IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 873-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 245843

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

PIN # 4735390142 ✓

APPLICANT/OWNER: Bimini Builders APPLICANT ADDRESS: 17221 Knoxwood Dr Huntersville NC

SITE ADDRESS: 132 Golden Oak Dr NC Statesville 28625 PHONE: 704-641-1437 ALT. PHONE -

SITE DIRECTIONS: N on Hwy 115 R Upper Oak Dr L on Golden Oak Dr SAP CONTROLLED: ☐ YES ☒ NO

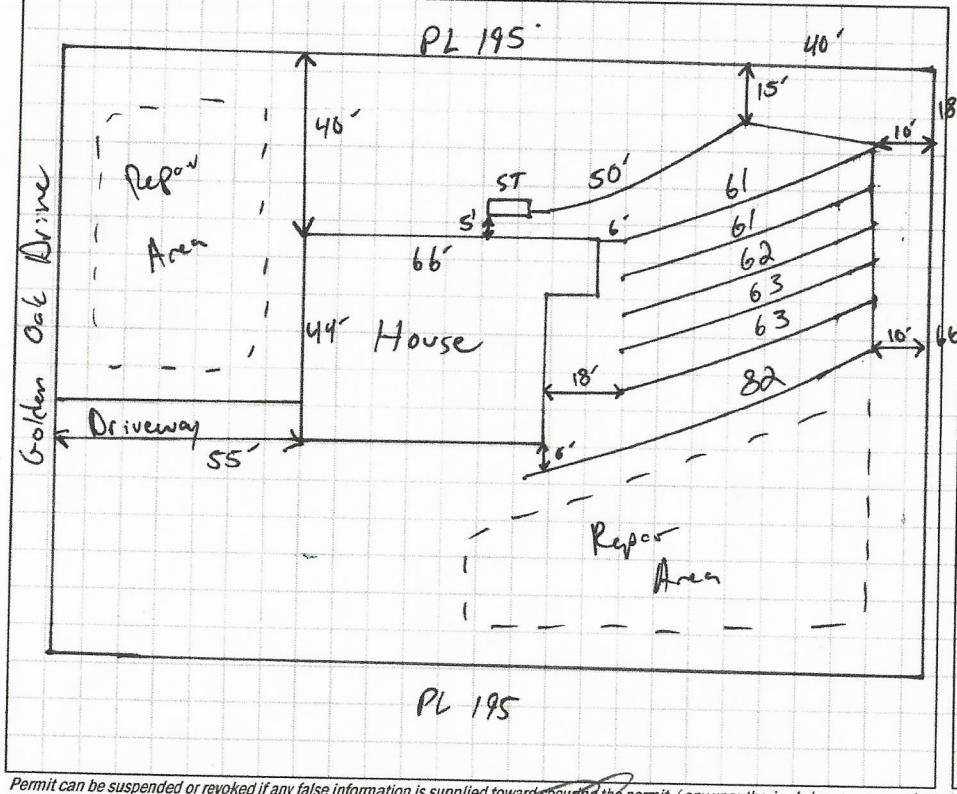
SUBDIVISION: ✓ Meadow Oaks SECTION: II LOT # 78 LOT AREA: .582 DESIGN FLOW: 480 gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 760	Date	9-10-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	50 Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	436'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	Max 34	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land and use Serial Distribution. Follow all Septic Rules.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

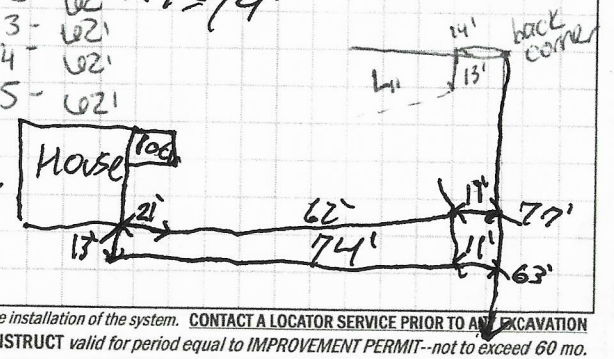
Tank 6' off House
Inspected filter 12-11-19

lines · 5' off back of house
1-5 checked 12-12-19-CC (302')

PL 78' Carla confirmed she checked tank/filter on 12/12/19 Last 2 lines were checked and everything was correct

1 - 54' L6 = 62'
2 - 62' L7 = 74'
3 - 62'
4 - 62'
5 - 62'

Not to scale



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: Date: 12/11/19 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Date: 12-5-19 OPERATION PERMIT by: Patrick D Boyle III Date: 12/16/19

AUTHORIZATION TO CONSTRUCT by: Date: 12-5-19 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 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 #: 4735390142
COUNTY: Iredell

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

OWNER: Bimini Builders
ADDRESS: 132 Golden Oak
PROPOSED FACILITY: House
LOCATION OF SITE: 132

APPLICATION DATE 6-18-19
DATE EVALUATED: 7-12-19
PROPERTY SIZE: .582
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480

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	SS 3%	0-8	SBL SCL	Fr SSSP Serp	Few 4/8 @ 24"	48"	N/A	N/A	PS .25
		8-35	SBL C	Fi SSSP Serp					
		35-48	SBL CL	Fr SSSP Serp					
2	SS 3%	0-8	SBL SCL	Fr SSSP Serp	N/A	46"	N/A	N/A	PS .275
		8-34	SBL C	Fr SSSP Serp					
		34-48	SBL CL	Fr SSSP Serp					
3	SS 8%	0-8	WSBL SCL	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .275
		8-40	WSBL SC	Fr SSSP Serp					
		40-48	WSBL CL	Fr SSSP Serp					
4	SS 8%	0-12	SBL SCL	Fr SS SP Serp	N/A	48"	N/A	N/A	PS .275
		12-40	SBL C	Fi SS SP Serp					
		40-48	SBL CL	Fi SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	4136	320
System Type(s)	2SC	50%
Site LTAR	.275	.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

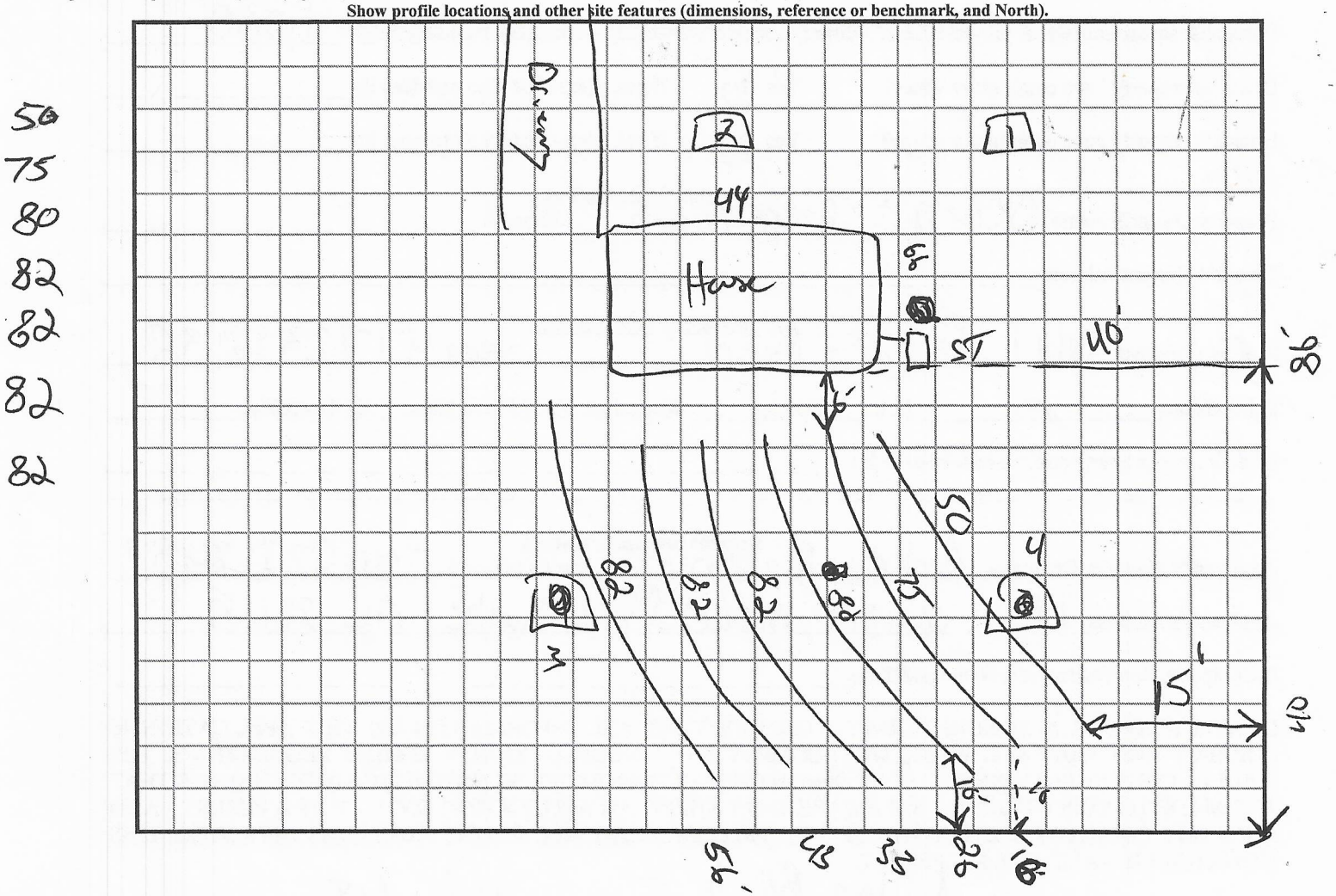
NOTES

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/ft^2

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



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, Jacob Terrell, am the legal owner(s) of the property located at 132 Golden Oak Drive, identified as PIN (Parcel Identification Number) 4735390142, located in Iredell County, North Carolina.

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

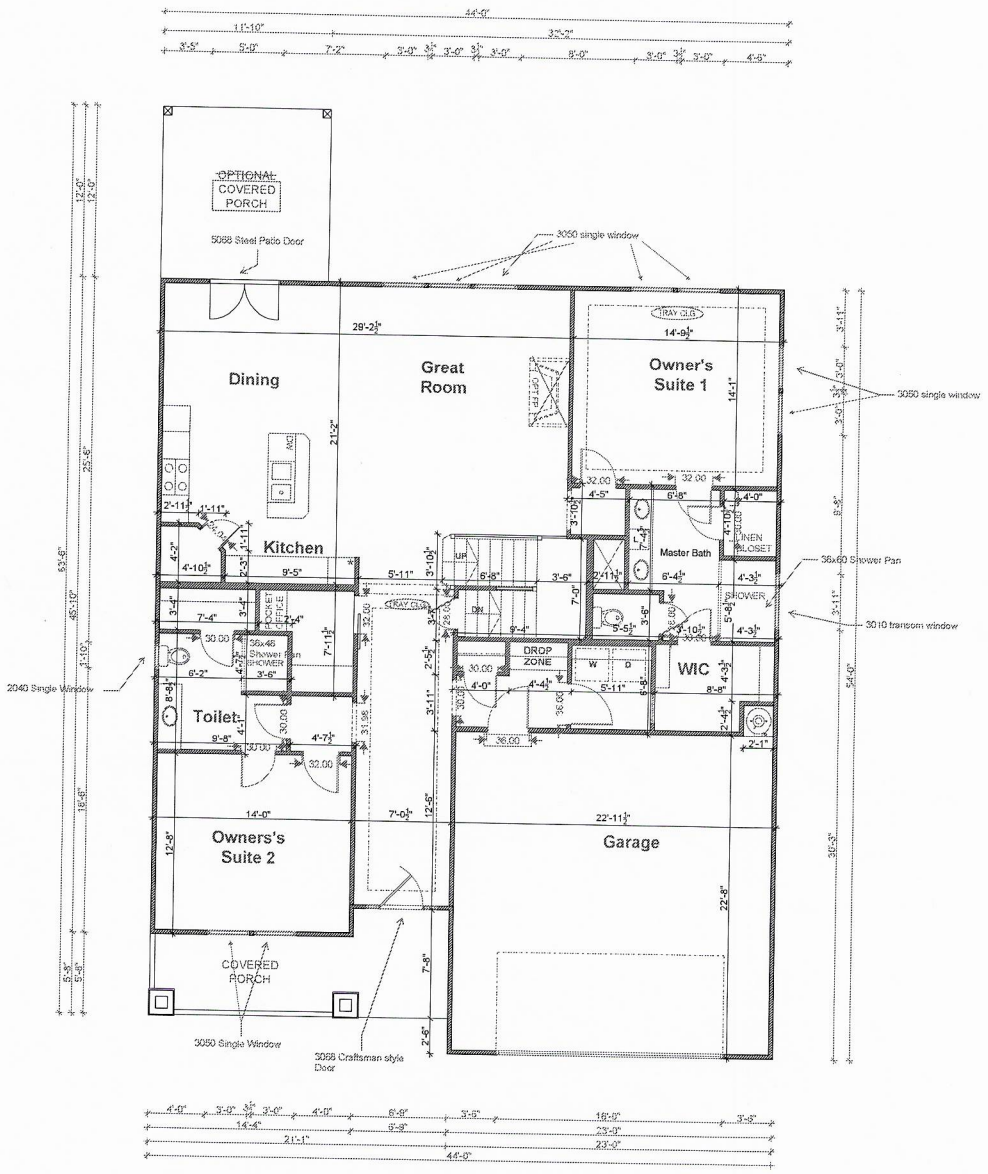
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 12/11/19

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

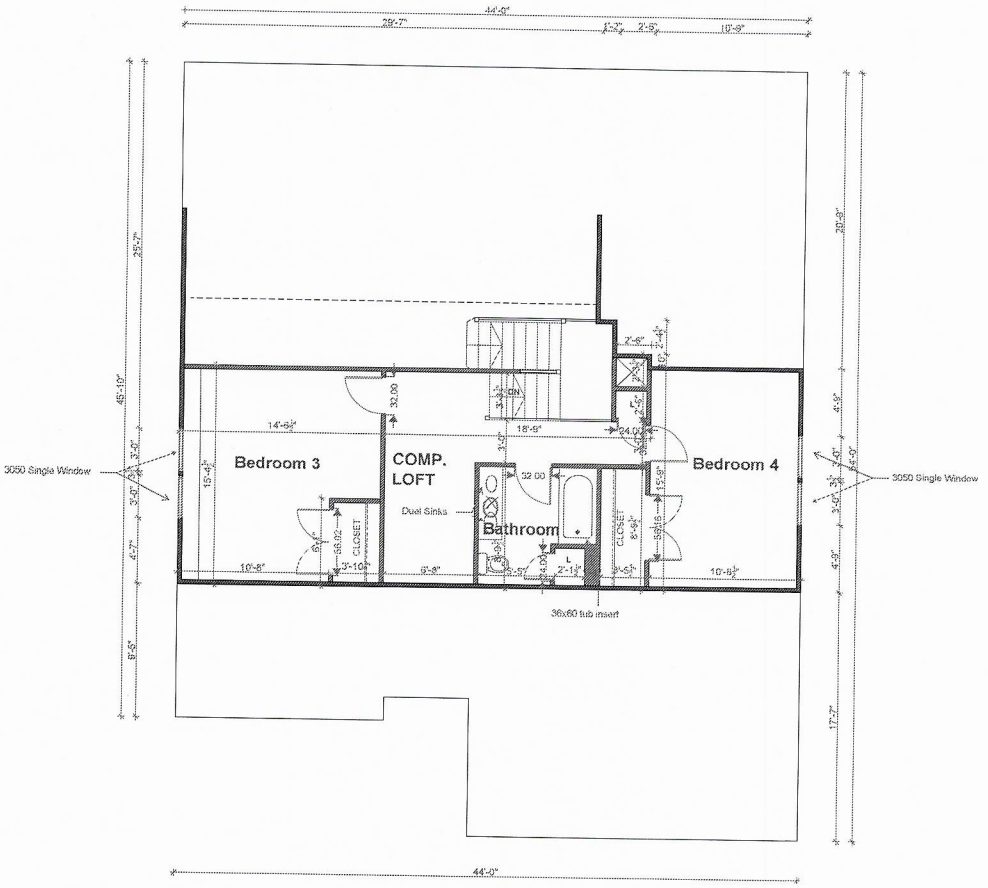


Acknowledgement Of
Plans Submittal ONLY!

Date 2-15-19

Date 7/16/19

2.FIRST FLOOR PLAN



3.SECOND FLOOR PLAN

IREDELL COUNTY

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

APPLICATION NUMBER
245843
Issue Date: 06/19/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4735390142.000	132 GOLDEN OAK DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROBBINS MARJORIE LIVING TRUST	Applicant: BIMINI BUILDERS LLC
Address: 194 KENDALL RD	Address: 17221 KNOXWOOD DR
TROUTMAN, NC 28166	HUNTERSVILLE, NC 28078
Phone:	Phone: 704-641-1437

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.582	35.00	35.00	15.00	15.00	NOT	X

Remarks:

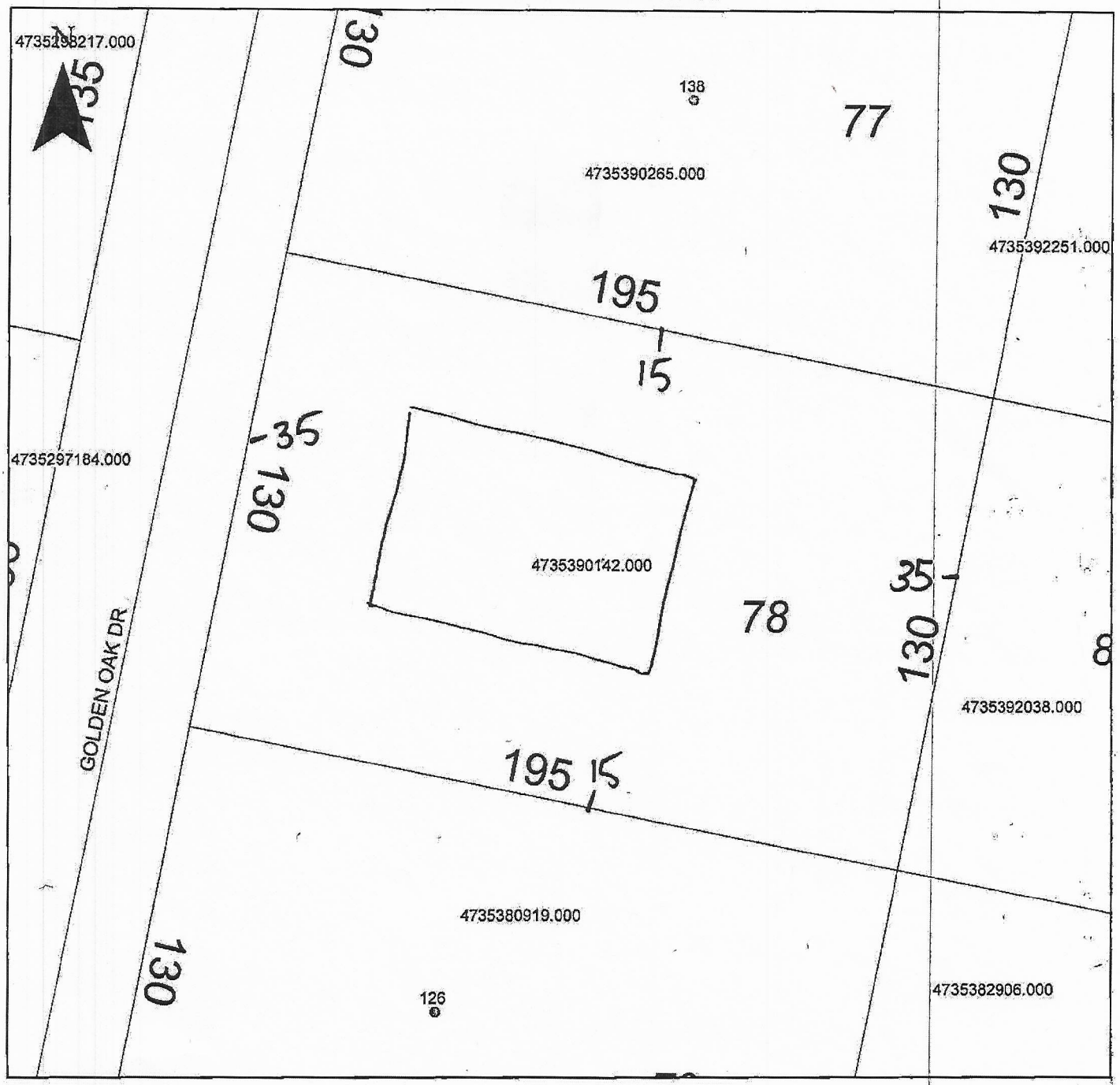
$ PAID Credit SL 6.19.19

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	181893	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 132 Golden Oak

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.

X _____
Applicant

X 6/19/17
Date