ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 329837

MW BLDR-2022-0980

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

PIN # 3794 -- 41 -- 4806

APPLICANT/OWNER: Key Builders Inc | APPLICANT ADDRESS: 1459 N. Aspen St, Lincolnton

SITE ADDRESS: 1838 Island Ford Rd, Statesville 28625 | PHONE: 704-735-0040 | ALT. PHONE: -

SITE DIRECTIONS: Old Mtn - Island Ford | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Garner Estates | SECTION: - | LOT # 5 | LOT AREA: 1.47 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	521	Date	2/24/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	40	Date	2/3/23	System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	LPPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36 in	Trench Bottom Depth(Low side)	20 in	Gravel Depth	--		☐ GRAVITY	☒ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

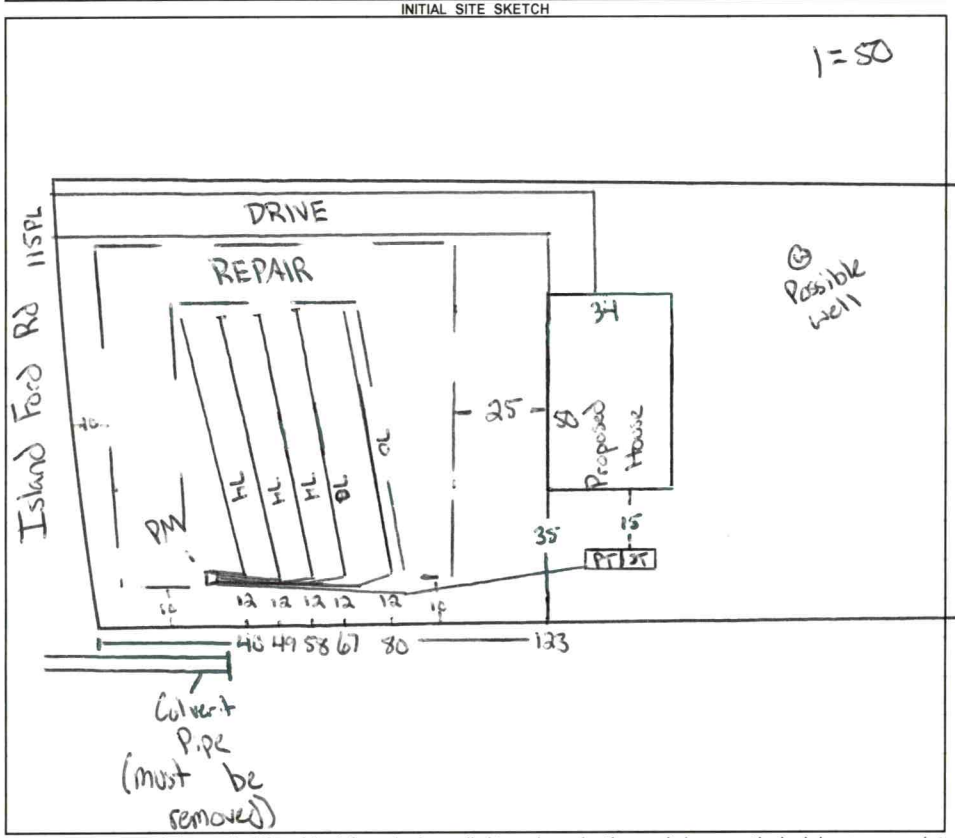
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Utilize a pressure manifold. Do not grade, park, or drive on septic area. Install on contour with the land.

Culvert pipe must be removed or keep 25' from it.

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.

(5) 1/2 sch 80 (5.48) Dose = 164.71
Flow = 27.4
Time = 6 min
Drawdown = 7.8 in
2 ft head
2 in supply

DW
- Lines, Tanks 4/3/23

MW
- Alarm, Breakers 6/6/23

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: 8-8-22 | Installed by:

IMPROVEMENT PERMIT by: Cory Wil Date: 7/14/22 | OPERATION PERMIT by: Matt Wilki Date: 6/6/23

AUTHORIZATION TO CONSTRUCT by: Cory Wil Date: 7/15/22 | 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? _____	

BLDR-2022-0980

ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 329837

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

PIN # 3794 -- 41 -- 4806

APPLICANT/OWNER: Hey Builders Inc

APPLICANT ADDRESS: 1459 N. Aspen St, Lincolnton

SITE ADDRESS: 1838 Island Ford Rd, Statesville 28625

PHONE: 704-735-0040 ALT. PHONE -

SITE DIRECTIONS: Old Mtn - Island Ford

SUBDIVISION: Garner Estates

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: - LOT # 5 LOT AREA: 1.47 acres

DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	821	Date	2/24/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	40	Date	2/3/23	System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	LPPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36 in	Trench Bottom Depth(Low side)	20 in	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

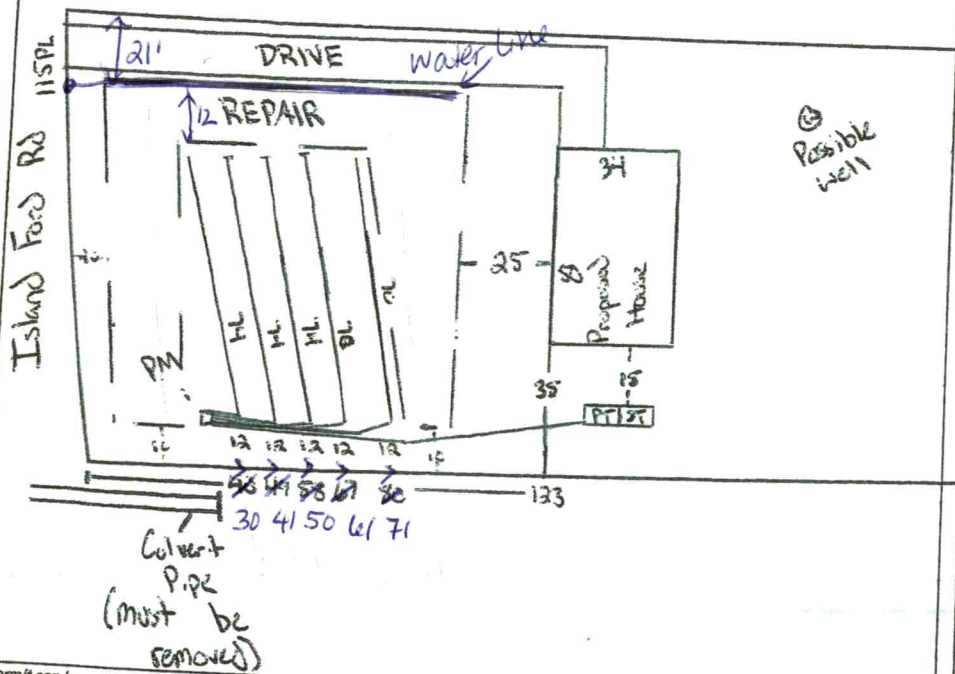
☐ Basement w/o plumbing

Comments / Conditions: Utilize a pressure manifold. Do not grade, park, or drive on septic area. Install on contour with the land.

Culvert pipe must be removed or keep 25' from it.

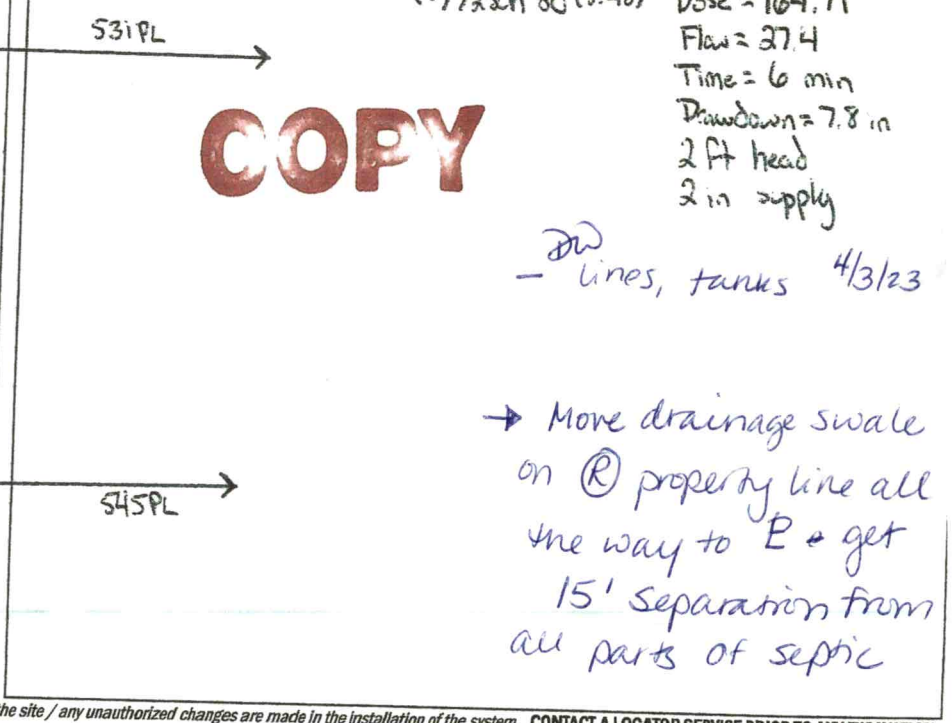
INITIAL SITE SKETCH

Julie 704-740-2851 1=50



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.



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: _____ Date: _____

IMPROVEMENT PERMIT by: Cory Hill Date: 7/14/22

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 7/15/22

Installed by: Dennis Wilson Septic

OPERATION PERMIT by: _____ Date: _____

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 #: 3794414806
COUNTY: Iredell

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

OWNER: Key Builders
ADDRESS: 1459 N Aspen St
PROPOSED FACILITY: 3 bdr home
LOCATION OF SITE: 1838 Island Ford Rd, Statesville
APPLICATION DATE 6/21/22
DATE EVALUATED: 6/11/22
PROPERTY SIZE: 1.47
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 360 gpd
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 6%	0 - 8	PLOW		Chroma 2 at 20" 10yr 6/2 10yr 6/1 at 24"	54	-	-	DRIP
		8 - 19	CL ABK	S P FR SE					
		19 - 54	CL ABK	S P FR EXP					
2	Linear 4%	0 - 8	PLOW		10yr 6/2 at 17" 10yr 6/1 at 30"	52	-	-	US
		8 - 16	CL ABK	S P FR SE					
		16 - 52	CL ABK	S P FR EXP					
3	Linear 8%	0 - 30	SCL SBK	SS SP FR SE	10yr 6/2 at 30" 10yr 6/1 at 36"	54	-	-	.25 PS
		30 - 54	CL ABK	S P FR EXP					
4	Linear 9%	0 - 5	Compacted		Yellow/Brown in CL layer 10yr 6/4	52	-	-	.25 PS
		5 - 36	C SBK	SS SP FR SE					
		36 - 52	CL ABK	SS SP FR SE					
5	8%	0 - 9	Compacted		Many inc in CL	53			.275 PS
		9 - 36	C SBK						
		36 - 53	CL SBK						

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

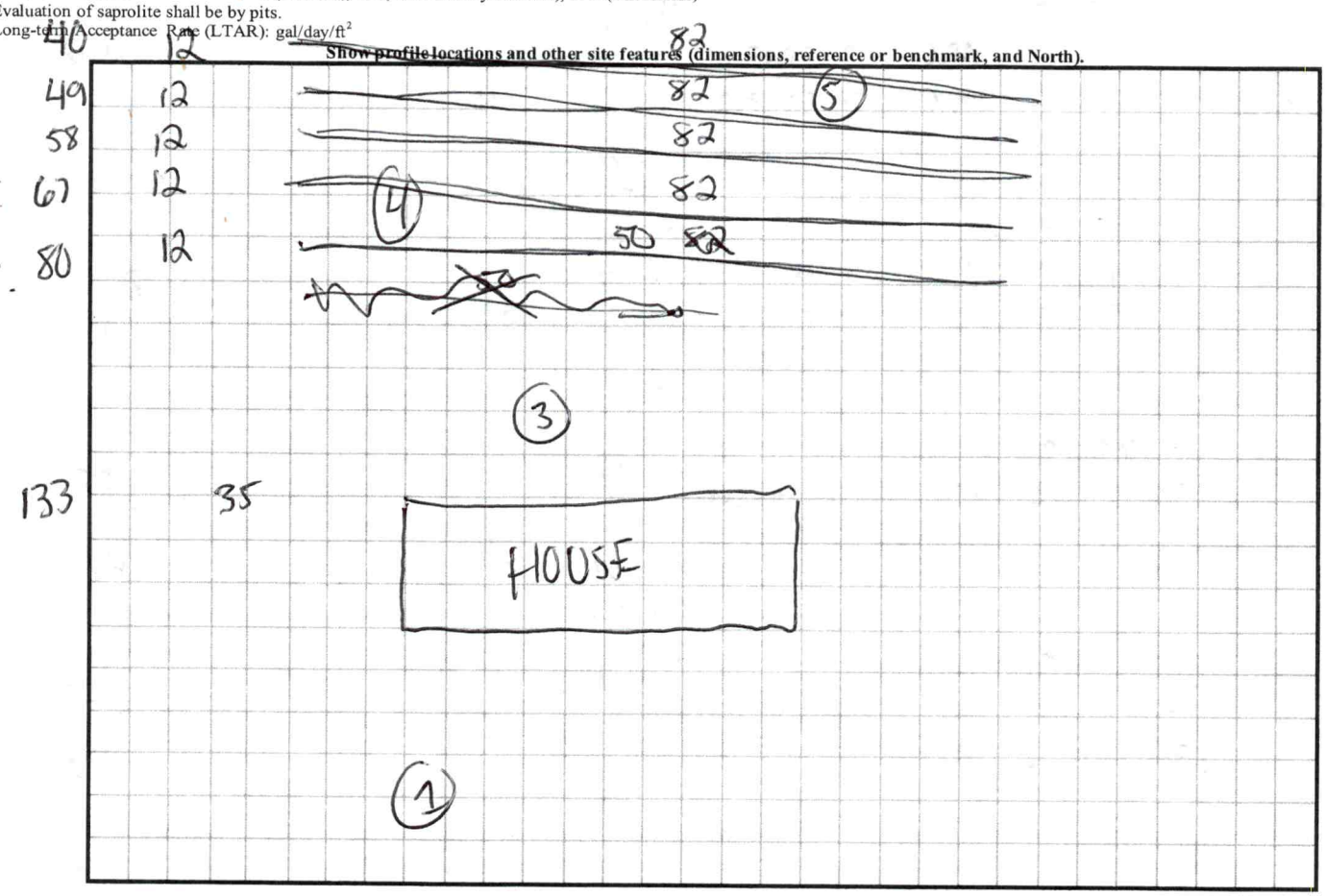
NOTES

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/ft^2

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



RECEIVED JUN 2 1 2022

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

Emailed 6/15/22 @ 4:32pm M. Holliday

AP- 329837 Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Key Builders, Inc. Address: 1459 N. Aspen St Lincolnton Zip: 28092
Applicant Email: mandie.keybuilders@gmail.com Phone: 704-735-0040 Alt. Phone: _____
Owner Name: Matt Hicks Address: _____ Zip: _____
Owner Email: Mhicks0228@gmail.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1838 Island Ford Rd
Subdivision Name: Garner Estates Section/Phase: _____ Lot Number: 5
Driving Directions: I-40 West to Old Mtn Rd. Take exit 144 from I-40 West. TL onto Old Mtn Rd. TL onto Island Ford Rd.

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: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 ( ) 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: Matt Hicks 6-15-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Matt Hicks, am the legal owner(s) of the property located at 1838 Island Ford Rd, identified as PIN (Parcel Identification Number) 3794414806.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Hey Builders, Inc/ Mandi Holliday, 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.

Matt Hicks
Signature of Owner(s)

6-15-22
Date

Mooresville - Environmental Health

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

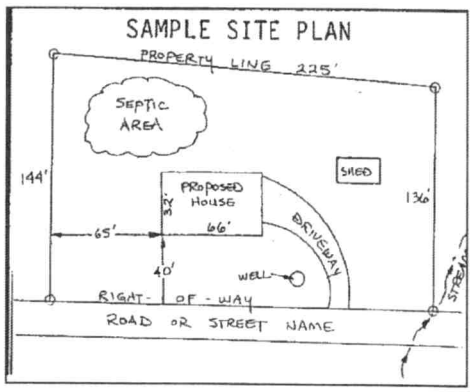
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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
- (√) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

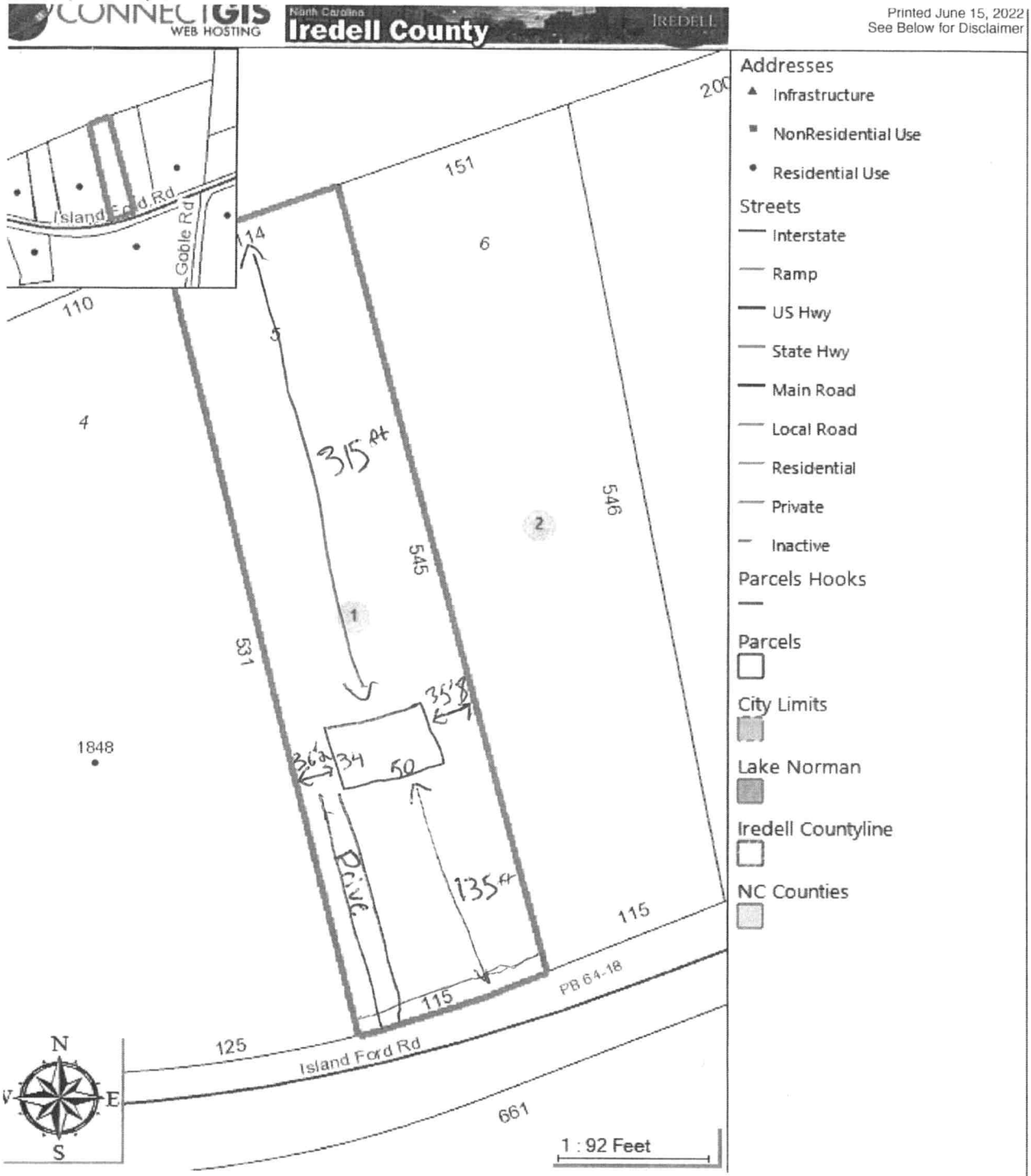
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Matt Hicks

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

6-15-22

DATE



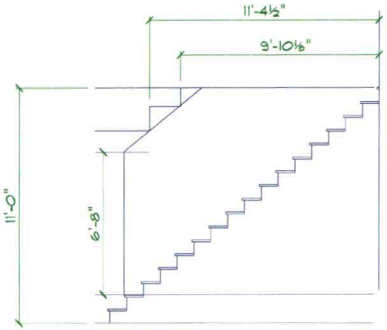
Hicks 34 x 50

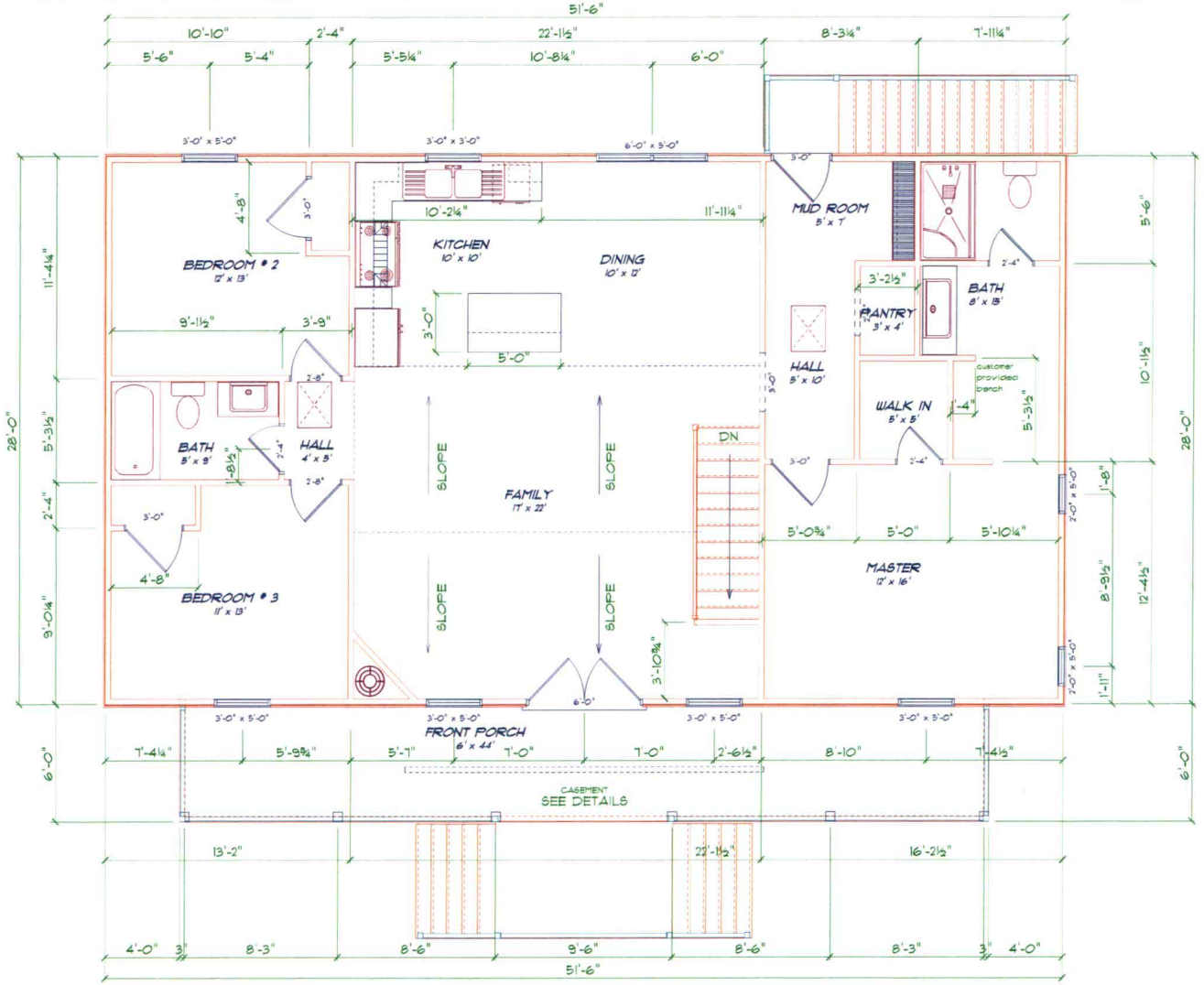
D 135'
from front stake

35' 8"
front
right
side

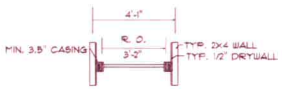
36' 2"
from left side

TYPICAL 2X4 SIDING WALL:
VINYL SIDING
HOUSE WRAP
7/16" OSB SHEATHING
2x4 STUDS @ 16" o.c.
INSULATION PER LOCAL CODE
1/2" DRYWALL
TAPED & SANDED





TYPICAL 2X4 SIDING WALL:
VINYL SIDING
HOUSE WRAP
7/16" OSB SHEATHING
2x4 STUDS @ 16" o.c.
INSULATION PER LOCAL CODE
1/2" DRYWALL
TAPED & SANDED



STANDARD R.O. AND HALLWAY CLEARANCE FOR 3'-0" DOOR.

HALLWAY CAN BE REDUCED IN WIDTH WITH DOOR SIZE.
CLEARANCE FOR DOOR SIZE WILL BE 1'-1" PLUS
DOOR SIZE TO CENTERLINE OF HANDLE.

NAME	AREA
MAINFLOOR AREA	1442.0 sq ft.
UNFINISHED BASEMENT	1442.0 sq ft.
COVERED PORCH	261.0 sq ft.

MAIN FLOOR PLAN

9'-0" WALL HGHT TYP.

KEY BUILDERS

THE VANDYKE PLAN

PHONE: 704 -735 -0040 | June 06, 2022

www.keybuildersnc.com

1459 N ASPEN ST.
LINCOLNTON, NC 28092

Acknowledgement Of
Plans Submittal ONLY!

Date 7/14/22

Date 8-8-22

IREDELL COUNTY · NC

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

APPLICATION NUMBER
329837 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794414806.000	1838 ISLAND FORD RD	Iredell County

Owner Information	Applicant Information
Name: IREDELL PROPERTIES INC	Name: KEY BUILDERS INC
Address: P O BOX 312	Address: 1459 N Aspen St
STATESVILLE, NC 28687	Lincolnton, NC 28092
Phone:	Phone: (104)917-8009

Use Requested	Zone Code
Single Family Dwelling	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.47	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
sfd/need disc

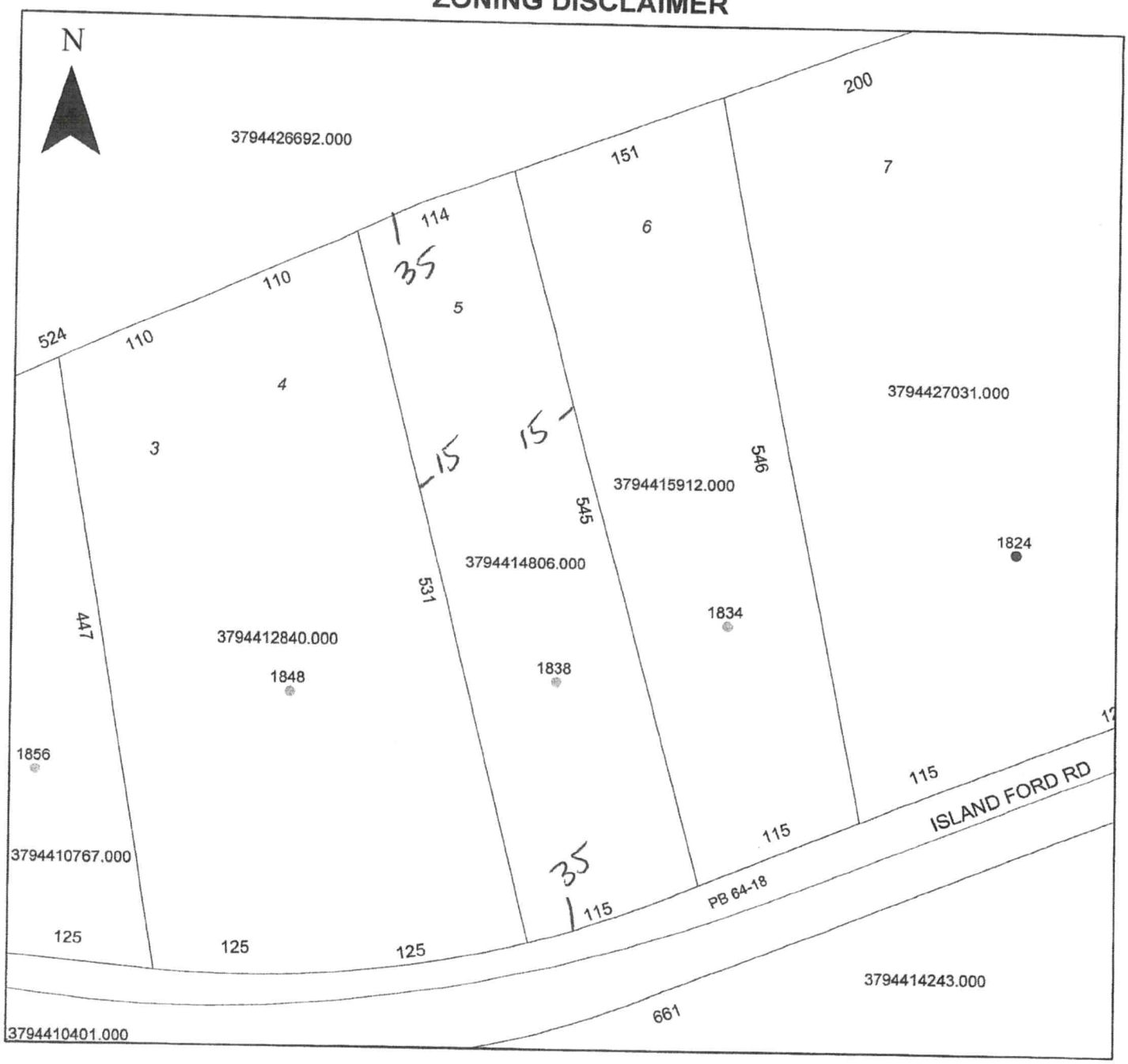
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 06/20/2022

Signature of Owner/Contractor

Permit Number	329837	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1838 Island Ford 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

6/20/22
Date