ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307921

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

PIN # 4736574728.000

APPLICANT/OWNER: Raymond W. Burnette APPLICANT ADDRESS: 137 Viewmont Court Statesville NC 28625

SITE ADDRESS: 141 Crosswhite Lane Statesville NC 28625 PHONE: 704-902-3688 ALT. PHONE —

SITE DIRECTIONS: Chipley Food to Nixon Rd then to Crosswhite Site on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Chipley Park Estates west Addition SECTION: — LOT # 26 LOT AREA: 185x100 DESIGN FLOW: 240gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 306	Date 7-20	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	1000	(gal)	PT 347	Date 5-4	System Description:				
Pump Make	Goulds	Model	WE0312 MN	Serial # V3 Hp	Repair System Description:	Pressure Manifold - 50% Reduction			
# Nitrification Fields	1	# Lines	5	Linear Ft: 126	Maintenance Agreement Required:	☐ YES	☒ NO Vertical		
Trench Width	24	Trench Bottom Depth(Low side)	30 in	Gravel Depth —		☐ GRAVITY	☒ PRESSURE		

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

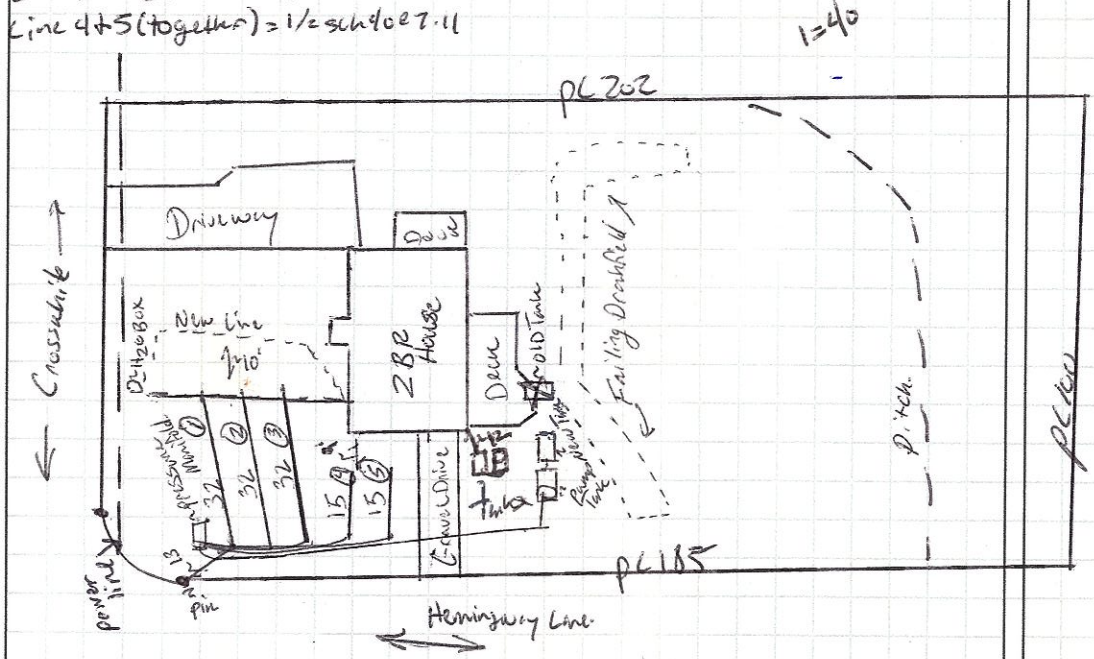
No. Bedrooms 2 No. Persons 4 No. Employees — ☐ Crawl Space

Water Supply: ☐ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the Land + use Pressure Manifold. Install in-line Pump Filter. Crush-fill-Pump old Tanks. Do not Drive, park, pave, grade + keep 10ft line away from septic

INITIAL SITE SKETCH

Install 4 Taps as follows: 104 gallon Dose.
Line 1 = 1/2 sch 40 @ 7.11 3.6 min Run
Line 2 = 1/2 sch 40 @ 7.11 4.9 in drawdown
Line 3 = 1/2 sch 40 @ 7.11
Line 4+5 (together) = 1/2 sch 40 @ 7.11



AS BUILT SKETCH

FOR SEPTIC 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.

See Note 2020

	Date	Initials
Drain Lines Checked	7/21	BB
Tanks Checked	7/20	BB
Pressure Manifold or Valve Box Checked	7/21	BB
Pressure Head Set	7-22	BCW
Electrical Checked		
Floats Set	7-22	BCW
Alarm Checked	7-22	BCW
Maintenance Contract Y (N)	7-22	BCW
Comments: -visited site due to issue system being changed to P.M. w/ horizontal @ 20 in trench bottom.		

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: 6/8/2020 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 6/8/2020 OPERATION PERMIT by: Bryant White Date: 7-22-20

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 6/8/2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4736574128
COUNTY: Iredell

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

OWNER: Raymond Beattie
ADDRESS: 137 Vinemont CT SVL NC
PROPOSED FACILITY: 2BR Home
LOCATION OF SITE: 141 Crossbutte SVL NC - Repair
APPLICATION DATE: 6/3/2020
DATE EVALUATED: 6/5/2020
PROPERTY SIZE: 185X100
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 360
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	4% side	0-48	C SBK	SSSP FR SE Kp.	2.5Y 5/4 6	2/8			PS .30.
2	8% side	0-30	FILL		10YR 6/6 w/ 5YR 6/2 mottles @ 36	4/8.			PS .30.
		30-48	SC WABK	SSVP FR SE Kp					
3	8% side	0-30	C SBK	SS SP FR SE Kp	2.5Y 4/6. Some Red Mottles.	4/8.			PS .30.
		30-48	CL WABK	SS SP FR SE Kp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		126 L.F.
System Type(s)		III PM-30%
Site LTAR		.30.

OTHER FACTORS (.1946): Repair
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bittinger
OTHER(S) PRESENT: Cave

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	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

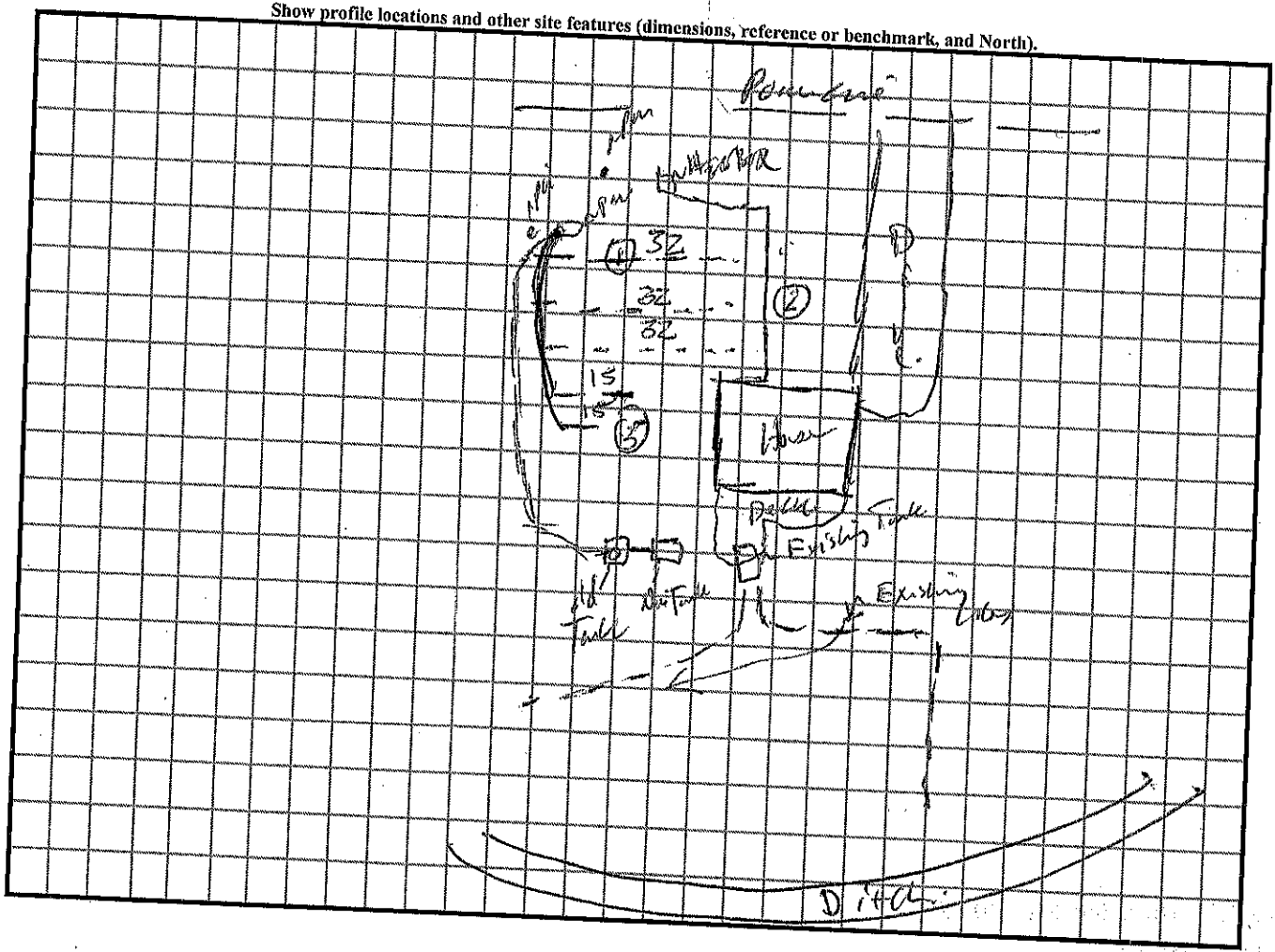
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



RECEIVED JUN 2 2020

Please CALL prior to inspection

Name: Raymond 704-902-3688

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
R IT WILL NOT BE PROCESSED

Rpr Evaluation - No Chg

ealth Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Number: AP-307921

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: Raymond W. Burnette **Address:** 137 Viewmont Court **Zip:** 28625

Applicant Email: rburnette@i-america.net **Phone:** 704 902 3688 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: Same **Phone:** **Alt. Phone:**

Property Information:

Street Address: 141 Crosswhite Ln. Statesville 28625

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: 1st Street on Left. Past Nixon Rd. off Chipley Ford

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to ~~failing~~ septic system ___ Tank X Drain lines Describe Problem: Relocate Existing Lines
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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: Early 70s
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: 06-03-2020

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, _____, 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.

_____ 06/03/2020
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

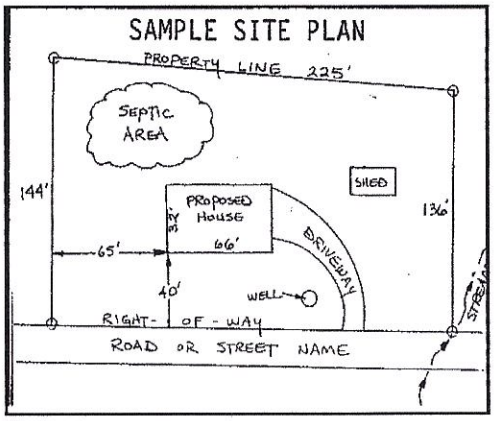
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

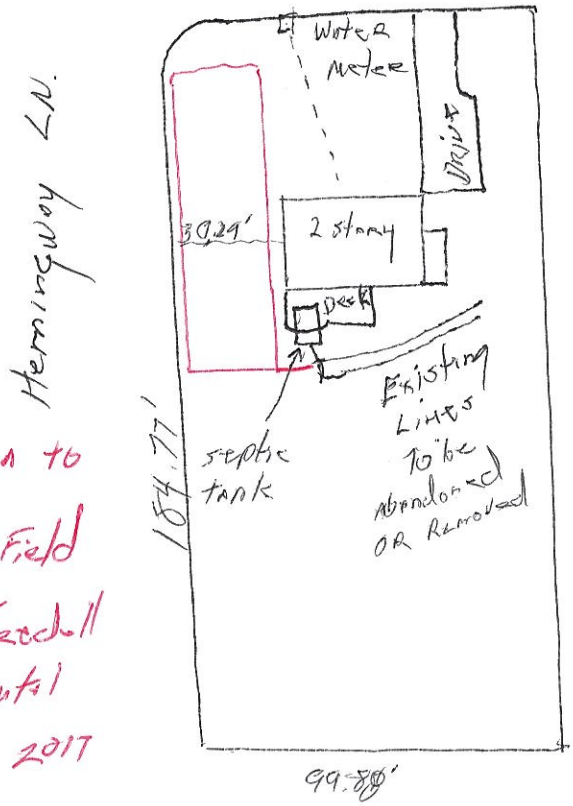
Circle N/A on the following if appropriate:

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

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

141
Crosswhite Ln.



Proposed Area to Install New Field Lines Per Iredell Co. Environmental Health Dept. 2017

See attached

Signature: _____

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

06-03-2020

DATE

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.

* This survey is subject to any facts that may be disclosed by a full and accurate title search.

* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.

* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

* The ratio of precision before any adjustments is 1:31,023.

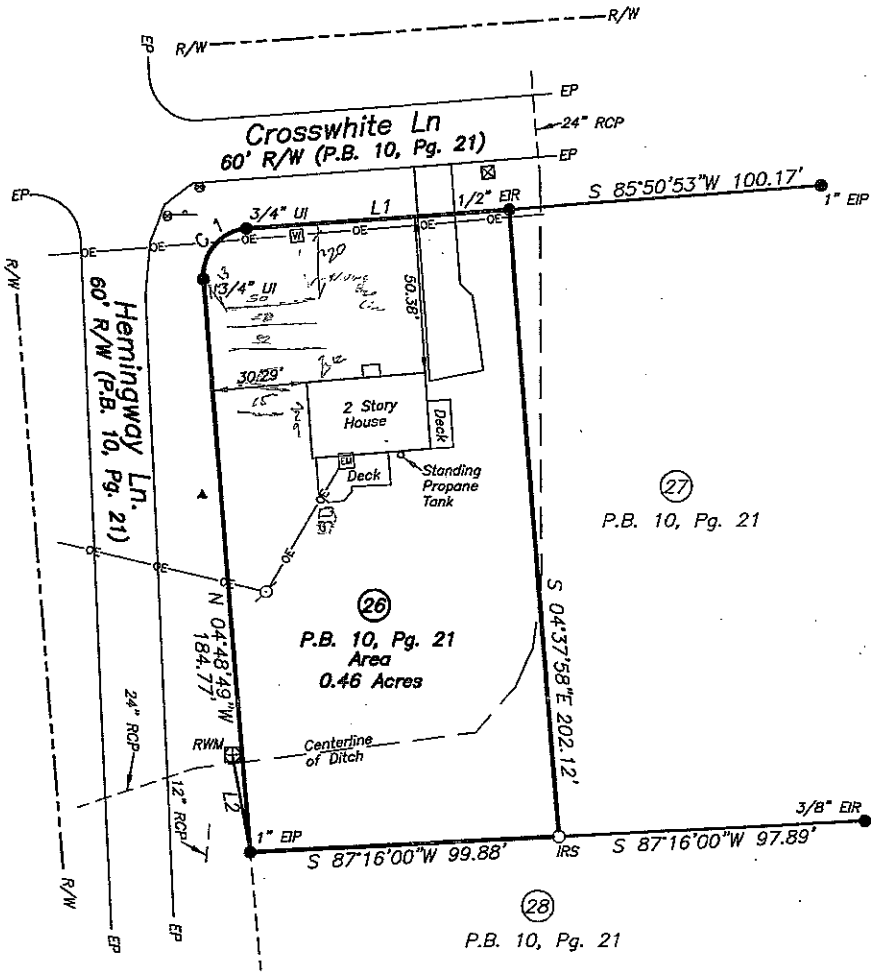
* Area determined by coordinate computations.

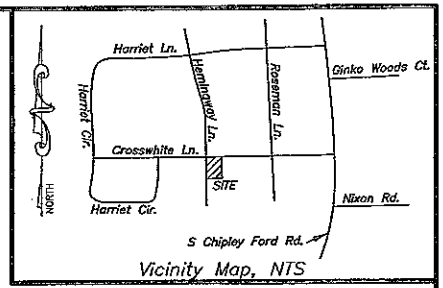
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

Witness this my original signature, registration number and seal this 21 day of MAY, 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW





Vicinity Map, NTS

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EIP ..... EXISTING IRON PIPE AS SHOWN
- EIR ..... EXISTING IRON ROD AS SHOWN
- EUI ..... EXISTING "U" SHAPED IRON
- CP ..... COMPUTED POINT
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- MNF ..... MAG NAIL FOUND
- RWM ..... RIGHT-OF-WAY MONUMENT
- ..... ELECTRIC METER
- ..... WATER METER
- ..... MAILBOX
- ..... UTILITY POLE
- ..... WATER VALVE
- ..... STOP SIGN
- ..... SATELLITE DISH
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- RCP ..... RENOT TO SCALE

- LINE NOT SURVEYED
- LINE SURVEYED
- OE OVERHEAD UTILITES

	Course	Bearing	Distance
Tie Line	L1	N 86°04'58" E	85.41'
	L2	S 10°22'21" E	31.81'

Curve	Radius	Length	Chord	Chord Bear.
C1	15.10'	23.62'	21.29'	N 40°10'29" E

40 0 40 80 120

GRAPHIC SCALE - FEET 1" = 40'

Boundary Survey For:
Raymond Burnette and wife, Patsy Burnette

Bethany Township, Iredell County, NC
Owners of Record: Raymond Burnette and wife, Patsy Burnette
Deed Reference: D.B. 2658, Pg. 1259
PIN: 4736-57-4728
Job Number: 200564.DWG (200564.CRD)
Field Work: 5-13-2020
Plat Date: 5-21-2020

TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit Date _____ 19__

Permit No. 376

Owner Hope Brothers Address Statesville

Installed By Floyd Adams Address Taylorsville

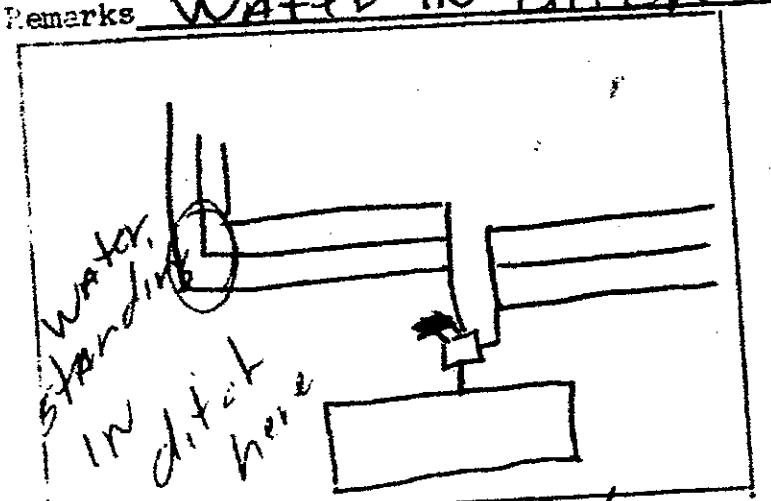
Location of Property Chipley Park Lot # 26

Tank		Capacity		Length of Lines		Fixtures	
Flock	( )	1000	( )	225'	( )	No. of Baths	(2)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other 900 sq ft		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 5-27-1971 Approved (✓) Disapproved ( )

Remarks Water in ditch. Could give trouble later.



Sketch of Installation

Irene S. Hall

Sanitarian