IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107209 PIN# ~~4713-86-4177.86~~ 4713961808 DATE 09/05/02

OWNER OR CONTRACTOR RAY (VIRGLE) SHORT JR PHONE: Business 704-987-0278 Home

ADDRESS 203 W. PACES R.D. MOORESVILLE, NC 28117

LOCATION OLD MOUNTAIN RD S, (L) BETHLEHEM RD (R) THE LANDINGS (L) HEATHROW LN, AT THE END ON RIGHT

SUBDIVISION THE LANDING BLOCK / SECTION 4 LOT 86 LOT AREA 1.05 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.25

Septic Tank: 1,000 Gallons; STB 794 Date 02/10/03
Pump Tank: 1,000 Gallons; PT 27 Date 02/03/03
Pump Make: ZOELLER Model BN153 Serial No. ½ H.P.
Nitrification Field: No Fields 1 Square Feet 1,440 Linear Feet 480
No Lines 6 x 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I. II. (III) IV. V. VI
System Description: CONVENTIONAL, PUMP
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

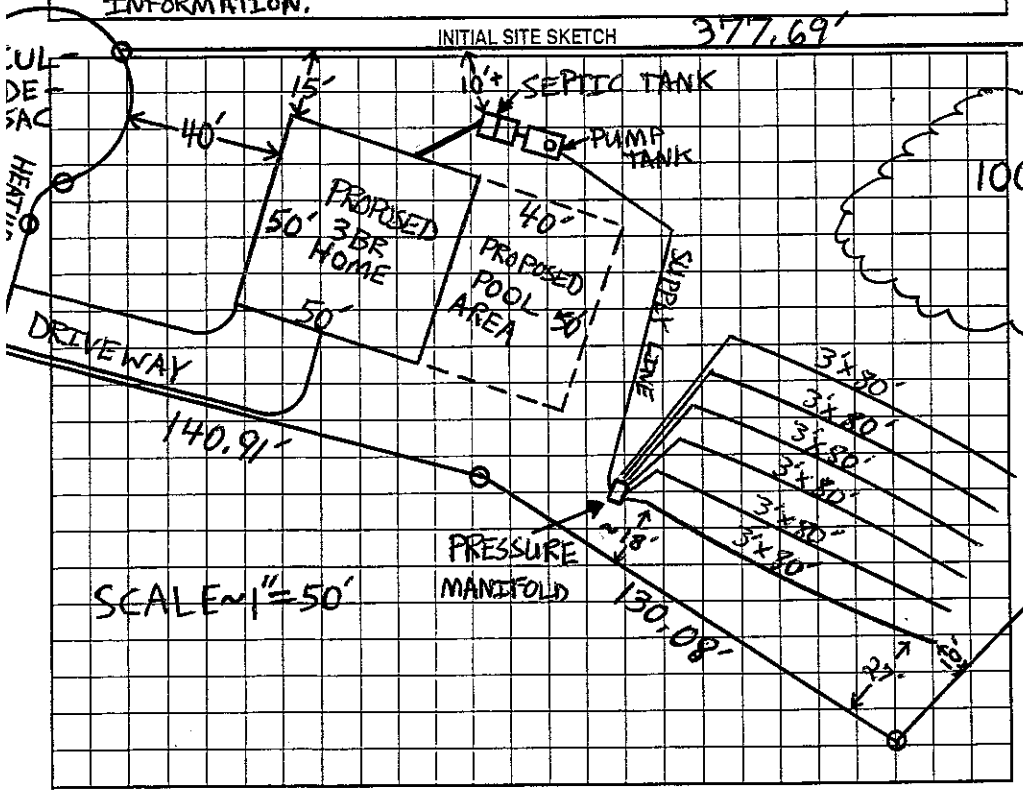
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

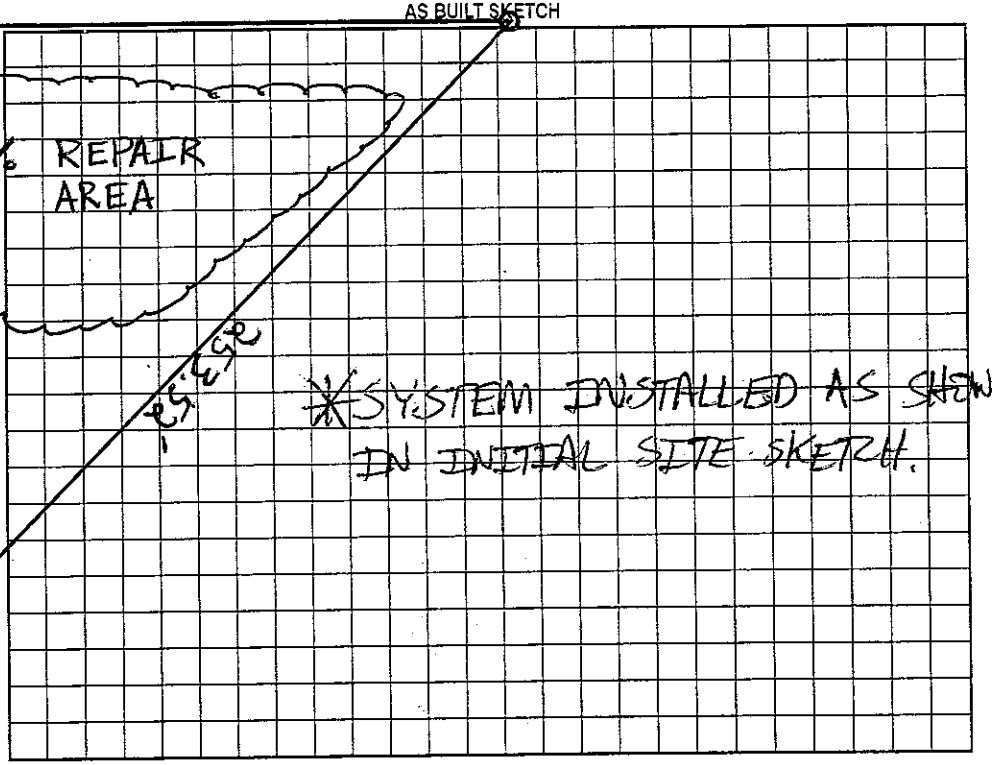
Comments/Conditions: (1) DO NOT CUT OR GRADE BACK INTO SEPTIC DRAIN FIELD. (2) MAINTAIN ALL SETBACKS ON SEPTIC SYSTEM (3) CALL PRIOR TO INSTALLATION FOR PUMP & PRESSURE MANIFOLD INFORMATION.

Comments/Conditions: - SEPTIC TANK INSTALLED USING ZABEL FILTER & TANK MANU

INITIAL SITE SKETCH 377.69'



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. 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: [signature] date 9/12/02 Installed by: HOWARDS BACKHOE 03/11/03

Improvement Permit by: Patrick Mitchell date 09/05/02 Operation Permit by: Patrick Mitchell date 03/13/03

Authorization to Construct by: Patrick Mitchell date 09/05/02 Existing System Inspection by: date

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID#: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 08/22/02
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: #86 THE LANDING PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
1		0-27	Mo,Me,gbk,C	Fr/Fi,S,P,sexP	2.5YR 7/8 @ 27" 10YR 4/2 @ 30" 2.5YR 8/1 @ 40" (LOTS OF YELLOW MOTLES 27"↓)				0.25 PS
		27-57	SAME as ABOVE	W/ Lots Yellow Motls					
2		0-30	Mo,Me,gbk,C	Fr/Fi,S,P,sexP	10YR 5/6 @ 30" 2.5YR 8/1 @ 37"				0.25 PS
		30-55	SAME AS ABOVE w/ Predominately yellow color @ 44" DOWN						
3		0-12	W,M,G/gbk,CL	Fr,SS,P,sexP	Yellow Motels @ 42" (>chroma 2) (SAPMIX >50% @ 44")				PS 0.25
		12-44	Mo,Me,gbk,C	Fr/Fi,S,P,sexP					
		44-	Mo,Me,gbk,C + SAP MIX	Fr,S,P,sexP					
4									

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

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: #86 The Landing PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
1	L	0-24	W,F,sbk/abk,C	Fr,S,P,SexP	? Possible (likely) soil wetness @ 23" ↓ Chroma 2 motels (Possibly saprolite in)			* PITS NEEDED	? ?
		24-							
2									
3									
4									

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

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

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) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SIC (Silty 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			

