IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229077

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

PIN # 4831-24-3048

APPLICANT: C Douglas + Patti Ralston APPLICANT ADDRESS: 1336 Friendship Rd. Statesville, NC 28625

SITE ADDRESS: 1336 Friendship Road Statesville, NC 28625 PHONE: 704-628-1756 ALT. PHONE:

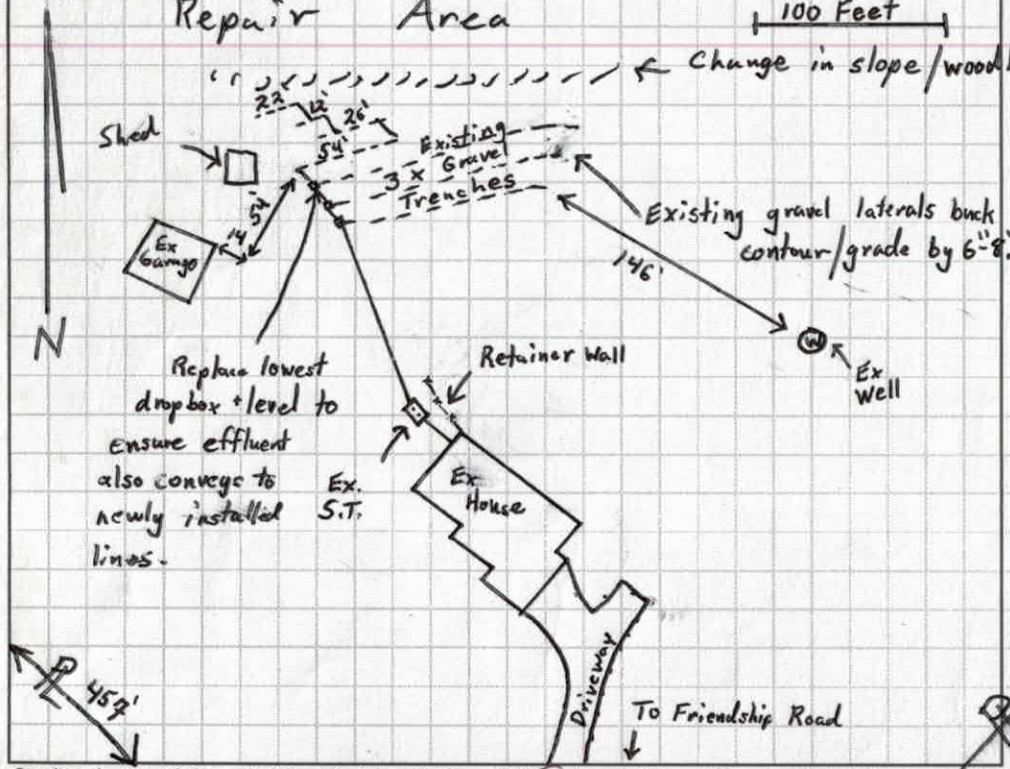
SITE DIRECTIONS: I-77 N from Statesville → L on Tomlin Mill Rd → L on Jennings Rd → R on Friendship Rd → 6 miles ahead on Right

SUBDIVISION: B. F. Holland Estate SECTION: — LOT # tract 9 + 10 LOT AREA: 38 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

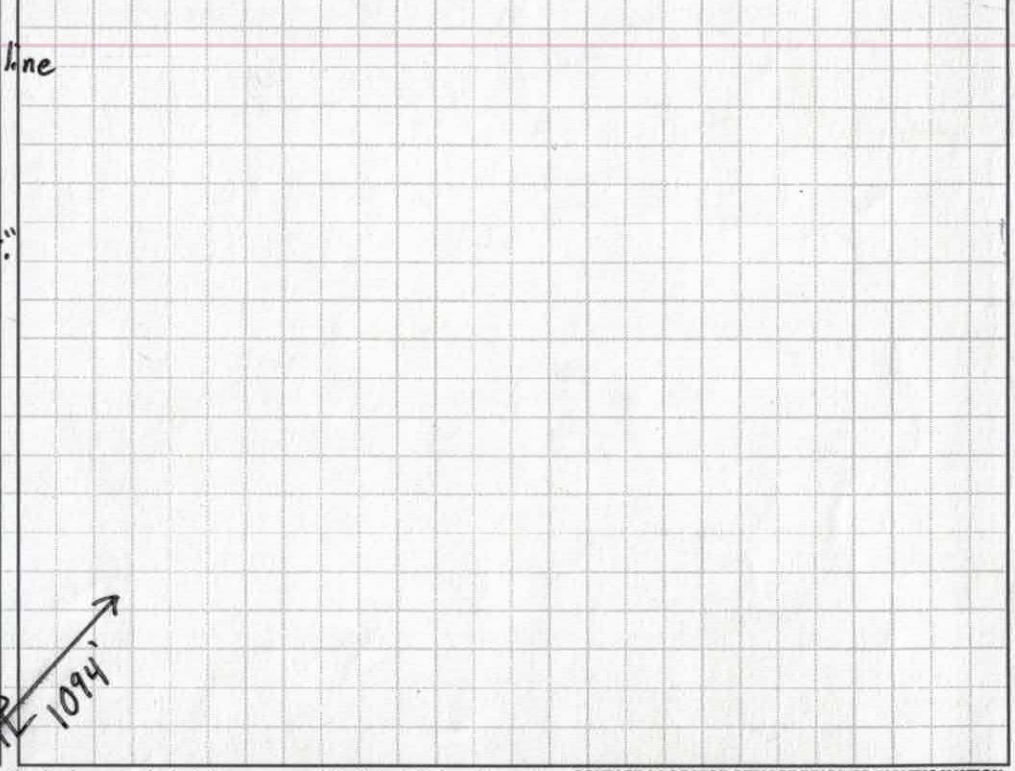
Septic Tank	1500-Ex	(gal)	STB	—	Date	—	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (+ Existing)			☐ Business	No. Persons	8	☐ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% Reduction			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	4		Linear Ft:	110	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Min. Trench Bottom Depth	33" (low side)		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping the septic tank every 3-5 years. Though 114 l.f. of line was laid out, only 110 l.f. need be installed. House layout / configuration is to remain the same (no floorplans). As the existing gravel trenches appear to buck contour by 6"-8", it remains unclear as to what impact this has on the system as a whole

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: 8/16/17 Installed by: Jared Custer Wastewater

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/16/17 OPERATION PERMIT by: Benjamin A. Bolton Date: 8/21/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8/16/17 Existing System Inspected by: Date:

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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

42+9 = 53
14+12 = 26
12 = 12
22 = 22
90 113

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

OWNER: Doug + Patti Ralston
ADDRESS: 1336 Friendship Rd Statesville, NC
PROPOSED FACILITY: SFR-Expansion PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 1336 Friendship Rd. Statesville
APPLICATION DATE 7/31/17
DATE EVALUATED: 8/8/17
PROPERTY SIZE: 38 acres
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% Primary	0-22	SCL V.W SBK	Friable, SS, Sp, Sexp	—	33"	—	—	0.275 PS
		22-33	Clay some SAP w/m SBK/ABK	Firm, Sticky Sp, Sexp					
		33-60	Loamy SAPrite MA	Friable, moderately Draining					
			some Clay Inclusions	↑					
2	6% Primary	0-33	SCL V.W.SBK	Very Friable SS, Sp, Sexp	—	56	—	—	0.30 PS
		33-56	Clay W-m SBK/ABK	Sl. Firm, Sticky Sp, Sexp					
		56-61	Loamy Saprolite MA (Loam)	Friable, moderately Draining					
3	Repair	0-9	SCL V,W SBK	Friable, SS, Sp, Sexp	—	15"/46"	—	—	0.275 PS
		9-15	Clay some SAP W-m SBK/ABK	Sl. Firm, Sticky Sp, Sexp					
		15-35	Loamy Saprolite MA	Sl. Moderate Firm, Drainage					
		35-46	Clay W-m SBK	Sl. Firm, Sticky, Sp, Sexp					
		46-67							
4	Repair	0-10	SCL V. W SBK	Sl. Friable, SS, Sp, Sexp	—	34	—	—	0.250 PS
		10-34	Clay some SAP W SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		34-47	Loamy Saprolite Dense in Place MA	Firm, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	114'	400+
System Type(s)	25% +Ex	25%
Site LTAR	0.275	0.250

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

COMMENTS:

Garage
14
54

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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: C. Douglas + Patti Ralston Address: 1336 Friendship Road Zip: 28625
Applicant Email: doogan@yadtel.net Phone: 704-682-1756 Alt. Phone: —
Owner Name: Doug + Patti Ralston Address: 1336 Friendship Road Zip: 28625
Owner Email: doogan@yadtel.net Phone: 704-682-1756 Alt. Phone: —

Property Information:

Street Address: 1336 Friendship Road, Statesville NC 28625
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: 115 N to Bruce Farm Rd, turn left onto Friendship — Next drive on Right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition 4 NOT 3
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) Other Public Water County

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1993
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 40' of Line Add

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.

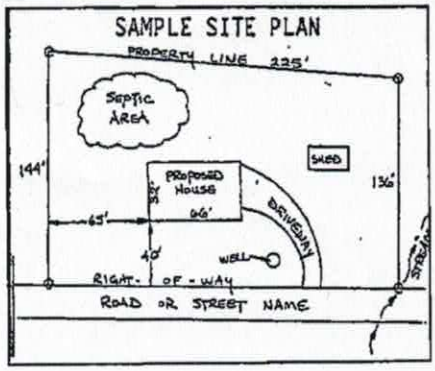
Signature: Patti S Ralston 7/31/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

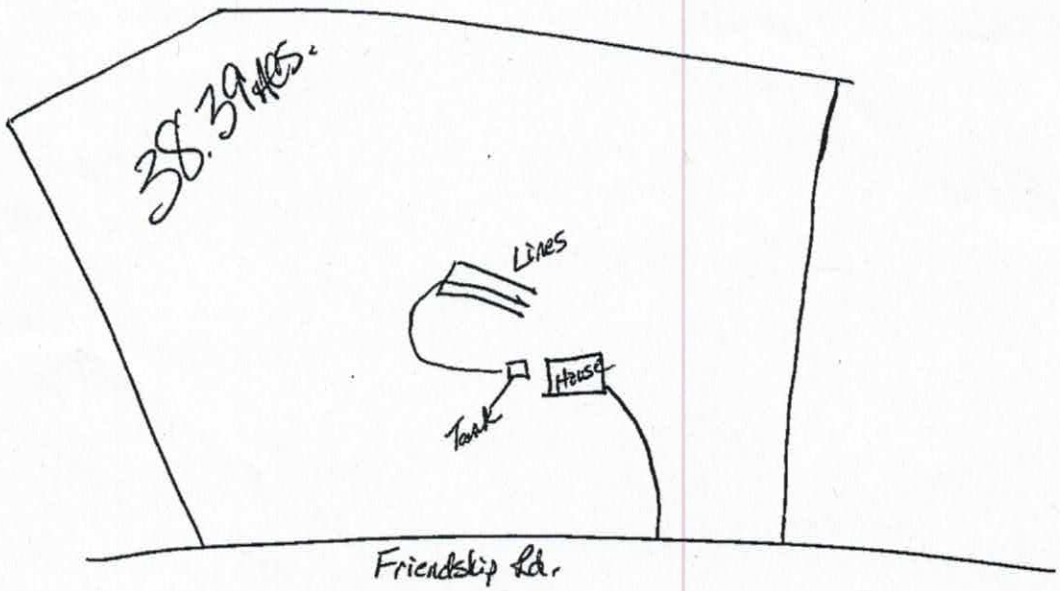


Circle N/A on the following if appropriate:

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: Lottie S Falsh
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/31/17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15885 DATE 9/23/93 TAX MAP NO. 15A-1-A

OWNER OR CONTRACTOR C. DOUGLAS RINSTON PHONE: Business Home

ADDRESS

LOCATION NC 115 N, TR FRIENDSHIP CH. RD, ON (L) JUST BEFORE BRUCE ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA ~20 ACRES SITE CLASS. P5 L.T.A.R. 0.33 GPD/FT2

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons: STB 780 Date 8/10/93

Pump Tank: Gallons: PT Date

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 Trench Width 36 Trench Depth 30 Gravel Depth 12

☑ New System ☐ Repair System Type: I, II, IV, V, VI

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 1/2 No. Employees

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☐ Yes ☑ No

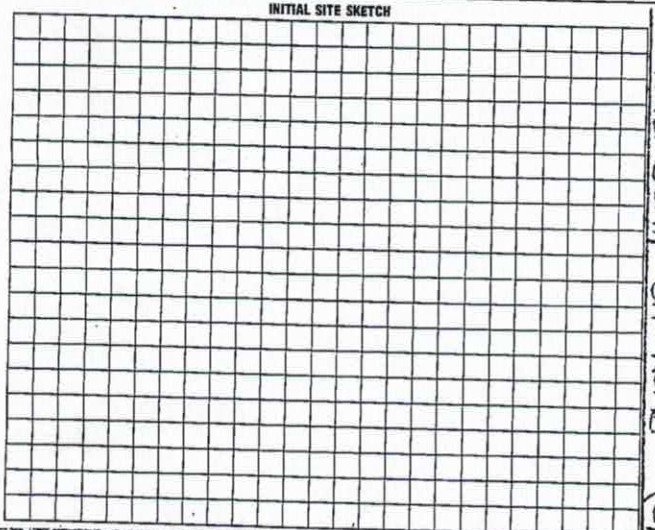
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

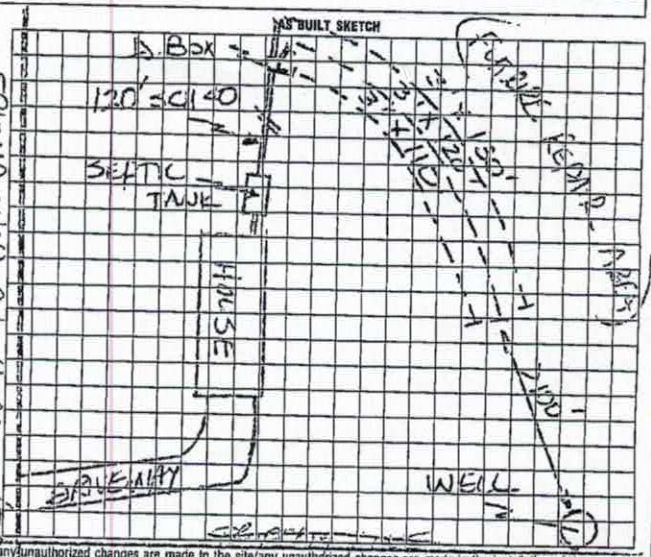
Other

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: BRUCE ROAD

Improvement Permit by: STEVE HENDRICK date 9/23/93

Existing System Inspection by: date

Installed by: J.C.'s BACKHOE SERVICE

Certificate of Completion by: STEVE HENDRICK date 9/23/93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD