IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23034/2

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

PIN # 4713322661

APPLICANT/OWNER: Josh Cline APPLICANT ADDRESS: 1122 Buffalo Shoals Road Statesville NC 28677

SITE ADDRESS: 262 Celeste Eufola Rd Statesville NC 28677 PHONE: 704-902-9871 ALT. PHONE ~

SITE DIRECTIONS: Hwy 70 W on Old Mtn Rd R on Celeste Eufola Lot on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 4.72 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .275 (.1R)

Septic Tank 1000 (gal) STB 1012 Date 3-4-19
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft 330
Trench Width 36 Trench Bottom Depth(Low side) 33 Gravel Depth ~

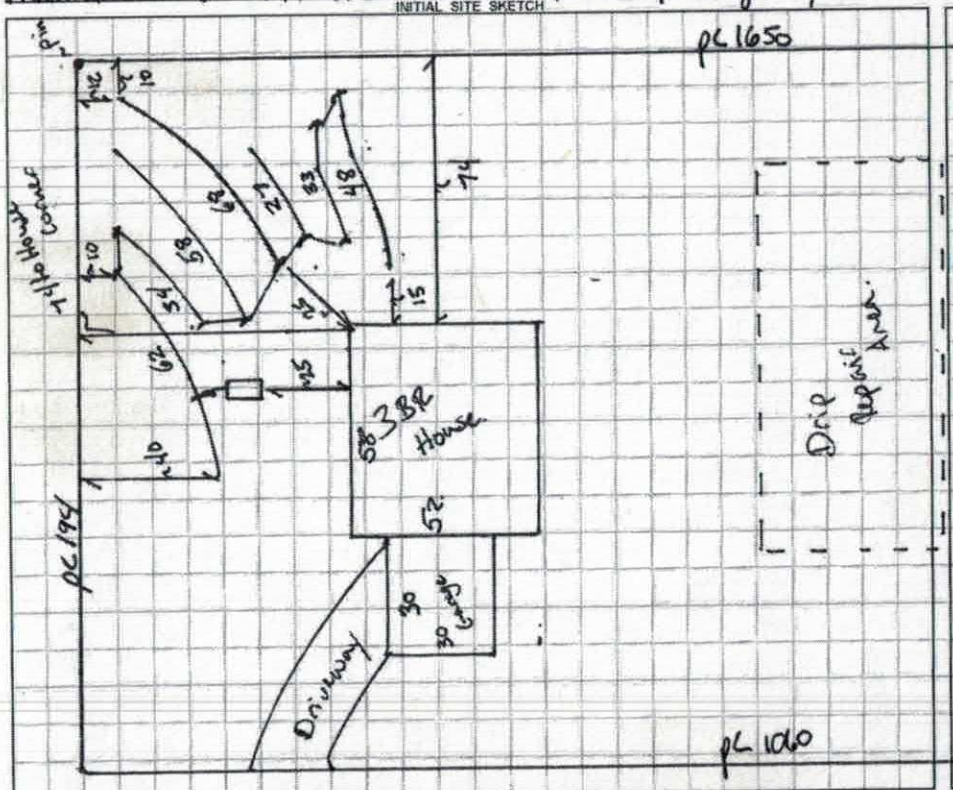
☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Pre Treated Drip
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

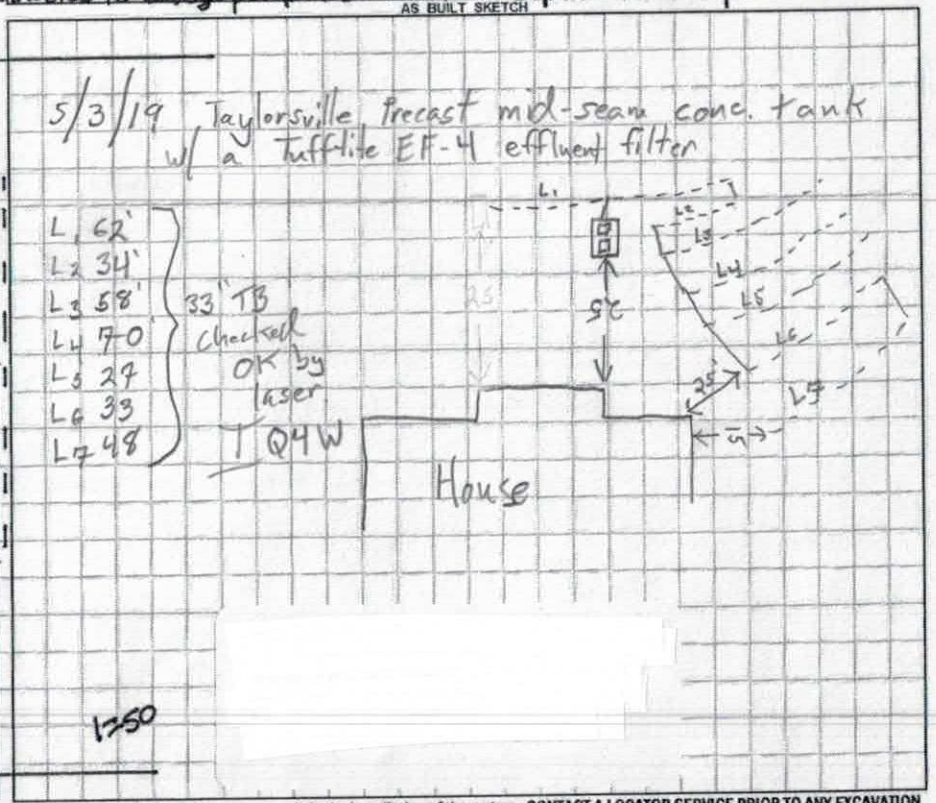
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on the contour of the land and utilize serial Distribution. Do not pave, pave, grade, or bury utilities in drainfield area. Maintain 25ft offset from basement cut. Basement plumbing only to be connected to Sewage pump. Rest of Home to be plumbed to Septic Tank.

INITIAL SITE SKETCH



AS BUILT SKETCH



1:50

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: Date: 8-16-18 Installed by: David Yountz

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 8/13/18 OPERATION PERMIT by: Tom Shuck Date: 5/3/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 8/13/18. 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

PROPERTY ID #: 4713322661
COUNTY: Iredell.

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

OWNER: Randy Cline / Josh Cline. APPLICATION DATE 9/1/2017
ADDRESS: 260 Celeste Eufola RD SVL DATE EVALUATED: 9/27/2017
PROPOSED FACILITY: 3BR Home PROPOSED DESIGN FLOW (.1949): 360 gpd. PROPERTY SIZE: 4.72 Acres
LOCATION OF SITE: 262 Celeste Eufola RD SVL 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Foot slope 5%	0-23	C SBK	SS SP FM SE EP.	2.5YR 4/6. 10YR 6/6 10YR 5/6. Depletions.	23.	—	Chroma 2 @ 23 10YR 6/2	PS.1 Drip.
		23-55	C SBK/ABK.	SS SP FM SE EP.					
2	Foot slope 5-8%	0-20.	SC SBK/WABK	SS SP FM S EP	10YR 5/6. Depletions	20.	—	Chroma 2 @ 20	PS.1 Drip
		20-50	C ABK/SBK	SS SP FM SE EP.					
3	Concave complex Foot slope 5-8%	0-30	SC SBK/WABK	SS SP FM SE EP	Redox Depletions Throughout	30	—	Chroma 2 @ 30	PS.2. Shallow placement
		30-55	C ABK/SBK	SS SP FM SE EP					
4	Concave Complex Foot slope 5-8%.	0-17	SC C SBK/ABK	S P FR SE EP	5YR 4/6. Depleted Horizon 10YR 6/4	23.	—	Chroma 2 @ 23.	PS .1 Drip
		17-23	SC C SBK/ABK	S P FR SE EP					
		23-48.	C ABK/SBK	SS SP FM SE EP.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330 L.f.	Drip (1,800) @12
System Type(s)	Pump 25% III Manifold Reduction	Drip
Site LTAR	.275.	.2.

OTHER FACTORS (.1946): * Basement
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT: —

COMMENTS: pump pressure Manifold. Line 1 - 3/4 sch 80 @ 10.1 Line 4 1/2 sch 40 @ 7.11
Line 2 3/4 sch 80 @ 10.1
Line 3. 3/4 sch 80 @ 10.1

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.

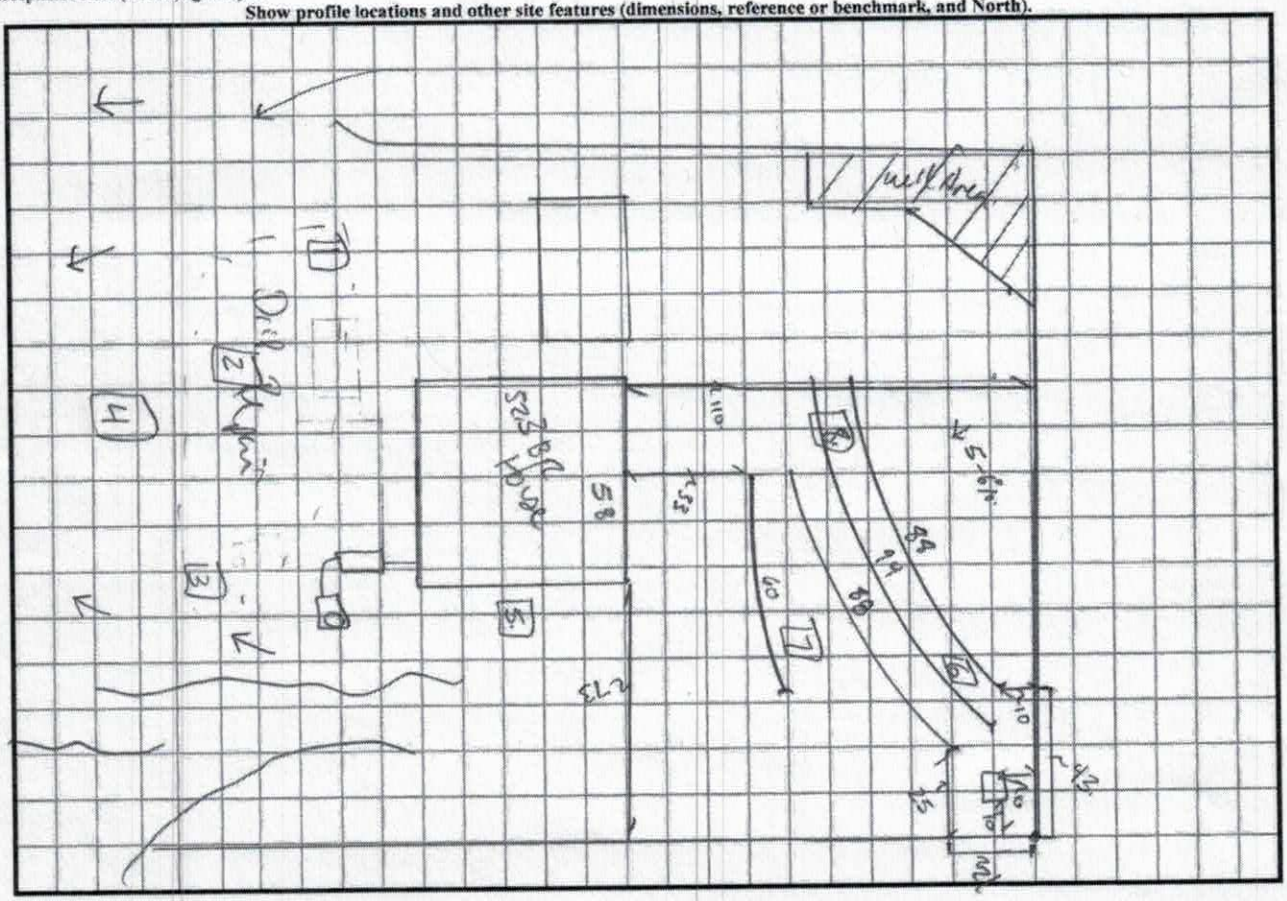
NOTES

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).



Line 1 - 88 3/4 sch 80 @ 10.1

Line 2 - 94 3/4 sch 80 @ 10.1

Line 3 87 3/4 sch 80 @ 10.1

Line 4 60. 1/2 sch 40 @ 7.11

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 #: 4713322661
DATE OF EVALUATION: 9/26/2017
COUNTY: Iredell.

