IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237826

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

PIN # 4725531741

APPLICANT/OWNER: Joshua Crouse APPLICANT ADDRESS: 154 Whisper Pine Rd. Statesville, NC

SITE ADDRESS: 154 Whisper Pine Rd. Statesville, NC 28625 PHONE: 910-620-8781 ALT. PHONE —

SITE DIRECTIONS: NC 90W → R on Monticello → R on Whisper Pine Rd → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: J A Deaton SECTION: — LOT # 24-30 LOT AREA: combining lots DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	existing 1000 (gal)	STB	760	Date	6-12-18	☐ New System ☑ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	363	Date	9-2-18	System Description:	
Pump Make	Goulds	Model	WE0312MV	Serial #	C19 23 758	Repair System Description:	PM 25% reduction
# Nitrification Fields	1	# Lines	3 @ 100'	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth(Low side)	24"/28" high side	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE

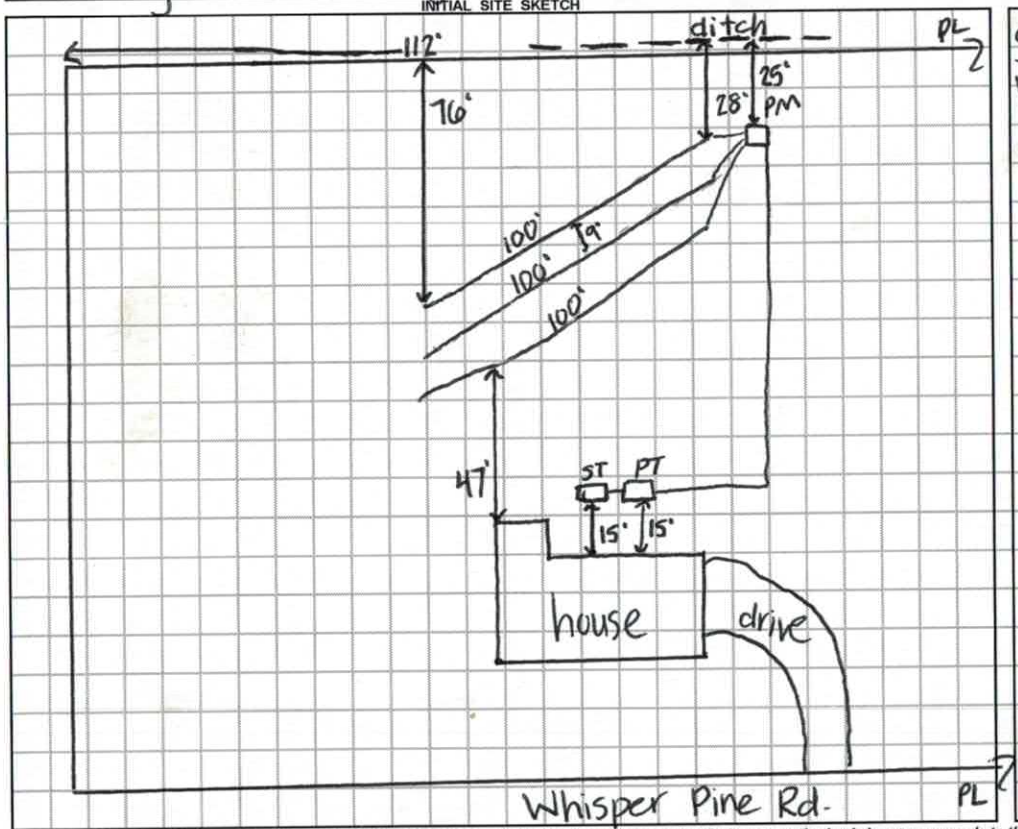
☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

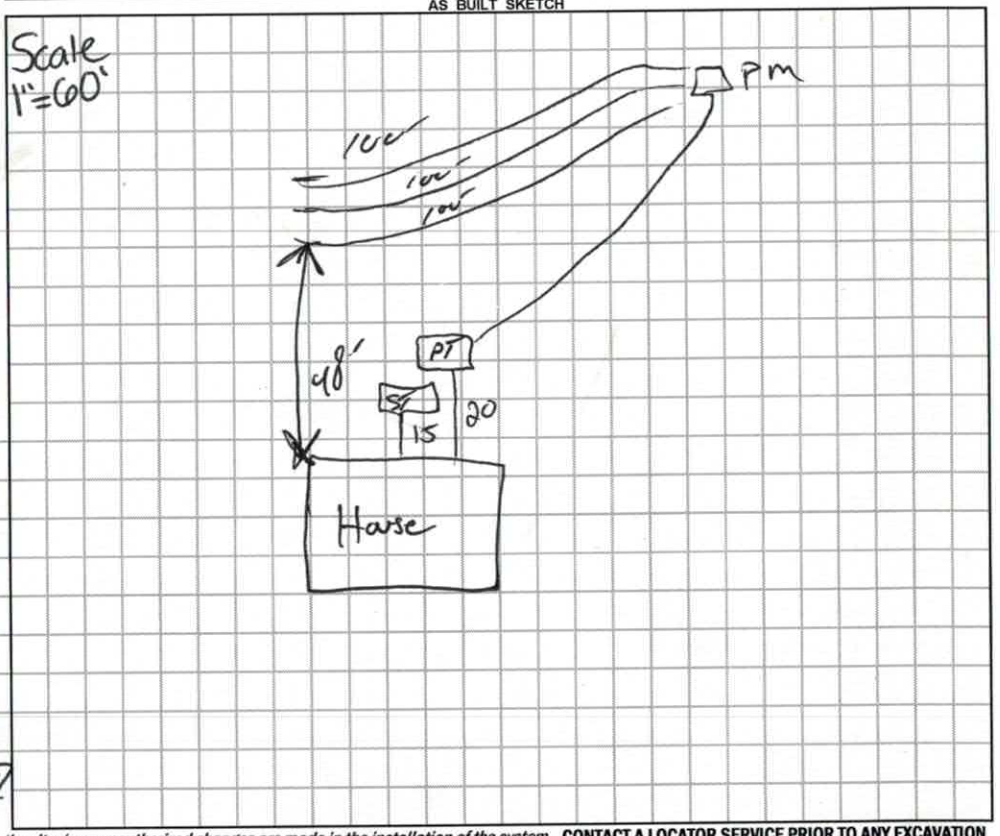
Comments / Conditions: * Do not exceed max trench depth of 28"
Tap size: 1/2 sch 40 pressure head: 2' supply line: 2"
Dosing Volume: 136.5 gal draw down: 6.5

Lots were never combined!! as of 4-23-19

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: Joshua B Crouse Date: 9-24-18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Kayla Watson Date: 9-14-18 OPERATION PERMIT by: Date: 3-18-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 9-14-18 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 1
PROPERTY ID #: 4725531741
COUNTY: Iredell

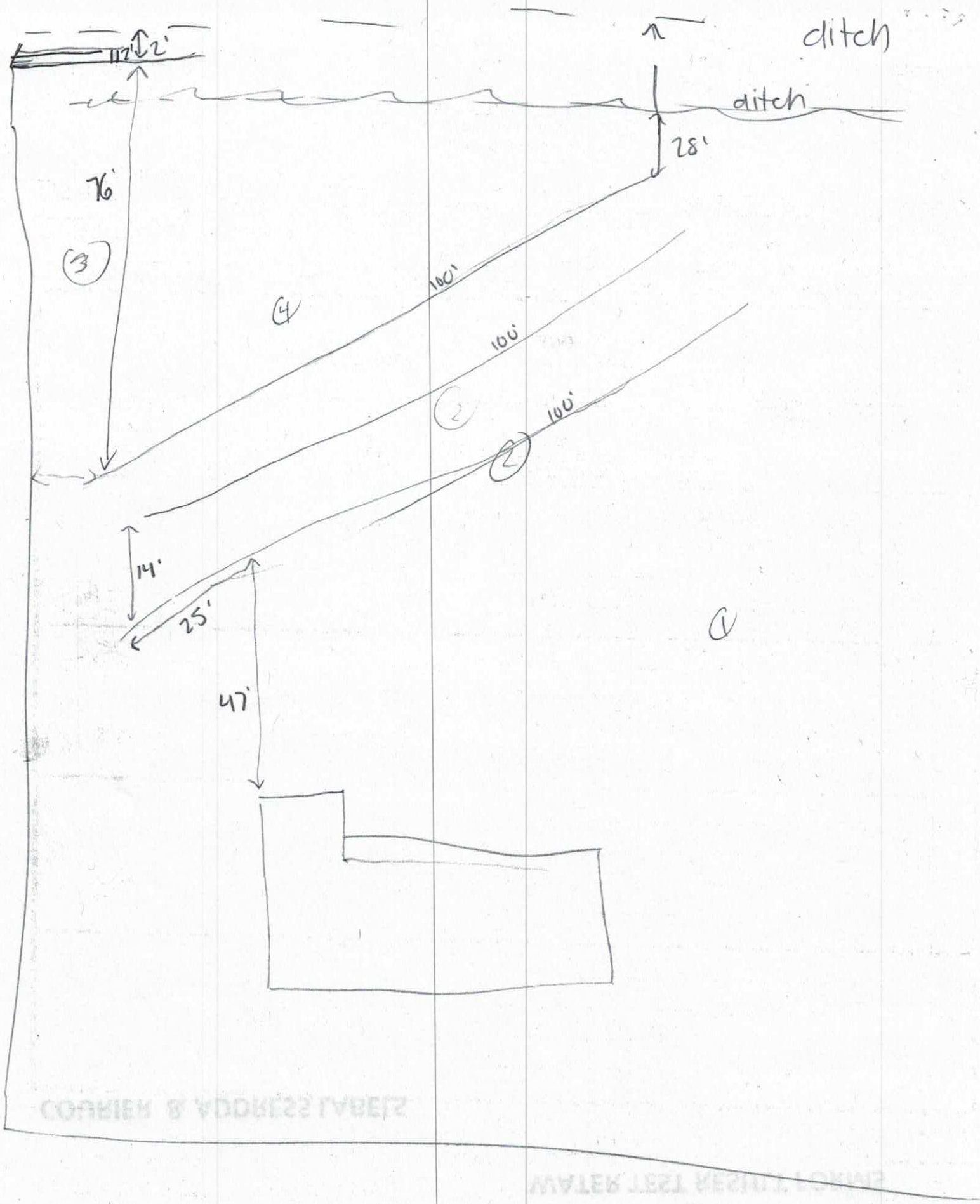
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Joshua Crouse — APPLICATION DATE: 6-20-18
ADDRESS: 154 Whisper Pine Rd → R on Monticello → R on Whisper Pine → lot on R — DATE EVALUATED: 9-10-18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: _____
LOCATION OF SITE: NC 90W → — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

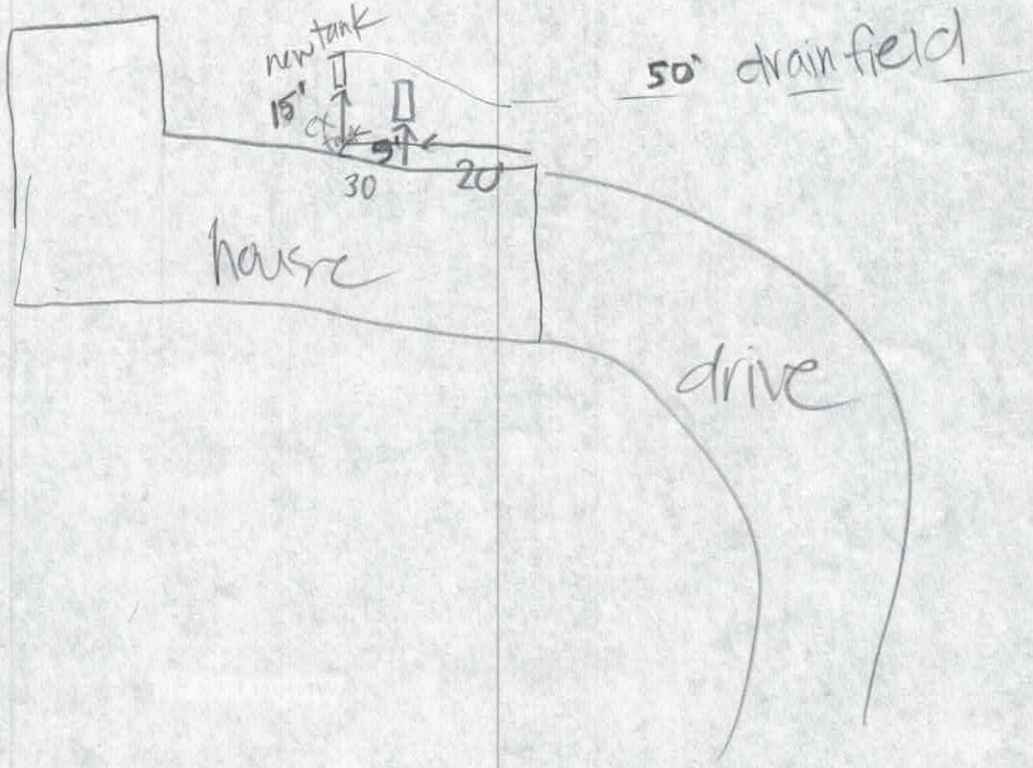
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7% LS/FS	0-12	WSBK SCL	Fr, SS, SP, SE	25-48" com YB mottles	40	25-40 com SAP inc		PS .2 (to 40")
		12-25	SBK C	Fr, SS, SP, SE					
		25-40	WSBK CL	Fr, SS, SP, SE					
		40-48	CL SAPRO	Fr, SS, SP					
2	10% LS	0-10	WSBK SCL	Fr, SS, SP, SE	41-48 few YB mottles	48	23-48" few SAP inc.		PS .3 (to 41")
		10-23	SBK C	Fr, SS, SP, SE					
		23-48	WSBK CL	Fr, SS, SP, SE					
3	LS	0-14	fill	—	—	—	—		U
4	8% LS	0-9	WSBK SCL	Fr, SS, SP, SE	—	48	19-48 few SAP inc.		PS .3
		9-19	SBK C	Fr, SS, SP, SE					
		19-48	WSBK CL	Fr, SS, SP, SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		III
Site LTAR		.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: _____


