IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226085

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

PIN # 4731-59-6541

APPLICANT: Colleen Nesbit APPLICANT ADDRESS: 172 Orchard Lane Statesville, NC 28677

SITE ADDRESS: 172 Orchard Lane Statesville, NC 28677 PHONE: 704-528-5213 ALT. PHONE: "Kelly" - 704-651-2250

SITE DIRECTIONS: Old Mountain Rd N from Troutman → L on Orchard Lane → House @ end on right

SUBDIVISION: Orchard Acres SECTION: - LOT # 12 LOT AREA: 0.47 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.250

Septic Tank	1000 (gal)	STB	760	Date	4-8-17
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	5	Linear Ft:	226
Trench Width	36"	Trench Bottom Depth	36" [high side]	Gravel Depth	—

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

System Description: Tank + Drainfield* (25% Reduction) *

Repair System Description: Existing Bed to function as future repair

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

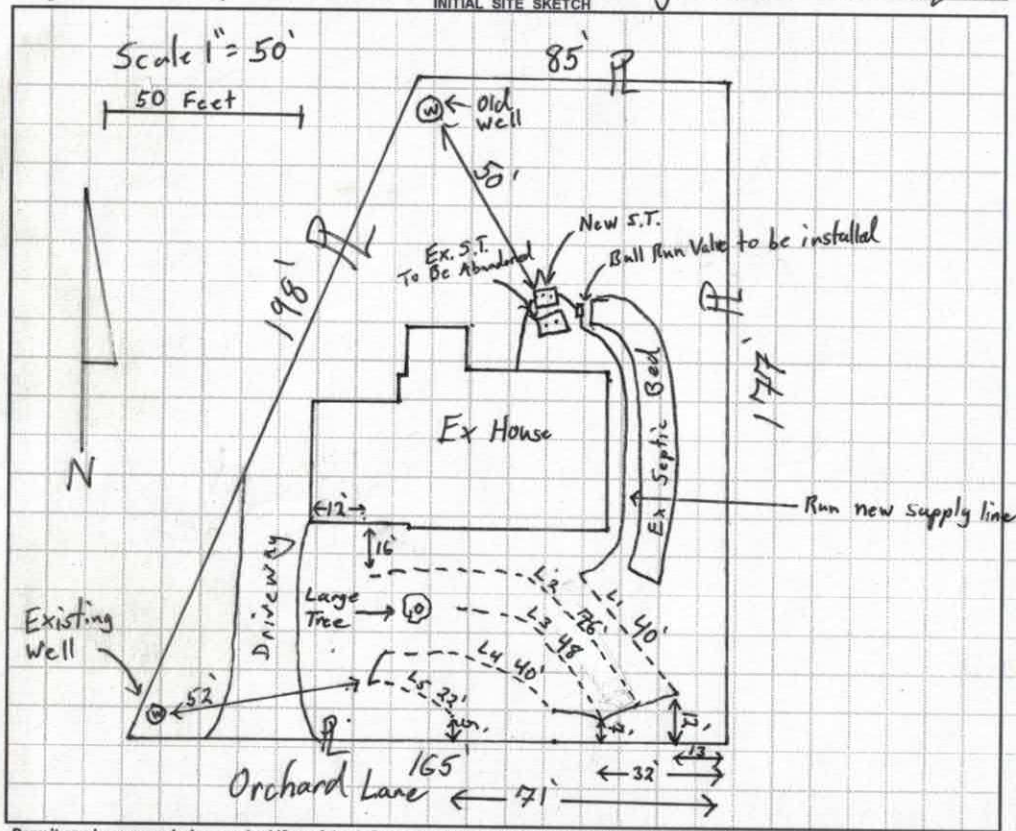
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

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

Comments / Conditions: This is an undersized septic system repair due to required spatial + site limitations on the lot. Conservative water use is strongly encouraged since the repair area/drainfield is approximately HALF the required size for a typical 4 Bedroom house in similar soil conditions. Strongly recommend pumping septic tank every 3 years. Existing septic tank shall be pumped, limed + crushed in place with a new tank installed adjacent to the old one.

INITIAL SITE SKETCH



AS BUILT SKETCH

* High capacity (16" tall) chambers to be used for install *

* Extra Chamber installed on L1 + L5

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: Kelly M Lentz Date: 4/14/17 Installed by: Jarad Lentz

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/19/2017 OPERATION PERMIT by: Benjamin Bottoms Date: 5/16/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/19/2017 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: Iredell

L1 Pink 6.15' 40' L4 Blue 7.03' 40'
L2 Blue 6.40' 76'
L3 Pink 6.72' 48' L5 Pink 7.72' 32'

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

2261.

OWNER: Colleen Nesbit
APPLICATION DATE 4/3/17
ADDRESS: (same as below)
DATE EVALUATED: 4/10/17
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.4±
LOCATION OF SITE: 172 Orchard Lane Statesville, NC
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	Upper 4%	0-13	SCL + clay V.W. SBK	Sl. Firm, SS, Sp, Sap	7.5YR 6/4 YB ✓	48	—	—	0.275 PS
		13-36	clay W-m ABK	Firm, sticky Sp, Sap					
		36-48	clay W-m SBk	Sl. Firm, SS, Sp, Sap					
2	Lower 5%	0-6	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	10YR 6/4 Light Yellow Brown 24"-37" 2.5YR 4/8 Red (uniform	—	—	—	0.250 PS
		6-38"	clay W SBK/ABK	Sl Firm SS, Sp, Sap					
		38"-49"	Clay W.SBK some Saprolite (clay) + mica	Sl. Friable, SS, Sp, Sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		No-Partial 226'
System Type(s)		25% Reduction
Site LTAR		0.20.25

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

COMMENTS:

DRIVEWAY
52'
House
ST
EXISTING
12'
WALK
Big tree
AH2
AH1
71'
44'
32'
23'
13'
10'
7'
5'
12'
IP
TP

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

226085

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: ( ) 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: call Kelly Nesbit @ 704-657-2239

Applicant Name: Colleen Nesbit Address: 172 Orchard Lane Statesville NC 28677 Phone: 704-528-5213

Owner Name: Colleen Nesbit Address: 172 Orchard Lane Statesville NC 28677 Phone: 704-528-5213

Property Information:

Street Address: 172 Orchard Lane Statesville NC 28677

Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A

Driving Directions: Hwy 21/115 S Towards Troutman TR on Old Mtn. Road TL on Orchard Lane Last House on Right

* Replace Tank & Drainfield — Current Tile 2 lines

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: 1964
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative (X) 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: Colleen M Nesbit
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/3/17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

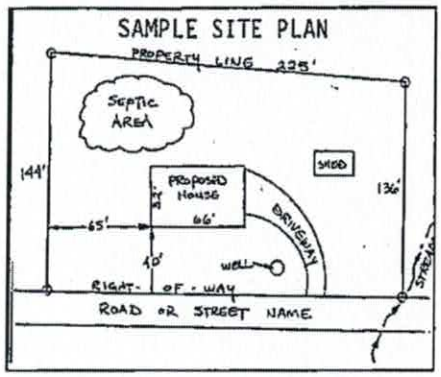
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

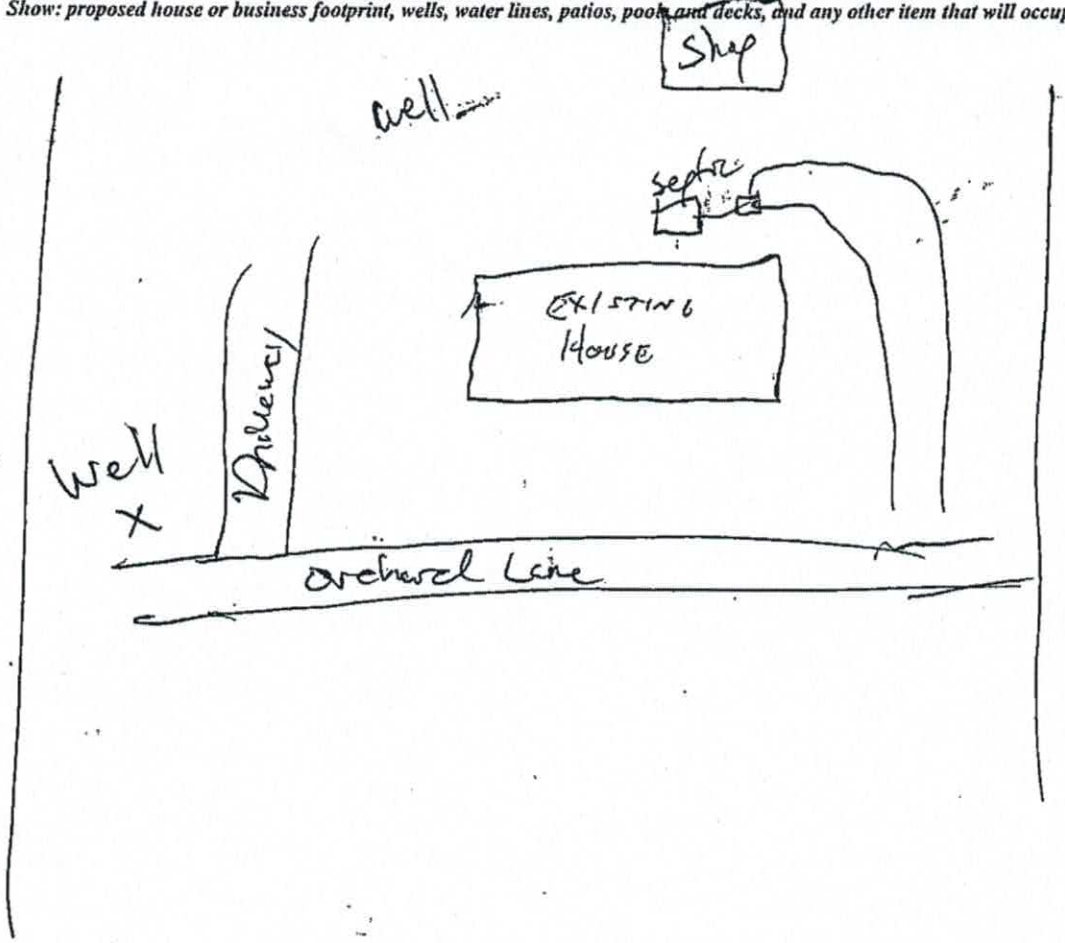


Circle N/A on the following if appropriate:

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: Kathleen M Redwine

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

4/3/17
DATE