ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-304674

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

PIN # 3795832319

APPLICANT/OWNER: 1ST CHOICE HOUSING / WRGOR PROPERTIES APPLICANT ADDRESS: 16507 NORTHCROSS DRIVE, SUITE G, HUNTERSVILLE, NC. 28078

SITE ADDRESS: 2665 OLD MOUNTAIN ROAD, STATESVILLE, NC. 28625 PHONE: 704-239-3693 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40 (R) ON OLD MOUNTAIN ROAD, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

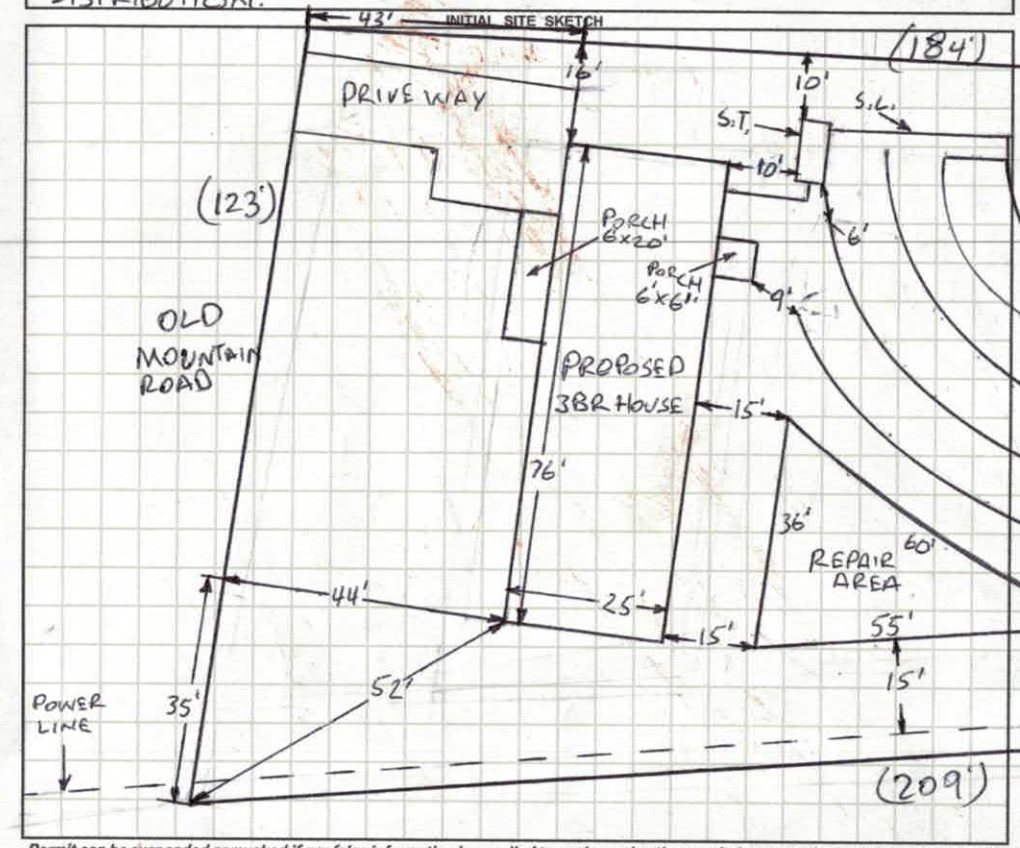
SUBDIVISION: WEST IREDELL SITES SECTION: — LOT # 1-4 LOT AREA: 0.51 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.25

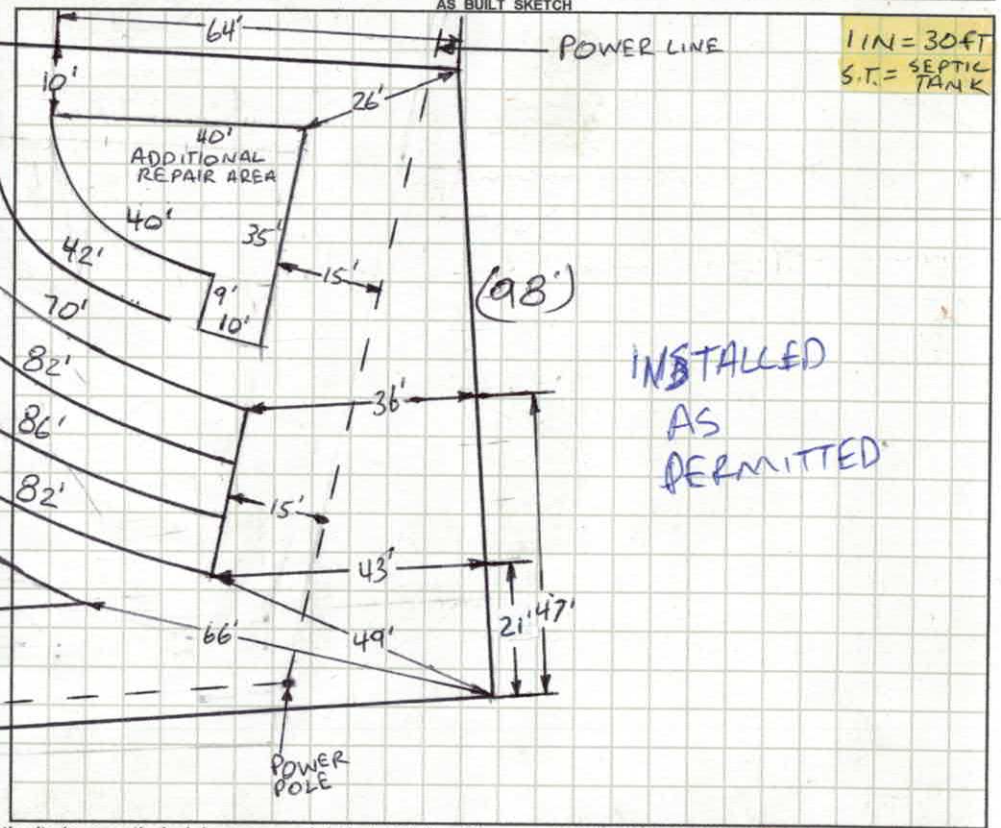
Septic Tank	1000	(gal)	STB	760	Date	5-10-2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	PPBPS - 50% REDUCTION			
# Nitrification Fields	1	# Lines	5		Linear Ft	360FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		26 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, SET TANK TO ACHIVE GRAVITY FALL, UTILIZE SERIAL DISTRIBUTION.

LOT RECORDED 1966 TANK LOCATION MAY BE MOVED TO ACHEIVE GRAVITY FALL, GRADE LOT TO PROMOTE POSITIVE DRAINAGE AWAY FROM SYSTEM





INSTALLED AS PERMITTED

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: Derral Abee Date: 2/27/20 Installed by: ABEE GRADING

IMPROVEMENT PERMIT by: Burgert C. White Date: 2-26-2020 OPERATION PERMIT by: Burgert C. White Date: 7-10-20

AUTHORIZATION TO CONSTRUCT by: Burgert C. White Date: 2-26-2020 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.

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

Sheet 1 of
PROPERTY ID #: 379583
COUNTY: IREDELL

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

198

(Complete all fields in full)

OWNER: 1ST CHOICE HOUSING/WRGJR PROPERTIES LLC
ADDRESS: 16507 NORTHCROSS DRIVE, SUITE G, HUNTERSVILLE, N.C. 28078
APPLICATION DATE 2-3-20
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
DATE EVALUATED: 2-12-20
LOCATION OF SITE: 2665 OLD MOUNTAIN ROAD, STATESVILLE, NC, 28625
PROPERTY SIZE: 0.51 AC
WATER SUPPLY: ☒ ~~Private~~ ☒ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: YES
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	TOE 1%	0-30	C, ABK	FR, S, P, SEXP	Y/B MOTS 0-30 2.5Y 7/3 @ 28" SAP INC 30"+ MICA COMMON	60"+	NA	NA	PS .275
		30-60	CL, WABK	FI, SS, SP, SEXP					
2	TOE 1%	0-36	C, ABK	FR, S, P, SEXP	0"-32" MATRIX 7.5YR 4/4 10YR 4/3 @ 25" MANG CONC 36"-60" TILER 10YR 7/2 @ 40	60"+	NA	NA	PS .25 ~~.275~~ ABOVE 36"
		36-60	CL, WABK	FI, SS, SP, SEXP					
3	TOE 1%	0-~~33~~	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 9"-33" SAP. INC THRU OUT MICA COMMON	63"+	NA	NA	PS .3
		~~33~~-63	C, ABK	FR, S, P, SEXP					
		33-63	CL, WABK	FI, SS, SP, SEXP					
4	TOE 1%	0-12	SCL, SBK	FR, SS, SEXP	Y/B MOTS 10"-36" 7.5YR 7/3 @ 36"	60"+	NA	NA	PS .25 ~~.275~~ BELOW ~~34~~ 36" ABOVE
		12-36	C, ABK	FR, S, SEXP					
		36-60	CL, WABK	FI, SS, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.25	0.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
(Drainage Way)						CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SiL (Silt Loam)				
(Terrace)					MOIST	WET
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable)	NS (Non-sticky)
		SiC (Silty Clay)			FR (Friable)	SS (Slightly Sticky)
		C (Clay)			FI (Firm)	S (Sticky)
		O (Organic)	None	None	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.

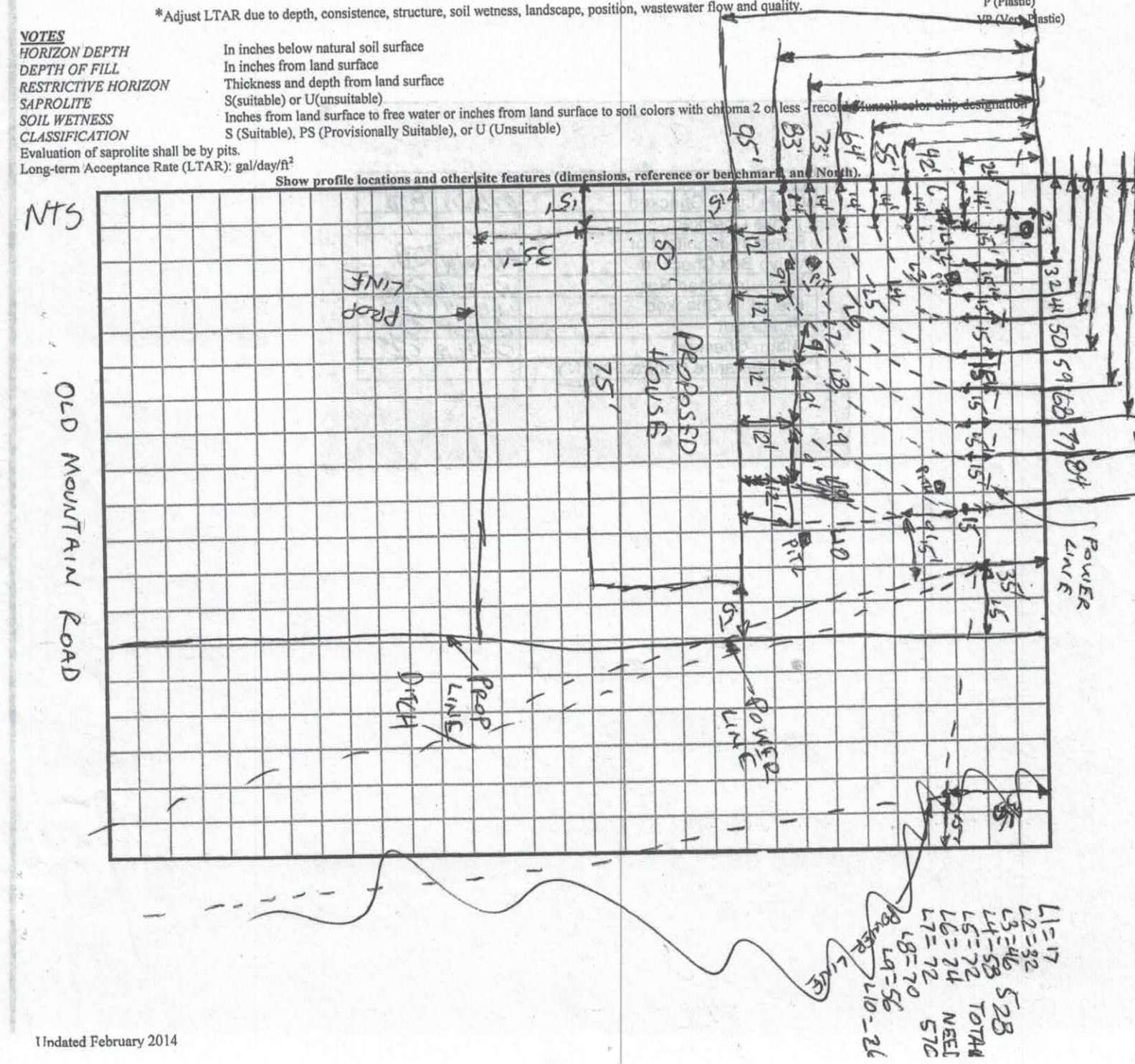
NOTES

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

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



RECEIVED FEB 0 4 2020

AP-3096794
$500.00

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
(X) Septic Improvement Permit (X) 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: 1st Choice Housing Address: 16507 Northcross Dr. Ste G Huntersville Zip: 28078

Applicant Email: ABEESCG@ADL.COM Phone: 704-239-3193 Alt. Phone: _____

Owner Name: WRGIR Properties LLC Address: 102 Ashbrook Rd. Zip: 28677

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

Property Information:

Street Address: 2665 Old Mountain Rd

Subdivision Name: West Iredell Sites Section/Phase: _____ Lot Number: 5-8

Driving Directions: 40 W - exit 144 - (R) Old Mtn Rd property on left beside W. Iredell Circle

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 3 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 6 ( ) 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: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) 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?
(X) Yes ( ) No Is the site subject to approval by any other public agency?

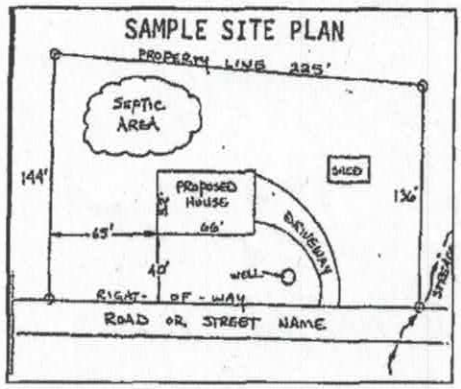
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Debra Abee 2/3/2020
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:

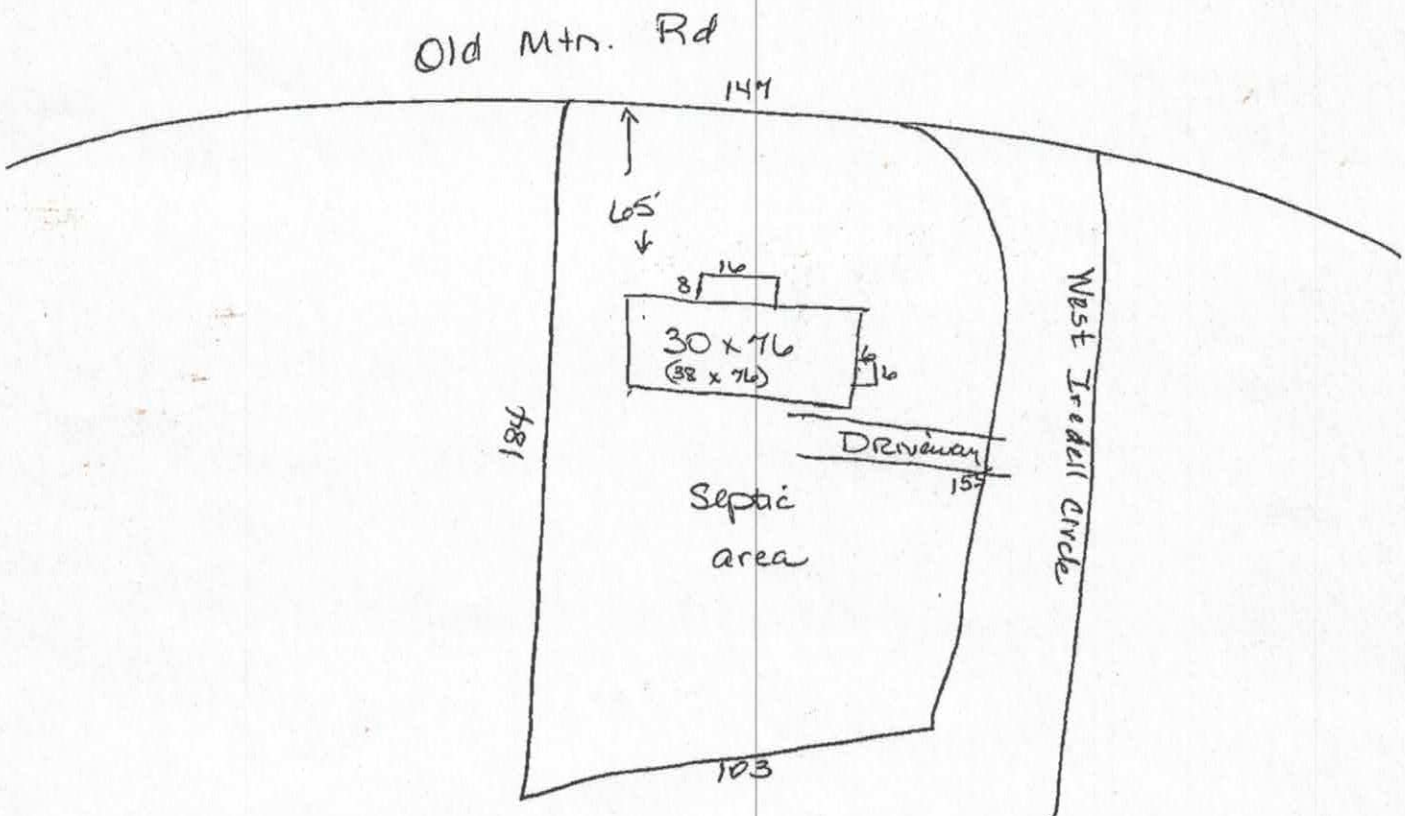
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- N/A ~~(X)~~ Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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, patias, pools and decks, and any other item that will occupy space on the site



Signature: Debra Alee — 2/3/2020

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

DocuSign Envelope ID: C721F22D-09D5-432B-8E16-13A3CE1CD478

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, Randall Gardner, am the legal owner(s) of the property located at Old Mountain Road, Statesville, NC, identified as PIN (Parcel Identification Number) Parcel ID:0 3795-83-2319.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Deena Abee, 1st Choice Housing, 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.

DocuSigned by: Randall Gardner 17B821684ECE4ED...

Signature of Owner(s)

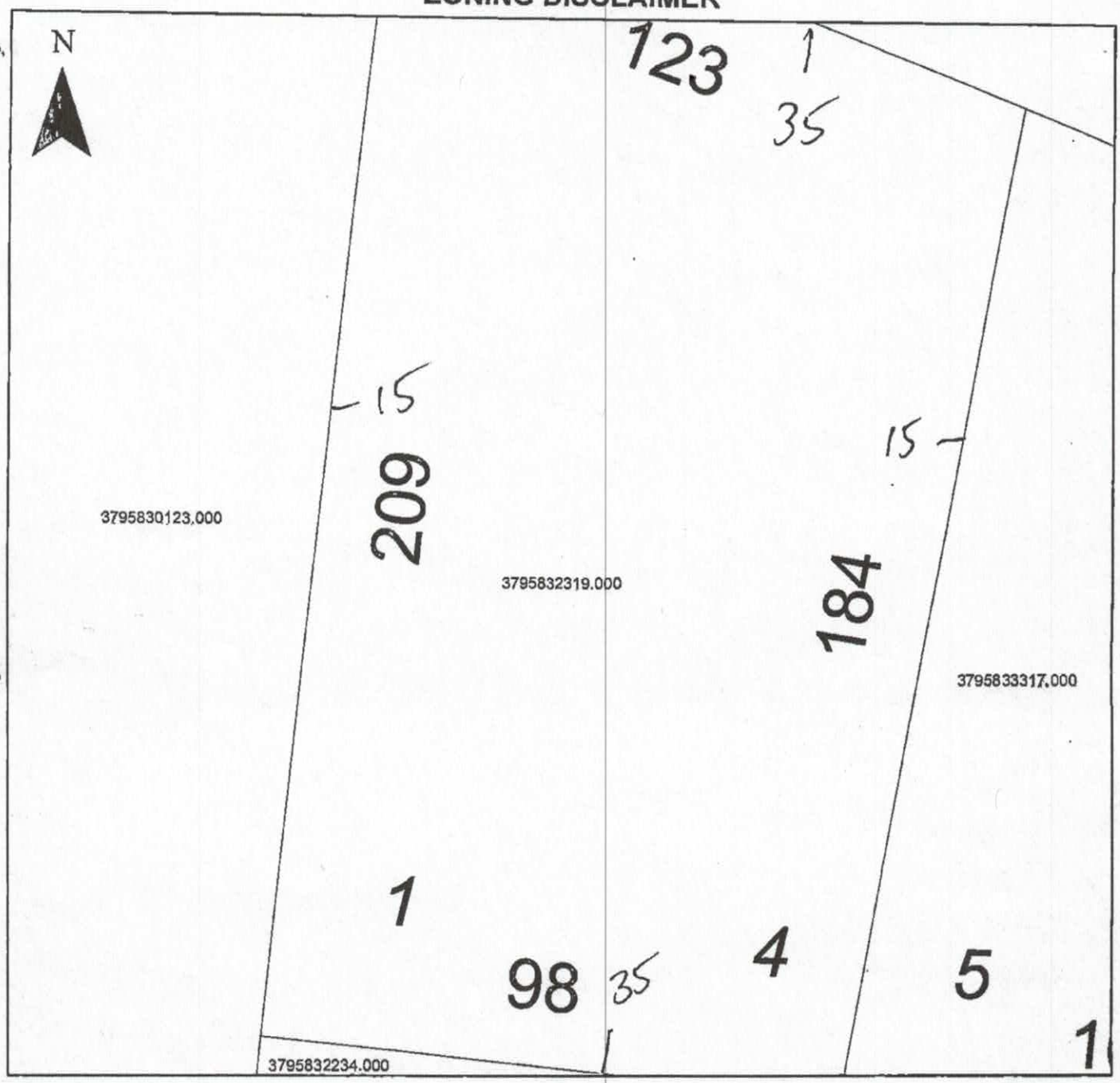
1/29/2020

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

ZONING DISCLAIMER



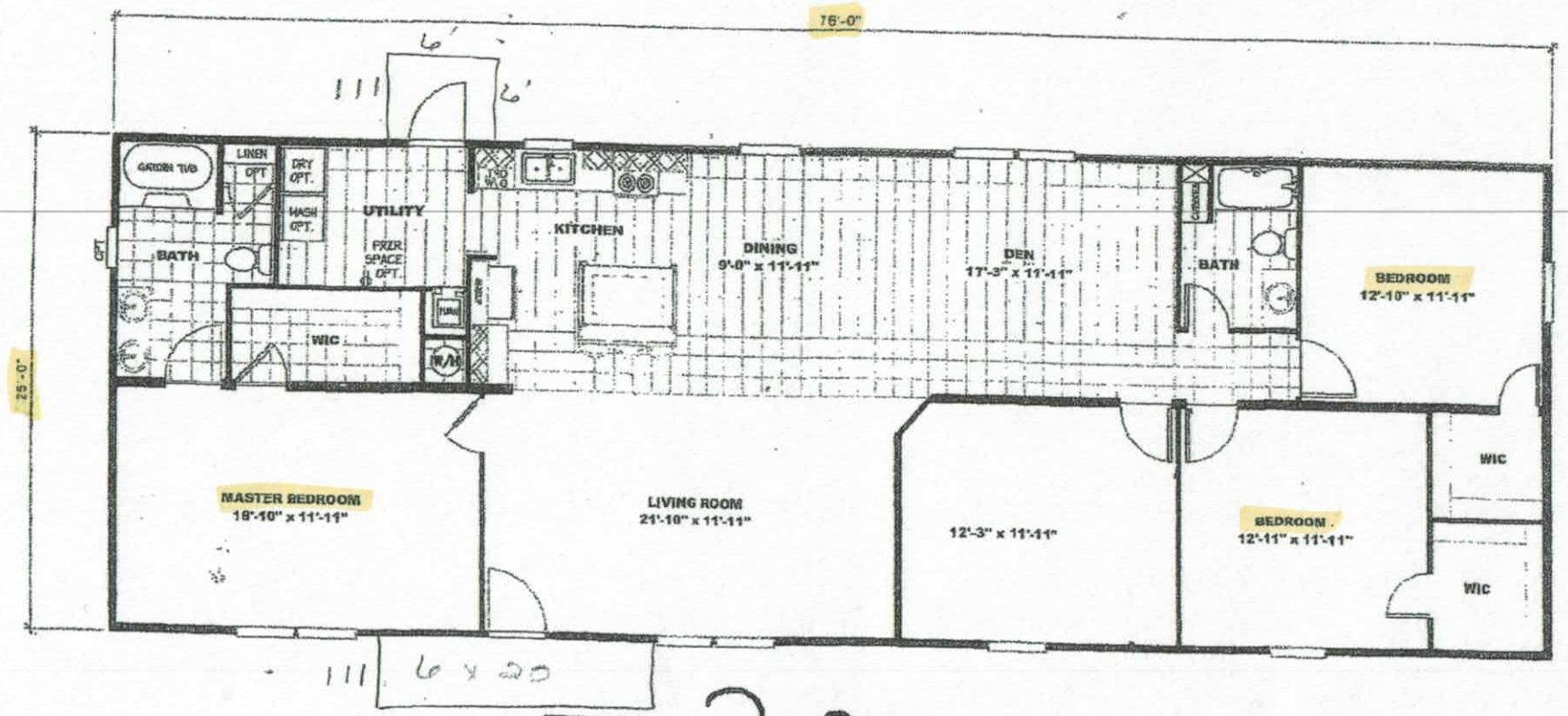
Property Address 2665 Old Mountain Rd.

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.

Deena A Vee
Applicant

2/3/2020
Date

Acknowledgement Of
Plans Submittal ONLY!
Dilma Alee Date 2-27-2020
Burnt C. White Date 2-26-2020



TRU Performance

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

APPLICATION NUMBER
304674 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3795832319.000	2665 OLD MOUNTAIN RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: WRGJR PROPERTIES LLC	Name: 1ST CHOICE HOUSING INC
Address: 102 ASHBROOK RD	Address: 16507 NORTHCROSS DR STE G
STATESVILLE, NC 28677	HUNTERSVILLE, NC 28078
Phone:	Phone: (704)883-8228

Use Requested	Zone Code
Modular	r-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.51	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
modular 2665 old mountain 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. 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: 02/04/2020

Signature of Owner/Contractor

Permit Number	304674	TOTAL FEES:	