IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234740

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

PIN # 4721-46-5653

APPLICANT/OWNER: Alton Kirkman APPLICANT ADDRESS: 150 Bigham Lane Statesville, NC

SITE ADDRESS: 150 Bigham Lane Statesville, NC PHONE: 980-253-6308 ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd N from Troutman → L on Troutman Farm Rd → L on Bigham → on Right SAP CONTROLLED: ☐ YES ☒ NO

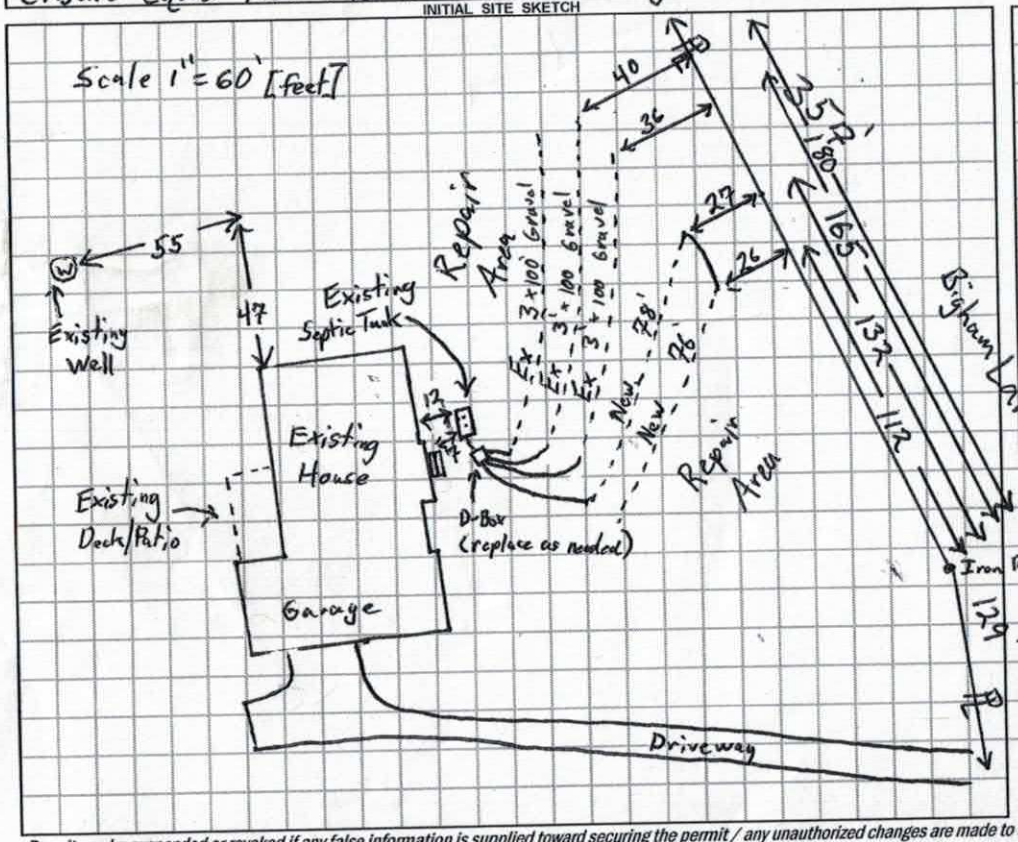
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 6.11 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000-Ex	(gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: Conv. Trenches.		☐ Business	No. Persons	8	☒ Private Ex.
Pump Make	—	Model		—	Serial #	—	Repair System Description: 25% Reduction - PM (Pump)		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2 (New)		Linear Ft	146	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)		46"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

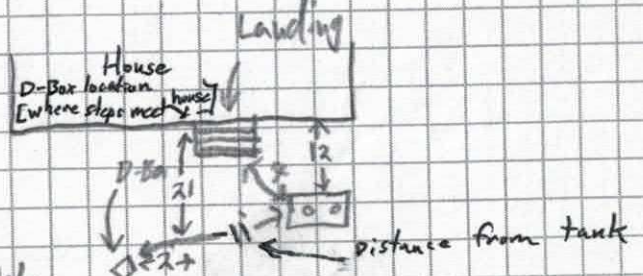
Comments / Conditions: Though 154 l.f. of line has been laid out, only 146 l.f. need be installed. Replace D-Box as needed to ensure equal flow distribution to existing lines and new drainfield expansion as needed. 25% Reduction materials may be used in lieu of gravel, however no reduction may be taken. [Chambers only]. Contractor to verify water-tight integrity of septic tank. Replace if needed. Recommend pumping septic tank every 3-5 years.

5/10/2018

INITIAL SITE SKETCH



AS BUILT SKETCH



IQ4Ws

L1 20 + EC 82 } verified OK
L2 16 + EC 66 } by laser installed approximately
148 where drawn (±2')

47" TB

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: _____ Date: _____ Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/8/2018 OPERATION PERMIT by: Thomas Shuck Date: 5/10/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/8/2018 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 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 ___ of
PROPERTY ID #: 4921-46-5453
COUNTY: Iredell

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

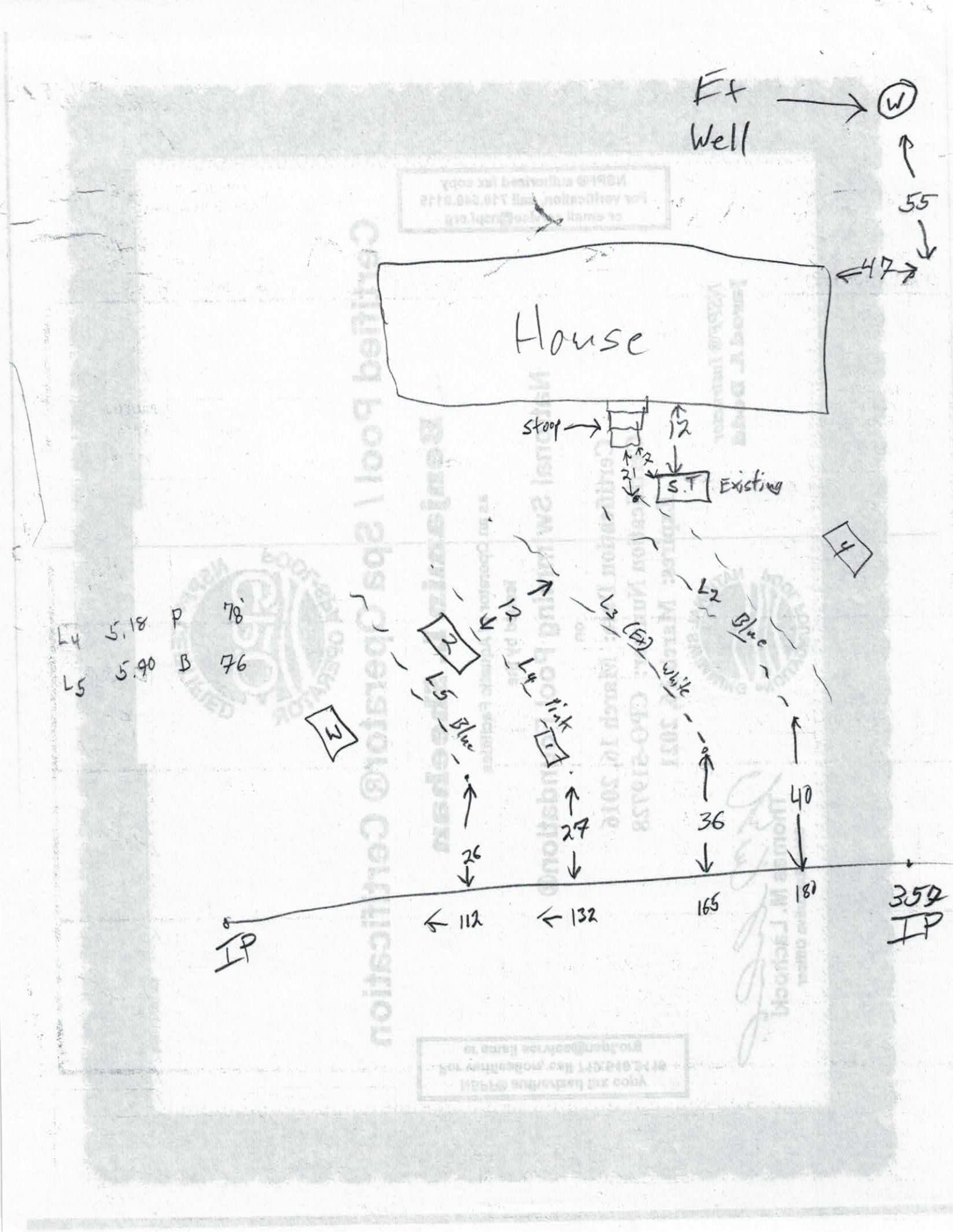
OWNER: Alton Kirkman
APPLICATION DATE 4/10/18
ADDRESS: 150 Bigham Lane Statesville, NC
DATE EVALUATED: 5/7/18
PROPOSED FACILITY: 4BR-SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 6.1 acres
LOCATION OF SITE: 150 Bigham Lane Statesville, NC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ 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	5% LSS	0-25	SCL V.W.SBK	Friable, SS, Sp, Sexp		69 48" TB		Platy 24-38"	0.275 PS
		25-34	Clay Platy	Firm, Sticky, Sp, Sexp					
		37-68	Clay Loam W.SBK	Friable, SS, Sp, Sexp					
		68-75	MA Loamy Saprolite	Friable + moderately Drained					
2	5% LSS	0-19	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		70 48" TB		Platy 25-38"	0.30 PS
		19-40	Clay Platy	Firm, sticky, Sp, Sexp					
		40-70	Clay Loam W.SBK	Friable, SS, Sp, Sexp					
		70-84"	MA Loamy/Sandy Saprolite	Friable, well Drained					
3	LSS Rep	0-22	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		68			0.30
		22-35	Clay Strong ABK/SBK	Firm, Sticky, Sp, Sexp					
		35-68	Clay Loam W.SBK some Saprolite/ Mica	Friable, SS, Sp, Sexp					
4	Shoulder 3% Rep	0-13	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		55			0.325
		13-35	Clay Strong SBK/weak ABK	Sl. Firm, sticky, Sp, Sexp					
		35-55	Clay Loam W.SBK some Saprolite	Friable, SS, Sp, Sexp					
		55-63	MA Loamy Saprolite	Very Friable, well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	154	400+
System Type(s)	Conv.	25% (Pump)
Site LTAR	0.275	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: James Boggs + Owner + Tommy Frye
Sketch on Back

COMMENTS:


Ft
Well
W
55
47
House
Stoop
12
2
21
S.T
Existing
4
L2
Blue
L3 (Ex)
White
12
3
L4 5.18 P 78'
L5 5.90 B 76
L5
Blue
L4
Pink
1
2
3
26
27
36
40
112
132
165
181
IP
350
IP

234740

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Tommy Frye

APPLICATION FOR ONSITE WASTEWATER SYSTEM PERMIT

Application For: ( ) New Well Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construction ( ) 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 48 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS OR WITH 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: Alton Kirkman Address: 150 Bigham Ln. Statesville, N.C Zip: 28677
Applicant Email: _____ Phone: 980-253-6308 Alt. Phone: _____
Owner Name: Alton Kirkman Address: 150 Bigham Ln Statesville, N.C. Zip: 28677
Owner Email: _____ Phone: 980-253-6308 Alt. Phone: _____

Property Information:

Street Address: 150 Bigham Ln, Statesville NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: OFF Old Mountain Rd turn on Troutman Farm Rd then about 1½ miles turn left on Bigham Ln. second house on right (Whit

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
(✓) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: 1904 1902
( ) 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: Alton Kirkman 11-10-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Alton Kirkman, am the legal owner(s) of the property located at 150 Bigham Ln, identified as PIN (Parcel Identification Number) STATESVILLE N.C., 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.

Alton Kirkman — Signature of Owner(s)
4-10-15 — 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

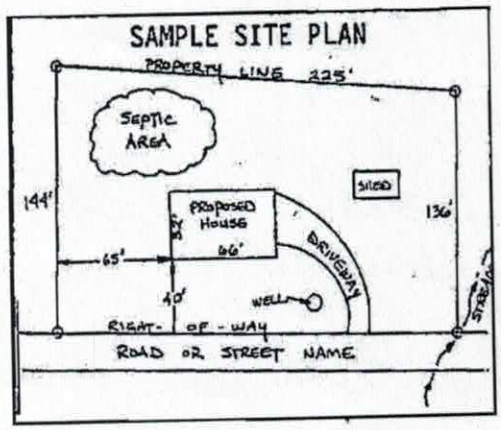
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

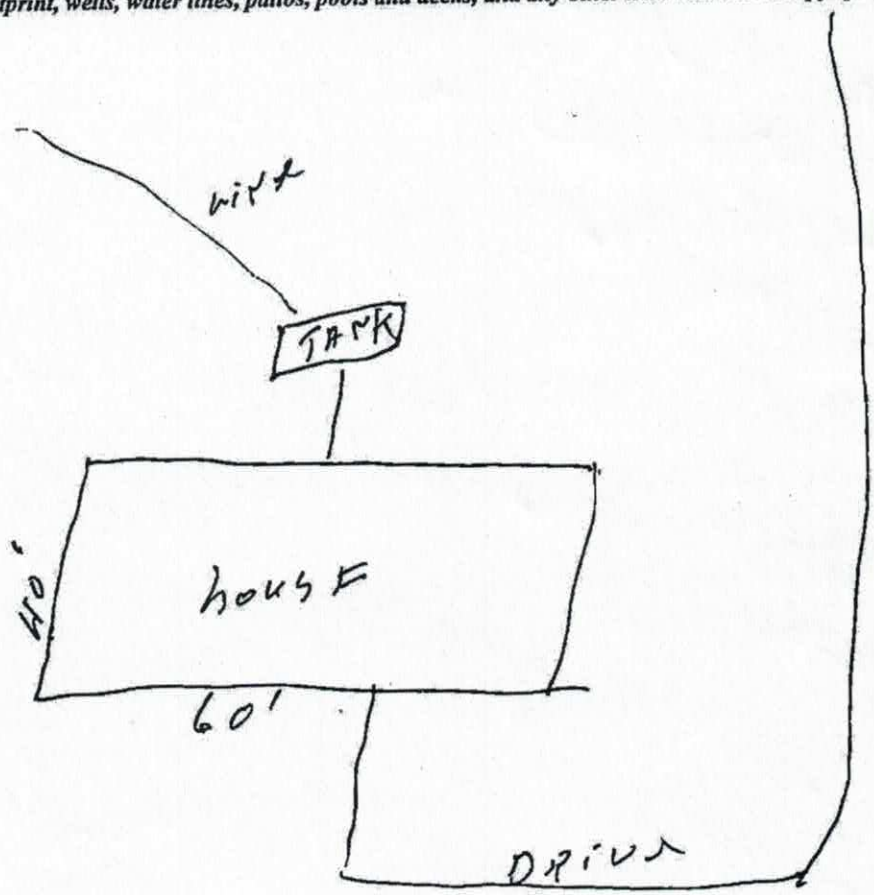


Circle N/A on the following if appropriate:

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: Alton Kubman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-10-18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

(5)

PERMIT# 105294 PIN# 4721-46-5653 DATE 3-25-02

OWNER OR CONTRACTOR ALTON KIRKMAN PHONE: Business Home 704-875-6345

ADDRESS 1815 ASBURY CHAPEL RD. HUNTERSVILLE NC 28078

LOCATION US 21 S, TR OLD MTN. ROAD, TL TROUTMAN FARM RD, 1.6 MILES TL IN CURVE BIGHAM, LN

SUBDIVISION 1500 BLOCK / SECTION LOT LOT AREA 6.1172 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT 28

Septic Tank: 1080 Gallons: STB 338 Date 07/05/02
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

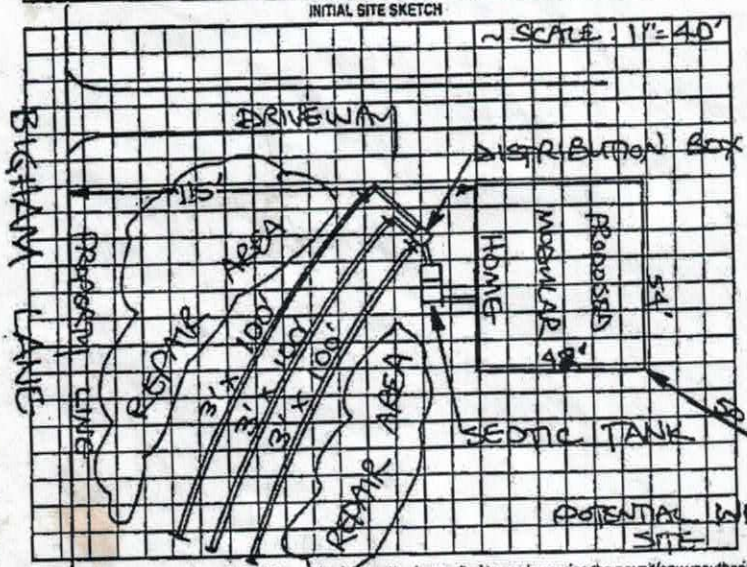
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: ① SEPTIC TANK INSTALED USING 2ABEL FILTER + SEPTIC TANK MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

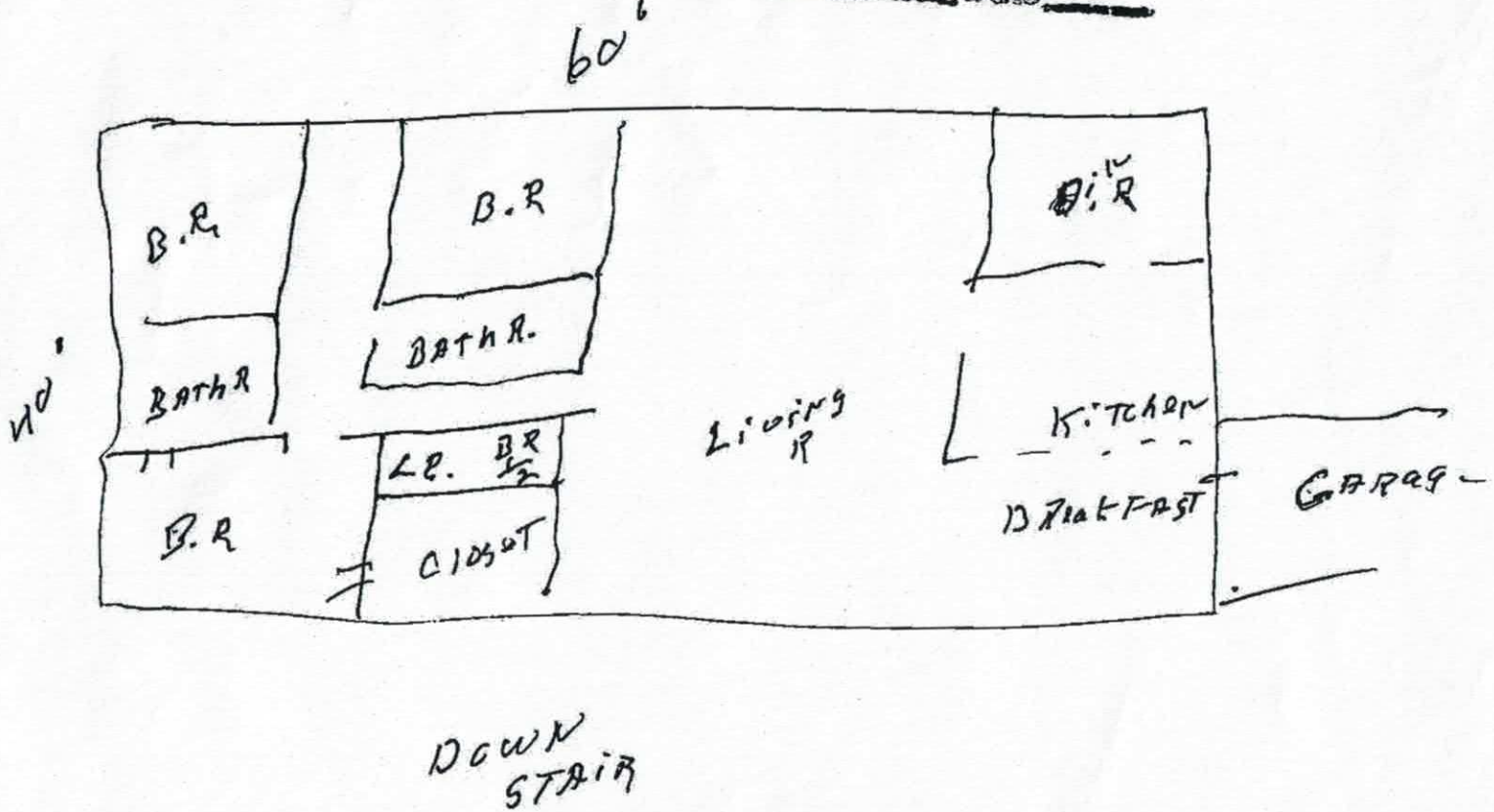
Signed: [signature] date 3-25-02 Installed by: Sharp's Custom Grading [signature] Charlie Sharp

Improvement Permit by: STEVE HEDRICK date 3-25-02 Operation Permit by: [signature] date 08/07/02

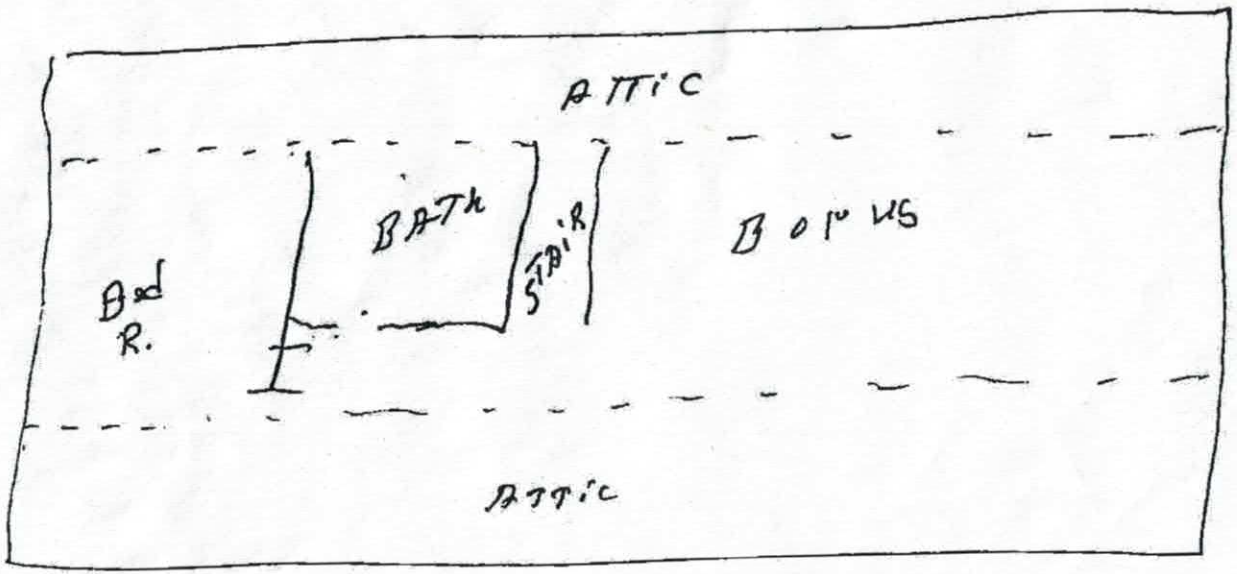
Authorization to Construct by: STEVE HEDRICK date 3-25-02 Existing System Inspection by: date

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

Acknowledgement Of
Plans Submittal ONLY!
Alton Kitchen Date 11-10-15
_____ Date ____



Knowledgement Of
Plans Submittal ONLY!
Alton Kubota Date 4-10-18
_____ Date _____



UP STAIR