IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235760

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

PIN # 4705411296.000.

APPLICANT/OWNER: Glen Westbrooks APPLICANT ADDRESS: 166 Yellowstone Lane Statesville NC

SITE ADDRESS: 253 Alpine Circle Statesville NC 28625 PHONE: 704 450 6353 ALT. PHONE ~

SITE DIRECTIONS: Old Mountain Rd to Alpine Circle SAP CONTROLLED: [X] YES [ ] NO

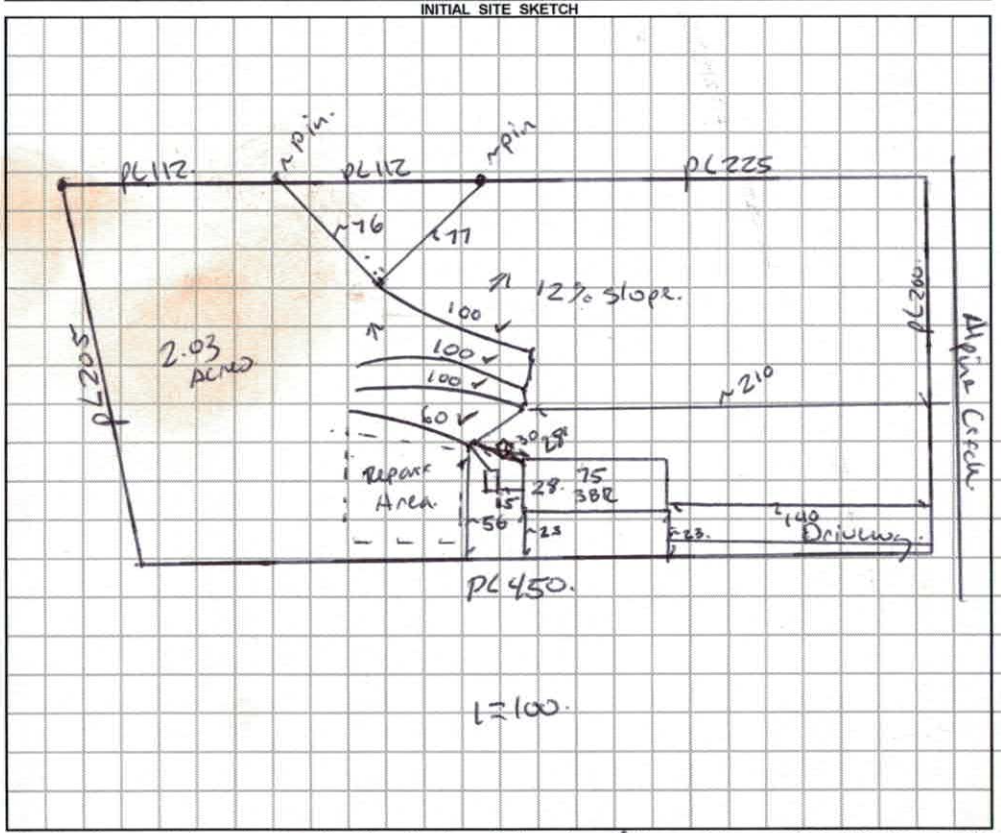
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 2.03 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	7120	Date	4/11/18	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	25% Reduction			
Pump Make	~	Model	~		Serial #	~	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft	360	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36	Trench Bottom Depth(Low side)	30		Gravel Depth	~		[X] GRAVITY	[ ] PRESSURE		

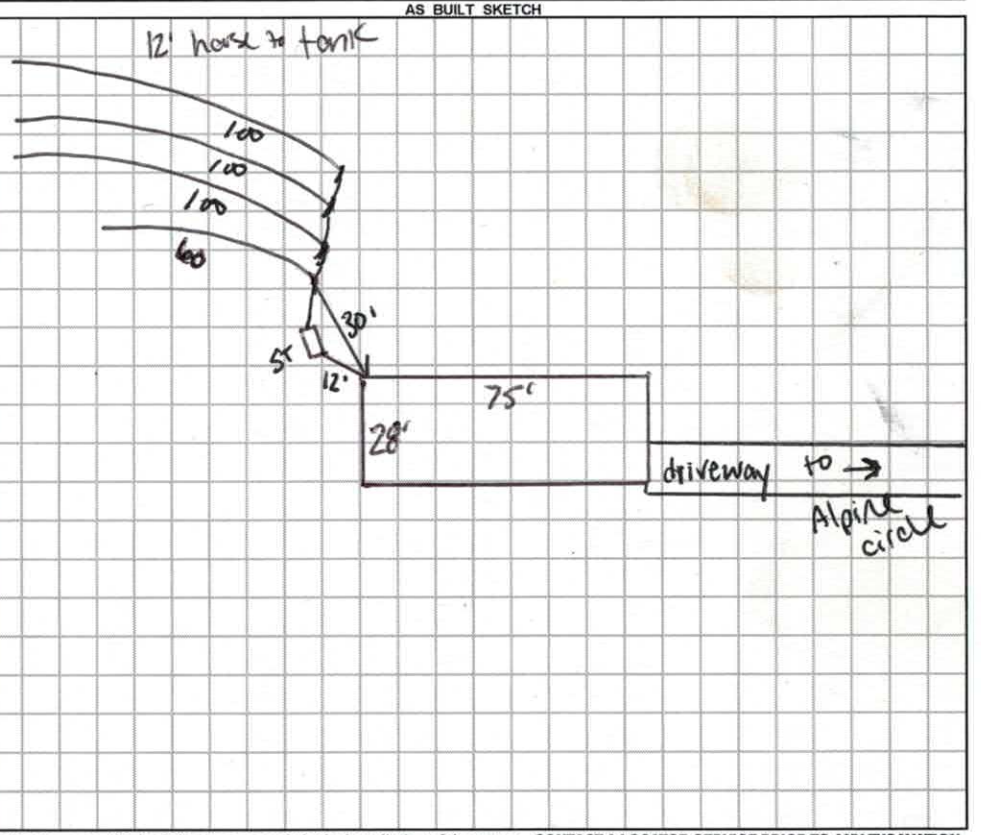
[X] Residence	No. Bedrooms	3	Water Supply		
[ ] Business	No. Persons	6	[ ] Private		
[ ] Other	No. Employees		[X] Public		
[ ] Slab	[X] Crawl Space		[ ] Community		
[ ] Basement w/plumbing			[ ] Basement w/o plumbing		

Comments / Conditions: Install Septic Drawings on the Contour of the Land and utilize serial Distribution. Do not Drive, park, pave, grade or bury utilities in the drainfield area.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6-20-18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A. Bottum Date: 6/19/2018 OPERATION PERMIT by: Carla C. Cave Date: 8/29/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6/21/18 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 1
PROPERTY ID #: 4705412
COUNTY: Pasquotank

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

OWNER: Glen Woodhouse. APPLICATION DATE 5/17
ADDRESS: 166 Yellowstone Ln SVC. DATE EVALUATED: May 17
PROPOSED FACILITY: 3BR Home PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 2.038 Ac
LOCATION OF SITE: 253 Alpine Rd. SVC 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	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	Side 12%	0"-18"	C, ABK	SSSP FR SPO	2.5YR 5/6	48	-	-	.3
		18"-48"	CL, WSBK	SSSP FR					
2	Side Tip	0"-16"	C, ABK	SSSP FR SPO	2.5YR 5/6	28	-	-	.3
		16"-28"	CL, WSBK	SSSP FR					
		28"-56"	SAP-L, M	SSSP VFR.					
3	Side 12%	0"-25"	C, ABK	SSSP FR SPO	2.5YR 5/6	50	-	-	.25
		25"-50"	CL, WSBK	SSSP					
4	Ridge 6%	0"-23"	C, ABK	SSSP FR SPO	2.5YR 5/6	48	-	Rock @ 48	.25
		23"-48"	CL, WSBK	SSSP FR					
		48"-56"	SAP ROCK CONTROL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25%	50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): ~~RS~~ C/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Rollins/White
OTHER(S) PRESENT:

COMMENTS:

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.

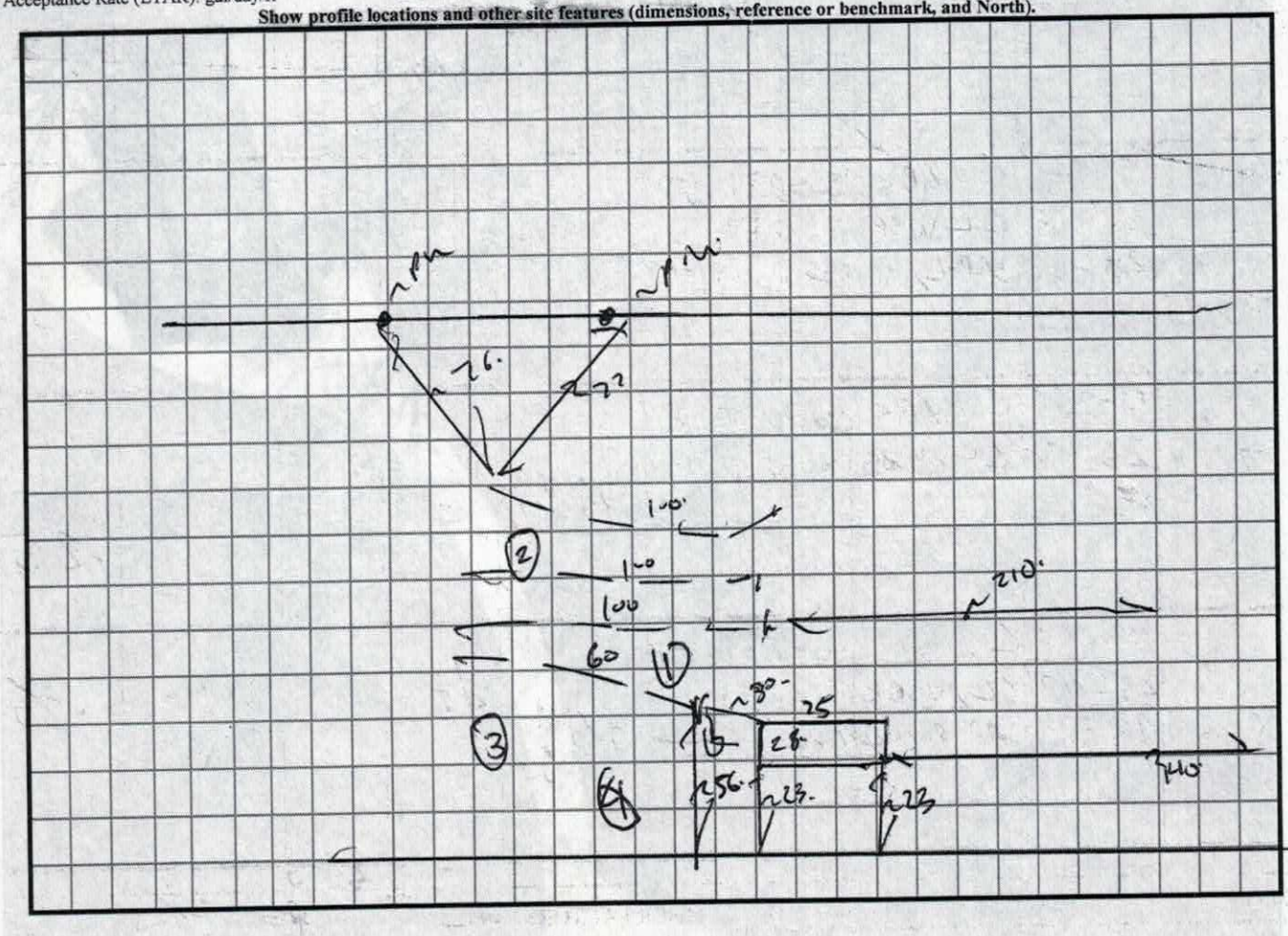
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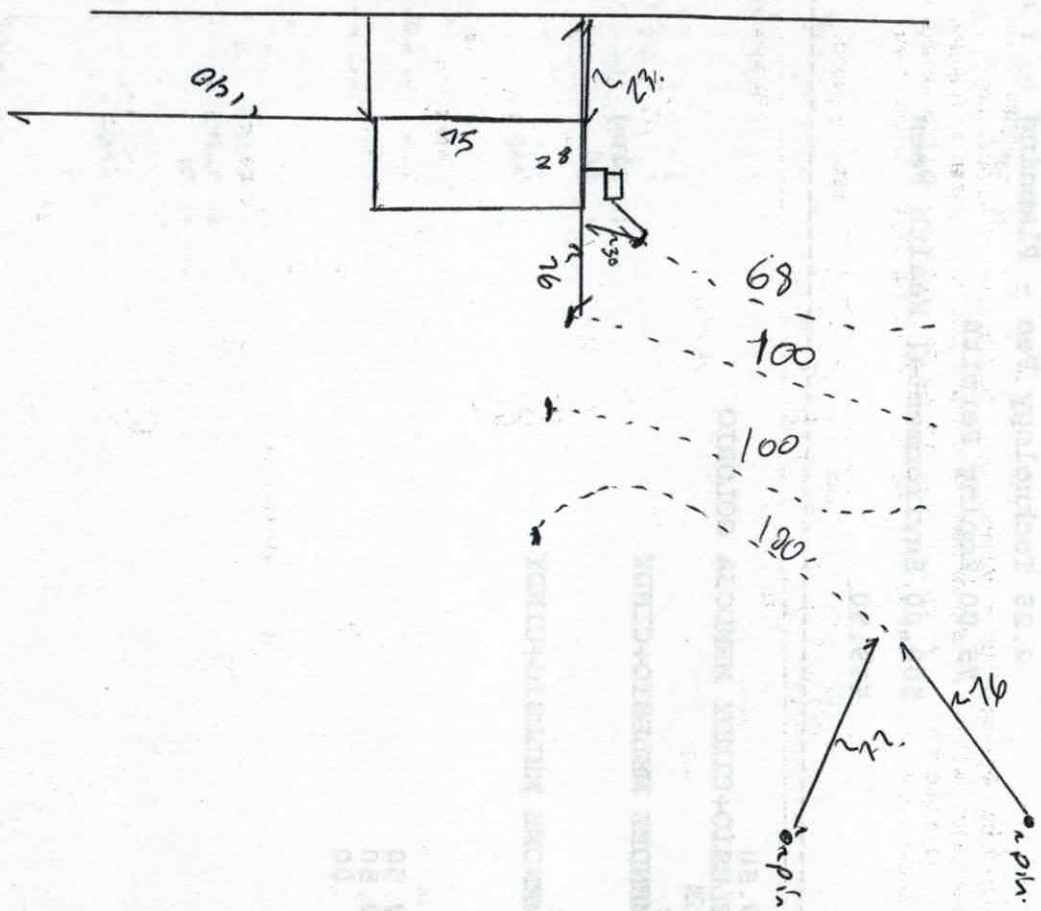
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).




~13
75
28
~30
96
68
100
100
120
~76
~77

RECEIVED JUN 2 1 2018

2357160

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

NCA

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: Glen Westbrook Address: 106A Yellowstone Ln, Statesville Zip: 28677
Applicant Email: GWESTLLC@ATT.NET Phone: 704-450-6353 Alt. Phone: _____
Owner Name: James & Sue Ligon Address: 175 Vaughn Mill Rd Statesville NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 253 Alpine Circle, Statesville, NC 28625
Subdivision Name: N/A Section/Phase: N/A Lot Number: _____
Driving Directions: _____

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 7
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: James F. Ligon Jr 5-17-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

06/21/18

GWESTLLC@ATT.NET

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)* _____

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, James Ligon, am the legal owner(s) of the property located at Alpine Circle, identified as PIN (Parcel Identification Number) 4705-41-1246, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Glen Westbrook, _____, 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.

& _____ 5-17-18

Signature of Owner(s) 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

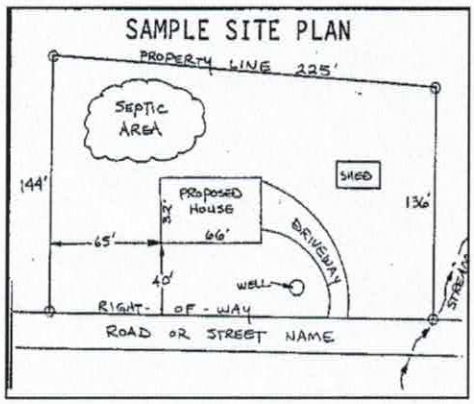
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

SEE SUBJECT PERMIT

Signature: _____ _____ 06/01/18

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

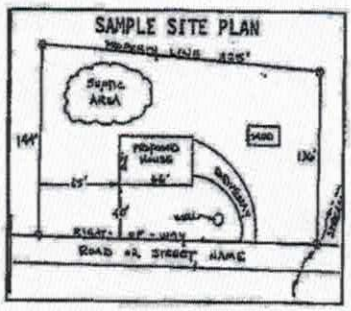
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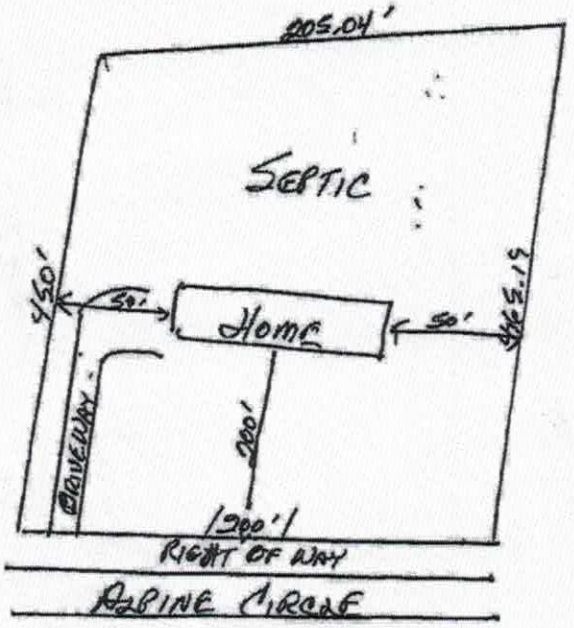


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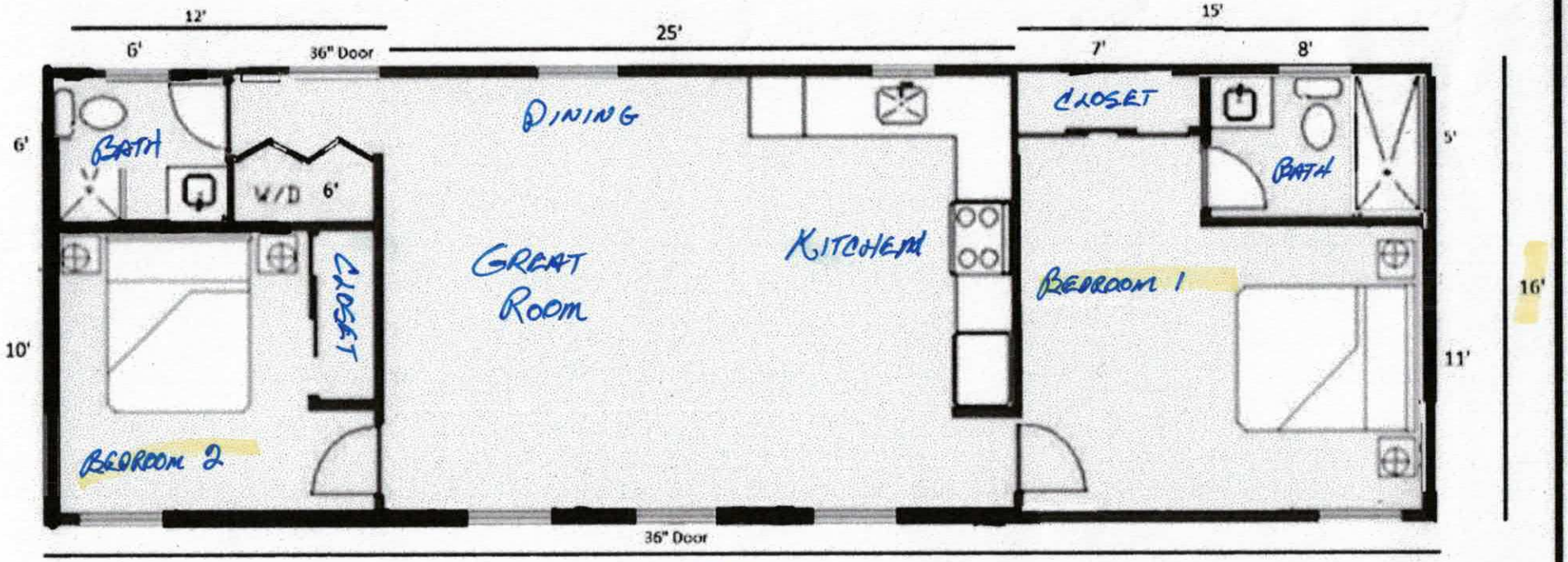
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Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



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

DATE 5/18/18



WANT TO INSALL FOR 3 BEDROOM

GLEN WESTBROOK
253 ALPINE CIRCLE
STATESVILLE, NC 28625

704-450-6353

Acknowledgement Of
Plans Submittal ONLY!
Date 6/21/18
Carla C. Carl Date 6/21/18

IREDELL COUNTY

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

APPLICATION NUMBER
235760
Issue Date: 05/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4705411296.000	253 ALPINE CIRCLE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: LIGON JAMES F JR	Applicant: WESTBROOK GLEN T
Address: 272	Address:
IREDELL CO, NC 28625	
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.030	35.00	35.00	15.00	15.00		X

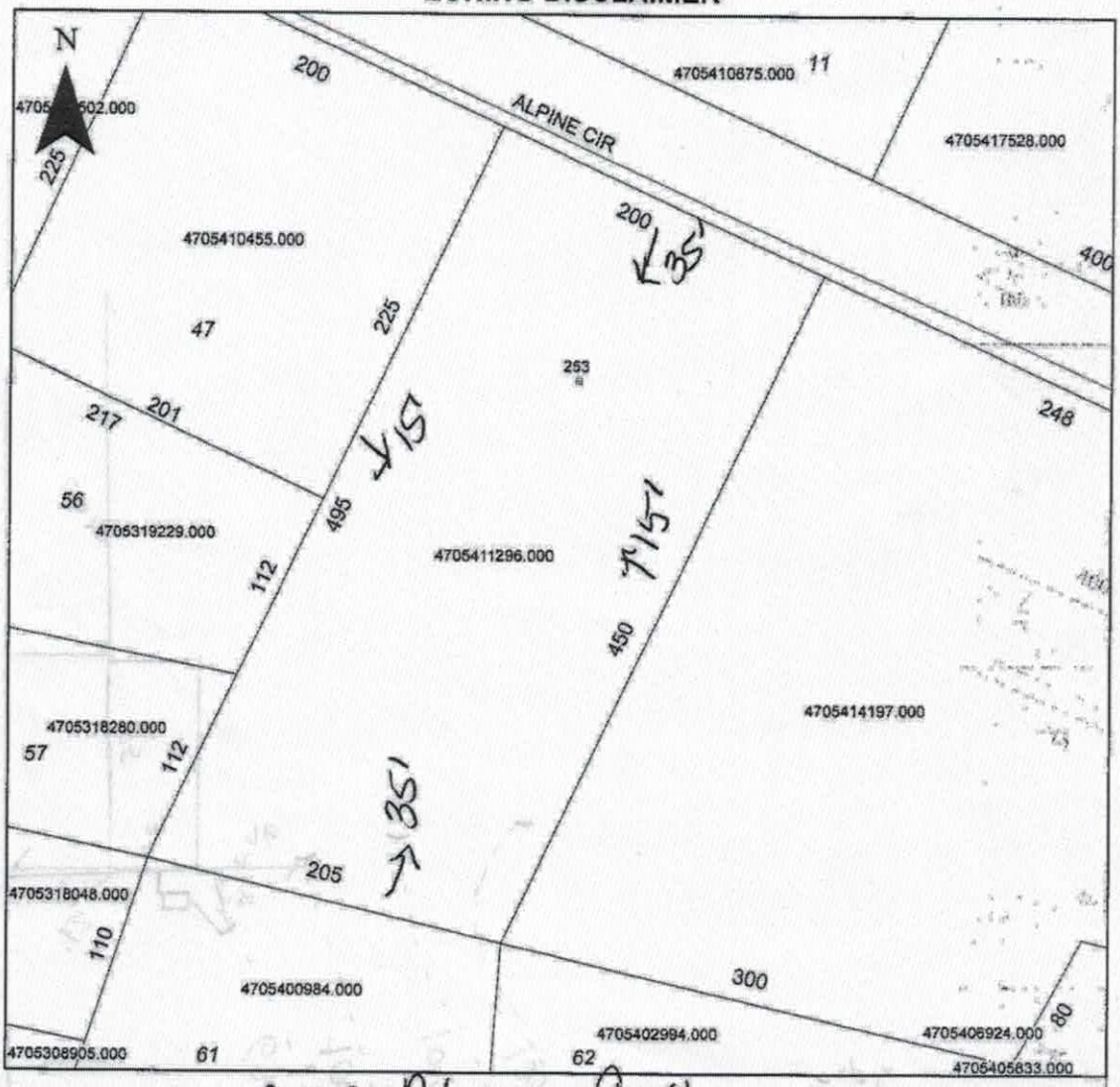
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	139326	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 253 Alpine Circle

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Applicant

5/16/18
Date