IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 304743

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

PIN # 4716154811

APPLICANT/OWNER: Johnny Morrison APPLICANT ADDRESS: 119 Della Dr Statesville NC 28625

SITE ADDRESS: 1230 Scotts Creek Rd Statesville NC 28625 PHONE: 704-902-4552 ALT. PHONE ——

SITE DIRECTIONS: NC 115 to L on Scotts Creek Rd, Lot will be on R SAP CONTROLLED: ☐ YES ☒ NO

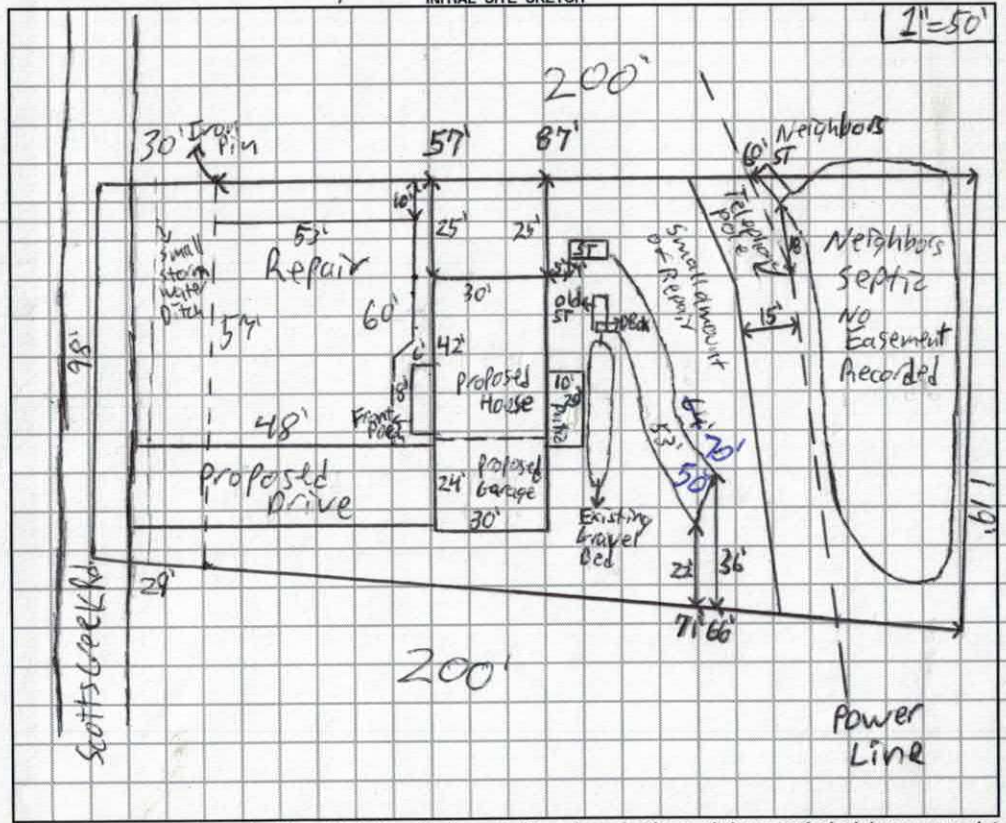
SUBDIVISION: Roger Steve Morrison SECTION: — LOT # 3 LOT AREA: 0.57 acres DESIGN FLOW: 360GPD L.T.A.R.: .3

Septic Tank	1000'	(gal)	STB	854	Date	4-13-20	☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LPPPBPS			
# Nitrification Fields	1	# Lines	2+Existing bed		Linear Ft	117'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth (Low side)	36" max		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 lines on contour. Old tank must be properly abandoned. DO NOT Drive on, grade or manipulate drainfield in any way. Drain lines must be installed at 36" exactly to achieve gravity fall from line to line. Back Patio can not extend over Gravel Bed, Patio can not be constructed with any Footers or drains.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: Johnny Morrison Date: 3/4/2020 Installed by: A-1 BACK HOE

IMPROVEMENT PERMIT by: Patrick J Bole III Date: 02/28/2020 OPERATION PERMIT by: Brandi C. Smith Date: 6-3-2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bole III Date: 02/28/2020 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 1
PROPERTY ID #: 4716154811
COUNTY: Iredell

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

OWNER: Johnny Morrison — APPLICATION DATE: 2/5/2020
ADDRESS: 1A Bella Dr Statesville NC 28625 — DATE EVALUATED: 2/12/2020
PROPOSED FACILITY: New Singlefam — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0.57 acres
LOCATION OF SITE: 1230 Scotts Creek Rd Statesville — 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	SS 5%	0-9	SCL WSBK	Fr SSS PSexp	Ymottles scattered throughout	53"	Sandy sapric 53" Litho inclusions throughout	—	PS.275
		9-34	C SBK/ABK	Fr SS SP Sexp					
		34-53	CL ABK	Fr SSS P exp					
		53-60	Sandy clay mass	VFr					
2	SS 4%	0-9	SCL SBK	Fr SSS P Sexp	Chromd 3's between 21-24"	60"	Litho inclusions common at bottom	—	PS.275
		9-31	C SBK/ABK	Fr SS SP Sexp					
		31-60	CL SBK/ABK	Fr SS SP Sexp					
3	SS 3%	0-8	SCL WSBK	Fr SSS SP Sexp	Few Brown mottles	60"	Litho inclusions throughout common at bottom	—	PS,3
		8-33	C ABK	Fr SS SP Sexp					
		33-60	CL SBK/ABK	Fr SS SP Sexp					
4	SS 2%	0-10	disturbed	—	—	60"	Litho inclusions common at bottom	—	PS,3
		11-32	C SBK/ABK	Fr SS SP Sexp					
		32-60	CL ABK	Fr SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	218'
System Type(s)	25% Red	50% Pump
Site LTAR	.235	.275

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

COMMENTS:

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)

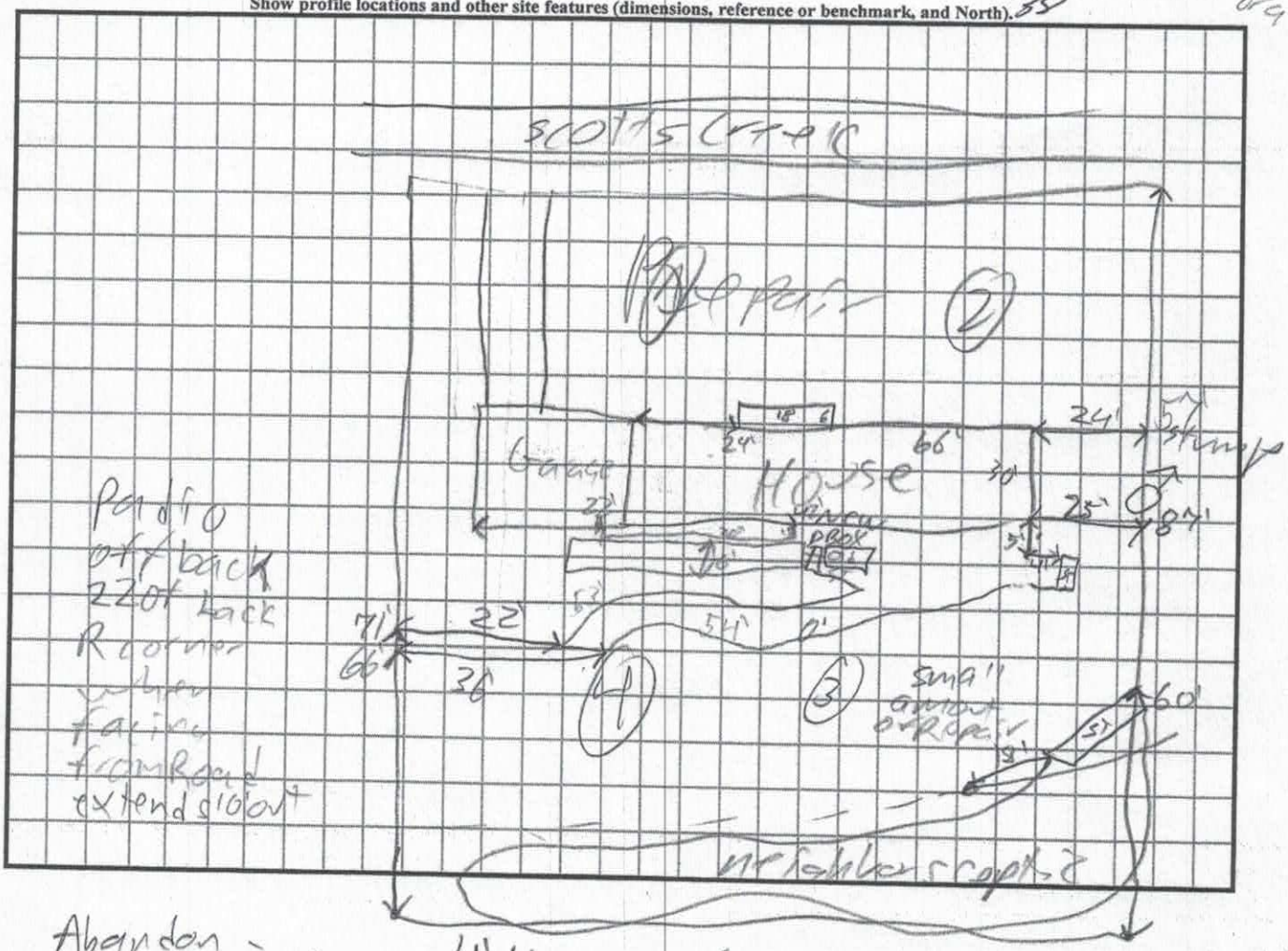
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

6'2" first Rive 14
top of gravel 3'6" 36
54+13=67 53

3'10" top of ground orang

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



Abandon oldST install plumbing to new septic tank

36" stepover from LA to

1½" nail in stump

AP-384745
$500.00

RECEIVED FEB 05 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Expansion Wants a new system

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: Johnny Morrison Address: 119 Della Dr Statesville NC Zip: 28625
Applicant Email: _____ Phone: 704 902-4552 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1230 Scotts Creek Rd Statesville N.C. 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 115N Turn left Scotts Creek Rd Go 4miles Lot 1230 is on the right @ 4miles

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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
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: 1994
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Stone System

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.

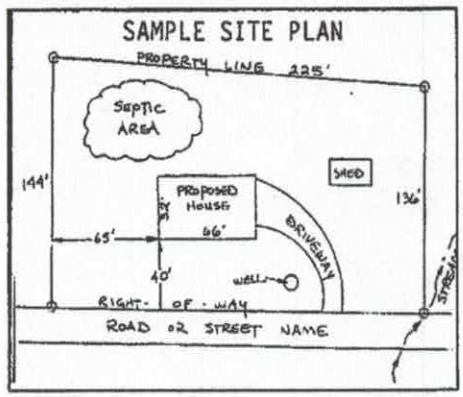
Signature: _____ 2/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

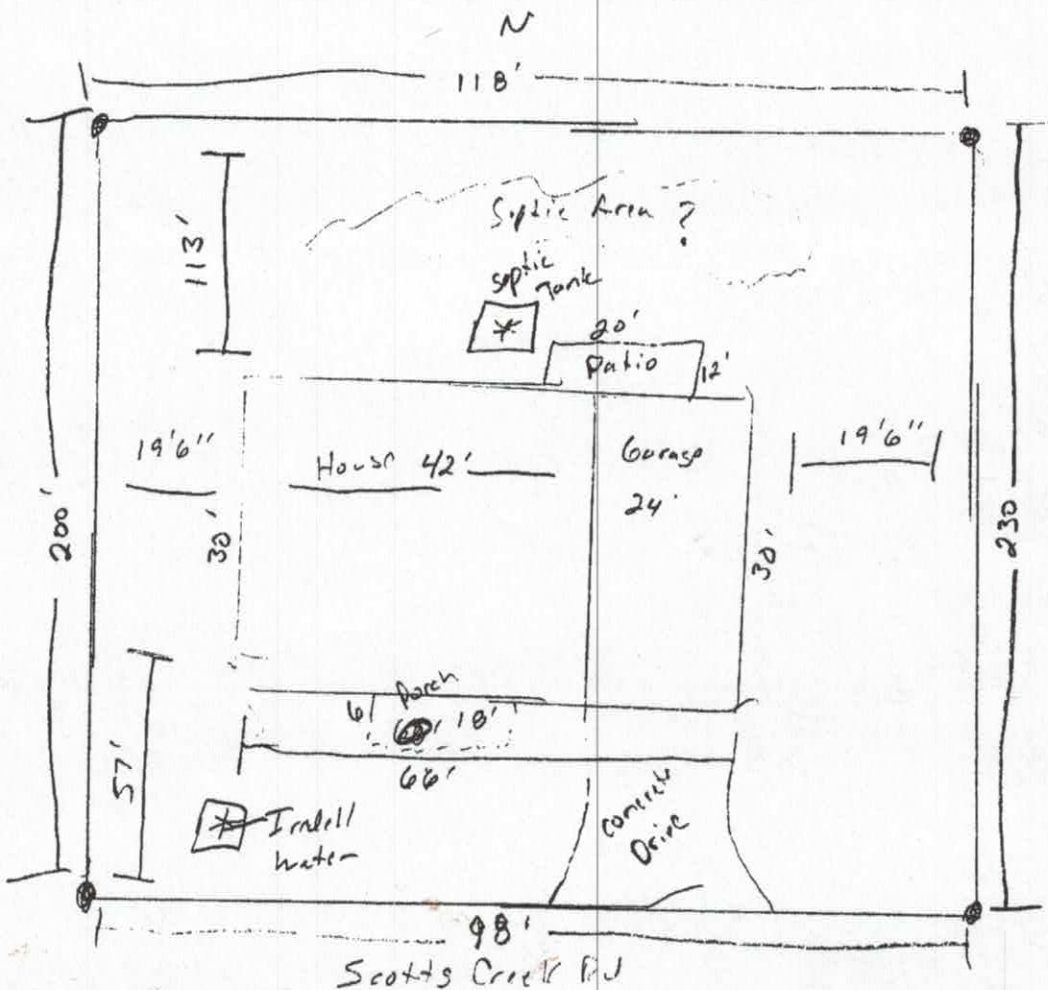
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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



Signature: _____ 2/5/2020

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

35' FSBL
N 87°50'42"W
224.00'
10' DUE
LOT 2
800 ACRES
Frame bldg.
shingle-tile
17.33'
30.01'
200.33'
N 00°21'30"E 230.34' total
17.33'
35' FSBL
shingle-tile
Frame bldg.
LOT 3
0.571
ACRE
N 87°50'42"W
118.64'
20.45'
29.27'
200.14'
N 05°32'46"E 229.41' total
L2
L1
rebar found
pipe found
110.33'
N 87°50'42"W
(asphalt)
ROGER S. MORRISON
D.B. 1542, Pg. 2040

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*) Johnny Morrison

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, Johnny Morrison, am the legal owner(s) of the property located at 1230 Scotts Creek Rd Statesville NC 28625, 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.

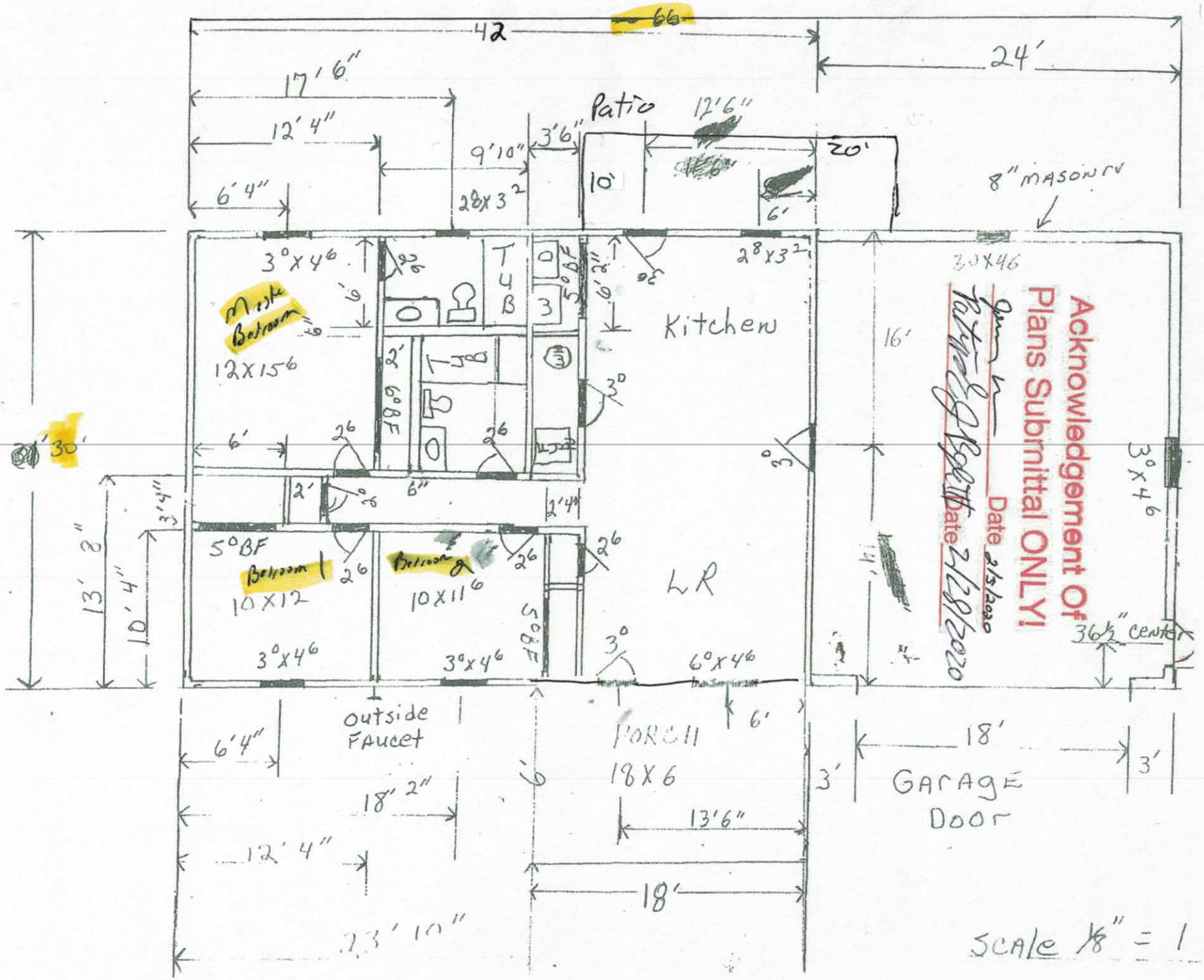
Johnny Morrison
Signature of Owner(s)

2/5/2020
Date

Mooresville - Environmental Health

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


42
66
24'
17'6"
12'4"
9'10"
3'6"
Patio
12'6"
20'
10'
6'4"
6'
28x32
8" MASONRY
30x46
3°x4°
Master Bedroom
12x15°6
Kitchen
TUB
5°BF
2°8
3°
16'
Acknowledgement Of
Plans Submittal ONLY!
Date 2/5/2020
Date 2/28/2020
3°x4°
36½" center
30'
13'8"
10'4"
3'4"
5°BF
Bedroom 1
10x12
Bedroom 2
10x11°6
LR
3°x4°
3°x4°
6°x4°
outside Faucet
PORCH
18x6
6'
18'
3'
GARAGE DOOR
6'4"
18'2"
12'4"
13'6"
18'
23'10"
SCALE ⅛" = 1

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
304743 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4716154811.000	1230 SCOTTS CREEK RD	Iredell County

Owner Information	Applicant Information
Name: MORRISON JOHNNY S Address: Phone:	Name: MORRISON JOHNNY S Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.571	35	35	15	15	N/A	NO

Remarks
sfd

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

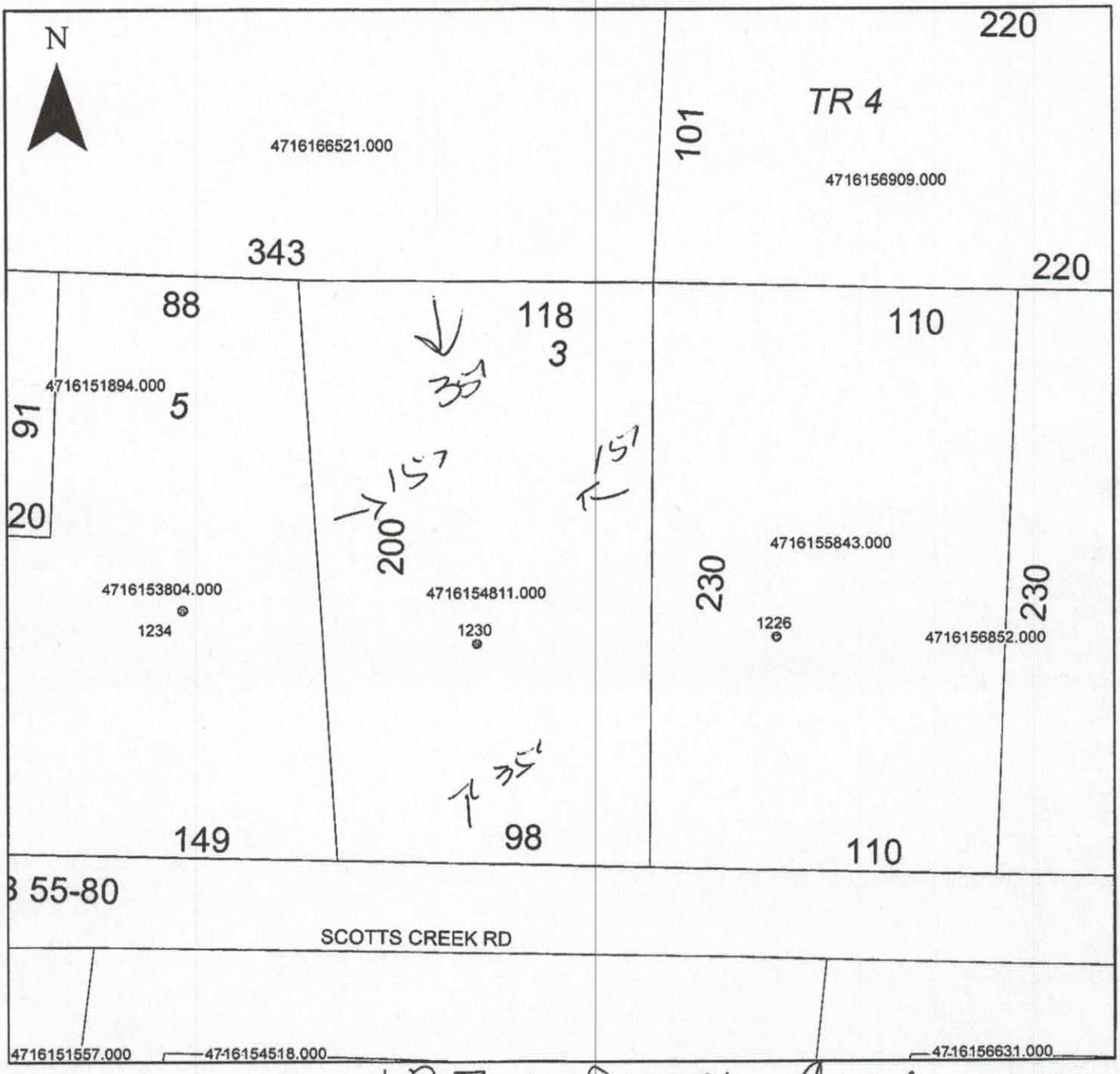
Date: 02/05/2020

Signature of Owner/Contractor

Permit Number	304743

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1230 Scotts Creek

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

2/5/2020

Date