IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214416

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

PIN # ~~4811-13-5191.000~~ 22-3600

APPLICANT: Roger Earl Milan APPLICANT ADDRESS: 114 Ridge Gate Ln. Statesville NC

SITE ADDRESS: 706 Mountain View Rd. Statesville NC PHONE: 704-881-3263 ALT. PHONE: 704-872-9970

SITE DIRECTIONS: Hwy 115 N, TL Mountain View Rd (Love Valley), Site on R

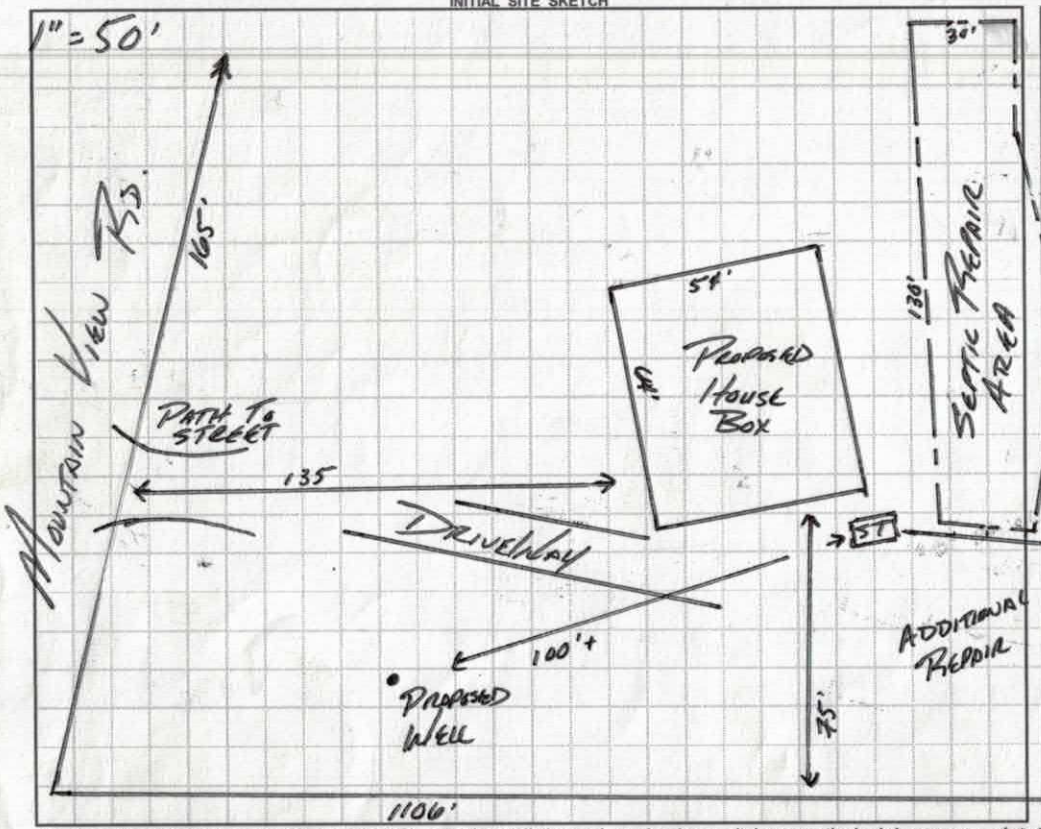
SUBDIVISION: ____ SECTION: ____ LOT # ____ LOT AREA: 3.5 Acre DESIGN FLOW: 360 GPD. L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	160	Date	9-6-17.	☒ New System	☐ Repair	☐ Expansion	System Type: I	II	☒ III	IV	V	VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description: 25% Reduction - Gravity									☐ Business	No. Persons	6	☒ Private
Pump Make		Model			Serial #		Repair System Description: 25% Reduction w/ Cat 5									☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3 @ 100'		Linear Ft:	300'	Maintenance Agreement Required:		☐ YES	☒ NO						☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	* 31" *		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE								☐ Basement w/plumbing		☐ Basement w/o plumbing	

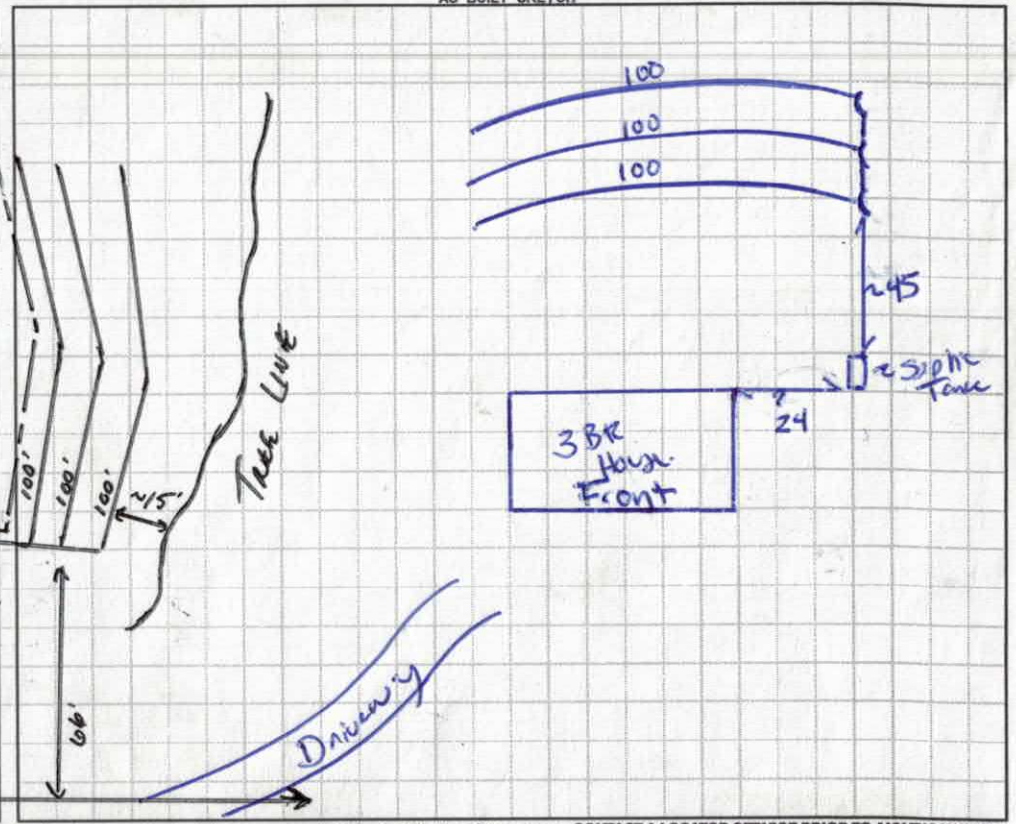
Comments / Conditions: * Property Must Be Recorded @ Register of Deeds Prior To Issuance of AC *

Owner 4 Infiltrator Product 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: [signature] Date: 12 22 15 Installed by: Kevin Bowel K+M Trenching

IMPROVEMENT PERMIT by: [signature] APPROVED Date: DEC 11 2015 OPERATION PERMIT by: Benjamin A Bethea Date: 12/5/2017.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/06/16 Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 4
PROPERTY ID #: 5191
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John & Teresa Jewell
APPLICATION DATE 10/22/15
ADDRESS: 181 Beaver Brook Ln.
DATE EVALUATED: 12/8/15
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 32.390 Ac
LOCATION OF SITE: 706 Mountain View Rd. Statesville NC
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
A 1	LS 15%	0-6	BSCL, WSBK	FR, SS, SP	/	41"	F-C-M SAP INCL 30-41"	/	.3
		6-29	RC, SBK	" " "					
		29-41	RCL, SBK	" " "					
		41-48	Mass Sap	" " "					
A 2	LS 15%	0-6	BSCL, WSBK	Poss. Fill	/	33"	C-M SAP INCL 20-30"	34"	.3 to 30"
		6-24	RC, SBK	FR, SS, SP					
		24-30	RCL, WSBK	" " "					
		30-33	Mass Sap	" " "					
		34	R						
A 3	LS 15%	0-8	BCL, WSBK	FR, SS, SP	/	43"	F-C-M SAP INCL 12-43" FELD.	/	.3
		8-33	RC, SBK	" " "					
		33-43	RCL, SBK/WSBK	" " "					
		43-46	Mass Sap	VFL " "					
A 4	LS 15%	0-8	BCL, WSBK	FR, SS, SP	/	46"	F-C-M SAP INCL 15-46" FELD.	/	.3
		8-32	RC, SBK	FR, SS, SP					
		32-46	RCL, SBK/WSBK	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	ERS	ERS
System Type(s)	Approved	Approved/Dbl
Site LTAR	.3	.3

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

COMMENTS:

2/4

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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)

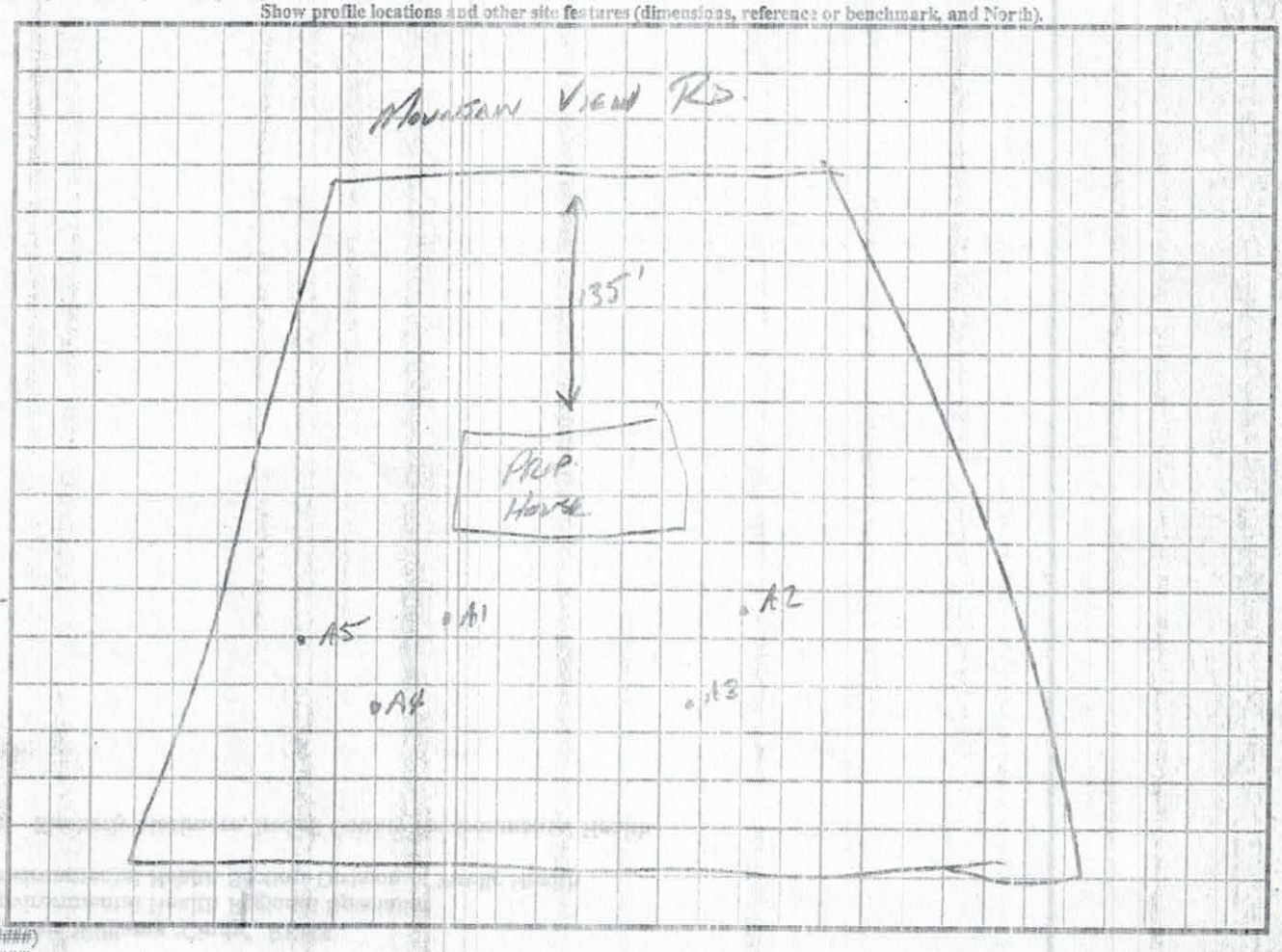
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft^2

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



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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 3 of 4

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ 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)		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	
A S	LS 15%	0-6	BCL, WSBK	FR, SS, SP	/	32"	C-M SAP IN 22 10-33"	33"	.3 TO 33"
		6-20	RCL, SBK/WSBK	" " "					
		20-32	RCL, WSBK	" " "					
		33	R	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____

Soil Notes

4/4



1 inch = 50 feet

Drainfield 66' From P/L
House 75' From P/L Side Street

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 X BOTH ___ 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Roger Eric Milam	114 Ridge Gate LN	704-872-9970	704-881-3263
John + Teresa Sewell	181 Beech Brook Ln		

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Mt. View Rd. 706	None	None

Driving Directions: _____

****

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(X) 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:**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** Roger Eric Milam — 10 22 15

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:

X **Property Line measurements are clearly identified…** X **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

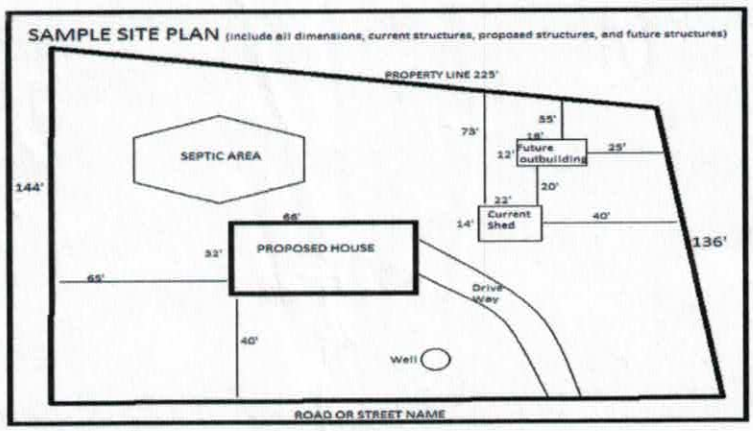
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

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

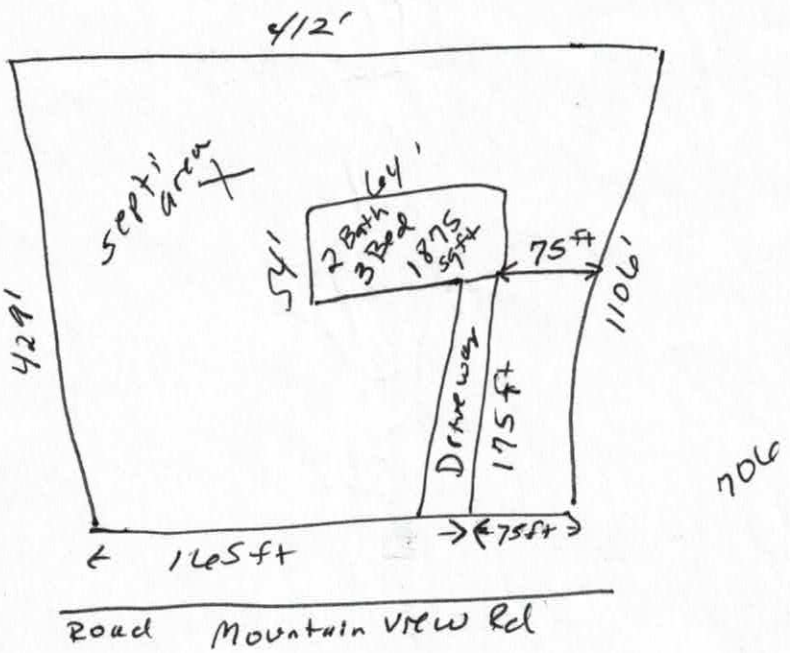
Circle N/A on the following if appropriate:

NA **Location of septic systems and wells within 100' of your property… N/A**

NA **Location of easements and rights of ways on your property… N/A** NA **Location of any designated wetlands on the property… N/A**

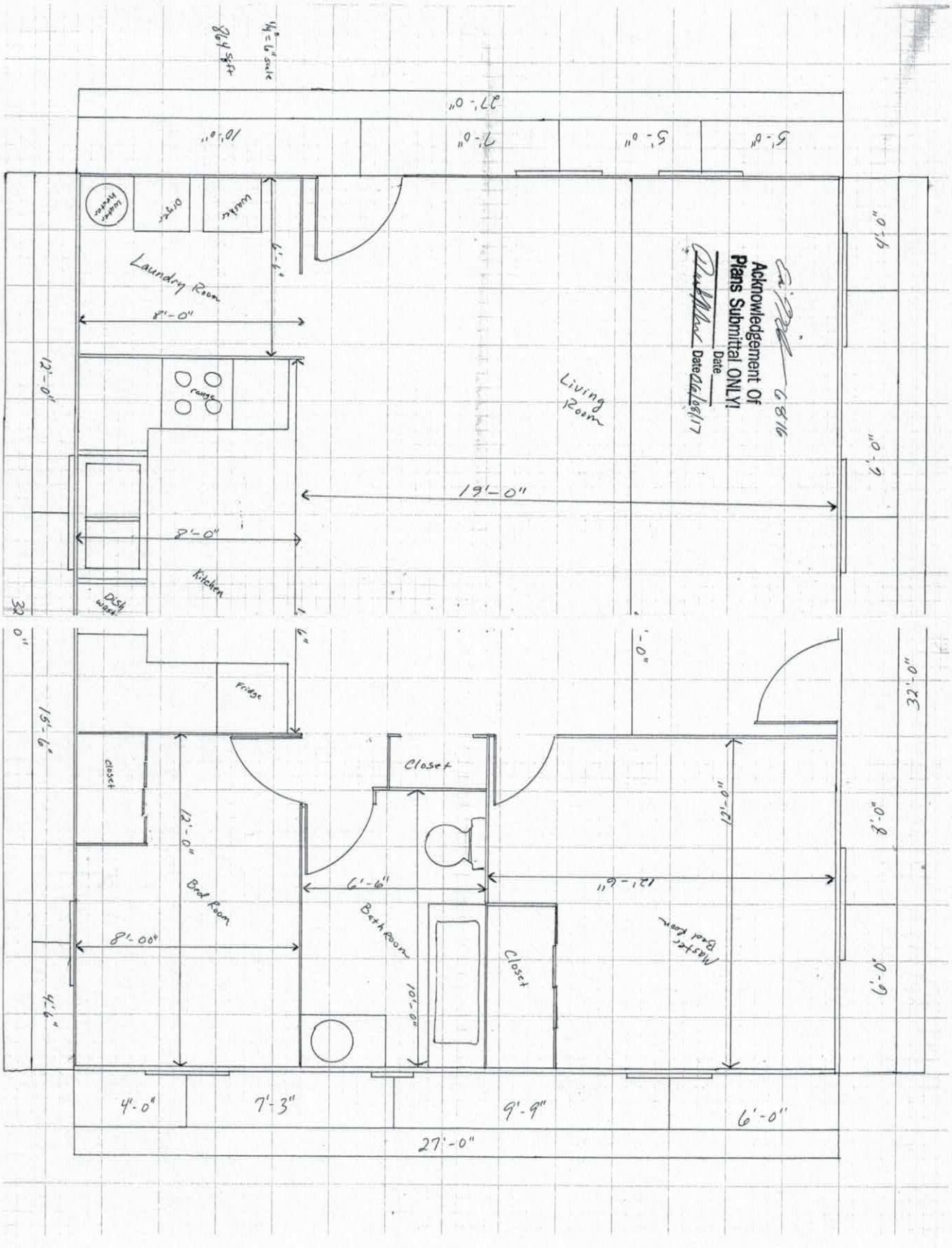


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 10/31/15

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


1/4"=1'-0" scale
864 sqft
27'-0"
10'-0"
7'-0"
5'-0"
5'-0"
Acknowledgement Of
Plans Submittal ONLY!
Date
Date 06/18/17
Laundry Room
8'-0"
6'-6"
12'-0"
range
oven
washer
dryer
water heater
Living Room
19'-0"
2'-0"
Kitchen
DISH WASH
32'-0"
Fridge
Closet
Closet
12'-0"
Bed Room
8'-00"
6'-6"
Bath Room
10'-0"
Closet
12'-0"
11'-6"
Master Bed Room
4'-6"
4'-0"
7'-3"
9'-9"
6'-0"
27'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
214416
Issue Date: 10/22/2015

ZONING PERMIT

Commercial

Parcel Number	Street Address	Jurisdiction
4811135191.000	706 MOUNTAIN VIEW ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RUSSELL TERESA JILL	Applicant: MILAM, ROGER
Address: 3436 WILKESBORO HWY STATESVILLE, NC 28625	Address: 114 RIDGE GATE LANE STATESVILLE, NC 28625
Phone:	Phone: 704-881-3263

Use Requested	Zone Code
SFD LOT HAS TO BE DIVIDED AND RECORDED BEFORE BU PERMIT ISSUE.	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
32.380	35.00	35.00	15.00	15.00	PASY	X

Remarks:

$ PAID Cash

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	52233	TOTAL FEES:	$ 77.25