IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203834

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

PIN # 4764450469

APPLICANT: Randy Wilson APPLICANT ADDRESS: 120 White Dogwood Ln

SITE ADDRESS: 143 Carters Farm Dr. Statesville NC 28677 PHONE: 704-880-8219 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64E T/R Bell Farm Rd T/R on Skyland Dr T/R Carter Farm Dr Property on left

SUBDIVISION: Carters Farm SECTION: P1 LOT # 46 LOT AREA: 0.704ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1012 Date 4-17-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 360'
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

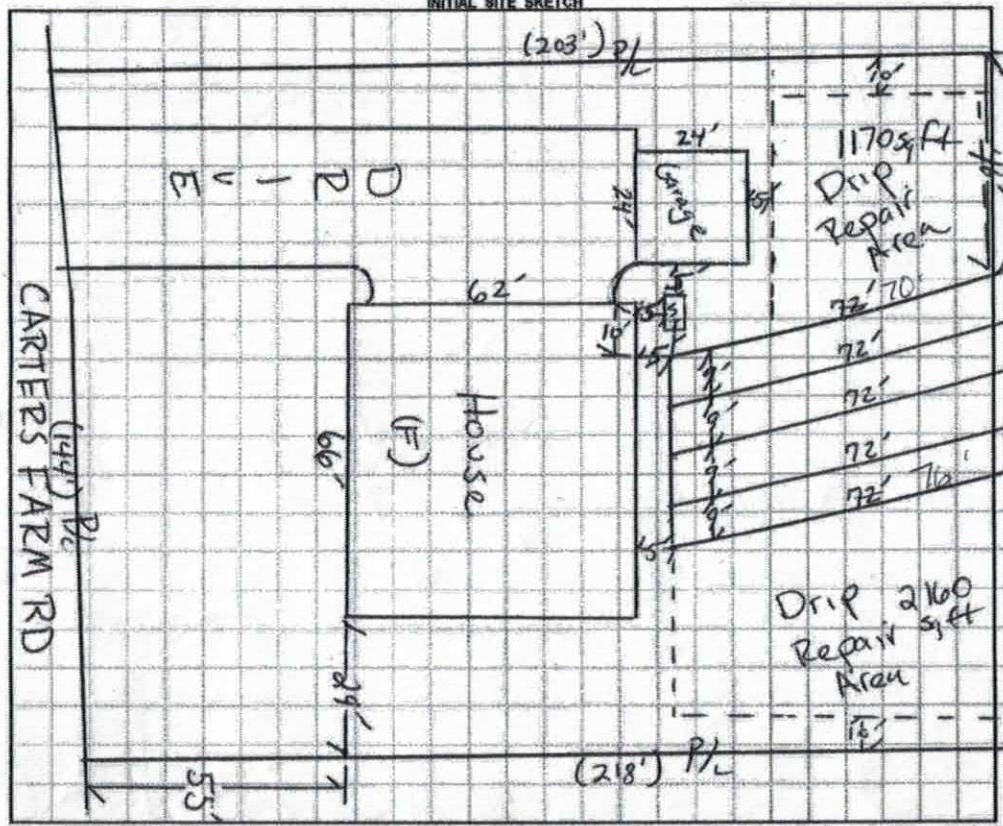
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: Drip
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

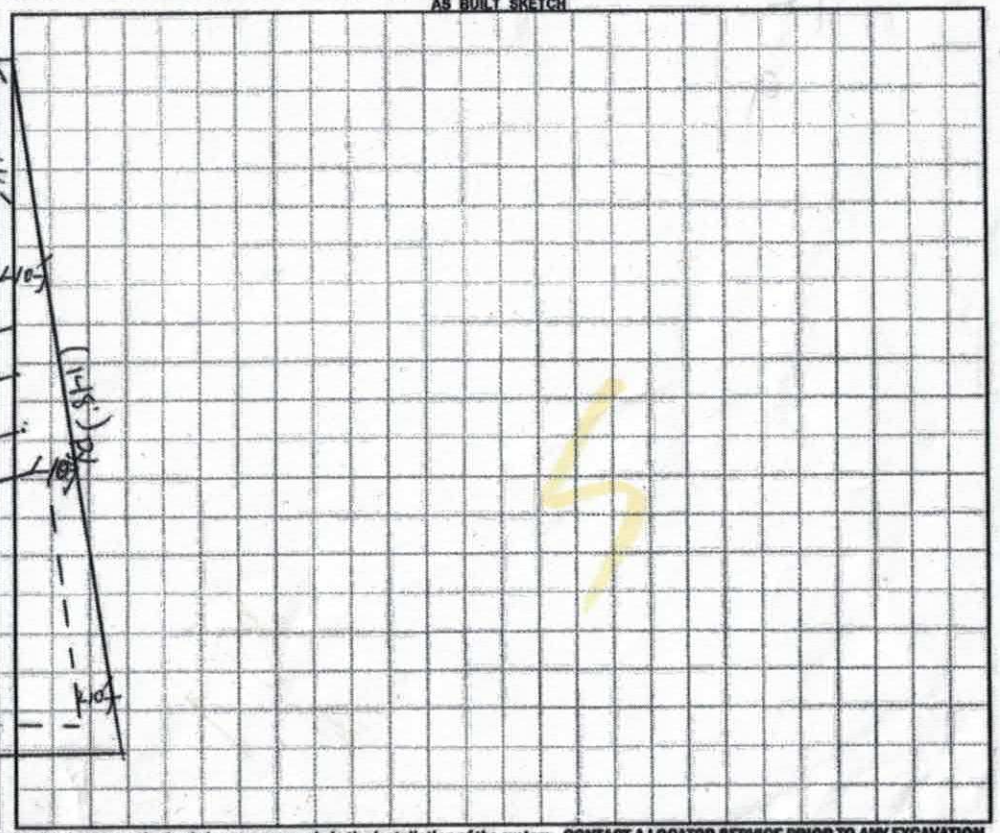
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% Reduction on Contour with Serial distribution.

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: Date: 7/8/14

IMPROVEMENT PERMIT by: Date: 07/02/14

AUTHORIZATION TO CONSTRUCT by: Date: 07/02/14

Installed by: Steven S. Jordon

OPERATION PERMIT by: Marian Dotson RS Date: 10/12/17

Existing System Inspected by: Date:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 476449046 9
DATE OF EVALUATION: 07/02/14
COUNTY: Iredell

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
3	L 6%	0-6	SCL fr	gr SE	Chroma 3 34's 36+	PS	N/A	N/A	PS .25
		6-36	C fi	ABK SE					
		36-56	BC fi	ABK SE					
4	L 6%	0-5	SCL fr	gr SE	25yr 6/1 @ 36"	PS	N/A	N/A	PS .25
		5-24	C fi	ABK SE					
		24-36	BC fi	ABK SE					
		36-48	BC fi	ABK SE					
5	L 6%	0-7	SCL	gr SE	25yr 6/2 @26"	PS	N/A	N/A	PS DP .125
		7-29	C	ABK SE					
		29-52	BC	ABK SE					
6	L 6%	0-8	SCL	gr SE	Chroma 3&4's 36"-48"	PS	N/A	N/A	PS DP .125
		8-33	C	ABK SE					
		33-52	BC	ABK SE					
7	L 6%	0-8	SCL	gr SE	Chroma 3's 26"+ Chroma 2s 34"+	PS	N/A	N/A	PS .125
		8-35	C	ABK SE					
		35-50	BC	ABK SE					

COMMENTS:

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 476445046 9
COUNTY: Iredell

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

WNER: Randy Wilson — APPLICATION DATE 6-4-14
DDRESS: 1431 Carter Farm Dr — DATE EVALUATED: 06/27/14
ROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.704 ac
OCATION OF SITE: 64E T/L Ball Farm Rd T/L Skyland T/L Carter Farm — PROPERTY RECORDED: Yes
N/A
VATER 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	L 6%	0-6	SCL fr	G SE	Chroma 3+4's 36-48" mang. 20"-36"	PS	N/A	N/A	PS .25
		6-36	C fi	ABK SE					
		36-48	BC fi/fr	W ABK SE					
2	L 6%	0-6	SCL fr	G SE	Chroma 3's & 4's 26-48"	PS	N/A	N/A	PS .25
		6-30	C fi	ABK SE					
		30-48	BC fi/fr	W ABK SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	Drip
Site LTAR	.25	.125

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

COMMENTS:

LEGEND

use the following standard abbreviations

DSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
rainage Way)						CR (Crumb)
Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
lood Plain)		L (Loam)				SBK (Subangular Blocky)
oot Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		ABK (Angular Blocky)
ead Slope)		SiCL (Silty Clay Loam)				PL (Platy)
near Slope)		CL (Clay Loam)				PR (Prismatic)
ose Slope)		SCL (Sandy Clay Loam)				
idge)		SiL (Silt Loam)			MOIST	WET
houlder Slope)					VFR (Very Friable)	NS (Non-sticky)
errace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)	None	None	VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)			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.

TES

RIZON DEPTH — In inches below natural soil surface

PTH OF FILL — In inches from land surface

STRICTIVE HORIZON — Thickness and depth from land surface

PROLITE — S(suitable) or U(unsuitable)

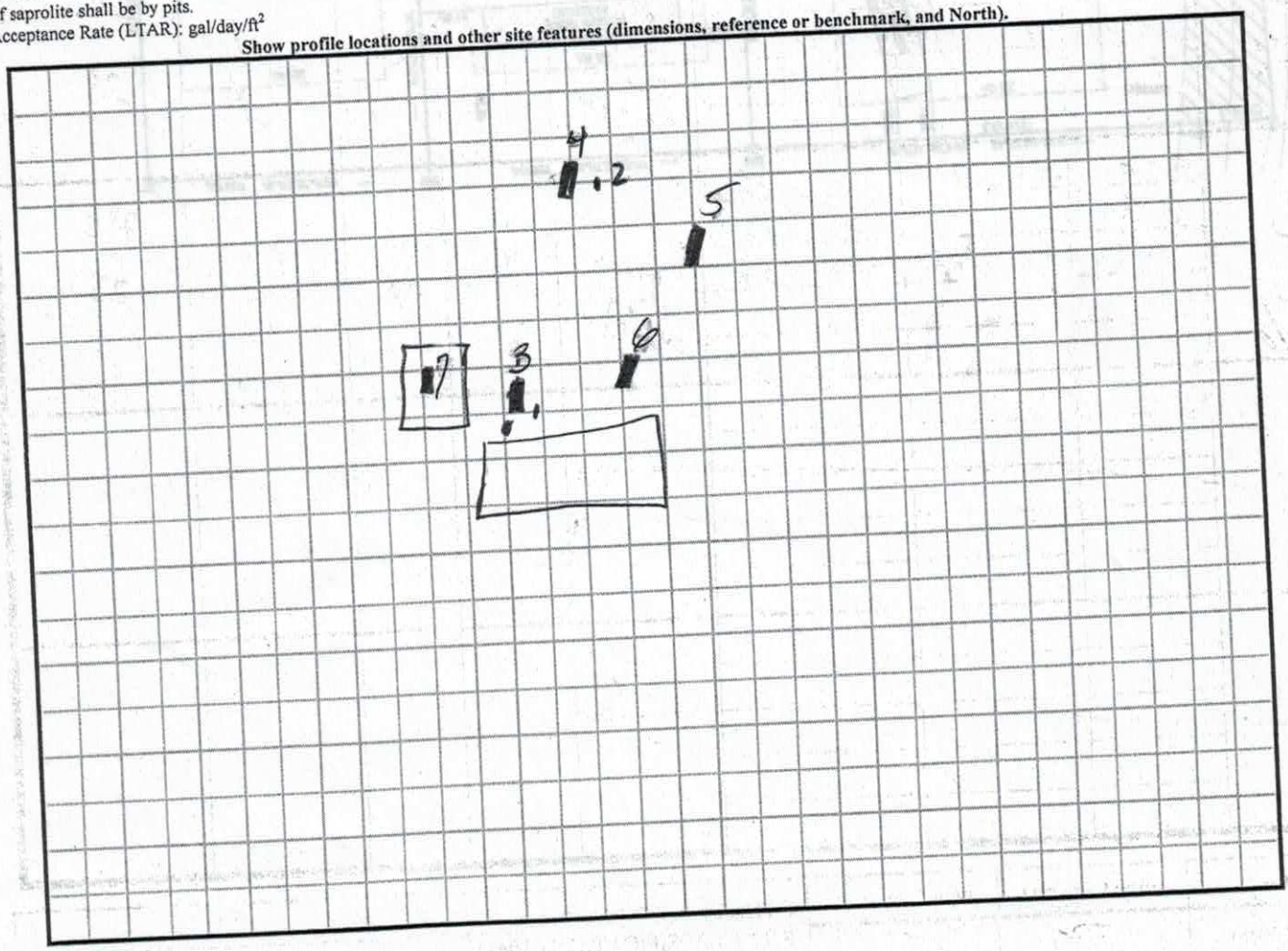
IL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

ASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

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

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



IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Randey Wilson **Address:** 120 White Dogwood Lane **Phone:** 704-880-8[illegible]

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

Property Information:

Street Address: 143 Carters Farm Dr. Statesville NC 28677

Subdivision Name: Carters Farm **Section/Phase:** _____ **Lot Number:** 46

Driving Directions: Hwy 64E turn Right on Bell Farm Rd 1 mile turn Right on Skyland Dr. 1/4 mile turn Right on Carters Farm Property on Left

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
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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

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

( ) No Preference ( ) Alternative (X) 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: R J Wilson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-4-2014
DATE

IREDELL COUNTY HEALTH DEPARTMENT

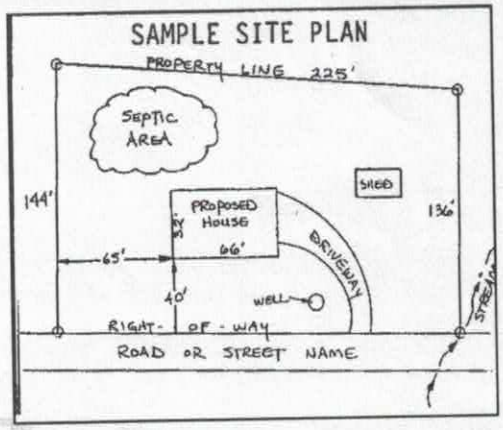
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

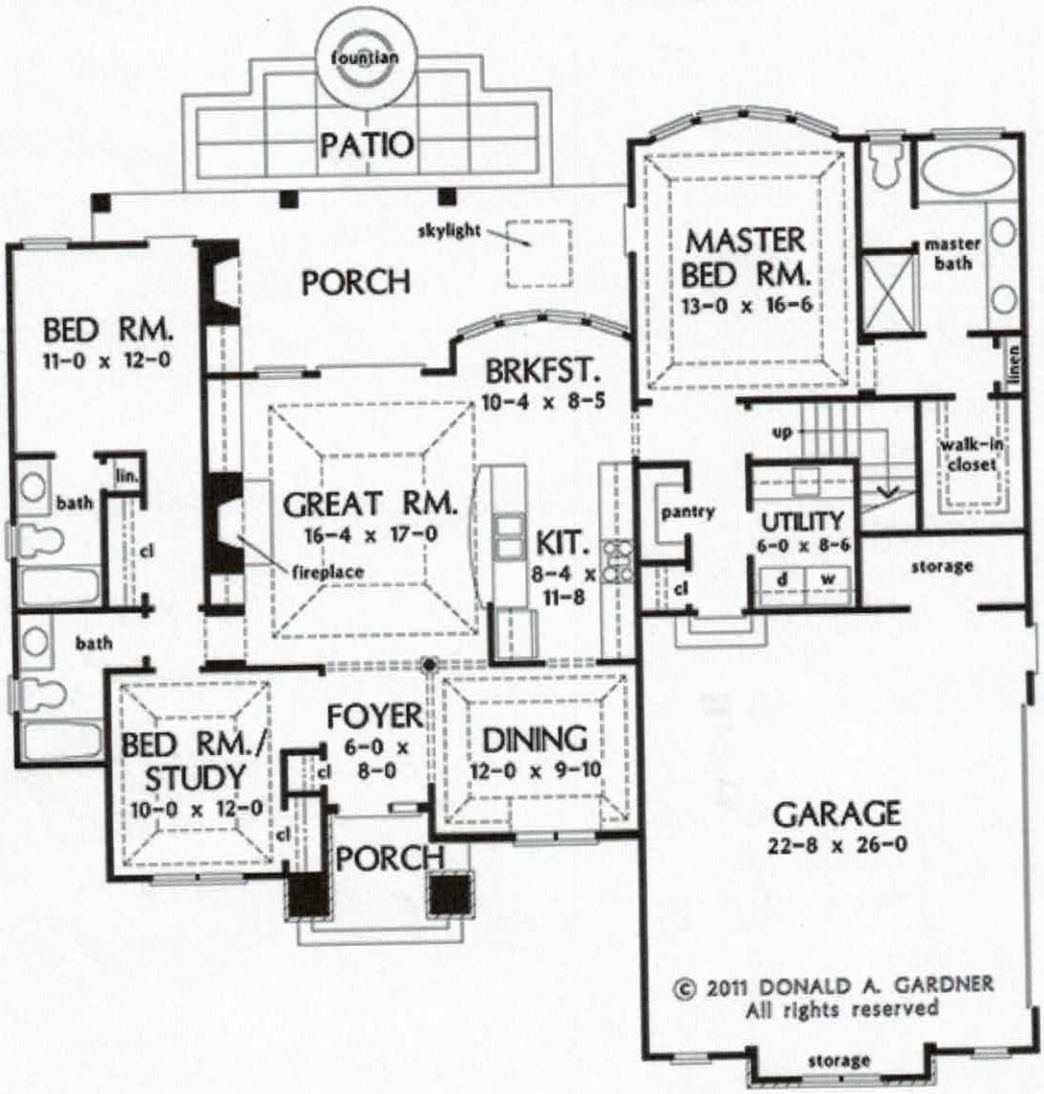


Signature: Ray Wall

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

6-4-2014

DATE



FLOOR PLAN
PLAN NO. 1297

Acknowledgement Of
Plans Submittal ONLY!
Date
Date 07/06/14

IREDELL COUNTY

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

APPLICATION NUMBER
203834
Issue Date: 06/04/2014

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4764450469.000	143 CARTERS FARM DRIVE, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: WILSON BUILDING INC	Applicant: WILSON DAVID R+LORI S
Address: 120 WHITE DOGWOOD LANE STATESVILLE, NC 28625	Address: 120 WHITE DOGWOOD LANE STATESVILLE, NC 28625
Phone: 704-880-8219	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.704	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
Ck#1337
6/4

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: 6-4-2014

Permit Number	13547	TOTAL FEES:	$ 77.25