IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242356

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

PIN # 4709235693.

APPLICANT/OWNER: Dennis W. Murdock Jr. APPLICANT ADDRESS: 1005 Harris Bridge Rd Stony Point NC 28678.

SITE ADDRESS: 1005 Harris Bridge Rd, Stony Point NC 28678. PHONE: 704-526-8754 ALT. PHONE –

SITE DIRECTIONS: Hwy 115 N @ on Pisgah Church @ on Harris Bridge Sight on Right SAP CONTROLLED: ☐ YES ☒ NO

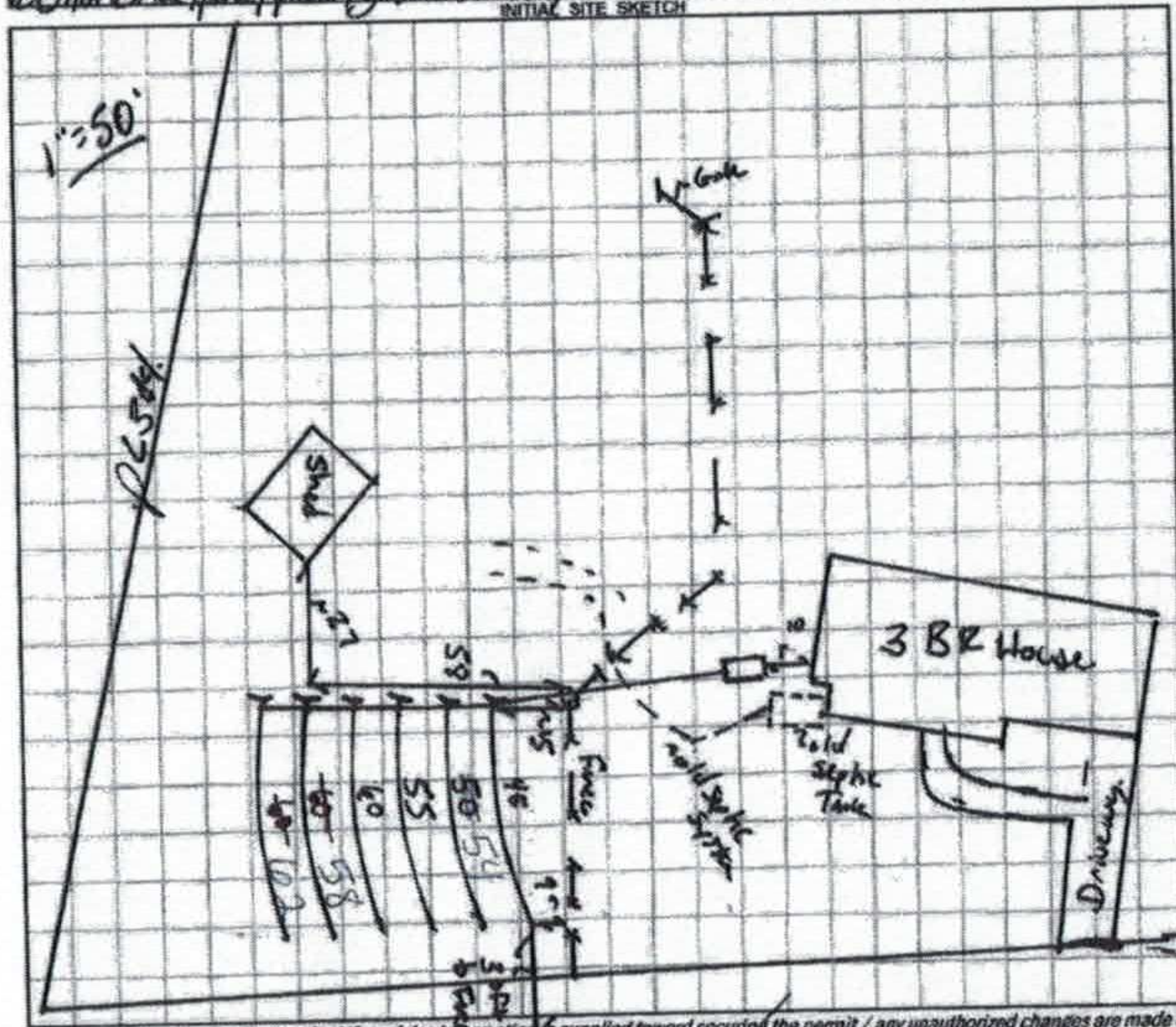
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 13.66 Acres. DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank 1000 (gal) STB 760 Date 12/15/18	☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence No. Bedrooms 3	Water Supply
Pump Tank – (gal) PT – Date –	System Description: –	☐ Business No. Persons 6	☒ Private – Existing
Pump Make – Model – Serial # –	Repair System Description: Tank + 25% Reduction Gravity	☐ Other No. Employees –	☒ Public
# Nitrification Fields 1 # Lines 6 Linear Ft 330.	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab ☒ Crawl Space	☐ Community
Trench Width 36 Trench Bottom Depth [redacted] 36 Gravel Depth –	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Comments / Conditions: Trench bottom must be installed between 30-36 inches. Install Septic Drain lines on the contour of the land & utilize Serial distribution. Do not Drive, pave, park, grade or bury utilities in drainfield Area.

Drainfield must be 30ft from Fence along Harris Bridge Rd. Pump/Crush & Fill old Septic Tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

11ft btw ST & House

Installed Quick 4, essentially as Drawn.

Existing well

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: Jill Murdock Date: 2-26-19 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Benjamin A. Bethea Date: 2/25/2019. OPERATION PERMIT by: [signature] Date: 3/5/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bethea Date: 2/25/2019. 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 inspector 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 #: 4709235243
COUNTY: Iredell

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

OWNER: Mustoe
ADDRESS: 1005 Hearn Bridge Rd Statesville NC
PROPOSED FACILITY: --
LOCATION OF SITE: --
APPLICATION DATE: 2/20/19
DATE EVALUATED: 2/25/19
PROPERTY SIZE: 13+AC
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 360
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	5% side.	0-12	SC WSBK	SS SP FR SEW	2.5YR4/6	4/8	-	Some Rights 20-37	PS .275 Install 30-36.
		12-27	C WSBK/ABK	SS SP FR					
		27-48	C WSBK	SSSP FR					
2	Side pip.	0-8	SC WSBK	SS SP FR SEW	2.5YR4/6	4/8.	-	-	PS .3.
		8-40	C SBK	SSSP FR					
		40-48.	CL WSBK	SSSP VFR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		.330<F
System Type(s)	✓	III 25%
Site LTAR		.275

OTHER FACTORS (.1946): - Repair
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottis
OTHER(S) PRESENT: Dennis Mustoe owner

COMMENTS: Repair Eval.

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.

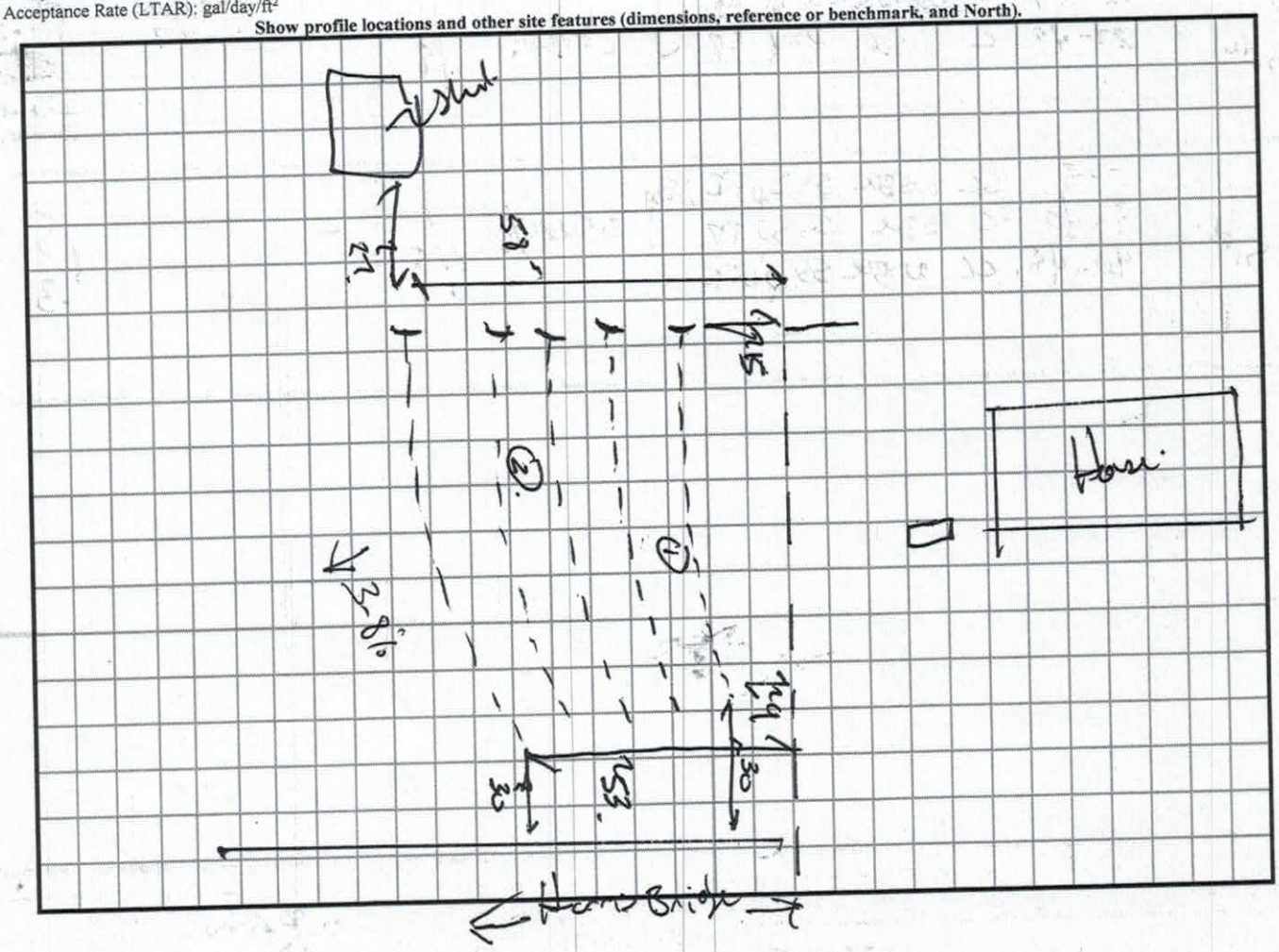
NOTES

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).



10:30-11 2/25

RECEIVED FEB 20 2019

Repair Evaluation - No Chg.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#242356

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: (X) 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: Dennis W. Murdock Jr Address: 1005 HARRIS BRIDGE RD. Zip: 28678
Applicant Email: dennis.murdock@ymail.com Phone: 704-526-8754 Alt. Phone: 704-876-2831
Owner Name: Dennis W. Murdock Jr. Address: 1005 HARRIS BRIDGE RD. Zip: 28678
Owner Email: dennis.murdock@ymail.com Phone: 704-526-8754 Alt. Phone: 704-876-2831

Property Information:

Street Address: 1005 HARRIS BRIDGE RD. STONY POINT, NC 28678
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank X Drain lines Describe Problem: Old 1930's septic cinder blocks deteriorating and lines are clogged/not working -
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional (X) 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: Dennis W. Murdock Jr 2/20/19
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*) _____

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

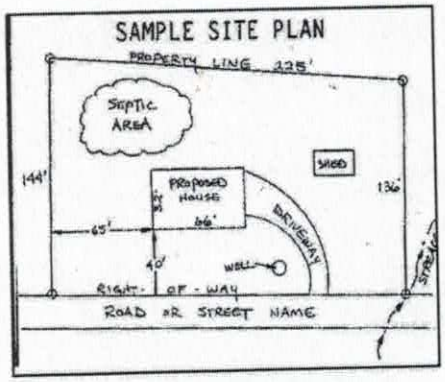
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- (X) 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

SITE PLAN: See attachments A + B

PROBLEM: My wife and I purchased my grandparents house 11 years ago we now have 2 kids and the system drains very slow and has recently started to backup into the downstairs bathtub. I called Lentz septic services to come and they found that I have a 1930/40 cinder block septic tank (1000 gal) that is collapsing and degraded - also my lines and drain field are not working per statement in site plan from 1999 - I called Shane Cohion to come and inspect. He found the drain field was also supersaturated and not working. He suggested I contact Ronda and fill out this request for immediate evaluation and repair.

Signature: D. W. Nhler
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/20/19
DATE

Page 2 Site PLAN -A

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5261

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

DATE 3-1-99

PERMIT# Repair PIN# PHONE: Business Home 876-2831

OWNER OR CONTRACTOR Wm Stikeleather

ADDRESS 1005 Harris Bridge Rd Stony Pt

LOCATION HSN TL Rogers Church TL Harris Bridge 1st Brick house on (R) SITE CLASS DESIGN FLOW 360 L.T.A.R

SUBDIVISION BLOCK / SECTION LOT LOT AREA

Septic Tank: DDD Gallons: STB Date

Pump Tank: EX Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 30-40ft

No Lines 1 Trench Width 36in Max Trench Bottom Depth 36±

New System X Repair System Type: I (II) III. IV. V. V.

System Description:

Repair System Description:

Maintenance Agreement Required: Yes No

Gravel Depth 18in(all) Slab X Crawl Space Basement w/plumbing Basement wo/plumbing

X House/Mod. Home No. Bedrooms 3

Mobile Home No. Bathrooms 2

Business No. Employees

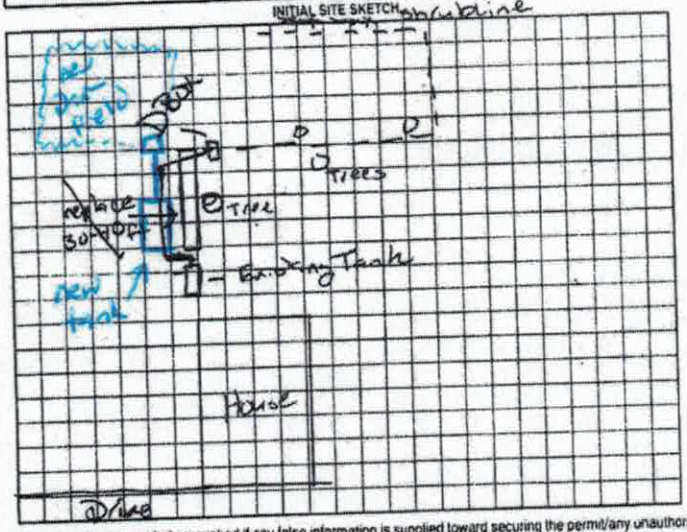
Other

Water Supply: X Individual Public Community

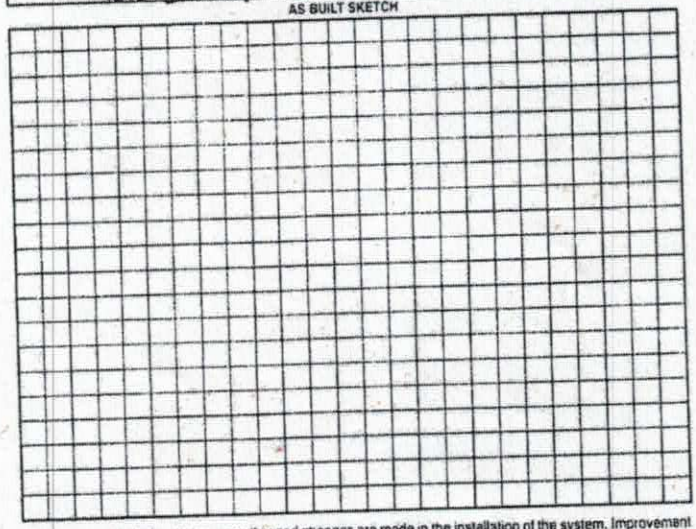
Comments/Conditions: Replace first 30-40ft of line - root problem? Need to ~~Examine~~ examine old line may need new drain field

Comments/Conditions: Old line Dry - * Run solid pipe from tank to ~~Rose~~ D Box

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: May Cox RS date 3-1-99

Authorization to Construct by: May Cox RS date 3-1-99

Installed by: David Yontz

Operation Permit by: May Cox RS date 4-9-99

Existing System Inspection by: date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

Page 2 Site Plan - B

