IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4762 02 2485 PERMIT # 2382171

APPLICANT/OWNER: Matthew Lloyd APPLICANT ADDRESS: 236 Clements Rd Statesville NC 28677

SITE ADDRESS: 132 Witherspoon Ln Statesville NC 28677 PHONE: 704 902 9591 ALT. PHONE

SITE DIRECTIONS: Amity Hill TL Shiloh Rd TL Clements TR Reavis TR Witherspoon SAP CONTROLLED: YES NO

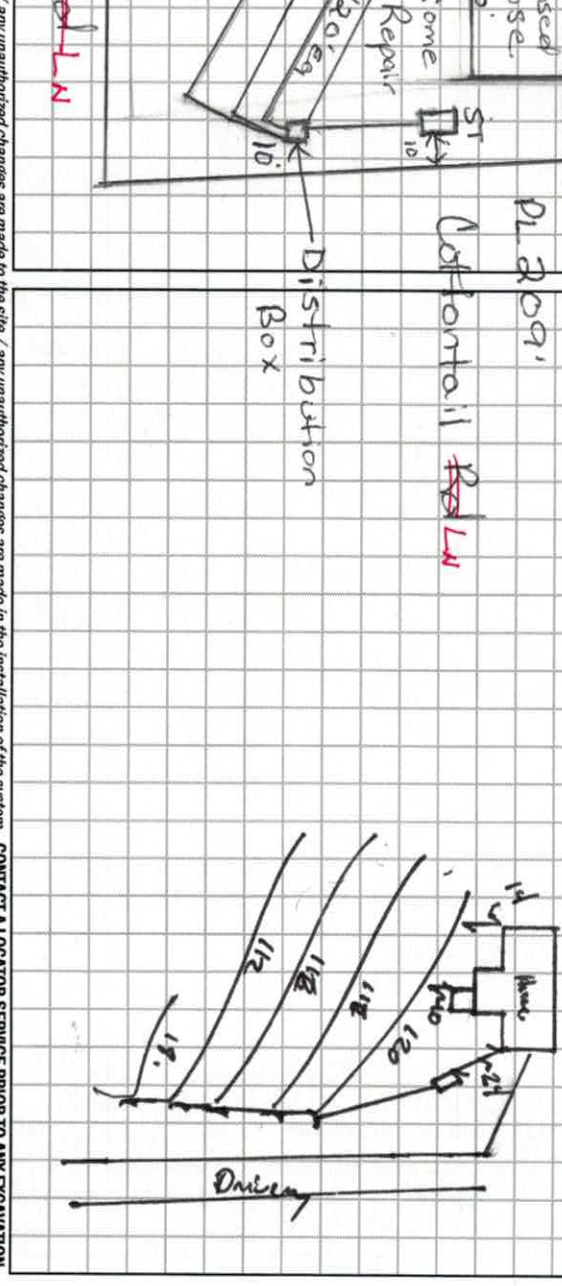
SUBDIVISION: Mark & Kim Carlson Prop. SECTION: — LOT # 1 LOT AREA: 1.0 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 760	Date 3-9	☒ 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: Low Profile Chambers				☐ Business	No. Persons 6	☒ Private	
Pump Make				Repair System Description: Same				☐ Other	No. Employees	☐ Public	
	Model		Serial #					☐ Slab	☒ Crawl Space	☐ Community	
# Nitrification Fields	1	# Lines 4	Linear Ft. 120 ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Basement w/plumbing	☐ Basement w/o plumbing		
Trench Width	36"	Trench Bottom Depth(low side)	12"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE					

Comments / Conditions:

Must keep drainfield shallow 12" trench bottom, use Low Profile Chambers

INITIAL SITE SKETCH



AS BUILT SKETCH

Low Profile Chambers Get any reduction; property recorded deed Book 69 pg 8

Use 2" cap on top of trench X-Divert storm water/surface water away from drainfield.

