IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229349

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

PIN # 4722460774

APPLICANT/OWNER: Benjamin Johnson APPLICANT ADDRESS: 2174 Wexford Way Statesville NC

SITE ADDRESS: ✓797 Old Mountain Rd Statesville NC 28677 PHONE: 704-883-6647 ALT. PHONE 980-434-3803

SITE DIRECTIONS: 21S T/R Old Mountain Rd Lot on left after passing Compton

SUBDIVISION: ✓ A F Troutman Estate SECTION: /LOT # 86-87 LOT AREA: .9 ac SAP CONTROLLED: ☐ YES ☒ NO

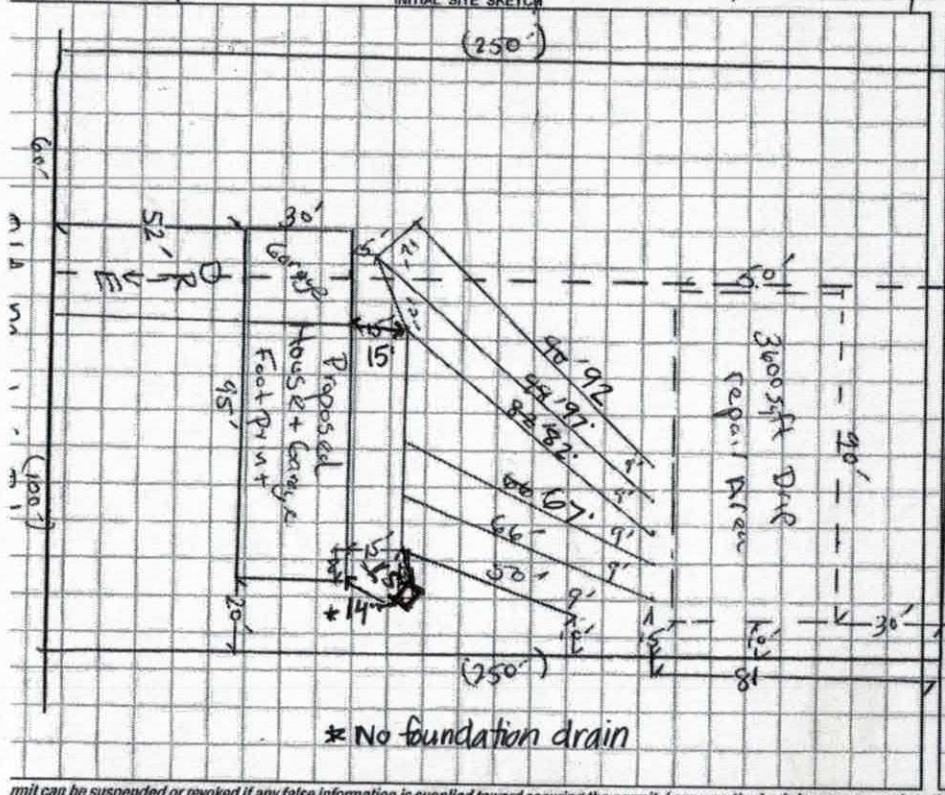
DESIGN FLOW: 360 L.T.A.R.: 0.2

Septic Tank	1000 (gal)	STB	760	Date	3-17-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:			25% reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:			Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	450'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)		12"	Gravel Depth N/A			☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. Bring in 8" of Group III soil to cover system and extend 10' away.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

Installed as shown

mit 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.

mer / Applicant Signature: Date: 11.21.17 Installed by: Abee Grading

PROVEMENT PERMIT by: Date: 11/20/17 OPERATION PERMIT by: Date: 5-15-18

THORIZATION TO CONSTRUCT by: Date: 4/18/18 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 inspector to confirm

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

Sheet 1 of 1
PROPERTY ID #: Combine
COUNTY: Iredell

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

OWNER: Ben Johnson
ADDRESS: 797 old Mtn Rd
PROPOSED FACILITY: SFD
LOCATION OF SITE: old mtn before Compton Farm
APPLICATION DATE: 8/11/17
DATE EVALUATED: 11/17/17
PROPERTY SIZE: .96c
PROPERTY RECORDED: NO
PROPOSED DESIGN FLOW (.1949): 360
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
1	LSS 5%	0-16	BSCL SHK	fr SSSP	2.5y @ 34"	PS	W/A	38"	PS .2
		16-38	RBC ABK	fi SSSP					
		38-52	BC WABK	fi/fr SSSP					
2	LSS 6%	0-12	Gr SCL	fr SE	2.5y 1 @ 23"	PS	W/A	23"	(a) .1 drip
		12-21	ABK C	fi SE					
		21-24	Platy C	fi SE					
		24-46	ABK C	fi SE					
		46-48	WABK BC	fi/fr SE					
3	LSS 5% W	0-12	Gr SCL	fr SE	2.5yr 1 @ 30"	PS	W/A	30"	PS .2
		12-30	ABK C	fi SE					
		30-34	Platy C	fi SE					
		34-60	ABK C	fi SE					
4	LSS 5% W	0-12	Gr SCL	fr SE	Chroma 2's @ 27"	PS	W/A	27"	PS .2
		12-27	ABK C	fi SE					
		27-29	Platy C	fi SE					
		29-50	ABK C	fi SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	V
Site LTAR	.2	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS: 6 0-15 Gr SCL fr Chroma 2's @ 41"
15-60 WABK C fi SE yellow browns 24"-48"

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.

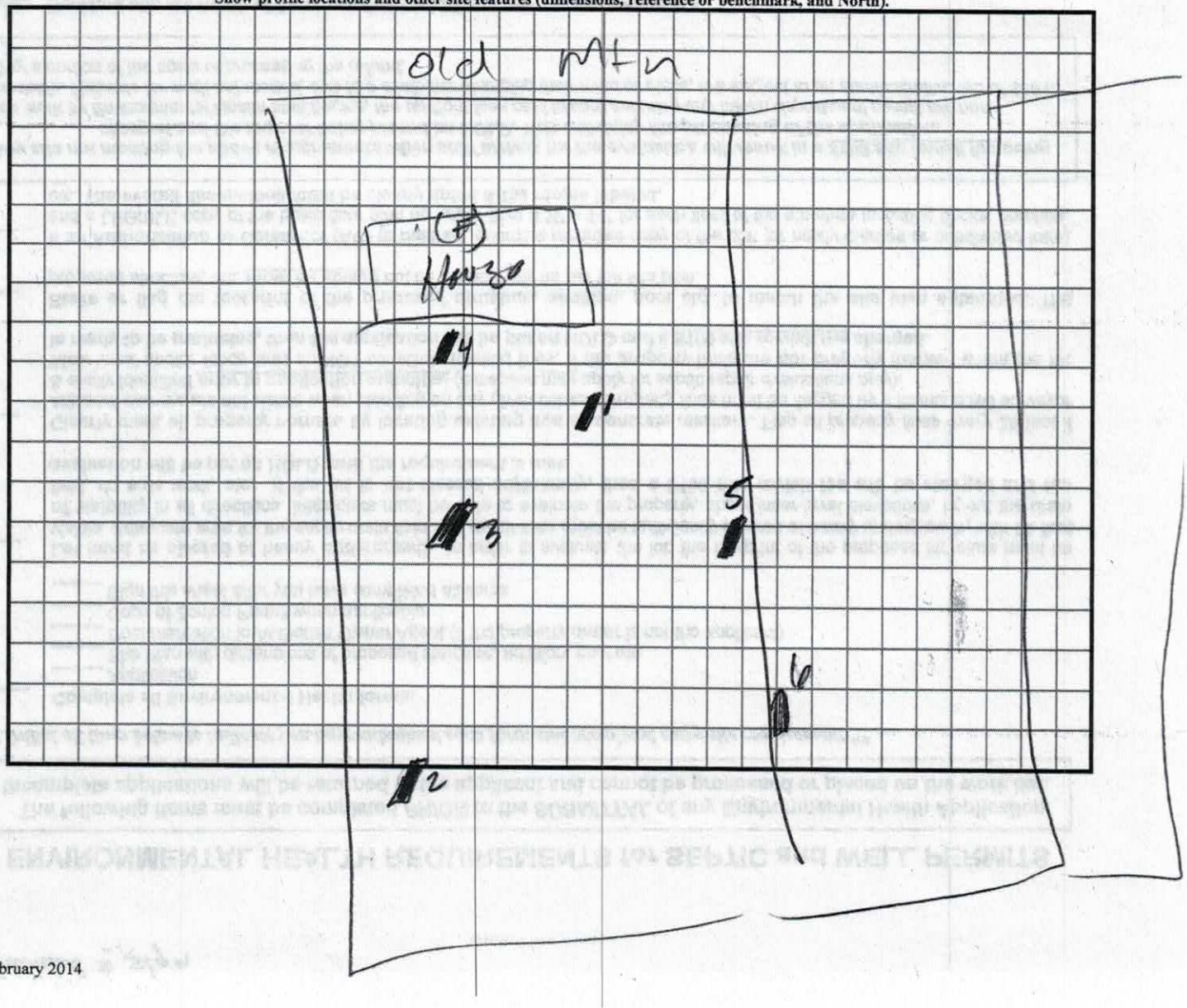
NOTES

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).



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Benjamin Johnson Jr. Address: 2174 Wexford Way Zip: 28625
Applicant Email: bjohnsonjr1208@gmail.com Phone: (704)-883-6697 Alt. Phone: (980)-434-3803
Owner Name: Juanita Marie Adams Address: 785 Old Mountain Road Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 797 Old Mountain Road
Subdivision Name: _____ Section/Phase: _____ Lot Number: 86, 87, 88
Driving Directions: Travel South on Old Mountain Road. Cross the intersection of Buffalo Shoals and Old Mountain Road land is located on the right before Compton Park Road

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

(✓) 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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) 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: _____
(✓) 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 (✓) 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?

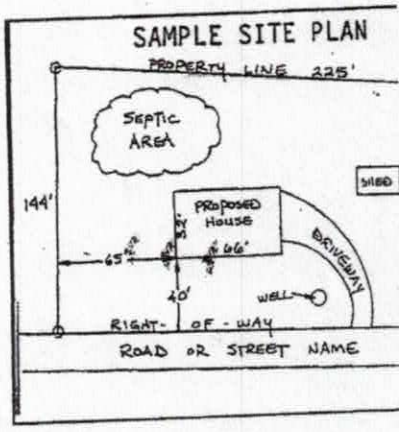
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Benjamin Johnson Jr. 10/25/17
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 YO***
COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR W
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

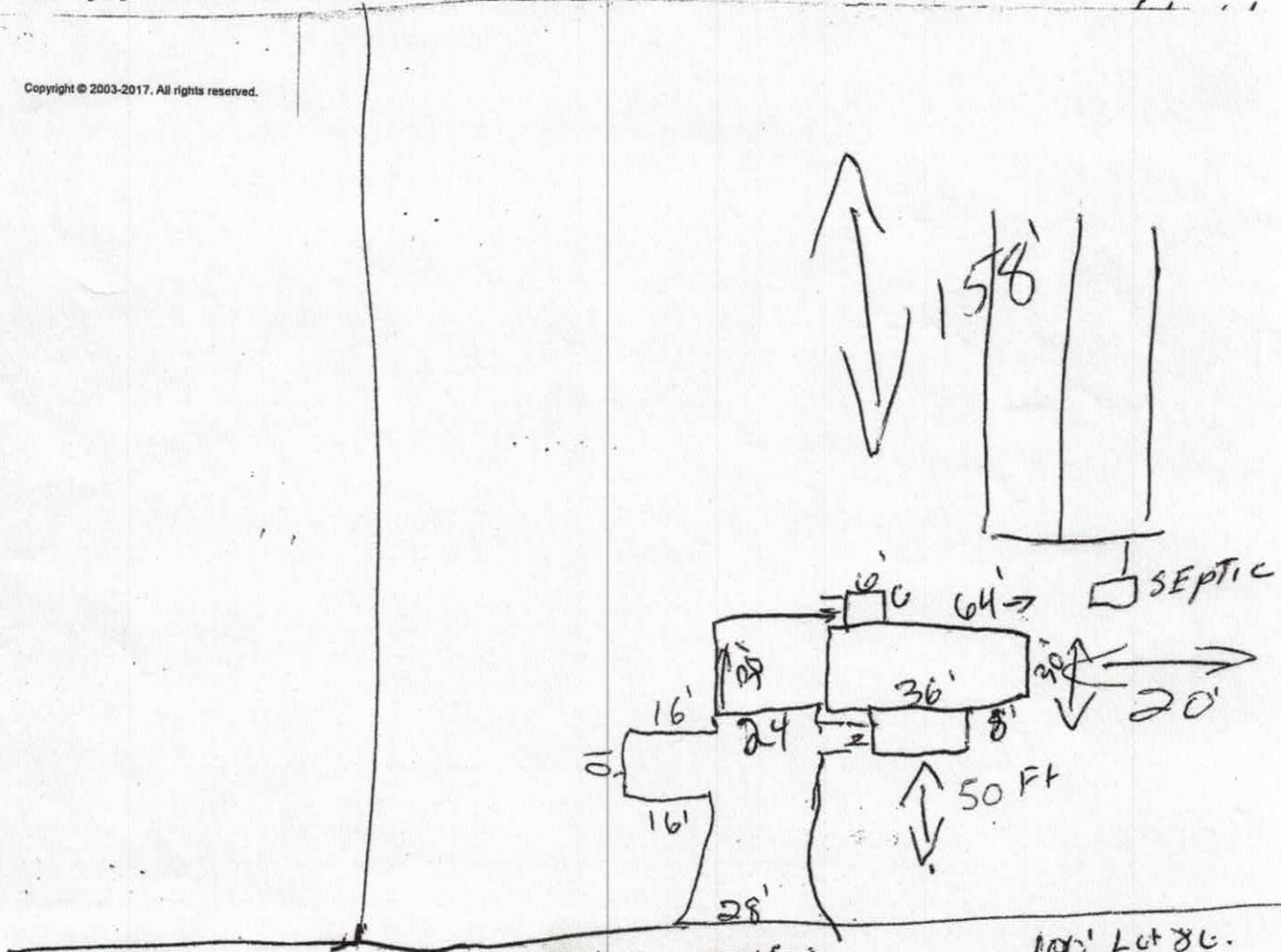
Circle N/A on the following if appropriate:

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

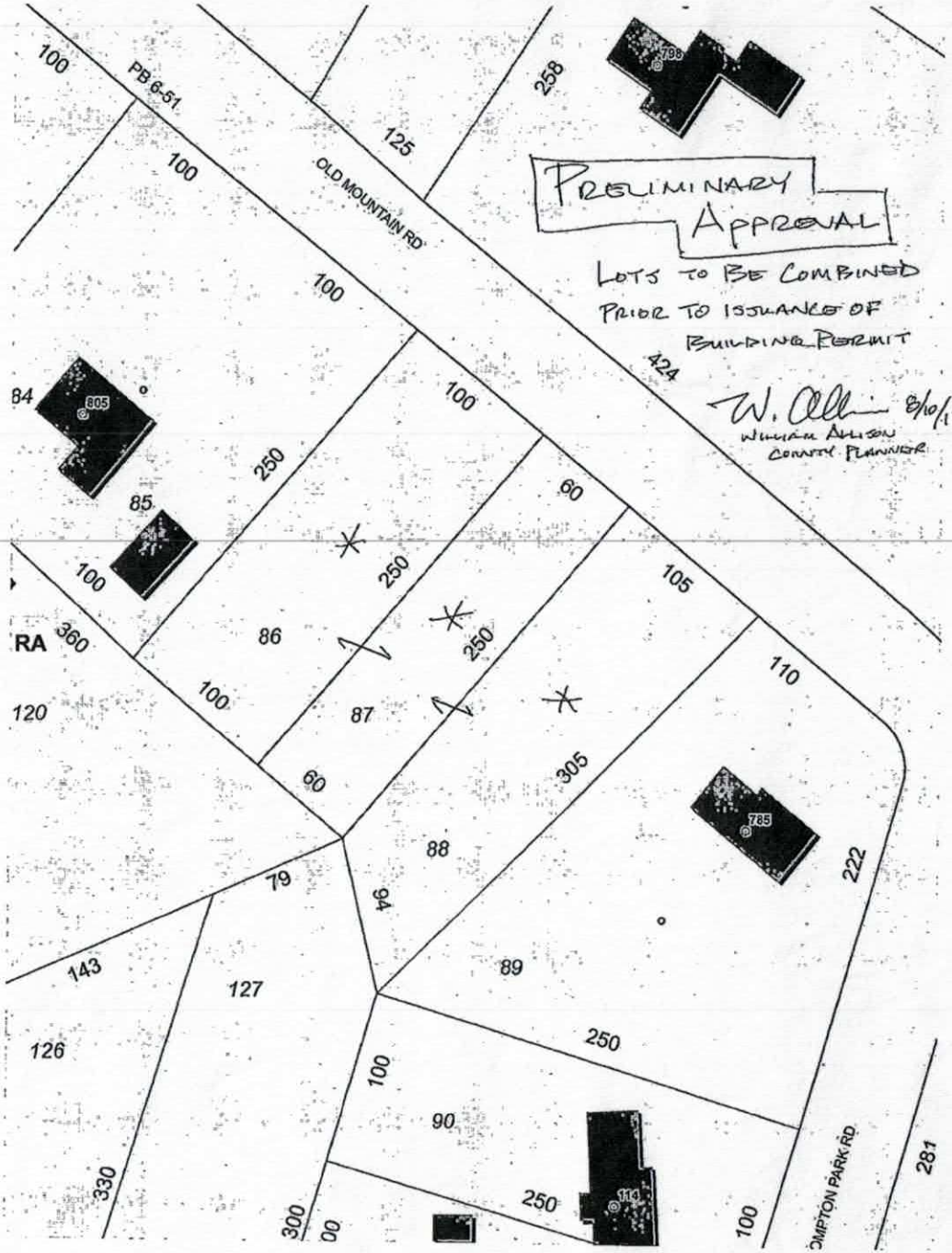
Copyright © 2003-2017. All rights reserved.



