# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (1) Mooresville Office (704) 660-3625 PERMIT # AP 303064

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

PIN # 4775-96--4203

APPLICANT/OWNER: Carla Harrell | APPLICANT ADDRESS: 2352 Mocksville Hwy Statesville NC 28625

SITE ADDRESS: 345 Oak Forest Drive, STV 28625 | PHONE: 704-677-8080 | ALT. PHONE -

SITE DIRECTIONS: Mocksville Hwy E Rt on Wilbar Drive L on Forest Oak on L | SAP CONTROLLED: ☐ YES ☒ NO

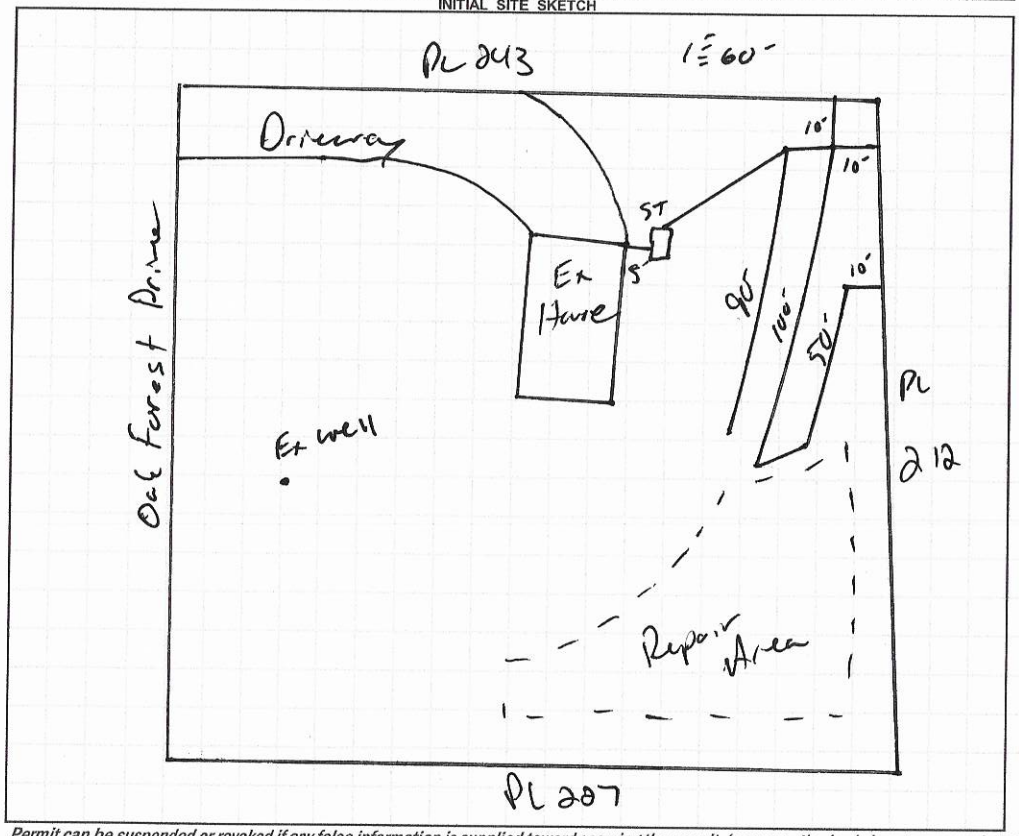
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 1.23 Acre | DESIGN FLOW: 240 gpd | L.T.A.R.: .25

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 10-R | Date | 4-21 | ☒ 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 | | |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 240' | Maintenance Agreement Required: | ☐ YES | ☒ NO | |
| Trench Width | 36" | Trench Bottom Depth (~~Low side~~) | Max 36" | Gravel Depth | - | | ☒ GRAVITY | ☐ PRESSURE | |

| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 2 | **Water Supply** |
| ☐ Business | No. Persons | 4 | ☒ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☒ Slab | ☐ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

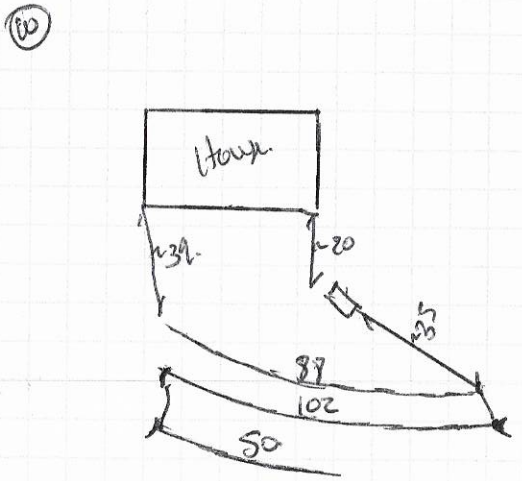
Comments / Conditions: Install Drainlines on Center of Land use Serial distribution.

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.




*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: Carla C Campbell Date: 6-28-21 Installed by: (Steve Jordan) Piedmont Backhoe

IMPROVEMENT PERMIT by: Date: 6-28-2021 OPERATION PERMIT by: Benjamin A. Batts Date: 7/14/2021

AUTHORIZATION TO CONSTRUCT by: Date: 6-28-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 477546 0003
COUNTY: Iredell

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

OWNER: Carla Howell
ADDRESS:
APPLICATION DATE 11-18-19
DATE EVALUATED:
PROPOSED FACILITY: 2 BR
PROPOSED DESIGN FLOW (.1949): 240gpd
PROPERTY SIZE: 1.23
LOCATION OF SITE: 345 Oak Forest
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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 3-4% | 0-6 | scL SBL | LiSSSP Sap | Few 4B@20" | 48" | N/A | N/A | PS .25 |
| | | 6-33 | CL SBL | | | | | | |
| | | 33-48 | CL SBL | | | | | | |
| 2 | 3-4% | 0-6 | SBL scL | | Few 4B@20" | 48" | N/A | N/A | PS .25 |
| | | 6-30 | SBL C | | | | | | |
| | | 30-48 | SBL CL | | | | | | |
| 3 | 5-6% | 0-6 | SBL scL | | Few 4B@22" | 48" | N/A | N/A | PS .25 |
| | | 6-30 | SBL C | | | | | | |
| | | 30-48 | SBL CL | | | | | | |
| 4 | 5-6% | 0-6 | SBL scL | | 4B@25" | 46" | N/A | N/A | PS .25 |
| | | 6-30 | SBL C | | | | | | |
| | | 30-48 | SBL CL | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 240' | 160' |
| System Type(s) | 2SC Reduction | 5CC |
| Site LTAR | .25 | .25 |

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

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive) |
| DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope) | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky) |
| H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1<br>None | 0.2 - 0.05<br>None | **MOIST**<br>VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | **WET**<br>NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

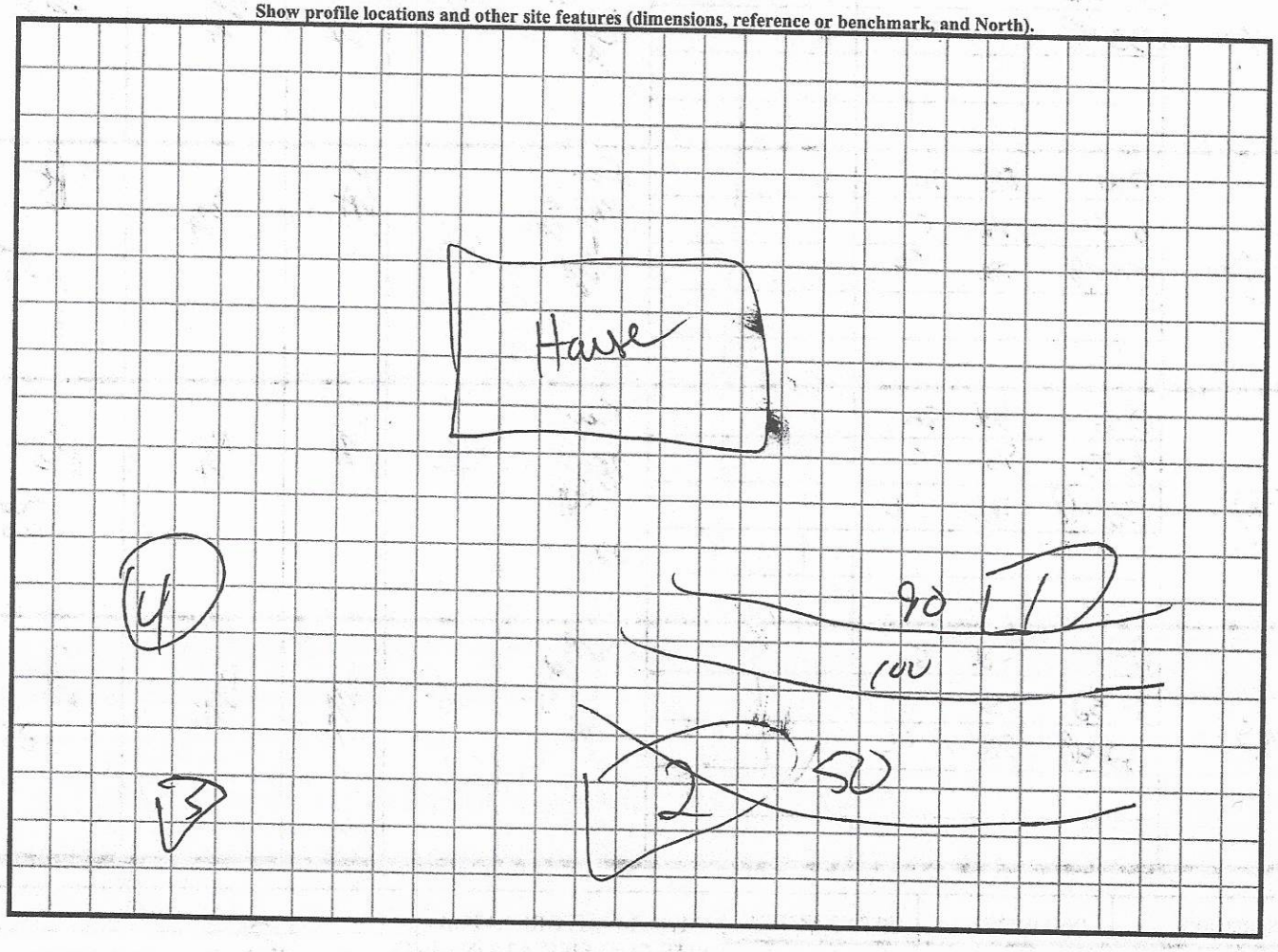
***NOTES***

| | |
|---|---|
| *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).**



# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-303064
12-2-19
$500.00

*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: Carla Campbell Harwell Address: 2352 Mocksville Hwy Statesville NC Zip: 28625
Applicant Email: kgallihericfe@yahoo.com Phone: 704-677-8080 Alt. Phone: _____
Owner Name: Roy Neal Campbell Address: 341 Oak Forest Dr Statesville NC. Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 345 Oak Forest Dr. Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

**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: 2
Maximum Number of Occupants: 1
( ) Swimming Pool
(✓) Other Addition/Structure: Shed
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: 2 Beds

**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: One

(✓) 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:** Roy Neal Campbell 11-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

## 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, Roy Neal Campbell, 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**) Carla Campbell Harwell, 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.

Roy Neal Campbell 11-18-19
Signature of Owner(s) Date

Signature of Witness 11-18-19
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

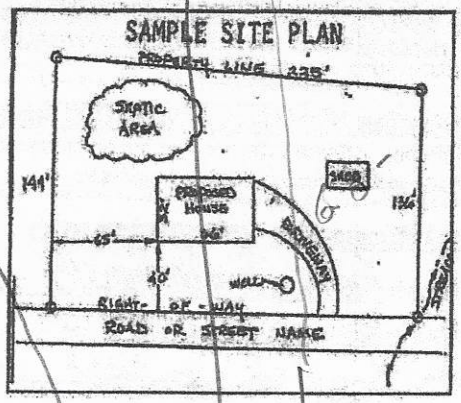
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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

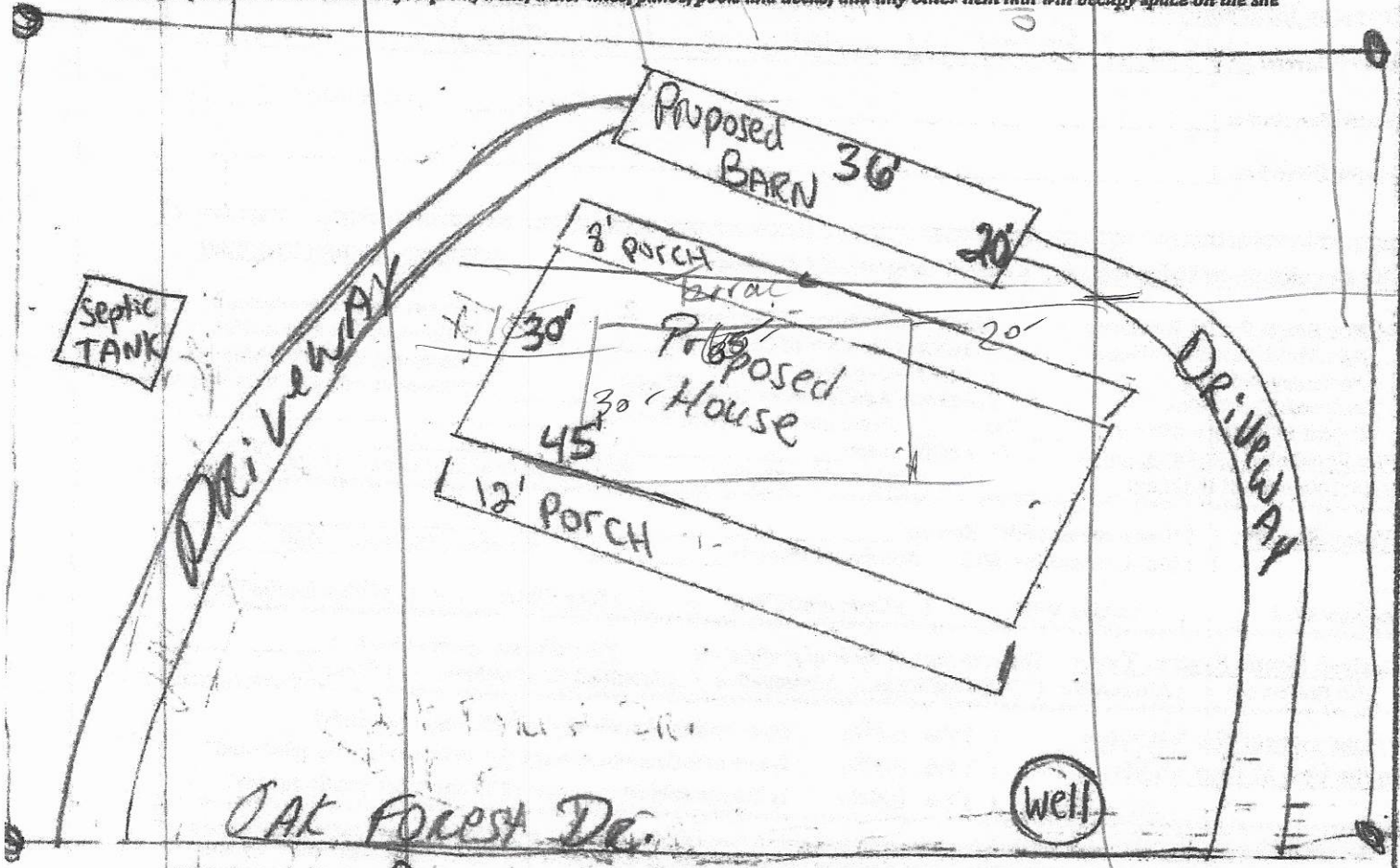



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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 |

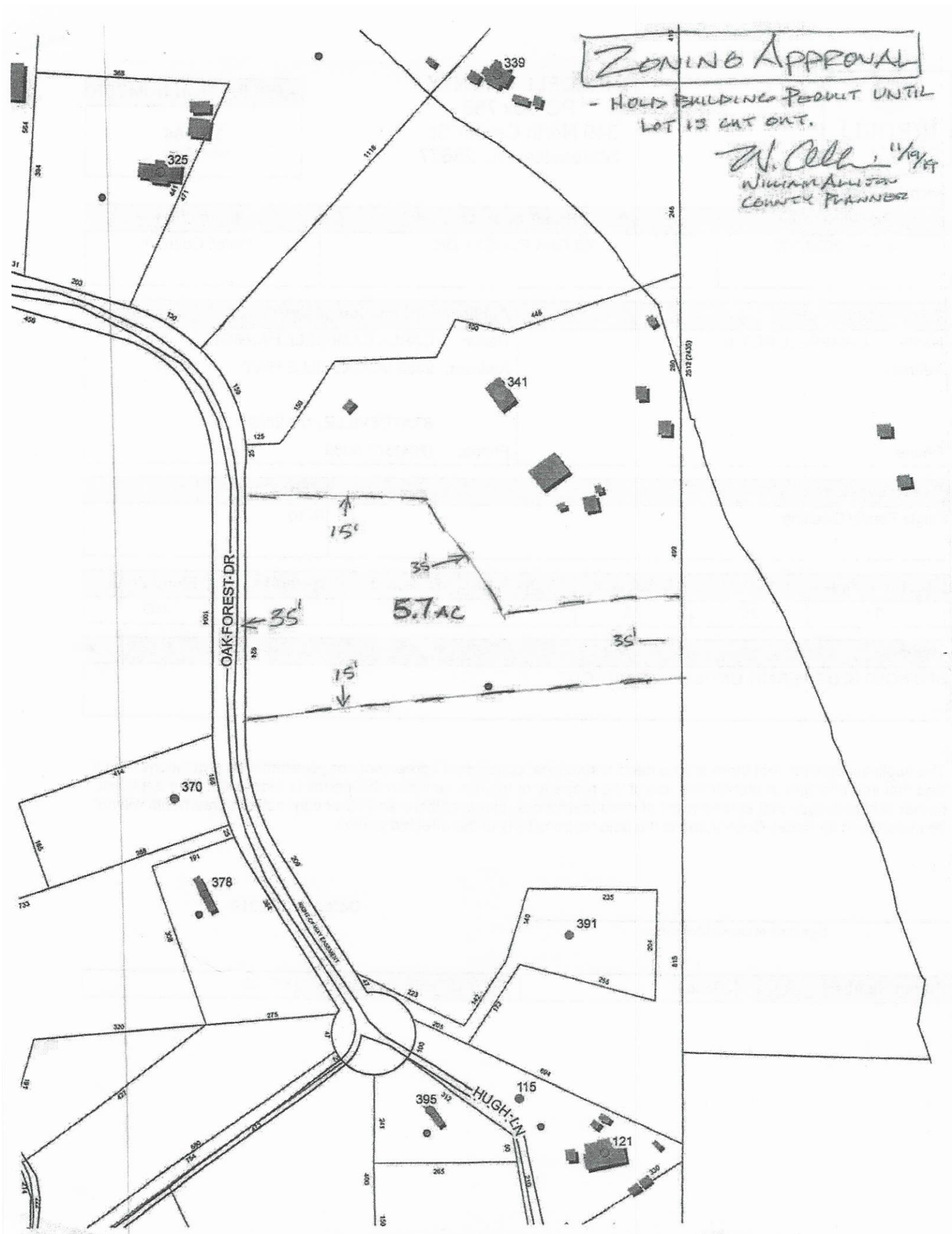
## USE THIS SPACE TO DRAW YOUR SITE PLAN

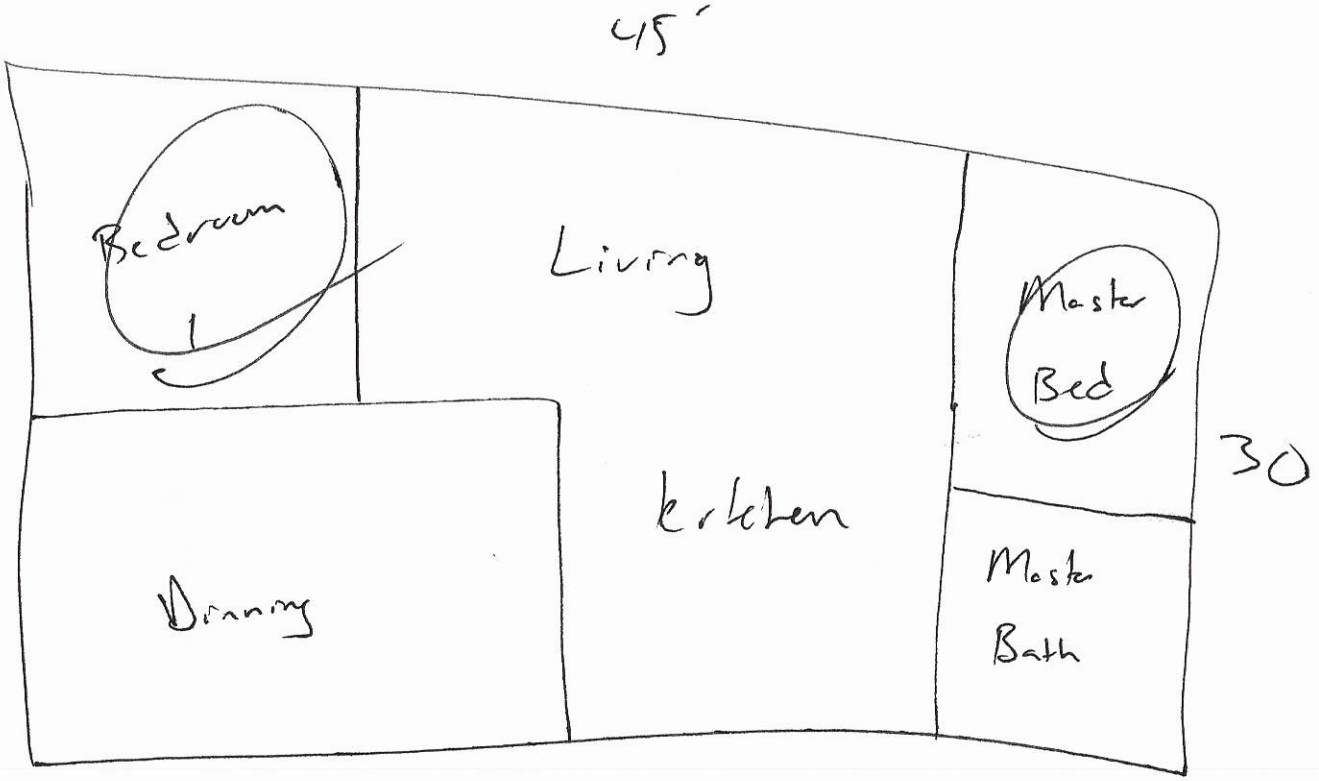
***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** Roy Neal Conner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-18-19
DATE


ZONING APPROVAL
- HOLD BUILDING PERMIT UNTIL LOT IS CUT OUT.
W. Allison 11/19/19
WILLIAM ALLISON
COUNTY PLANNER
339
325
341
370
378
391
395
115
121
OAK FOREST DR
HUGH LN
15'
35'
5.7 AC
35'
15'




6.28.2021

6.28.2021

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

| APPLICATION NUMBER |
|---|
| 303064<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4775967023.000 | 345 OAK FOREST DR | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: CAMPBELL ROY N | Name: CARLA CAMPBELL HARWELL |
| Address: | Address: 2352 MOCKSVILLE HWY |
| | STATESVILLE, NC 28625 |
| Phone: | Phone: (704)677-8080 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R-10 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SFD HOLD BLDG PERMIT UNTIL LOT IS CUT OUT |

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:** 12/02/2019

Signature of Owner/Contractor

| Permit Number | 303064 | TOTAL FEES: | $77.25 |
|---|---|---|---|