IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230024

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

PIN # 4776722104

APPLICANT/OWNER: Colby Lewis APPLICANT ADDRESS: 1796 old Mocksville RD 28625

SITE ADDRESS: 140 Swann Crossing Lane Statesville NC 28625 PHONE: 704-437-2850 ALT. PHONE ~

SITE DIRECTIONS: 64 East past Beavers Store / Bell Farm RD Swann on Right SAP CONTROLLED: ☐ YES ☒ NO

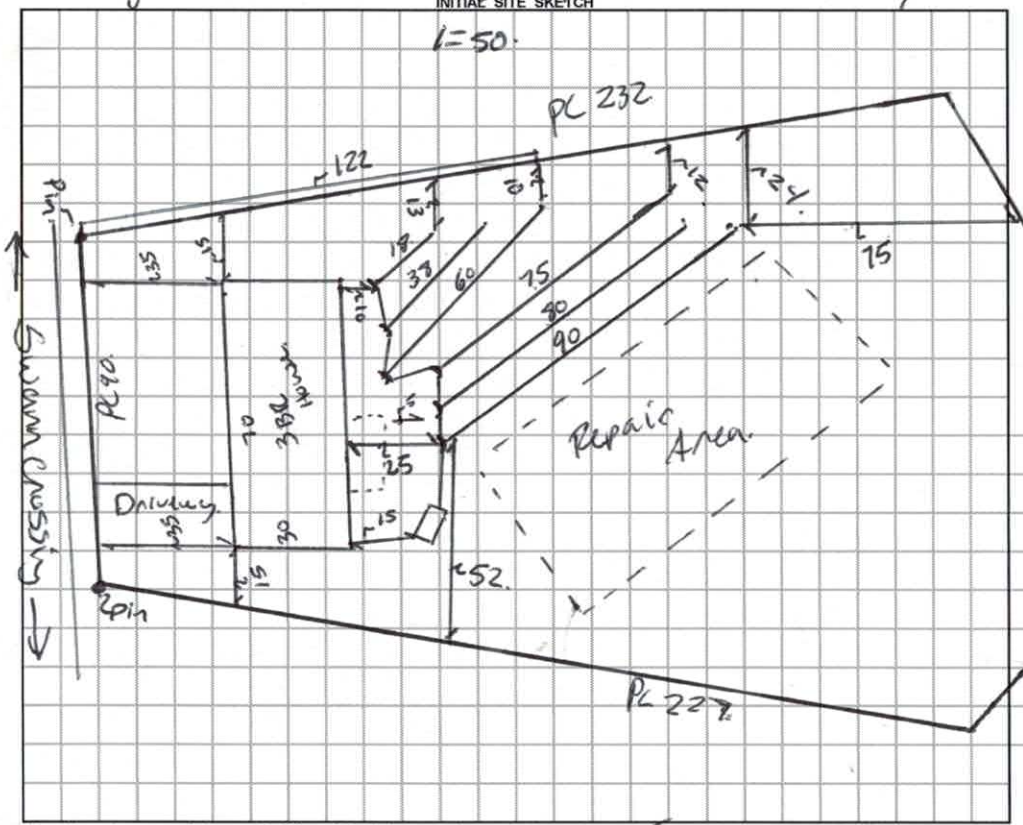
SUBDIVISION: Swann Crossing SECTION: 3 LOT # 14 LOT AREA: .778 acres. DESIGN FLOW: 360 L.T.A.R.: .25

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: 50% Reduction - pump LPPBS.		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	360	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	30 inches low	Gravel Depth	~	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the Contour of the land and utilize Serial distribution. Trench is to be between 30 - 36 inches max. Do not drive, park, pave, grade or bury utilities in the drainfield area. Plumbing is to be stubbed as high as possible to insure Gravity.

If grading or in proper tank placement occurs the a pump may be required in order to access the drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as permitted.

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: 10/17/17 Installed by: Tommy Frye Grading + Septic

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 10/5/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 3/16/18

AUTHORIZATION TO CONSTRUCT by: Date: 10/17/17 Existing System Inspected by: Date:

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

230024

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

Swan Crossing Lot 14

OWNER: Colby Lewis
ADDRESS: 1796 Old Mocksville RD SE
PROPOSED FACILITY: House 3BR
LOCATION OF SITE: 140 Swan Crossing Lane

APPLICATION DATE: 10/2/17
DATE EVALUATED: 10/2/17
PROPERTY SIZE: .778
PROPERTY RECORDED: Y/S

PROPOSED DESIGN FLOW (.1949): 360 gpd

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	side slope 3-5%	0-10	SCL Dry WSBK	SSSP FR SEXP		48		white Sap Incr	PS .25
		10-24	C SBK	SSSP FM					
		24-49	CL WSBK	SSSP FR					
2	side slope 3-5%	0-17	SCL Dry WSBK	SSSP FR SEXP		48		Some Redox 10YR 7/8. Fe-conc. Some Lithomatrix	PS .25
		17-40	C SBK.	SSSP FM					
3	side slope 3-5%	0-11	SCL Dry WSBK.	SSSP FR SEXP		48			PS .25 Min. 30 Max 36.
		11-24	SCL WSBK	SSSP FR	Brown 5YR.				
		24-32	C ABK SBK	SSSP FM					
		32-48	CL WSBK	SSSP FR	2.5YR 4/4.			Redox 10YR 7/8 @ 24	
4	side slope 3-5%	0-30	SCL ABK.	SSSP FR SEXP		48.		Perched WTR 17. Redox 10YR 7/8 - 5/6. Fe-conc	PS .25 Deep
		30-38	C SBK.	SSSP FM	2.5YR 4/4				
		38-49	C SBK	SSSP FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	pump. 240
System Type(s)	25% Conv	50% pump
Site LTAR	.25	.25

OTHER FACTORS (.1946): ~~Slope~~
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT: —

COMMENTS: Upper Horizons Showed Redox + Fe-conc. Soil drainage better - no mottles below. In Repair Area.

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

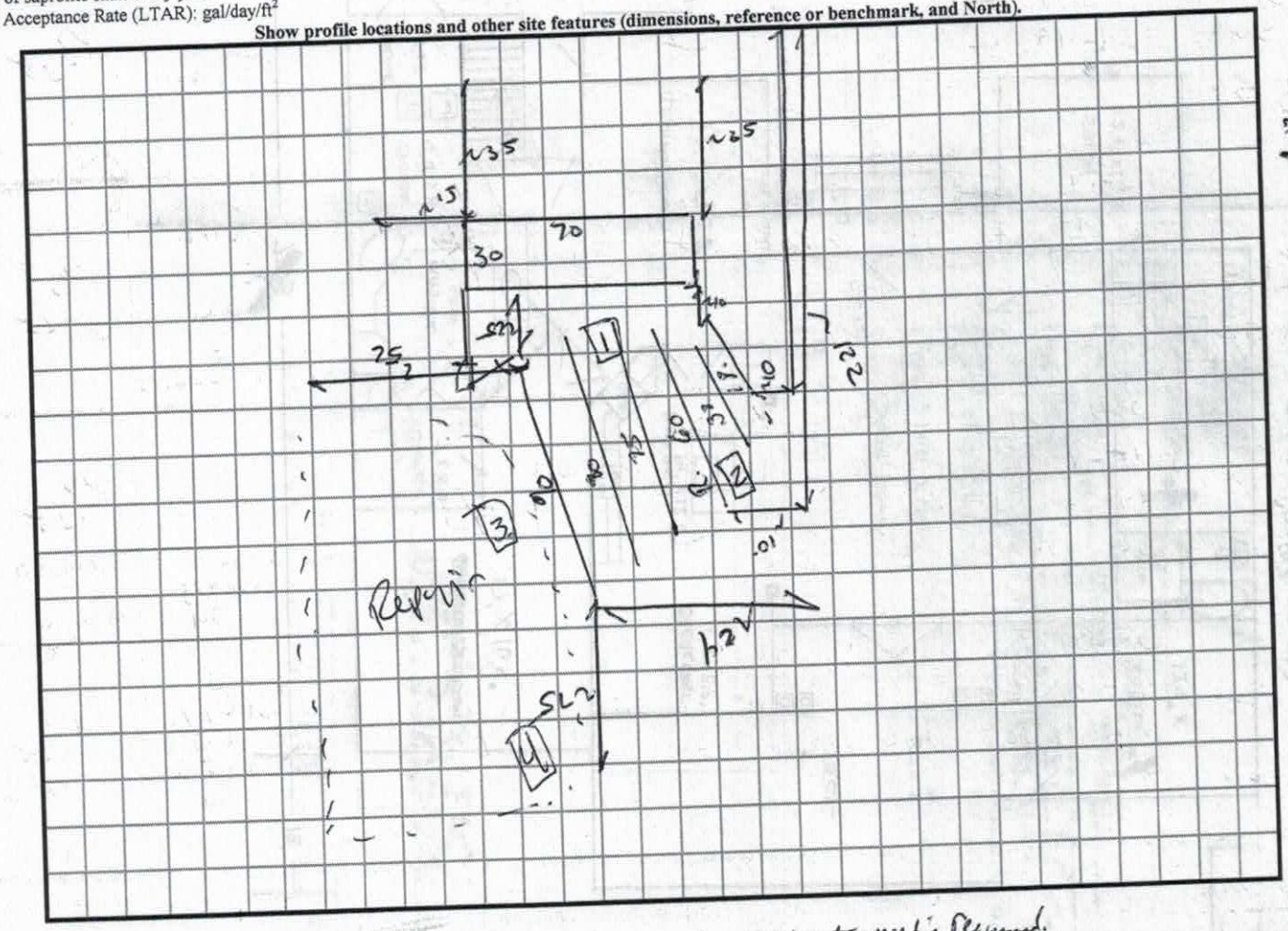
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



- Tank placement shallow.
- Plumbing stubbed out high as possible. to obtain gravity
- Minimal Grading
- pre-construction meeting Required.

230024

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(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 DBA Address: 1796 old Mocksville Rd Zip: 28625
Applicant Email: crlewis97@yahoo.com Phone: 704 437 2850 Alt. Phone: Same
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 140 Swann Crossing Ln.
Subdivision Name: Swann Crossing Section/Phase: _____ Lot Number: 14
Driving Directions: Take 64 east approx 2-3 miles past Beavers Store / Bell farm Rd. Swann on Right first paved road on 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: [redacted] 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 9/11/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, First National Bank of PA, am the legal owner(s) of the property located at 140 Sussex Crossing Lane, identified as PIN (Parcel Identification Number) 4776732104, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Colby Lewis dba Piedmont Homes, 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)	9-29-17 Date	Brenda L. Bowie /Signature of Witness	9-29-17 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3236
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

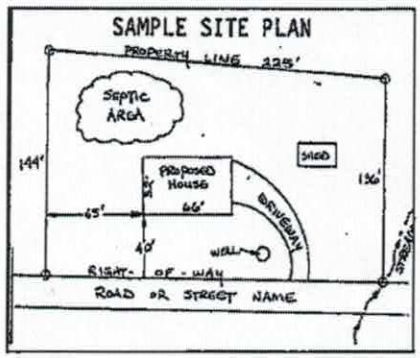
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

