IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 22568T

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

PIN # 4746273089

APPLICANT/OWNER: Dennis Deal

APPLICANT ADDRESS: 576 Snow Creek Rd Statesville NC 28625

SITE ADDRESS: ~~395 Nixon Rd~~ Statesville NC

PHONE: 7049023978 ALT. PHONE 704 876-0970

SITE DIRECTIONS: Hwy 115 N TR Chipley Ford Rd TR Nixon Rd @ intersection with Kingswood

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: LOT # LOT AREA: .64 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Infiltrator	Date	1060
Pump Tank	1000 (gal)	PT	Infiltrator	Date	1060
Pump Make	Gould's	Model	PE51.	Serial #	
# Nitrification Fields	1	# Lines	3@100'	Linear Ft	300Ft
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump- PM - 25% Reduction

Repair System Description: Pump- 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

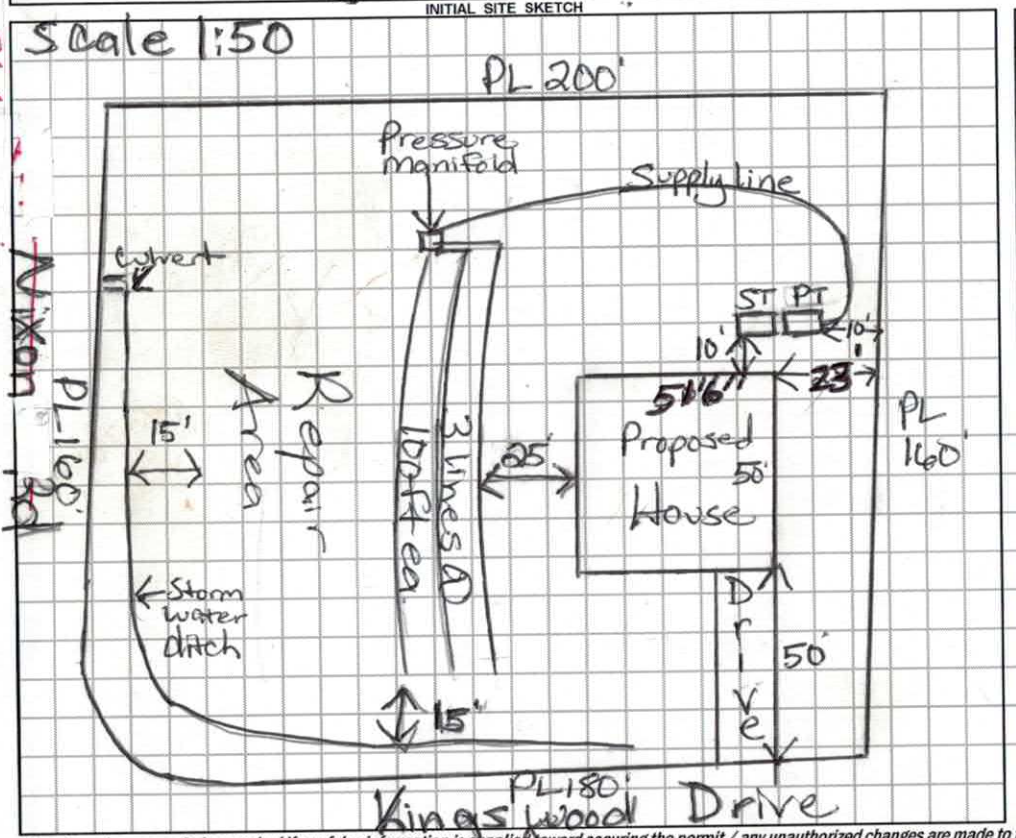
☐ Basement w/o plumbing

Comments / Conditions: Keep Septic System at least 10Ft from PL, 15Ft From Cut 2Ft or greater @ 25Ft (upgradient of foundation drain) 21.5

Note: must keep drainfield shallow for .3 LTAR

1/2 sch 80 Taps used. Floats Set @ 5 inches

INITIAL SITE SKETCH



AS BUILT SKETCH

installed as permitted

	Date	Initials
Drain Lines Checked	3/23	BB
Tanks Checked	3/23	BB
Pressure Manifold or Valve Box Checked	3/23	BD
Pressure Head Set	3/23	BB
Electrical Checked	4/17	CC
Floats Set	3/23	BD
Alarm Checked	4/17	CC
Maintenance Contract Y (N)	Not Required	
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 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: 6-15-17

IMPROVEMENT PERMIT by: Date: 8/3/17

AUTHORIZATION TO CONSTRUCT by: Date: 8/16/17

Installed by: Frye Grading & Repair

OPERATION PERMIT by: Date: 4/17/17

Existing System Inspected by: Date:

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dennis Deal APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 8/1/17
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
LOCATION OF SITE: ____ PROPERTY RECORDED: ____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	5-6%	0-5	R C	m ABK	SS, SP, SExp, FR				PS .3 to 36" >36" .2
		5-36	Rd/Brw C/CL	m-w SBK	SS, SP, SExp, FR				
		36-56	yel to yel/Brw SC	w SBK	S, P, SExp, Fi				
	8-10%	0-12	R C	m ABK	SS, SP, SExp, FR				PS .3
		12-30	R C/CL	m-w SBK	SS, SP, SExp, FR				
		30-60	R CL	w SBK w/ common Mica flakes	SS, SP, SExp, FR				
	5-6%	0-12	Rd/Brw C	ABK	SS, SP, SExp, FR				PS .3 to .40" >40" .2
		12-40	Rd/Brw C/CL	m-w SBK	SS, SP, SExp				
		40-54	yel to yel/Brw SC		S, P, SExp, Fi-FR				
	10%	0-12	Rd/Brw C	m-w ABK	SS, SP, SExp, Fi-FR				PS .3
		12-26	R C/CL	m-w SBK	SS, SP, SExp, FR				
		26-52	R CL	w SBK	SS, SP, SExp, FR				
		L 52							

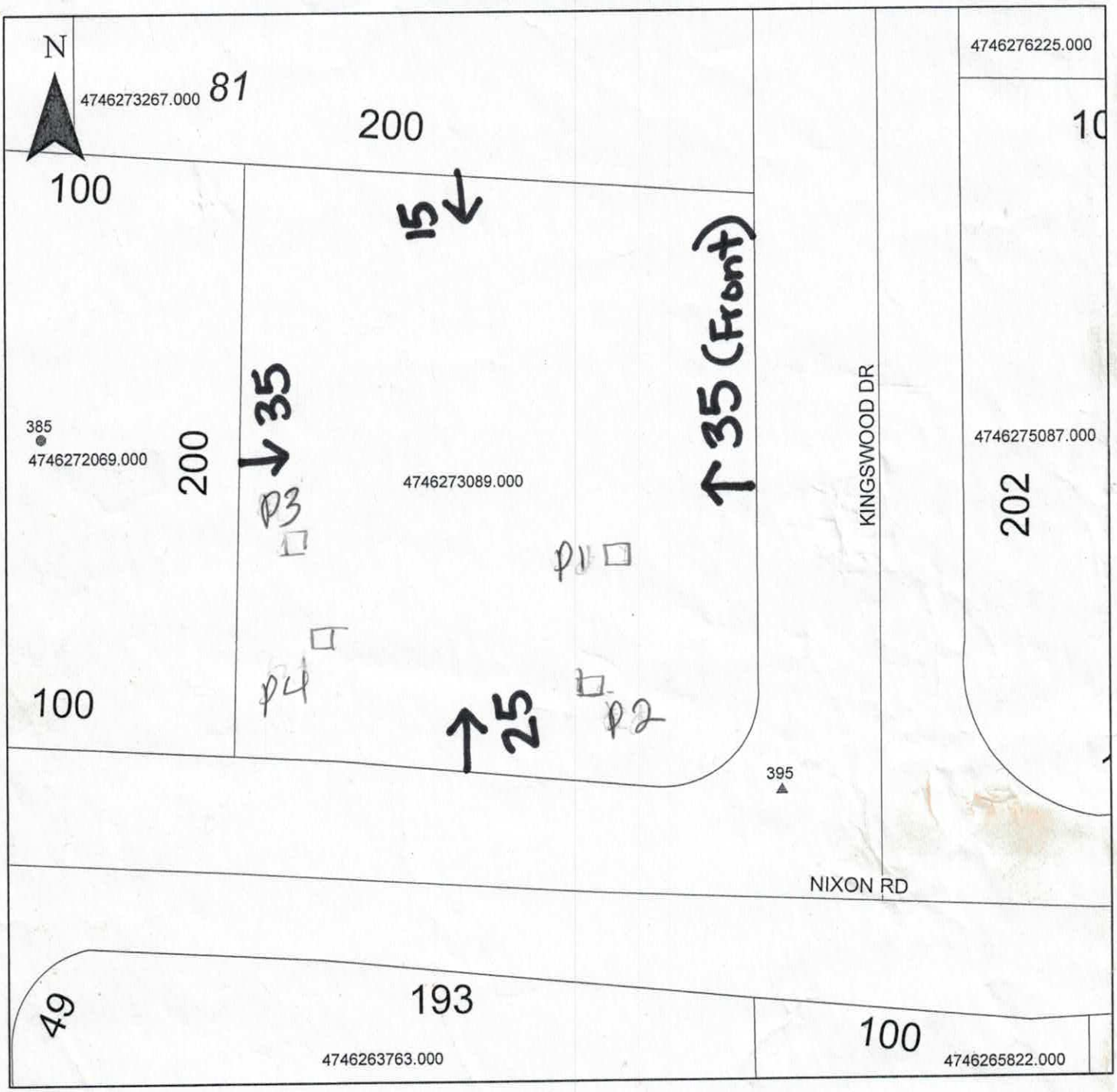
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____

COMMENTS: ____

Soil Pit Locations

ZONING DISCLAIMER



Property Address 395 Nixon

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. Applicant further acknowledges that the 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

Date

LM 7/18/17
Marked Pit
locations

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 (floor plan to be submitted later) ___ Authorization To Construct (with floor plan included) ✓ BOTH ___ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Dennis Deal	576 - Snow Creek Rd	704 876-0970	Cell 704 902 3928
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Dennis Deal	↑	↑	↑

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
395 Nixon Rd	None	

Driving Directions: N on 115 Right Chipley Ford - Rt on Nixon Rd
Corner Nixon + Kingswood

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- ✓ New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System
- ( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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 (Iredell Co)

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ (YEAR)

( ) Alternative ✓ Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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

7-14-17
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...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred 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

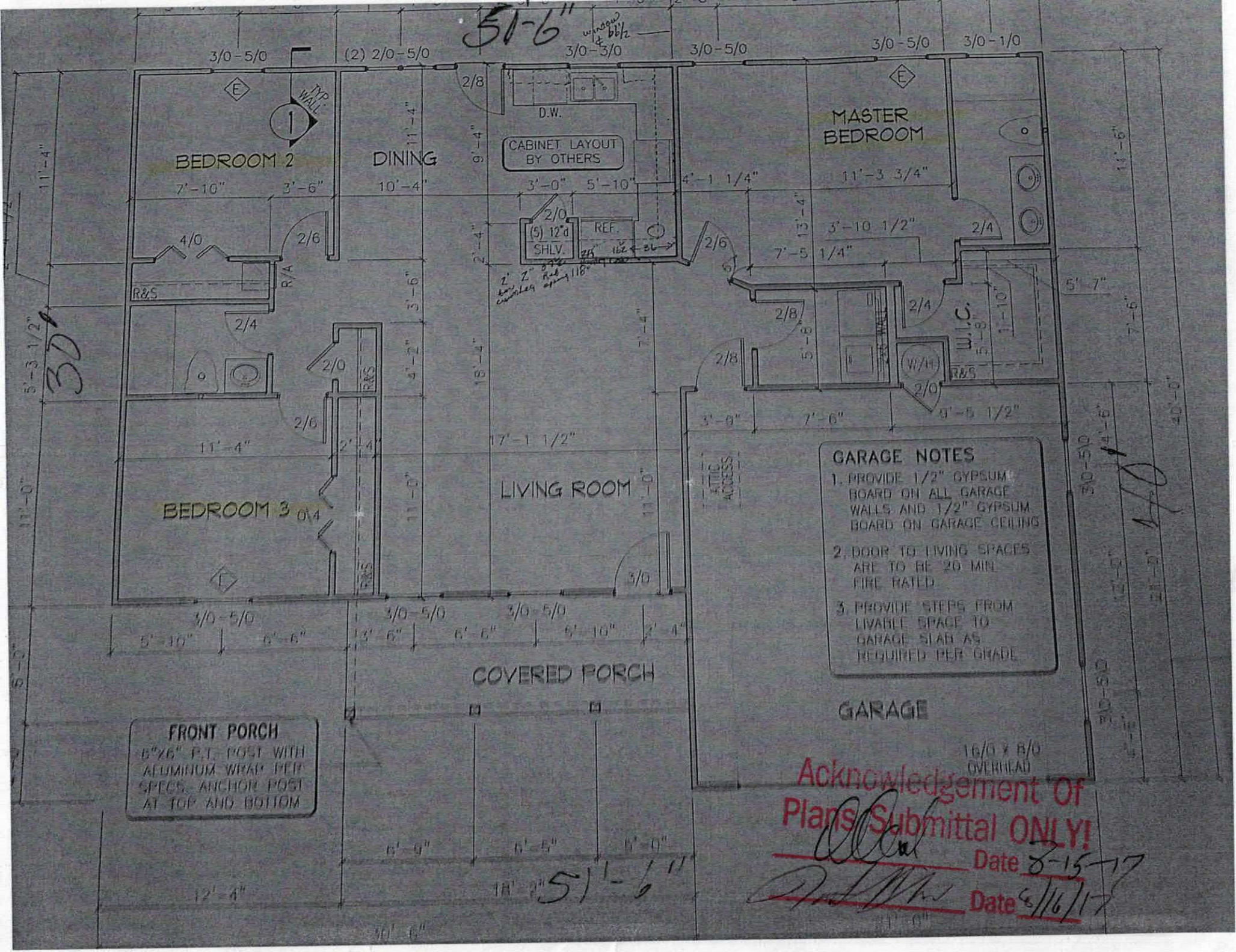
Signature: _____ _____
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant
ADMIN\LABELS\FORMS\OSWP\Application For OSWP Permit.doc

Z:\EH


51'-6"
3/0-5/0
(2) 2/0-5/0
3/0-3/0
3/0-5/0
3/0-5/0
3/0-1/0
BEDROOM 2
7'-10"
3'-6"
11'-4"
DINING
10'-4"
11'-4"
D.W.
CABINET LAYOUT BY OTHERS
3'-0"
5'-10"
9'-4"
2/8
MASTER BEDROOM
11'-3 3/4"
4'-1 1/4"
13'-4"
3'-10 1/2"
7'-5 1/4"
2/4
2/6
2/0
(5) 12"d SHLV.
REF.
4/0
R&S
R/A
2/4
2/6
2/8
W.I.C.
5'-8"
1'-10"
5'-7"
7'-6"
3'-5 1/2"
3'-0"
7'-6"
BEDROOM 3
11'-4"
2/6
2/0
R&S
4'-2"
2'-4"
18'-4"
7'-4"
LIVING ROOM
17'-1 1/2"
11'-0"
3/0
ATTIC ACCESS
GARAGE NOTES
1. PROVIDE 1/2" GYPSUM BOARD ON ALL GARAGE WALLS AND 1/2" GYPSUM BOARD ON GARAGE CEILING
2. DOOR TO LIVING SPACES ARE TO BE 20 MIN FIRE RATED
3. PROVIDE STEPS FROM LIVABLE SPACE TO GARAGE SLAB AS REQUIRED PER GRADE
3/0-5/0
3/0-5/0
3/0-5/0
5'-10"
6'-6"
13'-6"
6'-6"
5'-10"
2'-4"
COVERED PORCH
GARAGE
FRONT PORCH
6"X6" P.T. POST WITH ALUMINUM WRAP PER SPECS. ANCHOR POST AT TOP AND BOTTOM
16/0 x 8/0 OVERHEAD
6'-9"
6'-5"
6'-0"
12'-4"
18'-2"
51'-6"
Acknowledgement Of Plans Submittal ONLY!
Date 5-15-17
Date 5/16/17

IREDELL COUNTY

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

APPLICATION NUMBER
228689
Issue Date: 07/14/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4746273089.000	395 NIXON ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ODONNELL DAVID W	Applicant: DEAL DENNIS M
Address: 8 BAKER AVE WYNANTSKILL, NY 12198	Address: 576 SNOW CREEK RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.640	35.00	35.00	25.00	15.00	NOT	X

Remarks:

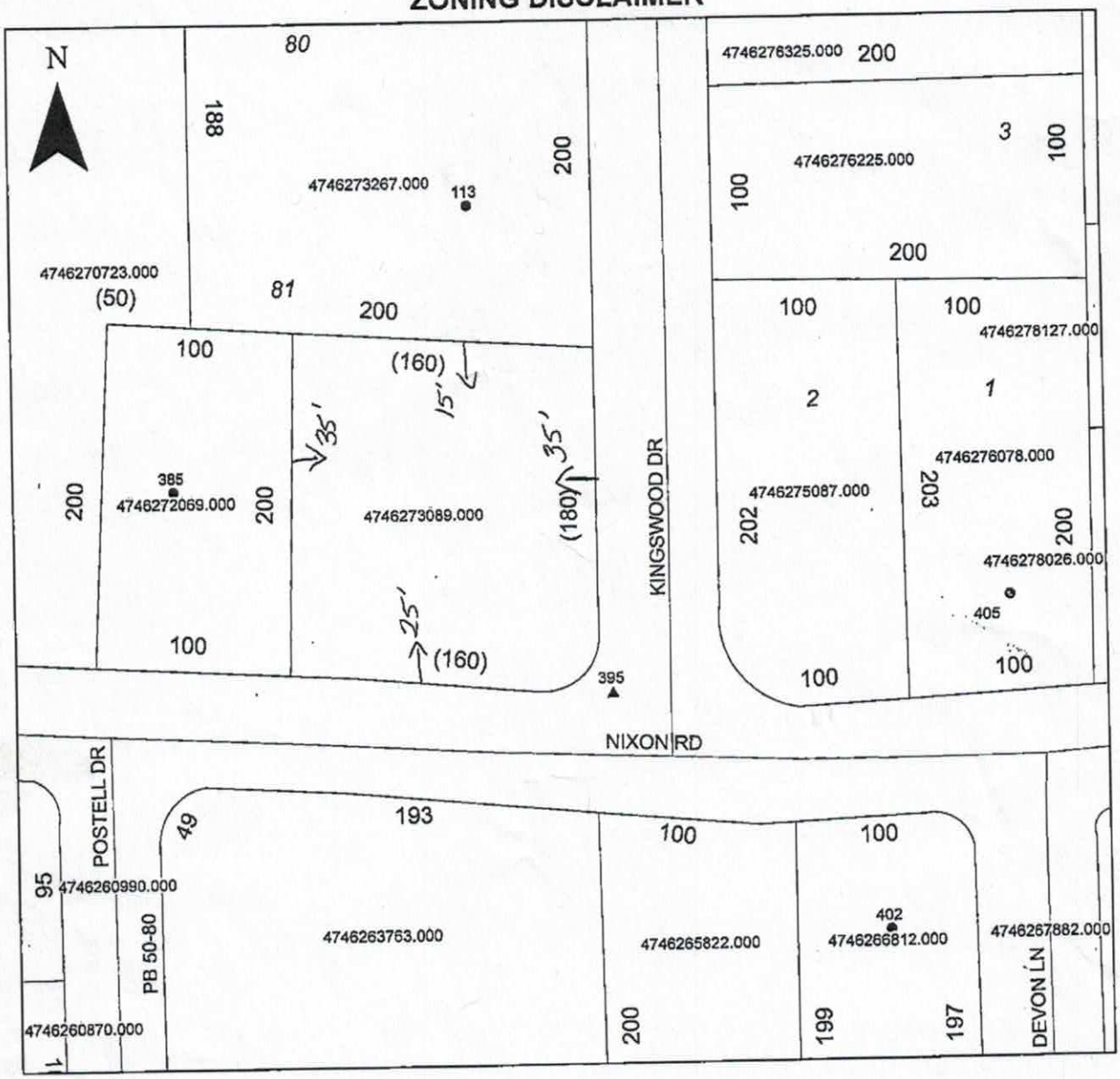
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Applicant: _____ Date: _____

Permit Number	109172	TOTAL FEES:	$ 77.25

228689

ZONING DISCLAIMER



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Applicant

7-14-17
Date