IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 089149 PIN# 4645 15 5649 ✓ 170 Iron Gate Circle DATE 5/11/00

OWNER OR CONTRACTOR Chris Holcombe Const. (SANCHEZ) PHONE: Business 875-0173 Home

ADDRESS 16219 Weatherly Way Huntersville, NC. 28078

LOCATION Alcove (R) Templeton (L) at the on coming Real (L) on Iron Gate Circle, bear R - bear R, drive on (R)

SUBDIVISION THE COVE ✓ BLOCK / SECTION LOT 2 ✓ LOT AREA ~.9 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 754 Date 3/16/01

Pump Tank: 1000 Gallons; PT 283 Date 3/20/01

Pump Make: HYDRO. Model SHEF 50A Serial No. 1/2/2001

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 5@101x3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Pres. Men. → Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

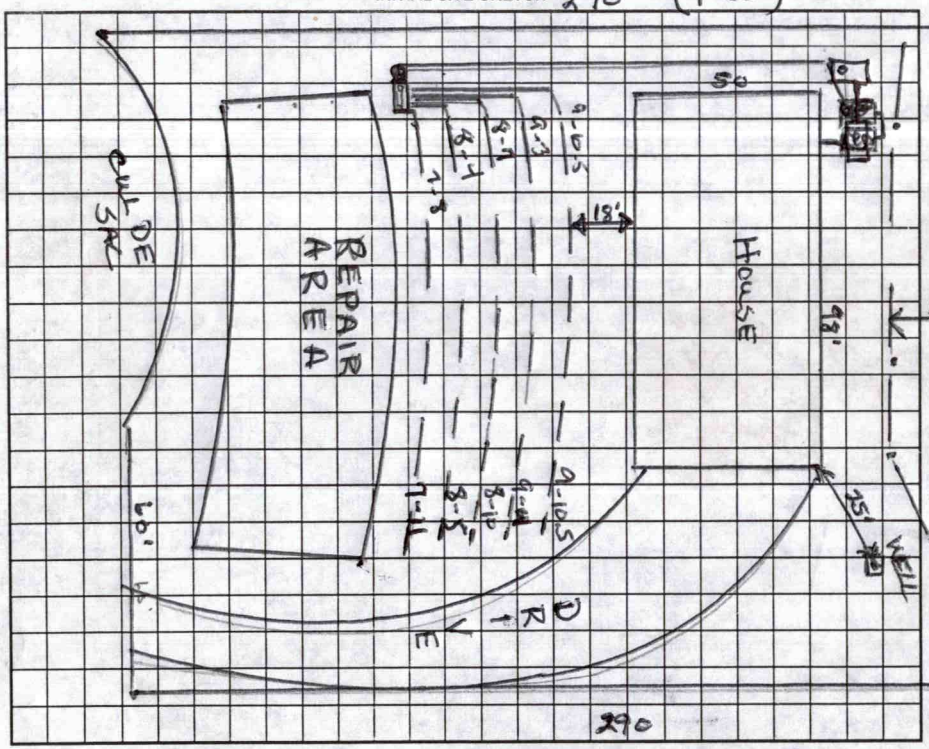
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

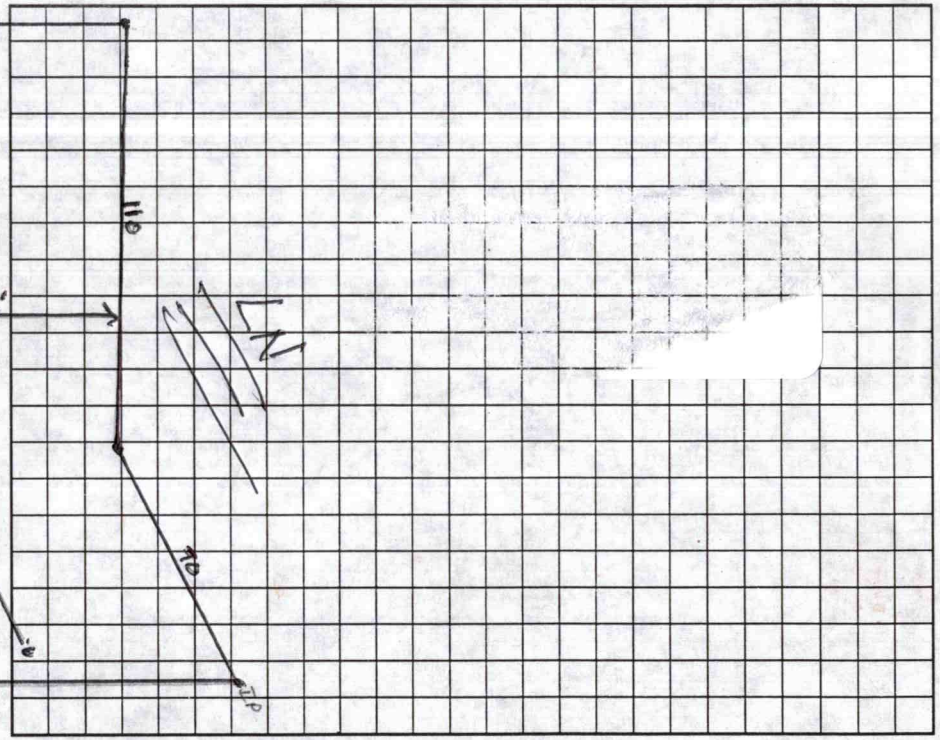
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 270 (1"=50')



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * [signature] 5/11/2000 date

Improvement Permit by: Wesley Sparks RS. date 5/11/00

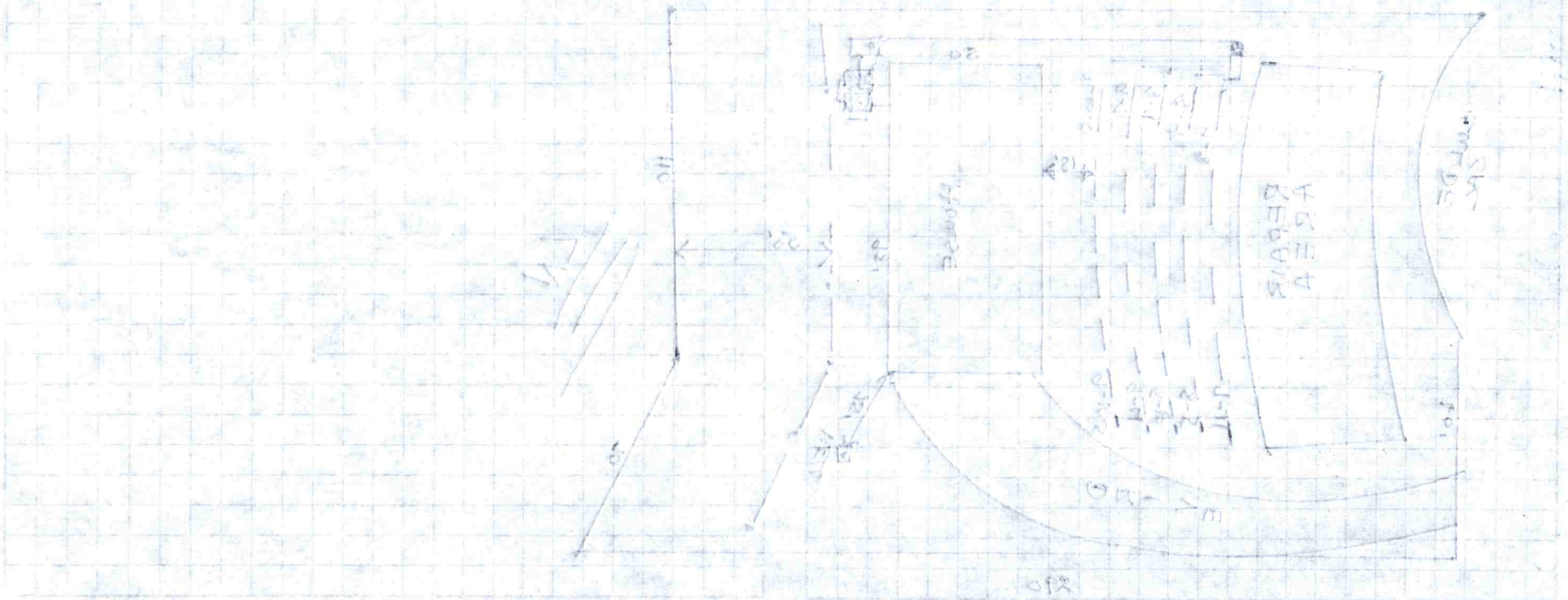
Authorization to Construct by: Wesley Sparks RS. date 5/11/00

Installed by: Dobson Const. Co.

Operation Permit by: Frank Williams date 9/30/2025

Existing System Inspection by: date

✓ HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK ✓



DATE
5/3/01

LINES CHECKED (H)
TANKS CHECKED (H)
PRESSURE CHECKED (H)
ELECTRICAL CHECKED (N) SW 9/30/2005
ALARM CHECKED (N)

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

SITE/SOIL EVALUATION FOR SANITARY SEWAGE SYSTEM

Chris Holcomb

OWNER: _____ PHONE: _____ DATE REQUESTED: 4/13/00 DATE EVALUATED: 5/6/00

ADDRESS: Iron Data Circle PROPERTY IDENTIFICATION NO.: 4645-15-5649

COUNTY: Shelby PROPERTY SIZE: ~.9Ac PROPOSED FACILITY: 4BD - 4BA

LOCATION OF SITE: Coming Road TL Iron Data (R) to (R) to 2nd drive on (R)

WATER SUPPLY: On-Site Well X Community ____ Public ____ EVALUATION BY: Auger Boring X Pit ____ Cut ____

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4	PROFILE 5
LANDSCAPE POSITION	LS				
SLOPE(%)	3-4				
HORIZON I DEPTH	0 - 8				
Texture Group	cl				
Consistence	FI - S - P				
Structure	WK (Compact				
Mineralogy	1:1 (Fill				
HORIZON II DEPTH	9 - 20				
Texture Group	c ~ cl SAP				
Consistence	FR - SS - SP				
Structure	WK - Fine - ~GR				
Mineralogy	1:1				
HORIZON III DEPTH	21 - 48				
Texture Group	cl SAP				
Consistence	FR - NP - SS				
Structure	SBK				
Mineralogy	1:1				
HORIZON IV DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
SOIL WETNESS	S				
RESTRICTIVE HORIZON	S				
SAPROLITE	PS				
CLASSIFICATION	PS				
LONG-TERM ACCEPTANCE RATE	.3				

SITE CLASSIFICATION: PS SITE LONG-TERM ACCEPTANCE RATE: .3

EVALUATED BY: Sparks OTHER(S) PRESENT: No

REMARKS: Top horizon needs to be broken up

LEGEND

LANDSCAPE POSITION
R - Ridge
S - Shoulder slope
L - Linear slope
FS - Foot Slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
FP - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

Use the above standard abbreviations.

CONSISTENCE

Moist
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

Wet
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

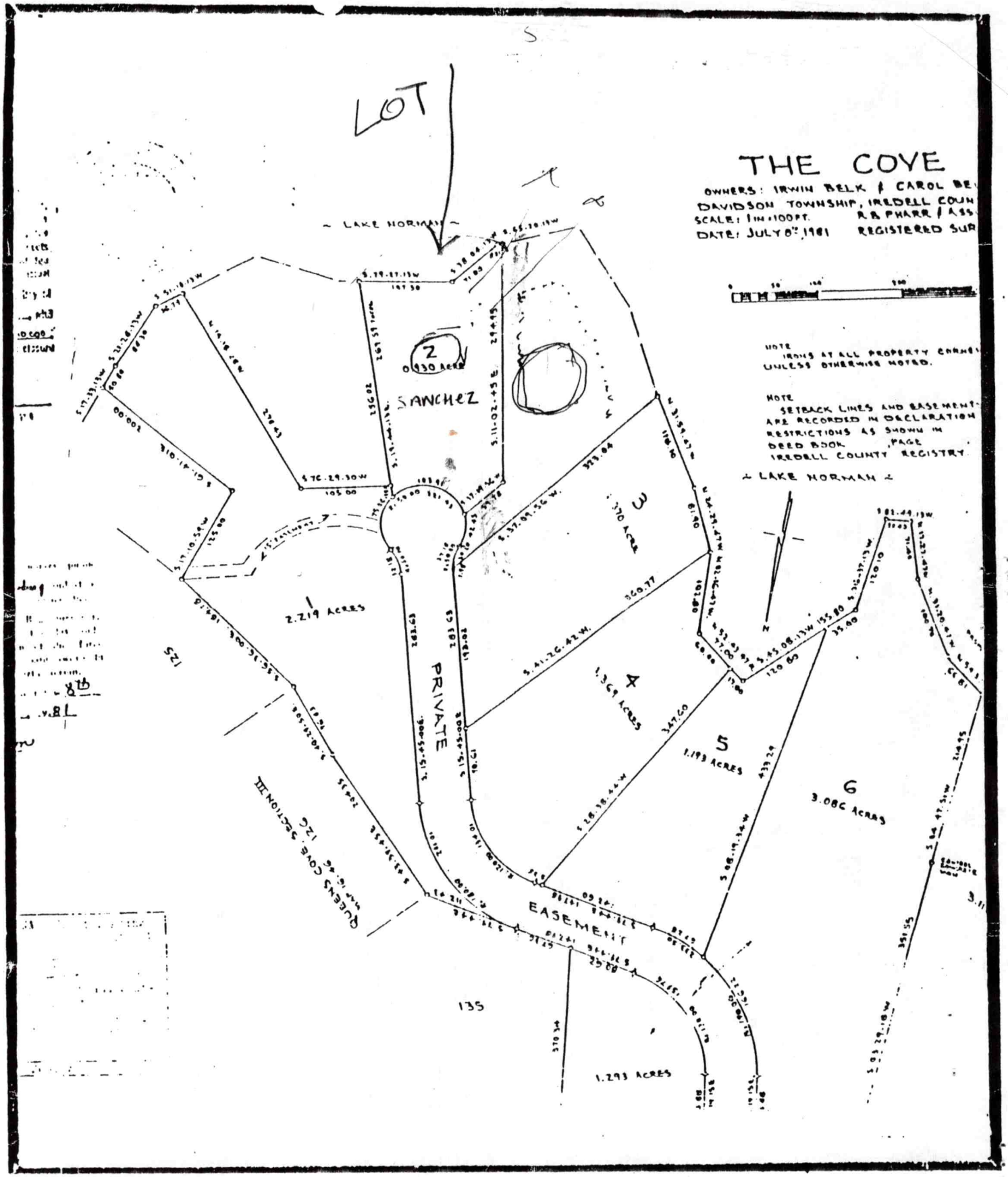
STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sbk - subangular blocky
abk - angular blocky
pl - platy
pr - prismatic

MINERALOGY
1:1, 2:1, mixed

NOTES:
Horizon Depth --in inches
Depth of Fill --in inches from land surface
Restrictive Horizon--thickness and inches from land surface
Saprolite --S (suitable) or U (unsuitable)

NOTES:
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 design
Classification--S (suitable), PS (provisionally suitable) or U (unsuitable)
Long-Term Acceptance Rate--gal/day/ft²

DHS 2601 (Revised _____)



Site Location

$$\begin{array}{r} {\scriptstyle 1} \\ 530 \\ \times\ .65 \\ \hline 2650 \\ 3180 \\ \hline 339.50 \end{array}$$

$$\begin{array}{r} {\scriptstyle 2} \\ 339 \\ \times\ .66 \\ \hline 2034 \\ 2034 \\ \hline 223.74 \end{array}$$

$$\begin{array}{r} 18. \\ \hline 19\overline{)223} \\ \underline{19} \\ 33 \\ \underline{2} \end{array}$$

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 089149 Zoning Permit: X Improvements Permit: 1

Name: HOLCOMBE CHRIS Address: 16219 WEATHERLY WAY

City: HUNTERSVILLE State: NC Zip: 280780000

Phone: 7048750173

Proposed Use: 01

PIN #: 4645155649 Zoning: R20 Township: 1700

Street Address: IRON GATE CR

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: THE COVE Lot #: 2 Lot Size: .9

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R50(LAKE)

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: ALCOVE,R TEMPLETON,L CAMINO REAL,L IRON GATE,END

Staff: RAM Date: 04/13/00

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____ 4-13-2000
Owner: Agent:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

C.H. HOLCOMBE	634-0950 m 875-0173 H	10219 WEATHERLY WAY	HUNTERSVILLE	N.C.	28078
Applicant	Phone #	Mailing Address	City	State	Zip Code

ALEX & LINDA SANCHEZ	251 WOOD DUCK LOOP	MOORESVILLE	N.C.	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

MHP: THE COVE	#2	PIN # 4645155649	IRON GATE CIR.
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property ALCOVE ROAD FROM 1109, T.R AT TEMPLETON RD., BEAR LEFT AT CAMINO REAL, TURN LEFT AT IRON GATE CIRCLE, LOT AT END (LOT IS CLEARED)

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal X Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

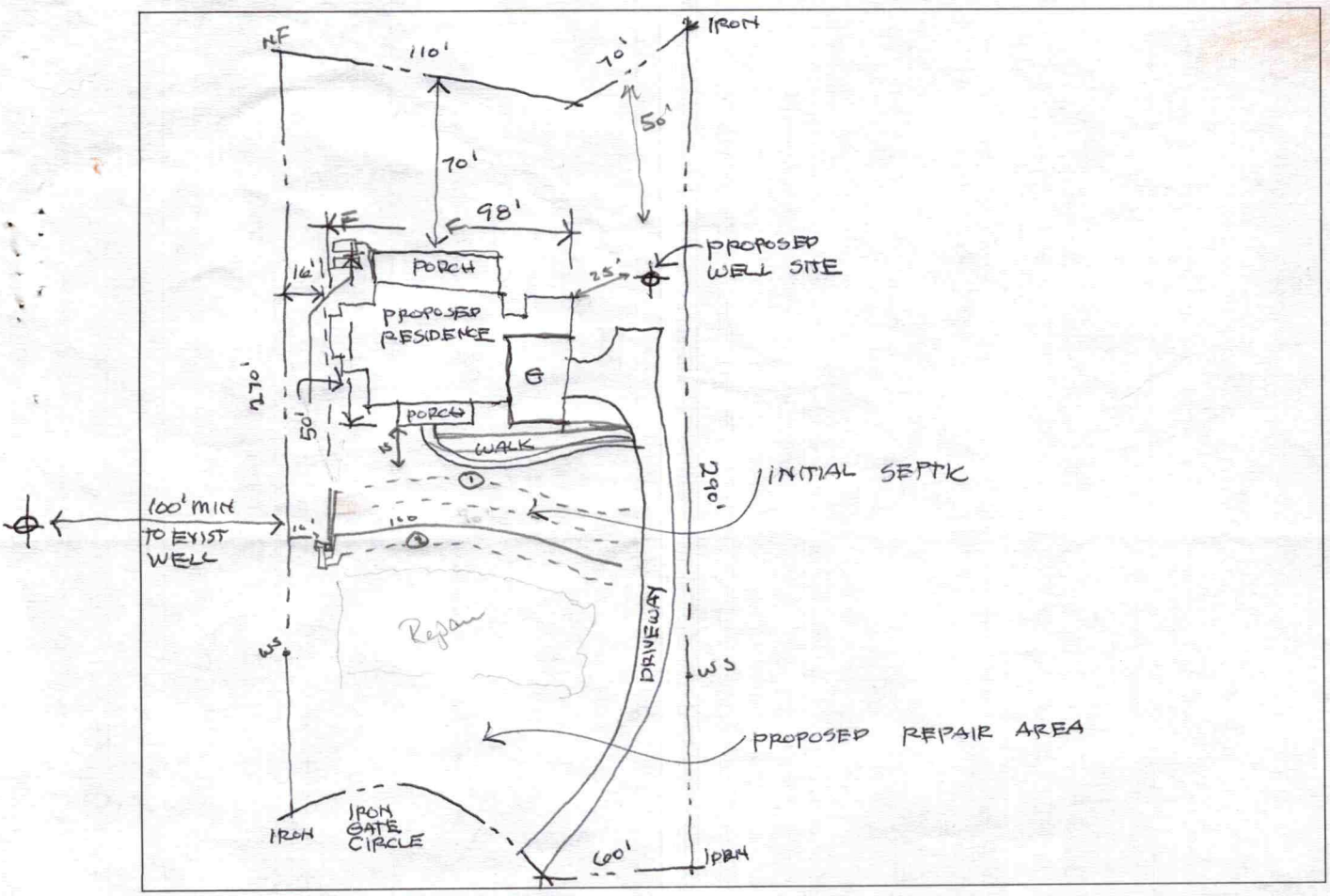
4-13-2000 DATE Chris Holcombe SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

4·13·2000 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

