IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) (ad) MOORESVILLE 704-664-5281

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

PERMIT # 15,541 (Repair) PIN # 4784-18-0645 DATE

OWNER or APPLICANT Harry ad Vera Myers PHONE: Business Home: 704-880-1084

OWNER or APPLICANT ADDRESS 291 Elmwood Rd Statesville

LOCATION / DIRECTIONS 64E (R) Elmwood (R) Barry Rd (R) Elmwood Abt 2 miles in on left

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 3 AC DESIGN FLOW 480 L.T.A.R. .15 → 7.2

330

Septic Tank	1000	Gallons: STB	1000	Date	EVIS	☐ New System	☐ Repair	☐ Expansion System	Type I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank		Gallons: P T		Date		System Description: Gravel				☐ Business	No. Persons	☑ Private
Pump Make		Model		Serial #		Repair System Description: 25% Sand line				☐ Other	No. Employees	☐ Public
Nitrification Field	No Fields	No Lines 3	Linear Feet 300			Maintenance Agreement Required	☐ YES	☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36	Max. Trench Bottom Depth	48 Sand	Gravel Depth	NA	☐ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

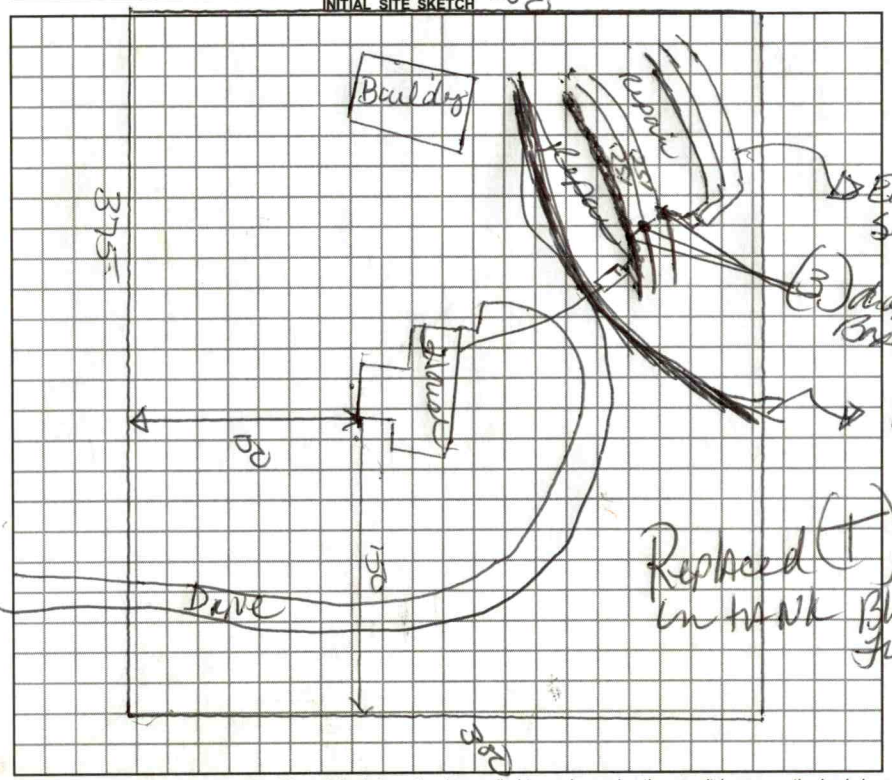
Comments / Conditions

Sand: 12". at 48" → 36"
25% reduction system 36"

Comments / Conditions

* Use existing tank if tank is in good shape and can achieve fall to repair lines

INITIAL SITE SKETCH



AS BUILT SKETCH

* On if using Septic → Remove grass - fill dirt over septic due to drop in septic
* 12" diversion ditch put around septic
* Must use drop boxes due to slope -
* last drop box to go into distribution box of old septic
* Insure fall from repair lines to meet Existing distribution box.
* Use 2 X 2 along edges of infiltrator so that it does not sink in sand!

Elmwood 16C

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date 6-15-09

Improvement Permit by: Date 6-9-09

Authorzation to Construct by: Date 6-9-09

Installed by: Steve Jordan

Operation Permit by: Date: 11-17-09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	156541ZO	Subdivision:	
Proposed Use:	Addition	Township:	1300 Chambersburg
Location of Property:	691 Elmwood Rd Statesville NC 28625		
Parcel #:	4784104855.000	Zoning:	RA
Lot #:	Size:	Flood Plain:	No Watershed: None
Applicant:	Moorefield Builders, Inc	Owner:	Beth Brown
Address:	1516 Mocksville Highway Statesville NC 28625	Address:	691 Elmwood Rd Statesville, NC 28625
Phone:	704-873-7885	Phone:	704-871-1808
Property Recorded:	Yes	Site Plan Reviewed:	Community Water: Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

64e,tr Barry Oak,tr Elmwood, On Left 3 Miles Appr.

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$540.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Matt Moorefield Date: 5-20-09

A non-refundable fee of $55.00 is charged on all permit applications.

ELINOR HILTZ Printed: 5/11/2009

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ✓BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Moorefield Builders	429 Fifth Creek Rd	704 876 6396	704 880 6620
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Harry & Dena Myres	291 Elmwood Rd Statesville		704 880-1084

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
291 Elmwood Rd.		

Driving Directions: Hwy 64 East, Turn Right Barry Oak Rd, 2 miles Rt elmwood, 2 miles on Left 291 Elmood Rd.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(✓) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms ___
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms 3

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: Matt Moorefield 5-18-09

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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 PERMIT!!!

Place an (X) beside each item as you complete the site plan:

_____ **Property Line measurements are clearly identified…**
_____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ **Front and side setbacks from property line…**
_____ **Preferred driveway location and configuration, preferred well location…**
_____ **Area you prefer your septic system to be placed…**
_____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

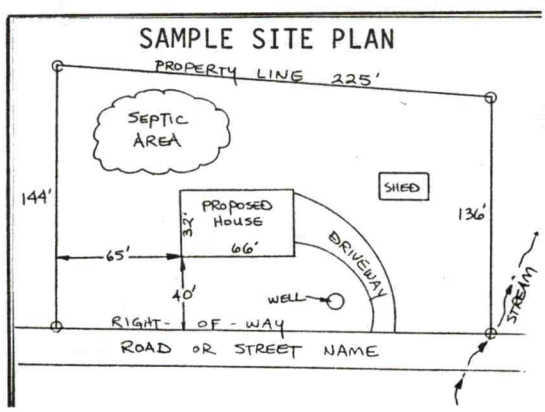
_____ **Location of septic systems and wells within 100' of your property… N/A**
_____ **Location of easements and rights of ways on your property… N/A**
_____ **Location of any designated wetlands on the property… N/A**

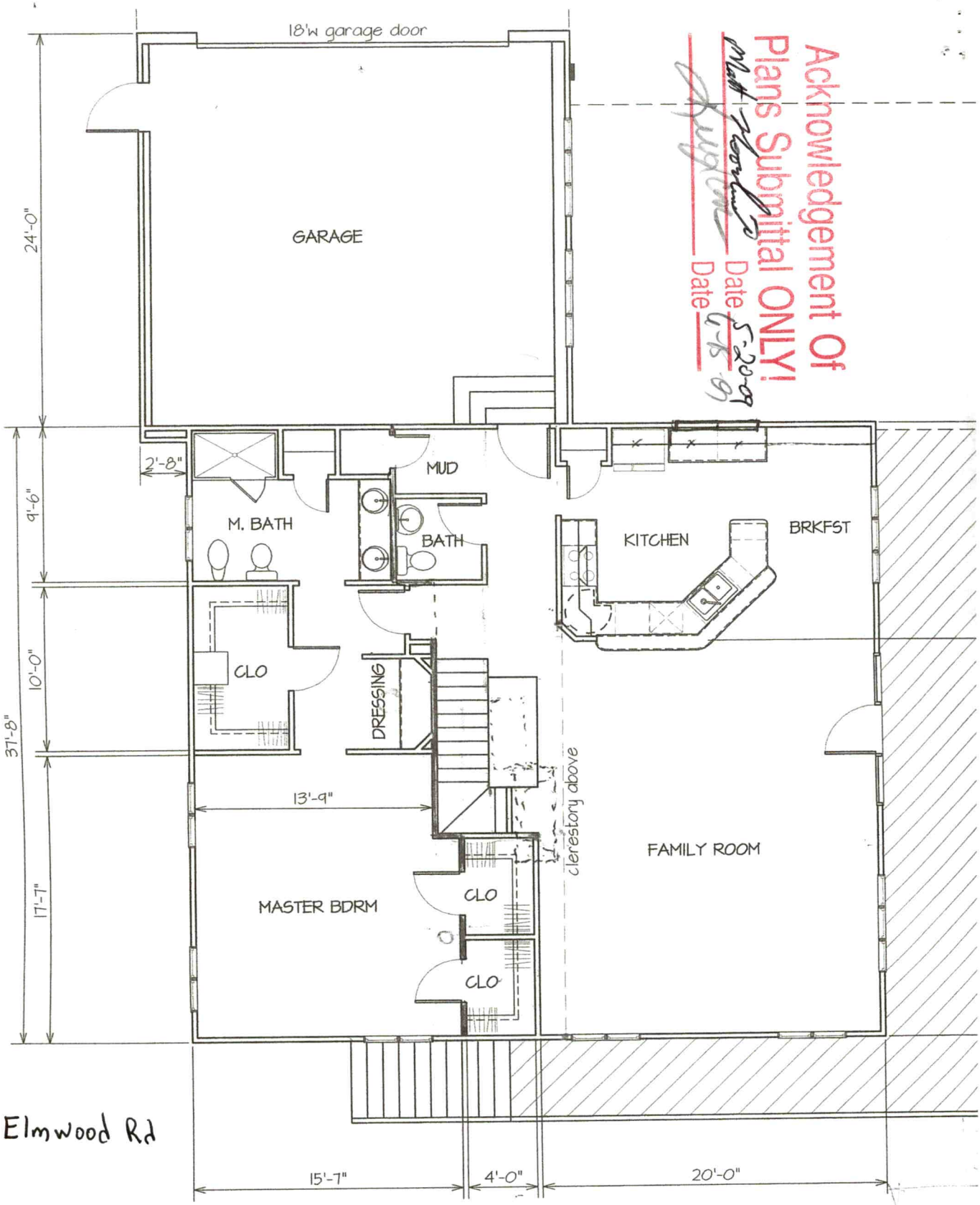
Signature: Matt Medlin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-20-09
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached





Acknowledgement Of Plans Submittal ONLY!

Date 5-20-09

Date 6-15-09

291 Elmwood Rd

UPPER LEVEL FLOOR

1/8" = 1'-0"

1491 sqft.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

156541 (Repair) 5-20-09
4784 18 6458

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Hall Myer APPLICATION DATE: ___
ADDRESS: 291 Elmwood Statesville DATE EVALUATED: 6-9-09
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 39
LOCATION OF SITE: Elmwood (291 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	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	9%	0-21	CSABL	SP SAP fi	-> .15	Trench bottom @ 36" SAND Bottom 48" 50			.2
		21-40	CMSK	SSSPSAPL	- .2				
		40-50	SC WBL	SSSPSAPL					
2	18%	0-21	CSAGL	SP SAP fi	.15	50			.2
		21-50	CMSK	SSSPSAPL	.2				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	___	380
System Type(s)	___	
Site LTAR	___	.2

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): B
EVALUATED BY: Keith Cook
OTHER(S) PRESENT: ___

COMMENTS: Stand line trench for repair Existing Leach

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTU
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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	SCL (Sandy Clay Loam)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiL (Silt Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SiCL (Silty Clay Loam)			MOIST	WET
S (Shoulder Slope)		Si (Silt)				
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		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.

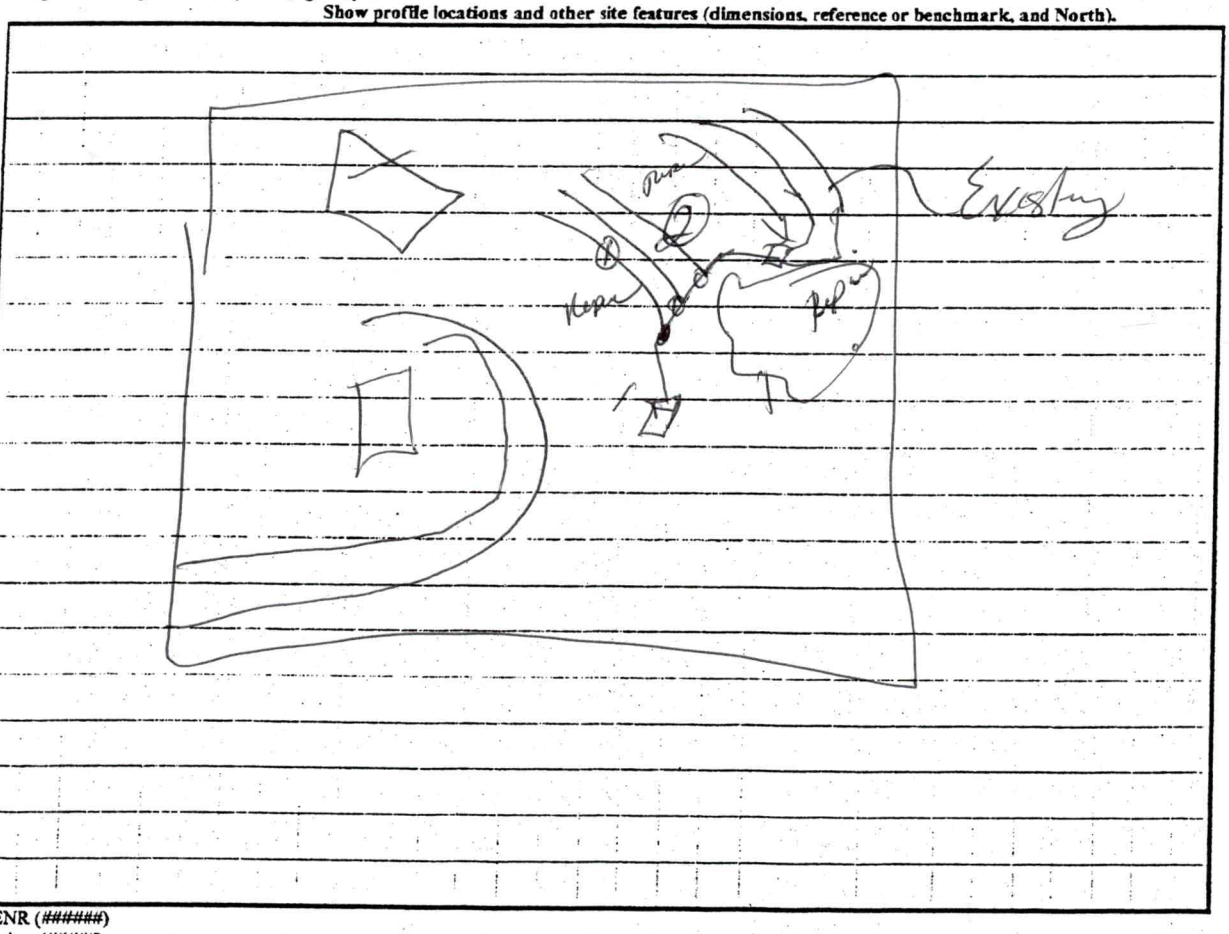
NOTES

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

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



DENR (#######)

Review (#####)