IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 227225

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

PIN # 4788-06-4624

APPLICANT/OWNER: William S. Hudgins

APPLICANT ADDRESS: 2215 Old Mocksville Rd. Statesville, NC

SITE ADDRESS: 2215 Old Mocksville Rd. Statesville, NC

PHONE: 704-546-2230 ALT. PHONE 704-880-1521

SITE DIRECTIONS: I-40 East from Statesville → L on Old Mocksville Rd → 9 miles further on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 44.54 acres

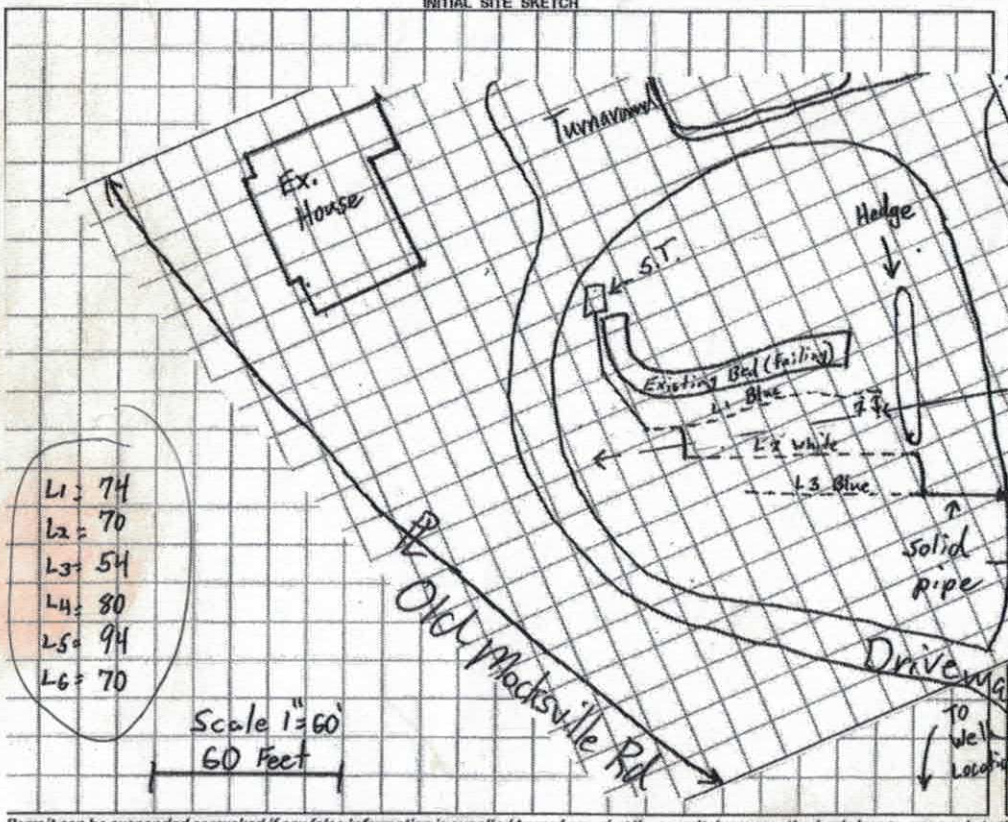
DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	Ex New (gal)	STB 1012-100	Date 5/8/16	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT —	Date —	System Description: —		☐ Business	No. Persons 8
Pump Make	—	Model —	Serial # —	Repair System Description: 25% Reduction + tank (if needed)		☐ Other	No. Employees —
# Nitrification Fields	2	# Lines 6 (total)	Linear Ft 400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	26"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

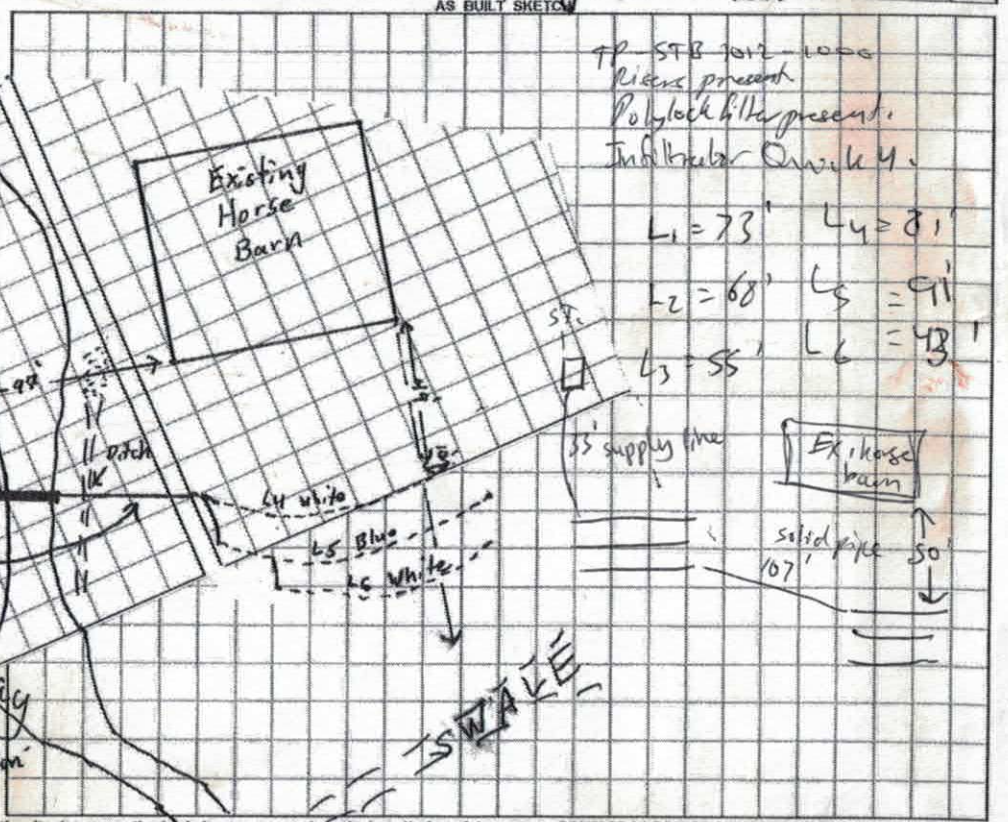
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend replacing existing septic tank with new 1000-gallon tank. Installer to check existing tank for water-tight integrity. Septic conveyance line must be burried minimum of 30" deep @ driveway crossing + sleeved through driveway/runoff ditch. (Recommend SCH-80 4" sleeve be used) or ductile iron. Recommend pumping septic tank every 3-5 years. Though 438 linear feet of line were laid out, only 400 l.f. need be installed.

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: William Hudgins Date: 6-8-2017 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Tom Shuda Date: 6/5/2017 OPERATION PERMIT by: Mohamed Demaiden Date: 7/6/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuda Date: 6/5/2017 Existing System Inspected by: — Date: —

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

Sheet ___ of ___
PROPERTY ID #: 4988-06-4624
COUNTY: ~~4988~~ Iredell

L1 B: 5.82 74'
L2 W: 6.73 70'
L3 B 54'
L4 80
L5 94
L6 70

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

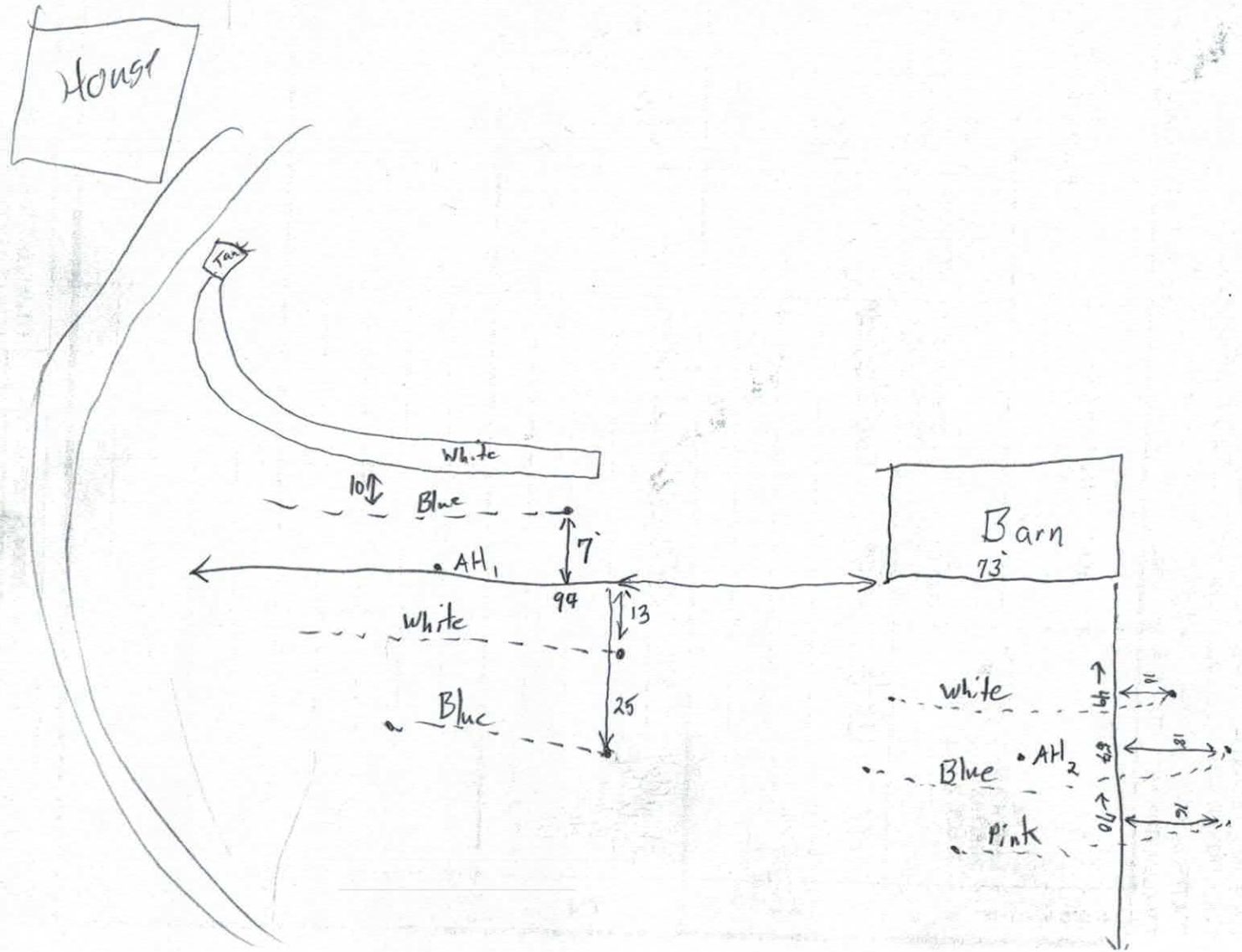
OWNER: William S. Hudgins
APPLICATION DATE: 5/16/17
ADDRESS: 2215 Old Mocksville Rd. Statesville
DATE EVALUATED: 5/25/17
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 44.54 acres
LOCATION OF SITE: 2215 Mocksville Rd - Statesville
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ 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)		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	
1	14% LSS Below Ex System	0-48	clay w. SBK	Sl. Firm, Sticky, Sl. Soap	-	48	-	-	0.3
2	Shoulder/ Side Slope Below Horse Barn 19%	0-48	Clay w-m SBK/ABK	Firm (Top 10") Sl. Firm 10-48, Sticky, Sl. Soap	-	48	-	-	0.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		400+
System Type(s)		25% reduction
Site LTAR		0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

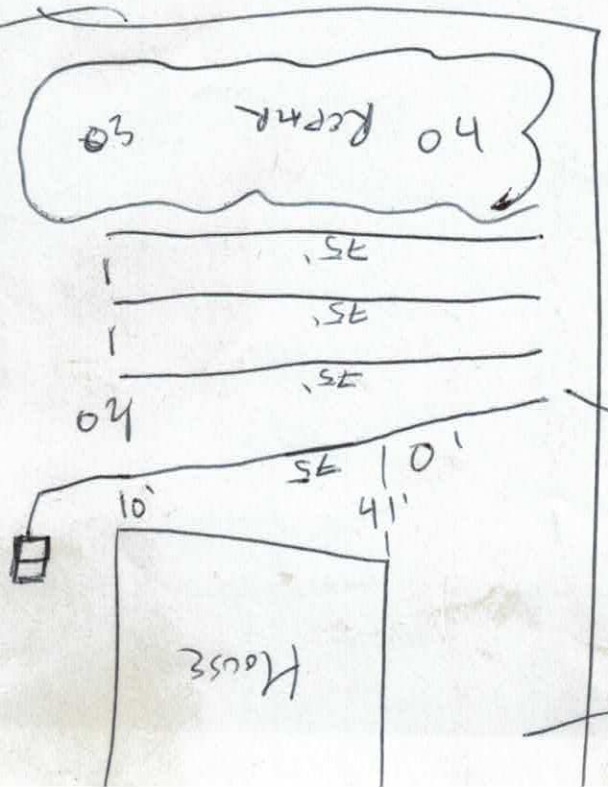
COMMENTS:


House
Tank
White
10
Blue
7'
AH1
94
13
White
Blue
25
Barn
73'
white
Blue
AH2
Pink

AB# 4 — 0-35 RCMSBK
35-40 RCLMSBK .3
10% — 40-50 LSAP

AB# 3 — 0-40 RCMSBK
0-48 RCLMSBK .3
10%

AB#2 — 0-38 RCMSBK
38-50 RCLMSBK .3
10%



AB#1 — 0-24 RCMSBK
24+ SSAP NECO PIT

PIT 1 0-6 SCLWSBK
6-24 RCMSBK .325
24-55 RCLWSBK

227225 7356

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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:

William J Hudgins	2215 Old Mocksville Rd Statesville NC	704-546-2230	704-880-1521
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
William J Hudgins	2215 Old Mocksville Rd Statesville NC	704-546-2230	704-880-1521
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

2215 Old Mocksville Rd.		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From I-40 Approx. 9 miles out Old Mocksville Rd.
2 story white house on left.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Drain lines.
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6 & 3
If Expansion, Current Number of Bedrooms ___

( ) 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)* ( ) EXISTING SYSTEM installed ? *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: William J Hudgins 5-16-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

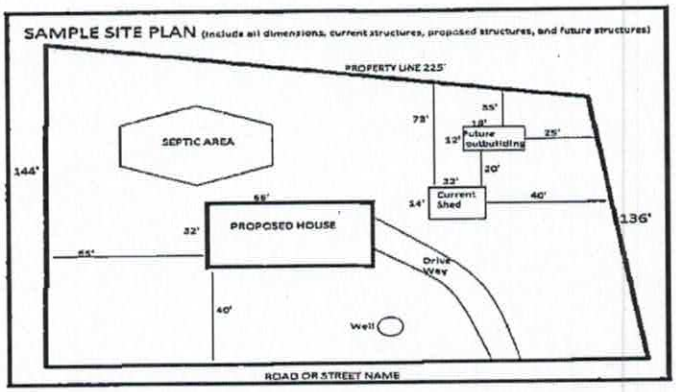
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

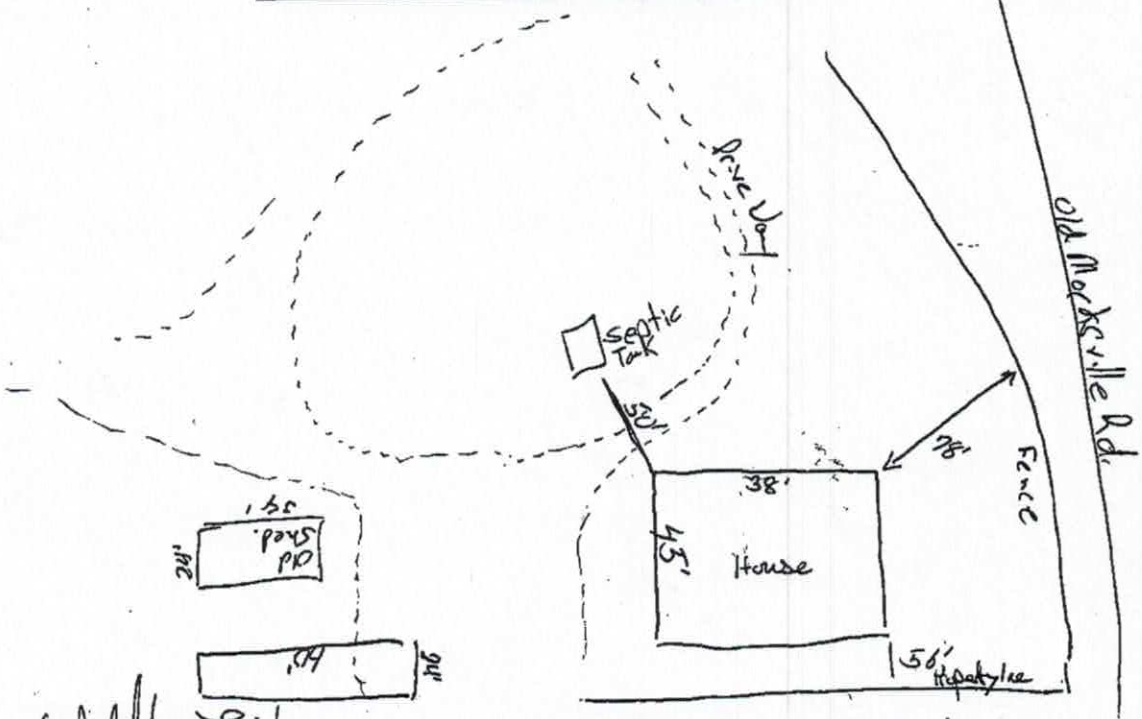
_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 5-16-17

REQUIRED **property owner or owner's legal representative signature.** **DATE**