IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 20742

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

PIN # 4701876382

APPLICANT: Stephen Gizzell APPLICANT ADDRESS: 8140 Elkmont Dr. Clemmons

SITE ADDRESS: 442 Carriage Rd. - Stat. PHONE: 336-339-3950 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70W TL Old Mtn. Rd TR Celeste Gifola TR Carriage Rd.

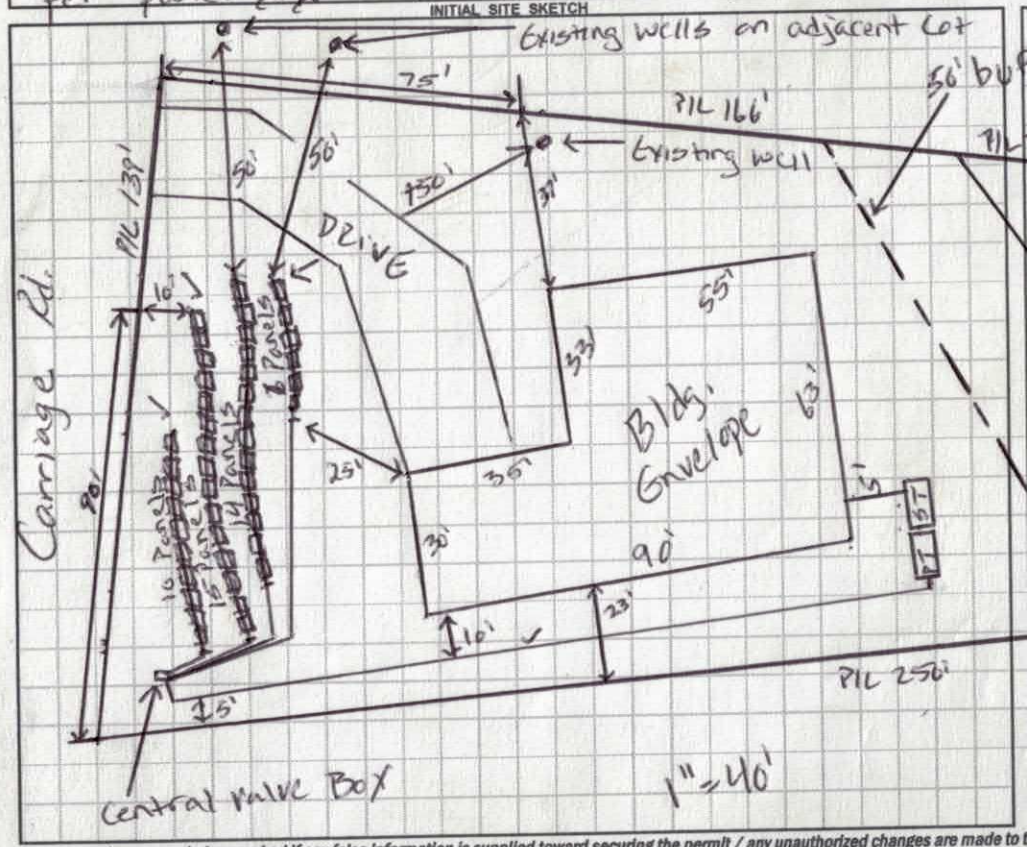
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.555acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 760	Date	11-7-15	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 363	Date	1-17	System Description: LP PPBPS				☐ Business	No. Persons 6
Pump Make	Gouds	Model	WE05HH	Serial #		Repair System Description: Exempt per 15A NCAC 18A .1945				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	200	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

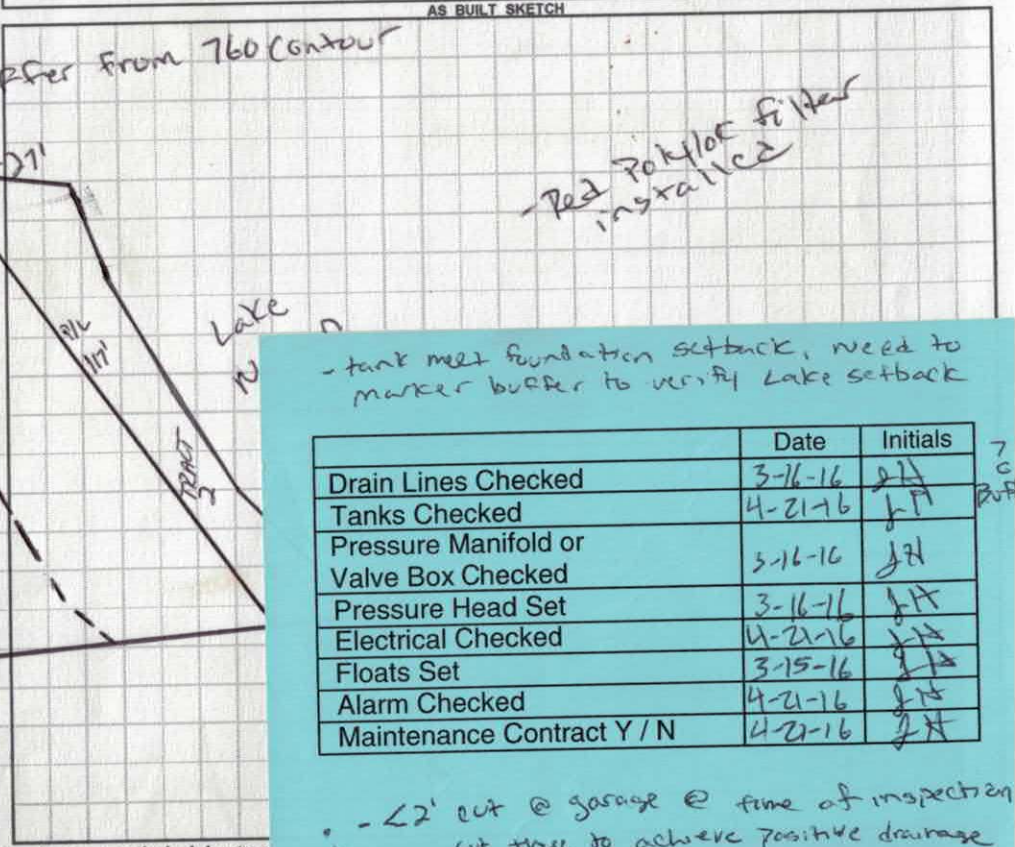
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a low pressure PPBPS system on contour with pasallel distribution. Install 45 total Panels!! Install 3/16" hole per panel ** DO NOT CUT FOR DRIVE OR Building Pad within 15' of septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH



- tank met foundation setback, need to marker buffer to verify Lake setback

	Date	Initials
Drain Lines Checked	3-16-16	JH
Tanks Checked	4-21-16	JH
Pressure Manifold or Valve Box Checked	3-16-16	JH
Pressure Head Set	3-16-16	JH
Electrical Checked	4-21-16	JH
Floats Set	3-15-16	JH
Alarm Checked	4-21-16	JH
Maintenance Contract Y / N	4-21-16	JH

- ~2' cut @ garage @ time of inspection cut tree to achieve positive drainage

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 a

☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☑ AUTHORIZAT

Owner / Applicant Signature: [signature] Date:

IMPROVEMENT PERMIT by: Justin Hendrix Date: 3-8-16

AUTHORIZATION TO CONSTRUCT by: Justin Hendrix Date: 3-8-16

Installed by: A1 Backhoe

OPERATION PERMIT by: Justin Hendrix Date: 4-21-16

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4701876382
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Stephen Ezzell
ADDRESS: 2565 Country Club Rd.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 442 Carriage Rd
APPLICATION DATE 1-26-15
DATE EVALUATED: 2-19-15
PROPERTY SIZE: 0.555 acres
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	7% L	0-32	C SBK	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.3
		32-48	BC wSBK	Fi Mod SE					
2	6% L	0-9	SCL SBK	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.3
		9-30	C SBK	Fi Mod SE					
		30-48	BC wSBK	Fi Mod SE					
3	16% L	0-4	SCL SBK	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.3
		4-36	C SBK	Fi Mod SE					
		36-48	BC SBK wSBK incl	Fi Mod SE					
4	13% L	0-30	C SBK	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.3
		30-48	BC SBK wSBK incl	Fi Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	EXEMPT
System Type(s)	IV	
Site LTAR	0.3	

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Justin Henderson
OTHER(S) PRESENT: N/A

COMMENTS: N/A

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)				
S (Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

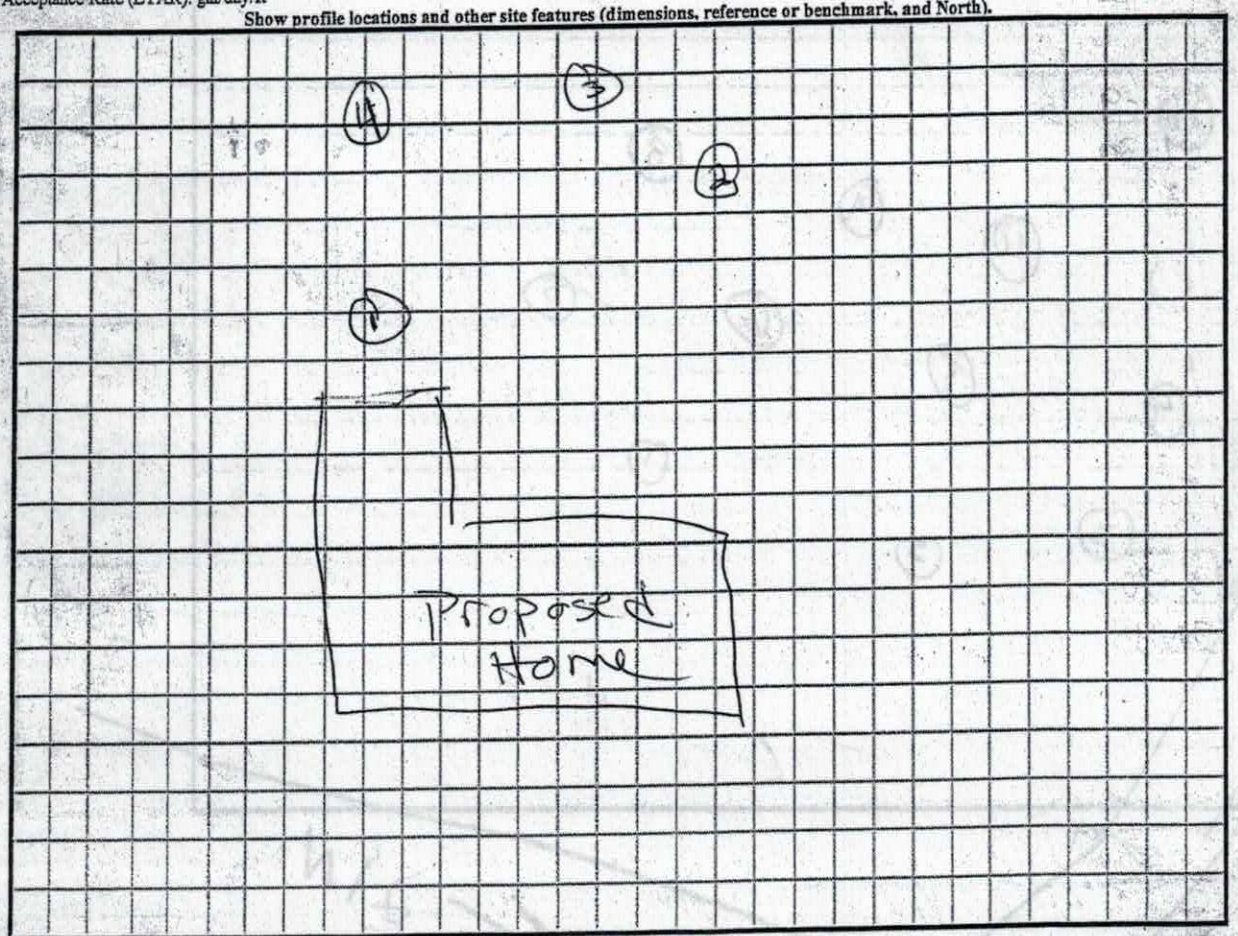
NOTES

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/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

