IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240748

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

PIN # 4712720761

APPLICANT/OWNER: TOM MURPHY APPLICANT ADDRESS: 209 RIVER CHASE LANE, MOORESVILLE, NC 28115

SITE ADDRESS: 1333 EUFOLA ROAD, STATESVILLE, NC 28677 PHONE: 704-614-6699 ALT. PHONE 704-746-5046

SITE DIRECTIONS: WEST ON HIGHWAY 70, R ON BUFFALO SHOALS ROAD, R ON EUFOLA ROAD, LOT ON R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.96 AC DESIGN FLOW: 360 GPD L.T.A.R.: .3 (.225) REPA

Septic Tank	1000 (gal)	STB	700	Date	4/25/18	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION		
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)			29 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees		☐ Public
☑ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, PRECONSTRUCTION MEETING REQUIRED PRIOR TO ISTALLATION, COPY OF SURVEY MUST REMAIN ATTACHED WITH PERMIT, FOR PERMIT TO BE VALID. MAINTAIN SOFT FROM ALL WELLS WITH ANY PART OF THE SYSTEM. DO NOT EXCEED MAX TRENCH DEPTH of 29 IN.

INITIAL SITE SKETCH

MAINTAIN 25 FT OF SEPERATION FROM ALL PARTS OF SUBSURFACE DRAIN

PLEASE SEE ATTACHED SURVEY DATED 1-3-2019 FOR DESIGN

AS BUILT SKETCH

NO ADDITION TO BE MADE TO EXSISTING HOUSE
RECCOMEN ABANDONING EXSISTING UNUSED WELL

As built drawing on design page

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**

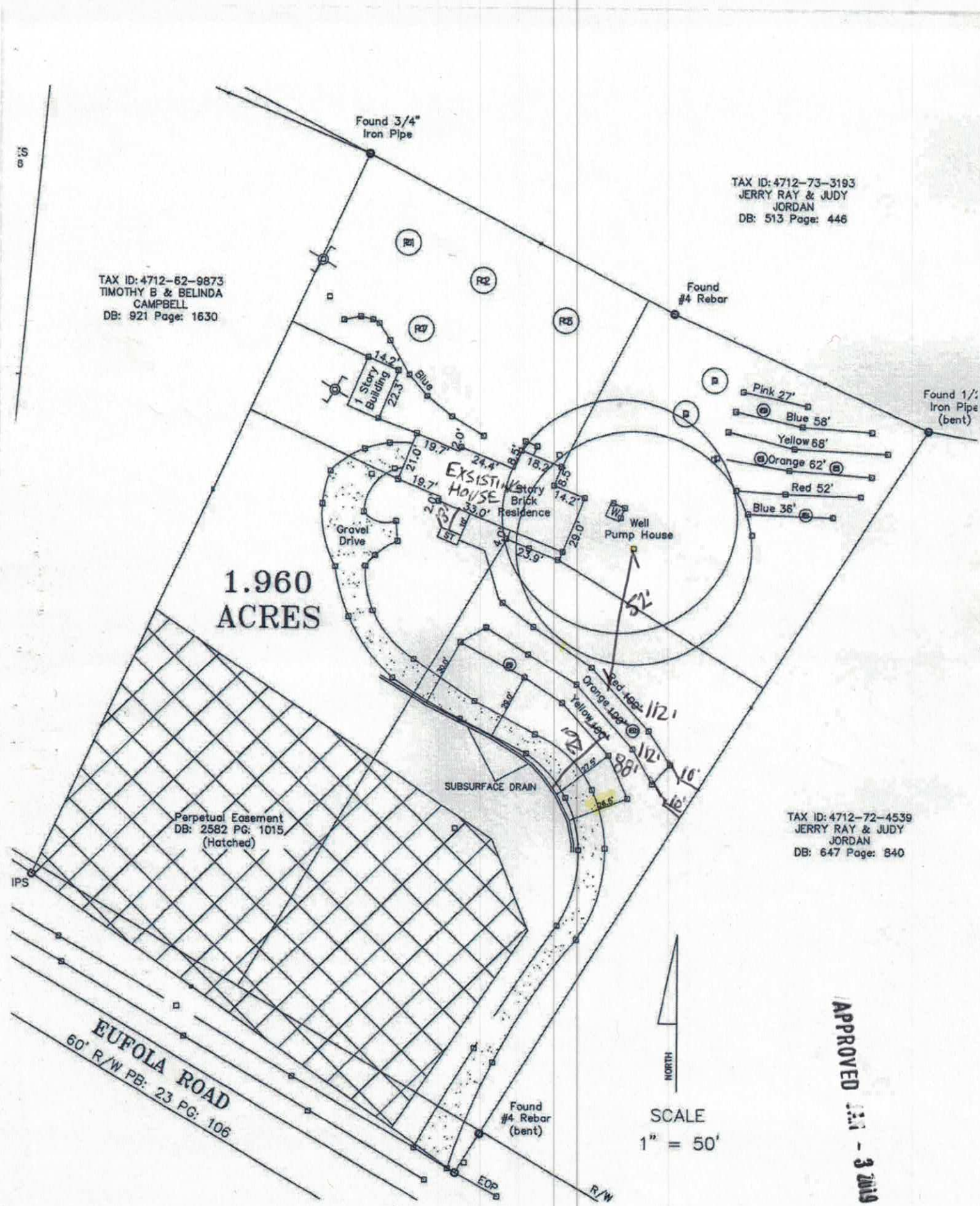
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Tara Murphy Date: 1/9/19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Burhart C. White Date: 1-3-2019 OPERATION PERMIT by: Carla C. Cave Date: 3/20/19

AUTHORIZATION TO CONSTRUCT by: Burhart C. White Date: 1-3-2019 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 inpsector to confirm your inspection time.


Found 3/4" Iron Pipe
TAX ID: 4712-73-3193
JERRY RAY & JUDY JORDAN
DB: 513 Page: 446
TAX ID: 4712-62-9873
TIMOTHY B & BELINDA CAMPBELL
DB: 921 Page: 1630
Found #4 Rebar
Found 1/2 Iron Pipe (bent)
1 Story Building
Blue
Pink 27'
Blue 58'
Yellow 68'
Orange 62'
Red 52'
Blue 36'
EXSISTING HOUSE
1 Story Brick Residence
Well
Pump House
Gravel Drive
1.960 ACRES
52'
Red 100'
Orange 100'
Yellow 100'
112'
88'
10'
SUBSURFACE DRAIN
Perpetual Easement
DB: 2582 PG: 1015
(Hatched)
TAX ID: 4712-72-4539
JERRY RAY & JUDY JORDAN
DB: 647 Page: 840
IPS
EUFOLA ROAD
60' R/W PB: 23 PG: 106
Found #4 Rebar (bent)
EOP
R/W
NORTH
SCALE
1" = 50'
APPROVED
- 3 2019

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

Sheet 1 of 2
PROPERTY ID #: 47127202
COUNTY: IREDELL

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

OWNER: TOM MURPHY — APPLICATION DATE: 12-4-208
ADDRESS: 209 RIVER CHASE LANE, MOORESVILLE, NC 28115 — DATE EVALUATED: 12-5-18/12-
PROPOSED FACILITY: 3 BEDROOM — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 1.96
LOCATION OF SITE: 1333 EVOLA ROAD, STATESVILLE, NC, 28677 — 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	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	SHOULDER 7%	0-3	SCL, SBK	FR, SS, SP, SEXP	MICA LITHO SAP INC Y/B	45"	II L PS	NA.	PS, .3
		3-24	C, SBK	FR, S, P, SEXP					
		24-45	CL, WSBK	FR, SS, P, SEXP					
		45-48	SAP, RC	FR, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-6	SCL, SBK	FR, SS, SP, SEXP	MICA LITHO SAP INC Y/B	45"	III SL PS	NA	PS .3
		6-25	C, SBK	FR, SS, P, SEXP					
		25-45	SCL, WABK	FR, SSP, SEXP					
		45-48	SAP, RC	FR, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-10	SCL, SBK	FR	B MOT 10"-24" 10YR6/3	40"	II L PS	NA	PS .25
		10-24	C, SBK	FR					
		24-46	CL, WABK	FI					
		46-48	SAP, RC	FR					
4	LINEAR SIDE 10%	0-11	SCL, SBK		Y/B MOT 10"-18"	48"+	NA	NA	PS .275
		11-30	C, SBK						
		30-48	CL, WABK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% RED.	LPP PANEL BLOCK
Site LTAR	.3	.225

OTHER FACTORS (.1946): ~~NA~~
SITE CLASSIFICATION (.1948): ~~NA~~
EVALUATED BY: Bernhart C. White
OTHER(S) PRESENT: ASHLEY ROLLINS

COMMENTS:

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

PROPERTY ID #: 47127201
COUNTY: IREDELL

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LINEAR SIDE 10%	0-10	SCL, SBK	FR, SS, SEXP	Y/B	48"	PI	NA	PS .275
		10-25	C, SBK	FR, S, P, SEXP	MOT		~~NA~~		
		25-43	CL, WABK	FI, SS, P, SEXP	10-		PS		
		43-53	SAP, RL	FR, SS, SP, SEXP	5				
2	LINEAR SIDE 10%	0-10	SCL, SBK	FR, SS, SP SEXP	Y/B MOT	45"	II	NA	PS .225
		~~0~~ 10-22	C, SBK	FR, S, P, SEXP	10-		L		
		22-45	CL, WABK	FI, SS, P, SEXP	22"		PS		
		45-50	SAP, RL	FR, SS, SP, SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

Pd: $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

FILE COPY

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.

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

Applicant Information: (PRINT CLEARLY)

Ashley - 704 746-5046

Applicant Name: Tom Murphy **Address:** 209 Riverchase Lane **Zip:** 28115
Applicant Email: tom@closer30.com **Phone:** 704-614-6699 **Alt. Phone:**
Owner Name: Tom Murphy **Address:** 209 Riverchase lane **Zip:** 28115
Owner Email: tom@closer30.com **Phone:** 704-614-6699 **Alt. Phone:**

Property Information:

Street Address: 1333 Eufola Road, Statesville, NC
Subdivision Name: **Section/Phase:** **Lot Number:**
Driving Directions: North on Hwy 21, left on Old Mountain Rd, left on Buffalo Shoals, Right on Eufola Rd, On Right.

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

CHECK FOUNDATION TYPE

(/) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (/) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 (/) 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: except

Please answer the following to the best of your ability:

( ) Yes (/) No Does the site contain any jurisdictional wetlands?
( ) Yes (/) 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: Tom Murphy 12/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FILE COPY

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, Tom Murphy mgr Close 1:30 Invest mor Properties, LLC, am the legal owner(s) of the property located at 1333 Enfield Road, Statesville, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans, Rollans Soil Environmental Services, 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	Signature of Witness	Date
Mgr	12/4/18		

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

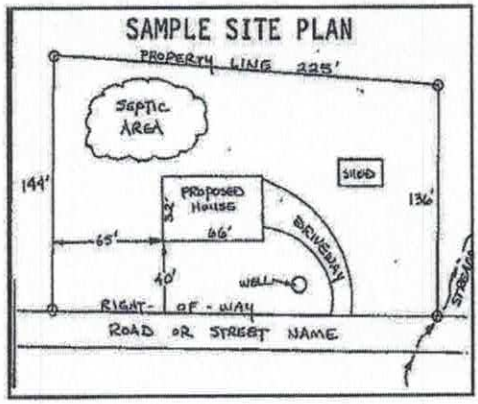
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **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

FILE COPY

See attached

Signature: _____ 12/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

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

52047

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18332 DATE 6-29-94 TAX MAP NO. Pt of 30-B-12 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Timothy Campbell PHONE: Business _____ Home 873-5898

ADDRESS Rt. 14 Box 302-B Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd. TR Buffalo Shoals Rd. TL Eufola Rd. 2nd Lot on R

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA .67 acre + 24,000 sq ft easement SITE CLASS. P.S. DESIGN FLOW 450 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-10-94

Pump Tank: 1000 Gallons; PT 169 Date 6-9-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Pump to pressure manifold

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

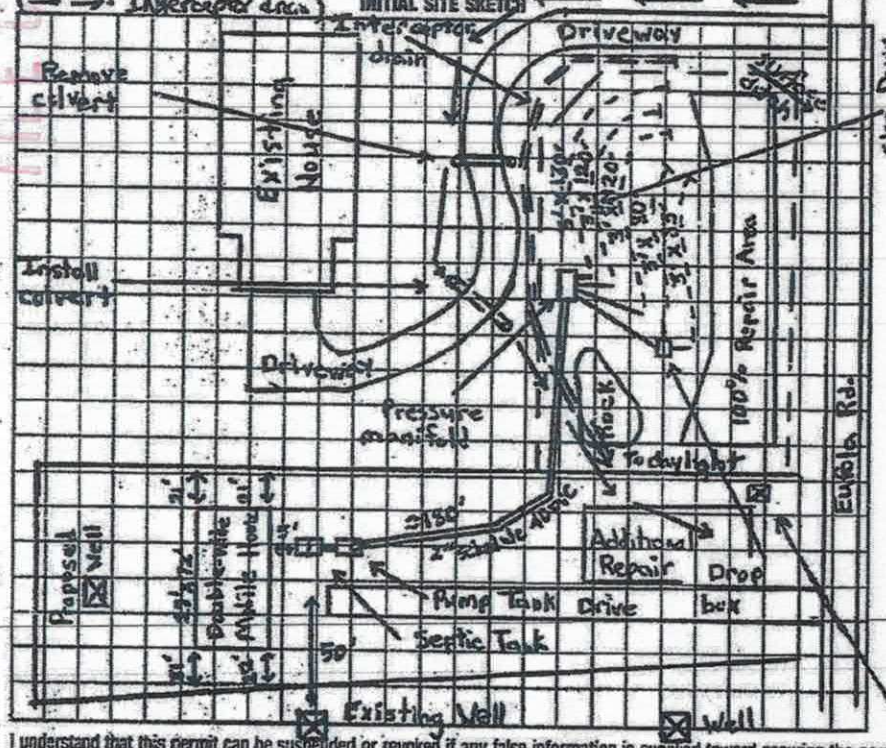
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Pump to pressure manifold (see attached) INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Install lines and Trenches on contour. System to be installed in easement area. Keep system 5' from foundation of home. ——— easement

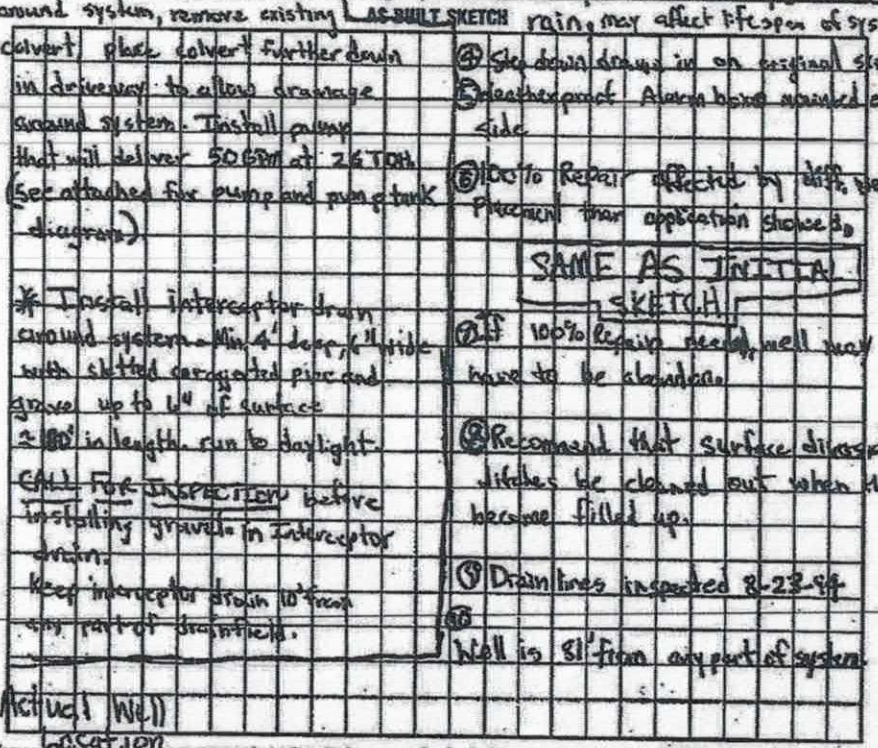
⇒ Interceptor drain

INITIAL SITE SKETCH



Comments: ① Inspected tanks on 8-11-94 ② Drainline #2 originally had 7" of rise, it was redone and had 6" of fall, had to install step down 30' from start of line. ③ Drain lines open to several periods of rain, may affect lifespan of system.

AS-BUILT SKETCH



Cut surface diversion ditch around system, remove existing culvert place culvert further down in driveway to allow drainage around system. Install pump that will deliver 50 GPM at 26 TDH (See attached for pump and pump tank diagram)

* Install interceptor drain around system - Min. 4' deep, 6" wide with slotted corrugated pipe and gravel up to 6" of surface ± 80' in length. run to daylight. CALL FOR INSPECTION before installing gravel in interceptor drain. Keep interceptor drain 10' from any part of drainfield.

④ Step down drawn in on original sketch. Weatherport Alarm horn mounted each side.

⑤ Area to Repair effected by new well placement than application showed.

⑥ If 100% Repair needed, well may have to be abandoned.

⑦ Recommend that surface diversion ditches be cleaned out when they become filled up.

⑧ Drain lines inspected 8-23-94

⑨ Well is 81' from any part of system.

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Belinda B. Campbell

Improvement Permit by: Michael J. Dennis / R.C. Moore date 7-1-94

Existing System Inspection by: _____ date _____

Installed by: Andy Daniels / AAA Enterp. / Tim Campbell

Certificate of Completion by: _____ date _____

Operation Permit by: Michael J. Dennis date 8-31-94

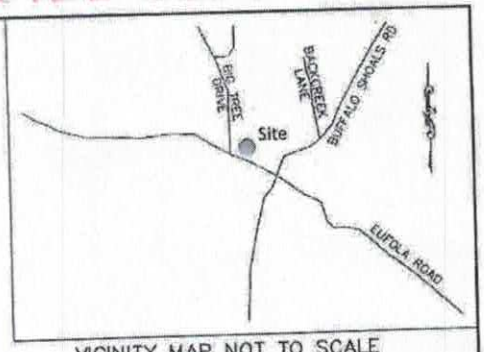
HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

FILE COPY

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ___, PAGE ___; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 30 DAY OF NOVEMBER, 2018.

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III



VICINITY MAP NOT TO SCALE



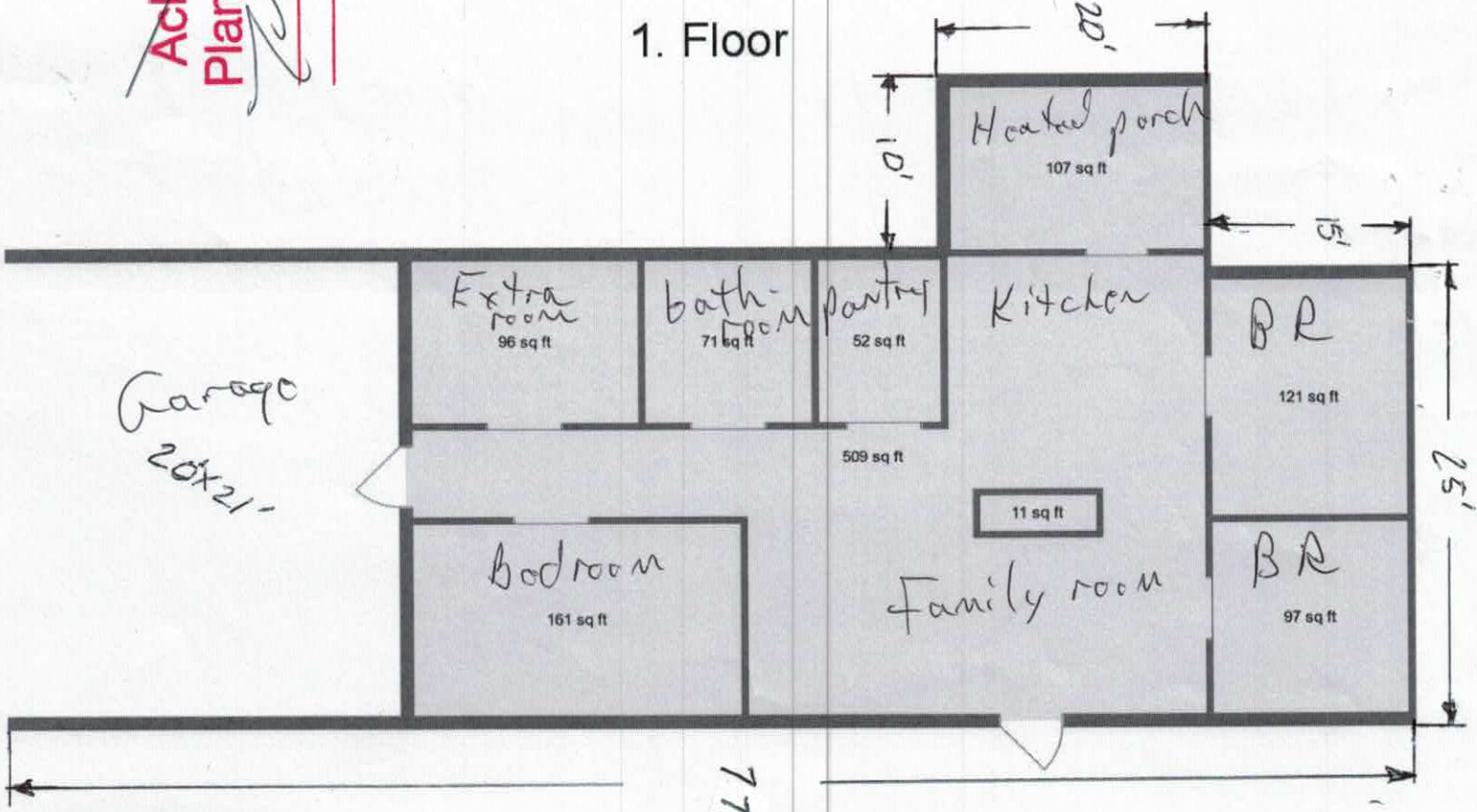
Room Sketcher®

1333 Eufola Road
Statesville, NC 28677

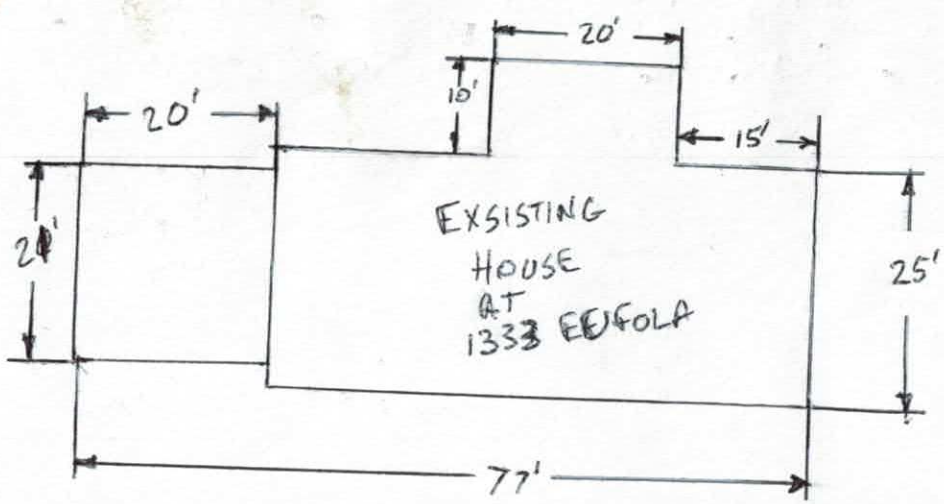
Acknowledgement of Plans Submittal ONLY!
Date 1/3/19
Date

Acknowledgement Of Plans Submittal ONLY!
Tara Murphy Date 1/3/19
Date

1. Floor



1,4 3 Bed / 1 Bath


20'
10'
20'
15'
EXSISTING
HOUSE
AT
1333 EDGFOLA
24'
25'
77'