mD 10.30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221075

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

PIN # 4756872051

APPLICANT/OWNER: K A Watt Construction
APPLICANT ADDRESS: 129 Beckham Rd.
SITE ADDRESS: 166 Country Dr. Statesville, NC
PHONE: 704-902-4495 ALT. PHONE 704-876-0047
SITE DIRECTIONS: US 64 W → R on Old Mocksville Rd → L on Jane Sowers → R on Country Dr → lot on R
SAP CONTROLLED: ☐ YES ☑ NO
SUBDIVISION: David G Kogut
SECTION: — LOT # 3 LOT AREA: 2.41ac
DESIGN FLOW: 360gpd L.T.A.R.: .25(.1 repair)

Septic Tank 1000 (gal) STB 10/2 Date 7-6-18
Pump Tank 1000 (gal) PT 1/7 Date 7-16-18
Pump Make ___ Model ___ Serial # ___
Nitrification Fields 1 # Lines 5@72' Linear Ft 360'
Trench Width 36" Trench Bottom Depth (Low side) 14"/18" highside Gravel Depth —

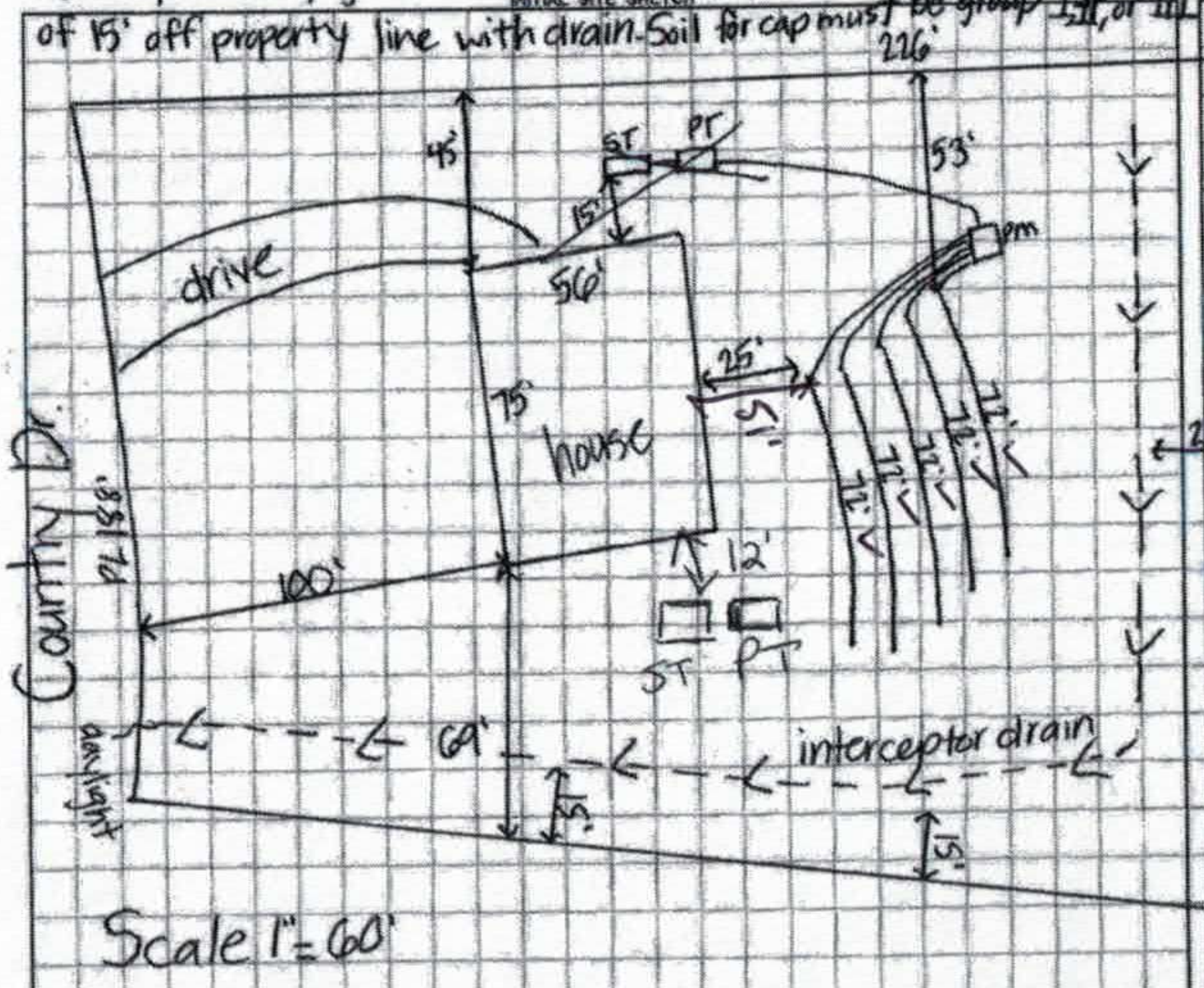
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM 25% reduction
Repair System Description: drip
Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ___ ☑ Crawl Space ☐ Basement w/o plumbing
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: A minimum of 4" soil cap is required to be filled on top of system. Install interceptor (curtain) drain a minimum of 30" to protect septic system. Daylight drain at bottom of property. Maintain a minimum of 15' off property line with drain. Soil for cap must be group II, or III soil.

Tap size: 1/2 sch 80 Pressure head: 2'
Dosing Volume: 163.8gal
Draw down: 7.8
*Divert water runoff away from septic area. Fill in repair area will need to be removed when repair is needed in future.

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked tanks 10/8/18 mD

	Date	Initials
Drain Lines Checked	10/9/18	CC
Tanks Checked	10/8/18	mD
Pressure Manifold or Valve Box Checked	10/9/18	CC
Pressure Head Set	11/8/18	CC
Electrical Checked	11/8/18	CC
Floats Set	11/8/18	CC
Alarm Checked	11/8/18	CC
Maintenance Contract Y / (N)		

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: 2-8-18
Installed by: Yountz Grading
IMPROVEMENT PERMIT by: Kayla Wilson Date: 2-15-18
OPERATION PERMIT by: Carla C. Cave Date: 11/8/18
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 2-15-18
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.

Sheet 1 of 1
PROPERTY ID #: 475687205 1
COUNTY: Iredell

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

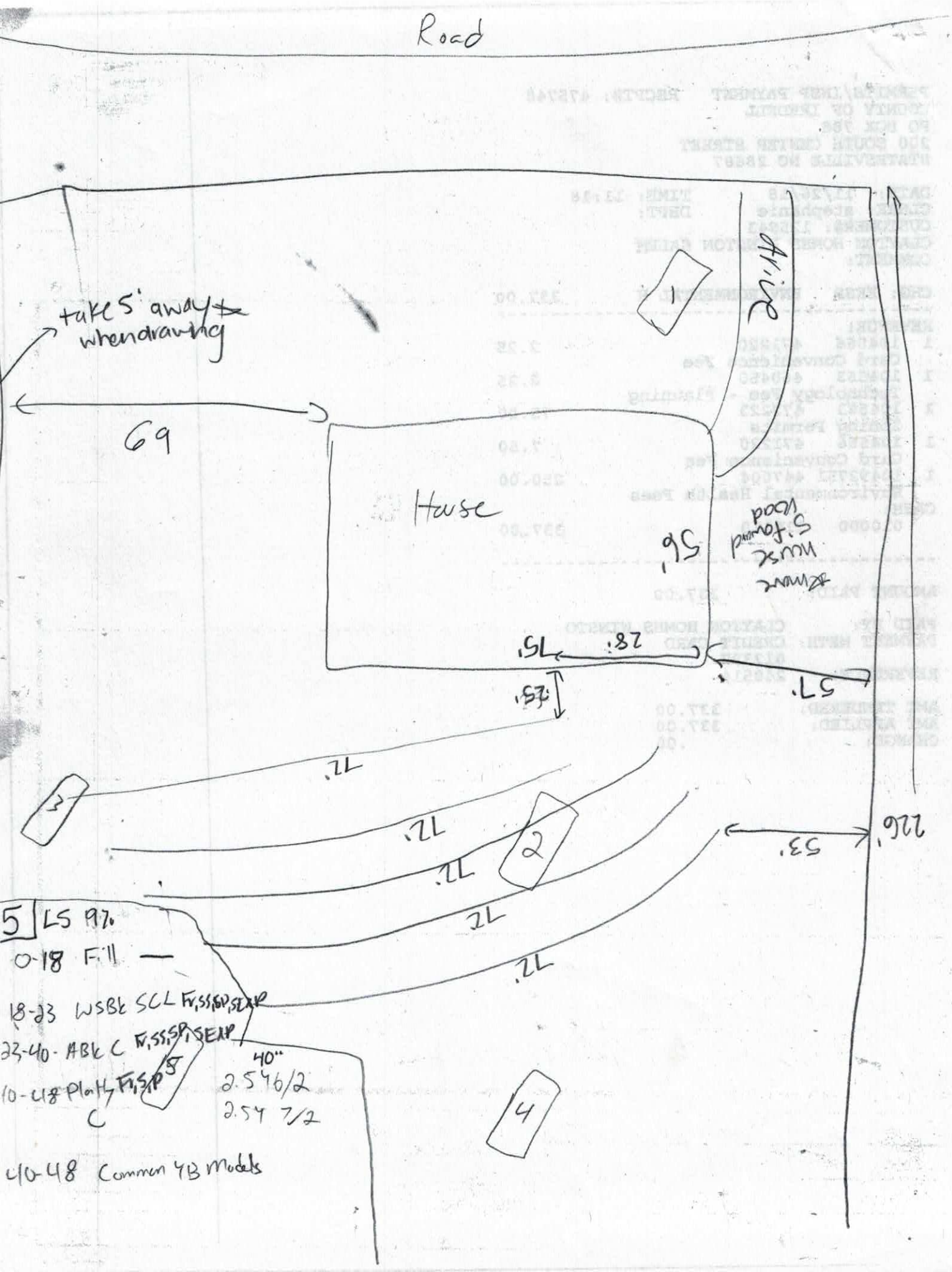
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: K A Watt — APPLICATION DATE: 2-5-18
ADDRESS: Wade Country Dr. — DATE EVALUATED: 2-9-18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: 2.41ac
LOCATION OF SITE: US 64 W → Ronald Macksville → L on Jane Sowers → R on Country Dr → lot on R — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____ — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

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	FS	0-7	ABlk C	Fr,S,P,SEXP	15-59 many yellow brown mottles	15"	—	Water In Pit 22"	U
		7-22	Platy C	Fr,S,P					
		22-32	ABlk C	Fr,S,P,SEXP	15-59 Chroma 2 2.5Y 7-2 2.5Y 8-2				
		32-59	WSBk CL	Fr,SS,SP,SEXP					
2 init	LS 9%	0-12	WSBC SCL	Fr,SS,SP,SEXP	Many 30-52 YB Models 42-52 Chroma 2 2.5 4/6 2	30"	—	Water Comng in Pit 23"	PS .25
		12-30	ABlk C	Fr,SS,SP,SEXP					
		30-52	Platy C	Fr,S,P					
3 init	LS 8%	0-6	WSBk SCL	Fr,SS,SP,SEXP	40-48" com yellow brown mottles	40"	—	Water Comng in 25"	PS .25
		6-40	SBlk C	Fr,SS,SP,SEXP					
		40-48	Platy C	Fr,S,P					
4 repair	LS 10%	0-12	Alluvial Fill	—	—	12" 35"	—	Water Comng in 36"	PS .1 (drip)
		12-20	WSBk SCL	Fr,SS,SP,SEXP					
		20-35	ABlk C	Fr,SS,SP,SEXP					
		35-48	Platy	Fr,S,P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.25	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: James Boggs


Road
take 5' away when drawing
69
House
56'
15'
28'
57'
43'
72'
72'
72'
72'
72'
53'
226'
1
2
3
4
5
5 LS 97.
0-18 Fill —
18-23 WSBL SCL Fr,SS,SP,SEXP
23-40 ABL C Fr,SS,SP,SEXP
40-48 Plant Fr,S,P
C
40"
2.54 6/2
2.54 7/2
40-48 Common 4B Models

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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(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 Address: 129 Beckham Rd Zip: 28625
Applicant Email: KAwatt@roadrunner.com Phone: 704-902-4495 Alt. Phone: 704-876-0047
Owner Name: Kenneth A. Watt Address: Same Zip: _____
Owner Email: _____ Phone: Same Alt. Phone: _____

Property Information:

Street Address: 166 Country Drive Statesville, N.C. 28625
Subdivision Name: Bay Mount Section/Phase: _____ Lot Number: 3
Driving Directions: I-40 East to Old Mott Rd Mill Rd turn L go 2 miles turn Left on Jane Sowers Rd turn Right Country Drive 1/4 mile on R. Side

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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 ( ) 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 (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 A Watt 2-5-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Kenneth A. Watt, am the legal owner(s) of the property located at 166 Country Drive Statesville, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) K.A. 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 2-5-18

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

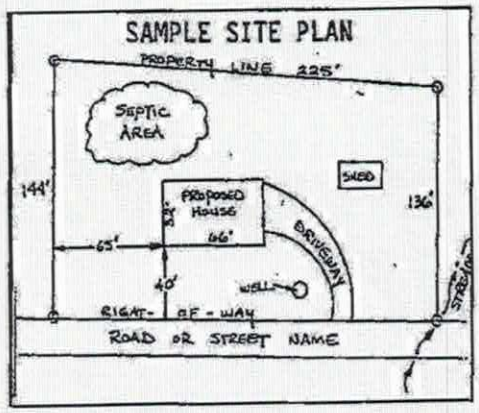
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

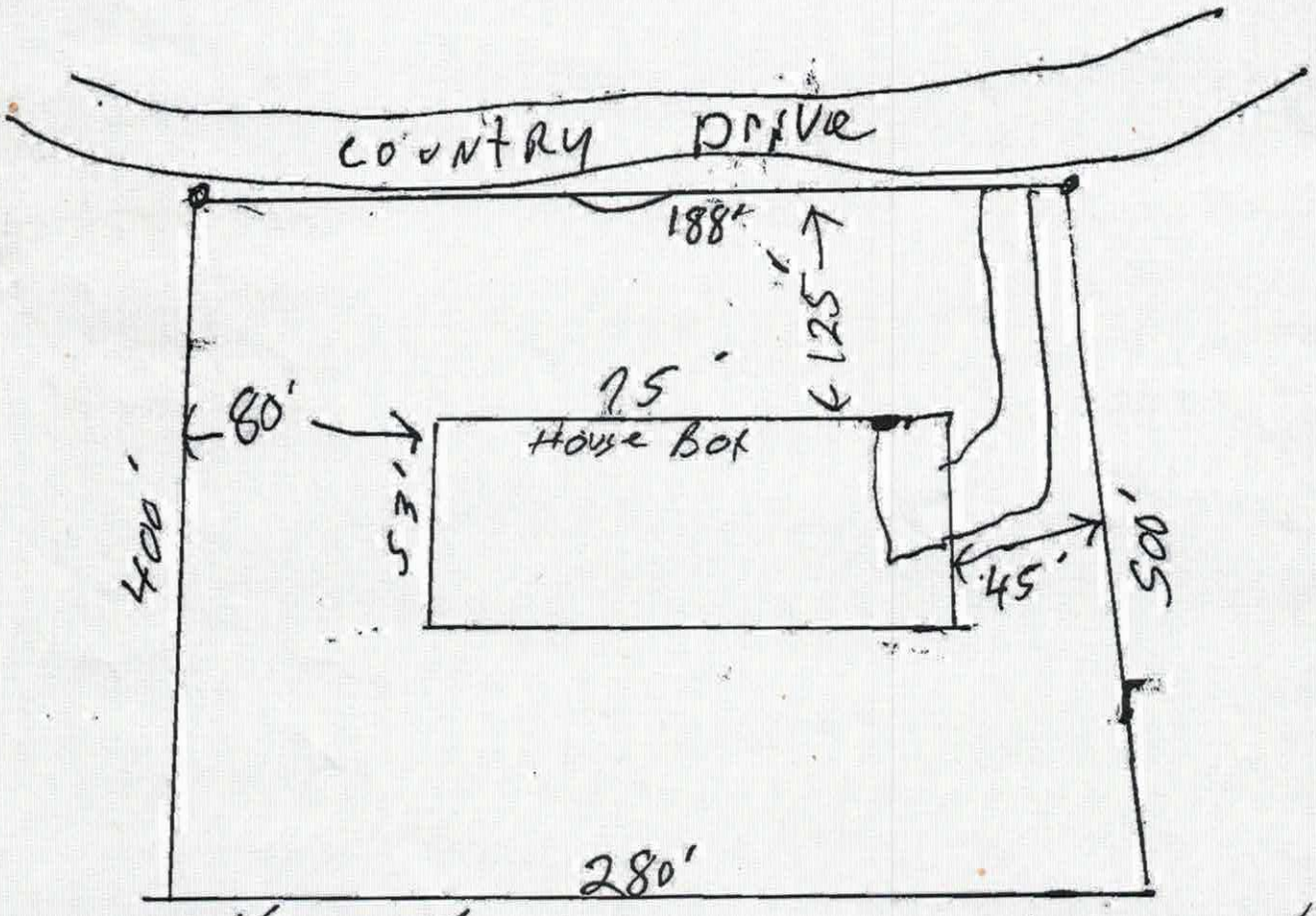


Circle N/A on the following if appropriate:

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

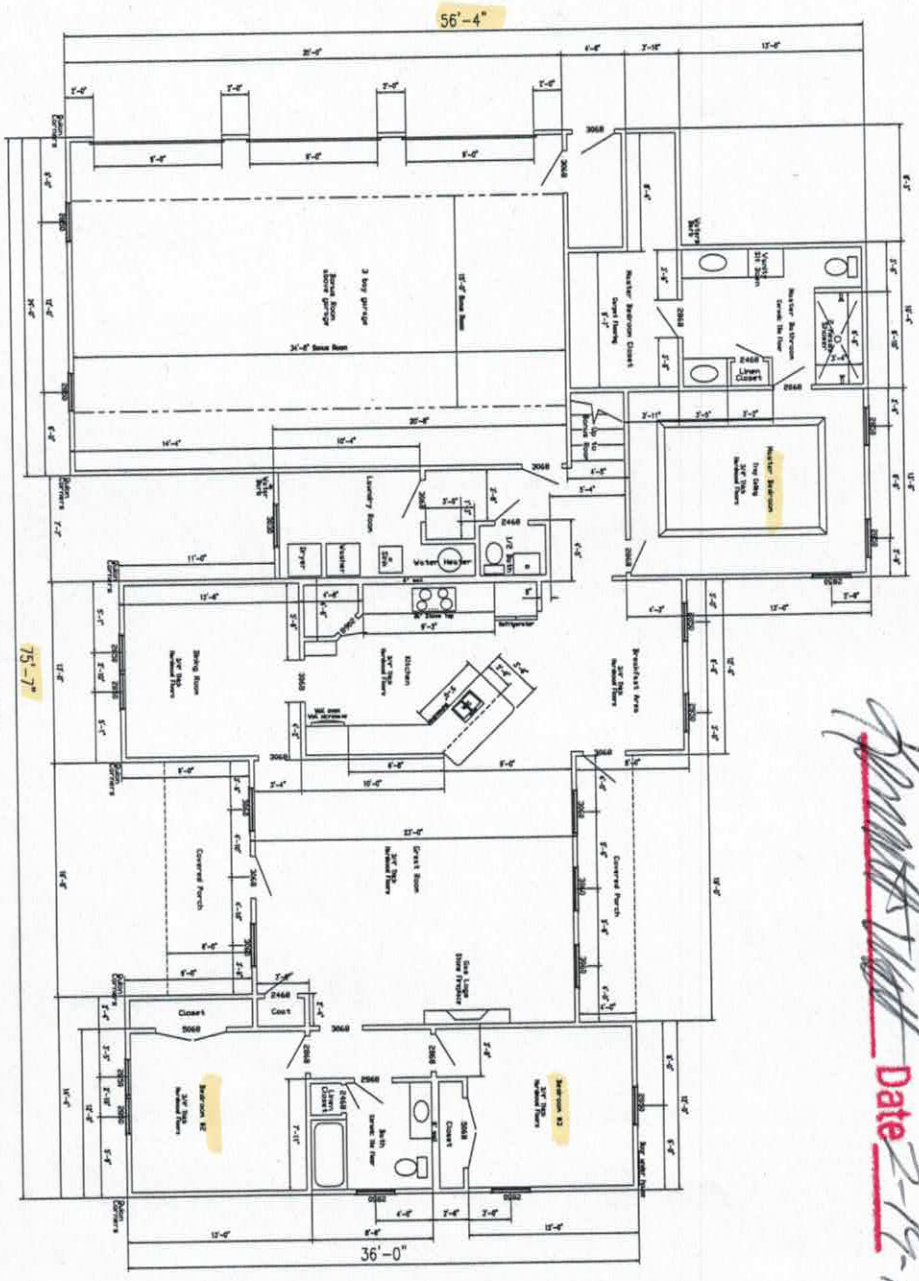
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

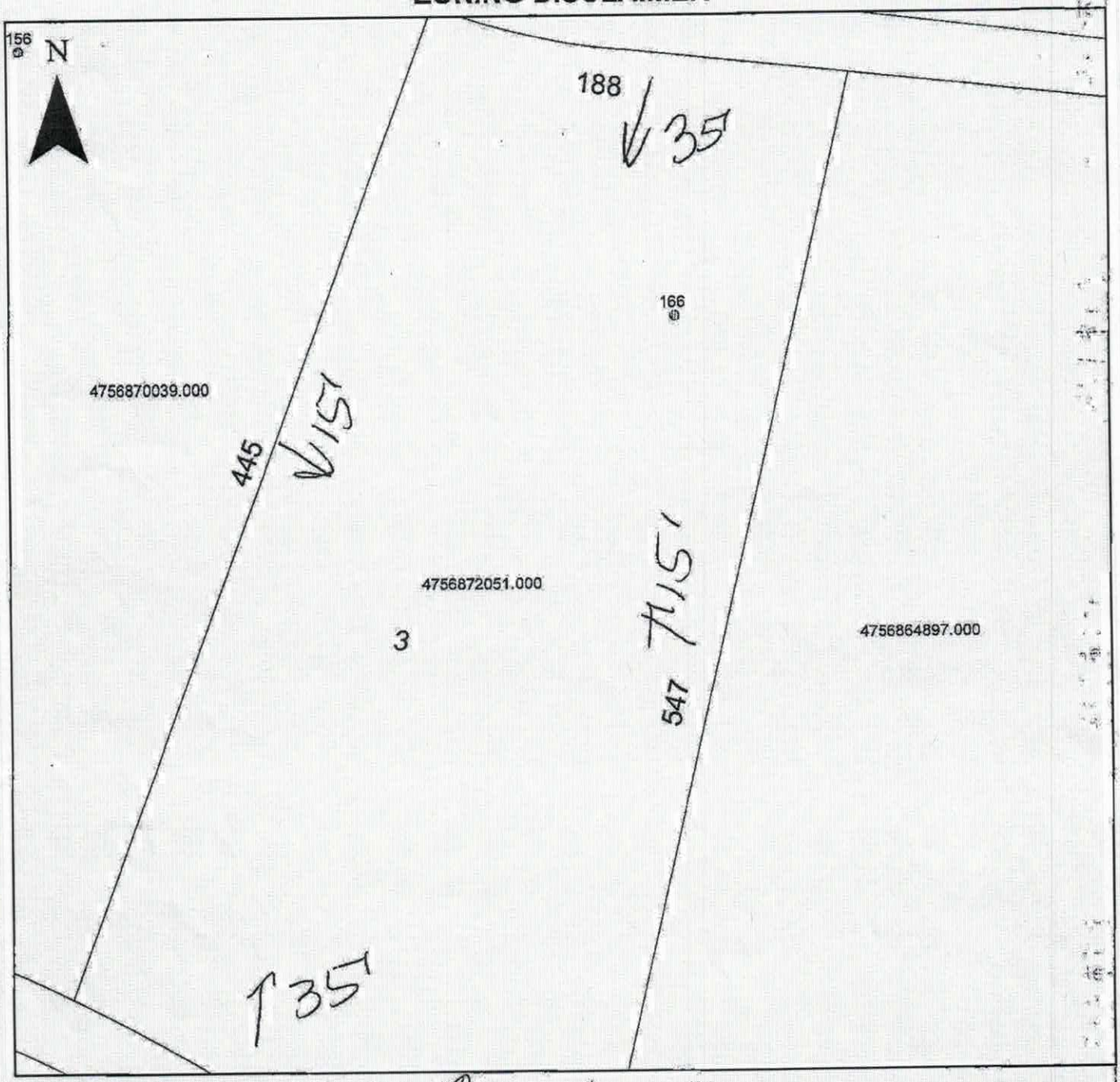
2-5-18
DATE



Acknowledgement Of
Plans Submittal ONLY!
Date 2-15-18
Date 2-15-18

Brian & Michelle Moore 166 Country Drive Statesville, NC 28625	Drawing No.	Job No.	
		Supervisor: Brian Moore	
		Draftsman: Brian Moore	
		Scale: 1/4"=----1'-0"	
		Date: 2/7/2018	
		Rev. 1	
		Rev. 2	

ZONING DISCLAIMER



Property Address 1106 Country Dr

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.

Kenneth Gwaltney
Applicant

2-5-18
Date