IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220392

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

PIN # 4749-28-9058

APPLICANT: GEORGE McCARL APPLICANT ADDRESS: 464 RUSSELL RD. STATESVILLE

SITE ADDRESS: SAME PHONE: 301-367-4941 ALT. PHONE:

SITE DIRECTIONS: TOMLIN MILL, TL JENNINGS, TR FRIENDSHIP, TL RUSSELL, 1ST ON R

SUBDIVISION: SECTION: LOT # LOT AREA: 20.97 AC DESIGN FLOW: 360 L.T.A.R.: .225

Septic Tank 1000 (gal) STB 760 Date 4-11-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 24" LOWSIDE Gravel Depth

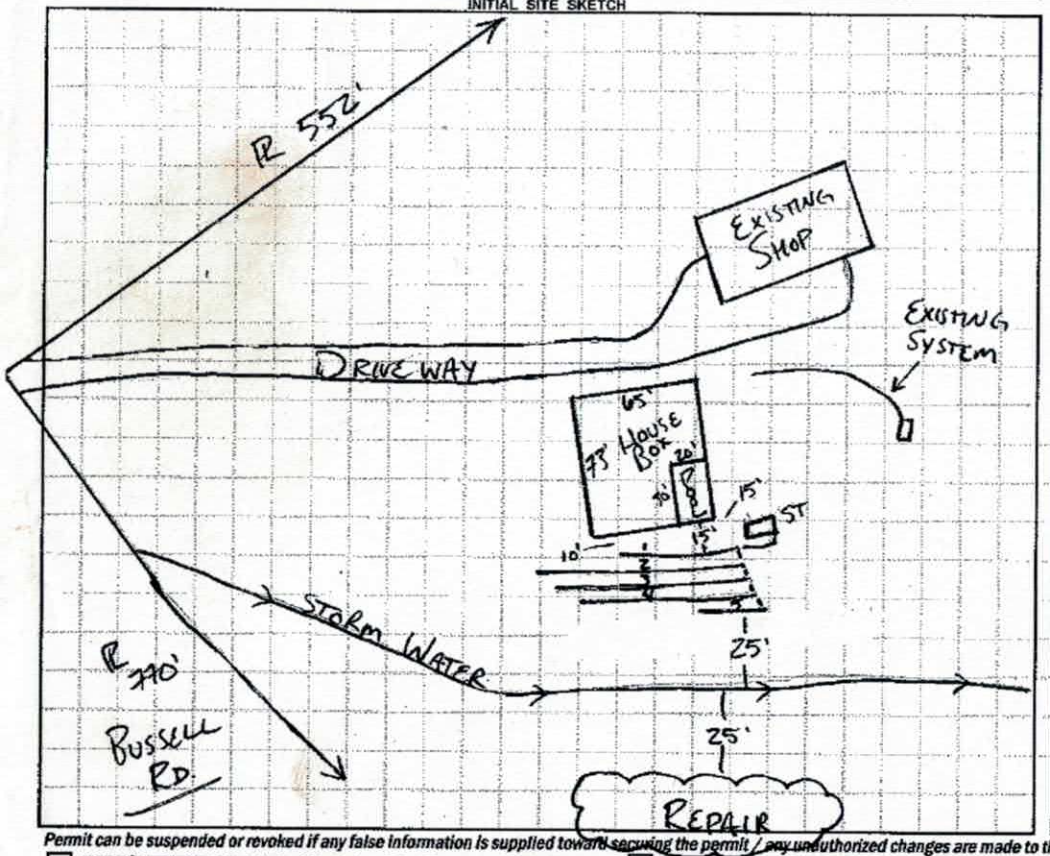
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PM-25% REDUCTION
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

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

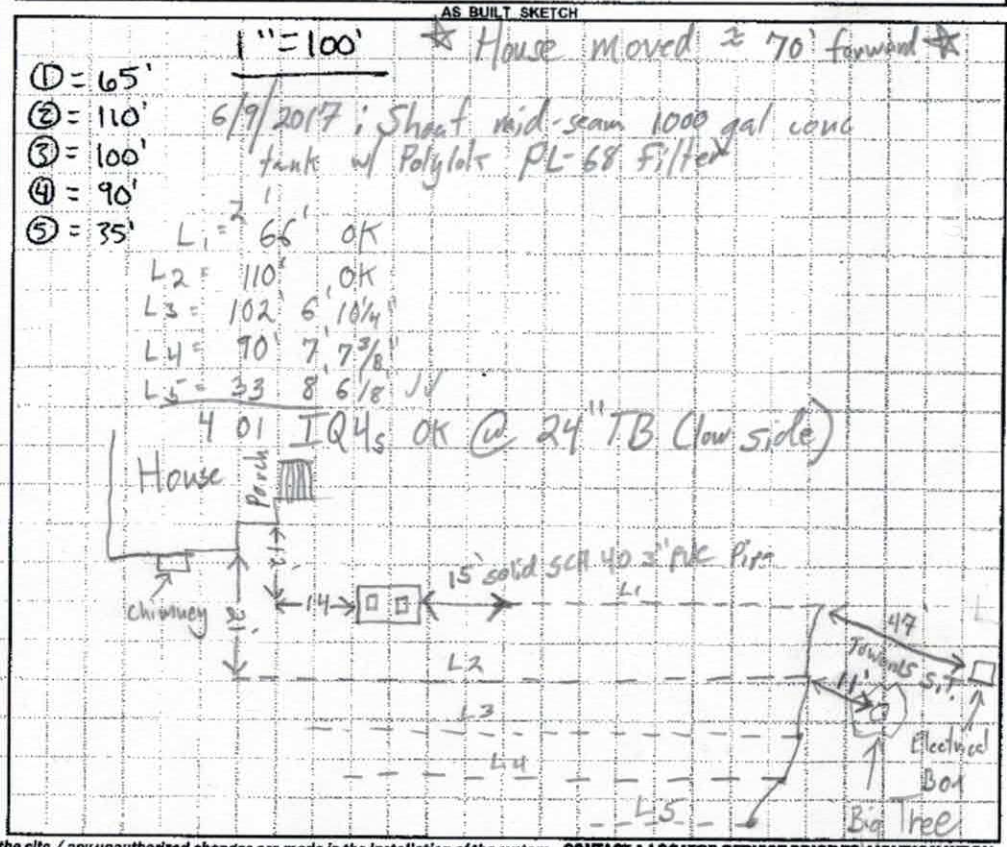
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

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: George McCarl Jr Date: 10/5/16 Installed by: Shannon Henderson (Ground Works)

IMPROVEMENT PERMIT by: RA Date: 9-12-16 OPERATION PERMIT by: Tom Shuck Date: 6/9/2017

AUTHORIZATION TO CONSTRUCT by: RA Date: 10-6-16 Existing System Inspected by: Date:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4749-28-9058
Lot #:
Permit #: 220392
AppID:

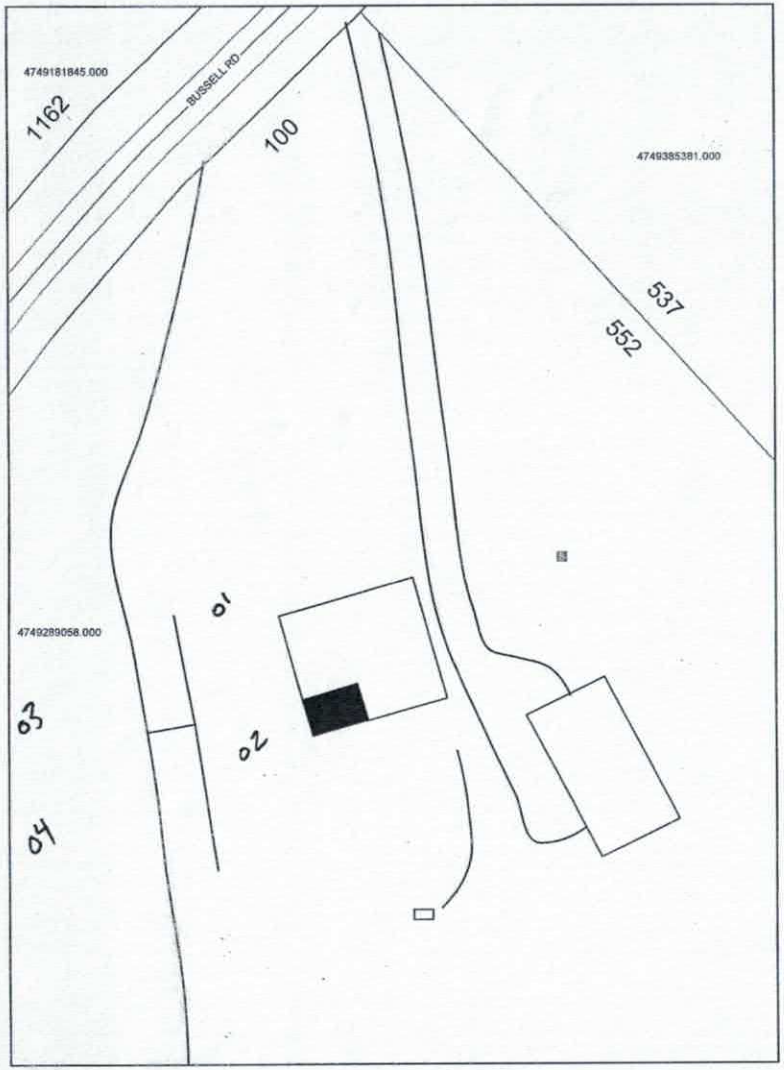
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: GEORGE MCCARL
Applicant: SAME
Address: 464 BUSSELL RD.
Date Evaluated: 9/9/2016
Proposed Facility: SFR
Design Flow (.1949) 360
Property Size: 20.97 AC
Location of Site: SAME
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	SIDE 10%	0-26	C,M,ABK	SS	CH2 @ 40"	48"	NA	40"	.225
		26-48	C,W,SBK	S					
AB 2	SIDE 10%	0-18	SCL,W,SBK	SS	CH2 @ 40"	40"	NA	40"	.225
		18-40	C,W,SBK	S					
AB 3	SIDE 10%	0-30	C,M,SBK	SS	NA	50"	NA	50"+	.25
		30-40	RSCL,W,SBK	SS					
		40-50	YSCL,W,SBK	SS					
AB 4	SIDE 10%	0-12	SCL,W,SBK	SS	CH2 @ 42"	48"	NA	42"	.225
		12-24	RC,M,SBK	SS					
		24-48	YC,M,ABK	S					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	PM 25% RED
Site LTAR	.225	.225

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: GEORGE MCCARL
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: GEORGE MCCARL


4749181845.000
1162
BUSSELL RD
100
4749385381.000
537
552
01
4749289058.000
03
02
04

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: ✓ 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:

George E McCarl	464 Bussell Rd Statesville		301-367-4941
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
George E McCarl	464 Bussell Rd Statesville		301-367-4941
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

464 Bussell Rd Statesville		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From Friendship Rd turn on to Bussell Rd

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
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

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

- (X) 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 (X) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 2014 (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: George E. McCarl 7/19/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

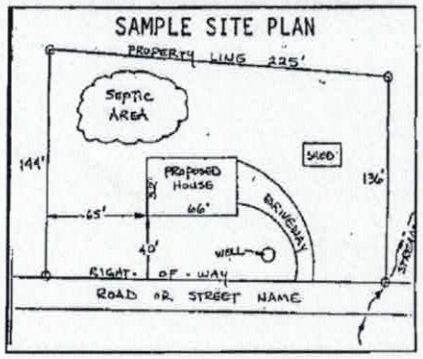
ENVIRONMENTAL HEALTH DIVISION

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

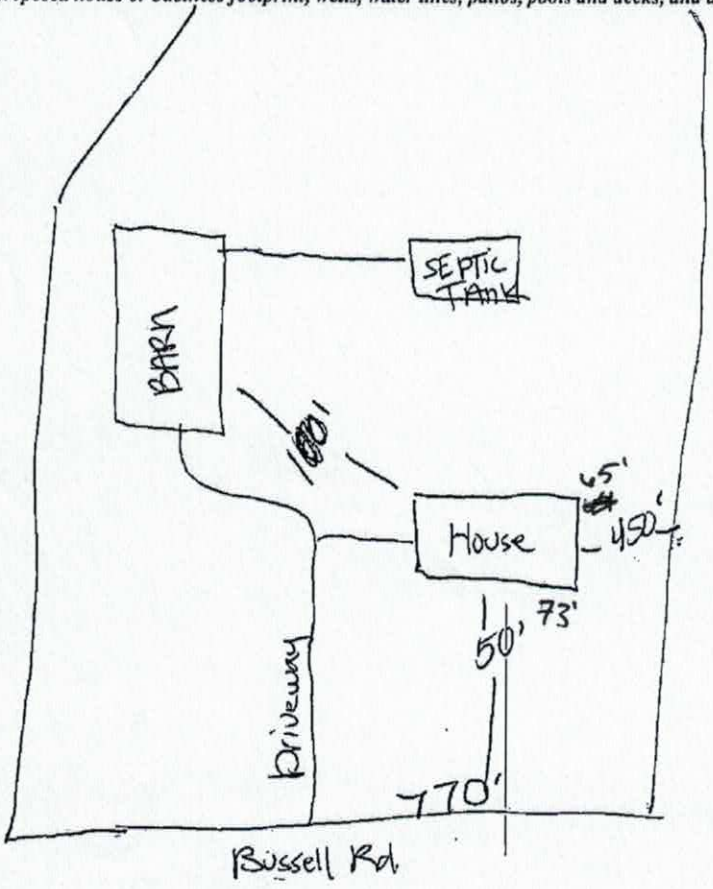


Circle N/A on the following if appropriate:

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



over 20 acres

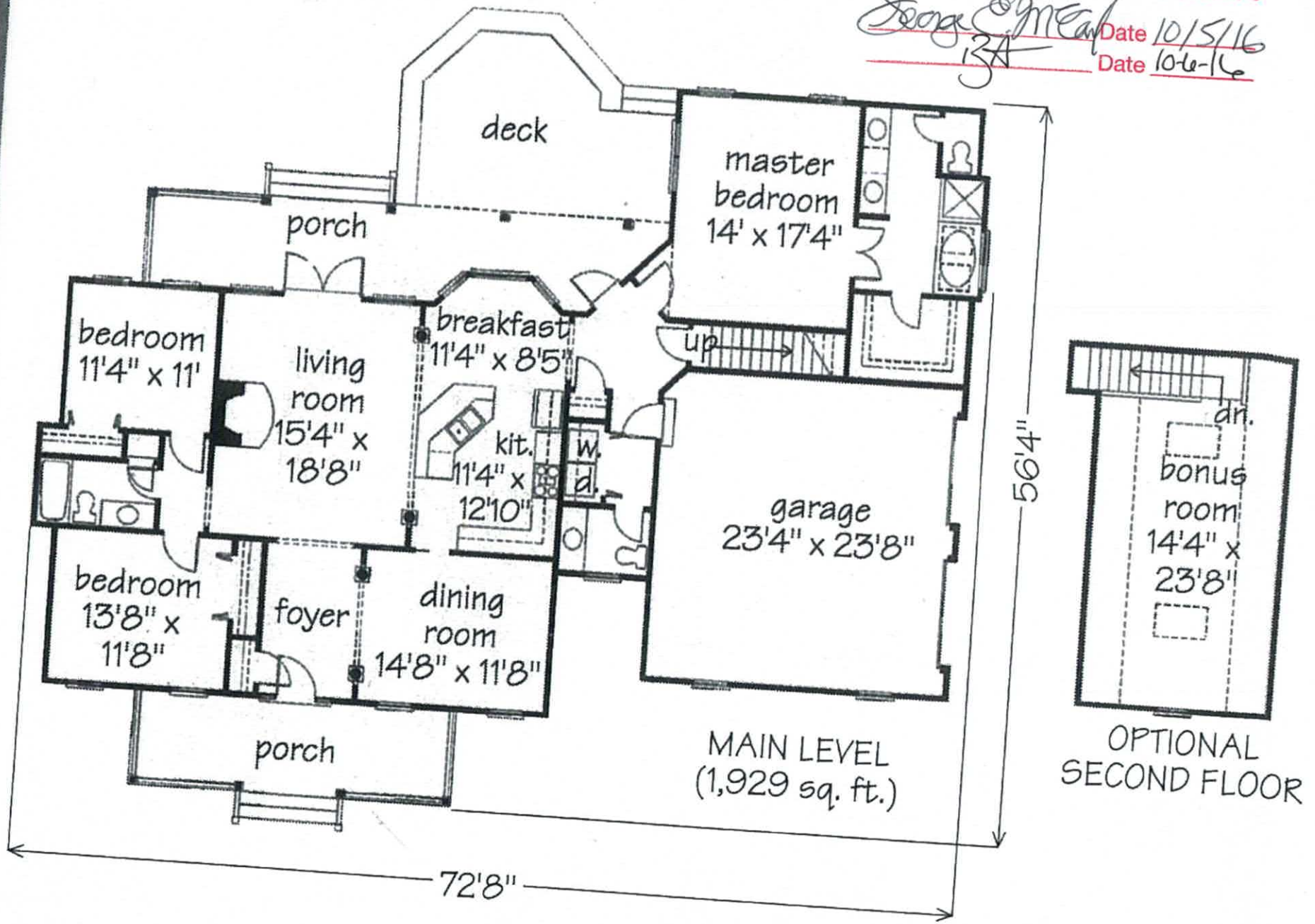
Signature: Jeffrey E McCarty Jr

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

7/19/16

DATE

Acknowledgement of
Plans Submittal ONLY!
Date 10/5/16
Date 10-6-16



IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
220392
Issue Date: 07/19/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4749289058.000	464 BUSSELL ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	MCCARL GEORGE E JR+SUZANNE M	Applicant:	MCCARL GEORGE E JR+SUZ
Address:	3003 SUNFLOWER DR STATESVILLE, MD 27154	Address:	3003 SUNFLOWER DR IJAMESVILLE, MD 27154
Phone:		Phone:	

