IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 247104

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

PIN # 4706682514

APPLICANT/OWNER: DANNY AND JILL GREGG | APPLICANT ADDRESS: 2924 ED REID STREET, CHARLOTTE, N.C. 28216

SITE ADDRESS: 113 CONGO ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-451-4238 | ALT. PHONE 704-724-6221

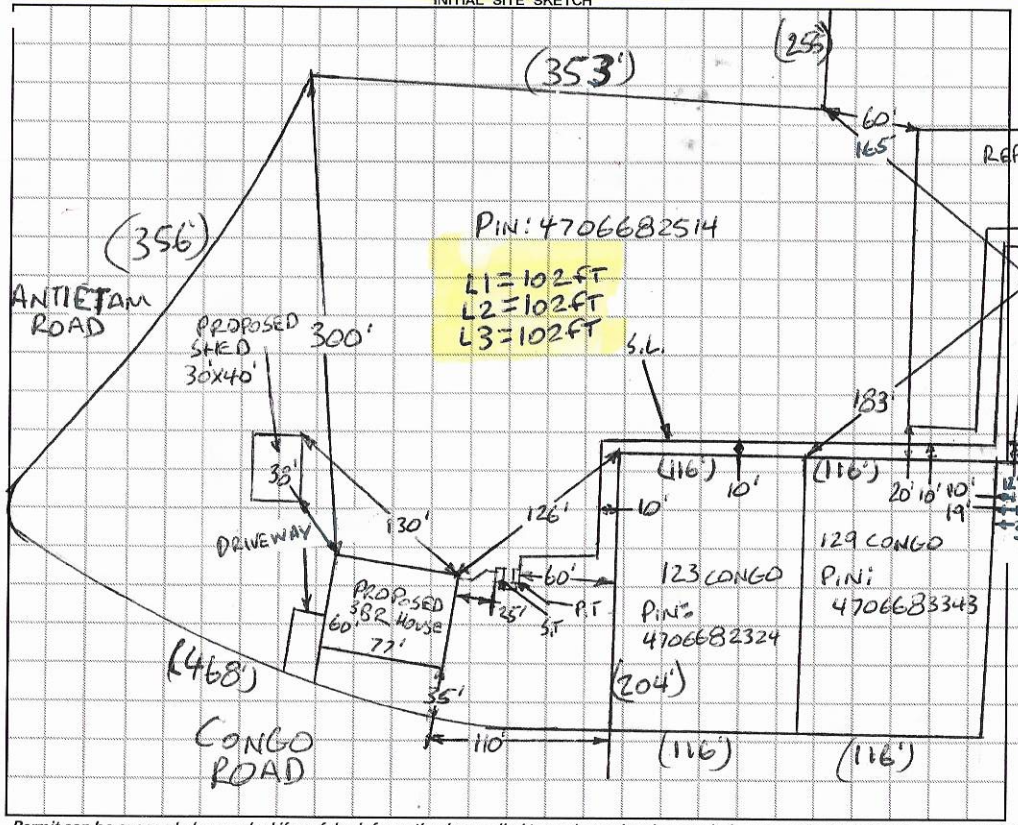
SITE DIRECTIONS: (W) ON 40, (R) ON 64, (R) ON LIPPARD FARM (L) ON 90, (R) ON ANTIETAM, (R) ON CONGO, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 7.061 AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3

Septic Tank 1000 (gal)	STB 760	Date 6-1-20	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank 1000 (gal)	PT 363	Date 5-2-20	System Description: 25% REDUCTION - P.M.	☐ Business	No. Persons	6	☐ Private
Pump Make —	Model —	Serial # —	Repair System Description: 25% REDUCTION - P.M	☐ Other	No. Employees	—	☑ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 306FT	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width 36 IN	Trench Bottom Depth(Low side) 32 IN	Gravel Depth —	☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS MAINTAIN 50FT FROM ALL WELL, MAINTAIN ATLEAST 20FT EDGE of DITCH TO EDGE of DITCH, FROM THE NEIGHBORS SEPTIC LINES

INITIAL SITE SKETCH



AS BUILT SKETCH

TAPS
L1 = 102 FT - ½ SCH40
L2 = 102 FT - ½ SCH40
L3 = 102 FT - ½ SCH40

DOSE VOLUME = 144 GAL
GPM = 21.33
RUN TIME = 7 MINS
DRAW DOWN = 7 IN.

1 IN = 120 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
P.M. = PRESSURE MANIFOLD

Child tests 8-13-20 JS

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 Jill Grego Date: — Installed by: Lentz Waskewicz

IMPROVEMENT PERMIT by: Burgett C. White Date: 7-21-2020 OPERATION PERMIT by: [signature] Date: 12-16-2020

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 7-21-2020 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	8-17	CCW
Tanks Checked	8-13	JB
Pressure Manifold or Valve Box Checked	8-17	CCW
Pressure Head Set	8-17	CCW
Electrical Checked	12-16	[illegible]
Floats Set	8-17	CCW
Alarm Checked	8-17	CCW
Maintenance Contract Y (N)	not required	

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

PROPERTY ID #: 4706682514
COUNTY: IREDELL

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

OWNER: DANNY AND JILL GREGG
ADDRESS: 2924 ED REID STREET, CHARLOTTE, N.C. 28216
APPLICATION DATE 7-18-19
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 10-7-19
LOCATION OF SITE: 113 CONGO ROAD, STATESVILLE, N.C. 28625
PROPERTY SIZE: 7.061 AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: YES
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									
2				SEE ATTACHED					
3									
4									

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: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

6% SLOPE SHOT 113

PROPERTY ID #: 4706682514
DATE OF EVALUATION: 10-7-19
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
1	LINEAR SIDE 3%	0-11	FILL, ASPHALT CHIPS MIXED IN		SAP INC 42"+ 10YR 7/2 ROOT CHANNEL @ 40"+22"	52"	NA	NA	~~PS~~ ~~U~~ ~~DRT~~
		11-52	C, ABK	FR, S, P, SEXP					
2	LINEAR SIDE 3%	0-14	FILL, ASPHALT CHIPS MIXED IN		SAP INC 46"+ 10YR 7/2 "VIEN" 24"-38"	48"	NA	NA	U
		14-48	C, ABK	FR, S, P, SEXP					
3	LINEAR SIDE 3%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC + MICA COMMON 36"+ 10YR 7/2 29"-30"	~~48"+~~ 60"+	NA	NA	PS .2 ABOVE 20" .25 BELOW 34"
		10-38	C, ABK	FR, S, P, SEXP					
		38-60	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3
		6-30	C, SBK	FR, S, P, SEXP					
		30-52	CL, WSBK	FI, SS, SP, SEXP					
~~5~~	LINEAR SIDE 8%	~~0-12~~	~~FILL~~	~~ASPHALT~~	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		0-20	SCL, SBK	FR, SS, SP, SEXP					
		20-40	C, SBK	FR, S, P, SEXP					
		40-60	CL, WSBK	FI, SS, SP, SEXP					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4706682514
DATE OF EVALUATION: 10-7-19
COUNTY: IREDELL

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
6	LINEAR SIDE 8%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		8-27	C, SBK	FR, S, P, SEXP					
		27-56	CL, WSBK	FR, SS, SP, SEXP					
7	LINEAR SIDE 8%	0-30	SCL, SBK	FR, SP, SEXP	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		30-56	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:

PIT 6
REPAIR
SWALE DEPRESSION TO BE FILLED LINES 2FT OFF
165'
PIT 5
REPAIR
183'
PIT 7
60x50
12'
102'
101'
PIT 4
12'
243'
10'
19'
35'
53'
96'
IRON PIN
IRON PIN
LOT 3
123 LONGO
PIT 1
PIT 2
72'
60' PROPOSED HOUSE
123 LONGO
PIT 3
36'
112'
NEIGHBORS SEPTIC
DRIVE
LONGO

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Jill Gross Address: 401 Lynn Gap Spruce Pine NC Zip: 28777
Applicant Email: dannyjilg@gmail.com Phone: 704-724-6221 Alt. Phone: _____
Owner Name: Danny + Jill Gross Address: 401 Lynn Gap Spruce Pine NC Zip: 28777
Owner Email: dannyjilg@gmail.com Phone: 704-724-6221 Alt. Phone: _____

Property Information:

Street Address: 113 Congo Rd Statesville NC 28625

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

Driving Directions: Turn right off NC 90 W onto Antietam Rd then right onto Congo

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: 2 — ( ) 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: 288 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: Jill Gross July 9, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

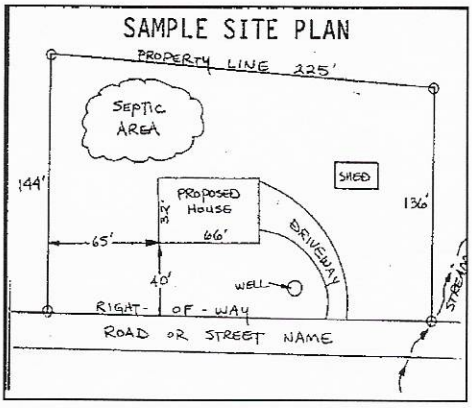
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See attached

Signature: Jeff Gregg

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

7-9-20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (DD) Mooresville Office (704) 660-3625 PERMIT # 247104

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

PIN # 4706682514

APPLICANT/OWNER: DANNY AND JILL GREGG APPLICANT ADDRESS: 2924 ED REID STREET, CHARLOTTE, N.C. 28216

SITE ADDRESS: 113 CONGO ROAD, STATESVILLE, N.C. 28625 PHONE: 704-451-4238 ALT. PHONE 704-724-6221

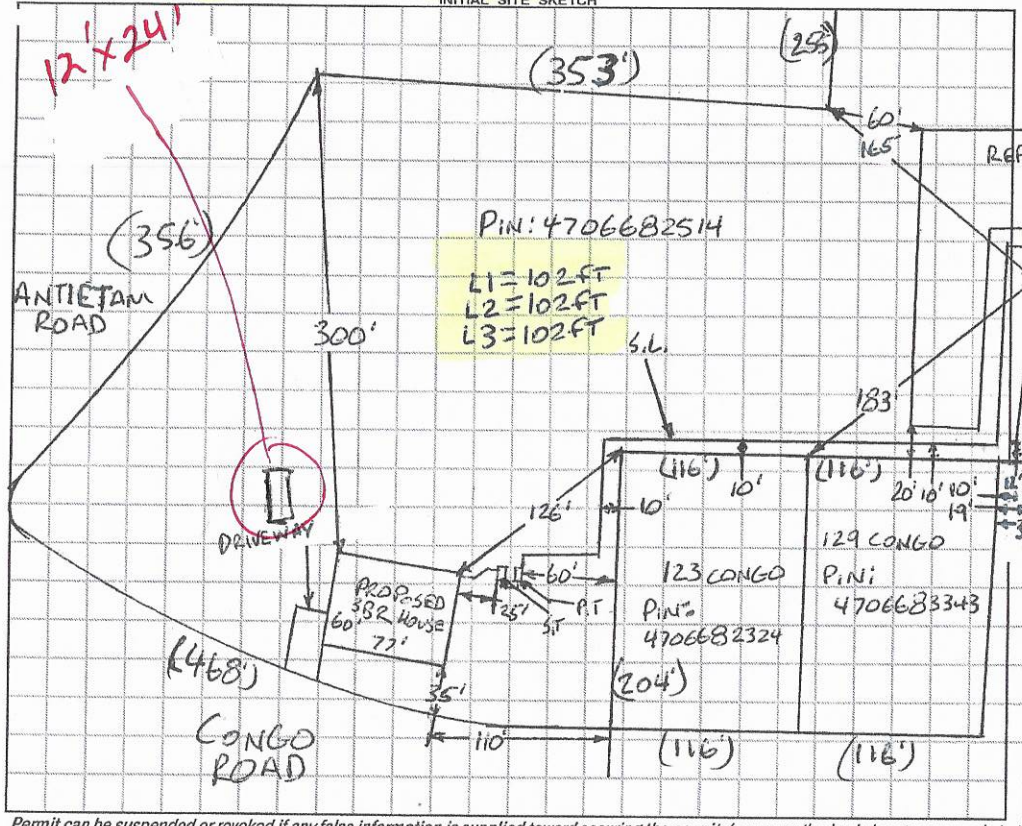
SITE DIRECTIONS: (W) ON 40, (R) ON 64, (R) ON LIPPARD FARM, (L) ON 90, (R) ON ANTIETAM, (R) ON CONGO, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.061 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	25% REDUCTION - P.M.			☐ Business	No. Persons	6	☐ Private
Pump Make			Model		Serial #		Repair System Description:	25% REDUCTION - P.M.			☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	306 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN		Trench Bottom Depth(Low side)		32 IN	Gravel Depth —		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS
MAINTAIN 50FT FROM ALL WELL, MAINTAIN AT LEAST 20FT
EDGE of DITCH TO EDGE of DITCH FROM THE NEIGHBORS SEPTIC LINES

INITIAL SITE SKETCH



AS BUILT SKETCH

TAPS
L1 = 102 FT - ½ SCH40
L2 = 102 FT - ½ SCH40
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DOSE VOLUME = 144 GAL
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☐ 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: Jill Gregg Date: 1-22-20 Installed by:

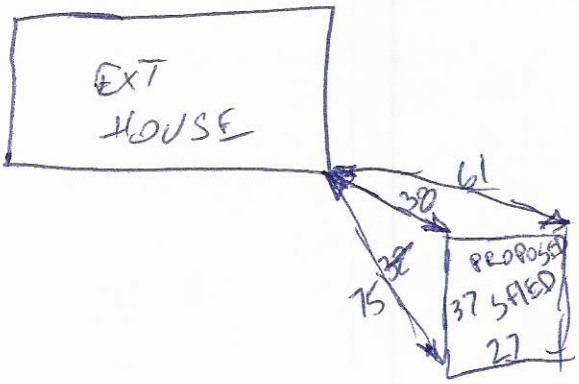
IMPROVEMENT PERMIT by: Bryant C. White Date: 1-17-2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-17-2020 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.

113 CONGO

CONGO ROAD



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*) Jeel Gregg

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, Jeel Gregg, am the legal owner(s) of the property located at 113 Congo Rd Statesville, identified as PIN (Parcel Identification Number)_____, 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.

_____ _____

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

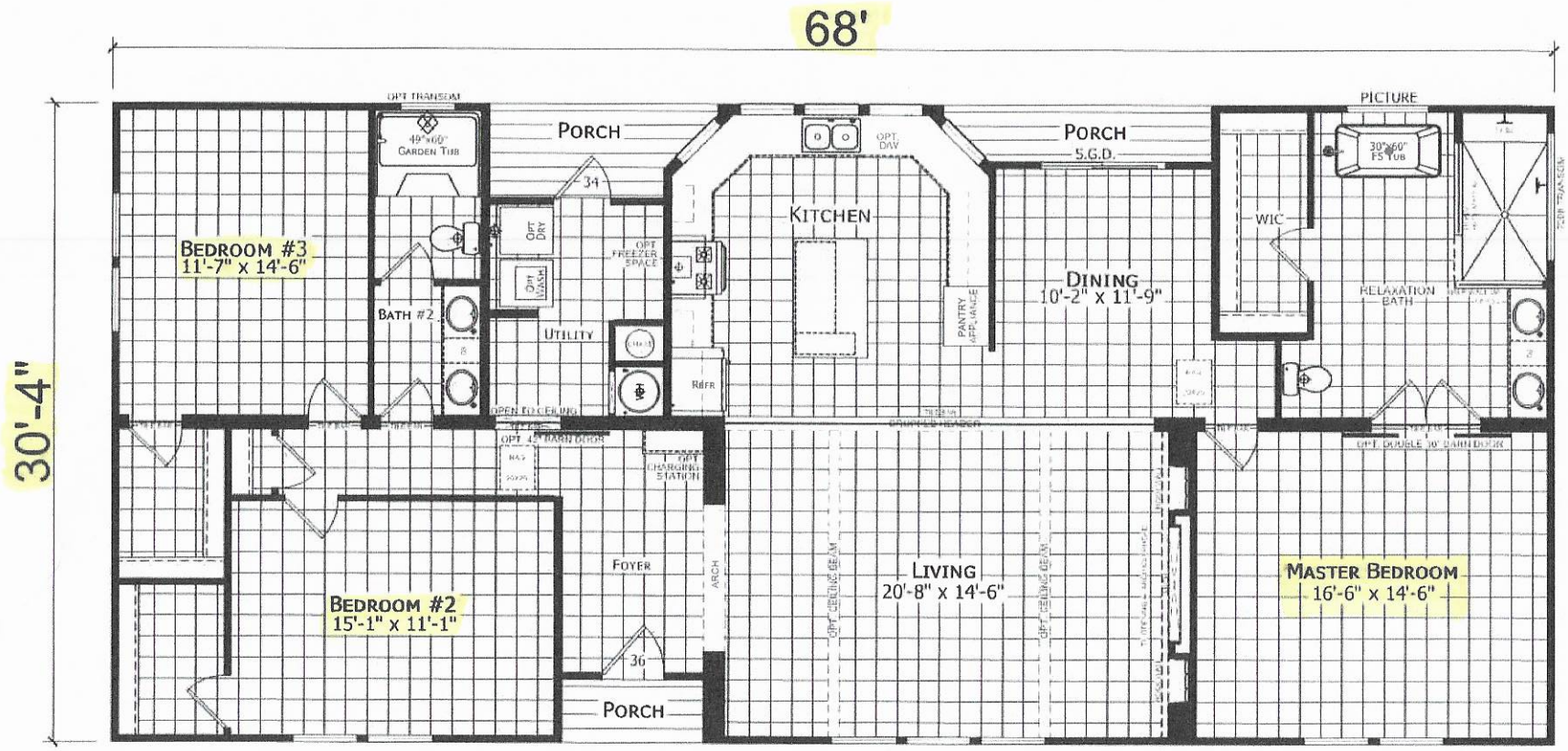
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Jeff Bregg Date
Bryant C. White Date 1-17-2020

ATLANTIC

MODEL 23-3268-06 101719

3 BEDROOM, 2 BATH
ACTUAL SIZE: 30'-4" x 68'-0"
HEATED AREA: 1970 SQ. FT.



MATERIALS AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE FOR PRODUCTION AND CODE PURPOSES. ALL DIMENSIONS ARE NOMINAL AND APPROXIMATE. SQUARE FOOTAGE AS MEASURED FROM EXTERIOR WALL TO EXTERIOR WALL AND IS A APPROXIMATE FIGURE. THIS DRAWING IS A RENDERING AND IS MEANT FOR SALE PURPOSES ONLY.

CHAMPION
MANUFACTURED BEAUTIFULLY™
755 W. BIG BEAVER ROAD, SUITE 1000 TROY, MI 48084
PHONE: 248-614-8000

MODIFICATIONS

PROJECT: 23-3268-06 101719
30'-4" X 68' 3BD 2BTH

TITLE: LITERATURE PLAN

DRAWN BY: R.ENNIS
DATE: 10-17-19
SCALE: NTS

FILENAME: 23-3268-06 101719

SHEET: L-101
THE COVE VIEW

PROPRIETARY AND CONFIDENTIAL

M:\Engineering\a-Current Product Line 2016 +\SPECIALS\2019\23-3268-06 101719.dwg, 10/17/2019 11:37:20 AM, DWG To PDF.pc3, 1:1 49414

IREDELL COUNTY

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

APPLICATION NUMBER
247104
Issue Date: 07/31/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4706683505.000	113 CONGO ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: SETSER EUGENIA	Applicant: KEISTLER, JOEY L.
Address: 105	Address: 2924 ED REID ST
IREDELL CO, NC 28625	CHARLOTTE, NC 28216
Phone:	Phone: 704-451-6252

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.150	35.00	35.00	15.00	25.00	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	187203	TOTAL FEES:	$ 77.25