IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 236543

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

PIN # 4747217025

APPLICANT/OWNER: Wayne Speaks | APPLICANT ADDRESS: 223 Ingram Rd, Statesville

SITE ADDRESS: 223 Ingram Rd, Statesville | PHONE: 704-437-3558 | ALT. PHONE 704-876-4694

SITE DIRECTIONS: 115 N → R on S Chipley Ford → R on Ingram Rd → on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wayne S. Speaks & Fleeta Speaks | SECTION: ~ | LOT # 1 | LOT AREA: 2.098 ac | DESIGN FLOW: 100gpd | L.T.A.R.: .25

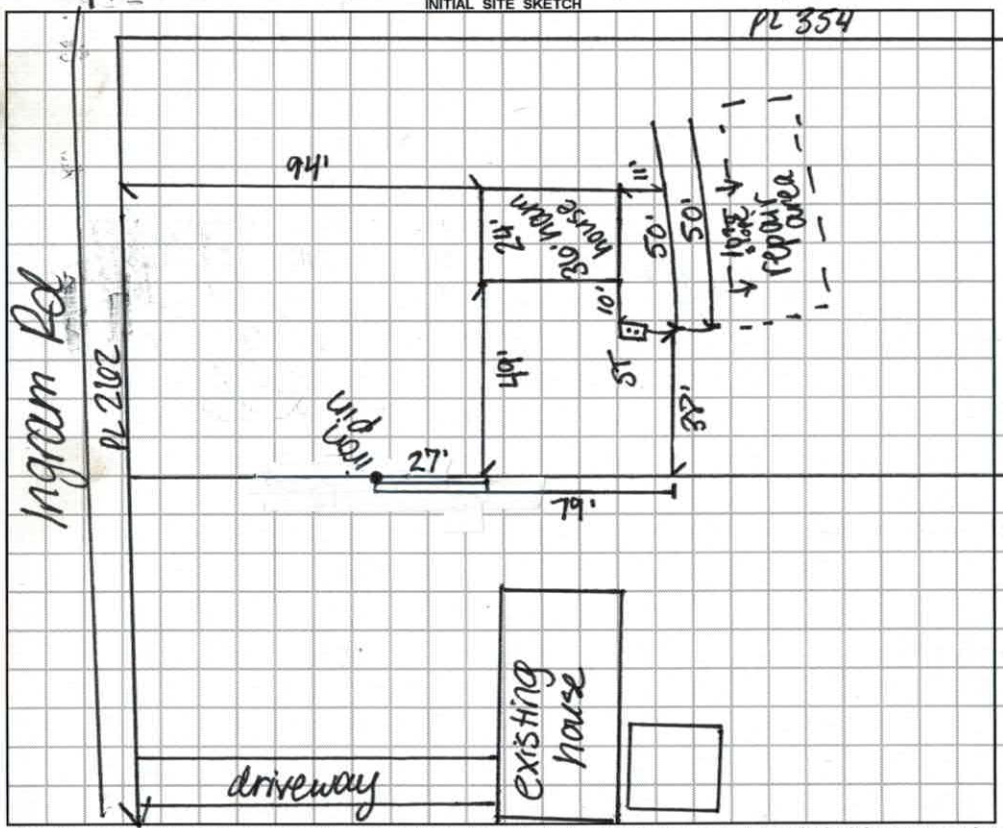
Septic Tank	1000 (gal)	STB	1012	Date	6/18/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction
Pump Make		Model		Serial #		Repair System Description:	25% reduction
# Nitrification Fields	1	# Lines	2	Linear Ft	100	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	30"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☐ Residence ☐ Business ☒ Other ☒ Slab ☐ Basement w/plumbing | No. Bedrooms | No. Persons | No. Employees 3 | ☐ Crawl Space | ☐ Basement w/o plumbing

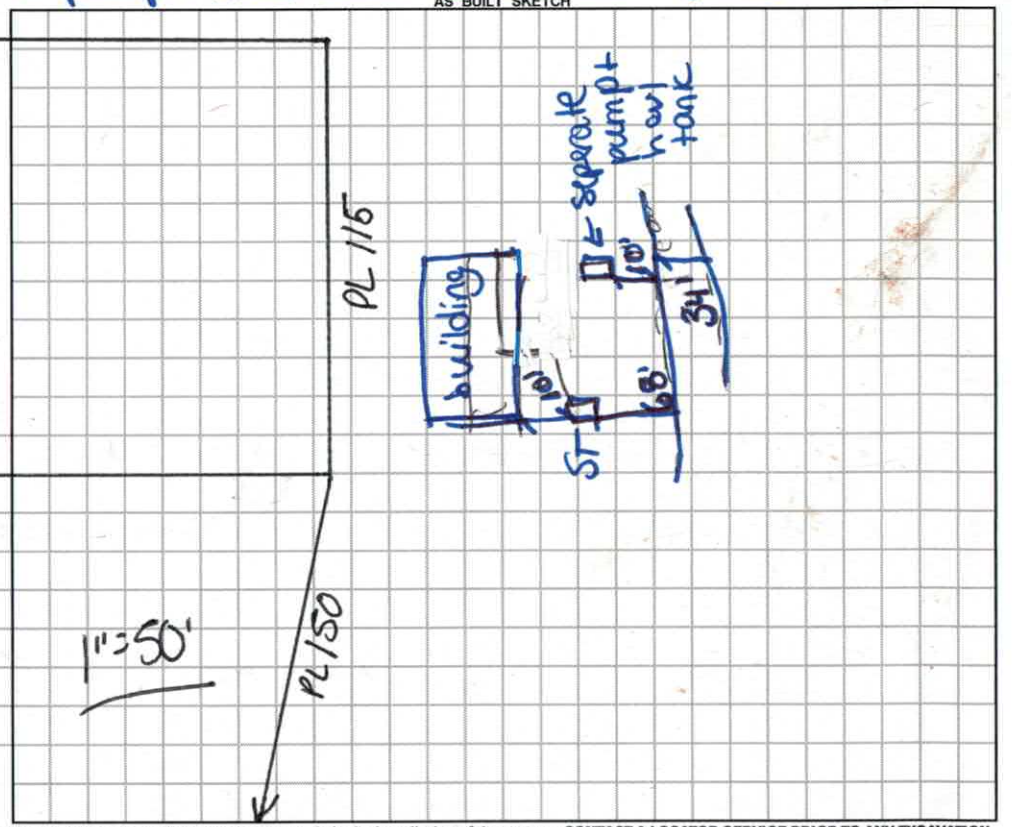
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on the contour of the land & utilize serial distribution. Do not grade / pave septic area. * No floor drains shall be allowed in building. * 8/29/18 - Floor drains were required by the state for this type of building, DENR gave them a pump & haul tank for floor drain effluent ONLY

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: Wayne Speaks | Date: 7-2-2018 | Installed by: A1 - Backhoe

IMPROVEMENT PERMIT by: Carla C. Cave | Date: 6/28/18 | OPERATION PERMIT by: Carla C. Cave | Date: 8/29/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave | Date: 6/28/18 | 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 1 of 1
PROPERTY ID #: 4747217025
COUNTY: Iredell

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

OWNER: Wayne Speaks
ADDRESS: 223 Ingram Rd
PROPOSED FACILITY: ham house
PROPOSED DESIGN FLOW (.1949): 100gpd
LOCATION OF SITE: 223 Ingram Rd
APPLICATION DATE: 6/13/18
DATE EVALUATED: 6/27/18
PROPERTY SIZE: 2.098
PROPERTY RECORDED: Y

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	SS 10%	0-5	SBK SCL	Fr SS SP SBKP	N/A	48"	N/A	N/A	PS .3
		5-38	SBK C	" "					
		38-48	SBK CL	" "					
2	SS 10%	0-6	SBK SCL	Fr SS SP SBKP	N/A	48"	N/A	N/A	PS .3
		6-48	SBK C	" "					
3	SS 10%	0-5	SBK SCL	Fr SS SP SBKP	N/A	49"	N/A	N/A	PS .3
		5-45	SBK C	" "					
		45-49	SBK CL	" "					
4	SS 10%	0-4	SBK SCL	Fr SS SP SBKP	N/A	48"	N/A	N/A	PS .25
		4-40	SBK C	" "					
		40-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100'	100'
System Type(s)	25% red.	25% red.
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cook
OTHER(S) PRESENT: J Boggs

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

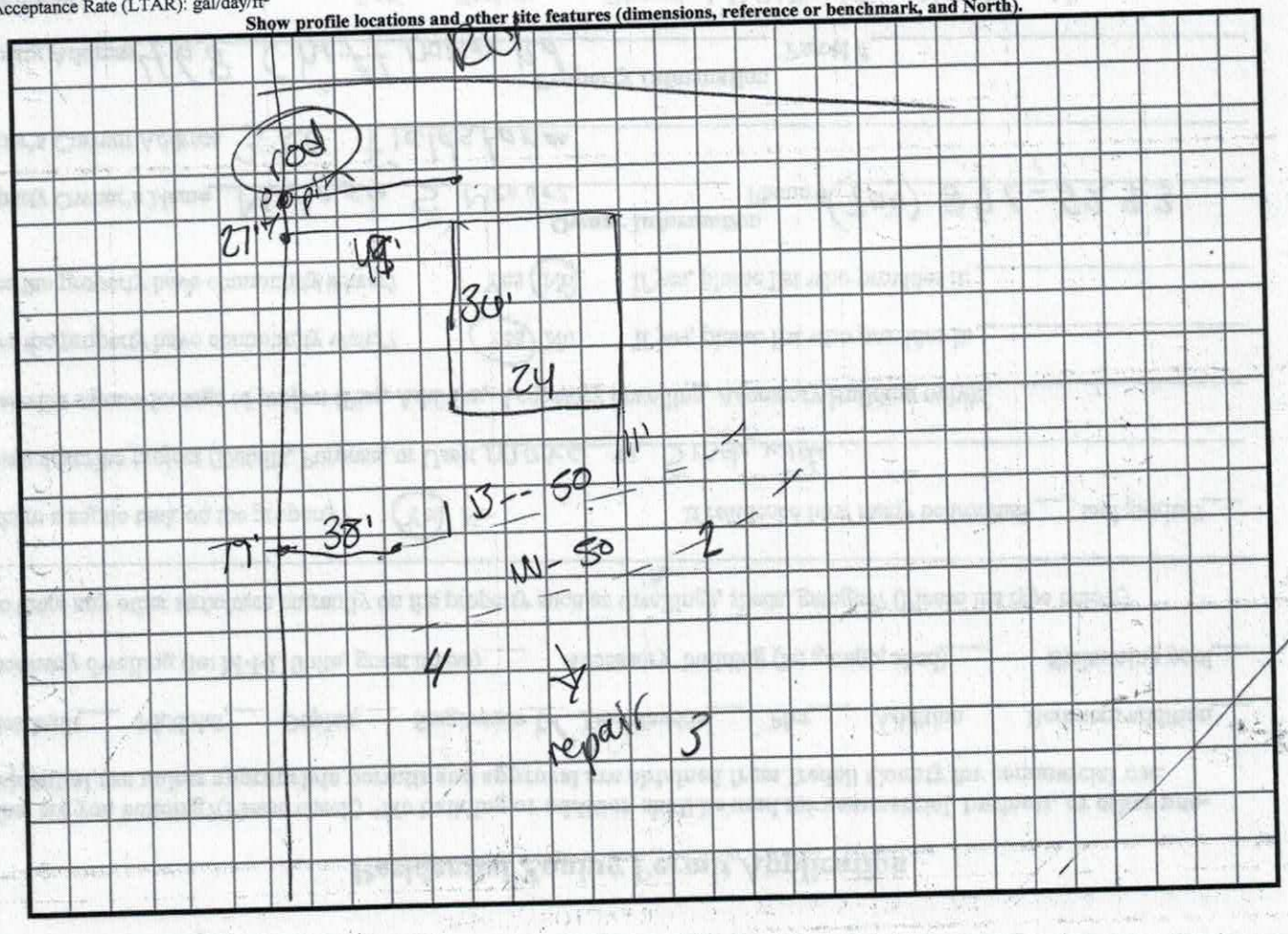
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Please CALL prior to inspection

RECEIVED JUN 1 8 2018

Name: Wayne 704-437-3558

Zoning Permit # 236543

Y DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Number:

Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) 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: WAYNE S Speaks Address: 223 Ingram Rd Cir Zip: 28625
Applicant Email: — Phone: 704-437-3558 Alt. Phone: 704-876-4694
Owner Name: WAYNE S Speaks Address: SAME Zip: 28625
Owner Email: — Phone: — Alt. Phone: —

Property Information:

Street Address: 223 Ingram Road Statesville NC
Subdivision Name: None Section/Phase: ____ Lot Number: ____
Driving Directions: 21 North To Sloemaker Towlites FARM
Left on Ingram 2nd House on Left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: ____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — (✓) Concrete Slab Foundation
(✓) Accessory Building — ( ) Swimming Pool Part time — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: ____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: New Septic
Non-Residential Site Development: Type of Business: Hum Curing
Square Footage of Building: ____ Max. Number of Employees: 3 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 ( ) City Water (✓) Other Public Water Iredell 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Wayne S Speaks 6-18-2018
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)* Wayne S Speak

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, Wayne Speak, am the legal owner(s) of the property located at 223 Ingram Road, identified as

PIN (Parcel Identification Number) 4747-20-5609, 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.

Wayne S Speak
Signature of Owner(s)

6-19-2019
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

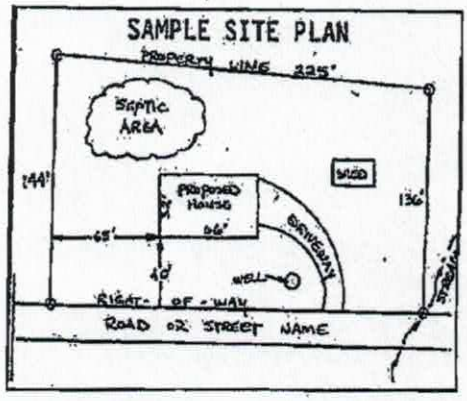
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- (X) 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

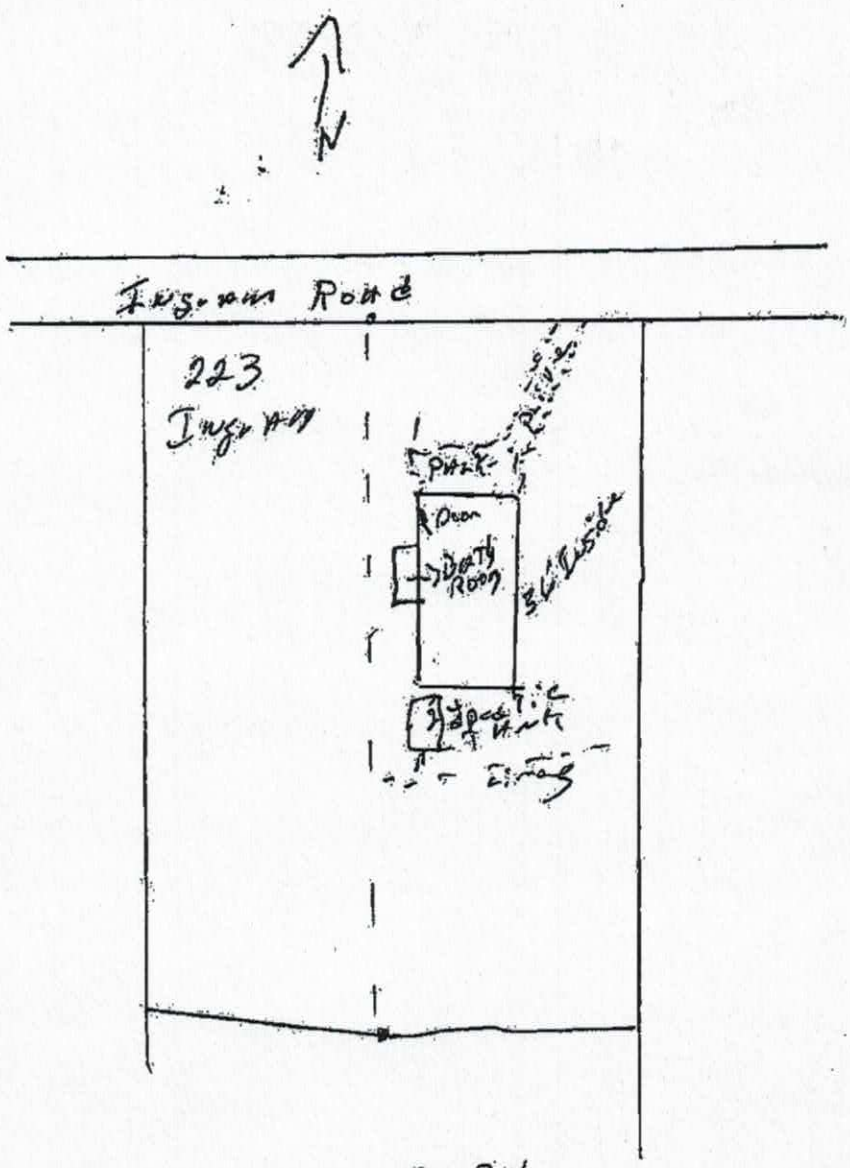
Drawing attached

Signature: Wayne S Speaks

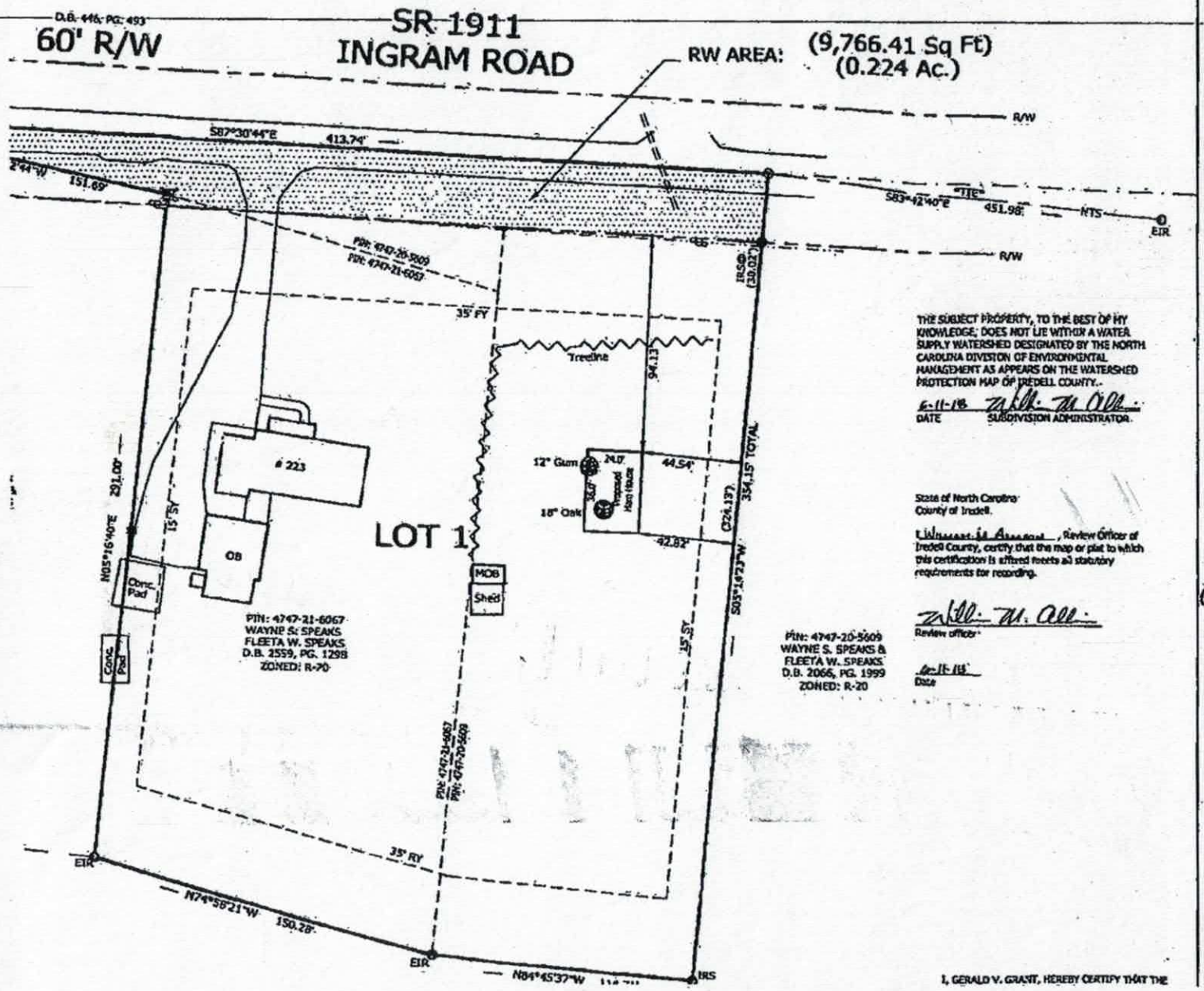
Property owner or owner's legal representative signature **(SIGNATURE REQUIRED)**

6-18-2015

DATE



Enclosed Copy
Drawing.



Doc ID: 018221530001 Type: CRP
Recorded: 06/11/2018 at 09:52:31 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald M. Wyatt Register of Deeds
BK 68 PG 67

I HEREBY CERTIFY THAT THE PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

SUBDIVISION ADMINISTRATOR 6-11-18 DATE

KNOW ALL MEN BY THESE PRESENTS, THAT WE HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT WE HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE OUR FREE ACT AND DEED.

WAYNE S. SPEAKS

FLEETA W. SPEAKS

6-8-18 Date

State of North Carolina, Iredell County
I, Stephen M. Sharpe, a Notary Public for said County, and State, do hereby certify that Wayne S. Speaks and Fleeta W. Speaks personally came before me this day and acknowledged the execution of the foregoing instrument.
Witness my hand and official seal, this the 8th day of June, 2018.

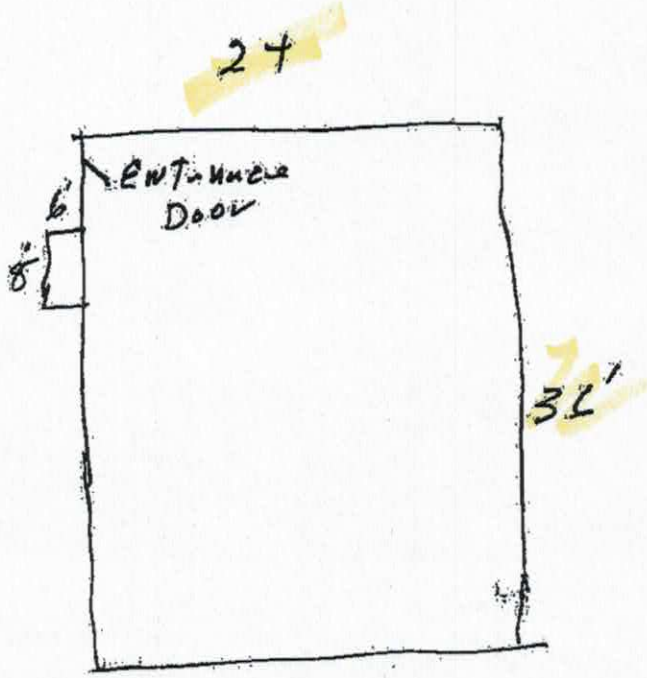
Stephen M. Sharpe
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 01-25-20

Notary Public

STATE OF NORTH CAROLINA, IREDELL COUNTY.

N

Front



Acknowledgement Of
Plans Submittal ONLY!
Wayne Spees Date 6-18-2018
Carle C. Cox Date 6/27/18

IREDELL COUNTY

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

APPLICATION NUMBER
236543
Issue Date: 06/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4747217025.000	223 INGRAM ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: SPEAKS WAYNE S+FLEETA W	Applicant: SPEAKS WAYNE S+FLEETA
Address: 223 INGRAM RD	Address: 223 INGRAM RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
ACCESSORY BUILDING WITH RURAL HOME OCCUPATION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	80.00	80.00	30.00	80.00		X

Remarks:

MUST MEET REQUIREMENTS OF R 18 IN LAND DEVELOPMENT CODE (A COPY HAS BEEN GIVEN TO THE APPLICANT); SCREENING AS SHOWN ON SITE PLAN REQUIRED FOR THE LEFT SIDE (SINCE THE SETBACK IS LESS THAN 80 FEET); SCREENING MUST BE IN BEFORE ZONING FINAL CAN BE COMPLETED AND CO ISSUED

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: Wayne S Speaks Date: 6-18-2018

Permit Number	142641	TOTAL FEES:	$ 77.25