IREDELL COUNTY HEALTH DEPARTMENT

cc Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245394

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

PIN # 4732659346.000

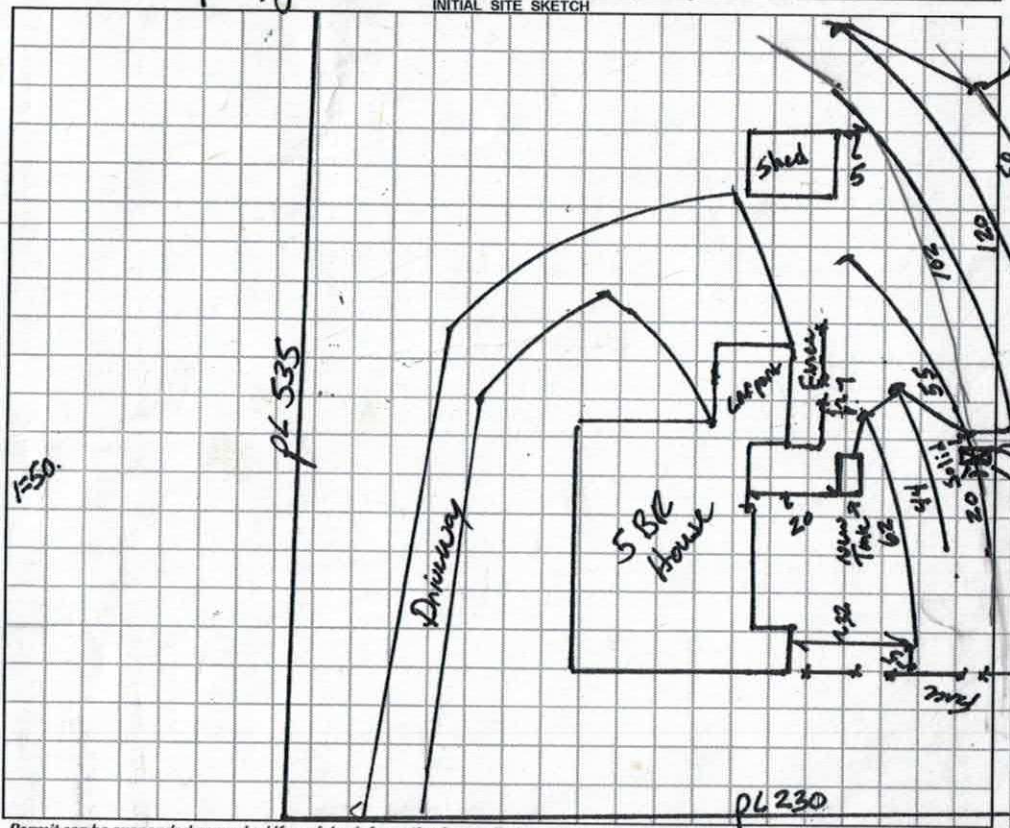
APPLICANT/OWNER: Tammy Russ
APPLICANT ADDRESS: 2510 Shelton Ave Statesville NC 28677
SITE ADDRESS: 2510 Shelton Ave Statesville NC 28677
PHONE: 704 450 5120 ALT. PHONE —
SITE DIRECTIONS: Hwy 21/Shelton Ave To Troutman on Right Before Moose Club Rd.
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.31 Acres
DESIGN FLOW: 600 L.T.A.R.: .30

Septic Tank	1250	(gal)	STB	964	Date	1/13	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:				
Pump Make	—	Model		—	Serial #	—	Repair System Description:	New Septic Tank / 25% Reduction			
# Nitrification Fields	1	# Lines		7	Linear Ft	500	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		24	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 5 No. Persons 10 No. Employees — ☒ Crawl Space
Water Supply: ☐ Private ☒ Public ☐ Community
☐ Basement w/o plumbing

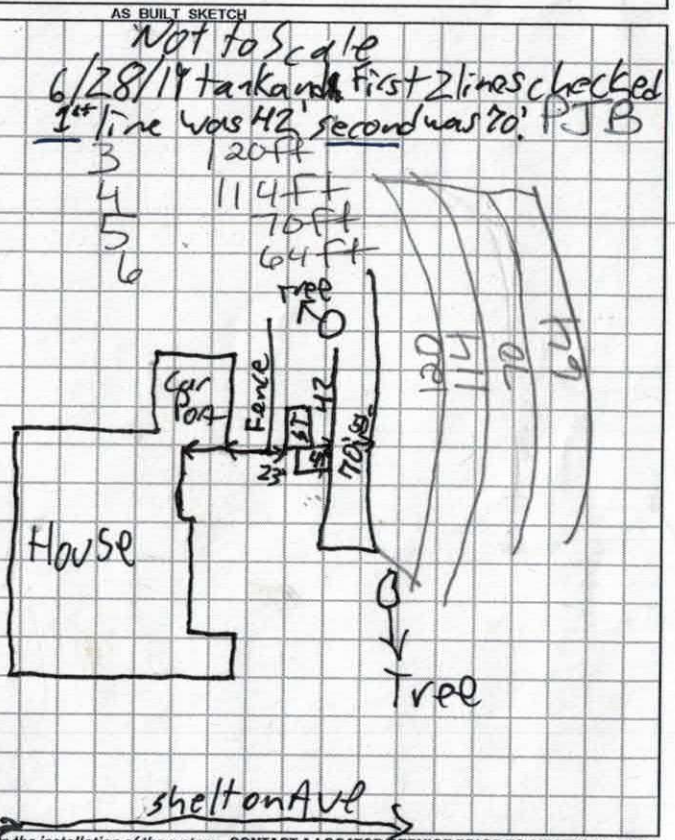
Comments / Conditions: Install Septic drainlines on the contour of the Land utilize Serial distribution. Pump - crush - Fill old Sptic Tank - Solid pipe across Do not Drive, park, grade or build on New Drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

Not to Scale
6/28/19 tank and first 2 lines checked
1st line was 42' second was 70' PJB



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: Tammy Russ Date: 6/10/19 Installed by: Jarid Lentz
IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 6/7/2019 OPERATION PERMIT by: Marie Dotson Date: 7/1/19
AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 6/7/2019 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 inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: [illegible]
COUNTY: Iredell

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

OWNER: Russ
ADDRESS: 2510 Shelton Ave SVC
APPLICATION DATE: 6/5/19
PROPOSED FACILITY: SBR House
PROPOSED DESIGN FLOW (.1949): 600 gpd.
DATE EVALUATED: 6/6/19
LOCATION OF SITE: 2510 Shelton Ave SVC
PROPERTY SIZE: 2.31 Acres
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes.
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	Side 10% Slope	0-6	SC GR/SBK	SSSP FR SEP	2.5YR5/8	48	–		PS .30
		6-32	C SBK	SS SP FR					
		32-48	CL WSBK.	SS SP FR					
2	Side 10% Slope	0-5	SC GR/SBK	SSSP FR SBK	2.5YR5/8	40	–	Rock controlled @ 40	PS .30 Max 28.
		5-28	C SBK	SSSP FR					
		28-40	CL WSBK.	SSSP FR					
		40 —	RCSAP M	FIRM.					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		500 L.f.
System Type(s)		III 25% Red.
Site LTAR		.30

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

COMMENTS: Repair - New Tank / Set Risers

Updated February 2014

62
41
66+15
34+ db
db+72.

RECEIVED JUN 5 - 2019

Repair Evaluations

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM #245394

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tammy Russ Address: 2510 Shelton Ave Statesville Zip: 28677
Applicant Email: tammyruss_education@yahoo.com Phone: 704-450-5120 Alt. Phone:
Owner Name: Tammy Russ Address: same Zip: 28677
Owner Email: same Phone: same Alt. Phone:

Property Information:

Street Address: 2510 Shelton Ave Statesville NC 28677
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Sewage in yard
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 3500 Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Tammy Russ 6/5/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

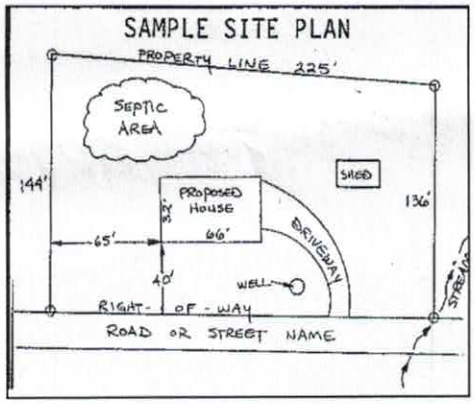
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



Signature: _____ 6/5/19

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

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*) Tammy Russ

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, Tammy Russ, am the legal owner(s) of the property located at 2510 Shelton Ave Statesville, identified as

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

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

_____, 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.

_____ _____

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