IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241409

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

PIN # 4701616108946

APPLICANT/OWNER: Deborah Johnson APPLICANT ADDRESS: 4368 Taylorsville Hwy

SITE ADDRESS: 4368 Taylorsville Hwy, Statesville 28625 PHONE: 704-838-1834 ALT. PHONE 828-405-9351

SITE DIRECTIONS: I40 exit 148 TR on NC90 → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.5 ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 9-17-18

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 2 Linear Ft 300'

Trench Width 36" Trench Bottom Depth(36" max Gravel Depth —

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

System Description: —

Repair System Description: 75% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

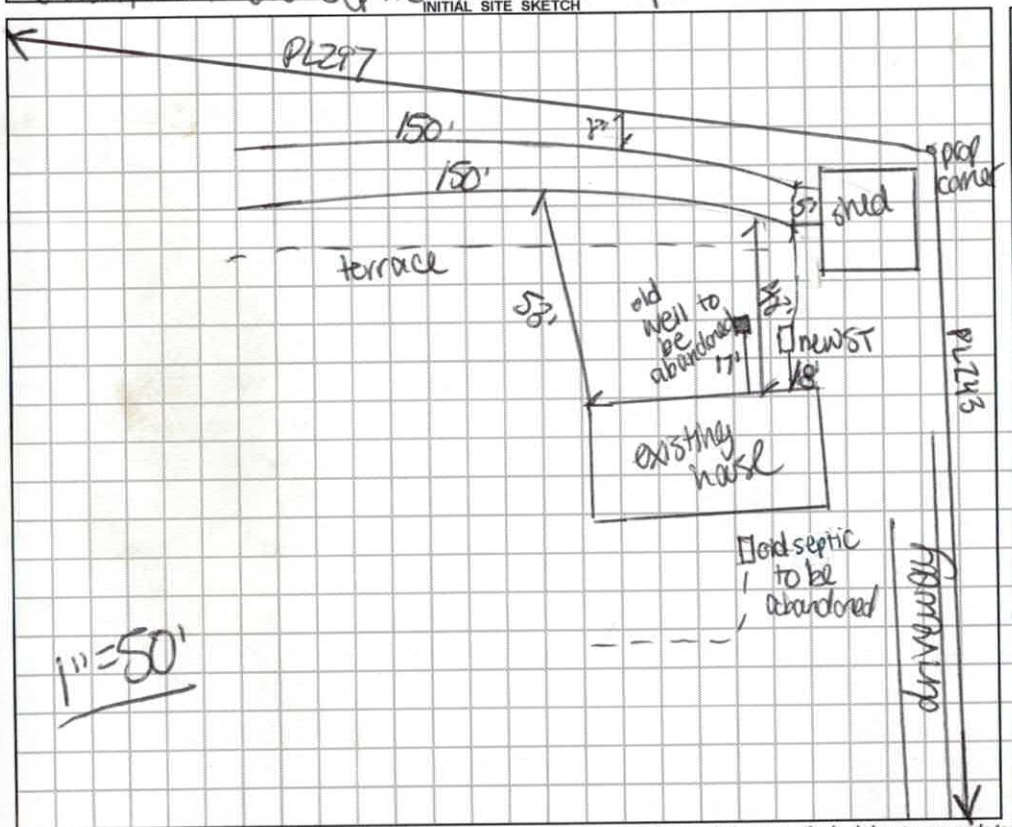
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 36". Pump, crush, & fill old septic tank. Re-plumb house to back side. Well must be abandoned prior to system installation. Maintain current terrace & clean out standing water. Route terrace water to outfall

INITIAL SITE SKETCH



AS BUILT SKETCH

just past new drainlines.

