IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 84350.

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

PIN # 4777693742 ~~1678~~.

APPLICANT/OWNER: Joshua Lewis APPLICANT ADDRESS: 120 Deerchase Circle

SITE ADDRESS: 137 New Hope RD. Statesville NC 28625. PHONE: 704 880 4217 ALT. PHONE —

SITE DIRECTIONS: Old Mocksville RD. R on New Hope RD. Driveway before church SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: ~ LOT # ~ LOT AREA: 19.46. DESIGN FLOW: 360 L.T.A.R.: .25.

Septic Tank 1000 (gal) STB 1012 Date 6-10-18.
Pump Tank ~ (gal) PT ~ Date ~
Pump Make ~ Model ~ Serial # ~
Nitrification Fields 1 # Lines 5 Linear Ft 360
Trench Width 36. Trench Bottom Depth(Low side) 24 inches Gravel Depth ~

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

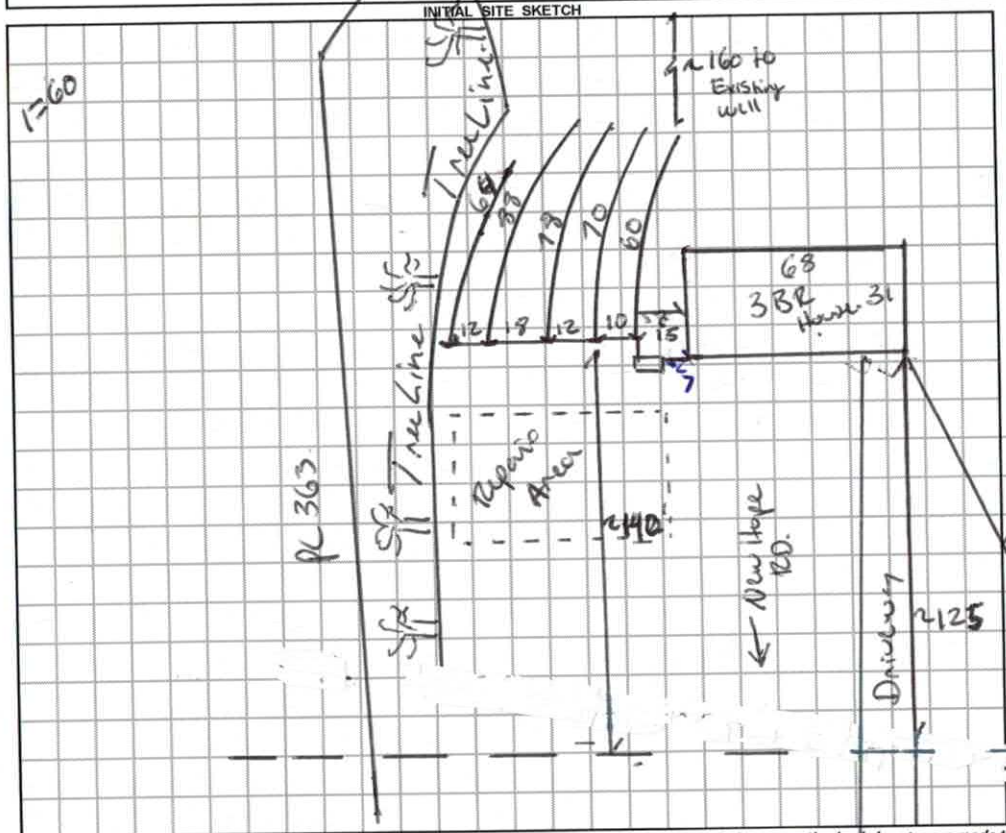
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

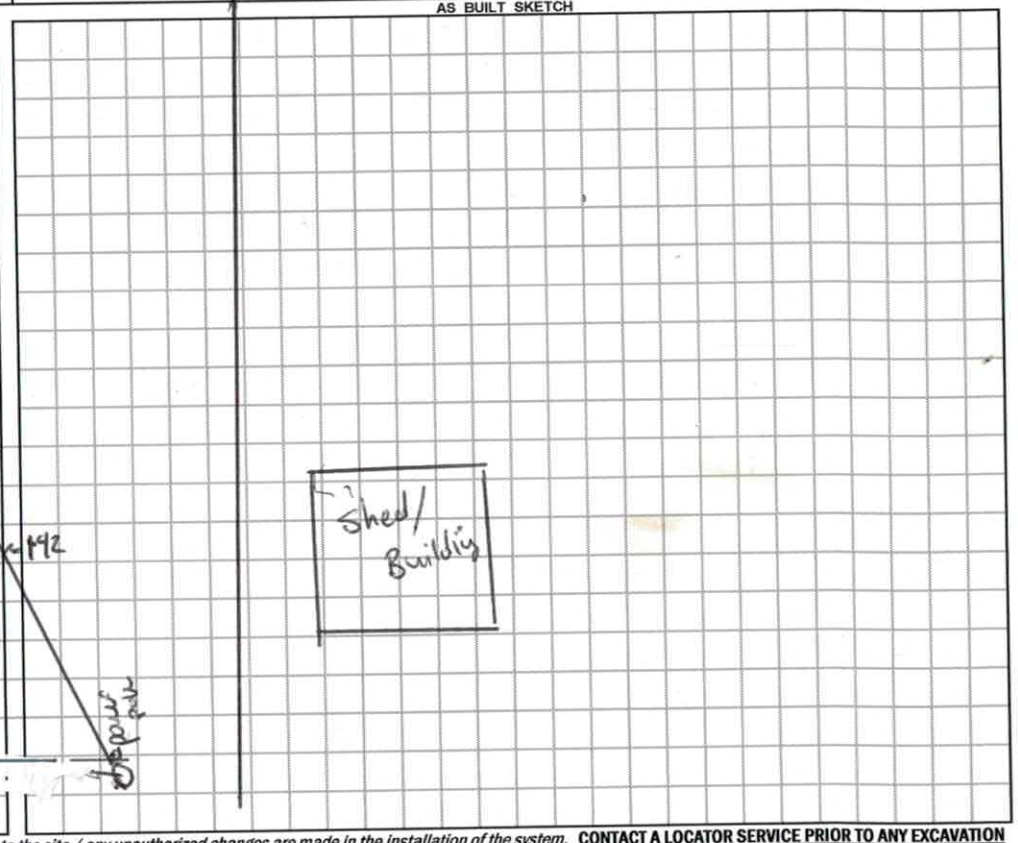
Comments / Conditions: Install on the contour of the land utilize Serial Distribution - Do not exceed max depth of 24 inches Cover side. Do not Drive, park, place, grade over any utilities in the drainfield area.

* Installed as Shown

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: Joshua Lewis Date: 8/30/17 Installed by: Yount Grading

IMPROVEMENT PERMIT by: Benjamin A. Bottin Date: 8/24/2017 OPERATION PERMIT by: Benjamin A. Bottin Date: 3/10/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottin Date: 8/24/21 Existing System Inspected by: Date:

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

Sheet 1 of 2.
PROPERTY ID #: 4776357
COUNTY: Cabell.

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

OWNER: Josh Lewis
ADDRESS: 120 Fletcher Circle
PROPOSED FACILITY: House SFR
LOCATION OF SITE: 137 Newhope RD Sal
APPLICATION DATE: 8/4
DATE EVALUATED: 8/17
PROPOSED DESIGN FLOW (.1949): 360.
PROPERTY SIZE: 13 Acres
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% LSS	0-4	SCL	WSBK SS SP	48.	—	—	Mn Conc Some Conc	PS .25
		4-38.	C	SBK SS SP					
		38-48.	CC	WSBK SS SP					
2	5-8% LSS	0-10	SCL	SS SP	48.	—	—	Mn Conc Lithomtx.	PS .25 24 Long Ltr.
		10-29	C	SBK WABK SS SP					
		29-45	CL	VSBK SS SP.					
		45 RCK	R	FM					
3	10% LSS	0-5	SCL	SBK SS SP	48	—	—	Mn	PS .25 High side 30.
		5-20	C	SBK SS SP					
		20-48	CL	WSBK SS SP					
4	Pit 4-6. LSS 8%	0-48.	C M Exp.	VSUP	—	—	—		U.S.

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	3600 SqM
System Type(s)	I/I	V
Site LTAR	.25	.1

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

COMMENTS: Expansive soil behind house on slope towards well.

SOIL/SITE EVALUATION

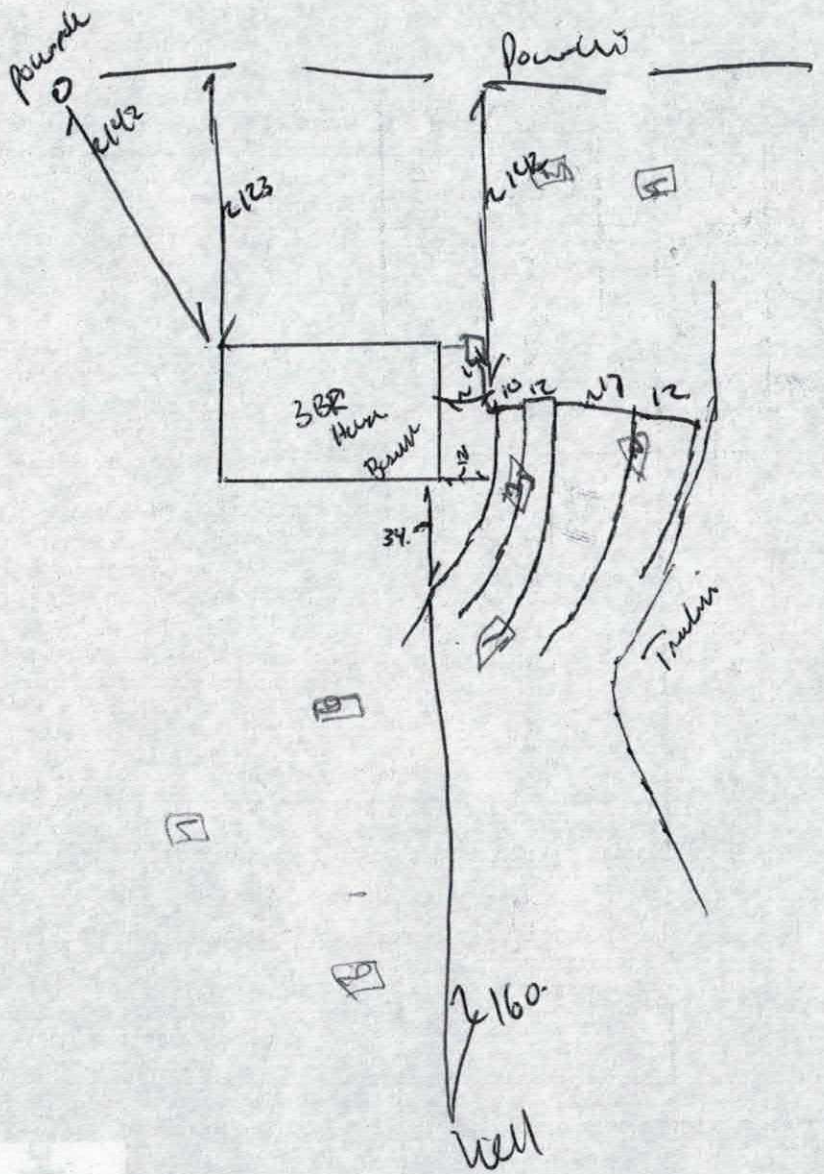
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4777683742
DATE OF EVALUATION: 8/17
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
7	SS 10%	0-6	SCL SBK	SSSP FR SEXP.	Redoxe 24	24	-	-	PS Shallow
		6-24	C SBK/ABK	SSSP FM SEXP.					
		24-48.	CL SBK	SSSP FM SEXP.					
8.	SS 12%	0-4	SCL SBK	SSSP FR SEXP.	Redoxe 32	32.	-	-	PS Shallow.
		4-32	C SBK/ABK	SSSP FM SEXP					
		32-48.	CL. SBK.	SSSP FM SEXP.					

COMMENTS: _____


Property
Property
142
123
142
3BR
Home
Barn
34.
Timber
160.
Well

89350

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Joshua Lewis Address: 120 Deerchase Cir Zip: 28625
Applicant Email: _____ Phone: 704 880 4217 Alt. Phone: _____
Owner Name: Alan Lewis Address: 118 New Hope Rd Zip: 28625
Owner Email: _____ Phone: 7048717896 Alt. Phone: _____

Property Information:

Street Address: 138 New Hope Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 012 Mocksville Rd going towards 901 R on New Hope Rd driveway is Before church Dumpster

Site Development Information: *(check or complete ALL that apply*

(X) 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: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well (X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Joshua Lew 8/4/17
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, Alan Lewis, am the legal owner(s) of the property located at 138 New Hope Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Joshua Lewis, _____, 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.

Alan Lewis 8/4/17 Joshua Lewis 8/4/17

Signature of Owner(s) Date Signature of Witness 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

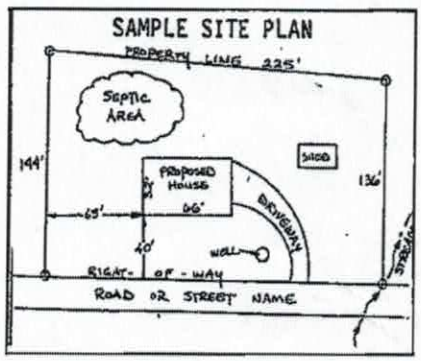
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

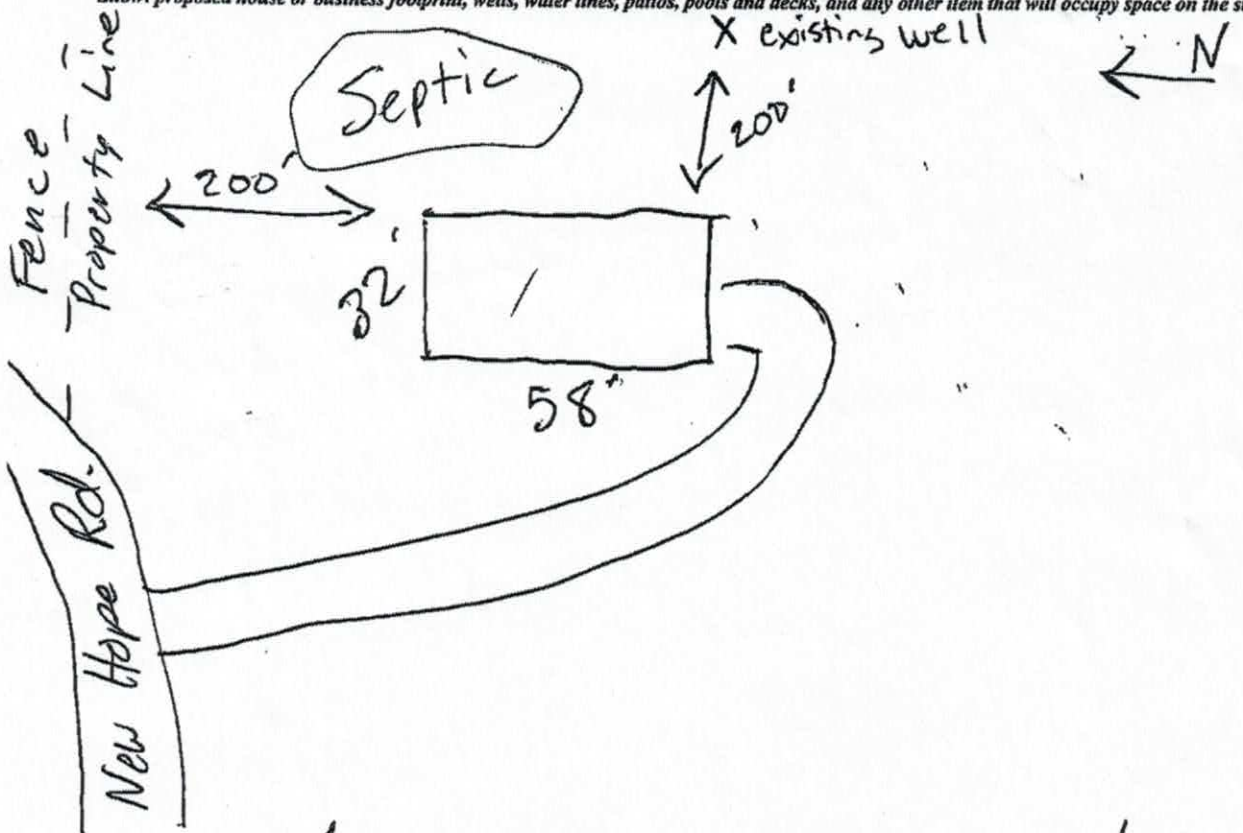


Circle N/A on the following if appropriate:

- 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

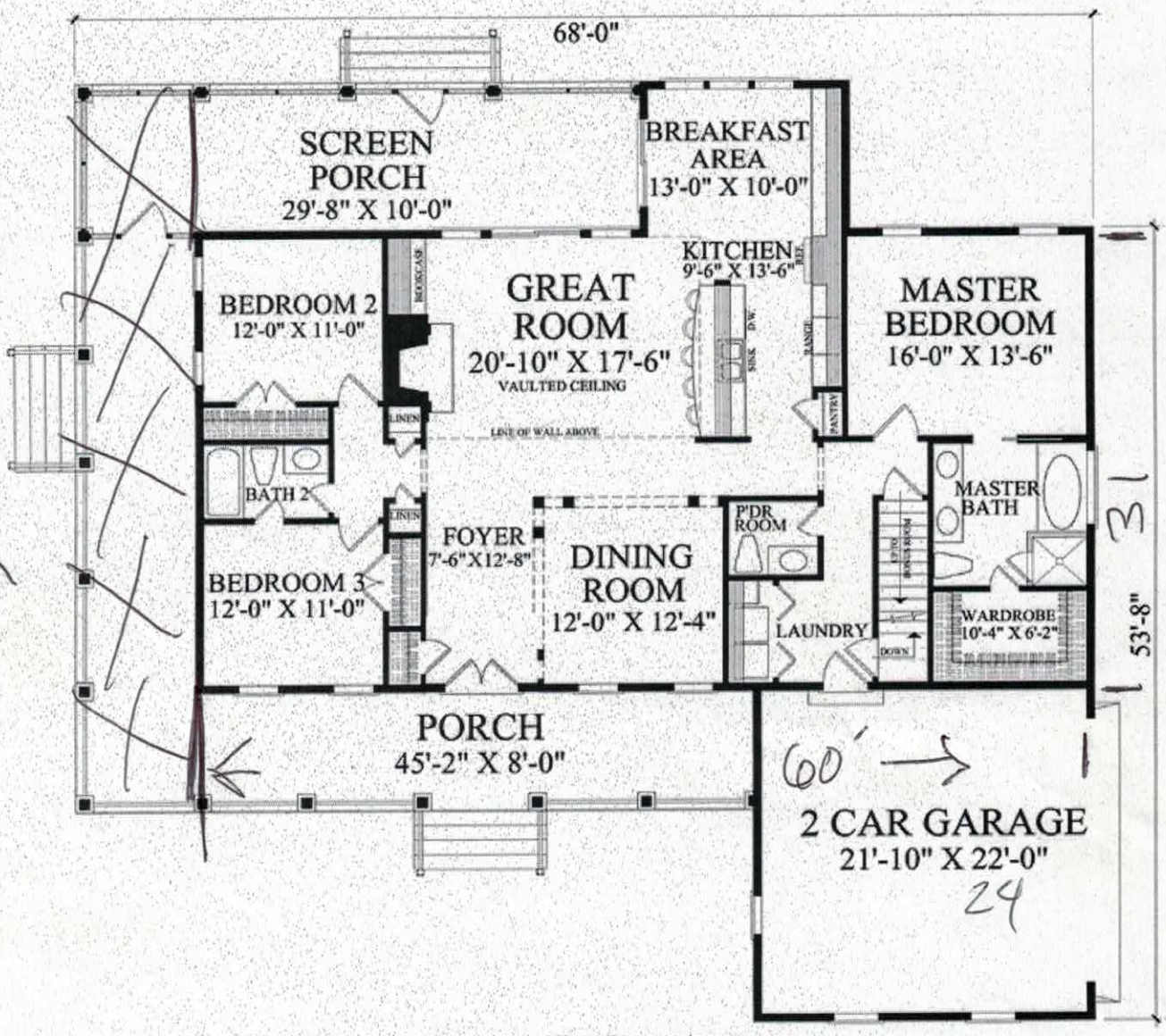


Signature: Joshua Lewis

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

8/4/17

DATE



NO Side Porch

60'

Click Here to Mirror Reverse Image

© plans copyrighted by designer

First Floor Plan

Plan ID: chp-56549, Order Code: C101

COOLhouseplans.com | 1-800-482-0464

Acknowledgement Of Plans Submittal ONLY!

Date

Date 8/24/2017