IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242857

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

PIN # 4749854086

APPLICANT/OWNER: William Cash APPLICANT ADDRESS: 1108 Leona Ln. Troutman, NC

SITE ADDRESS: 1536 Jennings Rd. Statesville, NC 28625 PHONE: 704-657-5617 ALT. PHONE —

SITE DIRECTIONS: Tomlin Mill Rd → R on Jennings Rd → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 28.959ac DESIGN FLOW: 360gpd L.T.A.R.: .3 repair

Septic Tank	1000	(gal)	STB	760	Date	4-1-20	☑ 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	3 @ 100'		Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☑ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	31"/36" high side		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

☑ Residence ☐ Business ☐ Other ☑ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

INITIAL SITE SKETCH

See attached site plan

AS BUILT SKETCH

Lines Installed 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: [signature] Date: 3-20-19 Installed by: Lentz Groskreutz

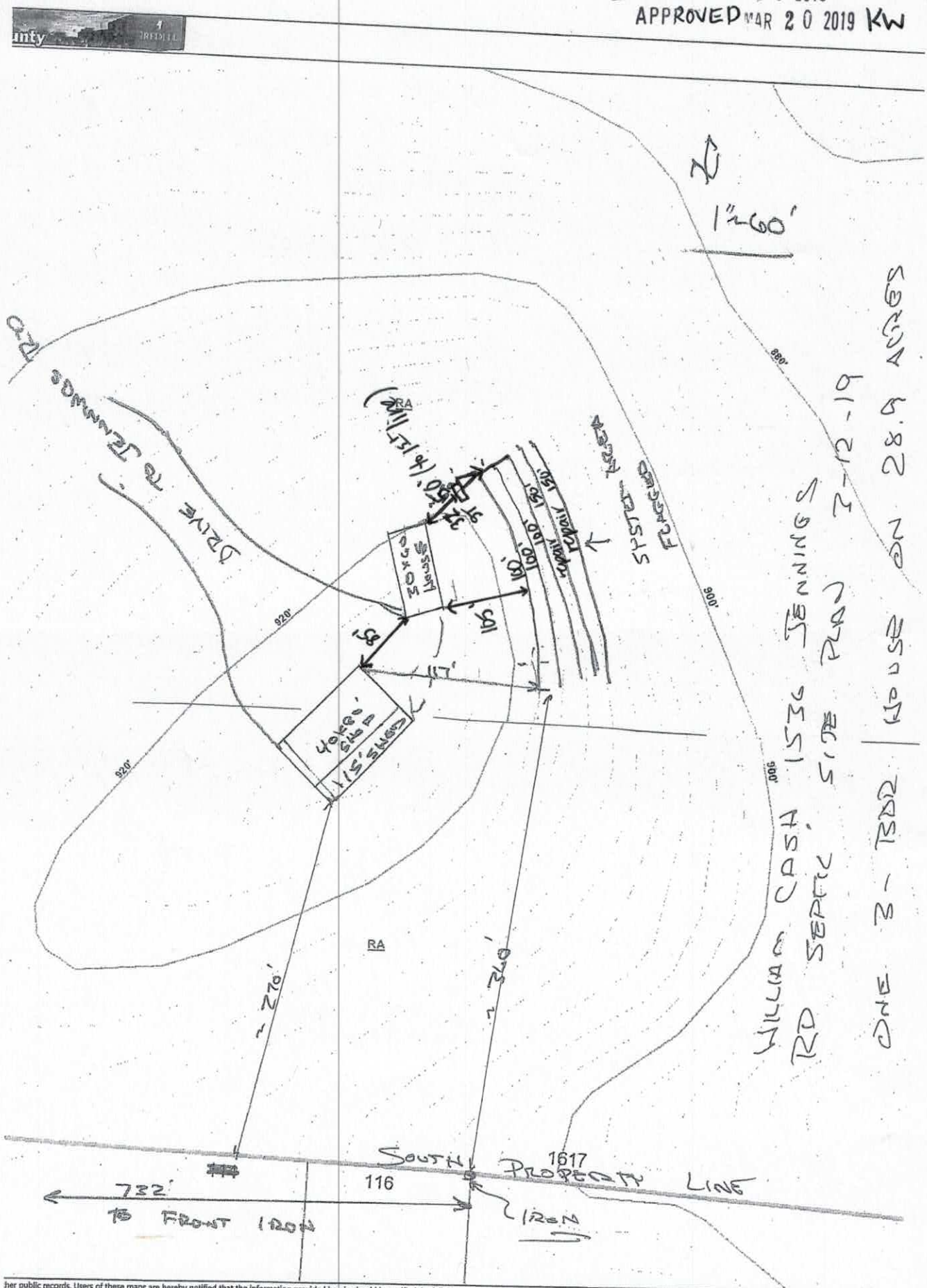
IMPROVEMENT PERMIT by: Kayla Watson Date: 3-20-19 OPERATION PERMIT by: [signature] Date: 6-15-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 3-20-19 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.

