IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (CC) Mooresville Office (704) 660-3625 PERMIT # 235196

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

PIN # 4705434918

APPLICANT/OWNER: Angie Hultshult APPLICANT ADDRESS: 385 Massey Deal Rd Statesville NC 28625

SITE ADDRESS: 385 Massey Deal Rd Statesville NC 28625 PHONE: 704-796-0851 ALT. PHONE 704-918 7071.

SITE DIRECTIONS: Island Ford Rd Don Lippard Ferm Rd Don Massy Deal Rd. Later Right SAP CONTROLLED: ☐ YES ☒ NO

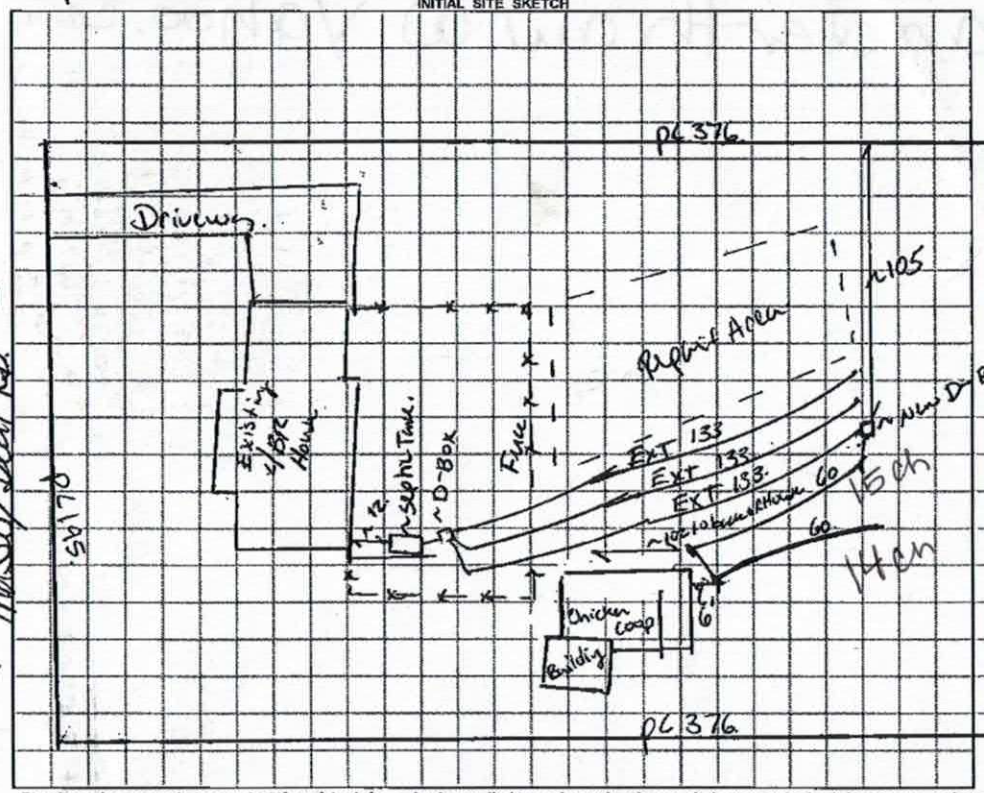
SUBDIVISION: Flint Ridge SECTION: 2 LOT # 9 LOT AREA: 1.68 Acres. DESIGN FLOW: 360 gpd. L.T.A.R.: .25.

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% Reduction.	☐ Business	No. Persons	8.	☐ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description: Pump 50%.	☐ Other	No. Employees		☑ Public
# Nitrification Fields	1	# Lines	2		Linear Ft	120	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36.	Trench Bottom Depth(Low side)	24		Gravel Depth	~	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing			☐ Basement w/o plumbing

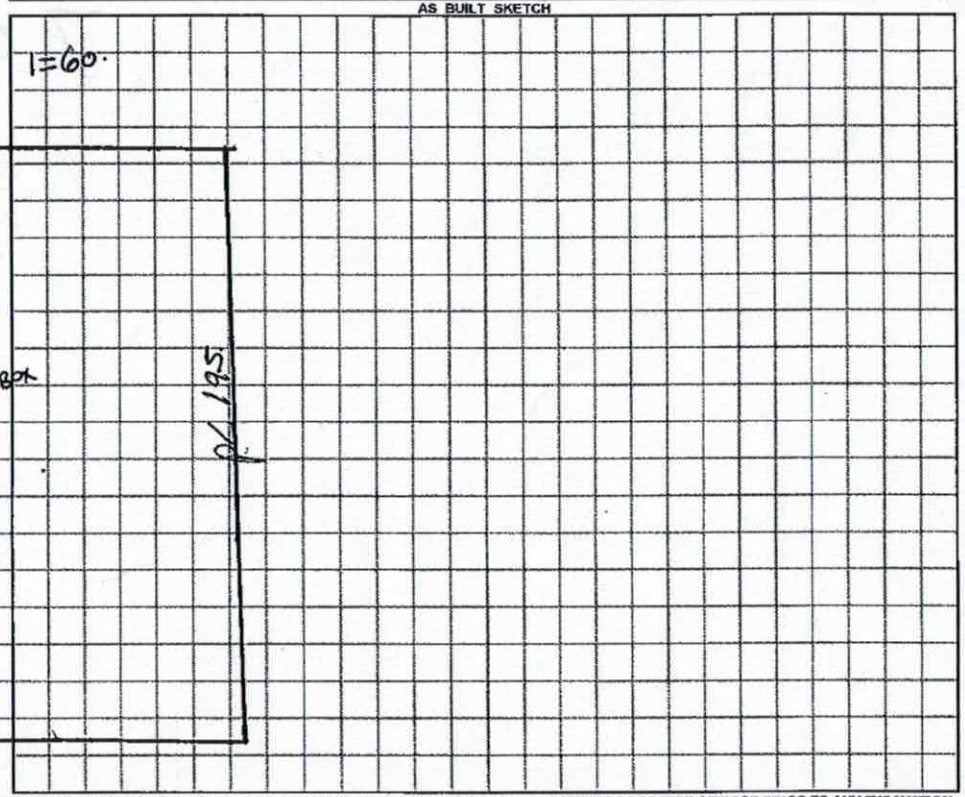
Comments / Conditions: 3BR House going to 4BR House. Install 120 Linear Ft of Drainfield. Install New D-Box & end of 3rd existing Drainline to skip over to new Drainline for Serial distribution.

Inspect and replace D-Box closest to Tank and replace if needed.

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: Angie Hultshult Date: 5-18-18 Installed by: TW Ammons

IMPROVEMENT PERMIT by: Benjamin A Bobby Date: 5/16/18. OPERATION PERMIT by: Maria Dotson Date: 7/13/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bobby Date: 5/16/18. 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 #: 4705434
COUNTY: Iredell

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

OWNER: Don Hulshult
APPLICATION DATE: 9/27/18
ADDRESS: 365 Mossy Oak Rd.
DATE EVALUATED: 5/15/18
PROPOSED FACILITY: 4BR Expansion PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.6 Acres
LOCATION OF SITE: 365 Mossy Oak Rd
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ~~Expr~~
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% Side	0-24	C SBK	SSSP FMSEP.	2.5YR4/6	44		Some Mica.	PS .30
		24-44	CL SBK	SSSP FRSEP	" "				
		44-53	Sap M Lam	NSNP VFR					
2	12% Side.	0-13	C SBK	SSSP FM SBK	2.5YR4/6	24		Mica	PS .30.
		13-24	CL WSBK	SSSP VFR					
		24-60	Sap M Lam	NSNP VFR					
3	12% Toe	0-10	SC GRWSBK	NSNP FMSEP	5YR 4/4	55		5YR5/4 Depth more36. Mica.	PS .25
		10-40	C SBK	SSSP FMSEP	2.5YR4/6				
		40-55	CL WSBK	SSSP FRSEP	" "				
4	12% Toe	0-15	SC GRWSBK	NSNP FMSEP	" "	53.		No Red or Iron Mottles	PS .25
		15-44	C SBK/ABK	SSSP FMSEP	" "				
		44-53	CL SBK	SSSP FR SEP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120	480
System Type(s)	25% 111	50%
Site LTAR	.25	.30.

OTHER FACTORS (.1946): Toe Slope
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bothers
OTHER(S) PRESENT:

COMMENTS: Expansion of 2BR to 4BR. TD to be 28-30

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
CV (Convex Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
D (Drainage Way)	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
DS (Debris Slump)	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
FP (Flood Plain)		O (Organic)	None	None
FS (Foot Slope)				
H (Head Slope)				
L (Linear Slope)				
N (Nose Slope)				
R (Ridge)				
S (Shoulder Slope)				
T (Terrace)				

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

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)

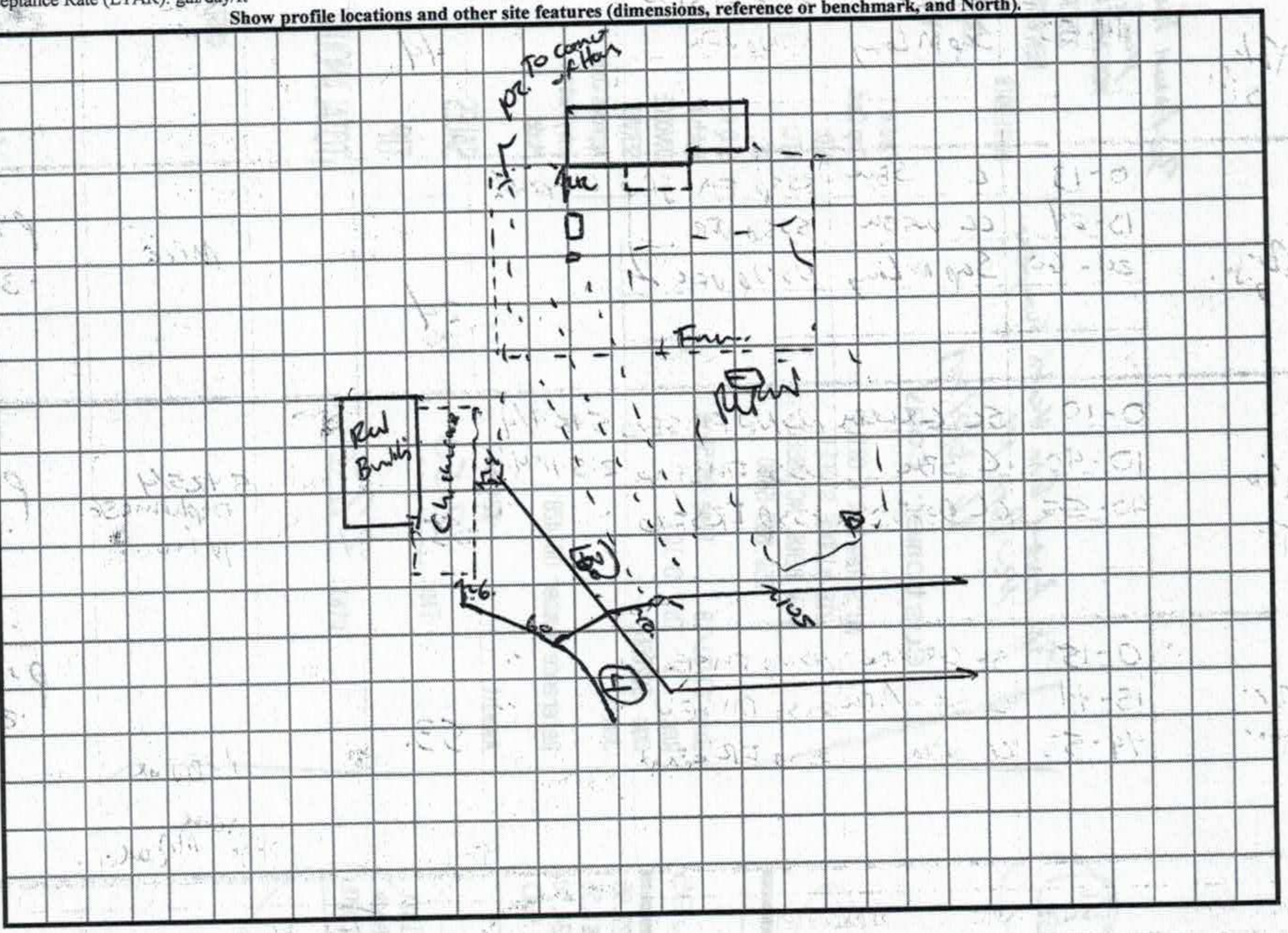
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



235196

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

adding bedroom in unfinished basement

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Angie Hulshult Address: 385 Massey Deal Rd Zip: 28625
Applicant Email: hulshult@hotmail.com Phone: 704-796-0851 Alt. Phone: 704-918-7071
Owner Name: Donald + Angela Hulshult Address: same Zip: ____
Owner Email: ____ Phone: ____ Alt. Phone: ____

Property Information:

Street Address: 385 Massey Deal Rd Statesville
Subdivision Name: N/A Section/Phase: ____ Lot Number: ____
Driving Directions: off Lippard Farm Rd

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: ____

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

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: 1996
( ) 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: Angie Hulshult 4-27-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Angela Hudshult, am the legal owner(s) of the property located at 385 Massey Dial Rd Statesville 28625, 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.

Angela Hudshult 4-26-18

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

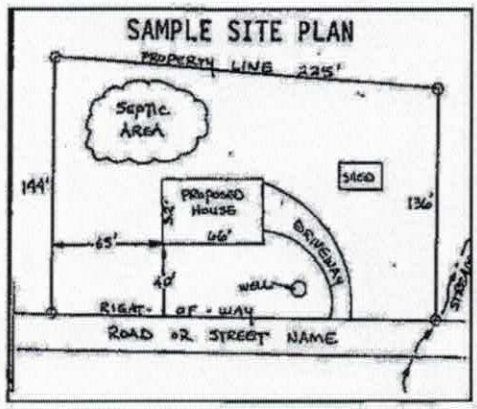
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

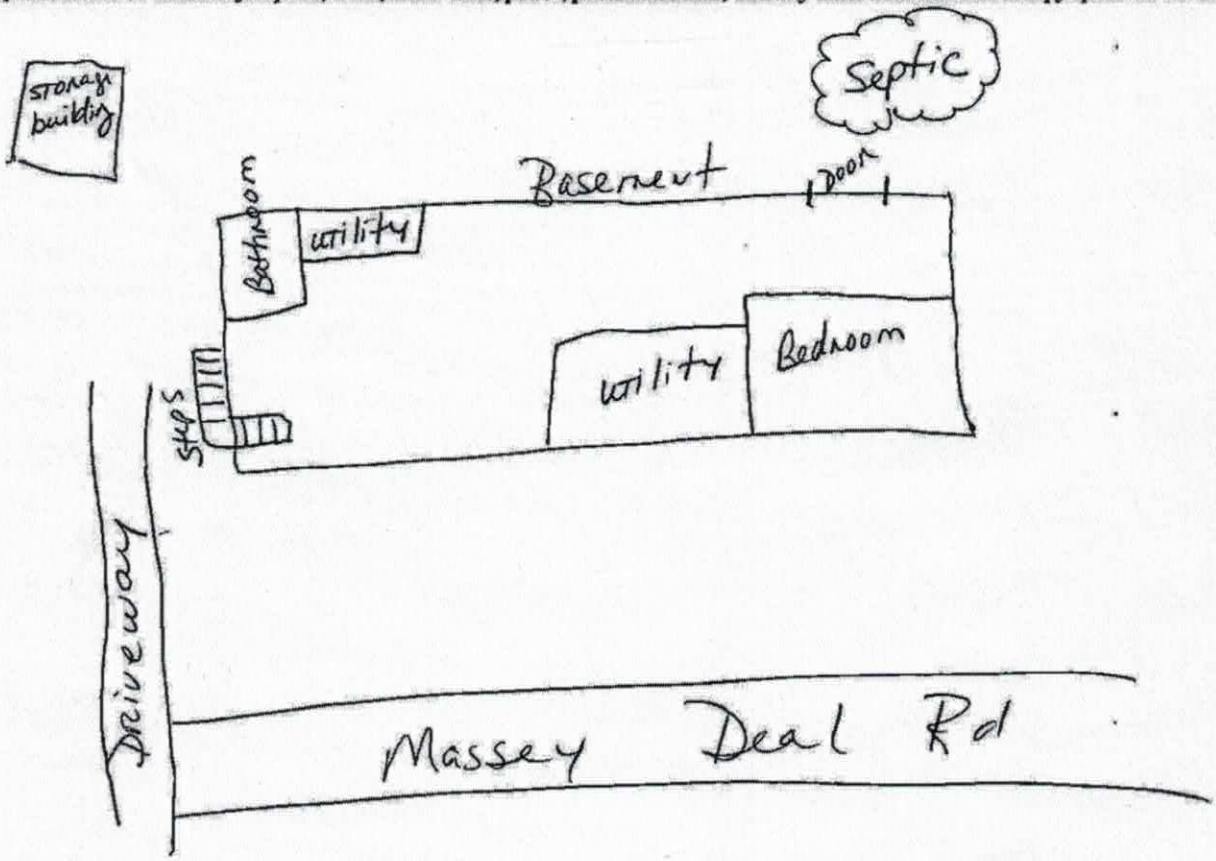


Circle N/A on the following if appropriate:

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



Signature: Angela Hudspeth

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

4-26-18

DATE

Acknowledgement Of
Plans Submittal **ONLY!**

_____ Date ____

Angie Hilchey Date 4-27-18

Basement - proposed

Driveway

STAIRS

Bath Room

utility

utility

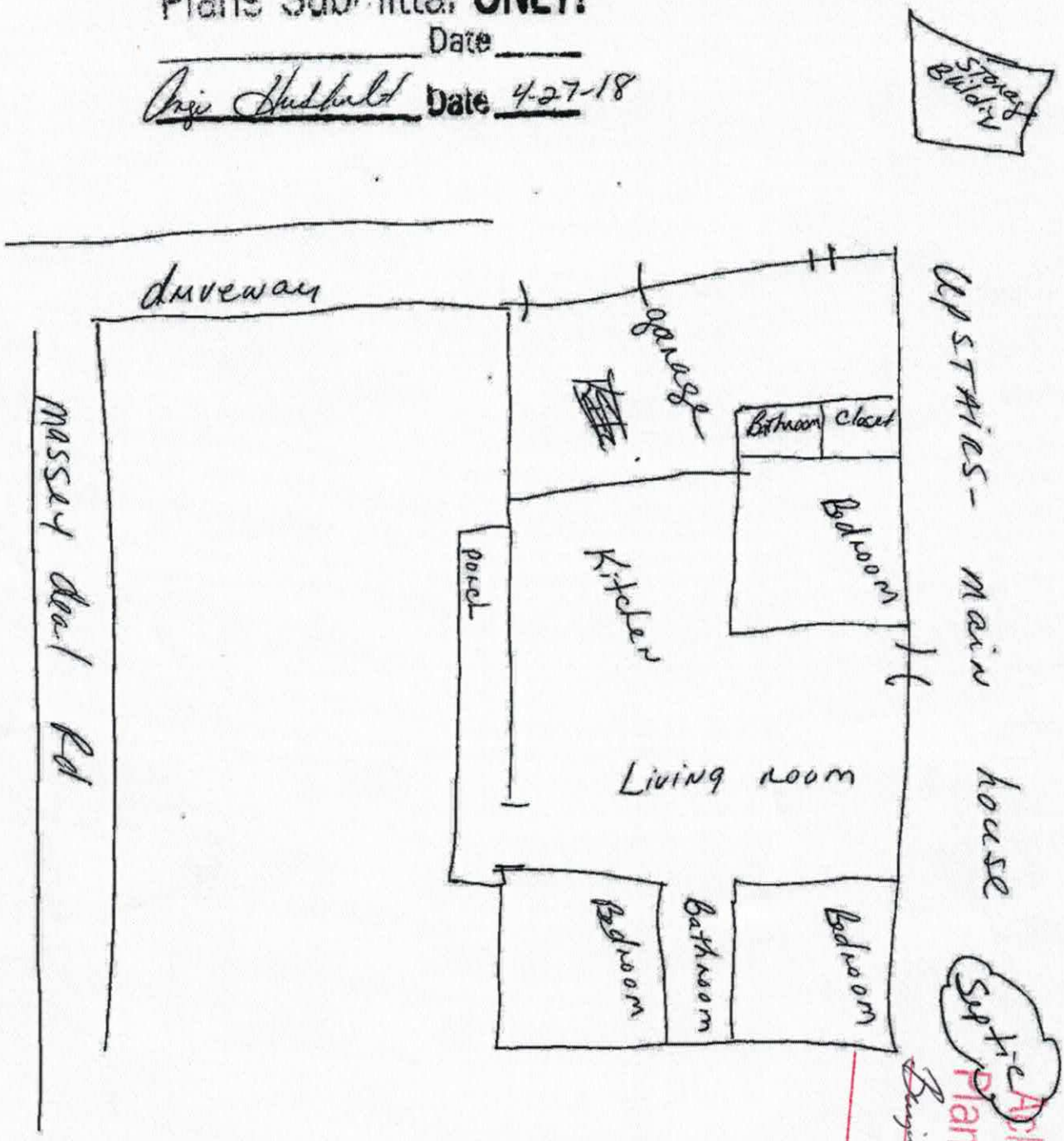
Bedroom

Massey Beal Rd

Septic

Acknowledgement
Plans Submittal ONLY!
Date 5/11/18
Date 5-10-18

Acknowledgement Of
Plans Submittal ONLY!
_____ Date____
Angie Hubbard Date 4-27-18



Acknowledgement Of
Plans Submittal ONLY!
Date 5/18/17
Date