IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 237592

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

PIN # 4712527894

APPLICANT/OWNER: Robert Montgomery

APPLICANT ADDRESS: 1268 Eufola Rd Statesville NC 28677

SITE ADDRESS: 1268 Eufola Rd. Statesville NC 28677.

PHONE: 704-626-0083

ALT. PHONE 704-431-9269.

SITE DIRECTIONS: Buffalo Shoals Rd @ on Eufola Rd Lot on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Montaigne

SECTION: – LOT # 1 LOT AREA: 5.012 Acres

DESIGN FLOW: 480 L.T.A.R.: .30

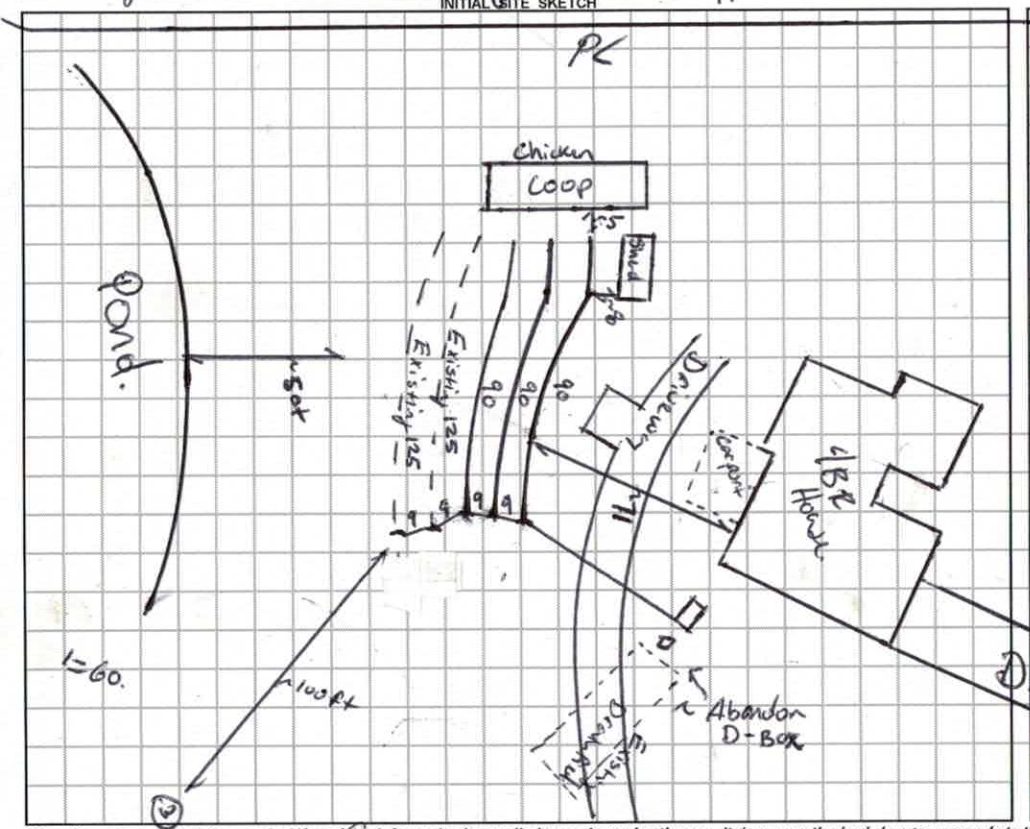
Septic Tank	Existing	(gal)	STB	–	Date	–	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% High Capacity			
Pump Make	–		Model	–	Serial #	–	Repair System Description:	~			
# Nitrification Fields	1		# Lines	3	Linear Ft	270	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth(Low side)	33	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

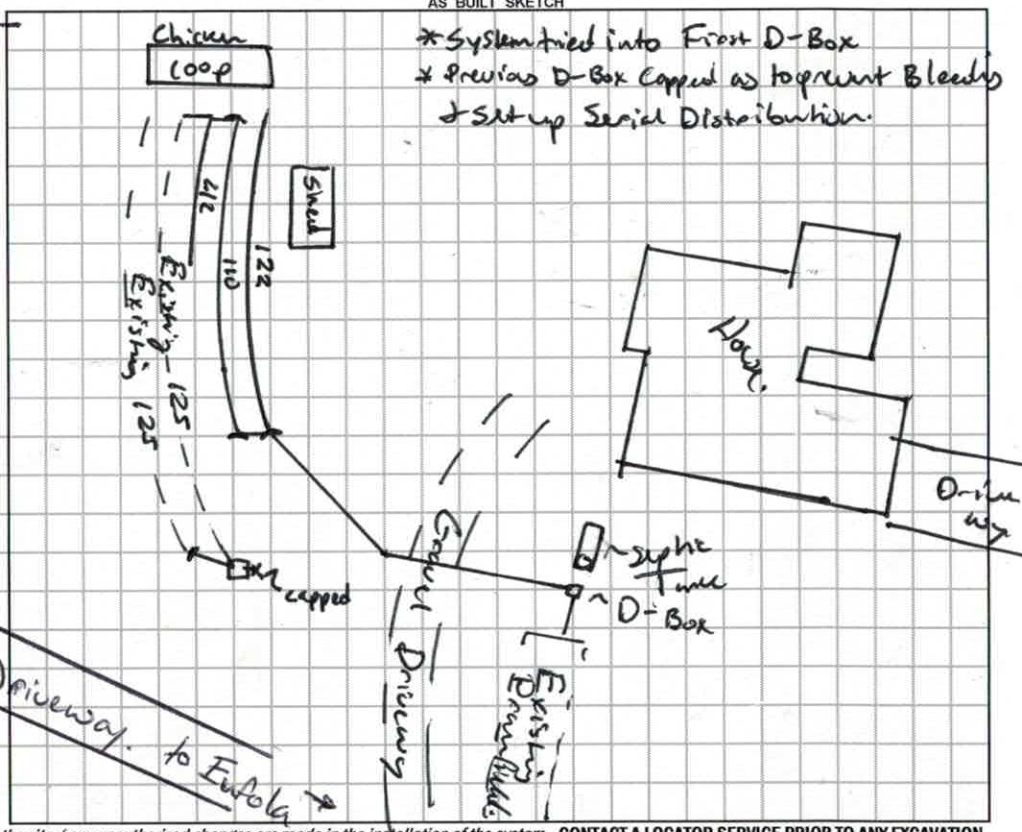
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: *Install Septic Drainlines on Contour of the land utilize Serial distribution. * Move water line if within 10 ft of Drainfield.
Abandon Existing D-Box + Drainfield. to Feed New Drainlines. Plumb into Existing Drainlines. to work in conjunction with upper drainlines.

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: 8-10-18 Installed by: Massey Septic

IMPROVEMENT PERMIT by: Benjamin A Bottin Date: 7/31/2018 OPERATION PERMIT by: Benjamin A Bottin Date: 9/26/18.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottin Date: 7/31/2018 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

1286 Enfield Rd.

Sheet 1 of 1
PROPERTY ID #: 47125278
COUNTY: Duplin

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

OWNER: Montgomery — APPLICATION DATE: 1/23/13
ADDRESS: 1286 Enfield Rd SUC NC. — DATE EVALUATED: 1/30/13
PROPOSED FACILITY: 4BR Home — PROPOSED DESIGN FLOW (.1949): 480. — PROPERTY SIZE: 5 Ac
LOCATION OF SITE: " — PROPERTY RECORDED: Yes.

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other Repair
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	Side 12%	0-10	sc Rocky			48		Sap Restr	PS .7
		10-21	C SBK	SS SP FR SEXP					
		21-48	CL WSBK	SS SP FR					
2	Side 12%	0-8	sc Rocky			48.		10YR 6/4 20-22 mm Sap Restr	PS .3
		8-22	C SBK	SS SP FR SEXP					
		22-48.	CL WSBK	SS SP FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		270
System Type(s)		III 25 H.C.
Site LTAR		.30

OTHER FACTORS (.1946): Pond
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT: B. Whitaker

COMMENTS: High Capacity Repair

Updated February 2014

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.

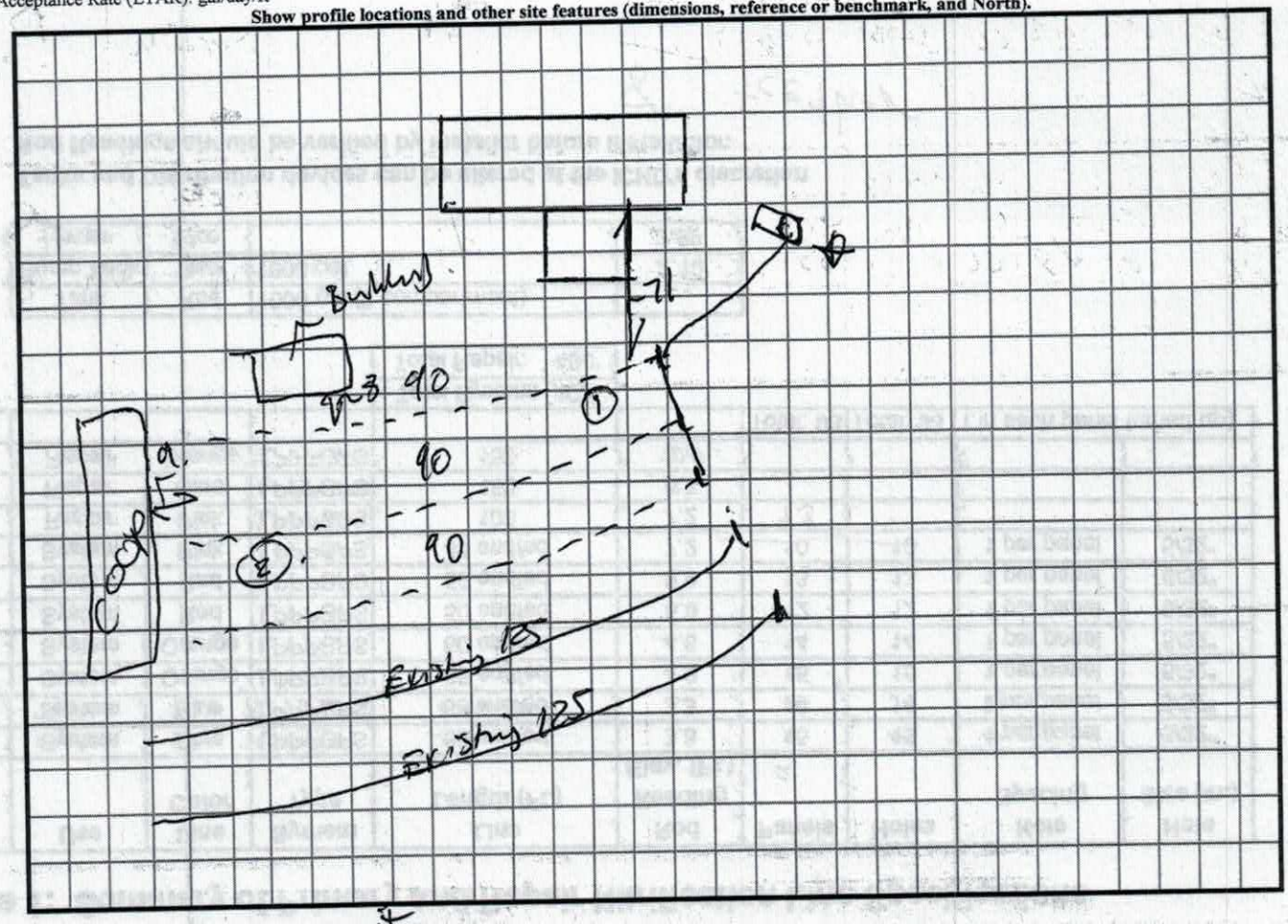
NOTES

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/ft^2

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



12'

* High capacity
* Wetlands

RECEIVED JUL 2 6 2018

Repair Evaluation-No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#237592

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.

****Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Page 2: *Site Plan Worksheet* form MUST accompany this application

Applicant Information: (PRINT CLEARLY) The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

Applicant Name: Robert Montgomery Address: 1268 Eufola Road, Statesville Zip: 28677

Applicant Email: montgomery1268@att.net Phone: 1-704-626- 0083 Alt. Phone: 704-431-9269

Owner Name: Robert Montgomery Address: 1268 Eufola Road, Statesville Zip: 28677 Owner Email: montgomery1268@att.net Phone: 1-704-626- 0083 Alt. Phone: 704-431-9269

Property Information:

Street Address: 1268 Eufola Road, Statesville

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Tank was recently emptied but leach fields continues to not drain correctly.
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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)* 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 (X) 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: Robert Montgomery 7-23-18
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*) **Robert Montgomery**

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, Robert Montgomery, 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.

Robert Montgomery
Signature of Owner(s)

7-26-18
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

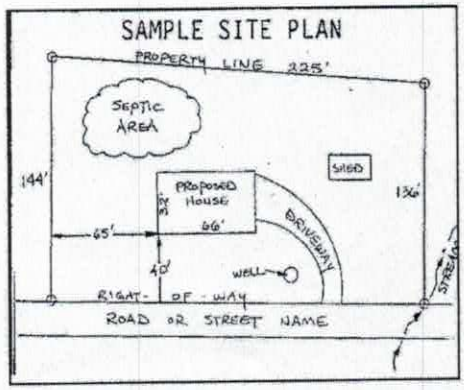
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See septic permit.

Signature: _____ _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4712-52-7894 DATE NOVEMBER 18, 2009

OWNER or APPLICANT DOUA MOUA PHONE: Business (704) 682-1711 Home:

OWNER or APPLICANT ADDRESS 1268 EUFOLA ROAD, STATESVILLE, NC 28677

LOCATION / DIRECTIONS BUFFALO SHOALS ROAD SW, TR EUFOLA ROAD. HOUSE ON LEFT AT # 1268

SUBDIVISION MONTAIGNE BLOCK / SECTION LOT # 1 LOT AREA 5.01 ACRES DESIGN FLOW 480 L.T.A.R. 0.30 GAD/FT2

Septic Tank EXISTING Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 2 Linear Feet 250

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description:

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required ☐ YES ☒ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

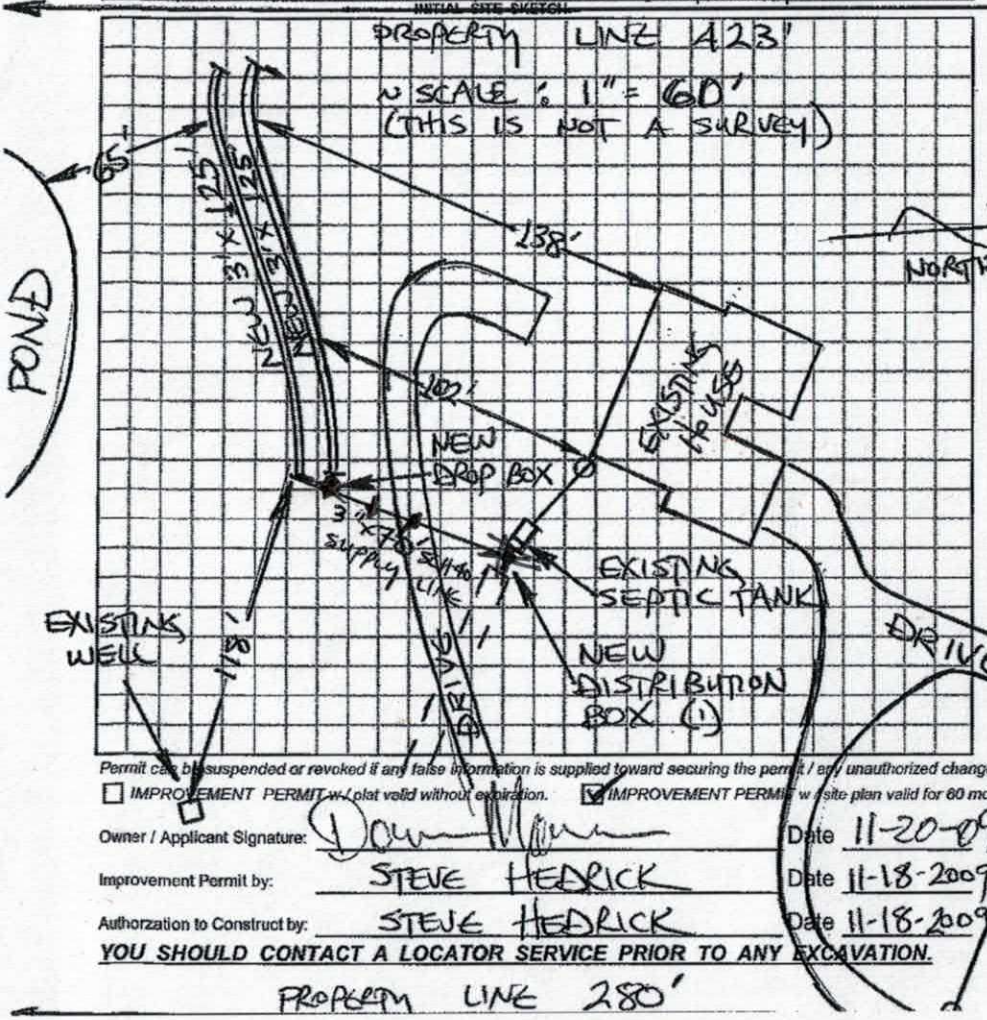
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions
1. REPLACE CRACKED LID ON ACCESS RISER.
2. INSTALL NEW DISTRIBUTION BOX AT SEPTIC TANK.
3. INSTALL NEW 25% REDUCTION DRAINFIELD AT LOCATION SHOWN USING SERIAL DISTRIBUTION.

Comments / Conditions
1. NEW DIST. BOX WITH SPEED LEVELER SET TO FEED OLD SYSTEM FIRST. Then backup to new system

INITIAL SITE SKETCH



AS BUILT SKETCH

1. Trace - Stay 10' below with H2O line
2. Supply line is 46" from top of ground so... if H2O line is 28" or shallower from top of ground 18" is maintained with H2O line on top

System checked 12-4-09 & installed correctly except for H2O line removal.

Br. back in town end of January Do it in February

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 w/ plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w/ site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Doua Moua Date 11-20-09 Installed by: Alexander Precast

Improvement Permit by: STEVE HEDRICK Date 11-18-2009 Operation Permit by: STEVE HEDRICK Date: 4-7-10

Authorization to Construct by: STEVE HEDRICK Date 11-18-2009 Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant