IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22335

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

PIN # 4736806177

APPLICANT: Bennie Wilson APPLICANT ADDRESS: 730 Blackwood Rd Statesville NC

SITE ADDRESS: 149 Natures Trl Statesville NC PHONE: 704-876-0083 ALT. PHONE: 704-682-9110

SITE DIRECTIONS: N Center T/L Chipley Ford Rd T/L Fort Dobbs T/L Natures Trl Lot on left

SUBDIVISION: Dobbs Valley SECTION: — LOT # 18 LOT AREA: 1.125ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date 4/17/17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 28" Gravel Depth N/A

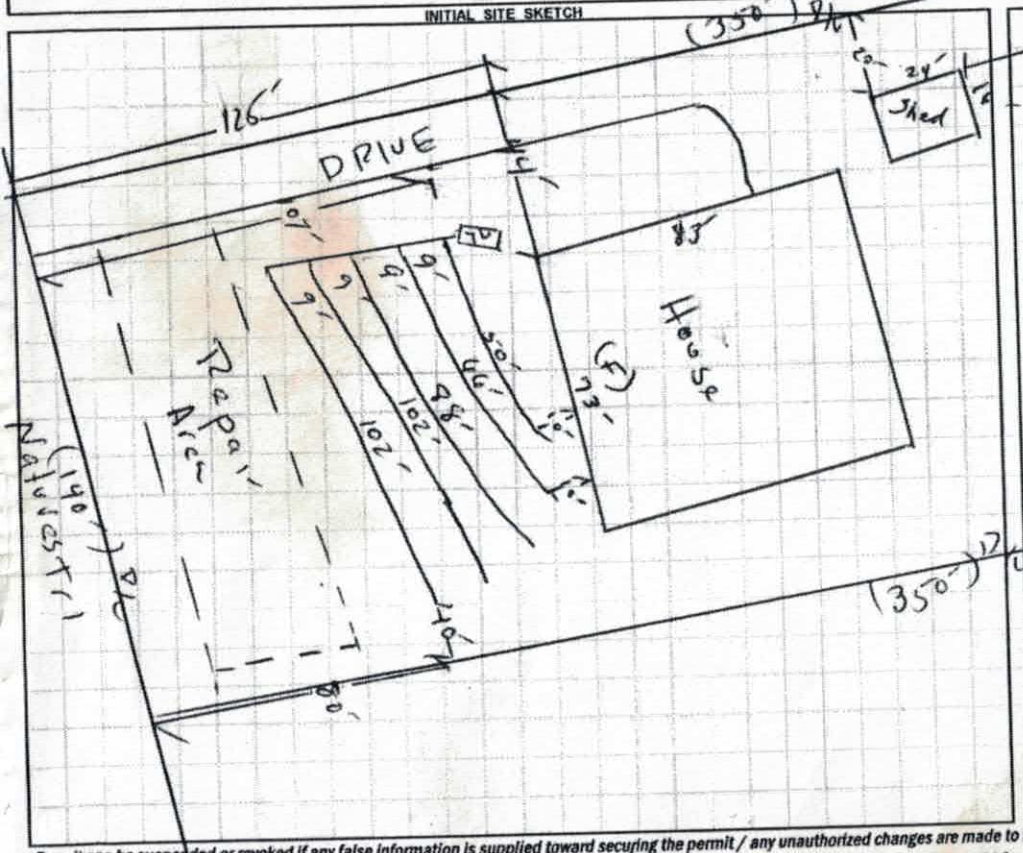
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

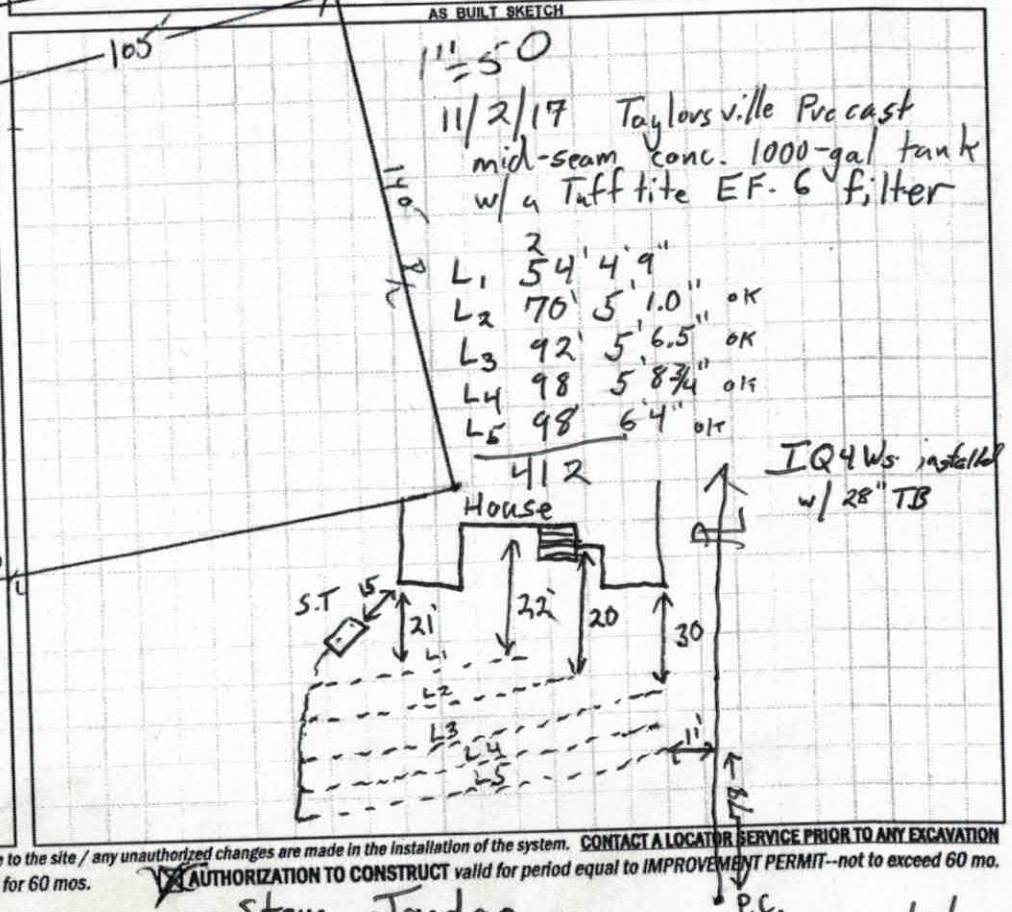
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution. NO grading or Fill in the septic or repair area

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: Bennie Wilson Date: 12/9/16 Installed by: Steve Jordan Date: 11/2/2017

IMPROVEMENT PERMIT by: David Mann Date: 3/15/17 OPERATION PERMIT by: Tom Shuck Date:

AUTHORIZATION TO CONSTRUCT by: David Mann Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4774806 1
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bennie Wilson
ADDRESS: 149 Natures Trl
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Chipley to Fort Dobbs to Natures Tr

APPLICATION DATE 11/27/16
DATE EVALUATED: 12/5/16
PROPERTY SIZE: 1.125 ac
PROPERTY RECORDED: Yes

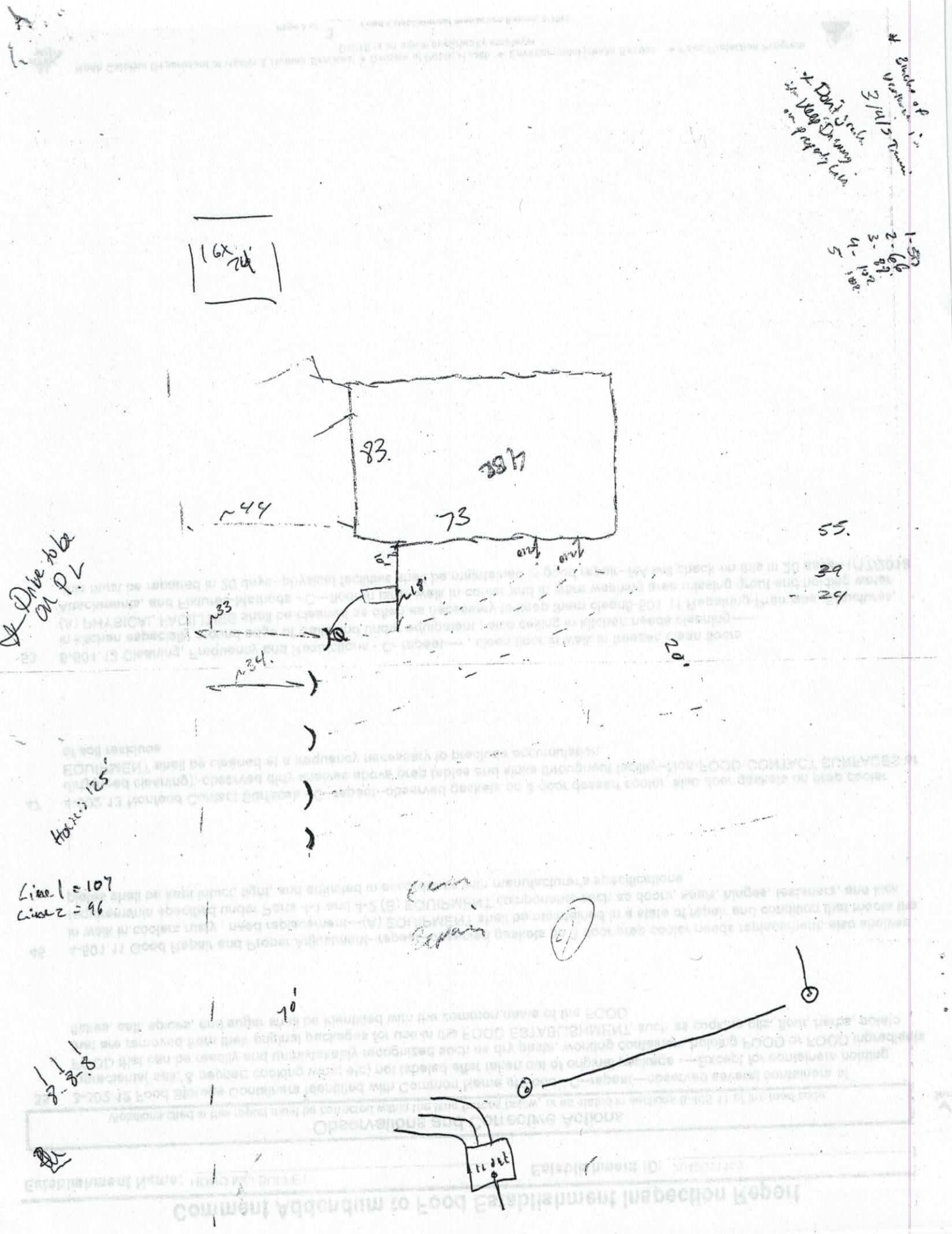
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	8%	0-2	SCL WSBK	SS Sp FR SEXP	1.5YR3/4 2.5YR4/6	48	W/A	W/A	.3 PS Some C.M.G mottles beginning @ 40 water coming into hole
		2-40	C SBK	SS Sp FI SEXP					
		40-48							
2	9%	0-48	C SBK	SS Sp FI SBKR	PS	48	W/A	W/A	.3 PS
3	5%	0-6	SCL WSBK	SS Sp FI SBKR	PS	48	W/A	W/A	.3 Some mm PS
		6-48	C SBK	SS Sp FI SBKR					
4	5%	0-9	SCL	SS Sp FR SBKR	PS	48	W/A	W/A	.3 PS Some mm
		9-48	C SBK	SS Sp FI SBKR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	III	III
System Type(s)	.3	.3
Site LTAR	PS	PS

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

COMMENTS:
borings were moist


16x24
83.
73
~44
~33
~34.
20'
125'
Line 1 = 107
Line 2 = 96
10'

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:

Bennie Wilson	730 Branchwood Rd Statesville NC	704 876-0083	704 682-9110
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Bennie Wilson	730 Branchwood Rd 28625 Statesville NC 28625	704-876-0083	704 682-9110
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

149 NATURES TRAIL	Dobbs Valley	Lot 18
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Go N on N. Center St, turn R onto Chipley Ford Rd and go to Fort Dobbs Rd and turn R. Go to Natures TRAIL on Left. Lot 18 is on left past 3 houses.

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 4
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: IREDELL WATER

( ) 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.

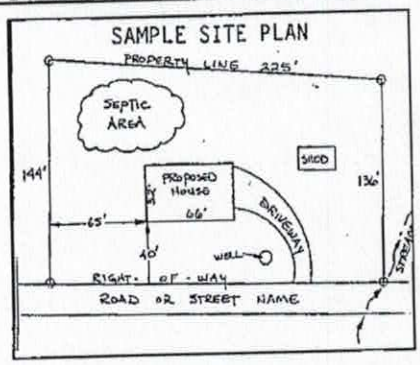
9. Signature: Bennie Wilson 11-27-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

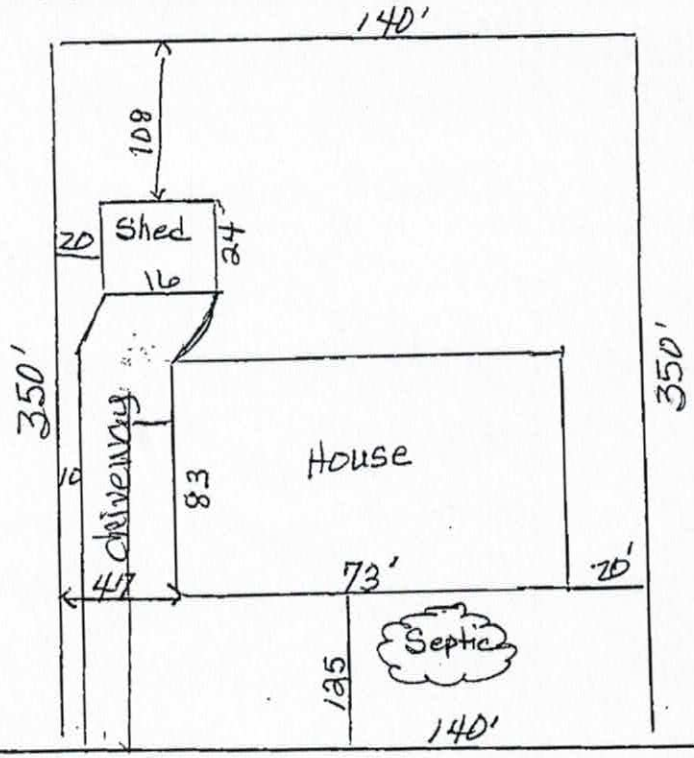
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



NATURE'S TRAIL

Signature: _____ 11-27-16

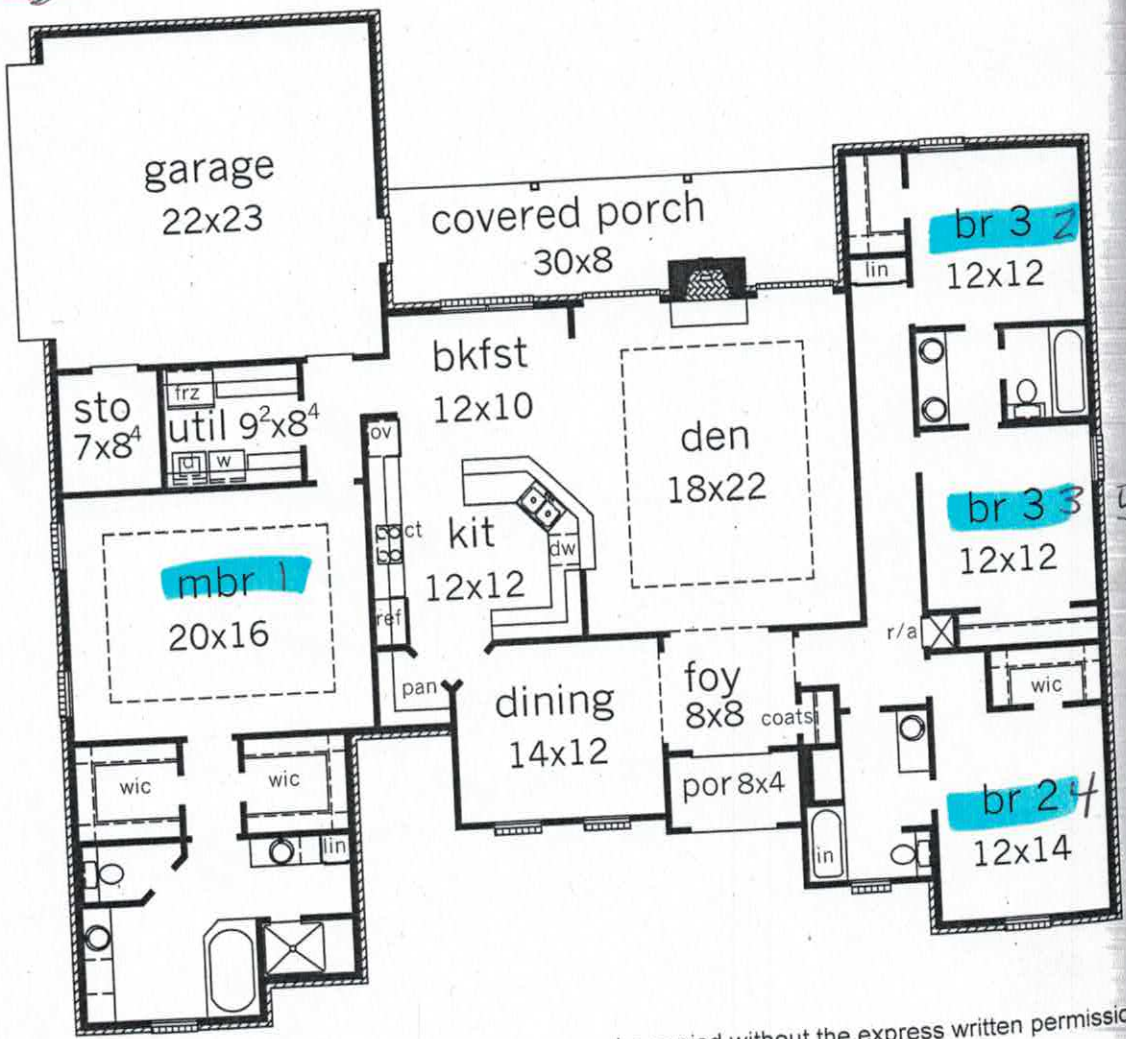
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



Acknowledgement of
Plans Submittal ONLY!

Date 3-15-2017

Date 03/15/17



85'

54'

73'

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IREDELL COUNTY

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

APPLICATION NUMBER
223375
Issue Date: 11/28/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4736806177.000	149 NATURES TRAIL, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WILSON BENNIE+NANCY LVG TR	Applicant: WILSON BENNIE+NANCY LV
Address: 730 BRANCHWOOD RD STATESVILLE, NC 28625	Address: 730 BRANCHWOOD RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.125	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: Bennie Wilson Date: 11-28-16

Permit Number	86605	TOTAL FEES:	$ 77.25