ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 326252

PIN # 4735 -- 05 -- 7651

APPLICANT/OWNER: Kenneth Watt

APPLICANT ADDRESS: 129 Beckham Rd, Statesville NC 28625

SITE ADDRESS: 124 Rachel Lane, Statesville NC 28625

PHONE: 704-902-4495 ALT. PHONE

SITE DIRECTIONS: (N) 115 → (L) Old Wilkesboro → (L) Bradley Farm → (R) Sara → (R) Rachel

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Country Landing

SECTION: MA LOT # 7 LOT AREA: 0.6ac

DESIGN FLOW: 300gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	7-25-2022
Pump Tank		(gal)	PT		Date	
Pump Make			Model		Serial #	
# Nitrification Fields	1		# Lines	4	Linear Ft	300'
Trench Width	36"		Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

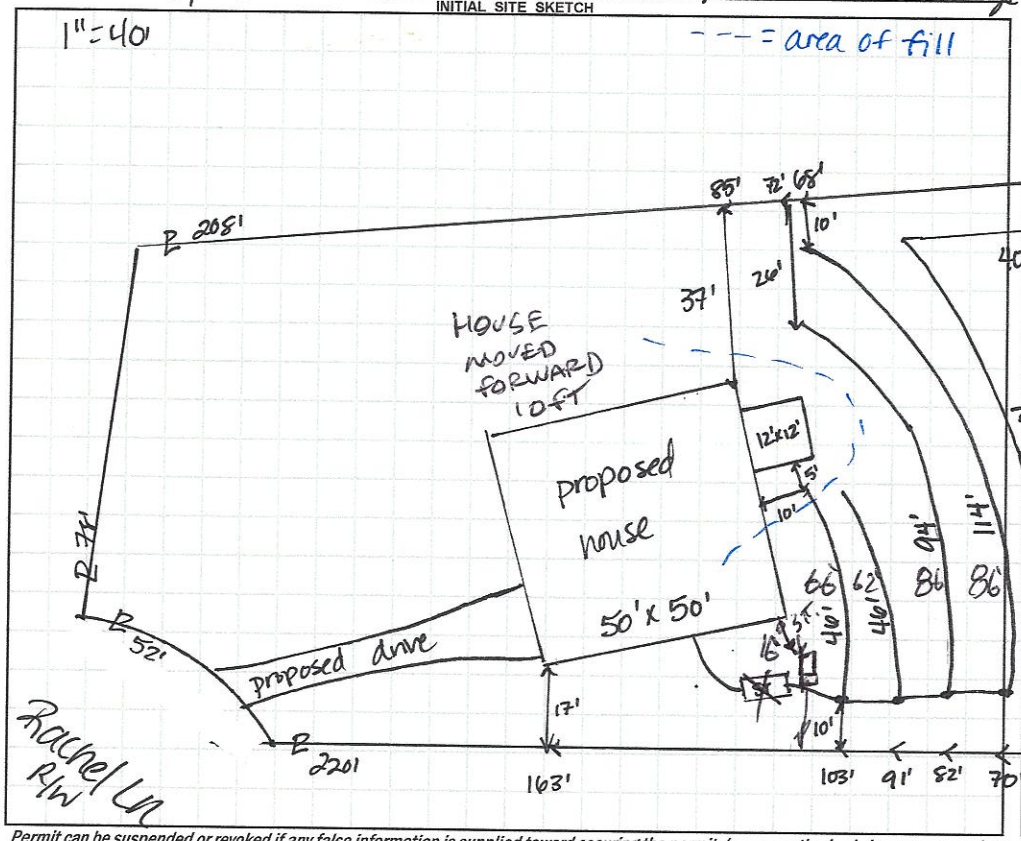
No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

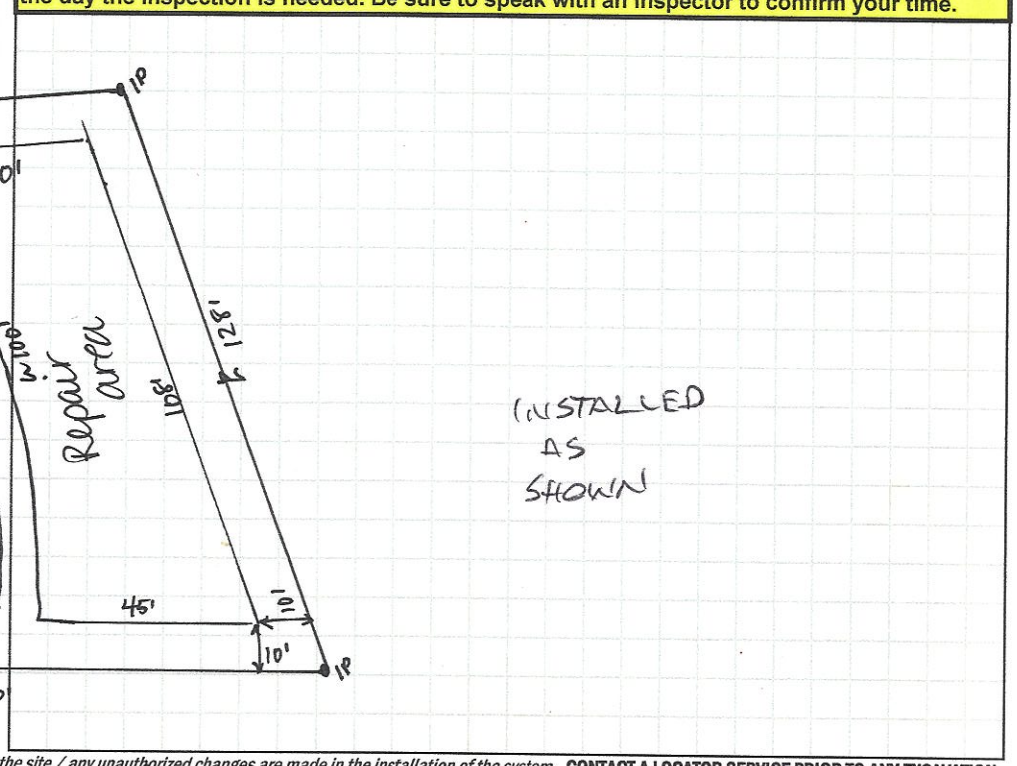
Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield area. Keep house 10' from drainlines, deck 5'. Install on contour, divert all drainage when removing fill from lot. Do not install in fill.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: Kenneth Watt Date: 5-17-22 Installed by: STUTTS GRADING

IMPROVEMENT PERMIT by: D. Meberg Date: 5/15/22 OPERATION PERMIT by: Burpt C. White Date: 9-2-2022

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 5/15/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4735057051
COUNTY: Iredell

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

OWNER: Kenneth Watt — APPLICATION DATE 3/29/22
ADDRESS: 129 Beckham, Statesville 28625 — DATE EVALUATED: 5/10/22
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.6
LOCATION OF SITE: 124 Bachelor Ln, Statesville — PROPERTY RECORDED: Y (1991)
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	LS 10%	0-3	SCL - SBK	SSSP - FR SEXP	Sap common 16"+ - Some rock fragments	48"	N/A	N/A	PS 0.3
		3-16	C - SBK	↓					
		16-48	CL - SBK	↓					
2	LS 10%	0-10	SCL - WSBK	SSP - FR SEXP	pockets of sap around 40", FR	50"	N/A	N/A	PS 0.3
		10-28	C - SBK	↓					
		28-50	CL - WSBK	↓					
3	LS 5%	0-3	SCL - SBK	SSP - FR SEXP	Band of FI/VFI sap/Rock @ 26-33"	50"	N/A	N/A	PS 0.275
		3-15	C - SBK	↓					
		15-33	CL - WSBK	↓					
		33-50	SCL - WSBK	SSMP - VFR - SEXP					
4	LS 8-10%	0-26	C - SBK	SSSP - FR - SEXP	N/A	48"	N/A	N/A	PS 0.3
		26-48	CL - WSBK	"					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50% H
Site LTAR	0.3	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B. Meberg
OTHER(S) PRESENT: S Holland

COMMENTS: 24" Slope correction

LEGEND

use the following standard abbreviations

DSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
rainage Way)						CR (Crumb)
Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
Flood Plain)		L (Loam)				SBK (Subangular Blocky)
Foot Slope)						ABK (Angular Blocky)
lead Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
inear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
lose Slope)		CL (Clay Loam)				
idge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
houlder Slope)		SiL (Silt Loam)				
errace)					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.

TES

RIZON DEPTH In inches below natural soil surface

PTH OF FILL In inches from land surface

STRICTIVE HORIZON Thickness and depth from land surface

PROLITE S(suitable) or U(unsuitable)

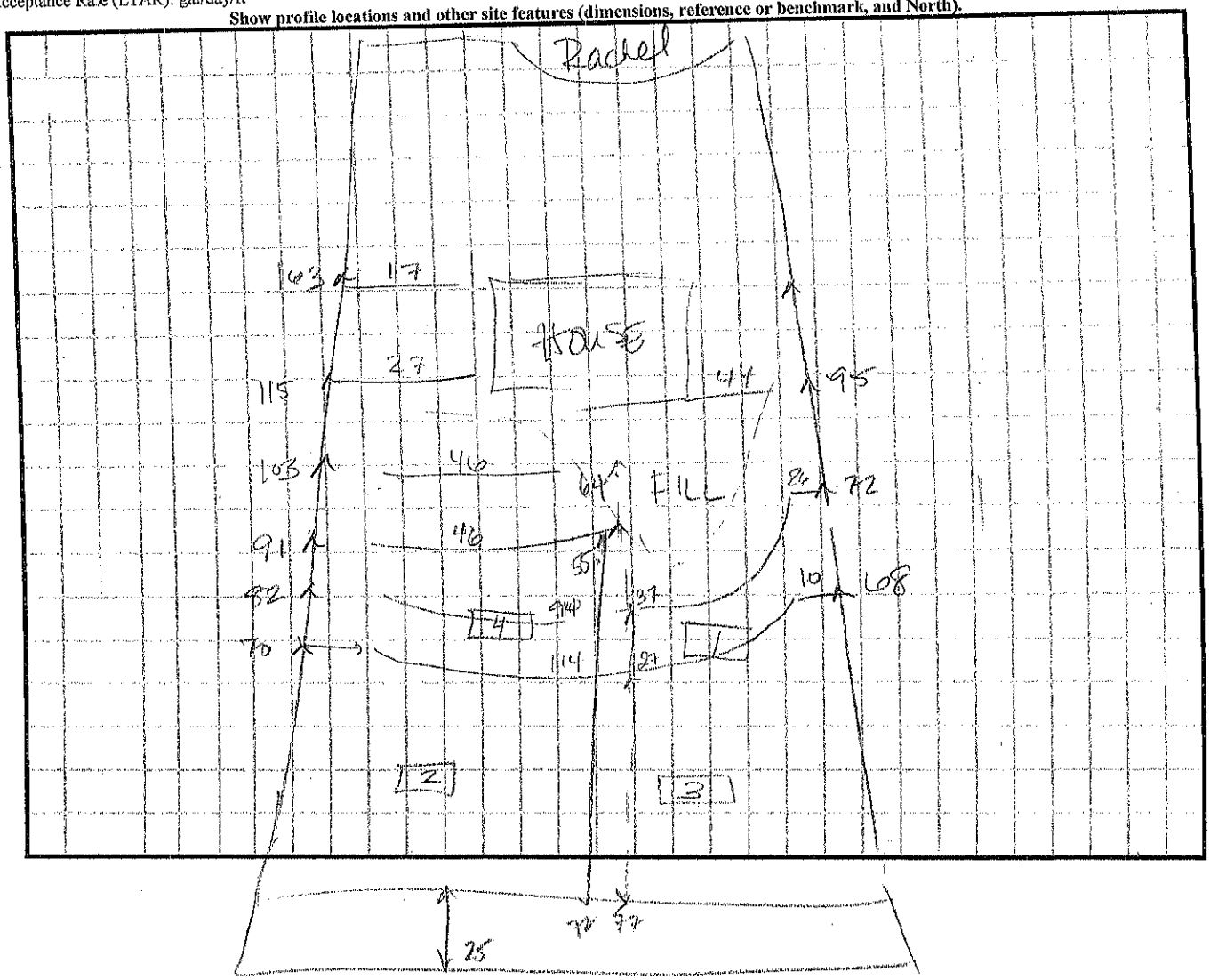
IL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

ASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

ng-term Acceptance Rate (LTAR): gal/day/ft²

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



RECEIVED MAR 29 2022

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* AP-326252 $500.00

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: K A Watt Construction Co Address: 129 Beckham Rd Zip: 28625
Applicant Email: KAWatt@Roadrunner.com Phone: _____ Alt. Phone: 704-902-4495
Owner Name: Kenneth A. Watt Address: Same Zip: _____
Owner Email: KAWatt@roadrunner.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 124 Rachel Ln.
Subdivision Name: Country Landing Section/Phase: _____ Lot Number: 17
Driving Directions: 115 N to L on Wilkesboro Hwy to L Bradley Fa, Rd to R Sara Lane to R B on Rachel Lane.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 7 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: ~~2220~~ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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.