Well abandoned 1/16/19 -cc

Installed as Drawn

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: Deborah A. Johnson Date: 1/15/2019 Installed by: Precision Excavating (Shane)

IMPROVEMENT PERMIT by: Carl C. Cave Date: 1/15/19 OPERATION PERMIT by: [signature] Date: 1-22-19

AUTHORIZATION TO CONSTRUCT by: Carl C. Cave Date: 1/15/19 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 1
PROPERTY ID #: 4706616890
COUNTY: Iredell

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

OWNER: Deborah Johnson
ADDRESS: 4368 Taylorsville Hwy
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 4368 Taylorsville Hwy
APPLICATION DATE: 1/10/19
DATE EVALUATED: 1/14/19
PROPERTY SIZE: 1.15 ac
PROPERTY RECORDED: Y

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)		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	3-4%	0-3	SBK SCL	Fr SS sp SAP					PS
		3-39	SBK C	Fr SS sp SAP					
		39-48	SBK CL	Fr SS sp SAP	Some mica	48"	NIA	NIA	.3
2	3-4%	0-3	SBK SCL	Fr SS sp SAP					PS
		3-22	SBK C	Fr SS sp SAP					
		22-48	SBK CL	Fr SS sp SAP	sap inc @42"	48"	NIA	NIA	.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		300'
System Type(s)		25% red
Site LTAR		.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: B. White

COMMENTS:

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

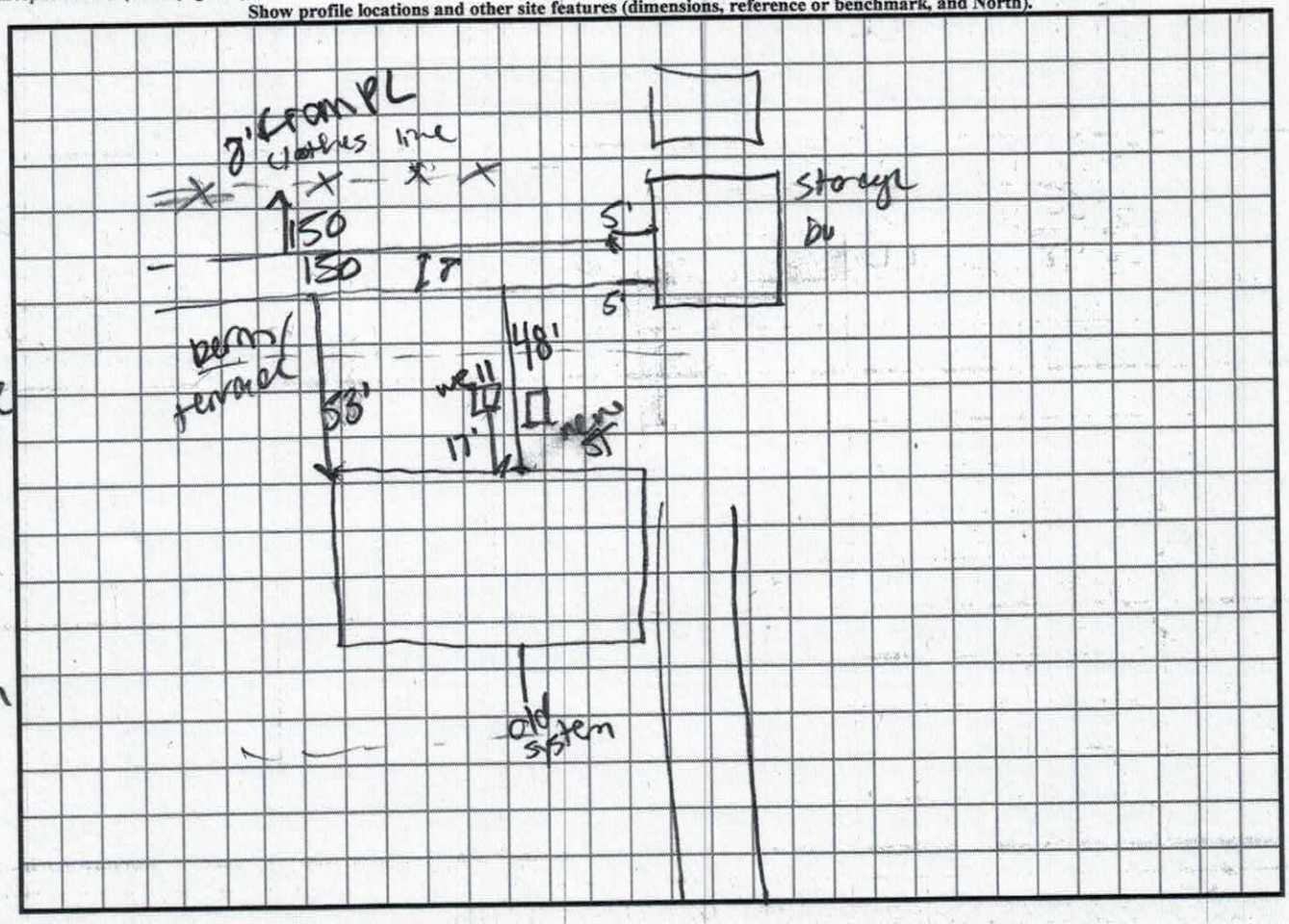
NOTES

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/ft²

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



positive drainage away from system

berm

replace hose

abandon old well

Please CALL prior to inspection

Wants to meet inspector on site. #241409

DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED JAN 10 2018

Name: Deborah 5a-2pm 828-465-9351

Number: After 3pm 704-838-1834

Repr Evaluation No chg.

( ) Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) 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

well but on county water

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: Deborah A. Johnson Address: 4368 Taylorsville Hwy Statesville NC Zip: 28625

Applicant Email: _____ Phone: 704-838-1834 Alt. Phone: _____

Owner Name: Deborah A. Johnson Address: 4368 Taylorsville Hwy Statesville NC Zip: 28625

Owner Email: _____ Phone: 704-838-1834 Alt. Phone: _____

****

Property Information:

Street Address: 4368 Taylorsville Hwy Statesville NC 28625

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

Driving Directions: From I40 (Exit 148 WestPark Shopping Center) travel approx. 4.5 miles NC90 West (Taylorsville Hwy) Driveway will be on the right.

****

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

( ) New Single Family Residence

( ) New Multi-Family Residence

( ) Accessory Building

( ) Bedroom(s) Addition

(✓) Repair to failing septic system ✓ Tank ✓ Drain lines

Maximum Number of Bedrooms: 3 EXISTING

Maximum Number of Occupants: _____

( ) Swimming Pool

( ) Other Addition/Structure: _____

Describe Problem: Drainage backup/roots Backing up in house.

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation

( ) Concrete Slab Foundation

( ) 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 ( ) City Water (✓) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: 1948

( ) No Preference ( ) Alternative (✓) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

25% red.

( ) 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: Deborah A Johnson 1/4/2019

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

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***)** Deborah A. Johnson

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.

_____ _____

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

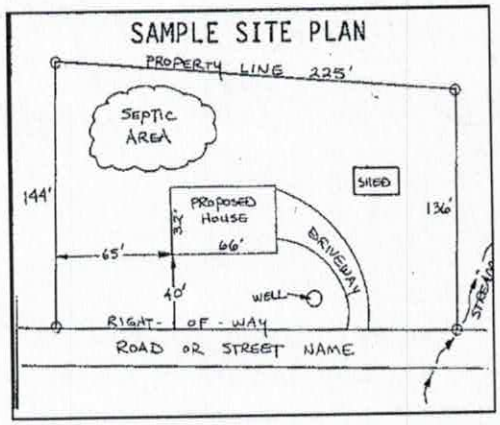
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Dept of Transportation
NC 90
Alexander Co. Railroad

SEE ATTACHED SITE PLAN.

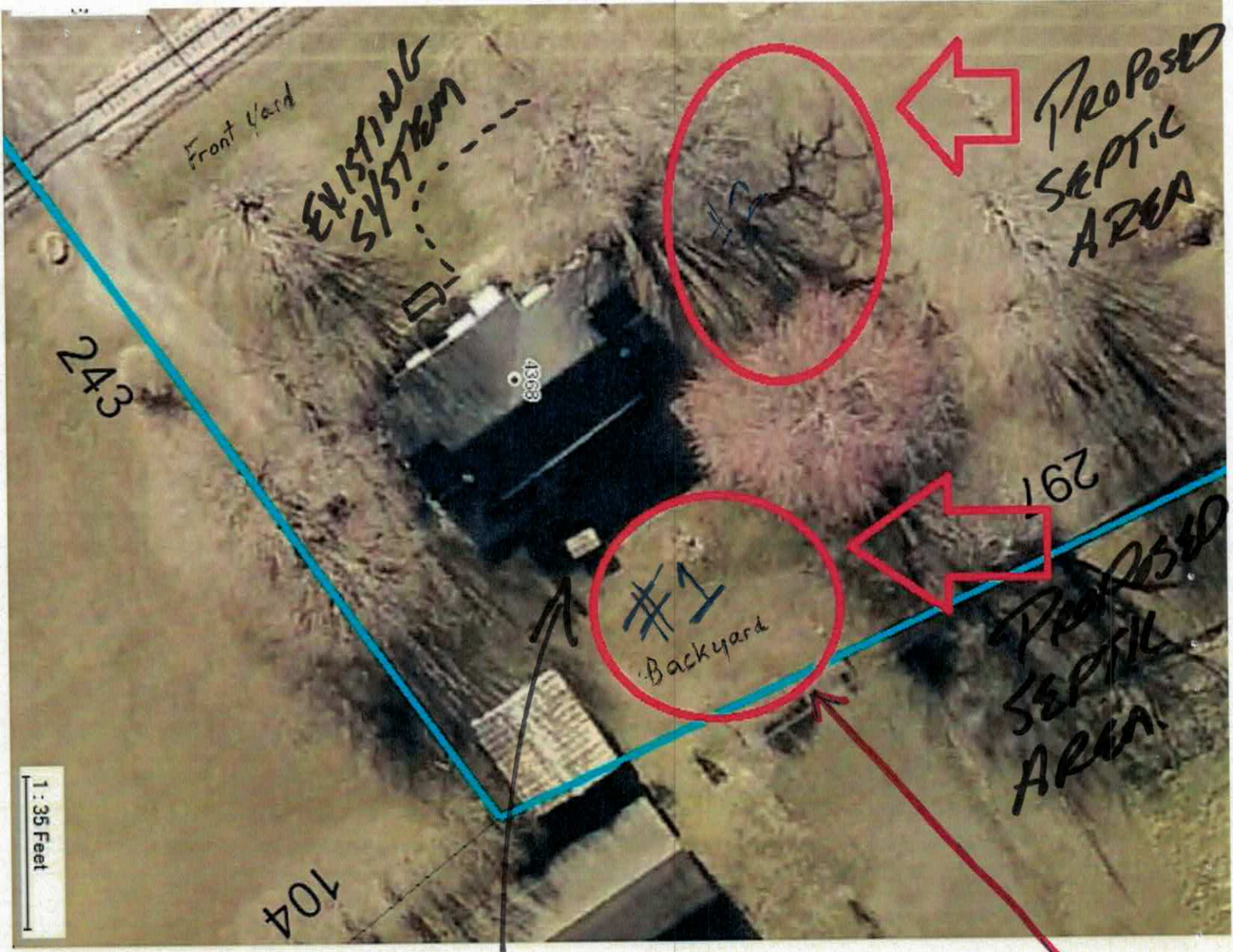
1.) OK TO ABANDON EXISTING WELL IF NEEDED

2.) PREFER ↑ (25% REDUCTION) CONVENTIONAL SYSTEM (GRAVITY) IF AVAILABLE. NEED SOMETHING "BUDGET FRIENDLY" but consider first option not available

3.) CALL PRIOR TO SITE VISIT. (704) 838-1834

Signature: Deborah A Johnson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/4/2019
DATE



EXISTING WELL OK TO ABANDON

Preferred Location

USE EASIEST PROPOSED AREA THAT IS PERMITTABLE WITH LEAST AMOUNT OF EFFORT FOR ALL PARTIES INVOLVED.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

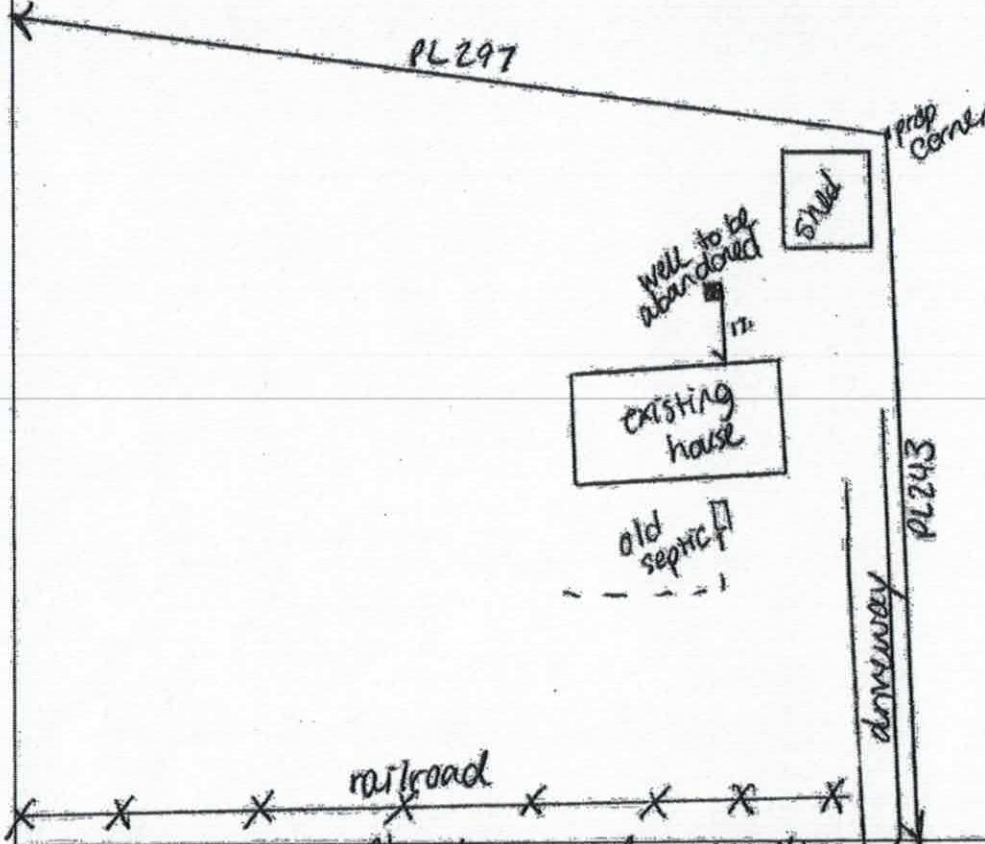
PRIVATE DRINKING WATER WELL PERMIT # 24409 **PIN #** 4701-61-1891.000 **Type of Permit (circle one):** New Repair **Abandonment**

APPLICANT/OWNER NAME: Deborah Johnson ADDRESS: 4368 Taylorsville Hwy PHONE: 704-788-1834

DIRECTIONS TO SITE: I40 exit 148 TR on NC90 → on right 828-465-9351 (until 2)

SITE ADDRESS: 4368 Taylorsville Hwy SUBDIVISION: — SECTION/LOT: —

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

1/16/19: 2" well abandoned via 2.5 bags of Abentonite (hand poured) + hydrated. -SL

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon well according to NCDEQ well guids.

WELL PERMIT ISSUED BY: Carla C. Cave DATE: 1/15/19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Chad Hartness - Air Drilling CONTRACTOR CERT #: 2901-A GROUT INSPECTION BY: Sam Shuck DATE: 1/16/19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: Sam Shuck DATE: 1/17/19 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

Received 1/17/19