IREDELL COUNTY HEALTH DEPARTMENT

BB Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232171 / 232510

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

PIN # 4920-05-1485

APPLICANT/OWNER: Lloyd Potts APPLICANT ADDRESS: 221 Ostwalt Amity Rd Troutman, NC

SITE ADDRESS: 1191 East Monbo Rd. Statesville, NC 28677 PHONE: 704-450-8410 ALT. PHONE

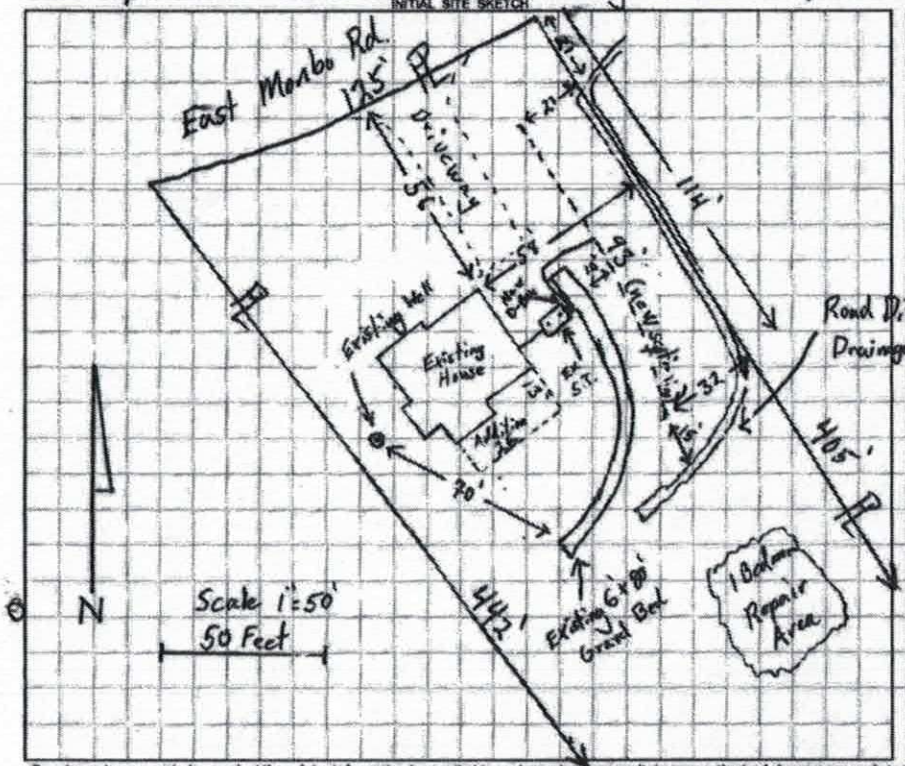
SITE DIRECTIONS: New Old Mountain Rd N from Troutman → L on E Monbo Rd → ≈5 miles ahead on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.83 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.325

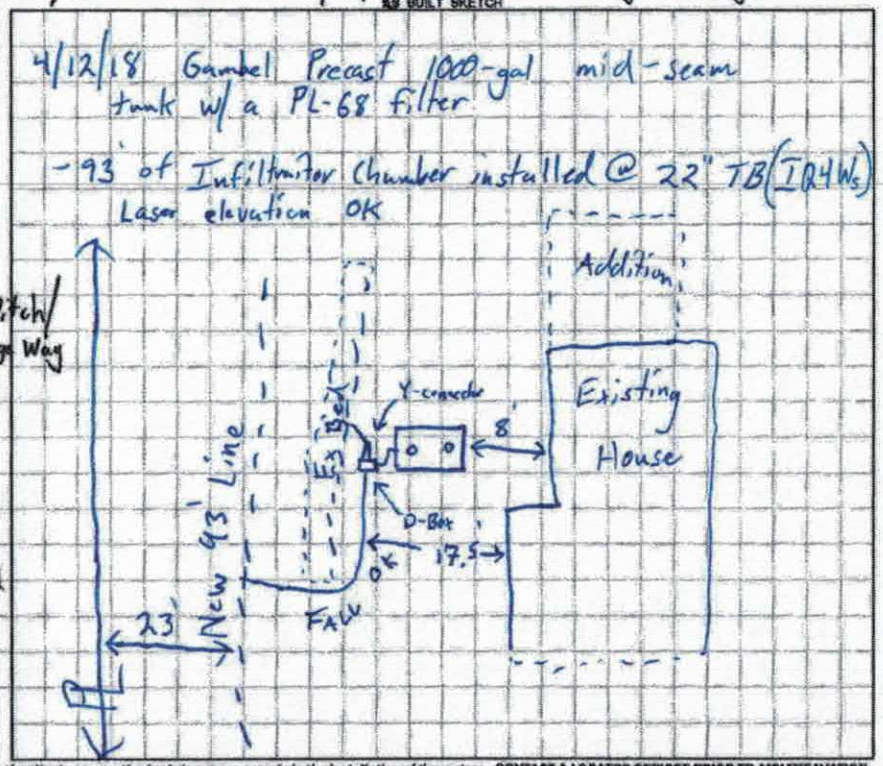
Septic Tank	1000	(gal)	STB (See notes)	3/8/18	Date	60	☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% Reduction (*possible tank)	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description: 1 Bedroom Partial (25% Reduction)	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	1		Linear Ft	93	Maintenance Agreement Required: ☐ YES ☒ NO *pump	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	22" (max)		Gravel Depth	—	☐ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Strongly Recommend that elevations from existing septic tank outlet to new line be shot w/ laser prior to beginning construction. Tank/house sewer line may need to be raised/replaced to accomodate new septic line. Either drop box backfeeding from new septic line or new distribution box dividing flows (33% to new septic line / 66% to existing bed) may be installed. If tank is replaced, old tank shall be pumped and crushed in place. Recommend pumping septic tank every 3-5 years.

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: Lloyd Potts Date: 1/2/2018 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/2/2018 OPERATION PERMIT by: Tom Shuck Date: 4/12/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/2/2018 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Lloyd Potts
ADDRESS: 221 Ostwalt Amity Rd Troutman, NC
PROPOSED FACILITY: 3 BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 1191 E. Memorial Rd. Statesville, NC

APPLICATION DATE 12/14/17
DATE EVALUATED: 12/19/17
PROPERTY SIZE: 0.83 acres
PROPERTY RECORDED: Yes

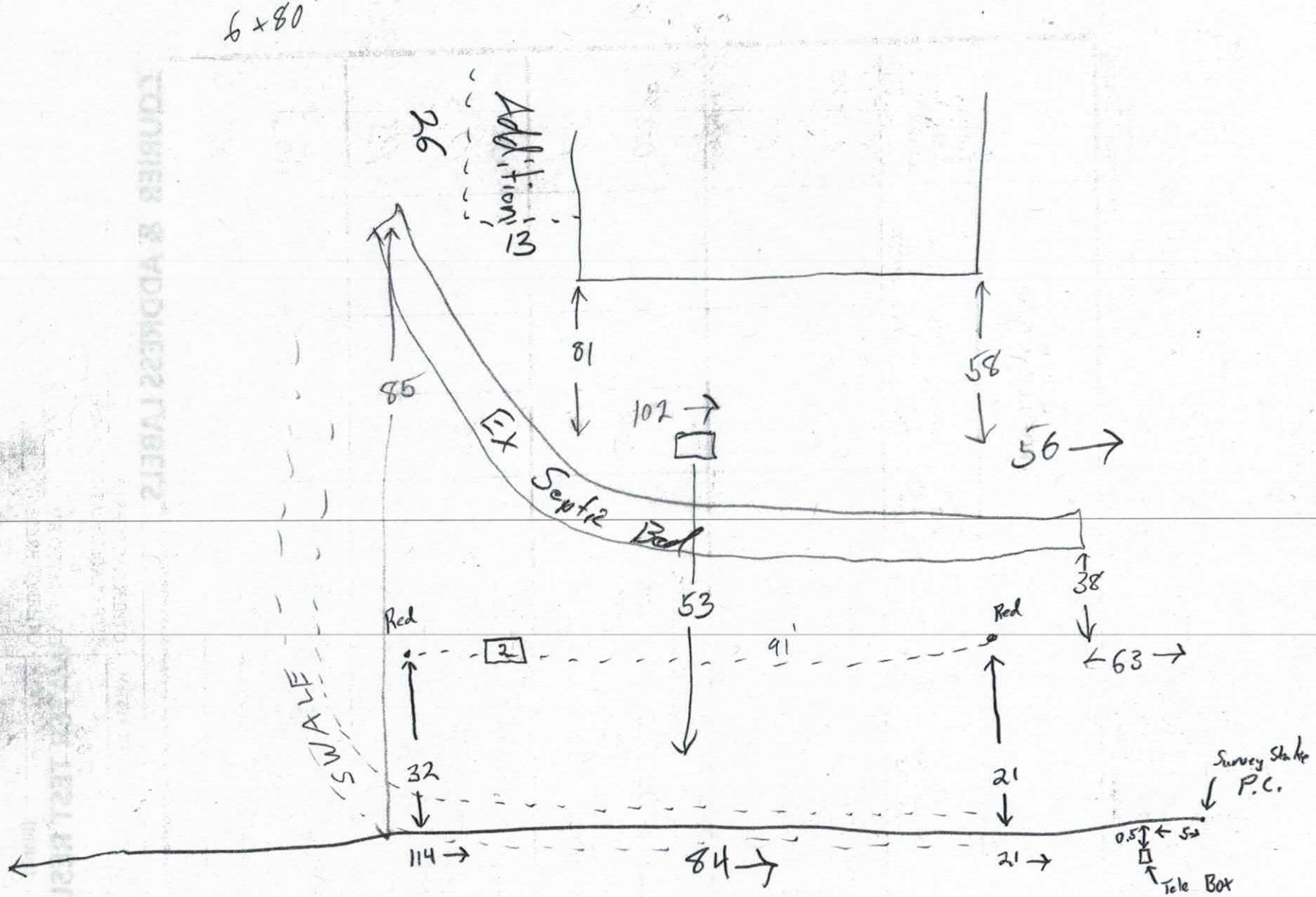
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5%	0-7	SCL v.w. SBK	SI Firm, SS, Sp, Sexp	—	60	—	—	0.325 PS Deeper
		7-35	clay m. SBK/ABK	Firm, Sticky, Sp, Sexp					
		35-60	Clay Loam w. SBK some mica	SI Friable, SS, Sp, Sexp					
2	LSS 6%	0-4	SCL v.w. SBK	SI Firm, SS, Sp, Sexp	—	36"	—	—	0.325 PS
		4-21	clay m. SBK/ABK	SI Firm, Sticky, Sp, Sexp					
		21-32	Clay Loam w. SBK common SAP	Friable, SS, Sp, Sap					
		36-63	Loamy Saprolite MA	Very Friable + well Drained					
3	Repair Upper	0-42	Clay w. SBK/ABK	SI Firm, sticky Sp, Sexp	—	48	—	—	0.3 PS
		42-49	Clay Loam w. SBK	SI Friable, SS, Sp, Sexp					
		49-72	Loamy Saprolite MA	Friable + well drained					
4	Repair Lower	0-35	Clay w. SBK/ABK	SI Firm, Sticky Sp, Sexp	—	46	—	—	0.3 PS
		35-46	Clay Loam w. SBK some Saprolite	Friable, SS, Sp, Sap					
		46-60	Loamy Saprolite MA	Very Friable + well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	93'	200'
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.325	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS:


6+80
96
Addition
13
81
58
85
102
56
Ex
Septic
Bed
38
53
Red
Red
91
63
SWALE
32
21
Survey Stake
P.C.
114
84
21
0.5
5
Tele Box

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Lloyd Potts	221 Ostwalt Amity Rd. Troutman, NC		704-450-0410

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1191 East Monbo Rd.		

Driving Directions: from Statesville, 21 (S) To Talley, (R) Talley (L) E. Monbo House is on (L) side

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
X Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3 LP 12/18/17
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 2

X **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

PAID Debit MR 12/15

6. **Proposed Water Supply:**

( ) New Well X Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* X **EXISTING SYSTEM installed** ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes X No **Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) Yes X No **Is any non-domestic sewage (i.e. industry) to be generated?**
   ( ) Yes X 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.

9. **Signature:** Lloyd Potts 12/14/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Lloyd P. 1686 @ gmail.com

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, Lloyd Potts, am the legal owner(s) of the property located at 1191 East Monbo Rd., Statesville, NC 28166, 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.

