IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 (3) PERMIT # 246955

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

PIN # 4712020403

APPLICANT/OWNER: Chad Holloway APPLICANT ADDRESS: 265 Worthington Dr Mt Ulla NC 28125

SITE ADDRESS: 186 Carriage Rd Statesville NC 28677 PHONE: 704-746-7094 ALT. PHONE

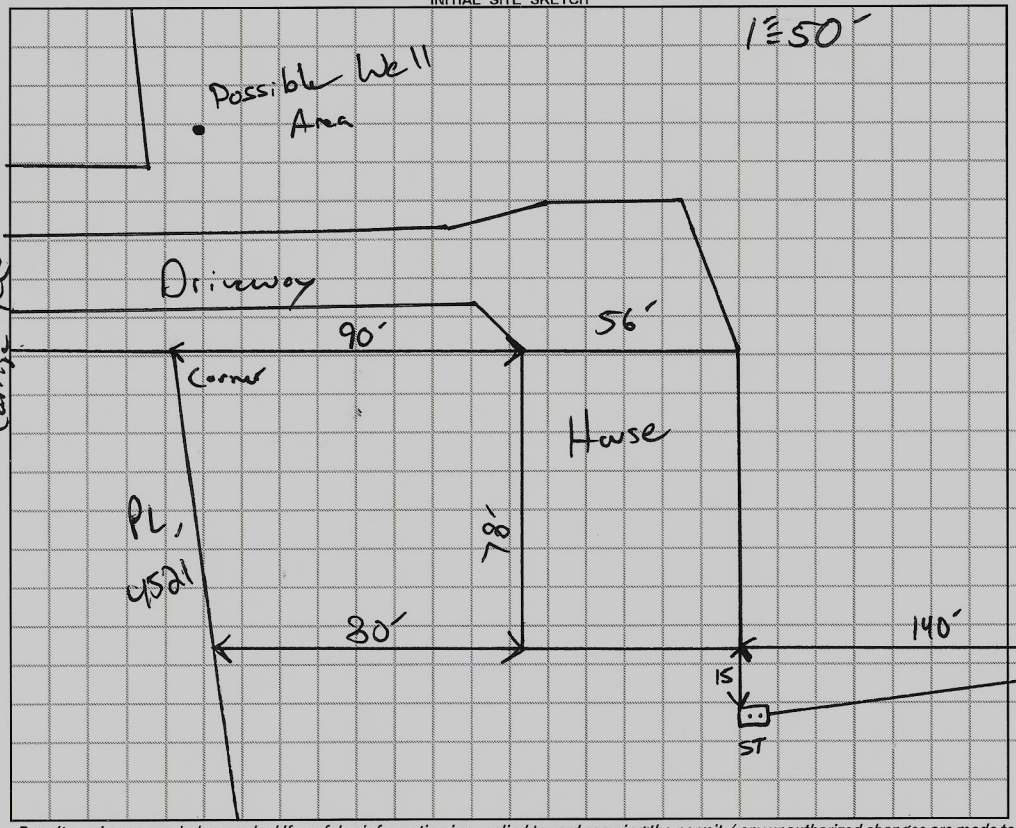
SITE DIRECTIONS: Buffalo Shoals W R on Eufola Rd L on Carriage Rd Lot on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Kump Investments of NC LLC SECTION: - LOT # 2 LOT AREA: 21.12 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

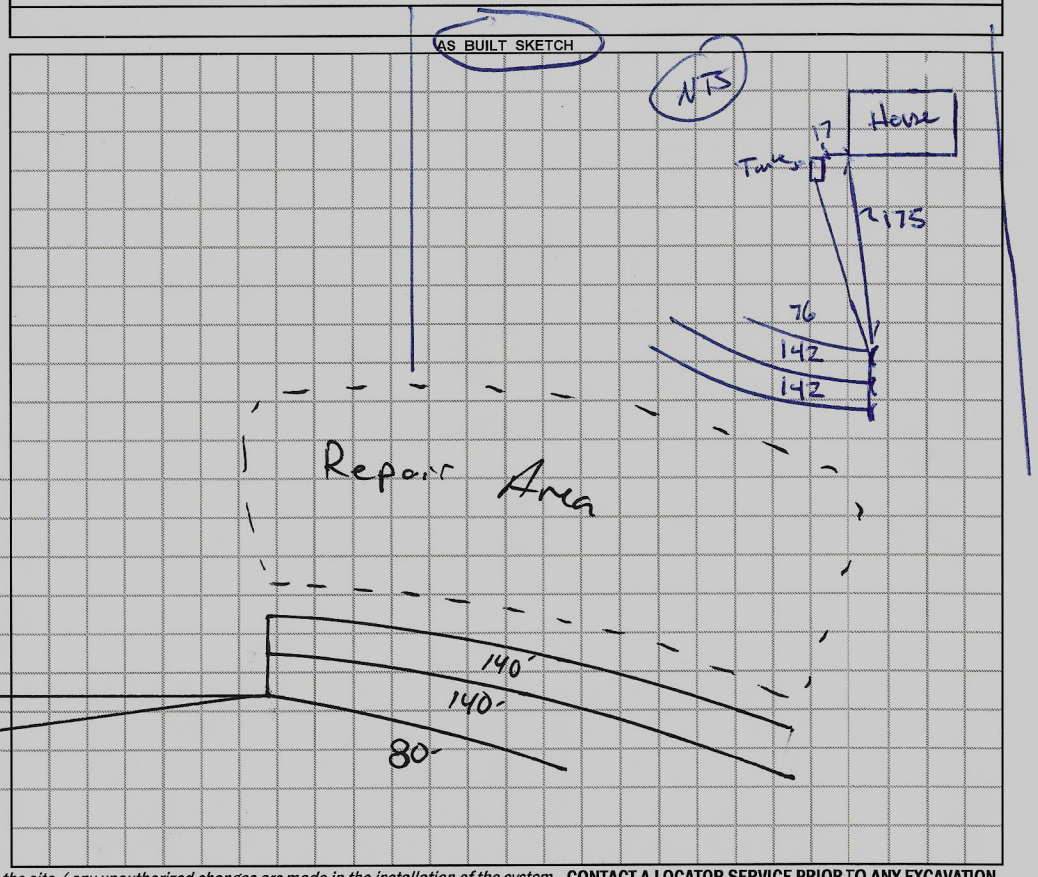
Septic Tank	1000	(gal)	STB 157	Date	9-11	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction			☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	360gpd	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 27"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Center of land and use Serial Distribution. Trench Bottom 27" Max.

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: Chad Holloway Date: 8/20/19 Installed by: Shannon Hudson - Groundbreakers

IMPROVEMENT PERMIT by: [signature] Date: 8-13-19 OPERATION PERMIT by: Benjamin A Batts Date: 11/25/2019

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-13-19 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 #: 47120202404
COUNTY: Iredell 03

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

OWNER: Chad Holloway
ADDRESS: 265 Worthington Drive
PROPOSED FACILITY: House
LOCATION OF SITE: Carriage Rd
PROPOSED DESIGN FLOW (.1949): 360gpd
APPLICATION DATE 7-24-19
DATE EVALUATED: 8-6-19
PROPERTY SIZE: 21 Ac
PROPERTY RECORDED: Yes

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	SS 7-8%	0-8	scl sbk	Fria SSSP Scap	Chroma 10yr 6/2 @ 12"	48"	N/A	42"	PS .25
		8-36	sc sbk	Fria SSSP Scap					
		36-48	cl sbk	Fr SSSP Scap					
2	SS 7-8%	0-12	scl sbk	Fria SSSP Scap	N/A	48"	N/A	N/A	PS .25
		12-36	sc sbk	Fr SSSP Scap					
		36-48	cl sbk	Fr SSSP Scap					
3	SS 7-8%	0-12	sbk scl	Fr SS SP Scap	10yr 5/4 @ 28"	48"	N/A	N/A	PS .25
		12-28	sbk sc	Fr SS SP Scap					
		28-48	sbk cl	Fr SS SP Scap					
4	SS 7-8%	0-4	sbk scl	Fr SS SP Scap	N/A	48"	N/A	N/A	PS .25
		4-32	sbk sc	Fr SS SP Scap					
		32-48	sbk cl	Fr SS SP Scap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25%	25%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
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) 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 None	0.2 - 0.05 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.

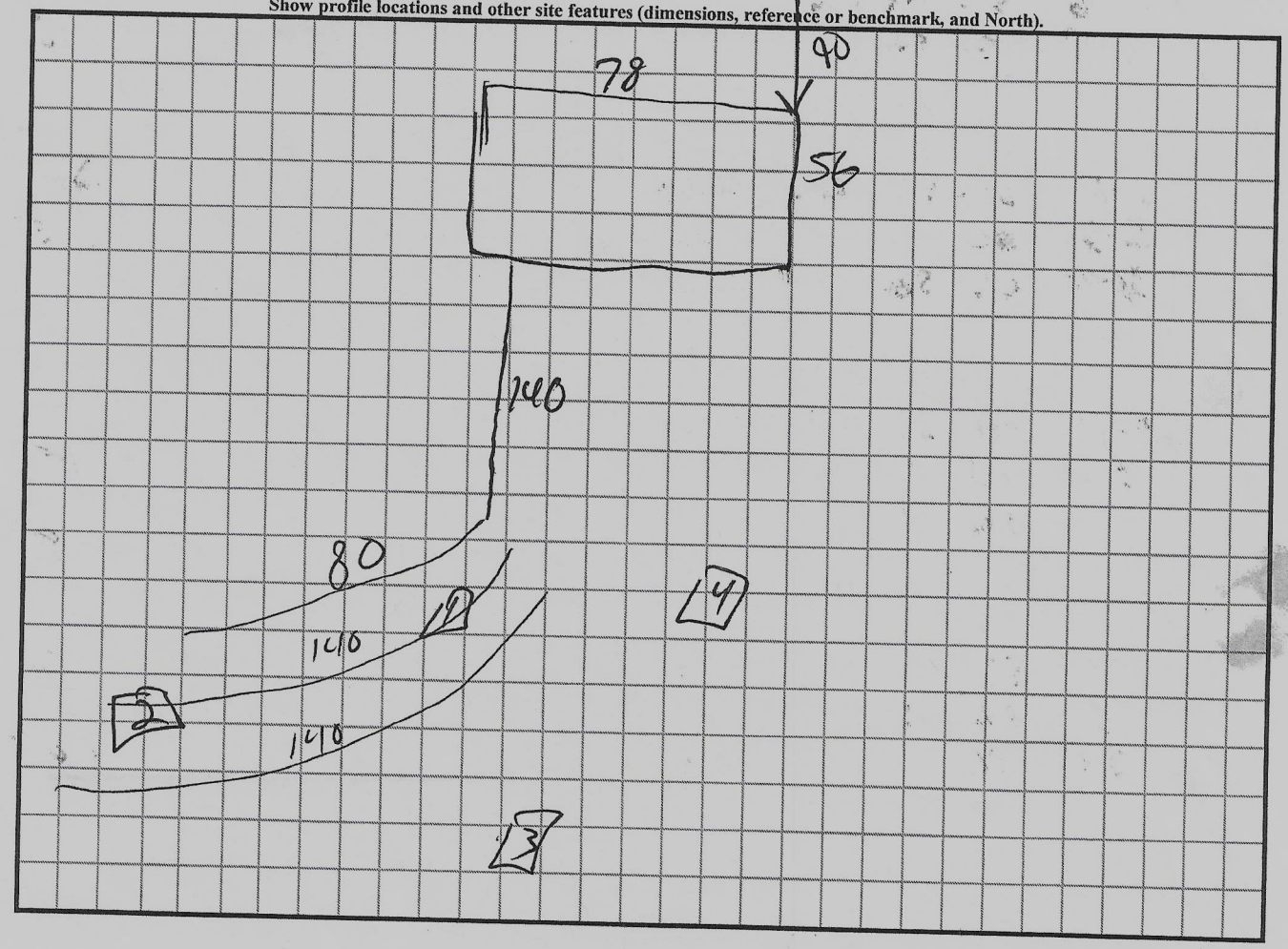
NOTES

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/ft^2

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



80
140
~~80~~
148

SRL

246955 NCA

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Pd $500 + $550

(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) ✓ well

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Chad Holloway	265 Worthington Dr. Mountain NC 28125	704-746-7094	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same As Above			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
186 Carriage Rd	—	Lot #2

Driving Directions: Buffalo Shoals west To onto Eufola Rd TL onto Carriage Rd Lot on the Right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

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

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

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

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

PAID Credit 7/25 MF 19

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Chad Holloway — 7/24/19

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

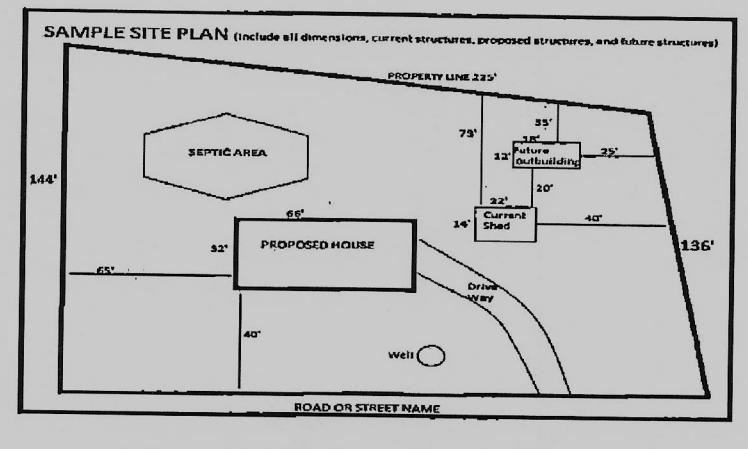
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

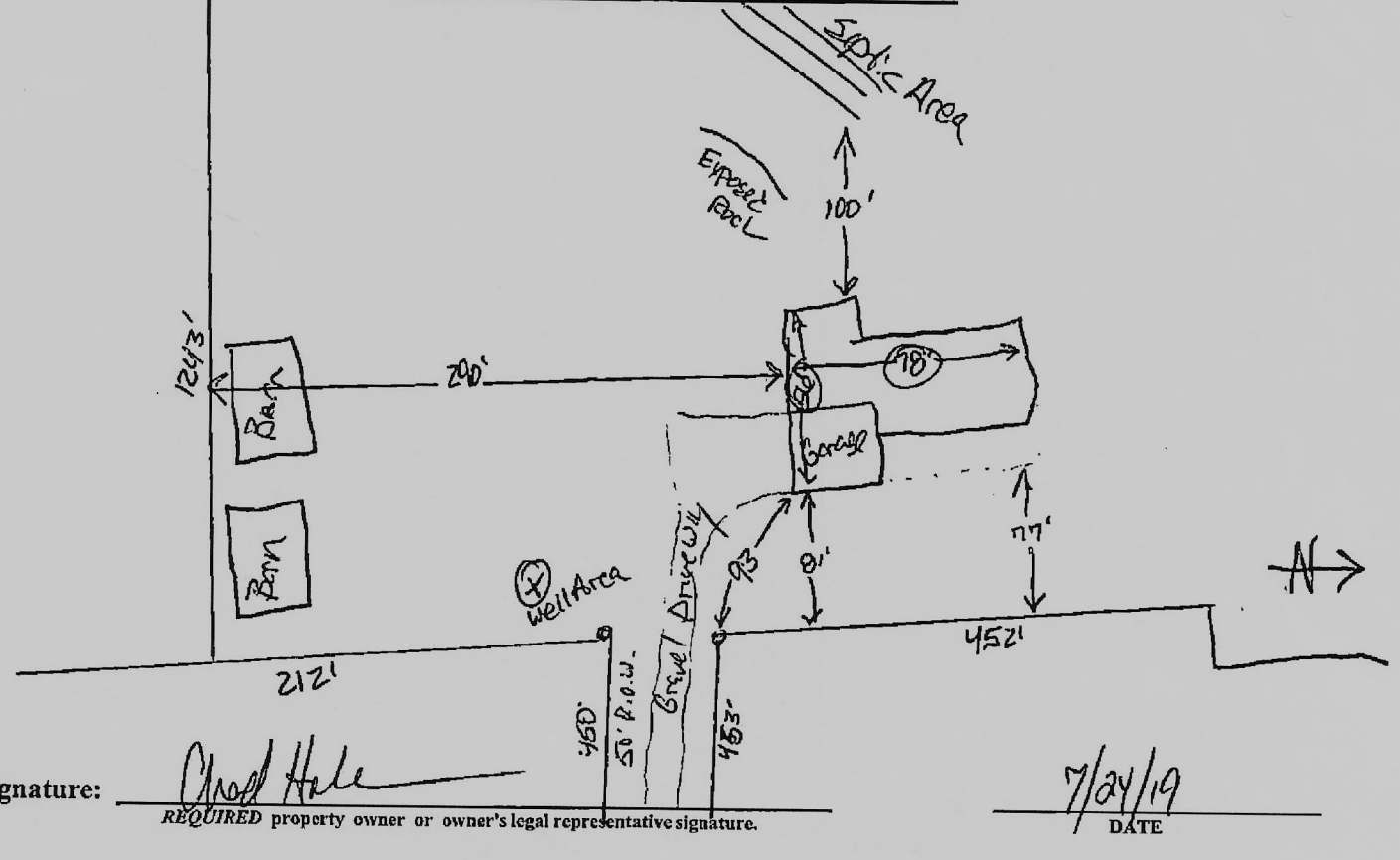
Circle N/A on the following if appropriate:

____ **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



Signature: Geoff Hale

REQUIRED **property owner or owner's legal representative signature.**

7/24/19

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Chad Holloway, am the legal owner(s) of the property located at 186 Carriage Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4712-02-0403, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chad Holloway, _____, 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.

Chad Hol 7/24/19

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
246955
Issue Date: 07/24/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4712020403.000	186 CARRIAGE ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: HOLLOWAY CHAD KENNETH	Applicant: HOLLOWAY CHAD KENNETH
Address: 20468	Address: 20468
IREDELL CO, NC 28625	IREDELL CO, NC 28625
Phone:	Phone:

FILE COPY

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	AE

Remarks:

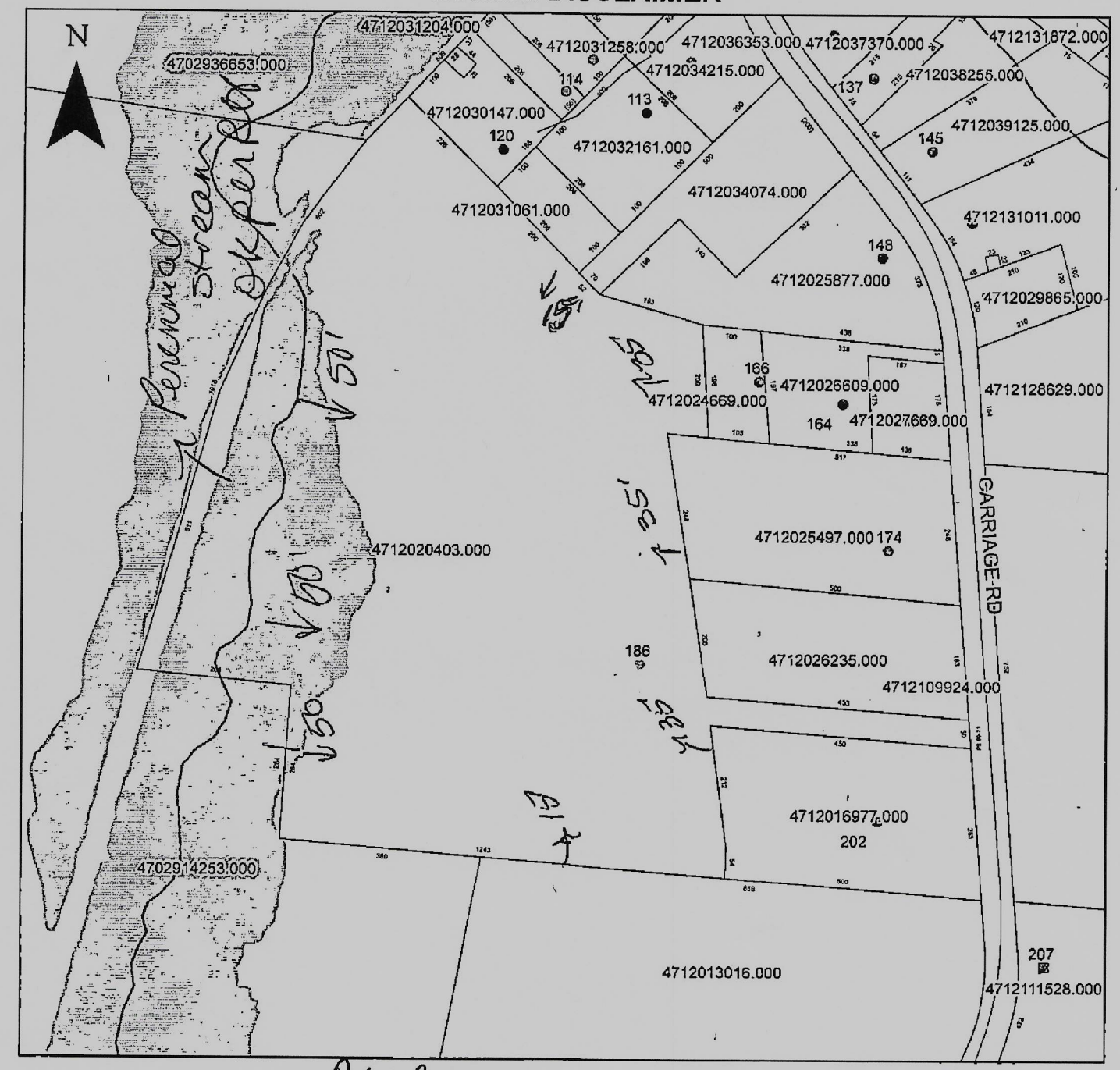
PAID
Credit
MB 7/24/19

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: See Attached Date: _____

Permit Number	186450	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 186 Carriage

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

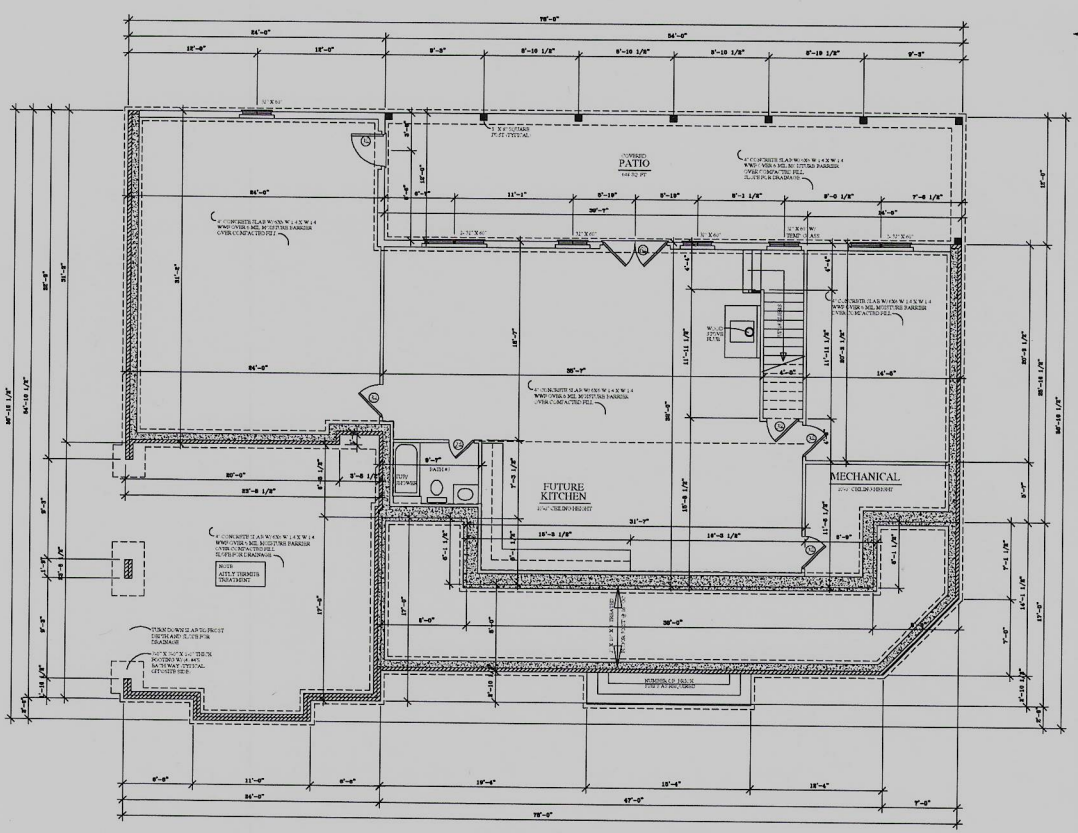
Applicant

7/24/19
Date

Acknowledgement Of
Plans Submittal ONLY!

Date 8-13-19

Date 8/20/19

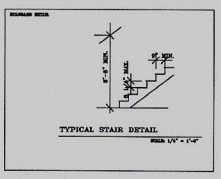


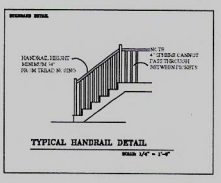
BASEMENT PLAN
2314 SQ.FT. SCALE: 1/4" = 1'-0"
UNFINISHED

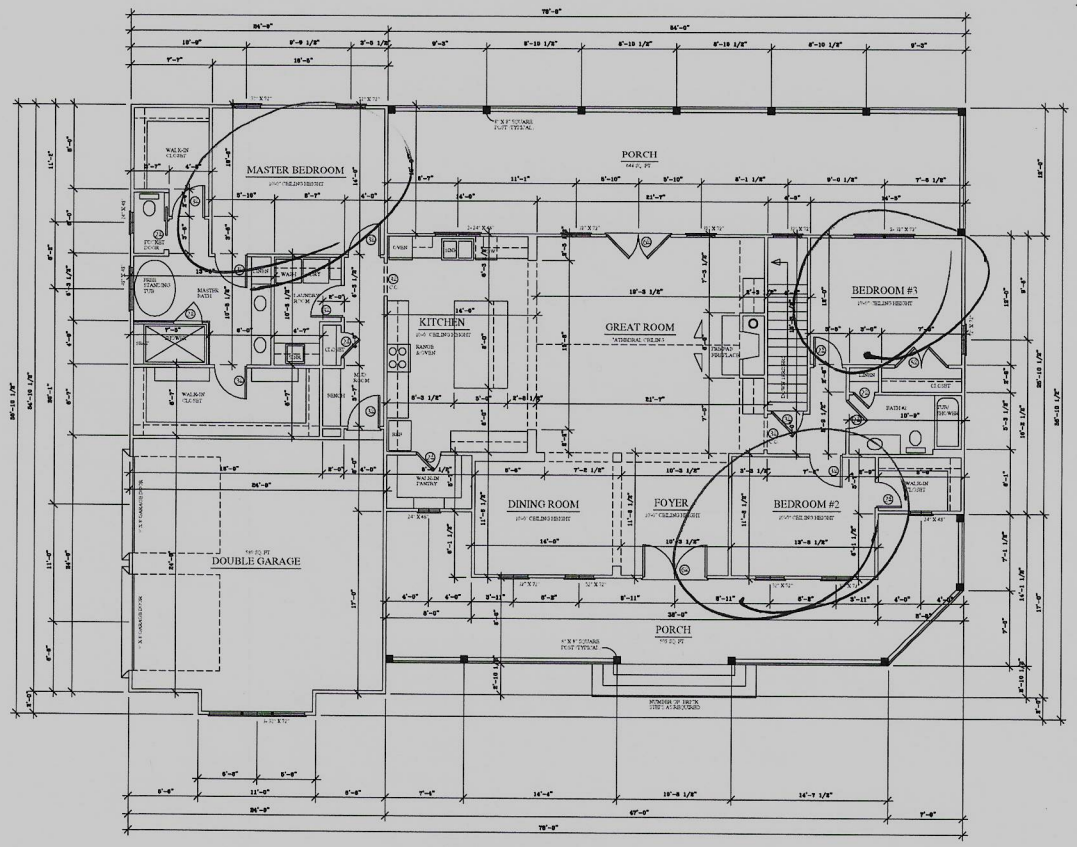
Gray Design

Holloway Residence

3.







FLOOR PLAN

2314 SQ.FT. SCALE: 1/4" = 1'-0"

Gray Design

Holloway Residence

FILE NUMBER

SHEET: 4 OF: 5