# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT # AP 32400

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

PIN # 4706--85--8469

APPLICANT/OWNER: Johnny Morrison APPLICANT ADDRESS: 122 Fortuna Trail Statesville 28625

SITE ADDRESS: 4350 Scotts Creek Road Statesville NC PHONE: 704-902-4552 ALT. PHONE

SITE DIRECTIONS: 115 N L on Scotts Creek 4 miles on Right SAP CONTROLLED: ☐ YES ☒ NO

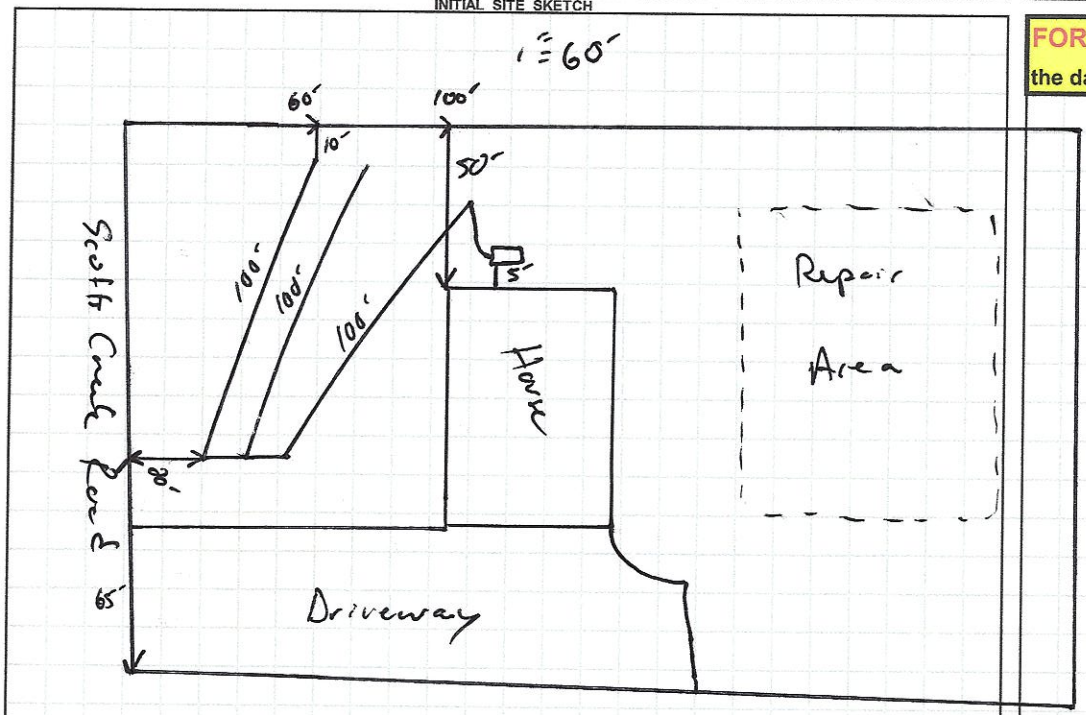
SUBDIVISION: Sterling Oaks SECTION: - LOT # 3 LOT AREA: 1.19 DESIGN FLOW: 360gpd L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☒ New System | ☐ Repair | ☐ Expansion |
| Pump Tank | | (gal) | PT | | Date | | System Type: I II III IV V VI | | |
| Pump Make | | | Model | | Serial # | | System Description: | 25% Reduction | |
| # Nitrification Fields | 1 | | # Lines | 3 | Linear Ft: | 300' | Repair System Description: | 25% pm | |
| Trench Width | 36" | | Trench Bottom Depth(~~Low~~side) | Max 36" | Gravel Depth | - | Maintenance Agreement Required: | ☐ YES | ☒ NO |
| | | | | | | | | ☒ GRAVITY | ☐ PRESSURE |

☒ Residence No. Bedrooms 3 — Water Supply
☐ Business No. Persons 6 — ☐ Private
☐ Other No. Employees — ☒ Public
☐ Slab ☒ Crawl Space — ☐ Community
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on contour of land use Serial distribution.

INITIAL SITE SKETCH




AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

*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: Date: 11/18/21 Installed by: Andy Yount

IMPROVEMENT PERMIT by: Date: 11-8-2021 OPERATION PERMIT by: Date: 1-28-2022

AUTHORIZATION TO CONSTRUCT by: Date: 11-8-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4706 85 8416
COUNTY: Iredell

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

upper lot

(Complete all fields in full)

OWNER: Johnny Monsen
ADDRESS:
PROPOSED FACILITY:
LOCATION OF SITE: 1350 Scotts Creek

APPLICATION DATE 10-14-2021
DATE EVALUATED: 10-25-20
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE:
PROPERTY RECORDED:

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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1-2% SS | 0-12 | SBK SCL | F SSSP Smap | N/A | 48+ | N/A | N/A | A .3 |
| | | 12-40 | SBK C | | | | | | |
| | | 40-48 | SBK CL | | | | | | |
| 2 | 1-2% SS | 0-12 | SBK SCL | | N/A | 48+ | N/A | N/A | A .3 |
| | | 12-40 | SBK C | | | | | | |
| | | 40-48 | SBK CL | | | | | | |
| 3 | 3-4% SS | 0-8 | SBK SCL | | N/A | 49" | N/A | N/A | A .3 |
| | | 8-30 | SBK C | | | | | | |
| | | 30-48 | SBK CL | | | | | | |
| 4 | 3-4% SS | 0-8 | SBK SCL | | N/A | 48+ | N/A | N/A | B .3 |
| | | 8-33 | SBK C | | | | | | |
| | | 33-48 | SBK CL | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300' | 300' |
| System Type(s) | 2SL | 2SL |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): A
EVALUATED BY: Boggs
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.

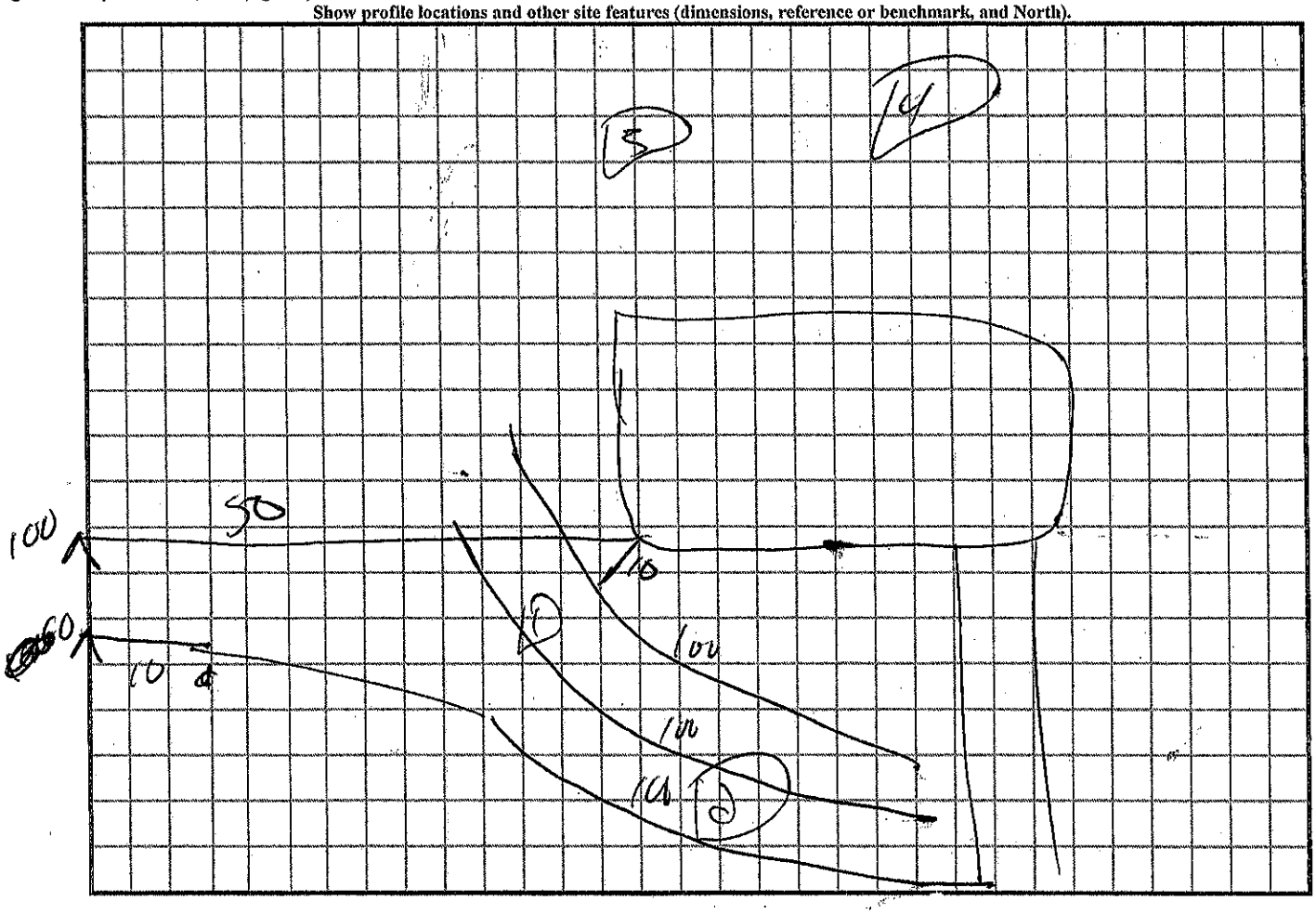
***NOTES***

| | |
|---|---|
| *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).**



REVISED

RECEIVED OCT 15 2021

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED**

# Iredell County Health Department – Environmental Health Division

**PAGE 1:** *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:** Johnny Morrison **Address:** 122 Fortune's Trail Statesville NC **Zip:** 28625

**Applicant Email:** _____ **Phone:** 704 902-4552 **Alt. Phone:** _____

**Owner Name:** Johnny Morrison **Address:** 122 Fortune's Trail Statesville NC **Zip:** 28625

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

**Property Information:** Address has changed – lots will not be combined as original app. shows

**Street Address:** 1350 Scotts Creek Road Statesville, NC 28625

**Subdivision Name:** Sterling Oaks **Section/Phase:** _____ **Lot Number:** 3

**Driving Directions:** 115 N Turn left Scotts Creek Rd 6.4 miles Lots are 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 Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

**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:** 2000 **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:** _____
( ) 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.*

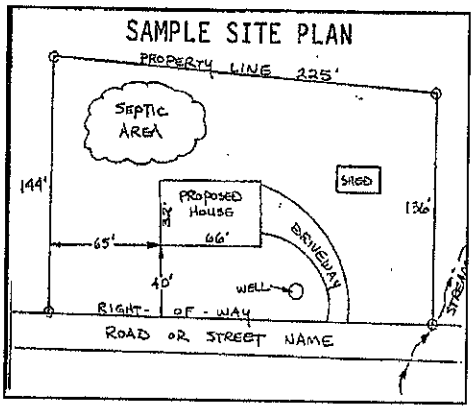
**Signature:** _____ 10/14/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2:** ***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 PERMIT!!!***




**Place an (X) beside each item as you complete the site plan:**

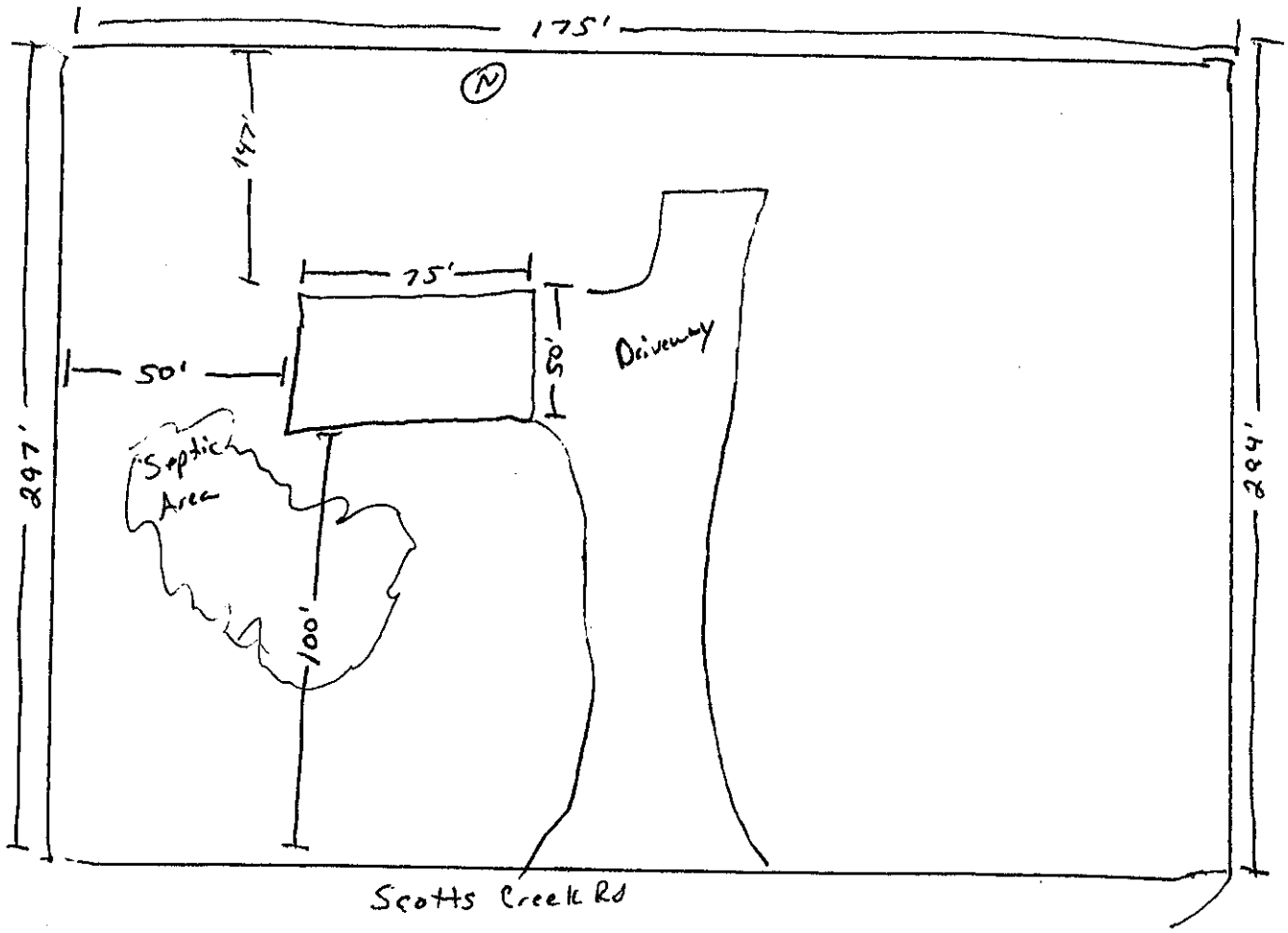
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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:** _____

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

10/14/21

DATE




Acknowledgement Of
Plans Submittal ONLY!

Date 11-8-2021

Date 11-30-21

BUILDER Advantage Program