IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217077

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

PIN # 4765815382

APPLICANT: Bruce Porter APPLICANT ADDRESS: 2143 Mailsville Hwy Statesville NC

SITE ADDRESS: 117 Portman Ln Statesville NC PHONE: 704-878-9314 ALT. PHONE: 704-902-3124

SITE DIRECTIONS: 64 E T/R Lone Pine Rd T/R Portman Ln Lot on left

SUBDIVISION: Lone Pines Meadows SECTION: 3 LOT # 23 LOT AREA: 0.563 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1060 (gal) STB 160 Date 7/3/17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 360

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

[ ] Slab [X] Crawl Space

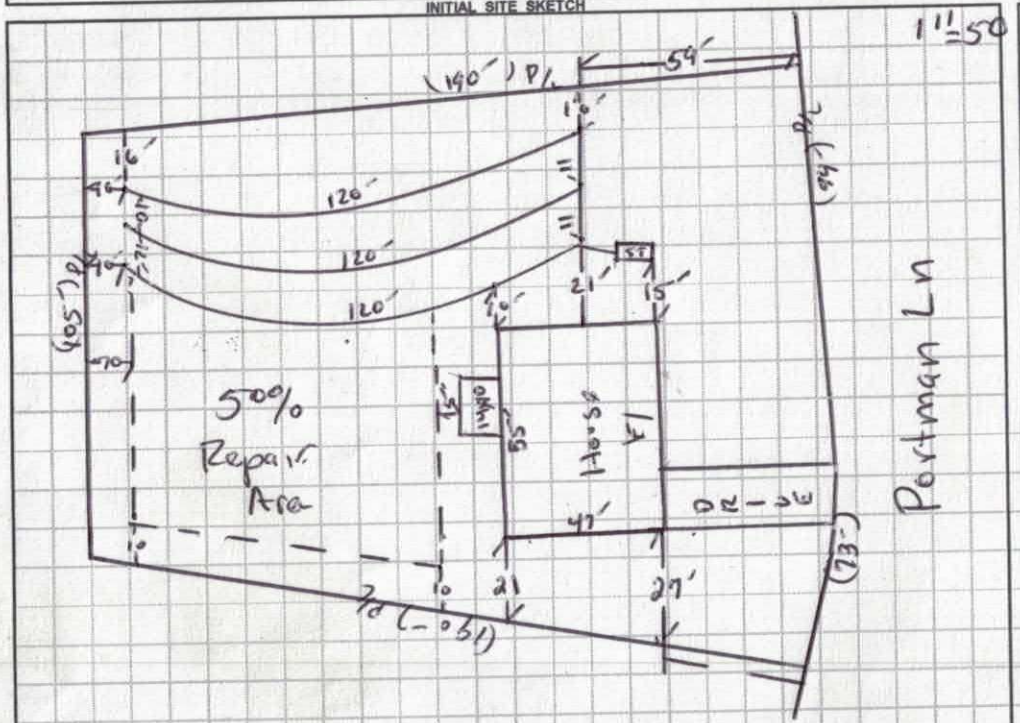
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with serial distribution
* Maintain 36" +D on high side *

Installed as permitted.

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Bruce Port Date: 4-7-16 Installed by: Cothern & Son Grading

IMPROVEMENT PERMIT by: Date: 04/07/16 OPERATION PERMIT by: Benjamin A. Bolton Date: 9/28/17

AUTHORIZATION TO CONSTRUCT by: Date: 04/07/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 47659[illegible]382
COUNTY: Iredell

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

OWNER: Bruce Barton — APPLICATION DATE: 3-4-16
ADDRESS: 117 Portman Ln — DATE EVALUATED: 04/07/16
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.563a-
LOCATION OF SITE: 64E T/R Long Pine T/R Portman — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
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	HS 5%	0-5	6, SCL	fr SE	greater than 1" Ped 5"-24"	PS	W/A	5"-22"	PS .25
		5-22	Pbk, C	fi SE					
		22-60	SBk C	fi SE					
2	HS 4%	0-9	Compacted	—	few yellow brown mottles + Chroma 27-31"	PS	W/A	27"-31"	PS .25 Deep Installation
		9-31	Strong ABk C	fi SE					
		31-64	SBk C	fi SE					
		64-72	SBk BC	fi/fr SE					
3	HS 7%	0-8	Compacted	—	yellow-brown Mottles 32"-37"	PS	W/A	32"-37"	PS .25 Deep Inst
		8-15	6r SCL	fr SE					
		15-37	Strong ABk C	fi SE					
		37-58	ABk C	fi SE					
		58-82	BC SBK	Fr mod SE					
4	HS 5%	0-6	6r SCL	Fi SE	few yellow brows 6"-32	PS	W/A	N/A	PS .25
		6-32	Strong ABk C	fi SE					
		32-42	WABk C	fi SE					
		42-63	WSBk BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	II
Site LTAR	.25	.25

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

COMMENTS:

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

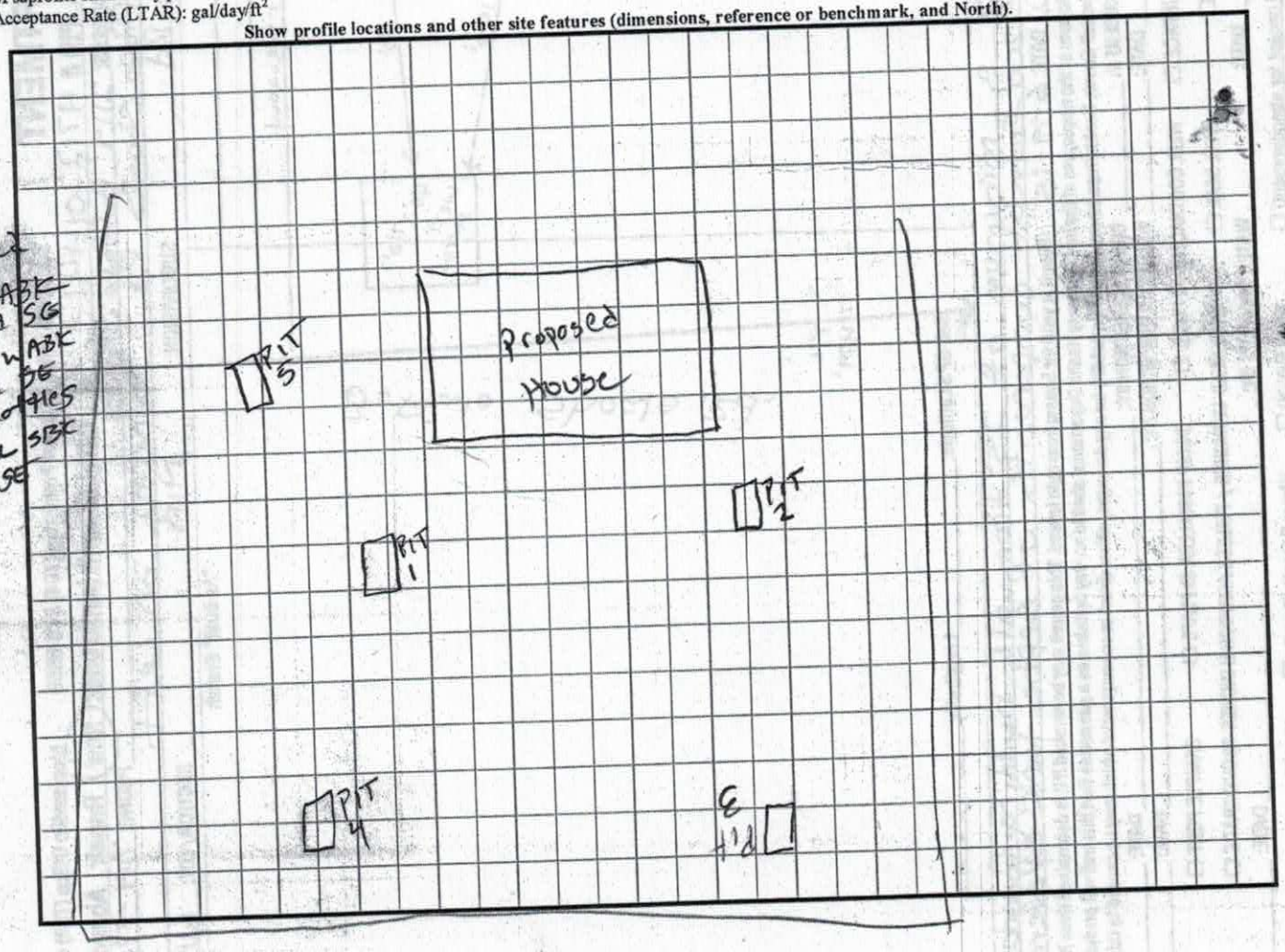
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



