IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235629

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

PIN # 4743-86-9012

APPLICANT/OWNER: Richard Wells APPLICANT ADDRESS: 133 Deal Lane Statesville, NC 28677

SITE ADDRESS: 133 Deal Lane Statesville, NC PHONE: 704-928-5560 ALT. PHONE

SITE DIRECTIONS: Rt 70 East from Statesville → Ron N Barkley Rd → R on Deal Lane → House on left SAP CONTROLLED: ☐ YES ☒ NO

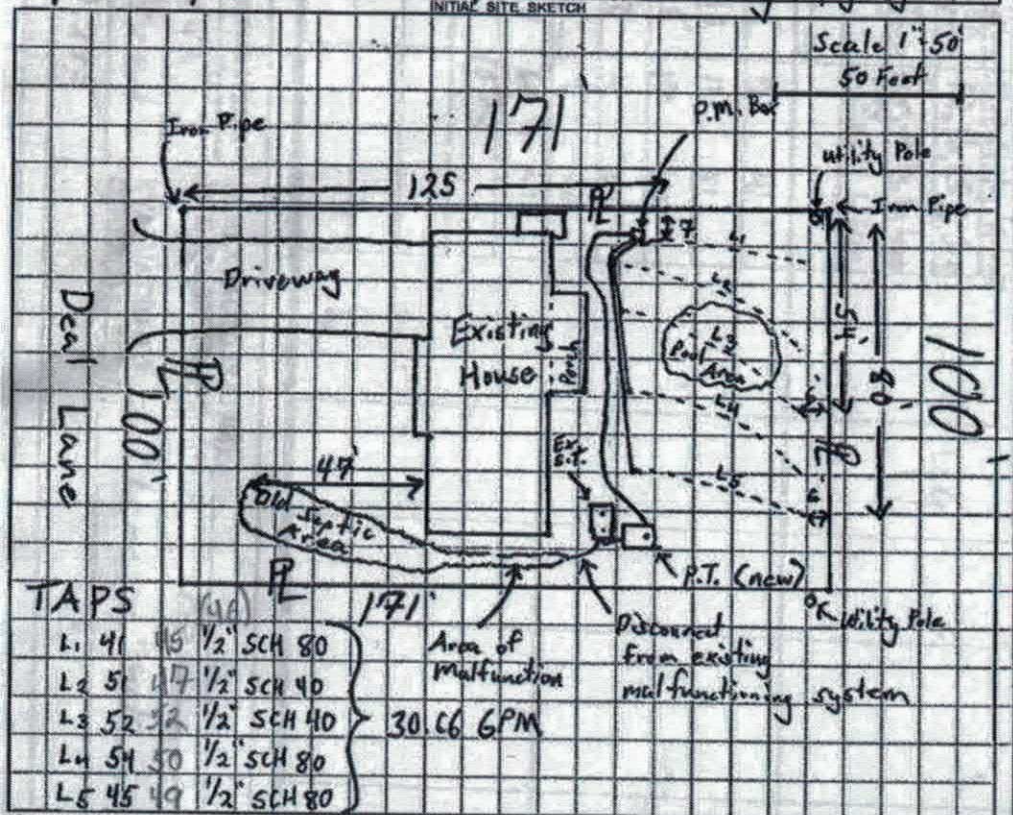
SUBDIVISION: Glen Echo SECTION: — LOT # 19 LOT AREA: 0.39 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000 (Existing) (gal)	STB	760	Date	7/1/18	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date		System Description:				☐ Business	No. Persons 6
Pump Make	Zoeller	Model	N-162-B	Serial #		Repair System Description:	25% Reduction (Pressure Manifold)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	243	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Set pump/floats to dose no more than 150 gallons per pumping event. Direct house downspouts away from any septic components. Contractor/Installer to certify integrity of septic tank. If necessary, replace in same location as existing tank with new 1000-gallon tank. Recommend pumping septic tank every 3-5 years. Remove fill (≈ 6") from former pool area

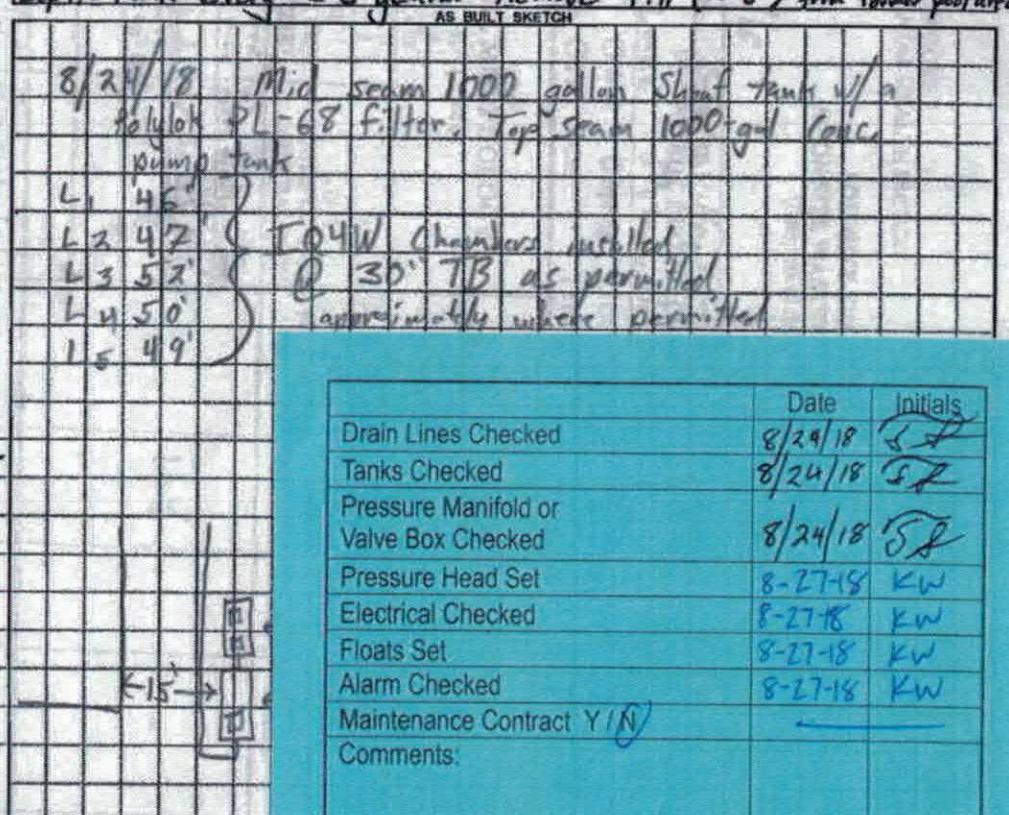
INITIAL SITE SKETCH



TAPS

L1	41	46	1/2" SCH 80	
L2	51	47	1/2" SCH 40	
L3	52	52	1/2" SCH 40	30.66 GPM
L4	54	50	1/2" SCH 80	
L5	45	49	1/2" SCH 80	

AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	8/24/18	[illegible]
Tanks Checked	8/24/18	[illegible]
Pressure Manifold or Valve Box Checked	8/24/18	[illegible]
Pressure Head Set	8-27-18	KW
Electrical Checked	8-27-18	KW
Floats Set	8-27-18	KW
Alarm Checked	8-27-18	KW
Maintenance Contract Y/N	—	
Comments:		

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 an

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATI

Owner / Applicant Signature: [signature] Date: 6/19/18 Installed by: Lynn Hochstetler Piedmont Excavating

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/15/18 OPERATION PERMIT by: Kayla Watson Date: 8-27-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/15/18 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 ___ of
PROPERTY ID #: 4743-86-9012
COUNTY: Iredell

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

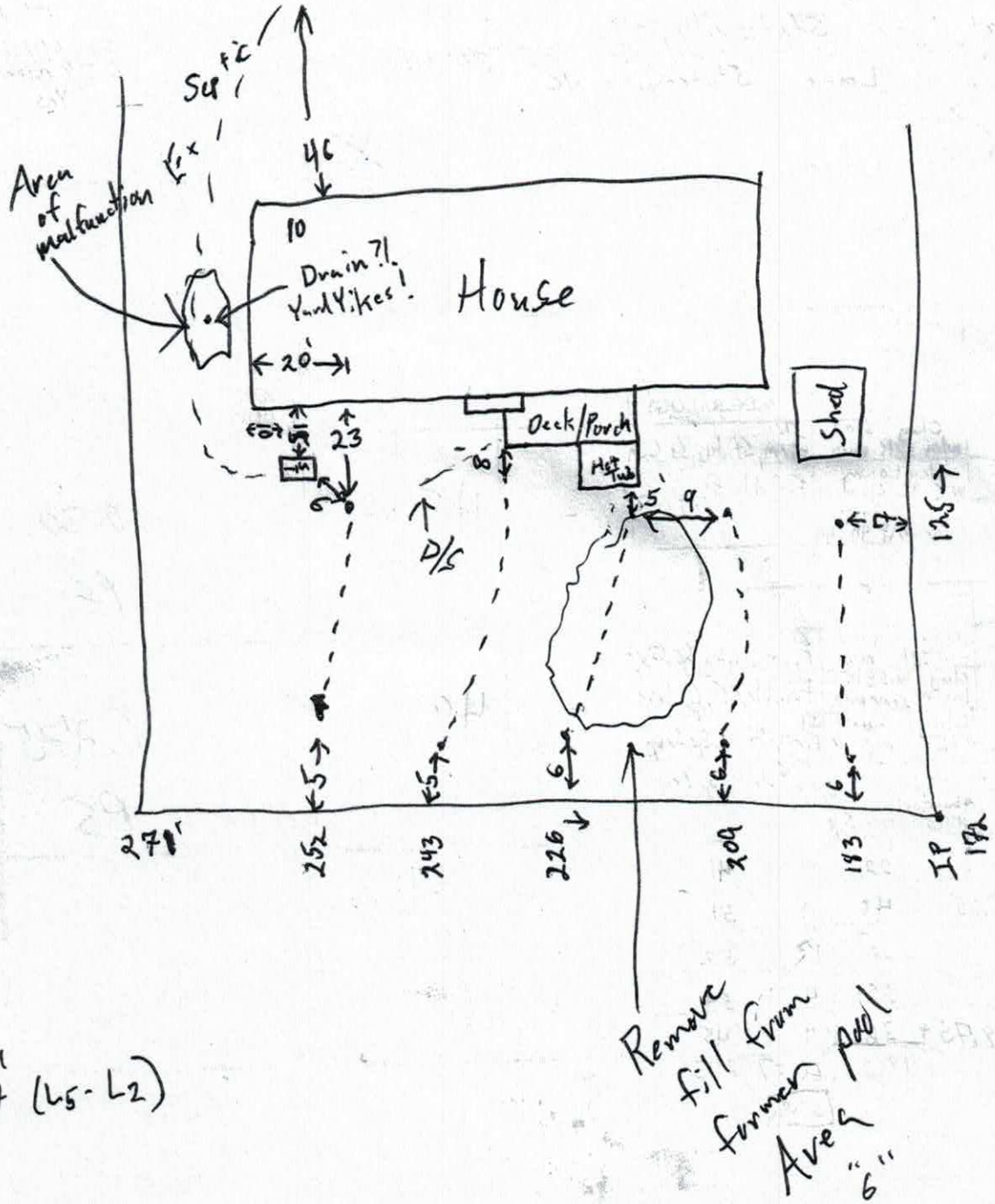
OWNER: Richard Wells
ADDRESS: 133 Deal Lane Statesville, NC
APPLICATION DATE 5/14/18
DATE EVALUATED: 6/1/18
PROPOSED FACILITY: 3BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.39 acres
LOCATION OF SITE: 133 Deal Lane Statesville, NC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

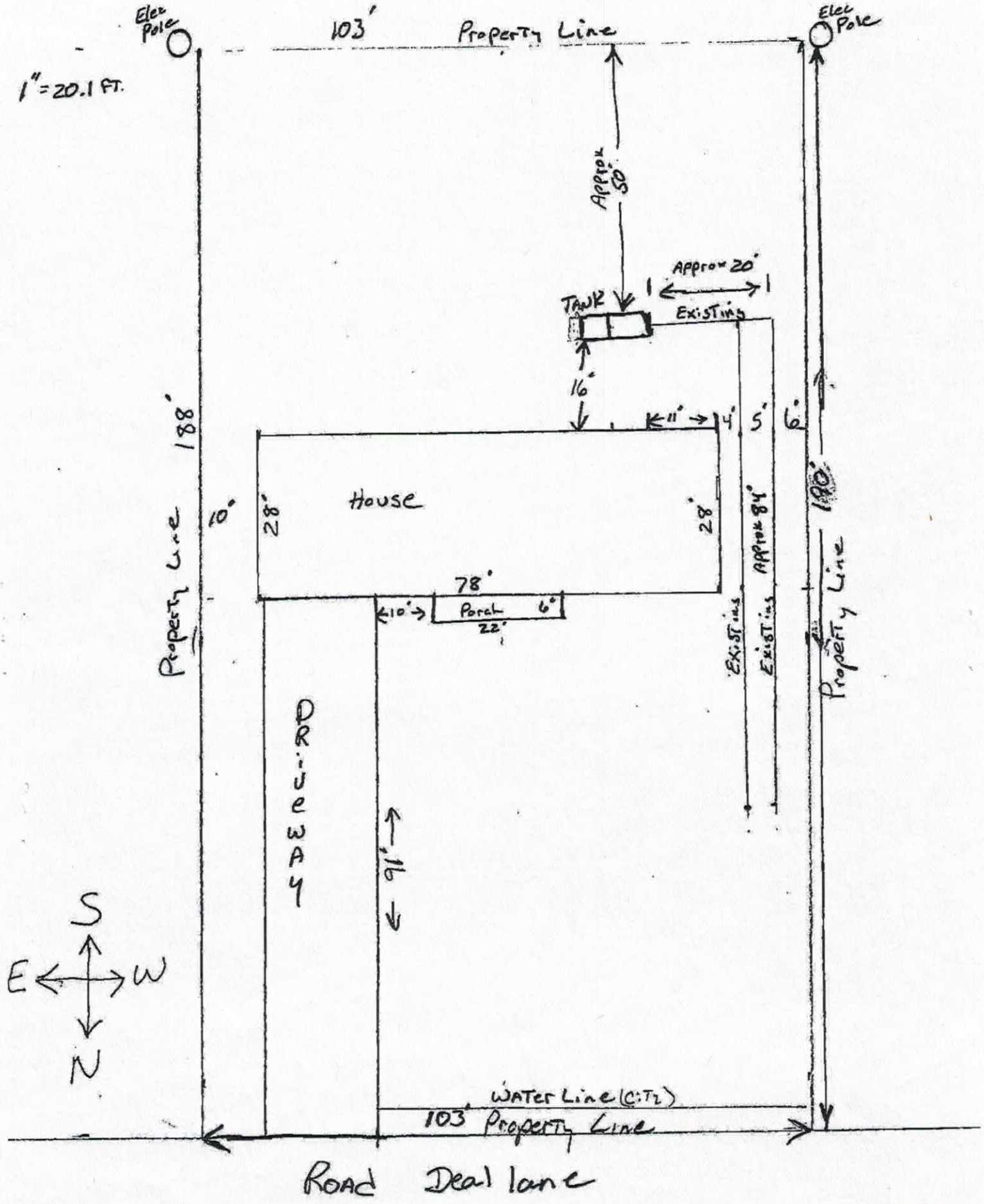
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Lower middle [backyard] LSS 13%	0-32	Clay some w/m SBK mica	Sl. Firm, Sticky, Sp, Sexp	–	48	–	–	0.30 PS
		32-48	Clay Loam w. SBK Abundant mica some SAP 40"-44"	Friable, SS, Sp, Sexp					
2	Upper middle [backyard] LSS 13%	0-22"	Clay Trace w-m SBK mica	Sl. Firm, Sticky, Sp, Sexp	–	49			0.275 PS
		22-38"	Clay w. SBK loam some mica	Friable, SS, Sp, Sexp					
		38-45"	Clay Some w. SBK mycaceous	Sl. Firm, Sticky, Sp, Sexp					
		45-49"	Clay Loam V.W. SBK Abundant Mica + Some Sap	Very Friable, SS, Sp, Sexp					
3		L1 W	22'	19 41					
		L2 P 5.25	40	11 51					
		L3 W	35	17 52					
		L4 P	50	4 54					
		L5 W 8.75+	36	+9 45					
			183	60 =7 243					
4				5' of Rock					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		243'
System Type(s)		25% Red
Site LTAR		0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___


Septic
Area of malfunction
46
10
Drain?!
Yard Yikes!
House
20'
Deck/Porch
Hot Tub
Shed
23
8'
D/S
1.5'
9
7
125
5
5
6
6
271'
252
243
226
209
193
IP
192
Remove fill from former pool
Ave 6"
47' (L5 - L2)


Elec Pole
103' Property Line
Elec Pole
1" = 20.1 FT.
Approx 50'
Approx 20'
TANK
Existing
16'
11'
4'
5'
6'
188'
Property Line
10'
28'
House
28'
78'
10'
Porch 6'
22'
Existing
Approx 84'
Existing
190'
Property Line
DRIVEWAY
16'
S
E
W
N
WATER LINE (C:T2)
103' Property Line
ROAD Deal lane

235629

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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)

Applicant Name: Richard Wells Address: 133 Deal lane, STATESville, NC Zip: 28677

Applicant Email: rwells01@hotmail.com Phone: 704-928-5566 Alt. Phone: _____

Owner Name: Richard Wells Address: _____ Zip: _____

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

Property Information:

Street Address: 133 Deal lane, STATESville, NC 28677

Subdivision Name: Glen Echo Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — (X) Basement without Plumbing
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Seepage (old clay Tile pipe)
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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1965 ?
( ) No Preference ( ) Alternative (X) 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: Richard D. Wells 5/14/18
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*) Richard D. Wells

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, Richard D. Wells, am the legal owner(s) of the property located at 133 Deal lane STATESville, NC 28677, 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.

Richard D. Wells — Signature of Owner(s)

5/14/18 — Date

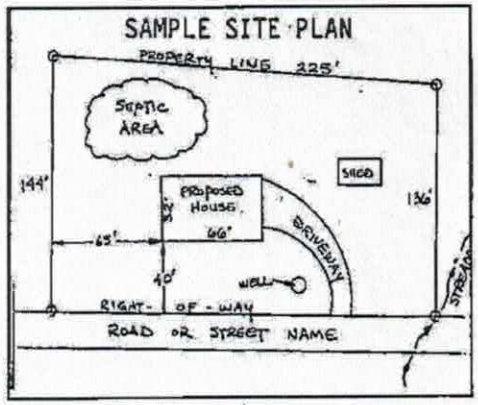
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY 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:

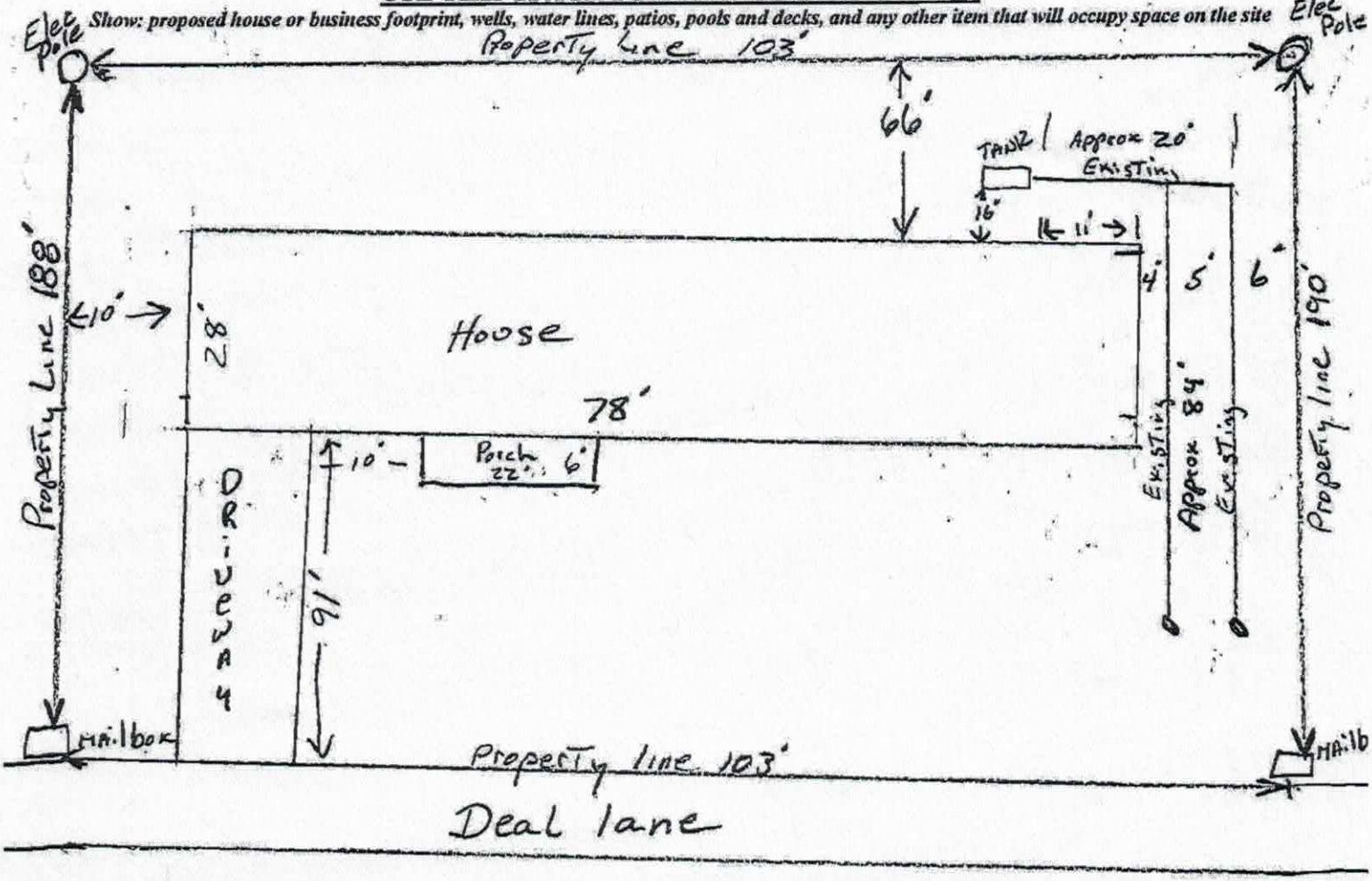
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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: Robert D. Wells
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 5/14/18