ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24764

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

PIN # 4722594792.000

APPLICANT/OWNER: Ross Lail APPLICANT ADDRESS: 273 Brook Glen Drive Mooresville NC 28115

SITE ADDRESS: 180 Buffalo Creek Drive Statesville NC 28677 PHONE: 828-238-1833 ALT. PHONE 704-799-9306.

SITE DIRECTIONS: Old MTN Rd @ on Buffalo Shoals 1/3 mile Turn Right Buffalo Creek Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

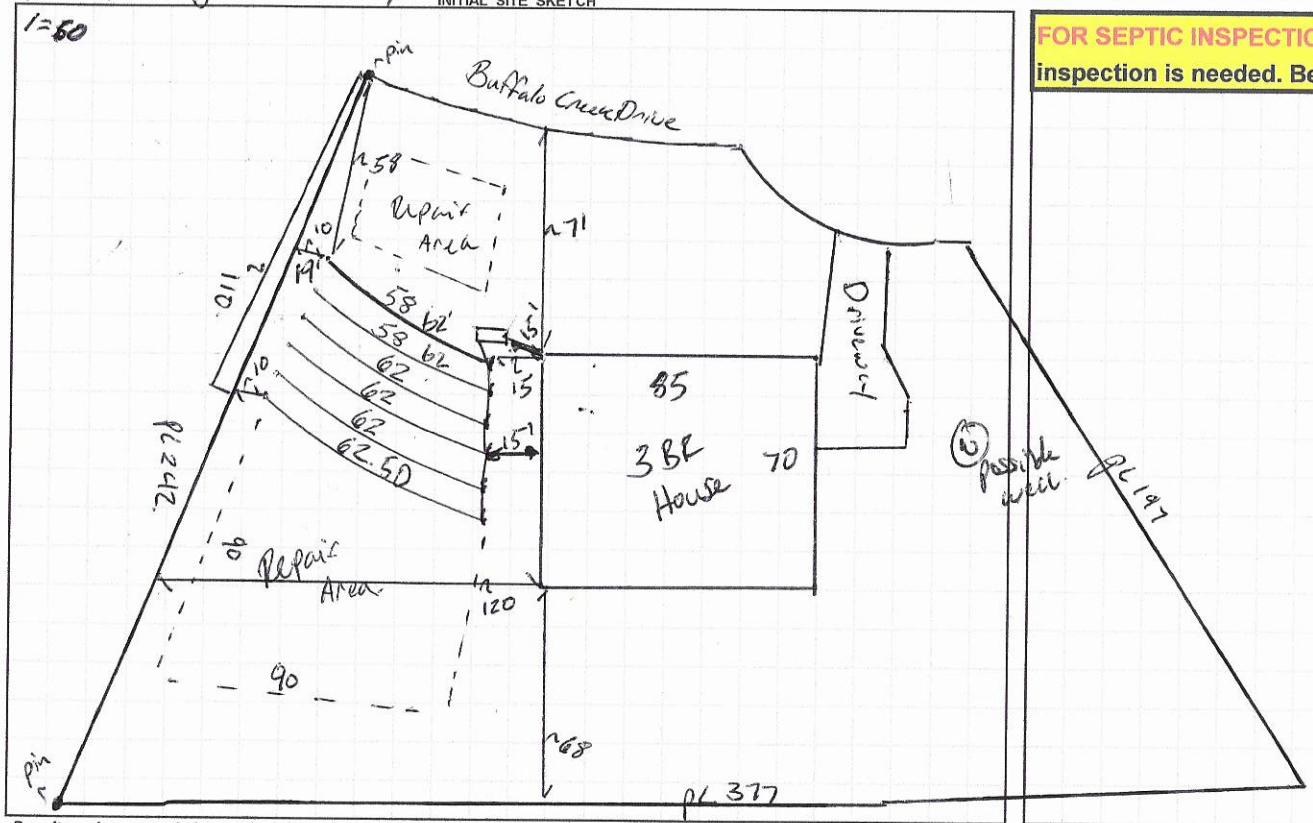
SUBDIVISION: Buffalo Creek SECTION: - LOT # 9 LOT AREA: 1.274 Acres. DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	1-23-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction.			
Pump Make	-	Model		-	Serial #	-	Repair System Description:	LP-Panel Block-50% Reduction			
# Nitrification Fields	1	# Lines		6	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		24	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			

☐ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install Septic Drainlines on the contour of the land and use Serial distribution. Maintain 15ft from house foundation. Do not Drive, park, pave, grade or buy utilities in drainfield Area.

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.

INSTALLED AS SHOWN

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: 5-12-2020 Installed by: RANDY ~~MARTIN~~ MILLER + Sons STS

IMPROVEMENT PERMIT by: [signature] Date: 5-11-2020 OPERATION PERMIT by: Bryant C. White Date: 4-12-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5-11-2020. 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 1
PROPERTY ID #: 4722599742
COUNTY: Iredell

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

OWNER: Ross Coil
ADDRESS: 180 Buffalo Creek SVC 28677.
PROPOSED FACILITY: 4/BR
LOCATION OF SITE: 1-40 Buffalo Creek.
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE: 5/17/19.
DATE EVALUATED: 6/26/19
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: 1.27+/
PROPERTY RECORDED: Yes.
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	Rdge Side Linear 8%	0-15	SC wSBk	SSSpFR SExp	2.5YR4/6	60	-	20-40 No 7.5YR5/6 Depletions Dry	PS .25 Possible Deep Repair
		15-46	C ABk	SSSp FM					
		46-60	CL wABk	SSSp FM					
2	~~Ridge~~ I Linear Side. 10%	0-12	SC wSBk	SSSpFRSExp	2.5YR5/6	60	~	15-30 7.5YR5/4 Depletions Little Mottles.	PS .25.
		12-40	C ABk	SSSp FR					
		40-60	CL wABk	SSSp FR					
3	I Ridge 5%	0-15	SC wSBk	SSSpFRSExp	2.5YR4/6	66	-	Little Mottles	PS .30.
		15-39	C SBk	SSSpFR					
		39-66	CL wSBk	SSSpFR					
4	Rdge Ridge 5%	0-14	SC wSBk	SSSpFR SExp	2.5YR4/6	60	-	Little Mottles	PS .30.
		14-40	C SBk	SSSpFR					
		40-60	CL wSBk	SSSpVFR					
		60-72	SapL M	NSNPVFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	300
System Type(s)	25% III	25% III
Site LTAR	.25	.25.

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bothwell
OTHER(S) PRESENT: R. Abernathy

COMMENTS: _____

RECEIVED MAY 4 2020

Int. Relayout
Paid $320.00
244764

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
(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: Ross Lail Address: 273 Brook Glen Drive Zip: 28115

Applicant Email: rblail007@gmail.com Phone: 828-238-1833 Alt. Phone: 704-929-3306

Owner Name: Ross B. Lail Address: 273 Brook Glen Drive Zip: 28115

Owner Email: rblail007@gmail.com Phone: 828-238-1833 Alt. Phone: 704-799-9306

Property Information:

Street Address: 180 Buffalo Creek Drive Statesville, NC 28677

Subdivision Name: Buffalo Creek Section/Phase: _____ Lot Number: 9

Driving Directions: Old Mountain Road - turn north onto Buffalo Shoals Road - 1/3 mile and turn right onto Buffalo Creek Drive - last lot on the right before the cul-de-sac.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) 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)* 25% Reduction Year existing system installed: N/A
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: ~~original plan~~

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.

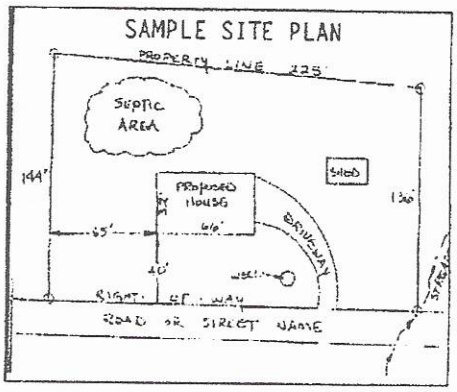
Signature: _____ 4/30/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

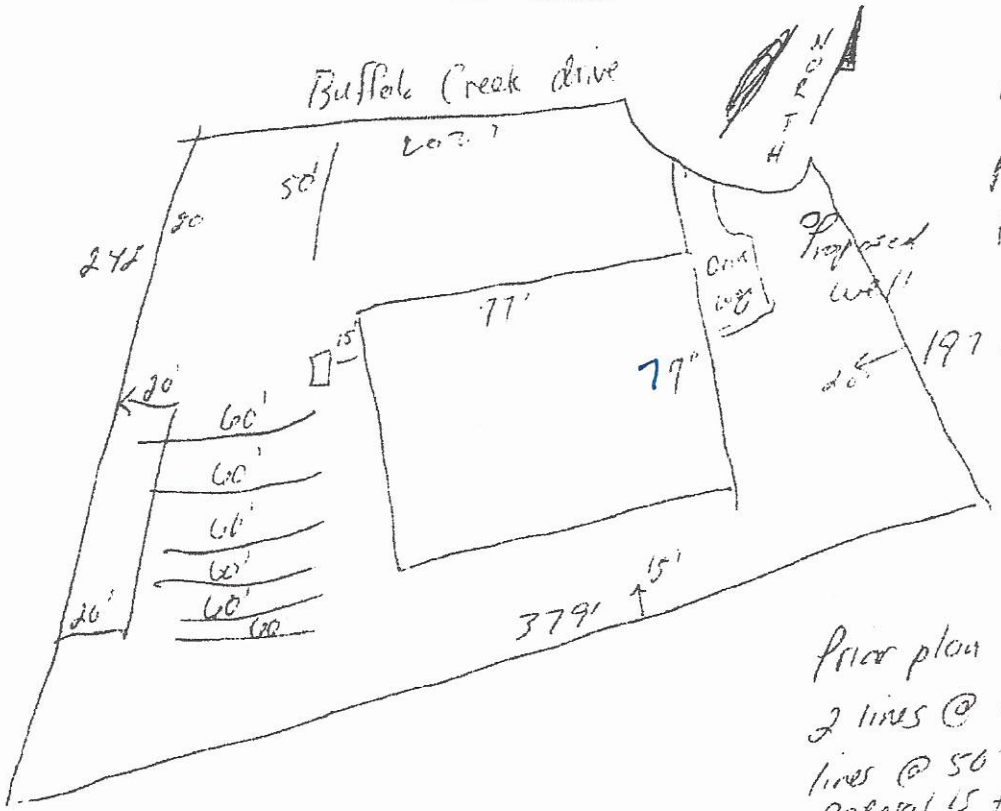
Circle N/A on the following if appropriate:

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

This is a proposed plan to redraw the existing septic site. Going from 50' line x 4 and 80' line x 2 to a new plan with 60' line x 6.



Original improvement permit attached with this form.

Prior plan had the bottom 2 lines @ 80' each. Top 4 lines @ 50' each. This proposal is for 6 lines @ 60' each.

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

4/30/2020
DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Ross E. Lail, am the legal owner(s) of the property located at 180 Buffalo Creek Drive, identified as PIN (Parcel Identification Number) 4722599792.000, 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.

_____ 4/30/2020
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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24476

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

PIN # 4722599792.000.

APPLICANT/OWNER: Ross B. Lail APPLICANT ADDRESS: 273 Brookglen Drive Mooresville NC 28115

SITE ADDRESS: 180 Buffalo Creek Drive Statesville NC 28677 PHONE: 828 238 1833 ALT. PHONE 704-799 9306

SITE DIRECTIONS: Old Mtn Rd @ on Buffalo Shoals 1/3 mile Turn Right Buffalo Creek Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Buffalo Creek SECTION: — LOT # 9 LOT AREA: 1.274 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—		Model	—	Serial #	—			
# Nitrification Fields	1		# Lines	6	Linear Ft.	360			
Trench Width	36		Trench Bottom Depth(Low side)	24	Gravel Depth	—			

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

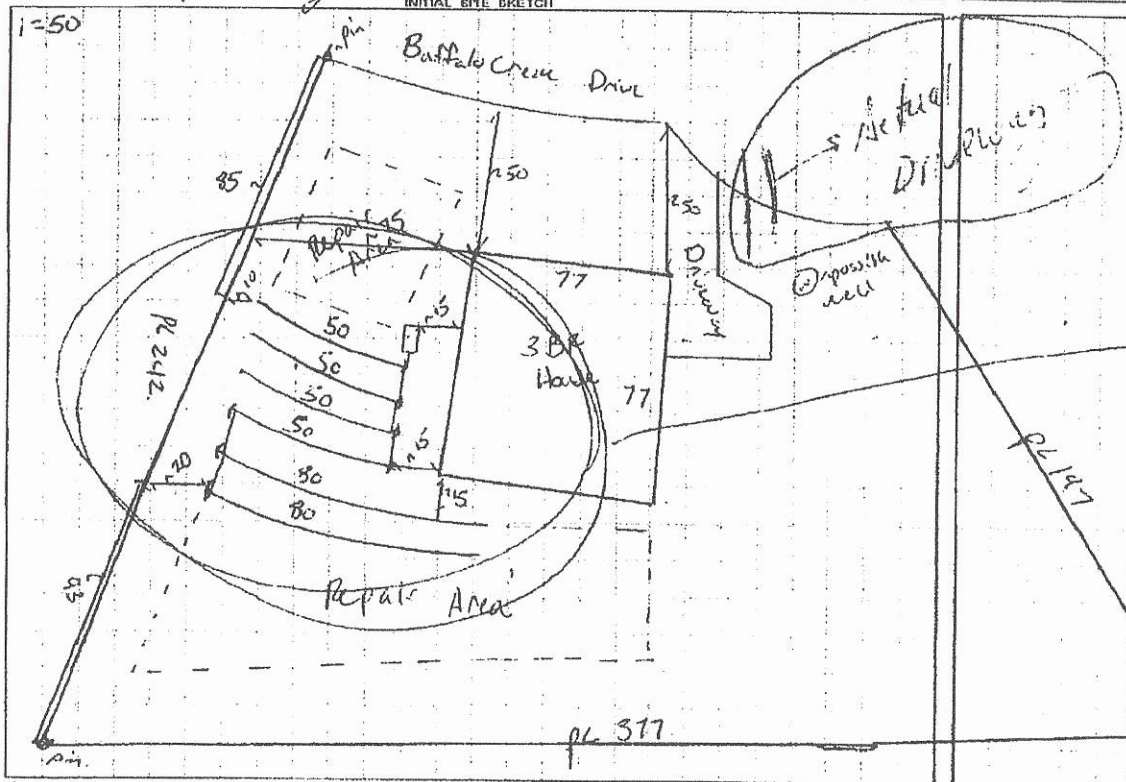
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the Contour of the Land and use Serial distribution. Maintain 15ft from house foundation. Do not Drive, park, pave, grade or bury utilities in drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Propose changing this to 6 lines @ 60' each.

Total linear feet remains 360'

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: _____

IMPROVEMENT PERMIT by: Benjamin A. Bittner Date: 6/27/2019 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bittner Date: 6/27/2019 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 inspector to confirm your inspection time.

From: Ross Lail Fax: 17048877280 To: Fax: (704) 878-3171 Page: 4 of 6 05/01/2020 8:40 AM

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244764

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

PIN # 4722594792.000

APPLICANT/OWNER: Ross Lail

APPLICANT ADDRESS: 273 Briar Glen Drive Mooresville NC 28115

SITE ADDRESS: 180 Buffalo Creek Drive Statesville NC 28677

PHONE: 828-238-1855 ALT. PHONE 704-799-9306

SITE DIRECTIONS: Old NC 90 Rd to Buffalo Shoals 1/3 mile Turn Right Buffalo Creek Lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Buffalo Creek

SECTION: - LOT # 9 LOT AREA: 1.274 Acres

DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date				
Pump Tank		(gal)	PT	-	Date	-			
Pump Make	-		Model	-			Serial #	-	
# Nitrification Fields	1	# Lines	6		Linear Ft	360			
Trench Width	36	Trench Bottom Depth(Low side)		24	Gravel Depth	-			

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: County 25% Reduction

Repair System Description: LP-Pool Blanket -5% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

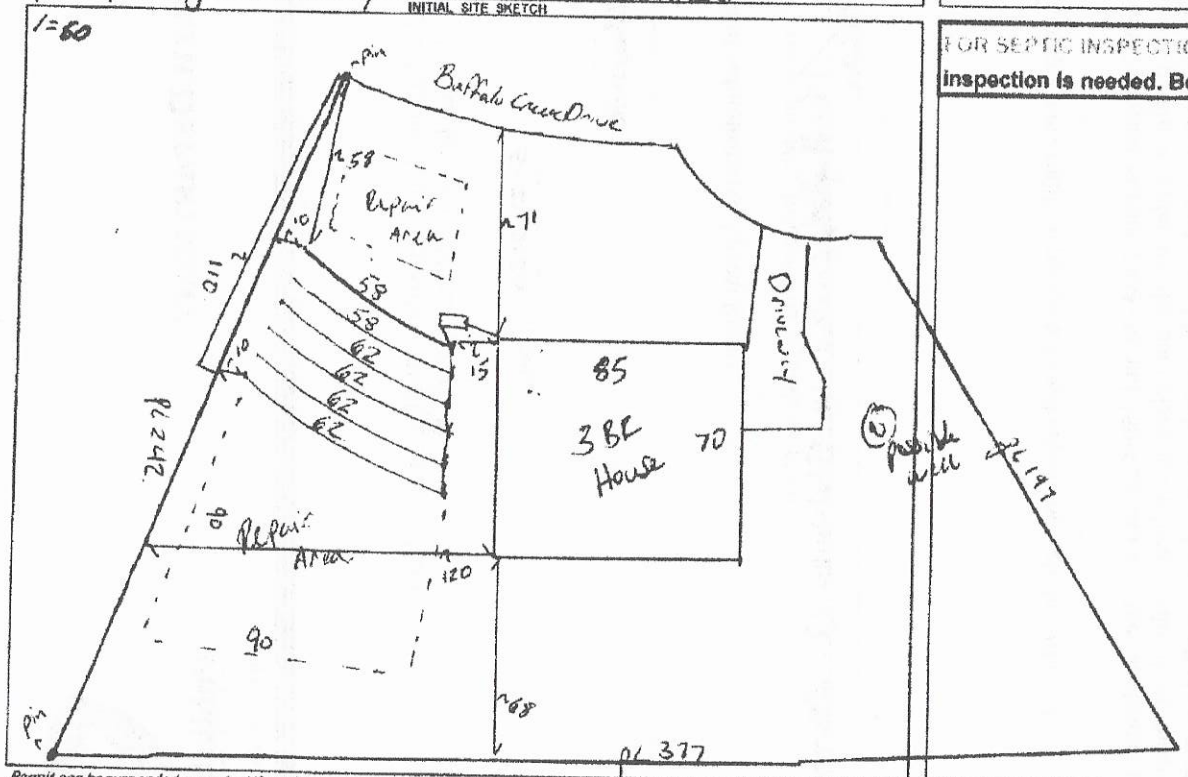
☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the land area. Special distribution. Maintain 15ft from bgae Deduction Direct Drive, patio, pave, grade or bury utilities in drainfield Area.

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.

NOT A VALID SEPTIC PERMIT
Signed "Acknowledgement of Acceptance of Permit" Required

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 site plan 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: NOT A VALID SEPTIC PERMIT Signed "Acknowledgement of Acceptance of Permit" Required Date:

IMPROVEMENT PERMIT by: Date: 5-11-2020 Installed by:

AUTHORIZATION TO CONSTRUCT: Date: 5-11-2020 OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

ION: CALL 704-664-3703 between 8am-9am the day the inspection is needed