IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227984

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

PIN # 4735-19-8527

APPLICANT/OWNER: Randy A. Duncan APPLICANT ADDRESS: 328 Laurel Creek Rd. Statesville, NC 28625

SITE ADDRESS: 2109 Wilkesboro Highway Statesville, NC 28625 PHONE: 704-876-1551 ALT. PHONE 704-871-7472

SITE DIRECTIONS: Rt 115 North from Statesville → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

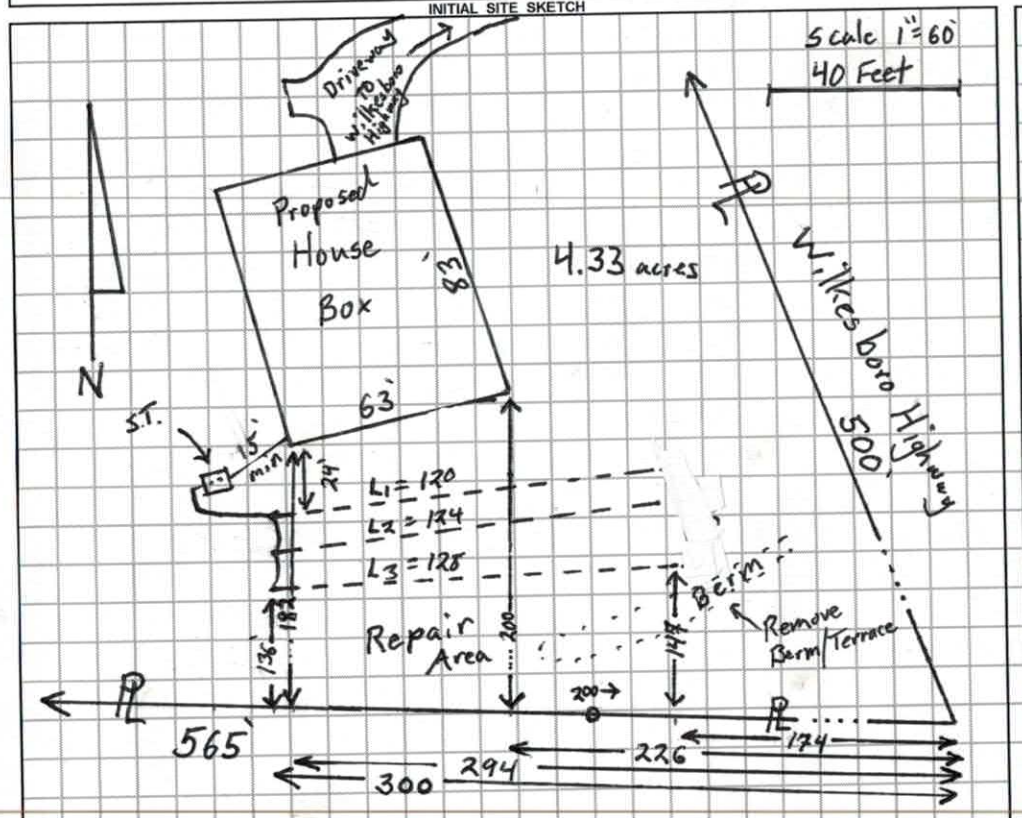
SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 4.33 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	2-28-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction		☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description: 25% Reduction		☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft	330	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: * Though 376 L.F. of line has been laid out, only 330 l.f. needs to be installed * Remove terrace/berm in repair area to allow surface runoff to be shed without ponding on primary or repair system areas. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: Randy A Duncan Date: 8-3-17 Installed by: YOUNTZ

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/28/2017 OPERATION PERMIT by: B Wilson / C. Corbitt Date: 5-20-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/28/2017 Existing System Inspected by: Date:

8-3-17

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

Sheet 1 of 1
PROPERTY ID #: 4735197521
COUNTY: Iredell

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

P L1 = 120 8.12' 23' run
R L2 = 124 9.38'
P L3 = 128 10.83

OWNER: Randy Duncan
ADDRESS: 328 Laurel Creek Rd. Statesville
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 2109 Wilkesboro Highway Statesville
APPLICATION DATE: 6/15/17
DATE EVALUATED: 6/27/17
PROPERTY SIZE: 4.33 acres
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	Shoulder Linear 12%	0-25	clay M-S ABK	Firm, Stichy, Sp, Sap	—	54	—	—	0.275 PS
		25-58	clay Loam W-M SBK	Sl. Friable, SS, Sp, Sap					
2	Shoulder 12% Repair Dist	0-14	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	—	52	—	—	0.30 PS
		14-26	clay W-M SBK/ABK	Firm, Sticky, Sp, Sap					
		26-52	Clay Loam W. SBK	Sl. Friable, SS, Sp, Sap					
3	Shoulder 12% Primary Heater (Near Hse)	0-26	clay M-W SBK	Firm, Sticky, Sp, Sap	—	61	—	—	0.30 PS
		26-62	clay W. SBK	Sl. Firm, Sticky, Sp, Sap					
4	Shoulder 12% Repair	0-13	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	—	60	—	—	0.275 PS
		13-24	clay W-M ABK/SBK	Firm, Sticky, Sp, Sap					
		24-60	clay W. SBK	Sl. Firm, Sticky, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360+	360+
System Type(s)	25% Reduct	25% Reduct
Site LTAR	0.275	0.275

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

COMMENTS: Remove Berm / Terrace in Repair Area

Iron Pipe
W. Jesboro Highway
319
300
294
226
174
169'
136'
182'
200'
147'
23'
24'
9'
30'
40'
63'
83'
Desired S.T. Location
House
Box
Berm
Terrace
1
2
3
4

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 6/16/17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 2109 Wilkesboro Highway (#2111) Statesville, NC PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 40' off bottom cor. of house [Rear]	0-48	Clay W-m SBK/ABK m-s SABK 30"-34"	Sl. Firm, Sticky, Sp, Sosp	Abundant Maganese 16"-38"				Pit Required [structure concerns]
2	Below Rear Corner of House [35']	0-48	Clay W-m SBK/ABK Some m. ca 40"-48"	Firm, Sticky, Sp, Sosp	Many magnese nodules/accumulations 17"-36"				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
e LTAR		

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

MENTS: _____

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Bradley A. Duncan	328 Laurel Ck Rd Statesville NC 28625	704 876 1551	7046717477
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Bonnie Nancy Duncan	Same	Same	Same

4. **Property Information:**

2109 Wilkesboro Hwy
Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: #115 N (Wilkesboro Hwy) 1.0 Mile From City Limit on Left

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water IWC

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **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. industry) 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.

9. Signature: Bradley A. Duncan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-15-2017
DATE

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

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:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

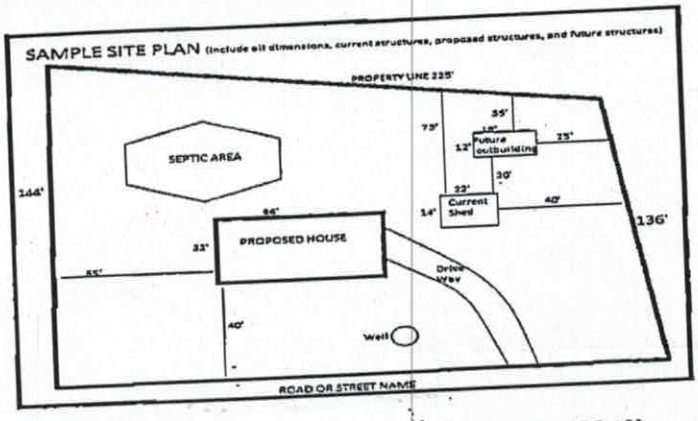
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

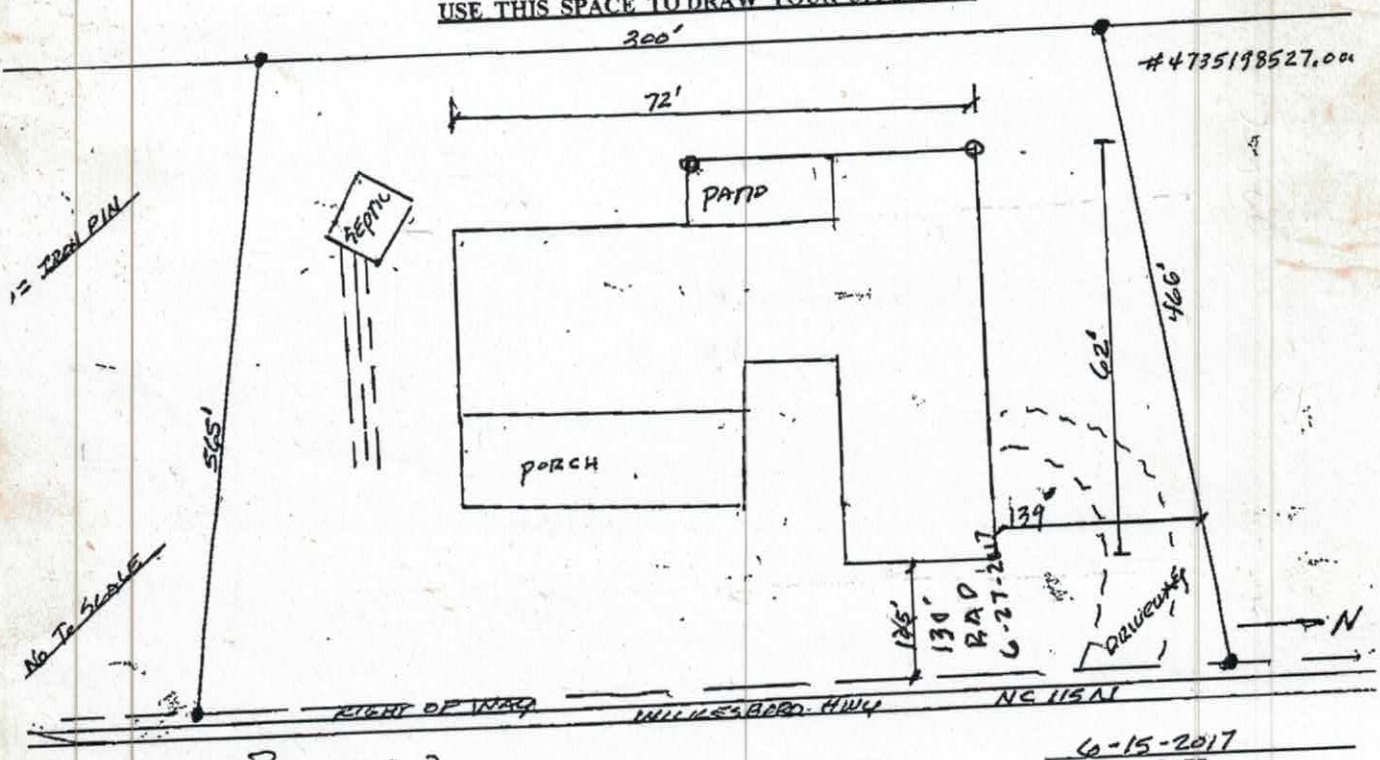
____ Location of septic systems and wells within 100' of your property... (N/A)

____ Location of easements and rights of ways on your property.. (N/A)

____ Location of any designated wetlands on the property.. (N/A)

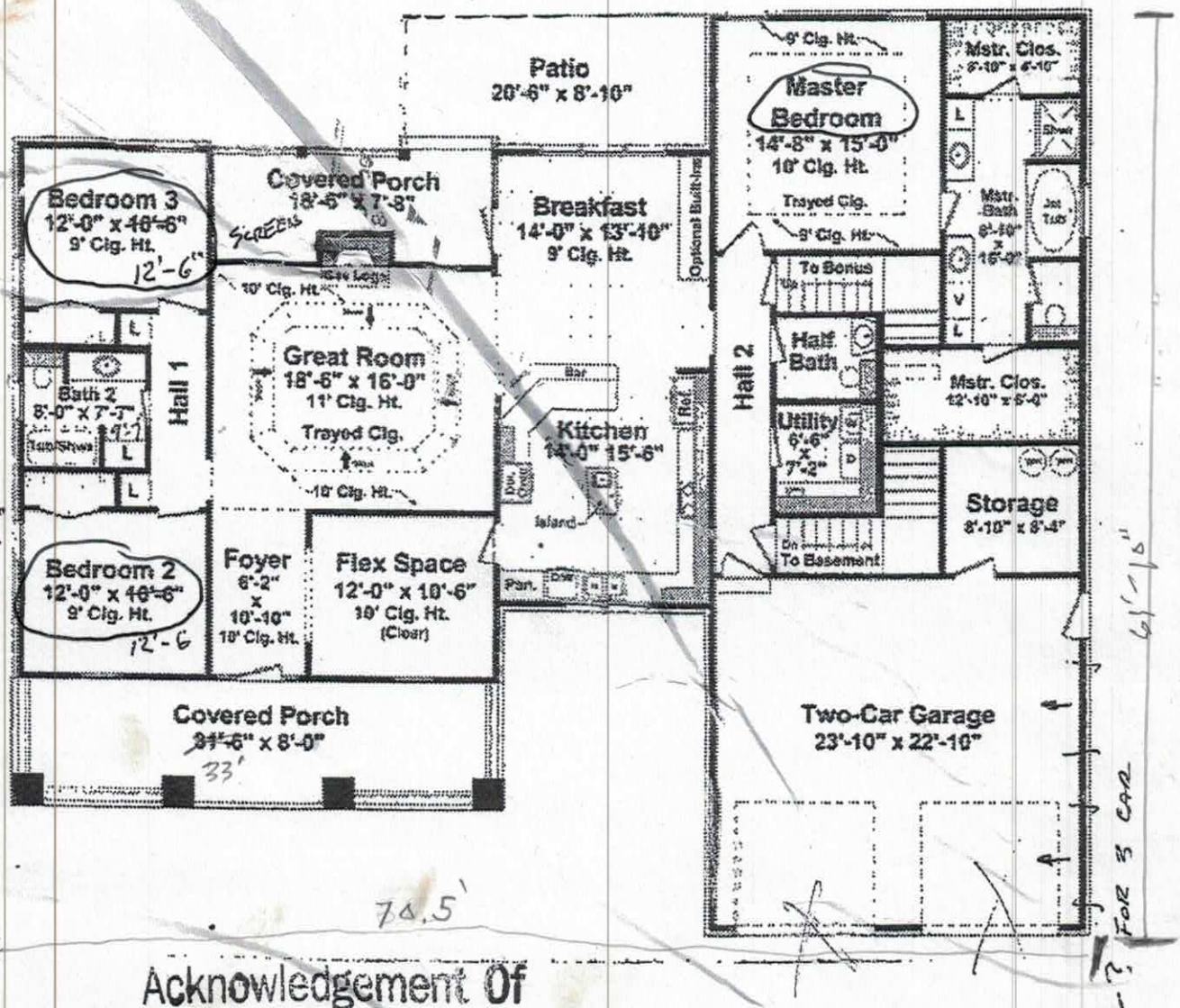


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Randy A. Burrus
REQUIRED property owner or owner's legal representative signature.

6-15-2017
DATE



74.5'

Acknowledgement Of
Plans Submittal ONLY!

Randy & Dana Date 6-15-2017

Randy & Dana Date 6-27-2017 (revised)

Tom Shuck 6/28/17

? WALK IN TUB / OVER GARDENS

? SPACE FOR MURPHY BED (IN FLEX)

3041

1200 sq ft w/ Building Lis

2'
23' 10"
8' 10"
6' 4"
16' 0"
6' 10"
61' 10"

IREDELL COUNTY

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

APPLICATION NUMBER
227984
Issue Date: 06/15/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4735198527.000	2109 WILKESBORO HIGHWAY, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: DUNCAN RANDY A+NANCY	Applicant: DUNCAN RANDY A+NANCY
Address: 328 LAUREL CREEK RD STATESVILLE, NC 28625	Address: 328 LAUREL CREEK RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.330	35.00	35.00	15.00	15.00	NOT	X

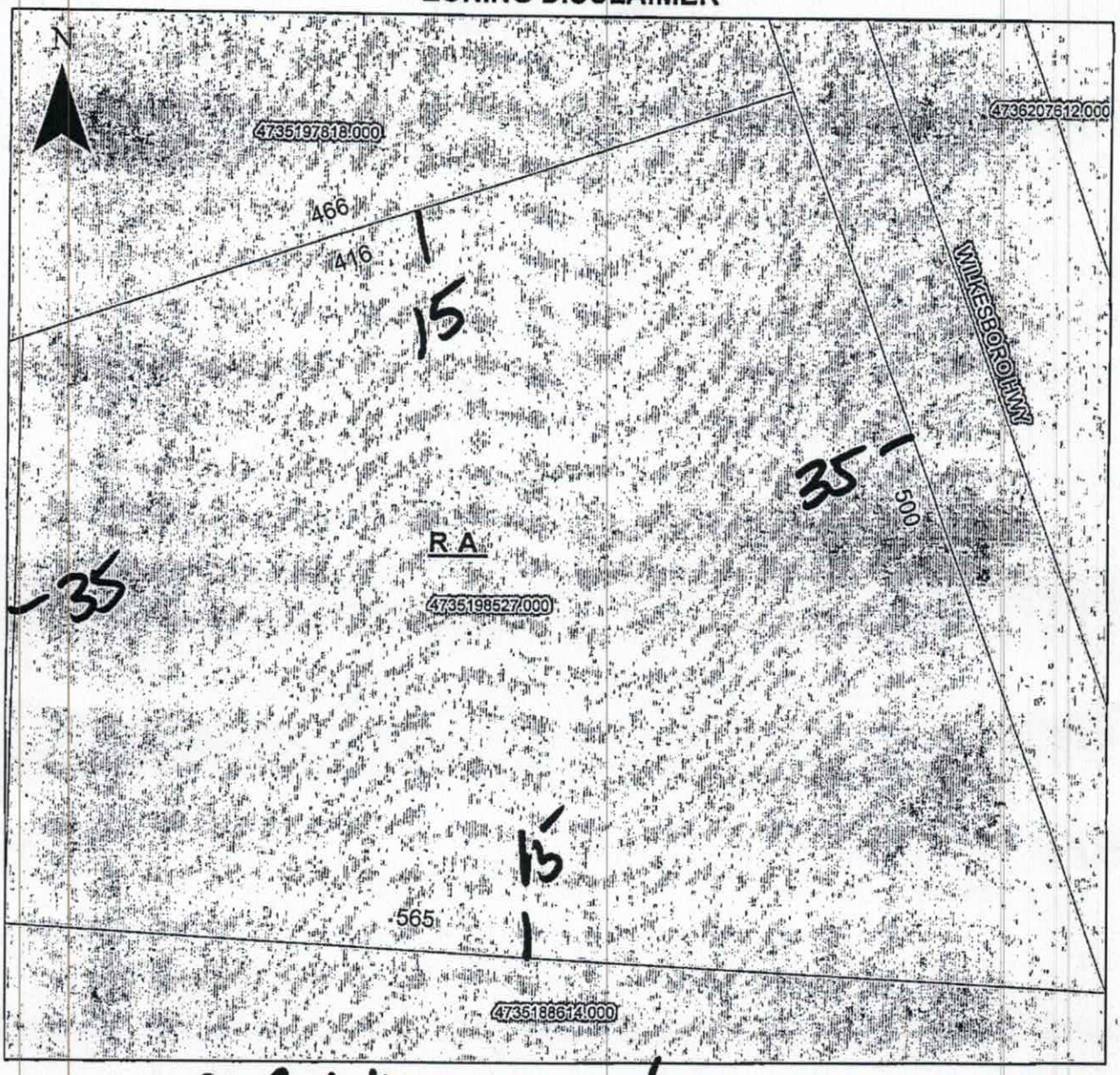
Remarks:

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	106207	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 2109 Wilkesboro Hwy

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. Applicant further acknowledges that the 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.

Randy A. Duncan
Applicant

6-15-2017
Date