IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218111

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

PIN # 4705-24-3244

APPLICANT: Wilson Building APPLICANT ADDRESS: P.O. Box 6658 Statesville NC

SITE ADDRESS: 287 Massey Deal Rd Statesville NC PHONE: 704-929-6964 ALT. PHONE: 704-880-8219

SITE DIRECTIONS: I-40W T/R Old Mtn Rd T/R Massey Deal Rd Lot on left

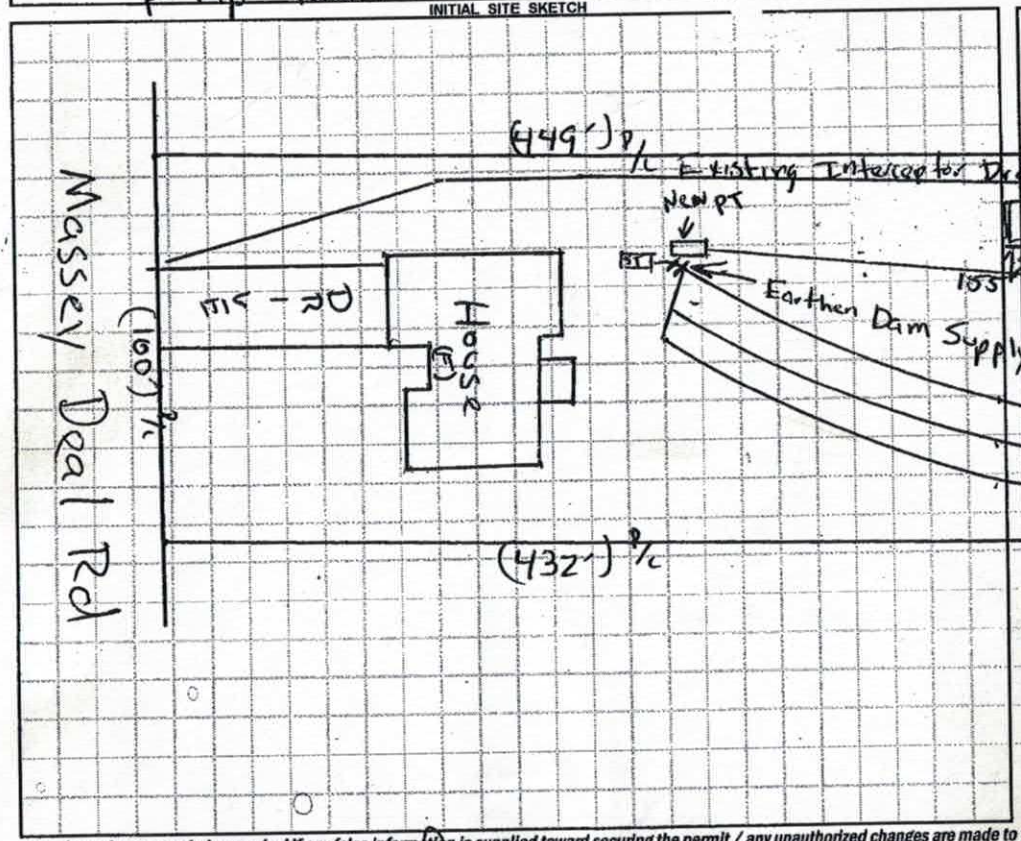
SUBDIVISION: Ponderosa Farms SECTION: N/A LOT # 3 LOT AREA: 1.01 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	Ex (gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion System Type: I II ☒ IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	5/4/2017	System Description:	☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description: PM 25% reduction	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	20" Low side	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

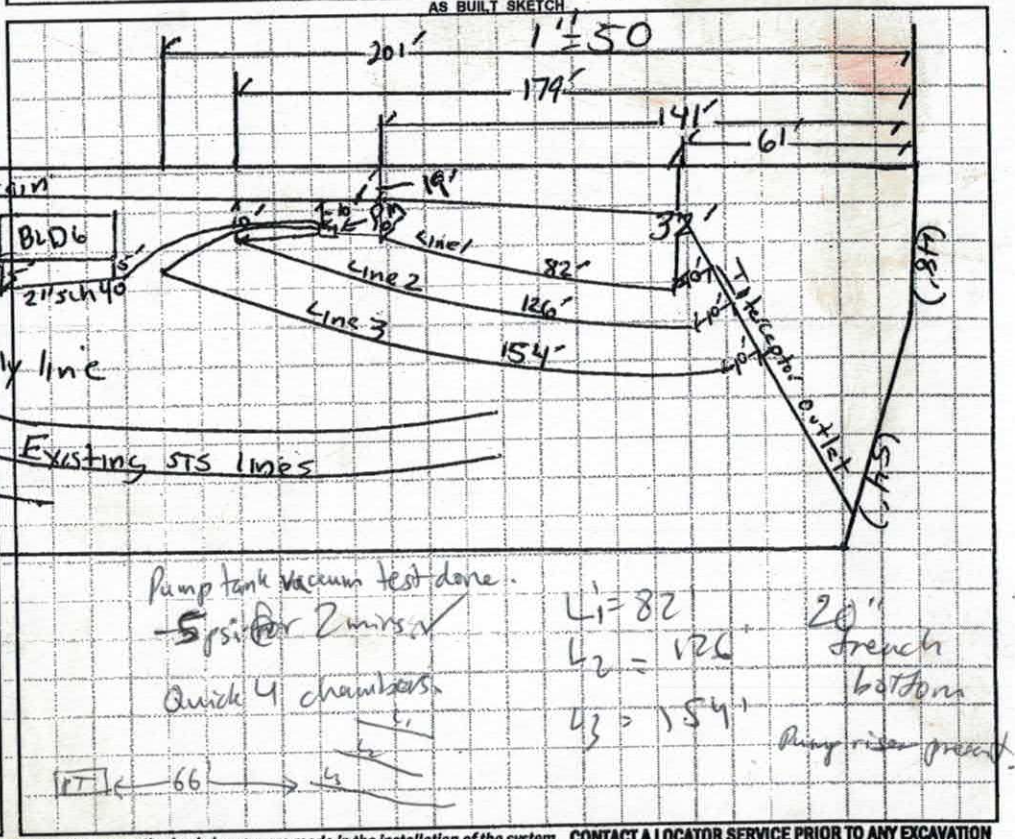
Comments / Conditions: Install 25% reduction on contour with Pressure distribution, Earthen dam existing supply line. Pressure test existing septic tank and pump tank.

Line 1 1/2 sch 80 tap
Line 2 1/2 sch 40 tap
Line 3 3/4 sch 80 tap
TDH to be determined at time of install

INITIAL SITE SKETCH



AS BUILT SKETCH



Pump tank vacuum test done.
~~5~~ psi for 2 mins ✓
Quick 4 chambers

L1 = 82'
L2 = 126'
L3 = 154'

20" trench bottom

Pump riser present

PT ← 66' → L3

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: Date: 5/25/17 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 05/22/17 OPERATION PERMIT by: Benjamin A. Bolton Date: 6/8/2017

AUTHORIZATION TO CONSTRUCT by: Date: 05/22/17 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	7/27/2017	MAD
Tanks Checked	7/27/2017	MAD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: Pump tank vacuum test done 7/27/2017. Still need pump make/model/serial#!		

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

PROPERTY ID #: _4705243244_
COUNTY: __Iredell____

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

OWNER: __Jason Wood_____ APPLICATION DATE_____
ADDRESS: ___287 Massey Deal Rd, _____ DATE EVALUATED: _5/11/15__
PROPOSED FACILITY: _Existing House PROPOSED DESIGN FLOW (.1949): __360____ PROPERTY SIZE: _1.01 ac_____
LOCATION OF SITE: _Ponderosa Farms Lot #3_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private X Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS	0-9	SCL SBK	VFr, SS,SP SE	>62	62+	n/a	n/a	PS 0.20
		9-29	C SBK	Fi, S P SE					
		29-34	C ABK	Fi, S P SE					
		34-62	CL WSBK	Fr, S P SE					
2	LS 5%	0-9	SCL SBK	VFr, SS,SP SE	>62	62+	n/a	n/a	PS 0.20
		9-28	C SBK	Fi, S P SE					
		28-35	C ABK	Fi, S P SE					
		35-62	CL WSBK	Fr, S P SE					
3	CVLS 5%	0-9	SCL SBK	VFr, SS,SP SE	>52	51+	n/a	n/a	PS 0.25 TD 20"
		9-28	C SBK	Fi, S P SE					
		28-38	C ABK	Fi, S P SE					
		38-51	CL WSBK	Fr, S P SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		Conv.
Site LTAR		0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): __PS_____
EVALUATED BY: ___Alan McKinney_____
OTHER(S) PRESENT: _Owner, Builder, Installer, Justin Henderson_

COMMENTS: Pits 1 & 2 had some pl structure within the third horizon. It was very sopratic and not enough to define the horizon with no mottling . Justin evaluated Pit 4. Similar profile to pit 3. I confirmed his calls but did not take notes.

2158111

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

9936

(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 #
Wilson Building	PO Box 6658 Statesville NC		704-880-8219
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jason Wood	287 Massey Deal Rd Statesville		704-929-6964

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
287 Massey Deal Rd Statesville	Ponderosa Farm	Lot #3

Driving Directions: I-40 West to Old Mountain Rd Turn Rt go 3 miles turn Rt on Massey Deal property 1 mile on Left

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 UNKNOWN
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) 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 (X) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2013 Year

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

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

9. Signature: _____ 4/14/16
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:

_____ 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

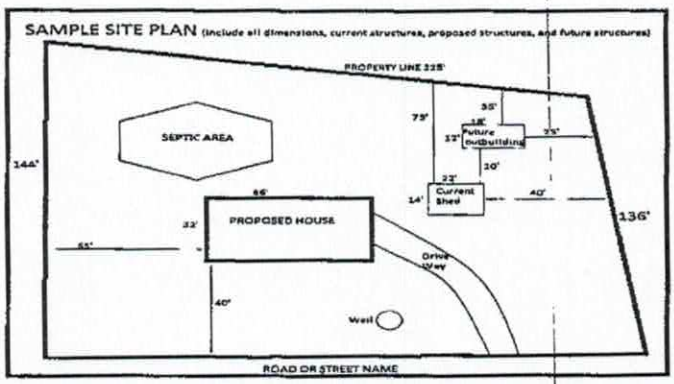
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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: _____ _____ DATE

REQUIRED property owner or owner's legal representative signature.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201189

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

PIN # 4705243244

APPLICANT: Wilson Building Co. APPLICANT ADDRESS: 110 White Dogwood Ln.

SITE ADDRESS: 287 Massey Deal Rd. PHONE: 704-880-8219 ALT. PHONE: N/A

SITE DIRECTIONS: I-40 W to Old Mtn Rd TR old Mtn Rd. TR Massey Deal Rd.

SUBDIVISION: Ponderosa Farms SECTION: N/A LOT # 3 LOT AREA: 1.01 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 24 ft
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

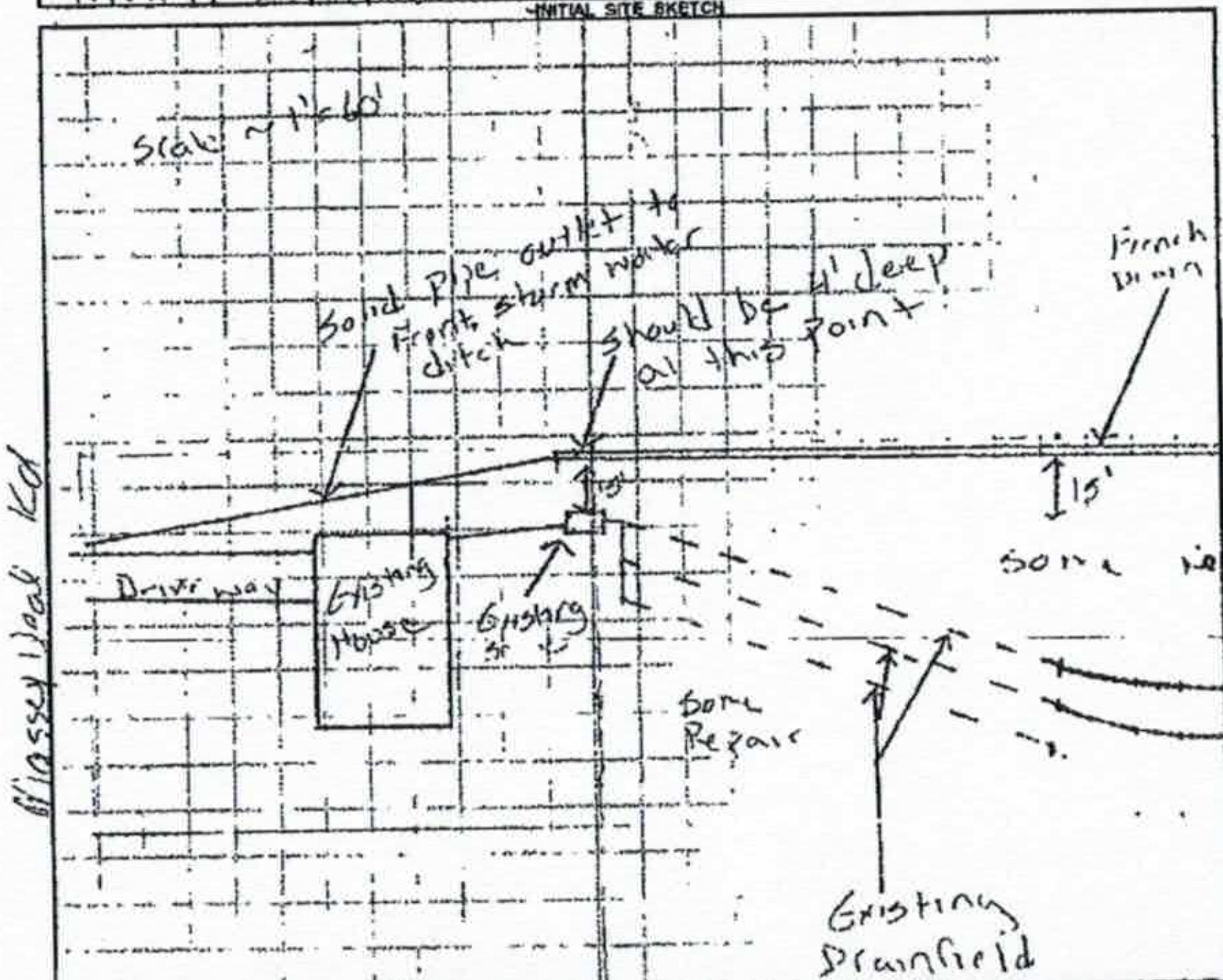
☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI
System Description:
Repair System Description: 25% Reduction w/ French Drain
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

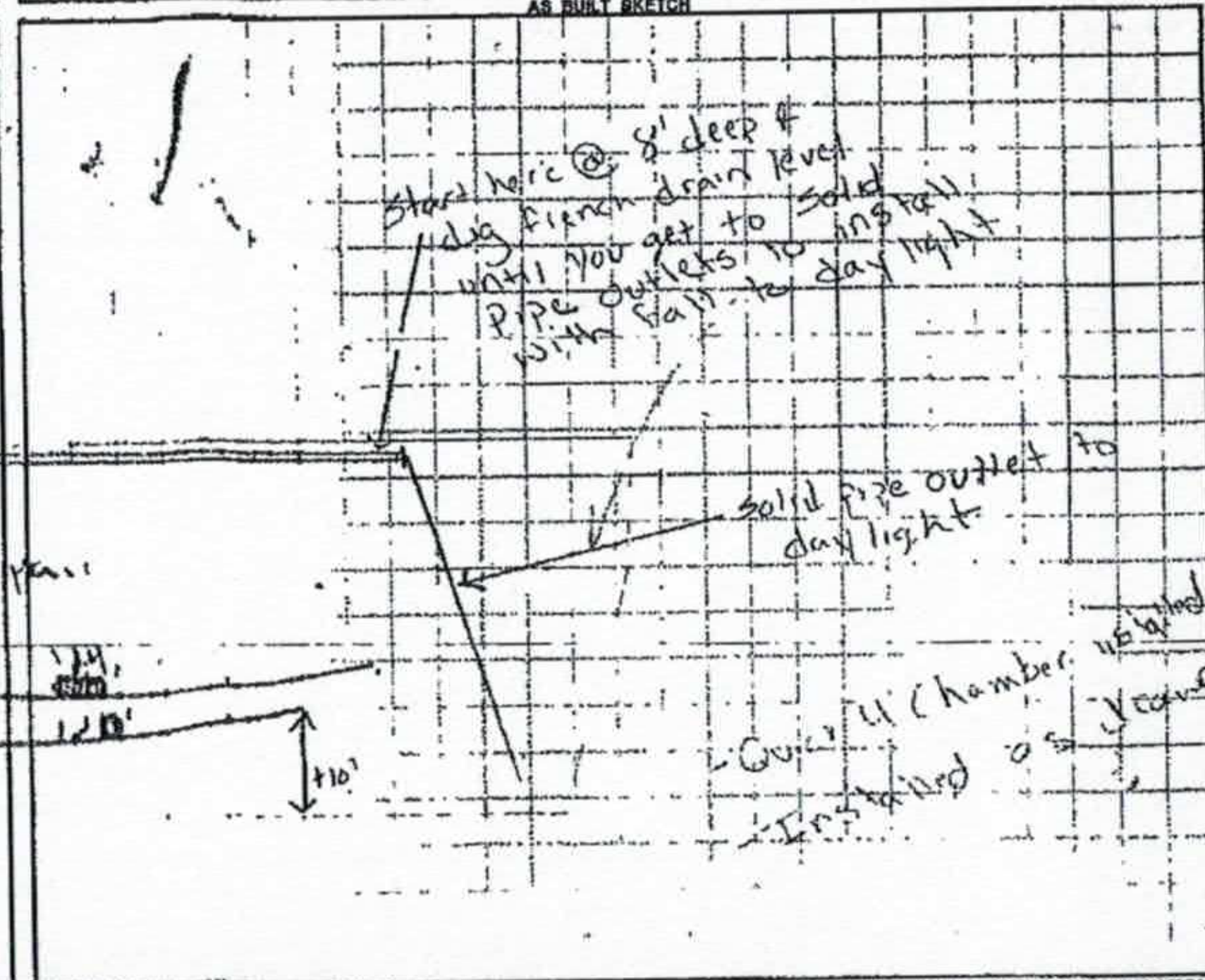
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Extend existing nitrification lines as shown below. Install french drain on high side of nitrification field a minimum of 15' above drainfield, as close to property line as possible, as shown below.

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: 2-17-14 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-7-14 OPERATION PERMIT by: Justin Henderson Date: 4-2-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2/14 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 17633 PIN # 4705.24.3244 DATE APRIL 16, 2012

OWNER WILSON BUILDING CO. APPLICANT: SAME PHONE: Home/Cell # 704-880-8219 Business # 704-881-0071

OWNER / APPLICANT ADDRESS 120 WHITE DOGWOOD LANE STVL. NC 28625

SITE ADDRESS 287 MASSEY DEAL RD.

SITE DIRECTIONS I-40 W, TR OLD MOUNTAIN ROAD, TR MASSEY DEAL RD, ON LEFT AT BOX #287.

SUBDIVISION PONDEROSA FARMS BLOCK / SECTION ____ LOT # 3 LOT AREA 1.01 ACRE DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 480

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: CONVENTIONAL SYSTEM

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

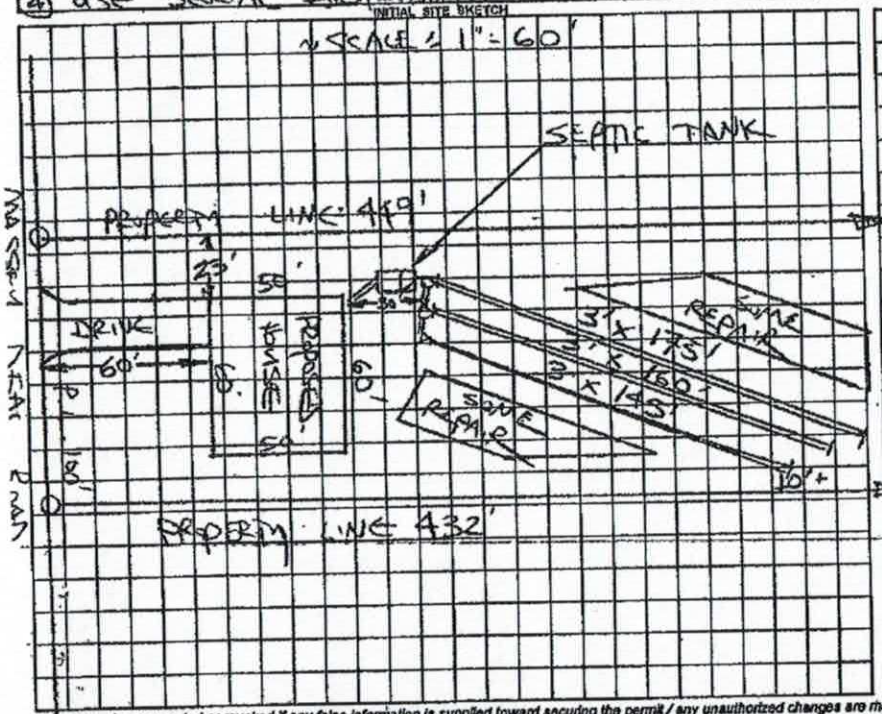
Comments / Conditions (1) ALL ACCEPTED SYSTEM MAY ALSO BE USED

(2) INSTALL SYSTEM ON CONTOUR AS FLAGGED ON SITE

(3) SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS.

(4) USE 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.

☐ *IMPROVEMENT PERMIT* with plat valid without expiration. ☒ *IMPROVEMENT PERMIT* with plat valid without expiration. site plan valid 60 mo. ☒ *AUTHORIZATION TO CONSTRUCT* valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 4-16-2012 Installed by: ____

IMPROVEMENT PERMIT by: STEVE HENDRICK REHS Date APR. 16, 2012 OPERATION PERMIT by: ____ REHS Date ____

AUTHORIZATION TO CONSTRUCT by STEVE HENDRICK REHS Date APR. 16, 2012 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy -- Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant