ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309157

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

PIN # 3774957116

APPLICANT / OWNER: Jeff Jackson | APPLICANT ADDRESS: 133 West Scott Dr Statesville

SITE ADDRESS: 281 Gardner Point Dr. Stony Point 28678 | PHONE: 1030-946-4819 | ALT. PHONE –

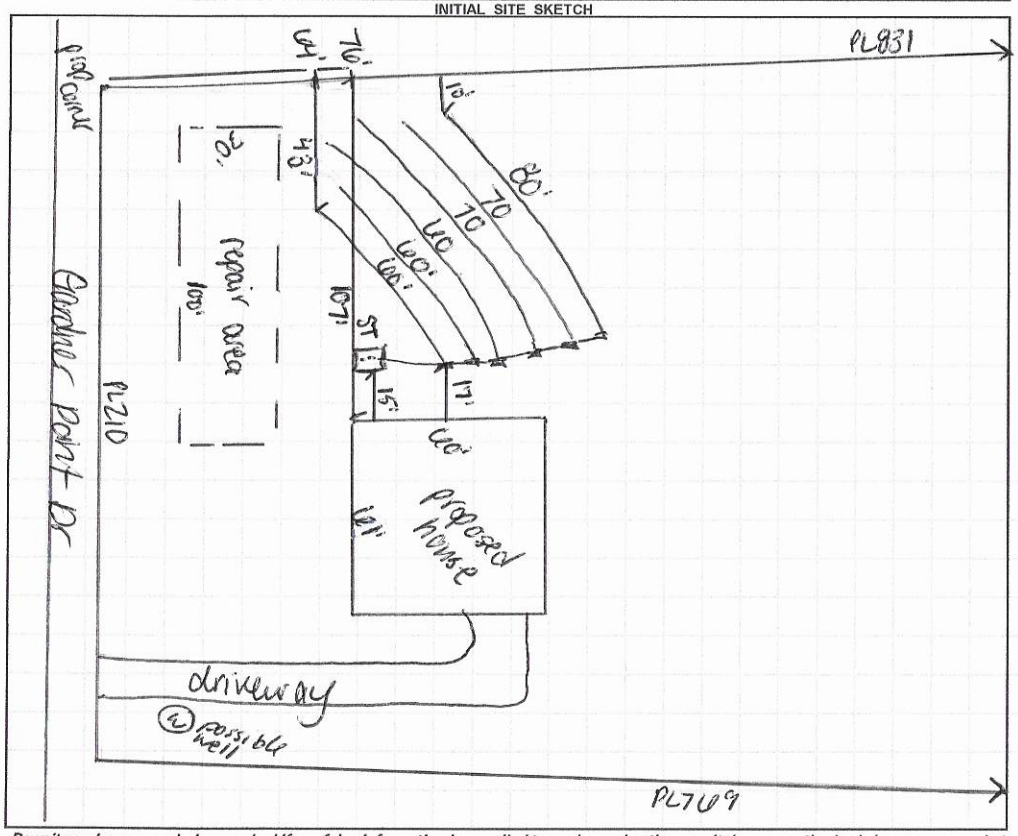
SITE DIRECTIONS: Sharon School Rd → L Stewart Rock → L Fulbright → R Gardner Point → on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverwalk | SECTION: 8 | LOT # 9 | LOT AREA: 4.45 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	9-7	☒ 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:			conventional gravel	☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:			50% reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth	36" max	Gravel Depth	12"		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on contour. Do not exceed max depth of 36".

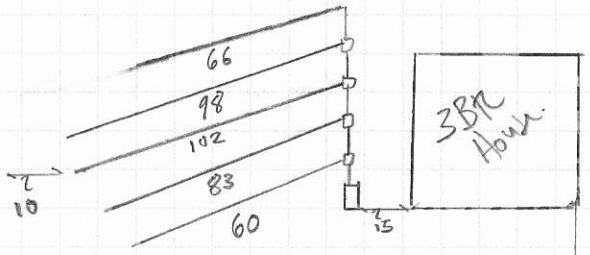
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1"=60'



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: 7/31/20 | Installed by: Shannon Groundbreakers

IMPROVEMENT PERMIT by: Carla C. Nicke Date: 7-30-20 | OPERATION PERMIT by: Benjamin A Bolte Date: 12-23-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicke Date: 7-30-20 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 4 of 1
PROPERTY ID #: 377495 7116
COUNTY: Pender

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

OWNER: Jeff Jackson
ADDRESS: 133 West Scott Dr
PROPOSED FACILITY: SFR
LOCATION OF SITE: Burgaw Acres 281 Gardner Point Dr

APPLICATION DATE 7-17-20
DATE EVALUATED: 7-28-20
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 4.45
PROPERTY RECORDED: Y

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	L ~10-12	0-6	GrL SCL	Fr SS SP SAP	somewhat firm CL, due to dry weather most likely	48"	NA	N/A	PS .3
		6-33	SBK C	Fr SS SP SAP					
		33-48	SBK CL	Fr/Fi					
2	L 10%	0-8	GrL SCL	Fr SS SP SAP	—	49"	N/A	N/A	PS .3
		8-34	SBK C	" "					
		34-49	SBK CL	" "					
3	L 10%	0-12	GrL SCL	Fr SS SP SBK	0-4" fill	54"	N/A	N/A	PS .3
		12-36	SBK C	" "					
		36-54	SBK CL	" "					
4	L 10%	0-12	GrL SCL	Fr SS SP SAP	—	48"	N/A	N/A	PS .3
		12-39	SBK C	" "					
		39-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	300'
System Type(s)	gravel	75%
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

COMMENTS: * gravel *

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

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

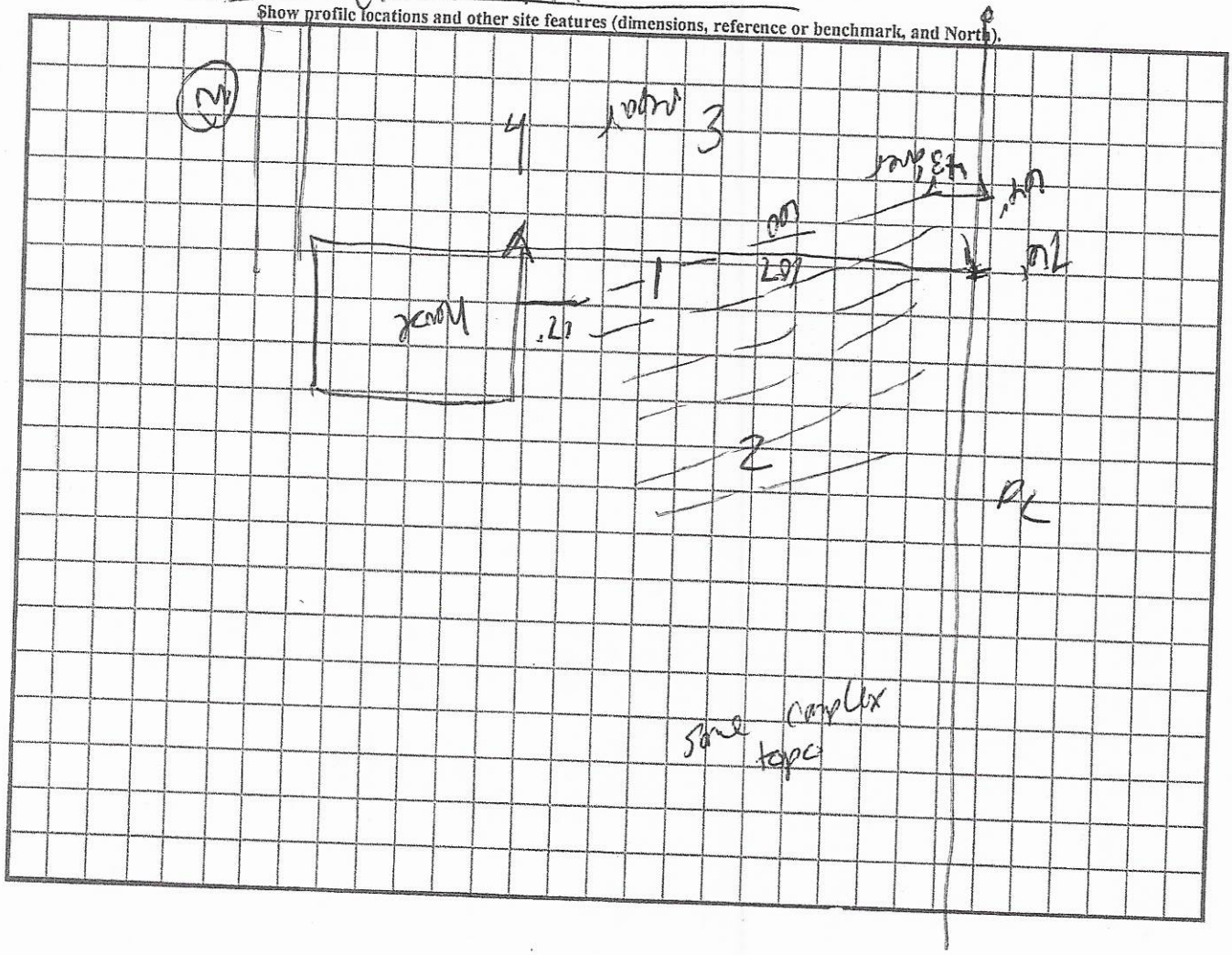
NOTES

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 Gardenvark

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



4

gate code 9486

RECEIVED JUL 17 2020

Please call before going to lot: Jeff Jackson 630-946-4819

AP-309157
$500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

→ thursday afternoon pm → clearing

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: Jeff Jackson II Address: 133 West Scott Drive, Statesville, NC Zip: 28625
Applicant Email: Sarahmitzel11@yahoo Phone: 630-946-4819 Alt. Phone: 630-457-8819
* Owner Name: Fernando A Mejia Address: _____ Zip: _____
* Owner Email: Elvira Mejia Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 281 Gardner Point Drive, Stony Point, NC
Subdivision Name: River Walk Section/Phase: _____ Lot Number: 9
Driving Directions: Countyline Rd to Stewart Rock Rd, (L) on Fullbright Rd, (R) Gardner Point Drive.

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: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
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: _____ 7/13/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

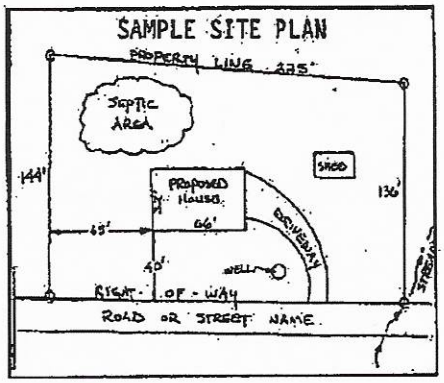
Please call before going to lot
Jeff Jackson: 630-946-4819

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

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

7/13/20
DATE

Please call before going
to lot
Jeff Jackson
[illegible]
630-946-4819

Please call before going to lot
Jeff Jackson: 630-946-4819

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, Fernando A Mejia 07/15/2020 09:33 AM EDT, am the legal owner(s) of the property located at 281 GARDNER POINT DR, identified as PIN (Parcel Identification Number) 3774957116, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeff Jackson II & America's Home Place, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

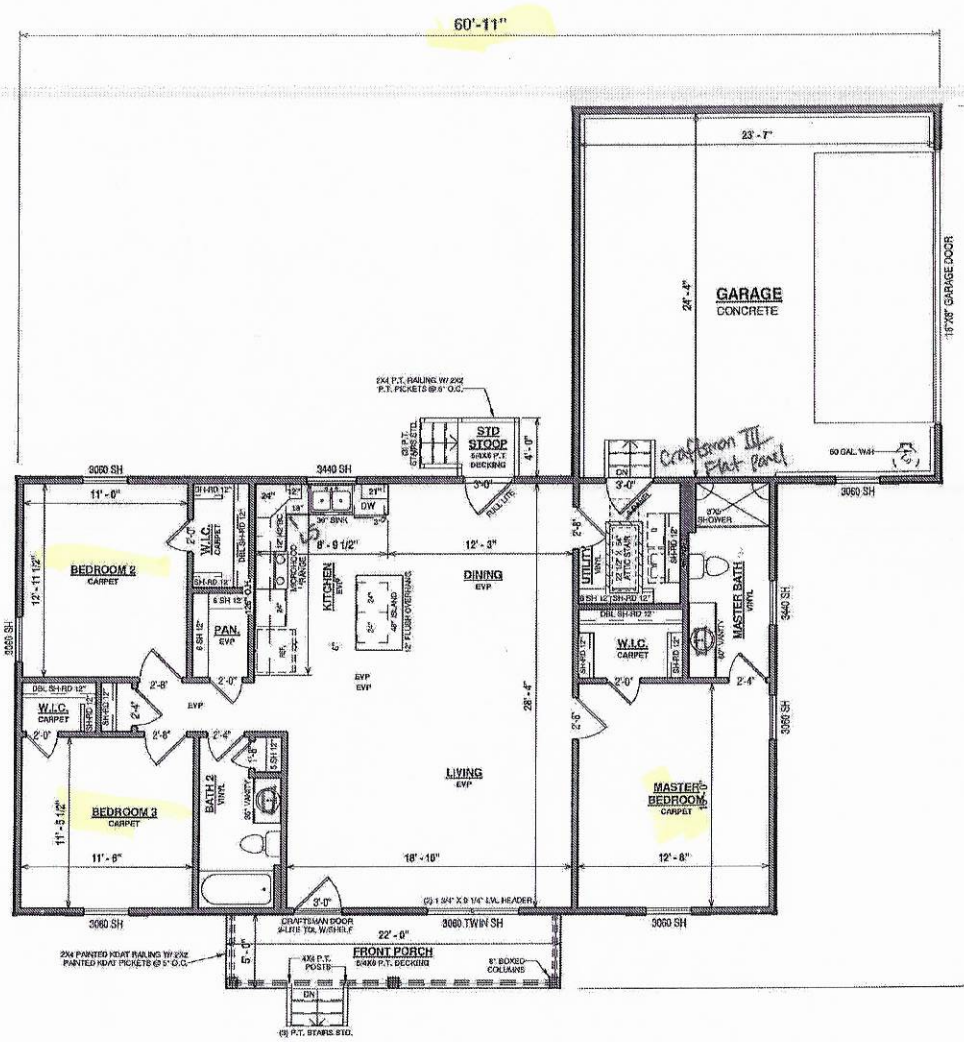
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

Fernando A Mejia 07/15/2020 09:33 AM EDT
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY
Carla C. Nicks Date 7-30
Date 7/31

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

AREAS:	
FIRST FLOOR HEATED	1,460 SF
	1,460 SF
GARAGE	901 SF
FRONT PORCH	119 SF
	711 SF
TOTAL UNDER ROOF	2,161 SF
STOOP	18 SF
TOTAL UNCOVERED	18 SF

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIM/APPV PLAN	07-07-20

THE: JILLIAN - B
FOR: JEFFREY & SARAH JACKSON
NC- IREDELL - NC
OFFICE: STATESVILLE
SOLD BY: J. SHOOLEY

JOB#: 87-200-63
DRAWN BY: J. AGEE
CHECKED BY: R. THOMPSON
PRINT DATE: 7/7/2020 3:44:15 PM
FOUNDATION TYPE: CRAWL SPACE
PROPERTY OF:

SHEET NUMBER: DP-3
FLOOR PLAN

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PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309157 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774957116.000	281 GARDNER POINT DR	Iredell County

Owner Information	Applicant Information
Name: MEJIA FERNANDO A+ELVIRA	Name: JEFF AND SARAH JACKSON
Address:	Address: 281 GARDNER POINT DRIVE
	STONY POINT, NC
Phone:	Phone: (630)946-4819

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.45	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

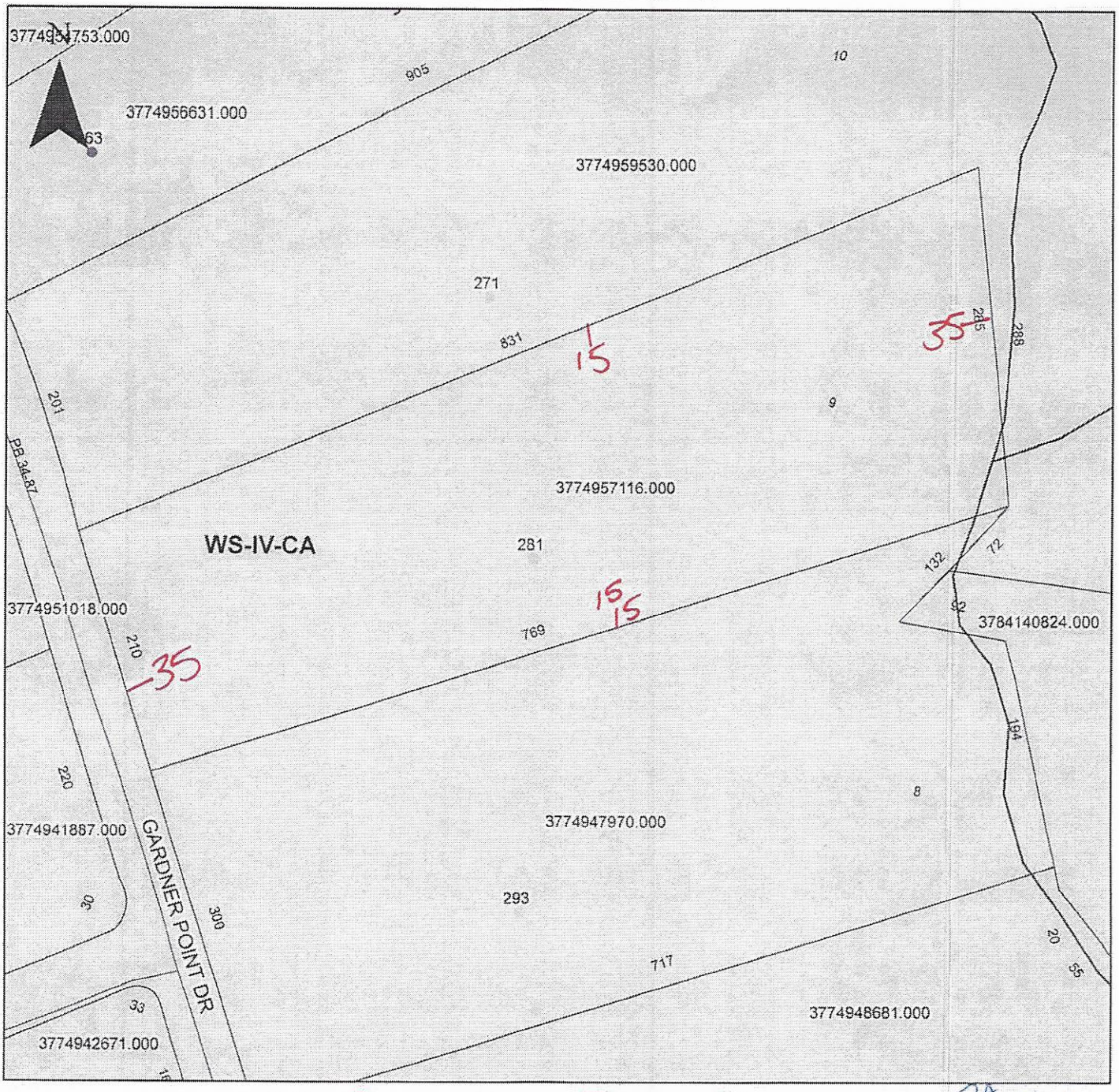
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 07/16/2020

Signature of Owner/Contractor

Permit Number	309157	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 281 Gardner Point Dr.

RA
1.45
WS-IV-CA
No

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.

Applicant

7/16/20
Date