ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 302455

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

PIN # 3794500290

APPLICANT/OWNER: Silverware Prop Inc. | APPLICANT ADDRESS: 2400 Ramblewood Ln Charlotte NC 28210

SITE ADDRESS: 112 Tanbridge Dr Statesville NC 28625 | PHONE: 704-299-4588 | ALT. PHONE

SITE DIRECTIONS: N Center St to I40W, Exit 144, R on Old Mountain Rd, L on Island Ford Rd, L on Bobleg Rd, L on Marigstone, R on Tanbridge Dr

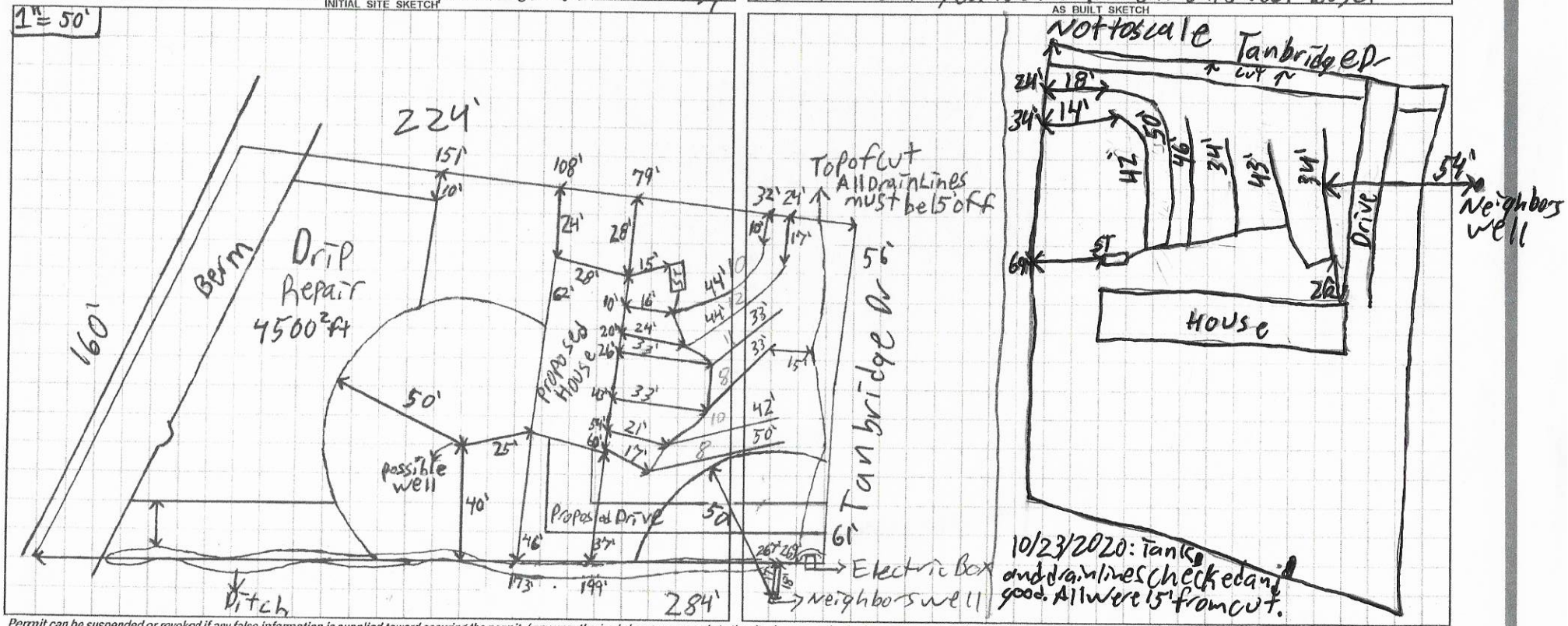
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Featherstone | SECTION: 2 | LOT # 32 | LOT AREA: 0.76 acres | DESIGN FLOW: 240GPD | L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 160	Date	8-3-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply: ☒ Private ☐ Public ☐ Community
Pump Tank	—	(gal)	PT —	Date	—	System Description:			Gravity 25% Reduction	☐ Business	No. Persons 4	
Pump Make	—		Model —	Serial #	—	Repair System Description:			TS2 Drip	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	6	Linear Ft	246'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth (Low side)			14"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on Contour. DO NOT Drive on, Store material or manipulate drainfield in any way. All Property Lines and Corners must be clearly staked and marked by a licensed surveyor during time of installation and inspection. 6" of approved Type 3 soil must be brought in as cover. No foundation drains can be installed on front side of house.

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: Acceptance of Permit Rec'd | Date: 6-22-2020 | Installed by: ABee

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 6/17/2020 | OPERATION PERMIT by: Patrick J Bagley III | Date: 10/23/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bagley | Date: 8-7-2020 | Existing System Inspected by: | Date:

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

PARTMENT OF HEALTH AND HUMAN SERVICES
/ISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
I-SITE WATER PROTECTION BRANCH

Sheet 2 of 3
PROPERTY ID #: 3794500 240
COUNTY: Iredell

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

VNER: Silverwave Prop Inc — APPLICATION DATE 11/6/19
)DRESS: 2400 Ramblewood Dr Charlotte NC 28210 — DATE EVALUATED: 3/26/2020
.OPOSED FACILITY: Newsingle fam — PROPOSED DESIGN FLOW (.1949): 240GPD — PROPERTY SIZE: 0.76acres
)CATION OF SITE: 112 Tanbridge Dr Statesville NC 28625 — PROPERTY RECORDED: Yes

ATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

'ALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

.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
SS 7%	0-13	SCLwsBk	FrssPsap	Chroma 3's starting at 13" Tigerdirt at 27"	27"	L-H 1 inch thick	Tigerdirt at 22"	PS.225 To 27"
	13-27	CABK	FrsPsap					
	27-55	Tigerdirt	—					
SS 5%	0-33	SCWSBK	FrsPsap	Tigerdirt at 33"	33"	—	Tigerdirt at 33" Rocks common throughout water seepage into pit	PS.25 To 33"
	33-60	Tigerdirt	—					
SS 2%	0-22	SCWSBK	FssPsap	Chroma 2's at 15" 5Y 7/2	60"	—	Chroma 2's at 15" Rocks common	U
	22-60	CABK	FrssPsap					
SS 2%	0-19	SCMass	FrsPsap	Chroma 2's at 30" 5Y 8/1	60"	—	Chroma 2's at 30" more common below water seeping into pit Mottles	PS.25 to 18" after 18" .225 LTAR 30
	19-60	CABK/Mass	FrsPsap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	2400
System Type(s)	Gravity 2%	Dry
Site LTAR	.25	.1

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

OMMENTS: _____

PARTMENT OF HEALTH AND HUMAN SERVICES
VISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
I-SITE WATER PROTECTION BRANCH

Sheet 3 of 3
PROPERTY ID #: 3794500029
COUNTY: Iredell

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

VNER: Silver Wave Prop Inc
)DRESS: 2400 Ramblewood Ln Charlotte NC 28210
OPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 240 GPD
CATION OF SITE: 112 Tanbridge Dr Statesville NC 28625

APPLICATION DATE: 11/6/19
DATE EVALUATED: 3/26/2020
PROPERTY SIZE: 0.7 acres
PROPERTY RECORDED: yes

ATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
'ALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

.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
SS 8%	0-16	SCL WSBK	FrSSSPSoAP	Chroma 2 sat 15" 5Y6/2	57"	—	Chroma 2 sat 15"	✓
	16-57	C Strong ABK	FrSPSoExP					
SS 4%	0-7	TopSoil	—	Chroma 3 sat 13"	60"	—	Chroma 3's Throughout	PS .25
	7-12	SCL WSBK	FrSSSPSoFr					
	12-26	C PS Strong ABK	FrSPSoExP					
	26-60	CL ABK	FrSPSoExP					
SS	0-11	Disturbed Layer	—	Chroma 2 sat 29" 5Y7/2	48"	Lithic Indicators	Chroma 2's at 29"	.25 to sat 29"
	11-29	C Strong ABK	FrSSSPSoExP					
	29-48	CL ABK	FrSSSPSoExP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
.vailable Space (.1945)	240	2400
ystem Type(s)	Gravity 25%	Drip
ite LTAR	.25	.1

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

OMMENTS: Last pit day 6/15/2020 cloudy

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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

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

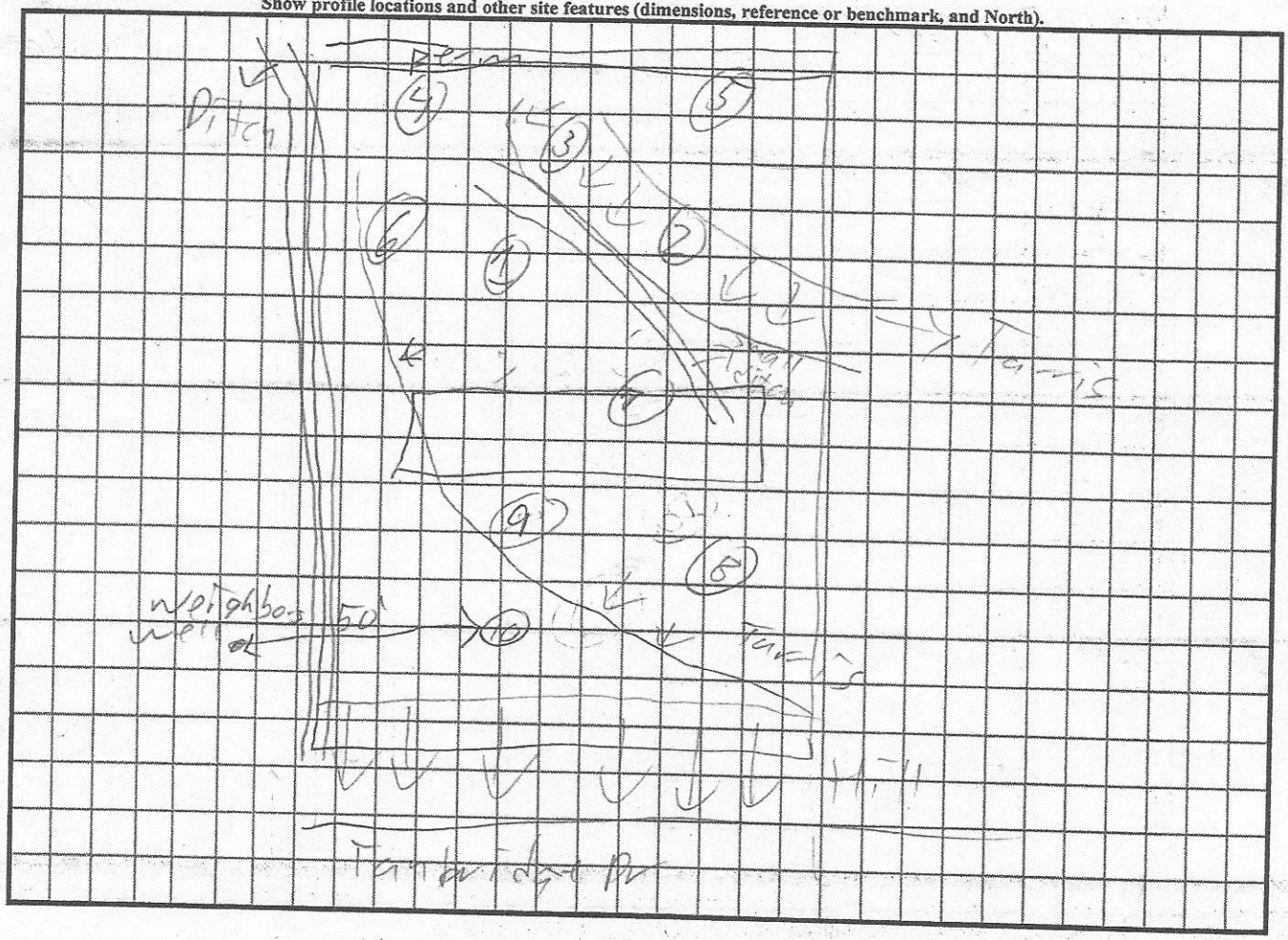
Long-term Acceptance Rate (LTAR): gal/day/ft²

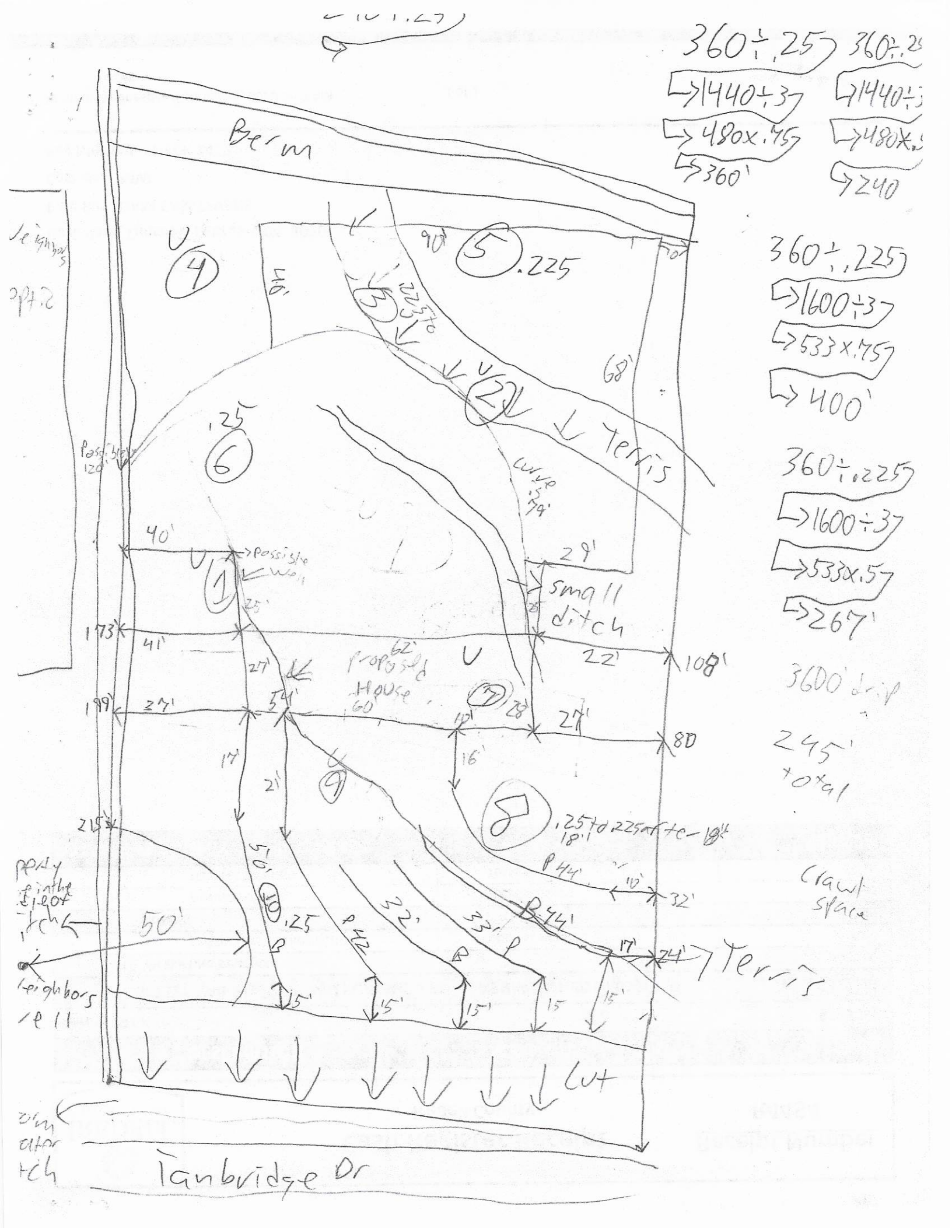
360÷.2 → 1800÷3 → 600 x .75 → 450

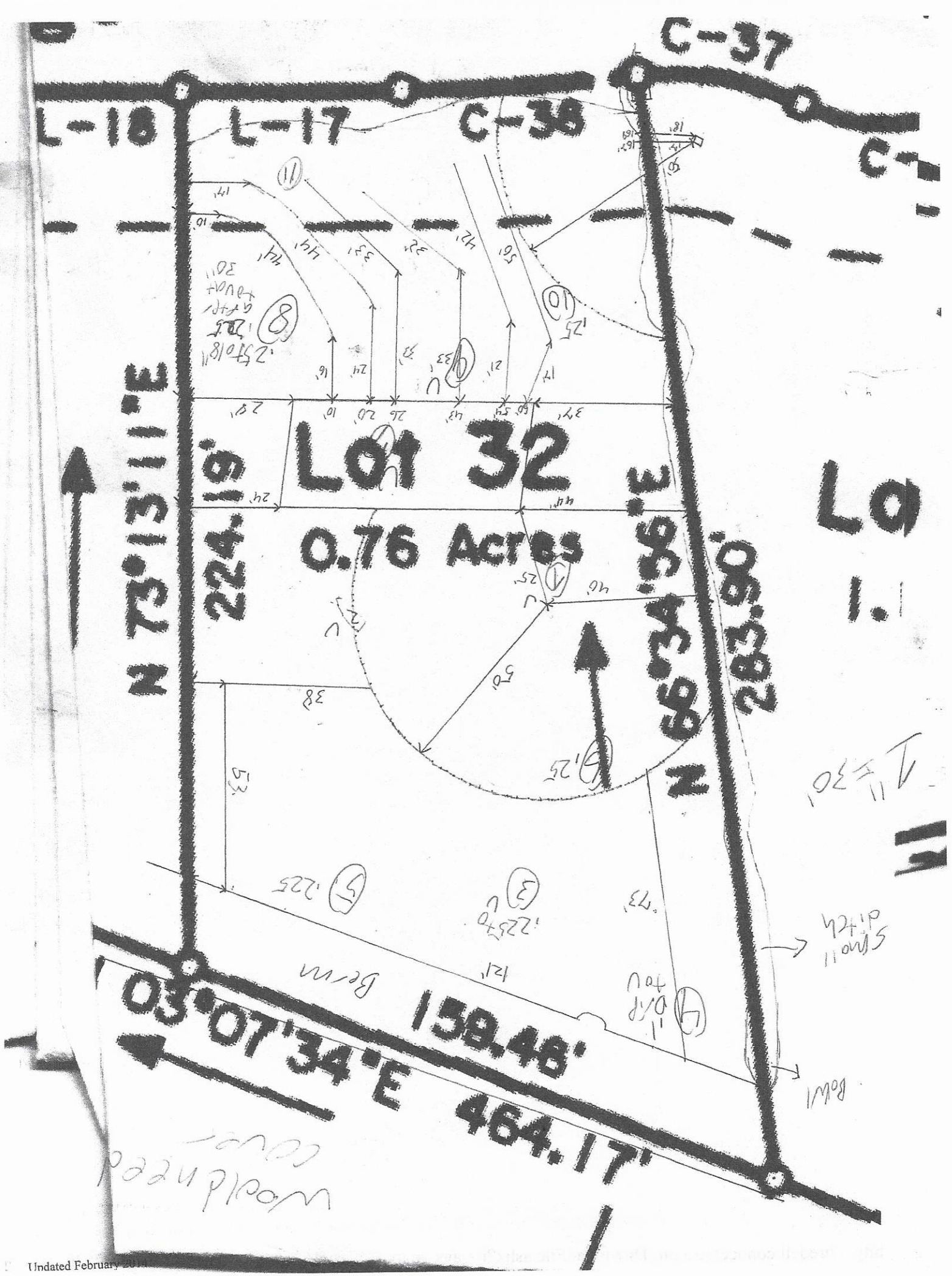
360÷.2 → 1800÷3 → 600 x .5 → 300

240÷.2 → 1200÷3 → 400 x .75 → 300

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

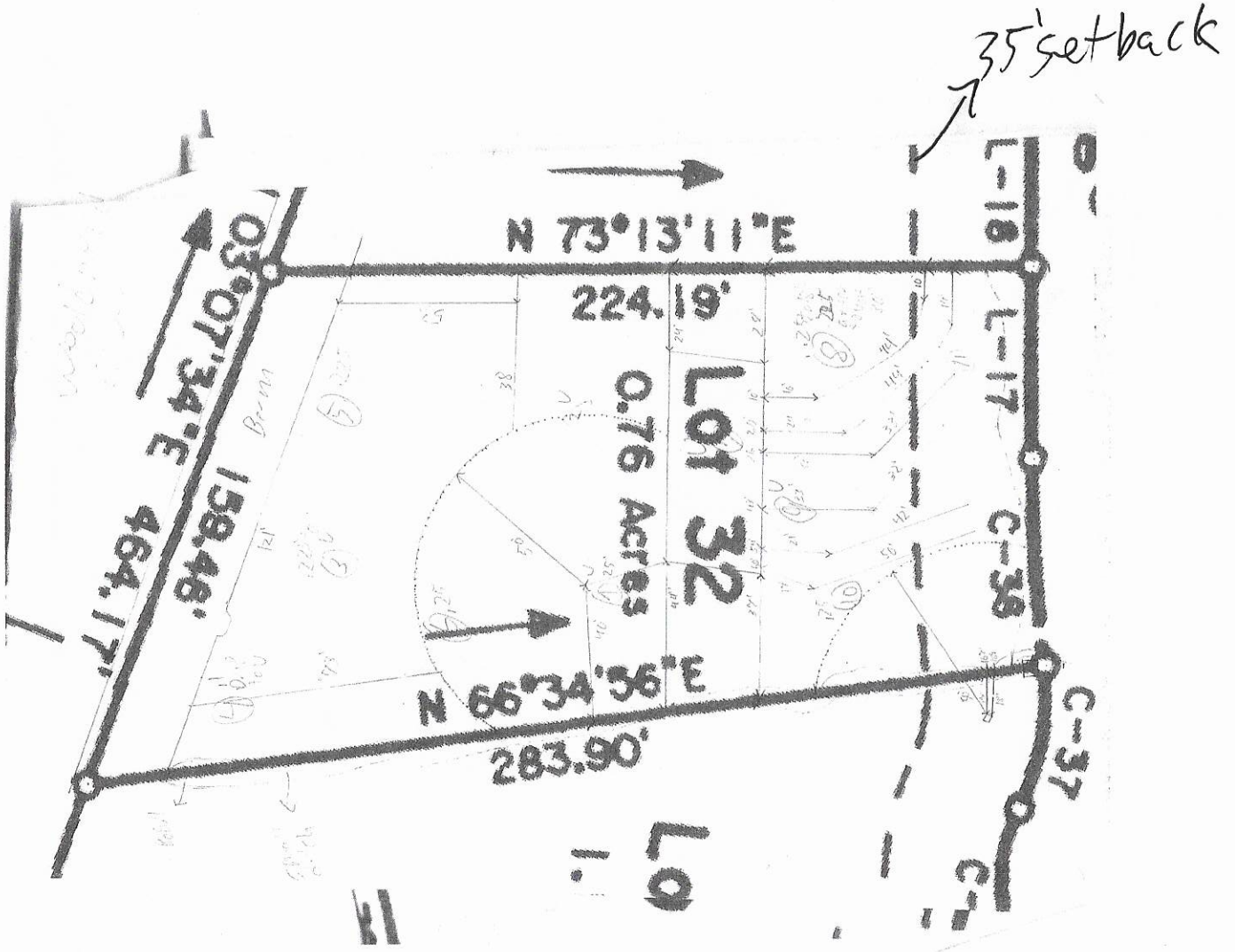



Berm
neighbors
opty
90'
.225
50'
225°
68'
Terris
.25
6
Possible Well
120'
curve is 74'
40'
small ditch
29'
1
Possible Well
25'
173'
41'
22'
108'
62'
proposed House
60'
28'
27'
199'
27'
54'
80
16'
17'
21'
215'
.25 to .225 at tc - 18%
R 44'
10'
32'
50'
.25
R 42
32'
R 44'
33'
17'
74'
Terris
15'
15'
15'
15
15'
Cut
Tanbridge Dr
360 ÷ .25
→ 1440 ÷ 37
→ 480 x .75
→ 360'
360 ÷ .25
→ 1440 ÷
→ 480 x
→ 240
360 ÷ .225
→ 1600 ÷ 37
→ 533 x .75
→ 400'
360 ÷ .225
→ 1600 ÷ 37
→ 533 x .5
→ 267'
3600' drop
245' total
Crawl Space


C-37
C-38
C-17
C-10
LOT 32
0.76 Acres
N 72°13'11"E
224.19'
N 66°34'38"E
282.80'
S 03°07'34"E
138.48'
464.17'

Woodneed cover
S03°07'34"E 464.17'
158.46'
Berm
Bowl
small ditch
1" = 30'
N86°34'36"E
283.80'
N 73°13'11"E
224.19'
0.76 Acres
Lot 32
Lot 1
C-37
C-38
L-17
L-18

1"=50'


35' setback
N 73°13'11"E
224.19'
0.76 Acres
Lot 32
N 66°34'36"E
283.90'
S 03°07'34"E 464.17'
198.48'
L-18
L-17
C-36
C-37

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302455 Issue Date: 11/06/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
3794500290.000	112 TANBRIDGE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: SILVER WAVE PROPERTIES INC	Name: SILVERWAVE PROPERTIES INC
Address: 2400 RAMBLEWOOD LANE	Address: 2400 RAMBLEWOOD LN
CHARLOTTE, NC 28210	CHARLOTTE, NC 28210
Phone:	Phone:

Use Requested	Zone Code
Double-Wide Mobile Home	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.76	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

DOUBLEWIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

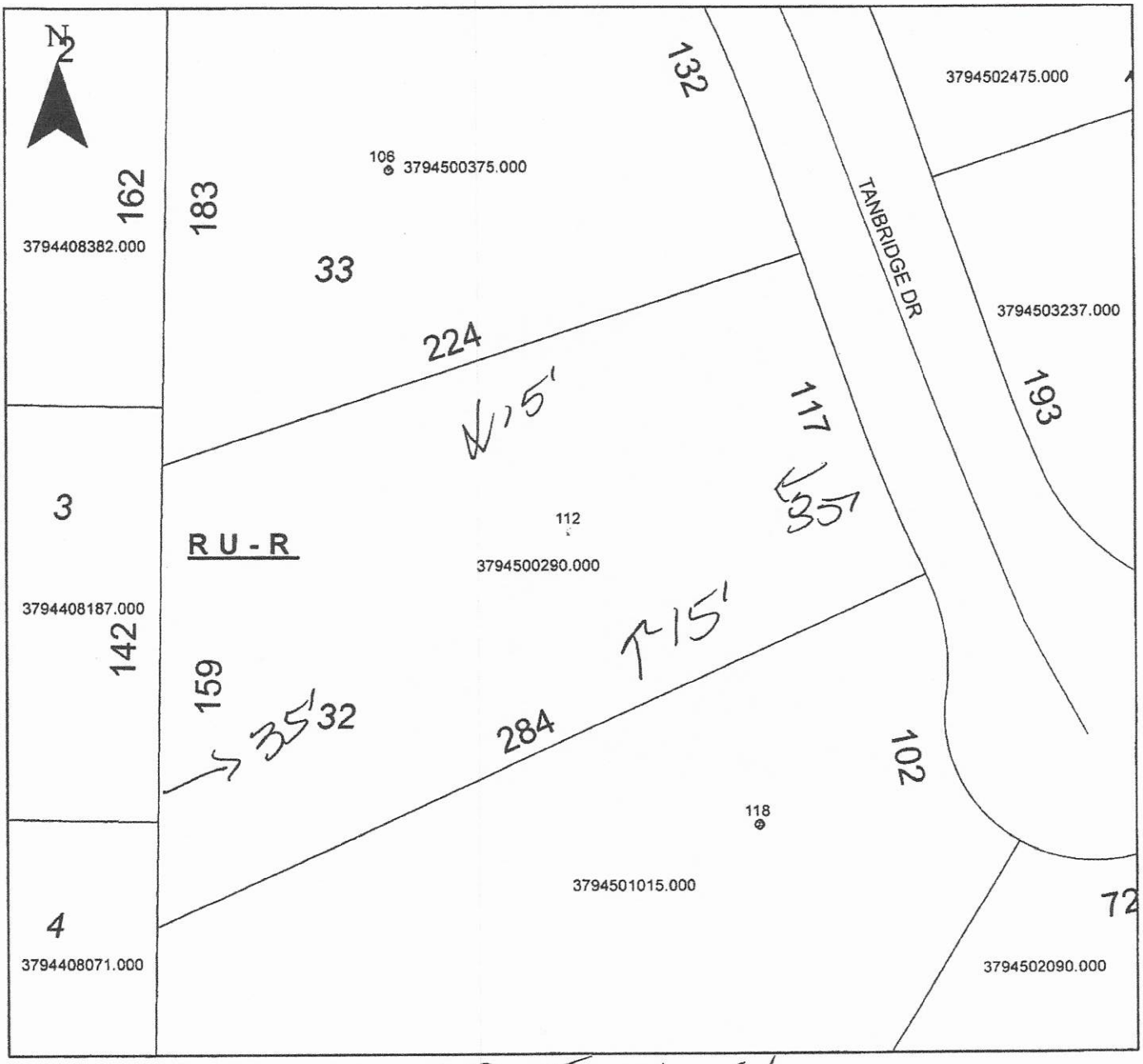
PAID
1290
11/6/19

Signature of Owner/Contractor

Date: 11/06/2019

Permit Number	000764	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 112 Tanbridge

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

11-6-2019

Date

RECEIVED AUG 6 - 2020

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*

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: Lakewood Homes Address: 1265 US Hwy 70 W Zip: 28625
Applicant Email: Matt.vaughn@lakewood Phone: 828-308-3900 Alt. Phone: 828-464-2662
homes.com
Owner Name: Silver Wire Properties Address: 2400 Rawlewood Ln Zip: 28210
Owner Email: _____ Phone: 704-299-4588 Alt. Phone: _____

Property Information:

Street Address: 112 Tanbridge Dr, Statesville NC 28625
Subdivision Name: Featherstone Section/Phase: 2 Lot Number: 32
Driving Directions: N Center St to I-40 W, Exit 144, R on old Mountain Rd, L on Island Ford Rd, L on Cobb Rd, L onto Main Stone, R onto Tanbridge

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: 2
Maximum Number of Occupants: 2
( ) 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: _____ 7-16-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

#302455
11.5.19
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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) SILVERWAVE PROD. INC

Applicant Name: _____ Address: 2400 RAMBLEWOOD LN Zip: 28210
Applicant Email: SSBRATTAIN@BELLSOUTH.NET Phone: 704-299-4588 Alt. Phone: —
Owner Name: (SAME) Address: _____ Zip: _____
Owner Email: (SAME) Phone: SAME Alt. Phone: _____

Property Information:

Street Address: 112 TANBRIDGE DRIVE, STATESVILLE, NC 28625 ✓1290 MH d/w
Subdivision Name: FEATHERSTONE Section/Phase: 2 Lot Number: 32
Driving Directions: I-40 W - MOUNTAINVIEW - ISLAND FORD - GOBLE - MARISTONE R - TANBRIDGE DR - LOT 2ND ON RIGHT

Site Development Information: *(check or complete ALL that apply* (2) S 36 11-1-2020 CHECK FOUNDATION TYPE

(X) 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: _____
(X) 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: _____
(X) 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: CHAMBER
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.

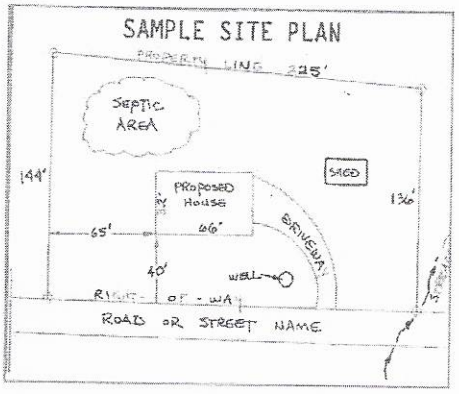
Signature: _____ SILVERWAVE PROD. 9/25/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PHONE # #704-299-4588
EMAIL SSBRATTAIN@BELLSOUTH.NET

11/6/2019

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

Please see attached IP Permit

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

7-16-2020
DATE

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 302455

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

PIN # 3794500210

APPLICANT/OWNER: Silverware Prop Inc | APPLICANT ADDRESS: 2400 Kamblewood Ln Charlotte NC 28210

SITE ADDRESS: 112 Tanbridge Dr Statesville NC 28625 | PHONE: 704-299-4588 | ALT. PHONE

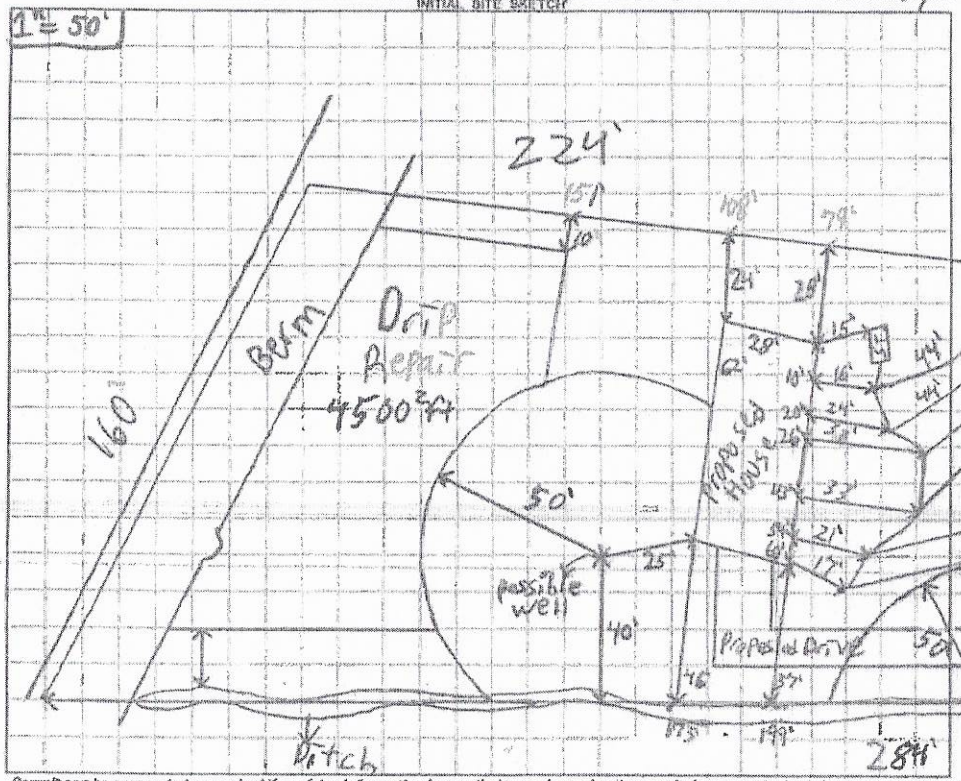
SITE DIRECTIONS: N Center St to I-40W, Exit 144, R on Old Mountain Rd, L on Island Ford Rd, L on Cobleland, L on Heatherstone, R on Tanbridge | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Heatherstone | SECTION: 2 | LOT # 32 | LOT AREA: 0.76 acres | DESIGN FLOW: 240GPD | L.T.A.R.: .25

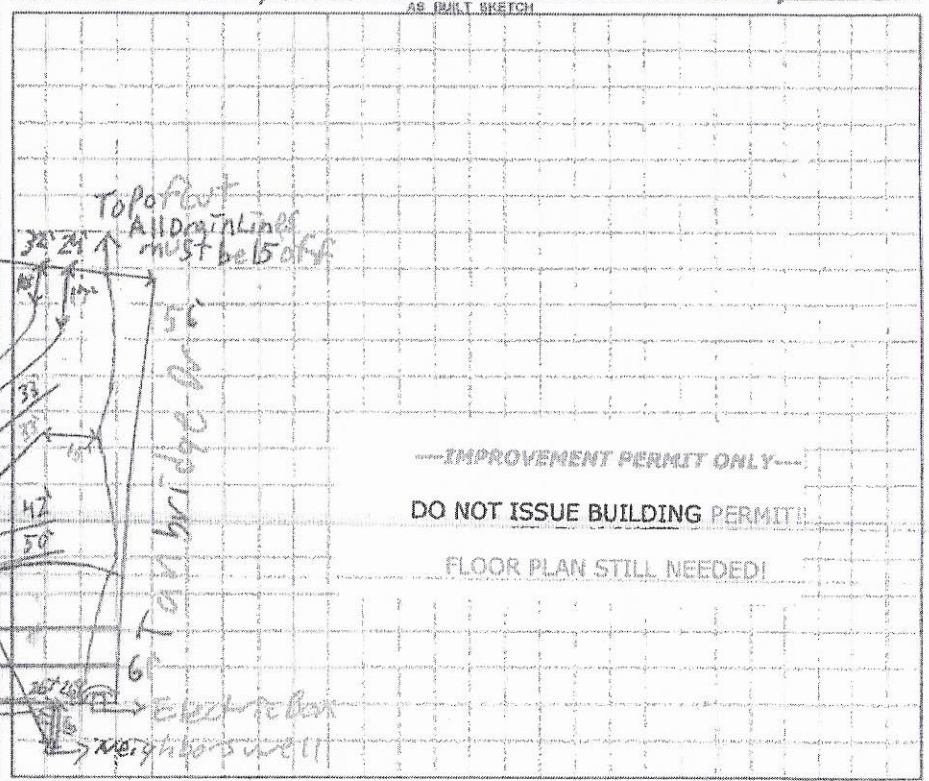
Septic Tank: 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply
Pump Tank: — (gal)	PT —	Date —	System Description: Gravity 25% Reduction		☐ Business	No. Persons: 4	☒ Private
Pump Make: —	Model —	Serial # —	Repair System Description: TS2 Drip		☐ Other	No. Employees:	☐ Public
# Nitrification Fields: 1	# Lines: 6	Linear Ft: 296'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width: 36"	Trench Bottom Depth (Low side): 14"	Gravel Depth:	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on Contour. DO NOT Drive on, Store material or manipulate drainfield in any way. All Property Lines and Corners must be clearly staked and marked by a licensed surveyor during time of installation and inspection. 6" of approved Type 3 soil must be brought in as cover. No foundation drains can be installed on front side of house.

INITIAL SITE SKETCH



AS BUILT SKETCH



----IMPROVEMENT PERMIT ONLY----

DO NOT ISSUE BUILDING PERMIT!!

FLOOR PLAN STILL NEEDED!

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: Acceptance of Permit Pending | Date: 6-22-2020 | Installed by:

IMPROVEMENT PERMIT by: Patricia Bagley III | Date: 6/17/2020 | OPERATION PERMIT by: | Date:

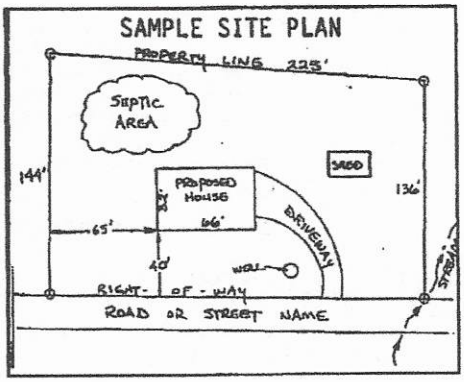
AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-878-5703 Between 8am-4pm the day for inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

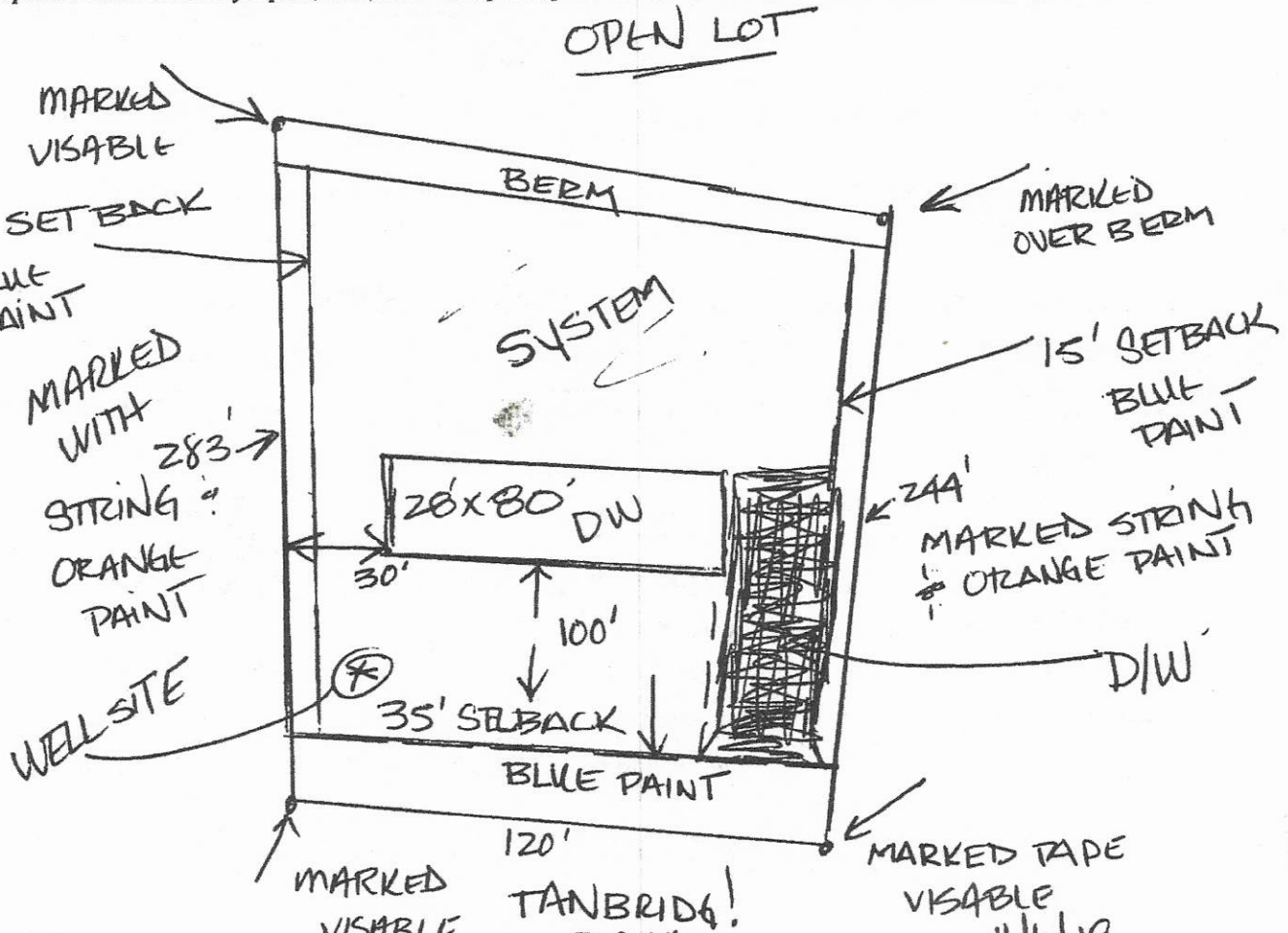
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other 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

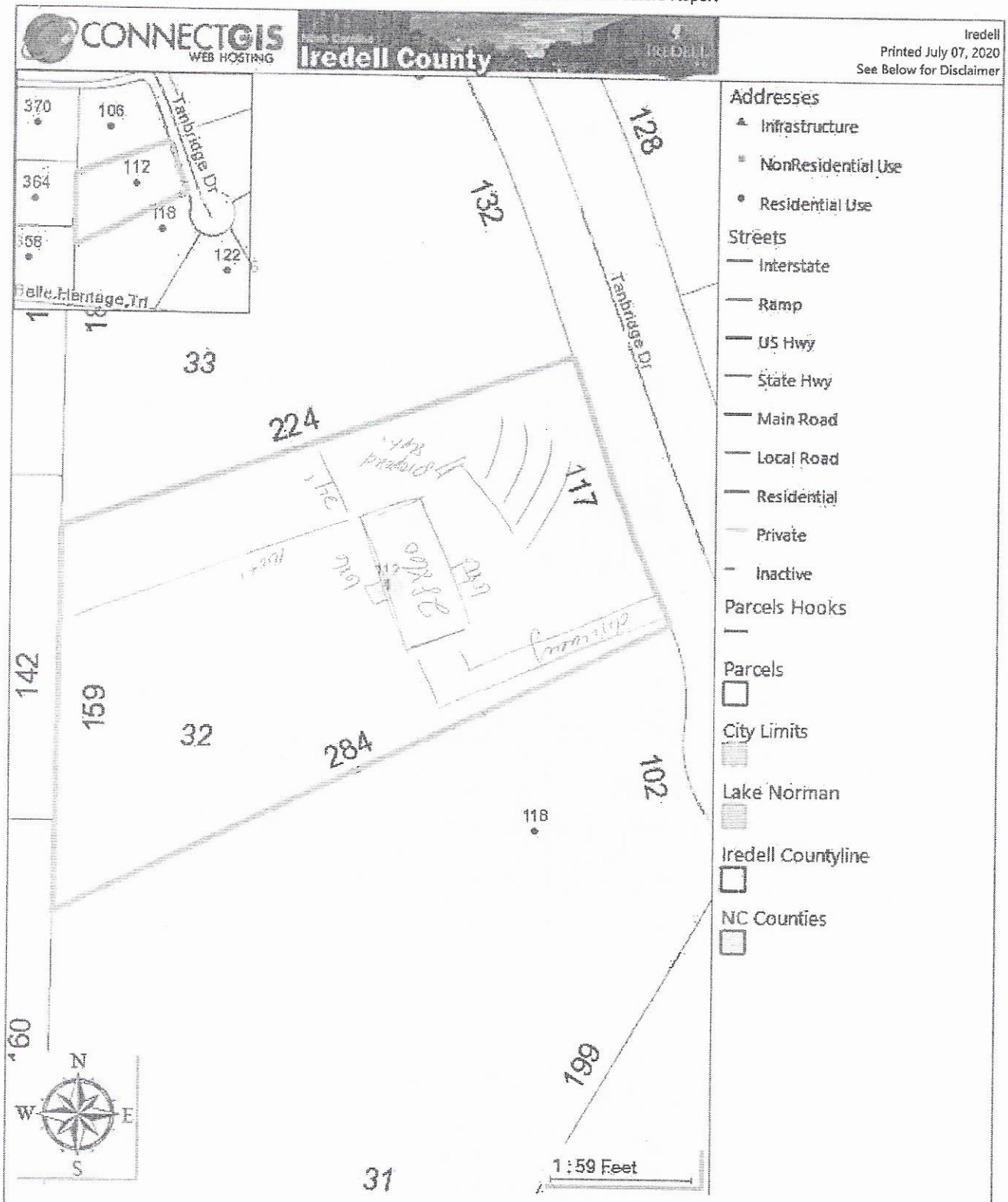
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 11/6/19

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

(PROP. LINES IN ORGANE)


CONNECTGIS
WEB HOSTING
Iredell County
Iredell
Printed July 07, 2020
See Below for Disclaimer
Addresses
Infrastructure
NonResidential Use
Residential Use
Streets
Interstate
Ramp
US Hwy
State Hwy
Main Road
Local Road
Residential
Private
Inactive
Parcels Hooks
Parcels
City Limits
Lake Norman
Iredell Countyline
NC Counties
370
106
112
364
118
122
Tanbridge Dr
Belle Heritage Tr
128
132
Tanbridge Dr
33
224
117
142
159
32
284
102
118
160
199
31
N
W
E
S
1 : 59 Feet

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, STEVE BRITTAIN/SWP am the legal owner(s) of the property located at 112 TANBRIDGE RD, identified as PIN (Parcel Identification Number) 3794500290, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) OAKWOOD HOMES VAUGHN/MATTHEWS 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.

Steve Brittain
Signature of Owner(s)
PRES. SILVERWAVE PROD INC

7/15/20
Date

Mooresville - Environmental Health

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

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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*) _____

PRES. SWPING

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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.
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2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

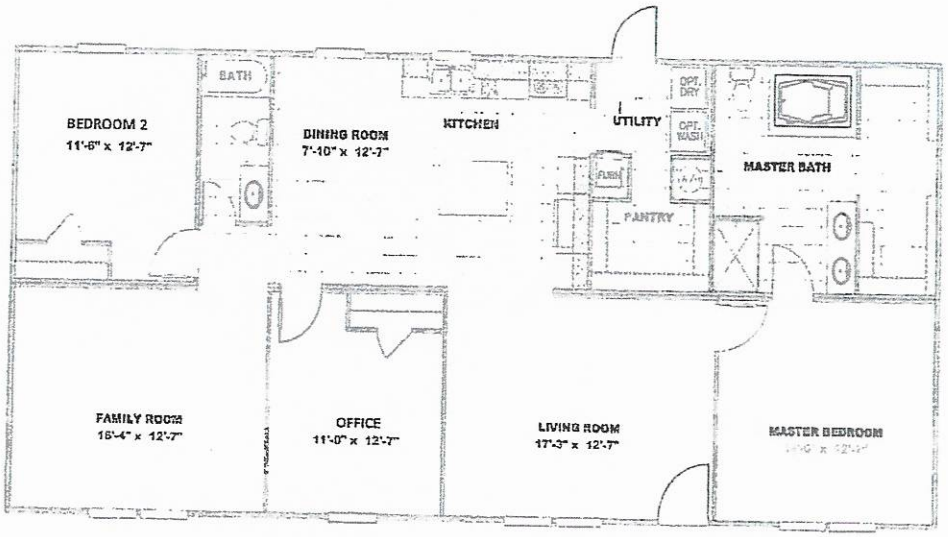
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- Application for Compliance Inspection

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 of Owner(s) Date

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



Retailer Documents

Acknowledgement Of
Plans Submitted ONLY!
Date 8-3-2020
8-7-2020