5

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 314525

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

PIN # 4735-05-8851

APPLICANT/OWNER: KA Watt Const / Kenneth Watt APPLICANT ADDRESS: 129 Beckham Rd. Statesville, NC 28625

SITE ADDRESS: 121 Rachel Lane, Statesville, NC 28625 PHONE: 704-902-4495 ALT. PHONE

SITE DIRECTIONS: (N) NC115 → (L) Old Wilkesboro → (L) Bradley Farm → (R) Sara → (R) Rachel → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Country Landing SECTION: — LOT # 8 LOT AREA: 0.84 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25 (I&R)

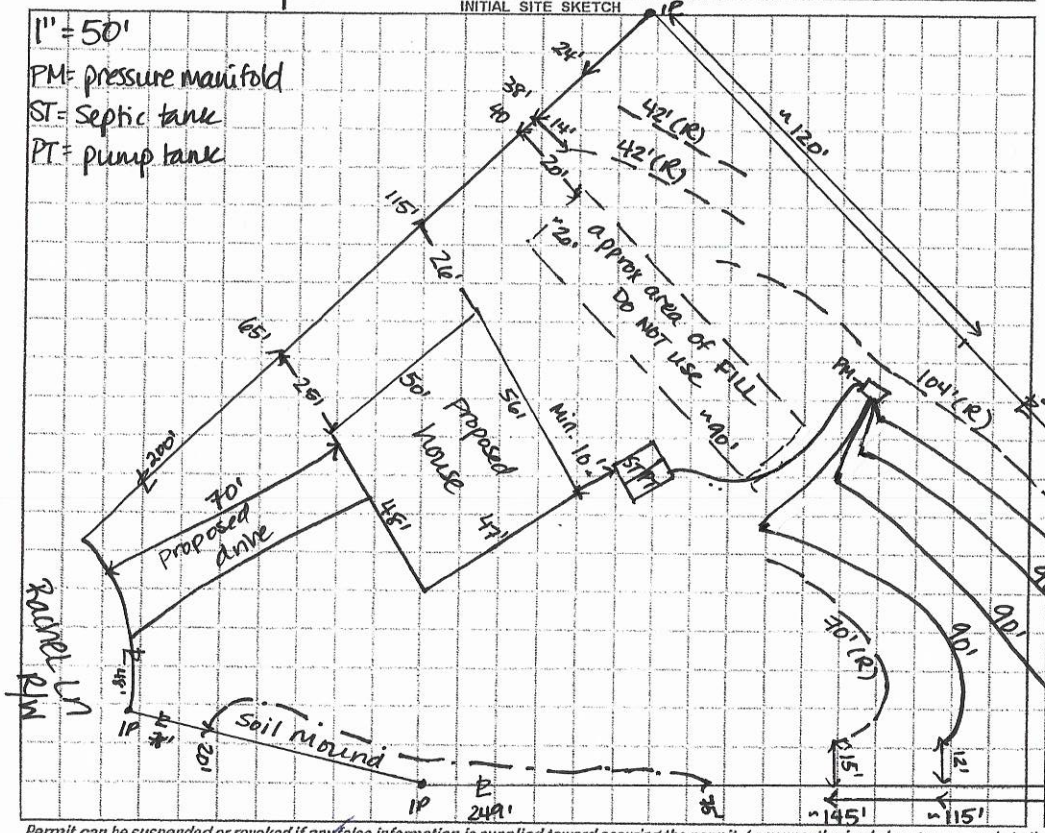
Septic Tank	1000' (gal)	STB	7602	Date	2-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000' (gal)	PT	363	Date	4-9-21	System Description: 25% Reduction - PM				☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: 50% Reduction LPPPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36'	Trench Bottom Depth(Low side)	26"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

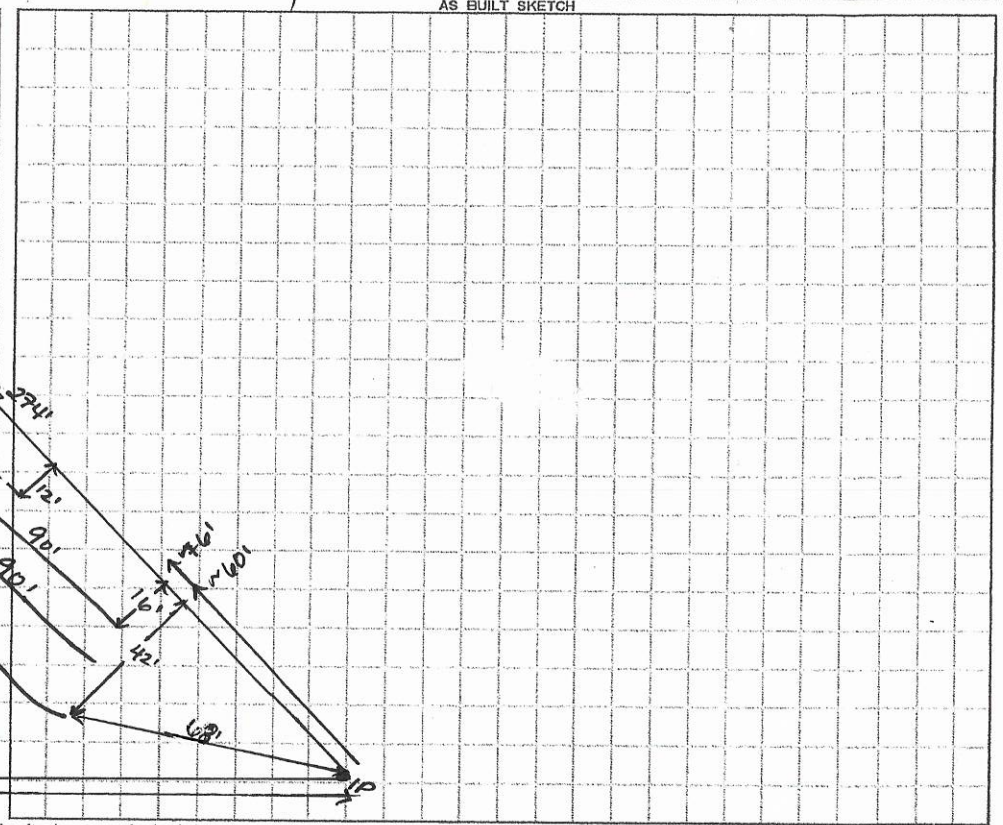
Comments / Conditions: Install septic drain lines on contour of land, using 9' centers. Do not pave grade, drive park, or bury utilities in drain field area. Use pressure manifold.

System Flow: 21.92 gpm Manifold: 2" supply, 2' head
Dose Volume: 164 gal (4) 1½" SCH 80 taps
7.5 min run time, 8" drawdown

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: Kenneth Watt Date: 3-4-21 Installed by: (New Stuff) Grading & Land

IMPROVEMENT PERMIT by: D. Weberg / DHS Date: 3/2/21 OPERATION PERMIT by: Maria Doton Date: 8-3-21

AUTHORIZATION TO CONSTRUCT by: D. Weberg / DHS Date: 3/2/21 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.

	Date	Initials
Drain Lines Checked	7/14	BB
Tanks Checked	7/14	BB
Pressure Manifold or Valve Box Checked	7/14	BB.
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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

Sheet 1 of 2
PROPERTY ID #: 4735038851
COUNTY: Iredell

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

OWNER: Ken Watts - K Watt Const. APPLICATION DATE 2/1/21
ADDRESS: 129 Beckham Rd, Statesville 28625 DATE EVALUATED: 3/1/21
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE:
LOCATION OF SITE: 121 Rachel Ln, Statesville 28625 PROPERTY RECORDED: 1990-48
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS NOT USING	0-26	SCL - MFILL			74"	N/A	N/A	~~0.35~~ - only if 0.25 if soil not graded PS
		26-28	SCL - SBK/CR	SSNP - FR - SEXP					
		28-35	SCL - SBK/CR	SSNP - FR - SEXP					
		35-60	CL - SBK	SSSP - FR - SEXP	Mica in CL & L layer				
		60-74	L - SBK	SSNP - FR - SEXP	Coarse frag/rock band @ 57"				
2 (R)	LS 5%	0-14	SCL - SBK	SSSP - FR - SEXP	Mn in 0-14 layer	55"	N/A	N/A	0.275 PS
		14-31	C MSBK/AM	SSP - FR - SEXP					
		31-55	CL - SBK	SSSP - FR - SEXP					
					2.5Y 5/3 in root channel @ 33"				
					lateral H20 @ 33" on HS/30" LS				~~PS~~
3 ~~R~~	FS/LS 9%	0-14	SCL - SBK	SSNP - FR - SEXP		53"	N/A	N/A	0.275
		14-28	C - SBK	SSSP - FR - SEXP					
		28-43	CL SBK	SSSP - FR - SEXP	minor sap inc in (L) layer				
		43-53	L - SBK	SSNP - F - SEXP	Strat mica in CL &				
					lateral H20 @ rock bands 35"				PS
4 ~~R~~	LS 7%	0-5	SCL - SBK/CR	SSSP - FR - SEXP		48"	N/A	N/A	PS 0.3
		5-12	SCL - SBK	SSSP FR SEXP					
		12-25	C - SBK	SSP - FR - SEXP					
		25-35	CL - SBK	SSSP - FR SEXP					
		35-48	L - SBK	SSSP - FR SEXP	lateral H20 @ 28" & 23"-HS				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	258'
System Type(s)	25% red	50% red
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Webers
OTHER(S) PRESENT: A. McKinney / H. Snow

COMMENTS: Rain/Cloudy, rain heavy in past week
Slope Correction = 4"

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.

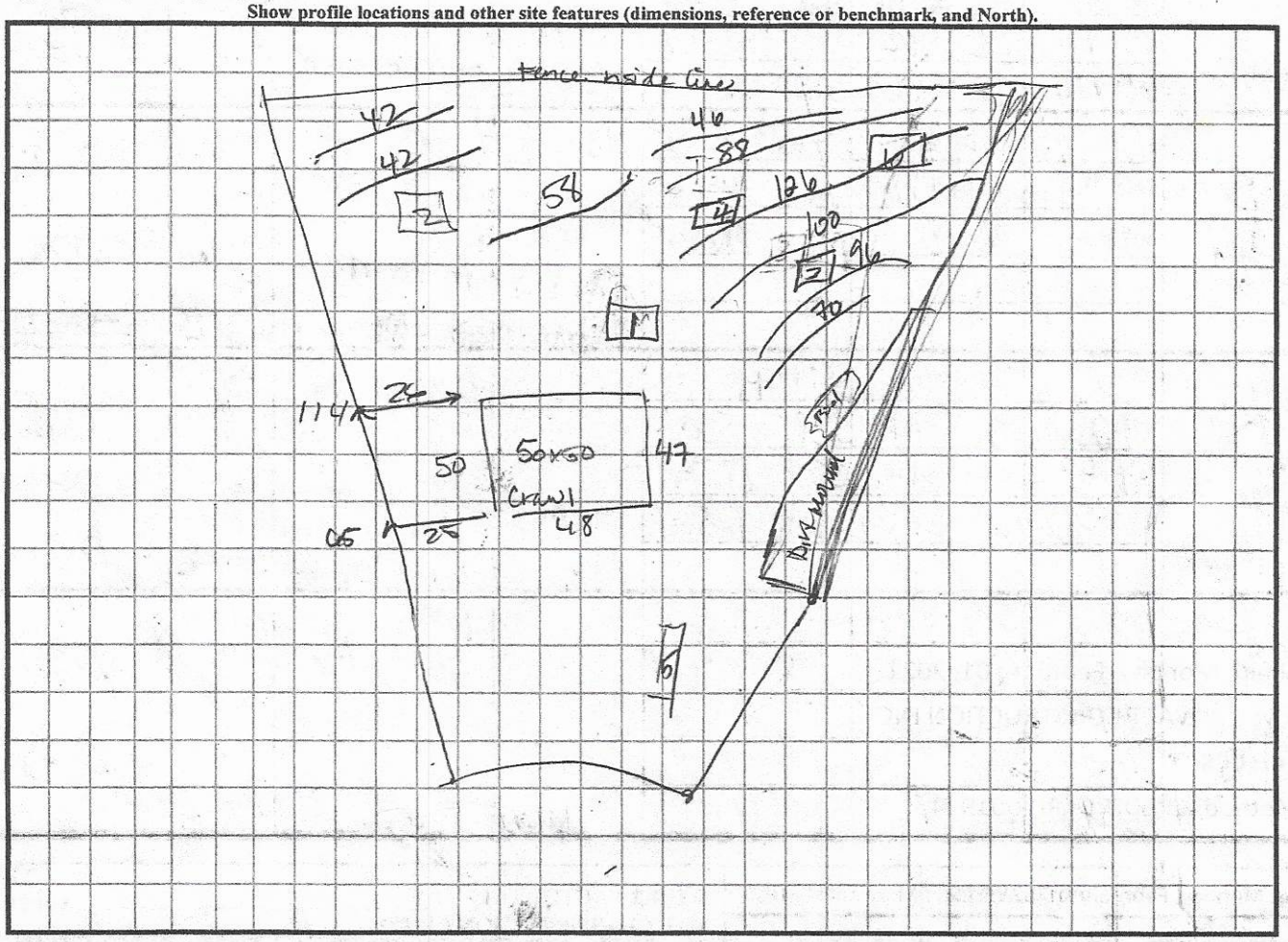
NOTES

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/ft²

