ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318414

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

PIN # 4758--81--8162

APPLICANT/OWNER: Justin Edmonds | APPLICANT ADDRESS: 189 Society Church Rd Statesville NC 28625

SITE ADDRESS: 168 Blackwelder Rd Statesville NC 28625 | PHONE: 704-546-5791 | ALT. PHONE 704-402-8405

SITE DIRECTIONS: I40 E to I77 N, Ex#54 to R on US21 N, L on Jennings Rd, R on Blackwelder Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

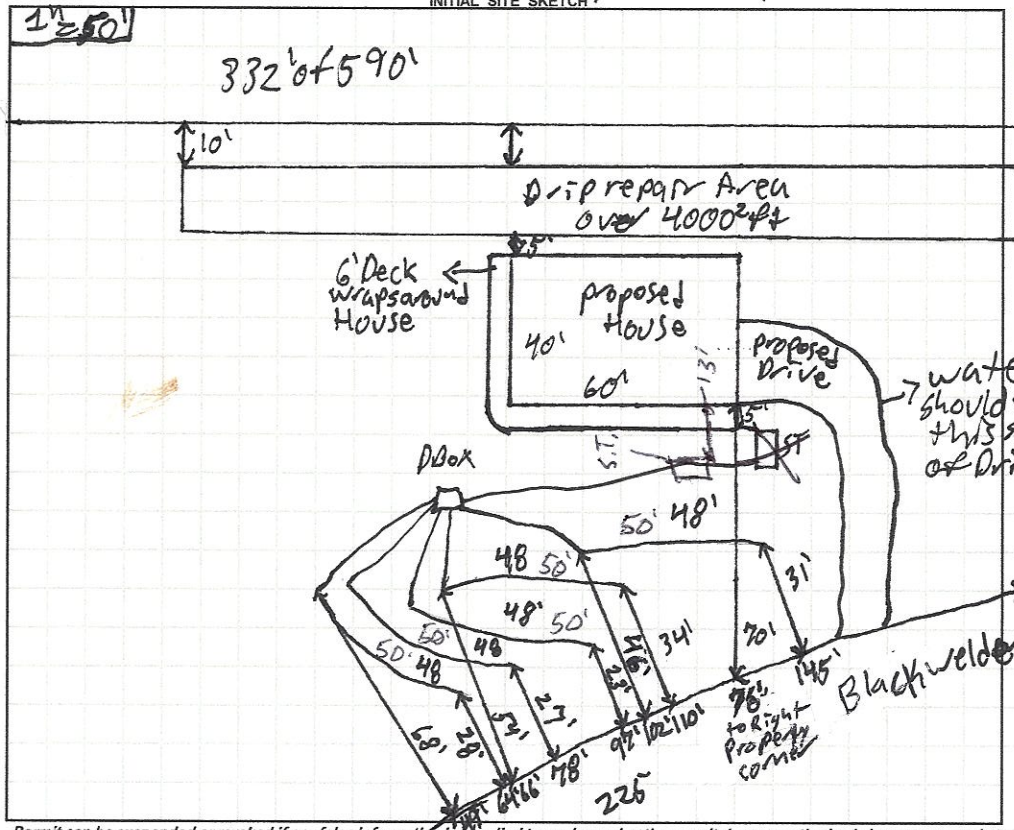
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.88 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	4-14-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 50% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Deep Drip TS2		
# Nitrification Fields	1	# Lines	5	Linear Ft	240'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☐ Private		
☐ Other	No. Employees		☒ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

