IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 246341

PIN # 4705209374

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

APPLICANT/OWNER: REBECCA STROUD APPLICANT ADDRESS: 115 JORDAN CREST LANE, STONY POINT, N.C. 28678

SITE ADDRESS: 364 ALPINE CIRCLE, STATESVILLE, NC, 28625 PHONE: 704-929-5443 ALT. PHONE

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MTN ROAD, (R) ON ALPINE CIRCLE, (L) ON ALPINE CIRCLE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: W.N. ALEXANDER FARMS SECTION: — LOT # 6 LOT AREA: 1.89 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date 3-11-20 ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank 1000 (gal) PT 17 Date 5-12-18 System Description: 25% REDUCTION P.M.

Pump Make Goulds Model WE03111N Serial # Repair System Description: 25% REDUCTION P.M.

Nitrification Fields 1 # Lines 3 Linear Ft 300 Maintenance Agreement Required: ☐ YES ☑ NO

Trench Width 36 IN Trench Bottom Depth(Low side) 30 IN Gravel Depth — ☐ GRAVITY ☑ PRESSURE

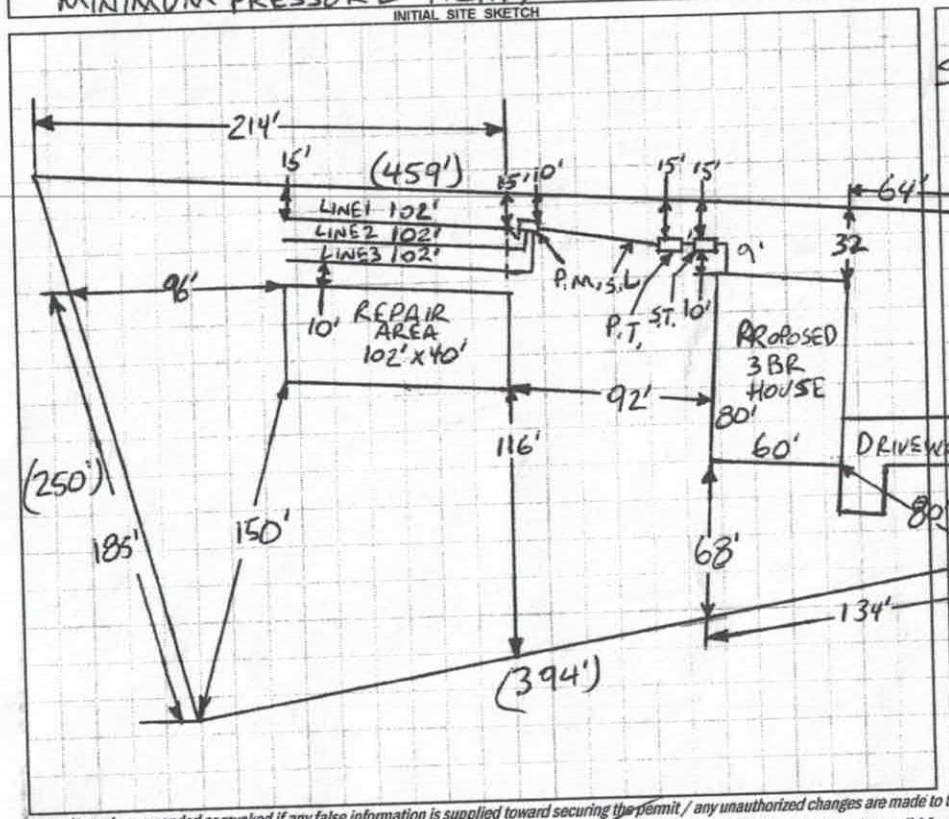
☑ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees — ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, 2FT MINIMUM PRESSURE HEAD.

14ft to Pressure Manifold
17ft to lines
Yellow filter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked tanks, lines & set 2ft pressure

TAPS

LINE1 = 1/2 SCH 40

LINE2 = 1/2 SCH 40

LINE3 = 1/2 SCH 40

DOSE VOLUME
140 GALLONS

DRAW DOWN
6.5 INCH

PUMP RUN TIME
6.5 MINUTES

1IN = 80FT
B.R. = BEDROOM
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

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: Rebecca Stroud Date: 10/22/19 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Burpust C. White Date: 7-22-2019 OPERATION PERMIT by: Burpust C. White Date: 7-28-20

AUTHORIZATION TO CONSTRUCT by: Burpust C. White Date: 7-22-2019 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.

	Date	Initials
Drain Lines Checked	6/11/20	MK
Tanks Checked	6/11/20	MK
Pressure Manifold or Valve Box Checked	6/11/20	MK
Pressure Head Set	6/11/20	MK
Electrical Checked	7-28-20	BCW
Floats Set	6/11/20	MK
Alarm Checked	7-28-20	BCW
Maintenance Contract Y (N)	7-28-20	BCW

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

Sheet 1 of 2
PROPERTY ID #: 47052093
COUNTY: IREDELL

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

OWNER: REBECCA STROUD — APPLICATION DATE 7-3-19
ADDRESS: 115 JORDAN CREST LANE, STONY POINT, NC 28678 — DATE EVALUATED: 7-11-19
PROPOSED FACILITY: 3 BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1.89 AC
LOCATION OF SITE: 364 ALPINE CIRCLE, STATESVILLE, NC 28625 — 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 OF 3% DEPRESSION SLOPE SHOT BETWEEN 2%-3%	0-10 10-~~38~~	SCL/SBK C, ABK	FR/SS,SP,SEXP FR/S,P,SEXP	2.5Y 7/2 30"+ SOME SAP INC INTERMIXED W/ WETNESS	~~53~~"+	NA	NA	PS .25 ABOVE 30"
2	RIDGE OF DEPRESSION 5%	0-20 20-50	SCL/SBK C, ABK	FR/SS,SP,SEXP FI,S,P,SEXP	2.5Y 7/2 36"+ SOME SAP INC W/WET	50+"	NA	NA	PS .25 ABOVE 36"
3	LINEAR SIDE OF DEPRESSION 5%	0-11 11-53	SCL/SBK C, ABK	FR,SS/SP,SEXP FI,S,P,SEXP	2.5Y 7/2 24"+ MOTTLES	~~53~~"	NA	NA	PS .25 ABOVE 24"
4	LINEAR SIDE 5%	~~0~~-16 16-50	SCL/SBK C, ABK	FR,SS,SP,SEXP FR/S,P,SEXP	SAP INC THRU OUT	50+"	N/A	NA	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin E. Wise
OTHER(S) PRESENT:

COMMENTS:

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

PROPERTY ID #: 4705209
COUNTY: IREDELL

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

OWNER: SEE PAGE 1 APPLICATION DATE
ADDRESS: DATE EVALUATED: 7-16-19
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: 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	LINEAR SIDE 5% 0	0-5	SCL/~~SBK~~	~~FR~~, SS, SP, SEXP	SAP INC	50"+	NA	NA	PS .3
		5-30	C/ABK	FR, S, P, SEXP					
		30-50	CL/WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 3%	0-36	C/ABK	FI, S, P, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		36-52	CL/WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-33	C/ABK	FI, S, P, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		33-52	CL/WABK	FR, SS, SP, SEXP					
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
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) 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)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

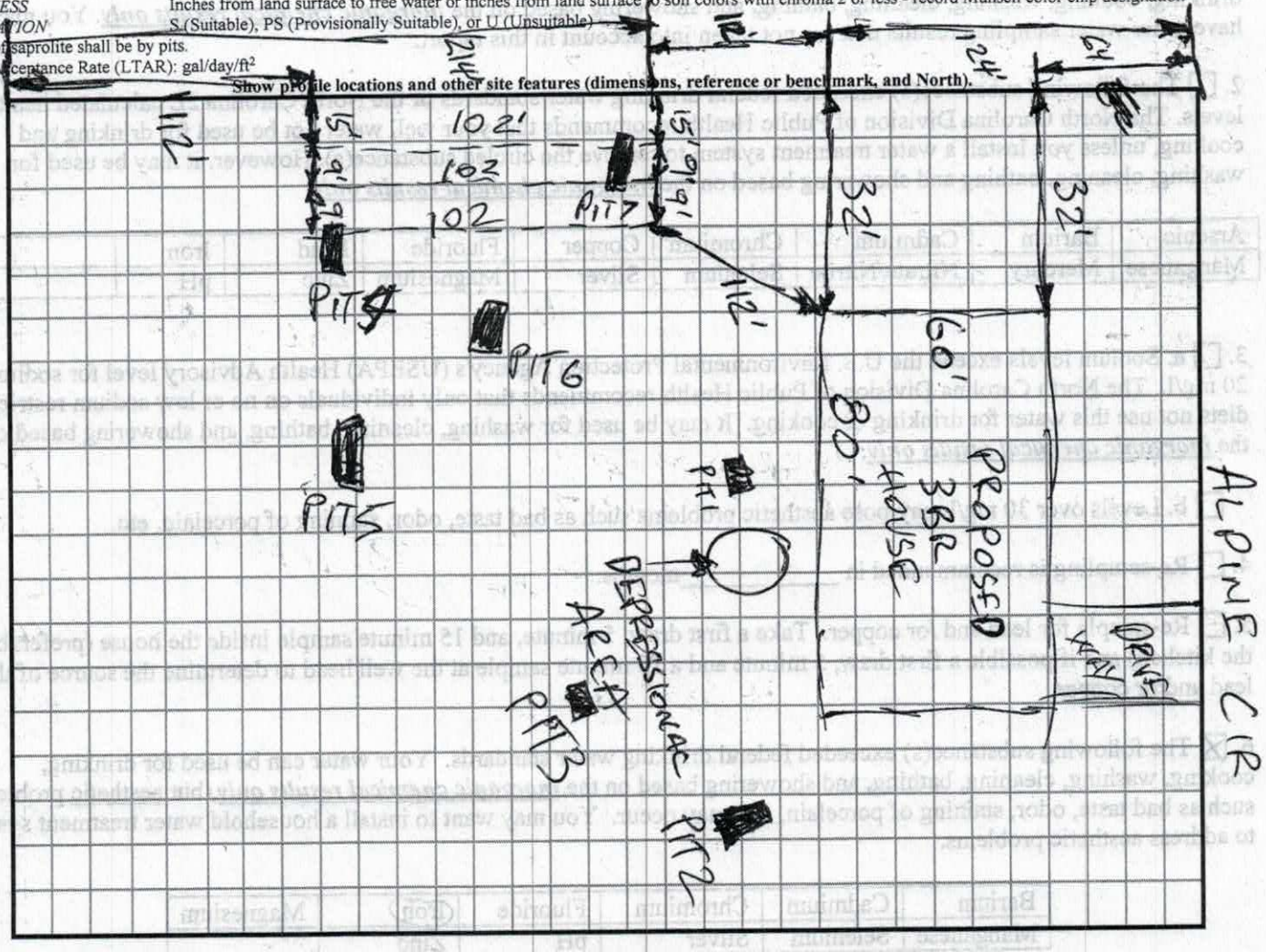
NOTES

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/ft^2

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



#246341
7.3.19
$500.00

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: Rebecca Stroud Address: 115 Jordan Creek Dr Stony Point Zip: 28678
Applicant Email: BLSSD10@GMAIL.COM Phone: 704-929-5443 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 364 Alpine Circle Statesville NC
Subdivision Name: W N Alexander Farm Section/Phase: _____ Lot Number: 6
Driving Directions: I-40, Exit 144, Old Mon Rd, Right Alpine Circle, First Rd to left Alpine cir 2nd Lot on left.

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: 4 3 BR 07-11
Maximum Number of Occupants: 6
(-) Swimming Pool Possible Future
( ) 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

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?

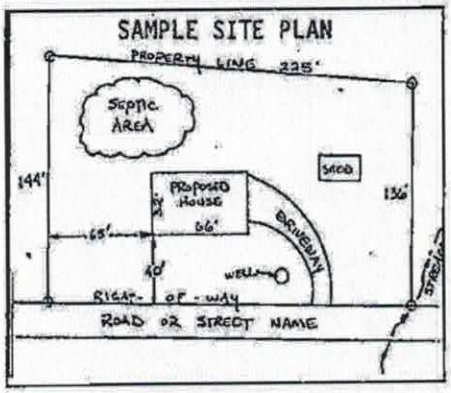
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Rebecca Stroud 7/3/19
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:

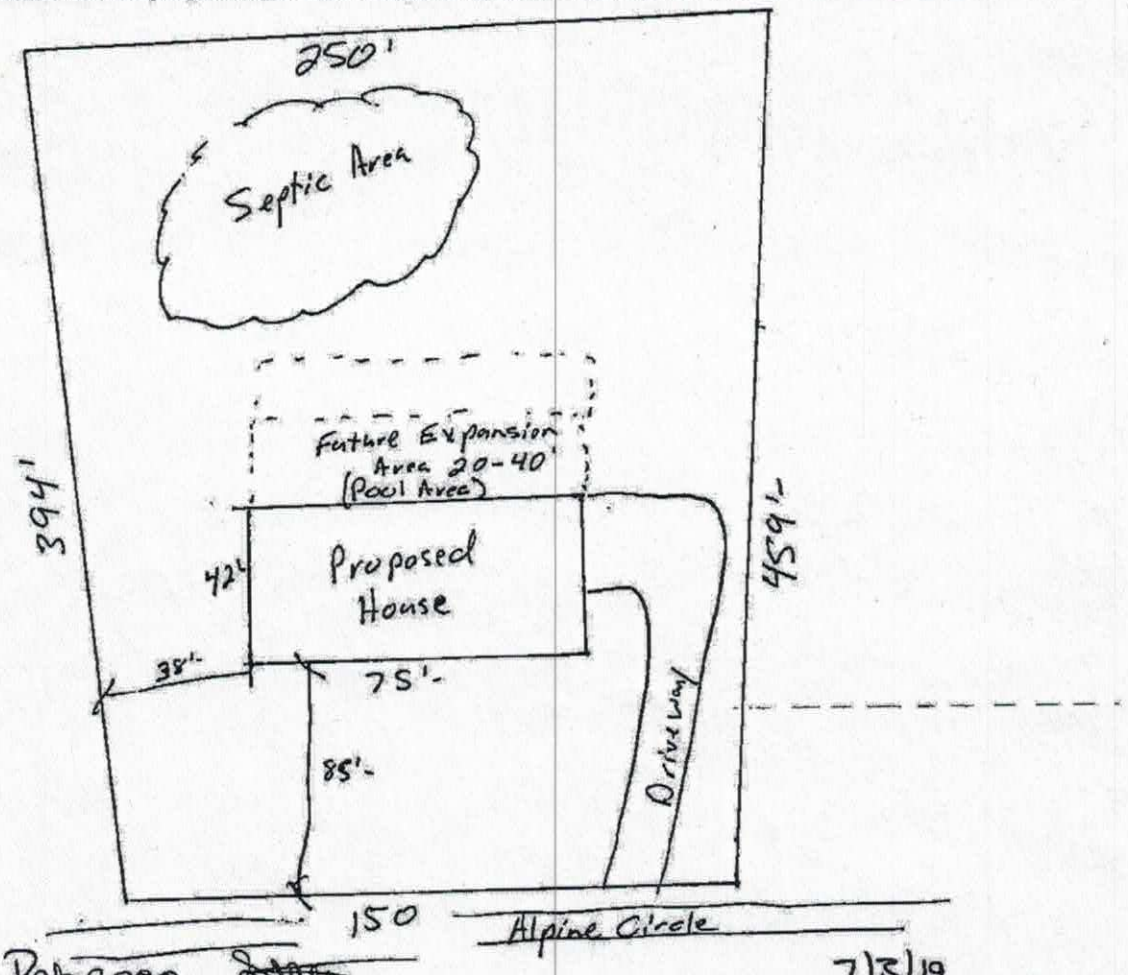
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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: Rebecca [illegible] 7/3/19

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

DigiSign Verified: 756D85C5-A530-4B8B-8704-32C035C1F383

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, John Pope Heather Chapman the legal owner(s) of the property located at 000 Alpine Ci 364 Alpine Circle, identified as

PIN (Parcel Identification Number) 4705209374, 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.

Heather Chapman John Pope _____ 06-21-2019
Signature of Owner(s) Date

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

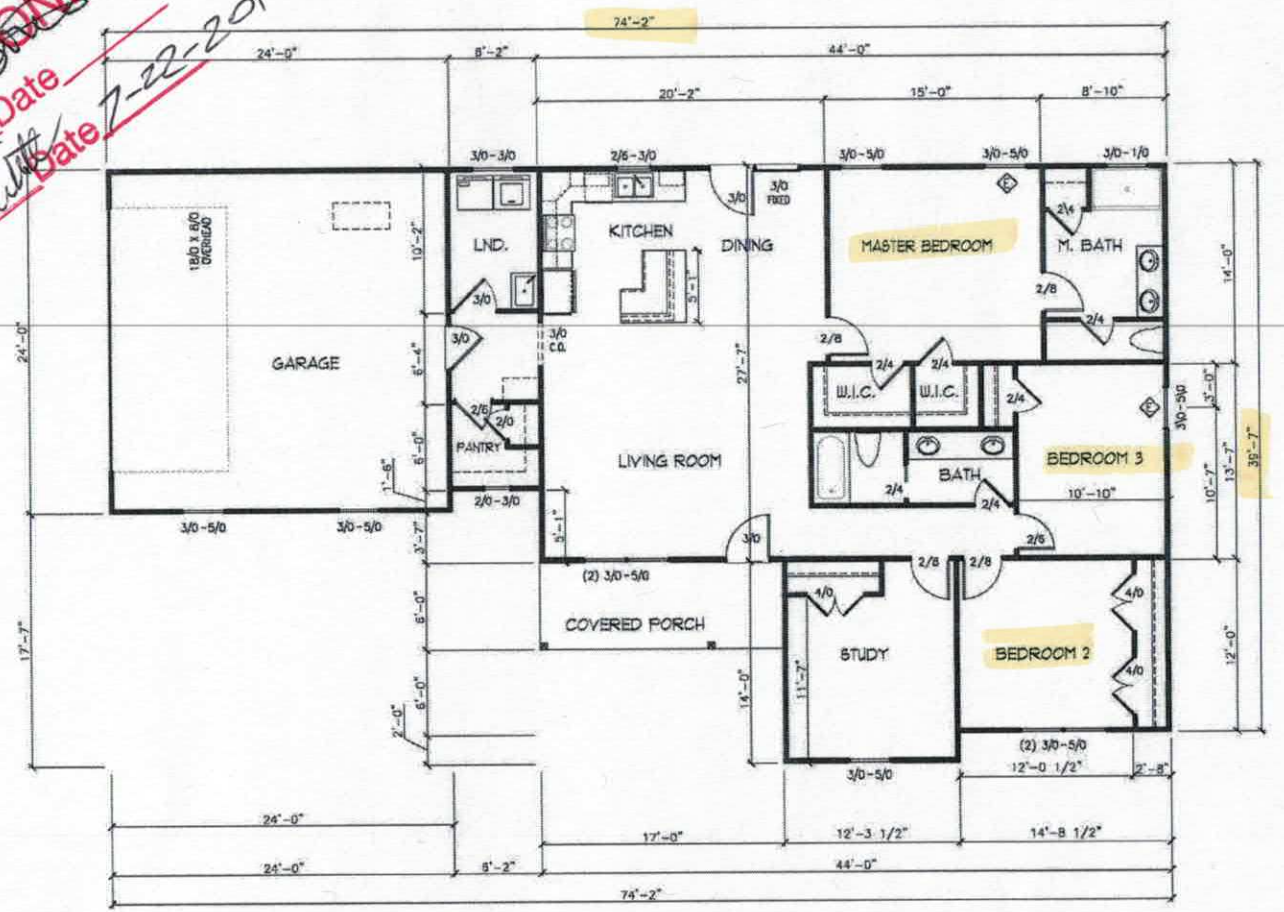
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of Plans Submitted ONLY!

Date 7-22-2019

PRELIMINARY

PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION



DENALI
HOME BUILDERS
1270 Northside Drive
Statesville, NC
(704) 872-1591

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF DENALI HOME BUILDERS. ALL RIGHTS RESERVED
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STROUD RESIDENCE
ALPINE CIRCLE ◆ STATESVILLE NC

MAIN LEVEL PLAN

SQUARE FOOTAGE	
MAIN LEVEL	1,707 S.F.
FRONT PORCH	102 S.F.
GARAGE	570 S.F.
TOTAL HEATED	1,707 S.F.

DRAWN BY:
LJ
DESIGN NO:
DH-2019-
SCALE:
1/8" = 1'-0"
BASE PLAN:
WHITTIER
REVISION:

MANAGER
KENT JACKSON
DATE DRAWN:
6/14/19

B2.3

IREDELL COUNTY

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

APPLICATION NUMBER
246341
Issue Date: 07/03/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4705209374.000	364 ALPINE CIRCLE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: POPE LEE A	Applicant: STROUD, REBECCA
Address: 142	Address: 115 JORDAN CREST LN
IREDELL CO, NC 28625	STONY POINT, NC 28678
Phone:	Phone: 704-929-5443

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.890	35.00	35.00	15.00	15.00	NOT	X

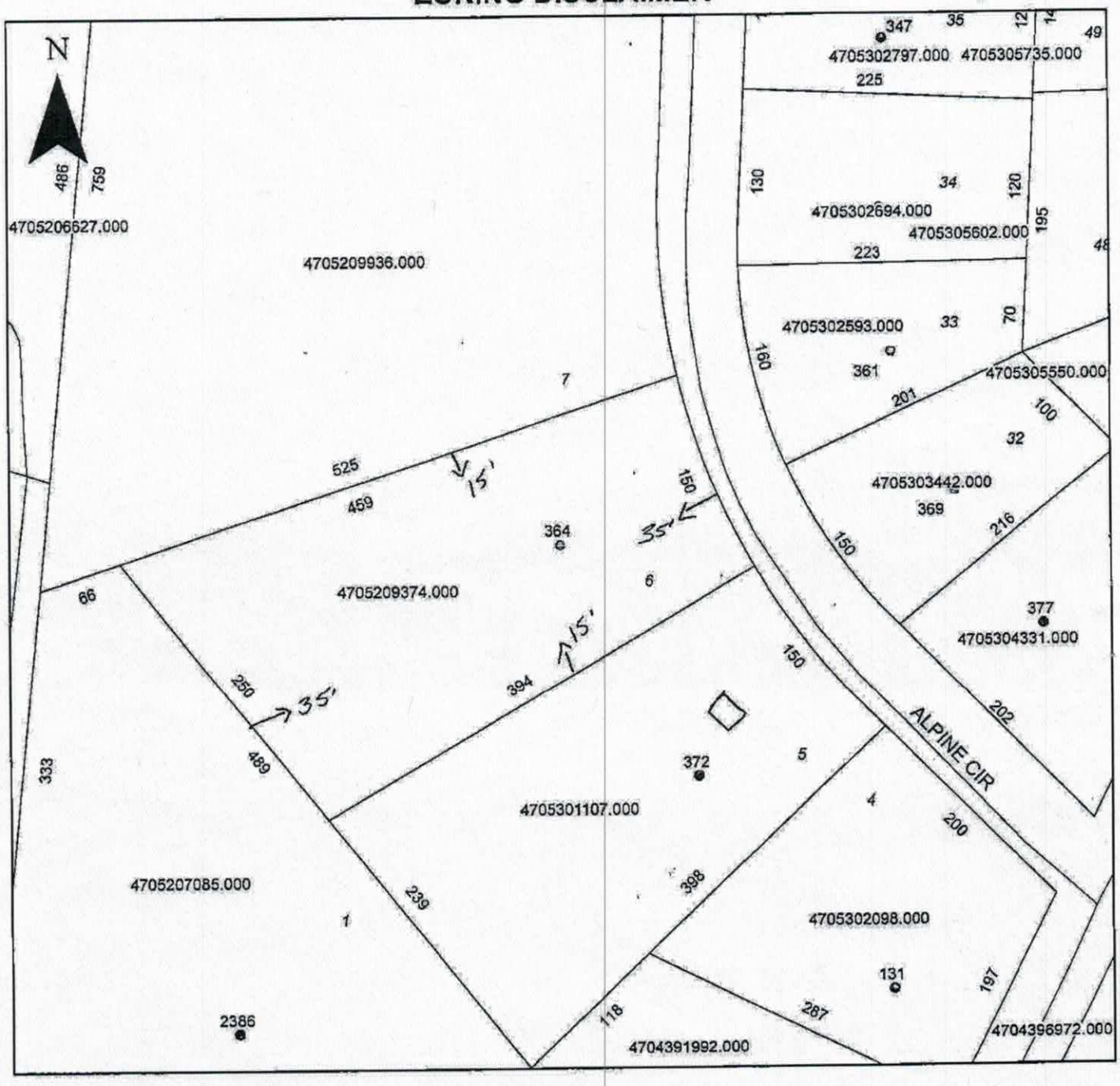
Remarks:

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	183833	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 364 Alpine Circle

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.

Rebecca [signature]
Applicant

7/3/19
Date