IREDELL COUNTY HEALTH DEPARTMENT

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

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 2410316

PIN # 4711404645

APPLICANT/OWNER: Invitation Homes

SITE ADDRESS: 2345 Buffalo Shoals Rd, Statesville 28677 APPLICANT ADDRESS: 9335 Harris Corners Pkwy #100

SITE DIRECTIONS: S on Buffalo Shoals Rd → on left before Laurel Cove Rd PHONE: 704-576-0743 ALT. PHONE 704-684-4664

SUBDIVISION: Buffalo Shoals Park SECTION: - LOT # 3 LOT AREA: .48ac SAP CONTROLLED: ☐ YES ☒ NO

Septic Tank 1000 (gal)	STB infiltrator	Date plastic	
Pump Tank (gal)	PT	Date	
Pump Make	Model	Serial #	
# Nitrification Fields 1	# Lines 4	Linear Ft 300'	
Trench Width 36"	Trench Bottom Depth(Low side) * 45"/48" high	Gravel Depth -	

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

System Description: -

Repair System Description: 25% red. → high capacity

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

DESIGN FLOW: 360gpd L.T.A.R.: .3 (deep)

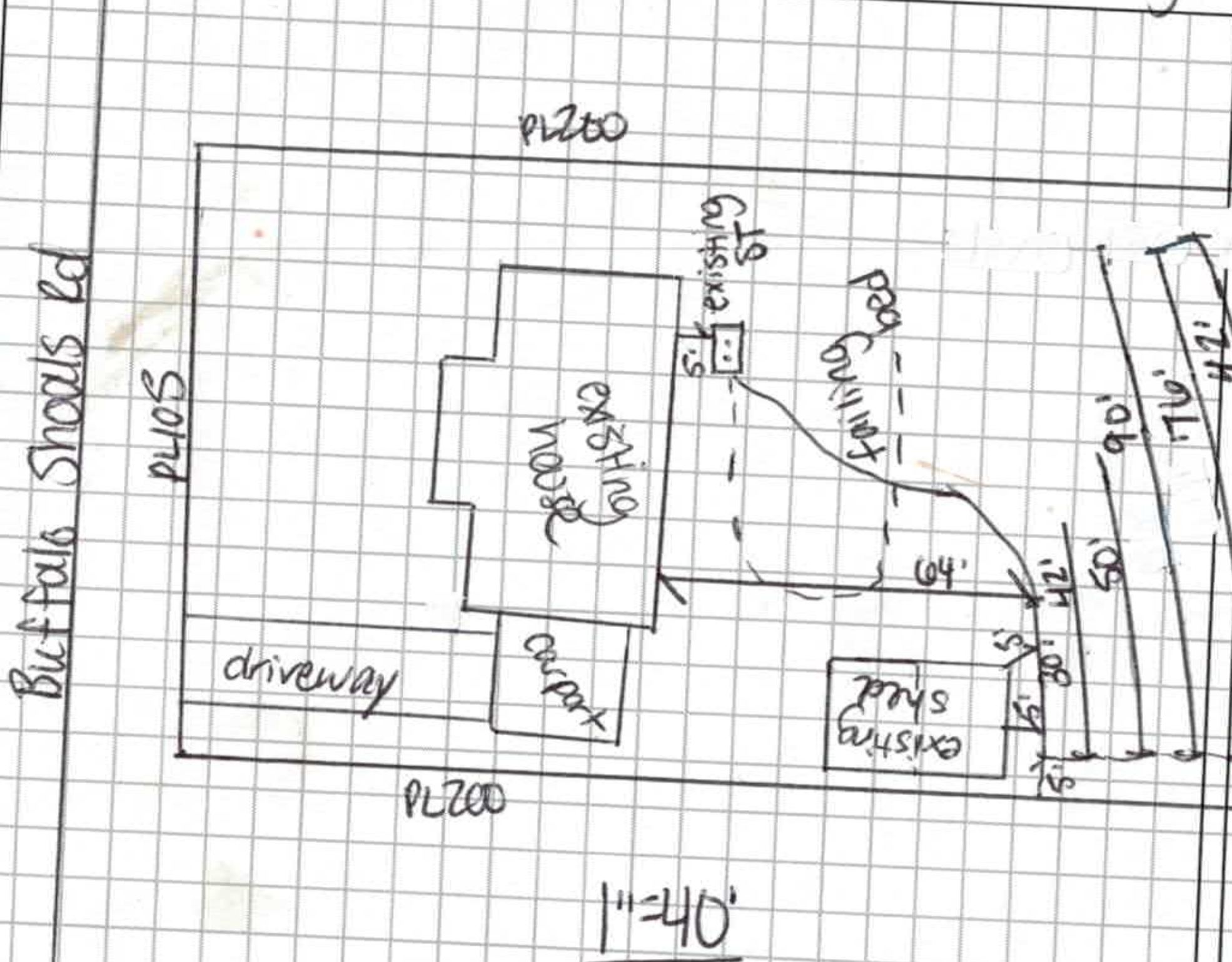
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

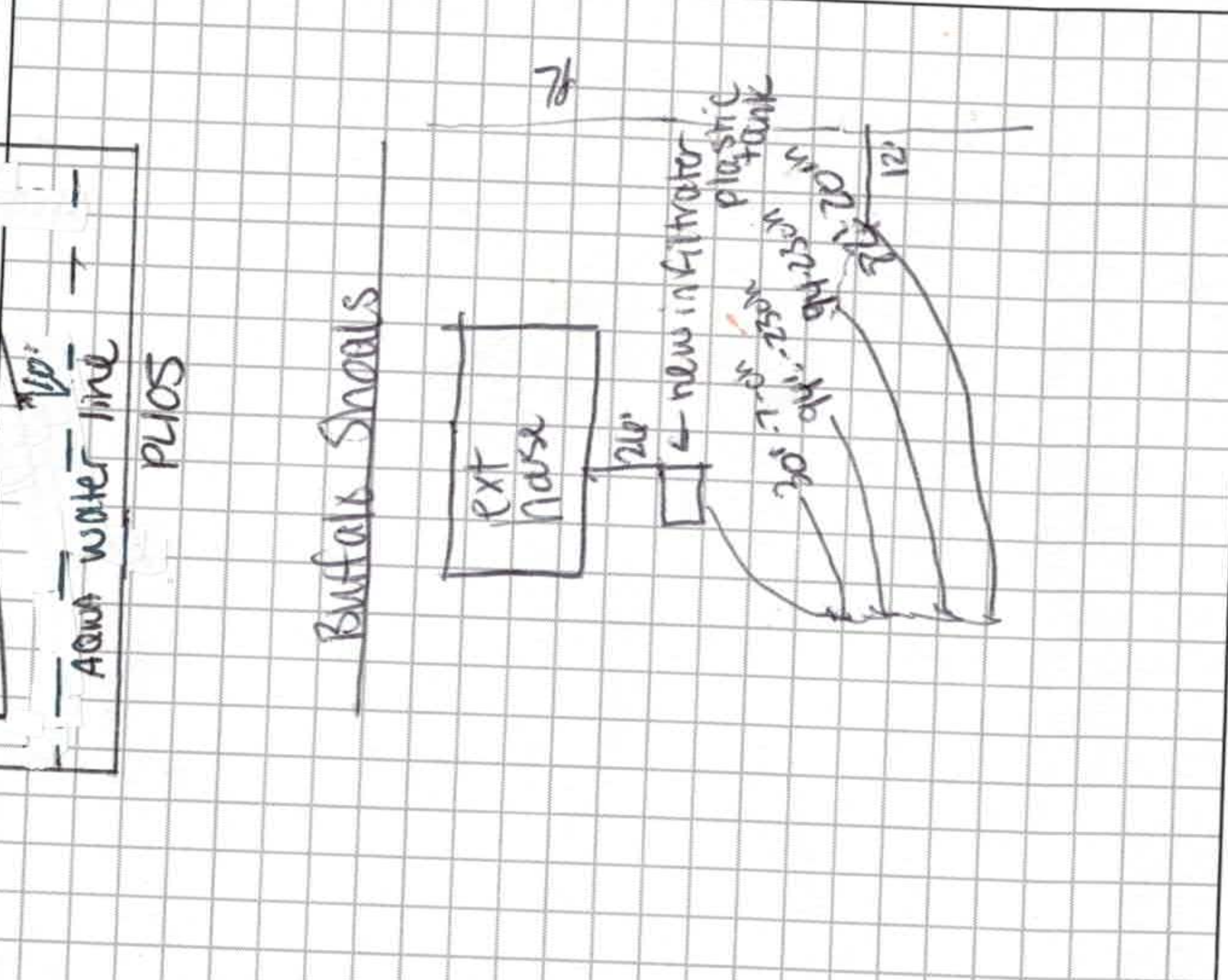
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Install High capacity product + do not exceed 48" trench bottom. Dam up old system when installing new supply line. * System must be installed between 42-48". * Remain 10' from water line

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: [signature]

IMPROVEMENT PERMIT by: Carla C. Cave Date: 1/2/19 Installed by: Lentz Wastewater

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 1/16/19 OPERATION PERMIT by: Carla C. Cave

Date: 1/16/19 Existing System Inspected by: Date: 3/6/19

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 #: 4771462460
COUNTY: Iredell

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

OWNER: Invitation Homes
ADDRESS: 2345 Buffalo Shoals
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 2345 Buffalo Shoals
APPLICATION DATE: 1/15/19
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: 1/16/19
PROPERTY SIZE: 1.48 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) .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	SS 5-7%	0-8	SBK SCL	Fr SS SP SMP	V wet top	60"	N/A	N/A	PS .3 (deep)
		8-36	SBK C	Fr SS SP SMP	10YR 6/3				
		36-60	SBK CL	Fr SS SP SMP					
2	SS 5-8%	0-10	SBK SCL	Fr SS SP SMP	some V dark old garden? few soft inc	60"	N/A	N/A	PS .3 (deep)
		10-43	SBK C	Fr SS SP SMP					
		43-60	SBK CL	Fr SS SP SMP					
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		314'
stem Type(s)		3BR - HC
e LTAR		.3 (deep)

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

MMENTS:

ated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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

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

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

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

WET

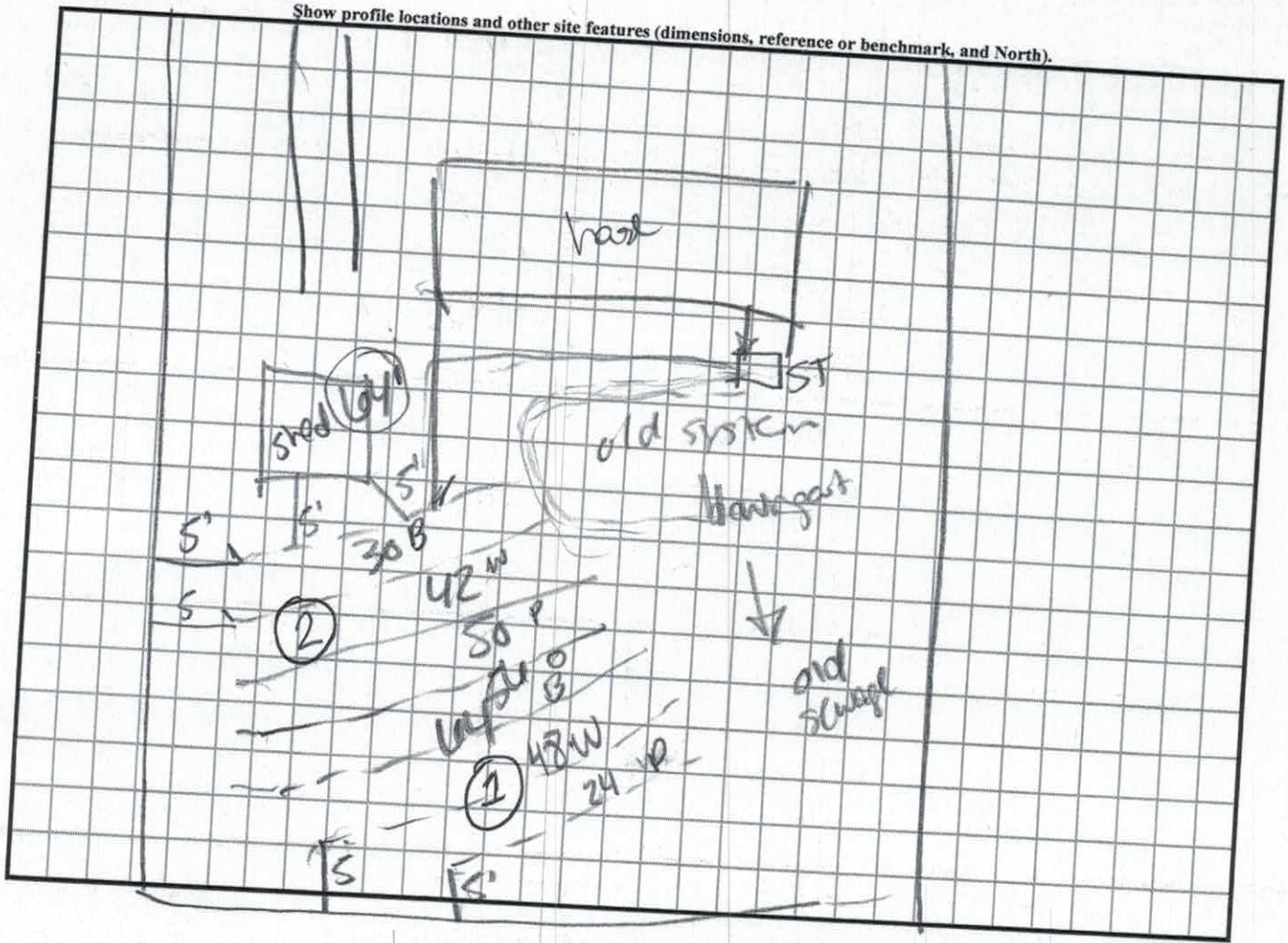
NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

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).



48" B
H

RECEIVED JAN 15 2018

#241036 ~~RECEIVED DEC 19 2018~~

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Repair Evaluation - No Chg.

Application For:

( ) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment (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: *Place an (X) beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Charlotte Plumbing Address: 230 E Peterson Dr Zip: _____

Applicant Email: Damion @ charlotteplumbing.com Phone: 704-576-6748 Alt. Phone: 704-684-4664

Owner Name: Invitation Homes Address: 9335 Harris Corners Pkwy #100 Zip: 28269

Owner Email: dfraner @ invitationhomes.com Phone: 727-270-1397 Alt. Phone: _____

Property Information:

Street Address: 2345 Buffalo Shoals Rd

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 ___ Tank ___ Drain lines Describe Problem: _____

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

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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

Year existing system installed: Unknown

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: _____ 12-19-18

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)* N/A

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, Invitation Homes, am the legal owner(s) of the property located at 2345 Buffalo Shoals Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Danny Pirolli, Charlotte Plumbing, 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) on behalf of Invitation Homes Date 12.19.18

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

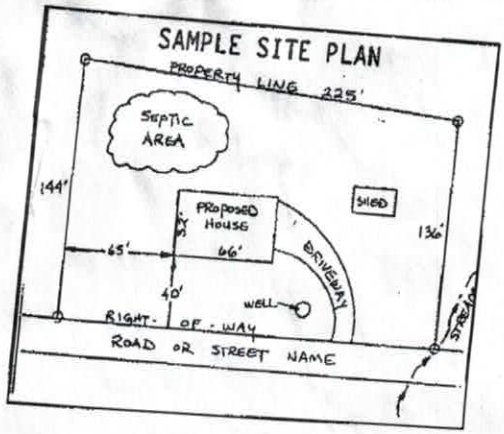
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

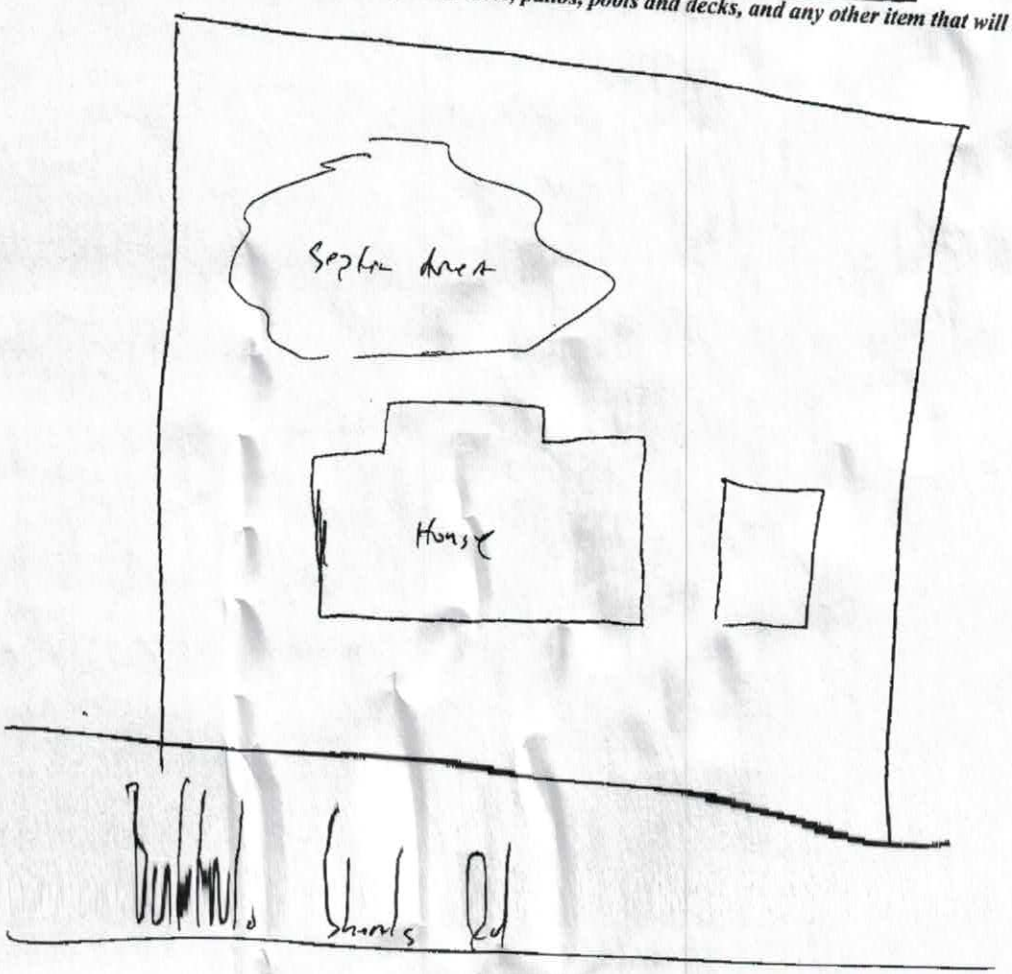


Circle N/A on the following if appropriate:

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: _____ 12-19-18

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

IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 ✓ MOORESVILLE 704-664-5281

PERMIT# 105187 PIN# 4711-46-4645

OWNER OR CONTRACTOR James Carruth PHONE: Business — Home (704) 585-6216 DATE 3/4/02

ADDRESS 2345 Buffalo Shoals Road Statesville N.C. 28677

LOCATION Buffalo Shoals (@ 2345 Buffalo Shoals) on Left before Laurel Cove Rd

SUBDIVISION Buffalo Shoals BLOCK / SECTION — LOT 3 LOT AREA — SITE CLASS. — DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing 1000 Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No —

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width — Max Trench Bottom Depth — Gravel Depth 16"

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

System Description: Existing County, Conv.

Repair System Description: —

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other —

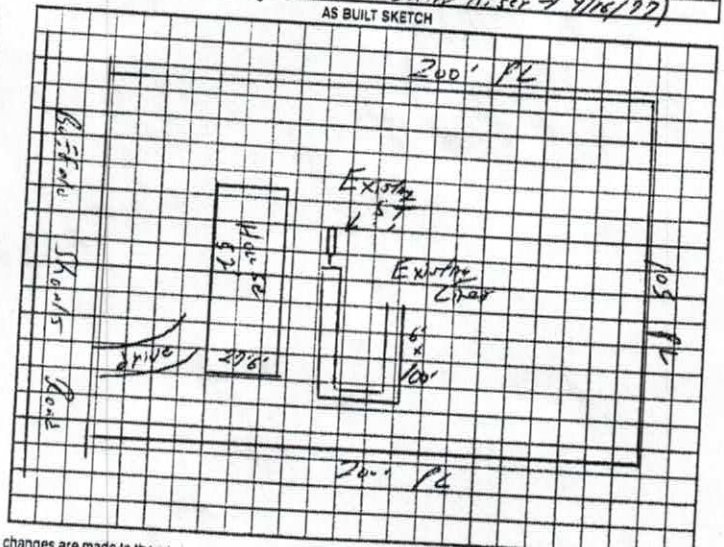
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: Existing System Okay @ time of Inspection. Keep House min 5 ft from ST + Ex Lines. (Original - Water Riser → 9/16/97)

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: [signature] date 3-5-02 Installed by: —

Improvement Permit by: — date — Operation Permit by: — date —

Authorization to Construct by: — date — Existing System Inspection by: [signature] date 3/4/02

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Walter Kiser DATE 9/16/77 PERMIT NO.

PHONE: Business Home

LOCATION 21 S, T.R. on old Mt Rd, T.L. on Buffalo Shoals Rd, go 2.8 mile, M.H. on left

SUBDIVISION NAME S. R. No.

LOT NO. SECTION OR BLOCK NO.

House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 100 x 200

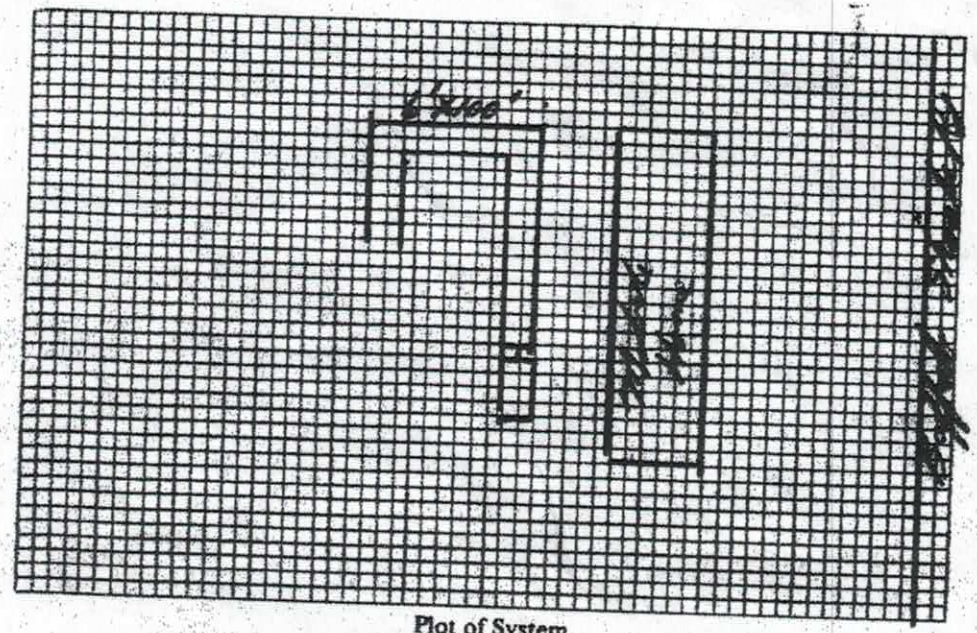
Character & Porosity of Soil Red Clay

Percolation Rate slow

Topography 2-6%

Depth to Water Table 6ft

Rock or other impervious formations none observed



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 300

Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Ben Ostwalt

IMPROVEMENTS PERMIT BY

COMMENTS: System inspected in adverse weather

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 9/16/77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold