IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233634

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

PIN # 4726035178

APPLICANT/OWNER: Danny McHargue Jr. APPLICANT ADDRESS: 114 Monte Vista RD Statesville NC 28625

SITE ADDRESS: 103 W Edinburgh CT Statesville NC 28625 PHONE: 704 902 0804 ALT. PHONE ~

SITE DIRECTIONS: 115N to Scotts Creek RD Left onto Celtic Ridge Corner of Edinburgh CT SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Celtic Ridge SECTION: ___ LOT # 30 LOT AREA: .459 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .30

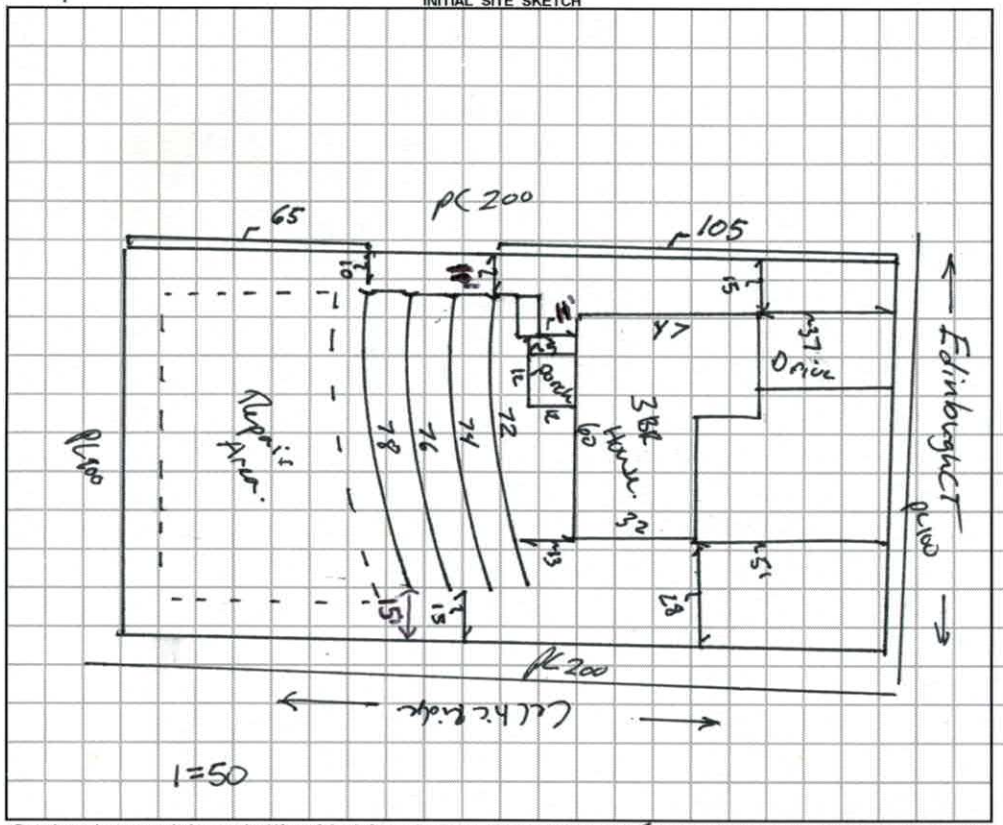
Septic Tank	1000	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	25% Reduction			
Pump Make	~	Model		~	Serial #	~	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	34		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ___ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Septic drainlines on the contour of the Land and utilize serial distribution. DO not Drive, park, pave, grade, or bury utilities in drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

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: 3/20/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: [signature] Date: 3/21/2018 OPERATION PERMIT by: [signature] Date: 7-19-18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/21/2018 Existing System Inspected by: ___ Date: ___

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4776085172
COUNTY: Iredell

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

OWNER: McTeague
ADDRESS: 114 Mala Vista Suc
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 103 Edinburgh CT Suc.
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
APPLICATION DATE: 3/2
DATE EVALUATED: 3/14
PROPERTY SIZE: .4 Acre
PROPERTY RECORDED: yes
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	2-3%	0-30	c SBk	SS SP FM SEPP	2.5Y 4/8.	48	–	Saprolite	PS .3
		30-48	cc wSBk	SS SP FR					
2	3-5%	0-37	c SBk	SS SP FM SEPP	" "	49	–	Mica	PS .3
		37-49	cc wSBk	SS SP FR					
3	5%	0-38	c SBk	SS SP FM SEPP	" "	48	–	Mica	PS .3
		38-48	cc wSBk	SS SP FR					
4	5%+	0-41	c SBk	SS SP FM SEPP	" "	55	–	Mica	PS .3
		41-55	cc wSBk.	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	300
System Type(s)	III 25%	III 25%
Site LTAR	.30	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Watkins
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (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)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

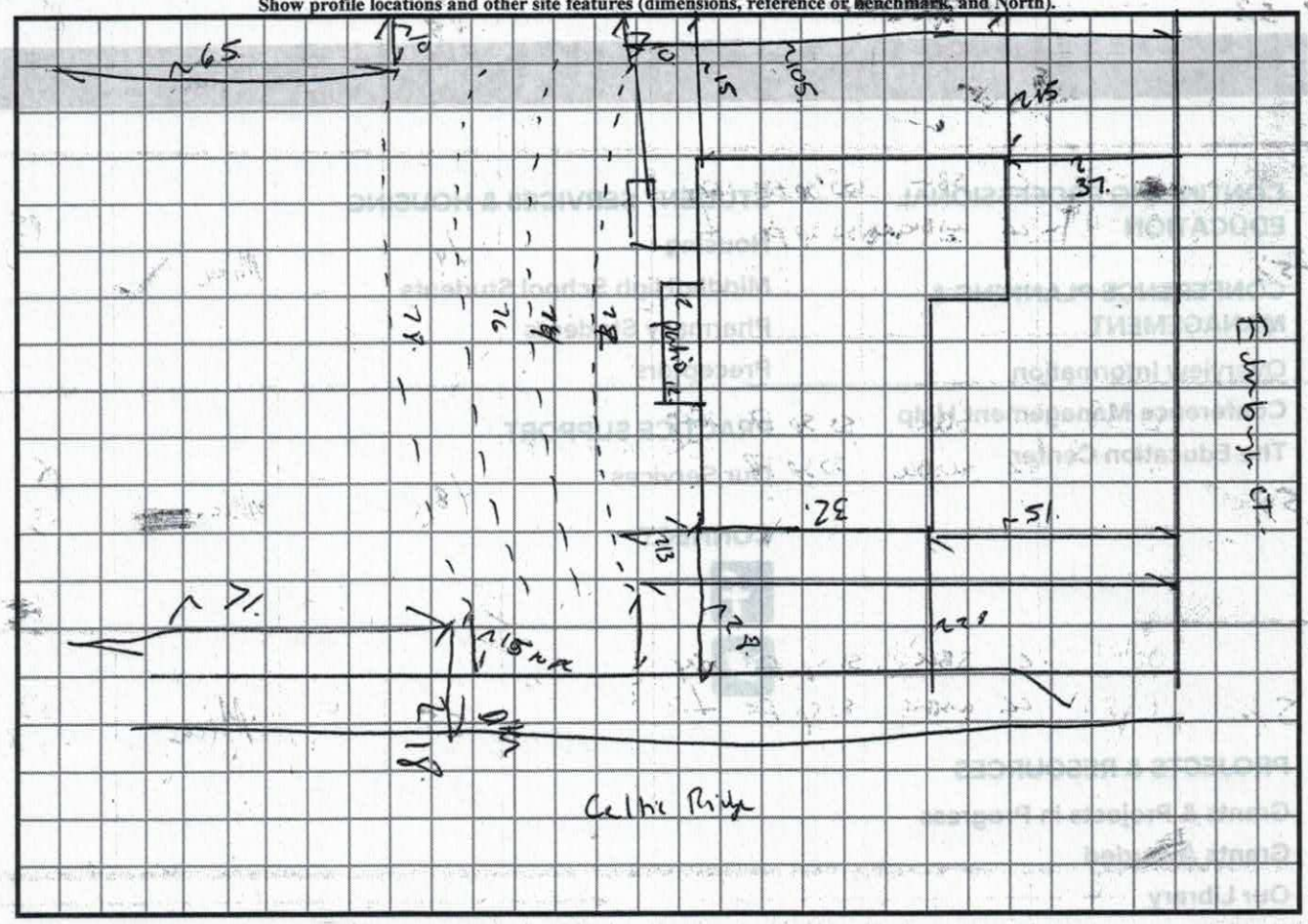
NOTES

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/ft^2

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



233634

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Danny McHargue Jr. Address: 114 Monte Vista Rd Statesville NC Zip: 28625
Applicant Email: dmchargueijr@yahoo.com Phone: 704-902-0804 Alt. Phone: _____
Owner Name: Danny McHargue Jr Address: 114 Monte Vista Rd Statesville NC Zip: 28625
Owner Email: dmchargueijr@yahoo.com Phone: 704-902-0804 Alt. Phone: _____

Property Information:

Street Address: 103 W Edinburgh Ct Statesville NC 28625
Subdivision Name: Celtic Ridge Section/Phase: _____ Lot Number: 30
Driving Directions: Hwy 115 N to stop light turn left on Scotts Creek Rd (go to stop sign go straight for approximately 3 miles turn left on to Celtic Ridge lot is on corner of celtic ridge/Edinburgh Ct.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

PAID 1100 MAR 20

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: Danny McHargue Jr 2/26/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

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

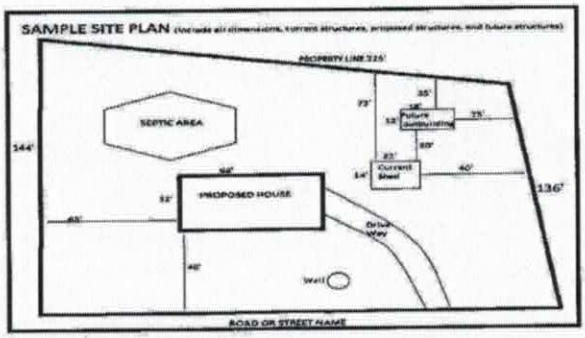
X Location of any designated wetlands on the property... N/A

* Yountz Grading + Septic

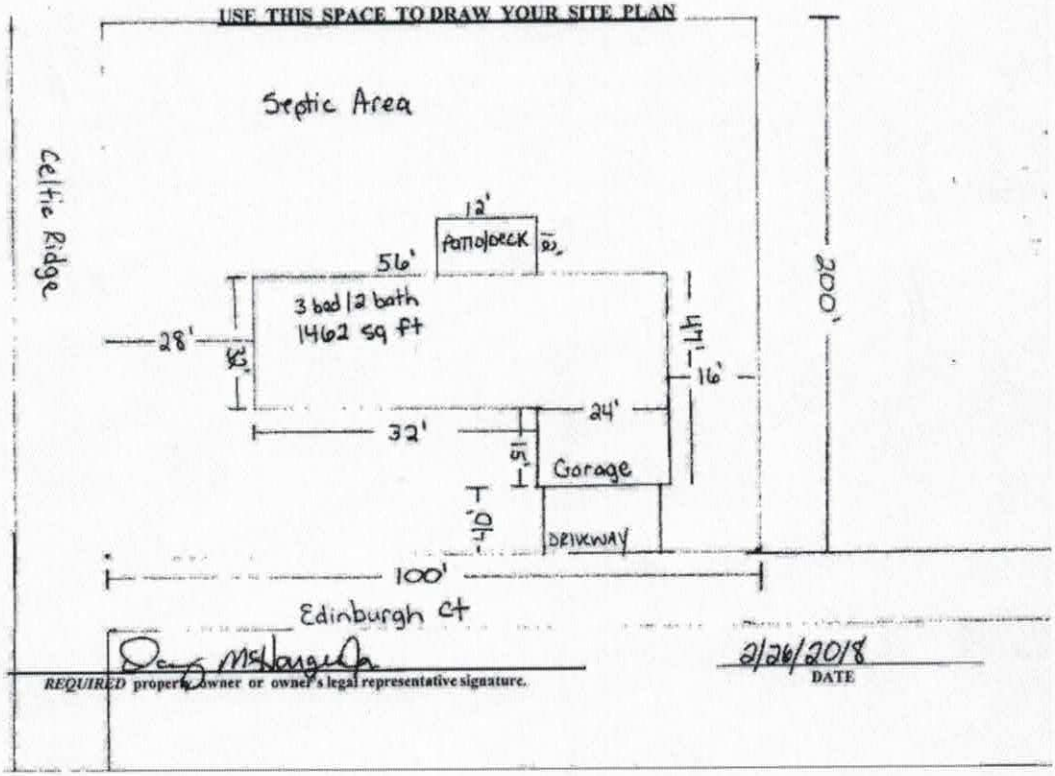
David | Andy Yountz

704-902-9851

704-878-0395



USE THIS SPACE TO DRAW YOUR SITE PLAN



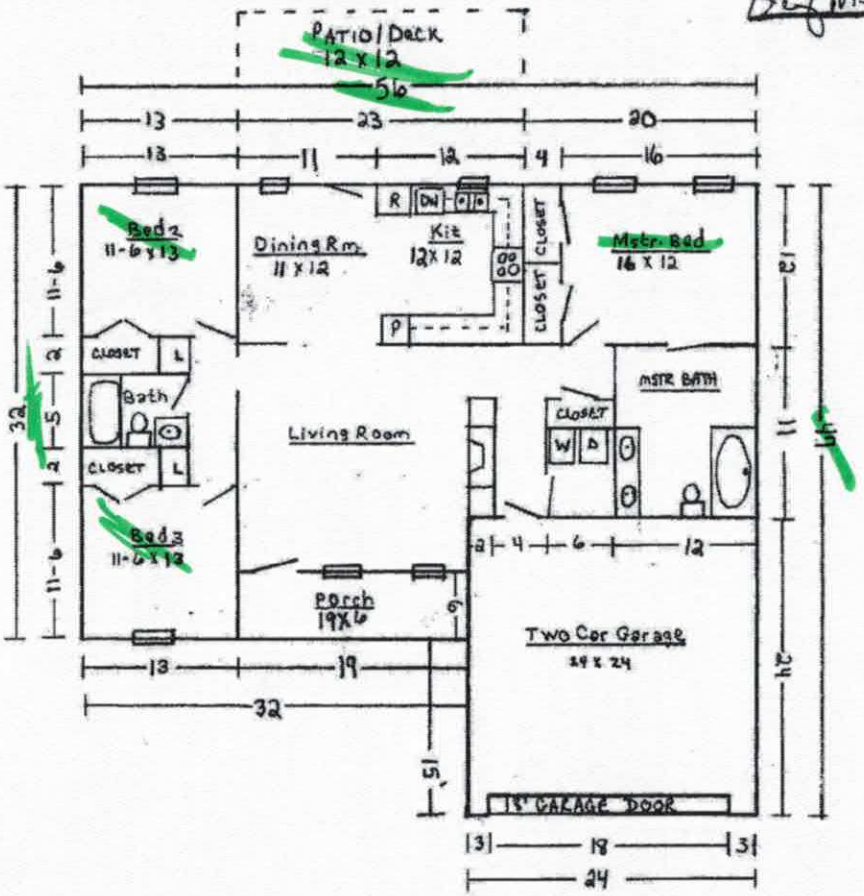
Signature: Doug McHargue

REQUIRED property owner or owner's legal representative signature.

2/26/2018

DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 3/21/2018
Date 2/20/2018



IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28687

FILE COPY

APPLICATION NUMBER
233634
Issue Date: 02/26/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4726035178.000	103 WEST EDINBURGH COURT, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FLORY FELICISIMA	Applicant: DANNY F MCHARGUE JR
Address: PO BOX 1905	Address: 114 MONTE VISTA RD
WEST PLAINS, MO 65775	STATESVILLE, NC 28625
Phone:	Phone: 704-902-0804

Use Requested	Zone Code
SFD	RA

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

Remarks:

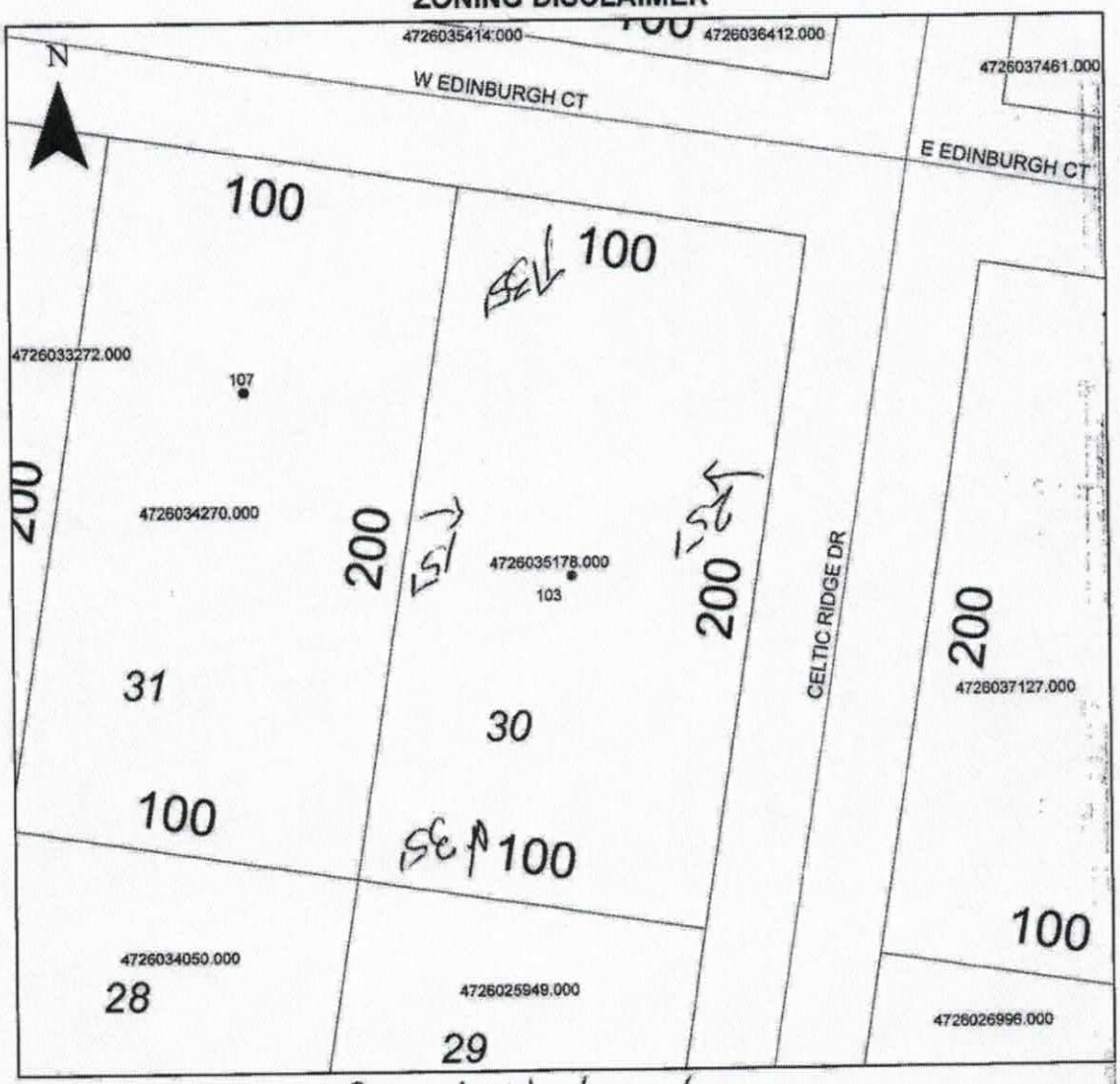
PAID 1001 mtt 2/26

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: **See Attached** Date: _____

Permit Number	129843	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 103 W Edinburgh

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.

Applicant

2/26/2024
Date