HS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242829

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

PIN # 4679189734 ✓

APPLICANT/OWNER: Dillon Davis APPLICANT ADDRESS: 425 French Belk Rd. Mt. Ulla, NC

SITE ADDRESS: 145 French Belk Rd. Mt. Ulla, NC 28125 PHONE: 704-798-7767 ALT. PHONE ——

SITE DIRECTIONS: 801N → L on Triplett Rd → R on French Belk Rd. → lot on L

SUBDIVISION: Franklin D. Davis SECTION: — LOT # 2 ✓ LOT AREA: 1.589 ac

SAP CONTROLLED: ☑ YES ☐ NO

DESIGN FLOW: 360gpd L.T.A.R.: .325 (.325 repair)

Septic Tank	1000 (gal)	STB	794	Date	1-19-2020	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	207	Date	1-6-2020	System Description:	PM 25% reduction
Pump Make	Goulds 1/3 HP	Model	WE0512HHU	Serial #	L1959086	Repair System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	3 @ 94'	Linear Ft	282'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth (Low side)	30"/36" highside	Gravel Depth	——		☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees —— ☑ Crawl Space

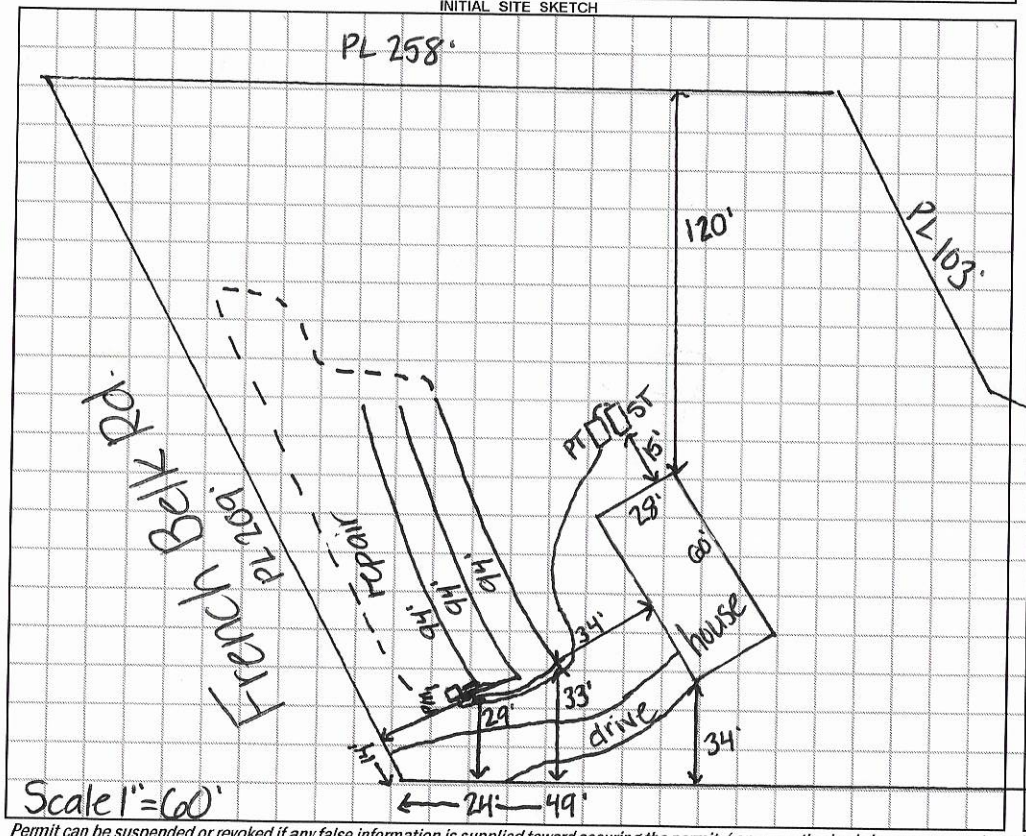
☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

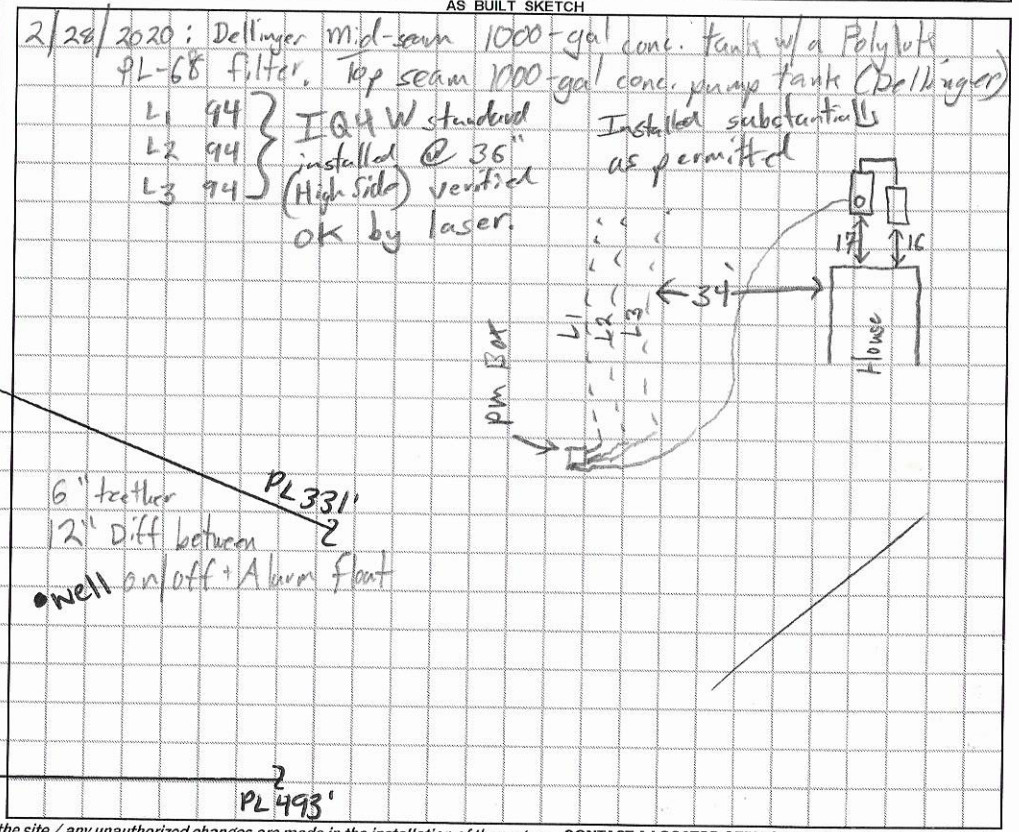
Comments / Conditions: * Install at 36" (highside). Ok to cheat contour up to 4". Bottom of tanks must be set in natural soil.

tap size: 1½ sch 40 supply line: 2"
dosing volume: 128.3 gal pressure head: 2'
draw down: 6.11

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: [signature] Date: 5-3-19 Installed by: (Kevin Orbison) C. Wayne Orbinson + Sons Inc.

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-3-19 OPERATION PERMIT by: Bryant C. White Date: 3-19-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-3-19 Existing System Inspected by: —— Date: ——

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[illegible]ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	2/28/2020	SA
Tanks Checked	2/28/2020	SA
Pressure Manifold or Valve Box Checked	2/28/2020	SA
Pressure Head Set	2/28/2020	SA
Electrical Checked	3-19-2020	BCW
Floats Set	✓	✓
Alarm Checked	✓	✓
~~Maintenance Contract Y/N~~	Not Required	
Comments:		

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

Sheet 1 of 2
PROPERTY ID #: 4679189734
COUNTY: Iredell

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

OWNER: Dillon Davis
ADDRESS: 145 French Belk Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 901 N → L on Triplett → R on French Belk → 1st on L
APPLICATION DATE 3-12-19
DATE EVALUATED: 3-21-19
PROPERTY SIZE: 1.589ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	TS	0-12+	fill (logs + rocks)						
2	SS	0-48	fill	—					
3	SS/LS	0-33	fill	—					
4	13% LS init	0-6	SBK C	Fr, SS, SP, SE	—	21	6-21 many SAP inc.		PS .35
		6-21	MSBK CL	Fr, SS, SP, SE					
		21-60	SL SNP	V Fr, NS, NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	III	
Site LTAR	.325	

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

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

PROPERTY ID #:
COUNTY:

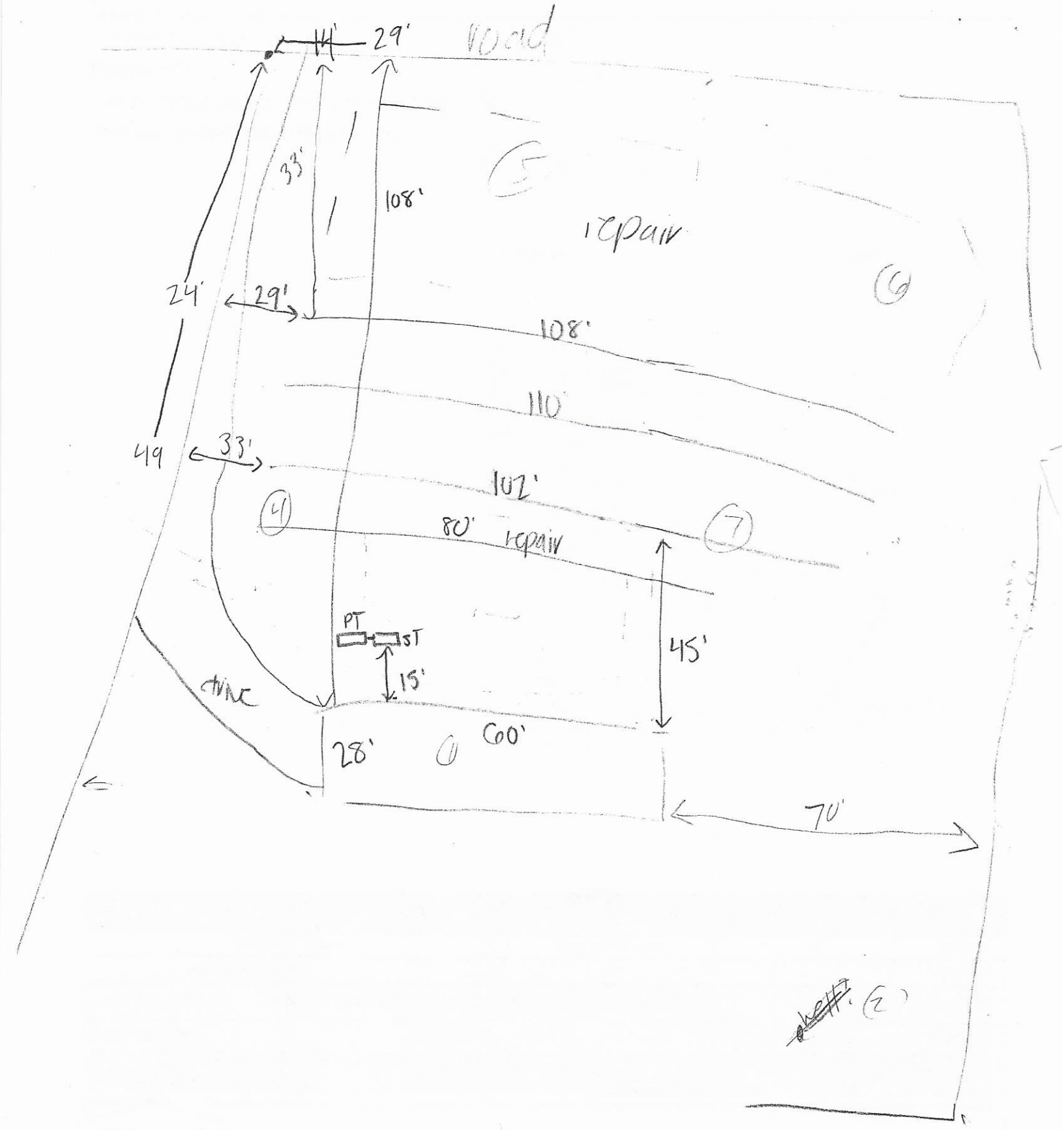
SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: REFER TO SHEET ONE — APPLICATION DATE
ADDRESS: — DATE EVALUATED: 3-21-19
PROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): — PROPERTY SIZE:
LOCATION OF SITE: — PROPERTY RECORDED:
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 (5 repeat)	13% LS	0-4	WSBK SCL	FR,SS,SP,SE	—	30	20-30 many SAP	inc.	PS .35
		4-16	SBK C	FR,SS,SP,SE					
		16-30	WSBK CL	FR,SS,SP,SE					
		30-61	SL SAP	VFR-FR					
2 (6 repeat)	14% LS	0-8	gravel drive	—	—	39	15-39 many SAP	inc	PS .325
		8-15	compacted	—					
		15-39	WSBK CL	FR,SS,SP,SE					
		39-70	SL SAP	VFR-FR,NS,NP					
3 (7 init)	16% LS	0-10	compacted	—	—	32	10-32 many SAP inc.		PS .325
		10-32	WSBK CL	FR,SS,SP,SE					
		32-64	SL SAP	FR,NS,NP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.325	.325

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


11'
29'
road
33'
108'
repair
24'
29'
108'
110'
49
33'
102'
4
80'
repair
7
PT
ST
15'
45'
curve
28'
60'
70'
well
(2)
well
3

Int. Relay. $320.00
5-1-19

242829

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: Dillon Davis Address: 425 French Belk Rd Mt. Ulla, NC Zip: 28125
Applicant Email: dddavis16@gmail.com Phone: 704-798-7767 Alt. Phone: _____
Owner Name: Dillon Davis Address: 425 French Belk Rd. Mt. Ulla, NC Zip: 28125
Owner Email: dddavis16@gmail.com Phone: 704-798-7767 Alt. Phone: _____

Property Information:

Street Address: 145 French Belk Road Mt. Ulla, NC 28125
Subdivision Name: Franklin D. Davis Section/Phase: _____ Lot Number: 2
Driving Directions: From Triplett Road, turn onto French Belk Road. It is the 4th plot on the left

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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 ( ) 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: _____ 5/1/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

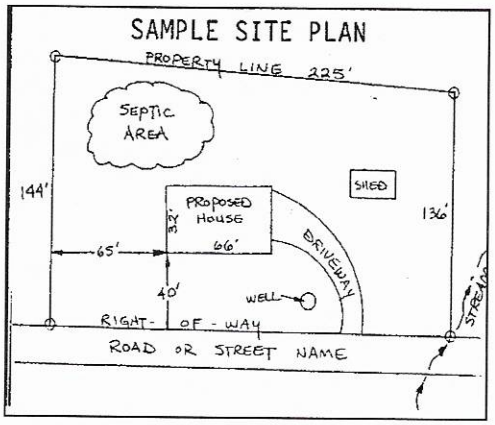
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 sheet

(nothing attached to scan!)

Signature: Kendal West

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

5/1/19

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)* Dillon Davis

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, Dillon Davis, am the legal owner(s) of the property located at 145 French Belk Road Mt. Ulla, NC 28125, identified as

PIN (Parcel Identification Number) 4679-18-9734, located in Iredell County, North Carolina.

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

_____, 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.

Dillon Davis
Signature of Owner(s)

5/1/19
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!
Kayla Watson Date 3-26-19
Kendal WEA Date 3-27-19

nay require wall bracing tie-downs depending on wind/seismic design. Please refer to
-down loads and locations if applicable. Some areas of the exterior wall sheathing
e to allow access for tie-down installation. All tie-down designs are by others.