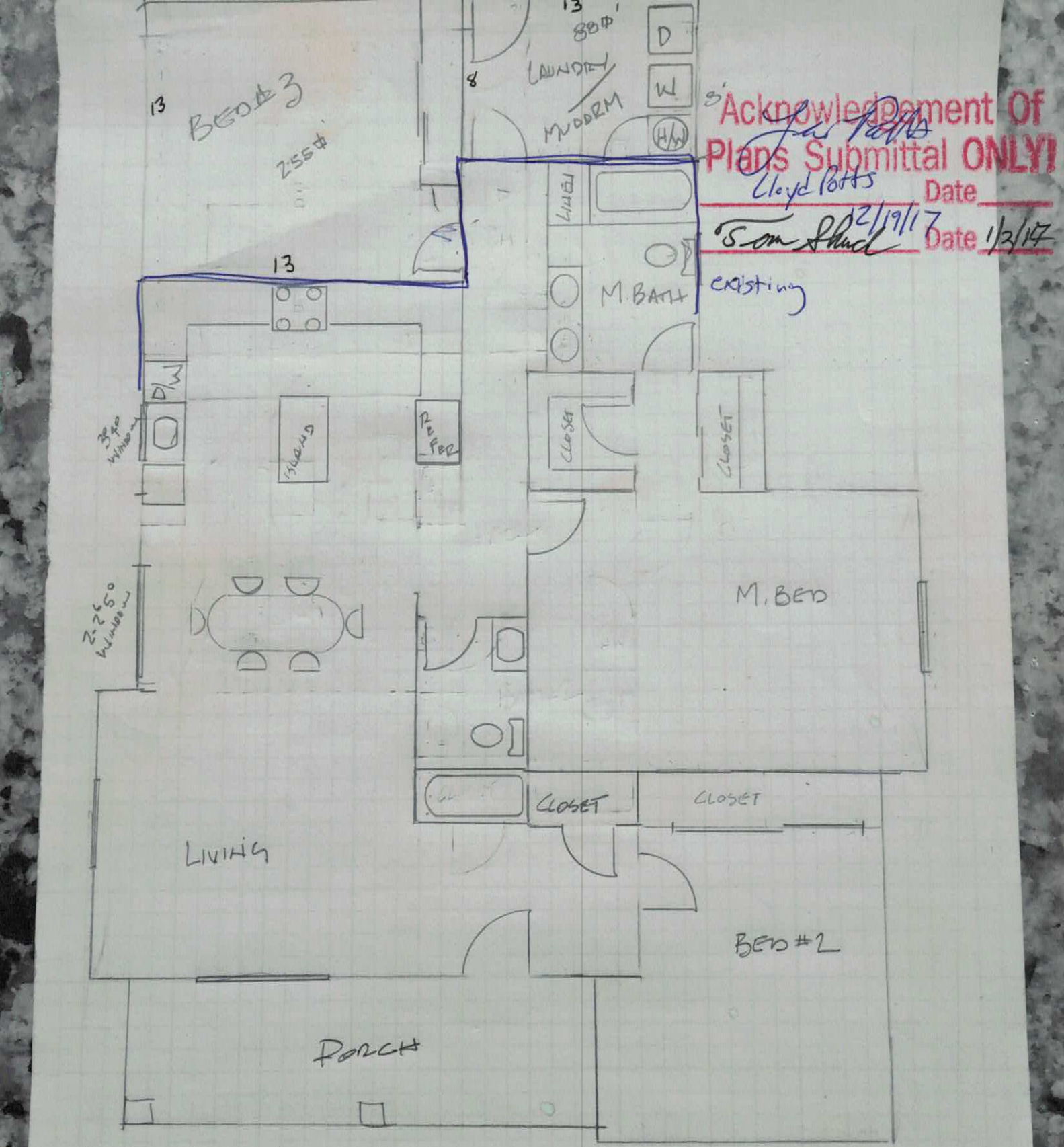
Lloyd Potts 12/14/17 _____ _____

Signature of Owner(s) Date Signature of Witness Date

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



1911 E. MONBO RD.
STATESVILLE, N.C. 28677

IREDELL COUNTY

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

APPLICATION NUMBER
232171
Issue Date: 12/15/2017

ZONING PERMIT

Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4720051485.000	1191 EAST MONBO ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RIMMER BRENDA GAIL	Applicant: POTTS LLOYD H
Address: 1191 E MONBO RD STATESVILLE, NC 28677	Address: P O BOX 422 TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
ADDITION OF BEDROOM	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.830	35.00	35.00	15.00	15.00	CACL	X

Remarks:

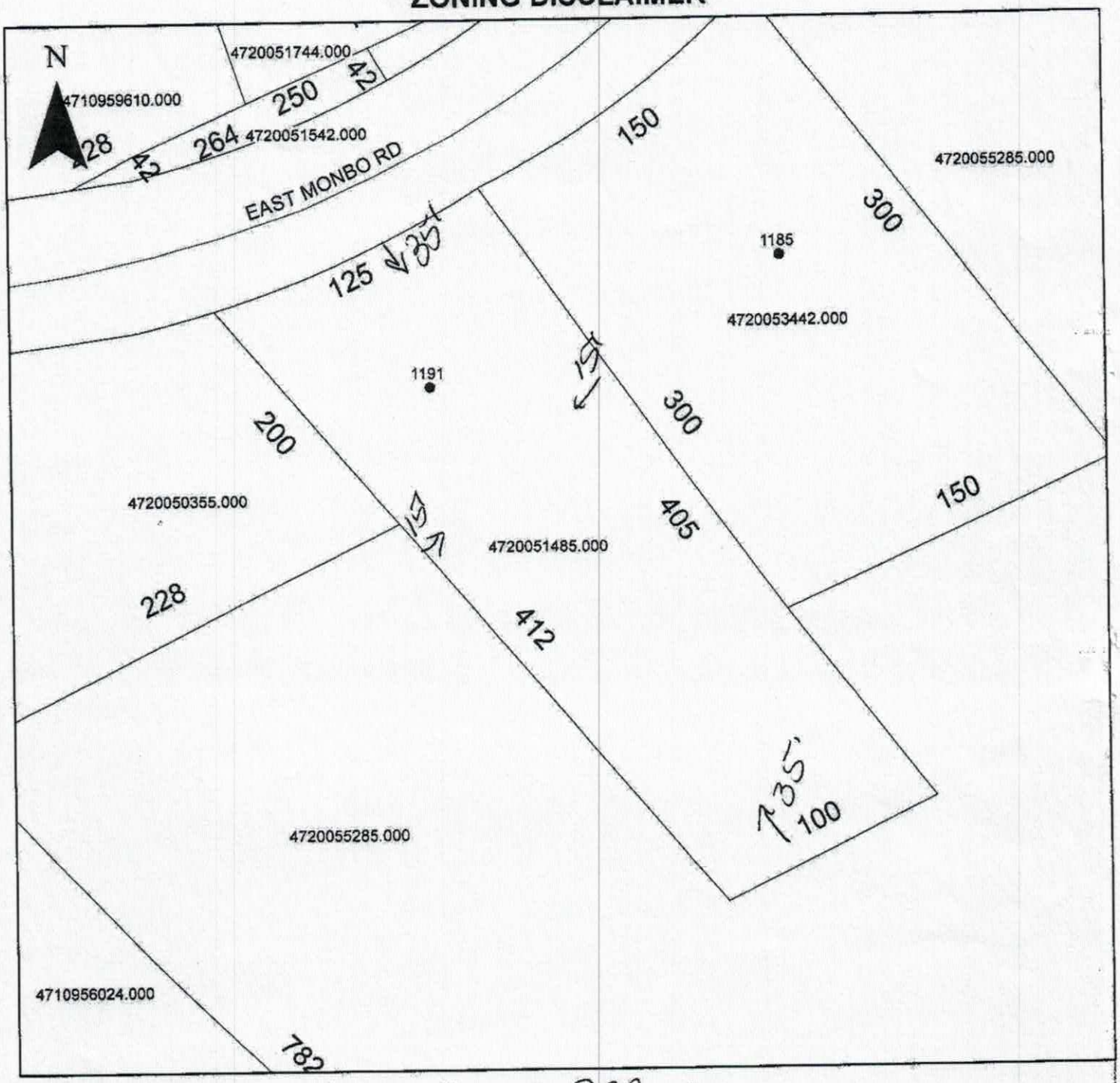
PAID
Debit Mtt
12/15/17

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.

Applicant: See Attached Date: _____

Permit Number	123534	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1191 East Monbo

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

12/15/17
Date