IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 22815

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

PIN # 4730493437

APPLICANT/OWNER: Ron Burford | APPLICANT ADDRESS: P.O. Box 217 Troutman, NC | PHONE: 704 508-1018 | ALT. PHONE 704 361-0978

SITE ADDRESS: 203 Meadow Glen Dr

SITE DIRECTIONS: Perth Rd South TR. State Park Rd TR Meadow Glen Dr end

SUBDIVISION: Meadow Glen | SECTION: 4 | LOT # 11 & 12 | LOT AREA: .6148 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

SAP CONTROLLED: ☐ YES ☒ NO

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description: Pump-PM-25% Reduction		☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: Pump-25%-50% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2 @ 50'	Linear Ft 100'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 2-50' lines below existing drainfield or above existing drainfield. ** If existing taps in Pressure Manifold are 1½" sch 40 then taps for new drainlines Should be 1½" sch 80. 1-3/4 SCH80 TAP USED TO FEED BOTH LINES

* Expansion From 3 Bedrooms to 4 Bedrooms

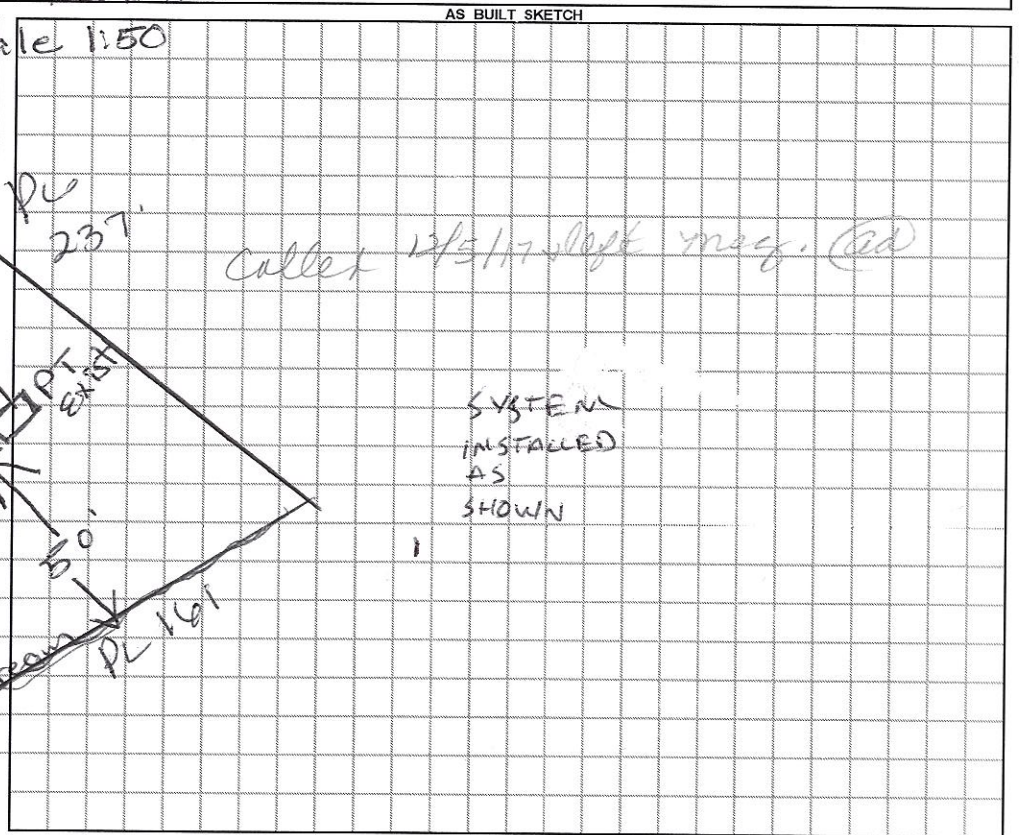
Meadow Glen Dr.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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: Jon Burford Date: 2/20/18 Installed by: T.W. Ammons Septic Service Inc.

IMPROVEMENT PERMIT by: Marian Dotson Date: 7/14/17 OPERATION PERMIT by: Bryant C. White Date: 2-1-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Rattler Date: 2/20/2018 Existing System Inspected by: Date:

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ron Burford — APPLICATION DATE: ____
ADDRESS: ____ — DATE EVALUATED: 7/6/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____
LOCATION OF SITE: 203 Meadow Glen Dr — 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	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
A	10-12%	0-4"	Brw SCL	SS, SP, SEXP					PS .3
		4-34	Rd/Brw C/L	SS, SP, SEXP, FR					
		34-37	Red/Brw CLS	SP, SEXP, FR w/ w. Rock Inclus					
			& SAP Inclus						
		37-48"	L/S	SAP					
B	10-12%	0-15	Rd/Brw C/CL	SS, SP, SEXP, FR					PS .3
		15-38	Rd/Brw C/CL w/ Few to many	SAP					
			Incl vs	SS, SP, SEXP, FR					
		38-48	L/S/L	SAP massive, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25-50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Ron Burford

COMMENTS: ____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 4730493457
COUNTY: Lenoir

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jim Pund
ADDRESS: 199 Waddell RD
PROPOSED FACILITY: Dwell
LOCATION OF SITE: State Park RD Moseley Elem
APPLICATION DATE 8/6/08
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: 9-2-08
PROPERTY SIZE: 1.00 ac
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED:
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	20%	0-16							
2	20%	0-19							
3	2%	0-14 0-16 0-5							
4		0-24 0-16	unsuitable to shallow		wavy boundary				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	~~300~~	
System Type(s)	25% 6	25% 6
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Kelli Cole
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) 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) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

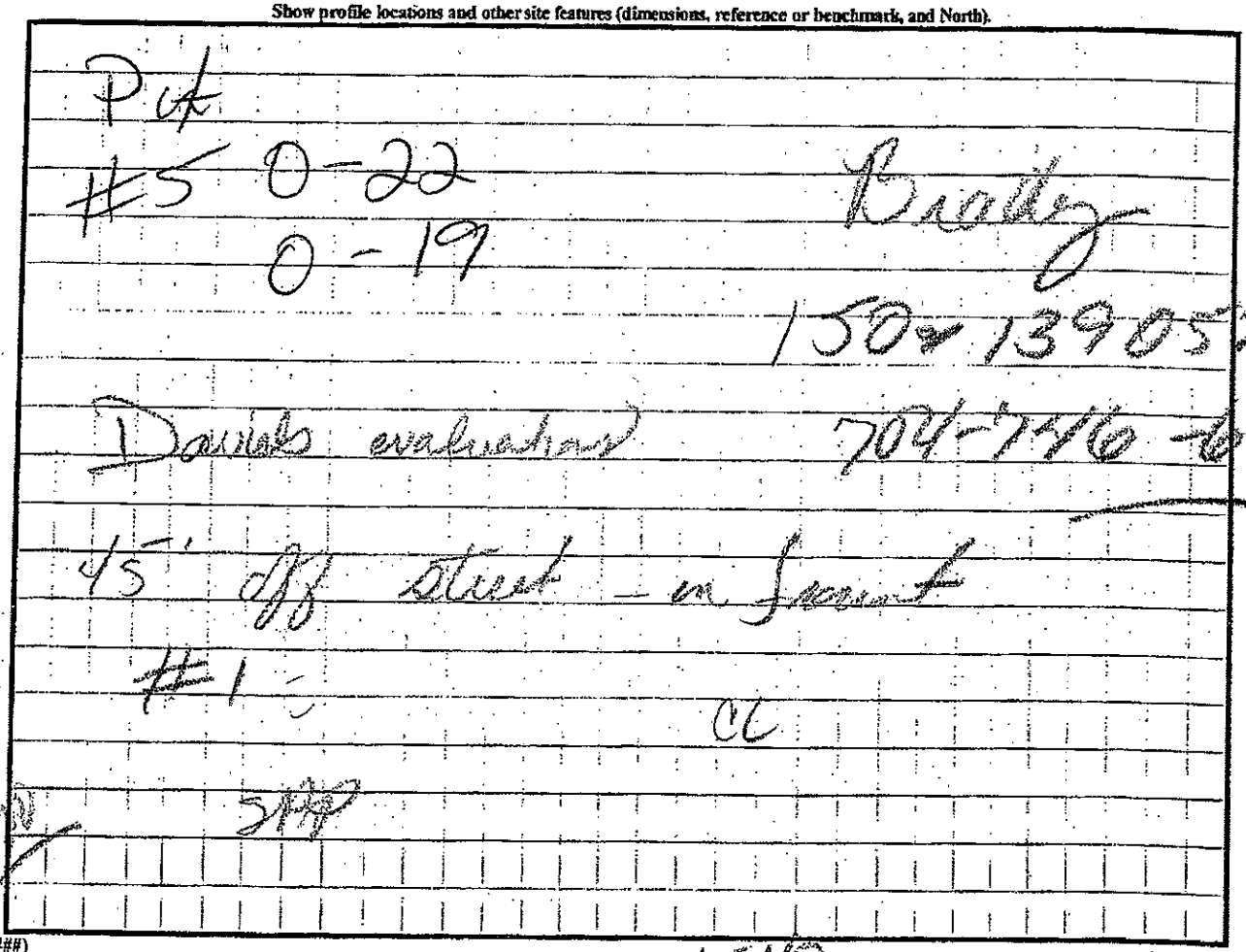
NOTES

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/ft²

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



DENR (######)
Review (#####)

3 to 42

Silt Pond 111 to 112

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

13160 75

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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		0-10	SCL WSBK	SSSPSSAPFR		51			
		10-39	C WSBK	SSSPSSAPFR					.3
		39-51	C/SAP	SSSPSSAPFR					.85
2		0-11	SCL WSBK	SSSPSSAPFR		51			
		11-37	C WSBK	SSSPSSAPFR					.3
		37-51	C/SAP	SSSPSSAPFR					
3		0-11	SCL WSBK	SSSPSSAPFR		51			
		11-40	C WSBK	SSSPSSAPFR					.3
		40-51	C/SAP	SSSPSSAPFR					.25
4					17" 36 Trench Bottom				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120D/360	
System Type(s)	25% Red	
Site LTAR	.3	

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

COMMENTS: _____

67 1111 31' elevation

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) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

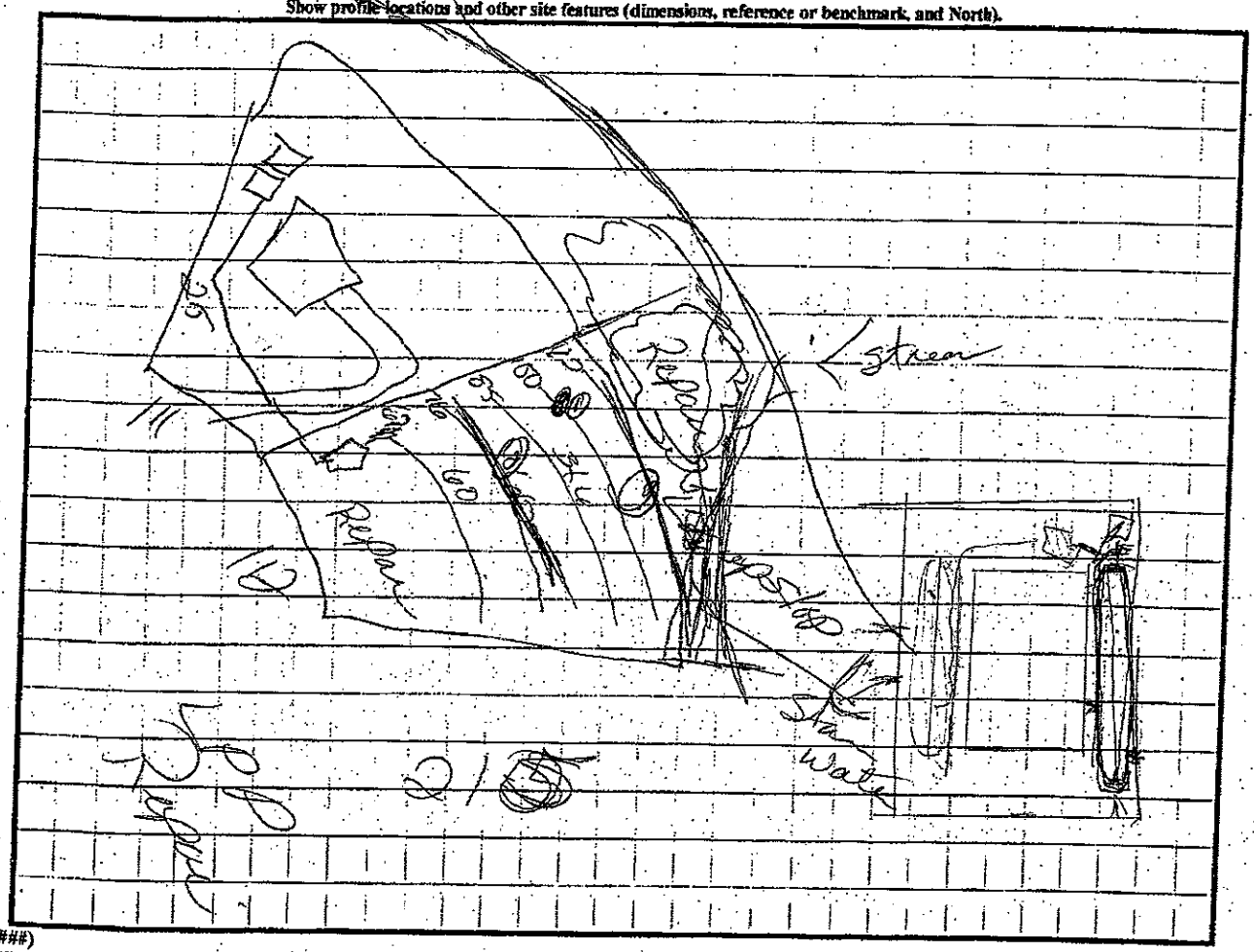
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



DENR (######)
Review (######)

4730493437

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* #22815

(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: X Improvement Permit ___Authorization To Construct ___ 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:

RON RUFFORD	P.O Box 217	704 508-1018	704-361-0978 BEST Mobile
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
RANDAL RANDAZZO	203 MEADOW GLEN DR		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

203 MEADOW GLEN DR.	MEADOW GLEN	SEE ATTACHED
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: TURN R. OFF OF MAIN ST ON TO WAGNER ST. IN TROUTMAN. TURNS INTO PERTH. RIGHT ON STATE PARK Rd. TAKE R. ON MEADOW GLEN SUBDIVISION. DOWN AT THE END OF CUL-DE-SAC

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 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms 3

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(X) 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 (X) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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.

168

9. Signature: _____ 2/20/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

4730493437

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* #228115

(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: X Improvement Permit ___Authorization To Construct ___ 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 #
RON BURFORD	P.O BOX 217	704 508-1018	704-361-0978 BEST MOBILE
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
RANDAL RANDAZZO	203 MEADOW GLEN DR		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
203 MEADOW GLEN DR.	MEADOW GLEN	SEE ATTACHED

Driving Directions: TURN R. OFF OF MAIN ST ON TO WAGNER ST. IN TROUTMAN. TURNS INTO PERTH. RIGHT ON STATE PARK Rd. TAKE R. ON MEADOW GLEN SUBDIVISION. DOWN AT THE END OF CUL-DE-SAC

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

(X) 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 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms 3

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(X) 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 (X) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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.

168

9. **Signature:** _____ 6/19/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, RANDAL RANDAZZO, am the legal owner(s) of the property located at 203 MEADOW GLEN DR TROUTMAN NC. 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) RONALD R BURFORD, 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.

Randal Randazzo 6-20-17 Karen L Odell 6-20-17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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...

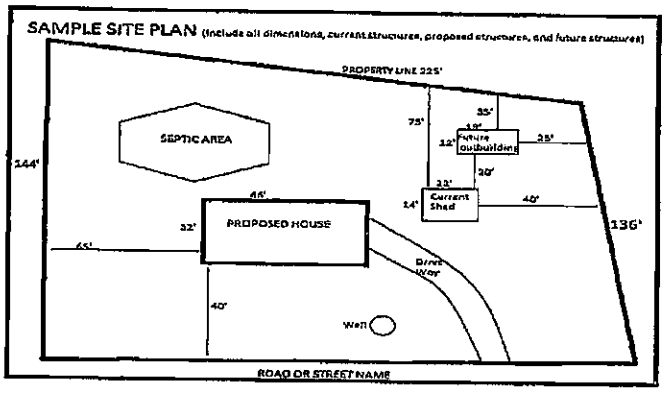
_____ North arrow, or other sufficient indicator of direction...

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 DRAWING

Signature: Jay Bowles

REQUIRED property owner or owner's legal representative signature.

2/20/18

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 31675 PIN# 4730493437 (112) / 4730494487 (112) DATE 11-17-05

OWNER OR CONTRACTOR Carl Stamey PHONE: Business 704-528-1419 Home

ADDRESS 199 Wallace Road Mooresville NC 28115

LOCATION State Park Rd - Meadow Glen - end of Cul de sac

SUBDIVISION Meadow Glen BLOCK / SECTION LOT 111/112 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 192 Date 2-15-05

Pump Tank: 1000 Gallons; PT 283 Date 10-21-05

Pump Make: Goulds Model WE 712H Serial No. 5D1253955

Nitrification Field: No Fields Square Feet 200 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump 2 SD PM

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No None

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

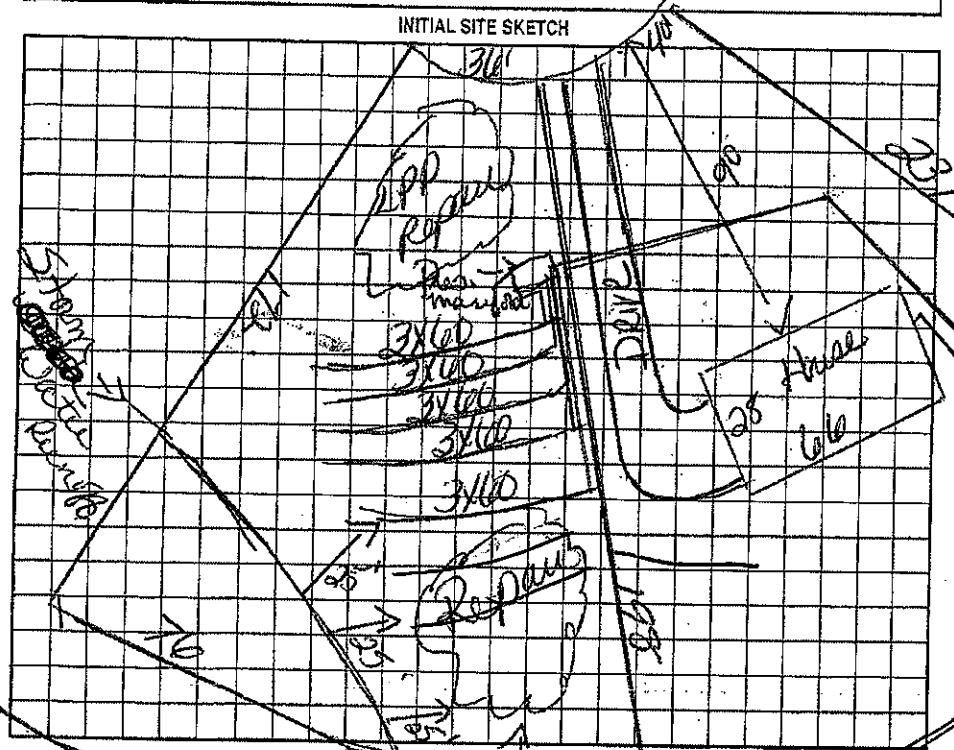
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

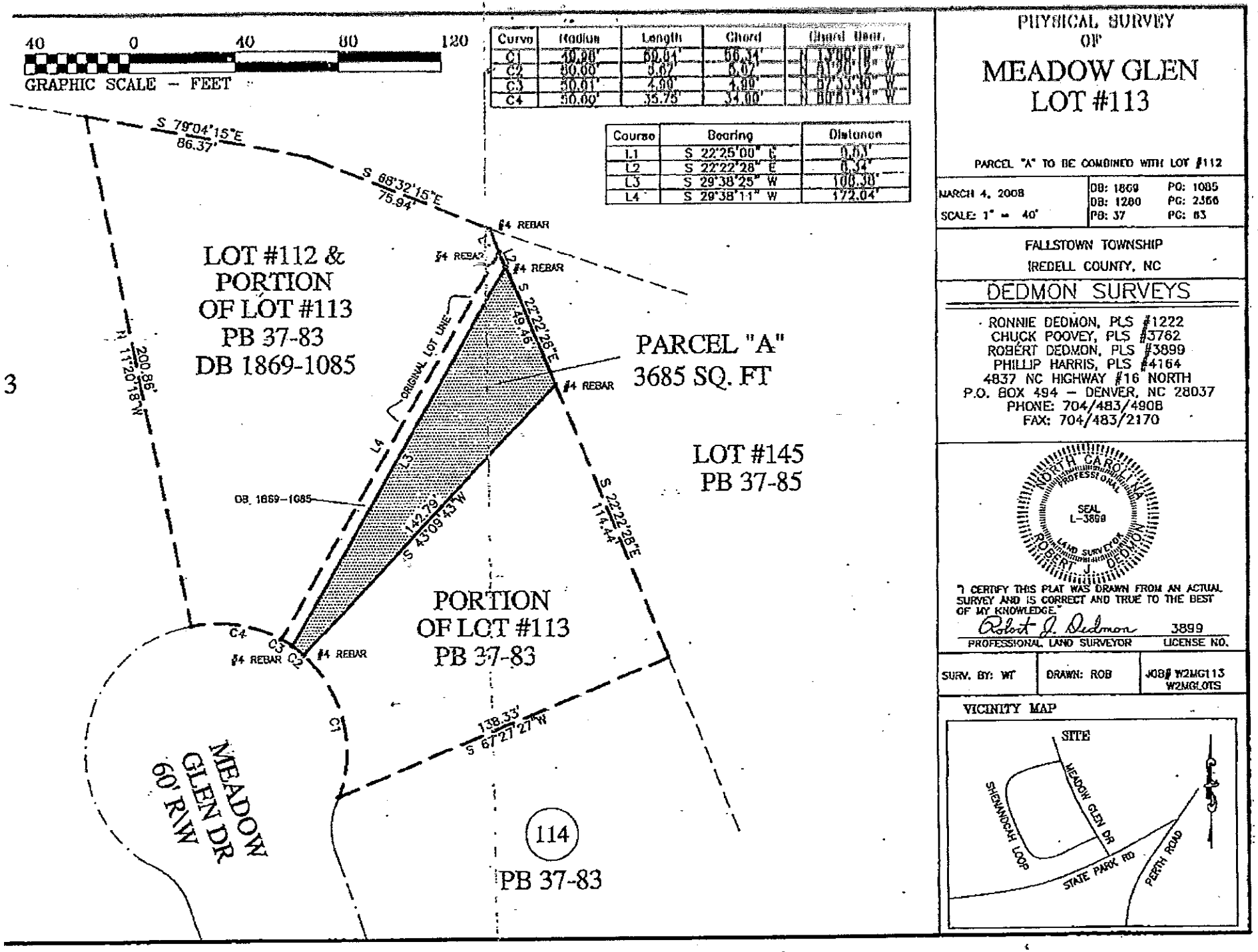
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: * see attached easement paperwork
Maintain all setbacks -
Install as Called

Comments/Conditions: * Tanks must be maintained 50' away from stream
* Drain lines maintained 25' away from stormwater runoff -
- POLYLOK FITTINGS
- BUILDER SHOULD USE P/L JOINTS 11' OFF P/L

INITIAL SITE SKETCH


316'
Rep
Rep
Rep
3x100
3x100
3x100
3x100
3x100
Repair
Repair
Repair



Curve	Radius	Length	Chord	Chord Bear.
C1	30.00'	59.01'	50.31'	N 19°00'18" W
C2	50.00'	5.67'	5.67'	N 81°20'12" W
C3	50.01'	4.99'	4.99'	N 87°35'30" W
C4	50.00'	35.75'	34.99'	N 69°51'31" W

Course	Bearing	Distance
L1	S 22°25'00" E	0.03'
L2	S 22°22'28" E	0.34'
L3	S 29°38'25" W	100.30'
L4	S 29°38'11" W	172.04'

PHYSICAL SURVEY OF MEADOW GLEN LOT #113

PARCEL "A" TO BE COMBINED WITH LOT #112

MARCH 4, 2008	DB: 1869	PG: 1085
	DB: 1280	PG: 2366
SCALE: 1" = 40'	PB: 37	PG: 83

FALLSTOWN TOWNSHIP
IREDELL COUNTY, NC

DEDMON SURVEYS

RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 – DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

Robert J. Dedmon 3899
PROFESSIONAL LAND SURVEYOR LICENSE NO.

SURV. BY: WT	DRAWN: ROB	JOB# W2MG113 W2MGLOTS

VICINITY MAP

Prepared by & return to:
Russ West

EASEMENT FOR SEPTIC FIELD

Whereas Cecil Stamey Inc is the owner of Lot 111 and Lot 112 of Meadow Glen Subdivision, Phase 4 Map 2 of 3, as shown on plat thereof recorded in plat book 37 at page 84 in the Iredell County Public Registry (hereinafter referred to as "Lot 111" and "Lot 112"); and

Whereas, need has arisen for an easement over and upon Lot 112 Meadow Glen for the benefit of Lot 111 for septic lines and a leach field to be located upon Lot 112; and

Whereas, Cecil Stamey Inc, being the owner of both Lots 111 and 112, have agreed to impose an easement upon Lot 112 for the benefit of Lot 111, for the placement and maintenance of sewer lines and a leach field upon Lot 112.

NOW THEREFORE BE IT RESOLVED, that there is conveyed herein a permanent and appurtenant, perpetual easement over and upon Lot 112 Meadow Glen Subdivision for the benefit of Lot 111 Meadow Glen Subdivision, for the installation, location, and maintenance of septic lines and drain field over and upon Lot 112; and

That this easement shall inure to the benefit and burden of the Grantors herein and their heirs, successors and/or assigns of Lot 111 and Lot 112 of Meadow Glen Subdivision Phase Four; and

That this easement shall include authority for the Grantors herein and any subsequent owners of Lot 111 to go over and upon Lot 112 for installation, operation, maintenance, monitering and repair of the septic lines and leach field to be placed upon Lot 112. This easement shall remain in full force and effect for so long as a septic system is required for the benefit of Lot 111; the easement shall not be affected or negated by any change in ownership of Lots 111 and 112 of Meadow Glen Phase 4.

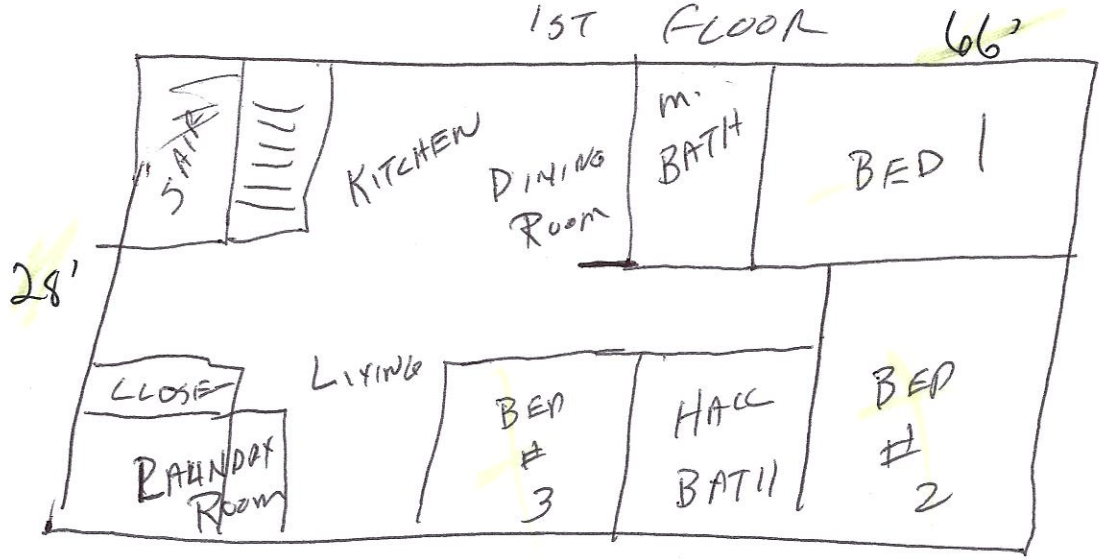
This the 16th day of January, 2005.

Cecil Stamey, Inc.

By: Grayson O. Stamey, Jr.
President

KON & KARI BARFORD
203 MEADOW GLEN DR.
TROUTMAN N.C 28166
704-361-0978

PERMIT # 228115



Acknowledgement Of
Plans Submittal ONLY!
Date 2/20/18
Date 2/20/2018.

