IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 216238

APPLICANT: Christopher Hall

PIN # 4712350370 ✓

APPLICANT ADDRESS: 222 Atwell Dr.

SITE ADDRESS: 222 Atwell Dr. - Stat 28677

PHONE: 704-579-1724 ALT. PHONE: N/A

SITE DIRECTIONS: Buffalo Shoals Rd TR Eufola TR Atwell Property on Right @ cul-de-sac

SUBDIVISION: ✓Eufola Farms SECTION: — LOT # 23 LOT AREA: 5.06 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.2775-Repa

Septic Tank	Existing	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex					
Trench Width	Ex	Max. Trench Bottom Depth	Ex		Gravel Depth	Ex					

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

System Description: Existing

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

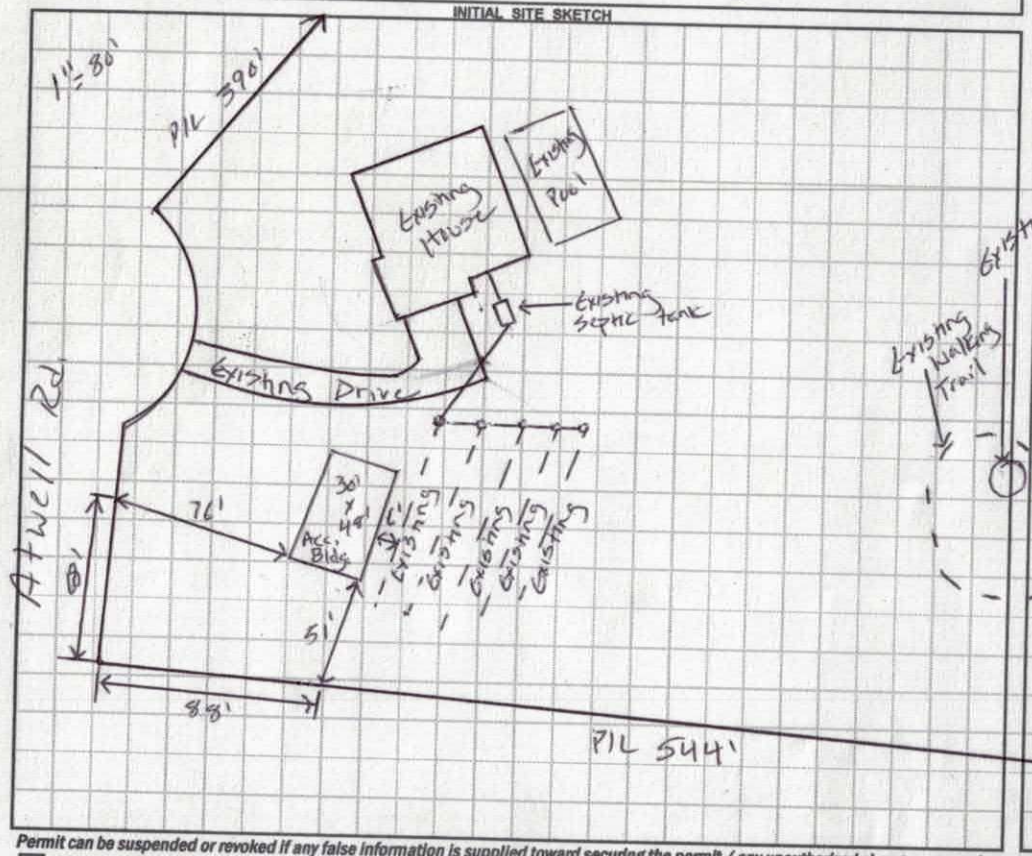
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

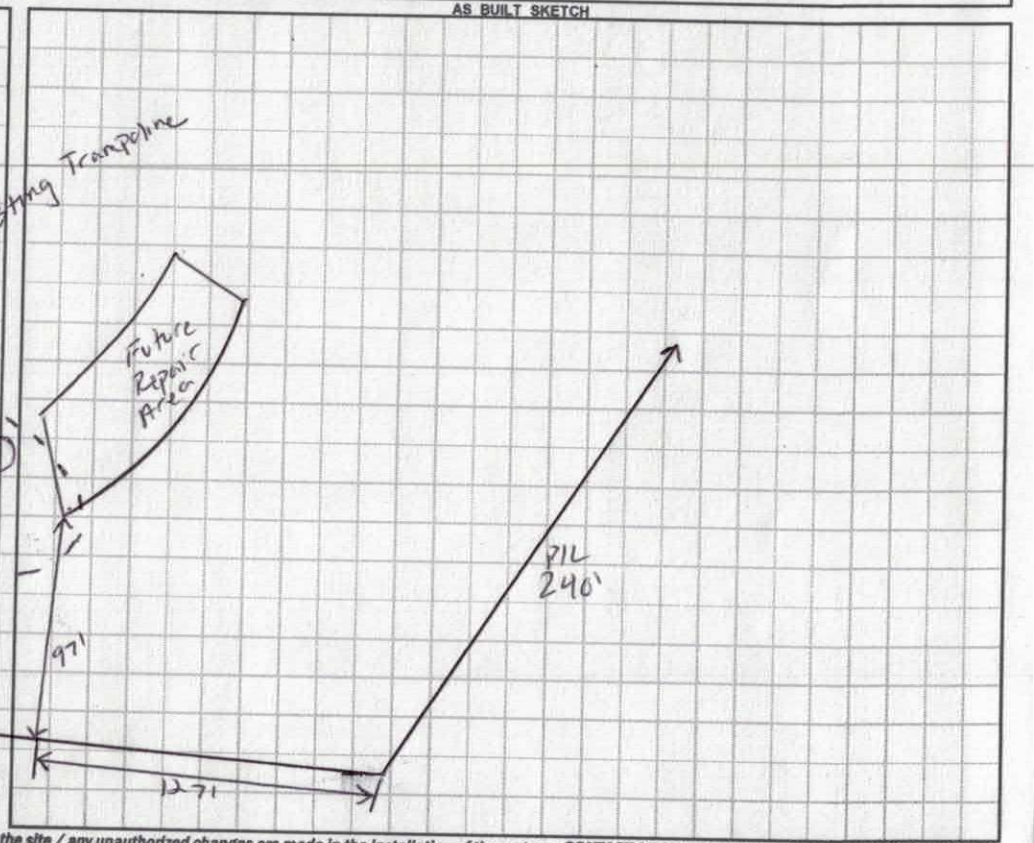
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: The Purpose of this permit was to relocate future repair area to accomodate the proposed 30'x48' Accessory Building.

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] Date: 2-25-16

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-25-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-25-16

Installed by:

OPERATION PERMIT by: Existing OP issued on Date: 5-3-13

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 2
PROPERTY ID #: 471235037
COUNTY: Iredell

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

OWNER: Chris Hall
APPLICATION DATE: 1-27-16
ADDRESS: 222 Atwell Rd.
DATE EVALUATED: 2-19-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 5.06 acres
LOCATION OF SITE: 222 Atwell Rd.
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other N/A
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	12% LSS	0-10	SCL SBK	F. mod SE	–	–	–	–	PS 0.1 DRIP
		10-22	C+Rock ABK	Fi mod SE					
		22	Rock						
2	22% LSS	0-9	SCL SBK	Fr	–	–	–	–	Need Pits
		9-23	C+SAP ABK	Fi					
		23-35	CL+SAP WABK	Fr mod					
		35-48	CL SAP						
3	20% LSS	0-12	SCL+Rock SBK	Fr	–	–	–	–	Need Pits
		12-26	C+Rock ABK	Fi					
		26-45	BC+Rock WSBK	Fr					
		45	Rock						
4	16% slight HS	0-16	SCL+Rock	Fi	+26"	+26"	+26"	26"	Need Pits
		16-26	C+Rock	Fi					
		26	Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	X	PS
System Type(s)	X	III
Site LTAR	X	0.275

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

COMMENTS: Repair trench bottoms @ 27" high side

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4712350370
DATE OF EVALUATION: 2-19-16 & 2-24
COUNTY: Iredell

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
AB 5	<2% L	0-9	C ABK	Fi Mod SE	—	—	—	—	Need Pits
		9-16	BC SAP Incl WABK	Fr Mod					
		16-48	SAP M						
AB 6	16% NS	0-14	C ABK	Fi Mod SE	+48"	32"	32"	32"	Need Pits
		14-32	BC WABK	Fr Mod SE					
		32-48	SAP						
			Quartz Vein	32"-35"					
AB 7	11% NS	0-5	SCL SBK	Fr Mod SE	+48"	39"	39"	39"	PS 0.275
		5-20	C ABK	Fi Mod SE					
		20-39	BC SAP Incl WABK	Fr Mod SE					
		39-48	SAP M						
AB 8	12% NS	0-8	SCL SBK	Fr Mod SE	+44"	44"	+44"	44"	PS 0.275
		8-24	C ABK	Fi Mod SE					
		24-44	BC SAP Incl WABK	Fr Mod SE					
		44	Rock						
AB 9	16% NS	0-6	SL SBK	Fi Mod SE	+48"	+48"	+48"	+48"	PS 0.275
		6-23	C Few P/B mottles ABK	Fi Mod SE					
		23-48	BC SAP Incl WABK	Fi Mod SE					

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.

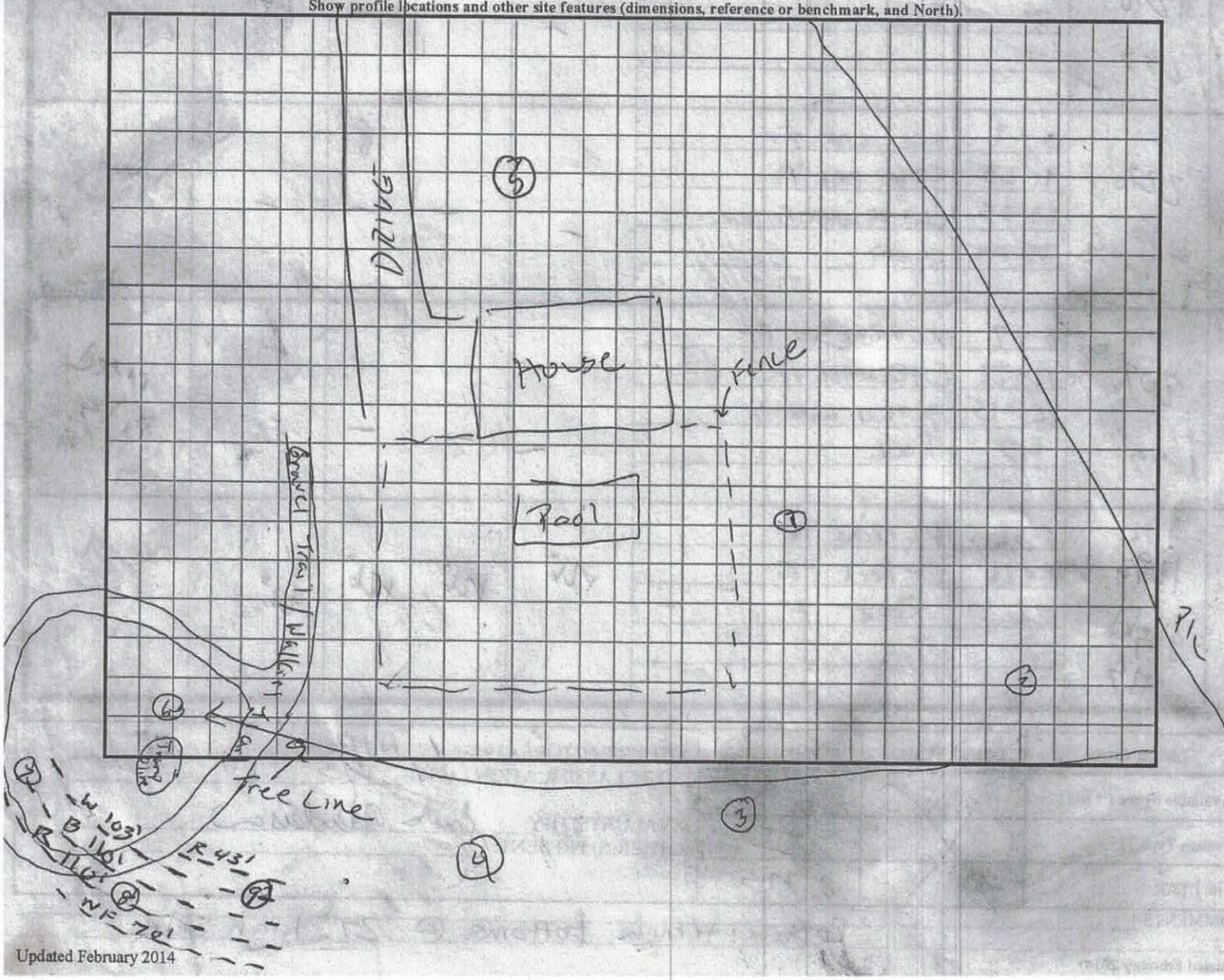
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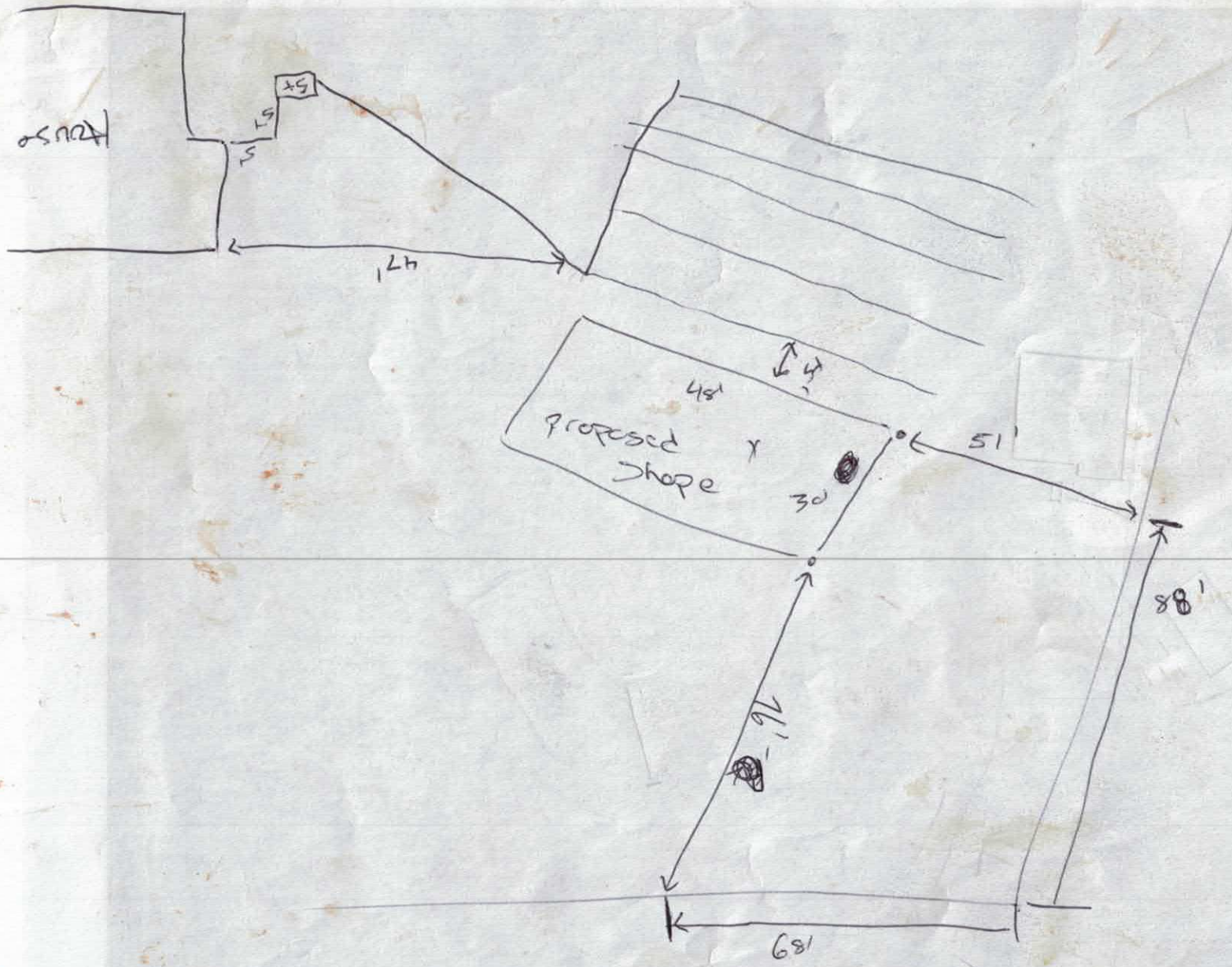
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




5'
5'
5'
47'
4'
48'
proposed shape
30'
51'
88'
19'
68'

~250~

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

1. APPLICATION FOR: ___Improvement Permit ✓ 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Christopher Hall	222 Atwell Dr Statesville NC	704-579-1724	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
222 Atwell Dr Statesville	Eufola Farms	

Driving Directions: Old mtn → Eufola, Rt on Eufola, Rt on Atwell, go to end of Road, house is on Right

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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:

( ) 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 2014 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Denelle Hall — 1/27/16

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:

____ Property Line measurements are clearly identified... **✓ 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

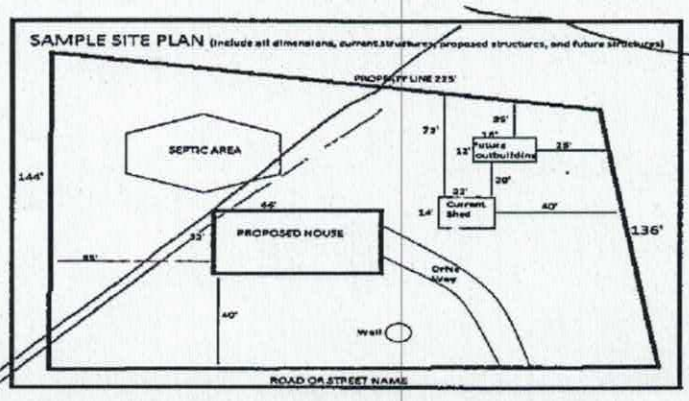
____ Front and side setbacks from property line... **✓ Preferred driveway location and configuration, preferred well location...**

✓ Area you prefer your septic system to be placed... **____ 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: Donell Head

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

4/27/16

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
216238
Issue Date: 01/27/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4712350370.000	222 ATWELL DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HALL CHRISTOPHER JOSEPH+DENELL E DAWN Address: 222 ATWEKK DR STATESVILLE, NC 28677 Phone:	Applicant: HALL CHRISTOPHER JOSEP Address: 222 ATWEKK DR STATESVILLE, NC 28677 Phone:

Use Requested	Zone Code
POLE BARN 40X50 EXPLAINED 50 FT OFF PROP LINES AND HOUSE. S INCE CULDESAC WA SAID 76' OFF RIGHT OF WAY FROM FRONT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.068	50.00	50.00	50.00	50.00	PACL	AE

Remarks:

WA SAID HOUSE IS 76' OFF RIGHT OF WAY SO BLDG HAS TO JUST REMAIN 76' OFF THE RIGH T OF WAY MH 1-27-16

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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: _____ Date: _____

Permit Number	58843	TOTAL FEES:	$ 77.25