ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-317072

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

PIN # 4728 -- 26 -- 0035

APPLICANT/OWNER: ELLEN WORKMAN | APPLICANT ADDRESS: 106 PISGAH CHURCH ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 106 PISGAH CHURCH ROAD, STATEVILLE, N. C 28625 | PHONE: 704-929-2799 | ALT. PHONE: –

SITE DIRECTIONS: (N) ON 115, (L) ON PISGAH CHURCH, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: – | SECTION: – | LOT #: – | LOT AREA: 1.28 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

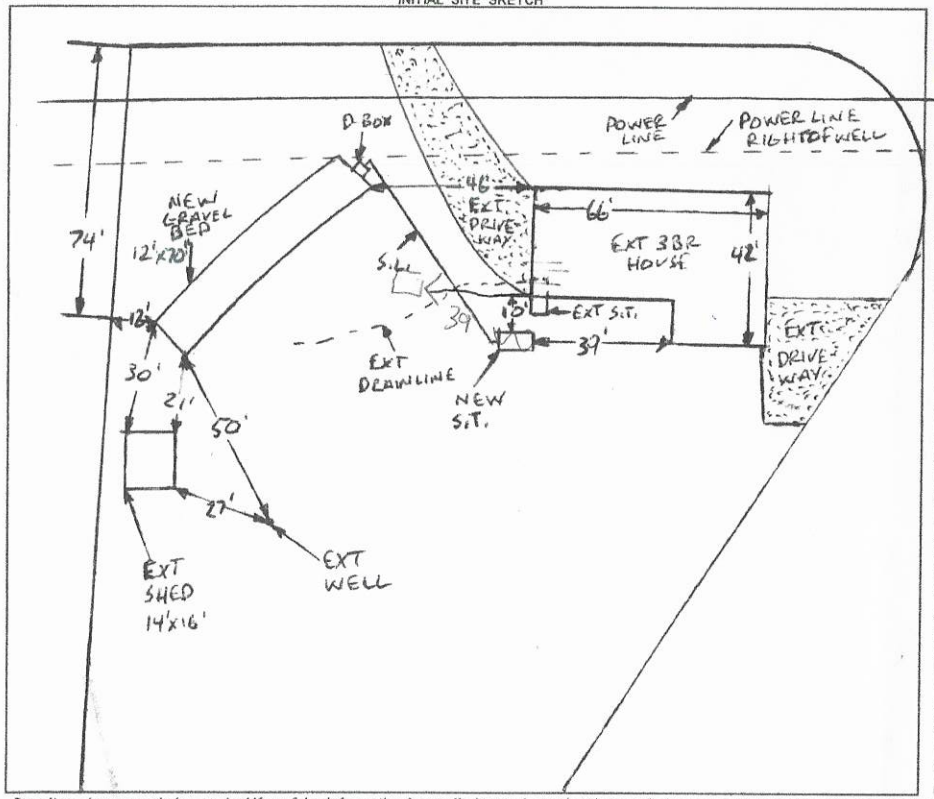
Septic Tank	1000	(gal)	STB	760	Date	4/20	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:			EXISTING	
Pump Make	–	Model	–		Serial #	–	Repair System Description:			12'x 70'x18" GRAVEL BED	
# Nitrification Fields	1	# Lines	1		Linear Ft:	70 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	12 FT	Trench Bottom Depth	[redacted]		55 IN MAX	Gravel Depth	18 IN	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☑ Private EXT	
☐ Other	No. Employees	–	☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☑ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, EXISTING TANK MUST BE FILLED WITH CONCRETE OR GRAVEL, INSTALL 18 IN OF GRAVEL IN A 12 FT X 70 FT GRAVEL BED

