# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 22764

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

PIN # 4864036383

APPLICANT/OWNER: Ricky Welborn

APPLICANT ADDRESS: 562 Union Grove RD Union Grove NC

SITE ADDRESS: 562 Union Grove RD. Union Grove NC

PHONE: 7045394707 ALT. PHONE 704 437 1281

SITE DIRECTIONS: Approx 4 miles down Union Grove RD from Hwy 901, when you go past Farmers Cafe

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: LOT # LOT AREA: 1.7 Acres

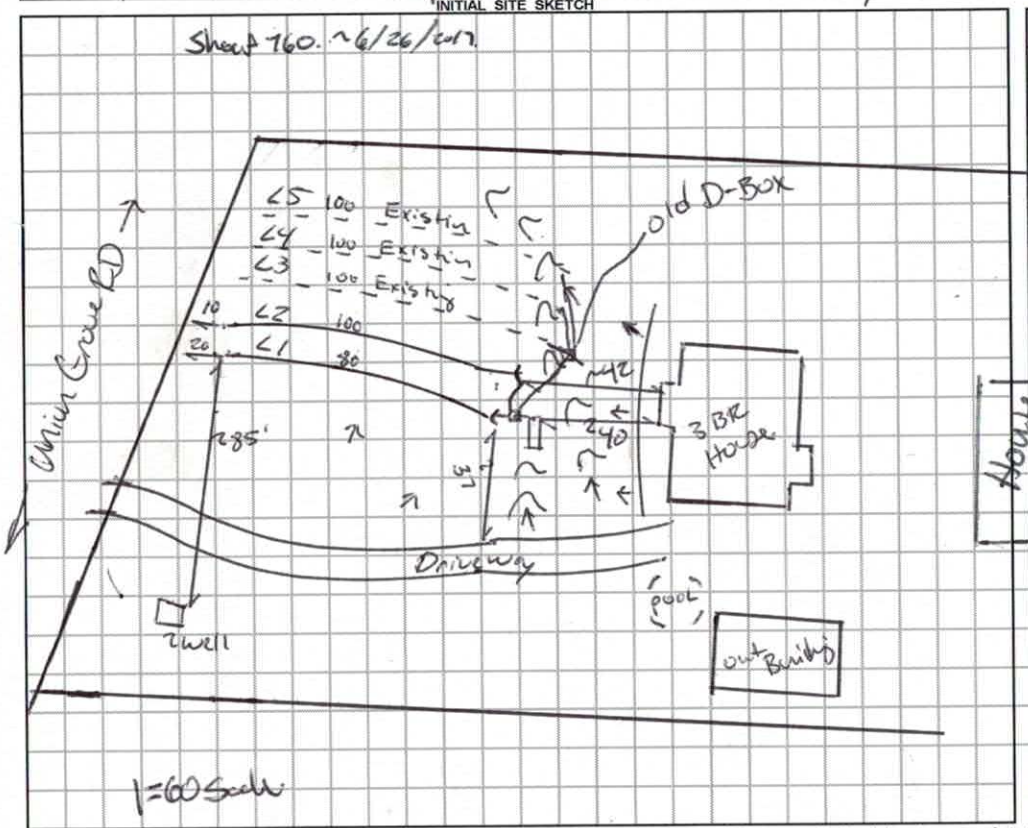
DESIGN FLOW: 360 L.T.A.R.: .3

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EXT | (gal) | STB | EXT | Date | EXT | ☐ New System | ☒ Repair | ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms | 3 | Water Supply: ☑ Private |
| Pump Tank | | (gal) | PT | | Date | | System Description: | High Capacity Chamber | | | ☐ Business | No. Persons | 6 | ☐ Public |
| Pump Make | | Model | | | Serial # | | Repair System Description: | | | | ☐ Other | No. Employees | | ☐ Community |
| # Nitrification Fields | 1 | # Lines | 2 | | Linear Ft | 180 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | | |
| Trench Width | 36 | Trench Bottom Depth(Low side) | 36-40 in | | Gravel Depth | | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

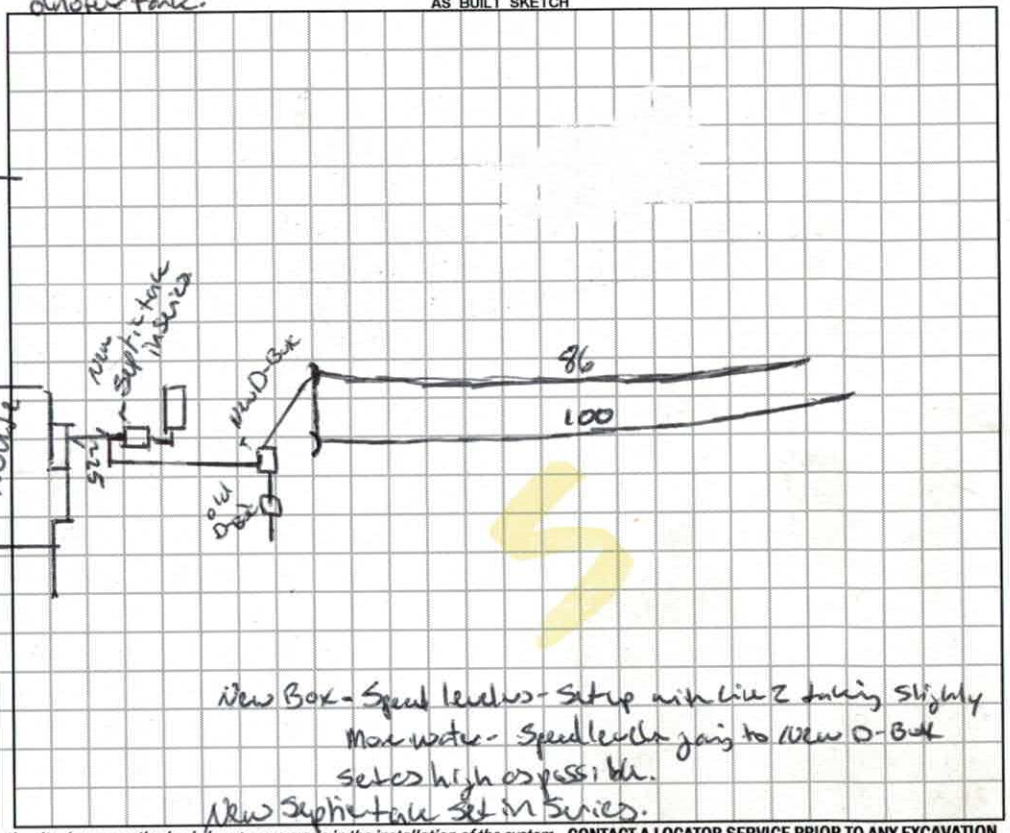
Comments / Conditions: Set New D-Box 2Ft From Septic Tank: Install to new Drainlines. High capacity btwn 40+36 inches deep. Feed the 2 new Lines First & Equal Distribution Before Stepping over to old Existing D-Box. @ old D-Box Set Speed leveler to primarily feed 3rd Line. Then Step over to feed Lines 4+5 Equally.

* Lines 4+5 bleeding @ surface due to subsurface water movement. Bio
* Divert water runoff around the system as much as possible. If System still does not function System May Require a Interceptor Drain
* 6-22-Previous Permit Required Another tank due to grinder pump - must install another tank.

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: Ricky Welborn Date: 6-14-2017 Installed by: Darrel Salmon - Grading & Septic

IMPROVEMENT PERMIT by: Benjamin A. Botkins Date: 6/9/2017. OPERATION PERMIT by: Benjamin A Botkins Date: 8/10/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkins Date: 6/9/2017 Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 4886463938
COUNTY: Transylvania

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

OWNER: Wilson
ADDRESS: 562 Union Grove RD.
PROPOSED FACILITY: 360 - Bypass
PROPOSED DESIGN FLOW (.1949): 360 - Bypass
LOCATION OF SITE: "Same as Above"
APPLICATION DATE 6/1
DATE EVALUATED: 6/6/
PROPERTY SIZE: 1.7 Acres
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 | LSS 5-8% | 0-8 | Top SCL wSBk | SS Sp FR SEP | 2.5YR4/6 | 52 | some Sap Inc | — | PS. .3 |
| | | 8-52 | C SBk | SS Sp FM SEP | | | | | |
| 2 | LSS 5-8% | 0-10 | Top SCL wSBk | SS Sp FR SEP | 2.5YR4/6 | 52 | Sap Inc | — | PS .3 |
| | | 10-52 | C SBk | SS Sp FM SEP | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | + | 4 |
| System Type(s) | | 111 |
| Site LTAR | | .3 |

OTHER FACTORS (.1946): Subsurface
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bolkins
OTHER(S) PRESENT:

COMMENTS:

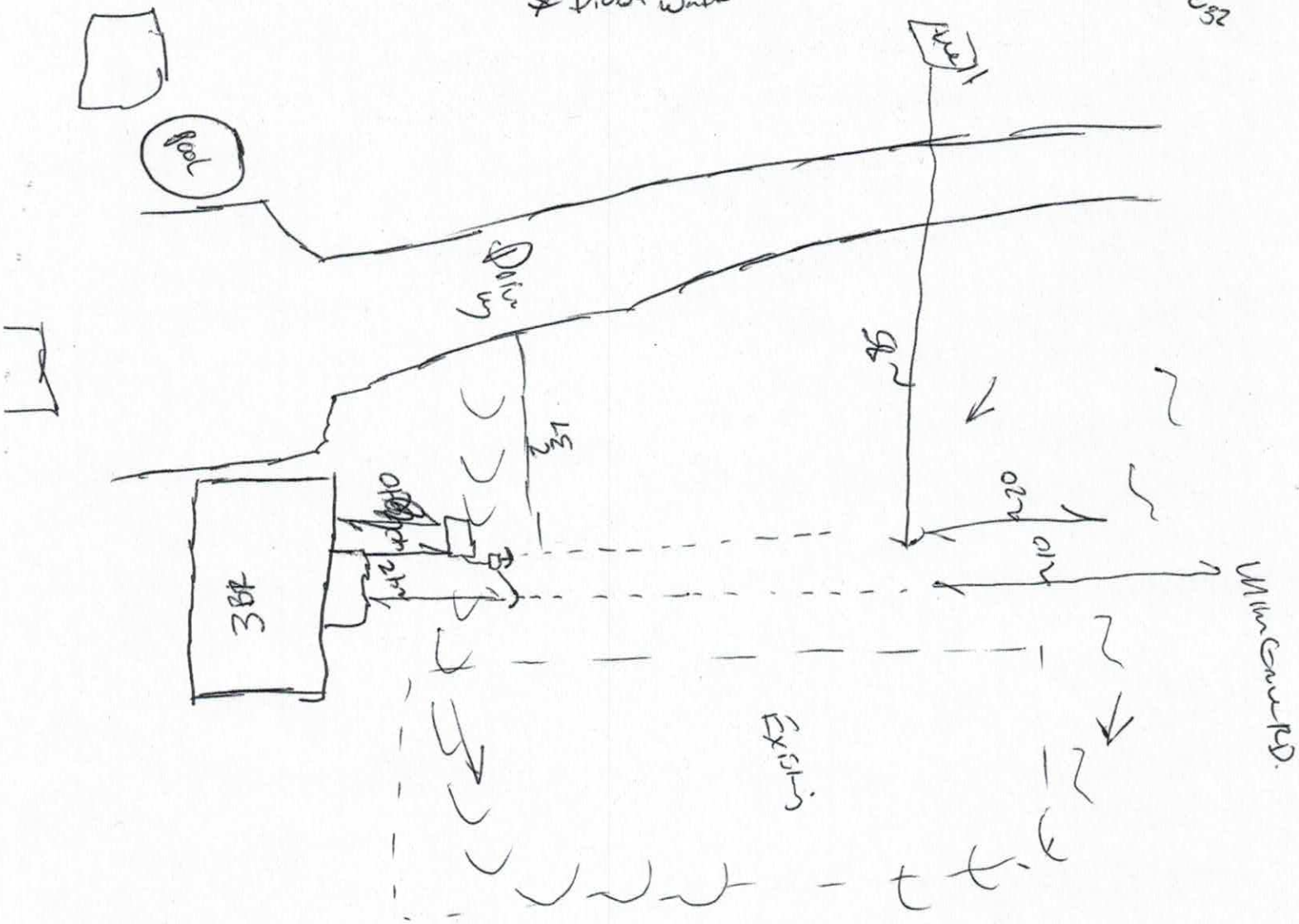
cedepth
56-40mm

Reset D-Box
ADD 2 Lins
Feed 3 st 2 lins.
High Capacity

1) Scarifying @ Lins 2+3.
Lin 2 Smear/cut
Lins 3 Blowout
* Divert water

0-8
8-52

0-10
10-52 - C
Sep Lins.
C 52



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

3. Applicant Information:

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Ricky Welborn | 562 Union Grove Rd | 704.539.4707 | 704.437.1281 |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Ricky Welborn | 562 Union Grove Rd | 704.539.4707 | 704.437.1281 |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 562 Union Grove Rd | | |

Driving Directions: Approx. 4 miles down Union Grove Rd From Hwy 901, When you go past Farmers Cafe, site will be 5th House on Left

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

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

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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 ( ) 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 ( ) 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: Ricky Lynn Welborn — 6-1-17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

**IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:**

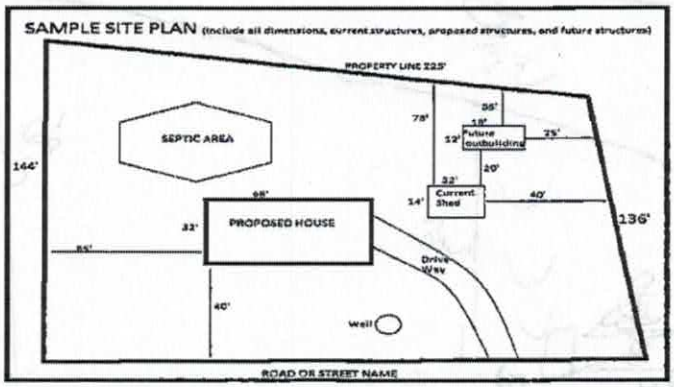
## *SITE PLAN WORKSHEET*

**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*!!!**

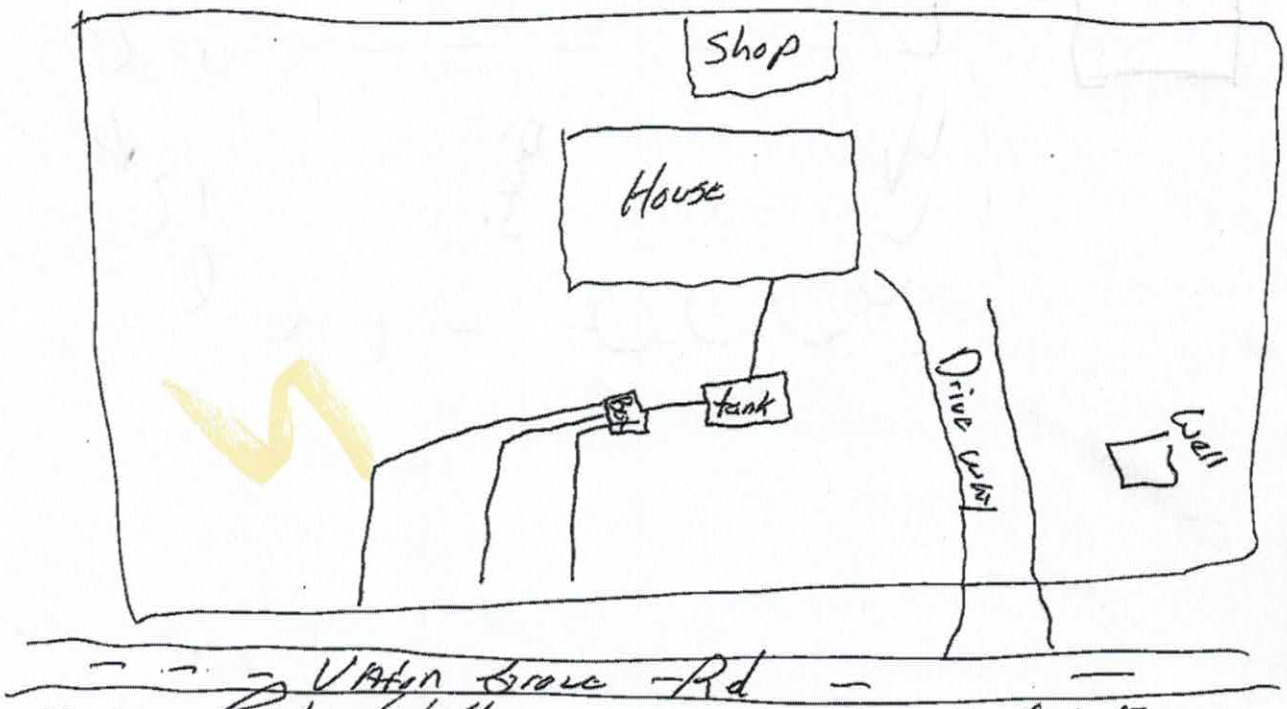
**Place an (X) beside each item as you complete the site plan:**
**_____ Property Line measurements are clearly identified...** **_____ All proposed structures are indicated...**

***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:** Betty Lutzborn
*REQUIRED* property owner or owner's legal representative signature.

4-1-17
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17500 DATE 11/29/93 TAX MAP NO. 16K-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RICKY C. WELBORN PHONE: Business Home 871-0498

ADDRESS 202 [redacted] STREET STVL, NC

LOCATION I-77N, TL NO901, TR UNION GROVE LOOP, ON (L) JUST BEFORE I-77 OVERPASS

SUBDIVISION BLOCK / SECTION LOT LOT AREA 180' x 275' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons; STB 851 Date 10/18/93

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-28" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

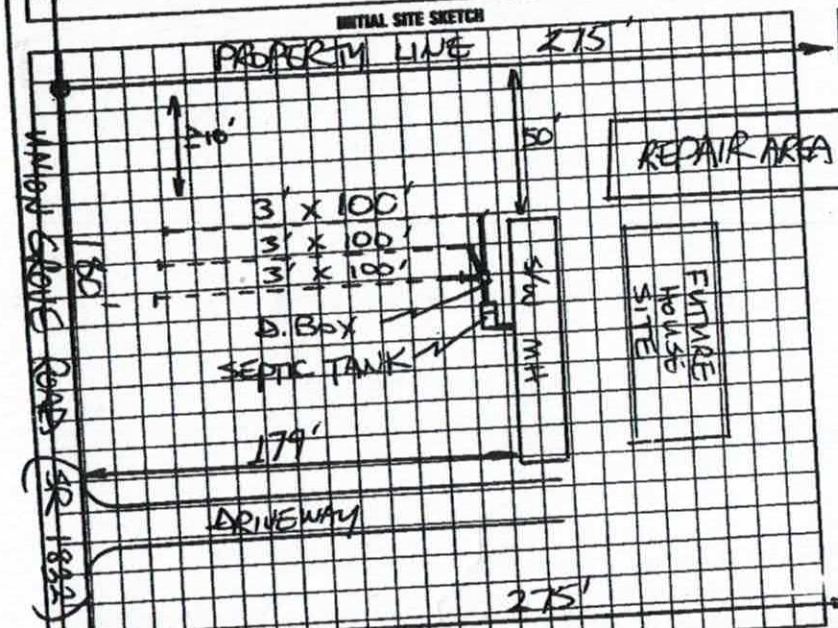
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 28"

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Ricky L. Welborn

Improvement Permit By: STEVE HEDRICK date 11/29/93

Existing System Inspection by: date

Installed by: FRANK JOHNSON

Certificate of Completion by: STEVE HEDRICK date 12/13/93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD