IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227613

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

PIN # 4756160356.230

APPLICANT/OWNER: RC Redmond Jr APPLICANT ADDRESS: 230 Romans Ln Statesville 28625

SITE ADDRESS: 230 Romans Ln Statesville 28625 PHONE: 704 876 4533 ALT. PHONE

SITE DIRECTIONS: 21N → R Jane Sowers → Carl Austin → Romans Ln SAP CONTROLLED: ☐ YES ☒ NO

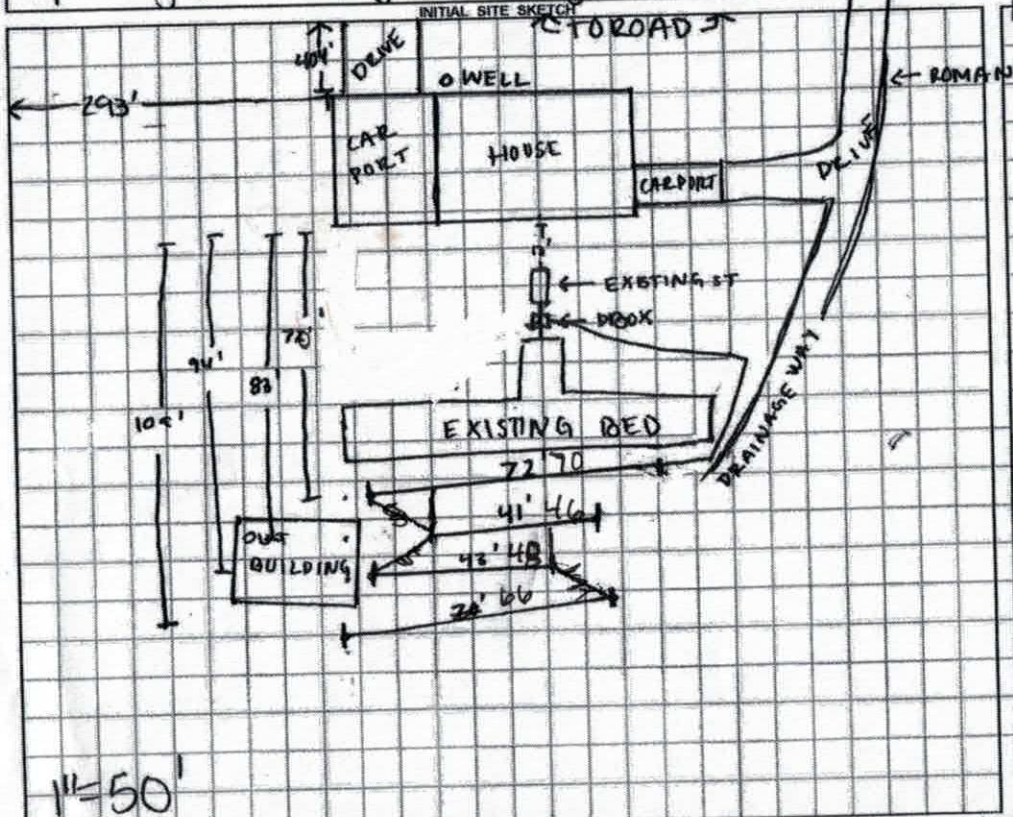
SUBDIVISION: N/A SECTION: LOT # LOT AREA: 16.9 Acres DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank EXISTING	(gal)	STB	Date	☐ 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/existing bed				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft. 226'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 34"		Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: If any additional line can be added at install, that would be approved. Reccomend repairing & connecting to existing bed. Use drop box for distribution. Reccomend moving basement drain upslope for outlet. System is undersized if bed is not used. If not used reccomend low flow fixtures. Reccomend pumping tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quickly

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: RC Redmond Jr Date:

IMPROVEMENT PERMIT by: Eric Hunt Date: 6/7/17

AUTHORIZATION TO CONSTRUCT by: Eric Hunt Date: 6/7/17

Installed by: David Yountz

OPERATION PERMIT by: Marian Roberts Date: 12/1/17

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 #: 4756160351
COUNTY: Iredell

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

OWNER: RC Redmond Jr
APPLICATION DATE: 5/31/17
ADDRESS: 230 Romans Ln
DATE EVALUATED: 6/2/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 16.9 acres
LOCATION OF SITE: Off 21N → Jane Sowers → Carl Austin Rd
PROPERTY RECORDED: 10/30/1939
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	REPAIR .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	LS 6%	0-38" 38-48"	GSBK C WSBK CL	FiSPSEXP FrSSSPSEXP	— Mica through.	— 48"	— —	— —	PS 0.3
2	LS 6%	0-6" 6"-48"	MSBK SCL/a MSBK C	FrSSSPSEXP FiSPSEXP	SAP incl.	— —	— —	— —	PS 0.3
3									
4									

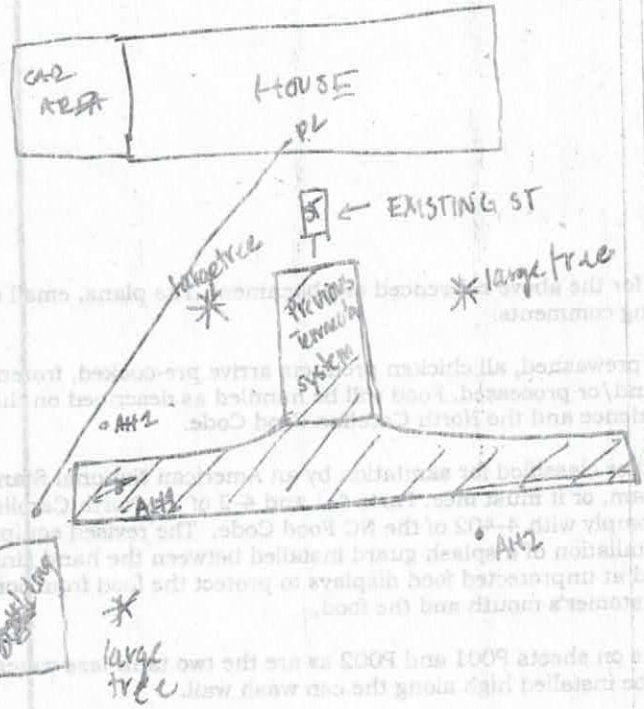
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	
System Type(s)	25% red	
Site LTAR	0.3	

OTHER FACTORS (.1946): waterline, basement drain
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Grace Herbert
OTHER(S) PRESENT: —

COMMENTS:

EXISTING SITE BLOCK PLAN

Reccomend checking tank integrity @ install time



227613 65433

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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ 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:

R C Redmond Jr	230 Romans LN, Statesville NC 28625	704-876-4533	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
R C Redmond Jr	230 Romans LN, Statesville NC 28625	704-876-4533	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

230 Romans LN.	Farm	
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 21 North to Jane Sowers Rd Turn Right - then first Rd to the left after crossing over 77 - Mt Rd. to the left on Carl Austin Rd Then about a mile 230 Romans LN to the Right.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Small amount of water escaping from tank
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

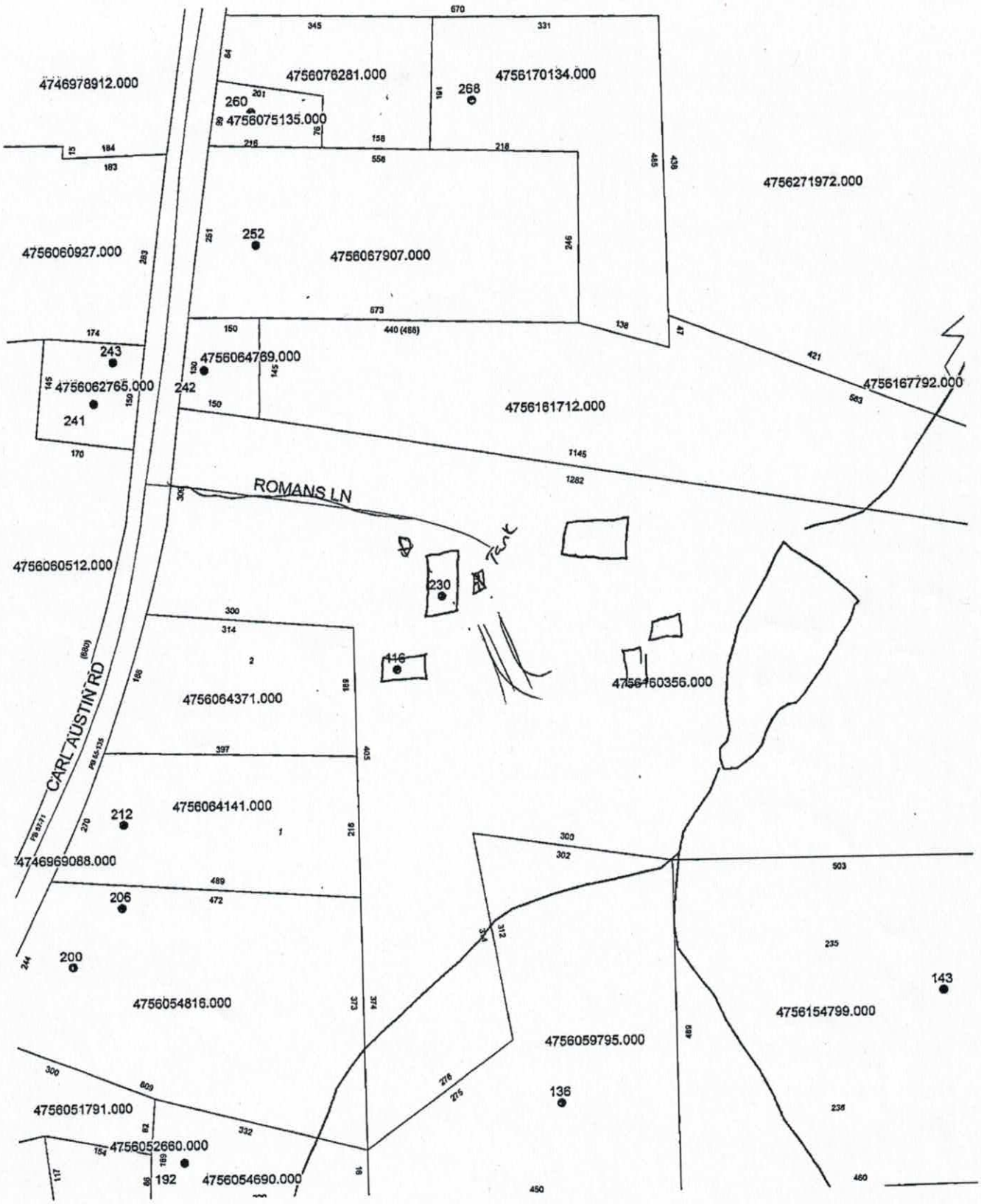
7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 1963 (Year)

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

8. 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. 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: R C Redmond Jr — 5-31-17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE


4746978912.000
4756076281.000
4756170134.000
260
268
4756075135.000
4756271972.000
4756060927.000
252
4756067907.000
243
4756064769.000
4756062765.000
242
241
4756161712.000
4756167792.000
ROMANS LN
4756060512.000
230
Tank
416
4756060356.000
CARL AUSTIN RD
4756064371.000
4756064141.000
212
4746969088.000
206
200
4756054816.000
4756059795.000
143
4756154799.000
136
4756051791.000
4756052660.000
192
4756054690.000

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...**

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

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

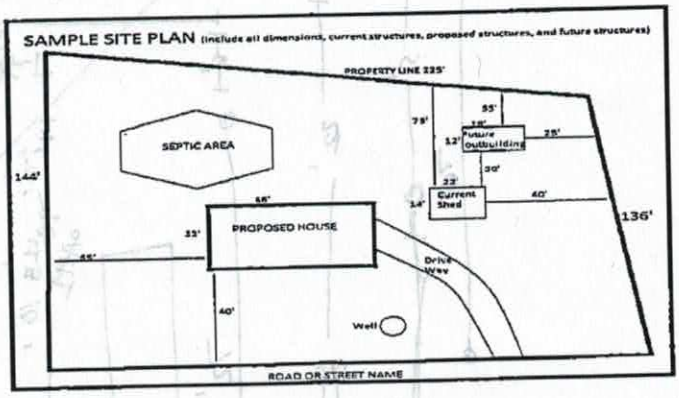
_____ **North arrow, or other sufficient indicator of direction...**

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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: R E Rockwell Jr

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

5-31-17

DATE