IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ✓2352717

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

PIN # 4658-75-3312

APPLICANT/OWNER: Alan David Steelman APPLICANT ADDRESS: 1848 Charlotte Highway Mooresville, NC 28115

SITE ADDRESS: ✓2064 Statesville Highway Mooresville, NC PHONE: 704-562-7393 ALT. PHONE 704-663-1655

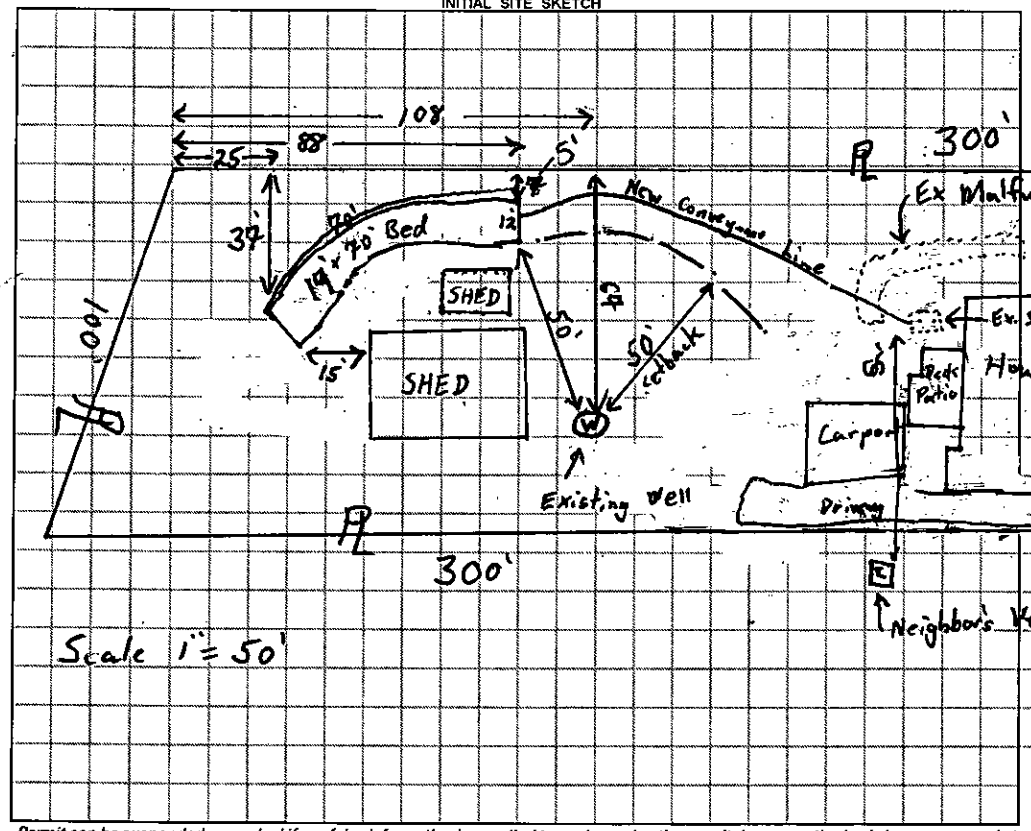
SITE DIRECTIONS: Rt 115 N from Rt 150 → House on left 7 Houses down from Barclay Lane SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.62 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (existing) gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:		☐ Business	No. Persons	6	☒ Private Existing
Pump Make	—	Model	—	Serial #	—	Repair System Description: Install new 70'x12' Gravel Bed		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	12'x90' Bed	Linear Ft	70'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	12'	Trench Bottom Depth(Low side)	55"–60"	Gravel Depth	12"	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Septic installer to verify water-tight integrity of the septic tank. Replace if needed. Finished grade should ensure water runs off of septic area and doesn't accumulate atop it. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

14'x70' bed installed as shown.

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: Alan D. Steelman Date: 6/8/18 Installed by: FJ

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/7/2018 OPERATION PERMIT by: Kayla Watson Date: 7-19-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/7/2018 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 #: 4658-25-2312
COUNTY: Iredell

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

OWNER: Alan David Steelman
ADDRESS: 1848 Charlotte Highway Mooresville, NC — APPLICATION DATE 4/30/18
PROPOSED FACILITY: 3BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — DATE EVALUATED: 5/30/18
LOCATION OF SITE: 2064 Statesville Highway — PROPERTY SIZE: 0.62 acre
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other — PROPERTY RECORDED: Yes
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 AB	side of house	0-6	SCL V.W.SBK	SI Friable, SS,SP,SOP					0.275
		6-13	Loam V.W.SBK	Friable, SS,SP,SOP					
		13-33	Clay common M.SBK/ABK Mica	Firm, sticky,SP,SOP					
		33-48	Clay Loam W.SBK common	SI Friable,SS,SP,SOP					
			Abundant Mica Common Saprolite 40-48"						
2 AB	front corner of house	0-4	SCL V.W.SBK	SI Friable,SS,SP,SOP					0.30
		4-12	Loam V.W.SBK	Friable SS,SP,SOP					
		12-31	Clay V.W/ABK common M.SBK Mica	Firm					
		31-48	Clay W.SBK Loam common Mica						
			+common Saprolite 42"-48"						
6/4/18 3 P#1	LSS 3.5%	0-11	SCL V.W.SBK	SI Friable,SS,SP,SOP	Free Water (recent rain) 28"-32" No redox	72"	—	—	0.30
		11-32	Clay M-SABK	SI Firm,Sticky,SP,SOP					
		32-72	Clay Loam W.SBK	Friable,SS,SP,SOP					
			common Saprolite 50-72"						
6/4/18 4 P#2	LSS 3.8%	0-12	SCL V.W.SBK	SI Friable,SS,SP,SOP	26"-30" water weeping (recent rain) No redox	74"	—	—	0.30
		12-33	Clay M-SABK	SI Firm,Sticky,SP,SOP					
		33-74"	Clay Loam W.SBK	Friable,SS,SP,SOP					
			common to Abundant Saprolite 40"-74"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		70+12
System Type(s)		Bed
Site LTAR		0.30

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

235277 mh

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: Alan David Stealman Address: 1848 Charlotte Hwy Zip: 28115
Applicant Email: _____ Phone: (704) 663-1655 Alt. Phone: (704) 562-7393
Owner Name: LouAnne Stealman Address: 1848 Charlotte Hwy Moorsville Zip: 28115
Owner Email: _____ Phone: (704) 663-1655 Alt. Phone: (704) 562-7393

Property Information:

Street Address: 2064 Statesville Hwy Moorsville NC. 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 21 & 115 Split going south in to Moorsville 3rd House on Right after Light

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: Drain Line are no good
Non-Residential Site Development: Type of Business: Rental House
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: 3 Bed Room

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: approx 1953
( ) 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: Alan D. Stealman Husband 4/30/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

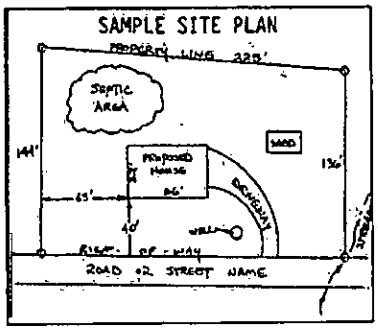
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

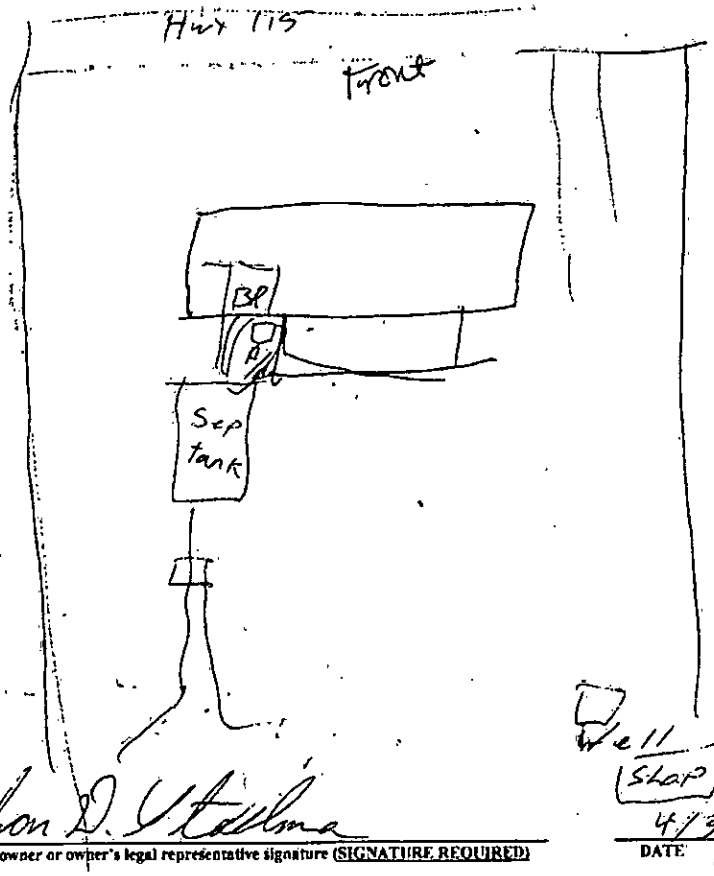


Circle N/A on the following if appropriate:

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: Alan D. Stallman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 4/30/18

5.50 @ Tank (outlet 32" Deep) 8.25
[2.75]

8" [100'] + 3" = 7 11

6/4
5.70 [@ Tank (surface)

