IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 233024

PIN # 4704451302

APPLICANT/OWNER: Shawn Marsh

APPLICANT ADDRESS: 1319 Island Ford Rd Statesville NC 28625

SITE ADDRESS: 1319 Island Ford Rd Statesville NC 28625

PHONE: 704-876-3303 ALT. PHONE 704-682-2427

SITE DIRECTIONS: I-40W to old MTN Rd (R) on Island Ford Rd 4th house on Left

SAP CONTROLLED: ☐ YES ☒ NO

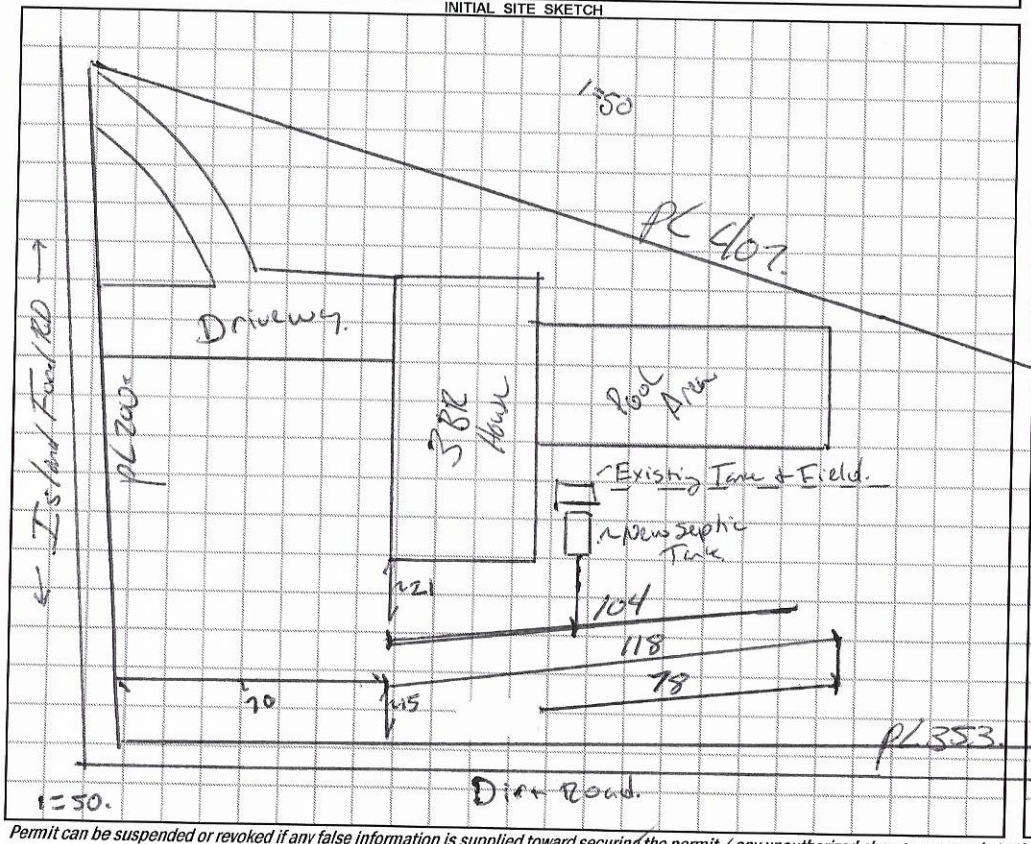
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 1.15 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	1600	Date	5-09-202	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	~ (gal)	PT	~	Date	~	System Description:			
Pump Make	~	Model	~	Serial #	~	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	~	☐ GRAVITY	☐ PRESSURE		

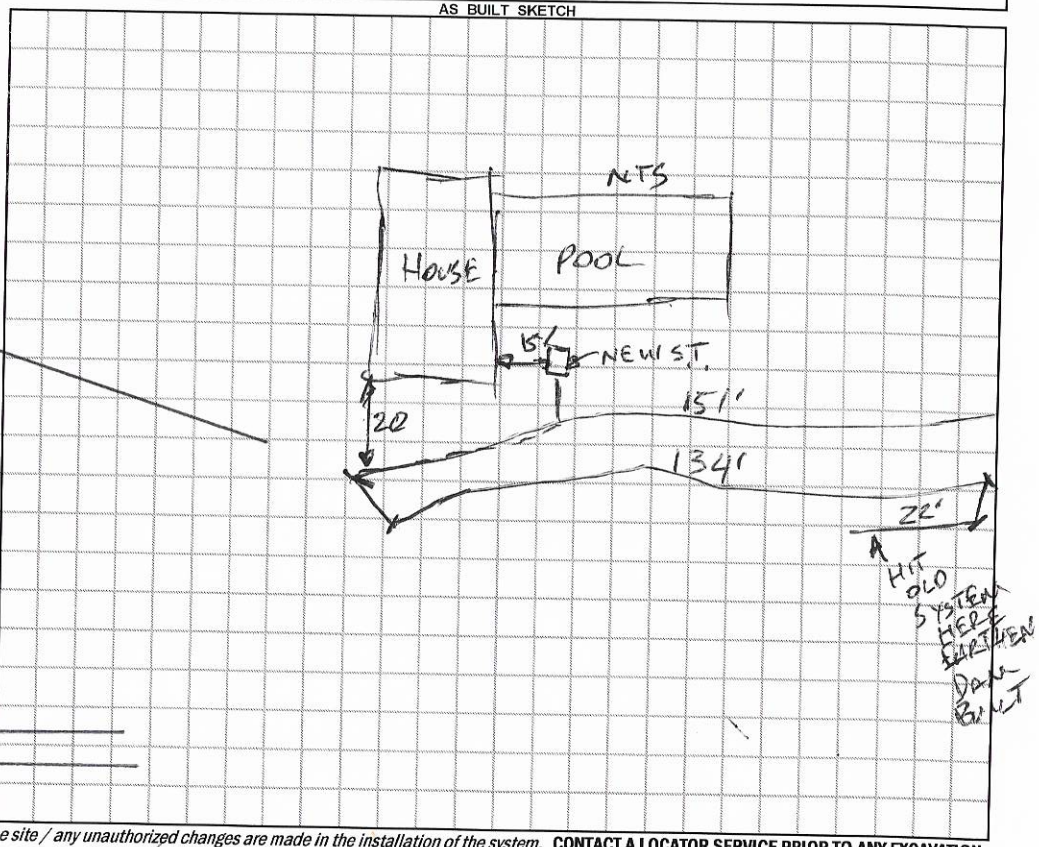
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Pump crush+fill Existing Septic Tank. Install Septic Tank as shown. Install septic drainlines on the contour of the land and utilize Serial distribution.

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: Jessica L. Marsh Date: 5-11-18 Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Benjamin A. Potter Date: 5/9/2018 OPERATION PERMIT by: Benjamin C. White Date: 4-27-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Potter Date: 5/9/2018. 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.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4704451302
DATE OF EVALUATION: 1/31/19
COUNTY: Transylvania

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Side 3-5% Rdge	0-10	SC WSBK	SS SP FR SEXP	2.5Y R4/2				P1 .3
		10-40	C SBK	SS SP FM					
		40-47.	CL WSBK	SS SP FR					
	Side 5% Ridge	0-10	SC WSBK	SS SP FR SEXP					P1 .3
		10-42	C SBK	SS SP FM					
		42-47.	CL WSBK	SS SP FR					

COMMENTS:

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: Shawn Marsh Address: 1319 Island Ford, Statesville NC Zip: 28625
Applicant Email: jessica marsh 321@gmail.com Phone: 704-876-3803 Alt. Phone: 704-682-2427
Owner Name: Shawn Marsh Address: Same Zip: ____
Owner Email: Same Phone: Same. Alt. Phone: ____

Property Information:

Street Address: 1319 Island Ford Rd. Statesville, NC 28625
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: I-40 W, Exit old mt Rd, turn (R), go to stop light, turn (L) at stop light on Island Ford Rd, 4th house on 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: Root in tank & leach field, not enough leach line

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
(✓) 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: 1600 Max. Number of Employees: — Max. Number of Seats/Beds/Other: 3

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: Shawn Marsh 1-29-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

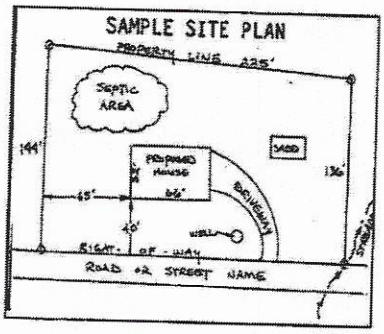
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

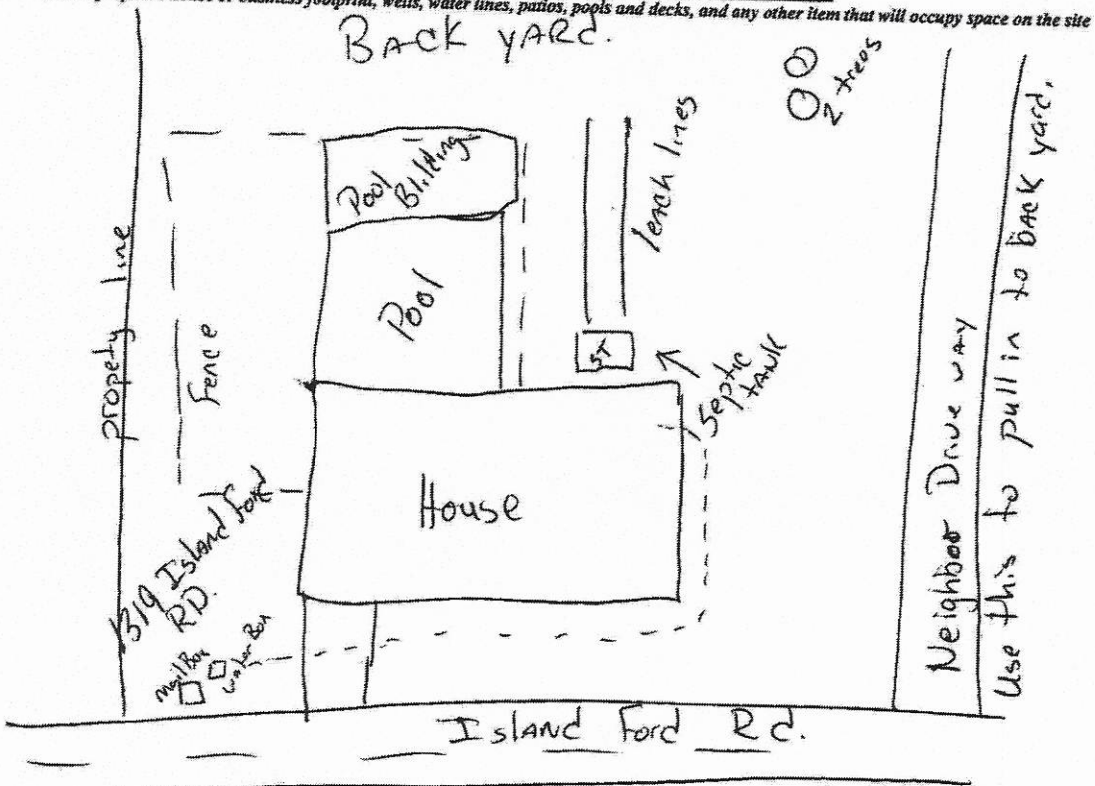


Circle N/A on the following if appropriate:

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: Shawn Marsh

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

1-29-18

DATE

05302

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR KERMIT MORGAN DATE 9-22-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1st west - T. Lyon Old Mtn. Rd. - T.L. at Bradford Xing - mobile home behind 4th house on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1.13 acres

Character & Porosity of Soil Prev. Suitable.

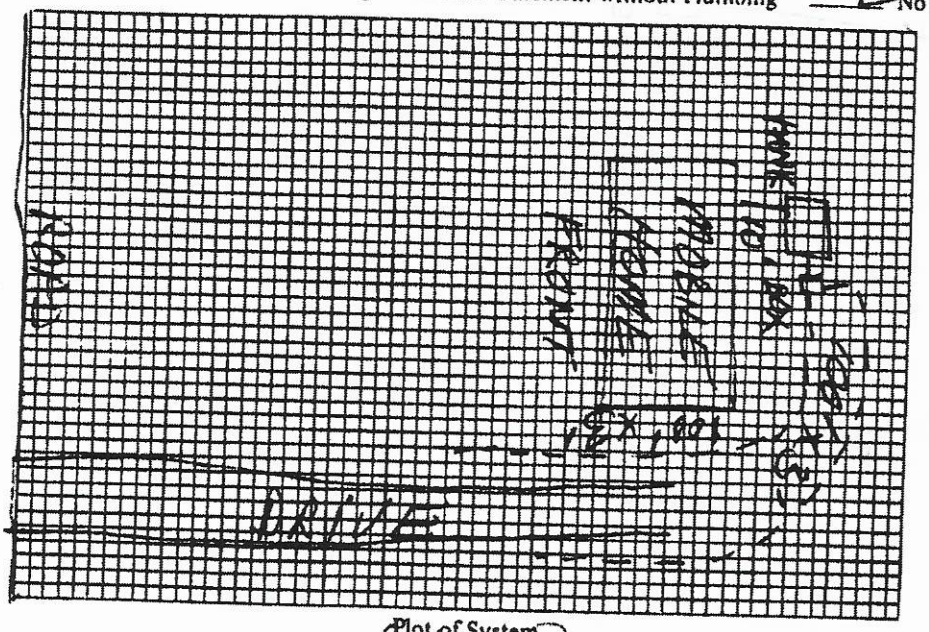
Percolation Rate 5 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Eddie Yount

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Parsons

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Parsons DATE 9-22-86.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold