IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 12484? PIN# 4724 11 5627 DATE 8/31/05

OWNER OR CONTRACTOR TODD RHYNE PHONE: Business 704 902 0383 Home 704 876 2124

ADDRESS 816 WHITES FARM RD STATESVILLE, NC 28677

LOCATION 70W (HICKORY HWY) L WINEBERRY LN L LOT

SUBDIVISION HICKORY HILLS BLOCK / SECTION ____ LOT 3 LOT AREA Limited SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Tuftcrafted 1012 Date 8-27-06

Pump Tank: 1000 Gallons; PT V17 Date 1-12-07

Pump Make: Gould's Model WE05111 Serial No. K06816 22

Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210

No Lines 3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP PPBPS

Repair System Description: Exempt / some LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

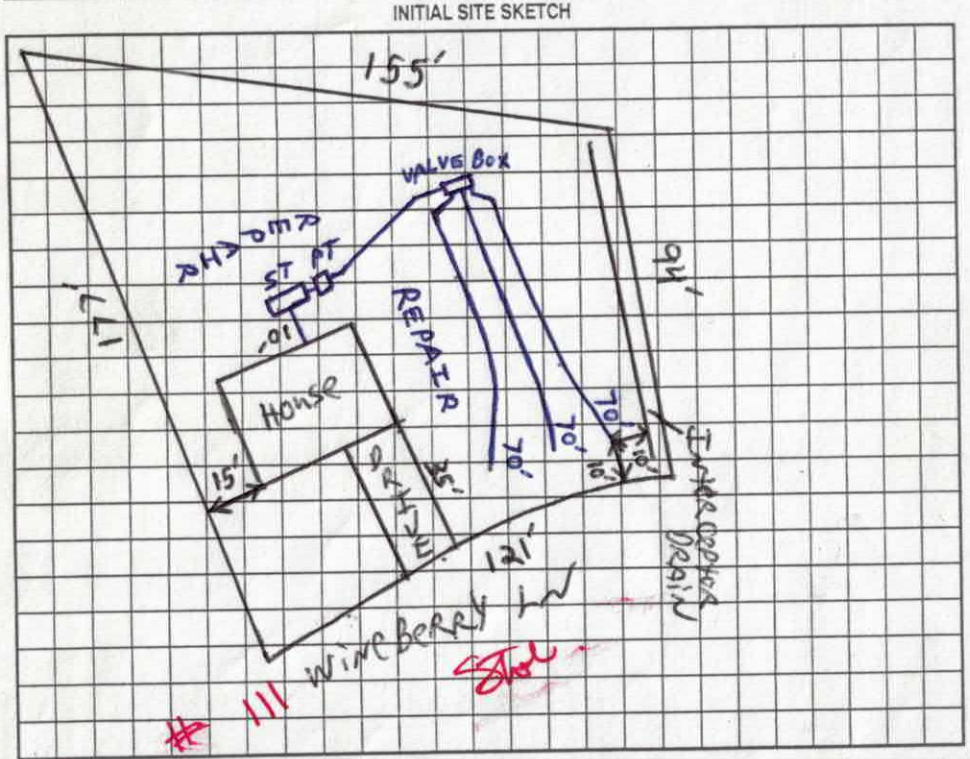
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: INSTALL ON CONTOUR - MAINTAIN SETBACKS
INSTALL INTERCEPTOR DRAIN AS SHOWN

Comments/Conditions:
Septic tank fill installed (Off-site)

INITIAL SITE SKETCH



AS BUILT SKETCH

Lines installed as shown on site plan.
* Did not install interceptor drain
→ Did not have enough fall (elevation difference) to drain to surface on owner's property.
I Did not see any evidence of lateral water movement. Jim Hoggard, RS.

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Todd Rhyne date ____

Improvement Permit by: [signature] date 9/7/05

Authorization to Construct by: [signature] date 9/7/05

Installed by: Tommy Fogle

Operation Permit by: STEVE HEDRICK date 2-28-07

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 129847
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: TODD RHYNE
ADDRESS: 618 WHITES FARM RD STATESVILLE, NC 28677
PROPOSED FACILITY: SINGLE FAMILY PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 70W (HICKORY HWY) @ WINEBERRY LN (L) LOT

APPLICATION DATE 7/7/05
DATE EVALUATED: 8/4/05
PROPERTY SIZE: .39 ACRES
PROPERTY RECORDED: 1973

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	F LL 4%	0-30	W SBK C	FR SS/SP SOAP	CHROMA 4-5 12"+ MANY MN INC. 12"+	48"			PS .2
		30-48	W SBK SCL	FR SS/SP SOAP					
2	T LL 4%	0-5	M SBK SCL	FR SS/SP SOAP	CHROMA 5-6 30"+ CHROMA 2 36" MN INC 12"+	36"+			PS .2
		5-36	M ABK C	FR SS/SP SOAP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	4	4
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): 4
EVALUATED BY: Elena Rivera
OTHER(S) PRESENT:

COMMENTS: Will Re-eval using Pits, Repair Exemption, and Interceptor Drain Potential

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 129847
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: TODD RAYNE APPLICATION DATE
ADDRESS: DATE EVALUATED: 8/24/09
PROPOSED FACILITY: SF PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED: 1973
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12	M FILL		CHROMA 5 MATRIX MANY C	52"			PS .25
		12-27	W SBK SCL	VFR SS/SP SPXP					
		27-52	M SBK C	FR SS/SP SPXP					
2		0-30	W SBK C	FR SS/SP SPXP	CHROMA 4-5 12" + 2 @ 48"	48"			PS .3
		30-48	M SBK SCL	FR SS/SP SPXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	5	Exempt
System Type(s)	LPP BDS	
Site LTAR	.3	

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

COMMENTS: NEED INTERCEPTER DRAIN

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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	SCL (Sandy Clay Loam)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiL (Silt Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SiCL (Silty Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		Si (Silt)				
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		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)

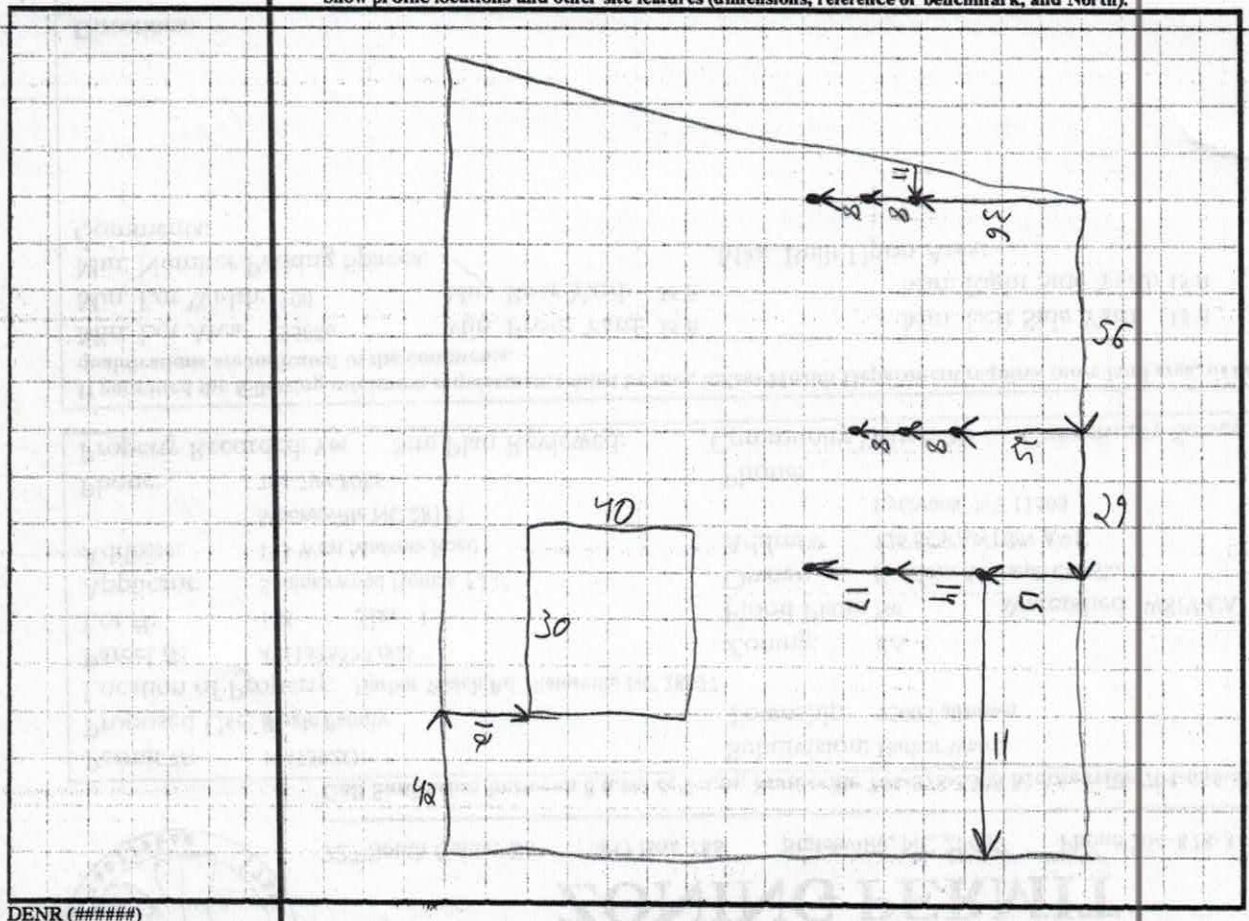
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



76
76
76

DENR (######)

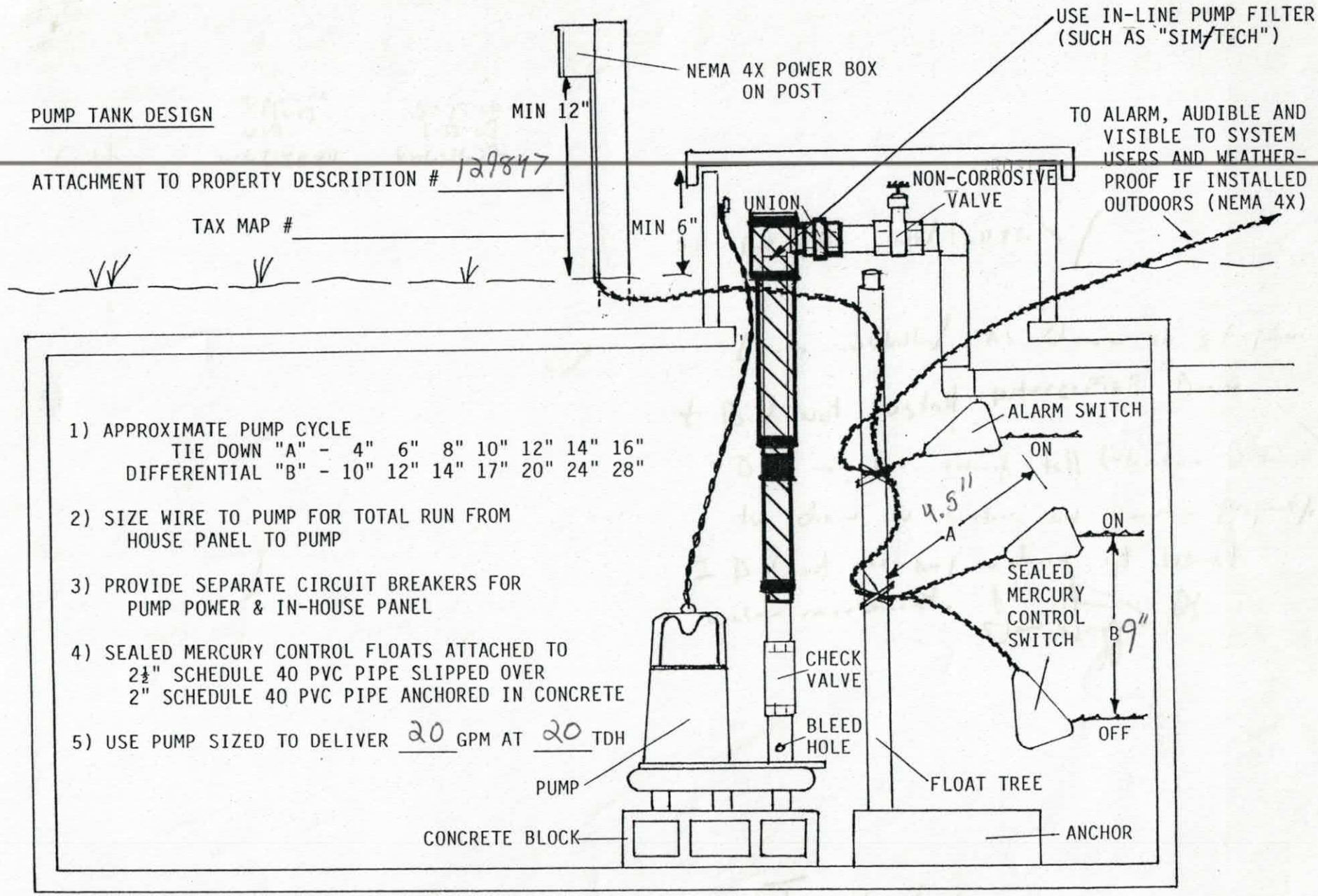
Review (#####)

$\frac{360}{X} = 1380$

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 129847

TAX MAP # _____



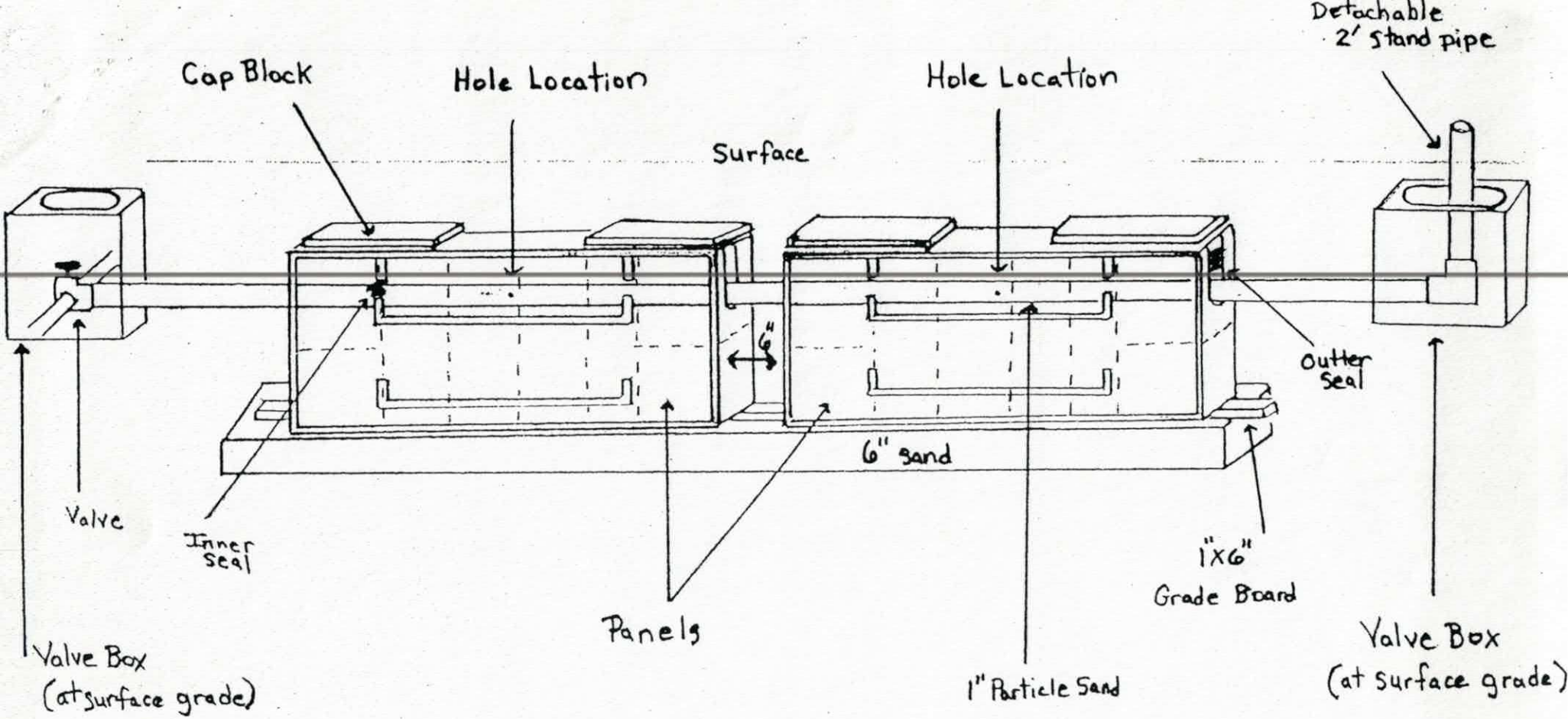
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 20 GPM AT 20 TDH



Pressure Dosed PPBPS

of panels 48.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 35 tons.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 20.
TDH 20.

Comments

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ✓BOTH ___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	Work Phone
Todd T Rhyne	816 Whites Farm Rd.	704-876-2124	704-902-0383
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Same	Statesville, NC 28625	Same	Same

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Winberry Ln Statesville NC	Hickory Hills	Lot 3

Driving Directions: Take Hwy 64-70 West, From City Limit approx. 2 miles on left (Winberry Ln) 1st Lot on left.

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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

(✓) 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 (✓) Other Public Water

****

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference

****

8. **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. 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:** Todd T Rhyne — 8-2-05

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

IREDELL COUNTY HEATLH DEPARTMENT

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…
  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

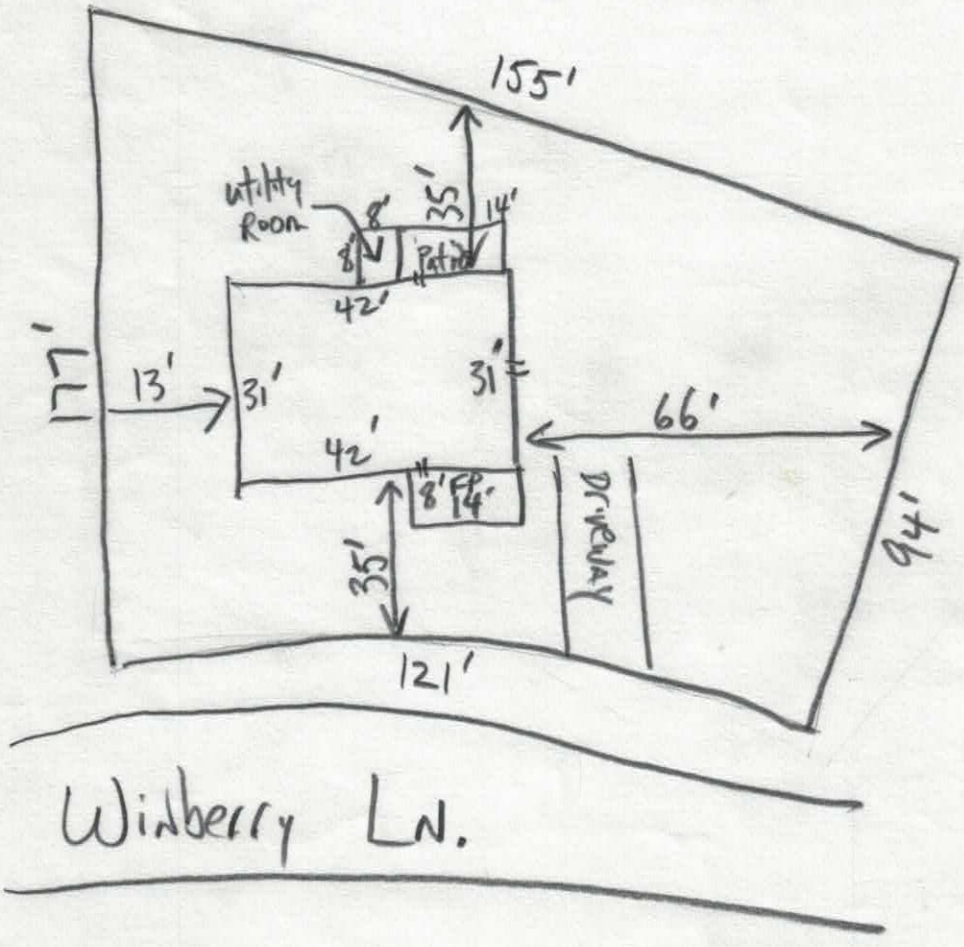
Signature: Todd J. McRae

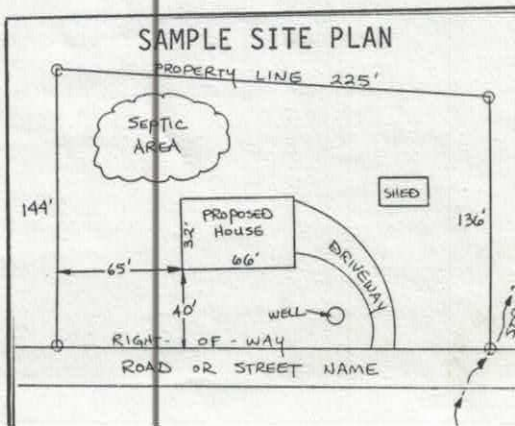
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-2-05
DATE

← N

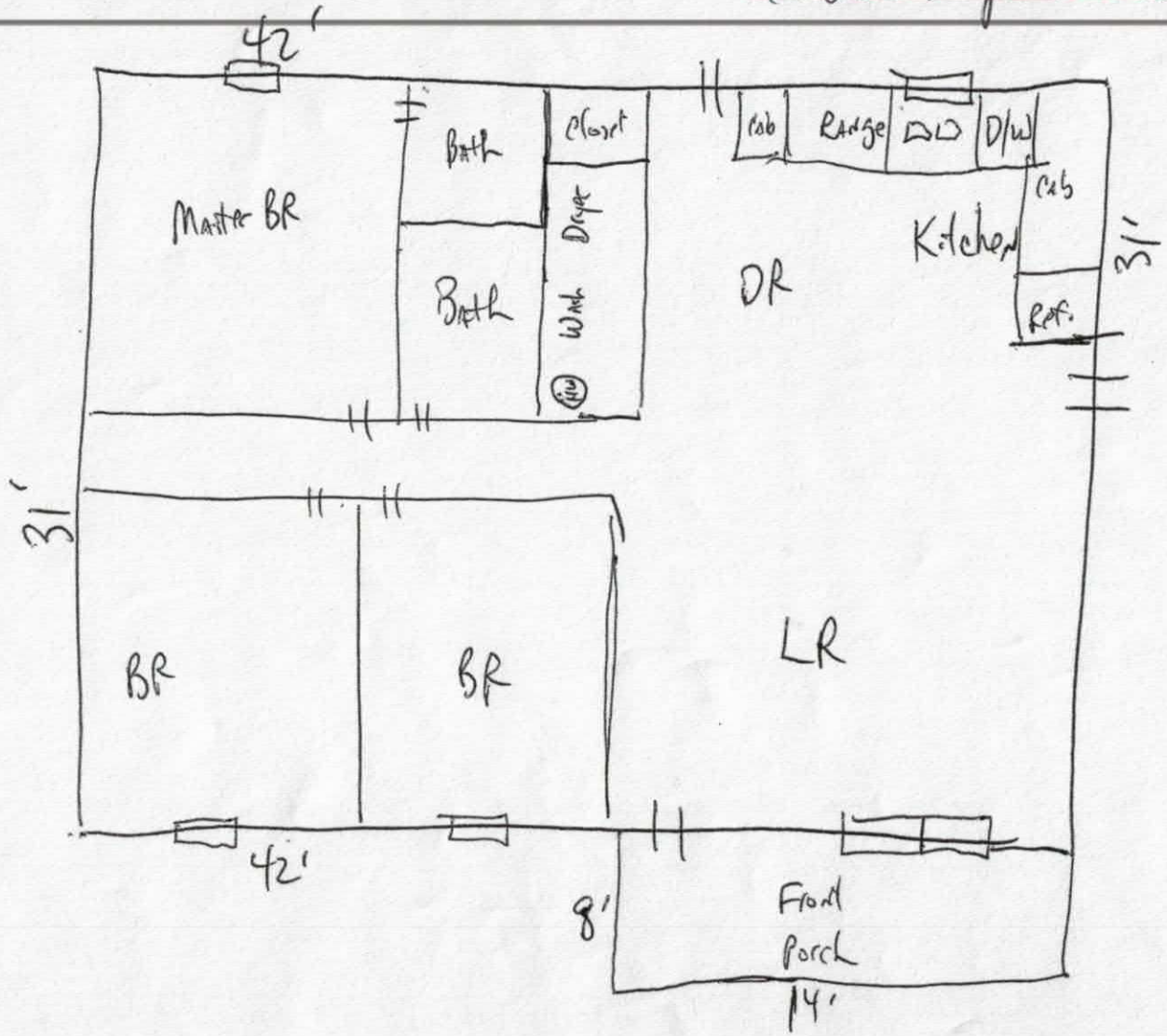
USE THIS SPACE TO DRAW YOUR SITE PLAN





111 Windberry Ln

Acknowledgement Of
Plans Submittal ONLY!
Date 8/25/05
Date 9-8-05



1302 A

City of Statesville Jurisdiction

Zoning Approval

for building permit application

704-878-3575

General Information

Job Address	111 WINBERRY LN	Permit Number	129847ZO
Owner	Todd Rhyne	Tax Map	4724115627.000
Owner Addr.	816 Whites Farm Rd	Zoning	R-20
	STATESVILLE, NC 286770000	Flood Hazard Area	
Phone No.		Historic District	
Contractor		Architect	
Address		Address	
Phone No.		Phone No.	

Type of Application Single Family

Utility Source

Electric

Water

Sewer

Required Information

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

	Lot Dimensions	2	Required Parking	**Setbacks**	
	Structure Size &		Landscaping	35 ft	Front Yard
	Location		Utility Location	35 ft	Rear Yard
	Easements		TRC Review	12 ft	Right Yard
	Flood Certification		Other	12 ft	Left Yard
	Driveway Cuts				

Department Approval

Planning Department _____ Public Works _____

Comments

sf new construction

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Todd A Rhyne — 7-7-25

Applicant Signature — Date