IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208455

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

PIN # 4833006845.363

APPLICANT: Linda Neff APPLICANT ADDRESS: 363 Morgan Ford Rd Olin NC

SITE ADDRESS: 363 Morgan Ford Rd Olin NC PHONE: 704-767-3595 ALT. PHONE: 336-391-0678

SITE DIRECTIONS: 115 N to 901 T/R Myers Mill T/R Morgan Ford About 1 mile on left.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 13.11 ac DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1012 Date 6-18-14

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 240

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: [ ] YES [✓] NO

[✓] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 2

[ ] Business No. Persons 4

[ ] Other No. Employees

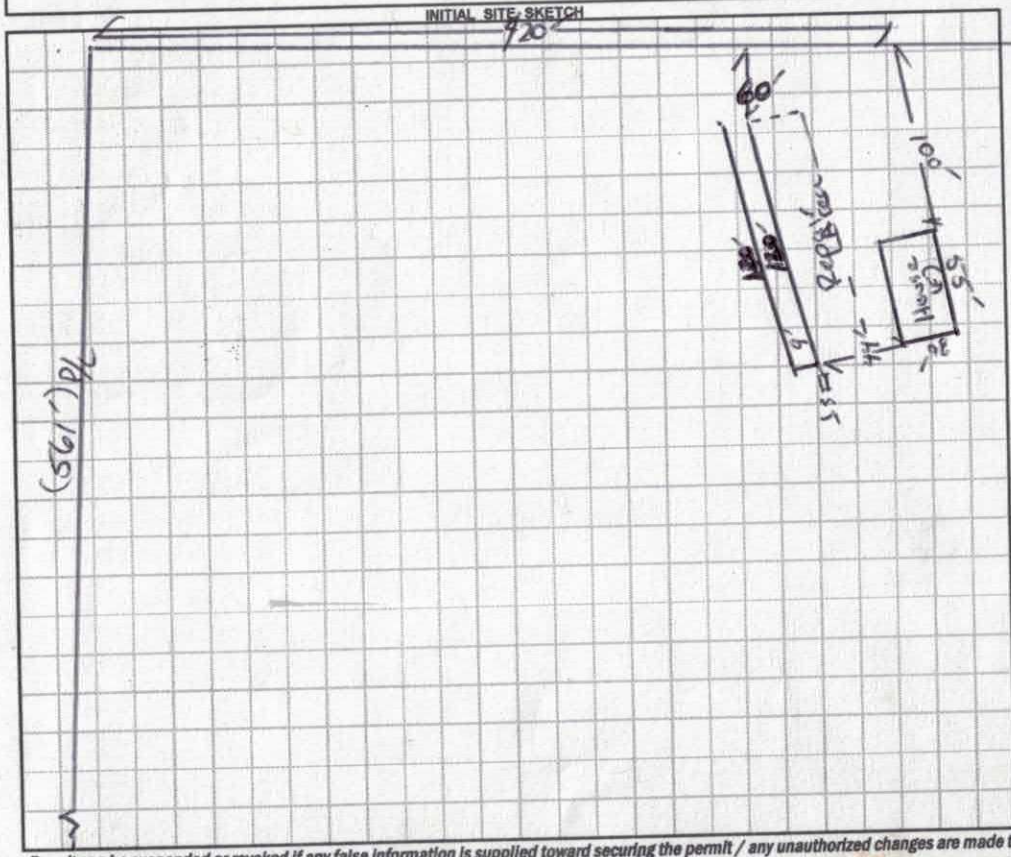
[ ] Slab [ ] Crawl Space

[X] Basement w/plumbing [ ] Basement w/o plumbing

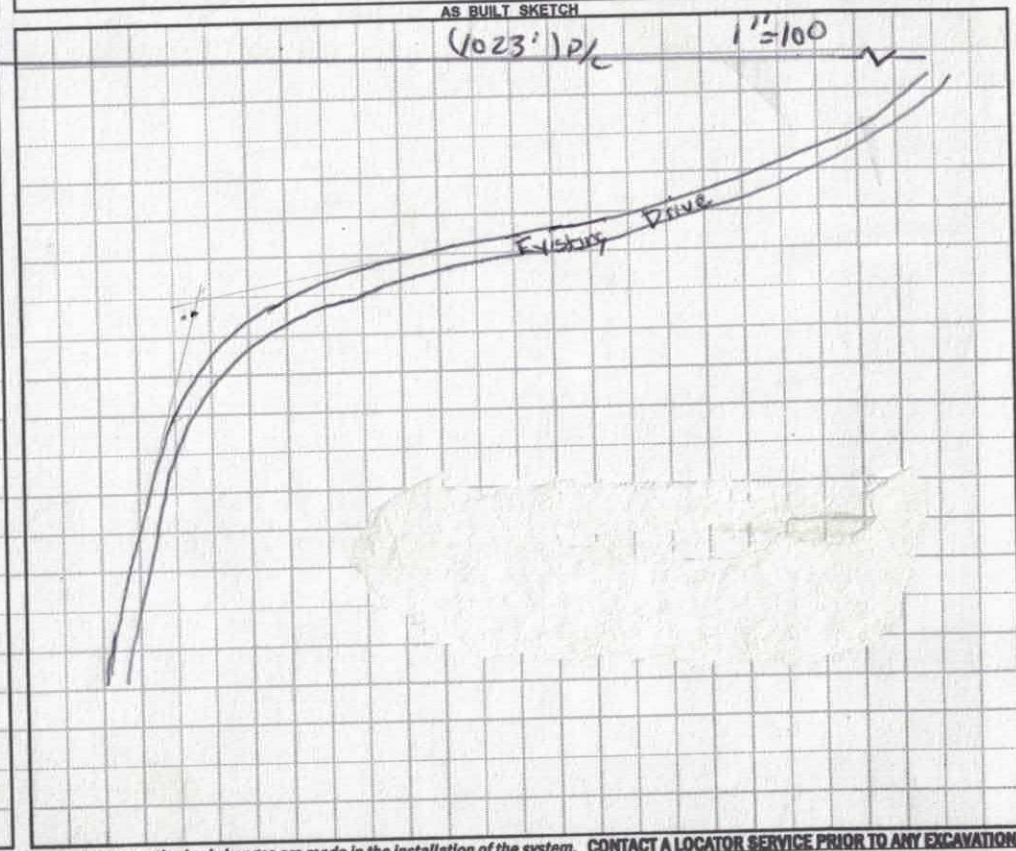
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% reduction on Contour with serial distribution

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: Date: 05-20-15 Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Date: 05/14/15 OPERATION PERMIT by: Date: 8/21/14

AUTHORIZATION TO CONSTRUCT by: Date: 05/19/15 Existing System Inspected by: Date:

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

EPARTMENT OF HEALTH AND HUMAN SERVICES
VISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 48330068455
COUNTY: Iredell

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

WNER: Linda Neff
DDRESS: 363 Morgan Ford Rd
ROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 240
OCATION OF SITE: 115 to 901 to Myers Mill to Morgan Ford
APPLICATION DATE 2-12-15
DATE EVALUATED: 05/13/15
PROPERTY SIZE: 13.115ac
PROPERTY RECORDED: Yes
ATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
VALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

	.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	L 17%	0-6	gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		6-32	SBK C	fi SE					
		32-48	WSBKBC	FF SE					
2	L 23%	0-5	gr SCL	fr SE	PS	PS	N/A	N/A	PS .25
		5-26	SBK C	fi SE					
		26-48	WSBKBC	FI/V SE					
3	L 17%	0-6	gr SCL	fr SE	PS	PS	N/A	N/A	PS .25
		6-33	SBK C	fi SE					
		33-48	WABKBC	FI/V SE					
4	L 20%	0-9	gr SCL	fr SE	PS	PS	N/A	N/A	PS .25
		9-30	SBK C	fi SE					
		30-48	WABKBC	FI/V SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
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.

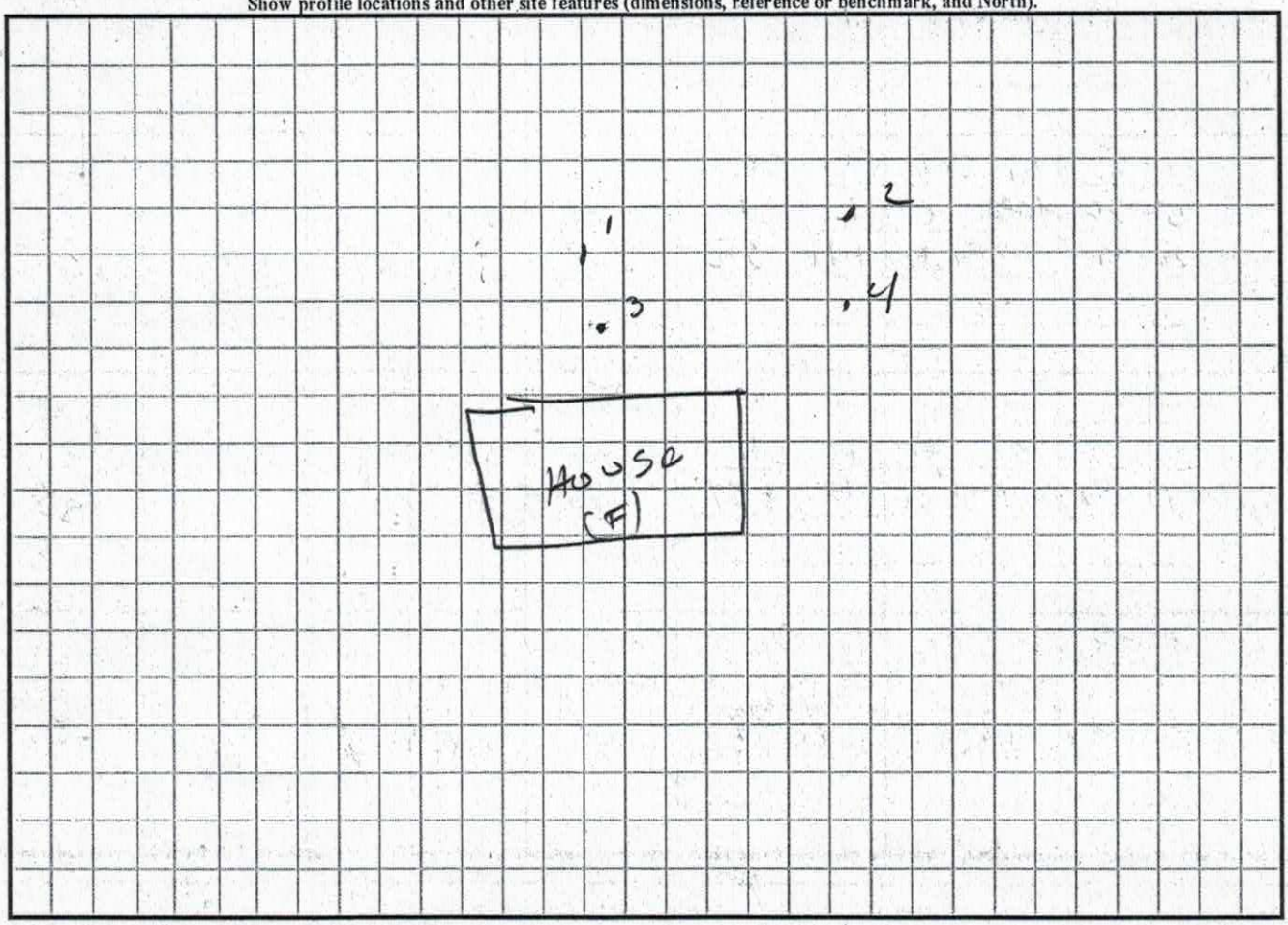
NOTES

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).



Wait at least 2 weeks before going out

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Bring in plans later

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:

Applicant Name: Linda Nesbit Address: 363 Morgan Ford Rd Phone: 704 267 3595

Owner Name: Shorty Helland Address: 363 Morgan Ford Rd Phone: 336 371-0628

Property Information:

Street Address: 363 - Morgan Ford Olin NC. 28660

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 115 To 901 Right Myers Mill Right Morgan Ford Rd Right About 1 mile on Left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

RAH 2/12

Water Supply:

(✓) 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: Shorty Helland 2-12-15

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

IREDELL COUNTY HEALTH DEPARTMENT

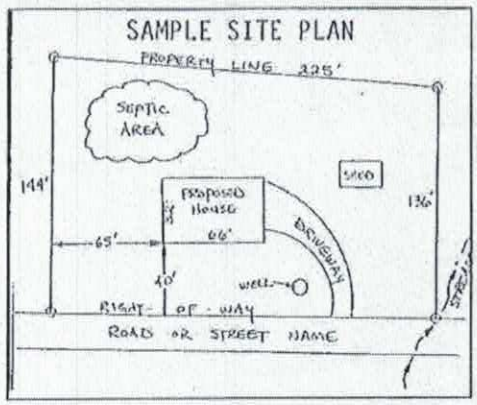
ENVIRONMENTAL HEALTH DIVISION

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

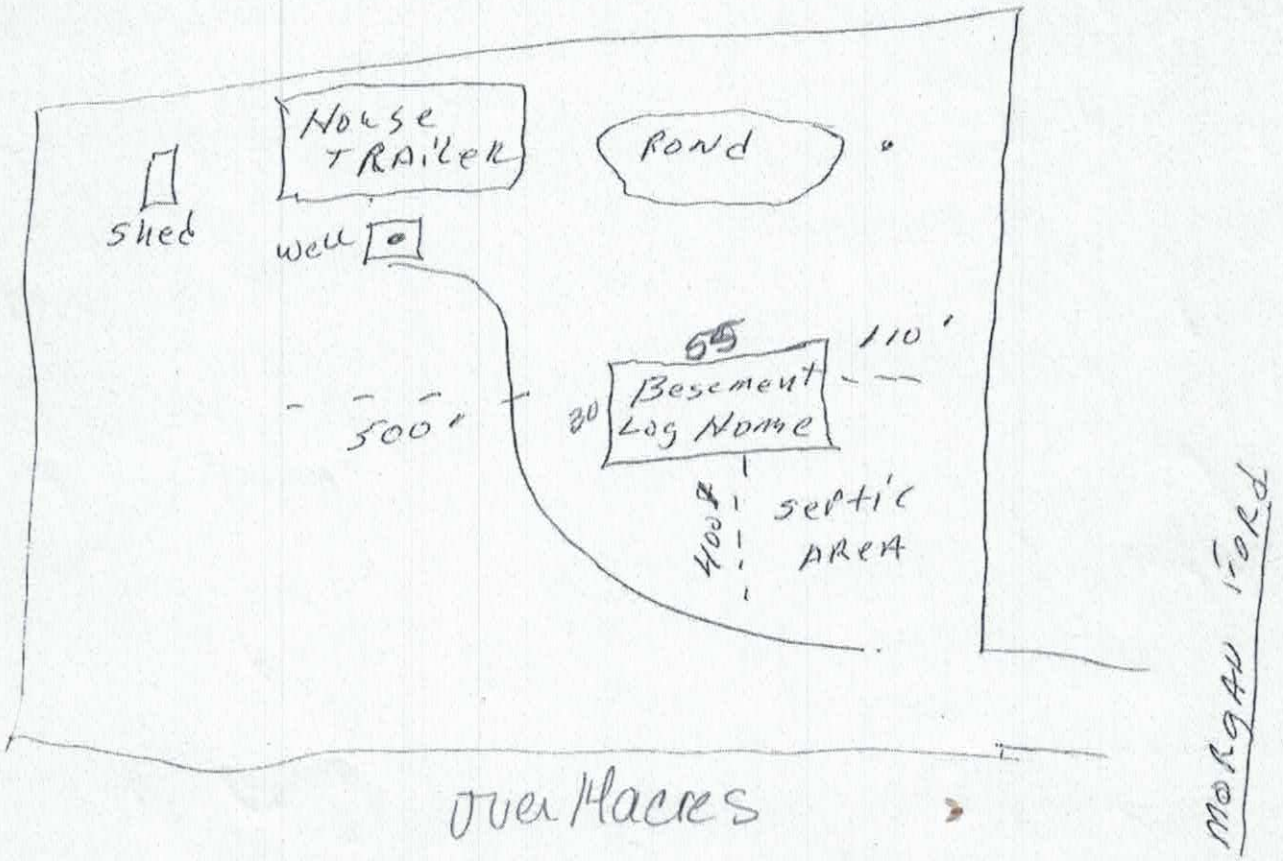


Circle N/A on the following if appropriate:

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

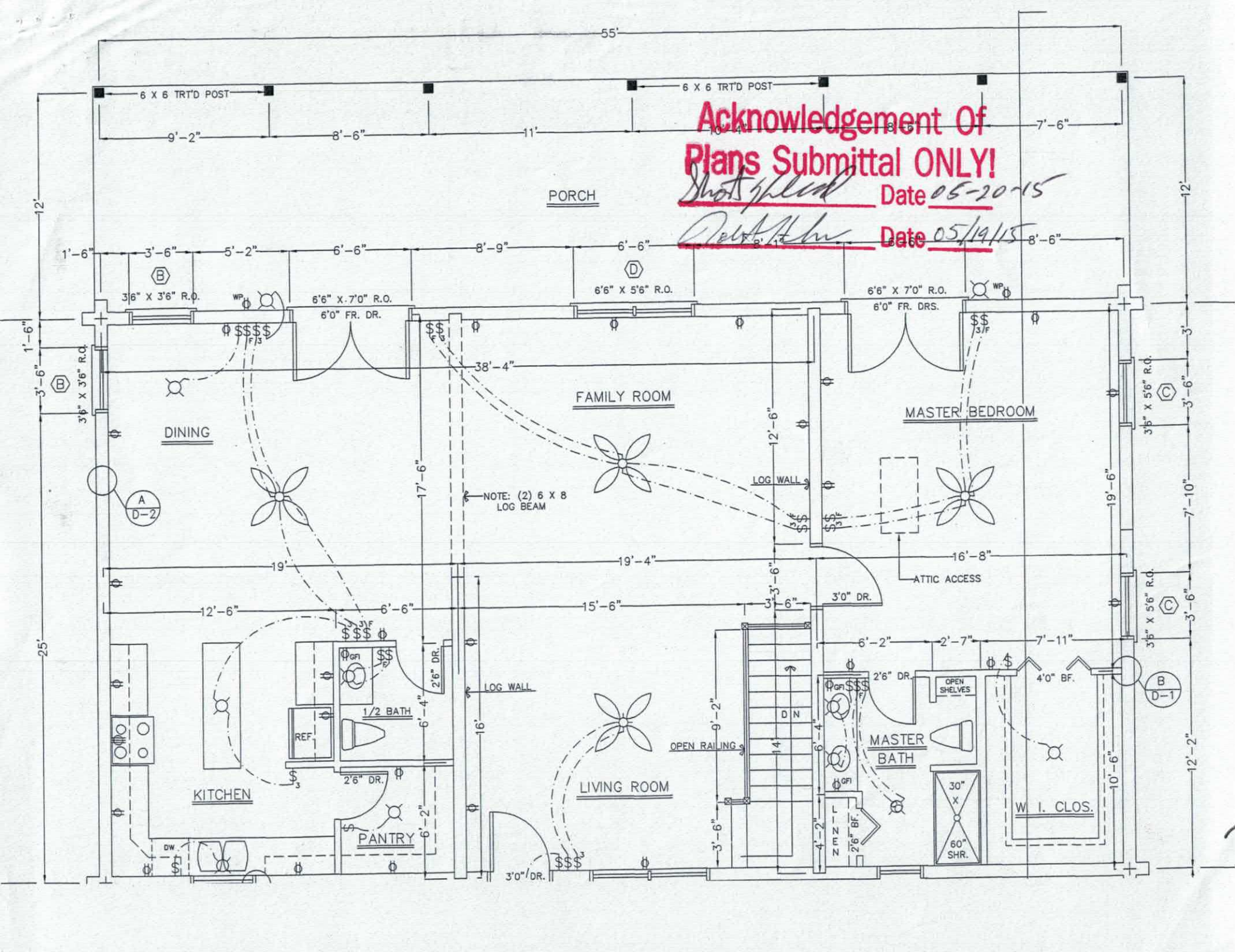


Signature: Shorty Dillard

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

2-12-15

DATE


Acknowledgement Of
Plans Submittal ONLY!
Date 05-20-15
Date 05/19/15
55'
6 X 6 TRT'D POST
6 X 6 TRT'D POST
9'-2"
8'-6"
11'
10'-4"
8'-6"
7'-6"
PORCH
1'-6"
3'-6"
5'-2"
6'-6"
8'-9"
6'-6"
8'-6"
3'6" X 3'6" R.O.
6'6" X 7'0" R.O.
6'0" FR. DR.
6'6" X 5'6" R.O.
6'6" X 7'0" R.O.
6'0" FR. DRS.
38'-4"
FAMILY ROOM
MASTER BEDROOM
DINING
LOG WALL
NOTE: (2) 6 X 8
LOG BEAM
12'-6"
17'-6"
19'-6"
7'-10"
3'6" X 5'6" R.O.
19'
19'-4"
16'-8"
ATTIC ACCESS
3'-6"
3'0" DR.
12'-6"
6'-6"
15'-6"
6'-2"
2'-7"
7'-11"
2'6" DR.
4'0" BF.
OPEN SHELVES
LOG WALL
1/2 BATH
REF.
KITCHEN
PANTRY
DW
LIVING ROOM
OPEN RAILING
MASTER BATH
30" X 60" SHR.
W. I. CLOS.
LINEN
26" BF.
25'
12'-2"
10'-6"
6'-4"
9'-2"
14'
4'-2"
16'
6'-2"
3'0" DR.
GFI
F/3
3/F
WP
A D-2
B D-1
C
D

IREDELL COUNTY

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

APPLICATION NUMBER
208455
Issue Date: 02/12/2015

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4833006845.000	363 MORGAN FORD ROAD, OLIN, NC 28660	OLIN

Owner Information	Applicant Information
Owner: MOORE RONALD K+MARTHA SUE	Applicant: NEFF, LINDA
Address: 539 MORGAN FORD RD STATESVILLE, NC 28625	Address: 363 MORGAN FORD RD OLIN, NC 28660
Phone:	Phone: 704-267-3595

Use Requested	Zone Code
LOG HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.115	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	31519	TOTAL FEES:	$ 77.25