IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 241268

APPLICANT/OWNER: CURTIS L. WHITE — APPLICANT ADDRESS: 653 ISLAND FORD ROAD, STATESVILLE, NC 28625

PIN # 4714776473

SITE ADDRESS: 653 ISLAND FORD ROAD, STATESVILLE, NC 28625 — PHONE: 704-881-2024 — ALT. PHONE 704-929-8854

SITE DIRECTIONS: WEST ON 40, RIGHT ON OLD 64, LEFT ON ISLAND FORD ROAD, LOT ON LEFT

SUBDIVISION: LARRY L. CURTIS & JOANNE W. BOWER — SECTION: — LOT # 3-1 — LOT AREA: 0.962 AC — SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 600GPD — L.T.A.R.: .275(-1 REPA

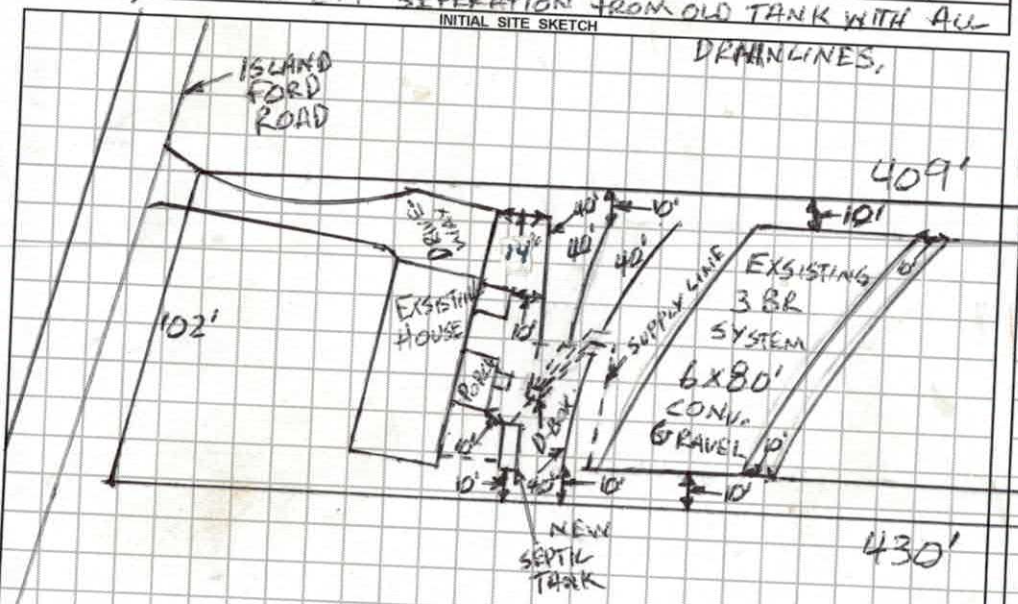
Septic Tank	1500 (gal)	STB 164	Date 1025	☐ New System ☐ Repair ☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5
Pump Tank	— (gal)	PT —	Date —	System Description: 50% PANEL BLOCK AND EXISTING		☐ Business	No. Persons 10
Pump Make	—	Model —	Serial # —	Repair System Description: DRIP (SEE PIT 3 IN SOIL NOTES)		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4 X 40FT	Linear Ft 160FT	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	24IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

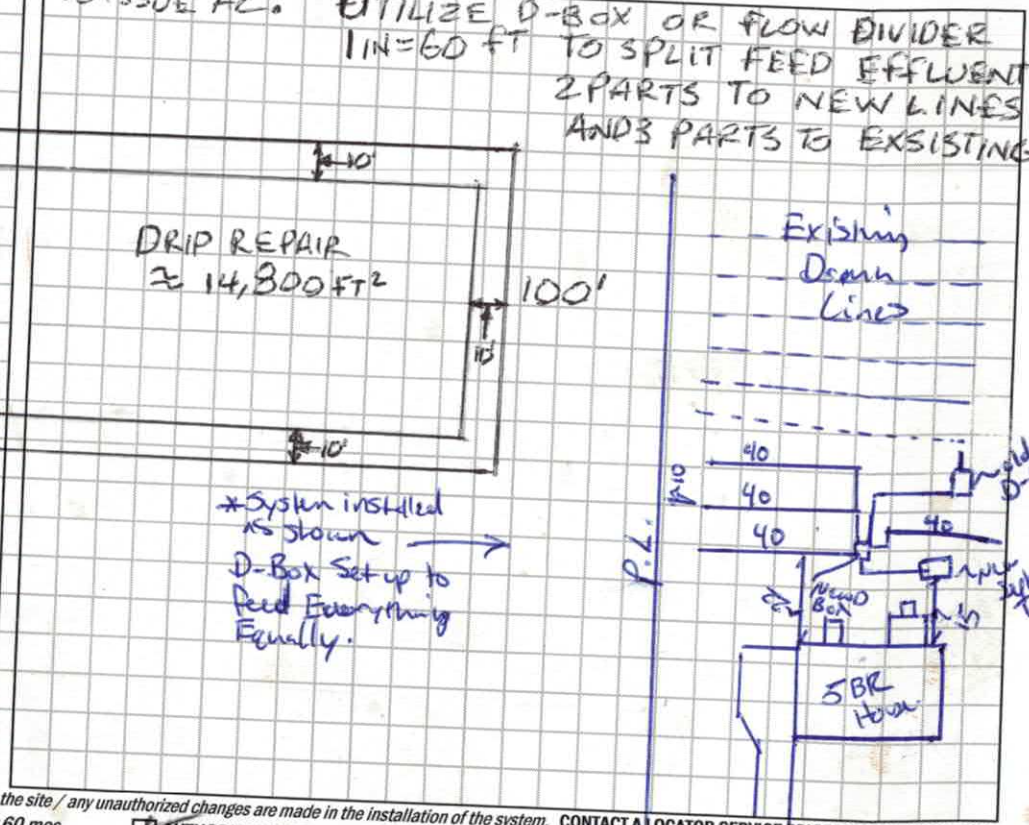
Comments / Conditions: INSTALL ON CONTOUR, UTILIZE 8FT CENTER-OR 9FT (FLAGGED AS 9FT), PUMP, CRUSH AND FILL OLD TANK, MAINTAIN 2FT SEPERATION FROM OLD TANK WITH ALL DRAINLINES.

KEEP D-BOX 5FT OFF PORCH, UTILIZE EQUAL DISTRIBUTION TO NEW LINE AND REPLUMB EXSISTING SYSTEM FOR SERIAL DISTRIBUTION. FLOOR PLANS MUST BE UPDATED TO ISSUE AC. UTILIZE D-BOX OR FLOW DIVIDER 1IN=60 FT TO SPLIT FEED EFFLUENT 2 PARTS TO NEW LINES AND 3 PARTS TO EXSISTING

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: _____ Date: 1-16-19

IMPROVEMENT PERMIT by: Benjamin C. White Date: 1-16-2019

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White Date: 1-16-2019

Installed by: Luke Westmoreland

OPERATION PERMIT by: Benjamin A. Bolton Date: 2/6/2019

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.

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

Sheet 1 of 2
PROPERTY ID #: 4714776
COUNTY: IREDELL

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

OWNER: CURTIS L. WHITE
ADDRESS: 653 ISLAND FORD ROAD, STATESVILLE, NC, 28625 — APPLICATION DATE: 12-21-201
PROPOSED FACILITY: 3BR - 5BR EXPAN. PROPOSED DESIGN FLOW (.1949): 600GPD — DATE EVALUATED: 1-8-2015
LOCATION OF SITE: 653 ISLAND FORD ROAD, STATESVILLE, NC, 28625 — PROPERTY SIZE: 0.962
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____ — PROPERTY RECORDED: YES
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	LINEAR SIDE 8%	0-5	SCL, SBK	FR, VFI	SAP INC 24-51	51"	PS II L	NA	PS .275
		5-24	C, ABK	FI-FR, S, P, SEP					
		24-51	CL, WABK	FI					
		51-60	SAP, RC	MFI					
2	SHOULDER 8%	0-4	SCL, SBK	FR	V/B MOT WET 10YR 7/4	41" LINE of VFI SAP @ 38"	PS II L		PS .275 ~~DRIP~~ DEEP
		4-19	C, ABK	FI					
		19-41	BC-MIX	VFI SAP					
		41-60	SAP, RC	VFI					
3	LINEAR SIDE 12%	0-18	C, ABK	FI	V/B MOT WET 10YR 7/4	30" LINE of VFI SAP @ 22"	PS II L	NA	~~DRIP~~ DRIP .1
		18-30	BC-VFI SAP	MIX					
		30-60	SAP, RC	VFI					
4	LINEAR SIDE 15%	0-13	C, ABK	FI	SAP IN	50"	II L PS	NA	PS .275
		13-50	CL, WABK	FI					
		50-60	SAP, RC	FI					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% RED.	DRIP
Site LTAR	.275	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BEN BOTKINS
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	0.2 - 0.05		
			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.

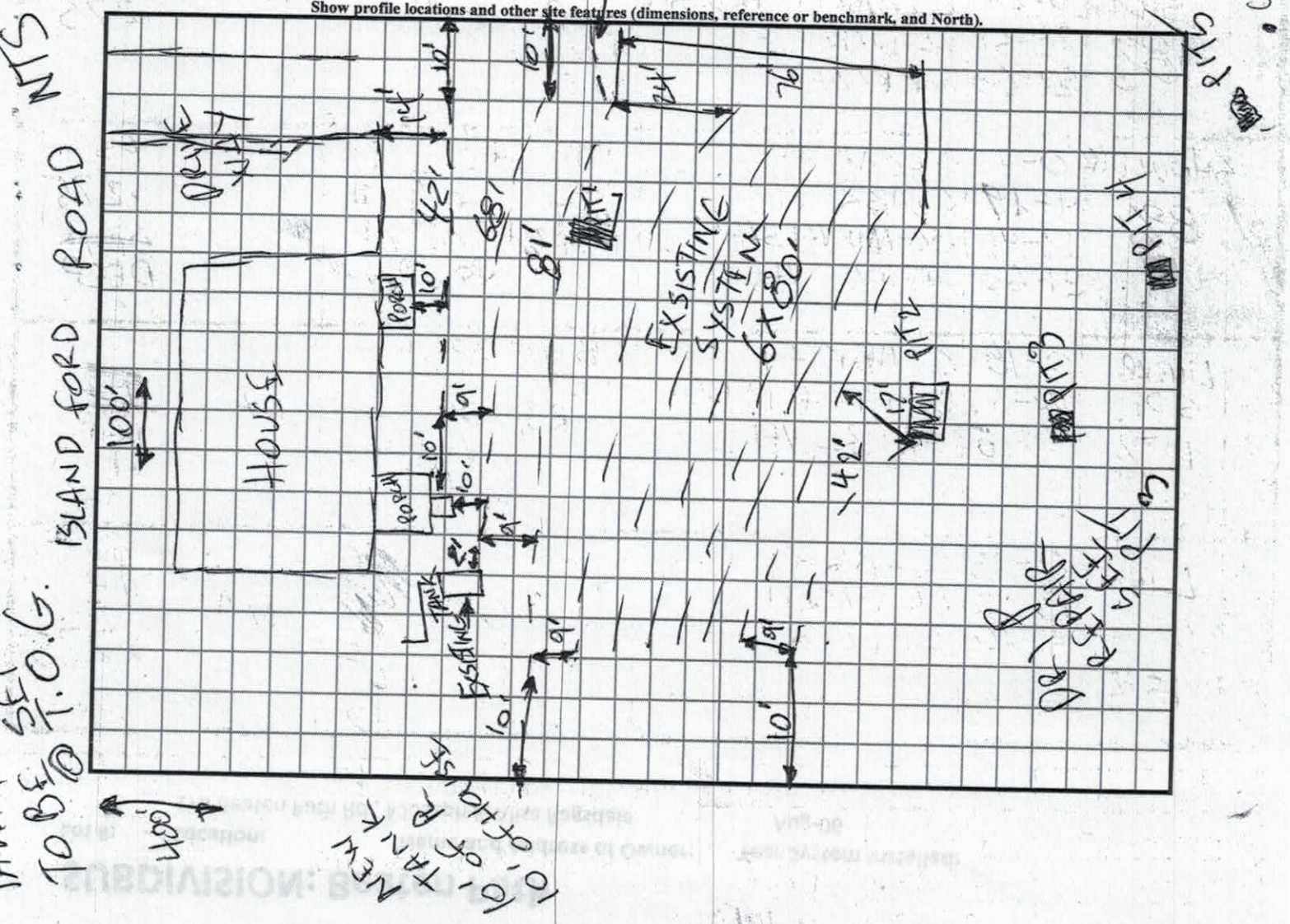
NOTES

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/ft²

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



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 of 2

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

PROPERTY ID #: 4714726473
DATE OF EVALUATION: 1-8-2019
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
	LINEAR SIDE 15%	0-22	L, SBK	VFI, S, P, SEXP	SAP INC	45"	very FM	thing Mn thay Mica	.275
		22-45	CL MSBK	FI, SS, SP, SEXP					
		45-52	LSap, M/RC	FI-FR,					

COMMENTS:

45712 expansion. RECEIVED JAN 4 - 2018 241268

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Curtis L White Address: 653 Island Ford Rd Statesville, NC Zip: 28625
Applicant Email: Curtistbc2@gmail.com Phone: 704-881-2024 Alt. Phone: 704-929-8854
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 653 Island Ford Rd Statesville, N.C. 28625
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: IR on Island Ford Rd. off Taylorsville Hwy. (@ McDonalds) Approx. 2miles on LFT. across from Command Baptist Church.

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

Existing Rooms

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition 3→5
( ) 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:

Maximum Number of Bedrooms: 5
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

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: 2005
( ) 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: X _____ 12-21-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

✓1372

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)* X _____

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.

X _____
Signature of Owner(s)

12.2.18
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

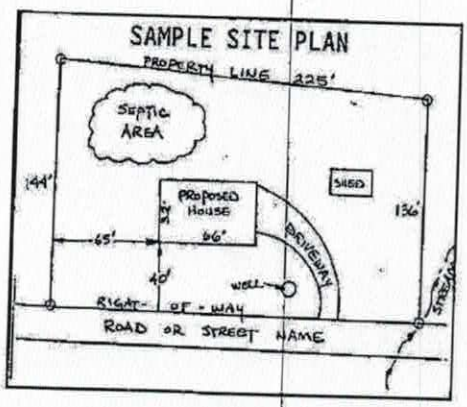
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please see attached

Signature: X _____

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

12-2-18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (01) MOORESVILLE 704-664-5281

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

PERMIT# 122824 PIN# 4714-77-7073-01 6473 DATE 8/12/04

OWNER OR CONTRACTOR Larry Curtis PHONE: Business Home (704) 872-9014

ADDRESS 631 Island Ford Rd. Statesville N.C. 28625

LOCATION I-40W, East Hwy 90 (#140) turn right on Hwy 90, (1) Island Ford Rd, ON Left across from Commons Baptist Church

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.962 Ac SITE CLASS. 75 DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 7-11-04

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity, Conventional

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

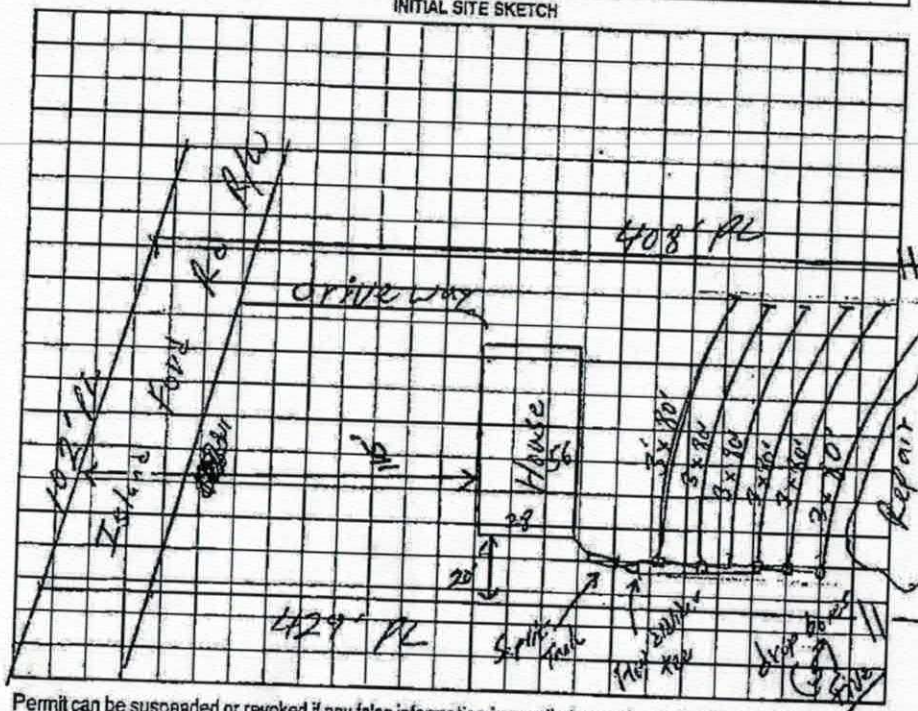
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

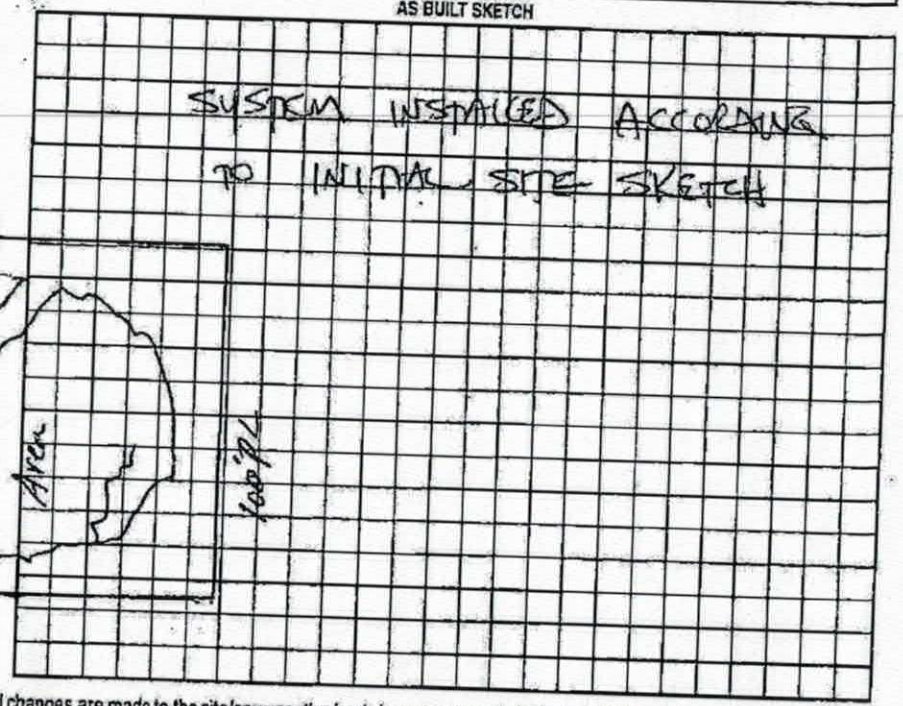
Comments/Conditions: (1) Install lines on contour (2) Do Not install when wet (3) Install one (1) Flow Divider Tee w/5 drop boxes.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 8/12/04

Improvement Permit by: Willis A. Johnson date 8/12/04

Authorization to Construct by: Willis A. Johnson date 12/21/04

Installed by: A-1 BACKHOE

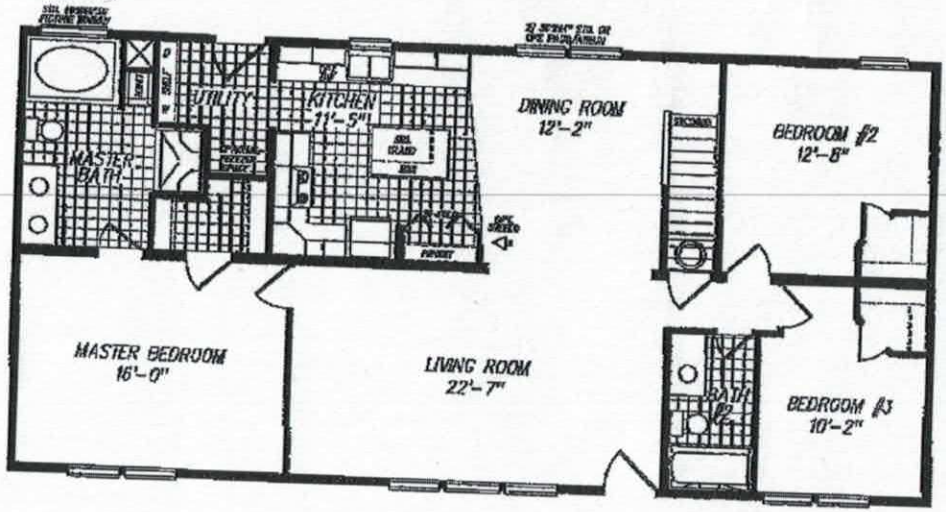
Operation Permit by: STEVE HENDRICK date 1-11-05

Existing System Inspection by: date

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

Acknowledgement Of
Plans Submittal ONLY!
Date 12/21/04
Date

MODEL: 720

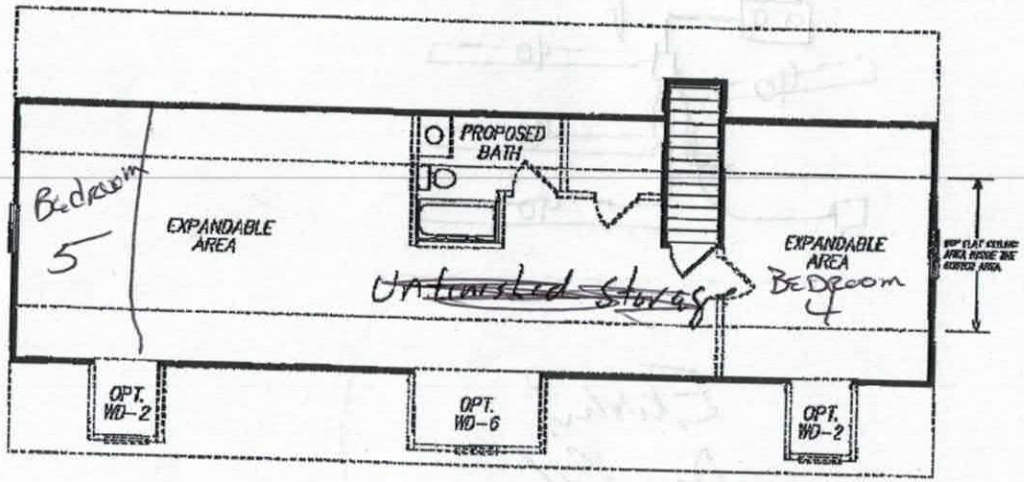


27'-8" X 56'-0"
FIRST FLOOR = 1549 SQ. FT.
SECOND FLOOR = 928 SQ. FT.
TOTAL = 2477 SQ. FT.

Acknowledgement Of
Plans Submittal ONLY!
Date 1-16-19
Date 1-16-2019

Med Cape

MODEL: 720



16'-7" X 56'-0"
SECOND FLOOR = 928 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!

Date 1-16-19

Date 1-16-19

Med Cape