IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240364

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

PIN # 4785714044.183

APPLICANT/OWNER: Jeffrey Bumgarner APPLICANT ADDRESS: 183 Bumgarner Dr Cleveland, NC 27013

SITE ADDRESS: 183 Bumgarner Dr Cleveland, NC 27013 PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 64 East TR on Barry Oak TR, Bumgarner @ end.

SAP CONTROLLED: ☐ YES ☒ NO

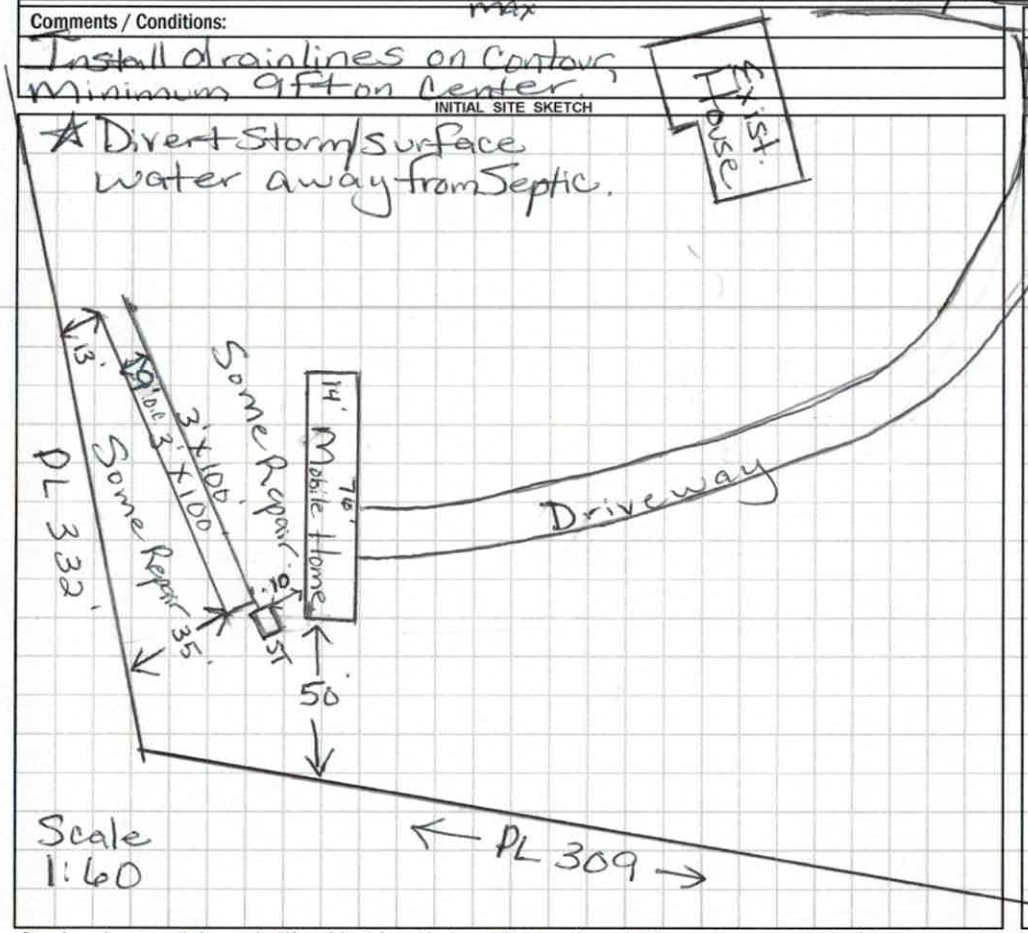
SUBDIVISION: N/A SECTION: LOT #: LOT AREA: 5.64 Ac DESIGN FLOW: 240gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 7600	Date 12-27-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank		(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 4	☒ Private Exist
Pump Make		Model		Serial #	Repair System Description: 25% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft. 200ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

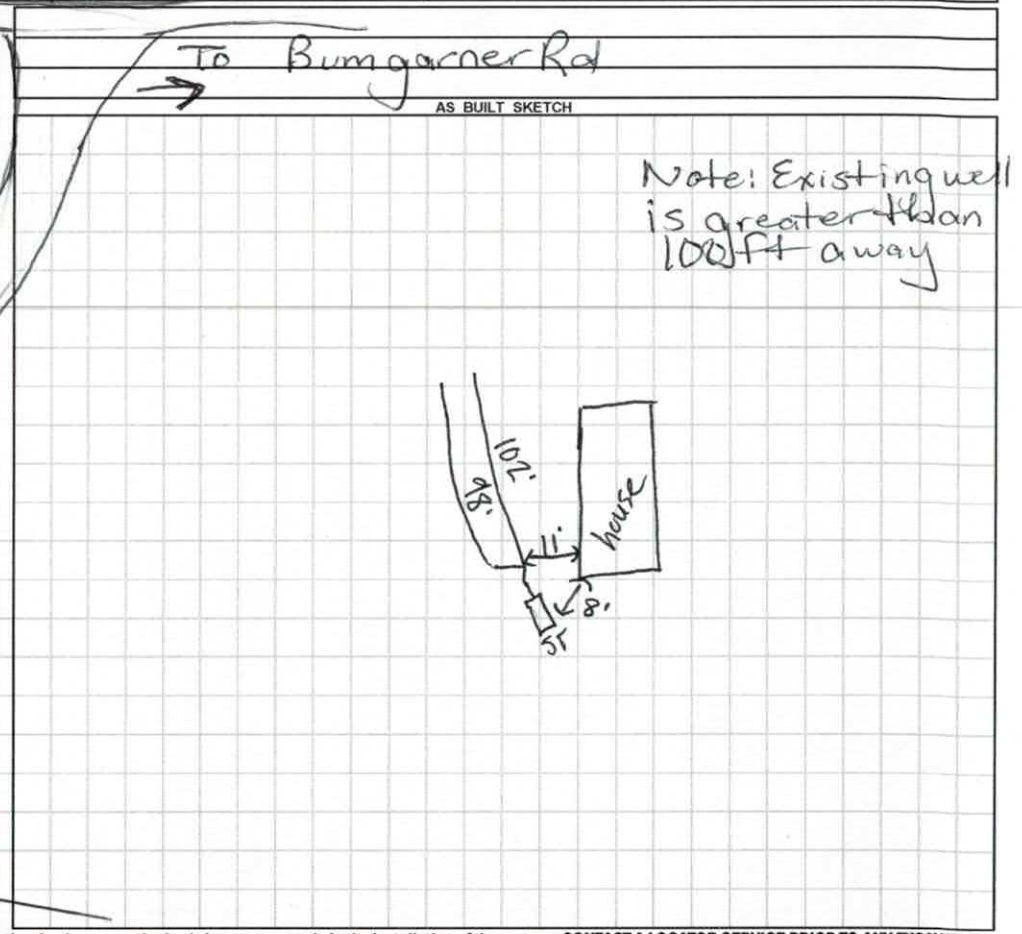
Comments / Conditions:

Install drainlines on Contour, Minimum 9ft on Center

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: Jeffrey Bumgarner Date: 12/14/18 Installed by: Shady Knoll Septic Service

IMPROVEMENT PERMIT by: Marvin Dotson Date: 12/11/18 OPERATION PERMIT by: Krayla Watson Date: 3-25-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 12/14/18 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 ___ of
PROPERTY ID #: 4785714044
COUNTY: Iredell

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

OWNER: Jeffrey Bumgarner
ADDRESS: 183 Bumgarner Dr Cleveland, NC 27013
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 183 Bumgarner Dr Cleveland, NC
APPLICATION DATE: 11/2/18
DATE EVALUATED: 11/29/18
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) .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	Pit 5% LC	0-8	Rd/Brw SCL w SBK SS, SP, SExP, FR						PS .3
		8-32	Rd C, m-w SBK SS, SP, SP, SExP, FR						
		32-54	R to Yel/Rd CL w SBK SS, SP, SExP, FR						
2	Pit 5% LC	0-4	Rd/Brw SCL w SBK SS, SP, SExP, FR						PS .3
		4-29	RC m-w SBK SS, SP, SExP, FR						
		29-53	R CL w SBK SS, SP, SExP, FR						
3	Pit 4% LC	0-14	Rd CL m SBK SS, SP, SExP, FR						PS .3
		14-48	Rd to Yel/Rd CL w SBK SS, SP, SExP, FR						
4	Pit 4% LC	0-12	Brw SCL w SBK SS, SP, SExP, FR						PS .3
		12-30	RC m SBK SS, SP, SExP						
		30-48	R CL w SBK SS, SP, SExP						
			48" water in Pit						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

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	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	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)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)	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.

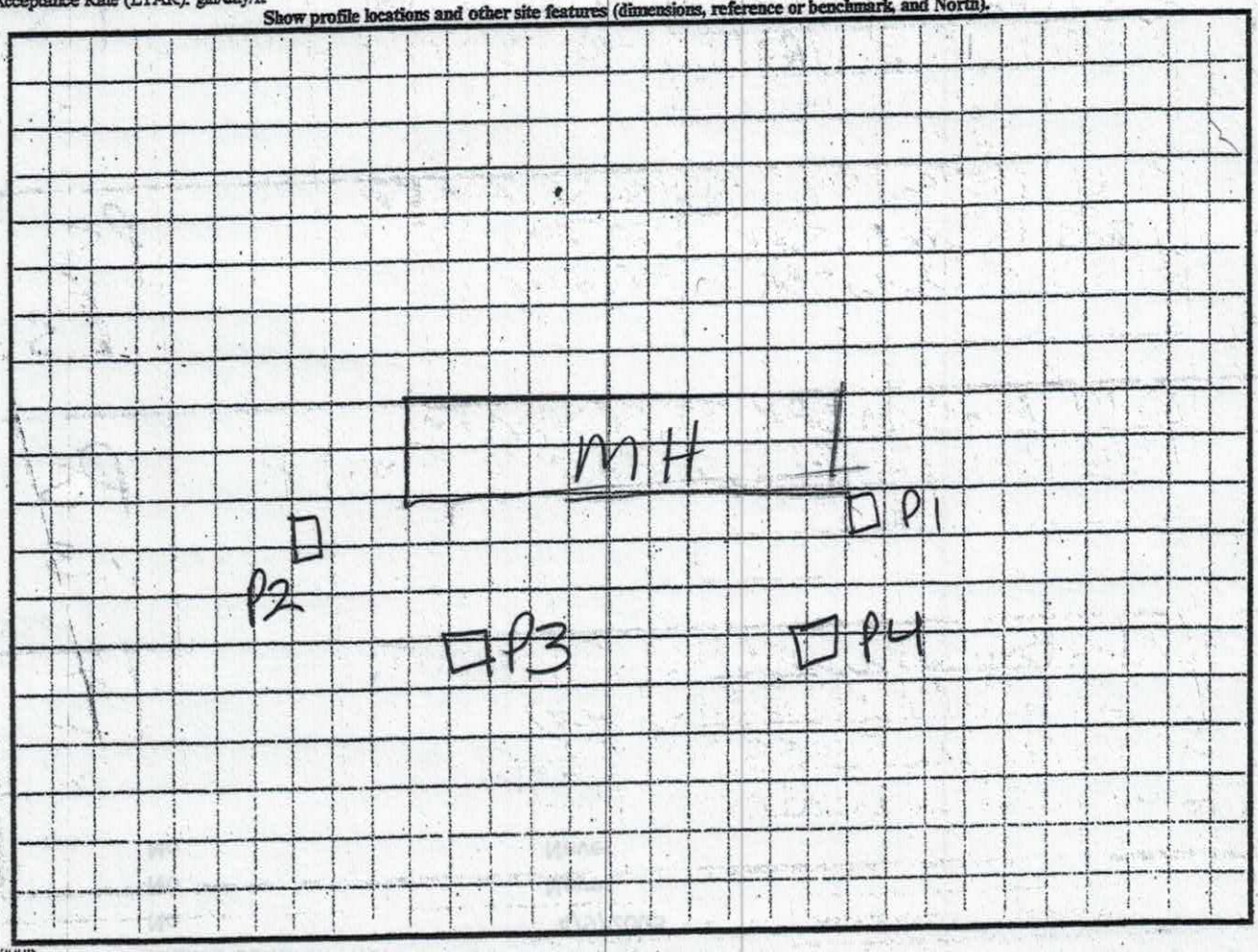
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL 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
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

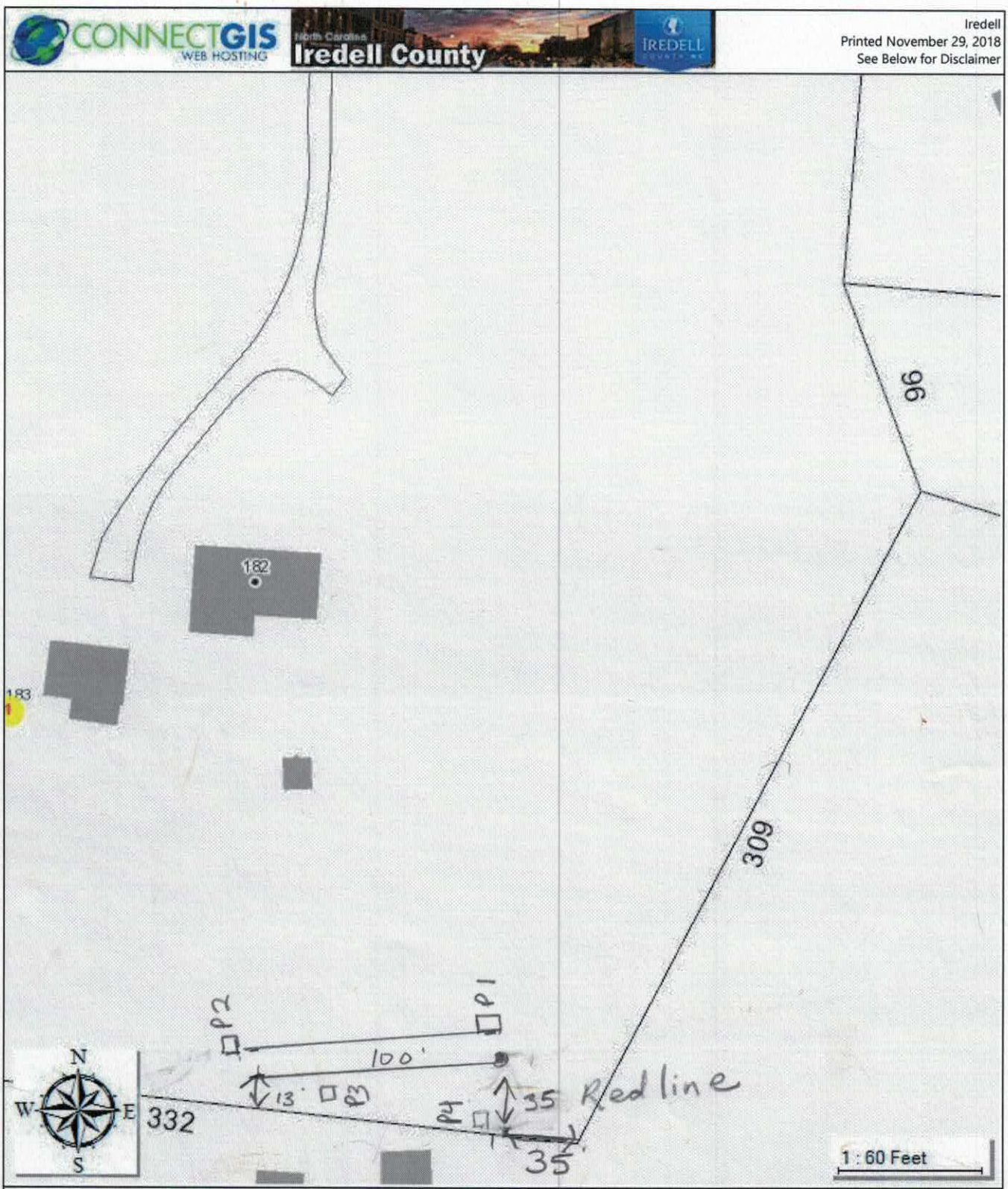
valuation of saprolite shall be by pits.

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

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



DENR (######)
Review (#####)



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

11/20/18 Marked Pit locations. Owner will call back for pits

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: Jeffrey Bumgarner Address: 183 Bumgarner Dr. Cleveland NC Zip: 27013

Applicant Email: JeffBKG4JRE@yahoo.com Phone: 704-929-8372 Alt. Phone: 704-872-3412

Owner Name: Jeffrey Bumgarner Address: 177 Bumgarner Dr. Cleveland NC Zip: 27013

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 183 Bumgarner Dr. Cleveland N.C. 27013

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 64 East Right on Berry Oak Rd. Right on Bumgarner Dr. Go all the way to the end.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 2 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (✓) 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: Jeffrey W Bumgarner 11-2-2018
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, 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) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

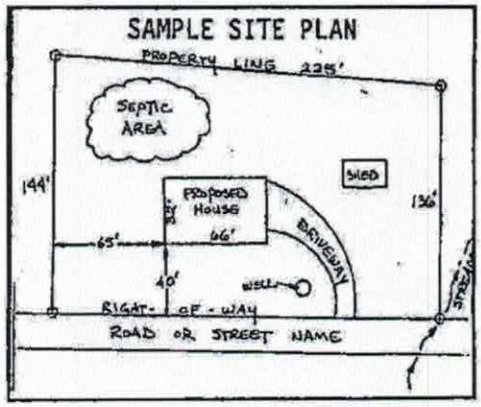
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

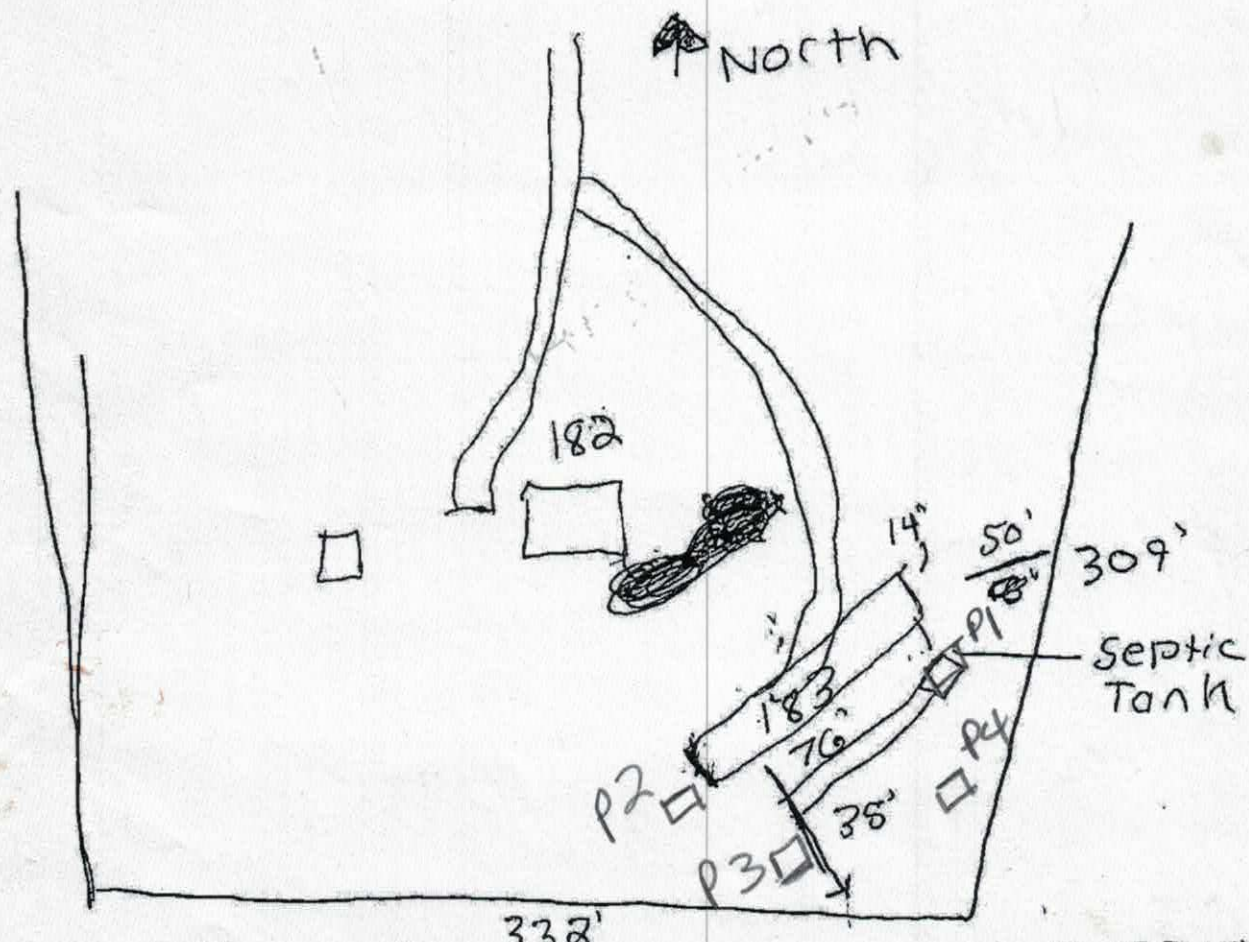


Circle N/A on the following if appropriate:

- 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

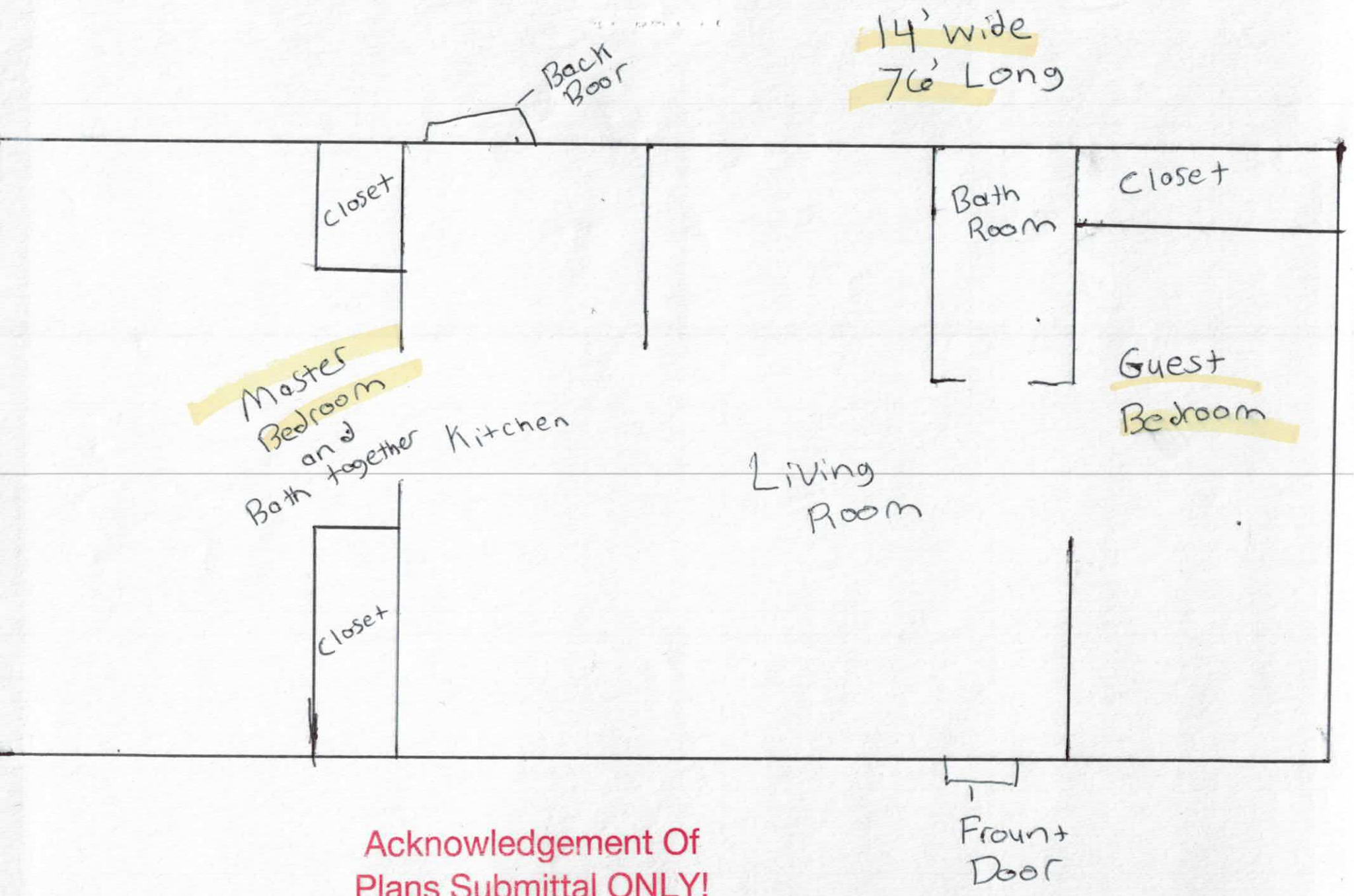


Signature: J Clay W Burrage

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

11-2-2018

DATE



Acknowledgement Of
Plans Submittal ONLY!

Jeff Barnes Date 12/14/18

Caleb C. Carr Date 12/14/18

IREDELL COUNTY

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

APPLICATION NUMBER
240364
Issue Date: 11/16/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4785714044.000	183 BUMGARNER DRIVE, CLEVELAND, NC 27013	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BUMGARNER MARY B+HAROLD L	Applicant: BUMGARNER JEFFREY WAYN
Address: 182 BUMGARNER DR	Address: 177 BUMGARNER DRIVE
CLEVELAND, NC 27013	CLEVELAND, NC 27013
Phone:	Phone:

Use Requested	Zone Code
SINGLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.640					NOT	X

Remarks:

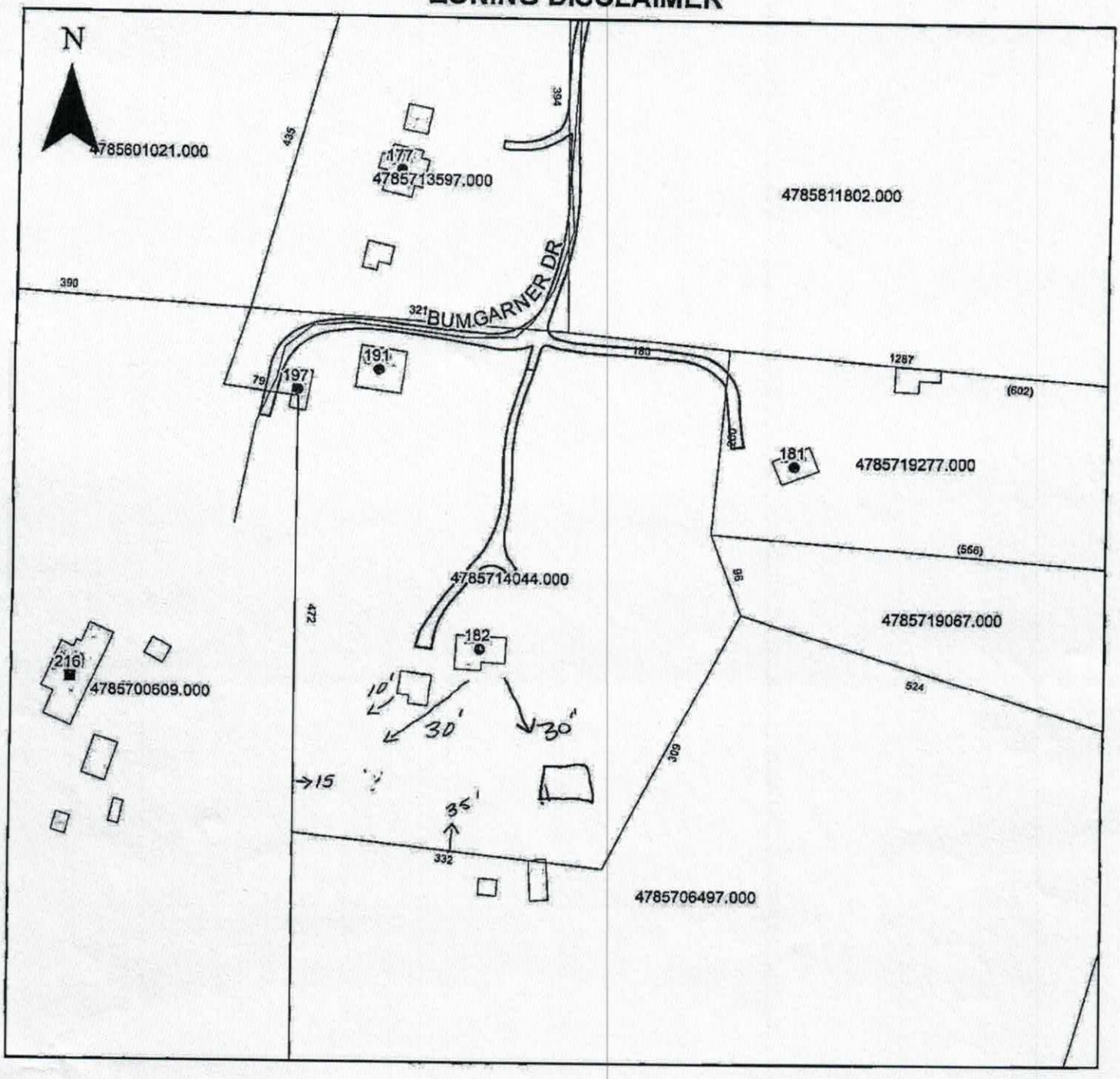
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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.

Applicant: _____ Date: _____

Permit Number	159219	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 183 Bumgarner Dr.

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.

Applicant

11-2-2018

Date