ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP - 325726

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

PIN # 4725 -- 24 -- 0553

APPLICANT/OWNER: GREG LEWIS

APPLICANT ADDRESS: 612 SOUTH MULBERRY STREET, STATESVILLE, N.C. 28677

SITE ADDRESS: 115 ABSHER FARM LOOP, STATESVILLE, N.C. 28625

PHONE: 602-582-3000 ALT. PHONE —

SITE DIRECTIONS: (E) ON 90, (L) ON ABSHER FARM, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 8.161 AC

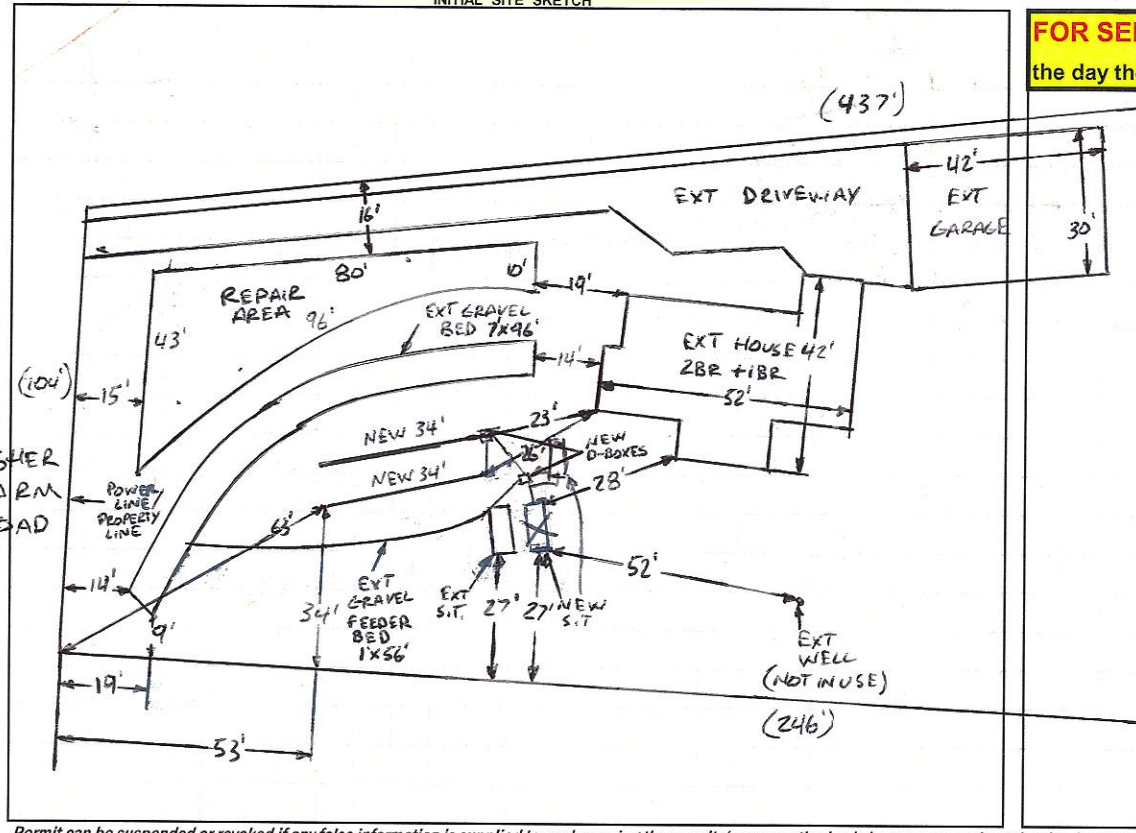
DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	2071	Date	INFILTRATOR	☐ New System ☐ Repair ☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT CONVENTIONAL + 50% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	EXT + 2	Linear Ft	EXT + 68FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EXT + 24 IN	Trench Bottom Depth (Low side)	32 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE TWO D-BOXES TO ACHIEVE EQUAL DISTRIBUTION, MAINTAIN 50 FT FROM ALL WELLS, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

BCW - 6-8-2022 DRAIN LINES INSTALLED AS SHOWN

1 IN = 40 FT

S.T. = SEPTIC TANK

EXT = EXISTING

BCW 6-13-2022

- NEW LINES MUST BE RE-PLUMBED
- OLD TANK TO BE ABANDONED

BCW 6-14-2022 FIXED

INSTALLED AS SHOWN

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: 5/26/22 Installed by: JUNIOR BENFIELD (5706)

IMPROVEMENT PERMIT by: Burnett C. White Date: 5-20-2022 OPERATION PERMIT by: Burnett C. White Date: 6-14-2022

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 5-26-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4725-24-05
COUNTY: IREDELL

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

OWNER: GREG LEWIS
ADDRESS: 612 SOUTH MULBERRY STREET, STATESVILLE, N.C. 28677
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 115 ABSHER FARM ROAD, STATESVILLE, N.C. 28625

APPLICATION DATE 2-16-2022
DATE EVALUATED: 4-19-2022
PROPERTY SIZE: 8.161 AC
PROPERTY RECORDED: YES

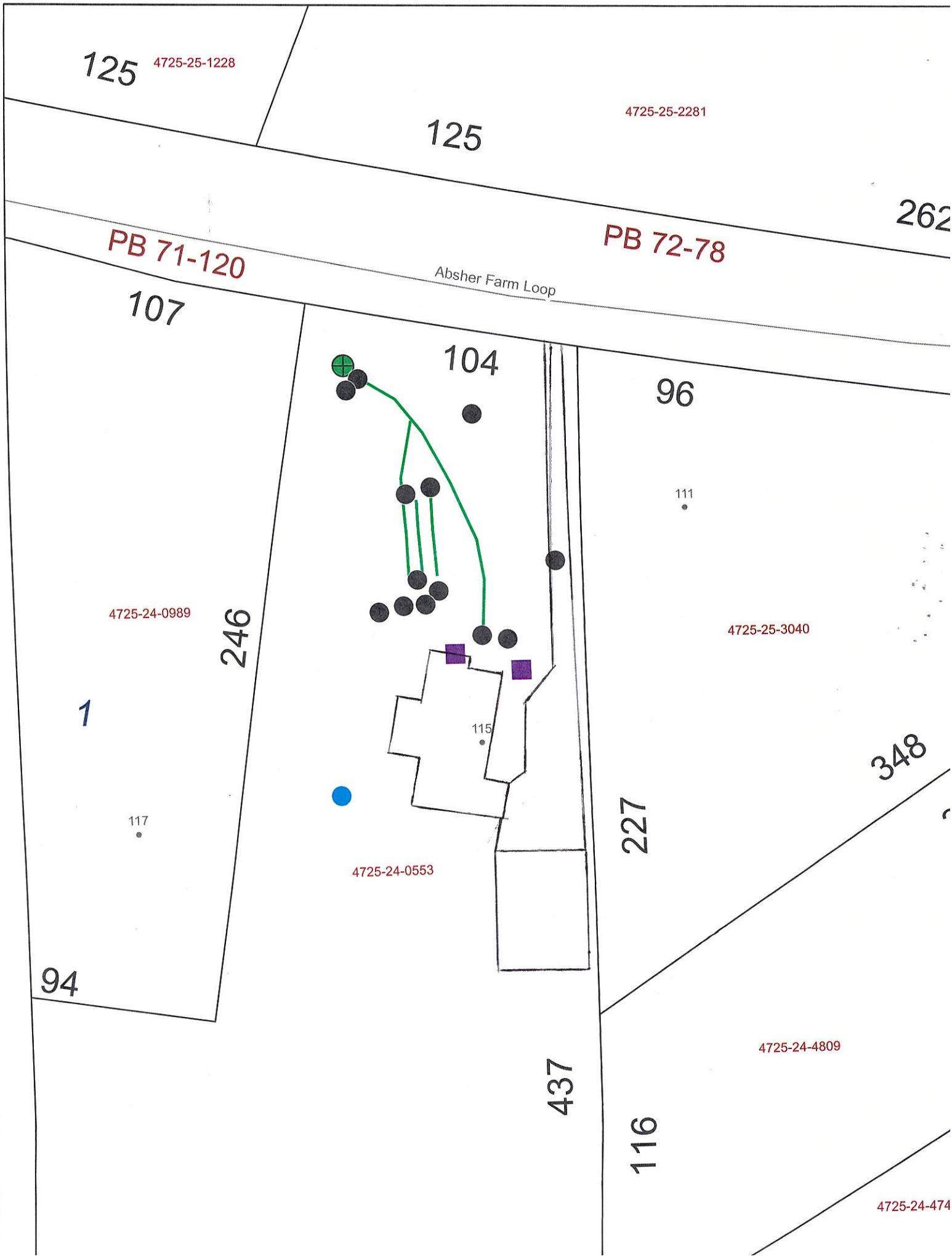
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	LINEAR SIDE 2%	0-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		30-60	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-10	FILL	MIXED	SAP INC THRU OUT	60"+	NA	NA	PS .3
		10-36	C, SBK	FR, S, P, SEXP					
		36-60	CL WSBK	FI, SS, SP, SEXP					
3	LINEAR SIDE 2%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	61"+	NA	NA	PS .3
		33-61	CL WSBK	FI, SS, SP, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	EXT + 50%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. White
OTHER(S) PRESENT: _____

COMMENTS: _____


125
4725-25-1228
125
4725-25-2281
262
PB 72-78
PB 71-120
Absher Farm Loop
107
104
96
111
4725-24-0989
246
4725-25-3040
1
115
348
227
117
4725-24-0553
94
437
4725-24-4809
116
4725-24-474

RECEIVED FEB 1 0 2022

BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325726 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: GREG LEWIS Address: 612 S. McBerry Zip: 28677
Applicant Email: LEWISGREG69@GMAIL.COM Phone: 602-582-3000 Alt. Phone: _____
Owner Name: GREG LEWIS Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 115 ABSHER FARM LOOP STATESVILLE NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 90 TO LAPRARIE FARM 1ST HOUSE ON LEFT

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

2 now moving up to 3
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____ 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: _____
( ) 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: _____ 2/15/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, GREG LEWIS, am the legal owner(s) of the property located at 115 ABSHER FARM LOOP STATESVILLE, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 2-15-22
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

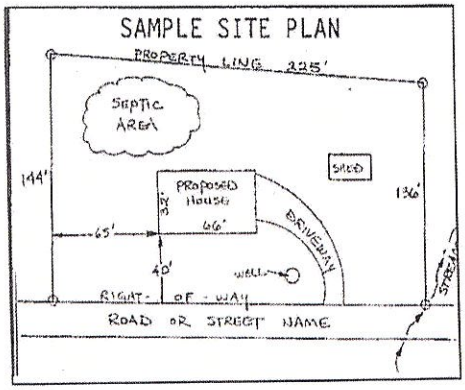
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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
- ( ) 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:

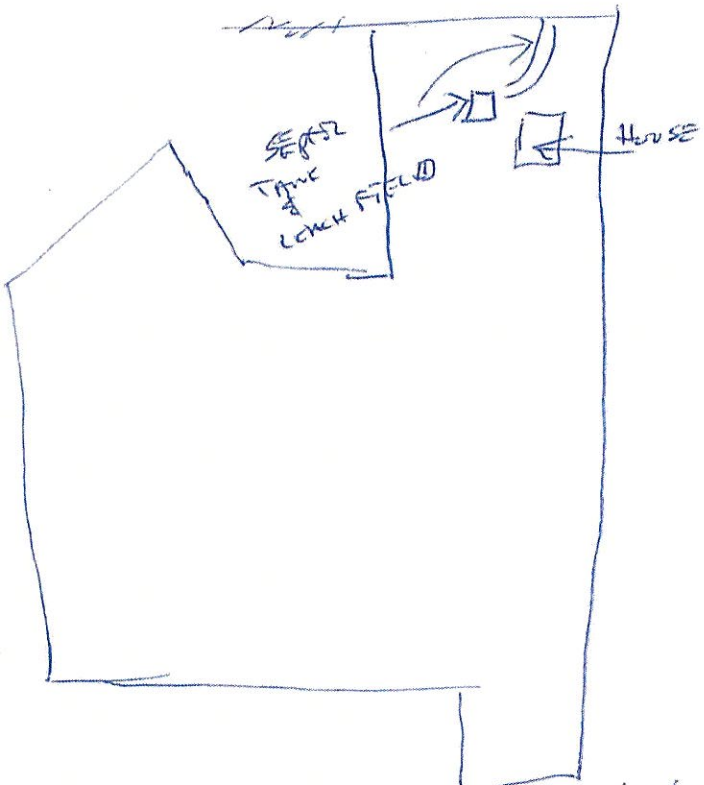
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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

* Septic Tank & Field Have Been Flagged By Lontz Wastewater

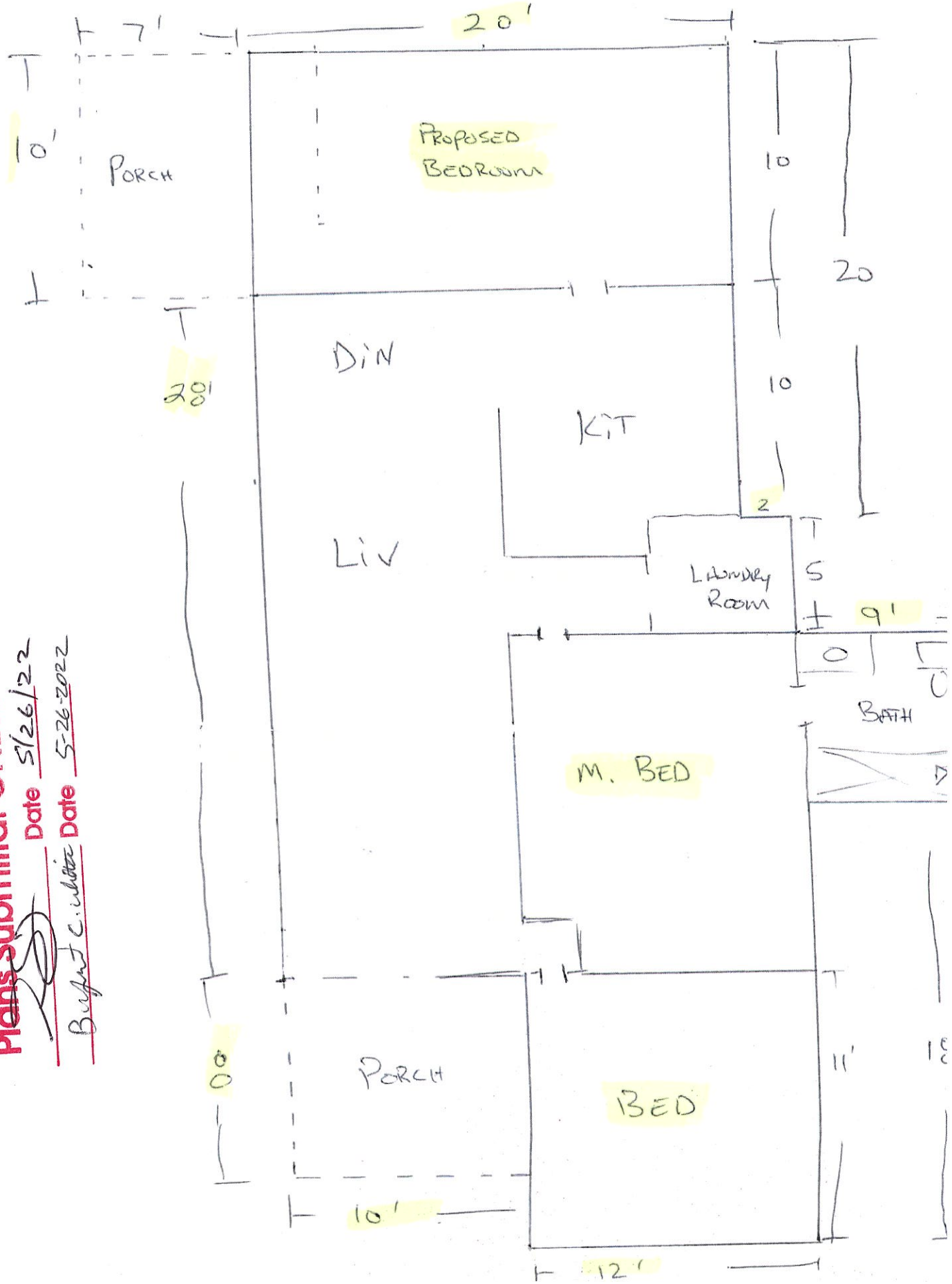
* Can Provide Survey Copy of Site Plan



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

2/15/22
DATE

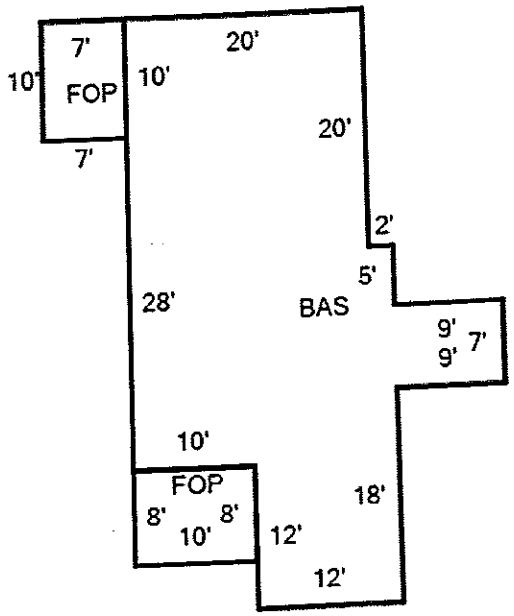
115 ABSHER



Acknowledgement Of Plans Submittal ONLY!

Date 5/26/22

Date 5-26-2022


7'
20'
10'
FOP
10'
20'
7'
2'
5'
28'
BAS
9'
9'
7'
10'
FOP
18'
8'
8'
10'
12'
12'