ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (23) Mooresville Office (704) 660-3625 PERMIT # AP-307329

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

PIN # 4821 - 34 - 0509.4963

APPLICANT/OWNER: TERRY WILHELM APPLICANT ADDRESS: 4961 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 4963 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625 PHONE: 704-902-4258 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, LOT ON (L) BEFORE FRIENDSHIP ROAD SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 14.7 AC DESIGN FLOW: 240GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	6-7-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	CONVENTIONAL - GRAVEL			☐ Business	No. Persons 4	☐ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description:	DRIP			☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	2		Linear Ft	168 FT	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)		30 IN	Gravel Depth	12 IN		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE EQUAL DISTRIBUTION, NO MORE THAN 4IN IN TRENCH BOTTOM VARIATION FROM END TO END

PRE-CONSTRUCTION MEETING REQUIRED PRIOR TO INSTALL
SITE PLAN MUST BE ATTACHED

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN BY: ICHD BRYANT WHITE

AS BUILT SKETCH

FOR SEPTIC FINAL 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.

Drip field Installed as Drawn

(See page 2)

1

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**

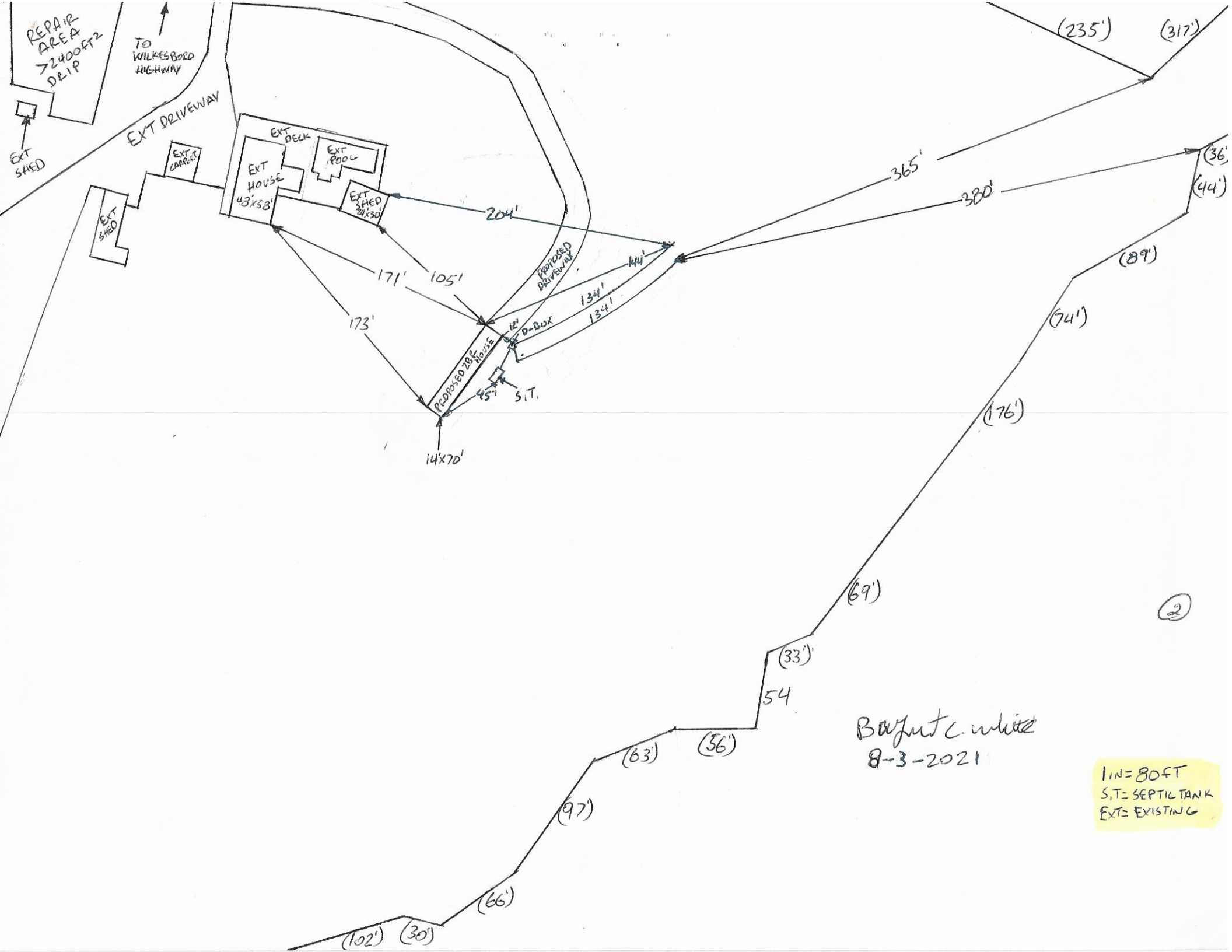
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-05-21 Installed by: Lenka Waskevich

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-3-2021, OPERATION PERMIT by: [signature] Date: 9-13-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-3-2021 Existing System Inspected by: Date:

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



Bryant C. White
8-3-2021

SOIL/SITE EVALUATION

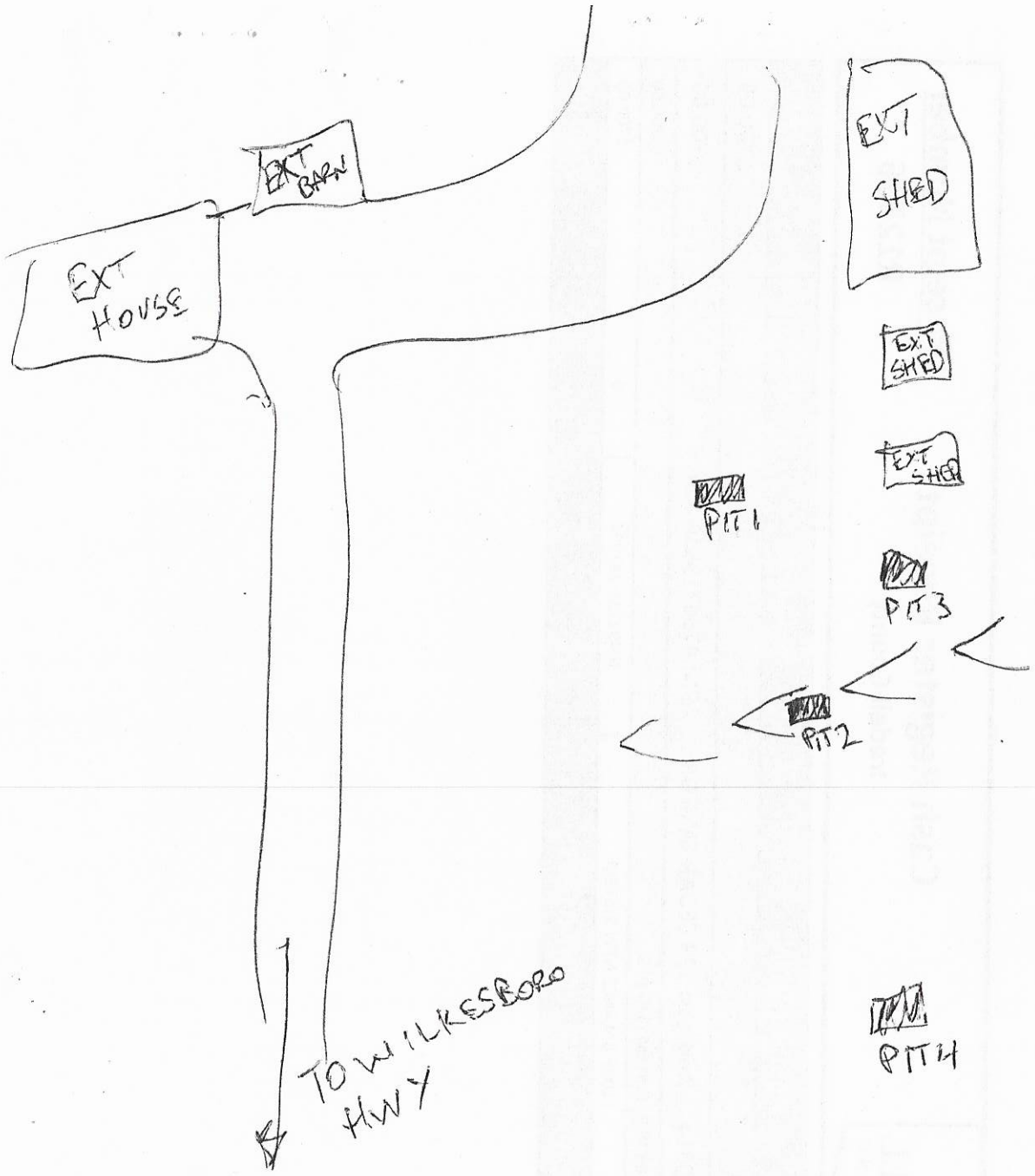
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4821341050g
DATE OF EVALUATION: 6-2 & 7-20-2020
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	NOSE 12%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT SCL-GRAVELLY MICA COMMON	45"	PS II SL (FI)	NA	PS .3
		10-30	C, ABK	FI, S, P, SEXP					
		30-45	CL, VFABK	FI, SS, SP, SEXP					
		45-48	SAP, RC	FI, NS, NP, SEXP					
2	HEAD 12%	0-16	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 18"+ 10YR 5/2 @ 25 CHROMA 2's 25-48 REDOX + SAP	48"+	NA	NA	PS .1 DRIP
		16-48	C, ABK	FI, S, P, SEXP					
3	NOSE 12%	0-8	SCL, SBK	FR, SS, SP, SEXP	SCL-GRAVELLY FEW Y/B 0-12 REDOX SAP INC THRU OUT	40"	NA	NA	PS .3 ABOVE 40"
		8-24	C, ABK	FI, S, P, SEXP					
		24-40	CL, WABK	FI, SS, SP, SEXP					
		40+	ROCK	B+R					
4	NOSE 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	SCL-GRAVELLY SAP INC THRU OUT	36"	PS II SL (FI)	NA	PS .3
		6-17	C, ABK	FI, S, P, SEXP					
		17-36	CL, WABK	FI, SS, SP, SEXP					
		36-48	SAP, RC	FI, NS, NP, SEXP					

COMMENTS:


EXT BARN
EXT HOUSE
EXT SHED
EXT SHED
EXT SHED
PIT 1
PIT 3
PIT 2
PIT 4
TO WILKESBORO HWY

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

Sheet 1 of 2
PROPERTY ID #: 4821340550
COUNTY: IREDELL

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

OWNER: TERRY WILHELM
ADDRESS: 4961 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 4961 WILKESBORO HIGHWAY, STATESVILLE, NC. 28625
APPLICATION DATE 5-5-2020
DATE EVALUATED: 8-25-2020
PROPERTY SIZE: 14.7 AC
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 5	FLAT 2%	0-11	~~SCL~~, SFL	FILL	SAP INC THRU OUT	44"	PS II SL (FI)	NA	PS .3
		11-24	C, SBK	FR, S, P, SEXP					
		24-44	CL, WSBK	FR, SS, SP, SEXP					
		44-~~72~~	SAP, RC	FI, NS, NP, SEXP					
2 6½	FLAT 2%	0-15	FILL	FILL	SAP INC THRU OUT FEW FI	48"+	NA	NA	PS .3
		15-36	C, SBK	~~FILL~~ FR, SP, SEXP					
		36-48	CL, WSBK	FR, SS, SP, SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.3	0.1

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

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.

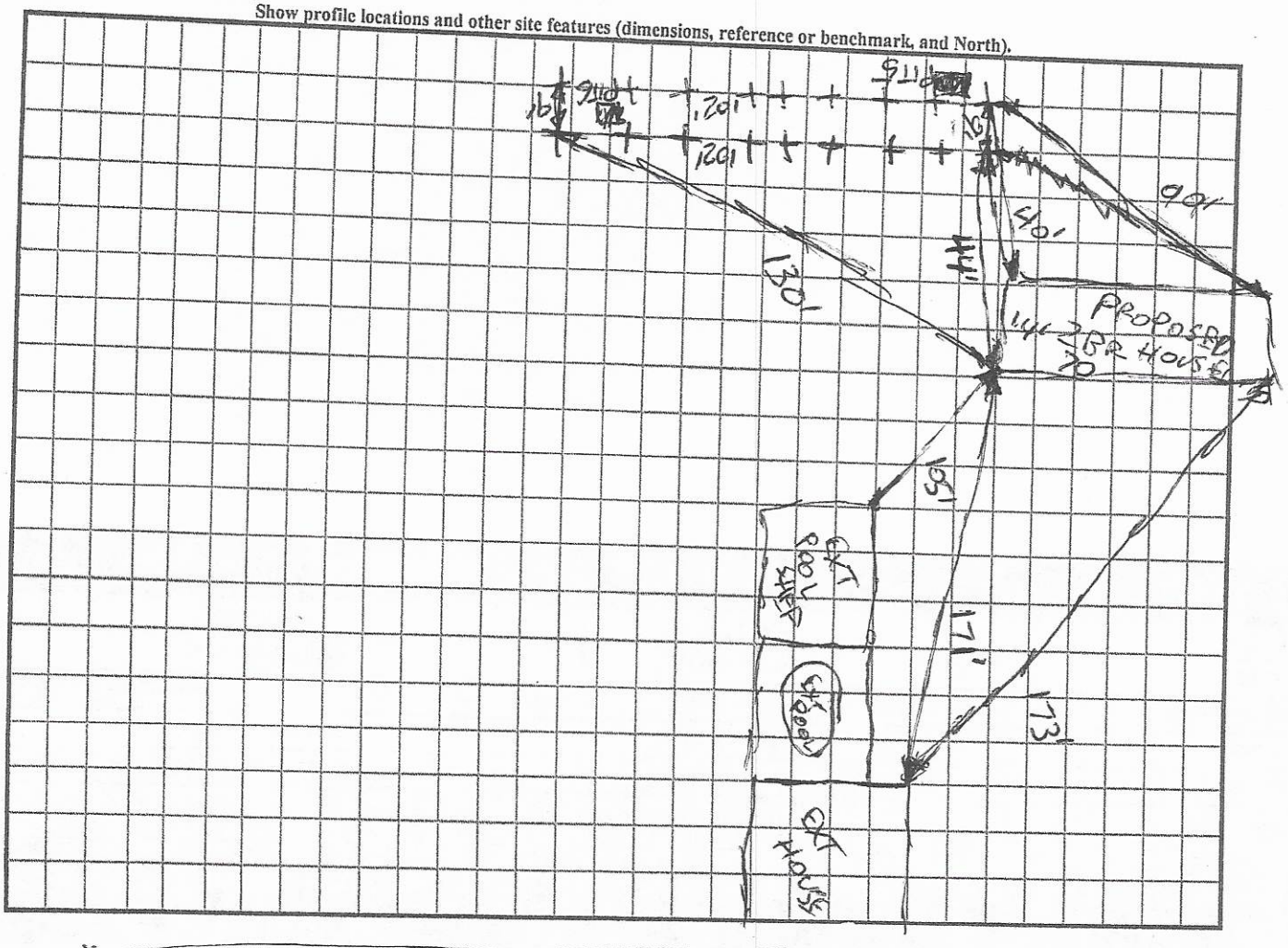
NOTES

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/ft^2

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



RECEIVED JUL 1 - 2021

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

Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-307329

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: Terry Wilhelm **Address:** 4961 Wilkesboro Hwy Statesville NC **Zip:** 28625
Applicant Email: Wilhelmelectric@yahoo.com **Phone:** 704-902-4258 **Alt. Phone:**
Owner Name: Terry Wilhelm **Address:** 4961 Wilkesboro Hwy Statesville NC **Zip:** 28625
Owner Email: **Phone:** **Alt. Phone:**

Property Information: - or 4963 (in Tract)

Street Address: 4961 Wilkesboro Hwy Statesville NC 28625
Subdivision Name: **Section/Phase:** **Lot Number:**
Driving Directions: OFF Wilkesboro Hwy 13 miles North from I-40

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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 900 Max. Number of Employees: Max. Number of Seats/Beds/Other: 2

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) 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: _____ 7-1-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, Terry Wilhelm, am the legal owner(s) of the property located at 4961 Wilkesboro Hwy, identified as PIN (Parcel Identification Number)_____, 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.

_____ 7-1-21

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

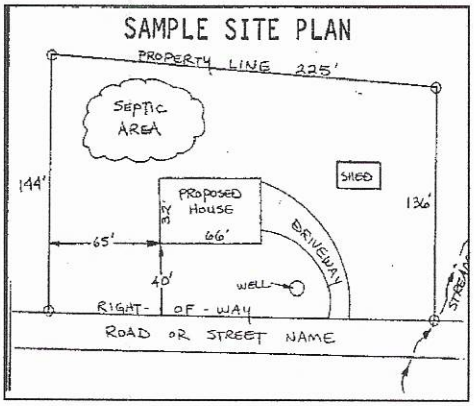
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

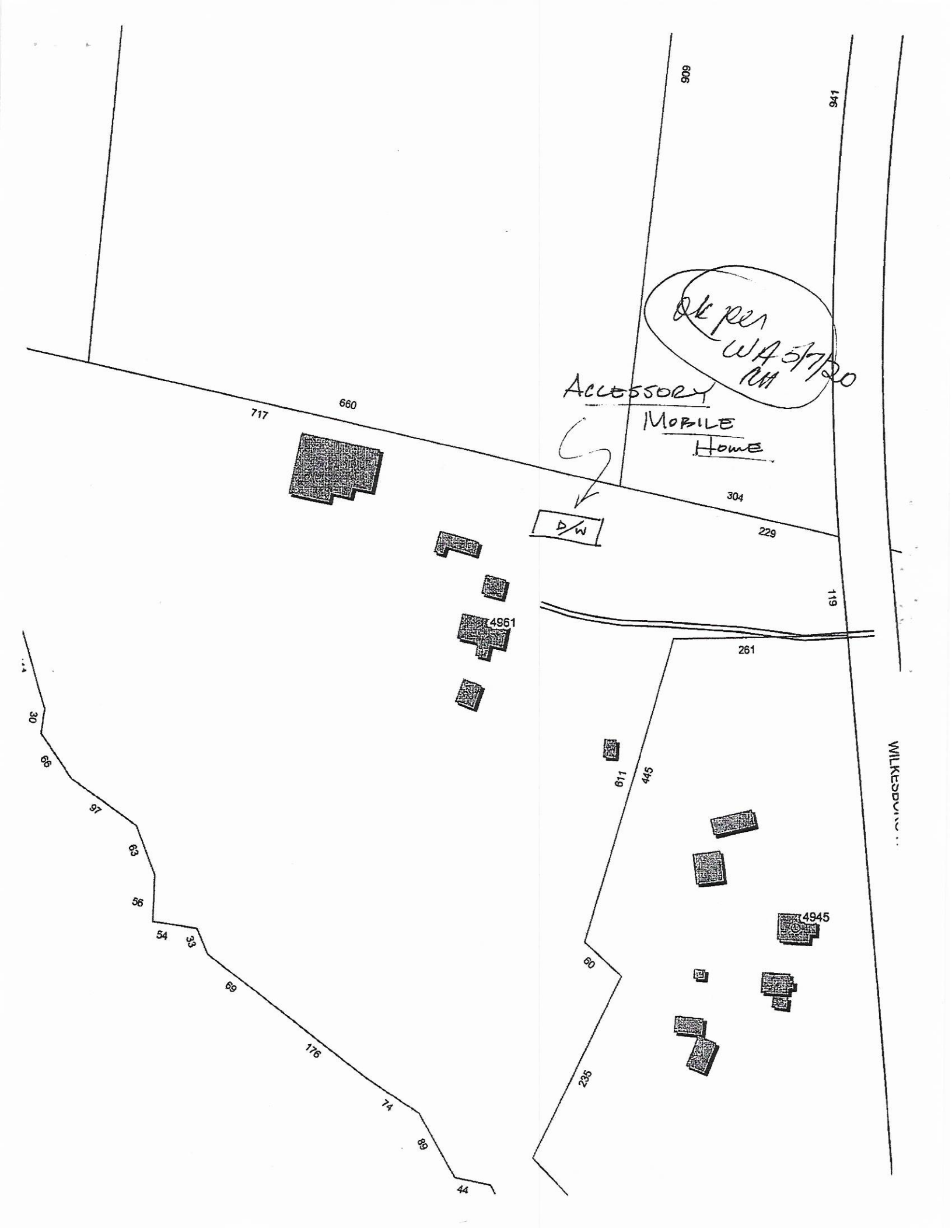
SEE SEPtic Permit

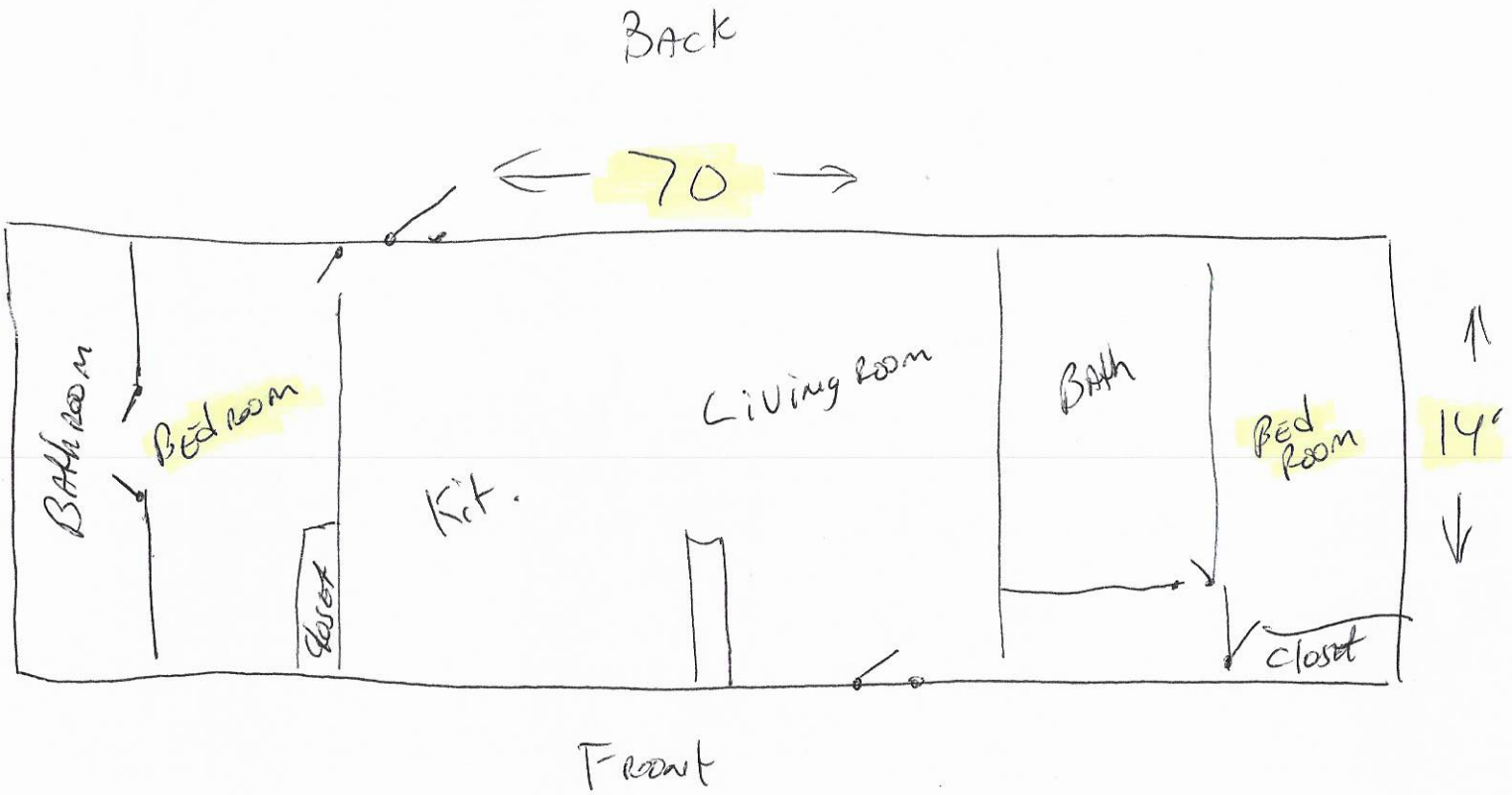
Signature: _____

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

7-2-21

DATE


909
941
DE per WA 5/7/20 RM
ACCESSORY
MOBILE
HOME
717
660
304
229
D/W
119
4961
261
611
445
4945
60
235
30
66
97
63
56
54
33
69
176
74
89
44



Acknowledgement Of
Plans Submittal ONLY!

Date 10-7-20

Date 10-7-2020

4961 Wilkesboro Hwy
Statesville N.C. 28625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307329 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4821340509.000	4961 WILKESBORO HWY	IREDELL COUNTY

Owner Information	Applicant Information
Name: WILHELM TERRY W	Name: WILHELM TERRY W
Address: 4961 WILKESBORO HWY	Address: 4961 WILKESBORO HWY
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
14.7	35	35	15	15	N/A	NO

Remarks

DOUBLEWIDE need disclaimer

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

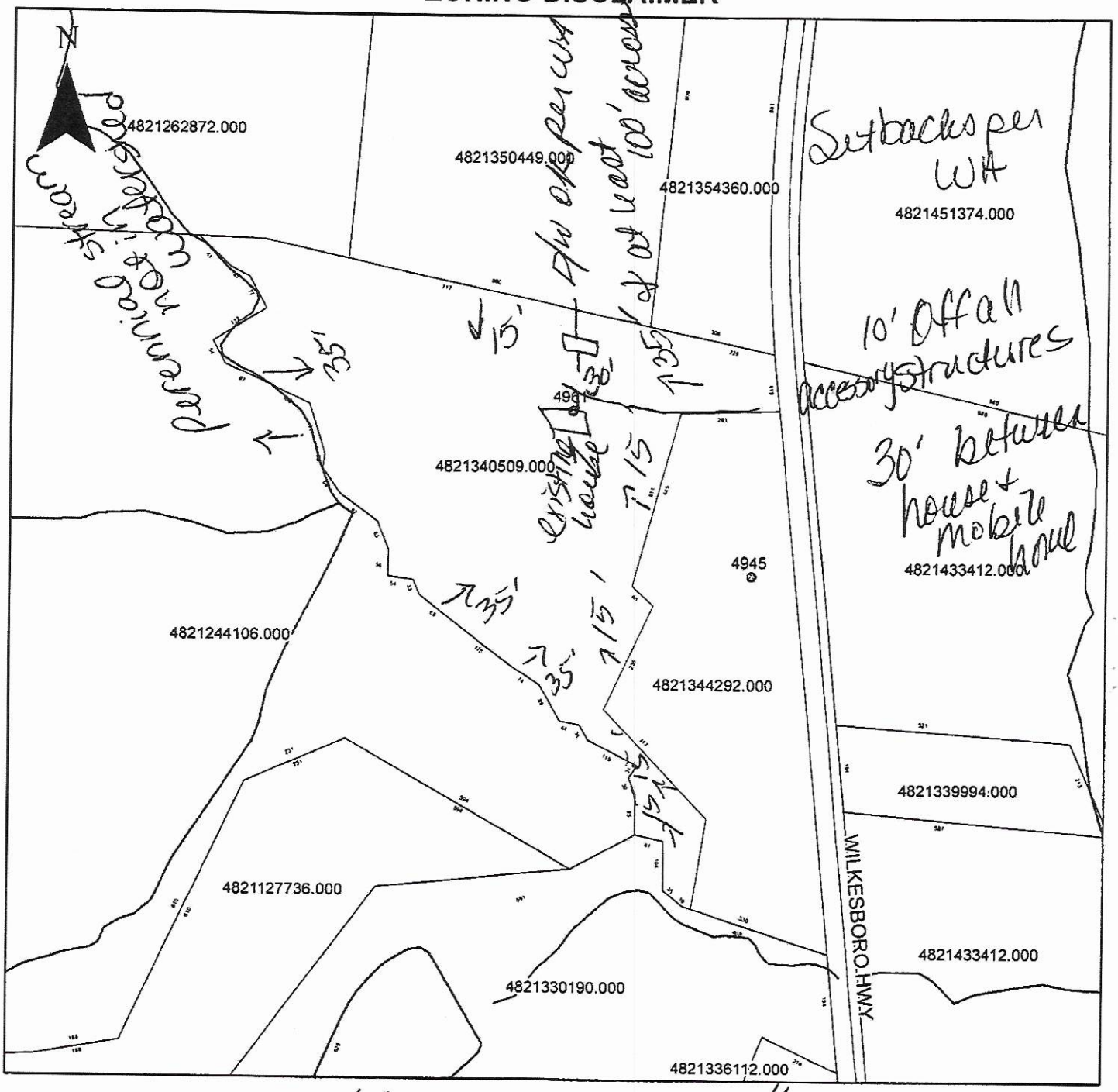
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 05/08/2020

Permit Number	307329	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 4961 Wilkesboro Hwy

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.

Applicant

Date