ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-327919

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

PIN # 4766 -- 36 -- 5226

APPLICANT/OWNER: KAREN CLARK / BILLY SELF APPLICANT ADDRESS: 5008 WAINSCOTT WAY, RALIEGH, NC 27612

SITE ADDRESS: 690 ALLEN CREEK ROAD, STATESVILLE, N.C, 28625 PHONE: 704-903-3207 ALT. PHONE 919-721-0100

SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, (R) ON ALLEN CREEK, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CHESTNUT ACRES SECTION: — LOT # 9 LOT AREA: 0.691 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	760	Date	7/11/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	DEEP - HORIZONTAL PPBPS / 50% REDUCTION			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	DRIP OR 50% REDUCTION - DEEP			
# Nitrification Fields	1	# Lines	4	Linear Ft	220FT		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	55IN	Gravel Depth	—			☑ GRAVITY	☐ PRESSURE		

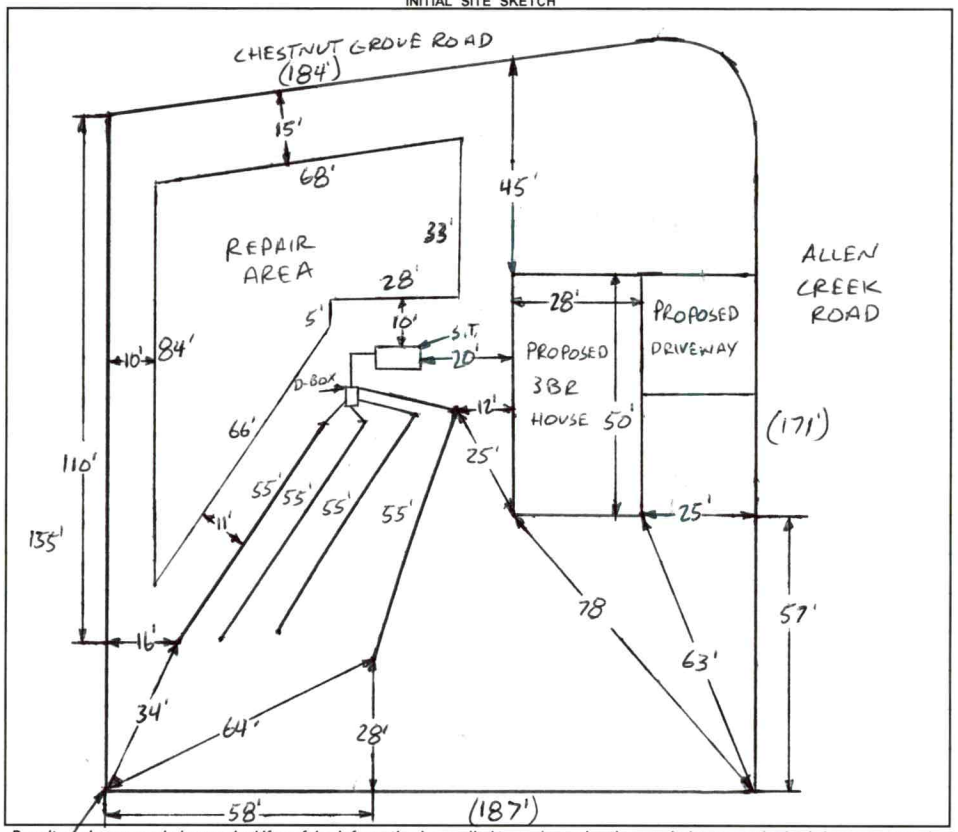
☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	—	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE EQUAL DISTRIBUTION VIA D-BOX, DO NOT EXCEED A 60 IN MAX TRENCH DEPTH, SET TANK IN MANNER TO ACHIEVE GRAVITY FALL, DONOT EXCEED 36IN OF COVER OVER TANK

PRE-CONSTRUCTION MEETING RECOMMENDED

VENT SYSTEM

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 40FT

S.T. = SEPTIC TANK

Installed as Drawn

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: W. B J Date: 5/27/2 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-26-2022 OPERATION PERMIT by: Cindy Hill Date: 9/16/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-26-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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 #: 4766-36-5226
DATE OF EVALUATION: 5-11-2022
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
1	LINEAR SIDE 2%	0-9	SL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU OUT 10YR 6/2 @ 32" Y/B - 12" - 40"	52"	N/A	NA	PS .225 ABOVE 32"
		9-32	C, ST ABK	FI, S, P, SEXP					
		32-52	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-9	SL/SBK	FR/SS/SP/SEXP	Y/B MOTS @ 42" ↓ 14"-42" 10YR 6/2 @ 33"	72"	P.S GII SL/L	N/A	P.S. .275 Below 33"
		9-42	C/ST ABK	FI/S/P/SEXP					
		42-72	CL/WABK	FI/SS/SP/SEXP					
		72-80	Sap/Mas	FR/NS/NP/SEXP					
3	LINEAR SIDE 2%	0-7	SL, SBK	FR, SS/SP, SEXP	Y/B MOTS 7"-48" 10YR 6/2 @ 32" SAP INC 39"+	74"	[redacted] N A	NA	PS .275 BELOW 32"
		7-32	C, ST ABK	FI, S, P, SEXP					
		32-74	CL, W ABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 2%	0-8	SL, SBK	FR, SS, SP, SEXP	Y/B MOTS 10"-37" 10YR 6/2 @ 31" SAP INC 38"+	72"	N/A	N/A	PS .275 BELOW 31"
		8-37	C, ST ABK	FI, S, P, SEXP					
		37-72	CL, WABK	FI, SS, SP, SEXP					

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	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)
			None	None		

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

NOTES

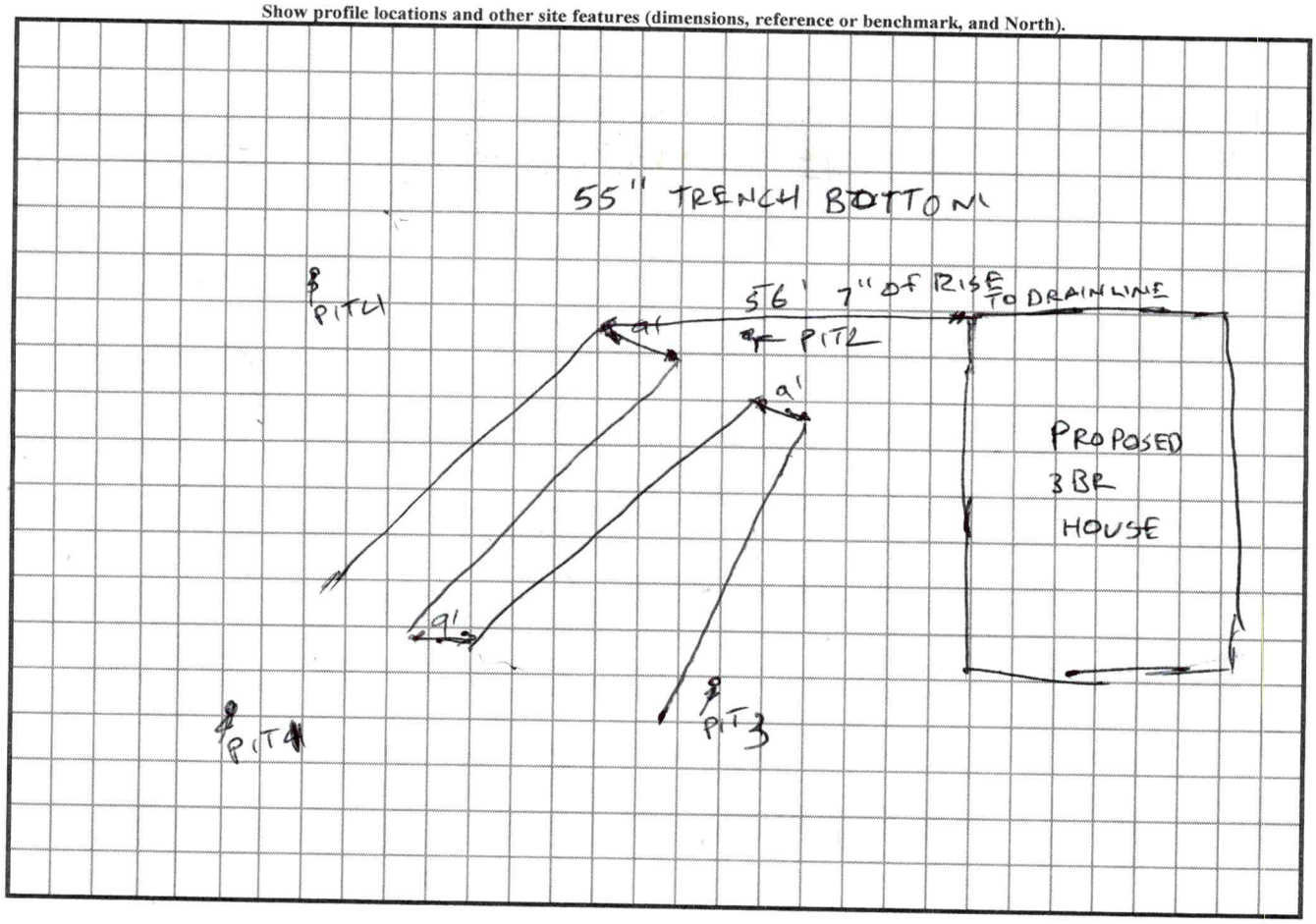
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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

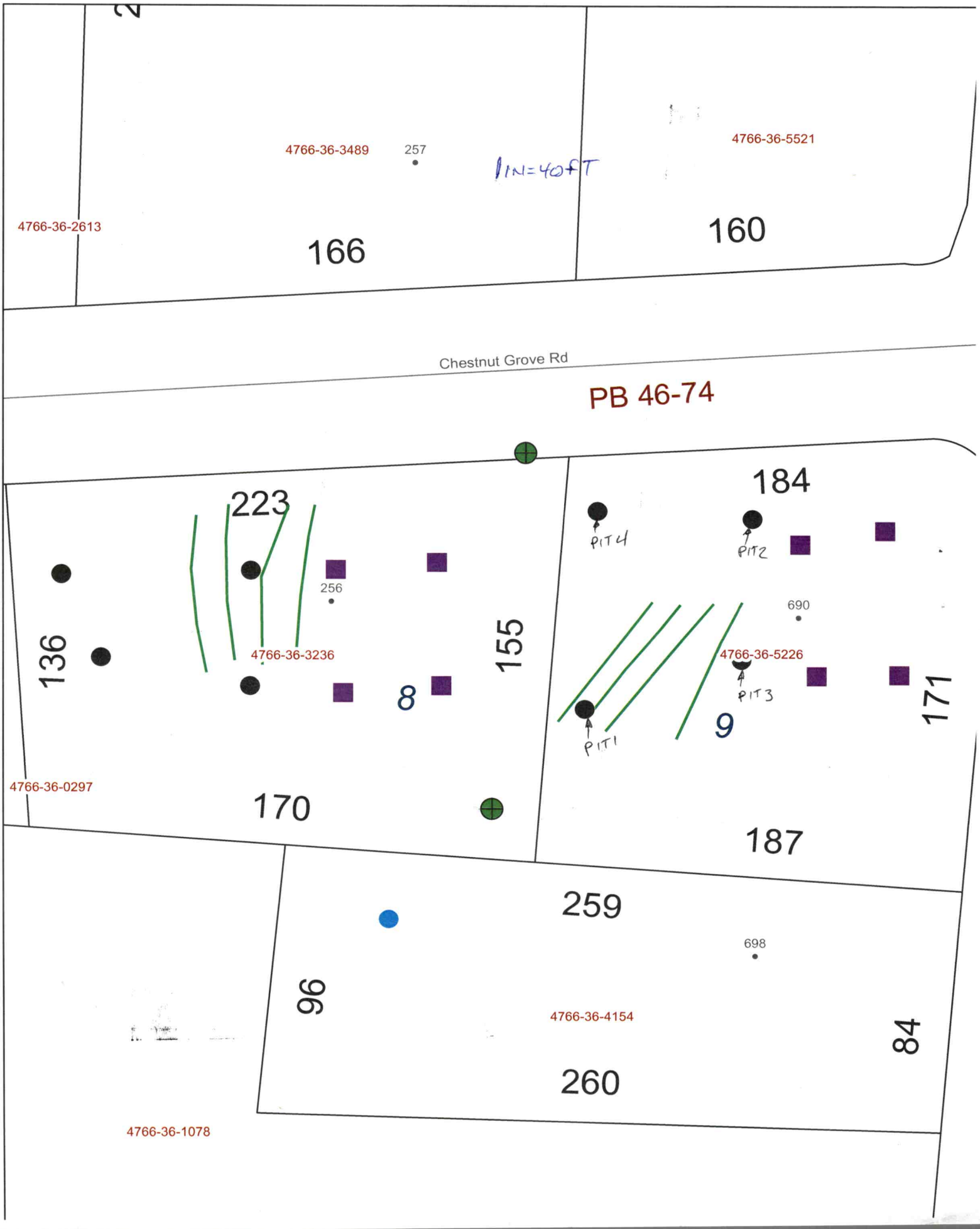
CHESTNUT GROVE

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



ALLEN CREEK

2% SLOPE


4766-36-3489
257
1IN=40FT
4766-36-5521
4766-36-2613
166
160
Chestnut Grove Rd
PB 46-74
223
256
136
155
4766-36-3236
8
184
PIT4
PIT2
690
4766-36-5226
PIT3
PIT1
9
171
4766-36-0297
170
187
259
698
96
4766-36-4154
84
260
4766-36-1078

RECEIVED APR 2 1 2022

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* AP-327919 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: KAREN CLARK Address: 5008 WAINSCOTT WAY RALEIGH Zip: 27612

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Karen Clark Address: 5008 Wainscott Way, Raleigh Zip: 27612

Owner Email: kctclark14@gmail.com Phone: 919-721-0100 Alt. Phone: _____

Property Information:

Street Address: 6600 ALLEN CREEK RD

Subdivision Name: Chestnut Acres Section/Phase: _____ Lot Number: 9

Driving Directions: Old Mocksville to Chestnut Grove Rd (turn right) lot is at the corner of Chestnut Grove + Allen Creek Rd

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1221 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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?

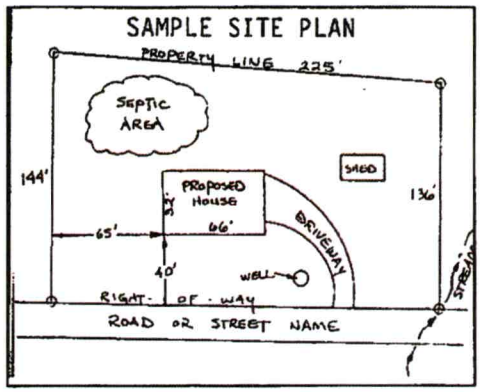
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 3/31/22
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:

- (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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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**

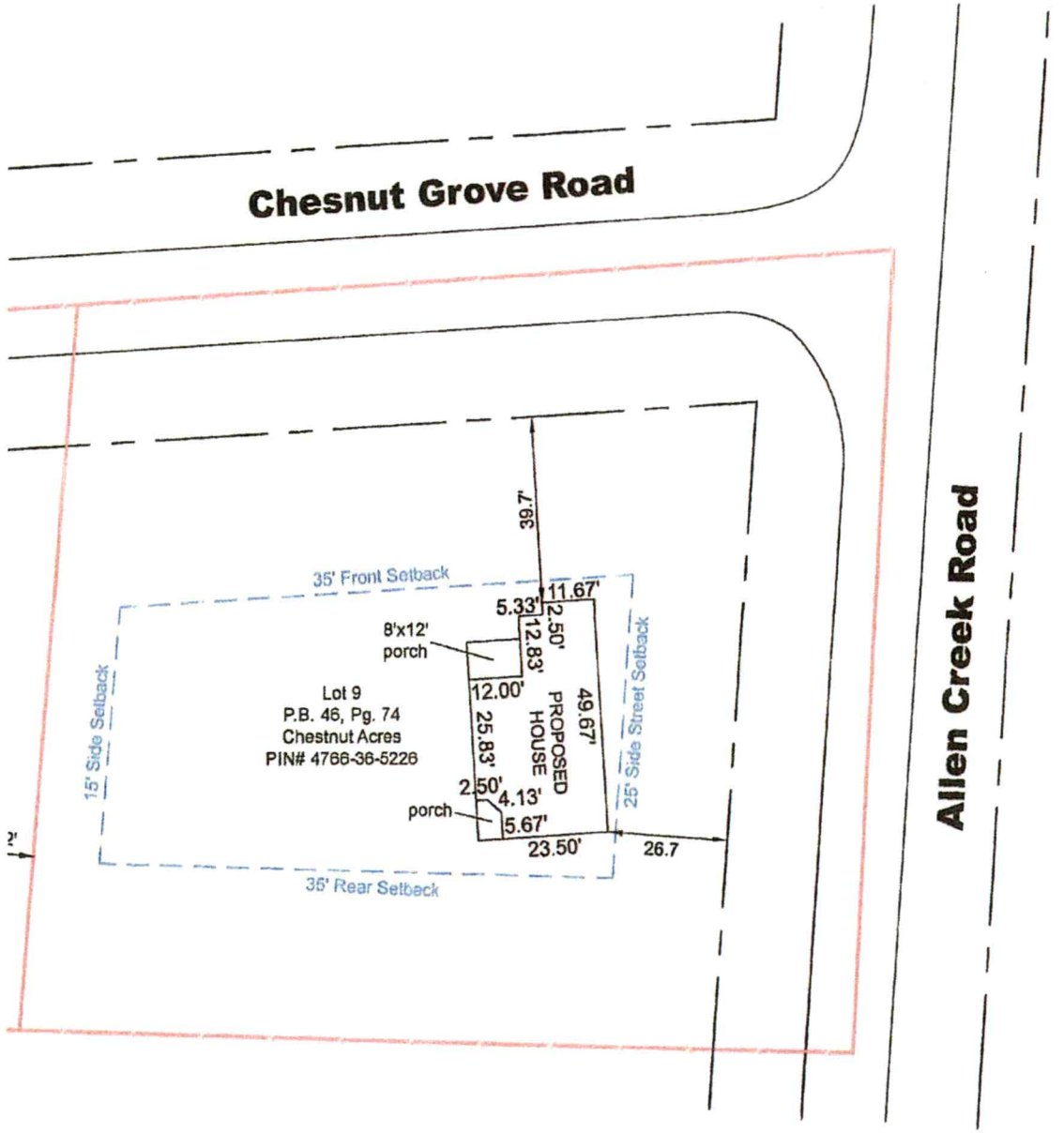
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED

Signature: N. B. S. 4/20/22

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


Chesnut Grove Road
Allen Creek Road
35' Front Setback
15' Side Setback
25' Side Street Setback
35' Rear Setback
39.7'
11.67'
5.33'
12.50'
12.83'
8'x12'
porch
12.00'
25.83'
PROPOSED
HOUSE
49.67'
2.50'
4.13'
porch
5.67'
23.50'
26.7
Lot 9
P.B. 46, Pg. 74
Chestnut Acres
PIN# 4766-36-5226

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*) _____

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, Karen Clark, am the legal owner(s) of the property located at 690 ALLEN CREEK RD, identified as

PIN (Parcel Identification Number) 47666-36-5226, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) William Self, _____, 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.

Karen J. Clark
Signature of Owner(s)

3/31/22
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327919 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766365226.000	690 Allen Creek Rd	Iredell County

Owner Information	Applicant Information
Name: CLARK KAREN T	Name: WILLIAM SELF
Address: 232 DAVIE AVE	Address:
STATESVILLE, NC 28677	
Phone:	Phone: (704)903-3202

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.691	35	35	15	15		NO

Remarks
SFD

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.

Date: 04/21/2022

Signature of Owner/Contractor

Permit Number	327919	TOTAL FEES:	$77.25

KC

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1221

Does the property have community water? (Yes) No If yes, please list who provides it: IREDELL WATER

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name KAREN CLARK Phone # 919-721-0100

Owner's Current Address 5008 WAINSCOTT WAY, RALEIGH NC 27612

Property Information

Property Address 690 ALLEN CREEK RD Parcel # 4766365226

Subdivision: CHESTNUT ACRES Lot: 9 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD)
OLD MOCKSVILLE TO CHESTNUT GROVE RD TURN RIGHT, LOT 1/2 MILE ON RIGHT)

Application Information

Applicant's Name or Company WILLIAM SECE Applicant's Phone # 704. 903. 3202

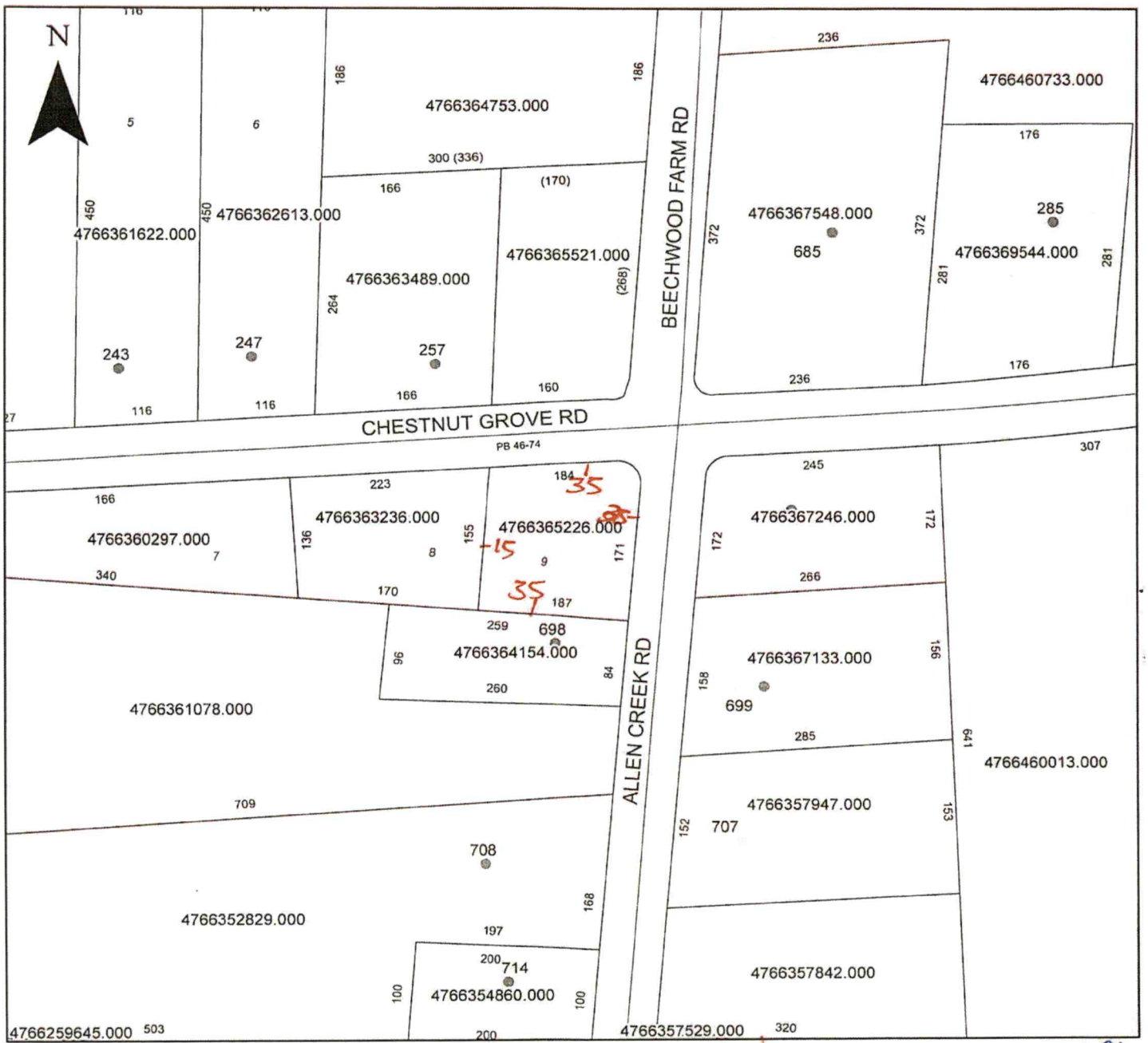
Applicant's Address 504 ALEXANDER ST. STATESVILLE NC 28677

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT W. S DATE 4/20/22

ZONING DISCLAIMER



Property Address 690 Allen Creek Rd

0.691
RA
NO

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.

W. D. [illegible]

Applicant

4/21/22

Date