ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317304

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

PIN # 4711 -- 30 -- 2864

APPLICANT/OWNER: Kelly Smidl APPLICANT ADDRESS: 5003 Promontory Ln, Johnsburg IL

SITE ADDRESS: 186 S. Harbor Watch Dr, Statesville 28677 PHONE: 815-245-2234 ALT. PHONE 262-745-9166

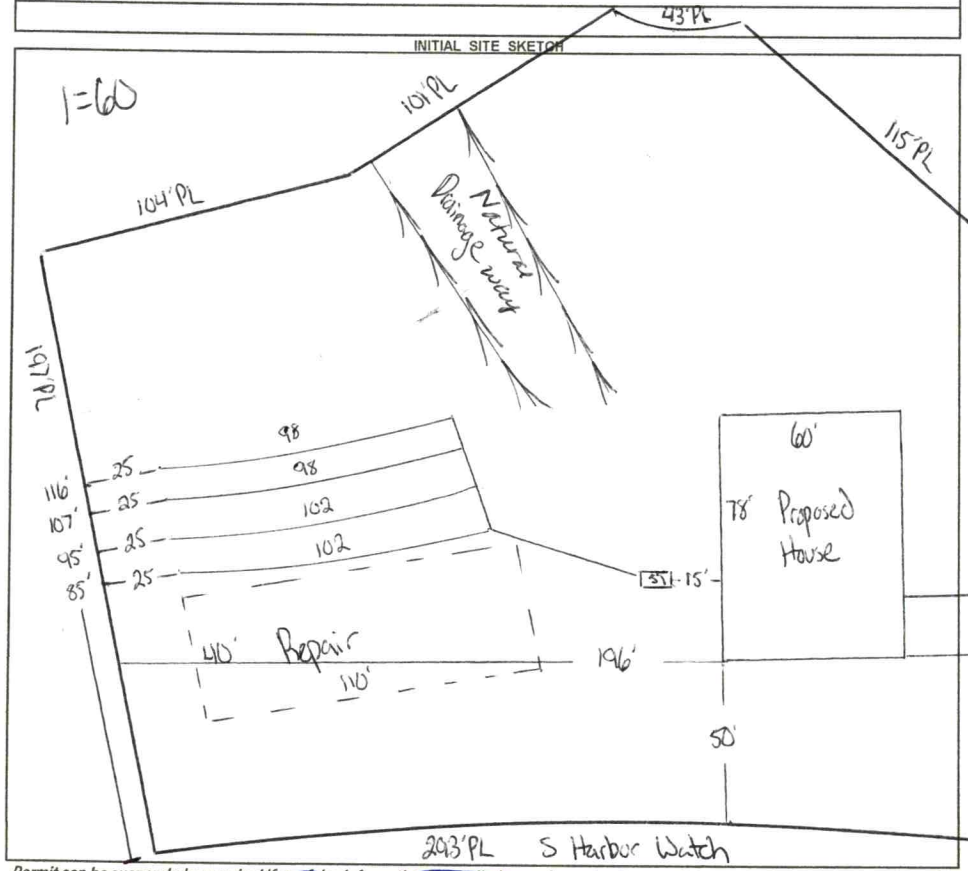
SITE DIRECTIONS: Buffalo Shoals - Laurel Cove - Harborgate - S Harbor Watch SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harbor Watch SECTION: 3 LOT # 93 LOT AREA: 1.7 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB 1012	Date 6/29/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply		
Pump Tank	(gal)	PT	Date	System Description:	25% reduction (gravity)	☐ Business	No. Persons	8	☒ Private		
Pump Make		Model	Serial #	Repair System Description:	25% reduction (pm)	☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines 4	Linear Ft: 400 Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	36 in	Trench Bottom Depth ~~(Low Side)~~	36in (max)	Gravel Depth	~ ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install drainlines on contour of the land. Utilize serial distribution. Do not grade, park, or drive on septic area. Keep septic 15' from drainage way.

INITIAL SITE SKETCH



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.

Installed as Drawn

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: 12-3-21 Installed by: JW Construction

IMPROVEMENT PERMIT by: Cary Whit Date: 11/8/21 OPERATION PERMIT by: Cary Whit Date: 9/28/22

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 12/3/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 47113028A
COUNTY: Iredell

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

OWNER: Kelly Smidl
ADDRESS: 5003 Promontory Ln, Johnsburg IL
PROPOSED FACILITY: 4bdr home
LOCATION OF SITE: 186 S Harbor Watch

