ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP315809

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

PIN # 3783 --54 --8783

APPLICANT/OWNER: Joel Hubbard | APPLICANT ADDRESS: 111 Rimmer Rd Statesville NC 28625

SITE ADDRESS: 378 Walnut tree Rd Statesville NC 28625 | PHONE: 704-902-4803 | ALT. PHONE

SITE DIRECTIONS: I40 W to Exit 141, R on Sharon School Rd, L on Walnut tree Rd, Lot on R | SAP CONTROLLED: [X] YES [ ] NO

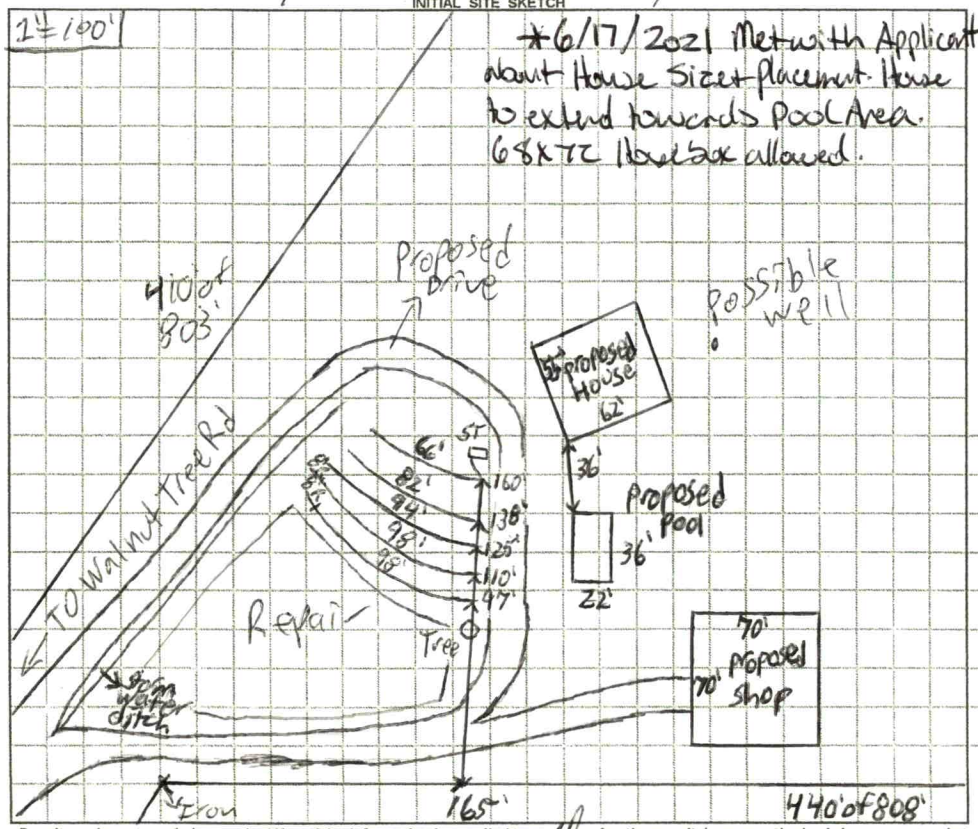
SUBDIVISION: River Rock Farms | SECTION: — | LOT # Tract 16 | LOT AREA: 12.222 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .1275

Septic Tank	1000 (gal)	STB	760	Date	6/2/22	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	[ ] Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	437	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

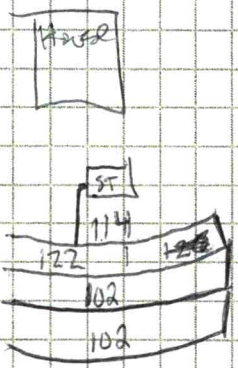
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install lines on contour. DO NOT drive on store material or manipulate drainfield many way. If tank is installed at 3' or grater it must be traffic grade. If fall can not be achived from house to tank a grinder pump must be installed

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.

Central Permitting

Please UPDATE Review Checklist once:

- ___ Balance Paid
- ✓ Permit Signed & Dated
- ___ Floor Plans Signed

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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Joel Hubbard | Date: 6-17-21 | Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Patrick Bagwell | Date: 4/20/2021 | OPERATION PERMIT by: Greg Whitt | Date: 9/19/22

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 6/17/2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 3783548783
COUNTY: Iredell

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

OWNER: Joel Hubbard
ADDRESS: 111 Rimmer Rd Statesville NC 28625
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 378 Walnut Tree Rd

APPLICATION DATE 3/4/2021
DATE EVALUATED: 4-8-2021
PROPERTY SIZE: 12.222 acres
PROPERTY RECORDED: yes

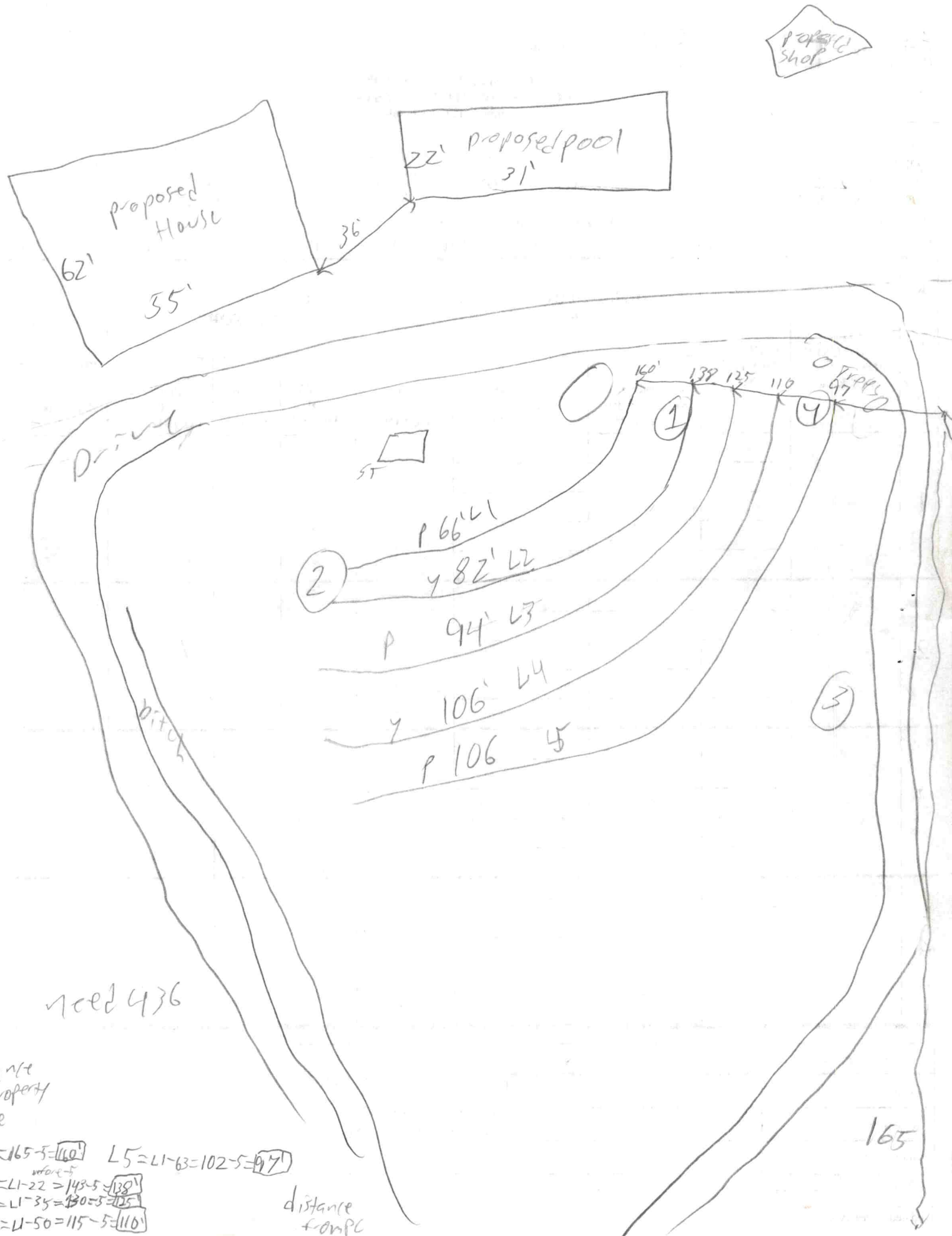
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	SS 6%	0-9	Burn Layer	—	few YB mottles	50"	Litho inclusions to Lomy Sa pat 50"	manganese inclusions at bottom	PS.3
		9-28	C SBK	Fr SSSP Sexp					
		28-50	CL SBK	Fr SSSP Sexp					
		50-60	Lomy Sap	Mass VFr					
2	SS 12%	0-10	Fill	—	few YB mottles	60"	Litho inclusions throughout	Parent Rx scattered throughout	PS.275
		10-24	SCL WSBK	Fr SSSP Sexp					
		24-30	C SBK	Fr SS SP Sexp					
		30-60	CL SBK	Fr SS SP Sexp					
3	SS 10%	0-8	Fill	—	YB mottles scattered throughout	35"	Litho inclusions throughout to Lomy Sa pat 35"	Parent Rx and manganese scattered throughout bottom	PS.3
		8-25	C SBK	Fr SSSP Sexp					
		25-35	CL SBK	Fr SS SP Sexp					
		35-60	Lomy Sap	Mass VFr					
4	SS 10%	0-6	Fill	—	YB mottles throughout	48"	Litho inclusions to Lomy Sap at 48"	Parent Rx scattered throughout	PS.275
		6-10	Burn Layer	—					
		10-34	C SBK	Fr SS SP Sexp					
		34-48	CL SBK	Fr SS SP Sexp					
		48-60	Lomy Sap	Mass VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	291
System Type(s)	Gravity 25%	LPP PBPS
Site LTAR	.275	.275

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

COMMENTS: Mostly sunny with some Random clouds


proposed shop
proposed House
62'
35'
36'
22' proposed pool
31'
150'
139'
125'
110'
97'
Trees
1
2
3
4
5'
P 66' L1
P 82' L2
P 94' L3
P 106' L4
P 106' L5
ditch
ditch
need 436
Distance to property Line
L1 = 165-5 = 160'
L2 = L1-22 = 143-5 = 138'
before-f
L3 = L1-35 = 130-5 = 125'
L4 = L1-50 = 115-5 = 110'
L5 = L1-63 = 102-5 = 97'
distance from PC
165'

RECEIVED MAR 1 6 2021

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*

AP- 315809 $500.00

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: Joel Hubbard Address: 111 Rimmer Rd Zip: 28625
Applicant Email: framner67@gmail.com Phone: 704-902-4803 Alt. Phone: _____
Owner Name: Joel Hubbard Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 378 WALNUT tree ROAD
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: West to SHARON School ROAD, TURN Right off RAMP, TURN left About 500 ft on WALNUT tree, property ON Right About 1 mile

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: 4
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.

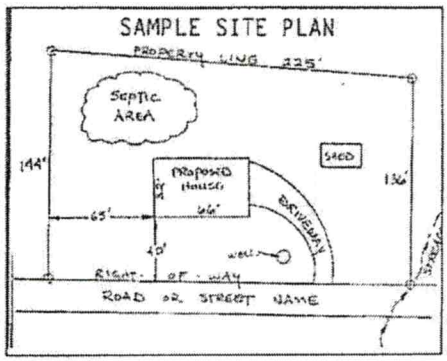
Signature: Joel Hubbard 3-16-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

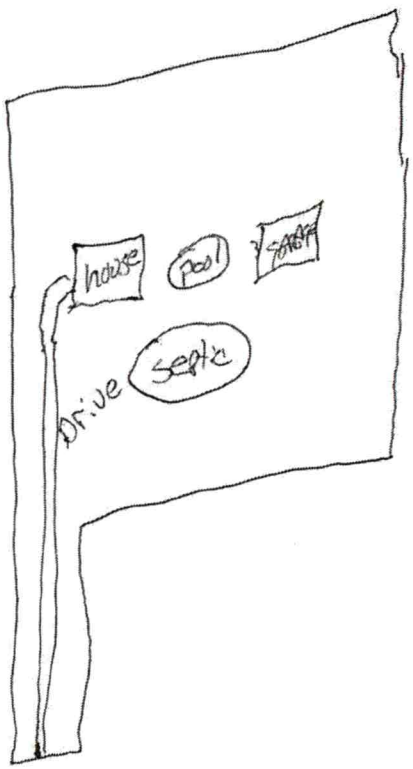
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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



Signature: _____

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

3-16-2021

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*) Joe Hubbard

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, Joe I Hubbard, am the legal owner(s) of the property located at 328 Walnut tree Rd, identified as PIN (Parcel Identification Number) 3783548783, located in Iredell County, North Carolina.

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

Joe Hubbard
Signature of Owner(s)

3-16-2021
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315809 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783548783.000	378 Walnut Tree Rd.	Iredell County

Owner Information	Applicant Information
Name: HUBBARD JOEL I	Name: JOEL HUBBARD
Address:	Address: 111 RIMMER RD STATESVILLE , NC 28625
Phone:	Phone: (704)902-4803

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.2	35	35	15	15		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: 03/16/2021

Signature of Owner/Contractor

Permit Number	315809	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1½

Please describe project (Details, Purpose, or Use): New home

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Joel Hubbard Phone # 704-902-4803

Owner's Current Address 111 Rimmer Road Statesville, N.C 28625

Property Information

Property Address 378 Walnut tree Rd Parcel # 3783548783

Subdivision: River Rock Lot:___ Zoning:___ Watershed: Y / N Flood Plain: Y / N Township:___

Directions to property (from a MAIN ROAD) I-40 west to Sharon School Rd, turn Right at ramp, turn left onto Walnut tree, one mile on Right

Application Information

Applicant's Name or Company Hubbard Builders Applicant's Phone # 704-902-4803

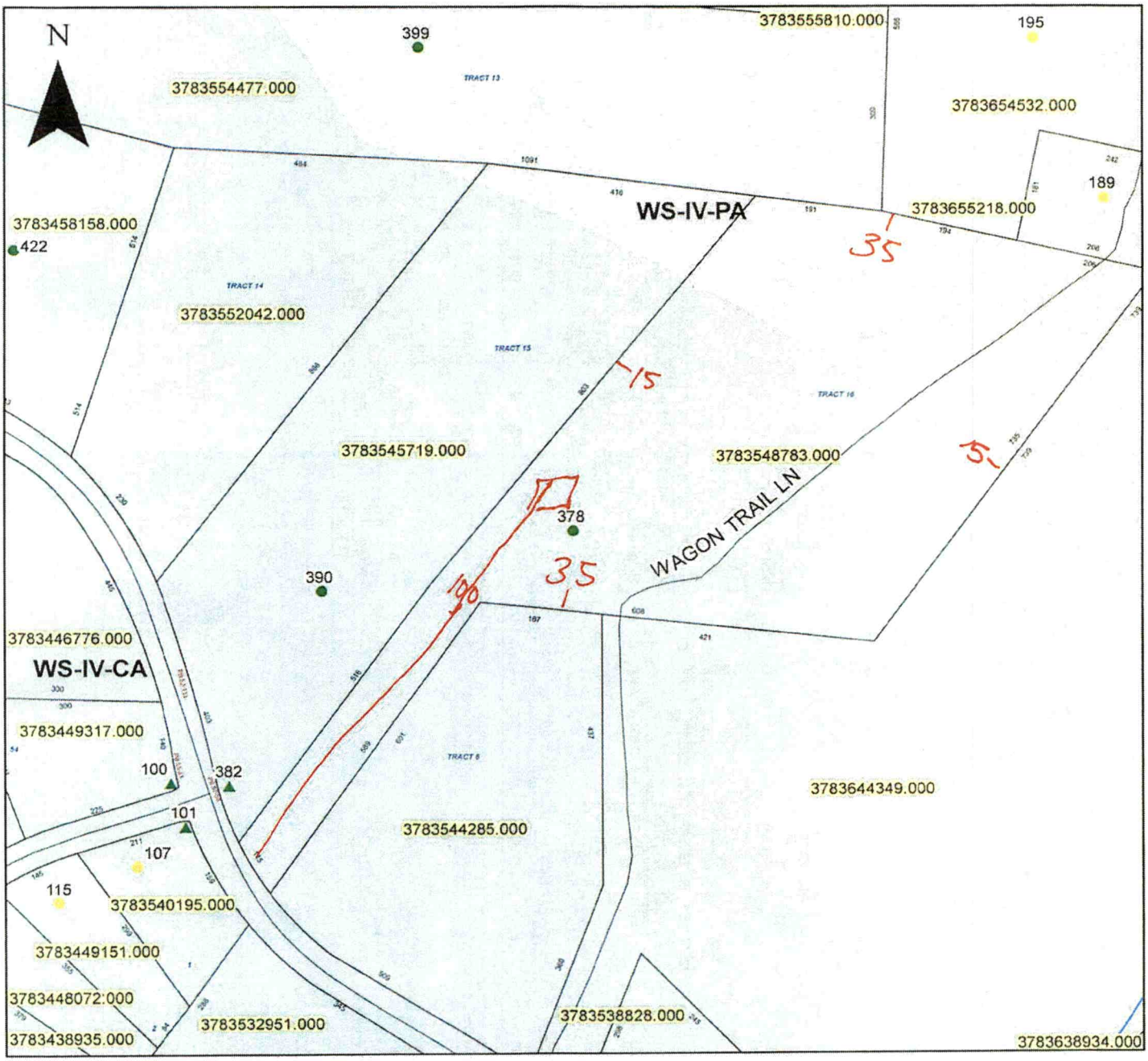
Applicant's Address 111 Rimmer Road Statesville, N.C. 28625

If Company, Representative's Name and Title OWNER

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Joel Hubbard DATE 3-16-2021

ZONING DISCLAIMER



Property Address 378 Walnut Tree Rd.

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

3-16-2021

Date