Signature: _____

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

DATE 10/23/17


PRELIMINARY APPROVAL
LOTS TO BE COMBINED PRIOR TO ISSUANCE OF BUILDING PERMIT
W. Allison 8/10/1-
WILLIAM ALLISON
COUNTY PLANNER
OLD MOUNTAIN RD
PB 6-51
788
805
785
110
RA
84
85
86
87
88
89
90
94
79
100
125
258
424
360
120
143
127
126
330
300
250
305
222
281
105
110
60
COMPTON PARK RD

STATE OF NORTH CAROLINA
IREDELL COUNTY

I, JAMES R. HOBBS, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book AS, page SHOWN, etc.) (other); that the boundaries not surveyed are clearly indicated as drawn from information found in Book AS, page SHOWN; that the ratio of precision as calculated is 1: 10,000+; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 5th day of APRIL, A.D., 2018.

NORTH CAROLINA PROFESSIONAL SEAL L-3703 LAND SURVEYOR JAMES R. HOBBS 4-3-18

Professional Land Surveyor
L-3703

NOTE:

1. THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
2. THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
3. THAT THE SURVEY IS A CONTROL SURVEY.
4. THIS PLAT IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
5. THIS PLAT IS OF A SURVEY THAT IS LOCATED IN SUCH PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND.
X 6. THIS PLAT IS OF A SURVEY OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

Professional Land Surveyor
L-3703

Doc ID: 018152010001 Type: CRP
Recorded: 04/05/2018 at 11:58:40 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 68 PG 3

NOTES:

- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
- AREA BY COORDINATE COMPUTATION.
- PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.
- SURVEY IS BASED ON PHYSICAL EVIDENCE AND EXISTING MONUMENT FOUND DURING THE SURVEY.
- PROPERTY CORNER PIPE SIZES AS SHOWN ARE NOMINAL INSIDE DIAMETER.



I, hereby certify that this plat for recordation is an exception to the Subdivision Ordinance of Iredell County, North Carolina

Subdivision Administrator, Iredell County, North Carolina — 4-5-18 Date

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

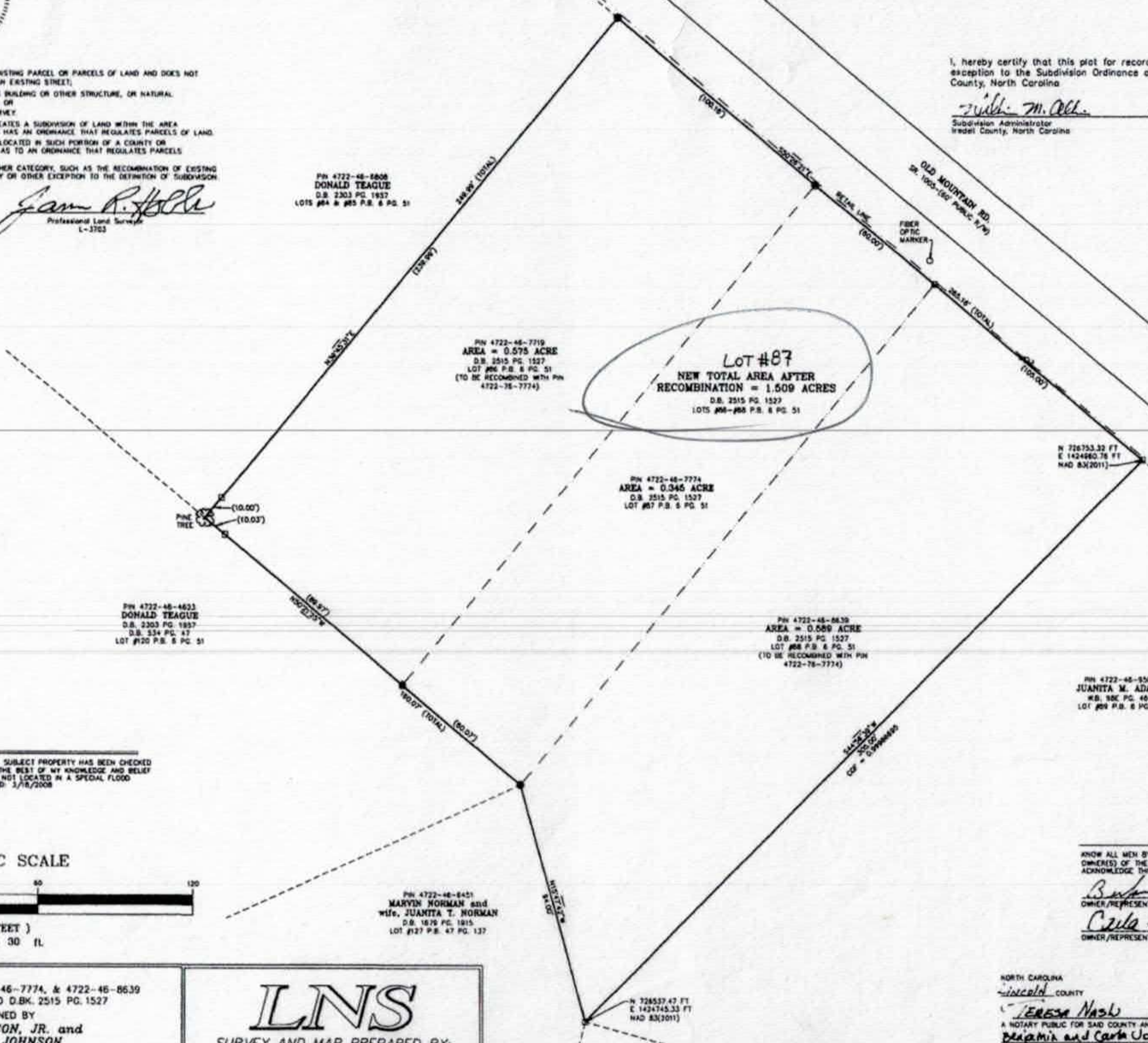
I, William M. Allison, Review officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer

Date 4-5-19

THE LOTS WITHIN THIS PLAT, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV PROTECTED AREA WATERSHED OF LAKE NORMAN/ CATAWBA RIVER AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

4-5-18 DATE — SUBDIVISION ADMINISTRATOR



LEGEND

LINES SURVEYED
LINES NOT SURVEYED
TIE LINES
OVHD DISTRIBUTION LINE (OVERHEAD)
INTERIOR P/L
R/W LIMITS
■ #4 REBAR (F) ○ ¾" I. PIPE (F)
□ #4 REBAR (S) ● ¾" I. PIPE (F)
METAL POWER POLE ○ NO MONUMENTATION UNLESS OTHERWISE NOTED
℄ CENTERLINE
℘ PROPERTY LINE
(F) DENOTES "FOUND"
(S) DENOTES "SET"
NTS DENOTES "NOT TO SCALE"

FLOOD STATEMENT

THIS IS TO CERTIFY THAT THE LOCATION OF THE SUBJECT PROPERTY HAS BEEN CHECKED AGAINST AREA FEMA/FIRM MAPS AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT A PORTION OF THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA. MAP NUMBER 3710472200J DATED: 3/18/2008

GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

OWNERSHIP CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

OWNER/REPRESENTATIVE — 4-5-18 DATE
OWNER/REPRESENTATIVE — 4-5-18 DATE

NORTH CAROLINA
Lincoln COUNTY

I, Teresa Nash, A NOTARY PUBLIC FOR SAID COUNTY AND STATE, DO HEREBY CERTIFY THAT Benjamin and Carla Johnson PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS THE 5th DAY OF April.

