IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 24594

PIN # 4728000090

APPLICANT/OWNER: Stephen J Eades

APPLICANT ADDRESS: 430 Cove Cap Rd Statesville NC 28625

SITE ADDRESS: 430 Cove Cap Rd Statesville NC 28625

PHONE: 704 880 0563 ALT. PHONE 980 635 1930

SITE DIRECTIONS: 115 to Midway Rd to Cove Cap Approx 1.5 miles down Cove Cap on the Right

SUBDIVISION: Johnson Eades

SECTION: - LOT # PT TR 4 LOT AREA: 1.2 cl Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R.: -30

Septic Tank	Ext-1000 (gal)	STB		Date	
Pump Tank	- (gal)	PT	-	Date	-
Pump Make	-	Model	-	Serial #	-
# Nitrification Fields	1	# Lines	Ext-2 New-1	Linear Ft	100
Trench Width	36	Trench Bottom Depth(Low side)	24	Gravel Depth	-

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

System Description: 25% Reduction - Gravity

Repair System Description: LP- Panel 50%

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

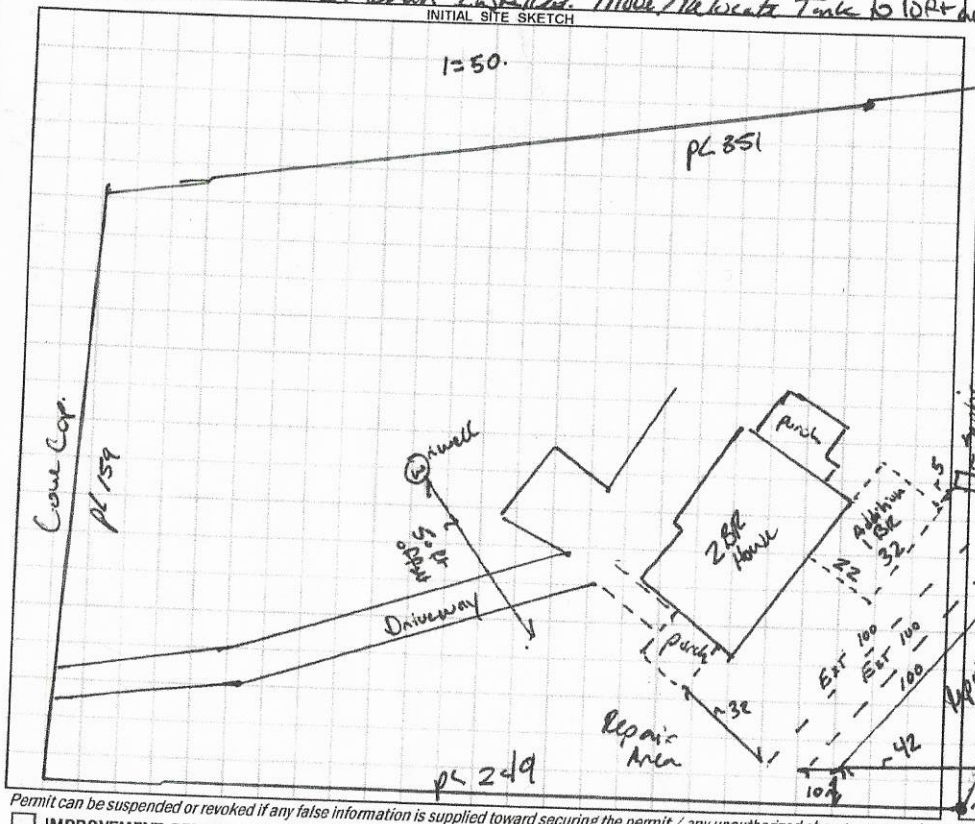
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

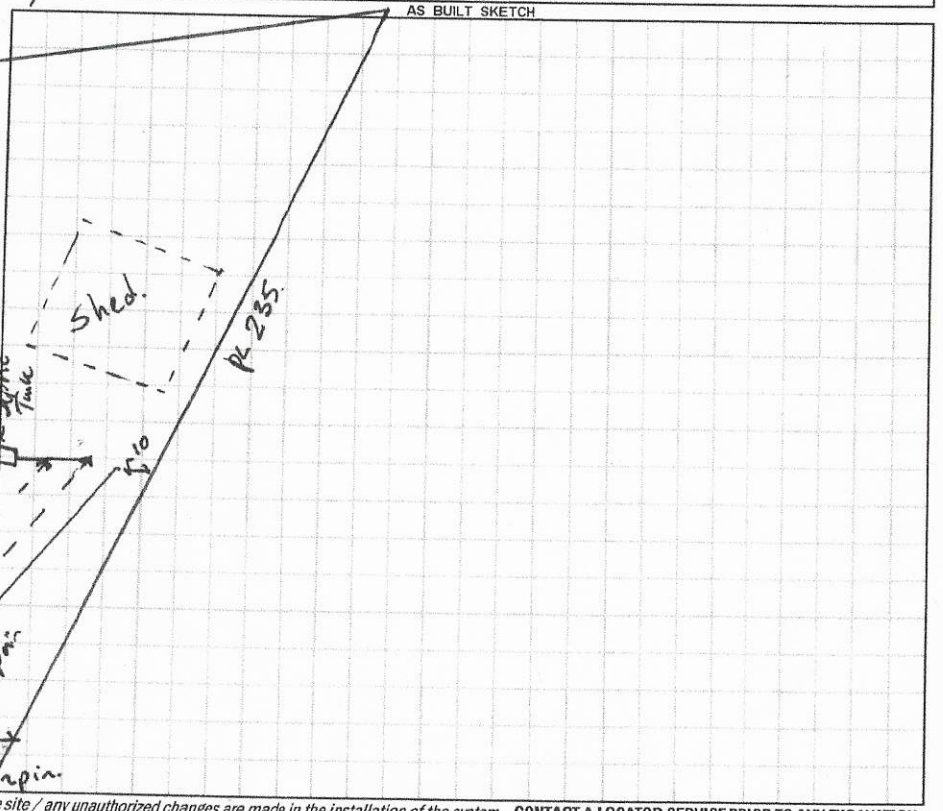
Comments / Conditions: Expansion from 2BR to 3BR. Add a 100ft Drainline as shown. Do not exceed max depth of 28 inches. Have addition not to have foundation drain. If Drain Installed. Move/Relocate Tank to 10Ft away

Installed Rock 4 as shown ~30ft from house

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]

IMPROVEMENT PERMIT by: Benjamin A Baker Date: 7/25/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Baker Date: 7/25/19

Installed by: Ashley Ryan Byers

OPERATION PERMIT by: Marcia Dotson Date: 10/8/19

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 inspector to confirm your inspection time.

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

4130 Cove Gap Rd

Sheet 1 of 1
PROPERTY ID #: 4728000090
COUNTY: Iredell

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

OWNER: Stephen Eaker
ADDRESS: 430 Cove Gap Rd Sud NC
PROPOSED FACILITY: 1BR Addition
LOCATION OF SITE: "

APPLICATION DATE 6/21/19.
DATE EVALUATED: 7/19
PROPERTY SIZE: 1.24 Acres
PROPERTY RECORDED:

PROPOSED DESIGN FLOW (.1949): 120

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	T 3-5%	0-5 5-26 26-48.	SC SBK C SBK CL wSBK	SS Sp FR SEx SS Sp FR SS Sp FR	2.5YR 4/6	48.		MW Cons. M/Cn Lithomottles	PS .3
2	T 3-5%	0-8 8-30 30-40 40-48.	SC wSBK C SBK CL wSBK LSap. M.	SS Sp. FR JEx SS Sp FR SS Sp FR SS Sp FR	2.5YR 4/6	40		M/Cn C.Fw	PS .30.
3	3-5% T	0-5 5-36 36-48	SC wSBK C SBK CL wSBK	SS Sp FR JEx SS Sp FR SS Sp FR	2.5YR 4/6	4/8		Lithe M/Cn	PS .30.
4	T 3-5%	0-6 6-30 30-48.	SC wSBK C SBK CL wSBK	SS Sp FR SEx SS Sp FR SS Sp FR	2.5YR 4/6	4/8.		Lithe M/Cn	PS .30

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100	200
System Type(s)	LL 25%	D 5%
Site LTAR	.30	.30.

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bathum
OTHER(S) PRESENT: I

COMMENTS:

Updated February 2014

Evaluation

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) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	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) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	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)

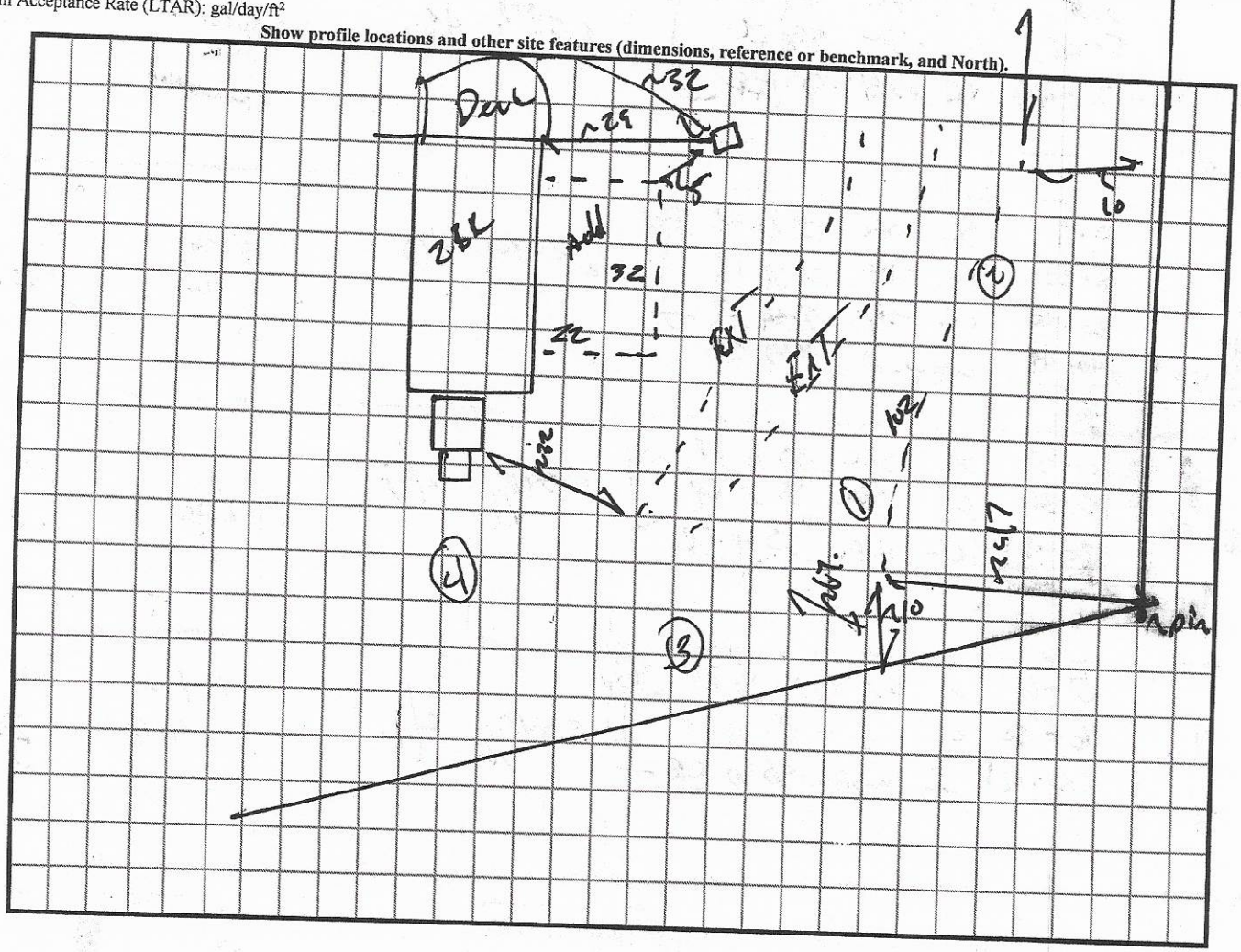
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



Updated February 2014

Left Message 6/25 Pit Monday July 1, 2019 eve.

#245944
6-21-19
$500.00

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*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Stephen J. Eades Address: 430 Cove Gap Rd, Statesville Zip: 28625
Applicant Email: stephen.eades85@gmail.com Phone: 704-880-0563 Alt. Phone: 980-635-1930
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 430 Cove Gap Rd, Statesville, NC, 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 115 to Midway Rd, 3 miles to Cove Gap Rd on the right. Approx. 1.5 miles down Cove gap Rd on the right

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: _____
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: 1 Number of Persons: 4
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2010
( ) 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: _____ 6-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

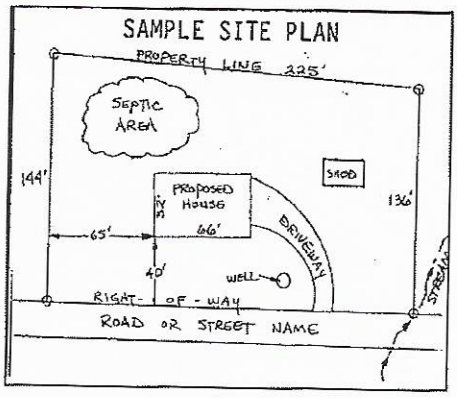
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (X) 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

See Supplied Drawing.

Signature: _____ 6-21-19

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (@) MOORESVILLE 704-664-5281

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

PERMIT # 159696 PIN # 4717-99-7888 8827 DATE 15 Apr. 10

OWNER or APPLICANT Stephen J. Eagles PHONE: Business (704) 873-4121 Home: 704/876-2351

OWNER or APPLICANT ADDRESS 407 Cove Gap Rd. Statesville

LOCATION / DIRECTIONS 115N TL Midway Rd. TR Cove Gap Rd. S.R on Rt.

SUBDIVISION BLOCK / SECTION LOT # LOT AREA DESIGN FLOW 240 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank 1000 Gallons: STB 794 Date 3-25-10

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 2 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☑ Slab ☑ Crawl Space

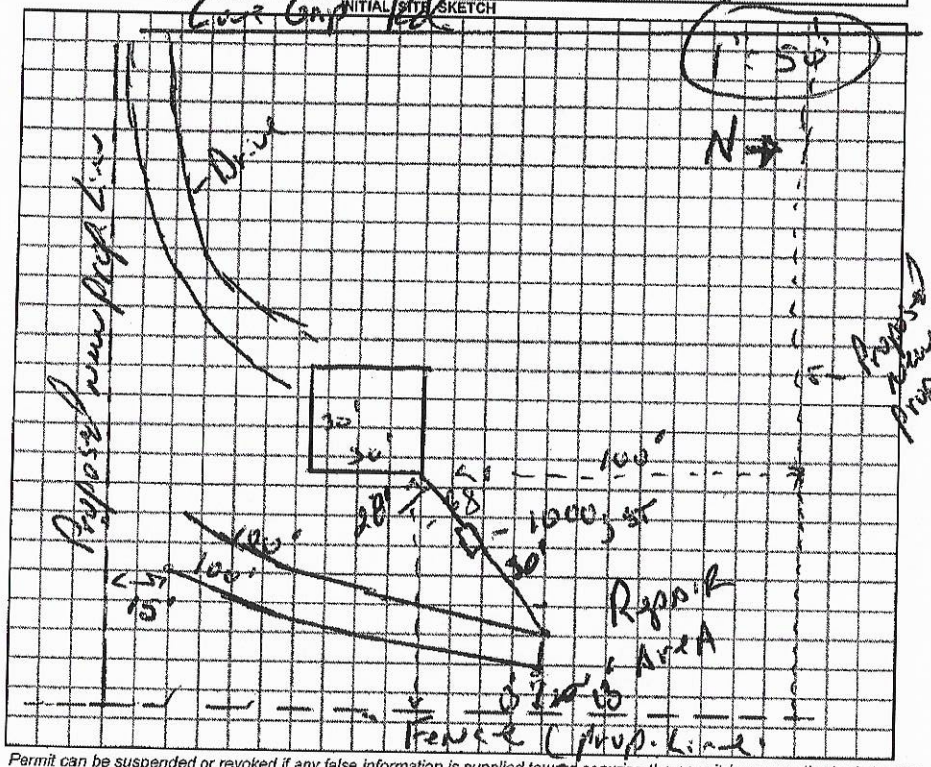
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions * Keep well 100' from system and repair Areas / Follow contour /

Comments / Conditions Filter installed. SI marker.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn on site 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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☑ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Date 4-20-10

Improvement Permit by: R.S. Date 15 Apr. 10

Authorization to Construct by: R.S. Date 15 Apr. 10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: James H. Dolder

Operation Permit by: R.S. Date: 31 AUG. 10

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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, Stephen Eades, am the legal owner(s) of the property located at 430 Cane Gap Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 6-21-19
Signature of Owner(s) Date

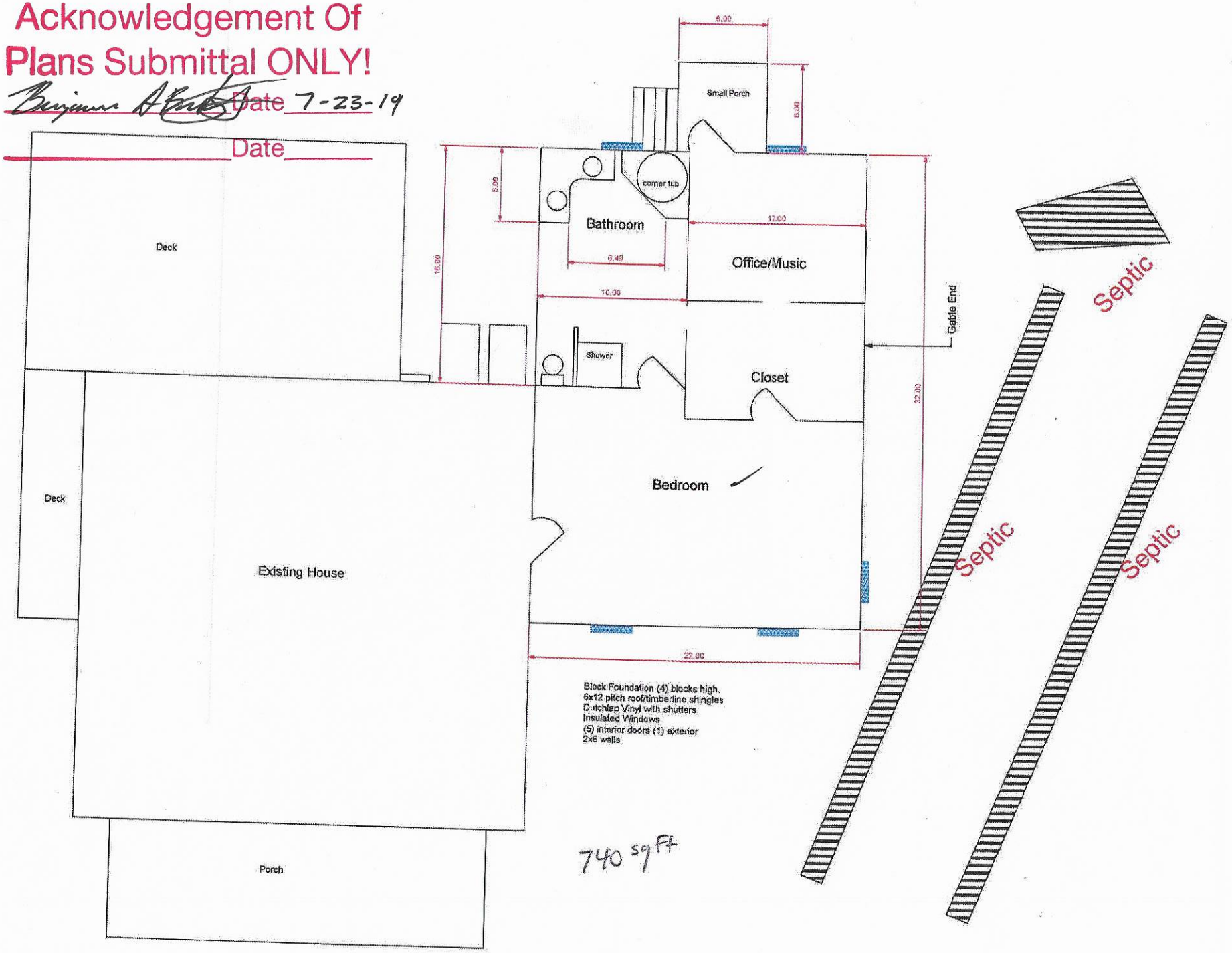
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of Plans Submittal ONLY!

Benjamin A Burks Date 7-23-19

Date



IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
245944
Issue Date: 06/21/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4728000090.000	430 COVE GAP ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EADES STEPHEN JAYMES	Applicant: EADES STEPHEN JAYMES
Address: 430 COVE GAP RD	Address: 430 COVE GAP RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
ADDITION OF BEDROOM,OFFICE AND BATHROOM	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.240	35.00	35.00	15.00	15.00	PASY	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	182408	TOTAL FEES:	$ 77.25