IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233294

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

PIN # 4703381975

APPLICANT/OWNER: Glenn Gilleland APPLICANT ADDRESS: 310 Dagenhart Farm Rd.

SITE ADDRESS: 330 Dagenhart Farm Rd. Statesville, NC PHONE: 704-924-9715 ALT. PHONE —

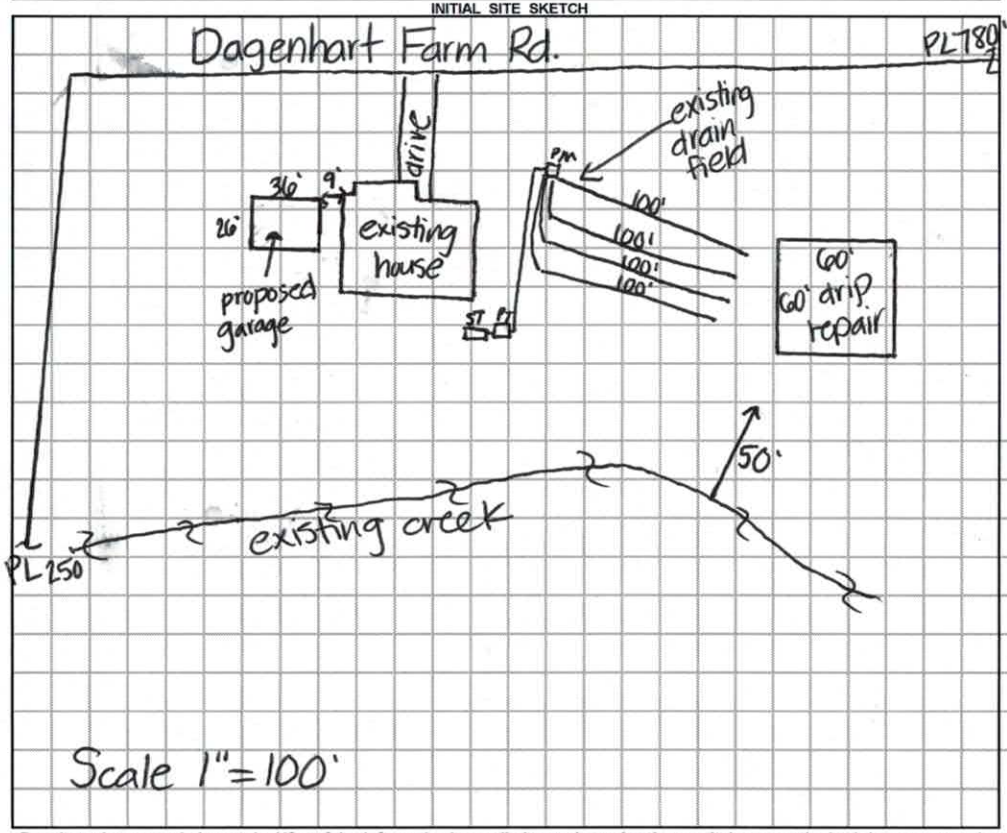
SITE DIRECTIONS: Old Mountain Rd → L on Beulah Rd → L on Dagenhart Farm Rd → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 6.484 ac DESIGN FLOW: 360gpd L.T.A.R.: .225 (.1 repair)

Septic Tank	existing 1000 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description: existing PM 25% reduction		☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #		Repair System Description: drip		☐ Other	No. Employees		☑ Public
# Nitrification Fields	EXISTING	# Lines		Linear Ft		Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth	—	☐ GRAVITY ☑ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: The purpose of this permit is a relocation for the repair area due to a proposed garage.

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: Glenn V. Gilleland Date: 3/1/2018 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 2-27-18 OPERATION PERMIT by: OP previously issued RHS Date: 3/6/15

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 2-27-18 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.

Sheet 1 of 1

PROPERTY ID #: 4703381975

COUNTY: Iredell

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

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

OWNER: Glenn Gilleland — APPLICATION DATE: 2-8-18
ADDRESS: 330 Dagenhart Farm Rd — DATE EVALUATED: 2-27-18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: 6.484ac
LOCATION OF SITE: Old Mountain Rd → L on Beulah → L on Dagenhart Farm → 1st on L — PROPERTY RECORDED: YES

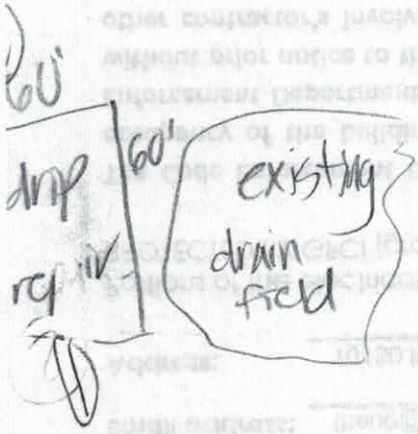
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

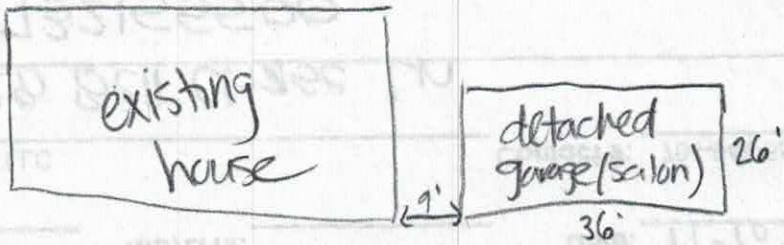
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	15% LS	0-9	SL GR	Fr,SS,SP,SEXP	0-48 many yellow brown mottles	36 w/ platy	—	36"	PS
		9-36	ABK CL	Fr,S,P,SEXP					
		36-40	platy CL	Fr,S,P					
		40-48	WABK CL	Fr,S,P,SEXP	40-48 Chroma 2 2.5Y 7/2	48"			.225
2	10% LS	0-5	SL GR	Fr,SS,SP,SEXP	12-48" com-many yellow brown mottles — Chroma 2		—	22"	PS
		5-33	ABK SC	Fr,S,P,SEXP	22-48 2.5Y 6/2 2.5Y 7/1	22" w/ chroma 2			.1 (Hor)
		33-48	WABK SCL	Fr,S,P,SEXP		48"			
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)	I	IV
Site LTAR		.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: James Buggs


60'
dmp
rd
60'
existing
drain
field


existing
house
9'
detached
garage (salon)
26'
36'

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Relocate Repair Area **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: Glenn Gilleland Address: 310 Dagenhart Farm Rd Zip: 28677

Applicant Email: gilleland92@gmail.com Phone: 704 924 9715 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 330 Dagenhart Farm Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I40 West Exit 144 Left on Old Mountain Rd Turn Right on ~~Beulah~~ Beulah Church Rd. continue on Mock Mill to Dagenhart Farm Rd Turn Left 2nd House on Left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
(X) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Relocate Repair Area
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 (X) 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 (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: Glenn V. Gilleland 2/8/2018
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, GLENN V. GILLELAND, am the legal owner(s) of the property located at 330 DOGENHART FARM Rd, identified as PIN (Parcel Identification Number) _____, 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.

Glenn V. Gilleland 2/8/2018

Signature of Owner(s) Date

_____ _____

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

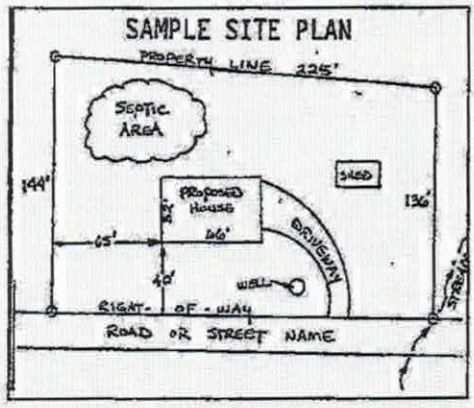
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) 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

