IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229486

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

PIN # 4769851155.166

APPLICANT/OWNER: Anita Presnell APPLICANT ADDRESS: 164 Tabor RD Olin, NC 28660

SITE ADDRESS: 166 Tabor RD Olin, NC 28660 PHONE: 828-228-0021 ALT. PHONE ~

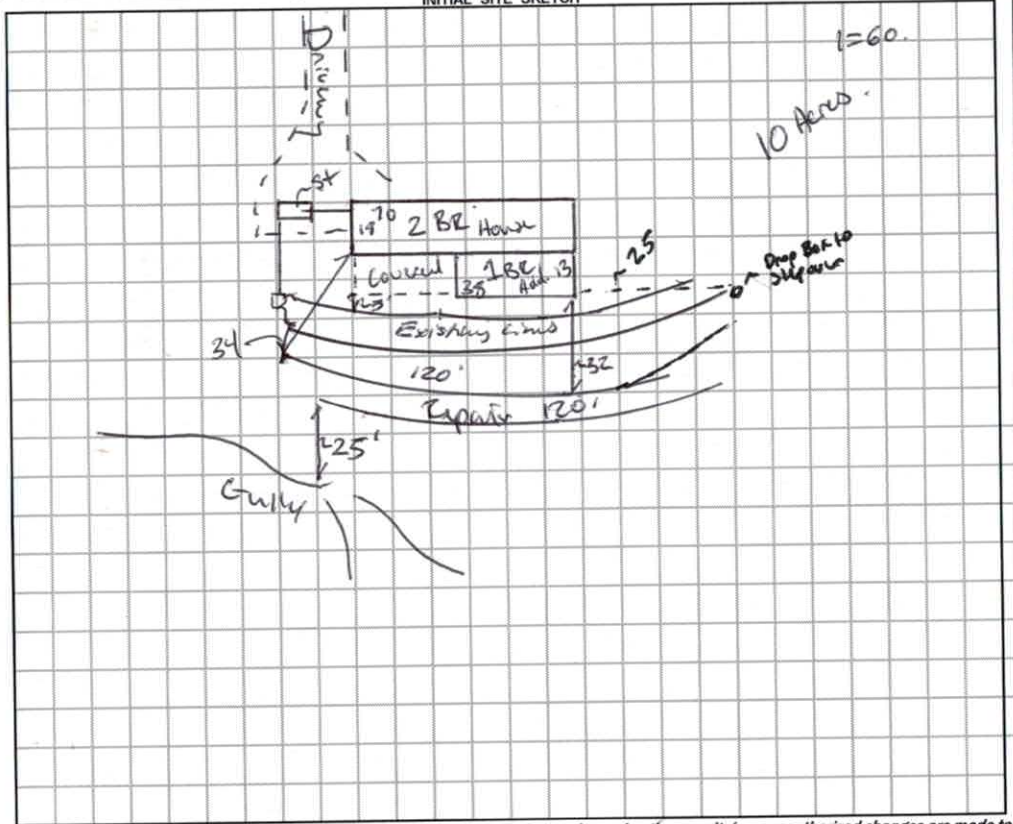
SITE DIRECTIONS: Turnberry Hwy Towards Harmony, Left on Tabor RD 1/4 mile on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 10 Acres. DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	6	☐ Private
Pump Make		Model			Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	1		Linear Ft	120	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	30		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Permit is for 1 bedroom expansion. Existing drainfield must Do not Drive, place, pave, grade or build any utilities in the drainfield area.
Min 5Ft Setback From existing structure. Install 1-120Ft drainline on the contour. Set-up D/C serial distribution. Install new D-Box and trench to step over to new drainline

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: Dennis Pollock Date: 9-12-17 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 9/11/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 9/18/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 9/11/2017 Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 4769915155
COUNTY: Iredell

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

OWNER: Presnell
ADDRESS: 166 Tabor RD. Olin
PROPOSED FACILITY: 3 BR Home
LOCATION OF SITE: 166 Tabor RD Olin
PROPOSED DESIGN FLOW (.1949): 360 (Eq).
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 10 AC
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	LSS 5-8%	0-6	SC SBK	SS SP FR SPH	RC	48.	Lith Mottles E24 ↓	Some Mica RcDx 5YR 7/8 Rock Chnds	PS. .25 .2 TB. 30
		6-26	C ABK	SS SP FM					
		26-48.	CL SBK/ABK	SS SP FR					
2	LSS 5-8%	0-4	SCL WSBK	SS SP FR SPH	RC	47.	Lith E27. ↓	Some MN E34	PS .25 TB. 30
		4-27	C WABK SBK	SS SP FM					
		27-47.	CL SBK	SS SP FR					
3	LSS 5-8%	0-6	SCL WSBK	SS SP FR SPH	RC	48.	Lith E29 ↓	Lith mottles E29.	PS .3 TB. 34.
		6-29	C SBK	SS SP FM					
		29-48	CL WSBK	SS SP FR					
4	LSS 5-10%	0-8	SCL WSBK	SS SP FR SPH	RC	48.	—	—	PS .25 TB 30
		8-20	C SBK	SS SP FM					
		20-48.	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120 LT	120 LT
System Type(s)	III 25%	III 25%
Site LTAR	.3 LTAR	.3 LTAR

OTHER FACTORS (.1946): Gully
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bolkins
OTHER(S) PRESENT:

COMMENTS:

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 ( ) 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: Anita Presnell Address: 164 Tabor Rd Olin NC Zip: 28660
Applicant Email: reda28688@gmail.com Phone: 828-228-0021 Alt. Phone: 704-881-4908
Owner Name: Jason L. Bunt Address: 164 Tabor Rd Olin NC Zip: 28660
Owner Email: bunt jason1@gmail.com Phone: 828-228-0021 Alt. Phone: 704-881-4908

Property Information:

Street Address: 166 Tabor Rd Olin NC. 28660
Subdivision Name: n/a Section/Phase: n/a Lot Number: n/a
Driving Directions: n/a

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

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

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

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: 1995?
( ) 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: Anita Presnell 7-15-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

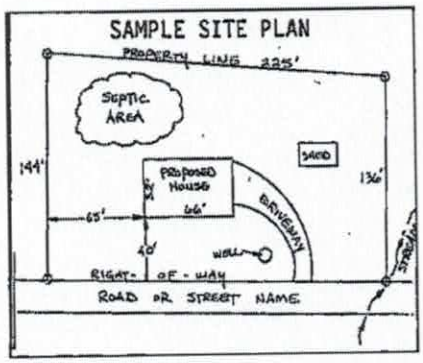
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) 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

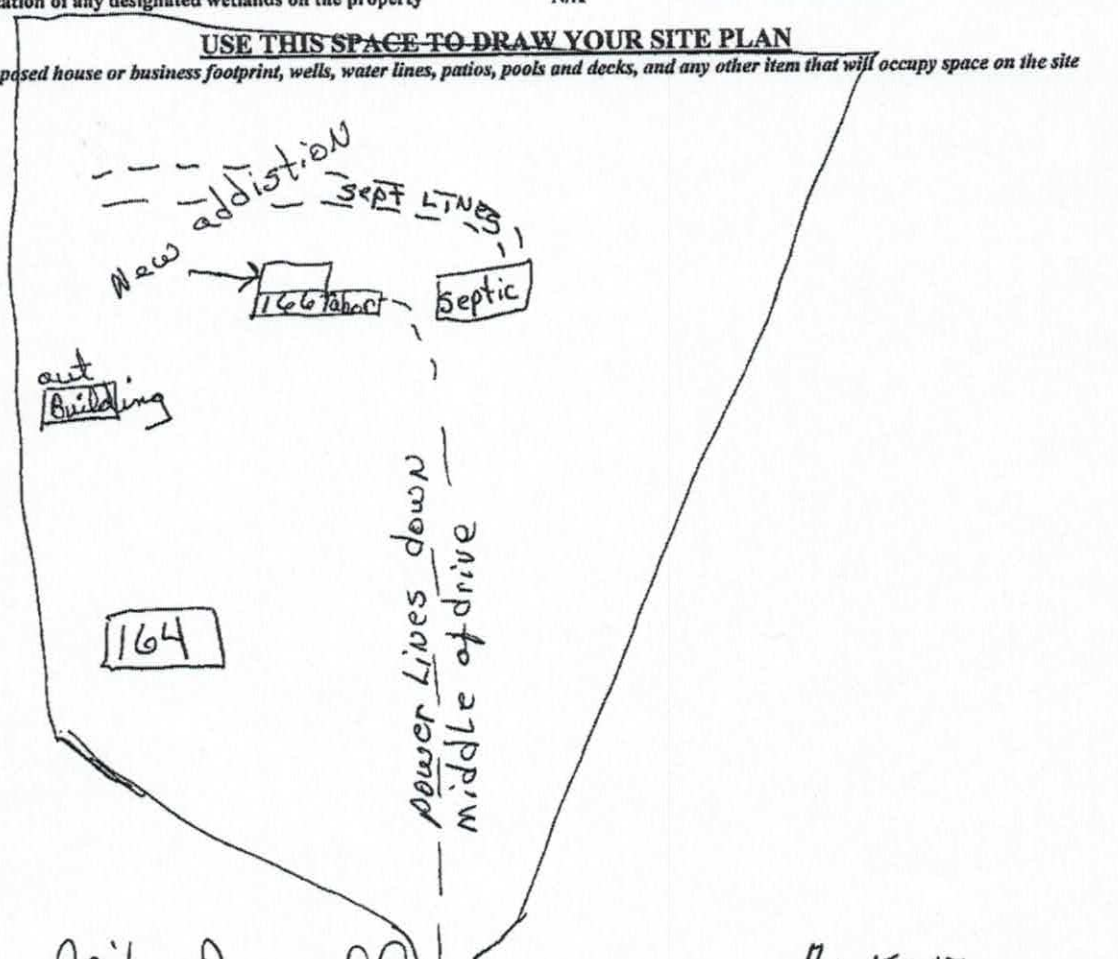


Circle N/A on the following if appropriate:

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



Signature: Aleta Presnell

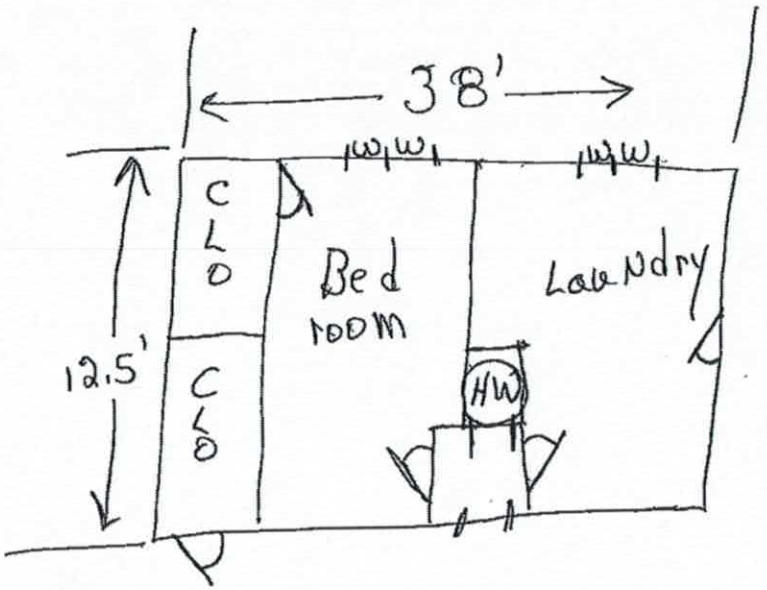
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-15-17

DATE

Floor Plan Addition

Acknowledgement Of
Plans Submittal ONLY!
Anita Russell Date 8-15-17
_____ Date _____



IREDELL COUNTY

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

APPLICATION NUMBER
229486
Issue Date: 08/16/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4769851155.000	166 TABOR ROAD, OLIN, NC 28660	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BUNT JASON	Applicant: PRESNELL, ARITA
Address: 162 TABOR RD OLIN, NC 28634	Address: 164 TABOR RD OLIN, NC 28660
Phone:	Phone: 828-228-0021

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.000	50.00	50.00	50.00	50.00	NOT	X

Remarks:

SETBACKS PER RH

100 FEET BETWEEN PRINCIPAL STRUCTURES.

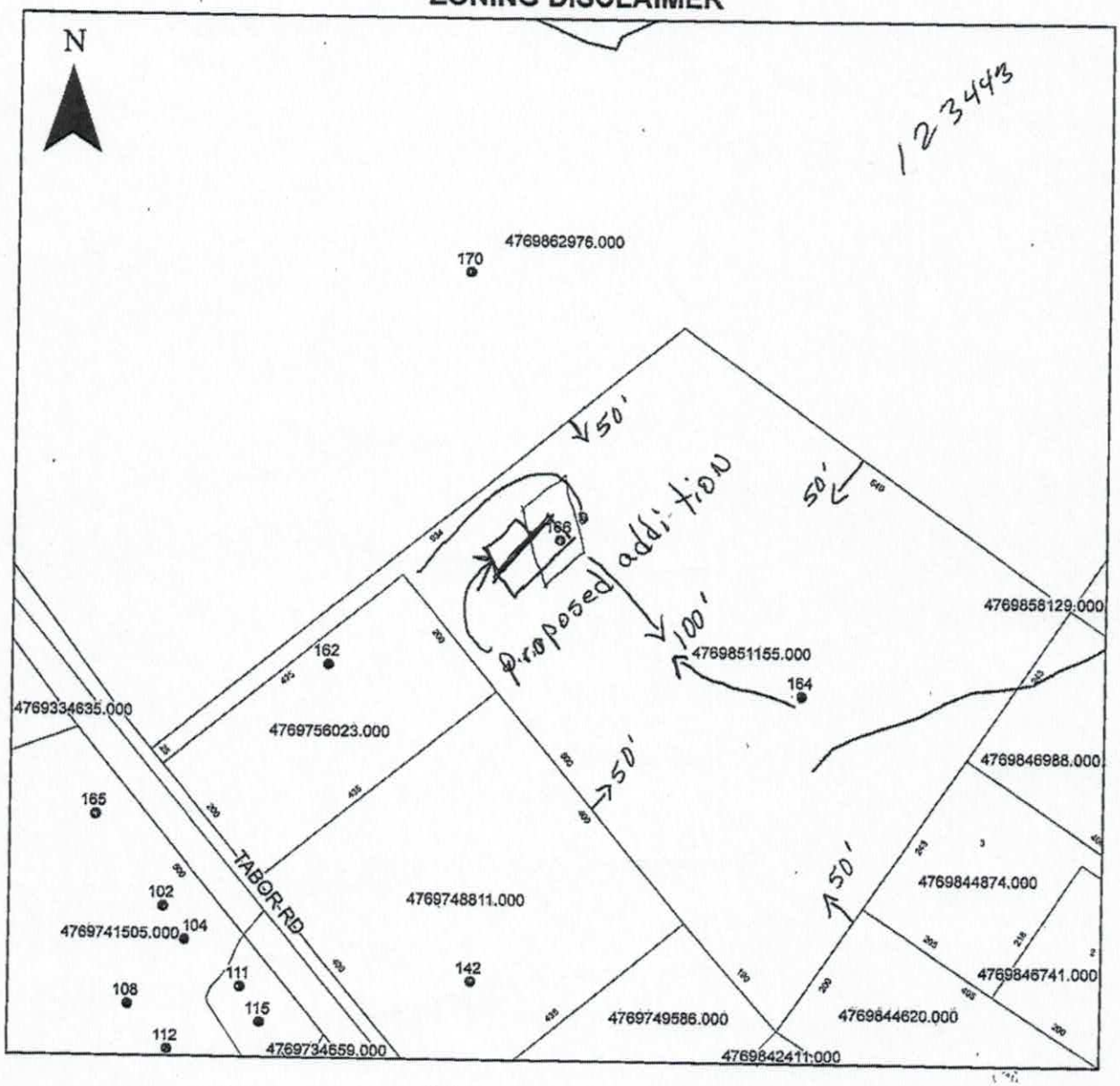
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	112287	TOTAL FEES:	$ 77.25

229486

ZONING DISCLAIMER



Property Address 1616 Tabor Rd.

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.

Arita Presnell

Applicant

7-15-17

Date