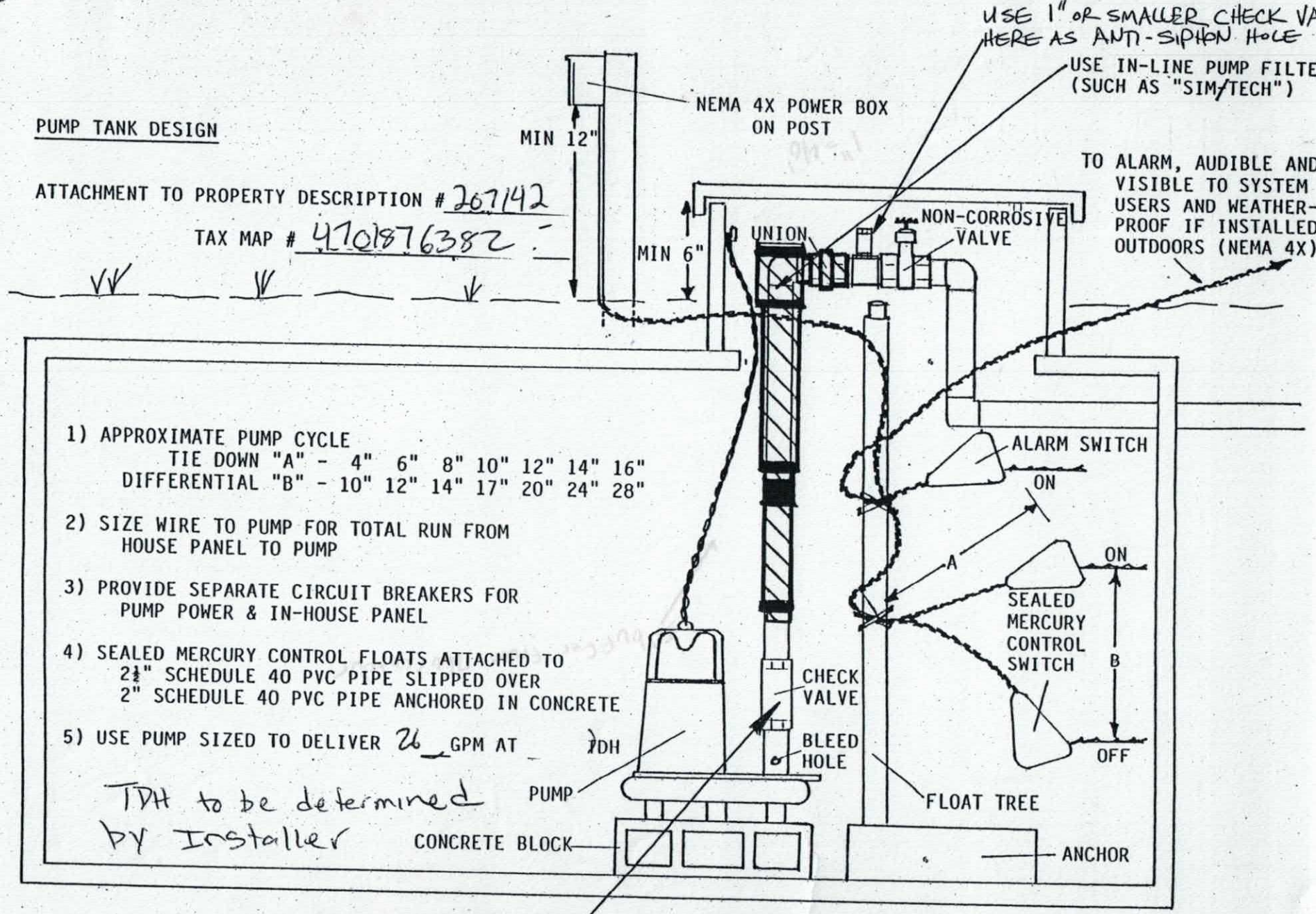


DENR (######)
Review (#####)

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 207142

TAX MAP # 47.0-187-6.382



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

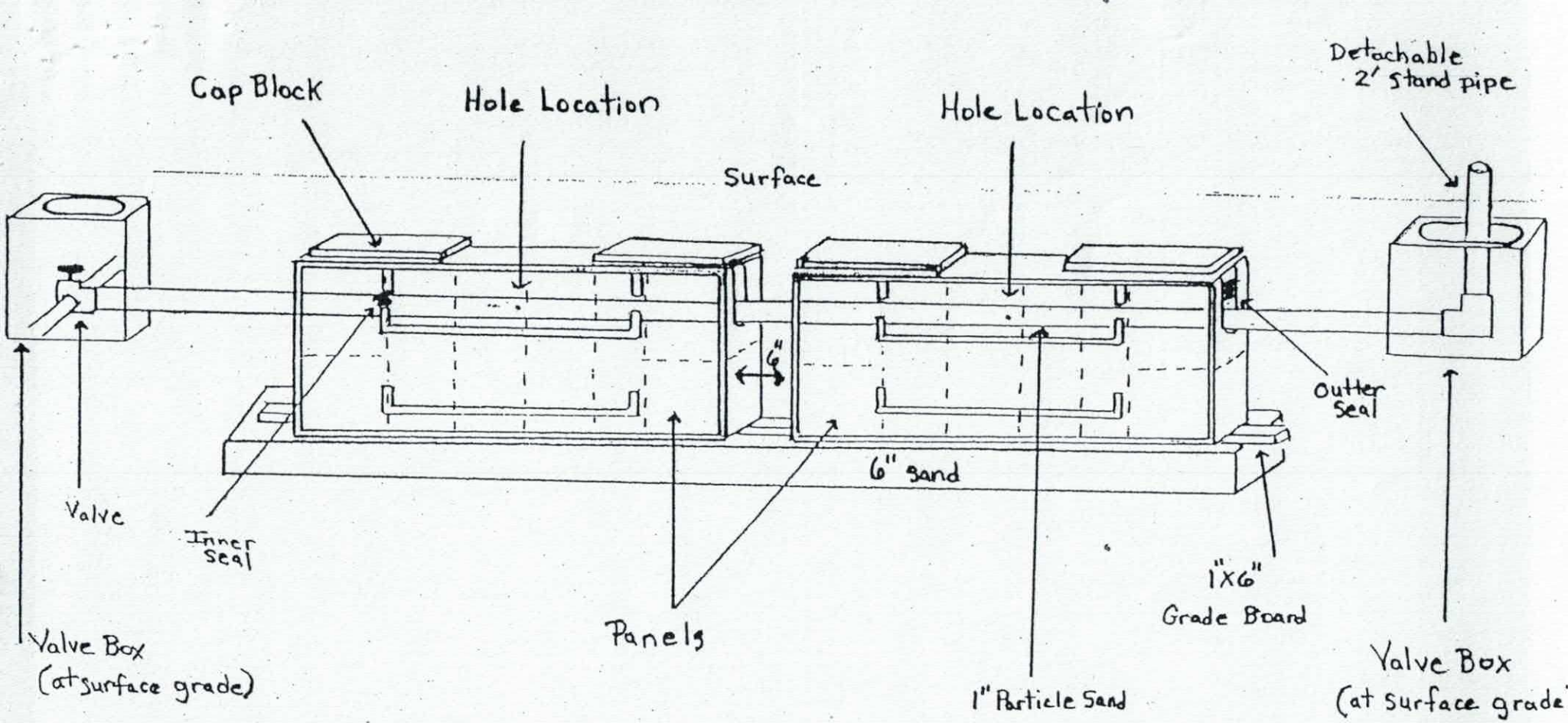
4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 26 GPM AT _____ TDH

TDH to be determined by Installer

NO CHECK VALVE NEEDED HERE

★ DOSE VOLUME = 162 gallons ★

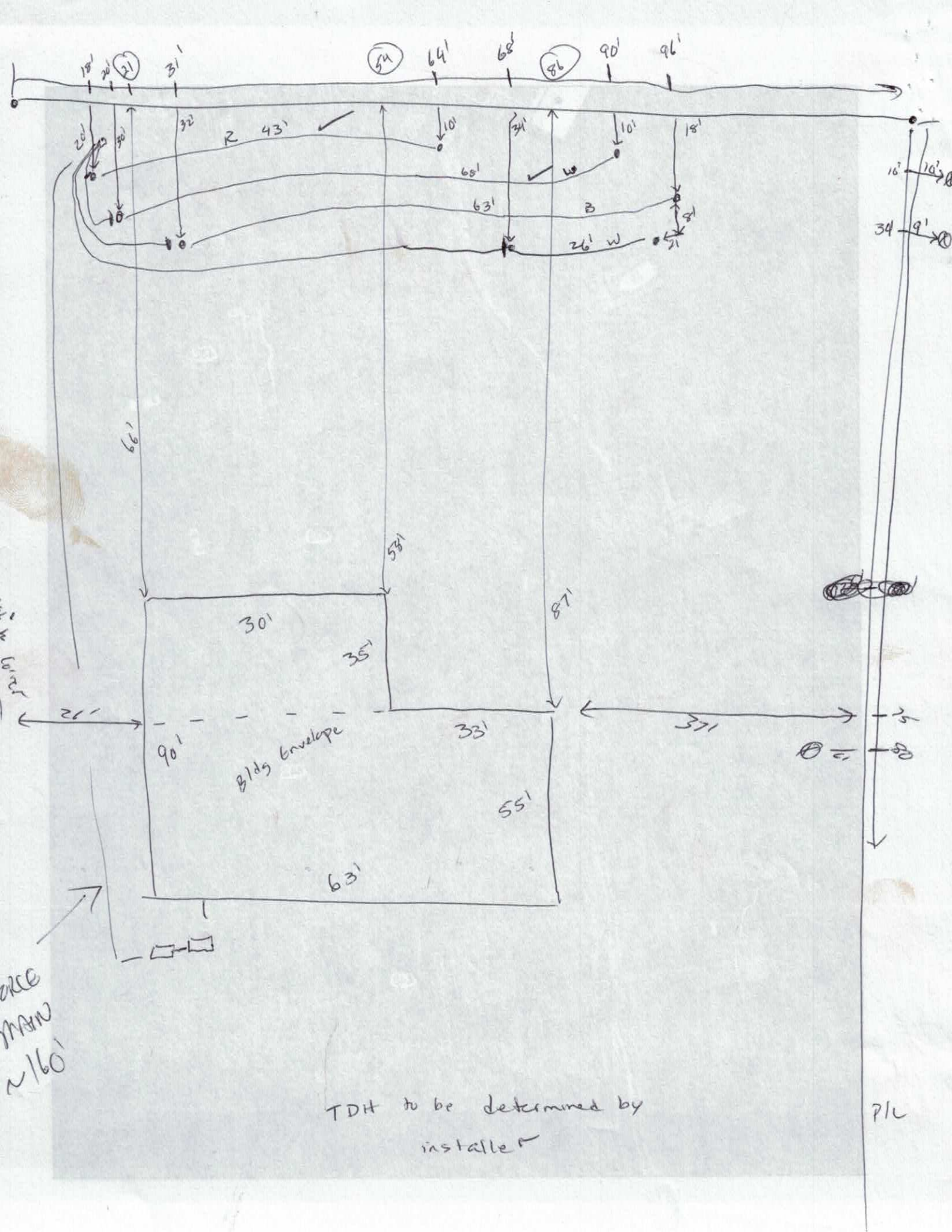


Pressure Dosed PPBPS

of panels 45.
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed ~31 tons.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 26.
TDH TBD. by installed