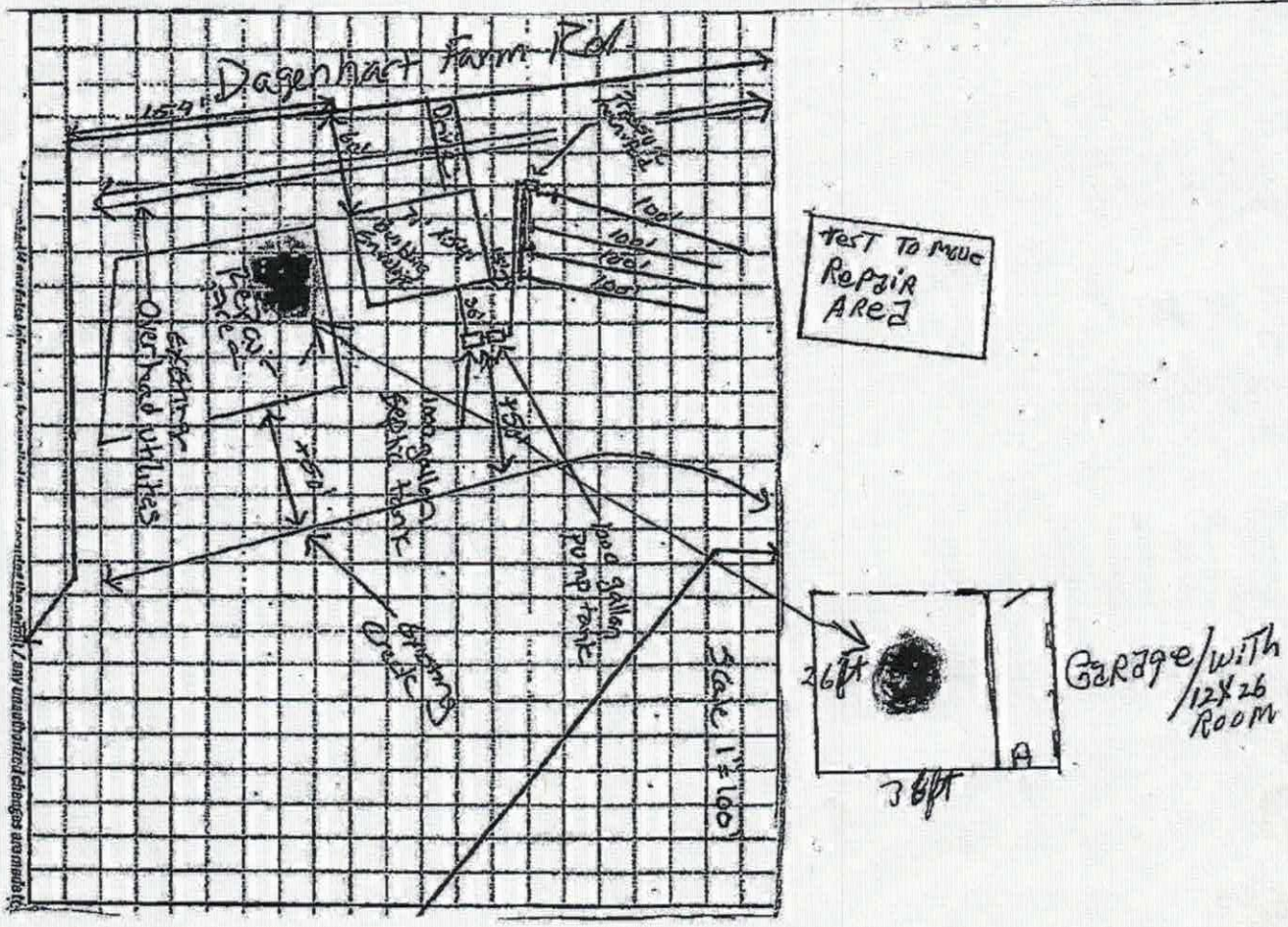


Circle N/A on the following if appropriate:

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: Glenn V. Gilleland

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

2/8/2018

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202179

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

PIN # 4703381975

APPLICANT: Glenn Gilleland APPLICANT ADDRESS: 330 Dagenhart Farm Rd.

SITE ADDRESS: 330 Dagenhart Farm Rd. PHONE: 704-924-9715 ALT. PHONE: N/A

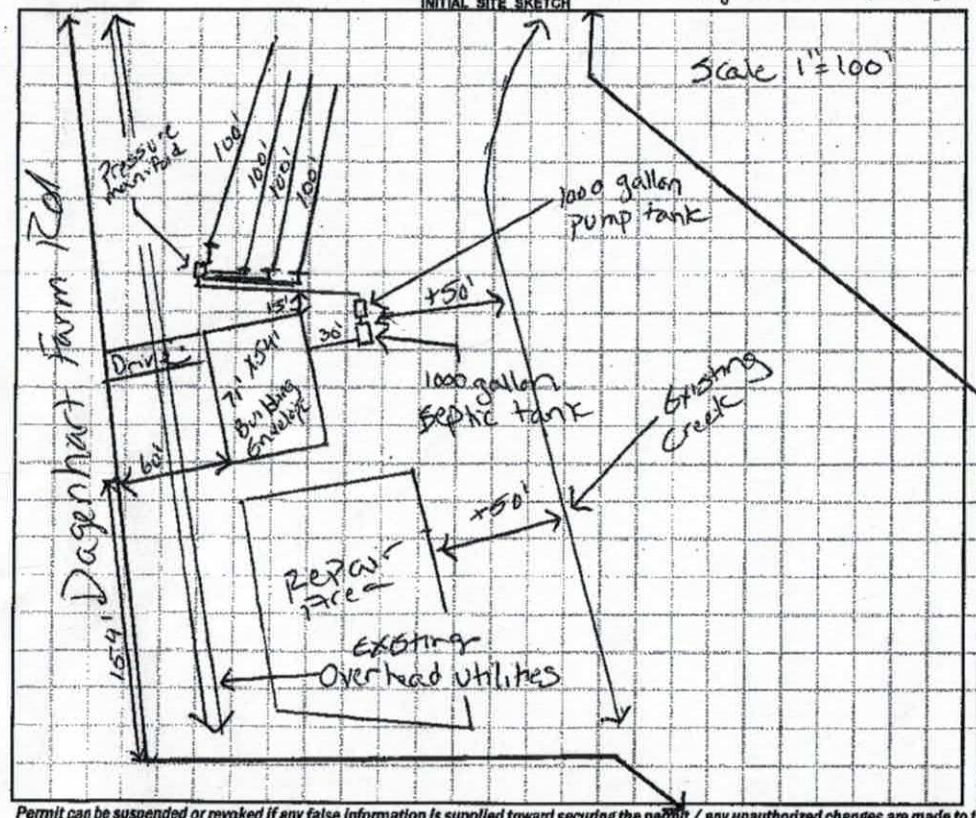
SITE DIRECTIONS: I-40W to Old Mtn Rd TL Old Mtn Rd. TR Bevlan Rd. Straight to Mack Mill Rd. TL Dagenhart Farm Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 6.48 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.225

Septic Tank	1000 (gal)	STB	1600	Date	9-10-14	☑ New System	☐ Repair	☐ Expansion	System Type: I II ☑ IV V VI	☑ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	1000 (gal)	PT	314	Date	7-24-14	System Description:	25% Reduction - Pump			☐ Business	No. Persons	6	☐ Private		
Pump Make	Goulds	Model	WE0311M	Serial #	1PWE0311M	Repair System Description:	25% Reduction with CAP - pump			☐ Other	No. Employees		☑ Public		
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community		
Trench Width	36"	Max. Trench Bottom Depth	27"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Improvements ONLY! Submit floor plan prior to issuance of CA! Install a 25% reduction system on contour with parallel distribution. Maximum trench bottom is 27" on high side ~~~

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

	Date	Initials
Drain Lines Checked	11/13/14	HS
Tanks Checked	11/13/14	HS
Pressure Manifold or Valve Box Checked	11/13/14	HS
Pressure Head Set	11/13/14	HS
Electrical Checked	03/06/15	HS
Floats Set	11/13/14	HS
Alarm Checked	03/06/15	HS
Maintenance Contract Y / N	N/A	

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: Glenn V. Gilleland Date: 11/7/14 Installed by: Harvey Leather many Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-7-14 OPERATION PERMIT by: [signature] Date: 03/06/15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-16-14 Existing System Inspected by: Date:

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

IREDELL COUNTY

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

APPLICATION NUMBER
233294
Issue Date: 02/09/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4703381975.000	330 DAGENHART FARM ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GILLELAND GLENN V+WANDA F	Applicant: GILLELAND GLENN V+WAND
Address: 310 DAGENHART FARM RD STATESVILLE, NC 28625	Address: 310 DAGENHART FARM RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
26 x 36 GARAGE WITH RURAL HOME OCCUPATION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.484	35.00	30.00	30.00	30.00	PACL	X

Remarks:

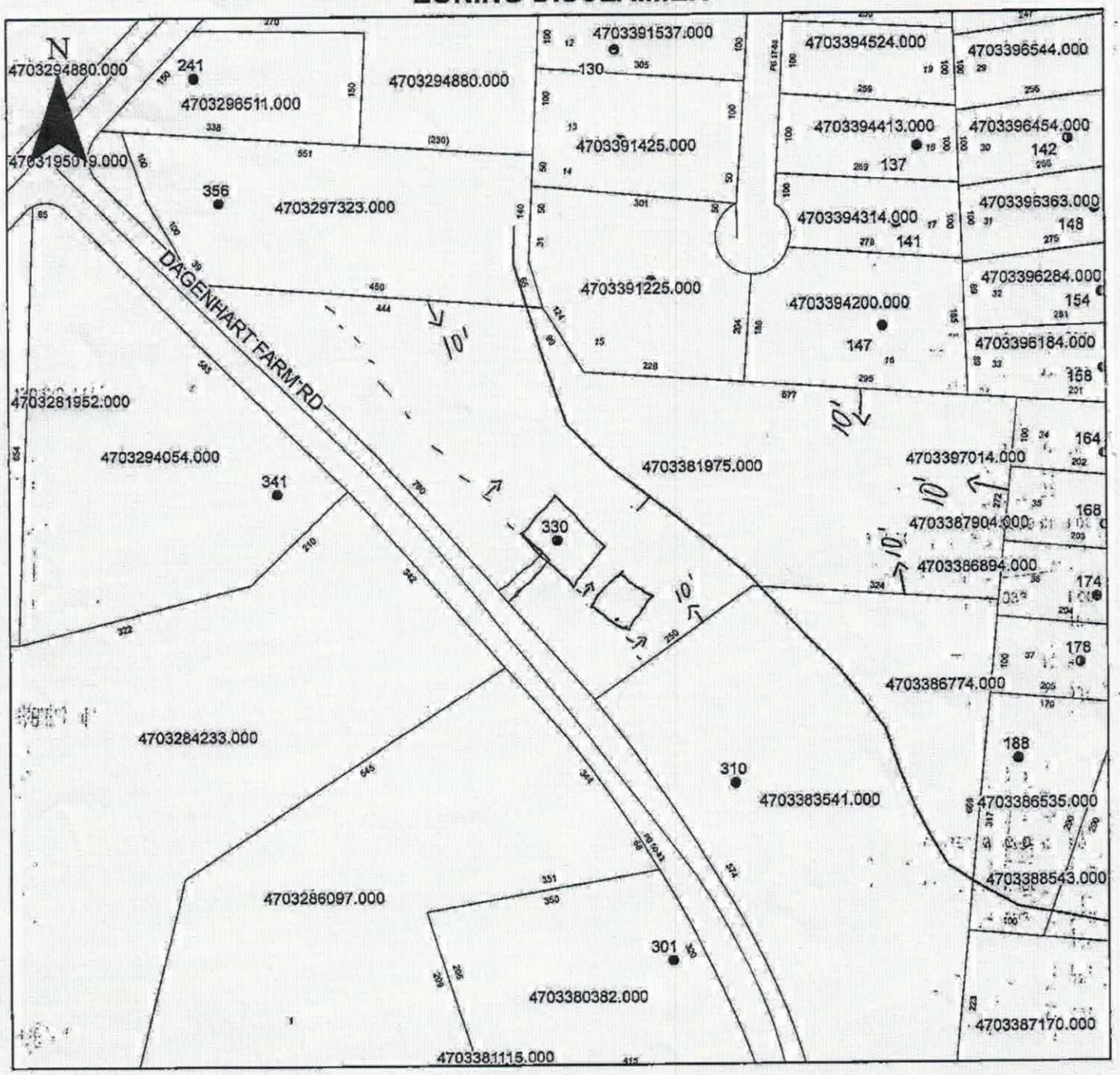
MUST MEET THE REQUIREMENTS OF R18 IN THE LAND DEVELOPMENT CODE; A COPY HAS BEEN GIVEN TO THE APPLICANT; BUILDING CAN BE NO CLOSER TO THE ROAD THAN THE HOUSE

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	128208	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 330 Dagenhart Farm Rd.

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. Applicant further acknowledges that the 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.

Glenn V. Gilleland

Applicant

2/8/2018

Date