IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237131

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

PIN # 3782733919

APPLICANT/OWNER: Thomas Stilwell APPLICANT ADDRESS: 605 Mallard Dr. Sumter SC

SITE ADDRESS: 100 Johnboat Ct, Statesville 28677 PHONE: 704-622-1881 ALT. PHONE —

SITE DIRECTIONS: Sharon School Rd → R on 70 → R on Bluewater → R on Portside → L on Johnboat SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Oaks Landing SECTION: -/- LOT # 51 LOT AREA: .591 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	825	Date	6-1-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction	
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS	
# Nitrification Fields	1		# Lines	5	Linear Ft	360'	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36"		Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 10 No. Employees — ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Purpose of this permit is a relocation of partial repair area. System has been installed. (as of 7-9-19)

water line has been moved to 1' from property line and new repair line between house and existing installed first line.

INITIAL SITE SKETCH

See attached site plan by ICHD and Michael Thomas + Associates

AS BUILT SKETCH

installed as drawn - see attached

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**

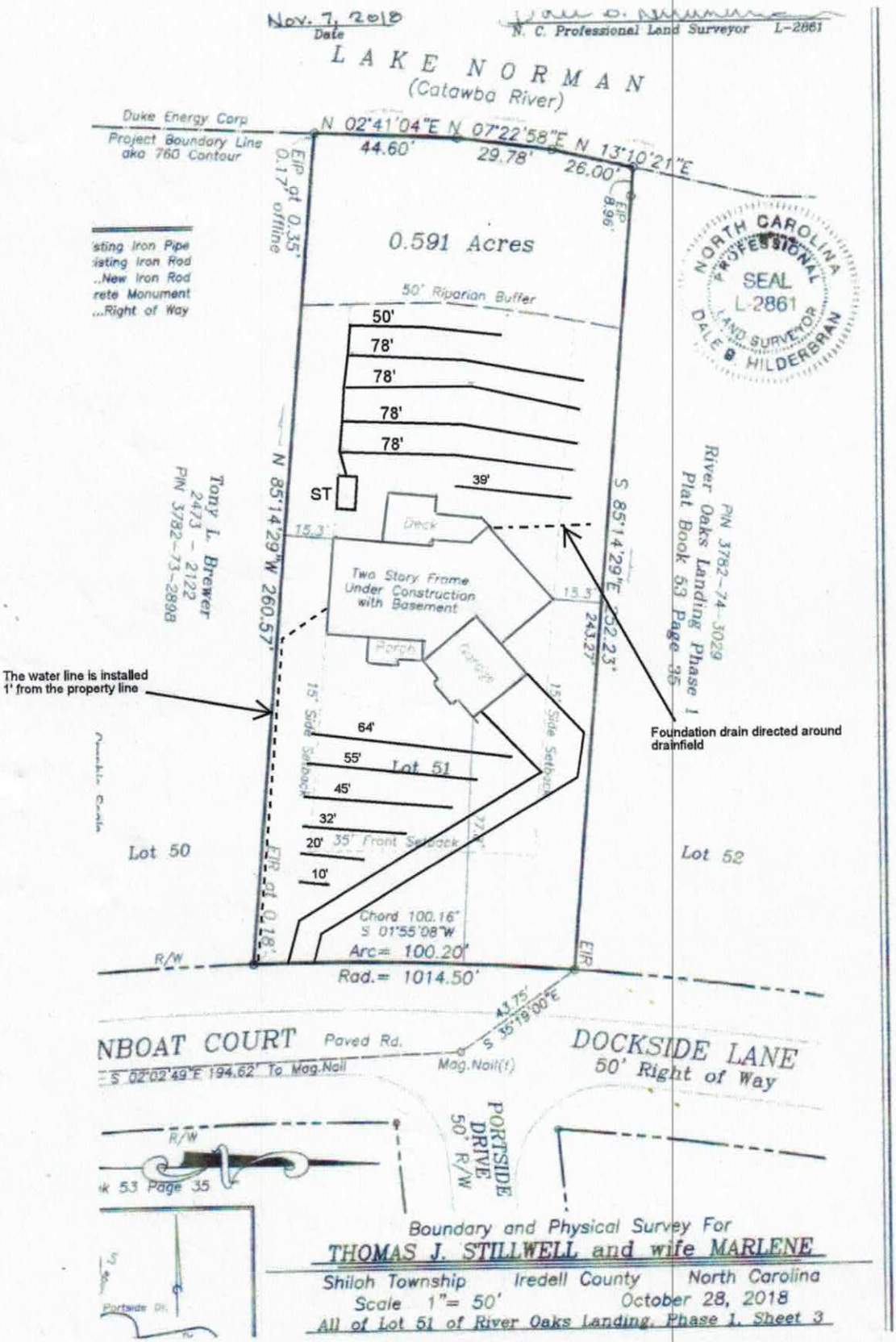
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 7/24/19 Installed by: Rowan Septic (7-9-19)

IMPROVEMENT PERMIT by: Carla C. Carr Date: 7-24-19 OPERATION PERMIT by: Carla C. Carr Date: 7-25-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Carr Date: 7-24-19 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.



OK - CC

Scale
1"=50'

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

Sheet 1 of 1
PROPERTY ID #: 3187733919
COUNTY: Iredell

PS x80?

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

OWNER: Thomas Stilwell
ADDRESS: 105 Mallard Dr
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 100 Johnboat Cb

APPLICATION DATE: 7/10/18
DATE EVALUATED: 7/16/18
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .59 ac
PROPERTY RECORDED: Y

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	FS 7%	0-12	SBK SCL	Fr SS SP SEXP	few Y/B mottles	60"	N/A	N/A	PS .25
		12-37	SBK SC	" "					
		37-60	WABK CL	" "					
2	FS 7%	0-11	SBK SCL	Fr SS SP SEXP	N/A	53"	N/A	N/A	PS .25
		11-29	SBK SC	" "					
		29-53	WABK CL	" "					
3 R	SS 33% 0'-19'=36	0-16	SBK SCL	Fr SS SP SEXP	some firm SP @ 49 stay down	64"	N/A	N/A	PS .25
		16-41	SBK C	" "					
		41-64	SBK CL	" "					
4 R	SS 33%	0-6	SBK SCL	Fr SS SP SEXP	marginal SP present	47"	PS	N/A	PS .25
		6-34	SBK C	" "					
		34-47	SBK CL	" "					
		47-60	L SP	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25%	25% - PM
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
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)

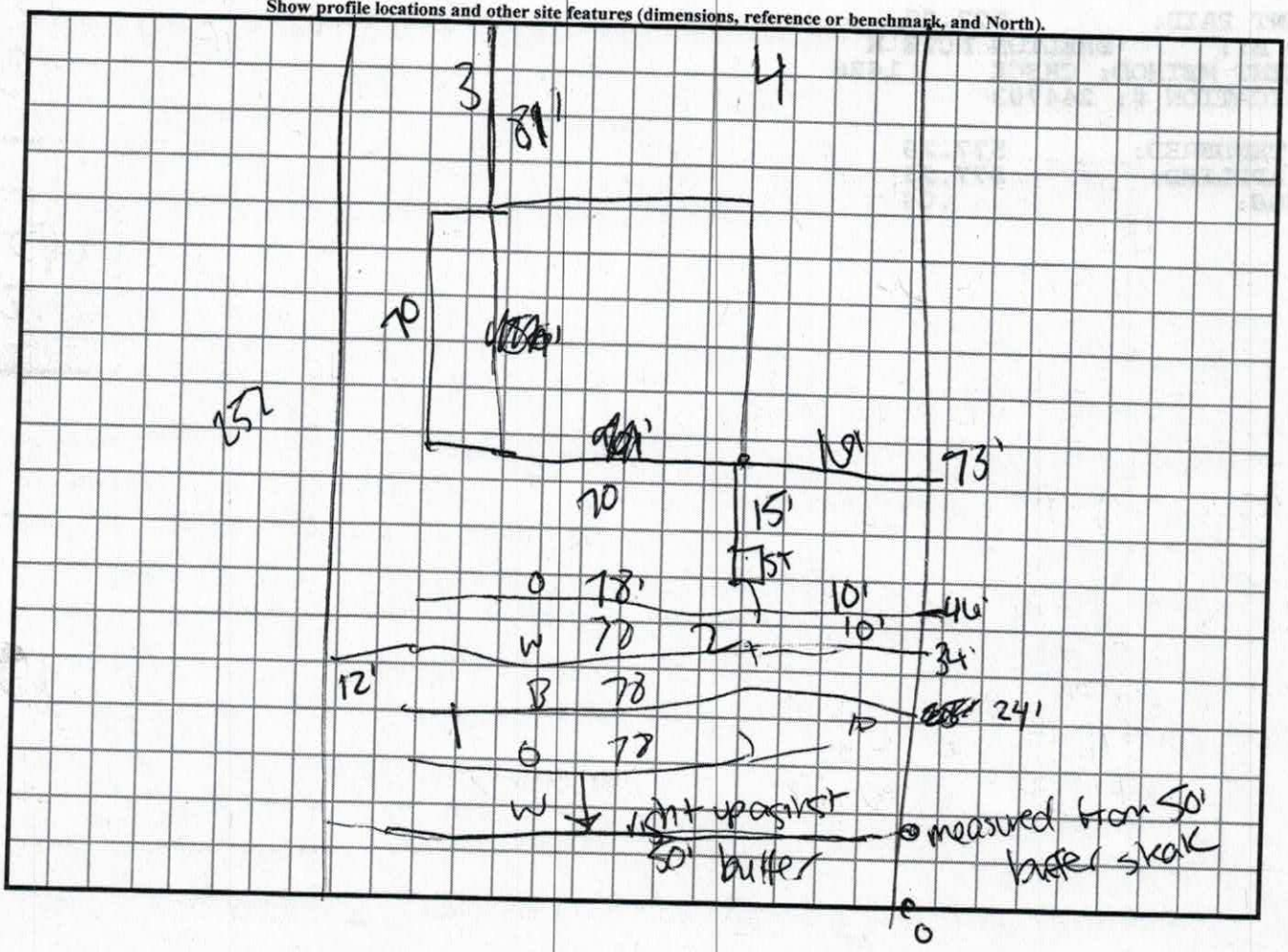
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



do not enter 50' buffer

189.3
70'x70'

70

#237131
$320.00
7-24-19

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: Thomas Stilwell **Address:** 605 Mallard Dr, Sumter, SC **Zip:** 29150

Applicant Email: _____ **Phone:** Javi-704-622-1881 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 100 Johnboat Ct

Subdivision Name: River Oaks Landing **Section/Phase:** _____ **Lot Number:** 51

Driving Directions: _____

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 7/24/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

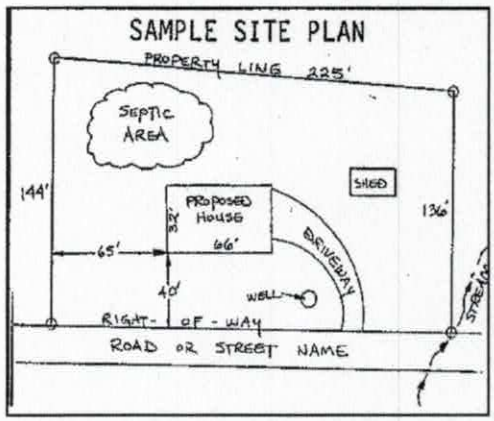
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

