4:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233661

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

PIN # 3793824670.000. *

APPLICANT/OWNER: Dennis Travis APPLICANT ADDRESS: 188 Buck Hollow RD Statesville NC 28677

SITE ADDRESS: * 188 Buck Hollow RD Statesville NC 28677 PHONE: ALT. PHONE 704-881 2520

SITE DIRECTIONS: Hwy 70 W to Deer Trail RD Turn Right on Buck Hollow Last house on Right SAP CONTROLLED: ☐ YES ☒ NO

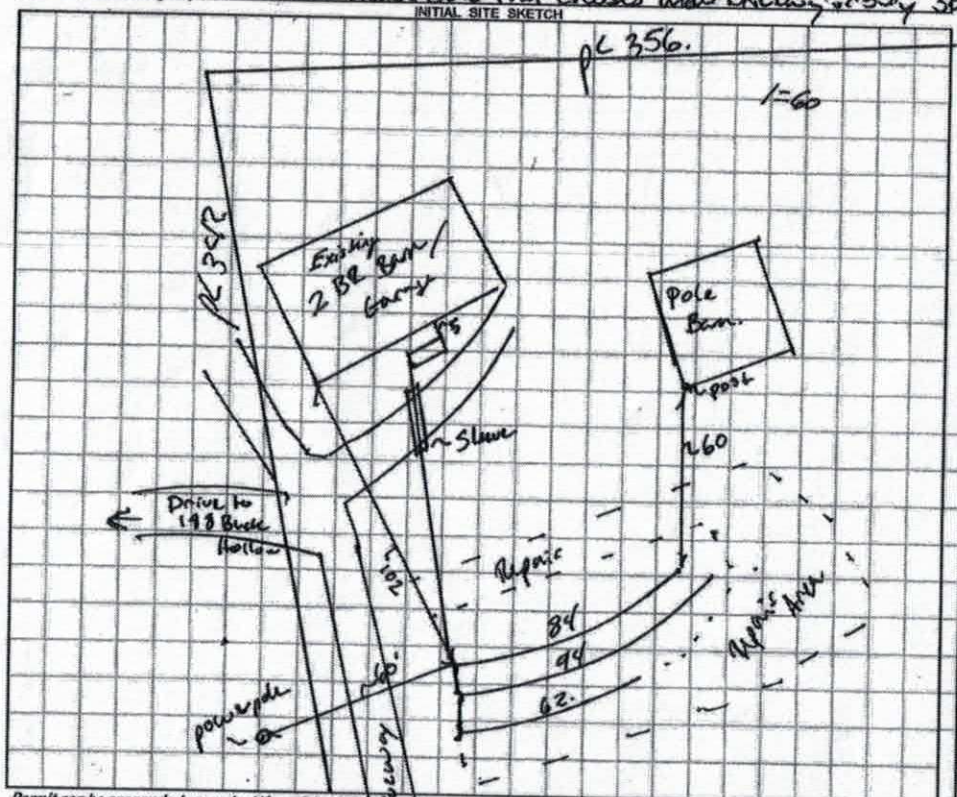
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 2.55 Acres. DESIGN FLOW: 240 gpd. L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	160	Date	12-9-17	☑ 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:	Drip - T3-ft.			
# Nitrification Fields	1	# Lines	3		Linear Ft	240.	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36	Trench Bottom Depth(Low side)	* 18 inches		Gravel Depth	~		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	2	Water Supply		
☐ Business	No. Persons	4	☐ Private		
☐ Other	No. Employees		☑ Public		
☑ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing		☐ Basement w/o plumbing			

Comments / Conditions: Existing Barn/Garage being converted. 2BR capacity granted. Typical septic drawings on the contour of the land and utilize Serial distribution. * Sleeve Headline that crosses under Driveway - Survey 30 inches. ST 8ft from house

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 as Shown

Used Galvanize pipe to Sleeve under drive.

* There is no address for the site the "Garage" is on. The PIN # on this permit is for the unaddressed lot.

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: Dennis Travis Date:

IMPROVEMENT PERMIT by: Benjamin A Bathrick Date: 3/20/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bathrick Date: 3/20/2018.

Installed by: Lentz Wastewater

OPERATION PERMIT by: Marion Dotson Date: 4/30/18

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.

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

189 Buck Hollow

Sheet 1 of 1
PROPERTY ID #: 3743824
COUNTY: Fredd.

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

OWNER: Trail
ADDRESS: 189 Buck Hollow
PROPOSED FACILITY: 2BR - Bun/Gar PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: " "

APPLICATION DATE 2/26.
DATE EVALUATED: 3/15
PROPERTY SIZE: 2.55
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	Nose Side 15-16%	0-36	c sbk	sbk		36.	—	Rock @ 42	PS .3. TO 24.
		36-42	Firm Sap.	M FR.					
		42+	RC Firm	—					
2	Nose Side 15-16%	0-9	scl wsbk	SS sp FR SBK		41.	—	Rock @ 41	PS .25 Restrictive Firm Rock @ 36.
		9-23	c sbk	SS sp FM					
		23-41	cl wsbk.	SS sp FM					
		41+	RC Firm						
3	Nose Side 15-16%	0-26	c sbk	SS sp FM SBK		44.	—	Rock @ 44.	PS .25 Firm 36.
		26-44	cl wsbk	SS sp FM					
		44+	RC Firm	—					
4	Nose Side 15-16%	0-34	c sbk	SS sp FM SBK		38.	—	Rock @ 38.	PS .25
		34-38	cl wsbk.	SS sp FM					
		38+	RC Firm	—					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240 sqft
System Type(s)	25% III	IV. TS fill
Site LTAR	.25	.1

OTHER FACTORS (.1946): Rock @ shallow 38.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS: * H.S. 24 inch *
* L.S. 18 inch *

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.

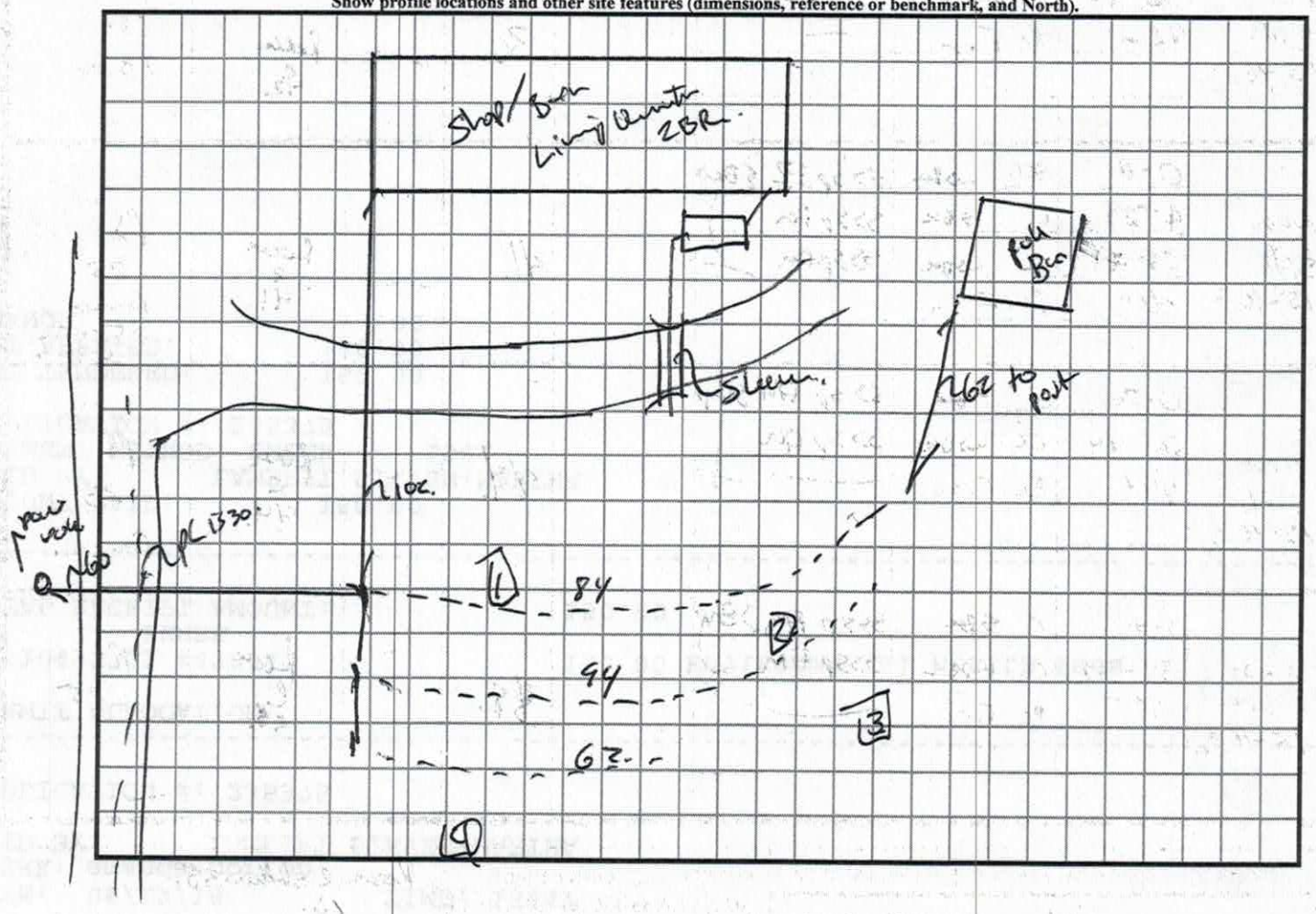
NOTES

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/ft²

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



16%

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Dennis B. Travis Address: 188 Buck Hollow Rd. Zip: 28677

Applicant Email: D.travis@roadrunner Phone: 704-881-2520 Alt. Phone: _____

Owner Name: Dennis B. Travis Address: same Zip: _____

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

Property Information:

Street Address: 188 Buck Hollow Rd.

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

Driving Directions: Hwy 70 W - to Deer Trail Rd. - Turn R on Buck Hollow - Last House on Right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 0 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 0 — ( ) Concrete Slab Foundation
(X) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1600 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 (X) 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: Dennis B. Travis — 2-26-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

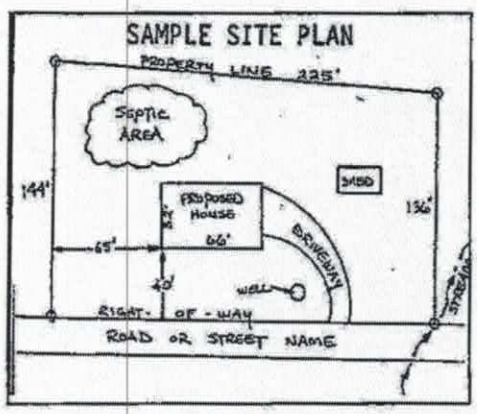
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

