IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227425.

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

PIN # 4704880141. 1118

APPLICANT: PEI Builders / Phil Ingram. APPLICANT ADDRESS: 161 Travis Coop Statesville NC 28625

SITE ADDRESS: 1/2 mile west of West Iredell High School. PHONE: 704/880 1638 ALT. PHONE: —

SITE DIRECTIONS: 1118 Island Ford RD - Statesville

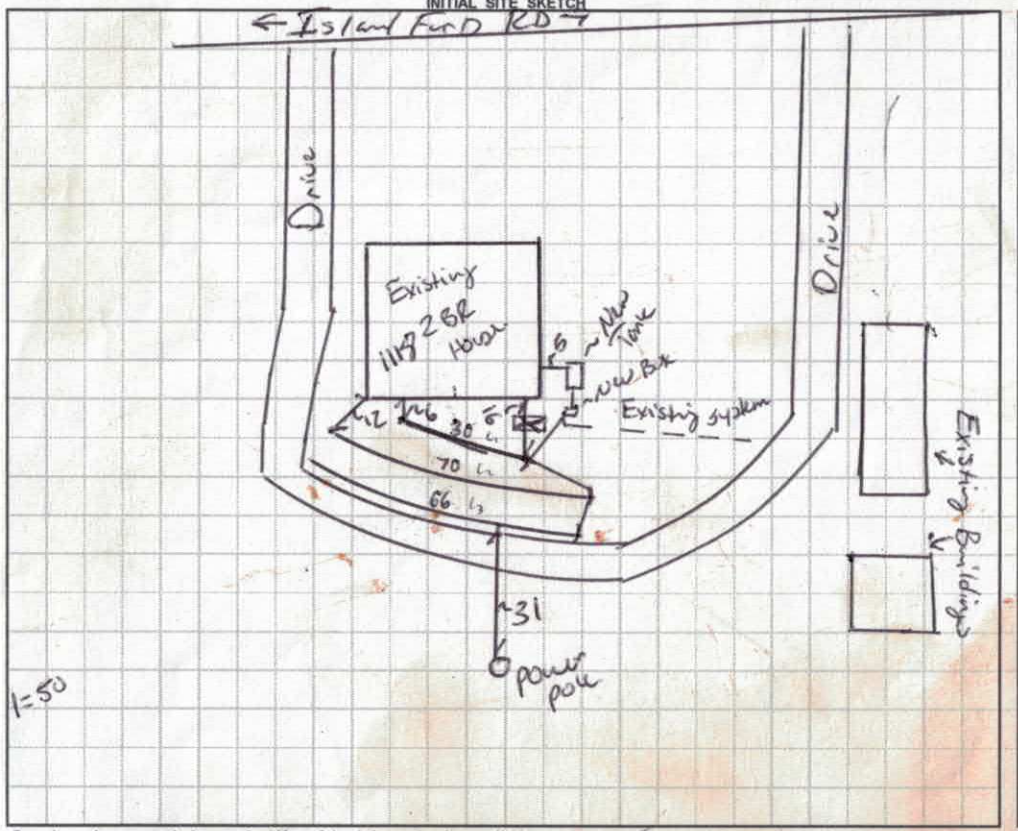
SUBDIVISION: — N/A SECTION: — LOT # — LOT AREA: 14.42 Ac DESIGN FLOW: 240. L.T.A.R.: .3.

Septic Tank	1000	(gal)	STB	760	Date	4/30/2017	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	High Capacity / Tank Replacement			
Pump Make	—	Model		—	Serial #	—	Repair System Description:				
# Nitrification Fields	1	# Lines	3		Linear Ft:	166	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Max. Trench Bottom Depth		36 (High)	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

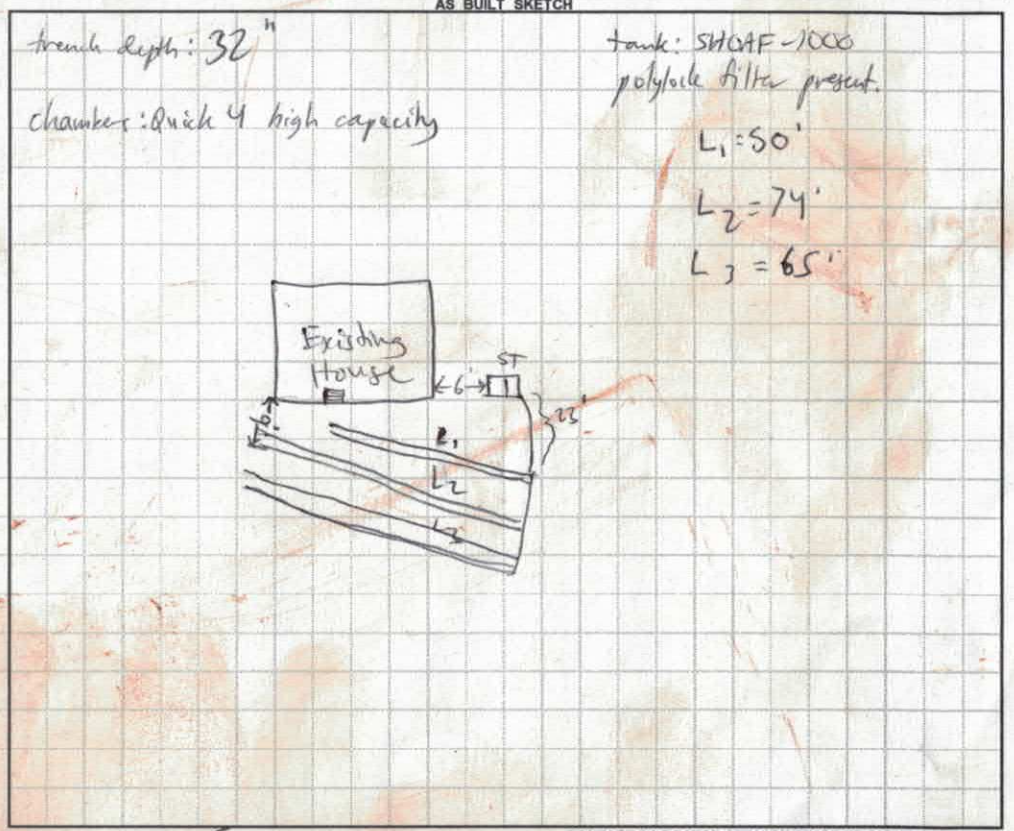
☒ Residence	No. Bedrooms	2	Water Supply	
☐ Business	No. Persons	4	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: * Replace Existing Tank Add 166 ft of High Capacity Chambers: Install D-Box to feed existing system first before skipping over to new drainlines - 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: [signature] Date: 6/12/2017 Installed by: Jarrid Lentz

IMPROVEMENT PERMIT by: Benjamin D. Bottoms Date: 6/2/2017 OPERATION PERMIT by: Mohamed Jumaeh Date: 6/20/17

AUTHORIZATION TO CONSTRUCT by: Benjamin D. Bottoms Date: 6/2/2017 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4709870141
COUNTY: Iredell

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

1118 Island Ford RD.
Repair - subsurface wastewater

OWNER: Repp
ADDRESS: 1118 Island Ford RD
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 1118 Island Ford RD.
APPLICATION DATE 6/1/17
DATE EVALUATED: 6/1/17
PROPERTY SIZE: 19 Acres
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	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	2%	0-3	scl wsbk	ss sp fr stp	2.5Y 4/4			mica	LTAR .3 PD
		3-30	c sbk	ss sp fm					
		30-49	scl wsbk	ss sp fr					
2	2%	0-3	scl wsbk	ss sp fr stp	2.5Y 4/6			mica	LTAR .3 PD
		3-26	c sbk	ss sp fm					
		26-48	cl wsbk	ss sp fr					
3									
4									

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

OTHER FACTORS (.1946): Repair
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolick
OTHER(S) PRESENT:

COMMENTS: * High Capacity Chambers

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	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

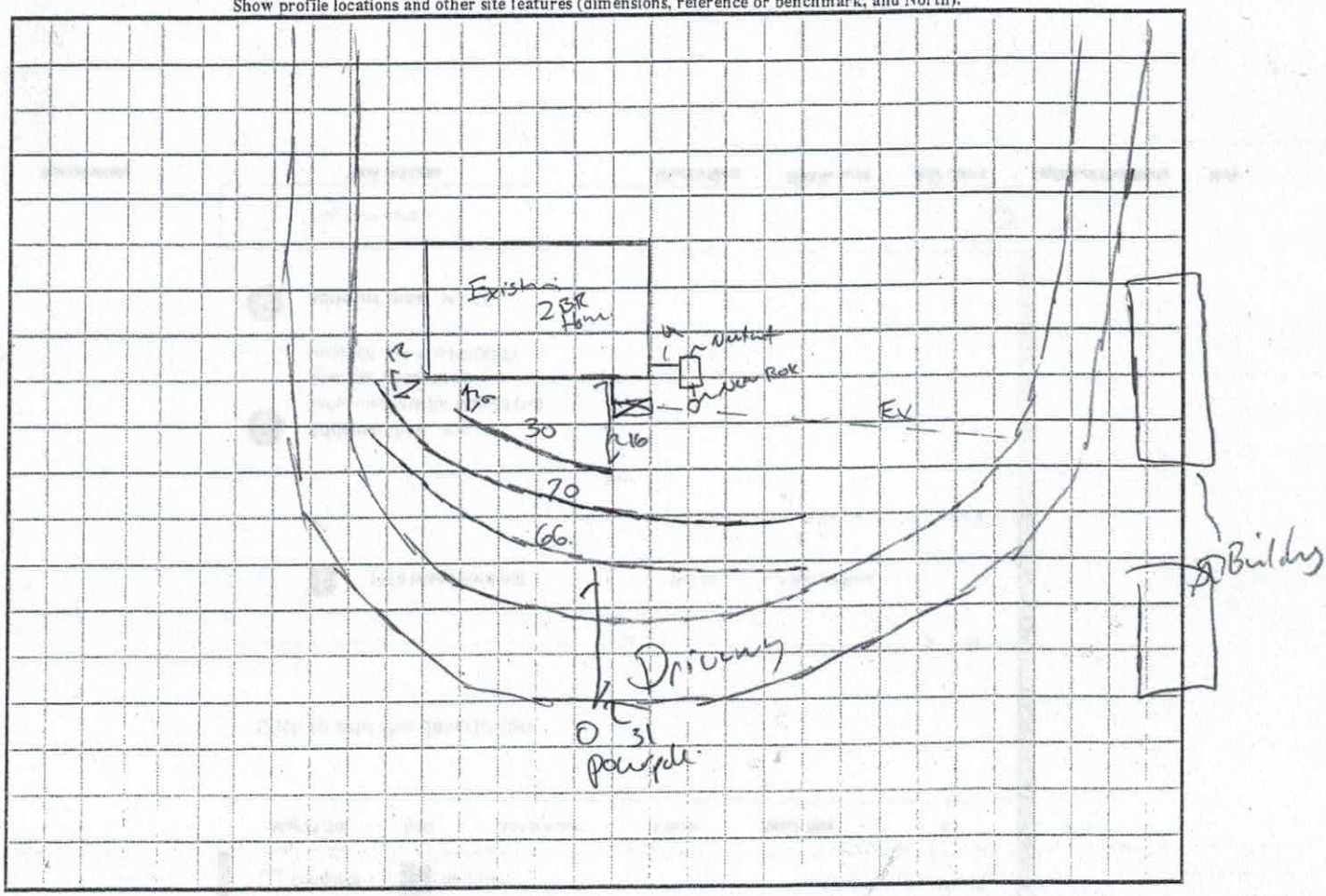
NOTES

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).



* High Capacity Chambers

3 LTAR

2718

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #
CEI Builders / Phil Ingram	161 Tinsloop Statesville 28625	7048801638	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Dorthie Reep	1110 Island Ford Rd		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1118 Island Ford Rd	Statesville N.C.	

Driving Directions: ½ mile west of West Iredell High School

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Leach Line stoped up Does not Drain - Backing up
( ) Other

Maximum Number of Bedrooms 2
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing? Partial
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 47 (year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Phil Ingram CEI Builders — 5-23-17

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

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:

X Property Line measurements are clearly identified... **N 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

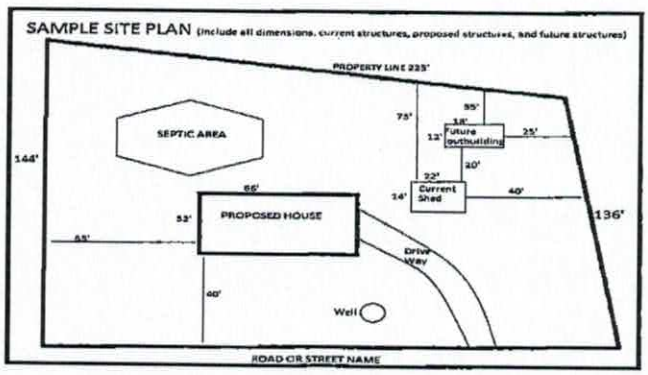
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

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

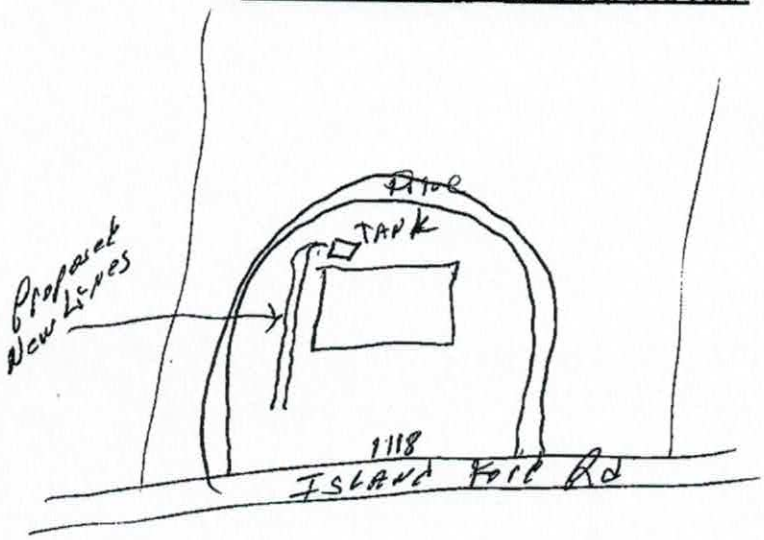
Circle N/A on the following if appropriate:

____ 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: _____ _____

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