IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 102553 PIN# 4765-71-4107 DATE 5-20-02

OWNER OR CONTRACTOR GENE PICKENS PHONE: Business Home 704-878-9837

ADDRESS 118 PARKERS GROVE LANE STATESVILLE NC 28677

LOCATION US 64 EAST, TR BELL FARM RD TL EVERGREEN WOOD TR BIRCHWOOD DR, TL WOODVIEW DR, 1ST LOT ON RIGHT

SUBDIVISION SUN BROOK BLOCK / SECTION 2 LOT 22 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons: STB 760 Date 6-24-02

Pump Tank: 1000 Gallons: PT 363 Date 9-4-02

Pump Make: ZOELLER Model PM-153 Serial No.

Nitrification Field: No Fields 1 Square Feet EQ. TO 1800 Linear Feet 300

No Lines FIVE Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

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

System Description: 50% REDUCTION LOW PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESS

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

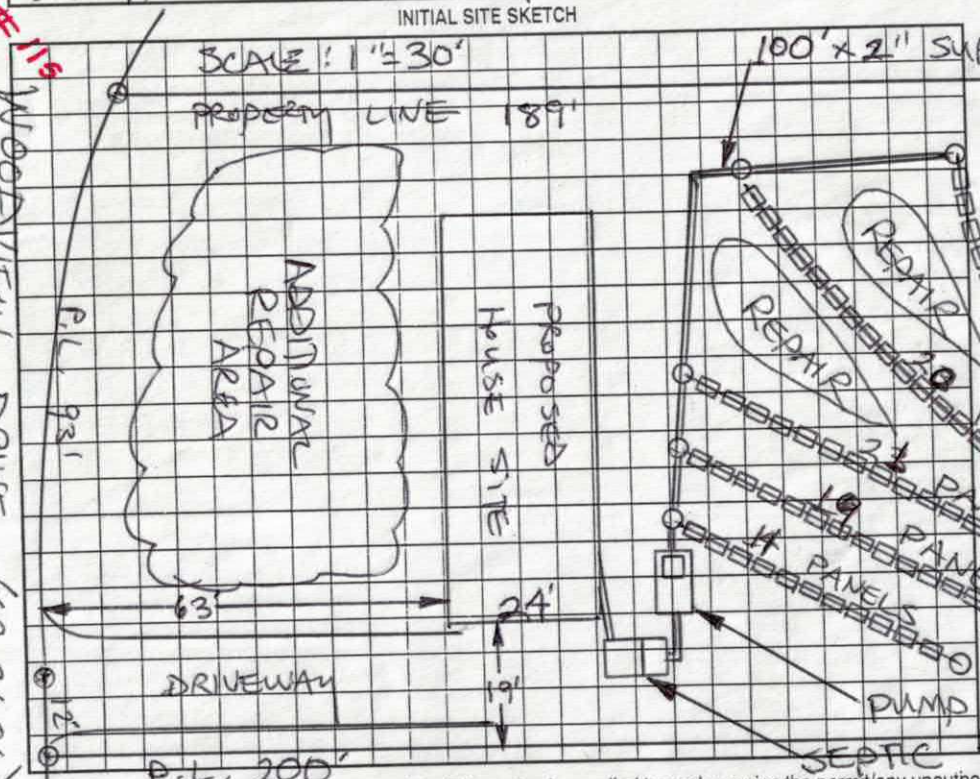
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) INSTALL 50% REDUCTION SYSTEM USING 91 PPBPS PANELS USING LOW-PRESSURE DISTRIBUTION AS SHOWN (2) SEE ATTACHED SHEETS FOR PUMP AND LOW-PRESSURE REQUIREMENTS

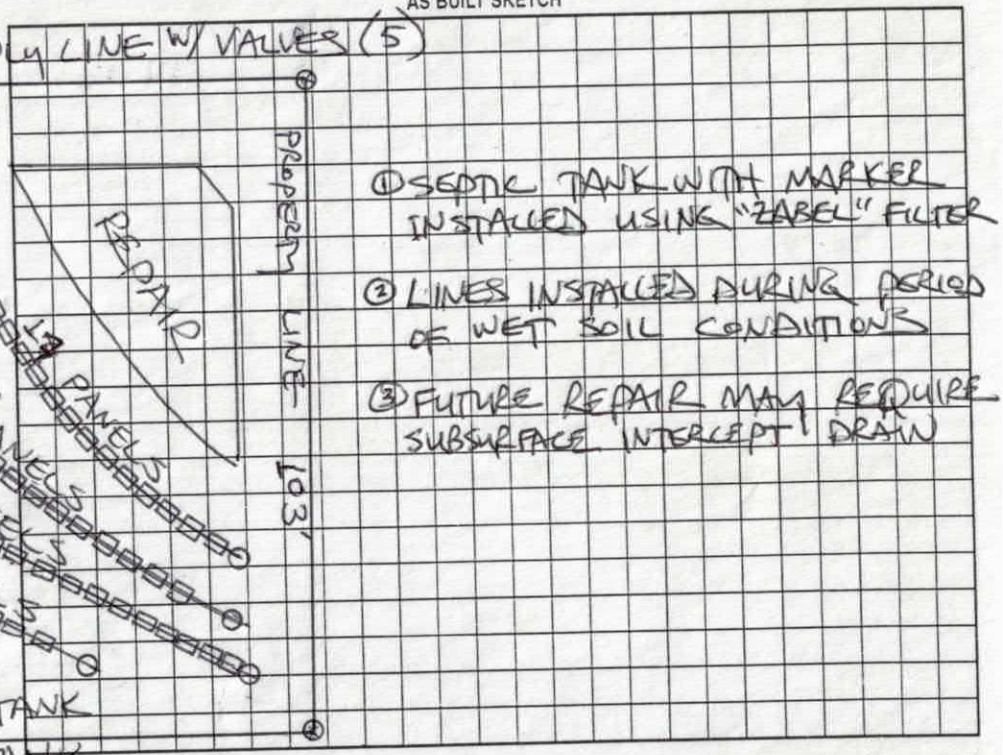
Comments/Conditions: (3) USE IN-LINE PUMP FILTER IN PUMP TANK (4) A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER AND A PRIVATE MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT.

#119 WOODVIEW DRIVE (SR 2606) - Stvl.

INITIAL SITE SKETCH



AS BUILT SKETCH



(1) SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

(2) LINES INSTALLED DURING PERIOD OF WET SOIL CONDITIONS

(3) FUTURE REPAIR MAY REQUIRE SUBSURFACE INTERCEPT DRAIN

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 5-21-02 Installed by: JAKE / RANDY MILLER

Improvement Permit by: STEVE HEDRICK date 5-20-02 Operation Permit by: STEVE HEDRICK date 11-21-02

Authorization to Construct by: STEVE HEDRICK date 5-20-02 Existing System Inspection by: date