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: Matthew Lloyd Date: 9/26/18

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/26/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cook Date: 12/11/18

Installed by: Andrew Bennett

OPERATION PERMIT by: Raymond Bell Date: 5/16/19

Existing System Inspected by:

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 inspection time.

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	(.1941) .1941 STRUCTURE/ TEXTURE	(.1941) .1941 CONSISTENCE/ MINERALOGY	PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-6	Brw SCL	SS, SP, SExp, FR					PS .25 to 34"
		6-34	R to Rd/Brw C	S, P, SExp, FI					
		34-50+	RC/SC Yel/Brw "Tiger Clay"	S, P, Exp, FI	34"	34"			
2	3%	0-7	Brw SCL w SBK	SS, SP, SExp, FR					PS .25 to 24"
		7-24"	R/Rd/Brw C w SBK	S, P, SExp, FI					
		24-48	RC/SC Yel/Brw	S, P, Exp, FI	24"	24"			
3	3%	0-6	Brw SCL w SBK	SS, SP, SExp, FR					PS .25 to 24"
		6-24	Rd/Rd/Brw C w SBK	S, P, SExp, FI					
		24-48+	Rd/Brw to Yel/Brw C	S, P, Exp, FI	24"	24"			
4	4%	0-5"	Brw SCL w SBK	SS, SP, SExp, FR					PS .25 to 24"
		5-24"	Rd/Rd/Brw C w SBK	S, P, SExp, FI					
		24-48"	Rd/Brw to Yel/Brw C Chroma 2 or 3	S, P, Exp, FI	24"	24"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Low Profile Chambers	Low Profile Chambers
Site LTAR	.25	.25

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY: M Dotson

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	NEXP (Non-expansive) 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	3L (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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

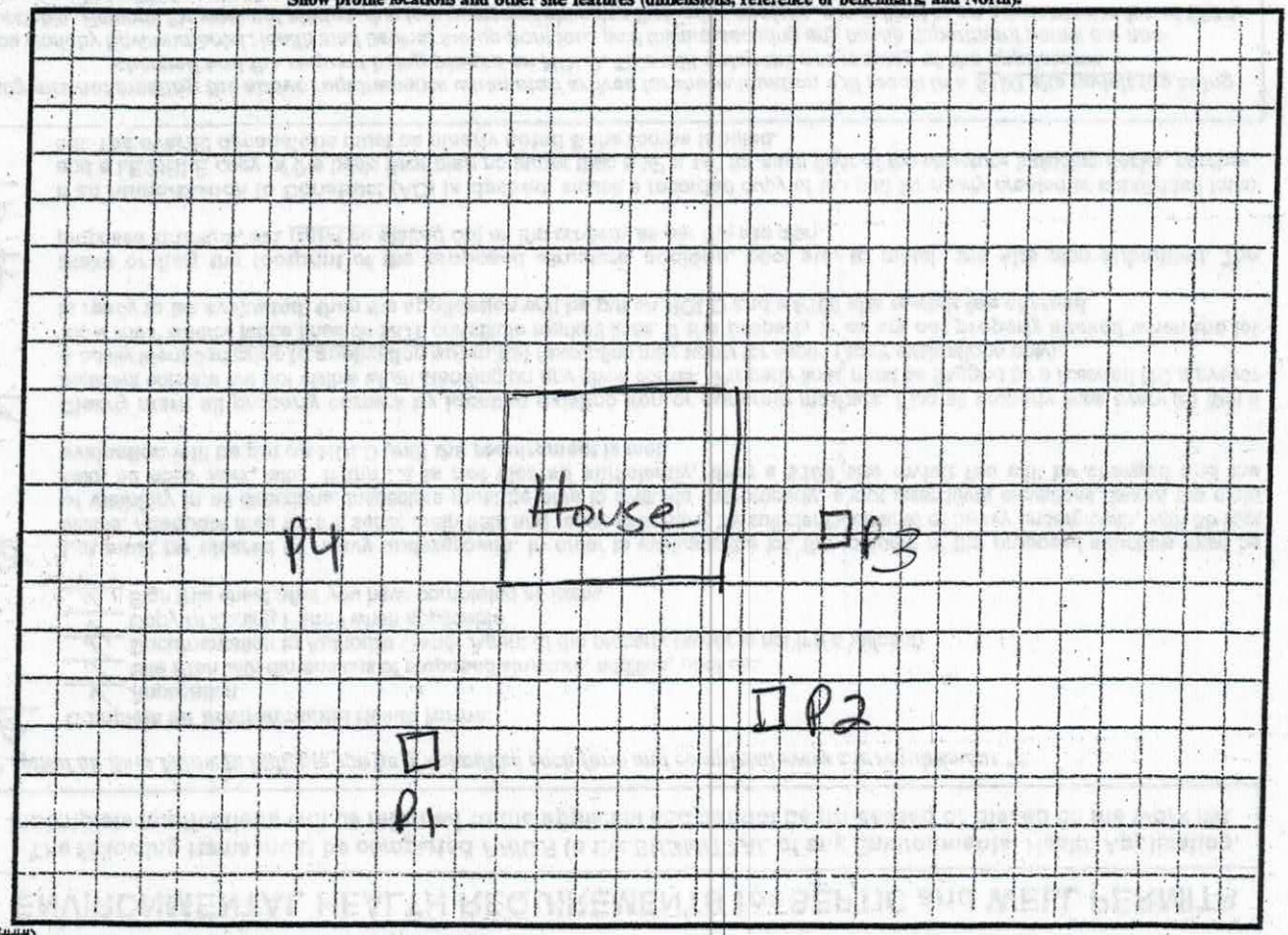
NOTES

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.

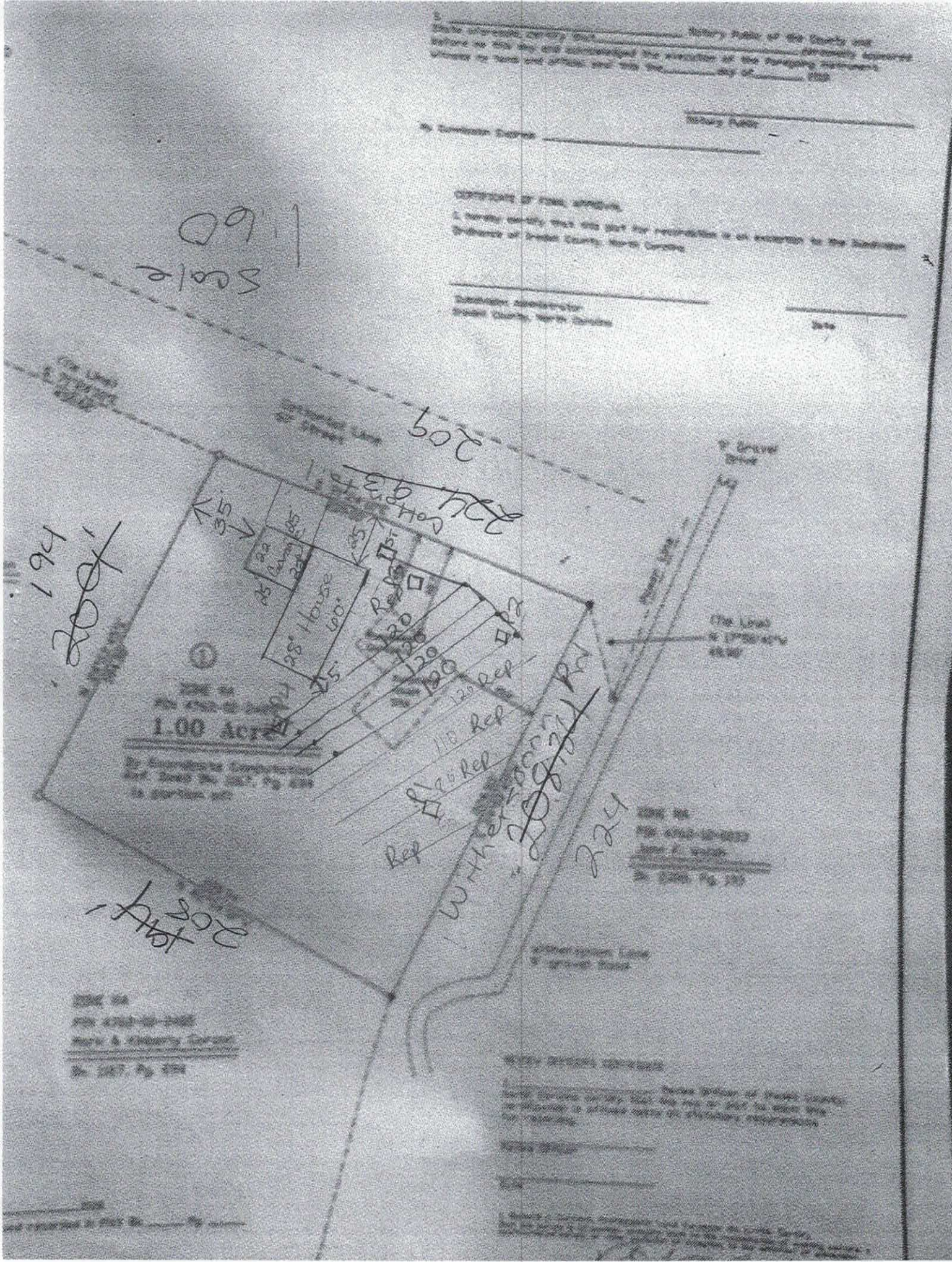
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

Witherspoon


1.00 Acre
House
120
Ref
35'
25'
Rep
Rep
Rep

RECEIVED AUG 2 2 2018

Colby Sept 10 - basic training

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 #238217

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) 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: Matthew Lloyd Address: 230 Clements Rd. Statesville, NC Zip: 28677
Applicant Email: colbylloyd@outlook.com Phone: 704-902-9591 Alt. Phone: 704-881-3399
Owner Name: Mark Carson Address: 128 Cottontail Ln Zip: 28677
Owner Email: Carsonlak@att.net Phone: 704-657-0078 Alt. Phone: 704-871-9281

Property Information:

Street Address: 132 Witherspoon Ln Statesville NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: 6
Driving Directions: _____

PAID Cash/Check

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
(✓) 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: Matthew Lloyd 8-21-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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*)** Matthew Lloyd

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, Matthew Lloyd, am the legal owner(s) of the property located at 132 Witherspoon In Statesville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

General Contractor – Gerald Rimmer, 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.

Matthew Lloyd
Signature of Owner(s)

12/17/18
Date

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

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

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, Mat Cauley, am the legal owner(s) of the property located at Corner of Cottontail & Witherspoon (1 acre), identified as PIN (Parcel Identification Number) 4762-02-2485, located in Iredell County, North Carolina.

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

Mat Cauley
Signature of Owner(s)

8-21-18
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

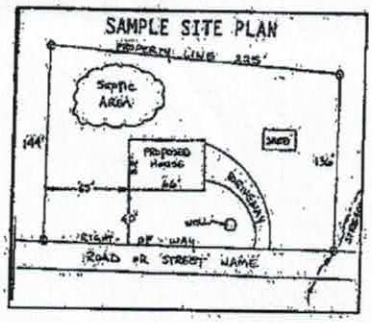
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

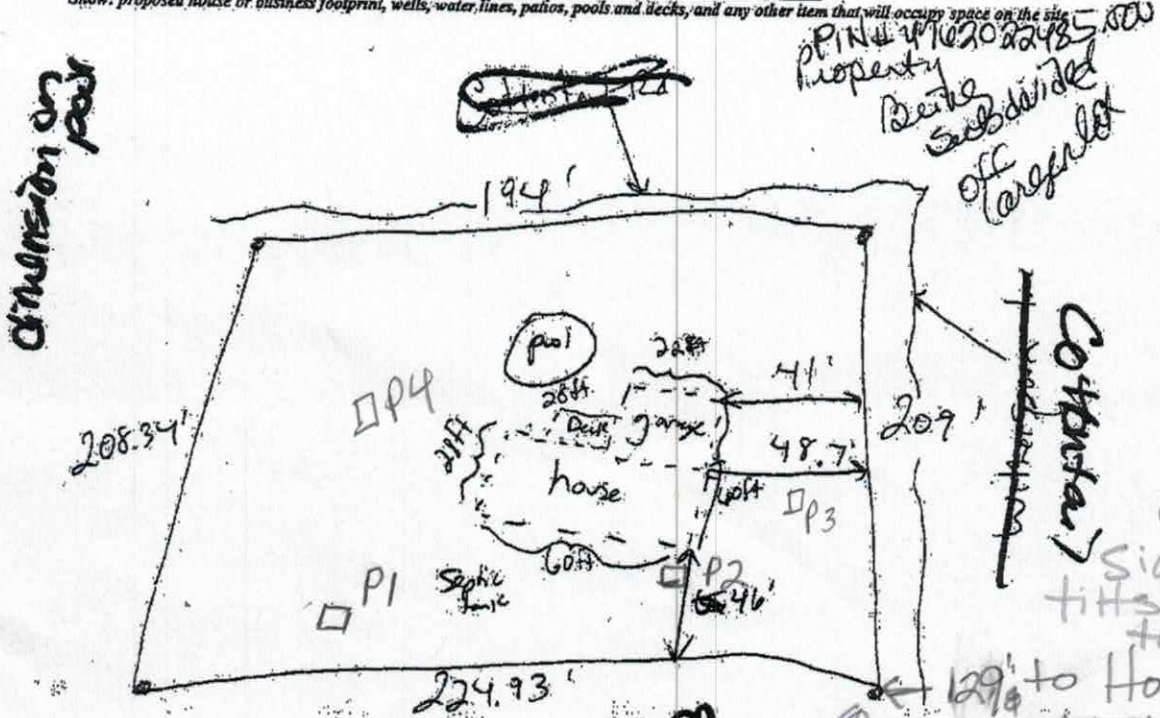


Circle N/A on the following if appropriate:

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

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: X Matt Lloyd

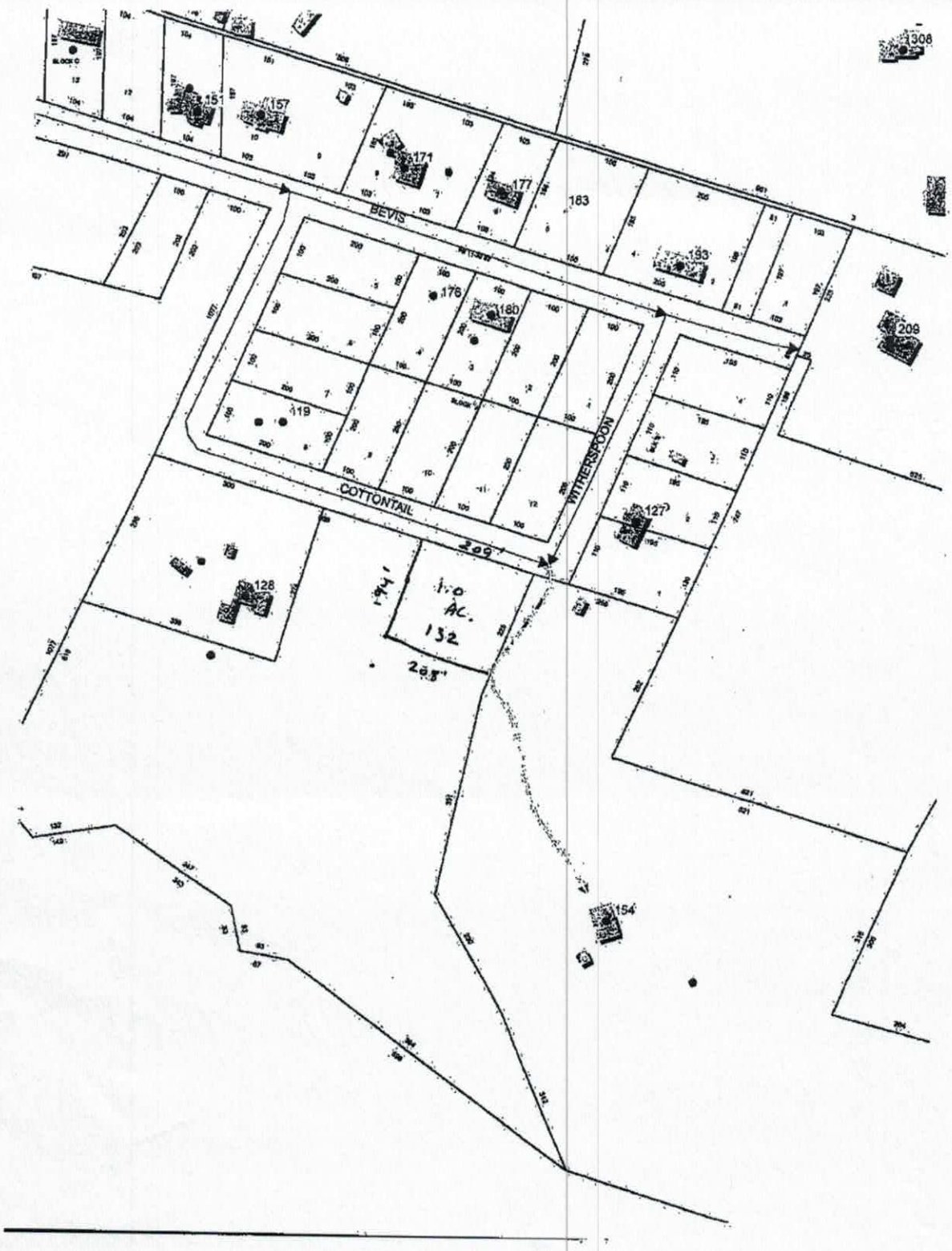
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

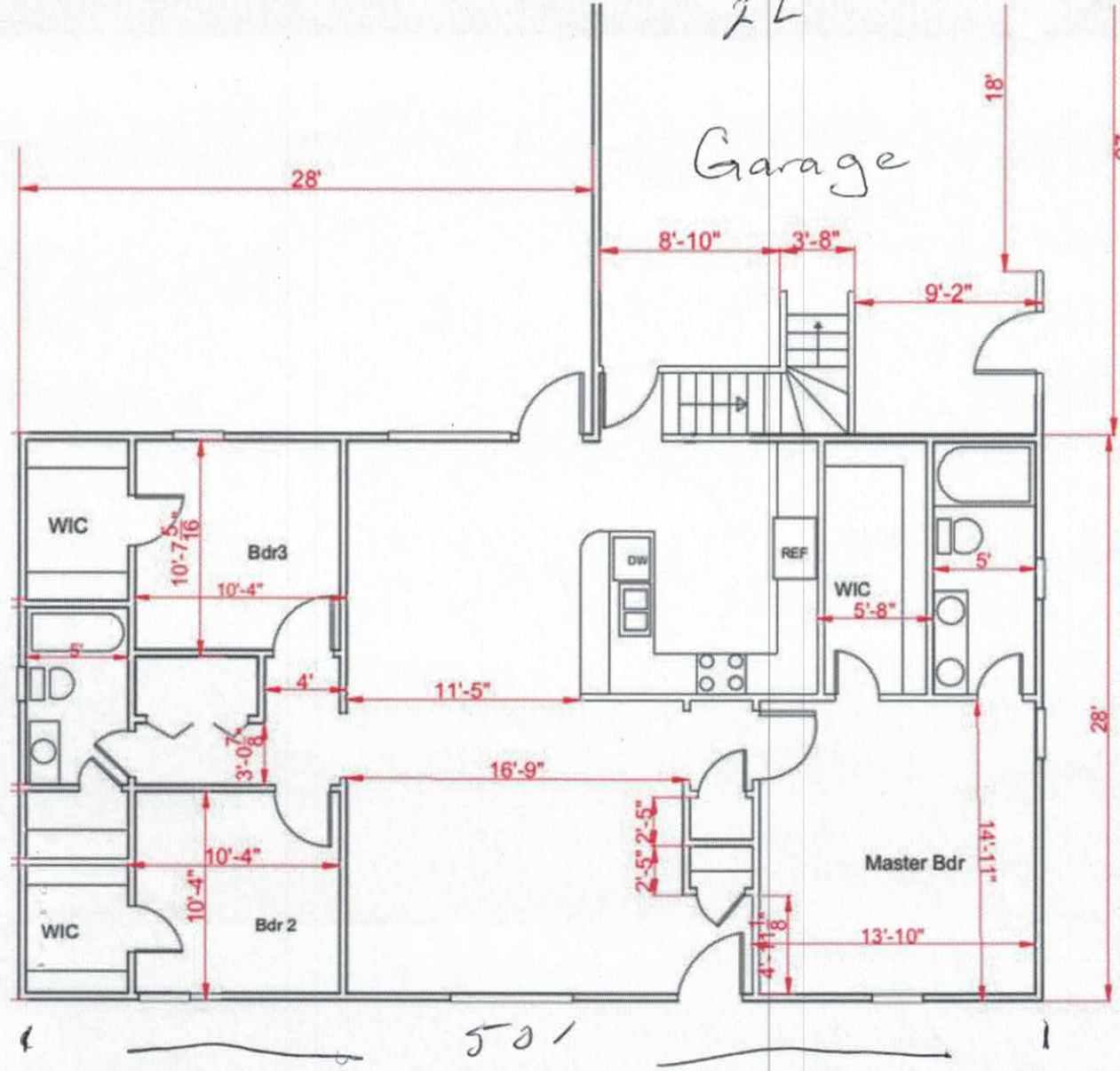
DATE 8/22/18

Close Far End To SL

To Side			
15'	B	40'	96'
18'	R	26'	76'
21'	W	16'	69'
27'	O	6'	58'

40 @ 120 +19'


BEVIS
COTTONTAIL
WITHERSPOON
151
157
171
177
183
193
176
180
119
128
127
154
208
308
1.0 AC.
132
209'
294'
285'



Colby Lloyd
132 Witherspoon

Acknowledgement of
Plans Submittal ONLY!

Maria Ochoa Date 9/26/18

Matt Lloyd Date 9/26/18

IREDELL COUNTY

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

APPLICATION NUMBER
238217
Issue Date: 08/22/2018

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4762022485.000	132 WITHERSPOON LANE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: CARSON MARK B+KIMBERLY C	Applicant: LLOYD, MATTHEW
Address: 139	Address: 236 CLEMENTS RD
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone: 704-902-902

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.430	35.00	35.00	25.00	15.00	NOT	X

Remarks:

PAID
Cash
8/22

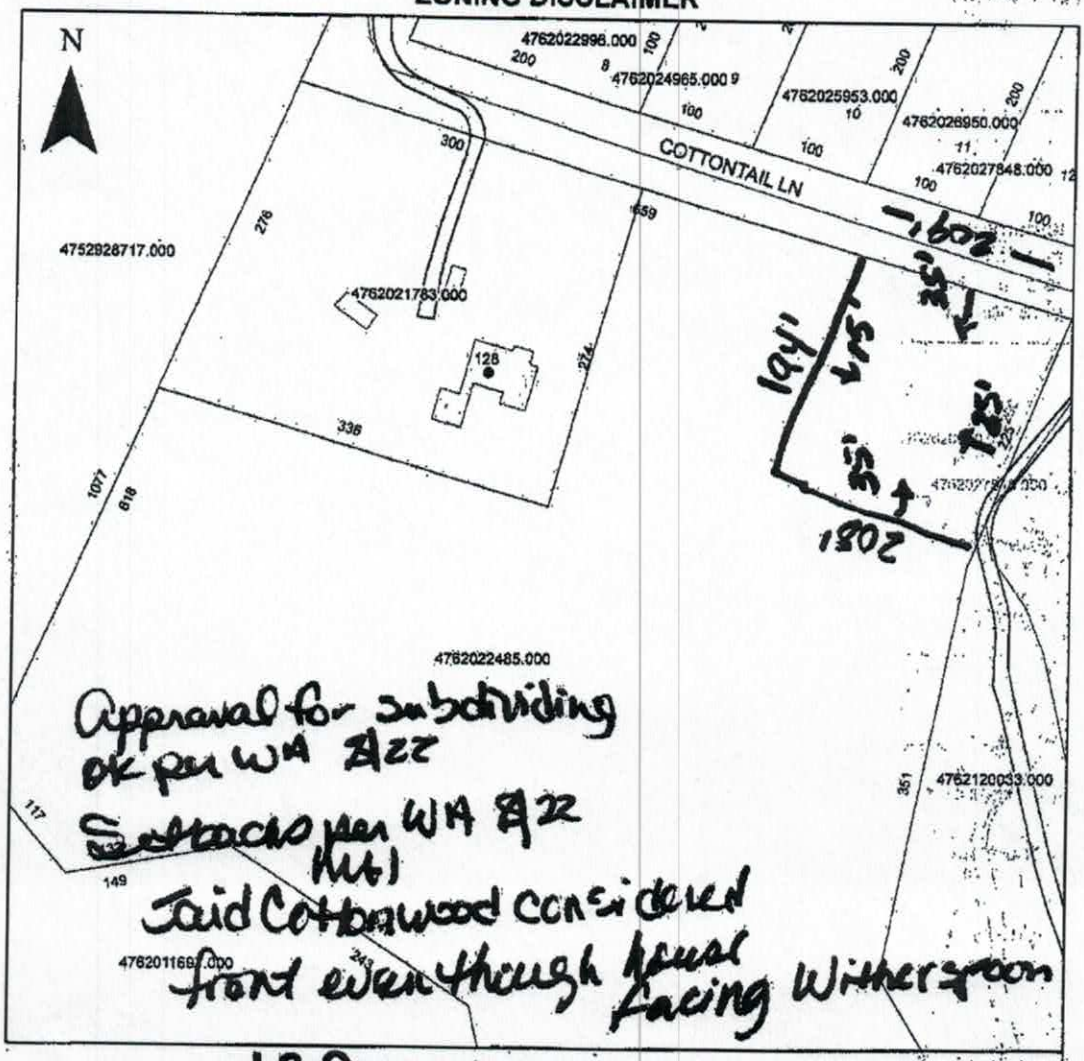
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: _____ Date: _____

Permit Number	149678	TOTAL FEES:	$ 77.25

Shiloh TL Clements TR Bevis
TR Witherspoon
on right

ZONING DISCLAIMER



Property Address 132 Witherspoon

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.

Matt Lloyd
Applicant

8/22/18
Date