IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237863

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

PIN # 4717.33 8105

APPLICANT/OWNER: Suzanne Gorman APPLICANT ADDRESS: 936 Midway Rd Statesville NC 28625

SITE ADDRESS: 936 Midway Rd Statesville NC 28625 PHONE: 704-215-0576 ALT. PHONE 704-500-8481

SITE DIRECTIONS: Hwy 115 N to Midway Rd. Turn Left House on Right SAP CONTROLLED: ☐ YES ☒ NO

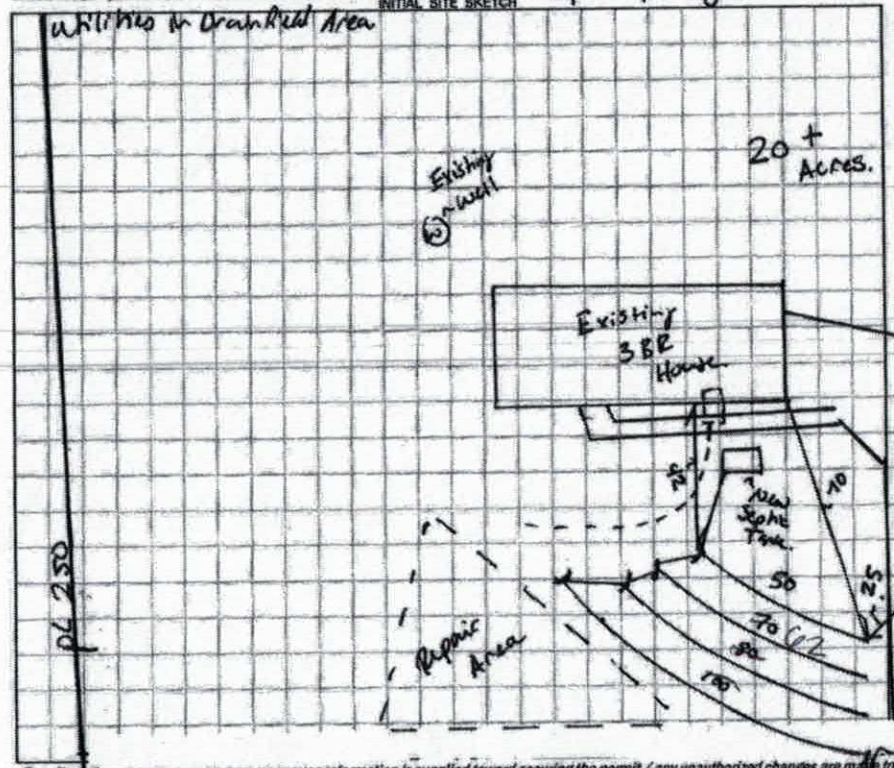
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 20.2 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	7-8-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing	No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing
Pump Tank	~ (gal)	PT		Date		System Description:	25% Reduction		
Pump Make	~	Model		Serial #		Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	34	Gravel Depth	~		☒ GRAVITY ☐ PRESSURE		

Water Supply: ☒ Private ☐ Public ☐ Community

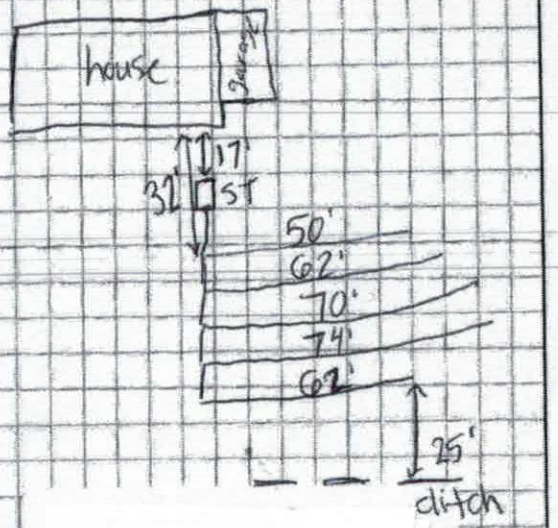
Comments / Conditions: Existing Drainfield & Tank located under part of the house. Pump and Fill Existing septic Tank. Install Septic Drainlines on the contour of the land and utilize Serial Distribution. Do not Drive, park, pave, grade or bury utilities in Drainfield Area

INITIAL SITE SKETCH



AS BUILT SKETCH

Existing septic tank pump + filled w/ concrete since part of tank is under house + near foundation.



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: Suzanne Gorman Date: 8-23-18 Installed by: A1 Backhoe Service

IMPROVEMENT PERMIT by: Benjamin M Butts Date: 8/20/2018 OPERATION PERMIT by: Kayla Watson Date: 9-7-18

AUTHORIZATION TO CONSTRUCT by: Benjamin M Butts Date: 8/20/2018 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 #: 4717338105
COUNTY: Iredell.

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

936 Midway Rd.

OWNER: Suzanne Gorman
ADDRESS: 936 Midway Rd. SVL NC
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 936 Midway Rd SVL NC.
APPLICATION DATE 8/6/18
DATE EVALUATED: 8/20/18.
PROPOSED DESIGN FLOW (.1949): 360.
PROPERTY SIZE:
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) .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	side 6% I	0-4	SL WSBK	SS SP FR SEHP	5Y 2.5/3 10R 4/6.	50	—	Mica Throughout	PS. 3.
		4-38	C SBK	SS SP FR					
		38-50	CL WSBK	SS SP FR					
2	side 4% I	0-8	SC WSBK	SS SP FR SEHP	" " 10R 4/6.	50	—	Some Mica	PS .3
		8-34.	C SBK	SS SP FR					
		34-50.	CL WSBK	SS SP FR					
3	side 5% Repair	0-8	SC WSBK	SS SP FR SEHP	" " 10R 4/6	52	—	Mica	PS .3
		8-40	C SBK	SS SP FR					
		40-52	CL WSBK.	SS SP FR					
4	side 5% Repair	0-9	SC WSBK	SS SP FR SEHP	" " 10R 4/6.	52	—	Mica	PS .3
		9-40	C SBK	SS SP FR					
		40-52.	CL WSBK.	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	III. 25%	IV. 50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): ~
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
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)	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.

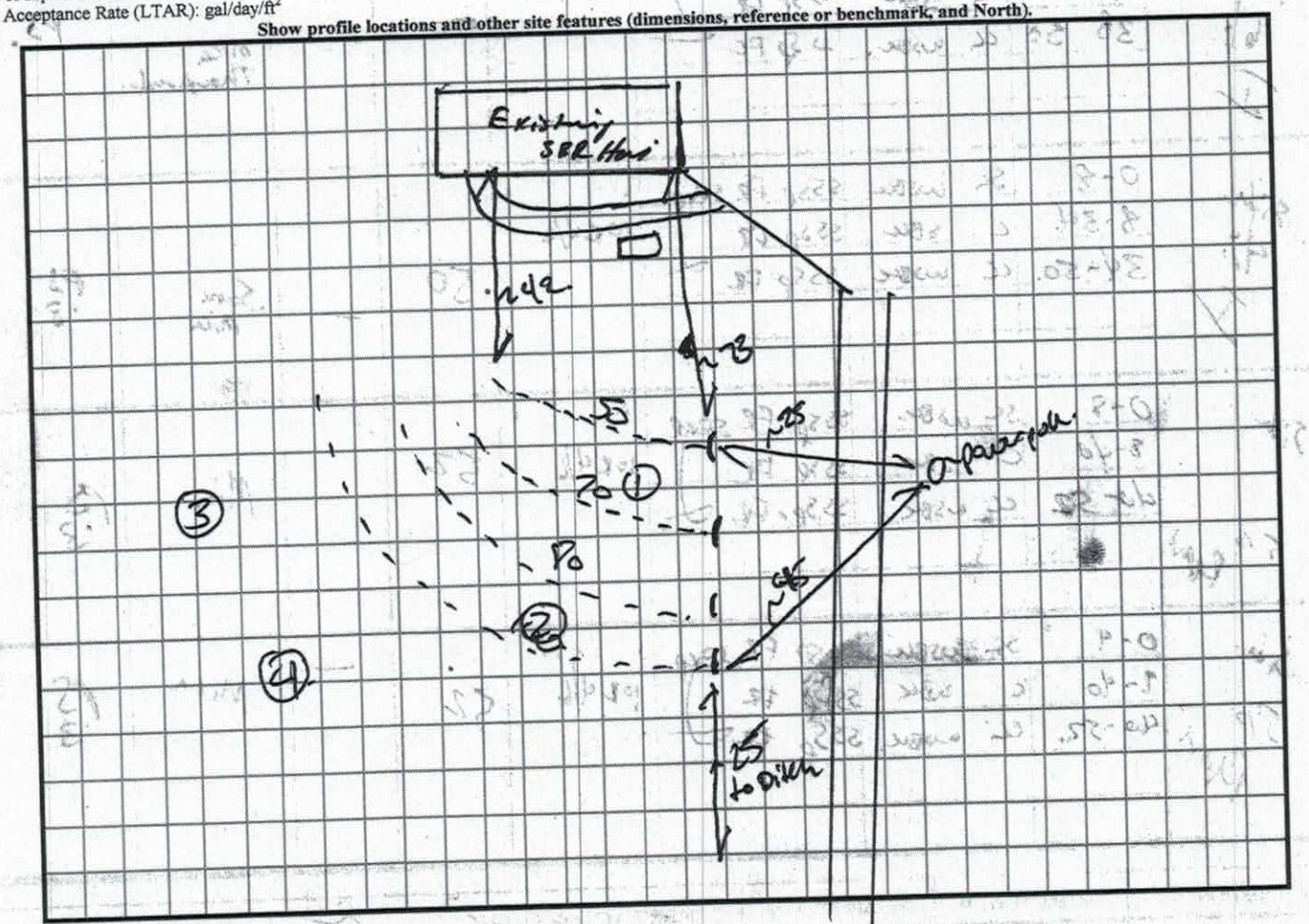
NOTES

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).



RECEIVED AUG 6 - 2018

237863

4717-33-8105

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Relocation - Paid $500.00

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)

4268 Applicant Name: Suzanne Garmon Address: 936 Midway Rd. Zip: 28625
Applicant Email: garmon06@gmail.com Phone: 704-500-8481 Alt. Phone:
Owner Name: Daniel & Suzanne Garmon Address: 936 Midway Rd. Zip: 28625
Owner Email: danielgarmon85@yahoo.com Phone: 704-215-0576 Alt. Phone:
Call Daniel

Property Information:

Street Address: 936 Midway Rd., Statesville
Subdivision Name: NONE Section/Phase: Lot Number:
Driving Directions: Take Hwy 115/Wilkesboro Hwy North to Midway Rd. Turn Left. Go to 2-3 miles down Midway Rd. House is on the Right.

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: Septic is located under house.
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure:

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

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: 1951
( ) 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: Suzanne Garmon 8-6-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

* Find system, possible Relocation of Lines.

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*) Suzanne Garmon

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, Suzanne Garmon, am the legal owner(s) of the property located at 936 Midway Rd., 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.

Suzanne Garmon
Signature of Owner(s)

8-6-18
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

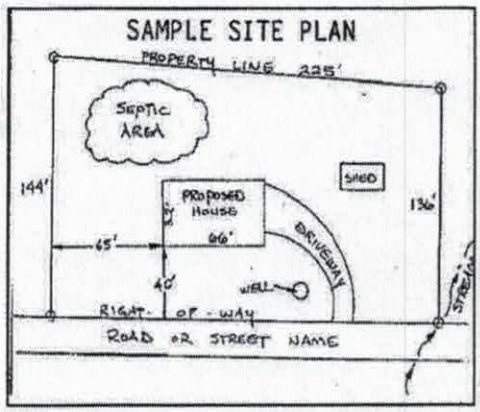
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

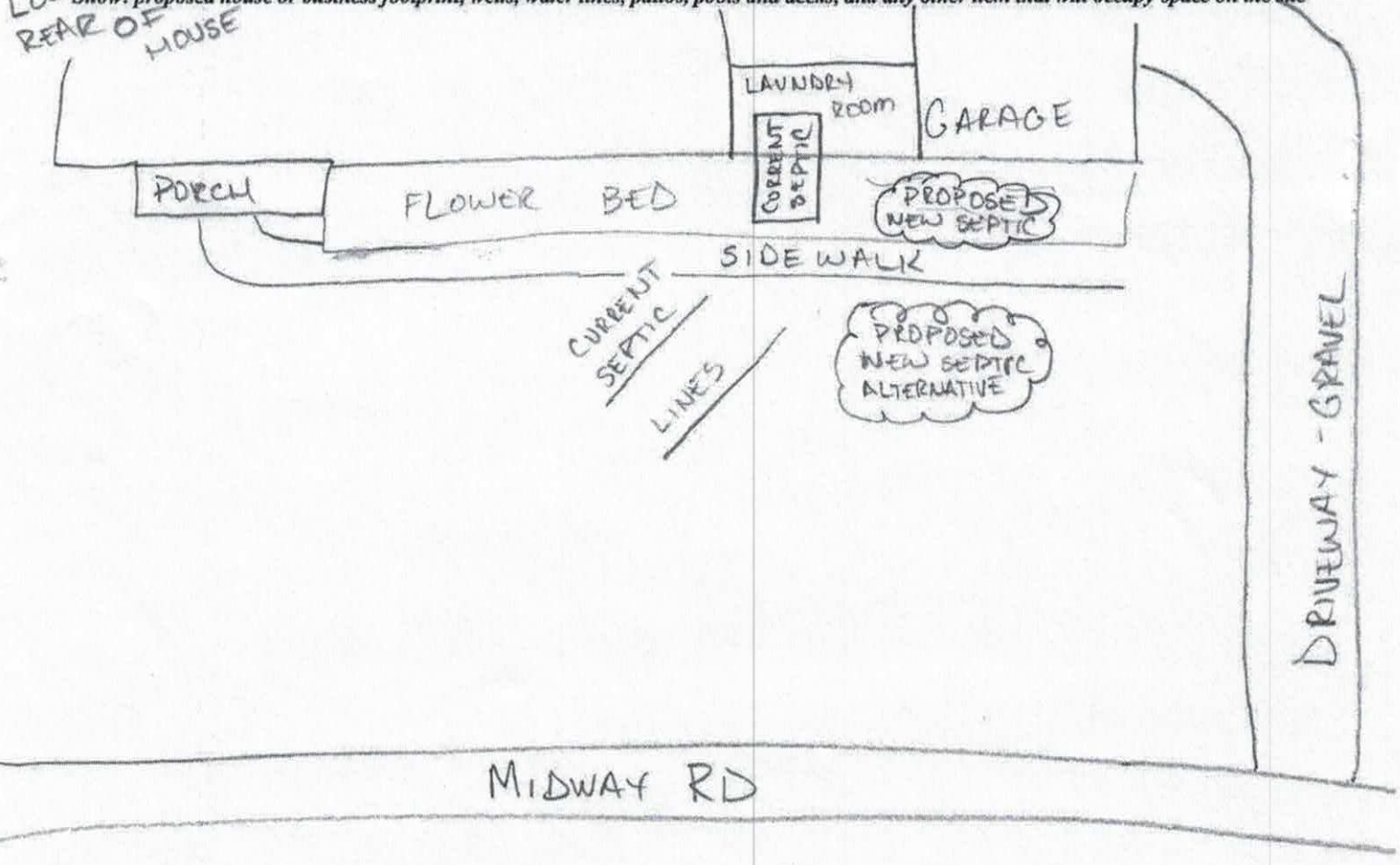


Circle N/A on the following if appropriate:

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



Signature: Suzanne Garmon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-6-18
DATE

Charles Inspection Service

993 Piney Grove Rd
Taylorsville N.C, 28681
(828)-310-0584
Certification #: 5375-I

Onsite Wastewater Inspection

Property Address:

Street: **936 Midway Rd.**
City: **Statesville**
State: **NC**
Zip: **28625**
Client Name: **Daniel & Suzanne Garmon**

Date of Inspection: **6-13-2018**

Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

Type of Water Supply: Well **X** Public Water Community Water Spring

Location of Septic Tank and Septic Tank Details: Describe Condition of baffle wall:

1000 Gallon tank
0 ft from house to structure
ft from well if applicable or water line
6" Distance from finished grade to top of tank or access riser
Access riser(s): Yes No **X**
Tank lid intact?: Yes No **N/A**
Tank has baffle wall?: Yes No **N/A**
Inflow to tank is noted as sufficient: Yes No **N/A**
Water level in tank is relative to tank outlet: Yes No **N/A**
Outlet T is present: Yes No **N/A**
Outlet has filter: Yes No **N/A**
Effluent leaves the outlet: Yes No **N/A**
Roots present in tank: Yes No **N/A**

N/A Connection present from house to tank
N/A Connection present from tank to next component
N/A Percentage of solids in tank

Date tank was last pumped : N/A

Does system have pump tank?: Yes (complete blanks below) No	**Dispersal Field:**
___ ft. from house or structure ___ ft. from well or spring if applicable ___ ft. from property line if property lines are known ___ ft. from septic tank ___ Distance from finished grade to top of tank or access riser Access risers in place: Yes___ No___ Describe type if access risers: _____ Describe condition of tank lids: Location of control panel: ___ Audible and visible alarms (as applicable) work Pump turns on and effluent is delivered to next component ___ Unable to operate pump due to lack of electricity at site at time of inspection	Brief Description of System Type: **X** Conventional ft. from septic tank/pump # of lines Length of lines Effluent is reaching the dispersal field

Overview:

Septic tank is under the house.

Drain field is two feet off of the house.

Inspector Signature: Vernon Charles

Date: 6-13-2018

Washer/dryer is not connected to the septic