ICHD–ENVIRONMENTAL HEALTH DIVISION

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

BCW

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

PERMIT # 246765

PIN # 4784000525.000

APPLICANT/OWNER: Elizabeth C. Blackwelder

APPLICANT ADDRESS: 678 Elmwood Road Statesville NC 28625

SITE ADDRESS: 678 Elmwood Road Statesville 28625

PHONE: 704 872 9273 ALT. PHONE 704 871 6994

SITE DIRECTIONS: RT on Berry Oak RT mills Garden RT Elmwood house on Right

SUBDIVISION: —

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: — LOT # — LOT AREA: 12.53 Acres DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	Ext 1000 (gal)	STB	—	Date	—
Pump Tank	1000 (gal)	PT	363	Date	11-30-21
Pump Make	—	Model	390	Serial #	14JT9H
# Nitrification Fields	1	# Lines	4	Linear Ft	480
Trench Width	36	Trench Bottom Depth(Low side)	18	Gravel Depth	—

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

System Description: P.M. - 25% Reduction

Repair System Description: P.M 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees —

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

use 4-1/2 Sch 40 Taps
218 gallon Dose
28.44 gpm

7.6 min Pump Run
10.4 inch drawdown

* System upgrade to 4BR - complete new system needed as shown due to U.S. Soils
* Install on the contour of the land *

INITIAL SITE SKETCH

1=100

325 to PL on Mills Garden

Repair

120 120 120 120

Sand Point Filter

Tree Line

305 to Barn

Pressure Line

Barn

Repair

AS BUILT SKETCH

Disconnect from old Septic System

Unsuitable Soil Area

Fence

Tree Line

Unsuitable Soil Area

Existing Power Pole

Existing Tree

Existing Drainage Ditch

Pool Area

Shed

House

Driveway

Building

Rd Approximately 1/2 mile

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: Gary R Evans Date: 9-17-2020

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 8/31/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 8/31/2020

Installed by: Richard Abernathy Co.

OPERATION PERMIT by: Maria Dotson @ Date: 2-3-22

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.

	Date	Initials
Drain Lines Checked	1/26/22	CW
Tanks Checked	1/26/22	CW
Pressure Manifold or Valve Box Checked	1/26/22	CW
Pressure Head Set	1/26/22	CW
Electrical Checked	2/3/22	MD
Floats Set	2/3/22	MD
Alarm Checked	2/3/22	MD
Maintenance Contract Y / N		
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 #: _____
DATE OF EVALUATION: 9/04/19
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
1	LS	0-10	Fill compacted		2.5 Y 6/2				us
		10-21	C ABK >1"	Vfi, S, VP					
		21-36	C ABK >1"	VFi s, VP					
		36-60	SL sap mass	w/ expansive flows					
2	LS	0-10	compacted		2.5 Y 6/2				us
		10-24	C ABK > 1" peds	Vfi, s, VP					
		24-31	C Rock backhoe refusal	VFi,					
3	LS	0-10	Compacted		2.5y 5/3 matrix, 5/2 mottles 5Y 6/1				us
		10-32	C ABK >1"	VFi, S, VP					
		32-36	Rock refusal	Clay flows					
4	LS	0-6	CL SBK						us
		6-24	C ABK	VFi, s, vp					
		24-36	C mass sap	Fi					
5	LS	0-14	CL. SBK						us
		14-48	C mass	Vfi, s, vp					

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 #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
6	LS	0-12	C ABK >1"	Vfi, S,VP					us
		12-63	SL w/ C flows mass	Fr, s,vp					
7	FS	0-6							us
		6-22	CL SBK	Fi, S, p					
		2-40	C ABK	VFi, S,VP					

COMMENTS: _____

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

PROPERTY ID #: _____
COUNTY: Iredell

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

OWNER: Elizabeth Blackwelder
ADDRESS: 678 Elmwood Rd Statesville
PROPOSED FACILITY: 2br house PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE:
DATE EVALUATED: 8/4/19
PROPERTY SIZE:
PROPERTY RECORDED:
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
8	Knoll	0-8	SL SBK	Fr sexp	2.5 Y 6/3 2.5 Y 7/2				0.25 PS
		8-35	C ABK	Fi, s p					
		35-47	C ABK	Fi, s p					
		47-52	C ABK	Fi, s p					
9	Knoll	0-8	C SBK	Fi, s p	2.5 Y 6/3				0.25 PS
		8-35	C ABK	Fi, s p					
		35-48	C ABK	Fi, s p					
10	Knoll	0-6	SCL SBK	Fr, ss sp	Litho				0.25 PS
		8-48	C ABK	Fi, s p					
		48-52	C ABK	Fi, s p					
11	Knoll to LS	0-10	C SBK	Fi, s p	2.5 Y 6/3				0.25 PS
		10-35	C ABK	Fi, s p					
		35-51	C ABK	Fi, s p					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	TBD	TBD
System Type(s)	25% Red	25% Red
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): TBD
EVALUATED BY:
OTHER(S) PRESENT: Alan McKinney

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LP? .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
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.

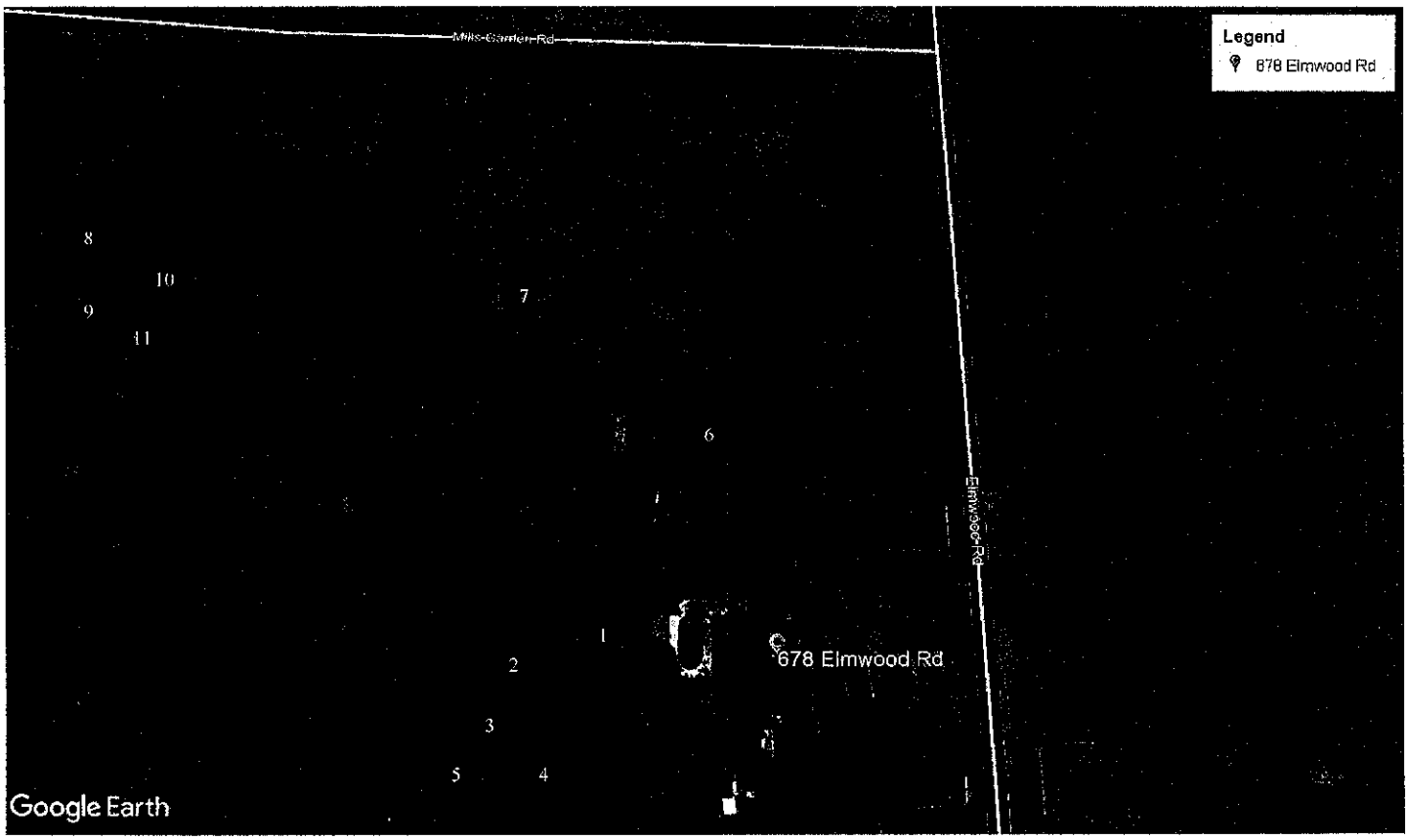
NOTES

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).



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

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 12%	0-22	C, LARGE ABK PEDS	fl, VS, VP, EXP	MN CONC	THRU OUT	~~III~~ II	0-36"	?
		22-36	CL, W ABK	fl, S, P, EXP CONTENT	GLEY 8/N WET IN CL	36"	SL EXP CVIENS	61" BACK HOE REFUSAL VFI SAP	
		36-61	SAP, RC	fl, SS, SP, SEXP					
2	HEAD SLOPE 5%	0-36	FILL	OLD BRUSH PUMP					U
3	LINEAR SIDE 10%	0-15	C, LARGE ABK PEDS	fl, VS, VP, EXP	MN CONC	5Y 5/1 35-52"	II	0-53"	?
		15-53	CL, W ABK	fl, S, P, EXP CONTENT	GLEY 8/N WET	53"	SL EXP CVIENS		
		53-63	SAP, RC	fl, SS, SP, SEXP	SAP INC				
4	RIDGE 2%	0-24	C, LARGE ABK PEDS	fl, VS, VP, EXP	MN CONC	69"	NA	NA	U
		24-60	CL, W ABK	fl, S, P, EXP CONTENT	GLEY 8/N WET 5GY 4/2 @ 28 INC	2.5Y 5/2 @ 47"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

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

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: SEE PAGE 1 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10	SL, SBK	FR,S,P,SEXP	"TIGER DIRT" 10" 36" 10YR 6/1 5Y 5/2 DEPLETION 43" IN SAP	33"	PS II L EXP C VIENS	10-33	U
		10-26	C, ABK	FI, VS, VP, EXP					
		26-33	CL, WABK	FI, S, P/C EXP CONTENT					
		33-56	SAP, MAS	FR, SS, SP, SEXP					
2		0-16	C, ABK	FI, S, P, SEXP	VERAGATED ROCK 16-25 25-54 VFI SAP	25"	V II L VFI	~~25~~ 11 16"	U
		16-25	CL, WABK	FI, SS, SP, SEXP					
		25-54	SAP, RC	VFI, SS, SP, SEXP					
3		0-7	SC WSBK			25		Chroma Depletion EXP thrun 10YR 6/2 Rd3.	U
		7-25	C M	EXP					
		25-52	SAP M						
4		0-12	SL/WSBK	FR, SS/SP, SEXP	CHROMA 5/4 2 DEPLETIONS C VIENS THRU OUT	NA	12-54		U
		12-40	C, PR	FI, VS, VP, EXP					
		40-54	CL, WABK	FI, S, P, EXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
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)	I	S (Sand)	1.2 - 0.8	0.5 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
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

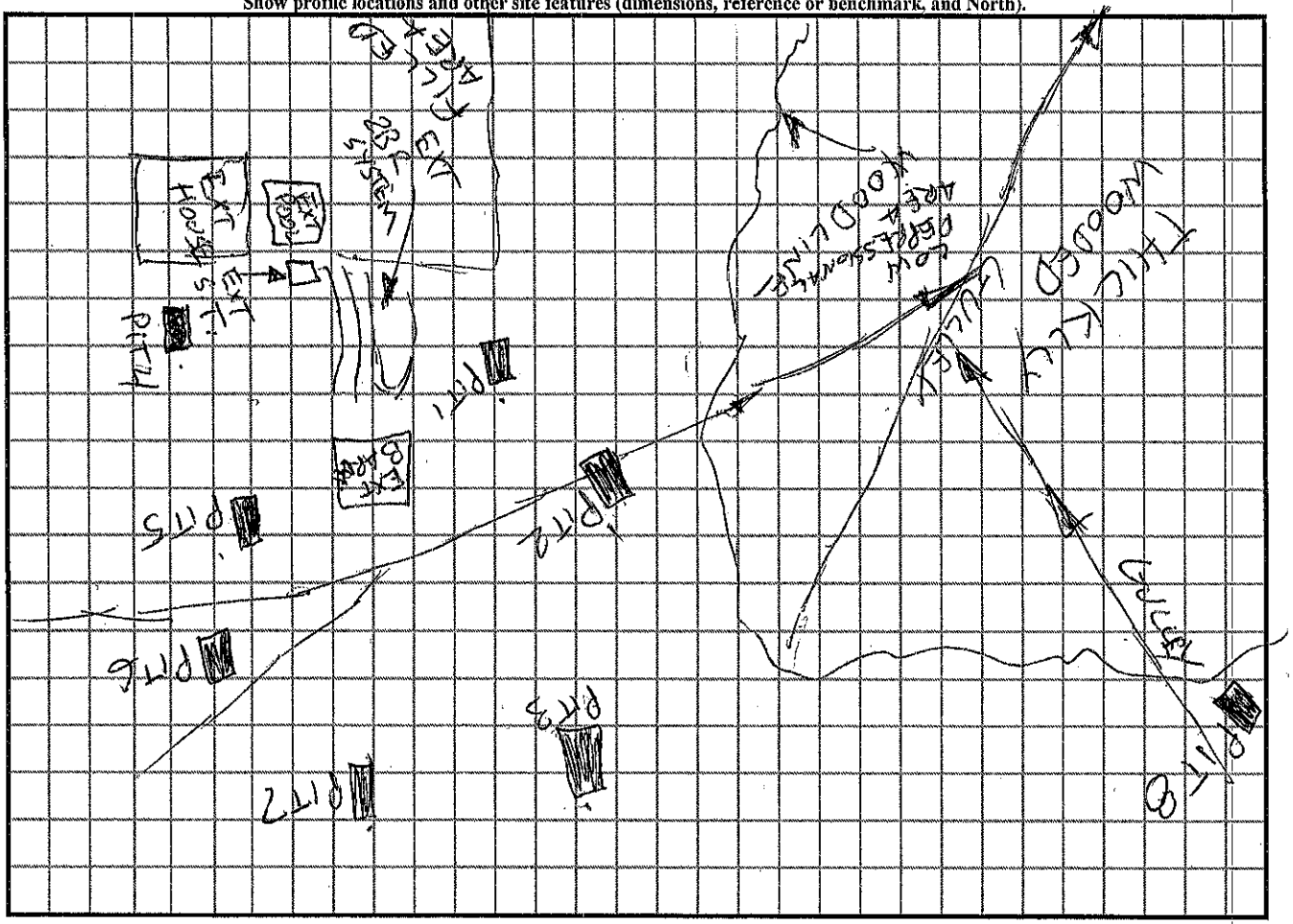
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft^2

NTS

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



not marked

EH Expansion $500.00

246765

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 66 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: Elizabeth C Blackwelder Address: 678 Elmwood Road Statesville NC Zip: 28625
Applicant Email: hdblackwelder@roadrunner.com Phone: 704 872 9273 Alt. Phone: 704 871 6994
Owner Name: Same as Above Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 678 Elmwood Rd Statesville NC 28625
Subdivision Name: Non Subdivision Section/Phase: _____ Lot Number: _____
Driving Directions: 64 East - Rt on ~1 mile Barry Oak, Rt on ~2 miles Mills Gardens, Rt on Elmwood - Drive @ mail box 678 (1st house on Right)

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: 4
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: ~~2018~~ Est 2018
( ) 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: Elizabeth C Blackwelder
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

09/17/2019
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) Elizabeth C Blackwelder

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, Elizabeth Blackwelder, am the legal owner(s) of the property located at 678 Elmwood Road, Statesville NC 28625, identified as PIN (Parcel Identification Number) 8784000525.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name)

Jerry Everidge, _____, 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.

Elizabeth C Blackwelder
Signature of Owner(s)

09/17/2020
Date

Home Phone 704-872-2273
Cell 704-871-6994

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

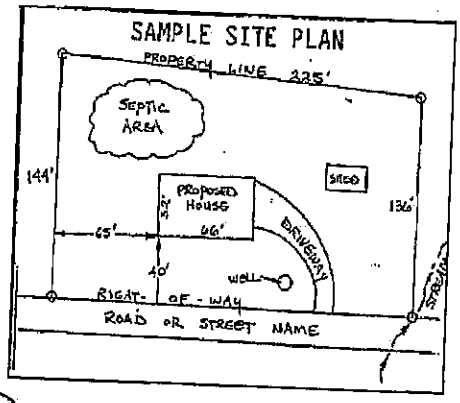
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

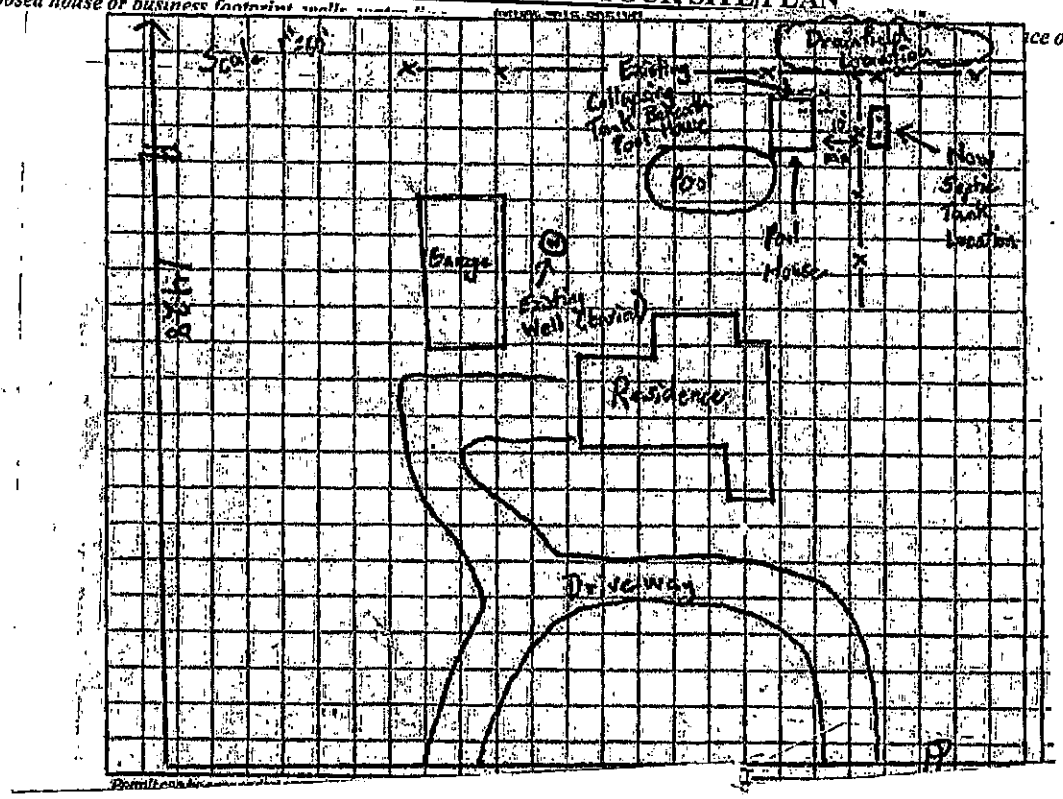


Circle N/A on the following if appropriate:

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, ... ce on the site



Signature: Elizabeth C Blankenship
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

07/11/19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239154

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

PIN # 4784-00-0525

APPLICANT/OWNER: Elizabeth Blackwelder APPLICANT ADDRESS: 678 Elmwood Rd. Statesville, NC 28625

SITE ADDRESS: 678 Elmwood Rd. Statesville, NC 28625 PHONE: 704-872-9243 ALT. PHONE

SITE DIRECTIONS: Rt 70 East from Statesville → L on Elmwood Rd → House on left @ corner w/Mills Creek SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 12.53 acres DESIGN FLOW: Existing L.T.A.R.: —

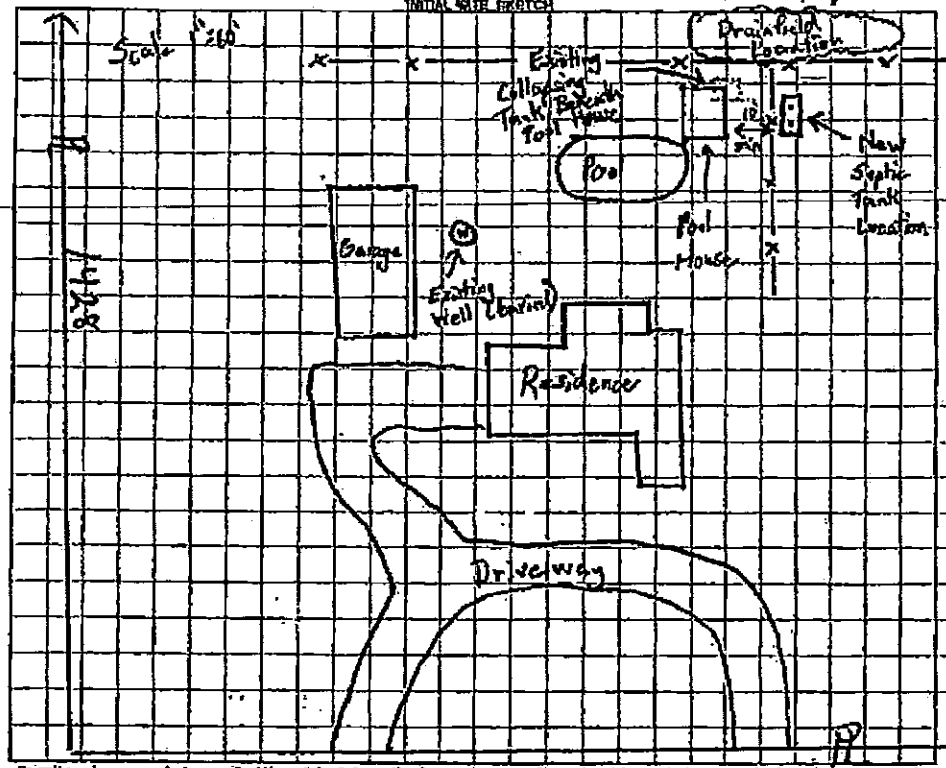
Septic Tank: 1000 (gal)	STB 760	Date 7/4	☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI		☒ Residence	No. Bedrooms Existing	Water Supply
Pump Tank: — (gal)	PT —	Date	System Description: Replace collapsing tank w/ new		☐ Business	No. Persons Existing	☒ Private Burial
Pump Make: —	Model —	Serial # —	Repair System Description: tank as backed.		☐ Other	No. Employees	☐ Public
# Nitrification Fields: Ex	# Lines Ex	Linear Ft: Ex	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width: Ex	Trench Bottom Depth (Low side) Ex	Gravel Depth Ex	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping existing tank. Adding hydrated lime to interior sidewalls + filling tank with concrete gravel, sand or some other self leveling material. Unclear what impact the collapse of the tank has had on the slab foundation of poolhouse. Recommend contacting structural engineer to verify that building doesn't pose a collapse hazard. Recommend pumping septic tank every 3-5 years. * As the septic tank has collapsed, other portions of the system may be damaged. Therefore ensure forward flow to remainder of conveyance/drainfield *

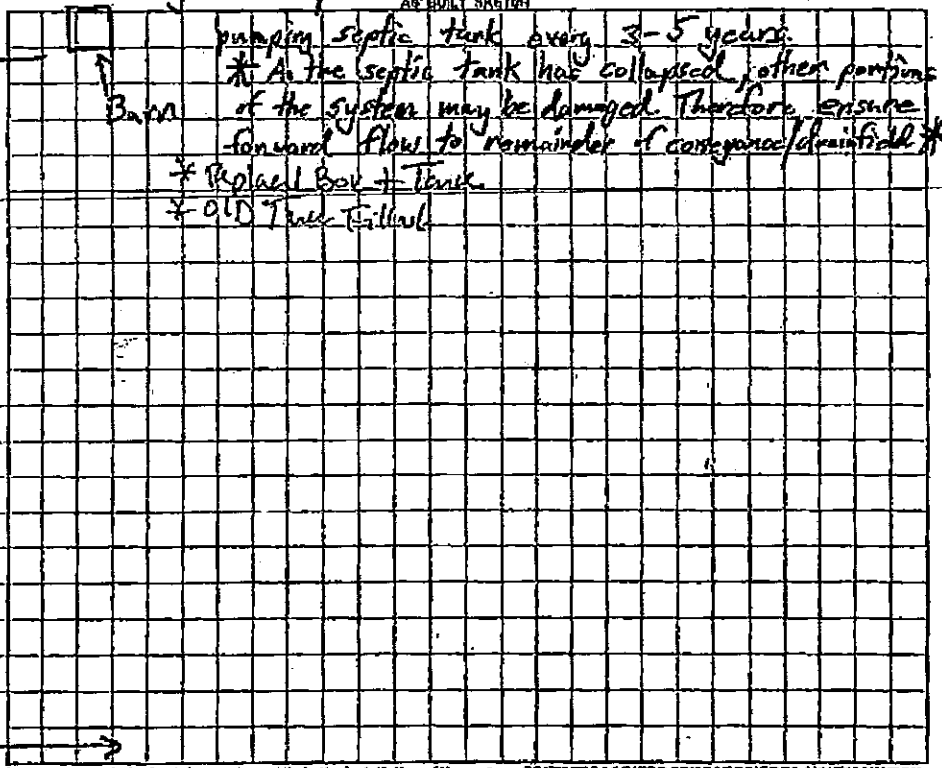
* Replace Box + Tank

* Old Tank Filled

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 plot 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: Elizabeth Blackwelder Date: 10/07/18 Installed by: Lentz Woodworks

IMPROVEMENT PERMIT by: [signature] Date: 10/5/2018 OPERATION PERMIT by: [signature] Date: 10/16/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/5/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-3pm the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR H. O. Blackwelder DATE 4-14-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 705 TL on Elmwood Past Creek 1/4mi on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

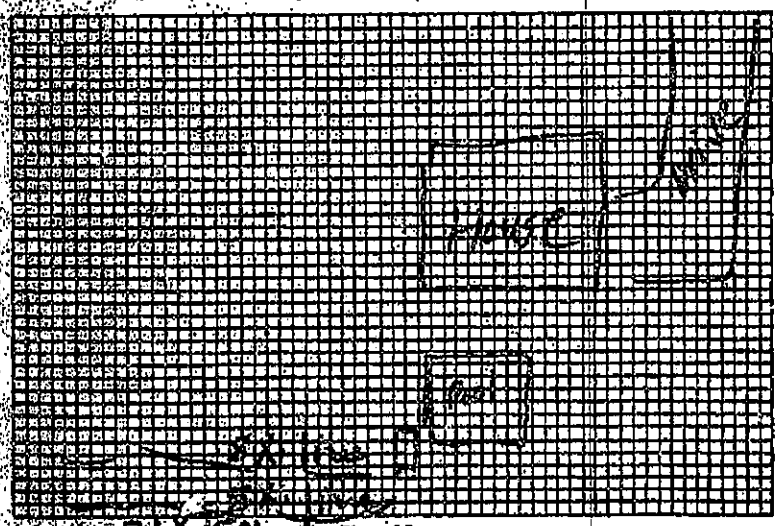
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clayey & Saprolite
Percolation Rate 2
Topography Flat to Rolling
Depth to Water Table 10'
Rock or other impervious formations Saprolite & Hard Clay

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Ex. _____ Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by AAA Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

30 X 15 ft Plot of System

Repair

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 4-14-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

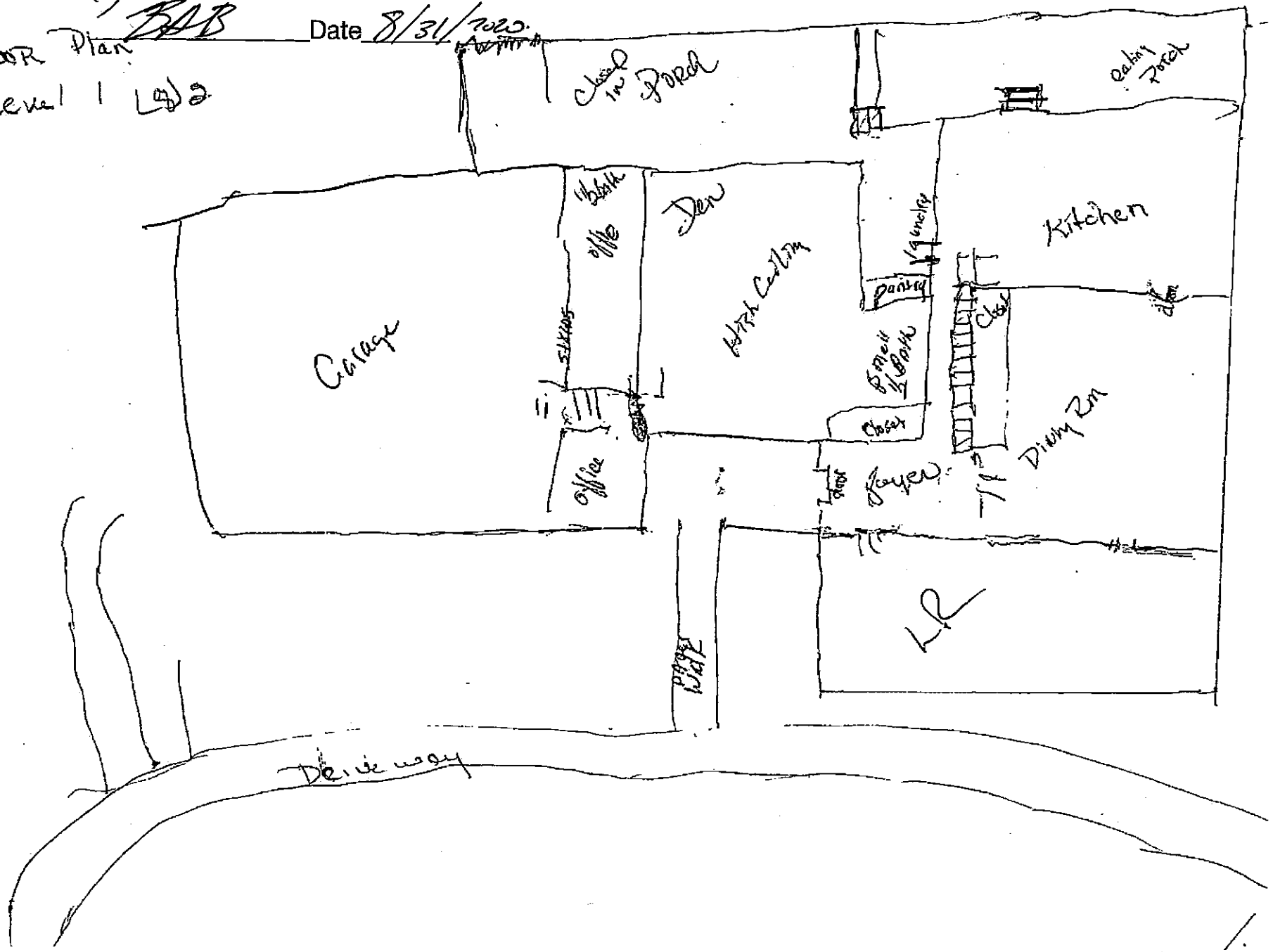
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

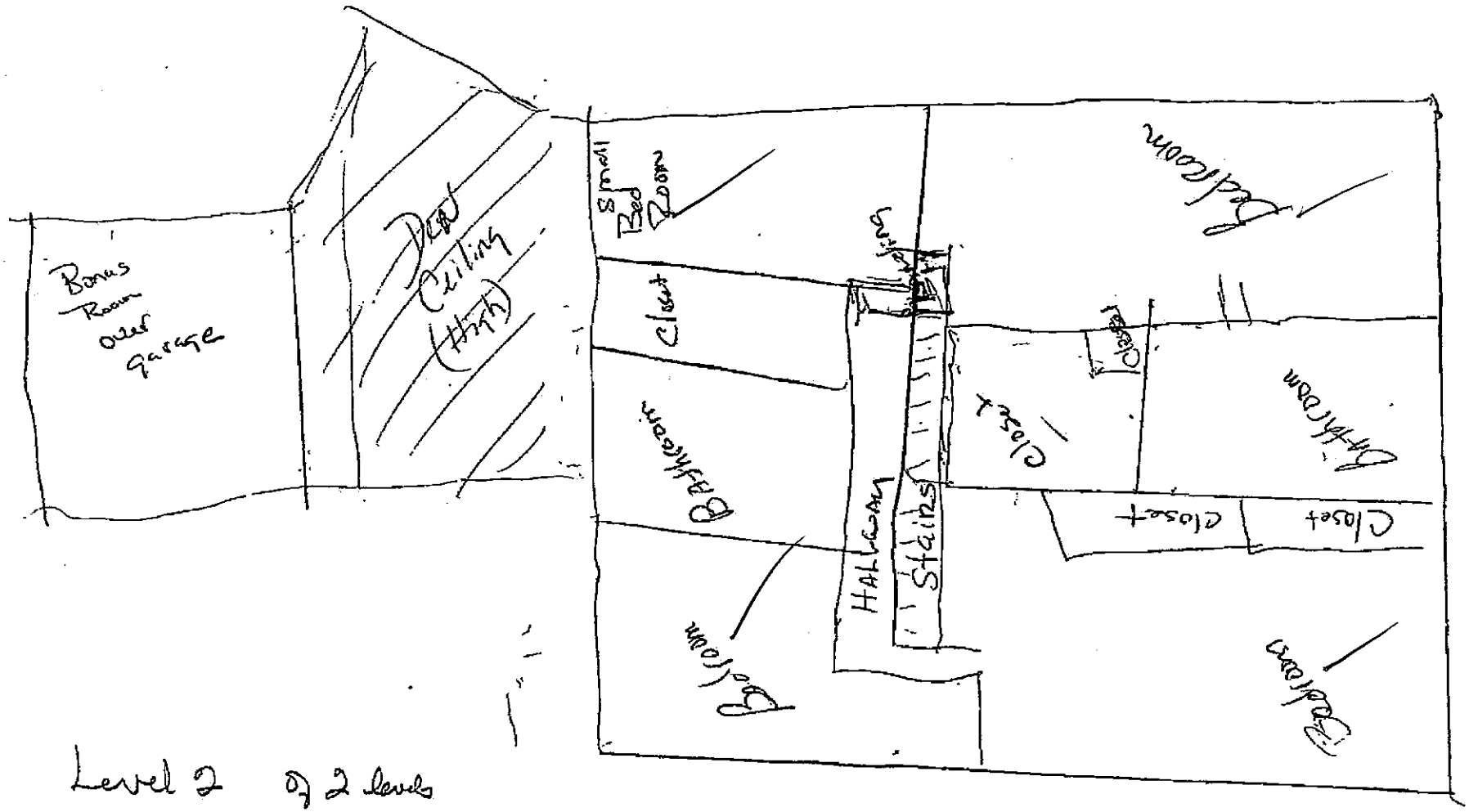
Acknowledgement Of
Plans Submittal ONLY!

Date 7-17-19

Date 8/31/2020.

Floor Plan
Level 1 Lgd





Level 2 of 2 levels

Acknowledgement Of
Plans Submittal ONLY!

Date 7-17-19

Date 8/31/2020