ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

MANF-2022-7254

PERMIT # AP2022-5555

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

PIN # 4703 -10 -3971

APPLICANT/OWNER: Jesse Brown APPLICANT ADDRESS: 7856 Mountain Shore Sherrills Ford 28673

SITE ADDRESS: 214 Hidden Brook Dr Statesville 28625 PHONE: 828-312-2972 ALT. PHONE

SITE DIRECTIONS: HWY 70, R Hidden Brook SAP CONTROLLED: ☑ YES ☐ NO

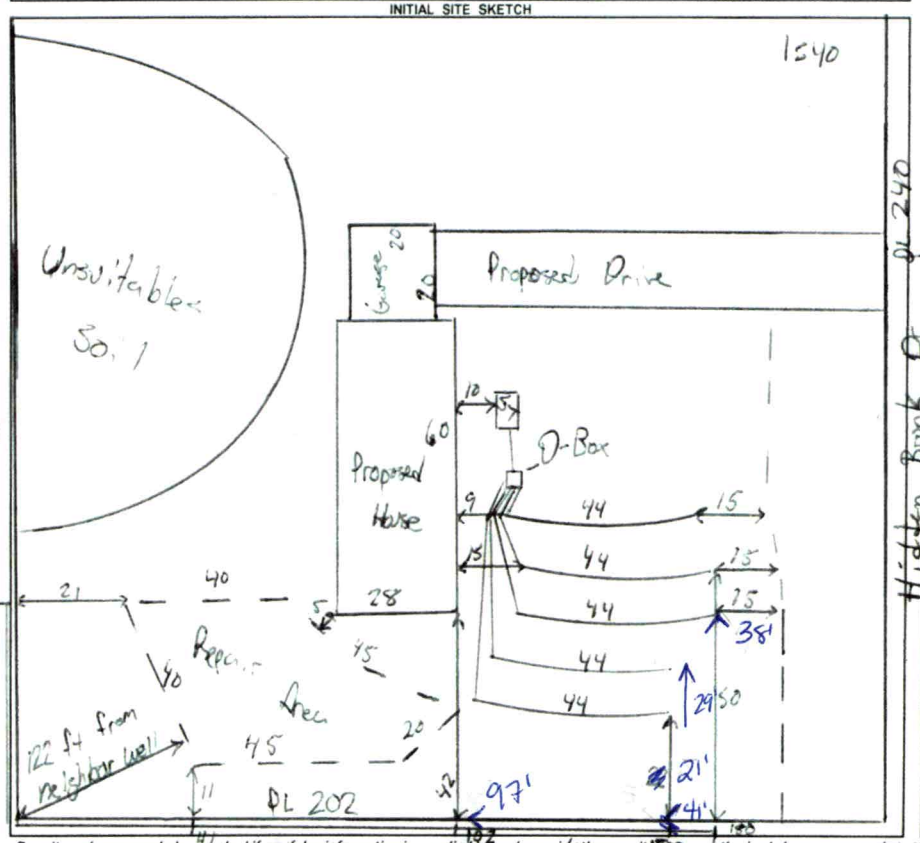
SUBDIVISION: Meadow Creek SECTION: 1 LOT # 21 LOT AREA: .56 Ac DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	1012	Date	6/20/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	50% Gravity - Horizontal			
Pump Make			Model		Serial #		Repair System Description:	50% Gravity - Horizontal			
# Nitrification Fields	1		# Lines	5	Linear Ft	220	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 in		Trench Bottom Depth(Low side)	24 in	Gravel Depth	N/A	☑ 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: No foundation drain on house. Install gft on water. Do not drive park or build on proposed 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.

Lines dug - ~~wrong~~ product installed but location documented at night. Tanks 8/22/23

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: On file Signature Date: Installed by: Tanner

IMPROVEMENT PERMIT by: Matt Wilkie Date: 10/14/22 OPERATION PERMIT by: Matt Wilkie Date: 8/24/23

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 10/14/22 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 (BB) Mooresville Office (704) 660-3625 PERMIT # AP2022-5555

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

PIN # 4703 -- 10 -- 4805

APPLICANT/OWNER: Jesse Brown APPLICANT ADDRESS: 7856 Mountain Shore Sherrills Ford 28673

SITE ADDRESS: 214 Hidden Brook Dr Statesville 28625 PHONE: 828-312-2972 ALT. PHONE

SITE DIRECTIONS: Hwy 70, (R) Hidden Brook SAP CONTROLLED: ☑ YES ☐ NO

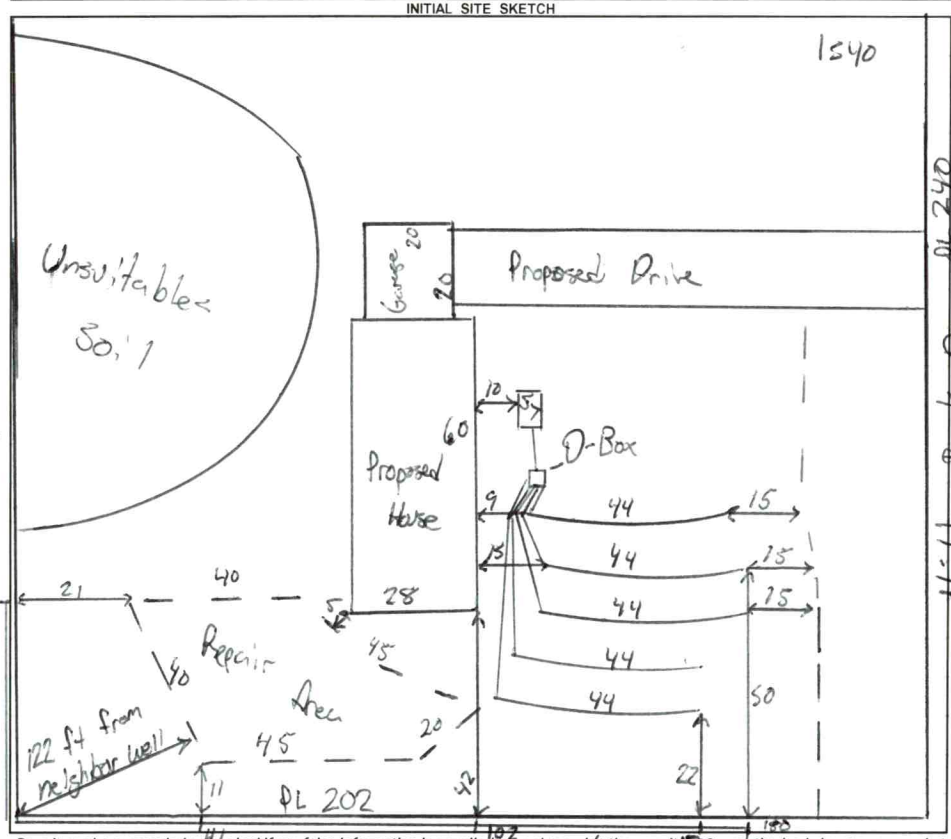
SUBDIVISION: Meadow Creek SECTION: 1 LOT # 21 LOT AREA: .56 Ac DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT		Date	System Description: 50% Gravity - Horizontal				☐ Business	No. Persons 6
Pump Make		Model			Serial #	Repair System Description: 50% Gravity - Horizontal				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5		Linear Ft 220	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)		24 in	Gravel Depth N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: No foundation drain on house. Install gft on corner. Do not, drive park or build on proposed 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.

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: On line Signature Date: Installed by:

IMPROVEMENT PERMIT by: Matt Wim Date: 10/14/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wim Date: 10/14/22 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:		

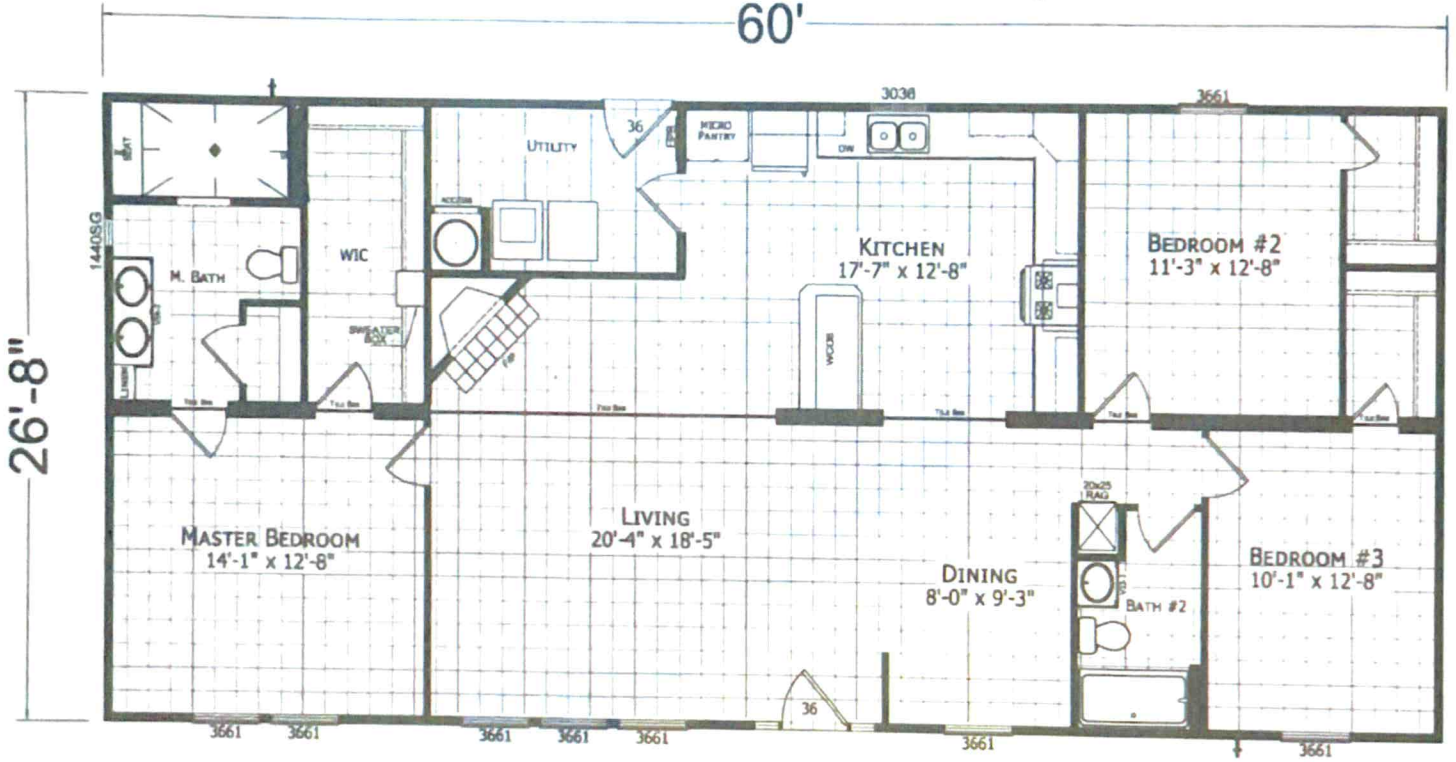
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Acknowledgement Of
Plans Submittal ONLY!

Mfg Rep Date 10/17/22

Online Signature Date

23-527 042722
3 BRM 2 BTH
26'-8" x 60'-0"
1600 SQFT

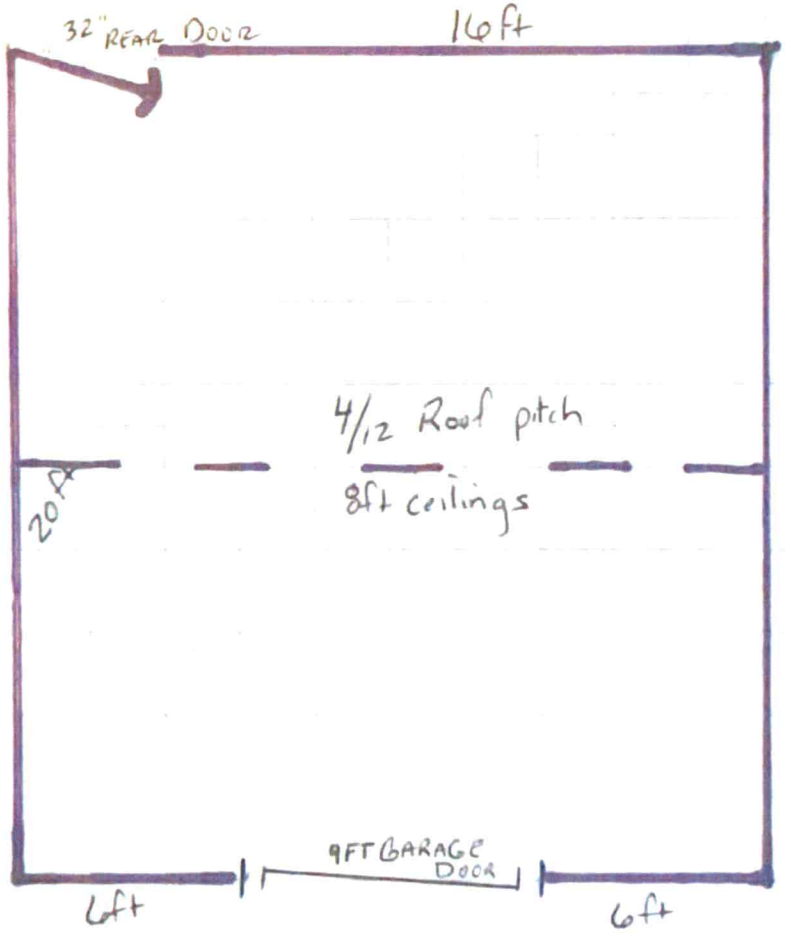


CHAMPION
MANUFACTURED BEAUTIFULLY®
4950 Hwy 421 South Lillington, NC 27546

PROJECT: 23-527 042722 26'-8" x 60' 3 BD 2 BTH	TITLE: LITERATURE PLAN	SHEET: L-101
DRAWN BY: Stacy	FILENAME: 23-527 042722	
DATE: 05-10-21		
SCALE: NTS		

PROPRIETARY AND CONFIDENTIAL

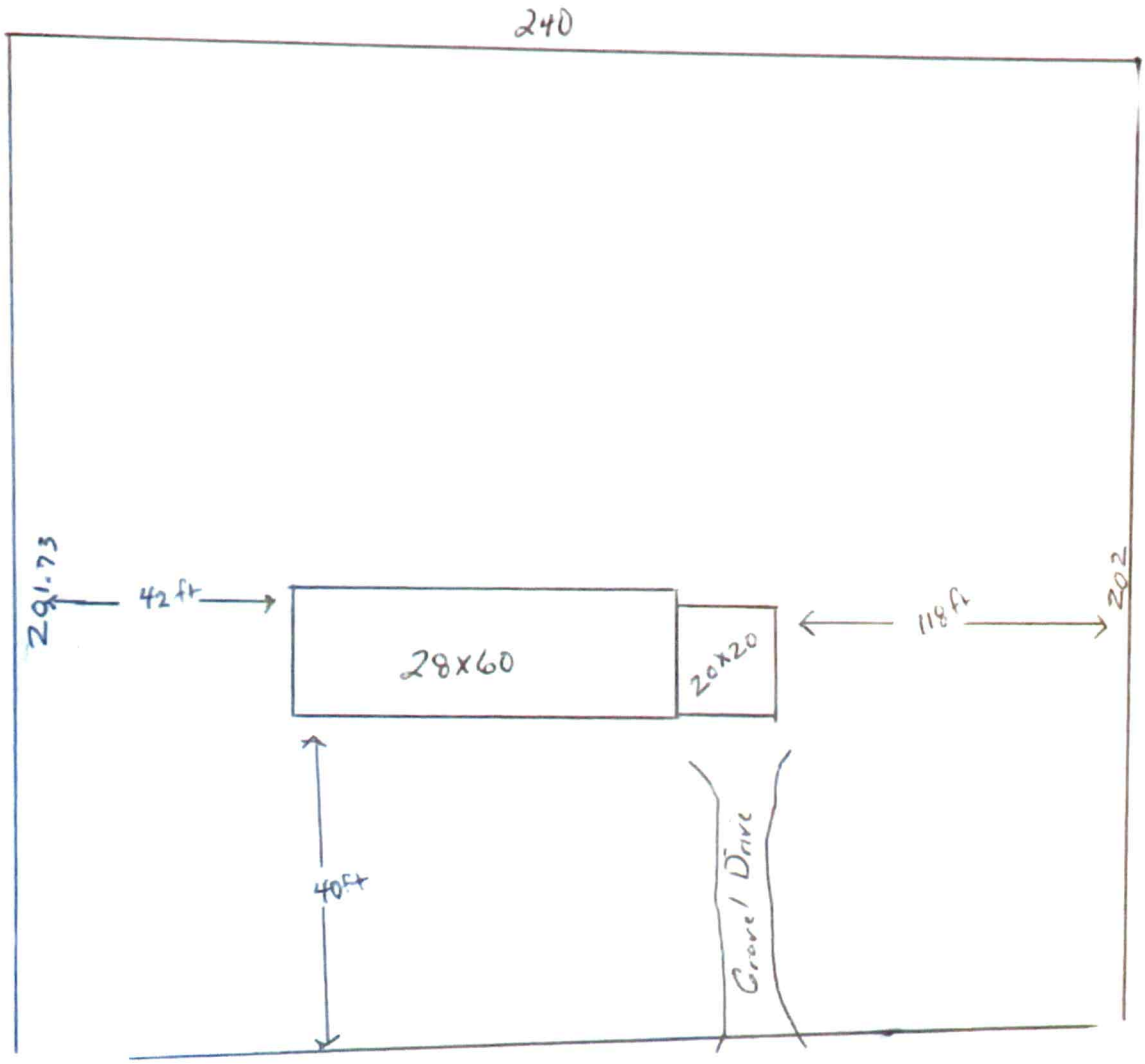
CHURCH GARAGE



Acknowledgement Of Plans Submittal ONLY!

Date 10/17/22

online signature Date


240
291.73
42 ft
28x60
20x20
118 ft
202
40ft
Gravel Drive
Hidden Brook Dr.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Jesse Brown

Date: 10/14/2022

Address: 7856 Mountain Shore Sherrills Ford, NC 28673

Subject: Notice of Intent to Revoke: Address: 214 Hidden Brook Dr Statesville Permit 2022-5555 (Improvement Permit/Construction Authorization

Dear **Jesse Brown:**

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 214 Hidden Brook Dr Statesville Permit 2022-5555 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

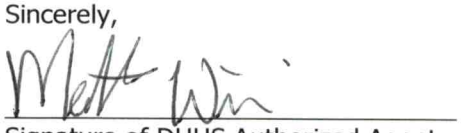
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 10/14/2022 /22. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10/14/2022

Owner: Jesse Brown
Address: 214 Hidden Brook Dr Statesville 28625 Permit 2022-5555

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address:

I, Online Signature, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III at Address: 214 Hidden Brook Statesville 28625

for the site will be "revoked" immediately by the authorized agent/local health department.

Online Signature
Signature of Property Owner

23-527 042722
3 BRM 2 BTH
26'-8" x 60'-0"
1600 SQFT



Acknowledgement Of
Plans Submittal ONLY!

Matt Wilkie Date 6/21/22

Lisa Church Date 6/20/2022

CHAMPION MANUFACTURED BEAUTIFULLY™ 4055 Hwy. 401 South Lillington, NC 27546	MODIFICATIONS	PROJECT: 23-527 042722 26'-8" x 60' 3 BD 2 BTH DRAWN BY: Staff DATE: 05-20-21 SCALE: NTS	TITLE: LITERATURE PLAN FILENAME: 23-527 042722

SHEET: L-101

PROPRIETARY AND CONFIDENTIAL
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IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

6/21/2022

Owner: Lisa Church
Address: 1291 Wandering Lane Hickory NC 28601

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address: 214 Hidden Brook Drive

I, Lisa Renee Church, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 4-25-22 for a system:
(permit date)

Type III at Address:

for the site will be "revoked" immediately by the authorized agent/local health department.

Lisa Renee Church
Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Lisa Church
Address: 1291 Wandering Lane Hickory NC 28601

Date: 6/21/2022

Subject: Notice of Intent to Revoke: Address: 214 Hidden Brook Dr Statesville NC 28625 326934 (Improvement Permit/Construction Authorization

Dear **Lisa Church:**

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 214 Hidden Brook Dr Statesville 28625 Permit 326934 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

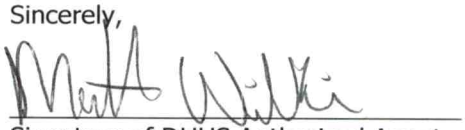
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You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

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

Sheet 1 of 1
PROPERTY ID #: 4703104805
COUNTY: Iredell

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

OWNER: Lisa Church
ADDRESS: 1291 Wandering Lane Hickory NC 28601
PROPOSED FACILITY: SFR
LOCATION OF SITE: 214 Hidden Brook Dr Statesville NC 28625

APPLICATION DATE 3/26/22
DATE EVALUATED: 4/26/22
PROPERTY SIZE: .56 ac
PROPERTY RECORDED: Yes

PROPOSED DESIGN FLOW (.1949): 360

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS 18%	0-12	SCL/Gr	fr ns np SSxp	-	26	-	rock found throughout SCL + C Layer	U
		12-20	C/SBK	fr s p SSxp					
		20-46	Rock						
2	LS 17%	0-12	SCL/Gr	fr ns np SSxp	-	415		Band of rock between 24-32	U
		12-20	CL/ABK	fr s p SSxp					
		20-62	Rock	Vf					
3	LS 15%	0-9	SCL/Gr	fr ns np SSxp	-	42		Mn begin at 42	PS .3
		9-25	C/SBK	fr s p SSxp					
		25-34	CL/ABK SBK	fr s p SSxp					
		34-51	LSAP/M						
4	LS 10%	0-8	SCL/Gr	fr ns np SSxp	-	44	Sap inclusions begin at 35	Mn begin at 47	PS 3
		8-24	C/SBK	fr s p SSxp					
		24-36	CL/wSBK	fr ss sp SSxp					
		36-53	LSB/M	fi					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	214	200
System Type(s)	50%	50%
Site LTAR	.275	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT: Alex McKinney

COMMENTS: 25%. TB 23in

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.

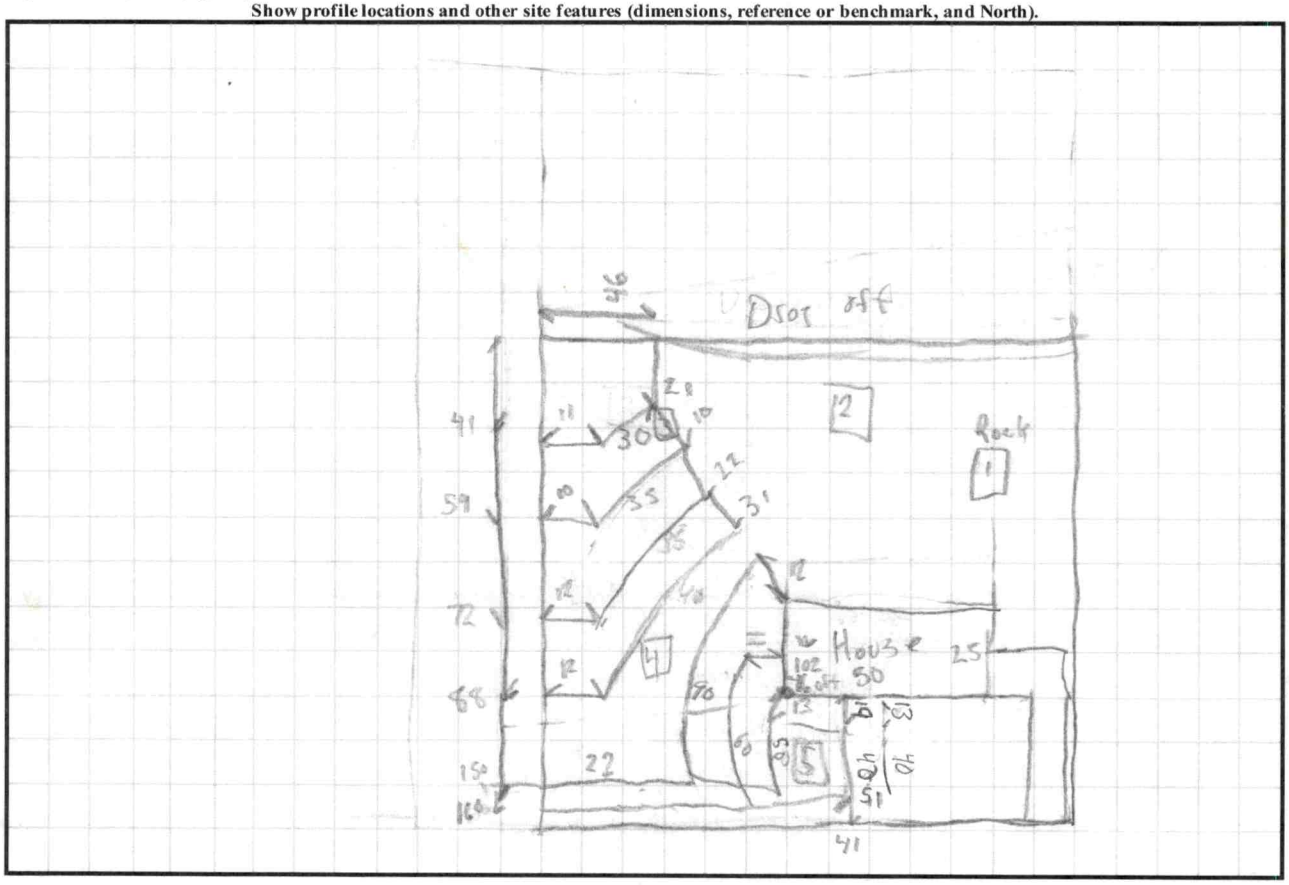
NOTES

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).



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

Sheet 1 of 2
PROPERTY ID #: 4703104805
COUNTY: Iredell

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

OWNER: Lisa Church
ADDRESS: 1291 Wandering Lane Hickory NC 28601
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 214 Hidden Brook Dr Statesville NC 28625
APPLICATION DATE 3/28/22
DATE EVALUATED: 4/20/22
PROPERTY SIZE: .56 Ac
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	LS 12%	0-8	SCL/Gr	Fr NS NP SE SP		43	Sap inclusions begin at 30	Rock at 34 Mn at 33-53	PS .275
		8-22	C/WSBK	Fr SS SP SE SP					
		22-33	CL/SBK-ABK	Fr SS SP SE SP					
		33-53	LS	Fr					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	214	200
System Type(s)	50%	50%
Site LTAR	.275	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT: Alan McKinney

COMMENTS:

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.

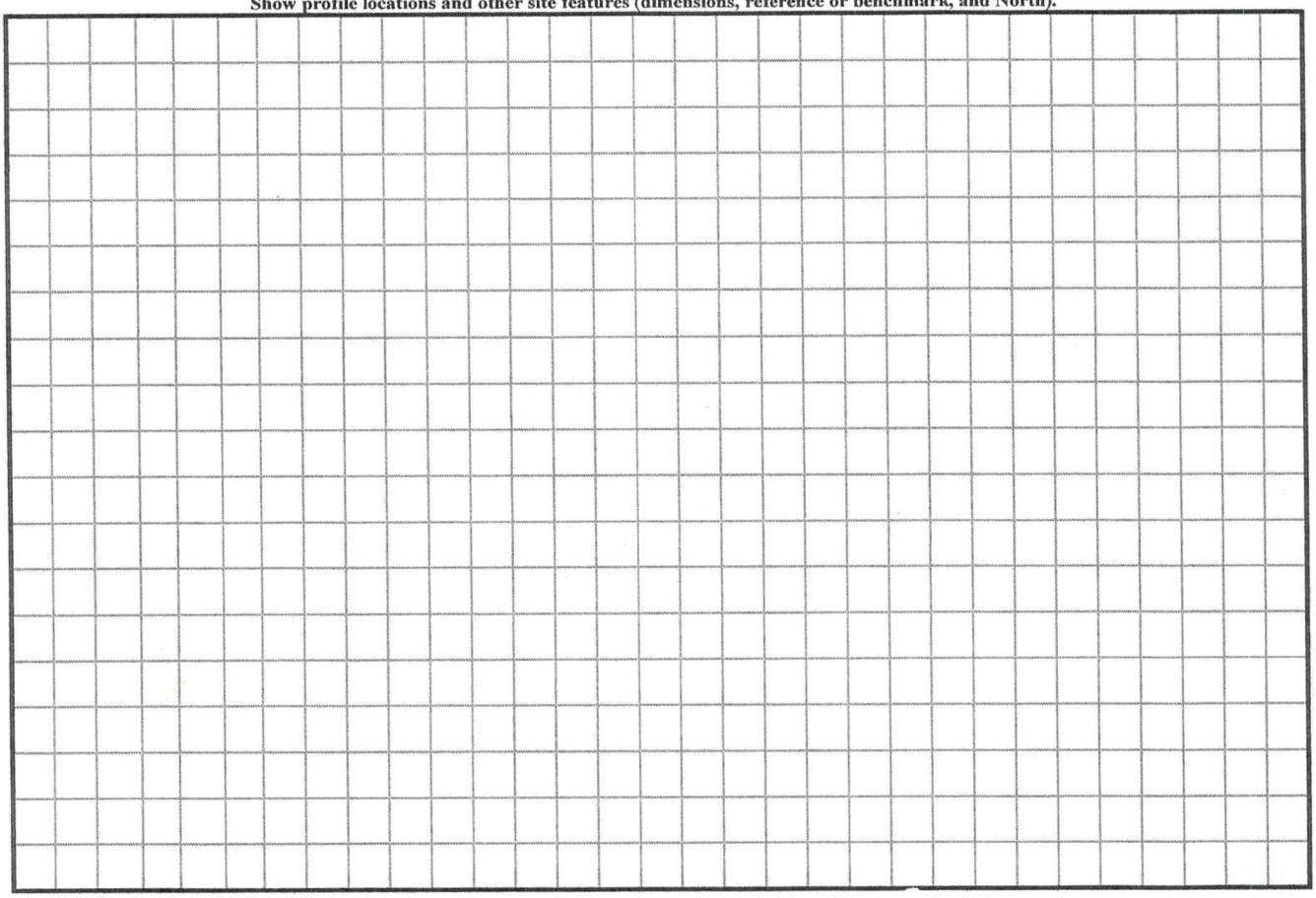
NOTES

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 MAR 2 8 2022

AP- 326934

Paid $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
( ) 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: Lisa Church Address: 1291 Wandering Lane Hickory NC Zip: 28601
Applicant Email: Lchurch1@charter.net Phone: 828-320-0573 Alt. Phone: NA
Owner Name: SAME SAME Address: SAME SAME
Owner Email: ↓ ↓ Phone: ↓ Alt. Phone: ↓

Property Information:

Street Address: 214 Hidden Brook DR. Statesville NC 28625
Subdivision Name: Meadow Creek Section/Phase: 1 Lot Number: 21
Driving Directions: From Hwy 70 (TR) onto Hidden Brook 1st on (R)

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

CHECK FOUNDATION TYPE

- [X] 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: 2
( ) Swimming Pool
( ) Other Addition/Structure:

- [X] 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 [X] City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: NA
( ) No Preference ( ) Alternative [X] 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?
( ) Yes [X] 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.

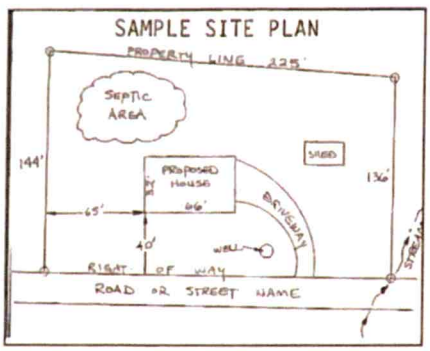
Signature: Lisa Church 3-28-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

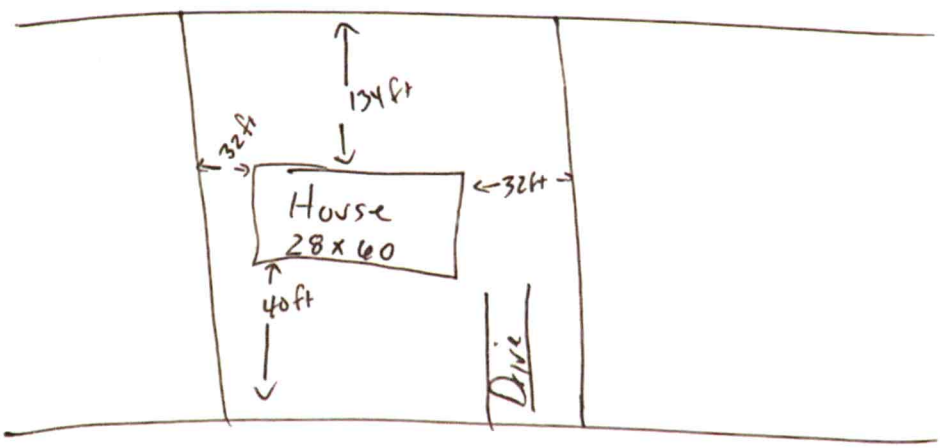
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

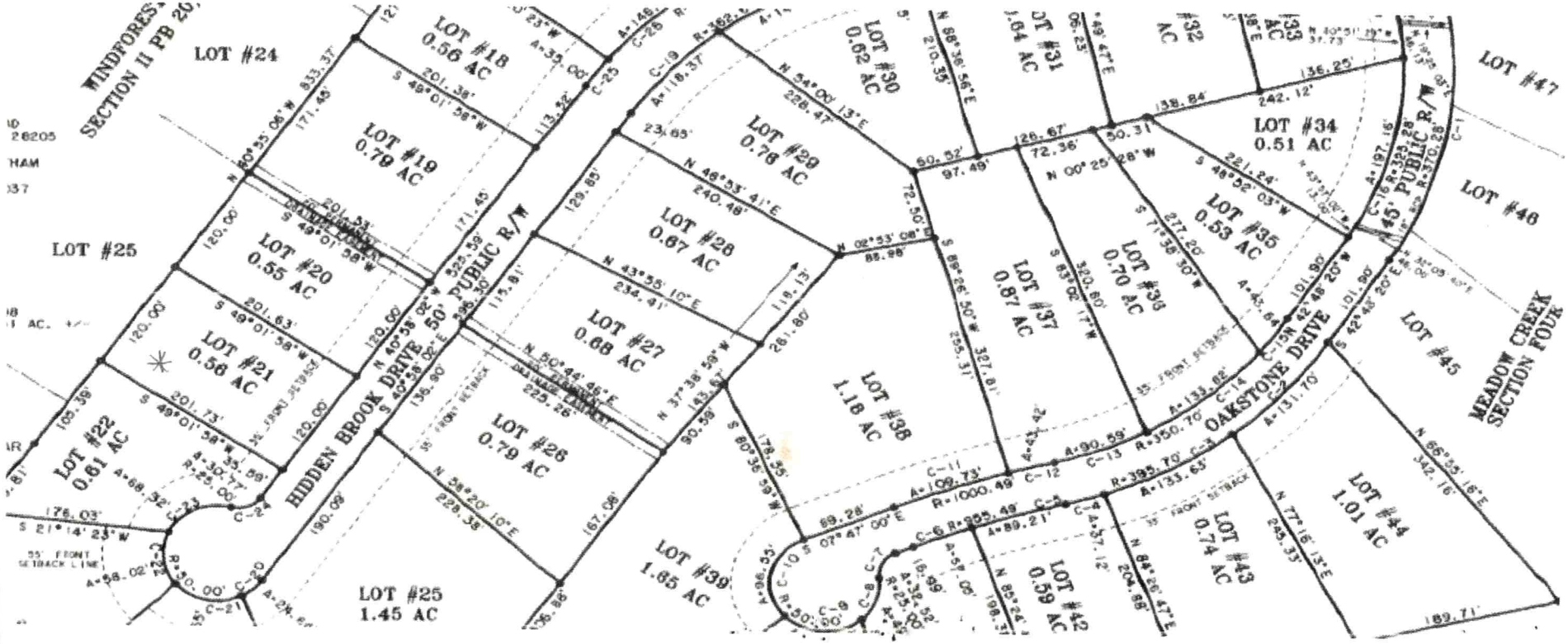


Signature: Lisa Church

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

3-28-2022

DATE


WINDFORES
SECTION II PB 20
LOT #24
LOT #18
0.56 AC
LOT #19
0.79 AC
LOT #25
LOT #20
0.55 AC
LOT #21
0.56 AC
LOT #22
0.61 AC
HIDDEN BROOK DRIVE 50' PUBLIC R/W
LOT #25
1.45 AC
LOT #26
0.79 AC
LOT #27
0.68 AC
LOT #28
0.67 AC
LOT #29
0.78 AC
LOT #30
0.62 AC
LOT #31
1.64 AC
LOT #32
AC
LOT #33
AC
LOT #34
0.51 AC
LOT #35
0.53 AC
LOT #36
0.70 AC
LOT #37
0.87 AC
LOT #38
1.16 AC
LOT #39
1.65 AC
LOT #42
0.59 AC
LOT #43
0.74 AC
LOT #44
1.01 AC
LOT #45
LOT #46
LOT #47
45' PUBLIC R/W
OAKSTONE DRIVE
MEADOW CREEK
SECTION FOUR

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326934
Issue Date: 03/24/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4703104805.000	214 HIDDEN BROOK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PEEKS INC	Name: LISA CHURCH
Address: 5201 MONROE RD	Address: 1291 WANDERING LN
CHARLOTTE, NC 28205	HICKORY , NC 28601
Phone:	Phone: (828)320-0573

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.56	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

DOUBLEWIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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: 03/24/2022

Signature of Owner/Contractor

Permit Number	326934	TOTAL FEES:	$77.25

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326934

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

PIN # 4703 -- 10 -- 4805

APPLICANT/OWNER: Lisa Church APPLICANT ADDRESS: 1291 Wandering Lane Hickory NC 28601

SITE ADDRESS: 214 Hidden Brook Dr Statesville NC 28625 PHONE: 828-320-0573 ALT. PHONE -

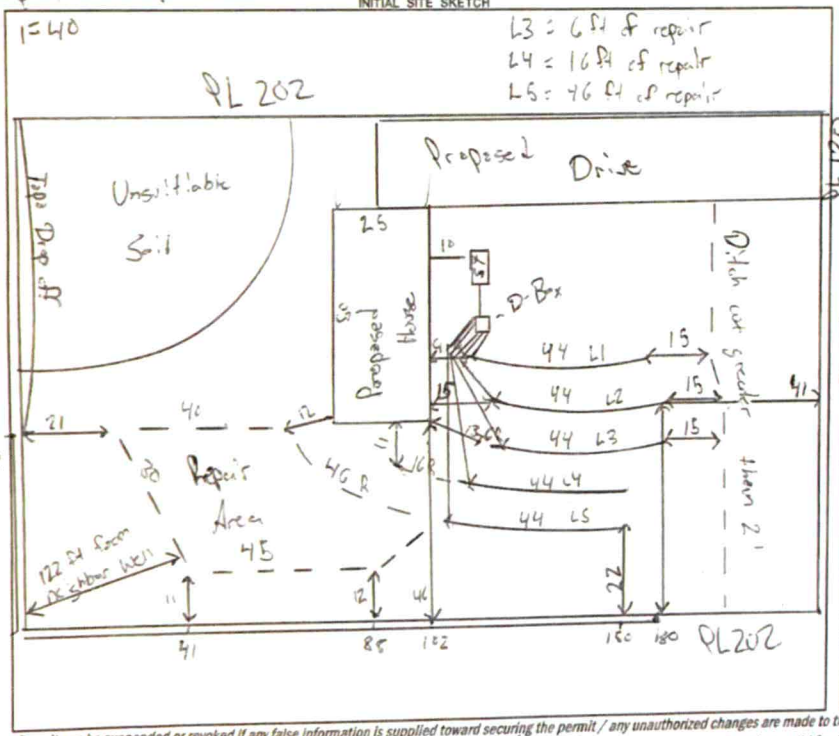
SITE DIRECTIONS: HWY 70 (D) to Hidden Brook Intersection (B) SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Meadow Creek SECTION: 1 LOT # 21 LOT AREA: .56 AC DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	PDBDS - 60% Gravity Horizontal			☐ Business	No. Persons	6	☐ Private
Pump Make	Model		Serial #	Repair System Description:	PDBDS 50% Gravity Horizontal			☐ Other	No. Employees		☑ Public
# Nitrification Fields 1	# Lines 5		Linear Ft 220	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width 36 in	Trench Bottom Depth(Low side) 34 in		Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Ne foundation Drain on house. Install 4 ft on center, on contour. Do not drive, park or build on proposed 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.

Hidden Brook Dr.

COPY

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: Date:

IMPROVEMENT PERMIT by: Matt Wilkie Date: 4/25/22

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by: Date:

OPERATION PERMIT by: Date:

Existing System Inspected by:

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