ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) [illegible]

PIN # 4736--94--6410

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

APPLICANT/OWNER: Danny Mc Harque Jr | APPLICANT ADDRESS: 201 Beech Brook Ln Statesville NC 28625

SITE ADDRESS: 350 Cooper Farm Rd Statesville NC 28625 | PHONE: 704-902-0804 | ALT. PHONE

SITE DIRECTIONS: NC 115 to R on Schipley Ford Rd, R on Fort Dobbs Rd, L on Cooper Farm, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

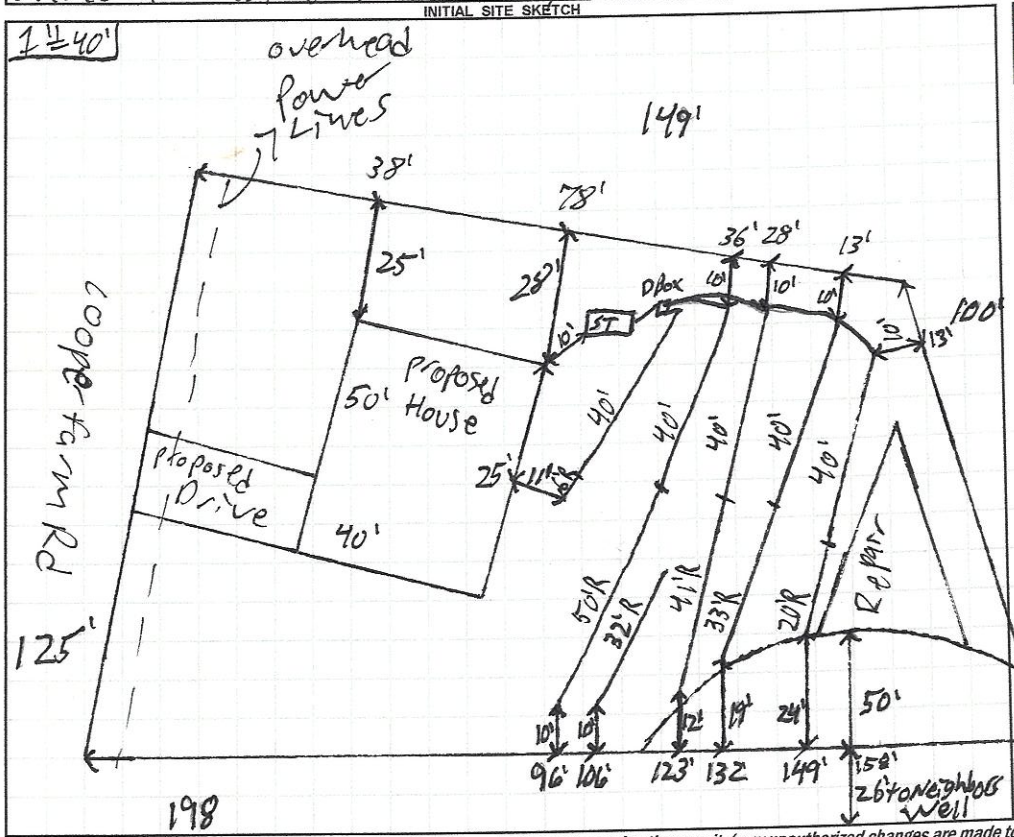
SUBDIVISION: | SECTION: — LOT # — LOT AREA: 1 acre | DESIGN FLOW: 360GPD | L.T.A.R.: 1.3

Septic Tank	1000 (gal)	STB	760	Date	7/24/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 50% Reduction	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBP's	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	200'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ 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 any way. All property lines and corners must be marked during time of installation and inspection. Any part of septic must be 10' off water Line

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.

Installed as Drawn

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: 8/5/2021 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Patrick J Byrd III Date: 7/27/2021 OPERATION PERMIT by: [signature] Date: 9/8/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-6-2021 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 #: 4736946410
COUNTY: Iredell

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

OWNER: Danny McMarquet Jr
ADDRESS: 201 Beechbrook Ln
PROPOSED FACILITY: New Single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 350 Cooper farm Rd

APPLICATION DATE 6/8/2021
DATE EVALUATED: 7/9/2021
PROPERTY SIZE: 1 acre
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-4	SCL WSBK	Fr SS SPS exp	—	48"	Litho inclusions common some perm Rx inclusions	—	PS.3
		4-23	C SBK	Fr SS SPS exp					
		23-48	CL SBK	Fr SS SPS exP					
2	SS 5%	0-5	SCL WSBK	Fr SS SP exp	—	50"	Litho inclusions common on bottom	—	PS.3
		5-25	C SBK	Fr SS SP exp					
		25-50	CL SBK	Fr SS SP exP					
3	SS 6%	0-8	SCL WSBK	Fr SS SP exp	—	48"	Litho inclusions more common at bottom	—	PS.3
		8-30	C SBK	Fr SS SP exP					
		30-48	CL SBK	Fr SS SP exP					
4	SS 5%	0-7	SCL WSBK	Fr SS SP exp	—	48"	Litho inclusions more common at bottom some perm Rx	—	PS.3
		7-31	C SBK	Fr SS SP exP					
		31-48	CL SBK	Fr SS SP exP					

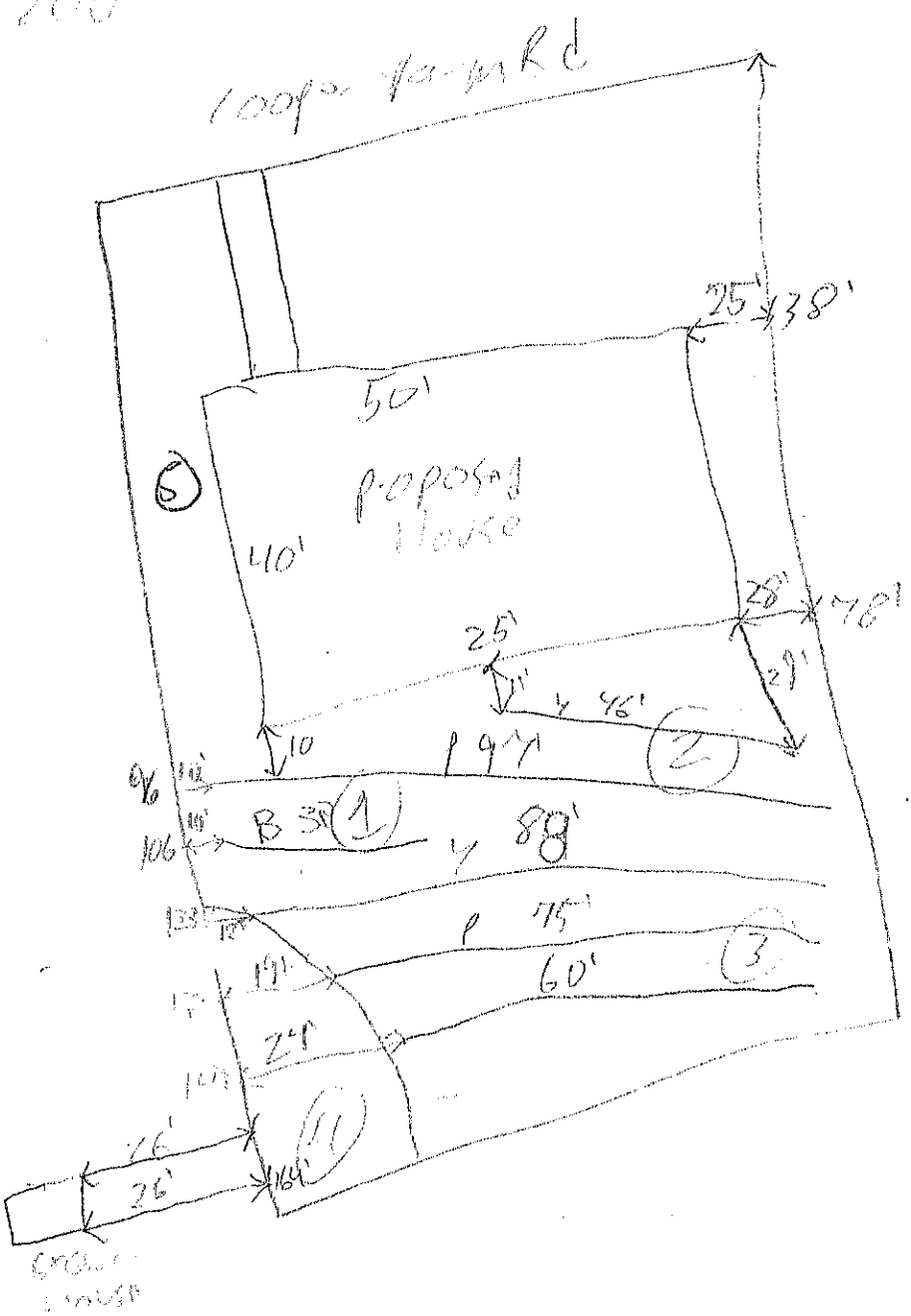
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	Gravity 50%	LPP BPS
Site LTAR	.3	.3

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

COMMENTS: Sunny

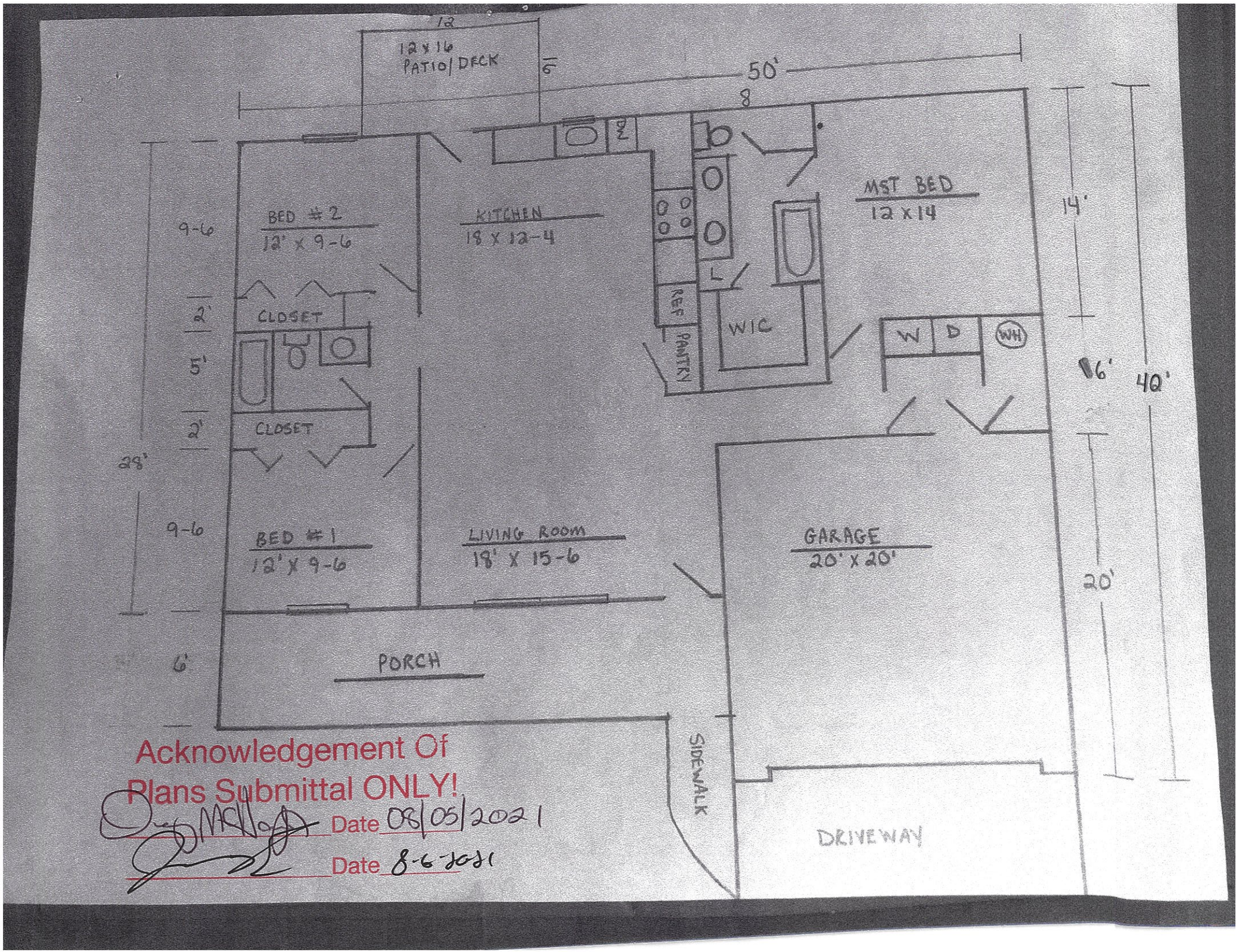
360÷3
>1200÷3
>400×.75
>300

360÷3
>1200÷3
>400×.5
>200



5 Linear 0-25 C SBK SS SP FR SE
25-48 CL SBK SS SP FR SE

.3
PS



Acknowledgement Of
Plans Submittal ONLY!

Date 08/05/2021

Date 8-6-2021

RECEIVED JUN 2 2 2022

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

CW

(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)

AP-318620 $500.00

Comprehensive

1. **APPLICATION FOR:** ___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:**

Danny McHargue JR	201 Beech Brook Ln Statesville NC 28625		704-902-0804
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Debra McKinney	232 Monte Vista Rd Statesville NC 28625		704-880-2298
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

350 Cooper Farm Rd — Street Address
Bethany Book 2321 Page 435 — Subdivision Name
Parcel# 4736-94-6410 — Section/Phase and Lot Number

Driving Directions: Hwy 21 N, left onto Fort Dobbs Rd. Approx 2 miles, turn Right onto Cooper Farm Rd. Go approx 1-2 miles, property will be on the right

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 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) 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 ( ) 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 To The Best of Your Ability:** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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.

9. **Signature:** Danny McHargue JR. — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

06/08/2021
~~03/15/2020~~ — 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:

N **Property Line measurements are clearly identified...** **Y** **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

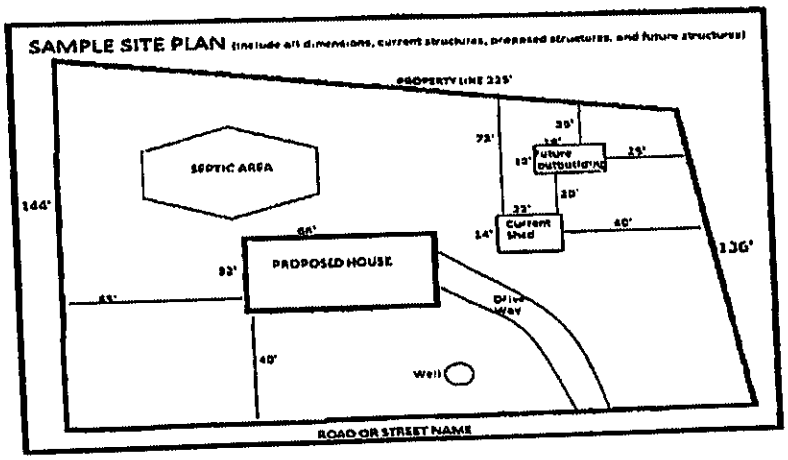
N **Front and side setbacks from property line...** **____** **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** **____** **North arrow, or other sufficient indicator of direction...**

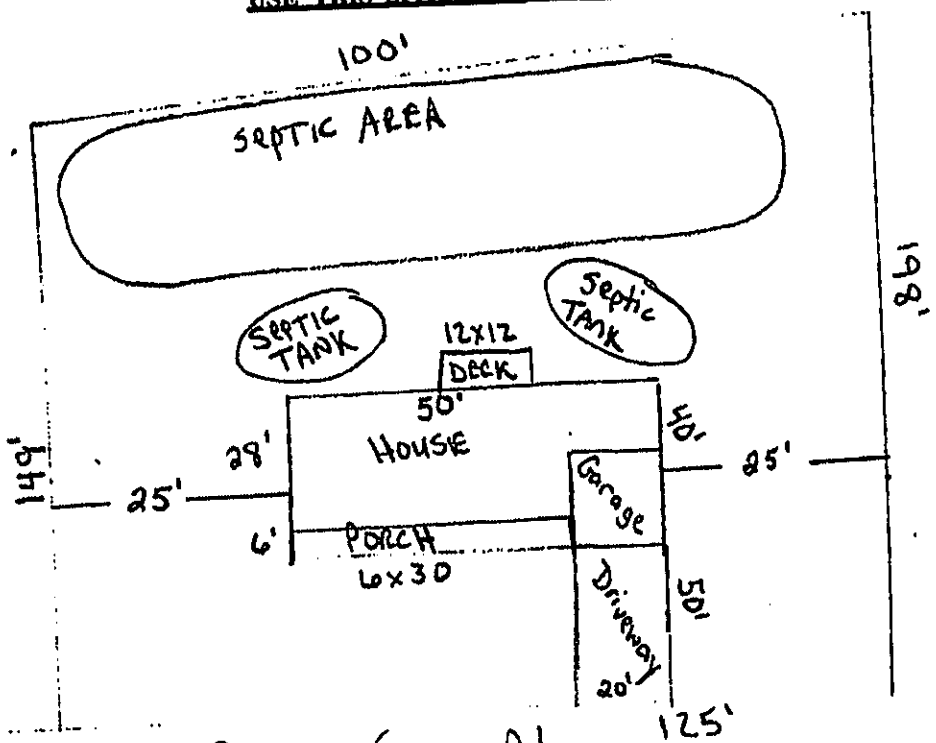
Circle N/A on the following if appropriate:

____ **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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

06/08/2021
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) _____

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, Debra J. McKinney, am the legal owner(s) of the property located at 350 Cooper Farm Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Danny McDargue JR, _____, 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.

X Debra J. McKinney _____ X 6/9/2021
Signature of Owner(s) 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