IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233885

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

PIN # 4726032503

APPLICANT/OWNER: Jacob Tercell APPLICANT ADDRESS: 17221 Knollwood Drive

SITE ADDRESS: 118 W. Edinburgh Ct Statesville NC 28625 PHONE: 704-641-1437 ALT. PHONE ~

SITE DIRECTIONS: Hwy 115 (L) on Scotts Creek (L) on Celtic Ridge (R) on Edinburgh CT SAP CONTROLLED: ☐ YES ☒ NO

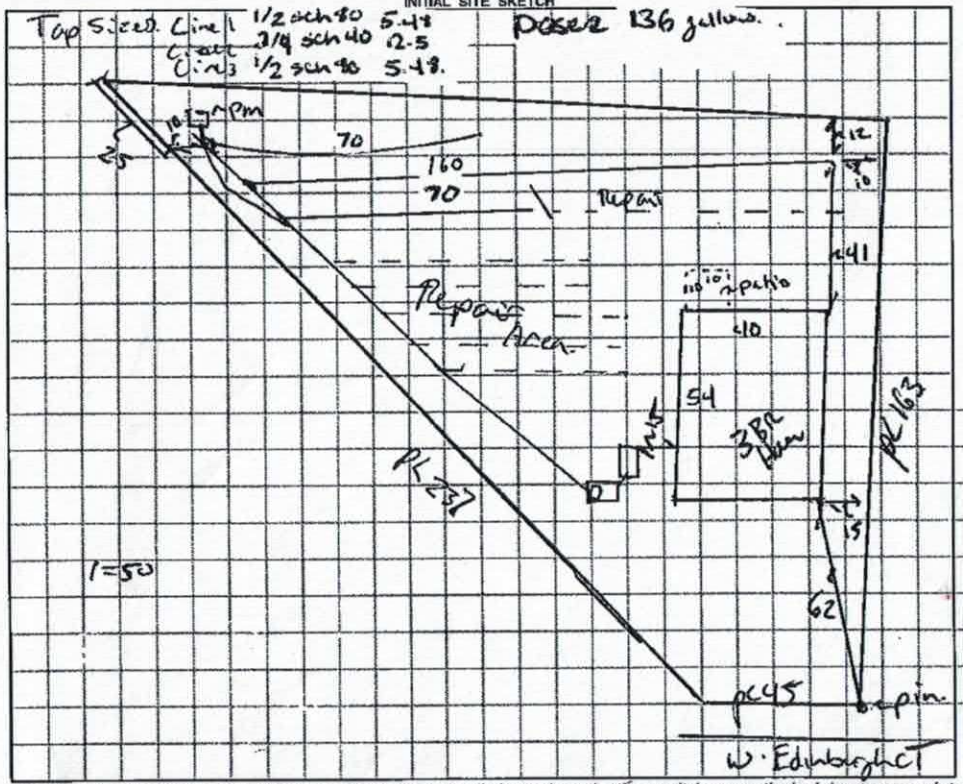
SUBDIVISION: Celtic Ridge SECTION: 1 LOT # 36 LOT AREA: ~ DESIGN FLOW: 360 gpd L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	7/13/18	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	1000 (gal)	PT	363	Date	12/10/2018	System Description: 25% Reduction + Pump.	☐ Business	No. Persons	6
Pump Make	Zoeller	Model	N-152	Serial #		Repair System Description: 50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	~	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		

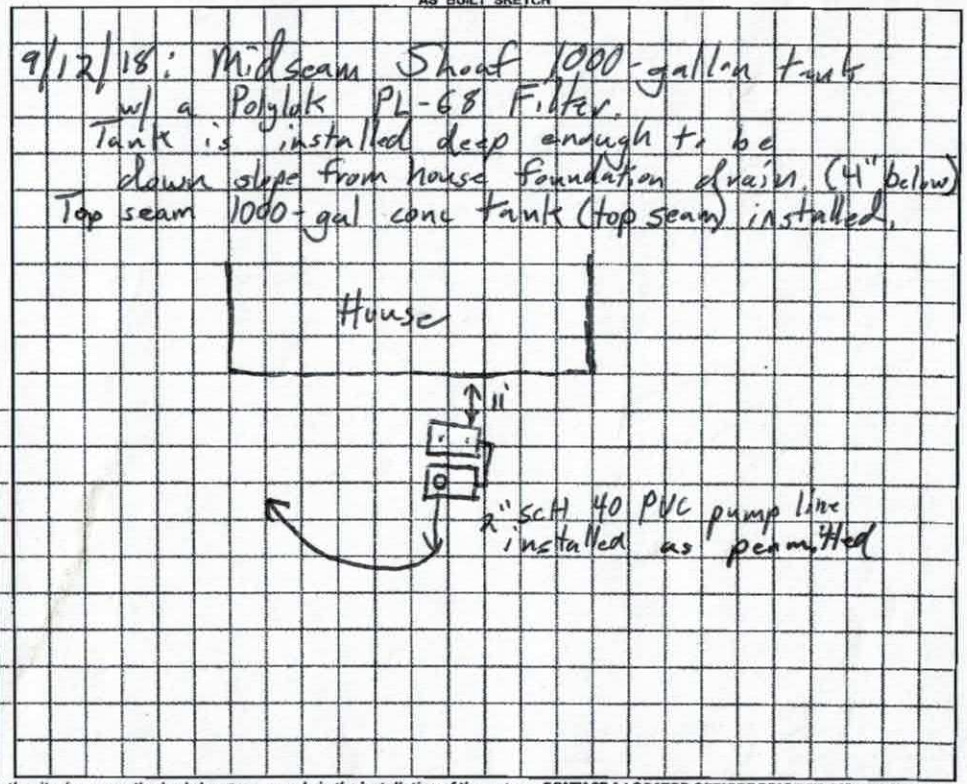
Water Supply: ☐ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the land and utilize pressure manifold. Maintain 25 ft offset from foundation Drain

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: 5/15/18 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: [signature] Date: 5/9/18 OPERATION PERMIT by: James Bozza Date: 12-21-18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/14/18. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION ... between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Pump Line Checked 9/12/18 SS

	Date	Initials
Drain Lines Checked	9/13	KW
Tanks Checked	9/12/18	SS
Pressure Manifold or Valve Box Checked	9/13	KW
Pressure Head Set	12/21/18	QB
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)	not Required	
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 4726032330
COUNTY: Iredell

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

OWNER: Terrell
ADDRESS: 17221 Kokwood Drive
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 119 W. Edinburgh Ct Statesville NC.
APPLICATION DATE 3/4/17
DATE EVALUATED: 3/14/18
PROPERTY SIZE: +
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	Sidl 10%	0-29	C SBK	SS SP FR SEAP		52		Mica	PS .3
		29-52	CL WSBK	SSSP FR SEAP					
2	Sidl 10%	0-33	C SBK	SS SP FR SEAP		55		Mica	PS .3
		33-55	CL WSBK	SSSP FR SEAP					
3	Sidl 10%	0-27	C SBK	SS SP FM SEAP		53			PS .3
		27-53	CL WSBK	SSSP FR SEAP					
4	Sidl 10%	0-28	C SBK	SS SP FM SEAP		55			PS .3
		28-55	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	PM 25% III	IV 50% LPP.
Site LTAR	.3	.3

OTHER FACTORS (.1946): Fanlewin Drain
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS: pump out

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

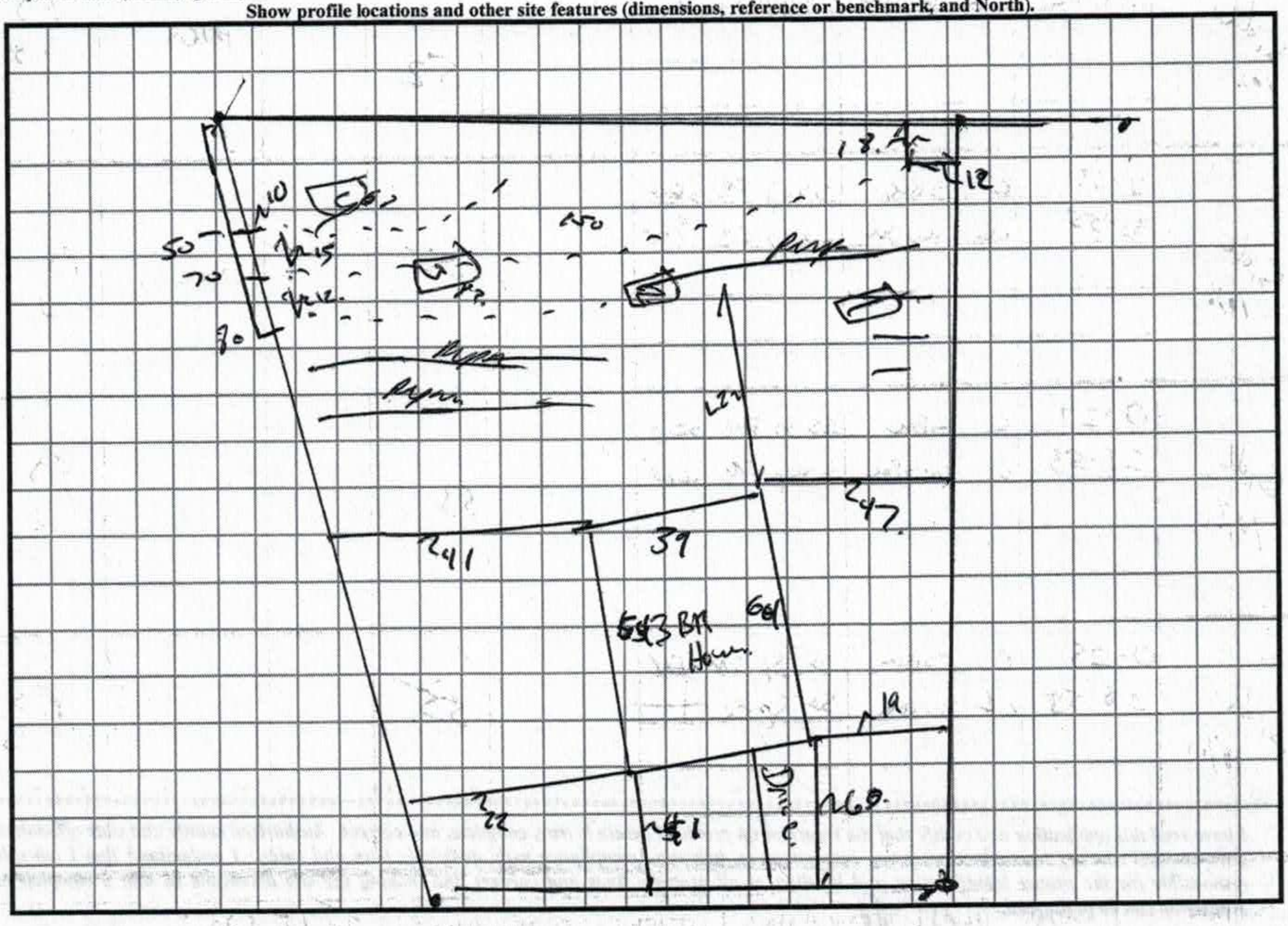
NOTES

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).



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic 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
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: Jacob Terrell Address: 17221 Knoxwood Dr. Huntersville NC Zip: 28078
Applicant Email: jt@contractorsblackbook.com Phone: (704) 641-1437 Alt. Phone:
Owner Name: Jane Morrison Address: 3586 30th Ave Ct NE Zip: 28601
Owner Email: N/A Phone: N/A Alt. Phone:

Property Information:

Street Address: 118 West Edinburg Ct.
Subdivision Name: Celtic Ridge Section/Phase: Lot Number: 36
Driving Directions: 115 N to (R) Scotts Creek Rd (L) into Celtic Ridge (R) W. Edinburgh

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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: 1 Number of Persons: 6
( ) 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:
(2) No Preference ( ) Alternative (1) 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: _____ 4/24/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

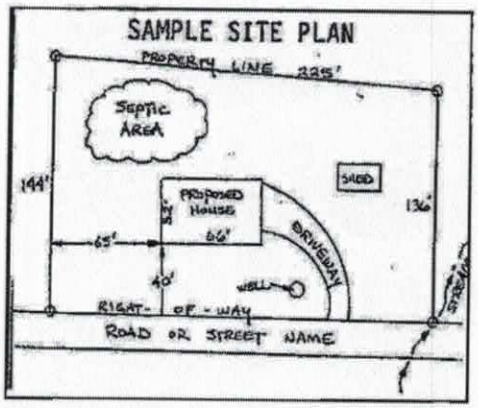
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached

Signature: _____

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

4/21/18

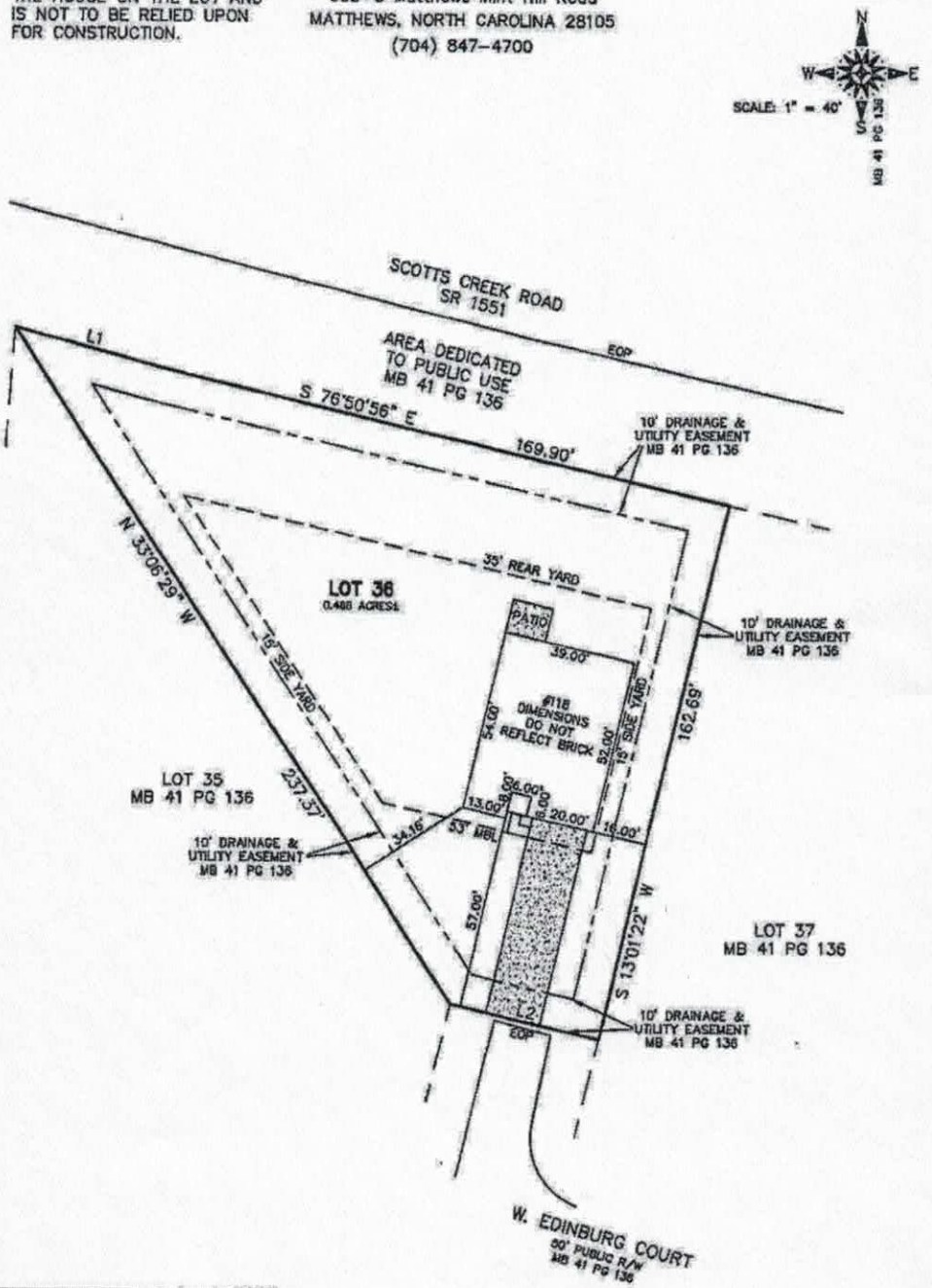
DATE

SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
608-G Matthews Mint Hill Road
MATTHEWS, NORTH CAROLINA 28105
(704) 847-4700

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.



LINE TABLE		
LINE	BEARING	LENGTH
L1	S75°12'29"E	46.25'
L2	S76°58'49"E	45.00'

STAKEOUT ☐

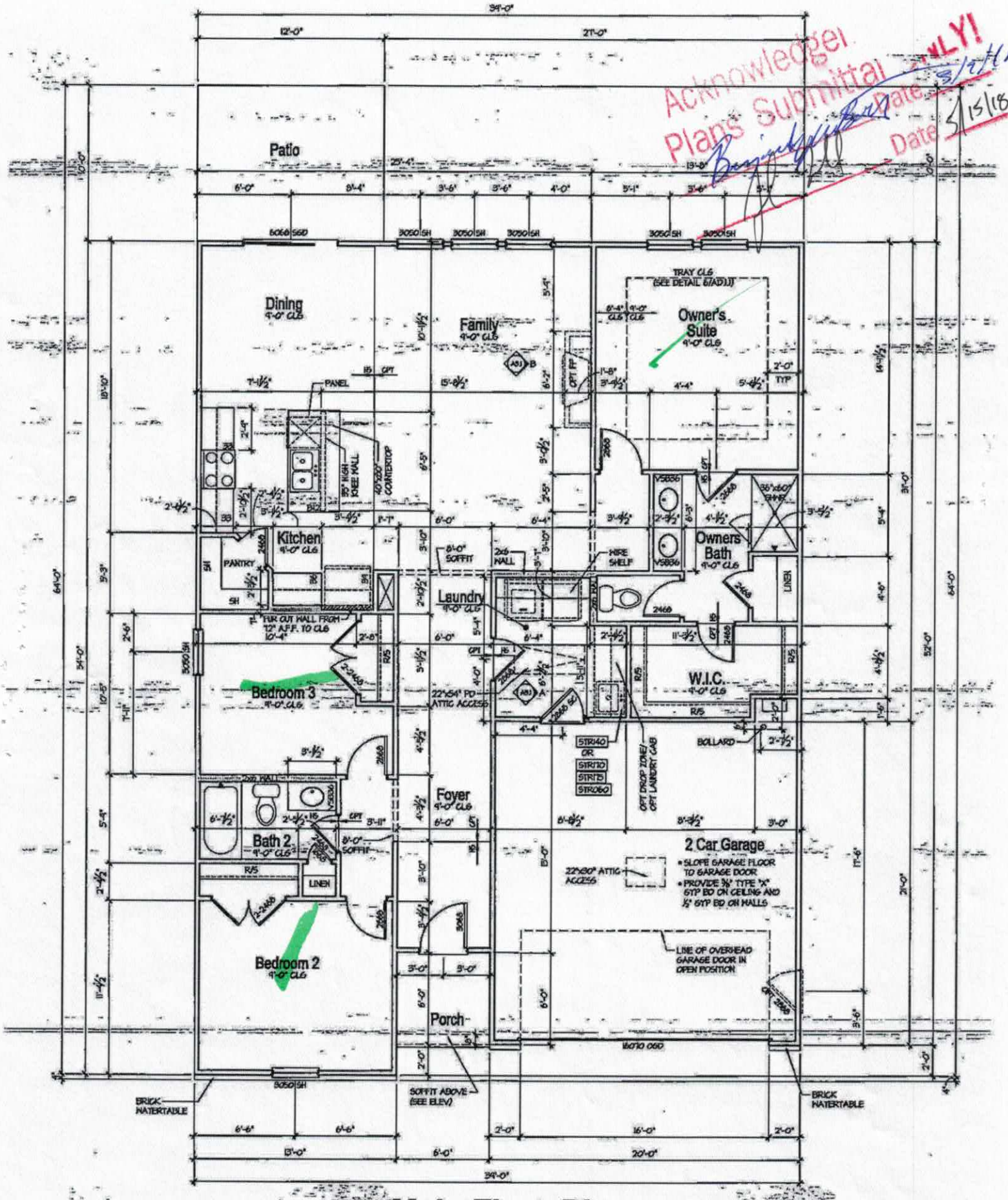
NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision CELTIC RIDGE County IREDELL
Address 118 WEST EDINBURG COURT Owner CAROLINA BLUE SKY
Lot 36 Block ___ Plan CUSTOM Elevation A Drive (Left) ___ (Right) X (Courtyard) ___ Deck ___
Patio X Fireplace ___ Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other ___

REVISED:

DWN: JDA CKD: [illegible] DATE: 03/ 23/ 18

T:\Drawings\CELTIC RIDGE\CR-0036.dwg



Main Floor Plan