ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # AP 323098

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

PIN # 3794 -- 84 --8611

APPLICANT/OWNER: Jacob + Melissa Aldrich · APPLICANT ADDRESS: 152 Angel Oaks Drive Statesville 28677

SITE ADDRESS: 175 Old Miller Road Statesville NC 28677 · PHONE: 704-657-8596 · ALT. PHONE 828-302-0786

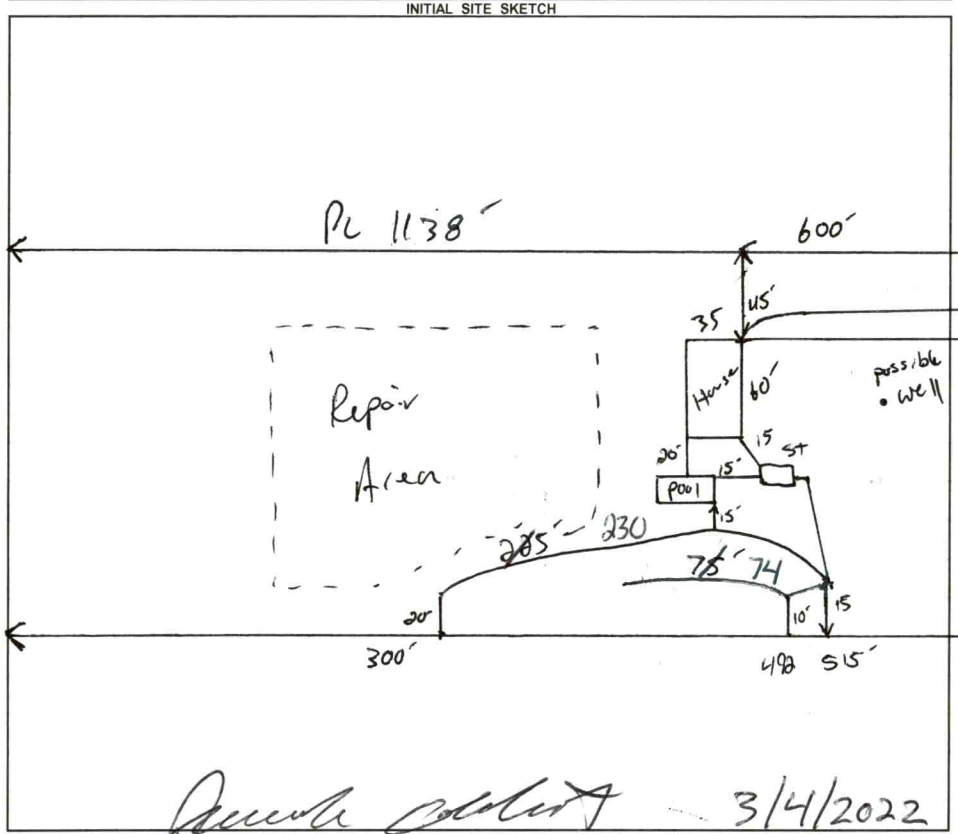
SITE DIRECTIONS: Old Mountain L on Island Ford R on old miller Property on L · SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: MB Sigmon · SECTION: – · LOT # 1-3 · LOT AREA: 4.97 · DESIGN FLOW: 360 gpd · L.T.A.R.: .3

Septic Tank	1060 (gal)	STB 1012	Date 3/29/22	☒ 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: 25% Reduct		☐ Business	No. Persons	6	☒ Private
Pump Make		Model	Serial #	Repair System Description: 25% Rm		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 2	Linear Ft 300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(~~Low~~side)	Max 36	Gravel Depth –	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

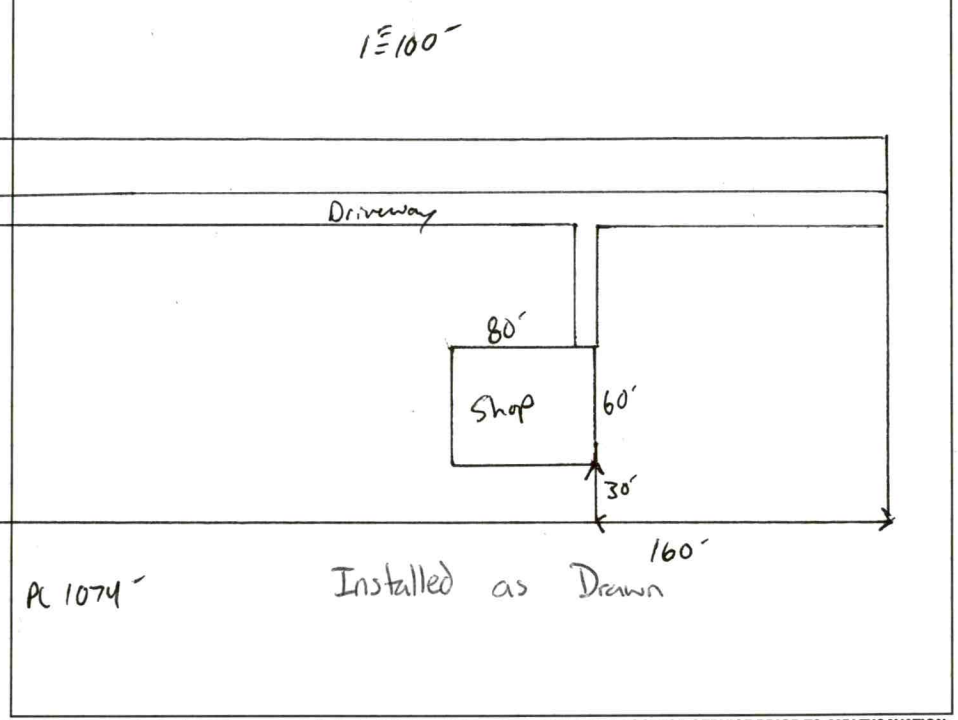
Comments / Conditions: Install Drainlines a Contour of land use Serial distribution.

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.



3/4/2022

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: See above · Date: 3-4-22 · Installed by: JW Construction

IMPROVEMENT PERMIT by: [signature] · Date: 1-25-2022 · OPERATION PERMIT by: [signature] · Date: 11/18/22

AUTHORIZATION TO CONSTRUCT by: [signature] · Date: 1-25-2022 · 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? _____	

RECEIVED NOV 2 4 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-323098 $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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jacob and Melissa Aldrich **Address:** 152 Angel Oaks Dr. **Zip:** 28677

Applicant Email: aldrichav8tor@gmail.com **Phone:** 704-657-8596 **Alt. Phone:** 828-302-0786

Owner Name: Jacob and Melissa Aldrich **Address:** 152 Angel Oaks Dr. **Zip:** 28677

Owner Email: aldrichav8tor@gmail.com **Phone:** 704-657-8596 **Alt. Phone:** 828-302-0786

Property Information:

Street Address: [redacted], 175, [redacted] Old Miller Rd Statesville NC 28677

Subdivision Name: – **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I40 to Exit 144, (R) onto old Mountain Rd, (L) onto Island Ford Rd, (R) onto old miller Rd, Property is on the left between trees.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
(✓) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

Water Supply: ( ) Replacement Well – Reason: _____
(✓) Multi-connection Well Number of Houses: 1 House, 1 workshop Number of Persons: 2
(✓) 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: _____

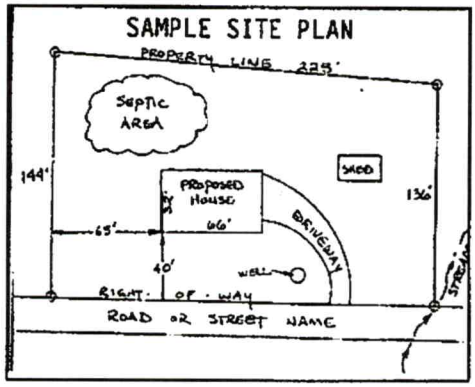
Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: Jacob Aldrich Melissa R. Aldrich 11/14/2021
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:

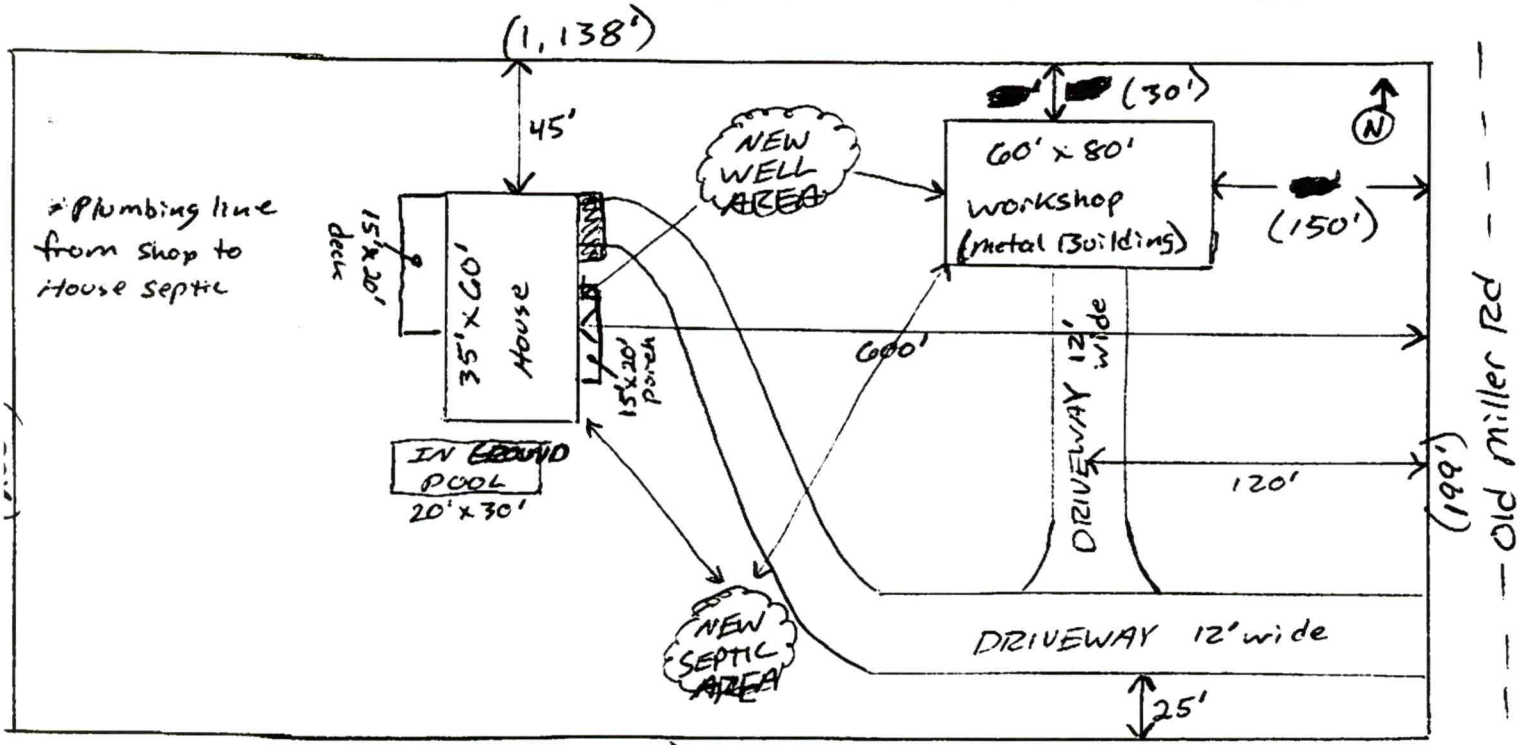
(✓) Property Line measurements are clearly identified
(✓) All proposed structures are indicated
(✓) Front and side setbacks from property line
(✓) Preferred driveway location and well location
(✓) Area you prefer your septic system to be placed
(✓) North arrow, or other sufficient indicator of direction

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



*House will be 3 bedroom, 2.5 baths (1,074')

*Work shop will have (1) 1/2 bath

Signature: Melissa R. Abbott — 11/14/2021

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

175 OLD MILLER ROAD

Revised SP

RECEIVED NOV 2 4 2021

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

Sheet 1 of 1
PROPERTY ID #: 3748-48-8611
COUNTY: Iredell

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

OWNER: Jacob Aldrich
APPLICATION DATE 11-14-2021
ADDRESS:
DATE EVALUATED:
PROPOSED FACILITY: 03BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 5 Ac
LOCATION OF SITE: 175 old Miller
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	3-4% SS	0-10	SiL sgr	Fr SSSP Scmp	N/A	48+	N/A	N/A	PS .3
		10-28	SBL c						
		28-48	SBK CL						
2	SS 3-4%	0-6	SiL sgr		N/A	48+	N/A	N/A	PS .3
		6-30	SBL c						
		30-48	SBL CL						
3	SS 3-5%	0-6	SiL sgr		N/A	48+	N/A	N/A	PS .3
		6-32	SBL c						
		32-48	SBK CL						
4	SS 3-5%	0-6	SiL sgr		N/A	48+	N/A	N/A	PS .3
		6-30	SBL c						
		30-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300
System Type(s)	25% Conv	25% PM
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT: Wilkerson

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.

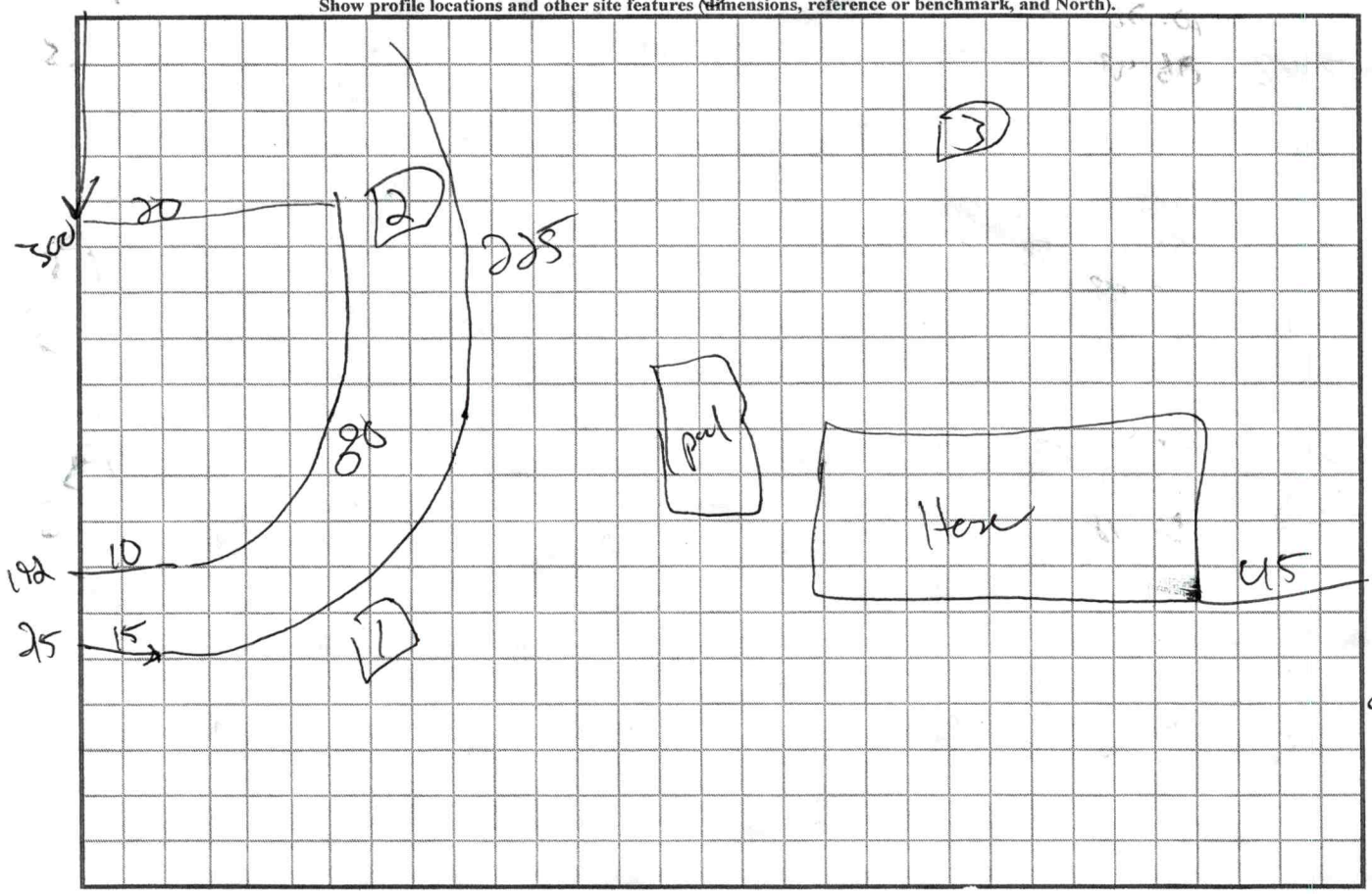
NOTES

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).

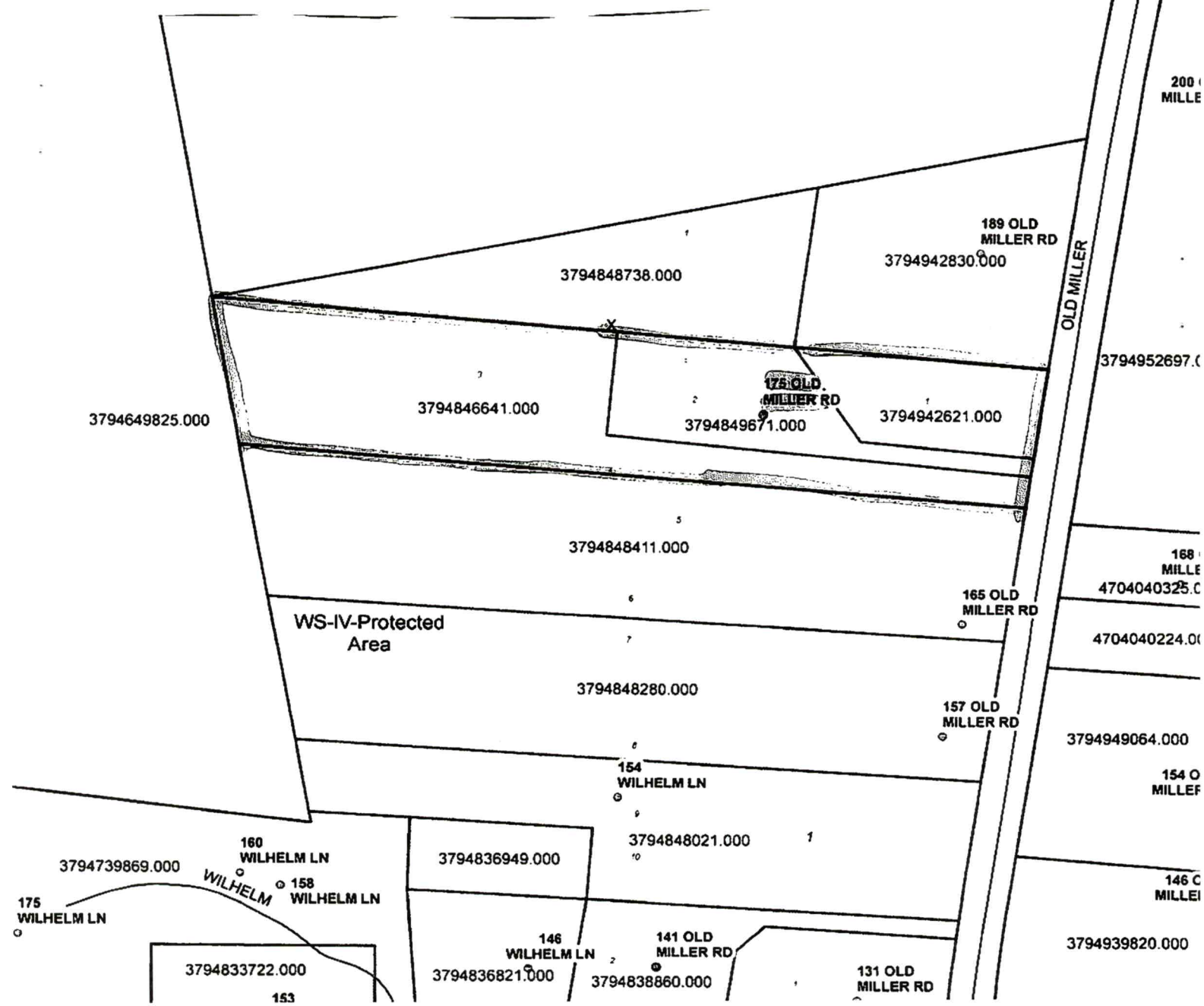


37948625

Preliminary Approval
This sketch plan is intended to allow for evaluation for septic suitability. It is permissible to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved until the land is combined, subdivided, or reviewed as exempt by the Planning Department.

Planner, Iredell County

11-15-2021
Date



Type: CONSOLIDATED REAL PROPERTY
Recorded: 11/19/2021 2:07:49 PM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2873 PG 1 - 3

NORTH CAROLINA GENERAL WARRANTY DEED

NO TITLE OPINION RENDERED

Excise Tax: $0.00

Parcel Identifier No._____Verified by _____ County on the ____ day of_____, 20__
By:_____

Mail/Box to: Grantee

This instrument was prepared by: Luke S. Martin, Attorney at Law

Brief description for the Index:

THIS DEED made this 15th day of November, 20 21, by and between

GRANTOR	GRANTEE
Jacob Stewart Aldrich and wife, Melissa Rae Aldrich 152 Angel Oaks Drive Statesville, NC 28677	Jacob Stewart Aldrich and wife, Melissa Rae Aldrich 152 Angel Oaks Drive Statesville, NC 28677

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the Shiloh Township, Iredell County, North Carolina and more particularly described as follows:

See Exhibit A

See PIN listed in legal description

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2870 page 184 5

All or a portion of the property herein conveyed ___ includes or ___ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book ____ page ___.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

Submitted electronically by "Benbow & Martin, PC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (SEAL)
Print/Type Name: Jacob Stewart Aldrich

_____ (SEAL)
Print/Type Name: Melissa Rae Aldrich

_____ (SEAL)
Print/Type Name: _____

_____ (SEAL)
Print/Type Name: _____

(Entity Name)
By: _____
Print/Type Name & Title: _____

By: _____
Print/Type Name & Title: _____

By: _____
Print/Type Name & Title: _____

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Jacob Stewart Aldrich and wife, Melissa Rae Aldrich personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 15 day of Nov, 2021.

My Commission Expires: 3.31.2025

_____ Notary Public
Dana H Fowler
Notary's Printed or Typed Name

(Affix Seal)

DANA H FOWLER
NOTARY
PUBLIC
IREDELL COUNTY, NC

EXHIBIT A
ALDRICH 175 Old Miller Rd. Statesville, NC 28625

PIN 3794-84-6641, 3794-84-9671, and 3794-94-2621

BEGINNING at an existing 1/2inch iron rebar in the Eastern Boundary of Bethel United Methodist Church, Deed Book 561, Page 213 Iredell County Registry (ICR), also being in the Southwest corner of Dorothy J. Holland, Deed Book 358, Page 72 ICR, and the Southwest corner of Shawn M. Pogue, Deed Book 2216, Page 2063 ICR, Thence with the Southern line of Shawn M. Pogue South 84-45-52 East 1,137.69 feet to an existing 1/2inch iron rebar in the Southeast corner of Shawn M. Pogue, Deed Book 890, Page 209 ICR, also in the Western Margin of Old Miller Rd. State Rd. 1525; Thence with the Western Margin of State Road 1525 South 08-28-35 West 199.41 feet to an existing 1/2inch iron rebar in the Northeast Corner of Bradley S. Rhyne Deed Book 1146, Page 1646; Thence with the Northern line of Rhyne North 84-25-00 West 1,073.87 feet to an existing 1/2inch iron rebar in the line of Bethel United Methodist Church; Thence with the Church line North 10-02-00 West 199.61 feet to the point and place of BEGINNING, the purpose of this deed being to combine all of lots 1, 2, and 3 of the Boundary and Division survey of MB Sigmon Lots 3 and 4 as platted in Plat Book 70, Page 36, and being PIN 3794-84-6641, 3794-84-9671, and 3794-94-2621.

Acknowledgement Of
Plans Submittal ONLY!

Date 1-25-2022

Date 3/9/2022

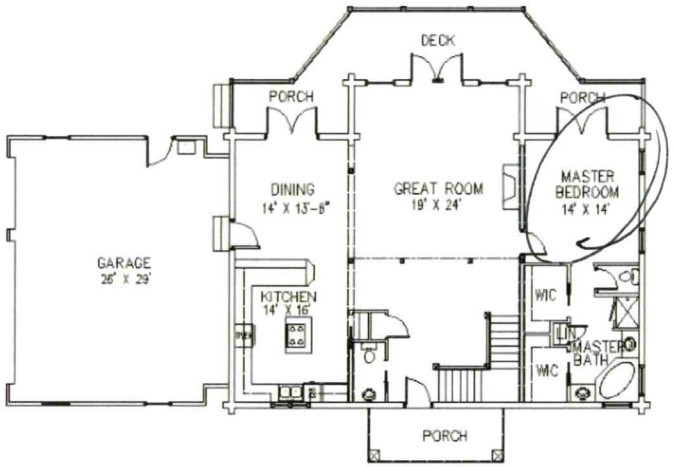
ABILENE RANCH
MAIN 1616 sq.ft.
LOFT 253 sq.ft.
BASEMENT 1588 sq.ft.



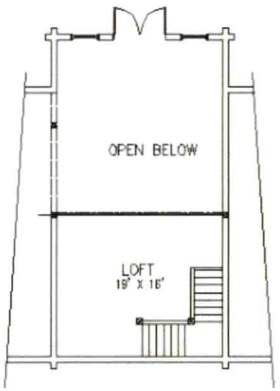
FRONT ELEVATION



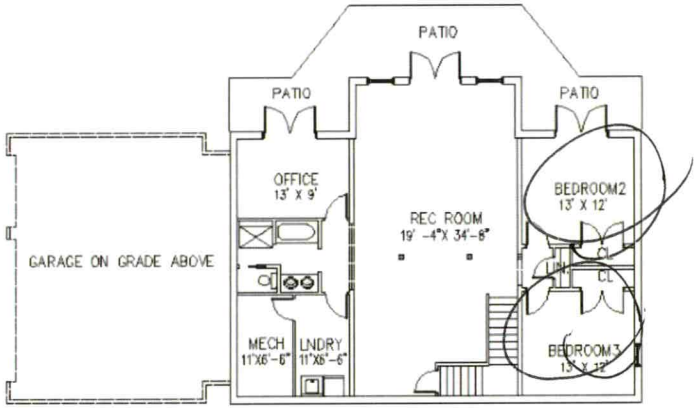
REAR ELEVATION



FIRST FLOOR PLAN



SECOND FLOOR PLAN



BASEMENT PLAN

OLD HICKORY LOG HOMES AND CONSTRUCTION

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323098 Issue Date: 11/15/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794849671.000	175 OLD MILLER RD	Iredell County

Owner Information	Applicant Information
Name: RAPER MANAGEMENT GROUP LLC	Name: JACOB AND MELISSA ALDRICH
Address:	Address: 152 ANGEL OAKS DR.
,	STATESVILLE, NC 28677
Phone:	Phone: (704)657-8596

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD (WILL COMB 3 LOTS)

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: 11/15/2021

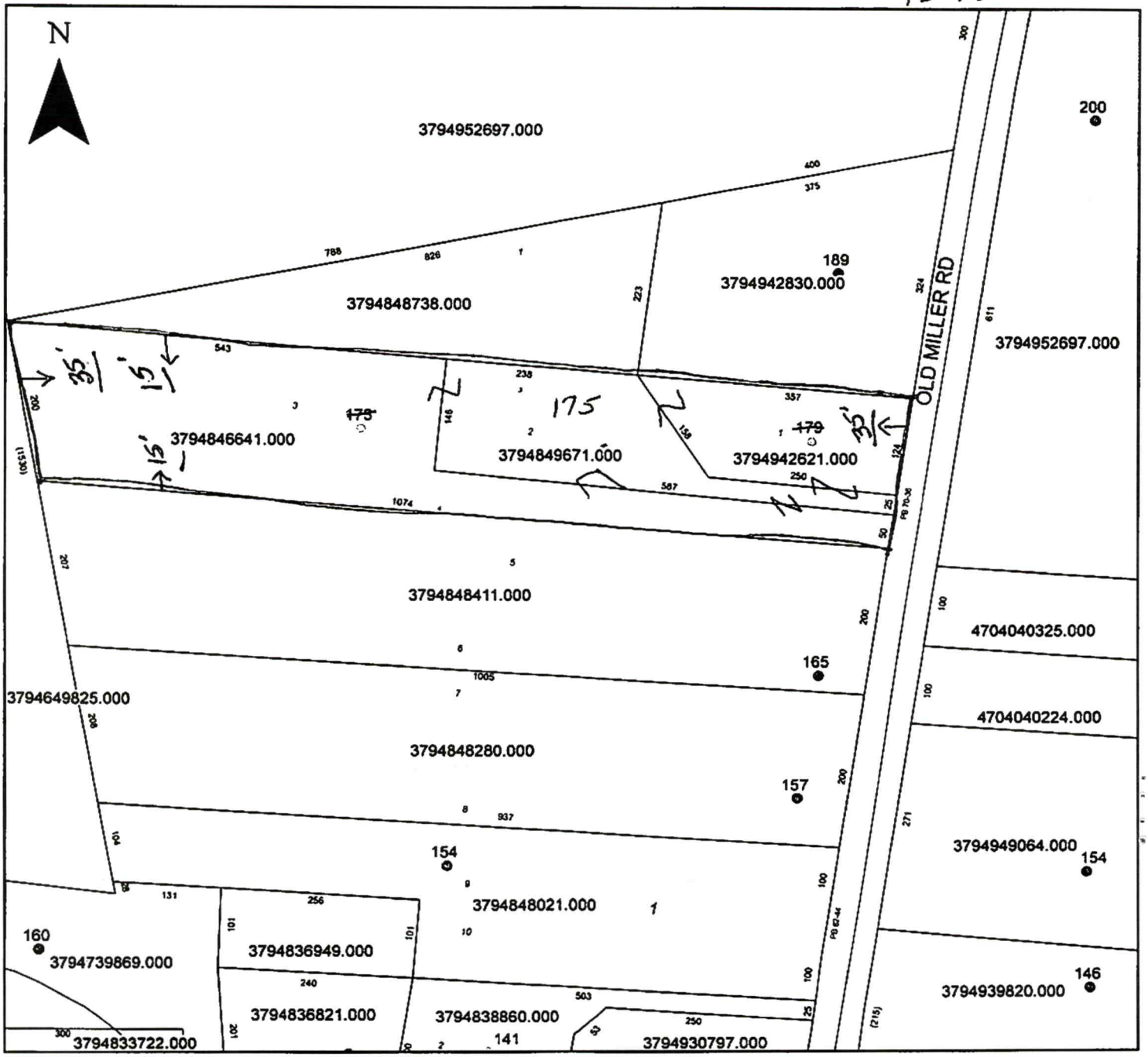
Signature of Owner/Contractor

Permit Number	323098	TOTAL FEES:	$77.25

323098

RA 1.14AC
WS IV PA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 175 Old Miller Rd.

See Attached Preliminary Approval

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

11/15/2021
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*) Jacob Aldrich

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, Jacob and Melissa Aldrich, am the legal owner(s) of the property located at [redacted],175, [redacted] Old Miller Rd Statesville NC 28677, identified as PIN (Parcel Identification Number) 3794942621, 3794849671, 3794846441, 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.

- 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.

Jacob Aldrich Melissa R Aldrich
Signature of Owner(s)

11/14/2021
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