IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 200 242988

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

PIN # 4705334764

APPLICANT/OWNER: CRYSTAL CALL APPLICANT ADDRESS: 342 MASSEY DEAL ROAD, STATESVILLE, NC 28625

SITE ADDRESS: 342 MASSEY DEAL ROAD, STATESVILLE, NC 28625 PHONE: (828) 291-1798 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN ROAD, (R) ON MASSEY DEAL ROAD, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: O.M. PERRY SECTION: — LOT # 29-32 LOT AREA: 0.46 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

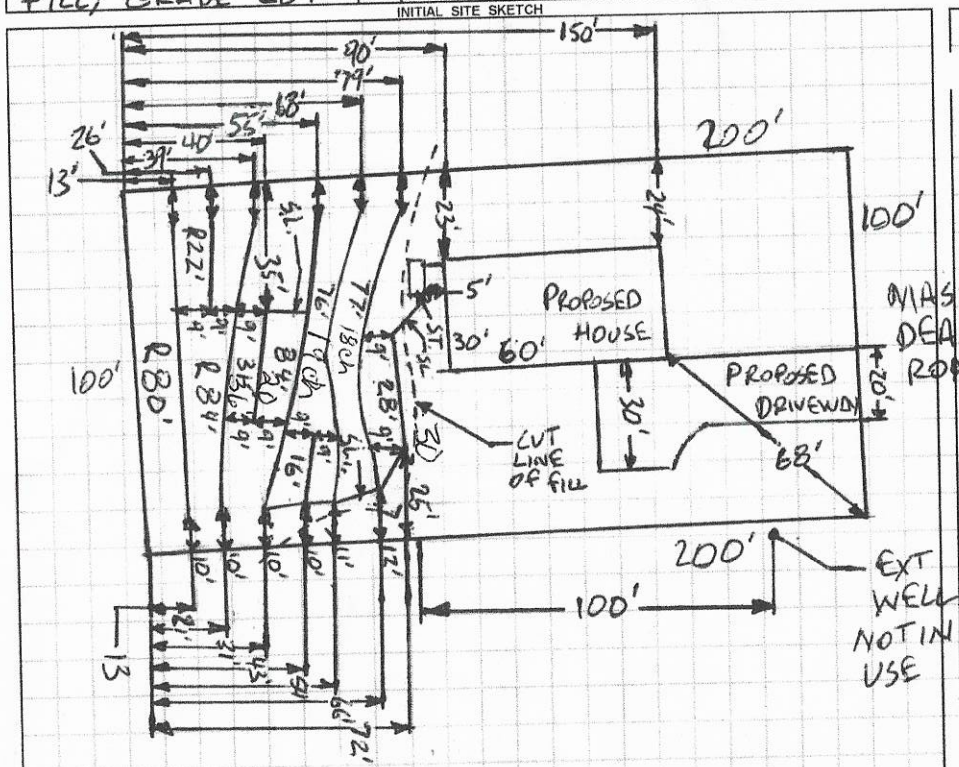
Septic Tank	1000 (gal)	STB	760	Date	9-1-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	REPAIR EXEMPT (186ft LPP PSPS)	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	6	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9ft CENTERS, MAINTAIN 50ft FROM ALL WELLS, MAINTAIN .2ft FROM ALL FILL, GRADE CUT TO MAINTAIN POSITIVE DRAINAGE OVER DRAINFIELD.

LOT WAS DEEDED IN 1969. THUS IT IS REPAIR EXEMPT, BUT 186ft OF REPAIR WAS LAID OUT.

INITIAL SITE SKETCH



Installed Quick 4 as Shown ST 10' from house.

1 IN = 50ft
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
EXT = EXSISTING
R = REPAIR

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: Crystal Call Date: 5/29/19 Installed by: TB Grading

IMPROVEMENT PERMIT by: Burkett C. White Date: 5-28-19 OPERATION PERMIT by: Maria Solon Date: 11/6/19

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 5-28-19 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 2
PROPERTY ID #: 4705334764
COUNTY: IREDELL

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

OWNER: CRYSTAL CALL
ADDRESS: 342 MASSEY DEAL ROAD, STATESVILLE, NC, 28625 APPLICATION DATE 3-18-19
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 GPD DATE EVALUATED: 4-15-19
LOCATION OF SITE: 342 MASSEY DEAL ROAD, STATESVILLE, NC 28625 PROPERTY SIZE: 0.46 AC
WATER SUPPLY: ☐ Private ☑ ~~Public~~ ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: 1967
EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut TYPE OF WASTEWATER: ☑ ~~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	LINEAR SIDE 7%	0-10	SCL, GR	FR, S, SP, SEXP	SAP INC MICA	48"+	NA	NA	PS .3
		10-25	C, SBK	FR, S, P, SEXP					
		25-48	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE FLAT 2%	0-12	~~SCL~~ FILL	FILL	SAP INC MICA	60"+	NA	NA	PS .3
		12-21	SCL, SBK	FR, SS, SP, SEXP					
		21-~~46~~	C, SBK	FR, S, P, SEXP					
		46-60	CL, WSBK	FI, SS, SP, SEXP					
3	FLAT 2%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC MICA	~~48~~"+	NA	NA	PS .3
		12-28	C, SBK	FR, S, P, SEXP					
		28-48	CL, WSBK	FI, SS, SP, SEXP					
4	FLAT 2%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC MICA	50"+	NA	NA	PS .3
		8-23	C, SBK	FR, S, P, SEXP					
		23-~~50~~	CL, WSBK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	EXEMPT
System Type(s)	25%	50% LPP
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Barbara C. Wilson
OTHER(S) PRESENT:

COMMENTS:

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 #: 4705334764
DATE OF EVALUATION: 5-6-19
COUNTY: IREDELL

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
5	FLAT 2%	0-9	SCL, SBK	FR, SS, SP, SEP	SAP INC	48"	NA	NA	PS 3
		9-22	C, SBK	FR, S, P, SEP					
		22-48	CL, VFSBK	FI, SS, SP, SEP	MICA				

