IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 224344

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

PIN # 4764-34-9417

APPLICANT/OWNER: Brenda Penland APPLICANT ADDRESS: 254 Farmwood Drive Statesville, NC 28625

SITE ADDRESS: 254 Farmwood Drive Statesville, NC 28625 PHONE: ALT. PHONE Gary (704-310-1832)

SITE DIRECTIONS: Salisbury Highway East → L on Bell Farm Rd → L on Farmwood Drive → Property on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.326 DESIGN FLOW: 600 L.T.A.R.: 0.30

Septic Tank	Existing 1250 (gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT	353.	Date	3/27	System Description: PM - 25% Reduction	☐ Business	No. Persons	10	☒ Private
Pump Make	Gould	Model	V/L WEOSI2HOT	Serial #		Repair System Description: 50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	500	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

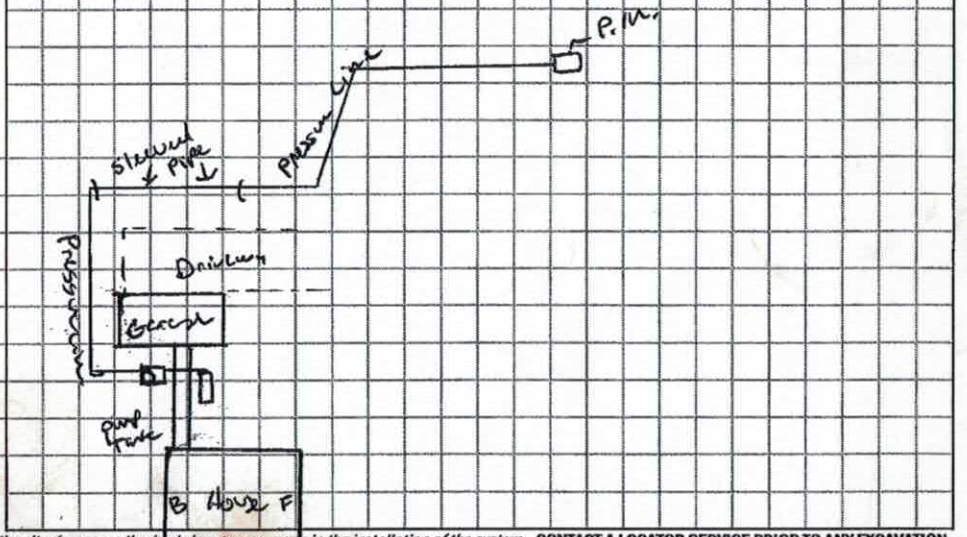
See attached plans from Michael Athanas + Associates + Tom Shuck

Lot this

	Date	Initials
Drain Lines Checked	7/21/17	MD
Tanks Checked	7/20	
Pressure Manifold or Valve Box Checked	7/21/17	MD
Pressure Head Set	7/21/17	MD
Electrical Checked		
Floats Set		
Alarm Checked	7/21/17	MD
Maintenance Contract Y / N		

Pump line cleaned 7/20 BB.

AS BUILT SKETCH



Permit can be su... ...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

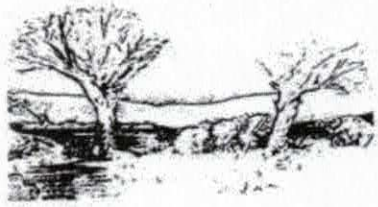
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Brenda M. Penland Date: 6/7/17 Installed by: J Lentz

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/2/2017 OPERATION PERMIT by: Maria Dotson Date: 7/21/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/2/2017 Existing System Inspected by: Date:

Pool
PT
Garage
Ex
House
Fence
well
DRIVE
③
X1-100'-3.6'
PM
BM
④
B3-200'-6.2'
P2-100'-4.5'
D4-100'-8.4'
⑤
⑥
Drainage Way
Repair
①
Area
②
1"=50'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 254 Farmwood Dr., Statesville
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 3 @ 5.48 GPM, 1 @ 10.1 GPM
Tap Size and Material: 3 @ ½" SCH 80, 1 @ ¾" SCH 80
System Flow: 26.5 GPM
Dosing Volume: 218.8 gallons
Pump Run Time: 8.3 minutes
Elevation Head: 22.4'
Friction Head: 5.8'
Pressure Head: 2'
Total Dynamic Head: 30.2'
Supply Line Length: 315' of 2" PVC
Septic/Pump Tank Size: Existing 1250 gallons, new 1500 gallon pump tank
Proposed Trench Bottom: 24"

Line	Design Length	Actual Length	Elevation
Yellow 1	**100'**	**100'**	**3.6'**
Pink 2	**100'**	**145'**	**4.5'**
Blue 3	**200'**	**200'**	**6.2'**
Orange 4	**100'**	**110'**	**8.4'**

Initial System: 500' **Repair System:** 333'
Pump Tank: 21.0' **Benchmark:** 1.7' (Top of 1" pipe)

Comments:
The supply line must be installed a minimum of 30" below the driveway.

PROPERTY ID #: 4764349417
COUNTY: Iredell

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

OWNER: Brenda Penland
APPLICATION DATE 5/19/2017
ADDRESS: 254 Farmwood Dr., Statesville, NC 28625
DATE EVALUATED: 5/26/17
PROPOSED FACILITY: 5 bdrm
PROPOSED DESIGN FLOW (.1949): 600 GPD
PROPERTY SIZE: 7.3 AC
LOCATION OF SITE: 254 Farmwood Dr
PROPERTY RECORDED: Yes
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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 10%	0-48	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
2	LS 15%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-26	R C SBK	FR SS SP SEXP					
		26-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-48	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
4	LS 10%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT2	999 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4764349417

DATE OF EVALUATION:

COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	
5	LS 15%	0-26	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		26-48	R CL WSBK	FR SS SP SEXP					
6	LS 15%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					

COMMENTS:

RECEIVED MAY 1 9 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

227314 Expansion/Repair - Pd. $350.00

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Gary-MA&A

Applicant Information:

Applicant Name: Brenda Penland **Address:** 254 Farmwood Dr. Statesville, NC 28625 **Phone:** 704-310-1832

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 254 Farmwood Dr

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: HWY 64 E, TR Bell Farm, TR Farmwood, on RT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Current system Failing. System is 3 bedroom. House Built as 5 bedro

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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 site evaluation can be performed.

Signature: _____ 5/19/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

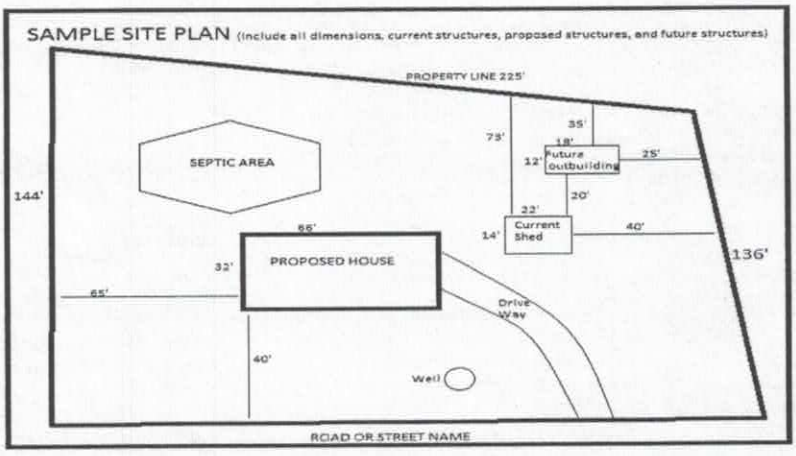
SITE PLAN WORKSHEET

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*!!!

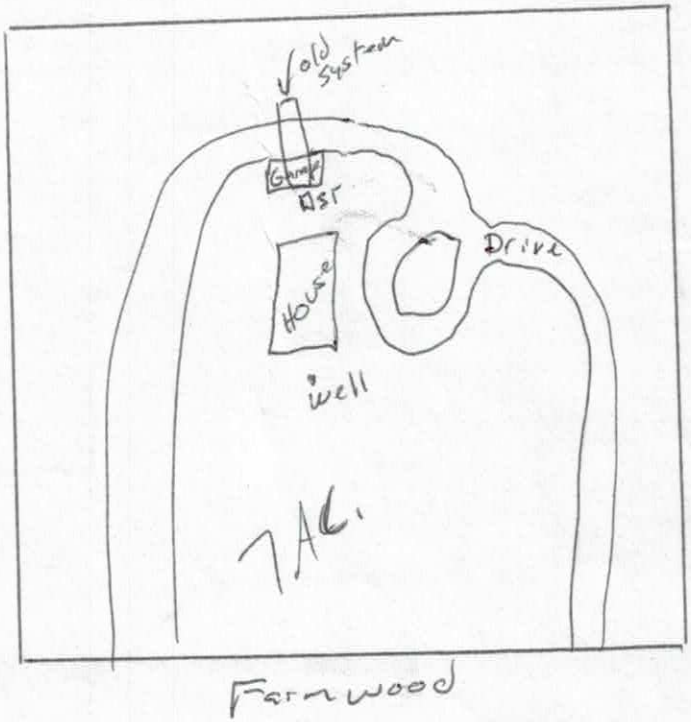
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**
_____ 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

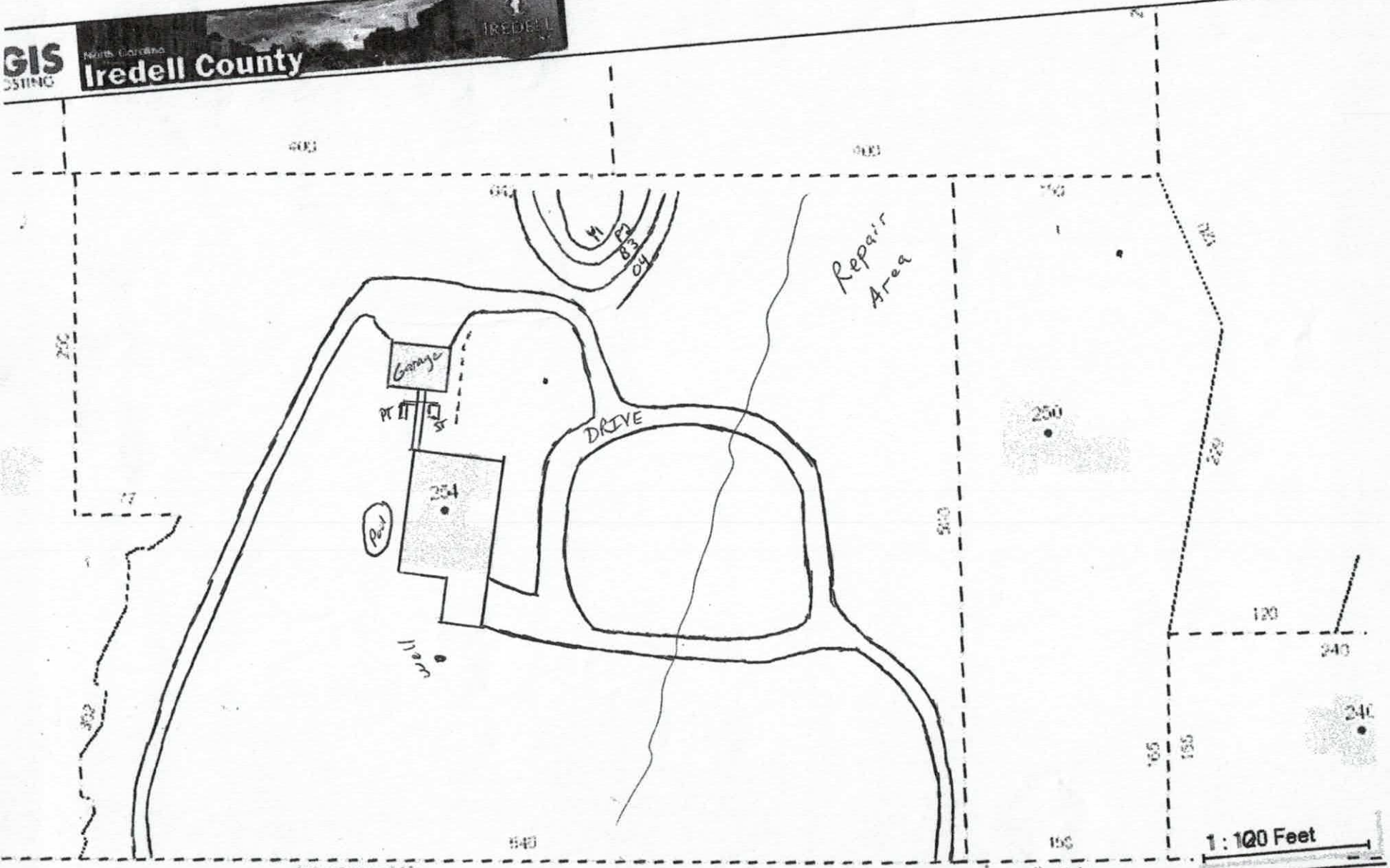


Signature: _____
REQUIRED property owner or owner's legal representative signature.

5/19/2017
DATE

Iredel
Printed May 26, 2017
See Below for Disclaimer

GIS
Iredell County



ers are hereby notified that the information provided herein should be verified. Iredell County assumes no lega
this site were prepared using a 1000â€™ Grid based upon the North Carolin
lied upon as official notice of tax liens. Fo

8878

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jeff Horne DATE 6 6 89 PERMIT NO. D11

PHONE: Business _____ Home _____

LOCATION adjt Farmwood Dr.

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

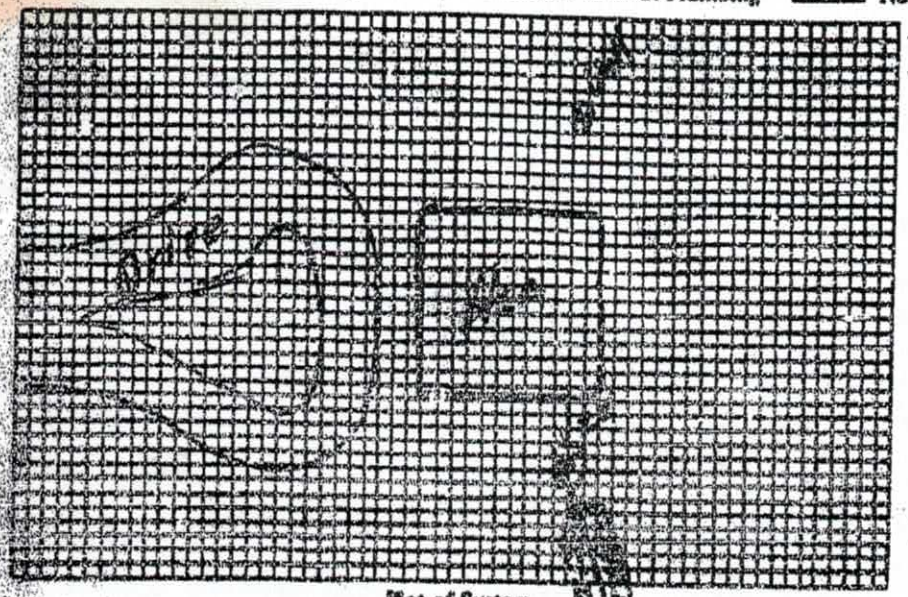
No. Bedrooms 3 No. Bathrooms 2 ½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 1 ½ ac

Character & Porosity of Soil clayey
Percolation Rate _____
Topography rolling
Depth to Water Table 10'
Rock or other impervious formations none

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Lineal Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Arnold Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY JC Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-6-89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permits.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold