IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223068

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

PIN # 4833509409 9545

APPLICANT: Amanda Coleman APPLICANT ADDRESS: 1168 Myers Mill Rd Olin NC 28660

SITE ADDRESS: 1090 Myers Mill Rd Olin NC 28660 PHONE: 704-902-7462 ALT. PHONE: N/A

SITE DIRECTIONS: 77 N T/L 901 T/L Myers Mill Rd Property on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 7ac DESIGN FLOW: 360 L.T.A.R.: 6.3

Septic Tank	1000 (gal)	STB	360.	Date	1-22-2017	[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	6-20-2017	System Description:	25% Reduction	[ ] Business	No. Persons 6
Pump Make	Gould's	Model	1/2 HP	Serial #	WB05X	Repair System Description:	25% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	32"	Gravel Depth	N/A	[ ] GRAVITY [X] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing

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

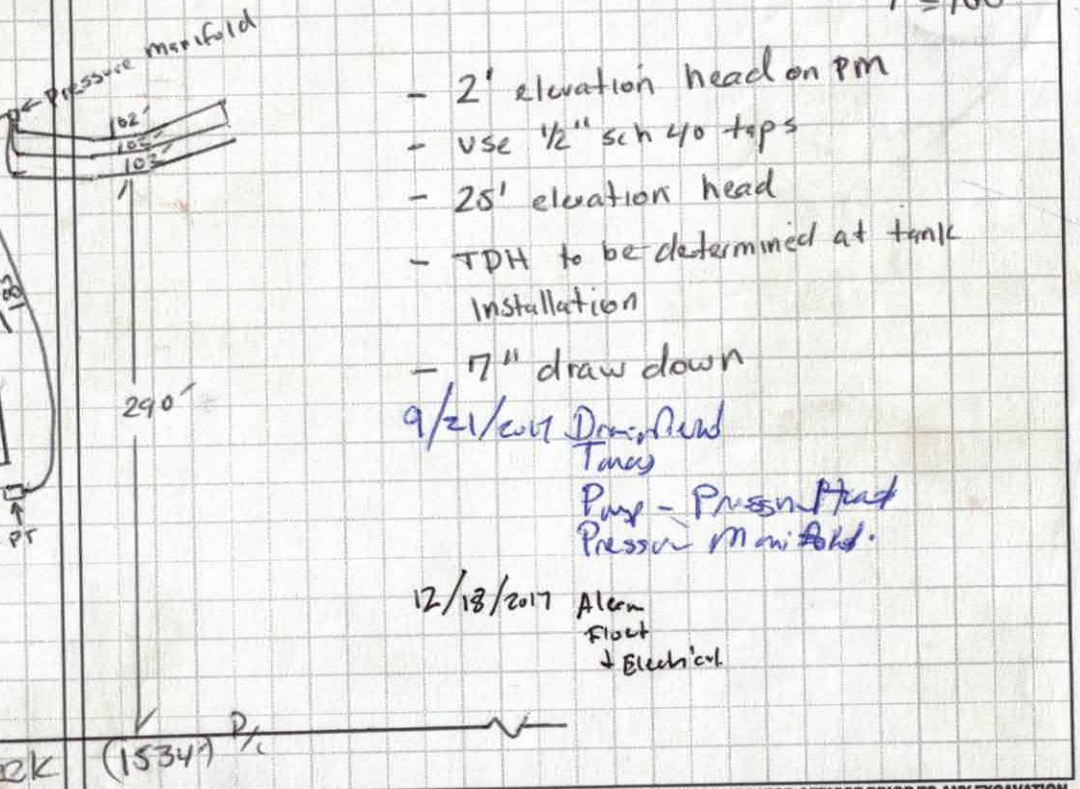
Comments / Conditions: Install 25% reduction on contour with pressure distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100



- 2' elevation head on PM
- use 1/2" sch 40 taps
- 25' elevation head
- TDH to be determined at tank installation
- 7" draw down

9/21/2017 Drawing Tanks
Pump - Pressure Head
Pressure Manifold.

12/18/2017 Alarm Float & Electrical

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: Scott Coleman Date: 2/24/17 Installed by: Jared Lutz Master

IMPROVEMENT PERMIT by: Date: 01/04/17 OPERATION PERMIT by: Benjamin A. Bobo Date: 12/18/2017

AUTHORIZATION TO CONSTRUCT by: Date: 01/04/17 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 1 of 2
PROPERTY ID #: 4837504404
COUNTY: Iredell

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

OWNER: Amanda Coleman
APPLICATION DATE: 11-9-16
ADDRESS: Myers Mill Rd. Olin, NC 28660
DATE EVALUATED: 12-5-16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 7AC
LOCATION OF SITE: 77 to 901 to Myers Mill Lot on left
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other N/A
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	7% L	0-8	CL, Gr	Fr SEXP	N/A	48"	NA	N/A	PS .25
		8-36	C, SBK	Fi SEXP					
		36-48	WSBK, BC CL	Fi SEXP					
2	5% S	0-5	CL, Gr	Fr SEXP	N/A	46"	N/A	N/A	PS .25
		5-23	C, SBK	Fi SEXP					
		23-46	ABK BC, CL	Fi SEXP					
		46-55	massive SL	SAP Fr N/A					
3	11% L	0-6	CL, Gr	Fr SEXP	N/A	36"	N/A	N/A	PS .25
		6-36	C, SBK	Fi SEXP					
		36-54	massive RC	Fi N/A					
4	7% TS	0-12	CL, Gr	Fr SEXP	N/A	48"	N/A	N/A	PS .275
		12-30	C, ABK	Fi SEXP					
		30-48	WABK BC, CL	Fi SEXP					

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: Heath Snow
OTHER(S) PRESENT: Kayla Wilson

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1956 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)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)				
S (Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

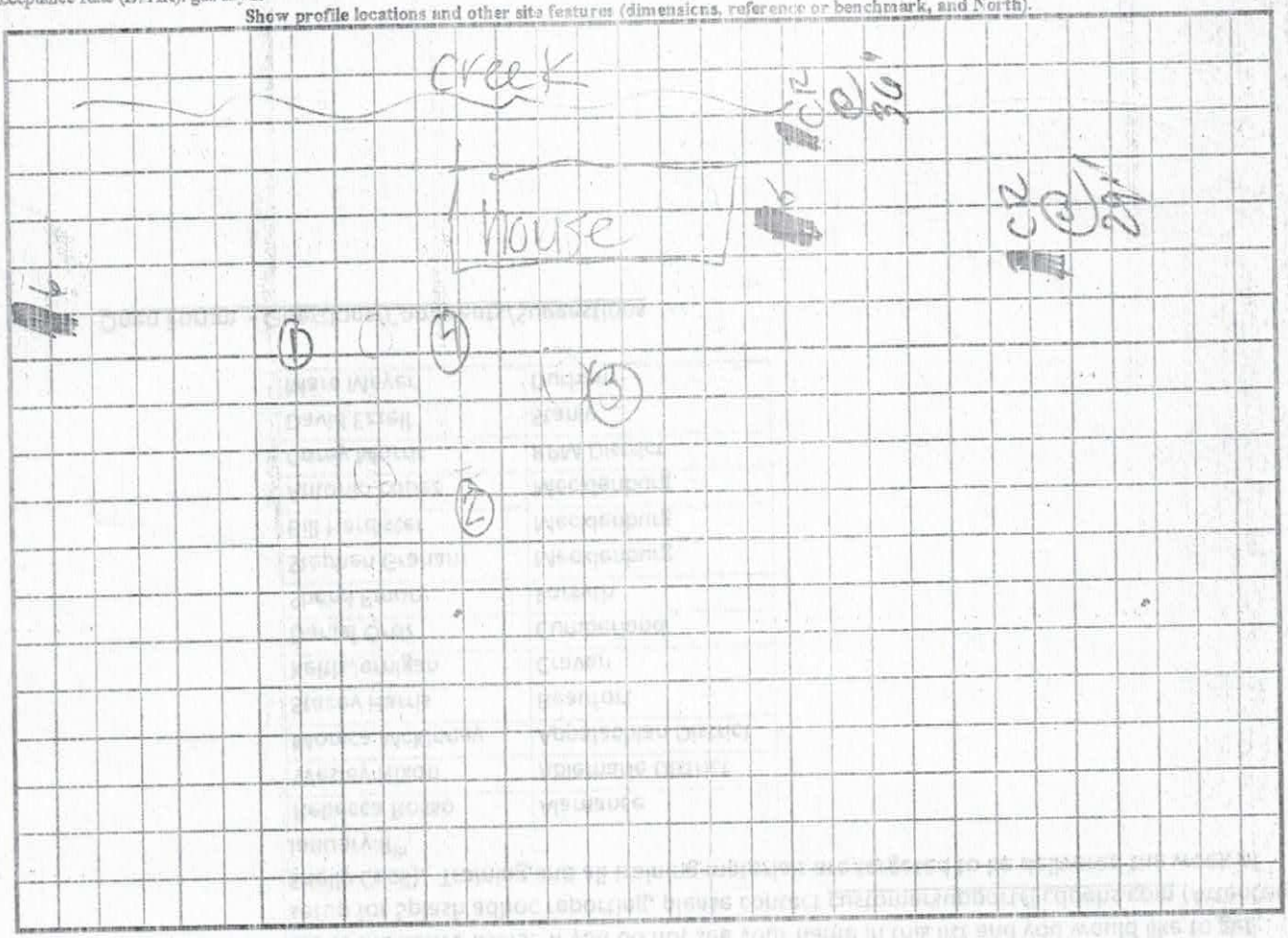
NOTES

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).



SOIL/SITE EVALUATION

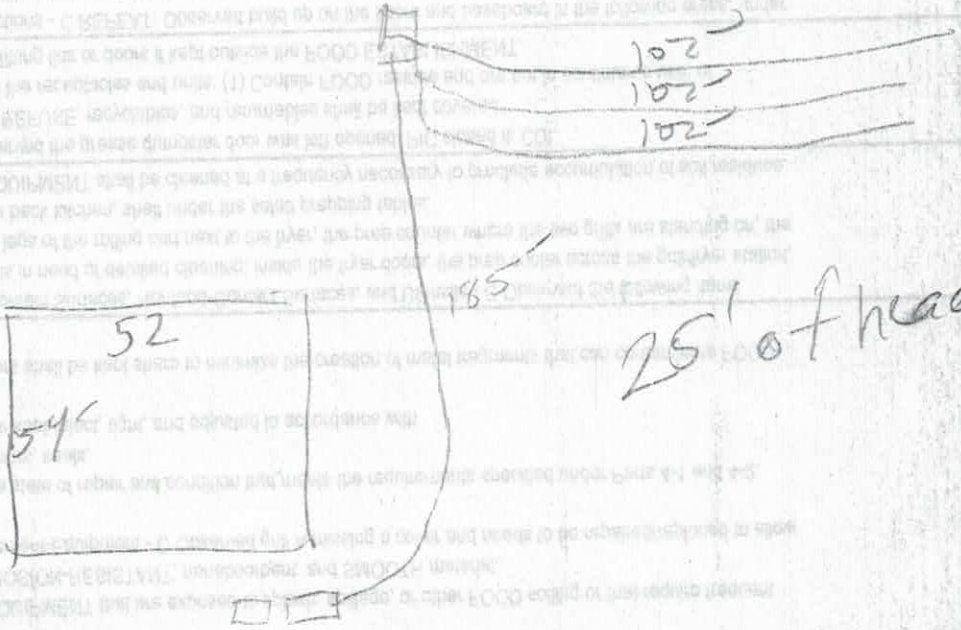
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4633509404
DATE OF EVALUATION: 12-5-16
COUNTY: Iredell

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
5	LS 10%	0-8	Gr SCL		PS	PS	N/A	44"	PS .3
		8-33	SBK C						
		33-44	WSBK BC						
		44-51	mass CR	vfi N/A					
6	LS 10%	0-8	Gr SCL		PS	PS	N/A	46"	PS .3
		8-27	SBK C						
		27-46	WSBK BC						
		46-50	mass CR	vfi N/A					

COMMENTS:


102
102
102
185'
52
54'
25' of head

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

2. **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**
   ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Amanda Coleman	1168 Myers Mill Rd Olin NC 28660	704-902-7462	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Amanda Coleman	Same	same	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
(7ac) Myers Mill Rd, Olin NC 28660	NONE	N/A

Driving Directions: I77 N to EXIT 65, turn (L), go approx 5 miles to (L) on Myers Mill Rd, & property on (L) between 1148 Myers Mill Rd and BRIDGE.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4 3 (A2)
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **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. industry) 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.

9. **Signature:** Amanda S Coleman — 11-9-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

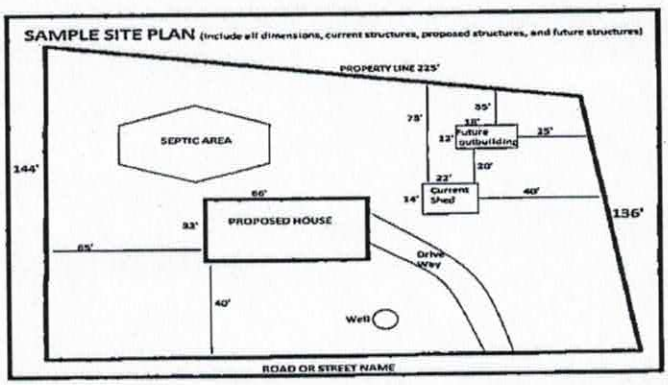
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

____ Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

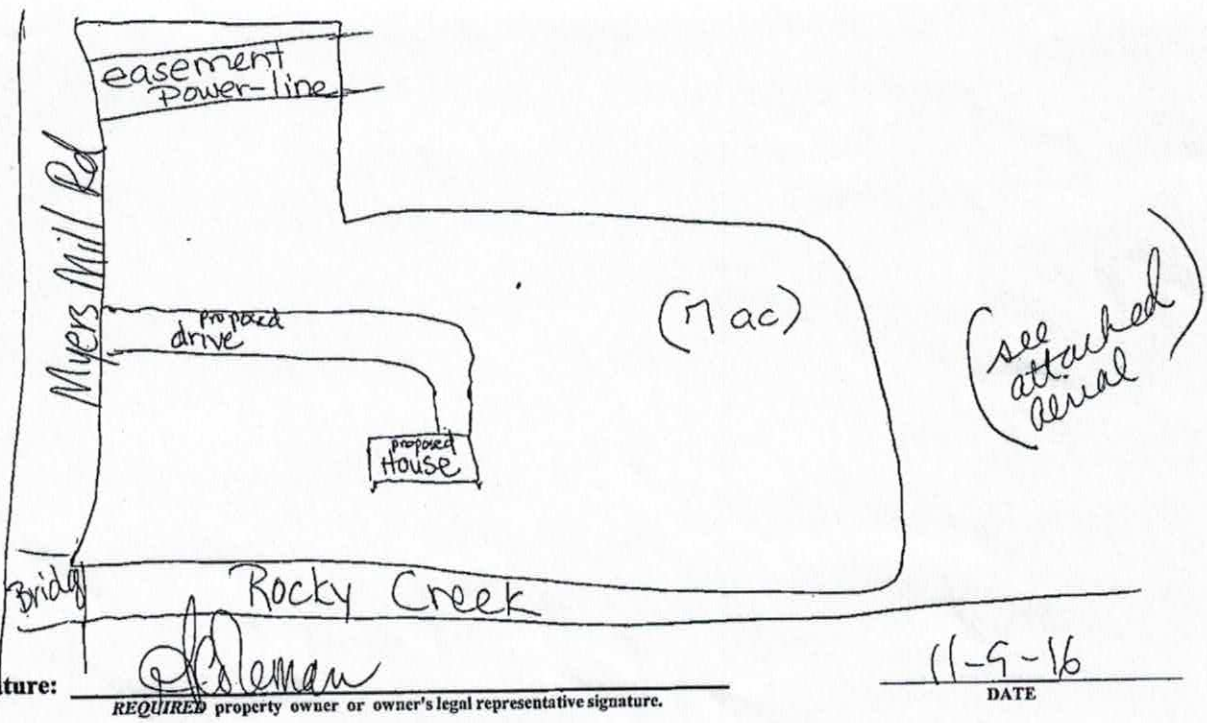
Circle N/A on the following if appropriate:

____ 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



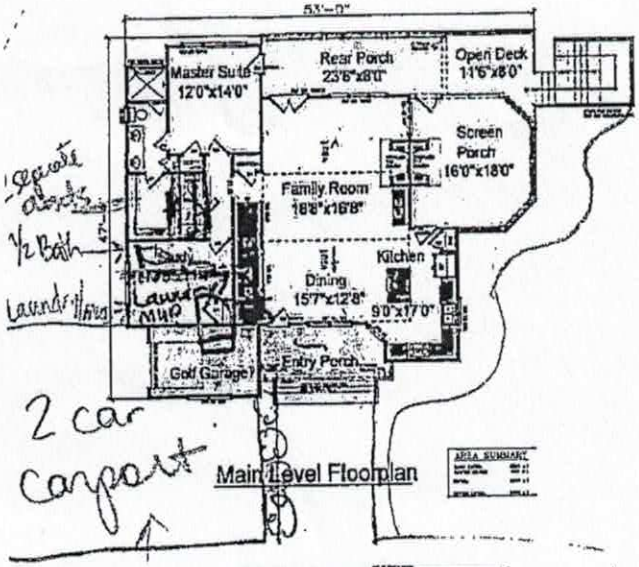
USE THIS SPACE TO DRAW YOUR SITE PLAN

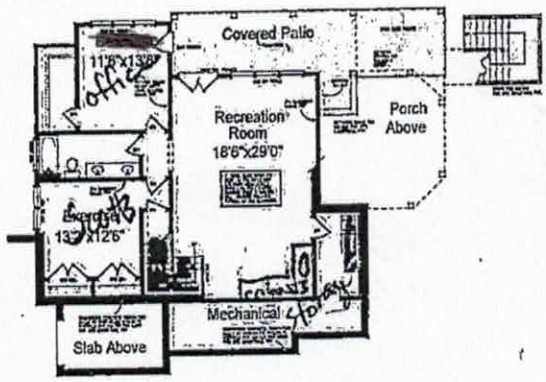


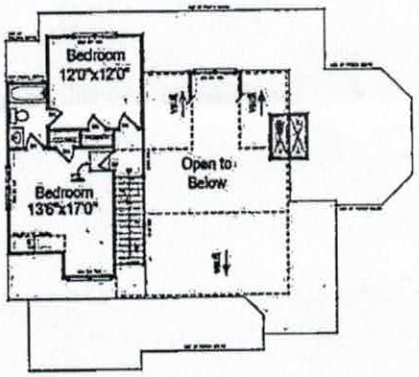
Signature: _____ 11-9-16

REQUIRED property owner or owner's legal representative signature. **DATE**

FLOOR PLANS:







★ Laundry moved to main

★ 2 closets (w/I) in Master

Acknowledgement of Plans Submittal ONLY!

Date

Date 01/04/17

IREDELL COUNTY

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

APPLICATION NUMBER
223068
Issue Date: 11/09/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4833509409.000	1090 MYERS MILL ROAD, OLIN, NC 28660	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHUMAKER R DAVID+LOIS	Applicant: COLEMAN AMANDA S
Address: 1148 MYERS MILL RD OLIN, NC 28660	Address: 1168 MYERS MILL RD OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.000	35.00	35.00	15.00	15.00	NOT	AE

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	85305	TOTAL FEES:	$ 77.25