APPLICATION DATE 5/4/21
DATE EVALUATED: 11/5/21
PROPERTY SIZE: 1.7 acres
PROPERTY RECORDED: yes

PROPOSED DESIGN FLOW (.1949): 480 gpd

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
1	Linear 10%	0 - 9	SCL SBK	SS SP FR SE	–	56	Heavy inc CL	SAP in layer	.275 PS
		9 - 25	C SBK	SS SP FR SE					
		25 - 56	CL ABK	SS SP FR SE					
2	Linear	0 - 15	SCL SBK	SS SP FR SE	–	53	SAP inc in CL layer		.3 PS
		15 - 29	C SBK	SS SP FR SE					
		29 - 53	CL SBK	SS SP FR SE					
3	Linear	0 - 11	SCL SBK	SS SP FR SE	–	53	Common SAP inc in CL layer		.3 PS
		11 - 28	C SBK	SS SP FR SE					
		28 - 53	CL SBK	SS SP FR SE					
4	Linear	0 - 8	SCL SBK	SS SP FR SE	–	54	Common SAP inc in CL layer		.3 PS
		8 - 32	C SBK	SS SP FR SE					
		32 - 54	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	50% red
Site LTAR	.3	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: Cory Whicker
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)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

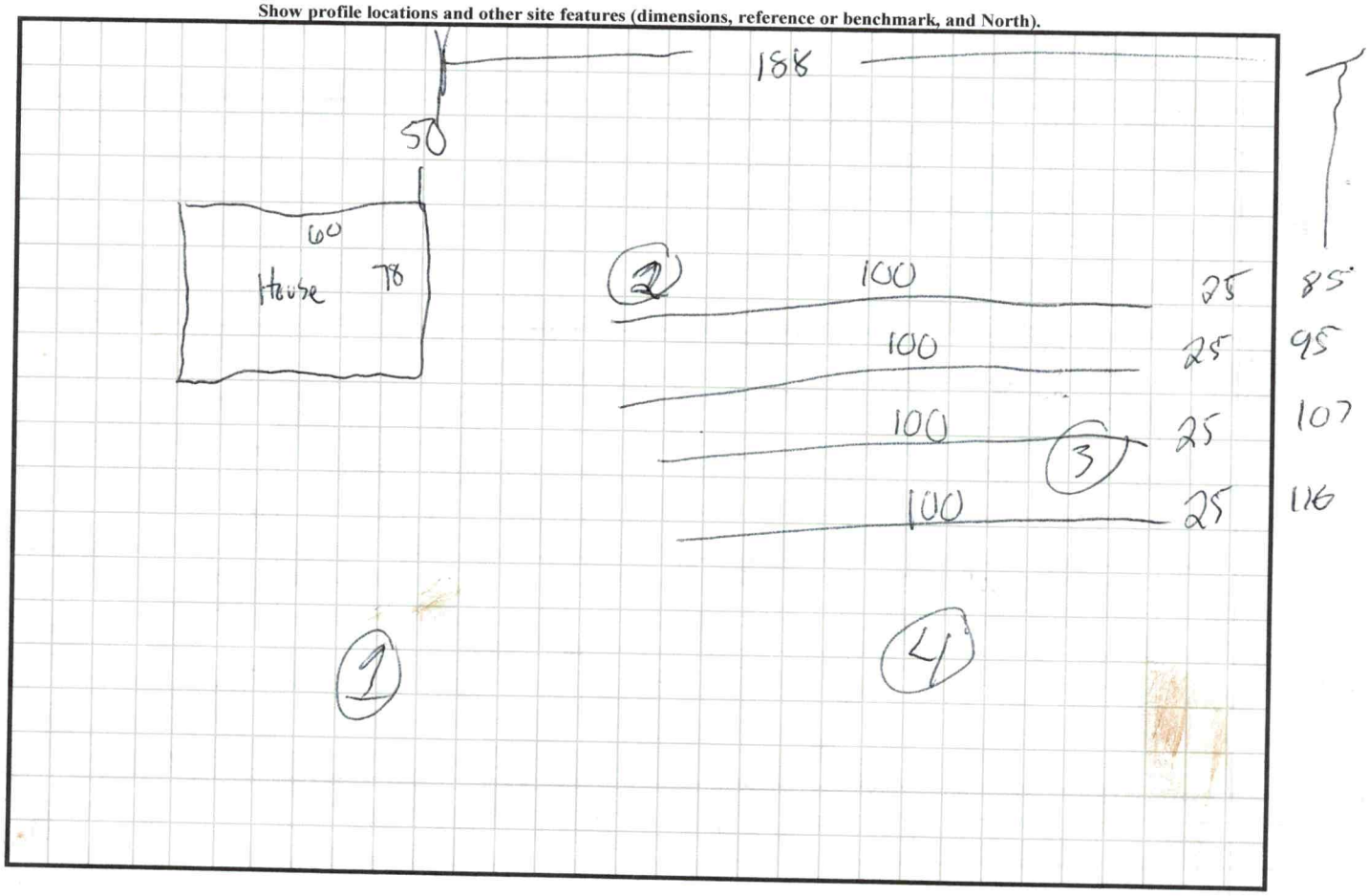
NOTES

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/ft²

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



16% slope

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)
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					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.

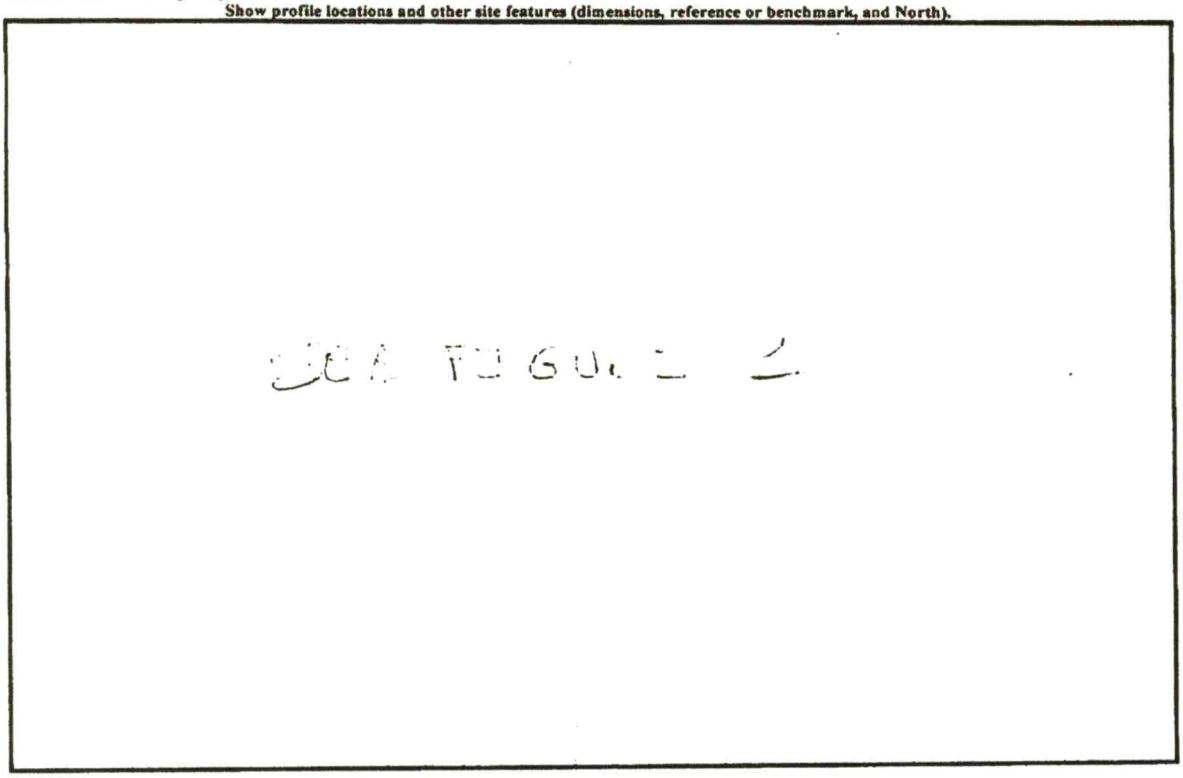
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SAPROLITE	S(suitable) or U(unsuitable)
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CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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).



IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB11910

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$577.25
AP-317304 Address: 186 S HARBOR WATCH DR APN: 4711302864.000			$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB11910			$577.25

Date Paid: Tuesday, May 04, 2021

Paid By: Kelly Smidl

Cashier: EPRS

Pay Method: CREDIT 08904D

RECEIVED MAY 0 4 2021

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* AP-317304 $500.00

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: Kelly Smidl **Address:** 5003 Promontory Ln. Johnsburg, IL **Zip:** 60051

Applicant Email: Ksmidl@hotmail.com **Phone:** 815-245-2234 **Alt. Phone:** 262-745-9166

Owner Name: _____ **Address:** _____ **Zip:** _____

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

Property Information: 186

Street Address: Lot 93 S. Harbor Watch Dr.

Subdivision Name: Harbor Watch **Section/Phase:** _____ **Lot Number:** 93

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
(✓) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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.

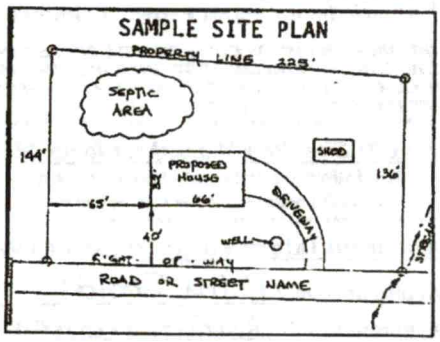
Signature: Ryan Powell 4-29-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

