BLDR-2023-15564

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 323632

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

PIN # 4705 -30 -3442

APPLICANT/OWNER: Wilson Building Inc. APPLICANT ADDRESS: PO Box 6658 Statesville NC 28687

SITE ADDRESS: 369 Alpine Circle, Statesville NC 28625 PHONE: ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd Alpine Circle SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Alexander Knoll SECTION: - LOT # 32 LOT AREA: .60 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 7100 Date 5/16/23 ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank (gal) PT Date System Description: Gravity -25% Reduction

Pump Make Model Serial # Repair System Description: Gravity -25% Reduction

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:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas

LSS # 1231 Dated Dec 3, 2021 PA

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 Drawn

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: Date: 12-22-21 Installed by: Piedmont Backhoe

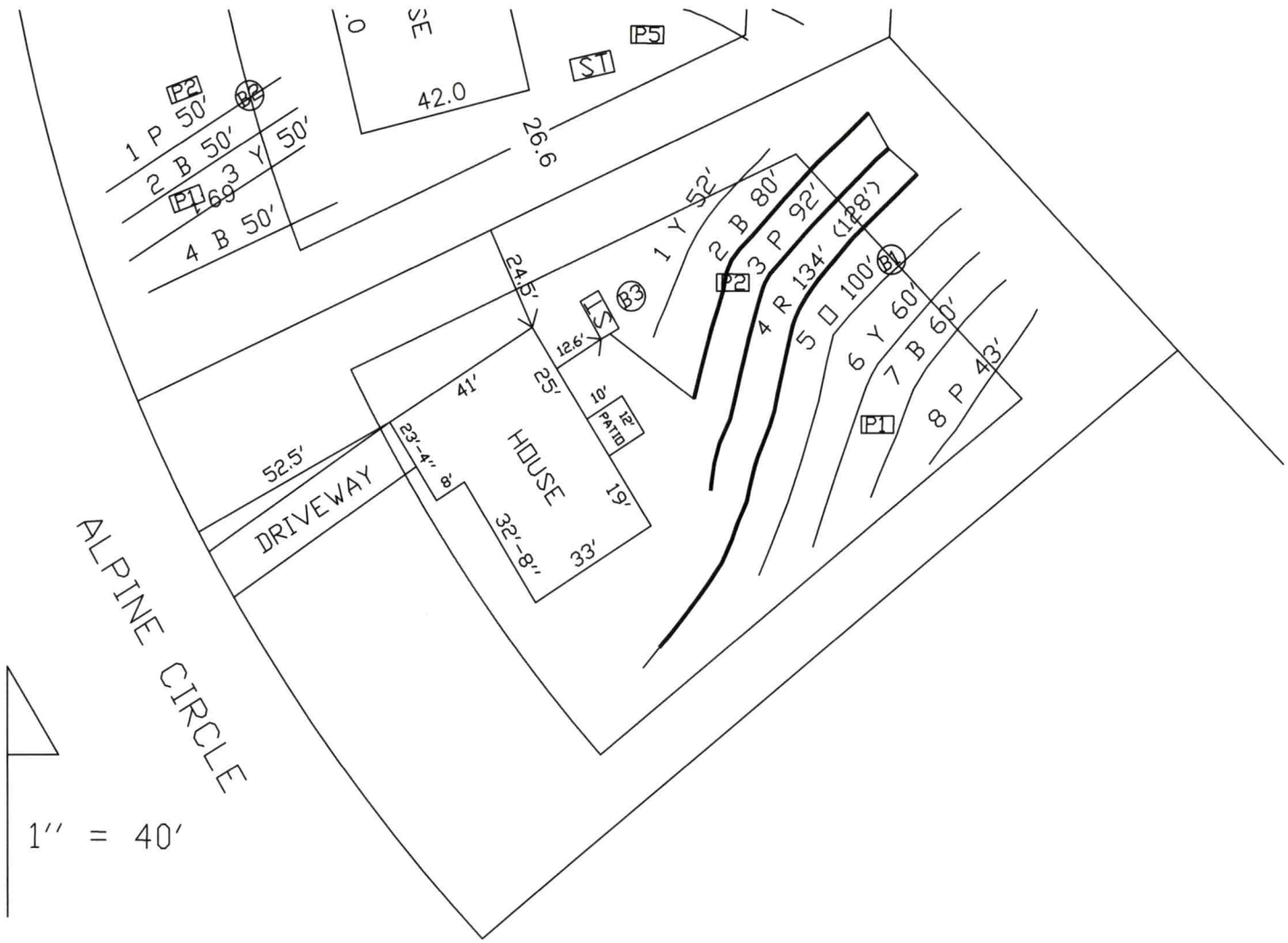
IMPROVEMENT PERMIT by: Date: 12-14-2021 OPERATION PERMIT by: Date: 7/7/23

AUTHORIZATION TO CONSTRUCT by: Date: 5-31-2022 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? _____	


ALPINE CIRCLE
DRIVEWAY
HOUSE
52.5'
41'
25'
23'-4"
8'
32'-8"
33'
19'
10'
12'
PATIO
24.5'
12.6'
26.6
42.0
1 P 50'
2 B 50'
3 Y 50'
4 B 50'
1 Y 52'
2 B 80'
3 P 92'
4 R 134' (128')
5 □ 100'
6 Y 60'
7 B 60'
8 P 43'
P1
P2
P5
S1
S2
S3
1'' = 40'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0096
December 3rd, 2021

WILSON BUILDING INC.
Attn: *Randy Wilson*
Email: wilsonbuildinginc@gmail.com

RE: Soil& Site Evaluation for a 3 Bedroom Residence at 369 Alpine Circle, 0.60 ac Parcel, PIN# 4705303442, Alexander's Knoll Subdivision, Statesville, NC 28625.

Mr.Wilson:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above.The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open in the back with scattered hardwoods in the front.Topography within the evaluated area was gentle slope near the house site and proposed drainfield area. Property corners were marked at the time of the evaluation by Lance Schaumback. An Autocad File of the subdivision was used as a basemap. The proposed septic layout was located via GPS and used to produce the attached *Site Plan*. The house envelope is illustrated on the site plan with house dimensions and staked in the field by the owner.

Methodology

We evaluated soil areas through the use of hand augers & backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five on the property flagged and located via GPS. All of the hand augers & backhoe pits are located in the proposed system and repair areas. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems".*Soil & Site Evaluation Forms* were utilized to record the soil morphological data for eachboring. The house envelope was established on the Site Plan. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

369 Alpine Circle - Lot 32 Alexander's Knoll (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 621 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (LOW SIDE) is specified at 30 inches. The repair system is proposed as 300 linear feet of Accepted (25% Reduction)drainfield with gravity distribution. There is 315 linear feet available for repair. Trench depth (LOW SIDE) is specified at 30 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Print Name Randy Wilson
Signature _____ 12-6-2021

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas on 369 Alpine Circle - Lot 32 of Alexander Knoll Subdivision may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss.Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
Samuel A. Rollans
1231
NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence on 369 Apline Circle, Lot 32 Statesville 28625, Iredell County, NC. PIN#: 4705303442

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
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12/2/2021
Project #: 21-0096
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified a gravity 25% reduction (Accepted) installation.

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Wilson Building Inc.
Address:	P.O. Box 6658 Statesville, NC 28687
Phone:	704.881.0071
County:	Iredell
Location:	369 Alpine Circle Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth (LOW SIDE):	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	26	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	16.98	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

369 Alpine Circle

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	26
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 369 Alpine Circle- Lot 32

Project #: 21-0096

LAYOUT FOR 3 BEDROOM HOME 12/2/2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	YELLOW					52	52
2	***BLUE***					***80***	***80***
3	***PINK***					***92***	***92***
4	***RED***					***134***	***128***
5	ORANGE					100	100
6	YELLOW					60	60
7	BLUE					60	60
8	PINK					43	43
						621	***615***

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	LOW SIDE TRENCH DEPTH
**** System***	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***	30"
Repair	***315***	0.300	ACCEPT.	0.300	25% RED	GRAVITY	30"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by GPS.

** Property corners & lines located by survey Lance Schaumback

CALCULATIONS

Location	369 Alpine Circle Statesville, NC 28625	
Project Number	21-0096	
Lot No:	32	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	26	ft.
Supply Line Volume	16.978	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

PROPERTY ID #: 4705308442
COUNTY: Iredell

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

OWNER: Randy Wilson
ADDRESS: P.O. Box 6658, Statesville NC 28161
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 369 Alpine Circle, Statesville NC 28687
APPLICATION DATE
DATE EVALUATED: 10/21
PROPERTY SIZE: 0.6
PROPERTY RECORDED: Y/S
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)		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	
B1	L/6%	0-7	RBCL wfsbk	Fr SS SP		50"	-	-	PS 0.3
		7-42	BRC wmsbk/Abk	Fr SS SP					
		42-50	RBCL wfsbk	Fr SS SP					
B2	L/7%	0-13	BSL Gr	Fr SS SP		50"	-	-	PS 0.3
		13-50	BRC wfsbk	Fr SS SP					
B3	L/4%	0-4	Fill			50"	-	-	PS 0.3-.325
		4-7	RBCL wfsbk	Fr SS SP					
		7-28	BRC wfAbk/sbk	Fr SS SP					
		28-50	RBCL wfsbk	Fr SS SP					
P1	L/10%	0-14	BSCL wfsbk	Fr SS SP		72"	-	-	PS 0.3
		14-48	BRC wmsbk/Abk	Fr SS SP					
		48-72	RBCL wfsbk	Fr SS SP	- Few SMP				

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4705303462

DATE OF EVALUATION: 10/21

COUNTY: Iredell

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
P2	L/5%	0-6	BSCL wfsbk	Fr SS SP		63	PS	-	PS 0.3
		6-30	BRC wmsbk/Abk	Fr SS SP					
		30-63	RBCL wfsbk	Fr SS SP					
		63-80	VAR. L. MASS	Fr SS SP					

RECEIVED DEC 6 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Session Law

APPLICATION FORM

AP-323632 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Wilson Building Inc **Address:** P.O. Box 66658, Statesville NC **Zip:** 28687

Applicant Email: Wilsonbuildinginc@gmail.com **Phone:** 704-881-0071 **Alt. Phone:** _____

Owner Name: Same **Address:** Same **Zip:** Same

Owner Email: Same **Phone:** Same **Alt. Phone:** _____

****

Property Information:

Street Address: 369 Alpine Circle, Statesville NC 28625

Subdivision Name: Alexanders Knoll **Section/Phase:** _____ **Lot Number:** 32

Driving Directions: Old Mountain Rd, Alpine Circle

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) 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: _____

( ) 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: Accepted

****

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: _____ 12/3/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

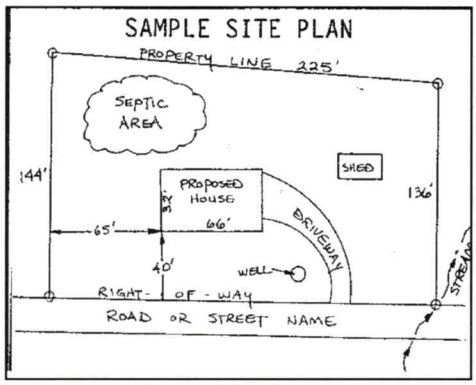
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: _____ 12/8/21

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

1" = 40'
ALPINE CIRCLE
DRIVEWAY
52.5'
HOUSE
23'-4"
41'
32'-8"
33'
19'
25'
24.5'
12'
PATIO
10'
12.6'
1 Y 52'
2 B 80'
3 P 92'
4 R 134' (128')
5 □ 100'
6 Y 60'
7 B 60'
8 P 43'
1 P 50'
2 B 50'
3 Y 50'
4 B 50'
169
42.0
26.6
P1
P2
P5
T1
B1
B3

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Wilson Building Inc., am the legal owner(s) of the property located at 369 Alpine Circle, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4705303442, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS/Ashley Rollans, _____, 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	Signature of Witness	Date
[signature]	12-6-2021		

Please return this signed form to the appropriate office:

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

I hereby certify that the Subdivision Plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina. I further certify that all streets, utilities, and other required improvements have been installed in an acceptable manner or of the installation of the required improvements in an amount and manner satisfactory to the County of Iredell has been received and that filing fee for this plat, in the amount of $ 15.00 has been paid. This plat has been approved by the Subdivision Administration for recording in the office of the Register of Deeds of Iredell County.

10-29-99
SUBDIVISION ADMINISTRATOR

Know all men by these presents, that DANNY M. ERVIN AND JEAN A. ERVIN hereby certify that WE ARE the owners of the property shown on this plat, that WE hereby certify acknowledge this plat and allotment to be our free act and do hereby dedicate to public use all streets, alleys, easements and other public areas shown on this plat. WE further certify that Alfred F. Williams surveyed and made this plat at our direction, and that the entire Subdivision is within the boundaries of a tract recorded in DB 1075 PG 1154

Danny M. Ervin
OWNER

Jean A. Ervin
OWNER

North Carolina, Alexander County

I, Diane Dellinger a Notary Public of the County and State aforesaid, certify that DANNY & JEAN ERVIN personally appeared before me this day and acknowledged the execution and foregoing instrument. Witness my hand and seal this 16 day of FEB, 1999

11/13/2000
My Commission Expires

Diane Dellinger
Notary Public

DIANE DELLINGER NOTARY PUBLIC ALEXANDER COUNTY, NC

I, Alfred F. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1075, Page 1154); that the boundaries not surveyed are clearly indicated as drawn from information found in Book ____ Page ____ ; that the ratio of precision as calculated is 1:10,000 ; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 18 day of FEB, A.D., 1999

L-3446
R.L.S.

NORTH CAROLINA REGISTERED SEAL L-3446 LAND SURVEYOR ALFRED F. WILLIAMS

North Carolina, Alexander County

I, Diane Dellinger, a Notary Public of the County and State aforesaid certify that Alfred F. Williams a Registered Land Surveyor personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and seal this 16 day of FEBRUARY, 1999.

11/13/2000
My Commission Expires

Diane Dellinger
Notary Public

DIANE DELLINGER NOTARY PUBLIC ALEXANDER COUNTY, NC

I, Alfred F. Williams hereby certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

2/10/99
Date

L-3446 R.L.S

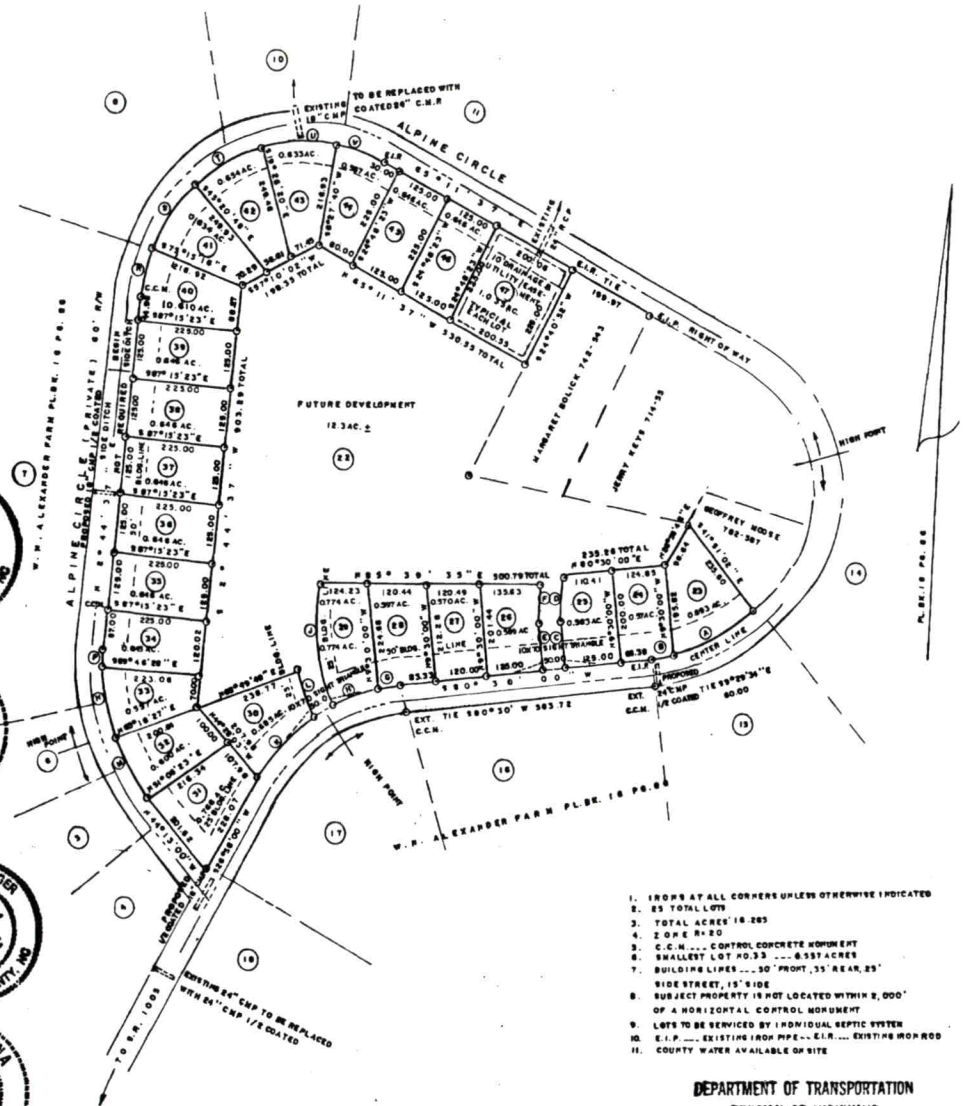
NORTH CAROLINA REGISTERED SEAL L-3446 LAND SURVEYOR ALFRED F. WILLIAMS

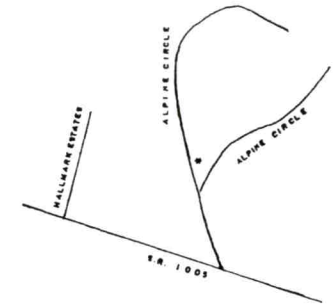
State of North Carolina,
Iredell County

The foregoing certificates of Diane Dellinger Notary Public is certified to be correct. This instrument was presented for registration on this day and hour and duly recorded in the office of the Register of Deeds of Iredell County, N.C. in Plat Book ____ Page ____ this ____ dry of ____, A.D. at ____ o'clock 199_

Register of Deeds

As of the date of this recording the lots represented on this Plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.





VICINITY MAP
NOT TO SCALE

FILED
IREDELL COUNTY NC
10/29/1999 9:21 AM
BRENDA D. BELL
Register Of Deeds
BK 33 Pg 146
by: Joyce H. Bess
Deputy

A	CH=S 58° 23' 39" W	108.04	L=800.00	R=411.26
B	CH=S 76° 24' 47" W	58.62	L= 58.67	R=411.26
C	N 89° 30' 00" W	100.00		
D	CH=N 1° 11' 57" W	101.08	L=101.40	R=330.00
E	S 9° 50' 00" E	100.00		
F	CH=S 3° 03' 15" E	99.81	L= 90.00	R=400.00
G	CH=S 78° 02' 30" W	38.66	L= 38.67	R=426.22
H	CH=S 87° 24' 09" W	181.11	L=181.52	R=426.22
J	CH=N 10° 45' 19" W	283.38	L=290.00	R=330.00
K	CH=S 39° 44' 14" W	188.42	L=190.00	R=426.22
L	CH=S 25° 31' 10" E	99.74	L=100.00	R=400.00
M	CH=N 34° 14' 11" W	149.24	L=150.00	R=430.56
N	CH=N 13° 36' 37" W	139.08	L=140.00	R=430.56
P	CH=N 00° 06' 38" W	42.88	L=42.90	R=430.56
R	CH=N 10° 44' 40" E	104.80	L=105.00	R=375.98
S	CH=N 31° 41' 38" E	168.56	L=170.00	R=375.98
T	CH=N 57° 38' 26" E	168.56	L=170.00	R=375.98
U	CH=N 83° 30' 54" E	168.56	L=170.00	R=375.98
V	CH=S 74° 21' 44" E	119.01	L=120.32	R=375.98

1. IRONS AT ALL CORNERS UNLESS OTHERWISE INDICATED
2. 85 TOTAL LOTS
3. TOTAL ACRES 18.285
4. ZONE R-20
5. C.C.M. ---- CONTROL CONCRETE MONUMENT
6. SMALLEST LOT NO. 33 ---- 0.557 ACRES
7. BUILDING LINES ---- 30' FRONT, 35' REAR, 25' SIDE STREET, 15' SIDE
8. SUBJECT PROPERTY IS NOT LOCATED WITHIN A 2,000' OF A HORIZONTAL CONTROL MONUMENT
9. LOTS TO BE SERVICED BY INDIVIDUAL SEPTIC SYSTEM
10. E.I.P. ---- EXISTING IRON PIPE -- E.I.R. ---- EXISTING IRON ROD
11. COUNTY WATER AVAILABLE ON SITE

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION

APPROVED James W. Randolph
DISTRICT ENGINEER

DATE 4-30-99

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

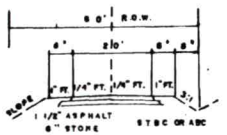
I, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer

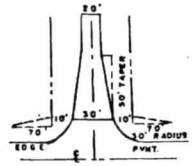
Date 10-29-99

200' 0' 200' 400' 600'
GRAPHIC SCALE - FEET

THE SUBJECT PROPERTY IS NOT LOCATED IN A "SPECIAL FLOOD HAZARD AREA" SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NO. 3703 I3 0100C ZONE X DATE 6/22/98



RESIDENTIAL COLLECTOR ROAD



RECOMMENDED ROAD CONNECTION

"ALEXANDER'S KNOLL" DOES NOT LIE WITHIN A WATERSHED DESIGNED BY N.C. DIVISION OF ENVIRONMENTAL MANAGEMENT AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

10-29-99
DATE

SUBDIVISION ADMINISTRATOR

ALL ROADS IN THIS SUBDIVISION ARE HEREBY DECLARED PUBLIC AND SHALL NOT BE MAINTAINED BY N.C.D.O.T. THE MAINTENANCE OF ALL STREETS AND ROADS OF THIS SUBDIVISION SHALL BE THE RESPONSIBILITY OF THE LAND OWNERS AND IT SHALL BE THEIR RESPONSIBILITY TO BRING THE ROADS UP TO THE STANDARDS OF THE N.C.D.O.T. SECONDARY ROADS COUNCIL BEFORE ANY PUBLIC STREETS OR ROADS OF THIS PLAT ARE INCLUDED AT ANY TIME AFTER THE APPROVAL OF THIS PLAT INTO THE P.C. STATE MAINTAINED ROAD SYSTEM.

Danny M. Ervin
OWNER

Jean A. Ervin
OWNER

GRIER LAND SURVEYING
220 WATER STREET
STATESVILLE, N.C. 28677
704-873-6353
Alfred F. Williams R.L.S.

"ALEXANDER'S KNOLL"
RESUBDIVISION OF TRACT 22 OF W.N. ALEXANDER FARM
PLAT BOOK 16 PAGE 86

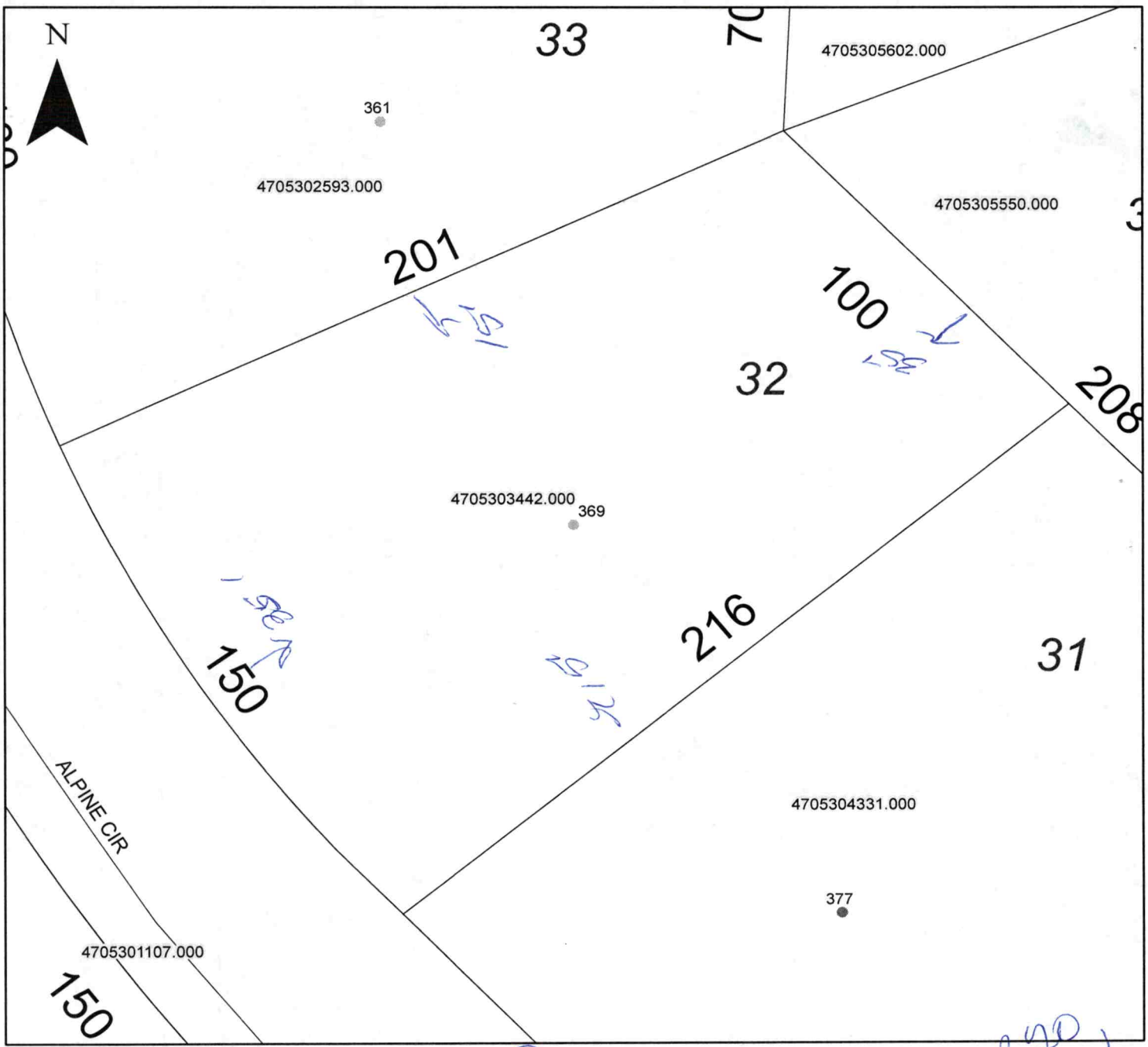
DATE SURVEYED: 2/12/99	DATE PLATTED: 2/16/99	DRAWN BY:
SCALE: 1" = 200	DEED: 1075-1154	JOB # 990201

OWNER/DEVELOPER: DANNY M. ERVIN & JEAN A. ERVIN
P.O. BOX 476
TROUTMAN, N.C. 28166

LOCATION: SHILOH TWP. IREDELL COUNTY, N.C.

PIN NO. 4705-31-6093

ZONING DISCLAIMER



Property Address 369 Alpine

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

12/6/21
Date

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BO ESVILLE NC 28687-0788
349 N et / Building Standards Center
(704) 878-511 8 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ 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)
Residential

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): Residential

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

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

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

Owner Information

Property Owner's Name Randy Wilson Phone # 704 881 0071

Owner's Current Address PO Box 6658 Statesville NC 28687

Property Information

Property Address 369 Alpine Circle Statesville NC 28625 Parcel # 4705503442

Subdivision: Alexander's Knoll Lot: 32 Zoning: ____ Watershed: Y / N Flood Plain: Y / N Township: ____

Directions to property (from a MAIN ROAD) see Address

Application Information

Applicant's Name or Company So. Pt Forestry Services Applicant's Phone # 704 746 5046

Applicant's Address P.O. Box 832 Mooresville NC 28115

If Company, Representative's Name and Title S. Ashley Rollins, President

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 PLANNING & DEVELOPMENT 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 S. Ashley Rollins DATE 12/6/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323632 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705303442.000	369 ALPINE CIR	Iredell County

Owner Information	Applicant Information
Name: WILSON BUILDING INC	Name: ROLLANS SOIL & ENVIRONMENTAL SERVICES
Address:	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: (704)658-1723

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.6	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: 12/06/2021

Permit Number	323632	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R13897

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-323632 Address: 369 ALPINE CIR APN: 4705303442.000			**$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: R13897			**$577.25**

Date Paid: Monday, December 06, 2021

Paid By: ROLLANS SOIL & ENVIRONMENTAL SERVICES

Cashier: MJH

Pay Method: CREDIT CARD 54980G

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*) Wilson Building, Inc.

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, Randy Wilson Wilson Building, Inc. am the legal owner(s) of the property located at 369 Alpine Circle, identified as PIN (Parcel Identification Number) 4705303442, 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.

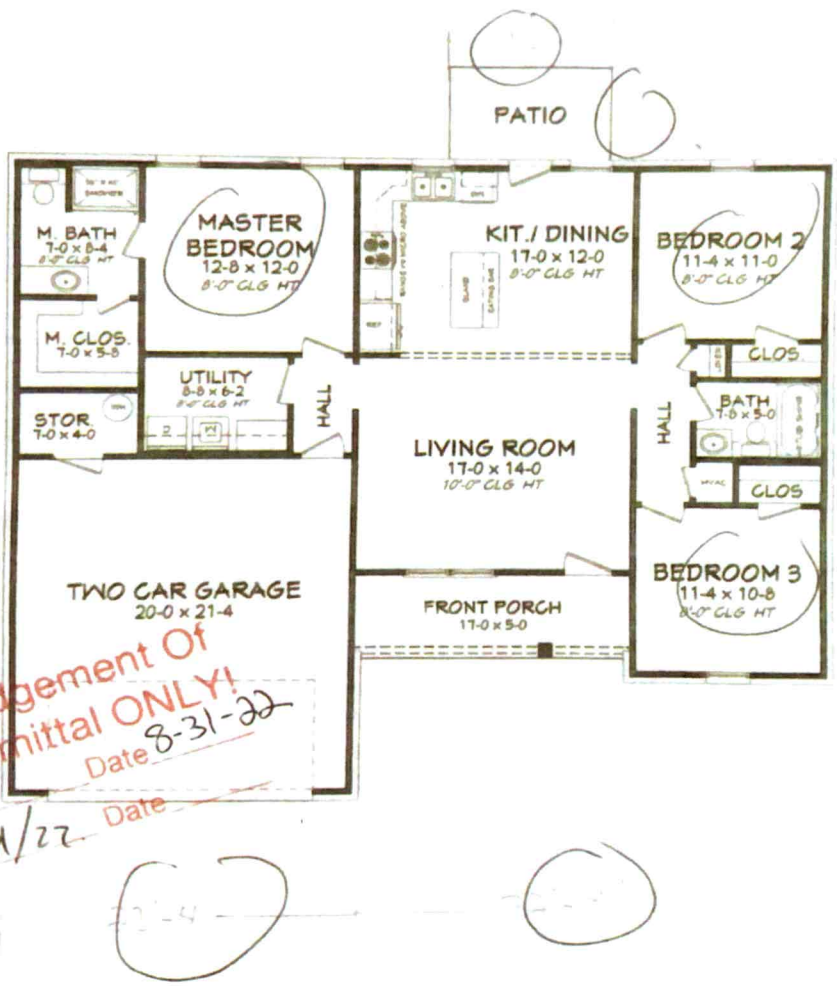
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

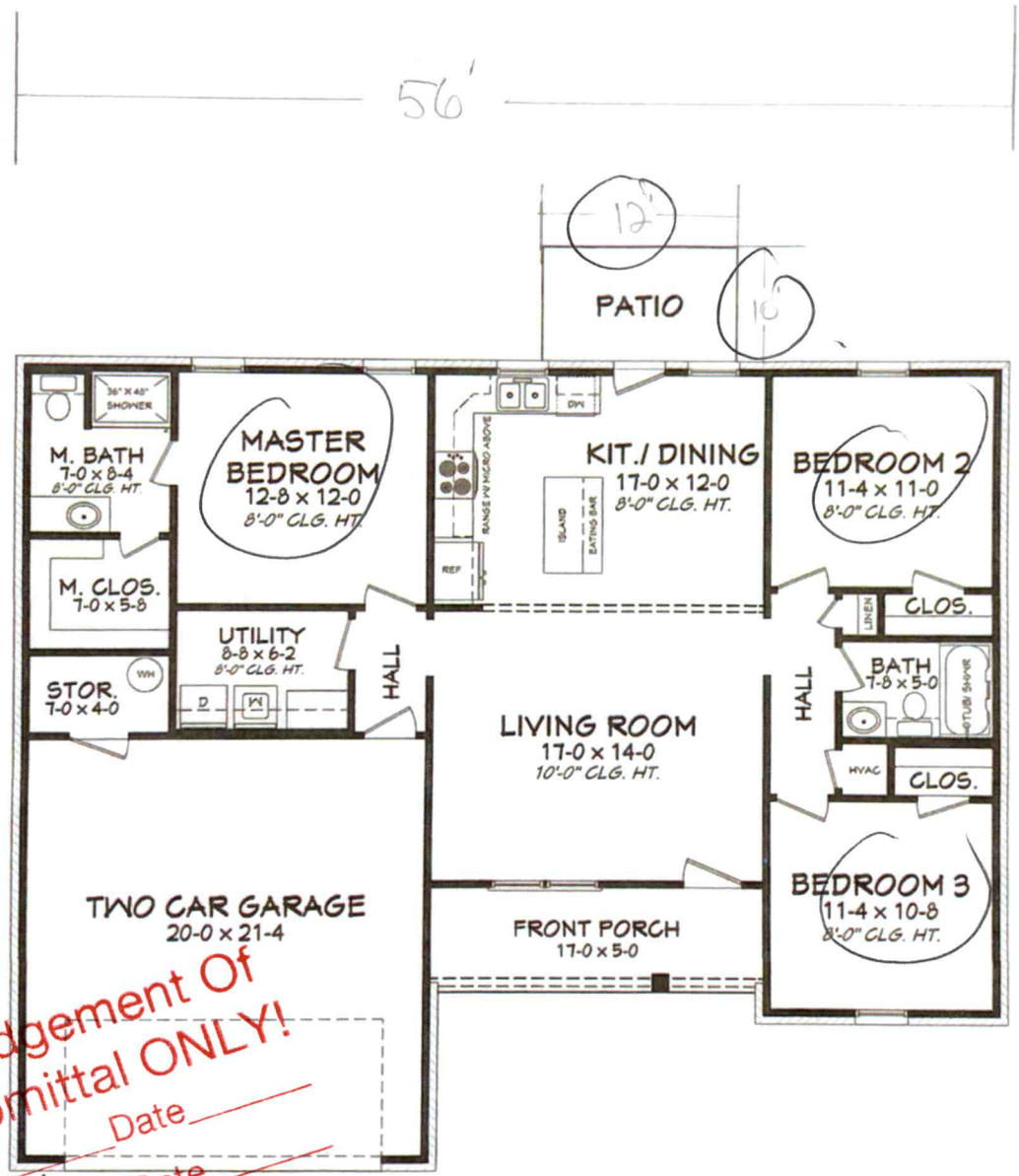
_____ 8-29-2022
Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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



Acknowledgement Of Plans Submittal ONLY!
Date 8-31-22
Raj Wilson
BAB 8/31/22 Date



Acknowledgement Of
Plans Submittal ONLY!

Date

BAB 8/31/22 Date