ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 305094

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

PIN # 4722959076

APPLICANT/OWNER: Robin Pittman | APPLICANT ADDRESS: 878 Wallace Springs Road Statesville 28677

SITE ADDRESS: 878 Wallace Springs Road, Stsv 28677 | PHONE: 540-588-1946 | ALT. PHONE —

SITE DIRECTIONS: Corner of Wallace Springs & old Mountain Road | SAP CONTROLLED: ☐ YES ☒ NO

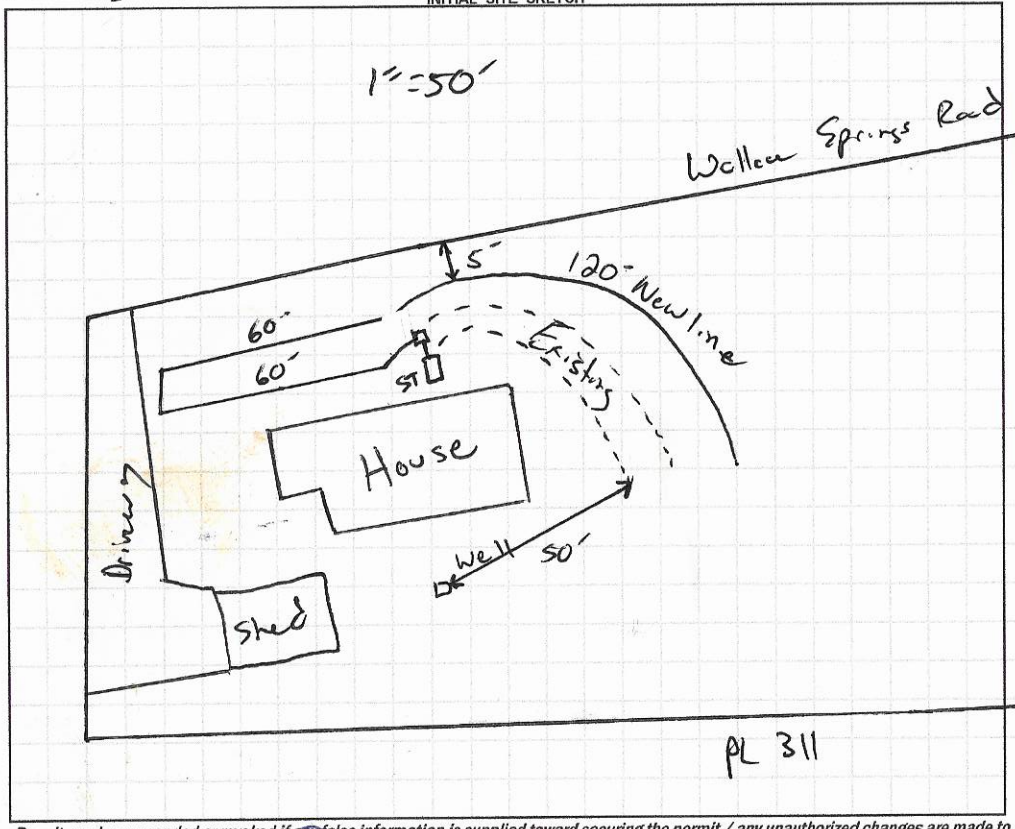
SUBDIVISION: W C Kyles ESTATES | SECTION: — | LOT # 90-95 | LOT AREA: 0.98 Ace | DESIGN FLOW: Ex | L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 1012	Date 11-9-19	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms		Water Supply
Pump Tank (gal)	PT 5+1	Date G	System Description: Crawl		☐ Business	No. Persons		☒ Private
Pump Make	Model 1	Serial #	Repair System Description: 25% Reduction High Capacity		☐ Other	No. Employees		☐ Public
# Nitrification Fields X	# Lines 1	Linear Ft. 120'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	+AC	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) Max 36	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

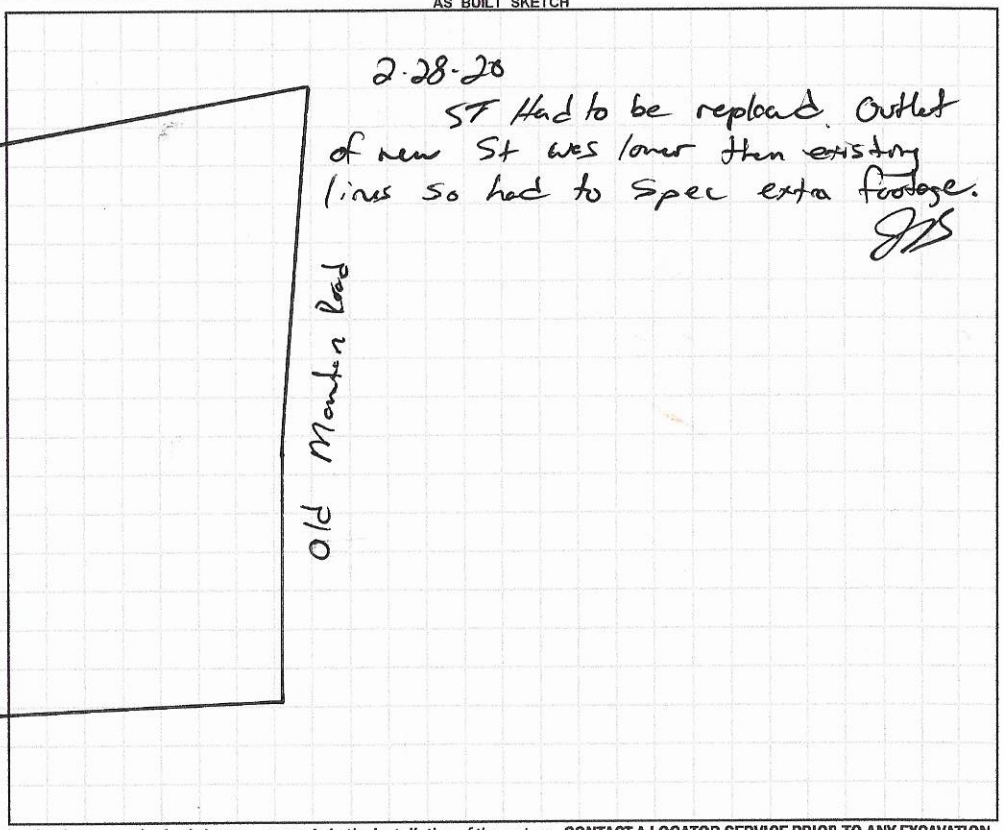
Comments / Conditions: Install Drainlines on contour and use serial distribution. Inspect D Box and Replace if needed. Feed Existing System first.

* Front Property line should be marked at time of installation *

INITIAL SITE SKETCH



AS BUILT 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. **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: Robin Pittman | Date: 2-20-20 | Installed by: Young Grading & Septic

IMPROVEMENT PERMIT by: | Date: 2-18-20 | OPERATION PERMIT by: | Date: 3-2-20

AUTHORIZATION TO CONSTRUCT by: | Date: 2-18-20 | 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 1 of 1
PROPERTY ID #: 472295907
COUNTY: Iredell

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

OWNER: Robin Pittman
ADDRESS: 878 Wallace Springs Road
PROPOSED FACILITY: Hse
LOCATION OF SITE: 878 Wallace Spring
APPLICATION DATE 2-4-20
PROPOSED DESIGN FLOW (.1949): Ex
DATE EVALUATED: 2-11-20
PROPERTY SIZE: 0.98
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)		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	S 2-3%	0-6	SBK scl	F SS SP Sapf	N	48+	N	N	PS .3
		6-28	SBK c						
		28-48	SBK cl						
2	S 2-3%	0-6	SBK scl		N	48+	N	N	.3 PS
		6-30	SBK c						
		30-48	SBK cl						
3	S 2-3% 2-28-20	6-6	SBK scl		Mtly G/B Mottles & chroma 10yr 2/1 5/6/2	48+	N	N	PS .25
		6-30	SBK c						
		30-48	SBK cl						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		120
System Type(s)		2sc
Site LTAR		.3

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

COMMENTS:

K

James

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*

AP- 305094

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: Robin Pittman Address: 878 Wallace Spring Rd Zip: 28677
Applicant Email: Randys BBQ.Robin@gmail.com Phone: 540-588-1946 Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone: 540-589-4417

Property Information:

Street Address: 878 Wallace Springs Rd Statesville NC 28677
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Corner of Wallace Spring & Old mt Rd

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

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

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

CHECK FOUNDATION TYPE
(X) 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: 1 Number of Persons: 2

( ) 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: Repair Existing
( ) No Preference ( ) Alternative ( ) 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 ( ) No IDK 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: Robin Pittman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