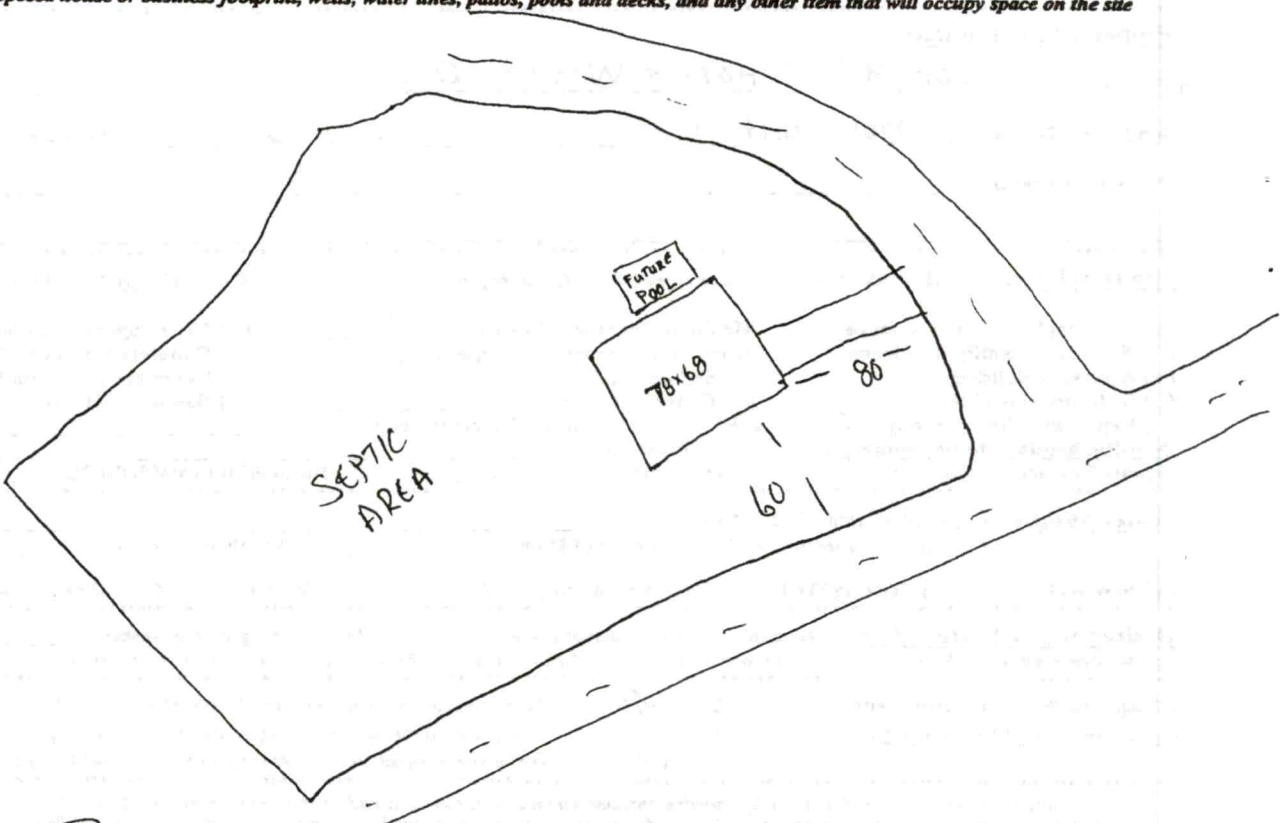
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Ryan Powell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-29-2021
DATE

317304

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, KELLY SMIDL, am the legal owner(s) of the property located at 186 S HARBOR WATCH DR, STATESVILLE NC, identified as PIN (Parcel Identification Number) 4711302864, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) RYAN PRUETT, MADISON HOME BUILDERS, 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.

Kelly Smidl
Signature of Owner(s)

4-29-21
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

317304

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

_____ **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant -- complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Kelly S ell **Date** 4-29-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

3/7304

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) ✓ Swimming pool ✓

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
N/A

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1

If an addition, please describe project: N/A

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name _____ _____ Phone # _____

Owner's Current Address _____

Property Information

Property Address 186 Lot 93 S. Harbor Watch Dr. Parcel # _____

Subdivision: Harbor Watch Lot: 93 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Kelly Smid Applicant's Phone # 815-245-2234

Applicant's Address 5003 Promontory Lane, Johnsburg, IL 60051

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

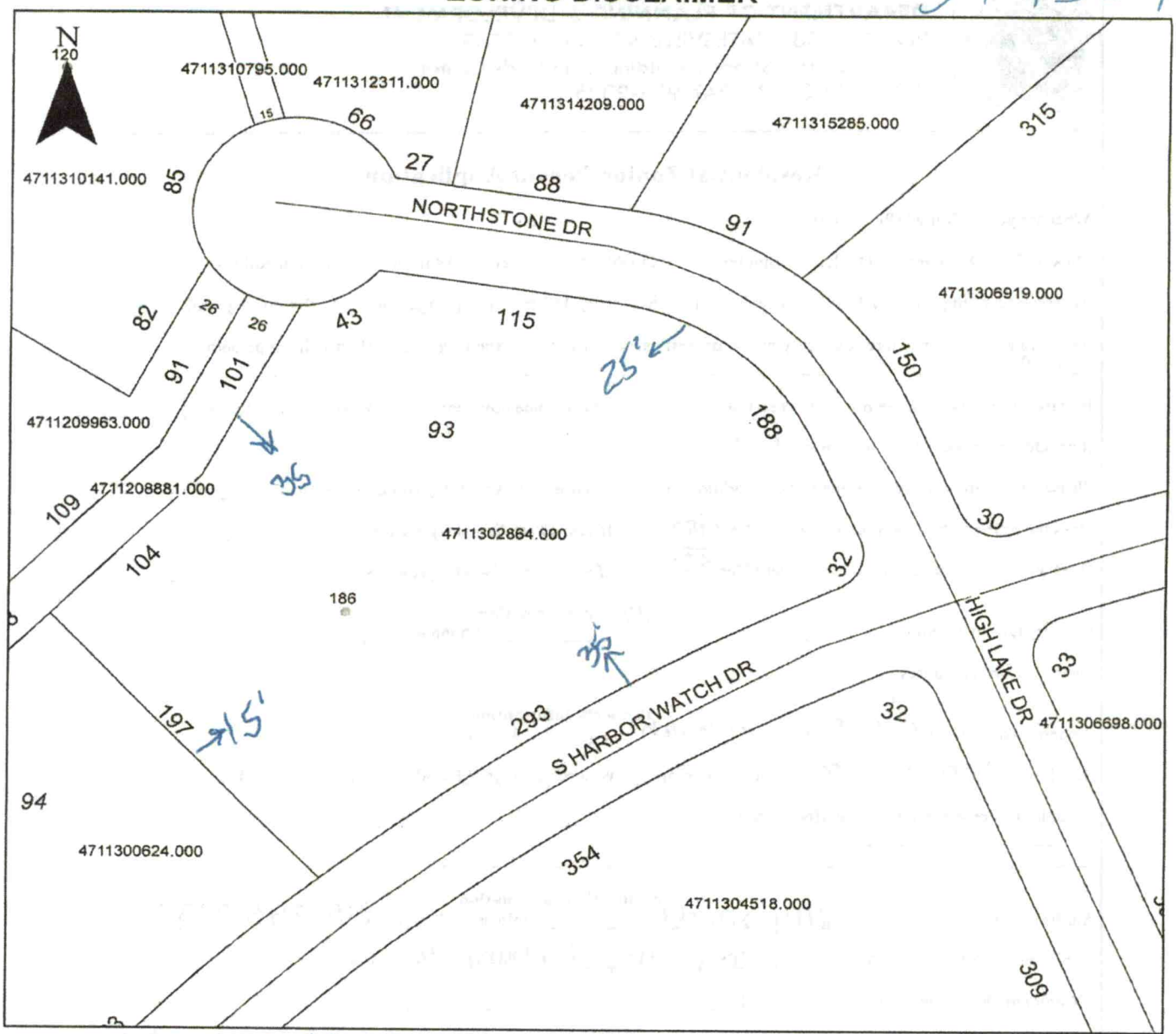
SIGNATURE OF APPLICANT Kelly Smid DATE _____

acres 1.7
Iredell
RA

Catawba/LW
WS-IV-CA
Floodno

ZONING DISCLAIMER

317304



Property Address 186 S. Harbor watch 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.

Ryan Prince

Applicant

4-29-2021

Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317304 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711302864.000	186 S HARBOR WATCH DR	Iredell County

Owner Information	Applicant Information
Name: SMIDL KELLY L+WILLIAM E CATLIN JR	Name: SMIDL KELLY L+WILLIAM E CATLIN JR
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.7	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

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.

Date: 05/04/2021

Signature of Owner/Contractor

Permit Number	317304	TOTAL FEES:	$77.25

PRELIMINARY SOIL AND SITE EVALUATION

Lot 93 – Harbor Watch
S. Harbor Watch Drive
Statesville, NC 28677

Prepared For:

Kelly Smidl
5003 Promontory Lane
Johnburg, IL 60051

Prepared By:

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

April 13, 2021



INTRODUCTION & SITE DESCRIPTION

This supplemental Soil and Site Evaluation was performed on Lot 93 – Harbor Watch, a 1.7-acre parcel located on S. Harbor Watch Drive. Statesville, North Carolina (Iredell County Tax Parcel: 4711302864.000).

Thompson Environmental Consulting, Inc. (TEC) was retained to determine whether the soils were suitable for an onsite subsurface wastewater treatment and disposal system installation. The property was evaluated in accordance with North Carolina statutes for waste disposal ("Laws and Rules for Sewage Treatment and Disposal Systems", amended April 1, 2017).

INVESTIGATION METHODOLOGY & SITE PHYSICAL CHARACTERISTICS

Individual soil borings were evaluated, and soil color was determined with a Munsell Soil Color Chart. Observations of the landscape (slope, drainage patterns, etc.) as well as soil properties (depth, texture, structure, seasonal wetness, restrictive horizons, etc.) were recorded.

The project study area is currently undeveloped and vegetated with a mixed deciduous forest.

FINDINGS

Our supplemental field survey was conducted on April 12, 2021 by Larry Thompson, LSS and Mac Haupt, LSS. Four soil borings were advanced, and their locations noted in the attached Figure 1.

All borings were rated as Provisionally Suitable for onsite wastewater treatment and disposal with Modified Conventional/Accepted System/Pre-Fabricated Permeable Block Panel System drainfield products and are denoted in the attached Figure as green points within a green polygon (suitable soil area). Surfaces typically exhibited friable sandy loam to sandy clay loam textures with weak, medium, granular ot subangular blocky structure 8 to 11 inches in depth. Lower subsurface horizons exhibited firm clay to clay loam textures with moderate, medium, subangular blocky structure 34 to greater than 43 inches in depth. A long-term acceptance rates (LTAR) of 0.3 gal./day/sq.ft. would be recommended for these soils.

DISCUSSION

The soils observed within the green polygon will support the installation of various system types (Modified Conventional, Accepted, or Pre-Fabricated Permeable Block Panel Systems) at a 0.3 gal./day/sq.ft. LTAR.

It is estimated that approximately 9,000 square feet of suitable soil would need to be allocated and completely available for a system installation and the required repair area for a Modified Conventional System serving a 4-bedroom single-family residence.

CONCLUSION

The findings presented herein represent TEC's professional opinion based on our Soil and Site Evaluation and knowledge of the current laws and rules governing on-site wastewater systems in North Carolina. Soils naturally change across a landscape and contain many inclusions. As such, attempts to quantify them are not always precise and exact. Due to this inherent variability of soils and the subjectivity when determining limiting factors, there is no guarantee that a regulating authority will agree with the findings of this report.

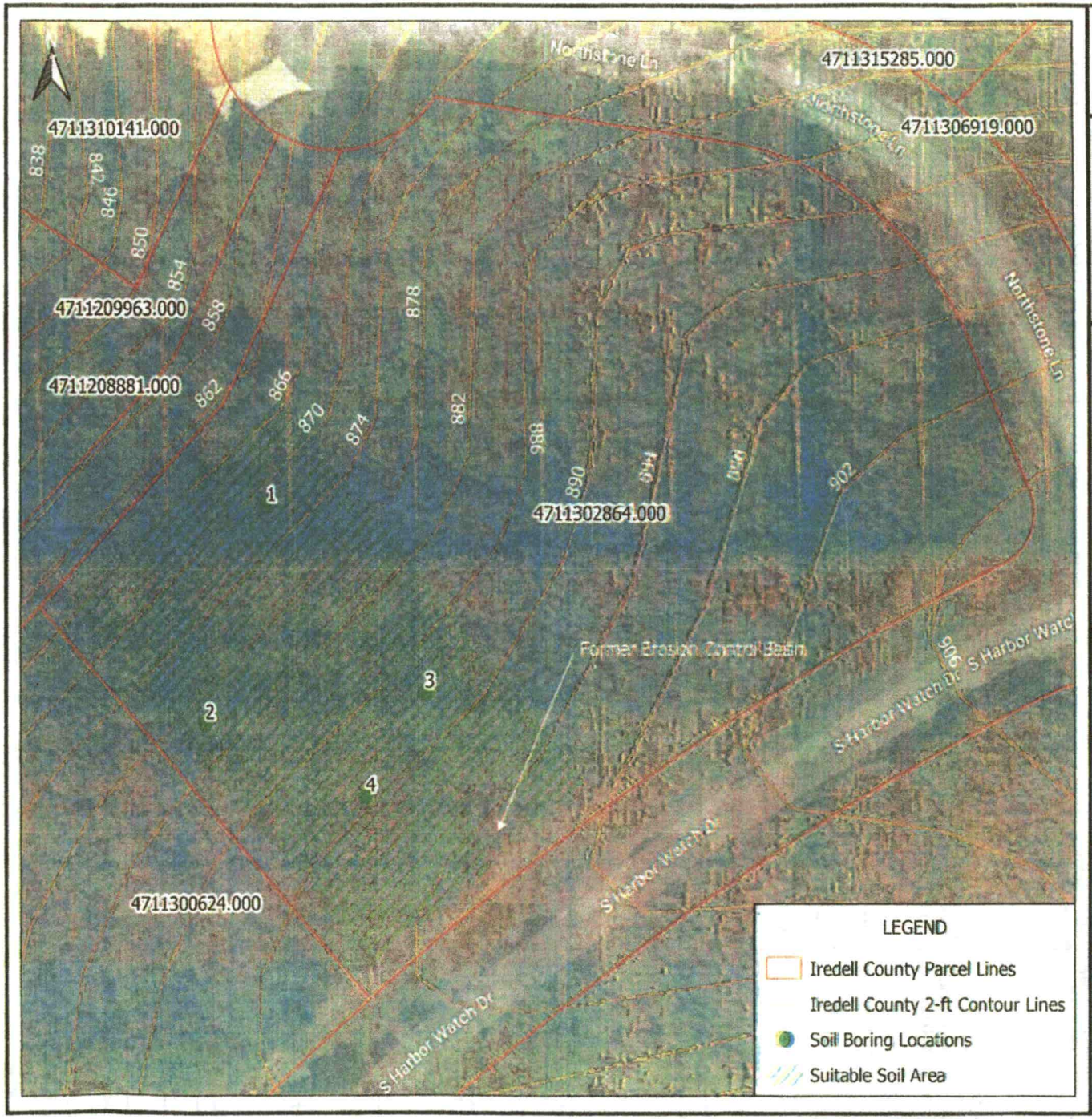


FIGURE 1

Prepared For:

Kelly Smidl

Soil and Site Evaluation

Lot 93 - Harbor Watch
S. Harbor Watch Drive
Statesville, NC 28677

Cabarrus County

Scale:
0 25 50 ft

TEC Job No.
21-102

Date:
April 2021

Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

Sheet 1 of 1
PROPERTY ID #: 47/130286 4.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**

cooked of other half of lot ≈ 1ac

OWNER: Kelly Smith
ADDRESS: 5003 Promenade Cir, Johnsburg, IL 60051
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949): 4 Bedr
LOCATION OF SITE: S. Harbor Watch Dr., Statesville
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other #93 Harbor Watch
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

DATE EVALUATED: 4.12.21
PROPERTY SIZE: 1.1ac
PROPERTY RECORDED:

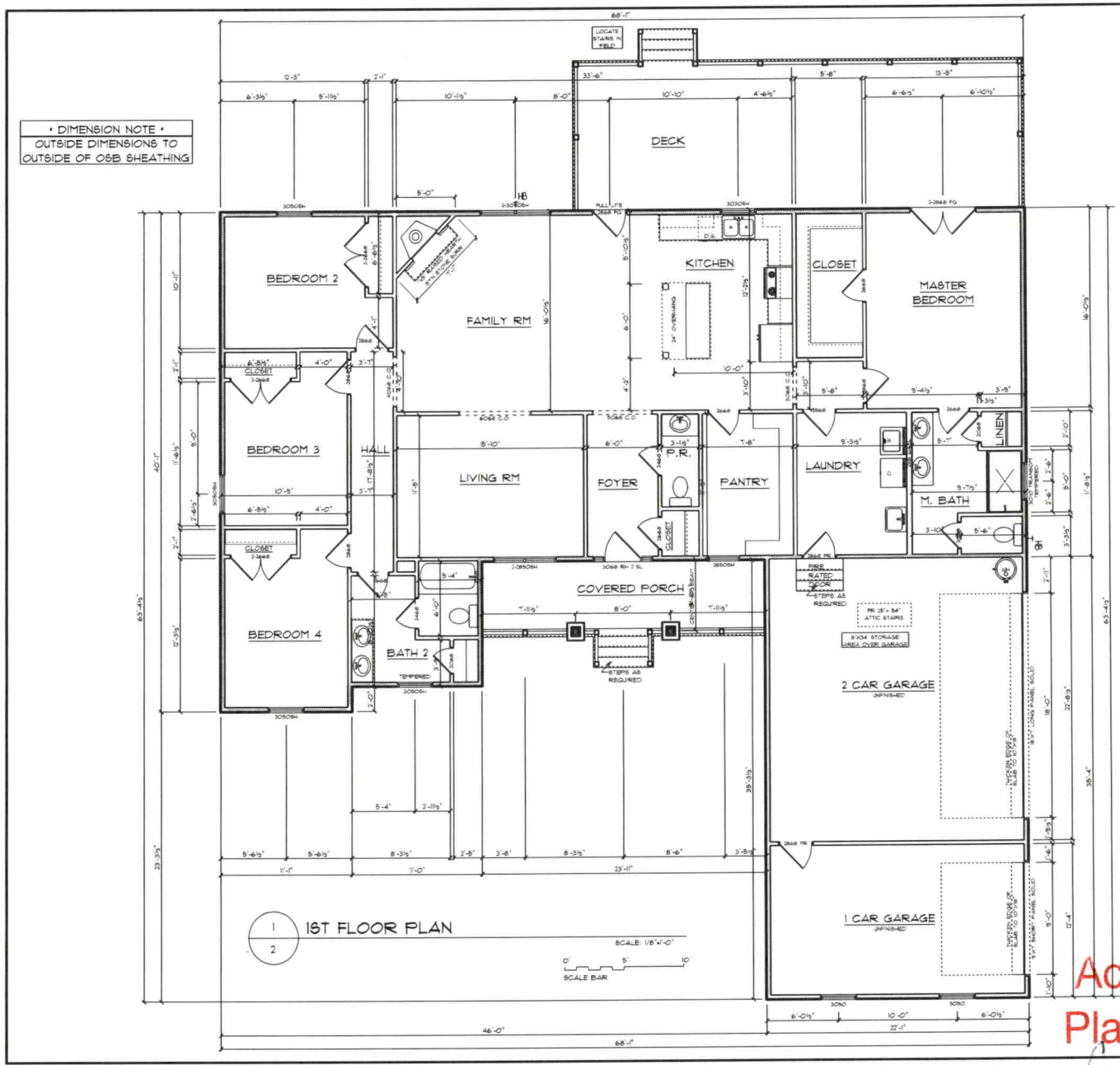
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 12-13%	0-2	gr / SL	Fr/NS/NP/Wso	—	K	—	34" hit a lot Plinthite 40"	PS K 0.3
		2-10	sbk / SL	Fi/ss/sp/scp					
		10-34"	sbk / C	Fi/ss/sp/scp					
2	LS 6%	0-3	gr / fsl	Fr/NS/NP/Wso	—	43"+	—	43"+	PS 0.3
		3-9	sbk / SCL	Fi/ss/sp/scp					
		9-43	sbk / SC	Fi/ss/sp/scp					
3	LS 5-6% BL	0-3	gr / fsl	Fr/NS/NP/Wso	—	43"+	—	43"+	PS 0.3
		3-6	sbk / SCL	Fr/NS/NP/Wso					
		6-32	sbk / SiC	Fi/ss/sp/scp					
		32-43	sbk / SiC	Fi/ss/sp/scp					
4	LS BL	0-3	gr / fsl	Fr/NS/NP/Wso	✓	43"+	—	43"+	PS 0.3
		3-11	sbk / SCL	Fr/NS/NP/Wso					
		11-32	sbk / SiC	Fi/ss/sp/scp					
		32-43	sbk / SiC	Fi/ss/sp/scp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Provisionally Suitable
SITE CLASSIFICATION (.1948):
EVALUATED BY: Mac Haupt, LSS
OTHER(S) PRESENT: Lisa Thompson, LSS

COMMENTS: #Supplemental Evaluation

186 S Harbor Watch



OPENING SCHEDULE						
PRODUCT CODE	SIZE	R.O. W	R.O. H	HINGE	TEMP	COUNT
6068 C.O.	6/0	6'-1"	6'-9½"	N	No	1
3068 C.O.	3/0	3'-0"	6'-8"	N	No	1
4068 C.O.	4/0	4'-0"	6'-8"	N	No	1
5068 C.O.	5/0	5'-0"	6'-8"	N	No	1
3068 RH 2 SL	5/0	5'-0"	6'-9½"	NA	No	1
2-2868 FG	5/4	5'-1"	6'-9½"	LR	No	1
2868 FG	2/8	2'-11"	6'-9½"	R	Yes	1
18'XT LONG PANEL SOLID	18/0	18'-3"	T-1½"	U	No	1
9'XT SHORT PANEL SOLID	9/0	9'-3"	T-1½"	U	No	1
2868 FR	2/8	2'-11"	6'-9½"	L	No	1
2-2668	5/0	5'-2"	6'-9½"	LR	No	3
2068	2/0	2'-2"	6'-9½"	L	No	2
2068	2/0	2'-2"	6'-9½"	R	No	1
2468	2/4	2'-6"	6'-9½"	L	No	1
2468	2/4	2'-6"	6'-9½"	R	No	1
2868	2/6	2'-8"	6'-9½"	L	No	2
2868	2/6	2'-8"	6'-9½"	R	No	3
2868	2/8	2'-10"	6'-9½"	R	No	5
2-30508H	6050	6' 0"	5' 0"	NN	No	1
2850SH	2850	2' 8"	5' 0"	N	No	1
3010 TRANSOM	3010	3' 0"	1' 0"	N	Yes	1
303056H	3030	3' 0"	3' 0"	N	No	1
305085H	3050	3' 0"	5' 0"	N	No	5
305085H	3050	3' 0"	5' 0"	N	Yes	1
2868 FR	2/8	2'-11"	6'-9½"	R	No	1
2-2850SH	5480	5' 4"	5' 0"	NN	No	1

MADISON HOMEBUILDERS LLC
2720 WEST ARROWOOD RD.
CHARLOTTE, NC 28273
(704) 523-9151
WWW.MADISONHOMEBUILDERS.COM

PLAN NAME:
RYAN

HOMEOWNER:
CATLIN-SMIDL

JOB NUMBER:
06-365

FIELD NOTES:

SHEET TITLE
1ST FLOOR PLAN

SHEET #
2

SCALE:
1 inch SHEET 1/8"=1'-0"
24X36 SHEET 1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Greg White Date 12/2/21

Ryan Powers Date 12-3-21

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed November 08, 2021
See Below for Disclaimer



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