IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 BB Mooresville Office (704) 660-3625 PERMIT # 237957

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4716083775

APPLICANT/OWNER: Jamie Henderson/Jason + Kelly Howard APPLICANT ADDRESS: 129 Whisper Pine Rd

SITE ADDRESS: 154 Emma Ln, Statesville 28625 PHONE: 704-487-1330 ALT. PHONE 704-201-9935

SITE DIRECTIONS: 115N → L on Scotts Creek → R on Emma Ln SAP CONTROLLED: ☐ YES ☒ NO

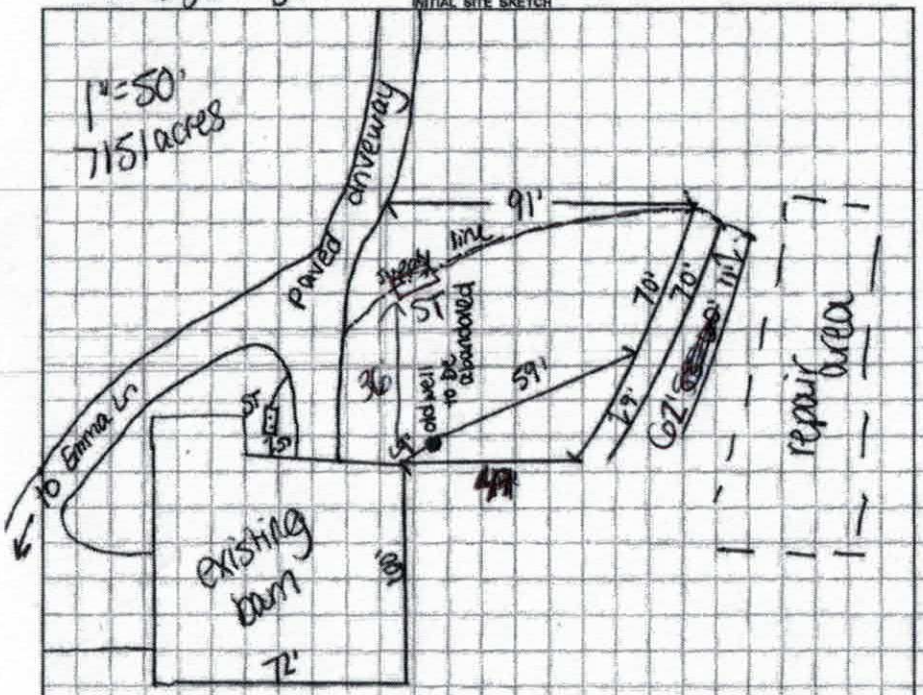
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 151.4ac DESIGN FLOW: 240gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	6-26-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	4	☐ Private
Pump Make		Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	200'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 36" high side.

*Old well must be abandoned prior to issuance of AC#. Supply line must have a depth of 30" or be sleeved in ductile iron under paved driveway

INITIAL SITE SKETCH



AS BUILT SKETCH

well abandoned 9/30/18-CC
9/10/18-OK to move tank location to other side of driveway -CC

Installed as shown.

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.* X **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Jamie H Date: 9-7-18 Installed by: Ground breakers

IMPROVEMENT PERMIT by: Carla C. Caul Date: 8/21/18 OPERATION PERMIT by: Kayla Watson Date: 9-11-18

AUTHORIZATION TO CONSTRUCT by: Carla C. Caul Date: 8/30/18 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 inspector 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 1
PROPERTY ID #: 971v083775
COUNTY: Iredell

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

OWNER: Jamie Henderson Jason & Kelly Howard
ADDRESS: 129 whisper pine Rd
PROPOSED FACILITY: 2BR
LOCATION OF SITE: 154 Emma Lane
APPLICATION DATE: 8/8/18
DATE EVALUATED: 8/21/18
PROPOSED DESIGN FLOW (.1949): 240gpd
PROPERTY SIZE: 151.4ac
PROPERTY RECORDED: Y

