ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office ~~(704) 878-5305~~ Mooresville Office (704) 660-3625 PERMIT # AP 311543

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

PIN # 4710 - 98 - 5776

APPLICANT/OWNER: Drew Stapleton APPLICANT ADDRESS: —

SITE ADDRESS: 601 Pineville Rd Statesville NC 28677. PHONE: 704-838-6070 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals Rd Pineville Property on Left SAP CONTROLLED: ☐ YES ☒ NO

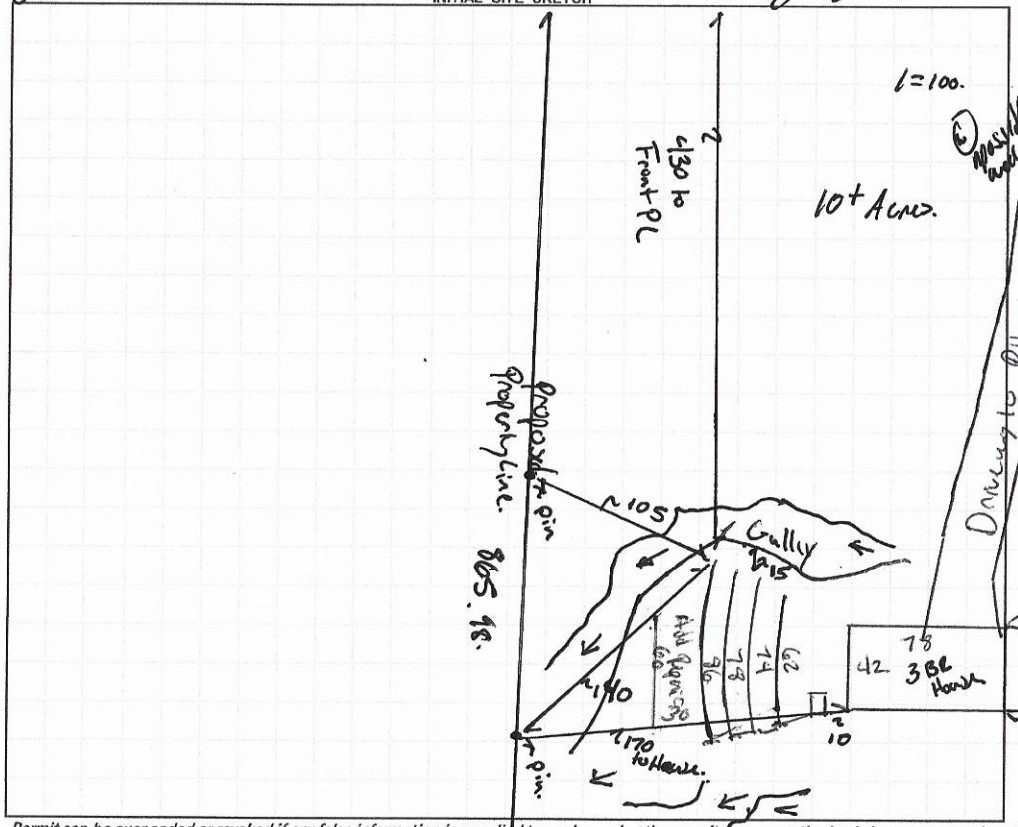
SUBDIVISION: N/A SECTION: — LOT # — LOT AREA: 10.250 Acres. DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	3-9-2021	☒ 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:	Dep-			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines		4	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth		32"	Gravel Depth	N/A		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install Septic Drawlines on the Contour of the land and utilize Serial distribution. Do not exceed max Trench but turn at 36 inches. Do not Drive, park, pave grade or bury utilities in drawfield Area * Pre-construction meeting Required *

* Property May be Recombed Prior to AC *
Recorded Bk 2755, PG 1918.

INITIAL SITE SKETCH



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.

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: Drew Stapleton Date: ~~10-27-2020~~ 11-19-2020 Installed by: Stubbs Grading

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 10/22/2020 OPERATION PERMIT by: Date: 5-19-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 11-19-2020. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Granville

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

OWNER: Drew Stapleton
ADDRESS: N/A
APPLICATION DATE 10-2020
PROPOSED FACILITY: 3BR
DATE EVALUATED: 10-19-2020
LOCATION OF SITE: 601 Pleasant.
PROPOSED DESIGN FLOW (.1949): 360 gpd.
PROPERTY SIZE: 10 +Ac
PROPERTY RECORDED: NO
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	Side Nose Slope 8%	0-28	C SBK	SS SP FR SEP	2.5Y 4/6	54	–	N/A	PS .30
		28-54	LL WSBK	SS SP FR					
2	Side Nose Slope 8%	0-5	SC WSBK	SS SP FR SEP	2.5Y 4/6	60	–	N/A	PS .30
		5-30	C SBK	SS SP FR					
		30-60	CL WSBK	SS SP FR					
3	Right Side 5%	0-10	SC WSBK	SS SP FR SEP	PS	60	–	N/A	PS .30
		10-32	C SBK	SS SP FR					
		32-60	CL WSBK	SS SP FR					
4	Ridge Side	0-8	SC WSBK	SS SP FR SEP	PS	60	–	35-45 Chroma 2 10YR 6/6 35-45	PS .25 Max 23
		8-35	C SBK	SS SP FR					
		35-60	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	240
System Type(s)	III 25% Gr	IV 50% Gr
Site LTAR	.30	.25

OTHER FACTORS (.1946): Not Recorded.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS: Repair LST Trenches.

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

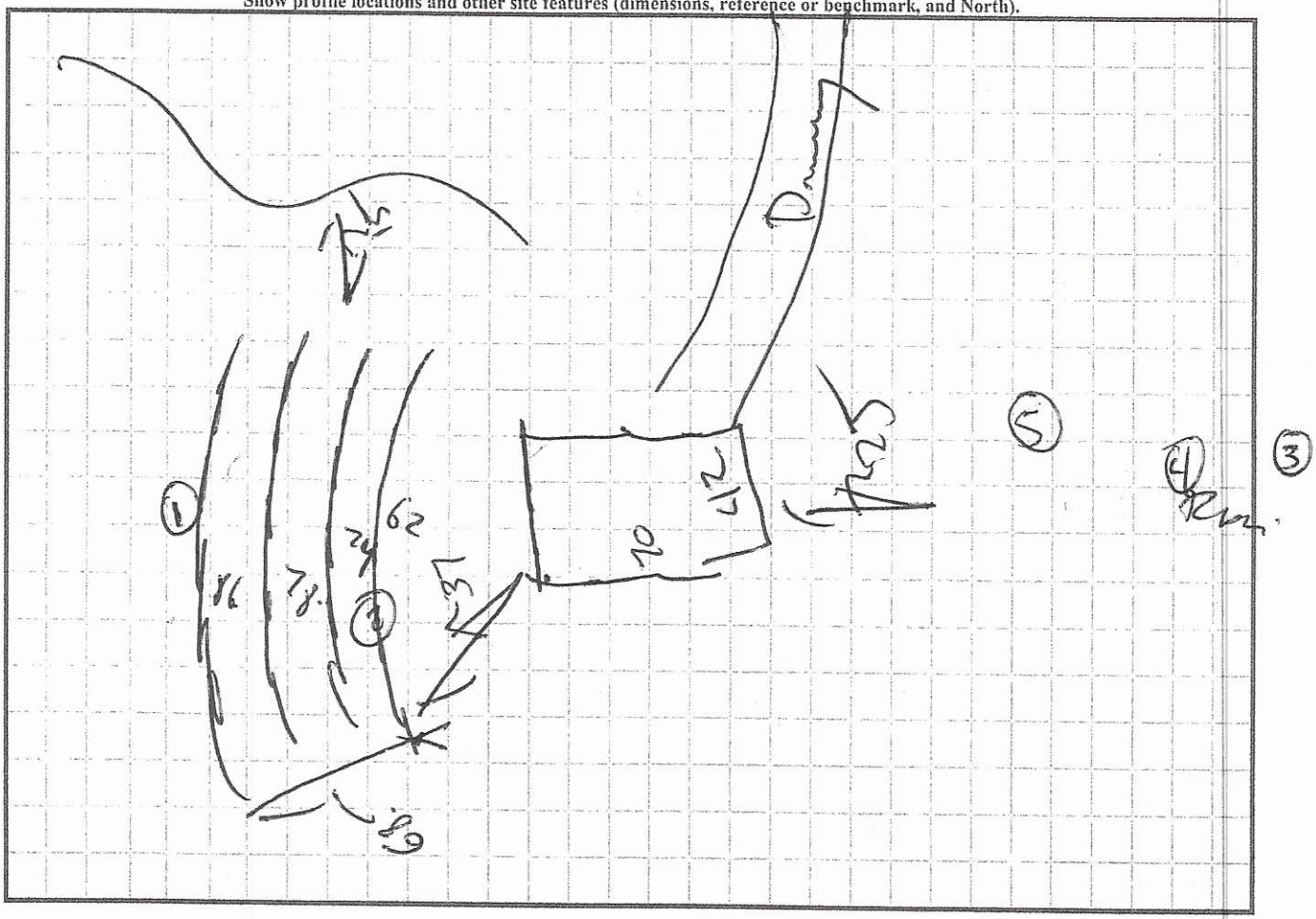
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



5). 0-9
9-36
36-78.

10YR 6/2 c 36
PR 28-36
R. 54 8/2 c 11.

PS. 25 Deep e bottom

RECEIVED OCT 0 6 2020

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

Iredell County Health Department – Environmental Health Division

AP-311543
$500.00

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Drew Stapleton Address: _____ Zip: _____

Applicant Email: Drew.Staple@Gmail.Com Phone: 704-838-6070 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 601 Pineville Rd

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

Driving Directions: Accross from 610 Pineville Rd. Wooded Area

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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: Drew Stapleton 10-4-20

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

311543

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, Barbara Sprinkle, am the legal owner(s) of the property located at 601 Pineville Rd., identified as PIN (Parcel Identification Number) 4720081426, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Drew Stapleton _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

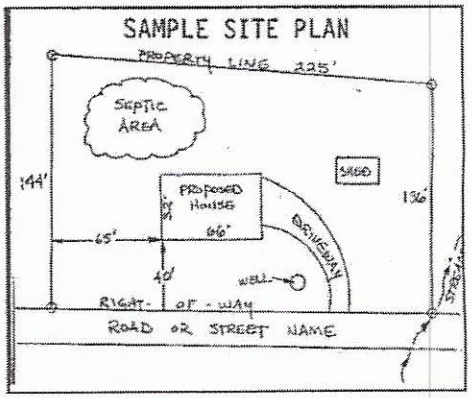
31543

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:

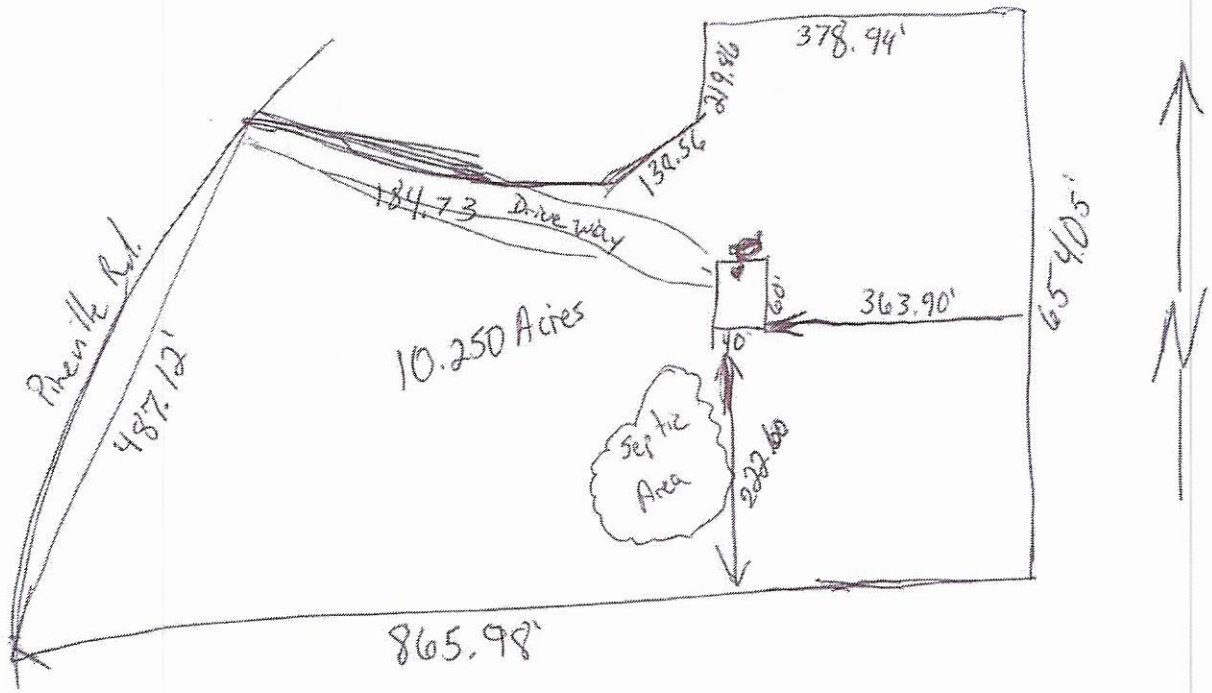
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Drew

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

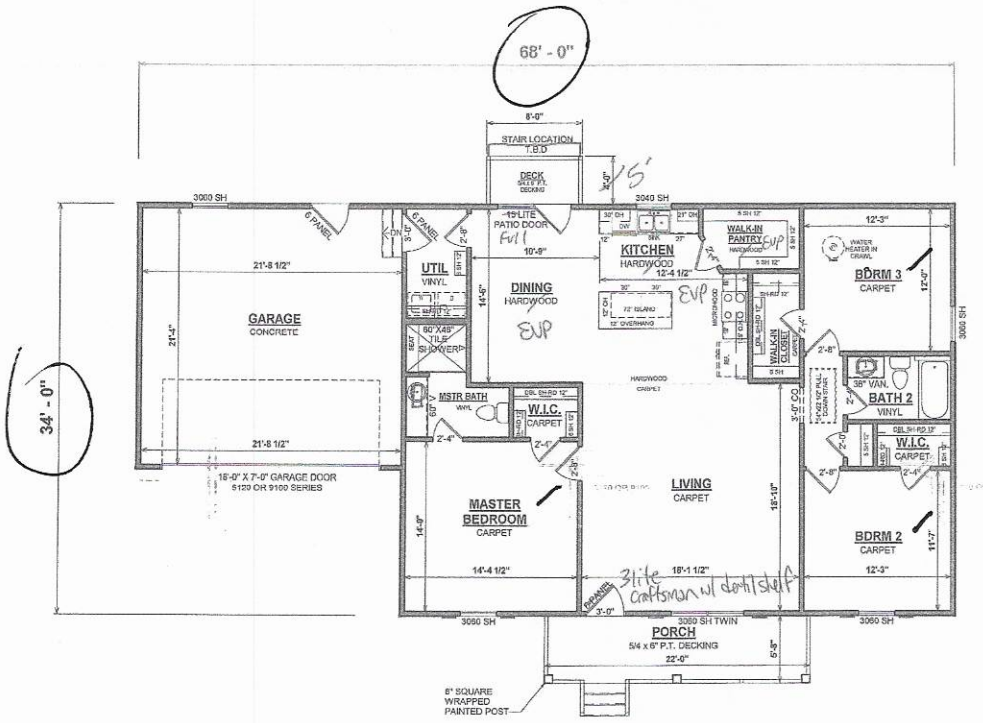
10-4-20

DATE

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Batt Date 11/19/2020

Drew Scott Date 11-24-2020



1 FIRST FLOOR PLAN
1/8" = 1'-0"

— Craftsman Flat Panel Int. Doors

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIM	9-4-2020

AREAS:	
FIRST FLOOR HEATED	1,564 SF
GARAGE	484 SF
COVERED PORCH	129 SF
TOTAL UNDER ROOF	2,173 SF
DECK:	32 SF
TOTAL UNCOVERED AREA	32 SF

TITLE: WALTON III 'B'

FOR: SARAH & DREW STAPLETON
PINEVILLE ROAD
STATESVILLE NC. 28677

DESIGN: STATESVILLE

SOLD BY: JILL SCHOOLEY

JOB#: 8720082

2x4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: D.N.

CHECKED BY: KK

PRINT DATE: 11/23/2020 11:14:38 PM

PROPERTY OF:

© COPYRIGHT - 2020

SHEET NUMBER: DP-3

FIRST FLOOR PLAN

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIM DESIGN PLANS

REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
COPYRIGHT-ALL RIGHTS RESERVED NOTE-VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311543 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4720081426.000	601 PINEVILLE RD	Iredell County

Owner Information	Applicant Information
Name: SPRINKLE BARBARA O	Name: DREW STAPLETON
Address: 701 PINEVILLE RD	Address: 146 RIDGEVIEW RD
STATESVILLE, NC 28677	STATESVILLE, NC 28625
Phone:	Phone: (704)838-6070

Use Requested	Zone Code
Single Family Dwelling	RA R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.25	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD
10.250 SURVEY NOT RECORDED AS OF 10/6/2020

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.

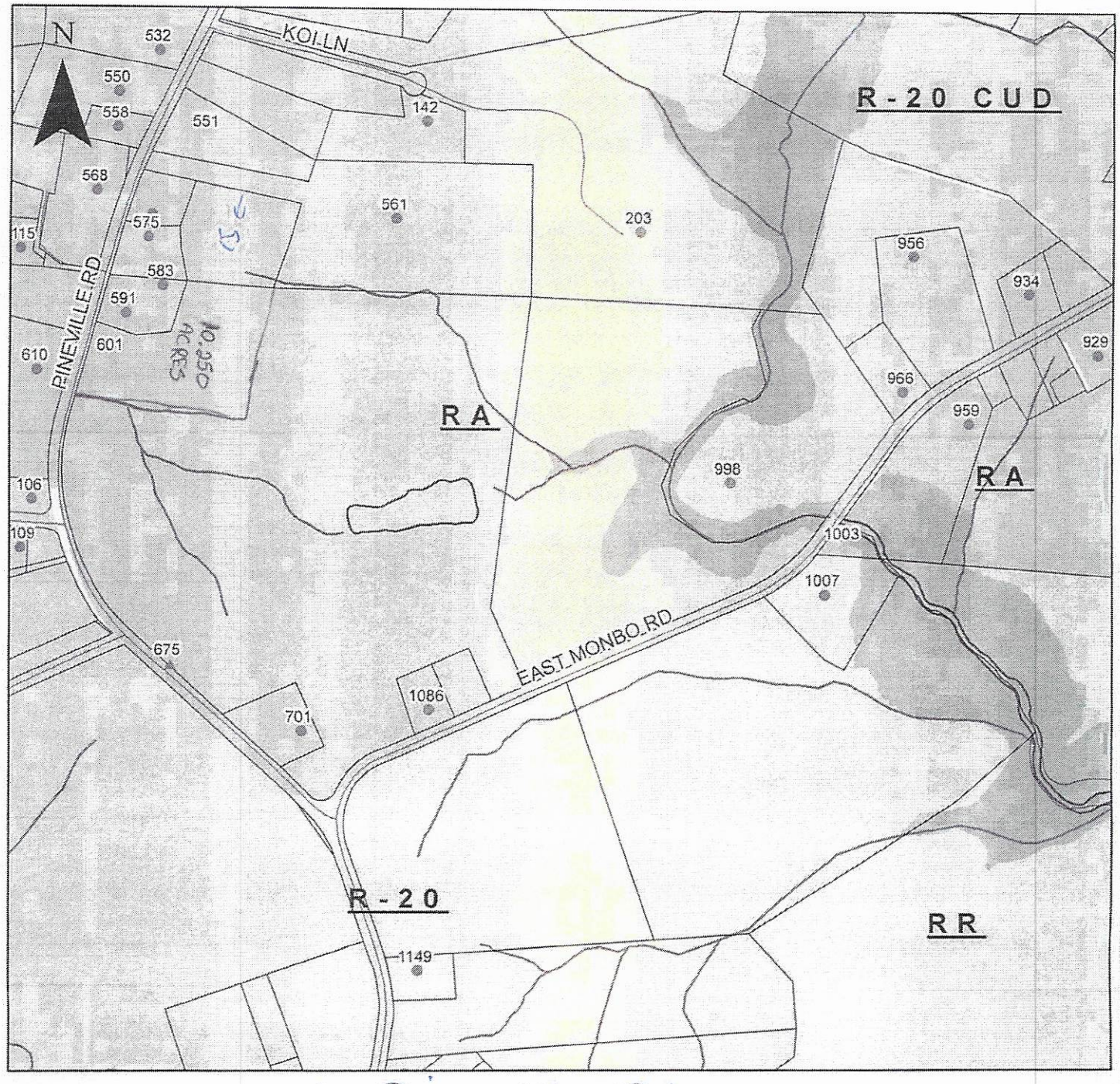
Date: 10/06/2020

Signature of Owner/Contractor

Permit Number	311543	TOTAL FEES:	$77.25

311543

ZONING DISCLAIMER



Property Address 601 Pineville Rd

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.

Drew Stl

Applicant

10-6-20

Date