ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243025

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

PIN # 3795-80-3883.162

APPLICANT/OWNER: Jason Stewart | APPLICANT ADDRESS: 154 Sugar Springs Dr Statesville NC 28625

SITE ADDRESS: 162 Sugar Springs Road Statesville NC 28625 | PHONE: 704-902-0034 | ALT. PHONE –

SITE DIRECTIONS: Old Mountain Road toward Taylorsville L on Sugar Springs Dr Property on R

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 58.69 Acres | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd | L.T.A.R.: .225

Septic Tank	1000 (gal)	STB	760	Date	9-7-2020
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	3	Linear Ft	534'
Trench Width	36"	Trench Bottom Depth (Low side)	24" Max	Gravel Depth	12"

☒ New System ☐ Repair ☐ Expansion | System Type: I (II) III IV V VI

System Description: Conventional Gravel

Repair System Description: Conventional Gravel

Maintenance Agreement Required: ☐ YES ☒ NO

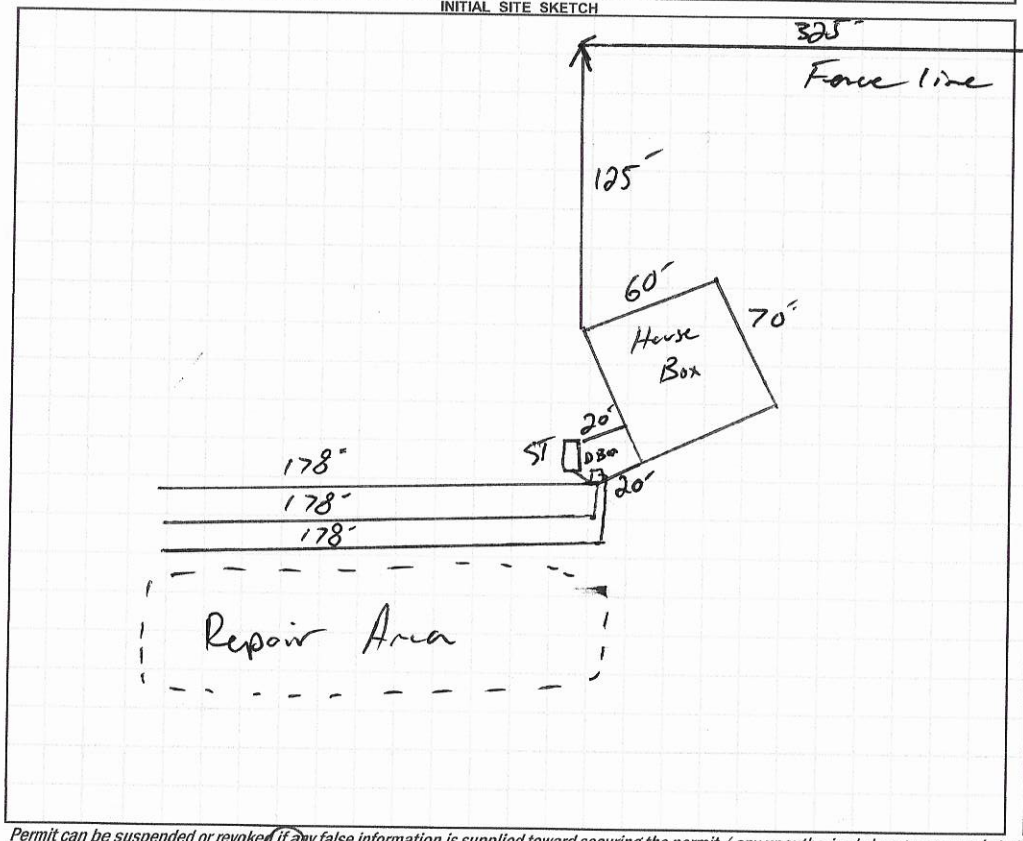
☒ GRAVITY ☐ PRESSURE

☒ Residence | No. Bedrooms 3 | ☐ Business | No. Persons 6 | ☐ Other | No. Employees | ☐ Slab | ☐ Crawl Space | ☒ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

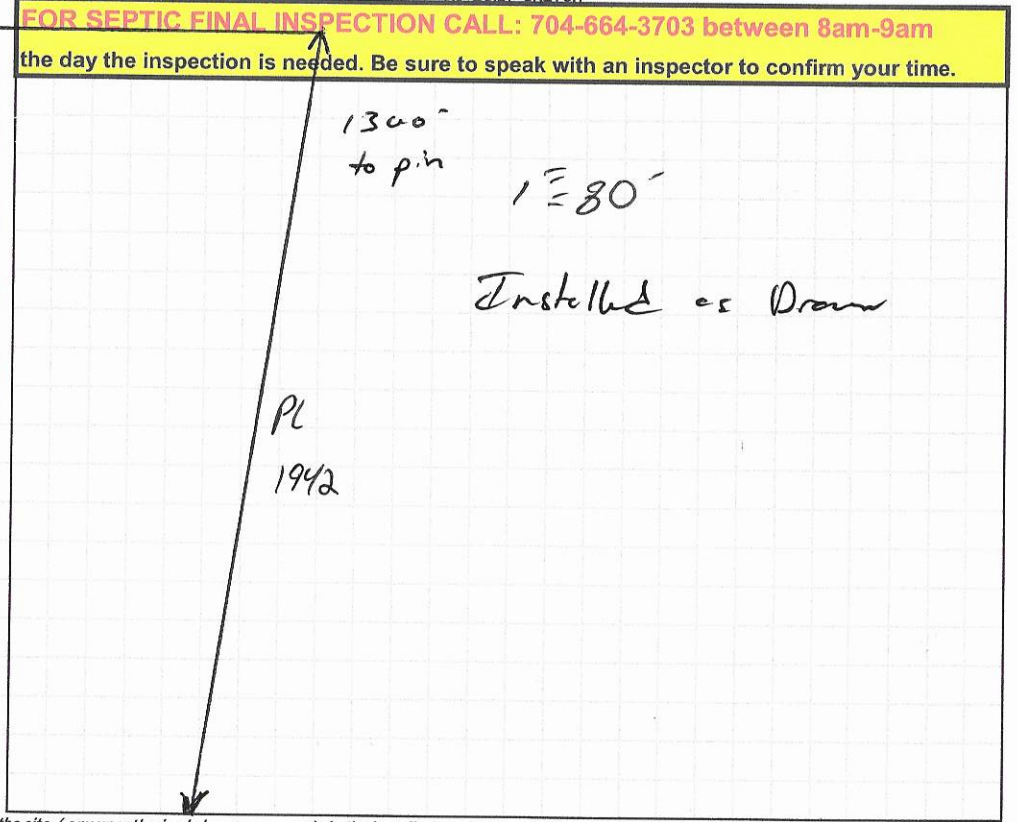
Comments / Conditions: Install Drainlines on Contour of land use D Box for Distribution. Feed lines equal.

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.



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: Jason Stewart Date: 10-29-2020 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 10-27-2020 OPERATION PERMIT by: Date: 11-3-2020

AUTHORIZATION TO CONSTRUCT by: Date: 10-27-2020 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 #: 379580388 3
COUNTY: Iredell

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

OWNER: Jason Stewart
ADDRESS: 154 Sugar Springs Dr
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 162 Sugar Springs Dr
APPLICATION DATE: 3-19-19
DATE EVALUATED: 4-1-19
PROPERTY SIZE: 58.69 ac
PROPERTY RECORDED: Y.S

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	4-5% SS R	0-8	SBK SCL	SS SP Sarp Fr	10yr 6/2 @ 36" 4B mottles @ 30	48"	N/A	36"	PS .225
		8-36	SBK C	Fr SS SP Sarp					
		36-48	SBL CL	Fr SS SP Sarp					
2	4-5% R	0-8	SBL SCL	Fr SS SP Sarp	10yr 6/2 @ 34" Tip Out @ 36"	48"	U/A	34"	PS .225
		8-24	SBK C	Fr SS SP Sarp					
		24-48	SBK CL	Fr SS SP Sarp					
3	4-5% I	0-8	SBK SCL	Fr SS SP Sarp	10 yr 6/2 @ 40" 4B mottles @ 24"	48"	U/A	40"	PS .225
		8-30	SBK C	Fr SS SP Sarp					
		30-48	SBL CL	Fr SS SP Sarp					
4	4-5% I	0-9	SBL SCL	Fr SS SP Sarp	Few 4B mottles @ 16"	48"	N/A	N/A	PS .225
		9-36	SBL C	Fr SS SP Sarp					
		30-48	SBL CL	Fr SS SP Sarp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	2	2
Site LTAR	.225	.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [illegible]
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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

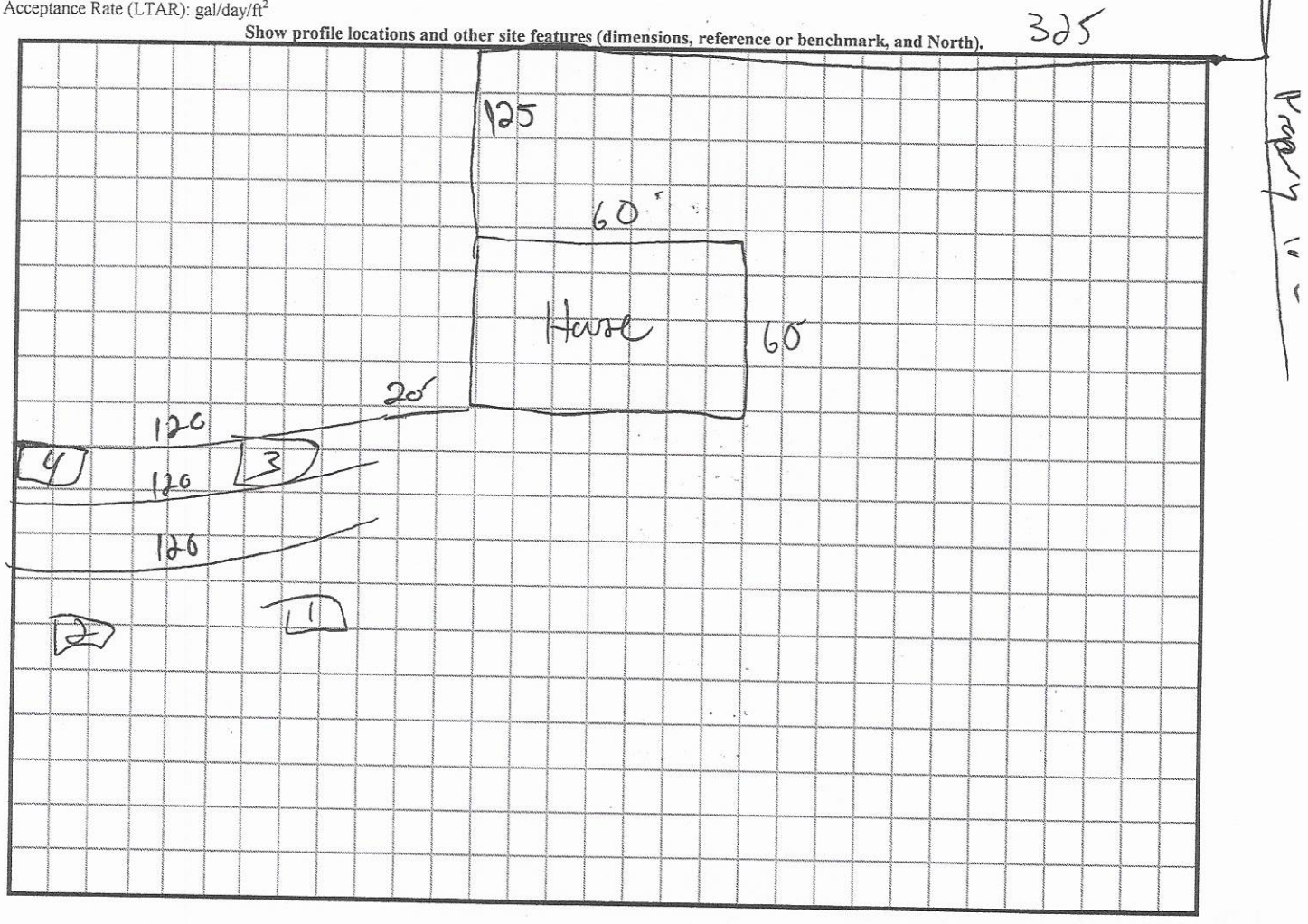
NOTES

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 MAR 19 2019

Please CALL prior to inspection

Name: Jason 704-902-4034 Call *DOGS*

ARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 # 243025

Appl Number: _____

(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Septic System Repair ( ) Well Abandonment

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) Please call will be dogs out

Applicant Name: Jason Stewart Address: 154 Sugar Spring Dr Statesville Zip: 28625

Applicant Email: jstewartj086@gmail.com Phone: 704 902-4034 Alt. Phone: _____

Owner Name: Dennis Stewart Address: 196 Sugar Spring Dr Statesville Zip: 28625

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 162 ~~196~~ Sugar Spring Drive

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

Driving Directions: _____

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: 4
( ) 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: Dennis Stewart 3-19-19

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

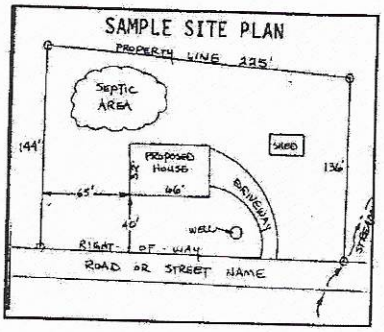
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

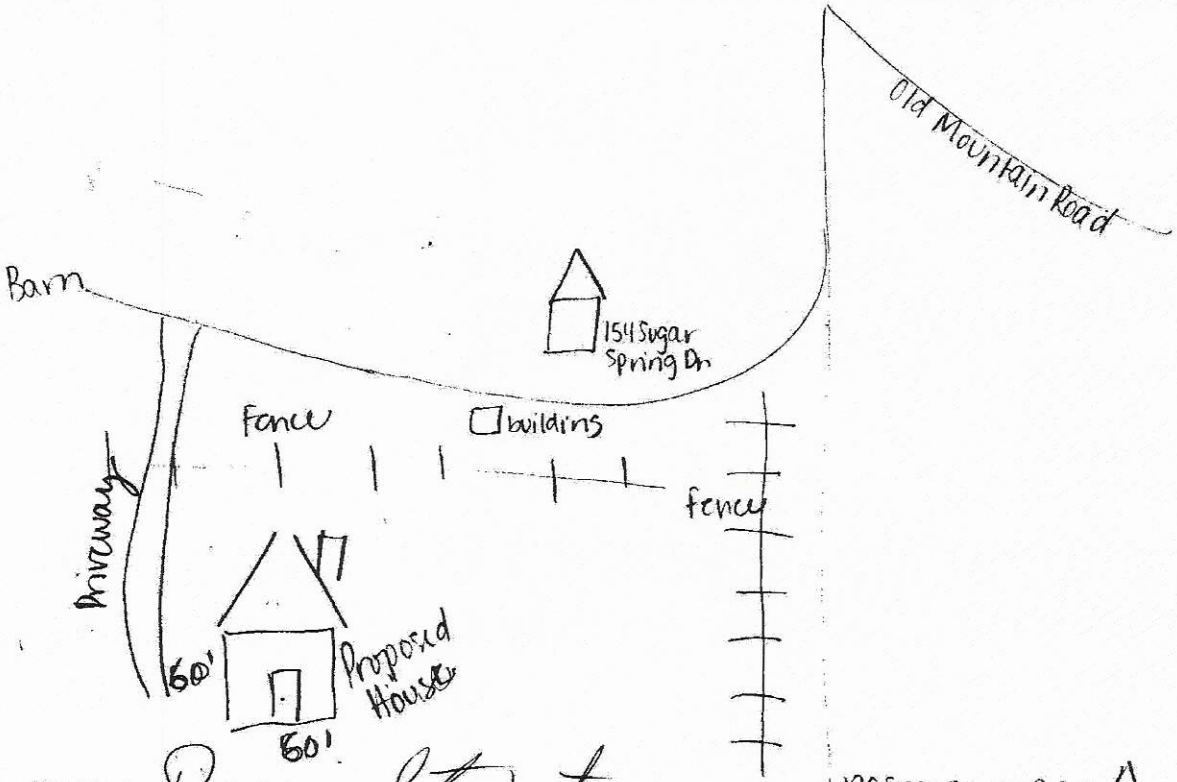


Circle N/A on the following if appropriate:

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: Dennis Stewart

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

196 Sugar Spring Drive

DATE 3-A-19

162 Sugar Spring

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, Dennis Stewart, am the legal owner(s) of the property located at (162) Sugar Spring Rd - Stat - 28625, identified as

PIN (Parcel Identification Number) 3795-80-3883, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Jason Stewart, 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

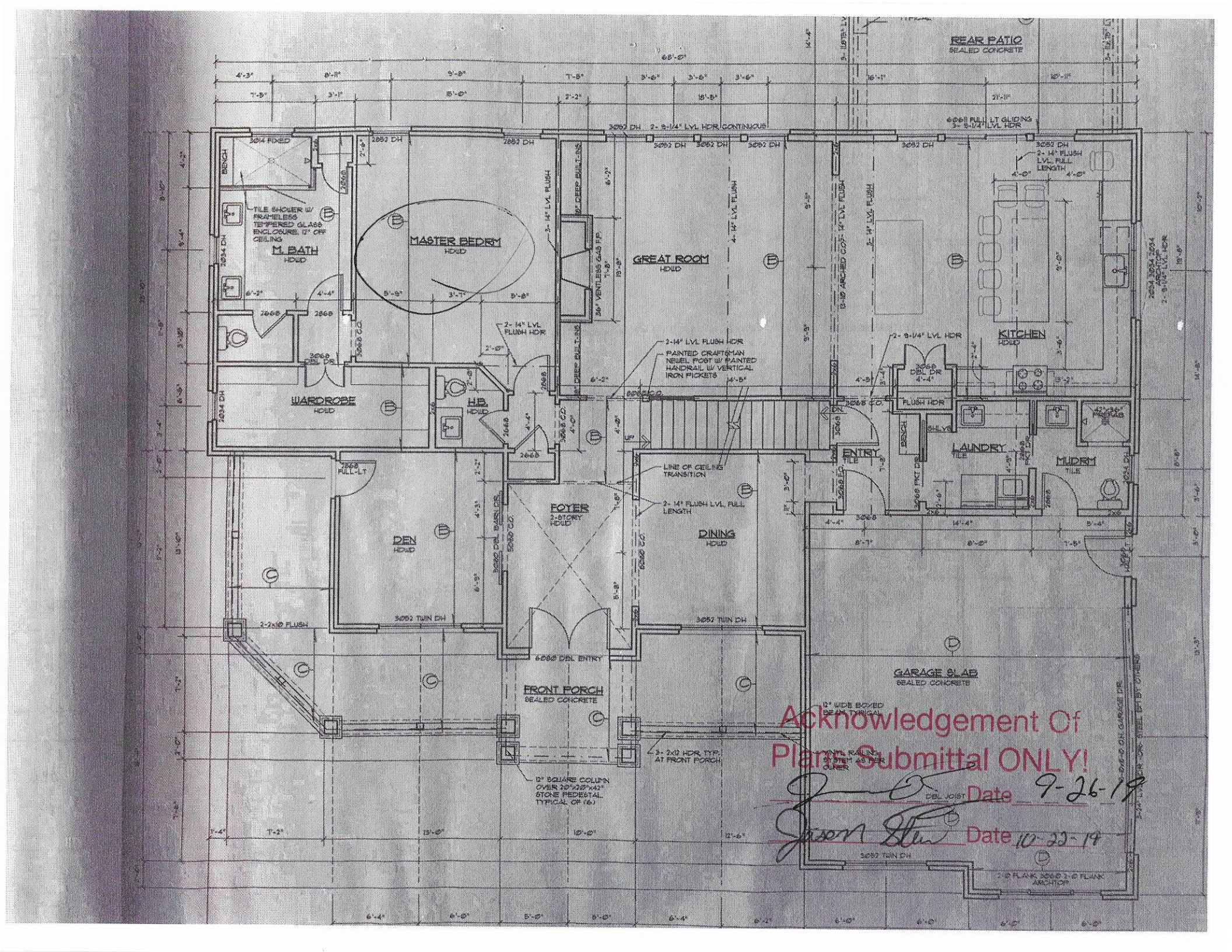
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Jason Stewart Dennis Stewart — Signature of Owner(s)

3-19-2019 — Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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


REAR PATIO
SEALED CONCRETE
MASTER BEDRM
HDWD
M. BATH
HDWD
WARDROBE
HDWD
HB
HDWD
GREAT ROOM
HDWD
KITCHEN
HDWD
FOYER
2-STORY
HDWD
DEN
HDWD
DINING
HDWD
ENTRY
TILE
LAUNDRY
TILE
MUDRY
TILE
FRONT PORCH
SEALED CONCRETE
GARAGE SLAB
SEALED CONCRETE
TILE SHOWER W/ FRAMELESS TEMPERED GLASS ENCLOSURE, 12" OFF CEILING
PAINTED CRAFTSMAN NEWEL POST W/ PAINTED HANDRAIL W/ VERTICAL IRON PICKETS
LINE OF CEILING TRANSITION
2-14" FLUSH LVL, FULL LENGTH
2-14" LVL FLUSH HDR
2-9-1/4" LVL HDR
3-2x12 HDR TYP. AT FRONT PORCH
12" SQUARE COLUMN OVER 20"x20"x42" STONE PEDESTAL. TYPICAL OF (6)
12" WIDE BOXED BEAM TYP.
Acknowledgement Of
Plans Submittal ONLY!
Date 9-26-17
Date 10-23-17

IREDELL COUNTY

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

APPLICATION NUMBER
243025
Issue Date: 03/19/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
3795803883.000	162 SUGAR SPRING DRIVE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STEWART DENNIS F+PAMELA P TRUST	Applicant: STEWART JASON F+CHRIST
Address: 196 SUGAR SPRING DR STATESVILLE, NC 28625	Address: 154 SUGAR SPRING DR STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
58.690	50.00	50.00	50.00	50.00	PACL	X

Remarks:

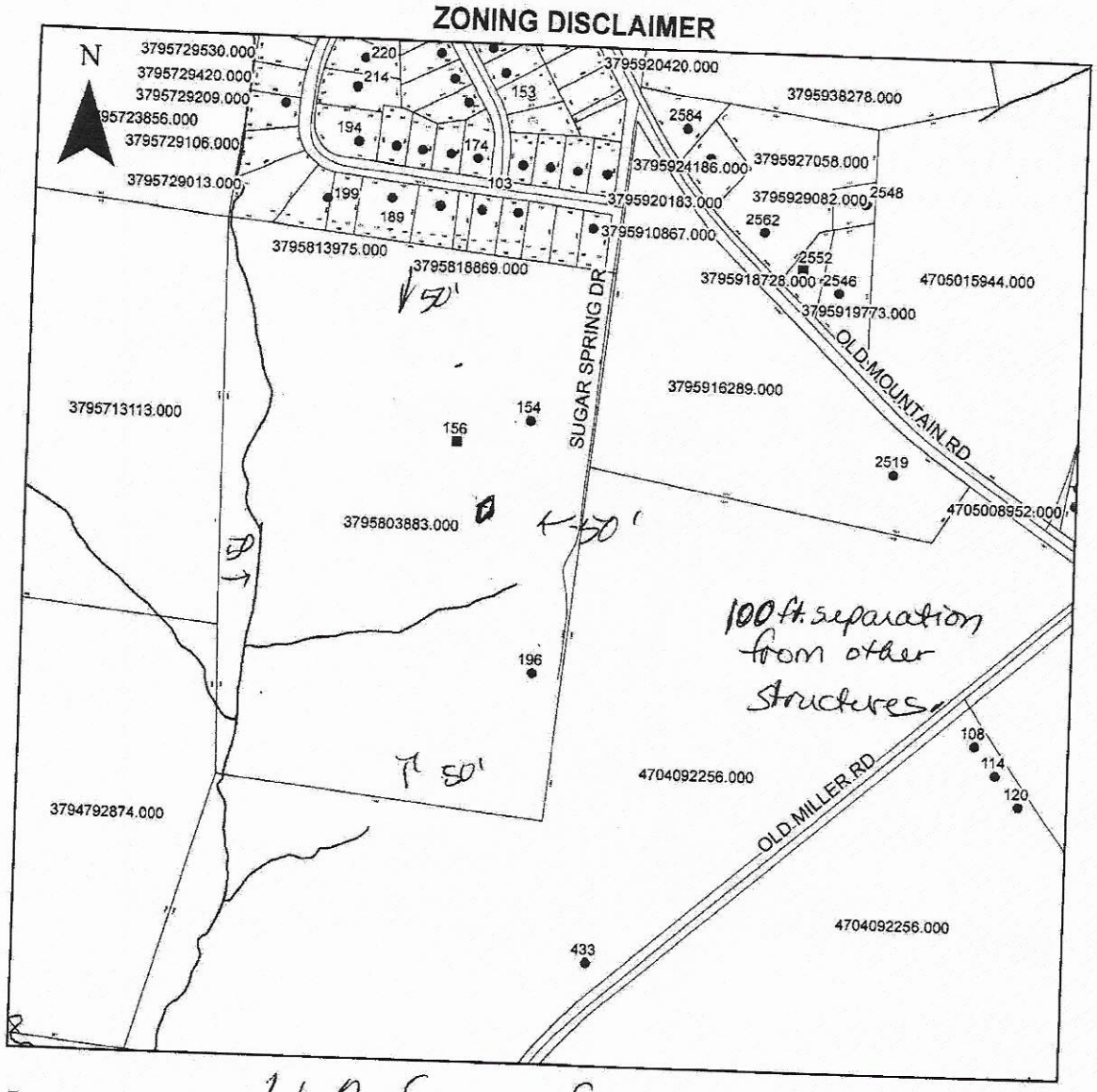
MUST REMAIN 100 FEET OFF OF OTHER STRUCT
URES PER WA 50' SETBACKS OFF PROPERTY
LINES PER WA MH 3-19-2019

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.

Applicant: _____ Date: _____

Permit Number	171069	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 162 Sugar Spring

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

Applicant

3-19-2019
Date