.00~~

~~One Reproducible Set~~
~~$1,335.00~~

~~8 Copy Construction Set~~
~~$1,030.00~~



BASEMENT FLOOR PLAN

PLAN NO. 1191-D