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

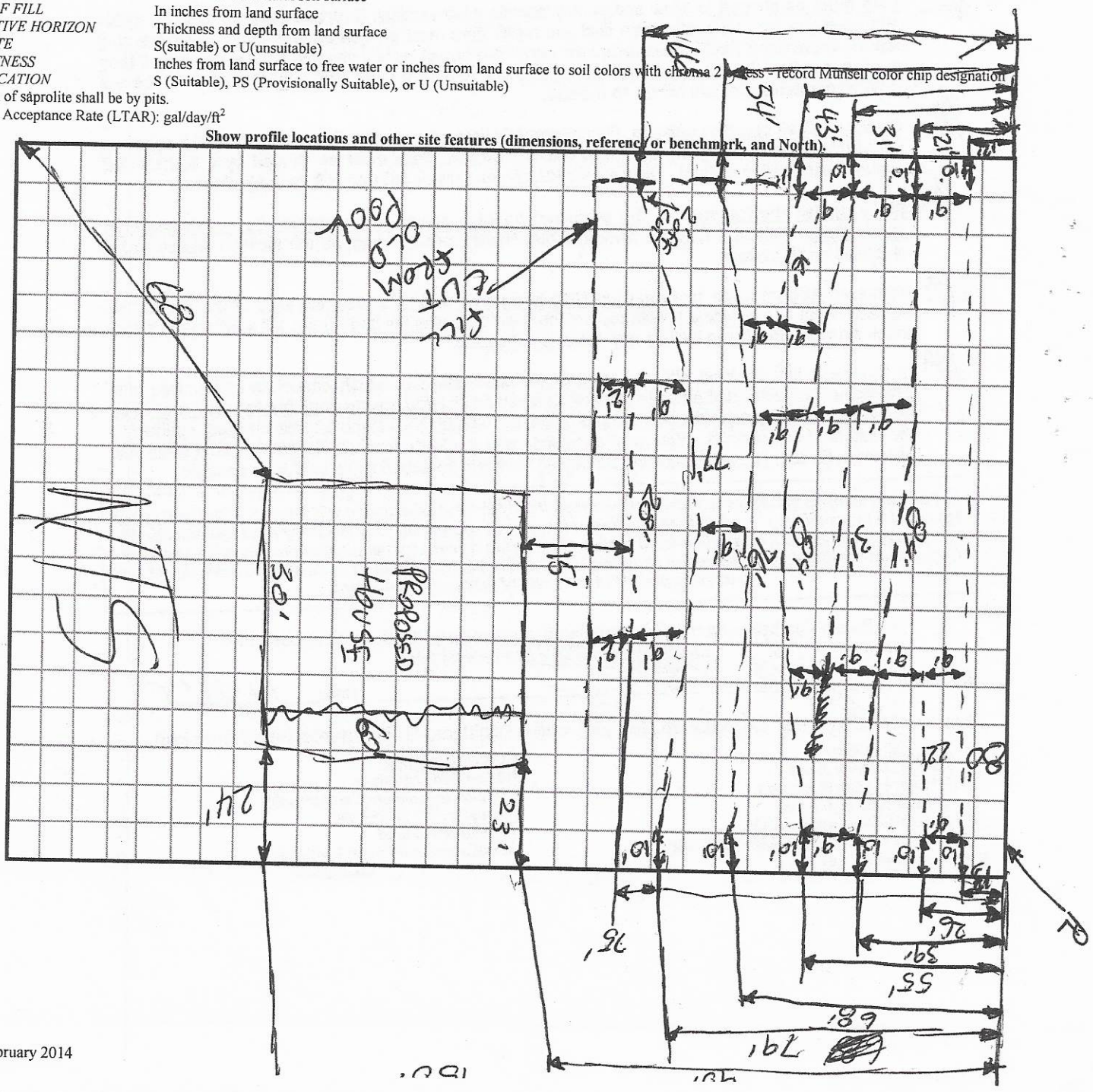
NOTES

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).



RECEIVED MAR 1 8 2019

Paid $500.00 # 242988

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Crystal Call Address: 342 massey Deal Rd Zip: 28625

Applicant Email: Crystal.Call183@gmail Phone: (828) 291-1798 Alt. Phone: _____

Owner Name: Crystal Call Address: _____ Zip: _____

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

Property Information:

Street Address: 342 massey Deal Rd

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

Driving Directions: I-40 west to old Mt. Rd turn Rt go aprox 3miles turn Rt onto massey Deal go aprox 1.5miles on Rt

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

(X) New Single Family Residence Maximum Number of Bedrooms: 03
( ) New Multi-Family Residence Maximum Number of Occupants: 06
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Per Crystal Call 3/18/19

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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: Crystal Call 3/18/19

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

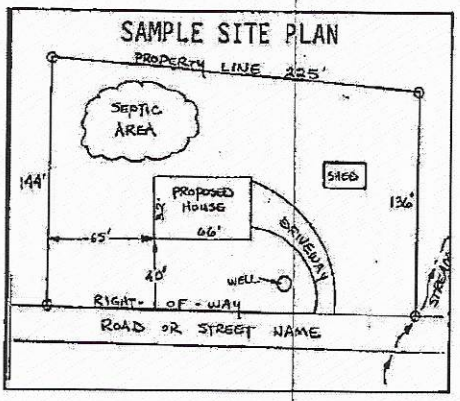
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

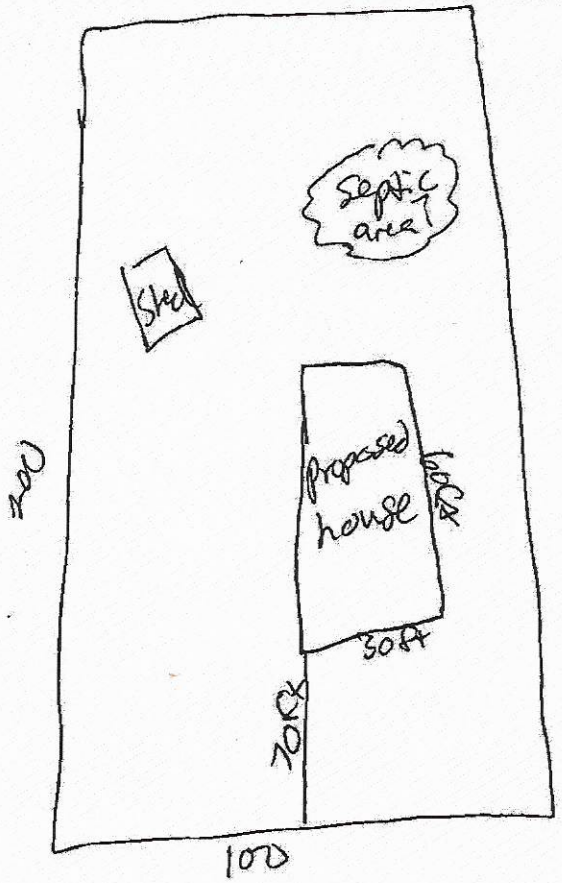


Circle N/A on the following if appropriate:

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

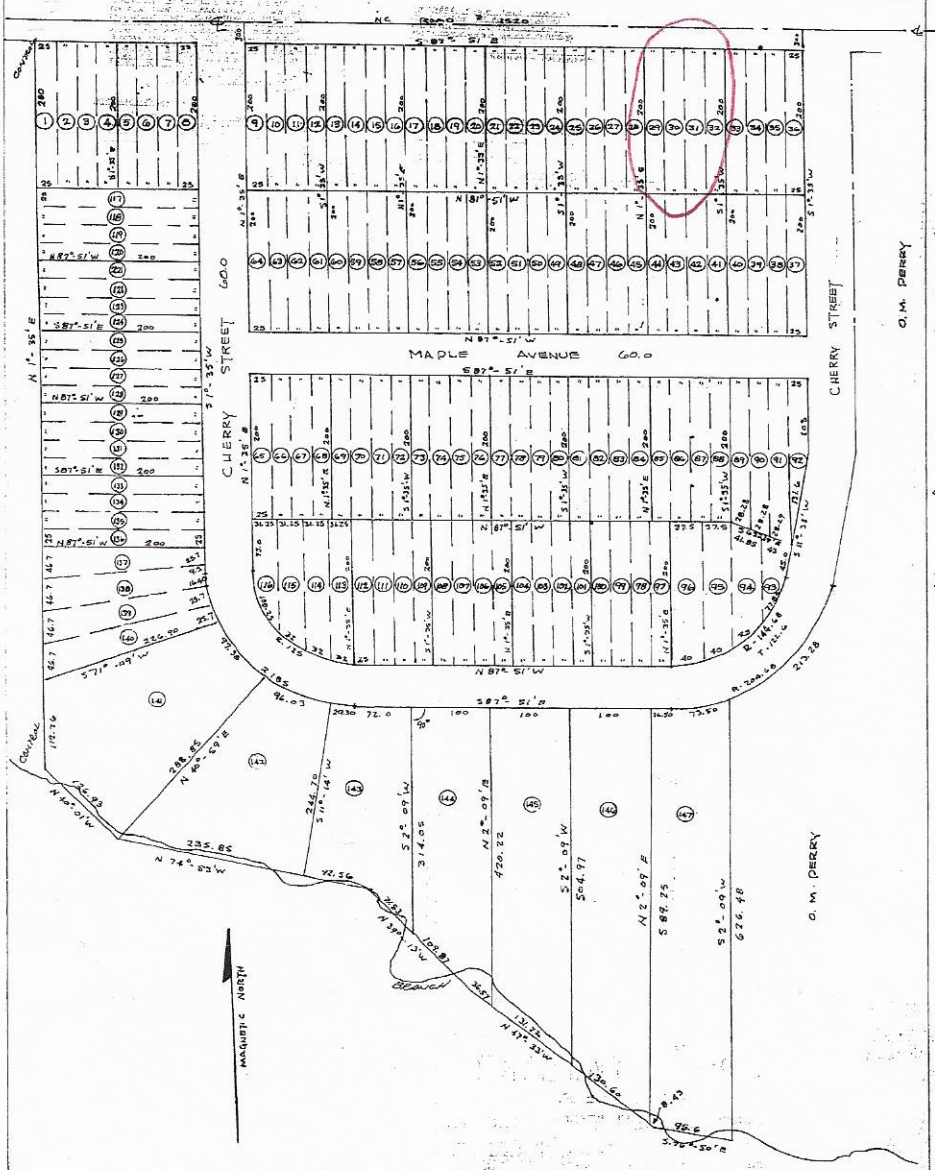


Signature: Crystal Call

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

3/18/19

DATE



PROPERTY OF O.M. PERRY

O. M. PERRY OWNER
N.C ROAD #1520 SHILOH TOWNSHIP IREDELL COUNTY
NORTH CAROLINA
SCALE 1" = 100' APRIL 12, 1967
L. B. GRIER REG. SURVEYOR STATESVILLE, N.C.
SEAL No L-568

NORTH CAROLINA
IREDELL COUNTY

I L.B. GRIER CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY MADE BY ME APR 15 1967 THAT THE ERROR OF CLOSURE AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:-6200 THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED

L. B. GRIER

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 2nd DAY OF May 1967

THE FORGOING CERTIFICATE PROOF OF THE CORRECTNESS OF THE ATTACHED PLAT IS ADJUDGED TO BE IN DUE FORM AND ACCORDING TO LAW THEREFORE LET SAID MAP WITH THIS CERTIFICATE BE RECORDED

R.A. Mundy, Deputy, C.S.C.

FILED FOR REGISTRATION AT 10:50 A.M., MAY 4, 1967
AND REGISTERED IN PLAT BOOK 9 PAGE 51

REGISTER OF DEEDS

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Crystal Call

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.

2. I, _____, am the legal owner(s) of the property located at _____, 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.

Crystal Call
Signature of Owner(s)

3/18/19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

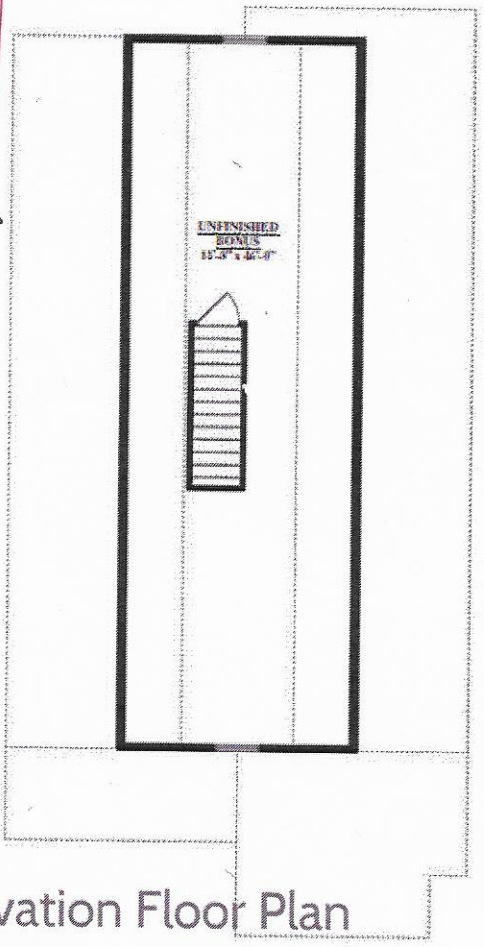
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

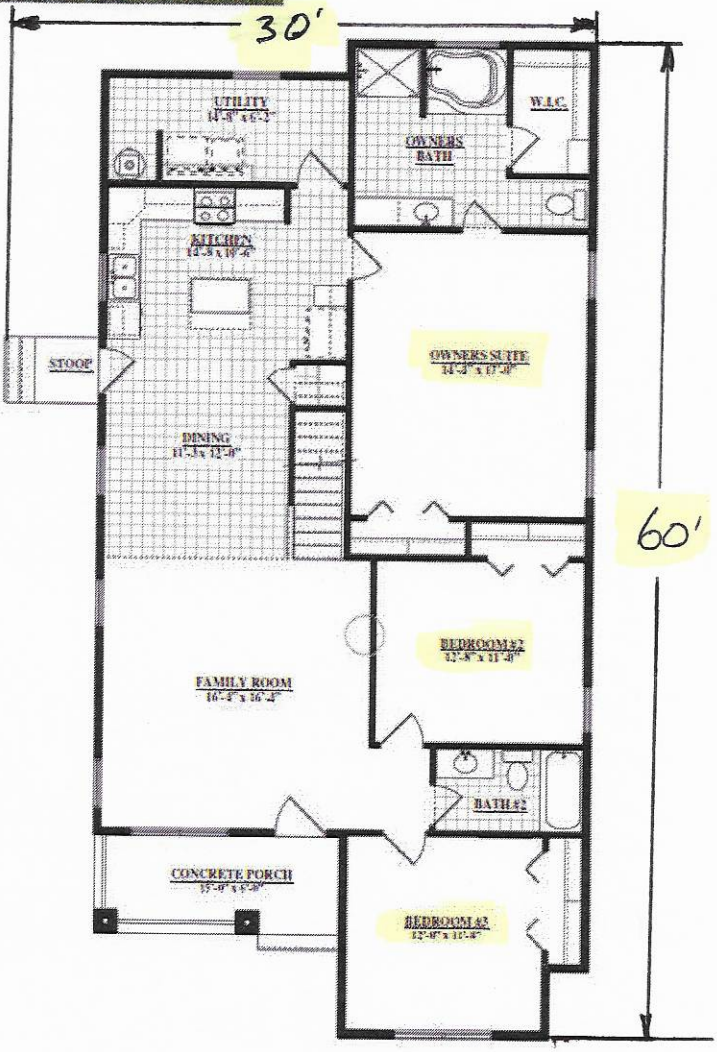






Acknowledgement Of Plans Submittal ONLY!
Crystal Call Date 5/29/19
Bryant C. White Date 5-28-2019





Oak Elevation Floor Plan

© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
242988
Issue Date: 03/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4705334764.000	342 MASSEY DEAL ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: HAMRICK JANET	Applicant: CALL, CRYSTAL
Address: 109	Address: 342 MASSEY DEAL
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

$ PAID
✓ 1001809432
SL
3.18.19

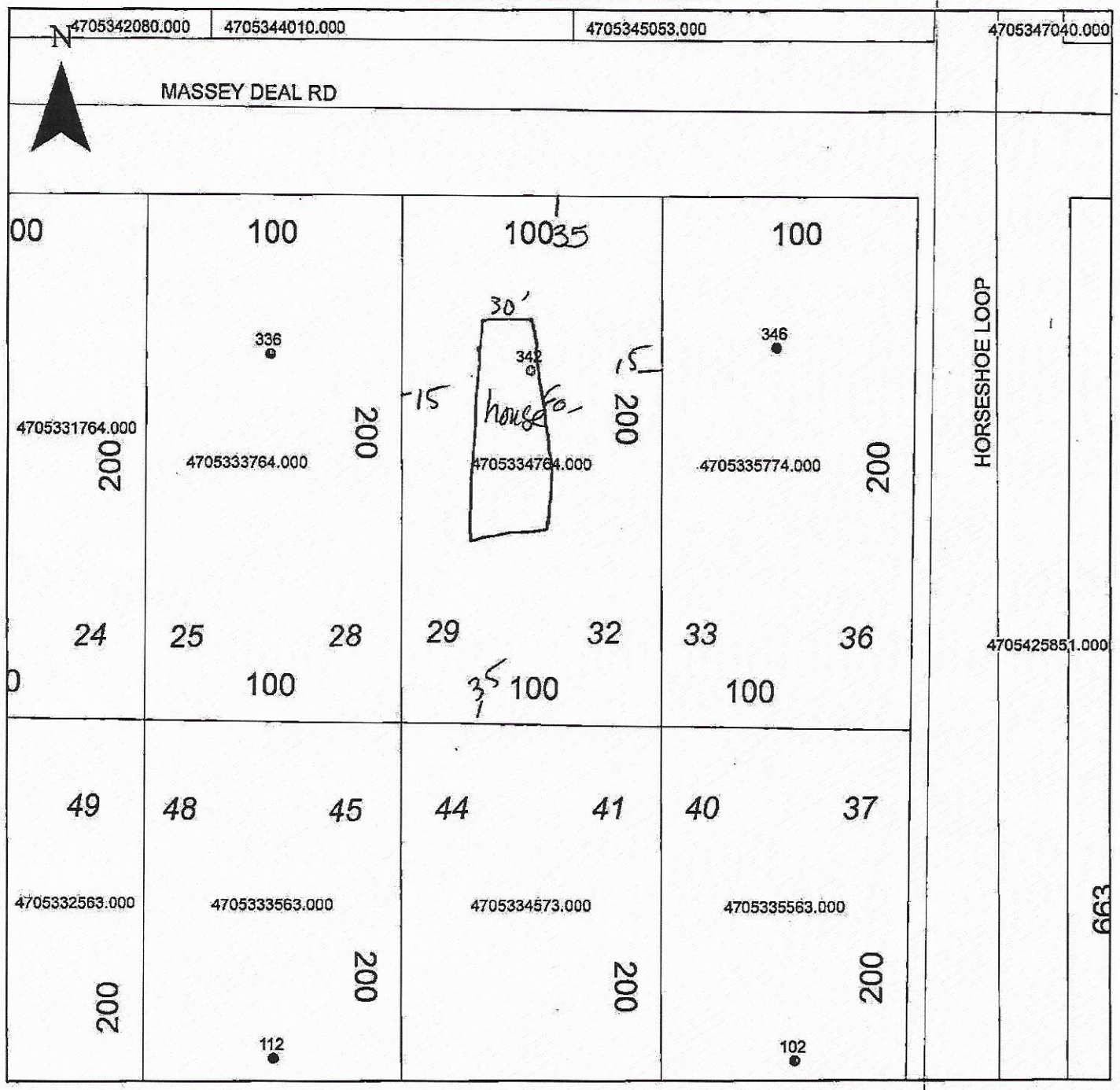
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

SL

Applicant: See Attached Date: _____

Permit Number	170890	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 342 Massey Deal

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.

Crystal Call

Applicant

3/18/19

Date