IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # 2451094

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

PIN # 4765-63-0646

APPLICANT/OWNER: James Gibson | APPLICANT ADDRESS: 707 Mocksville Hwy

SITE ADDRESS: 1691 Mocksville Hwy, Statesville 28625 | PHONE: 704-500-0757 | ALT. PHONE —

SITE DIRECTIONS: 40W exit to 64 R → L on Mocksville Hwy → on L past Fire dept | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.37 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1-20-20	Date	825	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction
Pump Make		Model		Serial #		Repair System Description:	25% - PM
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth	36" max	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE

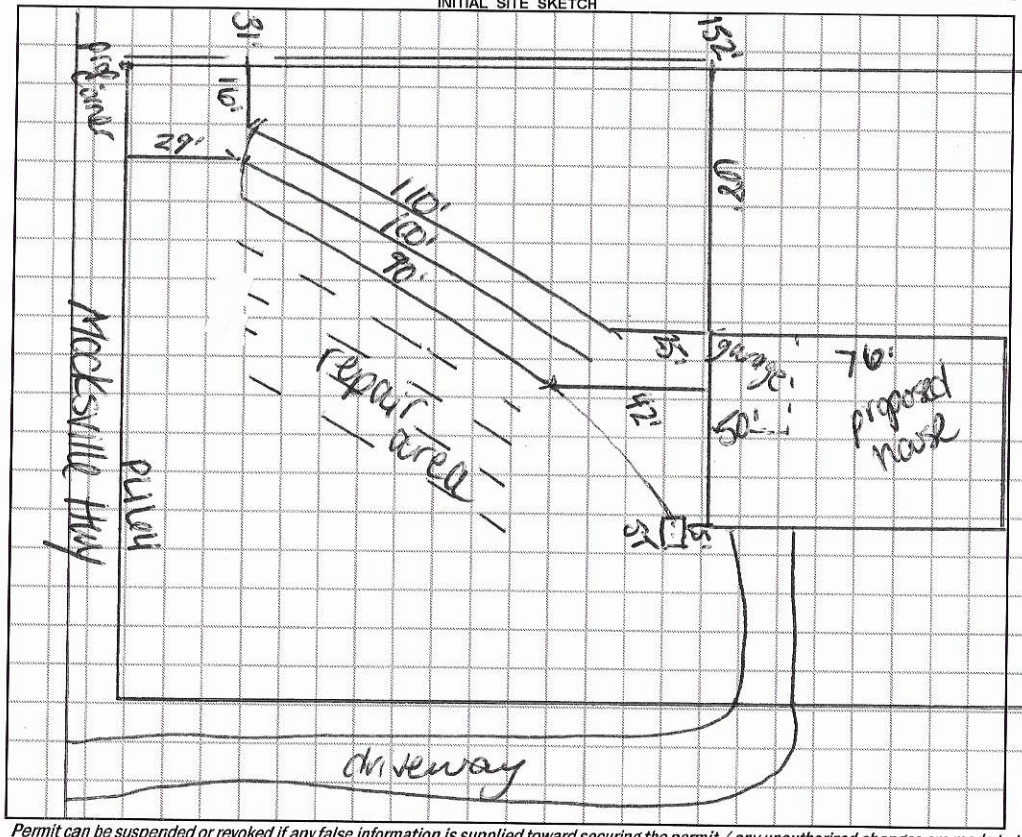
☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing | No. Bedrooms 3 | No. Persons 10 | No. Employees | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

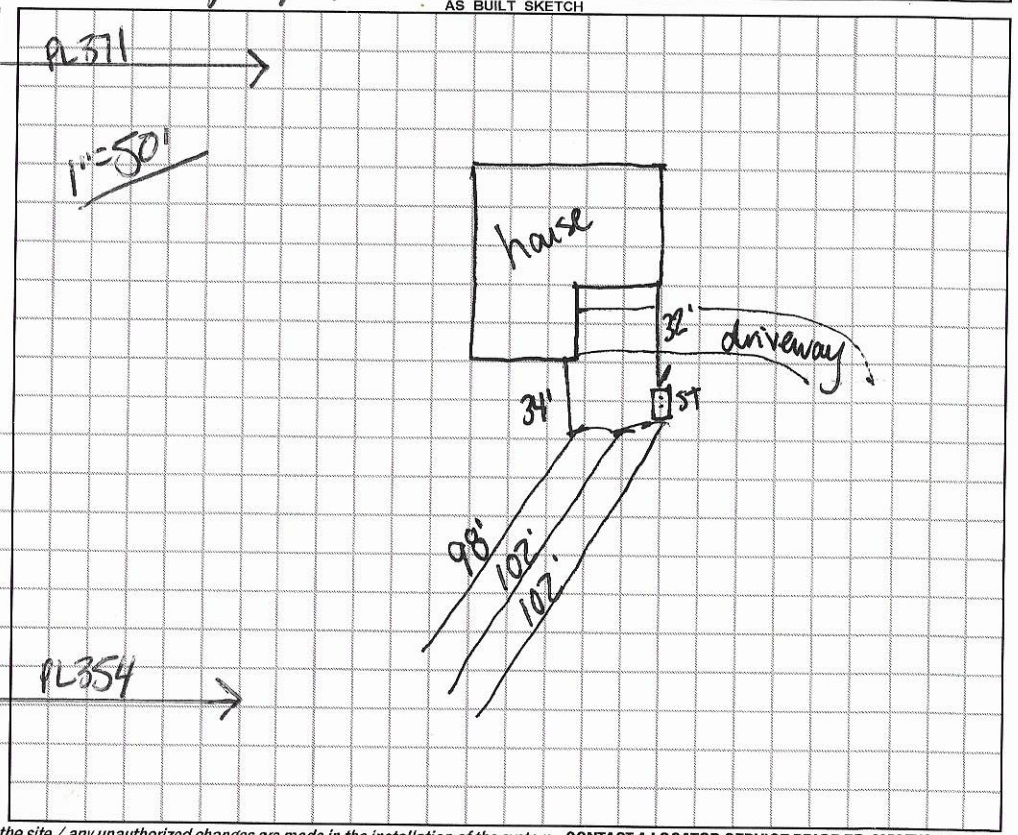
Comments / Conditions: Install on contour + utilize equal distribution. Do not exceed max trench depth of 36".

Property recorded deed bk 2029 pg 387. House must be plumbed out on right side to achieve gravity fall.

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: [signature] Date: 7-16-19 | Installed by: Rawn Septic

IMPROVEMENT PERMIT by: Carla C. Cave Date: 7-16-19 | OPERATION PERMIT by: Carla C. Nicks Date: 3-4-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 7-16-19 | 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 #:
COUNTY: Iredell

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

OWNER: James Gibson
ADDRESS: 707 Mocksville Hwy
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 691 Mocksville Hwy
APPLICATION DATE 7-5-19
DATE EVALUATED: 7-10-19
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE:
PROPERTY RECORDED:
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	L 5%	0-32	SBK C	Fr SS SP SXP	few SOP inc in CL	45"	PS	—	PS .3
		32-45	SBK CL	Fr SS SP SXP					
		45-55	M LSOP	V Fr					
2	L 5%	0-13	SBK SCL	Fr SS SP SXP	some quartz 39-47	47"	PS	—	PS .3
		13-30	SBK C	Fr SS SP SXP					
		30-47	SBK CL	Fr SS SP SXP					
		47-53	M LSOP	V Fr					
3	L 6%	0-7	SBK/GR SCL	Fr SS SP SXP	—	49"	—	—	PS .3
		7-33	SBK C	Fr SS SP SXP					
		33-49	SBK CL	Fr SS SP SXP					
4	V 7%	0-9	GR SCL	Fr SS SP SXP	—	48"	—	—	PS .3
		9-33	SBK C	Fr SS SP SXP					
		33-48	SBK CL	Fr SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25%	25%-PM
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS: building up slab keep water line 10' from system

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

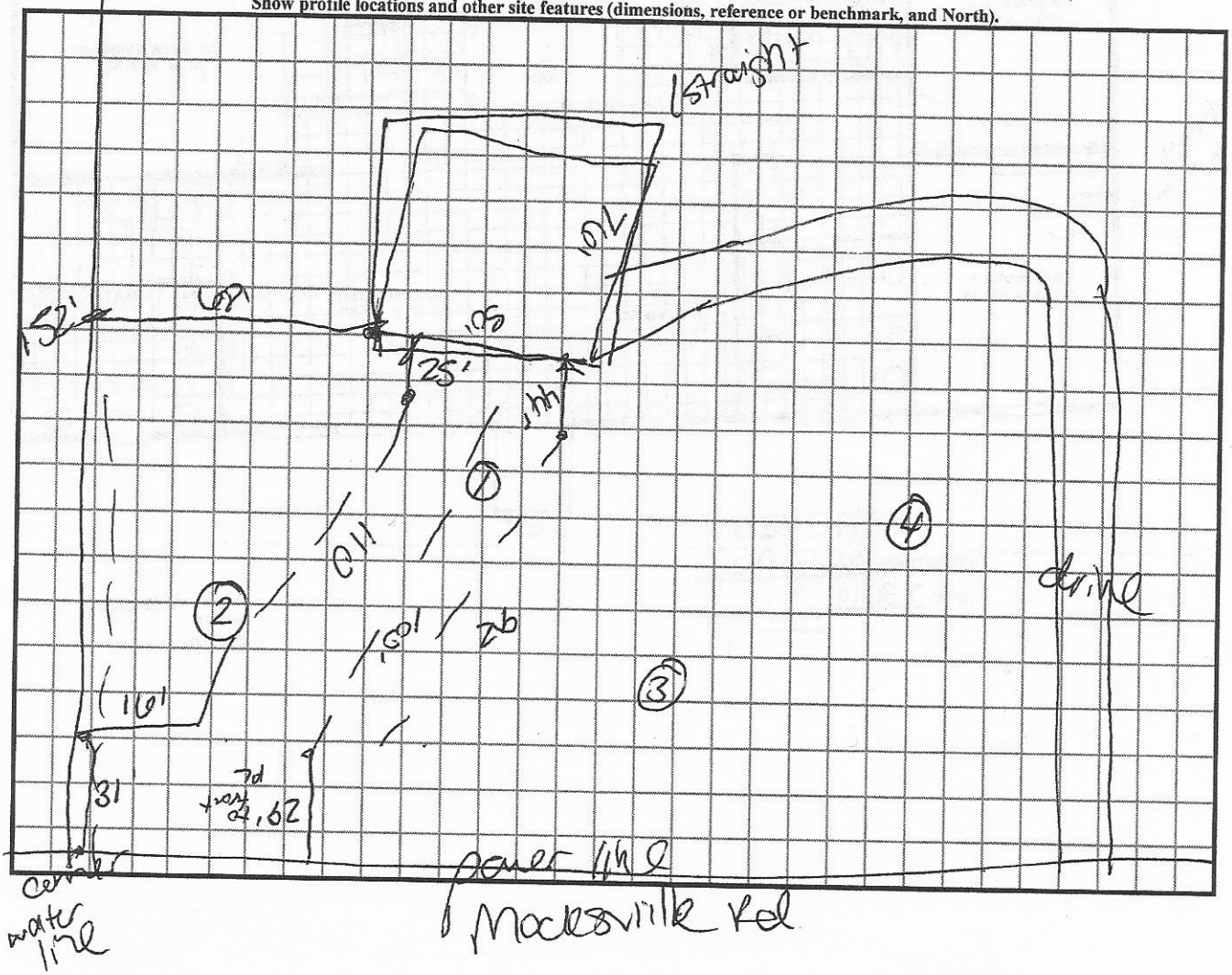
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL 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
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

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

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



#245694
7.5.2019
$500.00

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 ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: James P. Gibson Address: 707 Mocksville Hwy Statesville Zip: 28625
Applicant Email: detjgibson@yahoo.com Phone: 704-500-6757 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 691 Mocksville Hwy Statesville, NC. 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Travel Hwy 64 E past Bell Farm Rd. Will be on the left after passing New Cool Spring VFD. Sits in front of 707 and beside 709

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 ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: James P. Gibson 7-3-2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

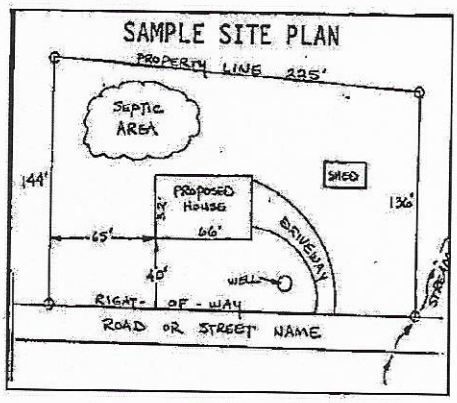
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please see attached Survey Map and House Plans.

Signature: James P. Debar

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

7-3-2019

DATE

704-500-6757.

Owner would appreciate a call when arrival. Please.

Certificate of Approval for Recording:

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell county

Subdivision Administrator _____ Date _____

Water Supply Watershed Certificate:

To the best of my knowledge this plat does not lie within a water supply watershed designated by the North Carolina Division of Environmental Management, or appears on the Watershed Protection Map of Iredell County, North Carolina.

Subdivision Administrator _____ Date _____

Review Officer Certificate

State of North Carolina
County of Iredell

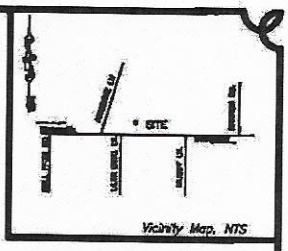
I, _____, Review Officer for Iredell County certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

LEGEND

CM# ON SUBDIVISION NOT CORNER SET
SURVEYOR MAKE AND LICENSE NUMBER
○ CIP ——— CAPPED IRON PIN SET
XCP ——— CONCRETE POST
○ MNB ——— 1/2" INCH BAR SET WITH YELLOW CAP
EP ——— EDGE OF PAVEMENT
R/W ——— RIGHT OF WAY
PP ——— POWER RIGHT OF WAY
RBS ——— NOT TO SCALE
ø ——— UTILITY POLE

——— LINE NOT SURVEYED
——— LINE SURVEYED
——— EDGE OF GRAVEL
——— CROSSING DRIVES
——— FENCE LINE



Certificate of Ownership & Dedication

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines as noted.

a. There are no deed restrictions which will be violated by the requested subdivision;

b. There are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Owner: _____ Date: _____

Owner: _____ Date: _____

Notary

North Carolina, Iredell County

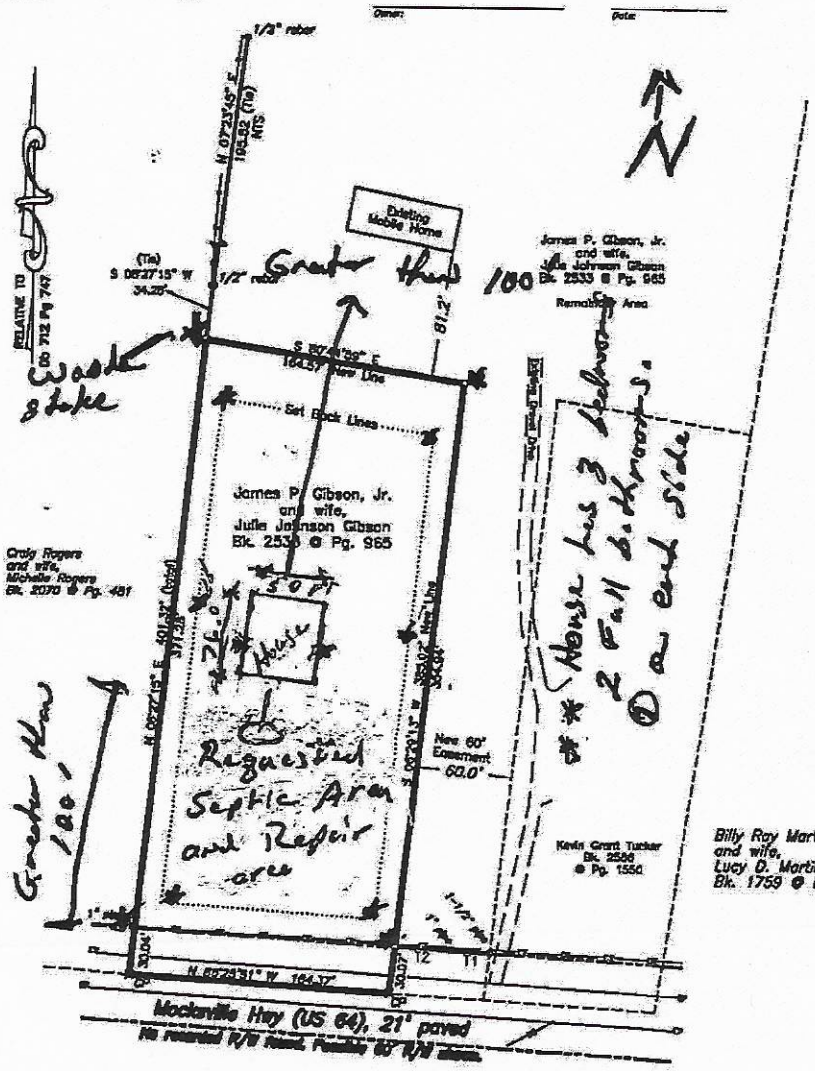
I, _____, a Notary Public for said county and state do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal,

this the _____ day of _____, 2019.

Notary Public

My commission expires: _____



Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
* This survey is subject to any facts that may be disclosed by a full and accurate title search.
* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
* This plat represents an actual field survey that meets or exceeds the minimum requirements of a class C survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
* The ratio of precision before any adjustments is 1:32,561
* Area determined by coordinate computations.
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of site.
* As of the date of this recording the lots have not been inspected by the Iredell County Health Department. Until inspected there is no assurance that building permits will be issued.
* This lot is to be served by individual Water and Sanitary Sewer Systems.
* There is a "10' Drainage and Utility easement along all lot lines.
* Total number of Lots: 1

Survey Certificate

I, Ted M. Benbow, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed descriptions in title block and with adjoining parcels); that this plat represents an actual field survey that meets or exceeds the minimum requirements of a class C survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600; that the ratio of precision as calculated before any adjustments is 1: 32,561; that this plat was prepared in accordance with G.S. 47-30 as amended. I do hereby further certify that this survey creates a Subdivision of land within an area of the County or a Municipality that has an ordinance that regulates parcels of land.

Witness this my original signature, registration number and seal this _____ day of _____, 2019 A.D.

Ted M. Benbow, NCPLS L-3178
Firm License # C-1752

SEAL L-3178

0 50 100 150

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4755, Iredell County, North Carolina, effective date: 03-18-05, the property shown hereon is not within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Survey Corners and set backs marked with Pink Flags

TED BENBOW
Land Surveying
Proudly Surveying Iredell County Since 1999
830 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-0881
www.boundarydevelopment.com

Zoning

ZONING: R-20 (IREDELL)
Set Back Limits
Front – 35'
Side – 15'
Rear – 35'

Tie Lines

Course	Bearing	Distance
T1	N 85°33'09" W	24.46'
T2	N 80°58'16" W	35.64'

Minor Subdivision plat for:

James Paul Gibson, Jr. and wife, Julie J. Gibson

Chambersburg Township, Iredell County, NC
Owners of Record: James Paul Gibson Jr. and Wife, Julie J. Gibson
Deed Reference: Bk. 2533 @ Pg. 965
PIN: 4765-64-2237
Job Number: 170980-19.DWG (170980.CRD)
Field work: November 1st, 2017 finished
Field work: 06/May/2019 Revised
Plat date: 11-07-2017
Revised plat date: 08/May/2019

House Perimeter marked with orange Flags

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)* James P. Olson

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, _____, am the legal owner(s) of the property located at _____, 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

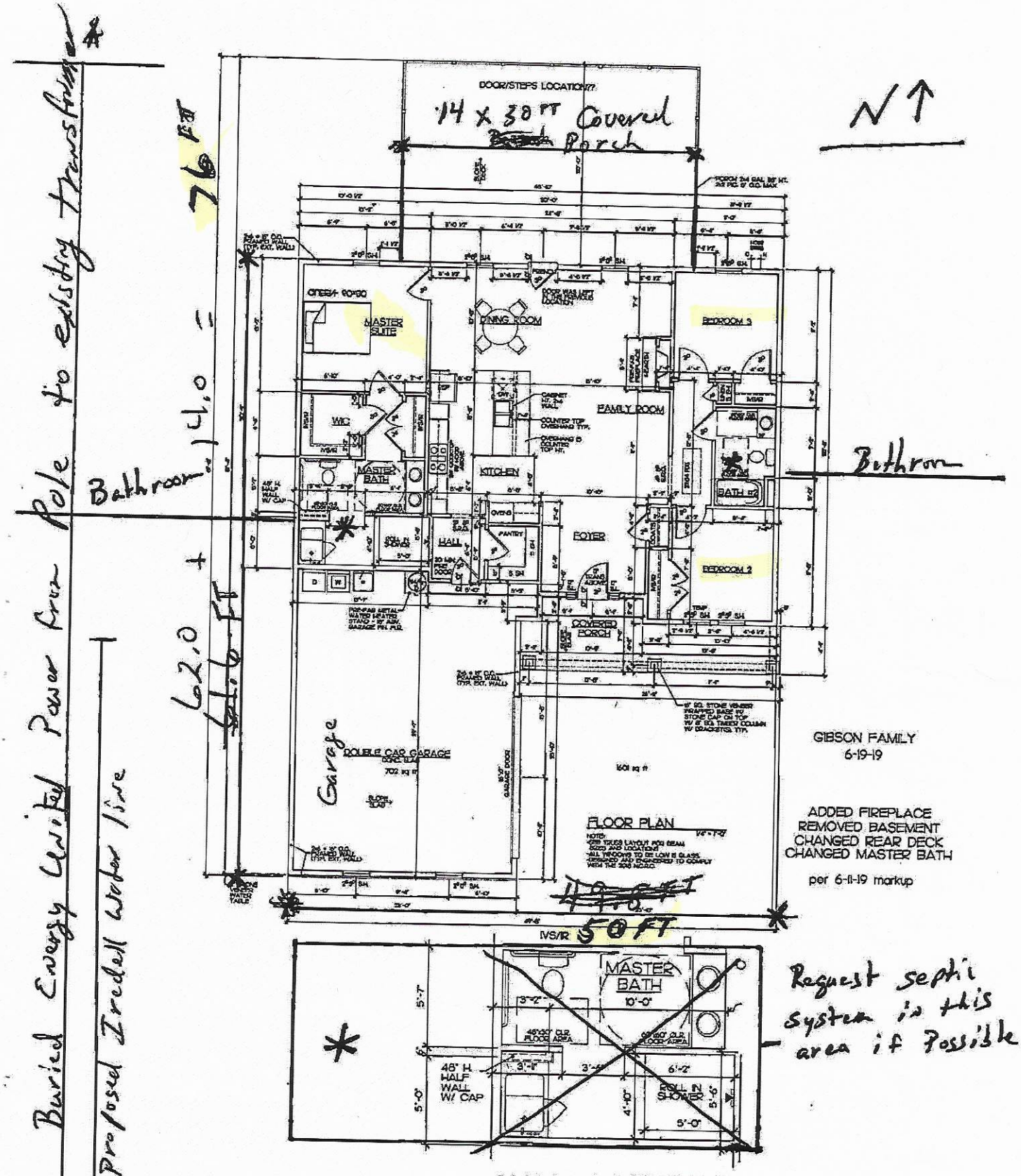
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

James P. Olson
Signature of Owner(s)

7-3-2019
Date

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



Acknowledgement Of Plans Submittal ONLY!

Date 7-5-2019

Date 7-16-19

IREDELL COUNTY

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

APPLICATION NUMBER
245694
Issue Date: 07/05/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4765644429.000	691 MOCKSVILLE HIGHWAY, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: GIBSON JAMES P JR+JULIE J	Applicant: GIBSON JAMES P JR+JULI
Address: 711 MOCKSVILLE HWY	Address: 152
STATESVILLE, NC 28625	IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

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

Remarks:

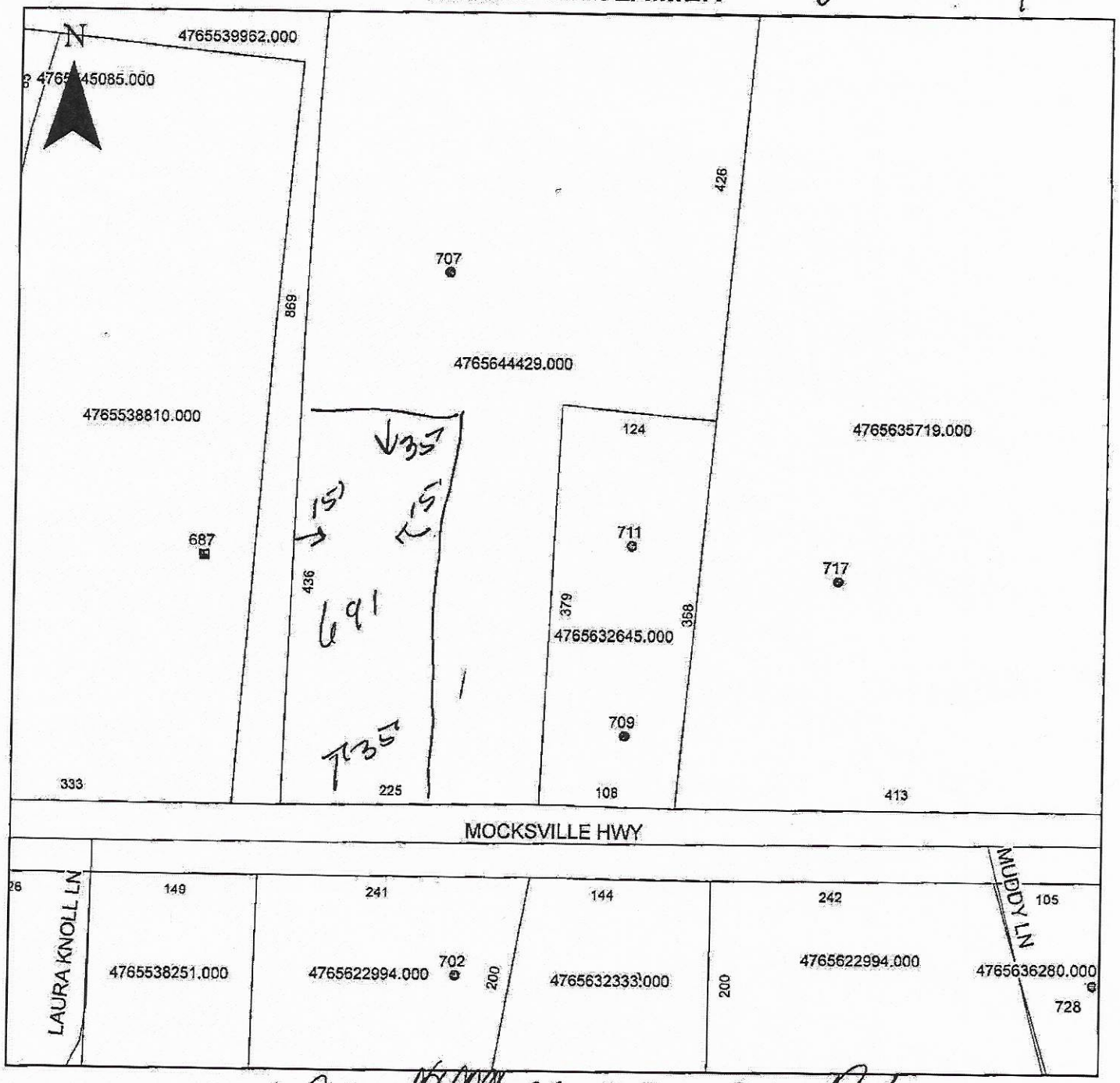
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	183964	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

24 Sept 94



Property Address 691 Mocksville Rd

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. Applicant further acknowledges that the 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.

James P. Oil Jr.
Applicant

Date