IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 239053

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

PIN # 4731434229

APPLICANT/OWNER: Michael Lunsford APPLICANT ADDRESS: 2298 S. Chipley Ford Rd

SITE ADDRESS: 2298 S. Chipley Ford Rd. Statesville 28625 PHONE: 704-880-5044 ALT. PHONE 704-880-5964

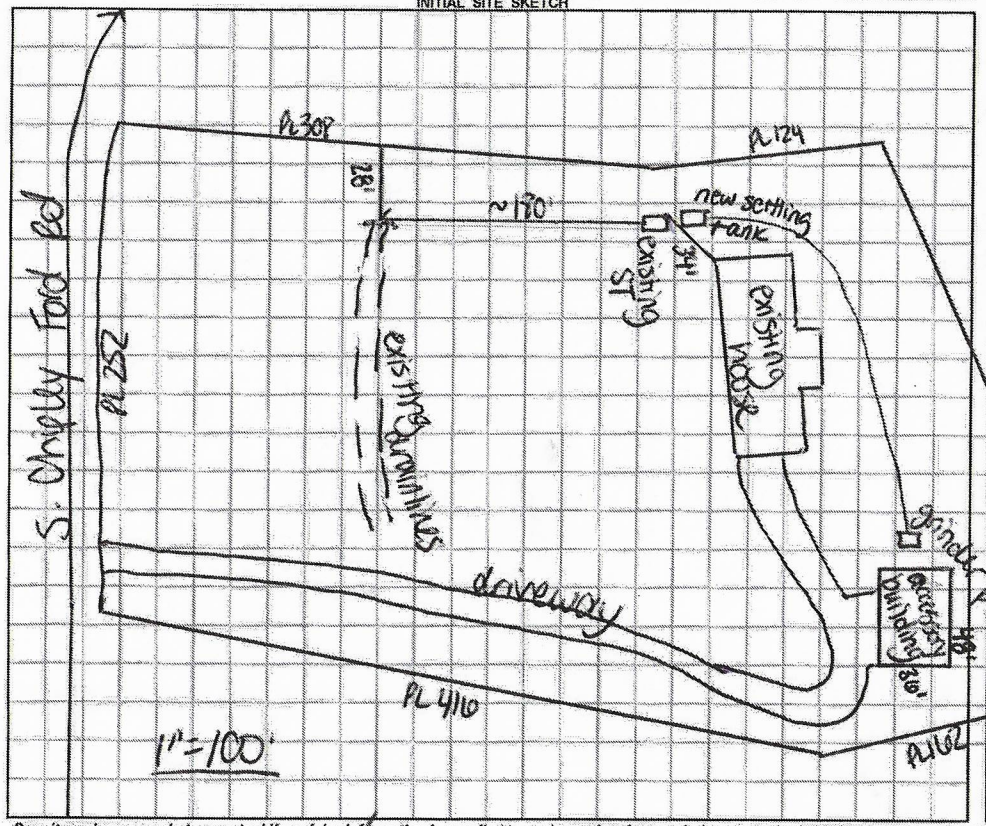
SITE DIRECTIONS: 115 → R on S Chipley Ford Rd → on right SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.239 ac DESIGN FLOW: ext L.T.A.R.: ext

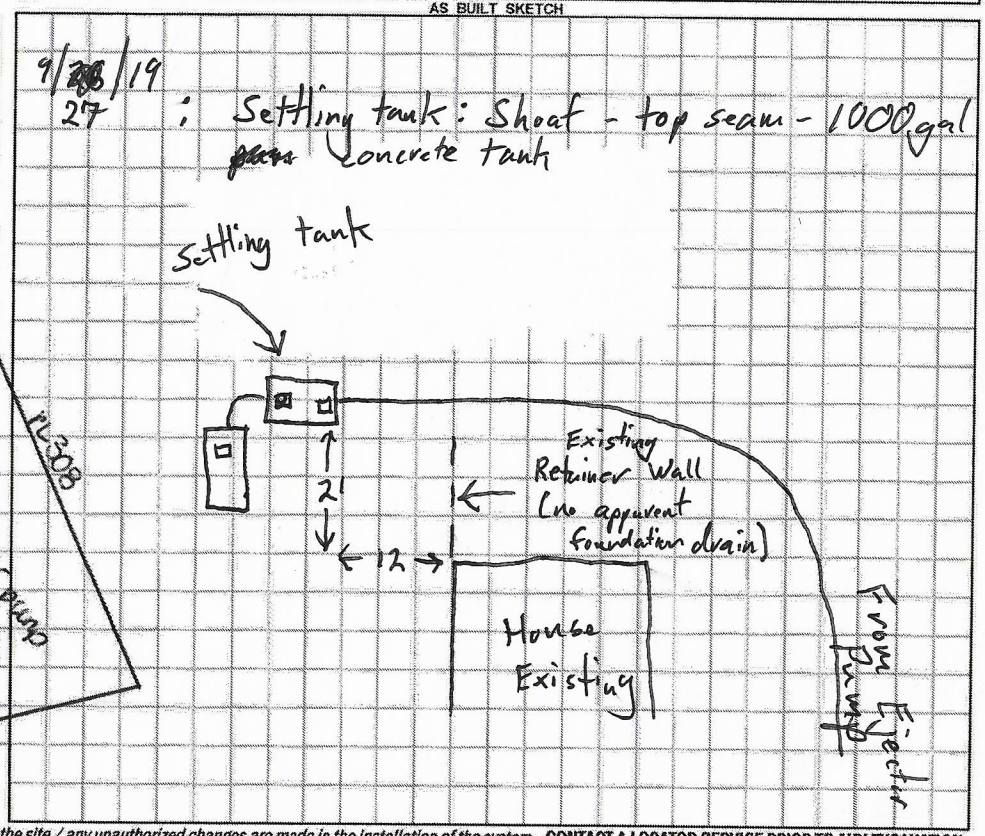
Septic Tank	ext (gal)	STB	ext	Date	ext	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Setting Tank	1000 (gal)	PT	964	Date	7/15/19	System Description: existing - conv. gravel				☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description: existing				☐ Other	No. Employees	☒ Public
# Nitrification Fields	ext	# Lines	ext	Linear Ft	ext	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	ext	Trench Bottom Depth(Low side)	ext	Gravel Depth	ext	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Purpose of this permit is to add a bathroom into accessory building. A 1500 gal setting tank may be installed to accomt for future bedroom additions in basement. No bedrooms in accessory building.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Michael Lunsford Date: 8-23-19 Installed by: Piedmont Excavating

IMPROVEMENT PERMIT by: Carla C. Cave Date: 11/15/18 OPERATION PERMIT by: Tom Leach Date: 9/27/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 11/15/18 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 2
PROPERTY ID #: 4731034129
COUNTY: Vance

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

OWNER: Michael Lunsford
ADDRESS: 2298 S Chipley Ford Rd
PROPOSED FACILITY: 1BR add. on
LOCATION OF SITE: 2298 S. Chipley Ford Rd
APPLICATION DATE 9/19/18
DATE EVALUATED: 10/18/18
PROPOSED DESIGN FLOW (.1949): 480 (total)
PROPERTY SIZE: 3.239
PROPERTY RECORDED: Y

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	behind building 8% SS	0-50	fill	—	2.5YR 4/1 @ 9" chroma 2 throughout	50"	N/A	N/A	U
2	behind building 8% SS	0-49	fill	—	2.5YR 4/1 @ 9" chroma 2 throughout	49"	N/A	N/A	U
3 R	SS 17%	0-8 8-33 33-50	SBK SCL ABK C ABK CL	Fr ss sp slep Fr ss sp slep Fr ss sp slep	10YR 5/1 @ 28"	50"	N/A	N/A	PS drip
4 I	SS 17%	0-7 7-40 40-50	SBK SCL ABK C ABK CL	Fr ss sp slep Fr ss sp slep Fr ss sp slep	few yb motles	50"	N/A	N/A	PS .25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	134' (600)	4800 sq ft
System Type(s)	2SS	drip
Site LTAR	.225	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

0-11, 11-38, 38-50 .225

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 473643422 9
DATE OF EVALUATION: 10/12/18
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
S I	SS 17%	0-11	SBK SCL	Fr SS SP SPP	Y/O mottles, few low chromas	50"	N/A	N/A	PS .225
		11-38	ABK C	Fr SS SP SPP					
		38-50	ABK CL	Fr SS SP SPP					
U R	SS 17%	0-7	SBK SCL	Fr SS SP SPP	10 YR 5/2 @ 24"	50"	N/A	N/A	PS drD
		7-39	ABK C	Fr SS SP SPP					
		39-50	ABK CL	Fr SS SP SPP					

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

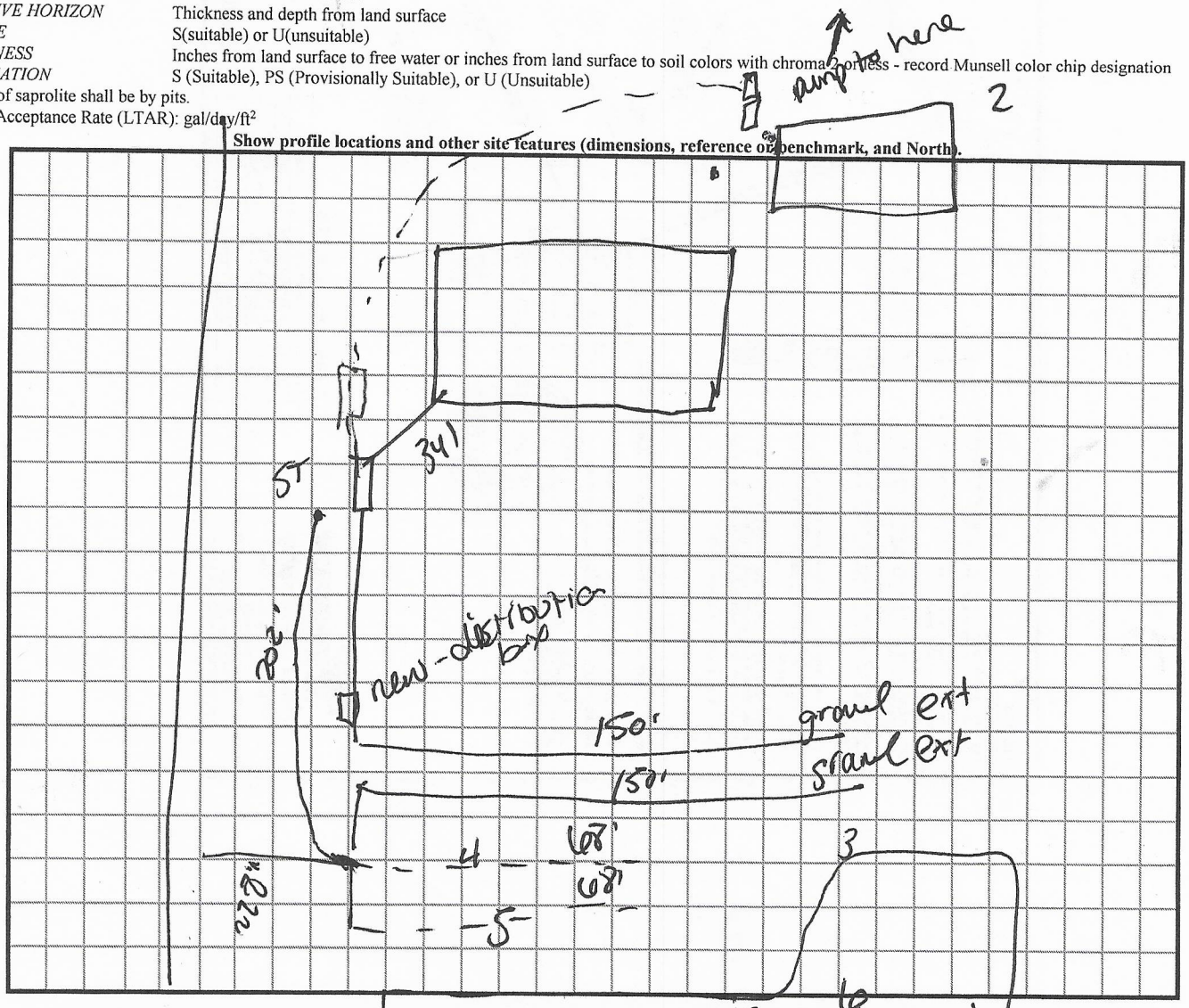
NOTES

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).



6-7

7-39

39-50

pits: Monday 9:30

10/2 called to set up pits, no call back w/ a time

RECEIVED SEP 25 2018

$500

239053

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Michael Lunsford Address: 2298 S. Chipley Ford RD Statesville Zip: 28625
Applicant Email: McKirkman@aol.com Phone: 704-880-5644 Alt. Phone: 704-880-5964
Owner Name: Michael Lunsford Address: 2298 S chipley Ford RD Statesville Zip: 28625
Owner Email: McKirkman@aol.com Phone: 704-880-5644 Alt. Phone: _____

Property Information:

Street Address: 2298 S chipley Ford RD Statesville NC 28625

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: _____
Maximum Number of Bedrooms: 0
Maximum Number of Occupants: 0
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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: Michael Lunsford 9-19-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

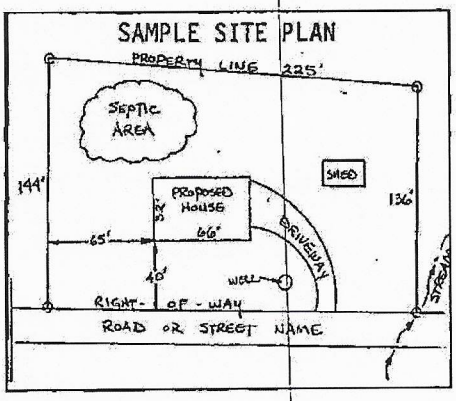
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

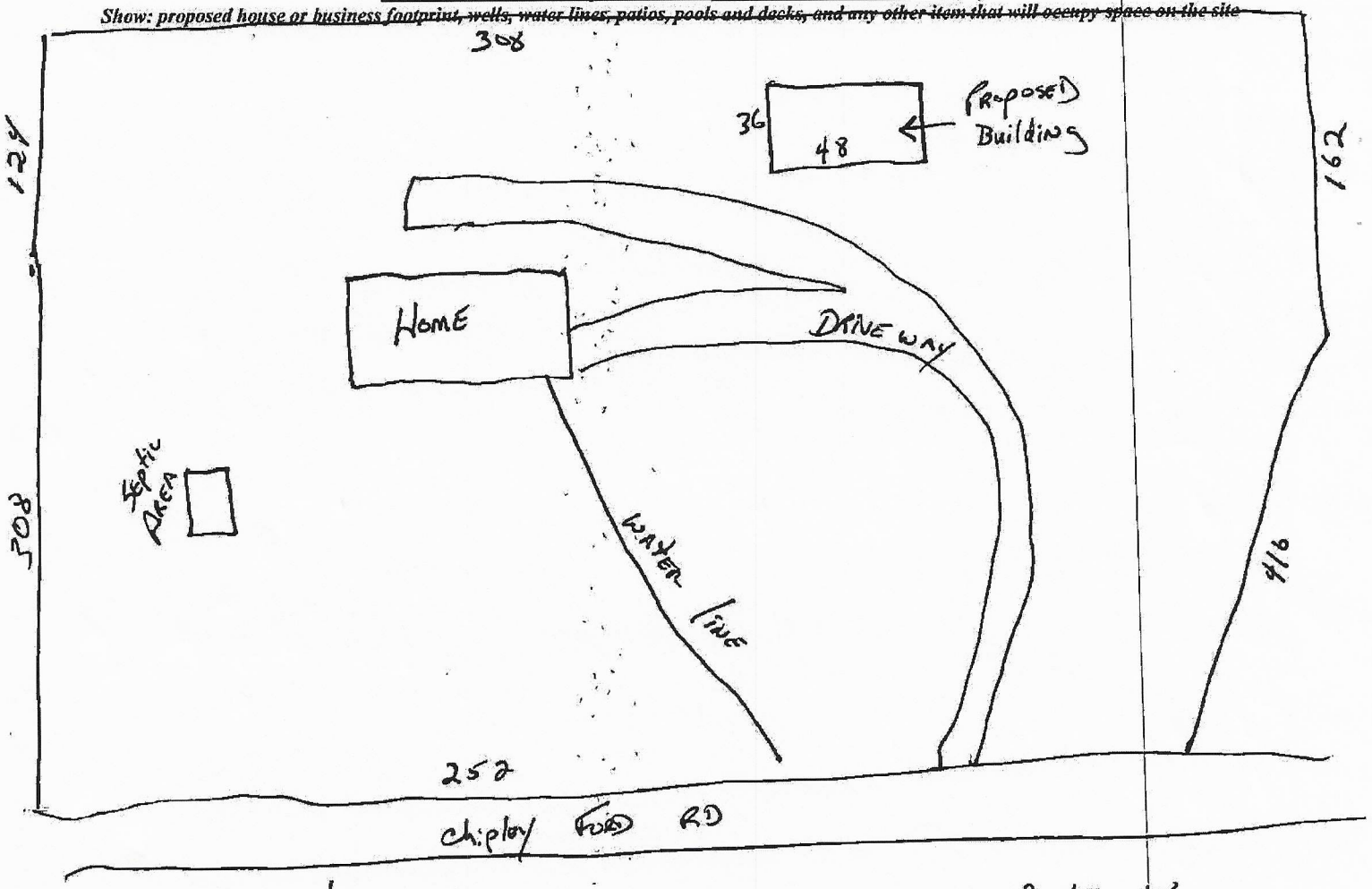


Circle N/A on the following if appropriate:

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: _____ 9-19-18

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*)** Michael Lafond

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, _____, am the legal owner(s) of the property located at _____, 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.

Michael Lafond
Signature of Owner(s)

9-24-18
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

IREDELL COUNTY

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

APPLICATION NUMBER
239053
Issue Date: 09/24/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4736434229.000	2298 SOUTH CHIPLEY FORD ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	LUNSFORD MICHAEL+SARAH M KIRKMAN	Applicant:	LUNSFORD MICHAEL+SARAH
Address:	2298 CHIPLEY FORD RD STATESVILLE, NC 28625	Address:	2298 CHIPLEY FORD RD STATESVILLE, NC 28625
Phone:		Phone:	

Use Requested	Zone Code
36X48 ACCESSORY - NEW SEPTIC TOO FAR TO TIE IN TO HOUSE SEPTIC. NO LIVING QUARTERS. SHOWER, DEN, MAYBE AN OFFICE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone	
3.239	150.00	10.00	10.00	10.00	NOT		X

Remarks:

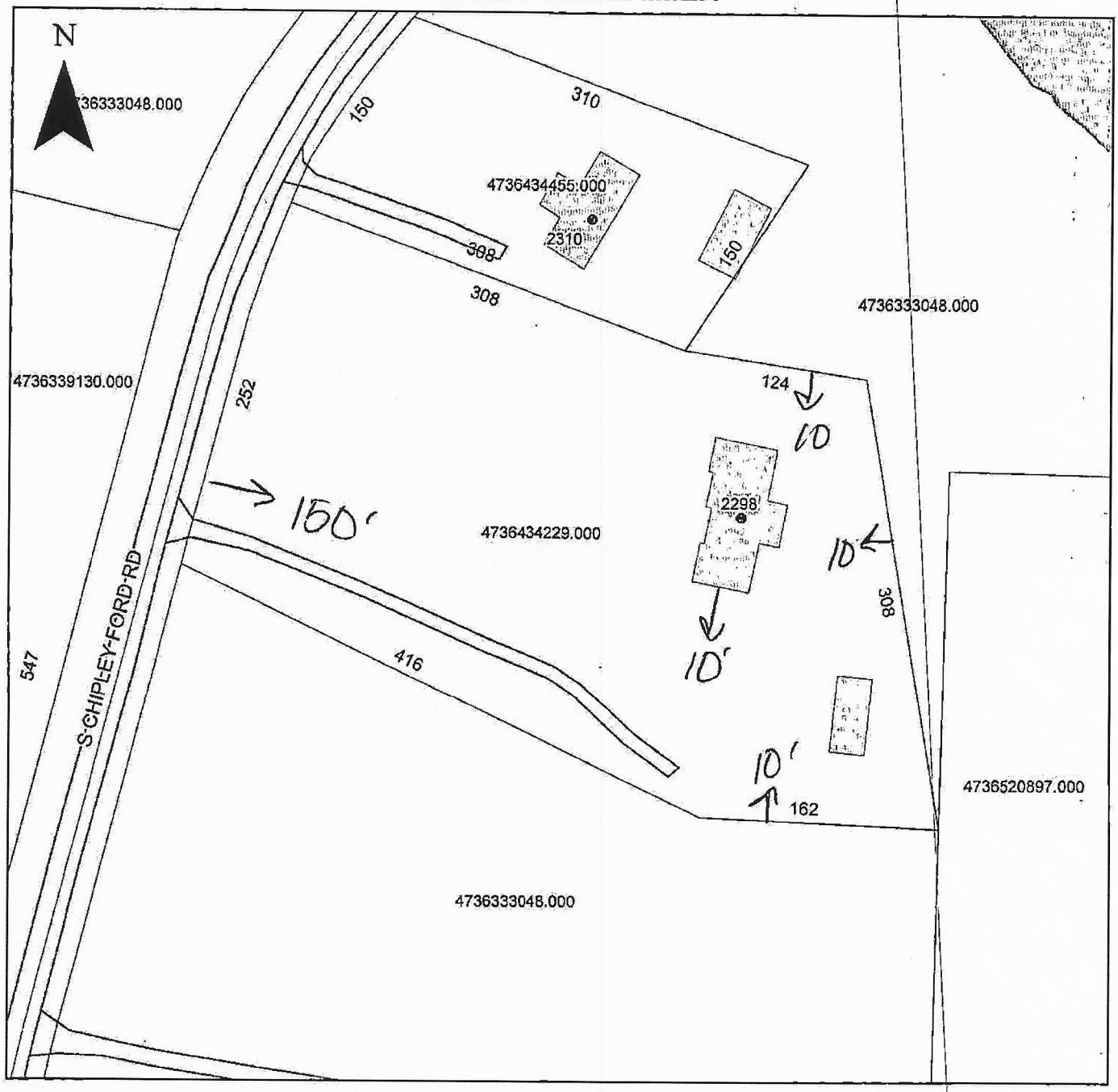
Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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	153435	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 2298 S. Chipley Ford Rd.

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.

Michael Pfaud
Applicant

9-24-18
Date