# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224442

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

PIN # 4726-02-5949

APPLICANT: Sherman Taggett APPLICANT ADDRESS: 105 Monte Vista Rd

SITE ADDRESS: 104 W. Dundee Ct. Statesville, NC 28625 PHONE: 704-873-1846 ALT. PHONE: 704-902-7012

SITE DIRECTIONS: Rt 90 North → Rt on Scotts Creek Pride → R on Celtic Ridge → Lot on R

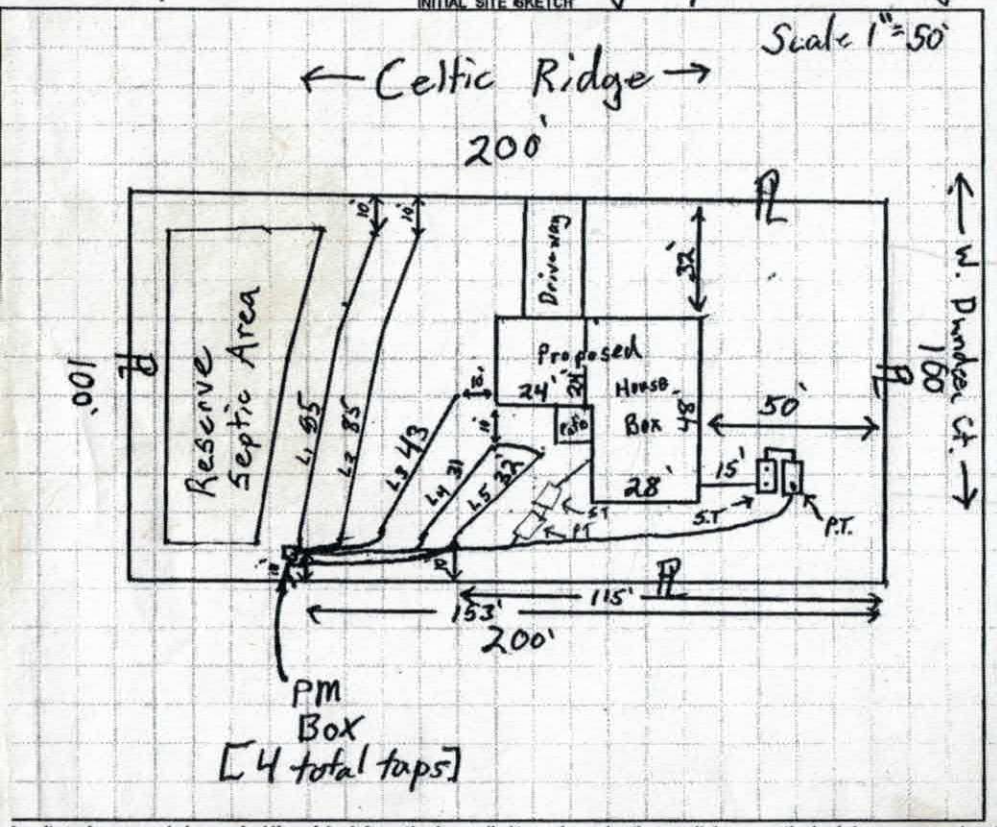
SUBDIVISION: Celtic Ridge SECTION: 1 LOT # 29 LOT AREA: 0.46 DESIGN FLOW: 360 GPD L.T.A.R.: 0.325

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 1012 | Date | 6/18/17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms | 3 | Water Supply | |
| Pump Tank | 1000 | (gal) | PT | 17 | Date | 1/2/16 | System Description: 25% Reduction - PM | | | | ☐ Business | No. Persons | 6 | ☐ Private | |
| Pump Make | Goulds | Model | WE0512HHU | Serial # | ½HP | | Repair System Description: 50% Reduction - LPP/BPS | | | | ☐ Other | No. Employees | | ☐ Public | |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft: | 277 | | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | | ☐ Community | |
| Trench Width | 36" | Trench Bottom Depth | 35"-36" (high side) | Gravel Depth | — | | | ☐ GRAVITY | ☒ PRESSURE | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | | |

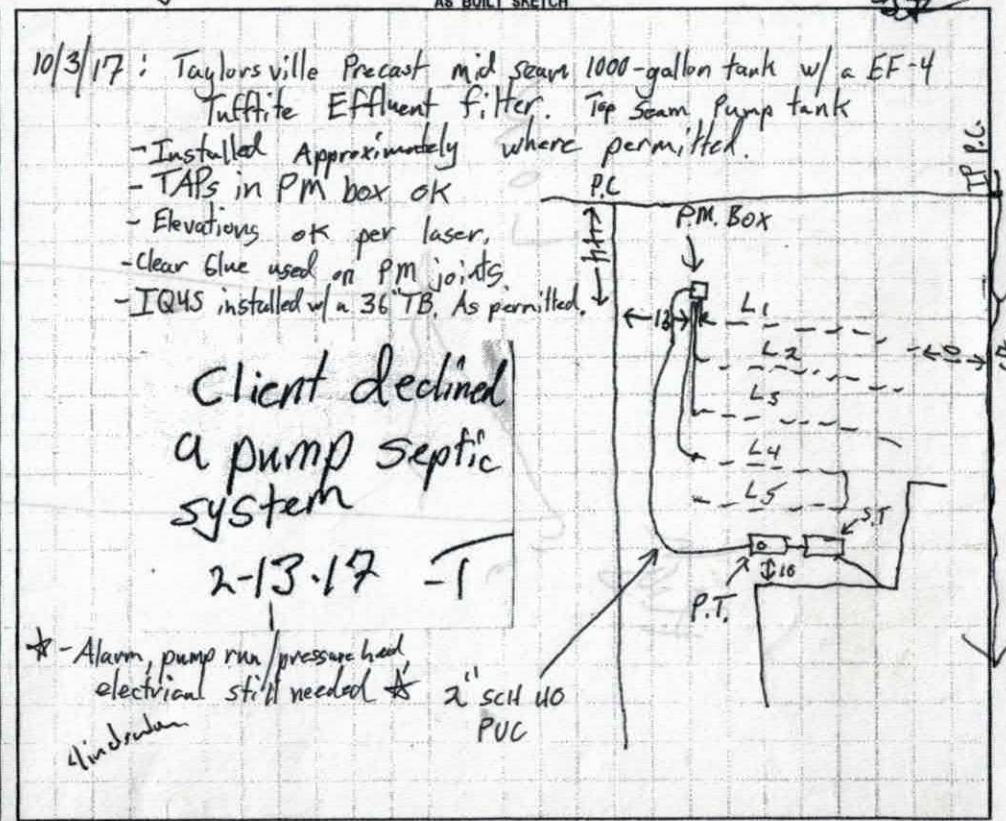
Comments / Conditions: Follow all N.C septic rules. Tap sizes are as follows: Taps 1+2: 3/4" SCH 80 Tap (serving lines 1 and 2) Tap #3: ½" SCH-80 (serving line 3) Tap #4 ½" SCH 40 Tap serving Both L4 + L5]. Recommend pumping septic tank every 3-5 years.

9/6/2017: House plumbing stubbed out rear of house. OK to relocate tanks to rear (no foundation drains installed) provided they maintain at least 5' from house + 3 feet from trench sidewall

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: Sherman Taggett Date: 2-23-17 Installed by: David Yountz

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-22-17 OPERATION PERMIT by: Benjamin A. [illegible] Date: 1/26/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-22-17 Existing System Inspected by:

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 10/3 | SA |
| Tanks Checked | 10/3 | SA |
| Pressure Manifold or Valve Box Checked | 10/3 | SA |
| Pressure Head Set | 1/26 | BB |
| Electrical Checked | 1/26 | BB |
| Floats Set | 1/26 | BB |
| Alarm Checked | 1/26 | BB |
| Maintenance Contract Y / N | N/A | |
| Comments: | | |

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

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Sherman Taggart
ADDRESS: 105 Monte Vista Rd, Statesville, NC
PROPOSED FACILITY: 3 BR House
LOCATION OF SITE: 207 W. Dundee