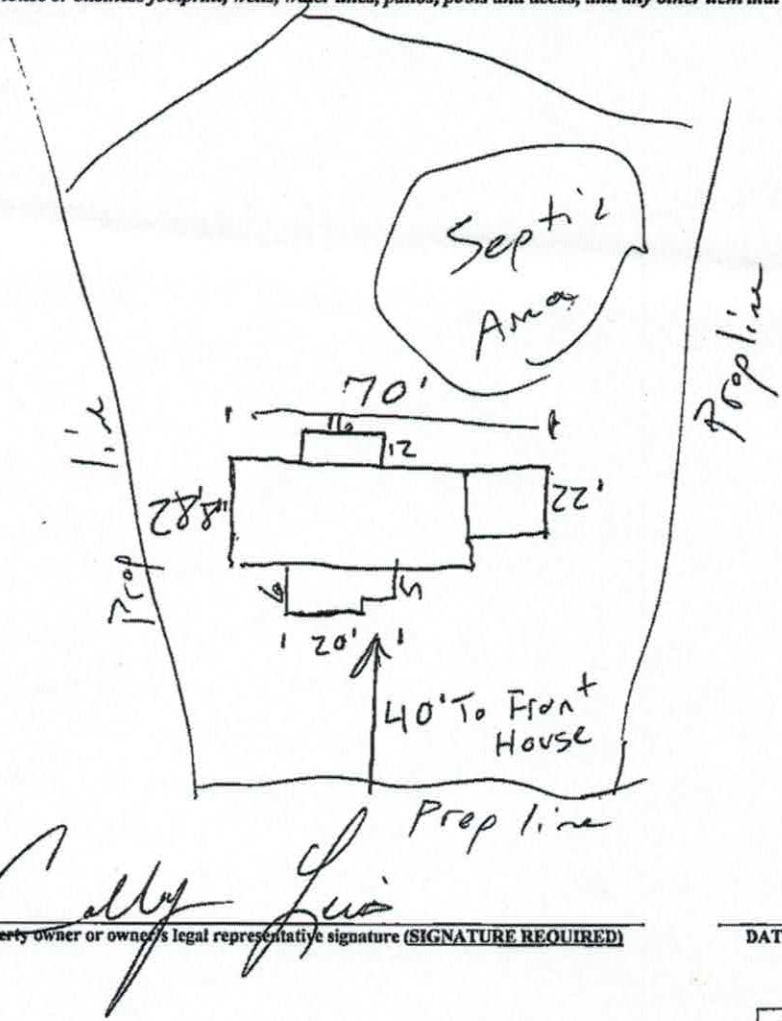


Circle N/A on the following if appropriate:

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

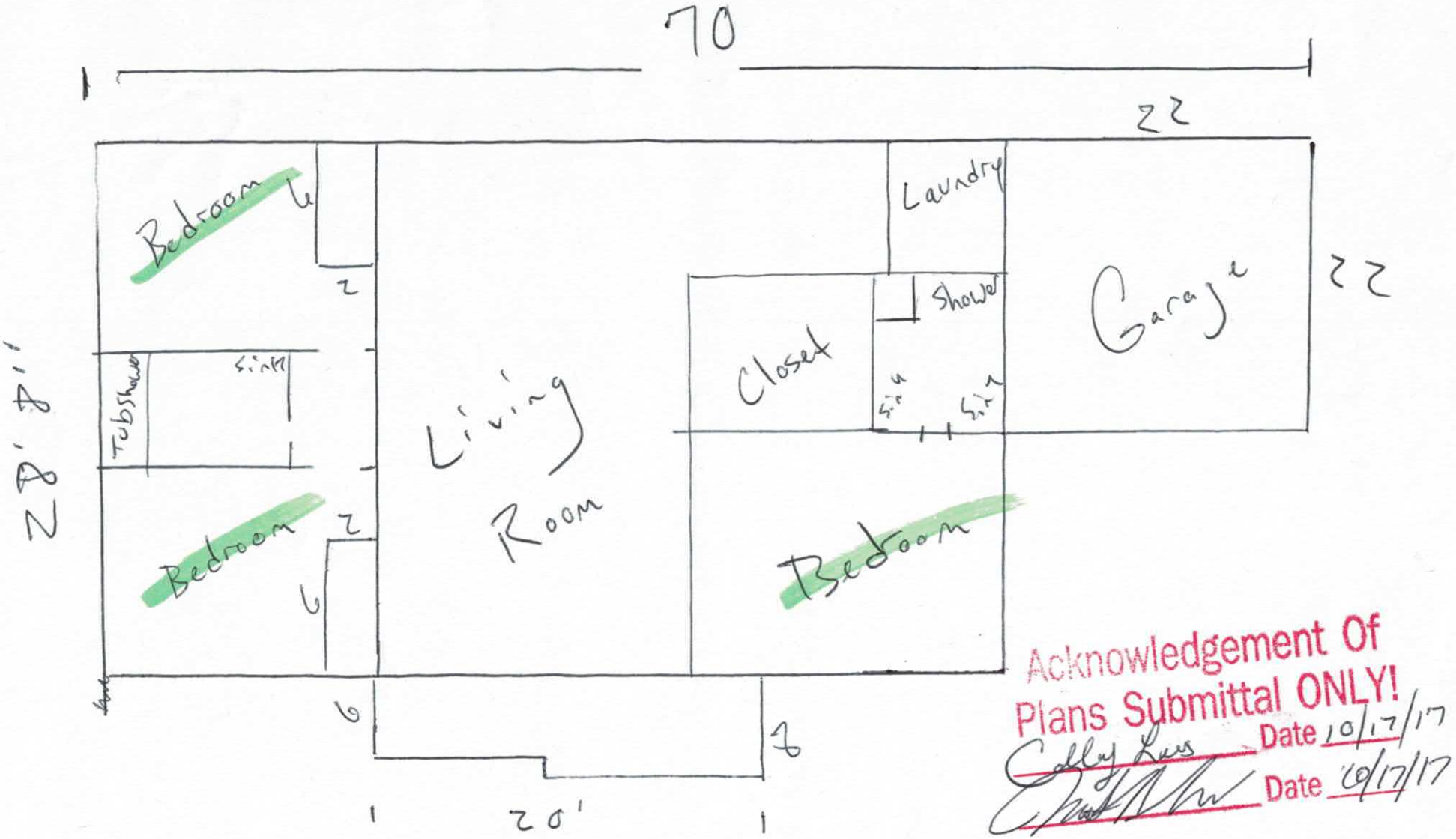


Signature: Cathy Lee

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

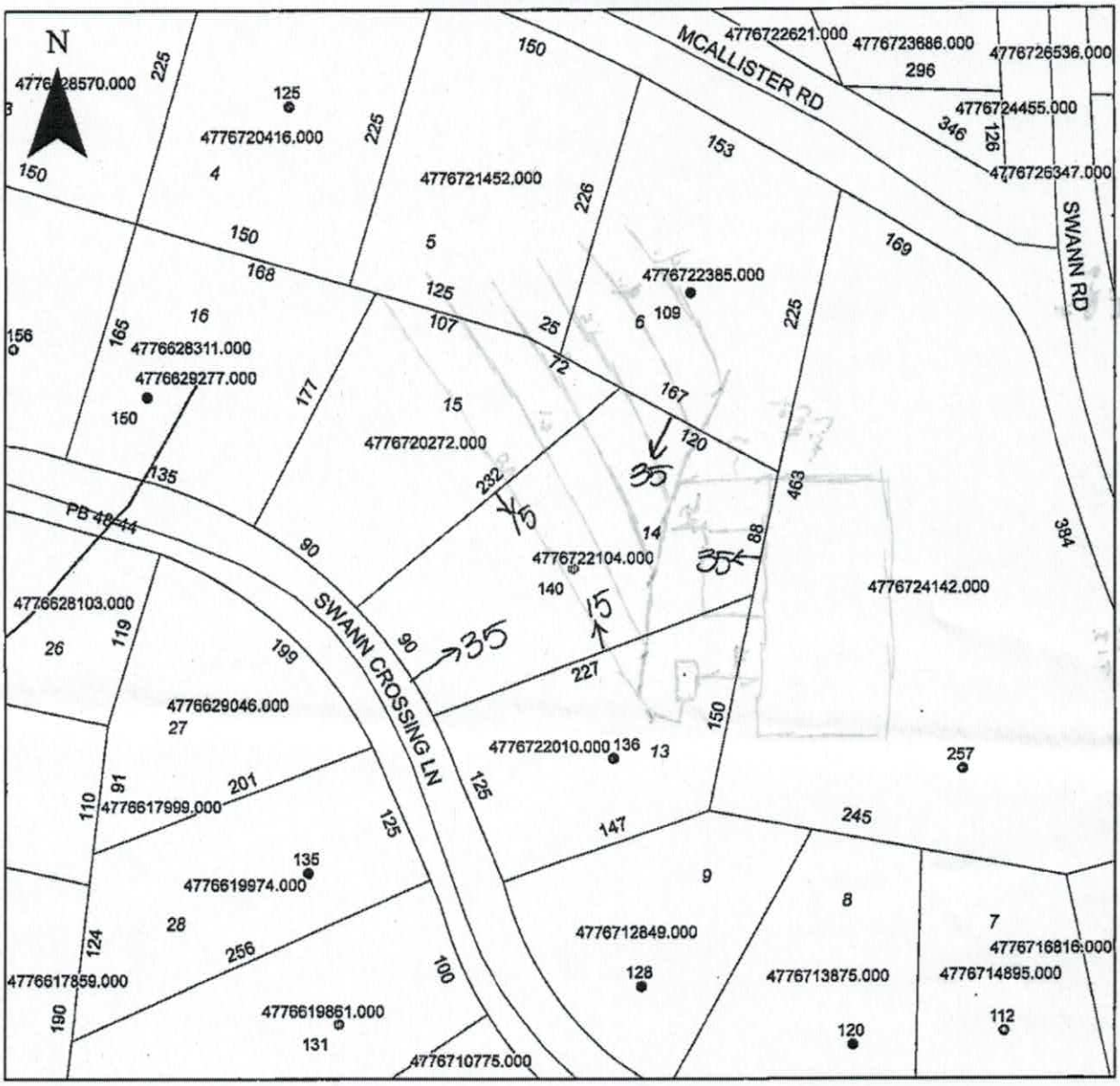
DATE

140 Swann Crossing Lane
Statesville, NC 28625



Acknowledgement Of
Plans Submittal ONLY!
Colby Lucas Date 10/17/17
Date 10/17/17

ZONING DISCLAIMER



Property Address 140 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.

Colby Lewis
Applicant

9/11/17
Date