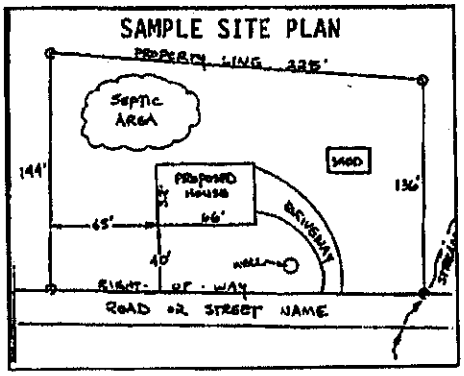
Signature: Kenneth A Watt 3-18-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

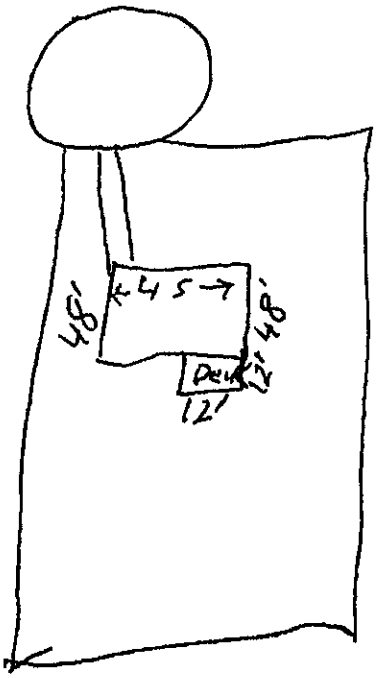
Circle N/A on the following if appropriate:

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

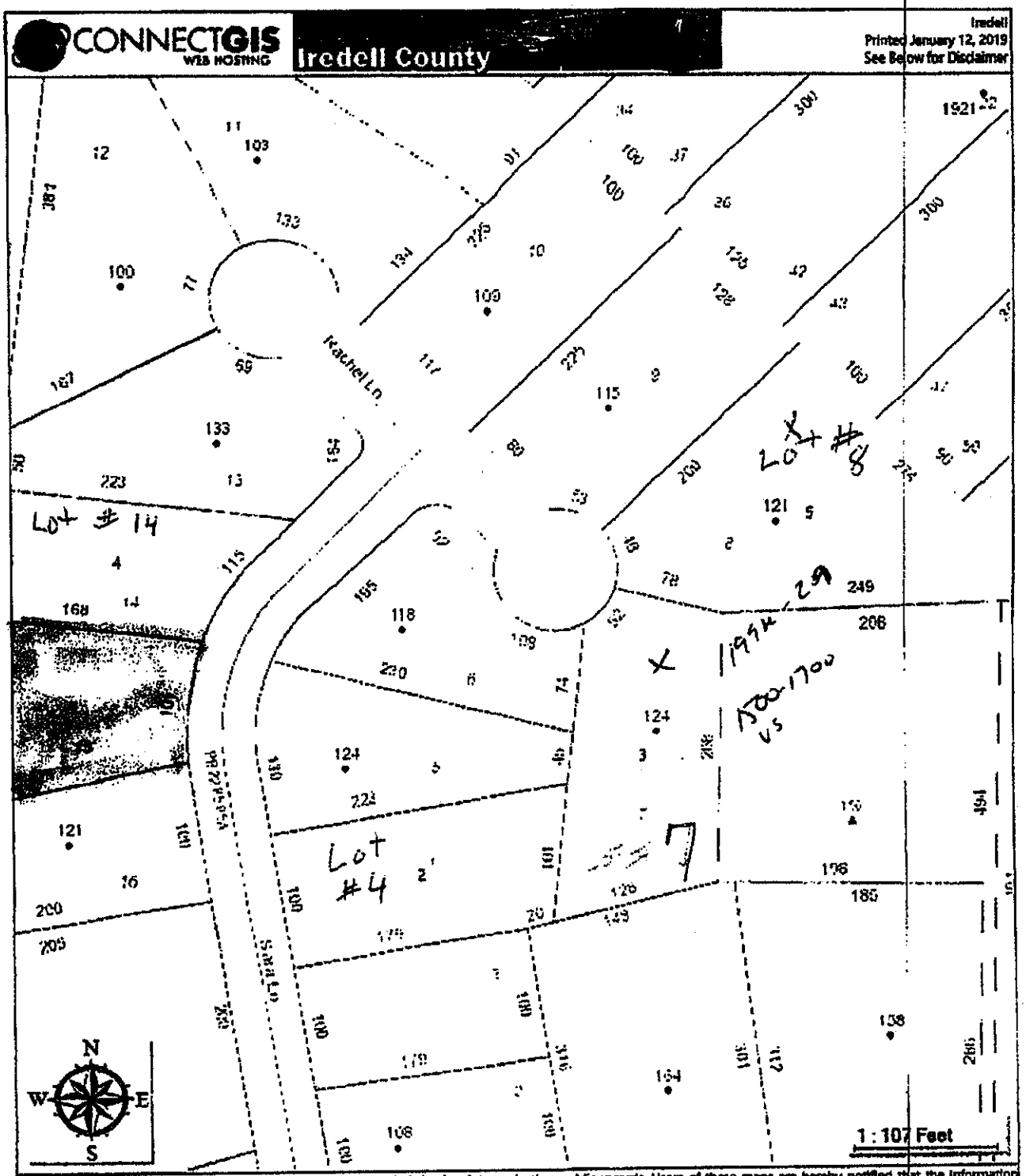
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See ATTACH



Signature: Kenneth C Watt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-18-22
DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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)* Kenneth A Watt

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, Kenneth A. Watt, am the legal owner(s) of the property located at 124 Rachel Lane Statesville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** KA Watt Construction, Inc Kenneth A. Watt, 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.

Kenneth A Watt — Signature of Owner(s)

3-18-22 — 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

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application **704-878-3575**

General Information

Job Address	124 RACHEL LN	Permit Number	326252
Owner	K A WATT CONSTRUCTION INC	Tax Map	4735057651.000
Owner Address	129 BECKHAM RD	Zoning	R-10
	STATESVILLE, NC 28625	Flood Hazard Area	NO
Phone No.	(704)902-4495	Historic District	
Contractor	KA WATT CONSTRUCTION INC	Architect	
Address	129 BECKHAM RD	Address	
	STATESVILLE,NC 28625		
Phone No.	(704)902-4495	Phone No.	

Type of Application New Single Family

Utility Source

Electric

Water

Sewer

Required Information

0.6	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	30	Front Yard
	Location		Utility Clearance	30	Rear Yard
	Easements		TRC Review	8	Right Yard
	Flood Certification		Other	8	Left Yard
	Driveway Cuts				

Department Approval

Planning Department _____ Public Works _____

Comments Construct new home in Statesville ETJ. Using Well/Septic - Lot platted in 1991, therefore considered a lot of record 8.06.A. Zoning approval contingent upon securing septic permit approval from EH.

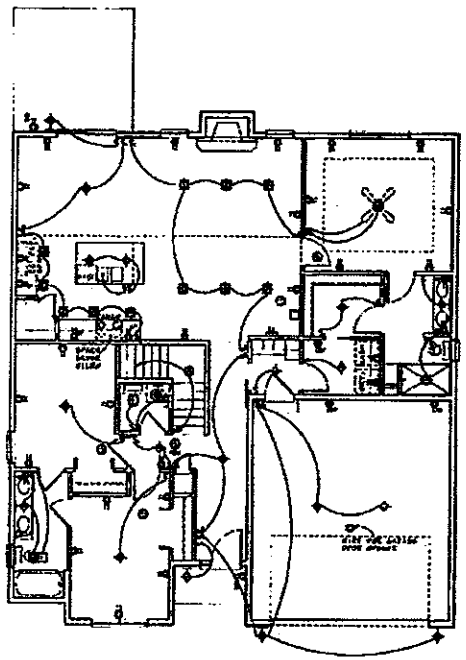
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

_____ _____

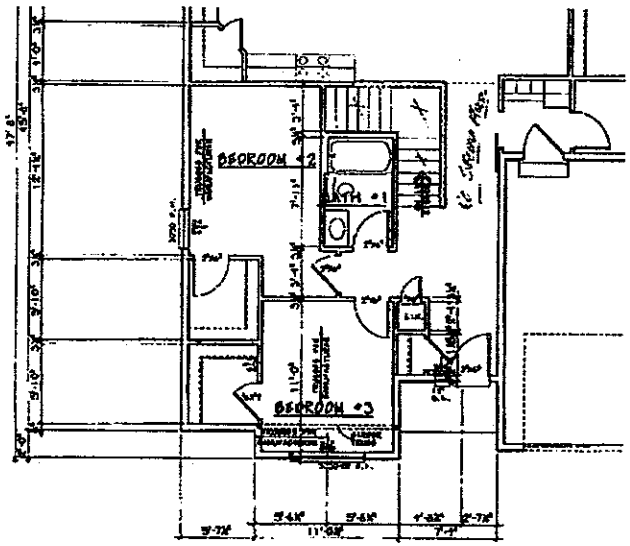
Applicant Signature Date

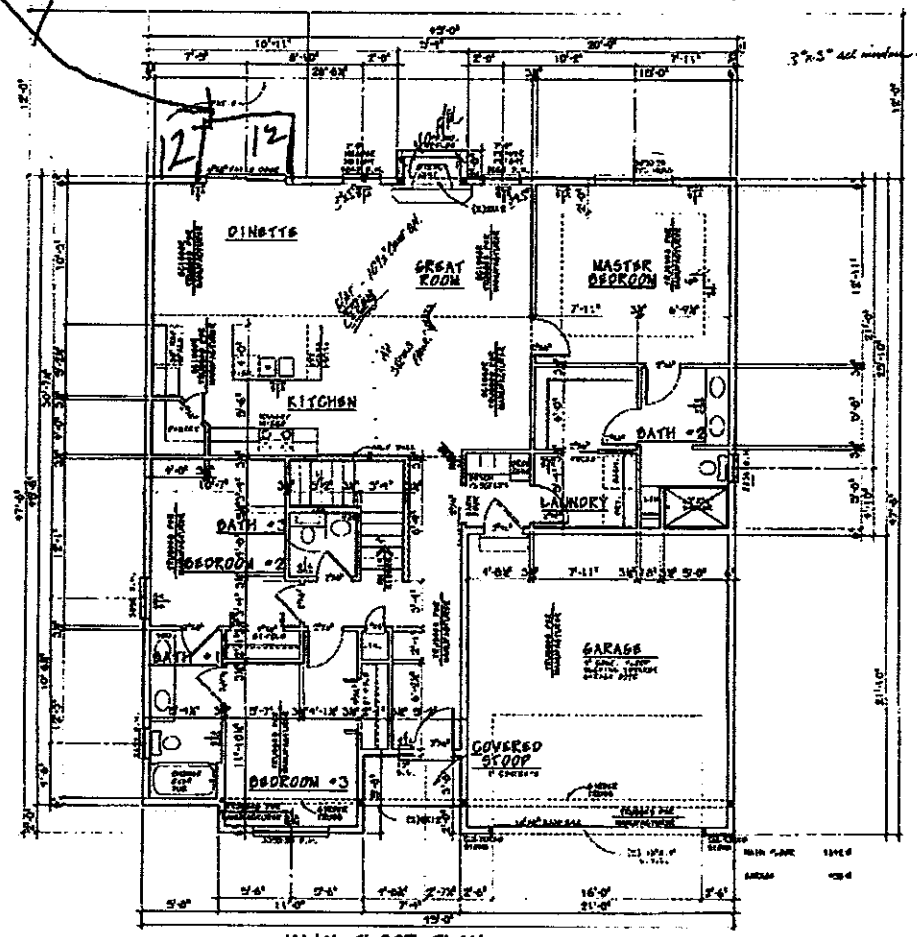
Acknowledgement Of
Plans Submittal ONLY!
Date 3-18-22
Date 3/15/22

12 x 12 Deck



MAIN FLOOR ELECTRICAL





MAIN FLOOR PLAN

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