IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216463

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

PIN # 4720096510 ✓

APPLICANT: Jeremy Grant APPLICANT ADDRESS: 3408 Jennings Rd.

PHONE: 980-254-3599 ALT. PHONE: N/A

SITE ADDRESS: 561 Pineville Rd. - Stat.

SITE DIRECTIONS: Old Mtn Rd to G. Monbo Rd TR Pineville Rd. Property on Right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 14.44 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1060	(gal)	STB 1060 Infiltrator	Date					
Pump Tank		(gal)	PT	Date					
Pump Make		Model		Serial #					
# Nitrification Fields	1	# Lines	5	Linear Ft:	330				
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A				

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

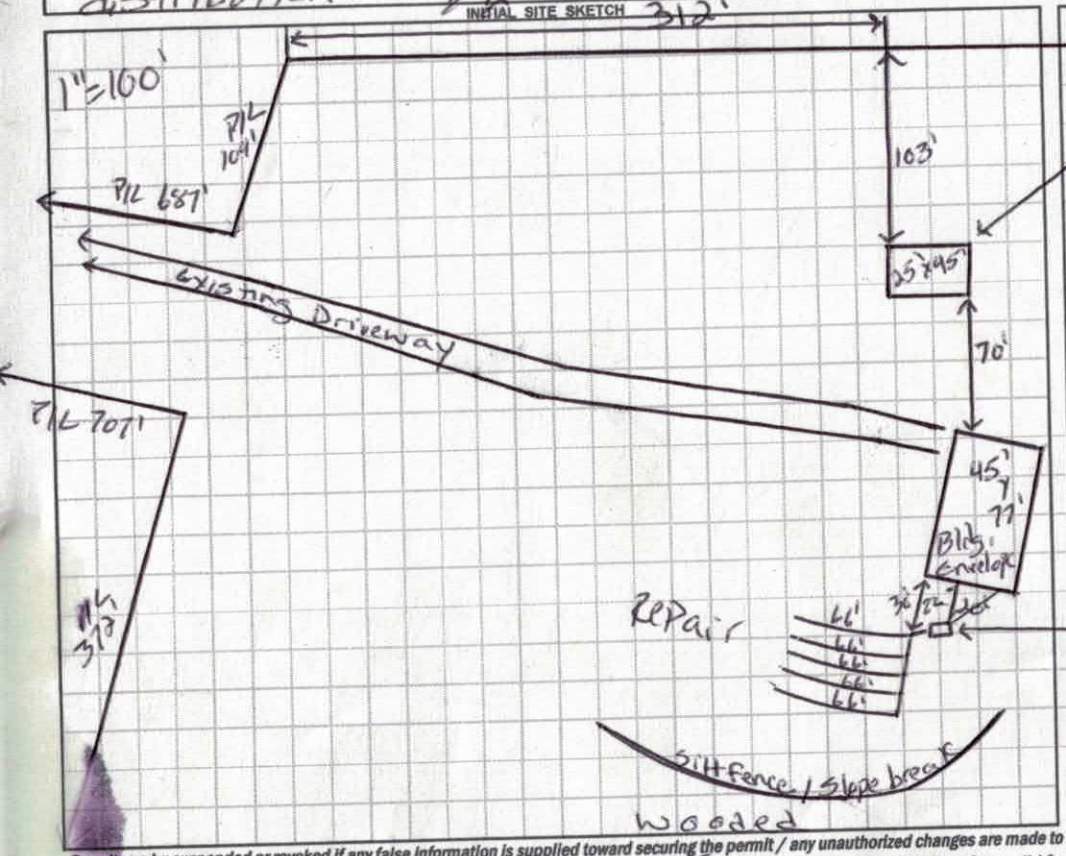
☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

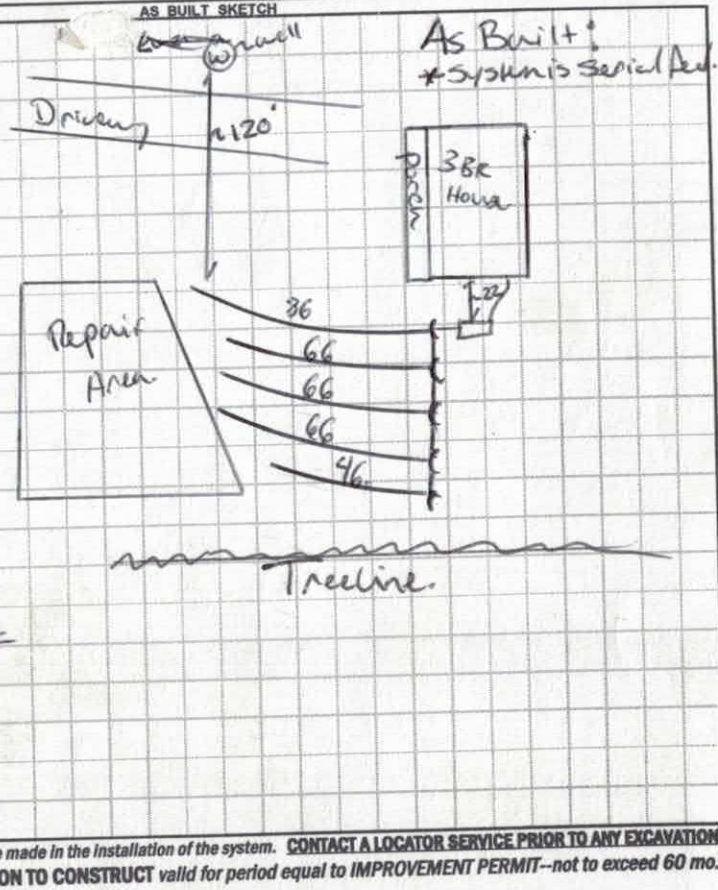
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan prior to issuance of CA! Install a 25% reduction system on contour with serial distribution. ~~Install~~ Install trench bottoms @ 36" on high side ~~AAA~~

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: Laura Henry Jeremy Grant Date:

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-14-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-1-16

Installed by: Tommy Frye ~ Frye Grading

OPERATION PERMIT by: Benjamin A. Bottoms Date: 6/14/

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 47200[illegible]
COUNTY: Iredell

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

OWNER: Jeremy Grant
ADDRESS: 3408 Jennings Rd
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 561 Pinewild Rd.
APPLICATION DATE: 1-20-16
DATE EVALUATED: 3-11-16
PROPERTY SIZE: 14.4 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other N/A
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
PIT 1	7% NS	0-6	SCL SBK	Fr Mod SE	>60"	45"	45" ~38" on low side	>60"	PS 0.275
		6-24	C ABK	Fi Mod SE					
		24-45	BC common SAP Frags WABK	Fr Mod SE					
		45-60	C SAP M	Fr Mod SE					
		Wavy SAP Boundary		~38" on low side					
PIT 2	19% NS	0-7	SCL SBK	Fr Mod SE	very wavy C boundary		boundary across Pit		PS 0.25
		7-21	C ABK	Fi Mod SE	>60"	37"	37"	>60"	
		21-37	BC WABK	Fr Mod SE					
		37-60	C SAP M Some clay flows in SAP		lithochromic mottles				
			<50% Rock/ Some Rock veins						
PIT 3	19% NS	0-11	Compacted		>60"	47"	47"	>60"	PS 0.275
		11-47	BC common SAP Frags WABK	Fr Mod SE					
		47-60	C SAP M	Fr Mod SE					
PIT 4	21% NS	0-6			>48"	>60"	>48"	>60"	PS 0.275
		6-24							
		24-48	BC Com SAP WSBC	Frcl Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	0.275	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Just Henderson
OTHER(S) PRESENT: N/A

COMMENTS: N/A TB @ 36" High Side

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.

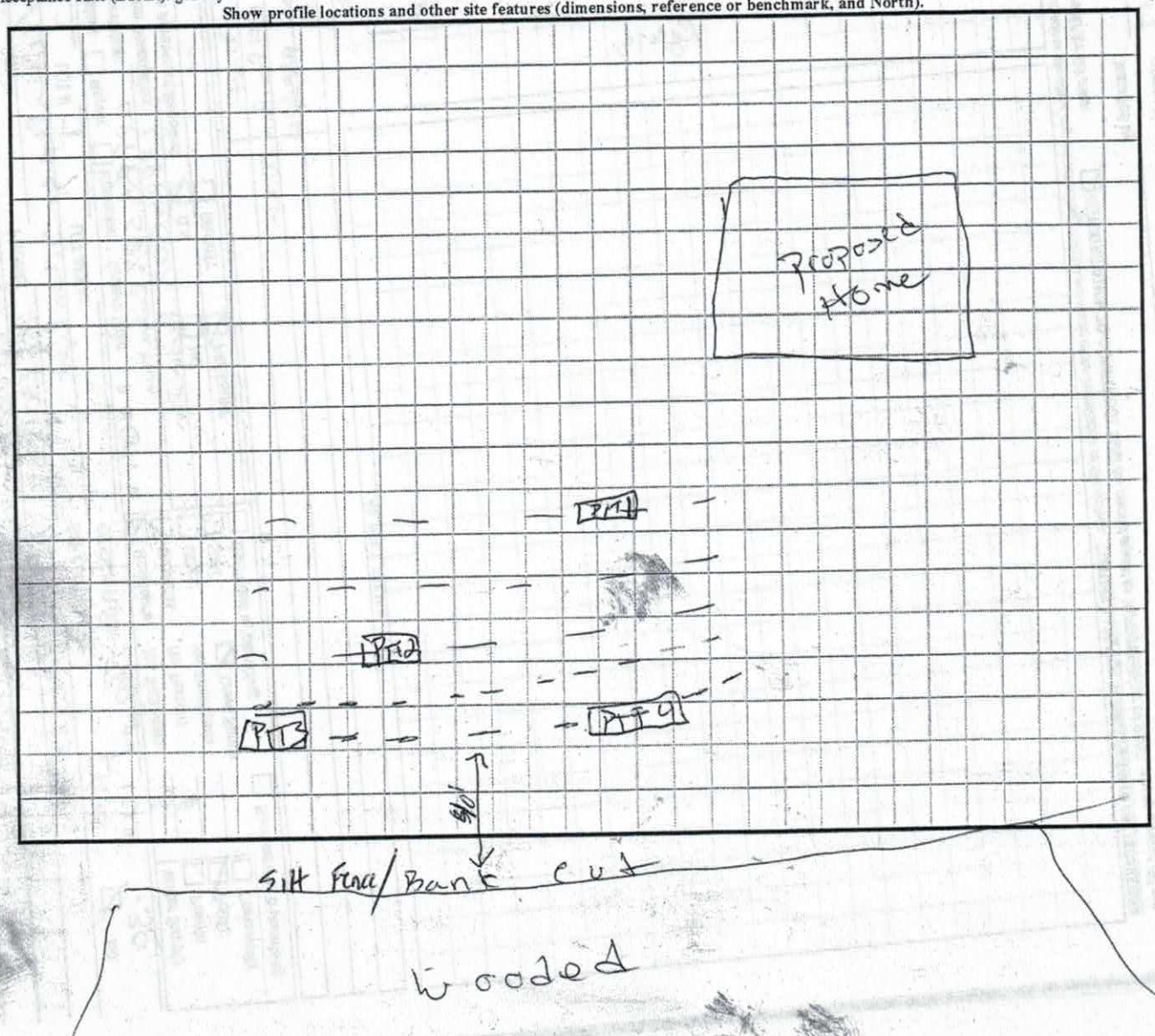
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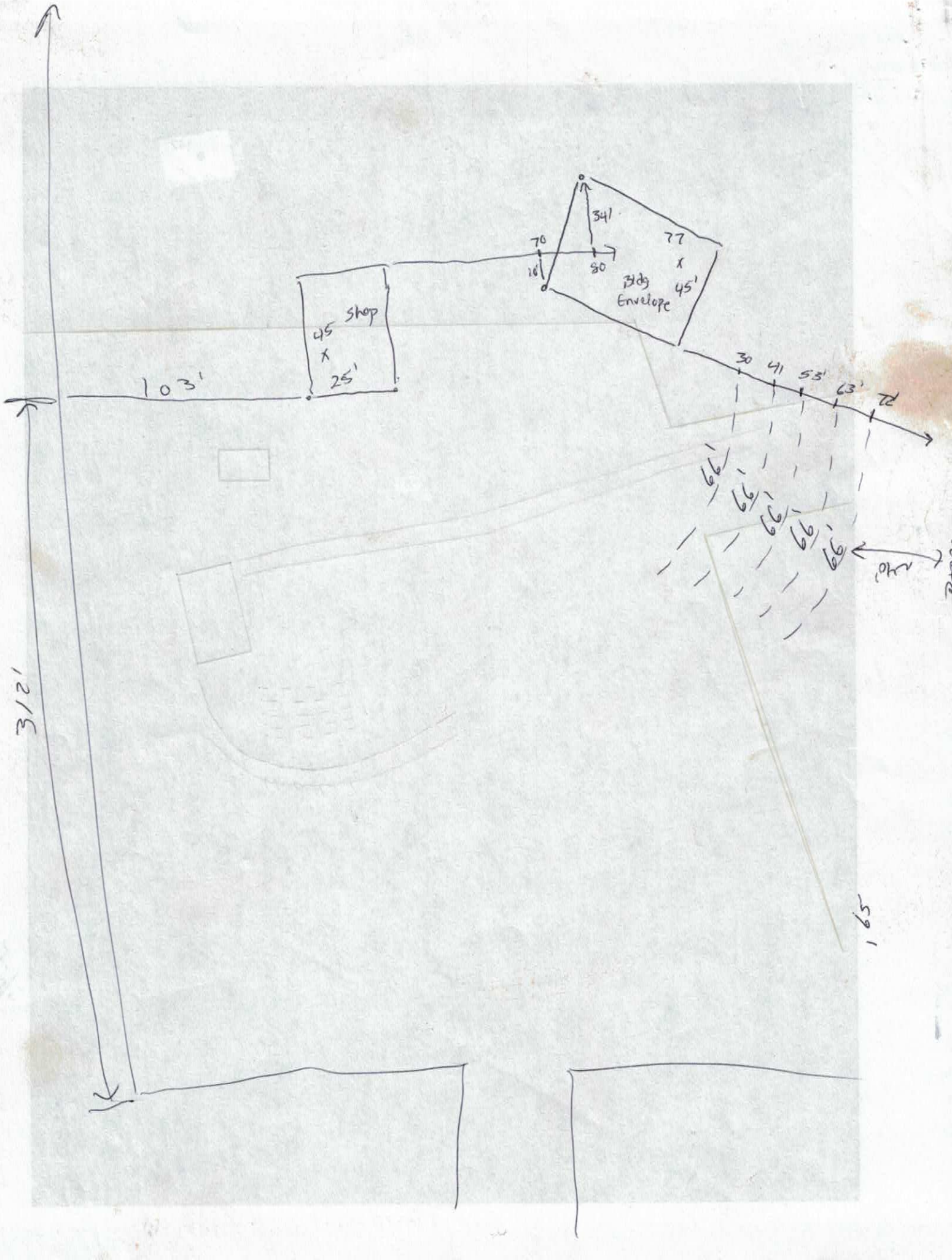
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




341'
70
16'
80
77
x
45'
Bldg
Envelope
45
x
25'
Shop
103'
30
41
55'
63'
72
40'
312'

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 ⊗ Authorization To Construct ___ Existing System Inspection

Please call before going out

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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

JEREMY GRANT	3408 JENNINGS RD. UNION GROVE NC 28689	980.254.3599	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SAME			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

561 PINEVILLE RD STATESVILLE, NC		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: APPROX 1/2 MILE N OF E MONBO/PINEVILLE RD INTERSECTION

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) 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 ✓ 3592 MH
Maximum Number of Employees 215
Maximum Number of Seats _____

6. Proposed Water Supply:

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

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) 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: _____ 1-20-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

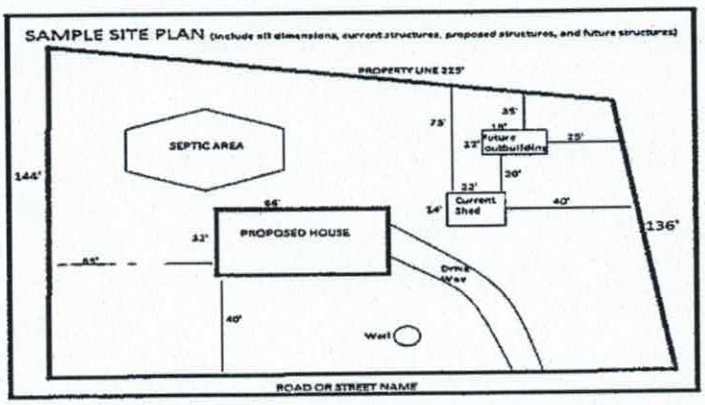
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

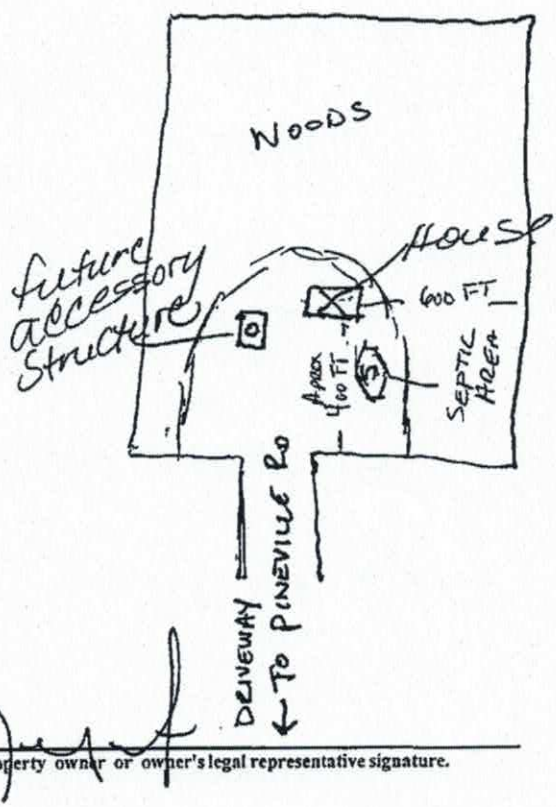
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

1.20.2016

DATE

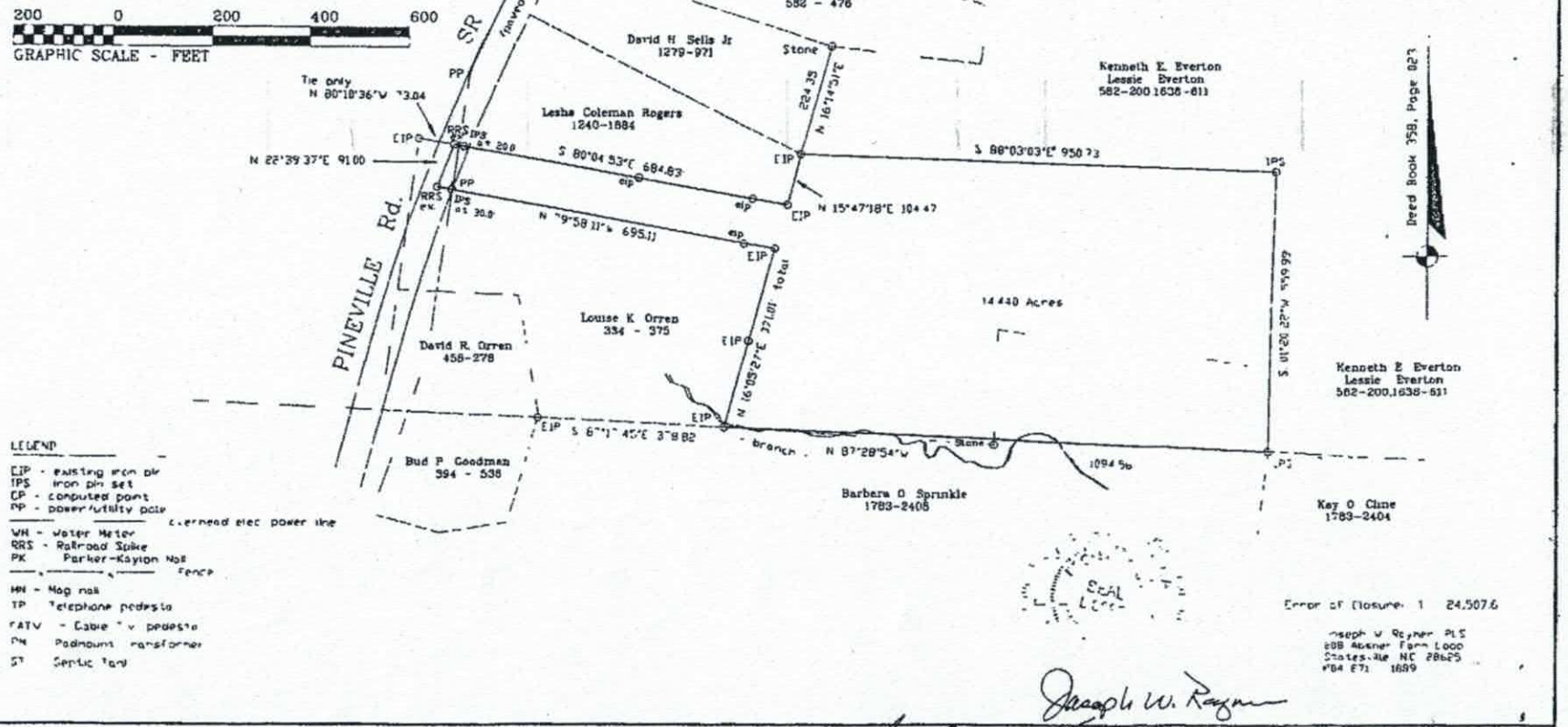
A Survey for

WILLIAM KENNETH NAVEY

Property in the name of Barbara O Sprinkle

lying in

FAULKTOWN TOWNSHIP IREDELL COUNTY
NORTH CAROLINA
PIN 4720 08 1598 DEED 1783-2408
DATE 10-17-2006 SCALE 1" = 200.0
DRAWING No 10170601 DRAWN by JWR

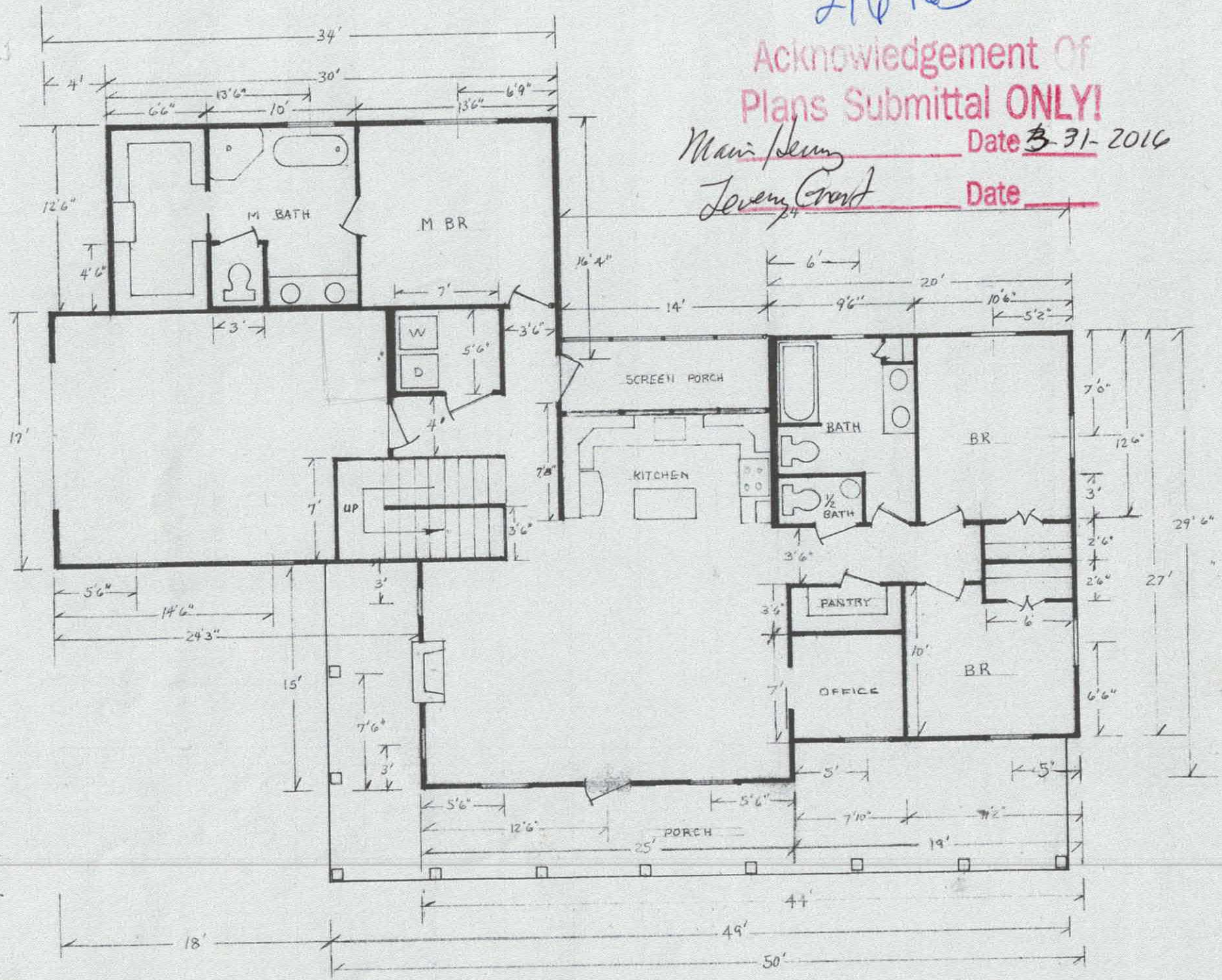


216463

Acknowledgement Of
Plans Submittal ONLY!

Mark Henry Date 3-31-2016

Jeremy Grant Date



IREDELL COUNTY

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

APPLICATION NUMBER
216463
Issue Date: 02/05/2016

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4720096510.000	561 PINEVILLE ROAD, STATESVILLE, NC 28677	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	GRANT JEREMY W+JACQUELYN H	Applicant:	GRANT, JEREMY
Address:	3408 JENNINGS ROAD STATESVILLE, NC 28689	Address:	3408 JENNING ROAD UNION GROVE, NC 28689
Phone:		Phone:	980-254-3599

Use Requested	Zone Code
sfd	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
14.440	35.00	35.00	15.00	15.00	PACL	X

Remarks:

PAID
3592 mH
2/5

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.

See Attached

Applicant: _____ Date: _____

Permit Number	59649	TOTAL FEES:	$ 77.25