IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232931

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

PIN # 4763-52-1355

APPLICANT/OWNER: Jeff Washam APPLICANT ADDRESS: 299 Bethesda Rd. Statesville, NC

SITE ADDRESS: 299 Bethesda Rd. Statesville, NC PHONE: 704-733-8093 ALT. PHONE

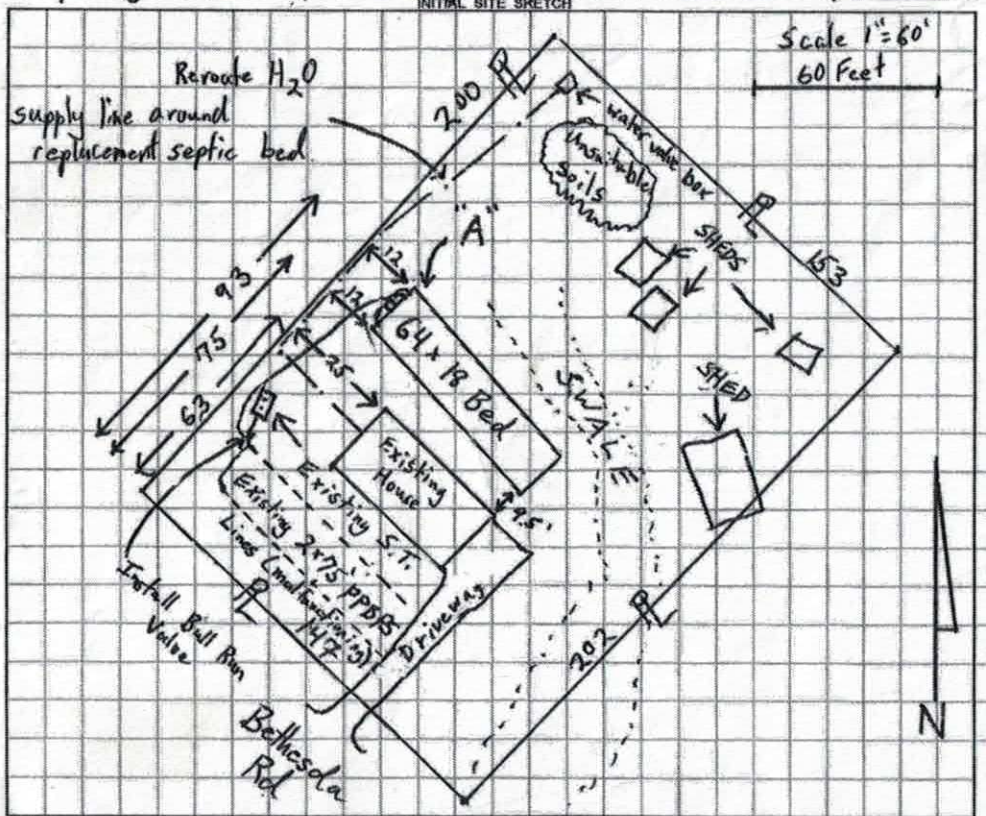
SITE DIRECTIONS: Rt. 70E to Bethesda Rd → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wayside Estates SECTION: 2 LOT # 66 +PT67 LOT AREA: 0.69 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.20

Septic Tank	Existing (1000)	(gal)	STB	—	Date	—	☐ 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:	Install repair septic bed				☐ Business	No. Persons	6	☐ Private				
Pump Make	—	Model	—	Serial #	—	Repair System Description:	using 25% Reduction or gravel materials					☐ Other	No. Employees		☒ Public				
# Nitrification Fields	1	# Lines	Bed	Linear Ft	64 x 18	Maintenance Agreement Required:	☐ YES	☒ NO				☐ Slab	☒ Crawl Space		☐ Community				
Trench Width	—	Trench Bottom Depth(Low side)	36"	Gravel Depth	18 inches		☒ GRAVITY	☐ PRESSURE				☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: New/replacement bed may be constructed of gravel or 25% reduction materials. If chambers used, high-capacity is required. The highest point of the bed (point A) may be installed @ 36" while the other corners may need to be shallower due to topography/slope. Sewer conveyance line must cross water line at least 18" below line or conveyance line must be constructed of ductile iron at least 10 feet to either side of the crossing.

INITIAL SITE SKETCH



AS BUILT SKETCH

* 30LF install & 9 inch Deep/Soil under Done to 73 inch - Soil notes on soil sheet
- Filter installed installed inside Tank
- Bull Run Valve checked:

6/8/18: Final 40'x18' of bed (gravel) inspected
- 91 tons of stone used (total)
- Installed where permitted.

* Maple trees in front yard have begun growing back :)

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: Jeff Wash Date: 2-19-18 Installed by: Jared Lentz Wastewater Tech

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/15/2018 OPERATION PERMIT by: Tom Shuck Date: 6/8/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/15/2018 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 ___ of ___
PROPERTY ID #: 4763-52-1355
COUNTY: Iredell

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

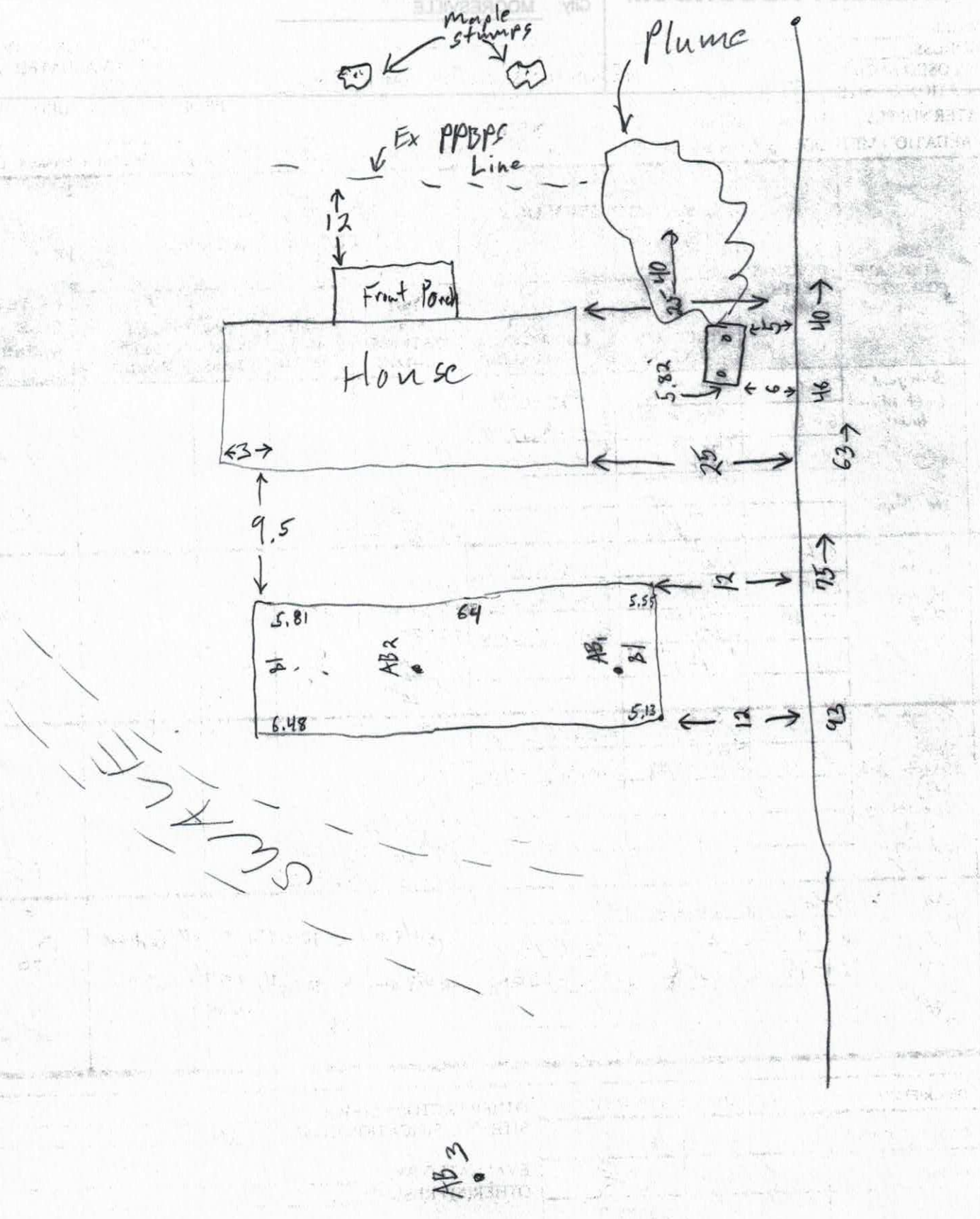
OWNER: Jeff Washam
APPLICATION DATE 11/25/18
ADDRESS: 299 Bethesda Rd Statesville, NC
DATE EVALUATED: 2/6/18
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.69 acres
LOCATION OF SITE: 299 Bethesda Rd Statesville (Repair)
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ 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	Backyard Left adjacent House 3% Toe Slope	0-6	SCL v.w SBK	sl. Friable, SS, Sp, Sosp	10YR 6/3 @ 23" Magnese bits @ 30"-34" 10YR 7/6 @ 43" 2.5Y 7/4 + 10YR 7/3 @ 40"	48	—	—	0.225 PS
		6-14	Clay, m. SBK	sl. Firm, Sticky, Sp, Sosp					
		14-46	Clay Loam w. SBK common mica some Saprolite + some clay plugs	sl. Friable, SS, Sp, Sosp					
2	Backyard Center Adjacent Slope 4%	0-6	SCL v.w SBK	sl. Friable, SS, Sp, Sosp	10YR 7/3 @ 21"-40" 2.5Y 7/3 @ 23"-28" manganese 30"-36"	48	—	—	0.20 PS
		6-17	clay w. SBK	sl. Firm, Sticky, Sp, Sosp					
		17-48	Clay Loam w. SBK + some clay plugs	sl. Friable, SS, Sp, Sosp					
3	Summit Rear Yard Next to sheds (left) Above Drainage Way Head Slope 4%	0-13	SCL v.w. SBK	sl. Friable, SS, Sp, Sosp	NFW 10YR 6/3 @ 24" Root Channel Magnese @ 24" Abundant 2.5Y 7/3 32"-33"	2.5Y 7/2 @ 33"-68"			0.20 PS
		13-48	Sc clay w-m SBK/ABK	Firm, Sticky, Sp, Sosp					
4	Site Day 6/7/18 B. Butler	0-6	Compacted C	~	2.5YR 4/8 matrix 10YR 7/4 2.5Y 7/4 Depletions	73	- Thought	-	PS -20
		6-24	C ABK	SSSp FM SEKD					
		24-73	CL WABK	SSSp FR SEKp	5YR 4/8 matrix 10YR 7/3 2.5Y 7/6 Depletions				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		18 x 64'
System Type(s)		Bed
Site LTAR		0.20

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___


Maple stumps
Plume
Ex PPBPS Line
12
Front Porch
House
40
25
5.82
6
46
63
9.5
12
75
5.81
64
5.55
AB2
AB1
6.48
5.13
43
AB3

232931

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Off work on Mon & Thurs

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.

Running out in yard

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: Jeff Washam Address: 299 Bethesda Rd Statesville NC Zip: 28677
Applicant Email: _____ Phone: 704 733 8093 Alt. Phone: _____
Owner Name: Jeff Washam Address: 299 Bethesda Rd Statesville N.C Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 299 Bethesda Rd. Statesville NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 70E to Bethesda Rd. on Left

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
___ Tank ✓ Drain lines Describe Problem: Roots in drain Lines

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: _____ 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: Jeff Wash 1-25-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jeffrey Todd Watson, am the legal owner(s) of the property located at 279 Bethesda Rd Statesville NC 28677, 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.

Jeffrey T Watson 1-25-18

Signature of Owner(s) 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

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

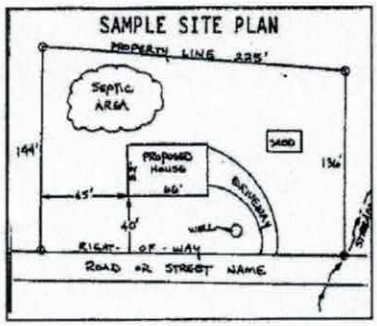
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

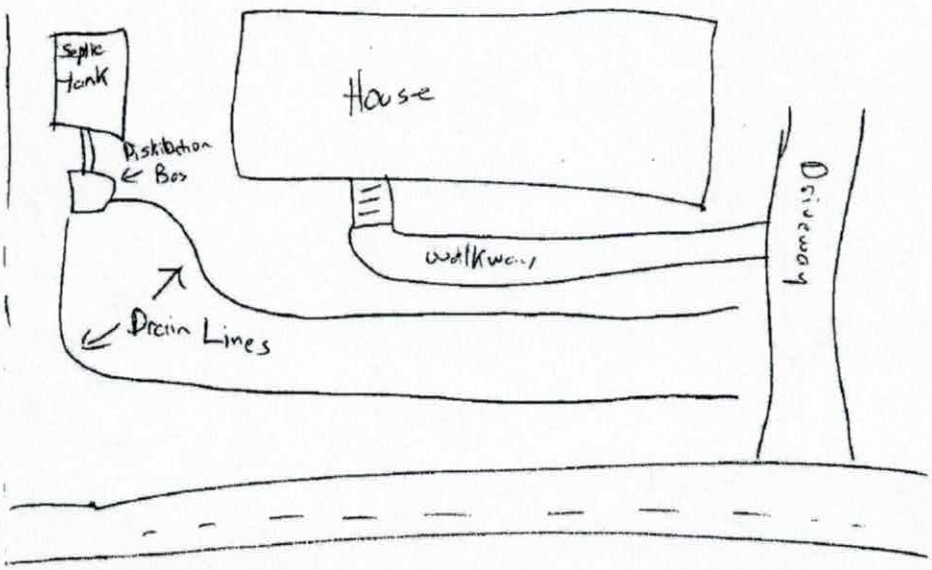


Circle N/A on the following if appropriate:

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: Jeffrey T Warlow

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

1-25-18

DATE