# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 244106

PIN # 4830941778

APPLICANT/OWNER: ALLEN TAYES

APPLICANT ADDRESS: 795 FRIENDSHIP ROAD, STATESVILLE, NC 28625

SITE ADDRESS: 795 FRIENDSHIP ROAD, STATESVILLE, NC 28625

PHONE: 704-583-4093 ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (L) ON TOMLIN MILL, (L) ON JENNINGS, (R) ON FRIENDSHIP, LOT ON (L)

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.2885

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 360GPD L.T.A.R.: 0.25

| | | | | | |
|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 854 | Date 5-31-19 | [X] New System [ ] Repair [ ] Expansion | System Type: I II (III) IV V VI |
| Pump Tank | — (gal) | PT — | Date — | System Description: | 25% (HIGH CAPACITY) DEEP |
| Pump Make | — | Model — | Serial # — | Repair System Description: | 25% (HIGH CAPACITY) DEEP |
| # Nitrification Fields | 1 | # Lines 6 | Linear Ft 480 | Maintenance Agreement Required: | [ ] YES [X] NO |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 56 IN | Gravel Depth — | [X] GRAVITY [ ] PRESSURE |

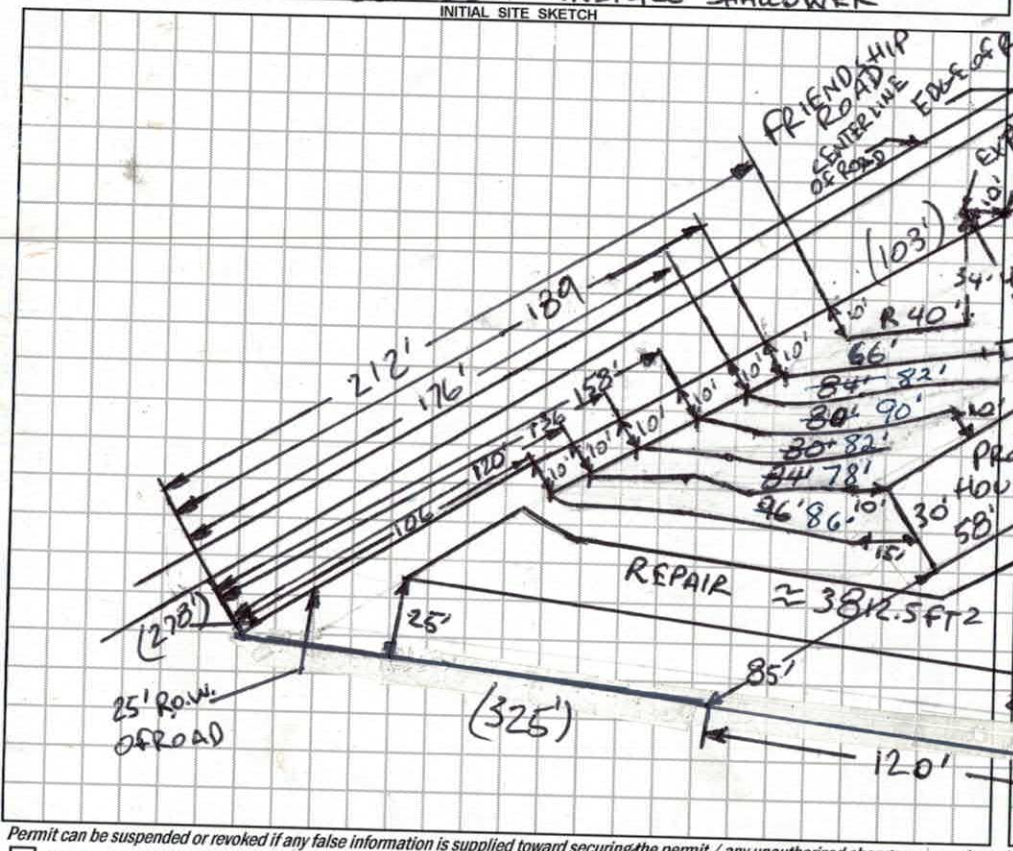
[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | [X] Crawl Space | [ ] Basement w/o plumbing

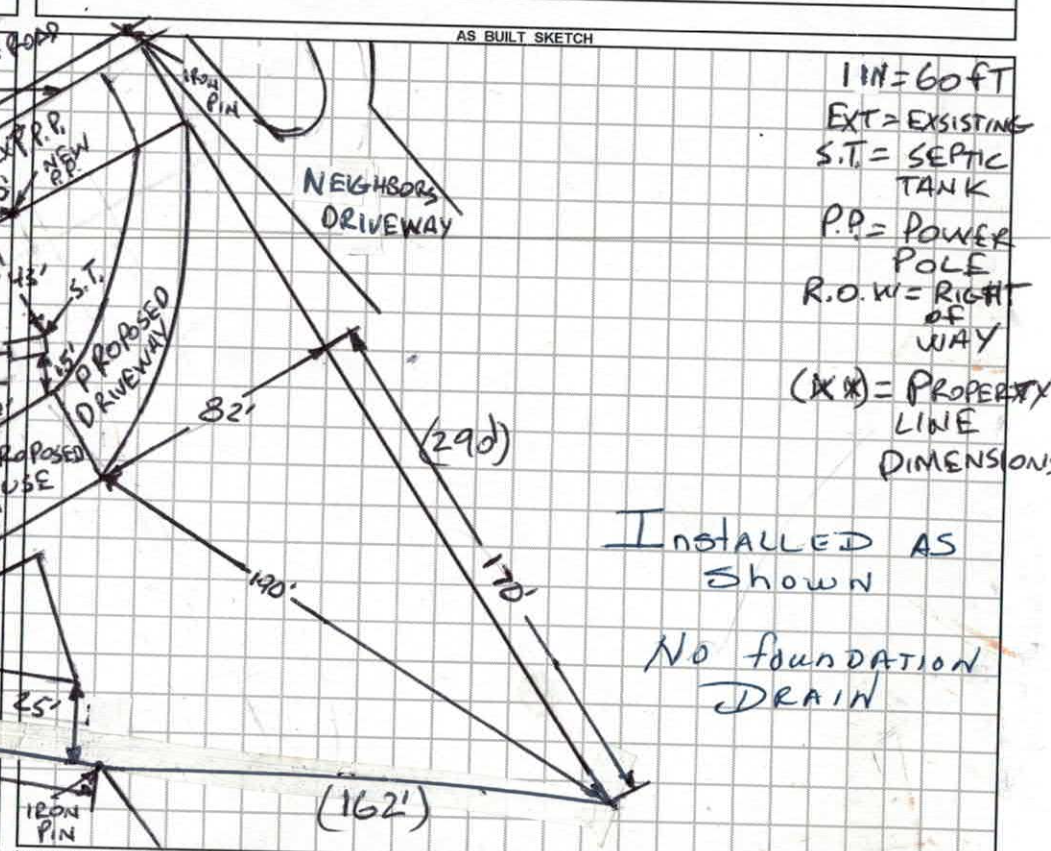
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, INSTALL AT A TRENCH DEPTH of 56 IN DO NOT EXCEED 56" DONT INSTALL SHALLOWER

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Allen Tayes

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-28-19

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-28-19

Installed by: A-1 Backhoe

OPERATION PERMIT by: Kayla Wilson (ad) Date: 7-24-19

Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 2
PROPERTY ID #: 4830941?
COUNTY: IREDELL

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

OWNER: ALLEN TAYES
ADDRESS: 795 FRIENDSHIP ROAD, STATESVILLE, NC, 28625 APPLICATION DATE 4-26-19
PROPOSED FACILITY: SBR PROPOSED DESIGN FLOW (.1949): 360 GPD DATE EVALUATED: 5-7-19
LOCATION OF SITE: 795 FRIENDSHIP ROAD, STATESVILLE, NC, 28625 PROPERTY SIZE: 1.2885
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: YES
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SLIGHT HEAD 3% | 0-12 | SL, SBK | FR, SS, SP, SEXP | - 0.M. | 16"-36" 68"+ | NA | NA | PS .25 ~~48"~~ 54" TB |
| | | 12-30 | C, ABK | FI, S, P, SEXP | - 10YR 6/2 | | | | |
| | | 30-68 | CL, WABK | FR, SS, SP, SEXP | + 10YR 5/3 MOTS. WET SAP INC | | | | |
| 2 | SLIGHT HEAD 3% | 0-10 | SL, SBK | FR, SS, SP, SEXP | - 0.M. | 20"-36" 68"+ | NA | NA | PS .25 ~~48"~~ 54" TB |
| | | 10-32 | C, ABK | FI, S, P, SEXP | - 10YR 6/2 | | | | |
| | | 32-68 | CL, WABK | FR, SS, SP, SEXP | + 10YR 5/3 MOTS WET SAP INC | | | | |
| 3 | SLIGHT HEAD 3% | 0-9 | SL, SBK | FR, SS, SP, SEXP | - 0.M. | 19"-36" ~~54"~~ 69"+ | NA | NA | PS .25 54" TB |
| | | 9-32 | C, ABK | FI, S, P, SEXP | - 10YR 6/2 | | | | |
| | | 32-69 | CL, WABK | FR, SS, SP, SEXP | + 10YR 6/4 SAP INC | | | | |
| 4 | SLIGHT HEAD 3% | 0-12 | SL, SBK | FR, SS, SP, SEXP | - 0.M. | 18"-32" ~~40"~~ | NA | NA | PS .25 54" TB |
| | | 12-30 | C, ABK | FI, S, P, SEXP | - 10YR 6/2 | | | | |
| | | 30-57 | CL, WABK | FR, SS, SP, SEXP | + 10YR 5/3 MOTS WET SAP INC | | | | |
| | | 57-~~70~~ | SAP, MAS | FR, NS, NP, SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% NO RED. ← DEEP | |
| Site LTAR | 0.25 | 0.25 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnt 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) | 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.

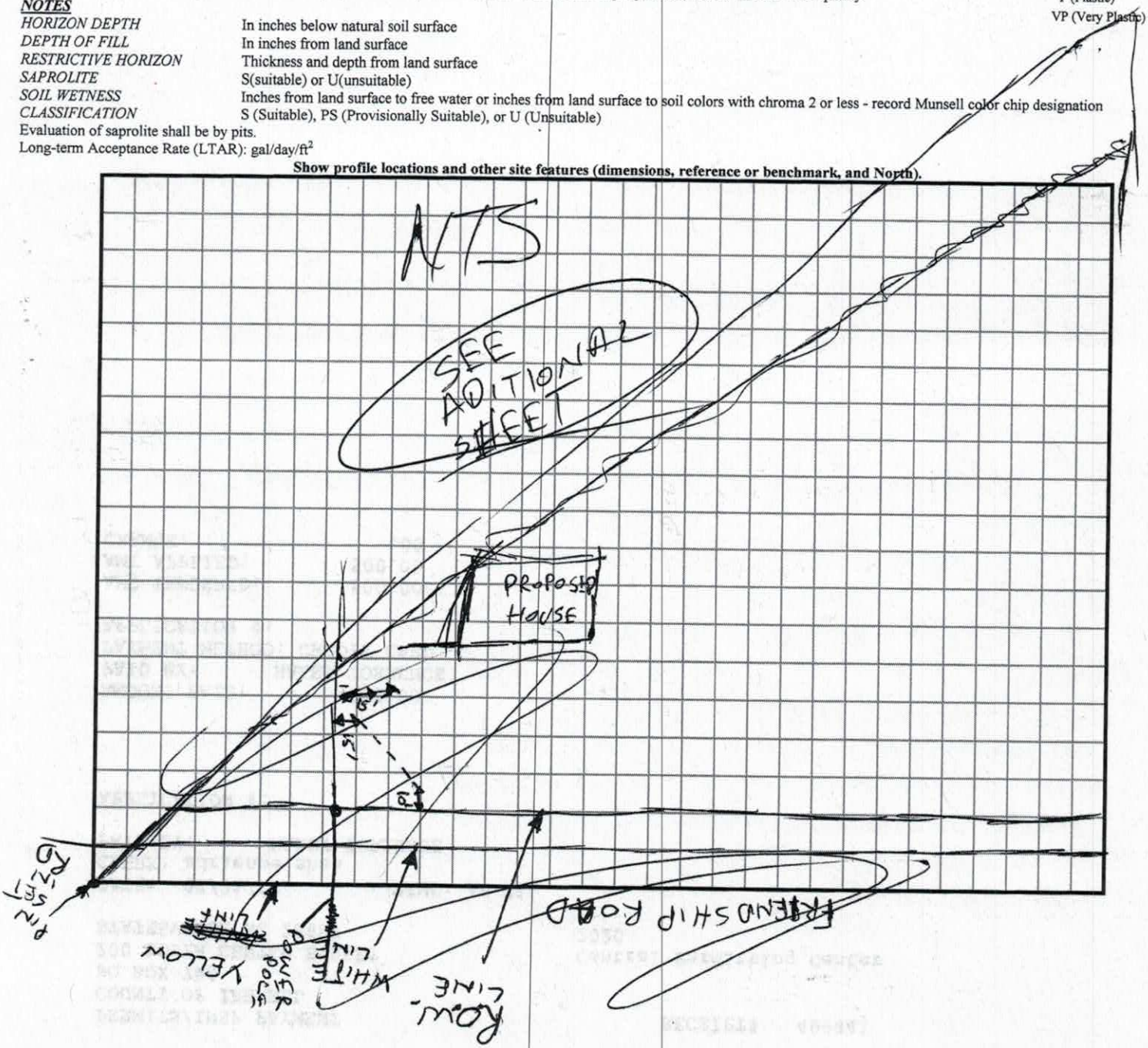
***NOTES***

| | |
|---|---|
| *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) |

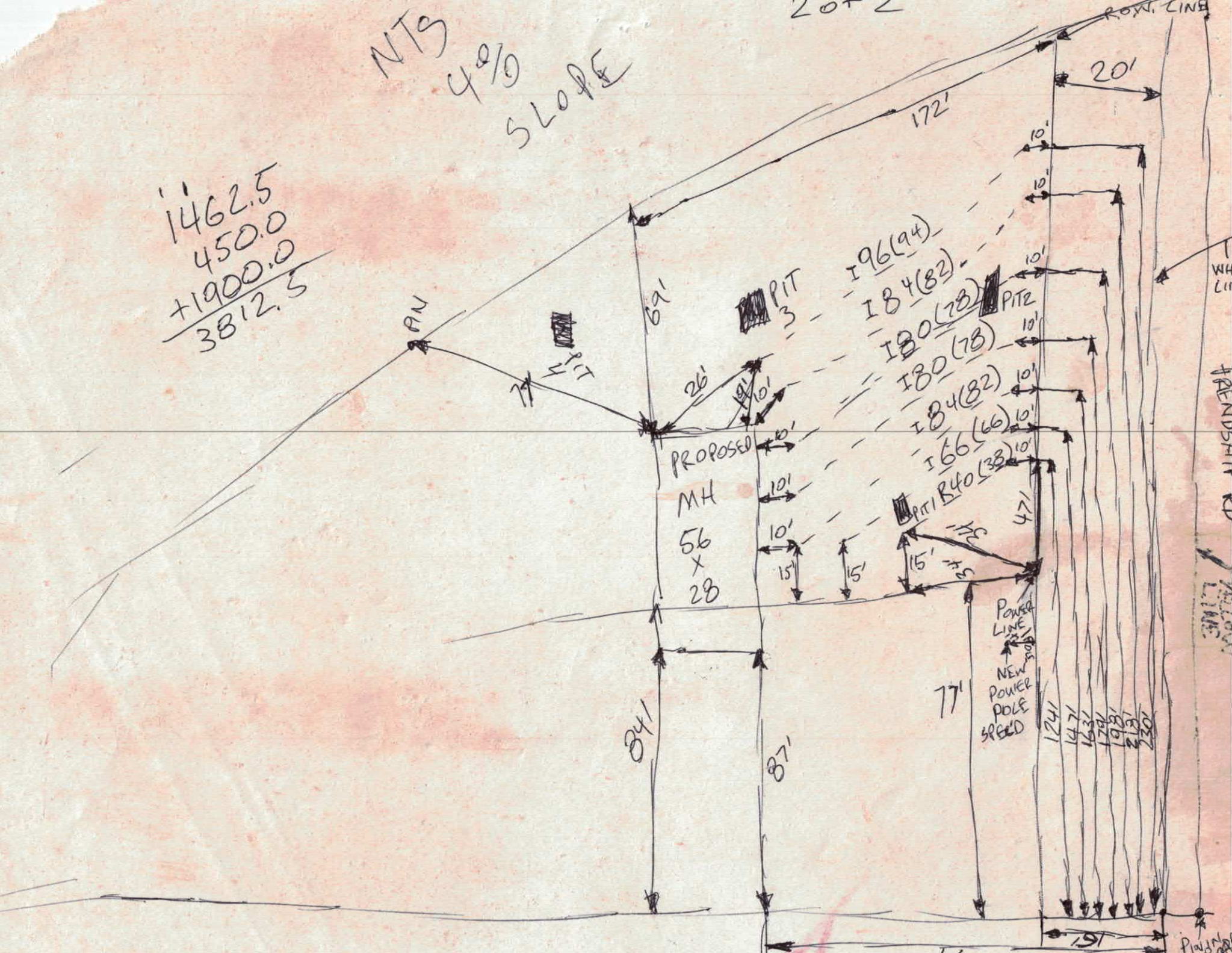
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

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




Updated February 2014


NTS
4% SLOPE
20+2
ROAD. LINE
20'
172'
10'
1462.5
450.0
+1900.0
3812.5
AN
PIT 4
PIT 3
PIT 2
PIT 1
69'
77'
26'
I96(94)
I84(82)
I80(78)
I80(78)
I84(82)
I66(66)
B40(38)
PROPOSED MH 56 X 28
15'
47'
POWER LINE
NEW POWER POLE SPACED
77'
84'
87'
124'
147'
163'
174'
193'
213'
230'
191'
TRENDSHIP RD

RECEIVED APR 2 6 2019

74198

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

Paid $ 300.00 # 244106

**Application For:** ( ) 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:** Allen Tayes **Address:** 795 Friendship Rd. Statesville N.C. **Zip:** 28625
**Applicant Email:** _____ **Phone:** 704-507-9093 **Alt. Phone:** _____
**Owner Name:** _____ **Address:** _____ **Zip:** _____
**Owner Email:** _____ **Phone:** _____ **Alt. Phone:** _____

**Property Information:**

**Street Address:** 795 Friendship Rd Statesville N.C. 28625
**Subdivision Name:** _____ **Section/Phase:** _____ **Lot Number:** _____
**Driving Directions:** 77-N. Tomlin Mill Rd, Left to Jennings-Left-to Right on Friendship. 2.7 mi on Left

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

(X) New Single Family Residence D.W **Maximum Number of Bedrooms:** 3
( ) New Multi-Family Residence **Maximum Number of Occupants:** _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

**CHECK FOUNDATION TYPE**
(X) Crawl Space Foundation
( ) 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:** _____ **Number of Persons:** _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water County

**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:** _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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:** Allen Tayes 4-26-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

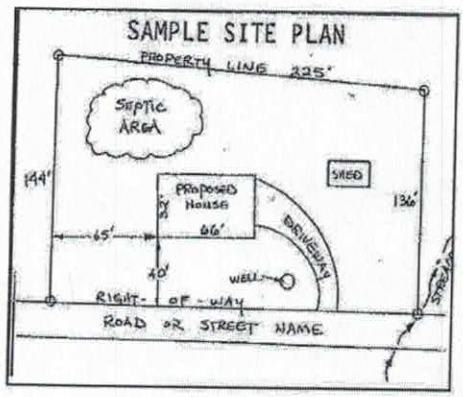
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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 Attachment

**Signature:** Allen Sayes

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

4-26-19

DATE

Back pin
Shed
90, +/-
3- lot
1568 SQFT
D-W
60'
25'
90'
Power Pole
Friendship Rd.
1.25 arc
80' +/-
Farm access Rd.
Water Line
Snake Across Rd.

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## 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*) Allen J. Sayes

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____

Signature of Owner(s) Date

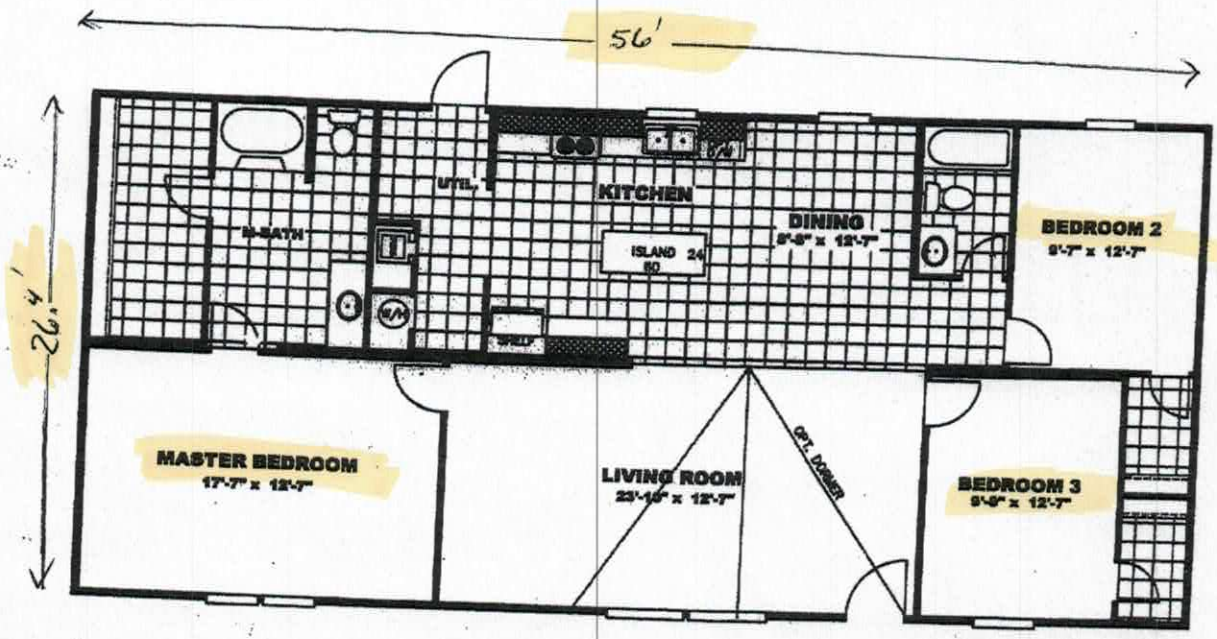
**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Attention: Brian White

# THRILL

Alan Tayes




Acknowledgement Of
Plans Submittal ONLY!

Allen Tayes Date 5-28-19

Brynt Cuttle Date 5-28-19

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 244106 |
| Issue Date: 04/26/2019 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4830941778.000 | 795 FRIENDSHIP ROAD, STATESVILLE, NC 28625 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: TAYES ALLEN J | Applicant: TAYES ALLEN J |
| Address: 1001 | Address: 785 FRIENDSHIP RD |
| IREDELL CO, NC 28625 | OLIN, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| DOUBLE WIDE | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.280 | 35.00 | 35.00 | 15.00 | 15.00 | NOT | X |

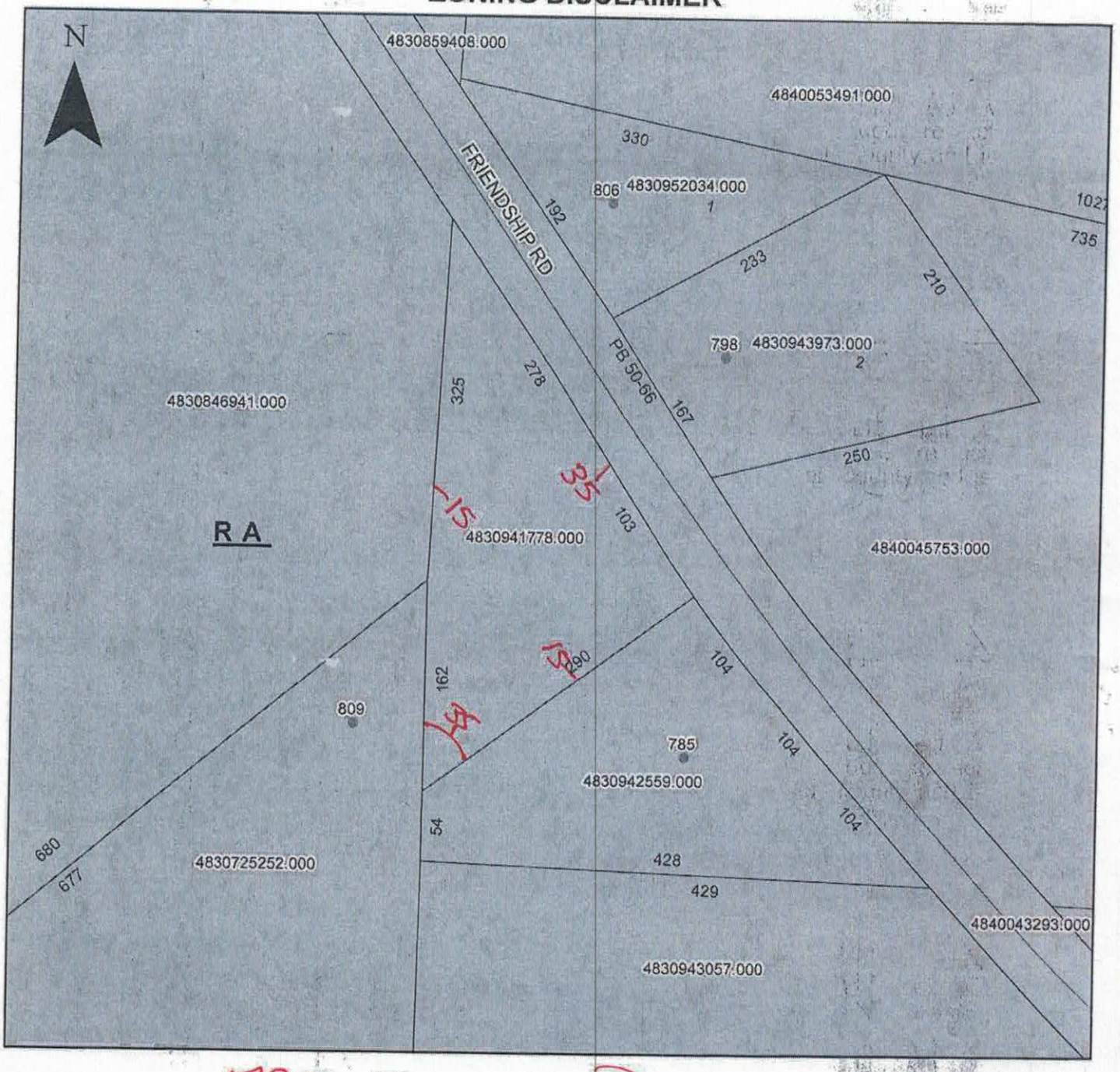
**Remarks:**

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 | 175195 | TOTAL FEES: | $ 79.50 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 795 Friendship Rd.

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.

Jim Sayes
Applicant

4-26-19
Date