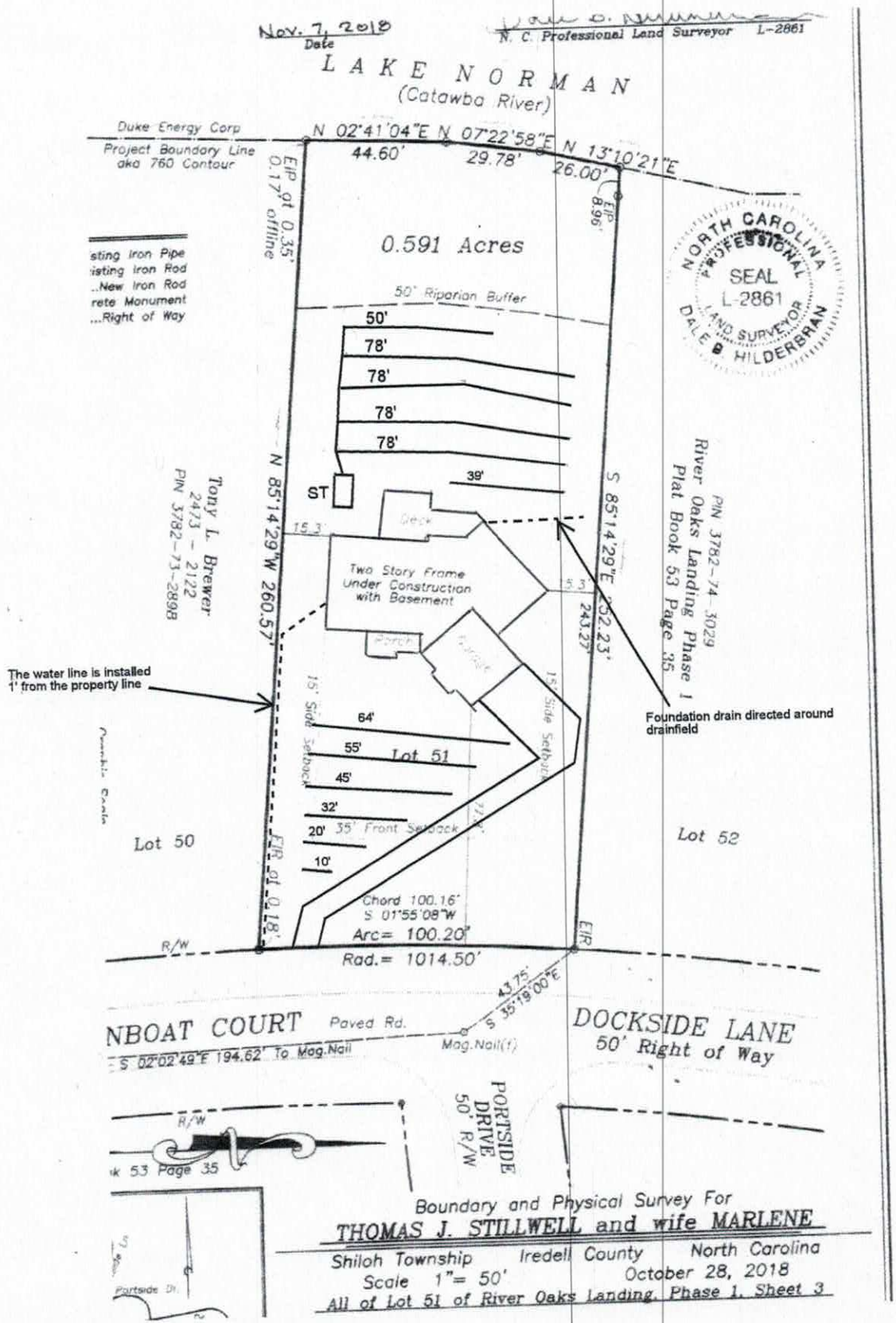
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached plan

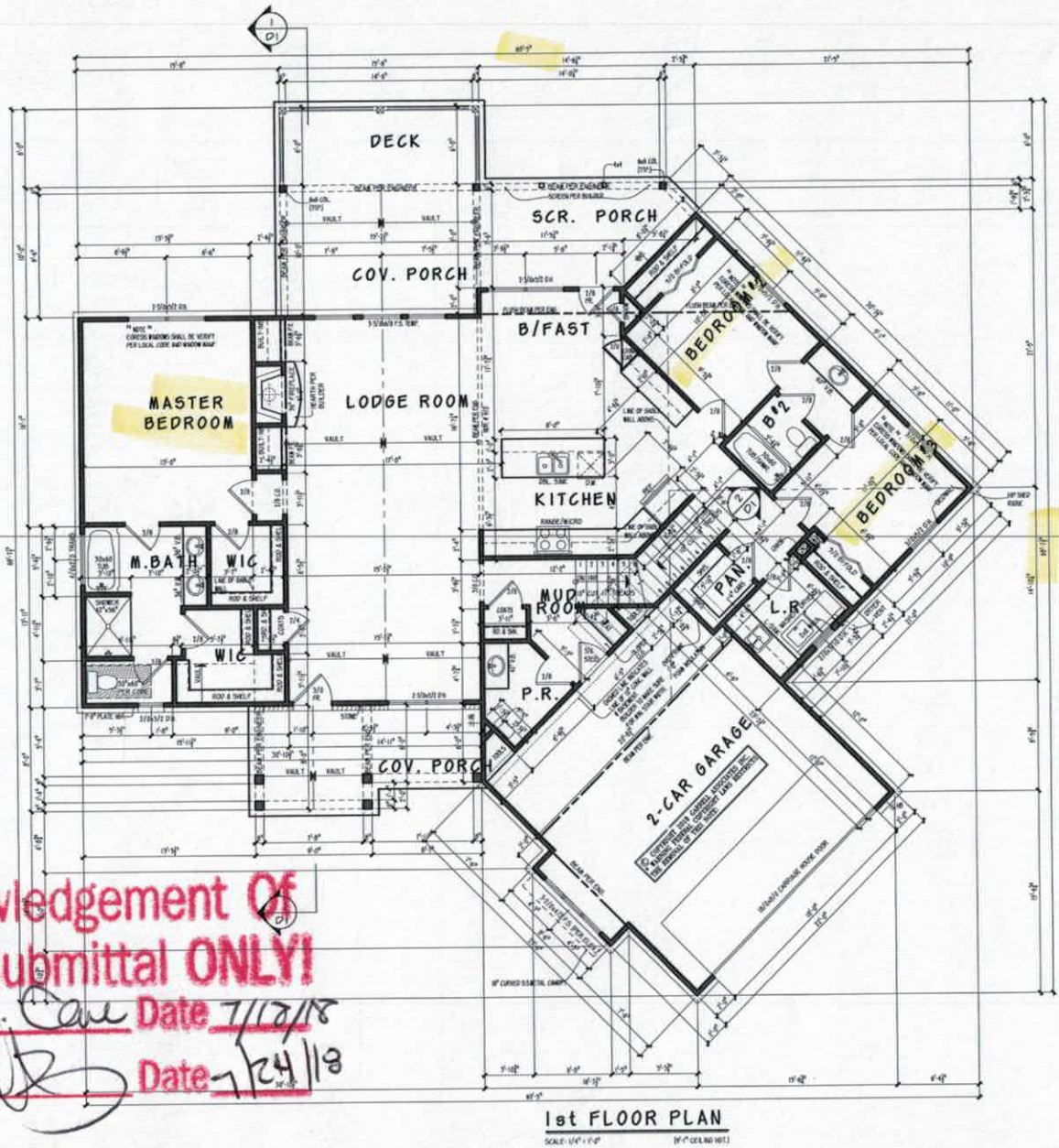
Signature: _____ 7/24/2019

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



OK- CC

Scale
1"=50'



1st FLOOR PLAN

SCALE: 1/4" = 1'-0" (9'-1" CEILING HGT.)

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL OF THE MINIMUM LOCAL BUILDING CODES, AND ALL OTHER APPLICABLE CODES, REGULATIONS AND ORDINANCES GOVERNING BUILDING CONSTRUCTION.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT THE SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO GARRELL ASSOCIATES, INC. FOR CLARIFICATION OR CORRECTION BEFORE PROCEEDING WITH THE WORK. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ANY SUCH REPORTS SHALL HAVE BEEN MADE BUT NOT REPORTED.
3. ALL DIMENSIONS SHALL BE READ OR CALCULATED AND NOT SCALED.
4. ALL PORTIONS OF THIS PLAN ARE TO BE BUILT TO LOCAL CODES, AND IN THE EVENT THAT ANY PORTION OF THIS PLAN MUST BE MODIFIED TO COMPLY WITH LOCAL CODES, THE CONTRACTOR SHALL NOTIFY GARRELL ASSOCIATES, INC. PRIOR TO CONSTRUCTION OF ANY SUCH PORTION.
5. CONTRACTOR TO ENSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. IF ANY PORTION OF THIS PLAN CONFLICTS WITH LOCAL CODES, THE LOCAL CODES SHALL GOVERN.
7. ALL FOUNDATION AND STRUCTURAL ELEMENTS SHALL BE DESIGNED BY A REGISTERED ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR THE ADJUSTMENT AND SUPERVISION OF ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO ENSURE A WELL CONSTRUCTED AND SAFE STRUCTURE.
8. ALL WORK, CONCRETE AND WOOD, STRUCTURAL MEMBERS AND TO MEET ALL NATIONAL, STATE AND LOCAL BUILDING CODES.
9. ALL CONCRETE FOOTINGS OR SLAB EDGE THAT ARE EXPOSED TO EARTH AND EXTERIOR LIGHTS THROUGH THE STRUCTURE TO FOUNDATION ELEMENTS THAT DISTRIBUTE THE LOADS TO FULL CAPACITY SOILS OR BEARING ASSOCIATED ENGINEERED CONCRETE FOR ANY WORK CONSTRUCTED FROM THIS PLAN.
11. THIS DESIGN IS INTENDED FOR ONE STORY STRUCTURE. IT MAY NOT BE TRANSFERABLE TO ANOTHER ADDITIONAL OR LOWER STORY.
12. ALL DRAWINGS, DESIGNS AND PLANS INDICATED OR REPRESENTED BY GARRELL ASSOCIATES, INC. ARE AND SHALL REMAIN THE PROPERTY OF GARRELL ASSOCIATES, INC. AND WERE CREATED, EVOLVED AND DEVELOPED FOR USE ON AND IN CONNECTION WITH THE SPECIFIED PROJECT. NONE OF SUCH DRAWINGS, DESIGNS AND PLANS MAY BE USED BY ANY PERSON, FIRM OR CORPORATION FOR ANY PURPOSE WHATSOEVER OTHER THAN FOR THE COMPLETION OF THE PROJECT, WITHOUT THE EXPRESS WRITTEN PERMISSION OF GARRELL ASSOCIATES, INC. AND IN THE EVENT OF SUCH USE WITHOUT PERMISSION, GARRELL ASSOCIATES, INC. SHALL BE ENTITLED TO RECOVER DAMAGES FOR SUCH UNAUTHORIZED USE.

*SQUARE FOOTAGES

1st FLOOR (HEATED)	1,977 S.F.
SUBTOTAL (HEATED)	1,977 S.F.
Bonus Room (UNHEATED)	786 S.F.
BONUS ROOM @ 2nd FLR.	558 S.F.
2 CAR GARAGE	776 S.F.
UNFINISHED BASEMENT FLOOR	1,201 S.F.
CRAWL UNDER GARAGE @ DBWL	147 S.F.
GROSS TOTAL	4,449 S.F.

*CALCULATED PER U.L.C. INDUSTRY STD. TO OUTSIDE FACE OF STUD. STAIRS & 2-STORY COUNTED ONCE.

Acknowledgement Of
Plans Submittal ONLY!
Carla C. Carr Date 7/12/18
Date 7/24/18

LIC. TO: JIM STILWELL
100 JOHN BOAT COURT
STATESVILLE, NC

GARRELL ASSOCIATES INC.

THAD GRATTEROLA, ENG., LEED AP
SENIOR DESIGNER
PHONE (770) 614-1500 EXT. 1
WWW.GARRELLASSOCIATES.COM

STILWELL RESIDENCE
1st FLOOR PLAN

02/19/18

REV. NO.	REV. DATE/INIT.
01	02/28/18 (MP)
02	03/22/18 (MP)

THIS COPYRIGHTED DESIGN IS THE SOLE PROPERTY OF GARRELL ASSOCIATES, INC. AND MAY NOT BE USED OR REPRODUCED WITHOUT THE EXPRESSED WRITTEN CONSENT OF GARRELL ASSOCIATES, INC.

CAUTION: ONLY A QUALIFIED DESIGNER, ARCHITECT, CONTRACTOR OR STRUCTURAL ENGINEER SHOULD ATTEMPT TO MODIFY THIS PLAN.

FILE LOCATION:

17171

DRAWN BY:	SHEET NO.:
VD	A1

IREDELL COUNTY

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

APPLICATION NUMBER
237131
Issue Date: 07/10/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
3782733919.000	100 JOHNBOAT COURT, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CRUMP KENNETH B+CORA S	Applicant: MICHAEL ATHANAS & ASSO
Address: 1636 OAKMONT DR	Address: 561 ENNIS RD
LENOIR, NC 28645	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.591	35.00	50.00	15.00	15.00	CACL	AE

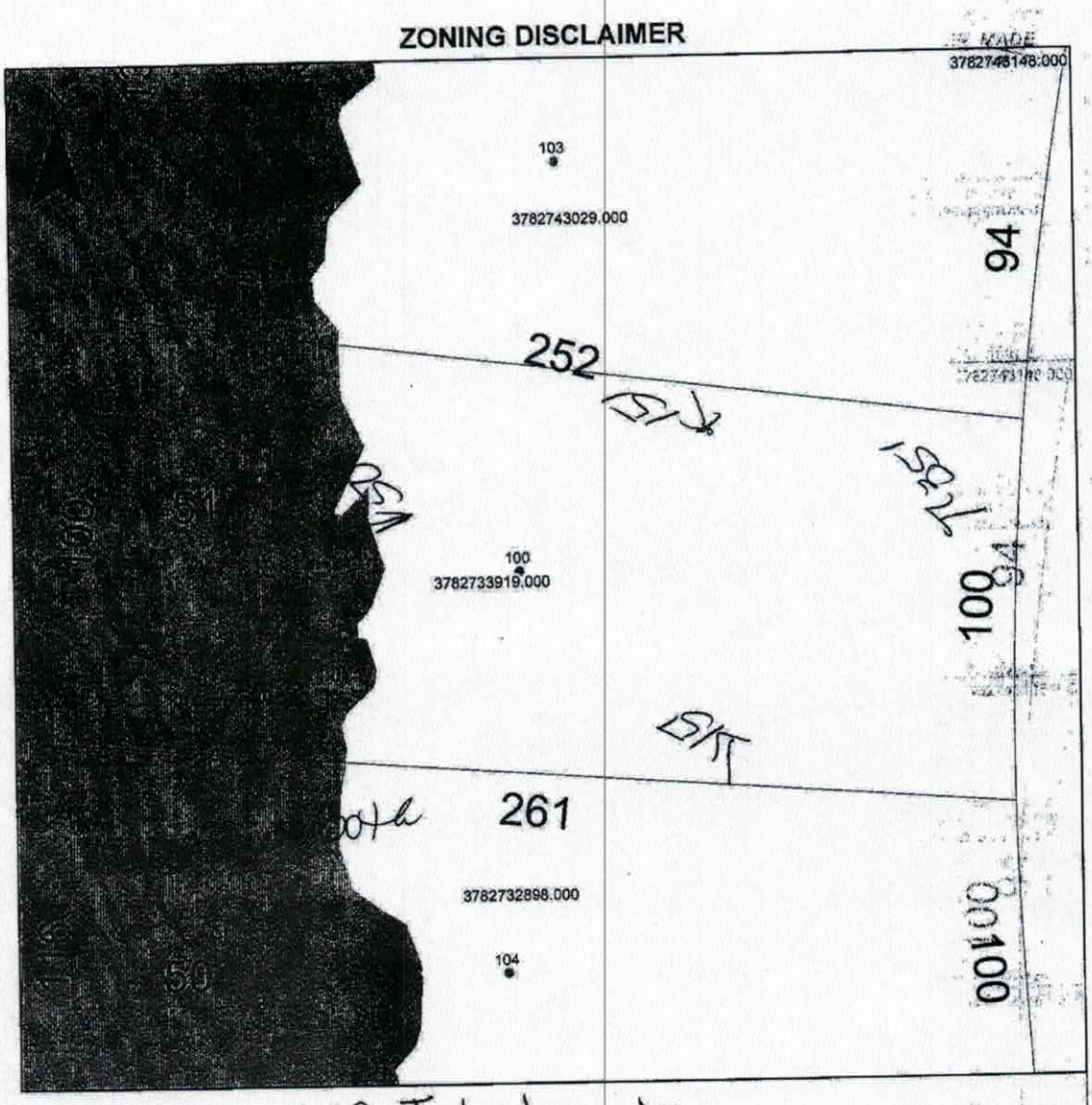
Remarks:

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	145006	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 100 Johnboat

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

7/10/2018
Date