NOTARY PUBLIC

MY COMMISSION EXPIRES July 30, 2022

TERESA NASH NOTARY PUBLIC LINCOLN COUNTY NC

SHEET 1 OF 1
TAX ID: 4722-46-7719, 4722-46-7774, & 4722-46-8639
FOR SOURCE OF TITLE REFER TO D.BK. 2515 PG. 1527

PROPERTY OWNED BY
BENJAMIN JOHNSON, JR. and
spouse CARLA JOHNSON

RECOMBINATION SURVEY OF

A.F. TROUTMAN ESTATE,
LOTS #86–#88 (P.B. 6 PG. 51)

FALLSTOWN TOWNSHIP — IREDELL COUNTY, N.C.

SCALE: 1" = 30' — DATE OF SURVEY: MARCH 30, 2018
BOOK: NA — DATE OF MAPPING: MARCH 30, 2018

LNS

SURVEY AND MAP PREPARED BY:
LAKE NORMAN SURVEYING & MAPPING PLLC #P-0190
137 Jennings Road, Suite C
Statesville, North Carolina 28625
(704) 876-4450 Fax (704) 876-4451

LNS FILE NO.:	S170805
DWG NO.:	S180312
SURVEYED BY:	JRH/NDW
DRAWN BY:	N.D. WHITLEY
CHECKED BY:	J.R. HOBBS

797 Old Mountai

MODEL: 5604 | 28x64

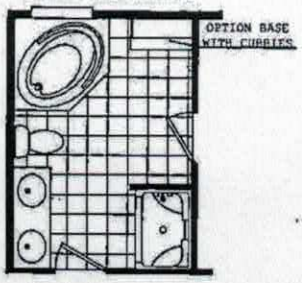
1,706 sq. ft. • 3 bed, 2 bath

MODEL: 5804 | 32x64 | 1,897 sq. ft. | 3 bed, 2 bath

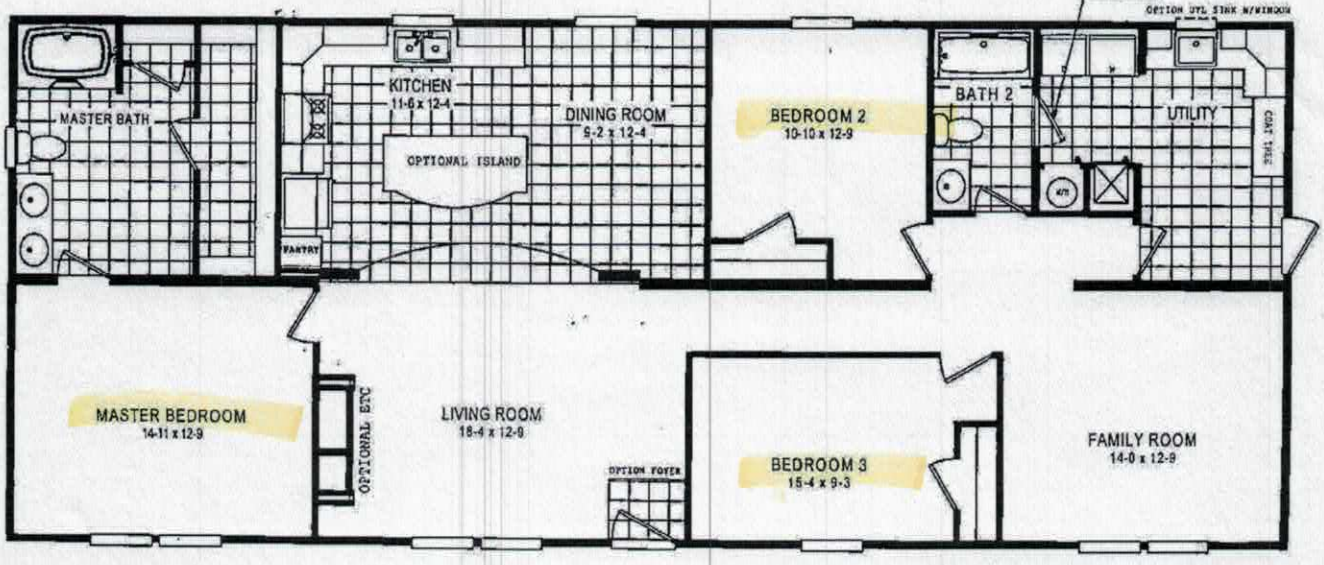
Also available as an On-frame MODULAR

Acknowledgement Of
Plans Submittal ONLY!
Date
Gail Cee 8 - Date 7
4/18/18

GLAMOUR BATH OPTION



ARCH WINDOW OPTION



IREDELL COUNTY

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

APPLICATION NUMBER
229349
Issue Date: 08/10/2017

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722467719.000	797 OLD MOUNTAIN ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: ADAMS JUANITA M	Applicant: JOHNSON BENJAMIN JR
Address: 132 IREDELL CO, NC 28625	Address: 2174 WEXFORD WAY STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD MODULAR	

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

Remarks:

PAID 8/10

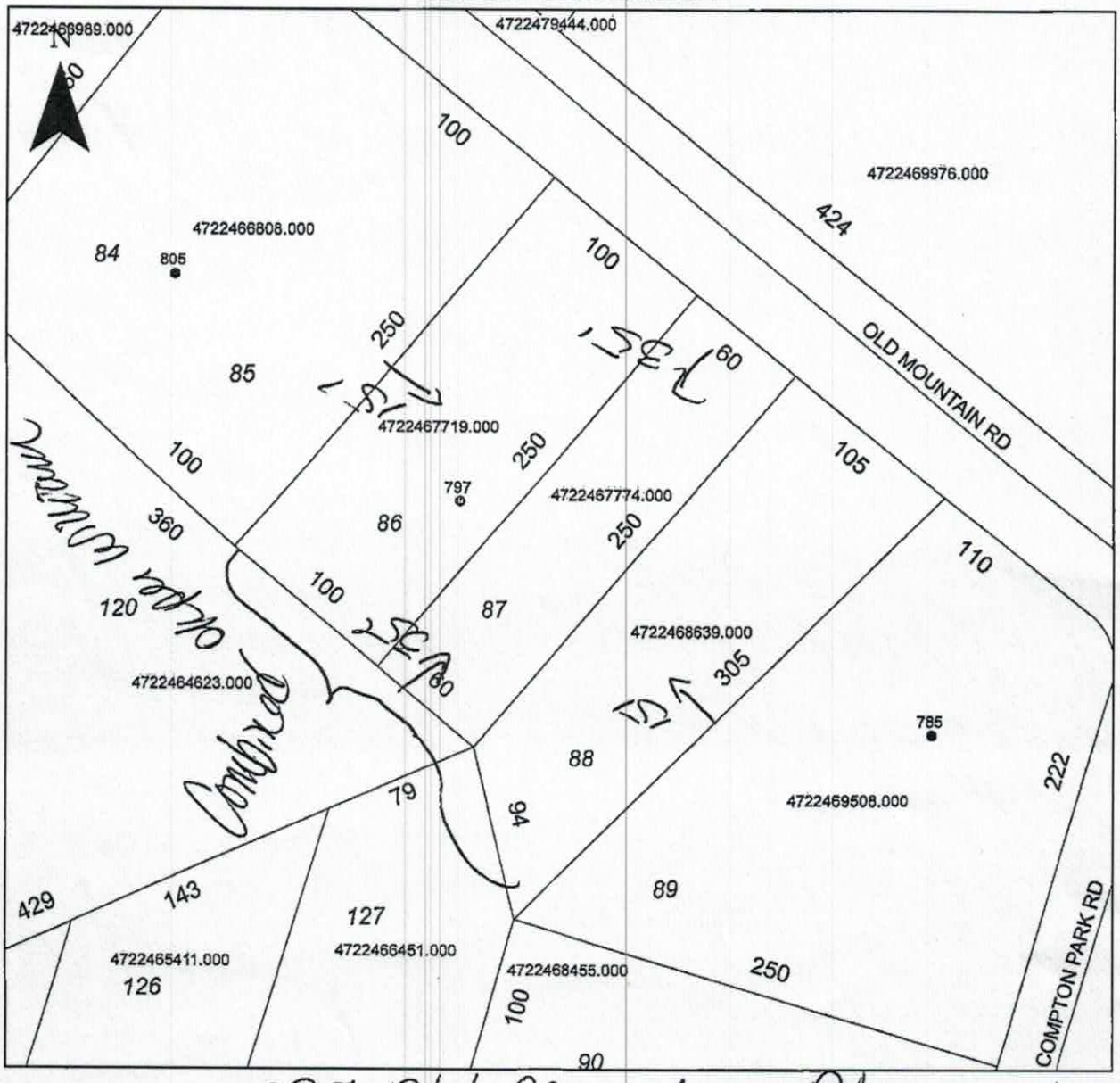
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	111748	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 797 Old Mountain Rd

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

8-10-17
Date