ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 318000

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

PIN # 4703--11--1125

APPLICANT/OWNER: George Coons | APPLICANT ADDRESS: 1445 Peregrine Dr. Claremont, NC 28610

SITE ADDRESS: 196 Hidden Brook Drive Statesville, NC | PHONE: 8643538293 | ALT. PHONE

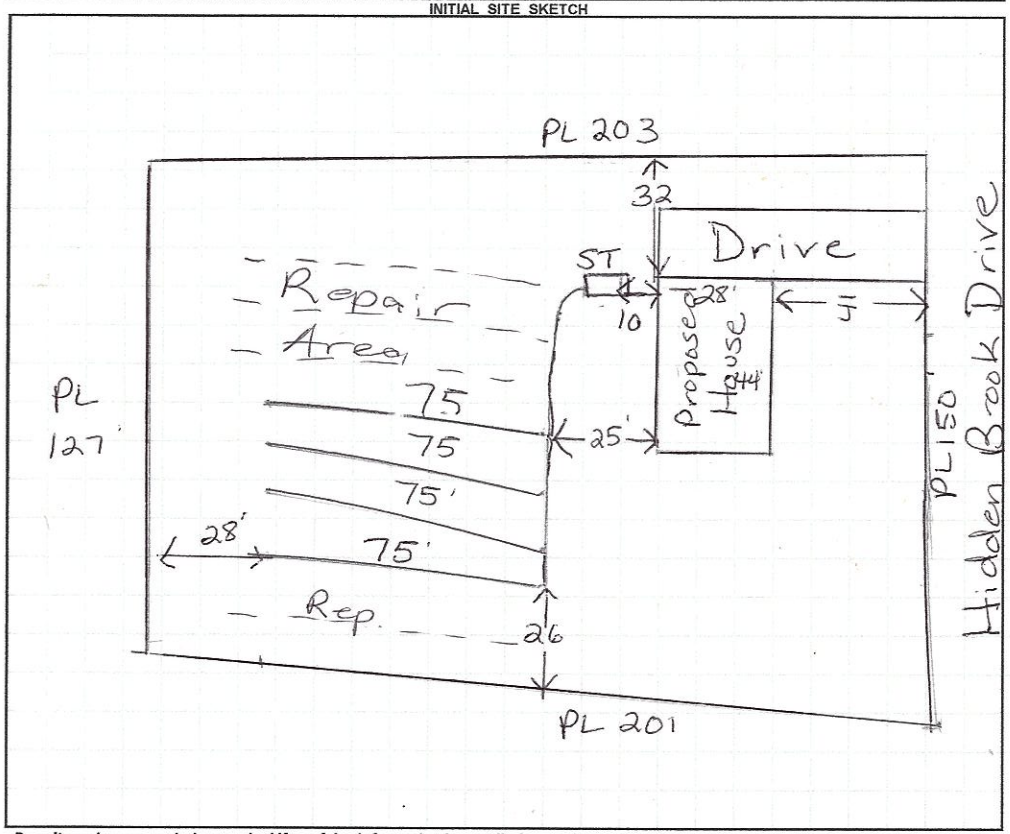
SITE DIRECTIONS: Hwy 70 W towards Catawba County TL Hidden Brook Drive | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadow Creek | SECTION: 3 | LOT # 18 | LOT AREA: .56 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1600 (gal)	STB 160	Date 7-7-21	☒ 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:		Gravity - 25% Reduction		☐ Business	No. Persons 6	☐ Private
Pump Make		Model	Serial #	Repair System Description:		Hort. PPBPS		☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines 4	Linear Ft: 300ft	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Divert Storm/Surface water Away from Septic

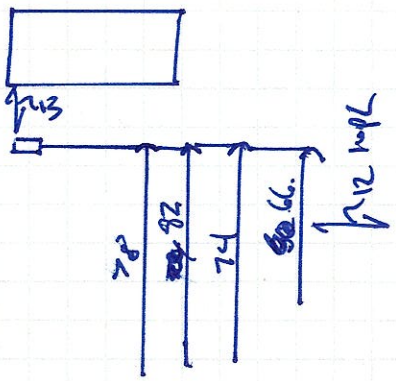
INITIAL SITE SKETCH



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.

Scale 1:50



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: George Coons Date: 7-22-2021 Installed by: JR Trumpett 6174

IMPROVEMENT PERMIT by: Maina Olson Date: 7/20/21 OPERATION PERMIT by: Brigham A Beck Date: 12-6-2021

AUTHORIZATION TO CONSTRUCT by: Brigham A Beck Date: 7/23/21 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4703141
COUNTY: Iredell

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

OWNER: George Coons
ADDRESS: 1445 Peregrine Dr 28610
PROPOSED FACILITY: House
LOCATION OF SITE: 196 Hidden Brook / Lot 18 Meadow Creek
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
APPLICATION DATE: 5/19/21
DATE EVALUATED: 6/28/21
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .56 Ac
PROPERTY RECORDED: Y
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% Repair	0-7	Brw SCL/CL	FI, SS, SR, SE			EXP FR		PS .3 to 38"
		7-38	RCL/CL	m-w SBK SS, SP, SE			EXP FR		
			w/few Rocks	SAP Inclus					
		38-51	RCL/CL	w SBK & Quartz rock			mix		
		51-54	SL-SAP	massive	FR	38"	RS	38"	
2	10%	0-9	Brw SCL/CL	FI SS, SR, SE			EXP FR		PS .3 to 44"
		9-44	RCL/CL	m-w SBK SS, SP, SE			EXP FR		
		44-55	RCL/CL	SBK & Quartz rock			mix		
		55-60	Rock Controlled	SAP		44"	U	44"	
3	5%	0-10	Brw SCL/CL	w SBK FI, SS, SR, SE			EXP FR		PS .3 to 40"
		10-40	RCL/m-w	SBK SS, SR, SE			EXP FR	w/few SAP Inclus	
		40-53	RCL/CL	w SBK & Quartz Rock			mix		
					—	40"	—	40"	
		53-58	SAP & Rock						
4	5% Repair	0-16"	Brw SCL/CL	w SBK FI, SS, SR, SE			EXP,		PS .3 to 34"
		16-34	RCL/CL	m-w SBK SS, SR, SE			EXP,	FR	
		34-58	Quartz Rock/SAP	RCL/CL			mix		
					—	34"	—	34"	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hortonics
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Beene

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.

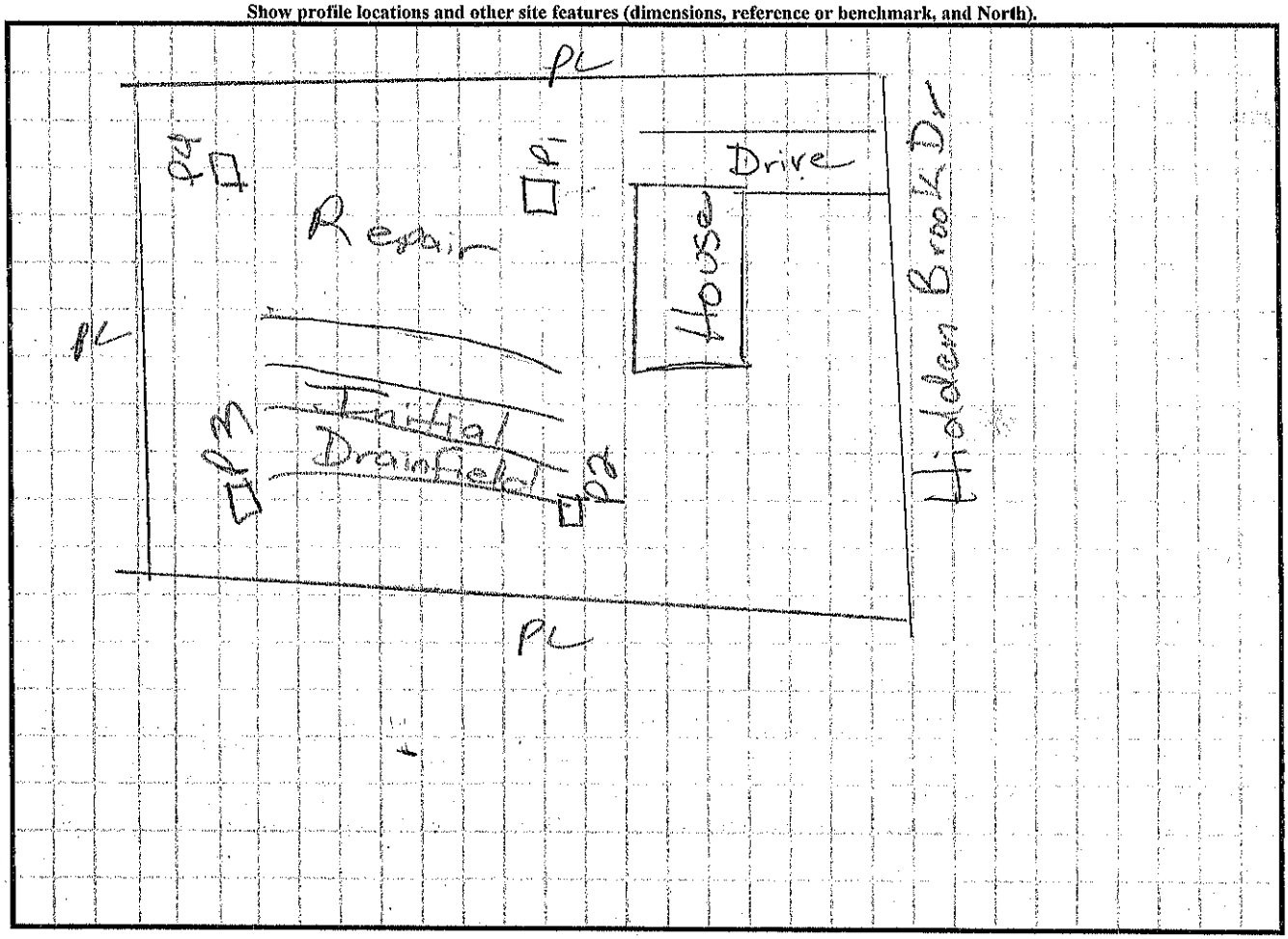
NOTES

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/ft²

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



RECEIVED MAY 19 2021

Mon 6/28 @ 10:30

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-318000 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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)** Mark Wilson Backhoe 8283587521

Applicant Name: George Coons **Address:** 1445 Peregrine Drive **Zip:** 28610

Applicant Email: _____ **Phone:** (864)353-8293 **Alt. Phone:** _____

Owner Name: PEEKS Inc **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** (702)773-8242 **Alt. Phone:** 828-461-2949

Property Information:

Street Address: 196 Hidden Brook Drive, Statesville NC, 28677

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 18

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1159 sq ft 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 (X) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: _____
( ) 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: George Coons — 5-19-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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, _____, am the legal owner(s) of the property located at 196 Hidden Brook Drive, Statesville NC, 28677, identified as PIN (Parcel Identification Number) 4703111125, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) George Loans _____, 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.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

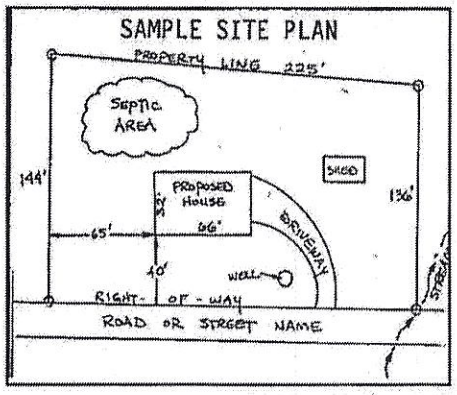
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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:

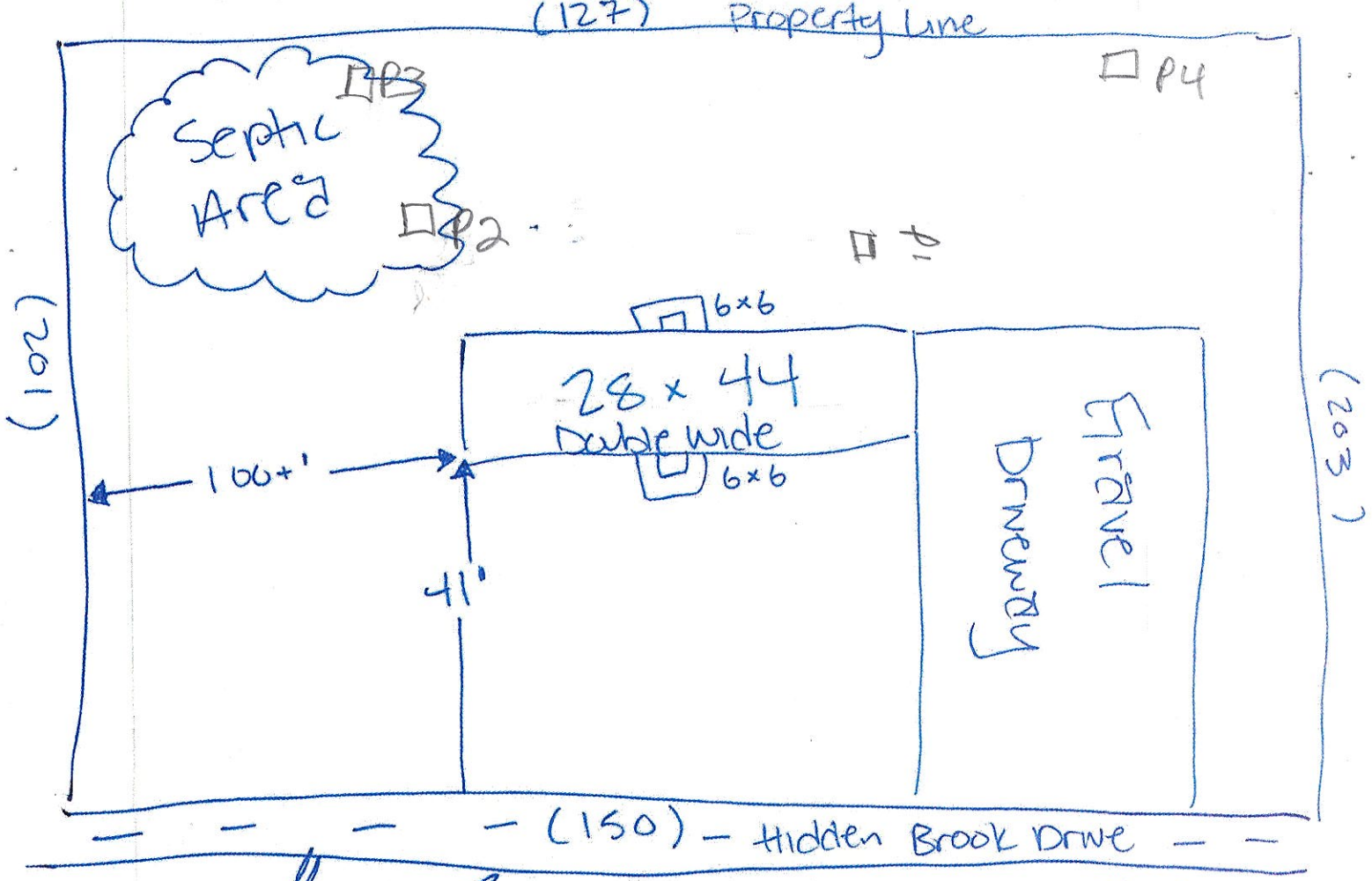
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Gayl Coon — 5-19-2021

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

LOT #15
0.68 AC
LOT #14
0.55 AC
LOT #31
0.64 AC
LOT #16
0.64 AC
LOT #30
0.62 AC
LOT #17
0.58 AC
LOT #29
0.76 AC
LOT #18
0.56 AC
LOT #28
0.67 AC
LOT #19
0.79 AC
LOT #27
0.68 AC
LOT #20
0.55 AC
LOT #26
0.79 AC
LOT #21
0.56 AC
HIDDEN BROOK DRIVE 50' PUBLIC R/W
#23
#25
N 01° 23' 28" E
163.80'
S 88° 39' 20" E
201.05'
120.00'
S 01° 20' 40" W
157.45'
S 87° 49' 47"
206.23'
139.47'
FRONT SETBACK
N 79° 30' 31" E
214.13'
110.80'
S 01° 20' 40" W
A-83.00'
C-28
43.93'
N 88° 38' 36" E
210.35'
62.54'
229.19'
S 57° 00' 43" W
A-75.00'
C-27
A-149.41'
C-18
A-412.61'
R-362.61'
C-19
A-118.37'
N 54° 00' 13" E
228.47'
60.52'
97.49'
72.50'
N 02° 33' 08" E
86.58'
127.00'
A-146.70'
C-26
203.21'
S 32° 50' 23" W
A-35.00'
C-25
113.52'
N 46° 53' 41" E
240.48'
129.85'
118.13'
261.80'
127.00'
201.38'
S 49° 01' 58" W
N 43° 55' 10" E
234.41'
N 40° 55' 06" W
833.37'
171.45'
171.45'
N 37° 38' 59" W
143.67'
90.59'
N 40° 58' 02" W
525.59'
115.81'
N 50° 44' 46" E
225.26'
20' PERMANENT DRAINAGE EASEMENT
201.53'
S 49° 01' 58" W
120.00'
120.00'
N 40° 58' 02" E
296.30'
136.90'
35' FRONT SETBACK
167.08'
201.63'
S 49° 01' 58" W
N 58° 20' 10" E
228.38'
120.00'
120.00'
201.73'
S 49° 01' 58" W
35.59'
A-30.77'
180.09'

318000

Acknowledgement Of
Plans Submittal ONLY!

Date 7/22/21

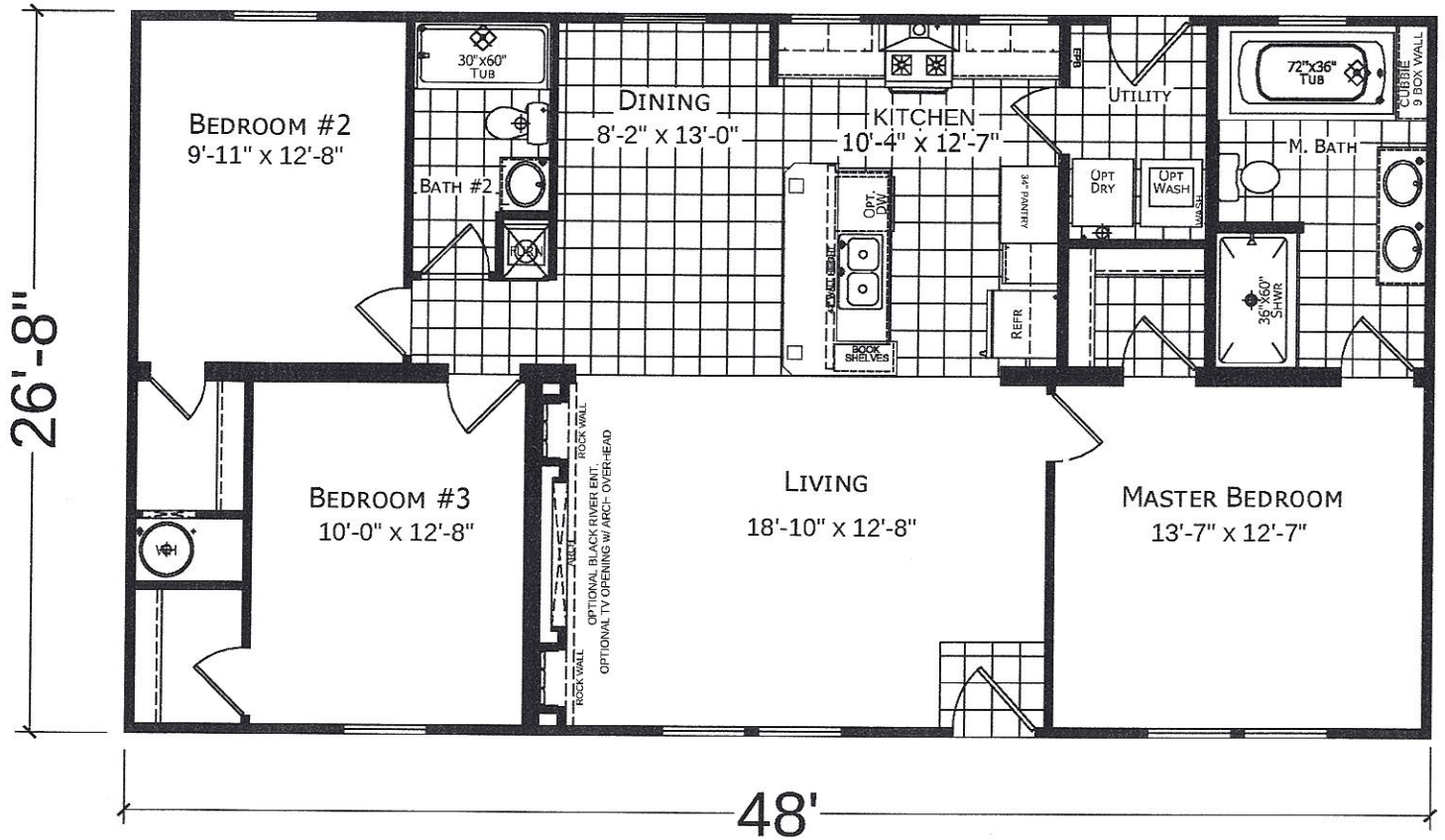
Date 7-22-21

7-23-21

MODEL 23-2748-01

3 BDRM, 2 BATH
ACTUAL SIZE: 26'-8"X 48'-0"
TOTAL AREA: 1280 SQ.FT.

OPT. PATIO



MATERIALS AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE FOR PRODUCTION AND CODE PURPOSES. ALL DIMENSIONS ARE NOMINAL AND APPROXIMATE. SQUARE FOOTAGE IS MEASURED FROM EXTERIOR WALL TO EXTERIOR WALL AND IS A APPROXIMATE FIGURE. THIS DRAWING IS A RENDERING AND IS MEANT FOR SALE PURPOSES ONLY.

CHAMPION

PROJECT

TITLE: LITERATURE PLAN
MODEL: 23-2748-01 MOD
26'-8" x 52'-4" 3 BEDROOM 2 BATH
DATE: 09-23-15
SCALE:
DRAWN BY: RS
REVISED:
REVISIONS
SHEET NO: L-101
PAGE:

M:\Engineering\a-Current Product Line 2016 +\SPECIALS\2019\23-2748-01.dwg, 2/26/2019 3:09:59 PM, DWG To PDF.pc3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318000 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4703111125.000	196 HIDDEN BROOK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PEEKS INC	Name: GEORGE COONS
Address: 5201 MONROE RD	Address:
CHARLOTTE, NC 28205	
Phone:	Phone: (828)461-2949

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

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.

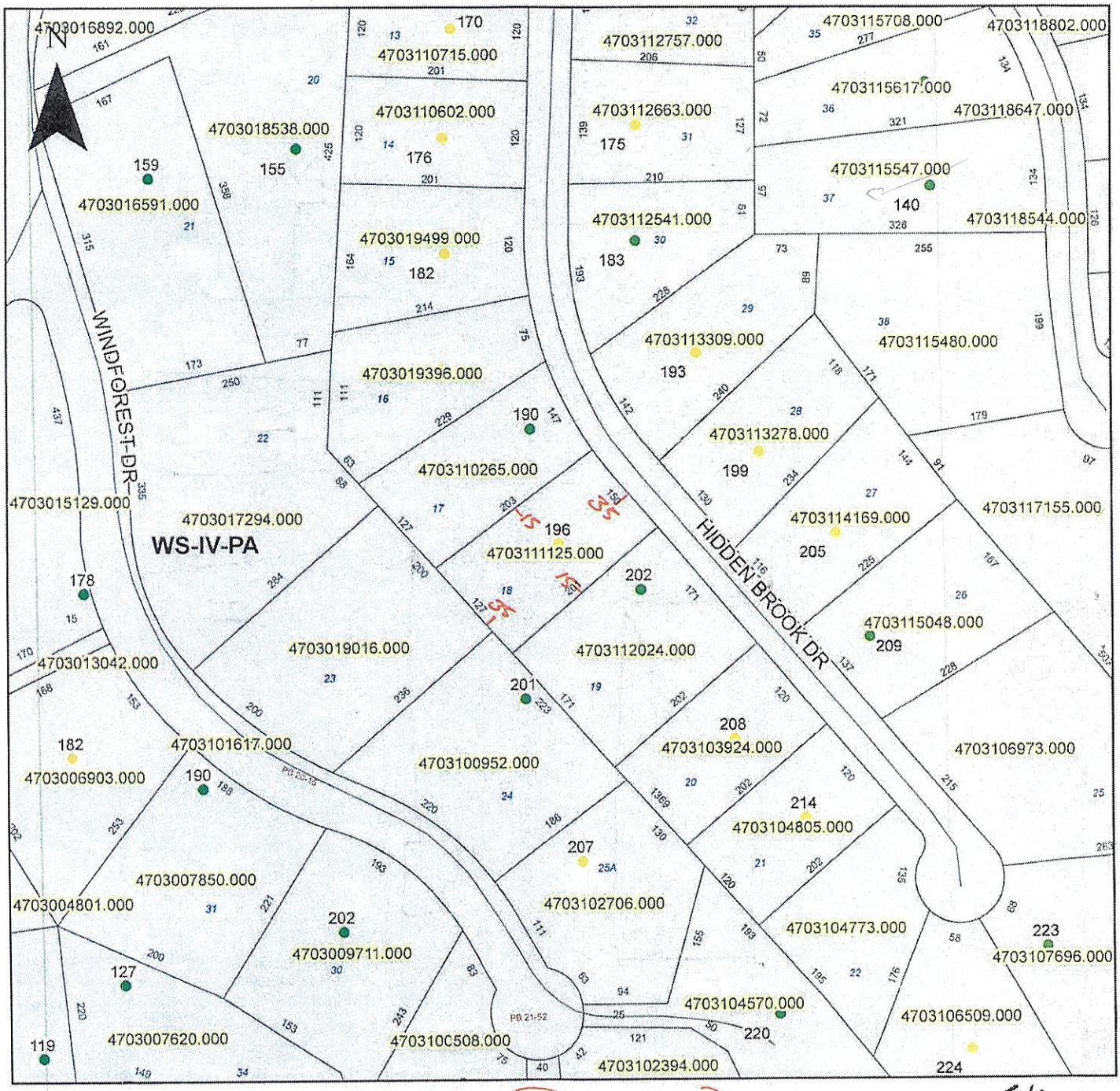
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 05/19/2021

Permit Number	318000	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 196 Hidden Brook Dr.

0.56
RA
WS-IV-PA
No

The applicant certifies that there are nc 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.

Applicant

5-19-2021
Date