ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-306773

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

PIN # 4797079032

APPLICANT/OWNER: DAVID AND KATHLEEN MEADOWS APPLICANT ADDRESS: 151 CREEKWOOD DRIVE, MOORESVILLE, NC, 28117

SITE ADDRESS: 616 GARDEN VALLEY ROAD, STATESVILLE, N.C. 28625 PHONE: 740-503-1502 ALT. PHONE 704-503-8841

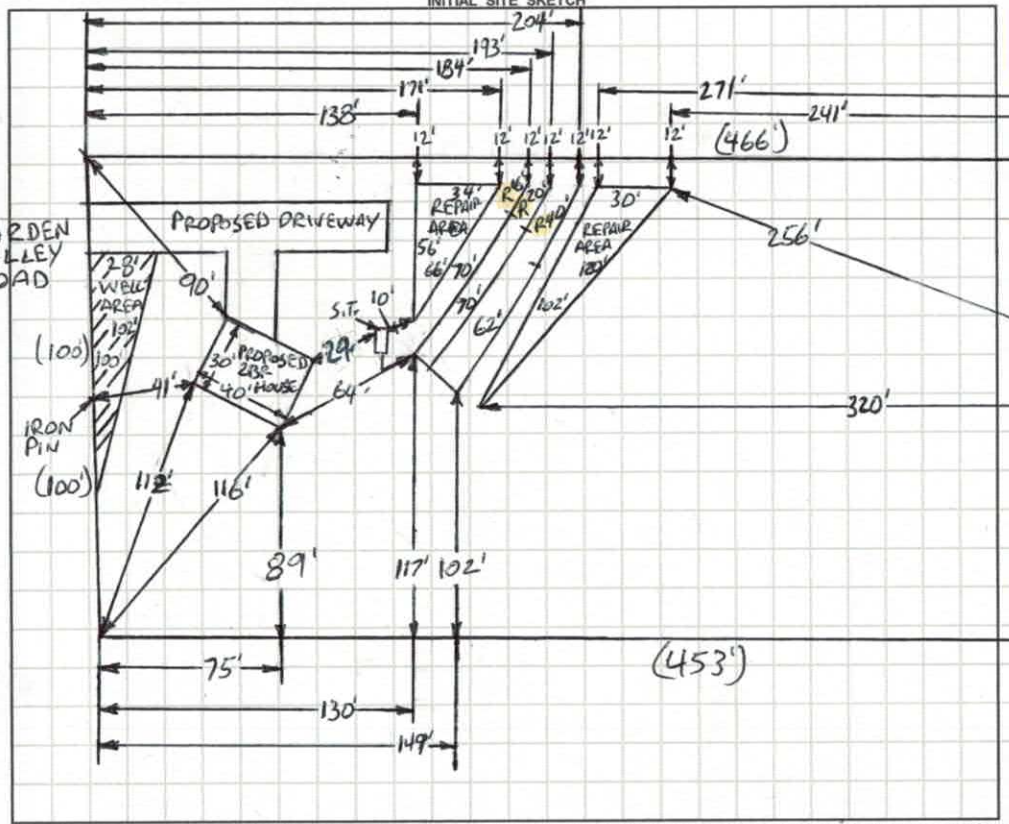
SITE DIRECTIONS: (E) ON 64, (L) ON COOL SPRINGS, (R) ON GARDEN VALLEY, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: SADDLEBROOK SECTION: 4 LOT # 19 LOT AREA: 2.11 AC DESIGN FLOW: 240GPD L.T.A.R.: 0.3 (0.275) REPAIR

Septic Tank	1000	(gal)	STB 760	Date	4-12	☑ 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:	25% REDUCTION			☐ Business	No. Persons 4	☑ Private
Pump Make	–	Model	–	Serial #	–	Repair System Description:	25% REDUCTION			☐ Other	No. Employees –	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	202FT	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	36IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth	–		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS DO NOT EXCEED A MAX TRENCH BOTTOM of 36IN

INITIAL SITE SKETCH

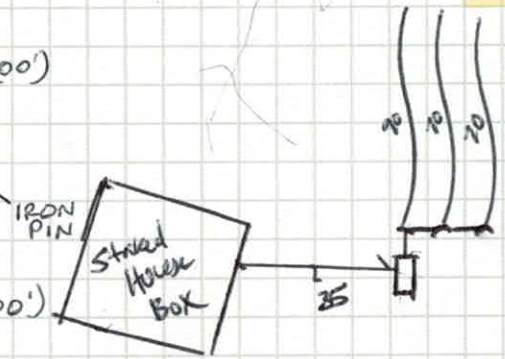


AS BUILT SKETCH

FOR SEPTIC INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

House not built at time of Inspection

1IN=80FT
S.T.=SEPTIC TANK
R=REPAIR



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: Kathleen M Meadows Date: 6-1-20 Installed by: Russell Williams - Watertown Solutions

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-26-2020 OPERATION PERMIT by: Benjamin A. Bass Date: 6/30/2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-27-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 2
PROPERTY ID #: 4797 07903
COUNTY: IREDELL

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

OWNER: DAVID & KATHLEEN MEADOWS
ADDRESS: 151 CREEKWOOD DRIVE, MOORESVILLE, N.C. 28117
APPLICATION DATE 4-13-202
DATE EVALUATED: 4-30-202
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 2.11 AC
LOCATION OF SITE: 616 GARDEN VALLEY ROAD, STATESVILLE, N.C. 28625
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) .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	HEAD 10%	0-10	SCL, SBK	FR/SS,SP,SEXP	SAP INC THRU OUT FEW F1	48"+	NA	NA	PS .3
		10-27	C, SBK	FR/S,P,SEXP					
		27-48	CL/WSBK	FR/SS,SP,SEXP					
2	HEAD 12%	0-33	FILL	FR/FILL	REDOX IN FILL	48"+	NA	NA	U
		33-48	C, SBK	FR/S,P,SEXP					
3	HEAD 6%	0-12	SCL, SBK	FR/SS,SP,SEXP	0-12 GRAVELLY COLLUVIAL SAP INC 12+	42"+	NA	NA	PS .3
		12-36	C, SBK	FR/S,P SEXP					
		36-52	CL, WABK	FR/SS-SP SEXP					
4	LINEAR SIDE 10%	0-33	C, SBK	FR/SS,P,SEXP	SAP INC THRU OUT FEW F1	52"+	NA	NA	PS .3
		33-52	CL/WABK	FR/SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. White
OTHER(S) PRESENT: Burnett C. White

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 #: 4797079032
DATE OF EVALUATION: 4-30-2020
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	NOSE 15%	0-30	C, SBK	FR, S, P, SEXP	SAP THRU OUT	30"	V II SL VFI	30"-40"	PS .275 ABOVE 30"
		30-40	SAP, RC	VFI, NS, NP, SEXP					
		40-58	CL, WABK	FR, SS, SP, SEXP					
6	NOSE 15%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI	50"+	NA	NA	PS .3
		7-30	C, SBK	FR, S, P, SEXP					
		30-50	CL, WABK	FR, SS, SP, SEXP					

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	0.6 - 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.

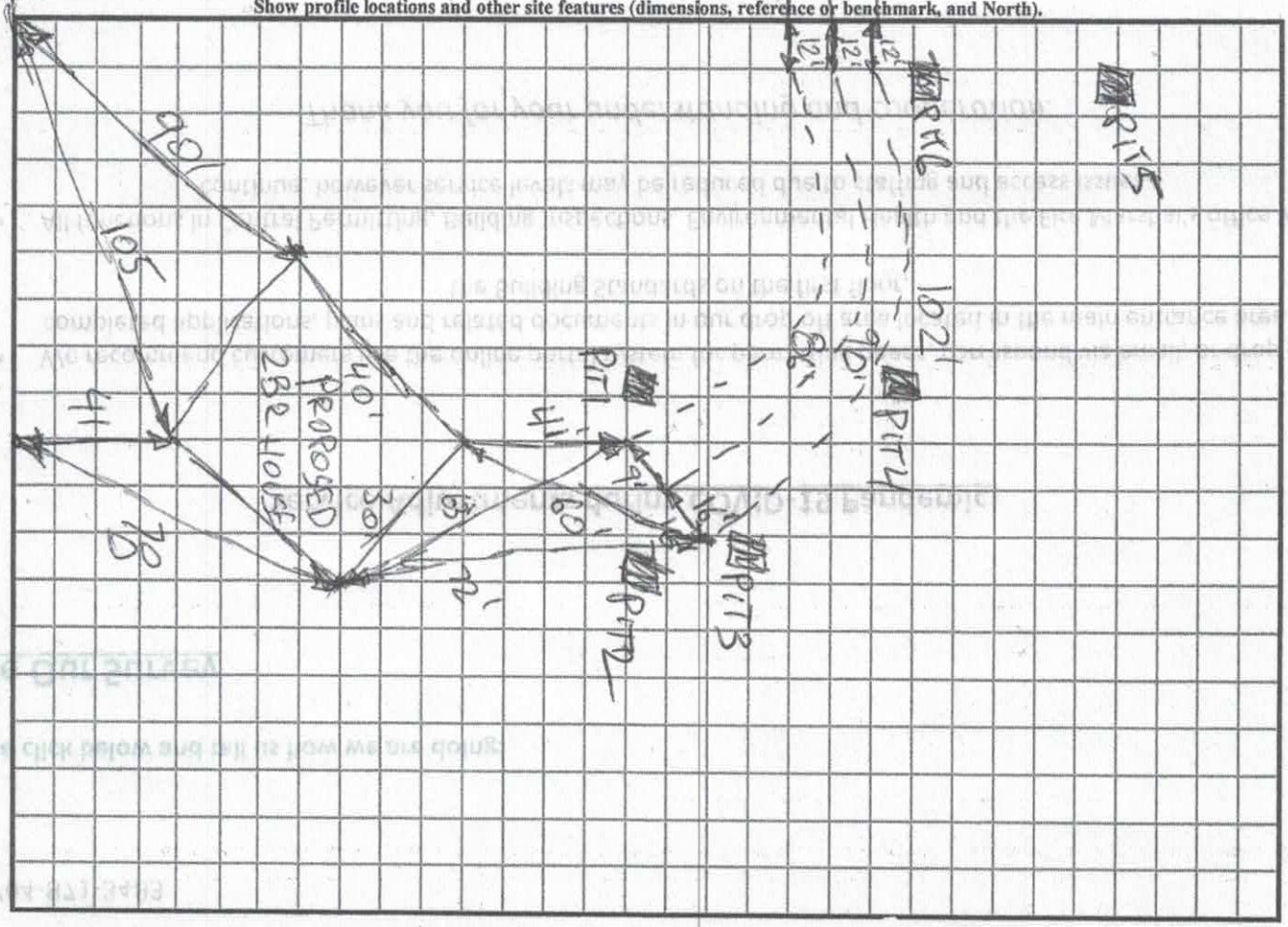
NOTES

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).



RECEIVED APR 1 7 2020 AP-306775
$500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

NEW SEPTIC

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: David Meadows and Kathleen Address: 151 Creekwood Drive Zip: 28117
Applicant Email: meadowsdavidog@gmail.com Phone: 740-503-1502 Alt. Phone: 740-503-8841
Owner Name: David Meadows Address: 151 Creekwood Dr, Mooresville Zip: 28117
Owner Email: meadowsdavidog@gmail.com Phone: 740-503-1502 Alt. Phone: 740-503-8841

Property Information:

Street Address: 1616 Garden Valley Dr, Statesville, NC 28677

Subdivision Name: Saddleback Section/Phase: IV+B33 Lot Number: 191 & 20

Driving Directions: US-64E to Cool Springs rd, turn right onto Garden Valley rd. destination on right

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

(X) 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: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 1 Number of Persons: 2

(X) 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 1 (X) Conventional ( ) Innovative 3 ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.

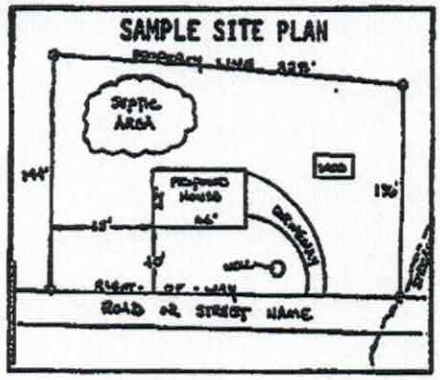
Signature: David K. Meadows David Meadows 4/13/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

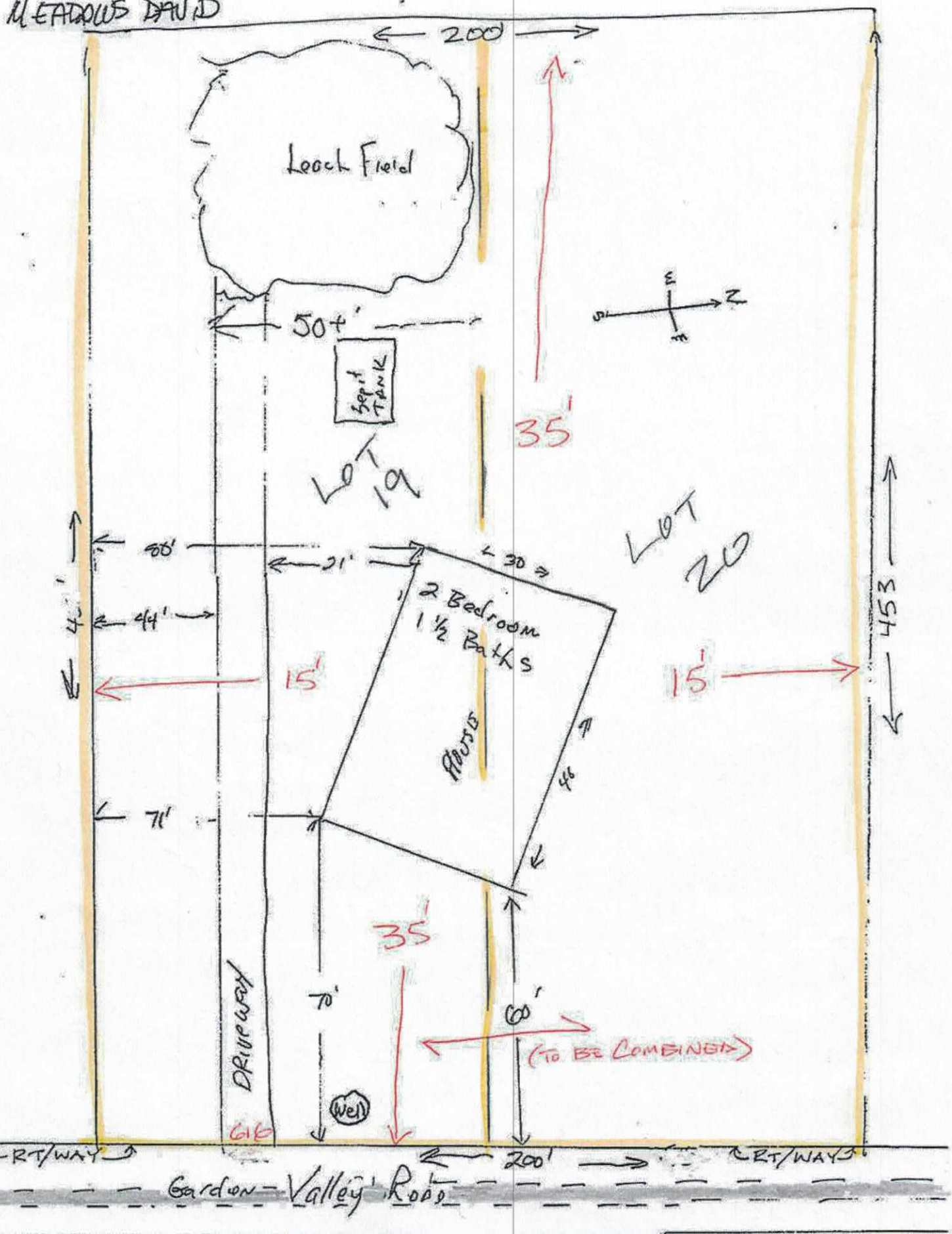
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached.

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

4-16-20
DATE


MEADOWS DRIVE
200'
Leach Field
50+'
Sept. Tank
35'
LOT 19
LOT 20
80'
71'
30'
44'
2 Bedroom
1½ Baths
15'
15'
453'
71'
46'
35'
70'
60'
(TO BE COMBINED)
DRIVEWAY
Well
RT/WAY
200'
RT/WAY
Gordon Valley Road

Preliminary Approval – SF Dwelling Permit (Meadows Property) - Lots #19 & #20

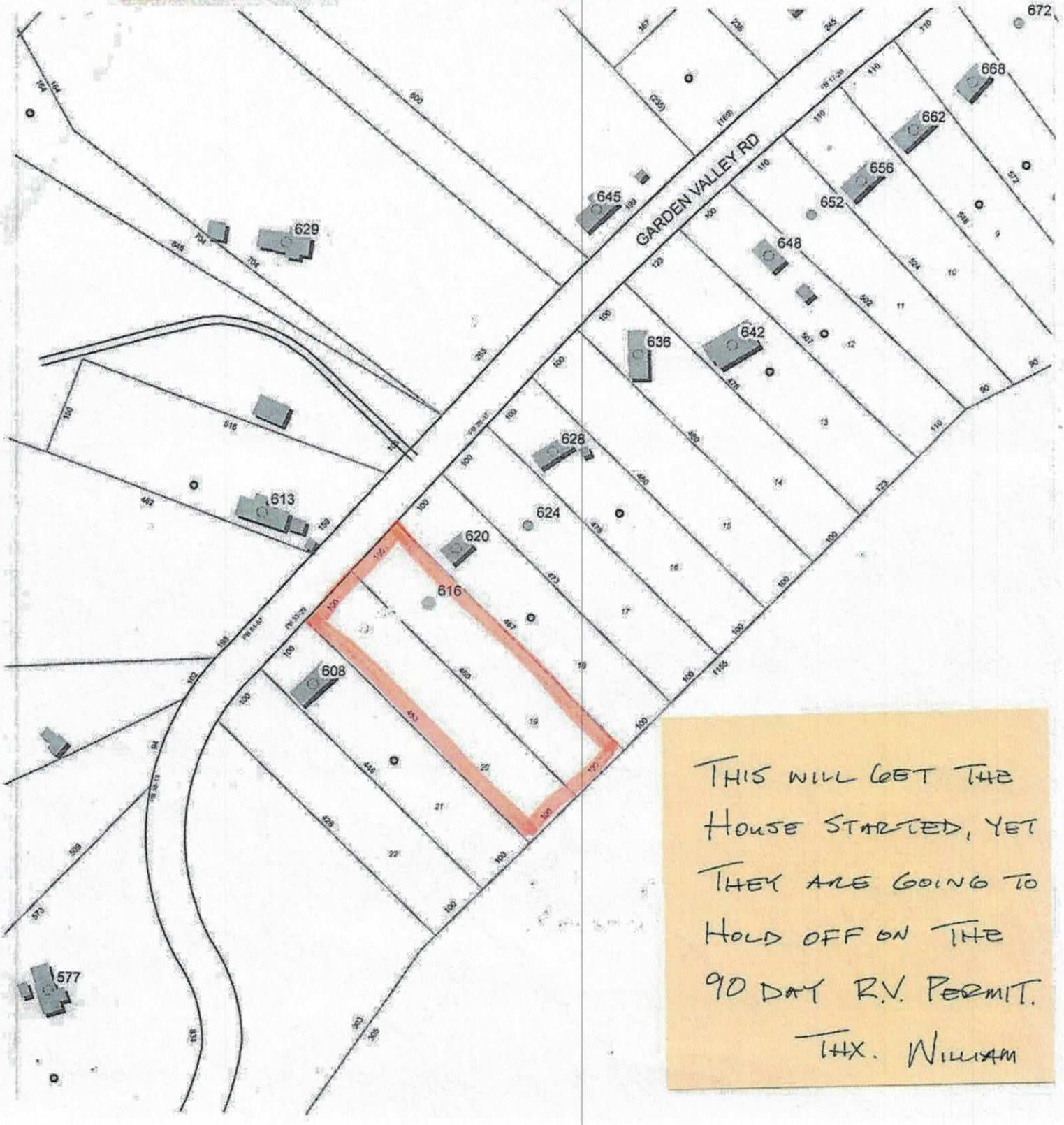
Regarding the property located at 616 Garden Valley Road and applicants David and Kathleen Meadows, it is permissible to go head and issue the Zoning and Environmental Health Permit to allow for the septic approval to be applied for, yet a hold shall be placed the Building Permit until the two lots are combined.

William Allison

4-16-20

William Allison – Planner III

Date

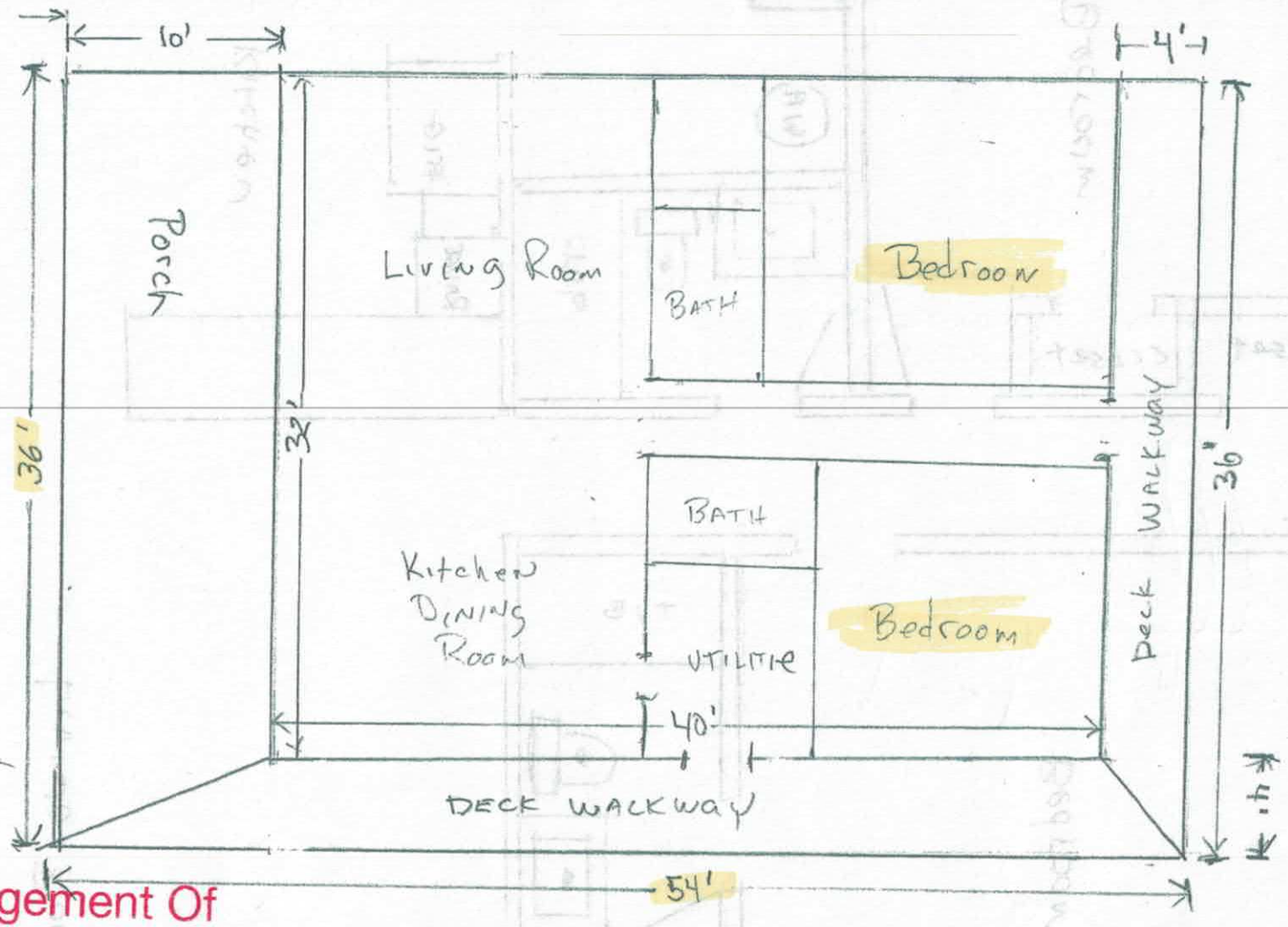


THIS WILL GET THE HOUSE STARTED, YET THEY ARE GOING TO HOLD OFF ON THE 90 DAY R.V. PERMIT.

THX. WILLIAM

DAVE AND KATHI MEADOWS 616 GARDEN VALLEY RD

Porch and Deck Plans
1/8" = 1 Foot

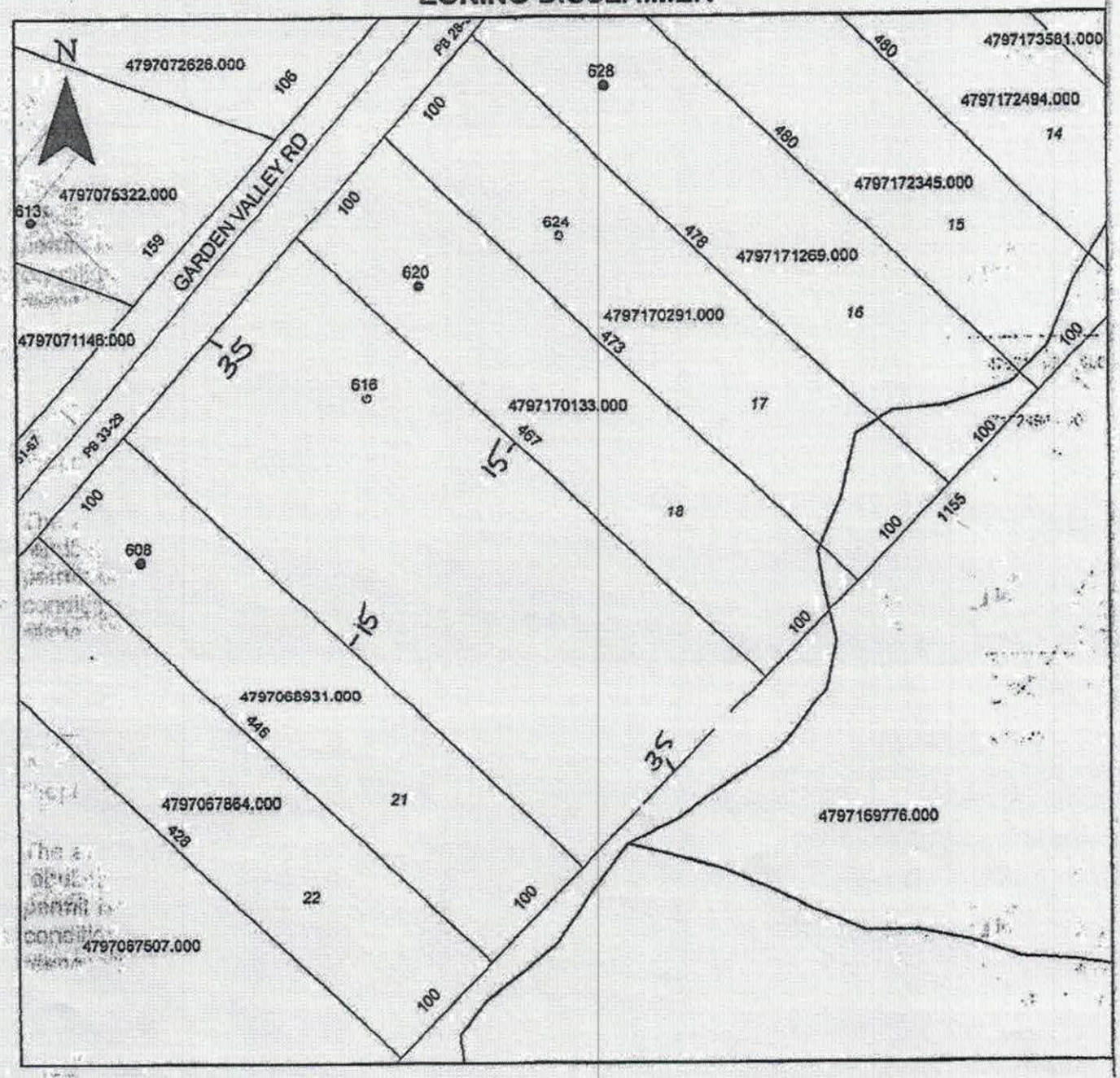


Acknowledgement Of
Plans Submittal ONLY!

Bryant C. White Date 5-27-2020

Kathleen M Meadows Date 6-1-20

ZONING DISCLAIMER



Property Address 1616 Garden Valley

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.

Franklin Meadows
Applicant

4-16-20
Date