IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 226494

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

PIN # 4811-34-4889

APPLICANT/OWNER: Johnnie Clayton | APPLICANT ADDRESS: 439 Chistle Hill Lane Jefferson, NC

SITE ADDRESS: 290 Myrtle Rd. Statesville, NC 28625 | PHONE: 336-977-0009 | ALT. PHONE 727-919-0591

SITE DIRECTIONS: Rt 115 North → L on Mt. View Rd → R on Myrtle Rd → Lot on Right | SAP CONTROLLED: ☐ YES ☒ NO

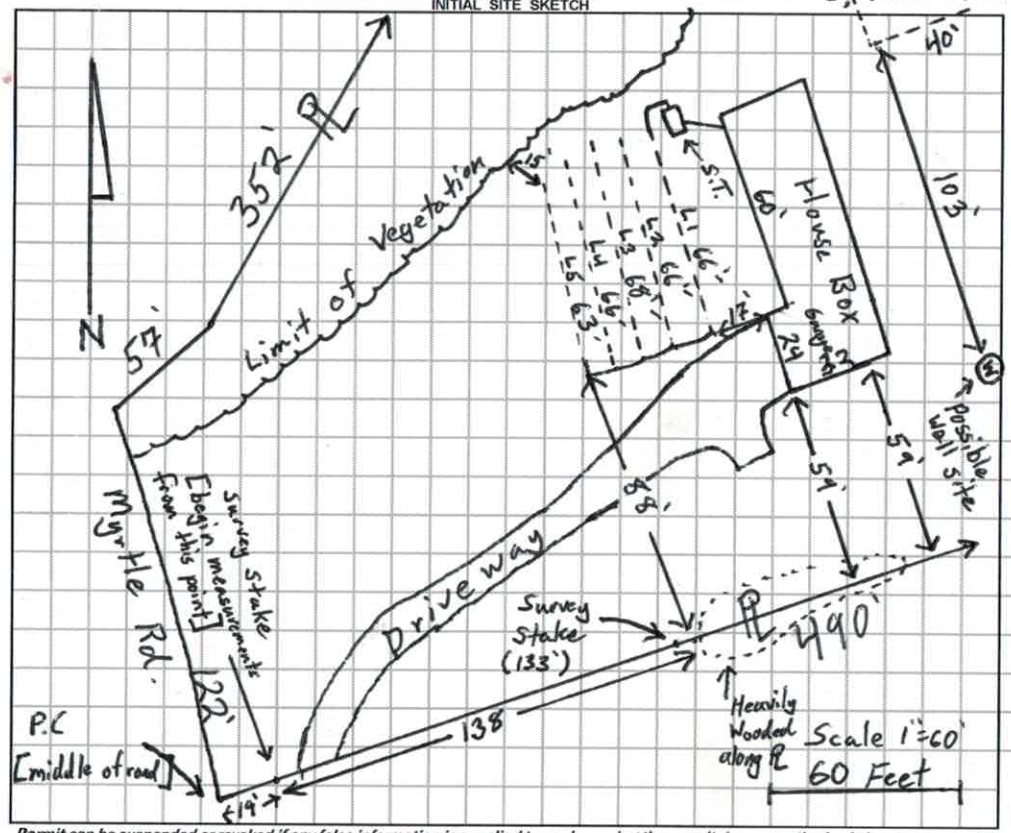
SUBDIVISION: Betty L. Lackey | SECTION: — | LOT # -1- | LOT AREA: 1.00 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	2/28/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	same (Pressure Manifold)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	328	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	28"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Repair area NOT Saprolite Controlled and is 150'x40' in overall dimension.

INITIAL SITE SKETCH



AS BUILT SKETCH

6/29/17 - House not built @ time of installation
- Drainfield installed as permitted.
B. Bottoms

16
16
17
16
14

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: Katy Clanton Date: 6-23-17 Installed by: Danny A-1 backhoe

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/19/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 6/29/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/19/2017 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 #: 4811-34-4889
COUNTY: Iredell

330 L.F required

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

OWNER: Johnnie Clayton
APPLICATION DATE: 4-19-17
ADDRESS: 290 Myrtle Rd. Statesville
DATE EVALUATED: 6/6/17
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.00 acres
LOCATION OF SITE: 290 Myrtle Rd. Statesville, NC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

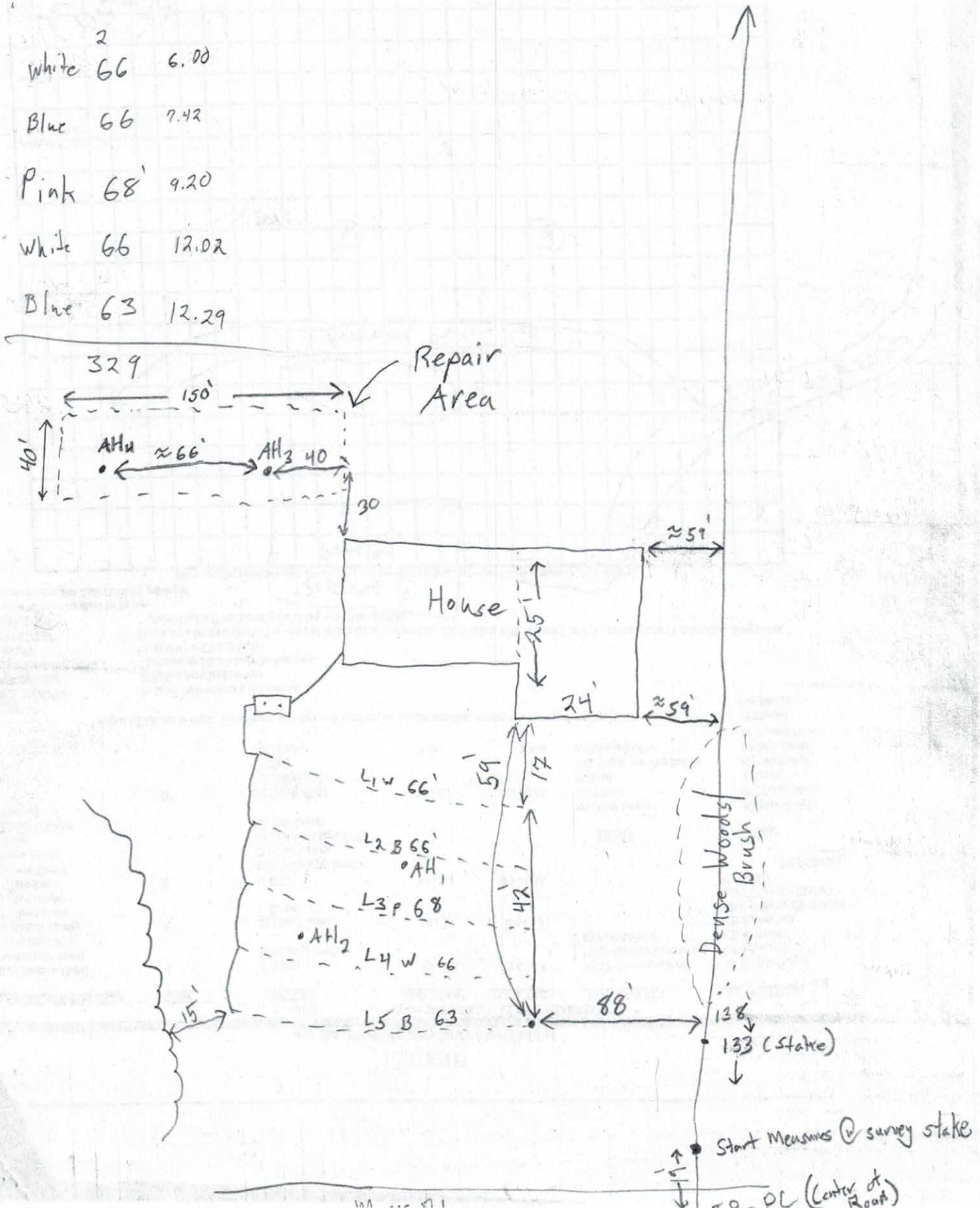
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 19% Primary Middle	0-22	Clay v.w. YB SBK Abundant Gravels	Firm, Sticky, Sp, Sexp	—	48	—	—	0.275 PS
		22-48	Clay w. SBK	Sl. Firm, Sticky, Sp, Sexp					
2	Foot Slope 18% Primary Lower	0-25	Sandy Clay Abundant Gravels v.w SBK YBs	Firm, Sticky Sp, Sexp	—	48	—	—	0.30 PS
		25-42	Clay w. SBK	Sl. Firm, Sticky, Sp, Sexp					
		42-48	Clay Loam w. SBK Trace mica	Sl. Friable, SS, Sp, Sexp					
3	LSS 18% 6/6/17 Repair	0-12	SCL v.w SBK (Armored?)	Sl. Sl. Firm, Sticky, Sp, Sexp	—	46	—	—	0.30
		12-22	Clay some v.w. SBK Saprolite	Sl. Firm, Sticky, Sp, Sexp					
		22-42	Clay Loam w. SBK some mica	Sl. Friable, SS, Sp, Sexp					
		42-46	Clay Loam v.w SBK + Some Saprolite	Friable, SS, Sp, Sexp					
		46-48	MA Sandy Saprolite	moderately Drained + Friable					
4	LSS 19% Repair 6/6/17 65' SS From #3	0-14	SCL v.w SBK (boney)	Sl. Sl. Firm, Sticky, Sp, Sexp	—	48	—	—	0.30
		14-32	Clay w. SBK some gravels	Firm, sticky, Sp, Sexp					
		32-42	Clay w. SBK	Sl. Firm, Sticky, Sp, Sexp					
		42-48	Clay Loam w. SBK	Sl. Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	329'	330+ feet
System Type(s)	25% reduction	25% reduction (proxy)
Site LTAR	0.295	0.30

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

COMMENTS:

White	66	6.00
Blue	66	7.42
Pink	68'	9.20
White	66	12.02
Blue	63	12.29



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)

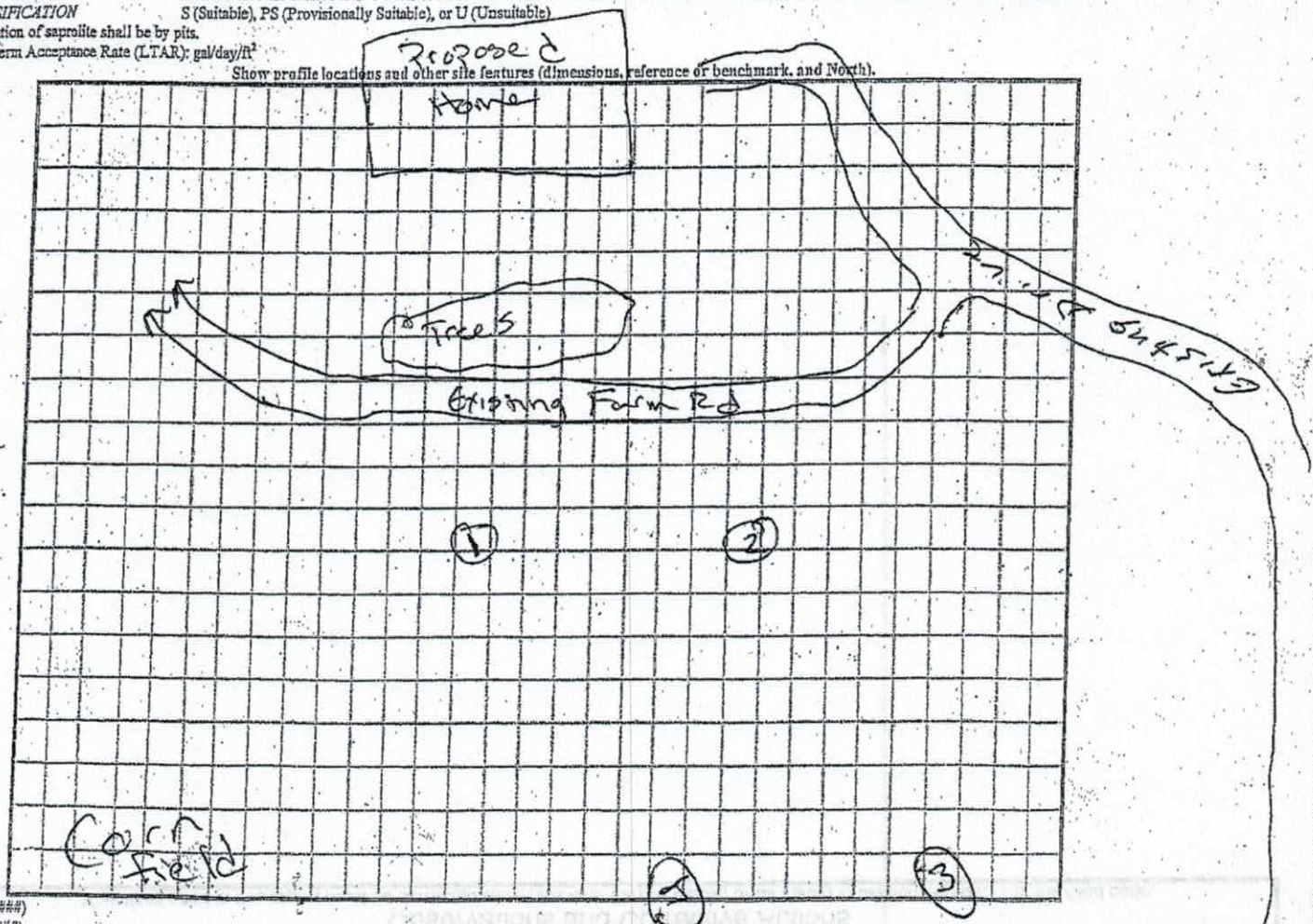
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



ENR (#####)
view (#####)

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:

(called 5-1-17 @ 11:36 am - no answer) [auto-hangup]

Johnnie Clanton	439 Thistle Hill Lane Jefferson	336-977-8009	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tracy Bell	280 Myrtle Rd Statesville	727-919-0591	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

290 Myrtle Rd Statesville		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 115 North pass Central School Turn left on Mt View Rd. Myrtle Rd is on Right. Second Rd past Mt View Ch. on Right. Property on Right near end of road

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 2
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:

( ) New Well (X) 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 ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Johnnie R Clanton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-17-17
DATE

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, Tracey Bell, am the legal owner(s) of the property located at 290 Smyth Rd. Statesville NC 28625, identified as PIN (Parcel Identification Number) 4911348489.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Johnnie Clanton, 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.

Tracey Bell 4-17-17 Kathy Clanton 4-17-17

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

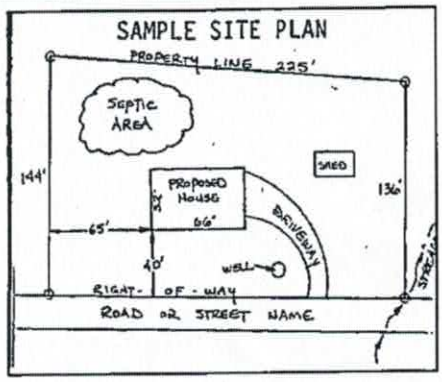
ENVIRONMENTAL HEALTH DIVISION

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

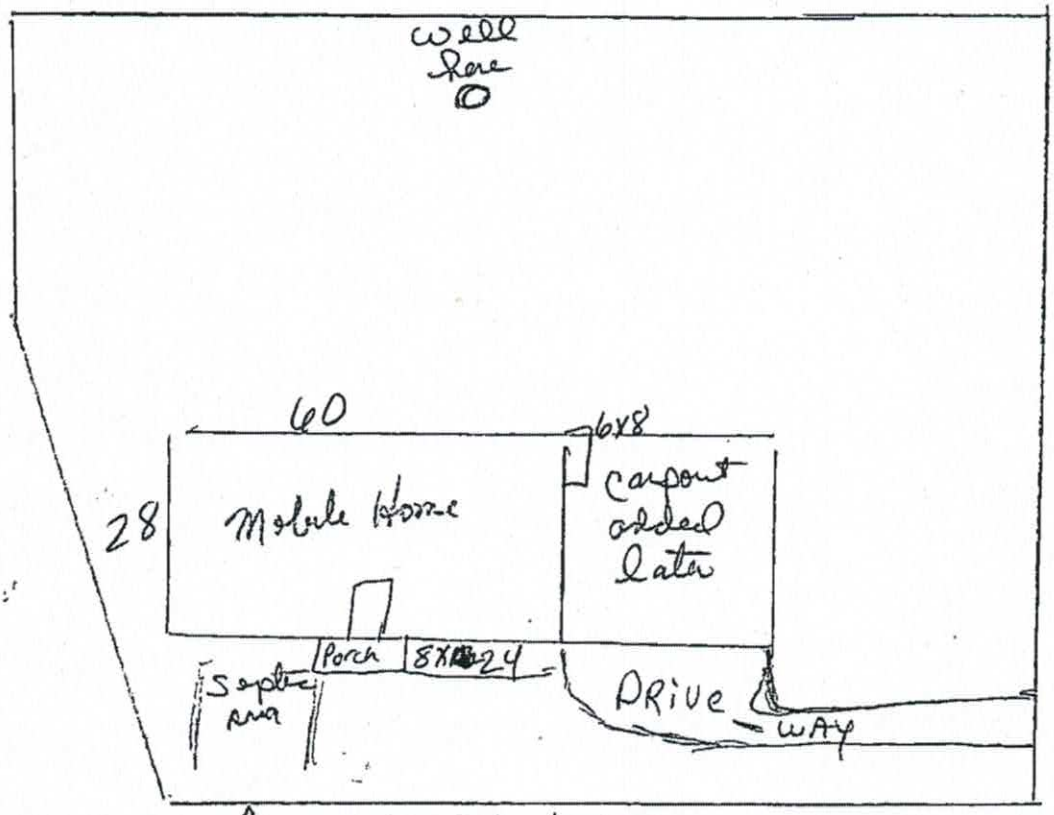


Circle N/A on the following if appropriate:

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

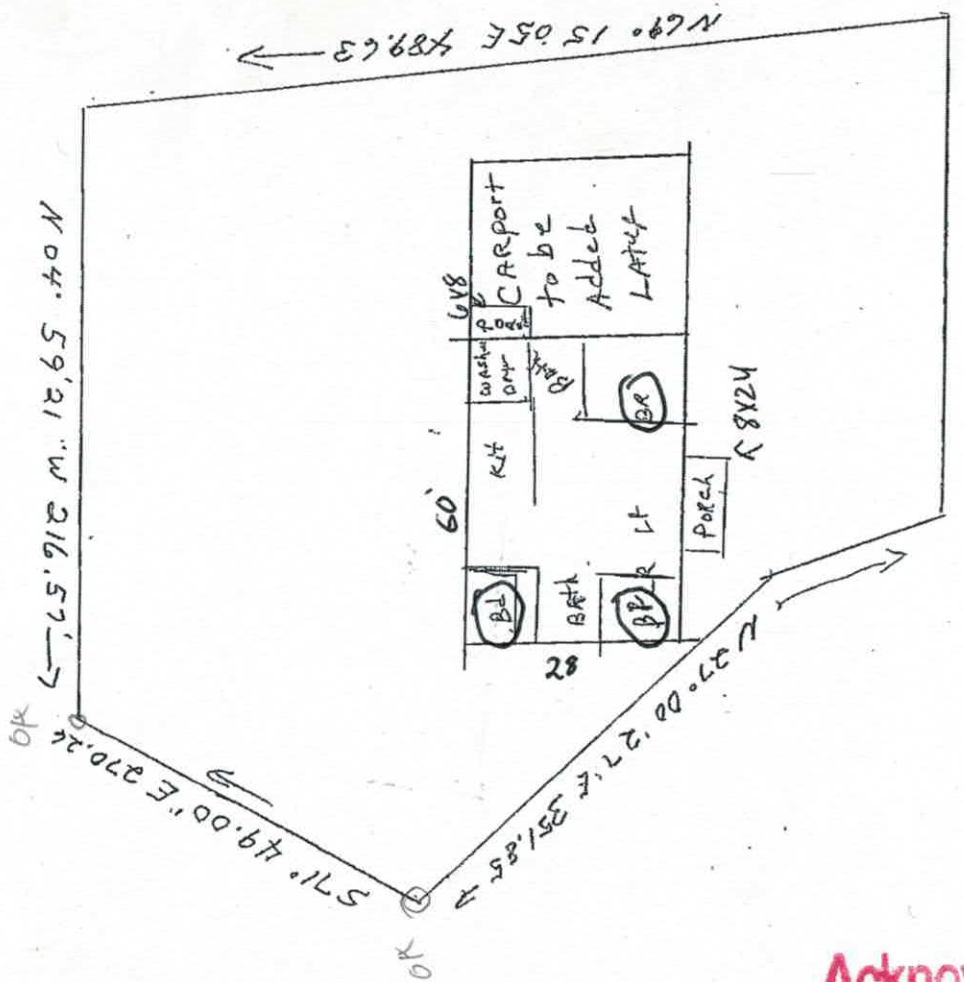
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: John R Carter 4-17-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 6/19/17
Kathy Clanton Date 6-23-17