# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 CCN Mooresville Office (704) 660-3625 PERMIT # AP-304815

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

PIN # 4776619861

APPLICANT/OWNER: COLBY LEWIS / ROBERT & ANNA WOOTEN APPLICANT ADDRESS: 1796 OLD MOCKSVILLE ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 131 SWANN CROSSING LANE, STATESVILLE, N.C. 28625 PHONE: 704-437-2850 ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (L) ON SWANN ROAD, (L) ON SWANN CROSSING, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: SWANN CROSSING SECTION: P3 LOT# 29 LOT AREA: 0.858 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.25

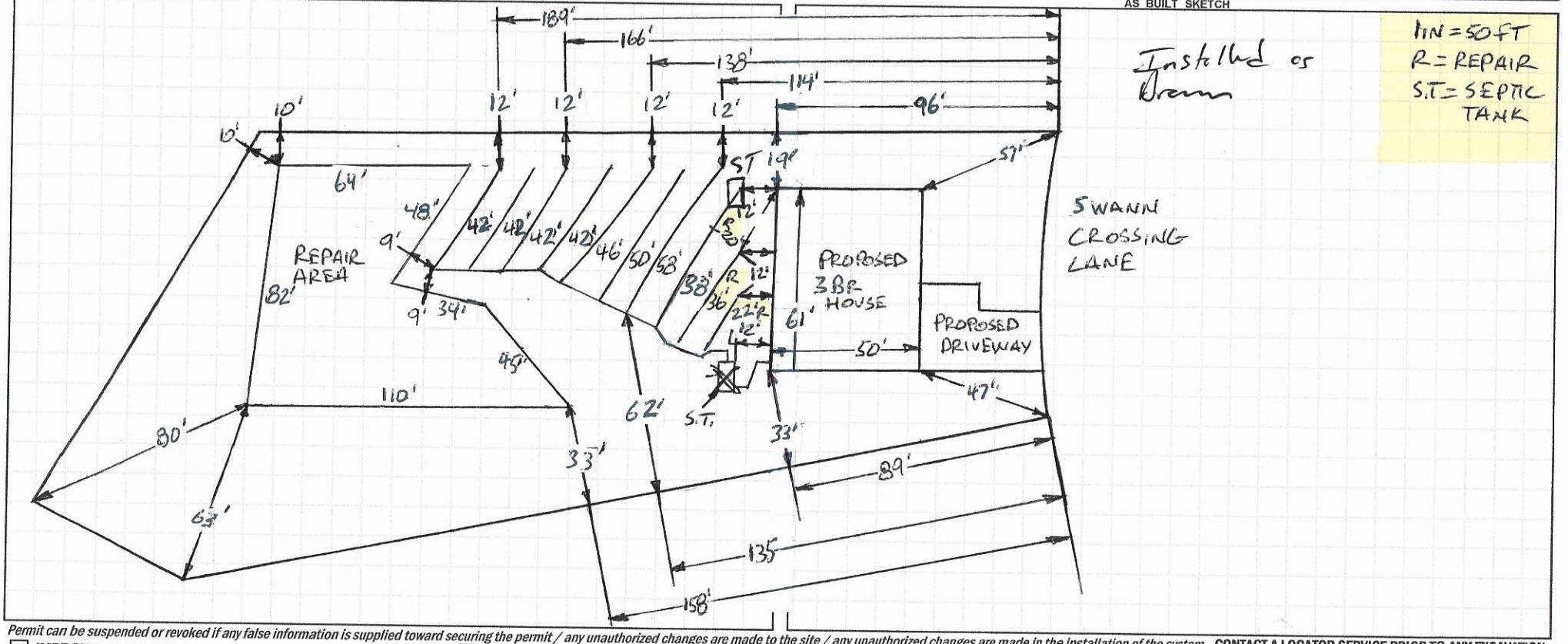
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 1012 | Date | 8-18-2020 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | 25% REDUCTION | | | |
| Pump Make | — | | Model | — | Serial # | — | Repair System Description: | PBRPS - 50% REDUCTION | | | |
| # Nitrification Fields | 1 | # Lines | 8 | | Linear Ft | 360 FT | Maintenance Agreement Required: | ☐ YES | ☑ NO | | |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 31 IN | | 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: INSTALL ON CONTOUR, INSTALL 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT SHALLOW UP SYSTEM, DO NOT EXCEED A MAX TRENCH BOTTOM of 36IN.

BRUSH/TRASH PILE TO BE REMOVED FROM REPAIR AREA PRIOR TO ISSUANCE of O.P.

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as Drawn

1IN = 50FT
R = REPAIR
S.T = SEPTIC TANK

SWANN CROSSING LANE

*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: Colby Lewis Date: 4-14-2020 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Bradford C. White Date: 4-14-2020 OPERATION PERMIT by: [signature] Date: 11-10-2020

AUTHORIZATION TO CONSTRUCT by: Bradford C. White Date: 4-14-2020 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.**

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

Sheet 1 of 2
PROPERTY ID #: 4766198
COUNTY: IREDELL

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

OWNER: COLBY LEWIS / ROBERT & ANNA WOOTEN
ADDRESS: 1796 OLD MOCKSVILLE ROAD, STATESVILLE, N.C. 28625
APPLICATION DATE 2-7-2020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 2-18-2020
LOCATION OF SITE: 131 SWANN CROSSING LANE, STATESVILLE, N.C. 28625
PROPERTY SIZE: 0.858 AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: YES
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 | LINEAR SIDE 7% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | 2.5Y 7/2 @ 28" Y/B MOTS 9"-30" | 58" | NA | NA | PS .25 BELOW 18" |
| | | 9-30 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 30-58 | CL/WABK | FI, SS, SP, SEXP | | | | | |
| 2 | RIDGE 5% | 0-8 | FILL | FILL | 2.5Y 6/2 MOTS 8"-21" 2.5Y 7/2 @ 51" Y/B MOTS THRU OUT | 61"+ | NA | NA | U |
| | | 8-21 | SCL, ABK | FI, SS, SP, SEXP | | | | | |
| | | 21-45 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 45-61 | CL/WABK | FI, SS, SP, SEXP | | | | | |
| 3 | LINEAR SIDE 5% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | 2.5Y 7/2 @ 32" Y/B MOTS 0"-32" VFI SAP INC THRU OUT | 58"+ | NA | NA | PS .25 BELOW 12" |
| | | 9-28 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 28-58 | CL/WABK | FI, SS, SP, SEXP | | | | | |
| 4 | HEAD LINEAR SIDE 7% | 0-12 | SCL, ABK | FI, SS, SP, SEXP | 2.5Y 6/2 MOTS 0"-12" 2.5Y 7/2 MOTS THRU OUT @ 48" | 51"+ | NA | NA | PS .25 BELOW 12" |
| | | 12-32 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 32-51 | CL/WABK | FI, SS, SP, SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 50% |
| Site LTAR | 0.25 | 0.25 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT: BENJAMIN BOTKINS

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



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

PROPERTY ID #: 477612861
DATE OF EVALUATION: 2-18-2020
COUNTY: IREDELL

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LINEAR SIDE 7% | 0-13 | SCL, SBK | FR/SS,SP,SEXP | 2.5Y6/2 MOTS 0-12" Y/B MOTS THRU OUT | 58"+ | NA | NA | PS .25 |
| | | 13-32 | C, ABK | FR/S,P,SEXP | | | | | |
| | | 32-58 | CL, W ABK | FI/SS,SP,SEXP | | | | | |
| 6 | LINEAR SIDE 7% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | Y/B MOTS 0-28 FI SAP INC 40"-58" | 58"+ | NA | NA | PS .275 |
| | | 9-32 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 32-58 | CL. W ABK | FI, SS, SP, SEXP | | | | | |
| 7 | HEAD 3% | 0-24 | SCL, SBK | FR, SS, SP, SEXP | FEW Y/B 39-52 | 53 1/4 | NA | NA | PS .275 |
| | | 24-39 | C, SBK | FR, S, P, SEXP | | | | | |
| | | 39-52 | C, ABK | FI, S, P, SEXP | | | | | |
| 8 | HEAD 8% | 0-18 | FILL | FILL | Y/B THRU OUT CHROMA 3 S 4 S | 58 1/4 | NA | NA | PS .25 |
| | | 18-23 | SCL, SBK | FR SS, SP, SEXP | | | | | |
| | | 23-58 | C, ABK | FR, S, P, SEXP | | | | | |
| 9 | LINEAR SIDE | 0-~~18~~ 13 | FILL | FILL | Y/B MOTS THRU OUT 2.5Y6/2 ~~18~~ 13"-28" | 58"+ | NA | NA | PS .25 BELOW 28" |
| | | ~~18-23~~ | ~~SCL~~ | | | | | | |
| | | 13-17 | SCL, SBK | FR/SS, SP, SEXP | | | | | |
| | | 17-33 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 33-55 | CL, W ABK | FR, SS, SP, SEXP | | | | | |

COMMENTS:

# LEGEND

*use the following standard abbreviations*

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

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

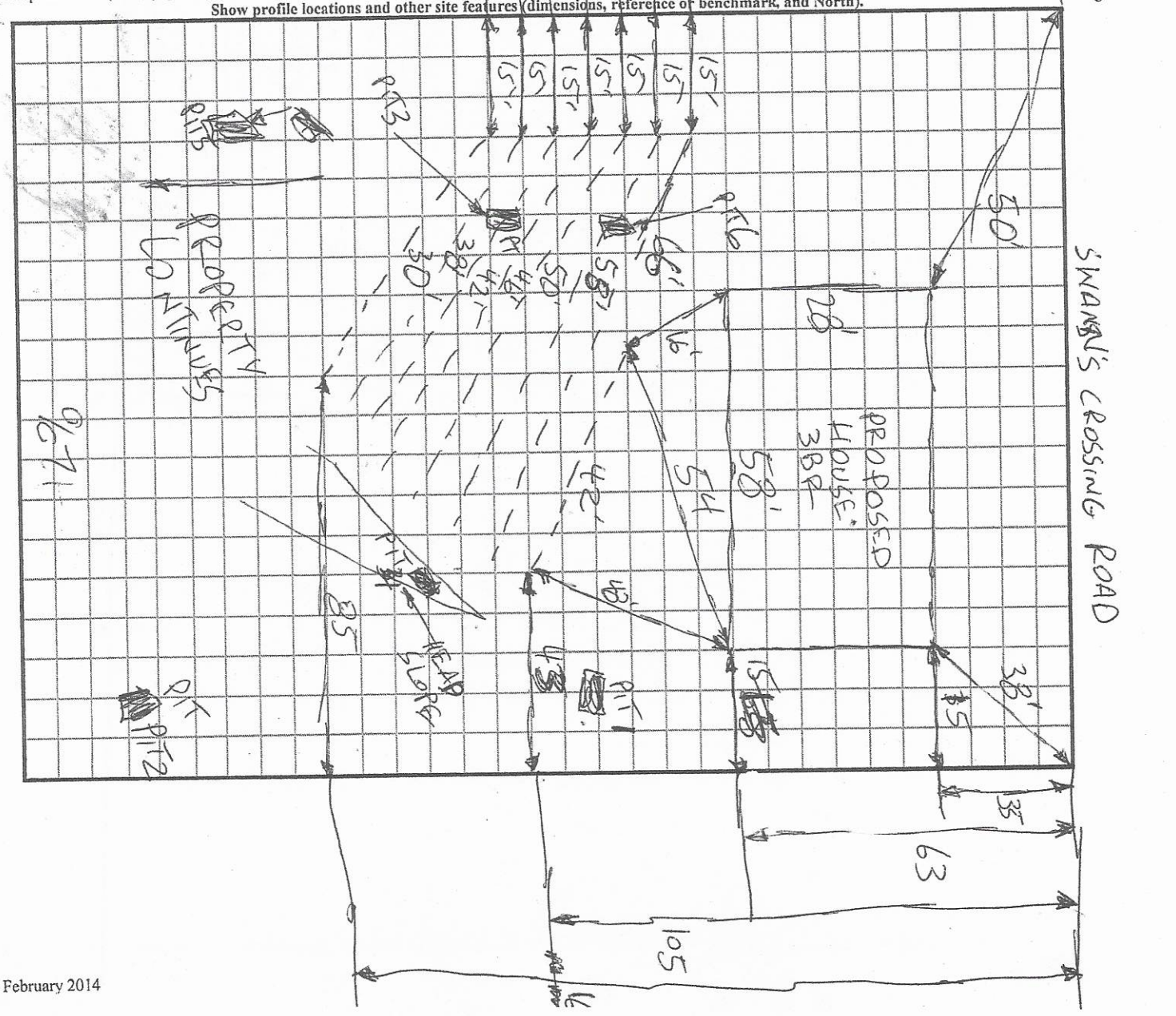
**NOTES**

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

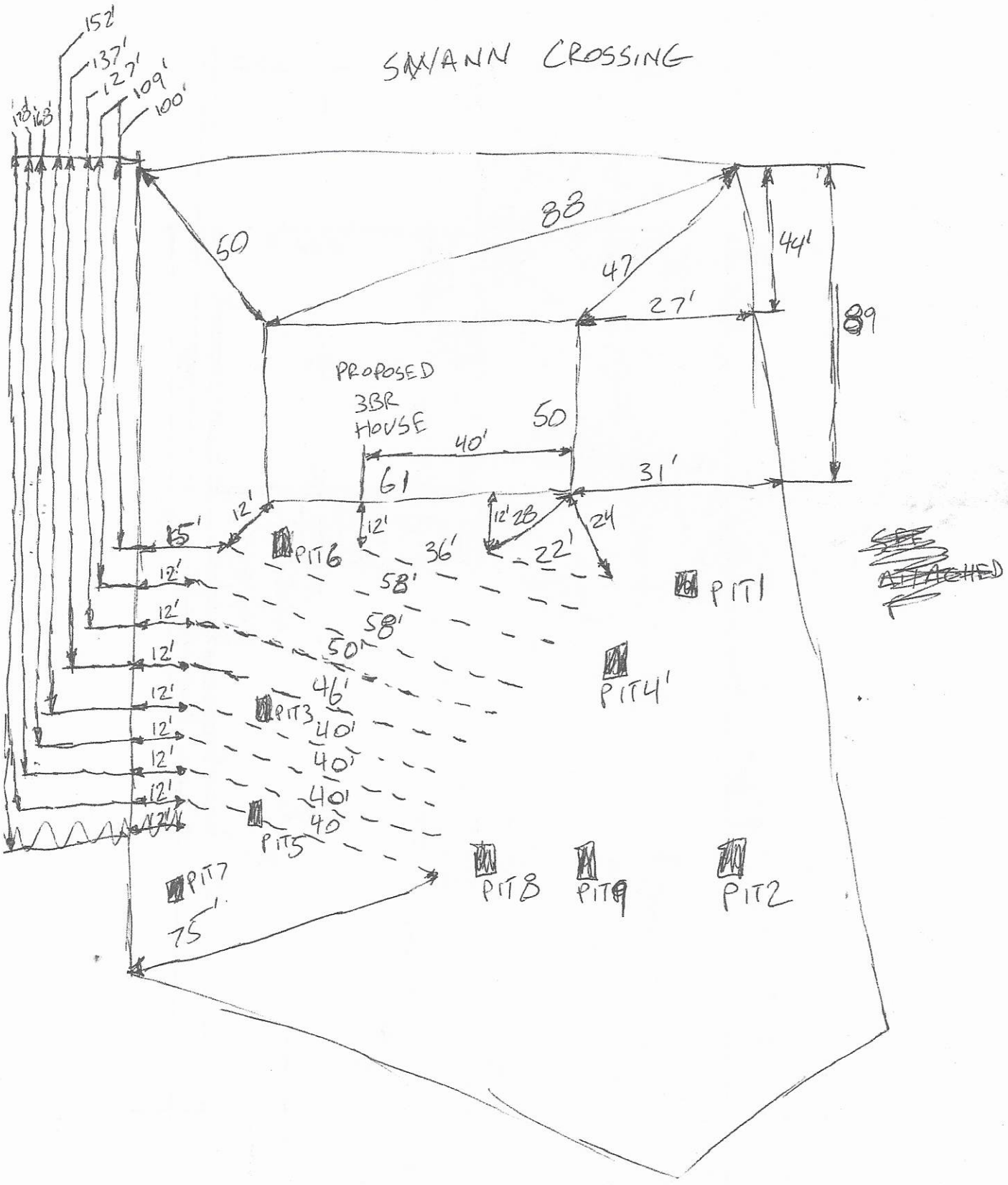
Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

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



NTS

# SAVANN CROSSING



Rec'd 2/7/2020 AP-304815
$500.00

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

# Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Colby Lewis Address: 1796 Old Mocksville Rd Zip: 28625
Applicant Email: crlewis97@yahoo.com Phone: 704 457 2850 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 131 Swann Crossing Ln.
Subdivision Name: Swann Crossing Section/Phase: _____ Lot Number: 29
Driving Directions: 64 east to Swann then Swann Crossing is 1st left.

**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?

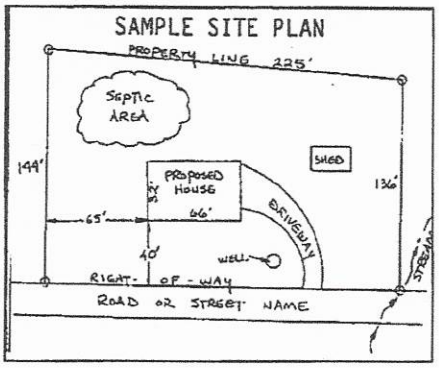
*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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:** Colby Lewis 2/7/2020
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:**

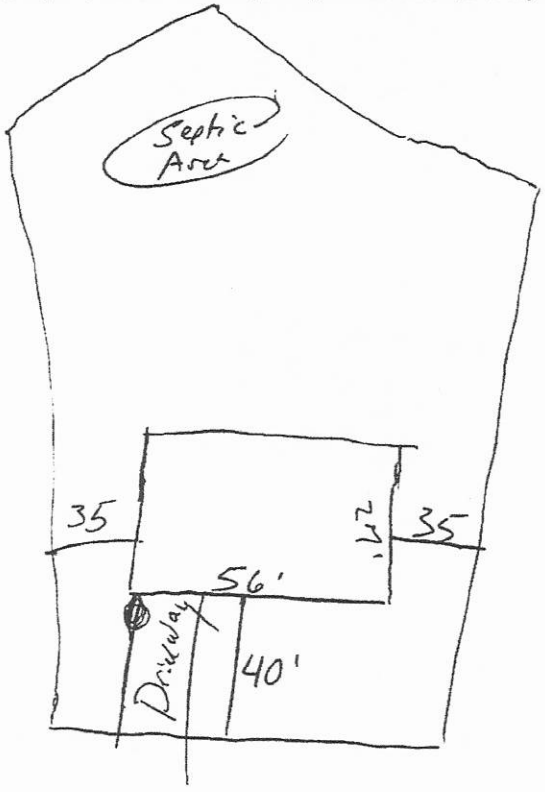
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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*

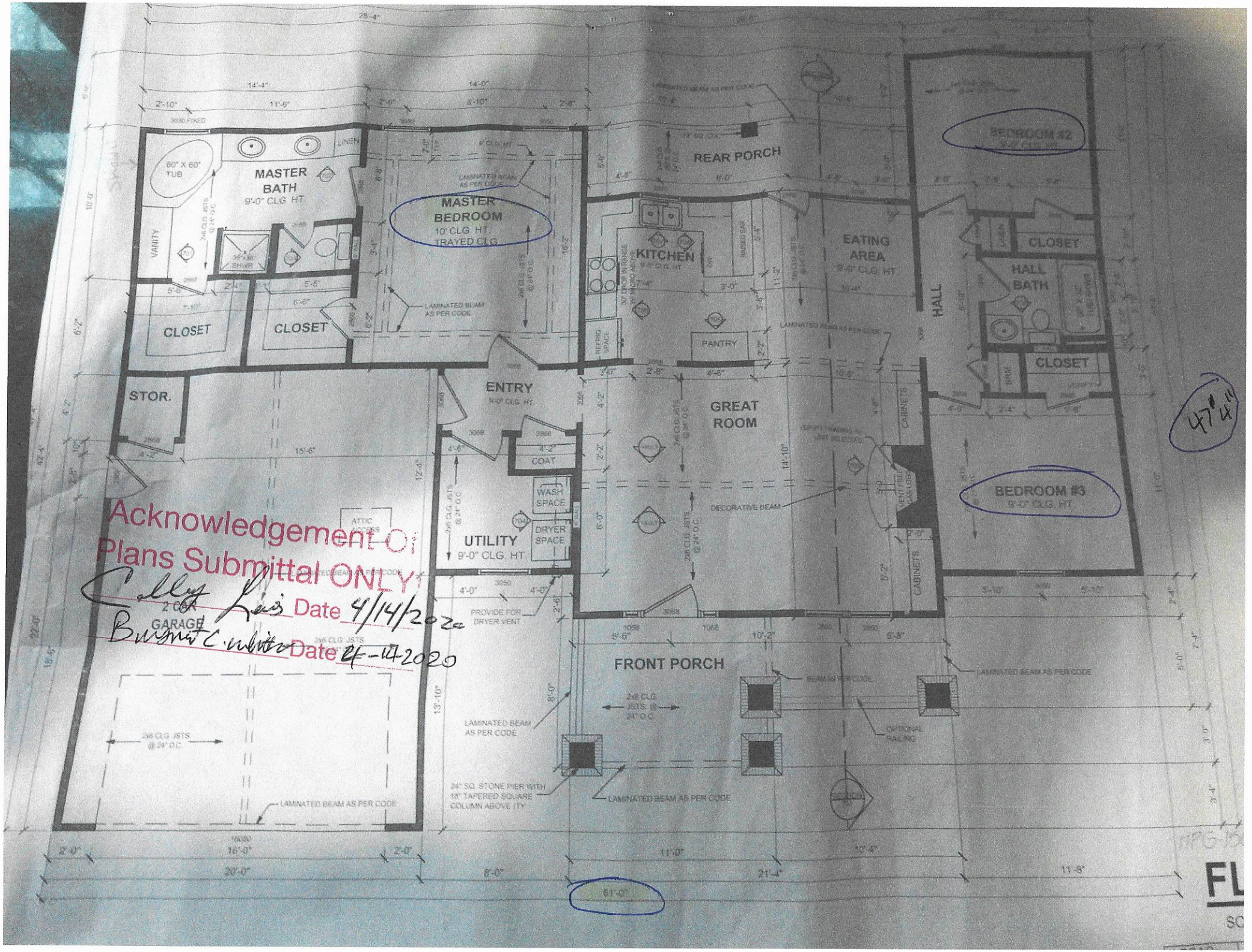



**Signature:** Colby Lewis

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

2/7/2020

DATE




Acknowledgement Of
Plans Submittal ONLY

Colby Lewis Date 4/14/2020

Bryant C. White Date 4-14-2020

47' 4"

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 304815<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4776619861.000 | 131 SWANN CROSSING LN | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: WOOTEN ROBERT MICHAEL+ANNA | Name: PIEDMONT HOMES |
| Address: | Address: 1796 OLD MOCKSVILLE RD |
| | STATESVILLE, NC 28625 |
| Phone: | Phone: (704)437-2850 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.858 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SFD |

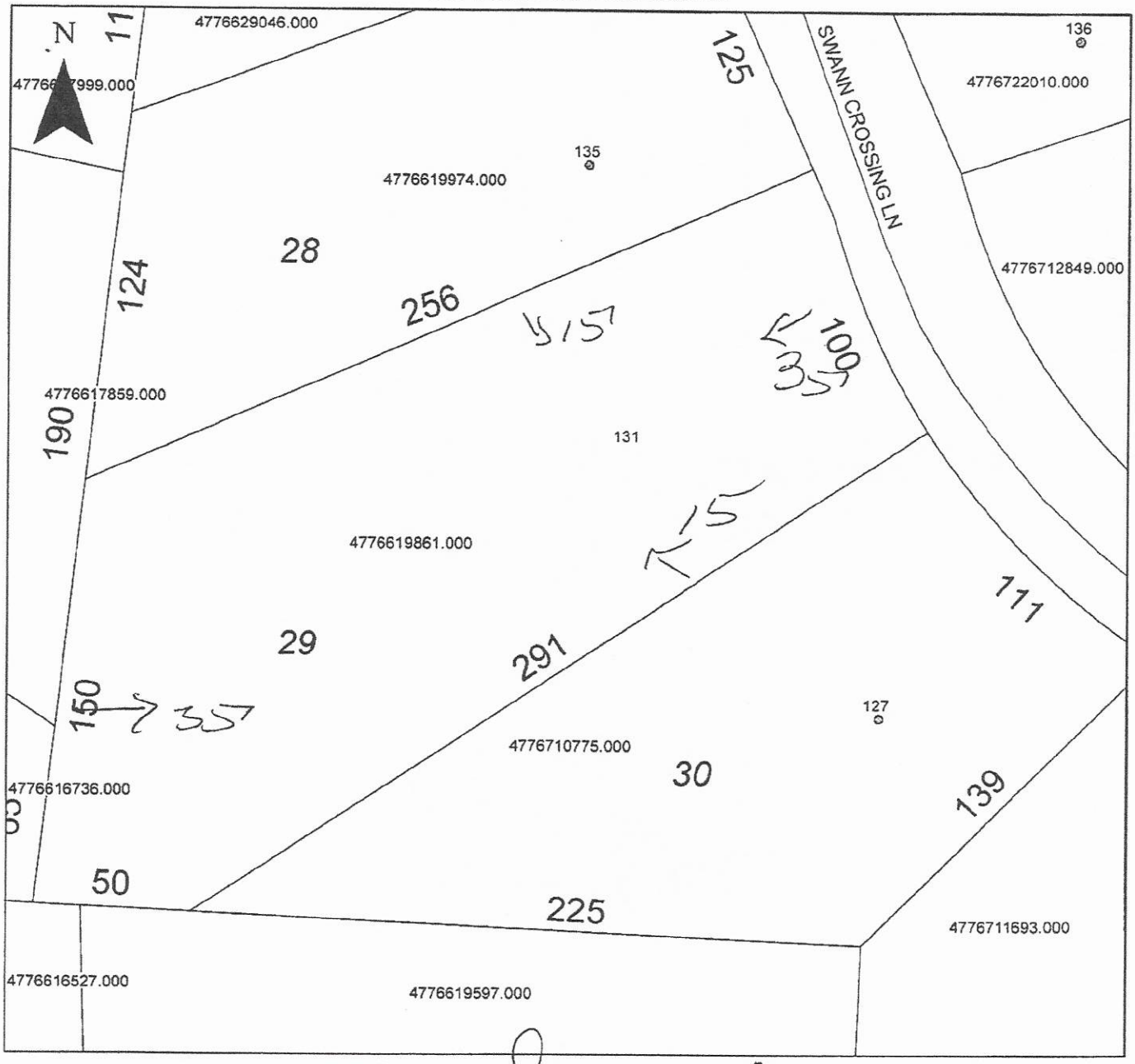
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

**Date:** 02/07/2020

| Permit Number | 304815 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 131 Swann Crossing

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.

Cally Lee

Applicant

1/7/2020

Date