# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5300

PIN # 4679508236

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

APPLICANT/OWNER: Larry Beam — APPLICANT ADDRESS: 2740 Sloop Rd Mt. Ulla, NC 28125

SITE ADDRESS: 265 Wiggins Rd. Mooresville, NC 28115 — PHONE: 704634-5246 — ALT. PHONE 7046664-2090

SITE DIRECTIONS: Hwy 801 TR Wiggins Rd lot on left. — SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: — DESIGN FLOW: 360gpd — L.T.A.R.: .3

Septic Tank 1000 (gal) — STB 794 — Date 3-26-18 — [X] New System [ ] Repair [ ] Expansion — System Type: I II III IV V VI

Pump Tank (gal) — PT — Date — System Description: Gravity-25% Reduction

Pump Make — Model — Serial # — Repair System Description: Same

# Nitrification Fields 1 — # Lines 3 — Linear Ft 300 — Maintenance Agreement Required: [ ] YES [X] NO

Trench Width 36" — Trench Bottom Depth(Low side) 33" — Gravel Depth N/A — [X] GRAVITY [ ] PRESSURE

[X] Residence — No. Bedrooms 3 — [ ] Business — No. Persons 6 — [ ] Other — No. Employees — [X] Slab — [X] Crawl Space — [ ] Basement w/plumbing — [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Divert storm/surface water away from drainfield.

ST - 16ft from Corner of house
Filter installed, Drainlines 29ft

INITIAL SITE SKETCH

See attached, approved plan by Carolina Soil & Septic Consulting (dated 7/10/17)

AS BUILT SKETCH

Installed Quick 4, installed from side PL. as Drawn

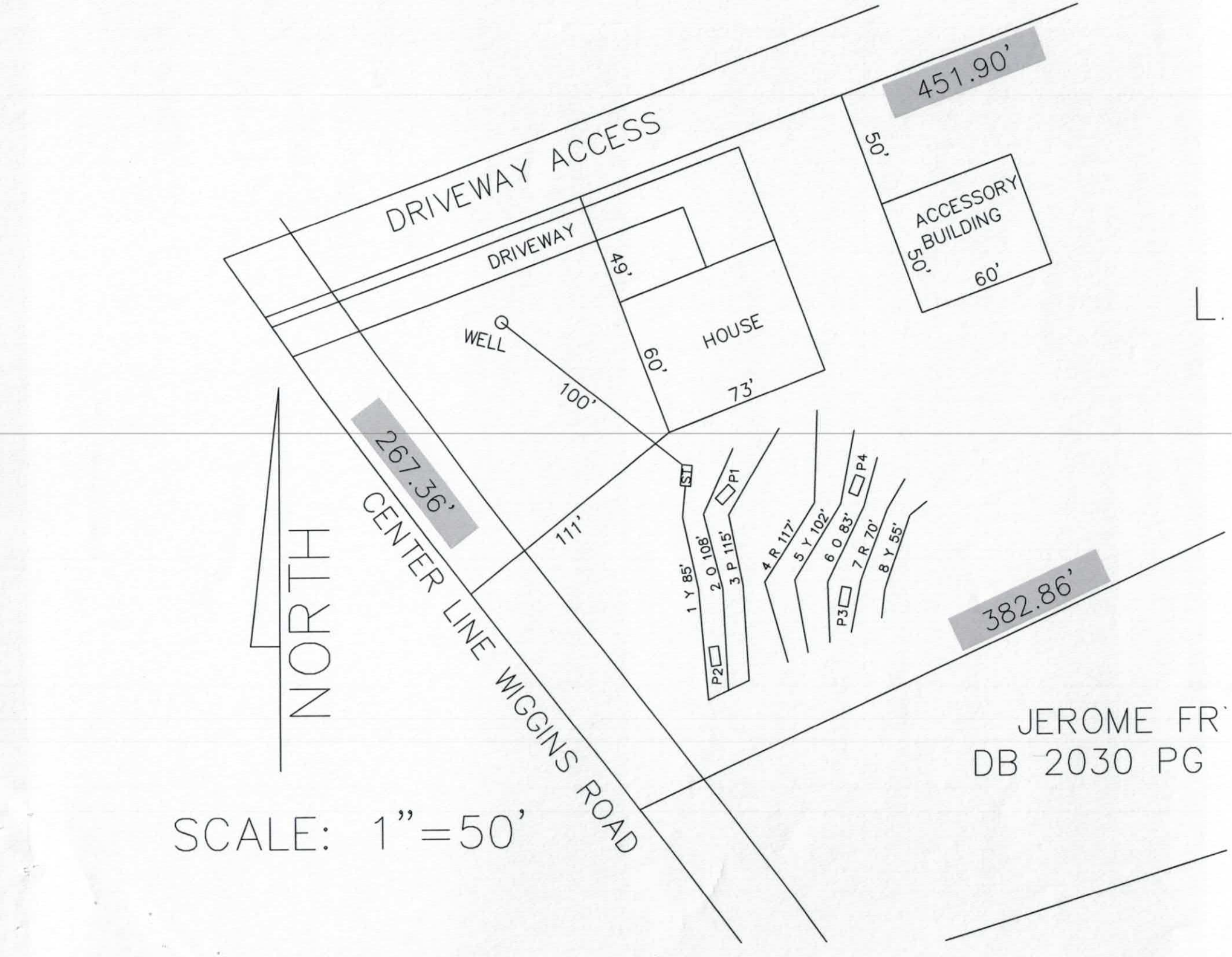
*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

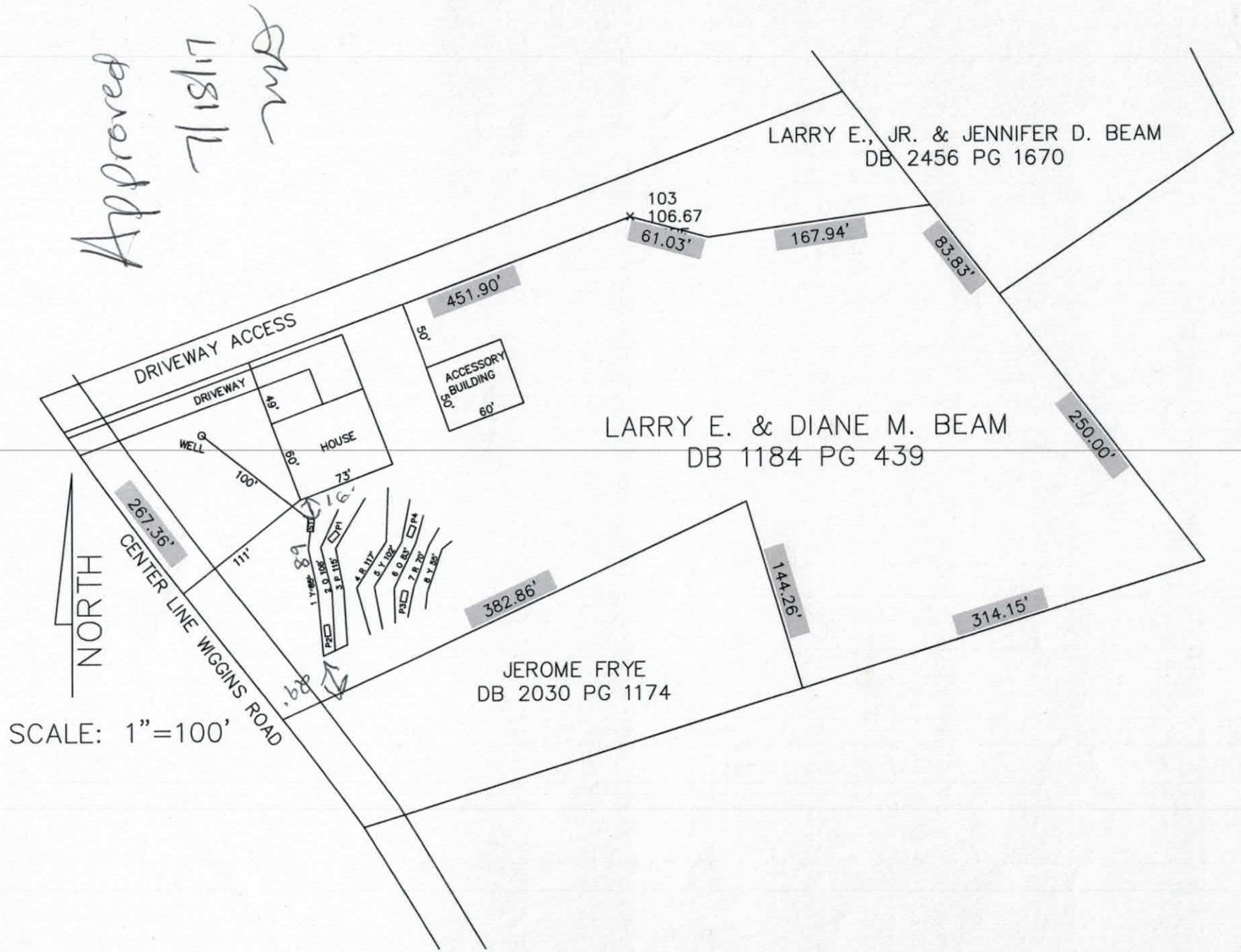
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Diane M Beam — Date: 7/19/17 — Installed by: Larry Beam

