IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 229457

PIN # 4724-25-6986

APPLICANT/OWNER: Gary Sheehan

APPLICANT ADDRESS: 1548 Old Mountain Road Statesville, NC 28677

SITE ADDRESS: 707 Crestridge Road Statesville, NC

PHONE: 704-957-4400 ALT. PHONE

SITE DIRECTIONS: 70 to Westminster → to Westover → to Crestridge → Lot on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Westover

SECTION: LOT # 2 LOT AREA: 0.33 acres

DESIGN FLOW: 240 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	4-17-17
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	5	Linear Ft	218
Trench Width	36"	Trench Bottom Depth(Low side)	33	Gravel Depth	—

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

System Description: 25% Reduction (serial distribution)

Repair System Description: Exempt → 1975 lot

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons 4 No. Employees — ☐ Crawl Space

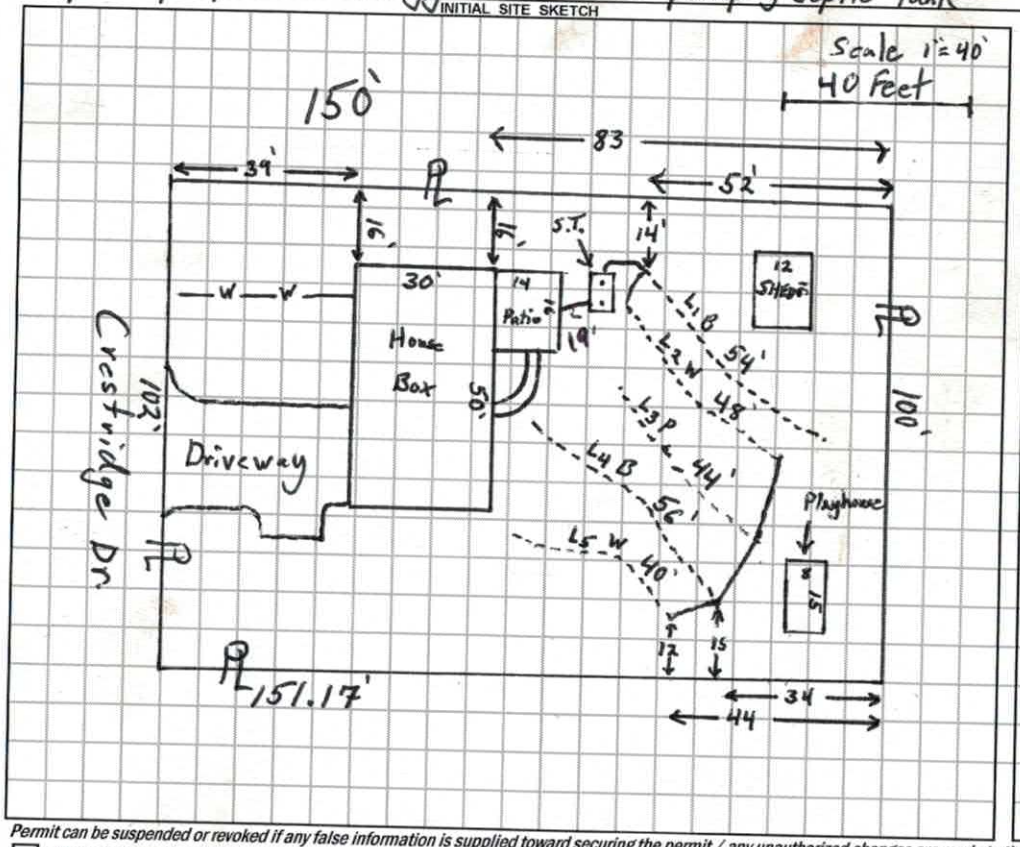
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Lot is repair exempt DB 12 Page 56, Though 242 l.f. of line has been laid out only 218 feet of line need be installed. Spare area to be set aside for future repair purposes. Strongly recommend pumping septic tank every 3-5 years.

38-54-31-54-34.

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: Gary Sheehan

IMPROVEMENT PERMIT by: Tom Shuck Date: 9-14-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/12/17

Installed by: Shane Custion. Precision Excavation.

OPERATION PERMIT by: Benjamin A Bottings. Date: 10/6/2017

Existing System Inspected by: Date: 9/12/17

DHHS

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gary Sheehan — APPLICATION DATE: 8/14/17
ADDRESS: 1548 Old Mtn Rd. Statesville — DATE EVALUATED: 8/25/17
PROPOSED FACILITY: 2BR House — PROPOSED DESIGN FLOW (.1949): 240 GPD — PROPERTY SIZE: 0.33
LOCATION OF SITE: 707 Crestridge — PROPERTY RECORDED: Yes 1975
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 mid	LSS 6%	0-6	SCL V.W.SBK	Sl. Firm, SS, Sp, Sap	—	48	-	—	0.275 PS
		6-48	clay some M-M SBK mica	Sl. Firm, Sticky, Sp Sap					
2 Upper	LSS 6%	0-5	SCL V.W.SBK		—	49	—	—	0.30 PS
		5-38	clay some M SBK mica	Sl. Firm, Sticky, Sp Sap					
		38-49	clay some W SBK mica	Sl. Firm, Sticky, Sp Sap					
3 lower	LSS 6%	0-5	SCL V.W.SBK	Sl. Firm, SS, Sp, Sap	—	48	—	—	0.30
		5-34	clay M SBK/ABK	Firm, Sticky, Sp, Sap					
		34-48	Clay/Clay Loam W.SBK some mica Saprolite	Sl. Friable, SS, Sp, Sap					

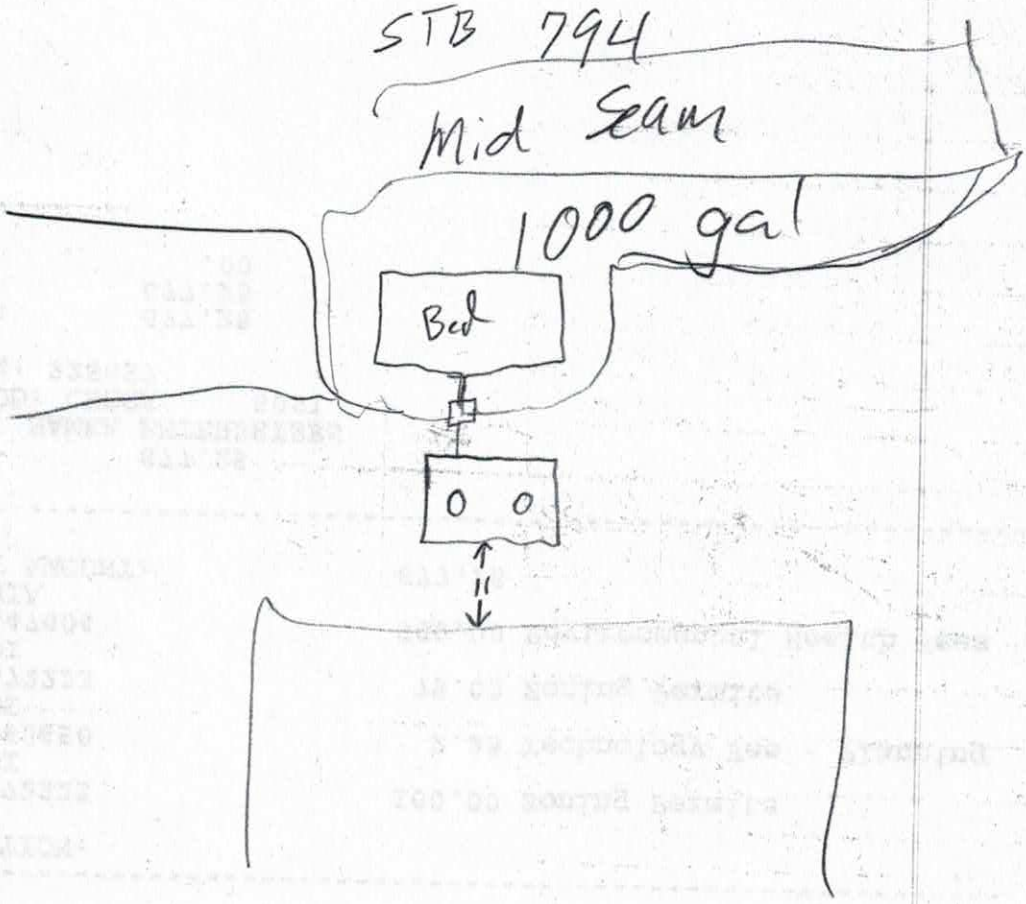
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	242 l.f.	
System Type(s)	25% Reduction	Exempt
Site LTAR	0.275	

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

COMMENTS: ___

6/28/17

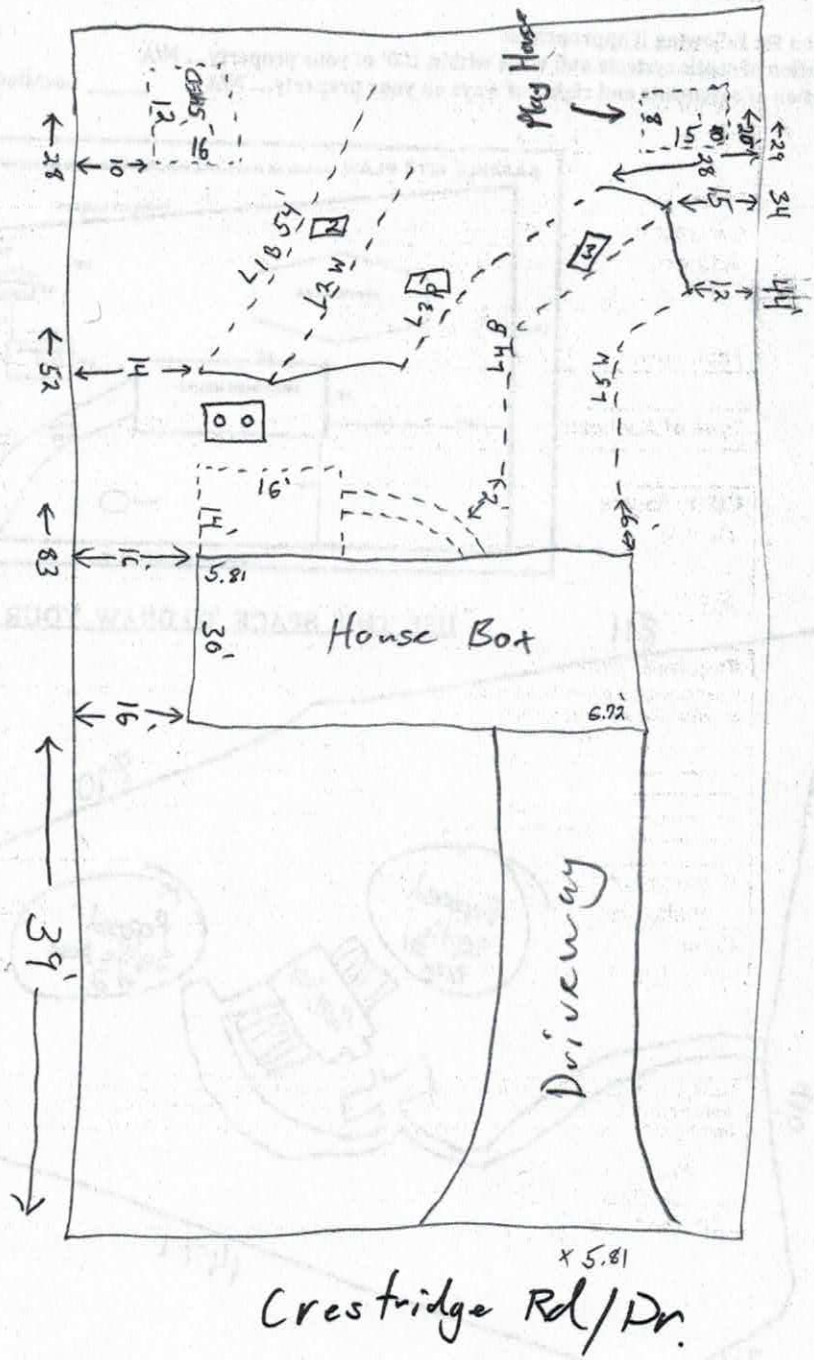
STB 794



LF 5.39 → 6% Grade

L 7.50

		Elev.
	2	
L_1	54'	[5.39]
L_2	48	
L_3	44'	
L_4	56	
L_5	40	[7.50]
	242	



EH - 2nd

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Gary Sheehan Address: 1548 Old Mountain Rd Zip: 28677
Applicant Email: garysheehan@bellsouth.net Phone: 704-957-4400 Alt. Phone: _____
Owner Name: Gary Sheehan Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 707 Crestridge Road
Subdivision Name: Westover Section/Phase: _____ Lot Number: 2
Driving Directions: 70 to Westminster, to Westover, to Crestridge

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) Community Well (Aqua Water) ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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 (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: Gary Sheehan 8-14-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

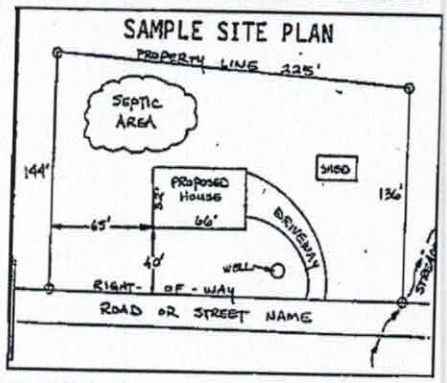
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and 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:

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

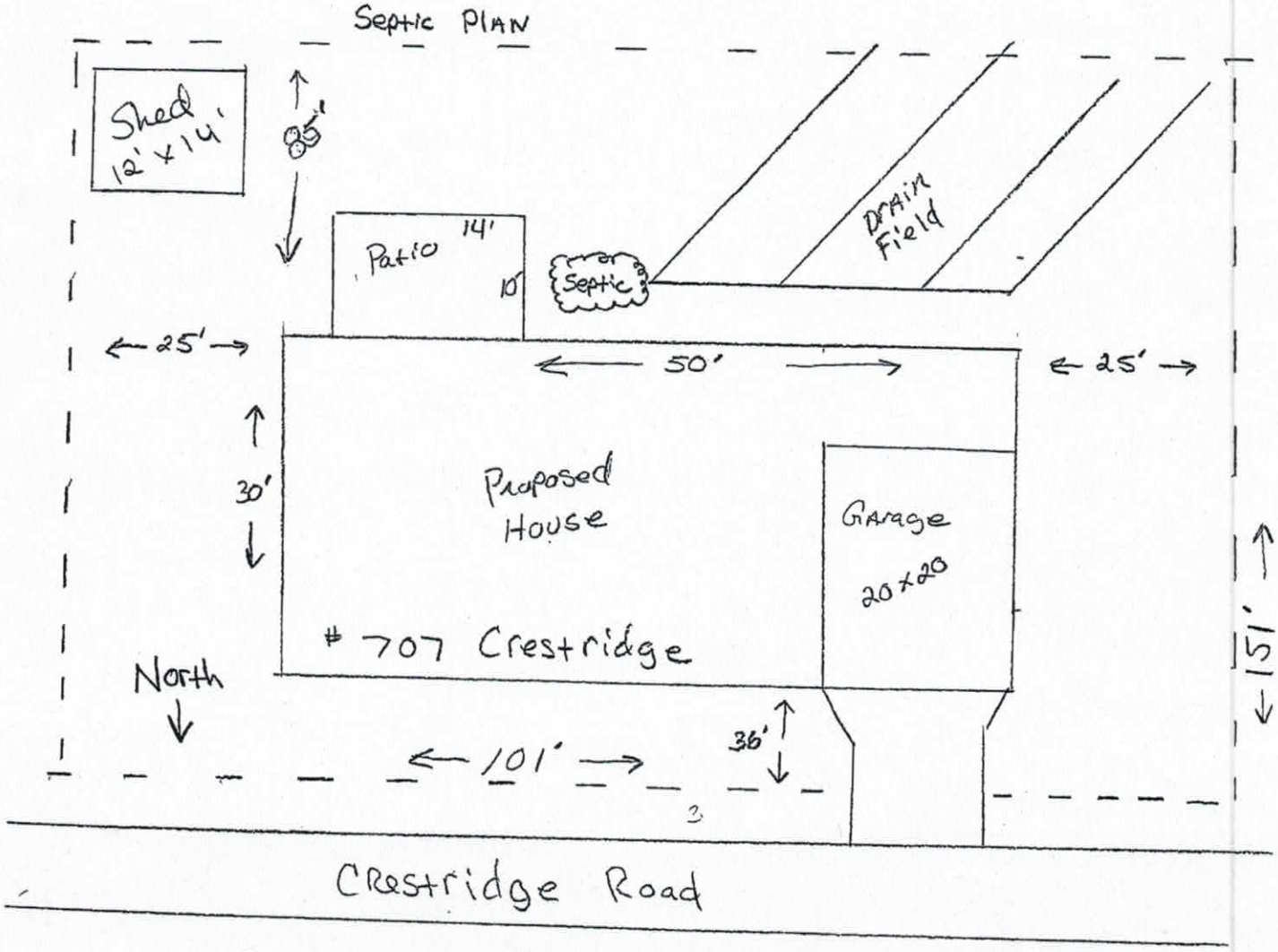
See attached

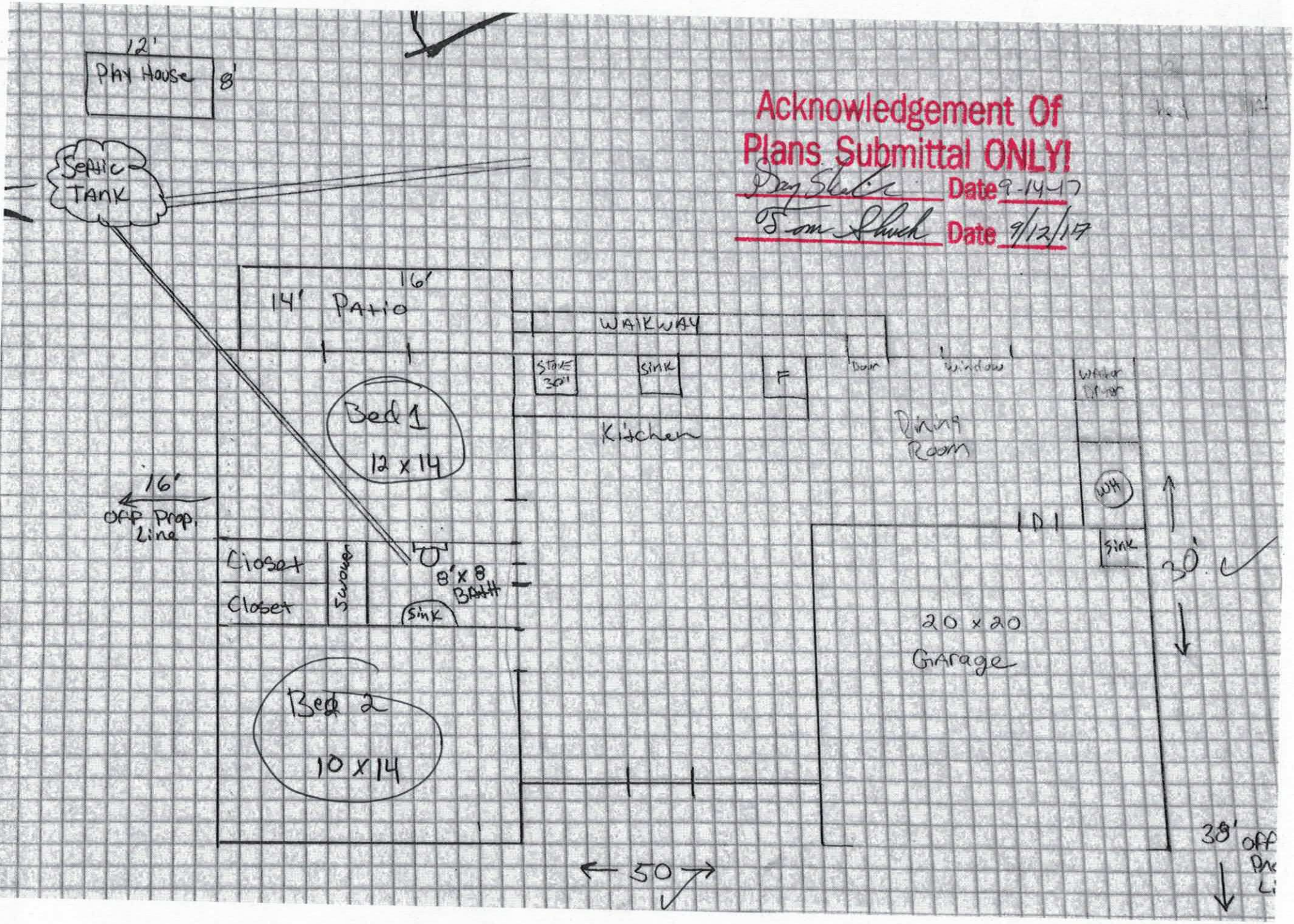
Signature: Barry Shelton

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

8-14-17

DATE


Septic PLAN
Shed
12' x 14'
85'
Patio
14'
10'
Septic
Drain Field
25'
50'
25'
30'
Proposed House
Garage
20x20
707 Crestridge
North
101'
36'
151'
Crestridge Road


12'
Play House
8'
Septic Tank
Acknowledgement Of
Plans Submittal ONLY!
Doug Slade Date 9-14-17
Tom Shuck Date 9/12/17
16'
14' Patio
WALKWAY
Stove 30"
Sink
F
Door
Window
Kitchen
Dining Room
Water Heater
WH
Bed 1
12 x 14
16'
Off Prop. Line
Closet
Closet
Shower
8' x 8' Bath
Sink
Sink
30'
20 x 20
Garage
Bed 2
10 x 14
50'
38'
Off Prop Li

County

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	707 CRESTRIDGE ROAD	Permit Number	229457
Owner	GARY SHEEHAN	Tax Map	4724256986.000
Owner Addr.	1548 OLD MOUNTAIN ROAD	Zoning	R-20
	STATESVILLE, NC 28677	Flood Hazard Area	
Phone No.	704-957-4400	Historic District	
Contractor	GARY SHEEHAN	Architect	
Address	1548 OLD MOUNTAIN ROAD	Address	
	STATESVILLE, NC 28677		
Phone No.	704-957-4400	Phone No.	

Type of Application NEW SINGLE FAMILY - STATESVILL

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		Required Parking	Setbacks	
	Structure Size &		Landscaping	35.00	Front Yard
	Location		Utility Clearance	35.00	Rear Yard
	Easements		TRC Review	12.00	Right Yard
	Flood Certification		Other	12.00	Left Yard
	Driveway Cuts				

Department Approval

Planning Department 8/15/2017 Public Works

Comments

NEW HOME WITH SEPTIC SYSTEM

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.

Gary Sheehan
Applicant Signature

08/15/2017
Date