ICHD - ENVIRONMENTAL HEALTH DIVISION

(BB) 3-4 9:30

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 2386336 - 27 - 0138

PIN # 4722

APPLICANT/OWNER: Darin Russell

APPLICANT ADDRESS: 1693 Buffalo Shoals Rd

SITE ADDRESS: 1693 Buffalo Shoals Rd, Statesville 28677

PHONE: 704-231-2695 ALT. PHONE —

SITE DIRECTIONS: ad Mountain Rd to Buffalo Shoals → on L before Poppy Ln

SUBDIVISION: AF Troutman Estate

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: — LOT # 50, 51 & 108 LOT AREA: 3.1658 ac

DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB ext	Date ext	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1500 (gal)	PT	Date	System Description:	25% reduction
Pump Make	installed	Model	Serial #	Repair System Description:	drip
# Nitrification Fields	1	# Lines	4	Linear Ft: 480'	
Trench Width	36"	Trench Bottom Depth(Low side)	* 18" *	Maintenance Agreement Required: ☐ YES ☒ NO	Gravel Depth —
				☒ GRAVITY ☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

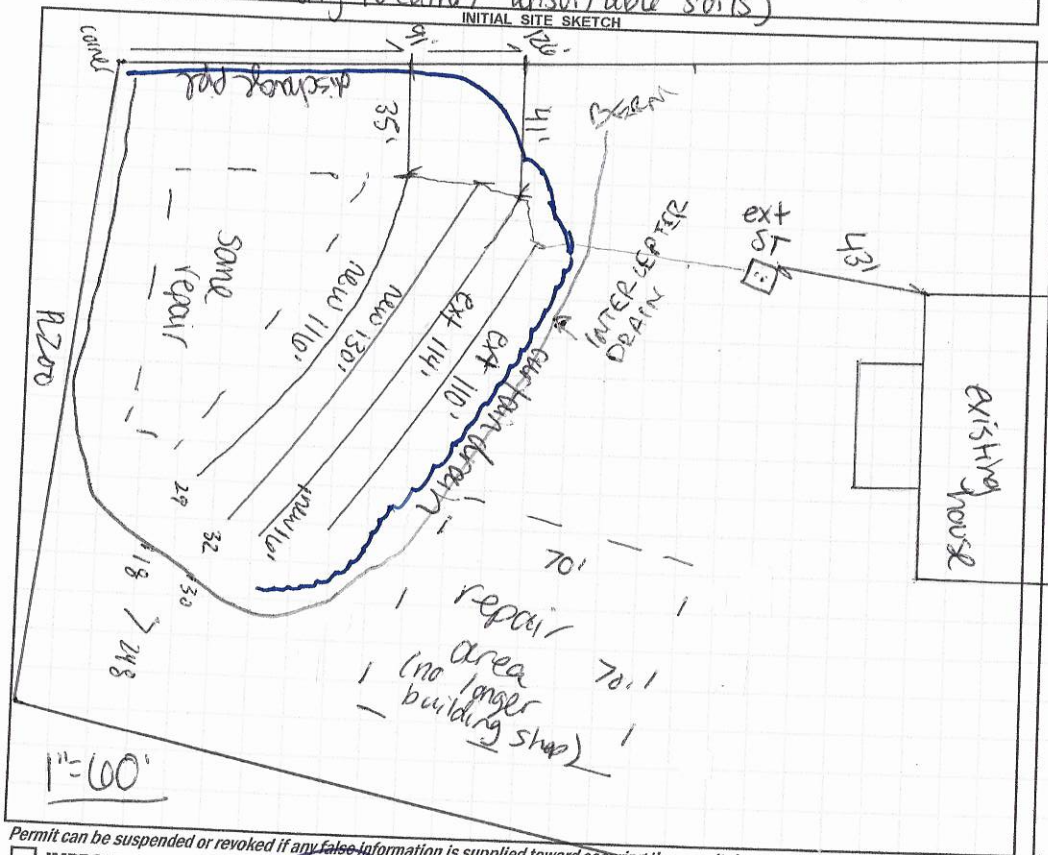
☐ Basement w/o plumbing

Comments / Conditions: Purpose of this permit is to have lines installed in previously permitted suitable area (top lines installed in wrong location - unsuitable soils)

Curtain/interceptor drain required → 38" depth

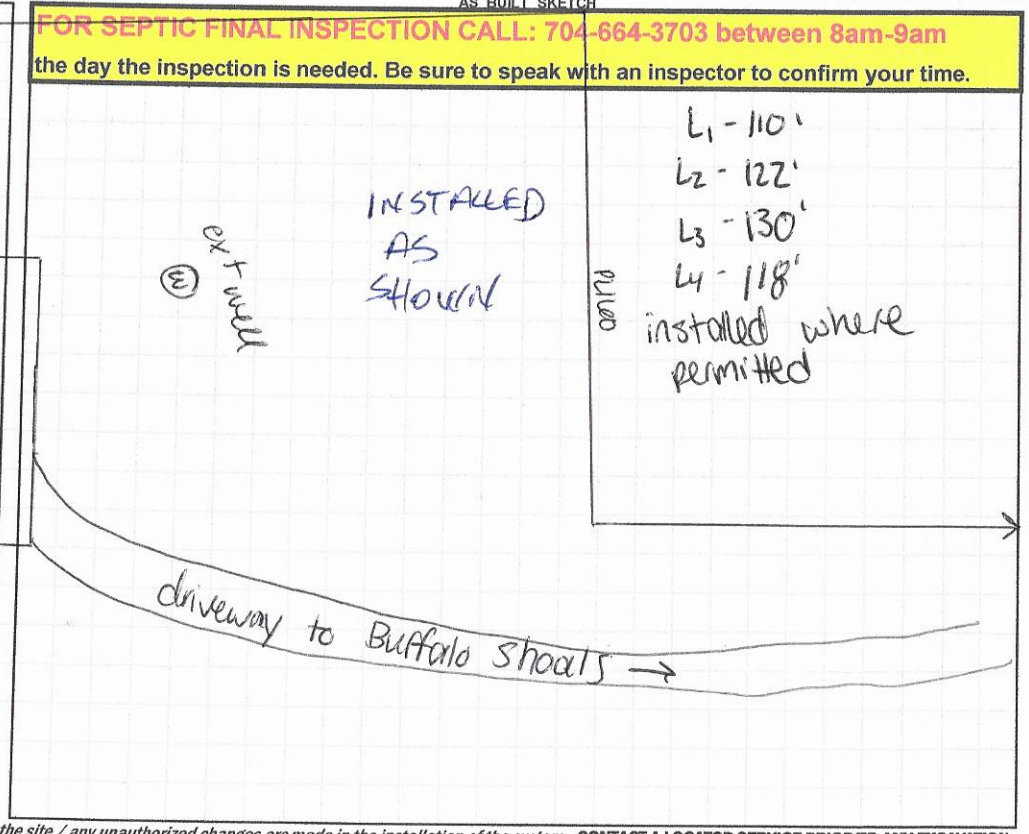
CHECKED 12-7-2020

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL 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.



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: [signature] Date: 8/13/20

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 8-12-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 8-12-20

Installed by: Cruse Septic + Grading

OPERATION PERMIT by: Barbara Cumbie Date: 10-8-2020

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 #:
COUNTY: Iredell

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

OWNER: Darin Russell
ADDRESS: 180 Mills Forest Ln
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 1493 Buffalo Shoals
APPLICATION DATE 9/14/18
DATE EVALUATED: 9/20/18
PROPERTY SIZE:
PROPERTY RECORDED:
PROPOSED DESIGN FLOW (.1949): 480gpd
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-10	SBK/GR SCL	Fr ss sp sl sticky	10YR 6/1 @ 42" (38" other sided)	63"	N/A	N/A	PS .25
		10-42	SBK/ABK C	" "					
		42-63	SBK/ABK CL	" "					
2	SS 5%	0-12	SBK SCL	Fr ss sp sl sticky	10YR 6/2 @ 38"	60"	N/A	N/A	PS .225
		12-38	ABK C	" "					
		38-60	ABK CL	" "					
3	SS 5%	0-11	SBK SCL	Fr ss sp sl sticky	10 YR 6/2 @ 42"	58"	N/A	N/A	PS .25
		11-37	ABK C	" "					
		37-58	ABK CL	" "					
4	SS 5%	0-7	SBK/GR SCL	Fr ss sp sl sticky	N/A	54"	N/A	N/A	PS .275
		7-31	ABK C	" "					
		31-54	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	4800 sqft
System Type(s)	25%	drip
Site LTAR	.25	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: B Botkins

COMMENTS: 2.5YR 6/2 @ 28"+ closest to pedal 20" TB

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 #:
DATE OF EVALUATION: 9/20/18
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	SS 5%	0-10	GR/SBK SCL	FI SS SP SLXP	2.5YR 6/2 @ 28"	51"	N/A	N/A	PS .25
		10-31	ABK C	" "					
		31-51	ABK CL	" "					
6	SS 5%	0-12	GR/SBK SCL	FI SS SP SLXP	MA	54"	N/A	N/A	PS .275
		12-33	SBK/ABK C	" "					
		33-54	SBK CL	" "					

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)	0.4 - 0.1	0.2 - 0.05	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

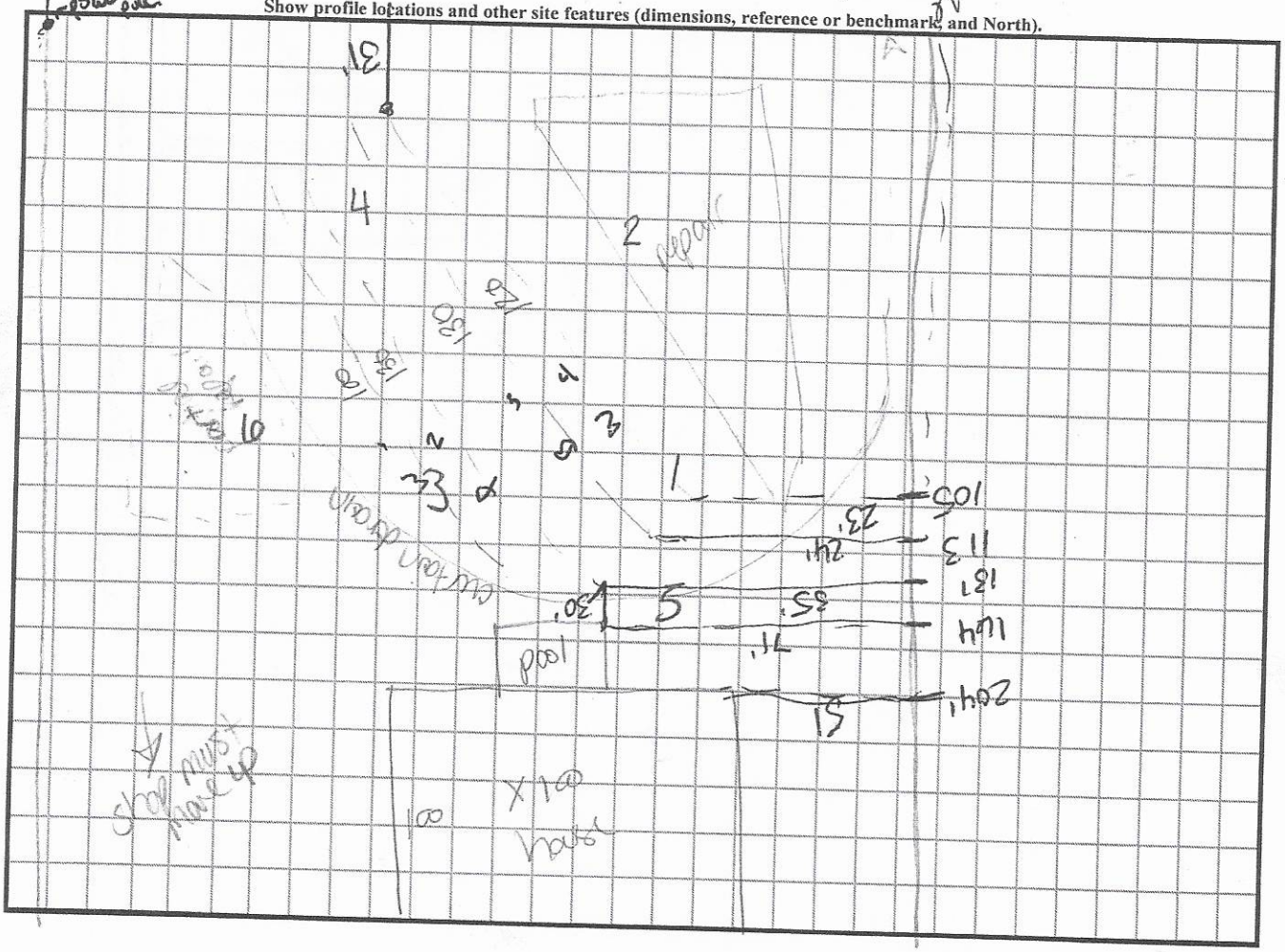
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



CN

RECEIVED JUL 3 0 2020

Please CALL prior to inspection

Name: Darin

Number: 704-231-2645

FILLED OUT COMPLETELY & BE LEGIBLE
WILL NOT BE PROCESSED

Paid $320.00

238636

epartment – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Darin Russell Address: 1693 Buffalo Shoals Rd Zip: 28677

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Darin Russell Address: 1693 Buffalo Shoals Rd Zip: 28677

Owner Email: drussell2255@gmail.com Phone: 704-231-2645 Alt. Phone: _____

Property Information:

Street Address: 1693 Buffalo Shoals Rd Statesville NC 28117

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

Driving Directions: _____

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

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

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

CHECK FOUNDATION TYPE

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

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: _____

(X) 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: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

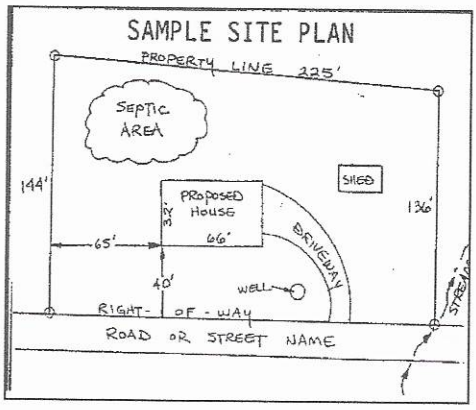
Signature: _____ 7-3-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See attached septic permit

Signature: _____

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

7/3/20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2386836

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

PIN # 4722-27-0138

APPLICANT/OWNER: Darin Russell APPLICANT ADDRESS: 180 Mills Forest Ln Mooresville

SITE ADDRESS: 11693 Buffalo Shoals Rd, Statesville PHONE: 704-231-2645 ALT. PHONE —

SITE DIRECTIONS: Old mountain Rd to Buffalo Shoals → on left before Poppy Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: A.F. Troutman Estate SECTION: — LOT # 108 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	drip			
# Nitrification Fields	1		# Lines	4	Linear Ft	420'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)★		12"	★ Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

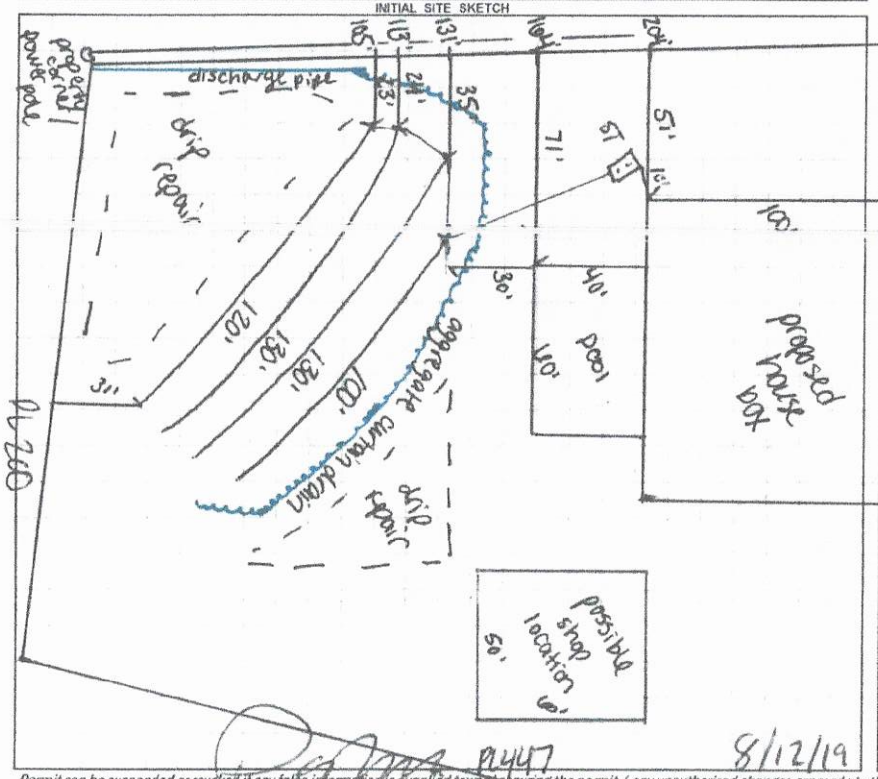
☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: install on contour & utilize serial distribution. Do not exceed max trench depth of 20" (high side).

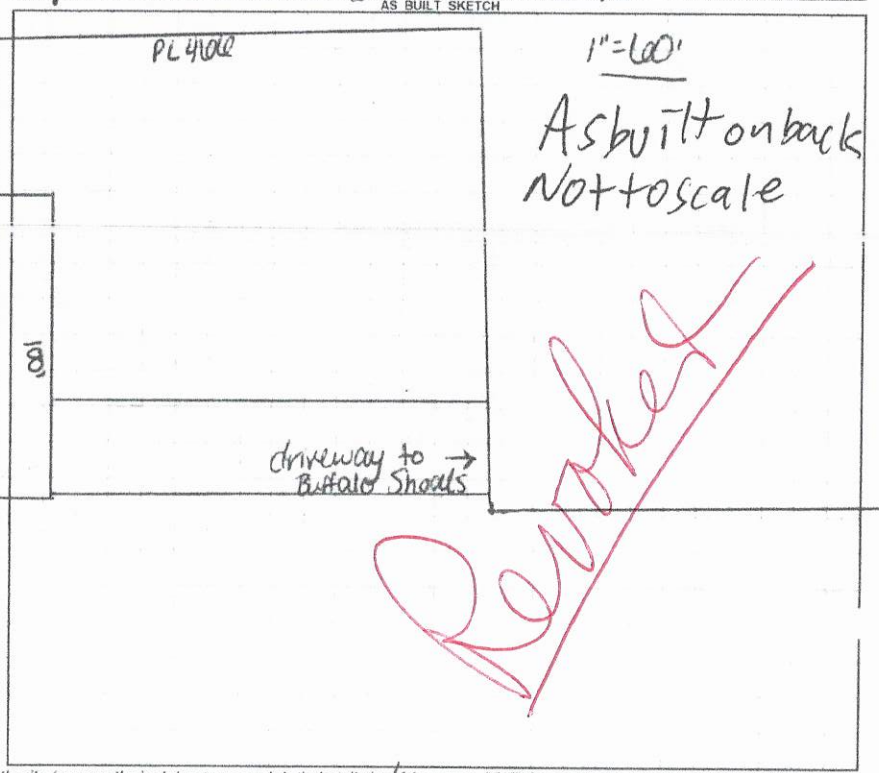
Curtain / interceptor drain required → 38" depth

Properties must be combined for new PIN for AC

INITIAL SITE SKETCH



AS BUILT SKETCH



8/12/19

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: 9/26/18 Installed by: Cruse septic and grading

IMPROVEMENT PERMIT by: Carla C. Cave Date: 9/25/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 8-9-2019 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 in... to confirm your inspection time.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, Darin Russell, am the legal owner(s) of the property located at _____, 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.

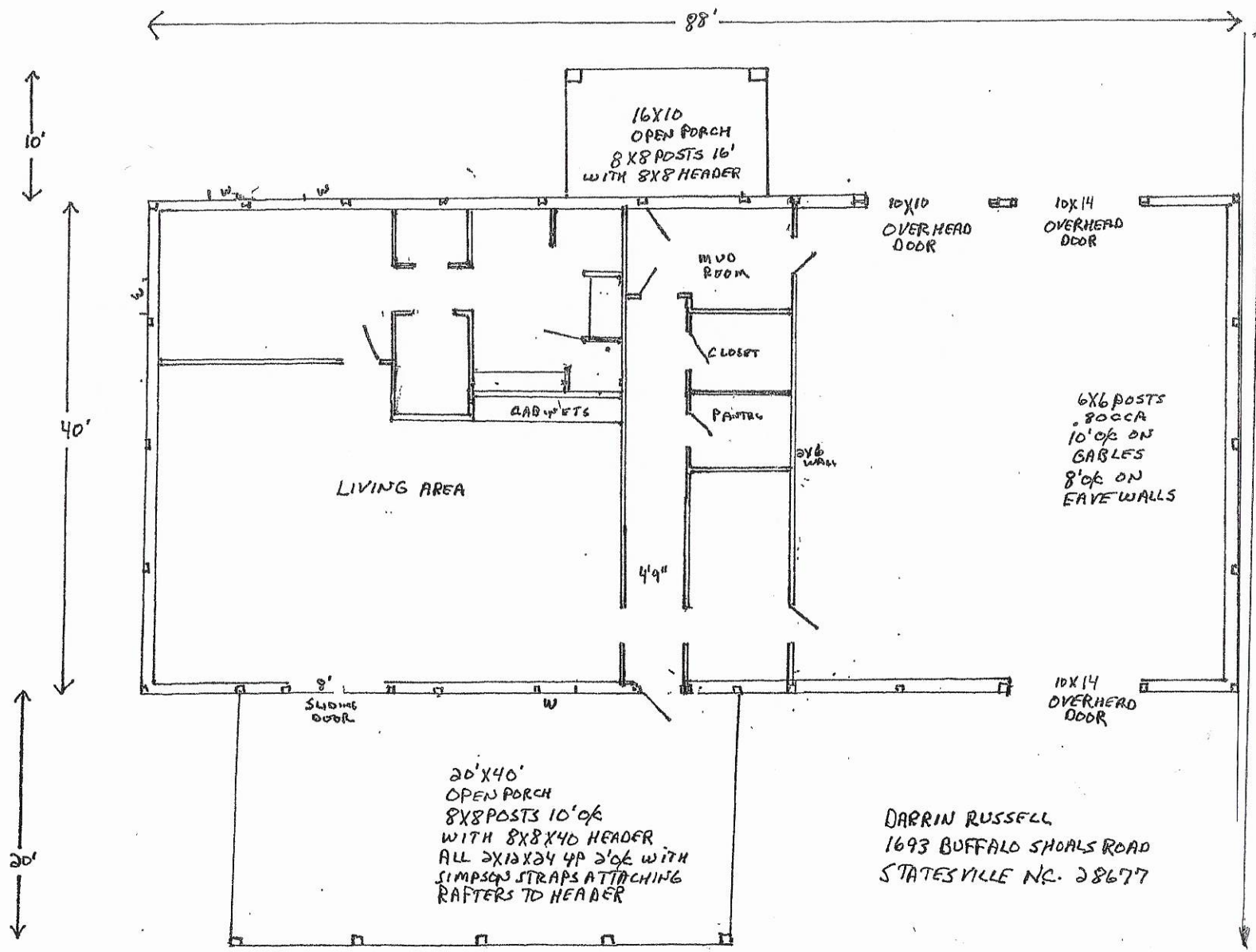
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



GERALD V. GRANT & ASSOCIATES
2351 SIMONTON ROAD
STATESVILLE, NC 28625
PHONE: 704-872-3136
EMAIL: gerald@gvgrant.com

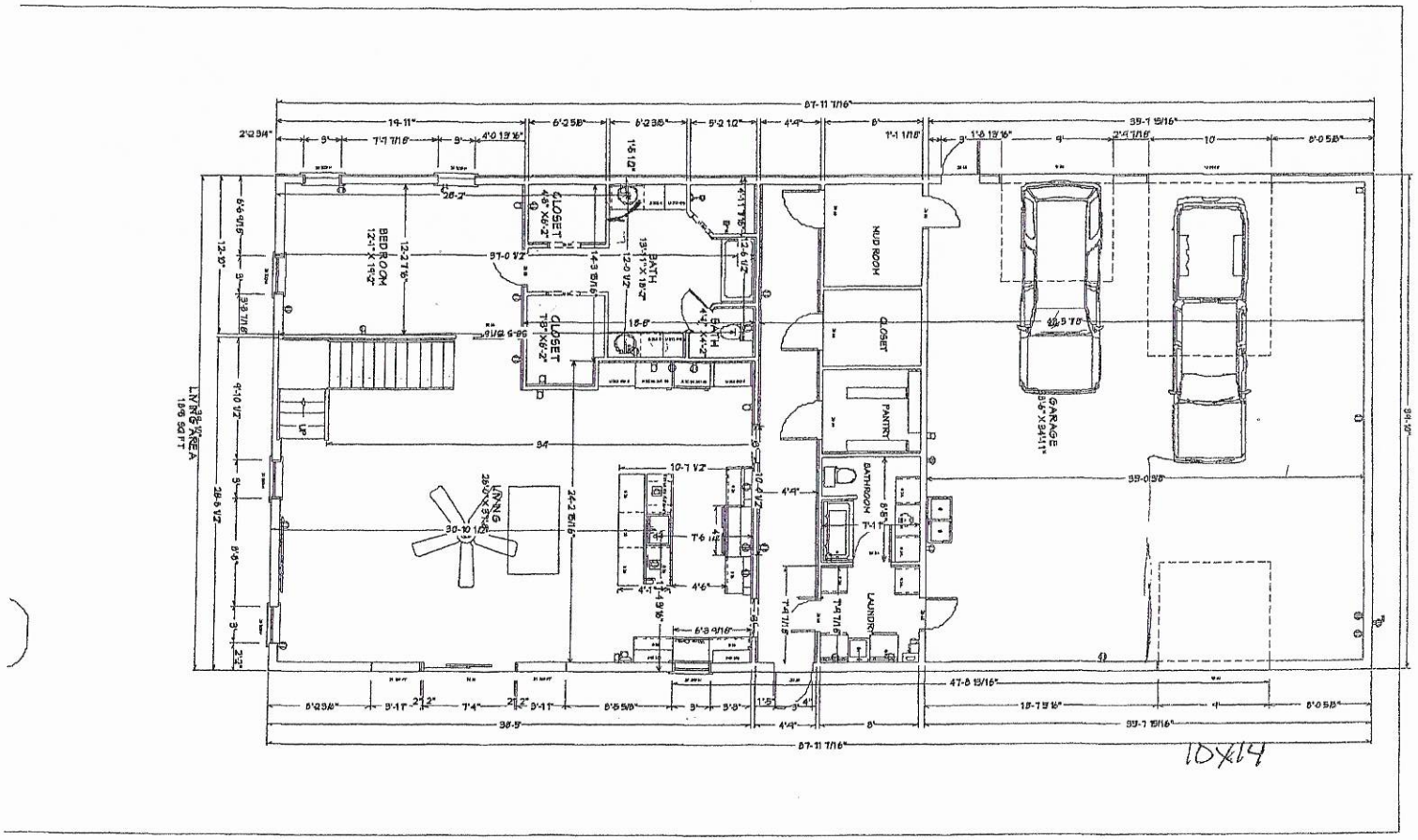
NORTH CAROLINA PROFESSIONAL SEAL 6726 ENGINEER GERALD VINCENT GRANT

5-31-2019

DARRIN RUSSELL
1693 BUFFALO SHOALS ROAD
STATESVILLE NC. 28677

Acknowledgement Of
Plans Submittal ONLY!
Darrin Date 8/12/19
Buford Culler Date 8-9-20

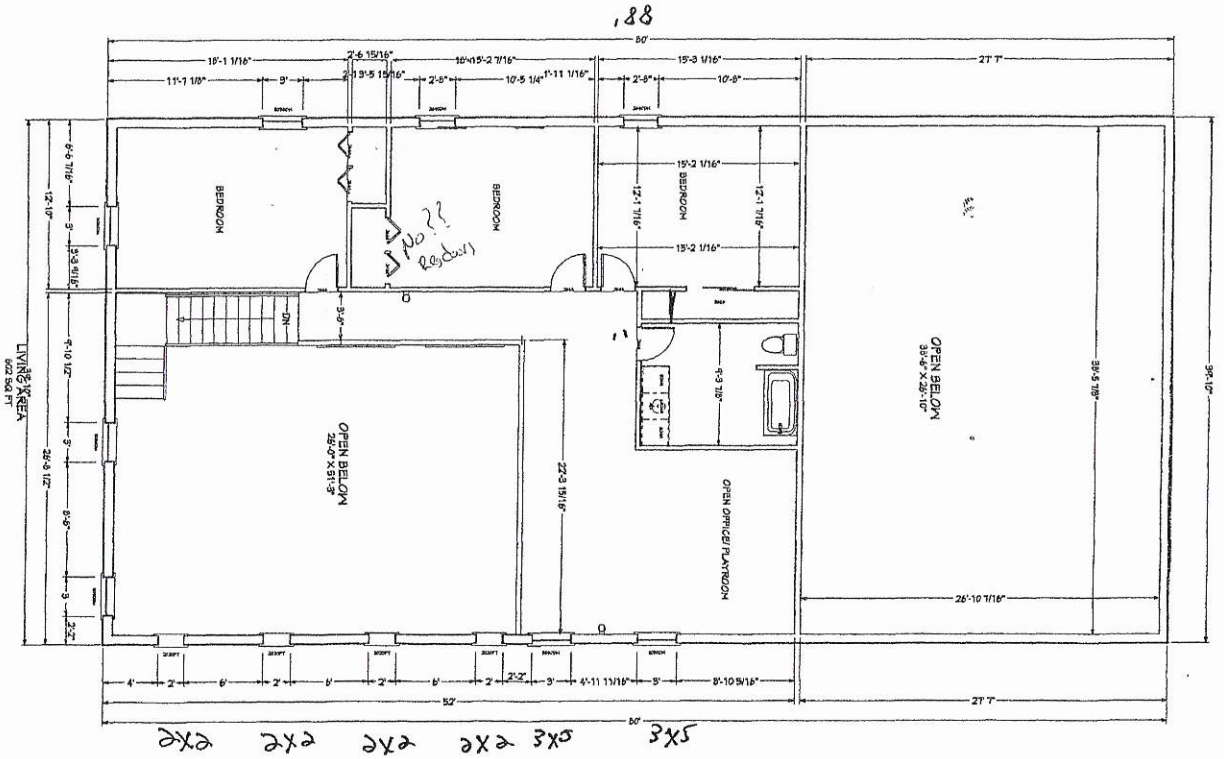
Acknowledgement Of
Plans Submittal ONLY!
Date 8/12/19
Date 8-9-2019



576
800

Acknowledgement Of
Plans Submittal ONLY!
Date 8/12/19
Date 8-9-2019

188



21'

IREDELL COUNTY

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

APPLICATION NUMBER
238636
Issue Date: 09/06/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722270190.000	1693 BUFFALO SHOALS ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: SIPES JOHN L JR+JULIA	Applicant: RUSSELL DARIN H
Address: 176	Address: 106 MANDARIN DR
IREDELL CO, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.740	35.00	35.00	15.00	15.00	PACL	X

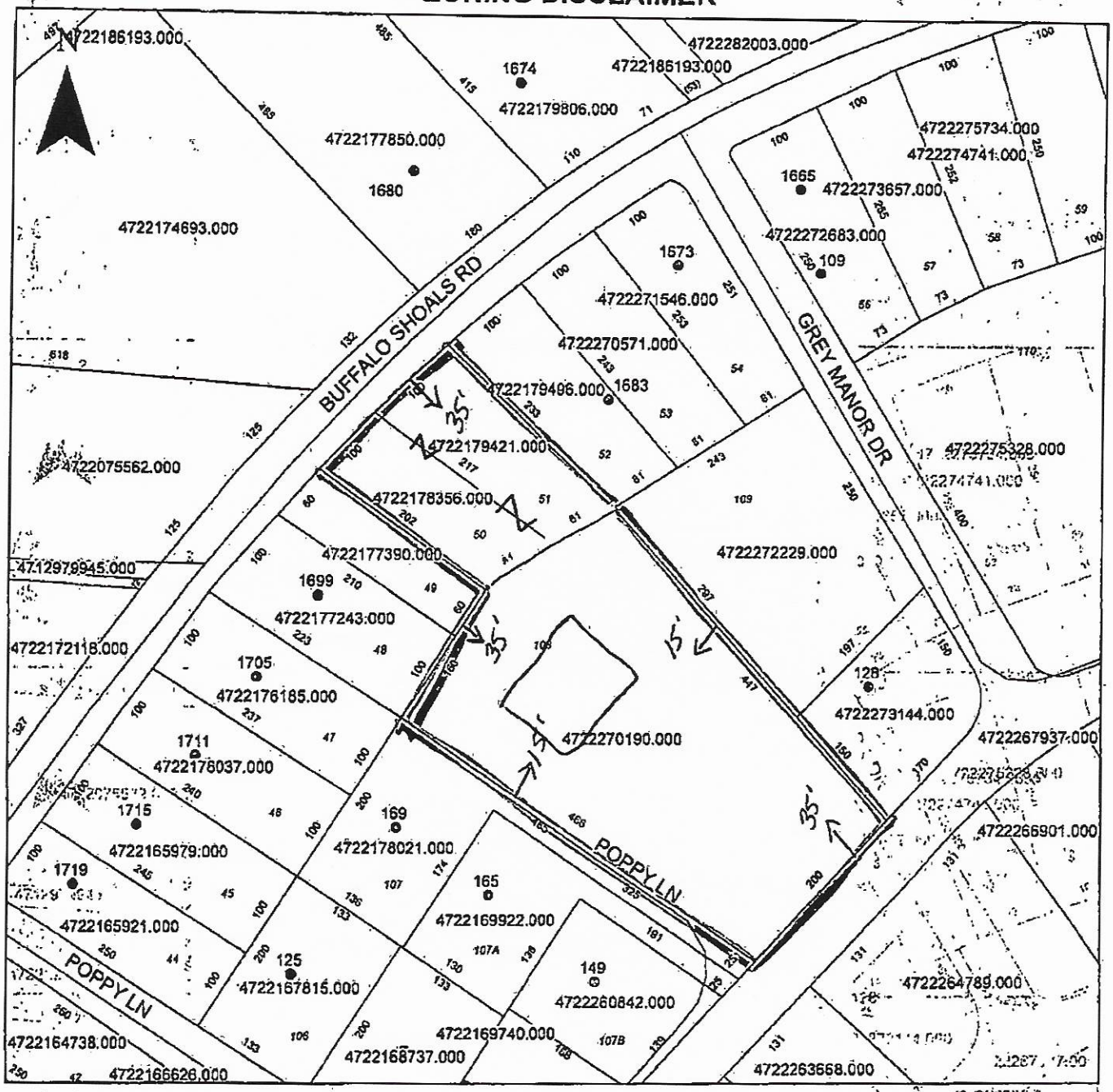
Remarks:

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: _____ Date: _____

Permit Number	151564	TOTAL FEES	$ 77.25

ZONING DISCLAIMER



Property Address 1693 Buffalo Shoals

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

9/6/18
Date