ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-314243

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

PIN # 3783 3798 --97 --2653

APPLICANT/OWNER: LEE BOGGS / DUSTIN TEMPLETON APPLICANT ADDRESS: 119 BEECHNUT LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 119 HUDSON LANE, STATESVILLE, N.C. 28625 PHONE: 704-682-3848 ALT. PHONE 704-929-0204

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON HUDSON, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

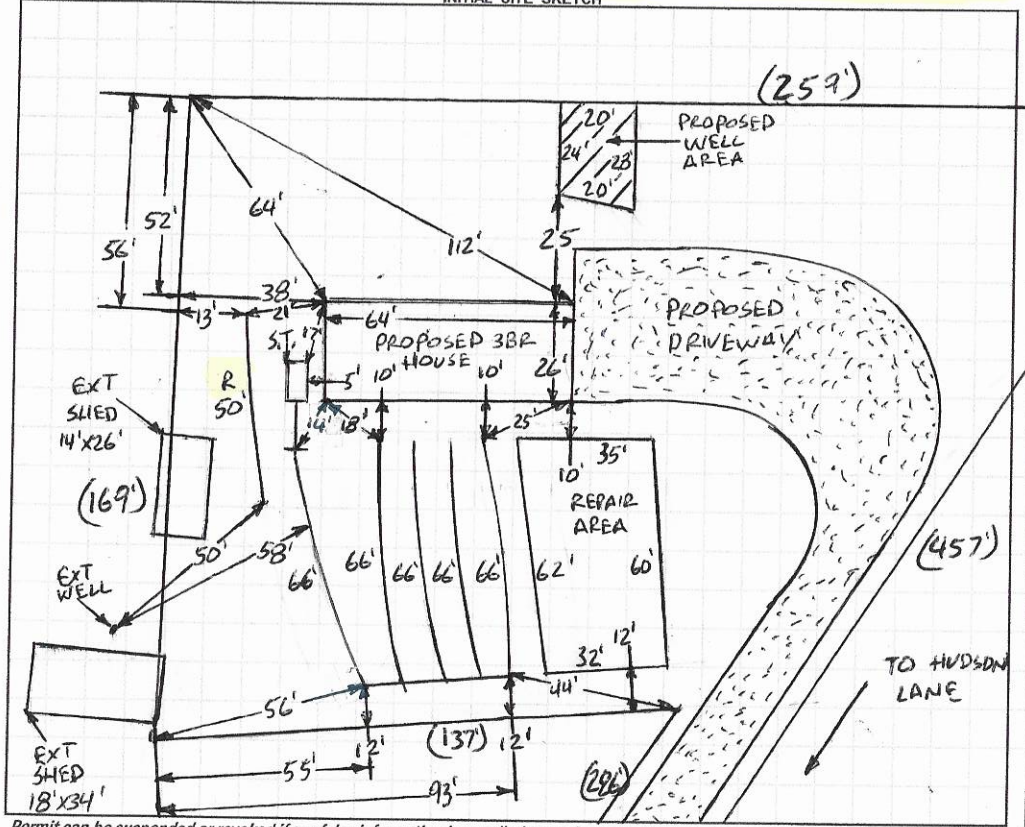
SUBDIVISION: ✓ DUSTIN TEMPLETON PROPERTY SECTION: — LOT # 1 LOT AREA: 0.91 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	854	Date	4-16-21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	5		Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, DO NOT SHALLOW UP, NO FOUNDATION DRAINAGE ON HOUSE,

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.

Installed as Drawn

1 IN = 50 FT
S.T. = SEPTIC TANK
R = REPAIR
EXT = EXISTING

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: Lee Boggs Date: 5-12-2021 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Burkett C. White Date: 5-12-2021 OPERATION PERMIT by: Date: 6-23-2021

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 5-12-2021 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 1 of 1
PROPERTY ID #: 3783-97-2653
COUNTY: IREDELL

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

OWNER: DUSTIN TEMPLETON / LEE BOGGS (APP.)
ADDRESS: 119 BEECHNUT LANE, STATESVILLE, N.C. 28625
APPLICATION DATE: 1-21-2021
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 2-24-2021
LOCATION OF SITE: 119 HUDSON LANE, STATESVILLE, N.C. 28625
PROPERTY SIZE: 0.91 AC
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE TO DEPRESSION 3%	0-27	L, SBK	FR, S, P, SEXP	0"-14" 10YR6/2 + 10Y6/1 MIXED CLEARING SAP INC THRU OUT	72"+	NA	NA	PS .275 DUE TO LANDSCAPE BELOW 14"
		27-72	CL, WSBK	FI, SS, SP, SEXP					
2	HEAD → DEPRESSION 3%	0-28	L, SBK	FR, S, P, SEXP	Y/B MOTS 0"-12" 10YR6/4 + 10YR6/6 FI SAP INC THRU OUT	60"	V ROCK VFI	NA	PS .275 DUE TO LANDSCAPE BELOW 12"
		28-60	CL, WSBK	FI, SS-SP, SEXP					
		60"+	ROCK/SAP BHR						
3	LINEAR SIDE → DEPRESSION 3%	0-12	FILL	FROM CLEARING	Y/B MOTS + GRAY 0"-20" 10YR6/6 + 10YR6/4 SAP INC THRU OUT	64"+	NA	NA	PS .275 DUE TO LANDSCAPE BELOW 20"
		12-31	C, SBK	FR, S, P, SEXP					
		31-64	CL, WSBK	FI, SS, SP, SEXP					
			REMOVED AS OF 4-29						
4	LINEAR → DEPRESSION	0-8	FILL	FROM CLEARING	Y/B MOTS THRU OUT 10YR6/6 + 10YR6/4 SAP INC THRU OUT	62"+	NA	NA	IF FILL REMOVED PS .25 IF FILL REMOVED DUE TO LANDSCAPE
		8-28	C, SBK	FR, S, P, SEXP					
		28-62	CL, WSBK	FI, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.275	0.275

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

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** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

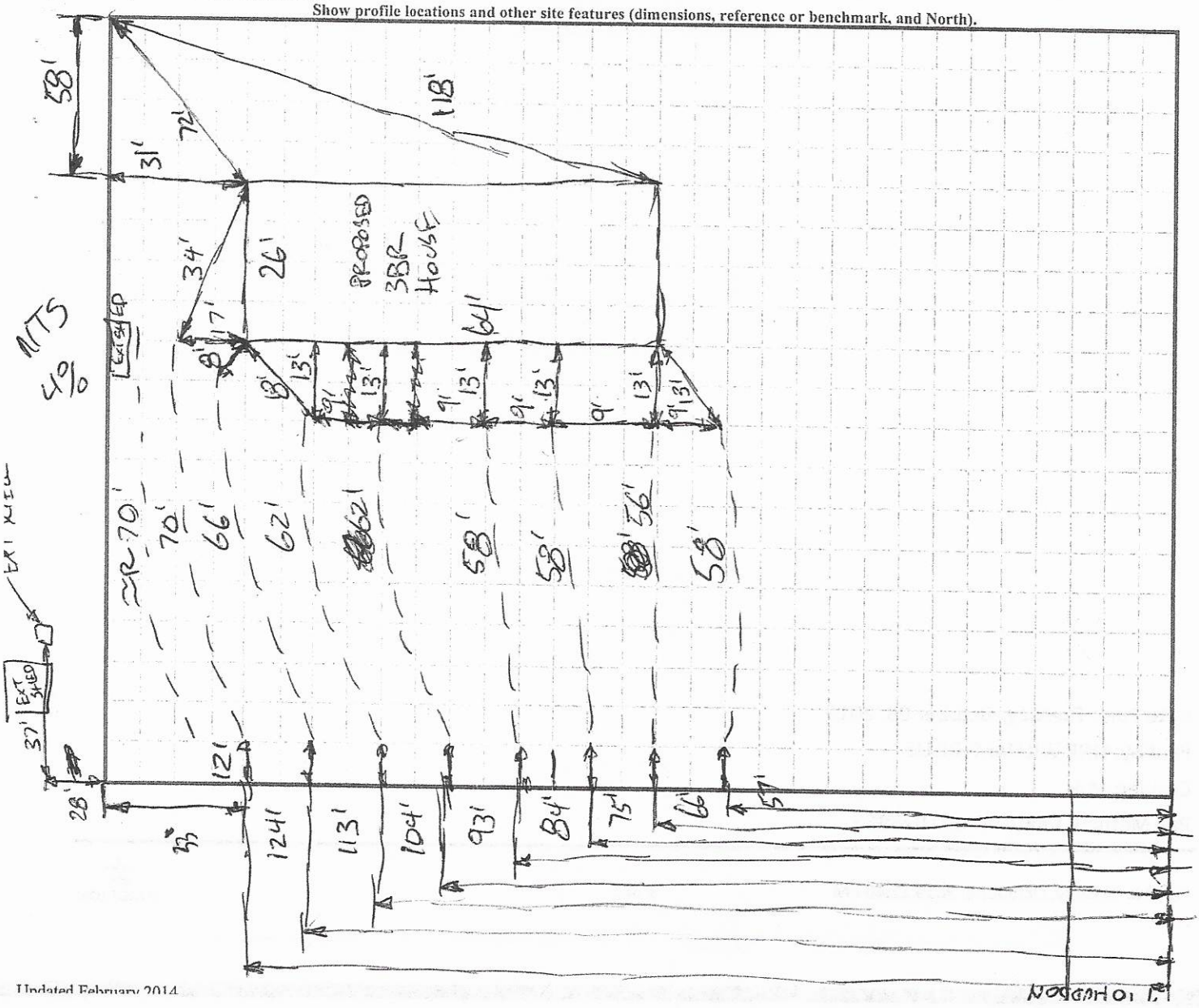
NOTES

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).



RECEIVED JAN 2 2 2020

Please CALL prior to inspection
Lee Boggs
704-682-3848

APP[illegible] MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

[illegible]alth Department – Environmental Health Division

314243

Paid $500.00

PAGE 1: *APPLICATION FORM*

Name: _____ Number: _____

(✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) [illegible]ement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THESE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF 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: Lee Boggs, 1st Choice Homes Address: 119 Beechnut Ln Statesville Zip: 28625
Applicant Email: _____ Phone: 704-682-3848 Alt. Phone: _____
Owner Name: Dustin Templeton Address: 532 N Kelly St Statesville Zip: 28625
Owner Email: _____ Phone: 704-929-0204 Alt. Phone: _____

Property Information:

Street Address: 119 Hudson Lane, Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 W → Sharon School Rd → (R) Hudson Ln → Property on (L)

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: [illegible]

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: _____ 11/20/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

3142 43

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.

I, + Dustin Templeton, am the legal owner(s) of the property located at 119 Hudson Lane Statesville NC 28625, identified as PIN (Parcel Identification Number) 3783972653, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 1st Choice Homes — Lee Boggs, 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.

+ [signature] 1/21/2021 Cindy Roberts 1/21/2021

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

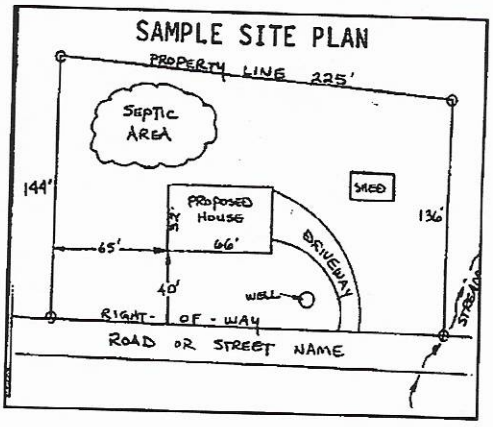
SITE PLAN WORKSHEET

314243

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

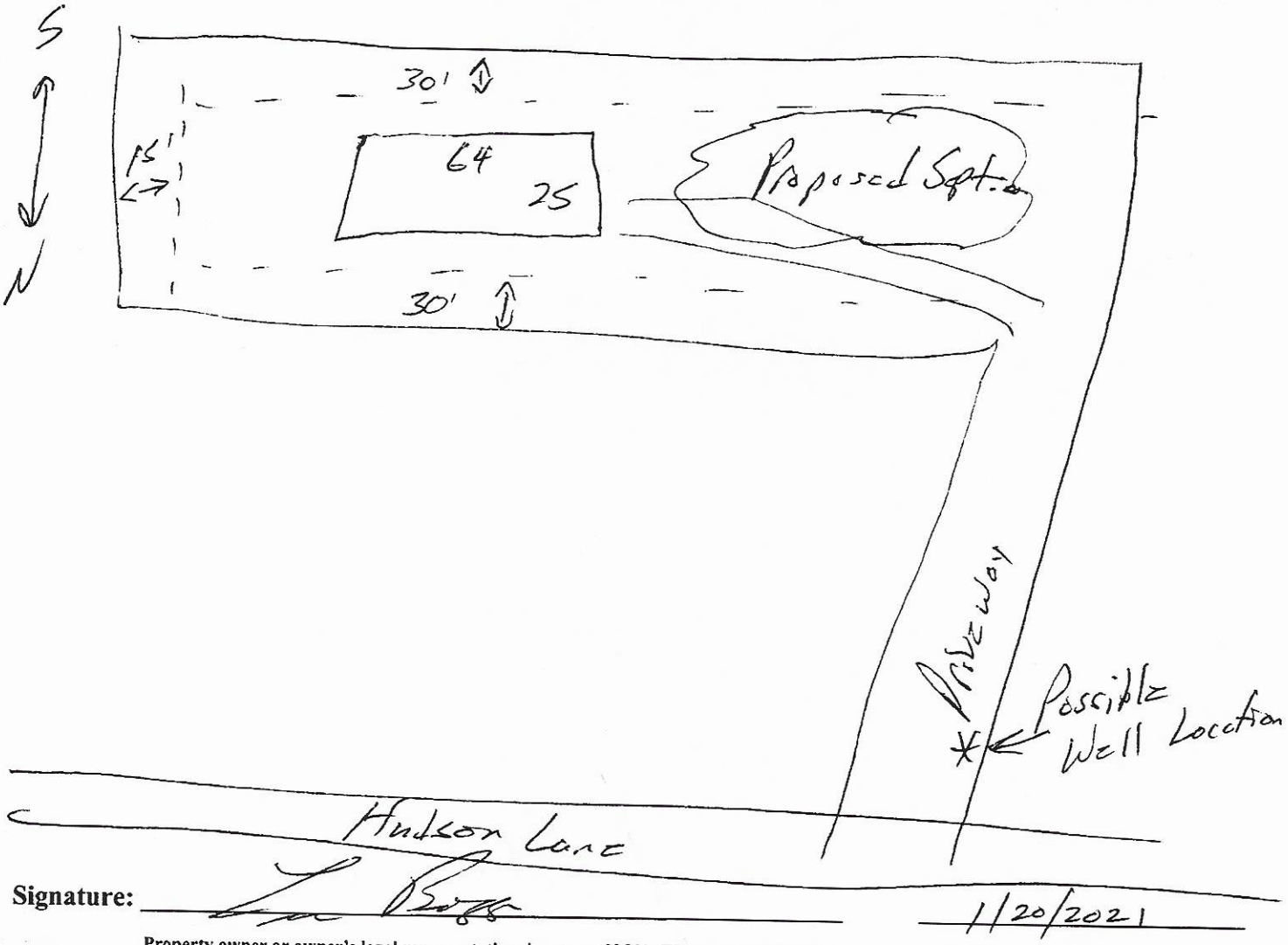


Circle N/A on the following if appropriate:

- 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

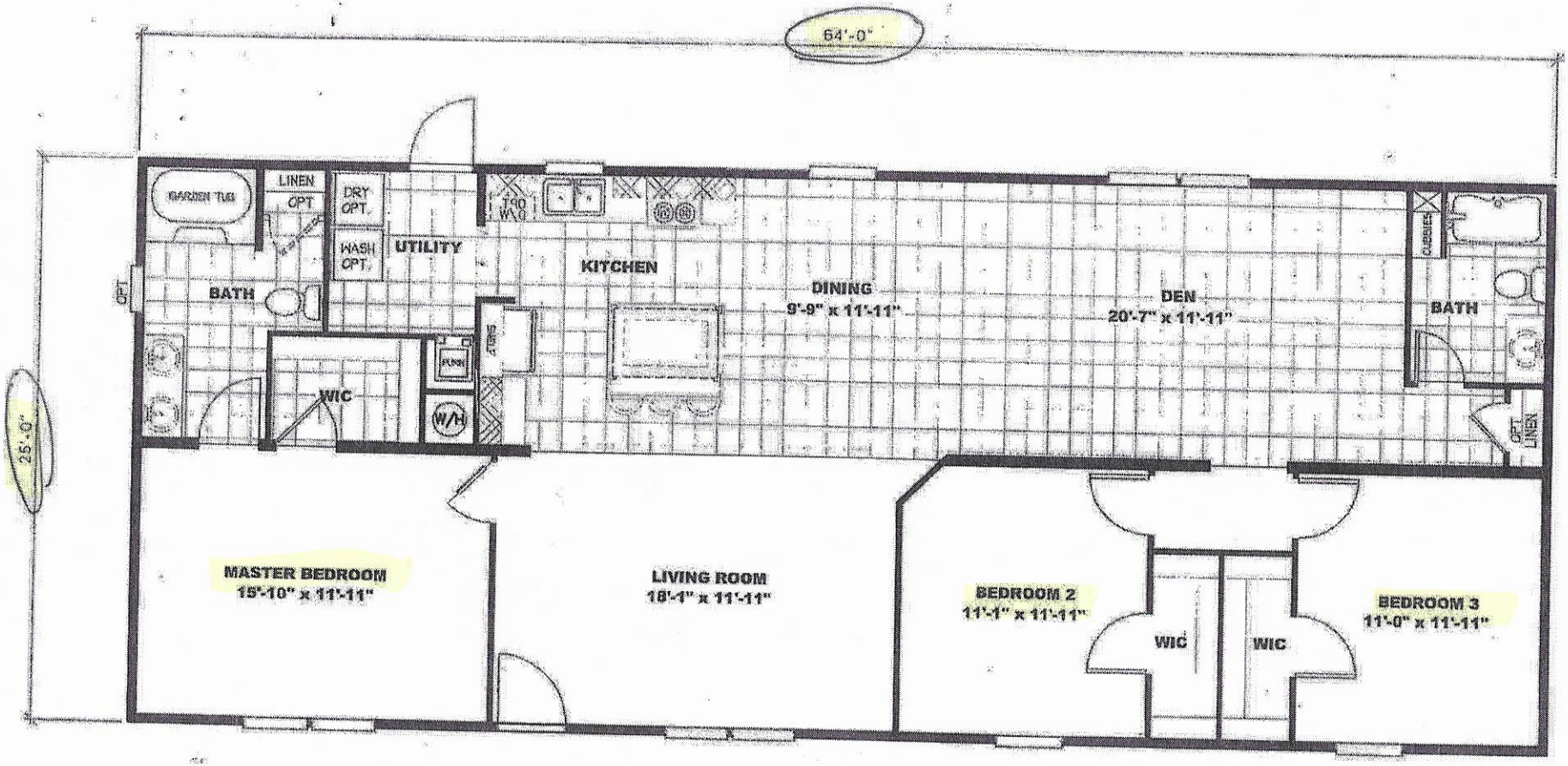
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 1/20/2021

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

Templeton



Acknowledgement of Plans Submittal ONLY!

Date 5-12-2021

Date 5-12-2021

25 WIDE X 64 LONG
(THREE BEDROOM STANDARD)
(MOD ONLY)

(GOURMET KITCHEN)

TRU PERFORMANCE
3 BR.

3/4/23

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314243 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783972653.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: TEMPLETON DUSTIN W	Name: 1ST CHOICE HOUSING INC
Address:	Address: 16507 NORTHCROSS DR STE G
	HUNTERSVILLE, NC 28078
Phone:	Phone: (704)883-8228

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.91	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR HOME

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.

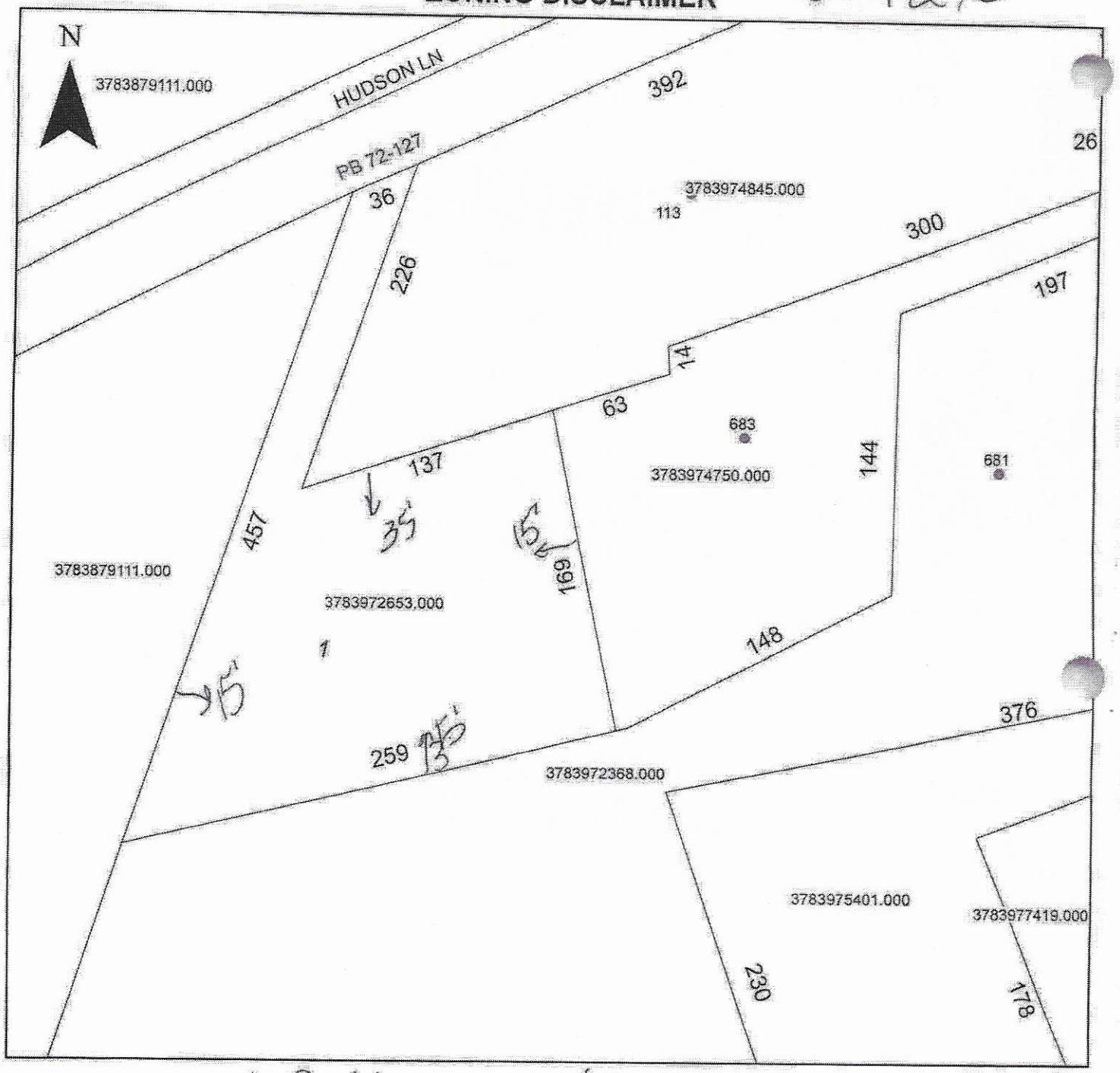
Signature of Owner/Contractor

Date: 01/20/2021

Permit Number	314243	TOTAL FEES:	$77.25

ZONING DISCLAIMER

3142243



Property Address 119 Hudson Lane

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

1/20/2021
Date