IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 238558

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

PIN # 3792-37-9445

APPLICANT/OWNER: Glenn Austin Johnson

APPLICANT ADDRESS: 804 Phillips Lane Statesville, NC

SITE ADDRESS: 126 Sharon School Rd. Statesville, NC 28677

PHONE: 704-902-2764

ALT. PHONE

SITE DIRECTIONS: I-40 W from Statesville → L on Sharon School Rd →

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 6.955 acres

DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	infiltrator	Date	plastic
Pump Tank	—	(gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	300
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—

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

System Description: 25% Reduction (serial distribution)

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

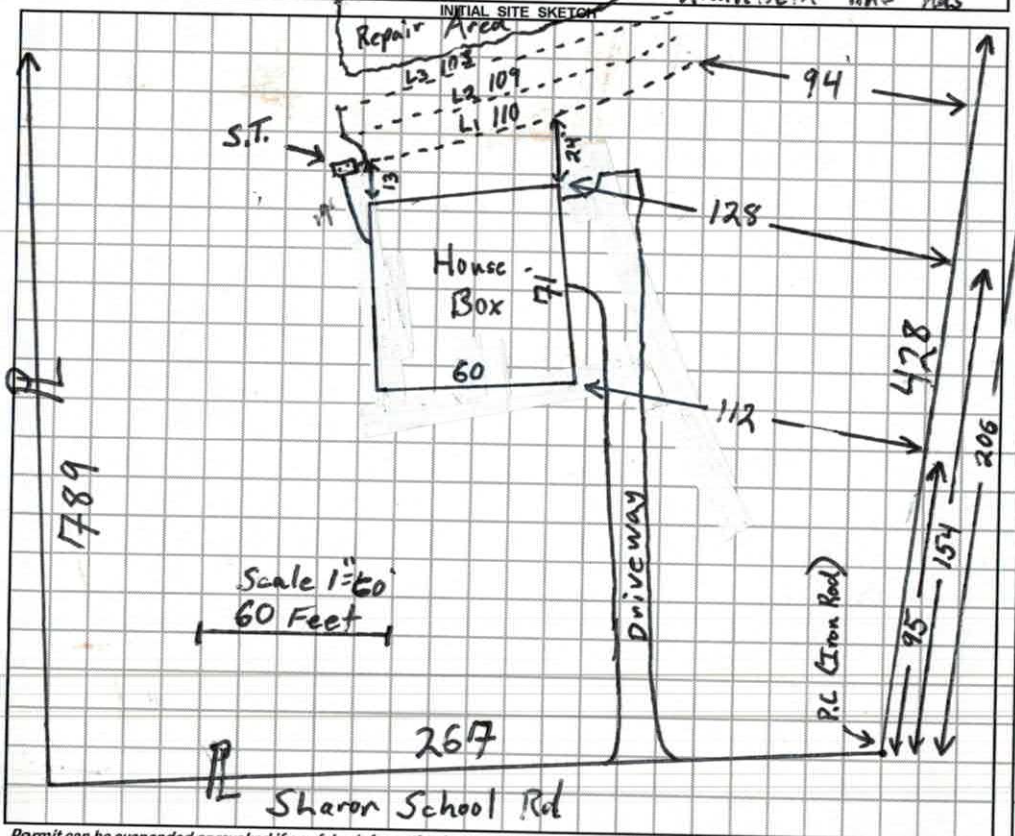
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

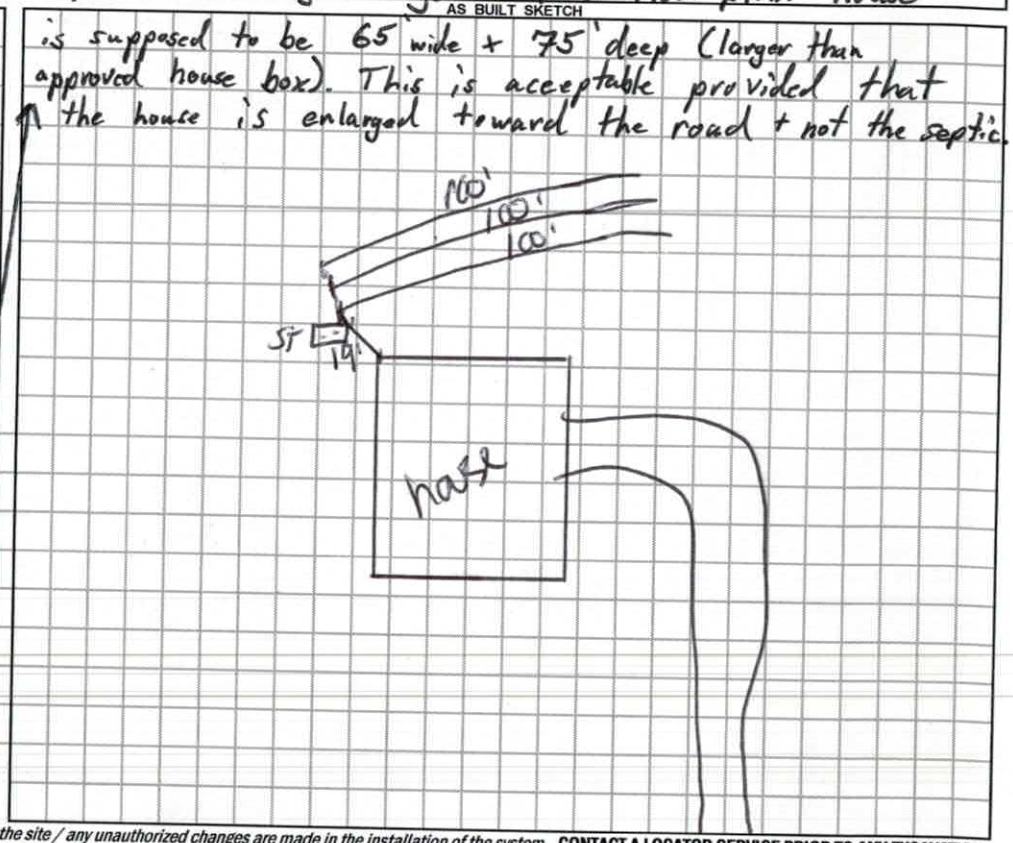
☐ Basement w/o plumbing

Comments / Conditions: Repair area is a 60' x 110' area below primary septic area. Though 722 l.f. of drainfield line has been laid out, only 300 l.f. need be installed. Extra space to be set aside for repair area. Recommend pumping septic tank every 3-5 years. *Per floor plan house is supposed to be 65' wide x 75' deep (larger than approved house box). This is acceptable provided that the house is enlarged toward the road & not the septic.

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:

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/10/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/10/18

Installed by: Tommy Frye / Frye Grading

OPERATION PERMIT by: Carla C. Cave Date: 4/11/19

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.

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

Sheet 1 of 2
PROPERTY ID #: 3492-37-9445
COUNTY: Iredell

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

OWNER: John + Debra Rogers
ADDRESS: 804 Phillips Lane Statesville 28625
PROPOSED FACILITY: 3BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 126 Sharon School Rd. Statesville
APPLICATION DATE 9/4/18
DATE EVALUATED: 9/24/18
PROPERTY SIZE: 6.955 acres
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	LSS 9% Prim	0-17	SCL V.W. SBK	Sl. Friable, SS, Sp, Sap		46"	-	-	0.325 PS
		17-31	Clay W-M SBK-ABK	Sl. Firm, Sticky, Sp, Sap					
		31-46	Clay Loam W. SBK some SAP	Sl. Friable, SS, Sp, Sap					
		46-62	MA Loamy Saprolite	very Friable + Well Drained					
2	LSS 8% Prim	0-10	SCL V.W. SBK	Sl. Friable, SS, Sp, Sap		28"			0.30 PS
		10-26	Clay W-M SBK/ABK	Sl. Firm, Sticky, Sp, Sap	Pebbles @ 28-30"				
		28-63	MA Loamy Saprolite	very Friable + Well Drained					
3	LSS 6% Rep	0-12	SCL V.W. SBK	Sl. Friable, SS, Sp, Sap		47			0.325
		12-28	Clay M. SBK	Sl. Firm, Sticky, Sp, Sap					
		28-47	clay Loam W. SBK some SAP	Sl. Friable, SS, Sp, Sap					
		47-63	MA Loamy Saprolite	very Friable + Well Drained					
4	LSS 7% Rep	0-15	SCL V.W. SBK	Sl. Fr, SS, Sp, Sap		52			0.30 PS
		15-27	Clay M. SBK	Sl. Firm, Sticky, Sp, Sap					
		27-52	clay Loam W. SBK	Sl. Friable, SS, Sp, Sap					
		52-63	MA Loamy Saprolite	Friable + Well drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	322	3050+
System Type(s)	25% Red	25% Red
Site LTAR	0.30	0.30

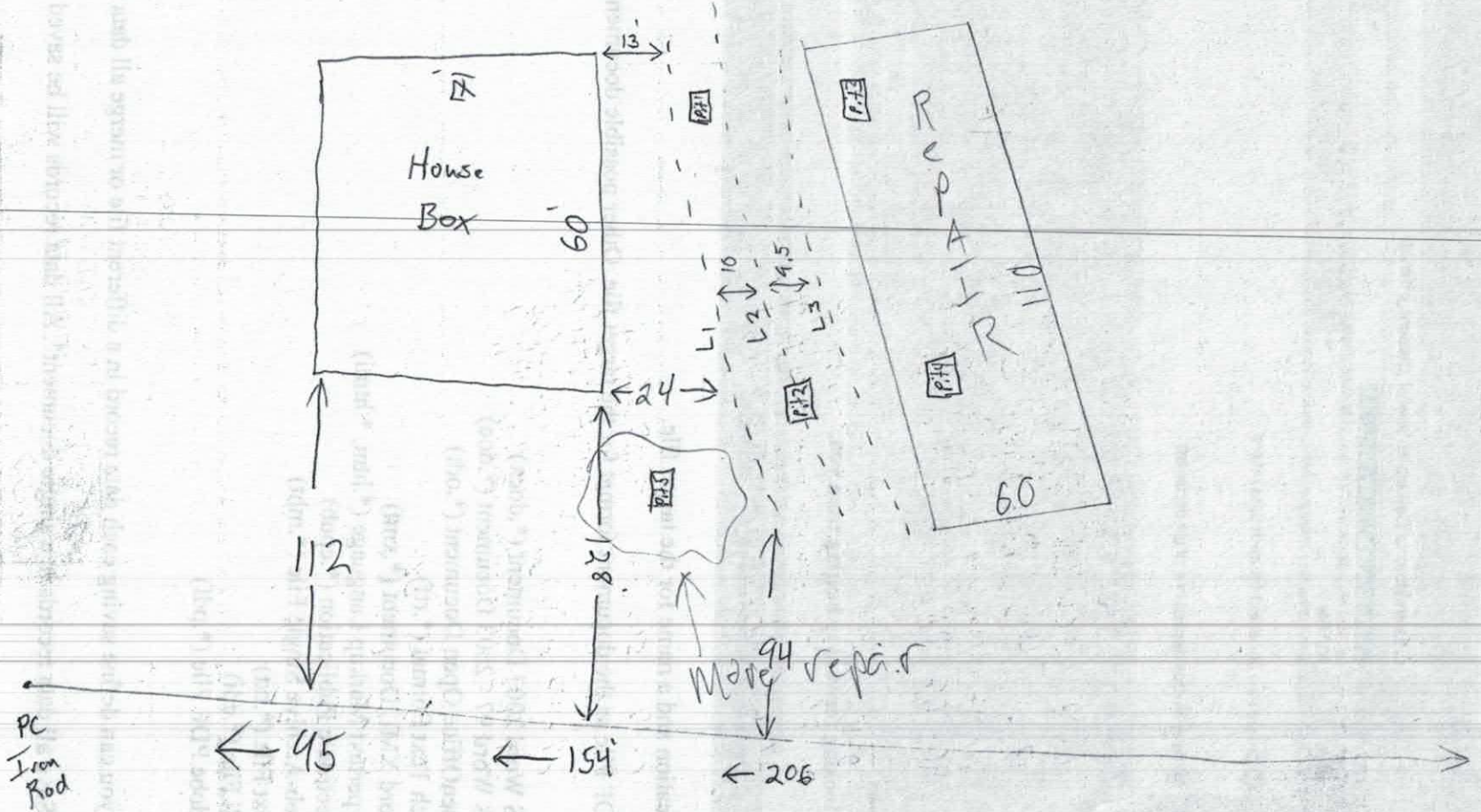
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

L1 W 103 6.76'

L2 P 109 7.50

L3 W 110' 8.44'



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

PROPERTY ID #: 3492-39-94
COUNTY: Iredell

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

OWNER: John + Debra Rogers SEE BPG 1 APPLICATION DATE
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: 126 Sharon School Rd. 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Adjacent Future Driveway LSS 6% Rep	0-8	SCL. V.W. SBK	SL. Friable, SS, SP, SOP		52"			0.275 PS
		8-26	Clay W. SBK + ASK	SL. Firm, Sticky SP, SEXP					
		26-52	Clay Loam V.W. SBK	SL. Friable SS, SP, SOP					
		52-63	MA Lacuna / Saprolite	Friable + Moderately Dense					
2									
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
stem Type(s)		
e LTAR		

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

MMENTS:

#238558
$ 500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Glenn Austin Johnson Address: 804 Phillips Ln Statesville NC Zip: 28625
Applicant Email: AUSjohnson8@gmail.com Phone: 704 902 2764 Alt. Phone: _____
Owner Name: John + Debra Rogers Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 126 Sharon School Rd Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I40 West to Sharon School Rd exit, turn left + go almost to end it will be 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2000 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3
( ) 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: Glenn Austin Johnson 9-4-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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...**

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

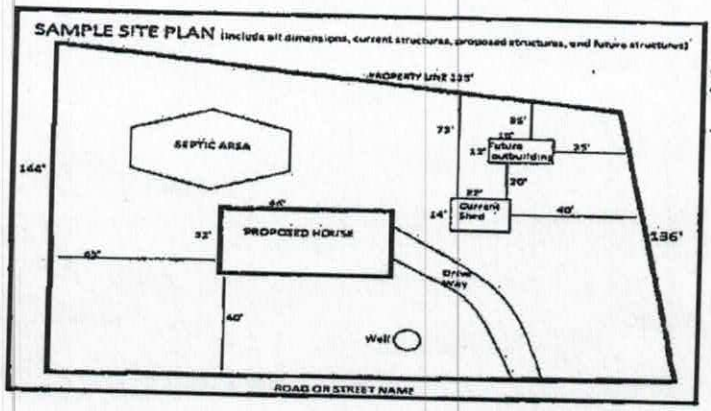
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ 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

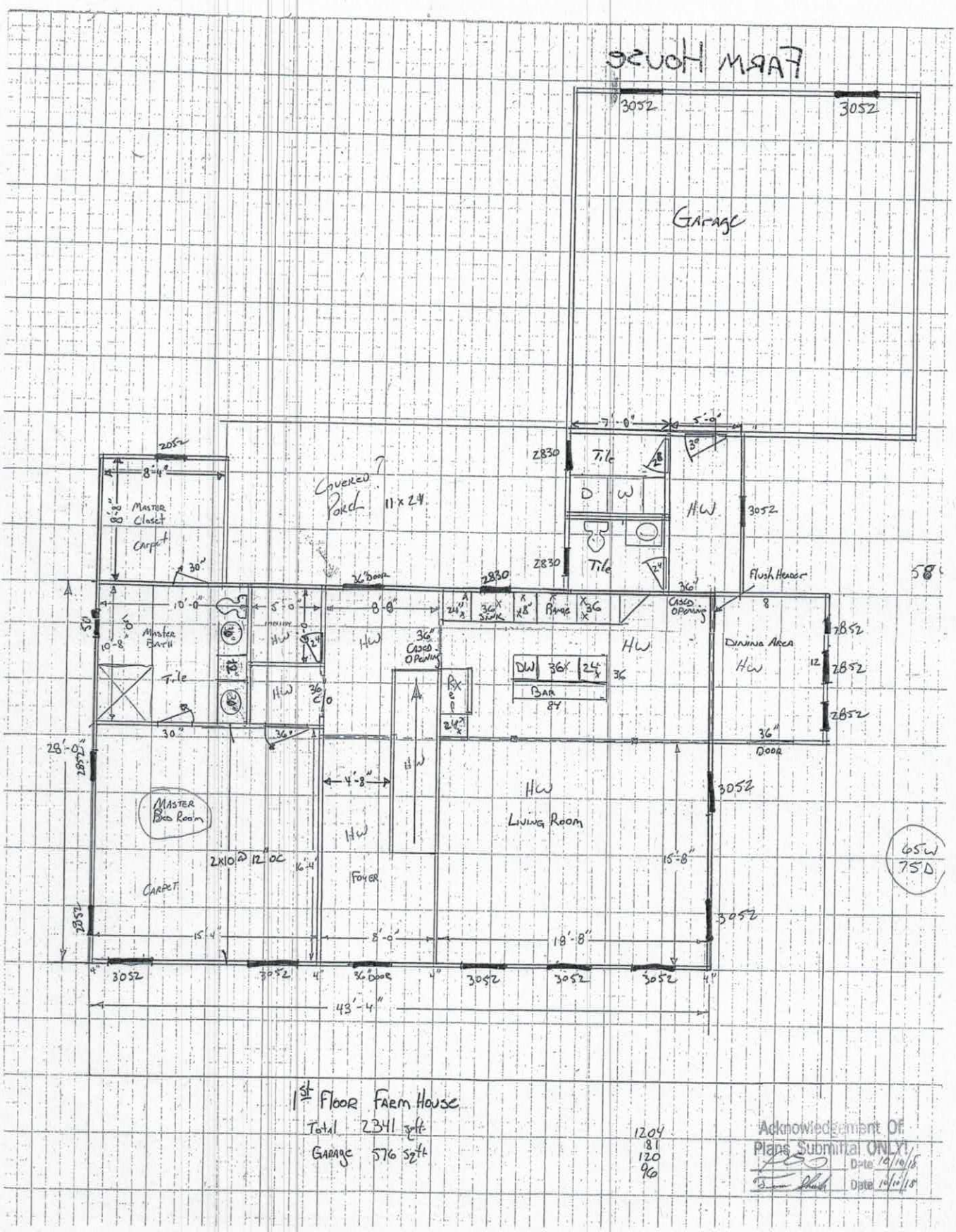
____ Location of easements and rights of ways on your property... N/A **____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____ **DATE** _____

REQUIRED **property owner or owner's legal representative signature.**



1st Floor Farm House

Total 2341 sq ft

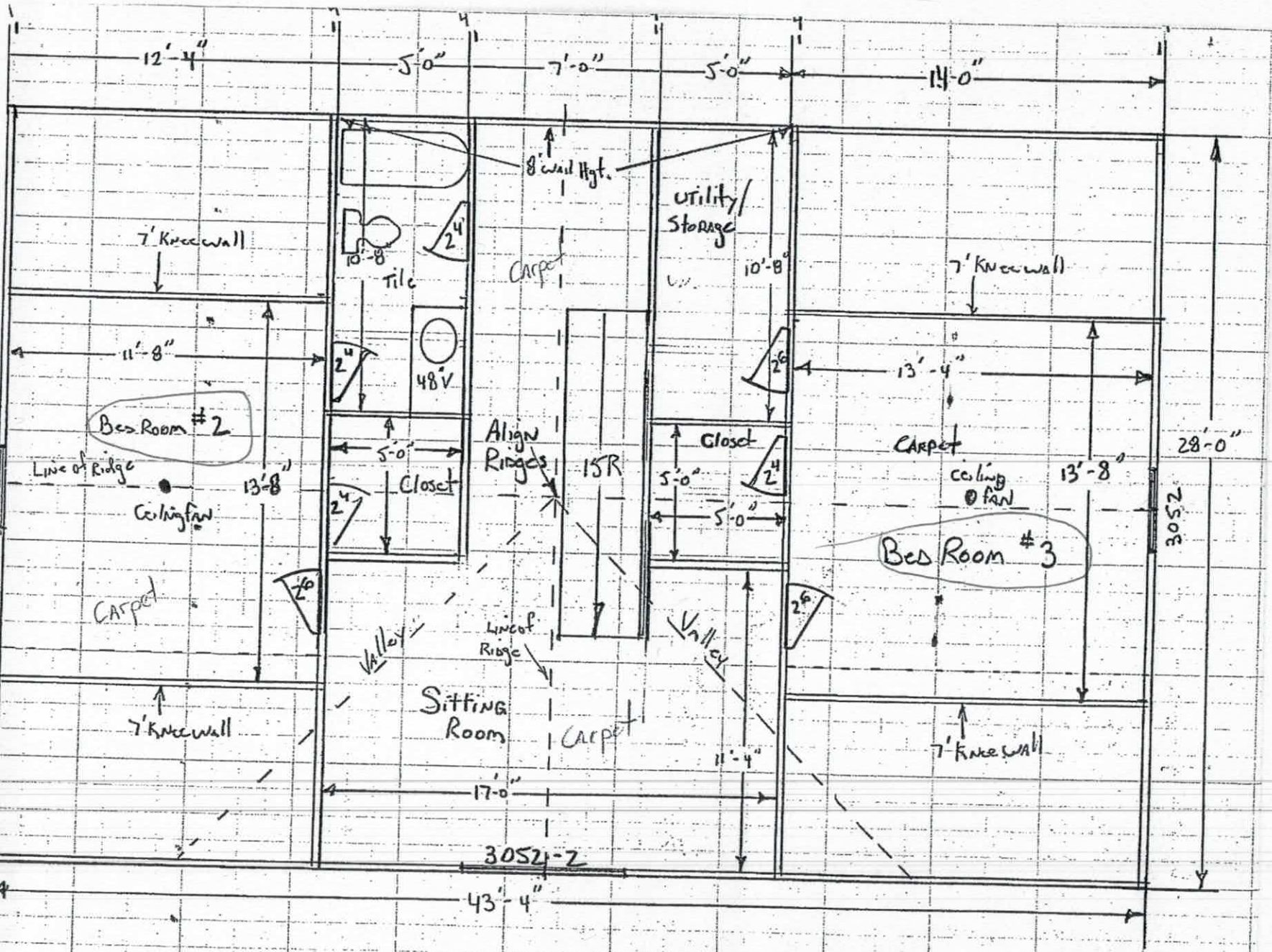
Garage 576 sq ft

1204
81
120
96

Acknowledgement Of Plans Submittal ONLY!

Date 10/10/15

Date 10/10/15



FARM House

2ND Floor

IREDELL COUNTY

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

APPLICATION NUMBER
238558
Issue Date: 09/04/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
3792379445.000	126 SHARON SCHOOL ROAD, STATESVILLE, NC 67728	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROGERS JOHN W+DEBRA M	Applicant: GLENN A JOHNSON
Address: 116 SHARON SCHOOL RD	Address: 804 PHILLIPS LN
STATESVILLE, NC 28677	STATESVILLE, NC 28625
Phone:	Phone: 704-902-2764

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.955	35.00	35.00	15.00	15.00	PACL	X

Remarks

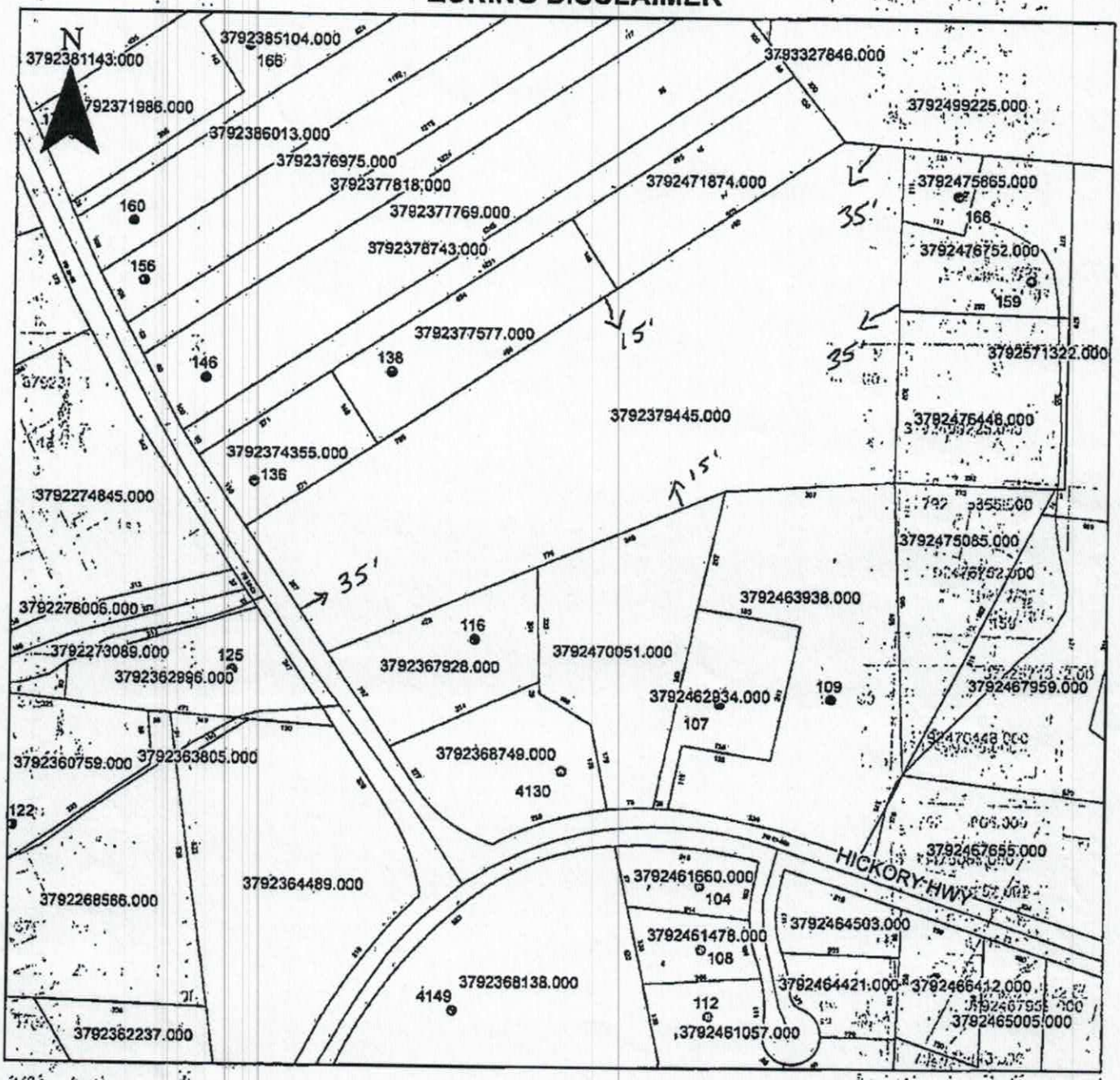
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	151249	TOTAL FEES:	$ 79.50

238558

ZONING DISCLAIMER



Property Address 124 Sharon School 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.

Dean Preston Gibson
Applicant

9-4-18
Date