IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180882

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

PIN # 4721 93 1650 3622

APPLICANT: Gene Chapman APPLICANT ADDRESS:

SITE ADDRESS: 567 East Monbo Road, Statesville 28677 PHONE: 7049293398 ALT. PHONE:

SITE DIRECTIONS: Old Mtn Road Turn on East Monbo Road on left just before junction w/ Talley Road

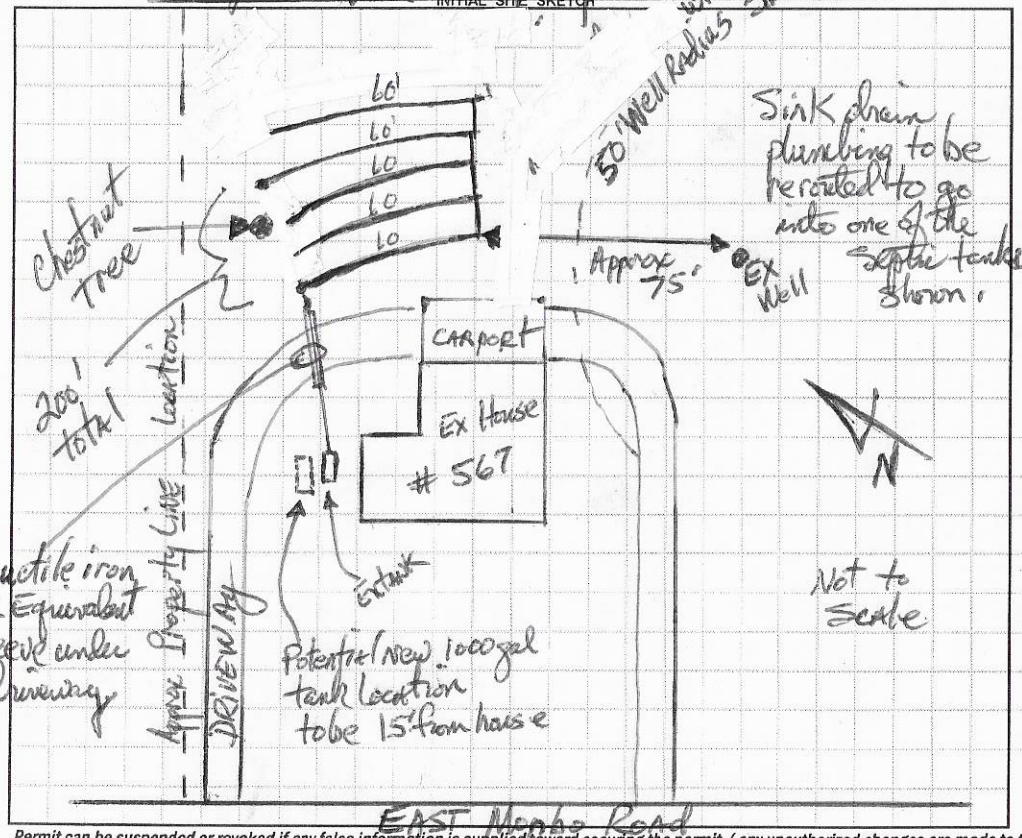
SUBDIVISION: SECTION: LOT # LOT AREA: ~3/4 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	X SEE Comments (gal)	STB 1012-1000	Date 8-6-13	☐ 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:				☐ Business	No. Persons	☒ Private	
Pump Make	Model		Serial #	Repair System Description:	Gravity 25% Reduction			☐ Other	No. Employees	☐ Public	
# Nitrification Fields 2	# Lines 6		Linear Ft: 200+100	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community	
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth NA		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Existing tank on left side of house can be used if in good condition; otherwise replace it w/ a 1000 gallon tank and be 15' off house. Set a 750 gallon minimum tank for washer & sink drain system. REAR Property Line with 5' Swale

11-13-13 OK to set one new tank on left side of house and redirect plumbing (washer & sink drain) to go into main tank. Install 300' of 25% reduction. RH

INITIAL SITE SKETCH



AS BUILT SKETCH

- Quick 4 Chambers installed
- Red Polylok filter installed
- S.T. marker installed 3" PVC
- Installed as drawn

