IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245007

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

PIN # 4724540562

APPLICANT/OWNER: DAVID CASH APPLICANT ADDRESS: 164 FOXGLOVE DRIVE, STATESVILLE, NC 28625

SITE ADDRESS: 2909 MEADOWBROOK ROAD, STATESVILLE, NC 28677 PHONE: 704-500-3794 ALT. PHONE 704-657-5527

SITE DIRECTIONS: (W) ON 40, (L) ON 90, (R) ON BRISTOL DRIVE, (R) ON MEADOWBROOK, LOT @ END ON (L) SAP CONTROLLED: ☐ YES ☐ NO EXT

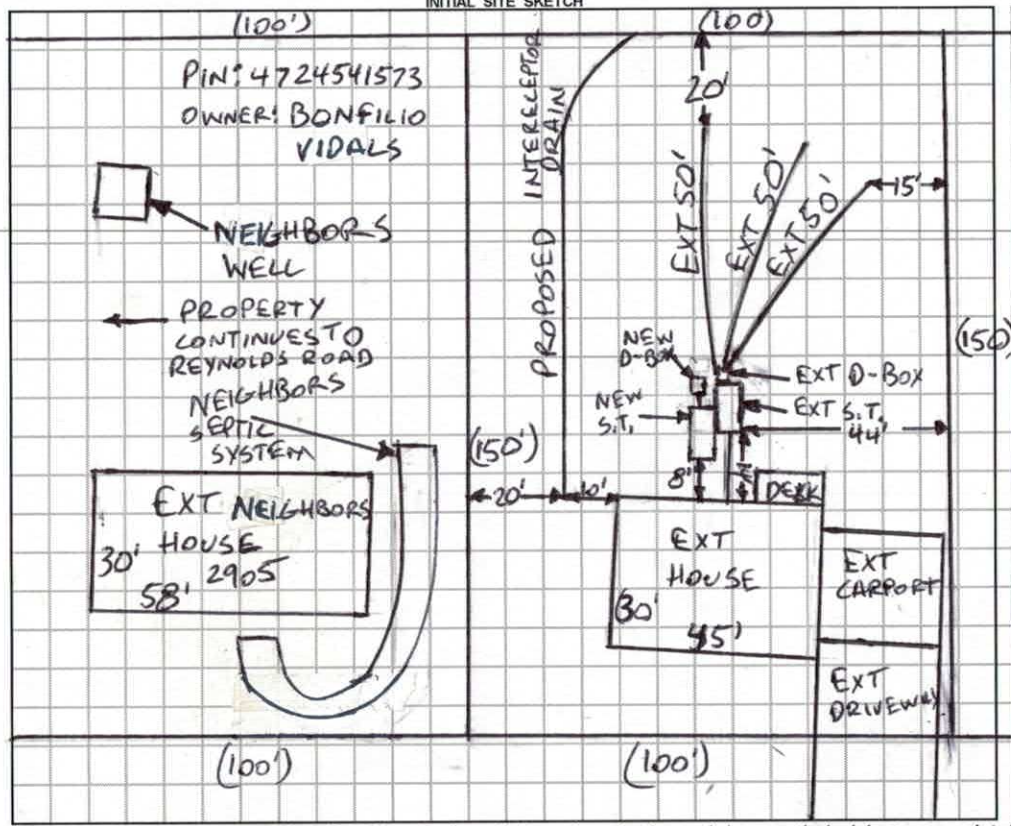
SUBDIVISION: BRISTOL PARK TERRACE SECTION: BLK B LOT # 2 LOT AREA: 0.344 AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	3000	(gal)	STB 2104	Date	5-7	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms EXT
Pump Tank	—	(gal)	PT —	Date	—	System Description:	EXT			☐ Business	No. Persons EXT
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees —
# Nitrification Fields	3	# Lines	3	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

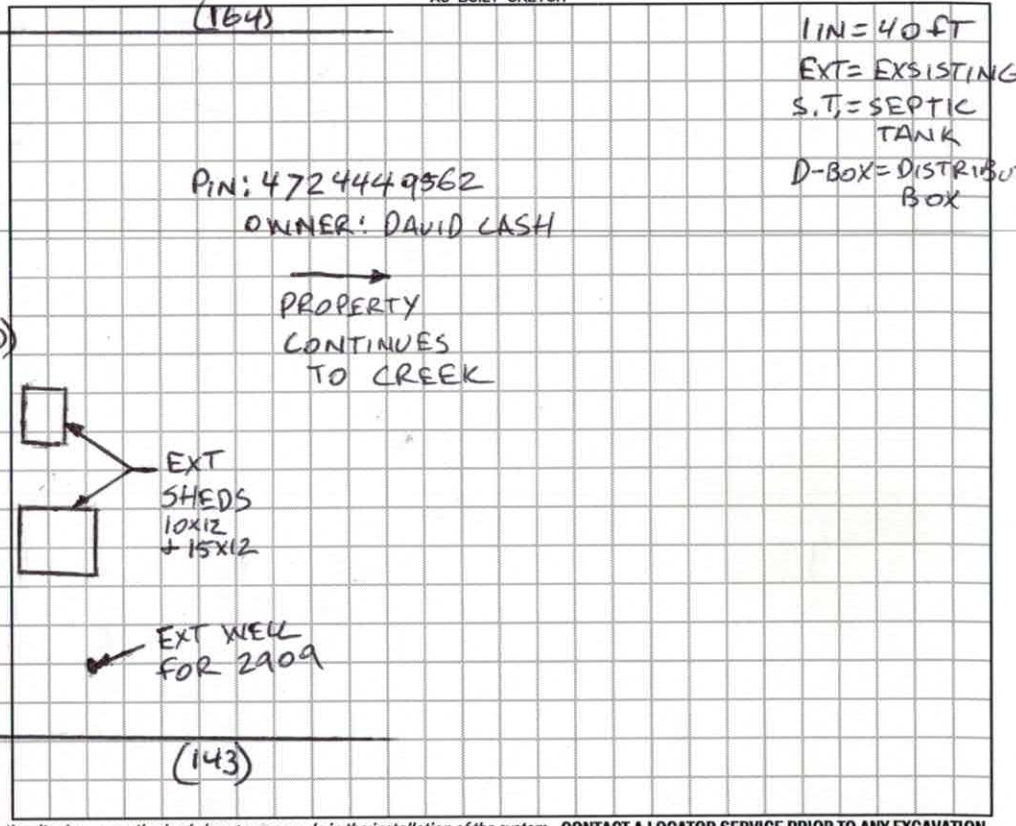
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: PUMP, CRUSH, FILL OLD TANK, INSPECT AND REPLACE EXT D-BOX AS NEEDED, IF PROBLEM IS NOT CORRECTED WITH TANK REPLACEMENT. INSTALL INTERCEPTOR DRAIN AS NEEDED

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: David W Cash Date: 7-15-2019 Installed by: Lantz Water Wells

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-15-2019 OPERATION PERMIT by: Benjamin A Bass Date: 8/19/19

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-15-2019 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 2
PROPERTY ID #: 4724540562
COUNTY: IREDELL

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

OWNER: DAVID CASH
ADDRESS: 164 FOXGLOVE DRIVE, STATESVILLE, NC 28625
PROPOSED FACILITY: EXT
PROPOSED DESIGN FLOW (.1949): EXT
LOCATION OF SITE: 2909 MEADOWBROOK ROAD, STATESVILLE, NC 28677
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 5-23-19
DATE EVALUATED: 6-13-19
PROPERTY SIZE: 0.344 AC
PROPERTY RECORDED: YES

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	LINEAR SIDE 2% AB	0-12	SL, GR	FR, SS, SP, SEXP	- 0.M	48"+	NA	NA	U WET-NESS
		12-48	SC, WSBK	FR, S, P, SEXP	- MATRIX 10YR 6/2 GLEY FECONC GLEY 8/1 MOTS		FREE WATER 47"		
2	LINEAR SIDE 3% AB	0-12	POSSIBLY FILL		10YR 7/2 10YR 6/1 MOTS MN CONC FE CONC 10YR 5/8 MATRIX	33"+	NA	NA	U EXP
		12-33	C, ABK	FI, VS, VP, EXP					
3	LINEAR SIDE 3% AB	0-20	POSSIBLY FILL		10YR 5/2 MATRIX 10YR 6/2 + 10YR 7/1 MOTS MN CONC FE CONC	48"+	NA	NA	U EXP
		20-48	C, ABK	FI, VS, VP, EXP			FREE H2O @ 47"		
4	LINEAR SIDE 3% PIT	0-16	~~SCL, WSBK~~ FILL	FR, SS, SP, SEXP	2.5Y 5/2 20"	63"+	NA	NA	U WET
		16-22	SCL, WSBK	FR, S, P, SEXP					
		22-43	C, ABK	FI, VS, VP, EXP					
		43-63	STANDING H2O						

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

OTHER FACTORS (.1946): ~~BS~~ TANK REPLACEMENT
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT: HEATH SNOW & BEN BOTKINS PRESENT @ PITS

COMMENTS:

Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4724540562
DATE OF EVALUATION: 6-24-17
COUNTY: IREDELL

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
4	LINEAR SIDE 3%	0-14	~~SCL, WABK~~ FILL	~~FR,SS,SP,SEXP~~ FILL					
		14-38	SCL, ~~WABK~~	FR,S,P, SEXP	CHROMA 2 @ 16"	60"+	NA	NA	U
5	PIT	38-60	C, ABK	FI, VS, VP, SEXP					
6	LINEAR SIDE 3% PIT	0-14	SCL/WABK	FR/SS, SP, SEXP	~~GLEY~~ N/A @ 16" MATRIX 5Y5/1	60"+	NA	NA	U
		14-39	SCL/WABK	FR, S, P, SEXP					
		39-60	C/ ABK	FI, VS, VP, EXP					
7	LINEAR SIDE 3% PIT	0-16	CL, WABK	FR, SS, SP, SEXP	MATRIX 5Y5/1	32"+	NA	NA	U
		16-32	SCL/WABK	FR, S, P, SEXP					
8	LINEAR SIDE 5% PIT	0-10	SCL, WABK	FR, SS, SP, SEXP					
		10-48	SC, ABK	FI, VS, VP, EXP	CHROMA 2 or 1 10"-48"	48"+	NA	NA	U

COMMENTS:

RECEIVED MAY 2 3 2019

245007

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Repair Evaluation - No chg

Application For: ( ) New Well Permit (X) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Dorothy Hayes Cash Address: 2909 Meadowbrook Rd Zip: 28677
Applicant Email: none Phone: (704) 872-1216 Alt. Phone: none
Owner Name: David Wayne Cash Address: 164 Foxglove Dr Zip: 28625
Owner Email: dwcash@bellsouth.net Phone: (704) 876-6137 Alt. Phone: (704) 500-3794 CELL

Property Information:

Linda Wilhelm (704) 657-5527

Street Address: 2909 Meadowbrook Rd
Subdivision Name: Bristol Park Terrace Section/Phase: _____ Lot Number: 2
Driving Directions: Hwy 70 W turn Rt onto Bristol Dr, Turn Left onto Meadowbrook Rd

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: bathroom drains not draining properly, toilet not flushing well
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: 1958
( ) 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 (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: _____ 5/23/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

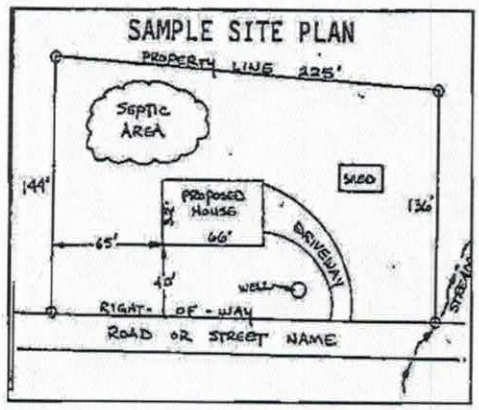
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

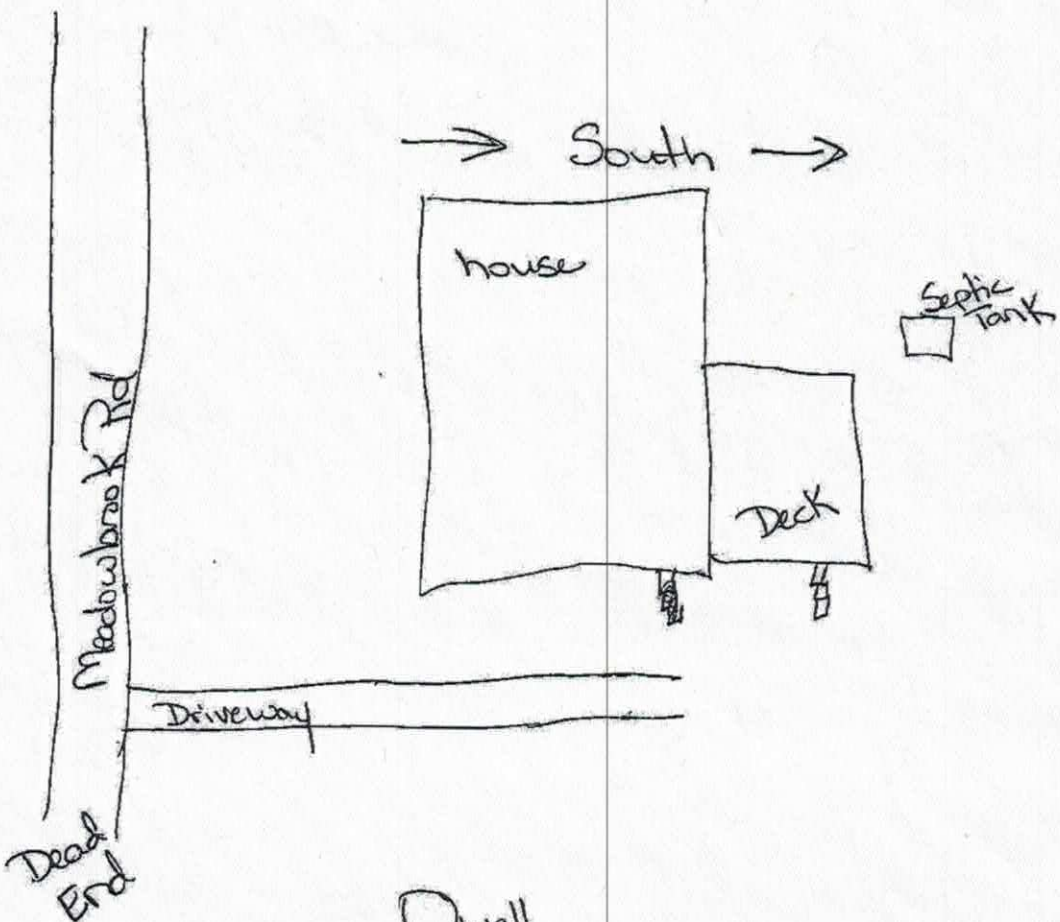


Circle N/A on the following if appropriate:

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)

5/22/19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date AUG 6 1958

Owner PAUL BARNES Address STATESVILLE

Installed By OSTWALT Address _____

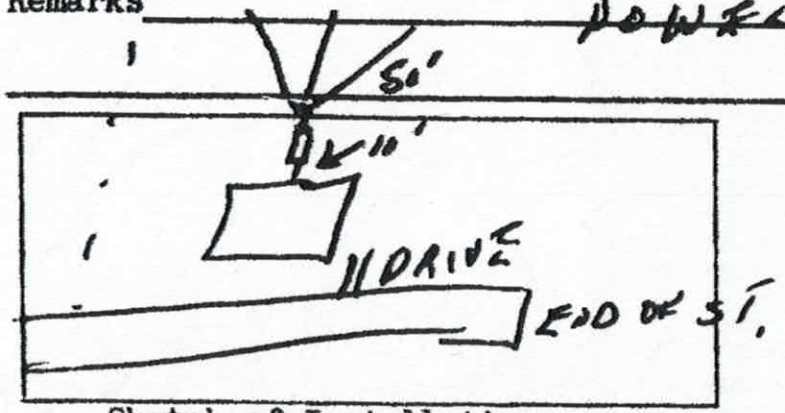
Location of Property OFF #21 RIGHT AT CAROLINA INN LEFT 1/2 MILE NEW DEVELOPMENT - ~~NEXT~~ THE LAST HOUSE ON LEFT

Tank		Capacity		Length of Lines		Fixtures	
Block	(✓)	800	( )	150'	(✓)	No. of Baths	(1)
Precast	( )	900	(✓)	175'	( )	Dishwasher	( )
		1000	( )	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	( )	Auto-Washer	( )
		1200	( )	250'	( )	Other	_____
		Other	_____	Other	_____		

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection AUG 6 1958 Approved (✓) Disapproved ( )

Remarks HOWELL ON PROPERTY



Sketch of Installation

Raymond A. Thomas
Sanitarian

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*) _____

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, DAVID W. CASH, am the legal owner(s) of the property located at 2909 MEADOWBROOK RD. STATESVILLE, NC 28677, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LINDA C. WILKEY _____, 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.

D. W. Cash. _____ 5/23/19

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677