IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 231711

PIN # 4629434885

APPLICANT/OWNER: Jasper Builders Inc. (Greggory Lubben) APPLICANT ADDRESS: 181 W. Statesville Ave. Mooresville NC 4629635901.234 - offsite

SITE ADDRESS: 224 April Rd Troutman NC 28166 PHONE: 704-799-9982 ALT. PHONE 989-430-6078

SITE DIRECTIONS: Perth Rd, Left on State Park Rd, Cor Morrison Farm, Right on April Lot @ End

SUBDIVISION: Hawkes Bay SECTION: - LOT # 23/23A LOT AREA: .913 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	1060	Date	Tuesday	☑ New System	☐ Repair ☐ Expansion System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	1060	Date	Tuesday	System Description:	LP Panel Blocks - offsite
Pump Make		Model		Serial #		Repair System Description:	LP Panel Blocks - offsite
# Nitrification Fields	1	# Lines	3	Linear Ft	267	Maintenance Agreement Required:	☑ YES ☐ NO
Trench Width	36	Trench Bottom Depth(Low side)	32	Gravel Depth	~	☐ GRAVITY	☑ PRESSURE

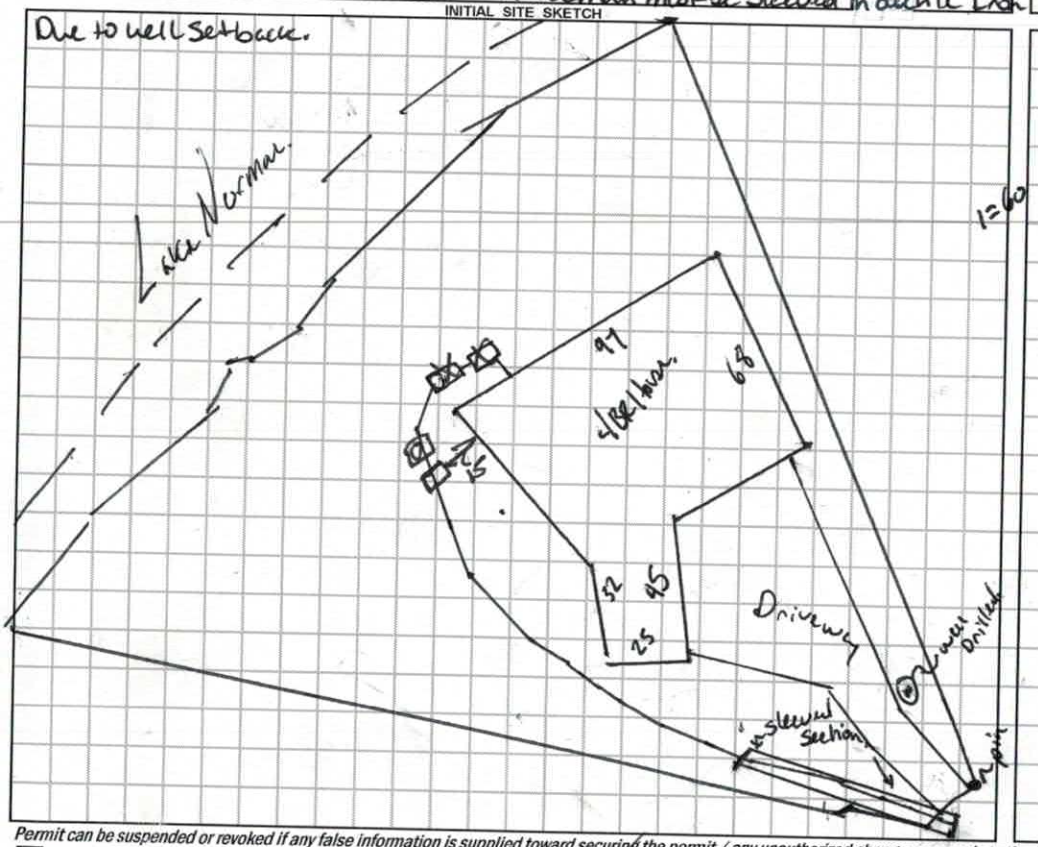
☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

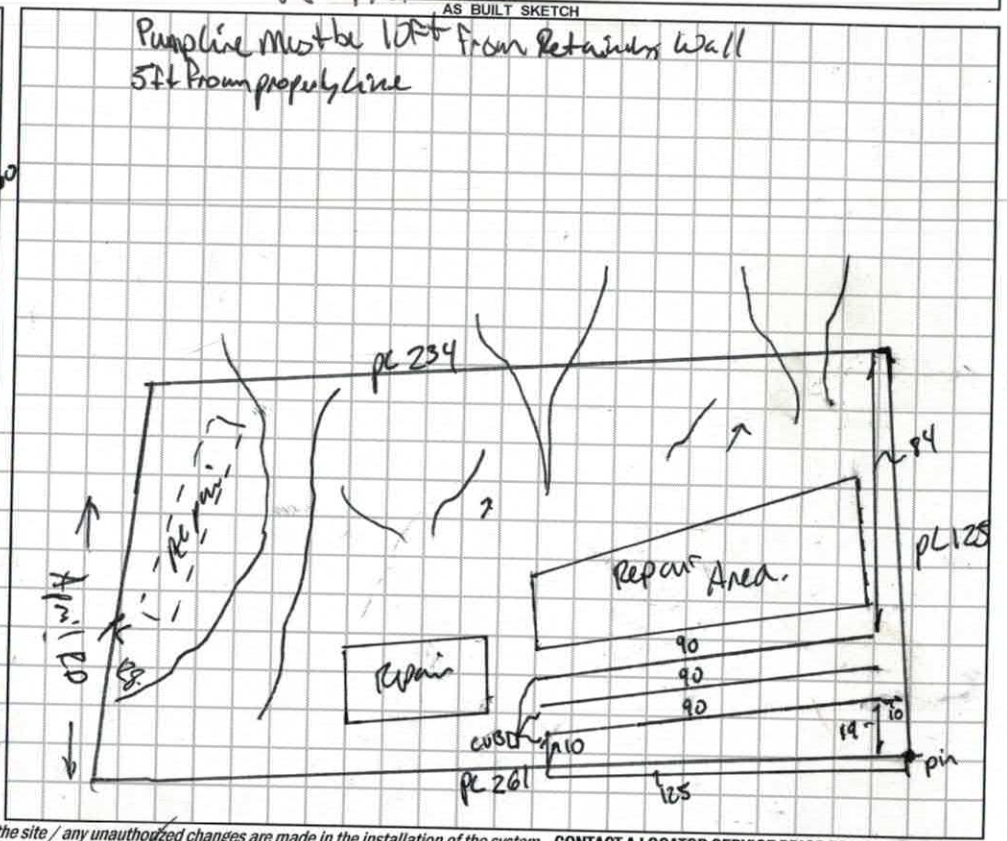
Comments / Conditions: * Purpose of this Permit is due to well being Drilled to close to Forcemain Supply Line. Install septic system as contour. Septic tanks must Remain 50 ft from 760 Contour. Forcemain must be Sleeved in ductile Iron

Kayla Wilson inspected Drainfield 10/30/2018
4/17/19 checked ductile iron & distance from supply line MD

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: Jerri Cruz Date: 1/25/19 Installed by: R+H

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 1/25/2019 OPERATION PERMIT by: Carla C. Cave Date: 7-5-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 1/25/2019 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.

	Date	Initials
Drain Lines Checked	10/30	KW
Tanks Checked	4/4/19	BB.
Pressure Manifold or Valve Box Checked	7/3/19	KW
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N	Attached	7/29/19

- Pump line needs to be 10ft from Retaining Wall + 5ft from Property Line. Both OK

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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)

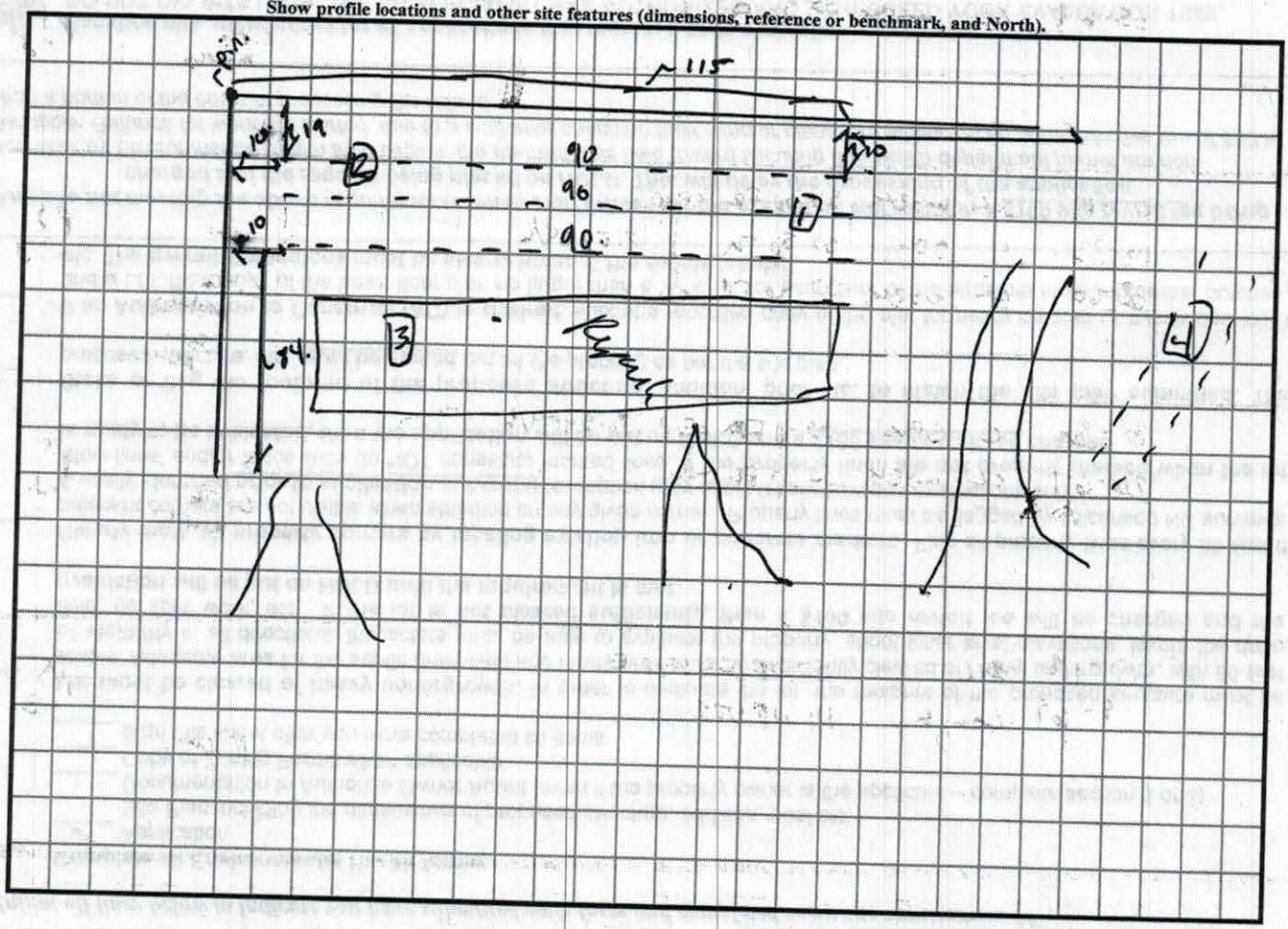
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



