ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP313960

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

PIN # 4706449979.142

APPLICANT/OWNER: Jamie Henderson | APPLICANT ADDRESS: 175 Hidden River Ln Statesville NC 28625

SITE ADDRESS: 142 Robert Dr Statesville NC 28625 | PHONE: 704-437-1330 | ALT. PHONE

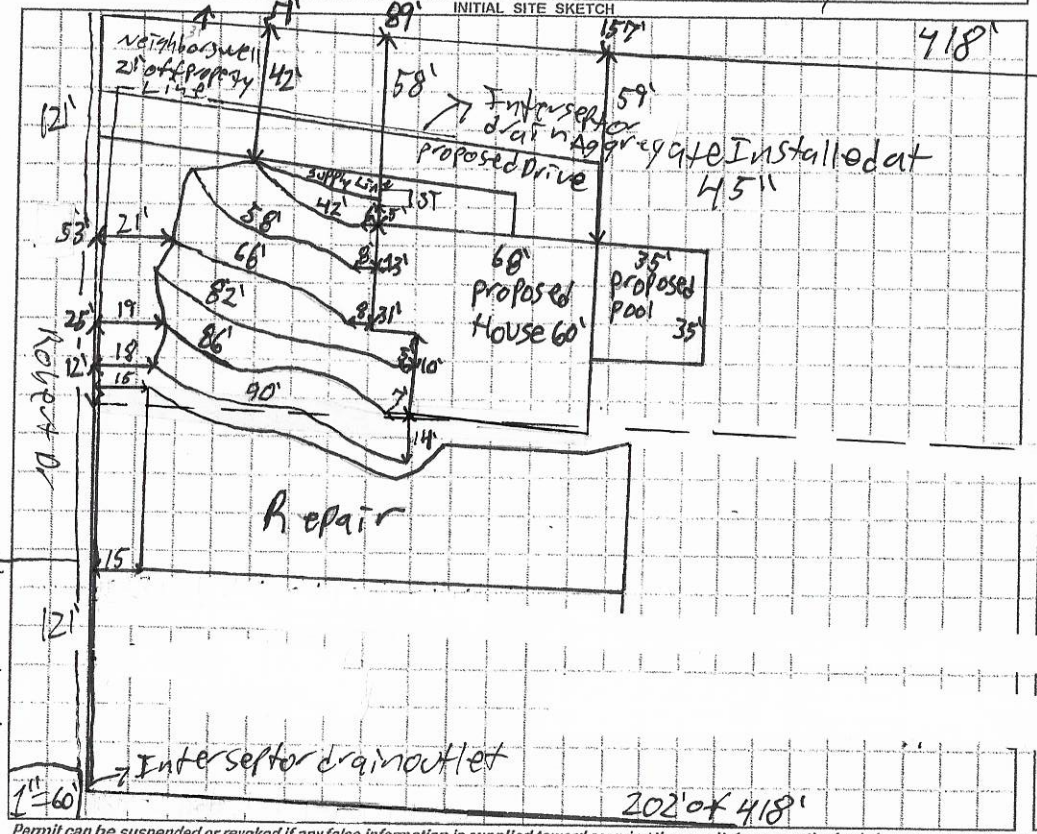
SITE DIRECTIONS: NC 115 N to L on Scotts Creek Rd, L on Robert Dr, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Larkin Sloan Estate | SECTION: — | LOT # 2 | LOT AREA: 2.2691 | DESIGN FLOW: 360GPD | L.T.A.R.: .25

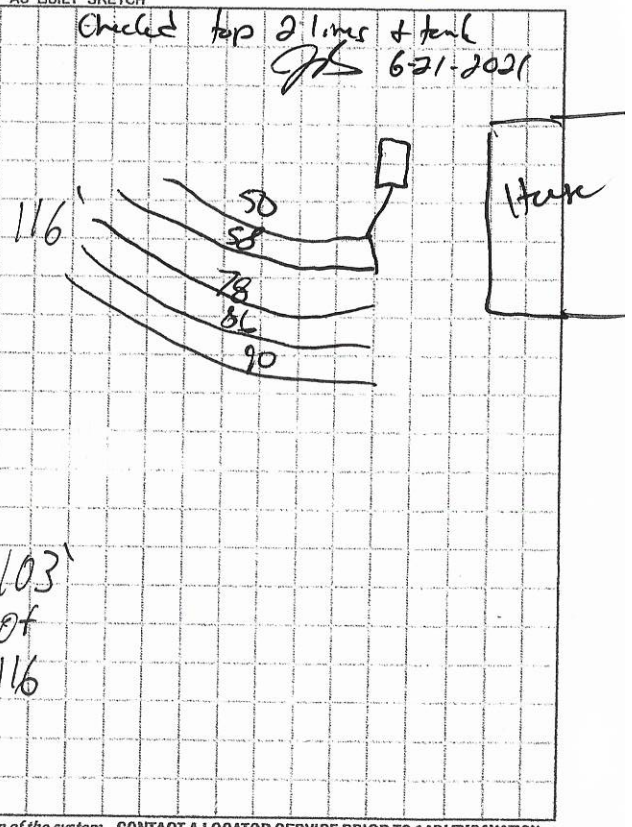
Septic Tank	1000 (gal)	STB	760	Date	4-28-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour DO NOT drive on Store material or manipulate drainfield in any way. Divert all storm and surface water away from system. Install interseptor drain at 45' (Lots combined) BK 2784 PG. 633-635

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: Jamie H | Date: 2-23-21 | Installed by: Grandbrothers

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 2/18/2021 | OPERATION PERMIT by: JS | Date: 6-22-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 2/22/2021 | 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 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Jamie Henderson
ADDRESS: 175 Hidden River Ln Statesville NC 28625
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 142 Robert D Statesville

APPLICATION DATE 11/6/2021
DATE EVALUATED: 11/6/2021
PROPERTY SIZE: 2.269
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 2%	0-9	SCL WSBK	FrSSSP sexp	Chroma 3's scattered throughout no common at top 9"	48"	few Litho inclus. at bottom	water seeping from multiple points	PS, 275
		9-23	C SBK/ABK	FrSSSP sexl					
		23-48	CL SBK	FrSSSP sexp					
2	SS 3%	0-10	SCL WSBK	Fr SS SP sexp	Chroma 3's common in top 20"	48"	few Litho inclusions at bottom	water seeping from multiple points	PS, 25
		10-20	C ABK	Fr S P sexl					
		20-48	CL SBK/ABK	Fr SS SP sexp					
3	SS 4%	0-17	Plowlayer —		Chroma 2 sat 19"	48"	few Litho inclusions	water seeping from multiple points	.1 to sat 19
		17-25	C ABK	Fr SP sexp					
		25-48	CL SBK/ABK	Fr SP					
4	SS 2%	0-11	Plowlayer —		Chroma 2 sat 25"	48"	few Litho inclusions at bottom	water seeping from multiple points	.25 to sat 25
		11-30	C ABK	Fr SP sexp					
		30-48	CL SBK/ABK	Fr SP sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25% Red	LPPPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Kat Kelly
OTHER(S) PRESENT:

COMMENTS: Cloudy

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Jamie Henderson
ADDRESS: 175 Hidden River Ln Statesville NC 28625
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 142 Roberts Dr

APPLICATION DATE 2/6/2021
DATE EVALUATED: 2/16/2021
PROPERTY SIZE: 2.269A
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 2%	0-13	Plowlayer	—	Chroma 3 Scattered throughout Chroma 2 at 26in area spot	48"	Litho inclusions at bottom	water seeping in from mutiple points	.1
		13-30	C Blk	Fr SP SexR					
		30-48	CL SBK	Fr SP SexP					
2	SS 3%	0-8	SCL WSBK	Fr SS SP Sexp	few YB mottles scattered throughout	48"	Litho inclusions common at bottom	Water seeping in from multiple points	PS.275
		8-28	C BBK/ABK	Fr SS SP Sexp					
		28-48	CL SBK	Fr SS SP Sexp					
3	SS 5%	0-7	SCL WSBK	Fr SS SP Sexp	few YB mottles Scattered throughout	48"	Litho inclusions at bottom	Water Seeping in from multiple points	PS.25
		7-24	C SBK/ABK	Fr SS SP Sexp					
		24-48	CL SBK	Fr SS SP Sexp					
4									

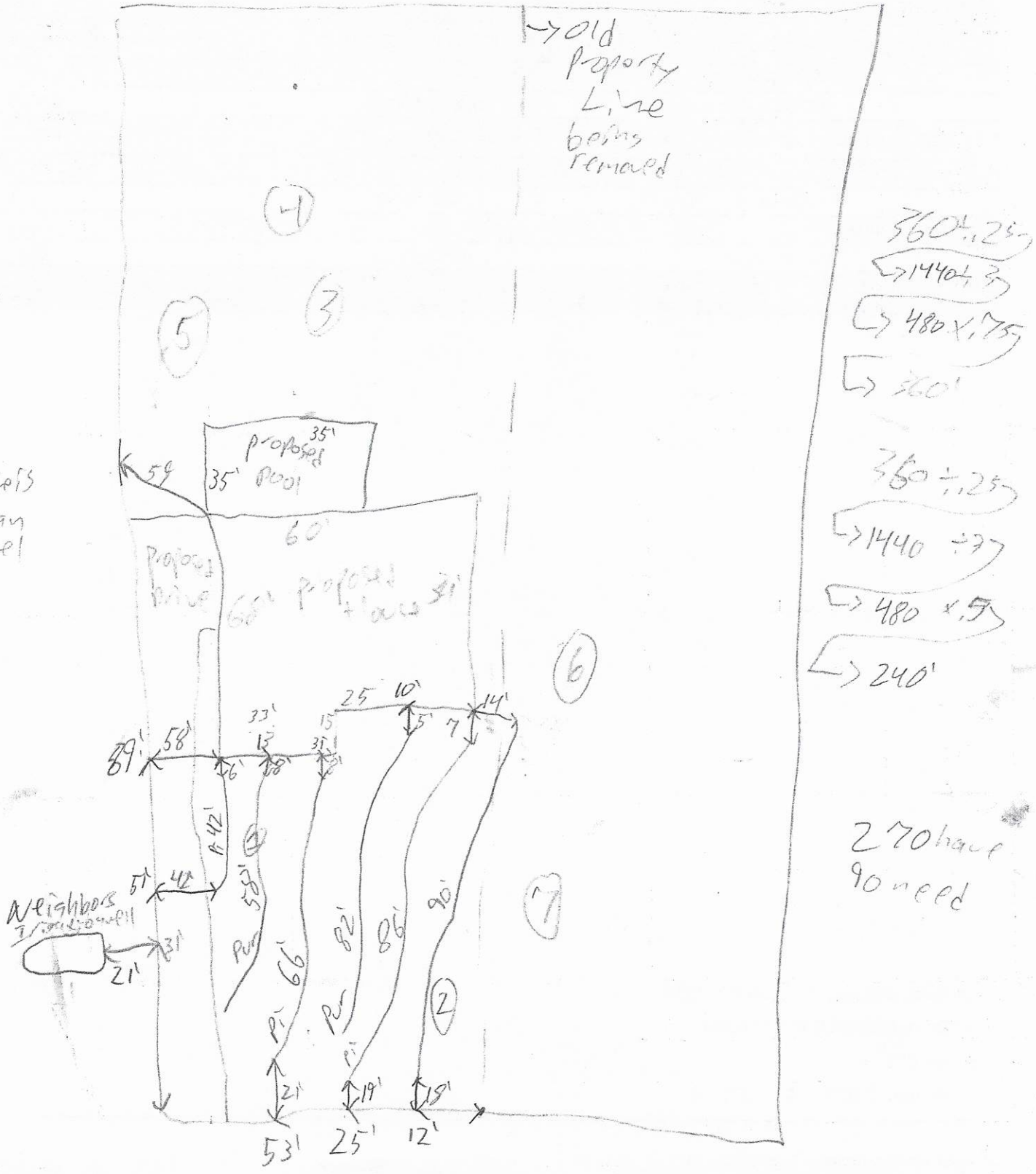
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25%Red	LPP BPS
Site LTAR	.25	.25

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

COMMENTS:

8461 to 1300
SE and Lunch

Lots are being combined



houses at an angel

360 ÷ 1.25
→ 1440 ÷ 3
→ 480 x 1.75
→ 360'

360 ÷ 1.25
→ 1440 ÷ 3
→ 480 x 1.5
→ 240'

270 have
90 need

RECEIVED JAN 0 7 2020

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

AP-313960
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Jamie Henderson Address: 175 Hidden River Ln. Zip: 28625
Applicant Email: jch.0000@yahoo.com Phone: 704-437-1330 Alt. Phone: N/A
Owner Name: Jamie Henderson Address: Same Zip: ____
Owner Email: Same Phone: Same Alt. Phone: ____

Property Information:

Street Address: 142 Robert Drive Statesville NC 28625
Subdivision Name: Larkin Sloan Estate Section/Phase: ____ Lot Number: 3
Driving Directions: (L) onto Scotts Creek Rd. from Hwy 115 N (L) onto Robert Dr. Property is 4th on (R)

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — (X) 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: 1936 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Jamie C. Henderson 1-6-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Jamie C. Hart

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4706949791, 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
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

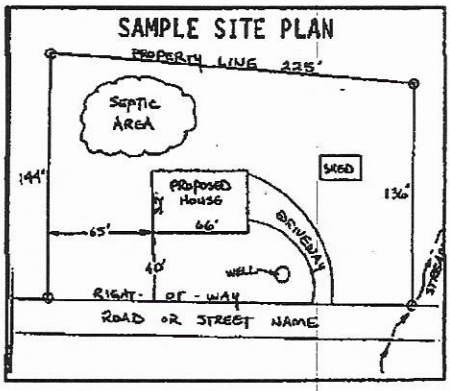
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

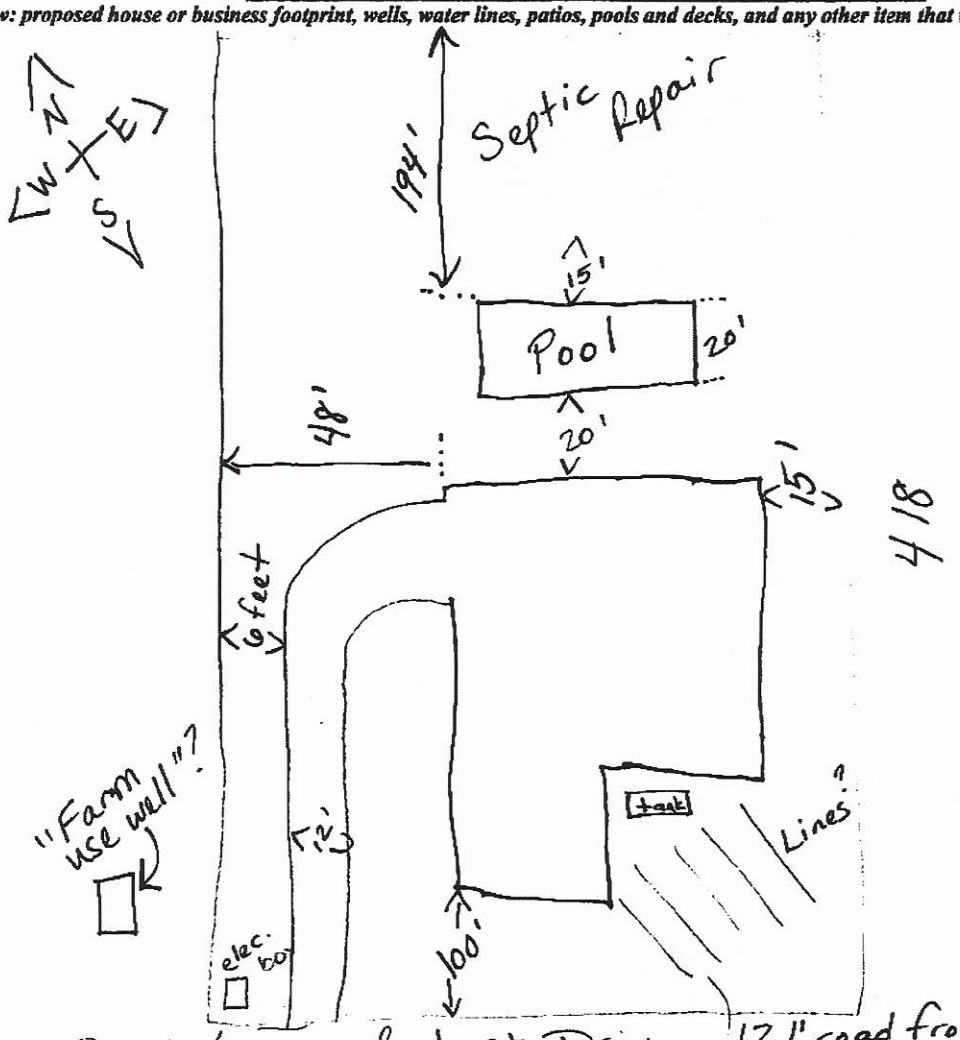
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

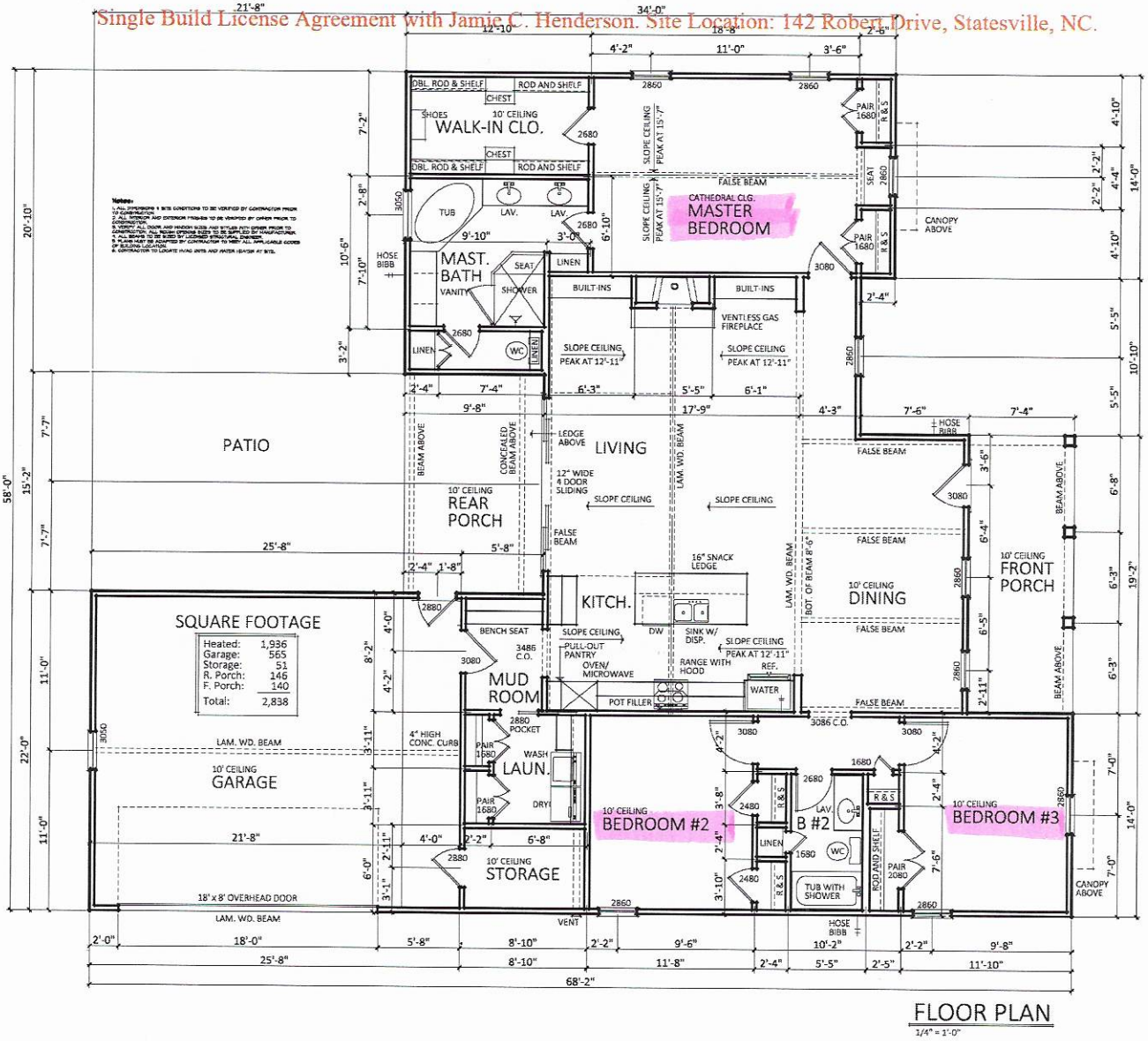
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Daniel — 1-6-21

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

Single Build License Agreement with Jamie C. Henderson. Site Location: 142 Robert Drive, Statesville, NC.



FLOOR PLAN

1/4" = 1'-0"

LARRY JAMES DESIGNS
2208 Justice Street - Monroe, Louisiana 71201 - 318-322-5892
larryjames.com - ljdesigns@larryjames.com - 800-742-6672

LARRY JAMES
RESIDENTIAL DESIGNER

BLUEBERRY RIDGE

PLAN 1940

FLOOR PLAN

REVISIONS 9-21-20

SHEET 3

Acknowledgement Of Plans Submittal ONLY!

Date 2-18-2021

Date 2-23-21

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

APPLICATION NUMBER
313960
Issue Date: 01/07/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4706949791.000	142 ROBERT DR	Iredell County

Owner Information	Applicant Information
Name: HENDERSON JAMIE C	Name: HENDERSON JAMIE C
Address: 175 HIDDEN RIVER LN	Address: 175 HIDDEN RIVER LN
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: (704)437-1330

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.1349	35	35	15	15		

Remarks
SFD

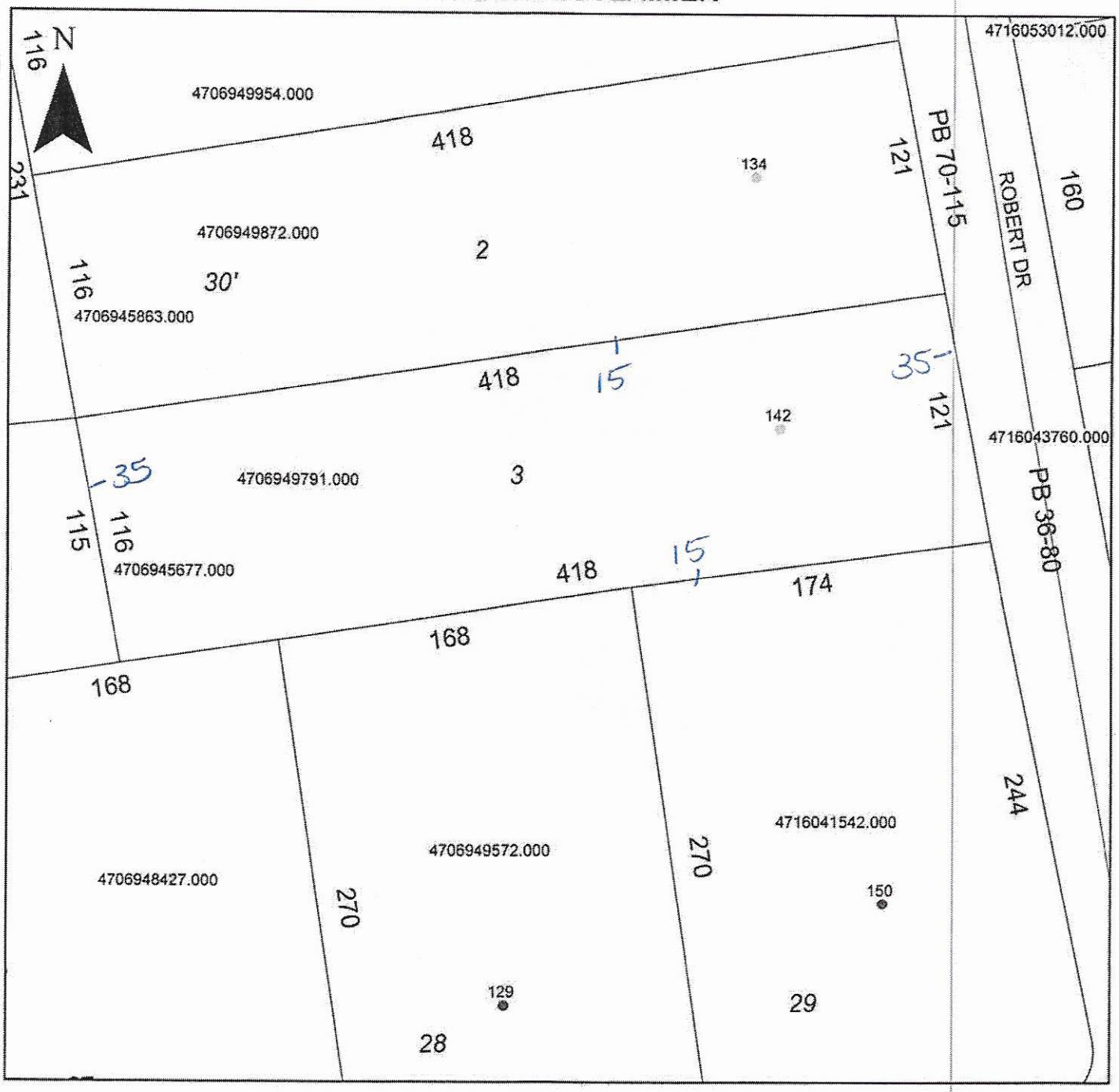
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/07/2021

Signature of Owner/Contractor

Permit Number	313960	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 142 Robert

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.

Jamie Henderson
Applicant

01-07-21
Date