ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 302350.

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

PIN # 4743682608.000

APPLICANT/OWNER: Mt. Pleasant Ame Zion APPLICANT ADDRESS: 1218 Wall Street Statesville NC 28677

SITE ADDRESS: 1218 Wall Street Statesville NC 28677. PHONE: — ALT. PHONE 704/880-0812 - Paula.

SITE DIRECTIONS: Hwy 70 to Wall ST Site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: JC Grant SECTION: — LOT # 1A LOT AREA: 90x135 DESIGN FLOW: 360 gpd L.T.A.R.: .40

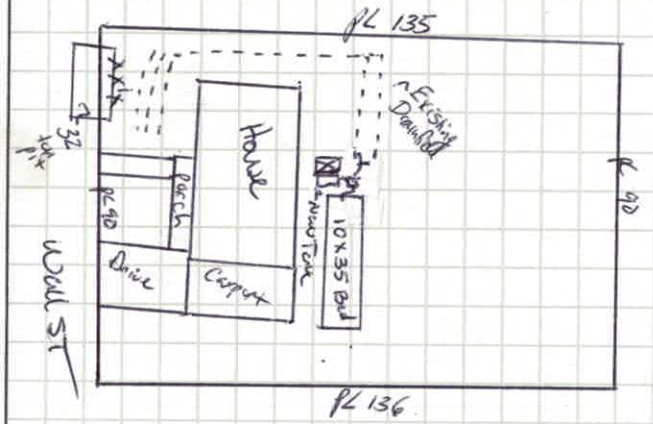
Septic Tank	1000	(gal)	STB	760	Date	12-11	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI		☑ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	—	(gal)	PT	—	Date	—	System Description:					☐ Business	No. Persons	6	☐ Private		
Pump Make	—	Model		—	Serial #	—	Repair System Description: Tank + 10x35 bed					☐ Other	No. Employees		☑ Public		
# Nitrification Fields	1	# Lines	1		Linear Ft	35	Maintenance Agreement Required:	☐ YES	☐ NO			☐ Slab	☑ Crawl Space		☐ Community		
Trench Width	10 Ft	Trench Bottom Depth (inches)	36-54		Gravel Depth	24 inches.		☐ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Pump/crush/Fill old Septic Tank - Replace with new 1000 gal Tank - Keep Tank and plumbing shallow. Install New 10x35 Bed with 24 inches of Stone. Install @ 36 inches at shallow end and 54 at deep end.

* Pit off of Property Cut off + Pipe Removed.

INITIAL SITE SKETCH

Install D-Box to fully utilize Bed before Stepping over to Existing Drainfield. 32 ton pit is off of property. Cut-off + dam any part of the Septic that crosses Property Lines.



AS BUILT SKETCH

*Installed as permitted.

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: Permit Acceptance Form Rec'd Date: 5-1-20 Installed by: Lutz Waterfor

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 3-31-2020 OPERATION PERMIT by: Ben Botts. Date: 6-5-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 3-31-2020. 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Mt. Pleasant A.M.E. Zion Church am the legal owner or the agent of the property located at 1218 Wall St. Statesville NC, identified as PIN(Parcel Identification Number) 4743682608000, located in Iredell County, North Carolina.
Permit # 302350.

I do hereby agree to the permit design and the conditions of this permit.

Paula D. Gabriel 4/13/2020
Signature of Owner/Authorized Agent Date

Martha D. Lee 4/13/20
Signature of Witness Date

psgabriel5@att.net
email

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

Sheet 1 of 1
PROPERTY ID #: 4743C822
COUNTY: Iredell

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

OWNER: MT Pleasant AME Zion
ADDRESS: 1219 Wall ST
PROPOSED FACILITY: —
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 1219 Wall ST SUC Repair
APPLICATION DATE
DATE EVALUATED: 5-30-2020
PROPERTY SIZE: 90 x 135
PROPERTY RECORDED: N/a
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 3%	0-24	C SBK	SS, FR SE/P	2.5Y 4/6	68.	—	Heavy mica Little Mottles	PS .40
		24-68.	CL WSBK	SS, VFR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	10X35 Bed
System Type(s)	✓	II
Site LTAR	✓	.40

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS:

Bryant

AP-302350

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

11.4.19

rep. Eval. $0

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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) 704-880-0812 Paula

Applicant Name: Mt. Pleasant AME Zion Address: 1218 Wall Street Zip: 28677

Applicant Email: _____ Phone: 704 871 8816 Alt. Phone: _____

Owner Name: Mt Pleasant AME Zion Address: POBox 94 Statesville NC Zip: 28687

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1218 Wall Street

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

( ) New Well ( ) Existing Well (X) 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 (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.

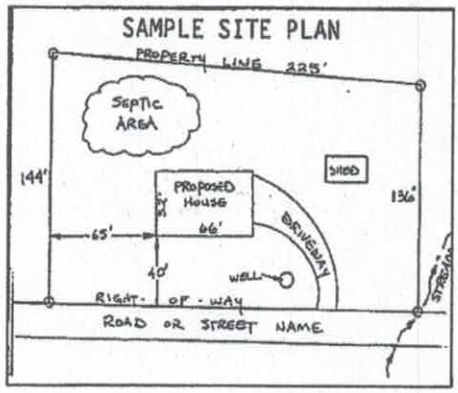
Signature: Paula Bakyl
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/4/2019
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:

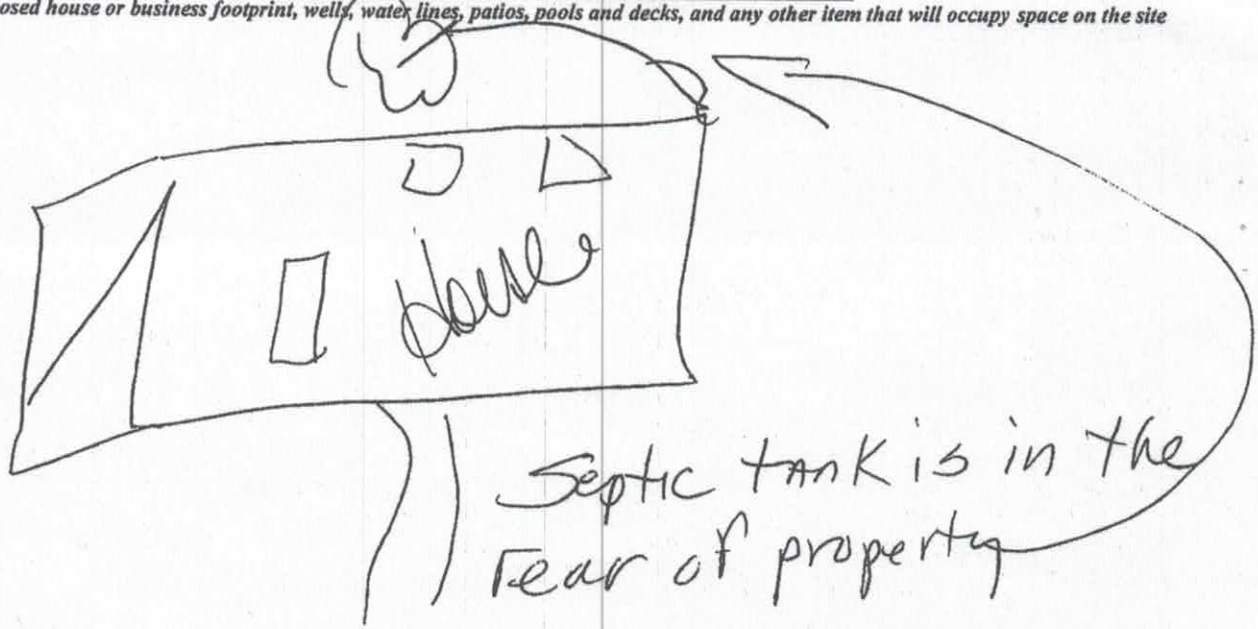
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

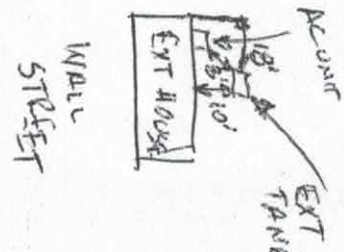
Circle N/A on the following if appropriate:

- 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: Frank Baird

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

11/4/2019

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mt Pleasant AME Zion Ch DATE 5-31-89 PERMIT NO. D-11

PHONE: Business _____ Home Parsonage

LOCATION 1218 Wall St.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

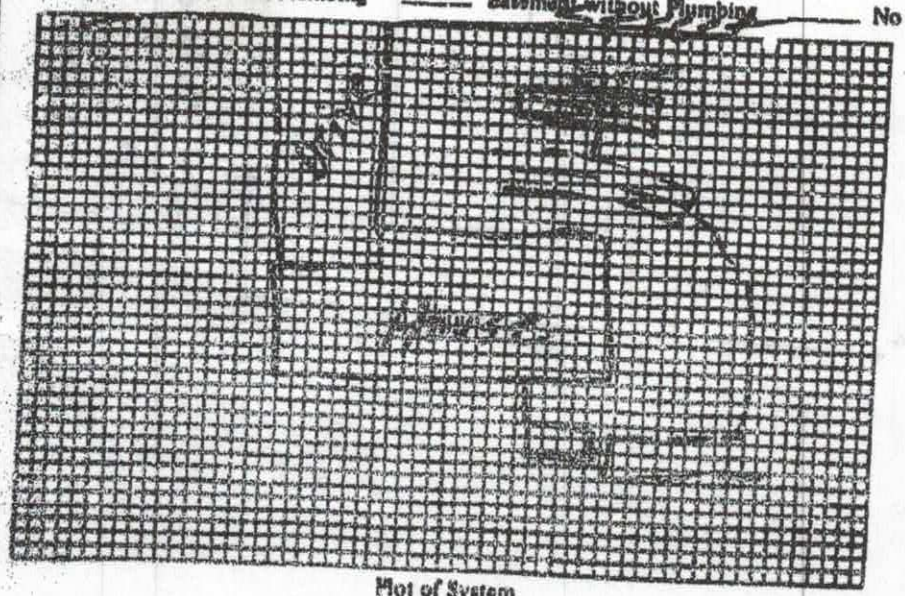
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table Ex.
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Ex. Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

32 Ton pit

Installed by Pat miller

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 5-31-89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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*) Paula Ballard

This is acknowledged

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, Paula Ballard, am the legal owner(s) of the property located at 1218 Wall Street, 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.

Paula Ballard
Signature of Owner(s)

11/4/2019
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

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 1:16,145'.

* 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 27 day of FEB, 2020 A.D.

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

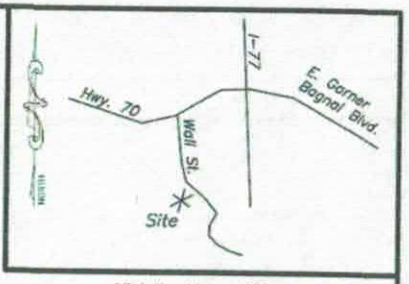
NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

TED BENBOW Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9861
www.boundarydevelopment.com

Legend

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

- EIP ..... EXISTING IRON PIPE AS SHOWN
- EIR ..... EXISTING IRON ROD AS SHOWN
- CP ..... COMPUTED POINT
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- ..... ELECTRIC METER
- ECM ..... EXISTING CONCRETE MONUMENT
- ..... MAIL BOX
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- LINE NOT SURVEYED
- LINE SURVEYED
- PROPOSED SEWER LINE EASEMENT



Vicinity Map, NTS



1 1/4" EIP

S 17°49'04"E 167.27' Not to scale

Bobby B. Knox
and
Marla Knox Miller
Bk. 2569 @ Pg. 1434

Wall Street, 18' paved, public
60' R/W shown for planning purposes only
Right-of-Way Width Unknown (No Recorded Reference Found)

ECM

N 72°00'00"E 136.01'

S 17°40'30"E 90.42'

ECM

N 17°45'31"W 90.00'

Lot contains
0.28 acre

Course	Bearing	Distance
L1	N 17°49'29" W	6.84'

30 0 30 60 90
GRAPHIC SCALE - FEET

Boundary Survey & proposed septic easement For:

Mt. Pleasant AME Zion Church

Statesville Inside Township, Iredell County, NC
Owners of Record: Mt. Pleasant AME Zion Church
Deed Reference: Bk. 2619 @ Pg. 1012
Plat Reference: PB 6 @ Pg. 115
PIN: 4743-68-2608
Job Number:200220.DWG (200220.CRD)
Field Work: 02-25-2020
Plat Date: 02-27-2020

Carport
13.6'
Concrete drive
Sidewalk
Porch
Concrete sidewalk
Septic tank
47.6'
1-Story brick
26.8'
24.3'
Existing sewer drain lines
14.8'
1/4" EIP
74.24'
S 67°35'47"W 74.98'
0.85'
S 72°10'31"W 135.88' T
61.14'
L1
Aluminum carport
No foundation
271.16 Sq. Ft.
in proposed
septic easement
N 17°46'28"W 101.48'
100.63'
1 1/4" EIP
James Arthur Corpening
Bk. 457 @ Pg. 143
N 17°45'31"W 134.69'
Not to scale
James Arthur Corpening
Bk. 680 @ Pg. 295
1/2" EIR