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 I	SS 4%	0-4	SBK SCL	Fr ss sp smp	2.5YR 4/6	48"	NA	NA	PS .3
		4-35	SBK C	" "					
		35-48	SBK CL	" "					
2 I	SS 4%	0-3	fill		2.5YR 4/6	48"	NA	NA	PS .3
		3-12	SBK SCL	Fr ss sp smp					
		12-30	SBK C	" "					
		30-51	SBK CL	" "					
3 R	SS 6-8%	0-8	SBK SCL	Fr ss sp smp	"slight E horizon" @ 8"	48"	NA	NA	PS .3
		8-48	SBK C	" "					
4 R	SS 6-8%	0-8	SBK SCL	Fr ss sp smp	slight E horizon @ 7"	48"	NA	NA	PS .3
		8-37	SBK C	" "					
		37-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	200'
System Type(s)	2SS	2SS
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: B. White

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)	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.

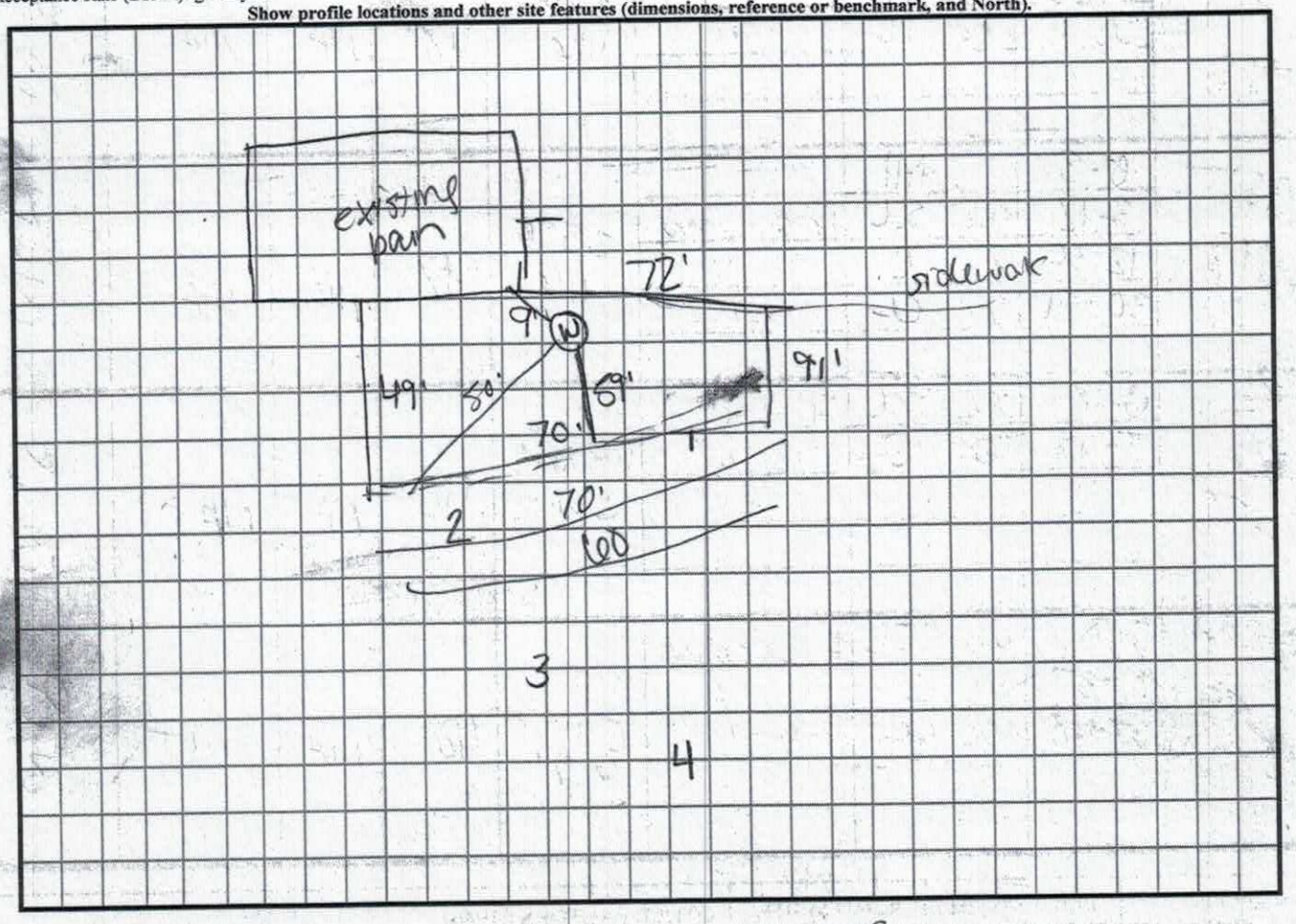
NOTES

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).



2BR
200' needed

RECEIVED AUG 9 - 2018

chg't Acc. struc

237957 8644.1

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $ 500.00 EFT

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jamie Hyde Homes LLC Henderson Address: 129 Whisper Pine Rd. Zip: 28625
Applicant Email: jch.0000@yahoo.com Phone: 704-437-1330 Alt. Phone: 704-201-9935
Owner Name: Jason + Kelly Howard Address: 154 Emma Lane Zip: 28625
Owner Email: _____ Phone: 704-978-5911 Alt. Phone: _____

Property Information:

Street Address: 154 Emma Lane Statesville NC 28625
Subdivision Name: Emma Lane? Section/Phase: _____ Lot Number: _____
Driving Directions: End of Scotts Creek Rd. (R) onto Emma Lane

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2 Bedroom system
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: Barn Barn - office + bathroom
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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: [illegible]

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: Jamie Hyde 8-8-18
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

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, Kelly Howard, am the legal owner(s) of the property located at 154 Emma Lane Statesville NC 28625, identified as PIN (Parcel Identification Number) 4716083775, located in Iredell County, North Carolina.

Kelly Howard 8/8/18

Signature of Owner(s) Date

I do hereby authorize (**print legal representative/company name**) Hyde Homes LLC - Jamie Henderson, 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.

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

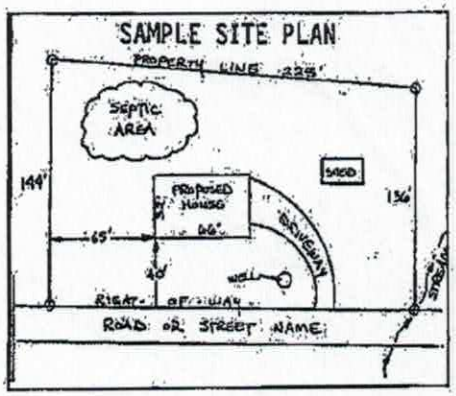
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) 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

Signature: _____ _____

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

See attached permit #15914 for addition of pool/s 206667

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15811 PIN # 4716083775 DATE 9-15-09

OWNER or APPLICANT Todd Kelly Haynes PHONE: Business Home: 704-892-4000

OWNER or APPLICANT ADDRESS 18220 Statesville Blvd Cornelius

LOCATION / DIRECTIONS 116 N to Scotts Creek Rd. (R) Emma. At end Bear on right & Cul de sac

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 1.51 ac DESIGN FLOW 600 L.T.A.R. .3

Septic Tank 1000/500 Gallons: STB 964 Date 2-1-10

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Notification Field No Fields No Lines 5 Linear Feet 500

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: 2310 Bagnet

Repair System Description: 2310 Bagnet

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

Upgrade on Carbon
Maintain all setbacks

Comments / Conditions

5 @ 100' each
5 Deep Trenches

(Poly Liner Below Rock Both Sides)

INITIAL SITE SKETCH

NOT TO SCALE

Emma Lane

Scotts Creek Rd

Existing House

Existing Pool

Existing Septic

Retain Existing Septic

AS-BUILT SKETCH

900 sq ft Pool

Pool equipment

Deep Trench

125 panels + end caps

Location of the proposed 900 sq ft pool addition does not appear to impact the existing on-site septic system or well. NOTE:

REHS Date: 11/6/09

ICHD-Environmental Health Division

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/ site plan 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: Date 11-2-09

Improvement Permit by: Date 9-15-09

Authorization to Construct by: Date 9-15-09

Installed by: Al Beckham

Operation Permit by: R.S. Date: 9 March 10

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

IREDELL COUNTY HEALTH DEPARTMENT

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

PRIVATE DRINKING WATER WELL PERMIT # 237957 **PIN #** 4716083775

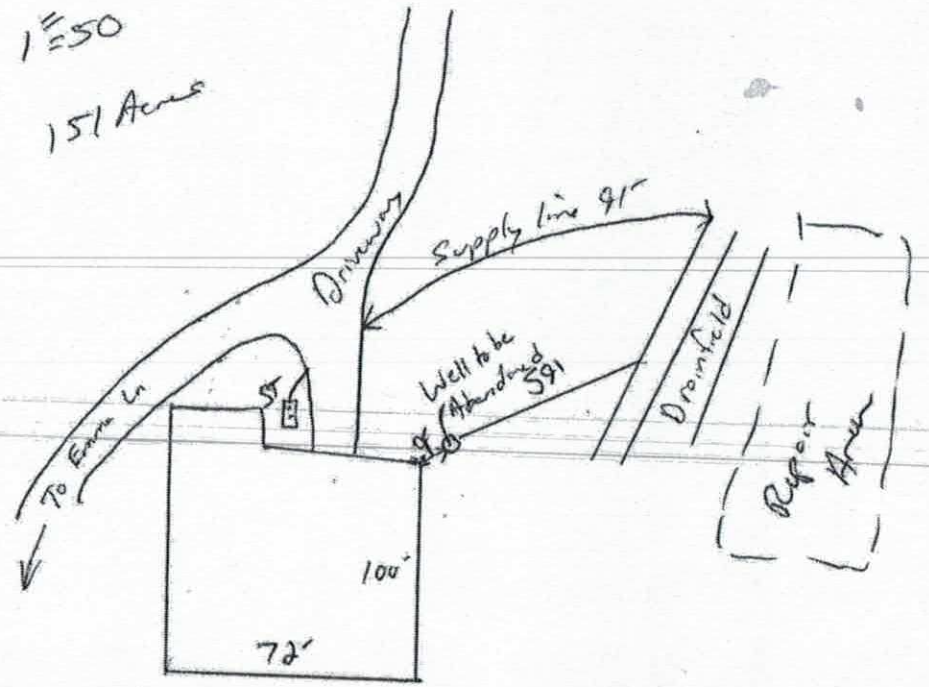
Type of Permit (circle one): New Repair Abandonment

APPLICANT/OWNER NAME: Hyde Homes / Jason Haver ADDRESS: 129 Whisper Pine Rd PHONE: 704 201-9935

DIRECTIONS TO SITE: 115 N L on Scotts Creek R on Emma Ln

SITE ADDRESS: 154 Emma Ln Statesville NC SUBDIVISION: — SECTION/LOT: —

Initial Site Sketch



COPY

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon well per NC well rules

WELL PERMIT ISSUED BY: _____ DATE: 8-25-18 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Carolina Pump Well CONTRACTOR CERT #: 3987-C GROUT INSPECTION BY: Carla Cook DATE: 9/30/18

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: Carla C. Cook DATE: 9/11/19 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☒ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

Acknowledgement Of
Plans Submittal ONLY!

Date 8-8-18

Date 8/21/18