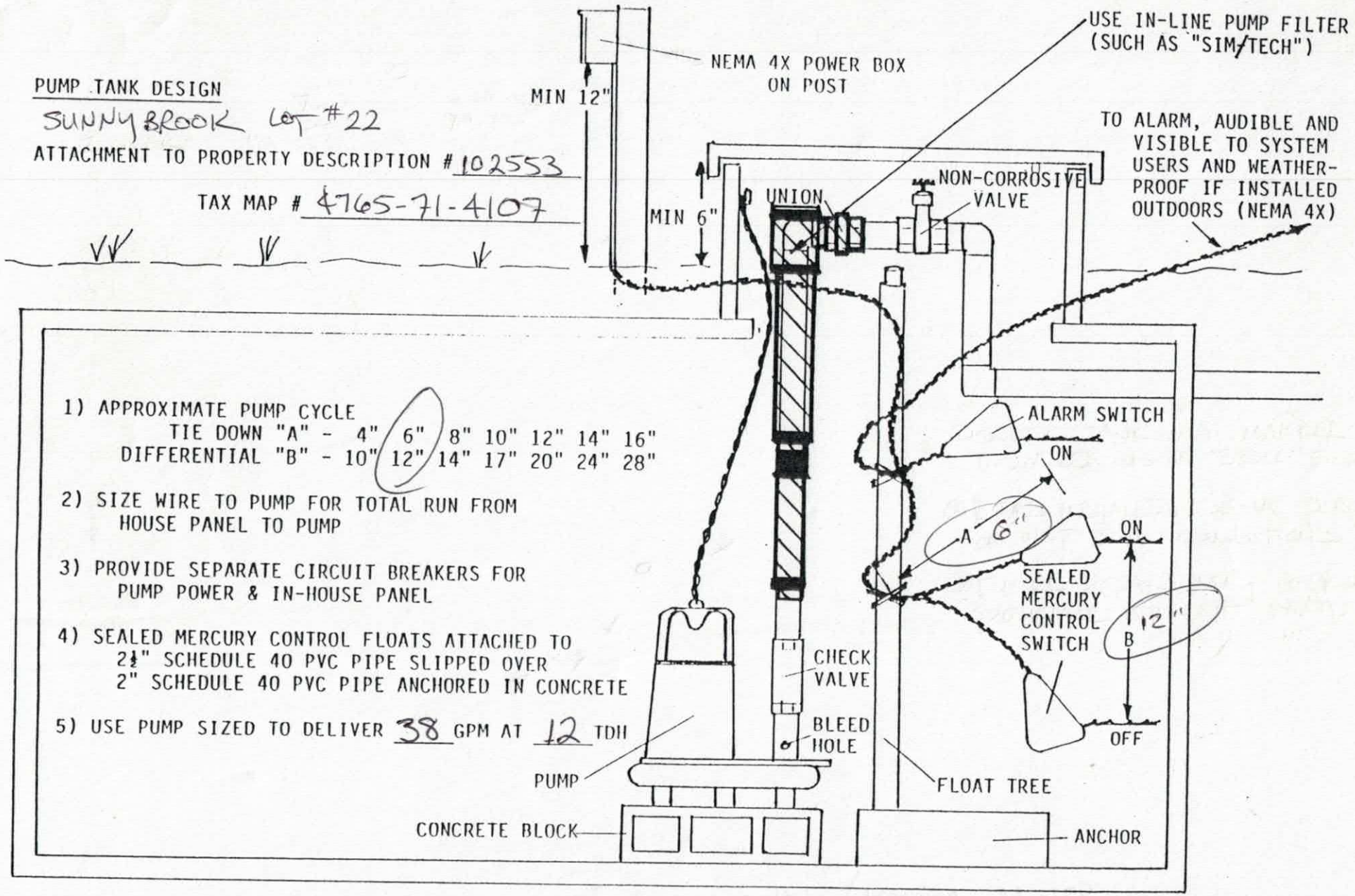
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PUMP TANK DESIGN

SUNNYBROOK Lot #22

ATTACHMENT TO PROPERTY DESCRIPTION # 102553

TAX MAP # 4765-71-4107



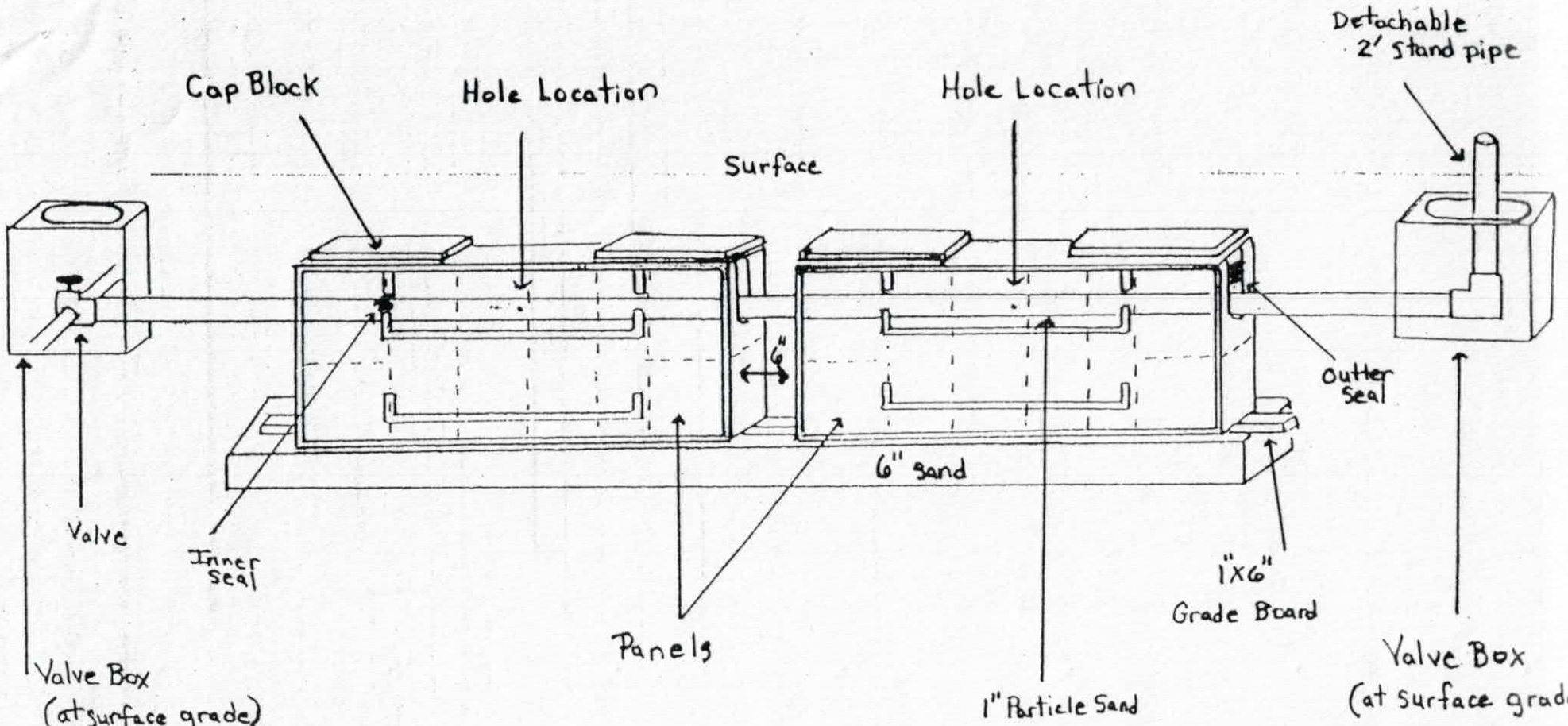
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 38 GPM AT 12 TDH



SUNNY BROOK #22
PERMIT # 102553
PIN # 4765-71-4107

Pressure Dosed PPBPS

of panels 91.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed 45 TONS
100lbs. of partical sand per 8 panels.
Sidewalls rated and limed.
GPM 38.
TDH 12.

Comments

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. ~~Valves shall be grouped and placed in~~ a valve box with a lid at ground level. Turn ups shall also be capped with threaded fittings and brought to ground level and covered with a plastic cup with cover. Valves and turn ups shall be marked as to the ones that go together.

DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

4765-71-4107

OWNER: GENE PICKENS APPLICANT: SAME
ADDRESS: 118 PARKER'S GROVE LANE STVL APPLICATION DATE: 9-5-01 DATE EVALUATED: 11-5-01
PROPOSED FACILITY: 4 BR DUPLEX PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ~0.5 ACRE
LOCATION OF SITE: SUNNYBROOK LOT # 22 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTA
1	L 6%	0-20	SBK C	FR SS/SP SEXP					PS
		20-36	ABK C	FI S/P SEXP	5YR 5/2				0.2
		36-48	ABK C	FI S/P SEXP	5YR 5/1				
2	L 5%	0-18	ABK SBK C	FR SS/SP SEXP					PS
		18-32	ABK C	FI S/P SEXP	5YR 5/2				0.2
		32-48	ABK C	FI S/P SEXP	2.5YR 6/1				
3	L 5%	0-18	ABK SBK C	FR SS/SP SEXP					PS
		18-34	ABK C	FI S/P SEXP	5YR 6/2				0.2
		34-48	ABK C	FI S/P SEXP	2.5Y 6/1				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Y	Y
System Type(s)	C	—
Site LTAR	0.20	0.20

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS FOR 2 BR ONLY
EVALUATED BY: STEVE HENDRICK
OTHER(S) PRESENT: GENE PICKENS

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
Gene Pickens	704 878-9837	P.O. Box 1407	Statesville	NC	28625
Current Property Owner		Mailing Address	City	State	Zip Code
Gene + Deidra Pickens		Same			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
SunBrook Sec II	#27		

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

Specific Directions to Property Broad St. East to Hwy 64 to Bellfarm Rd. go right to second left (evergreen) go to stop sign then Right (Birchwood) then follow all the way back — lot is at the end of the road on woodview

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

House X Duplex Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2

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

Crawl Space X 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.

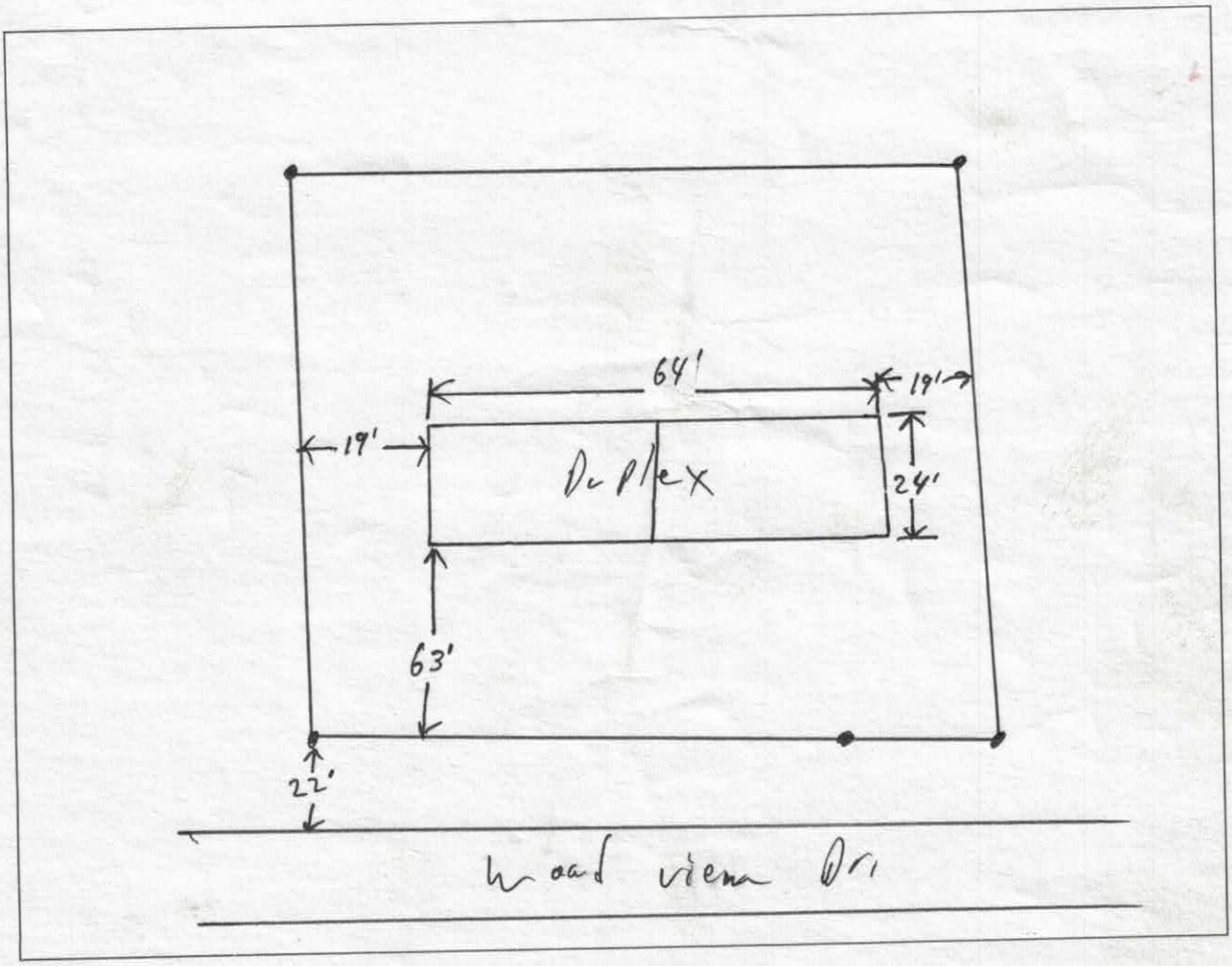
11-2-2001 DATE Gene Pickens SIGNATURE OF OWNER/AUTHORIZED AGENT

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)

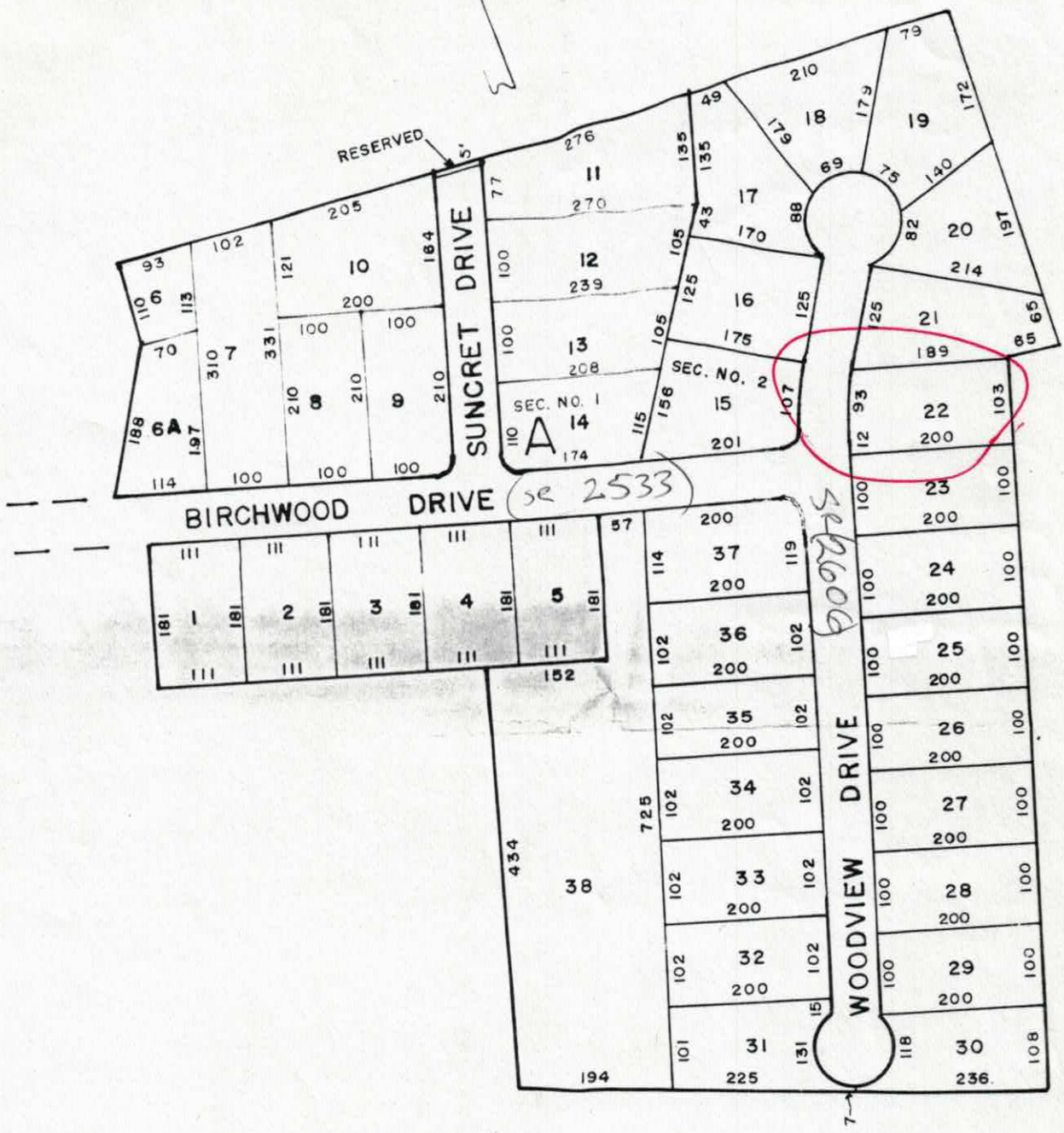
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement 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.

11-2-2001 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



SUN B

PROPERTY

HARRY L.

SECTION I,

SECTION I, L

RECORDED MA

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 102553ZO

Master #: 102553

Associated Permits:
102553ZO Zoning

Applicant

Name: Gene Pickens
Address: 118 Parker's Grove Ln
Statesville, NC 28677

Phone: 704-878-9837

Parcel

Parcel Number: 4765-71-4107
Address: Woodview Dr.
Statesville, NC 28625
Subdivision: Sunnybrook

Zoning: R20
Township: 1300
Area:
Lot(s): 22

Directions to Parcel: 40 E, Hwy 64 exit, 64 east, Right on Bellfarm, 2nd Left Evergreeen wood?, Right at stopsign, Birchwood, Lot on right.

Owners

Name: Gene Pickens
Address: 118 Parker's Grove Ln
Statesville, NC 28677

Phone: 704-878-9837

Fees and Receipts:

Number	Description	Amount
FEE-15265-01	Zoning Permit	$35.00
FEE-15266-01	Environmental Health - Type I or II System	$175.00
	Total Fees:	**$210.00**
REC-10014-01		$210.00
	Total Receipts:	**$210.00**

Permit Information:

Max Built Upon Area: