IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229226

SEPTIC IMPROVEMENT ~~PERMIT~~ / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM (BB) PIN # 4971-18-1176

APPLICANT/OWNER: Charles R. Walters Jr. APPLICANT ADDRESS: 277 Hemlock Rd. Cleveland, NC 27013

SITE ADDRESS: 277 Hemlock Rd. Cleveland, NC 27013 PHONE: 704-528-6114 ALT. PHONE 704-301-3345 (cellular)

SITE DIRECTIONS: Oswalt Amity Rd East → L on Hemlock Rd → Lot on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 80.64 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank 1000 Ex (gal) STB Ex 825 Date Ex 1-17-04 ☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

Pump Tank — (gal) PT — Date — System Description: 25% Reduction + Existing system

Pump Make — Model — Serial # — Repair System Description: 25% Reduction

Nitrification Fields 1 # Lines 1 Linear Ft 110' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Trench Bottom Depth(Low side) 34" Gravel Depth — ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 Water Supply

☐ Business No. Persons 6 ☒ Private

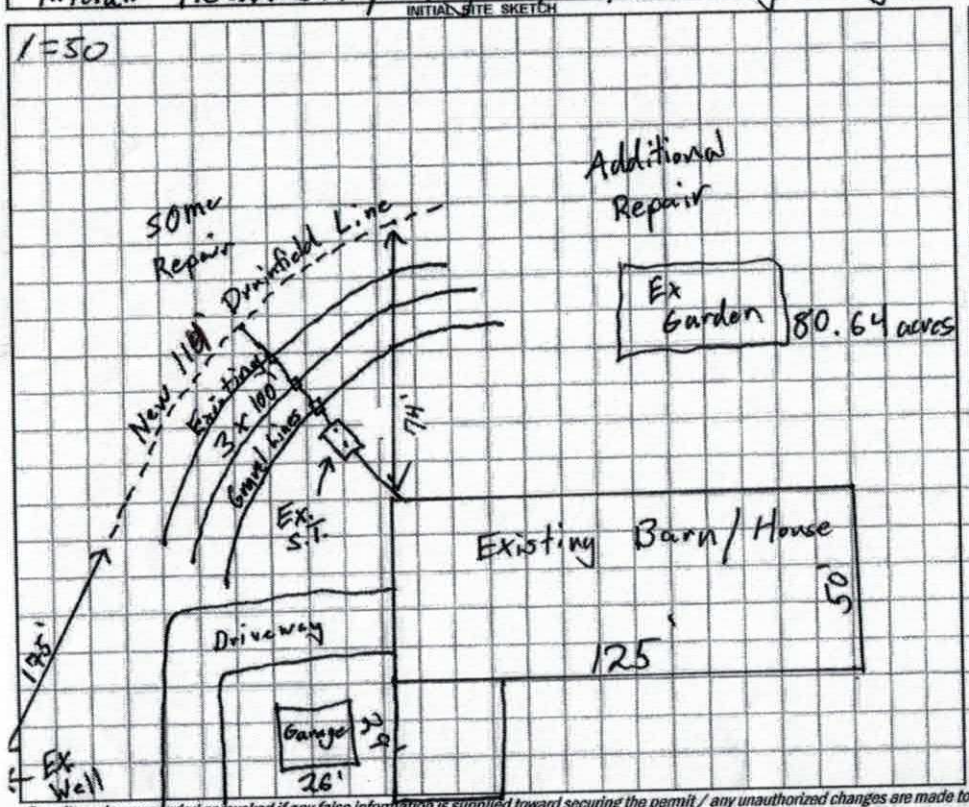
☐ Other No. Employees — ☐ Public

☒ Slab ☐ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Interior house / floorplan not to change from previous layout. Install new drop box on lowest existing line to ensure additional flow reaches newly installed drainfield lateral. Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ 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: Charles Walters Date: 8-22-17 Installed by: Kevin w/ K+M Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/22/17 OPERATION PERMIT by: Chuck Watson Date: 8-28-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8/22/17 Existing System Inspected by: — Date: —