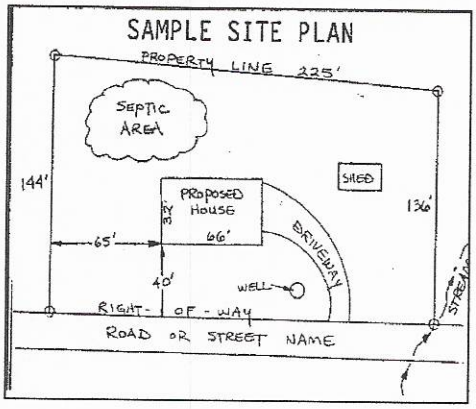
2-4-20
DATE

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:

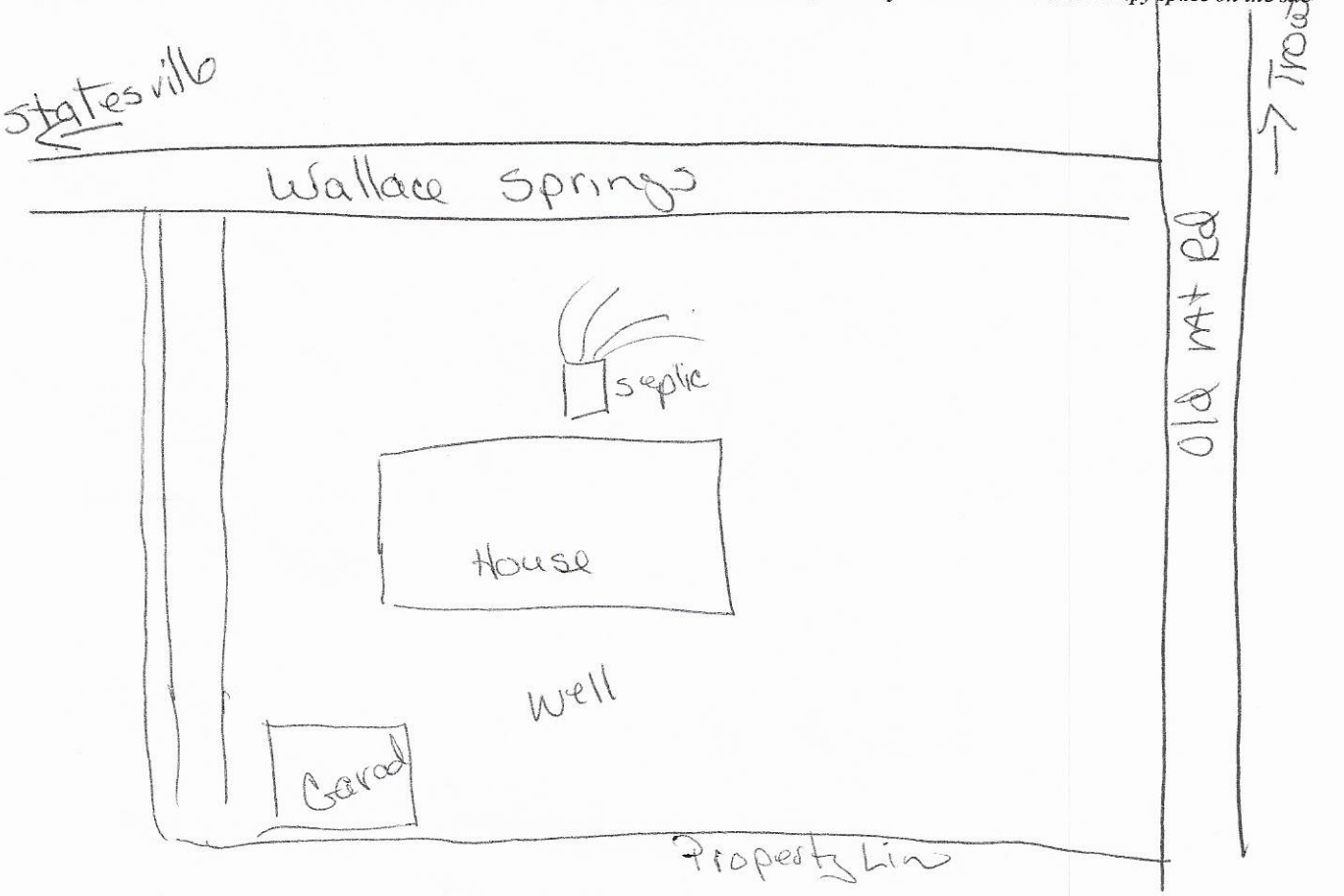
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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.



Signature: _____

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

_____

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Robin Pittman

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, Robin Pittman, am the legal owner(s) of the property located at 878 Wallace Springs Rd Statesville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Yountz Septic Andy + David Yountz, 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.

Robin Pittman
Signature of Owner(s)

2-4-20
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