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
5	Side Slope 5-6%	0-13	C SBK	SSSP FM SEKP	2.5YR5/6.	36	Loam SAP	—	PS .3.
		13-36	CL WSBK	SSSP FR					
		36-60	LSAP M	NSNPVFR					
6	Ridge 5%	0-15	SCL WSBK	SSSP FR SEKP	2.5YR4/6.	60		Mica SAP Inclusions	PS .275
		15-36	C SBK	SSSP FM					
		36-60	CL WSBK	SSSP MFR					
7	Ridge 5%	0-30	C SBK	SSSP FM SEKP	2.5YR5/6.	51		SAP Inclusions	PS .3.
		30-51	CL WSBK.	SSSP FR					
8.	Ridge 5%.	0-30	C SBK	SSSP FM SEKP	2.5YR5/6. Mixed Matrix	56.		SAP Inclusions Some Mn conc.	PS .275
		30-56	CL WSBK.	SSSP FR					

COMMENTS:

43.
21.
25
93.
60
94
99
99
45
A
B
C
D

RECEIVED JUL 2 4 2018

Paid $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#230342

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)

Applicant Name: Josh Cline Address: 1122 Buffalo Shoals Rd Zip: 28677

Applicant Email: ~~Statesville~~ Jrcline12@yahoo Phone: 704-902-9871 Alt. Phone: _____

Owner Name: Josh Cline Address: 1122 Buffalo Shoals Rd Zip: 28677

Owner Email: Jrcline12@yahoo.com Phone: 704-902-9871 Alt. Phone: _____

Property Information:

Street Address: 262 Celeste Eufola Rd Statesville NC

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

Driving Directions: _____

Int. Relayout
$320.00
Disregard $700 for bal. now.

Site Development Information (Check all that apply)

(✓) New Single Family Residence Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: ~~2400~~ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(✓) Basement without Plumbing

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: _____

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: _____ 7-24-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

24K30-

58.
51

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*) _____

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, _____, 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.

_____ 7-24-19
Signature of Owner(s) Date

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

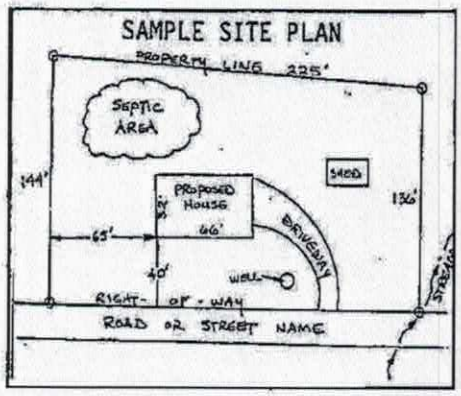
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See attached Permit

Spoke w/ Heath

Signature: _____

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

7-24-18

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230342

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

PIN # 4713322661

APPLICANT/OWNER: Josh Cline APPLICANT ADDRESS: 1122 Buffalo Shoals RD Xl 28677.

SITE ADDRESS: 262 Celeste Enfola Rd Statesville NC 28677. PHONE: 704-902-9871. ALT. PHONE ~

SITE DIRECTIONS: Hwy 70 Left on Old Mountain RD. Right on Celeste Enfola. Loter Left

SUBDIVISION: N/A SECTION: ~ LOT # ~ LOT AREA: 4.72

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd. L.T.A.R.: .275 (.1R).

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	1000	(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	4	Linear Ft	330					
Trench Width	36.		Trench Bottom Depth(Low side)	33	Gravel Depth	~					

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

System Description: Pressure Manifold - 25% reduction

Repair System Description: Drip - 3600 sq ft

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install septic drainlines on the contour of the land. Utilize pressure manifold to distribute wastewater. Do not drive, park, pave, grade, or bury utilities in the drainfield area. Maintain 25 ft from basement drain if up slope.

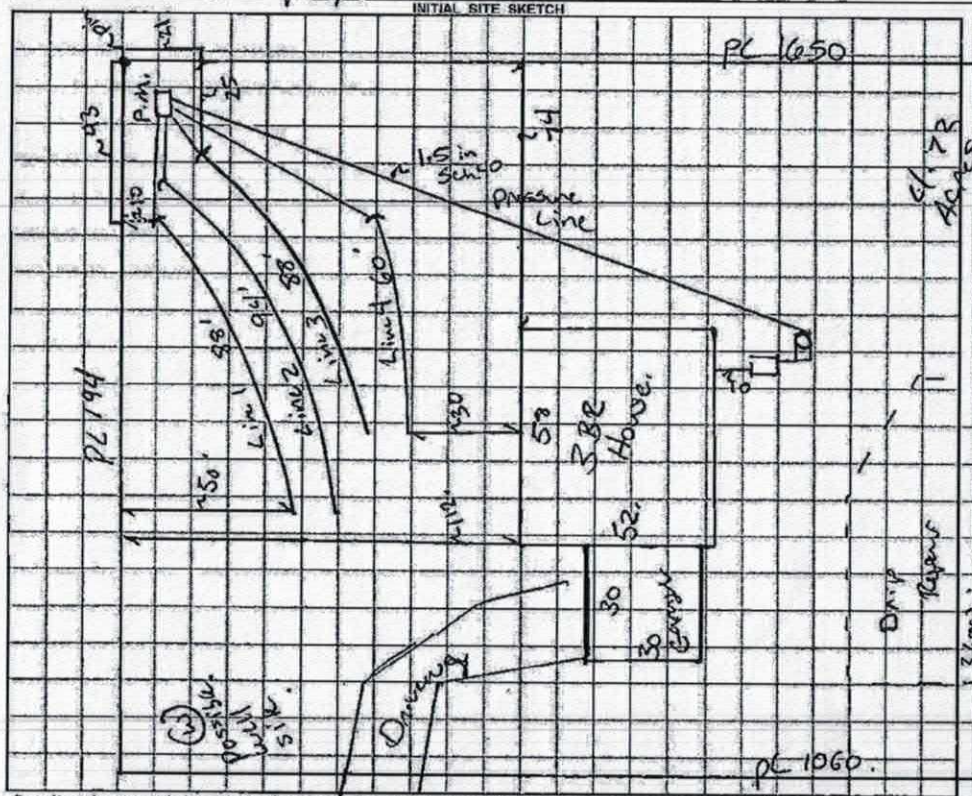
Top Sizes Line 1 3/4 sch80 or 10:1 37.41 gpm. 7 inch Drawdown

Line 2 3/4 sch80 or 10:1 147 gallon dose.

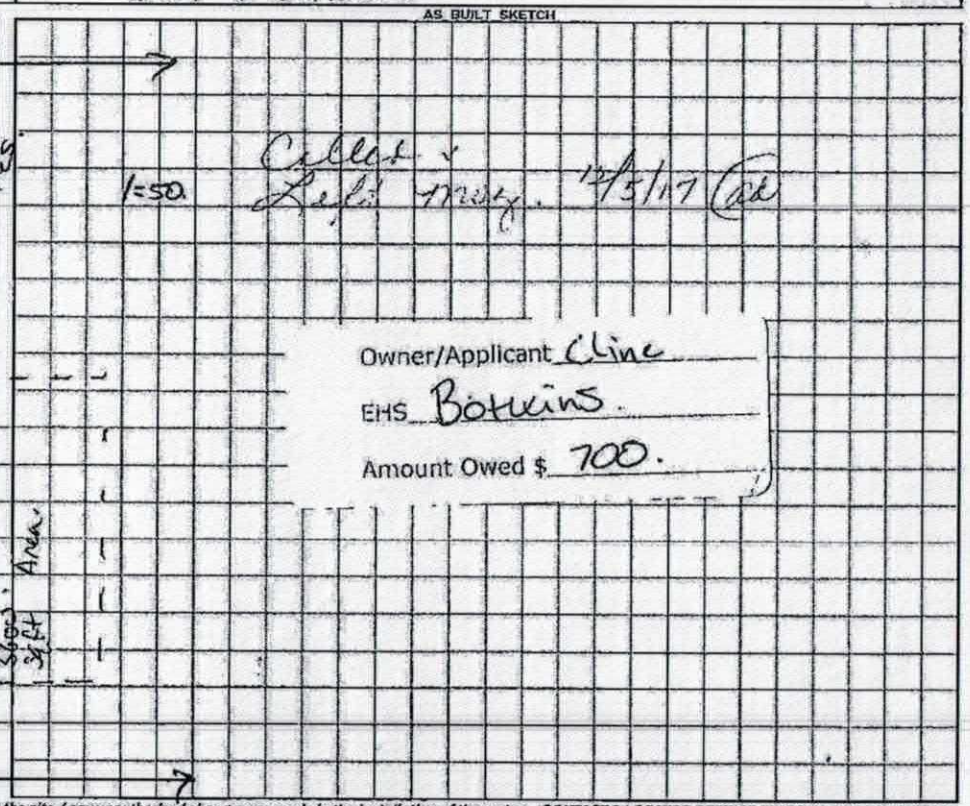
Line 3 3/4 sch80 or 10:1 4 min pump run time

Line 4 1/2 sch40 or 7:11

INITIAL SITE SKETCH



AS BUILT SKETCH



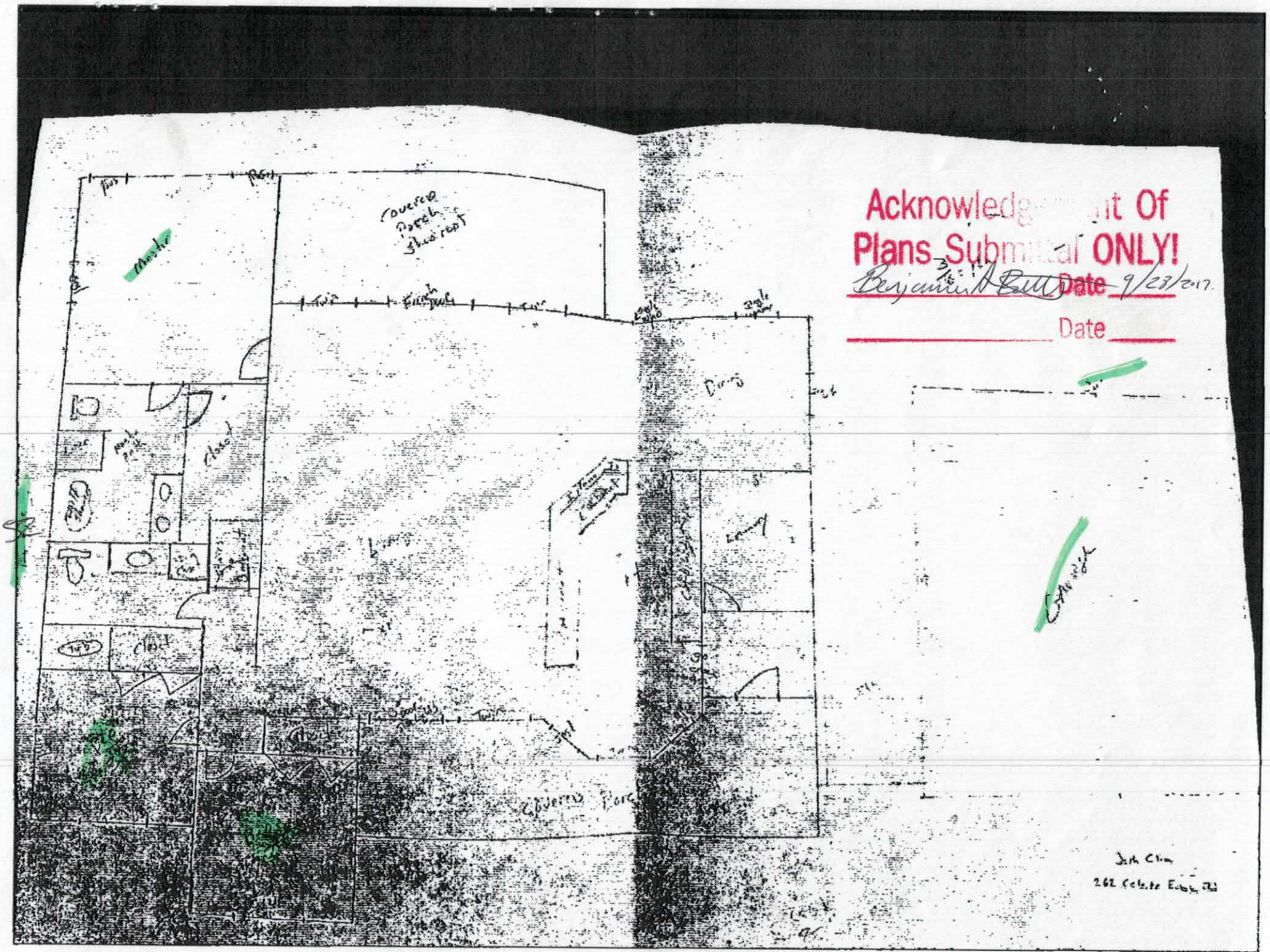
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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Benjamin A Botkins Date: 9/28/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkins Date: 9/28/2017 Existing System Inspected by: Date:


Covered Porch Slab rear
Master
Closet
Dining
Covered Porch
Acknowledgement Of
Plans Submittal ONLY!
Benjamin Bell Date 9/28/2017
Date