ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-306123

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

PIN # 4720391194

APPLICANT/OWNER: JASON HAPPE / HAPPE PROPERTIES LLC APPLICANT ADDRESS: 19905 SANDYEDGE DRIVE, CORNELIUS, N.C. 28031

SITE ADDRESS: 934 EAST MONBO ROAD, STATESVILLE, N.C. 28677 PHONE: 727-946-0654 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN ROAD, (L) ON EAST MONBO ROAD, LOT ON (R) SAP CONTROLLED: [x] YES [ ] NO

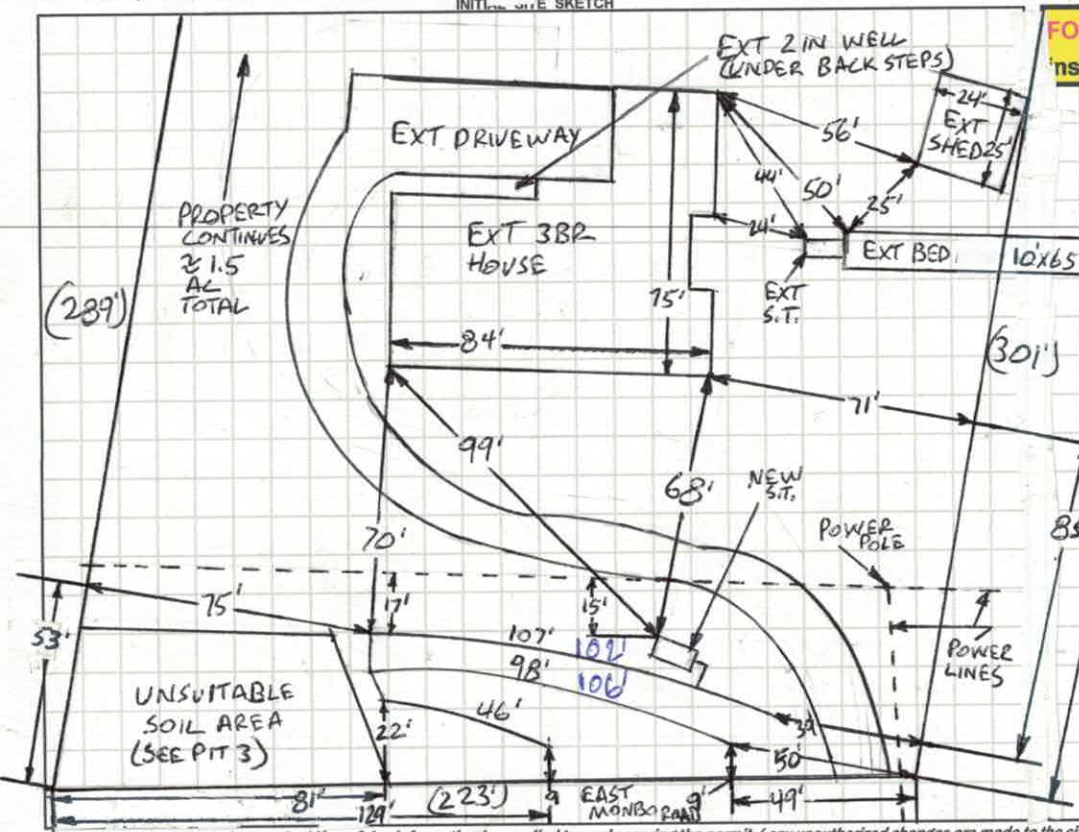
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.5 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.325

Septic Tank	1000	(gal)	STB	160	Date	4-28-20	[ ] New System	[x] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	CONVENTIONAL GRAVEL BED (FAILING)			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	HIGH CAPACITY 25% REDUCTION			
# Nitrification Fields	1	# Lines	3	Linear Ft:	251 FT		Maintenance Agreement Required:	[ ] YES	[x] NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	42 IN	Gravel Depth	—			[x] GRAVITY	[ ] PRESSURE		

[x] Residence	No. Bedrooms	3	Water Supply	
[ ] Business	No. Persons	6	[x] Private EXT	
[ ] Other	No. Employees	—	[ ] Public	
[ ] Slab	[x] Crawl Space		[ ] Community	
[ ] Basement w/plumbing	[ ] Basement w/o plumbing			

Comments / Conditions: INSTALL ON 8FT CENTERS, INSTALL ON CONTOUR, UTILIZE SERIAL DISTRIBUTION, PUMP, CRUSH, AND FILL OLD SEPTIC TANK, DO NOT INSTALL SHALLOW UP, DO NOT EXCEED 49 IN MAX TRENCH BOTTOM

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 50 FT
EXT = EXISTING
S.T. = SEPTIC TANK

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.* [x] **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: [signature] Date: 6.9.2020 Installed by: HALER & BYERS RENTALS

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-21-2020 OPERATION PERMIT by: Bryant C White Date: 7-6-2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-21-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 2
PROPERTY ID #: 4720391119
COUNTY: IREDELL

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

OWNER: JASON HAPPE
ADDRESS: 19905 SANDYEDGE DRIVE, CORNELIUS, N.C. 28031
APPLICATION DATE 3-31-202
DATE EVALUATED: 4-30-202
PROPOSED FACILITY: 3BR EXT
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.5 AC
LOCATION OF SITE: 934 EAST MONBO ROAD, STATESVILLE, N.C. 28677
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	LINEAR SIDE 5%	0-8	FILL	FILL	SAP INC THRU OUT MICA COMMON	36"	PS II SL	NA	PS .35
		8-21	C, SBK	FR, S, P, SEXP					
		21-37	CL, WSBK	FR, SS, SP, SEXP					
		36-64	SAP, MAS	VFR, NS, NP, SEXP					
2	RIDGE 2%	0-4	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	43"	PS II SL	NA	PS .35
		4-24	C, SBK	FR, S, P, SEXP					
		24-43	CL, WSBK	FR, SS, SP, SEXP					
		43-49	SAP, MAS	VFR, NS, NP, SEXP					
3	~~P~~ LINEAR SIDE 12%	0-19	FILL	FILL	LITHO	0"	V SL II VFI	NA	V
		19-51	SAP, RC	VFI, NS, NP, SEXP					
4	LINEAR SIDE 12%	0-12	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	36"	PS II L	NA	PS .4
		12-36	CL, WSBK	FR, SS, SP, SEXP					
		36-[redacted]	SAP, MAS	VFR, NP, NP, SEXP					
		86 [redacted]							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EXT	PS
System Type(s)	EXT	25% HIGH CAPACITY
Site LTAR	EXT	0.325

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4720391194
DATE OF EVALUATION: 4-30-2020
COUNTY: IREDELL

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
5	LINEAR SIDE 15%	0-24	FILL	FILL	SAP INC THRU OUT MICA COMMON	72"+	NA	NA	PS .35 BELOW FILL
		24-40	C, SBK	FR, S, P, SEXP					
		40-72	CL, WSBK	VFR, SS, SP, SEXP					
6	LINEAR SIDE 15%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FI SAP INC 55"+	71"+	NA	NA	PS .35
		33-71	CL WSBK	VFR, SS, SP, SEXP					
7	LINEAR SIDE 15%	0-10	SCL, SBK	FR SS SP, SEXP	SAP INC THRU OUT MICA COMMON	69"+	NA	NA	PS .4
		10-32	C, SBK	FR, S, P, SEXP					
		32-69	LL, WSBK	VFR, SS, SP, SEXP					
8									

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

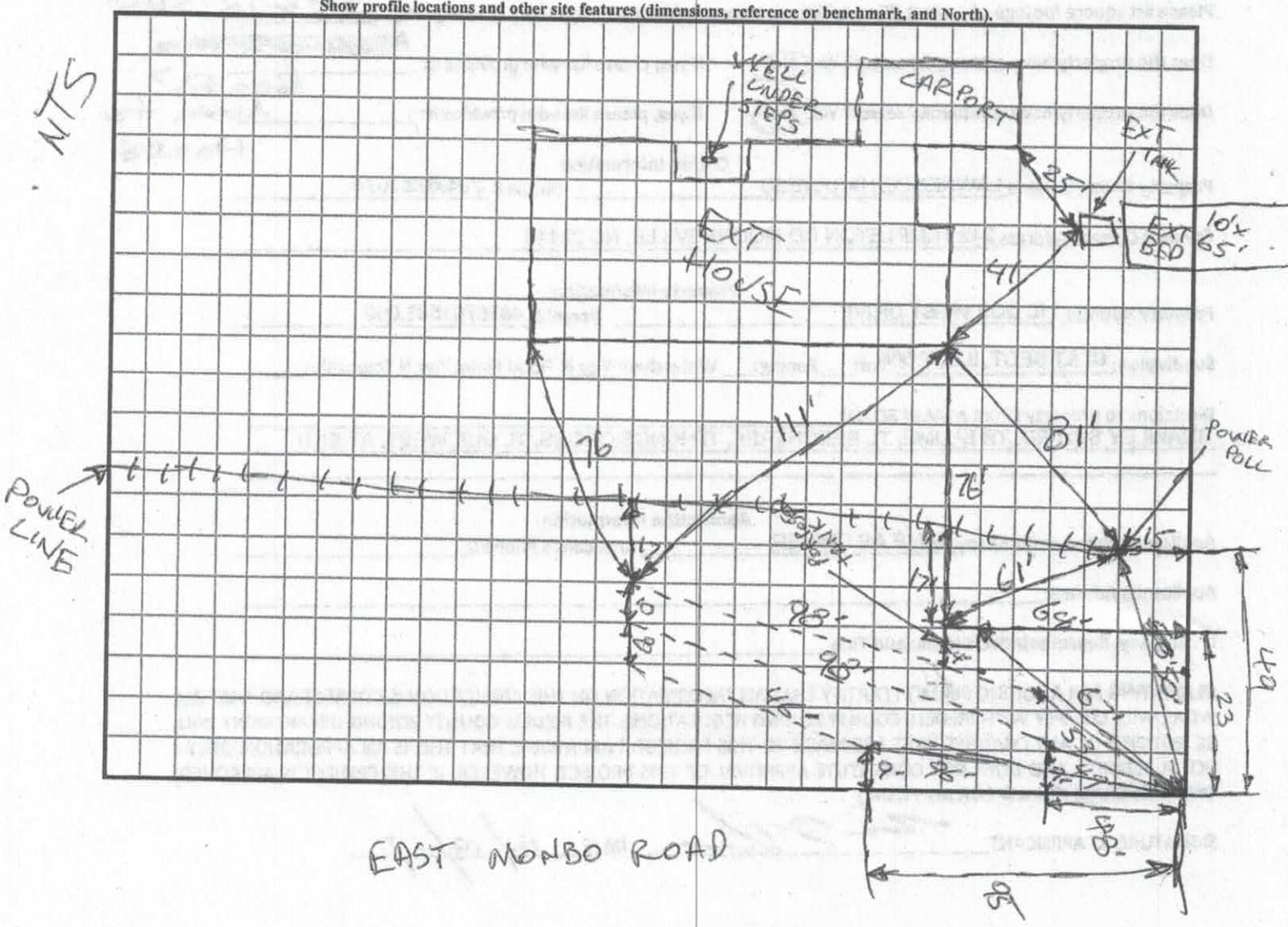
NOTES

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 APR 0 1 2020 AP-306123 $500.00

Bryant

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*

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: Jason Happe Address: 19905 Sandyford Dr. Zip: 28031
Applicant Email: JasonHappe@Gmail.com Phone: 727.946.0654 Alt. Phone: ____
Owner Name: SAA Address: SAA Zip: ____
Owner Email: ____ Phone: ____ Alt. Phone: ____

Property Information:

Street Address: 934 E Monbo Rd. Statesville NC 28677
Subdivision Name: — Section/Phase: ____ Lot Number: ____
Driving Directions: ____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Crosses Property line

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: ____

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

Non-Residential Site Development: Type of Business: N/A
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: unknown
( ) 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?

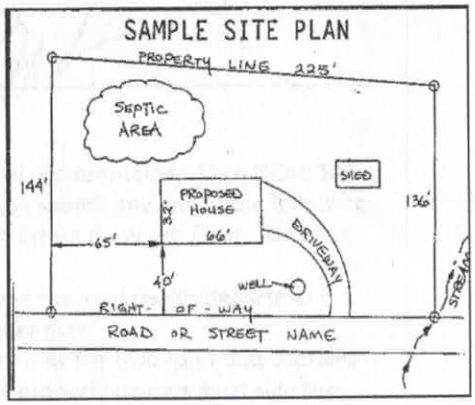
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: ____ 3.31.2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

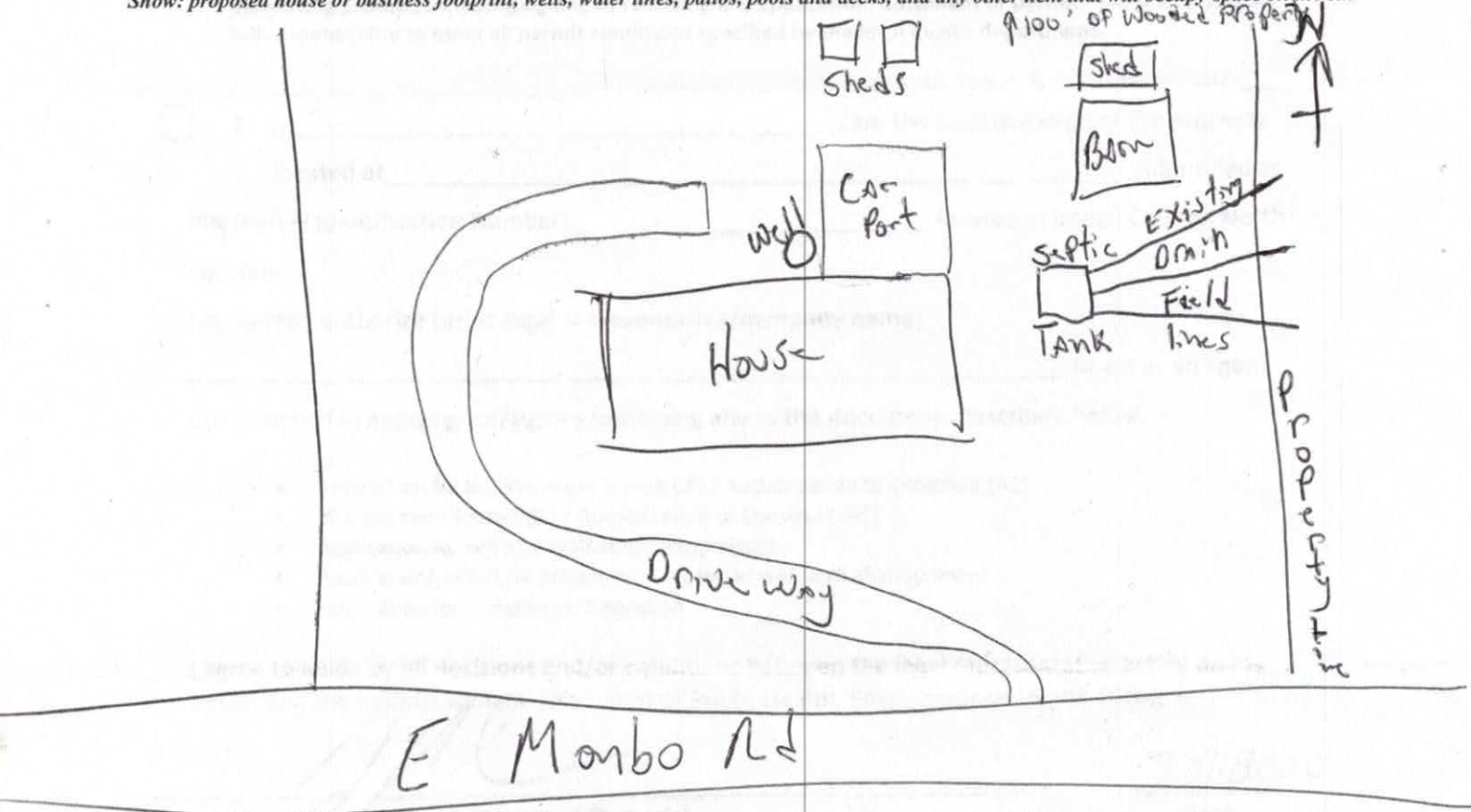
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- (✓) **Preferred septic system location**
- ( ) **North arrow, or other 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: _____ 3.31.2020

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