ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP - 316087

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

PIN # 4703 -- 16 -- 9559

APPLICANT/OWNER: STERLING ELMASRI APPLICANT ADDRESS: 351 NORTH SHADY REST ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 351 NORTH SHADY REST ROAD, STATESVILLE, N.C. 28677 PHONE: 909-827-6544 ALT. PHONE —

SITE DIRECTIONS: (W) ON 70, (R) ON NORTH SHADY REST, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: STERLING ELMASRI SECTION: — LOT # 1 LOT AREA: 1.131 AC DESIGN FLOW: 240GPD L.T.A.R.: 0.3

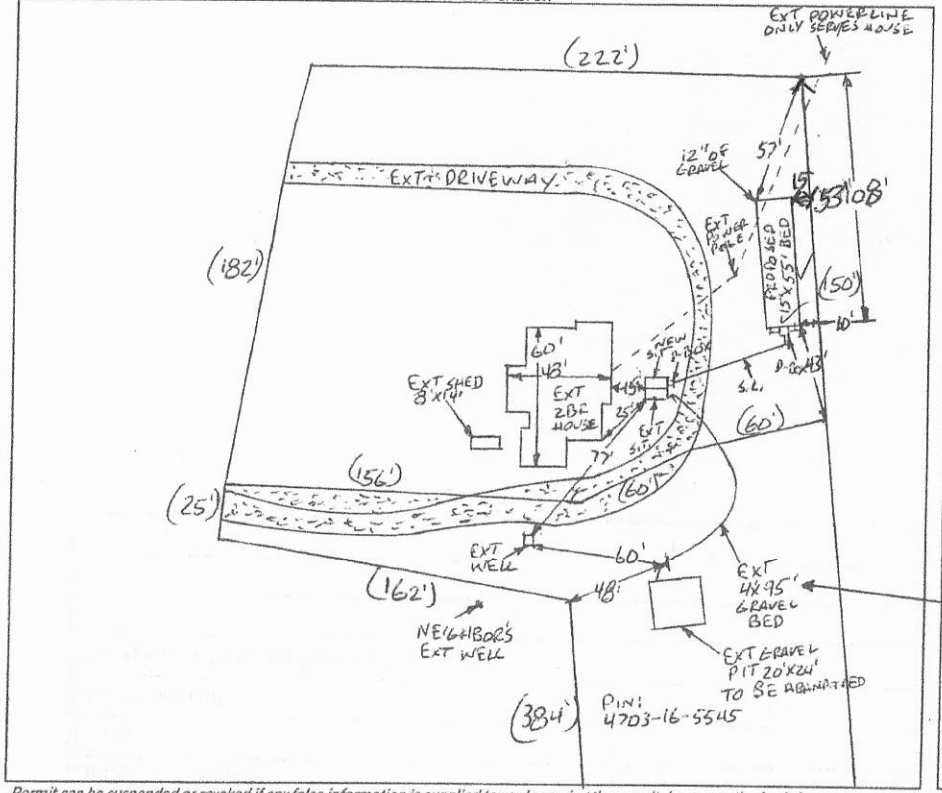
Septic Tank	1000	(gal)	STB	1012	Date	2/2/21	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT-CONVENTIONAL			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	12" GRAVEL BED 15'X55'			
# Nitrification Fields	1		# Lines	1	Linear Ft:	15'X 55'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	15'X55'		Trench Bottom Depth(Low side)	18"- 41"	Gravel Depth	12 IN	☑ 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: PUMP, CRUSH, AND FILL EXISTING TANK, INSTALL GRAVEL BED AS SHOWN, INSTALL 4" CORRAGATED IN BED ON 5' CENTERS; UTILIZE D-BOX TO FEED BED EQUALLY, UTILIZE D-BOX TO FEED OLD SYSTEM AND NEW SYSTEM EQUALLY

MAINTAIN SOFT FROM ALL WELLS, DO NOT EXCEED A 44 IN MAX TRENCH DEPTH, MAINTAIN 6 IN OF COVER, ABANDON, PIT PROPERLY

INITIAL SITE SKETCH



SEPTIC EASEMENT IN DEED BOOK: 2739 PAGES: 2263

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.

1 IN = 80 FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
EXT = EXISTING

5/6/2021: New Tank was checked and good. New bed was checked and good. Driveway is no longer going to be used old drainfield was cut off 10' off from New house being built.

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: Sterling Elmasri Date: 4-16-21 Installed by: K and M Grading

IMPROVEMENT PERMIT by: Burgett C. White Date: 4-15-2021 OPERATION PERMIT by: Patrick J. Beagle III Date: 5/6/2021

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 4-15-2021 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 #: 4703-16-5545
COUNTY: IREDELL

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

OWNER: STERLING ELMASRI
ADDRESS: 351 NORTH SHADY REST ROAD, STATESVILLE, N.C. 28677
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240GPD
LOCATION OF SITE: 351 NORTH SHADY REST ROAD, STATESVILLE, N.C. 28677
APPLICATION DATE 3-23-2021
DATE EVALUATED: 4-6-2021
PROPERTY SIZE: 1.131 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	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	LINEAR SIDE 3%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT HEAVY 40"+	56"+	N/A	NA	PS .3
		10-30	C, MBK	FR, S, P, SEXP					
		30-56	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	58"+	N/A	NA	PS .3
		10-36	C, MABK	FP, S, P, SEXP					
		36-58	CL, WABK	FI, SS, SP, SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	PS
System Type(s)	—	GRAVEL BED
Site LTAR	—	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05
		None	None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

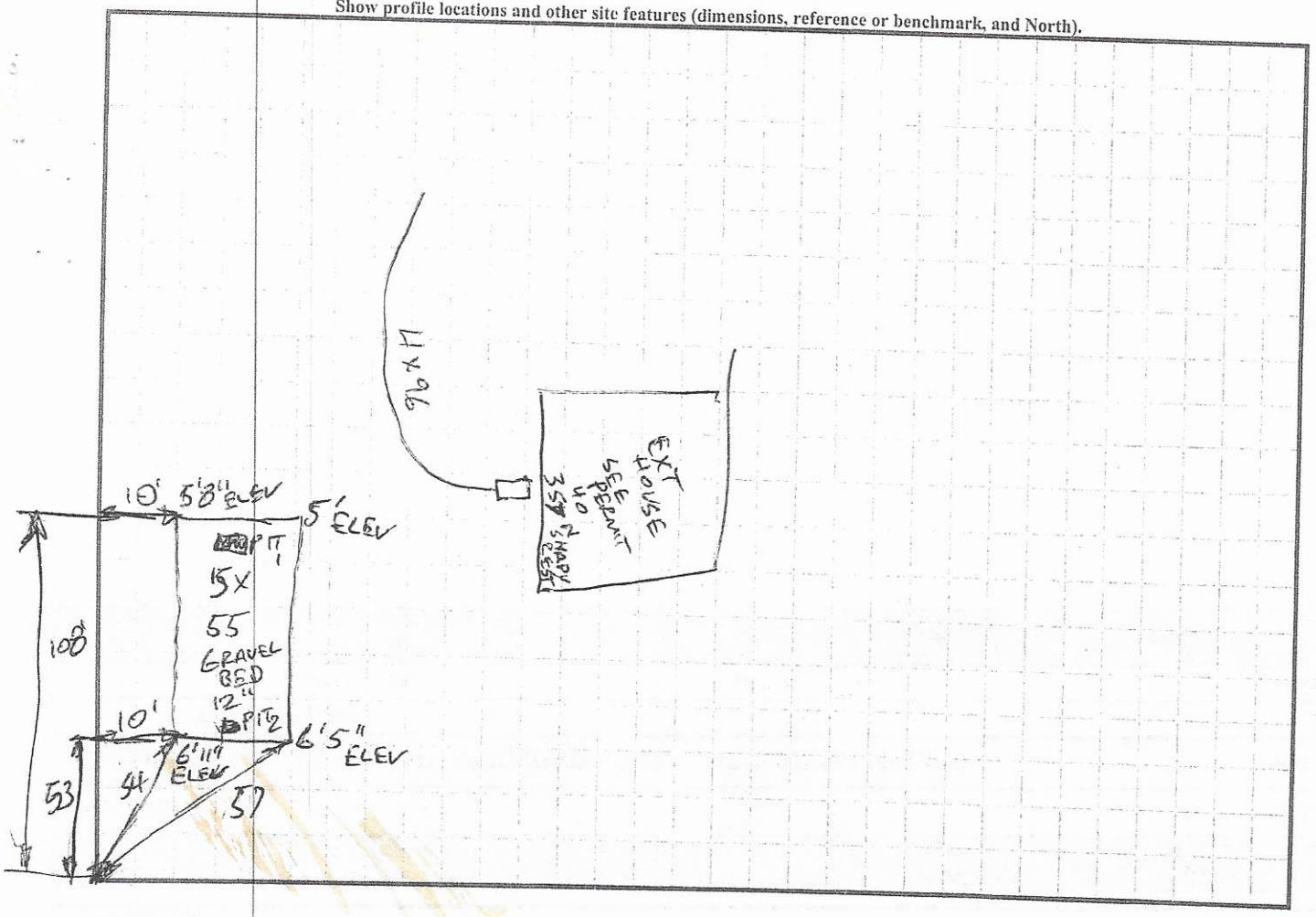
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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 MAR 23 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP- 316087

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair-Evaluation-No Chg.

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: (X) Sterling Elmasri Address: 351 N Shady Rest Rd Zip: 28677
Applicant Email: Sterlingelmasri@yahoo.com Phone: 909 827 6544 Alt. Phone: _____
Owner Name: Sterling Elmasri Address: 351 N shady Rest Rd Zip: 28677
Owner Email: Sterling Elmasri@yahoo.com Phone: 9098276544 Alt. Phone: _____

Property Information:

Street Address: 351 N Shady Rest Rd Statesville NC 28677

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

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: ~~2~~ 2
( ) New Multi-Family Residence Maximum Number of Occupants: ~~2~~
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
(X) Repair to failing septic system ___ Tank (X) Drain lines Describe Problem: leech field is leeching above ground (poop water)
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

(X) 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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: don't know it's old
(X) No Preference ( ) Alternative ( ) 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: _____ 3/23/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Sterling Elmasri, am the legal owner(s) of the property located at 351 N Shady Rest Rd, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Denise Schoeny, _____, 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.

_____ 3/23/21

Signature of Owner(s) Date

Mooresville - Environmental Health

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

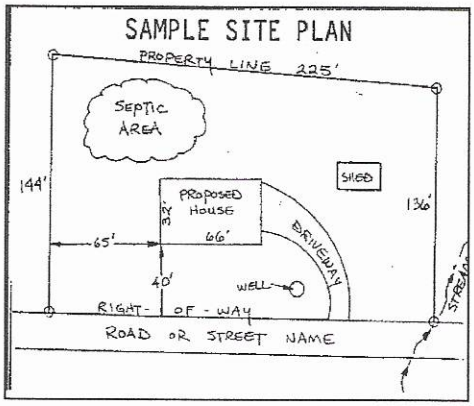
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

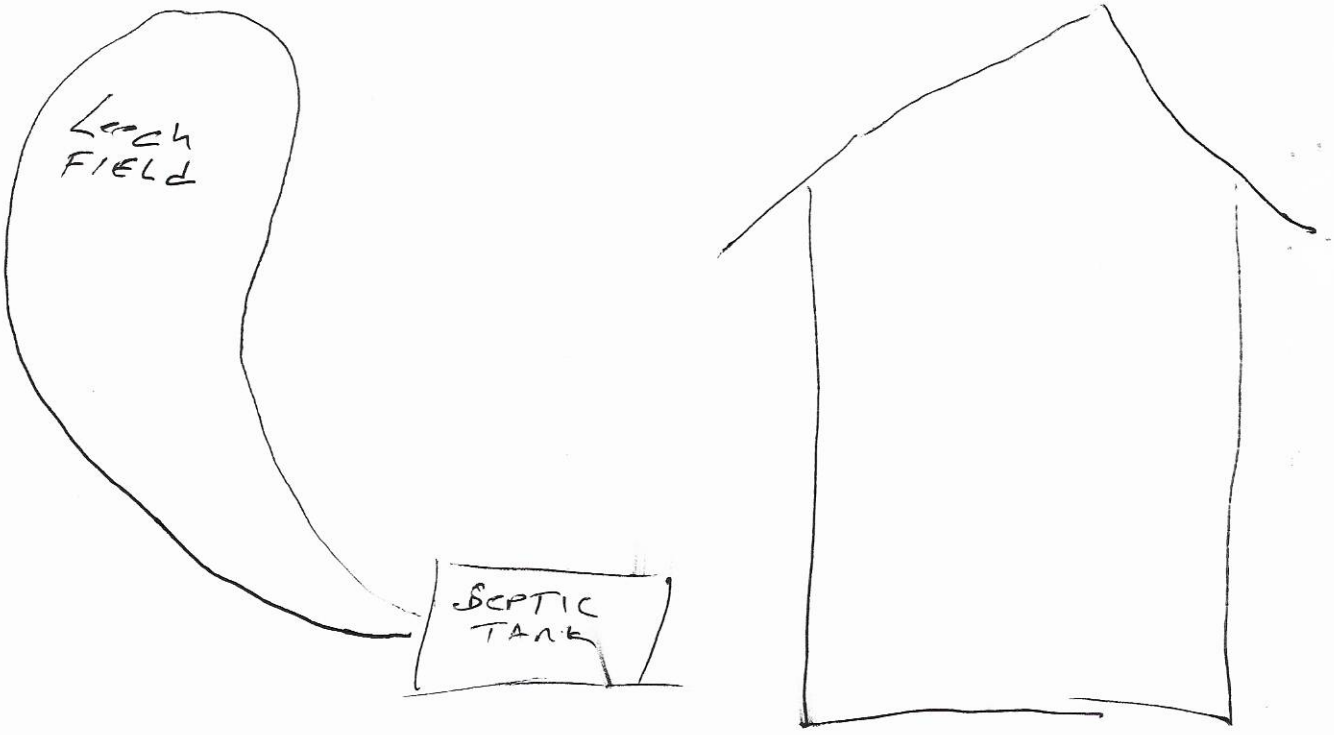
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

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

3/23/21

DATE