IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243706

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

PIN # 4706700874

APPLICANT/OWNER: Shaun Connolly APPLICANT ADDRESS: 4323 Taylorsville Hwy

SITE ADDRESS: 4323 Taylorsville Hwy, Statesville 28625 PHONE: 704-252-0804 ALT. PHONE —

SITE DIRECTIONS: 90 (Taylorsville Hwy) → on left past Lippard Farm Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .7ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 7/23 — ☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank (if needed) (gal) PT — Date — System Description: —

Pump Make — Model — Serial # — Repair System Description: 75% reduction

Nitrification Fields 1 # Lines 4 Linear Ft 240' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE

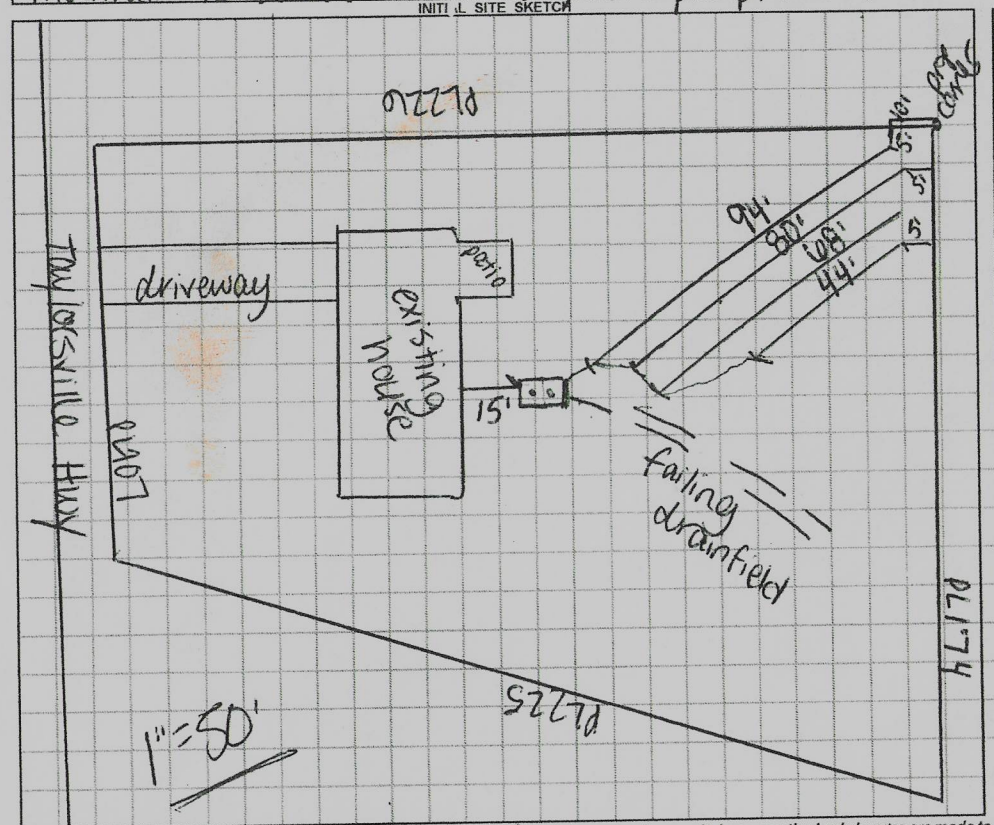
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 10 No. Employees — ☐ Crawl Space

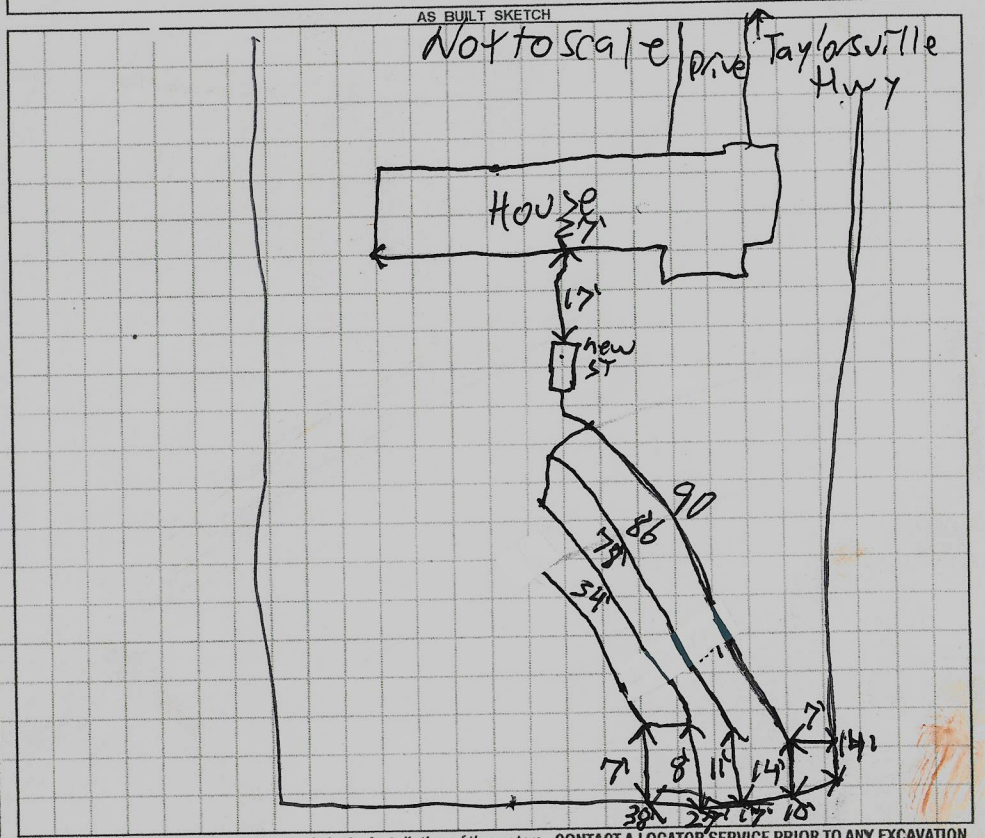
Water Supply: ☐ Private ☒ Public ☐ Community ☒ Basement w/o plumbing

Comments / Conditions: Install new drainlines on contour. Use existing ST if in good condition. If it is replaced, maintain 15' setback from house, and pump, crush, + fill old ST.

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: Shaun Connolly Date: 9-3-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Carter C. Cave Date: 7-29-19 OPERATION PERMIT by: Patrick J. Byrd II Date: 10/3/19

AUTHORIZATION TO CONSTRUCT by: Carter C. Cave Date: 8-29-19 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 #: 4706700874
COUNTY: Iredell

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

OWNER: Shaun Connolly
ADDRESS: 4323 Taylorsville Hwy
APPLICATION DATE 4-15-19
DATE EVALUATED: 1-29-19
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .7ac
LOCATION OF SITE: 4323 Taylorsville Hwy
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4%	0-32	SBK C	Fr SS SP SNP	–	48"	–	–	PS .3
		32-48	SBK CL	Fr SS SP SNP					
2	L 4%	0-30	SBK C	Fr SS SP SNP	–	48"	–	–	PS .3
		30-48	SBK CL	Fr SS SP SNP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		276'
System Type(s) *		25%
Site LTAR		.3

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

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)	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.

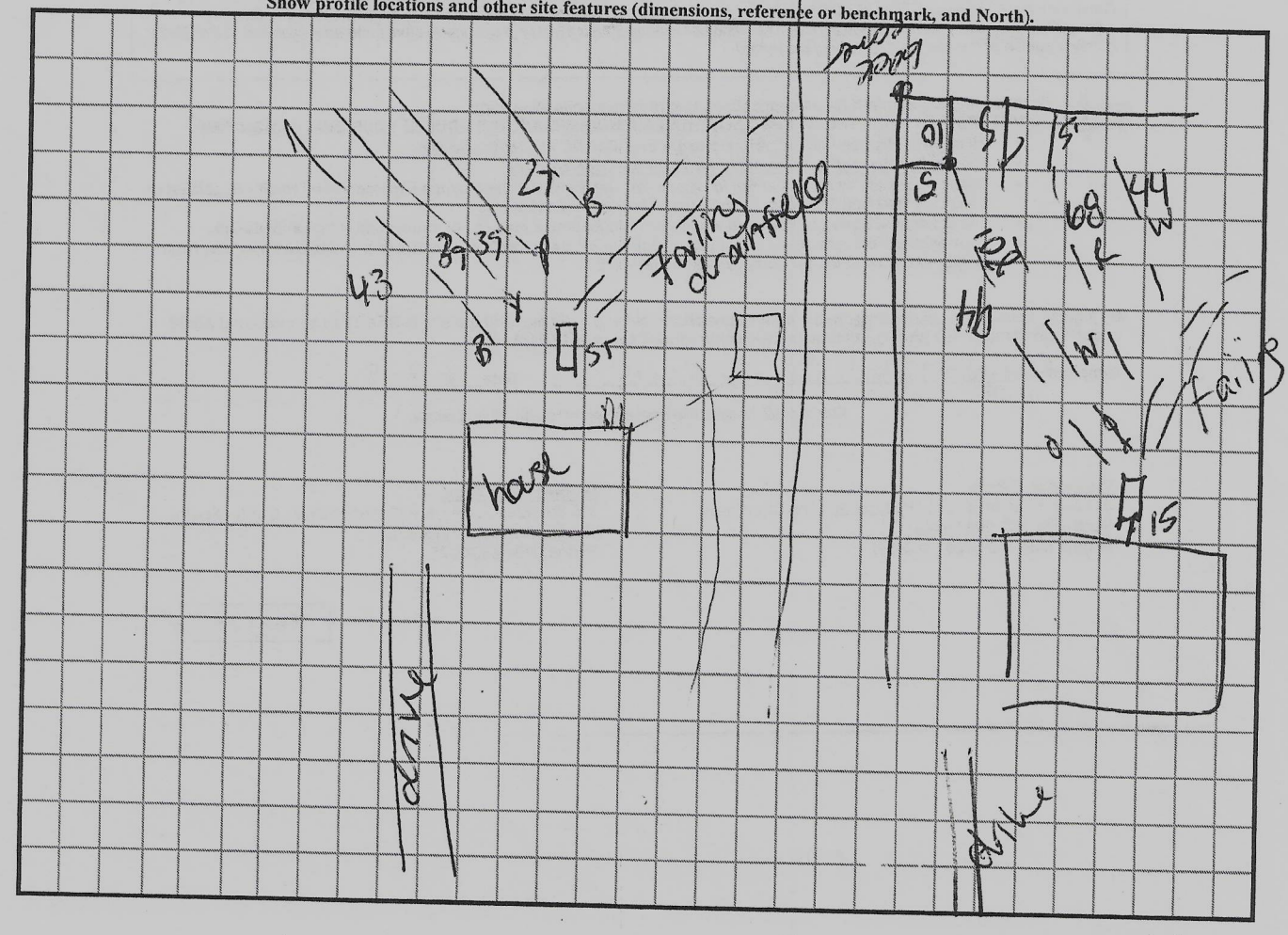
NOTES

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/ft²

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



tank 1'4" under grid HC used for riser

1st line same elevation as tank

water 1'4" disconnect

RECEIVED APR 1 5 2019

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

2436106

(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 PLAN WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Repair Evaluation - No chg

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ BOTH ___ 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 #
SHAUN CONNOLLY	4323 TAYLORSVILLE HWY STATESVILLE 28625 NC	704-252-0804	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SHAUN CONNOLLY	4323 TAYLORSVILLE HWY		

4. Property Information:

Street Address 4323 TAYLORSVILLE HWY Subdivision Name Section/Phase and Lot Number

Driving Directions: OLD HWY 90 GOING TOWARD Taylorsville, APPROX. 10 houses on the left once you pass Lippard Farm Road; (ON Left). The property will be on your Left with ever green trees (recently cut) along the driveway The trees hide the house. There is a cluster of "Power poles" and Lines to a Sub station on the other side of the property

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 Clogged lines, Damaged / eroded
( ) Other

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

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(✓) Basement w/out Plumbing?

- last year - pumped - sept.

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water — Energy United

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1950 (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other

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

S:\Shared\EH_Admin\OSWW\Application_For_Septic_System_Repair 07/25/14

Permit Not in DB

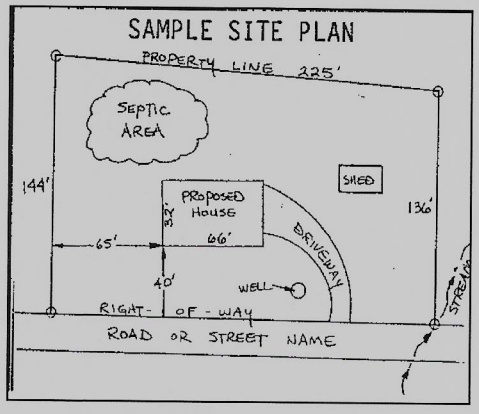
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

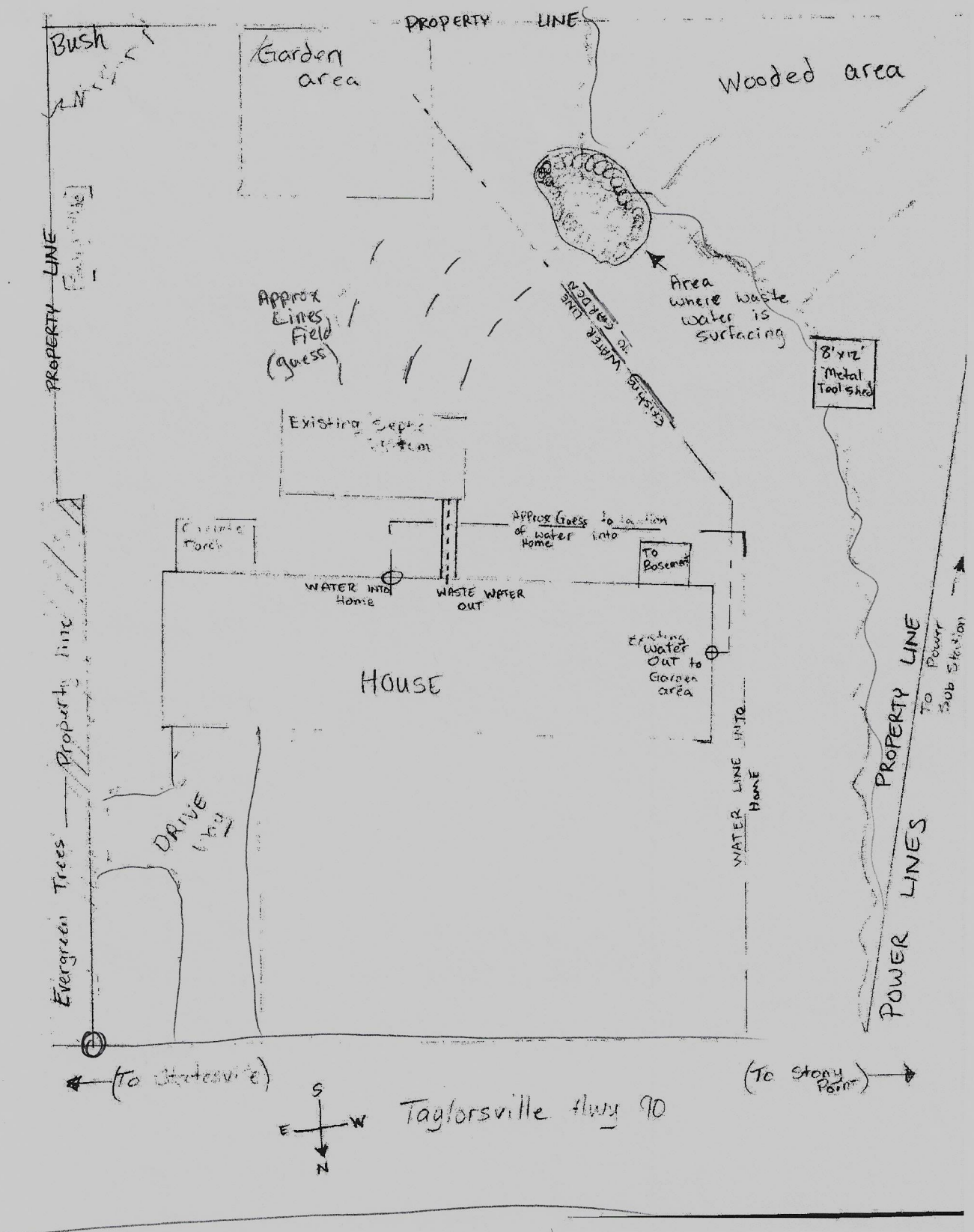
See attached

Signature: _____

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

4/15/2019

DATE


PROPERTY LINE
Bush
Garden area
Wooded area
PROPERTY LINE
Approx Lines Field (guess)
Area where waste water is surfacing
8'x12' Metal Tool shed
Existing Septic System
Approx Guess to location of water into Home
To Basement
WATER INTO Home
WASTE WATER OUT
Existing Water OUT to Garden area
HOUSE
Evergreen Trees
Property line
DRIVE WAY
WATER LINE INTO Home
PROPERTY LINE
To Power Sub Station
POWER LINES
(To Taylorsville)
(To Stony Point)
S
E
W
N
Taylorsville Hwy 90

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*) Shaun Connolly

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, Shaun Connolly, am the legal owner(s) of the property located at 4323 Taylorsville Hwy, 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.

Shaun Connolly
Signature of Owner(s)

4/15/2019
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