ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 324269

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

PIN # 4766 -- 69 -- 4860

APPLICANT/OWNER: Michael Douglas | APPLICANT ADDRESS: 687 Jane Sowers Rd, Statesville

SITE ADDRESS: 454 Beechwood Farm Rd, Statesville 28625 | PHONE: 704-902-1094 | ALT. PHONE 704-902-2833

SITE DIRECTIONS: 64 - River hill - Chestnut grove - Beechwood Farm | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 74.75 acres | DESIGN FLOW: 240 gpd | L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 7100 Date 1/22/23

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft 200 ft

Trench Width 36 in Trench Bottom Depth(Low side) 30 in Gravel Depth –

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☒ Business No. Persons

☐ Other No. Employees 8

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install drainlines on contour with the land. Utilize serial distribution. Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH

See attached by ICHD
3/11/22

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.

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: Michael K. Douglas Date: 3/14/22

IMPROVEMENT PERMIT by: Cory Wil Date: 3/11/22

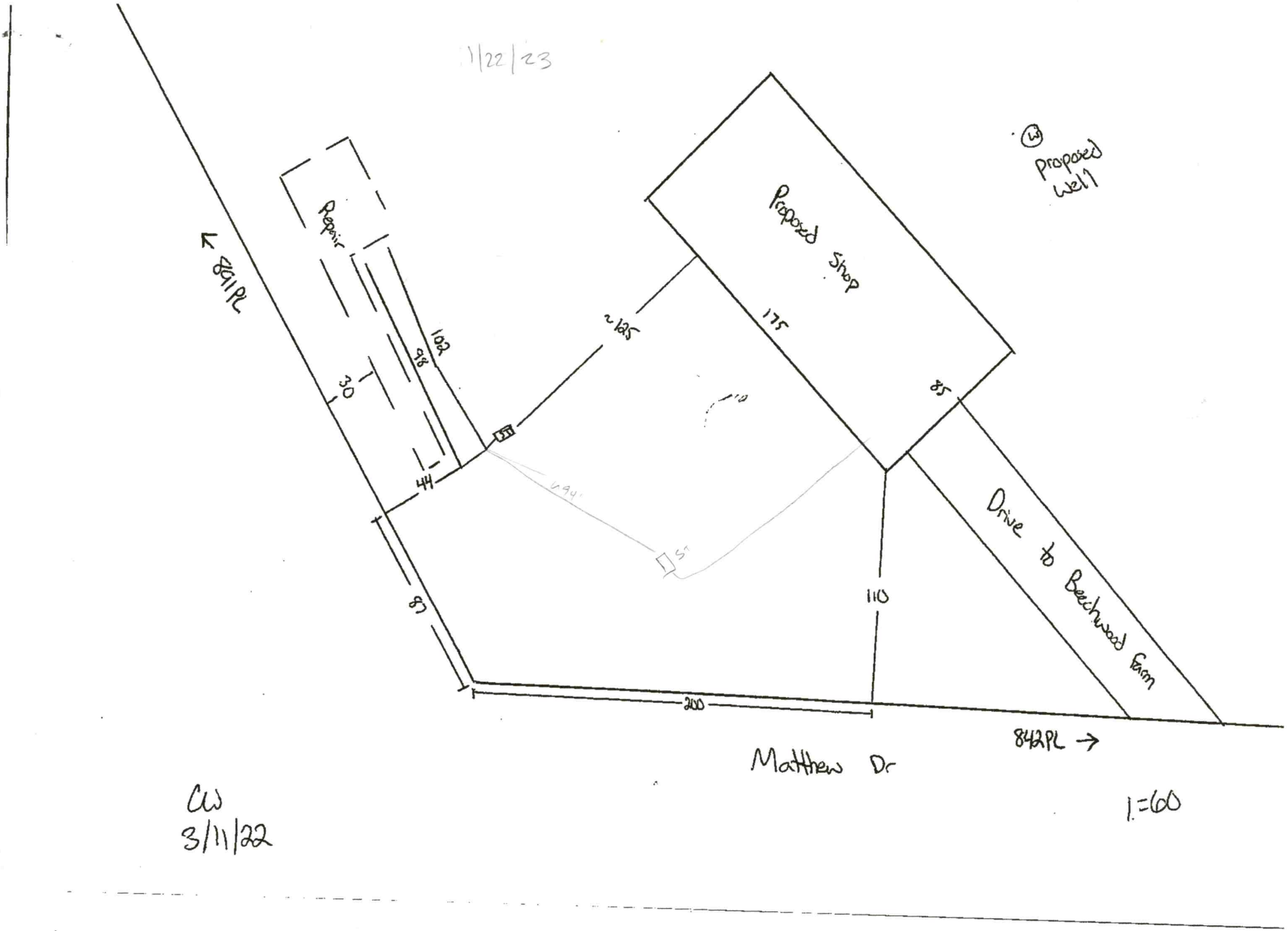
AUTHORIZATION TO CONSTRUCT by: Brian A. Bo Date: 3/14/22

Installed by: Abees Grading

OPERATION PERMIT by: D. Meberg Date: 3/1/23

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed


1/22/23
Repair
102
98
30
44
841 PL
2 1/2"
Proposed Shop
175
85
(3)
Proposed well
Drive to Beechwood Farm
110
87
200
842 PL →
Matthew Dr
CW
3/11/22
1:=60

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324269

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☐ Community

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3/11/22

AS BUILT SKETCH

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Owner / Applicant Signature: Michael K. Douglas Date: 3/14/22 Installed by:

IMPROVEMENT PERMIT by: Cory Wil Date: 3/11/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 3/14/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4766049480
COUNTY: Iredell

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

OWNER: Michael Douglas — APPLICATION DATE 2/10/22
ADDRESS: 1687 Jane Sowers Rd, Statesville — DATE EVALUATED: 3/2/22
PROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): — PROPERTY SIZE: 74.75 acres
LOCATION OF SITE: 4521 Beechwood Farm Rd, Statesville — 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	Linear 5%	0 - 8	PLOW		-	48	-	-	.3 PS
		8 - 34	C SBK	SS SP FR SE					
		34 - 48	SAP LS	FR					
2	Linear 5%	0 - 11	PLOW		-	49	-	-	~~.3~~ .25 PS
		11 - 32	SCL SBK	SS SP FR SE					
		32 - 49	C SBK	SS SP FR SE					
3	Linear 4%	0 - 12	PLOW		-	48	SAP inc in CL layer		.3 PS
		12 - 32	C SBK	SS SP FR SE					
		32 - 48	CL SBK	SS SP FR SE					
4	Linear 10%	0 - 12	PLOW		-	68	SAP inc in CL layer		.3 PS
		12 - 40	C SBK	SS SP FR SE					
		40 - 68	CL SBK	SS SP FR SE					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whitlow
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

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.

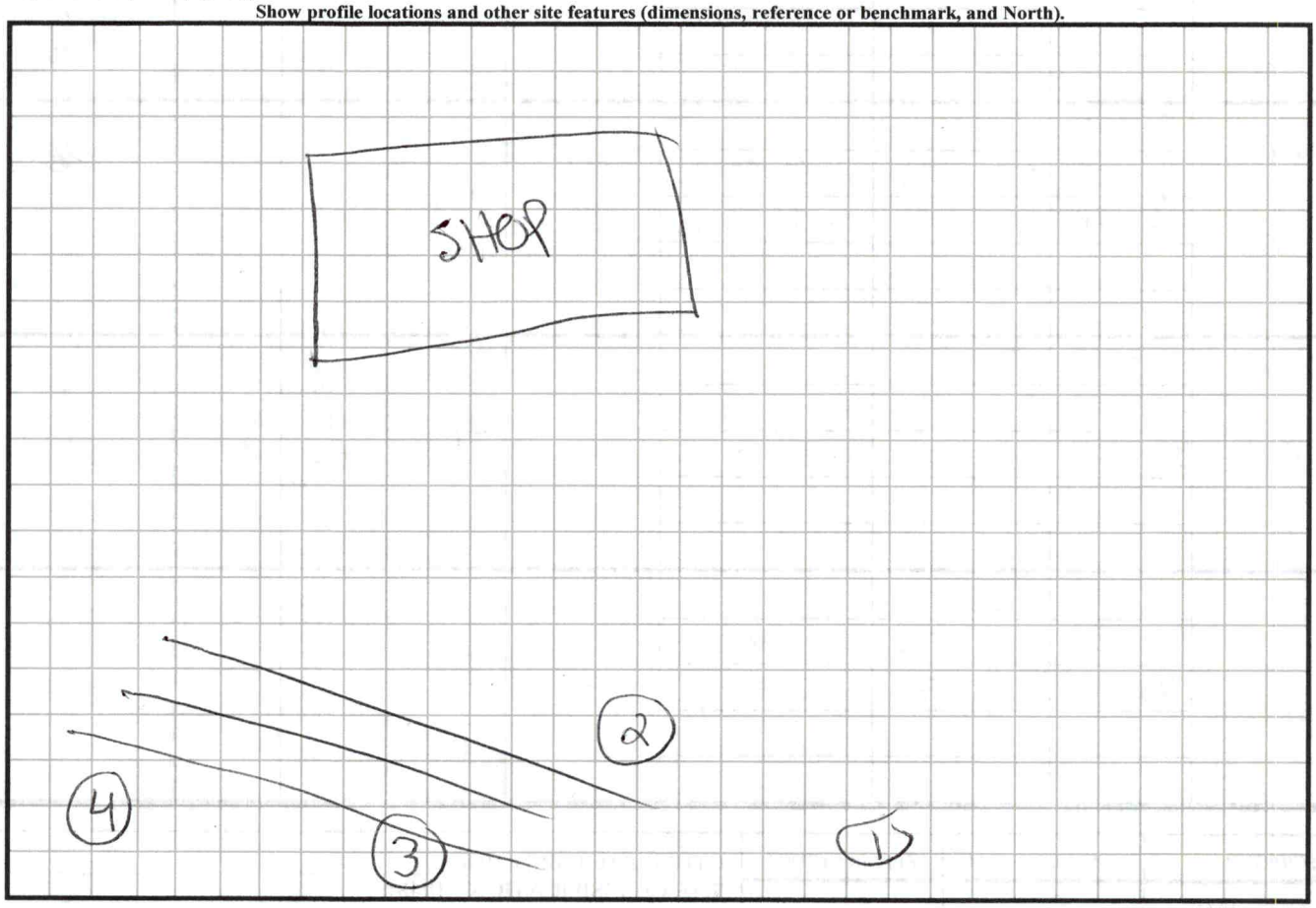
NOTES

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)

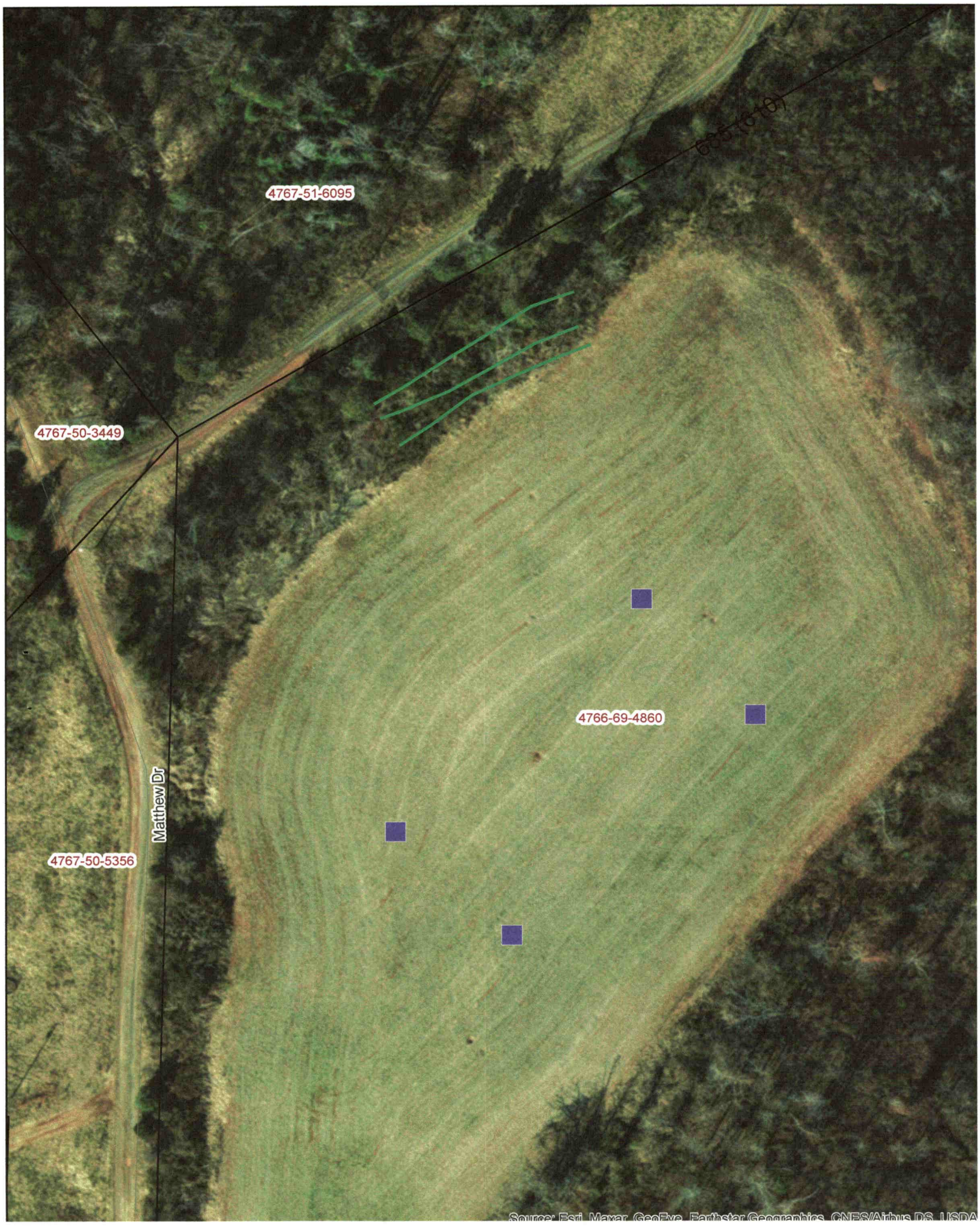
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



1=60


4767-51-6095
4767-50-3449
Matthew Dr
4767-50-5356
4766-69-4860
Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA

Lft off list 12/29/21

RECEIVED FEB 10 2022

CW

No zoning required - farm bldg.

Farm Building

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-324269

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For:

(✓) Septic Improvement Permit (✓) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MICHAEL DOUGLAS Address: 687 JANE SOWERS ROAD, STATESVILLE N.C Zip: 28677

Applicant Email: mandn.203@gmail.com Phone: 704-902-8094 Alt. Phone: 704-902-2833

Owner Name: SAME Address: SAME Zip: _____

Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 454 BEECHWOOD FARM ROAD, STATESVILLE N.C 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 AND OLD MOCKSVILLE GO NORTH ON OLD MOCKSVILLE TO CHESTNUT GROVE ROAD AND TURN RIGHT TO BEECHWOOD AND TURN LEFT - 1/2 MILES ON LEFT

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

( ) 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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____
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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____
Year existing system installed: _____

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. industrial) 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.