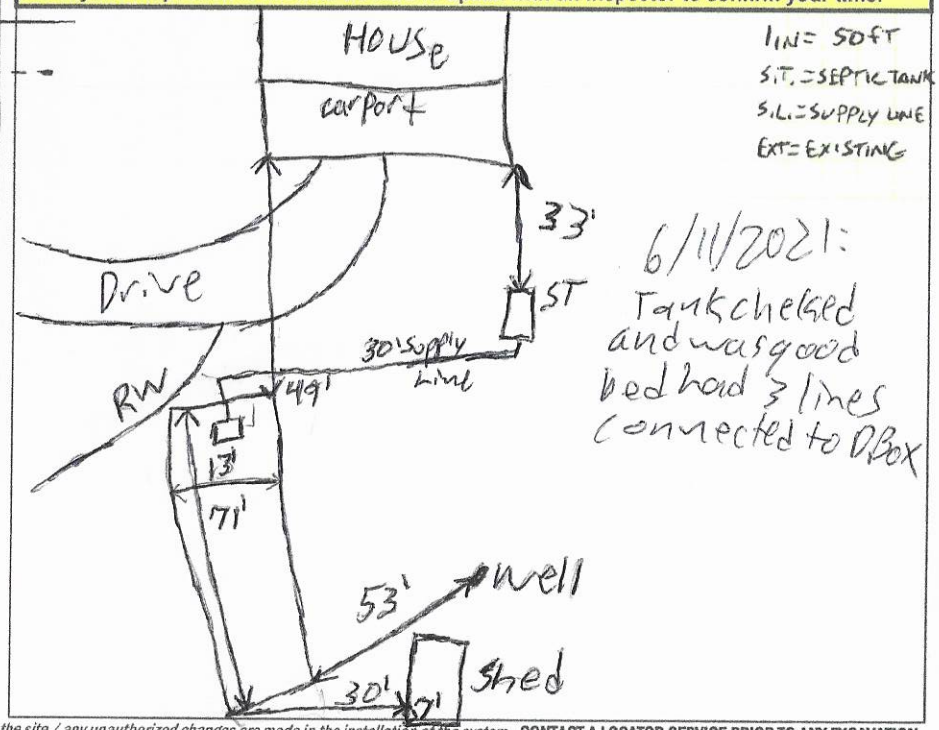
UTILIZE A D-BOX TO FED 3-4 IN CORRAGATED PIPES IN BED MAINTAIN 50 FT FROM ALL WELLS, POWERLINE RIGHT OF WAY MUST BE MARKED AT TIME OF INSTALLED

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.



6/11/2021: Tank checked and was good bed had 3 lines connected to DBox

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: Ellen Workman | Date: 5/27/2021 | Installed by: Lentz Waterworks

IMPROVEMENT PERMIT by: Bryant C. White | Date: 5-26-2021 | OPERATION PERMIT by: Patrick J Bagley III | Date: 6/11/2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 5-26-2021 | Existing System Inspected by: | Date:

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

SOIL/SITE EVALUATION

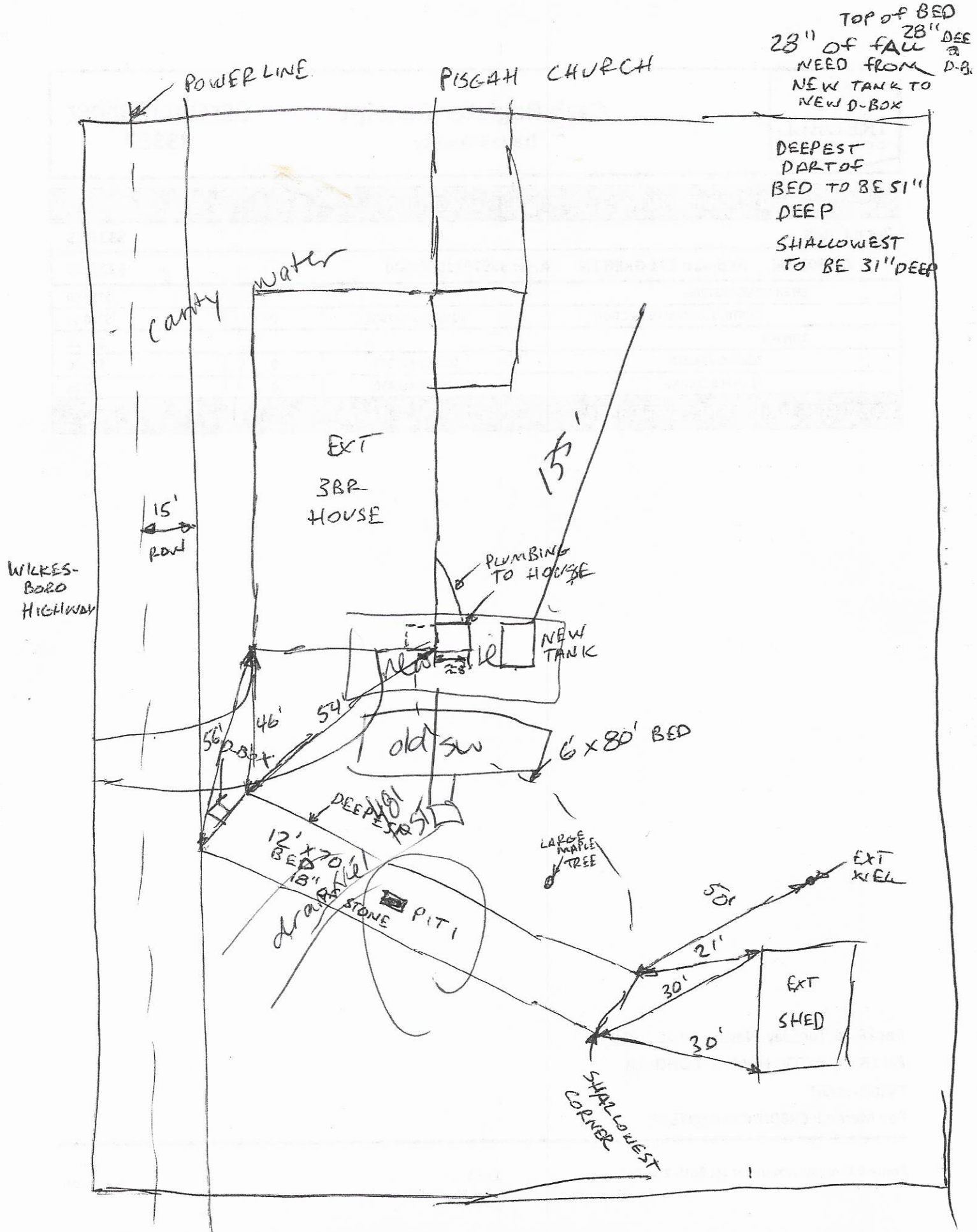
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4728-260035
DATE OF EVALUATION: 5-18-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LINEAR SIDE 10%	0-20	L, SBK	fr, S, P, SEXP	SAP INC THRU OUT	67"+	NA	NA	PS .3
		20-67	SCL, WSBK	fr, SS, SP, SEXP					

COMMENTS:


TOP of BED
28" of FALL
28" DEEP @ D-B.
NEED FROM NEW TANK TO NEW D-BOX
POWER LINE
PISGAH CHURCH
DEEPEST PART OF BED TO BE 51" DEEP
SHALLOWEST TO BE 31" DEEP
CANTY WATER
EXT 3BR HOUSE
15'
15' ROW
WILKES-BORO HIGHWAY
PLUMBING TO HOUSE
NEW TANK
28"
56'
46'
54'
D-BOX
OLD SW
6' x 80' BED
DEEPEST EXIST
12' x 70' BED
18" STONE
PIT
LARGE MAPLE TREE
EXT WELL
50'
21'
30'
30'
EXT SHED
SHALLOWEST CORNER

Raw Sewage In Home

rec'd 4-22-21
AP 317072

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 (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

The following optional attachments may also be submitted: ~~(X) 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: Ellen Workman Address: 106 Pisgah Church Rd. Statesville, NC Zip: 28625
Applicant Email: elliemay411@yahoo.com Phone: 704-929-2789 Alt. Phone: n/a
Owner Name: Ellen Workman Address: 106 Pisgah Church Rd. Statesville, NC Zip: 28625
Owner Email: elliemay411@yahoo.com Phone: 704-929-2789 Alt. Phone: n/a

Property Information:

Street Address: 106 Pisgah Church Rd. Statesville, NC 28625
Subdivision Name: n/a Section/Phase: _____ Lot Number: _____
Driving Directions: Go north on Center Street. It turns into Hwy 115/ Wilkesboro Hwy. It is ~7 miles past Food Lion on the corner of Hwy 115 & Pisgah Church Rd.

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: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system — Tank(s) / Drain lines — Describe Problem: Sewage backup in basement bathroom & basement.

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 (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: ~~0000~~ 1964
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: I do not know yet.

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: Ellen Workman — 4/21/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

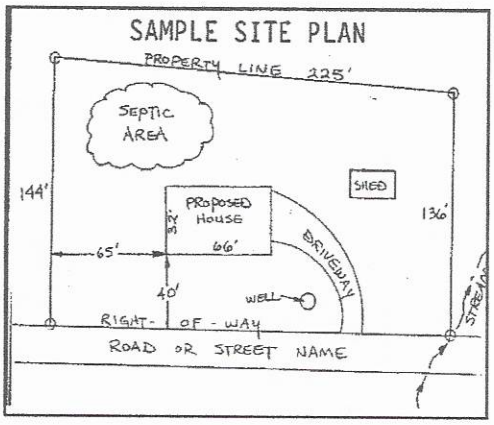
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)**

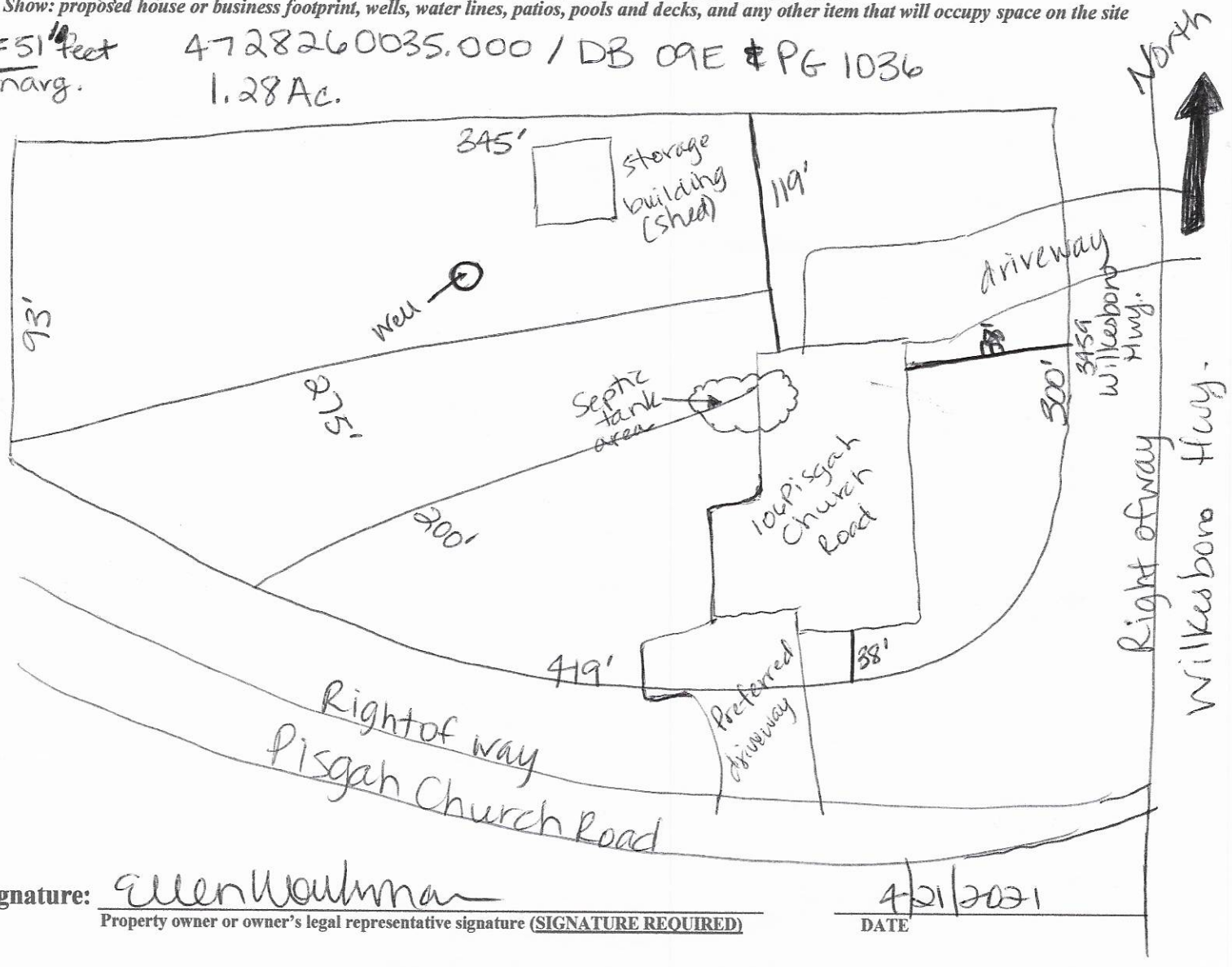
* Not drawn to scale (perfect)

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

1" = 51' feet
onarg.

4728260035.000 / DB 09E & PG 1036
1.28 Ac.



Signature: Ellen Woolman

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

4/21/2021
DATE