ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 304672

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

PIN # 3795833317

APPLICANT/OWNER: 1st Choice Housing | APPLICANT ADDRESS: 16507 Northcross Dr Ste G 28078

SITE ADDRESS: 104 West Indell Circle - Stat 28625 | PHONE: 704 239-3693 | ALT. PHONE -

SITE DIRECTIONS: I40W Exit 144 Rom old MTN Lon West Indell Circle Lot on Corn | SAP CONTROLLED: ☐ YES ☒ NO

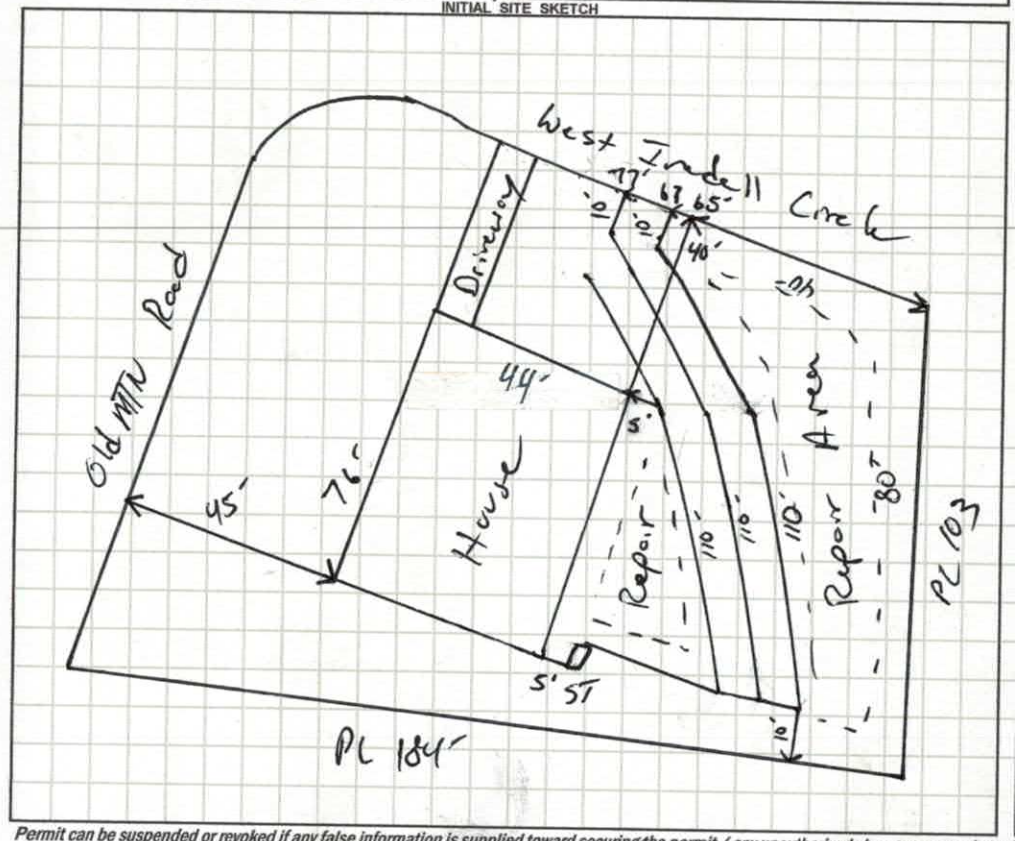
SUBDIVISION: West Indell Sites | SECTION: - | LOT # 5-8 | LOT AREA: 0.46 | DESIGN FLOW: 360gpd | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760	Date	5-2	☒ 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:	50% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	327'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	36" high 24"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE		

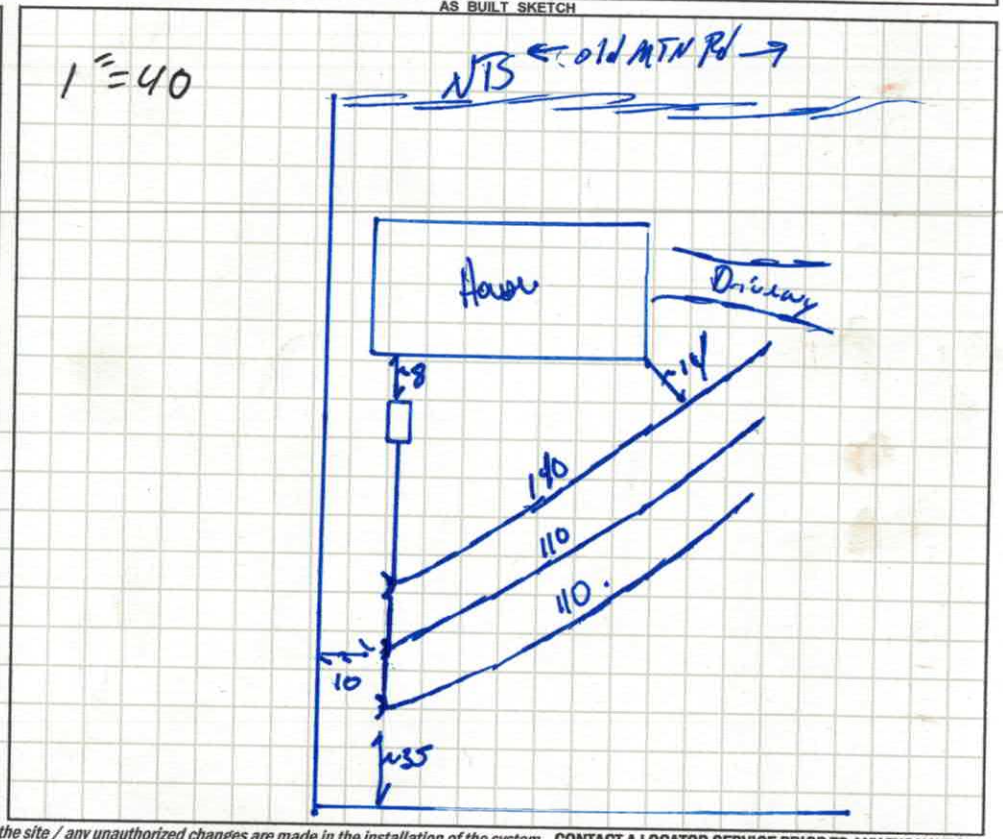
☒ Residence | No. Bedrooms 3 | Water Supply: ☐ Private
☐ Business | No. Persons 6 | ☒ Public
☐ Other | No. Employees | ☐ Community
☐ Slab | ☒ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on contour of land and use Serial Distribution. No foundation drain if tank and lines are 5' off 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: Deena Abee | Date: 2-27-20 | Installed by: Abee Grading

IMPROVEMENT PERMIT by: | Date: 2-13-20 | OPERATION PERMIT by: Benjamin A Bibbs | Date: 7-13-2020

AUTHORIZATION TO CONSTRUCT by: | Date: 2-13-20 | 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 #: 579583
COUNTY: Iredell

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

OWNER: 1st Choice House
ADDRESS: 16507 NorthCross Ste G 28078
PROPOSED FACILITY: House 3BR PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 104 West Indell Circle
APPLICATION DATE 2-3-
DATE EVALUATED: 2-11-2
PROPERTY SIZE: .46
PROPERTY RECORDED: Yes

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	2-3%	0-8	SRL SCL	SS SP SeapF/	4/B Mottles @ 21"-26"	48"+	N/A	N/A	PS .275
		8-31	ARL C						
		31-48	SRL CL						
2	2-3%	0-8	SRL SCL		4/B Few Mottles @ 22"	48"+	N/A	N/A	PS .275
		8-30	ARL C						
		30-48	SRL CL						
3	2-3%	0-8	SRL SCL		N/A	48"+	N/A	N/A	PS .3
		8-34	SRL C						
		34-49	SRL CL						
4	2-3%	0-8	SRL SCL		4/B Few Mottles @ 22"	48"+	N/A	N/A	PS .275
		8-30	ARL C						
		30-48	SRL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218'
System Type(s)	25% Reduction	50% Reduction
Site LTAR	.275	.275

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE 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)			MOIST	WET
(Shoulder Slope)		SiL (Silt Loam)				
(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

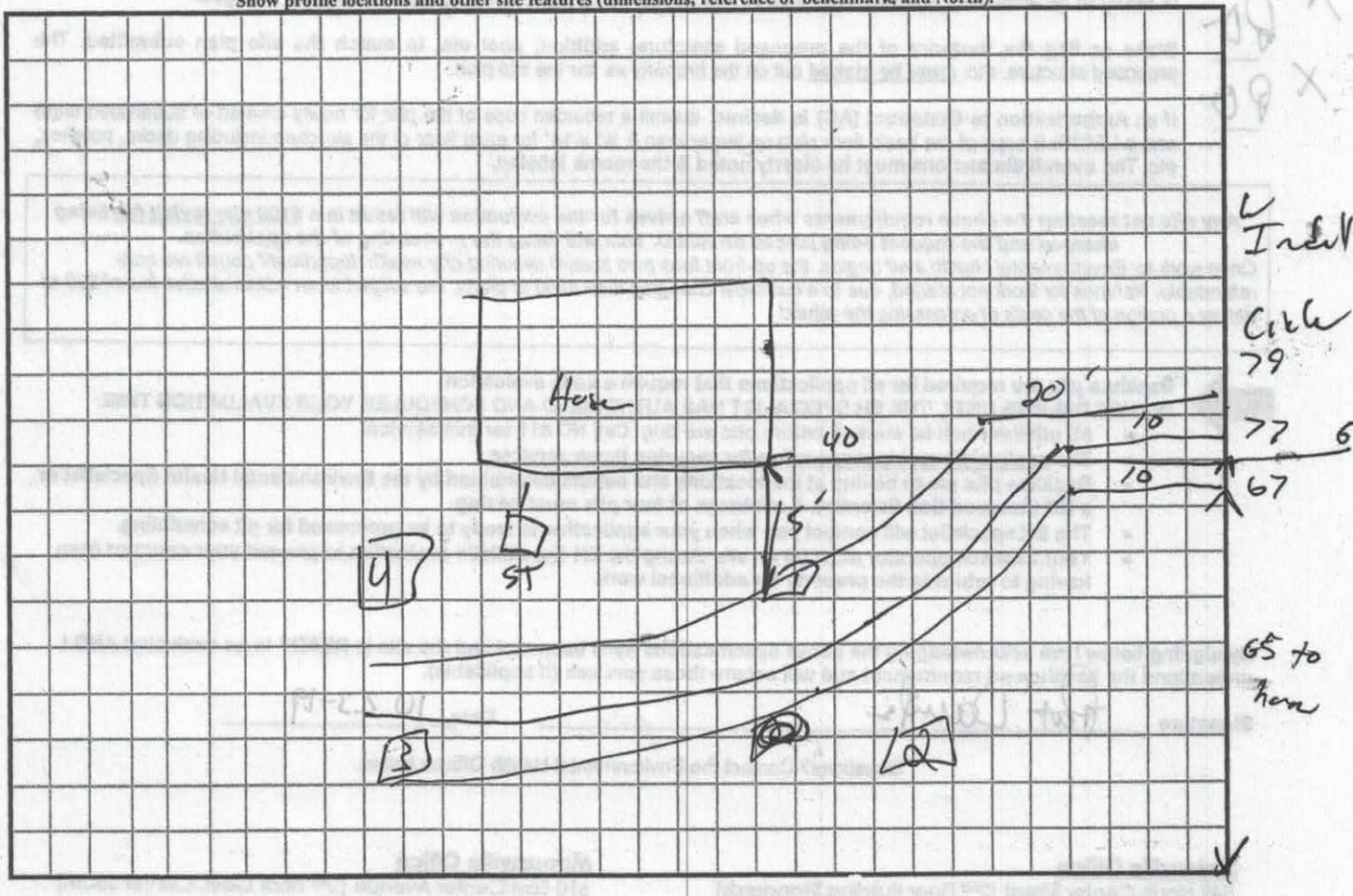
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft²

old MTN

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



Updated February 2014

RECEIVED FEB 0 4 2020 AP-384672
$500.00

James

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 (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: 116501 Northcross Dr Ste G Zip: 28078
Applicant Email: ABEESCG@AOL.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: 104 West Iredell Cir
Subdivision Name: West Iredell Sites Section/Phase: _____ Lot Number: 1-4
Driving Directions: 40W - exit 144- (B) Old Mtn. Rd, properties on left right beside West Iredell Circle.

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

(X) New Single Family Residence Maximum Number of Bedrooms: #3OA
( ) New Multi-Family Residence Maximum Number of Occupants: 6
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

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

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?

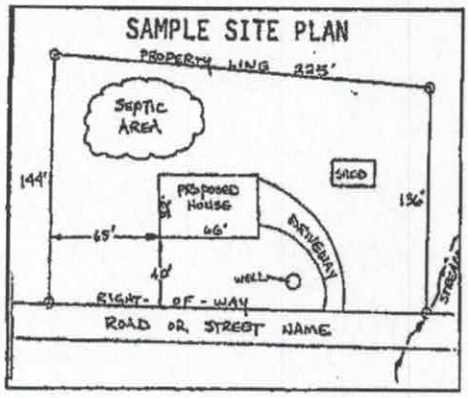
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

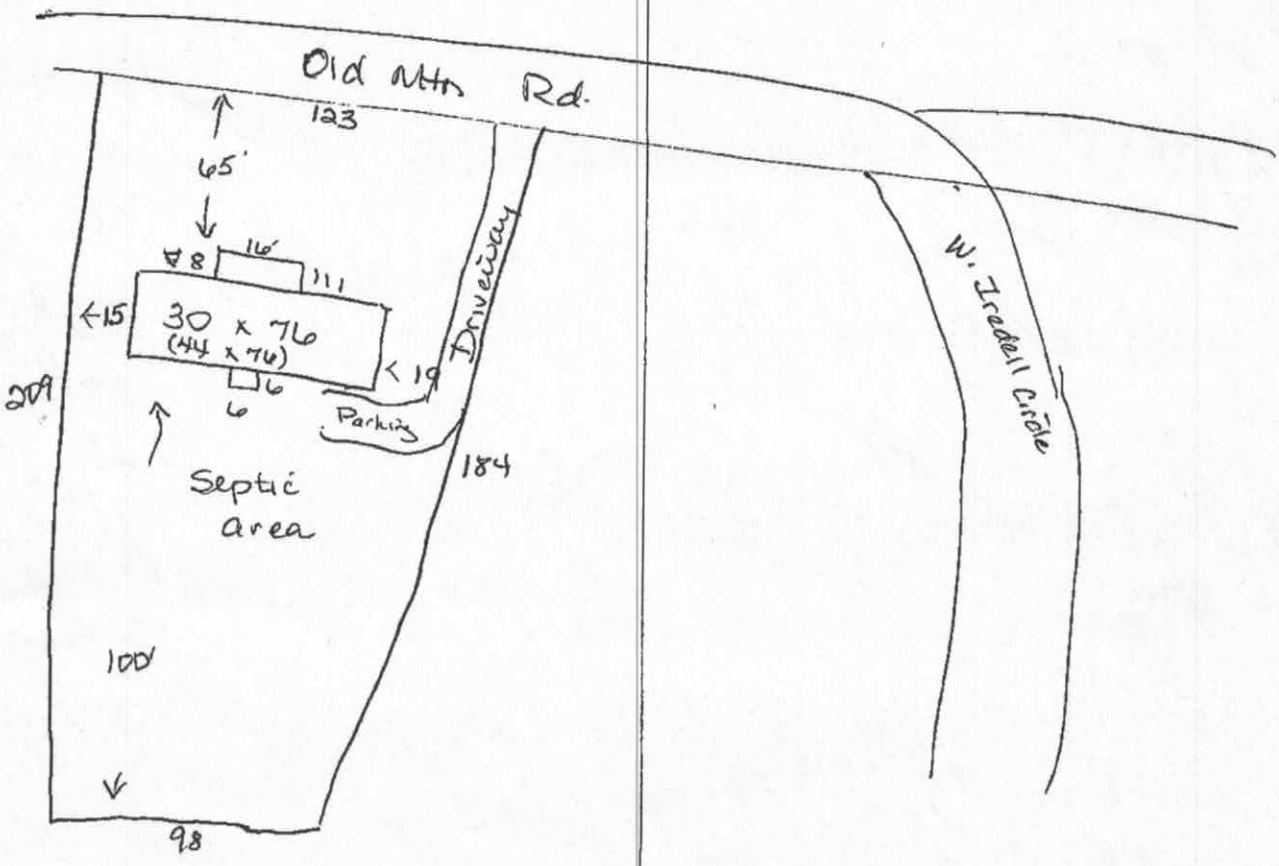
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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



Signature: Debra Alva — 2/3/2020

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

DocuSign Envelope ID: C721F22D-09D5-432B-8E18-13A3CE1CD478

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 3795-83-3317 .000 located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Delda 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 17BB21664ECE4ED...

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

Acknowledgement Of
Plans Submittal ONLY!

Date 2-13-20

Date

32'

The Venetian

OPT 4th BEDROOM

OPT FOYER

OPT GLAMOUR BATH

OPT BATH 3

OPT KITCHEN

3RD BED

FAMILY ROOM

WASH

DRY

FOYER

LIVING ROOM

OPT FIREPLACE

MASTER BED

DINING

KITCHEN

3RD BATH

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304672 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3795833317.000	104 WEST IREDELL CIR	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
0.46	35	35	15	25	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR 104 west iredell cir

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.

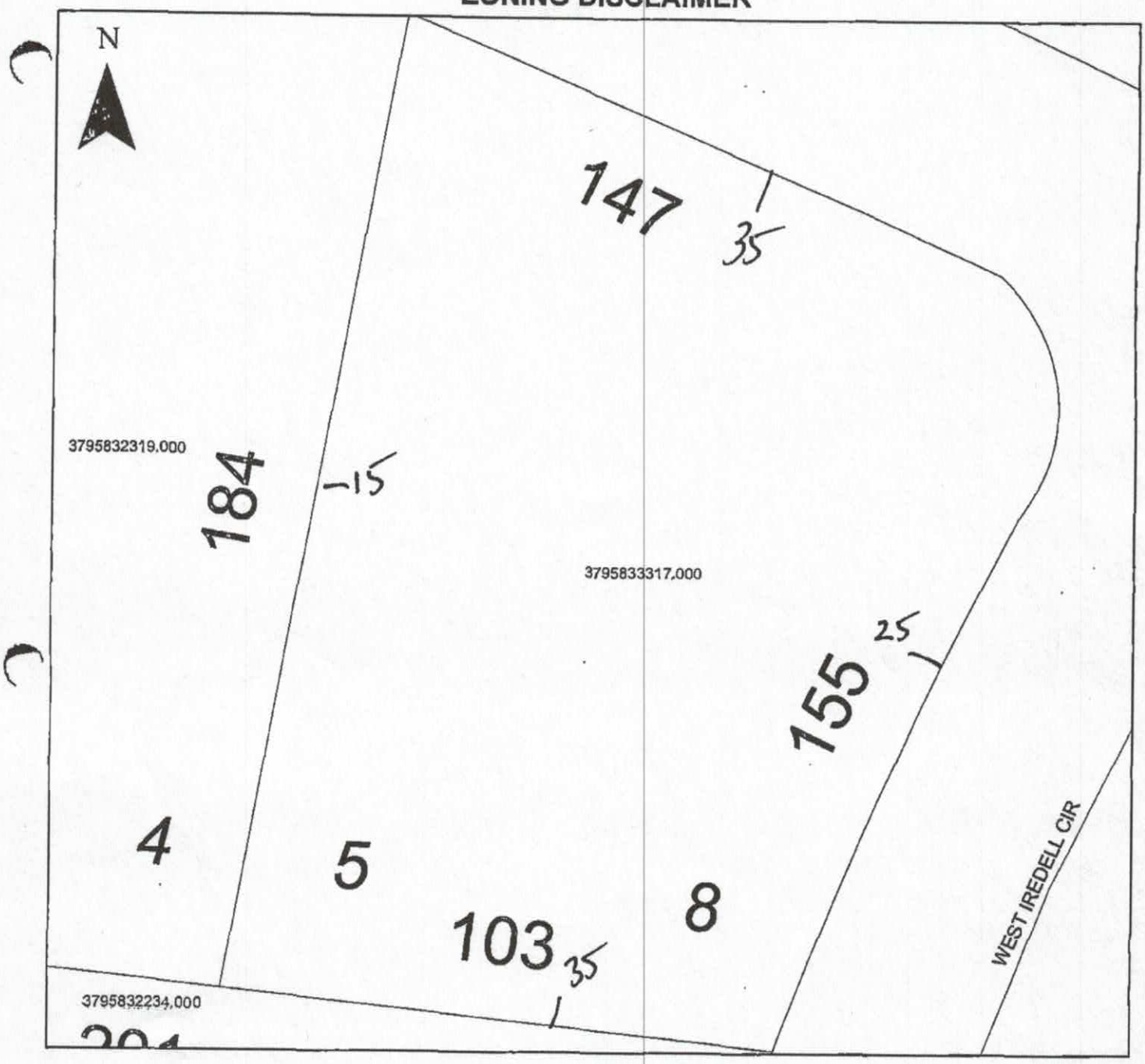
Signature of Owner/Contractor

Date: 02/04/2020

Permit Number	304672

TOTAL FEES:	

ZONING DISCLAIMER



Property Address 104 West Iredell Cir

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 Alee
Applicant

2/3/2020
Date