DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316744

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

PIN # 4636-25-0868

APPLICANT/OWNER: Ronnie Smith | APPLICANT ADDRESS: 441 E. Monbo Rd Statesville, NC 28677

SITE ADDRESS: 1253 Brawley School Rd Mooresville, NC 28117 | PHONE: 704 363-8888 | ALT. PHONE 704 663-7223

SITE DIRECTIONS: Brawley School Rd make U turn at Isle of Pines lot on right | SAP CONTROLLED: ☐ YES ☒ NO

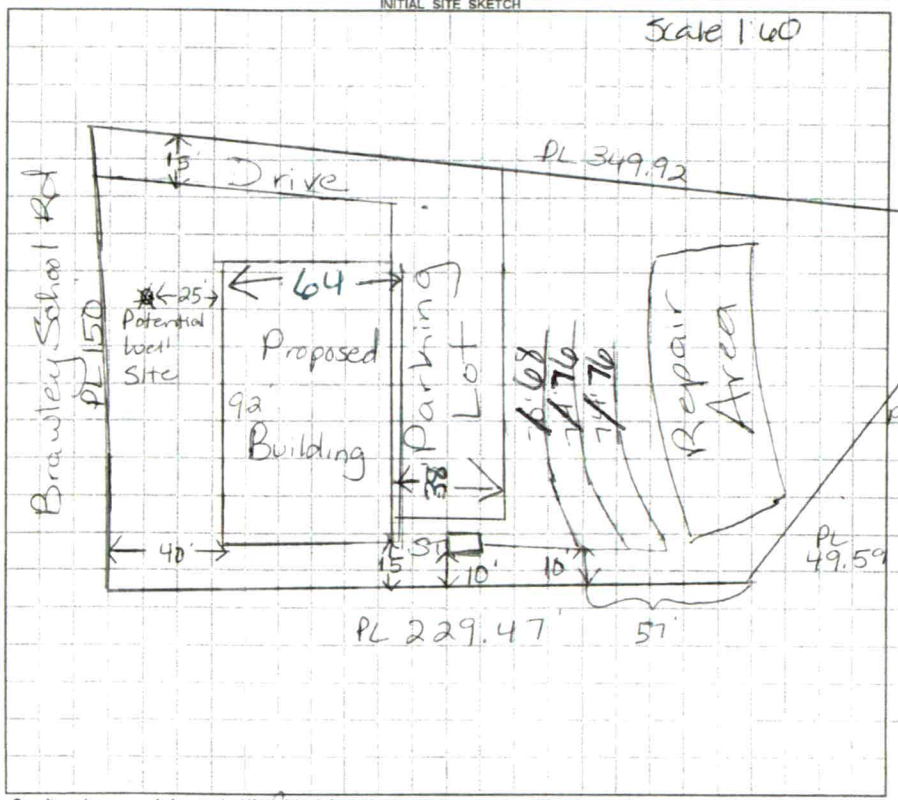
SUBDIVISION: The Retreats | SECTION: 1 | LOT #: 1 | LOT AREA: .88 Acre | DESIGN FLOW: 240gpd | L.T.A.R.: .275/.25Rep

Septic Tank	1000 (gal)	STB 1012	Date 1/3/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity -25% Reduction		☐ Business	No. Persons 4	☒ Private
Pump Make		Model	Serial #	Repair System Description: Hart PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 218		Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab ☐ Crawl Space		☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) Max .23"		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: No vehicular traffic over Septic System.

Divert storm/surface water away from Septic area

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

Installed as Drawn

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: [signature] Date: 5/20/21 | Installed by: G Craig Albert Baldwin 9246

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/12/21 | OPERATION PERMIT by: [signature] Date: 8/18/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/13/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316744

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

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SITE DIRECTIONS: Brawley School Rd make U-turn at Isle of Pines lot on right | SAP CONTROLLED: ☐ YES ☒ NO

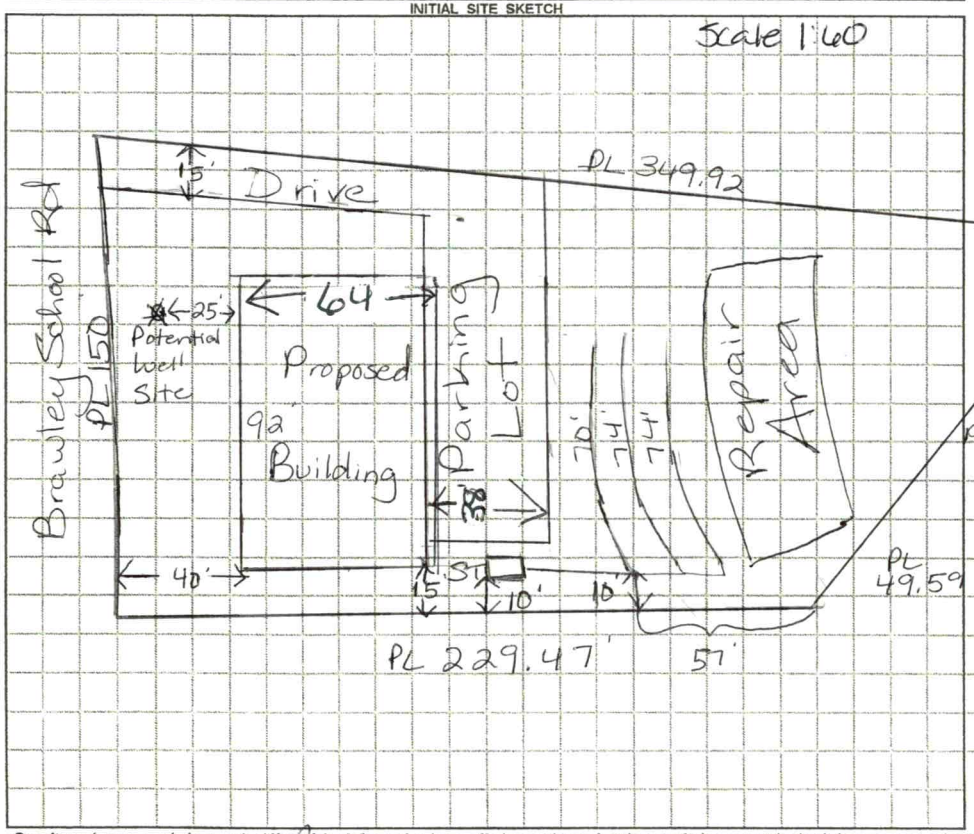
SUBDIVISION: The Retreats | SECTION: 1 | LOT # 1 | LOT AREA: .88 Acre | DESIGN FLOW: 240 gpd | L.T.A.R.: .275/.25Rep

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Pump Tank		(gal)	PT		Date		System Description: Gravity - 25% Reduction				☐ Business	No. Persons 4	☒ Private
Pump Make		Model			Serial #		Repair System Description: Hort. PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	218'	Maintenance Agreement Required: ☐ YES ☒ NO				☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	max	23"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE				☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: No vehicular traffic over Septic System.

Divert storm/surface water away from Septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

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☐ 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: [signature] Date: 5/20/21 | Installed by: X

IMPROVEMENT PERMIT by: [signature] Date: 5/12/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/13/21 | 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? _____	

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

Sheet ___ of ___
PROPERTY ID #: 4636250868
COUNTY: Iredell

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

OWNER: Ronnie Smith — APPLICATION DATE: 4/5/21
ADDRESS: 441 E. Monbo Rd Statesville, NC 28677 — DATE EVALUATED: 5/5/21
PROPOSED FACILITY: Residence — PROPOSED DESIGN FLOW (.1949): 240 — PROPERTY SIZE: .88 Ac
LOCATION OF SITE: 253 Brawley School / The Retreat Lot #1 — 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	5%	0-8	Brw SCL	wSBK SS, SP, SExp, FR					PS
		8-30	R to Rd/Brw C/m	wSBK SS, SP, SExp, FR					
			w/ Yel/Brw Inclus,	Common Mica					
		30-56	RCL w	SBK SS, SP, SExp, FR w/ Common Mica	—	56"	—	—	.275
			& SAP Inclus						
2	4%	0-12	Brw SCL	wSBK SS, SP, SExp, FR					PS .3 to 37"
		12-37	Rd C/m	wSBK SS, SP, SExp, FR					
		37-56	Rd CL	wSBK SS, SP, SExp, FR					>37" = .275
			w/ Yel/Brw	Mottles	—	56"	—	—	
3	4% Repair	0-14	Brw SCL	wSBK SS, SP, SExp, FR					PS .275 to 32"
		14-32	Brw CL	wSBK SS, SP-P, SExp, Fi-FR					
		32-55	Rd CL	wSBK S, P, SExp, Fi-FR					>32" V
			w/ Yellow/Brw	banding					
		56	Chroma 2		32"	56"	—	32"	
4	5% Repair	0-8	Brw SCL						PS .25 to 32"
		8-32	Rd C/m	w SBK S, P, SExp, Fi-FR					
		32-55	Rd CL	w SBK S, P, SExp, Fi-FR					>32" V
			Yel/Brw	Banding	32"	55"	—	32"	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hpt PPBPS
Site LTAR	.275	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Ron Smith

COMMENTS: ___

Updated February 2014

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.

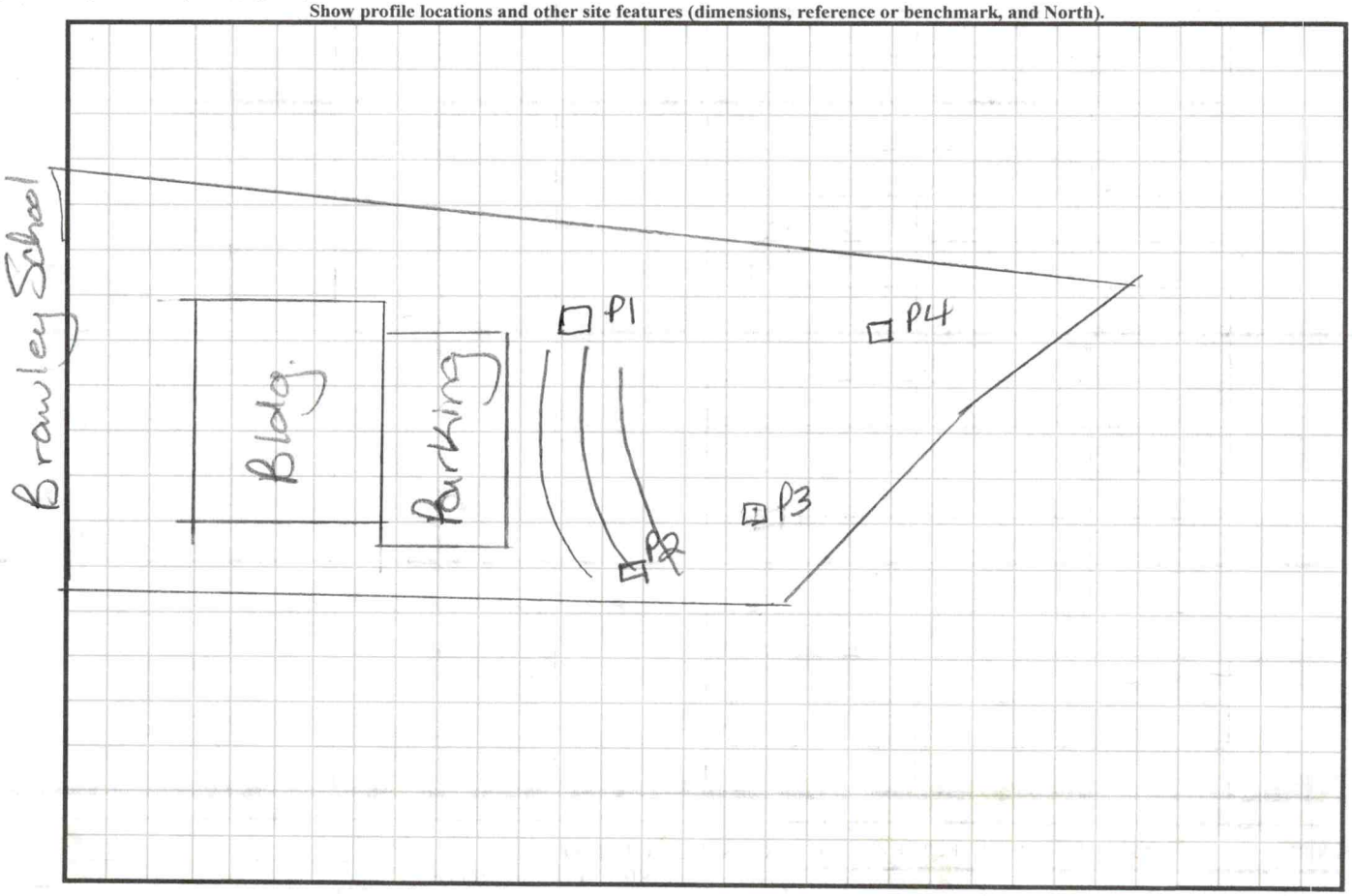
NOTES

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).



RECEIVED APR 20 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-316744 $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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Ronnie L. Smith **Address:** 441 E Rombo Rd Statesville **Zip:** 28677
Applicant Email: RSmith4679@roi.com **Phone:** 704-363-8888 **Alt. Phone:** 704-663-7223
Owner Name: Stoney Ridge Properties LLC **Address:** SAME AS ABOVE **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 1253 Brawley School Rd. Mooresville N.C. 28117
Subdivision Name: The Retreats **Section/Phase:** 1 **Lot Number:** 1
Driving Directions: From Williamson Rd Go W. on Brawley School Rd To Island of Pines intersection Lot 1 is 500' E. of the intersection

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

(✓) New Single Family Residence — **Maximum Number of Bedrooms:** 2
( ) New Multi-Family Residence — **Maximum Number of Occupants:** 4
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

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.

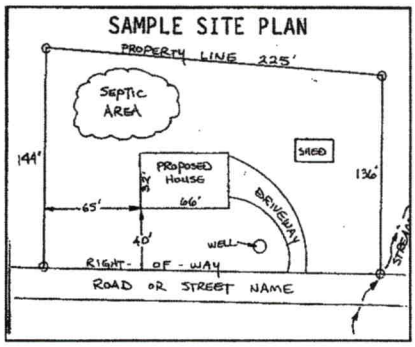
Signature: _____ 4/2/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

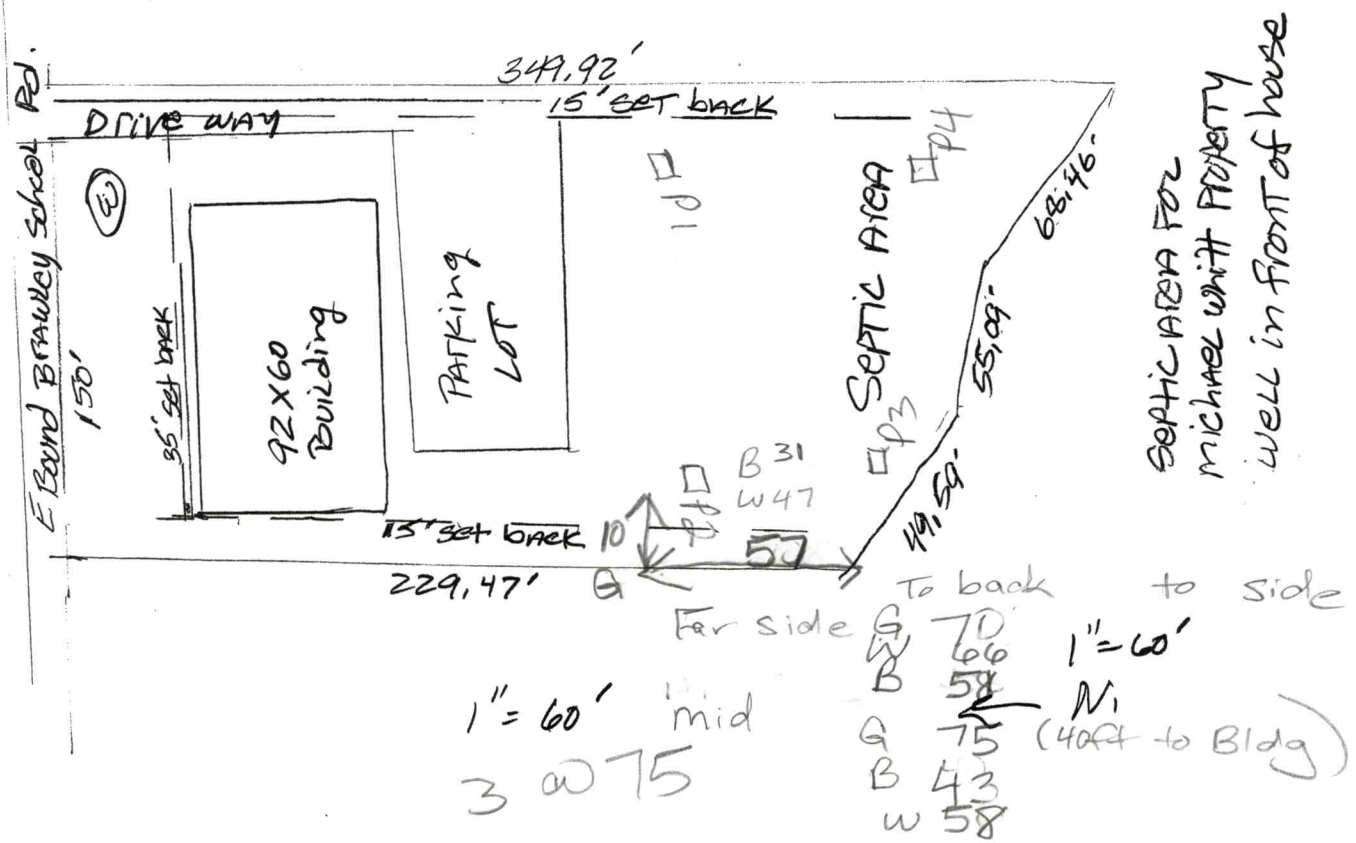
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



Signature: _____ _____

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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*) Ronnie L. Smith

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, Ronnie L. Smith, am the legal owner(s) of the property located at 1253 Brawley School Rd Mooresville, identified as PIN (Parcel Identification Number) 4636-25-0866, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ronnie L. Smith, 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.

Ronnie L. Smith
Signature of Owner(s)

4-2-21
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316744 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636250868.000	1253 BRAWLEY SCHOOL RD	Iredell County

Owner Information	Applicant Information
Name: STONEY RIDGE PROPERTIES LLC	Name: RONNIE L SMITH
Address:	Address: 441 E MONBO RD
,	STATESVILLE, NC 28677
Phone:	Phone: (704)363-8888

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.88	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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.

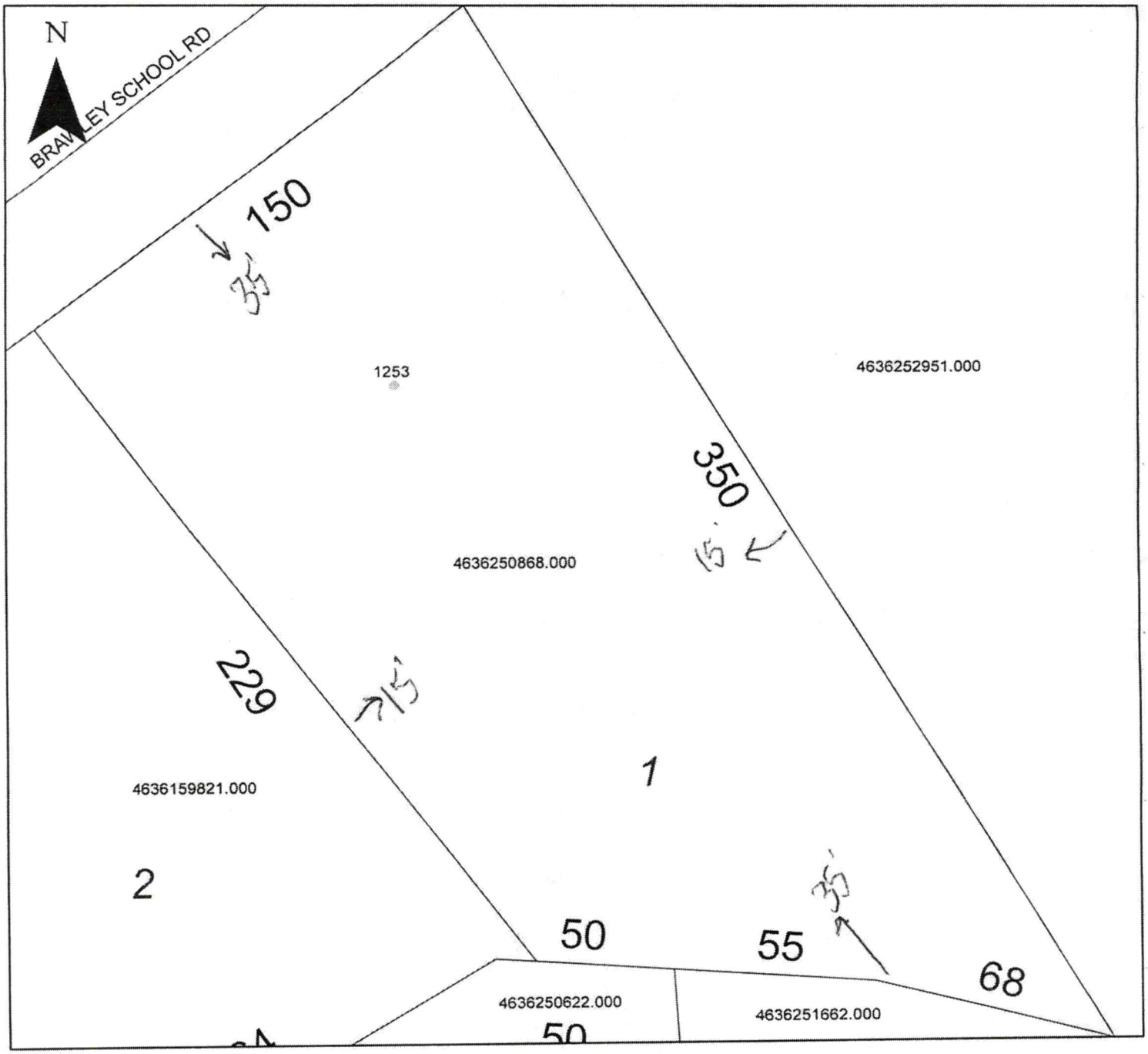
Date: 04/14/2021

Signature of Owner/Contractor

Permit Number	316744	TOTAL FEES:	$77.25

316744

ZONING DISCLAIMER



Property Address 1253 Brawley School Rd

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Applicant

Date