IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 237100

PIN # 4842791800

APPLICANT/OWNER: David R. Hayes

APPLICANT ADDRESS: 229 Indian Hill Rd Union Grove NC 28689.

SITE ADDRESS: 229 Indian Hill Road Union Grove NC 28689.

PHONE: 704-880-0016 ALT. PHONE 704 880-4287

SITE DIRECTIONS: Exit 65 (R) on 901 (L) on Sloans Mill (R) on Indian Hill Lot on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~

SECTION: ~ LOT # ~ LOT AREA: 10.2 Acres

DESIGN FLOW: 360 gpd L.T.A.R.: .20

Septic Tank	EXT-1000 (gal)	STB	EXT	Date	EXT
Pump Tank	- (gal)	PT	-	Date	-
Pump Make	-	Model	-	Serial #	-
# Nitrification Fields	1	# Lines	3	Linear Ft	200
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	~

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

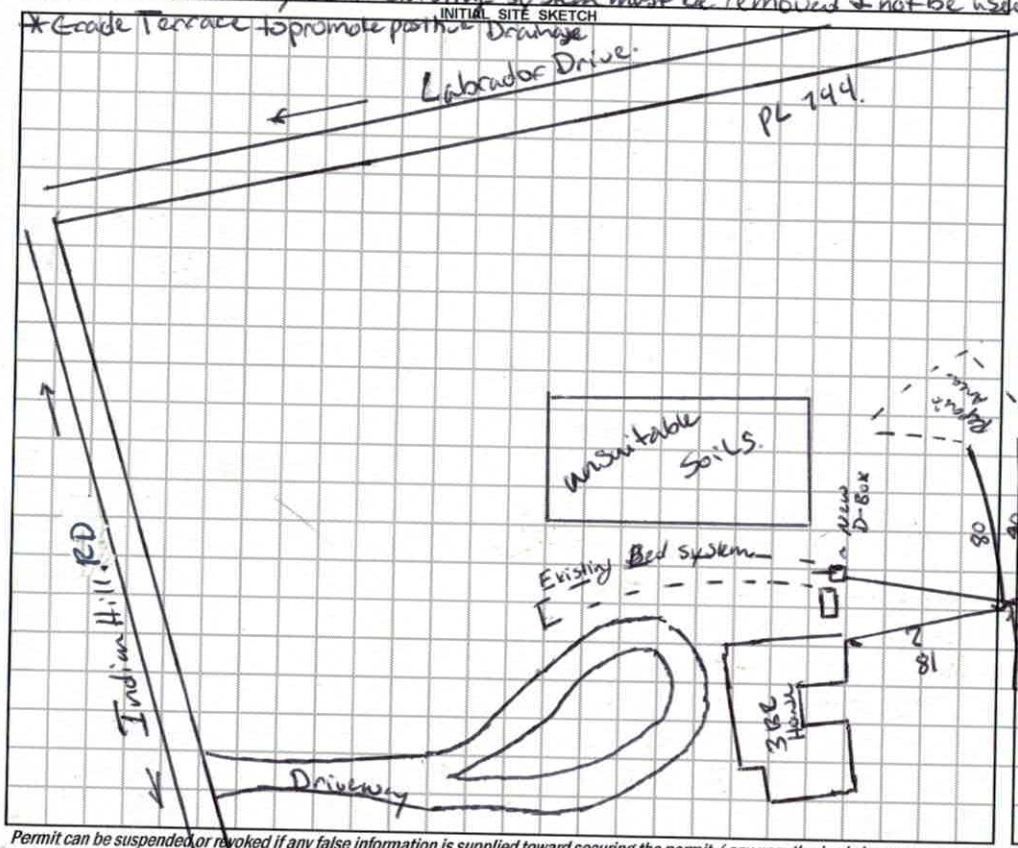
☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

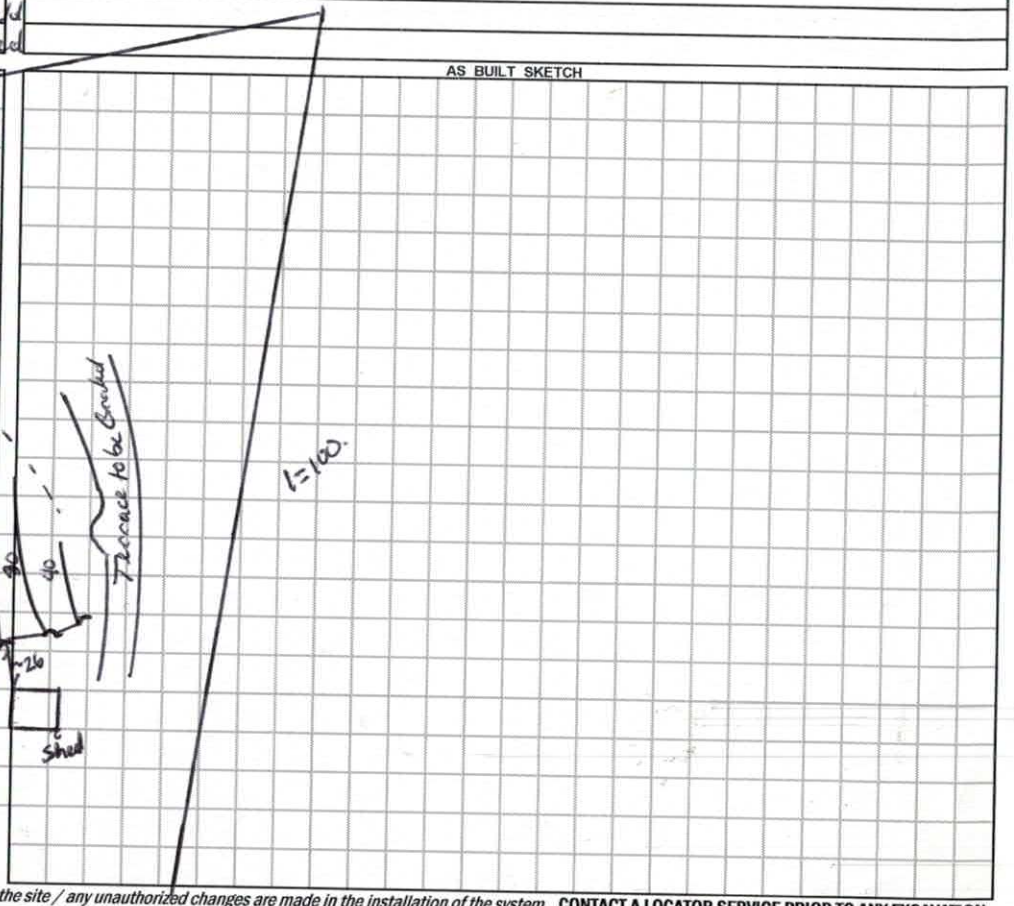
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Expansion of 2BR to 3BR Septic System. Install New D-Box to existing Bed First before Stepping over to new expansion drainfield. Gravel Driveway over existing system must be removed & not be used. Grade Terrace to promote positive Drainage

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: D R H Date: 7/31/18 Installed by: Sammy Davis.

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 7/27/2018 OPERATION PERMIT by: Carla C. Cook Date: 8/14/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 7/27/2018 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.

David Haynes 1pm

229 Indian Hill

* Lines checked 8-10 ✓

- D-Box to close not level checked-cc
- cement around Tank outlet checked-cc
- Stone fill to Drain field. - checked-cc

9/14/18

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

Sheet 1 of 2
PROPERTY ID #: 4842791
COUNTY: Iredell

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

OWNER: Hayes
ADDRESS: 329 India Hill Rd. Union Grove
PROPOSED FACILITY: SBR
LOCATION OF SITE: "
APPLICATION DATE: 7/9/19
DATE EVALUATED: 7/26/19
PROPOSED DESIGN FLOW (.1949): 120 gpd
PROPERTY SIZE: 10 Ac.
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) .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	Ridge 5-8%	0-24	SC. WSBK	SS SP FR	10YR 6/6.	24.		Rock Floaters	LS
		24-40	Rock Controlled						
2	Ridge 8%	0-7	SC WSBK	SSSP FR SEW		30.		Platy @ 21 inches	LS.
		7-21	C ABK	SSSP FM					
		21-30	RC PL						
		30-48.	RC M						
3	Side 10%	0-9	SC WSBK.	SSSP VFR SEW	2.5YR 4/6	48.		30% Rock Floaters @ 3	PS .25.
		9-31	C SBK/ABK	SSSP FR					
		31-48	CL WSBK	SSSP VFR					
4	Side 10%	0-9	SC WSBK	SSSP FR SEW		48.		Rock @ 34 inches	PS .25
		9-28	C SBK/ABK	SSSP FR					
		28-48.	CL WSBK	SSSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200 L.f.	200 L.f.
System Type(s)	III 25%	III 25%
Site LTAR	.20	.20

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bobcat
OTHER(S) PRESENT:

COMMENTS: * Terrace to be Graded / Driveway Removed.

