ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307930

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

PIN # 4787192082.000

APPLICANT/OWNER: James Cartin. APPLICANT ADDRESS: 110 Beechtree Loop Apt 204 Mooresville NC 28117.

SITE ADDRESS: 370 Gantt Horn Rd Statesville NC 28625 PHONE: 704-929-6980 ALT. PHONE –

SITE DIRECTIONS: old Mocksville Rd turn @ Gantt Horn Property approximately 1 mile SAP CONTROLLED: ☐ YES ☒ NO

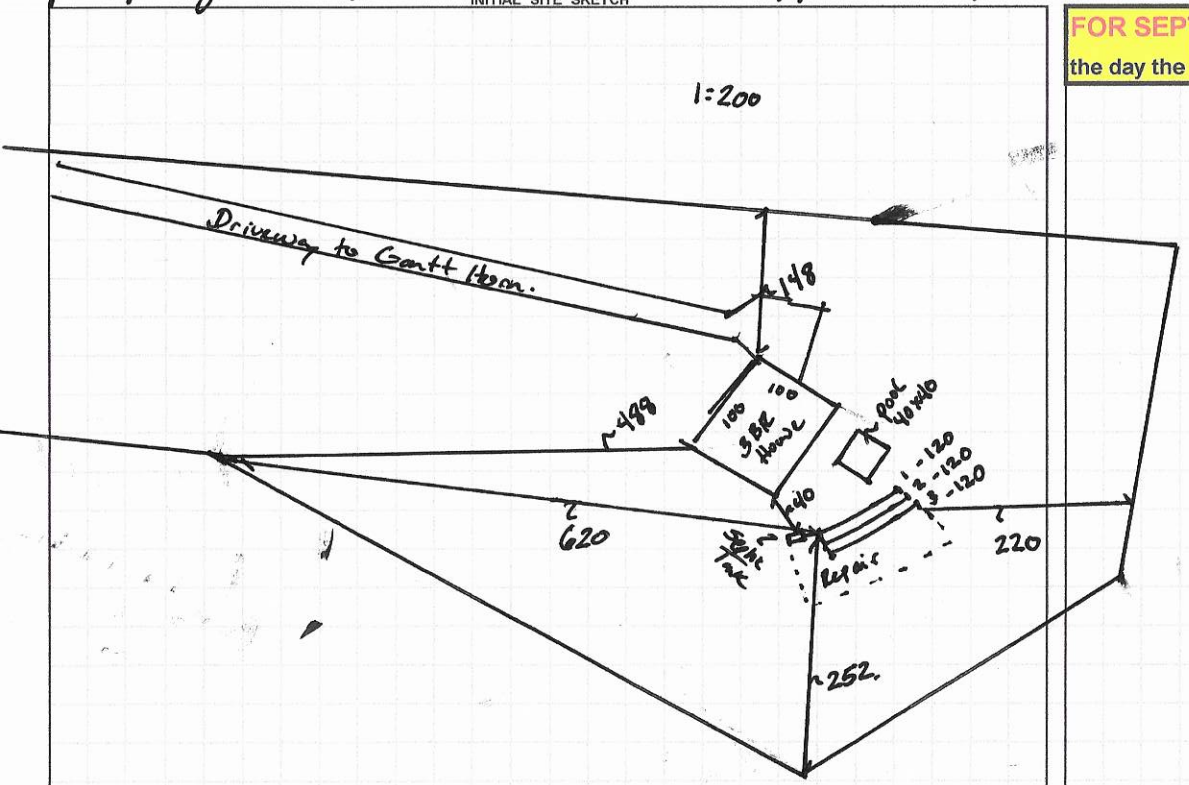
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 15.286 Ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 760	Date	2-3-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	–	(gal)	PT –	Date	–	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 6
Pump Make	–	Model	–	Serial #	–	Repair System Description:	Gravity - 25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the Contour of the land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not drive park, pave, grade or bury utilities in drainfield area. Keep pool 15ft away from septic

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: 7-1-20 Installed by: Shady Knoll Septic

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 6/25/2020 OPERATION PERMIT by: [signature] Date: 4-6-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 6/25/2020 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 #: 4887192082
COUNTY: Iredell

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

360

OWNER: James Corbin
ADDRESS: 110 Beckton Loop Apt 204 Mvl 28117
PROPOSED FACILITY: 3BR Home
LOCATION OF SITE: 370 East Iredell Rd.
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE: 6/2/2020
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: 6/19/2020
PROPERTY SIZE: 15+ AC
PROPERTY RECORDED: yes
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	LS 17%	0-8	C - Plow layer	SS/SP Fr	2.5YR 4/6 11		21-46	Litho mottling	0.3 PS
		8-21	C/SBK/ABK	SS SP / Fr					
		21-46	CL/ABK weak	SS SP / VF					
		46-48	LSaP/M	NS NP/VF					
2	LS 22%	0-25	C - ABK	SS SP / Fr	25YR 5/6		Heavy mica Mn concs Many Sap incl		0.25 PS
		25-50	CL/WSBK	SSSP / VF					
3	LS 15%	0-23	C - SBK	SSSP - Fr	2.5YR 4/6		some mica Litho incl		0.3 PS
		23-52	CL - WSBK	SSSP VF					
4	LS 18%	0-12	C - Plow layer	SP - Slightly Fi	4/6		some mica		0.3 PS
		12-34	C - WDBK	SP - Slightly Fi					
		34-50	CL - WSBK	SSSP - VF					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 L.F.	360 L.F.
System Type(s)	III 25%	III 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): Large Property
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms / Mabry
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

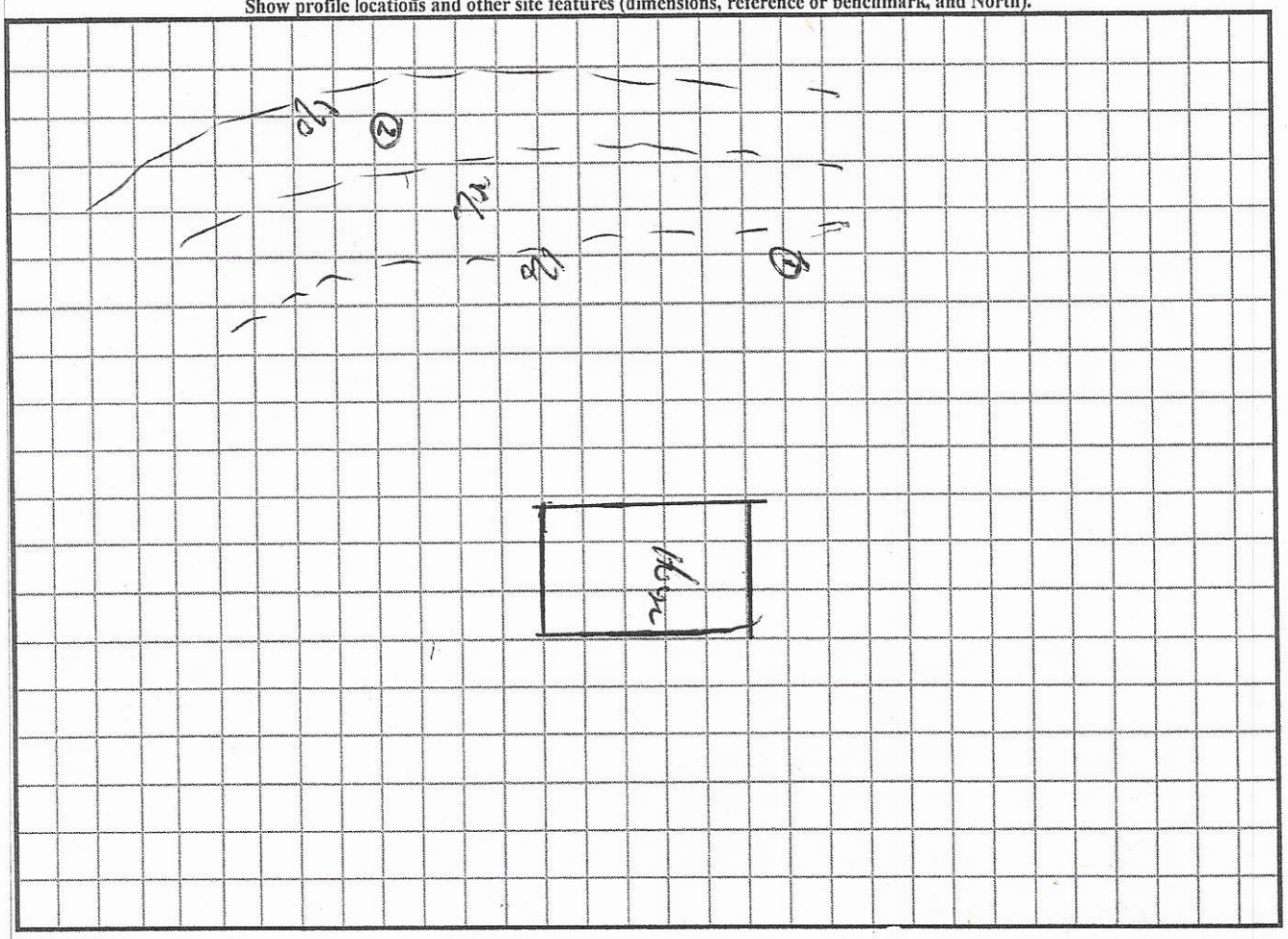
NOTES

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)

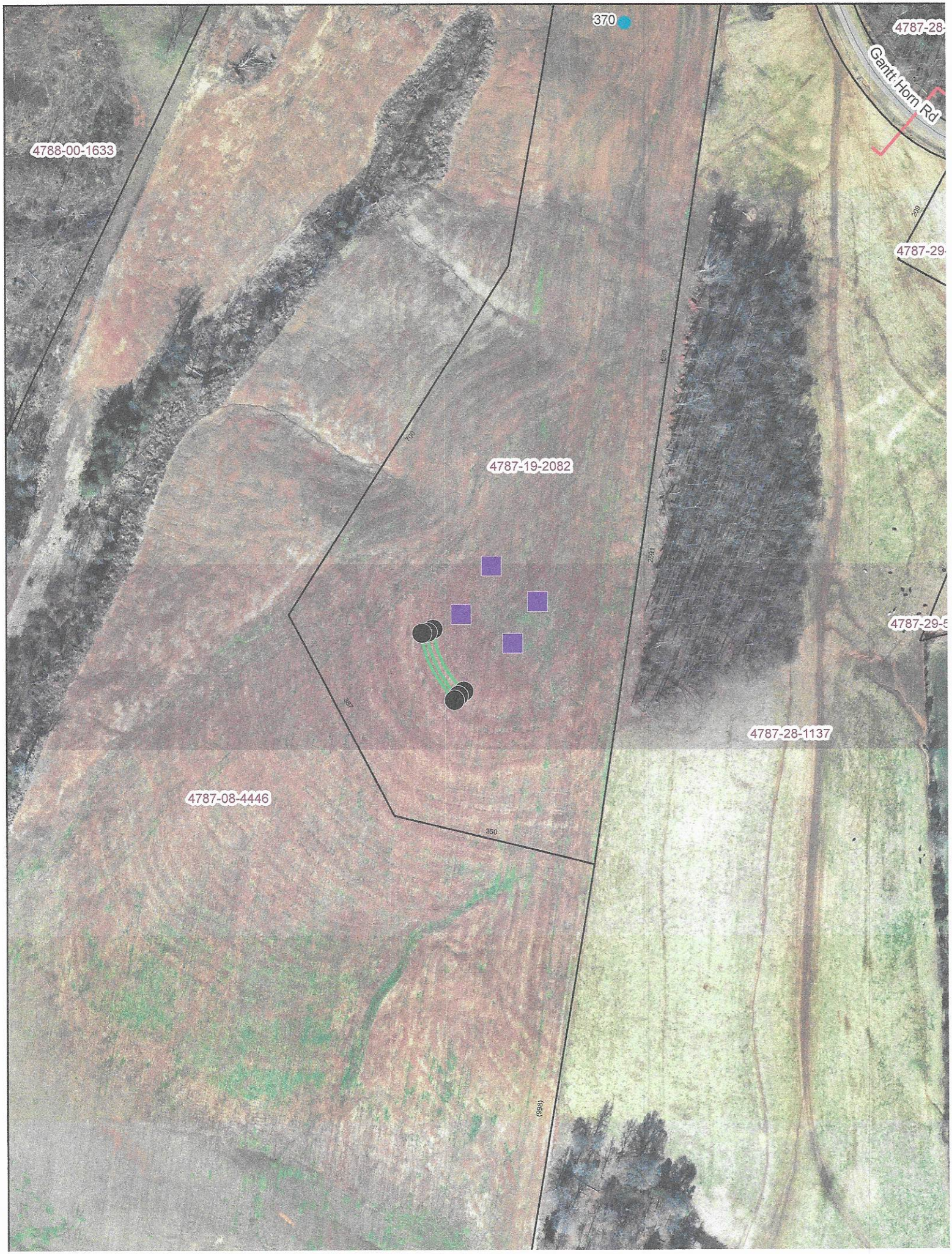
Evaluation of saprolite shall be by pits.

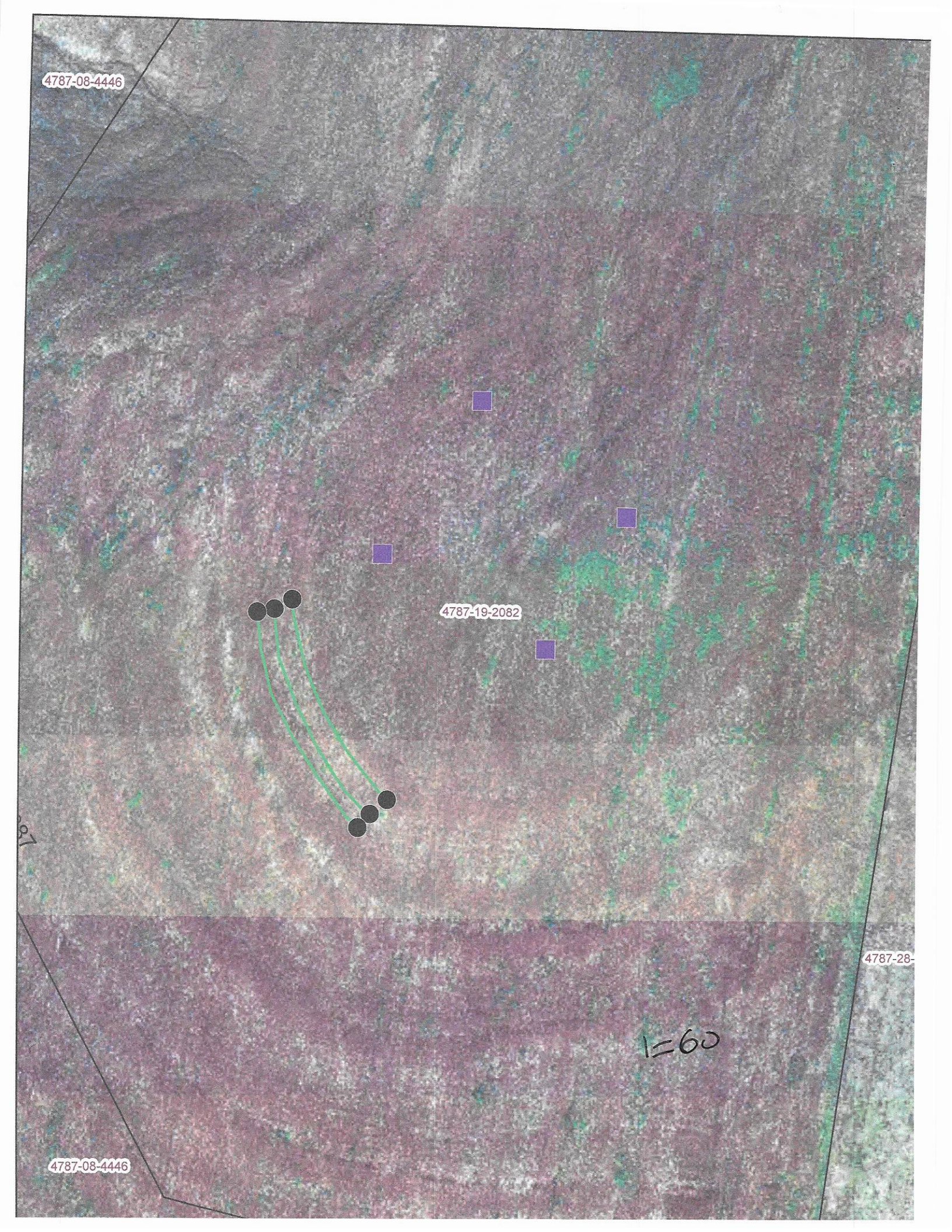
Long-term Acceptance Rate (LTAR): gal/day/ft^2

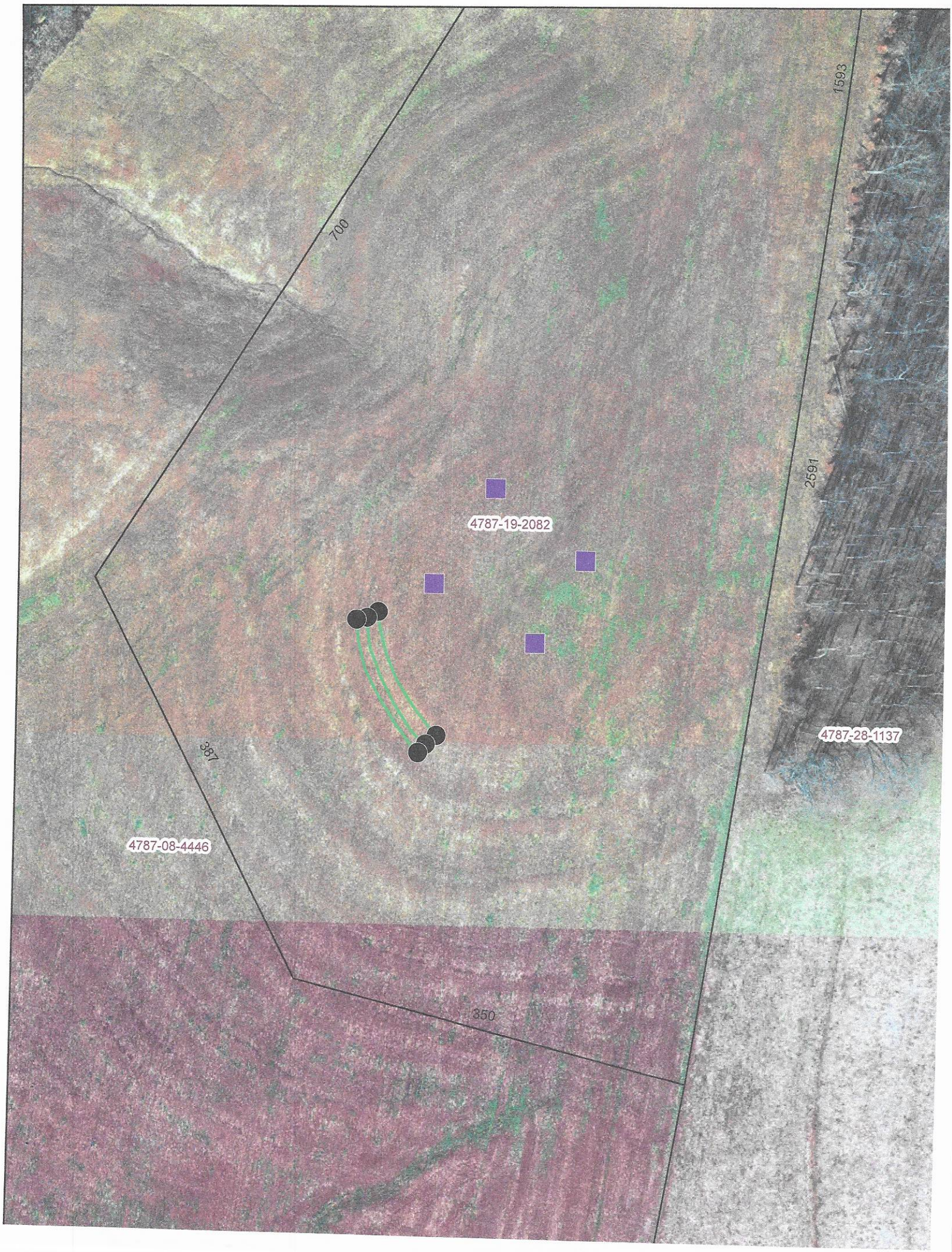
Show profile locations and other site features (dimensions, reference or benchmark, and North).



Located w/ GPS


370
4787-28-
Gantt Horn Rd
4788-00-1633
4787-29-
4787-19-2082
4787-29-5
4787-28-1137
4787-08-4446


4787-08-4446
4787-19-2082
4787-28-
1=60
4787-08-4446


700
1593
2591
4787-19-2082
4787-28-1137
387
4787-08-4446
350

RECEIVED JUN 8 - 2020

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

AP-307930

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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: James Ryan Cartin Address: 110 Bechtler Loop, Apt 204 Zip: 28117
Applicant Email: jrcartin@gmail.com Phone: 704-929-6980 Alt. Phone: _____
Owner Name: James Ryan Cartin Address: 110 Bechtler Loop Apt 204 Zip: 28117
Owner Email: jrcartin@gmail.com Phone: 704-929-6980 Alt. Phone: _____

Property Information:

Street Address: 370 Gantt Horn Rd Statesville, NC 28625

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

Driving Directions: leaving Statesville head north on Old Mocksville Rd, drive 8.5 miles, turn right on Gantt Horn Rd. property will be approximately 1 mile

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: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 ( ) Other Public Water

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

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.

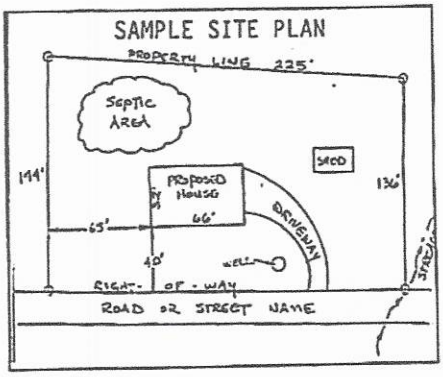
Signature: _____ 6-2-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

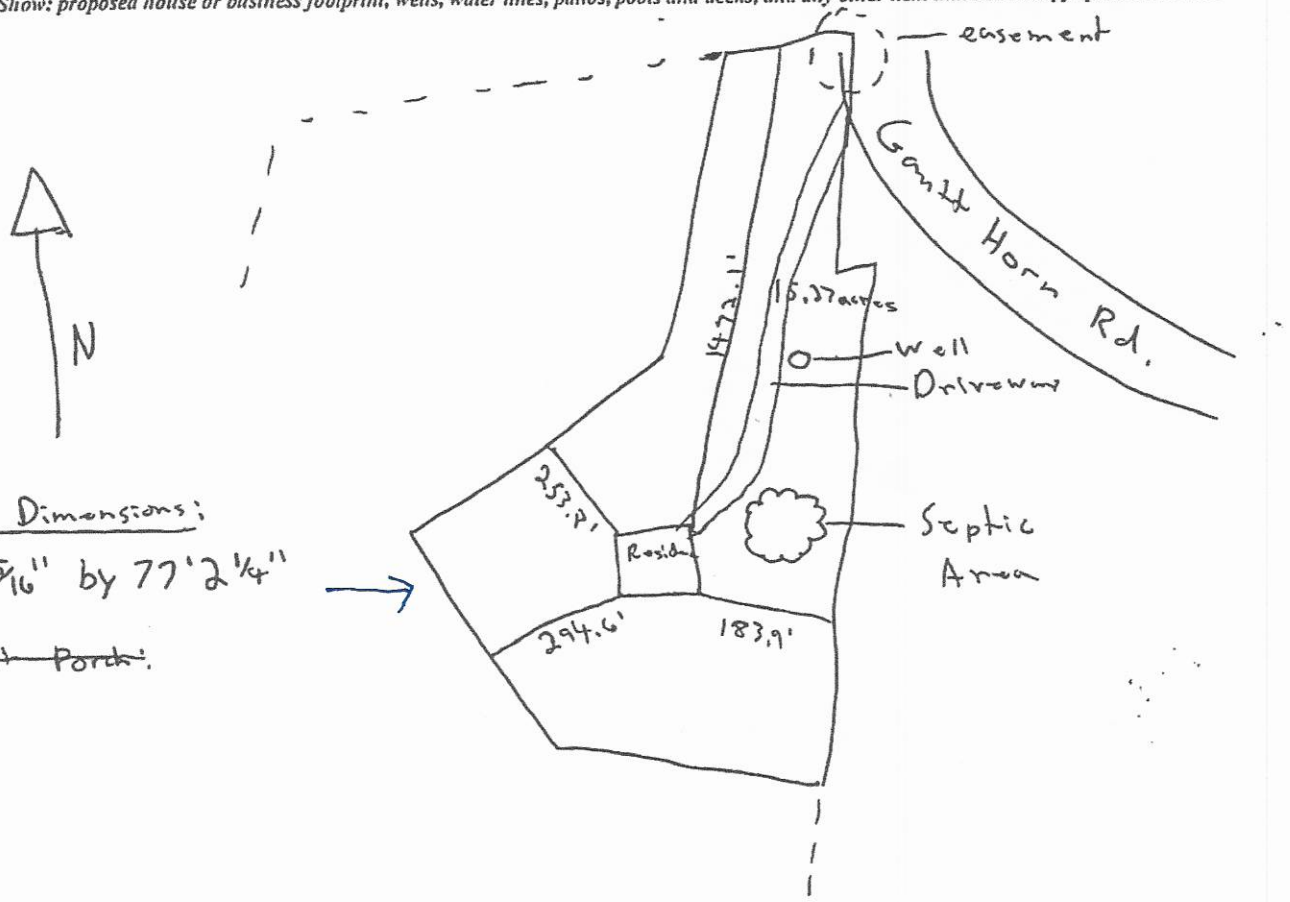
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



House Dimensions:

84'9 5/16" by 77'2 1/4"

~~Front Porch~~:

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

6-2-2020
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, _____, 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.

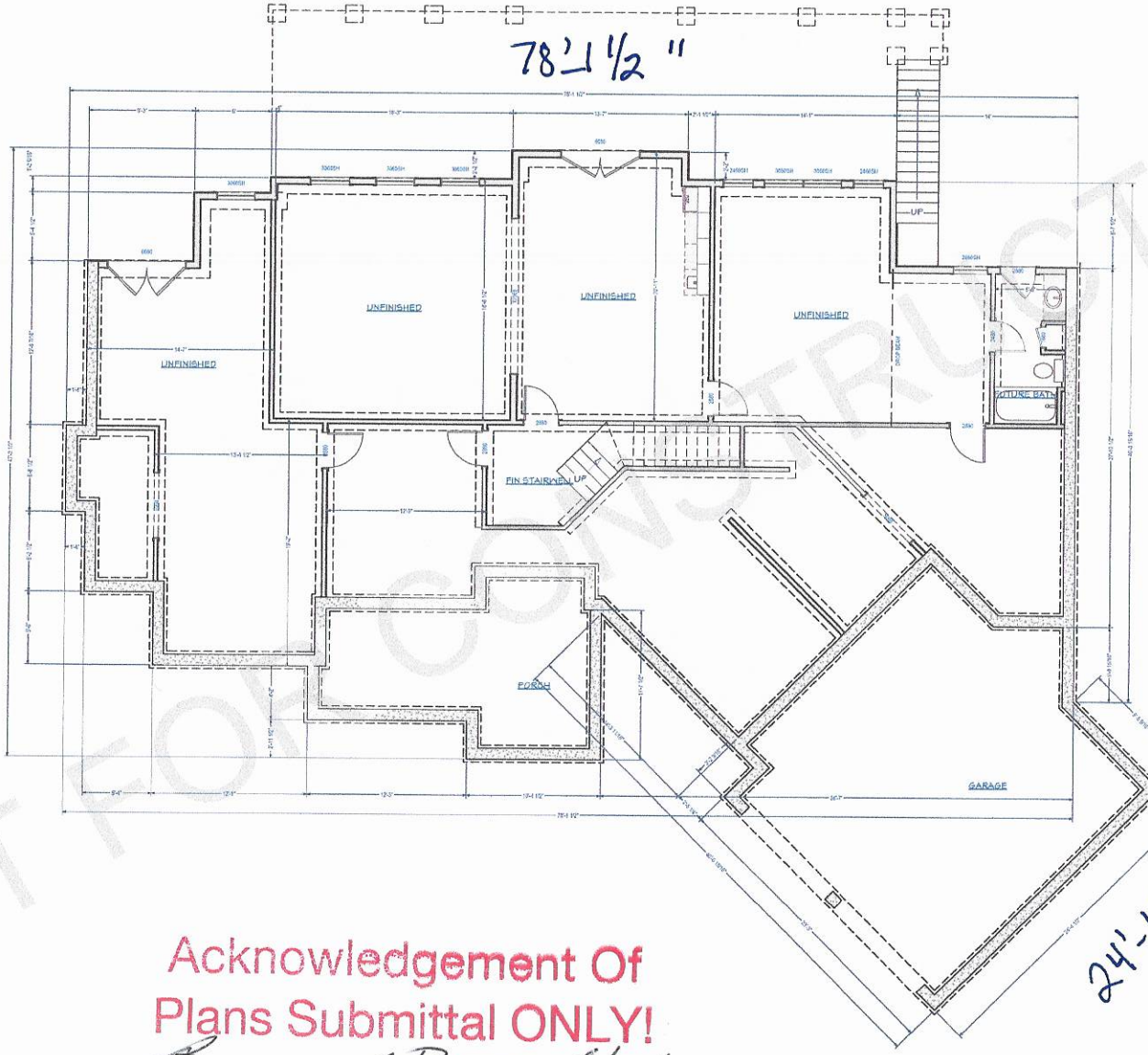
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 6-2-2020
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



BASEMENT / FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of
Plans Submittal ONLY!

~~Benjamin Bell~~ Date 6/30/20

Date 7-1-20

NOT FOR CONSTRUCTION

ARC

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Cartin Residence

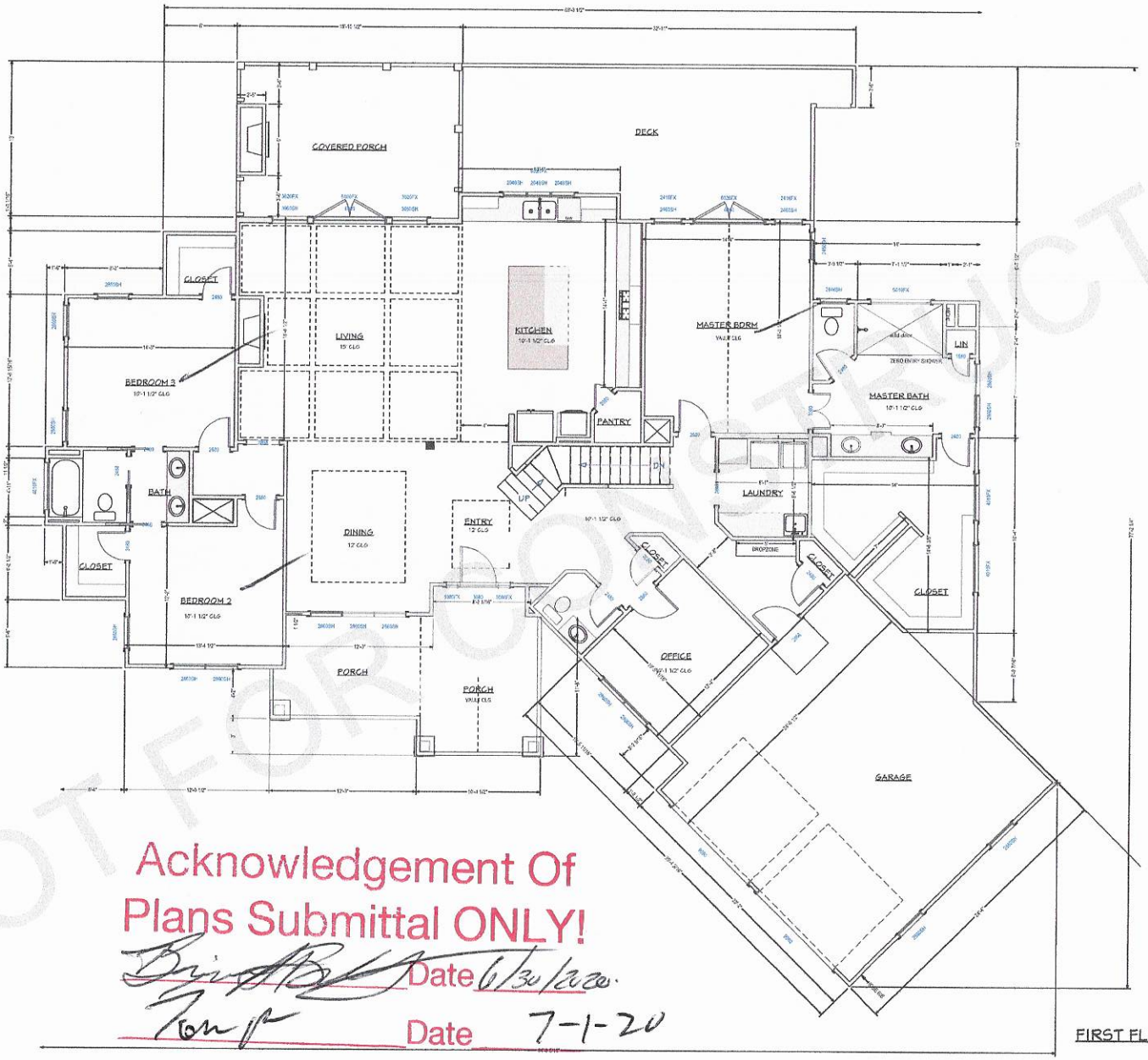
4G DESIGN BUILD
BUILD4G.com
PO BOX 80
TROUTMAN NC 28166
704-585-7578

DATE: 4/29/2020

SCALE:

SHEET: A-5

68' - 3 1/2"



77' - 2 1/4"

SQUARE FOOTAGE	
AFROX (PER A.N.S.I. Z765)	
1ST FLOOR HEATED	2616
2ND FLOOR HEATED	474
BSMT STAIRWELL	115
TOTAL HEATED	3205
UNFINISHED BSMT	2471
GARAGES	614
PORCHES	488
TOTAL UNDER ROOF	6778

Acknowledgement Of
Plans Submittal ONLY!

Date 6/30/2020

Date 7-1-20

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

84' - 9 5/16"

NOT FOR CONSTRUCTION

ARC

NO.	DESCRIPTION	BY	DATE

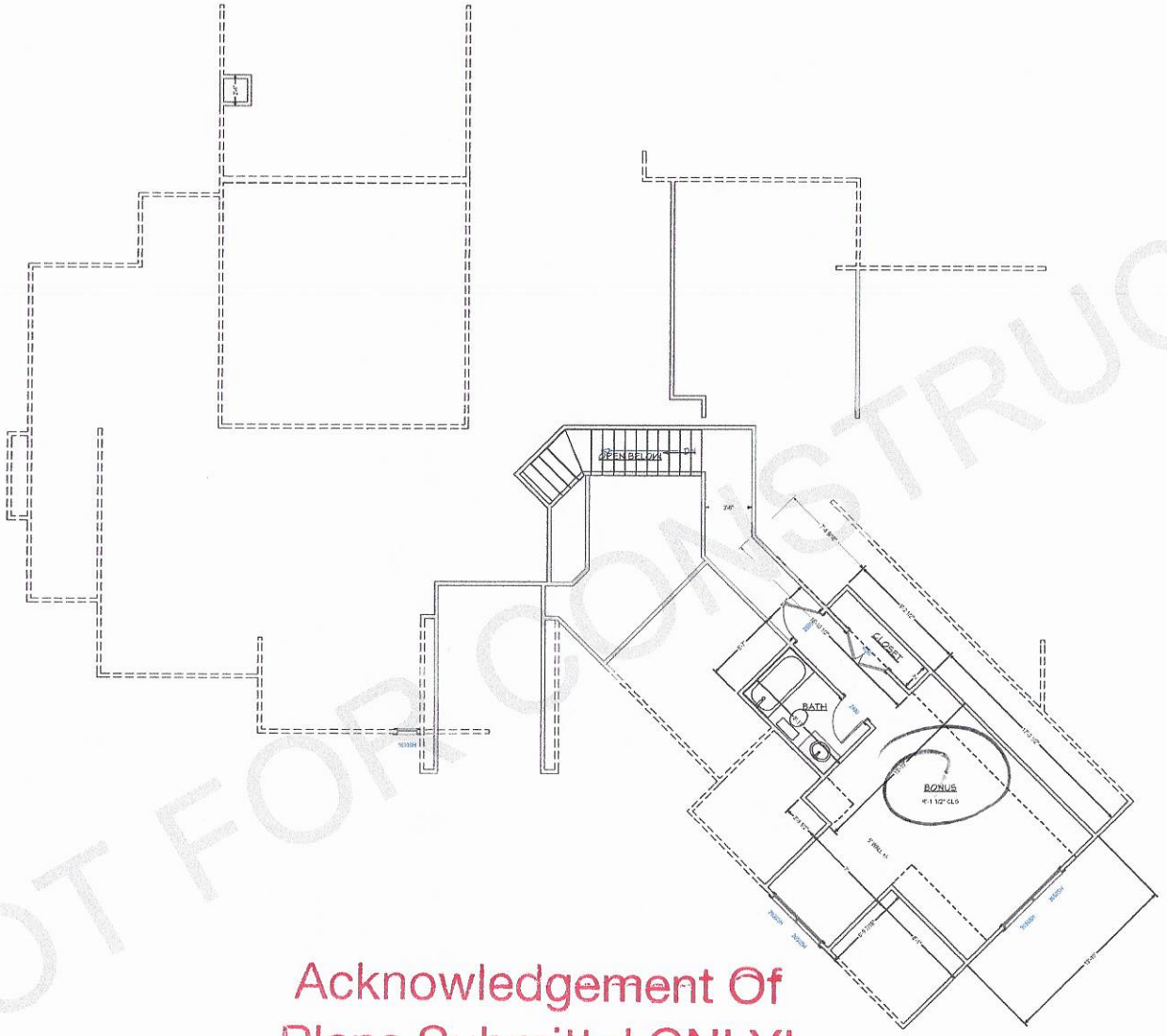
PROJECT DESCRIPTION:
Cartin Residence

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DATE: 4/29/2020

SCALE:

SHEET: A-6



SQUARE FOOTAGE	
AFROX (PER A.N.S.I. Z765)	
1ST FLOOR HEATED	2616
2ND FLOOR HEATED	474
BSMT STAIRWELL	115
TOTAL HEATED	3205
UNFINISHED BSMT	2471
GARAGES	614
PORCHES	488
TOTAL UNDER ROOF	6778

NOT FOR CONSTRUCTION

Acknowledgement Of
Plans Submittal ONLY!

Date 6/30/2020

Date 7-1-20

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

ARC

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Cartin Residence

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DATE:
4/29/2020

SCALE:

SHEET:
A-7

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307930 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4787192082.000	370 GANTT HORN RD	Iredell County

Owner Information	Applicant Information
Name: CARTIN CARRIE M+JAMES R Address: , Phone:	Name: CARTIN CARRIE M+JAMES R Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
15.286	35	35	15	15		NO

Remarks
SFD

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.

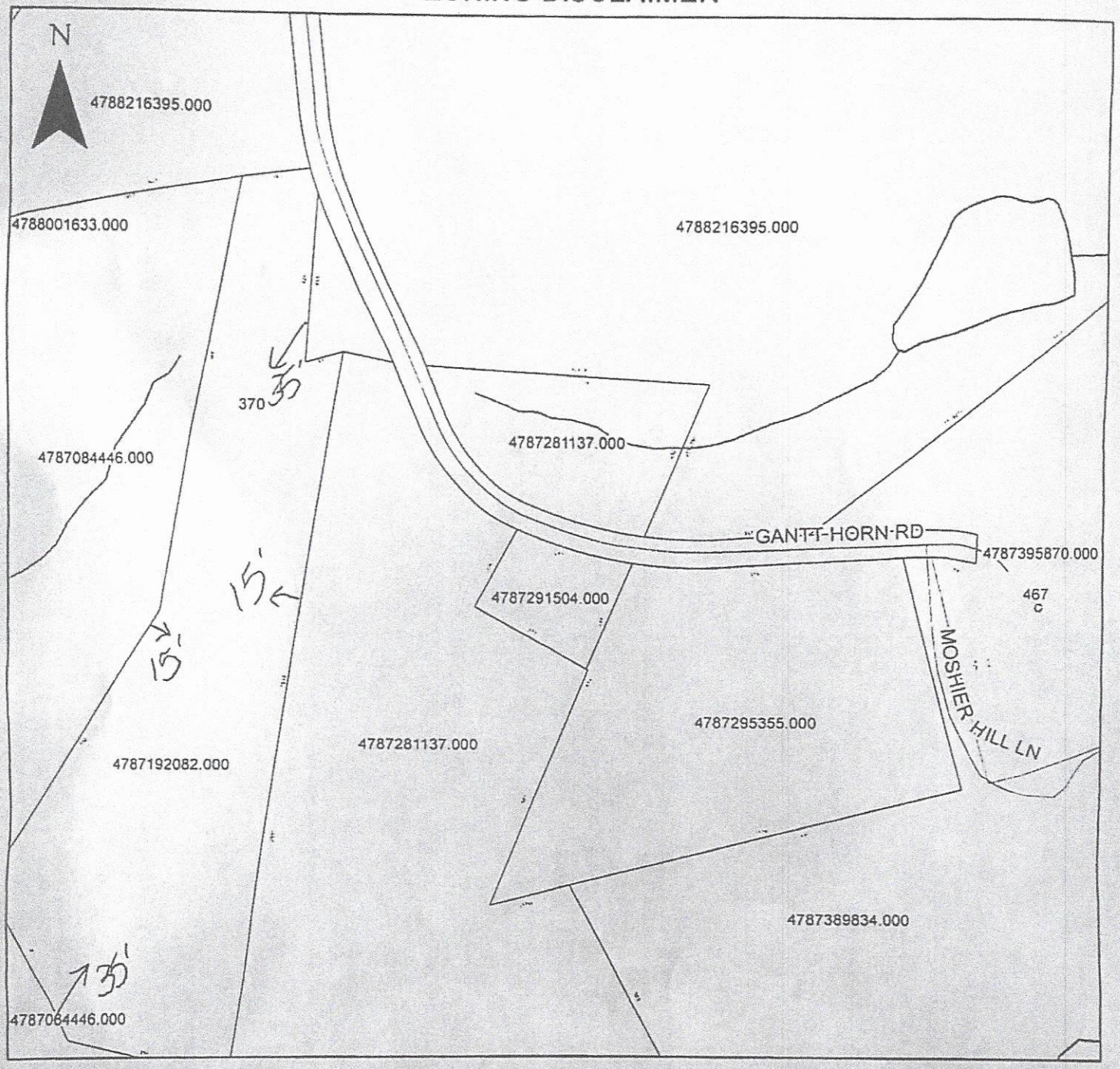
Signature of Owner/Contractor

Date: 06/03/2020

Permit Number	307930	TOTAL FEES:	

307930

ZONING DISCLAIMER



Property Address 370 Gantt Horn Rd Statesville

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.

Applicant

6-3-2020

Date