IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225629

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

PIN # 4725-97-4590

APPLICANT: Sue Anne Ashley APPLICANT ADDRESS: 124 Heavenly Drive Statesville, NC 28625

SITE ADDRESS: 109 Heavenly Drive, Statesville, NC 28625 PHONE: 704-883-4276 ALT. PHONE:

SITE DIRECTIONS: Rt. 115 N from Statesville → L on Midway Rd → R on Northmont Dr. → L on Heavenly Dr. → House on left

SUBDIVISION: Northmont SECTION: SHT 1 LOT # 76 LOT AREA: 0.39 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 Ex	(gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description: Ex Septic Bed + PPBPS (50% Reduction)		
Pump Make	—	Model		—	Serial #	—	Repair System Description: 1 Bedroom PPBPS (50% Reduction)		
# Nitrification Fields	1	# Lines	2		Linear Ft:	68 (2×34')	Maintenance Agreement Required: ☐ YES ☒ NO		
Trench Width	24"	Max Trench Bottom Depth	34" [low side]		Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		

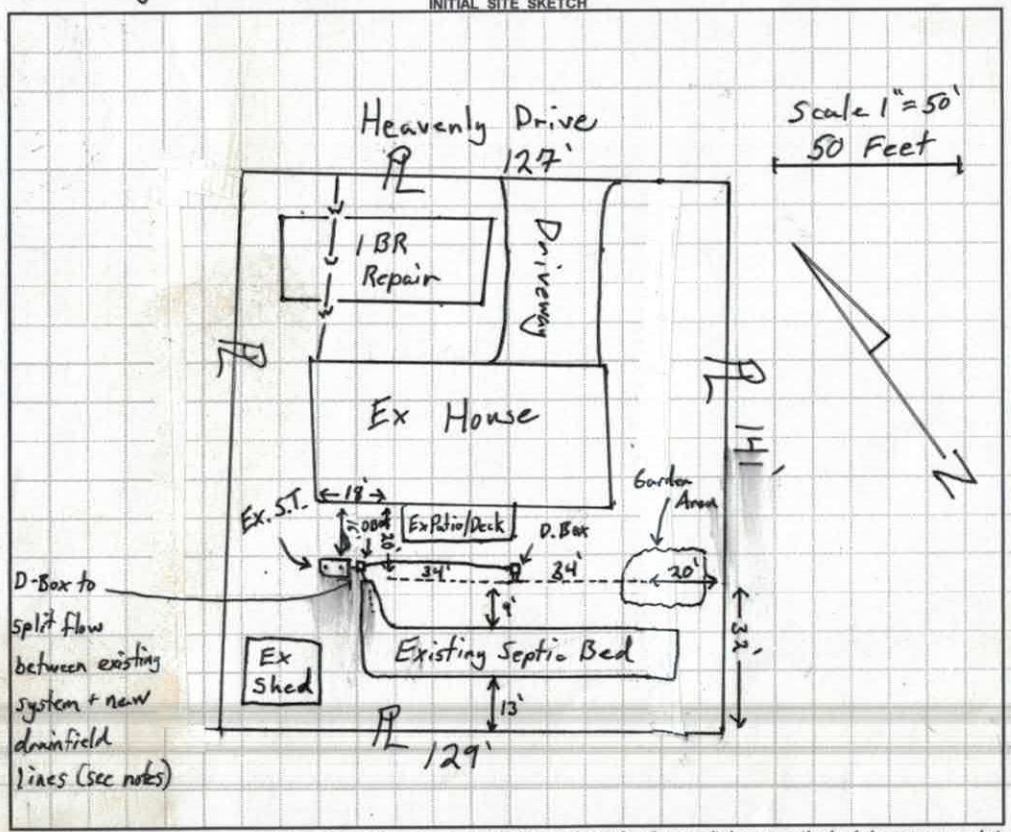
☒ Residence No. Bedrooms 3 — ☐ Business No. Persons 6 — ☐ Other No. Employees — ☐ Slab ☒ Crawl Space — ☐ Basement w/plumbing

Water Supply: ☐ Private ☒ Public ☐ Community — ☐ Basement w/o plumbing

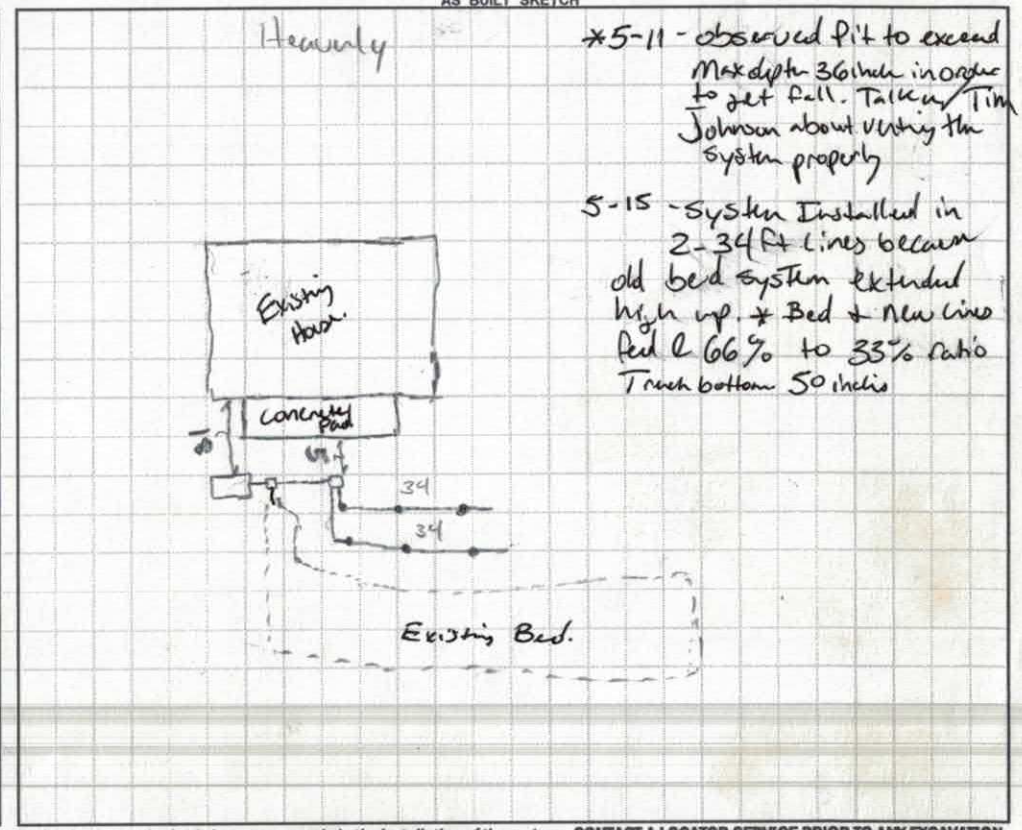
Comments / Conditions: Expansion from 2 bedrooms → 3 bedrooms requires that the flow from the septic tank be divided. 66% shall remain conveyed to the existing septic bed while the other 1/3 rd shall be conveyed to the 2×34' lines of PPBPS.

Recommend pumping septic tank every 3-5 years. Should the repair area ever require use, the waterline may require relocating. Remove ≈5"-6" of fill from garden area for final 5' of line (distal end of drainfield lateral) to maintain contour.

INITIAL SITE SKETCH



AS BUILT SKETCH



*5-11 - observed pit to exceed Max depth 36 inch in order to get fall. Talking Tim Johnson about verifying the system properly

5-15 - System Installed in 2-34 ft lines because old bed system extended high up. * Bed + new lines fed @ 66% to 33% ratio Trench bottom 50 inches

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: Sue Anne Ashley Date: 4/11/17 Installed by: Kevin Bales K&R Grading

IMPROVEMENT PERMIT by: Tom Shuler Date: 4/7/17 OPERATION PERMIT by: Benjamin D. Bottoms Date: 5/15/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuler Date: 4/7/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

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

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

OWNER: Sue Ann Ashley — APPLICATION DATE _____
ADDRESS: 124 Heavenly Drive Statesville — DATE EVALUATED: 4/4/17
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 3BR — PROPERTY SIZE: 0.39 acres
LOCATION OF SITE: 109 Heavenly Dr. Statesville — 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	LSS Distal [Above Existing Bed]	0-18	w-m sBK Clay some mica	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.3 PS
		18-38	w-m sBK Clay Loam + much mica	Sl. Friable, SS, Sp, Sexp					
		38-48	W. SBK Abundant Clay Loam + Saprolite	Friable, SS, Sp, Sexp					
2	LSS middle of House/Bed	0-13	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.325
		13-26	Clay W-m. SBK	Sl. Firm, SS, Sp, Sexp					
		26-40	Clay Loam some SAP w/ SBK	Sl. Friable, SS, Sp, Sexp					
		40-48	Clay Loam v.w. SBK + Abundant Saprolite	Friable, SS, Sp, Sexp					
3	Repair Front Yard [Bay window 20' LSS 8%	0-3	SCL V. W. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.275
		3-21	Clay w-m SBK some mica	Sl. Firm, SS, Sp, Sexp					
		21-40	Clay Loam w. SBK + mica	Sl. Friable, SS, Sp, Sexp					
		40-48	Clay some w. SBK mica	Sl. Firm, SS, Sp, Sexp					
4	Repair Front/Side Yard 8%	0-34	Clay some w-m SBK mica	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.275
		34-48	Clay Loam w. SBK + Abundant Saprolite	very Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	68' (1BR)	68' (1 Br)
System Type(s)	50%	50%
Site LTAR	0.3	0.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: —

COMMENTS: _____

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

109 Hendy Drive SLK.

PROPERTY ID #: 4725974590
DATE OF EVALUATION: 5/11/17.
COUNTY: Jordan

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
	Side slope 5%	0-20	scl wsbk	SS SP FR SFR				Sap Inc C 40 + Mayhurst	.3.
		20-40	c sbk	FM					
		40-72	cl wsbk	FR					
	* System must be vented if installed below 36 inches.								

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

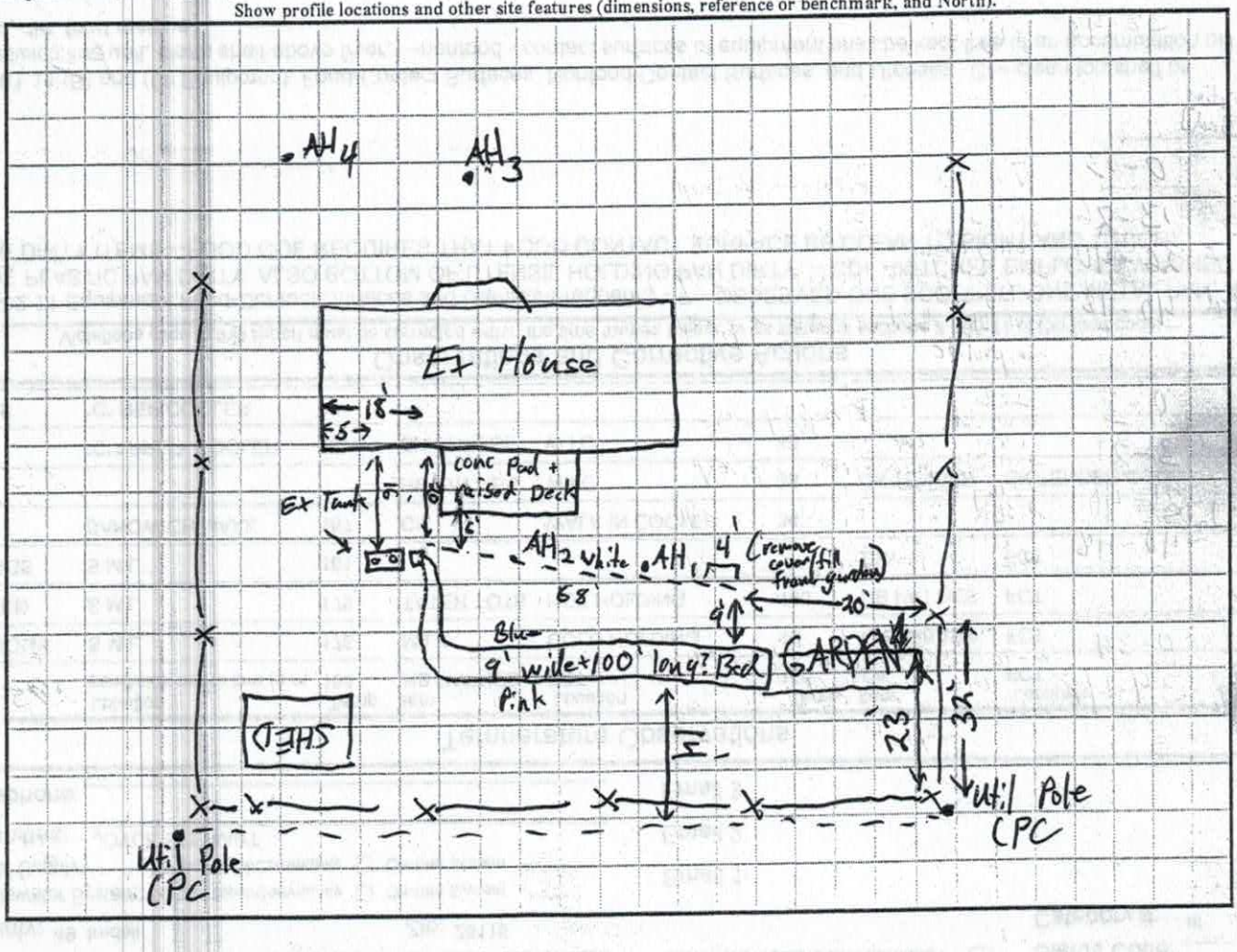
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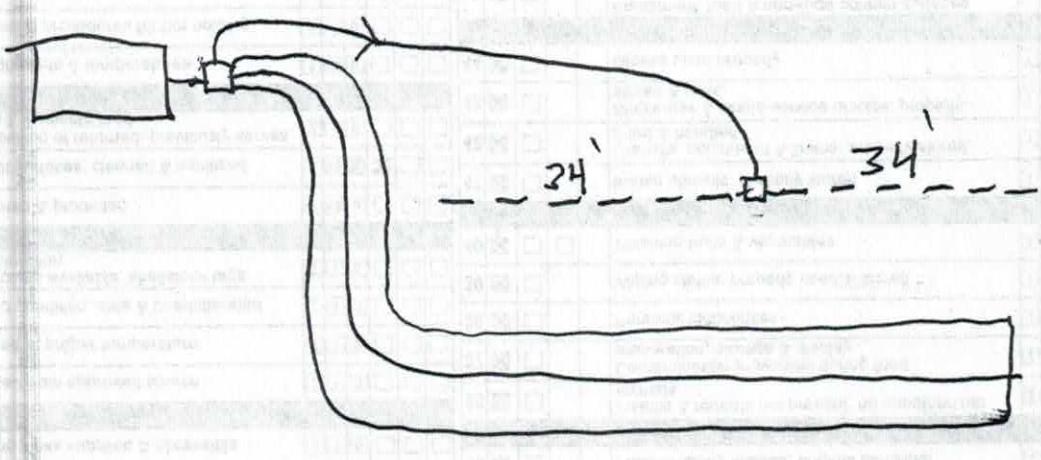
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




24'
34'

20307

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ✓ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Suearne Ashley | 124 Heavenly Drive, Statesville NC 28625 | 704-872-6911 | 704-883-4276
Applicant Name | Mailing Address | Home Phone # | Alternate Phone #

Suearne Ashley | 124 Heavenly Drive, Statesville, NC 28625 | 704-872-6911 | 704-883-4276
Owner Name | Mailing Address | Home Phone # | Alternate Phone #

4. Property Information:

109 Heavenly Drive, Statesville, NC 28625 | Northmont | ___
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: 115 to Old 115 - go left at light old 115. go 1 mile turn right Northmont Dr., Turn left Heavenly Drive. White brick house on left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
( ) Other Expand septic lines to accomodate 3rd bedroom.

Maximum Number of Bedrooms 2 but wanting 3 (1 in basement they are already using)
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 2

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply: County Water

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed 1982 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Suearne Ashley | 3/13/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) | DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

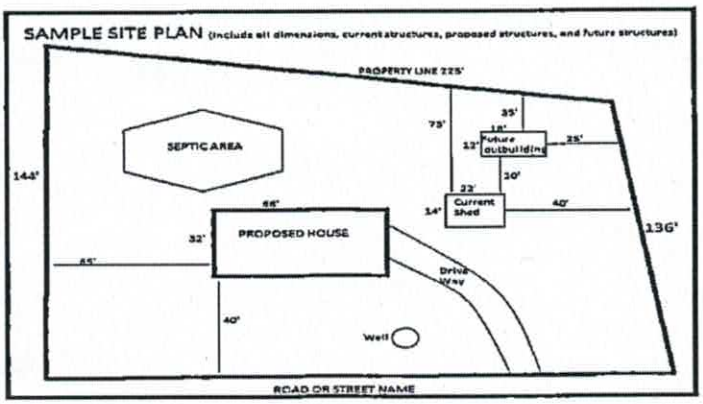
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

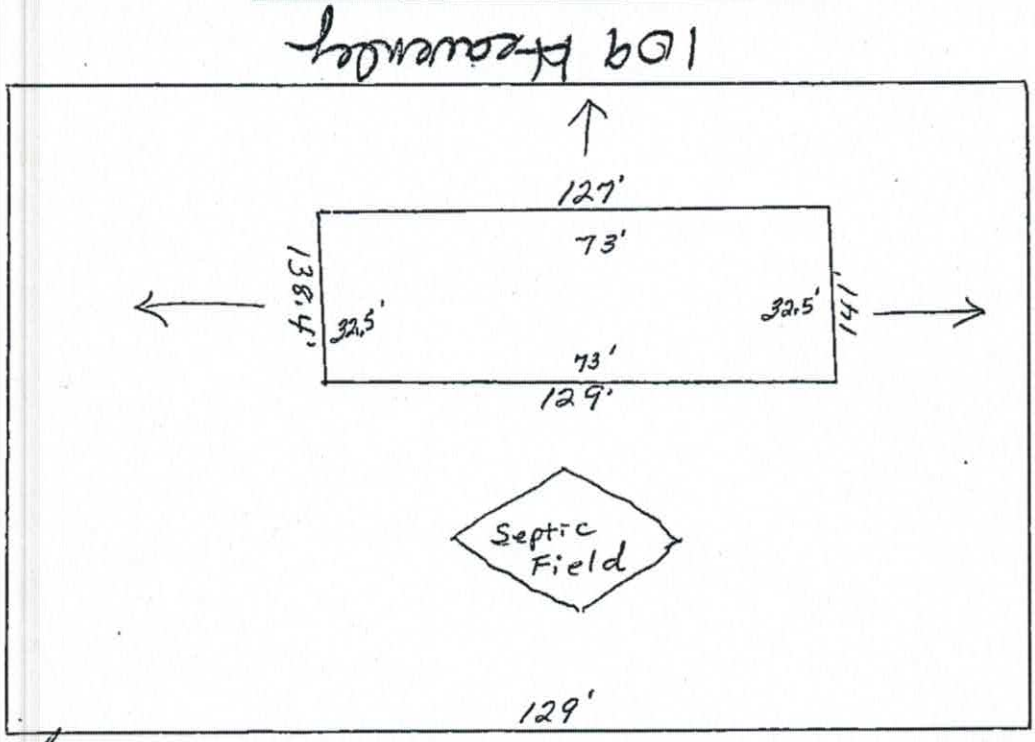
Circle N/A on the following if appropriate:

N/A Location of septic systems and wells within 100' of your property... N/A

N/A Location of easements and rights of ways on your property... N/A **N/A Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Suzanne Ashley 3/12/17

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR NORMAN W. WALTERS DATE 11-12-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Northmont Acres - Turn into dev. (Copper drive), T.L. on 1st street - 2nd house on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

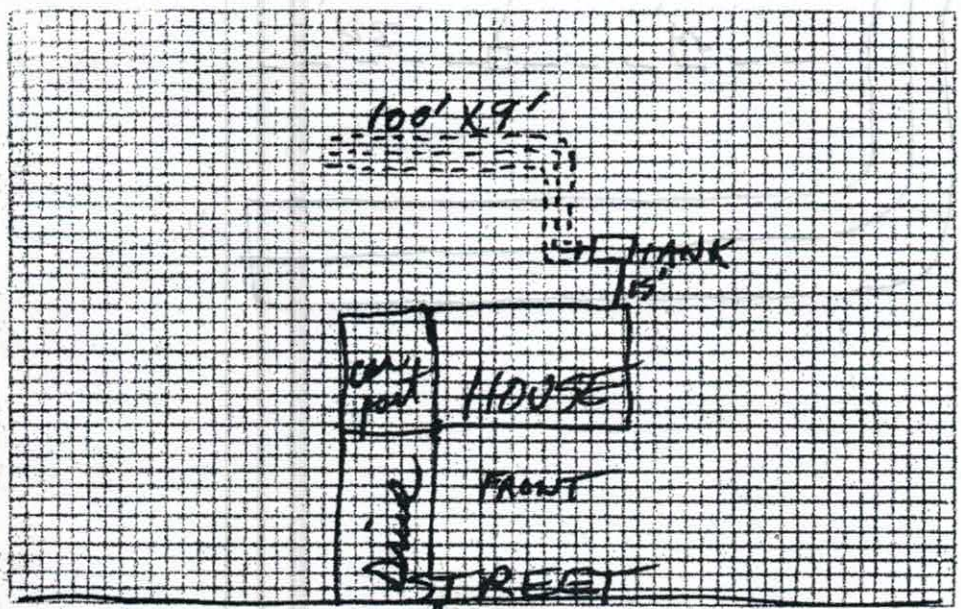
No. Bedrooms 2 No. Bathrooms 2.5

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil sandy clay
Percolation Rate 5 gal/sq.ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

Lot Area 17,780 sq.ft.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Robert Hoke

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-12-82

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold