IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233887

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

PIN # 474 756 91164

APPLICANT/OWNER: Jacob Terrell APPLICANT ADDRESS: 17221 Knoxwood Dr

SITE ADDRESS: 142 Donsdale Dr Statesville PHONE: 704-641-1437 ALT. PHONE —

SITE DIRECTIONS: 21 N → L on Jennings Rd → L on Whites Farm Rd → L on Donsdale → on right SAP CONTROLLED: ☐ YES ☒ NO

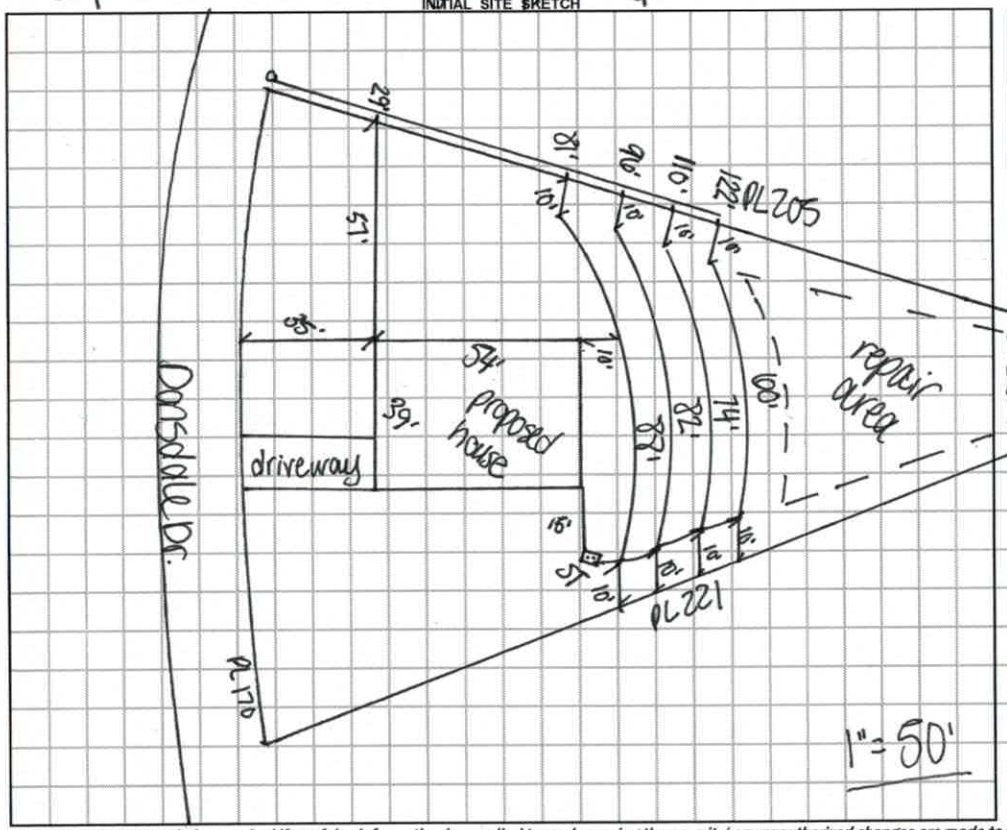
SUBDIVISION: Donsdale SECTION: -1- LOT # 59 LOT AREA: 0.5 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	8/27/18	☒ 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:			25% reduction		☐ Business	No. Persons	6	☐ Private		
Pump Make		Model		—	Serial #	—	Repair System Description:			50% reduction - LPPPBBS		☐ Other	No. Employees		☒ Public		
# Nitrification Fields	1	# Lines	4		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO			☒ Slab	☐ Crawl Space		☐ Community		
Trench Width	36"	Trench Bottom Depth(Low side)			34"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install on the contour of the land and utilize serial distribution. Do not exceed max trench depth of 36". Do not grade/leave septic area.

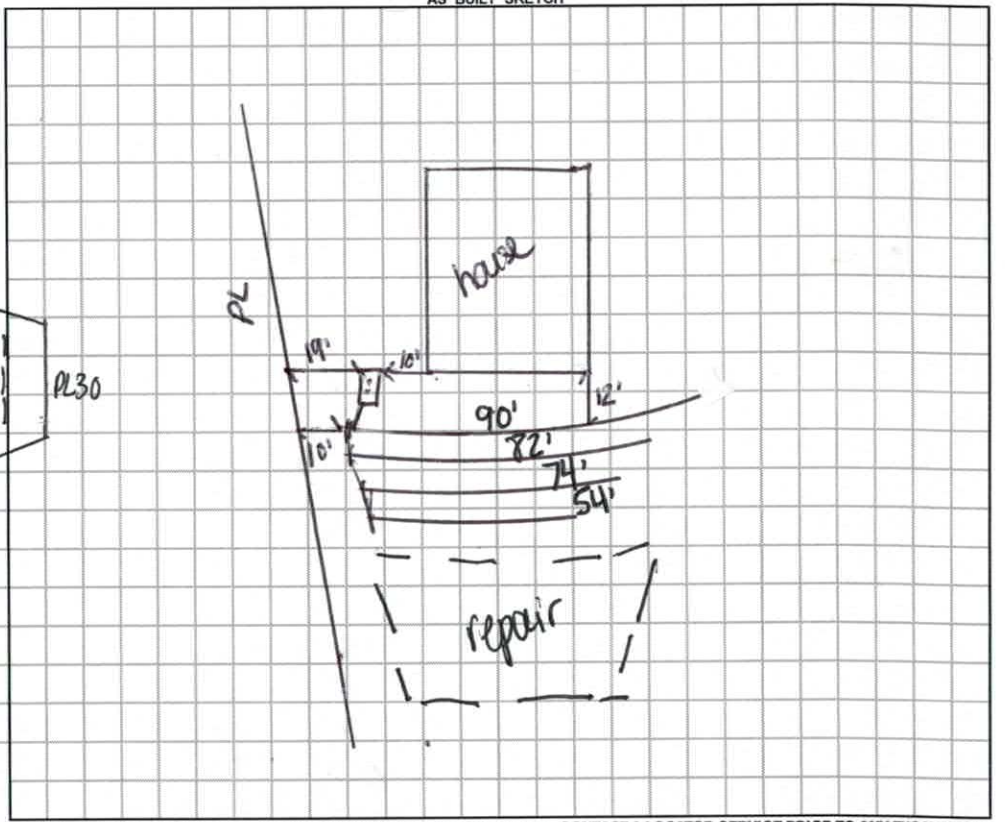
★ Patio on back not staked in field → must be moved to left side of house to keep from impacting system ★

INITIAL SITE SKETCH



1" = 50'

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: [signature] Date: 4/10/18 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: Carlee C. Cave Date: 4/10/18 OPERATION PERMIT by: Carlee C. Cave Date: 10/30/18

AUTHORIZATION TO CONSTRUCT by: Carlee C. Cave Date: 4/6/18 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 #: 4747569104
COUNTY: Iredell

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

OWNER: Jacob Terrell
ADDRESS: 142 Dorsdale
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 142 Dorsdale Statesville

APPLICATION DATE 3/4/18
DATE EVALUATED: 4/6/18
PROPERTY SIZE: .50c
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-12	SBK SCL	Fr SS SP SBKP	N/A	52"	N/A	N/A	PS .3
		12-44	SBK C	" "					
		44-52	SBK CL	" "					
2	SS 5%	0-12	SBK L	Fr SS SP SBKP	few V/D mottles @ 36"	55"	N/A	N/A	PS .3
		12-45	SBK C	" "					
		45-55	SBK CL	" "					
3	SS 5%	0-10	SBK L	Fr SS SP SBKP	N/A	52"	N/A	N/A	PS .3
		10-42	SBK C	" "					
		42-52	SBK CL	" "					
4	SS 5%	0-8	SBK/GR L	Fr SS SP SBKP	N/A	53"	N/A	N/A	PS .3
		8-39	SBK C	" "					
		39-53	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25% red	50% red.
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

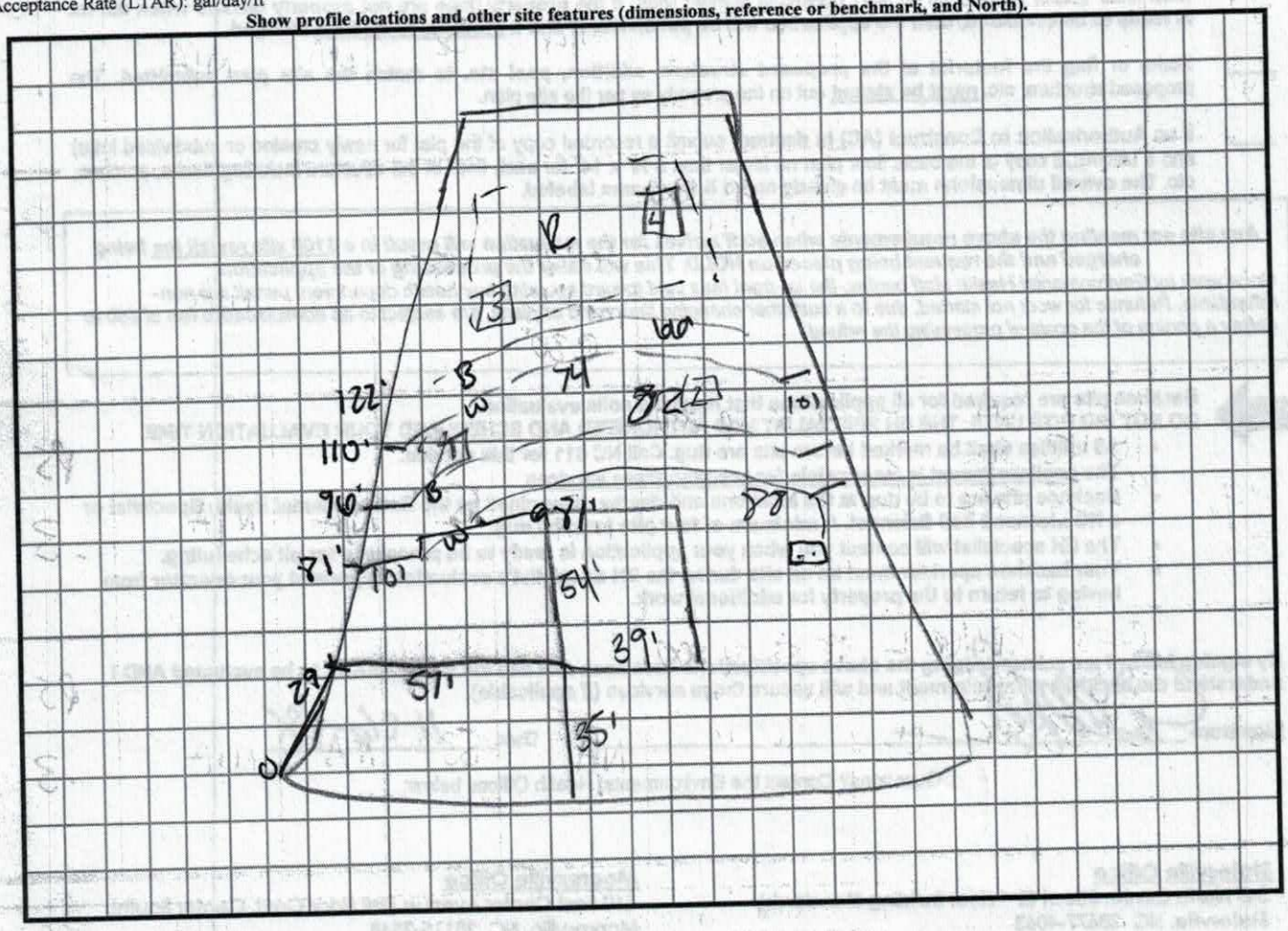
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



REPAIR
P 65'
B 52'
42
@ 36

Warn

233887 # Hold Until ARC Approval #

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Jacob Terrell Address: 1721 Lenorwood Dr. Zip: 28078
Applicant Email: JTcontractors@facebook.com Phone: (704) 641-1437 Alt. Phone:
Owner Name: Alice Robinson Address: 535 Jennings Road Zip: 28662
Owner Email: N/A Phone: N/A Alt. Phone:

Property Information:

Street Address: 142 Donsdale Dr Statesville, NC
Subdivision Name: Donsdale Section/Phase: D-1 Lot Number: 59
Driving Directions: From HWY 21, Turn Left on Jennings Rd, Left on Whites Farm Rd, Left on Donsdale Dr.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

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

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 ( ) City Water (X) Other Public Water (County water)

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(2) No Preference (4) Alternative (X) Conventional (5) Innovative (3) 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: _____ 3/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

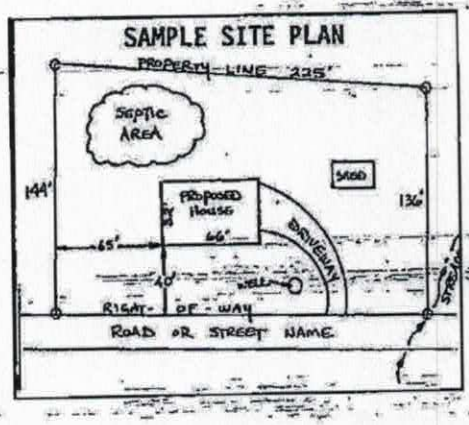
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

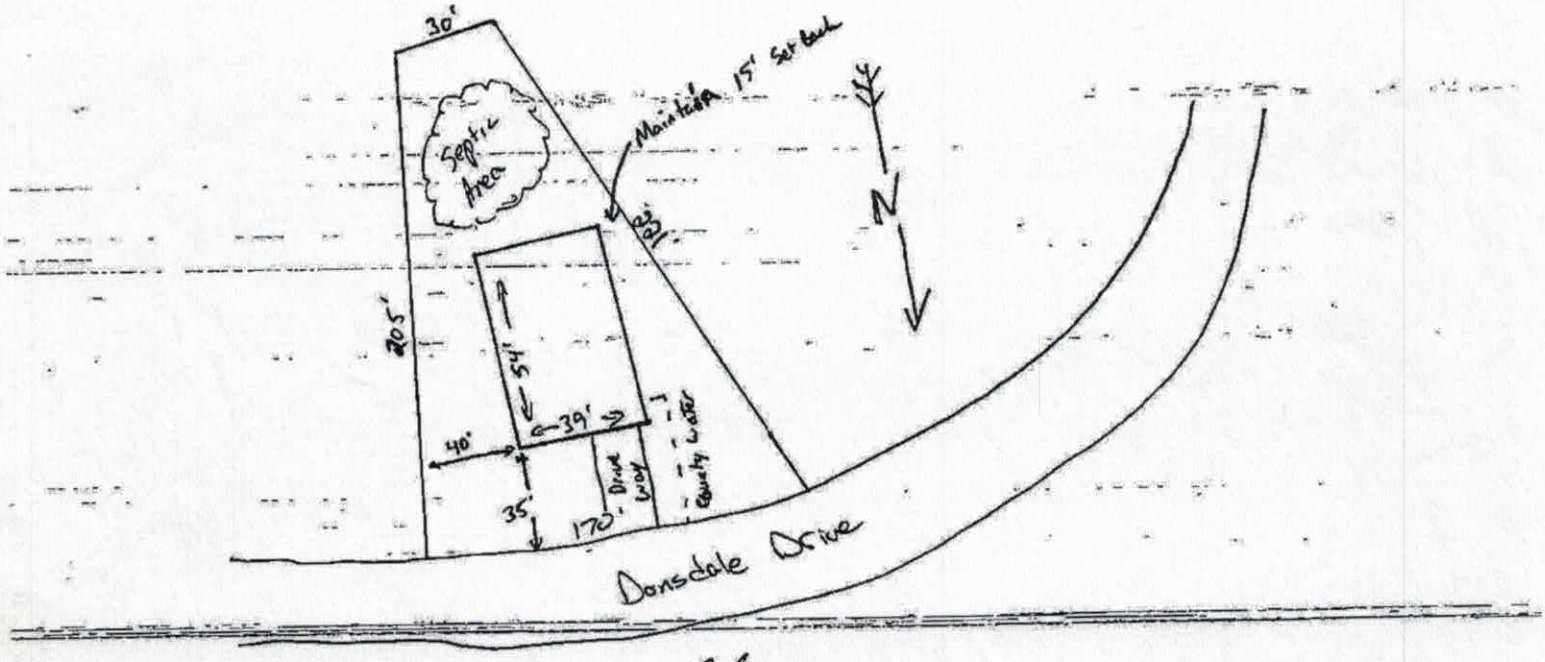


Circle N/A on the following if appropriate:

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



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

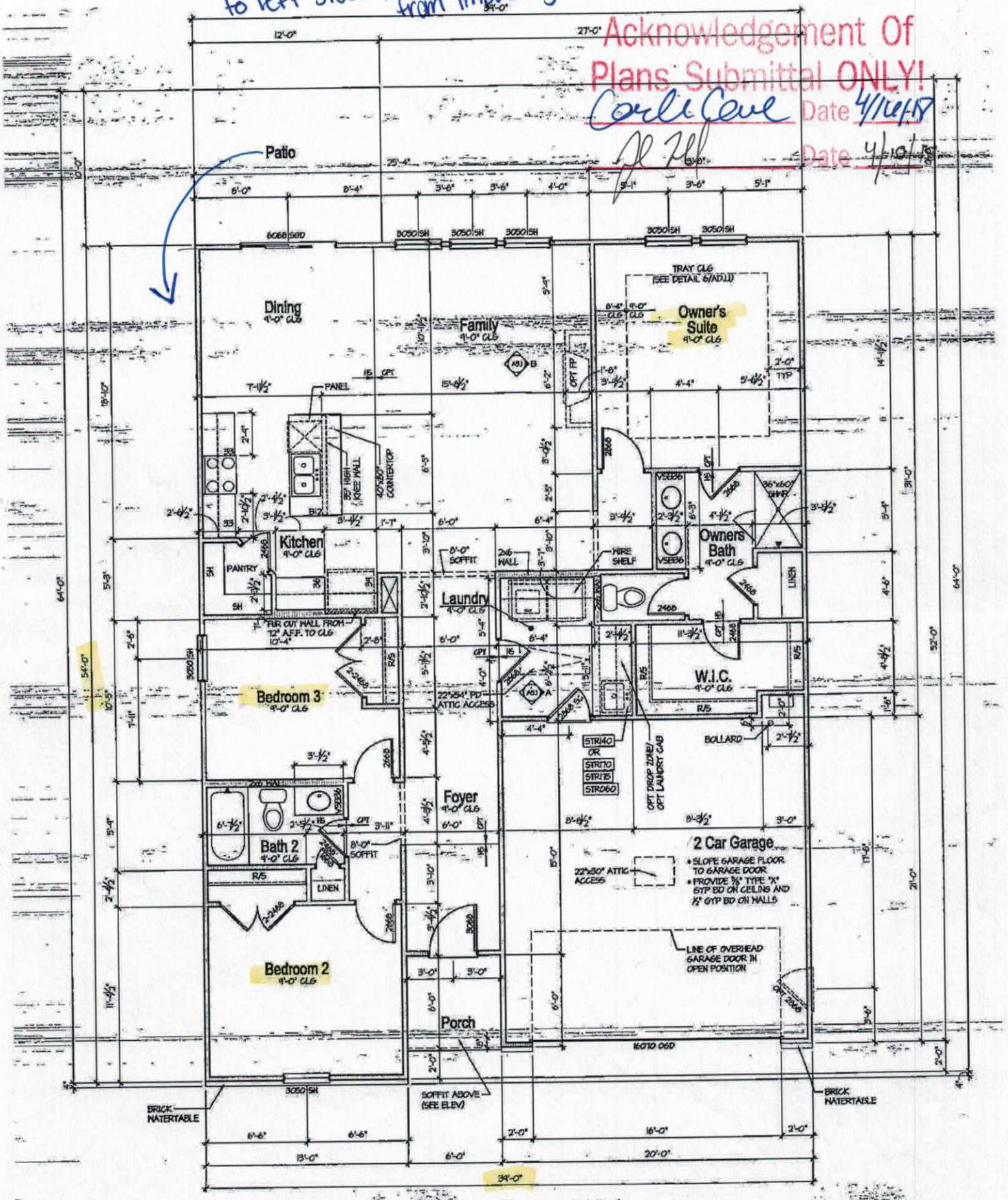
DATE 3/4/18

* patio to be moved to left side to keep from impacting system *

Acknowledgement Of Plans Submittal ONLY!

Coral Cove Date 4/10/17

Date 4/10/17



Main Floor Plan

IREDELL COUNTY

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

APPLICATION NUMBER
233887
Issue Date: 03/06/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4747569164.000	142 DONSDALE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOUPE WILLIAM D JR	Applicant: TERRELL, JACOB
Address: 5398 DANVILLE PIKE	Address: 17221 KNOXWOOD DR
HILLSVILLE, VA 24343	HUNTERSVILLE, NC 28078
Phone:	Phone: 704-641-1437

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.508	35.00	35.00	15.00	15.00	NOT	X

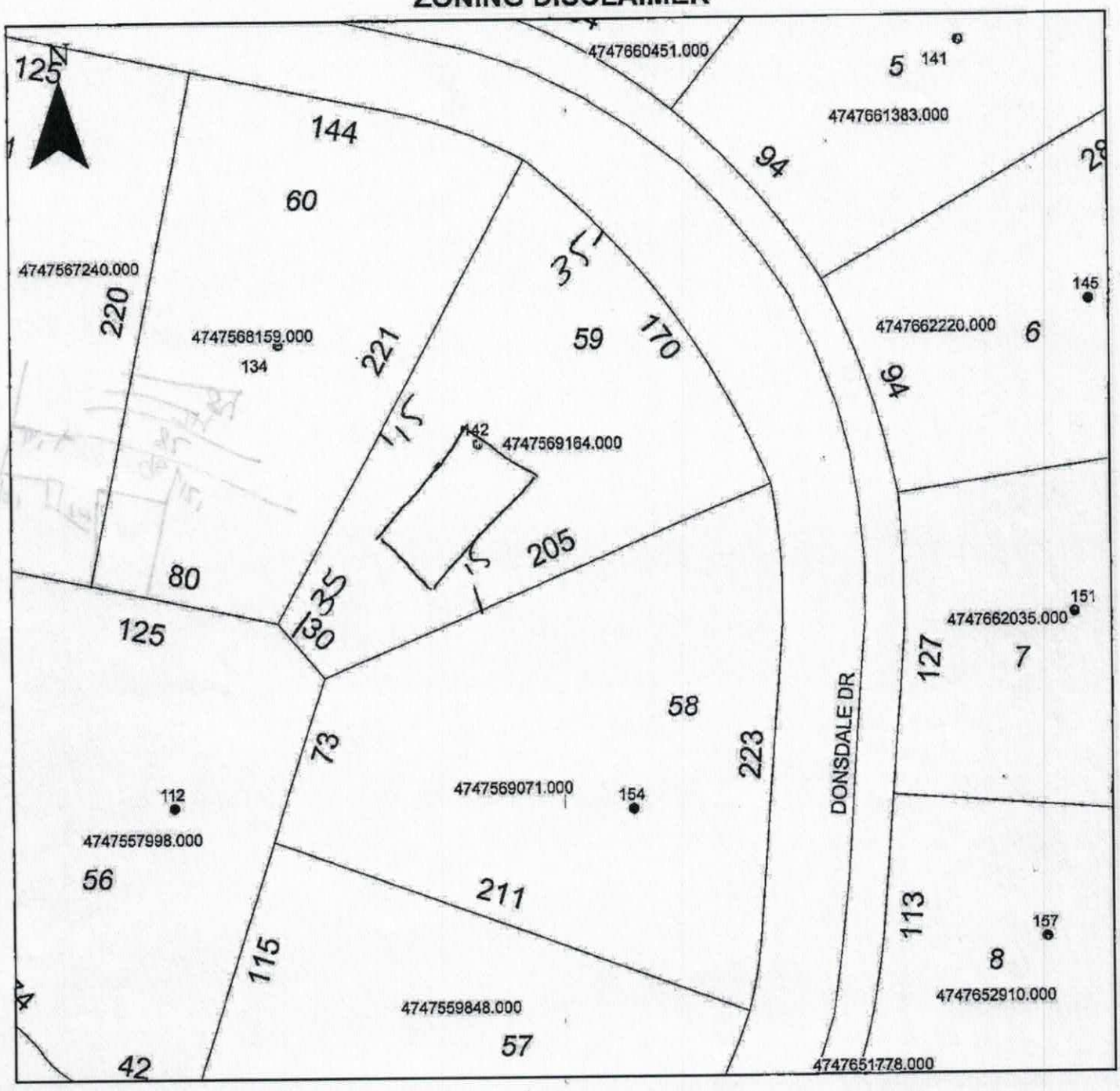
Remarks:

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	130900	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 142 Donsdale

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.

X _____ X 3/6/18

Applicant Date