IREDELL COUNTY HEALTH DEPARTMENT EH

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

PERMIT # 226596

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

PIN # 4774-01-4488

APPLICANT/OWNER: Valerie McCrady

APPLICANT ADDRESS: 2604 Hickory Highway Statesville, NC

SITE ADDRESS: 2604 Hickory Highway Statesville, NC

PHONE: 704-450-1177

ALT. PHONE

SITE DIRECTIONS: Hickory Highway West from Statesville → lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 0.70 acres

DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	~~Existing~~ 1000 (gal)	STB	~~Existing~~ 760	Date	~~Existing~~ 4-24	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	
Pump Make	—	Model	—	Serial #	—	Repair System Description: 52' x 10' Bed	
# Nitrification Fields	1	# Lines	10' x 52' Bed	Linear Ft	—	Maintenance Agreement Required: ☐ YES ☒ NO	
Trench Width	—	Trench Bottom Depth(Low side)	33"	Gravel Depth	12"	☒ GRAVITY ☐ PRESSURE	

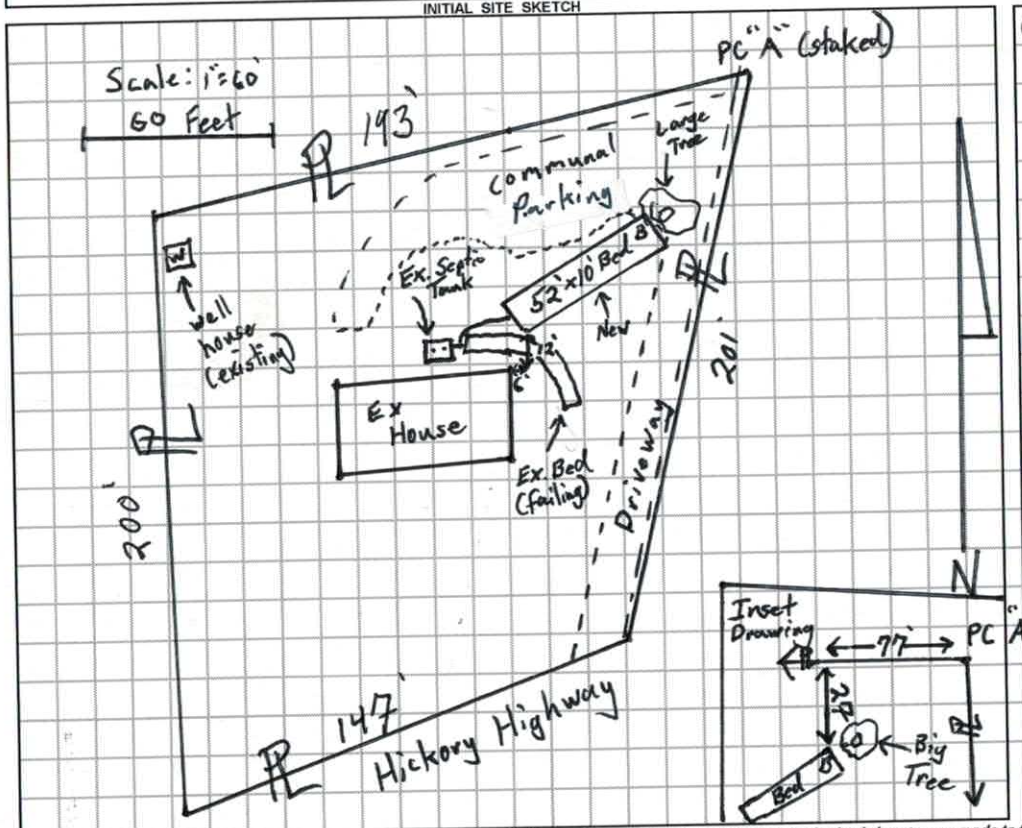
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: ARC GIS Map for property does not appear to be correct, consequently please see the inset drawing at the bottom right for the distal location of the proposed replacement bed.

Contractor to verify integrity of tank (replace if needed). As this replacement system is undersized due to spatial + topographic limitations on the lot, conservative water use is strongly encouraged. Recommend pumping tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

6-10 - New Tank Installed 2 1000
- New D-Box installed.
- 12 inches of Gravel Installed.
- Installed as permitted

4:00

	Date	Initials
Drain Lines Checked	~~7~~ 10	BB
Tanks Checked	7/10	BB.
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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: VS McCr Date: 5/26/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/24/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/24/17

Installed by: Jared Lentz Wastewater

OPERATION PERMIT by: Benjamin A. Bottoms Date: 7/10/2017

Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

10'+52 Bed

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

OWNER: Valerie Mc Crady
ADDRESS: 2604 Hickory Highway Statesville
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: Hickory Highway Stat
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949): 360 GPD
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 4/25/17
DATE EVALUATED: 5/22/17
PROPERTY SIZE: 0.70
PROPERTY RECORDED: Yes

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Shoulder 7%	0-24	clay m SBK	Firm, Sticky, Sl. Sap	Bright Red Brown	48	—	—	0.275
		24-48	clay w. SBK	Sl. Firm, SS, Sl. P, Sap					
2	Shoulder 7%	0-27	clay w. SBK	Sl. Firm, Sticky	—	48	—	—	0.30 PS
		27-48	clay Loam v. w. SBK + some Saprolite	Sl. Friable, SS, SP, Sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	X	10'+52' Bed
System Type(s)	X	Bed
Site LTAR	X	0.275

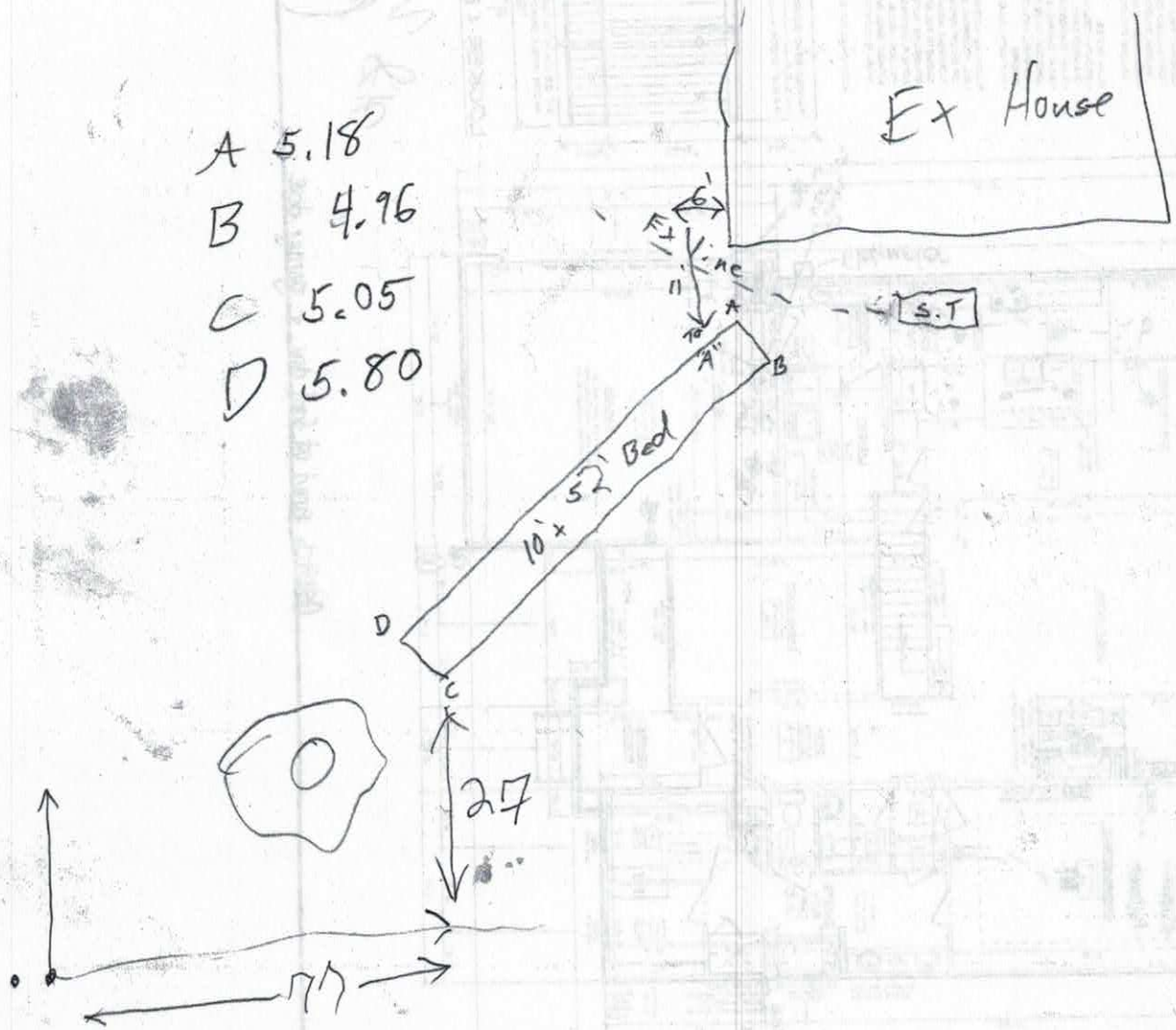
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

A 5.18

B 4.96

C 5.05

D 5.80



2226376

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 ___Authorization To Construct X 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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Valerie McCrady	2604 Hickory Hwy	7044501177	
Owner Name: Jonathan + Valerie McCrady	Mailing Address: 2604 Hickory Hwy	Home Phone #: 7044501468	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
2604 Hickory Hwy		

Driving Directions: Hickory Highway between Ashbrook + Stoney Farm Rd.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to drainlines not working properly
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

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

9. Signature: _____ 4-25-2017
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:

X Property Line measurements are clearly identified... **X 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

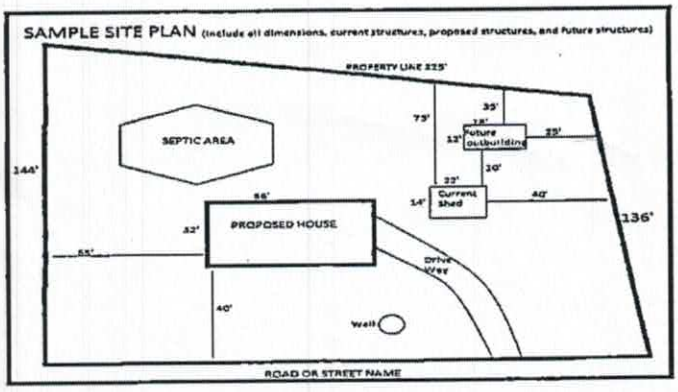
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

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

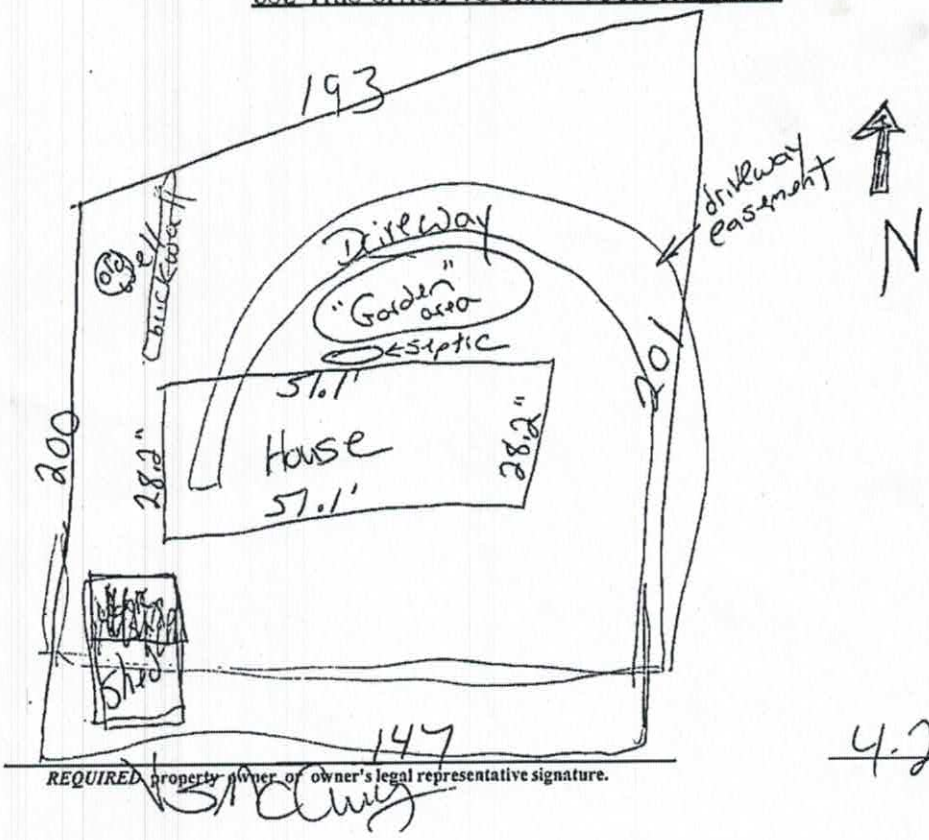
Circle N/A on the following if appropriate:

X Location of septic systems and wells within 100' of your property... N/A

X 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: V S/ Chris *REQUIRED property owner or owner's legal representative signature.*

4.25.2017 DATE