IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217214

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

PIN # 3794427037

APPLICANT: Martin Hendricks APPLICANT ADDRESS: 346 New Sterling Rd Stony Point NC

SITE ADDRESS: 1824 Island Ford Rd Statesville NC PHONE: 704-380-3806 ALT PHONE: 704-402-3933

SITE DIRECTIONS: 40w T/R old Mtn Rd T/L Island Ford Rd Lot on right

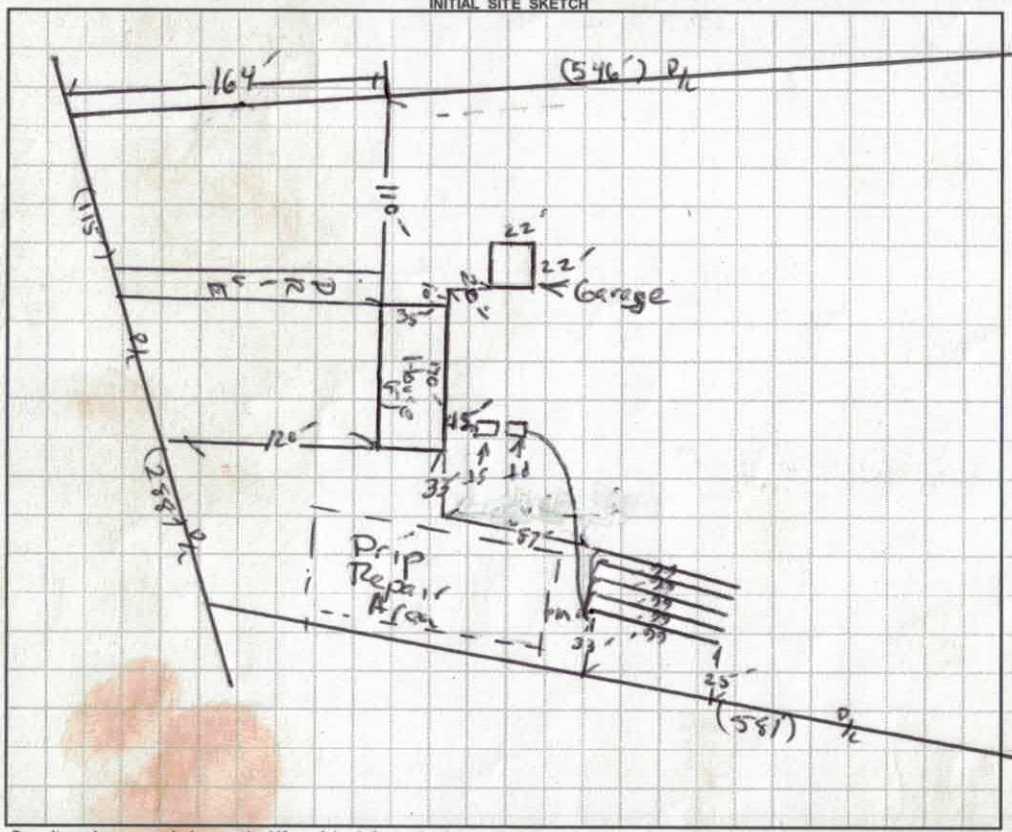
SUBDIVISION: Garner Estates SECTION: N/A LOT # 7-8 LOT AREA: 3.89ac DESIGN FLOW: 360 L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	160	Date	11-2-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	1000	(gal)	PT	319	Date	1-17-17	System Description:	25% Reduction			☐ Business	No. Persons	6	☐ Private	
Pump Make	Franklin Electric	Model	L.H. Giant-9ENH-CI		Serial #		Repair System Description:	Drip Repair			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	5	Linear Ft:	330'		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36"	Max. Trench Bottom Depth	22"	Gravel Depth	N/A			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