IMPROVEMENT PERMIT by: Marcia Dobson — Date: 7/18/17 — OPERATION PERMIT by: Marcia Dobson — Date: 5/2/18

AUTHORIZATION TO CONSTRUCT by: Angela Wilson — Date: 8-8-17 — Existing System Inspected by: — Date:


DRIVEWAY ACCESS
451.90'
50'
ACCESSORY BUILDING
50'
60'
DRIVEWAY
49'
HOUSE
60'
73'
WELL
100'
267.36'
CENTER LINE WIGGINS ROAD
111'
ST
P1
P2
P3
P4
1 Y 85'
2 O 108'
3 P 115'
4 R 117'
5 Y 102'
6 O 83'
7 R 70'
8 Y 55'
382.86'
NORTH
SCALE: 1"=50'
JEROME FR
DB 2030 PG


Approved
7/18/17
LARRY E., JR. & JENNIFER D. BEAM
DB 2456 PG 1670
103
106.67
61.03'
167.94'
83.83'
451.90'
DRIVEWAY ACCESS
DRIVEWAY
50'
ACCESSORY BUILDING
50'
60'
49'
HOUSE
60'
73'
WELL
100'
LARRY E. & DIANE M. BEAM
DB 1184 PG 439
250.00'
267.36'
111'
CENTER LINE WIGGINS ROAD
NORTH
SCALE: 1"=100'
382.86'
144.26'
314.15'
JEROME FRYE
DB 2030 PG 1174

# Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

**Proposed Design for a 25% Reduction Septic System
using Gravity distribution for a 3 bedroom single family residence
at 265 Wiggins Rd., PIN# 4679508236
Mooresville, Iredell County, North Carolina.**

**Contents:** **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6

**July 10, 2017**
**Project #: 17088**
**Design By: Adrian L. Pruett**



# INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as Gravity 25% Reduction installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

## OWNER INFORMATION

Approved
MD
7/18/17

| | |
|---|---|
| **Owner:** | Larry Beam |
| **Address:** | 2740 Sloop Rd.<br>Mooresville, NC 28115 |
| **Contact:** | Larry Beam |
| **Phone:** | 704-634-5246 |
| **County:** | Iredell |
| **Location:** | 265 Wiggins Rd. |
| **Source of Wastewater Flow:** | 3 Bedroom Single Family Residence |
| **Estimated Gallons Per Day Flow:** | 360 |
| **System Flow:** | NA |

## 25% GRAVITY DESIGN INFORMATION

| | |
|---|---|
| **Drainfield Design Flow (gpd):** | 300 |
| **Loading/Soil Application Rate (gpd/ft.$^2$):** | 0.300 |
| **Depth of Gravel in Trench:** | NA (25% reduction ) |
| **Gravel Size:** | NA (25% reduction ) |
| **Total Lateral Length From Layout:** | 300 |
| **Total Lateral Length Required:** | 300 |
| **Trench Depth:** | 33 in. Lowside |
| **Trench Width:** | 36 in. |
| **TOTAL AREA TRENCH BOTTOM:** | 900 |
| **Trench Spacing on Center:** | 9 ft. |
| **Repair Trench Spacing:** | 9 ft. |
| **Repair Trench Depth:** | 36 in. |
| **Septic Tank Size:** | 1000 gal. |
| **Estimated Supply Line Length:** | 8 |
| **Supply Line Diameter:** | 3 in. SCH 40 PVC |
| **Supply Line Volume:** | 2.88 |
| **Dosing Volume:** | NA |
| **Supply Manifold:** | SERIAL DISTRIBUTION |
| **Additional Comments:** | Soil suitability was performed by Adrian L. Pruett LSS |

Approved 7/18/17

# 265 WIGGINS RD., PIN# 4679508236
# FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

July 10, 2017

| LINE # | FLAG COLOR | FS | ELEVATION | FLAGGED LINE LENGTH | DESIGN LINE LENGTH |
|---|---|---|---|---|---|
| TBM | | | NA | | |
| HOUSE CRN | | NA | NA | | |
| P. TANK | | NA | NA | | |
| *1* | ***YELLOW*** | ***NA*** | ***NA*** | ***85*** | ***85*** |
| *2* | ***ORANGE*** | ***NA*** | ***NA*** | ***108*** | ***105*** |
| *3* | ***PINK*** | ***NA*** | ***NA*** | ***115*** | ***110*** |
| 4 | RED | NA | NA | 117 | 117 |
| 5 | YELLOW | NA | NA | 102 | 102 |
| 6 | ORANGE | NA | NA | 83 | 83 |
| 7 | RED | NA | NA | 70 | 70 |
| 8 | YELLOW | NA | NA | 55 | 55 |
| | | | **Total** | **735** | **727** |

| | LINE LENGTH | SYSTEM TYPE | SOIL LTAR GPD/FT$^2$ | TRENCH SYSTEM | DISTRIBUTION |
|---|---|---|---|---|---|
| ***System*** | ***300*** | ***ACCEPT.*** | ***0.300*** | ***25% RED.*** | ***GRAVITY*** |
| Repair | 427 | *ACCEPT.* | 0.300 | 25% RED. | GRAVITY |

**Notes:** ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

## DOSING CALCULATIONS

Location 265 WIGGINS RD.
PIN #: 4679508236

| | | |
|---|---|---|
| No. of Bedrooms | 3 | |
| Design Flow | 360 | $^{gal}/_{day}$ |
| LTAR | 0.300 | $^{gal}/_{ft^2\ day}$ |
| 25% RED. Expansion? (YES OR NO) | YES | |
| Supply Line Length | 8 | ft. |
| Supply Line Volume | 2.88 | gal. |
| Required Feet of 25% RED. Line | 300 | ft. |
| Amount of Line from Layout | 300 | ft. |
| Gallons per Minute | NA | $^{gal}/_{min}$ |
| Septic Tank Capacity | 1000 | gal. |
| Minimum Septic Tank Capacity | 1000 | gal. |
| Lateral Line Volume | 195.9 | gal. |

Approved
7/18/17

PROPERTY ID #: 4679508236
COUNTY: IREDELL

Approved 7/18/17 mo

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

OWNER: LARRY BEAM
APPLICATION DATE
ADDRESS: 2740 SLOOP RD., MOORESVILLE, NC 28115
DATE EVALUATED: 7/7/2017
PROPOSED FACILITY: RES
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.429 AC
LOCATION OF SITE: 265 WIGGINS RD., MOORESVILLE PIN # 4679508236
PROPERTY RECORDED: YES
WATER SUPPLY: χ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring χ Pit ☐ Cut
TYPE OF WASTEWATER: χ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| P 1 | LSS 5% Verified Soils 7/17/17 mo | 0-8 | B C WFSBK | FI S P SEXP | N/A | 43" | PS | N/A | PS |
| | | 8-13 | R C MFSBK | FI S P SEXP | -FEW FELDSPAR, FEW MICA | | | | |
| | | 13-34 | R C MMABK/SBK | FI S P SEXP | -FEW FELDSPAR, COM SAP | | | | 0.3 GPD/SQFT |
| | | 34-43 | R CL MFSBK | FR SS SP SEXP | | | | | |
| | | 43-67 | VAR L SAP M | FR SS SP SEXP | -COM CL, FEW FELDSPAR, COM MICA | | | | |
| P 2 | LSS 6% Water in Pit | 0-8 | B C WFSBK | FR SS SP SEXP | N/A -FEW FELDSPAR | 34" | PS | N/S | PS |
| | | 8-21 | R C MMABK | FI S P SEXP | | | | | |
| | | 21-34 | R CL WFSBK | FR SS SP SEXP | -COM SAP, COM MICA, COM FELDSPAR | | | | 0.325 GPD/SQFT |
| | | 34-64 | VAR L SAP M | FR SS SP SEXP | -COM FELDSPAR, COM SAP, COM CL | | | | |
| | | | | | | | | | |
| P 3 | LSS 4% Verified Soils 7/17/17 | 0-8 | B C WFSBK | FR SS SP SEXP | N/A -FEW FELDSPAR, FEW MICA | 42" | PS | N/A | PS |
| | | 8-24 | R C MMABK | FI S P SEXP | | | | | |
| | | 24-42 | R CL WFSBK | FR SS SP SEXP | -COM SAP & FELDSPAR, COM MICA | | | | 0.3 GPD/SQFT |
| | | 42-72 | VAR L SAP M | FR SS SP SEXP | -COM MICA, FEW FELDSPAR, COM CL | | | | |
| | | | | | | | | | |
| P 4 | LSS 3% Verified Soils 7/17/17 | 0-16 | R C MFABK | FI S P SEXP | -FEW FELDSPAR, FEW MICA | 25" | PS | N/A | PS |
| | | 16-25 | R CL WFSBK | FR SS SP SEXP | -COM SAP, COM MICA, FEW FELDSPAR | | | | |
| | | 25-68 | VAR L SAP M | FR SS SP SEXP | -COM FELDSPAR, COM MICA, FEW CL | | | | 0.35 GPD/SQFT |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% GRAVITY | 25% GRAVITY |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: NONE

COMMENTS:

RECEIVED JUL 12 2017

228503 pd $350

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *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: Larry E. Beam Address: 2740 Sloop Rd. Mt Ulla NC Zip: 28125
Applicant Email: lbeam1@windstream.net Phone: 704-634-5246 Alt. Phone: 704-664-2090
Owner Name: Larry E. Beam Address: 2740 Sloop Rd Mt Ulla NC Zip: 28125
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 265 Wiggins Rd. Mooresville NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Park Ave to Hwy 801, TR on Wiggins Rd, Lot on L past 259 and 263 Wiggins

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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**

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

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (X) 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:** LEB 8-8-17 _____ 7-7-17
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**

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.

I, Larry E. Beam, am the legal owner(s) of the property located at 265 Wiggins Rd, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 467950 8234.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian L. Pruett, Carolina Soil & Septic Consulting, 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.

J E Beam 7-10-17
Signature of Owner(s) Date

Larry E Beam 7-10-17
Signature of Witness Date

Please return this signed form to the appropriate office:

**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

Click Here to Mirror Reverse Image

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**Lower Level**

**Plan ID: chp-14538, Order Code: C101**

Click Here To Order This Plan or call 1-800-482-0464.




FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 8-8-17

Date 8-8-17

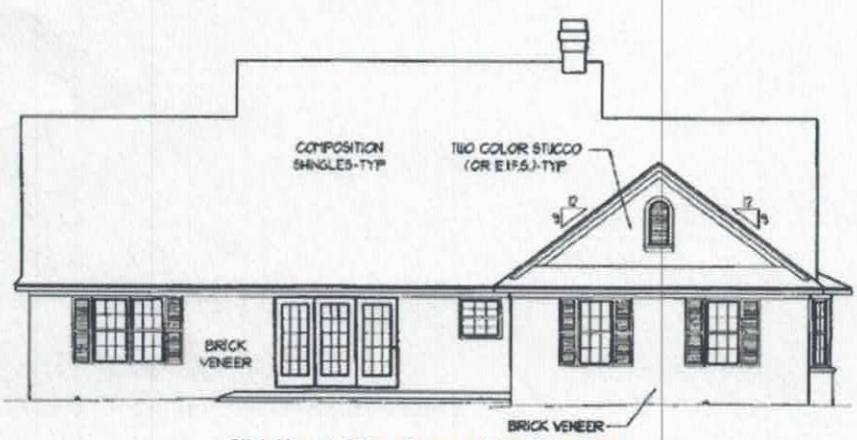
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**First Floor Plan**

**Plan ID: chp-14538, Order Code: C101**

Click Here To Order This Plan or call 1-800-482-0464.




Click Here to Mirror Reverse Rear Elevation

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# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 228503 |
| Issue Date: 07/07/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4679508236.000 | 265 WIGGINS ROAD, MOORESVILLE, NC 28115 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: BEAM LARRY E+DIANE M | Applicant: LARRY BEAM |
| Address: 246<br>IREDELL CO, NC 28625 | Address: 2740<br>IREDELL CO, NC ~~28625~~ 28125 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 4.290 | | | | | BO | 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 | 108425 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|