IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 233275

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

PIN # 4725235853

APPLICANT/OWNER: Sonia Connor

APPLICANT ADDRESS: 137 Kay Lane Statesville NC 28625

SITE ADDRESS: 137 Kay Lane Statesville NC 28625

PHONE: 704 450 8604

ALT. PHONE 704 657-4950

SITE DIRECTIONS: Hwy 90 Taylorsville Hwy Left on Kay Lane. House on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Con-Oaks

SECTION: ~ LOT # 87-89 LOT AREA: ~

DESIGN FLOW: 240 L.T.A.R.: .30

Septic Tank: Existing (gal) STB Date

Pump Tank: – (gal) PT – Date –

Pump Make: – Model – Serial # –

Nitrification Fields: 1 # Lines: Bed. ~~Linear Ft~~ 800 ft²

Trench Width: 120 inches. Trench Bottom Depth(Low side): 35 Gravel Depth: 24 inches.

☐ New System ☒ Repair ☐ Expansion System Type: I ◯ III IV V VI

System Description: –

Repair System Description: 10 x 40 Bed

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms: 2

☐ Business No. Persons: 4

☐ Other No. Employees:

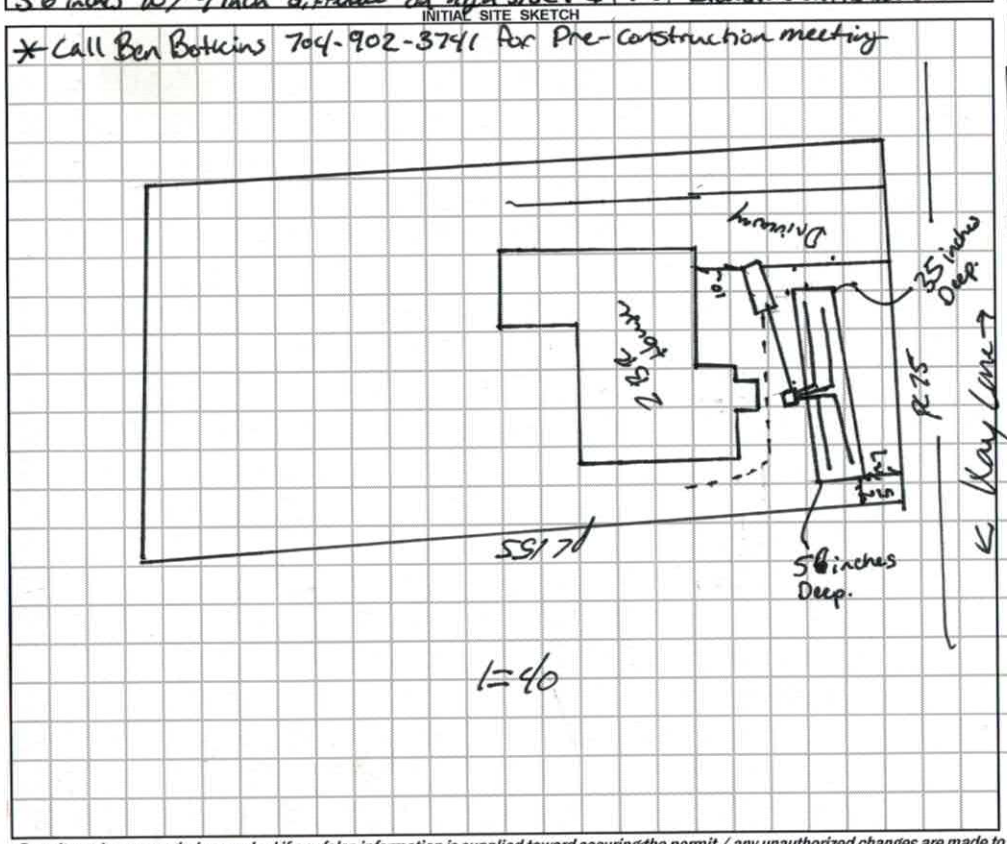
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

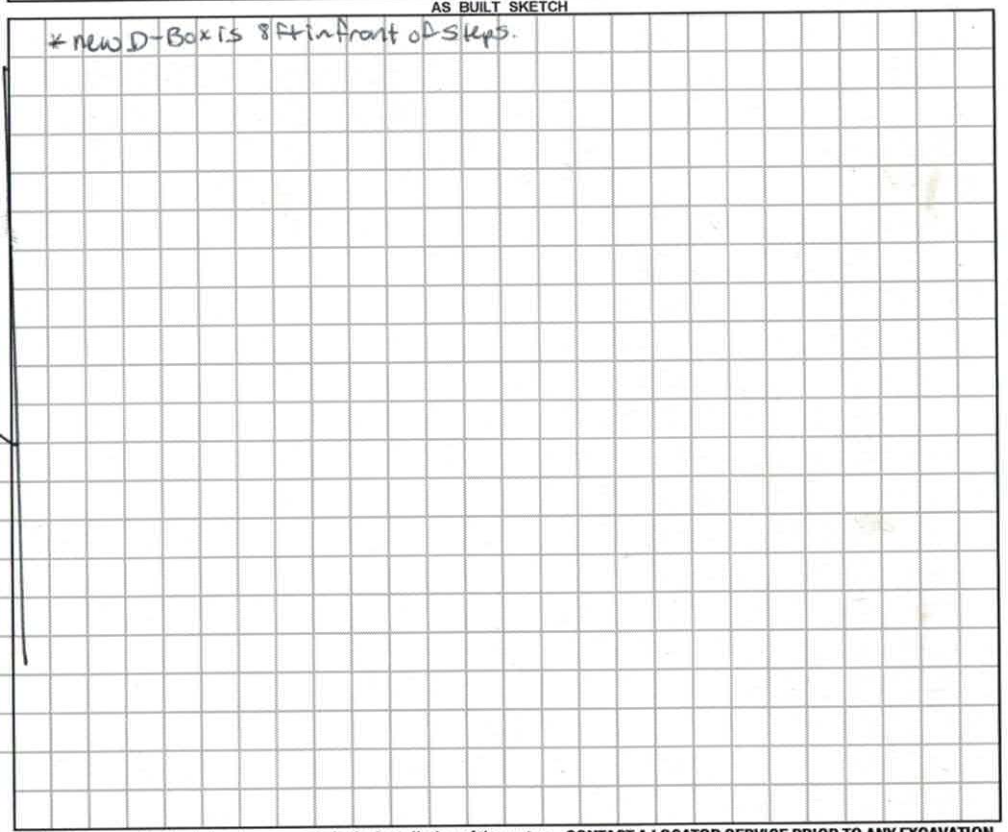
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 10 x 40 Gravel Bed with 24 inches of Stone use D-Box to distribute water throughout the Bed. Bed will need to be 56 inches w/ 9 inch difference on high side. 1 ft of Elevation difference on low side of bed. Low side of trench & Lowest point will need to be 35 inches deep with 11 inches of cover. Replace Septic tank if 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: [signature] Date: 2/16/05

IMPROVEMENT PERMIT by: Benjamin A Botkins Date: 2/16/2018

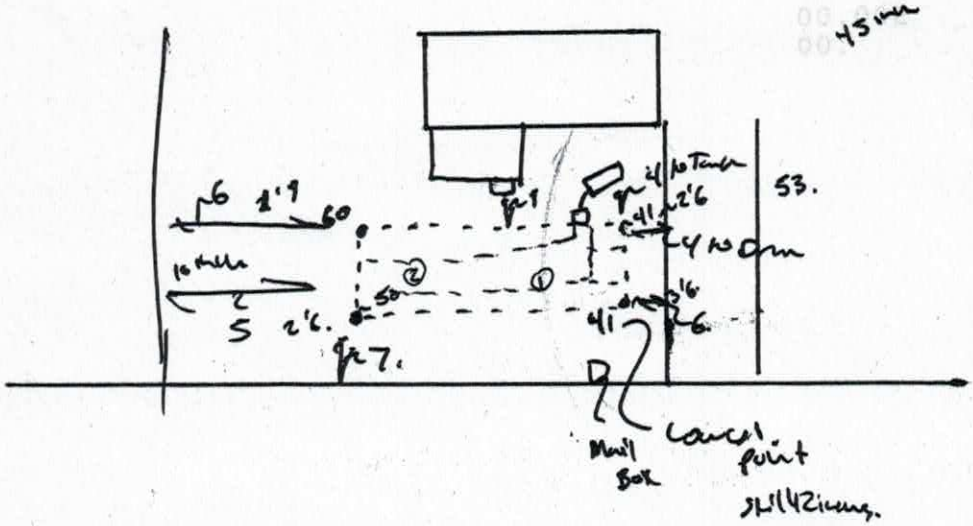
AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkins Date: 2/16/2018

Installed by: Sammy Reavis

OPERATION PERMIT by: Benjamin A Botkins Date: 4/12/19

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.



Max depth.
60'
50 Low

51 High.
41 Low.
2

24 inches of Stones
Lowest point ~ 12 inches of cover

66
52.
54.
.3. CTAR.

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Repair

Sheet 1 of 1
PROPERTY ID #: 4725235923
COUNTY: Iredell

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

OWNER: Connor
ADDRESS: 137 Hey Cove SVC
PROPOSED FACILITY: 2BR House. PROPOSED DESIGN FLOW (.1949): 240 gpd.
LOCATION OF SITE: 137 Hey Cove SVC NC

APPLICATION DATE 2/8/17
DATE EVALUATED: 2/12/17
PROPERTY SIZE: 75x155
PROPERTY RECORDED: Yes.

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	12%	0-6	SC GRWSBK	SS SP FR SELP	25YR 6/8	68.	—	Little mottles Mica.	PS .3
		6-40	C SBK	SS SP FM					
		40-68.	CL WSBK	SS SP FR					
2	12%	0-8	SC GRWSBK	SS SP FR SELP	2.5YR 6/8	68.	—	Little mottles	PS .3
		8-40	C SBK	SS SP FM					
		40-68.	CL WSBK	SS SP FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	10x40
System Type(s)	—	Bed Double stone
Site LTAR	—	.3

OTHER FACTORS (.1946): Repair
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

ation For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
eptic Improvement Permit ( ) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY) Ronald Turner - 704-657-4950

Applicant Name: Sonia Connor **Address:** 137 Kay Lane **Zip:** 28625
Applicant Email: _____ **Phone:** 704.450.8604 **Alt. Phone:** 704.872.3088
Owner Name: Sonia Connor **Address:** 137 Kay Lane **Zip:** 28625
Owner Email: _____ **Phone:** 704.450.8604 **Alt. Phone:** 704.872.3088

Property Information:

Street Address: 137 Kay Lane.
Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: Hwy 90 towards Stony Point

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: not draining off
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

(✓) Crawl Space Foundation
( ) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ~~1962~~ 1962
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Sonia Connor 2-8-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

to EH 2-8-18

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Sonia Connor, am the legal owner(s) of the property located at 137 Kaylane Statesville NC 28625, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Sonia Connor — Signature of Owner(s)
02.08.2018 — Date
_____ — Signature of Witness
_____ — Date

Please return this signed form to the appropriate office:

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

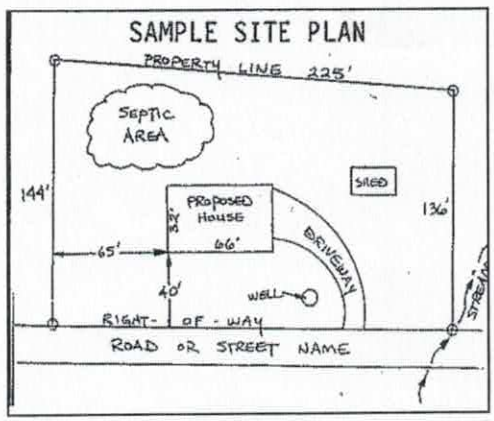
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SE[illegible]HE "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**

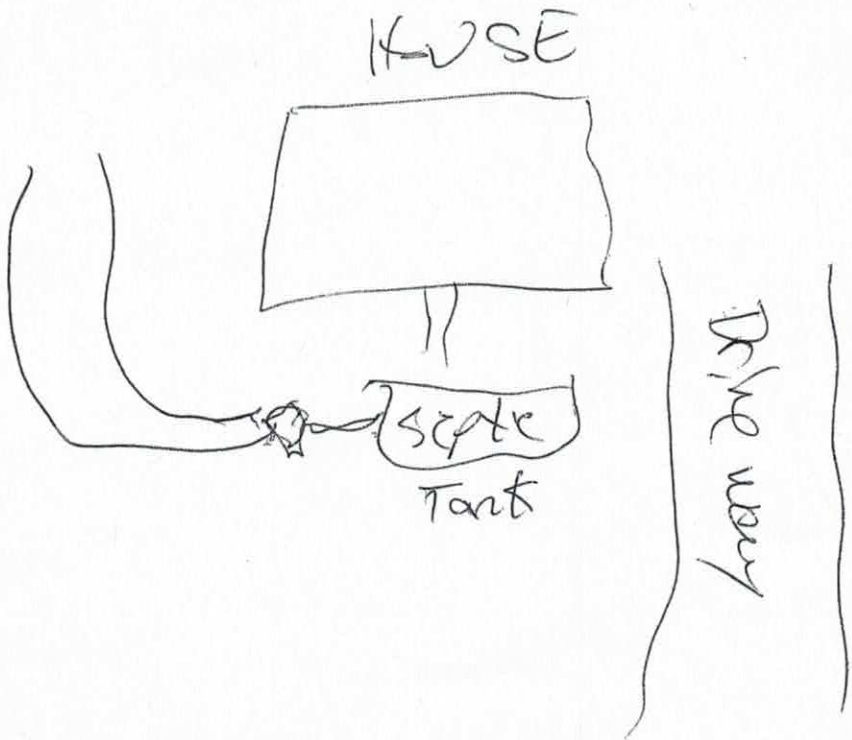


Circle N/A on the following if appropriate:

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

2-8-18
DATE