IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208574.

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

PIN # 4775352991

APPLICANT/OWNER: Robert Neilson JR. APPLICANT ADDRESS: 188 Bellwood Loop Statesville NC 28625.

SITE ADDRESS: 122 Salem Loop Statesville NC 28625 PHONE: 704 450 0082 ALT. PHONE

SITE DIRECTIONS: Hwy 64 T.L. Sain Rd T.R. Salem Loop. SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Salem Pace SECTION: — LOT # 19 LOT AREA: .9 Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Infiltrator	Date					
Pump Tank	— (gal)	PT	—	Date	—				
Pump Make	—	Model	—	Serial #	—				
# Nitrification Fields	1	# Lines	4	Linear Ft	360				
Trench Width	36	Trench Bottom Depth	36 in max	Gravel Depth	—				

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

System Description: Gravity 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 — Water Supply: ☐ Private ☒ Public ☐ Community

☐ Business No. Persons 6

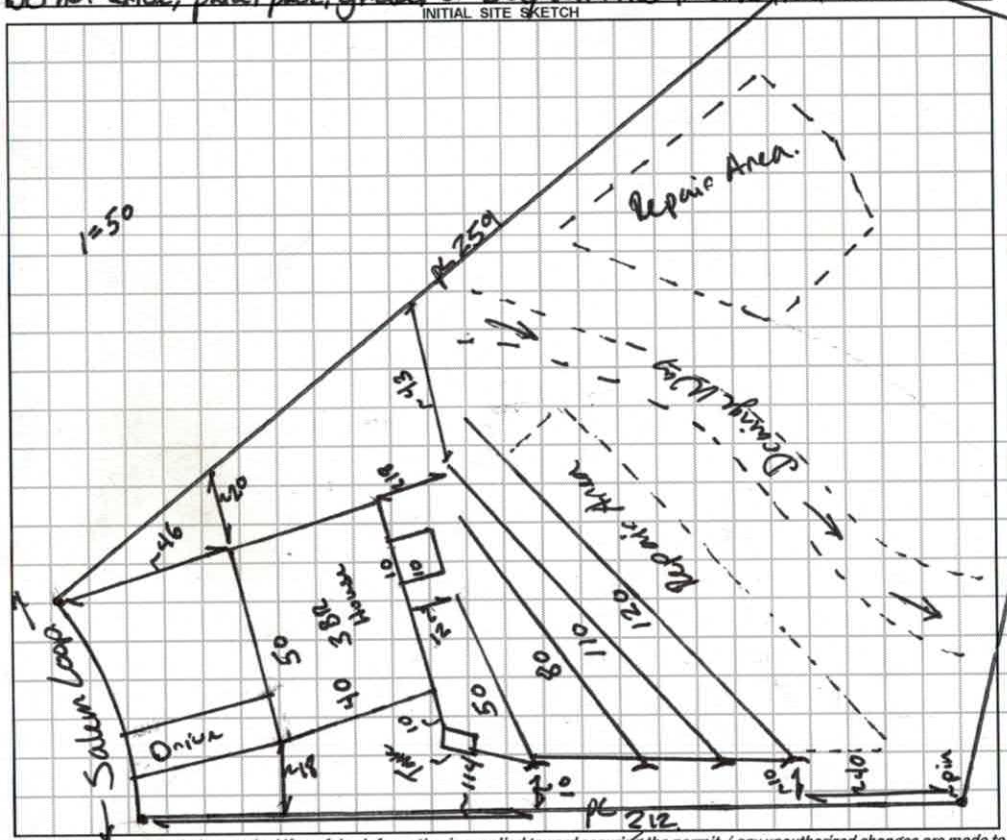
☐ Other No. Employees

☐ Slab ☒ Crawl Space

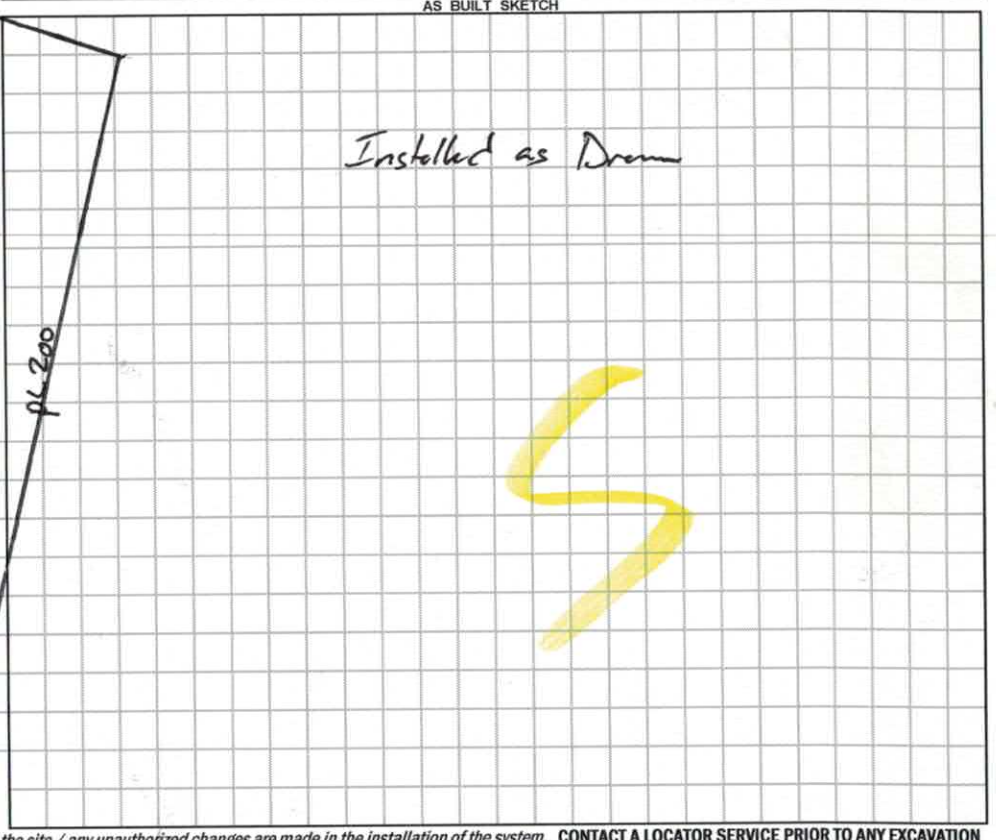
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Keep System out of drainage areas. Do not drive, park, pave, grade or bury utilities in drainfield area.

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: Robert Neilson Date: 5/3/2019 Installed by: Barnes Backhoe Grading

IMPROVEMENT PERMIT by: Benjamin R. Bottoms Date: 5/1/2019 OPERATION PERMIT by: Date: 7-9-19

AUTHORIZATION TO CONSTRUCT by: Benjamin R. Bottoms Date: 5/1/2019. 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 #: 4775352991
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Billy Little — APPLICATION DATE 2-20-15
ADDRESS: 1014 Perth Rd. — DATE EVALUATED: 3-25-15
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.91 acres
LOCATION OF SITE: 122 Salem LP. — 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	14% L	0-16	C SBC	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.25
		16-48	BC Y/B Mottles ABK	Fr Mod SE					
2	6% L	0-8	SC SBC	Fr Mod SE	>48"	>48"	>48"	>48"	PS 0.275
		8-24	C ABK	Fi Mod SE					
		24-48	BC Sap Frag ABK	Fr Mod SE					
3	8% L	0-19	C ABK	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.25
		19-48	BC Sap Frag ABK	Y/B Mottles Fr Mod SE					
4	6% L	0-16	SCL SBK	Fr Mod SE	>48"	>48"	>48"	>48"	PS 0.275
		16-21	C ABK	Fi Mod SE					
		21-48	BC Y/B Mottles ABK	Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): 1 PS
EVALUATED BY: Heath Snow & Justin Herdels
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)				
S (Shoulder Slope)		SiL (Silt Loam)			MOIST	WET
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)

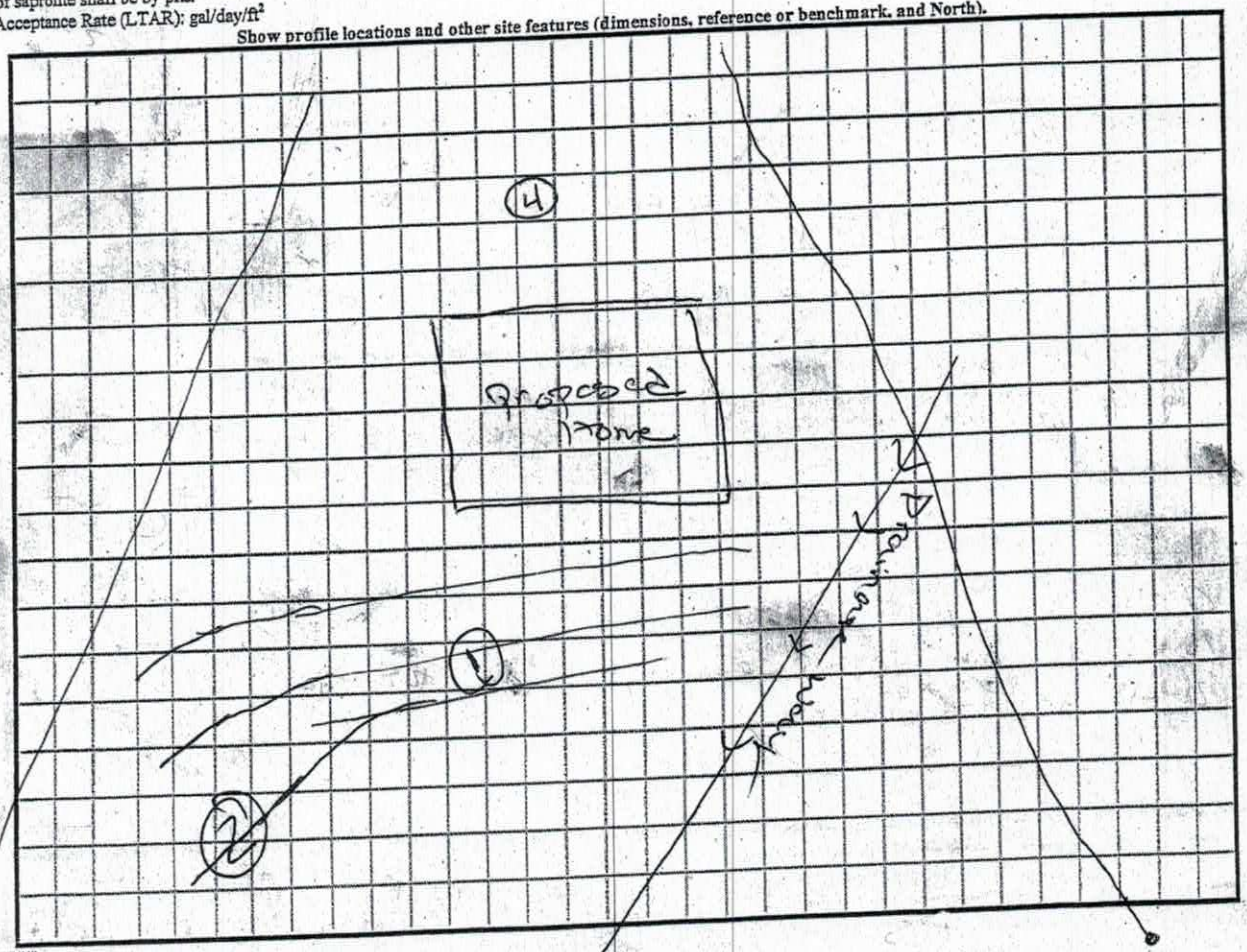
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



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

RECEIVED APR 2 6 2019

Paid $320.00

208574

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(j) 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: Robert Neilson Jr Address: 188 Bellwood Lp Statesville Zip: 28625
Owner Email: bneilson72@gmail.com Phone: 704 450-0082 Alt. Phone: _____

Property Information:

Street Address: 122 Salem Loop Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 64 east T.L. Salem Rd. T.R. Salem Loop

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: _____
( ) 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: _____ 4-26-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

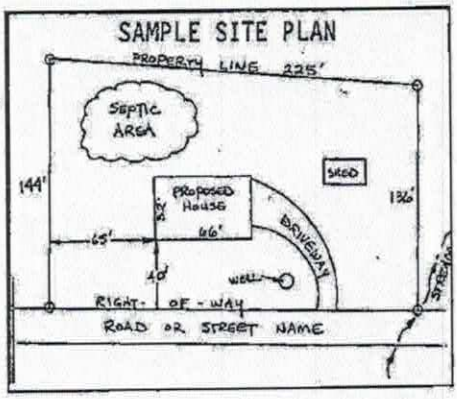
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) 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

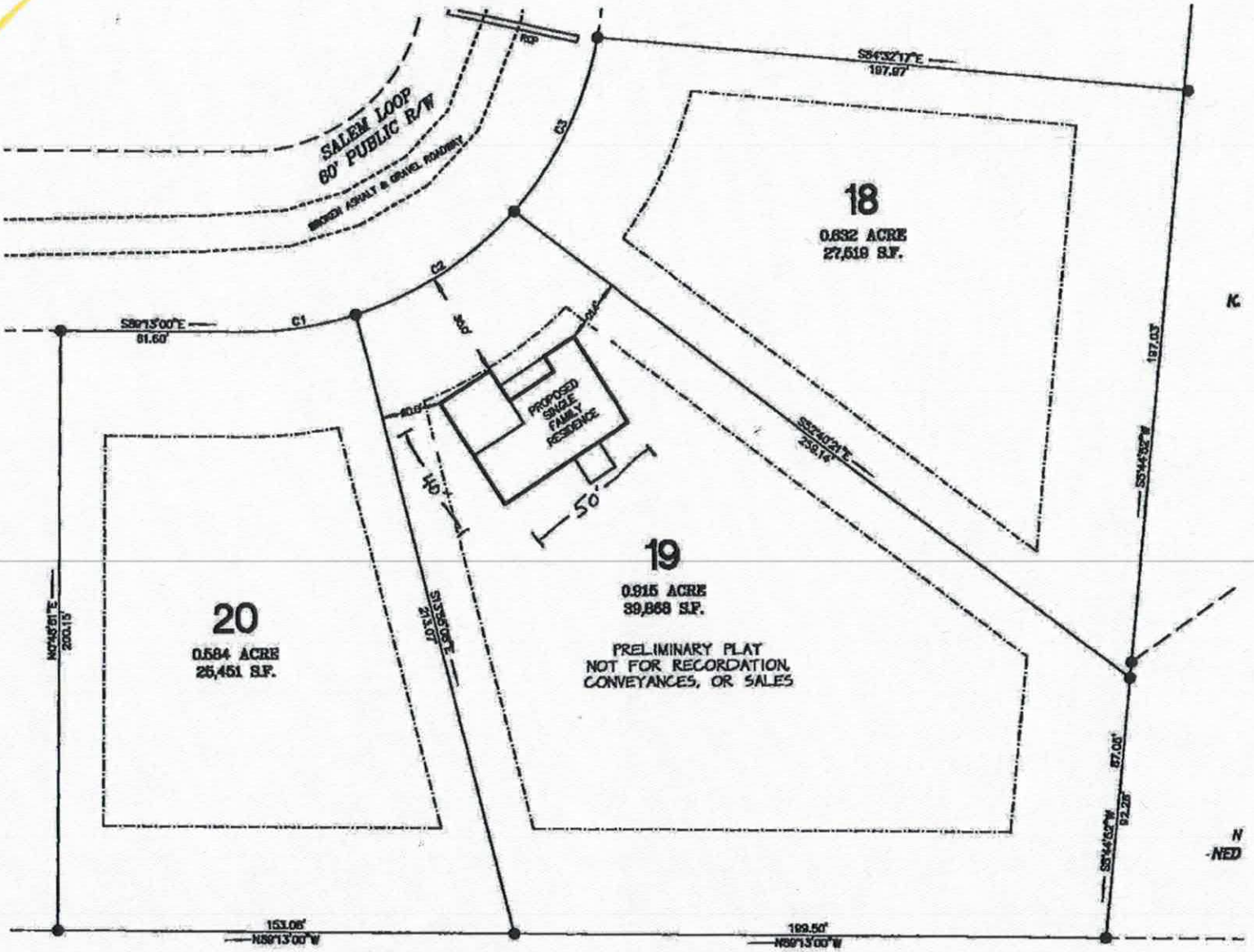
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached plan

