IREDELL COUNTY HEALTH DEPARTMENT

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

4:00.

PERMIT # 237327

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

PIN # 4/831768186.000.

APPLICANT/OWNER: Harold A. Scarlett III

APPLICANT ADDRESS: 246 Jimmy Ridge Lane Olin NC 28660.

SITE ADDRESS: 170 Jimmy Ridge Lane Olin NC 28660

PHONE: 704-883-4078 ALT. PHONE 704-528 9806

SITE DIRECTIONS: Hwy 115 to Friendship Rd (2) on Mt Vernon Church @ Experic Springs Rd On Jimmy Rd.

SUBDIVISION: ~

SECTION: ~ LOT # ~ LOT AREA: 2.00 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd. L.T.A.R.: .275

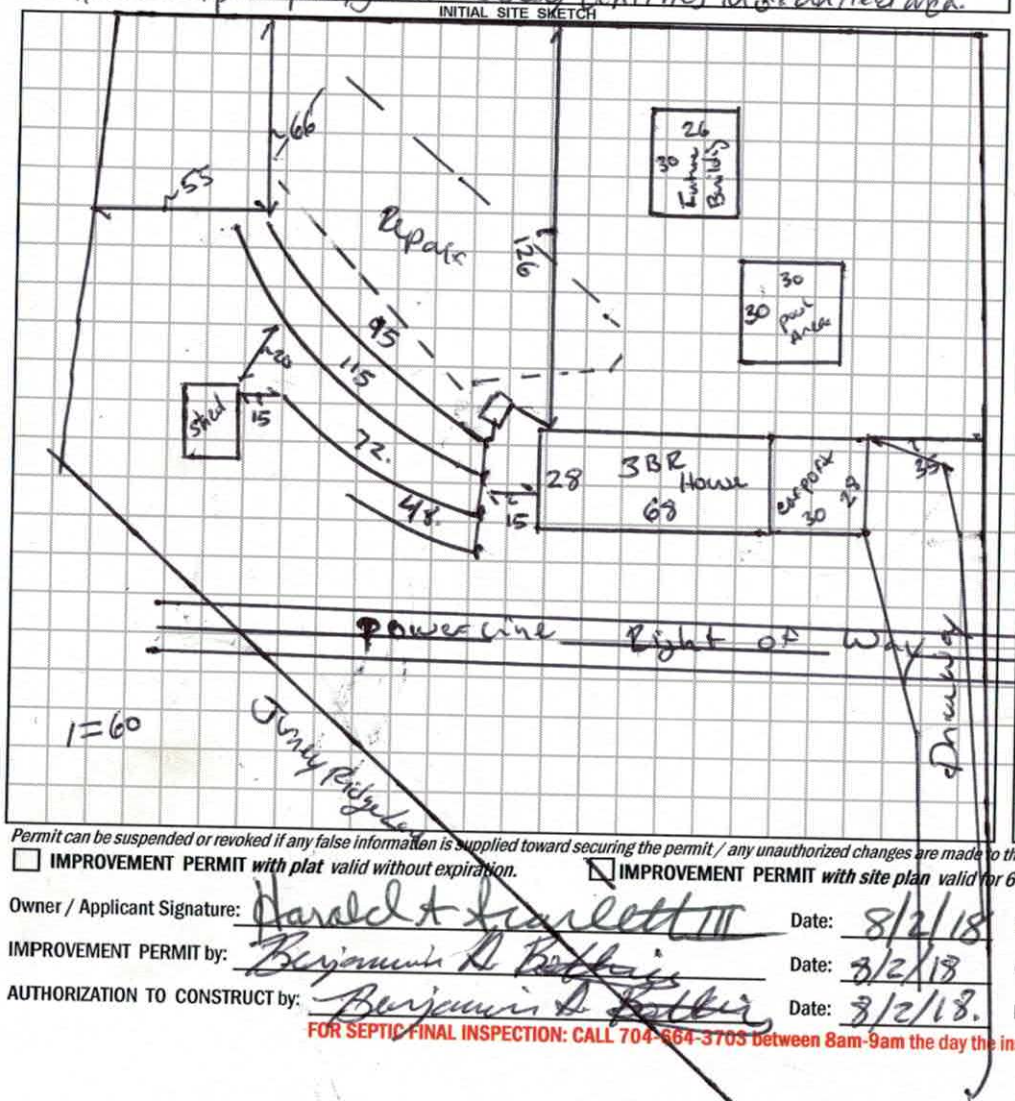
Septic Tank	1000 (gal)	STB	854	Date	5/25/18	☒ New System	☐ Repair ☐ Expansion
Pump Tank	~ (gal)	PT	~	Date	~	System Type:	I II (III) IV V VI
Pump Make	~	Model	~	Serial #	~	System Description:	Gravity 25% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	330.	Repair System Description:	Gravity 25% Reduction
Trench Width	36	Trench Bottom Depth(Low side)	18	Gravel Depth	~	Maintenance Agreement Required:	☐ YES ☒ NO
							☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

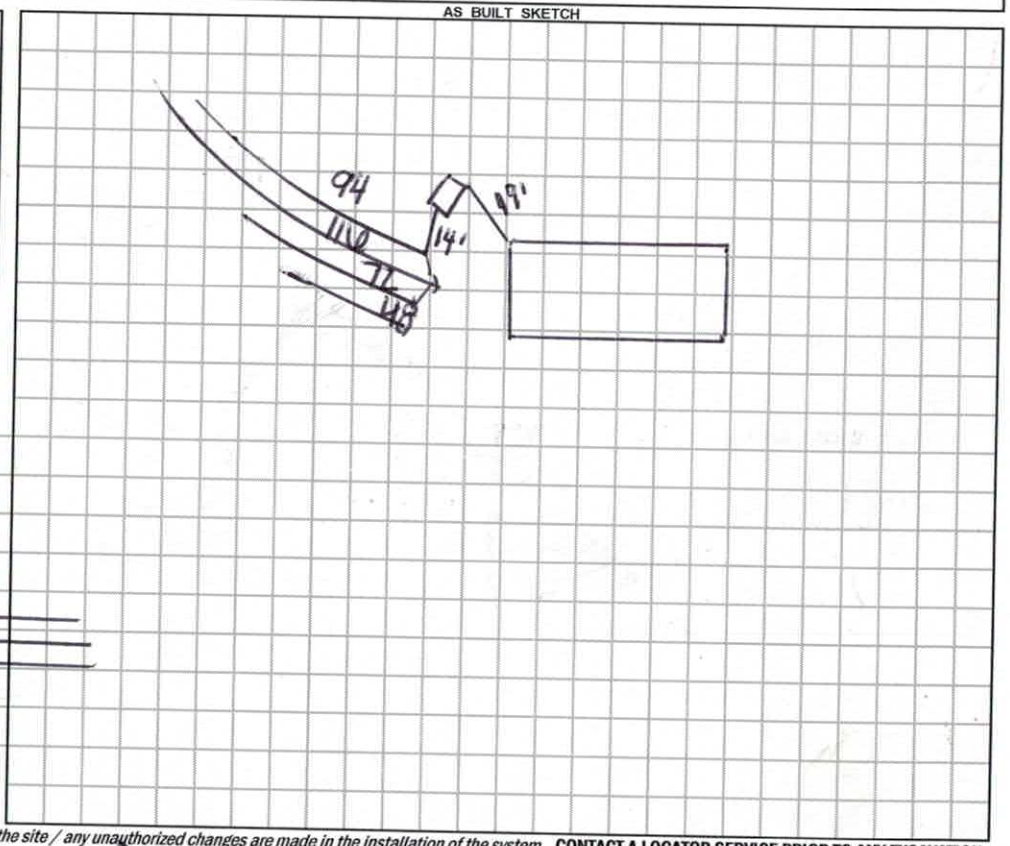
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: * Install Septic Drainlines on the Contour of the land + utilize Serial Distribution Do not exceed max depth of 22 inches. Do not Drive, pedestrian, grade or bury utilities in drainfield area.

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: Harold A Scarlett III Date: 8/2/18

IMPROVEMENT PERMIT by: Benjamin A Robbins Date: 8/2/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Robbins Date: 8/2/18.

Installed by: Al backhoe

OPERATION PERMIT by: Carter C. Cave Date: 8/15/18

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 1
PROPERTY ID #: 4831768181
COUNTY: Endell.

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

OWNER: Scarlett
ADDRESS: 170 Jimmy Ridge Lane. APPLICATION DATE 7/17/18
PROPOSED FACILITY: 3BR Hous PROPOSED DESIGN FLOW (.1949): 360 gpd. DATE EVALUATED: 8/1
LOCATION OF SITE: 170 Jimmy Ridge Lane PROPERTY SIZE: 2AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: Y(e).
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	R 5:1- 10%	0-7	SC wSBk	ss Sp FR SExP	2.5YR 4/8	34	-	Rock controlled @ 34 in	PS .275
		7-34	C SBk	ss Sp FR					
		34-48	LC CL	Firm					
2	5:1- 10% R	0-6	SC wSBk	ss Sp FR	2.5YR 4/6.	34.	C	Sap Inclusion	PS .275
		6-34	C SBk	ss Sp FR					
		34-50	CL Firm @34	ss Sp FM					
3	Ridge Top	0-12	SC wSBk	ss Sp FR SExP	2.5YR 4/8	38	-	Sap Inclus	PS .3
		12-38.	C SBk	ss Sp FR					
		38-52.	CL wSBk	ss Sp FR					
4	Ridge Top 8%	0-15	SC wSBk	ss Sp FR SExP	2.5YR 4/8.	34.	-	Sap Inclusion	PS .275
		15-34	C SBk	ss Sp FR					
		34-40	Firm Horizon	—					
		40-60	CL wSBk	ss Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330	330
System Type(s)	III 25%	III 25%
Site LTAR	.275	.257.

OTHER FACTORS (.1946): Slope. / Powerline R.O.W.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bolling
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

95
115
72

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 None	0.2 - 0.05 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)

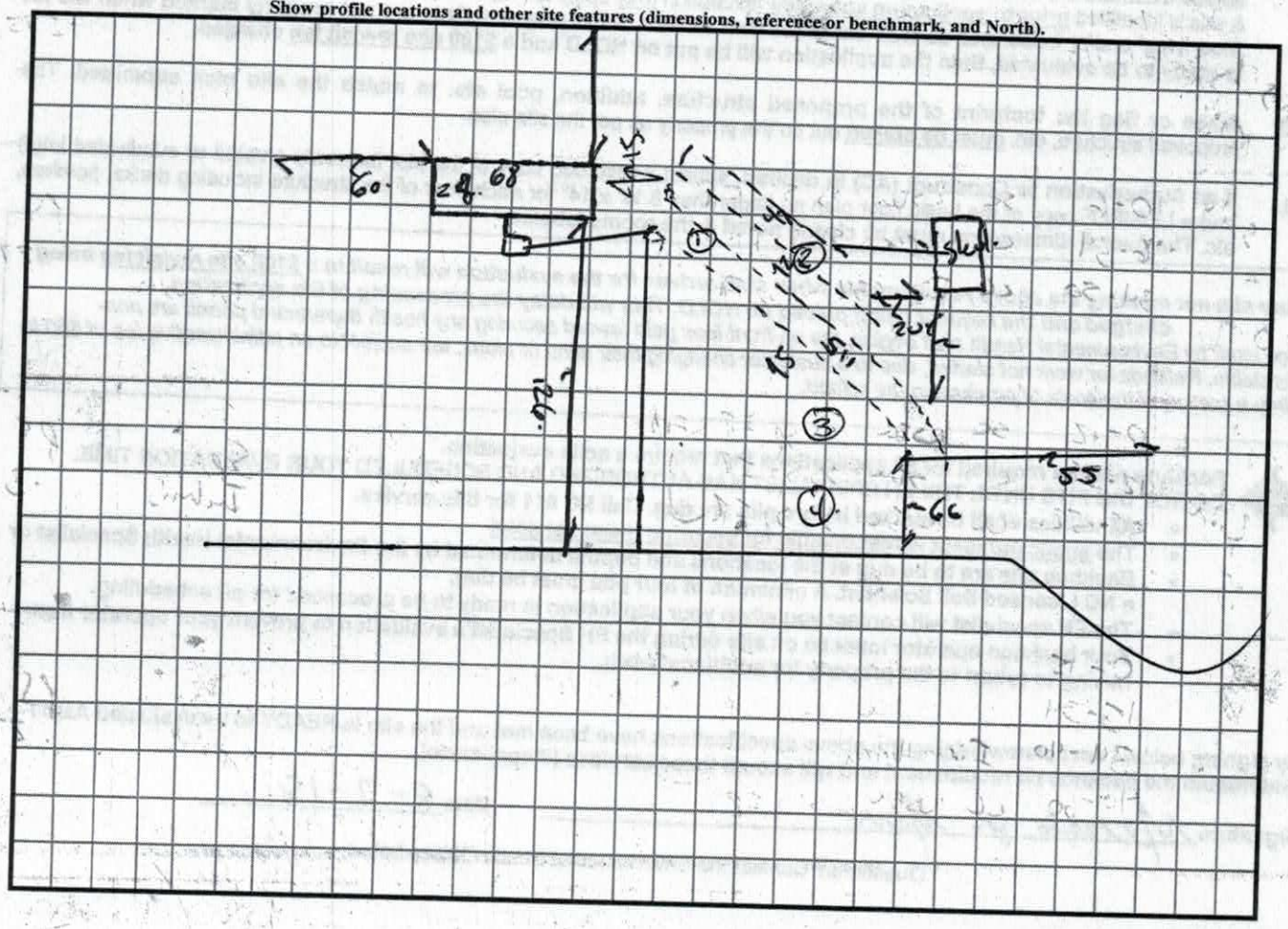
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



Updated February 2014

RECEIVED JUL 1 7 2018

Paid $500.00 #237327

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Harold A Scarlett III Address: 246 Turney Ridge Ln Olin NC Zip: 28660
Applicant Email: Harold.Scarlett@ABTdrains.com Phone: 704-883-4078 Alt. Phone: 704-528-9806 Ext 125
Owner Name: Harold A Scarlett III Address: 246 Turney Ridge Ln Olin NC Zip: 28660
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 170 Turney Ridge Ln Olin NC 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

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

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 (X) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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: Harold A Scarlett III 7/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Harold A Scarlett III, am the legal owner(s) of the property located at 170 Tuscany Ridge Lane Olin NC 28660, identified as PIN (Parcel Identification Number) 4831-76-8186, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Select Homes, 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.

Harold A Scarlett III 7-17-18

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

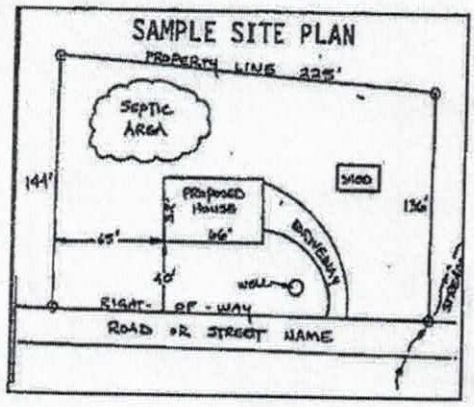
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

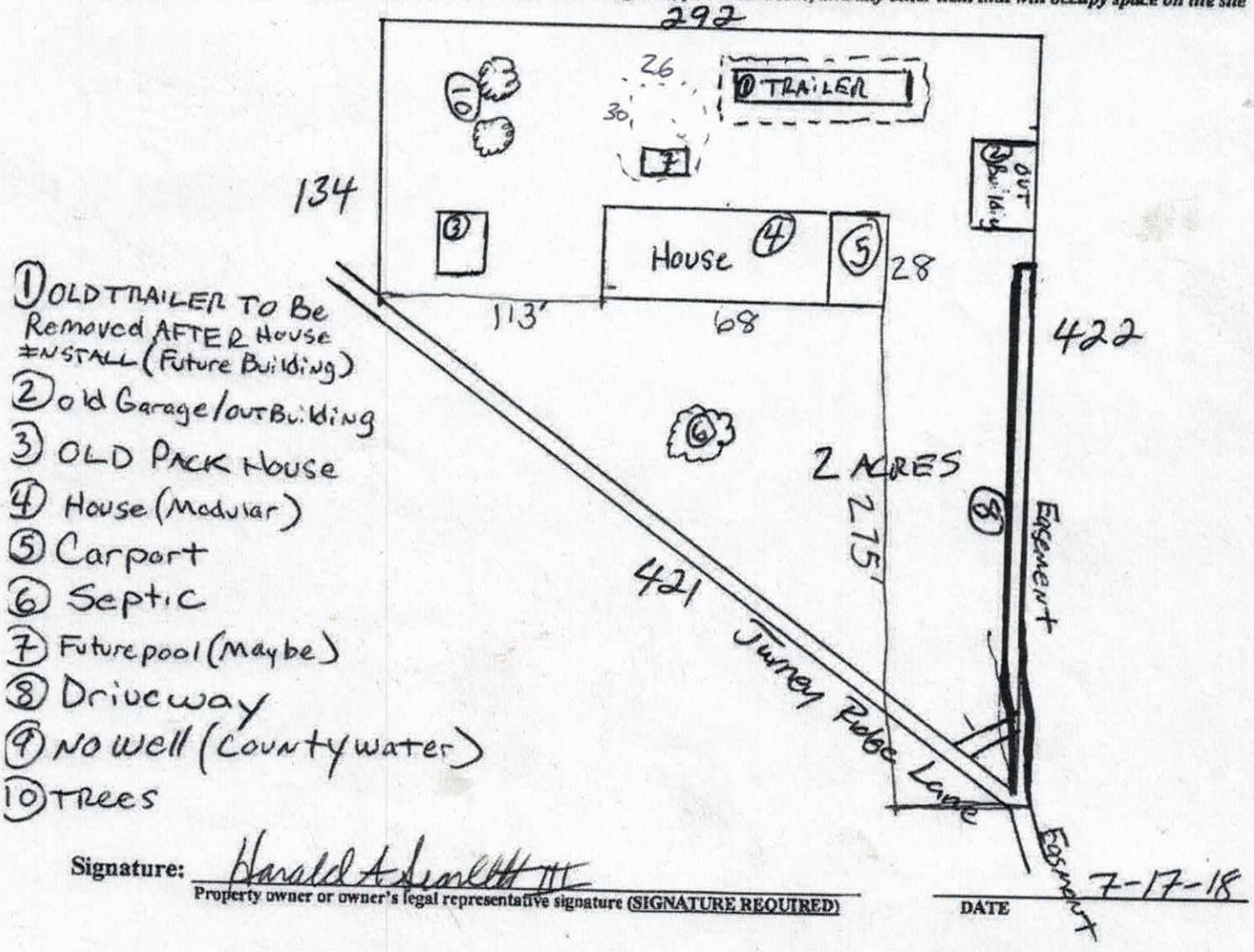


Circle N/A on the following if appropriate:

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



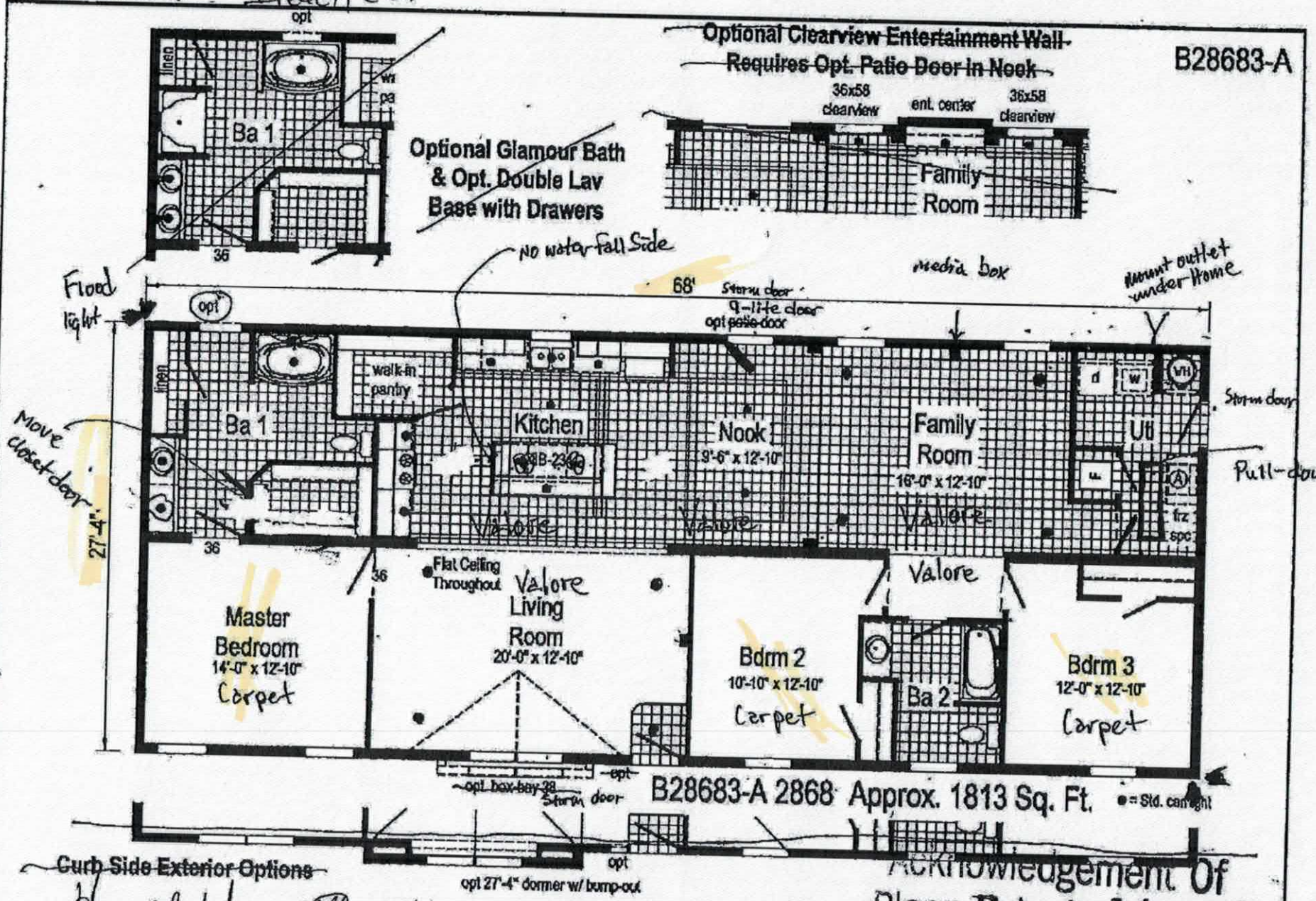
1. OLD TRAILER TO Be Removed AFTER House INSTALL (Future Building)
2. old Garage/outBuilding
3. OLD PACK House
4. House (Modular)
5. Carport
6. Septic
7. Future pool (Maybe)
8. Driveway
9. NO well (County water)
10. TREES

Signature: Harold A Isenhour III
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 7-17-18

Scarlett - Iredell Co.

170 Sunny



~~Curb Side Exterior Options~~

Harold A Scarlett III 7-25-18

Donna S. Scarlett 7-25-18

Acknowledgement of Plans Submittal ONLY!

Harold A Scarlett III Date 8-1-18

Date 8/2/18

IREDELL COUNTY

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

APPLICATION NUMBER
237327
Issue Date: 07/17/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4831768186.000	170 JURNEY RIDGE LANE, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SOUTHER DEBRA J	Applicant: HAROLD A SCARLETT
Address: 246 JURNEY RIDGE LN	Address: 246 JURNEY RIDGE LN
STATESVILLE, NC 28660	OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	35.00	35.00	25.00	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.

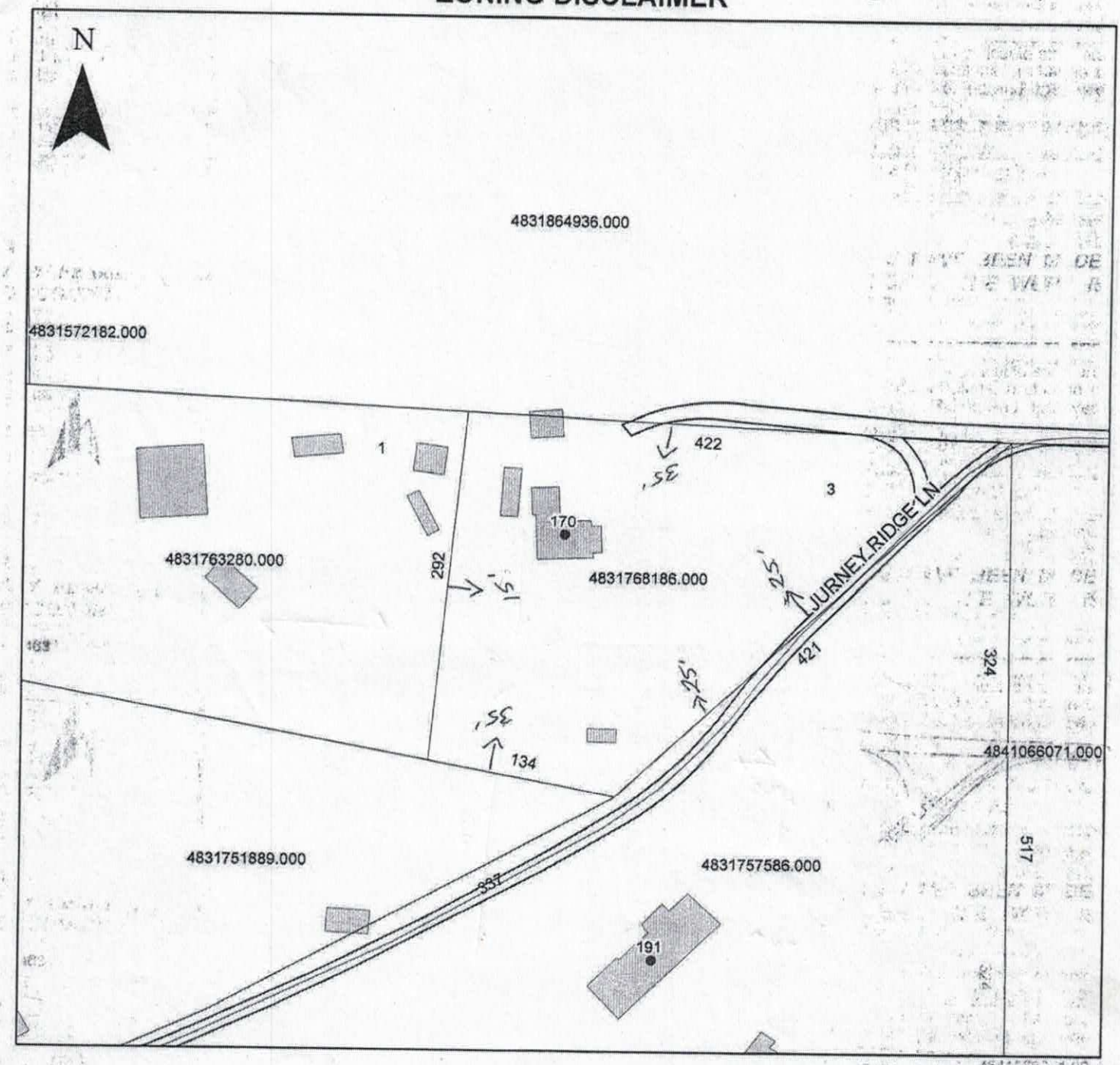
Applicant: _____ Date: _____

Permit Number	145825	TOTAL FEES:	$ 77.25

125228

237327

ZONING DISCLAIMER



Property Address 170 Jurney Ridge Ln.

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.

Harold A Scarlett III

Applicant

7-17-18

Date