IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228378

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

PIN # 4753476660.000

APPLICANT/OWNER: Roger Griffin APPLICANT ADDRESS: 117 St. Paul Lane

SITE ADDRESS: 117 St. Paul Lane Statesville, NC 28677 PHONE: (980) 434-8775 ALT. PHONE —

SITE DIRECTIONS: I-77 N, exit 49A, US-70 E/Garner Bagnal Blvd, TR onto St. Paul Lane SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mary A. Keller SECTION: — LOT # 64-71 LOT AREA: 0.86 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.3

Septic Tank Existing (gal) STB — Date —

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 4 Linear Ft 200'

Trench Width 36" Trench Bottom Depth(Low side) 34" Gravel Depth —

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

System Description: —

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other Existing No. Employees —

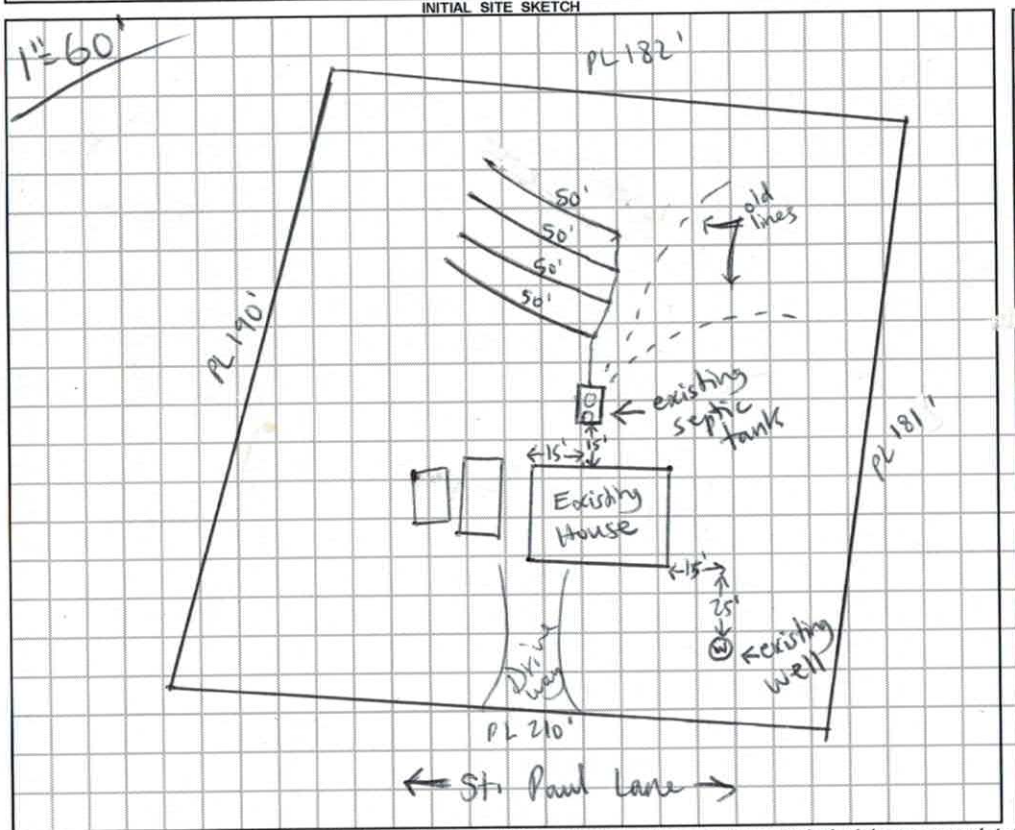
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

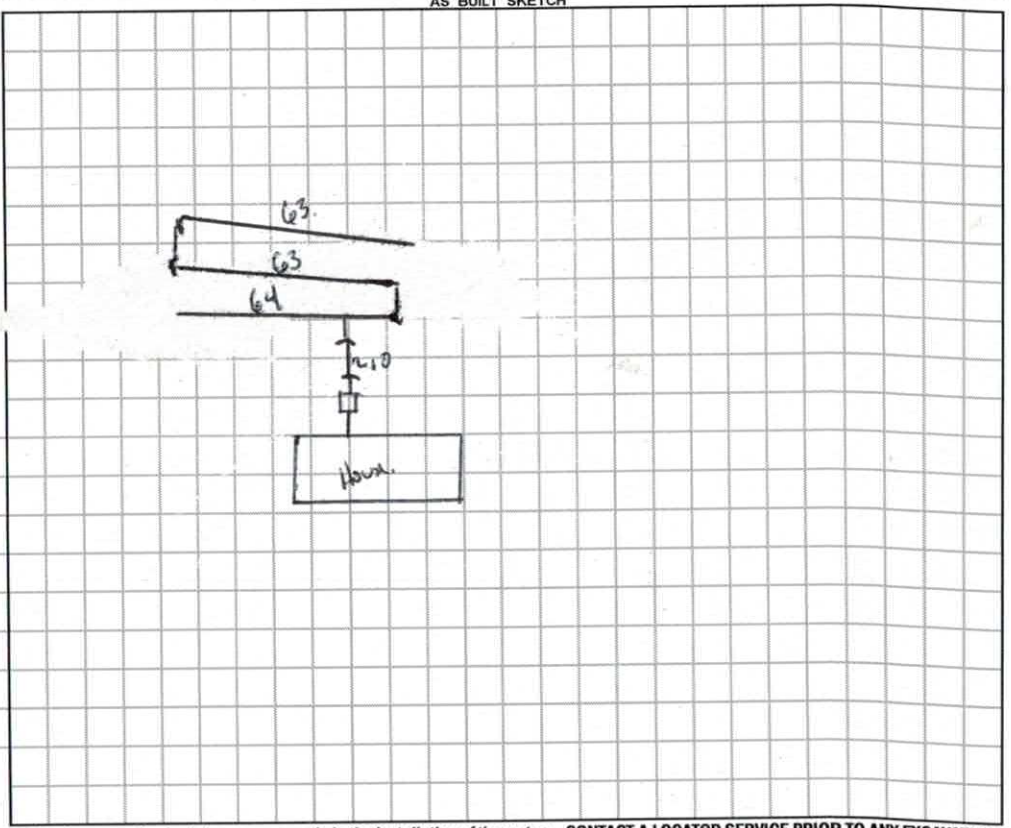
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: *System Installed on Same grade / Setup with Serial distribution

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: Roger Griffin Date: 7-17-2017 Installed by: Massey Septic System

IMPROVEMENT PERMIT by: Mohamed Dumarieh Date: 7/11/2017 OPERATION PERMIT by: Benjamin D. Botkin Date: —

AUTHORIZATION TO CONSTRUCT by: Mohamed Dumarieh Date: 7/11/2017 Existing System Inspected by: — Date: —

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 475347606 0.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Repair

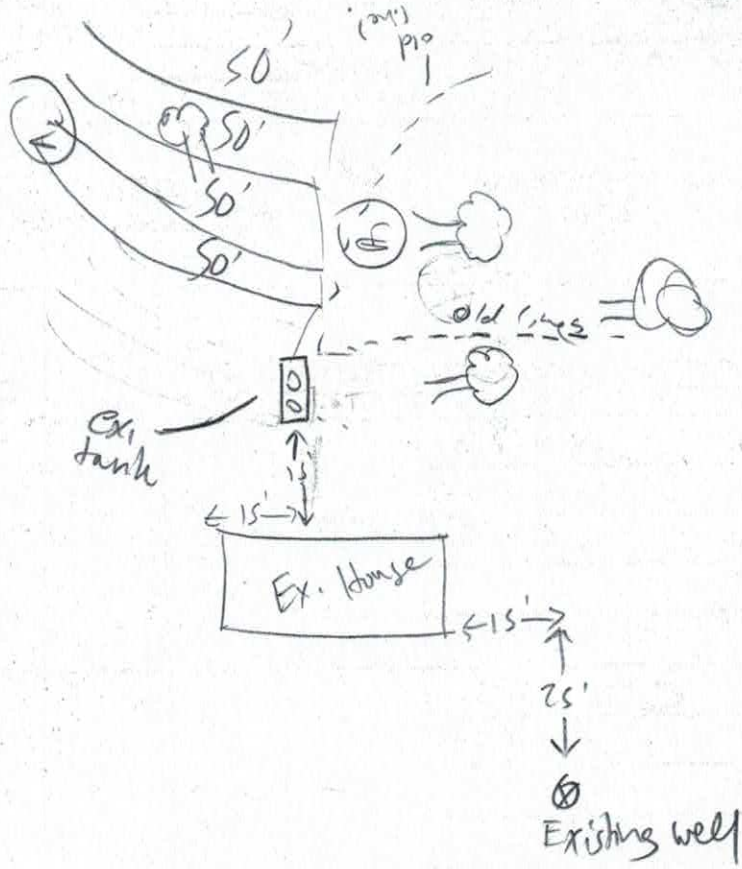
OWNER: Roger D. Griffin
APPLICATION DATE 6/30/17
ADDRESS:
DATE EVALUATED: 7/10/2017
PROPOSED FACILITY: Ex. 2 BR House
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 0.86 acres
LOCATION OF SITE: 117 St. Paul Lane
PROPERTY RECORDED: 5/1/1990
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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	L 2%	0-13	Bk SCL	FR SS SP Sap	—	48	—	—	0.3 PS
		13-38	Bk C	FR SS SP Sap					
		38-48	Bk CL	FR SS SP Sap					
2	L 2%	0-35	Bk C	FR SS SP Sap	—	48	—	—	0.3 PS
		35-48	Bk CL	FR SS SP Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200 lin. feet	200 lin feet
System Type(s)	25% reduction	25% reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Mohamed Dumanioh
OTHER(S) PRESENT:

COMMENTS:


50'
50'
50'
50'
(new) pipe
Old lines
Ex. tank
15'
15'
Ex. House
15'
25'
Existing well

← St. Paul Lane →

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#228378

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

Repair Evaluation - No Charge

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 #	Alternate Phone #
Roger Griffin	117 St. Paul Ln.	980-434-8775	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
117 St. Paul Ln.		

Driving Directions: SVL

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 Collapsed Lines
( ) Other

Maximum Number of Bedrooms 2
Maximum Number of Occupants 8
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:**

( ) 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 1950's (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. 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: Roger Griffin 6-30-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

_____ **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...**

_____ **Area you prefer your septic system to be placed...**

_____ **Preferred driveway location and configuration, preferred well location...**

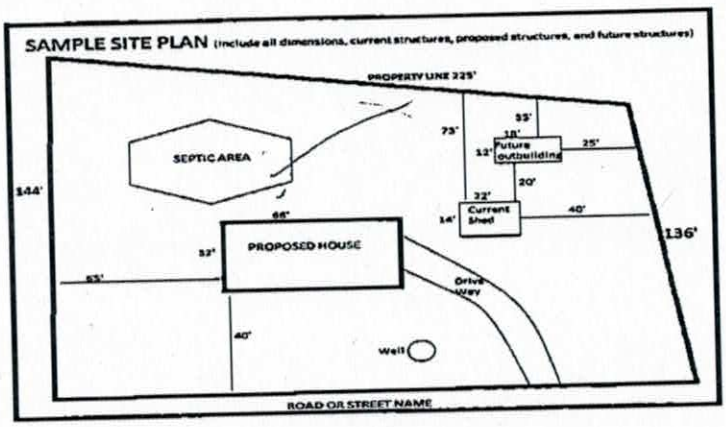
_____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

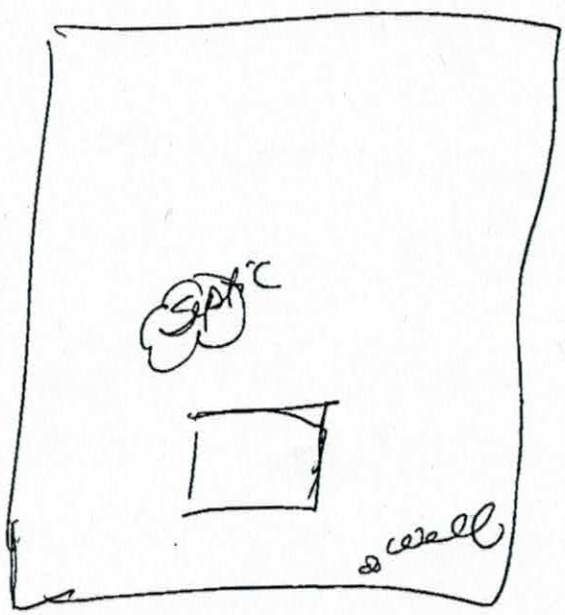
_____ **Location of septic systems and wells within 100' of your property..** (N/A)

_____ **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



Signature: Roger Griffin

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

6-30-17

DATE