IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238882

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

PIN # 4678203317

APPLICANT/OWNER: Ben Gable APPLICANT ADDRESS: 794 Wiggins Rd. Mooresville, NC

SITE ADDRESS: 794 Wiggins Rd. Mooresville, NC PHONE: 704-402-3390 ALT. PHONE —

SITE DIRECTIONS: NC 150 E → L on Wiggins Rd → lot on L SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Harrill Sloan Wiggins SECTION: — LOT # 5 LOT AREA: 1.6ac DESIGN FLOW: 360gpd L.T.A.R.: .3 (.1 repair)

Septic Tank existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 @ 44' Linear Ft 88'

Trench Width 36" Trench Bottom Depth(Low side) 34"/36" highside Gravel Depth 12"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: conventional

Repair System Description: drip

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

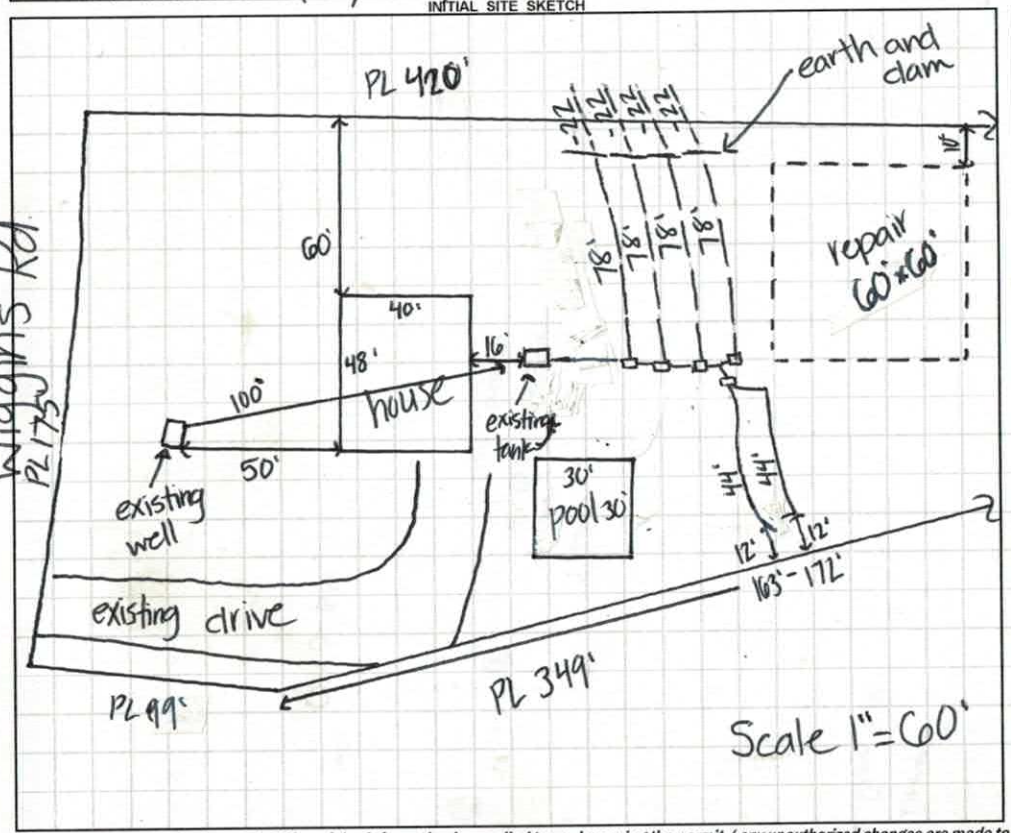
☑ Private

☐ Public

☐ Community

Comments / Conditions: Earth and dam the existing lines exactly 10' from property line. Install 2 lines at 44' with serial distribution (drop box) and drain lines on contour. Install at max trench depth of 36" (highside). *Must use 3, 4, or 5, 57, or 6 of ASTM D-448 washed stone or gravel.* Right property line must be clearly marked during time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Date: 10-7-18 Installed by: Ben Gable

IMPROVEMENT PERMIT by: Kayla Wilson Date: 11-6-18 OPERATION PERMIT by: Benjamin A Bell Date: 5/24/2019

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 11-6-18 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

Sheet 1 of 1
PROPERTY ID #: 4678203317
COUNTY: Iredell

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

OWNER: Ben Gable
ADDRESS: 794 Wiggins Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: NC 150 E → L on Wiggins Rd → lot on L

APPLICATION DATE: 9-17-18
DATE EVALUATED: 11-1-18
PROPERTY SIZE: 1.6ac
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 rep	4% LS	0-14	WSBK SCL	Fr, S, P, SE	14-44 many YB mottles chroma 2 5Y 6/2 27"-44"	27	44-60 few SAP inc		PS .1 drip
		14-27	ABK SC	Fr, S, P, SE					
		27-44	Platty C	Fr, VS, VP, E					
		44-60	WABK CL	Fr, SS, SP, SE					
2 rep	3% LS	0-14	WABK SCL	Fr, SS, SP, SE	14-48 many YB mottles chroma 2 5Y 6/2 26-48	26	water coming in pit		PS .1 drip
		14-26	ABK SC	Fr, S, P, SE					
		26-48	ABK C	Fr, S, P, E					
3 rep	3% LS	0-16	WSBK SCL	Fr, SS, SP, SE	16-55 many YB mottles chroma 2 5Y 5/2 29-55	29	—		PS .225
		16-29	ABK C	Fr, S, P, SE					
		29-55	Platty CL	Fr, S, P, SE					
		55-60	SL Sap Mass	Fr, NS, NP					
4 init	3% LS	0-6	WSBK SCL	Fr, SS, SP, SE	—	37	21-37 common SAP inc.		PS .3
		6-21	ABK C	Fr, S, P, SE					
		21-37	WSBK CL	Fr, SS, SP, SE					
		37-61	SL Sap Mass	Fr, NS, NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	11	V
Site LTAR	.3	.1

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

COMMENTS:

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 ( ) 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: Ben T Gable Address: 794 Wiggins Rd Zip: 28115
Applicant Email: gableben@yahoo.com Phone: 704-402-3390 Alt. Phone: _____
Owner Name: Ben T Gable Address: P.O. Box 1275 Zip: 28115
Owner Email: _____ Phone: 704-402-3390 Alt. Phone: _____

Property Information:

Street Address: 794 Wiggins Rd Mooresville NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Ben T Gable 9-17-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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*) Ben T Gable

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, Ben T Gable, am the legal owner(s) of the property located at 794 Wiggins Rd Mooresville NC, identified as PIN (Parcel Identification Number) 4678203317.000, located in Iredell County, North Carolina.

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

Owner Ben Gable, 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.

Ben T Gable — Signature of Owner(s)

9-17-18 — Date

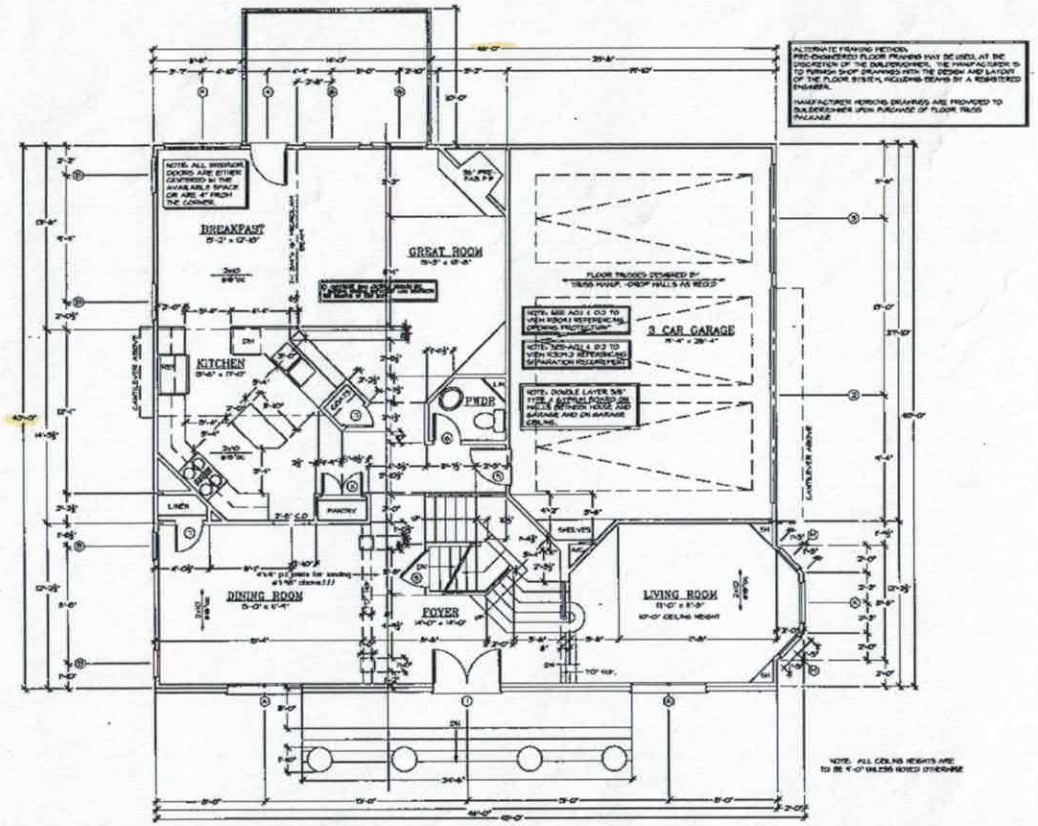
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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!

Date 9-26-18

Date 11-6-18



FIRST FLOOR PLAN

1/4"=1'-0"

THE ORIGINAL DESIGN FOR
THE
BALLARD
BY ARCHIVAL DESIGNS, INC.

REVISIONS

REV. NO	REV. DATE/INITIALS
1	
2	
3	
4	
5	
6	

ARCHIVAL DESIGNS

SQUARE FOOTAGE

1ST FLOOR	1,302 SQ FT
2ND FLOOR	1,446 SQ FT
TOT HTD HEATED	2,748 SQ FT
GARAGE	538 SQ FT
BASEMENT	1,219 SQ FT

JOB NO —

DATE 04/11/2016

DRAWN BY ADI

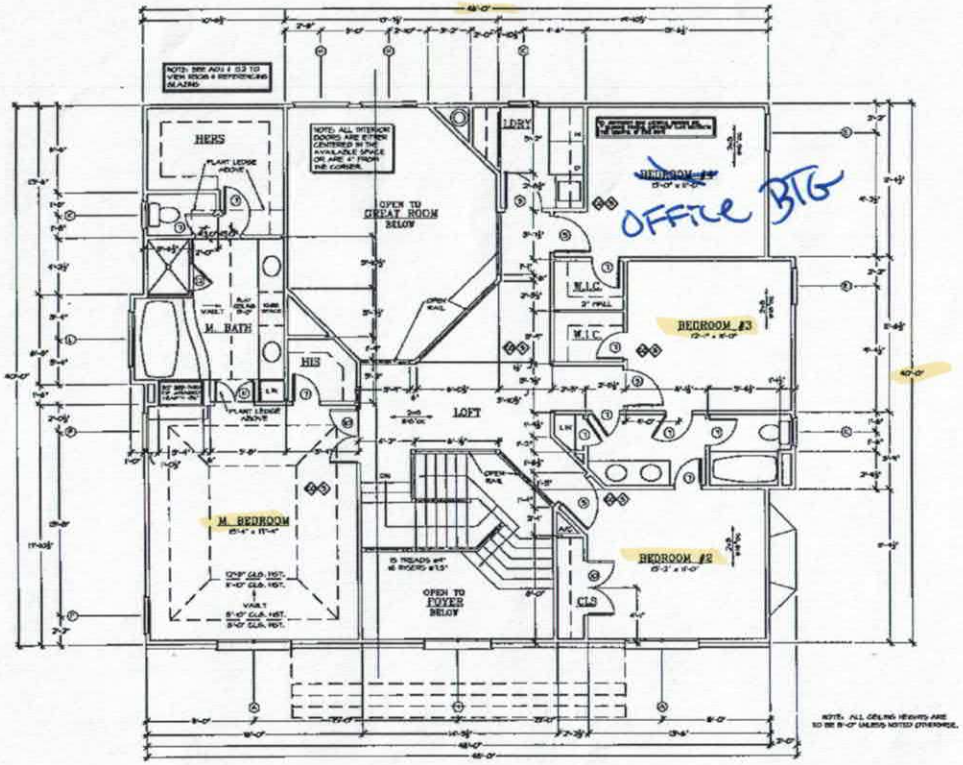
SHEET NO A2.2

794 Wiggins Road

Acknowledgement Of Plans Submittal ONLY!

Date 9-26-18

Date 11-6-18



SECOND FLOOR PLAN

1/A2.3 1/4" = 1'-0"





THE ORIGINAL DESIGN FOR THE BALLARD BY ARCHIVAL DESIGNS, INC.

REVISIONS

REV. NO.	REV. DATE/INITIALS
1	
2	
3	
4	
5	
6	

ARCHIVAL DESIGNS
LOUISVILLE, KENTUCKY 40207
(502) 897-9393

SQUARE FOOTAGE

1ST FLOOR	1,300 SQ FT
2ND FLOOR	1,445 SQ FT
TOTAL HEATED	2,750 SQ FT
GARAGE	220 SQ FT
BASEMENT	1,370 SQ FT

JOB NO. —

DATE 04/11/2016

DRAWN BY ADI

SHEET NO. A2.3

IREDELL COUNTY

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

APPLICATION NUMBER
238882
Issue Date: 09/17/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4678203317.000	794 WIGGINS ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: GABLE, BENJAMIN	Applicant: GABLE, BENJAMIN
Address: 794 WIGGINS RD	Address: 794 WIGGINS RD
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
STICK BUILT. DROVE DBL WIDE OFF PROBERTY ON WHEELS PER CUST.	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	BOWB	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	152763	TOTAL FEES:	$ 79.50