IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229866.

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

PIN # 4749630241.

APPLICANT/OWNER: Clarence Pitts. APPLICANT ADDRESS: 159 Powerly Hill Lane Statesville NC 28625

SITE ADDRESS: 1399 Jennings RD Statesville NC 28625 PHONE: 704/876-1755 ALT. PHONE ~

SITE DIRECTIONS: 77 N to Exit 59 TL go to stop TL 1/10 mile on TL. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Charles Acres. SECTION: 3 LOT # 4 LOT AREA: 0.867 DESIGN FLOW: 360 L.T.A.R.: .275

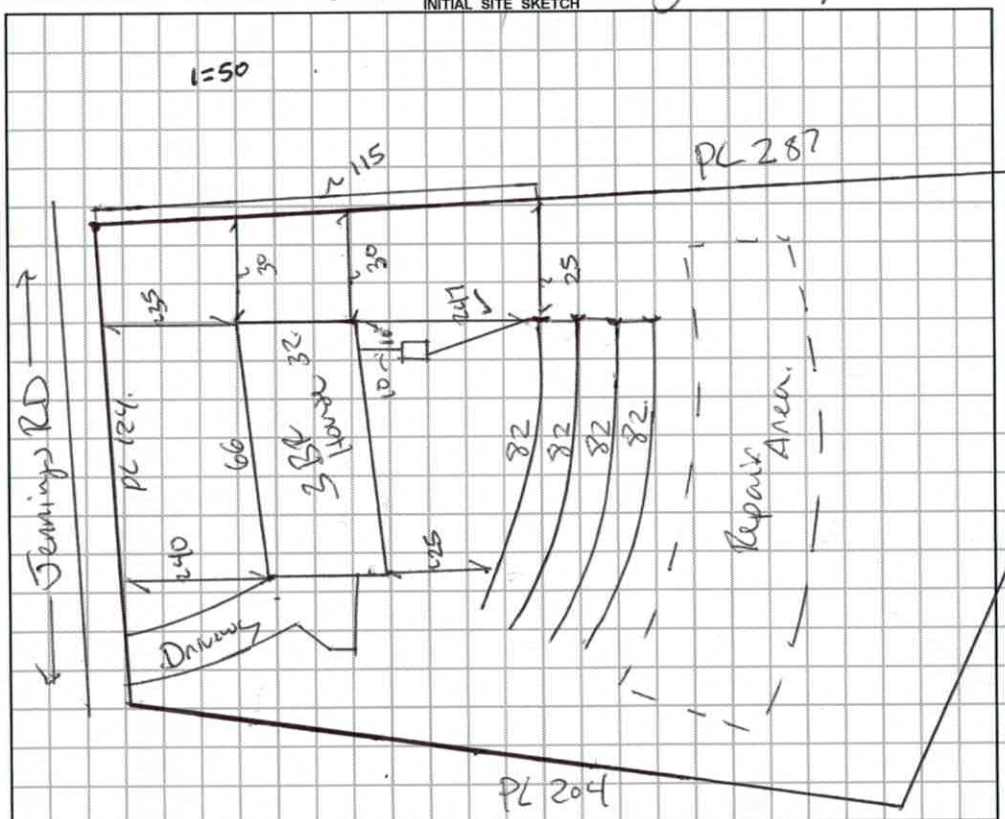
Septic Tank	1000. (gal)	STB	700	Date	9/27/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	25% reduction	☐ Business	No. Persons 6
Pump Make	~	Model	~	Serial #	~	Repair System Description:	50% reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	328.	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	32	Gravel Depth	~		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Septic System on the contour of the Land & utilize Serial distribution. DO not exceed more depth of 32 inches on low side of trench. DO not drive, pave, grade, or bury utilities in Drainfield area. Lot to be graded to promote positive drainage away from septic System.

Installed as permited. System had been rained on at time of inspection.- no damage to ditches.

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: Clarence Pitts Date:

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 9/20/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 9/20/2017

Installed by: Clarence Pitts

OPERATION PERMIT by: Carlen C. Cave Date: 11/8/18

Existing System Inspected by: Date:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4749630
COUNTY: Iredell

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

OWNER: Pitts
ADDRESS: 159 Pouncy Hillcrest Suc
PROPOSED FACILITY: House 3BR
PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 1399 Triplett RD.
APPLICATION DATE 9-5-17.
DATE EVALUATED: 9-19/9-20
PROPERTY SIZE: .8 acres.
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)		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	
1	SS 3-5%	0-16	Fill						PS .25 .275 TR. 36 H.S.
		16-33	C SBK	SS SP FM SEW				Mica. B2C	
		33-60.	CC WSBK	SS SP FR					
2	SS 5%	0-11	Fill						PS. .275 36 H.S.
		11-31	C	SS SP FM SEW				Mica B2C	
		31-60.	CC	SS SP FR					
3	SS 5%	0-13	Fill						PS .275 36 H.S.
		13-34	C	SS SP FM SEW				Mica B2C	
		34-55	CL	SS SP FR SBK					
		55-70	LSP	NS NP VFR SBK					
4	SS 5%	0-16	Fill						PS .275 36 H.S.
		16-32	C	SS SP FM SEW				Mica. B2C	
		32-65	CL	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	240.
System Type(s)	25% - Gravity III	50% - IV
Site LTAR	.275	.25

OTHER FACTORS (.1946): Remove 16 inch at hill.
SITE CLASSIFICATION (.1948):
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS: * Fill Removed 9/20 B Botkins

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)			**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.

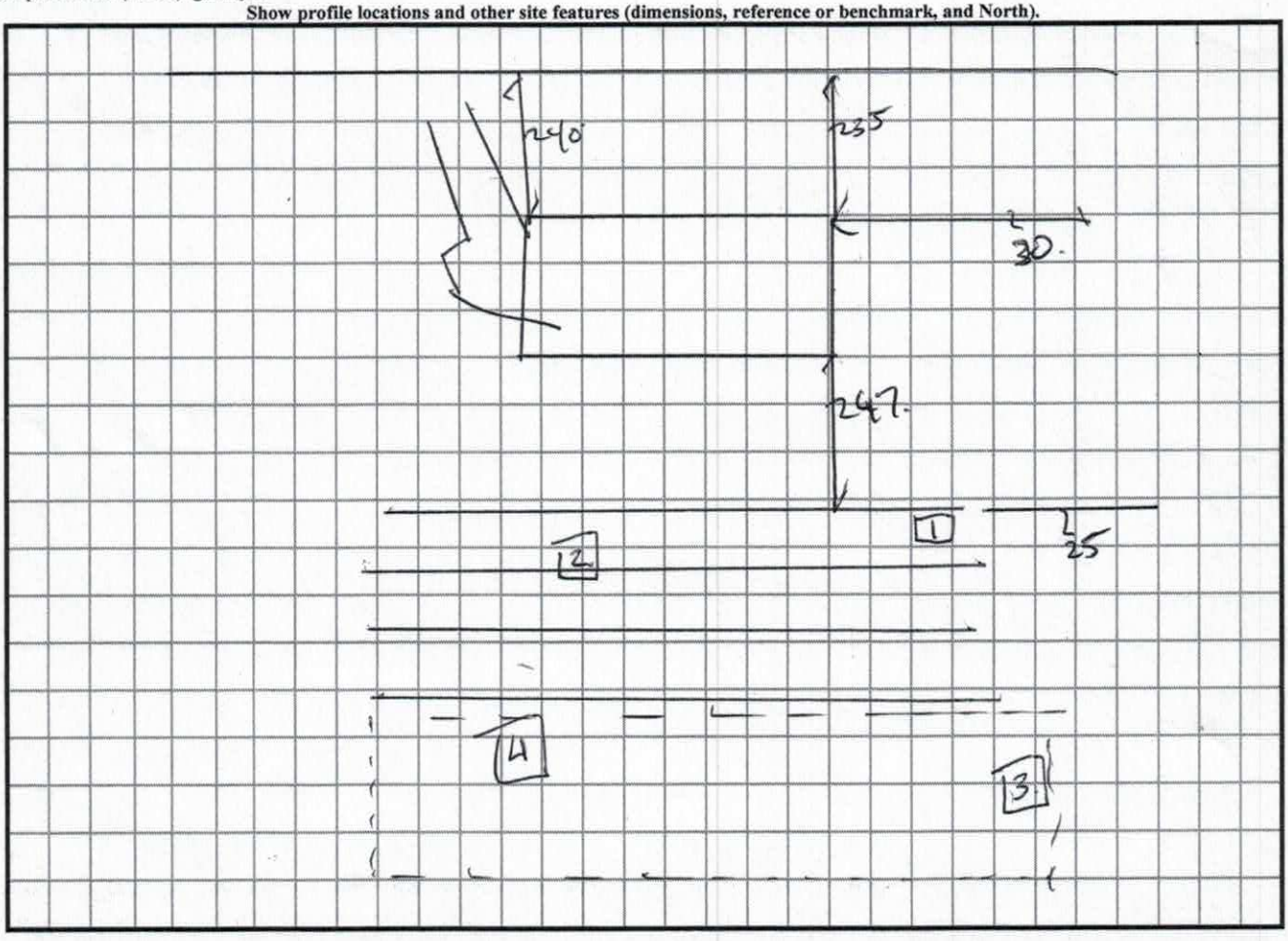
NOTES

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).



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Clarence Pitts Address: 159 Poverty Hill Lane Zip: 28625
Applicant Email: _____ Phone: 704-876 1755 Alt. Phone: _____
Owner Name: Clarence Pitts Address: 159 Poverty Hill Lane Zip: 28625
Owner Email: _____ Phone: 704-876 1755 Alt. Phone: _____

Property Information:

Street Address: 1399 Jennings Rd Statesville N.C 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 77 N to Exit 59 TL go to Stop TL 1/10 mile on Rt

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

Moving to another Location

(✓) New Single Family Residence — Maximum Number of Bedrooms: 2 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

CHECK FOUNDATION TYPE

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 500 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 (✓) Other Public 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: X Clarence Pitts 9-5-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

608-391-2529

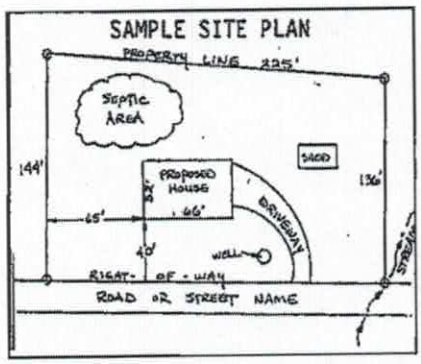
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

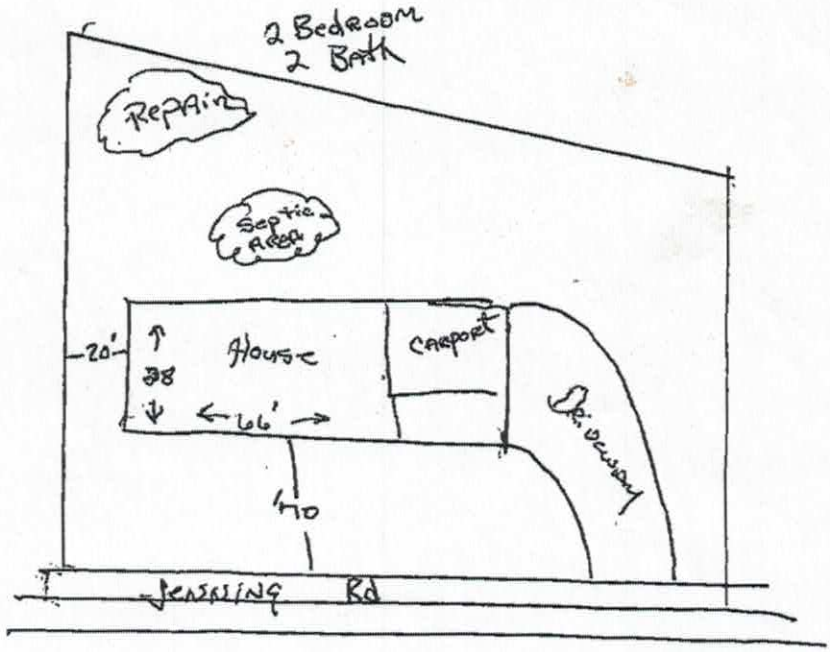


Circle N/A on the following if appropriate:

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

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: Florence Pitts

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

9-5-17
DATE

Plans Submitted ONLY!

Date 2/8/17

IREDELL COUNTY

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

APPLICATION NUMBER
229866
Issue Date: 09/05/2017

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4749630241.000	1399 JENNINGS ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: PITTS CLARENCE+SHIRLEY J	Applicant: PITTS CLARENCE+SHIRLEY
Address: 148 IREDELL CO, NC 28625	Address: 148 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.860	35.00	35.00	15.00	15.00	NO	X

Remarks:

$ PAID

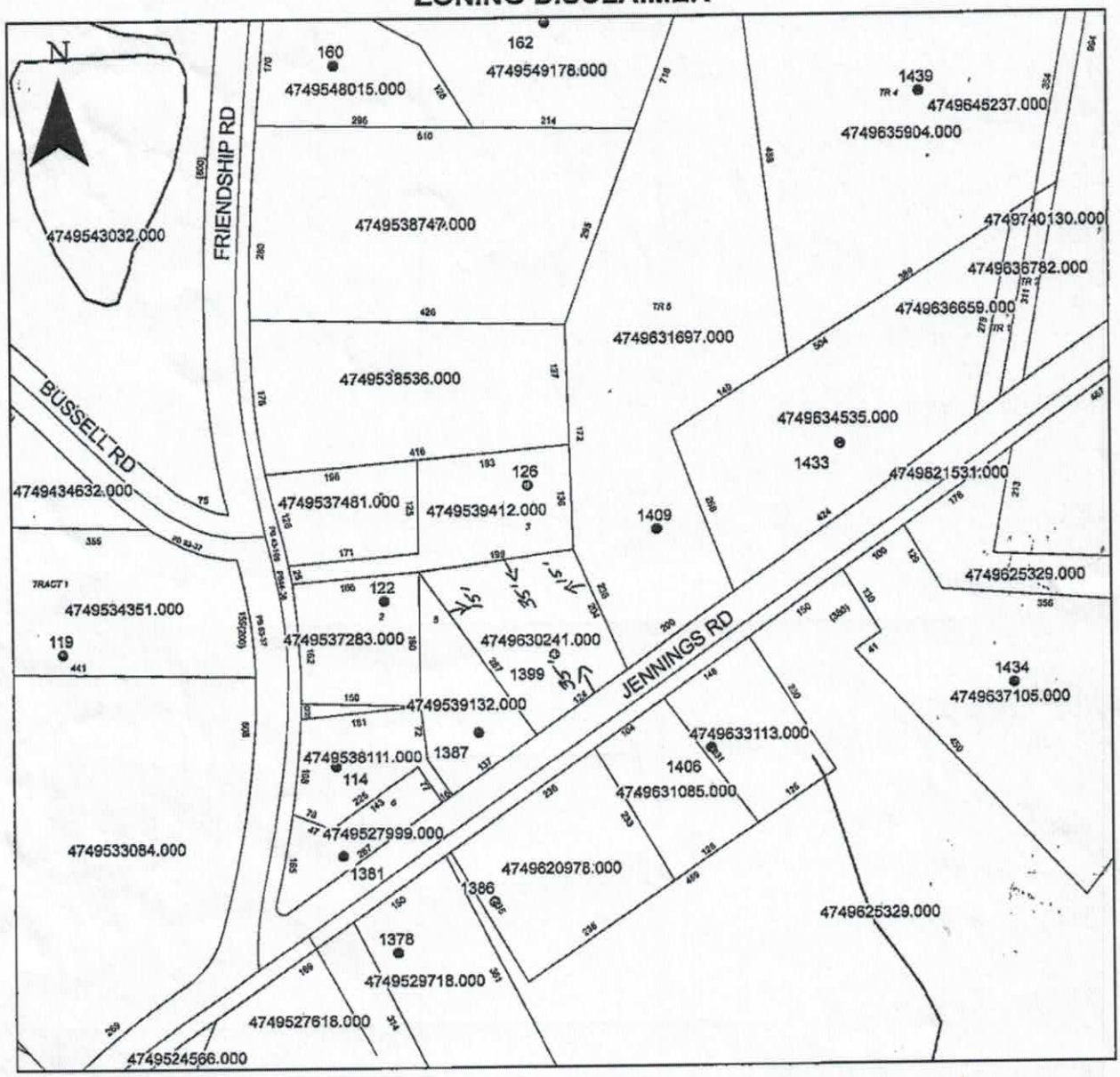
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: See Attached Date: _____

Permit Number	113977	TOTAL FEES:	$ 77.25

229866
457932

ZONING DISCLAIMER



Property Address 1399 Jennings Rd.

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.

Shirley Pitts
Applicant

9-5-17
Date