APPROVED MAR 2 0 2019

APPROVED MAR 2 0 2019 KW



her public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any
olina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional i

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

Sheet 1 of 1
PROPERTY ID #: 4749854080
COUNTY: Iredell

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

OWNER: William Cash
ADDRESS: 1536 Jennings Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: Tomlin Mill → R on Jennings → lot on R
APPLICATION DATE 3-12-19
DATE EVALUATED: 3-19-19
PROPERTY SIZE: 28.959 ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% LS	0-8	WSBKSCL	FR,SS,SP,SE	—	60	47"	RCSMP INC	PS .3
		8-35	SBK C	FR,SS,SP,SE					
		35-60	WSBK CL	FR,SS,SP,SE					
2	11% LS	0-9	WABKSCL	FR,SS,SP,SE	—	60			PS .3
		9-28	SBK C	FR,SS,SP,SE					
		28-60	WSBK CL	FR,SS,SP,SE					
3	12% LS	8-9	WSBK SCL	FR,SS,SP,SE	—	49			PS .3
		9-30	SBK C	FR,SS,SP,SE					
		30-49	WSBK CL	FR,SS,SP,SE					
		49-51	LSMP WKSS	FR,SS,SP,SE					
4	12% LS	0-6	WSBK SCL	FR,SS,SP,SE	—	50	20-50 few	RCSMP INC.	PS .3
		6-20	SBK C	FR,SS,SP,SE					
		20-50	WABK CL	FR-FI,SS,SP,SE					
		50-60	L SMP	FR,NS,NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

PCL XL Error
Subsystem: KERNEL
Error: IllegalTag

5	0-9 WSBK SCL	FF,SS,SP,SE	9-49 fcw RC SAP inc.	135
	9-22 MBK C	FF,SS,SP,SE		
	22-49 WMBK CL	FF,SS,SP,SE		
	49-56 LSAP	FF,NS,NP		

242857 **APPLICATION FORM** Call Haus Henderson for visit

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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.

704-994-6250

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: William Cash **Address:** 1108 LEONA LN TROUTMAN **Zip:** 28166

Applicant Email: william|cash108@gmail.com> **Phone:** 704.657.5617 **Alt. Phone:**

Owner Name: Same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 1530 Jennings Road

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: I77 North, TL Tomlin Rd, TR Jennings Road, Parcel on Rt at new drive.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — (X) Other Addition/Structure: shop with restroom — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 (X) 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: T&J Panel

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: 3-12-19

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

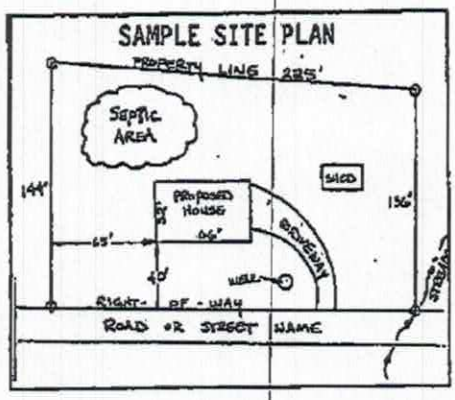
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location N/A
- (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.

See attached site plan.

Shown not near horse as system

Signature: _____ 3-12-19

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

WILLIAM COSH
RD SEPTIC SYSTEM PLAN
ONE STORY
SEWAGE
DRIVE TO JENNINGS RD
SYSTEM AREA
FLAGGED
BA
BA
Sewage Line
1617
732
To Tiffin 180°
116
Scale: 1" = 40'

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)* _____

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, William Cash, am the legal owner(s) of the property located at 1536 Jennings Rd, identified as

PIN (Parcel Identification Number) 4749854086, located in Iredell County, North Carolina.
I do hereby authorize (print legal representative/company name) Bill Pennington Pennington Soil Consulting 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

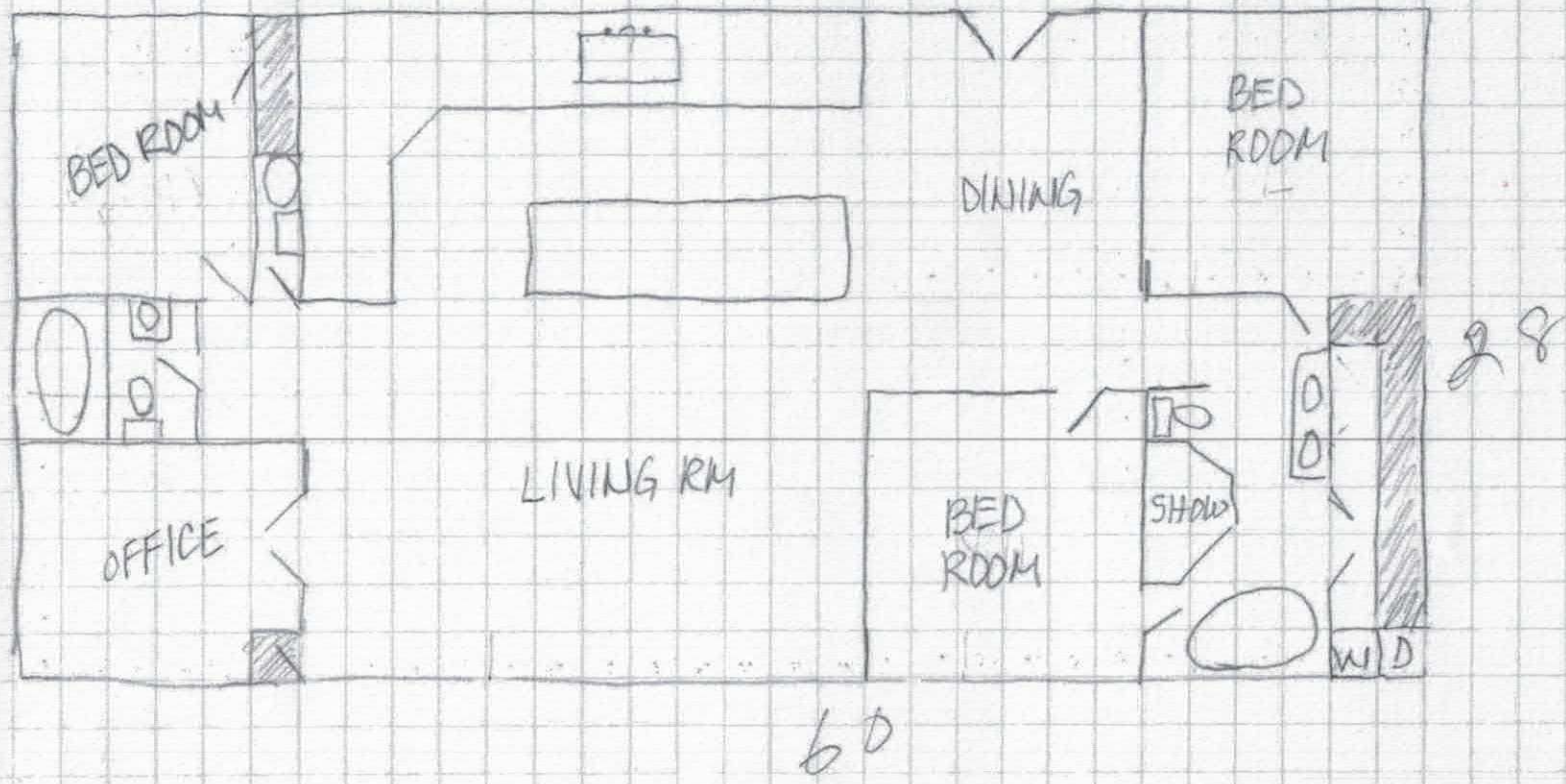
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 3-6-19
Signature of Owner(s) 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

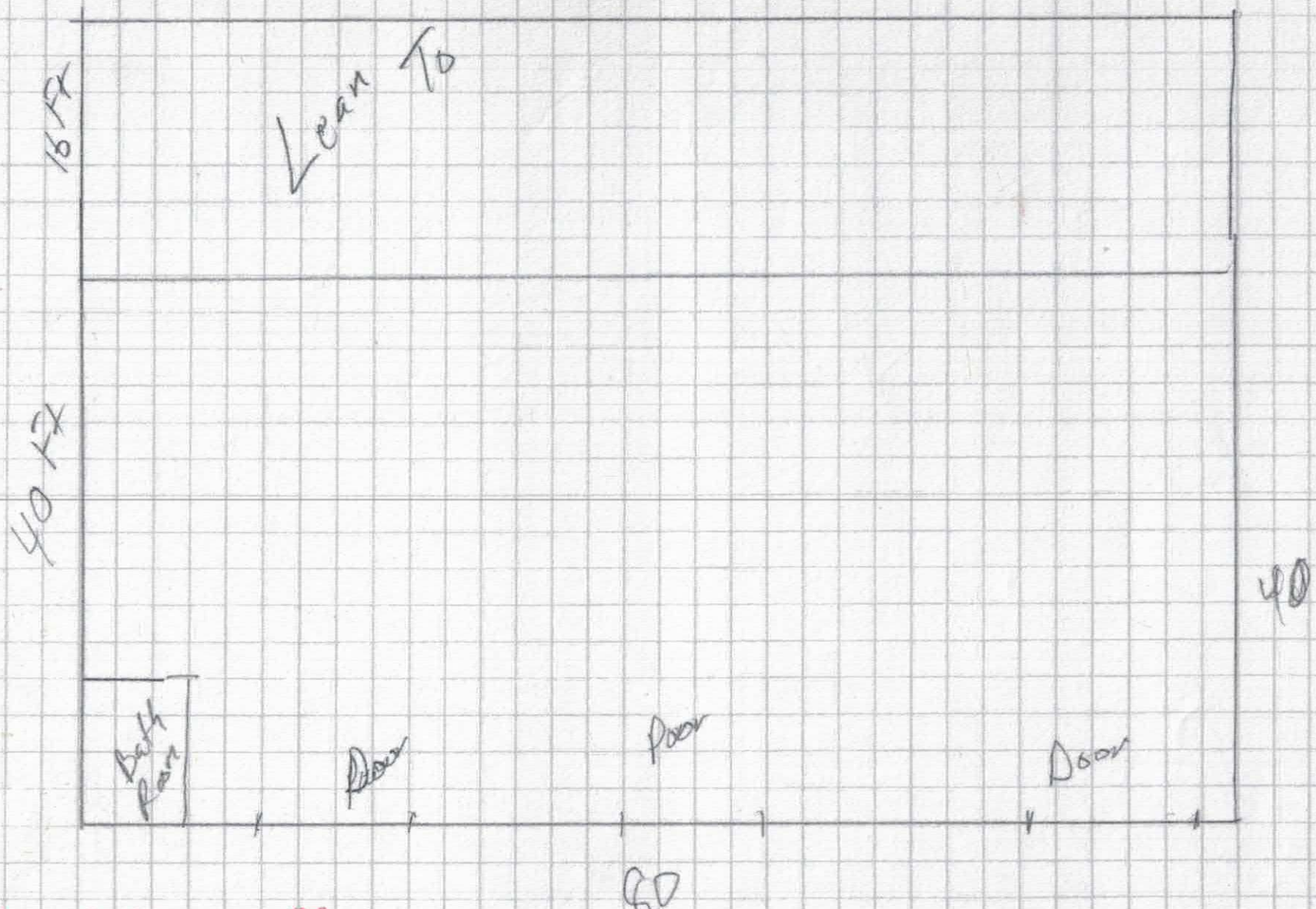
28 X 60



Acknowledgement Of
Plans Submittal ONLY!

Date 3-20-19

Date 3-20-19



Acknowledgement Of
Plans Submittal ONLY
Kayla Writer Date 3-20-19
Date

IREDELL COUNTY

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

APPLICATION NUMBER
242857
Issue Date: 03/12/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4749854086.000	1536 JENNINGS ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: HOLLAND ELIZABETH F HEIRS	Applicant: CASH WILLIAM JAMES
Address: 8111	Address: 108 LEONA LANE
IREDELL CO, NC 28625	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed		Flood Zone
28.600	35.00	35.00	15.00	15.00	NO		X

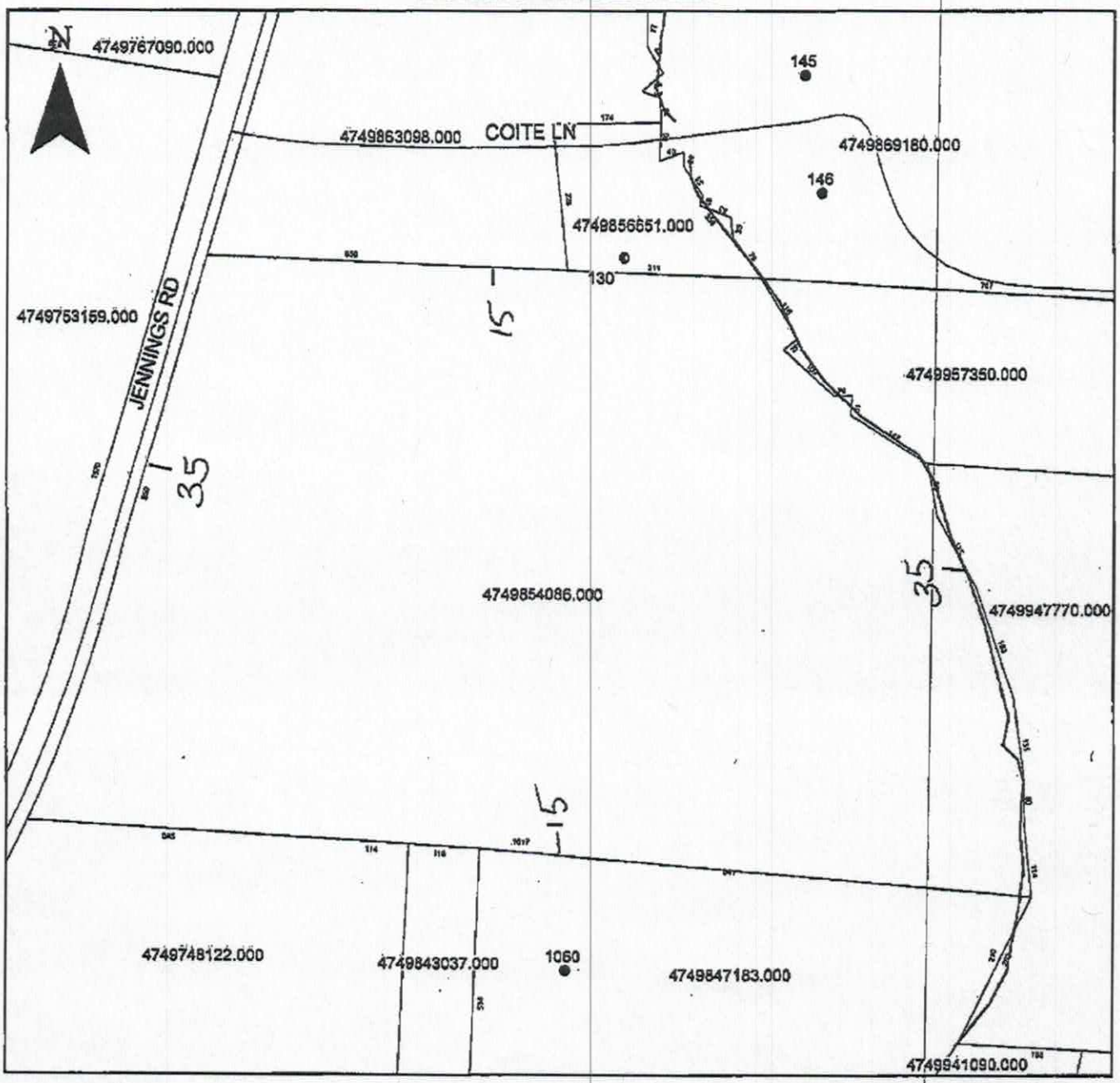
Remarks

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	170286	TOTAL FEES	$ 77.25

ZONING DISCLAIMER



Property Address 1536 Jennings

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 _____
Applicant

X 3-12-25
Date