IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22182

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

PIN # 4737-34-2358

APPLICANT/OWNER: Greeg Hughes APPLICANT ADDRESS: 144 Didio Cr. Mooresville

SITE ADDRESS: 2916 S. Chipley Ford Rd. Statesville PHONE: 704-280-5162 ALT. PHONE

SITE DIRECTIONS: S. Chipley Ford Rd. past Red Chimney, on R SAP CONTROLLED: ☐ YES ☒ NO

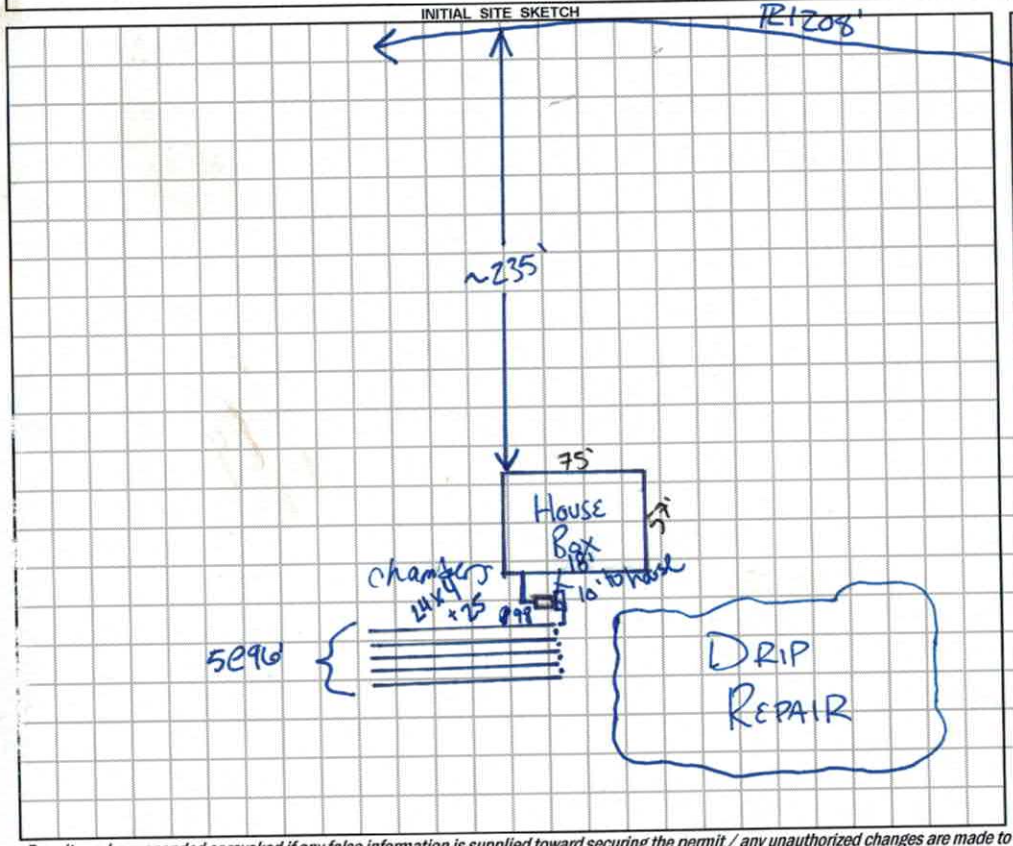
SUBDIVISION: Carol Hunter + Harold Millsaps Jr. SECTION: — LOT # -1- LOT AREA: 7.738 AC DESIGN FLOW: 480 L.T.A.R.: .25 (.1R)

Septic Tank	1000	(gal)	STB	854	Date	8/25/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date		System Description:	25% Reduction			
Pump Make	—		Model		Serial #	—	Repair System Description:	Drip			
# Nitrification Fields	1		# Lines	5e96'	Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)		32" max	Gravel Depth —	☒ GRAVITY	☐ PRESSURE			

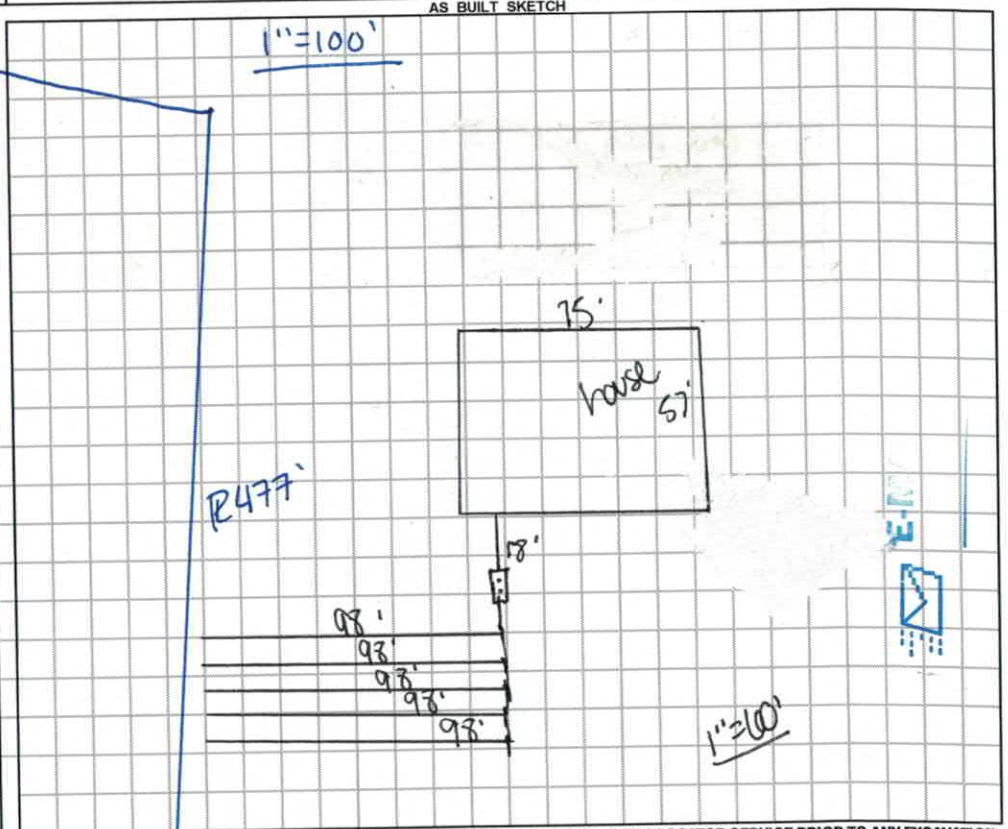
☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☐ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☒ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions:

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: Greeg Hughes Date: 6/5/17 Installed by: Welborns Grading + Excavating

IMPROVEMENT PERMIT by: APPROVED MAY 31 2017 Date: OPERATION PERMIT by: Date: 4/5/18

AUTHORIZATION TO CONSTRUCT by: APPROVED MAY 31 2017 Date: Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: IREDELL

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

OWNER: GREG HUGHES
ADDRESS: ___
PROPOSED FACILITY: ~~SFR~~
LOCATION OF SITE: 2916 S. CHIPLEY FORD RD.
PROPOSED DESIGN FLOW (.1949): ___
APPLICATION DATE 9-16-16
DATE EVALUATED: ___
PROPERTY SIZE: 7.7AC
PROPERTY RECORDED: YES

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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-30	RCMSBK	SS	Y/BR@16" - 30"				.25
		30-40	SCLMSBK (HARD)	SS					
		40"	ROCK						
2	L 10%	0-31	RCMSBK	SS	—				.3
		31-49	RCLMSBK	SS					
3	L 10%	0-20	RCMSBK	SS	Y/BR				.25
		20-48	RCLMSBK	SS					
4	L 10%	0-27	RCLMSBK	SS					.1 DRIP
		27+	HARD	SS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	G-25%	DRIP
Site LTAR	.25	.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BA
OTHER(S) PRESENT: GREG HUGHES

COMMENTS: ___

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:

Greg Hughes	144 Didio Circle Mooresville	704-660-1567	704-280-5162
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Luther Hunter	2880 S. Chipley Ford Rd Statesville		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

2914 S. Chipley Ford Rd. Statesville — Street Address
_____ — Subdivision Name
_____ — Section/Phase and Lot Number

Driving Directions: South Chipley Ford Road pass Red Chimney Rd on Rt

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 4
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: _____ 9/14/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

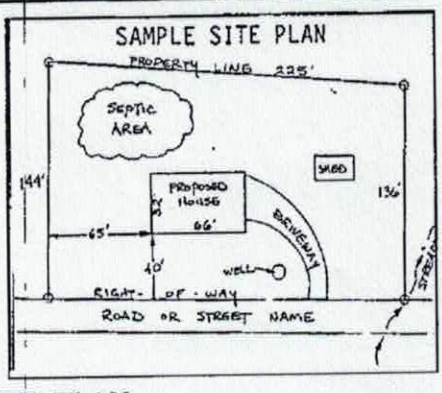
ENVIRONMENTAL HEALTH DIVISION

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

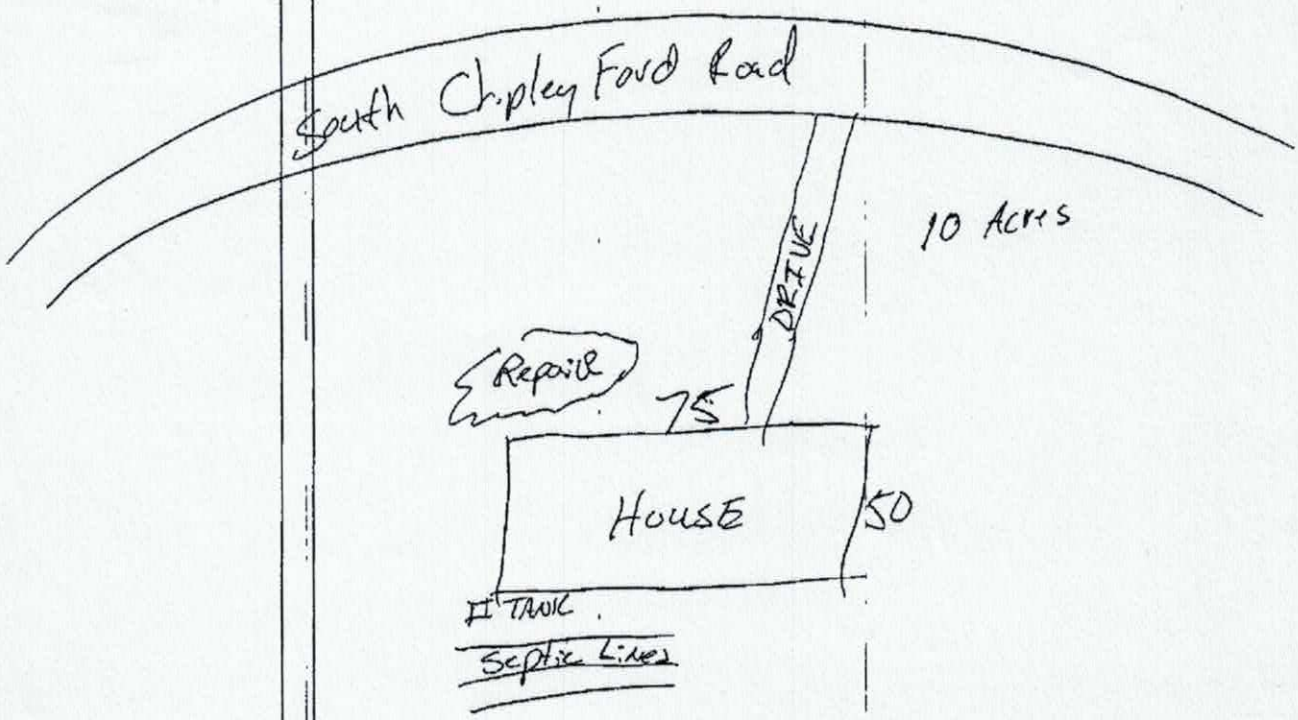


Circle N/A on the following if appropriate:

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



Signature: _____

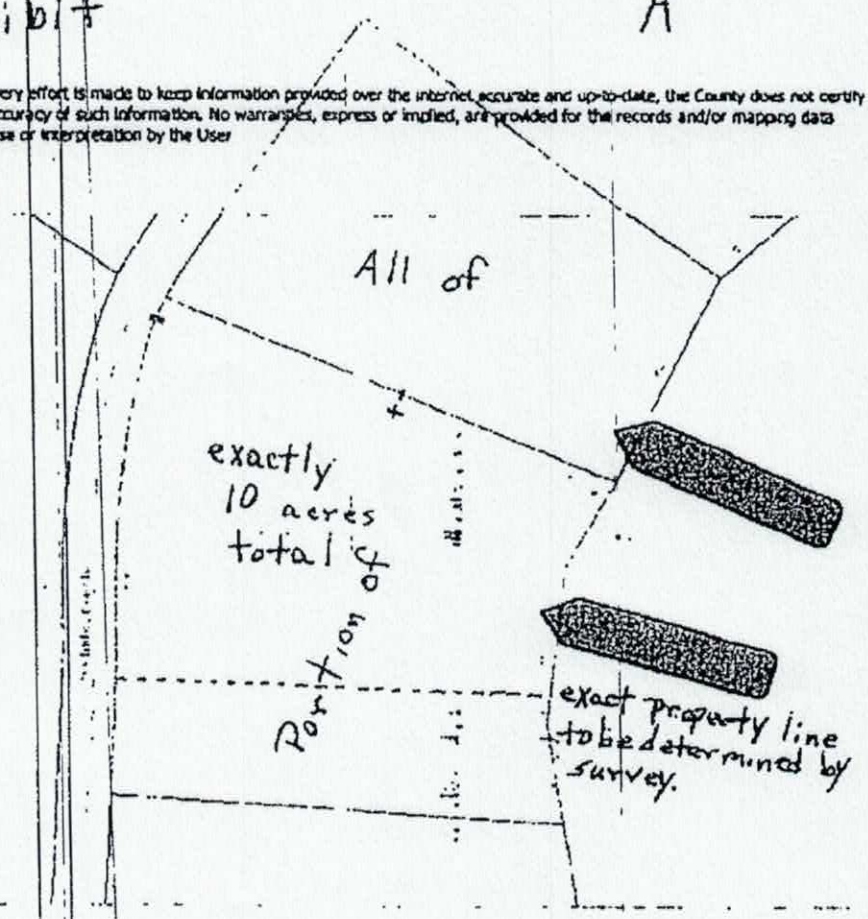
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-16-2016

DATE

"Exhibit A"

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User



Tax Account Number:
Old Parcel Number:
Owner Name:
Mailing Address:
Property Location:
Lot Number
Legal Description:

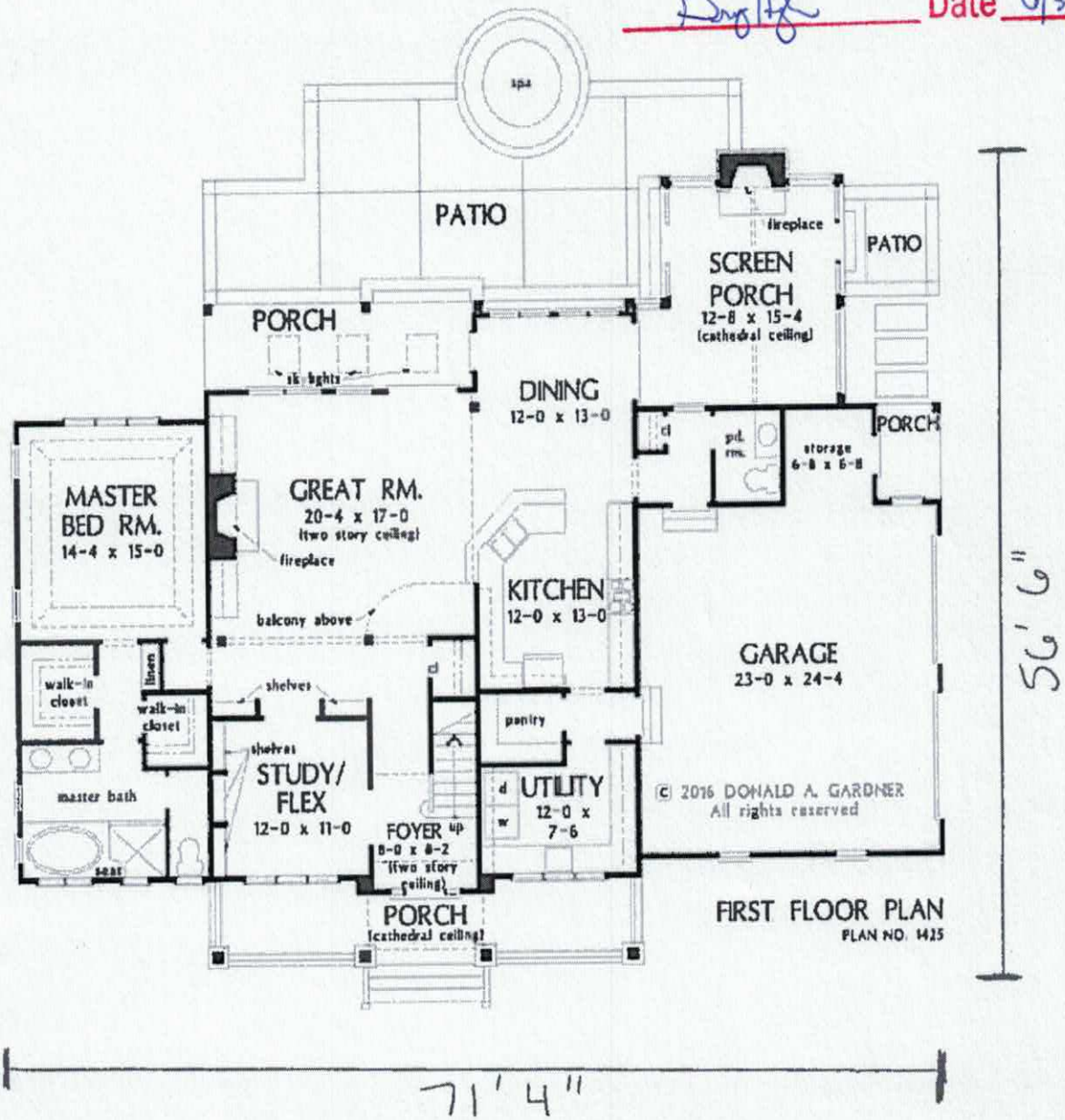
Township Code:
City Code:
Neighborhood Code:

Building Value
Other Building Features:
Land Value
Tax Assessed Value:
Deferred:

GOES
INN

initial

Acknowledgement Of
Plans Submittal ONLY!
SA Date 5-31-17
Draftsman Date 6/5/17

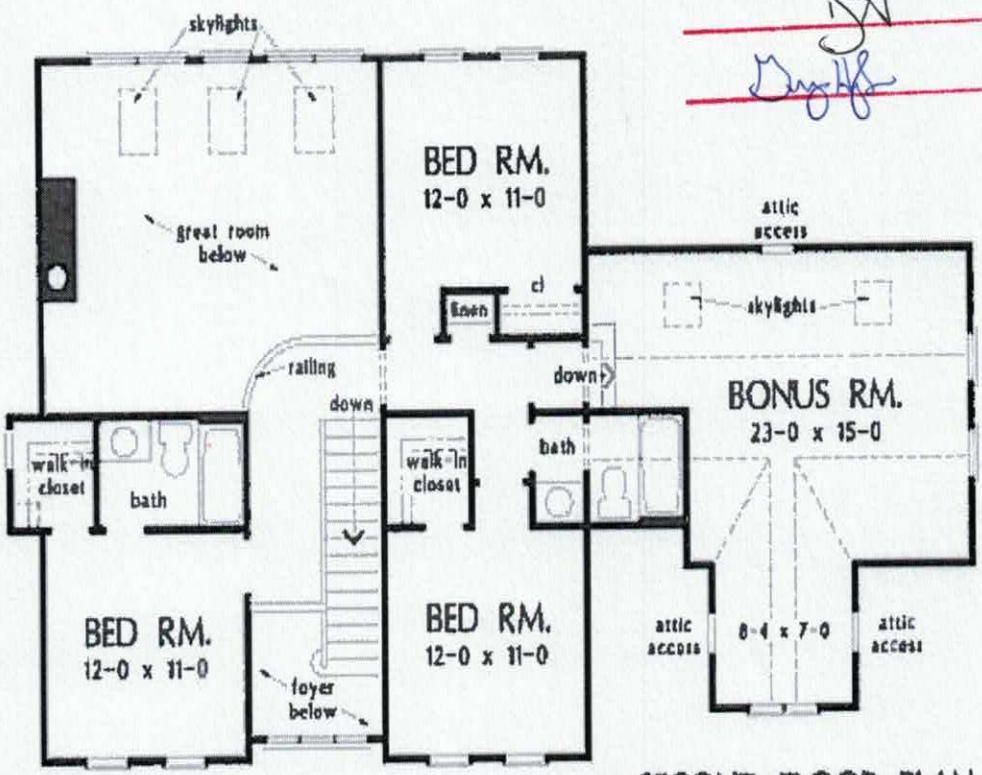


Donald A. Gardner Architects Inc.

The Galway

Plan # - "W-GOO-1425"

Acknowledgement Of
Plans Submittal ONLY!
Date 5-31-17
Date 6/5/17



SECOND FLOOR PLAN

PLAN NO. 1425

Donald A. Gardner Architects Inc.

The Galway

Plan # - "W-GOO-1425"

IREDELL COUNTY

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

APPLICATION NUMBER
221821
Issue Date: 09/16/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4737343514.000	2916 SOUTH CHIPLEY FORD ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MILLSAPS RENA WHITE	Applicant: HUGHES, GREG
Address: 2830 IREDELL CO, NC 28625	Address: 144 DIDIO CIRCLE MOORESVILLE, NC 28115
Phone:	Phone: 704-280-5162

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.250	35.00	35.00	15.00	15.00	PA	X

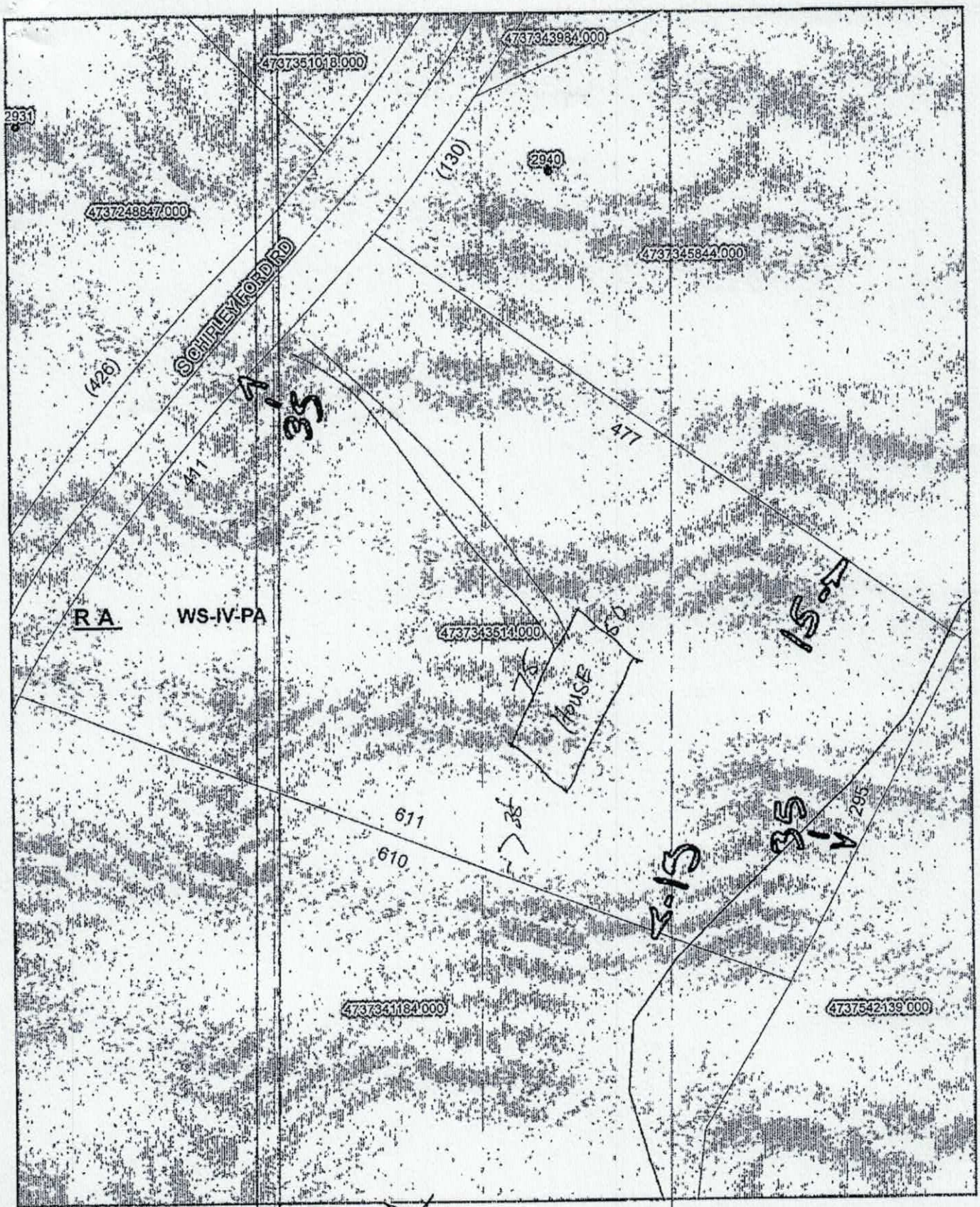
Remarks:

$ PAID

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: *See Attached* Date: _____

Permit Number	80570	TOTAL FEES	$ 77.25



Sign Date 9-16-2016