12:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (CC) Mooresville Office (704) 660-3625

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

PERMIT # 239001

PIN # 4751472510 ✓

APPLICANT/OWNER: Peter Gibbons

APPLICANT ADDRESS: 445 Childers Rd Cleveland NC 27013

SITE ADDRESS: 216 Pilch Road Statesville NC 28677

PHONE: 704-664-1099 ALT. PHONE 704 2086827

SITE DIRECTIONS: Amity Hill Rd @ on Pilch Rd Lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~

SECTION: ~ LOT # ~ LOT AREA: 4.00 Acres

DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	1012	Date	7-23-19
Pump Tank	-	(gal)	PT	-	Date	
Pump Make	-	Model	-		Serial #	-
# Nitrification Fields	1	# Lines	3		Linear Ft	240
Trench Width	36	Trench Bottom Depth(Low side)	30 inches		Gravel Depth	~

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

System Description: Gravity 25% Reduction

Repair System Description: Low ProRite Infiltrator 320 L.F.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 2 No. Persons 4 No. Employees ☐ Crawl Space

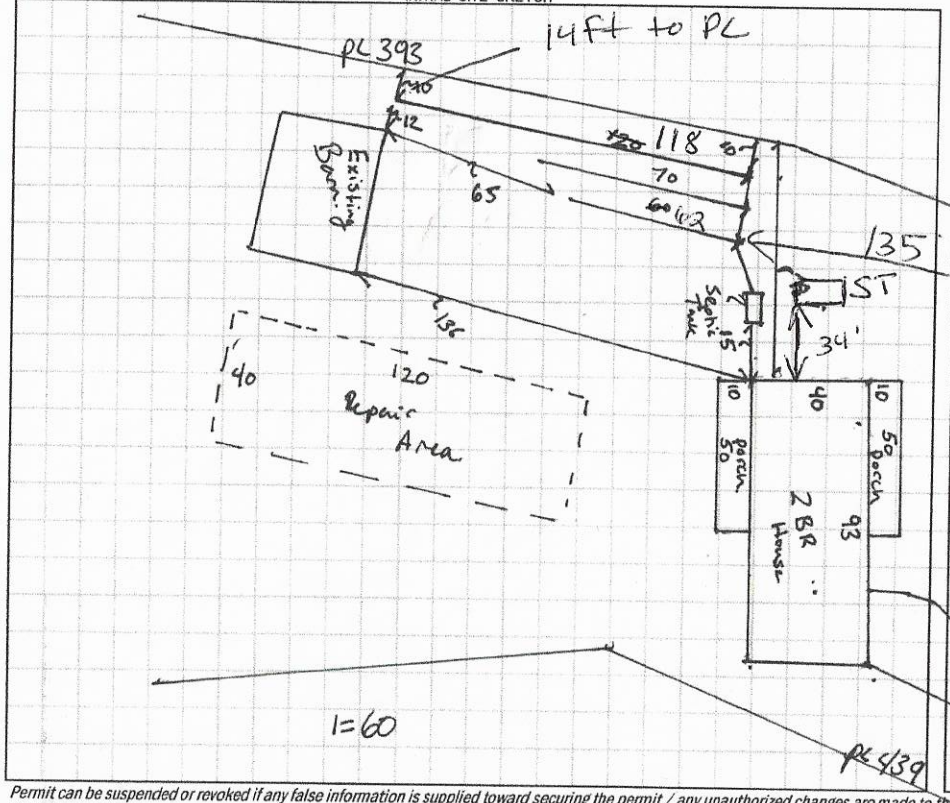
Water Supply: ☒ Private ☐ Public ☐ Community

☒ Basement w/o plumbing

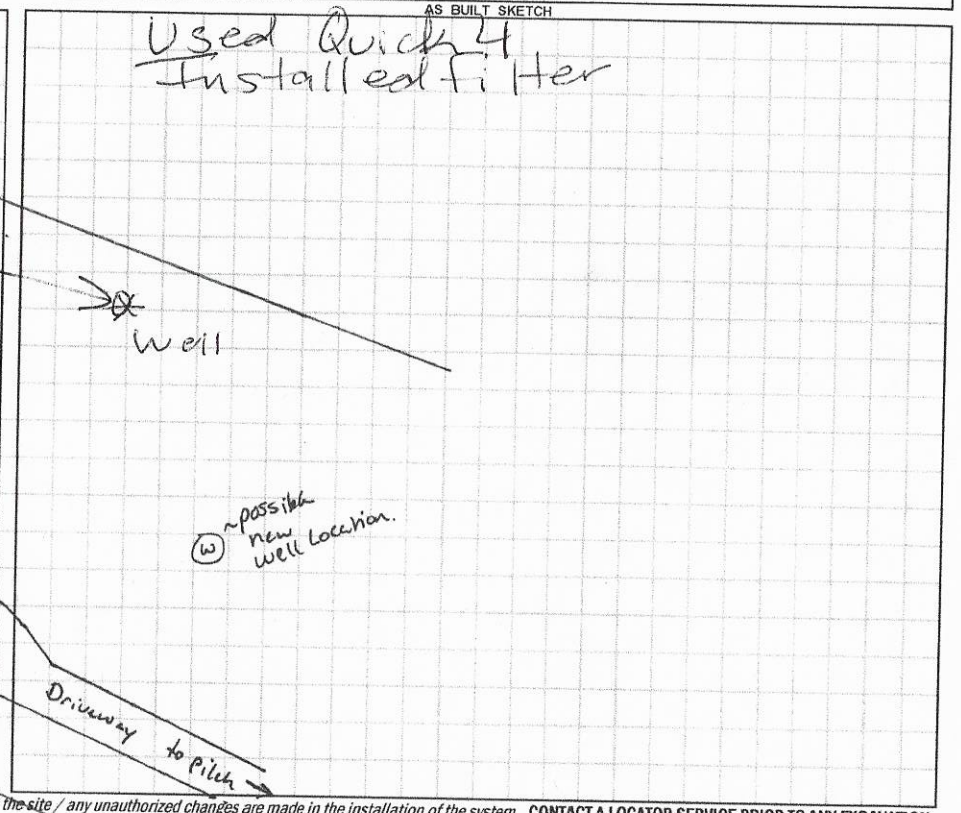
Comments / Conditions: Install Septic Drainlines on the Contour of the Land and utilize serial distribution. Do not exceed max depth of 30 inches low side. Do not grade, park, pave, grade or bury utilities in drainfield area.

34ft from ST to house
135ft from ST to well

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: Peter Gibbons Date:

Installed by: Joe Thompson

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 10/11/18

OPERATION PERMIT by: Maria Dolan Date: 11/6/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 10/11/18.

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 2
PROPERTY ID #: 4751412510
COUNTY: Iredell

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

OWNER: Gibbons.
ADDRESS: 216 Pilch Rd Sva NC 28677.
PROPOSED FACILITY: 2 BR Home. PROPOSED DESIGN FLOW (.1949): 240 gpd.
LOCATION OF SITE: 216 Pilch Rd Sva NC
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE 8-2-18.
DATE EVALUATED: 10-3-18
PROPERTY SIZE: 2/AC.
PROPERTY RECORDED: Y/N.
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	Side 10%	0-3	Scl GR	ss sp FR SFKP	2.5YR 4/6	48.		10YR6/2 @ 26 inches	PS .2
		3-12	SC WABK	ss sp FR					
		12-26	C ABK	sss p FR					
		26-48.	C ABK	ss sp FR					
2	Side 10%	0-14	SCL GRSBK	sss p FR SFKP	2.5YR 4/6	50		C. thru matrix	PS .25
		14-40	C SBK/ABK	ss sp FR					
		40-50	CL WSBK	ss sp FR					
3	Side 10%	0-11	SCL GR	ss sp FR SFKP	2.5YR 4/6	50			PS .25
		11-34	C SBK	ss sp FR					
		34-50	CL WSBK	ss sp FR					
4	Side 10%	0-12	SCL GR	sss p FR SFKP	2.5YR 4/6.	55		C. thru @ 46	PS .3.
		12-42	C SBK	sss p FR					
		42-55	CL WSBK	ss p FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240 L.f.	820 L.f.
System Type(s)	.25% III	.25 Low Pressure
Site LTAR	.25	.25

OTHER FACTORS (.1946): H2O Table.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms White
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) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
	O (Organic)		None	None		

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

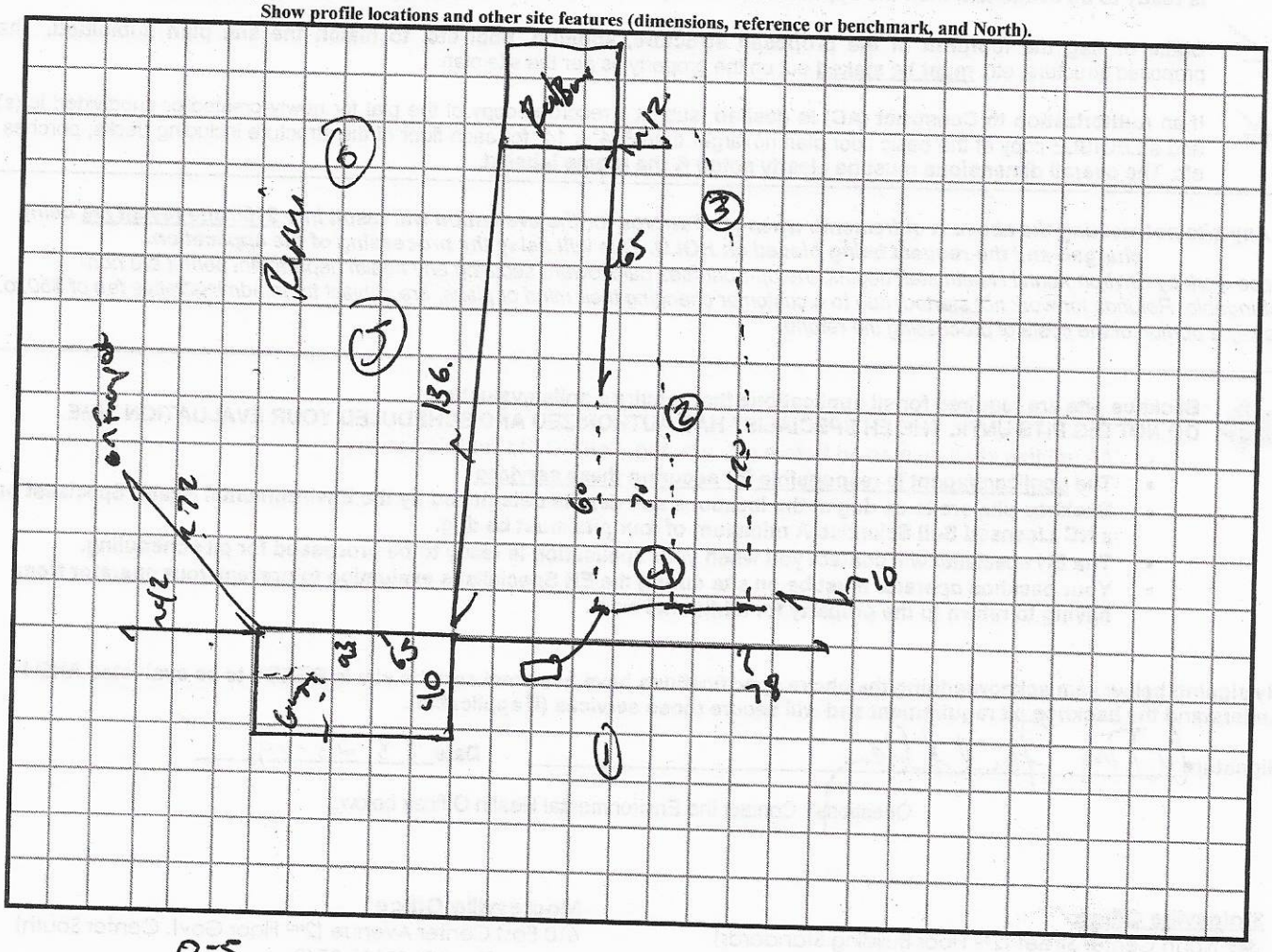
NOTES

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).



05
524

0-5 - sc
5-28 c
28-48. cl

2.5YR 4/6.

10YR 6/2
@ 28.

.25.

0-6 sc
6-24 c
24-48. cl

2.5YR 4/6.

.30

Low Profile

RECEIVED SEP 2 1 2018

239001

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $500.00

(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:** X **Improvement Permit** X **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:**

Denise Gibbons	445 Childers Rd Cleveland 27013	704-664-1099	704-293-3875
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Peter J Gibbons	445 Childers Rd, Cleveland 27013	7046641099	7042086827
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

216 Pilch Rd Statesville — **Street Address**
NHA — **Subdivision Name**
_____ — **Section/Phase and Lot Number**

Driving Directions: _____

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

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

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Peter Gibbons — 8-2-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

86577

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified… **X 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

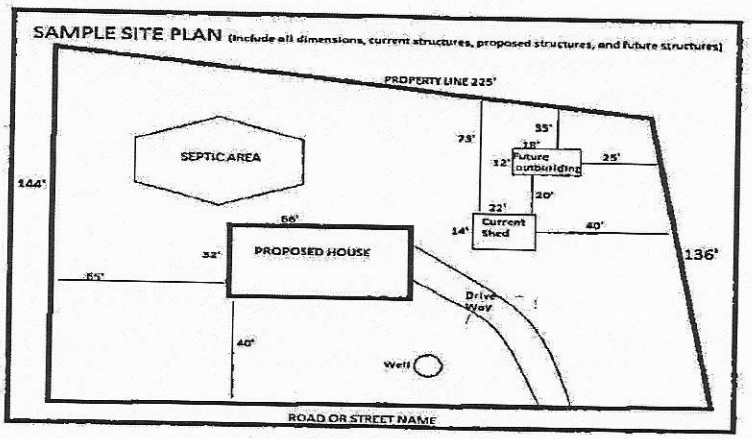
X Front and side setbacks from property line… **X Preferred driveway location and configuration, preferred well location…**

X Area you prefer your septic system to be placed… **X North arrow, or other sufficient indicator of direction…**

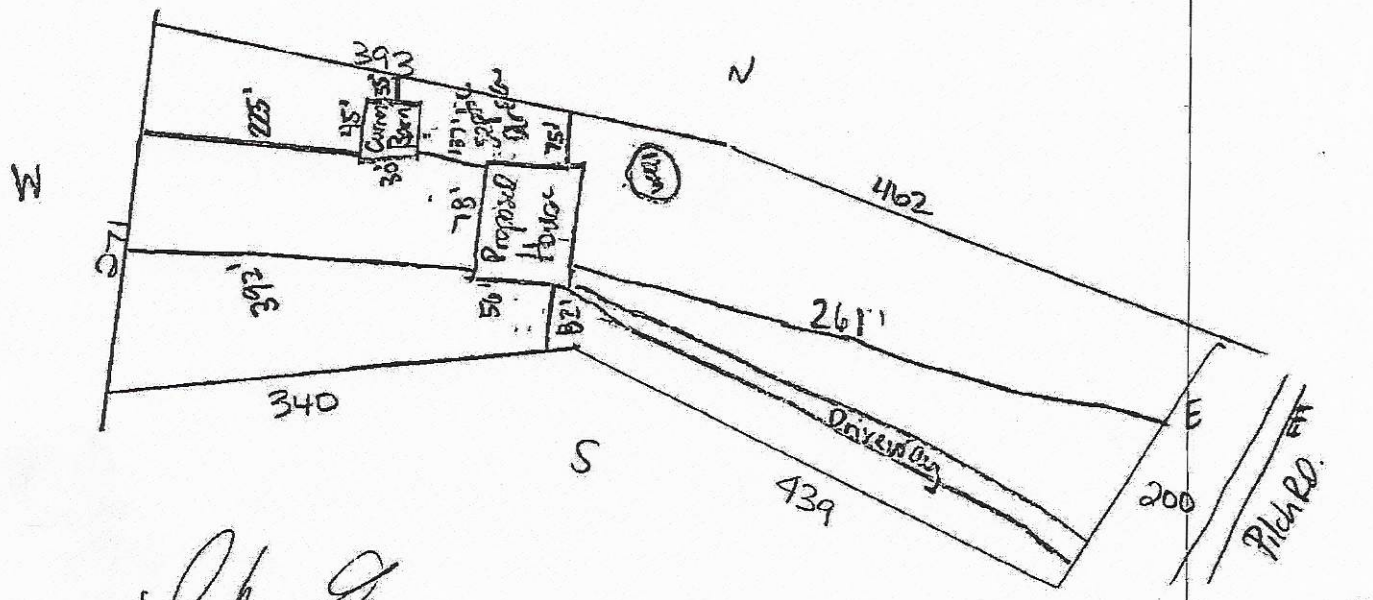
Circle N/A on the following if appropriate:

X Location of septic systems and wells within 100' of your property… N/A

X 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

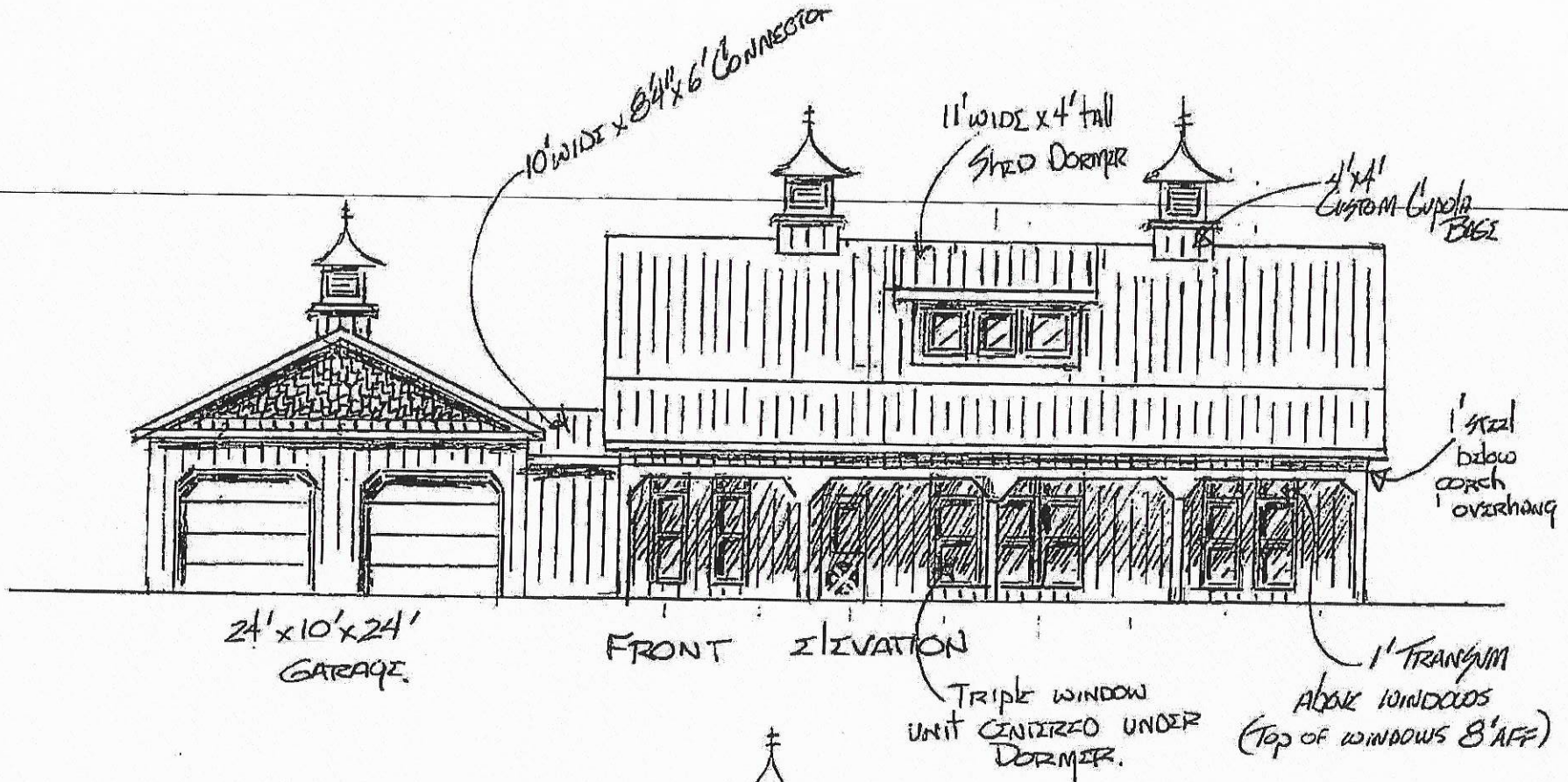


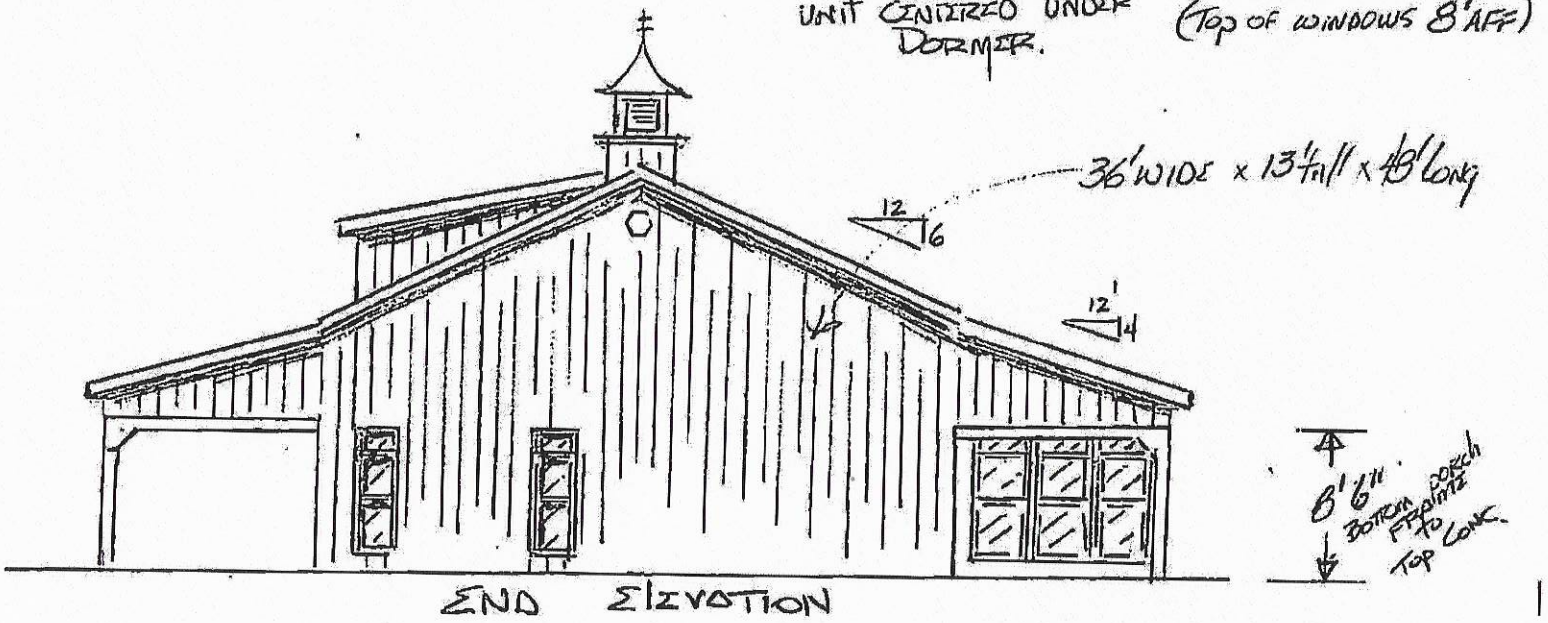
Signature: _____

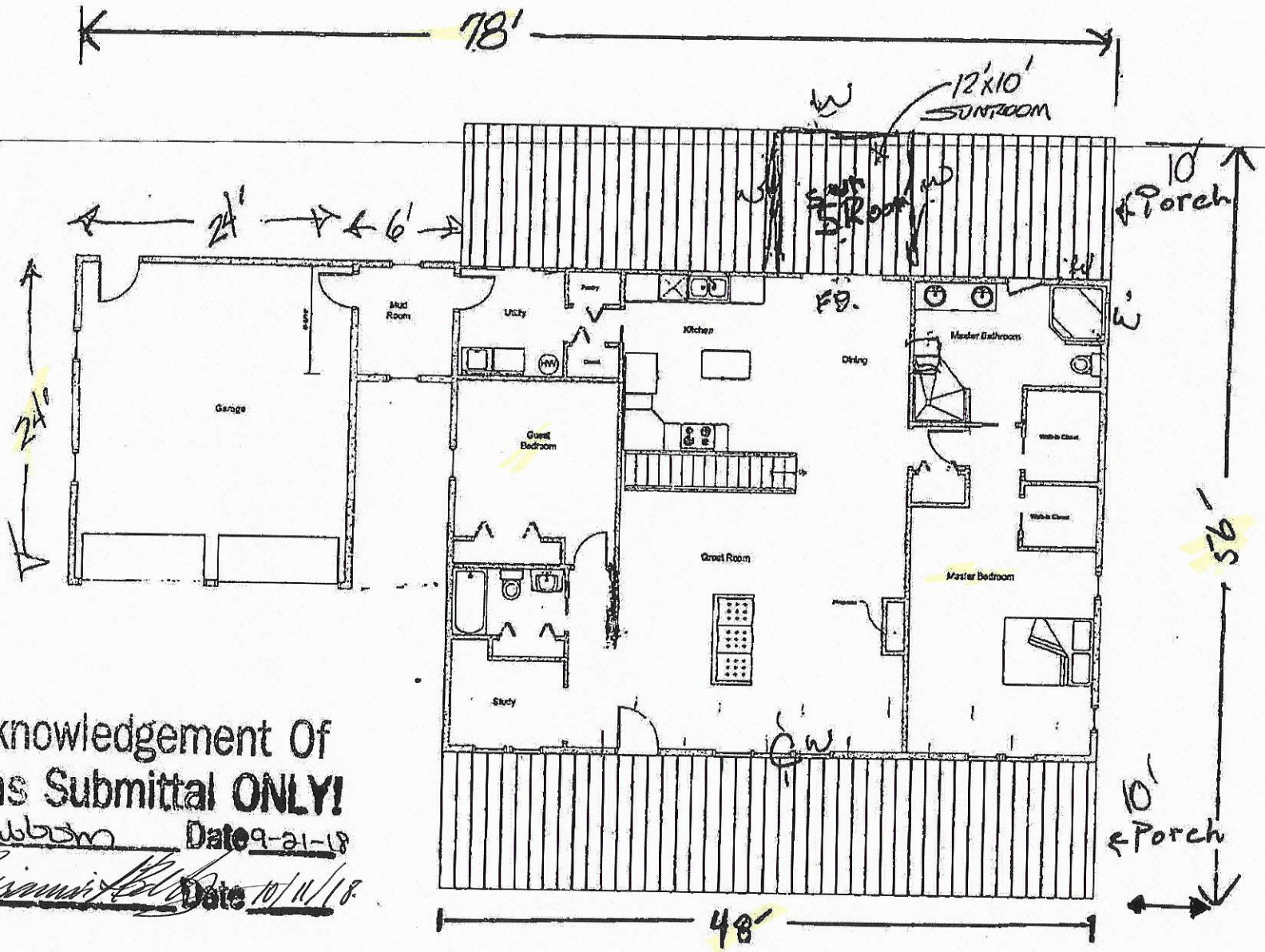
***REQUIRED* property owner or owner's legal representative signature.**

8-2-18

DATE


10' WIDE x 8'4" x 6' CONNECTOR
11' WIDE x 4' TALL SHED DORMER
4'x4' CUSTOM CUPOLA BASE
1' STZZL below porch overhang
24' x 10' x 24' GARAGE.
FRONT ELEVATION
TRIPLE WINDOW UNIT CENTERED UNDER DORMER.
1' TRANSOM ABOVE WINDOWS (TOP OF WINDOWS 8' AFF)


36' WIDE x 13'11" x 48' LONG
12
6
12
4
8'6" BOTTOM PORCH FRAMING TO TOP CONC.
END ELEVATION



Acknowledgement Of
Plans Submittal **ONLY!**

Date 9-21-18

Date 10/11/18

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Peter J Gibbons, am the legal owner of the property located at 216 Pilch Rd Statesville identified as PIN(Parcel Identification Number) 4751-47-2510.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Denise S Gibbons, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Pet Gibbons
Signature of Owner

8-2-18
Date

Mary Edwards
Signature of Witness

8-2-18
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

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

APPLICATION NUMBER
239001
Issue Date: 09/21/2018

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4751472510.000	216 PILCH ROAD	

Owner Information	Applicant Information	Contractor Information
Owner: GIBBONS, PETER J.	Applicant: GIBBONS PETER A+DENISE	Contractor: GIBBONS PETER A+DENISE
Address: 445 CHILDERS RD	Address: 311 PERFORMANCE RD	Address: 311 PERFORMANCE RD
CLEVELAND, NC 27013	STATESVILLE, NC 28115	STATESVILLE, NC 28115
Phone:	Phone:	Phone:
		License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	TECHNOLOGY FEE - PLANNING	Amount:	2.25
	IREDELL COUNTY ZONING	Amount:	75.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

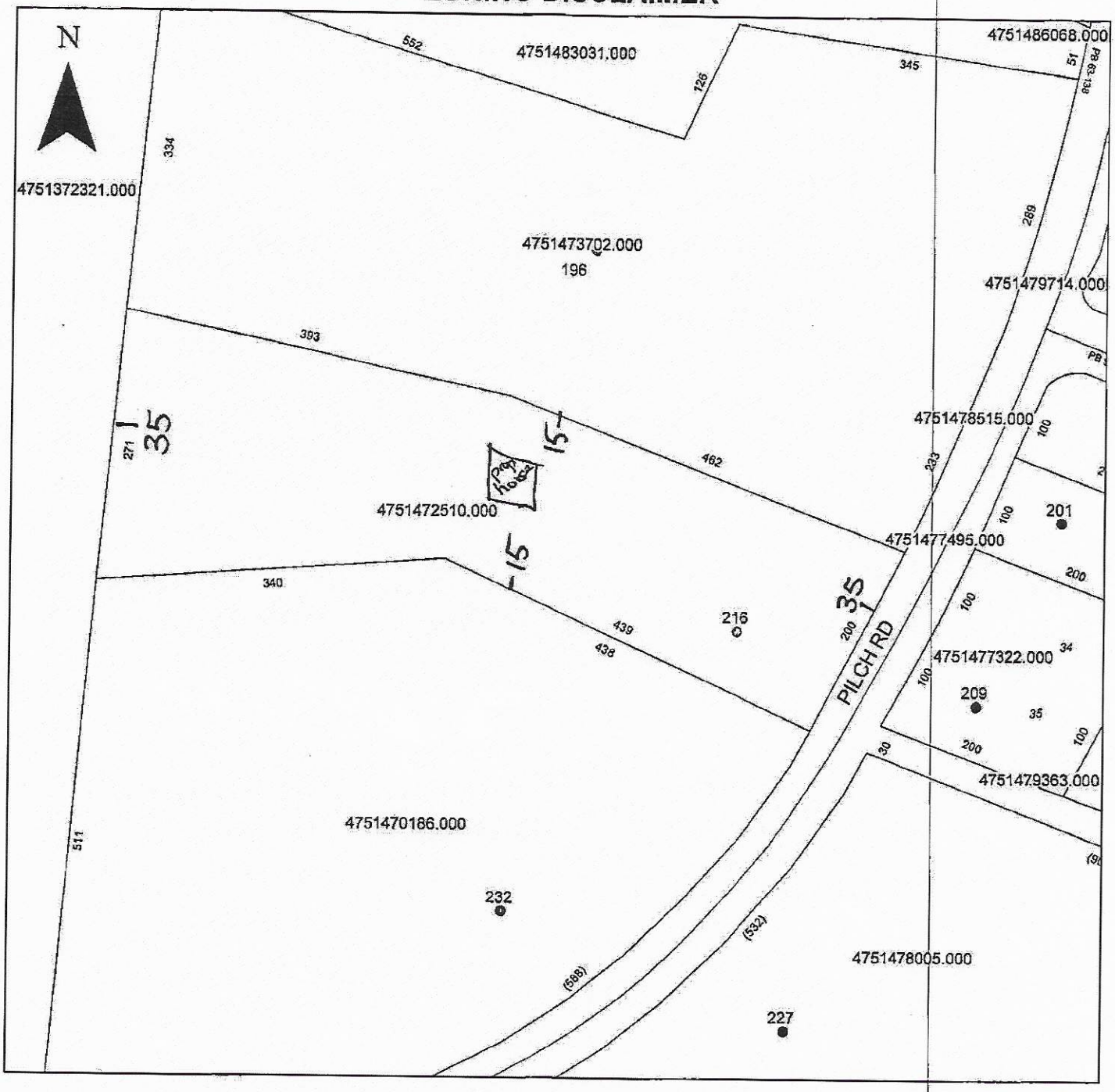
Signature of Owner/Contractor

Date: 09/21/2018

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	153251	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 216 Pilch

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 9-21-18
Date