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

5.75 / 1 / 2 / 6.44 / 4 / 3

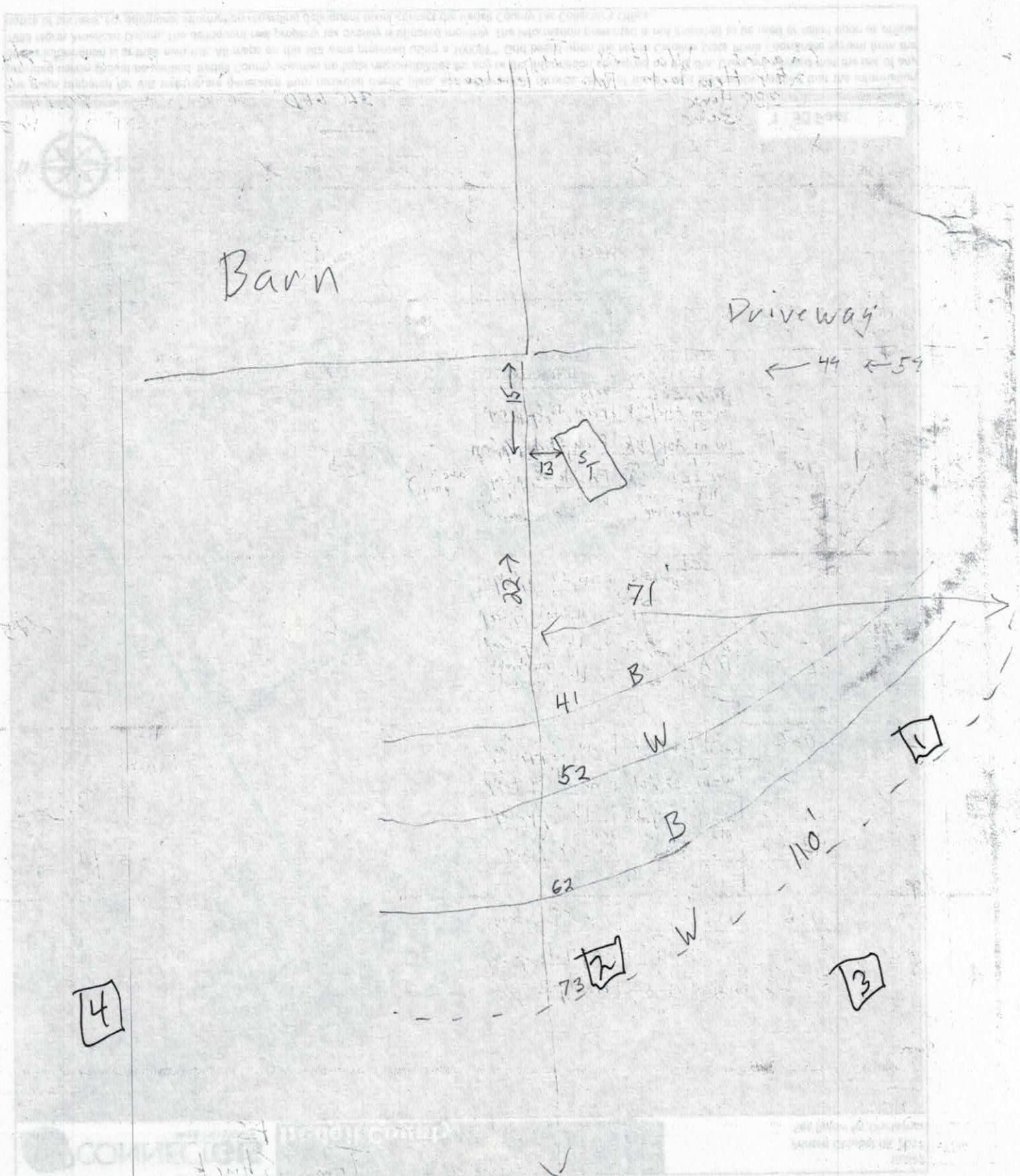
OWNER: Charles Walters Jr.
ADDRESS: 247 Hemlock Rd. Cleveland
PROPOSED FACILITY: 3BR House
LOCATION OF SITE: same
PROPOSED DESIGN FLOW (.1949): 360 GPD
APPLICATION DATE: 8/4/17
DATE EVALUATED: 8/7/17
PROPERTY SIZE: 80.64
PROPERTY RECORDED: Yes

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	6% LSS	0-5	Fabric SCL w-m ABK/SBK	very Firm, SS, Sp, Sexp	— (some clay plugs)	35	—	—	0.30 PS
		5-19	clay w-m ABK/SBK	Firm, Sticky, Sp, Sap					
		14-35	Clay Loam w. SBK some SAP	Friable, SS, Sp, Sap					
		35-62	MA Loamy Saprolite	very Friable + moderately Drained					
2	6% LSS	0-5	SCL w-m SBK/ABK	Firm, SS, Sp, Sexp	—	36	—	—	0.275 PS
		5-22	clay Trace w-m SBK/ABK Sap	Firm, Sticky, Sp, Sexp					
		22-36	clay Loam some saprolite w. SBK +	Sl. Friable, SS, Sp, Sexp					
		36-62	MA Loamy Saprolite	Friable + moderately Drained					
3	6% LSS Rep	0-6	SCL w-m SBK/ABK	Firm, SS, Sp, Sexp	—	43	—	—	0.325 PS
		6-24	clay w-m SBK/ABK	Firm, Sticky, Sp, Sap					
		24-43	clay Loam w. SBK some Saprolite	Sl. Friable, SS, Sp, Sexp					
		43-62	MA Loamy Saprolite ↑ Bright colors	very Friable + vcl! Drained					
4	8% LSS Rep	0-6	SCL w-m SBK	Firm, SS, Sp, Sexp	—	53	—	—	0.30
		6-25	clay some w-m SBK/ABK SAP	Firm, Sticky, Sp, Sexp					
		25-53	Clay Loam w. SBK Alluvial Saprolite	Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex + 110	300+
System Type(s)	25%	25%
Site LTAR	0.275	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___


Barn
Driveway
44
54
15
13
S
T
22
71
41
B
W
52
B
110
62
W
73
1
2
3
4

9:30 - 10:00

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: CHARLES R. WALTERS JR Address: 277 HEMLOCK RD. CLEVELAND, NC Zip: 27013
Applicant Email: CWALTERS072@GMAIL.COM Phone: 704-528-6114 HM. Alt. Phone: 704-301-3345 C.
Owner Name: CHARLES R. WALTERS JR. Address: 277 HEMLOCK RD. CLEVELAND, NC Zip: 27013
Owner Email: SAME Phone: SAME Alt. Phone: SAME

Property Information:

Street Address: 277 HEMLOCK RD. CLEVELAND, NC 27013

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: has , so will be on site
Backhoe

Site Development Information: *(check or complete ALL that apply)* permitted for 3 bedrooms 2 additional bedrooms for 5 bedrooms total

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: 3
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

( ) 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: 3

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: 2004
( ) 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: Charles R Walters 8-4-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, CHARLES R WALTERS JR., am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Charles R Walters 8-4-17

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

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

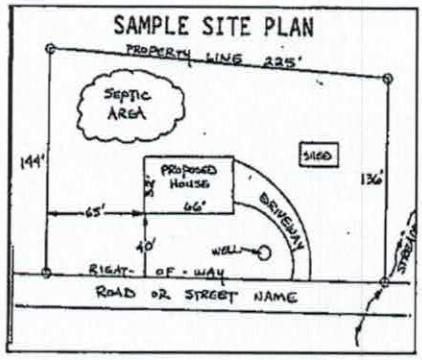
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

from lines to back property line over 400ft.

3 Tank

House

over 5 acres

over ½ mile from Rd

Signature: Charles R Walton

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

8-4-17

DATE

REDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

MPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

ERMIT# 100394 PIN# 4771 18 1176 DATE 8/22/01

WNER OR CONTRACTOR Charles R. Walters Jr. PHONE: Business _____ Home 664-7579

DDRESS 111 Kelly Pt. La. Mooresville NC 28117

OCATION 70 E, R Tripplett, R Hemlock ½ mile on Lt

UBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 80.64 AC. SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 825 Date 1-17-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 @ 90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other Barn

No. Bedrooms 1 No. Bathrooms 2 No. Employees _____

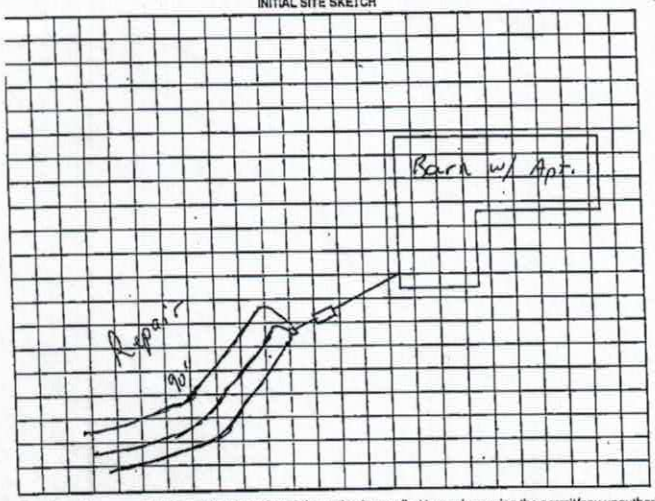
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

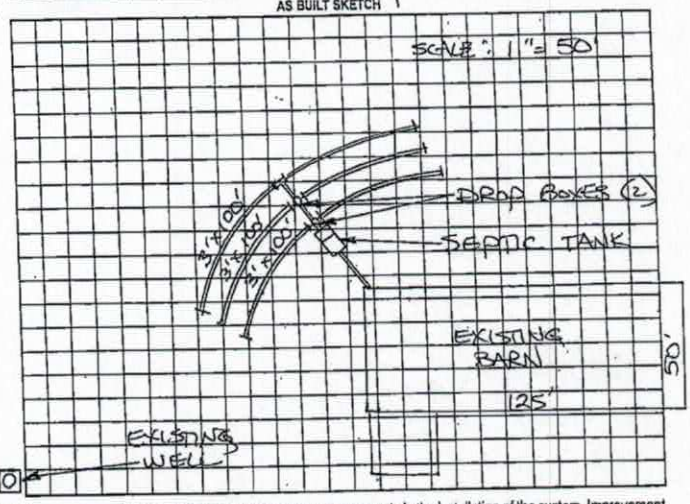
Comments/Conditions:

Comments/Conditions: ① SYSTEM ALTERED AS SHOWN WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL. ② CHROMA 2 MOTTLES NOTED IN SOIL DURING FINAL INSPECTION ③ SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER.

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. 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: Charles R Walters date 8-23-01

Improvement Permit by: RSF date 8/22/01

Authorization to Construct by: RSF date 8/22/01

Installed by: JST ENTERPRISE

Operation Permit by: STEVE HEDRICK date 3-26-04

Existing System Inspection by: _____ date _____