BLDR-2022-5809

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324128

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

PIN # 4703 -- 14 -- 2099

APPLICANT/OWNER: Richard Prokop APPLICANT ADDRESS: 127 Pinebluff Dr. Mooresville NC 28117

SITE ADDRESS: 132 Horvath Drive, Statesville NC 28677 PHONE: 704-578-4814 ALT. PHONE

SITE DIRECTIONS: (S) Old Mountain from I-40 → (R) Hwy 70 → (R) Horvath → lot on (R) SAP CONTROLLED: [X] YES [ ] NO

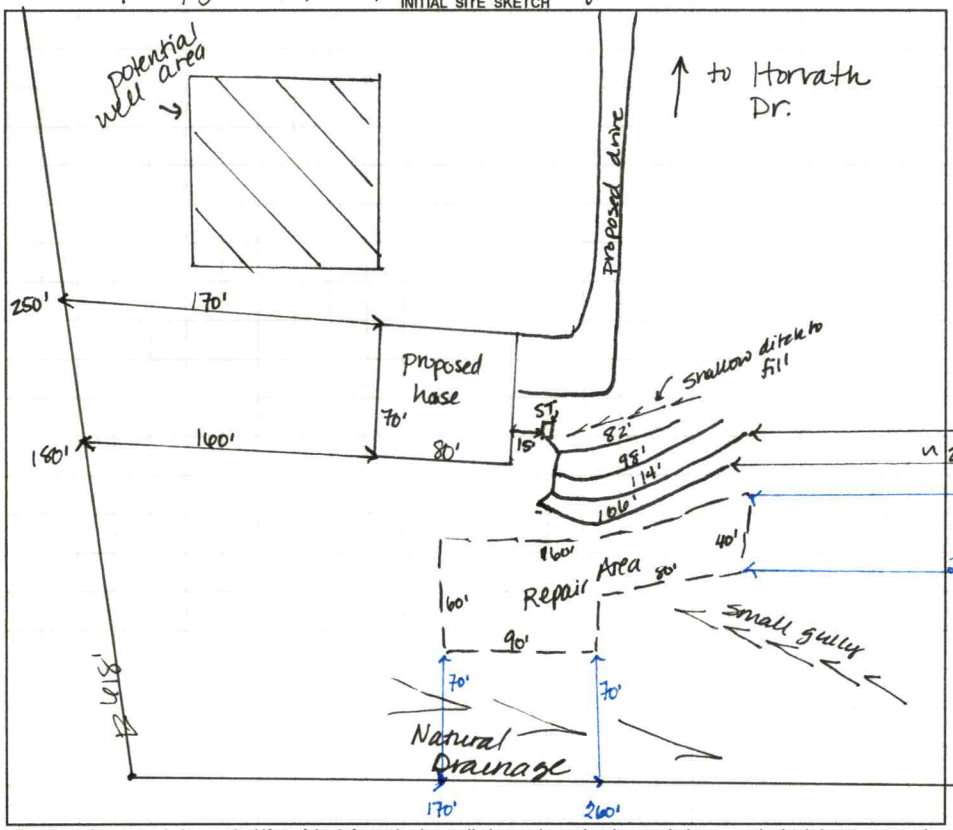
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10.34ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3/0.275

Septic Tank	1000	(gal)	STB 102	Date 1-20-23	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				[ ] Business	No. Persons 8	[X] Private
Pump Make		Model		Serial #	Repair System Description: 50% Reduction				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)		30"	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE		[X] Basement w/plumbing		[ ] Basement w/o plumbing

Comments / Conditions: Use grinder pump to pump from basement, Serial distribution through drainfield. Do not pave, grade, park, drive, or bury utilities on drainfield.

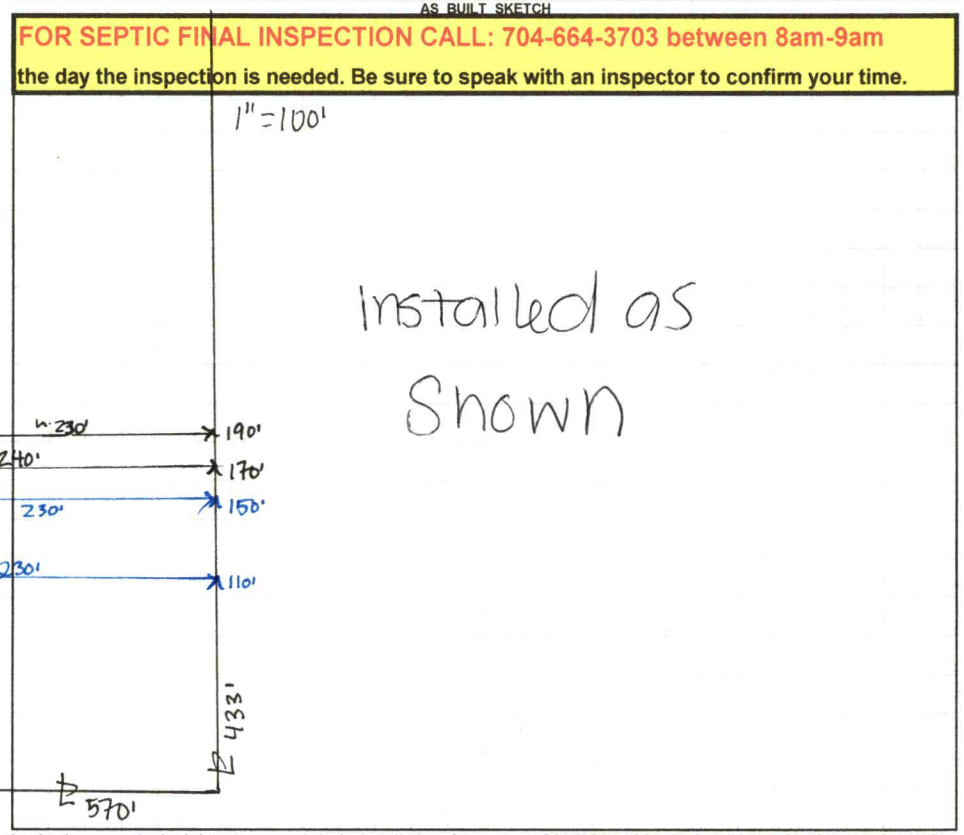
Divert all drainage from drainfield, Keep tank & lines 15' from house.

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.



installed as Shown

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 1-20-22 Installed by: Bowman Grading

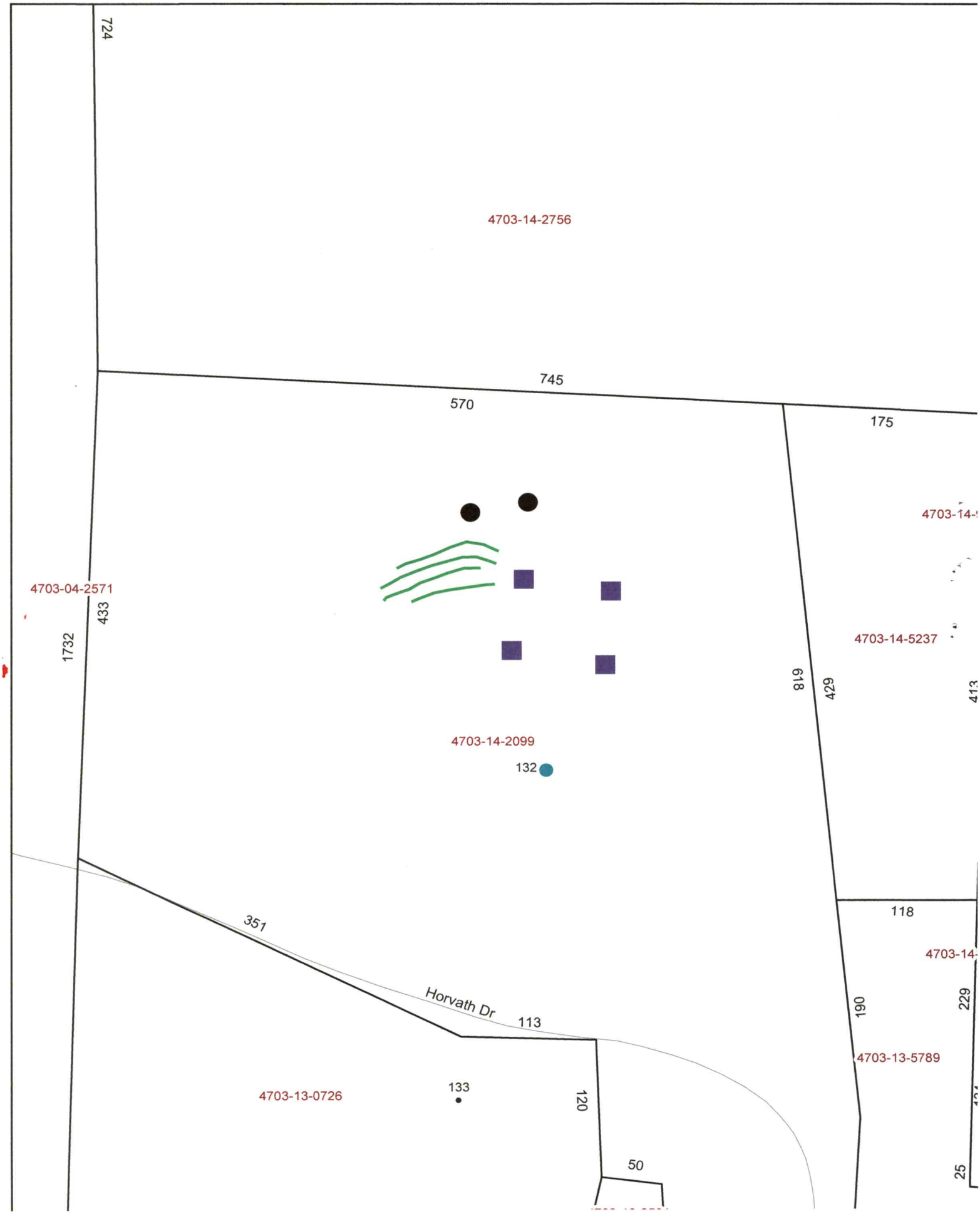
IMPROVEMENT PERMIT by: D. mieberg Date: 1/18/22 OPERATION PERMIT by: Sydney Mallard Date: 4/19/23

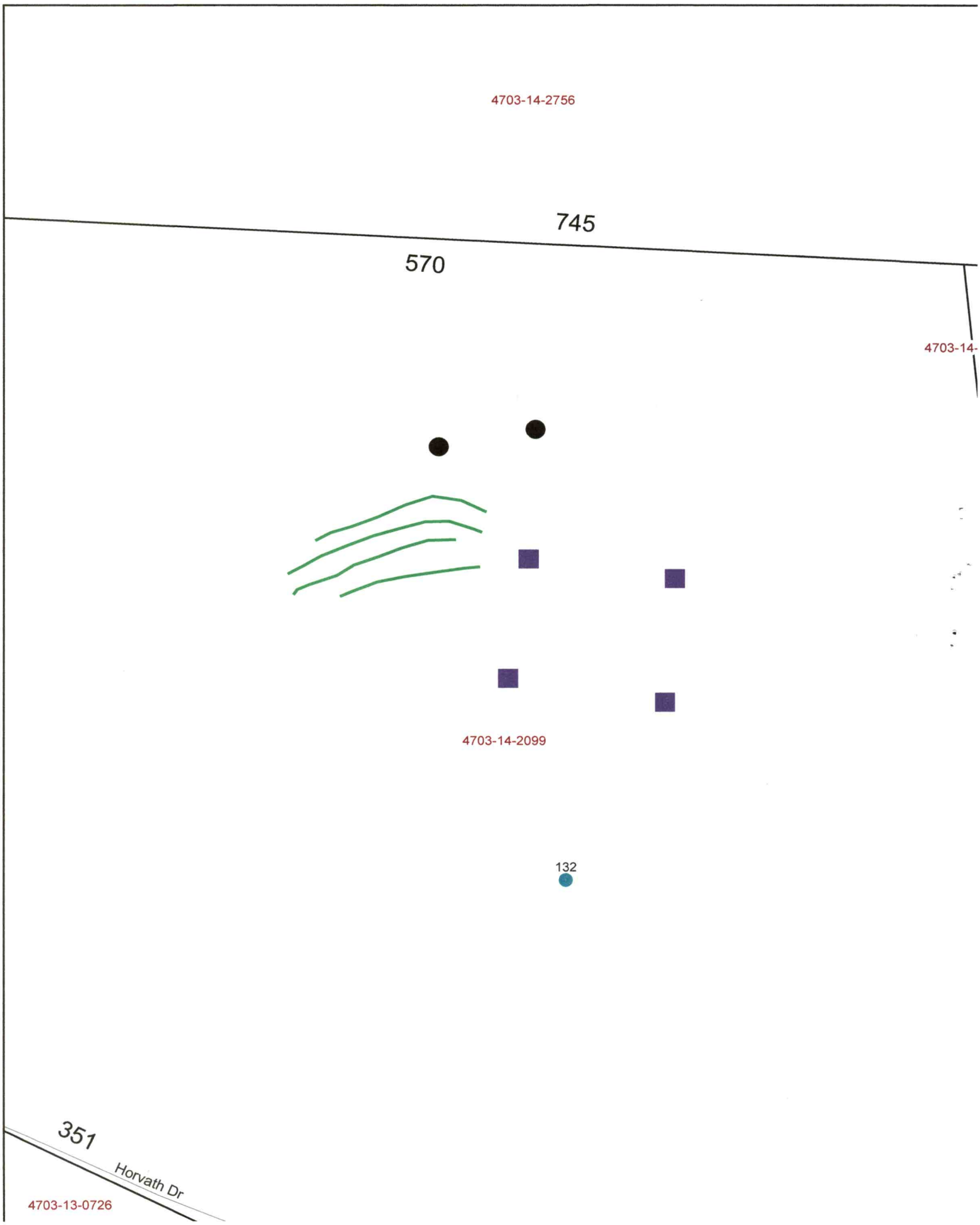
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 9-14-2022 Existing System Inspected by: Date:

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? _____	


724
4703-14-2756
745
570
175
4703-14-
4703-04-2571
433
1732
4703-14-5237
819
426
413
4703-14-2099
132
118
4703-14-
351
Horvath Dr
113
190
229
4703-13-5789
4703-13-0726
133
120
50
25


4703-14-2756
745
570
4703-14-
4703-14-2099
132
351
Horvath Dr
4703-13-0726

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

Pick up in Mooresville

Sheet 1 of 1
PROPERTY ID #: 4703149099
COUNTY: Iredell

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

OWNER: Richard Prokop
APPLICATION DATE 12/23/21
ADDRESS: 127 Pinebluff Mooresville 28117
DATE EVALUATED: 11/3/21
PROPOSED FACILITY: Res
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 10.34
LOCATION OF SITE: 132 Horvath, Statesville NC 28
PROPERTY RECORDED:
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 1-15	0-6	CL SBK	SSSP-FR-SSKP	N/A	43"	SL/L	N/A	PS 0.275
		6-36	C - SBK	↓					
		36-43	CL - WSBK						
		43-58	SAP-SL/L-M	ASNP-FR.	Sap ind.	common 36"+			
2	LS 1, 15	0-8	CL SBK	SSSP-FR-SSKP	N/A	43"	LS/S	N/A	PS 0.3
		8-23	C - SBK	"	Significant sap content 23"+ still structure. Some clay loam veins in sap				
		23-43	CL/SCL-WSBK	SSNP-FR-SSKP					
		43-60	SAP-LS/S-M	SSNP-FR					
3	LS 15%	0-8	CL	SSSP-FR-SSKP	N/A	45"	SL/L	N/A	PS 0.3
		8-28	C - SBK	"	heavy sap content 28"+, band of sap LS @ 30"				
		28-45	CL/SCL-WSBK	SSNP-FR-SSKP					
		45-60	SAP-SL/L-M	SSNP					
4	LS 10-15%	0-8	SCL-SBK	SSSP-FR-SSKP	N/A	46"	SL/L	N/A	PS 0.3
		8-26	C-SBK	"	heavy sap content in CL Clay veins in sap				
		26-46	CL/L-WSBK	SSNP-FR-SSKP					
		46-60	SAP-SL/L-M	SSNP-FR					

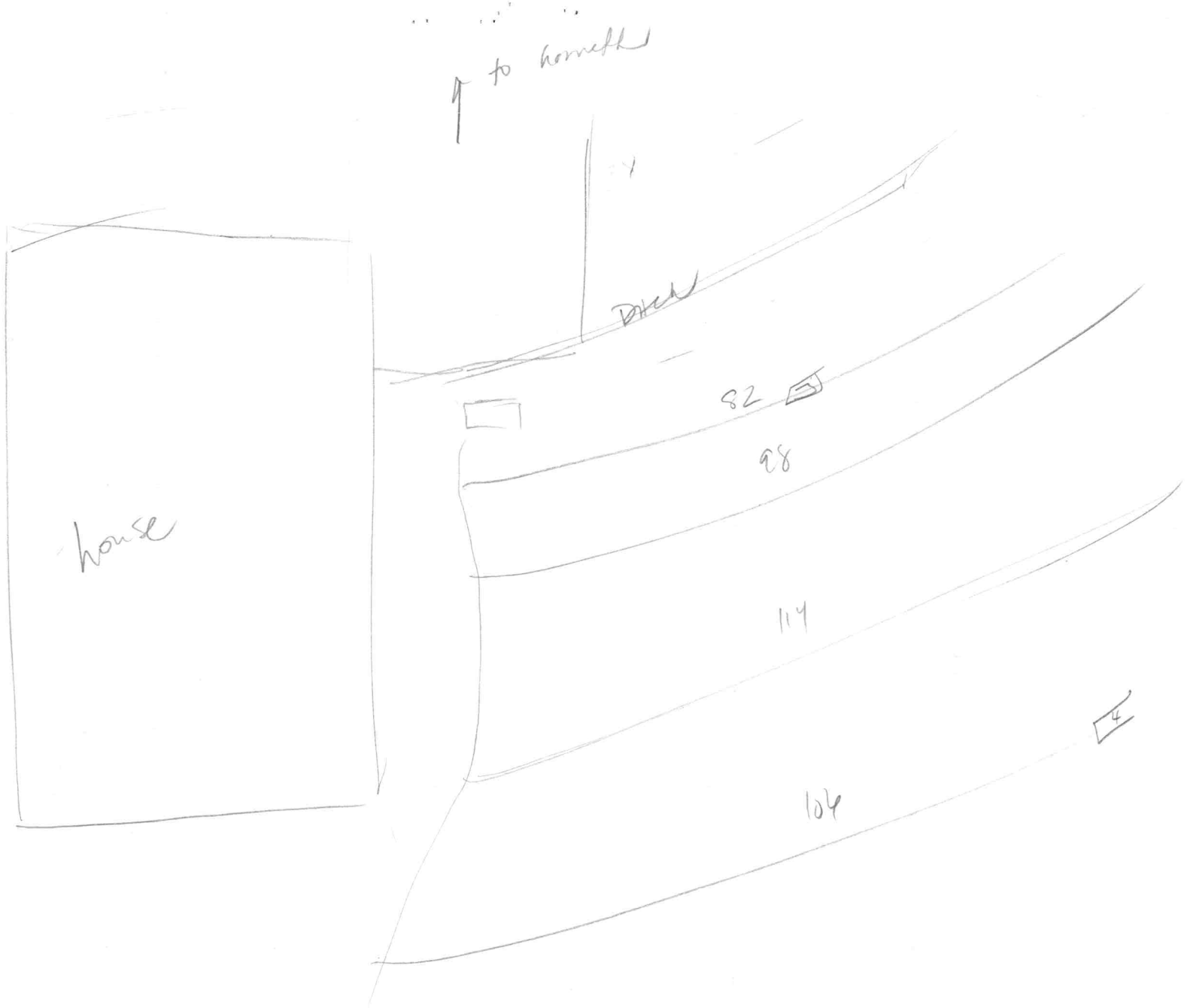
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	7010	
System Type(s)	25% red	50% red
Site LTAR	0.3	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiebertz
OTHER(S) PRESENT: B. Prokop

COMMENTS:

Updated February 2014

Grinder pump from basement to upstairs



1

2

SM.
Gully

1/21 @93

RECEIVED DEC 2 3 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-324128 $500.00

Application For: (X) 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: (X) 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: Richard Prokop Address: 127 Pinebluff DR. Zip: 28117
Applicant Email: RPprokop72@YAHOO.com Phone: 704-578-4814 Alt. Phone: 704-578-5826
Owner Name: Richard & Shirley Prokop Address: 127 Pinebluff DR. Zip: 28117
Owner Email: RPprokop72@YAHOO.com Phone: 704-578-4814 Alt. Phone: 704-578-5826

Property Information:

Street Address: ~~TBD~~ 132 HORVATH DR
Pin # 4703142099.000
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: ON Hwy 70 From OLD MOUNTAIN RD TRAVEL WEST 2 miles APPROX TO HORVATH DR. – PROPERTY IS LOCATED THERE ON THE RIGHT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (X) 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: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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 (X) Conventional ( ) Innovative (X) 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?

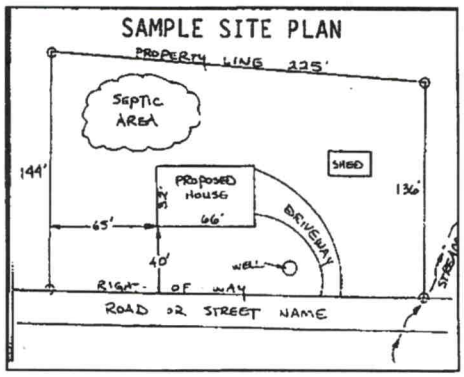
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 12-20-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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 ATTACHED SURVEY SHEET

Signature: _____ 12-20-21

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

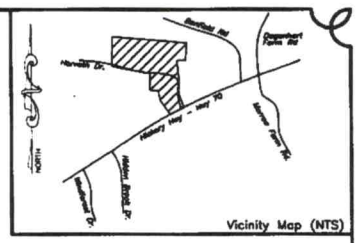
Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4702, Iredell County, North Carolina Community Panel Number 3710470200K, effective date: March 18, 2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Zoning

ZONING: R-20 (Iredell County)
Building Setbacks
Front – 35 Feet
Side – 15 Feet
Rear – 35 Feet

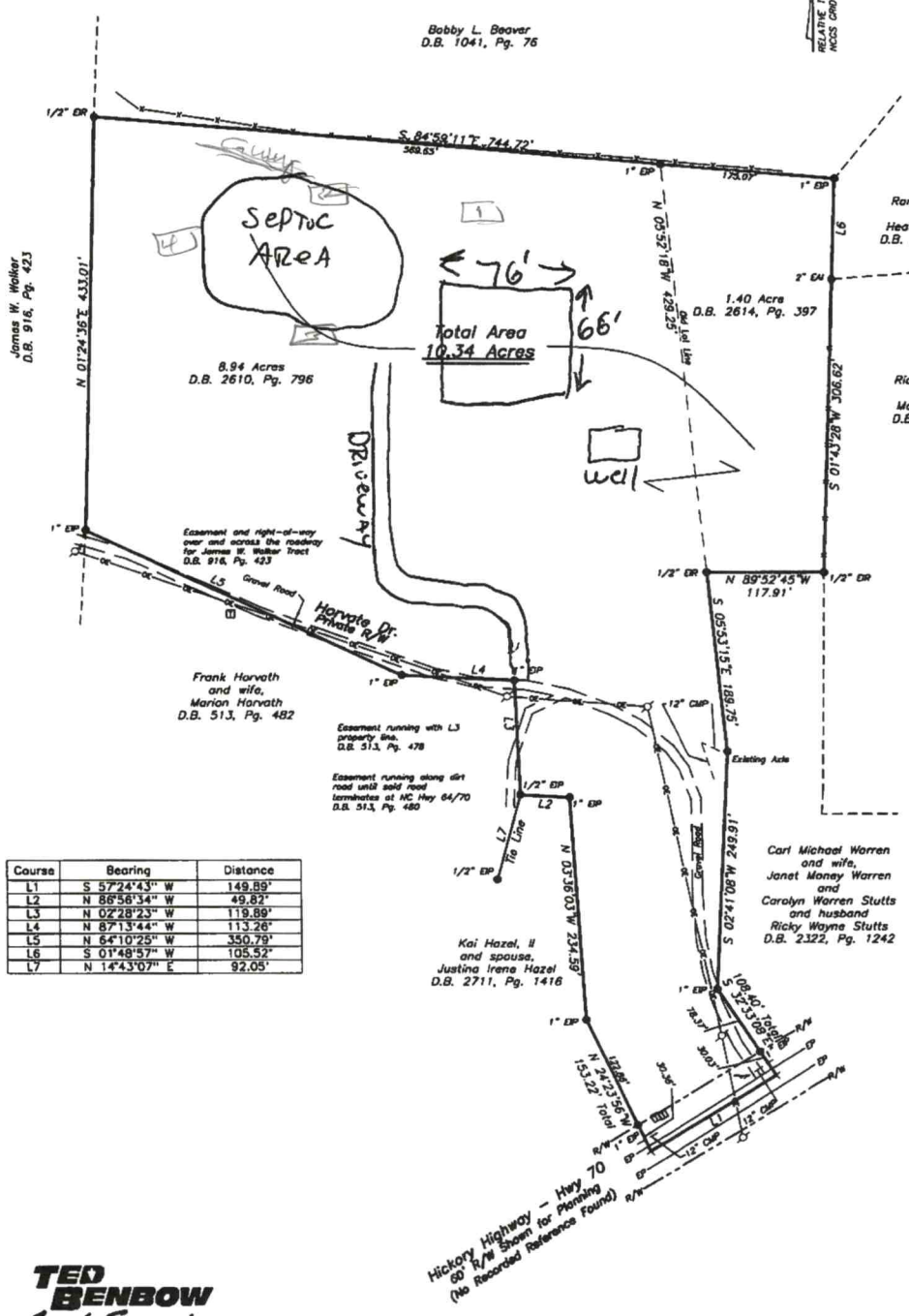
BUILDING HEIGHT RESTRICTIONS AS FOLLOWS:
Maximum Height – 35 Feet



Vicinity Map (NTS)

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.
- EIP ..... EXISTING IRON PIPE AS SHOWN
- EAI ..... EXISTING ANGLE IRON AS SHOWN
- EIR ..... EXISTING IRON ROD AS SHOWN
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- MNF ..... MAG NAIL FOUND
- CALCULATED POINT
- MAILBOX
- TELEPHONE PEDESTAL
- UTILITY POLE
- ROAD SIGN
- RCP ..... REINFORCED CONCRETE PIPE
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- BSL ..... BUILDING SETBACK LINE
- LINE NOT SURVEYED
- LINE SURVEYED
- OE OVERHEAD UTILITIES



Course	Bearing	Distance
L1	S 57°24'43" W	149.89'
L2	N 86°56'34" W	49.82'
L3	N 02°28'23" W	119.89'
L4	N 87°13'44" W	113.26'
L5	N 64°10'25" W	350.79'
L6	S 01°48'57" W	105.52'
L7	N 14°43'07" E	92.05'

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
* This survey is subject to any facts that may be disclosed by a full and accurate title search.
* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600
* The ratio of precision before any adjustments is 1:18,000.
* Area determined by coordinate computations.
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site

Witness this my original signature, registration number and seal this 14 day of January, 2021 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

GRAPHIC SCALE – FEET 1" = 80'
80 0 80 160 240

Boundary Survey For:

Richard Prokop

Shiloh Township, Iredell County, NC
Owners of Record: Vera T. Beaver 1/3 interest, and Diana B. Dagenhart, Karen B. Donaldson, A. David Beaver and Anna B. Ross 2/3 interest
Deed Reference: D.B. 2610, Pg. 796
Owners of Record: Vera T. Beaver 99% interest, and Diana B. Dagenhart, Karen B. Donaldson, A. David Beaver and Anna B. Ross 1% interest
Deed Reference: D.B. 2614, Pg. 397
Plat Reference: N/A
PIN: 4703-14-2099
PIN: 4703-14-5237
Job Number:2012224.DWG (2012224.CRD)
Field Work: 12-11-2020
Plat Date: 1-14-2021

TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9681
www.boundarydevelopment.com

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*) Richard Prokop

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, Richard Prokop, am the legal owner(s) of the property located at 8.95 Acres on Hickory Hug 132 Horvath Dr identified as

PIN (Parcel Identification Number) 4703142099,000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Yvonne Fisher Schaefer General Contractor Lic # 62571, 828-308-3436 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: 12-20-21

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- N/A Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 12-20-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.

P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, *NC Licensed Soil Scientist, Certified Septic Installer, Certified Wastewater Operator & Certified Septic Inspector* **Contacts**: *704.746.5046*
Email: *rollans.ashley@yahoo.com*

Project Number: *20-0131*
Date: *12/14/20*

Richard & Shirley Prokup
Attn: *Beth-Lee Wright*
Email: beth-lee@dougmadisonrealty.com

Re: On-Site Wastewater Evaluation for a 4 Bedroom Residence on a ±8.95 acre parcel at Corner of Hickory Hwy & Horvath Drive, Statesville, NC, Iredell County, North Carolina. PIN (4703142099)

Dear Richard & Shirley,

Soil & Forestry Services of the Carolinas, PA performed a Preliminary Soil Evaluation on the above mentioned property in Iredell County, NC. The purpose of the evaluation was to determine available space requirement for a 3 bedroom onsite wastewater system. The evaluation was performed on December 7th, 2020 & had a Site Meeting to review our findings on December 9th, 2020.

The findings from our evaluation are illustrated on the attached *Soil Map*. Additional documentation of the soil evaluation is detailed in the NCDENR for Soil *Profile Descriptions*. Soil boring locations were located on an Iredell County GIS map (Aerial Photo) of the property.

Soil/Site Suitability

Three soil borings (B1 – B4) were performed to determine the overall soil suitability for an onsite wastewater system installation. Of these four borings all were found to be provisionally suitable for Conventional, Modified Conventional and/or Accepted subsurface wastewater systems. These soil profile descriptions are most similar to the Cecil Soil Series`. Recommended LTAR is 0.3-.325 gpd/ft2. The square footage requirement for a 4 bedroom Conventional, Modified Conventional or Accepted System (system and repair) is 10,000 – 15,000. **We have determined that there is sufficient available space to support a gravity drainfield for a 4 BR residence. This is pending house placement and driveway are sited to preserve sufficient available space of usable soil by gravity in the areas illustrated on the map. I would recommend performing a survey then staking proposed improvements (house) on the lot. Once this is completed we would proposed performing an on-ground layout of system and repair prior to submittal to the Health Department for the permit.** This will provide you with final system type; number of bedrooms supported and a Site Plan for permitting purposes.

Soil & Forestry Services of the Carolinas, PA appreciates your business and looks forward to working with you in the future. Please let us know if you need any further assistance or have questions in regards to this project.

Thank you
S. Ashley Rollans
NC Licensed Soil Scientist #1231
NC Certified Operator
NC Certified Septic Installer

See Attached: *Soil Map*
Soil Profile Descriptions

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

PID: 4703[illegible]99

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Ind

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

OWNER: Richard [illegible]
ADDRESS:
APPLICATION DATE
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
DATE EVALUATED: 12/7/20
LOCATION OF SITE: Hickory Nut Harvest Drive
PROPERTY SIZE: 8.95 ac
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
PROPERTY RECORDED: yes
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	T/S	0-3							
		3							
2	T/S	0-3							
3	L/S	0-							
4	L/T	0-							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PC
EVALUATED BY: T. Ashley Rollins
OTHER(S) PRESENT: Lindsay

COMMENTS:



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

= Usable Soil Area

= Proposed House

(2) = Soil Boring Location

= Drainageway

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

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X 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)
NONE

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1 w/ Basement

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): Approx 2500

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

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

Owner Information

Property Owner's Name Richard Proctor Phone # 704-578-4814

Owner's Current Address 127 Pinebluff dr Mooresville NC- 28117

Property Information

Property Address 132 Horvath Dr. Parcel # 4703142099

Subdivision: — Lot: — Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: ___

Directions to property (from a MAIN ROAD) Travel west on Hwy 70, from Old Mountain Rd Approx 2 miles on Right is Horvath on Right, follow Horvath to first drive on Right

Application Information

Applicant's Name or Company Richard Proctor Applicant's Phone # 704-578-4814

Applicant's Address 127 Pinebluff dr. Mooresville NC- 28117

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 _____ DATE 12-21-21

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

APPLICATION NUMBER
324128 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4703142099.000	132 Horvath Dr.	Iredell County

Owner Information	Applicant Information
Name: PROKOP RICHARD ETAL	Name: PROKOP RICHARD ETAL
Address:	Address:
Phone:	Phone: (704)578-4814

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.95	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

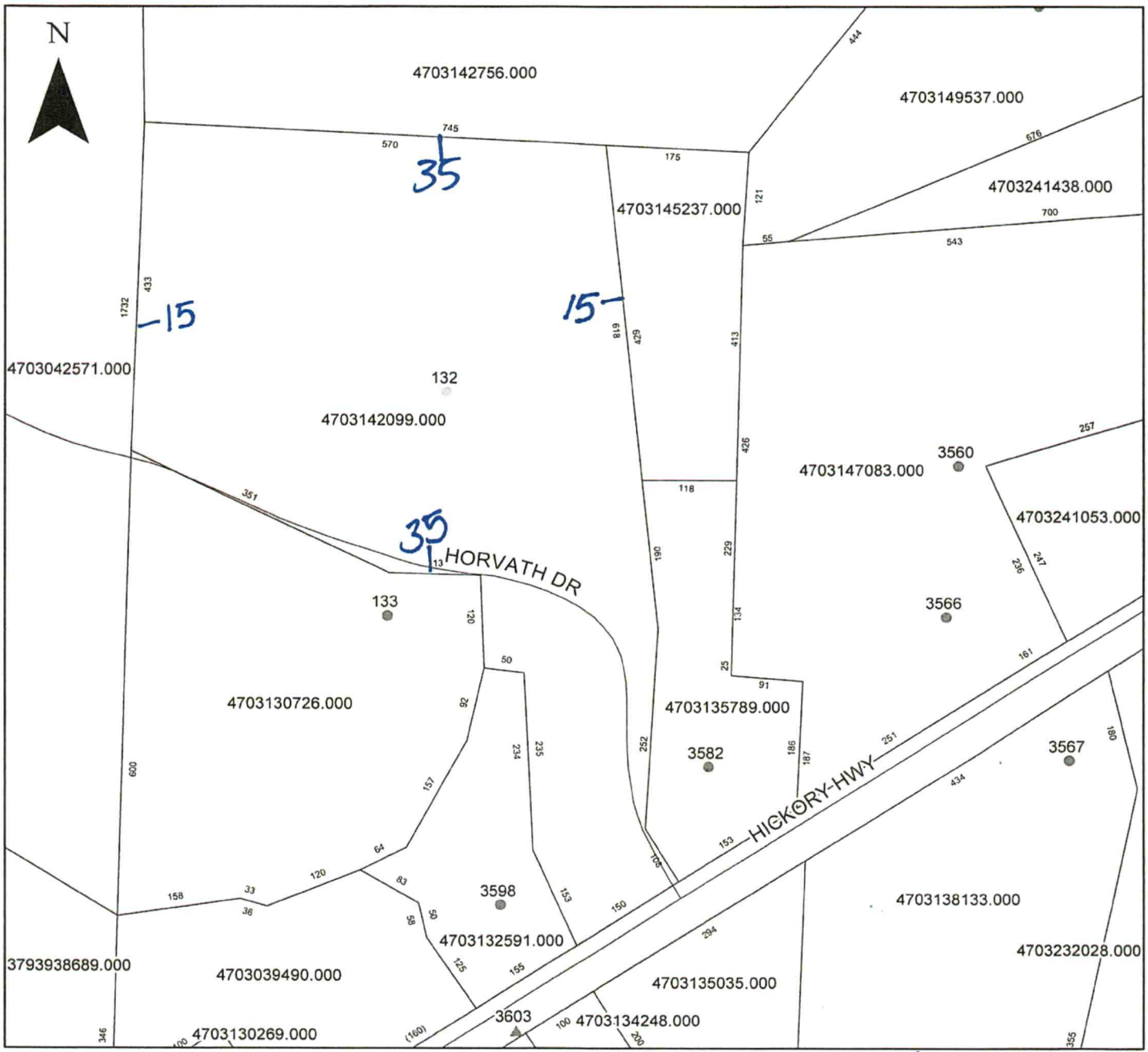
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 12/21/2021

Signature of Owner/Contractor

Permit Number	324128	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 132 Horvath Dr.

No
8.95
R-20
WS-IV-PA

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.

Applicant

12-21-21
Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R14143

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-324128 Address: APN: 4703142099.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14143			**$577.25**

Date Paid: Tuesday, December 21, 2021

Paid By: PROKOP RICHARD ETAL

Cashier: BJK

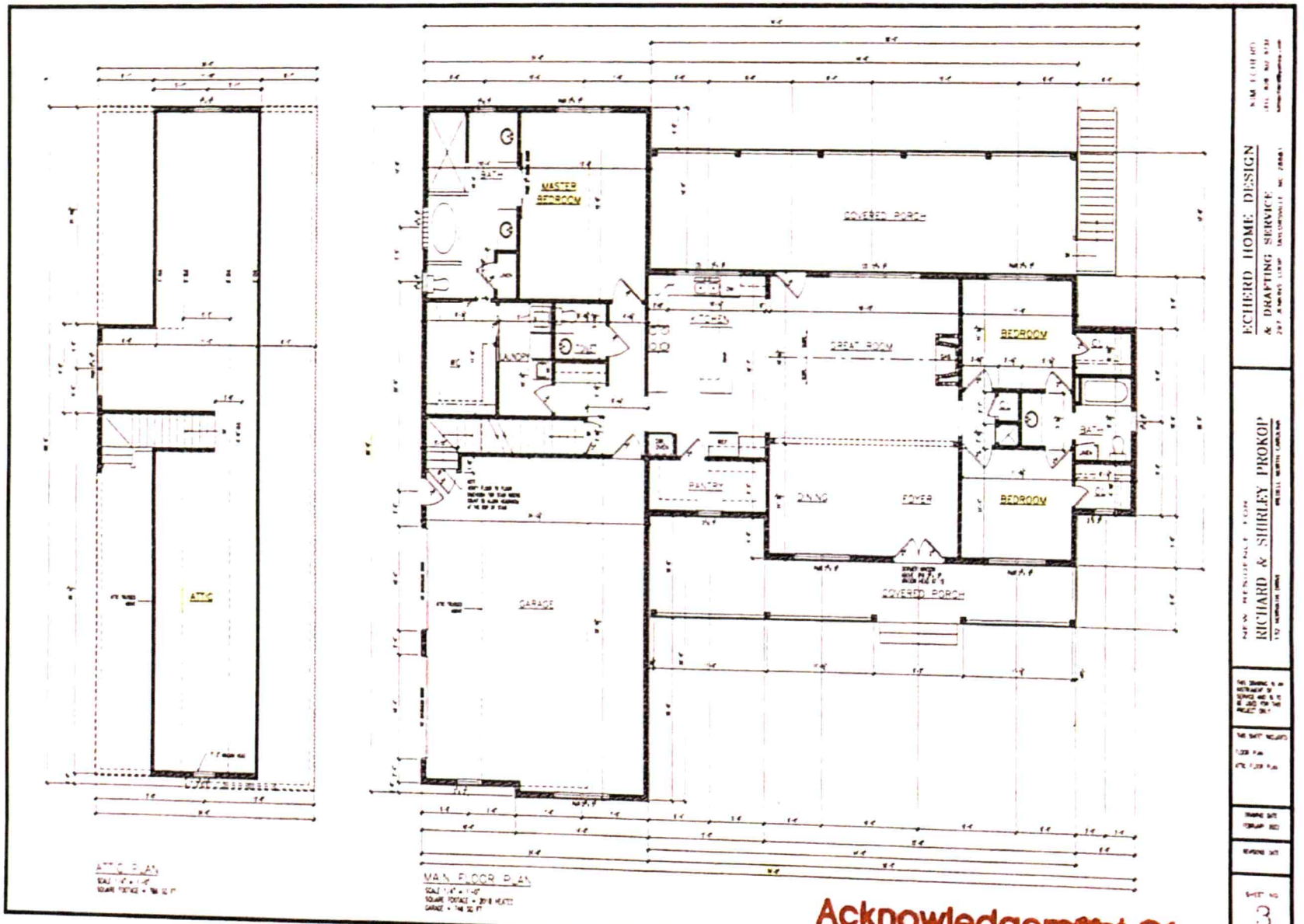
Pay Method: CHECK 3298

Ronda Hart

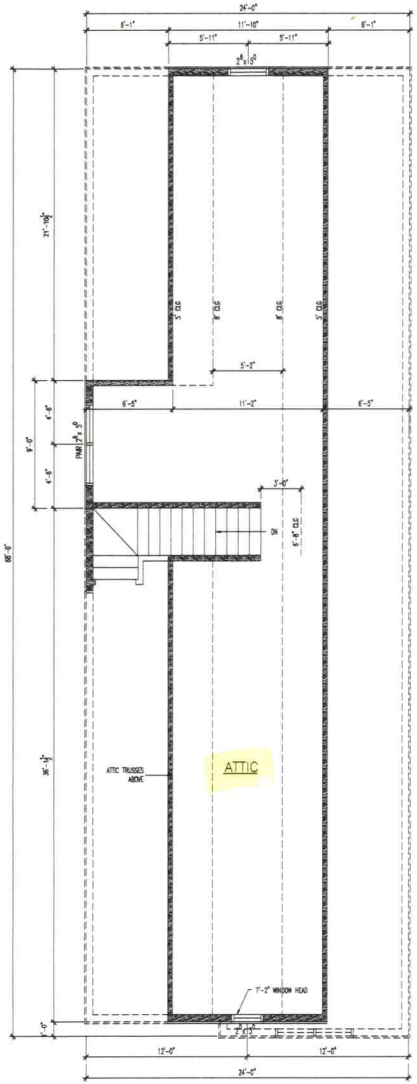
From: Yvonne Schaefer <yshaefer@gmail.com>
Sent: Wednesday, September 21, 2022 4:57 AM
To: Ronda Hart
Subject: CamScanner 09-21-2022 04.49.pdf
Attachments: CamScanner 09-21-2022 04.49.pdf

Hi Ronda.
Here are the signed docs you requested. In case you're wondering, this home is 4 bedroom because the homeowners want the option of finishing a future mother in law's suite downstairs if that becomes necessary. If you've got any questions, please let me know. Thanks!
Yvonne

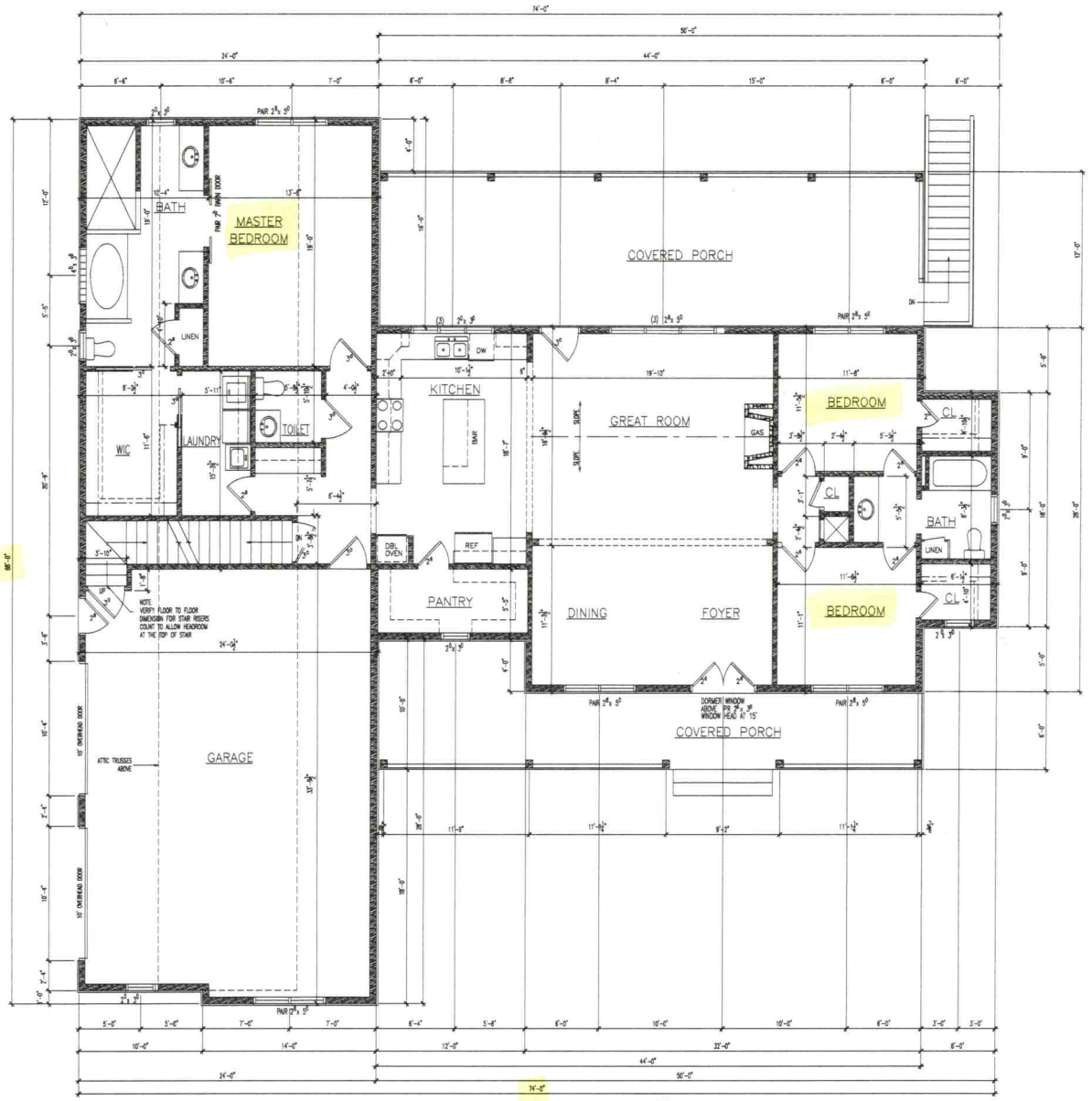
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Acknowledgement Of
Plans Submittal ONLY!
Donna J. Schafer Date 9/21/2022



ATTIC PLAN
SCALE 1/4" = 1'-0"
SQUARE FOOTAGE = 786 SQ FT



MAIN FLOOR PLAN
SCALE 1/4" = 1'-0"
SQUARE FOOTAGE = 2018 HEATED
GARAGE = 746 SQ FT

ECHERD HOME DESIGN & DRAFTING SERVICE
297 JENKINS LOOP TAYLORSVILLE, NC 28681
KIM ECHERD
CELL: 828-302-5732
kimecherd@yahoo.com

NEW RESIDENCE FOR:
RICHARD & SHIRLEY PROKOP
132 HORVATH DRIVE IREDELL NORTH CAROLINA

THIS DRAWING IS AN INSTRUMENT OF SERVICE AND IS TO BE USED FOR THIS PROJECT ONLY.

THIS SHEET INCLUDES:
FLOOR PLAN
ATTIC FLOOR PLAN

DRAWING DATE
FEBRUARY 2022

REVISIONS DATE

SHEET NO.
3
OF 4

Acknowledgement Of Plans Submittal ONLY!

Date

Date 9-14-2022

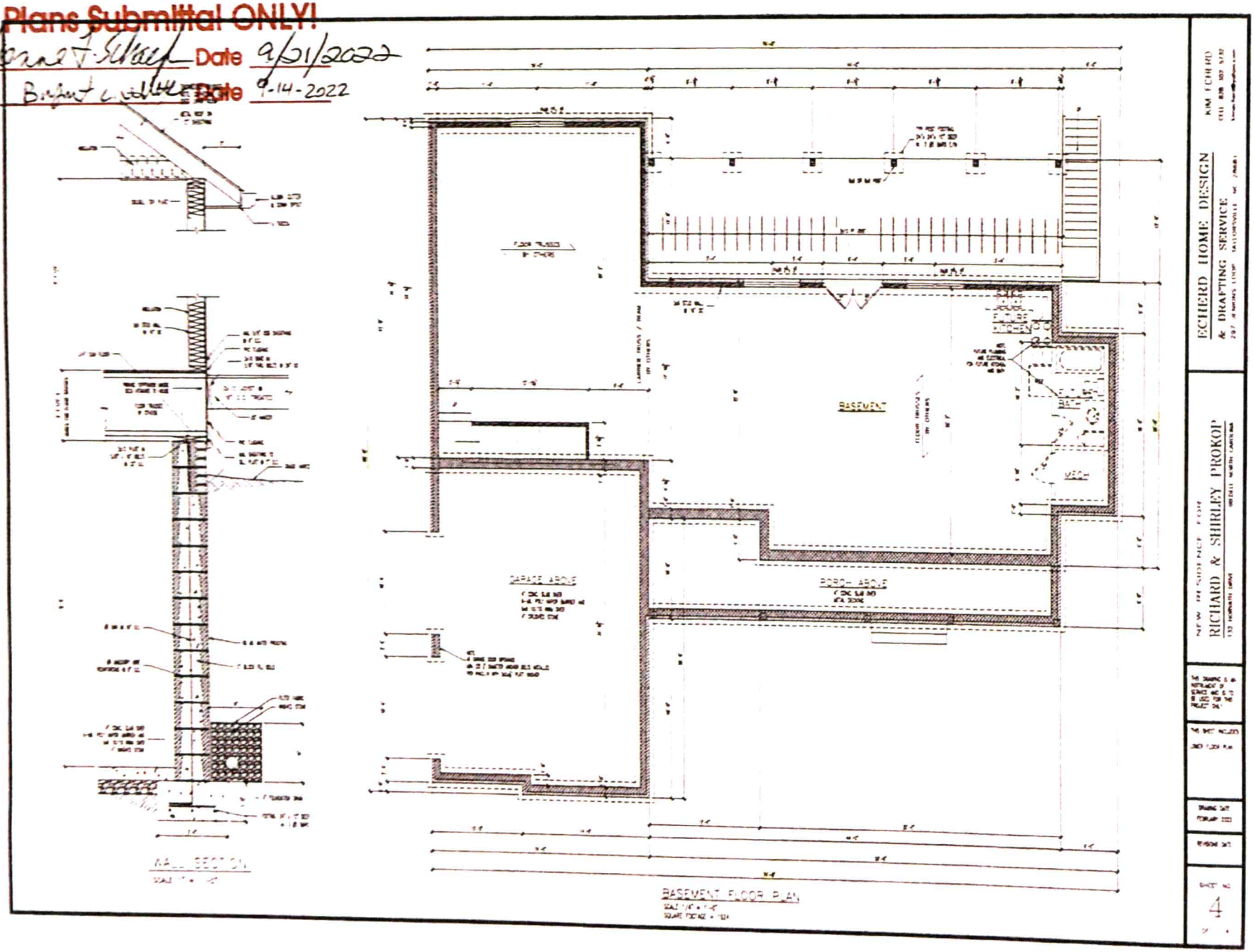
Ministry of Natural Resources
Ministère des Richesses naturelles Ontario

Acknowledgement Of

Plans Submittal ONLY!

Bryant T. Silvey Date 9/21/2022

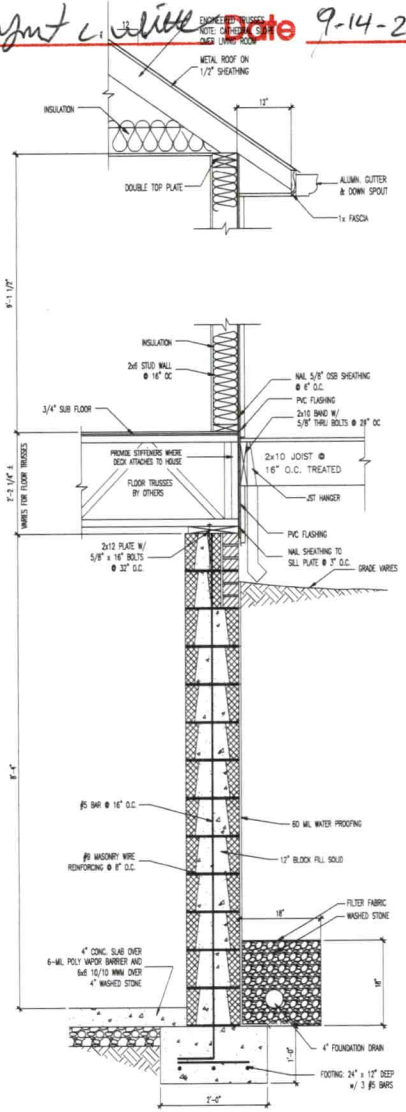
Bryant Wilbur Date 9-14-2022



Acknowledgement Of
Plans Submittal ONLY!

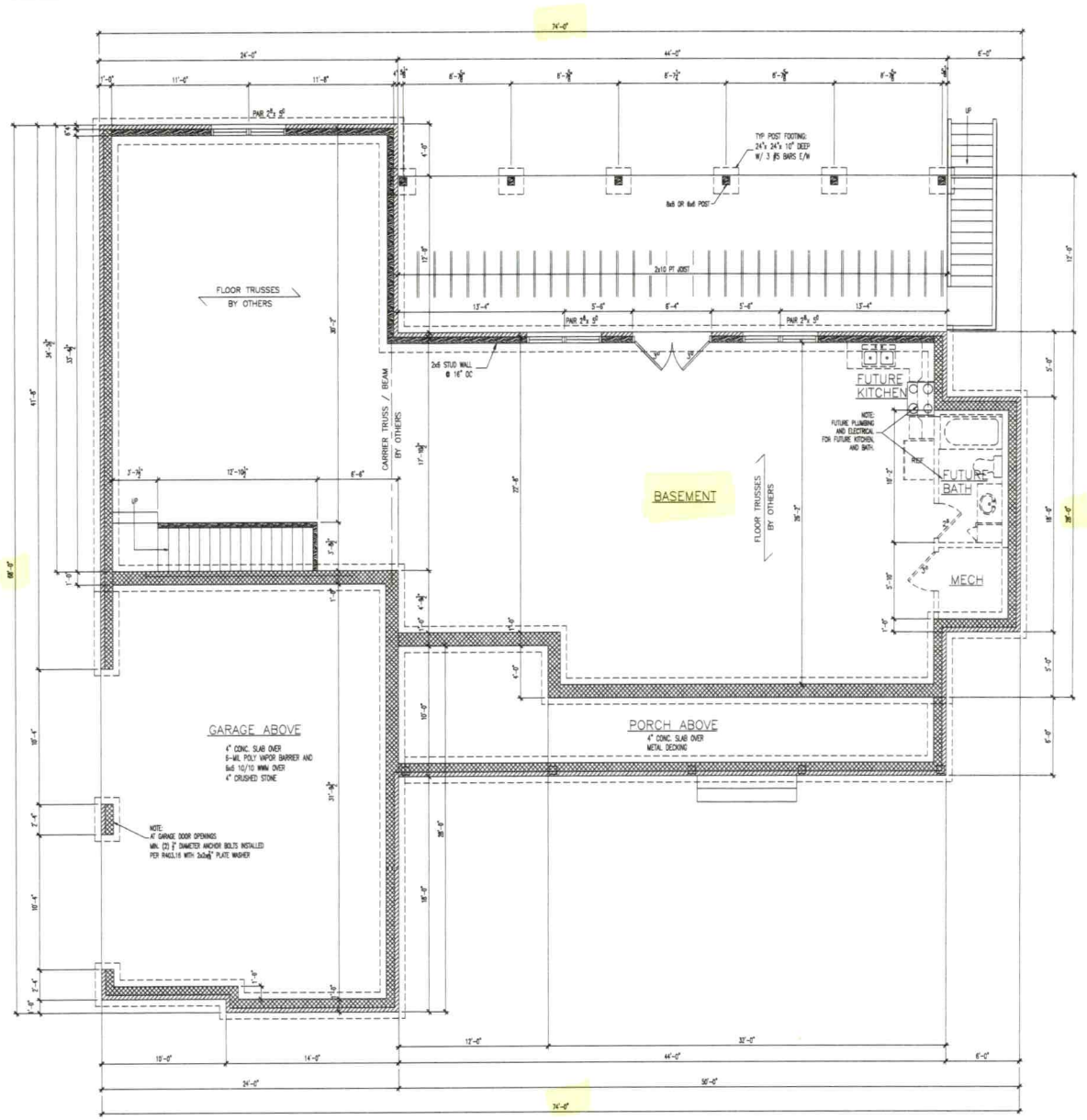
Date

Bryant C. Little Date 9-14-2022



WALL SECTION

SCALE 1" = 1'-0"



BASEMENT FLOOR PLAN

SCALE 1/4" = 1'-0"
SQUARE FOOTAGE = 1924

ECHERD HOME DESIGN & DRAFTING SERVICE
297 JENKINS LOOP TAYLORSVILLE, NC 28681
KIM ECHERD
CELL: 828-302-5732
kimecherd@yahoo.com

NEW RESIDENCE FOR:
RICHARD & SHIRLEY PROKOP
132 HORATH DRIVE - IREDELL NORTH CAROLINA

THIS DRAWING IS AN INSTRUMENT OF SERVICE AND IS TO BE USED FOR THIS PROJECT ONLY.

THIS SHEET INCLUDES:
LOWER FLOOR PLAN

DRAWING DATE
FEBRUARY 2022

REVISIONS DATE

SHEET NO.
4
OF 4