ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP301349

PIN # 4763473177

APPLICANT/OWNER: Adrienne Reed

APPLICANT ADDRESS: 959 Bell Farm Rd. Statesville, NC

SITE ADDRESS: 959 Bell Farm Rd. Statesville, NC 28625

PHONE: 760-486-6635 ALT. PHONE —

SITE DIRECTIONS: US 70 W → R on Salisbury → L on Bell Farm → lot on R

SUBDIVISION: —

SAP CONTROLLED: ☐ YES ☑ NO

SECTION: — LOT # — LOT AREA: 2.83ac

DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	120	Date	9-25-19
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	2 @ 150'	Linear Ft	300'
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	MAX 36"	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

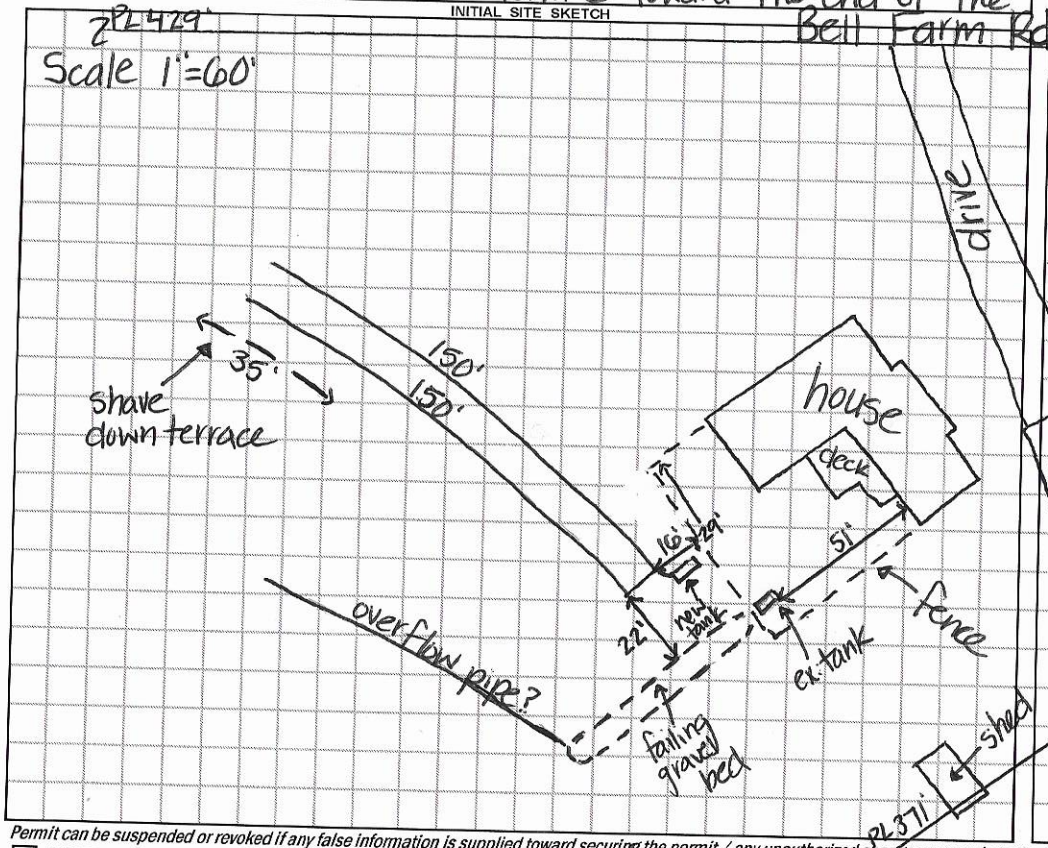
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

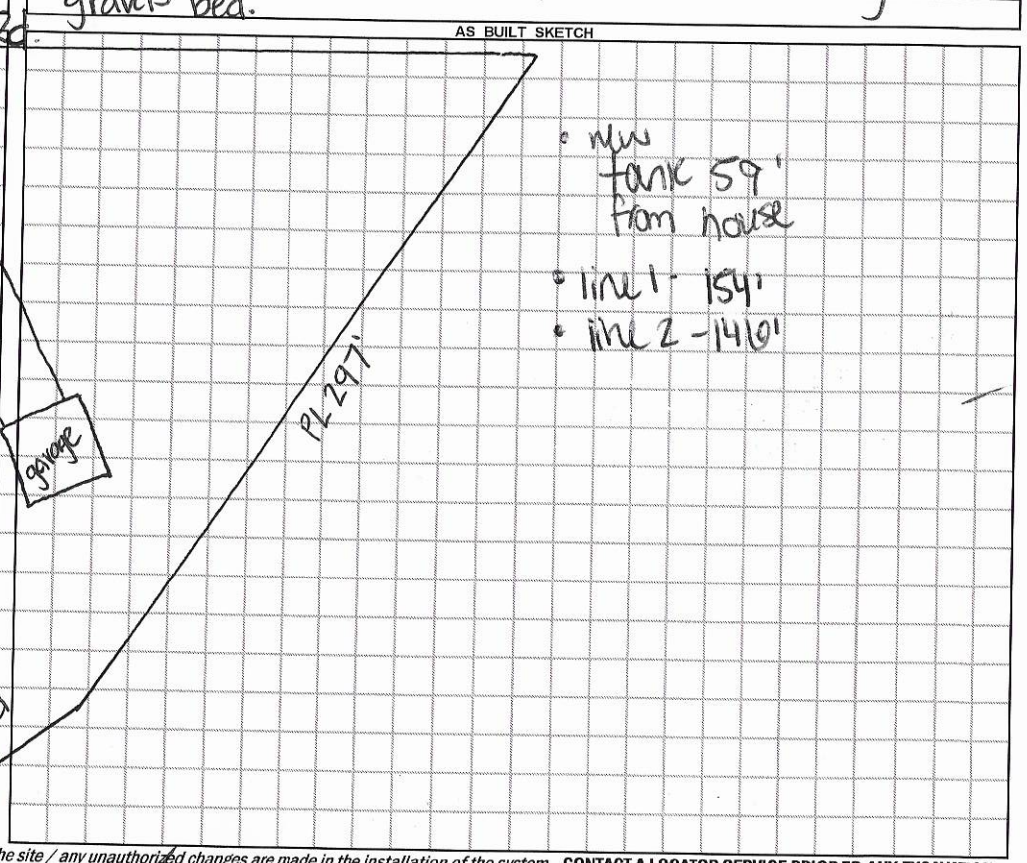
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution. Install at max trench depth of 36". *OK to cheat contour 4"-5". Shave down terrace toward the end of the drain lines to create positive drainage. Pump, crush, & fill existing tank and abandon/disconnect existing gravel bed.

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: Adrienne Reed Date: 10-4-19

IMPROVEMENT PERMIT by: Kayla Watson Date: 10-2-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 10-2-19

Installed by: Kevin Boles

OPERATION PERMIT by: Carla C. Cave Date: 10-29-19

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4763473177
COUNTY: Iredell

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

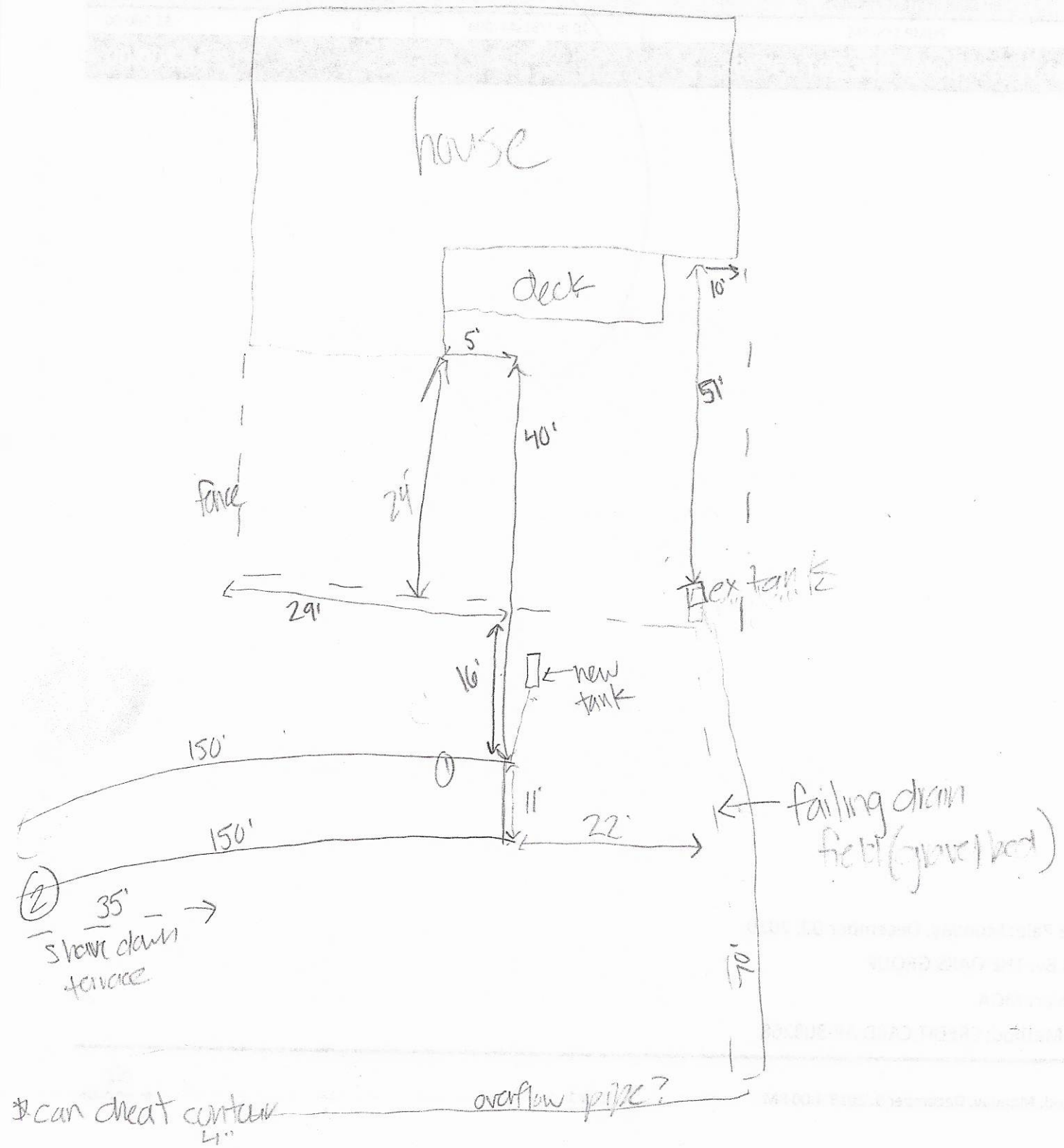
OWNER: Adrienne Reed
ADDRESS: 959 Bell Farm Rd
APPLICATION DATE 9-29-19
DATE EVALUATED: 10-2-19
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 2.83ac
LOCATION OF SITE: US 70W → R on Salisbury → L on Bell Farm → 1st on R
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☐ Public ☐ 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5% LS	0-9	WSBK SCL	Fr,SS,SP,SE	—	48	24-48" common SAP inc.		PS .3
		9-24	SBK C	Fr,SS,SP,SE					
		24-48	WSBK CL	Fr,SS,SP,SE					
2	4% LS	0-10	WSBK SCL	Fr,SS,SP,SE	—	48	26-48 com SAP inc.		PS .3
		10-26	SBK C	Fr,SS,SP,SE					
		26-48	WSBK CL	Fr,SS,SP,SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		III
Site LTAR		.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


house
deck
10'
5'
51'
40'
fence
24'
29'
ex tank
16'
new tank
150'
11'
150'
22'
failing drain field (gravel bed)
35'
slope down fence
70'
overflow pipe?
* can cheat contour
4"

RECEIVED SEP 3 0 2019

Repair Evaluation - No chg

AP- 301349

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

Iredell County Health Department -- Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair

THIS LEGAL FACILITY DOCUMENTS WELL LOCATION IN LAND AS INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF VOW SOIL IS ALTERED. USE IMPROVEMENT PERMIT IS VOID FOR ACTIONS TO MONITOR OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN TO BE VOIDED, APPLICATION WITH COMPLETE, SIGNED PLAT WITHOUT EXPIRATION. SEE G.S. 90A-C 10A .1631(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
Fields on (X) boxes whichever is submitted if applicable: ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: ADRIENNE REED Address: 959 BELLFARM Rd Zip: 28625
Applicant Email: boair76@hotmail.com Phone: (760)486-6635 Alt. Phone: (760)524-5752
Owner Name: ADRIENNE REED Address: 959 BELL FARM Rd Zip: 28625
Owner Email: boair76@hotmail.com Phone: (760)486-6635 Alt. Phone: (760)524-5752

Property Information:

Street Address: 959 BELL FARM Rd Statesville, 28625

Sub-Division Name: NA Section/Phase: NA Lot Number: NA

Driving Directions: TAKE 70 to 01D 70 make a left, turn Left onto Bell Farm then make a right 1st house on right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 Ant
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 Ant
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Puddling up into backyard
( ) Swimming Pool
( ) Other Addition/Structure: _____
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Homes: _____ Number of Persons: _____

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

Desired Septic System Type: (you may rank in order of preference) Year existing system installed: Not sure
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 1958

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. industrial) 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 evaluation can be performed.

Signature: Adrienne Reed on 9-29-19 DATE
Property owner or owner's legal representative's signature (SIGNATURE REQUIRED)

No Permit in DB

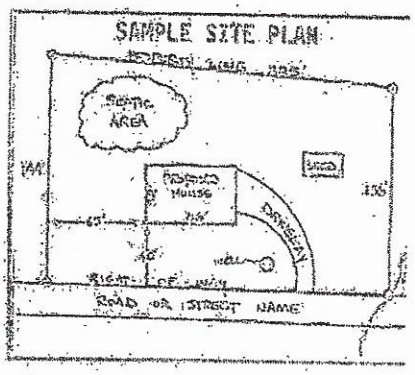
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 on you complete the site plan:

( ) Property lines/measurements are clearly identified
( ) All proposed structures are indicated
( ) Front wall of structure from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other additional indication of direction

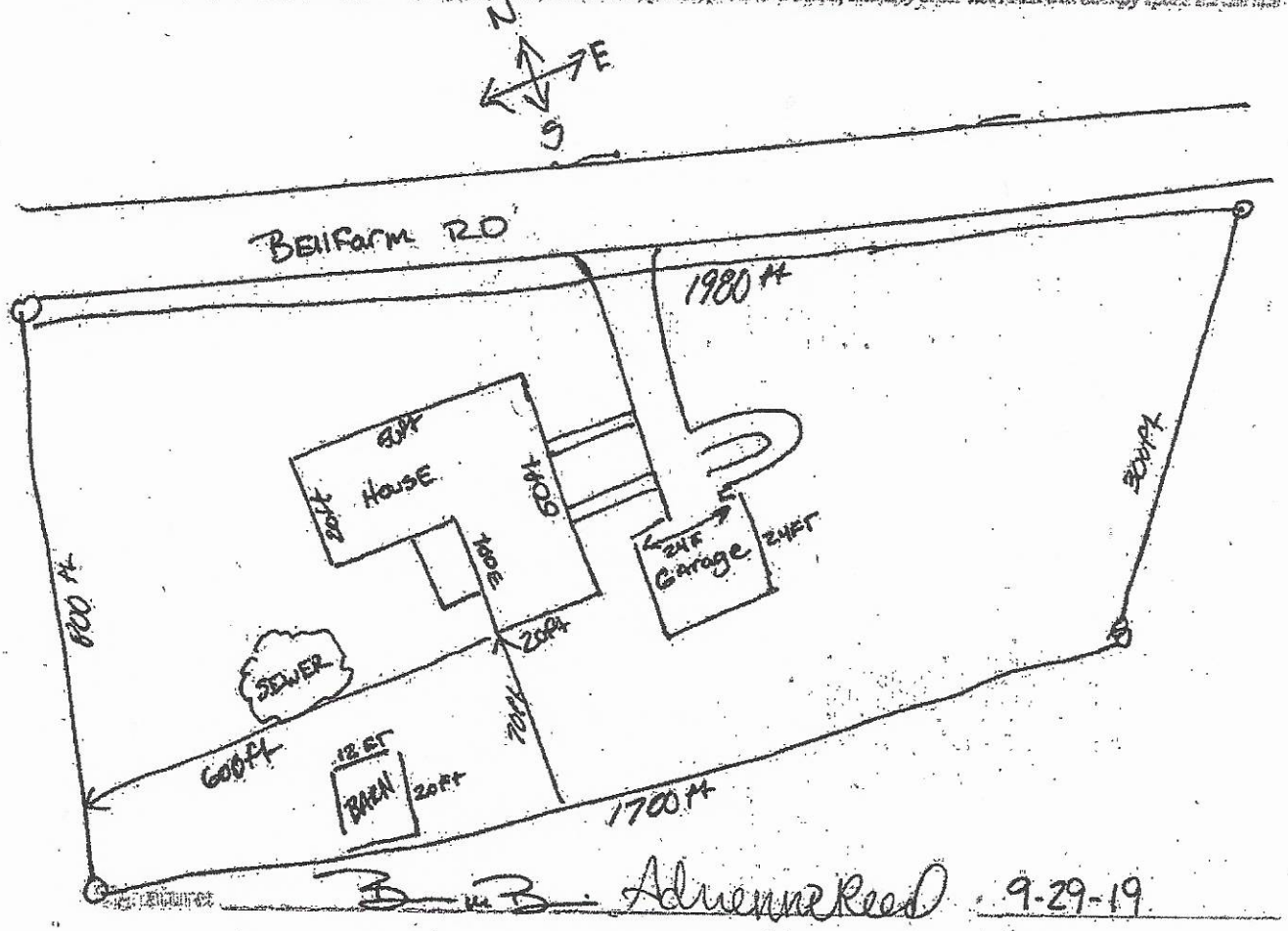


Circle N/A on the following if appropriate:

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, garden, pools and ditches, and any other item that will change based on this site.



Property owner or owner's legal representative signature (SIGNATURE REQUIRED) Adrienne Reed DATE 9-29-19

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)* Adrienne Reed

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, Adrienne Reed, am the legal owner(s) of this property located at 959 Bell Farm Rd, identified as

PIN (Parcel Identification Number) 4763473177, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Environmental Health Division, 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.

Adrienne Reed — Signature of Owner(s)

9-29-19 — Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-5239
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