# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233760.

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

PIN # 4765836253.000.

APPLICANT/OWNER: Tonya Warren Bailey. APPLICANT ADDRESS: 391 Sain Rd Statesville NC 28625

SITE ADDRESS: 822 Mocksville Hwy Statesville NC 28625 PHONE: 704-495 7940 ALT. PHONE ~.

SITE DIRECTIONS: Hwy 64 E about 1 mile pass Fire Dept. on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 2.92 Acres. DESIGN FLOW: 100gpd L.T.A.R.: .20

Septic Tank 1000-Traffic (gal) STB 1012. Date 6/21/18.
Pump Tank (gal) PT Date
Pump Make Model Serial #
# Nitrification Fields 1 # Lines 2 Linear Ft 125
Trench Width 36. Trench Bottom Depth(Low side) 19 Gravel Depth ~

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

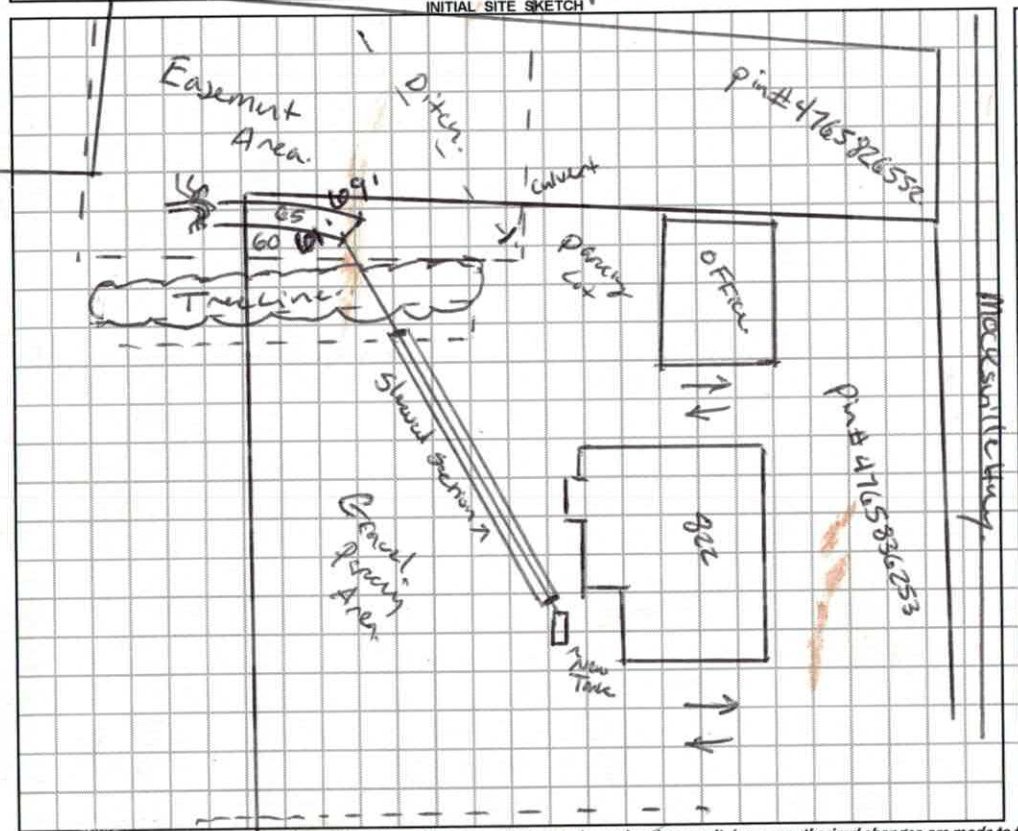
☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing
No. Bedrooms No. Persons 3 No. Employees ☐ Crawl Space
☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

* Install Septic Drainlines on the Contour of the Land + utilize serial distribution. Easement Recorded Deed Book 2557 Pg 1738-17

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: Tonya W Bailey Date: 6-18-18 Installed by: Yountz Grading

IMPROVEMENT PERMIT by: Benjamin Potter Date: 6/5/2018 OPERATION PERMIT by: Carter C. Keare Date: 8/14/18

AUTHORIZATION TO CONSTRUCT by: Benjamin Potter Date: 6/5/2018 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 #: 4765836253
COUNTY: Lincoln

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

OWNER: Bailey
ADDRESS: 922 Mocksville Hwy
PROPOSED FACILITY: Business
LOCATION OF SITE: 922 Mocksville Hwy Cog Rock Fm.
APPLICATION DATE 3-1-18.
DATE EVALUATED: 3/16/18.
PROPERTY SIZE: 2.92 Acres
PROPERTY RECORDED: yes.
PROPOSED DESIGN FLOW (.1949): 100gpd.

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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 10% | 0-12 | SCL WSBK | SS SP FR SEPP | | 36 | | 10YR 6/2 @ 36. | .20 |
| | | 12-36. | C ABK. | SS SP FM | | | | | |
| 2 | 12% | 0-8. | SCL WSBK | SS SP FR SEPP | | <18. | | | .25 |
| | | 8-42 | C SBK | SS SP FM | | | | | |
| | | 42-48. | CL WSBK | SS SP FR | | | | | |
| 3 | 18% | 0-6 | SCL WSBK | SS SP FR SEPP | | <18. | | | .25. |
| | | 6-33 | C SBK | SS SP FM | | | | | |
| | | 33-48. | CL WSBK. | SS SP FR | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | ✓ | ✓ 25 |
| System Type(s) | ✓ | ~~20~~ 25% conv. |
| Site LTAR | ✓ | .20 |

OTHER FACTORS (.1946): Easement Needed.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: B. Tew
OTHER(S) PRESENT:

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* |
|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 |
| | | O (Organic) | None | None |

| MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|
| SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |

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

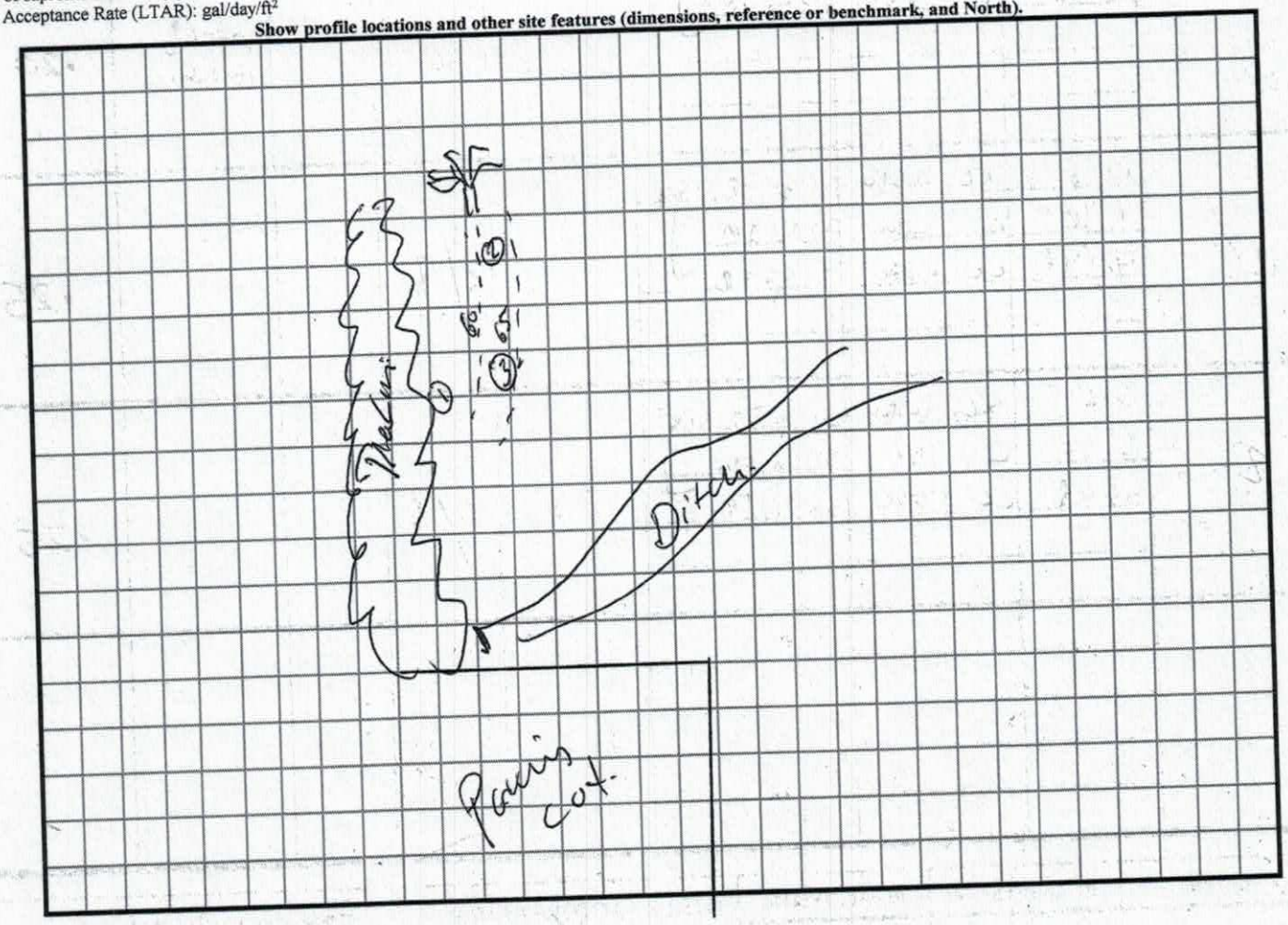
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

***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).**



# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

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

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Tonya Warren Bailey Address: 391 Sain Road Statesville NC Zip: 28625
Applicant Email: tonyawbailey@bellsouth.net Phone: 704-495-7940 Alt. Phone: _____
Owner Name: Living Trust Wm. R. Warren Address: 818 Mocksville Hwy Statesville NC Zip: 28625
Owner Email: Same Phone: Same Alt. Phone: _____

**Property Information:**

Street Address: 822 Mocksville Hwy Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 64 E about 1 mile pass Fire Dept. on right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(x) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 8
Maximum Number of Occupants: 0
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1200 Max. Number of Employees: 3 Max. Number of Seats/Beds/Other: 8

**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:** Tonya Warren Bailey 3-1-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Type: CRP
Recorded: 05/29/2018 at 11:36:48 AM
Fee Amt: $26.00 Page 1 of 4
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2557 PG 1738-1741

NORTH CAROLINA

SEPTIC EASMENT

IREDELL COUNTY

This Agreement, entered into this the 29th day of May, 2018, between William Robert Warren, Trustee of the William R. Warren Living Revocable Trust dated June 15, 2016, hereinafter referred to as "Grantor" and, William Robert Warren, Trustee of the William R. Warren Living Revocable Trust dated June 15, 2016 hereinafter referred to as "Grantee"

**WITNESSETH**

Whereas, the William R. Warren Living Revocable Trust date June 15, 2016 is the owner of five tracts of land listed in Deed Book 2438, page 963 that all adjoin and are listed for tax purposes as three (3) tracts identified as PIN 4765-83-6353, PIN 4765-82-6552 and PIN 4765-83-3005, and;

Whereas, the tract designated as PIN 4765-83-6253 is in need of a new septic drain field to service the septic tank located on that property, and;

Whereas, William Robert Warren, as Trustee of the William R. Warren Living Revocable Trust date June 15, 2016 desires to grant an easement across the adjoining properties to accommodate the septic drain field.

Therefore, based on the following mutual promises, the Grantor and Grantee agree and contract as follows:

1. The Grantor grants to the Grantee the right to build and maintain a septic drain field within the bounds of the rectangle as shown on the attached tax maps which are attached as Exhibit A (aerial photography view) and Exhibit B (plain line view).

2. This easement shall be for the benefit of the tract designated as PIN 4765-83-6253 and shall run with the land in the future.

R.O.T.C.

Page Count: 4
☐NS ☑PQ ☐SI

3. The owner of the tract designated as PIN 4765-83-6253 shall be responsible for the costs of the installation and maintenance of the septic system.

William R. Warren Living Revocable Trust

By: _____(Seal)
William Robert Warren, Trustee

North Carolina—Iredell County

I, a notary public of the aforesaid county and state hereby certify that **William Robert Warren, Trustee of the William R. Warren Living Revocable Trust dated June 15, 2016,** personally appeared before me and acknowledged the due execution of the foregoing instrument. This the _____ day of June, 2007.

_____
Notary Public

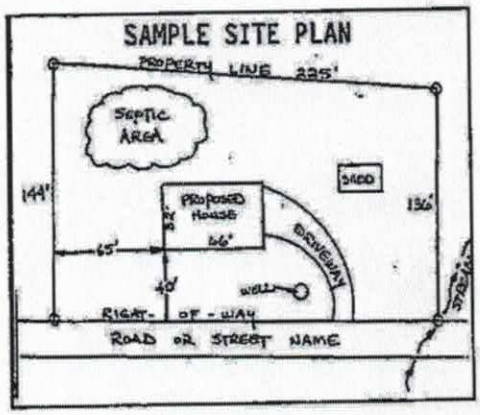
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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

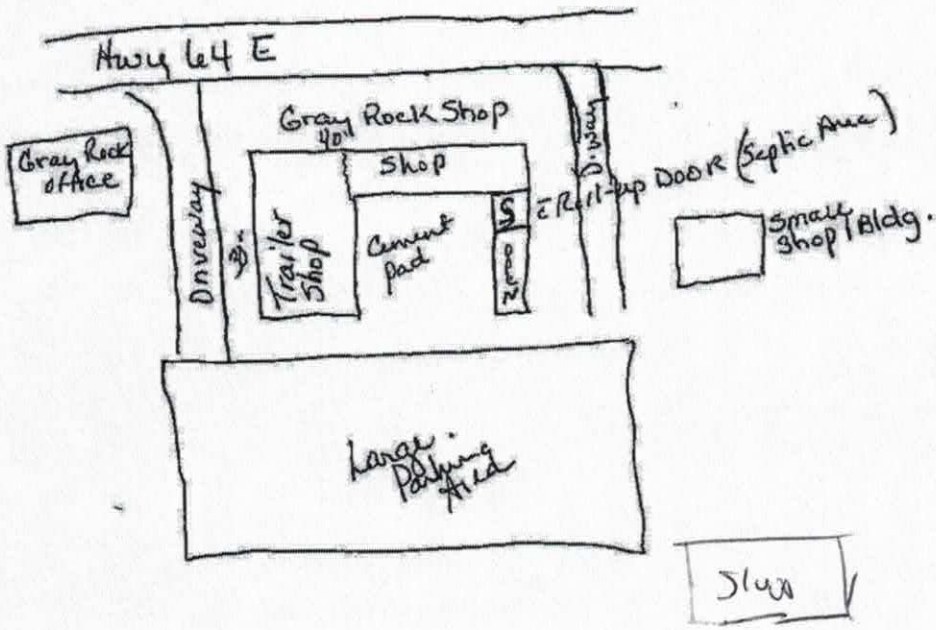



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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***




0-34-Fill
34- change
Natural

**Signature:** Tonya Warren Bailey
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-1-18
DATE

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 W. R. Warren DATE 11-18-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 645 on Rt Part Bell Rd

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Office Building (Gray Rock Fm) 5 Employees

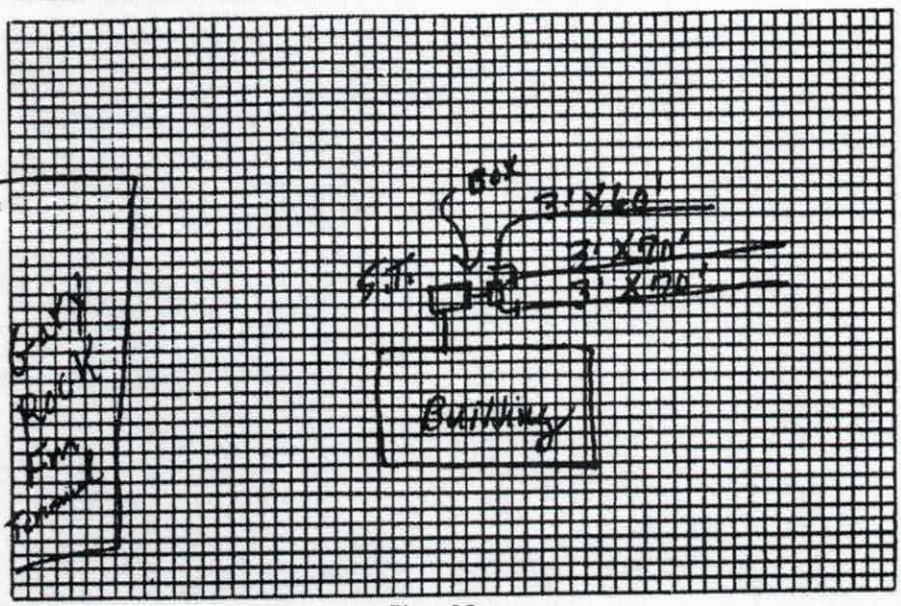
No. Bedrooms _____ No. Bathrooms 1

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

Lot Area acreage

Character & Porosity of Soil clayey
Percolation Rate 4
Topography 2 to 6%
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 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 11-18-86

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 Permit.

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

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# _____ PIN# 4765 83 5291 DATE 5-3-01

OWNER OR CONTRACTOR BOB WARREN / GRAY ROCK FARMS PHONE: Business 704-873-6901 Home 704-872-4392

ADDRESS 818 MOCKSVILLE HWY, STATESVILLE, NC 28625

LOCATION HWY 64 EAST, ~1.5 miles on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.7 ACRES SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 240
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

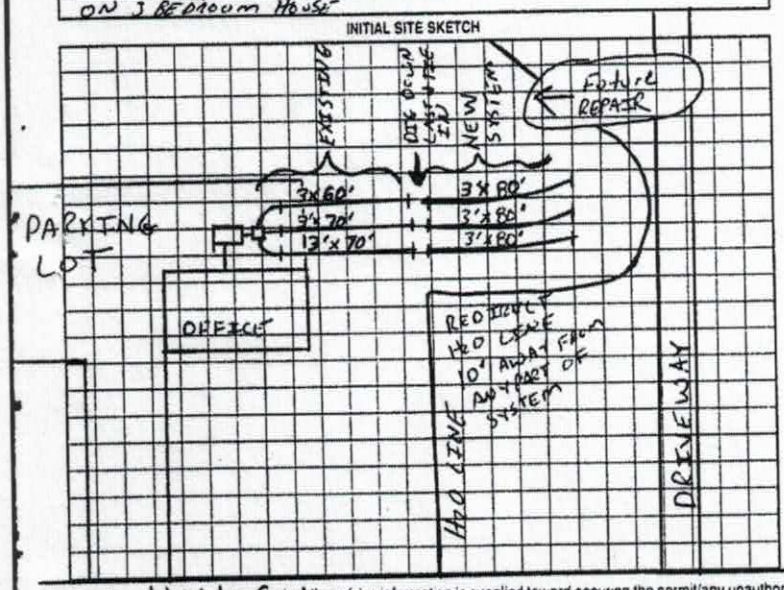
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☒ Business No. Employees ____
☐ Other TEMPLOYS

Water Supply: ☐ Individual ☒ Public ☐ Community

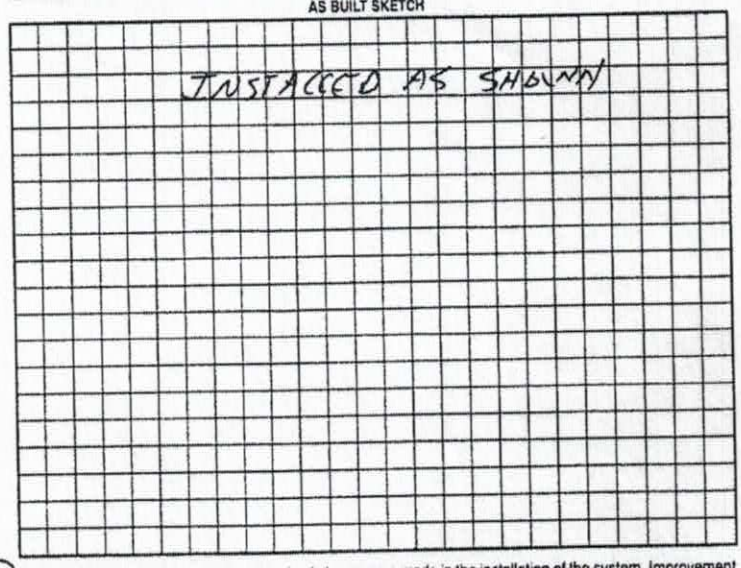
Comments/Conditions: (1) PUMP THE TANK (2) REDIRECT H2O LINE AROUND SYSTEM (3) INSTALL THREE LINES ON CONTOUR (4) SYSTEM NOW SIZED FOR TODAYS STANDARDS ON 3 BEDROOM HOUSE

Comments /Conditions

INITIAL SITE SKETCH




AS BUILT SKETCH




Permit can be rescinded 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 5-14-01 Installed by: FRYE THOMPSON

Improvement Permit by: Jim Cook REI date 5-3-01 Operation Permit by: Jim Cook REI date 7-19-01

Authorization to Construct by: Jim Cook REI date 5-3-01 Existing System Inspection by: _____ date _____

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