IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 74573 PIN# ~~4639-23-4550~~ 4720-30-3179 ✓ DATE 4-16-99

OWNER OR CONTRACTOR William J. Gaughan PHONE: Business _____ Home 704 543 0993

ADDRESS 10628 Old Wayside Rd Charlotte N.C.

LOCATION State Pk Rd TL Wildlife TR Sierra TL Deer Run TR Eagle Chase on Rt.

SUBDIVISION Wildlife Bay ✓ BLOCK / SECTION -1- LOT 60+61 LOT AREA 1 3/4 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12 13 99

Pump Tank: 1000 Gallons; PT 27 Ballinger Date 3 5 00

Pump Make: Myers Model ME50511 Serial No. Date 7-9 1/2HP

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump to LPP panels

Repair System Description: " " "

Maintenance Agreement Required: ☐ Yes ☐ None

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

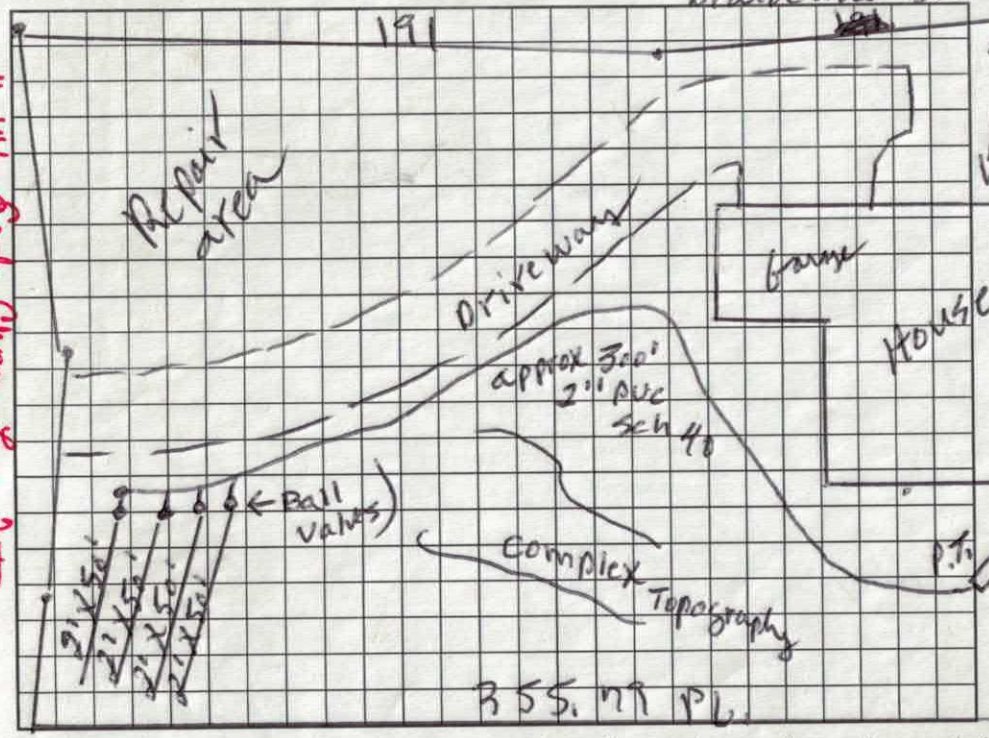
Replaces permit issued on 10-19-98 for 60 + 61

See Attached sheets for Pump Tank + Drain line setup

Comments:/Conditions:

A certified sub-surface operator must be on contract before operations permit can be issued

INITIAL SITE SKETCH



AS BUILT SKETCH

Apr 7: Lines installed As shown

Apr 12: Septic & Pump Tank installed As designed

June 21 - Pressure set
Alarm Ck
Elect. Ck

#140 Eagle Chase Run - Extra.

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.

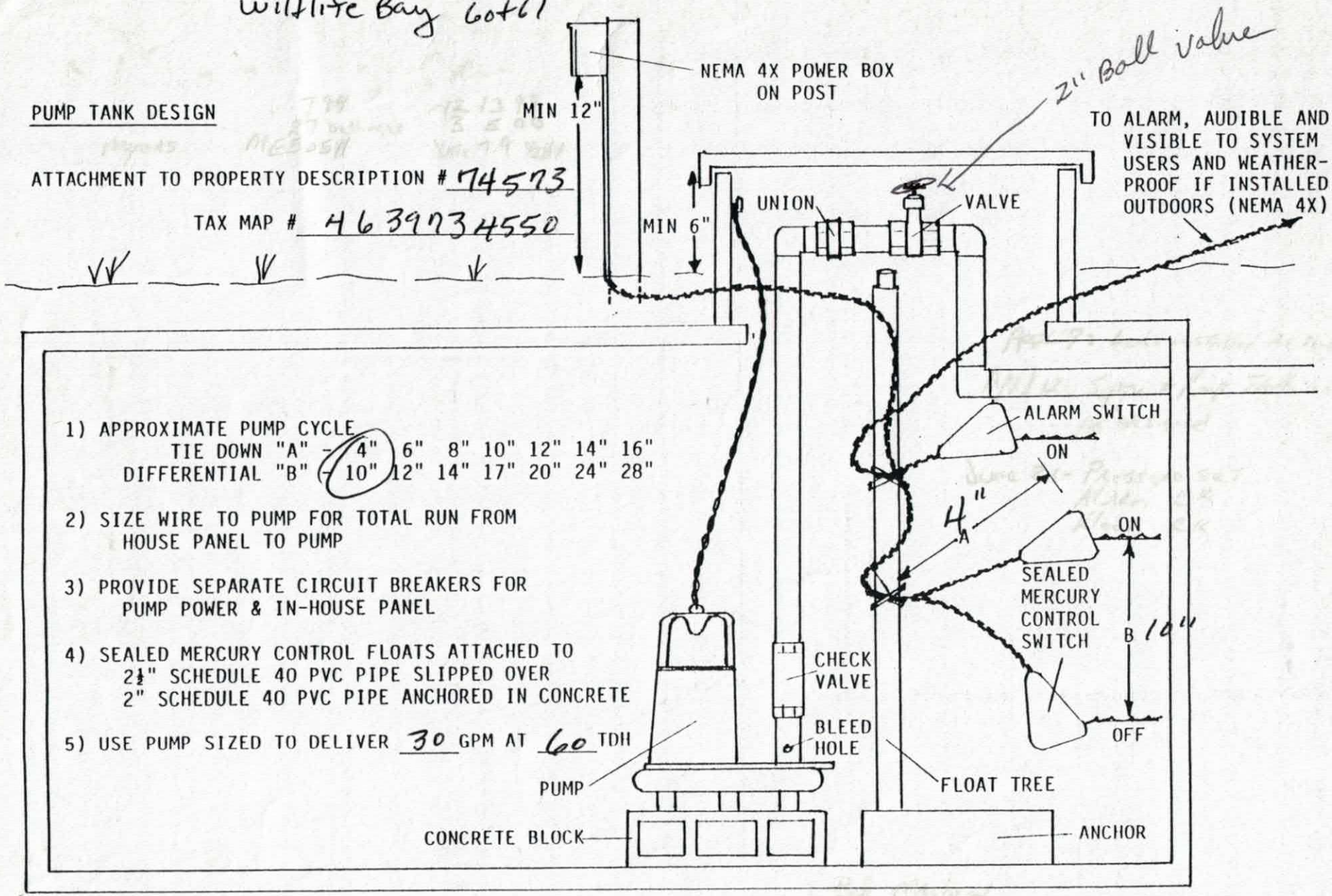
Signed: William J Gaughan date _____ Installed by: Bob Mayhew

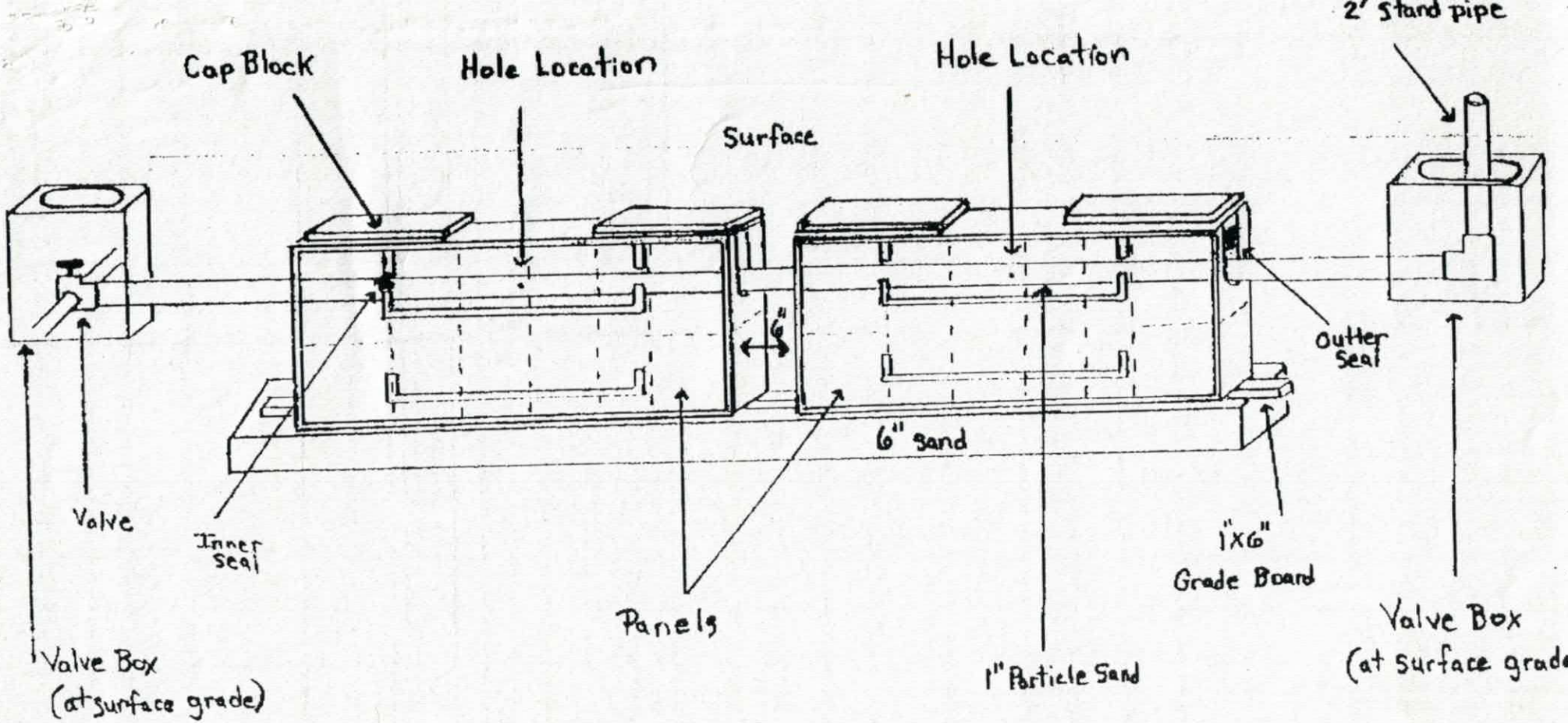
Improvement Permit by: P. C. Moore date 4-16-99 Operation Permit by: Jc Potts date June 21. 2000

Authorization to Construct by: P. C. Moore date 4-16-99 Existing System Inspection by: _____ date _____

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

William J. Gaughan
Wildlife Bay Lot 61





William J. Gaugh
Wildlife Bay
Lot 61

Pressure Dosed PPBPS

of panels 46.
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed 33 Tons
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 30.
TDH 60.

Comments

VISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources Inc APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/5/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Wildlife Bay Phase I Lot #60 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12"	Rd/Brw/Brw Cl m SBK	SS-S, SP, SE		Fi-FR			PS
		12-30"	Brw (Rd-Brw) Cl/Brw Cl w SBK	SS		SP, SE	FR w/ Indus of SAP		
		30+8"	Yel/Brw SL/C	SAP w/ Common Mica flakes			Common Mica flakes		.35
2		0-15"	(B Hor) Rd/Brw Cl m-w SBK	SS, SP, SE					PS
		15-37	(B/C) Cl w/ few to many	SAP w/ Indus SBK					.34
		37-45"	SL	SAP					
3		0-26"	Rd/Brw Cl/Cl m SBK	SS, SP, SE		Fi-FR			PS
		26-50"	Rd/Brw Cl m-w SBK	SS, SP, SE		FR w/ Common Mica flakes			.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: _____


LAKE
30' VEGETATIVE BUFFER ALONG ENTIRE LAKE
50'SETBACK
40'SETBACK
37'SETBACK
BLOCK 1
58
59
60
61
BASEMENT
60'
CRAWL
DRIVE
Panel-Int
Panel-Repair
Central Gate Valve
Pit #1
Pit #3
Pit #7
Panel Rep
HASE LN.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources Inc APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/5/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Wildlife Bay Phase I Lot #61 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	PROFILE CLASS & LTAR
1		0-48	Bw C/Cr	MW SBK SS,SP,SE, FI FR w/ Inds of SAP					PS .3
2		0-5"	Ap/Bw C/Cr	mSBK SS,SP,SE					PS .3
		15-29	B/C Cr	wSBK SS,SP,SE					
		29-45"	SL SAP						
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: _____

...SION OF ENVIRONMENTAL HEALTH
...E WASTEWATER SECTION

COUNTY: _____

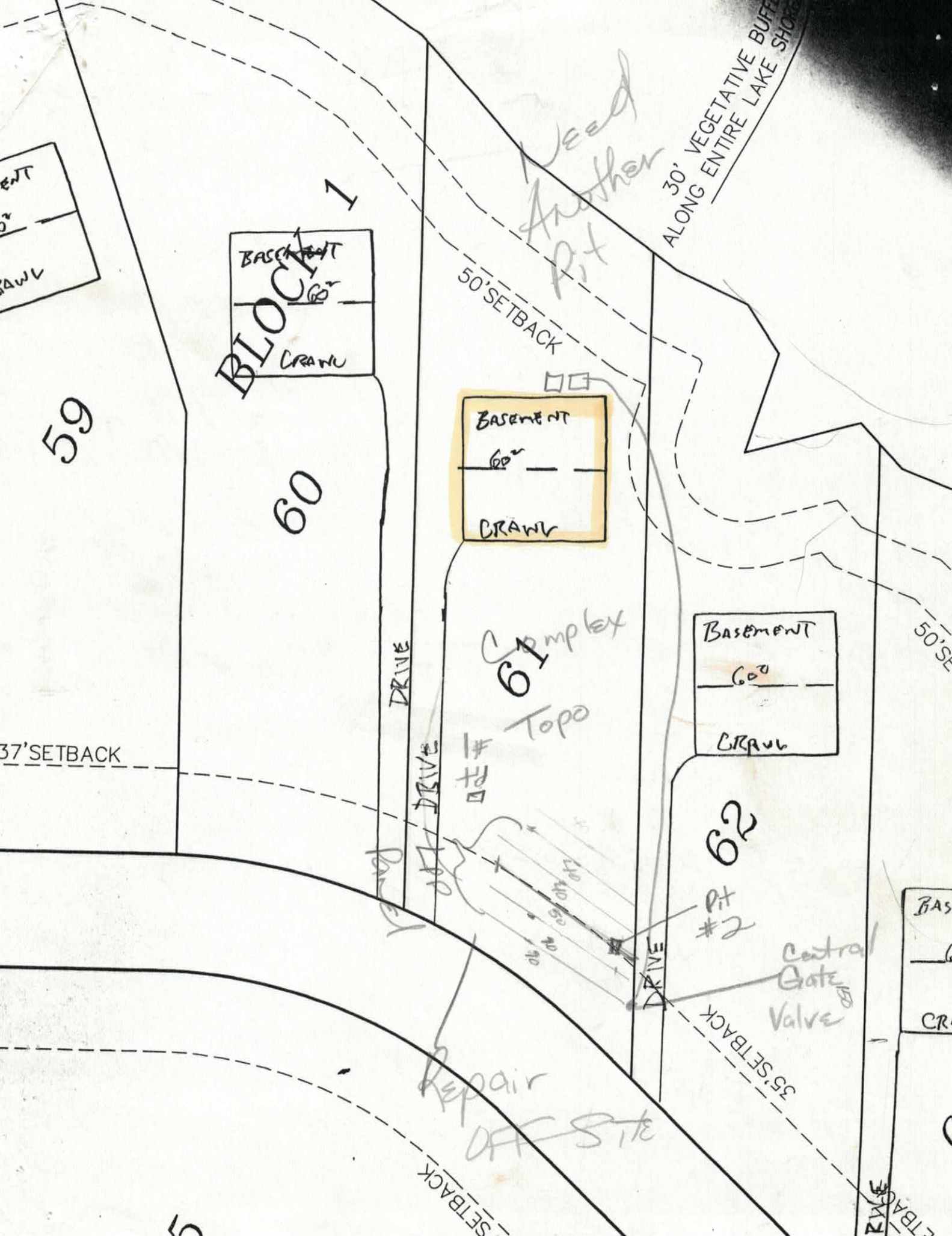
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources APPLICANT: _____ DATE EVALUATED: 9/2/98
ADDRESS: _____ APPLICATION DATE: _____ PROPERTY SIZE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____
LOCATION OF SITE: Wildlife Bay Cul A
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	PROFILE CLASS & LTAR
1		0-14	Brw SCL	wSBK FR SS,SP					PS
		14-44	Rd C	m-fSBK Fi,S,P					.3
		44-55	SL SAP	massive FR-Fi SS,SP					
2		0-8	Brw SCL	wSBK FR SS,SP					PS
		8-28	Rd C	w-fSBK Fi S,P					.3
		28-46	Rd/Yel C	wSBK FR SS,SP Indics of SAP			w/few		
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: _____


30' VEGETATIVE BUFFER
ALONG ENTIRE LAKE SHORE
Need Another Pit
50' SETBACK
BLOCK 1
BASEMENT
60'
CRAWL
59
60
61
62
DRIVE
37' SETBACK
Complex
Topo
Pit #2
Central Gate Valve
Repair Off Site
35' SETBACK

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
William J. Gaughan	(704) 543-0993	10628 Old Wayside Rd.	Charlotte	NC	28277

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Wildlife Bay	60 + 61		

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

Specific Directions to Property Lots are in Wildlife Bay Sub-Division
Located on Eagle Chase Lane

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3 Full - 3 Half

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

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

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.

3/29/99 DATE William J Gaughan SIGNATURE OF OWNER/AUTHORIZED AGENT

TO: BILL GAUGHAN - 542-0457
FROM: PIPPIN LAND SURVEYING
IF YOU HAVE ANY QUESTIONS
PLEASE CALL US AT
661-5714.
THANKS!!