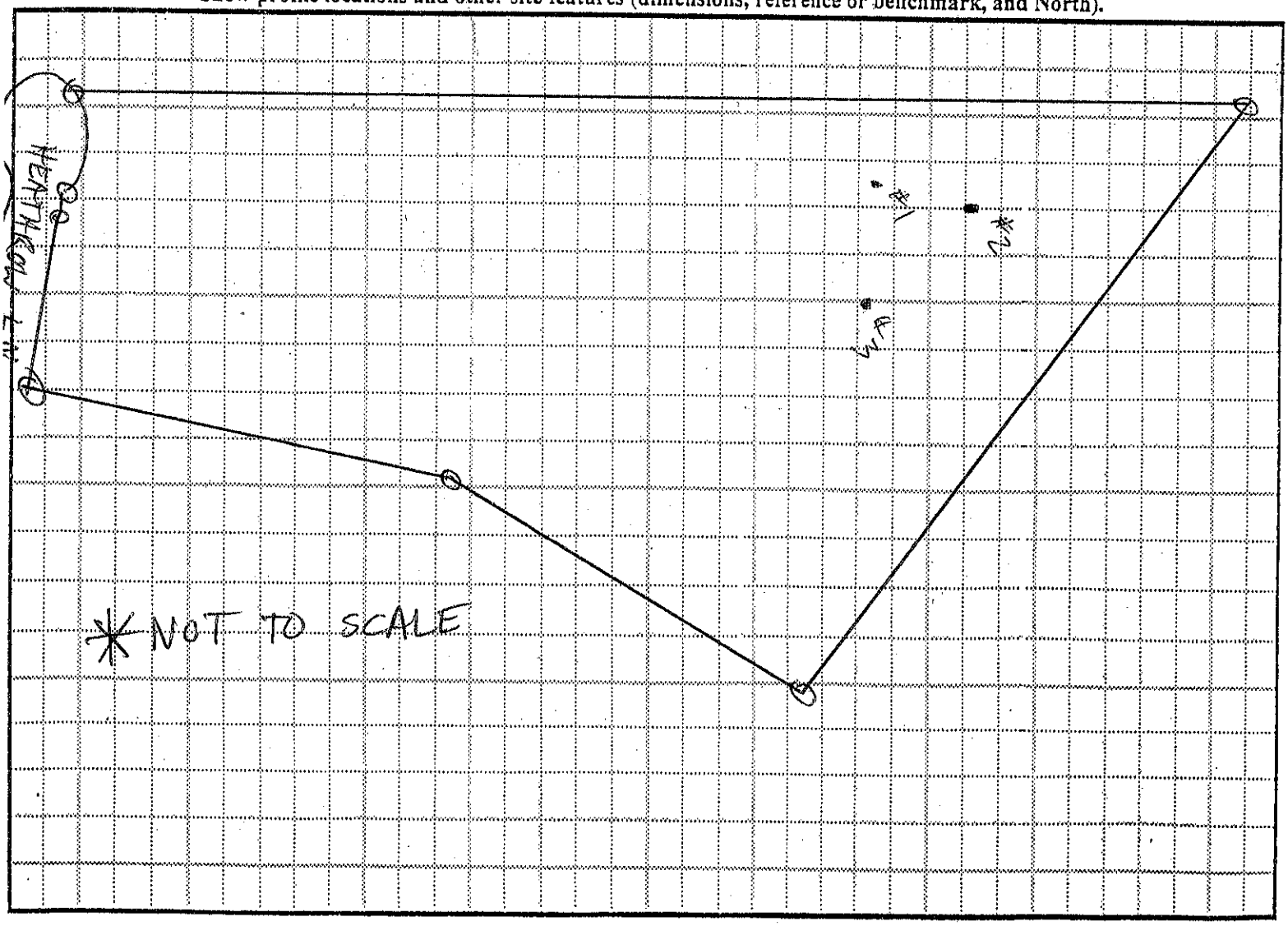
NOTES

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).



Lot # 86

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Max Short	704-202-5508	P.O. Box 3792	Mooresville	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Landings	86		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public		

Specific Directions to Property Bethlehem to Greenwich, L Heathrow Lot on Rt in Cul de sac

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement X Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa X

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

8/23 DATE M Short SIGNATURE OF OWNER/AUTHORIZED AGENT

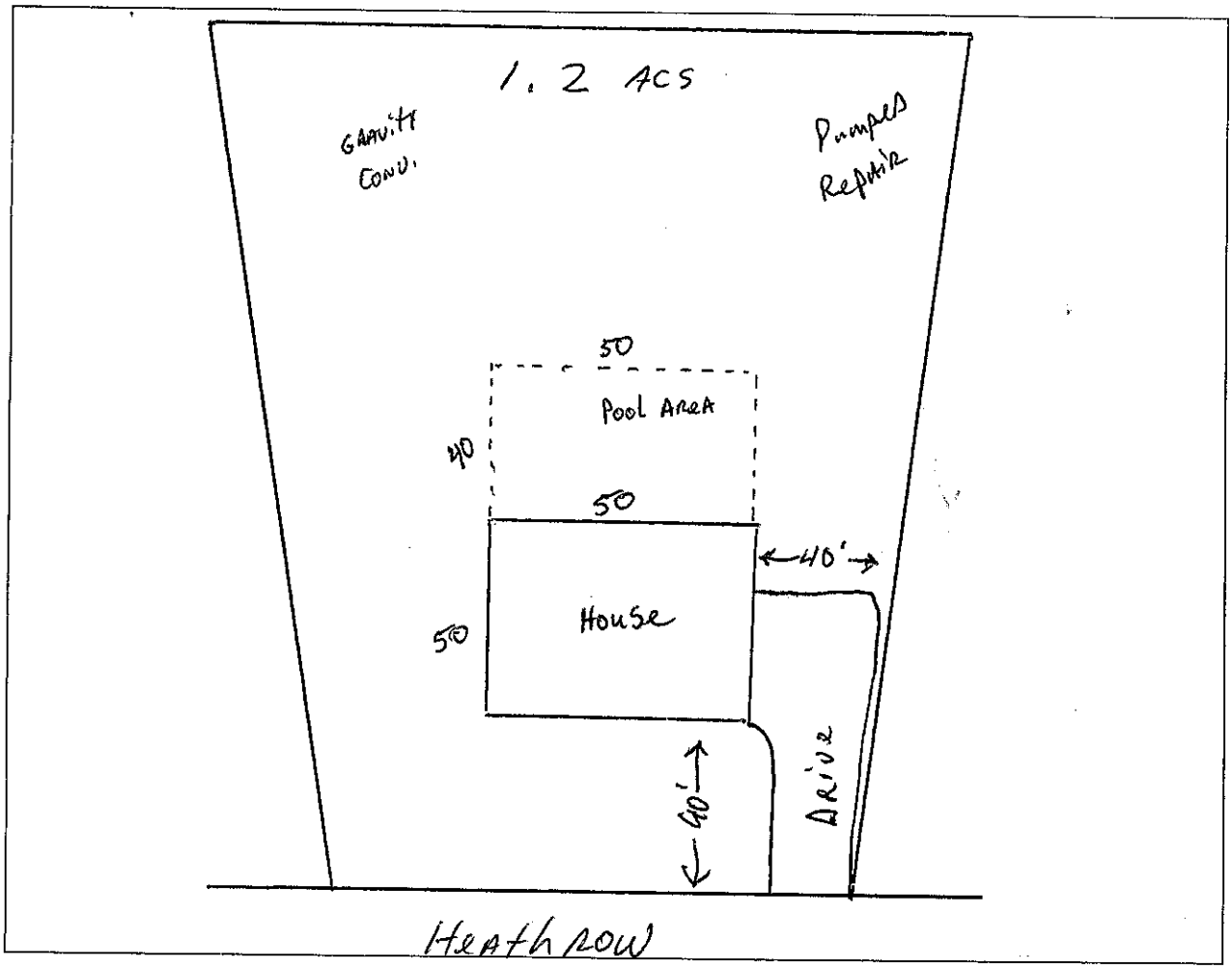
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

Lot # 86 The Landings

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

8/21/02 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 107209ZO

Printed: 6/10/2002

Master #: 107209

Associated Permits:
107209ZO Zoning

Applicant

Name: Virgle Ray Short Jr
Address: 203 W Paces Road
Mooresville, NC 28117

Phone: 704-987-0278

Parcel

Parcel Number: 4713-86-4177.86
Address: 150 Heathrow Ln.
Statesville, NC 28677
Subdivision: The Landings ph 4

Zoning: RA
Township: 1400
Area: 1.05
Lot(s): 86

Directions to Parcel: Bethlehem Road, right The Landings, Left Heathrow Lane, at end last on right

Owners

Name: Collier Properties
Address: po Box 5806
Statesville, NC 28687

Phone: 704-924-7120

Contractors

Contractor Type: Building
Name: Virgle Ray Short Jr
Address: 203 W Paces Road
Mooresville, NC 28117

Phone: 704-987-0278

Fees and Receipts:

Number	Description	Amount
FEE-39454-02	Zoning Permit	$35.00
FEE-39455-02	Environmental Health - Type I or II System	$200.00
	Total Fees:	**$235.00**

REC-25518-02 $235.00

Total Receipts: **$235.00**

Permit Information:

Max Built Upon Area:	
Watershed:	None
Flood Zone:	No
Set Backs:	F35,R35,S15
Minimum Lot Size:	20000
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	Yes
Community Water:	No
Provider:	
Community Sewer:	No
Provider:	
Date:	
# of Stories:	2
# of Bedrooms:	3
# of Units in Building	0
Additional Conditions:	
Comments:	Account # 85449

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 enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibilty of the affected parties.

Applicant: _____ Date 6/10/02

A non-refundable fee of $35.00 is charged on all permit applications

Permit Number: 107209ZO