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 # 241985

PIN # 4852244252

APPLICANT/OWNER: AMANDA MARTZ / JUDITH MARTZ APPLICANT ADDRESS: 481 TATUM ROAD, OLIN, N.C. 28660

SITE ADDRESS: 877 SLOANS MILL ROAD, OLIN, NC. 28660 PHONE: 704-682-0222 ALT. PHONE 704-880-5533

SITE DIRECTIONS: (N) ON 22, (L) ON 901, (L) ON PIONEER ROAD, LOT IS STRAIGHT ACROSS FROM PIONEER/SLOANS MILL INTERSECTION

SUBDIVISION: CARRIE BELL PARKS SECTION: — LOT # PT1-1A LOT AREA: 2.283 AC

SAP CONTROLLED: ☐ YES ☑ NO REPAIR IS SAP CONTROLLED

DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	8-12-19
Pump Tank	1000 (gal)	PT	17 [illegible]	Date	6-18-19
Pump Make	GOULD	Model	WE0512HH1	Serial #	1/2HP
# Nitrification Fields	1	# Lines	5	Linear Ft	400
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—

☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION (PUMP)

Repair System Description: 50% PANEL (PUMP)

Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

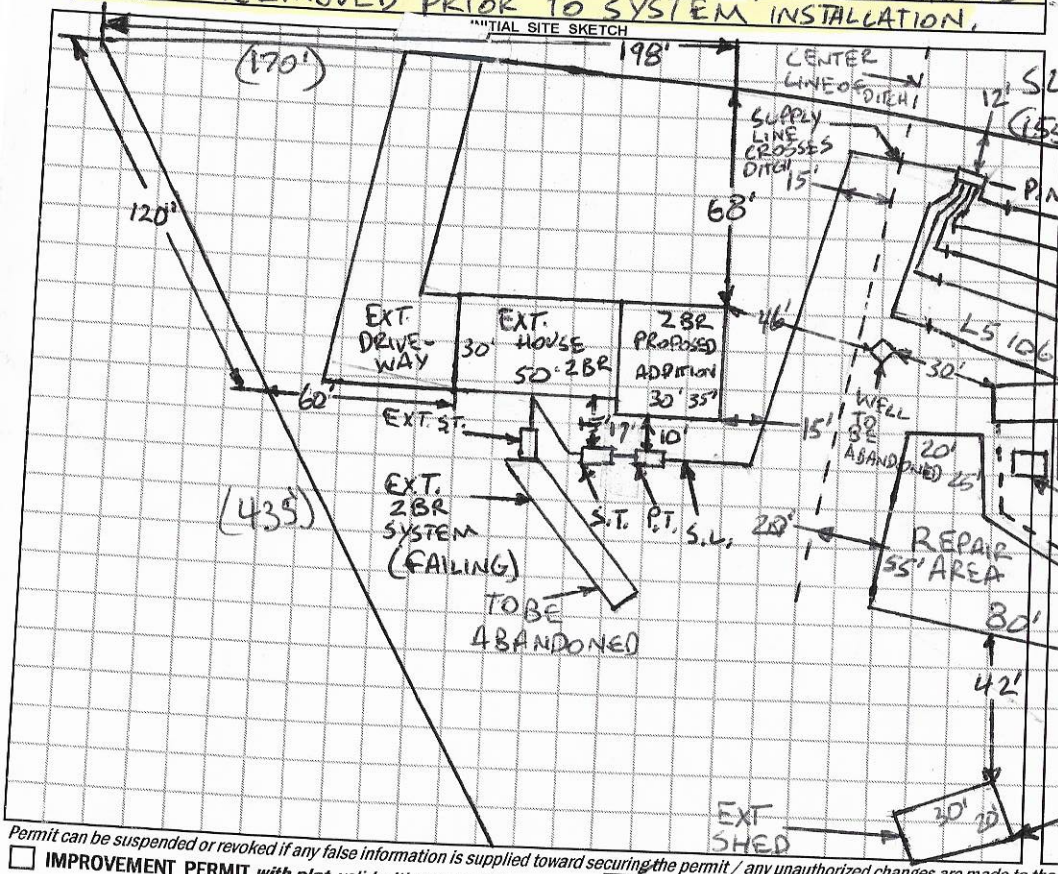
☐ Slab (Addition) ☑ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

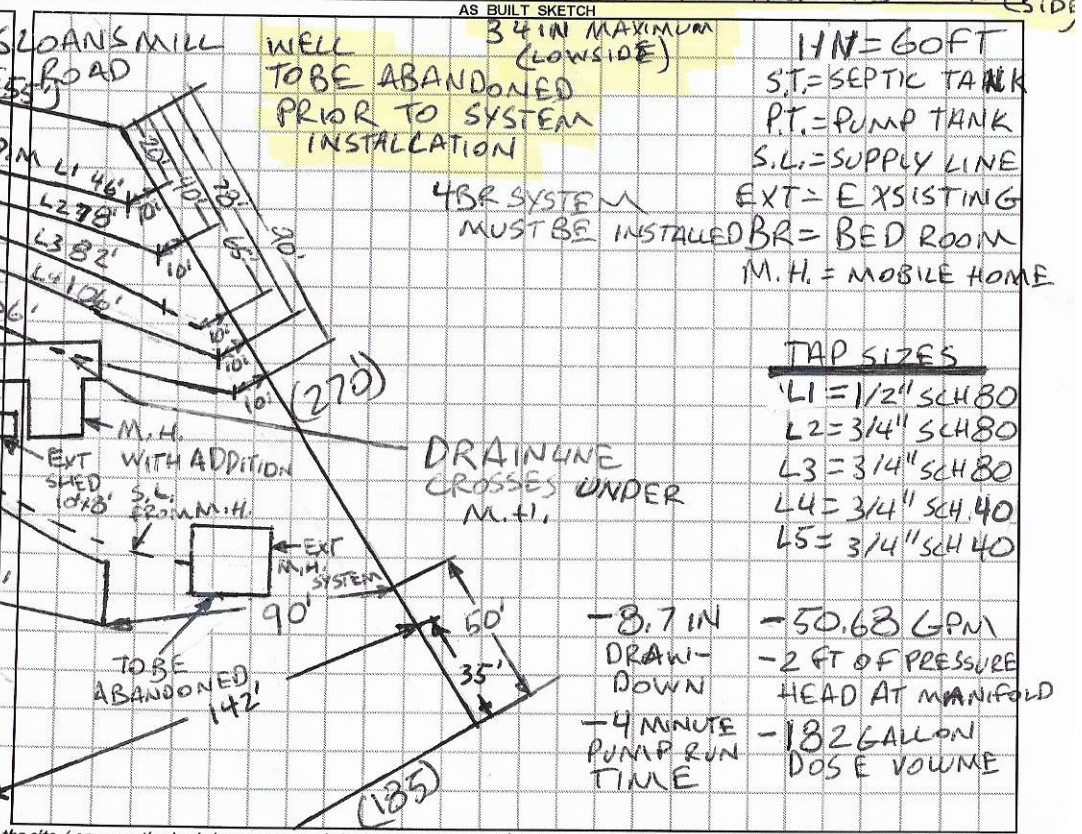
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, SUPPLY TO EITHER BE BURIED 12 IN BELOW DITCH LINE AT CROSSING POINT OF SLEEVED IN DUCTILE IRON 5FT PAST EITHER SIDE. 30 IN MINIMUM TRENCH BOTTOM (LOW SIDE) UTILIZE PRESSURE MANIFOLD DISTRIBUTION, MOBILE HOME TO BE REMOVED PRIOR TO SYSTEM INSTALLATION.

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: [signature] Date: 6/7/19

IMPROVEMENT PERMIT by: Bryant C. Imbler Date: 6-7-19

AUTHORIZATION TO CONSTRUCT by: Bryant C. Imbler Date: 11-26-19

Installed by: YOUNTZ BRO.

OPERATION PERMIT by: [signature] Date: 11-27-19

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 2
PROPERTY ID #: 4852214352
COUNTY: ~~IREDELL~~ IREDELL

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

OWNER: JUDITH MARTZ
ADDRESS: 481 TATUM ROAD, OLIN, NC 28660
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 877 SLOANS MILL ROAD, OLIN, NC 28660
WATER SUPPLY: ☐ Private ☑ ~~Public~~ ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut

APPLICATION DATE 4-8-19
DATE EVALUATED: 5-7-19
PROPERTY SIZE: ~~YES~~ 2.283AC
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	LINEAR SIDE 5%	0-24	FILL	FILL	~~COM~~ ~~SAP~~ O.M.	48"+	NA	NA	PS .3 if FILL CUT
		24-27	SCL, SBK	FR, SS, SP, SEXP	SAP				
		27-48	C, SBK	FR, S, P, SEXP	INC MICA				
2	LINEAR SIDE 5%	0-10	SCL, SBK	FR, SS, SP, SEXP	- O.M	OLD CABLE LINE @ 16" 48"+	NA	NA	PS .3
		10-40	C, SBK	FR, S, P, SEXP	SAP INC MICA				
		40-48	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-12	SBL, SBK	FR, SS, SEXP	- O.M.	48"+	NA	NA	PS .3
		12-40	C, SBK	FR, S, SEXP	SAP INC MICA				
		40-48	CL, WSBK	FR, SS, SEXP					
4	LINEAR SIDE 10%	0-4	SCL, SBK	FR, SS, SP, SEXP	- O.M.	40"	PS SL II	NA	~~PS~~ .3
		4-~~20~~ 40	C, SBK	FR, S, P, SEXP	SAP INC MICA				
		~~20~~-40	CL, WSBK	FR, SS, SP, SEXP					
		40-~~48~~	SAP, MAS	FP, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Barnett C. Mullis
OTHER(S) PRESENT:

COMMENTS:

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 #: 4852244252
DATE OF EVALUATION: 5-7-19
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LINEAR SIDE 10%	0-7	SCL, SBK	fR, SS, SP, SEXP	O.M SAP INC MICA	47"	PS SL II	NA	PS .3
		7-24	C, SBK	fR, S, P, SEXP					
		24-47	CL, WSBK	fR, SS, SP, SEXP					
		47-53	SAP, MAS	fR, NS, NP, SEXP					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

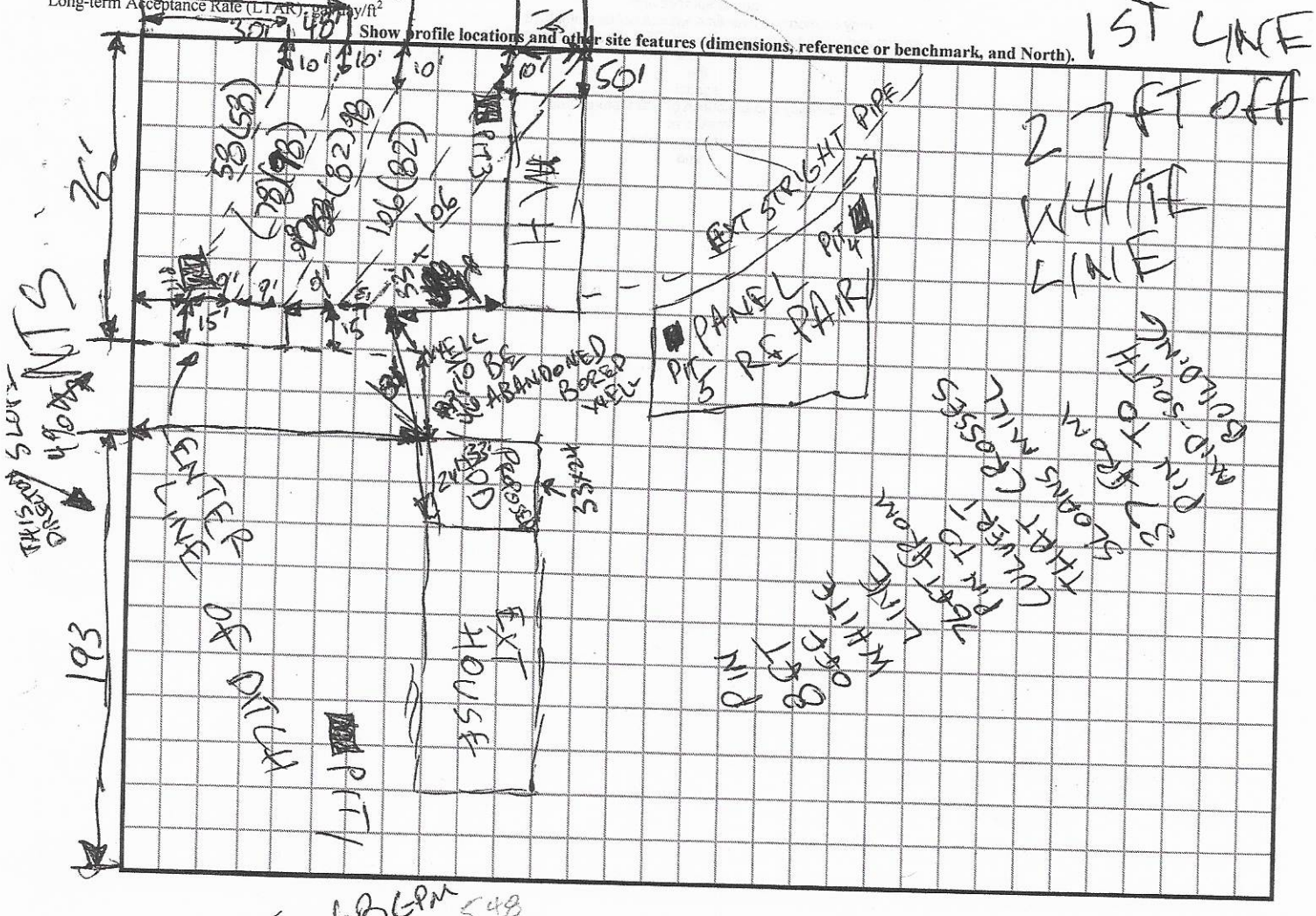
MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

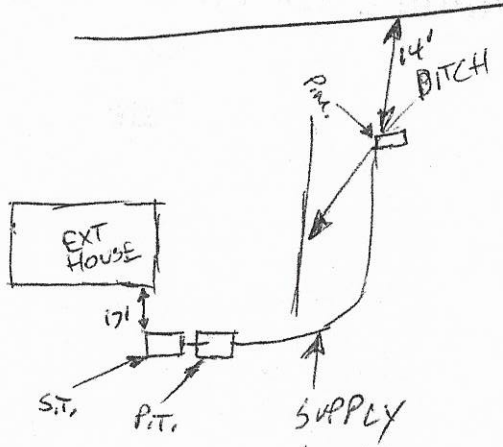
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SLOANS MILL



DRAINLINES INSTALLED AS PERMITTED

DOES NOT AFFECT DITCH ONLY CHANGE TO ORIGINAL

	Date	Initials
Drain Lines Checked	11-26	BCW
Tanks Checked	11-26	BCW
Pressure Manifold or Valve Box Checked	11-26	BCW
Pressure Head Set	11-27	
Electrical Checked	11-27	
Floats Set	11-27	
Alarm Checked	11-26	BCW
Maintenance Contract Y / (N)		

RECEIVED APR 25 2019

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Expansion

APPLICATION FORM

#241985

Application For:
( ) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair — total replacement needed

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: Amanda Martz Address: 877 Sloans Mill Rd Olin, NC Zip: 28660
Applicant Email: Controlledrock4@outlook.com Phone: 704-682-0221 Alt. Phone: 704-876-9004
Owner Name: Judith Martz Address: 481 Tatum Rd Olin, NC Zip: 28660
Owner Email: billjudymartz@gmail.com Phone: 7048805533 Alt. Phone: 7048762423

Property Information:

Street Address: 877 Sloans Mill Rd Olin, NC 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 77 North to exit 65, (L), (L) onto Pioneer, (R) onto Sloans Mill immediate (L) into driveway

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

Needs total replacement

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system J Tank √ Drain lines

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) Basement without Plumbing

Describe Problem: Water over tank & lines, need new system

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 ( ) City Water (X) Other Public Water — County water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1968?
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Amanda Martz 4/8/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

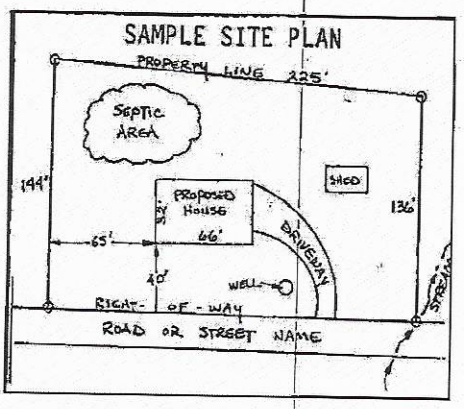
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See attached "site maps"

Signature: Amanda Mast

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

4/8/19
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, Judith Martz, am the legal owner(s) of the property located at 877 Sloans Mill Rd Olin, NC 28660, identified as

PIN (Parcel Identification Number) 4852244252.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Amanda Martz, _____, 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.

_____ 4/8/19
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

Google Maps 877 Sloans Mill Rd



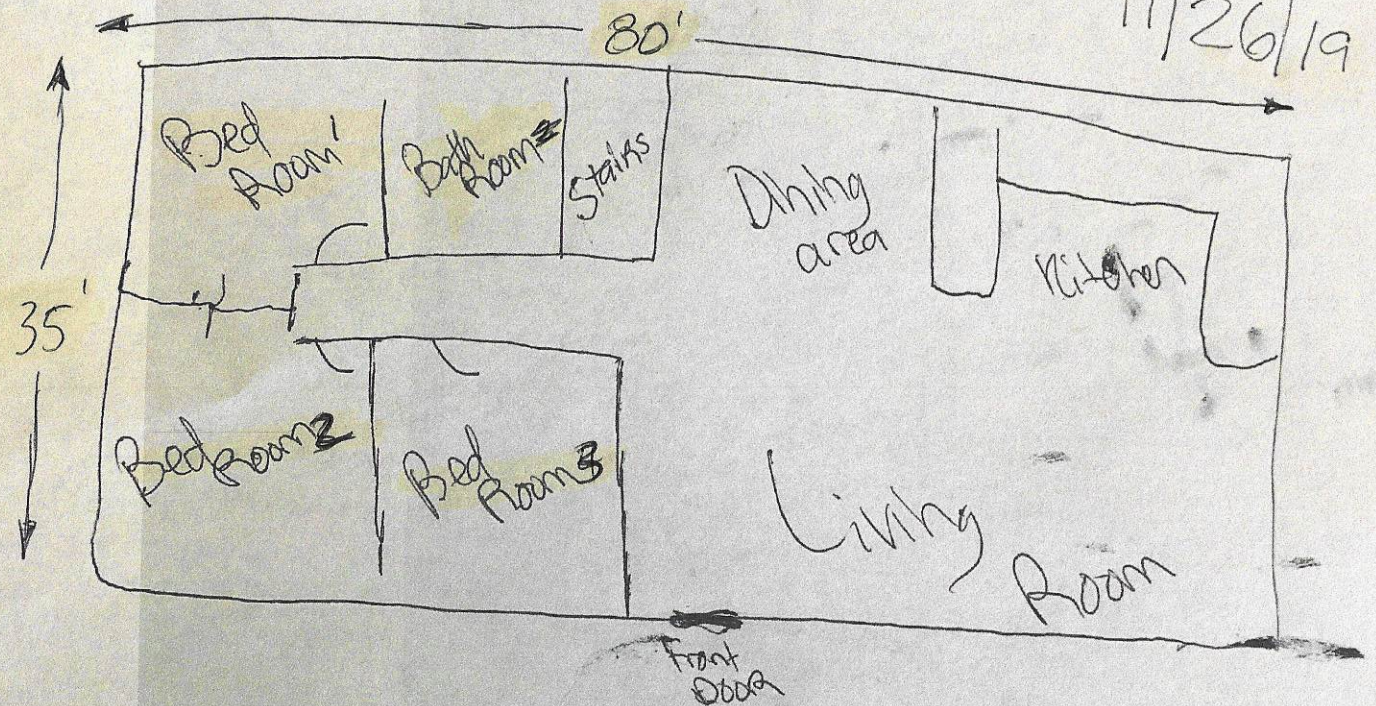
We would like septic back as close to current septic area as possible.

Acknowledgement Of
Plans Submittal ONLY!

Date 11-26-2019

Date

11/26/19



877 Sloans Mill Rd
Olin NC 2866