ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP317993

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

PIN # 4735390265

APPLICANT/OWNER: Jim Wooten APPLICANT ADDRESS: 138 Golden Oak Drive Statesville NC

SITE ADDRESS: 138 Golden Oak Statesville NC 28625 PHONE: 7048803026 ALT. PHONE –

SITE DIRECTIONS: Hwy 115 North @ on Upper Oak @ Golden Oak S,de on Right

SUBDIVISION: Meadows Oak SECTION: 2 LOT # 77 LOT AREA: .582 SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	ERT 1000 (gal)	STB 760	Date 10-19-19	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: Gravity - 25% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 1	Linear Ft: 72	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth	AT 48 in	Gravel Depth –	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Remove Drainfield that is located in Swale/Ditch Area Place New 72 Ft line as shown on Permit. Insure Proper Fall From Tank to Line1 if not 26 ft will need to be added below the new line. System Failing

2 3/4 IN FALL FROM TANK TO NEW FIRST LINE

INITIAL SITE SKETCH

Due to water ponding over Drainfield. Divert Water Away from system

1=50



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.

INSTALLED AS SHOWN

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: J. Wooten Date: 6-3-21 Installed by: K+M GRADING

IMPROVEMENT PERMIT by: Bryant Bass Date: 6-2-2021 OPERATION PERMIT by: Bryant C. White Date: 6-17-2021

AUTHORIZATION TO CONSTRUCT by: Bryant Bass Date: 6-2-2021 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	IQ4
Type of Distribution	(G) or P
Type of Failure/Malfunction	BU
Primary Cause of Failure/Malfunction	5
Age of System?	2 yrs
Initial or Repair?	Initial.

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

Sheet 1 of 2
PROPERTY ID #: 4735390265
COUNTY: IREDELL

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

OWNER: BIMINI BUILDERS
ADDRESS: 17221 KNOXWOOD DRIVE, HUNTERSVILLE, NC 28078 APPLICATION DATE 6-18-19
PROPOSED FACILITY: 3 BR PROPOSED DESIGN FLOW (.1949): 360 GPD DATE EVALUATED: 7-1-19
LOCATION OF SITE: 138 GOLDEN OAK DRIVE, STATESVILLE, NC 28625 PROPERTY SIZE: 0.582 AC
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 5%	0-29	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	63"+	NA	NA	PS .3
		29-63	CL, WABK	FR, SS, SP, SEXP					
2	HEAD 7%	0-64	C, ABK	FR, S, P, SEXP	10YR 7/2 @ 43"-64" 10YR 5/4 MOTS 36" 43" W	64"+	NA	NA	PS .25 ABOVE 36"
3	RIDGE 5%	0-36	C, ABK	FR, S, P, SEXP	10YR 7/2 "BANDS" 13"-17" & 25"-26" SAP INC THRU OUT	60"+	NA	NA	PS .25 BELOW 26"
		36-60	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-34	C, ABK	FI, S, P, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		34-60	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Wilder
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

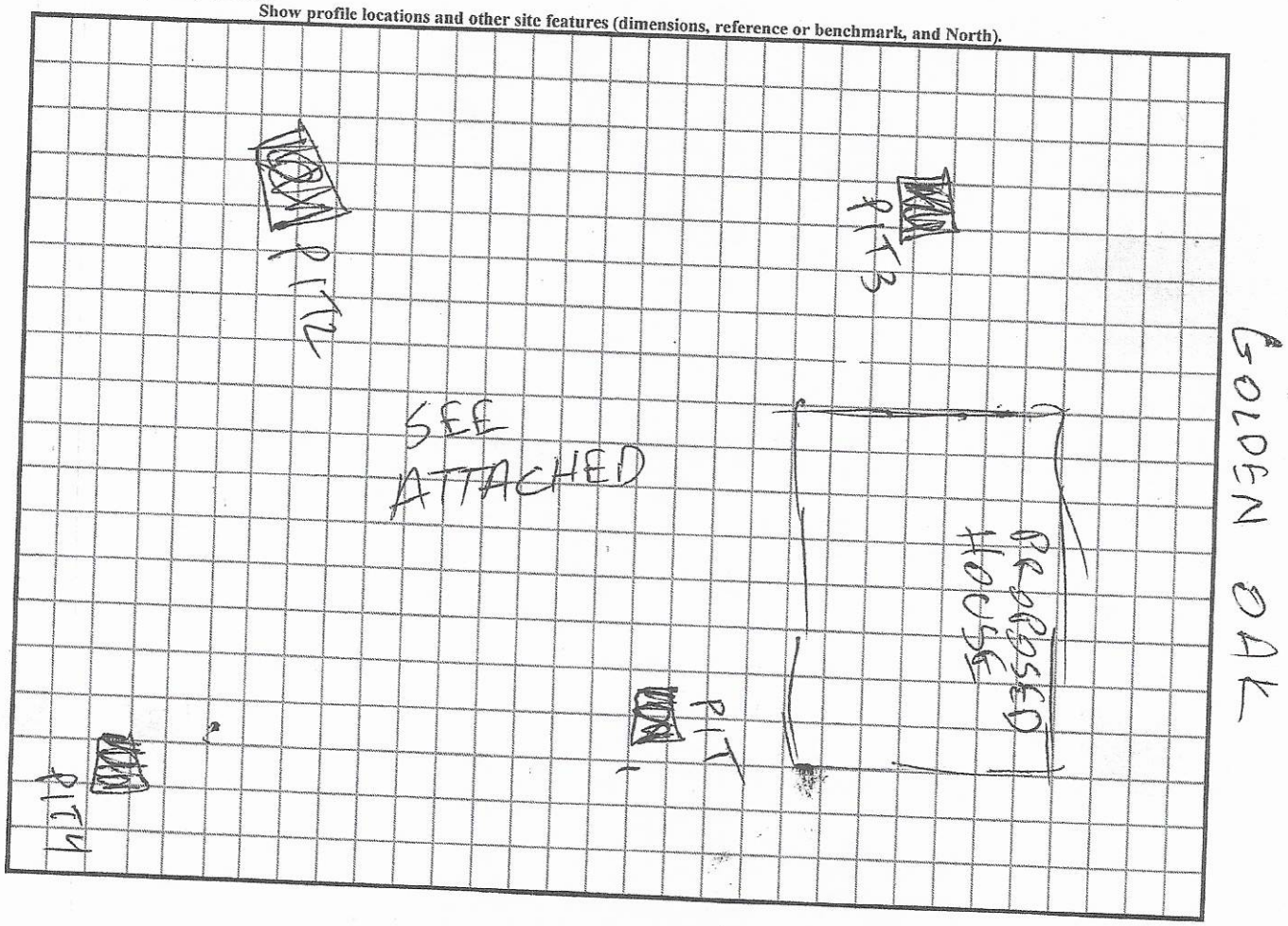
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



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

PROPERTY ID #: 4735390865
COUNTY: IREDELL

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

OWNER: SEE PAGE 1
ADDRESS: _____ APPLICATION DATE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 7-12-2019
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LINEAR SIDE 5%	0-26	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		26-60	CL, WABK	FR, SS, SP, SEXP					
6	LINEAR SIDE 5%	0-8	SCL, ABK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	60"	NA	NA	PS .3
		8-24	C, ABK	FR, SS, SP, SEXP					
		24-60	CL, WABK	FR, SS, SP, SEXP					
		60-64	SAP, MAS	VFR, NS, NP, SEXP					
3									
4									

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

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

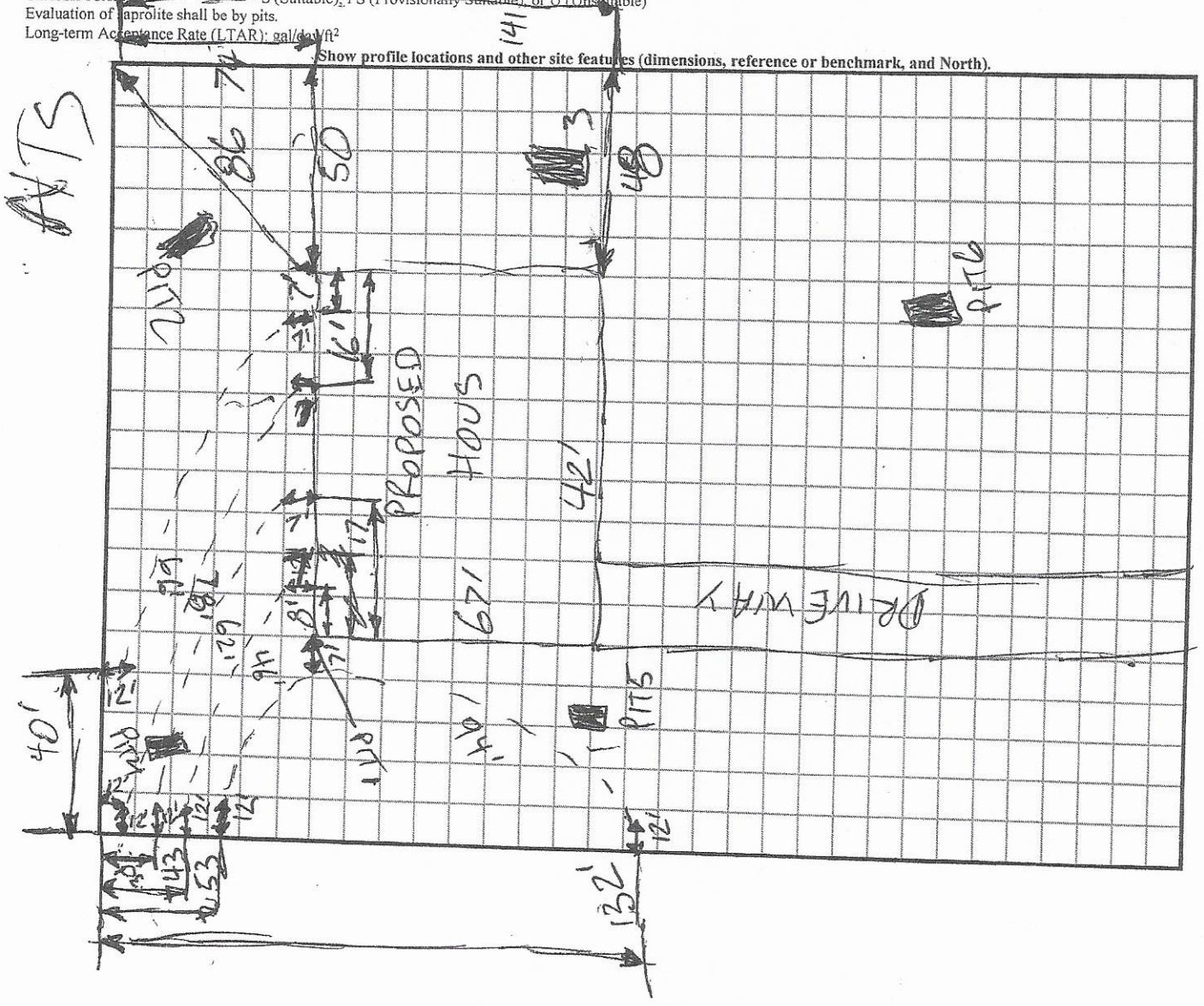
NOTES

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/ft²

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



* Contact Kevin Powell for Exploratory DIG 828-302-0758 RECEIVED MAY 18 2021

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

BB

(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)

AP- 317993

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

Repair Evaluation - No Chg.

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:

Jim Wooten	138 Golden Oak Drive Statesville NC	704-880-3026
Applicant Name	Mailing Address	Home Phone # / Alternate Phone #

SAME AS ABOVE			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

138 Golden Oak Statesville NC	Meadow Oaks	P2- Lot 77.
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 115 North Right on Upper Oak Rd on Golden Oak Site on Right

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to Backing up into Home - during Rain Events Since September 2020
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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

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

5-15-21
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:

_____ Property Line measurements are clearly identified… **_____ 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

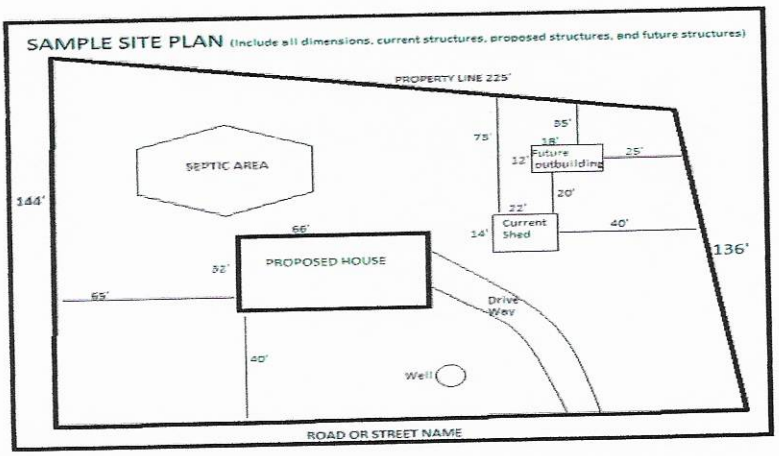
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See attached.

Signature: _____ _____

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

HS

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 245841

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

PIN # 4735390265

APPLICANT/OWNER: BIMINI BUILDERS

APPLICANT ADDRESS: 17221 KNOXWOOD DRIVE, HUNTERSVILLE, NC 28078

SITE ADDRESS: 138 GOLDEN OAK DRIVE, STATESVILLE, N.C., 28625

PHONE: 704-641-4437 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (R) ON UPPER OAK DRIVE, (L) ON GOLDEN OAK DRIVE, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: MEADOW OAK

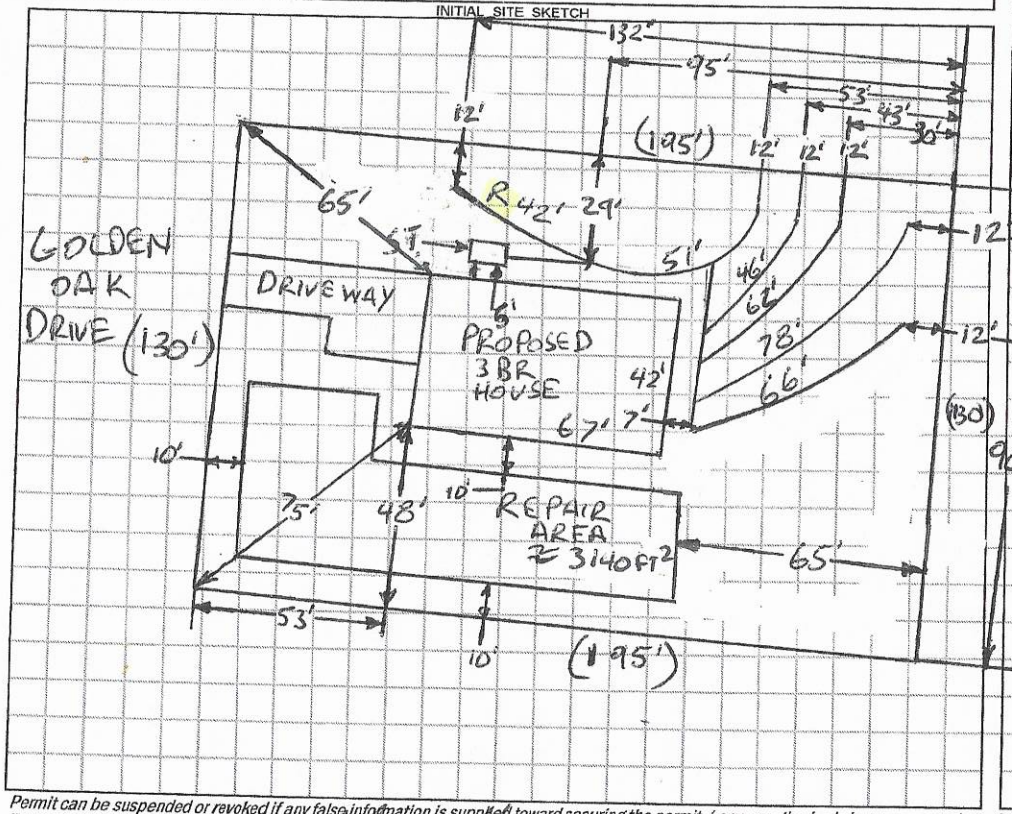
SECTION: II LOT # 77 LOT AREA: 0.582

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3/0.25 REPA

Septic Tank	1000	(gal)	STB 760	Date	10-19-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% REDUCTION			☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION			☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, FIRST LINE MAY BE INSTALLED DEEPER THAN 30IN MAINTAIN 50FT FROM ALL WELL, UTILIZE SERIAL DISTRIBUTION, LOWSIDE, BUT MAY NOT EXCEED 34IN LOWSIDE.

INITIAL SITE SKETCH



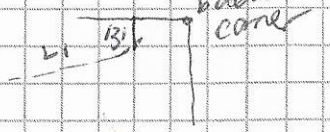
AS BUILT SKETCH

1 IN = 50 FT
ST. = SEPTIC TANK
R = REPAIR
B.R. = BED-ROOM

Tank 16' off Here
100 F. 1st Lot 12-11-19 gb

Line Lengths:
L1 - 51'
L2 - 50'
L3 - 62'
L4 - 72'
L5 - 66'

- L2 5'6" off back of house
- Tank 20' off PL



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: [signature] Date: 7/22/19

IMPROVEMENT PERMIT by: Barbara C. White Date: 7-22-2019

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 7-22-2019

Installed by: Precision Excavation

OPERATION PERMIT by: Carla C Nicks Date: 12-12-19

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.