Comments

CENTRAL VALVE BOX EXAMPLE SKETCH


18'
20'
21
31'
54
64'
68'
86
90'
96'
20'
30'
32'
R 43'
10'
34'
10'
18'
68'
W
63'
B
8'
26' W
31
16'
10'
34'
9'
66'
58'
87'
30'
35'
27'
90'
Bldg Envelope
33'
37'
55'
63'
TDH to be determined by installer
P/L

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct _ BOTH _ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Stephen Ezzell	8140 Elkmont Dr Clemmons NC 27012	336-399-3950	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
442 Carriage Rd 28677		

Driving Directions: [illegible]

***

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/8/2016 (Date)

Owner: Stephen Mark Ezzell
Address: 442 Carriage Rd
Statesville, NC 28677

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Stephen Ezzell; 442 Carriage Rd, Statesville, NC 28677

I, Stephen Ezzell (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 2/23/2015 (date) for a system

CP ~~PB~~ PPBPS / 4 Bedroom
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

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:

✓ Property Line measurements are clearly identified... ____ 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

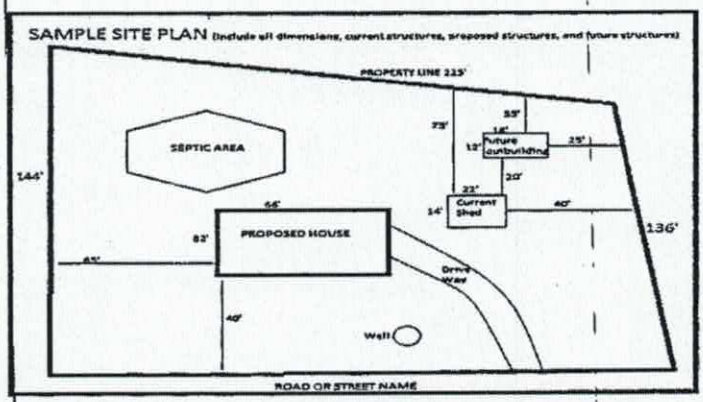
✓ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

✓ Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

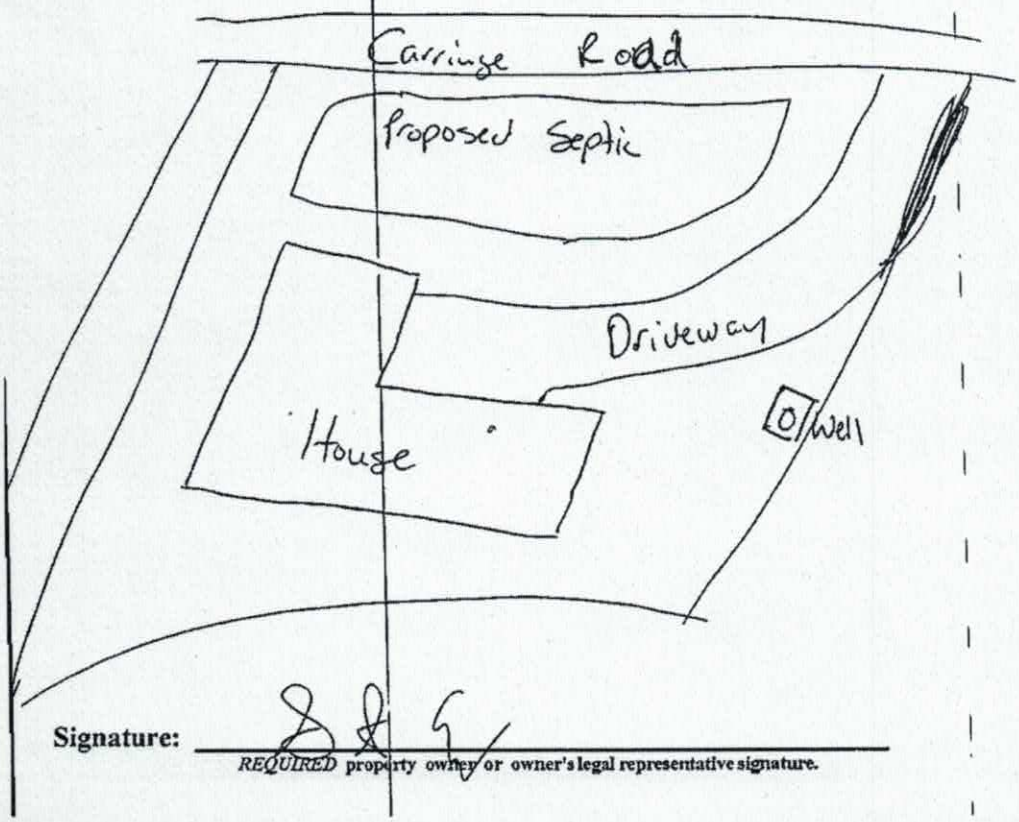
Circle N/A on the following if appropriate:

____ 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

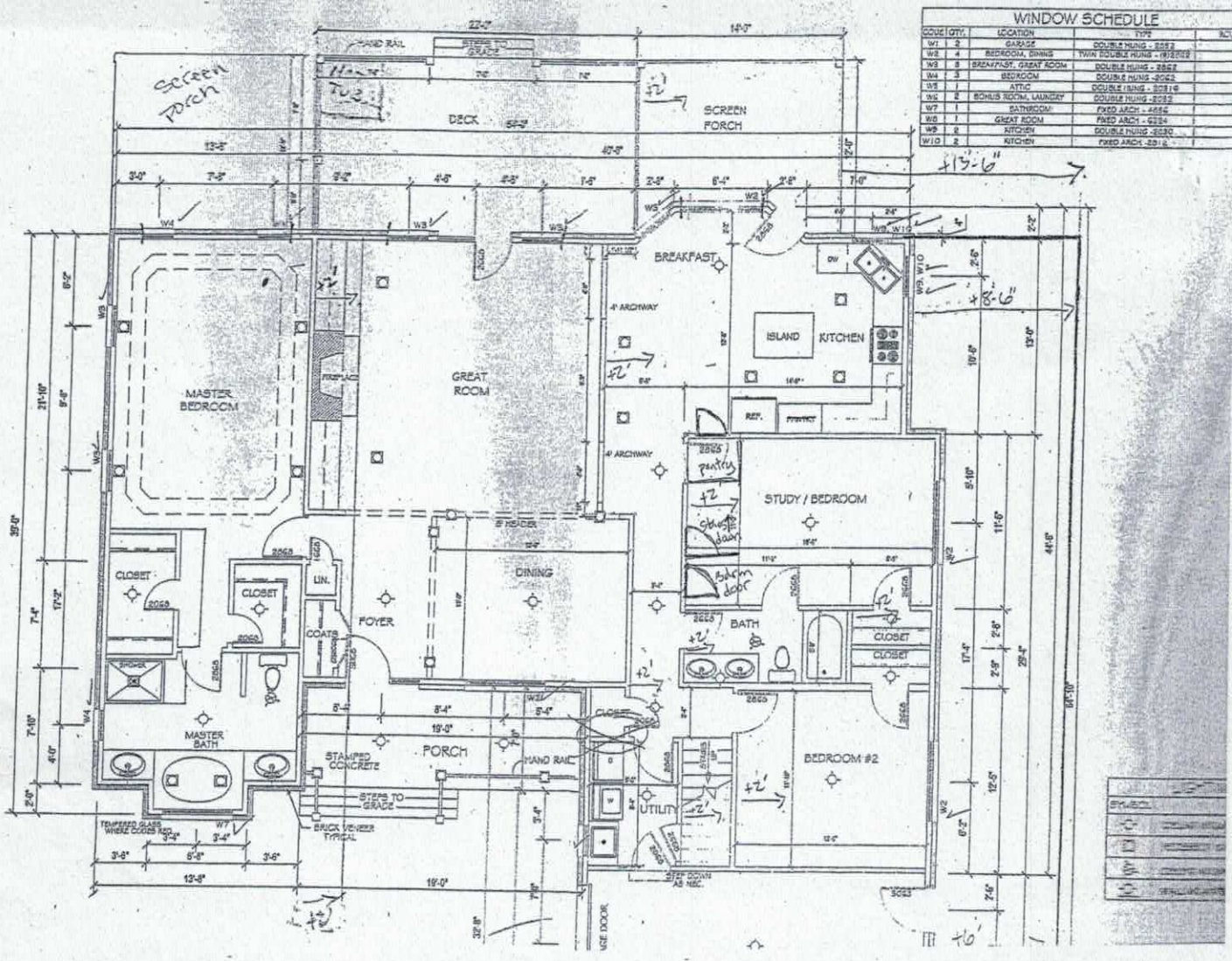


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 3/4/2016

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

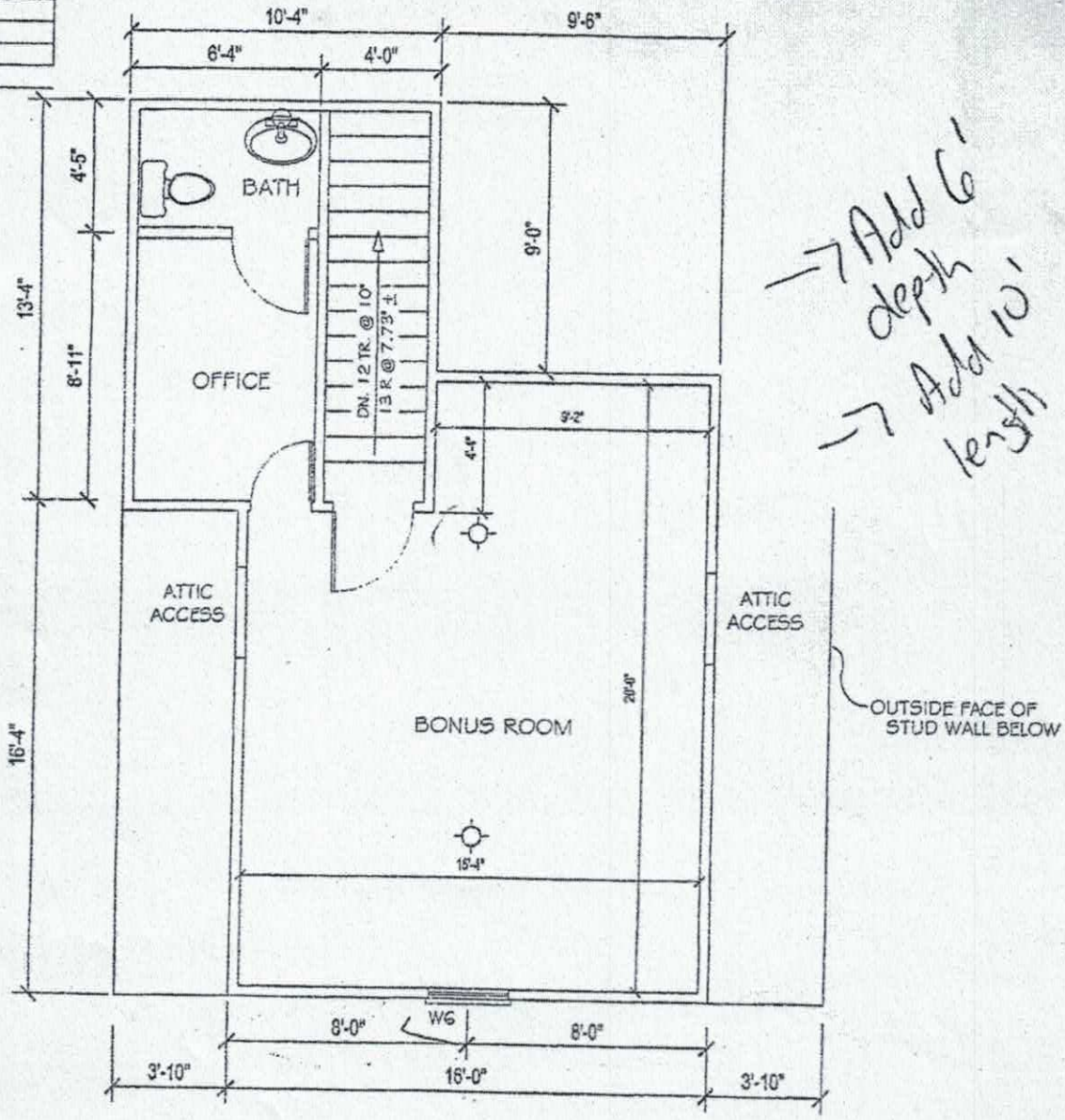


Acknowledgement Of
Plans Submittal ONLY!

Date 3/2/2015

Date 2-23-15

TYPE	ROUGH OPENING
BLE HUNG - 2852	
BLE HUNG - (2)2862	
BLE HUNG - 2862	
BLE HUNG -2062	
BLE HUNG - 20310	
BLE HUNG -2032	
D ARCH - 4856	
D ARCH - 6224	
BLE HUNG -2830	
D ARCH -2812	



* leave unfinished

→ Add 6' depth
→ Add 10' length

BONUS ROOM

1/4" = 1'-0" 391 SQ. FT.

LIGHTING LEGEND	
SYMBOL	FIXTURE
⊙	CEILING MOUNTED LIGHT FIXTURE
▣	RECESSED LIGHT FIXTURE
⊛	CEILING MOUNTED FAN & HEAT FIXTURE
⊙	WALL MOUNTED LIGHT FIXTURE

Acknowledgement Of Plans Submittal ONLY!

Date 3/2/2015

Date 2-23-15

IREDELL COUNTY

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

APPLICATION NUMBER
207142
Issue Date: 11/24/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4701876382.000	442 CARRIAGE ROAD, STATESVILLE, NC 28677	STATESVILLE

Owner Information	Applicant Information
Owner: RIESER GEOFFREY D+SHANNON L	Applicant: RIESER GEOFFREY D+SHAN
Address: 448 IREDELL CO, NC 28625	Address: 448 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.600	35.00	50.00	15.00	15.00	CA	AE

Remarks:



The applicant certifies that the contractual agreements or governmental regulations of any kind that inte of the property or the use for which this permit is requested. The appli at enforcement of deed restrictions, plat conditions and other contractua ertaken by Iredell County and is the sole responsibility of the affected part

Applicant: _____ Date: _____

Permit Number	26818	TOTAL FEES:	$ 77.25