IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202966

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

PIN # 4628-89-0174

APPLICANT/OWNER: T. Clayton Slane APPLICANT ADDRESS: 124 Winston Way Lane Troutman, NC

SITE ADDRESS: 124 Winston Way Lane Troutman, NC PHONE: 704-980-7082 ALT. PHONE

SITE DIRECTIONS: End of Morrison Farm Rd → Last house on Right after turning onto Winston Way SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Morrison Point SECTION: LOT # 25 LOT AREA: 0.45 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

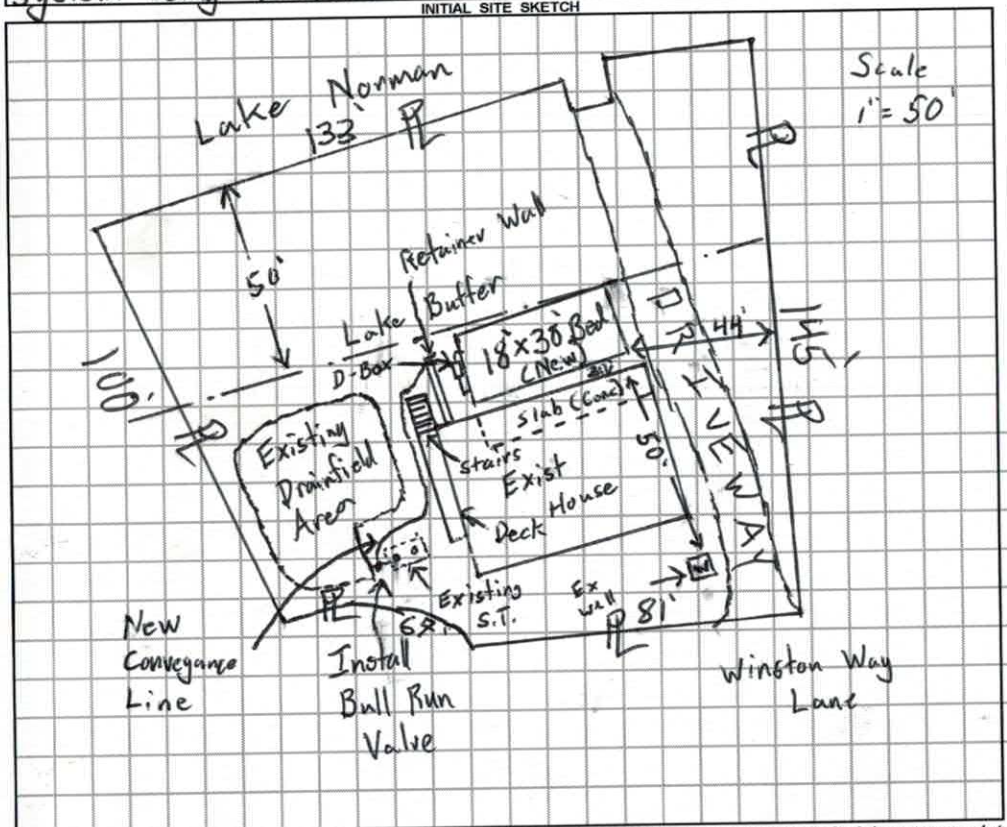
Septic Tank	Existing (gal)	STB —	Date —	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT —	Date —	System Description:	18' x 38' Chamber bed			☐ Business	No. Persons 8
Pump Make	—	Model —	Serial # —	Repair System Description:	with Ball Run valve			☐ Other	No. Employees
# Nitrification Fields	1	# Lines Bed	Linear Ft see notes	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	see notes	Trench Bottom Depth(Low side)	34"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: 18' x 38' replacement bed to utilize High Capacity chambers Cdue to site limitations + replacement system being undersized. This is likewise a best professional judgement permit. As this replacement system is undersized, conservative water use is strongly encouraged. Alternate flows between systems annually or when wetness is observed/As needed. Recommend pumping septic tank every 3 years. Lake Buffer stakes must be present at time of inspection. Re-route any house downspouts away from system area. New bed must be 3 feet from existing house porch slab/footers.

As Built on Back

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: T. Clayton Slane Date: 1/22/18 Installed by: Lute Wastewater

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/19/2018 OPERATION PERMIT by: Benjamin A Bolton Date: 4/19/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/19/2018 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

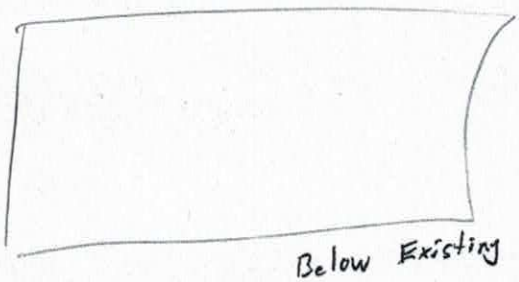
OWNER: T. Clayton, Slane
ADDRESS: 124 Winston Way Troutman, NC
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 124 Winston Way Troutman, NC
APPLICATION DATE 7/15/17
DATE EVALUATED: 10-23-17
PROPERTY SIZE: 0.45 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #'s	.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		0-3	fill		—	48"	3-30" many SAP inc. 40-48" many SAP inc.		PS .3
		3-30	WSBK CL	Fr, SS, SP, SEXP					
		30-32	SBK C	Fr, SS, SP, SEXP					
		32-48	WSBK CL	Fr, SS, SP, SEXP					
2		0-24	WSBK CL	Fr, SS, SP, SEXP	—	24"	0-24 many SAP inc.		Pits needed
		24-48	L SAP moss	VFr, NS, NP					
Pit 12/29/2017 3	TS 1% mid-Back Yard	0-12	SCL V.W. SBK	Friable, SS, SP, SEXP	—	25	—	—	0.325 PS
		12-25	Clayloam common W. SBK mica+sand	Friable, SS, SP, SEXP					
		25-62	Loamy Saprolite MA	very Friable + well drained					
HAND AUGUR 4 Same	TS 1% Adjacent Landing	0-14	SCL V.V. SBK	Friable, SS, SP, SEXP	—	26	—	—	0.30 PS
		14-26	clay Loam W. SBK	Friable, SS, SP, SEXP					
		26-60	Loamy Saprolite MA	Very Friable, well drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		41' x 20'
System Type(s)		25% Rdu+Bed
Site LTAR		0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson (initial) + Tom Shuck (pits)
OTHER(S) PRESENT: ___



Below Existing Drainfield (inside lake buffer)

Sl. Friable, SS, Sp, Scmp SCL v. w SBK 0 - 18

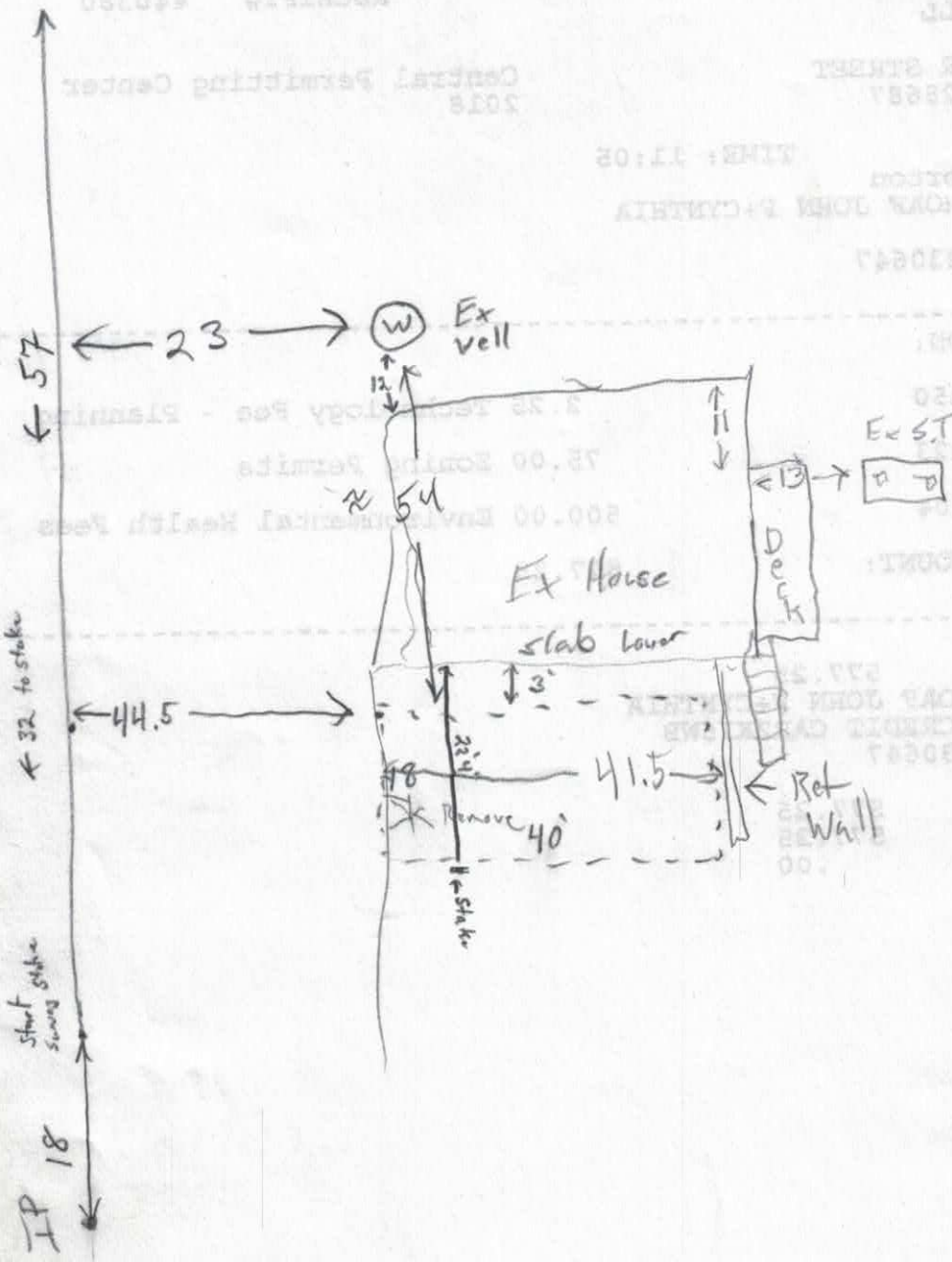
Sl. Firm, Sticky, Sp, Scmp w-m clay SBK/ABK 18 - 50"

0.275

50"

(2)

(1)


23
Ex well
12
≈ 54
11
Ex S.T
13
Ex House
slab lower
Deck
3'
44.5
22'
41.5
Ret Wall
Remove 40'
Stake
57
32 to stake
Start swing stake
IP
18

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 (X) 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: T. Clayton Slane Address: 124 Winston Way Ln Zip: 28166

Applicant Email: claytonslane@bellsouth.net Phone: (704) 980-7082 Alt. Phone: _____

Owner Name: Same Address: Same Zip: Same

Owner Email: same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 124 Winston Way Ln. Troutman, NC 28166

Subdivision Name: Morrison Point Section/Phase: _____ Lot Number: 25

Driving Directions: End of Morrison Farm Rd. Only house on the right once you turn onto Winston Way Ln.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: drainlines not draining properly/to capacity
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1977
( ) No Preference ( ) Alternative ( ) 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: T. Clayton Slane 7-15-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

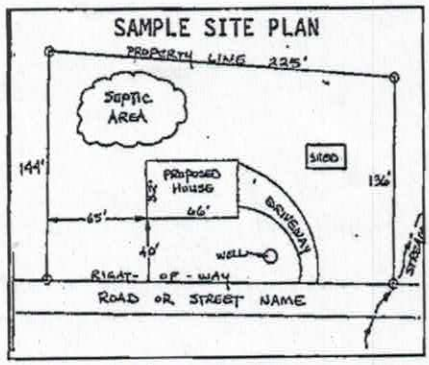
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 drawing of existing septic layout

Signature: J. Clayton Stone

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

9-15-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR: Jimmy Slane DATE 5/16/77 PERMIT NO. —

PHONE: Business _____ Home _____

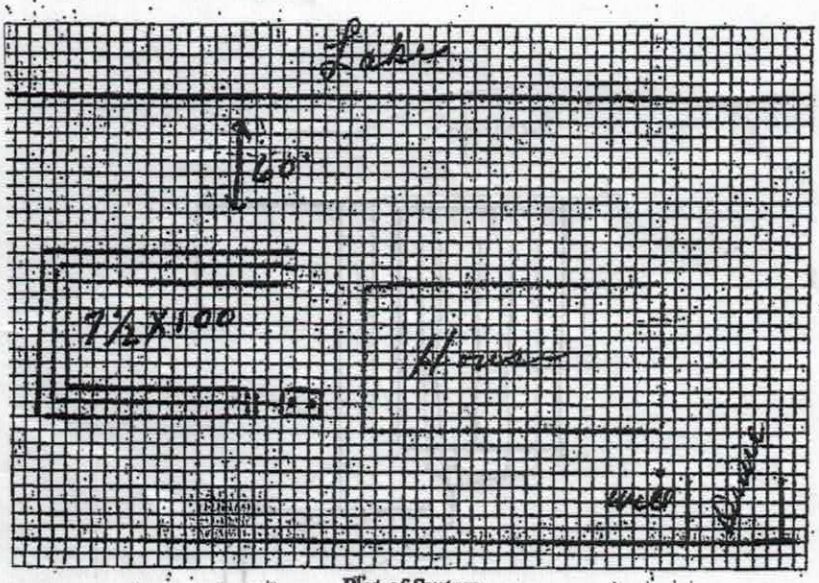
LOCATION: Iserv on Perth Rd at Trantham T.R. on 1321. House on Rt at end of Rd S. R. No. _____

SUBDIVISION NAME: Morrison Point LOT NO. 25 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20 000 sq/ft

Character & Porosity of Soil: Cecil Clay
Percolation Rate: _____
Topography: Slope to Lake
Depth to Water Table: 2'-6"
Rock or other impervious formations: None



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co.

MPROVEMENTS PERMIT BY _____

OMMENTS: Well tile put over openings in septic Tanks for maintenance purposes. Care should be taken not to damage them when grading yard. Surface water should be diverted away from Tank & lines.

ERTIFICATE OF COMPLETION BY E. O. Stevenson DATE 5/16/77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold