IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227620

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

PIN # 4852225704

APPLICANT/OWNER: Roger York APPLICANT ADDRESS: 126 Flate Rome Dr.

SITE ADDRESS: 126 Flate Rome Dr. Olin, NC PHONE: 704-539-4579 ALT. PHONE 704-402-7487

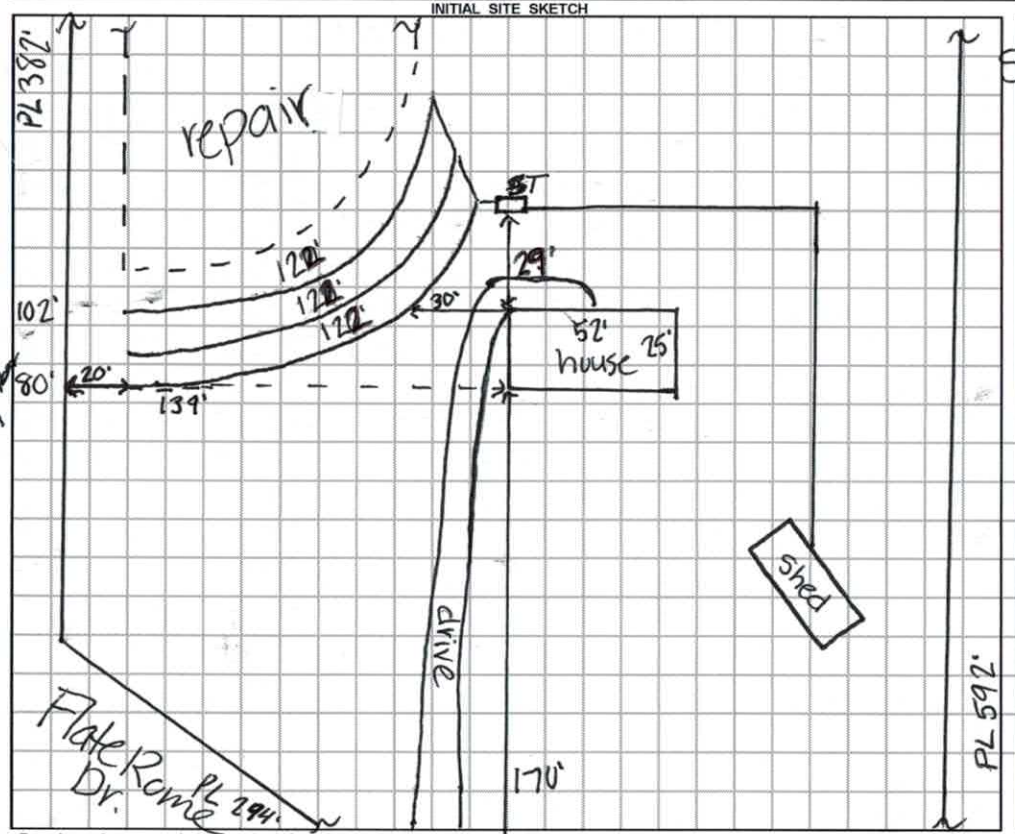
SITE DIRECTIONS: 77N → Ron Tomlin Mill → L on Josey → R on Olin → R on Sloans Mill → L on Flate Rome → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.11 ac DESIGN FLOW: 360gpd L.T.A.R.: .25(.25 repair)

Septic Tank	1000	(gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	25% reduction			☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description:	plastic chambers (no reduction)			☐ Other	No. Employees		☑ Public
# Nitrification Fields	1	# Lines	3	Linear Ft 360'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	20"/22" highside	Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drainlines on contour. Keep minimum 50' from neighbor well. Shed bathroom should connect to septic tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: R. Reid York Date: 7-11-17 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-7-17 OPERATION PERMIT by: Kayla Wilson Date: 9-27-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-7-17 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 7-6-17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

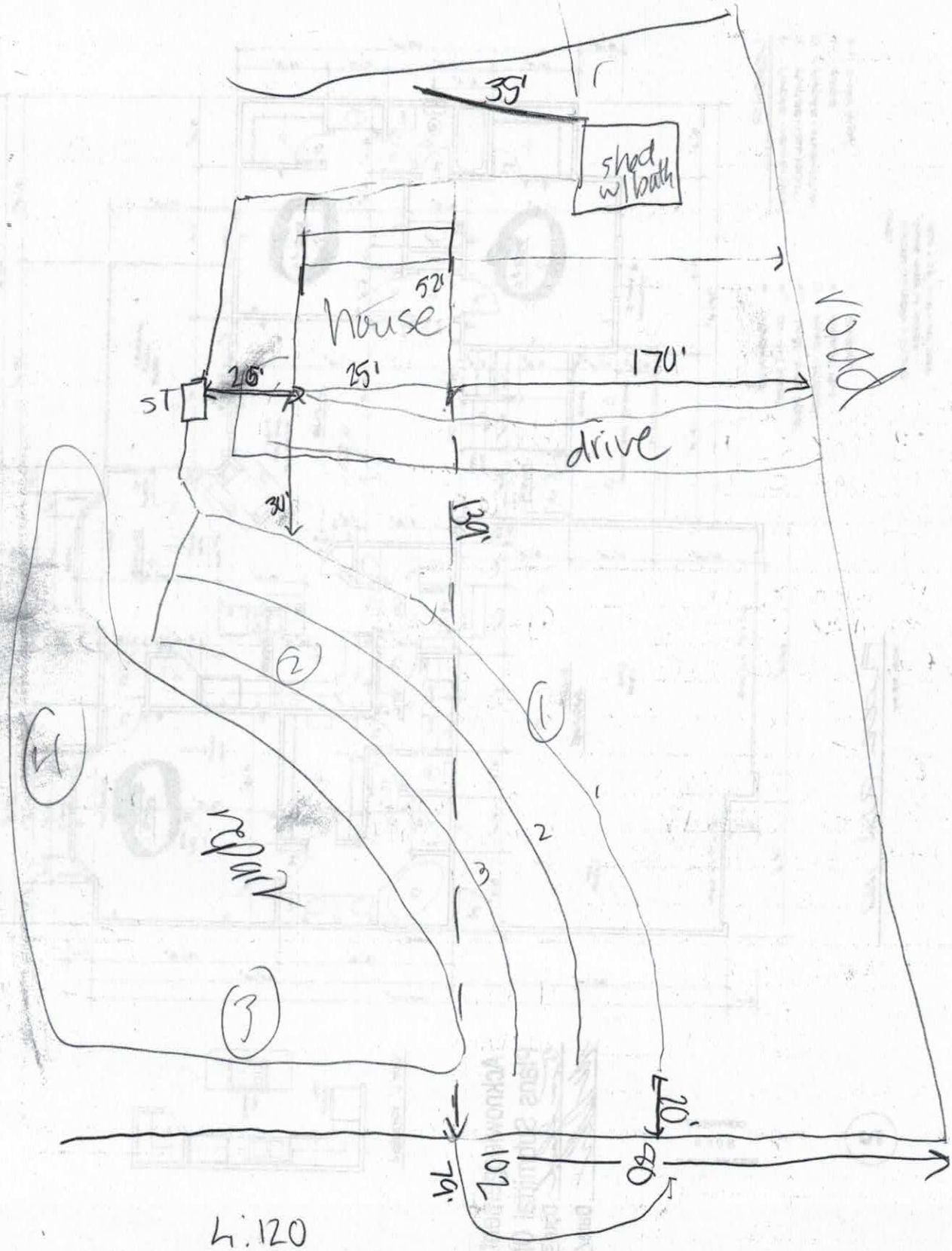
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 init	4%	0-11	WSBK SCL		33-43 many yellow brown mottles				PS .25
		11-33	ABK C	Fr					
		33-43	WABK C	Fr-Fi					
		43-60	WSBK CL	Fr-Fi					
2 init	4%	0-10	WSBK SCL	Fr	25-39 many yellow brown mottles				PS .25
		10-39	ABK C	Fr-Fi					
		39-60	WABK CL	Fr-Fi					
3 repair	5%	0-8	SCL		8-30 many yellow brown mottles				PS .25
		8-30	ABK C	Fr-Fi					
		30-60	WBK CL	Fi					
4 repair	6%	0-9	WSBK SCL	Fr	9-35 many yellow brown mottles				PS .25
		9-35	ABK C	Fr					
		35-61	WSBK CL	Fr-Fi					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:



L_1: 120

L_2 120

L_3 170

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

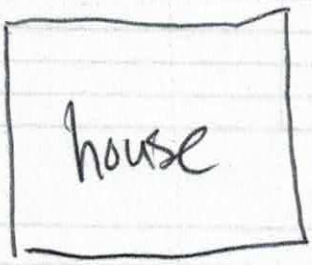
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
PROPERTY RECORDED: _____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10	WSBK SCL	Fr,SS,SP,SEXP	10-28" few yellow brown mottles	48	—	—	PS .275
		10-28	SBK C	Fr,SS,SP,SEXP					
		28-48	WSBK CL	Fr-Fi,SS,SP,SEXP					
2		0-9	WSBK SCL		—	41	24" band of quartz 32"-41" many SAP inc.		
		9-24	SBK C						
		24-41	WSBK CL						
		41 Rock							
3		0-8			—	34			pits needed
		8-21							
		21-34							
		34 Rock							
		0-10	SCL		10-29" common yellow brown mottles				PS .25
		16-29	C						
		29-48	CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
stem Type(s)		
e LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____
IMENTS: _____



(1)

(2)

(3)

(4)

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 X 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
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Roger R. York	126 Flate Rome Dr Olin NC 28660	(None)	cell # 704 402-7487
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Roger R. York	126 Flate Rome Dr. Olin, NC 28660	(None)	704 402-7487
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

126 Flate Rome Dr. Olin NC 28660		126
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I77 to Exit 65 Turn Left approx. ½ mile turn Left on to ~~Home~~ Pioneer Rd, Turn Left on Sloans Mill Rd travel about ½ mile turn Right on Flate Rome Dr. about 300 ft. on Right (126)

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other This septic system will supply 3 bedroom House and a bath in a Accessory Bldg

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) Other Public Water (County Water)

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Roger R. York — 5-31-17
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:

X Property Line measurements are clearly identified...

X 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

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

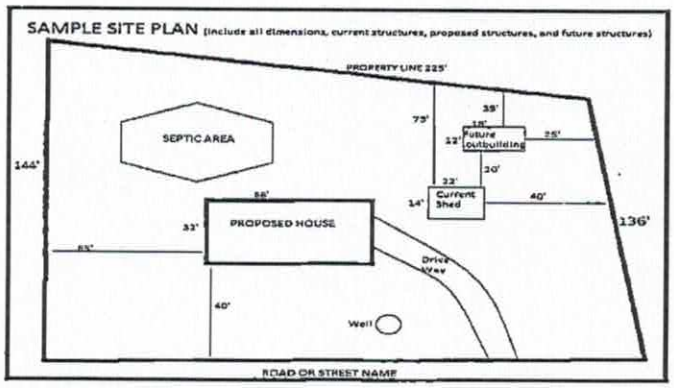
X North arrow, or other sufficient indicator of direction...

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

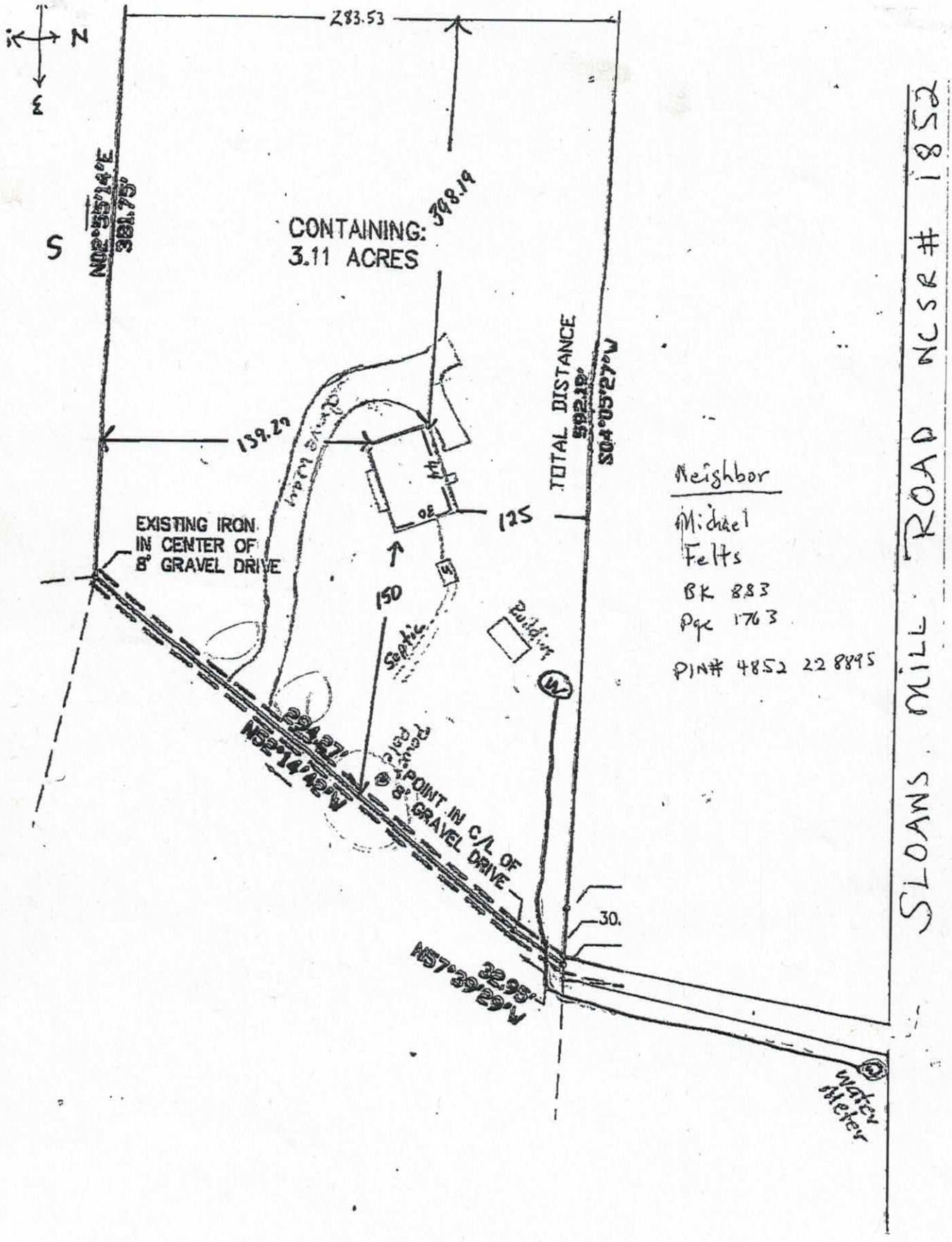
See Attached

Signature: R. Reid York

REQUIRED property owner or owner's legal representative signature.

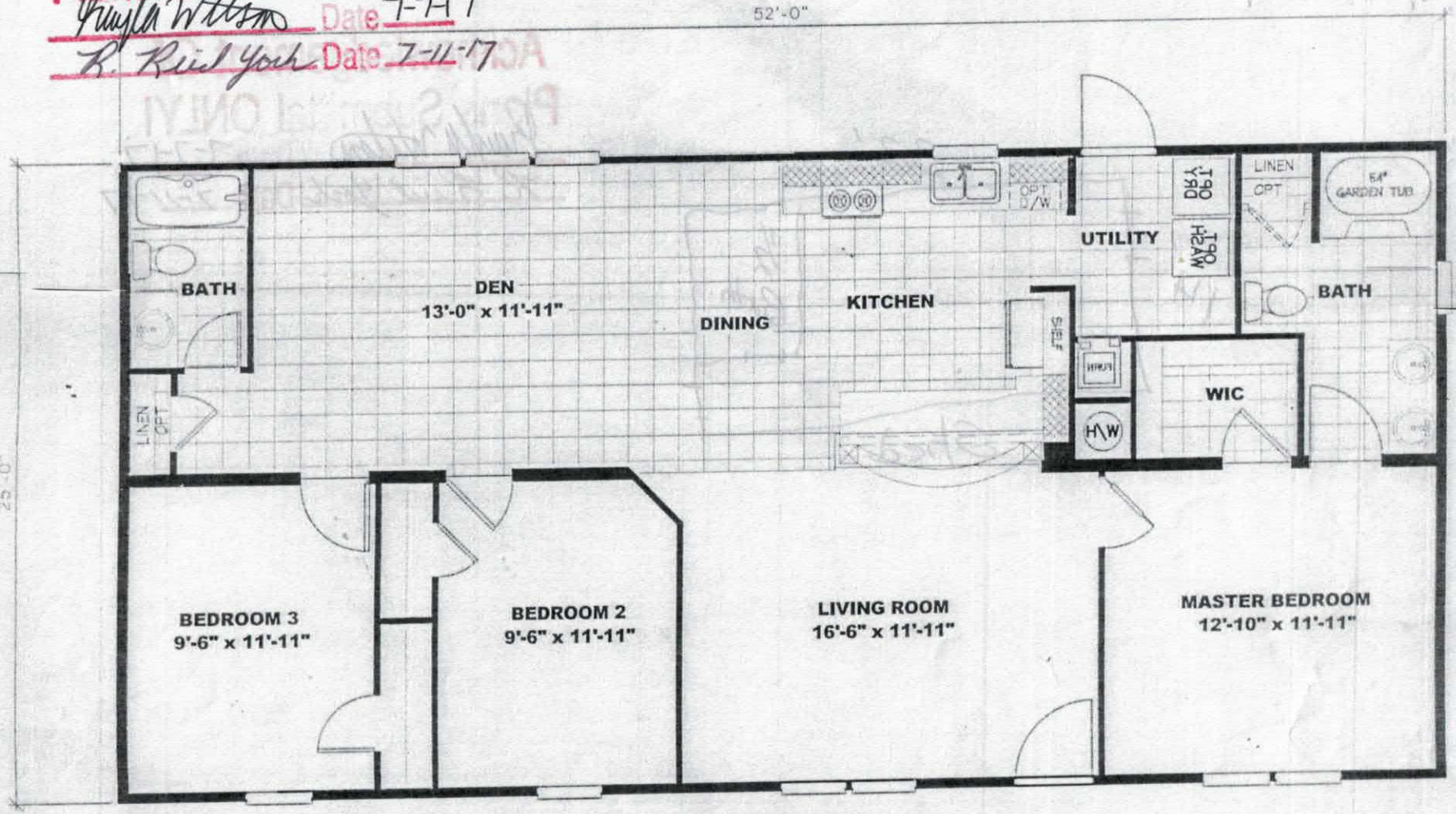
5-31-17

DATE


N
E
S
283.53
N02°25'14"E
381.75'
398.19
CONTAINING:
3.11 ACRES
TOTAL DISTANCE
592.19'
S04°05'27"W
139.29
125
150
EXISTING IRON
IN CENTER OF
8' GRAVEL DRIVE
Septic
Building
294.27'
N52°14'42"W
POINT IN C/L OF
8' GRAVEL DRIVE
30.
N57°39'29"W
22.95'
Water Meter
SLOANS MILL ROAD NCSR # 1852
Neighbor
Michael
Felts
BK 883
Pg 1763
PIN# 4852 22 8895

WYNN

Acknowledgement Of
Plans Submittal ONLY!
Kayla Wilson Date 7-7-17
B. Reid York Date 7-11-17



25 WIDE
(THREE BEDROOM STANDARD)

IREDELL COUNTY

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

APPLICATION NUMBER
227620
Issue Date: 06/01/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4852225704.000	126 FLATE ROME DRIVE, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: YORK ROGER REID+CHARLOTTE S	Applicant: YORK ROGER REID+CHARLO
Address: 1181 W MEMORIAL HWY HARMONY, NC 28634	Address: 1181 W MEMORIAL HWY HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.110	35.00	35.00	15.00	15.00	NOT	X

Remarks:

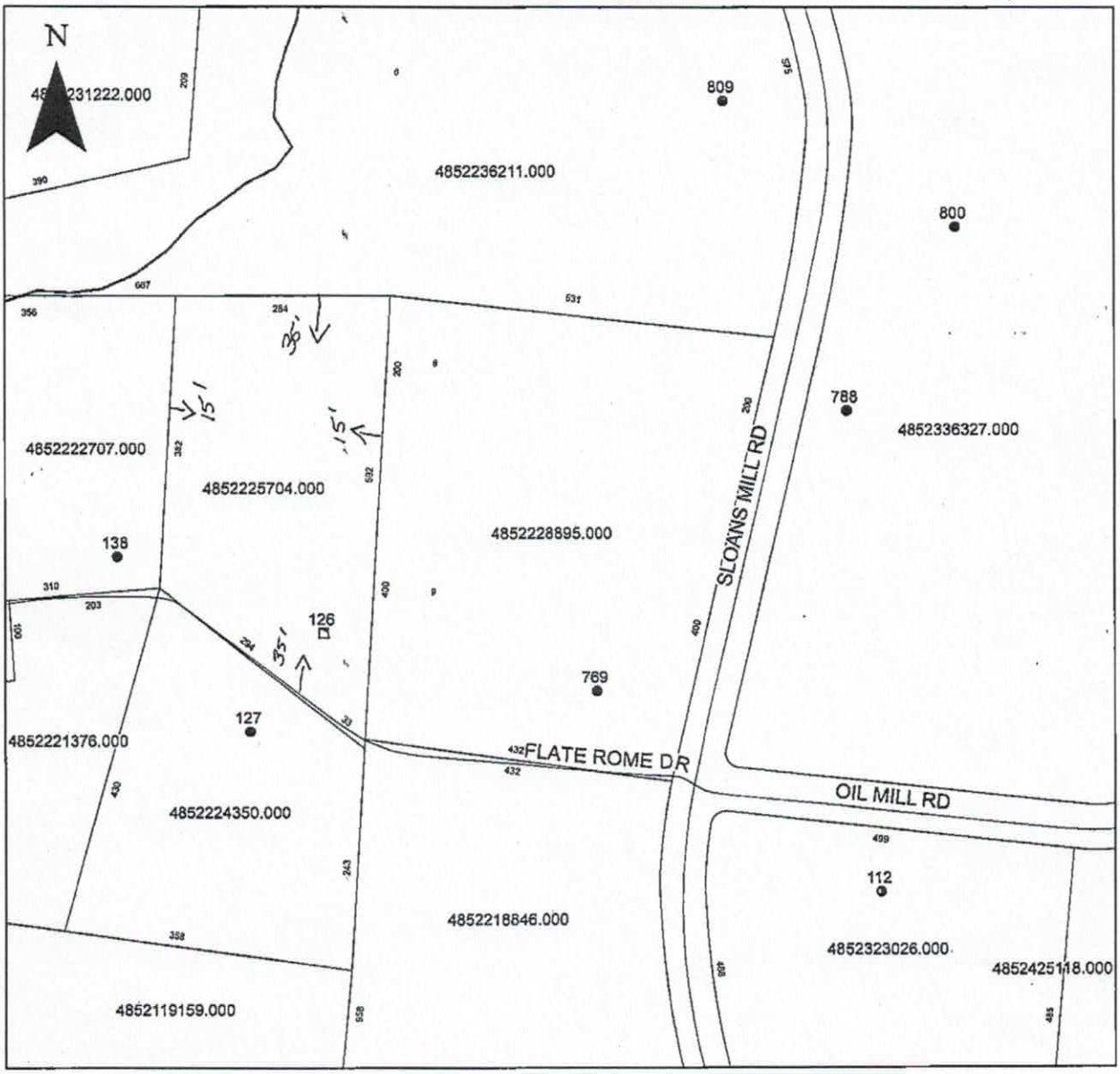
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	104754	TOTAL FEES:	$ 77.25

227620

ZONING DISCLAIMER



Property Address 126 Flate Rome Dr.

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.

R. Reid Yoch
Applicant

6-1-17
Date