ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP318903

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

PIN # 4703--10--6973

APPLICANT/OWNER: Gerry Wilson | APPLICANT ADDRESS: 219 Hidden Brook Dr Statesville NC 28677

SITE ADDRESS: 219 Hidden Brook Dr statesville NC 28677 | PHONE: 252-343-7028 | ALT. PHONE

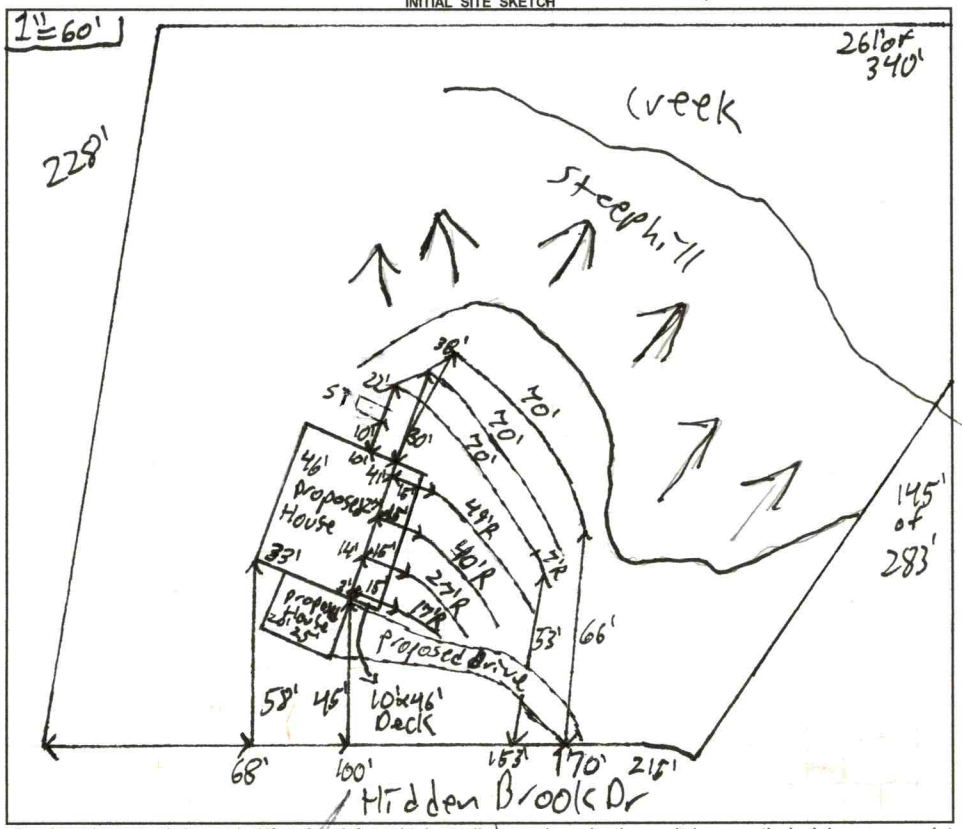
SITE DIRECTIONS: W Front st, to L on Newton Dr, S on US70 W, L on Hidden Brook Dr, lot on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadow Creek | SECTION: 3 | LOT # 25 | LOT AREA: 1.45 acres | DESIGN FLOW: 240GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 854	Date 8-17-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply: ☐ Private
Pump Tank	—	(gal)	PT —	Date —	System Description:			Gravity 25% Reduction	☐ Business	No. Persons 4	☒ Public
Pump Make	—	Model	—	Serial # —	Repair System Description:			LPPPBPS	☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	3	Linear Ft. 200'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

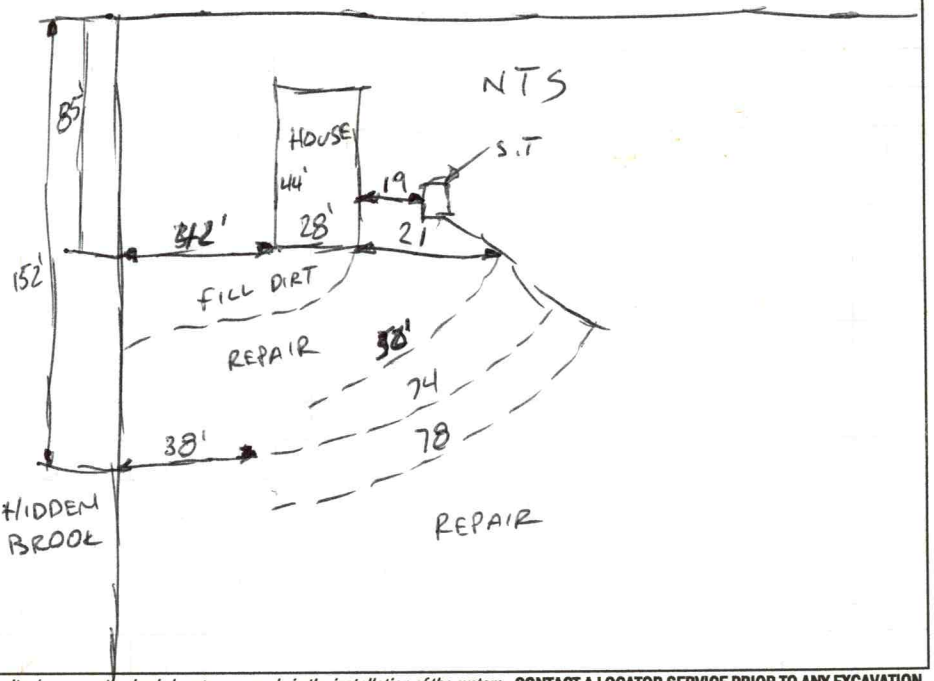
Comments / Conditions: Install lines on contour DO NOT drive on, store material or manipulate drainfield in any way. All property lines and corners must be clearly marked by a licensed surveyor during installation and inspection.

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 EXCEPTION**

☐ **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: Gerry Wilson | Date: 8-5-2021 | Installed by: A+ BACKHOE

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 8/3/2021 | OPERATION PERMIT by: Bryant C. White | Date: 10-26-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-14-2022 | 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? _____	

RECEIVED APR 1 4 2022

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-318903 $500.00

Application For: New Septic ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(~~A~~ 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Gerry Wilson Address: 219 Hidden Brook DR Zip: 28677
Applicant Email: gerrymwilson@yahoo.com Phone: 8283587521 mark Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: 252 343 7028 Alt. Phone:

Property Information:

Street Address: 219 Hidden Brook Dr
Subdivision Name: Meadow Brooke Creek Section/Phase: Lot Number: 25
Driving Directions:

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

(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 2
Maximum Number of Occupants: 7
( ) Swimming Pool
( ) Other Addition/Structure:

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 (X) 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: Gerry Wilson 6/7/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
Gerry Wilson 4/14/2022

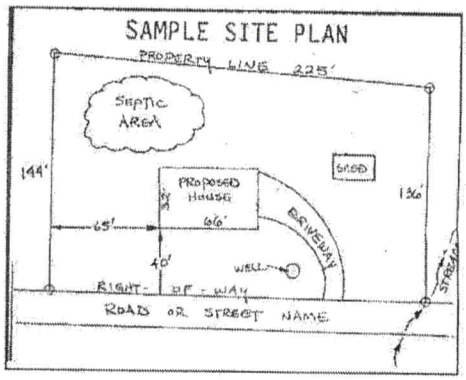
318903

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

See septic permit

Signature: Gerry Wilson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/17/2021
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318903

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

PIN # 4703--10--6973

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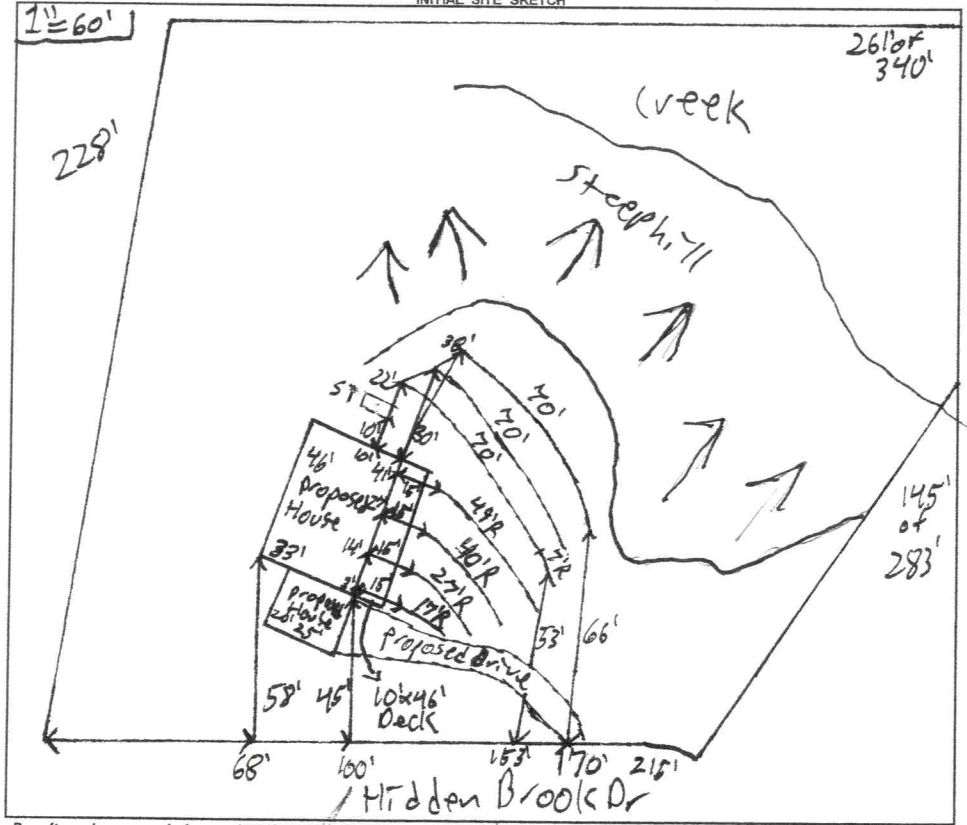
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Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LPPPBPS			
# Nitrification Fields	1	# Lines	3		Linear Ft.	200'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		28"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour, DO NOT drive on, store material or manipulate drainfield in any way. All property lines and corners must be clearly marked by a licensed surveyor during installation and inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

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---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

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Bartel

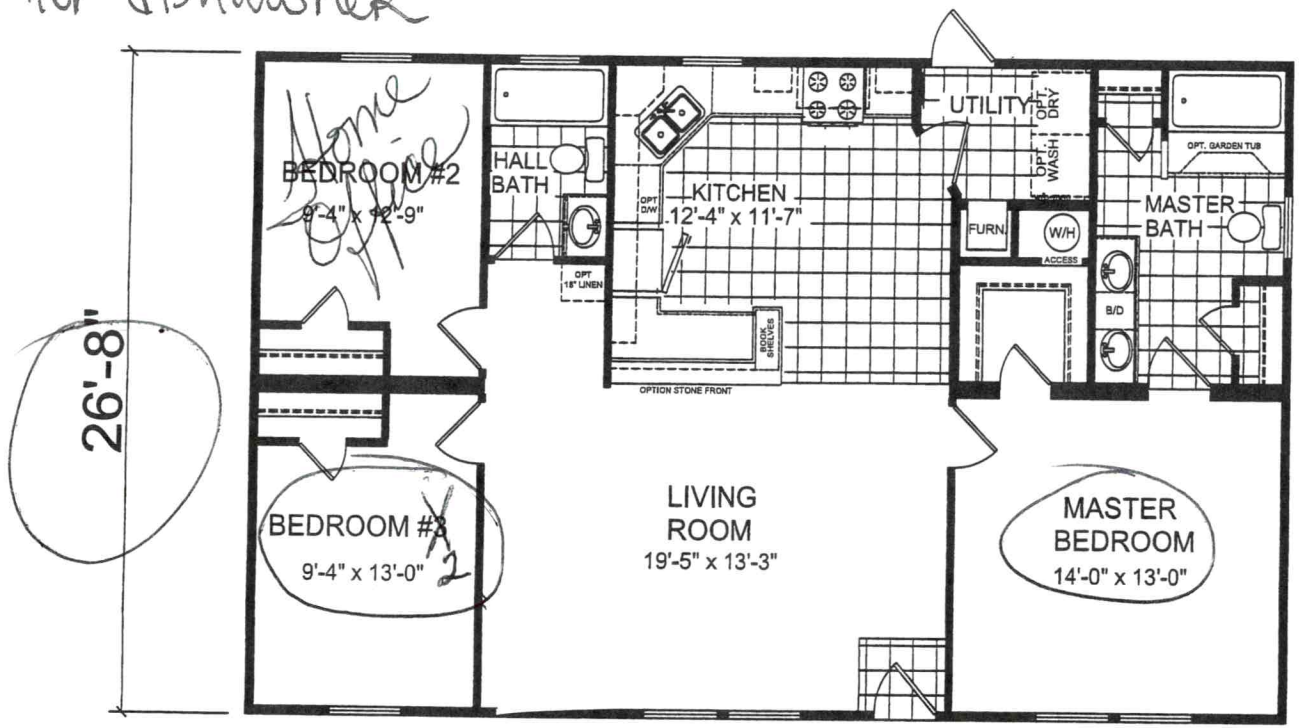
Dutch Elite Housing Series

Factory Expo HOME CENTERS
"Factory Direct Value"

3 Bedroom, 2 Bath
Approx. 1,173 Sq. Ft.

Last Updated: 12-7-15

*omit Dormer
*prep for dishwasher



Acknowledgement Of Plans Submittal ONLY!
Gerry Wilson Date 4/14/2022
Bryan White Date 4-14-2022



115 Titan Roberts Road
Lillington NC 27546
For Detailed Directions See Map On Our Website

Gerry Wilson 4/14/2022

I authorize Factory Expo Homes to build my house, per this plan.
X Gerry Wilson 4/14/2022
Customer Signature/Date

1-800-504-3238 www.fbhexpo.com 1-800-504-3238 www.fbhexpo.com 1-800-504-3238

nportant: Due to our policy of continuing improvement, all information in our brochures may vary from actual home. The right is reserved to make changes at any time, without notice or obligation, in colors, materials, specifications, processes, nd models. All dimensions and square footage calculations are nominal and approximate figures. Please check with your sales person for specific and current information.

318903

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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*) Gerry Wilson

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.
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- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
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- 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.

Gerry Wilson
Signature of Owner(s)

6/17/2021
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

RECEIVED JUN 17 2021

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Iredell County Health Department – Environmental Health Division

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Applicant Name: Gerry Wilson Address: 219 Hidden Brook DR Zip: 28677
Applicant Email: _____ Phone: 8283587521 Mark Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: 252 343 7028 Alt. Phone: _____

Property Information:

Street Address: 219 Hidden Brook Dr
Subdivision Name: Meadow Brooke Creek Section/Phase: _____ Lot Number: 25
Driving Directions: _____

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

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 1
( ) 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

( ) 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 (X) City Water ( ) Other Public Water

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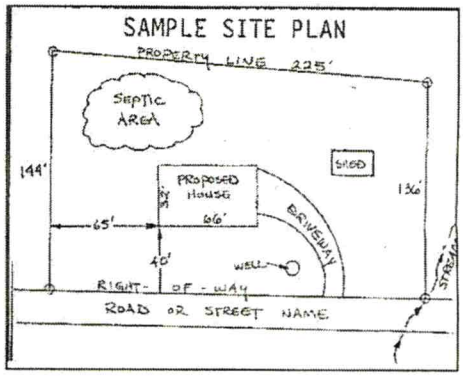
318903

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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Place an (X) beside each item as you complete the site plan:

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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: Gerry Wilson

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6/17/2021

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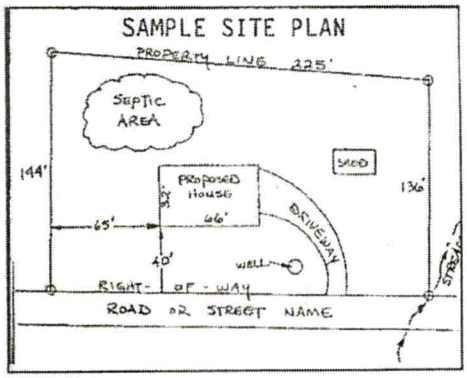
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318903

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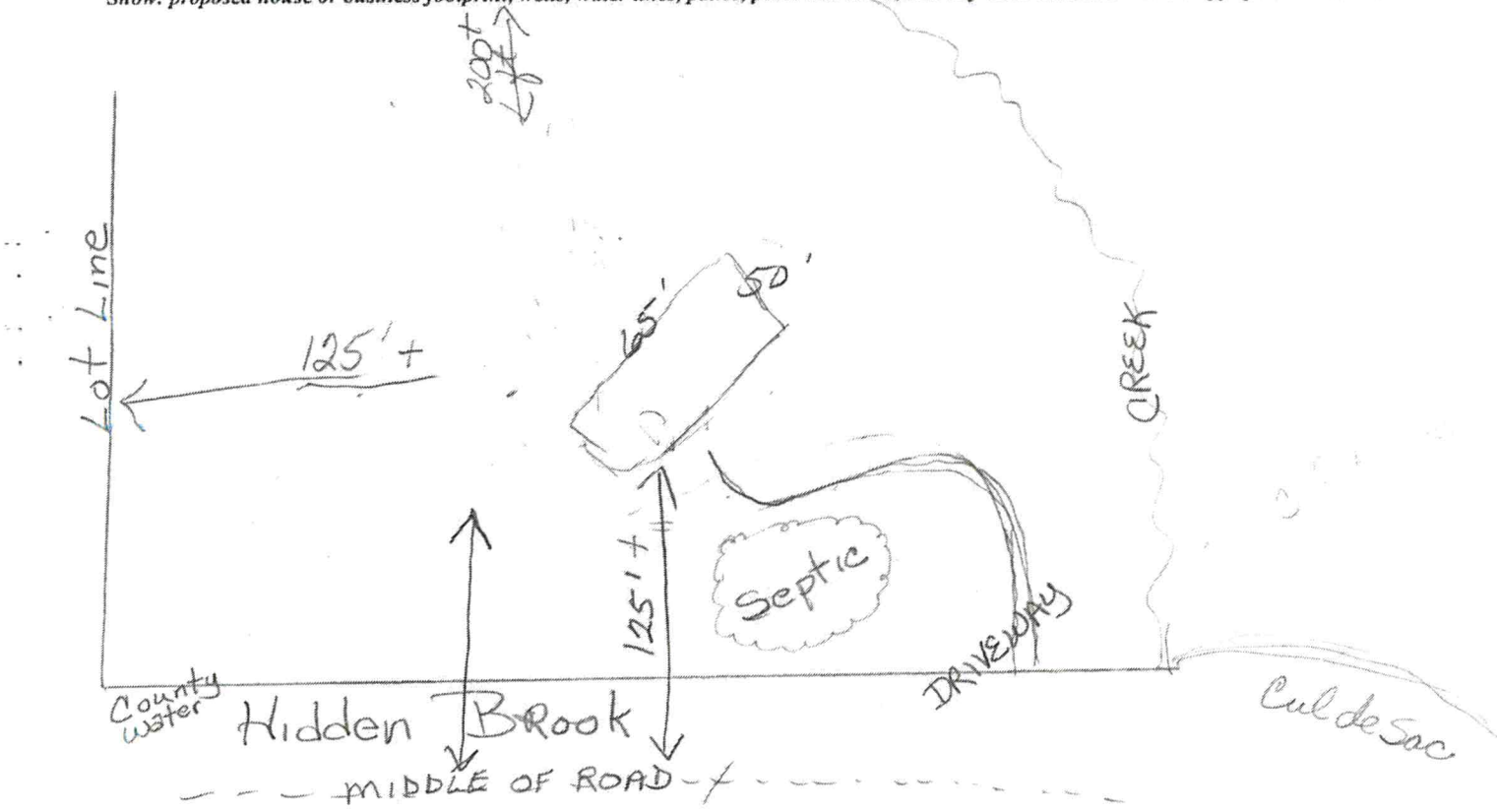
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318903

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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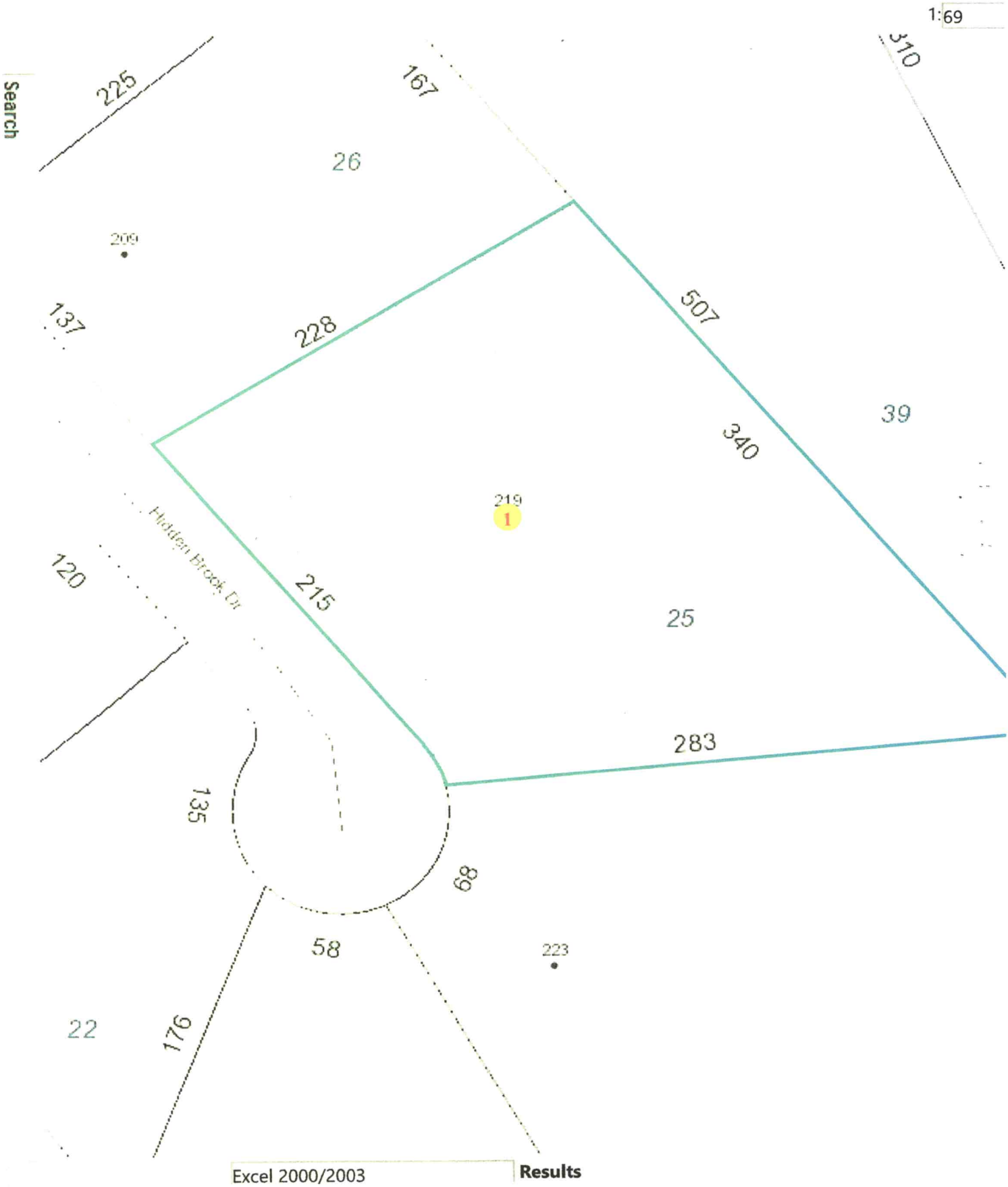
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CONNECTGIS WEB HOSTING

North Carolina Iredell County



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

Sheet 1 of 1
PROPERTY ID #: 470310873
COUNTY: Craven

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

OWNER: Gerry Wilson
ADDRESS: 219 Hidden Brooks Dr
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 2406PP
LOCATION OF SITE: 219 Hidden Brooks
APPLICATION DATE: 6/17/2021
DATE EVALUATED: 7/21/2021
PROPERTY SIZE: 1.45 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other City

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 13%	0-5	SCLWSBK	Fr SSSP sexp	—	54"	few Litho inclusions at bottom	few manganese inclusions at bottom	PS.3
		5-48	C SBK/ABK	Fr SSSP sexp					
		48-54	CL SBK	Fr SSSP sexp					
2	SS 21%	0-7	SCLWSBK	Fr SSSP sexp	—	48"	few Litho and parent Rx inclusions	few small Rocks scattered throughout	PS.3
		7-40	C SBK/ABK	Fr SSSP sexp					
		40-48	CL SBK	Fr SSSP sexp					
3	SS 22%	0-4	SCLWSBK	Fr SSSP sexp	—	48"	—	few small Rocks scattered throughout	PS.3
		4-48	C SBK/ABK	Fr SSSP sexp					
4	SS 18%	0-8	SCLWSBK	Fr SSSP sexp	—	48"	few parent Rx inclusions bottom	—	PS.3
		8-34	C SBK/ABK	Fr SSSP sexp					
		34-48	CL SBK	Fr SSSP sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	133
System Type(s)	Gravity 25%	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Sunny, under some tree cover

Updated February 2014

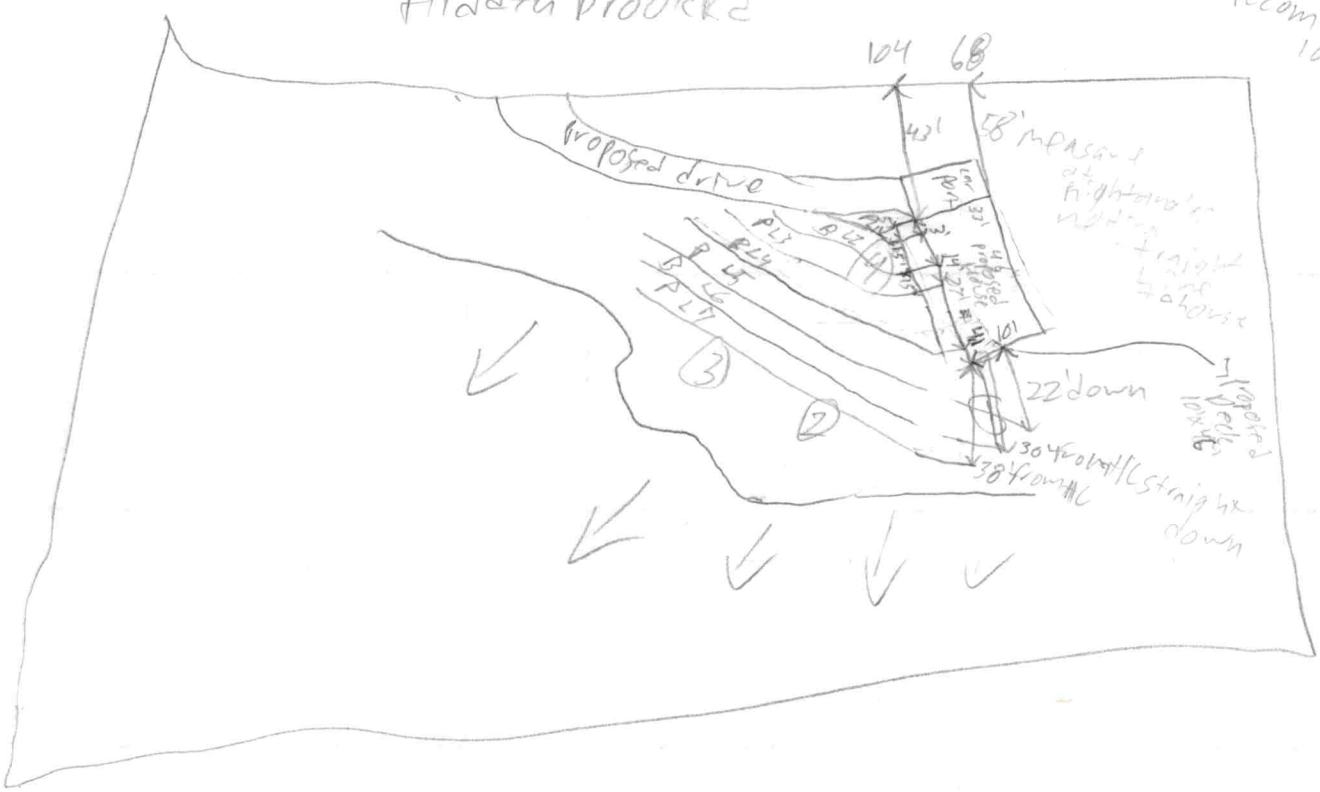
240 ÷ 3 → 800 ÷ 3 → 267 × .75 → 200'

240 ÷ 3 → 800 ÷ 3 → 267 × .5 → 133'

Line	Length
L1	171'
L2	27'
L3	38'
L4	49'
L5	77'
L6	72'
L7	68'

all lines infront of house are 15' off to accomodate 10' deck

Hidden Brooke



DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

3/8903

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) yet If residence how many bedrooms? 2 and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Gerry Wilson Phone # 252 343 7028

Owner's Current Address 112 Damron Lane Harmony NC

Property Information

Property Address 219 Hidden Brook Parcel # #25

Subdivision: Meadow Creek Lot: 25 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Hidden Brook is off Hickory Hwy

Application Information

Applicant's Name or Company_____ Applicant's Phone #_____

Applicant's Address_____

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Gerry Wilson DATE 6/17/2021

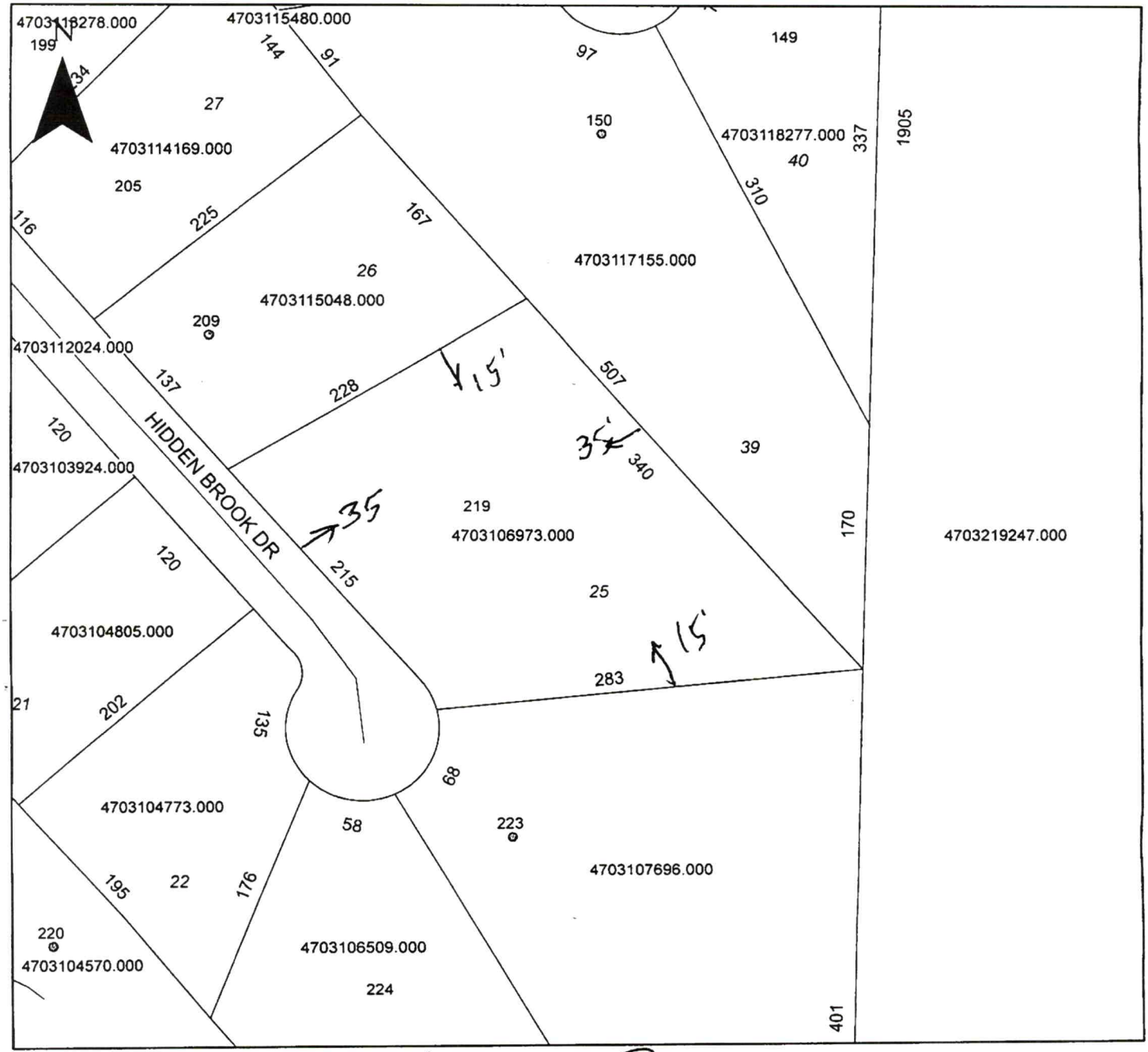
acres 1.45
Iredell
RA

Catawba/LKN
WS-IV-PA

Flood no

318903

ZONING DISCLAIMER



Property Address 219 Hidden Brook Dr

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.

Gerry Wilson
Applicant

6/17/2021
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318903 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4703106973.000	219 HIDDEN BROOK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PEEKS INC	Name: GERRY WILSON
Address: 5201 MONROE RD	Address: 112 DAMRON LANE
CHARLOTTE, NC 28205	HARMONY, NC 28634
Phone:	Phone: (252)343-7028

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.45	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

DOUBLE WIDE

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: 06/17/2021

Signature of Owner/Contractor

Permit Number	318903	TOTAL FEES:	$77.25