ditch
ditch
11'
2'
28'
76'
3
4
100'
100'
2
100'
1
14'
25'
47'
1

* move gutter drain away from tank + drain field → should be verified during time of inspection



RECEIVED AUG 2 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Repair Evaluation - No Chg

Application For: ( ) New Well Permit ~~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 #237826

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Joshua Crouse **Address:** 154 Whisper Pine Rd **Zip:** 28625
Applicant Email: crouse170@yahoo.com **Phone:** (910) 620-8781 **Alt. Phone:**
Owner Name: Joshua Crouse **Address:** 154 Whisper Pine Rd **Zip:** 28625
Owner Email: crouse170@yahoo.com **Phone:** (910) 620-8781 **Alt. Phone:**

Property Information:

Street Address: 154 Whisper Pine Rd
Subdivision Name: JA Deaton **Section/Phase:** **Lot Number:** 27
PIN: 4725-53-1741
Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: Does not drain.
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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1959
( ) 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.

No permit in DB

Signature: Joshua B Crouse 6/20/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

2013

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Joshua B Crouse, am the legal owner(s) of the property located at 154 Whispering Pine Rd, identified as PIN (Parcel Identification Number) 4725-53-1741, 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.

Joshua B Crouse — 8-2-18

Signature of Owner(s) — Date

_____ _____

Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

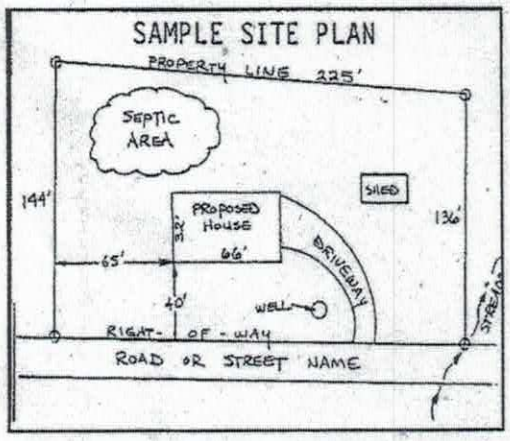
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (N/A) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

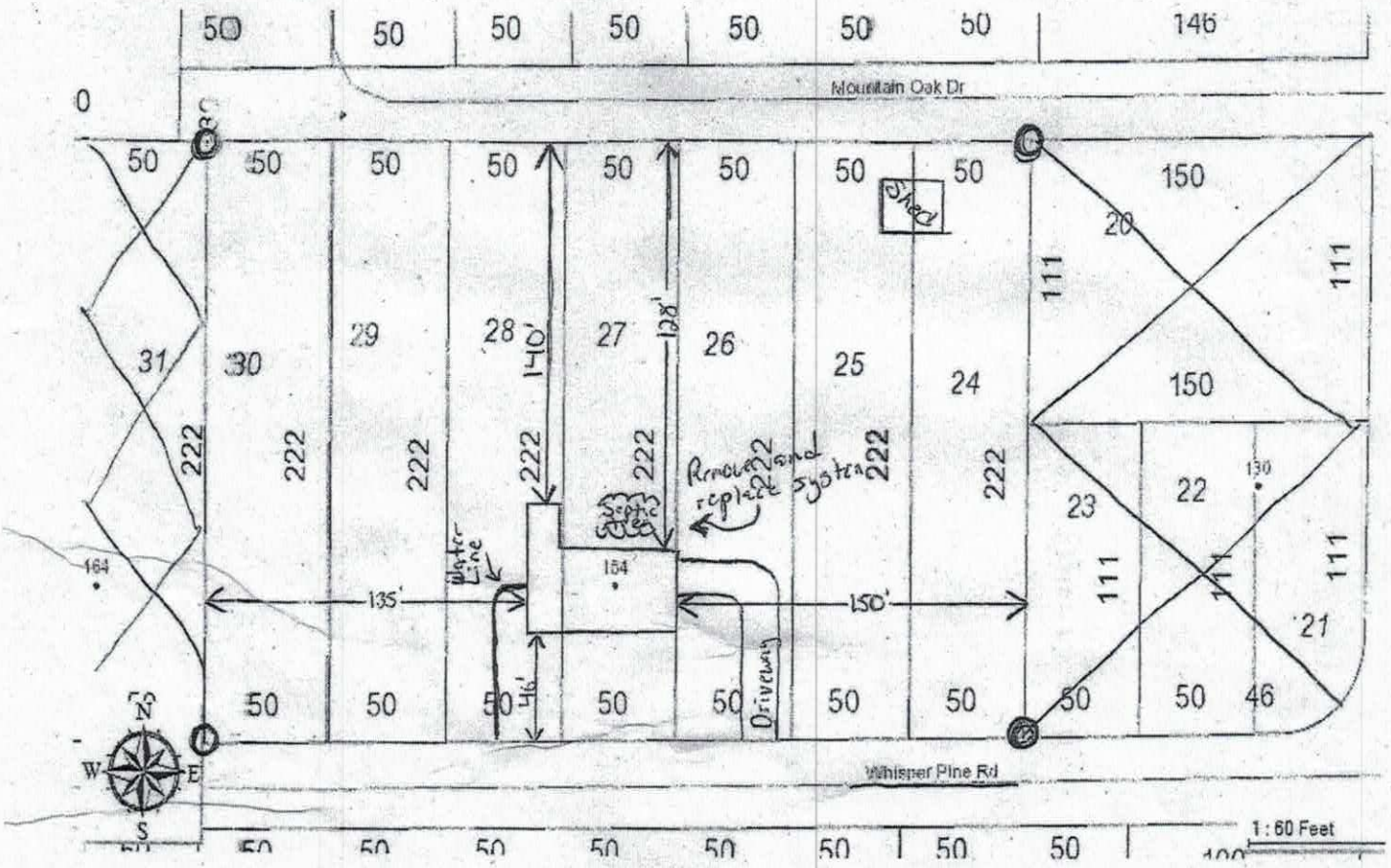


Circle N/A on the following if appropriate:

- 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



Signature: Joshua B Grouse

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

DATE 7/31/2018

Ronda Hart

From: Adrienne Shea
Sent: Thursday, August 2, 2018 8:33 AM
To: Ronda Hart
Subject: FW: 154 Whisper Pine Road Statesville NC/Septic System Remove and Replace
Attachments: Site Plan Application.pdf

Good morning Ronda!
Would you mind helping me respond to this one?

Thank you!

Mary-

From: Crouse, Joshua B SBYVAMC [mailto:Joshua.Crouse@va.gov]
Sent: Thursday, August 2, 2018 8:22 AM
To: Adrienne Shea
Subject: 154 Whisper Pine Road Statesville NC/Septic System Remove and Replace

Good Morning Adrienne,

We spoke in May sometime about me getting a new septic system put in. I have completed the site plan and Ted Benbow surveyed property and put in stakes last week. I have all the paperwork filled out but still have a couple questions regarding the site requirements. Where do I obtain a Zoning permit or do I need one? Also, the footprint would just be where the new system would be installed even though its on the site plan.

Is there a charge for the utilities to be marked? I'm assuming whomever I hire to do the work would be responsible for being on site for the soil evaluation. Will I need an Authorization to construct? When Ted surveyed my property last week I also got all of the 7 plots(24-30) combined into one plot. If that would have any impact on my site plan b/c I don't know how long it will take the register of deeds to update that information in GIS.

Attached is pages 1 & 2. Let me know your thoughts on the questions above so I can send you page 4.

Thanks,

Recorded

Joshua B. Crouse
Work(336)515-5000 ext21103
Cell (910) 620-8781