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
20.970	35.00	35.00	15.00	15.00	NOT	X

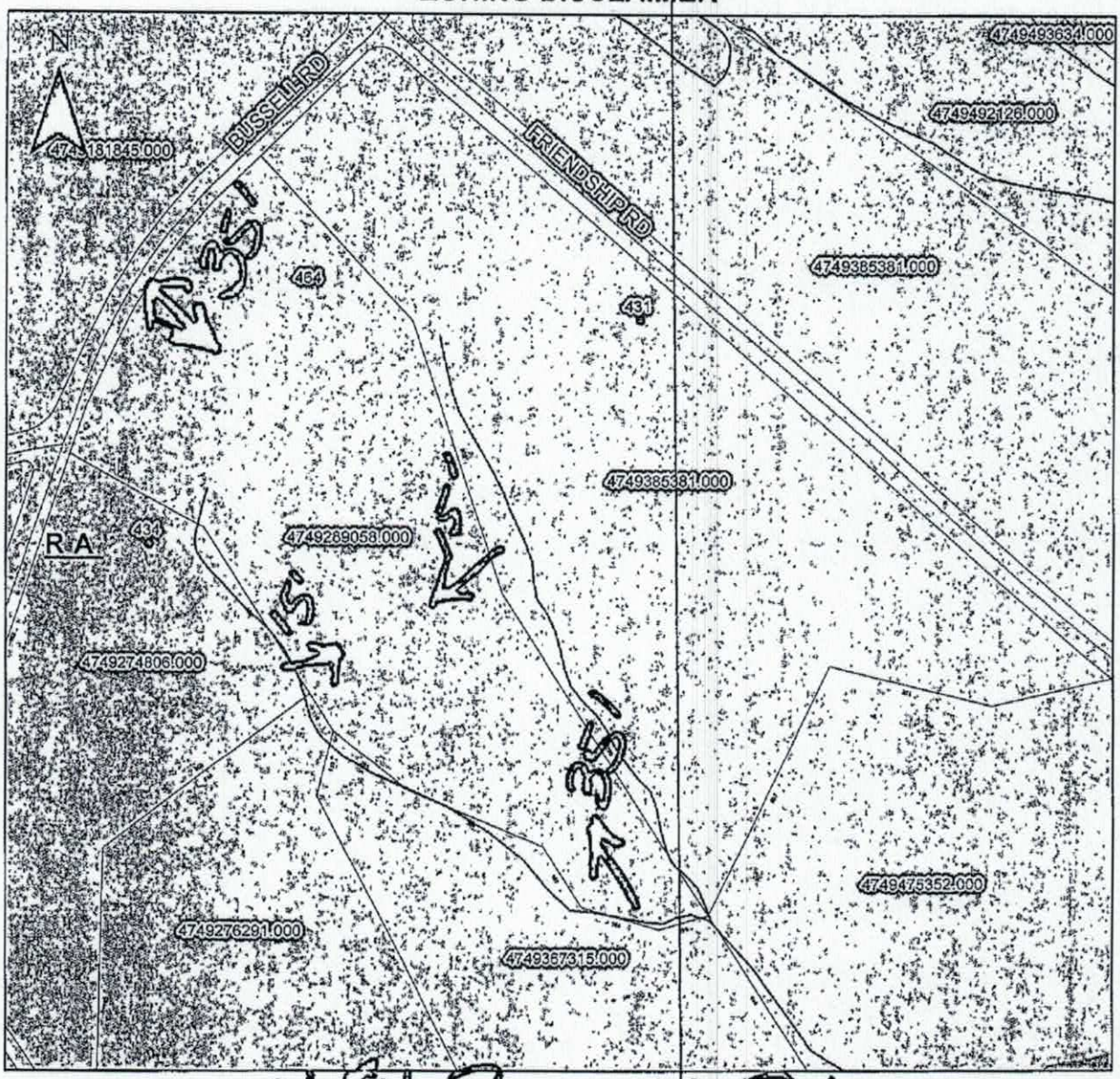
Remarks:

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. The applicant further acknowledges that 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: _____ Date: _____

Permit Number	74880	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 464 Bussell Rd

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.

George E. McCall Jr
Applicant

7/19/16
Date