IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208576

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

PIN # 4775351839

APPLICANT/OWNER: Robert Neilson Jr APPLICANT ADDRESS: 188 Bellwood Lp Statesville NC

SITE ADDRESS: 118 Salem Loop, Stat 28625 PHONE: 704 450-0082 ALT. PHONE

SITE DIRECTIONS: Hwy 64 E L on Sam Road R on Salem Loop SAP CONTROLLED: ☐ YES ☐ NO

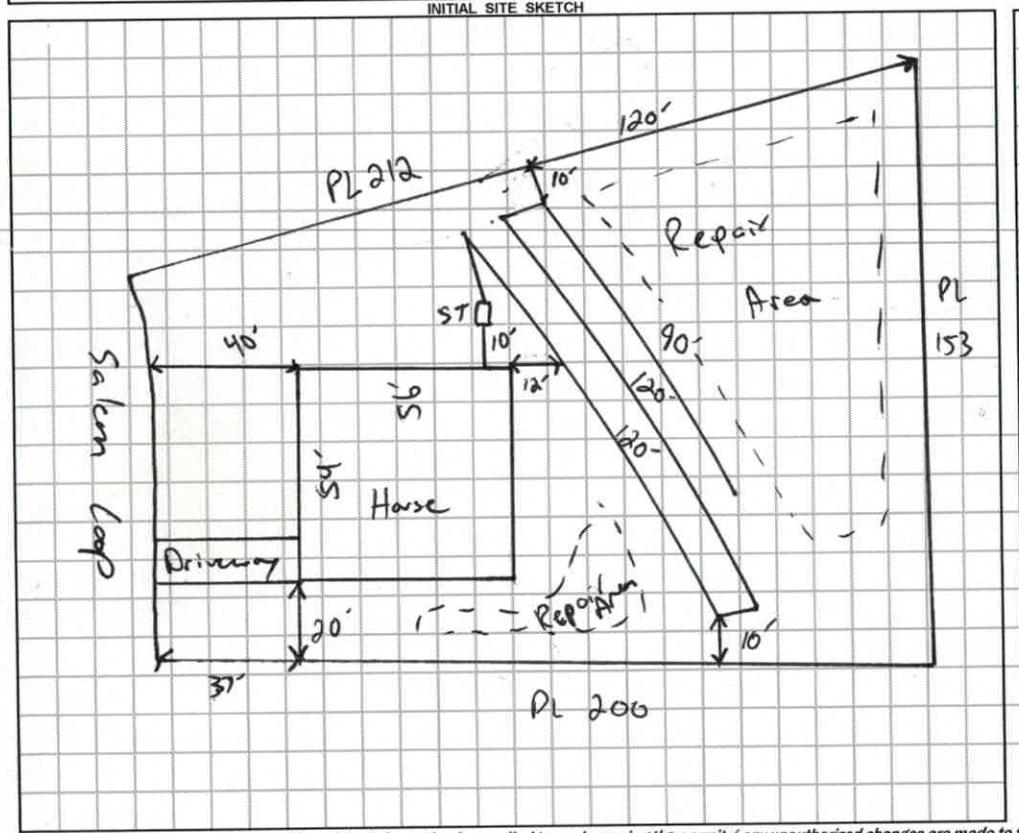
SUBDIVISION: Salem Park SECTION: 2 LOT # 20 LOT AREA: 6.6 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .275

Septic Tank	1060 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: Drip				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 3	Linear Ft 328'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth –	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install Drainlines on Contour of land and use serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

Installed as Drawn

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: 11-19-19 Installed by: JW Construction

IMPROVEMENT PERMIT by: Date: 11-18-19 OPERATION PERMIT by: Date: 4-14-2020

AUTHORIZATION TO CONSTRUCT by: Date: 11-18-19 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.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 477535 1839
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Billy Little
ADDRESS: 1014 Perth Rd.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 118 Salem LP
APPLICATION DATE 2-20-15
DATE EVALUATED: 3-25-15
PROPERTY SIZE: 0.60 acres
PROPERTY RECORDED: Yes
WATER SUPPLY: • Private (Public) • Well • Spring • Other N/A
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	11% L	0-12	SCL SBK	Fr Mod SE	+48"	36"	36"	36"	PS 0.275
		12-27	C SBK	Fi Mod SE					
		27-36	BC Mica WABK	Fr Mod SE					
		36-48	SAP						
2	2% L	0-16	C SBK	Fi Mod SE	+48"	+48"	+48"	+48"	PS 0.275
		16-48	BC SAP IN WABK	Fi Mod SE					
3	4% L	0-24	C SBK	Fi Mod SE	+48"	+48"	+48"	+48"	PS 0.275
		24-48	BC SAP IN WABK	Fr Mod SE					
4	2% L	0-16	C SBK	Fi	+24"	24"	+24"	24"	PS 0.25 0.125 DRIP
		16-24	BC WABK						
		24-	Stone/Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	V
Site LTAR	0.275	0.125

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Just Anderson
OTHER(S) PRESENT: N/A

COMMENTS: N/A

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

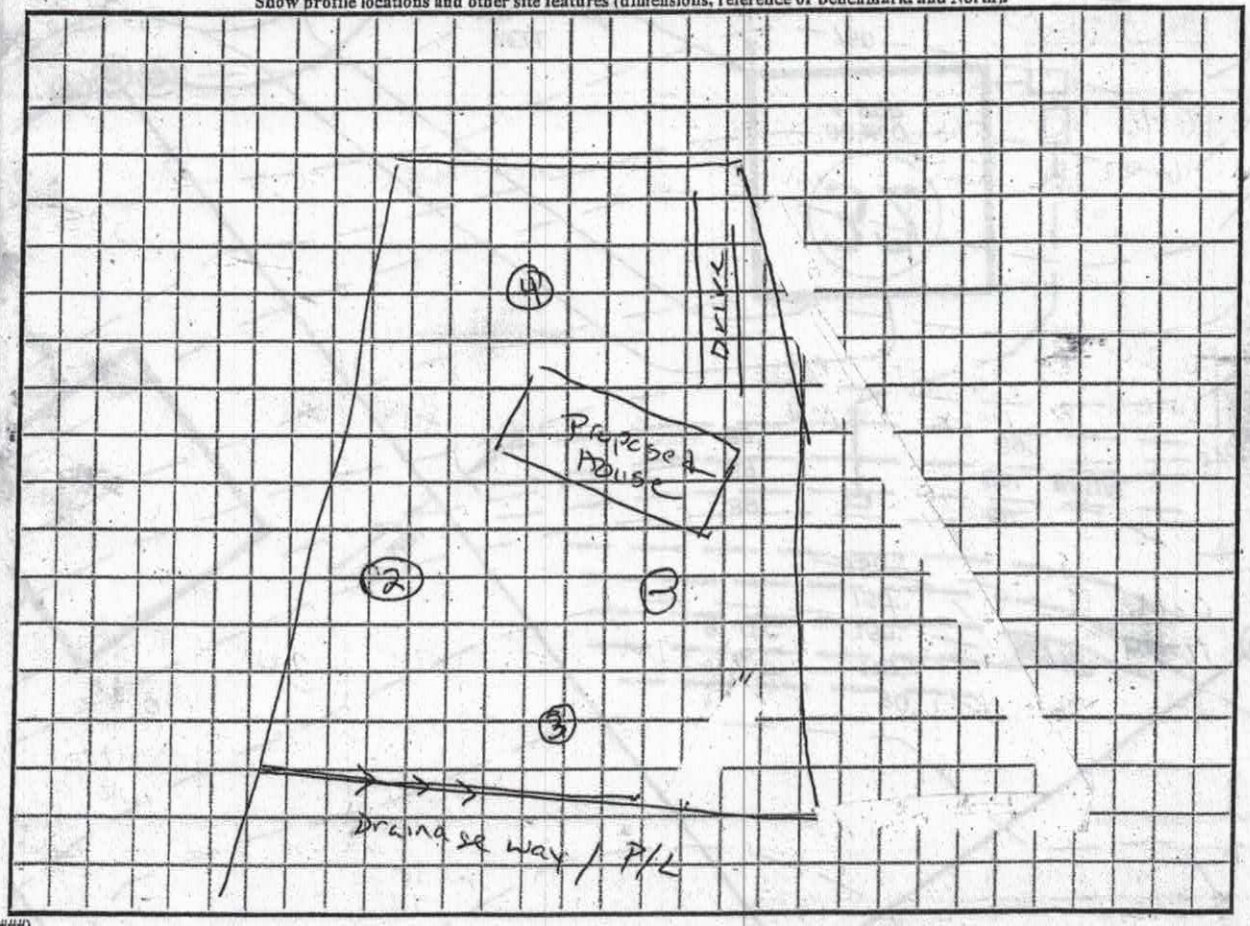
NOTES

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).



DENR (######)
Review (#####)

RECEIVED OCT 1 4 2019

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

pd. $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#208576 (Only Payment 301734)

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: Robert Neilson Jr Address: 188 Bellwood Lp Statesville Zip: 28625
Applicant Email: bneilson72@gmail.com Phone: 704 450-0082 Alt. Phone: _____
Owner Name: same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 118 Salem Loop Statesville NC 28625
Subdivision Name: Salem Park Section/Phase: M2 Lot Number: 20
Driving Directions: Hwy 64 E. Tl. on Salt T.R. on Salem Lp

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: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) 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?

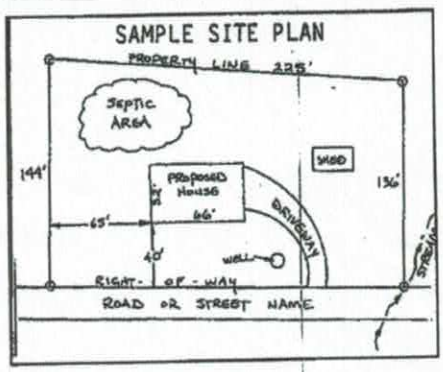
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Robert Neilson Jr 10/11/19
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:

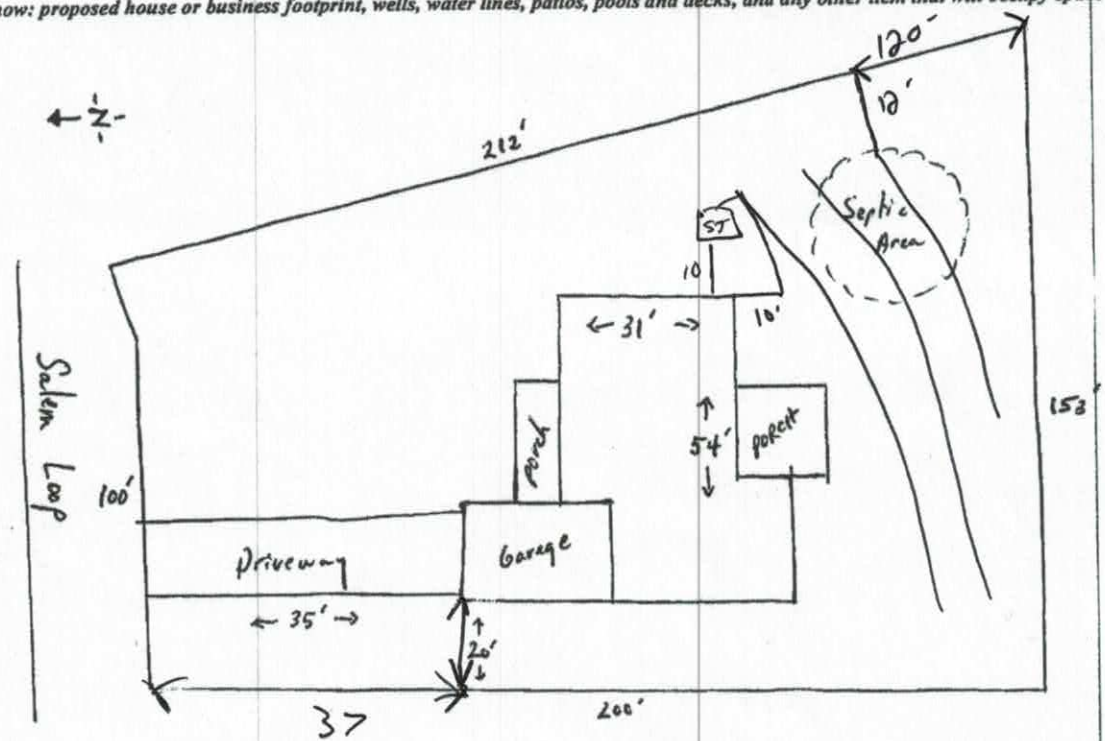
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: Robert L Mathis Jr 10/11/19

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208576

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

PIN # 4775351839

APPLICANT: Billy Little APPLICANT ADDRESS: 1014 Perth Rd.

SITE ADDRESS: 118 Salem Loop PHONE: 704-880-3068 ALT. PHONE: N/A

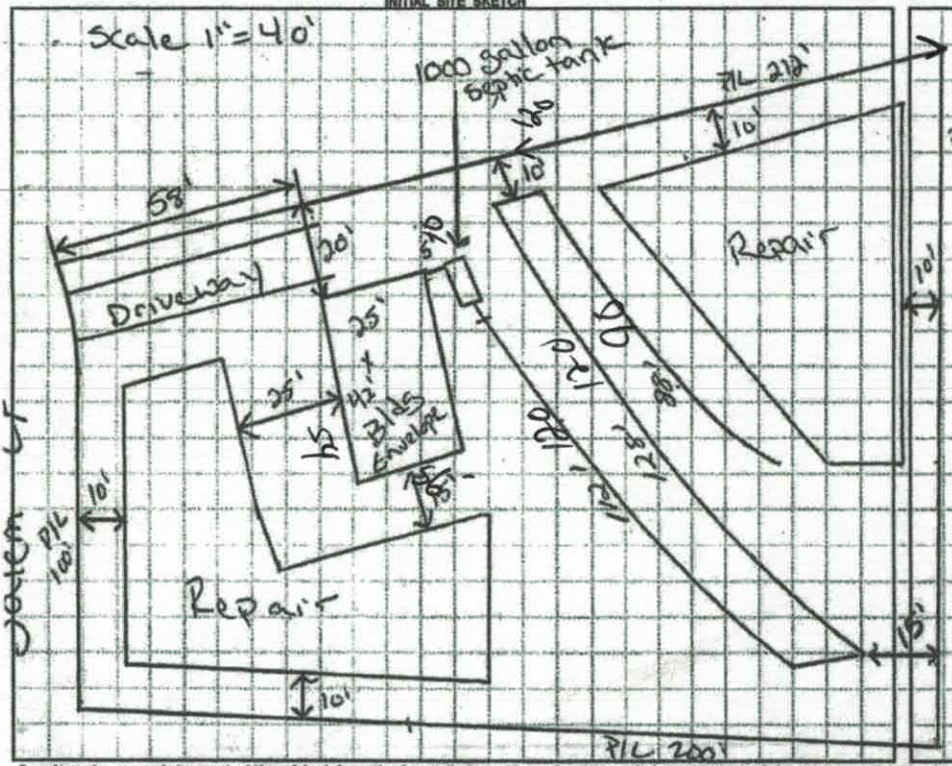
SITE DIRECTIONS: Hwy 64 E TL Salem Rd TR Salem Loop.

SUBDIVISION: Salem Park SECTION: M2 LOT # 20 LOT AREA: 0.60 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal)	STB	Date	☑ 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: PRIP	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft: 328'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☑ Community
Trench Width 36"	Max. Trench Bottom Depth 24"	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan prior to issuance of CA's. Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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:

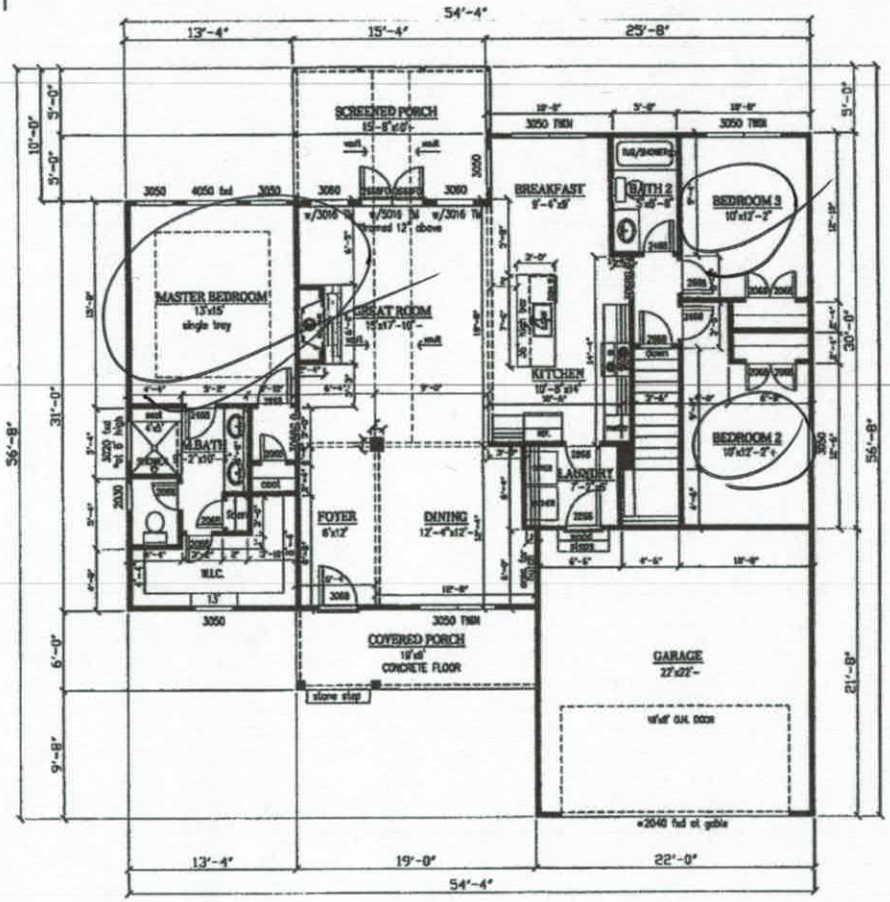
IMPROVEMENT PERMIT by: Justin Henderson Date: 3-26-15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Square Footage Details

- 4110 SQFT UNDER ROOF
- 1683 SQFT LIVING (1683 sqft main level; 854 sqft terrace level)
- ~~1683 SQFT REMAINING UNFINISHED BASEMENT AREA~~
- 475 SQFT 2-CAR GARAGE
- 114 SQFT COVERED FRONT PORCH
- ~~155 SQFT SCREENED/COVERED REAR PORCH~~





* ~~10' BASEMENT WALLS~~ * 9' WALLS MAIN LEVEL *

MAIN FLOOR
SCALE: 1/4"=1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Date 11-18-19

Date 11-19-19

Designed by
TODD W. REED, Inc
www.toddwreed.com
email: toddwreed2@gmail.com

copyright © 2015

1683 1/2 Plan

1683 1/2

SHEET 2

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*) _____

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, Robert Neilson Jr, am the legal owner(s) of the property located at 118 Salem Lp Statesville NC 28625, identified as

PIN (Parcel Identification Number) 4775351839, 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.

_____ _____
Signature of Owner(s) Date

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 · NC

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

APPLICATION NUMBER
301734 Issue Date: 10/11/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4738611448.000 ?		

Owner Information	Applicant Information
Name: JOHNSON DONALD R+BETTY	Name: NEILSON PROPERTIES
Address:	Address: 188 BELL WOOD LP STATESVILLE , NC 28677
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

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.

Date: 10/11/2019

Signature of Owner/Contractor

Permit Number	000542	TOTAL FEES:	$77.25

IREDELL COUNTY

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

APPLICATION NUMBER
208576
Issue Date: 02/20/2015

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4775351839.000	118 SALEM LOOP	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: LIPPARD GRADY E+KENNY H OVER	Applicant: BILLY FRANKLIN LITTLE	Contractor: OUR TOWN'S OF NORTH ME
Address: 500 IREDELL CO, NC 28625	Address: 1014 PERTH ROAD TROUTMAN, NC 28166	Address: PO BOX 1088 DAVIDSON, NC 28036
Phone:	Phone:	Phone: 704-896-8957
		License Type: BLDG License Number: 38729-U

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 02/20/2015

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	31998	TOTAL FEES:	$ 500.00