IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

3:30 58563

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 2112 DATE 7-21-95 TAX MAP NO. 5K-4- A-38 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR T+T PHONE: Business 878 6660 Home [redacted]

ADDRESS PO Box 288 Statesville N.C.

LOCATION 70E TR Bethesda TL Bentbrook 3rd lot from entron left

SUBDIVISION Wayne Estates BLOCK / SECTION II LOTS LOT AREA 1.55acres SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .28

Septic Tank: 1000 Gallons; STB 1012 Date 8-24-95 ~~11-9-95~~ 12-1-95

Pump Tank: 1000 Gallons; PT ~~1012~~ 17 Date 1-20-95

Pump Make: Littlegiant Model 16E Serial No. 514520

Nitrification Field: No Fields 1 Square Feet 1044 Linear Feet 348

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pressure dosed chambered system

Repair System Description: 6 PP

Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

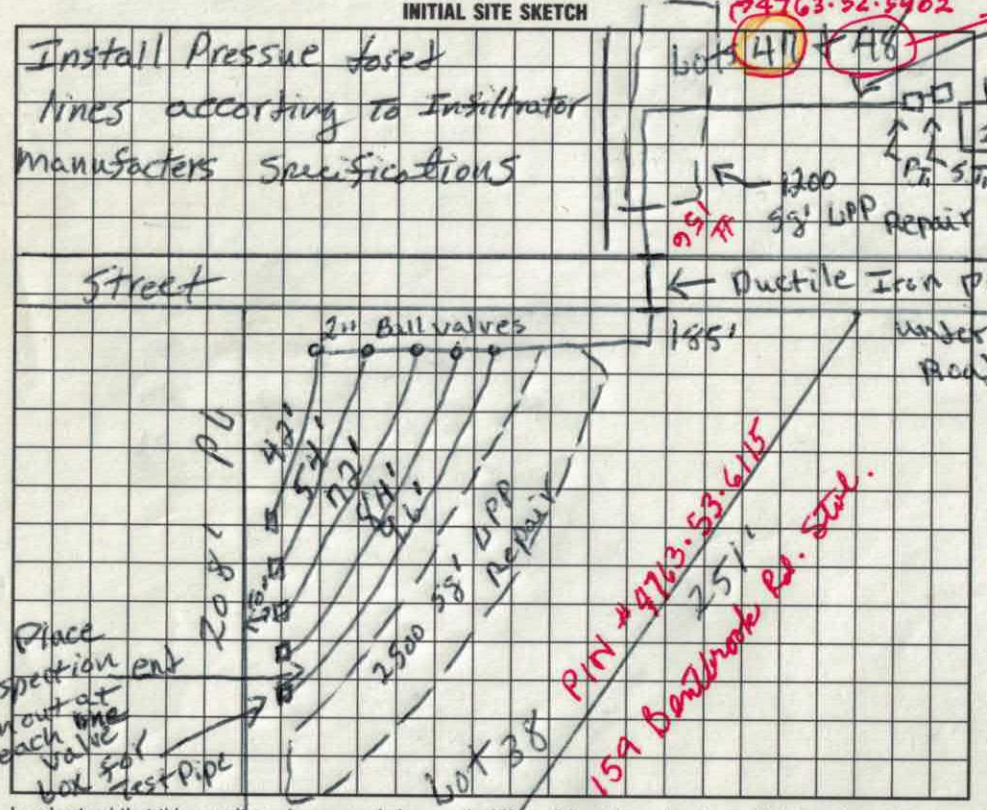
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

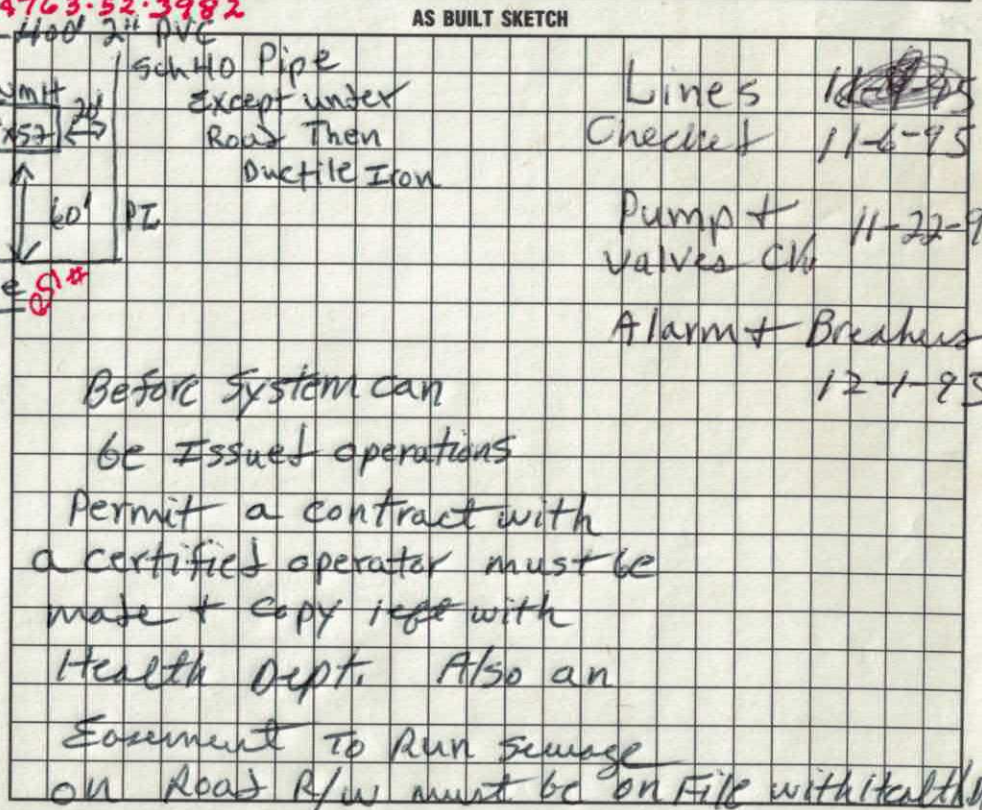
Comments: See Attached sheets for Pump tank + wiring requirements Also see sheet for Drain line const. standard which will be part of this Permit. An Easement

Comments: must be obtained from Dept of Transportation to Run Solid sewage line under state Road

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: [redacted] for T+T Co. Installed by: Tommy Frye

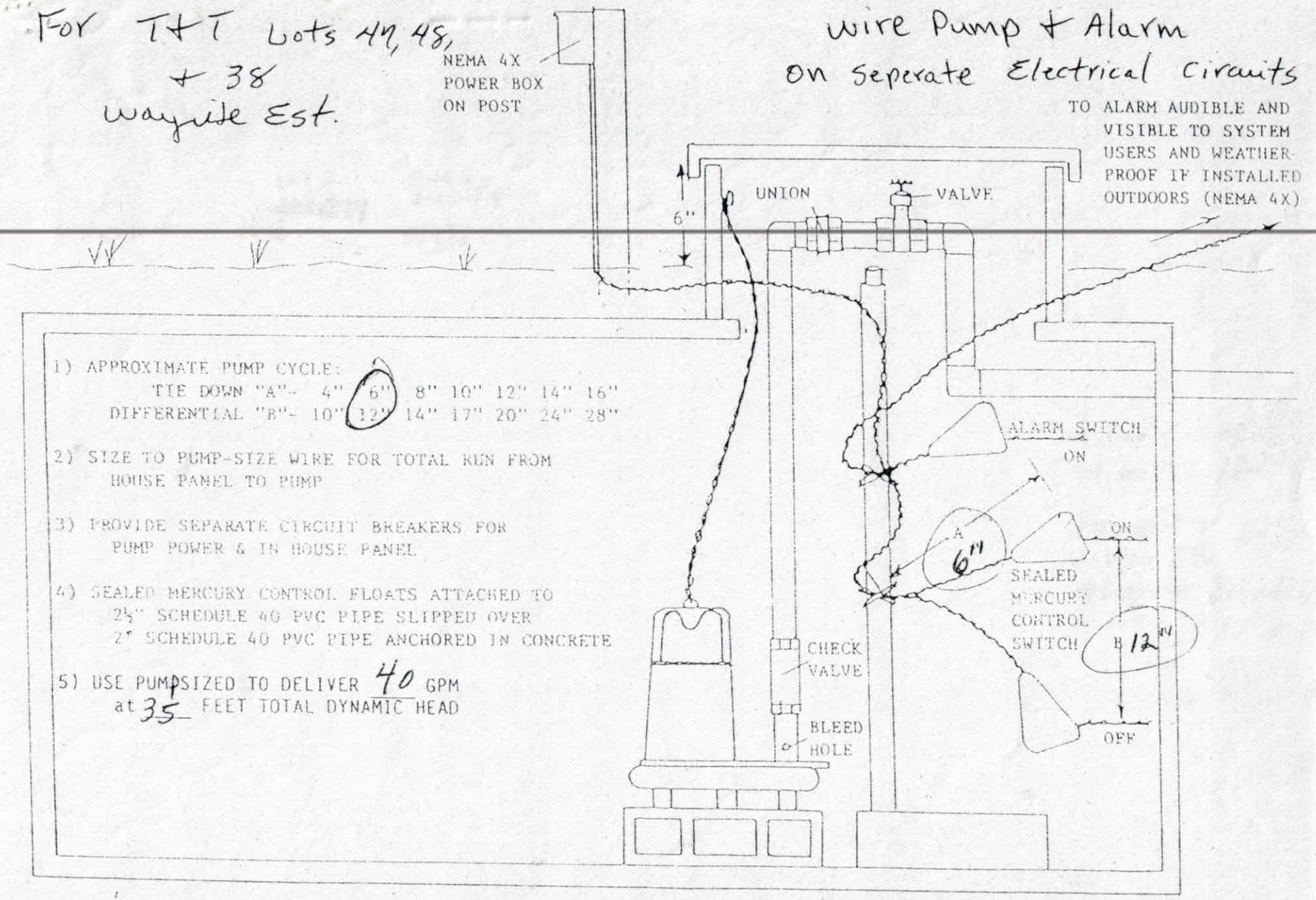
Improvement Permit by: R.C. moore date 7-21-95 Certificate of Completion by: [redacted] date

Existing System Inspection by: date Operation Permit by: R.C. moore date 12-1-95

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

For T+T Lots 49, 48, + 38 Wayside Est.

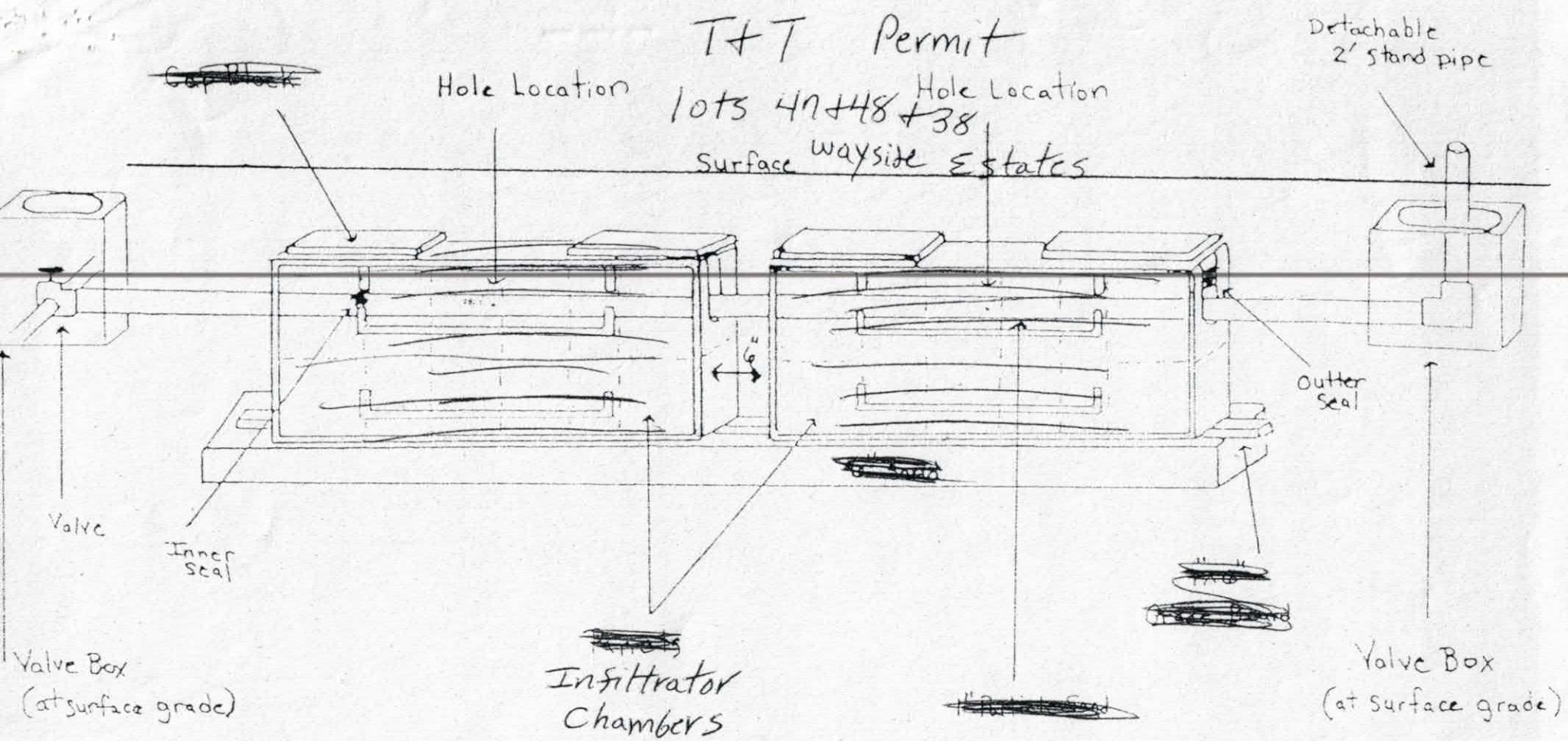
wire Pump + Alarm on Seperate Electrical Circuits



- PUMP TANK DESIGN -

T+T Permit

Lots 47+48+38 Waysite Estates



Infiltrator

Pressure Dosed

# of Chambers 58.

Size holes 3/16". 1 hole per chamber

100 lbs. of partical sand per 3 panels

GPM 40.

TDH 35.

Comments

Substitute This for Chambers Instead of Panels

Valve + Test Pipe would be

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY RECORDED: _____
COUNTY: _____

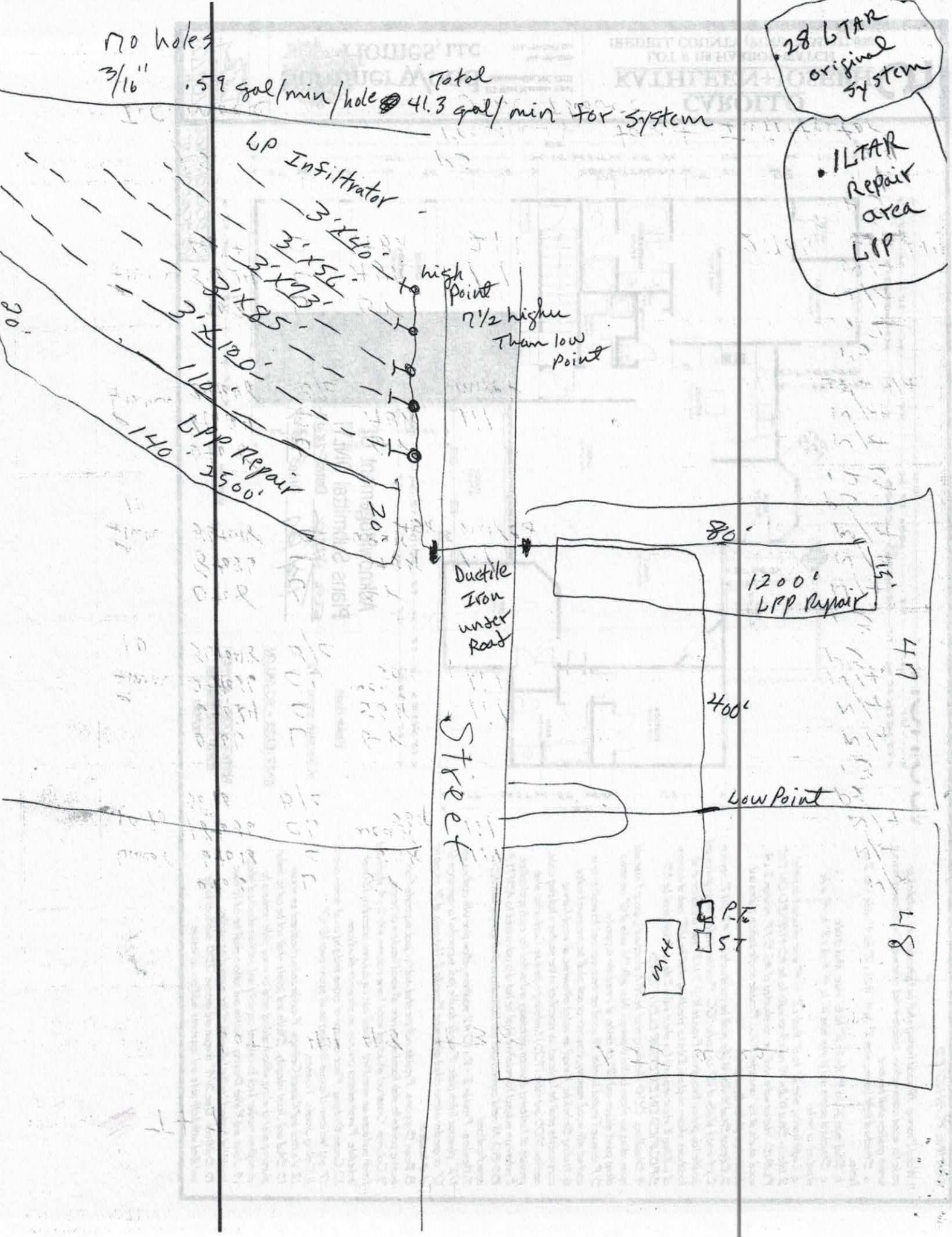
SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: T+T OWNER: _ AGENT: _ PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
_____ PROPOSED FACILITY: _____
_____ PROPERTY SIZE: 1.55 acres
LOCATION OF SITE: Lot 47 48 + 38
WATER SUPPLY: On-Site Well ___ Comm. Well ___ Public ___ Other _____ EVAL. METHOD: Auger Boring ___ Pit ___ Cut ___

PROFILE #	.1940 LANDSCP POS./ SLOPE %	HORIZON DEPTH (IN.)	.1941 (a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINEROLOGY		
1	linear 10%	0 to 6	L	GR		.1942 WETNES CONDITION	- N/A
		6 to 18	C	SBK	1:1	.1943/.1956 SAPROLITE	- N/A
		18 to 36	CL	weak SBK	1:1	.1944 RESTRICTIVE HORIZON	- N/A
		36" 48	B/C			.1948 PROFILE CLASSIFICATION	- PS
						PROFILE LTAR	- .3
2	linear 10	0 to 6	L	GR		.1942 WETNES CONDITION	- N/A
		6 to 24	C	SBK	1:1	.1943/.1956 SAPROLITE	- N/A
		24 to 36	CL	weak SBK	1:1	.1944 RESTRICTIVE HORIZON	- N/A
		36 to 48	B/C			.1948 PROFILE CLASSIFICATION	- PS
						PROFILE LTAR	- .3
3	linear 10	0 to 8	L	GR		.1942 WETNESS CONDITION	- N/A
		8 to 36	C	ABK	1:1	.1943/.1956 SAPROLITE	- N/A
		36 to 48	C	weak ABK	mixed	.1944 RESTRICTIVE HORIZON	- N/A
						.1948 PROFILE CLASSIFICATION	- PS
						PROFILE LTAR	- .25
4	linear	0 to 8	L	GR		.1942 WETNESS CONDITION	- N/A
		8 to 24	C	ABK	1:1	.1943/.1956 SAPROLITE	- N/A
		24 to 48	B/C		mixed	.1944 RESTRICTIVE HORIZON	- ~~N/A~~ N/A
						.1948 PROFILE CLASSIFICATION	- PS
						PROFILE LTAR	- .2
5	linear	0 to 8	L	GR		.1942 WETNESS CONDITION	- N/A
		8 to 24	C	ABK	1:1	.1943/.1956 SAPROLITE	- N/A
		24"+	C	ABK	2:1	.1944 RESTRICTIVE HORIZON	2:1 clay ~~24"~~
						.1948 PROFILE CLASSIFICATION	- PS
						PROFILE LTAR	- .1

AVAILABLE SPACE (.1945) YES SITE CLASSIFICATION (.1948): PS SITE LONG-TERM ACCEPTANCE RATE: .29
OTHER FACTORS(.1946) _____ SYSTEM TYPE Pressure Dose Infiltrator
EVALUATED BY: J.C. Moore OTHER(S) PRESENT: Jim Thobet
COMMENTS: _____

DRAFT


no holes
3/16"
.59 gal/min/hole
Total
41.3 gal/min for system
.28 LTAR original system
.1LTAR Repair area LIP
LP Infiltrator
3'x40'
3'x56'
3'x73'
3'x85'
3'x100'
3'x110'
LPP Repair
140'
2500'
20'
High Point
7½ higher Than low Point
80'
Ductile Iron under Road
1200' LPP Repair
400'
Street
Low Point
P-T
ST
HW
LIP
LIP

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
T & T Co.	878-6660	PO Box 1835	S'Ville	NC	28687

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Wayside Estates II	38		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Iredell Water Corp.		

Specific Directions to Property Highway 70 E to rt on Bethesda Rd, left on Red Walnut Drive, rt on Camp Oak Rd, rt on Beulhrok Rd. Lot 38 is on left, 3rd lot before cul de sac.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home X on lots 47 or 48 across street 3 Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

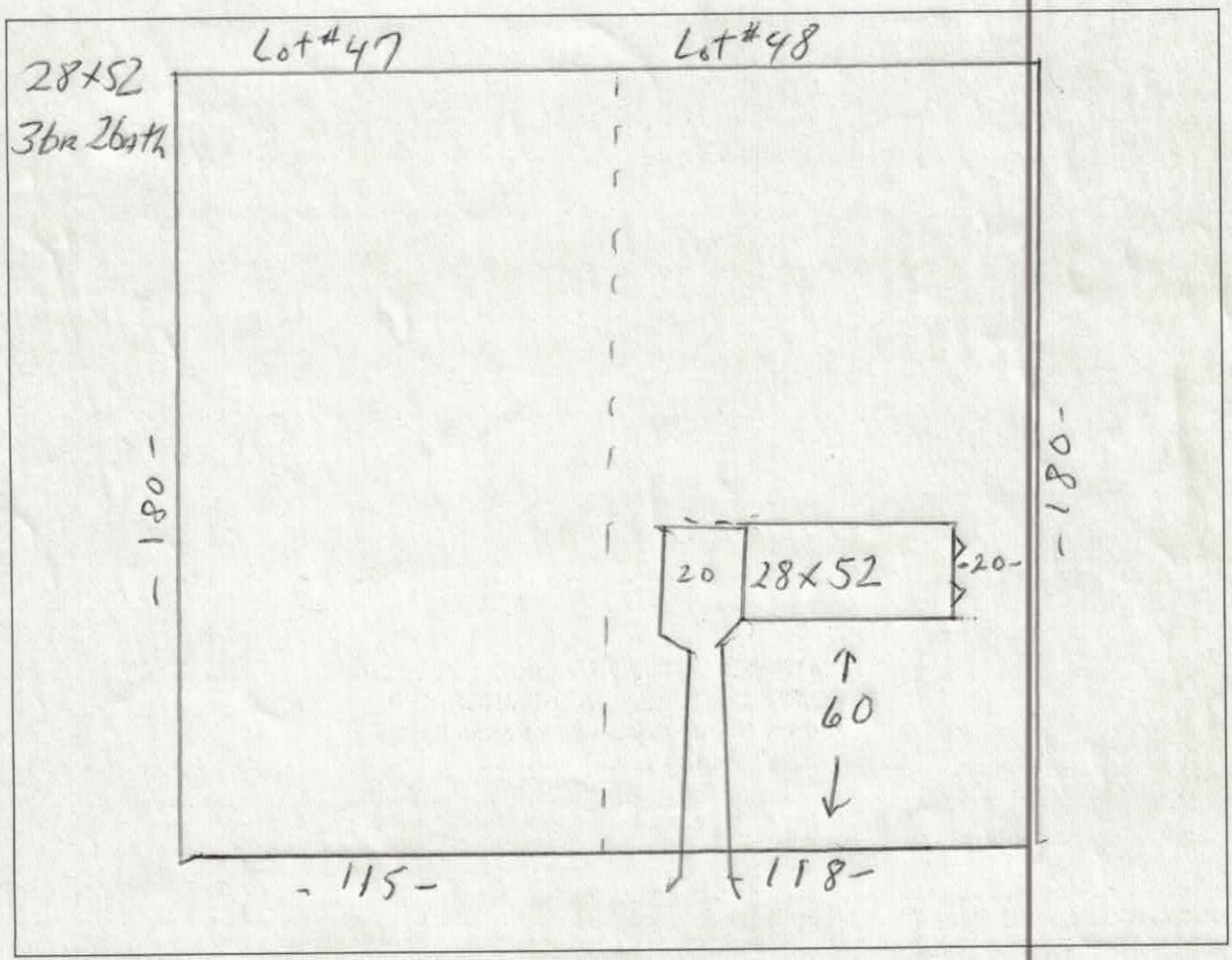
5/16/95 DATE H J Mabet for T & T Co. SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

5/16/95 Date Z. J. Thabet for T+T Co. SIGNATURE OF OWNER/AUTHORIZED AGENT

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT JR.
GOVERNOR

DIVISION OF HIGHWAYS
P. O. BOX 47
SHELBY, NC 28151-0047

GARLAND B. GARRETT JR.
SECRETARY

November 7, 1995

COUNTY: Iredell

SUBJECT: Right of Way Encroachment Agreement
SR 2570

T & T Company
P. O. Box 1835
Statesville, N.C. 28687

Gentlemen:

Attached is approved Right of Way Encroachment Agreement covering installation of 63' of 3" ductile iron class 350 force main under SR 2570 by boring, as shown on the attached map and plan sketch in Iredell County.

The encroaching party will be responsible for installation of all necessary erosion control devices.

Approval is given subject to provisions in the Agreement and attachments thereto which are made a part of the Agreement.

It would be appreciated if you would advise our District Office at Statesville forty eight (48) hours prior to the date of beginning work on this installation.

The Department of Transportation does guarantee the right of way on this road, but will not be responsible for any claim for damages brought by any property owner by reason of the installation.

The encroaching party will be responsible for notifying the Department of Transportation when this work is completed.

Yours very truly,

R. W. Spangler

R. W. SPANGLER
DIVISION ENGINEER
TWELFTH DIVISION

:lj

cc: Mr. John Williamson (Attachments)
Mr. J. W. Rand (Attachments)