IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227759.

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

PIN # 4811195060.

APPLICANT/OWNER: Lonnie Allen APPLICANT ADDRESS: 1902 Juniper Church RD Four Oaks NC 27524.

SITE ADDRESS: 106 Mitchell Trail RD Statesville NC 28625 PHONE: 919 631 1632. ALT. PHONE ~

SITE DIRECTIONS: 115 N to Love Valley left on Mitchell Trail SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: .849. DESIGN FLOW: 240 gpd L.T.A.R.: .25

Septic Tank	1000. (gal)	STB	760	Date	11-5-17.	☒ 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:	50% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	240.	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36.	Trench Bottom Depth(Low side)	20	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE		

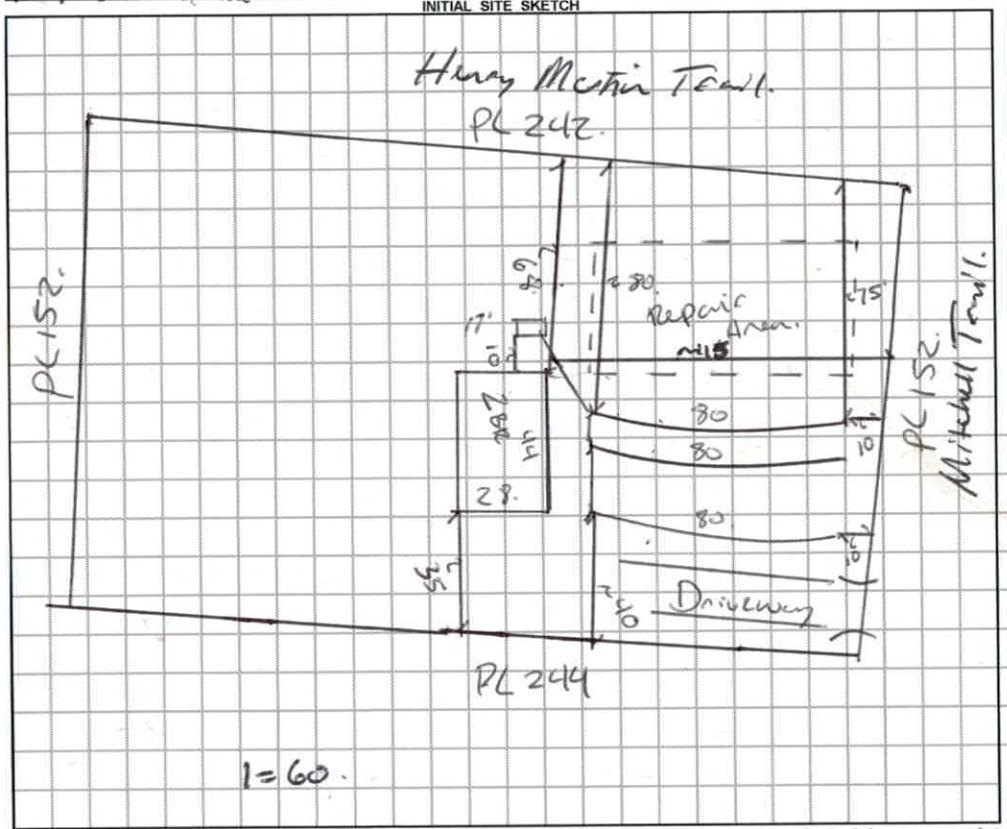
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons 4 No. Employees ~ ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on the contour of the land utilize serial distribution. Do not exceed max depth of 20 inches low side. Maintain 10 Ft from any water line. Do not drive, park, pave, grade or keep utilities in the drain field area.

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: _____ Date: _____ Installed by: Shannon Groundbreakers.

IMPROVEMENT PERMIT by: Benjamin A Bottles Date: 10/4/2017. OPERATION PERMIT by: Benjamin A Bottles Date: 2/2/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottles Date: 10/5/2017. Existing System Inspected by: _____ Date: _____

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

Sheet 1 of 1
PROPERTY ID #: 481119506
COUNTY: Iredell

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

OWNER: Lonnie Allen. APPLICATION DATE 9/20
ADDRESS: 1802 Juniper Ch RD. Fow Oaks NC. DATE EVALUATED: 9/29.
PROPOSED FACILITY: House 2BR PROPOSED DESIGN FLOW (.1949): 240 gpd. PROPERTY SIZE: .849.
LOCATION OF SITE: 106 Mitchell Trail. PROPERTY RECORDED: 1/4.
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	Side slope. 12%	0-3	Manipulated fill			48.		From Rock Blocks C36 MN conc.	PS .25 24 TB.
		3-30	C SBK	SSSpFM SExp.					
		30-48	CL WSBK	SSSpFR SExp.					
2	Side slope. 12%	0-3	—	—		48		MnC 33. SapInclusions	PS .25 24 TB.
		3-8	SCL WSBK.	SSSpFR SExp					
		8-33	C SBK	SSSpFM					
		33-48.	CL WSBK	SSSpFR					
3	Side slope 12%	0-10	SCL SBK	SSSpFR SExp		48		Mica SapInclusions	PS .25 TB.36
		10-32	C SBK	SSSpFM					
		32-48	CC SBK	SSSpFR					
4	Side Slope 12%.	0-2	Top —	—		48.		MnC 33. Rock 36.	PS .25 TB 24.
		2-30	C SBK	SSSpFM SExp					
		30-48.	CL. SBK	SSSpFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240.	120
System Type(s)	~~III~~ 25% Mnd	~~III~~ 50% Conv
Site LTAR	.25	.25

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

COMMENTS: MN Conc Trench Bottom to be 24 inches. 20 inch low side

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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	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.

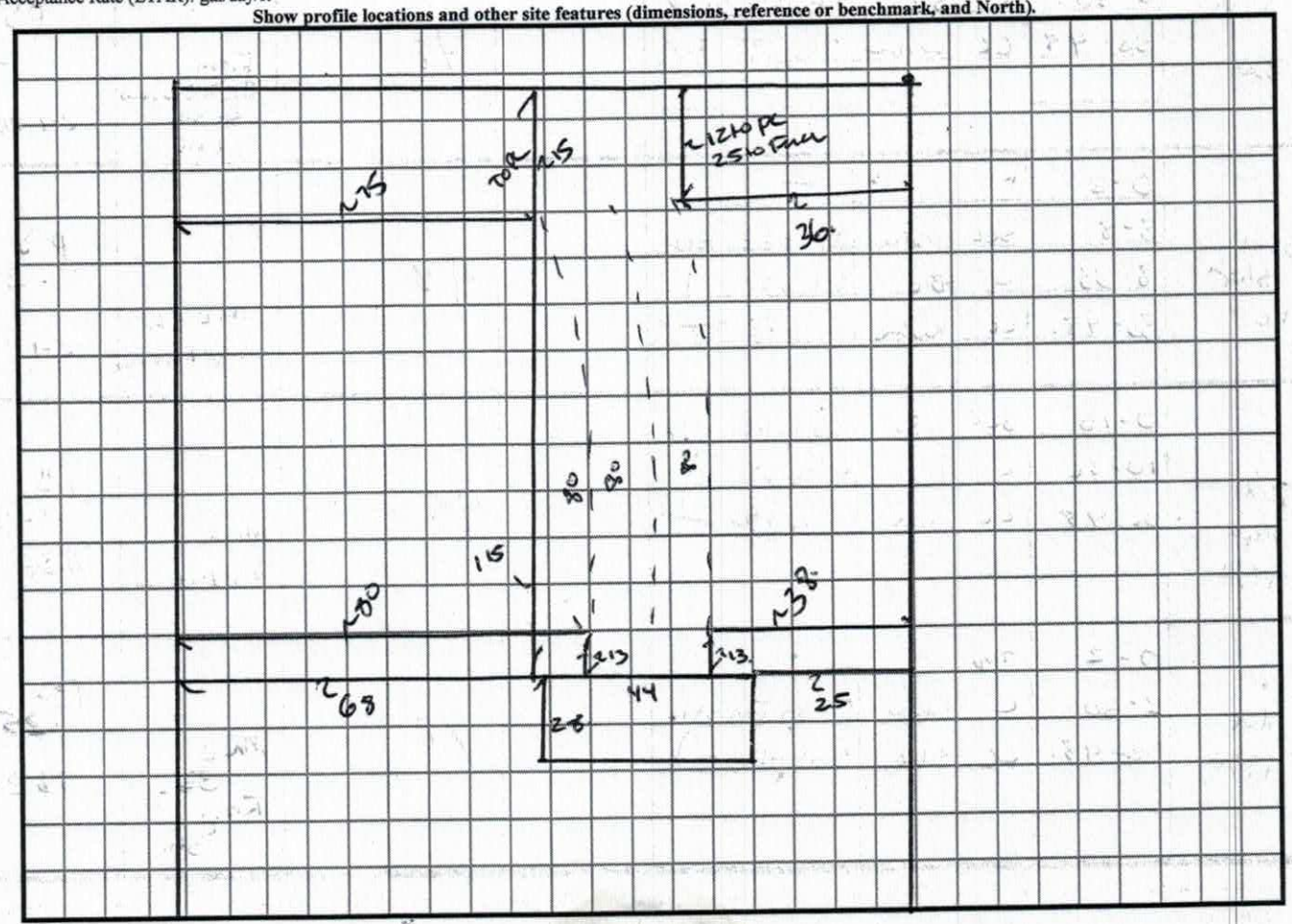
NOTES

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/ft^2

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



10 Ctrace Fragments throughout

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Lonnie Allen

Date 3-8-17

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Lonnie Allen, am the legal owner(s) of the property located at 169 Hensley Morton Trail Love Valley NC, identified as PIN (Parcel Identification Number) 4811950860.000, 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.

Lonnie Allen 3-8-17 Cynthia Allen 3-8-17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

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**

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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

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

( ) Other _____

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

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****

6. Proposed Water Supply:

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

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****

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? No
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?

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****

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: Lonnie Allen
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,

17

___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

LONNIE Allen	1802 Juniper ch Rd Four Oak NC. 27524	919-963-3776	919-631-1632
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone**
SAme	1802 Juniper ch Rd Four Oaks NC 27524	SAme	SAme
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

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4. **Property Information:**

Street Address | **Subdivision Name** / **Section/Phase and Lot Number**

Driving Directions: 169 Henry Martin Tr Love Valley NC

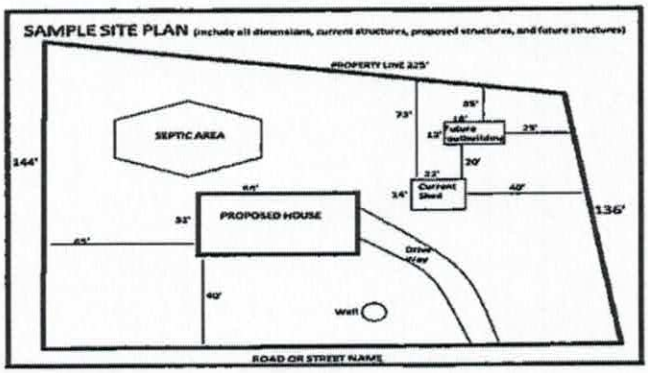
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5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

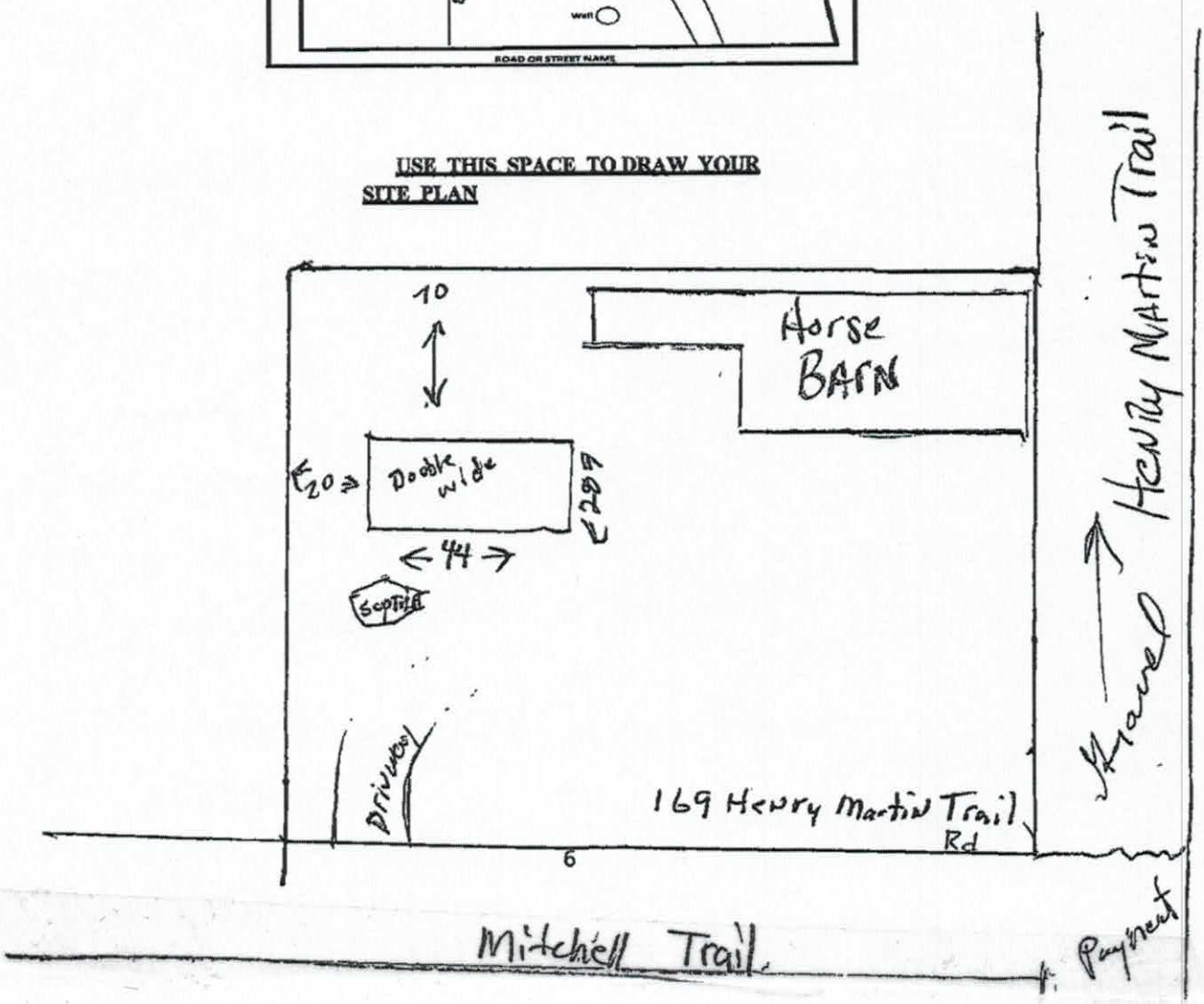
(✓) New, Single Family Residence — Maximum Number of Bedrooms 3
( ) New, Multi-Family Residence — Maximum Number of Occupants ___
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ ( )
Repair To Failing Septic System due to ____

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**



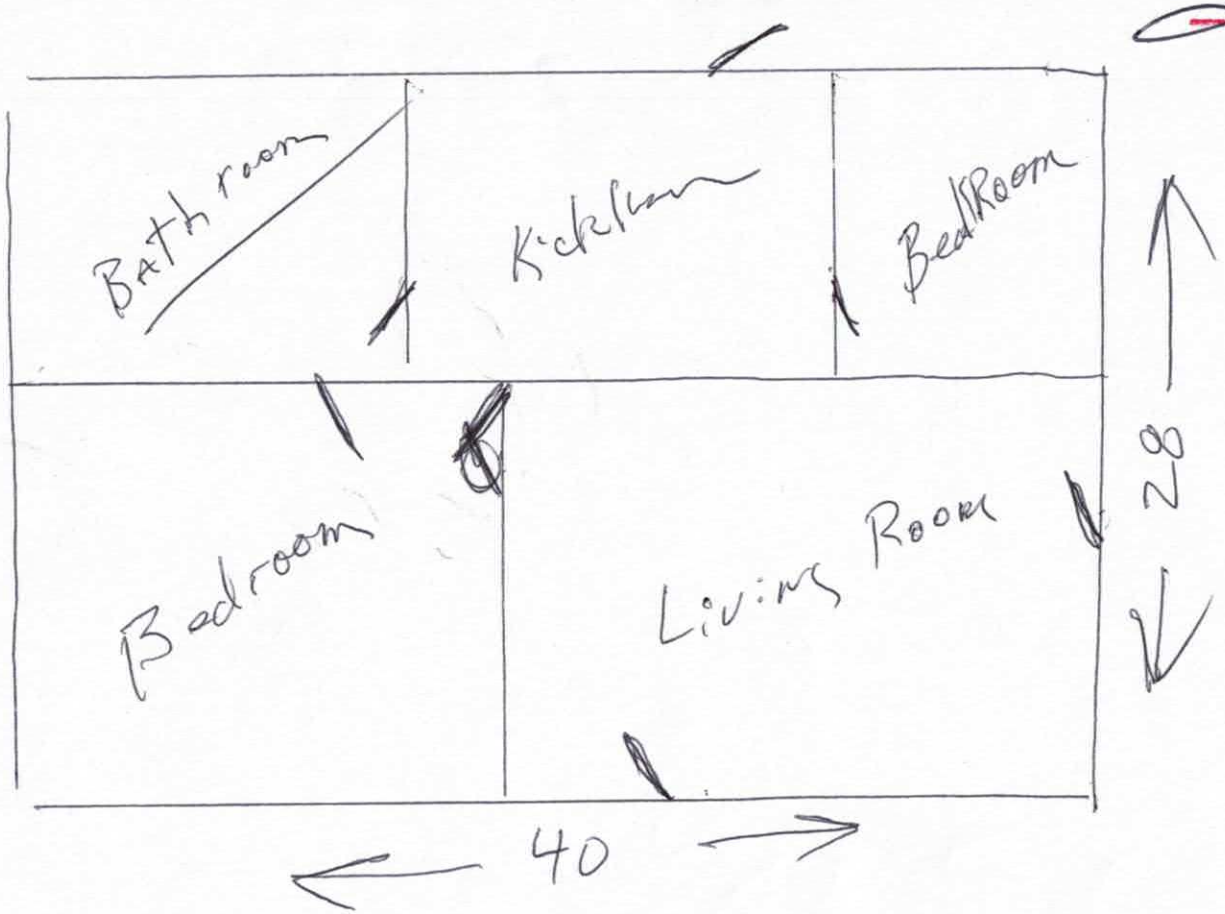
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Lonnie Allen
REQUIRED **property owner or owner's legal representative signature.**

DATE

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Bolton Date 10/5/2017.
Date 9-5-17



PLAN House