IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233733

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

PIN # 4788153911 ~~3716~~ 4911 ✓

APPLICANT/OWNER: Brian Welborn APPLICANT ADDRESS: 2282 Old Mocksville Rd Statesville

SITE ADDRESS: 2282 Old Mocksville Rd Statesville 28625 PHONE: 704-902-0196 ALT. PHONE —

SITE DIRECTIONS: I40 E exit 154 → left off exit → travel ~9 miles → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.216 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

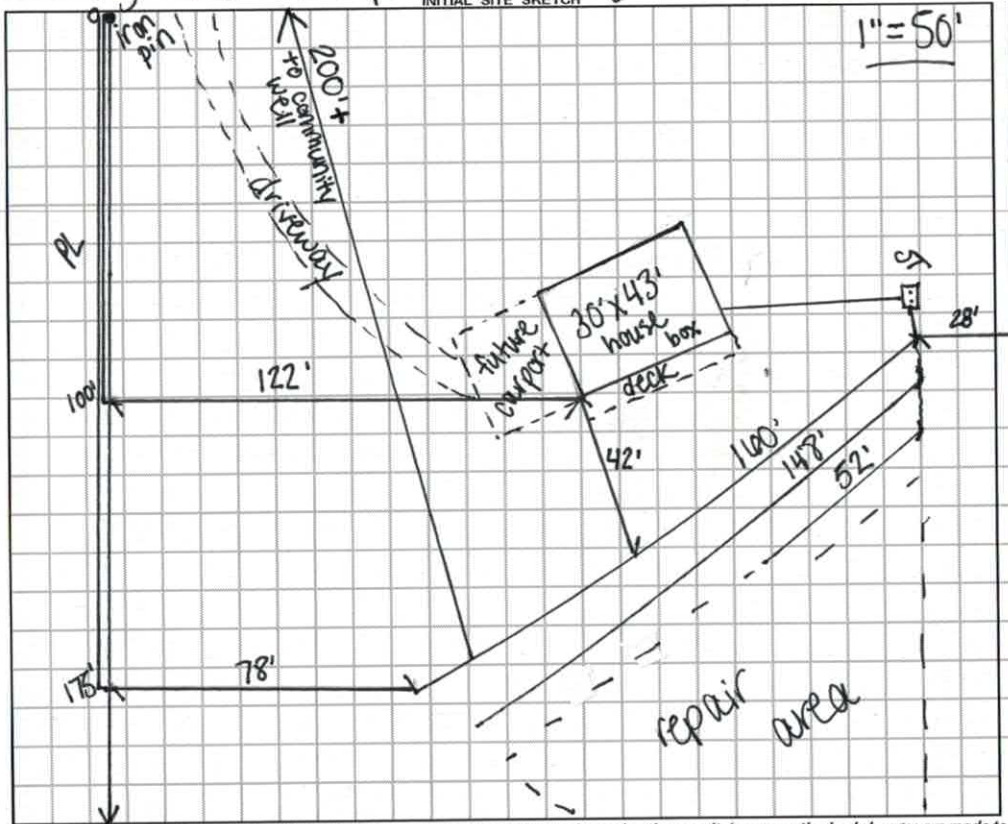
Septic Tank	1000	(gal)	STB	102	Date	2/25/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date		System Description:	25% reduction			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	25"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

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

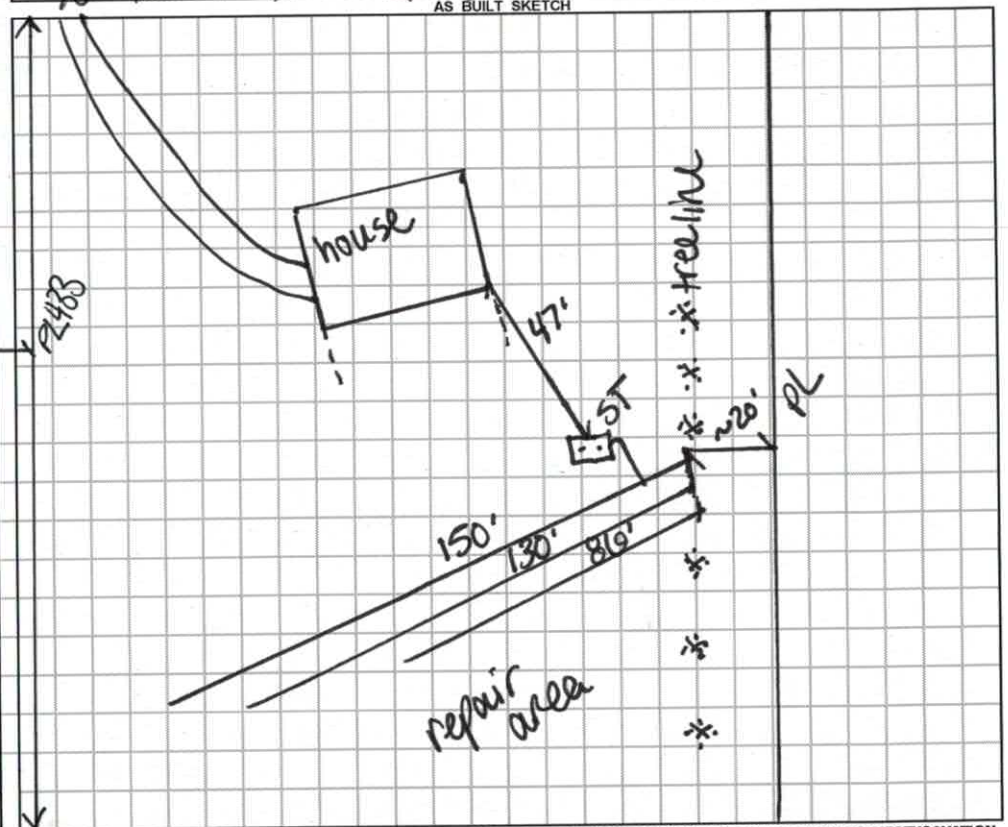
Comments / Conditions: Install on the contour of the land and utilize serial distribution. Do not exceed max trench depth of 28" (high side). Do not park on, pave, or grade septic area.

*Maintain minimum 15' setback off basement
4/11/19 - house moved closer to Rd, back corner 70' from 1st line - OK - CC

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: BJ Welborn Date: 3-23-18 Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Carla C. Cave Date: 3/12/18 OPERATION PERMIT by: Carla C. Cave Date: 4/4/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 3/21/18 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.

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 4788537116
COUNTY: Iredell

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

OWNER: Brian Welpan
ADDRESS: 2282 Old Mocksville Rd
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: 2282 Old Mocksville Rd
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE 2/27/18
DATE EVALUATED: 3/8/18
PROPERTY SIZE: 4.42 ac
PROPERTY RECORDED: Y

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other community well
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	SS 8% E	0-8	SBK SCL	Fr SS SP SMP		48"	N/A	N/A	PS .25
		8-40	SBK C	Fr SS SP SMP					
		40-48	ABK CL	Fr SS SP SMP	mottles				
2	SS 8%	0-16	SBK C	Fr SS SP SMP	—	48"	N/A	Platy @ 16"	U
		16-48	PL C	Fr SS SP SMP					
3	SS 8% E	0-8	ABK SCL	Fr SS SP SMP	mcompacted	48"	N/A	N/A	PS .25
		8-38	ABK C	Fr SS SP SMP					
		38-48	ABK CL	Fr SS SP SMP					
4	SS 8% E	0-8	SBK SCL	Fr SS SP SMP	—	40"	PS	N/A	PS .25
		8-26	SBK C	Fr SS SP SMP					
		26-40	ABK CL	Fr SS SP SMP					
		40-50	LSOP	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25% red.	25% red.
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: C Cawe
OTHER(S) PRESENT: H. Shaw

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

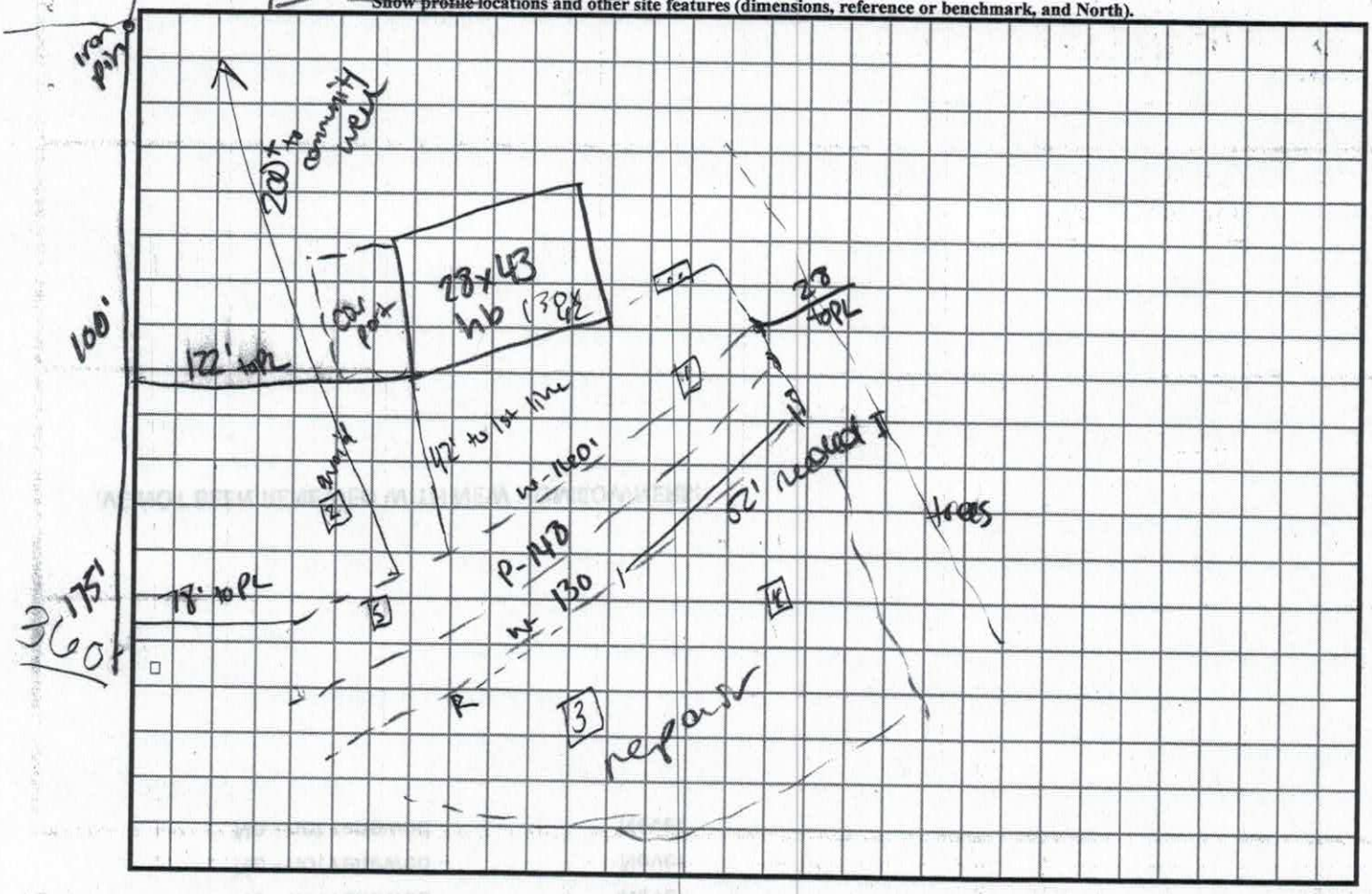
NOTES

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).



Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #: 4781533310
COUNTY: Iredell

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

OWNER: Brian Welborn
ADDRESS: 2282 Old Mocksville Rd
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: "
APPLICATION DATE 2/27/18
DATE EVALUATED: 3/8/18
PROPERTY SIZE: 4.42 ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 7% R	0-8	SBK SCL	Fr SS SP SCXP		54"	N/A	N/A	PS .25
		8-40	ABK C	Fr SS SP SCXP					
		40-54	ABK CL	Fr SS SP SCXP	⇒STAY above⇒ bed structure				
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25% red	25% red.
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: H. Snow

COMMENTS:

2274 for APS

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: Brian Welborn Address: 2282 Old Mocksville Rd Statesville Zip: 28625
Applicant Email: Brian welborn 67@yahoo Phone: 704 902 0196 Alt. Phone: NA
Owner Name: Brian Welborn Address: 2282 Old Mocksville Rd Statesville Zip: 28625
Owner Email: brian welborn 67@yahoo Phone: 704 902 0196 Alt. Phone: NA

Property Information:

Street Address: 2282 Old Mocksville Rd Statesville NC 28625
Subdivision Name: NA Section/Phase: ____ Lot Number: NA
Driving Directions: From Statesville Old Mocksville Rd 2nd Drive On Right Past Grantt Horne Rd Gravel drive

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: 3
Maximum Number of Occupants: 2
( ) 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: 2 Number of Persons: 5
( ) 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: _____ 2-27-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

* 10 am - pits 3/8/18

528-4201

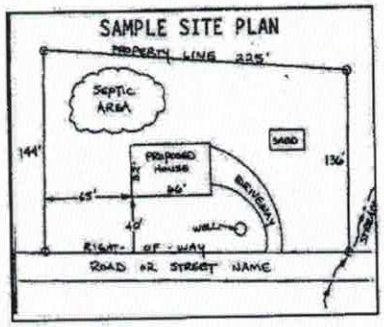
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

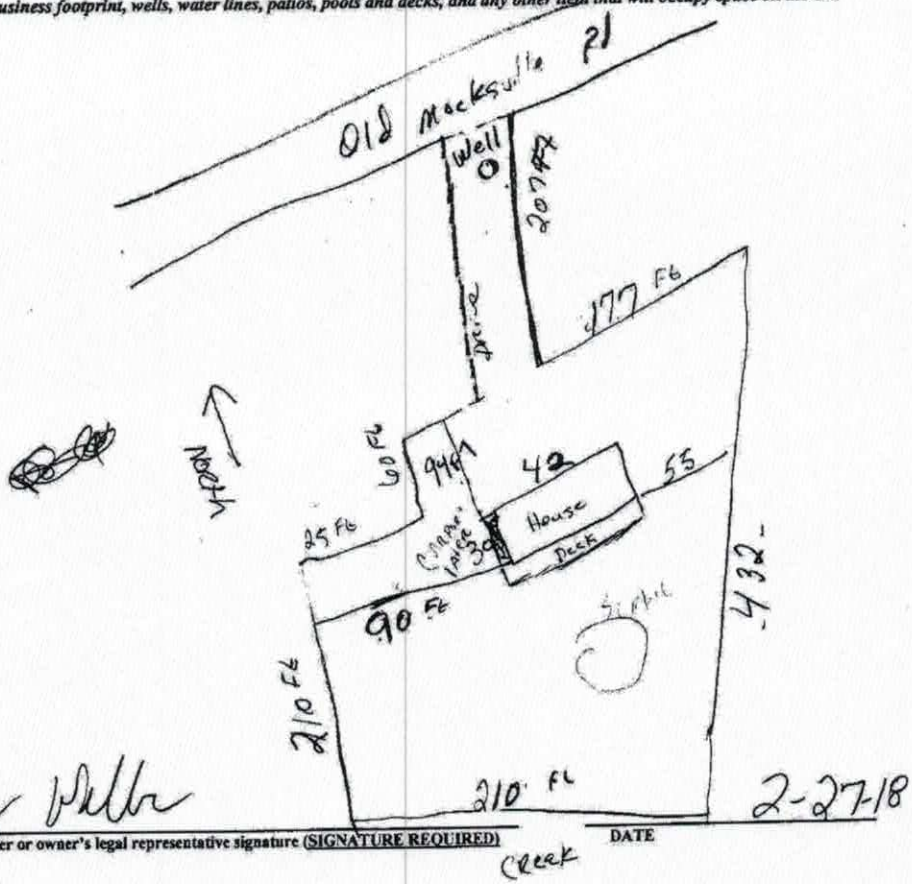


Circle N/A on the following if appropriate:

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

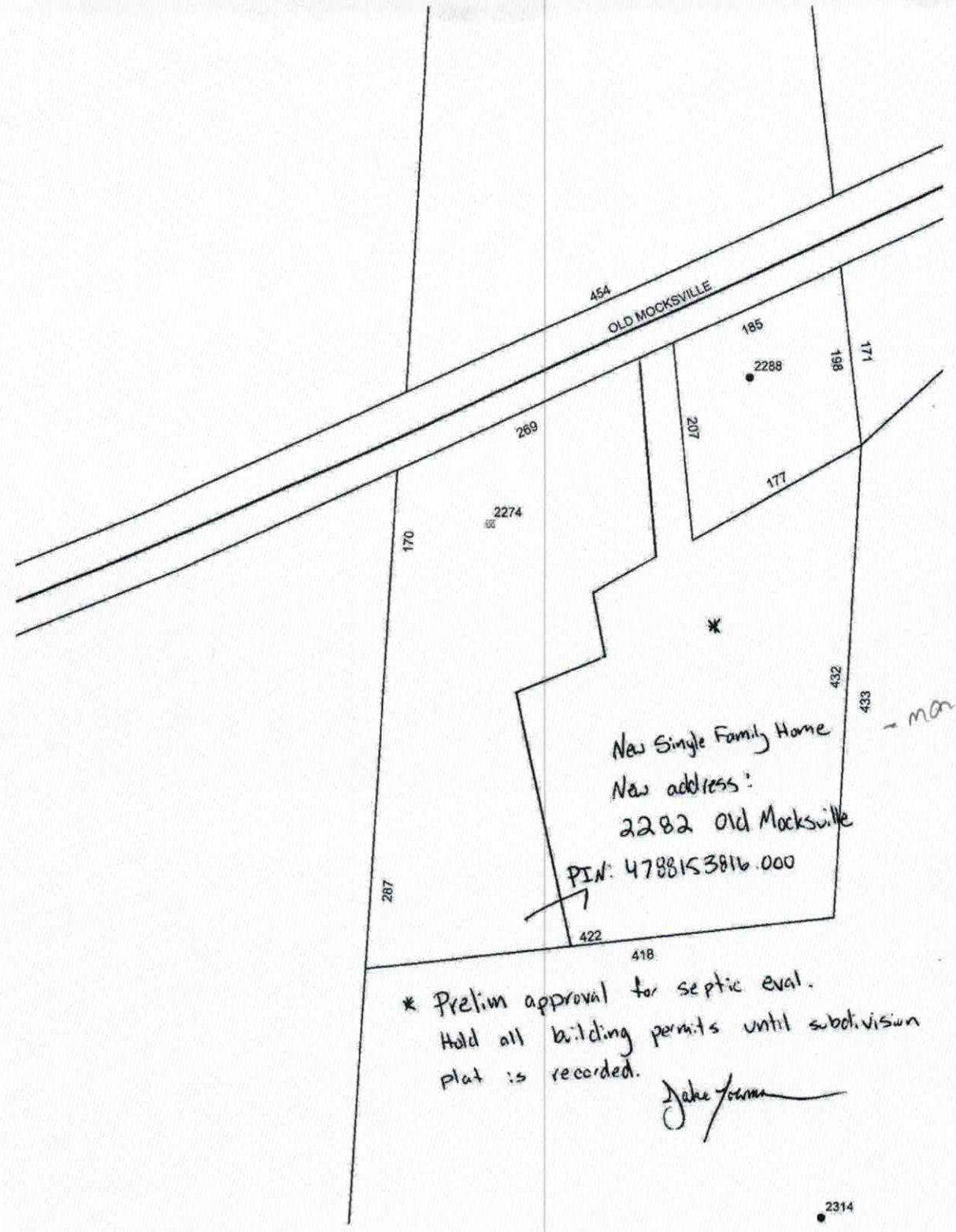
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



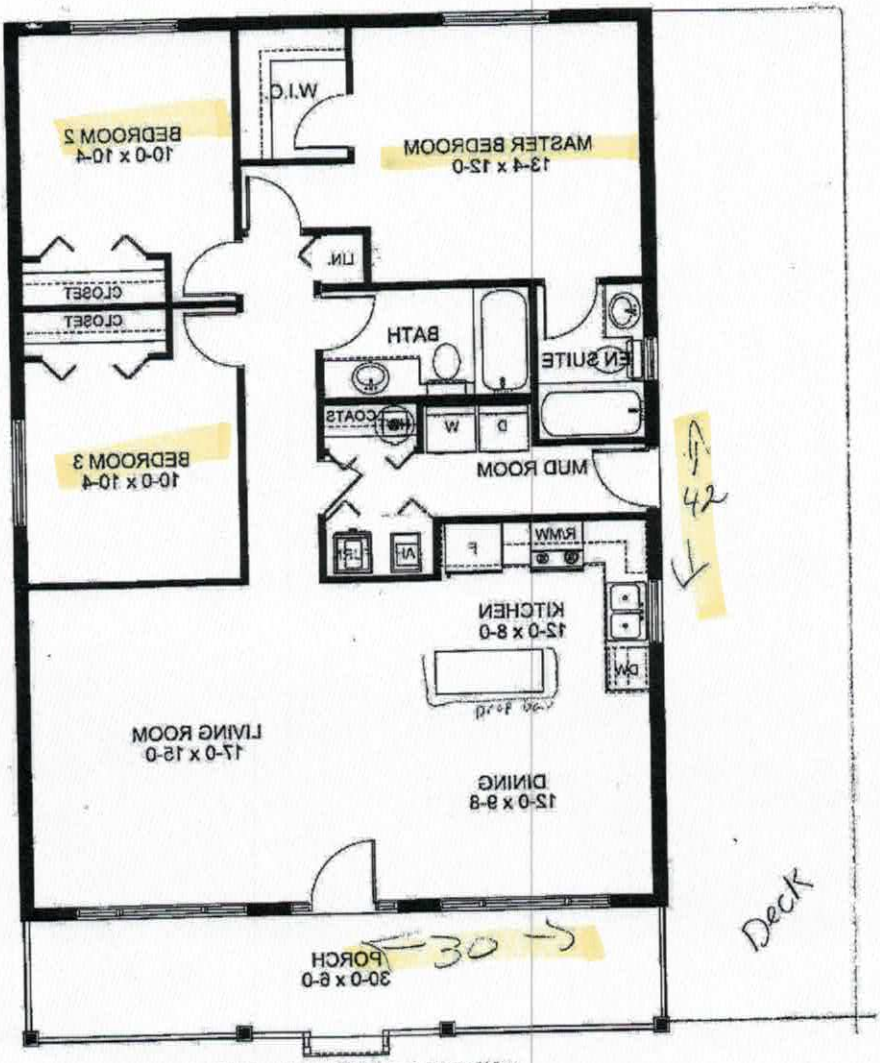
Signature: R Miller
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 2-27-18

* have corner now 70' from RR line, RR may be moved


454
OLD MOCKSVILLE
185
198
171
2288
269
207
177
2274
170
287
432
433
422
418
New Single Family Home
New address:
2282 Old Mocksville
PIN: 4788153816.000
* Prelim approval for septic eval.
Hold all building permits until subdivision
plat is recorded.
Jake Yowman
2314

- mar/fwes.



Mirror Reversed View - Click Here for Normal View

© plans copyrighted by designer

Click on picture to PRINT only the:

First Floor Plan

Plan ID: chp-46185, Order Code: C101

Click Here To Order This Plan or call 1-800-482-0464.

Acknowledgement Of Plans Submittal ONLY!

Date 3/12/18

Date

IREDELL COUNTY

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

APPLICATION NUMBER
233733
Issue Date: 02/28/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4788153816.000	2282 OLD MOCKSVILLE ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WELBORN BRIAN A	Applicant: WELBORN BRIAN A
Address: 2274 OLD MOCKSVILLE ROAD	Address: 2274 OLD MOCKSVILLE ROAD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.420	35.00	35.00	15.00	15.00	NOT	X

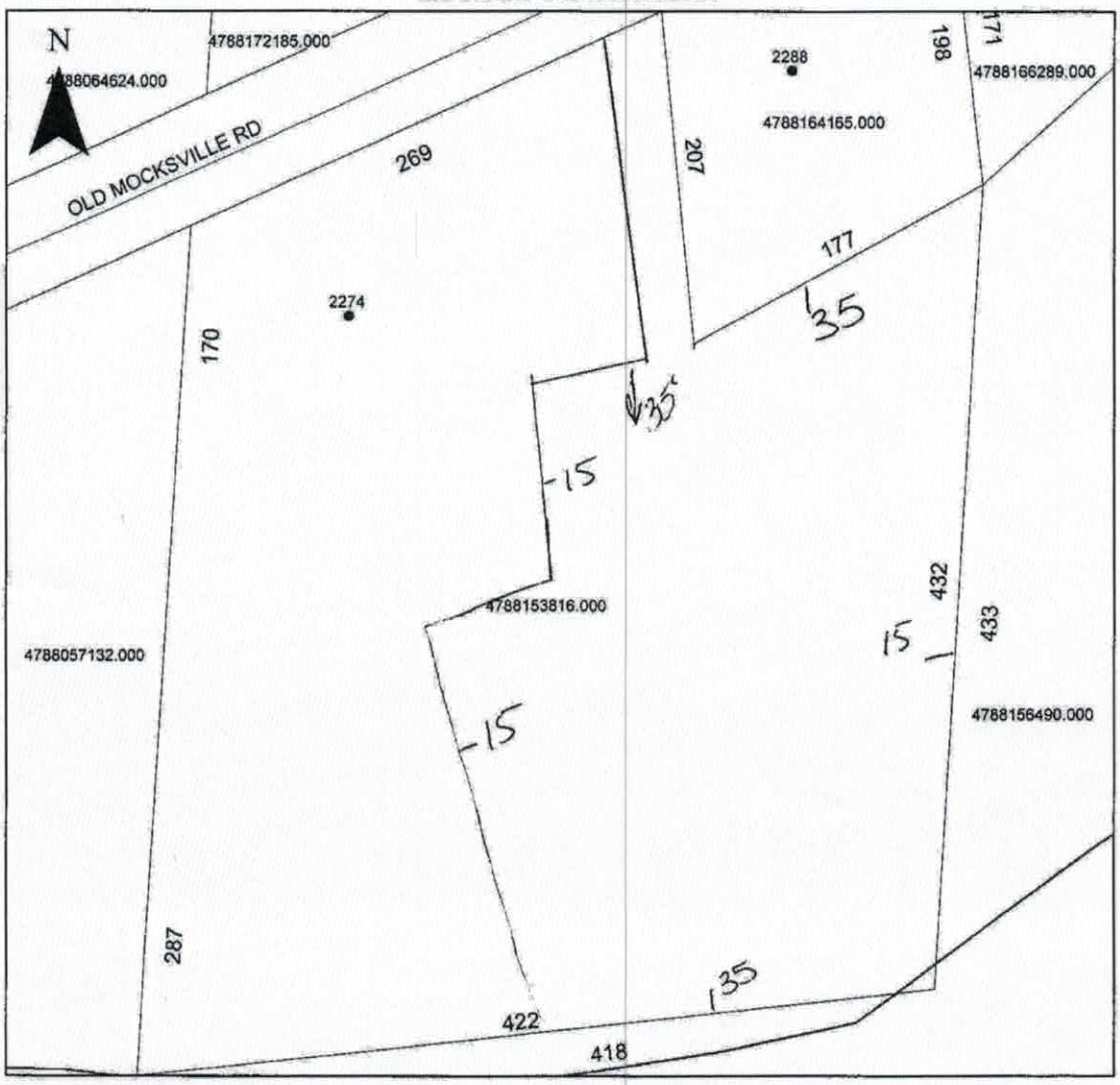
Remarks:

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	130138	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 2282 Old Mocksville

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.

x Br Wilk
Applicant

x 2-27-18
Date