APPLICATION DATE 1-20-17
DATE EVALUATED: 2-9-17
PROPERTY SIZE: 0.6 ac
PROPERTY RECORDED: Yes

PROPOSED DESIGN FLOW (.1949): 360 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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LSS 5% Primary | 0-4 | SCL w. SBK | SL Friable | — | 48 | — | — | 0.325 |
| | | 4-25 | Clay w. SBK trace mica | SL Firm, SS, SP, SSP | | | | | |
| | | 25-48 | clay Loam + Saprolite (trace) + mica w. SBK | SL Friable, SS, SP, SSP | | | | | |
| 2 | LSS 5% Repair | 0-4 | SCL w. SBK | SL Friable, SS, SP, SSP | — | 48 | — | — | 0.325 PS |
| | | 4-27 | clay trace w. SBK mica | SL Firm, SS, SP, SSP | | | | | |
| | | 27-48 | Clay Loam + trace SAP/mica w. SBK | Very Friable, SS, SP, SSP | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

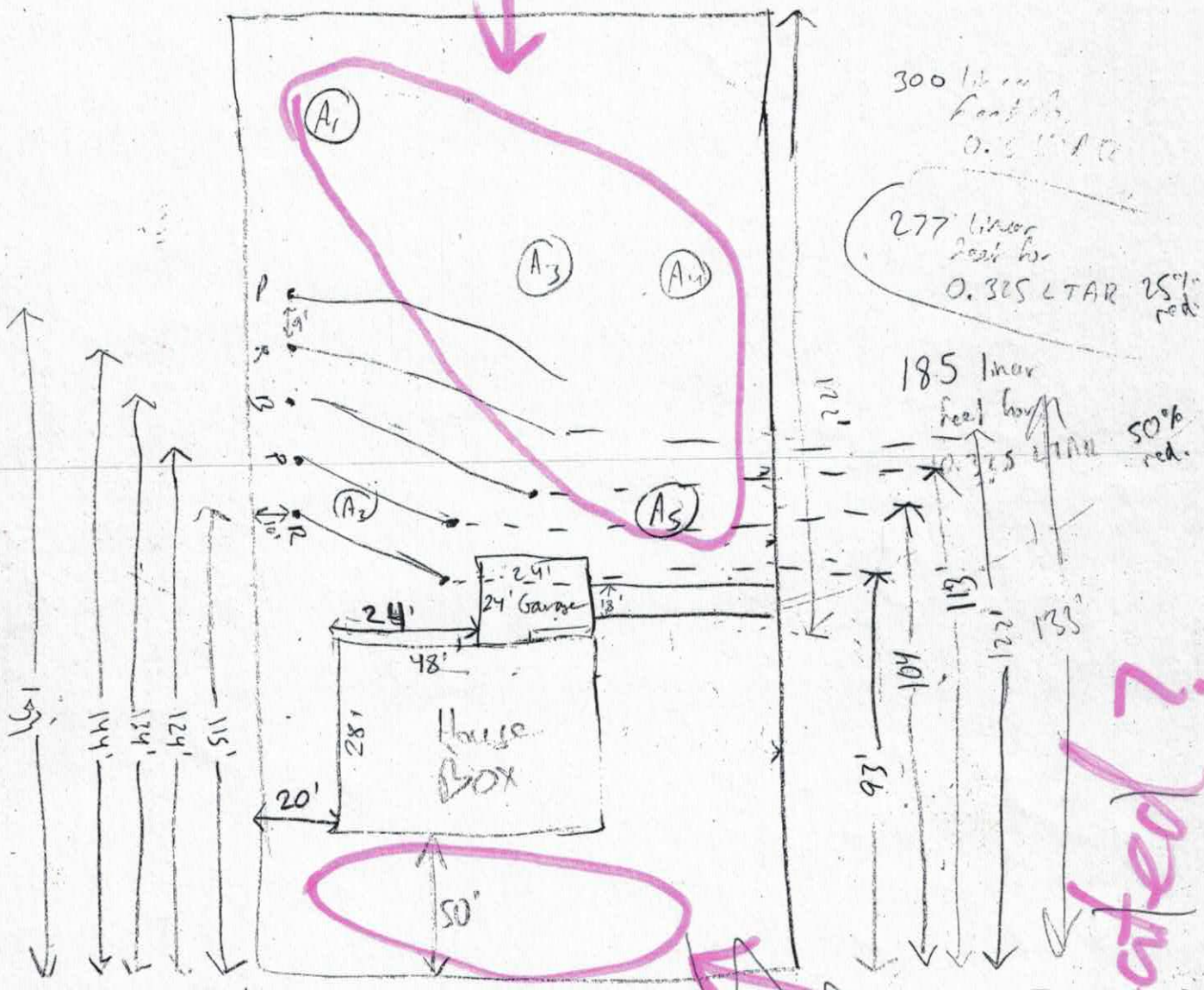
| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 277' | 250' |
| System Type(s) | 25% Reduction | 50% Reduction |
| Site LTAR | 0.325 | 0.325 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

1/26/17 1st visit

2/1/17 updated

All borings on one side of house




2/1/17 laser location changed

Dundee Ct.

| | | | | | |
|---|---|---|---|---|---|
| length | 85' | 85' | 43' | 31' | 33' |
| | P | R | R | P | R |
| elev. | 5' 7.6" | 6' 1" | 6' 5" | 6' 8.7" | 7' 0.8" |

Still waiting on Evaluation?

# IREDELL COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

50
* 224442

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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 X Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 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 # |
|---|---|---|---|
| Sherman Taggart | 105 Monte Vista Rd Statesville N.C. | 704-873-1846 | 704-902-7012 |
| Danny McTarque Jr | 114 Monte Vista Rd Statesville NC 28625 | 704-873-7132 | 704-902-0804 |

Owner Name

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 104 W. Dundee Ct. | Celtic Ridge | Phase 1 #29 |

Driving Directions: 90 North, Right on Scotts Creek Rd, Right on Celtic Ridge

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

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

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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:

( ) 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 in ___ YEAR
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Danny McTarque Jr 01/20/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

47821

# 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:**

_____ **Property Line measurements are clearly identified...** _____ **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***

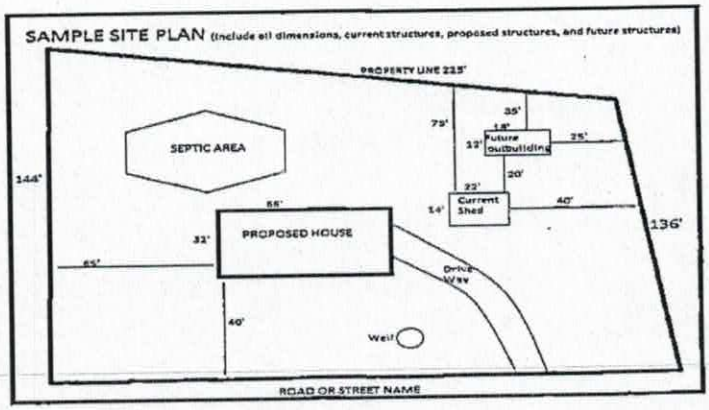
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **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**

See attached

**Signature:** S. Taggett

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

01-23-17

**DATE**

104 W. Dundee Ct. 3 bedrooms | 2 baths

Sherman Taggett 704-902-7012

Danny McHargue 704-902-0804

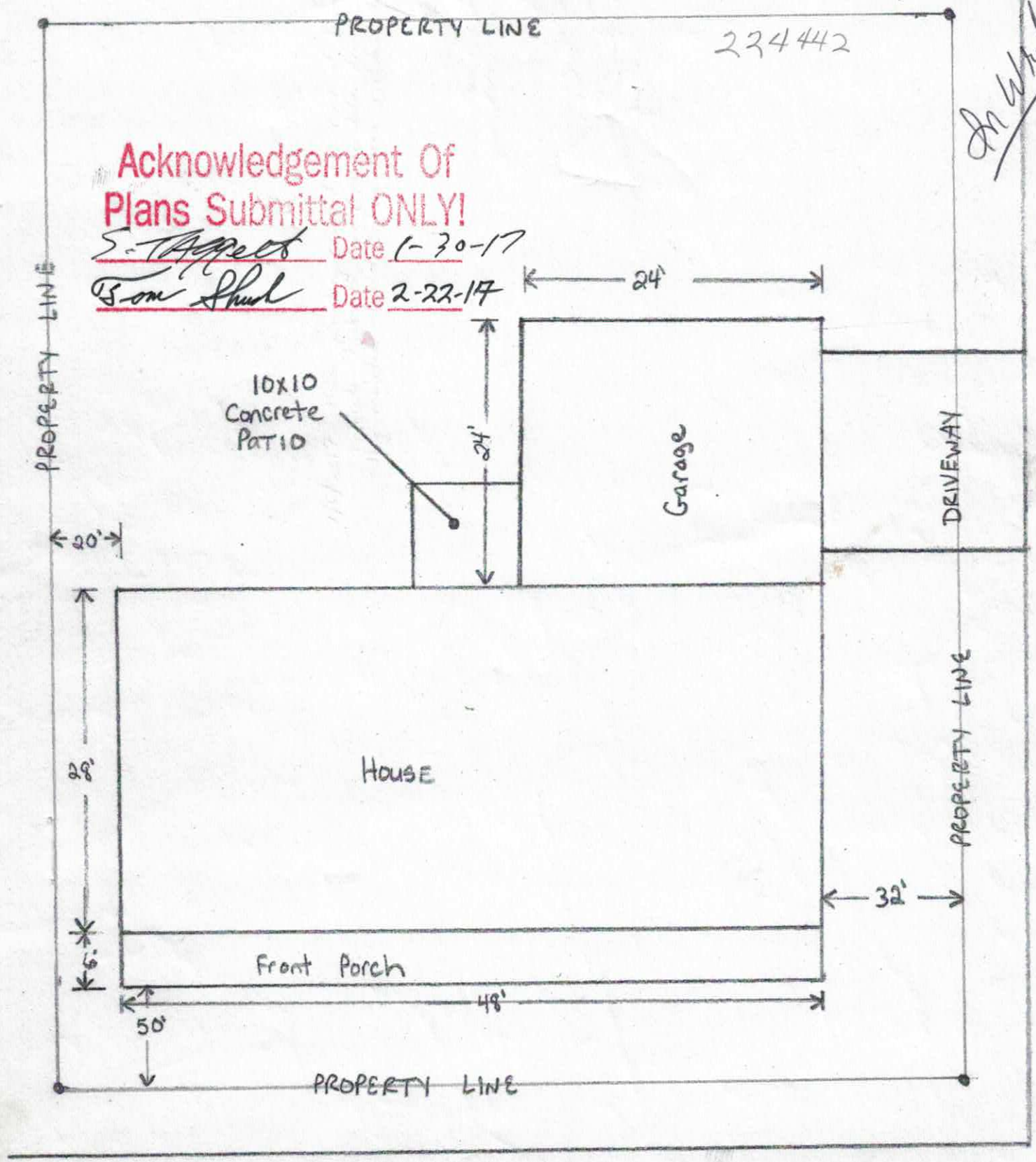
Thomas

Celtic Ridge 129

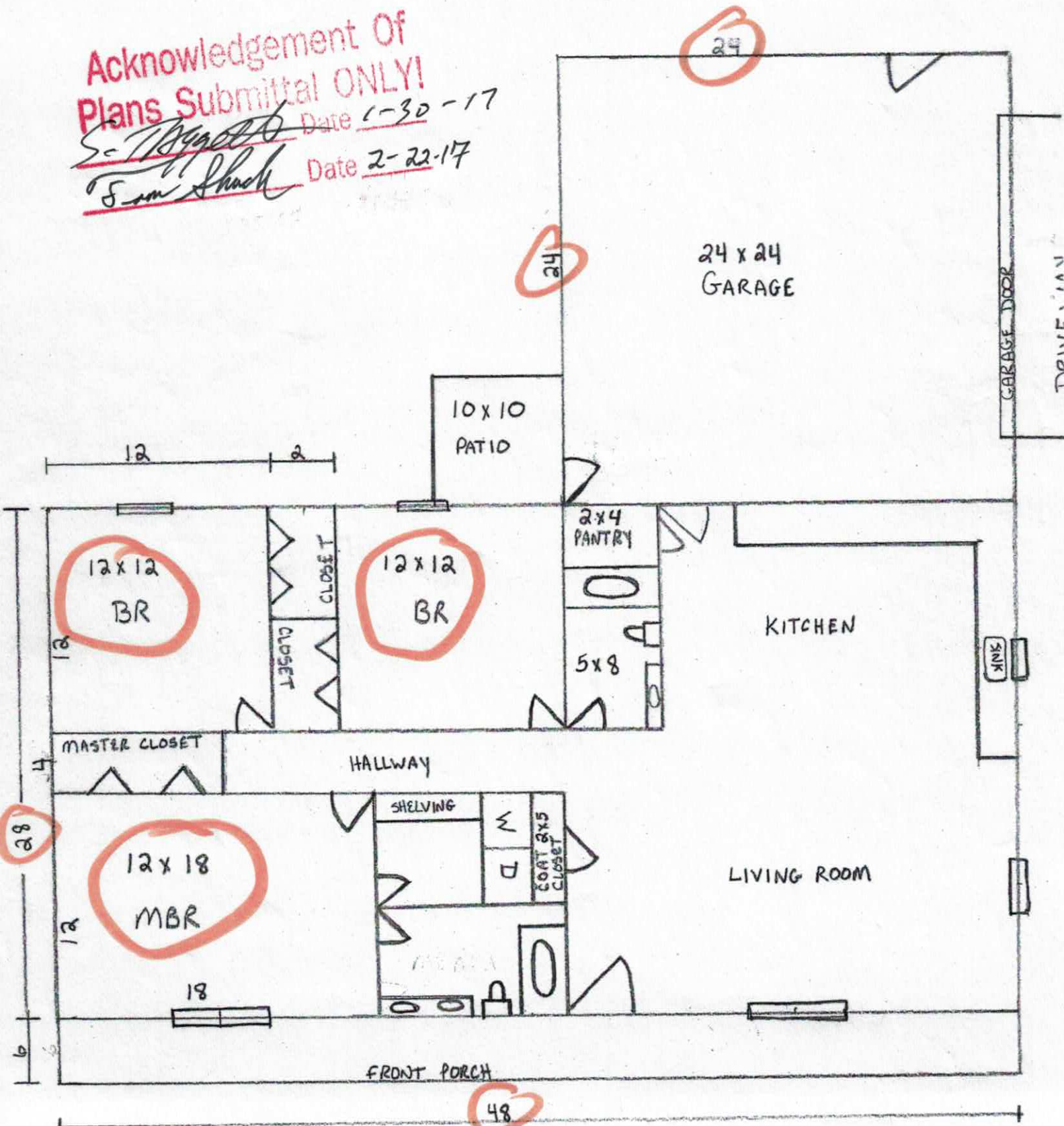
4726-02-5949

224442

In Writ



Acknowledgement Of
Plans Submittal ONLY!
Date 1-30-17
Date 2-22-17



# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 224442 |
| Issue Date: 01/23/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4726025949.000 | 104 WEST DUNDEE COURT, STATESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: FLORY FELICISIMA | Applicant: TAGGETT PAUL S+PENNY B |
| Address: PO BOX 1905<br>WEST PLAINS, MO 65775 | Address: 105 MONTE VISTA RD<br>STATESVILLE, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .459 | 35.00 | 35.00 | 15.00 | 25.00 | NOT | X |

**Remarks:**

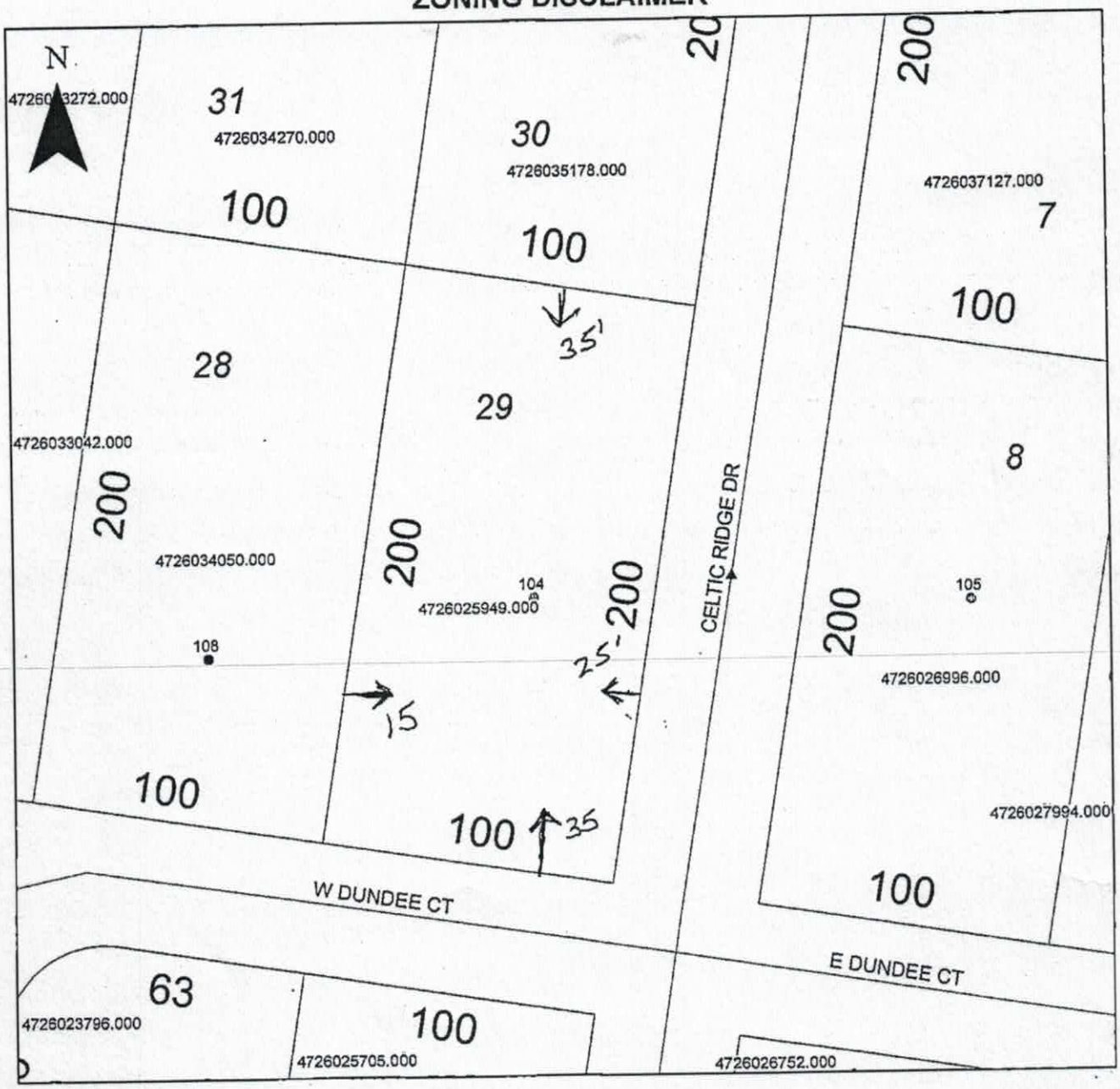
1/23/17

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.

Applicant: _____ Date: _____

| Permit Number | 91018 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 104 W. Dundee

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.

Sheeman Taggart
LLC
Applicant

01-20-17
Date