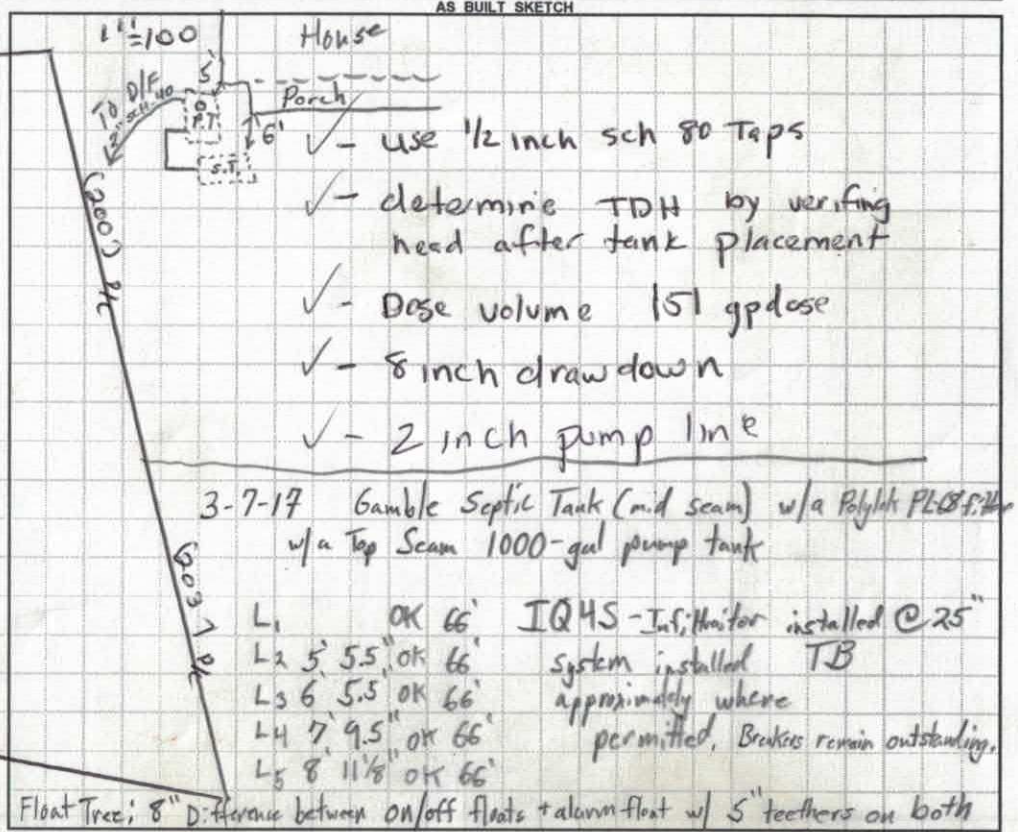
Comments / Conditions: Install 25% reduction on contour with pressure distribution

* Lots combined on 6-10-2016 per BK 2423 PG 938-939

INITIAL SITE SKETCH



AS BUILT SKETCH



- ✓ - use 1/2 inch sch 80 Taps
- ✓ - determine TDH by verifing head after tank placement
- ✓ - Dose volume 151 gpdose
- ✓ - 8 inch drawdown
- ✓ - 2 inch pump line

3-7-17 Gamble Septic Tank (mid seam) w/a Polylok PL-8 Filter w/a Top Seam 1000-gal pump tank

L_1	OK 66'	IQ4S - Infi;Hunter installed @ 25"
L_2	5' 5.5" OK 66'	System installed TB
L_3	6' 5.5" OK 66'	approximately where
L_4	7' 9.5" OK 66'	permitted, Brakes remain outstanding.
L_5	8' 11⅛" OK 66'	

Float Tree; 8" Difference between on/off floats + alarm float w/ 5" feathers on both

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: Matt Hendricks Date: 8-26-2016 Installed by: Brian Miller #1127 (Max's Digging Services)

IMPROVEMENT PERMIT by: Robert Thompson Date: 08/10/16 OPERATION PERMIT by: B. Bottlins. Date: 6/29/17.

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/7/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

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

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

OWNER: Martin Hendricks
APPLICATION DATE: 3-11-16
ADDRESS: 346 New Sterling Rd
DATE EVALUATED: 4-5-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: ____
LOCATION OF SITE: 1820 Island Ford Rd
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other N/A
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1		0-23	BRC SABK	Fi SlP mod SE	+23"	23"	23"	23"	PS DRIP
		23-47	Weathered Rock						
PIT 2	11% NS	0-24	RBC few YB mottles SABK	Fi SlP mod SE	+66"	30"	30" US	30"	PS 0.275
		24-30	RB Cl com SAP Incl WABK	Fr SS/SP mod SE					
		30-66	CL SAP	w/ weathered Rock					
PIT 3		0-5	BSCL Gr	Fr SS/SP Fine SE	+48"	42"	42"	42"	PS 0.275
		5-28	RC WABK	Fi SlP mod SE					
		28-42	RC/Cl com SAP WSBK	Fr SS/SP					
		42-48	SAP variegated	CL/SCL					
PIT 4		0-7	BSL Gr	Fr SS/SP Fine	26"	+30"	+30"	15"	PS 0.1 DRIP
		7-15	YB C ABK	Fi SlP mod SE					
		15-26	YB C m	Fi SlP Lots of					
		26-30	YBSC many Chroma 2's m	Fi SlP Loose					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
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)	I	S (Sand)	~~0.8 - 0.6~~ 1.2	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.

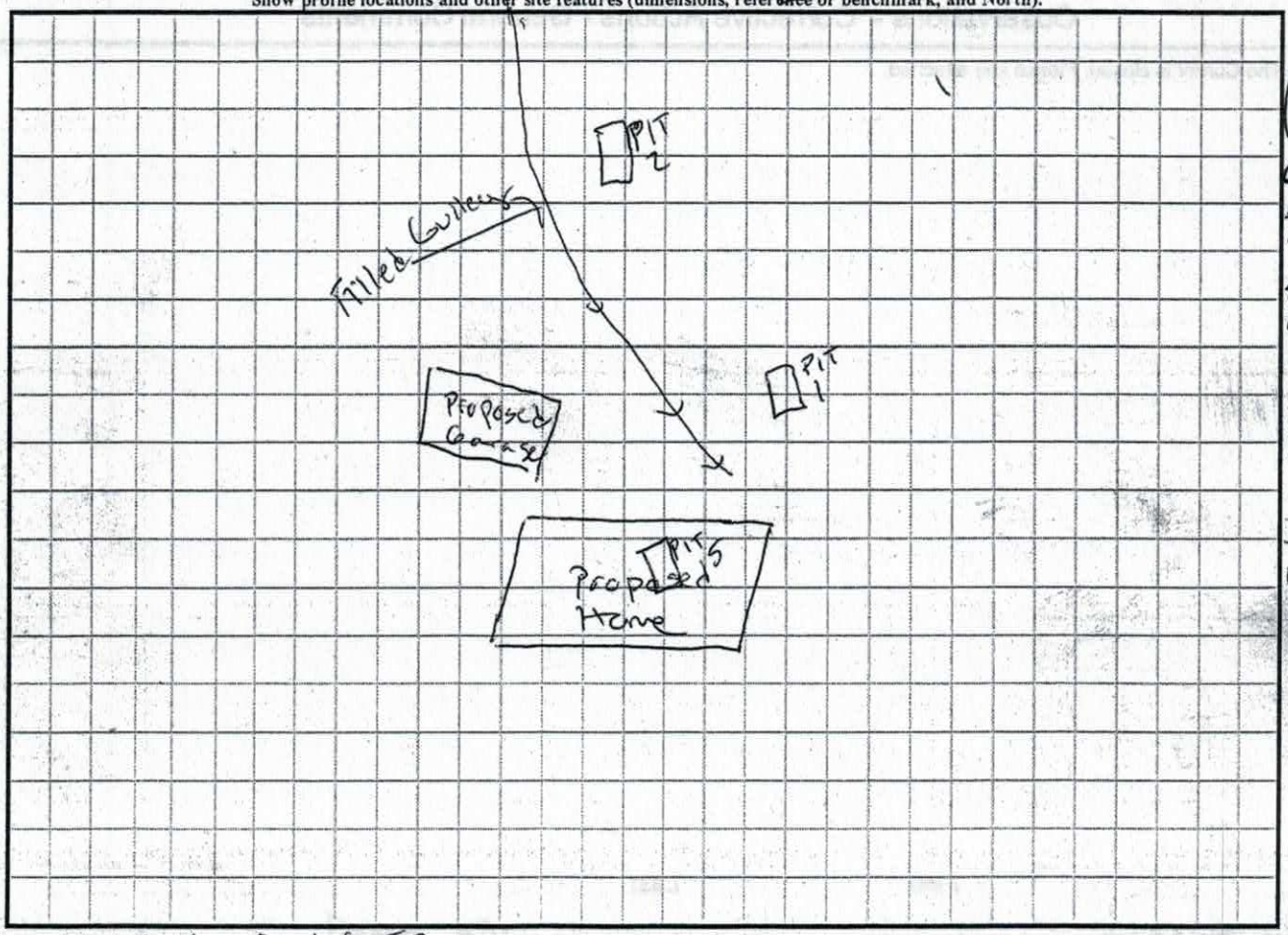
NOTES

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).



PIT 6

0 - 5
BSL Gr
Fr Fine SS/SP

5 - 26
RC ABK
Fi Mod S/P

26 - 34
RC WSBK
Fi Fine SS/SP

34 - 56
Weathered Rock
CL SAP

PS
0.0275

PIT 5

0 - 7 Compacted SC
7 - 16 BSC WSBK Fi Fine SS/SP
16 - 22 YBC WSBK Fi Mod S/P
22 - 29 YBC + SAP WSBK Fi ABK
29 - 53 Variegated CL SAP

0 - 7 unsuitable/compacted

29 Restrictive

(DRIP)

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
MARTIN HENDRICKS	346 NEW STERLING RD STONY POINT 28678	704-380-3806	402-3933
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
MARTIN HENDRICKS	346 NEW STERLING RD STONY POINT NC. 28678	704-380-3806	402-3933

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1820 ~~1824~~ ISLAND FORD ROAD	GARDER ESTATES	3794428014.000

Driving Directions: TURN LEFT ONTO ISLAND FORD RD GO 4 MILE
LOT ON RIGHT JUST AFTER POPE FARM RD

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: Martin Hendricks 7-21-2016

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

Barner Estates
Lot 8

217214

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, IREDELL PROPERTIES, INC, am the legal owner of the property located at 1820 ISLAND FORD RD., identified as PIN(Parcel Identification Number) 3794428014.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) MARTIN HENDRICKS M. HENDRICKS BUILDERS, LLC _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

IREDELL PROPERTIES, INC
BY: _____ 3/14/16
Signature of Owner PRESIDENT Date

Michelle M Rokes 3/14/16
Signature of Witness ASST. SEC. Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

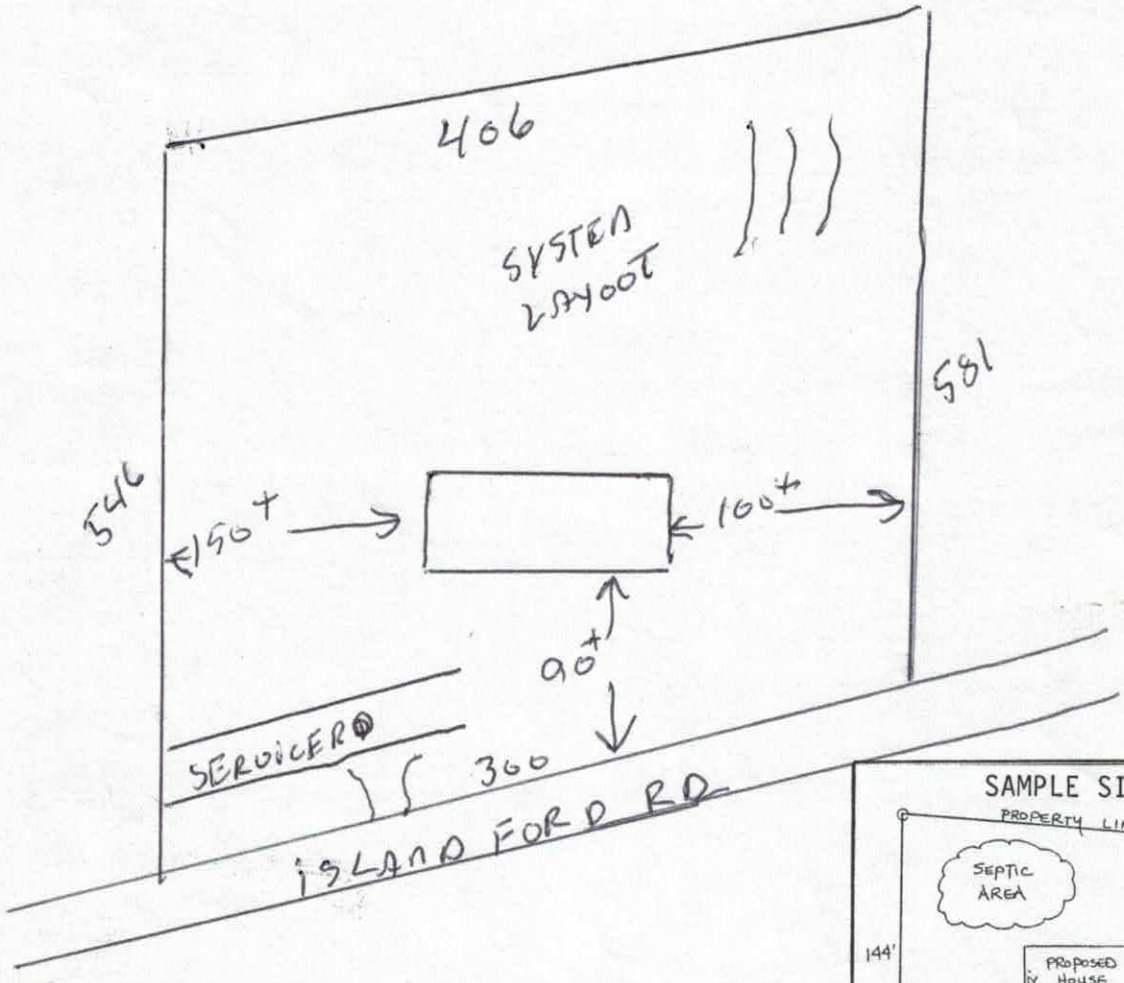
Circle N/A on the following if appropriate:

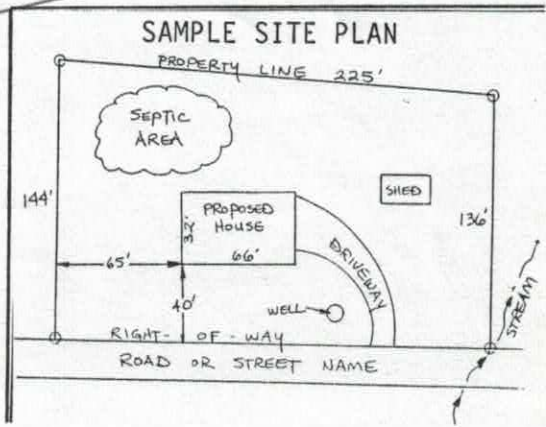
- ____ **Location of septic systems and wells within 100' of your property… N/A**
- ____ **Location of easements and rights of ways on your property… N/A**
- ____ **Location of any designated wetlands on the property… N/A**

