ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-314868

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

PIN # 4766 -- 56 -- 8351

APPLICANT/OWNER: A. W. MYERS | APPLICANT ADDRESS: P.O. BOX 475 CLEVELAND, N.C. 27013

SITE ADDRESS: 374 CHESTNUT GROVE ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-929-0704 | ALT. PHONE: —

SITE DIRECTIONS: (W) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: GEBRAIL ACRES | SECTION: — | LOT # 5 | LOT AREA: 0.446 AC | DESIGN FLOW: 240GPD | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model	—		Serial #	—			
# Nitrification Fields	1	# Lines	3		Linear Ft:	202ft			
Trench Width	36IN	Trench Bottom Depth(Low side)	32 IN		Gravel Depth	—			

☑ 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 ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

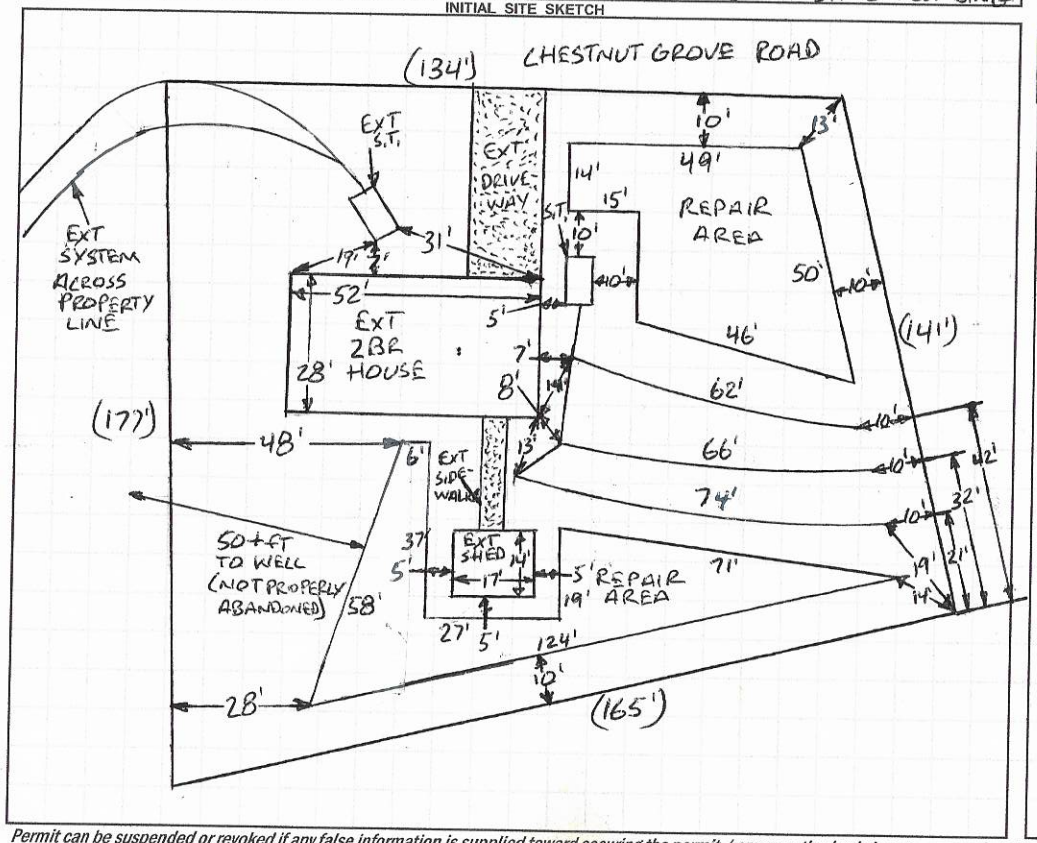
No. Bedrooms: 2 | No. Persons: 4 | No. Employees: — | ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH. SET NEW SEPTIC TANK TO ACHIEVE GRAVITY FALL FROM EXISTING PLUMBING AND MAINTAIN FALL FROM TANK TO DRAINFIELD, PUMP, CRUSH, AND FILL EXISTING TANK AND DISCONNECT FROM EXISTING SYSTEM ENTIRELY.

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.

1IN = 40FT

S.T. = SEPTIC TANK

EXT = EXISTING

INSTALLED AS SHOWN

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: A.W. Myers | Date: 4-27-21 | Installed by: LAC PLUMBING LLC

IMPROVEMENT PERMIT by: Bryant C. White | Date: 4-26-2021 | OPERATION PERMIT by: Bryant C. White | Date: 5-7-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-29-2021 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4766-56-8357
COUNTY: IREDELL

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

OWNER: A.W. MYERS — APPLICATION DATE 2-10-2021
ADDRESS: P.O. Box 475, CLEVELAND, N.C. 27013 — DATE EVALUATED: 3-11-2021
PROPOSED FACILITY: 2BR EXT — PROPOSED DESIGN FLOW (.1949): 240 GPD — PROPERTY SIZE: 0.446 AC
LOCATION OF SITE: 374 CHESTNUT GROVE ROAD, STATESVILLE, N.C. 28625 — PROPERTY RECORDED: YES
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	LINEAR SIDE 3%	0-8	FILL	MIXED	SAP INC THRU OUT	52"	PS II L	NA	PS .3
		8-29	C, SBK	FR, S, P, SEXP					
		29-52	CL, WSBK	FR, SS, SP, SEXP					
		52-64	SAP, MAS	VFR, NS, NP, SEXP					
2	LINEAR SIDE 2%	0-18	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"	PS II L	NA	PS .3
		18-48	CL, WSBK	FR, SS, SP, SEXP					
		48-72	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE 4%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	55"	PS II L	NA	PS .3
		6-21	C, SBK	FR, S, P, SEXP					
		21-55	CL, WSBK	FR, SS, SP, SEXP					
		55-75	SAP, MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE 5%	0-18	~~C~~, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	52"	PS II L	NA	PS .3
		18-52	CL, WSBK	FR, S, P, SEXP					
		52-70	SAP, MAS	VFR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

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

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

NOTES

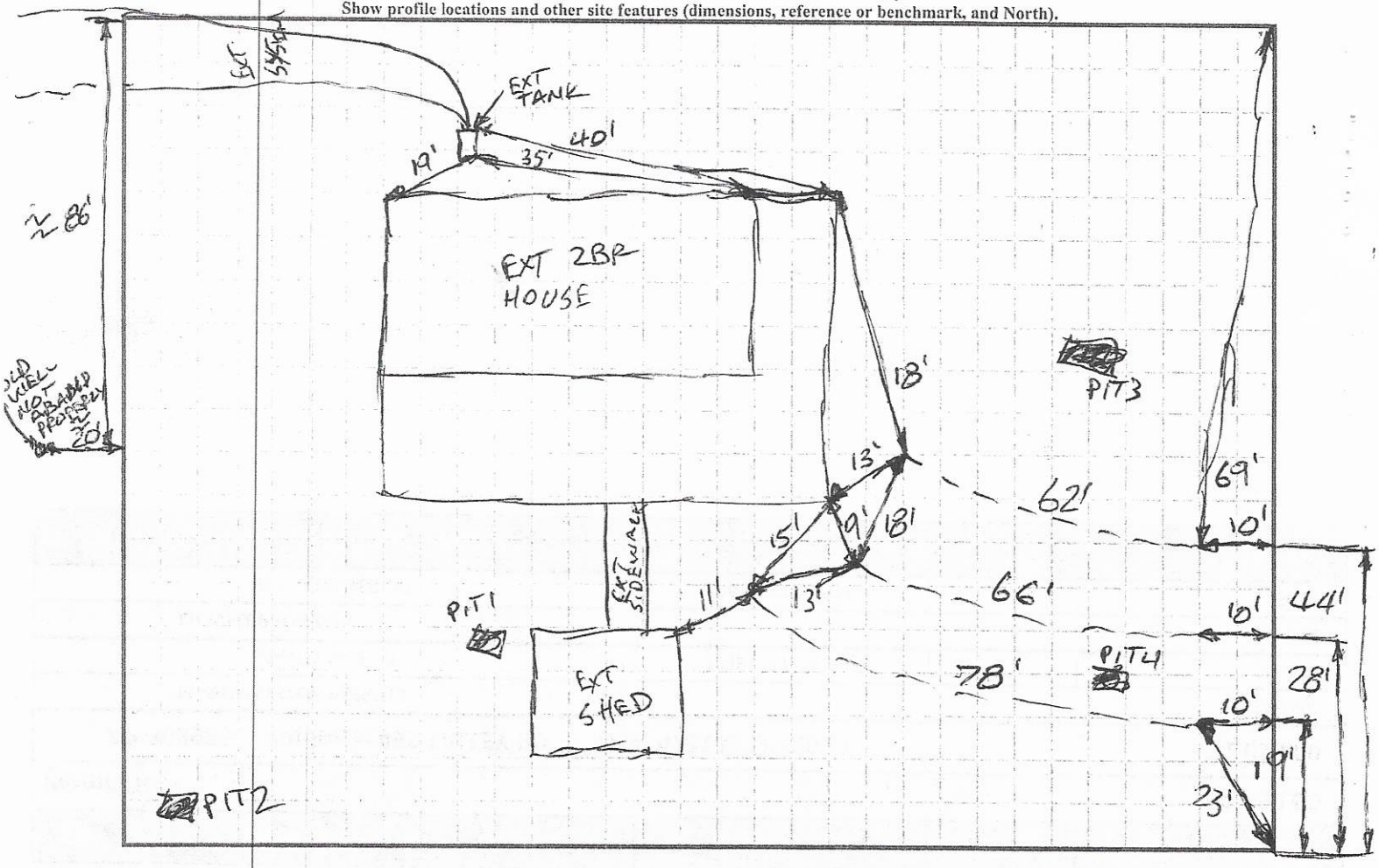
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft²

NTS
5%

CHESTNUT GROVE ROAD

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



* Call AW for Appt. - 704-929-0704

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

RECEIVED FEB 10 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314868

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: A. W. Myers Address: P.O. Box 475 Cleveland NC Zip: 27013
Applicant Email: aw@greenfieldrealty.com Phone: 704-929-0704 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 374 Chestnut Grove Rd Statesville, NC 28625
Subdivision Name: * the home is vacant - call to set Appointment 704-929-0704 Section/Phase: Lot Number:
Driving Directions:

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: Surfacing into neighbor's yard

Maximum Number of Bedrooms: 2
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: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason: N/A
( ) 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: unknown
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: cheapest

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: A.W. Myers 2-10-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No Permit in DB

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*) A.W. Myers

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, A.W. Myers, am the legal owner(s) of the property located at 324 Chestnut Grove Rd, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4766 56 8351, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) A.W. Myers, 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.

A.W. Myers
Signature of Owner(s)

2-10-21
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

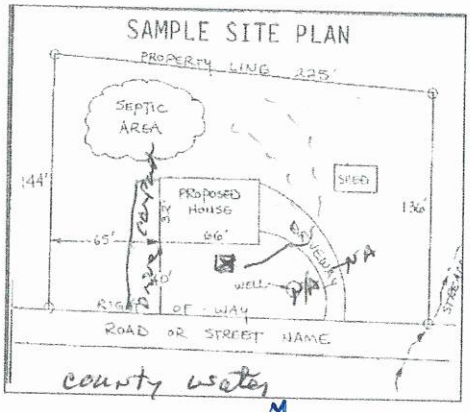
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) 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

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

Site Plan

Signature: A. W. Myers

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

2-10-26

DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 4-29-24

Date 4-27-24