ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP308381

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

✓PIN # 4728305641.146

APPLICANT/OWNER: Joseph Reagan | APPLICANT ADDRESS: PO Box 6171 28678

SITE ADDRESS: 146 Farm House Rd Statesville NC 28625 | PHONE: 704-425-5046 | ALT. PHONE

SITE DIRECTIONS: NC 115 to L on Crider Rd, L on Farm House Rd, 1st on R

SUBDIVISION: ✓ | SECTION: — | LOT # — | LOT AREA: 35.977 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 760	Date	12/28	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:	Gravity 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Gravity 25% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	360'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

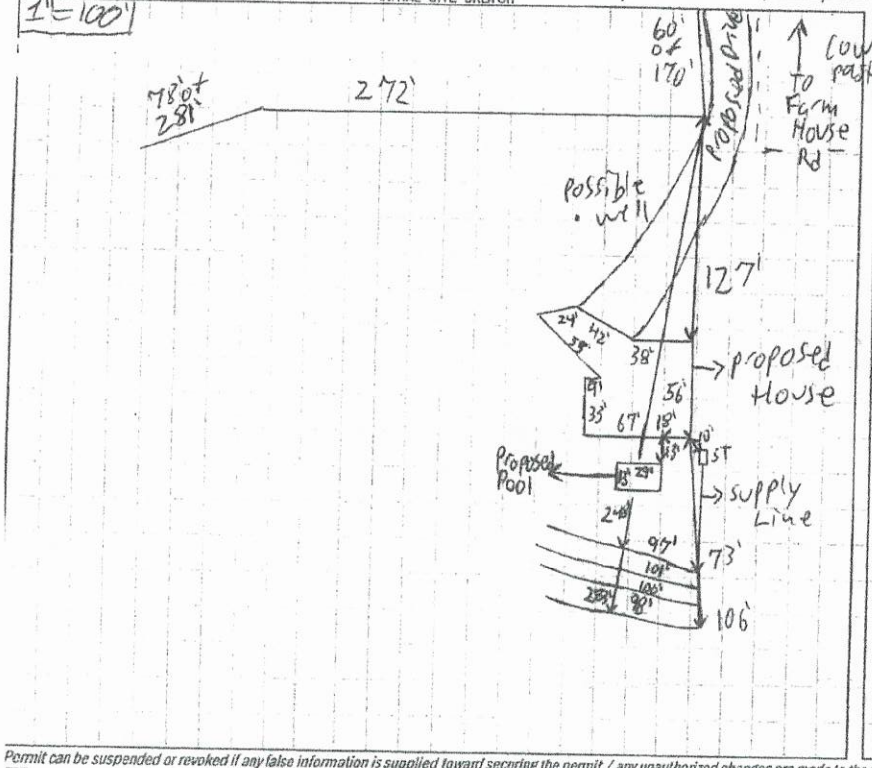
☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

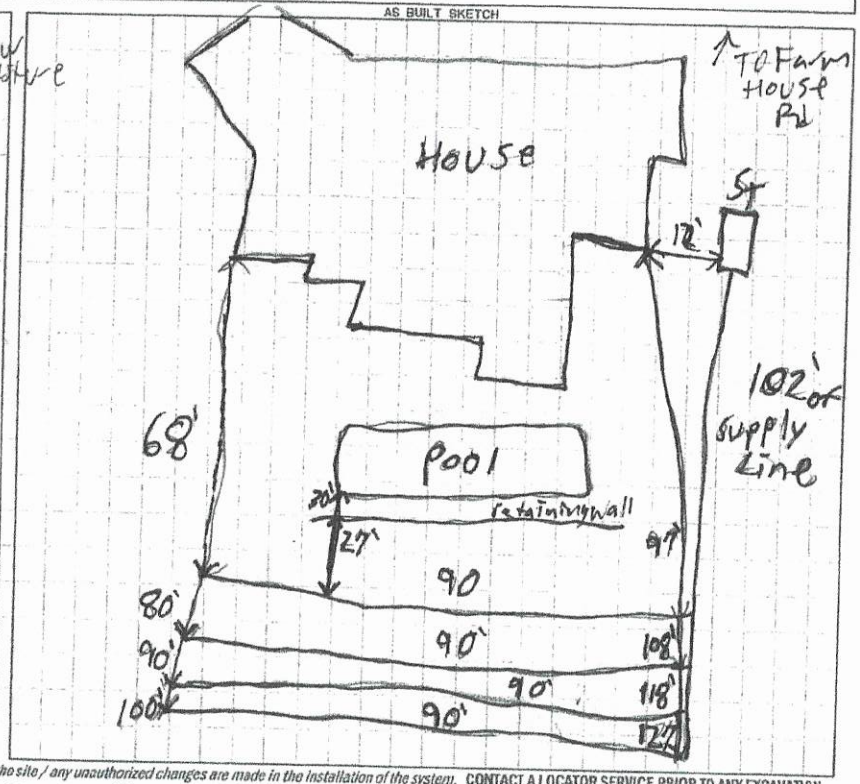
Comments / Conditions: Install Lines on contour. Do NOT drive on, store material or manipulate drainfield in anyway. Pool must be marked during time of installation and Inspection. Any Part of septic system must be 15' off waters edge of pool. 396' of drain Line Laid out only need 360'

INITIAL SITE SKETCH

1"=100'



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: Acceptance of Permit Read | Date: 8-12-2020 | Installed by: Shady Knoll septic

IMPROVEMENT PERMIT by: Patrick J Bagle III | Date: 8/11/2020 | OPERATION PERMIT by: Patrick J Bagle III | Date: 3/23/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagle III | Date: 8/11/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-654-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector 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 2
PROPERTY ID #: 472830564
COUNTY: Iredell

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

OWNER: Joseph Reagan
ADDRESS: PO Box 6171
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 146 Farmhouse Rd
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 6/18/2020
DATE EVALUATED: 7/23/2020
PROPERTY SIZE: 35.977 acres
PROPERTY RECORDED: yes

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	SS	0-2	SCLWSBK	FrSSSPSExP	—	48	Litho inclusions more common at bottom	Vein of Parent RX	PS.25
		2-28	CSBK/ABK	FrSSPSExP					
		28-41	Parent RX	Fi					
		41-48	CL	FrSSSPSExP					
2	SS 10%	0-3	SCLWSBK	FrSSSPSExP	—	49"	Litho inclusions more common at bottom	Vein of manganese going diagonally across upslope side of pit	PS.25
		3-28	CABK	FrSSPSExP					
		28-48	CLSBK/ABK	FrSSPSExP					
3	SS	0-5	SCLWSBK	FrSSSPSExP	—	48"	Litho inclusions more common at bottom	Pockets of parent RX. Clay was more compacted up top and more friable at bottom	PS.25
		5-26	CSBK/ABK	FrFrSSSPSExP					
		26-48	CLSBK	FrSSSPSExP					
4	SS	0-3	SCLWSBK	FrSSSPSExP	—	48"	few Litho inclusions more common at bottom	Parent RX throughout small to medium chunks	PS.25
		3-32	CSBK/ABK	FrSSSPSExP					
		32-48	CL SBK/ABK	FrSSSPSExP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	Gravity 25%	Gravity 25%
Site LTAR	.25	.25

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

COMMENTS: sunny

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

Sheet 2 of 2
PROPERTY ID #: 4728305641
COUNTY: Iredell

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

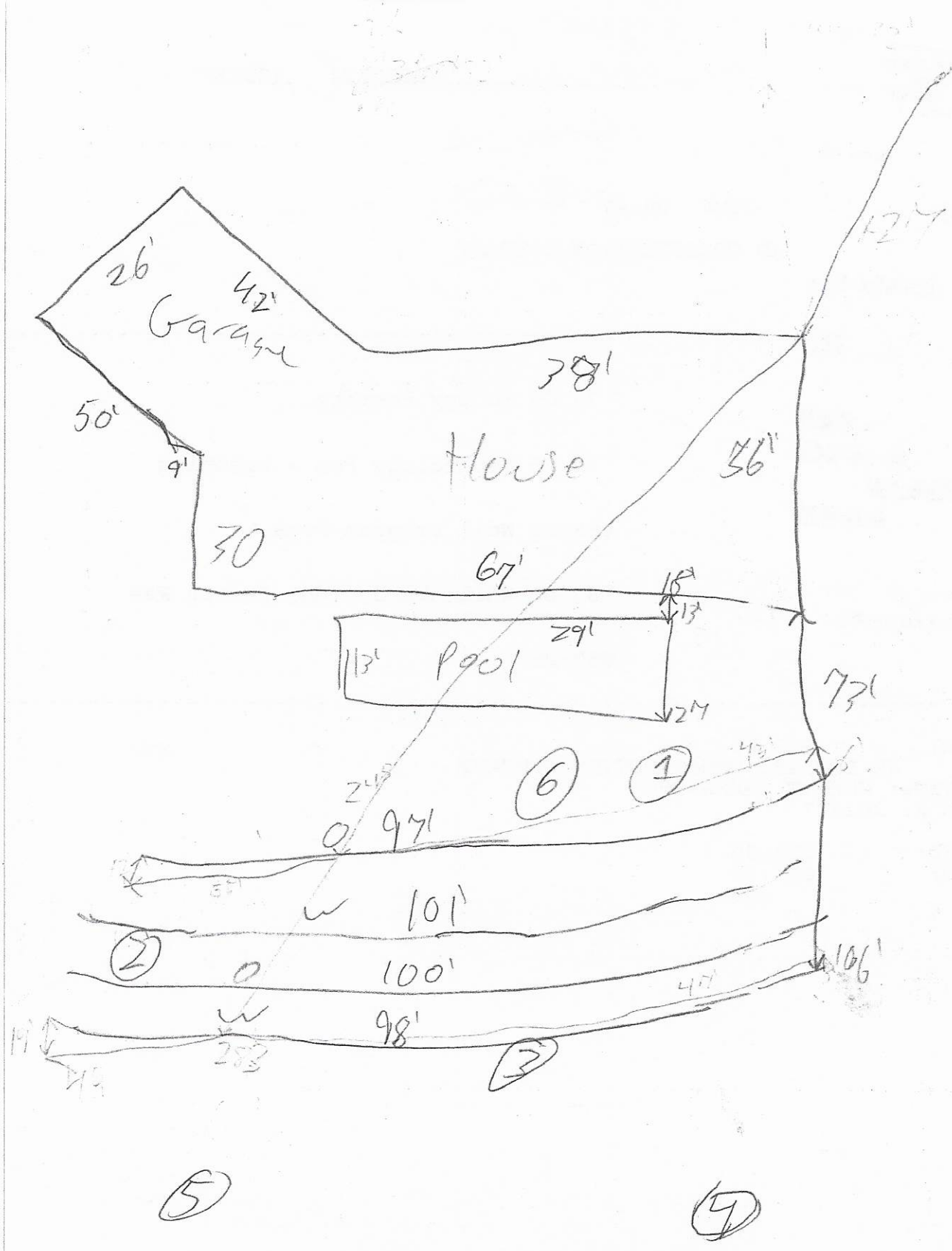
OWNER: Joseph Keagan
ADDRESS: PO Box 671
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 146 Farmhouse Rd
APPLICATION DATE 6/8/2020
DATE EVALUATED: 7/23/2020
PROPERTY SIZE: 35.97 acres
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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
5	SS	0-4	SCLWSBK	FrSSSPSOP	—	48"	Litho increasing More & common at bottom	Parent RX throughout some Larger Rocks throughout	PS.25
		4-30	CSBK/ABK	FrSSSPSOP					
		30-48	CLSBK	FrSSSPSOP					
6	SS	0-3	SCLWSBK	FrSSSPSOP	—	48"	Litho increasing	Large Parent RX clusters	PS.25
		3-30	CABK	FrSSSPSOP					
		30-48	CLSBK	FrSSSPSOP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	Gravity 25%	Gravity 25%
Site LTAR	.25	.25

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

COMMENTS:


26'
42'
Garage
78'
50'
9'
House
56'
30
67'
15'
13'
29'
13'
Pool
24'
73'
43'
24'
6
1
97'
5'
101'
2
100'
106'
4'
98'
14'
25'
3
5
7

Postrock

RECEIVED JUN 19 2020 AP-308881 $500.00

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*

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: Joseph Reagan Address: P.O. Box 6171 Zip: 28678
Applicant Email: jreagan@reaganenterprises.com Phone: 704-425-5046 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Farm House Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 1/2 mile North on East of 115. Farm House Rd

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 6
(✓) 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.

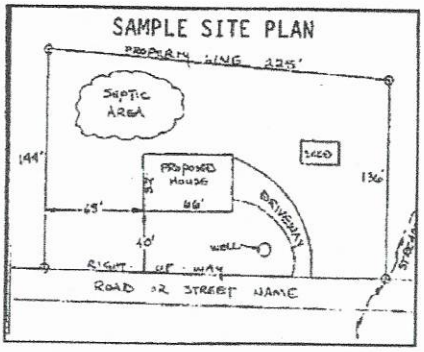
Signature: _____ 6/18/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

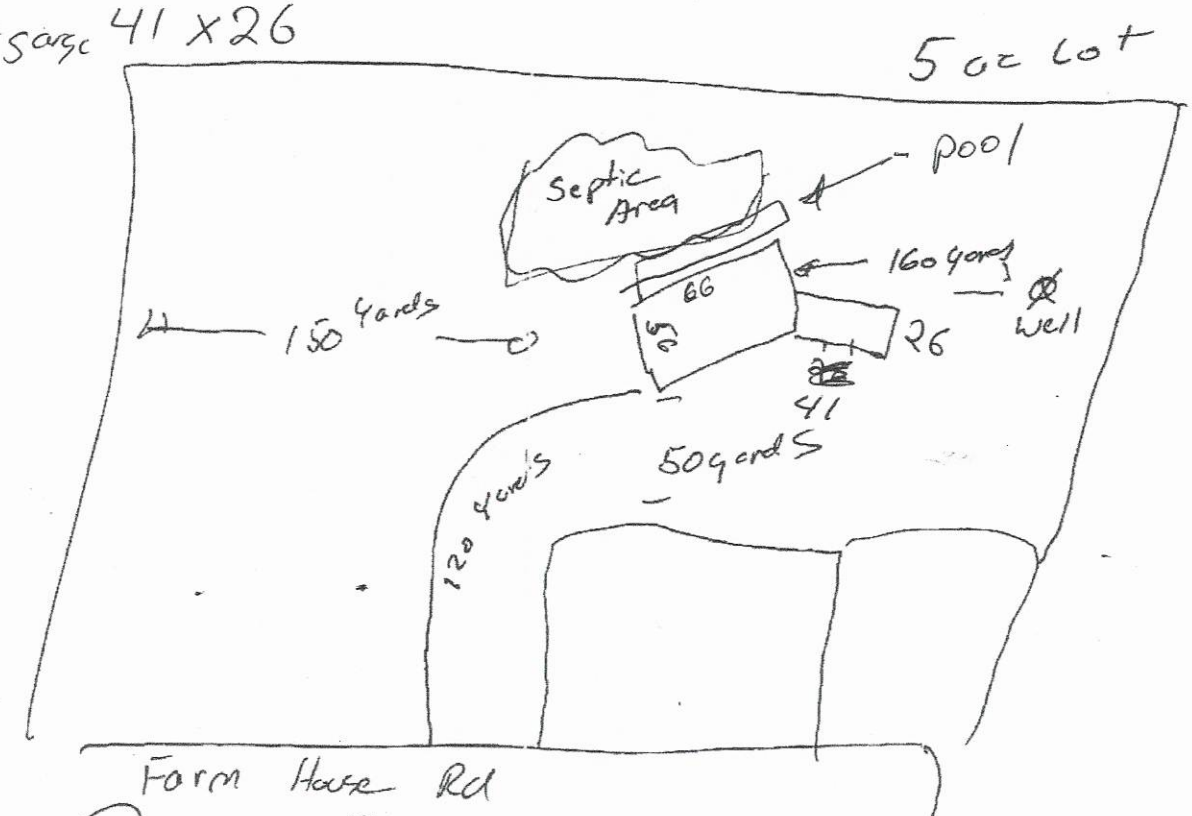
Circle N/A on the following if appropriate:

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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

House - 56 X 66
3 car garage 41 X 26



Signature: _____ 6/18/20

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

115

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, Joseph Reagan, am the legal owner(s) of the property located at 146 Farm House Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

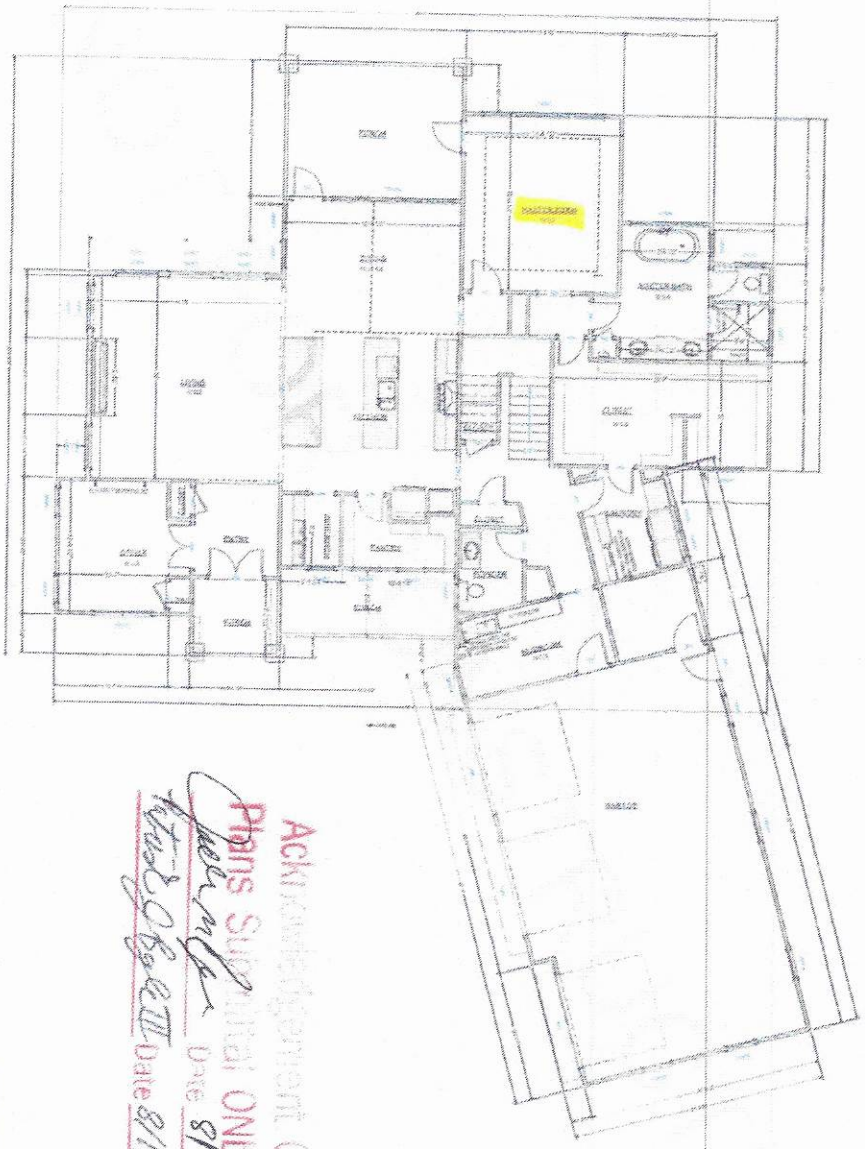
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 6/18/20
Signature of Owner(s) 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



Acknowledgement Of Plans Submitted ONLY

Date 8/11/2020

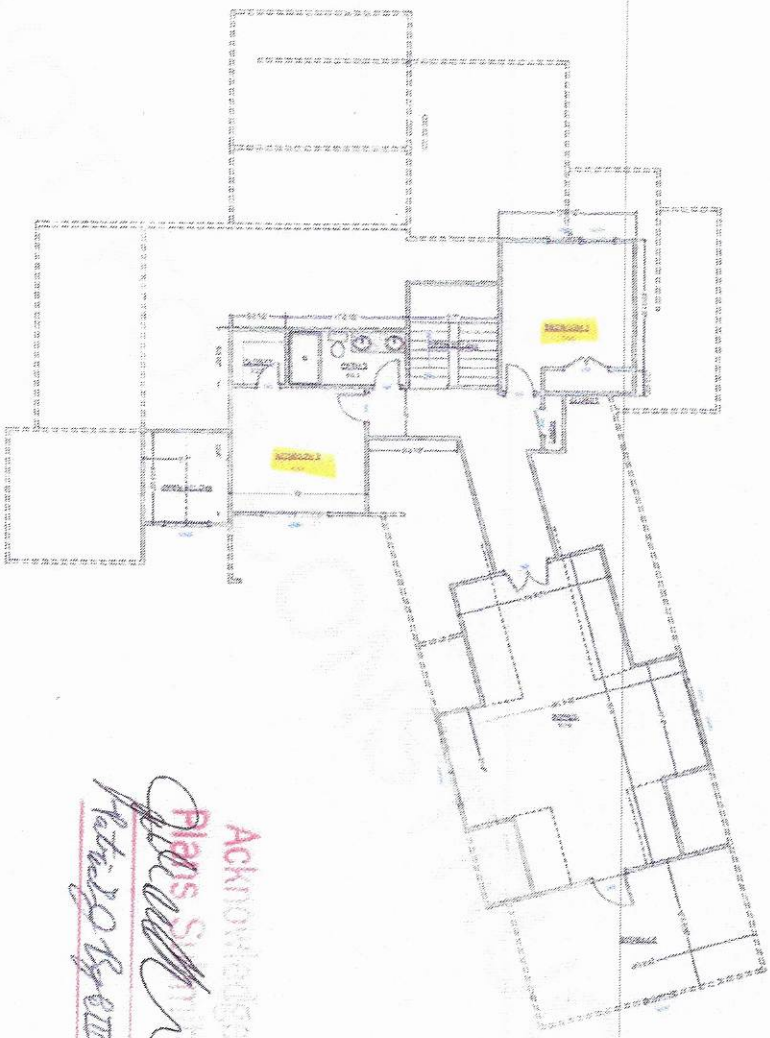
Date 8/11/2020

SIGN HERE

FIRST FLOOR PLAN

SQUARE FOOTAGE

ARC



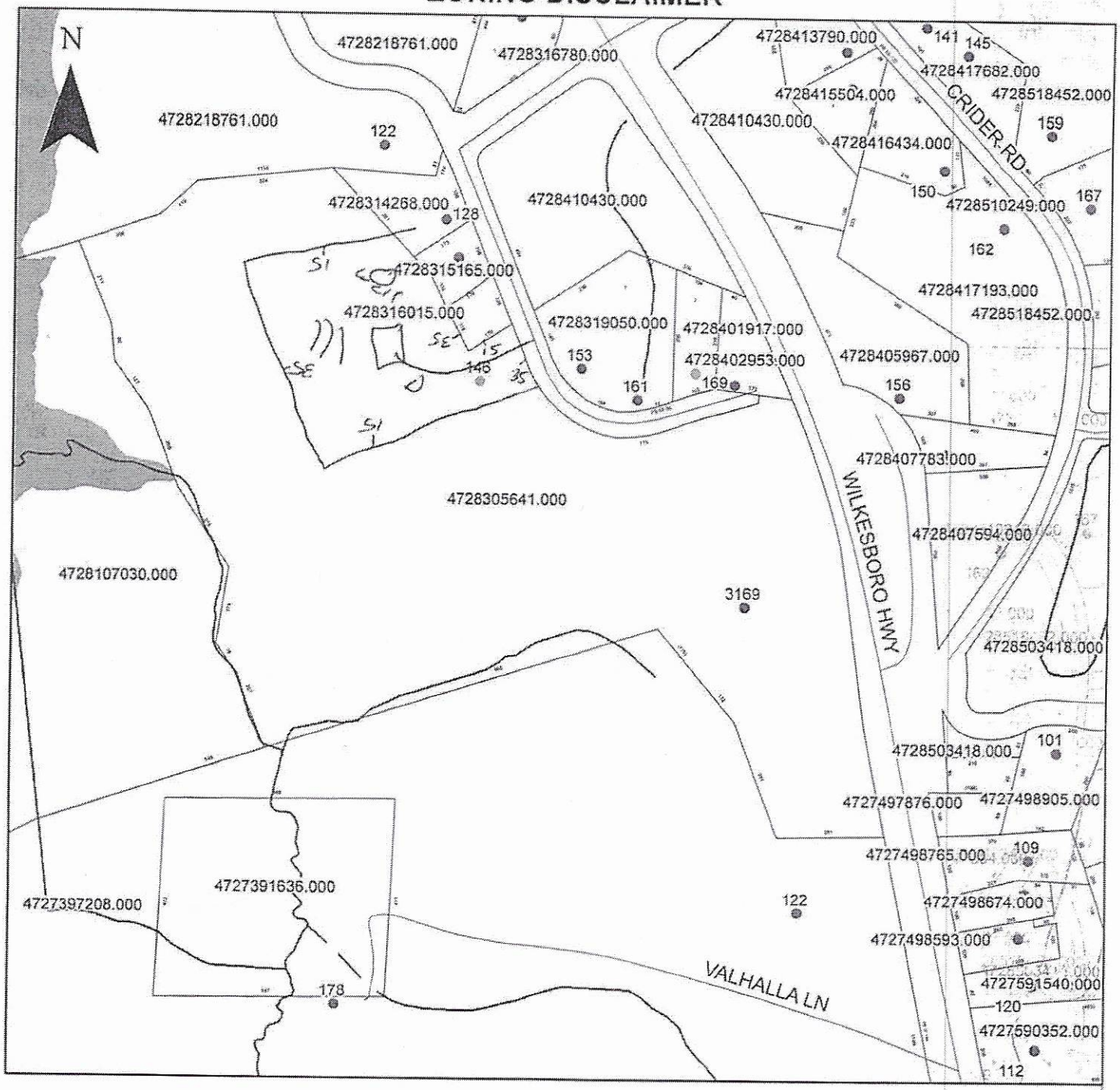
Acknowledgement Of Plans Submitted ONLY
Dated 20 Day of 8th 2022
Date 8/11/2022

SECOND FLOOR PLAN

SQUARE FOOTAGE	
AREA UNDER ROOF	
TOTAL	4106
GARAGES	
TOTAL	736
PORCHES	
TOTAL	96
COVERED PATIO	
TOTAL	1181
SECOND FLOOR	
TOTAL	1373
SECOND FLOOR PORCHES	
TOTAL	320

SHEET: A-7			DATE: 6/17/2020	BUILDAG.com	Regan Residence	ARC

ZONING DISCLAIMER



Property Address 146 Farm House

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

6/18/20

Date