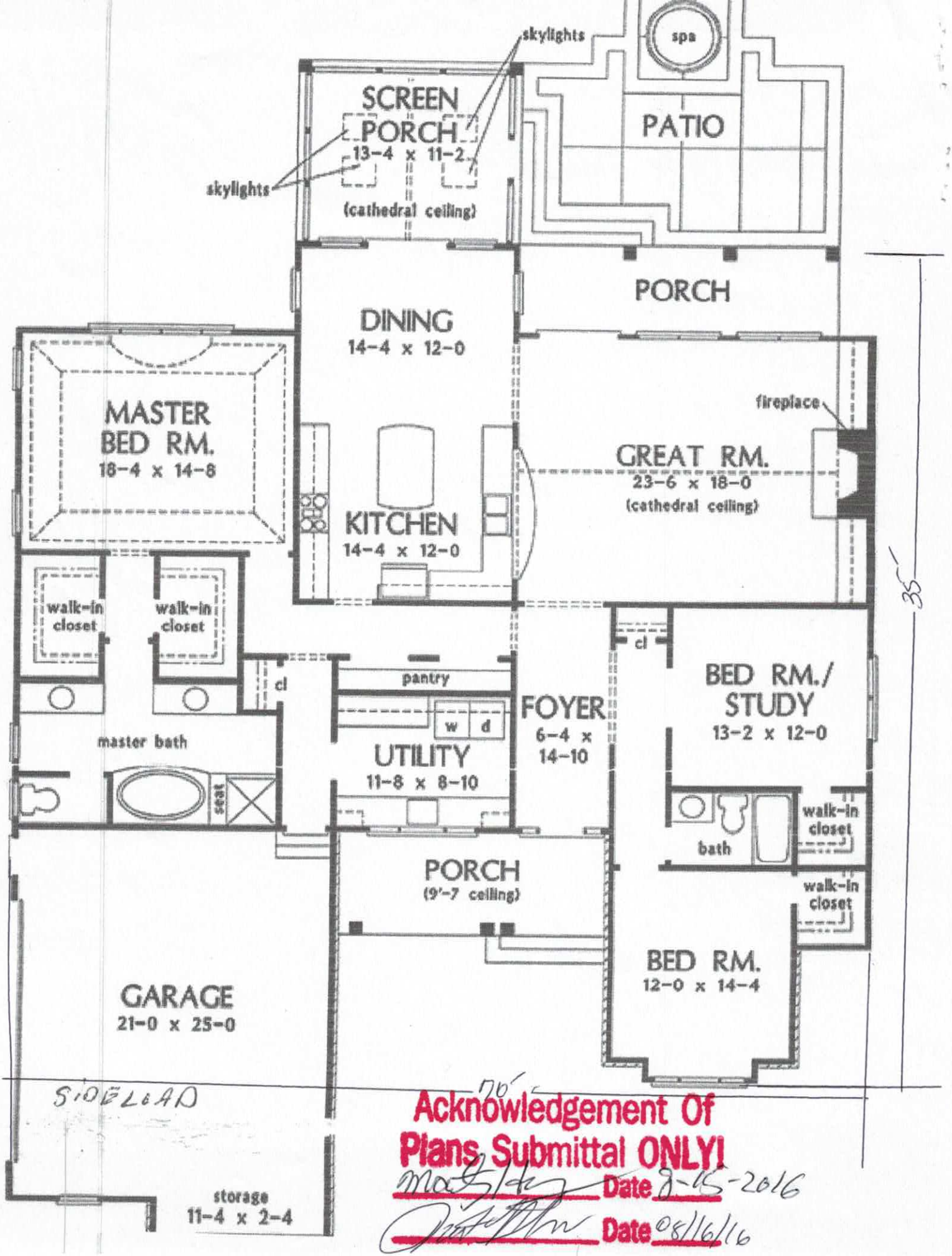
Signature: Matt Hendrix
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-22-2016
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN







SIDELOAD

70'-

Acknowledgement Of
Plans Submittal ONLY!

Date 2-15-2016

Date 08/16/16

IREDELL COUNTY

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

APPLICATION NUMBER
217214
Issue Date: 03/11/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
3794428014.000	1820 ISLAND FORD ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: IREDELL PROPERTIES INC	Applicant: HENDRICKS BUILDERS
Address: P O BOX 312 STATESVILLE, NC 28687	Address: 346 NEW STERLING ROAD STONY POINT, NC 28678
Phone:	Phone: 704-902-0574

Use Requested	Zone Code
SFD	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	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	62627	TOTAL FEES:	$ 77.25