IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 223078

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

PIN # 4747 - ~~20-4637~~ 21-1105

APPLICANT: Kevin Speaks

APPLICANT ADDRESS: 166 Victoria Drive Statesville, NC

SITE ADDRESS: 251 Ingram Rd. Statesville, NC

PHONE: 704-796-0185 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Statesville → L on Shumaker Dr (Becomes Whites Farm Rd) → L on Ingram Rd → Lot on left.

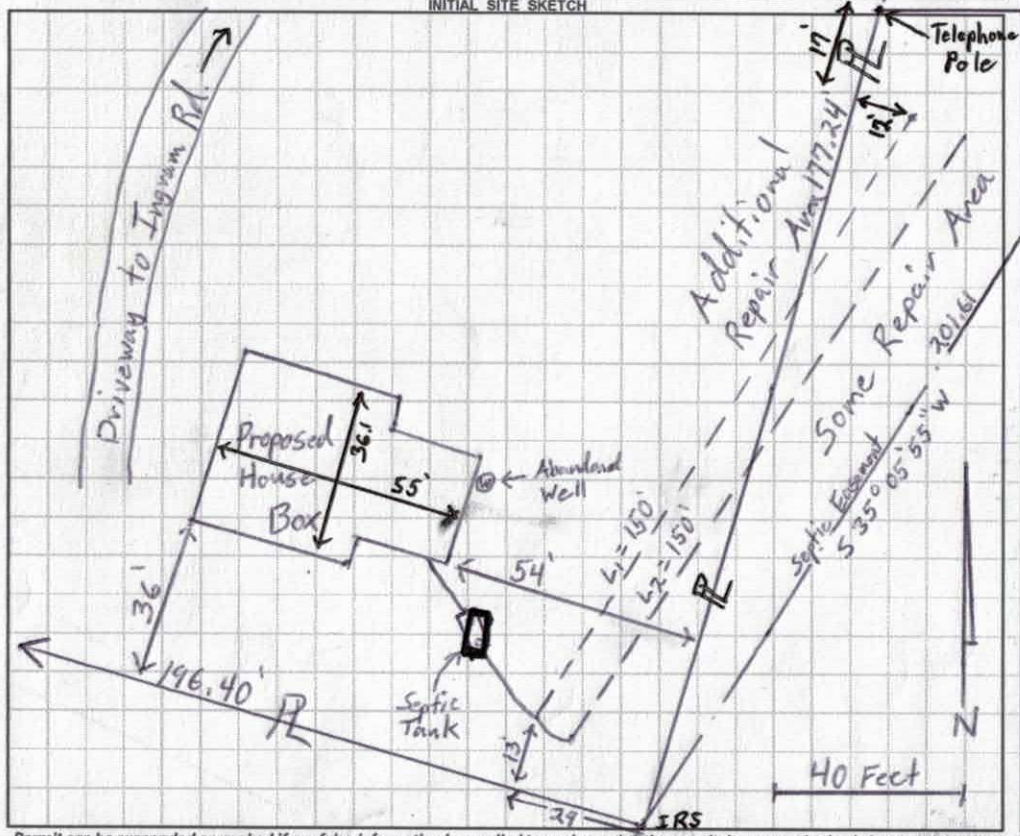
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.718 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	1012	Date	2-8-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% Reduction				
Pump Make	—	Model	Tuff Tote		Serial #	EF4	Repair System Description: 50% Reduction - LP-PPBPS				
# Nitrification Fields	1	# Lines	2		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Septic easement is in land records under BK 2461 Pgs 1421-1424.

INITIAL SITE SKETCH



AS BUILT SKETCH

Ingram Rd.

Installed Quik 4 as drawn

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: Kevin Speaks Date: 12-13-16

IMPROVEMENT PERMIT by: Tom Shuck Date: 12-6-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12-6-16

Installed by: Yountz Septic

OPERATION PERMIT by: David Hunt Date: 07/20/17

Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kevin Spencks

APPLICATION DATE: 11/9/16

ADDRESS: 16C Victoria Dr. Statesville

DATE EVALUATED: 11/21/16

PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): 360 GPD

PROPERTY SIZE: 0.718 acres

LOCATION OF SITE: 251 Ingram Rd. Statesville

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
3	LSS 8% Initial	0-3	Loam w. SBK	sl. Friable, SS, SP, SOp	—	48	—	—	0.3 PS
		3-29	Clay w. SBK	sl. Firm, SS, SP, SOp					
		29-48	Clay Loam w. SBK some Saprolite	Friable, SS, SP, SOp					
4	LSS 8% Repair	0-6	Loam w. SBK	sl. Friable, SS, SP, SOp	—	46"	—	—	0.275 PS
		6-24	Clay w. SBK	sl. Firm, SS, SP, SOp					
		24-46	Clay Loam w. SBK + rock fragments	Saprolite indurations Friable SS, SP, SOp					
		46-48	Dense Saprolite MA	Friable + Moderately Dense					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 lf.	200 ± '
System Type(s)	25% reduction	PPBPS
Site LTAR	0.3	0.275

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Tom Shuck + Ben Botkins

OTHER(S) PRESENT: ____

COMMENTS: ____

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

11/21/2016

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 11/21/16
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) .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
Site 1 1	Side 5-8% Initial	0-4	SCL SBK	SEXP	10YR 4/4			Rocky	.3 LTAR
		4-28	SCL WSBK	FM SEXP				Rocky	
		28-42	C WSBK	SEXP					
		42-48	CL WSBK	SEXP					
Site 1 2	shoulder 5% Repair	0-2	SCL		10YR 4/4				Morning
		2-30	C SBK		2.5YR 4/6				
		30-48	CL WSBK		2.5YR 4/6		Lith mottles	Mica	.3 LTAR
Site 2 3	Ridge 4%	0-16	C SBK		2.5YR 4/6				
		16-48	CL WSBK		2.5YR 4/6		Lith mottles	Mica	.3 LTAR
Site 2 4	Ridge 4%	0-4	SCL WABK						Afternoon
		4-21	C SBK						
		21-48	CL WSBK				Lith mottles	Mica	.3 LTAR

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: _____

39
19
IP
12
13
20'
165
54'
stake
House
38'
old Abandoned well
Flag
55'
99
10
72
22
12'
17'
21'
Tele Pole
Ingram Rd
24
171'
61'

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 ... WITHOUT EXPIRATION. SEE 15A NCAC 18A .1939 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:

Kevin Speaks	1616 Victoria Drive, Statesville	704-796-0185	704-902-9966
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

251 Ingram Rd. Statesville		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: North on Turnersburg Hwy Left on Shumaker Dr. Straight on Whites Farm Rd. Left on Ingram Rd. 251 is on left at top of hill on Black Gal

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 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 2100
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water Iredell 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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Kevin C Speaks _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...

X 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...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

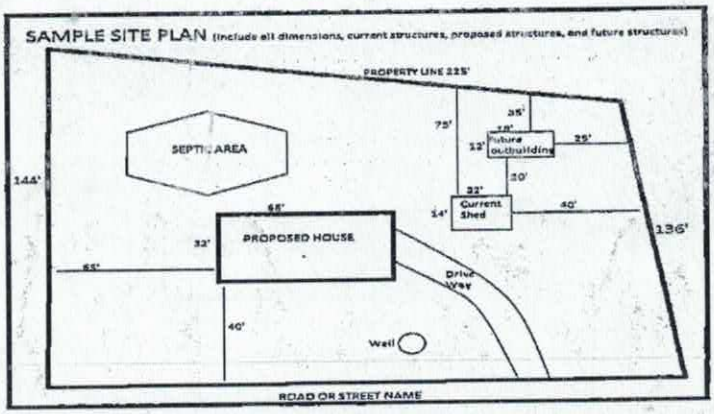
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

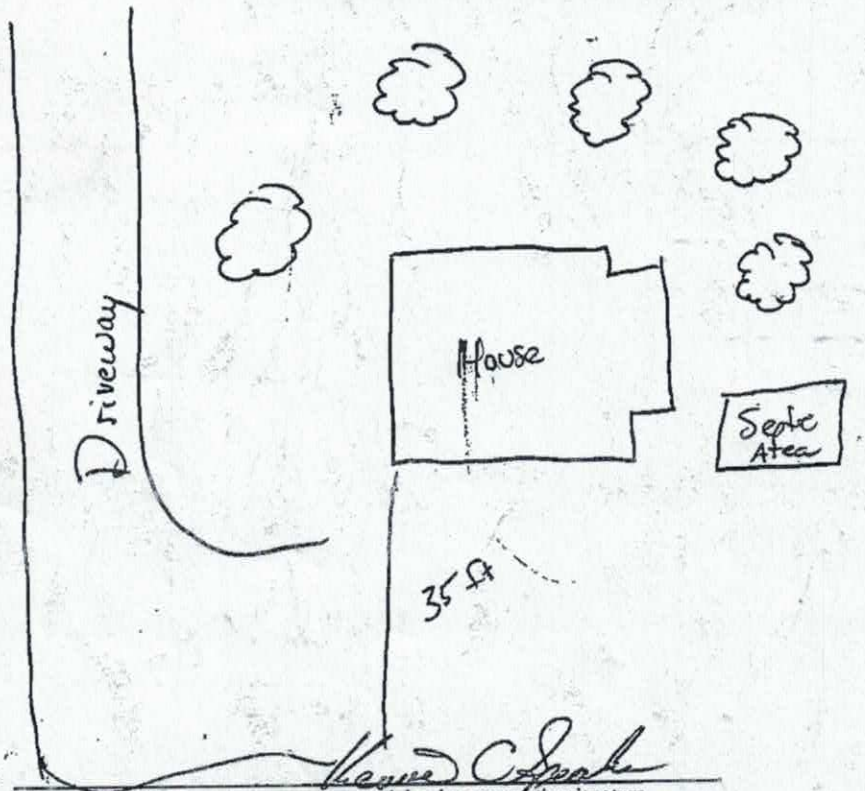
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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



Signature: _____

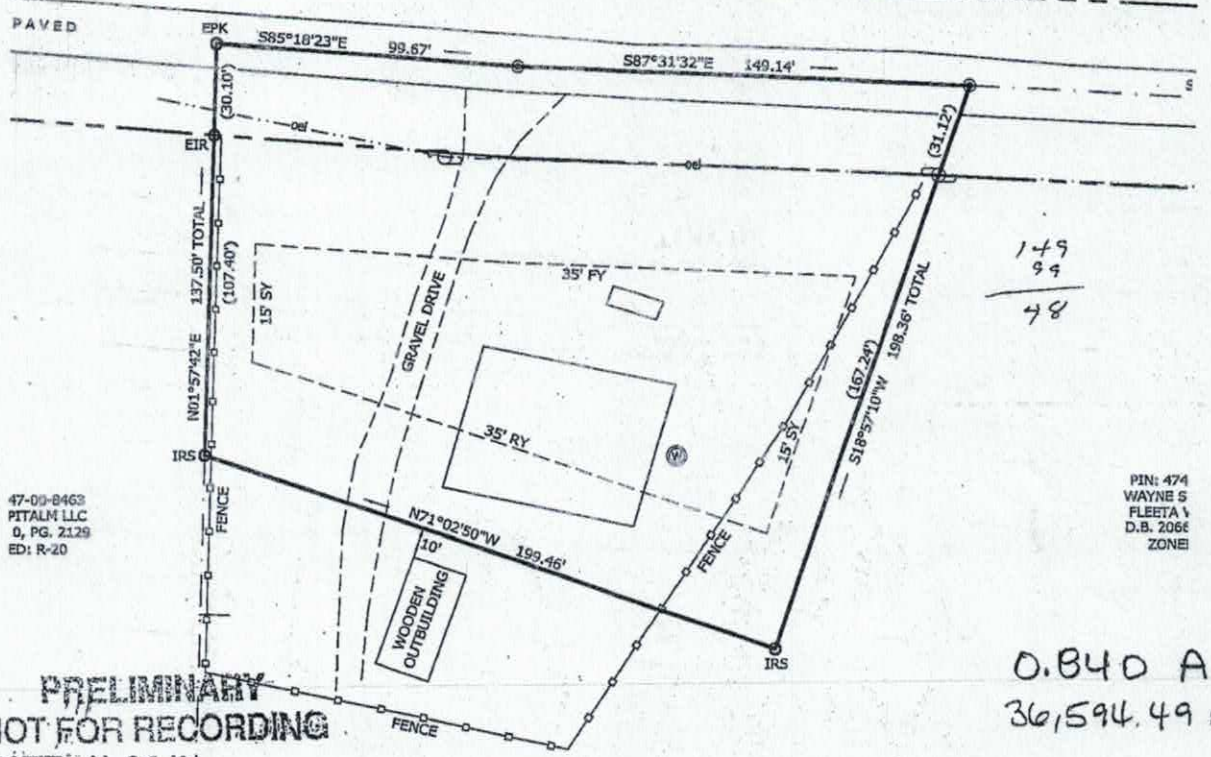
REQUIRED property owner or owner's legal representative signature.

11-09-16

DATE

SR 1911
INGRAM ROAD

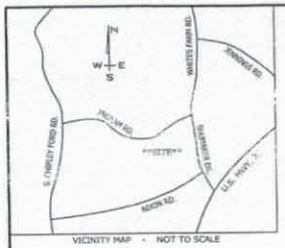
6



149
99
48

PRELIMINARY
NOT FOR RECORDING
DATE 4-22-16

0.840 AC.
36,594.49 S.F.



VICINITY MAP - NOT TO SCALE

ZONING:

SUBJECT PROPERTY IS ZONED: R-20 - IREDELL COUNTY ZONING

PROPERTY IS SUBJECT TO A 25' FRONT (FY), 25' REAR (RY) & 15' SIDE (SY) - MINIMUM BUILDING SETBACK LINE PER IREDELL COUNTY ZONING ORDINANCE.

NOTES:

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

ZONING CLASSIFICATION:

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, SETBACK LINES REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBSURFACE SURVEY PERFORMED AT THIS SITE.

SURVEYOR'S REPORT:

To: All parties interested in title to premises surveyed.

THIS IS TO CERTIFY, that on JULY 15, 2016 , I made an accurate survey of the premises standing in the name of: WAYNE S. SPEAKS & FLEETA W. SPEAKS situated at: BETHANY TOWNSHIP------IREDELL COUNTY------NORTH CAROLINA briefly described as: 251 INGRAM ROAD - STATESVILLE, N.C. 28625 and from the accompanying survey entitled: SURVEY FOR WAYNE S. SPEAKS & FLEETA W. SPEAKS

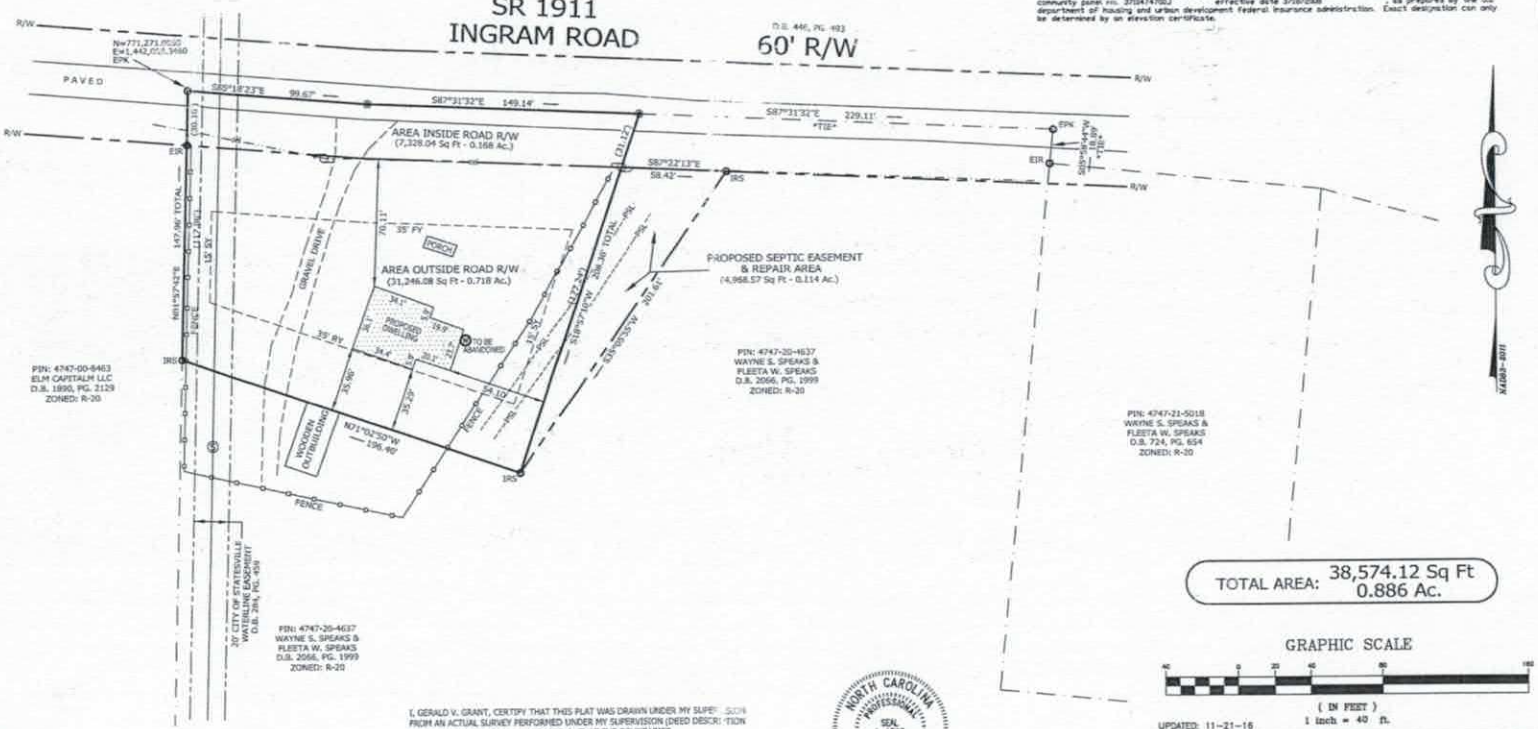
I made a careful inspection of said premises and of the buildings located thereon at the time of making such survey, and again on December 21, 2016, and at the time of such latter inspection I found Kevin C. Speaks & Wendy C. Speaks to be in possession of said premises as owners.

I further certify as to the existence or non-existence of the following at the time of my last inspection:

1. Rights of way, old highways or abandoned roads, lanes or driveways, drains, sewer, water, gas or oil pipe lines across said premises: RIGHT OF WAY FOR INTRAL ROAD + 20' WATERLINE EASEMENT
2. Springs, streams, ponds, or lakes bordering on or running through said premises: NONE
3. Cemeteries or family burying grounds located on said premises (state location on plat): NONE
4. Telephone, telegraph or electric power poles, wires or lines overhanging or crossing said premises and serving other property or properties: POWER POLES, OVERHEAD ELECTRIC LINE
5. Joint driveways or walkways; party walls or rights of support; porches, steps or roofs used in common or joint garages: NONE
6. Encroachments, or overhanging projections, (if the buildings, projections or cornices thereof, or signs affixed thereto, fences or other indications of occupancy encroach upon or overhang adjoining properties, or the like encroach upon or overhang surveyed premises, specify all such): NONE
7. Physical evidence of boundary lines on all sides: INGRAM ROAD ON NORTH; PLANTINGS ON EAST & SOUTH; FENCE ON WEST.
8. Is the property improved? NO
   (a) Building (s): NONE (a) Building (s): NONE
9. Indications of building construction, alterations or repairs within recent months: NONE
10. Changes in street lines, either completed or officially proposed: NONE
11. Are abutting streets or roads maintained by public authorities? YES
12. If the surveyed premises are subject to restrictive covenants, do the improvements, use and occupancy comply with such? NONE FURNISHED

FLOOD CERTIFICATION:

By graphic plotting only, this property is not in a flood hazard area of the flood insurance rate map, community panel no. 3710474700J effective date 3/18/2008, as prepared by the U.S. department of housing and urban development federal insurance administration. Exact designation can only be determined by an elevation certificate.



TOTAL AREA: 38,574.12 Sq Ft
0.886 Ac.

GRAPHIC SCALE

40 0 20 40 80 160

(IN FEET)
1 inch = 40 ft.

LEGEND:

EIP - EXISTING IRON PIPE
EIR - EXISTING IRON REBAR
IRS - IRON REBAR SET
EPK - EXISTING PK NAIL
PSL - PROPOSED SEPTIC LINE
PRL - PROPOSED REPAIR LINE
R/W - RIGHT OF WAY
oel - OVERHEAD ELECTRIC LINE
- COMPUTED POINT
- POWER POLE
- WELL

I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY PERFORMED UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2066 , PAGE 1999); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK 2066 , PAGE 1999 ; THAT THE RATIO OF PRECISION AS CALCULATED IS: 1:10,000; THAT THE GLOBAL POSITIONING SYSTEM (GPS) OBSERVATIONS WERE PERFORMED TO THE GEOSPATIAL POSITIONING ACCURACY STANDARDS AND STANDARDS FOR GEODETIC NETWORKS AT THE 95% CONFIDENCE ACCURACY CLASSIFICATION (95 % CONFIDENCE) USING REAL TIME KINEMATIC.

NORTH CAROLINA PROFESSIONAL SEAL L-1583 LAND SURVEYOR GERALD V. GRANT

11-22-16

UPDATED: 11-21-16

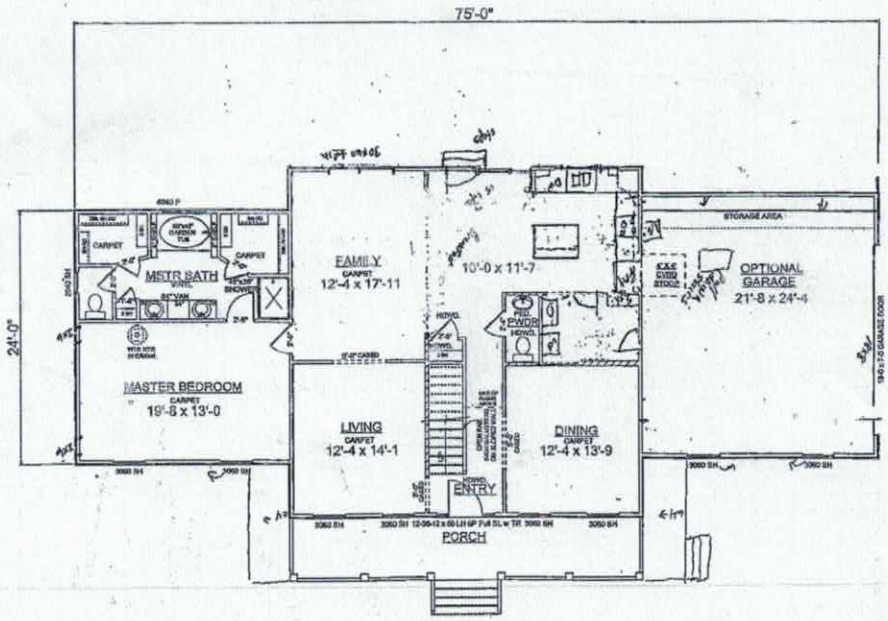
SURVEY FOR
KEVIN C. SPEAKS & WENDY C. SPEAKS
251 INGRAM ROAD - STATESVILLE, N.C. 28625

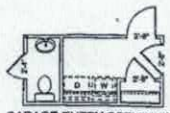
SCALE: 1"=40'	APPROVED BY:	DRAWN BY: SMS
DATE: 07-15-16		
DEED REF.: D.B. 2438, PG. 712		PIN NO: 4747-21-1105
BETHANY TOWNSHIP	IREDELL COUNTY	NORTH CAROLINA

KESTLER SURVEYING, INC.
2351 SWINTON ROAD, STATESVILLE, N.C. 28625 PH. 704 - 872 - 0212

DRAWING NUMBER K02115-2

Acknowledgement
Plans Submittal ONLY!
Tom Ehret Date 12-6-16
Date 11-10-2016




GARAGE ENTRY OPTION #2

FORMATTED FOR 11 x 17 PAPER

IREDELL COUNTY

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

APPLICATION NUMBER
223078
Issue Date: 11/10/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4747204637.000	251 INGRAM ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: SPEAKS WAYNE S SR+FLEETA W	Applicant: SPEAKS KEVIN C + WENDY
Address: 195 IREDELL CO, NC 28625	Address: 166 VICTORIA DR STATESVILLE, NC 28625
Phone:	Phone: 704-796-0185

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
24.870	35.00	35.00	15.00	15.00	NO	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: _____ Date: _____

Permit Number	85384	TOTAL FEES:	$ 77.25