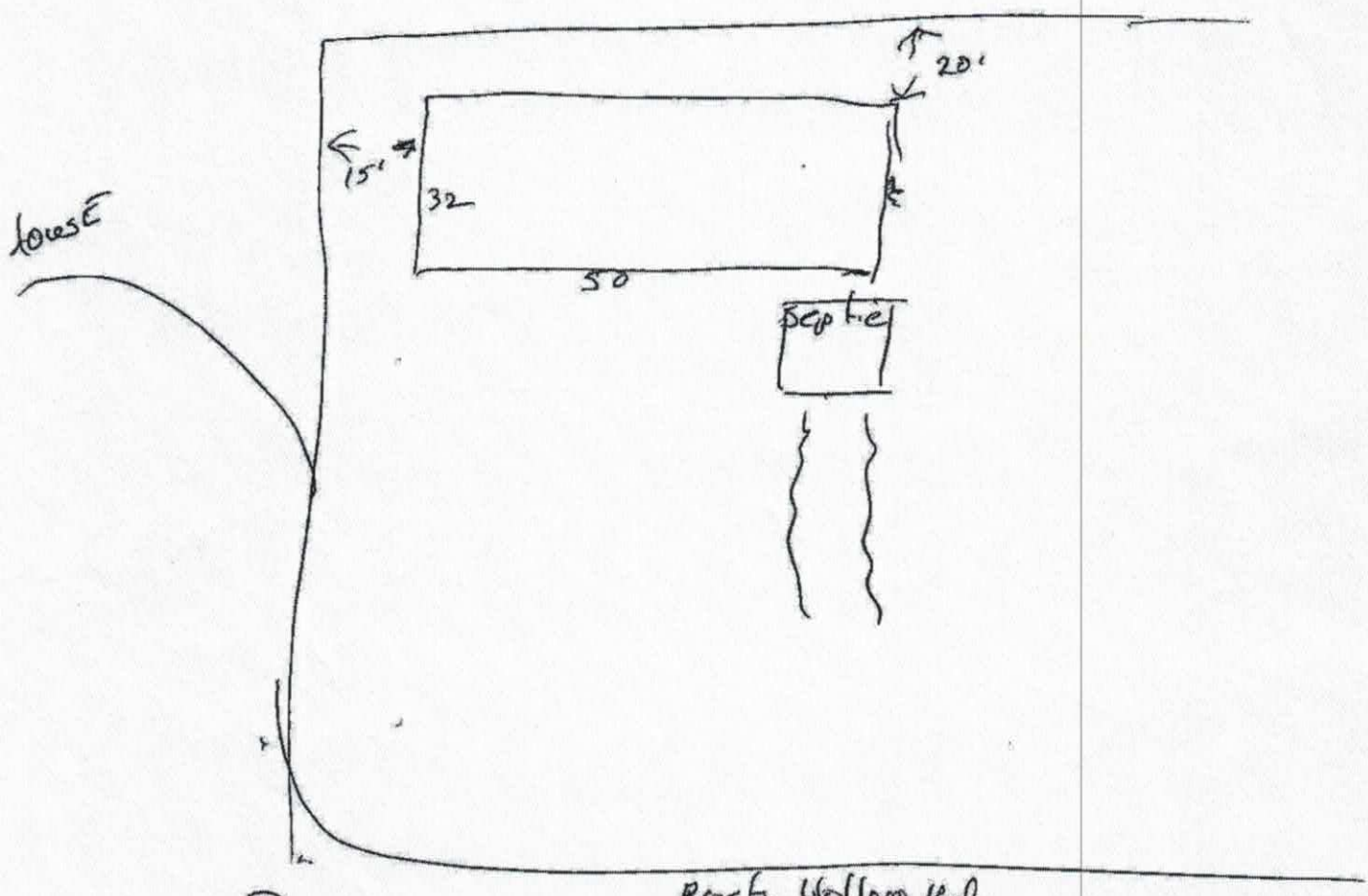


Circle N/A on the following if appropriate:

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



Signature: Dennis B Turner

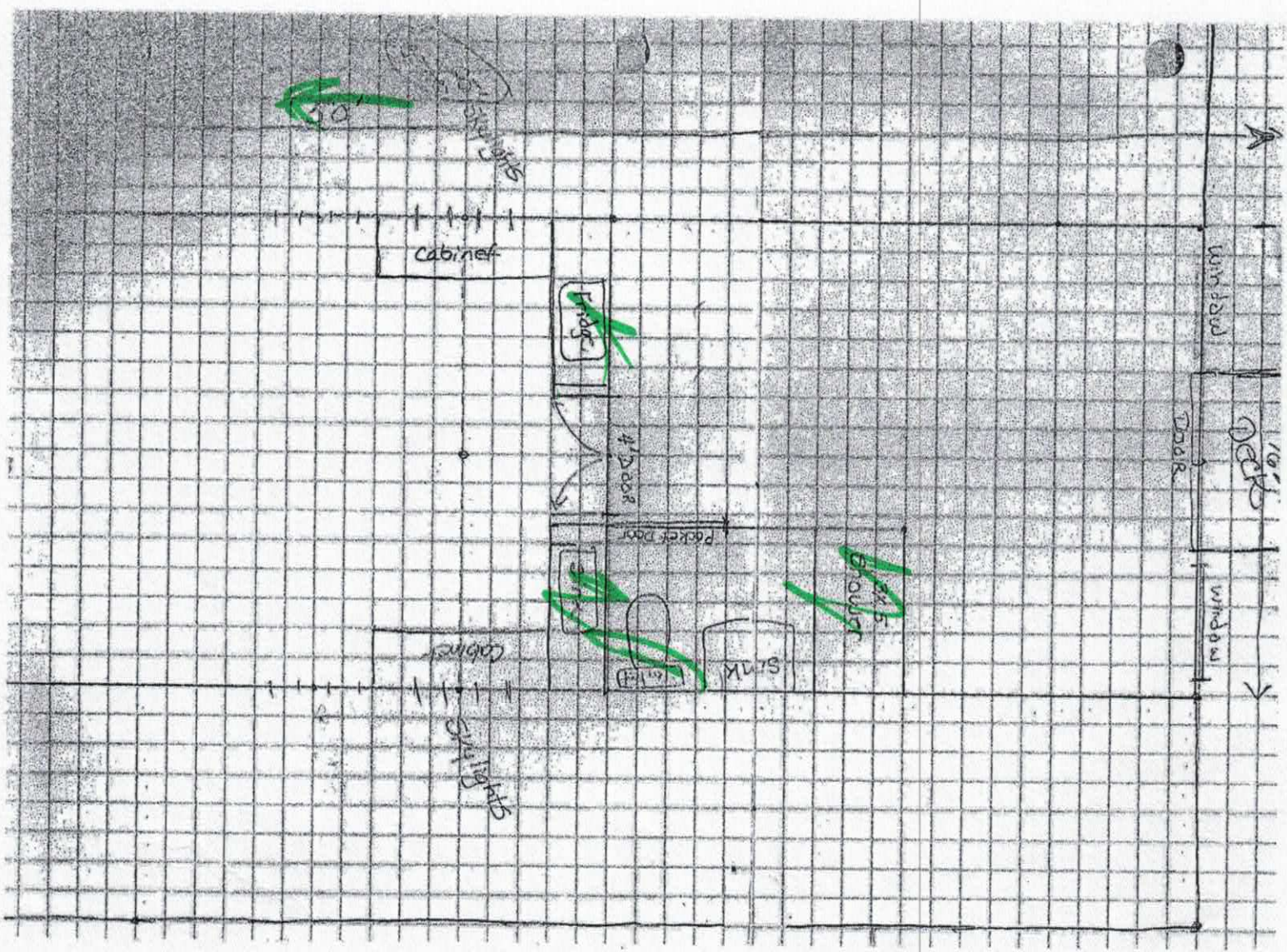
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-26-18

DATE



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.



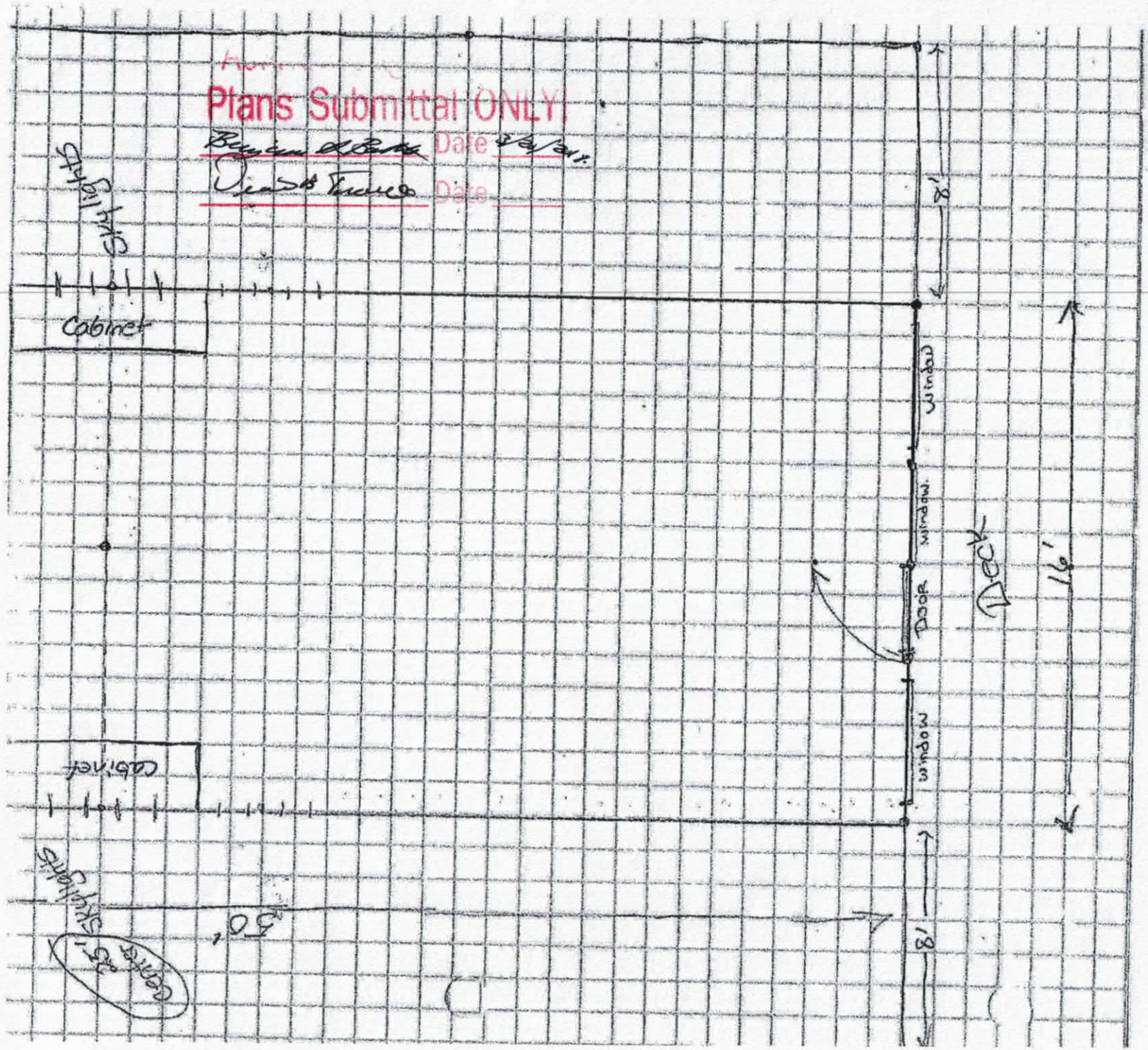
Building 32x50. - Living

2 Stalls / Stalls / Bathrooms

Acknowledgement Of
Plans Submittal ONLY!

Date 3/15/2021.

Date


Plans Submittal ONLY
Date
Date
Skylights
Cabinet
Window
Door
Window
Deck
18'
8'
8'
Cabinet
50'
Skylights
Centre