IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 162275 PIN # 4749539132 DATE 20 July 10

OWNER or APPLICANT Clarence Pitts PHONE: Business (704) 876-1755 Home:

OWNER or APPLICANT ADDRESS ~~159 Peverly Hill Ln. Statesville~~ 1387 Jennings RD

LOCATION / DIRECTIONS Hwy 21 N to Jennings Rd. on left before Friendship Ch. Rd.

SUBDIVISION Charlts Acres BLOCK / SECTION LOT # 5 LOT AREA 0.49ac. DESIGN FLOW 240 gpd L.T.A.R. 0.3 Ac.

Septic Tank 1000 Gallons: STB 620 Date 6-2-08

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

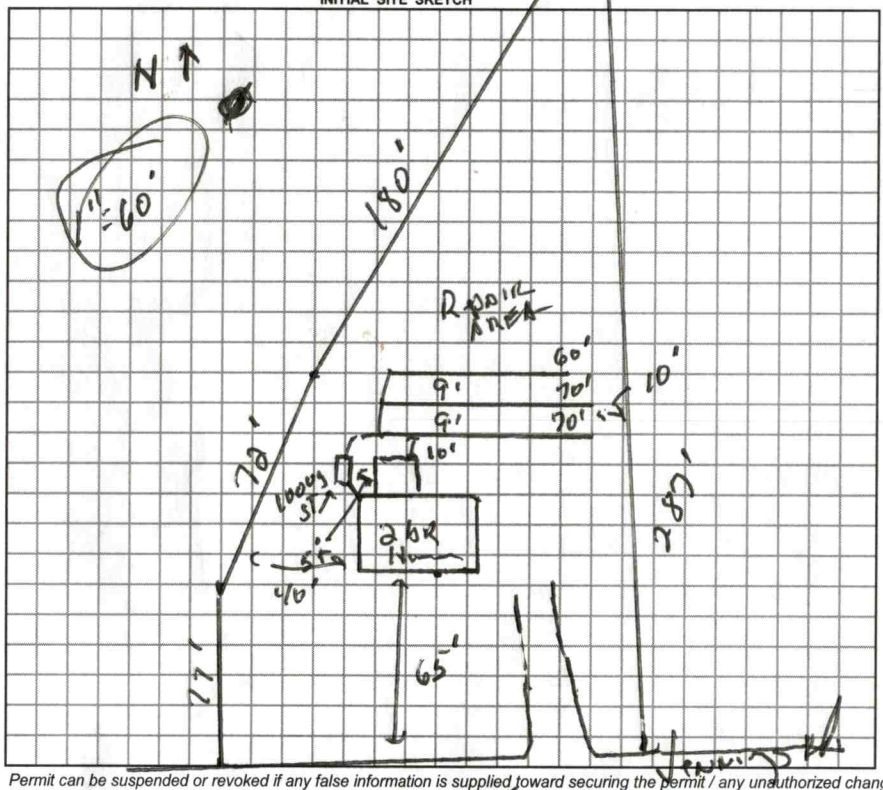
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Comments / Conditions

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Clarence Pitts Date 7/28/10

Improvement Permit by: RS Date 20 July 10

Authorzation to Construct by: RS. Date 20 July 10

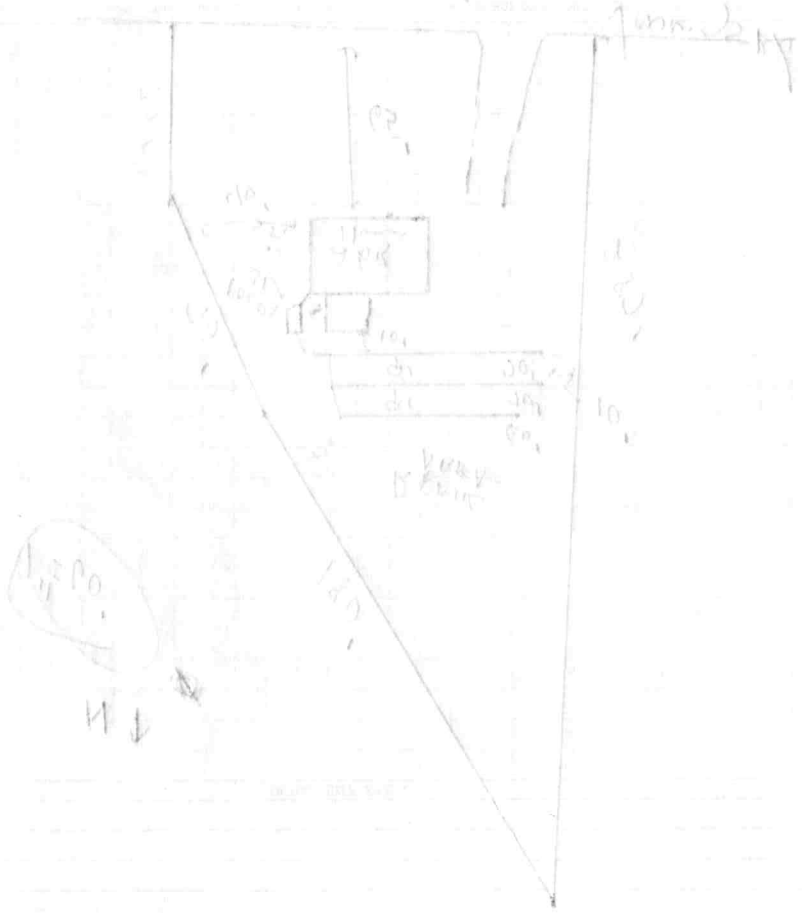
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Madison Gooding

Operation Permit by: Date: 10-8-10

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant



Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 162275ZO

Printed: 6/24/2010

Master #: 162275

Associated Permits:
162275ZO Zoning

Applicant

Name: Clarence E Pitts
Address: 159 Poverty Hill Lane
Statesville, NC 28625

Phone: 704-876-1755

Parcel

Parcel Number: 4749630266.000
Address: 1387 Jennings RD
STATESVILLE, NC 28625
Subdivision:

Zoning: RA
Township: 0800
Area:
Lot(s): 5

Directions to Parcel: Jennings Road just past Friendship Church on left

Owners

Name: Clarence E Pitts
Address: 159 Poverty Hill Lane
Statesville, NC 28625

Phone: 704-876-1755

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-212134-07	Zoning - Permit / Inspection	$55.00
FEE-212135-07	Technology and Administrative Fee	$1.65
FEE-212136-07	Environmental Health - Type I or II System	$485.00
	Total Fees:	**$541.65**
REC-117312-07		$541.65
	Total Receipts:	**$541.65**

Conditions

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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 ___Authorization To Construct ✓ 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	Work Phone
Clarence Pitts	159 Rowerty Hill Lane	704-876-1755	same
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
same	same	same	same

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1387 Jennings Rd	Chandler acres	lot #5

Driving Directions: from Hwy 21 TL Jennings past Friendships Ch Rd 2nd lot on left.

****

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

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Mooing house
Type of Business ___
Square Footage of Building 864
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) 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: Clarence Pitts — 6/23/10

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

IREDELL COUNTY HEATLH DEPARTMENT

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

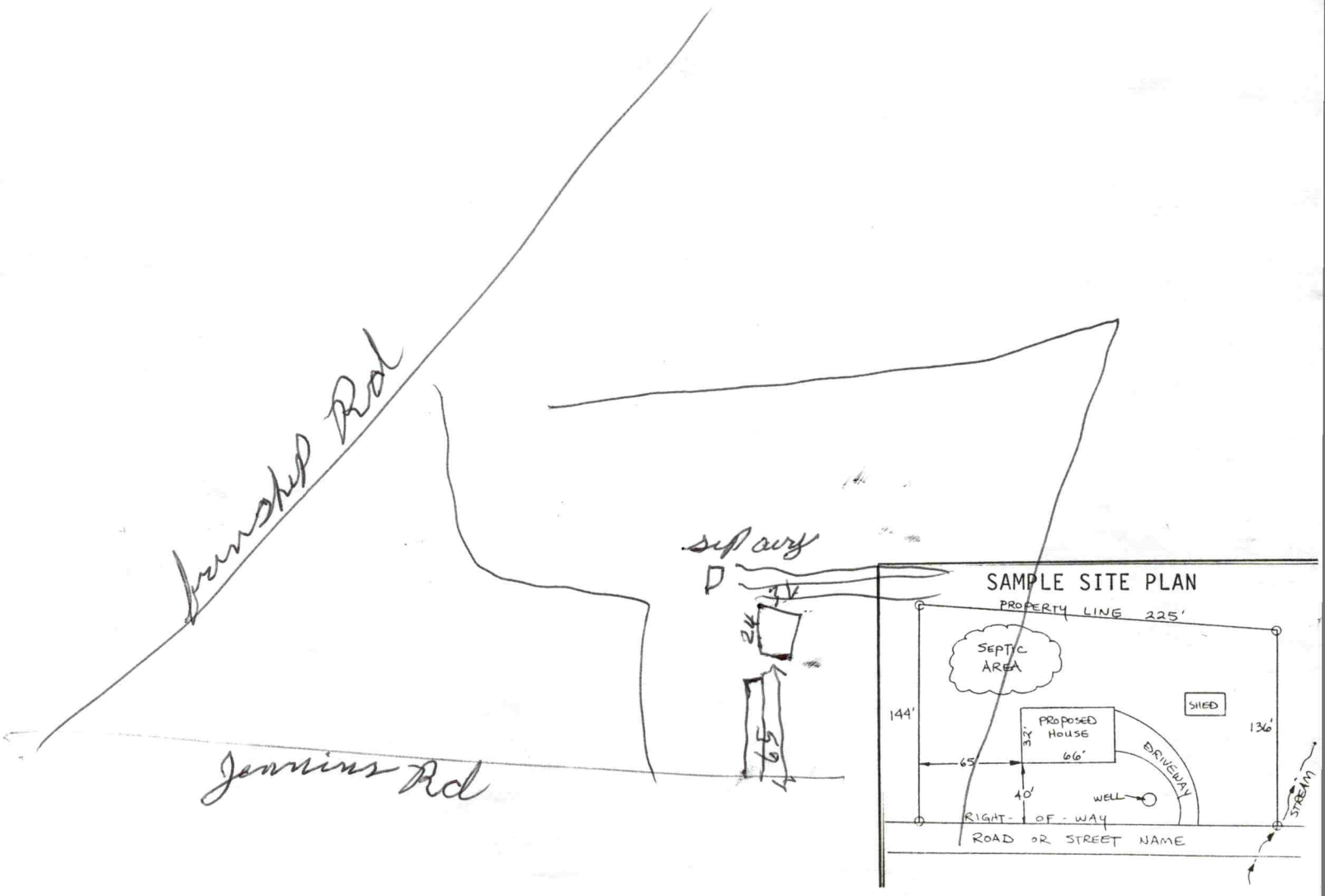
Signature: Clarence Pitts

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

6/23/10

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

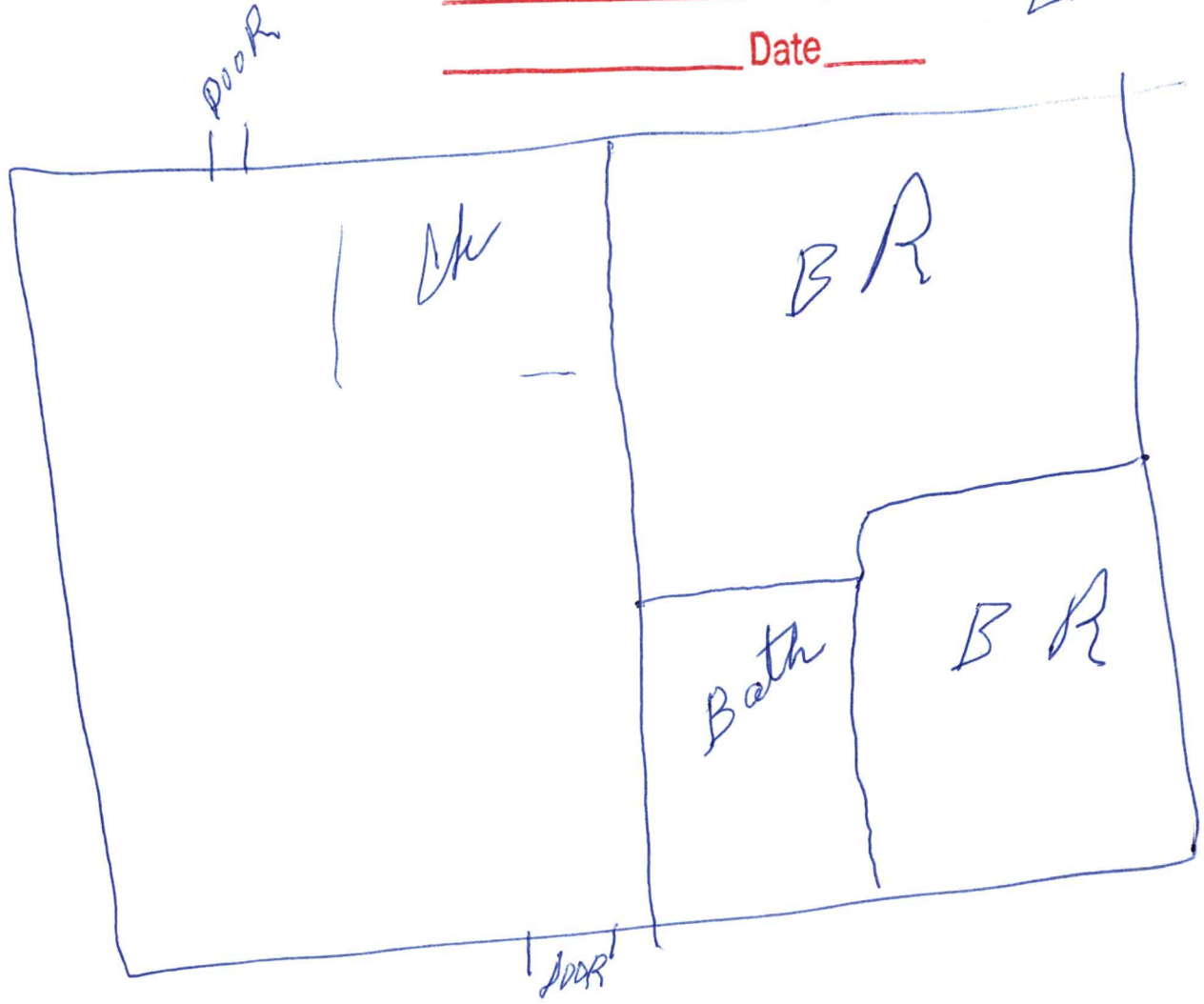


Acknowledgement Of
Plans Submittal ONLY!

_____ Date____

_____ Date____

Clarence Pitts



6/29/10

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of ___
PROPERTY ID #: 4749-68-2266
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Clarence Pitts — APPLICATION DATE 6/23/10
ADDRESS: 159 Pruett Hill Ln. Statesville — DATE EVALUATED: 19JUL10
PROPOSED FACILITY: 2BR House — PROPOSED DESIGN FLOW (.1949): 2-10 — PROPERTY SIZE: ~.49ac.
LOCATION OF SITE: 1387 Jennings Cir. Statesville — 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	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	L 5%	0-11	sSK/SCL	vFr/Sep	>48	>48	NA	NA	PS 0.3
		11-30	gSK/CL	Fr/Sep					
		30-48+	SSK/C	Fr-F:/sep					
2	L 5%	0-8	grSL	vFr/Sexp	>48	>48	NA	NA	PS 0.3
		8-14	SSK/SCL	vFr/Sep					
		14-28	SSK/CL	Fr/Sep					
		28-48+	SSK/C	Fi/Sexp					
3	L 6%	0-12	SSK/SCL	vFr/Sexp	>48	>48	NA	NA	PS 0.3
		12-30	SSK/CL	Fr/Sexp					
		30-48+	SSK/S	Fr-Fi/Sexp					
4	C 8%	0-12	SSK/SCL	vFr/Sexp	>48	>48	NA	NA	PS 0.7
		12-34	SSK/CL	Fr/Sexp					
		34-48+	SSK/C	Fr-Fi/Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	0.3	0.3

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

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

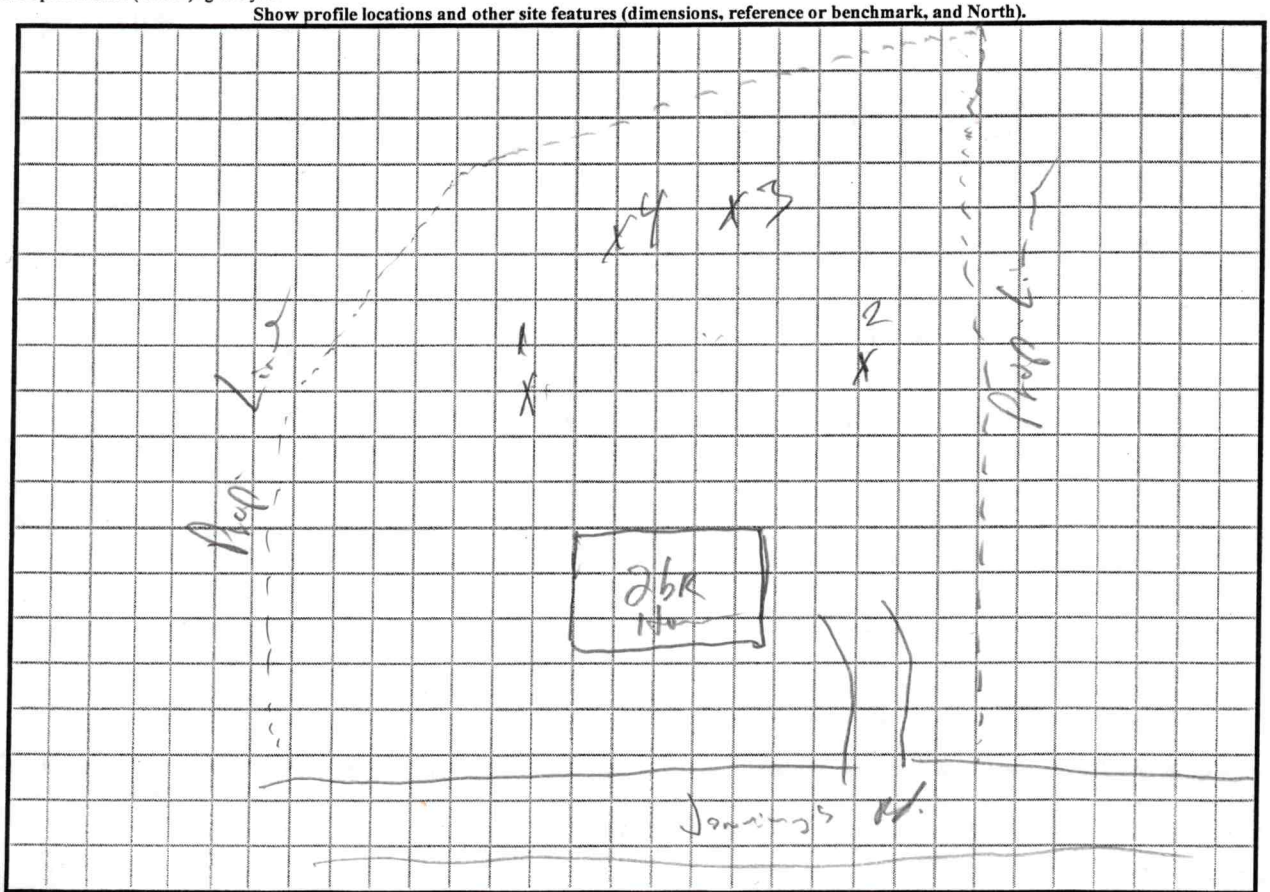
NOTES

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).



DENR (######)

Review (#####)