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

Sheet 1 of 1
PROPERTY ID #: 462943483
COUNTY: Manistee

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

OWNER: Lubbon
ADDRESS: PO Box 6217 Saginaw Mich
PROPOSED FACILITY: 4BR Ranch
LOCATION OF SITE: 224 Agnl RD - Offsite. COS SFE 23A
APPLICATION DATE: 11/21/17.
DATE EVALUATED: 12/30/18.
PROPOSED DESIGN FLOW (.1949): 410 gpd
PROPERTY SIZE: .913 Hrs
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	10%	0-35	C SBK	SS Sp FM SEXP	2.5YR4/6	64		Little Motts	PS .3.
		35-64	CL WSBK	SS Sp FR					
2	10%	0-10	SCL WSBK	SS Sp FR SEXP	2.5YR4/6	60		Little Motts Some Mica.	PS .3
		10-33	C SBK	SS Sp FM					
		33-60	CL WSBK	SS Sp FR					
3	10%	0-26	C SBK	SS SP FM SEXP	2.5YR4/6.	67		Little Motts	PS .3.
		26-67	CL WSBK	SS Sp FR					
4	10%	0-18	SCL	SS SP FR SEXP		18.		Mica	PS .3.
		18-68	Loamy Sand	NS NP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	267.
System Type(s)	IV LPS 50%	IV LPS 50%
Site LTAR	.3	.3.

OTHER FACTORS (.1946): Complex topo.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bettins
OTHER(S) PRESENT:

COMMENTS:

RECEIVED JAN 2 3 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Int. Relayout #231711

1. APPLICATION FOR: X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

****

2. Page 2: *Site Plan Worksheet* **Form MUST Accompany This Application**

Paid $320.00 EFT

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:

Jasper Builders, Inc.	181 W. Statesville Ave., Mooresville 28115		704-799-9982
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Gregory Lubben	PO Box 6217, Saginaw, MI 48603		989-430-6078
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

224 April Rd., Troutman 28166	Hawkes Bay	Lot 23
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Perth Rd, Left on State Park Rd, Left on Morrison Farm Rd, Right on April Rd, Lot on Right

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

(X) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
(X) **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:

(X) **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)* ( ) **EXISTING SYSTEM installed** ____ *Year*

( ) **Alternative** (X) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** _____

8. 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. industry) 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.

9. Signature: Terri Crawley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-22-19
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:

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 Area you prefer your septic system to be placed…

X Preferred driveway location and configuration, preferred well location…

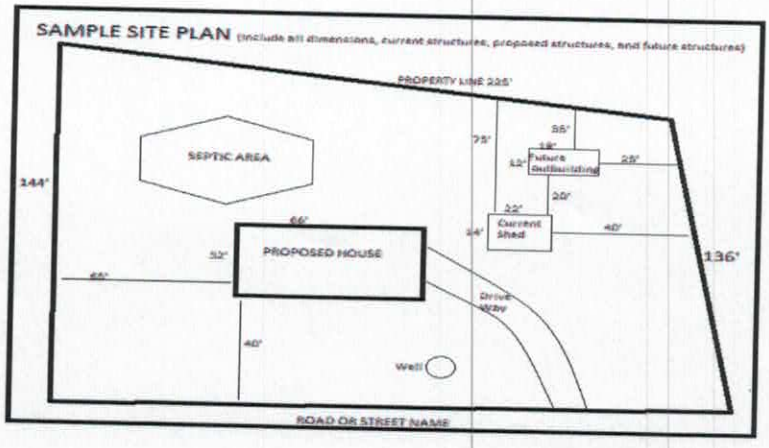
X North arrow, or other sufficient indicator of direction…

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Terri Crawley

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

1-22-19

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Gregory Lubben, am the legal owner(s) of the property located at 224 April Rd., Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4629434885, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Sean Gallagher, Jasper Builders, Inc., to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

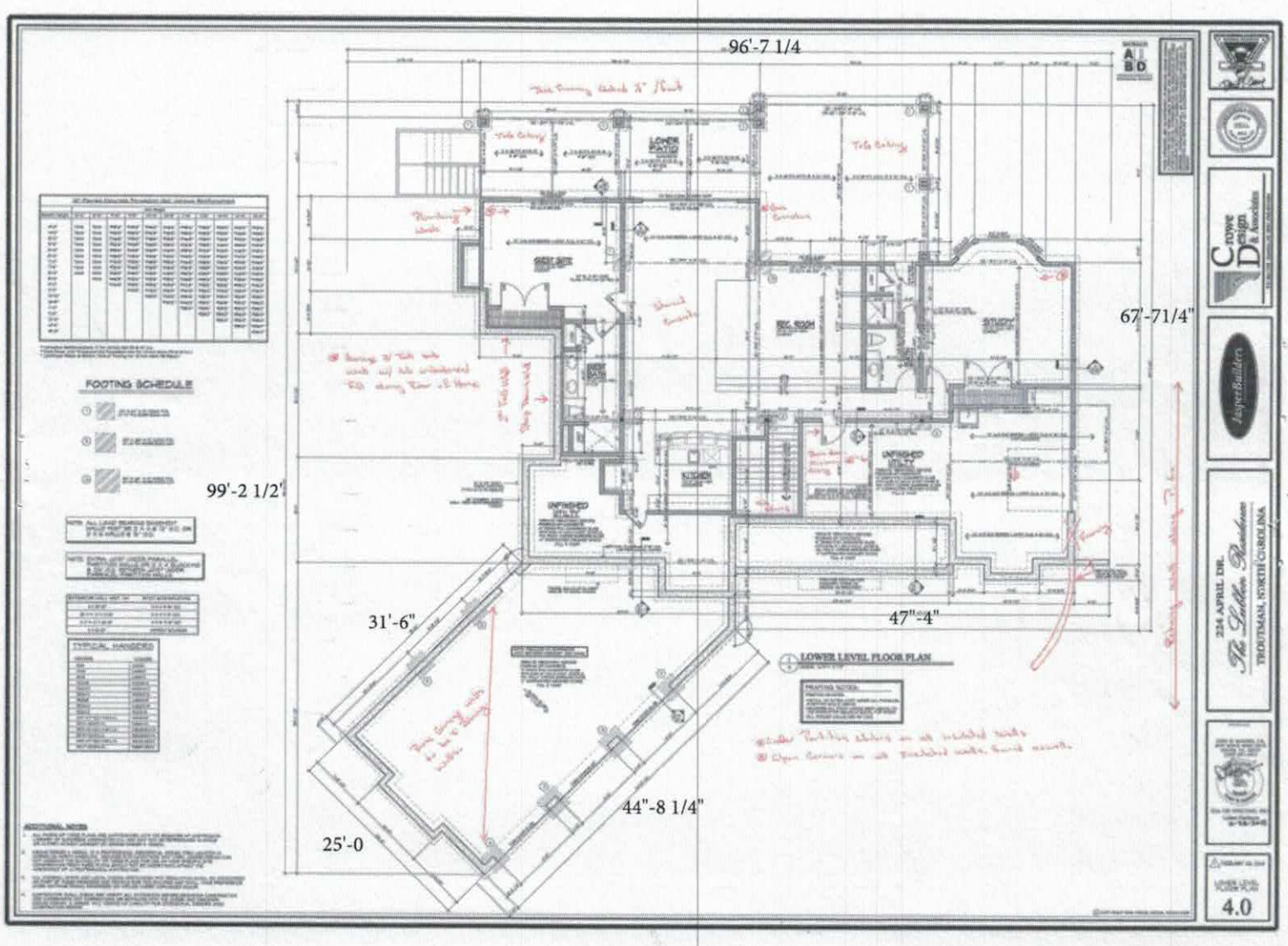
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X Gregory Mark Lubben
Signature of Owner(s)

1-23-19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Batt Date 4/18/18.

Terri Cox Date 4-23-18

IREDELL COUNTY

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

APPLICATION NUMBER
231711
Issue Date: 11/21/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4629434885.000	224 APRIL ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: ROBBINS DEWEY Address: P O BOX 109 CHESTER SPRING, PA 19425 Phone:	Applicant: JASPER BUILDERS INC Address: 181 W STATESVILLE AVE MOORESVILLE, NC 28115 Phone: 704-799-9982	Contractor: JASPER BUILDERS INC Address: 181 W STATESVILLE AVE MOORESVILLE, NC 28115 Phone: 704-201-4980 License Type: BLDG License Number: 49970-U

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 11/21/2017

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	121283	TOTAL FEES:	$ 500.00

ZONING DISCLAIMER



Property Address 224 April 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.

Applicant

Date