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: Gene Chapman Date: Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Justin Henderson Date: 11-13-13

AUTHORIZATION TO CONSTRUCT by: D. Henson, REHS Date: 9-23-13 Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ____ *of* ____
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gene Chapman
ADDRESS: 567 E Monticello Rd, Statesville
PROPOSED FACILITY: Repair-SFR
LOCATION OF SITE: See above address
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE
DATE EVALUATED: 9-20-13
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE:
PROPERTY RECORDED:
TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	6-8%	0-7	SBK CL	FRSSSP SEXP	NONE OBS	48"	NA	NONE OBS	0.3
		7-22	SBK C	FRSSSP SEXP					
		22-48	SBK CL	FRSSSP SEXP					
2	8-10%	0-48	SBK CL + SAP	FRSSSP SEXP	NONE OBS	48"*	SOIL SAP MU TSD 20	NONE OBS	0.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		GRW 25% Red
Site LTAR		.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Gene Chapman
OTHER(S) PRESENT:

COMMENTS: Separate tank and drainfield to be installed for washer + sink drain unless plumbing can be changed to go to main lead.

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

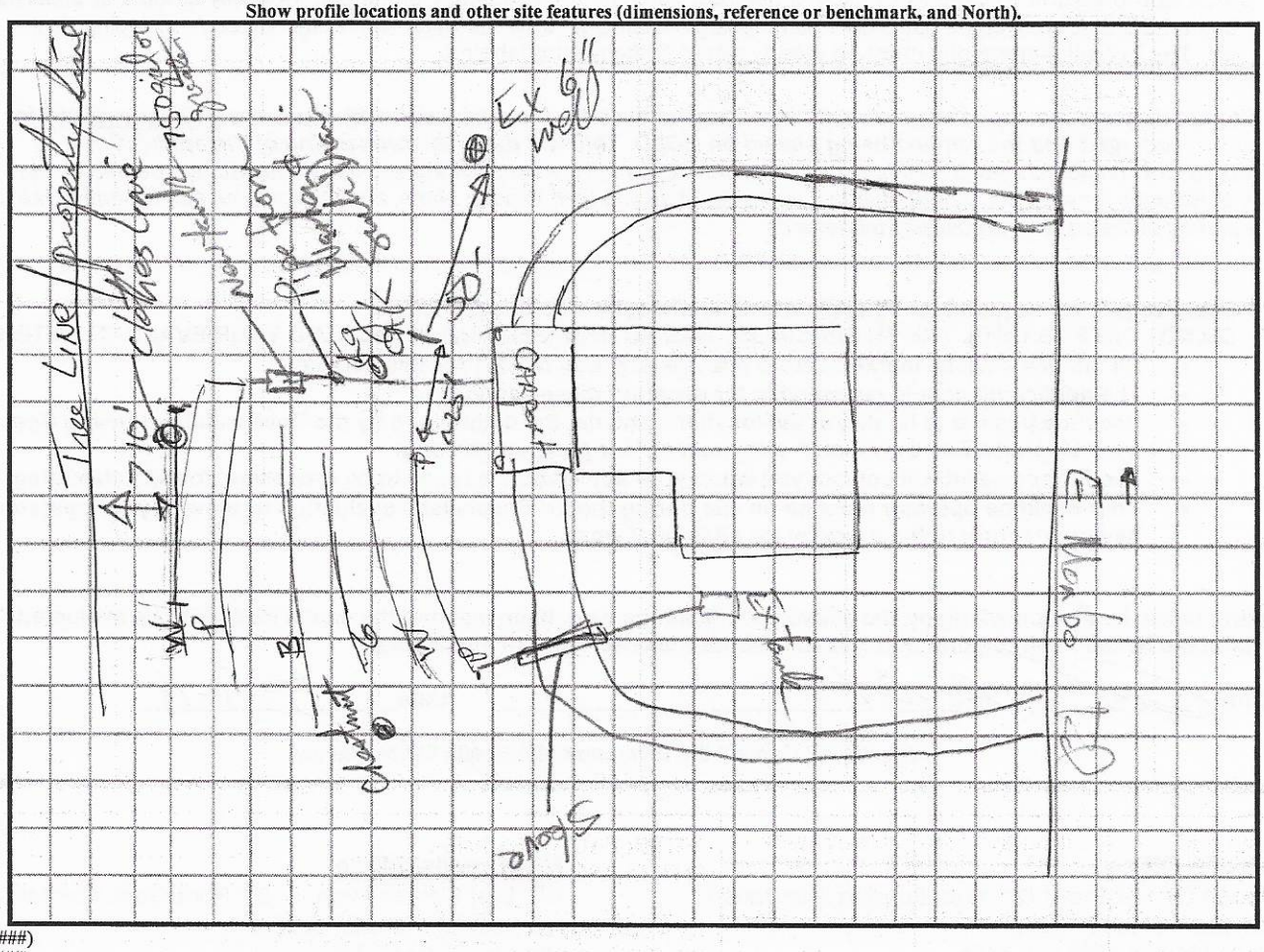
NOTES

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).



DENR (######)
Review (#####)

* 2:30 pm 9-20-13

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Surface Sewage

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (L) 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:

Applicant Name: Gene Chapman Address: 567 E. Mocksville Rd., Statesville 704 Phone: 929-3398

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 567 E. Mocksville Rd Statesville, NC. 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 21 S; R. Old Mtz Rd; (L) E Mocksville, site on left just B/4 Talley Rd

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

3 w/ upstairs room

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1950

( ) 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: Gene Chapman 9/6/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Lenty has evaluator.

$ PAID D.Card #135.00 9-6-13 Ca

IREDELL COUNTY HEALTH DEPARTMENT

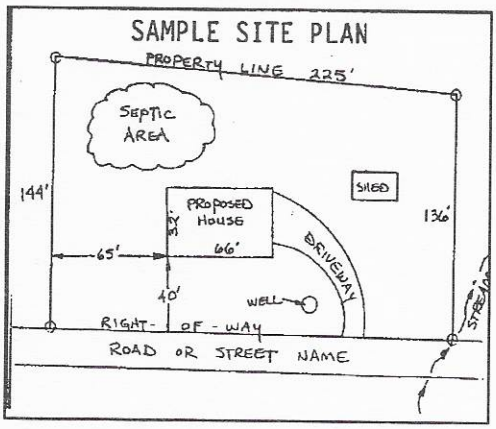
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

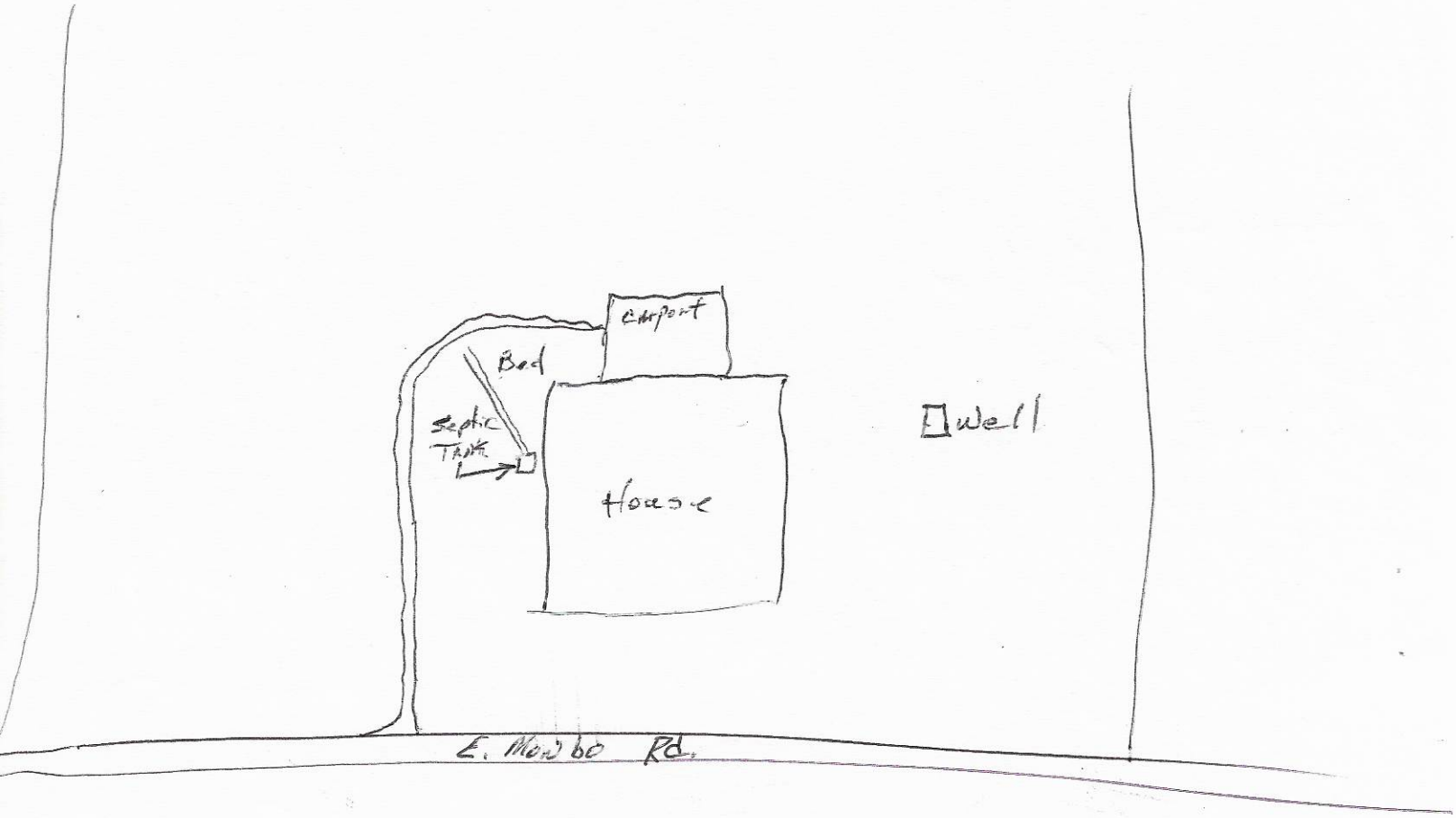


Circle N/A on the following if appropriate:

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

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: Dana Chapman

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

9.6.13

DATE

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 180882ZO

Printed: 9/6/2013

Master #: 180882

Associated Permits:
180882ZO Zoning

Applicant

Name: Carl G & CAROL H CHAPMAN
Address: 567 E MONBO ROAD
STATESVILLE, NC 28677

Phone: 8489-33159

Parcel

Parcel Number: 4721931650.000
Address: 567 MONBO RD E.
STATESVILLE, NC 28677
Subdivision:

Zoning: R20 CUD
Township: 1500
Area:
Lot(s):

Directions to Parcel: 21S; R OLD MTN RD; L E MONBO RD; SITE WILL BE LAST HOUSE ON LEFT BEFORE TALLEY RD

Owners

Name: Carl G & CAROL H CHAPMAN
Address: 567 E MONBO ROAD
STATESVILLE, NC 28677

Contractors

Contractor Type: Special
Name: Owner
Address:

Fees and Receipts:

Number	Description	Amount
FEE-296044-07	Environmental Health - Existing System - Repair Evaluation	$60.00
FEE-296045-07	Environmental Health - Existing System - Permit	75.00
	Total Fees:	$135.00

$ PAID D card 9-6-13 (ad)

(ad)

REC-150435-07

Total Receipts: $135.00 cd

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:

Watershed:

Flood Zone:

Set Backs:

Minimum Lot Size:

Minimum Lot Width:

Min # Parking Spaces:

Land Use Permitted:

Community Sewer:

Site Plan Reviewed:

Staff:

Zoning Permit: No

Septic Typet:

Proposed Use:

Property Recorded:

Community Water:

Provider:

Provider:

Date:

# of Stories: 0

# of Bedrooms: 0

# of Units in Building 0

Site Plan Conditions:

Zoning Permit Comments: