ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # AP501561

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

PIN # 4842385277

APPLICANT/OWNER: Grethel Creasy

APPLICANT ADDRESS: 3261 Jennings Rd Union Grove NC 28689

SITE ADDRESS: 3261 Jennings Rd Union Grove, NC 28689 OLIN 28660

PHONE: 704-902-4015 ALT. PHONE —

SITE DIRECTIONS: I40E to Exit 152B, merge onto 77N and follow to Exit 59, L on Tomlin Mill Rd, R on Jennings Rd, L on L

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 10.62 acres DESIGN FLOW: 480GPD L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date	3-25	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction Gravity			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	TS2 Drip			
# Nitrification Fields	1		# Lines	4	Linear Ft	380'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"		Trench Bottom Depth(Low side)			18"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

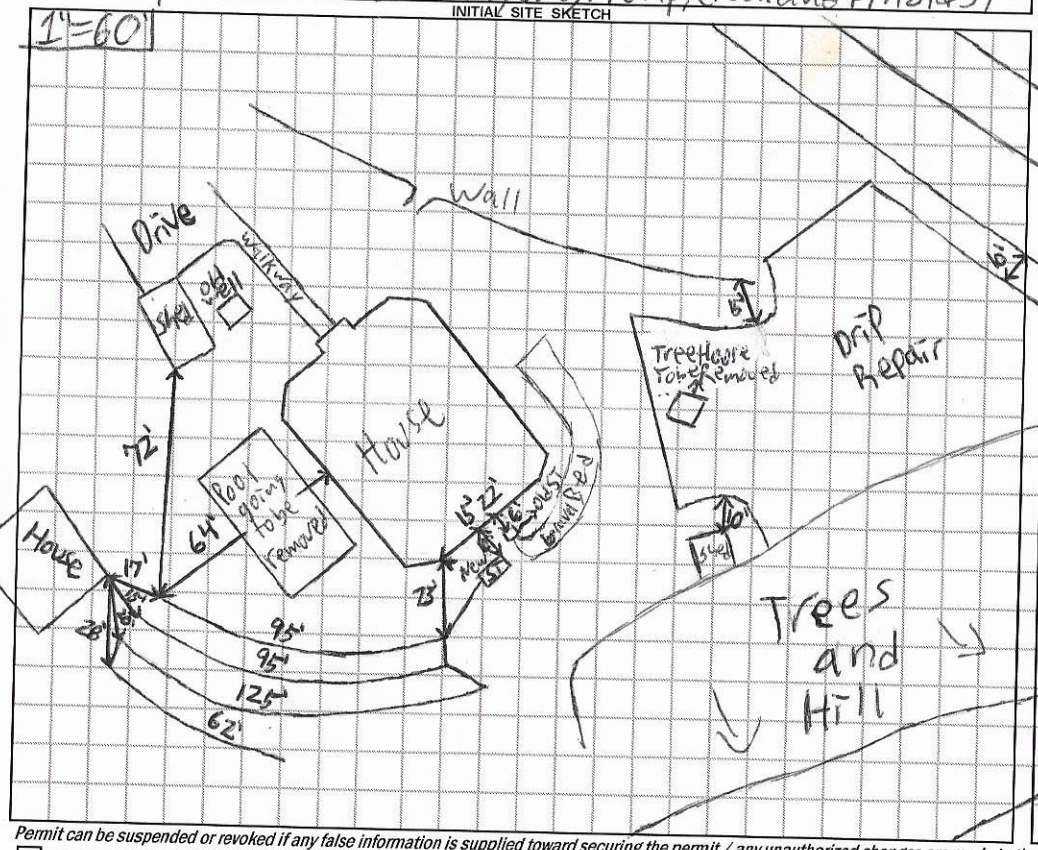
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

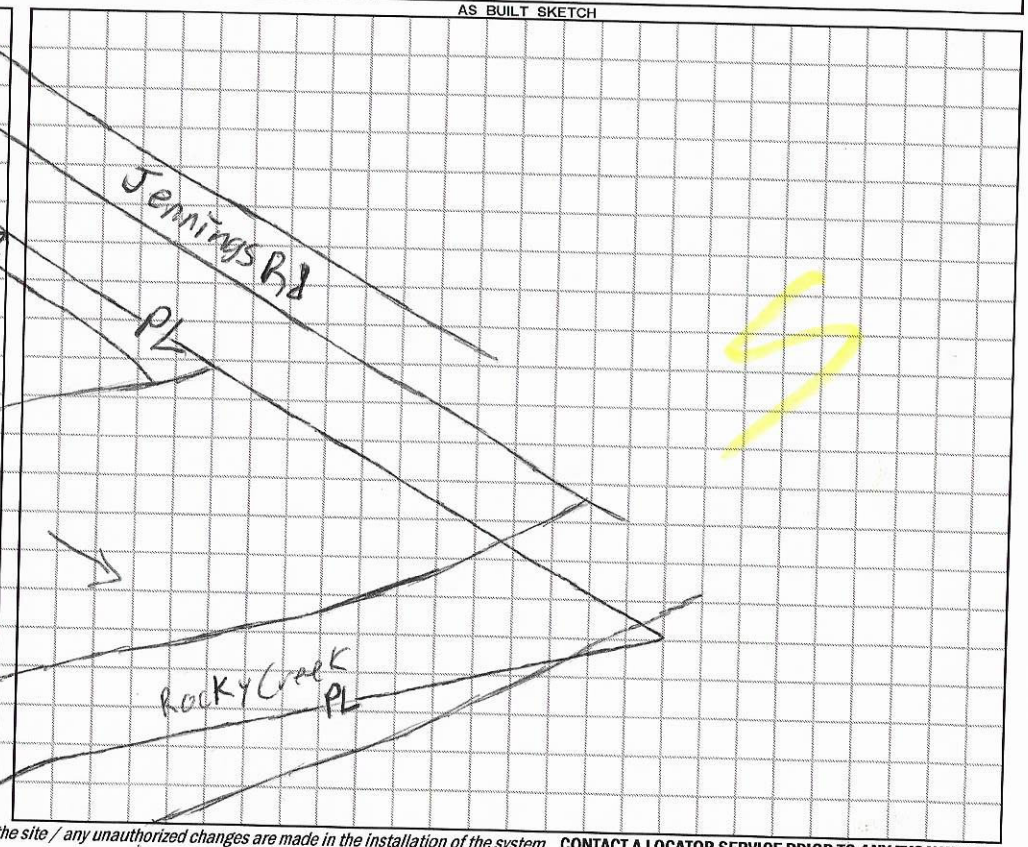
☐ Basement w/o plumbing

Comments / Conditions: Install lines on Contour. Divert any Foundation or gutter drains away from septic Area. Do not Drive, store material or manipulate drainfield in anyway. Pump, crush and Fill old ST

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: Dennis Gallifer Date: 12-2-19

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 11/26/19

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 11/26/19

Installed by: A-1 Backhoe

OPERATION PERMIT by: Benjamin A Bass Date: 5-15-2020

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 #: 484285277
COUNTY: Iredell

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

OWNER: Grether Greasy
ADDRESS: 3261 Jennings Rd
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 3261 Jennings Rd
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

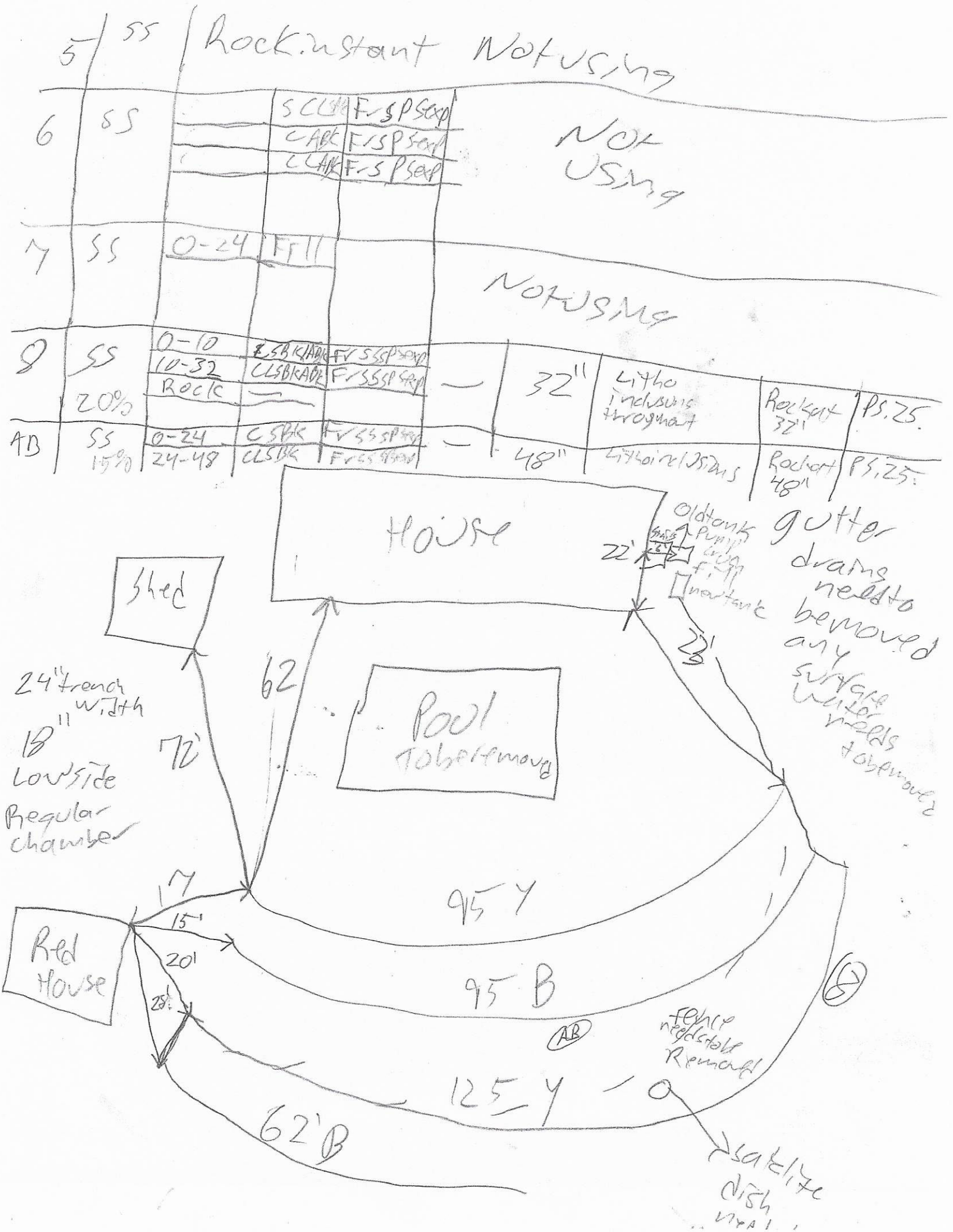
APPLICATION DATE: 10/7/19
DATE EVALUATED: 11/19/19
PROPERTY SIZE: 10.62 acres
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	12% SS	0-24	CL SBK/ABK	FrSSSPSexP	—	24"	Litho Inclusions	Rock at 24"	Drip .1
		Rock							
2	15% SS	0-6	SCL SBK	FrSSSPSexP	—	24"	Litho Inclusions	Rock at 24"	Drip .1
		6-24	CLABK	FrSSSPSexP					
		24 Rock							
3	20% SS	0-20	CLABK	FrSSSPSexP	—	20"	Litho inclusions	Rock at 20"	Drip .1
		Rock							
4	19% SS	0-24	CLABK	FrSPSexP	—	24"	Litho inclusions	Rock at 24"	Drip .1
		Rock							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	380'	4800 24+
System Type(s)	25% Red	Drip
Site LTAR	.25	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Ben Hoorths

COMMENTS:


5 SS Rock.n stant Not using
6 SS SCLBK F-SP Sexp
CLBK F-SP Sexp
CLBK F-SP Sexp
NOT USING
7 SS 0-24 FT
NOT USING
9 SS 0-10 CLSBK/ADK F-V SSSP Sexp
10-32 CLSBK/ADK F-SSSP Sexp
Rock
20%
32" Litho Inclusions throughout Rock at 32" PS.25.
AB SS 15% 0-24 CLSBK F-V SSSP Sexp
24-48 CLSBK F-SSSP Sexp
48" Litho Inclusions Rock at 48" PS.25.
House
Old tank Pump Stairs
22'
new tank
gutter drains need to be removed any surface water needs to be removed
Shed
24" trench width
18" low side
Regular chamber
72'
62
Pool to be removed
23'
17'
15'
20'
25'
95 Y
95 B
125 Y
62' B
Red House
AB
Fence needs to be Removed
satellite dish
main

Call Dennis Gallaher prior to inspection

RECEIVED OCT 7 2019

SVL

AP-301561

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Septic Repair Evaluation - No chg

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: GRETHEL CREASY Address: 3261 JENNINGS Rd Zip: 28688
Applicant Email: _____ Phone: 704 902 4015 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: 704 902 4015 Alt. Phone: _____

Property Information:

Street Address: 3261 JENNINGS Rd OLIN NC. 28689
Subdivision Name: NONE Section/Phase: _____ Lot Number: _____
Driving Directions: JENNINGS Rd 'L' ON INDIAN HILL Rd HOME IN CORNER OF +

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: Bleeding out in Wet Weather
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: Lid is cracked -
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 (✓) 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: _____ 10/07/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

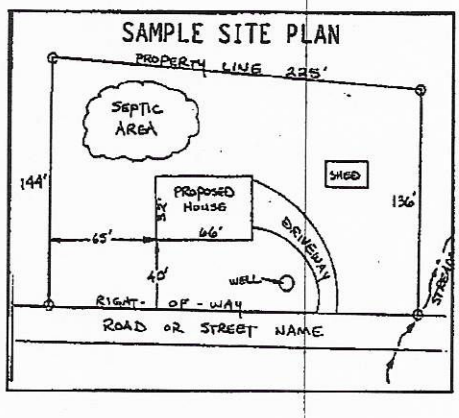
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) 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

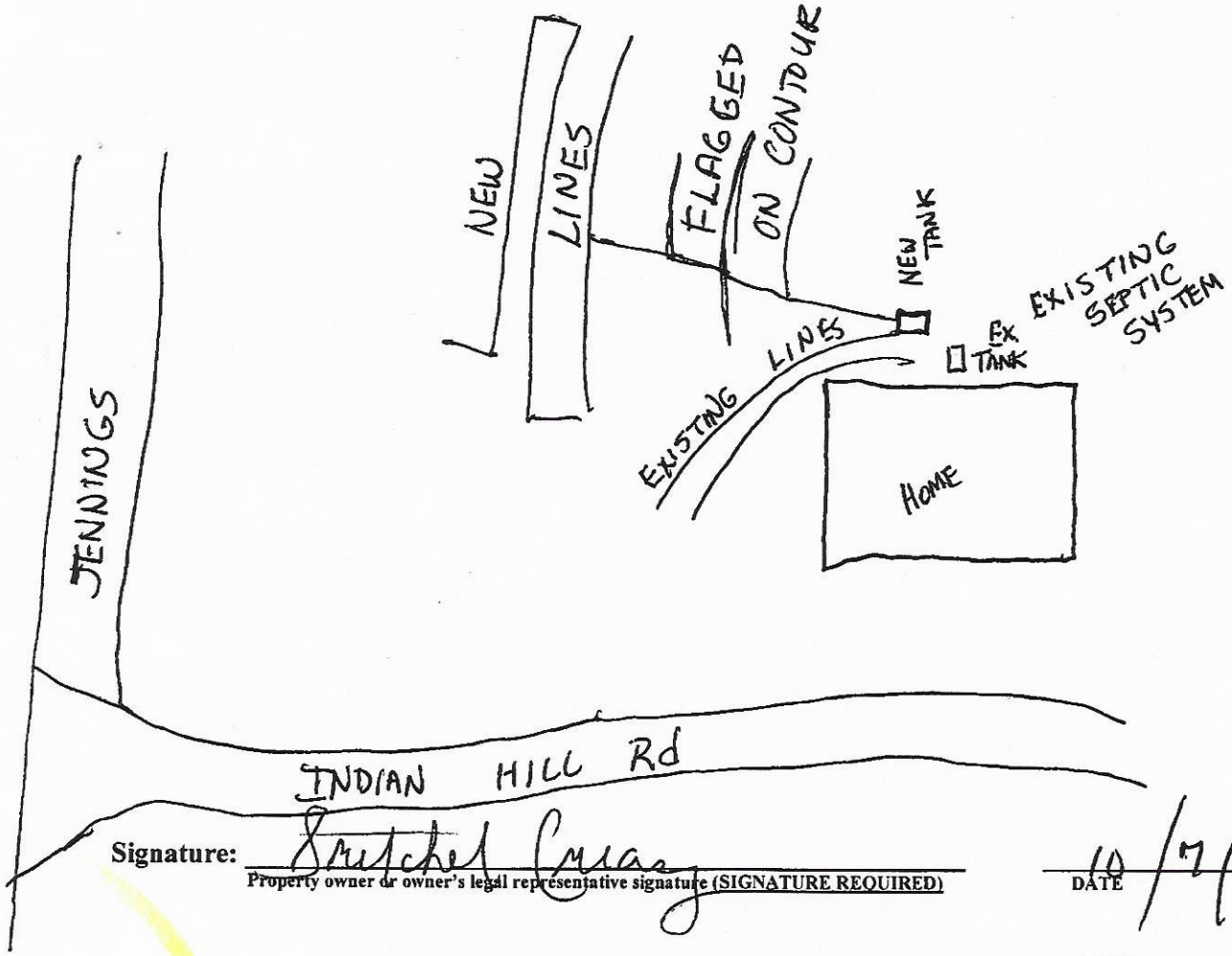


Circle N/A on the following if appropriate:

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



Signature: Brutchel Cruse

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

DATE 10/7/19

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jack Creasy DATE 08-11-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N to Jennings Rd go to Jennings Store, T.L. on Indian Hill Rd, 1st mobile home on left S. R. No. 1857

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ample

Character & Porosity of Soil Class III

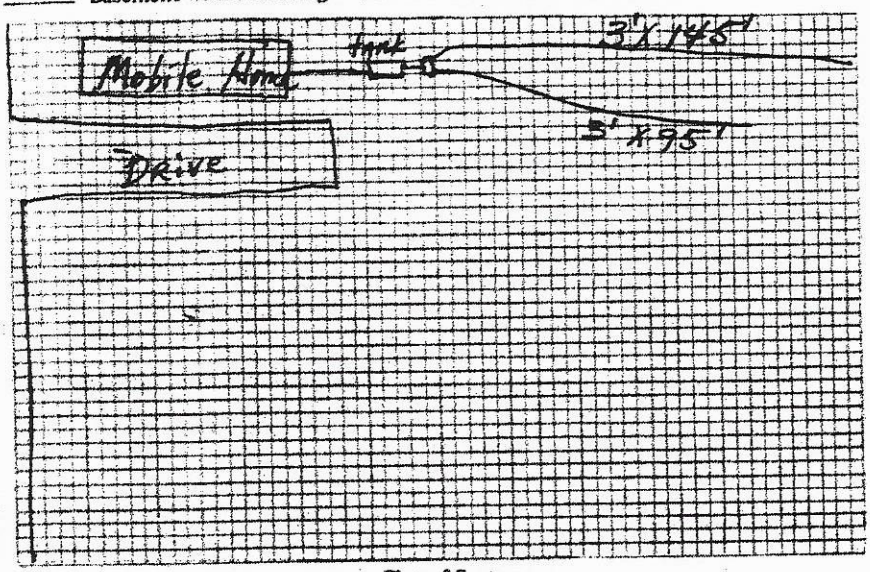
Percolation Rate 0.5 gal/ft²/day

Topography 6-10% slope

Depth to Water Table 10+

Rock or other impervious formations scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by James Hartness

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: Landscape to give adequate cover over tank

CERTIFICATE OF COMPLETION BY Jerry L Price DATE 08-14-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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)* Mitchell Creasy

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, Mitchel Creasy, am the legal owner(s) of the property located at 3261 Jennings Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) A-1 BACKHOE SERVICE DENNIS GALLIHER, 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.

Mitchel Creasy
Signature of Owner(s)

10/7/19
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