Signature: Michael Douglas

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

12-29-21

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

_____ _____
Signature of Owner(s) Date

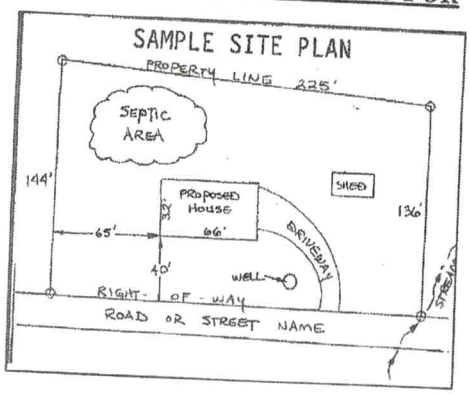
Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

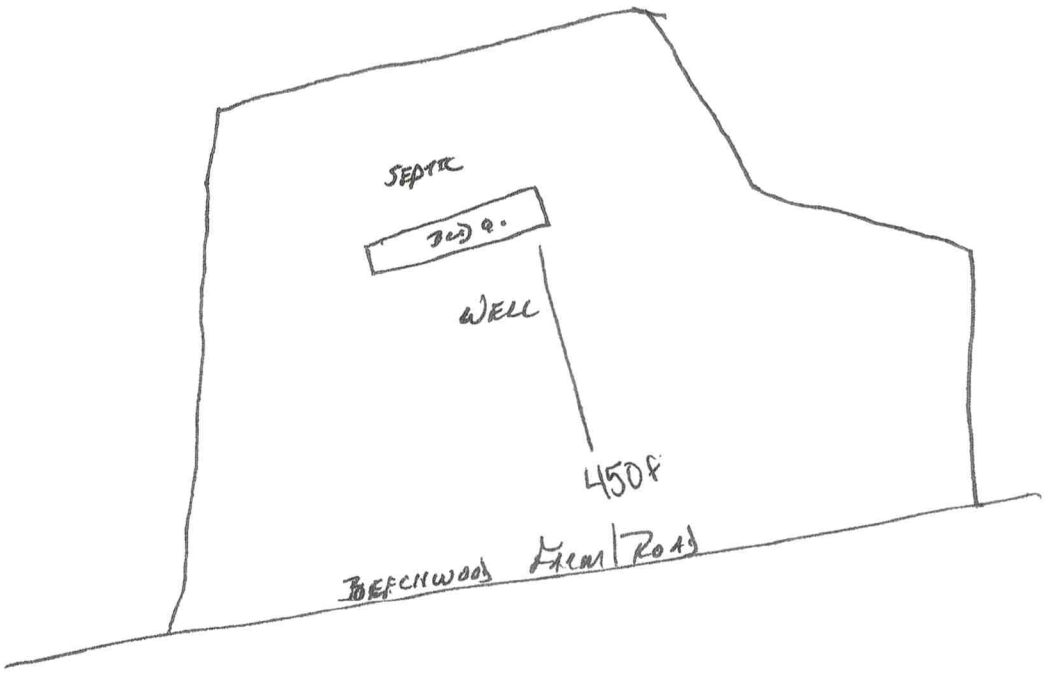
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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**

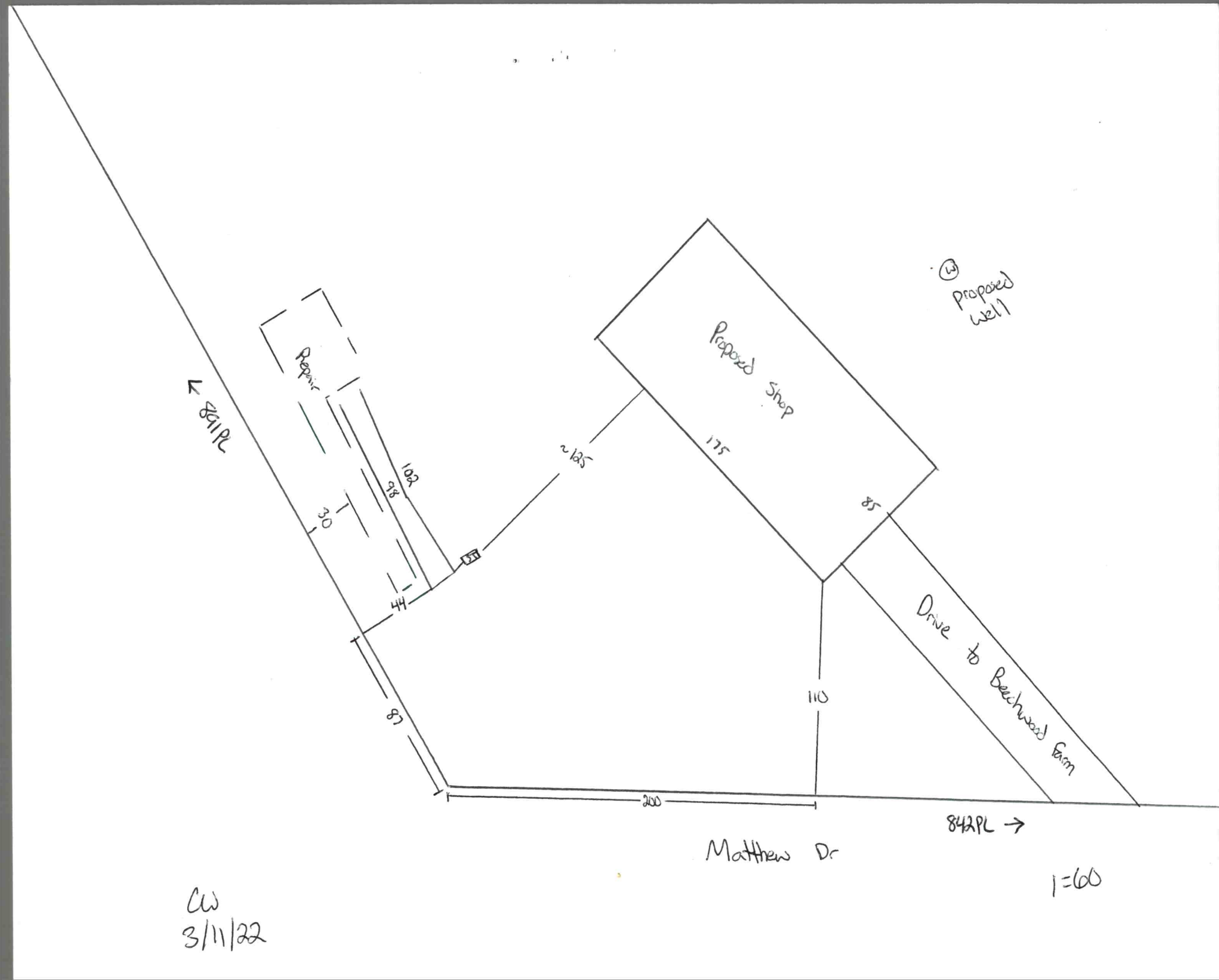
USE THIS SPACE TO DRAW YOUR SITE PLAN

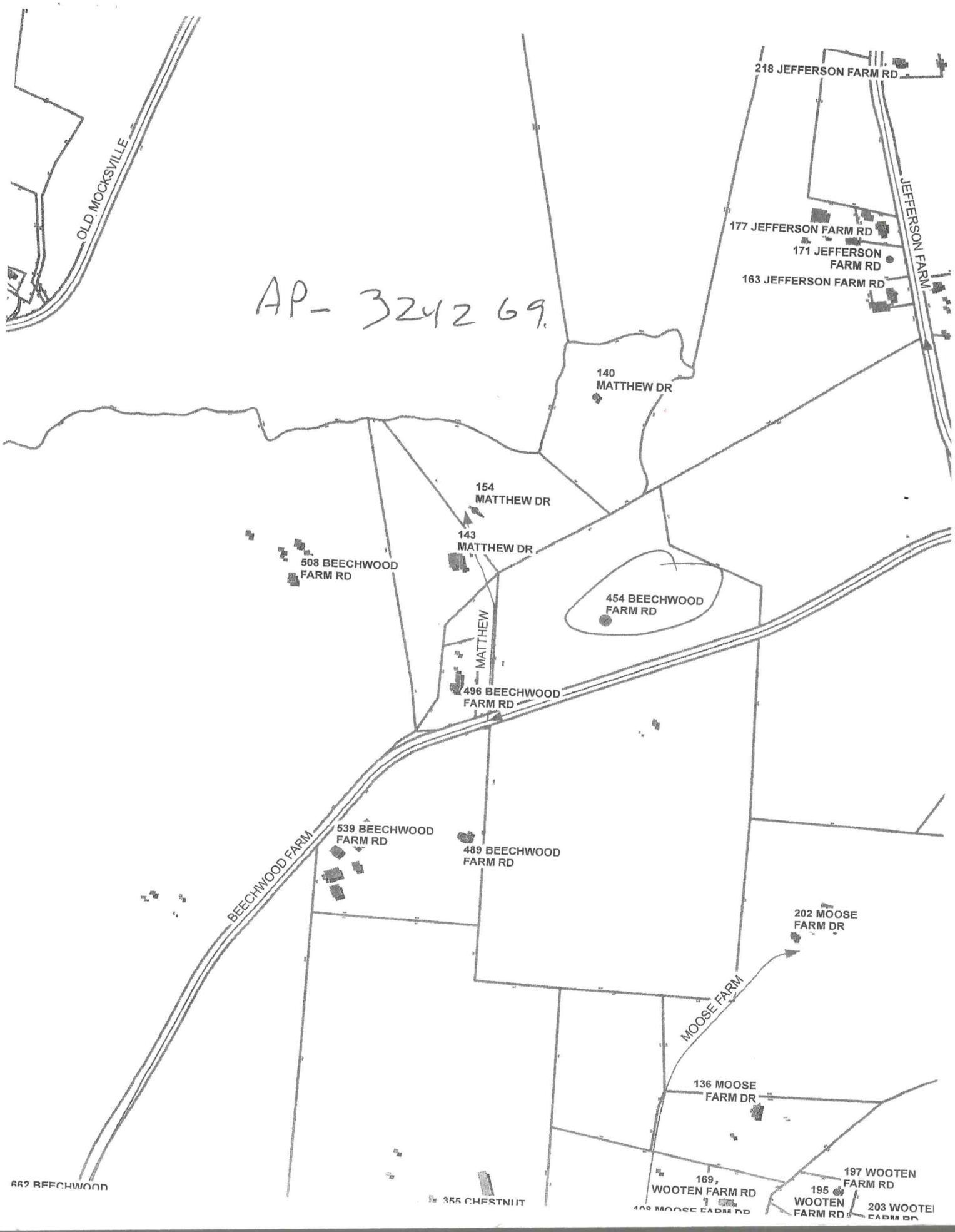
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

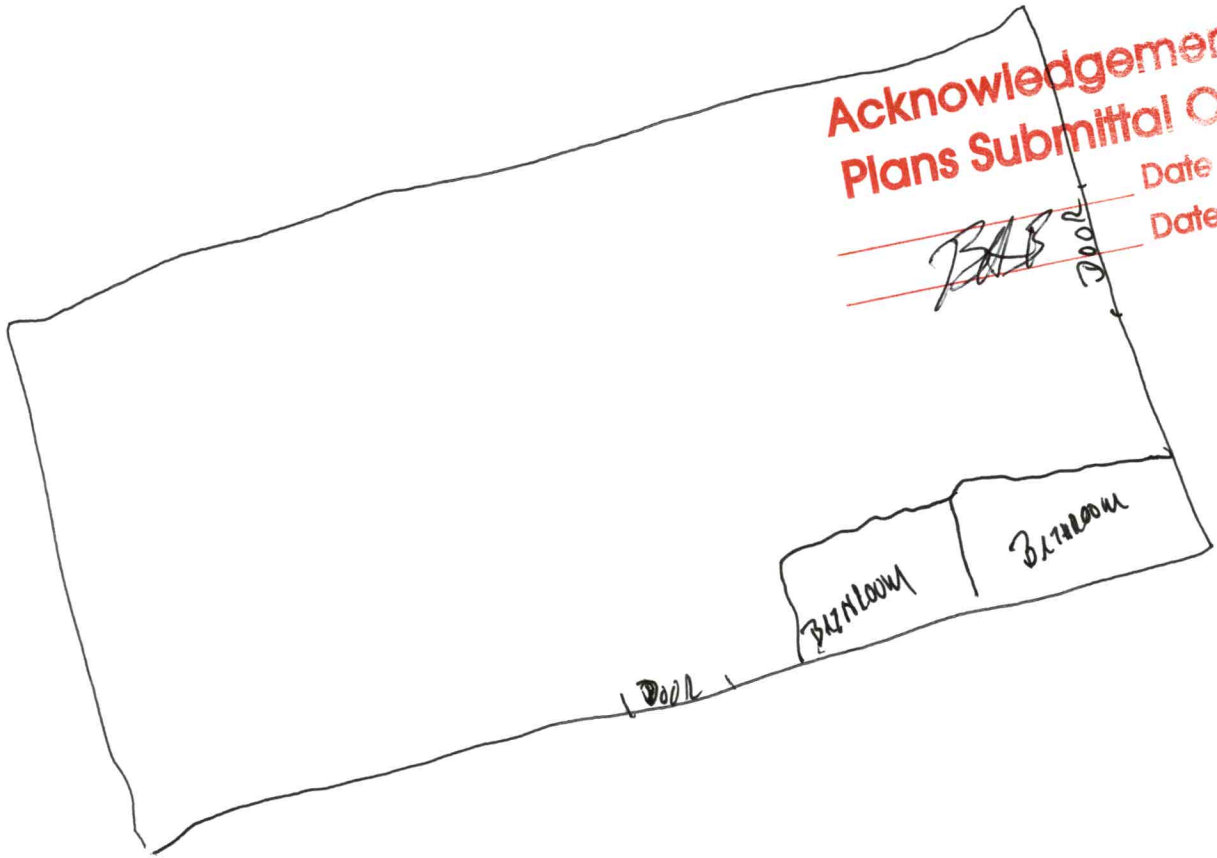


Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/29/21
DATE


841 PL
Repair
102
98
30
44
125
Proposed Shop
175
85
(3) Proposed well
Drive to Beechwood Farm
87
110
200
842 PL
Matthew Dr
1=60
CW
3/11/22


AP- 324269
OLD MOCKSVILLE
218 JEFFERSON FARM RD
JEFFERSON FARM
177 JEFFERSON FARM RD
171 JEFFERSON FARM RD
163 JEFFERSON FARM RD
140 MATTHEW DR
154 MATTHEW DR
143 MATTHEW DR
508 BEECHWOOD FARM RD
454 BEECHWOOD FARM RD
MATTHEW
496 BEECHWOOD FARM RD
539 BEECHWOOD FARM RD
489 BEECHWOOD FARM RD
BEECHWOOD FARM
202 MOOSE FARM DR
MOOSE FARM
136 MOOSE FARM DR
197 WOOTEN FARM RD
169, WOOTEN FARM RD
195 WOOTEN FARM RD
203 WOOTE
662 BEECHWOOD
355 CHESTNUT


Acknowledgement Of
Plans Submittal ONLY!
Date
Date 3-14-2022.
BATHROOM
BATHROOM
DOOR