IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP-312260

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

PIN # 4704493663

APPLICANT/OWNER: Shawn Simmons APPLICANT ADDRESS: 4282 All Healing Springs Rd 28681

SITE ADDRESS: 157 Colonial Heights Ln Statesville NC PHONE: 828-302-5064 ALT. PHONE N/A

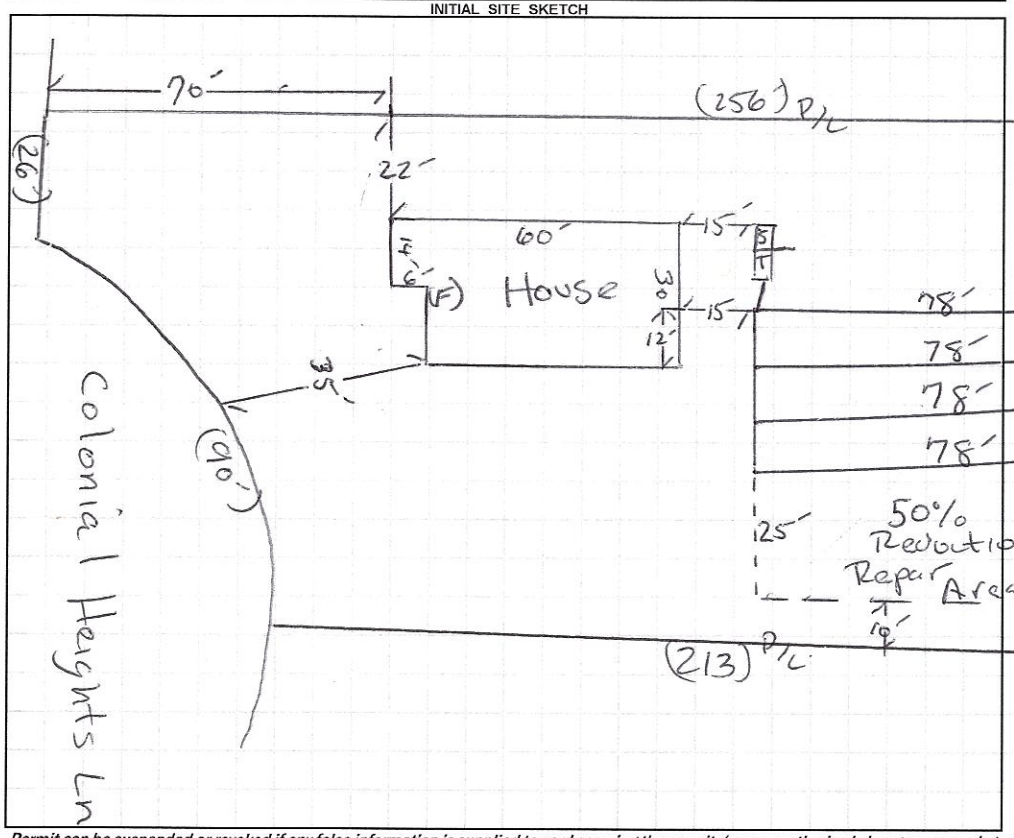
SITE DIRECTIONS: I 40 W T/R exit 144 T/R Colonial Heights Ln Lot at end on left SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Colonial Acres SECTION: N/A LOT # 39-42 LOT AREA: 0.56 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

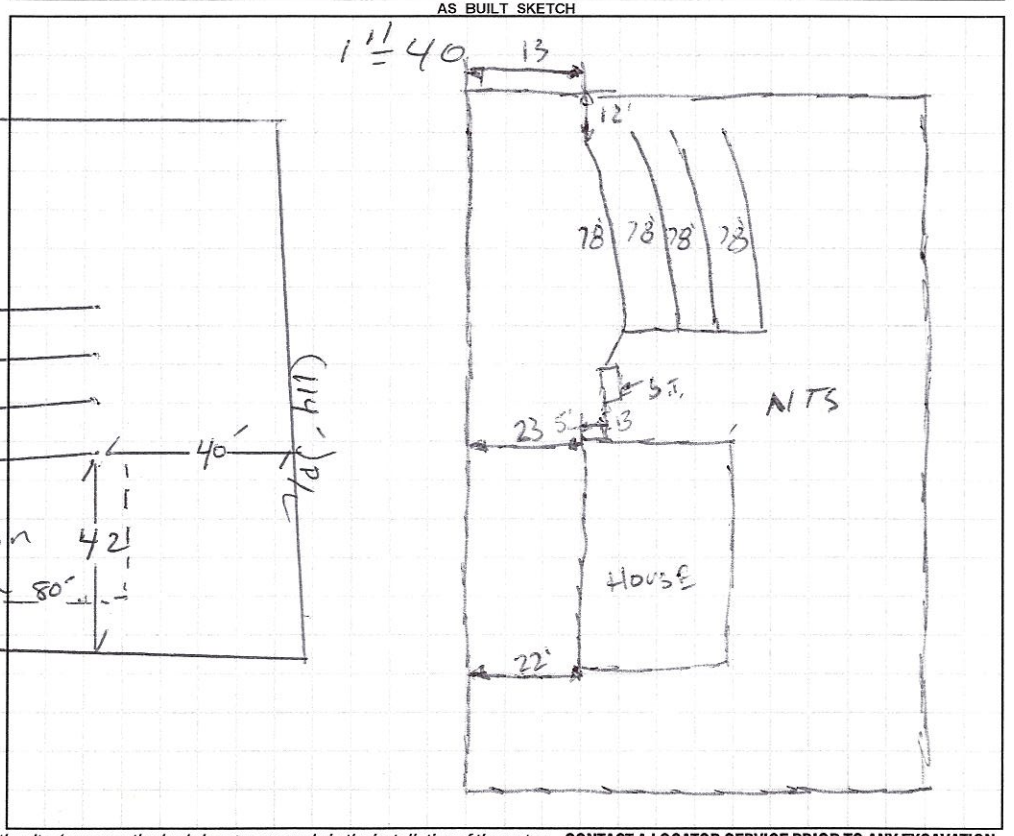
Septic Tank	1000	(gal)	STB 760	Date 11-17-2021	■ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	■ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #	Repair	50% Reduction			☐ Other	No. Employees	■ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 300'	Maintenance Agreement Required:	☐ YES	■ NO		☐ Slab	■ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low-side)		30"	Gravel Depth	N/A	■ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% Reduction on contour with serial disdtribution

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Shawn Simmons Date: 12/10/20 Installed by: TB GRADING

IMPROVEMENT PERMIT by: [signature] Date: 11/20/20 OPERATION PERMIT by: Bryant A. White Date: 1-11-2022

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/20/20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection 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 #: 4704493666
COUNTY: Iredell

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

OWNER: Shawn Simmon
ADDRESS: 4882 Alltealing Springstown
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 157 Colonial Heights Ln
APPLICATION DATE 11/16/20
DATE EVALUATED: 11/18/20
PROPERTY SIZE: 0.56 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
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	LSS 7%	0-5	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		5-28	SBK C	fi SE					
		28-48	WABK BC	fi/fi SE					
2	LSS 7%	0-8	Gr SCL	fi SE	PS	PS	N/A	N/A	PS .3
		8-36	SBK C	fi SE					
		36-54	WABK BC	fi/f SE					
			CR vein @ 48"						
			few yellow browns @ 47"						
3	LSS 10%	0-8	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		8-30	SBK C	fi SE					
		30-55	WABK BC	fi/f SE					
4	LSS 10%	0-7	Gr SCL	fr SE	PS	PS	PS	N/A	PS .3
		7-29	SBK C	fi SE					
		29-45	WABK	BC fi SE					
		45-52	Mass Sap(SC)	fi N/A					
			Sap inclusions run to 36"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~I~~	~~I~~
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

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.

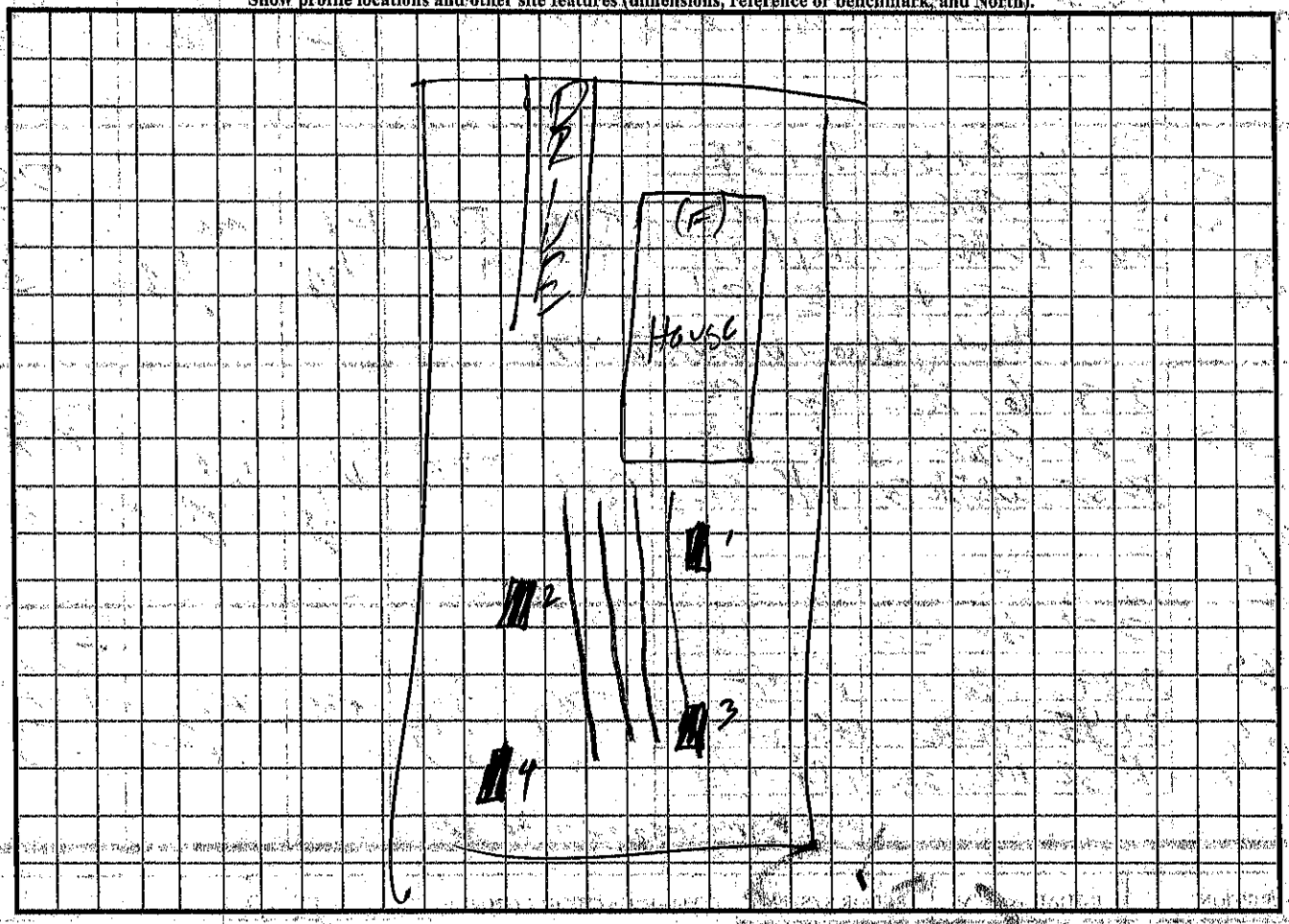
NOTES

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).



Authentisign ID: 7DA1F109-20C4-41EC-9F32-95302624DAC7

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*

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: Shaun Simmons Address: 4282 All Healing Springs Rd. Zip: 28681
Applicant Email: simshaun@gmail.com Phone: 828-302-5064 Alt. Phone: _____
Owner Name: Gary Beveridge Address: 164 Colonial Heights Ln. Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 157 Colonial Heights Ln
Subdivision Name: Colonial Acres Section/Phase: _____ Lot Number: 39-42
Driving Directions: I-40, exit 144 (Old Mountain Rd), North 1.5 miles. Turn Right on to Colonial Heights Ln. Lot is at end on cul-de-sac. (NW side)

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 3
( ) 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 ( ) 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: Shaun Simmons 11-18-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Pits 11/18/20 9:30

RECEIVED OCT 30 2020

Authentisign ID: 7DA1F109-20C4-41EC-9F32-95302624DAC7

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

AP-312260

Iredell County Health Department – Environmental Health Division

$500.00

PAGE 1: *APPLICATION FORM*

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: Shaun Simmons Address: 4282 All Healing Springs Rd. Zip: 28681

Applicant Email: simshaun@gmail.com Phone: 828-302-5064 Alt. Phone: _____

Owner Name: Gary Beveridge Address: 164 Colonial Heights Ln Zip: 28625

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: ~~0000~~ 157 Colonial Heights Ln, lots 39-42 (~~0000~~ if no address yet).

Subdivision Name: Colonial Acres Section/Phase: _____ Lot Number: 39-42

Driving Directions: I-40 exit 144, 1.5 miles north. Turn right on to Colonial Heights Ln. (old Mtn Rd) Lot is on cul-de-sac at end of development.

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

(●) 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 ~~5~~
Maximum Number of Occupants: 3
( ) 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 ( ) City Water (●) Other Public Water West Iredell 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: Shaun Simmons 10-28-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Authentisign ID: 7DA1F109-20C4-41EC-9F32-95302624DAC7

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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, Gary R Beveridge, am the legal owner(s) of the property located at ~~0000~~ 1571 Colonial Heights Lane, identified as PIN (Parcel Identification Number) 4704-49-3663, located in Iredell County, North Carolina.

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

Gary R Beveridge
Signature of Owner(s)

10/21/2020
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

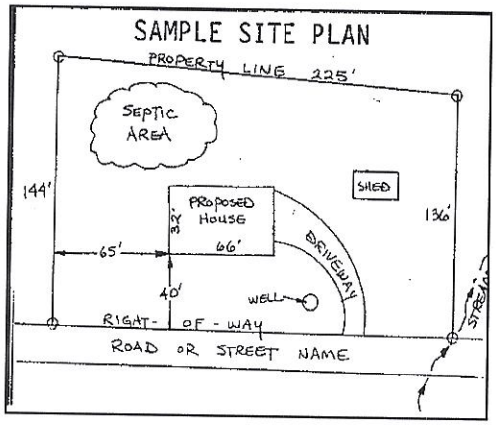
Authentisign ID: 7DA1F109-20C4-41EC-9F32-95302624DAC7

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:

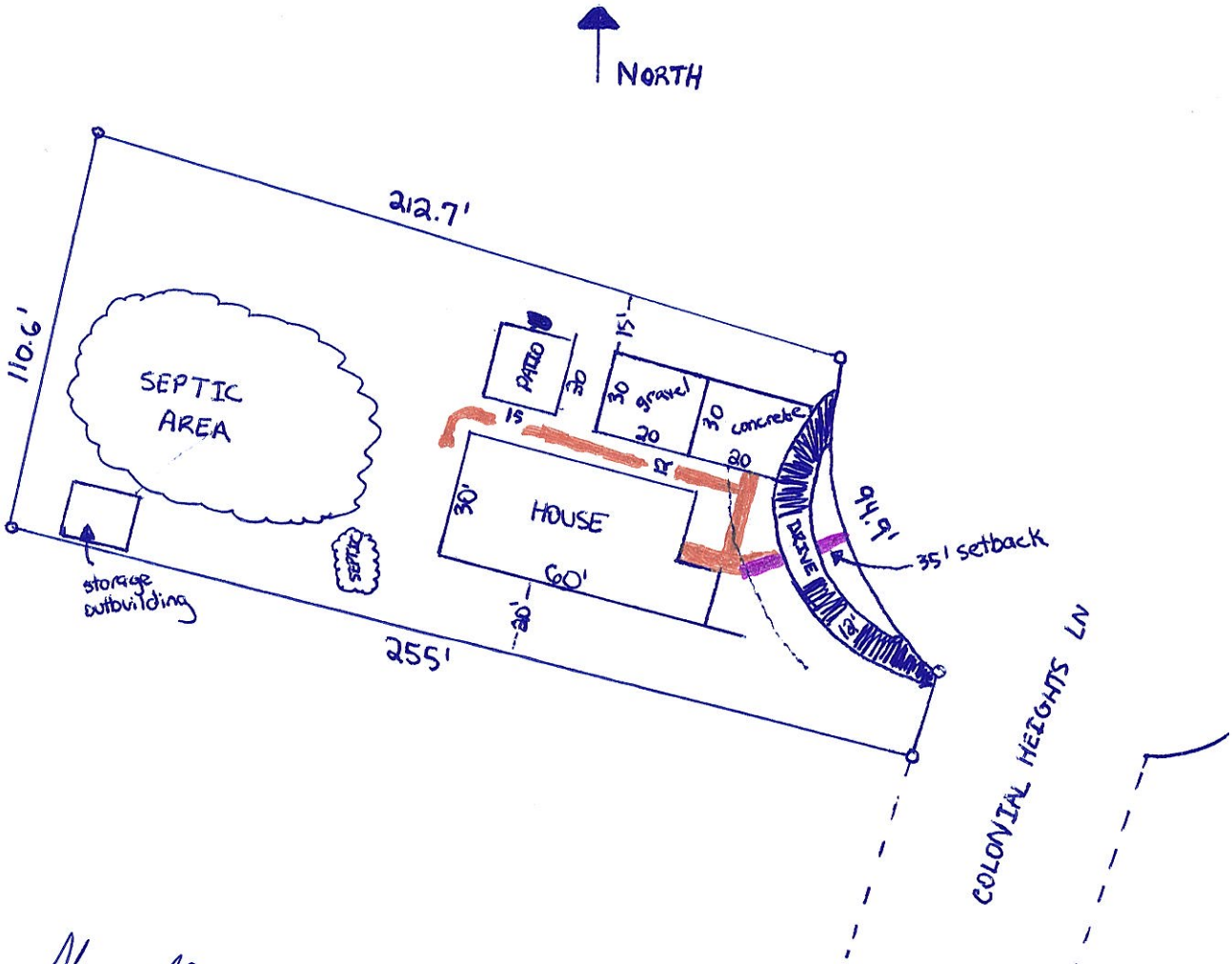
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



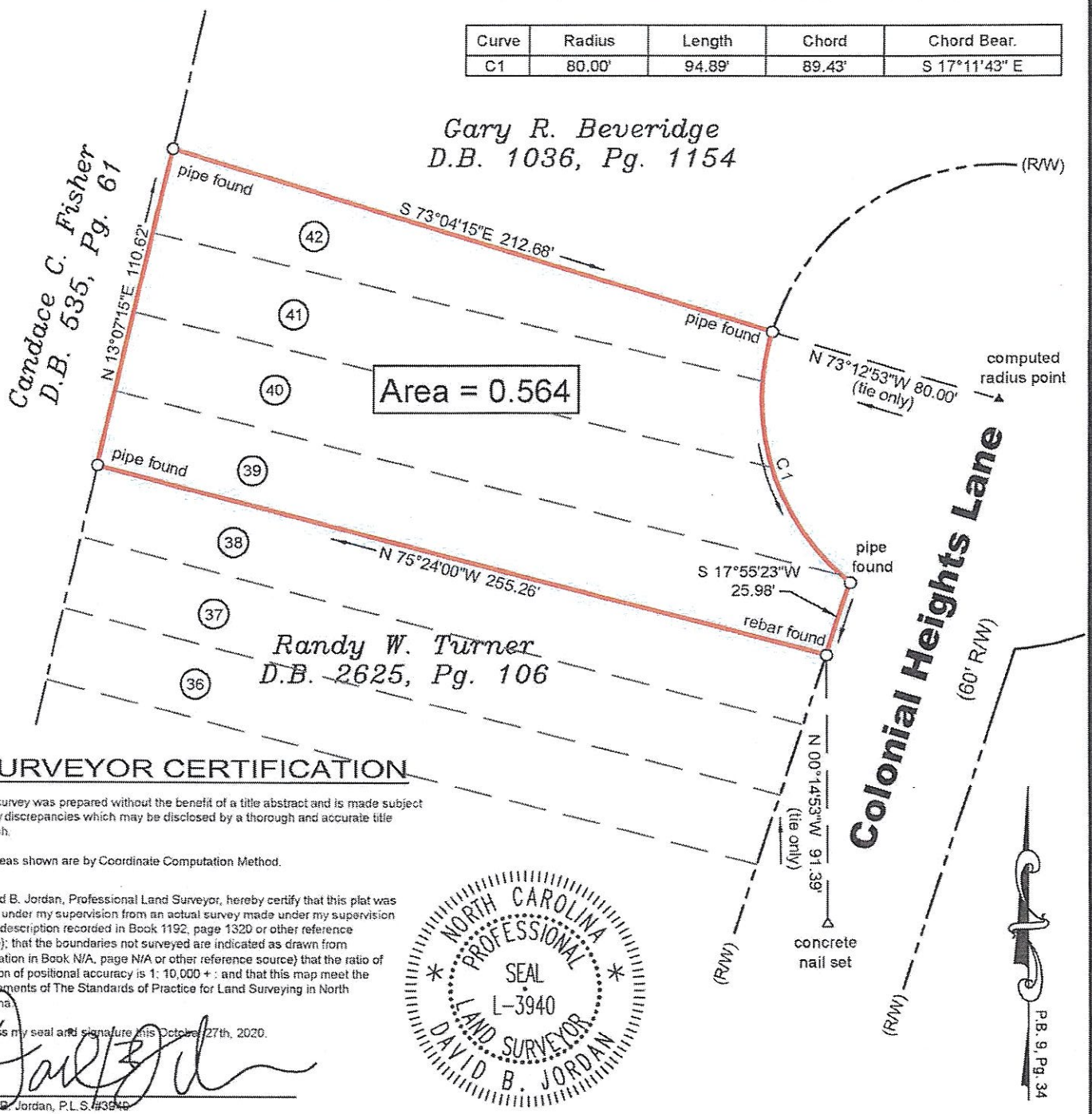
Signature: Shawn Simmons

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

11-19-20

DATE

Curve	Radius	Length	Chord	Chord Bear.
C1	80.00'	94.89'	89.43'	S 17°11'43" E



SURVEYOR CERTIFICATION

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

All Areas shown are by Coordinate Computation Method.

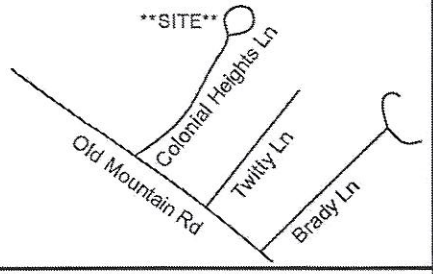
I, David B. Jordan, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1192, page 1320 or other reference source); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source) that the ratio of precision of positional accuracy is 1: 10,000 + : and that this map meet the requirements of The Standards of Practice for Land Surveying in North Carolina.

Witness my seal and signature this October 27th, 2020.

NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

David B. Jordan, P.L.S. #3940

VICINITY MAP



Surveyed by:

David B. Jordan
P.L.S. #3940
592 Bowles Farm Road
Statesville, NC, 28625
(704)-838-0028

Drwn By: T.D.J.	Deed Ref: 1192-1320
Aprvd By: D.B.J.	Tax Id#: 4704-49-3663
Field Date: 10-26-20	Date:
Plat Date: 10-27-20	Revision:
Scale: 1" = 50'	Date:
	Revision:

Survey For:

Shaun K. Simmons

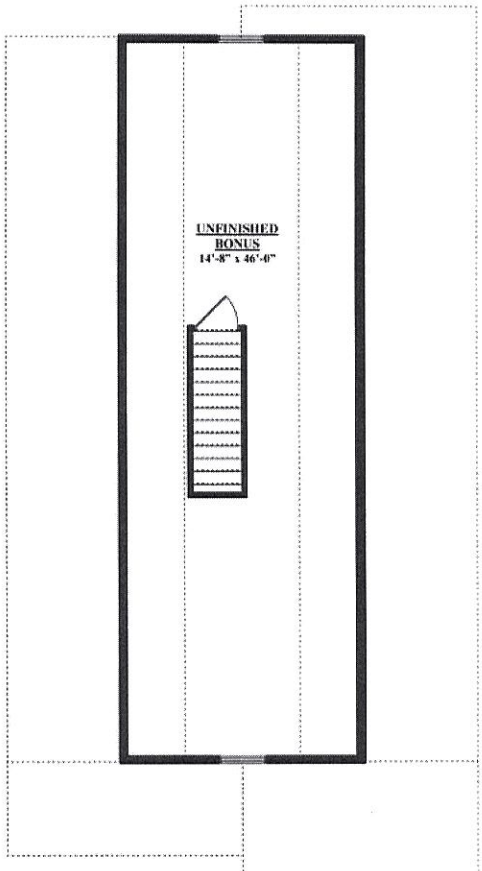
Project Address:	Colonial Heights Lane
Project Location:	Colonial Acres Lots 39-42
Project Location:	P.B. 9, Pg. 34
Job Number:	201012

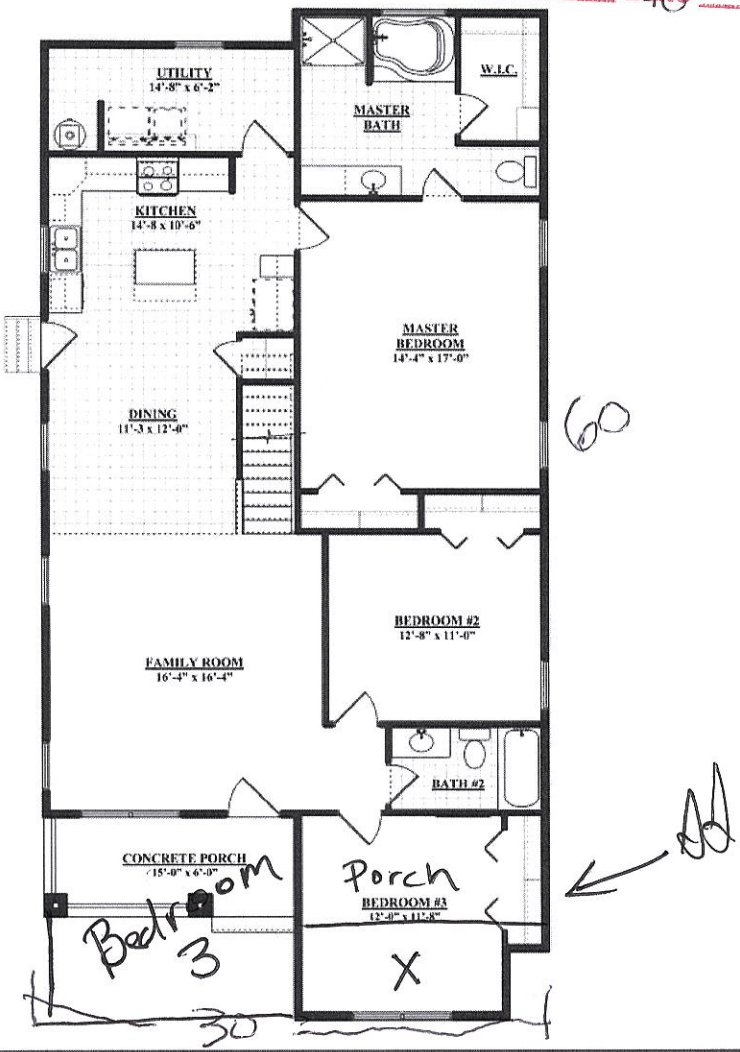






Acknowledgement o
Plans Submittal ONL
Date 11/20/2
11-18 Date





Oak Elevation Floor Plan

© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

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

BBB ACCREDITED BUSINESS

EQUAL HOUSING OPPORTUNITY

NAHB

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312260 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4704493663.000	157 Colonial Heights Ln.	Iredell County

Owner Information	Applicant Information
Name: BEVERIDGE GARY R+SYLVIA P	Name: SHAUN SIMMONS
Address:	Address: 4282 ALL HEALING SPRINGS RD
	TAYLORSVILLE , NC 28681
Phone:	Phone: (828)302-5064

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.56	35	35	15	15	N/A	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.

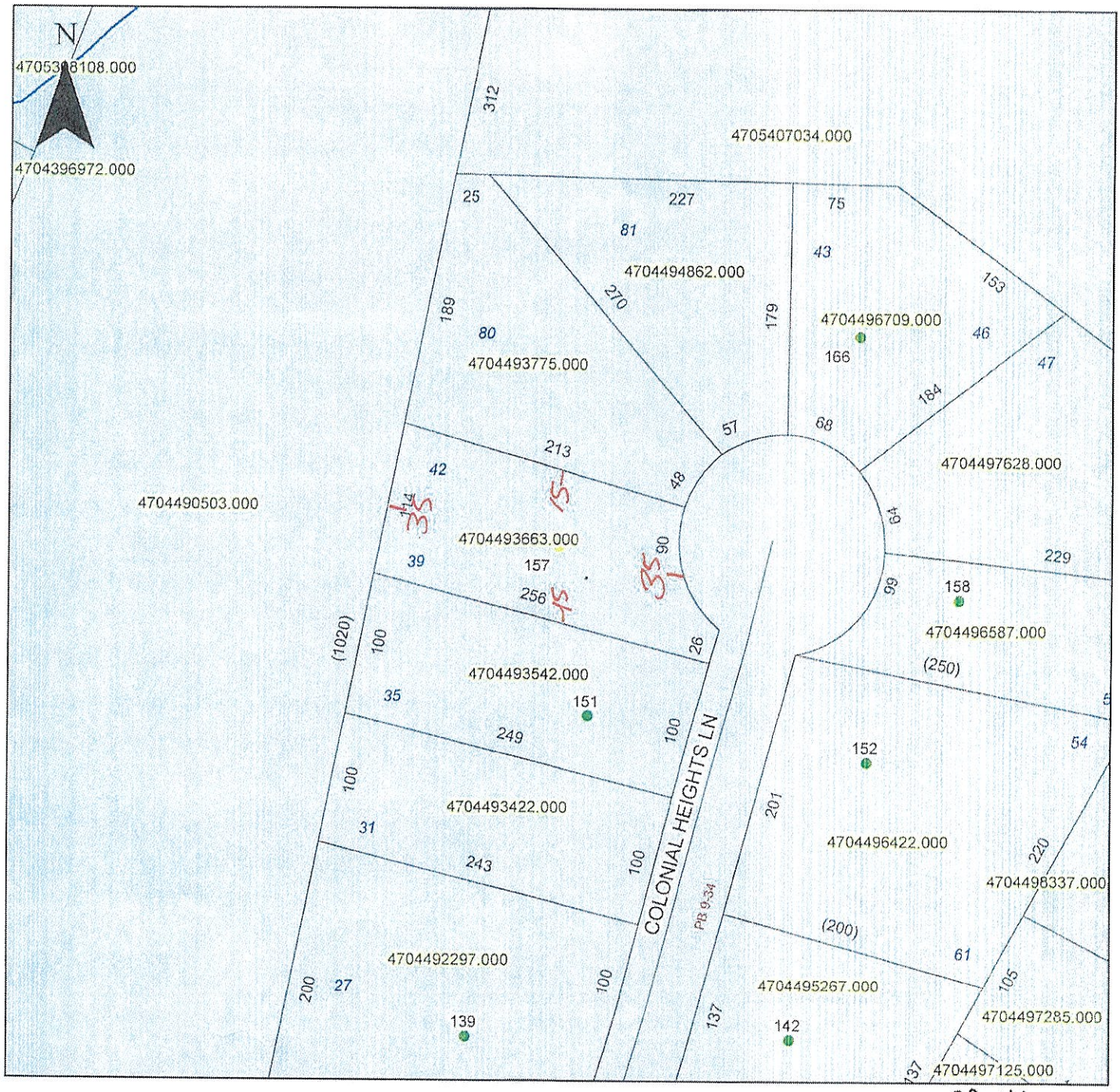
Signature of Owner/Contractor

Date: 10/30/2020

Permit Number	312260

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 157 Colonial Heights Ln.

RA @ 0.56 NC

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.

Shawn Simmons

Applicant

10-30-20

Date