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 28677 PHONE: 704-924-9715 ALT. PHONE 702-277-8743

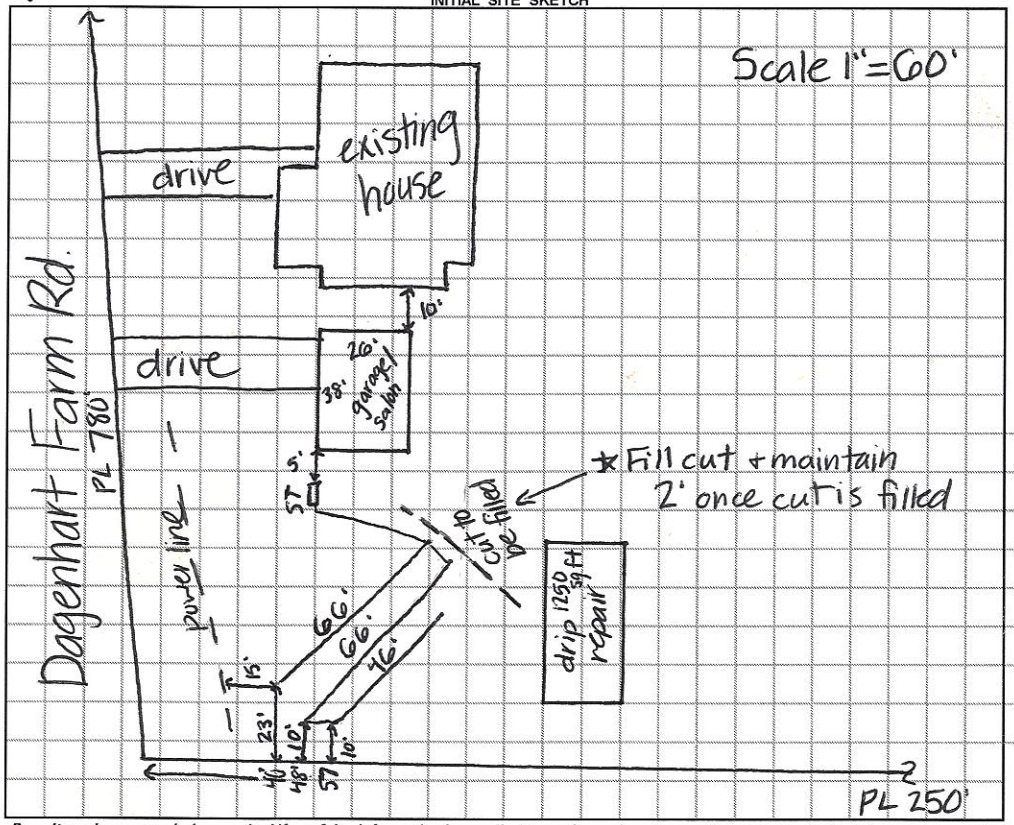
SITE DIRECTIONS: NC 115 N → L on Old Mountain → L on Beulah → L on Dagenhart Farm → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.484 ac DESIGN FLOW: 125 gpd L.T.A.R.: .25 (.1 repair)

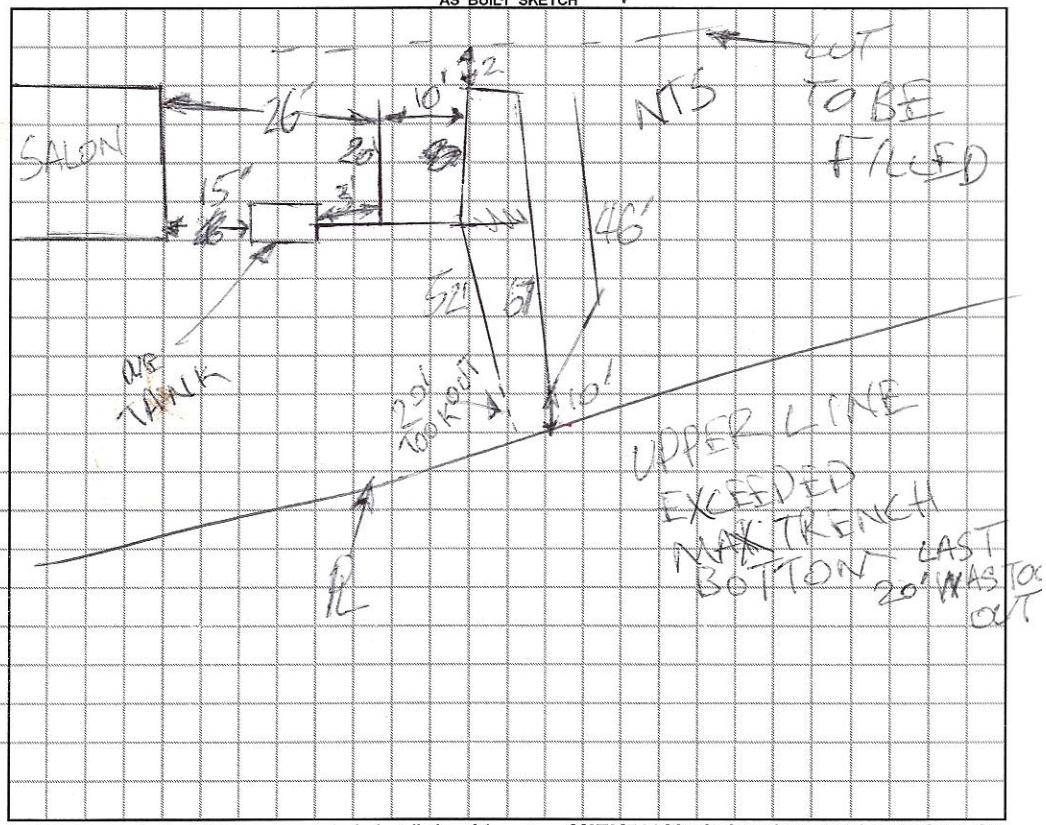
Septic Tank 1000 (gal)	STB 180	Date 4-6-18	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☐ Residence	No. Bedrooms —	Water Supply
Pump Tank (gal)	PT	Date	System Description: 1 chambers (no reduction)	☑ Business	No. Customers 5-10 per	☐ Private
Pump Make	Model	Serial #	Repair System Description: drip	☐ Other SALON	No. Employees 1 week	☑ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 178'	Maintenance Agreement Required: ☐ YES ☑ NO	☑ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 18"	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Install at 18" (highside) *. The screen size of the effluent filter must be 1/32". This system does not get a reduction. Install chambers with serial distribution + drain lines on contour. * Only 1 hair, nail, and pedicure station is allowed in salon. * Plumb out high enough to achieve gravity fall from tank to drain lines * If not pump system will be needed.

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: 5-3-18 Installed by: LEATHERMAN SEPTIC

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-1-18 OPERATION PERMIT by: Bryant White Date: 2-14-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 5-1-18 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 3
PROPERTY ID #: 4703381975
COUNTY: Iredell

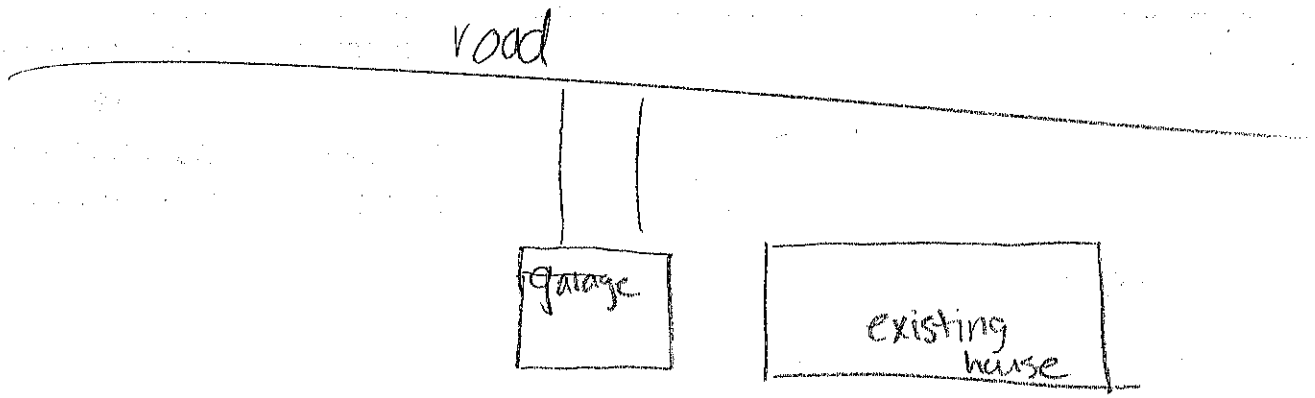
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Glen Gilleland
APPLICATION DATE 4-5-18
ADDRESS: 330 Dagenhart Farm Rd
DATE EVALUATED: 4-12-18
PROPOSED FACILITY: business/sales
PROPOSED DESIGN FLOW (.1949): 125gpd
PROPERTY SIZE: 6.484ac
LOCATION OF SITE: Old Mountain Rd → L on Beulah Rd → L on Dagenhart Farm → lot 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	LS	0-9	SL GR	Fr, SS, SP, SEXP	19-49" C YBM om	21	—		PS .1 (drip)
		9-21	ABk C	Fr, SS, SP, SEXP					
		21-36	Platy C	Fr, S, P					
		36-49	CL Platy	Fr, SS, SP					
		49-60	WSBk CL	Fr, SS, SP, SEXP					
2	29° C LS	0-14	SL GR		0-61" M YBM	26	—		PS .1 (drip)
		14-26	ABk C	Fr, SS, P, EXP					
		26-48	Platy C	Fi, S, P, EXP					
		48-61	Platy CL	Fi, S, P EXP					
3	LS	0-15	F. Il	—	15-62 MYB Mottles 51" 2.5Y 6/2	15-38	—	—	U
		15-24	SL Gr	Fr, SS, SP					
		24-38	SC ABk	Fr, SS, SP					
		38-51	Platy CL	Fi, S, P SEXP					
		51-62	Platy CL	Fi, VS, VP, EXP					
4	LS	0-25	F. Il	—	2.5Y 6/2 3/2 Gley 1 8-N	25-70 MYBM	—	—	U
		25-38	SC	Fr, S, P					
		38-51	SC	Fi, VS, VP EXP					
		51-73	Platy C	Fi, VS, VP, EXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	TT	V
Site LTAR	.25	.1

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



Barbacide

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

Sheet 2 of 3
PROPERTY ID #:
COUNTY:

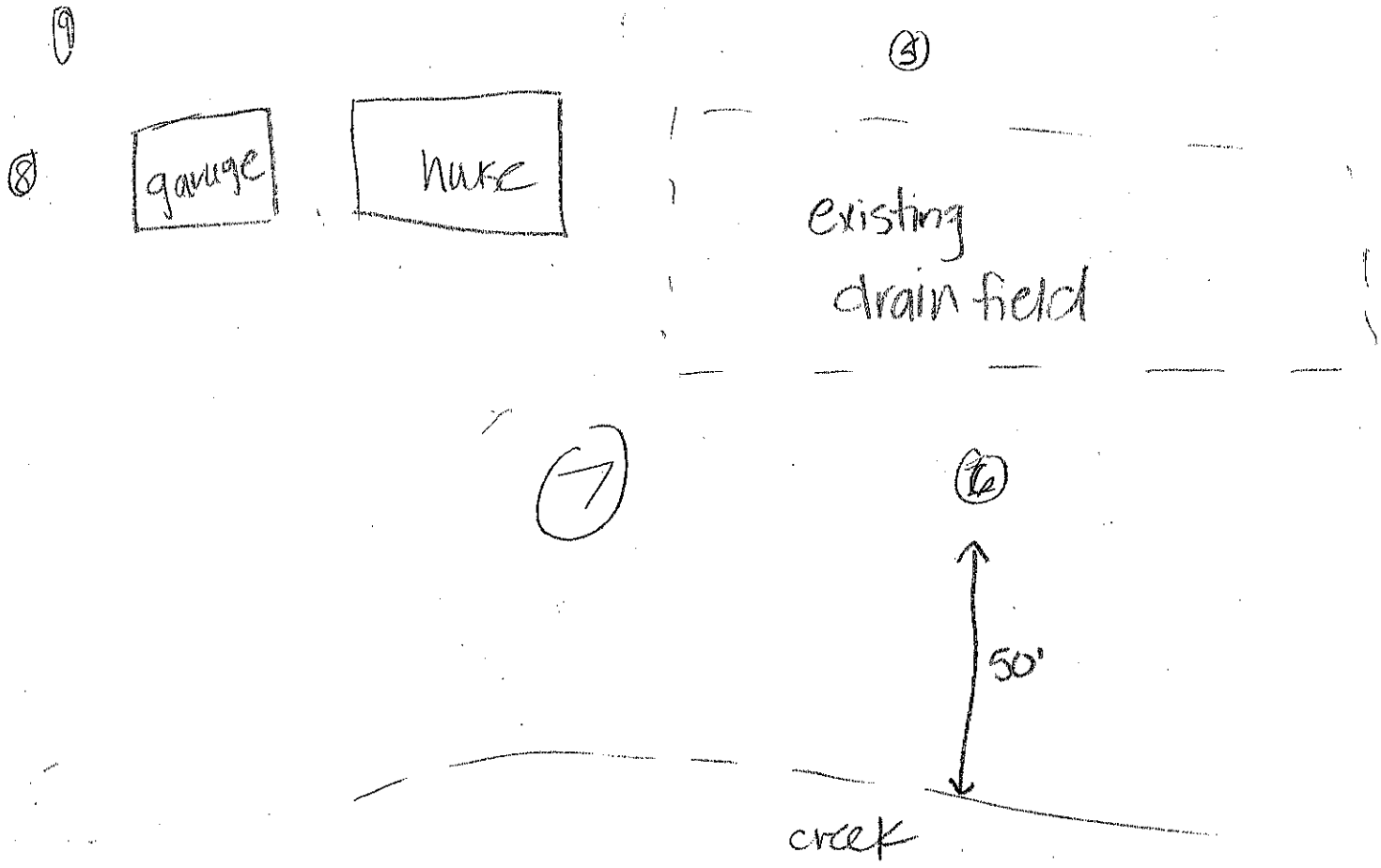
SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Refer to sheet 1 APPLICATION DATE
ADDRESS: 330 Dagenhart Farm Rd. DATE EVALUATED: 9-13-18 | 9-18
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	LS 5%	0-6	WSCL	Fr, SS, SP, SE/XP	6-49" MYBM	22	—	—	PS .5 (drip)
		6-22	ABK C	Fi, S, P, SE/XP					
		22-33	Pl. C	Fi, SS, VP, EXP					
		33-49	WABK CL	Fi, S, P					
2 6	LS	0-27	ABK C	Fr, S, P, SE/XP	27-35 many yellow brown	low mottles 53	—	—	PS .2
		27-35	SABK C	Fi, S, P, SE/XP					
		35-53	WSBK CL	Fr-Fi, SS, SP, SE/XP					
3 7	LS	0-13	fill	—	30" chroma 2	—	—	—	U
		13-18	WSBK SCL	Fr, SS, SP, SE					
		18-48	SABK C	Fi, S, P, SE/E					
4 8	LS 4%	0-25	SL Gr	Fr, SS, SP, SE	40-52 chroma 2 many yellow brown mottles 40 25-40 few com yellow brown mottles	—	—	—	PS .25
		25-40	ABK SC	Fr, S, P, SE					
		40-52	SABK C	Fi, S, P, SE/E					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	III	
Site LTAR	.25	

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


9
5
8
garage
house
existing
drain field
7
6
50'
creek

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 3 of 3
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER:
ADDRESS:
PROPOSED FACILITY: Refer to Sheet 1 PROPOSED DESIGN FLOW (.949):
LOCATION OF SITE:
APPLICATION DATE:
DATE EVALUATED: 4-19-19
PROPERTY SIZE:
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	.956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	55	0-18	ABK C	Fi,S,P,SE	18-52 many yellow brown mottles 30-52 few chroma 2	18	—	—	U
		18-30	platy C	Fi,S,P					
		30-52	WABK CL	Fi,SS,SP,SE					
2	57	0-7	WSBK SCL	Fr,SS,SP,SE	31-51 com yellow brown mottles	31	—	—	PS .25
		7-31	ABK C	Fi,S,P,SE					
		31-39	platy C	Fi,S,P					
U	15	39-51	WSBK CL	Fr,SS,SP,SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	III	
Site LTAR	.25	

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): 13
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: Heath Snow

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

233294

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: 702 277 8743
Owner Name: Glenn Gilleland Address: 310 Dagenhart Farm Rd Zip: 28677
Owner Email: gilleland92@gmail.com Phone: 704 924 9715 Alt. Phone: 702 277 8743

Property Information:

Street Address: 310 Dagenhart Farm Rd, Statesville, NC 28677

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

Driving Directions: I40 West To Old NT Rd exit 144 turn left go To Peniel Church turn Right Cont. on Mock Mill Rd To Dagenhart Farm Rd

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building Garage + Salon
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: —
Maximum Number of Occupants: —
( ) 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: SALON > Customers 5 To 10
Square Footage of Building: 96' Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: A Week Maybe

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 ( ) 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 4/5/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

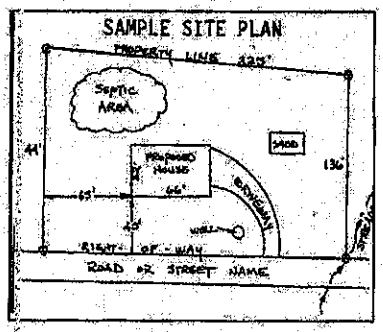
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

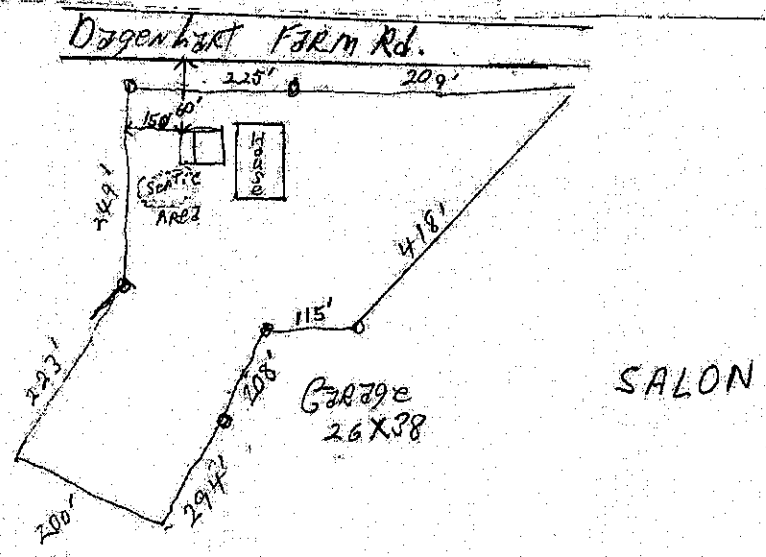


Circle N/A on the following if appropriate:

- 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)

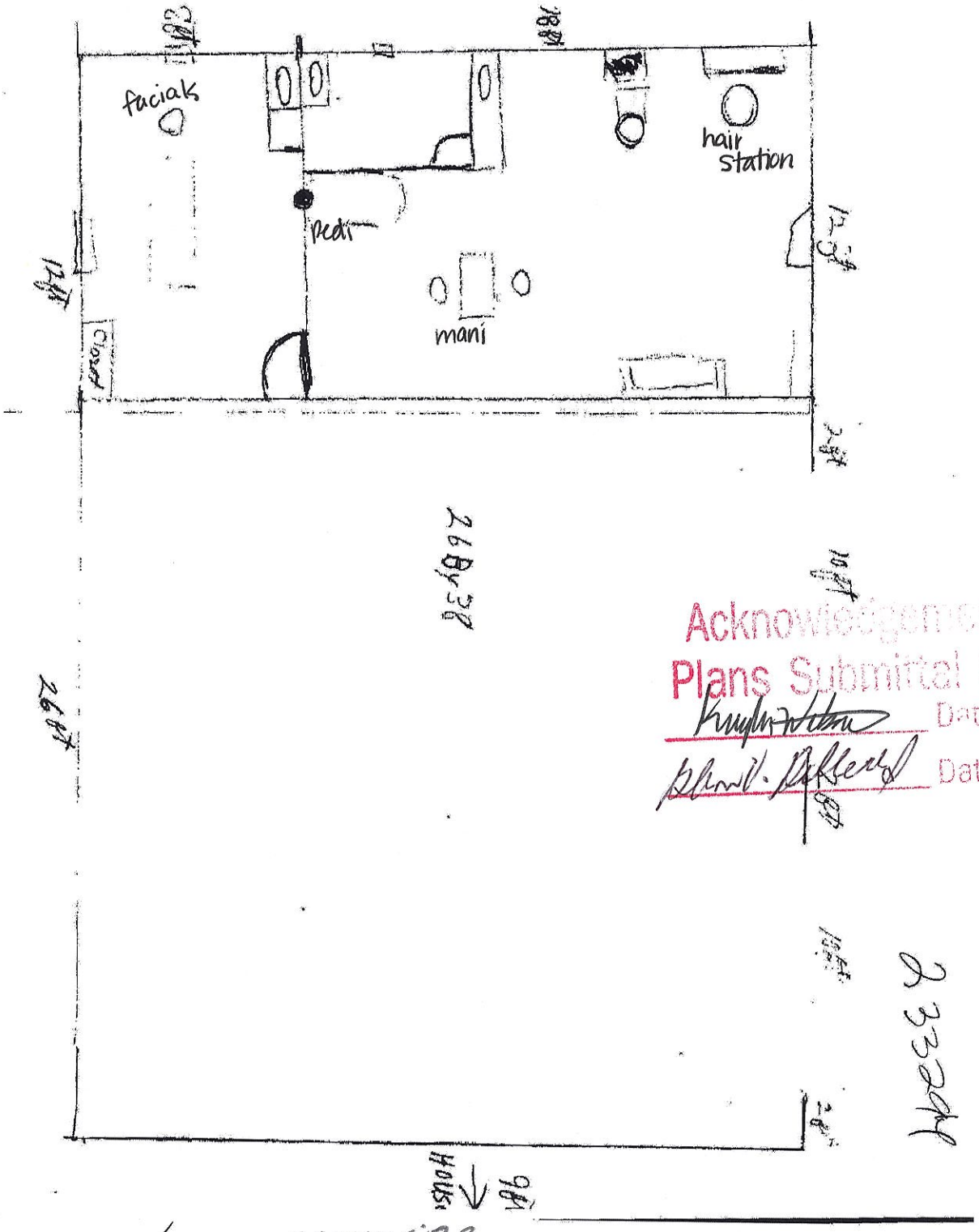
USE THIS SPACE TO DRAW YOUR SITE PLAN

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)

4/5/2018
DATE



Acknowledgement Of
Plans Submittal ONLY
Date 5-1-18
Date 5-3-18

no reduction ✓

screen size
filter 1/32" ✓

*125 gal ✓

~~need~~
~~AASOS~~

✓product: hair treatment, chemicals to be used