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



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

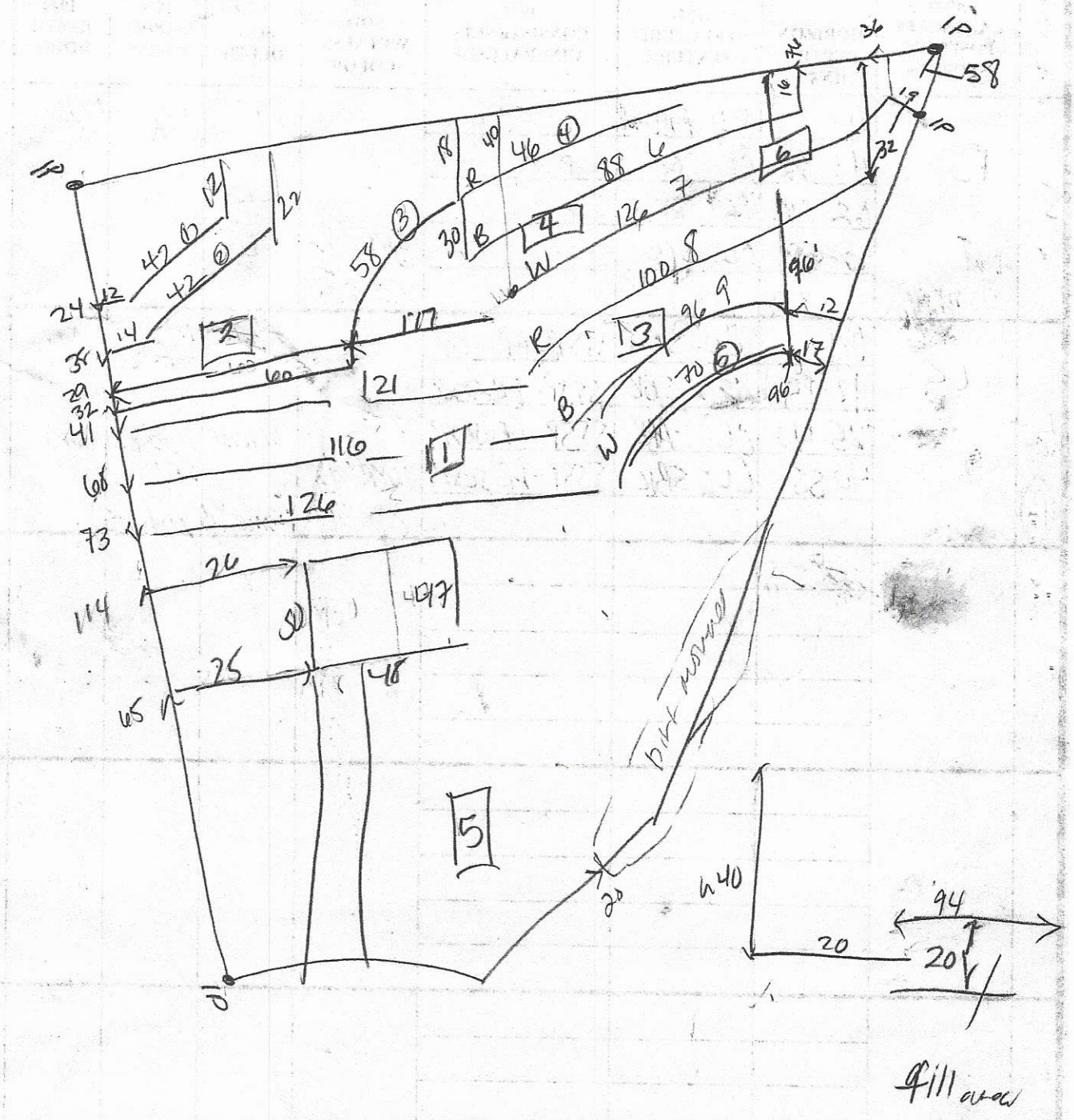
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4735 05 8857
DATE OF EVALUATION: 3/1/21
COUNTY: Iredell

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	FS NOT USING	0-43	SCL/ FILL-M	—		88"	N/A	N/A	0.25 PS
		43-62	CL - SBK	SSP-FR SEXP					
		62-80	CL - SBK	SSP-FR-SEXP					
		80-88	CL - SBK	SSP-FR-SEXP	5YR 9/2 @ 87"				
6 (R) ECR	LS 5%	0-12	SCL - SBK	SSSP-FR-SEXP		55"	N/A	N/A	0.25 PS
		12-25	C - SBK	SSSP-FR-SEXP					
		25-40	CL - ABK	SSSP-FR SEXP		lateral	(H20 (minor) 25'		
		40-55	CL - SBK	SSSP-FR SEXP	10YR 7/3 @ 39"	(some YB mottles)			

COMMENTS:

(1-6) = 258 → repair



920

RECEIVED FEB 07 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-314325 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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() FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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: KAWAH Construction Address: 129 Beckham Rd Statesville Zip: 28625
Applicant Email: KAWAH@Roadrunner.com Phone: 704-982-4495 Alt. Phone:
Owner Name: Kenneth Awah Address: SAME Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 121 Rachel Lane Statesville 28625
Subdivision Name: Country Landing Section/Phase: Lot Number: 8
Driving Directions: I-77 N to L on Wilkesboro Hwy to L Bradley Farm Rd to R Sara Lane to R Rachel Lane

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

(X) 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:
( ) Swimming Pool
( ) Other Addition/Structure:

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

Min 12' from back

Non-Residential Site Development: Type of Business:
Square Footage of Building: 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 (X) 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 (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 (X) 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 Awah 1-27-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

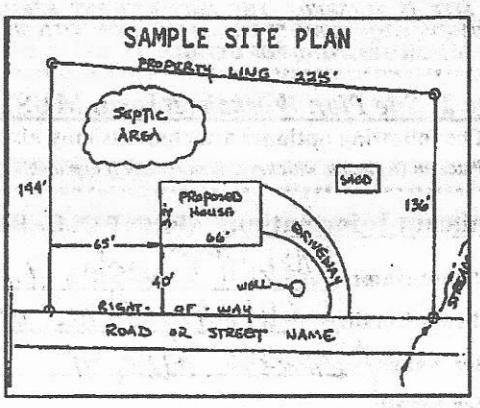
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

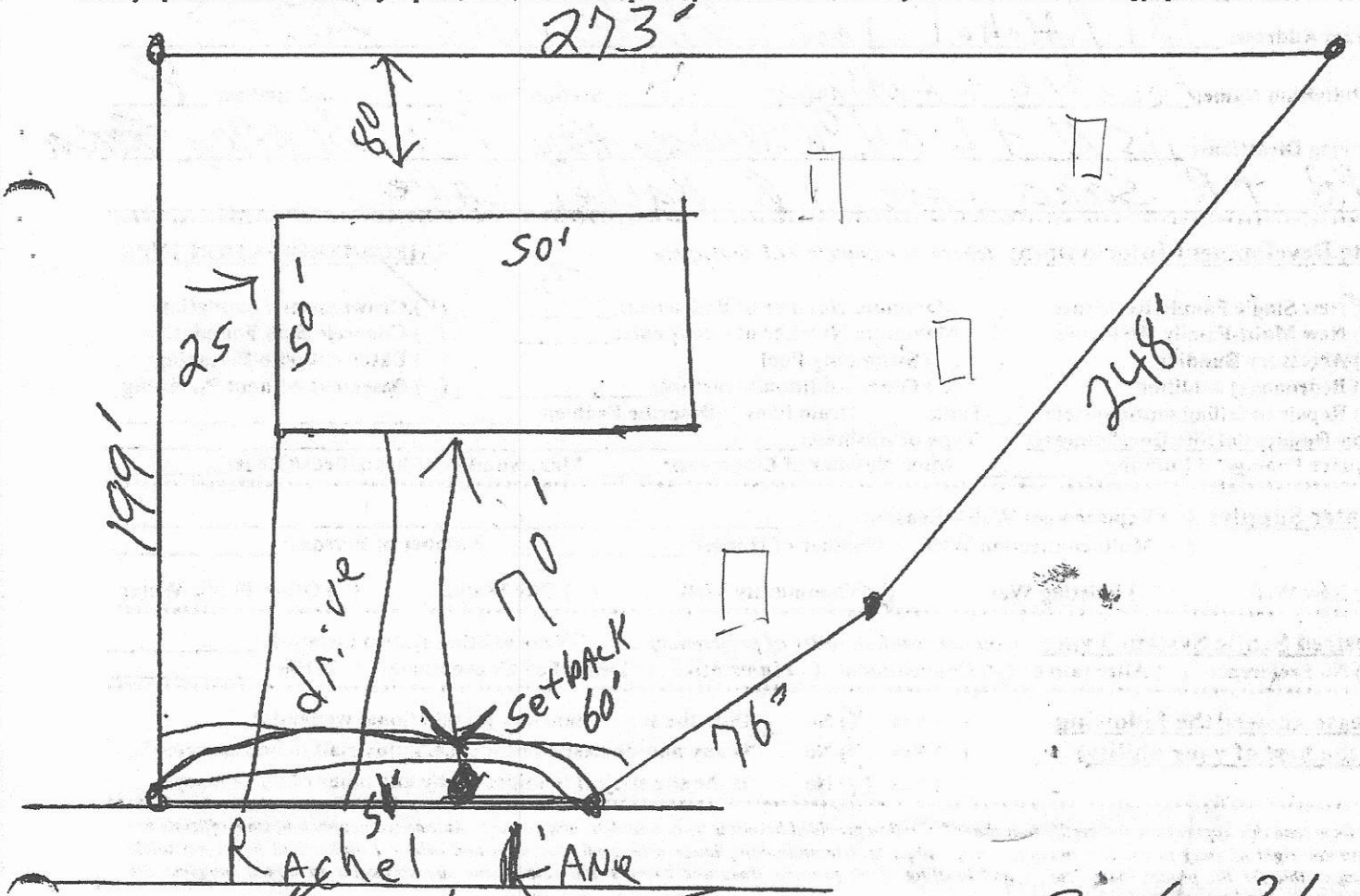


Circle N/A on the following if appropriate:

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



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

2-1-21
DATE

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 121 Rachel Lane Statesville, identified as

PIN (Parcel Identification Number) 4735058851, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____,

_____, 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

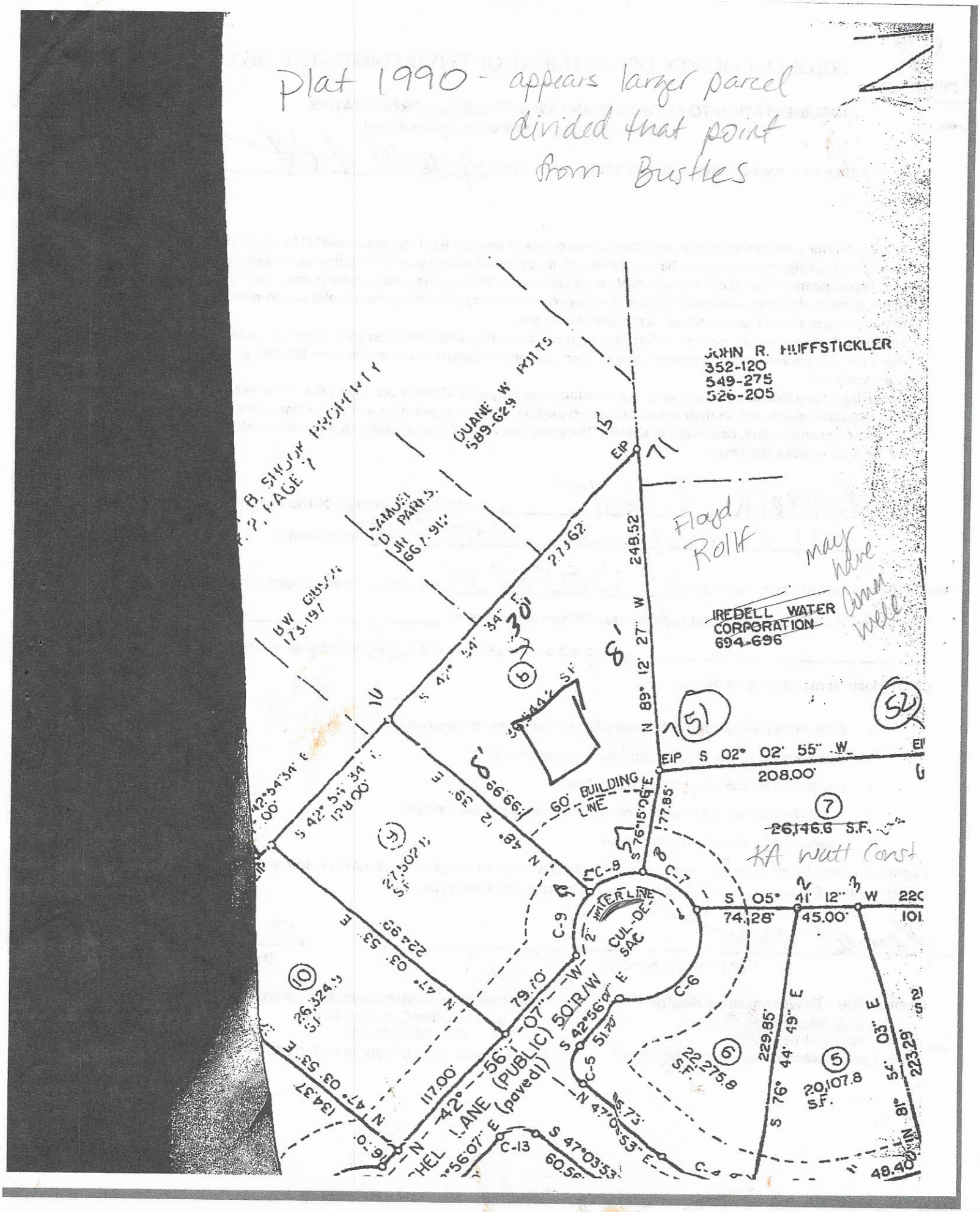
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Kenneth A Watt
Signature of Owner(s)

2-1-24
Date

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


Plat 1990 - appears larger parcel divided that point from Bustles
JOHN R. HUFFSTICKLER
352-120
549-275
526-205
Floyd Rolfe
may have own well
IREDELL WATER CORPORATION
694-696
EIP
EIP S 02° 02' 55" W
208.00'
60' BUILDING LINE
S 76°15'06" E
177.85'
S 05° 41' 12" W
74.28'
45.00'
26,146.6 S.F.
KA Nutt Const
CUL-DE-SAC
50' R/W
S 42°56'07" E
51.72'
S 76° 44' 49" E
229.85'
S 47°03'53" E
223.29'
20,107.8 S.F.
22,275.8 S.F.
27,307.1 S.F.
26,324.3 S.F.
N 42°54'34" E
128.00'
S 42° 54' 34" W
N 47° 03' 53" E
224.93'
N 47° 03' 53" E
134.37'
S 47°03'53" E
60.56'
117.00'
79.10'
48.40'
C-1
C-2
C-3
C-4
C-5
C-6
C-7
C-8
C-9
C-13
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(10)
(51)
(52)

Acknowledgement Of
Plans Submittal ONLY!

Date 3/1/21

Date 2-1-21

Shower LH Seat

R.H. Door

Base

LIVING AREA
1460 sq ft
GARAGE
19'1 x 22'
BEDROOM
13'10 x 11'
BEDROOM
11' x 11'
BATH
10' x 5'
Great Room
18'2 x 16'9
Kitchen
Dining
MASTER BDRM
13'9 x 14'
MASTER BATH
5' x 12'1
CLOSET
5' x 9'8
UTILITY
8'4 x 7'7
HALL
5'1 x 5'1
Porch
12'10
DW
CLOSET
CLOSET
CLOSET
4970
1607'0
2652
2654
2668
2688
2468
3058
4058
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2468

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	121 RACHEL LN	Permit Number	314525
Owner	K A WATT CONSTRUCTION INC	Tax Map	4735058851.000
Owner Address	129 BECKHAM RD	Zoning	R-10
	STATESVILLE, NC 28625	Flood Hazard Area	
Phone No.	(704)902-4495	Historic District	
Contractor	K A 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	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	60	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 EA 1/29/21 Public Works

Comments

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