IREDELL COUNTY HEALTH DEPARTMENT

KW

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

231709 PERMIT # 121443

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

PIN # 4776 198 7168

APPLICANT/OWNER: Scott Westmoreland APPLICANT ADDRESS: 71 Glenn Hill Ln Hiddenite, NC 28636

SITE ADDRESS: 300 Hemlock Rd Cleveland, NC 27013 PHONE: 704 819-6415 ALT. PHONE

SITE DIRECTIONS: Hwy 21 N TR Oswalt Amity Rd TL Hemlock on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Westmoreland Ridge SECTION: LOT # 2 LOT AREA: 1.0 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

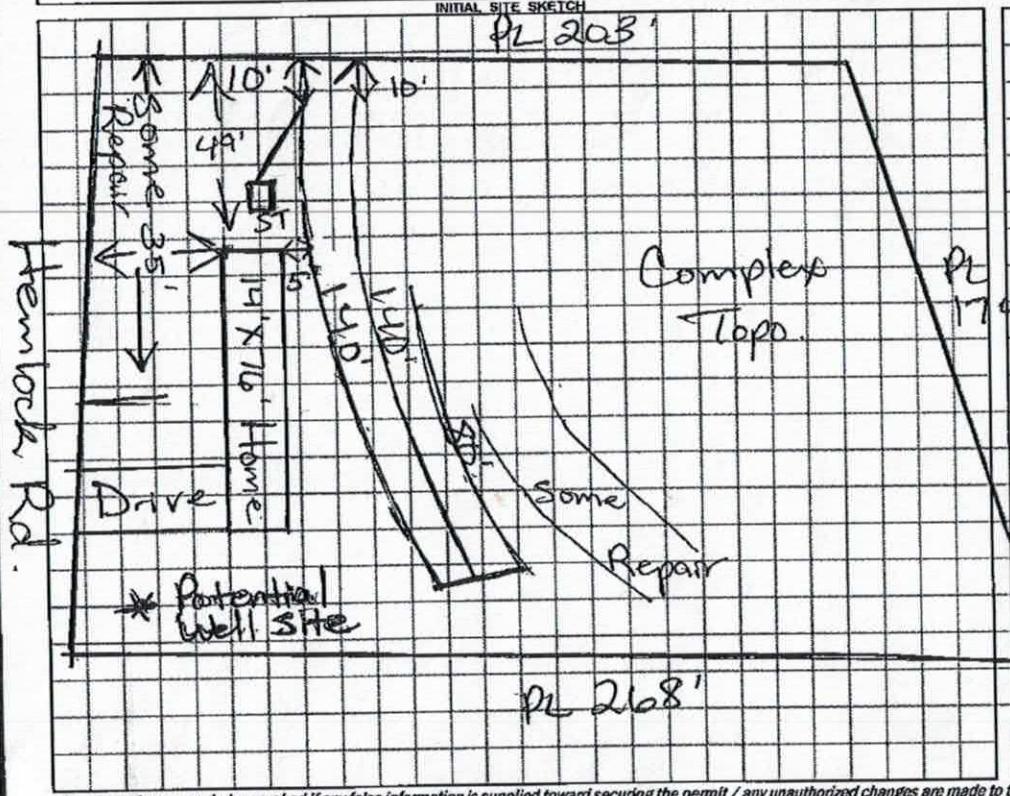
Septic Tank	1000 (gal)	STB	1012	Date	5-6-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity Type 25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Gravity/Pump PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	360ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

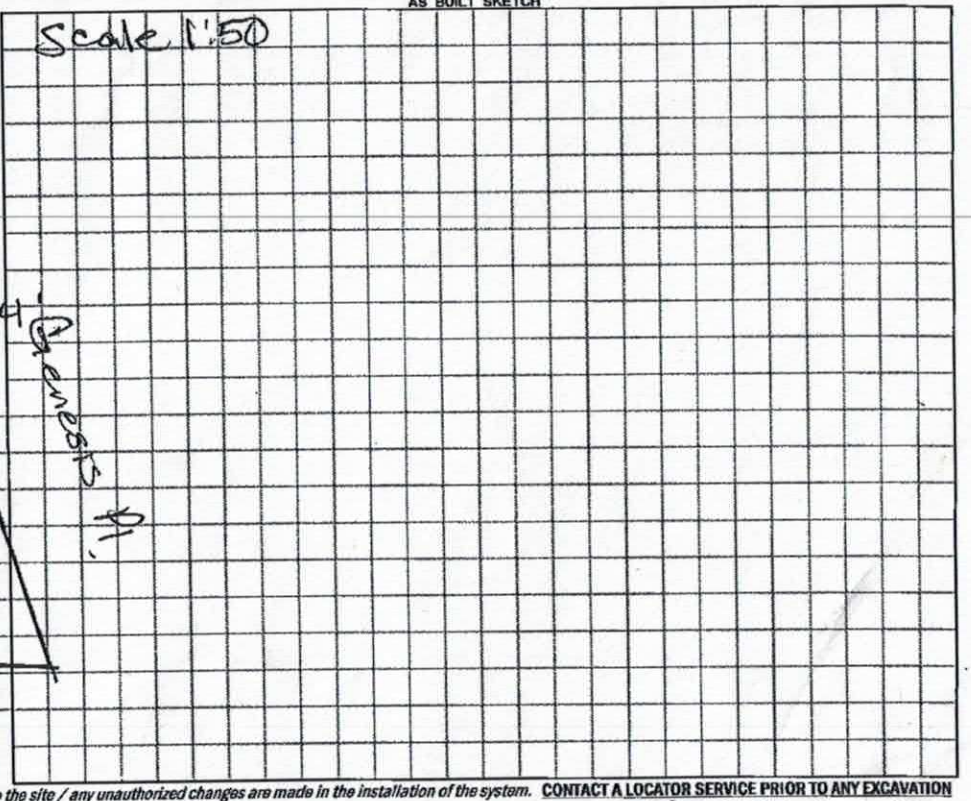
Comments / Conditions:

ST - Installed Quick 4 as drawn from MH

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: Scott Westmoreland Date: 2-12-18 Installed by: Charles Beatty

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/7/18 OPERATION PERMIT by: Maria Dotson Date: 8/30/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/8/18 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Scott Westmoreland
ADDRESS: 71 Glenn Hill Ln Hiddenite, NC
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 300 Hemlock

APPLICATION DATE _____
DATE EVALUATED: 2/5/18
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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
1/5	4-5%	0-10	Brw	SCL SS, SP, SEXP, FR					PS .3
		10-29	BC	SBK/AB KSS, SP, SEXP					
		29-35	RCC	SBK SS, SP, SEXP, FR					
		35-54	Rd/Brw	C C, W SBK w/ many			SAP		
		54-60	L/SL	SAP massive			FR	Inches	
6/2	7%	0-12	Brw	SCL SS, SP, SEXP, FR					PS .25 >32"
		12-32	R/Rd/Brw	C W SBK/AB SS, SP SEXP					
		32-54	R/Rd/Brw	C/C, W SBK SS, SP, SEXP, FR					
		54-60	L/SL	SAP massive, FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.25-.3	.2-.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

NOTES: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

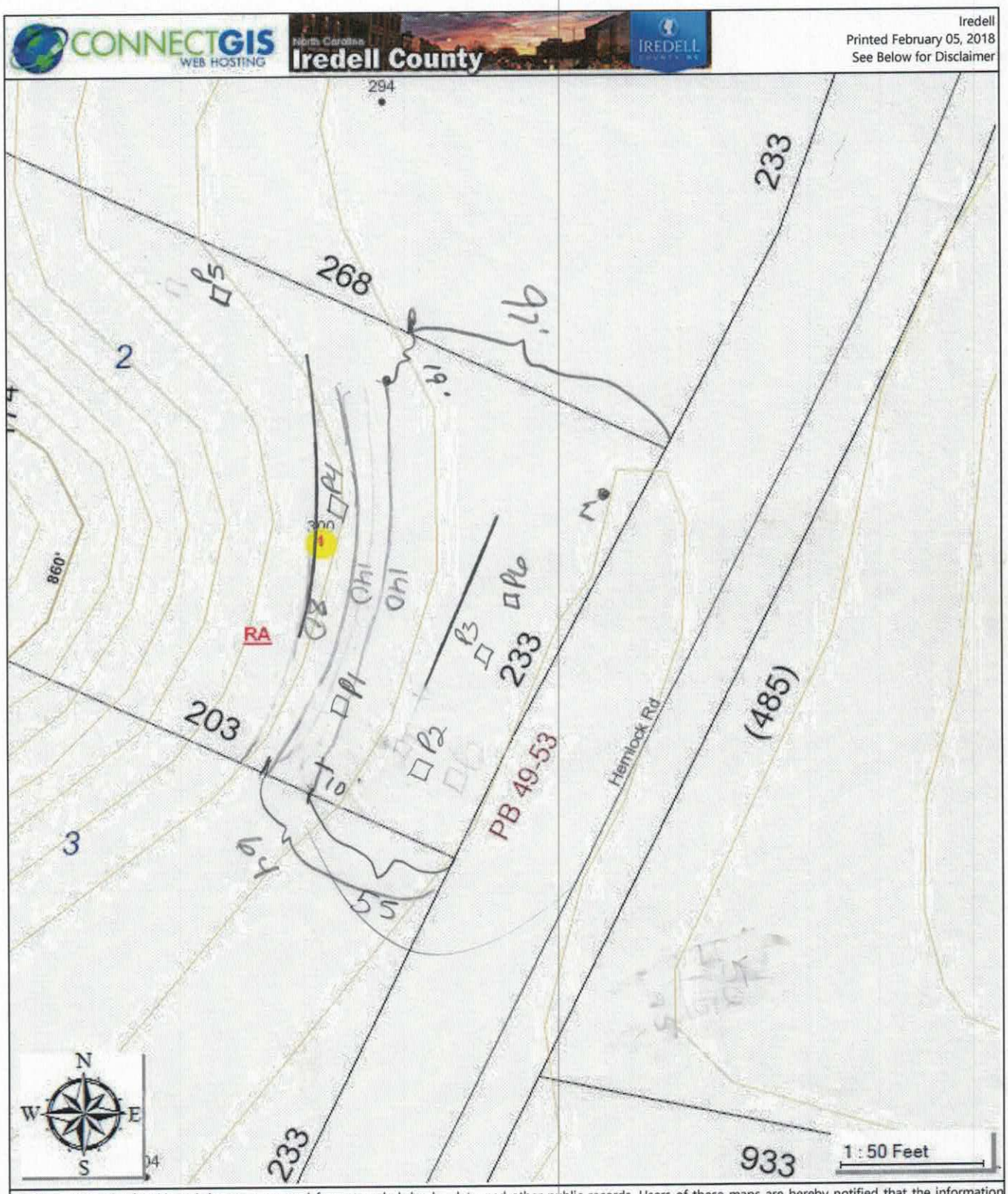
OWNER: Scott Westmoreland — APPLICATION DATE _____
ADDRESS: 11 Glenn Hill Ln Hiwassee, NC — DATE EVALUATED: 2/5/18
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: _____
LOCATION OF SITE: 300 Hemlock Rd Cleveland, NC PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ 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	5-7%	0-12	Brw SCL	SS, SP, SExP, FR					PS .25-.2
		12-24	RC to Yel/Brw	streaks of Yel/Brw					
		24-60	RC/C	m-w SBK	SS, SP, SExP, FR				
2	7%	0-12	Brw	SCL SS	SP, SExP, FR				PS .25-.2
		12-24	RC w/ Yel/Brw	streaks, SP, SExP					
		24-55	RC/SC	m-w SBK	SS, SP, SExP, FR				
3	7%	0-11	Brw	SCL SS, SP, SExP, FR					PS .2-.25 36"
		11-36	RC w/ Yel/Brw	streaks SS, SP, SExP					
		36-55	RC	m-w SBK some SAP	Inclus				
4	5-7%	0-9	Brw	SCL SS, SP, SExP, FR					PS .3
		9-24	R to Rd/Brw	ABK SS-S, SP, SExP, FR					
		24-55	Rd/Brw to Yel/Brw	w/ SAP	Inclus		SS, SP SExP, FR		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%Red.	PPBPS
Site LTAR	.25-.3	.2-.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Mona Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____



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.

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.

11/6/18 Talked to Scott re: Backhoe Pits Backhoe Pits Scheduled 2/5/18

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: Scott Westmoreland Address: 71 Glen Hill Lane Hiddenite NC Zip: 28636

Applicant Email: Scott@solidrockstructural.com Phone: 704-819-6415 Alt. Phone: _____

Owner Name: Scott Westmoreland Address: 71 Glen Hill Lane Hiddenite NC Zip: 28636

Owner Email: Scott@solidrockstructural.com Phone: 704-819-6415 Alt. Phone: _____

Property Information:

(704-819-6415

Street Address: 300 Hemlock RD cleveland NC

Subdivision Name: Westmoreland Ridge Section/Phase: _____ Lot Number: 2

Driving Directions: HWY 21 N - ~~Right~~ Right on Oswalt Amity - Left on Hemlock

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: 6
( ) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

(X) No Preference ( ) Alternative ( ) 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.

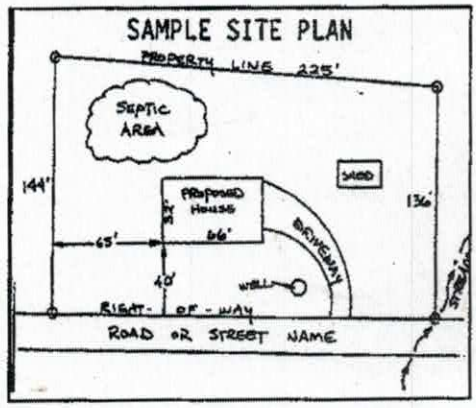
Signature: Scott Westmoreland 11-21-17

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

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

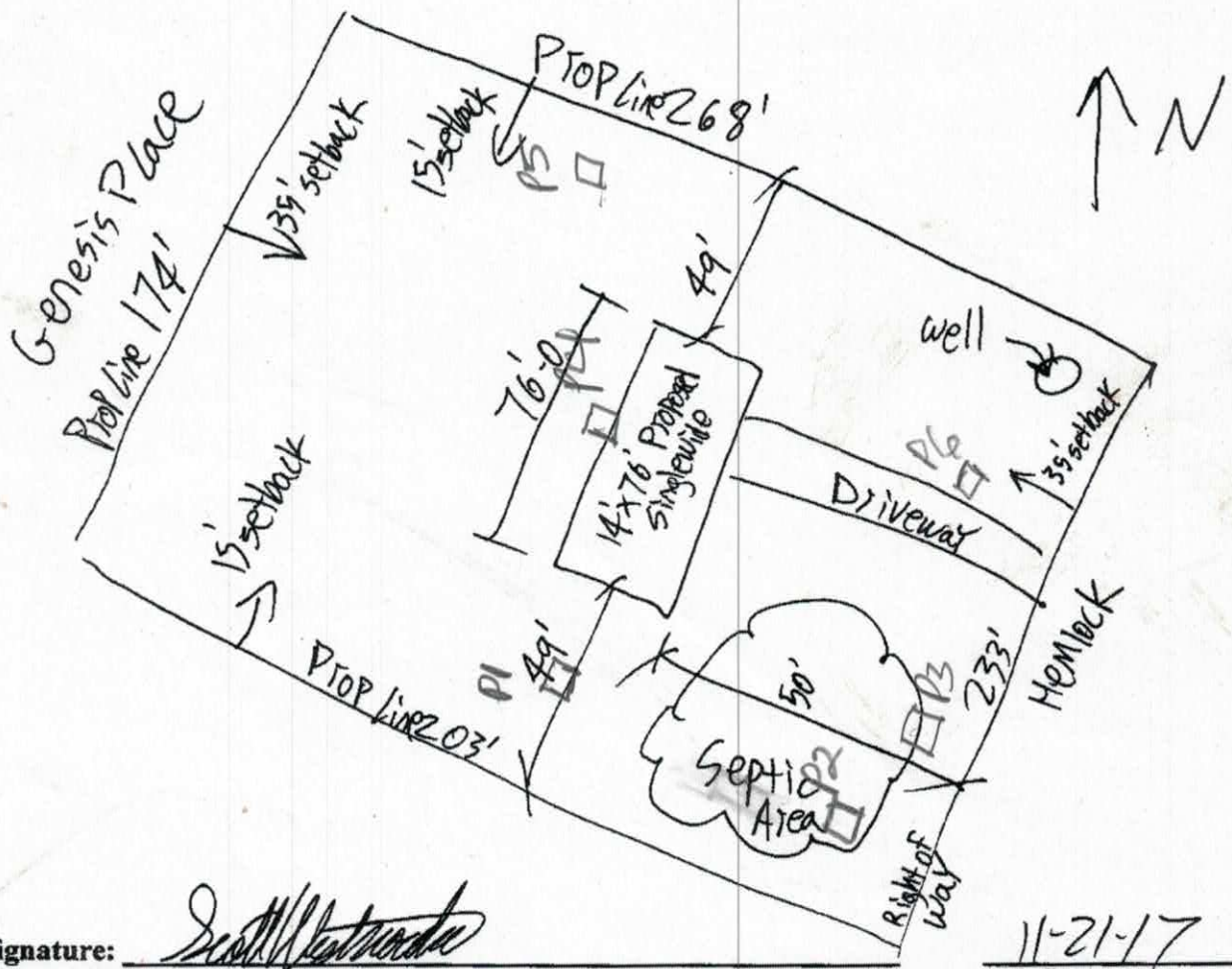


Circle N/A on the following if appropriate:

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)

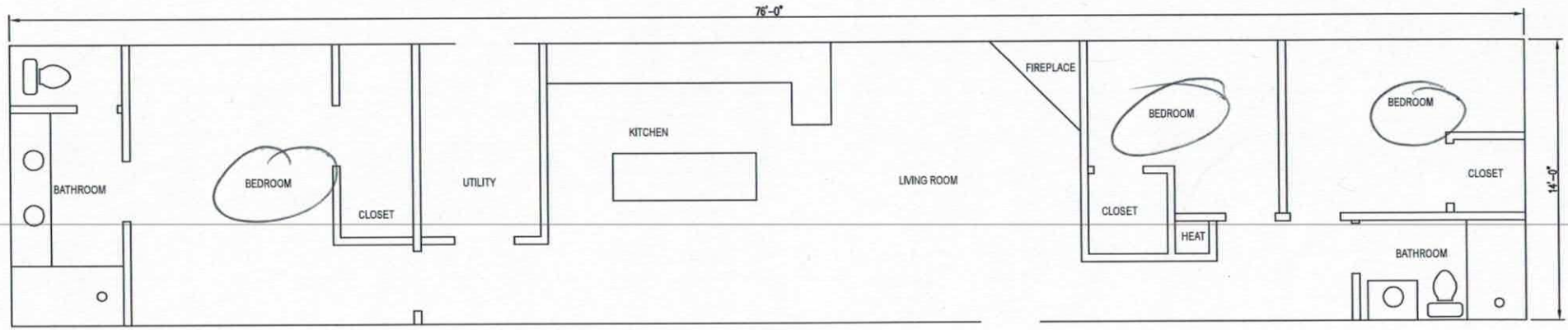
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Scott Westmoreland — 11-21-17

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



FLOOR PLAN

Scott Westmoreland

300 Hemlock

Acknowledgement of
Plans Submittal ONLY!

Maria Lebo Date 2/8/18

Scott Westmoreland Date 2-12-18

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761987168.000	300 HEMLOCK ROAD, CLEVELAND, NC 27013	

Owner Information	Applicant Information
Owner: WESTMORELAND SCOTT+JENNIFER	Applicant: WESTMORELAND SCOTT+JEN
Address: 912 IREDELL CO, NC 28625	Address: 912 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SW	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	NO	X

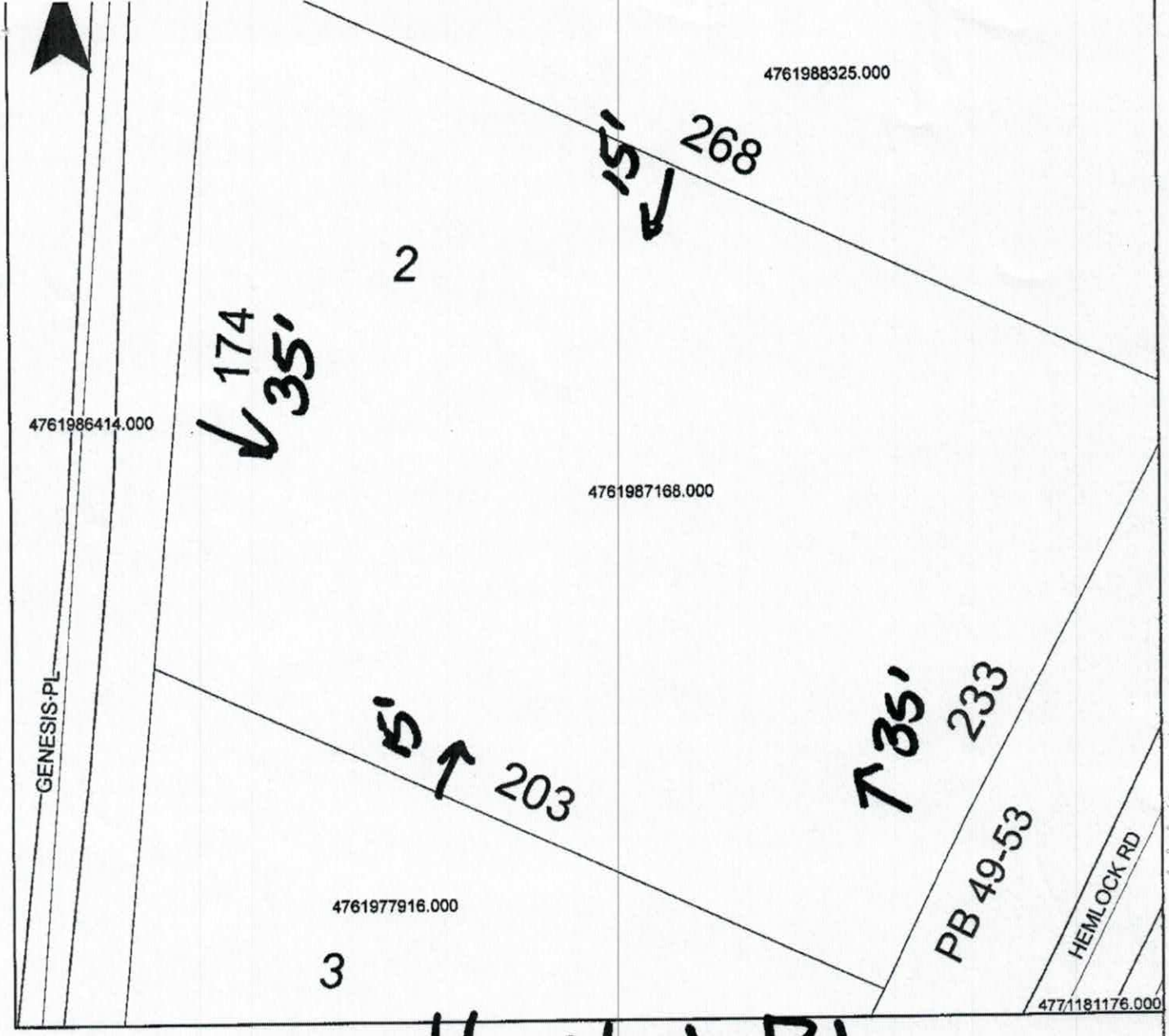
Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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	121443	TOTAL FEES:	$ 77.25



Property Address Hemlock 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.

Scott Westmoreland

Applicant

11-21-17

Date