IREDELL COUNTY HEALTH DEPARTMENT

PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243651

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

PIN # 4703987424

APPLICANT/OWNER: Kathryn Schmidt APPLICANT ADDRESS: 14163 Norwich Circle Magalia, CT

SITE ADDRESS: 145 Fonda Rd. Statesville, NC PHONE: 714-928-7304 ALT. PHONE 704-800-0084

SITE DIRECTIONS: NC 115 N → L on Old Mountain → L on Fonda → lot on L SAP CONTROLLED: ☐ YES ☑ NO

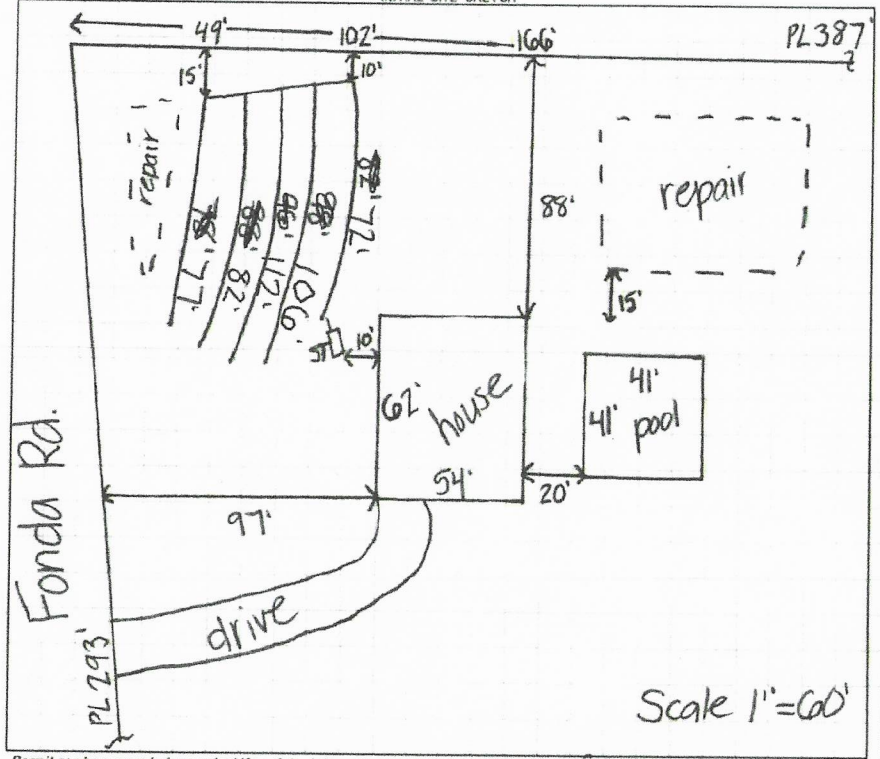
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.44ac DESIGN FLOW: 480gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	854	Date	8-26-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	LP PDBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	438'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	20"/23" highside	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. * Install at 23" (highside).

INITIAL SITE SKETCH



AS BUILT SKETCH

* tank + lines inspected 11/8/19. Drain lines left open overnight during rain. Drain lines need to dry before system can be covered. Also side walls of trench must be raked where silt washed in. * Must be called back in + verified before signing OP.

- 11/13/19

- Lines Checked no Standing Water appears to be Dry

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 plot 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: Kathryn L Schmidt Date: 7/10/19 Installed by: Chris Allen

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-9-19 OPERATION PERMIT by: Benjamin A Bell Date: 11/13/19.

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-9-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th[illegible]ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4703987424
COUNTY: Iredell

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

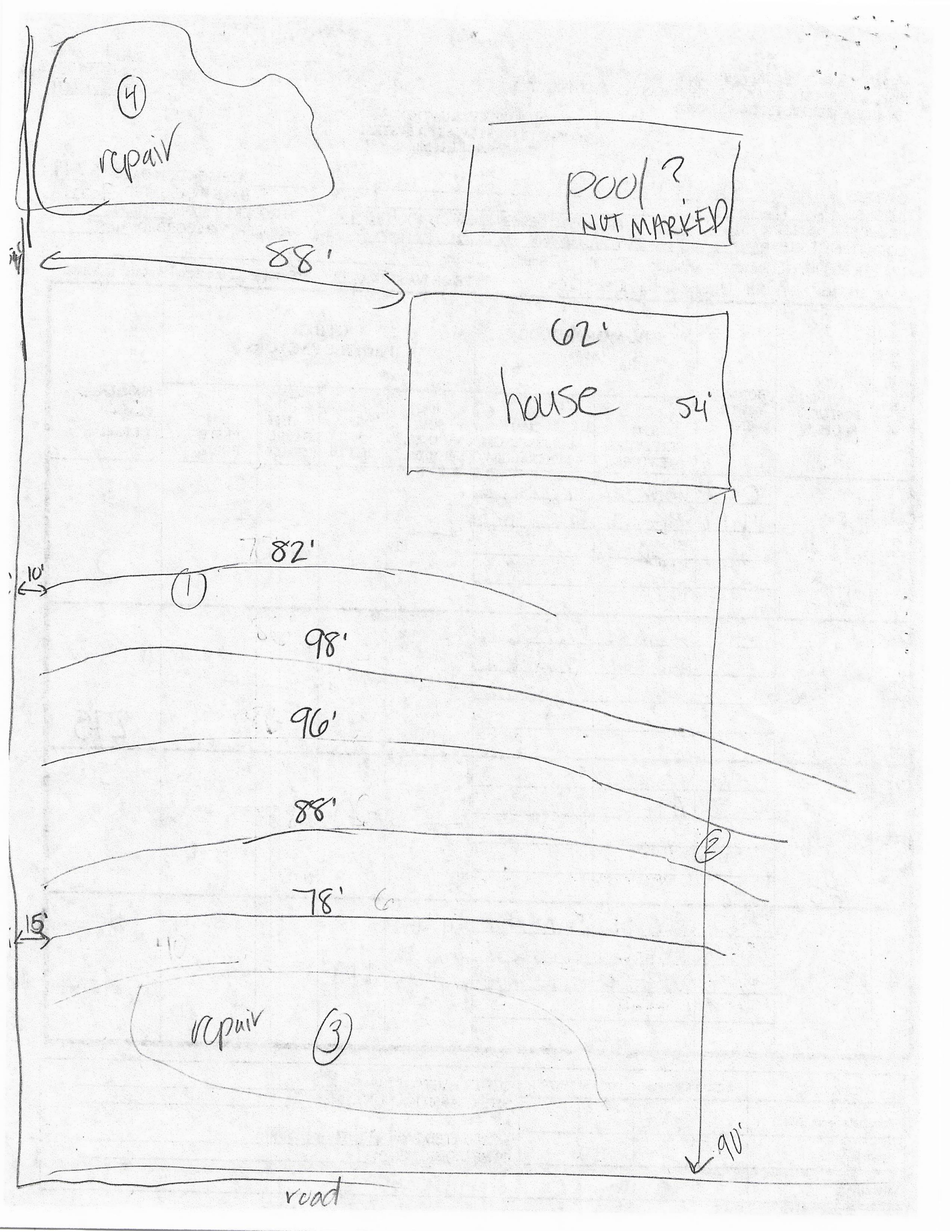
OWNER: Kathryn Schmidt — APPLICATION DATE 4-2-19
ADDRESS: 145 Fonda Rd. — DATE EVALUATED: 7-3-19
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 2.44ac
LOCATION OF SITE: NC 115 N → L on Old Mountain → L on Fonda → 1st on L — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	C 6% LS	0-14	WSBK SCL	Fr,SS,SP,SE	—	48	—	—	PS .3
		14-48	SBK C w/ few ABK	Fr,SS,SP,SE					
2	T 7% LS	0-12	WSBK SCL	Fr,SS,SP,SE	21-34 few-com YB mottles	52	—	—	PS .275
		12-47	ABK C	Fr,SS,SP,SE					
		47-52	WSBK CL	Fr,SS,SP,SE					
3	5% FS	0-16	WSBK SCL	Fr,SS,SP,SE	—	50	—	—	PS .3
		16-50	ABK C	Fr,SS,SP,SE					
4	5% FS	0-15	Gr SL	Fr,NS,NP,SE	34-45 few YB mottles	49	—	—	PS .275
		15-45	ABK C	Fr,SS,SP,SE					
		45-49	WSBK CL	Fr,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.275	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


4
repair
pool?
NOT MARKED
88'
62'
house
54'
82'
10'
1
98'
96'
88'
2
78'
15'
repair
3
90'
road

Call Jessica 704-800-0084 for pits

RECEIVED APR 1 1 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#243651 Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kathryn Schmidt Address: 1463 Norwich Cir. Maple Zip: 95954
Applicant Email: alwysbelieve4@hotmail.com Phone: 714-928-7304 Alt. Phone: _____
Owner Name: Kathryn Schmidt Address: 1463 Norwich Cir. Maple Zip: 95954
Owner Email: alwysbelieve4@hotmail.com Phone: 714-928-7304 Alt. Phone: _____

Property Information:

Street Address: 145 Fonda Rd, Statesville NC 28677

AT 3875424

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

Driving Directions: 40 West Exit 144 Old Mountain (left) Rt Fonda Rd.

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: 4
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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: Kathryn Schmidt 4/2/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

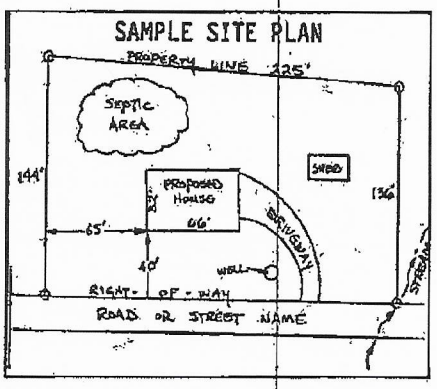
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

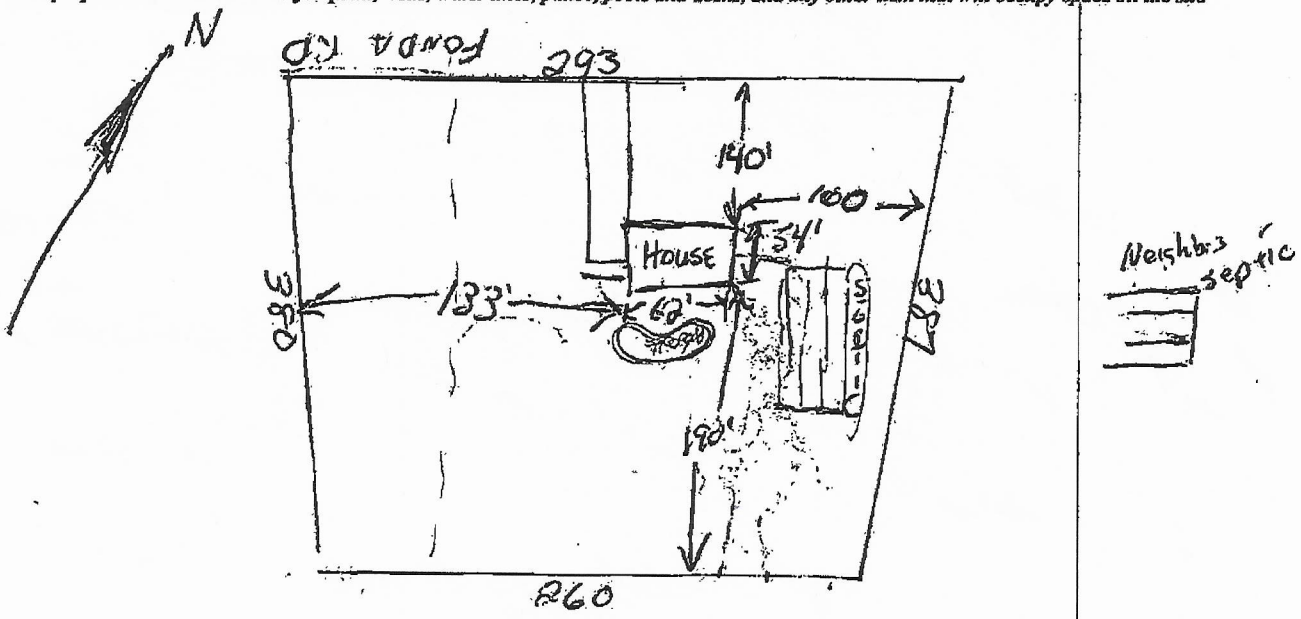


Circle N/A on the following if appropriate:

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

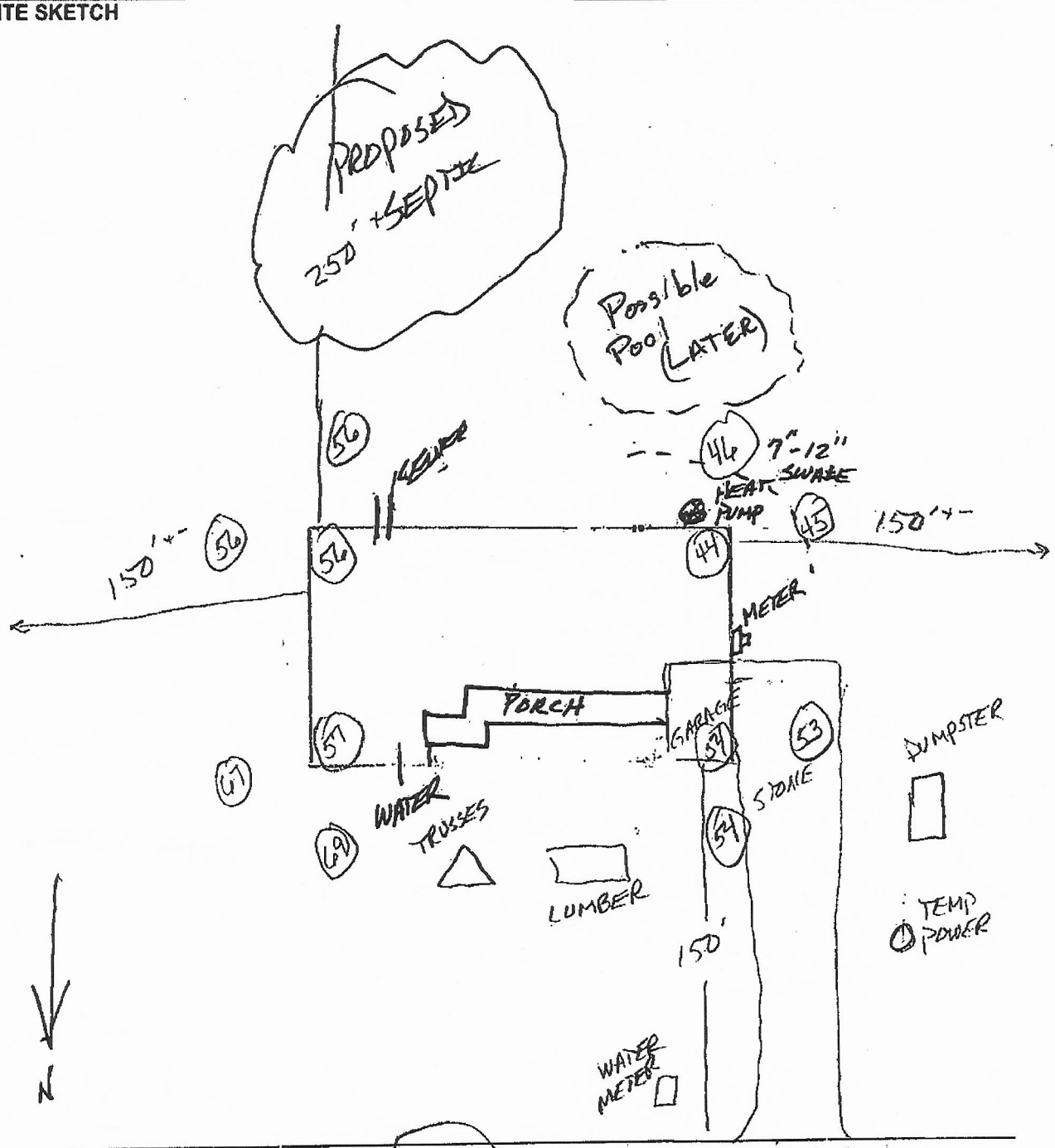


Signature: _____ **DATE** 4-2-19

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

JOB 0319007

SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

Signature _____ Date 4/1/19

Signature _____ 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)* Kathryn Schmidt

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, Kathryn Schmidt, am the legal owner(s) of the property located at 145 Fonda Rd, Statesville NC 28677 identified as PIN (Parcel Identification Number) 4703987424, located in Iredell County, North Carolina.

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

_____, _____, 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.

Kathryn Schmidt — Signature of Owner(s)

4-2-19 — Date

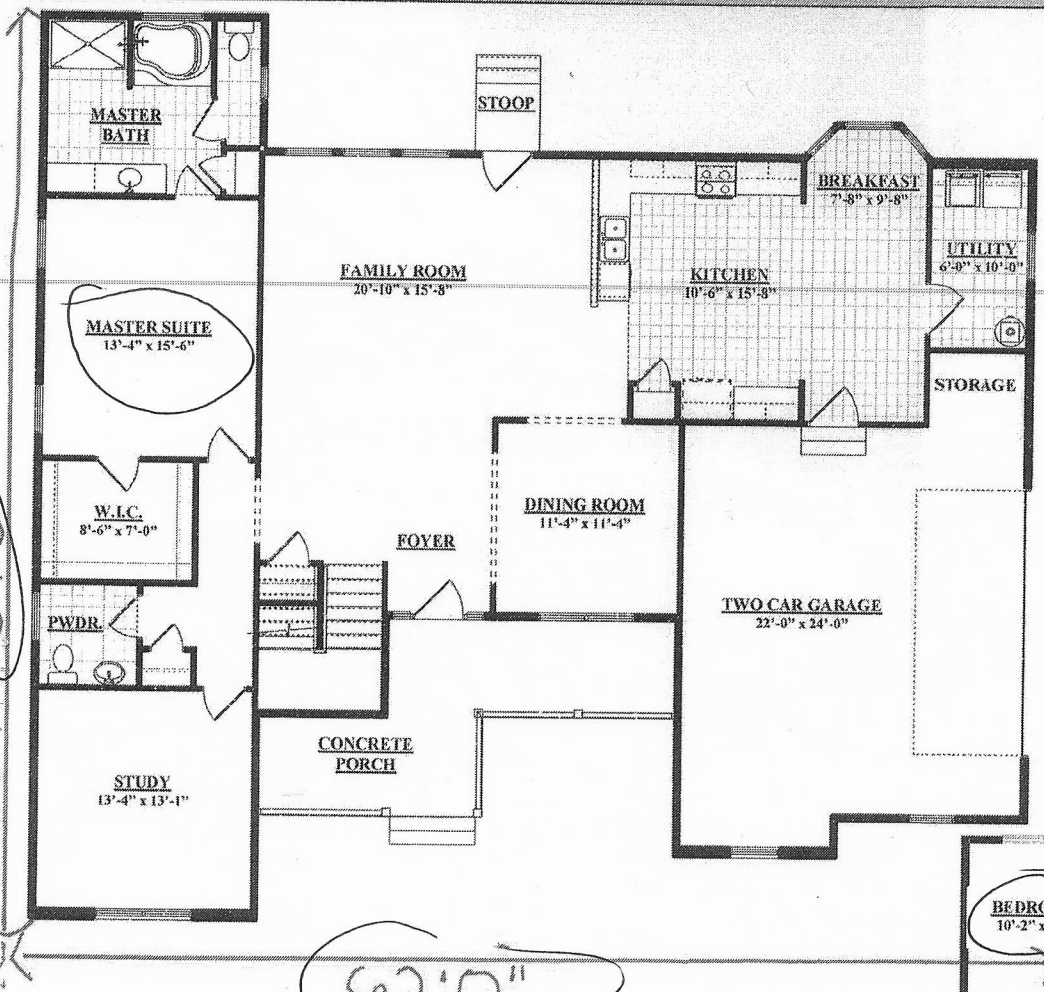
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

The Scottsdale

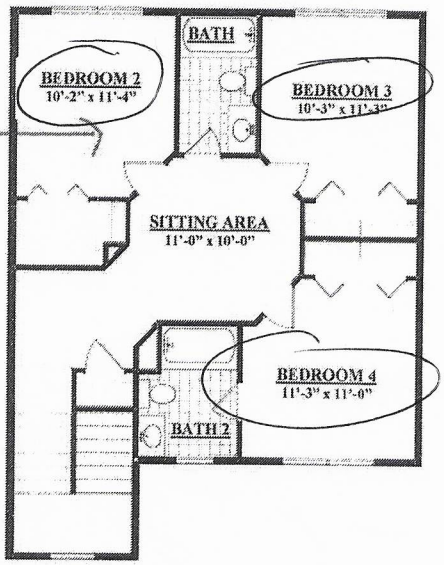
2,680 Living Area | 4 Bedroom | 2.5 Bath

SEDGEWICK HOMES



Features

- Spacious Master Bedroom
- Large Master Walk In Closet
- Garden Tub in Master Bath
- Generous Family Room
- Spacious Kitchen w/Pantry Cabinet
- Large Covered Front Porch
- Included Two Car Garage w/Storage



The Maple Elevation Floor Plan

Please see Sales Agent for Floor Plan Differences.

Acknowledgement Of Plans Submittal ONLY!

Date 7-9-19

Date 7/10/19

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NAHB EQUAL HOUSING OPPORTUNITY BBB ACCREDITED BUSINESS

This drawing is for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

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IREDELL COUNTY

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

APPLICATION NUMBER
243651
Issue Date: 04/11/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4703987424.000	145 FONDA ROAD,	

Owner Information	Applicant Information
Owner: MOSS RONALD D ETAL	Applicant: SCHMIDT+, KATHRYN
Address: 118	Address: 145 FONDA
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed		Flood Zone
2.440	35.00	35.00	15.00	15.00	PACL		X

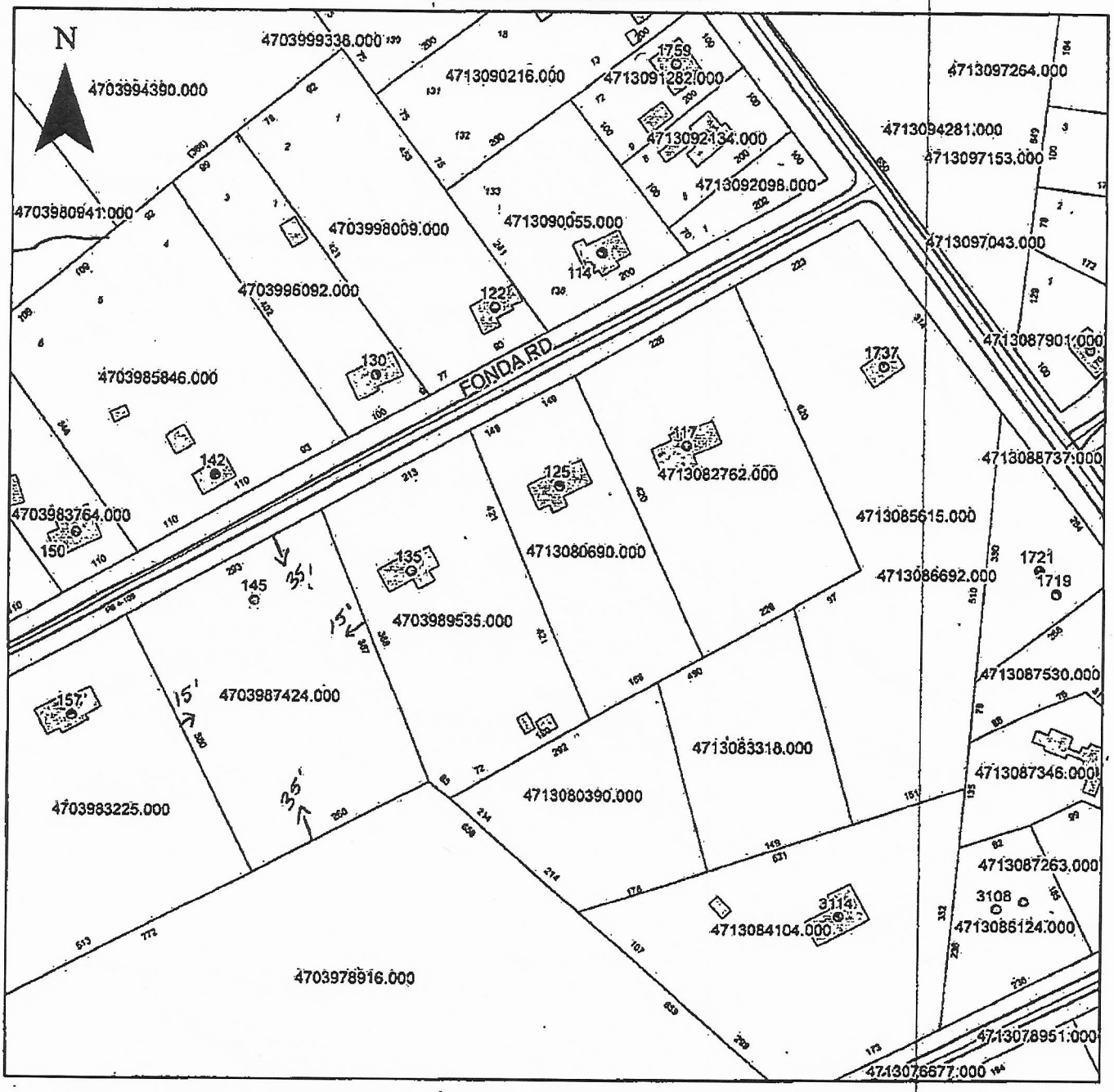
Remarks:

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.

Applicant: _____ Date: _____

Permit Number:	173699	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 145 Fonda Rd.

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

4/11/19
Date