ICHD – ENVIRONMENTAL HEALTH DIVISION

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

BCW

PERMIT # 312437

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

PIN # 4756 -35 -6193

APPLICANT/OWNER: Dennis Deal | APPLICANT ADDRESS: 526 Snow Creek Rd Statesville

SITE ADDRESS: 543 Jane Sowers Rd Statesville NC 28625 | PHONE: 704-902 3978 | ALT. PHONE

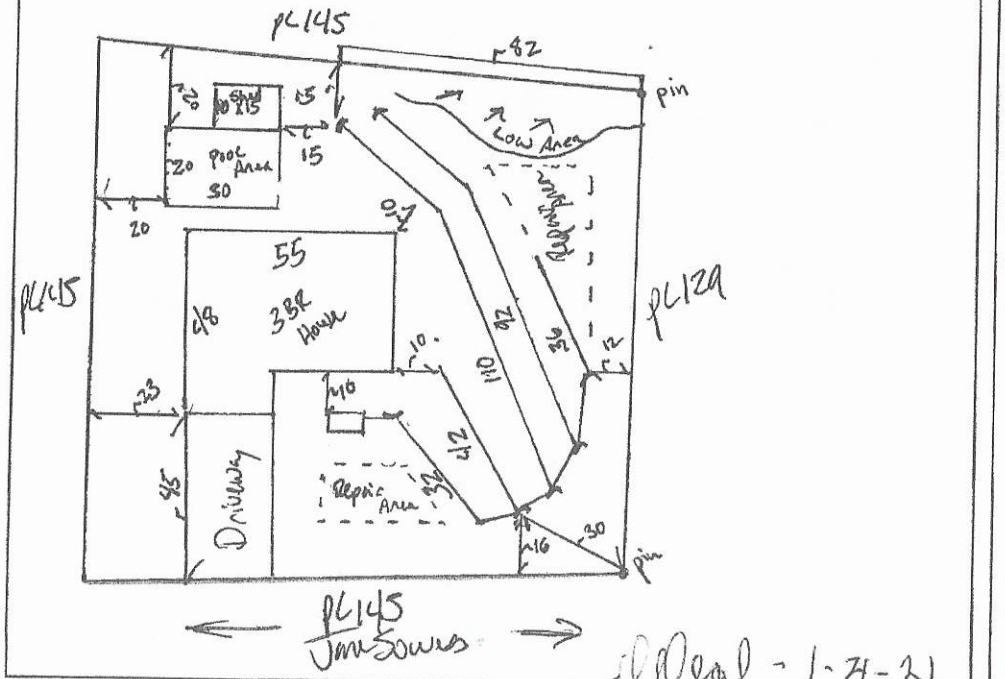
SITE DIRECTIONS: Hwy 21 North to on Jane Sowers Lot on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wildwood Park | SECTION: | LOT # 181-184 | LOT AREA: 195 x 145 | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	SHOAF 760	Date	3-8	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction			☐ Business	No. Persons	6	☐ Private
Pump Make	—		Model	—	Serial #	—	Repair System Description:	Repair Exempt (1965) B&G 9-8			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth			36 in max	Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

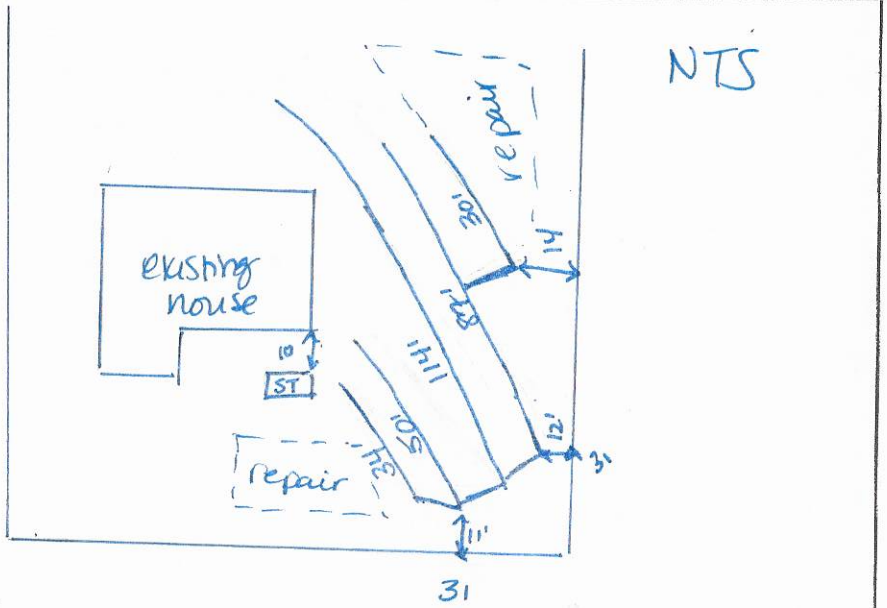
Comments / Conditions: Install on the Contour of the land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not drive, park, pave, grade or bury utilities in drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Dennis Deal Date: 1-4-21 Installed by: (Tommy) Frye Grading + Repair

IMPROVEMENT PERMIT by: Benjamin A. Bolkin Date: 12/28/2020 OPERATION PERMIT by: D. Wrebery Date: 5/17/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkin Date: 12/28/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 475635619
COUNTY: Iredell

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

OWNER: Dennis Peck
ADDRESS: 526 Snow Creek
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 543 Turnpike Rd
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE 11-5-2020
DATE EVALUATED: 12-28-2020
PROPERTY SIZE: 145 145
PROPERTY RECORDED: 1/2 1965
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	0-9	Scc	VFR	2.5YR 4/6	53		N/A	PS .30
		9-30	c SBk	SS SP FR					
		30-53	cc WSBk	SS SP FR					
2	Side	0-10	scc	SS SP VFR	2.5YR 4/6	48		N/A	PS .30
		10-24	c SBk	SS SP FR					
		24-48	cc WSBk	SS SP FR					
3	Side	0-12	Scc	SS SP VFR	2.5YR 4/6	48		N/A	PS .30
		12-38	c SBk	SS SP FR					
		38-48	cc WSBk	SS SP FR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	
System Type(s)	ET	
Site LTAR	.30	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P
EVALUATED BY: Bittinis
OTHER(S) PRESENT:

COMMENTS: Repair Exempt

Updated February 2014

Sheet 1 of 1
PROPERTY ID #: 4756356153
COUNTY: Iredell

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

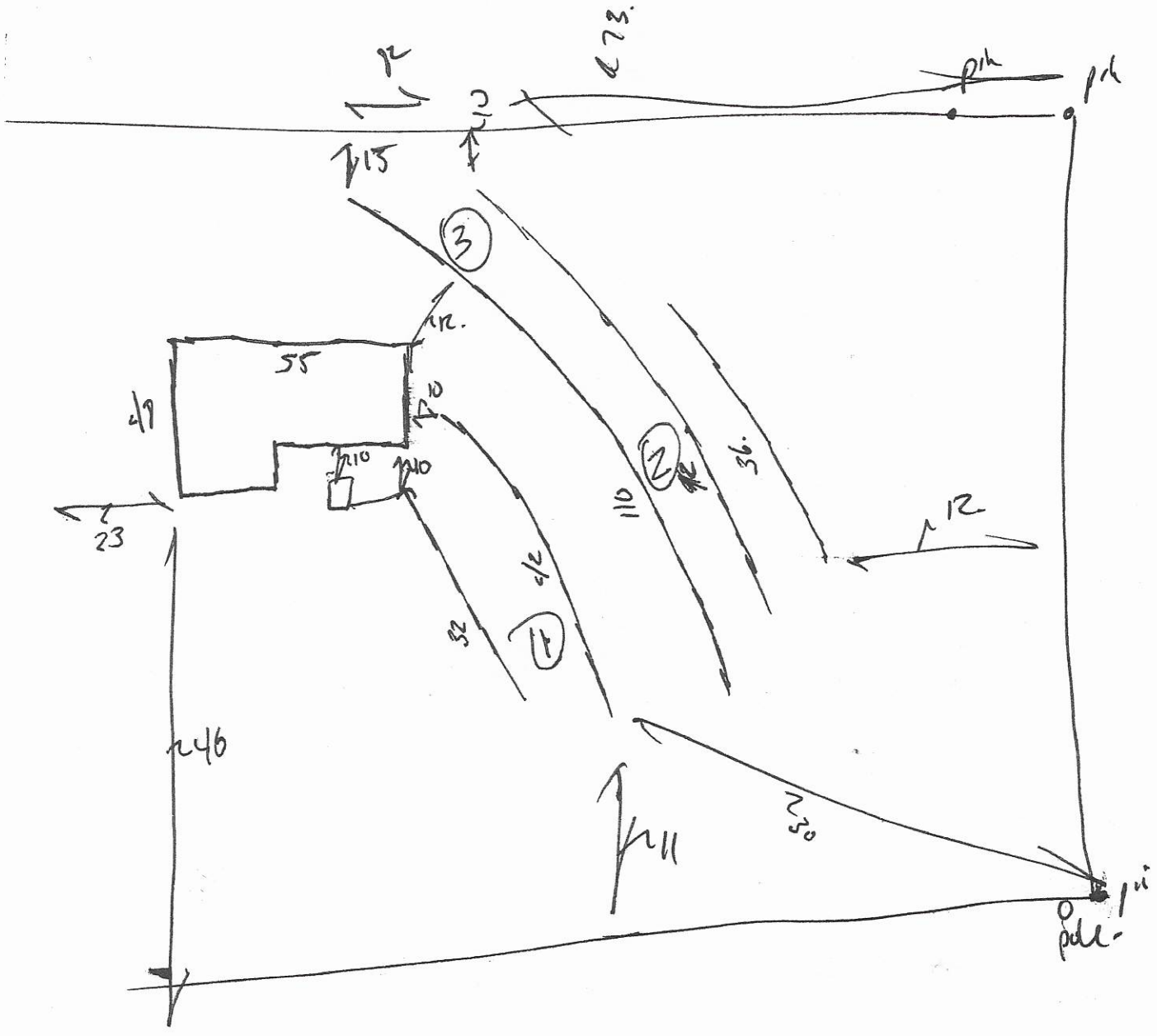
OWNER: ELJ Holdings
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 1-22-20
PROPOSED FACILITY: Res
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
LOCATION OF SITE: Lot 181-184 Wildwood Park, Jane Sowers Rd
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger 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
B 1	LSS 3%	0-10	B CL WFSBK	FR SS SP SG XP		48"	—	—	PS .3
		10-28	RCm FSBK	FR SP SG XP					
		28-48	RCL WFSBK	FR SS SP SG XP	com sap				
B 2	LSS 3%	0-6	B SCL GR	FR SS SP SG XP		48"	PS	—	PS .3
		6-24	RCm FSBK	FR SP SG XP					
		24-28	RCm FSBK	FR SP SG XP	few sap				
		28-48	YR CL WFSBK	FR SS SP SG XP	com sap				
		48-49	Var SL Saprolite	FR SS SP SG XP					
B 3	LSS 3%	0-6	B CL WFSBK	FR SS SP SG XP		48"	—	—	PS .3
		6-40	RCm FSBK	FR SP SG XP					
		40-48	R CL WFSBK	FR SS SP SG XP	few sap				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	N/A
System Type(s)	25% Red.	
Site LTAR	0.3	

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Adrian Pruett
OTHER(S) PRESENT: Denais Dill

COMMENTS:


12
73.
pth
pth
15
3
12.
55
49
10
10
10
23
2
36.
110
12
1
6/12
32
246
11
230
pole

RECEIVED NOV 5 2020

Paid $500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP 312437

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Dennis Deal Address: 526 Sand Creek Zip: 28625
Applicant Email: ddeal0@att.net Phone: 704-902-2928 Alt. Phone:
Owner Name: SAME Address: Zip:
Owner Email: same Phone: Alt. Phone:

Property Information: 543

Street Address: Jane Sowers Rd
Subdivision Name: Wildwood Section/Phase: Lot Number: 183-184
Driving Directions: Hwy 21 North Right Jane Sowers

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 1512 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: DDeal
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-5-20
DATE

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

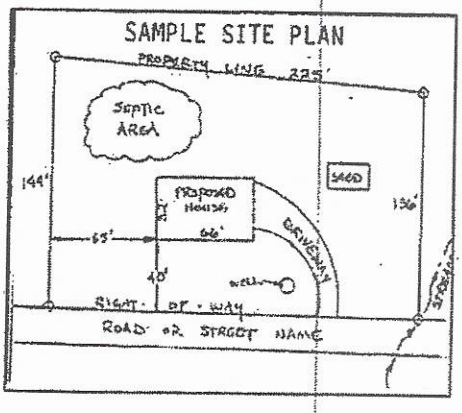
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

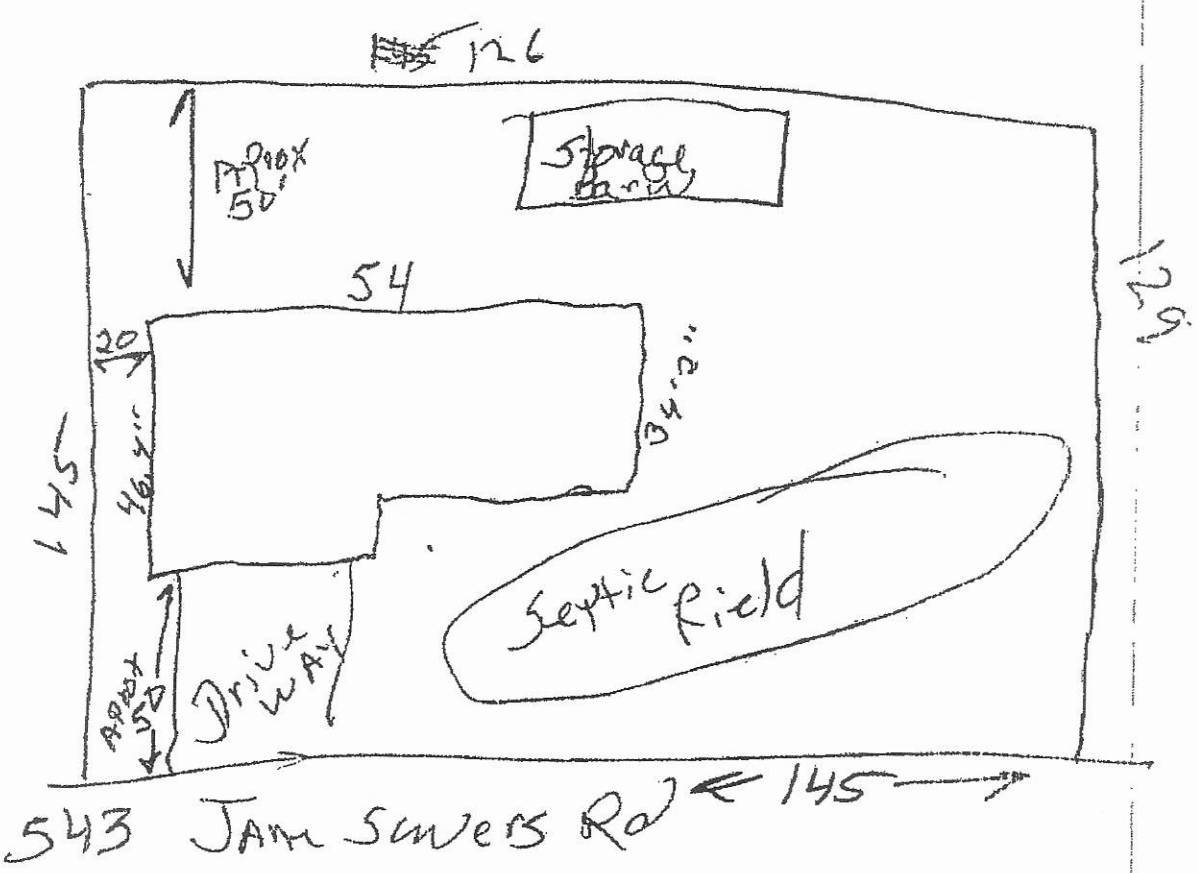
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

- 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: Neal

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

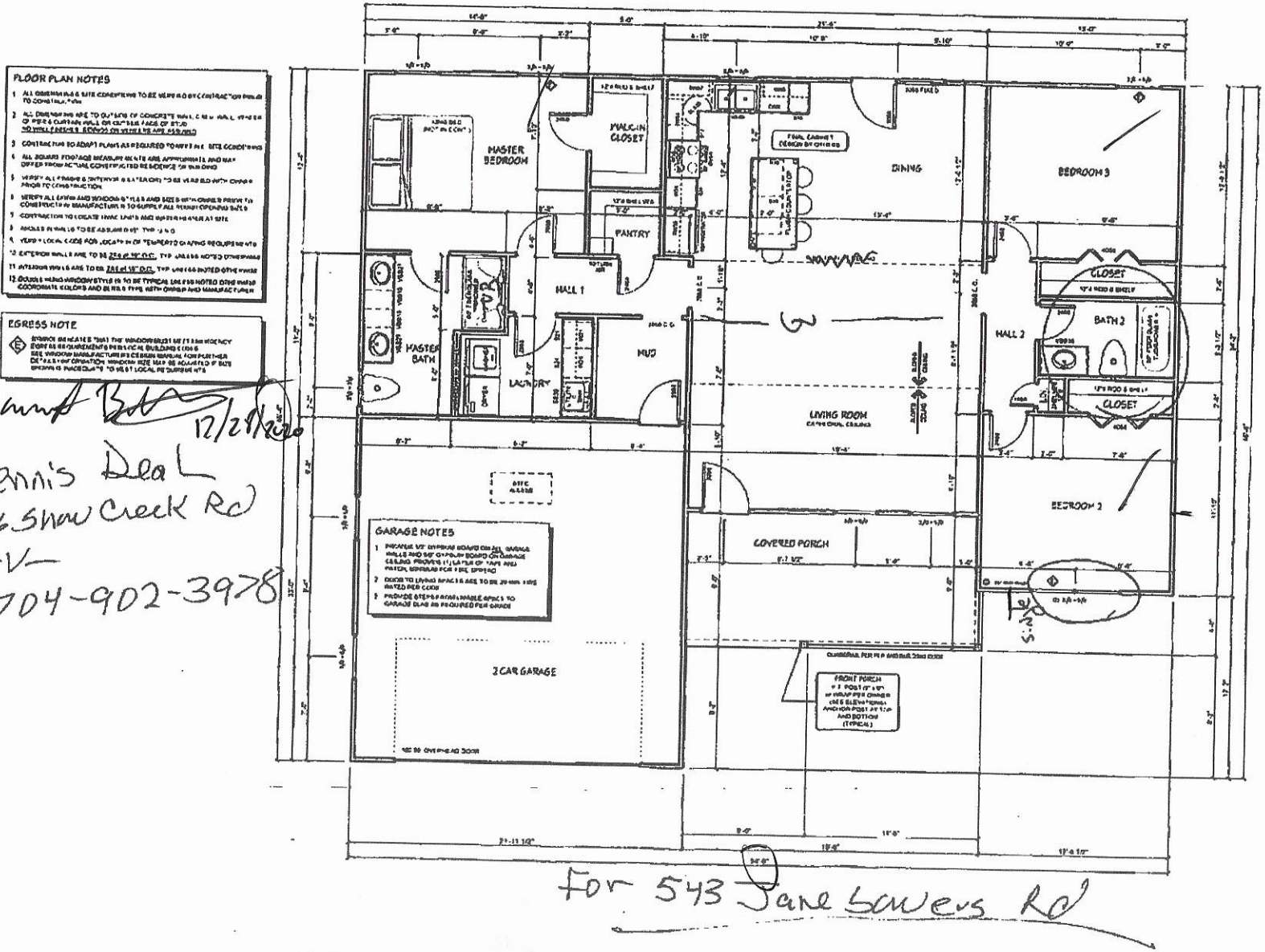
11-5-20

DATE

Acknowledgement Of Plans Submittal ONLY!

_____ Date_____

_____ Date_____



Brijmut Bal 12/29/2020

Dennis Deal
576 Snow Creek Rd
Stv
704-902-3978

For 543 Jane Sowers Rd

IREDELL COUNTY

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

APPLICATION NUMBER
312437 Issue Date: 11/05/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756356193.000	JANE SOWERS RD	Iredell County

Owner Information	Applicant Information
Name: OGEE INC Address: Phone:	Name: DENNIS DEAL Address: 576 SNOW CREEK RD STATESVILLE, NC 28625 Phone: (704)902-3978

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD

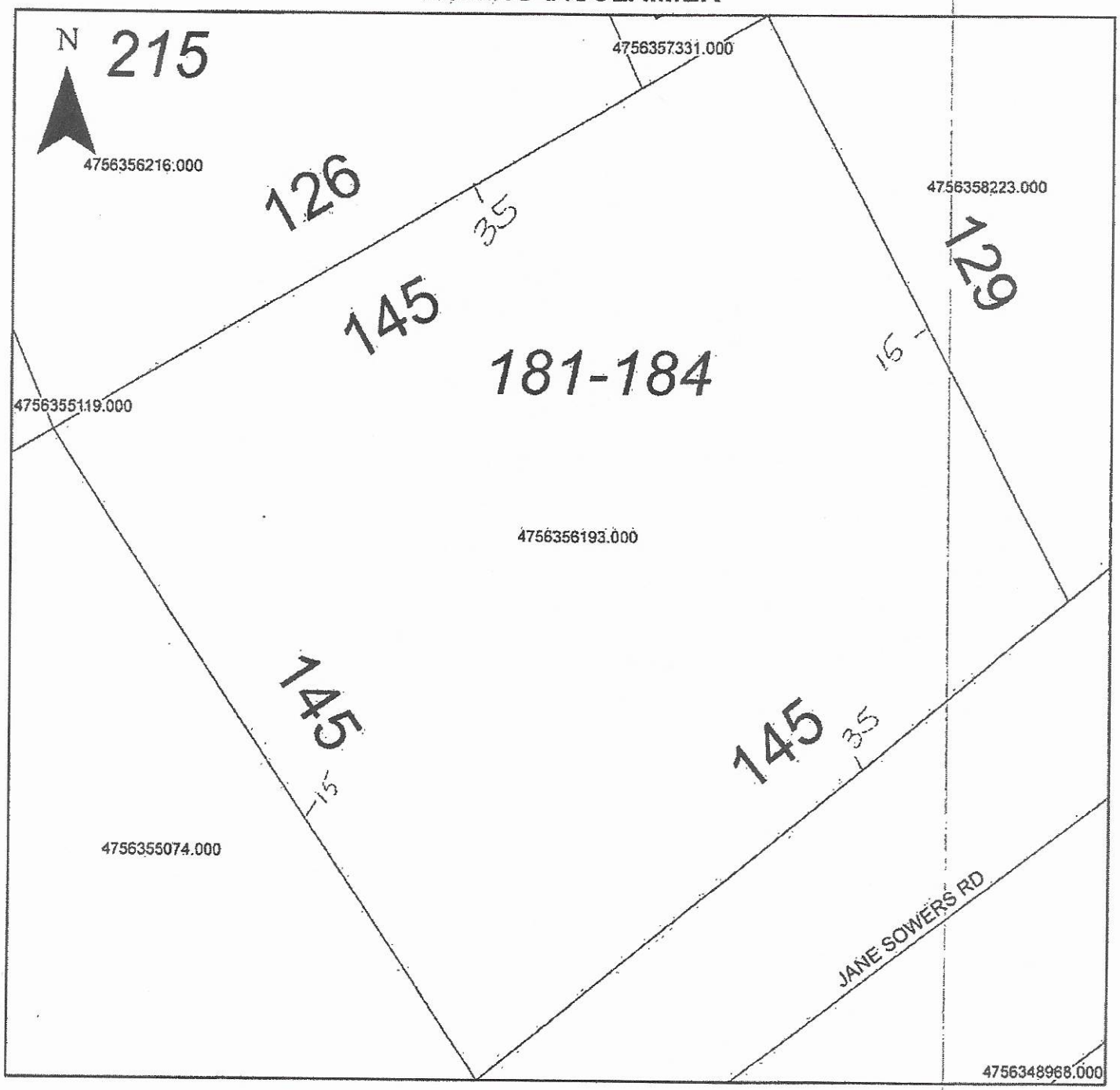
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 11/05/2020

Permit Number	312437	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 543 Jane Sowers

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.

Applicant

11-5-20

Date