ManF-2023-22965SB

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP 2023-23242

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

PIN # 4772 -- 61 -- 8106

APPLICANT/OWNER: Conrad Moose APPLICANT ADDRESS: 254 Rowan Rd. Cleveland 27013

SITE ADDRESS: 254 Rowan Rd. Cleveland NC 27013 PHONE: 704-467-9392 ALT. PHONE 704-500-5771

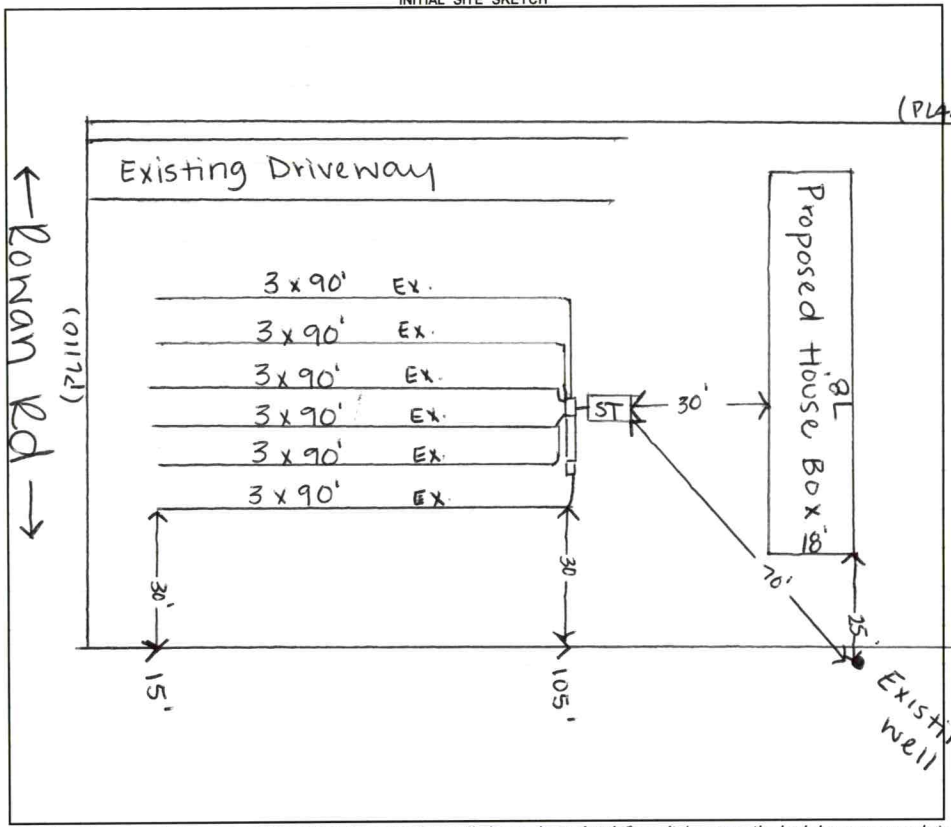
SITE DIRECTIONS: Triplett Rd - R Rowan Rd - Lot on R SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: — DESIGN FLOW: Ex. L.T.A.R.: Ex.

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

Comments / Conditions: System functioning properly at time of inspection.

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" = 40'

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: _____ Date: _____ Installed by: _____

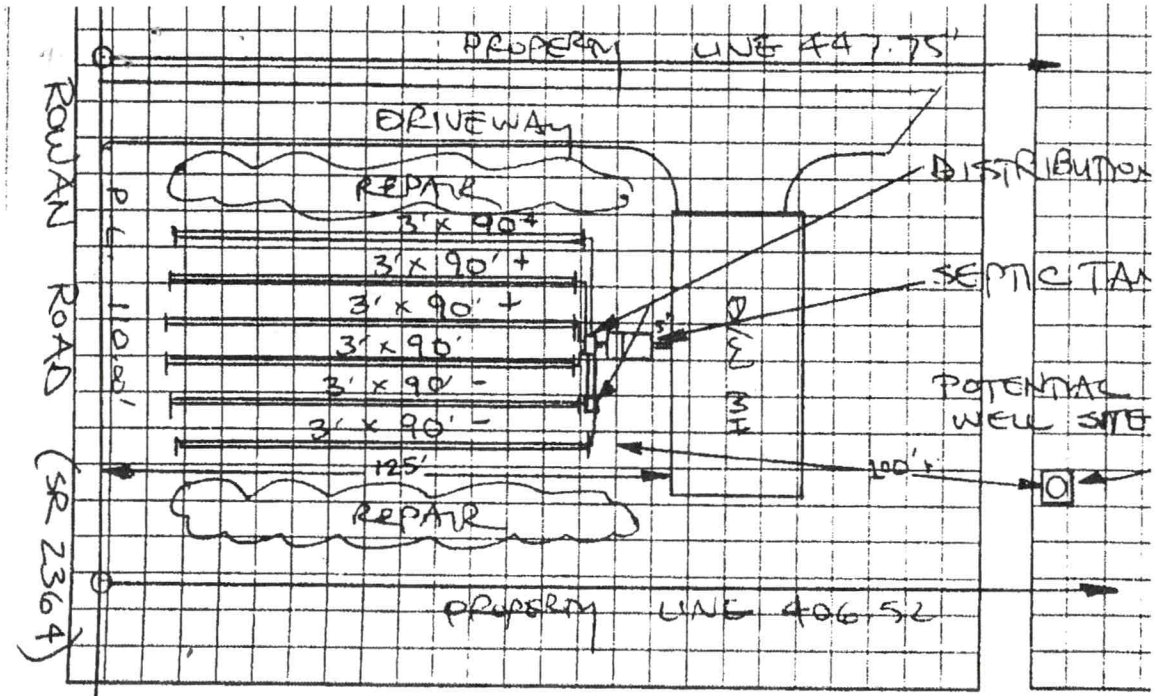
IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Sydney Howard Date: 5/31/23

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? _____	



Permit can be suspended or revoked if any false information is supplied toward securing the permit any unauthorized changes are m
Permit with plat valid without expiration Improvement Permit with site plan valid for sixty months Authorization to Construct is valid

Signed: Richard P Brown Jr. date 6-10-02 Installed by

Improvement Permit by: STEVE HENDRICK date 6 10 02 Operation Perm

1" = 40'

IREDELL COUNTY HEALTH DEPARTMENT

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

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

(D)

PERMIT# 106688 PIN# 4772-60-6179

OWNER OR CONTRACTOR JAMES P. BROWN PHONE Business (704) 872-0800 Home (704) 873-8415 DATE 6-10-02

ADDRESS 207 BIG FOREST DR, STATESVILLE NC 28677

LOCATION US 70 EAST, TR TRIPLETT ROAD, TL ROWAN ROAD 0.5 MILE ON RIGHT (#254)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 ACRE SITE CLASS PS1 DESIGN FLOW 480 LTAR 0.30 GPD/FT²

Septic Tank: 1000 Gallons STB 794 Date 5-2-02
Pump Tank: _____ Gallons PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

New System Repair System Type I II III IV V
System Description CONVENTIONAL, GRAVITY
Repair System Description 50% REDUCTION, GRAVITY
Maintenance Agreement Required Yes No
Slab Crawl Space Basement w/plumbing Basement w/o plumbing

House/Mod Home No Bedrooms 4
Mobile Home No Bathrooms 2
Business No Employees
Other

Water Supply: Individual, Public, Community
WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "BABEL" FILTER

INITIAL SITE SKETCH

SCALE: 1" = 90'

PROPERTY LINE 447.75'

DRIVEWAY

REPAIR

3' x 90'

3' x 90' +

3' x 90' +

3' x 90'

3' x 90' -

3' x 90' -

125'

REPAIR

PROPERTY LINE 406.52

100'

DISTRIBUTION BOX (2)

SEPTIC TANK

POTENTIAL WELL SITE

100'

ROWAN ROAD (SR 2364)

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: X James P Brown Jr date 6-10-02 Installed by ESKER ELDER

Improvement Permit by: STEVE HENDRICK date 6-10-02 Operation Permit by STEVE HENDRICK date 7-23-02

Authorization to Construct by: STEVE HENDRICK date 6-10-02 Existing System Inspection by _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

30

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PERMIT SNAPSHOT REPORT OSWP-2023-23242 FOR IREDELL COUNTY

Permit Type:	Environmental Health OSWP	**Project:**		**App Date:**	04/25/2023
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Holland, Sydney	**Approval Expire Date:**	

Description: ***EMAILED THE APPLICANT REGARDING RATHER A HOUSE IS CURRENTLY ON THE LOT***

Parcel: 4772618106.000 Main	**Address:** 254 Rowan Rd Cleveland, NC 27013 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Conard Moose	seth a julian
254 Rowan rd	859 Sloans Mill Rd
Cleveland, NC 27013	OLIN, NC 28660
Home: (704) 467-9392	Mobile: (704) 500-5771

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Septic Application/Permit Type	Improvement Permit, Relocate septic tank/drain lines	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	16'x80' double wide
What are the proposed structures	Manufactured Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	4	Foundation Type	Crawl Space Foundation
Water Supply	New Well	Desired Septic System Type	Conventional (most common)	Lot Acreage	1
Front Setback	35	Back Setback	35	Left Setback	15
Right Setback	15	Zoning Permit Issued Date	May 15 2023 12:00AM	Zoning Permit Expiration Date	Nov 11 2023 12:00AM
Zoning Notes/Addendums	REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original mobile home must be removed before		Certificate of Occupancy can be approved.	Additional Unique Setbacks Apply	No

PERMIT SNAPSHOT REPORT (OSWP-2023-23242)

Watershed NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_seth_julian_4/26/2023.jpg	04/25/2023 20:33	julian, seth		Uploaded via CSS
Conard Moose_v1.pdf	04/28/2023 12:35	Nebel, Barbara	Available Online	Authorize to Act as Agent
20230512_115144.jpg	05/12/2023 12:01	Williams, Deborah	Available Online	site plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-94012	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	05/19/2023			05/19/2023 7:32	05/19/2023 7:32

Inspectors: Bracken, Sarah (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00013953	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00013953	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/28/2023 12:35	04/28/2023 12:36
Confirm application complete v.1	Generic Action		04/28/2023 12:36
Fees v.1		05/16/2023 8:20	05/16/2023 8:20
Issue Invoice v.1	Generic Action		05/16/2023 8:20
Fees Paid v.1	Generic Action		05/16/2023 8:20
Zoning Review v.1		04/28/2023 12:35	05/16/2023 8:17
~~Floodplain Admin Overview v.1~~	Task		05/16/2023 8:16
Iredell County Zoning Approval v.1	Task	04/28/2023 12:35	05/16/2023 8:17
Issue Invoice v.1	Generic Action		05/16/2023 8:17
Fees Paid v.1	Generic Action		05/16/2023 8:17
Lot Readiness Verification v.1		05/19/2023 7:31	
OSWP Septic Preliminary Site Visit v.1	Inspection	05/19/2023 7:31	05/19/2023 7:32
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # CBWP-2023-37543

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

PIN # 4711 -- 39 -- 5438

APPLICANT/OWNER: Ronald Kurriker APPLICANT ADDRESS: 228 Trautman Shoals Rd, Statesville, NC 28677

SITE ADDRESS: 228 Trautman Shoals Rd, Statesville, NC 28677 PHONE: (704) 437-7507 ALT. PHONE

SITE DIRECTIONS: Buffalo Shoals Rd, Trautman Shoals Rd SAP CONTROLLED: ☐ YES ☑ NO

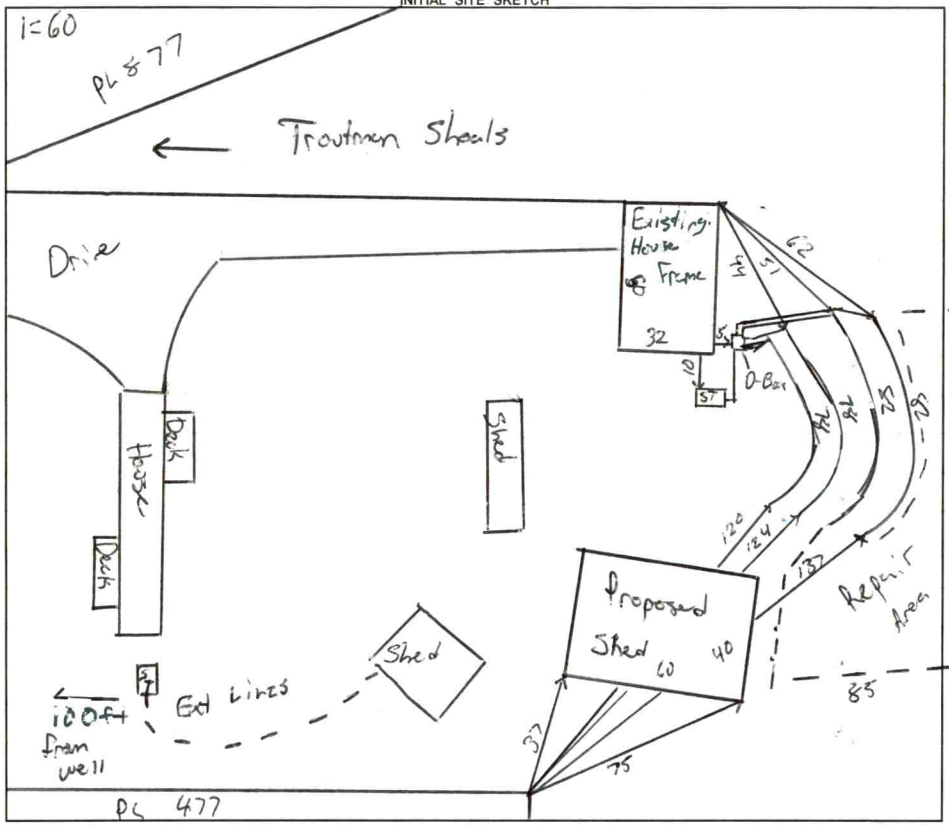
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 8.755 Ac DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	854	Date	9-4-23	☑ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date		System Description:	Gravel System	☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	25% Reduction -Serial	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	320	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	18 in	Gravel Depth	12 in	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

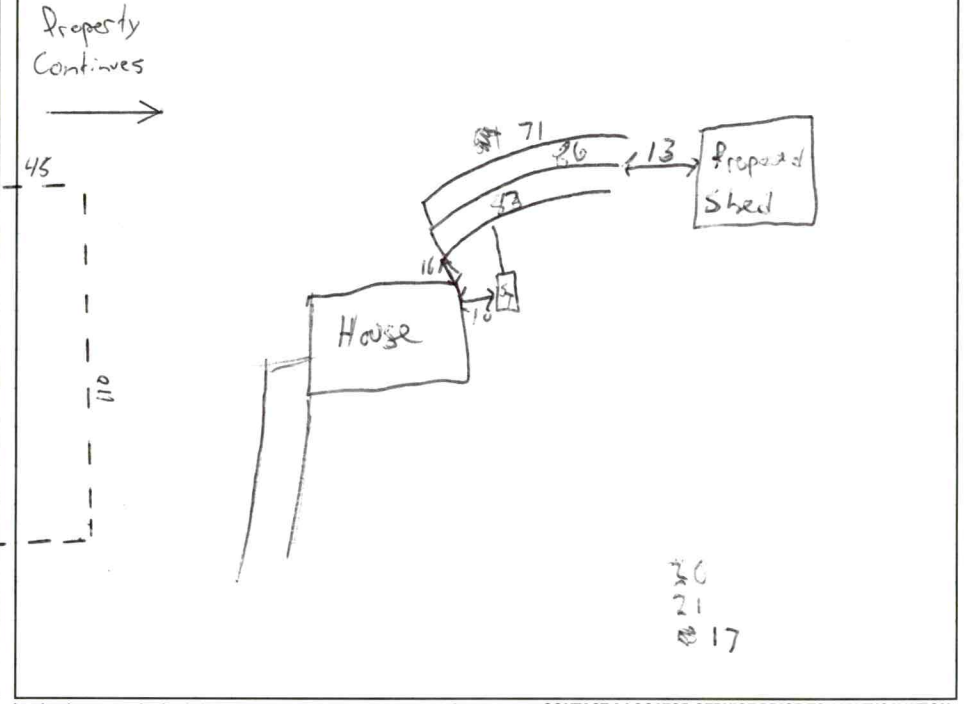
Comments / Conditions: Install on contour with 9ft Centers. System was originally going to be installed by homeowner. If a licensed installer installs. Infiltrator can be used needing only 240ft with serial distribution. Do not drive, park or construct on septic area. Use bottom three lines for infiltrator 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.



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☐ **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: Online Signature Date: Installed by: Blackburn & Son Grading / Septic

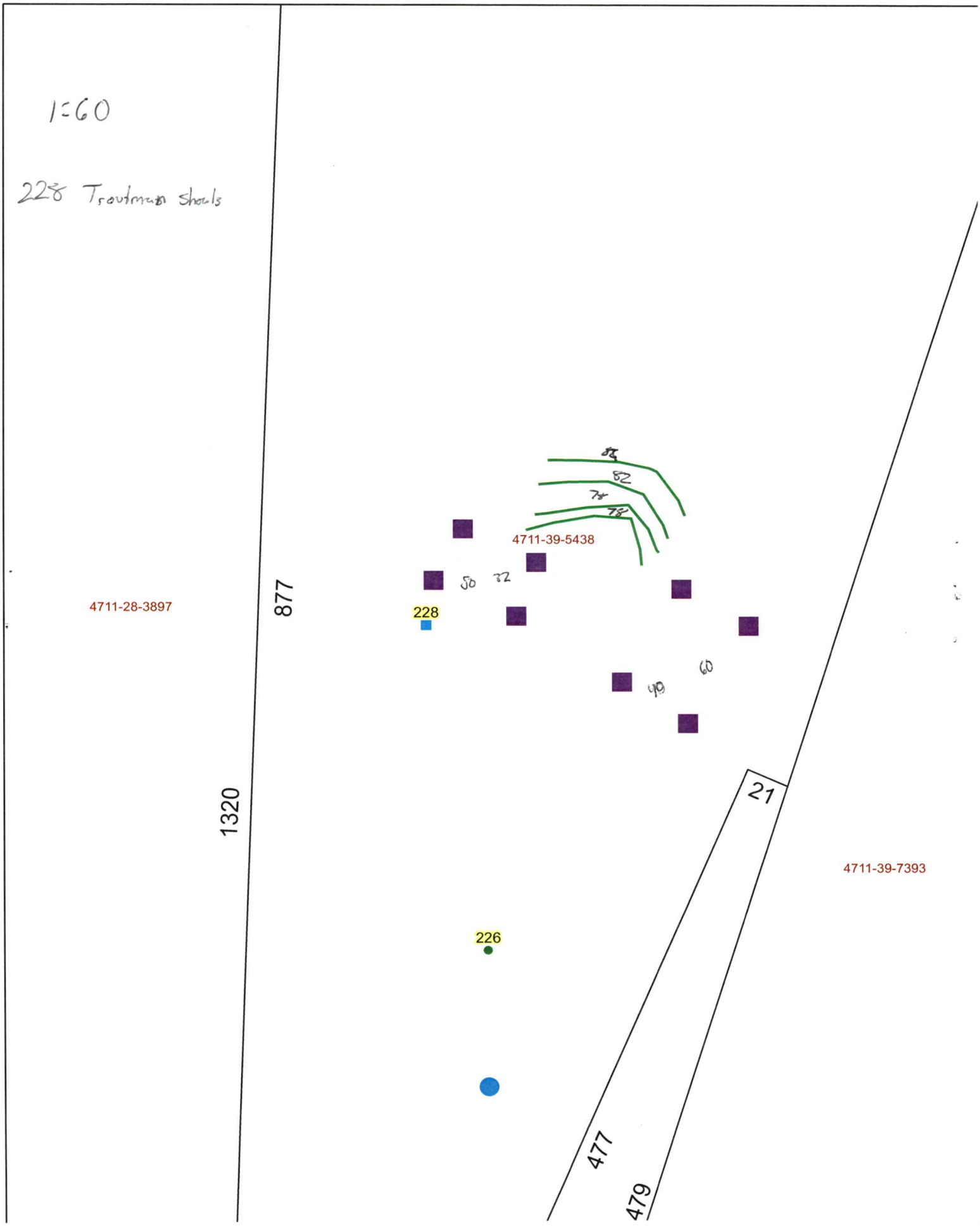
IMPROVEMENT PERMIT by: Matt Wilk Date: 10/3/23 OPERATION PERMIT by: Matt Wilk Date: 11/14/23

AUTHORIZATION TO CONSTRUCT by: Matt Wilk Date: 10/3/23 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? _____	


1:60
228 Troutman Shoals
4711-28-3897
877
1320
4711-39-5438
228
226
21
4711-39-7393
477
479

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

Sheet 1 of 1
PROPERTY ID #: 4711395438
COUNTY: Iredell

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

OWNER: Ronald Kerriker
ADDRESS: 226 Troutman Shoals
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 226 Troutman Shoals
APPLICATION DATE 11/23/22
DATE EVALUATED: 12/30/22
PROPERTY SIZE: 8.7 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	LS 8%	0-10	SCL/SBK	ns np fr SE	YB at 22	48	Sap inclusions 33-48	Some Rock in CL	PS .275
		10-15	SL/E Horiz	ns np fr SE					
		15-25	C/ABK	S P fr SE					
		25-48	CL/SBK	33 sp fr SE					
2	LS 10%	0-7	SCL/SBK	ns np fr SE	10YR 6/2 at 36	48	Sap inclusions with Litho in CL	-	PS .25
		7-13	SL/E Horiz	ns np fr SE					
		13-25	C/ABK	S P fr SE					
		25-48	CL/ABK	33 sp fr SE					
3	LS 10%	0-26	C/SBK	33 sp fr SE		48	Sap inclusions at 32 & 38	-	PS .3
		26-48	CL/SBK	33 sp fr SE					
4	LS 8%	0-26	C/SBK	33 sp fr SE	4B at 21-25	48	Sap inclusions 26-48	-	PS .25
		26-48	CL/ABK	33 sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	320	240
System Type(s)	Gravel	25%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew W.
OTHER(S) PRESENT: Sarah B.

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.

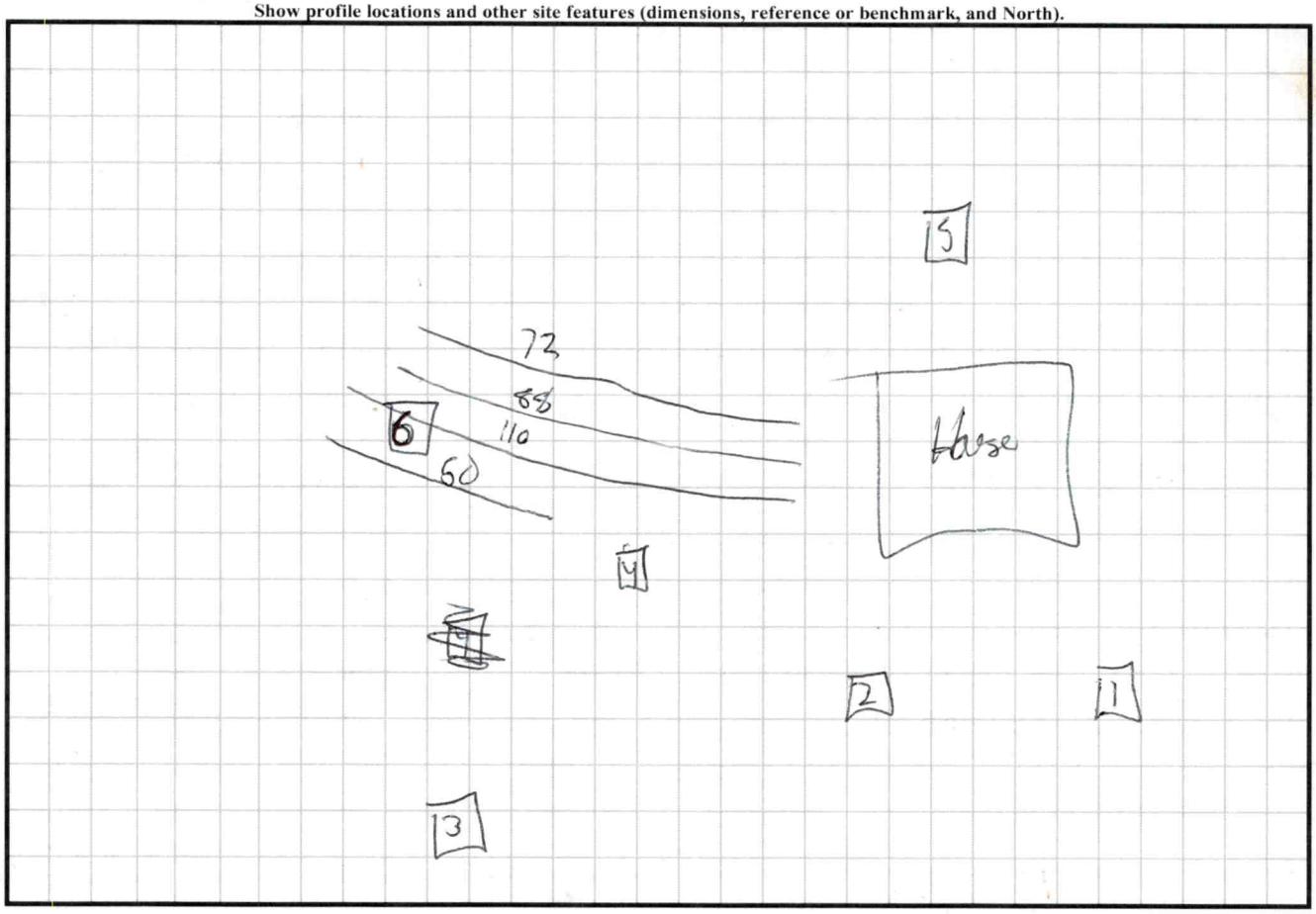
NOTES

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/ft²

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



5) LS 5%

0-7	SCL / SBK	YB
7-28	C / SBK	25, 36-48
28-48	CL / SBK	PS .275

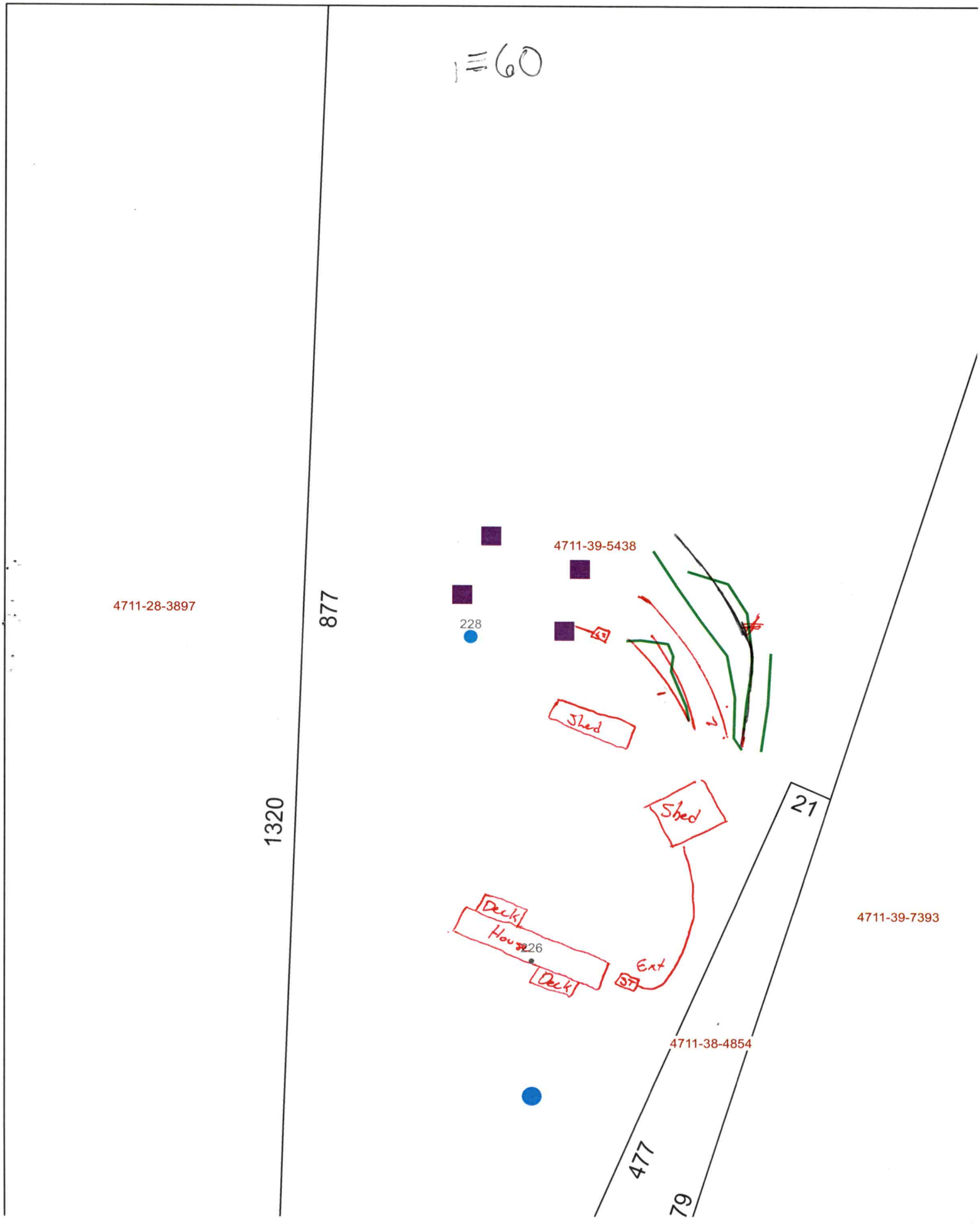
Line 1 72 ~~350~~ 320 needed

Line 2 88

Line 3 110 ~~50~~

Line 4

Line 5


1=60
4711-28-3897
877
1320
4711-39-5438
228
Shed
Shed
Deck
Hou
226
Deck
Ext
21
4711-39-7393
4711-38-4854
477
79

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed January 03, 2023
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203509

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4711384950

APPLICANT: Ronald W. Karriker APPLICANT ADDRESS: 226 Troutman Shoals Rd Statesville NC 28677

SITE ADDRESS: 226 Troutman Shoals Rd Statesville NC 28677 PHONE: 704-437-7507 ALT. PHONE: N/A

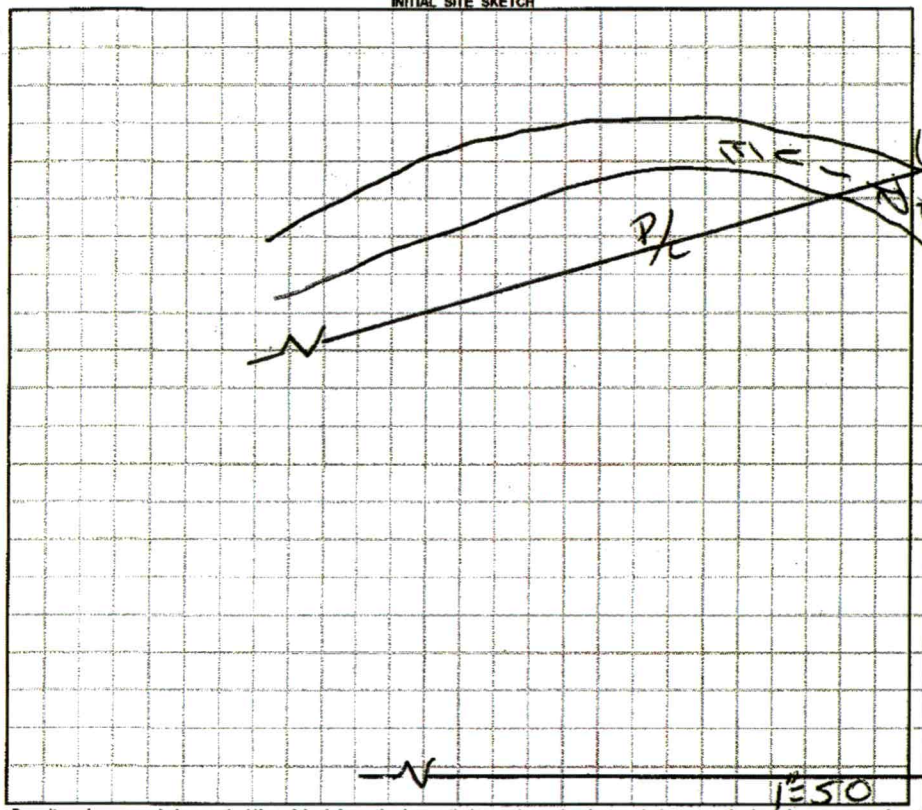
SITE DIRECTIONS: 115 to old Mocksville to Buffalo Shoals T/L on Troutman Shoals Lot at end on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.803ac DESIGN FLOW: 240 L.T.A.R.: EX

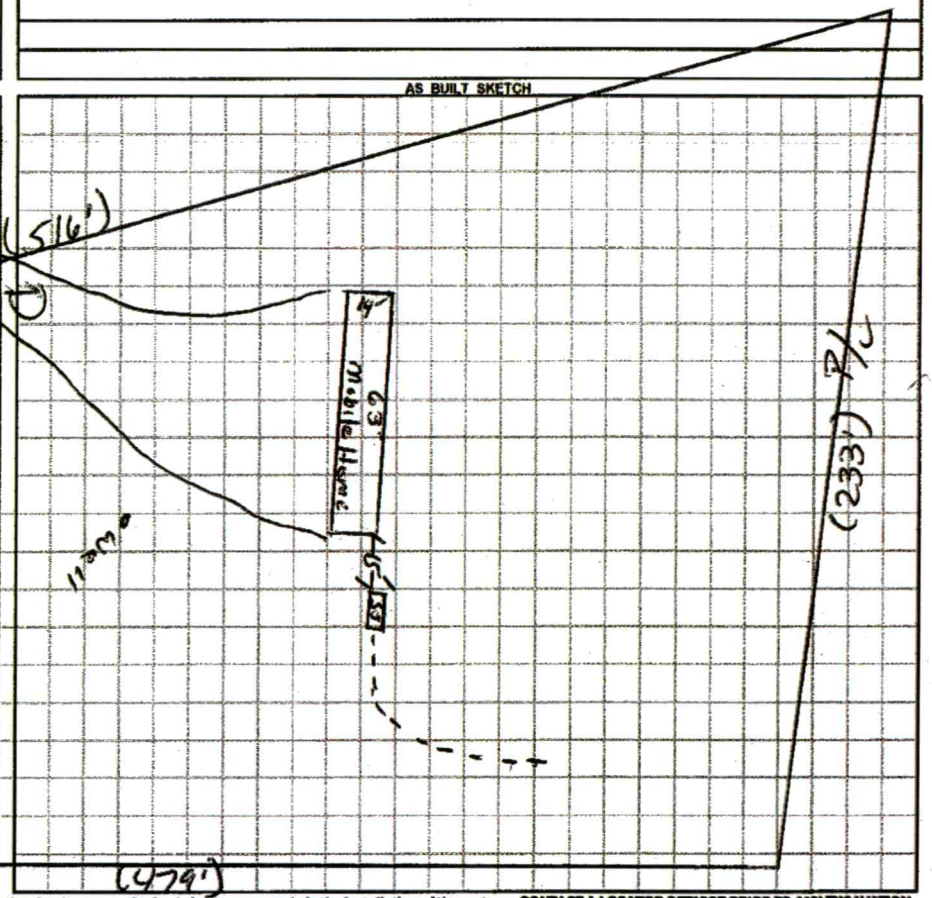
Septic Tank	EX	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I	☒ II	III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Existing					☐ Business	No. Persons	4	☒ Private
Pump Make		Model			Serial #		Repair System Description:						☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	EX		Linear Ft:	EX	Maintenance Agreement Required:	☐ YES	☒ NO				☐ Slab	☒ Crawl Space		☐ Community
Trench Width	EX	Max. Trench Bottom Depth		EX	Gravel Depth	EX		☒ GRAVITY	☐ PRESSURE				☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: All building foundations must be 35' from any part of STS and 25' from any well.

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: Ronald W Karriker Date: 5-23-14 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Robert H Lowe Date: 05/21/14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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.

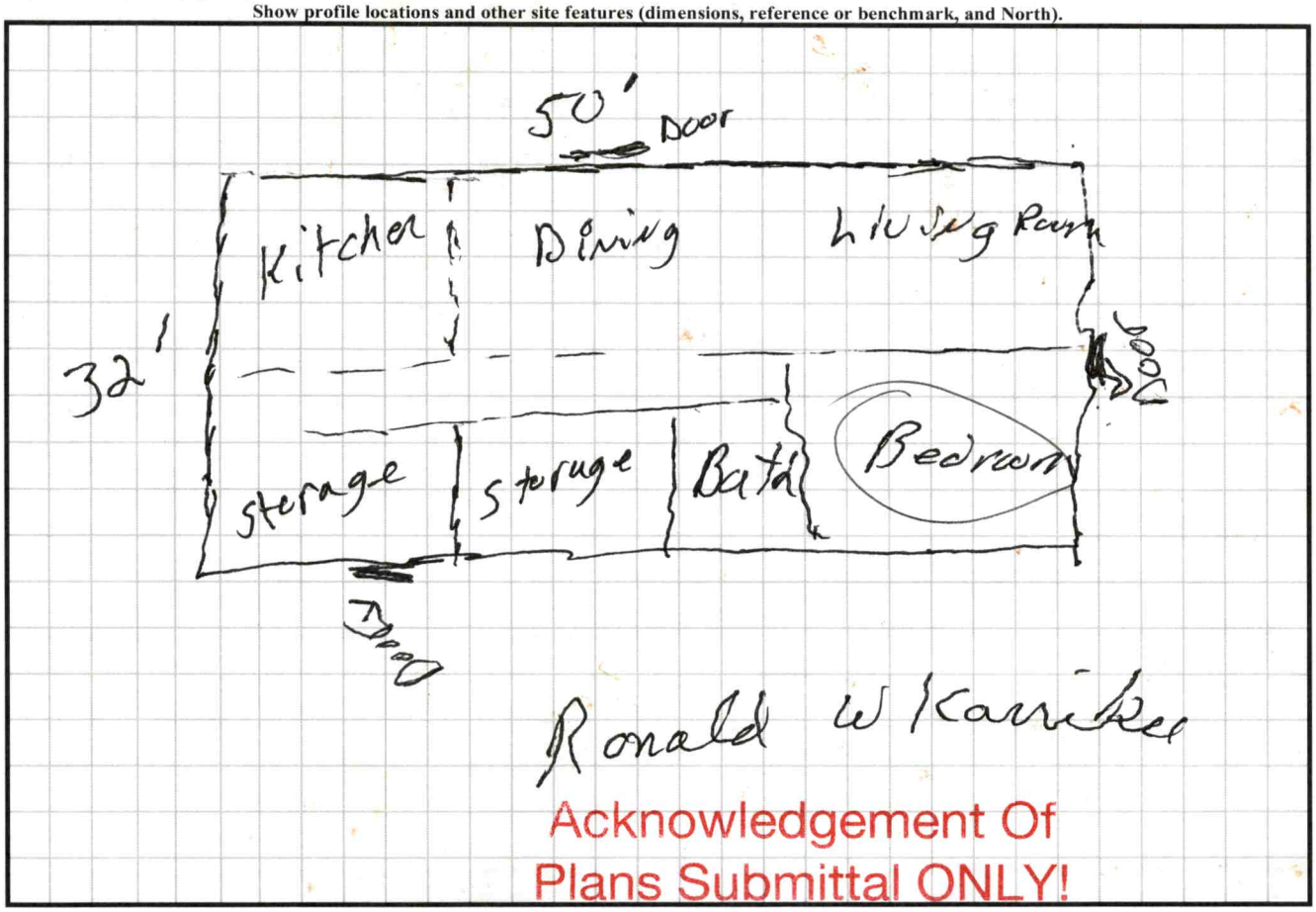
NOTES

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/ft²

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



Ronald W Karnicker

Acknowledgement Of
Plans Submittal ONLY!

Date

Date 1/3/23

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1									
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____