5)
-9 compact
-30 RC SABK
Fi Mod SG
30-50 RC w ABK
Fi Mod SG
Few Y/B mottles
50-60 RCL SBK
Fi Mod SG

'2170'14

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Bruce Porter	2143 Mocksville Hwy Statesville 28625	704-878-9314	704-902-3124
Same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
117 Portman Lane	Lone Pine Meadows	Phase 2 # 23

Driving Directions: 64 east TR on Lone Pine Road go ½ mile TR on Portmane Lane job on the left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: Bruce Porter — 3-4-16
   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:

X Property Line measurements are clearly identified... **X 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

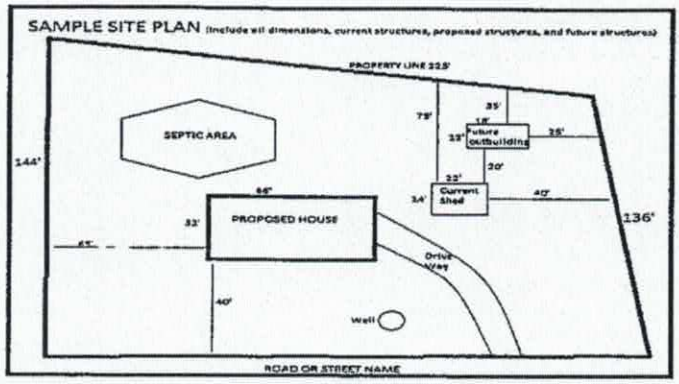
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

X Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

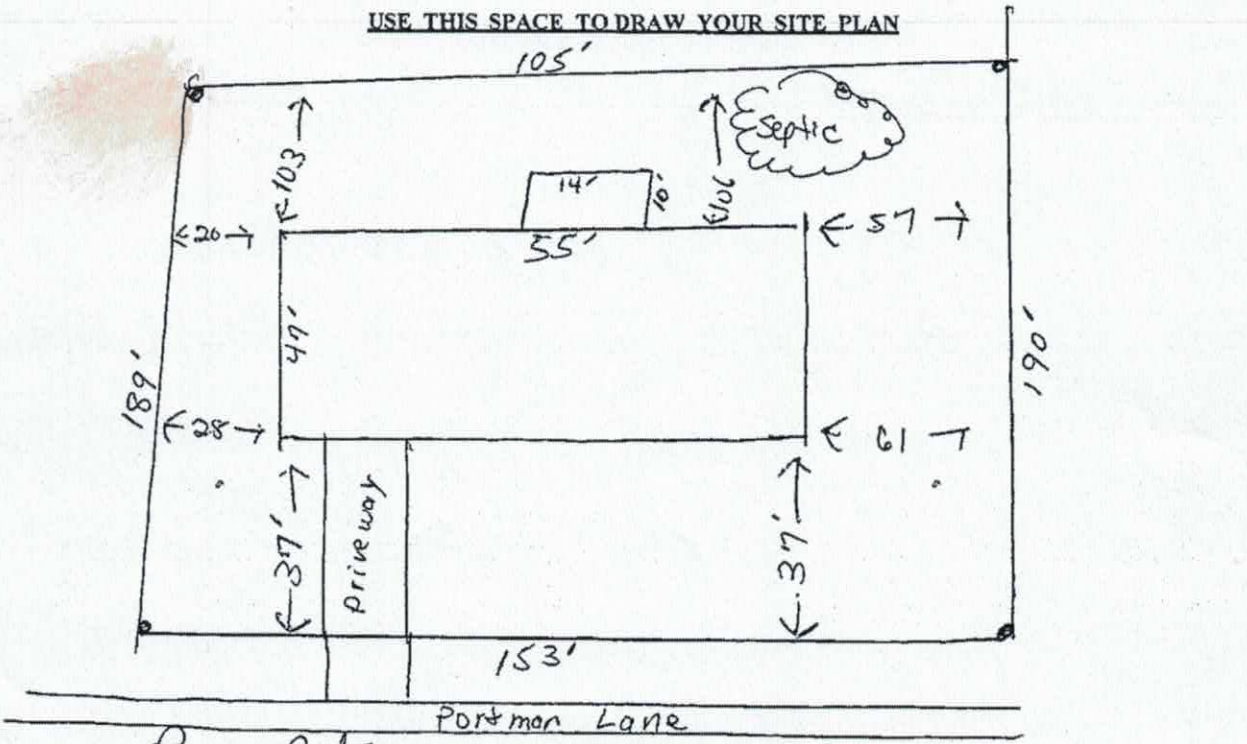
Circle N/A on the following if appropriate:

____ 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



Signature: Bruce Porter

REQUIRED property owner or owner's legal representative signature.

3-4-16

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
217077
Issue Date: 03/04/2016

ZONING PERMIT

Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4765815382.000	117 PORTMAN LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: WCU INC+BRUCE A PORTER ETAL	Applicant: BRUCE PORTER
Address: 2143 MOCKSVILLE HWY STATESVILLE, NC 28625	Address: 2143 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

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

Remarks:

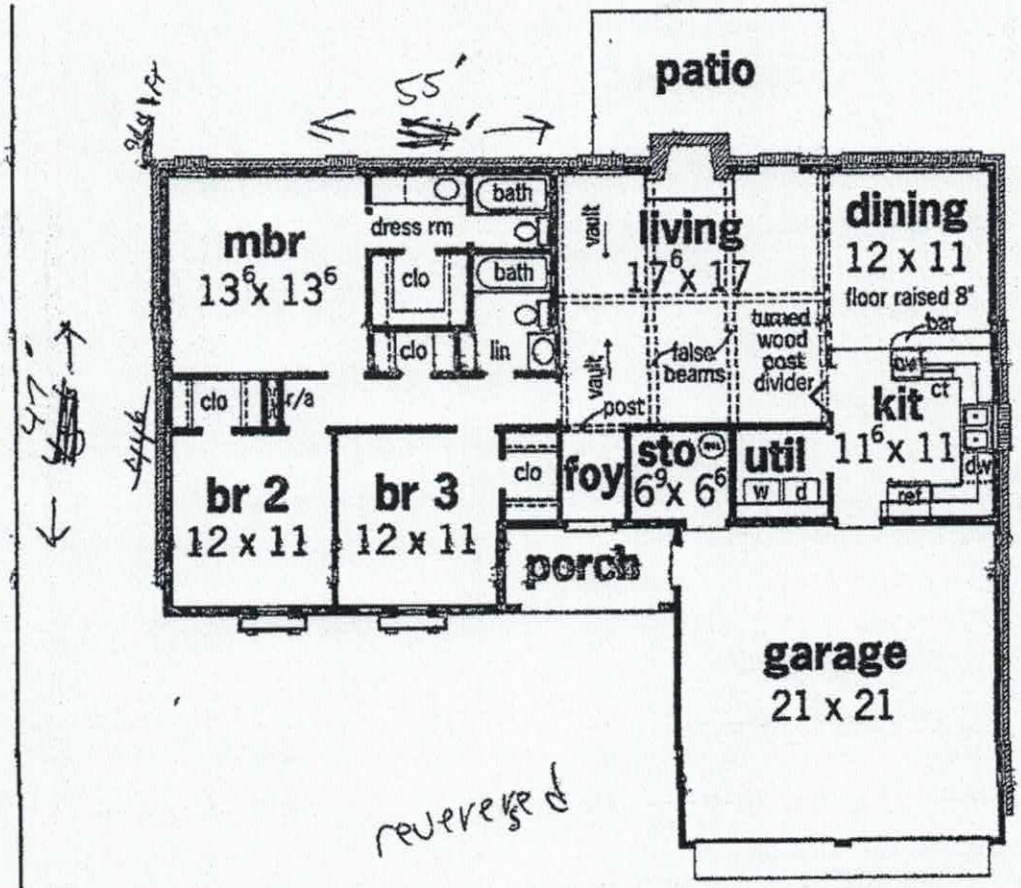
PAID
6913
MH 3/4

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.

See Att...

Applicant: _____ Date: _____

Permit Number	62035	TOTAL FEES:	$ 77.25



ADDITIONAL DETAILS

Square Footage : **1346**

Unfinished Area : **502**

Porch : **61**

Level(s) : **1**

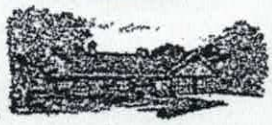
Main Ceiling Height : **8'**

Maximum Ridge Height : **17'**

Exterior Wall : **2x4**

DESCRIPTION

ORDER THIS PLAN



Acknowledgement
Plans Submittal ONLY!
Bruce Post Date 3-4-16
Date 04/07

For more information about any of the home plans, services or books featured on our website, please contact us by either of the methods below. If you have questions about a specific house plan, please provide us with the Plan # to allow us to handle your inquiry more quickly.

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Email Us: Customer Service

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