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 #: c/842791800
DATE OF EVALUATION: 8/26/2017
COUNTY: Iredell.

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
5	Side 12 P.	0-10	~~SA~~ SC SBK.	SS SP FR SEKP		24			PS .25 ~~.30~~. F.im
		10-24	C ABK/SBK	SS SP FR SEP.					
		24-30	FM RC CL	FIRM					
		30-48.	Variegated Scp.	M FIRM					
6	Side 15%	0-8	SC SBK	SS SP		30.			Fam e zones
		8-32	C SBK/ABK	SS SP					
		32-48	CL RC e 30	~~FS~~ FIRM					
7	Side 12%	0-12	SC WSBK	SS SP FR SEP		55			PS .25
		12-37	C ABK	SS SP FR					
		37-55	CL WSBK.	SS SP FR					
8	Side 15%	0-6	SC WSBK.	SS SP FR SEP		55			10YR6/1 Depletions e 22 in PS .2. H2O. Bleeding e 15
		6-36	C ABK	SS SP FR					
		36-55	CL WSBK	SS SP FR					
9.	Side 15%	0-6	SC WSBK	SS SP FR SEP		55			Chroma 4 Depletions e 26 in PS .2
		6-27	C ABK	SS SP FR					
		27-55	CL WSBK.	SS SP FR					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP
CC (Concave Slope)	I
CV (Convex Slope)	
D (Drainage Way)	
DS (Debris Slump)	II
FP (Flood Plain)	
FS (Foot Slope)	
H (Head Slope)	III
L (Linear Slope)	
N (Nose Slope)	
R (Ridge)	
S (Shoulder Slope)	
T (Terrace)	
	IV

SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
O (Organic)	None	None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
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.

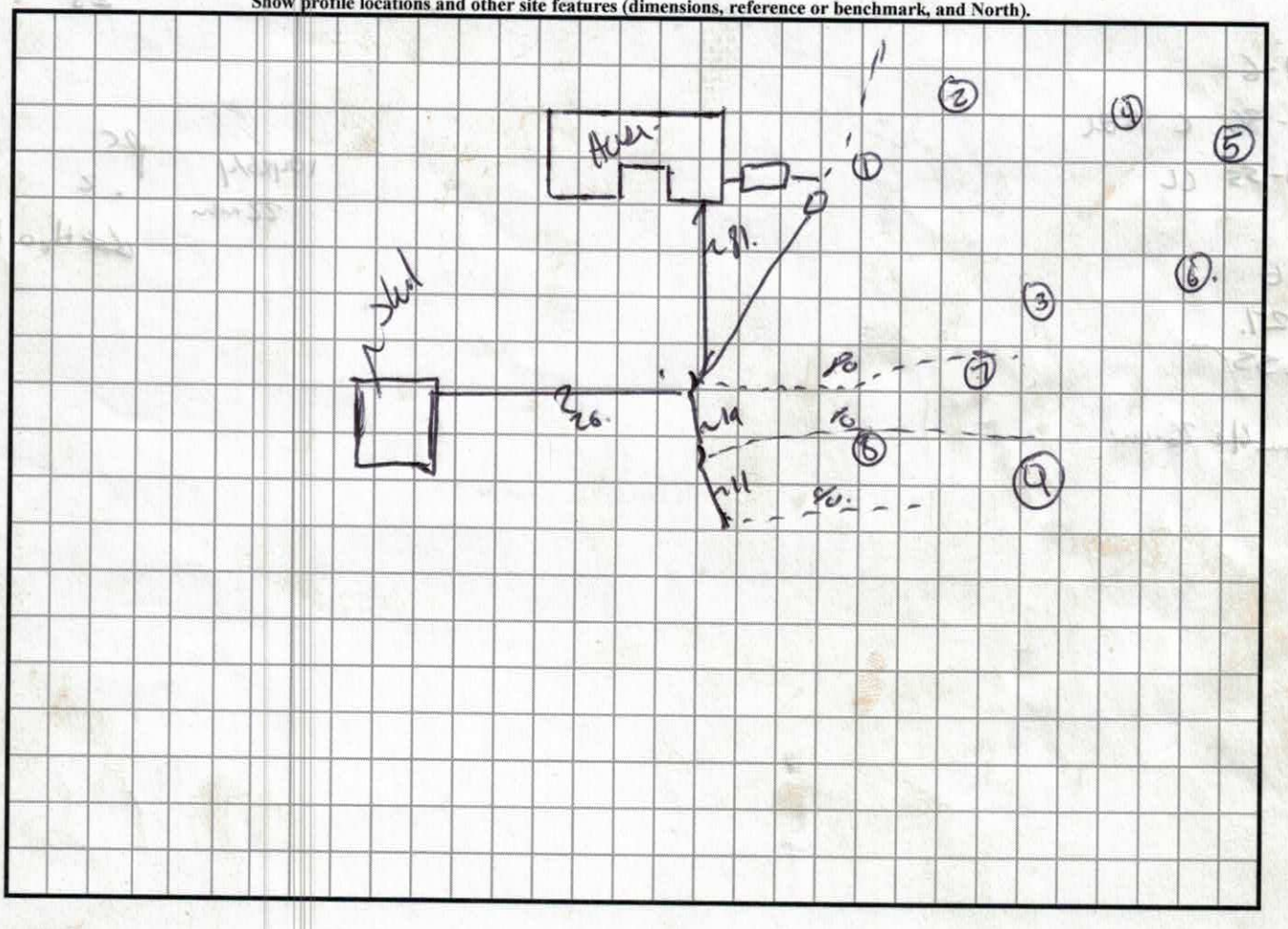
NOTES

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).



5Bk.

5). 0-10 SC
10-29 C SB/ABk
24-30 Fragipan Root CC/
30-49 Weathered SAP

30

f s.
25

6). 0-8 SC.
8-32 C
32-49 CL PL Fram

Orib

7) 0-12
12-37 C ABk
37-55

PR
-25

8). 0-6
6-36 C ABk
36-55 CL

10YR6/4
22 mm

PC
-2

Wet H_2O bleeding
@ 15

9) 0-6
6-27.
27-55

Change 26 mm

* Terrace To be Graded

RECEIVED JUL 9 - 2018

237100 Expansion. Paid $500.00

#237100

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: David R Hayes Address: 229 Indian Hill Road Union Grove NC Zip: 28689
Applicant Email: drhayes@yadtel.net Phone: 704 880 0016 Alt. Phone: 704 880 4287
Owner Name: David R. Hayes Address: same Zip: same
Owner Email: same Phone: same Alt. Phone: same

Property Information:

Street Address: 229 Indian Hill Road
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: .4 miles west on Indian Hill from Sloans Mill

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

		CHECK FOUNDATION TYPE
( ) New Single Family Residence	Maximum Number of Bedrooms: 3	( ) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants: _____	(X) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	( ) Basement with Plumbing
( ) Bedroom(s) Addition	( ) Other Addition/Structure: _____	( ) Basement without Plumbing

( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2600 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 ( ) 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: _____ 7/9/18
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

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

_____, _____, 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.

_____ _____

Signature of Owner(s) 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

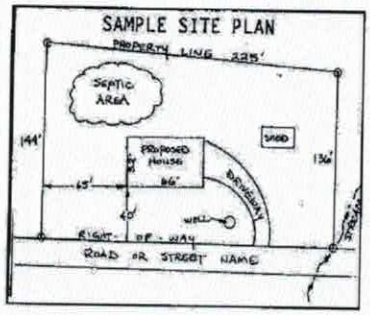
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

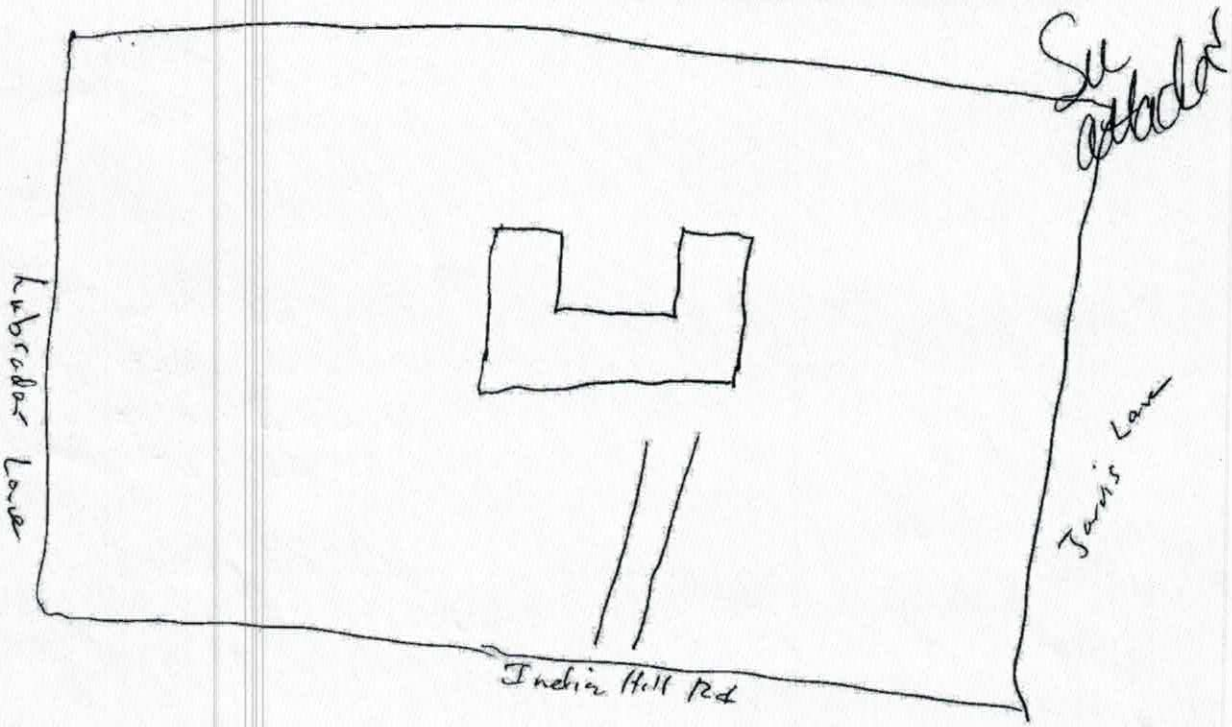


Circle N/A on the following if appropriate:

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: D. Lunk
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 7/9/18

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit No. _____ Permit Date 8 - 2 19 66

Owner A. C. Jennings Address _____

Installed By C. Hoke Address R 7

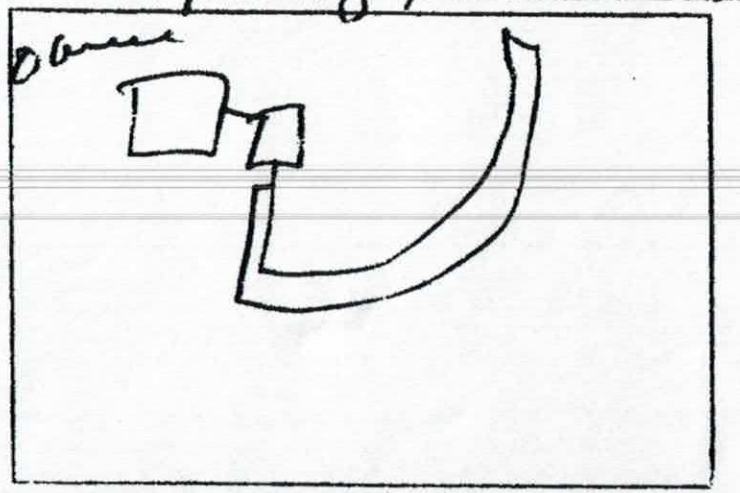
Location of Property Paved Rd at Jennings Store Top of Hill 1 mile - flat top brick

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	( )	No. of Baths	( )
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

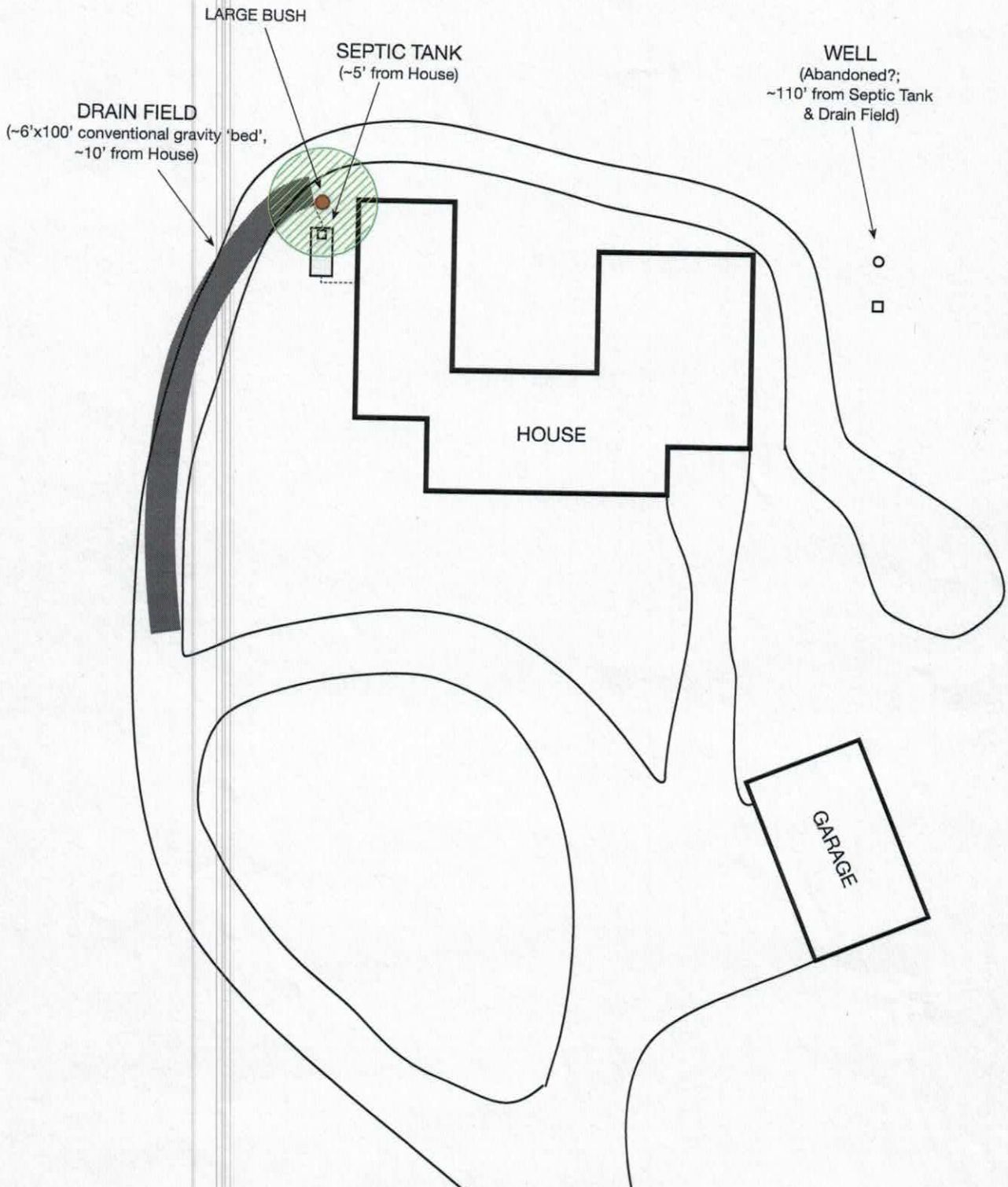
Final Inspection _____ 19___ Approved ( ) Disapproved ( )

Remarks Rocky & wooded



Sketch of Installation

Sanitarian



229 Indian Hill Rd
Union Grove, NC 28689
2018 July 11
(Not to scale)

Acknowledgement Of
Plans Submitted ONLY!
Benjamin A. Bottle Date 2/21/2018.
Date 7/31/18