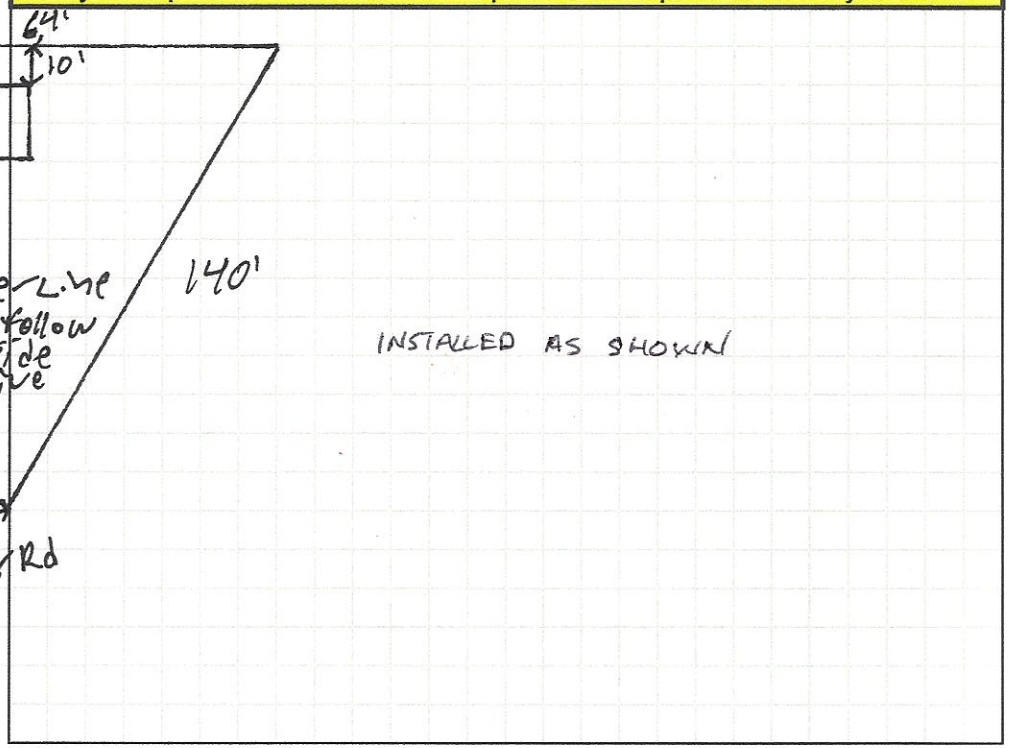
Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield many way. All property lines and corners must be marked. All parts of septic must be 10' off of water Line.

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: Justin Edmonds | Date: 9/13/2021 | Installed by: CRAIG THOMPSON GRADING

IMPROVEMENT PERMIT by: Patrick J. Boyle III | Date: 9/7/2021 | OPERATION PERMIT by: Bryant on behalf | Date: 5-25-2022

AUTHORIZATION TO CONSTRUCT by: Bryant Bur | Date: 9-22-2021 | Existing System Inspected by: | Date:

85

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 2
PROPERTY ID #: 4758918462
COUNTY: Iredell

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

OWNER: Justin Edmonds
ADDRESS: 185 County Rd
PROPOSED FACILITY: New Singleton
LOCATION OF SITE: 168 Blackwelder Rd
APPLICATION DATE: 5/26/2021
DATE EVALUATED: 7/19/2021
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.89 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other City water
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 6%	0-6	FSIL	—	YB mottles scattered throughout	49"	Litho inclusions common to loamy sap at 49"	Manganese common throughout	PS .275
		6-16	C SBK/ABK	FR SSP SMPO					
		16-49	CL SBK	FR SS SPSMPO					
		49-79	Loamy sap/mass	VFR					
2	SS 8%	0-7	FSIL	—	Chroma Hand 5 Saprolite fragments Rock Coating	77"	few Litho inclusions	manganese common at bottom	PS .25
		7-56	C ABK	FR SSP SMPO					
		56-77	CL SBK/ABK	FR SS SP SMPO					
3	SS 9%	0-7	FSIL	—	few YB mottles	53"	Litho inclusions common loamy sap at 53"	Manganese and ra-ext Rock fragments at bottom	PS .275
		7-13	C SBK/ABK	FR SSSP					
		13-53	CL SBK	FR SS SPSMPO					
		53-85	Loamy sap Mass	VFR					
4	SS 5%	0-19	FSIL	—	YB mottles Scattered throughout	79"	few Litho inclusions	Manganese common and bottom	PS .275
		19-27	SCL SBK	FR SSSP SMPO					
		27-48	C SBK	FR S SPSMPO					
		48-79	CL SBK	FR S SPSMPO					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	240'
System Type(s)	Gravity 50%	LPP PRPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Patrick F
OTHER(S) PRESENT:

COMMENTS: Cloudy random shower's

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

Sheet 2 of 2
PROPERTY ID #: 47138157622
COUNTY: Iredell

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

OWNER: JUSTIN Edmonds
ADDRESS: 189 SOCIETY RD
PROPOSED FACILITY: Newsingle family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 168 Blackwelder Rd

APPLICATION DATE 5/26/2021
DATE EVALUATED: 7/19/2021
PROPERTY SIZE: 1.89 acres
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	SS 5%	0-7	FSL	—	Few YP Mottles	60"	to Loamy Sand 66"	Slow Perched	
		7-33	CL	FR SSS/SSP					
		33-60	CL SBK	FR SSS/SSN					
		60-72	Loamy Sand MASS	VFR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	Gravity 150%	LPP BPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Cloudy Rain Showers

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	LS	0-29	CL SBK	SSSP FR SEXP		29			PS .1
		29-49	CLSAP M						
		49-75	LSAP M						
2	LS	0-15	Fill			42			PS .1
		15-42	CL SBK	SSSP FR SEXP					
		42-72	LSAP M						
3									
4									

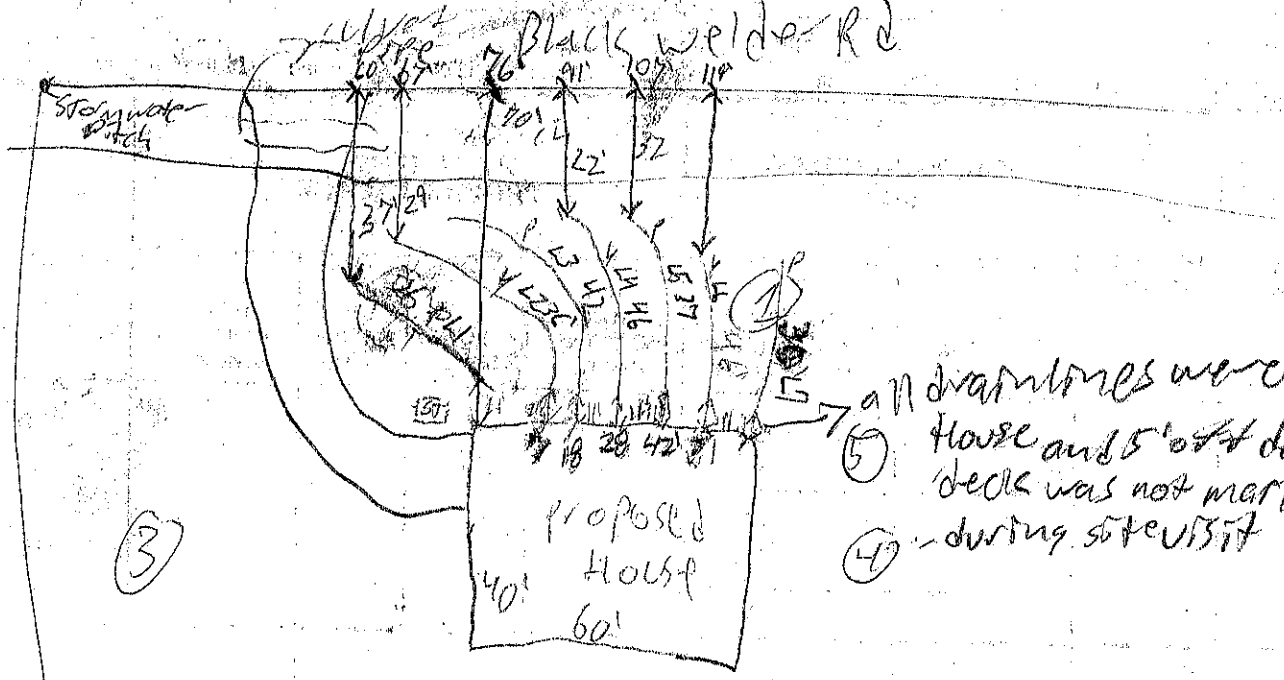
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Ben B
OTHER(S) PRESENT: Heaths, Patrick B

COMMENTS: _____

360 ÷ .25
↳ 1440 ÷ 3
↳ 480 x .75
↳ 360

360 ÷ .25
↳ 1440 ÷ 3
↳ 480 x .5
↳ 240'

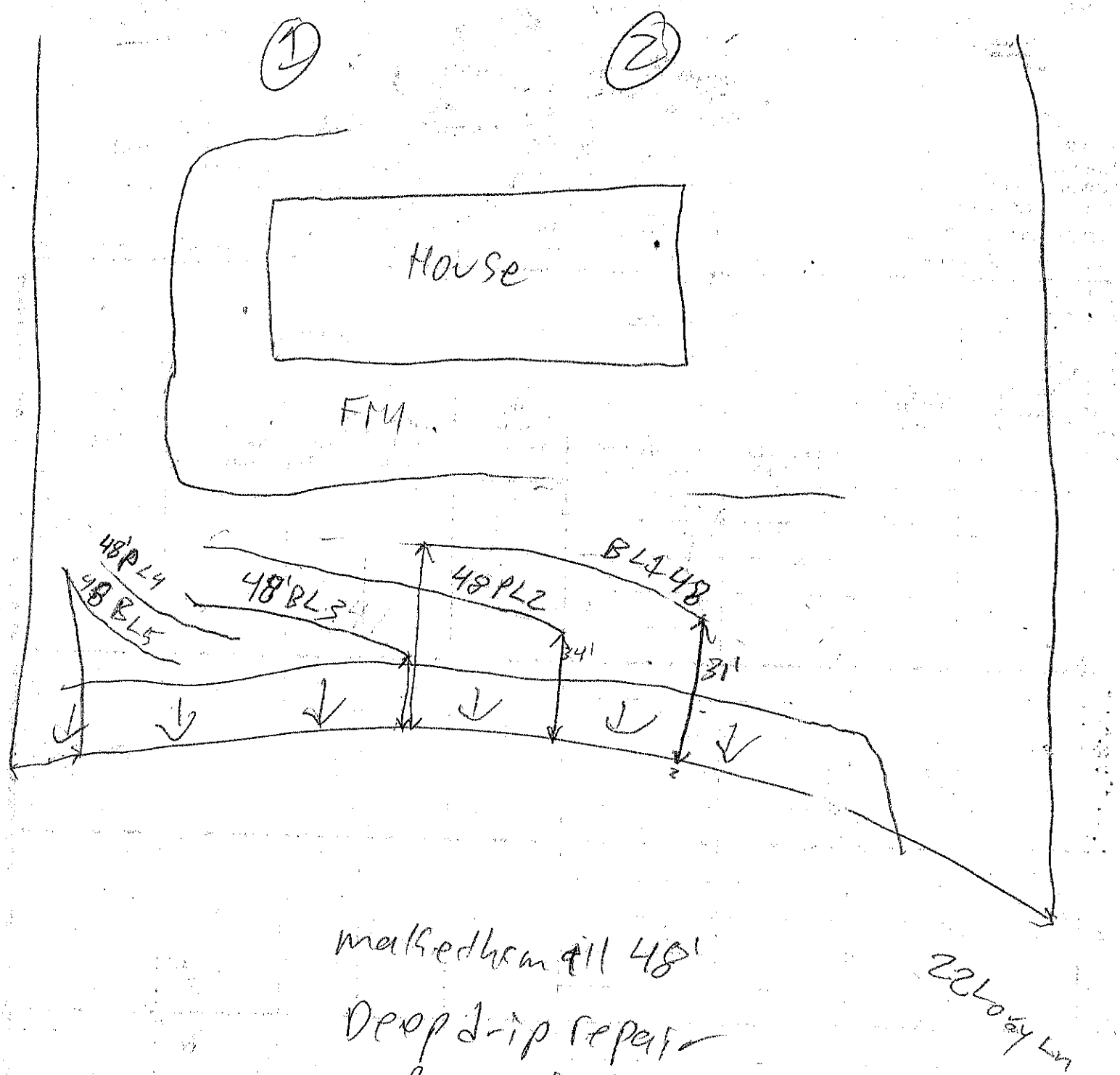


(5) all dimensions were 11' off House and 5' off deck. deck was not marked during site visit

(4)

M/19/2021: Elevation of ground next to front Right property corner was 6'10" Elevation of ground along L1 was 4'5". 2'5" difference

8/30/2021: Repair area completely gone. Elevation of ground next to front Right property corner is 7'11" Elevation of start of L1 is 3'9", where L1 is supposed to end is 5'6"



measurements from PC to Line

Line	start	end	from
L1	146'	102'	from Left PC when facing from Road
L2	110'	66'	
L3	47'		
L4	78'		
L5	64	441	

measurements to property Line

Line	start	end
L1	31'	46'
L2	84'	54
L3	23'	
L4	27'	
L5	28'	681

RECEIVED JUN 2 - 2021 31814 Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 ___ 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:**

Justin Edmonds	189 Society Rd	704-546-5791	704-402-8405
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Justin Edmonds	189 Society Rd	704-546-5791	704-402-8405
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. **Property Information:**

168 Blackwelder Rd	N/A	
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: If turning onto Blackwelder Rd from Hwy 21, go 1/4 of a mile and the property is in the turn on the right.

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
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:**

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

RAND

****

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 (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Justin Edmonds 5/26/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Justin Edmonds, am the legal owner of the property located at 168 Blacksmelter Rd, identified as PIN(Parcel Identification Number) 4758818162.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Cloer Construction, Jeff Edmonds, Sandy Edmonds, Tiffanie Nichols, _____, 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.

Justin Edmonds — Signature of Owner

6/2/21 — Date

_____ — Signature of Witness

_____ — 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 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

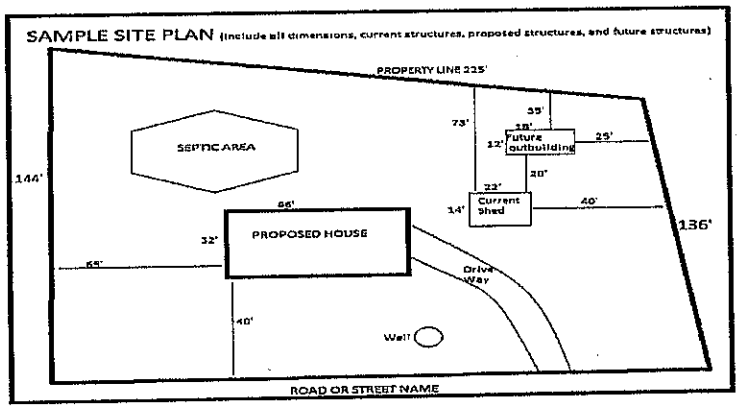
__X__ Front and side setbacks from property line... __X__ Preferred driveway location and configuration, preferred well location...

__X__ Area you prefer your septic system to be placed... __✓__ North arrow, or other sufficient indicator of direction...

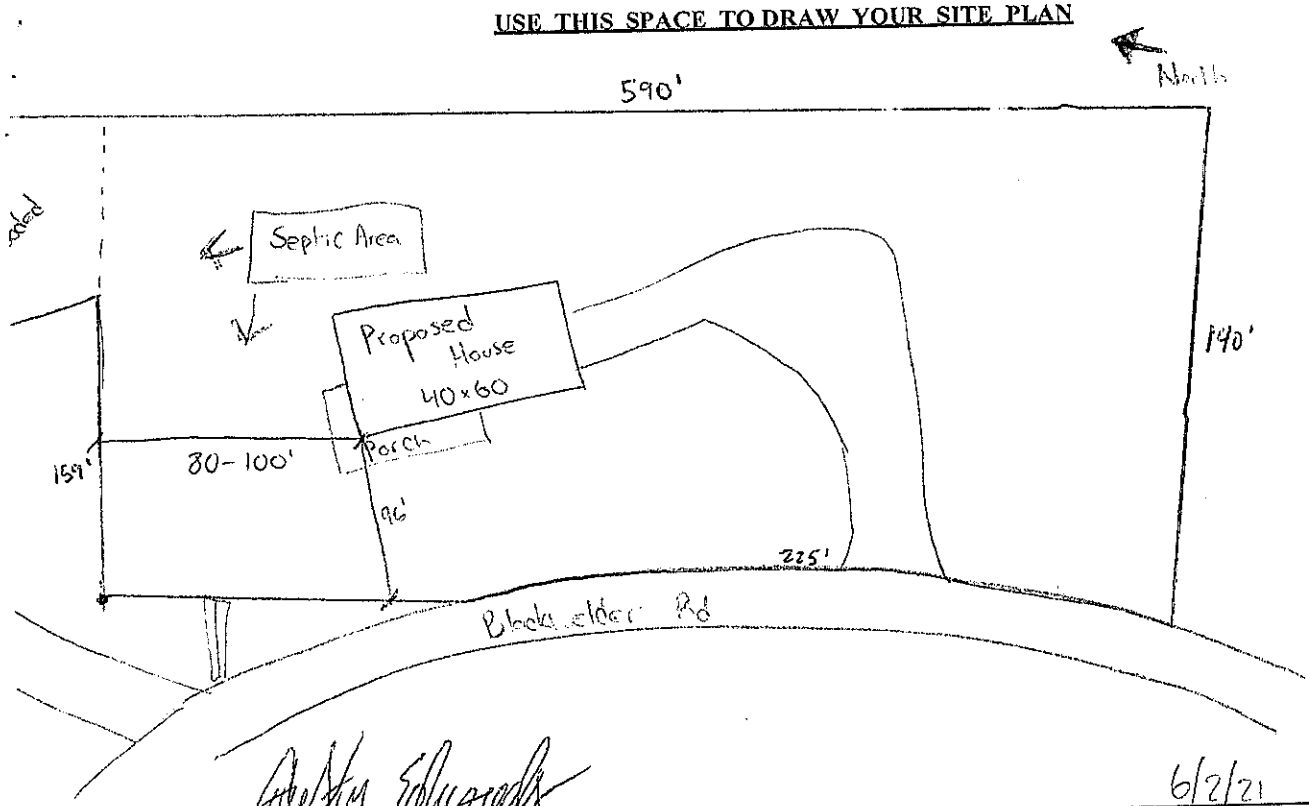
Circle N/A on the following if appropriate:

_____ 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

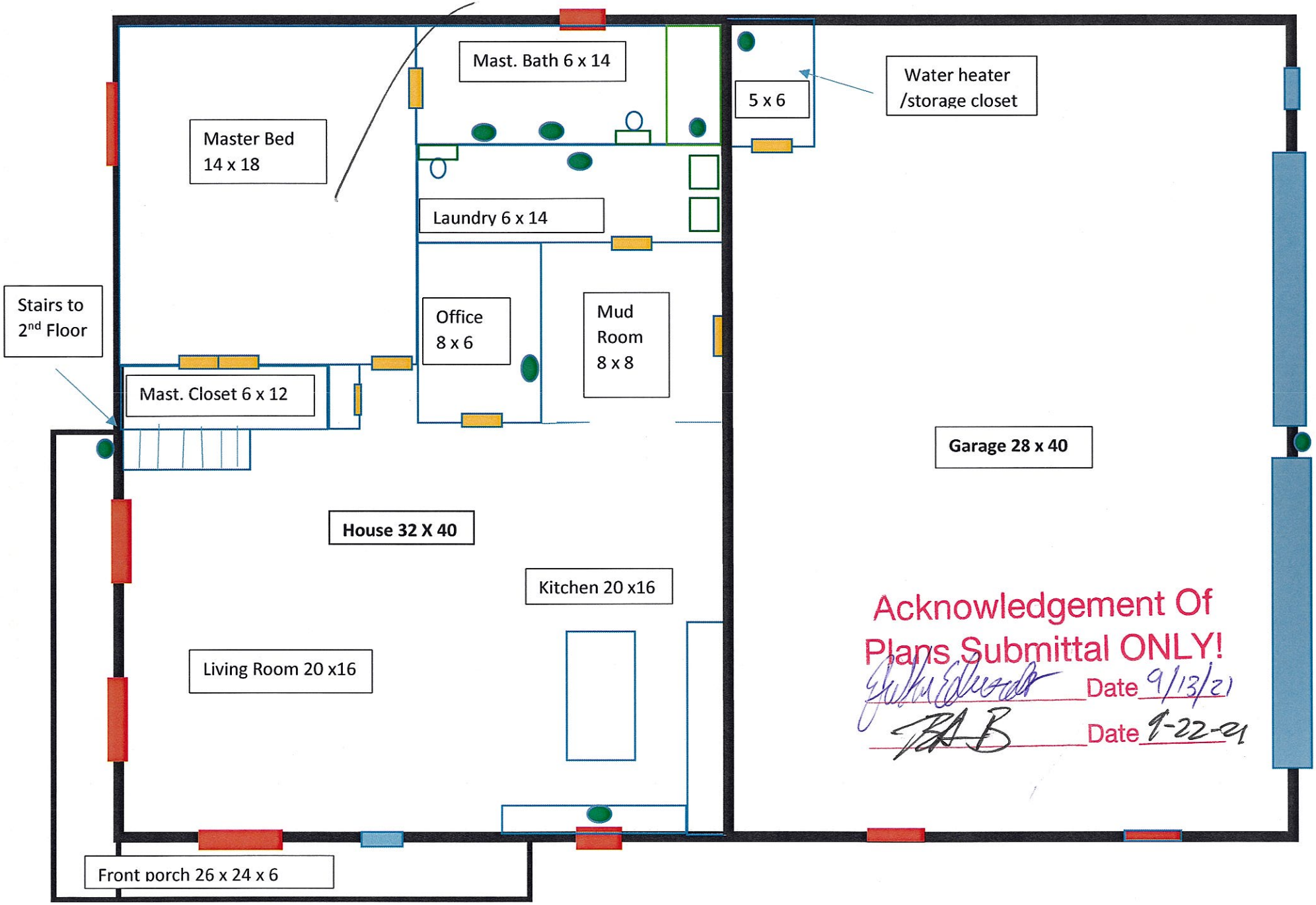


Signature: Gretta Edwards
REQUIRED property owner or owner's legal representative signature.

6/2/21
DATE

318414

Main Floor Plans 40 x 60 x 18

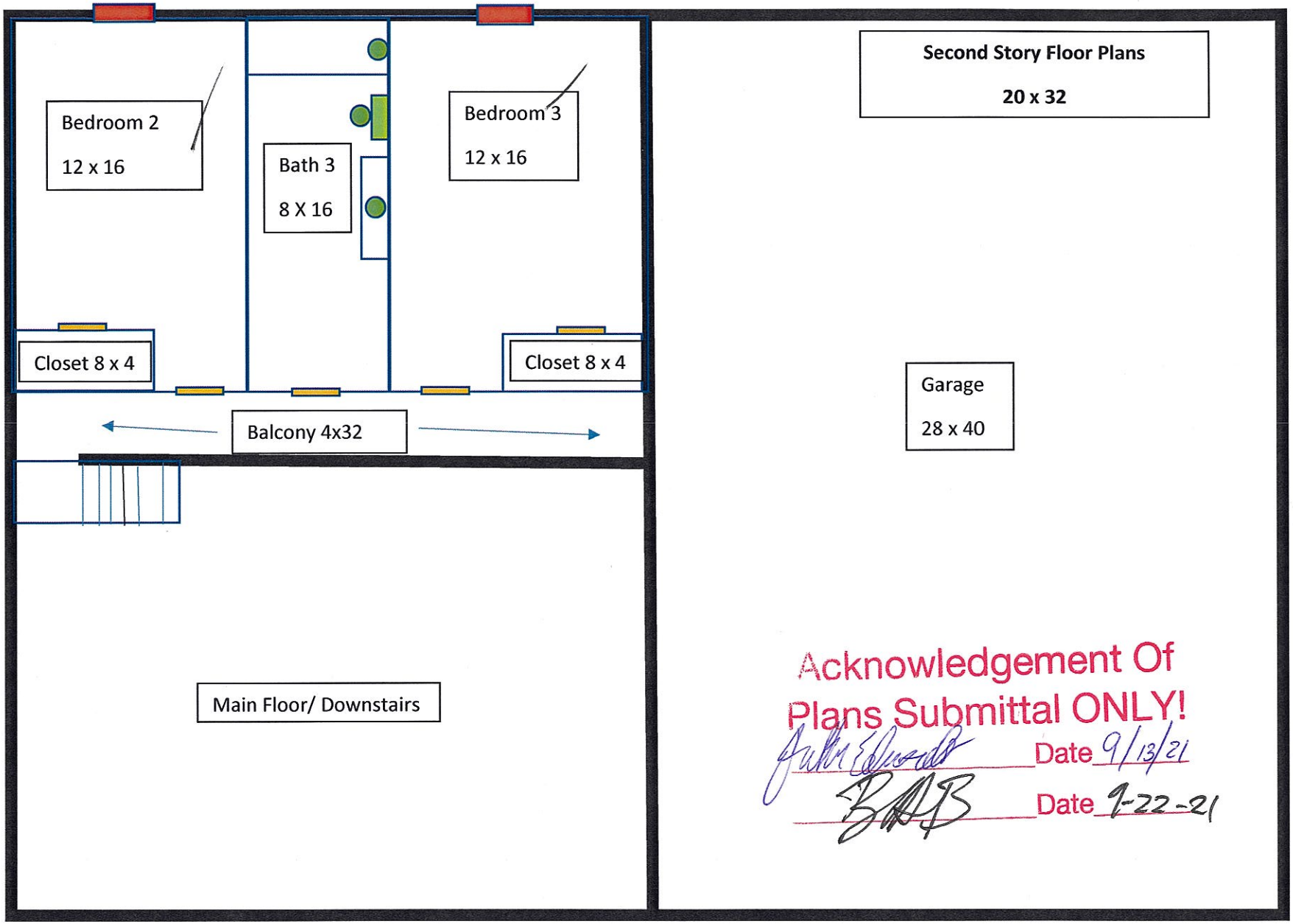


Acknowledgement Of Plans Submittal ONLY!

John Edwards Date 9/13/21

Date 9-22-21

318 914



Acknowledgement Of
Plans Submittal ONLY!

Date 9/13/21

Date 9-22-21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318414 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4758818162.000	168 BLACKWELDER RD	Iredell County

Owner Information	Applicant Information
Name: EDMONDS JUSTIN M Address: Phone: (704)546-5791	Name: Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.881	35	35	15	15	N/A	NO

Remarks
sfd

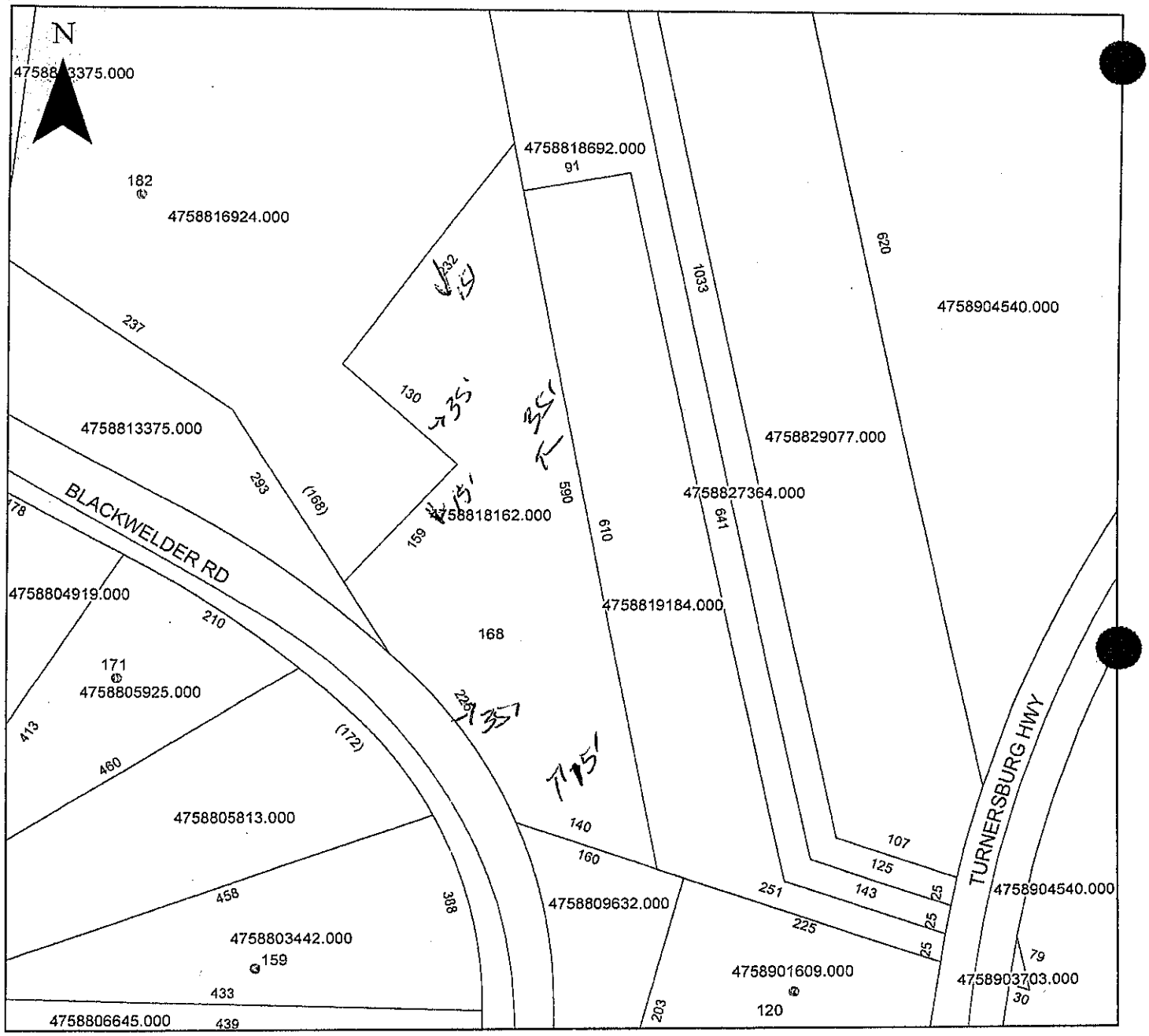
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 06/02/2021

Signature of Owner/Contractor

Permit Number	318414	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 168 Blackwelder

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

6/2/21
Date