Signature: _____ 4-26-19

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


SALEM LOOP
60' PUBLIC R/W
BROKEN ASPHALT & GRAVEL ROADWAY
C3
C2
C1
S54°32'17"E
197.97'
S89°13'00"E
61.60'
18
0.632 ACRE
27,519 S.F.
PROPOSED SINGLE FAMILY RESIDENCE
40.0'
45'
50'
S37°40'24"E
259.14'
S35°46'52"W
197.03'
19
0.915 ACRE
39,868 S.F.
PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES
20
0.584 ACRE
25,451 S.F.
N07°45'51"E
200.15'
S13°36'08"E
213.07'
S35°46'52"W
92.28'
87.05'
153.06'
N89°13'00"W
199.50'
N89°13'00"W
K.
N
NED

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208574

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

PIN # 4775352991

APPLICANT: Billy Little APPLICANT ADDRESS: 122 Salem Lp Statesville NC 28625

SITE ADDRESS: 122 Salem Lp Statesville NC 28625 PHONE: 704-880-3068 ALT. PHONE: N/A

SITE DIRECTIONS: 64E to Sain Rd T/R Salem Lp Lots on right

SUBDIVISION: Salem Park SECTION: M2 LOT # 19 LOT AREA: .9/ac DESIGN FLOW: 360 LTAR: 0.25

Septic Tank	1000	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	50% Reduction			
# Certification Fields	1	# Lines	4	Linear Ft	360		Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE			

[X] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing

Water Supply: [ ] Private [X] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution.

BUILDING SITE SKETCH

AS BUILT SKETCH

1"=50'

(200') PL

(311') PL

114'

100'

50'

35' House

Partial Repair

Drainage

Partial Repair

Partial Repair

Salem Loop

(87') PL

(257') PL

—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 [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [ ] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mos.

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 03/26/15 OPERATION PERMIT by: Date:

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

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, _____, 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.

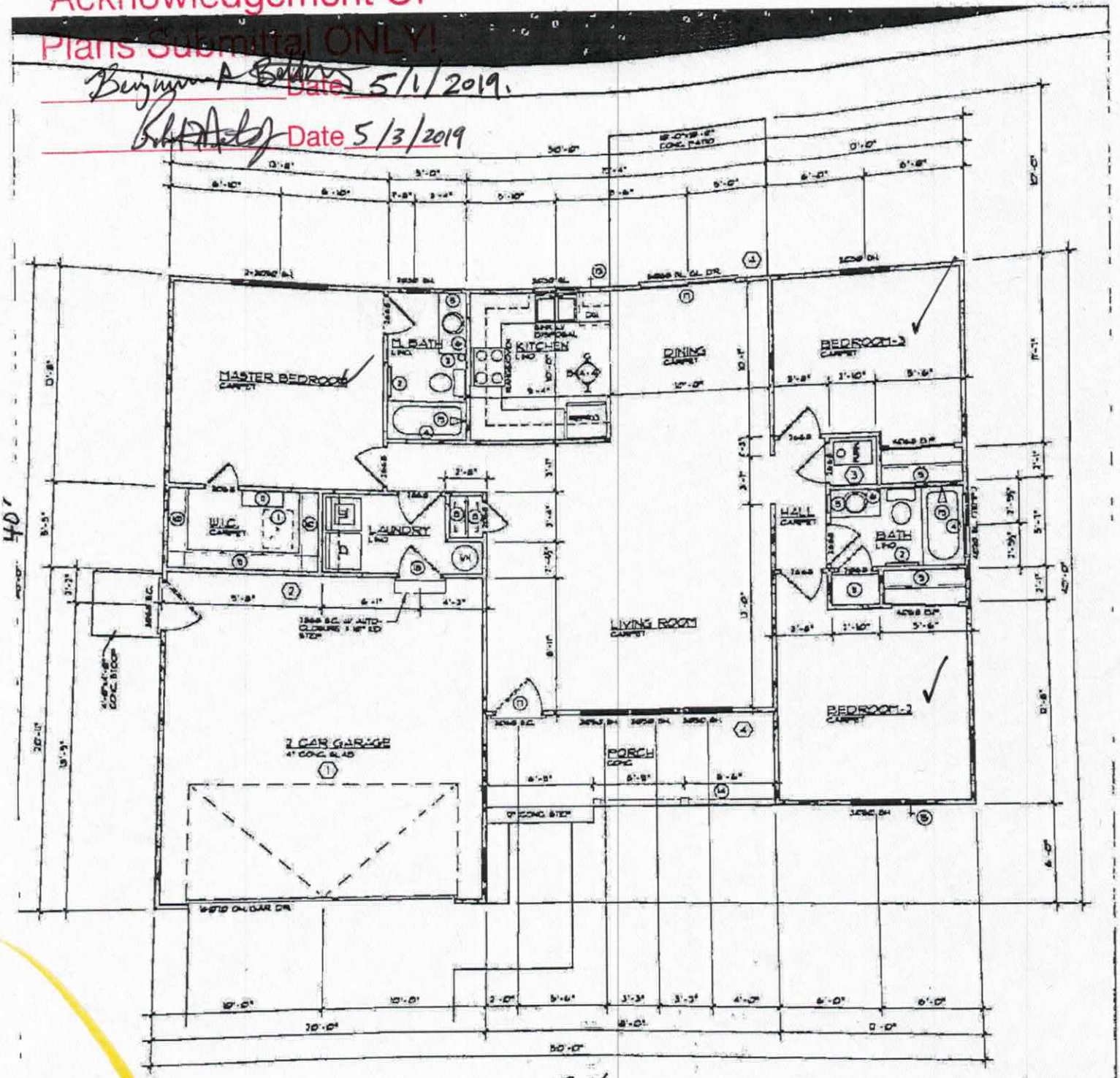
_____ _____

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

Acknowledgement Of
Plans Submittal ONLY!
Date 5/1/2019.
Date 5/3/2019



1 FLOOR PLAN

Acknowledgement Of

IREDELL COUNTY

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

APPLICATION NUMBER
208574
Issue Date: 04/26/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4775352991.000	122 SALEM LOOP, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NEILSON ROBERT T JR	Applicant: BILLY FRANKLIN LITTLE
Address: PO BOX 573	Address: 1014 PERTH ROAD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

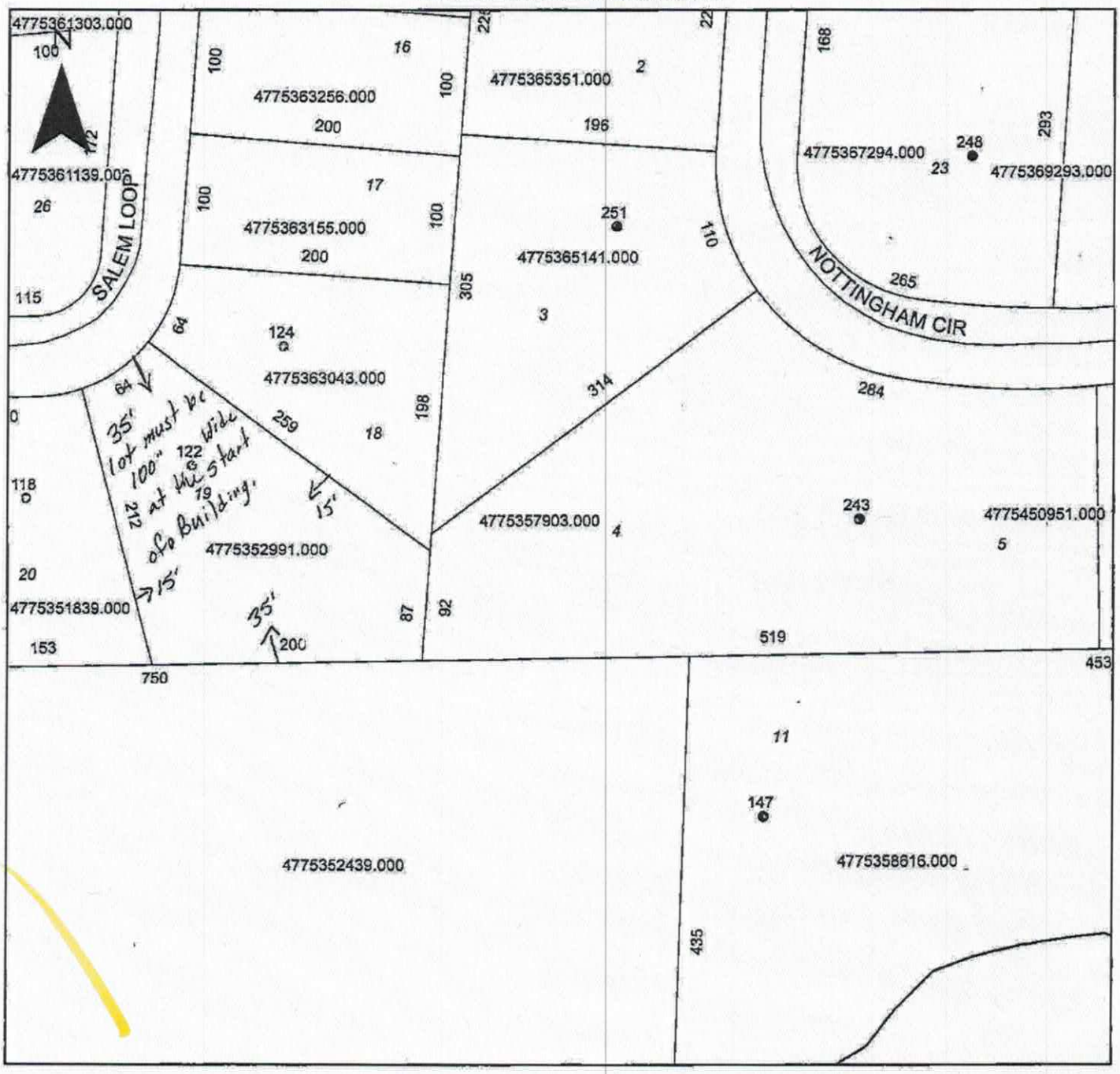
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	175149	TOTAL FEES:	$ 77.25

208574

ZONING DISCLAIMER



Property Address 122 Salem Loop

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.

Applicant

4-26-19
Date