# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 21134

PIN # 4766923657

APPLICANT/OWNER: Anthony Hawley

APPLICANT ADDRESS: 709 River Hill Rd, Statesville

SITE ADDRESS: 709 River Hill Rd Statesville 28625

PHONE: 704-838-1000 ALT. PHONE —

SITE DIRECTIONS: Hwy 64 → L on River Hill Rd → on left, long gravel drive

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 15.32 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240 gpd L.T.A.R.: 0.2

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 1-14-19 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II ◉ IV V VI |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | 25% reduction - deep |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | TSII drip |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 300 | Maintenance Agreement Required: | ☐ YES ☒ NO |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 100" | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE |

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

No. Bedrooms 2 No. Persons 4 No. Employees — ☒ Crawl Space

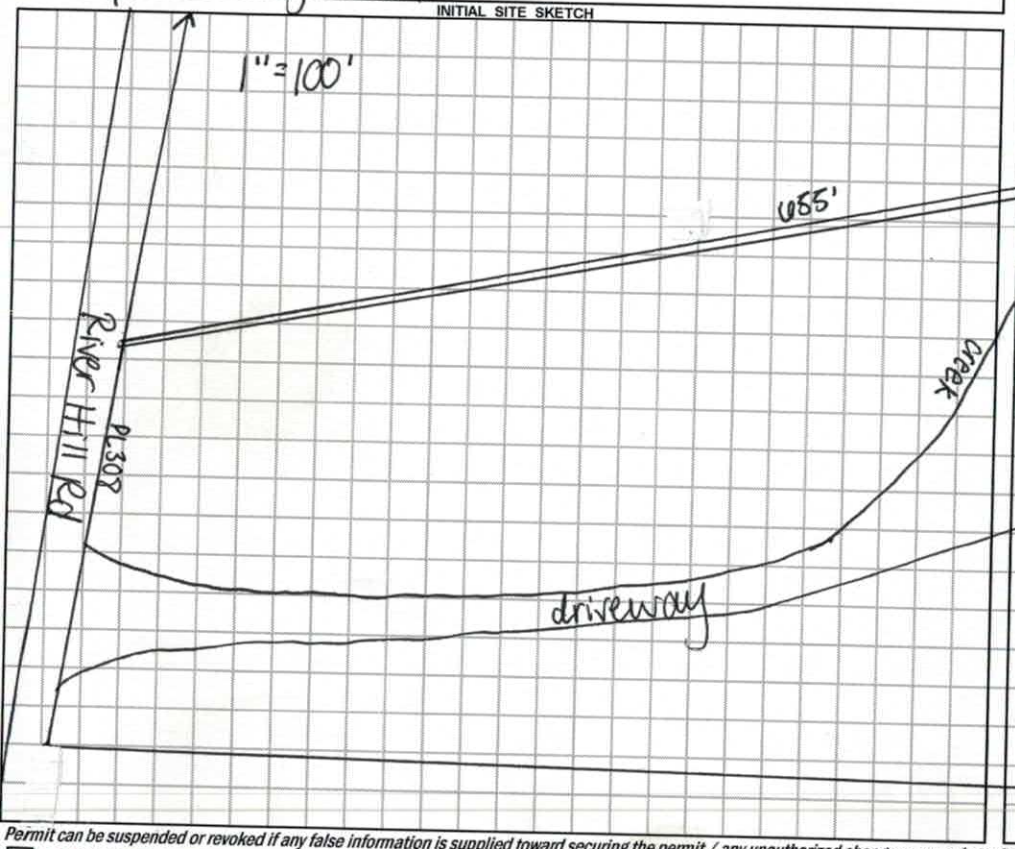
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install high capacity 25% reduction on contour using serial distribution. *Maintain 60" trench depth on high side*

*original design by Heath Snow

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: [signature] Date: —

IMPROVEMENT PERMIT by: Carla C Cave Date: 3/21/18

AUTHORIZATION TO CONSTRUCT by: Carla C Cave Date: 3/21/18

Installed by: ANTHONY HAWLEY

OPERATION PERMIT by: [signature] Date: 3-22-19

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.

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

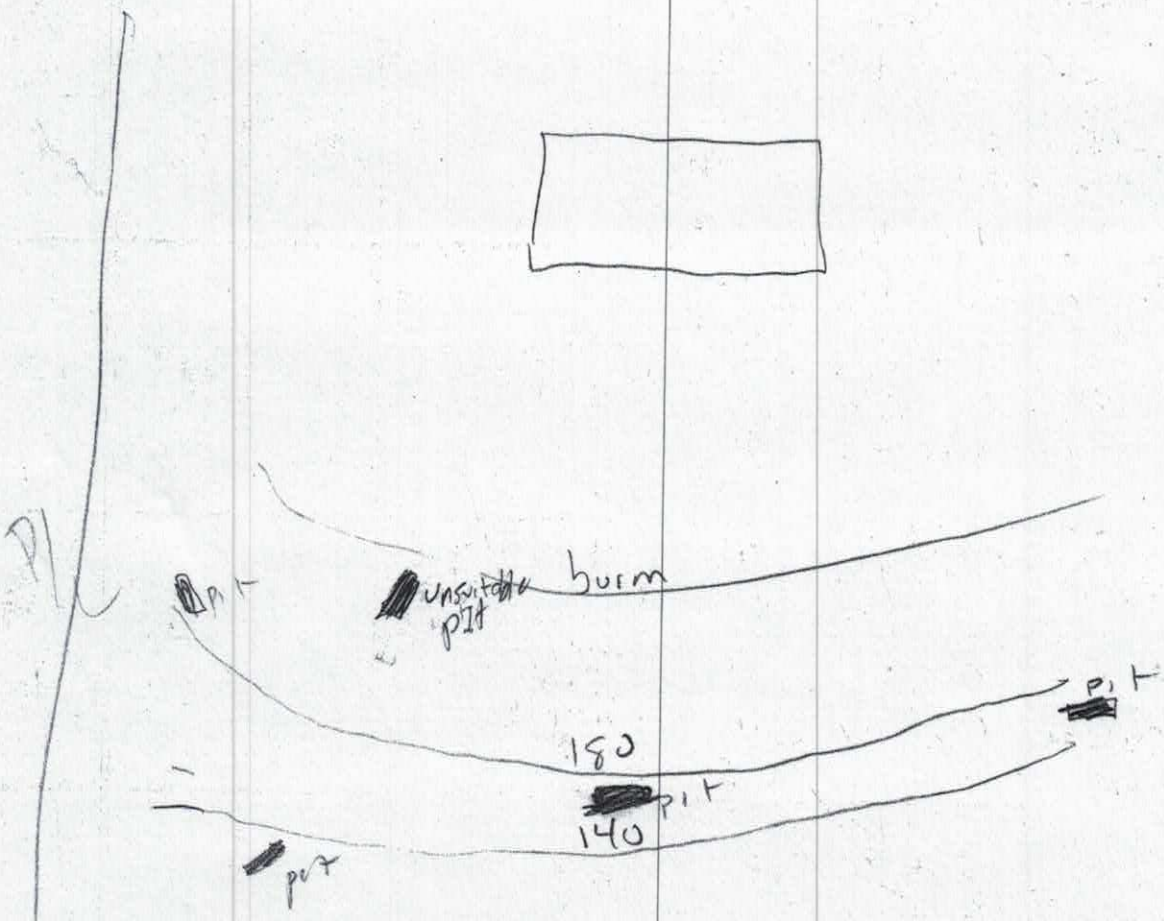


DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 47166736577
DATE OF EVALUATION: 04/25/16
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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | L 10% | 0-10 | Gr SCL | fr SE | Chroma 2's 10"-24" | BB" | +76 | 10"-33" | P .L Door |
| | | 10-24 | WABK C | fi SE | | | | | |
| | | 24-33 | Platy C | fi SE | | | | | |
| | | 33-63 | Mass Sap(CL) | fr SE | | | | | |
| | | 63-75 | Mass Sap(CL) | fr N/A | | | | | |
| 6 | L 11% | 0-10 | Brown SBK mass C | fi SE | PS | 44" | +73 | 10"-20" | Dap PS .L |
| | | 10-20 | Platy mass CL | fi SE | | | | | |
| | | 20-44 | yellow red WSBK CL | fi SE | | | | | |
| | | 44-60 | Mass Sap(SCL) | fr N/A | | | | | |
| | | 60-73 | Mass Sap(L) | fr N/A | | | | | |
| 7 | L 10% | 0-10 | Gr SL | fr SE | Heavy clay inclusion Hithochrome | 44" | +75 | 44" | PS DIP |
| | | 10-28 | ABK C | fi SE SP | | | | | |
| | | 28-44 | WSBK BC | fi/fr SE | | | | | |
| | | 44-75 | Mass Sap(CL) | fr SE | | | | | |
| | | | | | | | | | |
| 8 | L 10% | 0-8 | Brown WSBK CL | fr SE | Wavy Boundary | 46" | +81 | 23"-46" | PS DIP |
| | | 8-15 | Brown-red ABK C | fr SE | | | | | |
| | | 15-23 | yellow-red WSBK C | fi SE | Common Sap + white minerals | | | | |
| | | 23-46 | yellow-red WSBK CL | fi/fr SE | many Sap Int | | | | |
| | | 46-84 | Mass Sap(SCL) | fr SE | Some partially rock Inc | | | | |
| 9 | L 1% | 0-10 | Brown Gr SCL | fr SE | Chroma 1's @ 26"-67" Chroma 1's @ 71" above angle Quartz vein | 38" | 67" | 17"-50" | PS Dap .L |
| | | 10-22 | red WSBK C | fi SE | | | | | |
| | | 22-38 | WSBK SC | fi SE | | | | | |
| | | 38-50 | Mass CB Quartz | VFi N/A | | | | | |
| | | 50-67 | Mass Sap(L) | fr N/A | | | | | |

COMMENTS:


burm
unsuitable pit
pit
pit
180
pit
140
pit

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

Sheet 1 of 3
PROPERTY ID #: 4763257
COUNTY: Pender

3254A

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

OWNER: Anthony Farley
ADDRESS: 709 River Hill Rd
APPLICATION DATE: 06/22/16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 240
DATE EVALUATED: 07/05/16
LOCATION OF SITE: Davis Ave to River Hill Rd Lot on R
PROPERTY SIZE: 1/5 3 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other WM
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L 2%/N | 0-6 | GR SLL | fr SE | Chroma 2's 30"+ | 48 | W/A | 30" | Drip .1 |
| | | 6-28 | ABW C | fi SE | | | | | |
| | | 28-48 | ABW BC | fi/fr SE | | | | | |
| 2 | L 2%/N | 0-6 | manip | — | Chroma 2's 0+ | 48 | W/A | 0" | UNS |
| | | 6-23 | AB1C | fi SE/E | | | | | |
| | | 23-48 | AB2BC | fi/fr SE/E | | | | | |
| 3 | L 4%/N | 0-6 | SLL | Gr SE | Chroma 2's 24"+ | 48 | W/D | 24" | Drip .1 |
| | | 6-22 | ABW C | fi/fr SE | | | | | |
| | | 22-48 | ABW BC | fi/fr SE | | | | | |
| 4 | L 2%/N | 0-6 | GR SLL | Gr SE | Chroma 2's 30"+ | 48 | W/F | 30" | Drip .1 |
| | | 6-28 | ABW C | fr SE | | | | | |
| | | 28-48 | WABW BC | fi/fr SE | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | ~~I~~ | ~~I~~ |
| Site LTAR | .2 | .1 |

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) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | 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.

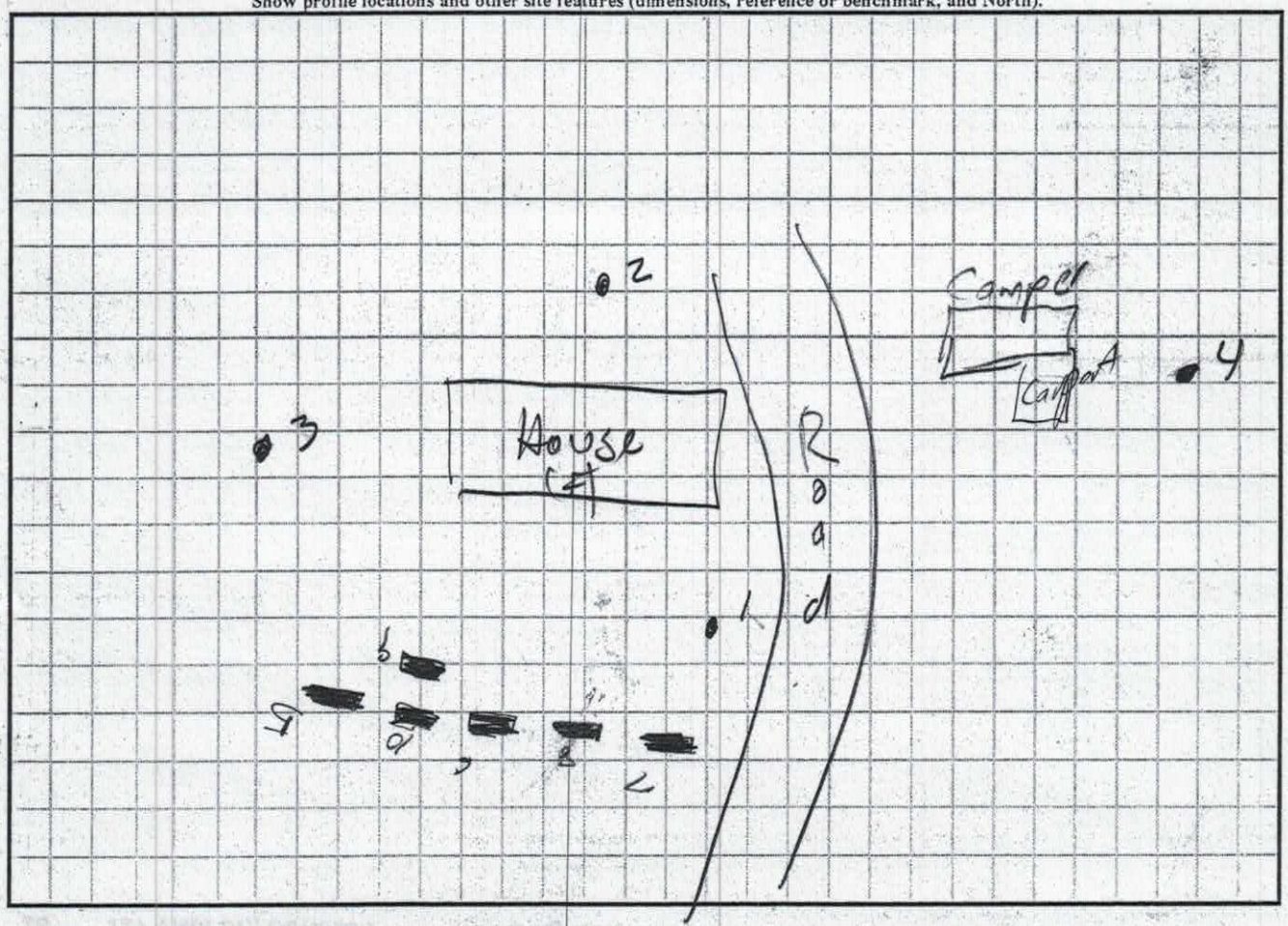
***NOTES***

| | |
|---|---|
| *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).**



# 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 #: 47669736
DATE OF EVALUATION: 04/25/16
COUNTY: Iredell

| 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 | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 10 | | 0-9 | SiL C | fr SE | | | | | |
| | | 9-27 | MASBC | fi/fr SE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | | 0-9 | ASL C | fr SE | | | | | |
| | | 9-28 | MASBC | fi/fr SE | Chroma 2's 9"-28" many yellow browns 28"-56" Chroma 2's | | | | |
| | | 28-56 | MASBC | fi/fr SE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | | 0-5 | SiL | fr SE | | | | | |
| | | 5-24 | ASL C | fr SE | | | | | |
| | | 24-56 | LMASBC | fi/fr SE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10 | L 10% | 0-9 | lor SCL | fr SE | small pockets (CL) Sap | +84" | +84" | 9"-43" | P5 Deep 12 |
| | | 9-27 | yellow-red WSBLC | fr SE | Chroma 2's 9"-27" quartz Gravel | | | | |
| | | 27-38 | red WSBLC | fi SE | | | | | |
| | | 38-43 | Mass Sap(CL) | fr N/A | | | | | |
| | | 43-84 | Mass Sap(O) | fr N/A | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

COMMENTS:

Redraw

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

211134

**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: Anthony Hawley Address: 709 River Hill Rd Zip: 28625
Applicant Email: 1st Choice Chimney@gmail.com Phone: (704)838-1000 Alt. Phone: _____
Owner Name: Anthony Hawley Address: 709 River Hill Rd Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 709 River Hill Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Chestnut Grove & River Hill Rd make right drive on right where "school" is wrote in the road

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
(X) 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: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.*

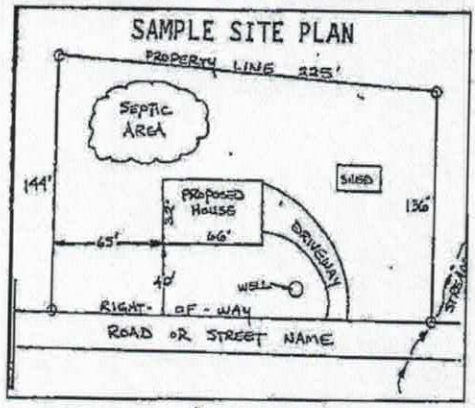
**Signature:** _____ 3-12-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

( ) 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

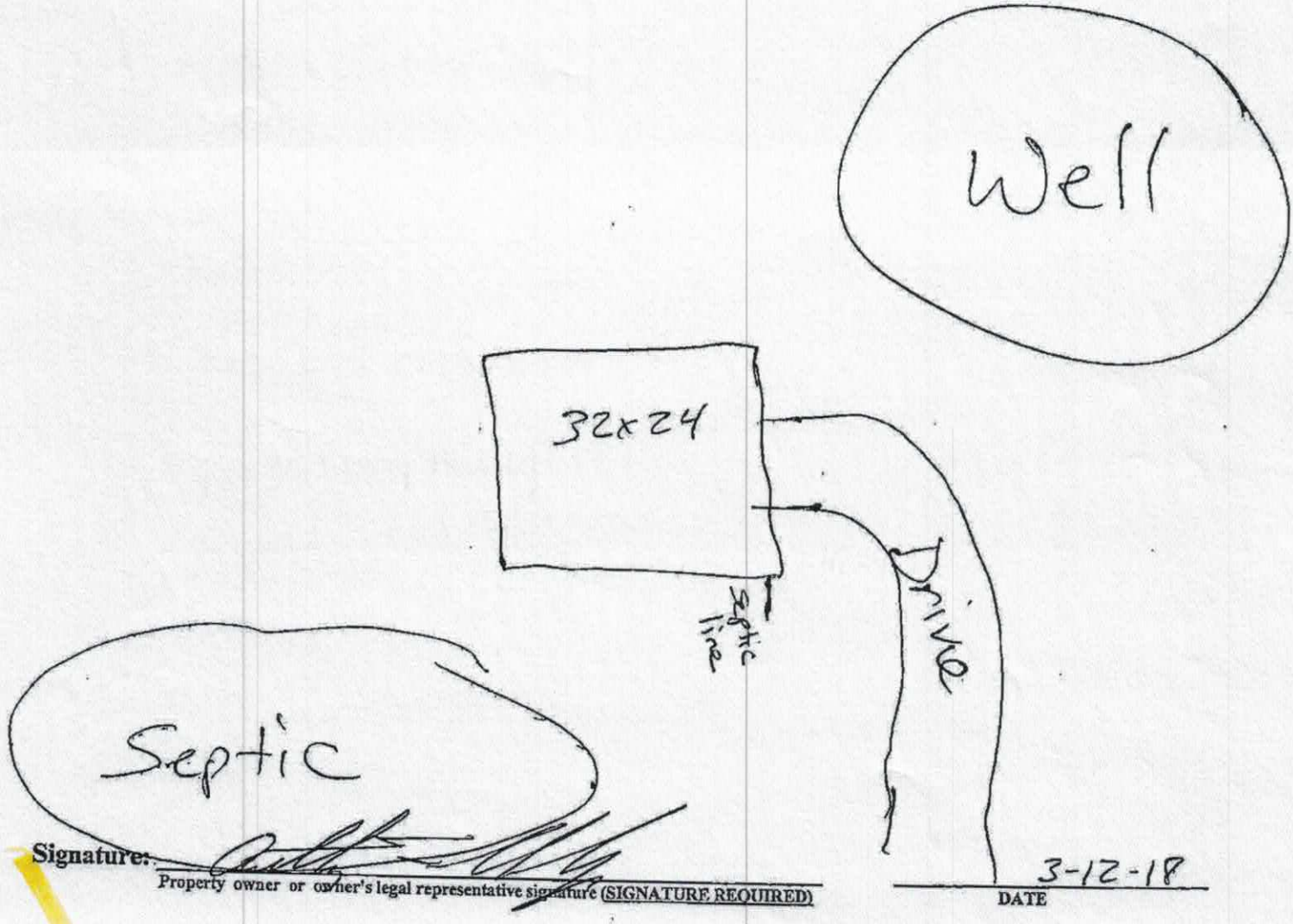



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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

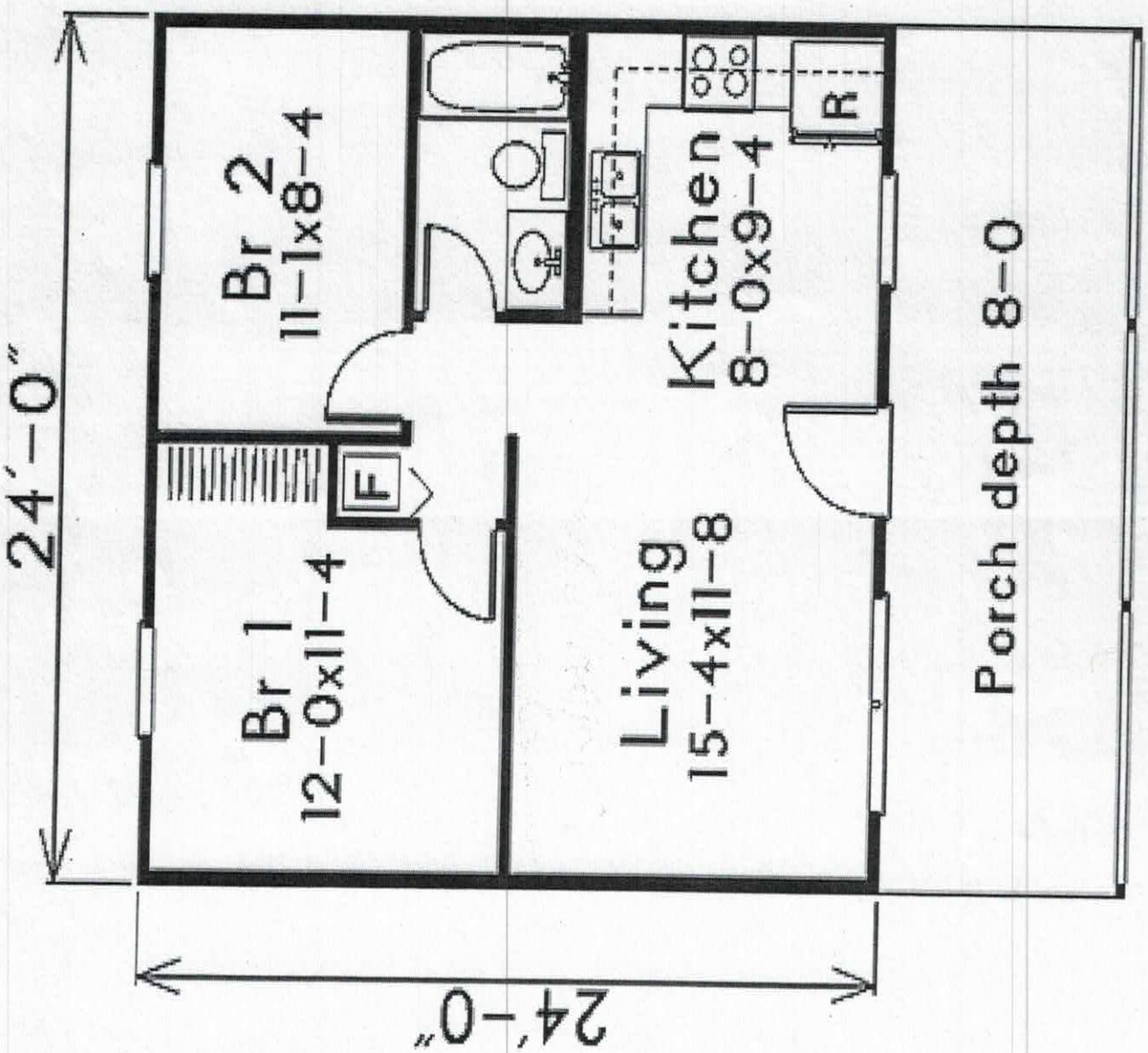
***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-12-18
DATE

FILE COPY




Acknowledgement Of
Plans Submittal ONLY!

Date 2-13-18

Date 2-13-18

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 211134 |
| Issue Date: 06/08/2015 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4766923657.000 | 709 RIVER HILL ROAD, STATESVILLE, NC 28625 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: HAWLEY PATRICK A+ANTHONY HAWLEY | Applicant: HAWLEY, ANTHONY |
| Address: 0 IREDELL CO, NC 28625 | Address: 166 DANBURY LANE STATESVILLE, NC 28625 |
| Phone: | Phone: 704-838-1000 |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 15.320 | 35.00 | 35.00 | 15.00 | 15.00 | NO | AE |

**Remarks:**

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.

Applicant: _____ Date: _____

| Permit Number | 40453 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|