704-430-7652

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 2346161

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

PIN # 4723513333

APPLICANT/OWNER: Jacob Belk APPLICANT ADDRESS: 116 Neal Dr. Mooresville

SITE ADDRESS: 142 Galax Dr. Statesville 28677 PHONE: 704-737-0595 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals Rd → R on Grandview Dr → L on Galax → lot on right SAP CONTROLLED: ☐ YES ☒ NO

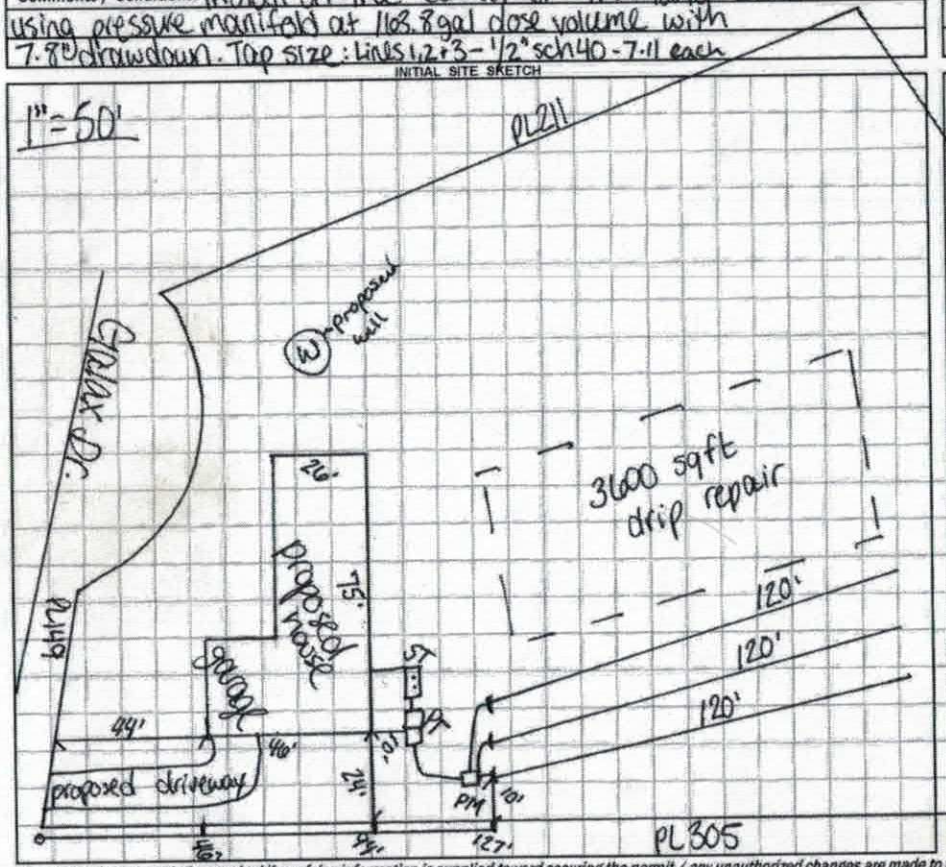
SUBDIVISION: Glen Ridge SECTION: -1- LOT # 41 LOT AREA: 1.116 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	794	Date	9/18/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	1000	(gal)	PT	283	Date	9/18/18	System Description:	25% reduction - PM			☐ Business	No. Persons	10	☒ Private			
Pump Make	Goulds	Model	1/2 HP WE0312M1	Serial #			Repair System Description:	drip			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	3	Linear Ft	360		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing			

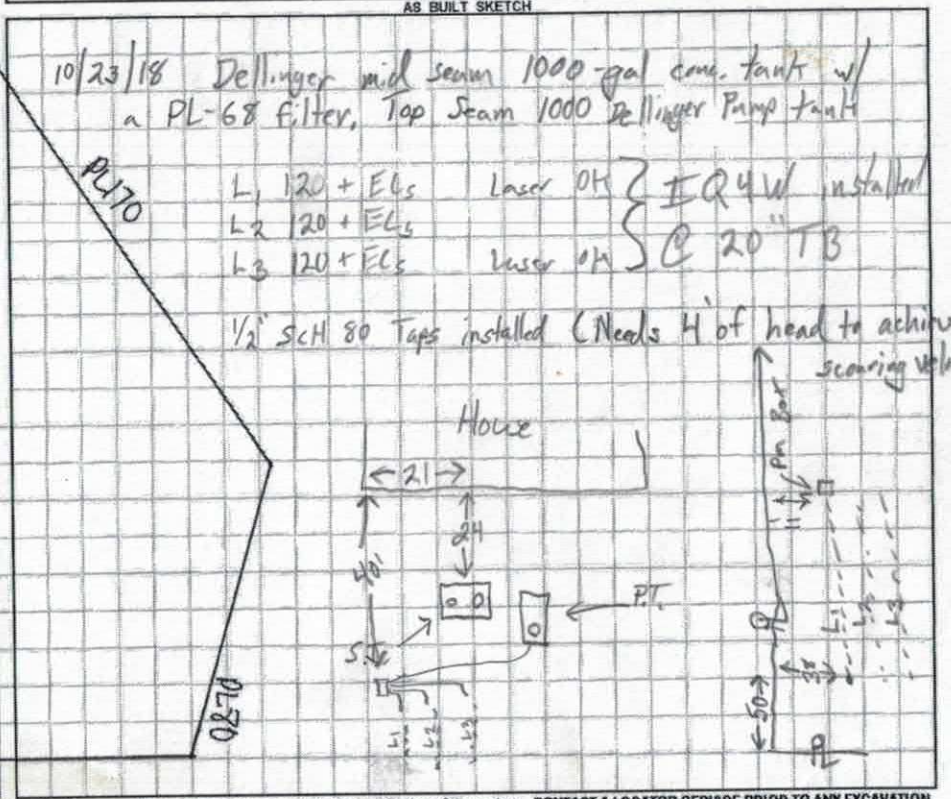
Comments / Conditions: Install on the contour of the land. Dose using pressure manifold at 168.8 gal dose volume with 7.8" drawdown. Top size: Lines 1, 2 + 3 - 1/2" sch 40 - 7.11 each

* deck on back of house must maintain 5' seperation from septic tank + pump tank. *

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: Jacob Belk Date: 5/4/18 Installed by: Kevin Orbison

IMPROVEMENT PERMIT by: Carla C. Cave Date: 4/27/18 OPERATION PERMIT by: Date: 2-25-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5/17/18 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 inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	10/23/18	
Tanks Checked	10/23/18	
Pressure Manifold or Valve Box Checked	10/24/18	CC
Pressure Head Set	10/24/18	CC
Electrical Checked	2/25/19	
Floats Set	2/25/19	
Alarm Checked	2/25/19	
Maintenance Contract Y / N	N/A	
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 472351333
COUNTY: Iredell

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

OWNER: Jacob Belk
ADDRESS: 116 Ideal Dr
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 142 Galax Dr.
APPLICATION DATE: 4/16/18
DATE EVALUATED: 4/27/18
PROPERTY SIZE: 1.16 ac
PROPERTY RECORDED: Y

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

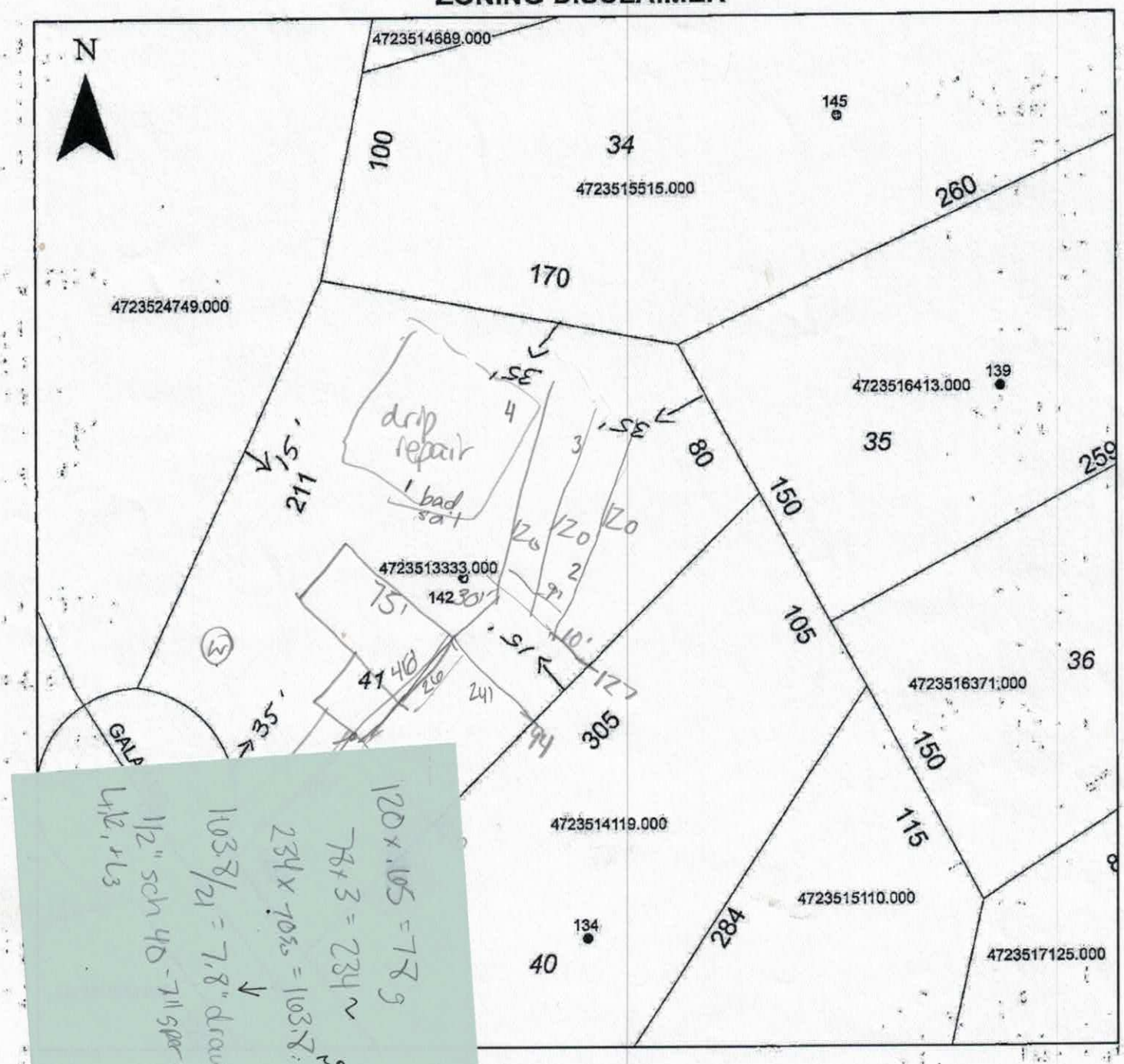
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	PS 6%	0-7	GR SCL	Fr SS SP SPP	10YR 6/2 @ 22" many sap inc.	54"	N/A	N/A	PS .1 drip
		7-22	SBK C	Fr SS SP SPP					
		22-32	ABK C	Fr SS SP SPP					
		32-54	ABK CL	Fi SS SP SPP					
2	SS 6%	0-21	GR/SBK SCL	Fr SS SP SPP	few y/o mottles	50"	N/A	N/A	PS .25
		21-45	SBK W C	Fr SS SP SPP					
		45-50	SBK CL	Fr SS SP SPP					
3	SS 6%	0-12	SBK SCL	Fr SS SP SPP	PL@34" (22"-73")	49"	N/A	N/A	PS .25
		12-49	PL C	Fr SS SP SPP					
4	SS 6%	0-13	GR SCL	Fr SS SP SPP	10YR 6/2 @ 30" few sap inc	53"	N/A	N/A	PS .25
		13-33	ABK C	Fr SS SP SPP					
		33-53	ABK CL	Fr SS SP SPP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	3600 sqft
System Type(s)	PM 258	drip
Site LTAR	.25	.1

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

COMMENTS:

ZONING DISCLAIMER



deed restrictions, contractual agreements or governmental 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

4.6.15

Date

2346611

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

- call back this pm

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jacob Belk	116 Ideal Dr Mooresville NC 28115	704-737-0595	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jacob Belk	116 Ideal Dr Mooresville NC 28115	704-737-0595	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
142 Galax Dr. Statesville NC		

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply).*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 4.6.18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

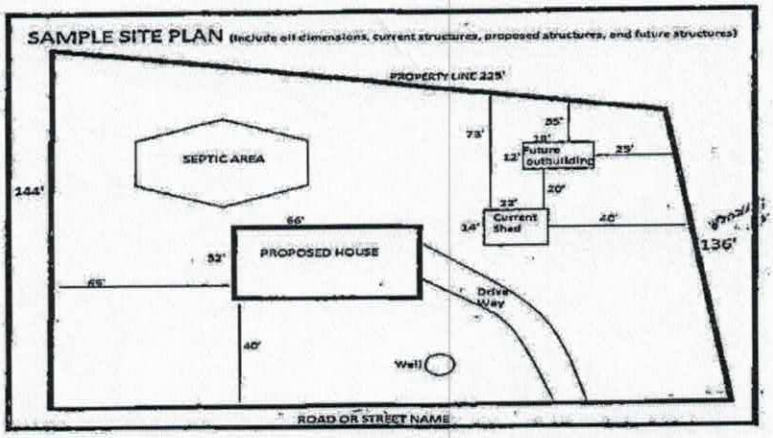
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

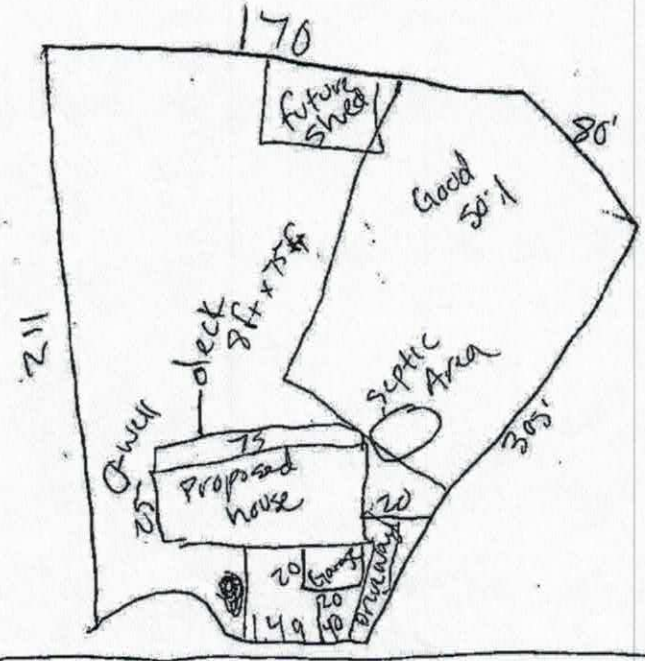
Circle N/A on the following if appropriate:

_____ 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

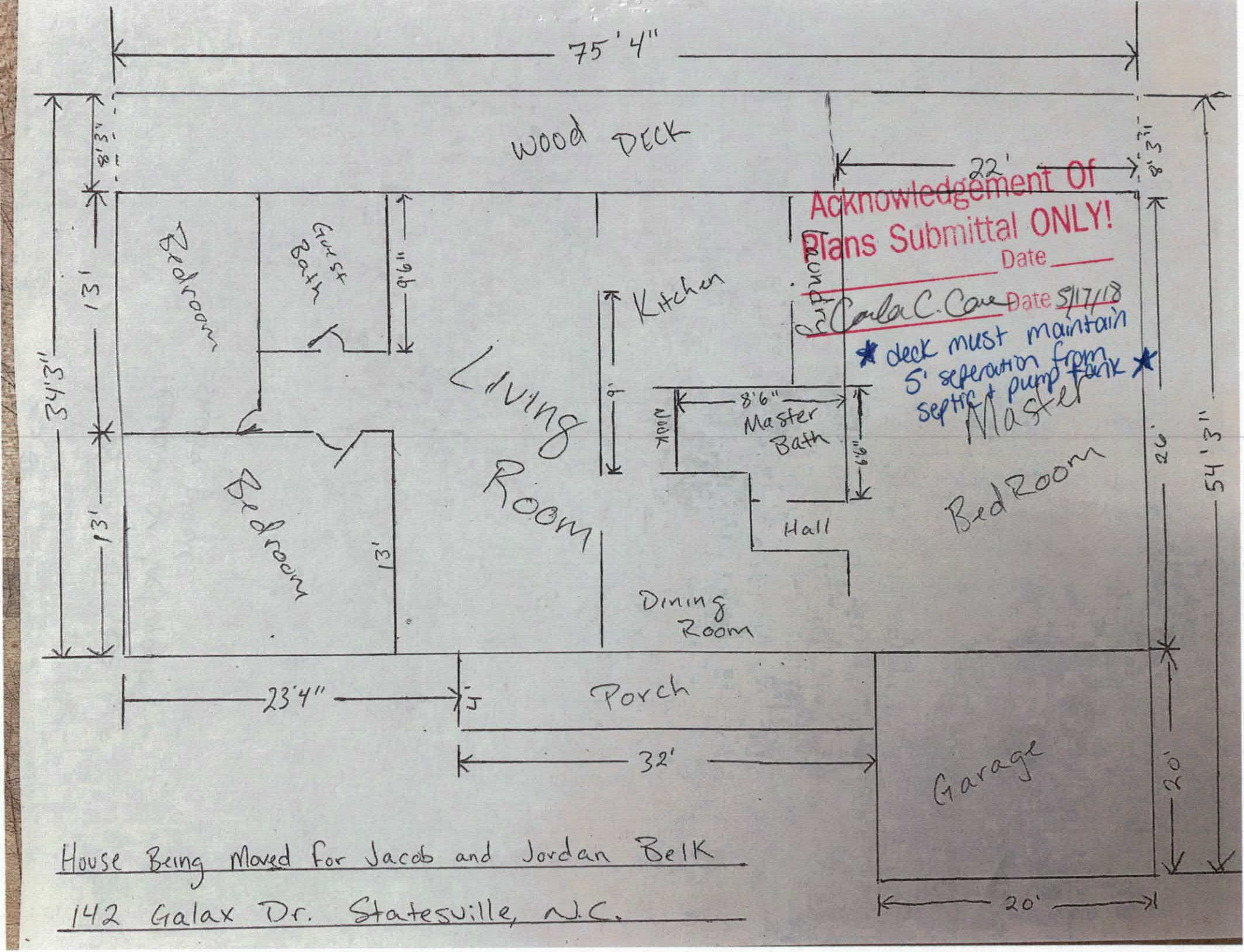


Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

2/16/18

DATE


75' 4"
WOOD DECK
8'3"
22'
8'3"
Acknowledgement Of
Plans Submittal ONLY!
Date
Carla C. Cave Date 5/17/18
* deck must maintain 5' seperation from septic pump tank *
34'3"
13'
Bedroom
Guest Bath
9'6"
Kitchen
Laundry
LIVING ROOM
8'6"
Master Bath
Master BedRoom
26'
54'3"
13'
Bedroom
13'
Hall
Dining Room
23'4"
Porch
32'
Garage
20'
20'
House Being Moved for Jacob and Jordan Belk
142 Galax Dr. Statesville, N.C.