ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-314852

PIN # 4711 -- 04 -- 4254

APPLICANT/OWNER: JOE PAYNE / FRANCIS CORBIN

APPLICANT ADDRESS: 198 OLD LION ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 106 JENWOOD COURT, STATESVILLE, N.C. 28677

PHONE: 828-312-4662 ALT. PHONE 828-455-5069

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (L) ON WINDING WOOD, (R) ON SOUTHERN HORIZON, (R) ON JENWOOD, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: RIDGEWOOD

SECTION: - LOT# 42 LOT AREA: 1.652 AC

DESIGN FLOW: 480GPD L.T.A.R.: 0.275 (0.1) REPAIR

Septic Tank	1000	(gal)	STB 1012	Date	7-22-2021	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	-	(gal)	PT -	Date	-	System Description:	25% REDUCTION
Pump Make	-	Model	-	Serial #	-	Repair System Description:	TS II DRIP IRRIGATION
# Nitrification Fields	1	# Lines	4	Linear Ft:	440ft	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

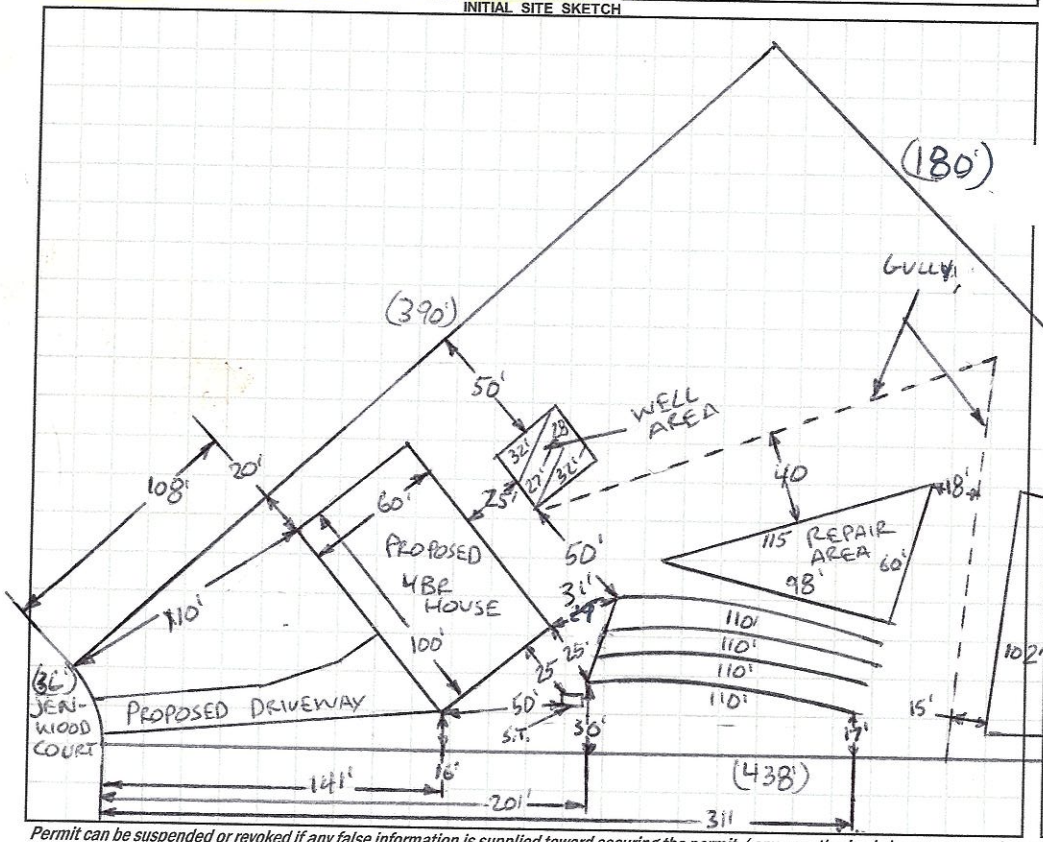
No. Bedrooms 4 No. Persons 8 No. Employees -

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN TRENCH BOTTOM, 6IN OF COVER MUST BE MAINTAINED

MAINTAIN 50FT FROM ALL WELLS

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.

1 IN = 80 ft

S.T. = SEPTIC TANK

INSTALLED AS SHOWN

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: 7/22/21

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-15-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolt Date: 7-15-21

Installed by: PIEDMONT BACKHOE

OPERATION PERMIT by: Bryant C. White Date: 5-17-2022

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 2
PROPERTY ID #: 4711-04-4354
COUNTY: IREDELL

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

OWNER: FRANCIS CORBIN
ADDRESS: 198 OLD LION ROAD, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 106 JEN WOOD COURT, STATES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 2-10-2021
DATE EVALUATED: 3-3-2021
PROPERTY SIZE: 1.652 AC
PROPERTY RECORDED: YES

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HEAD 25%	0-20	FILL	WASH FROM LOG	FEW Y/B MOTS THRU OUT 10YR 6/6 +10YR 6/8 FEW FI SAP IN	53"+	NA	NA	PS .35 if FILL REMOVED
		20-28	SCL, SBK	FR, SS, SP, SEXP					
		28-53	SC, SBK	FR, S, P, SEXP					
2	LINEAR SIDE 27%	0-6	FILL	MIXED	- OM, + RB CLAY - 10YR 7/8 MATRIX - SAP INC - THRU OUT	50"+	NA	NA	PS .3
		6-21	SCL, SBK	VFR, SS, SP, SEXP					
		21-40	C, ABK	FR, S, P, SEXP					
		40-50	CL, WABK	FR, SS, SP, SEXP					
3	~~LINEAR~~ ~~SIDE~~ NOSE 20%	0-10	SCL, SBK	FR, SS, SP, SEXP	- OM, + 10YR 7/6 MATRIX - SAP INC THRU OUT FEW MN CONC, FEW Y/B 10YR 6/6	48"+	NA	NA	PS .275
		10-33	C, ABK	FR, S, P, SEXP					
		33-48	CL, WABK	FI, SS, SP, SEXP					
4	NOSE 22%	0-6	SCL, SBK	FR, SS, SP, SEXP	- OM, + 10YR 7/6 MATRIX - SAP INC THRU OUT FEW MN CONC, FEW Y/B 10YR 6/6	53"+	NA	NA	PS .275
		6-32	C, ABK	FR, S, P, SEXP					
		32-53	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.3	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant Carlton
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

PROPERTY ID #: 471-04-4254
DATE OF EVALUATION: 3-3-2021
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
5	LINEAR SIDE 38%	0-6	FILL	COLLUVIAL? MIXED	10YR 6/6	52"	NA	NA	PS .1 DRIP
		6-18	SCL, SBK	FR, SS, SP, SEXP	10YR 6/4				
		18-52	C, ABK	FI, S, P, SEXP	10YR 6/2 26"+				

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 S ope)		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.

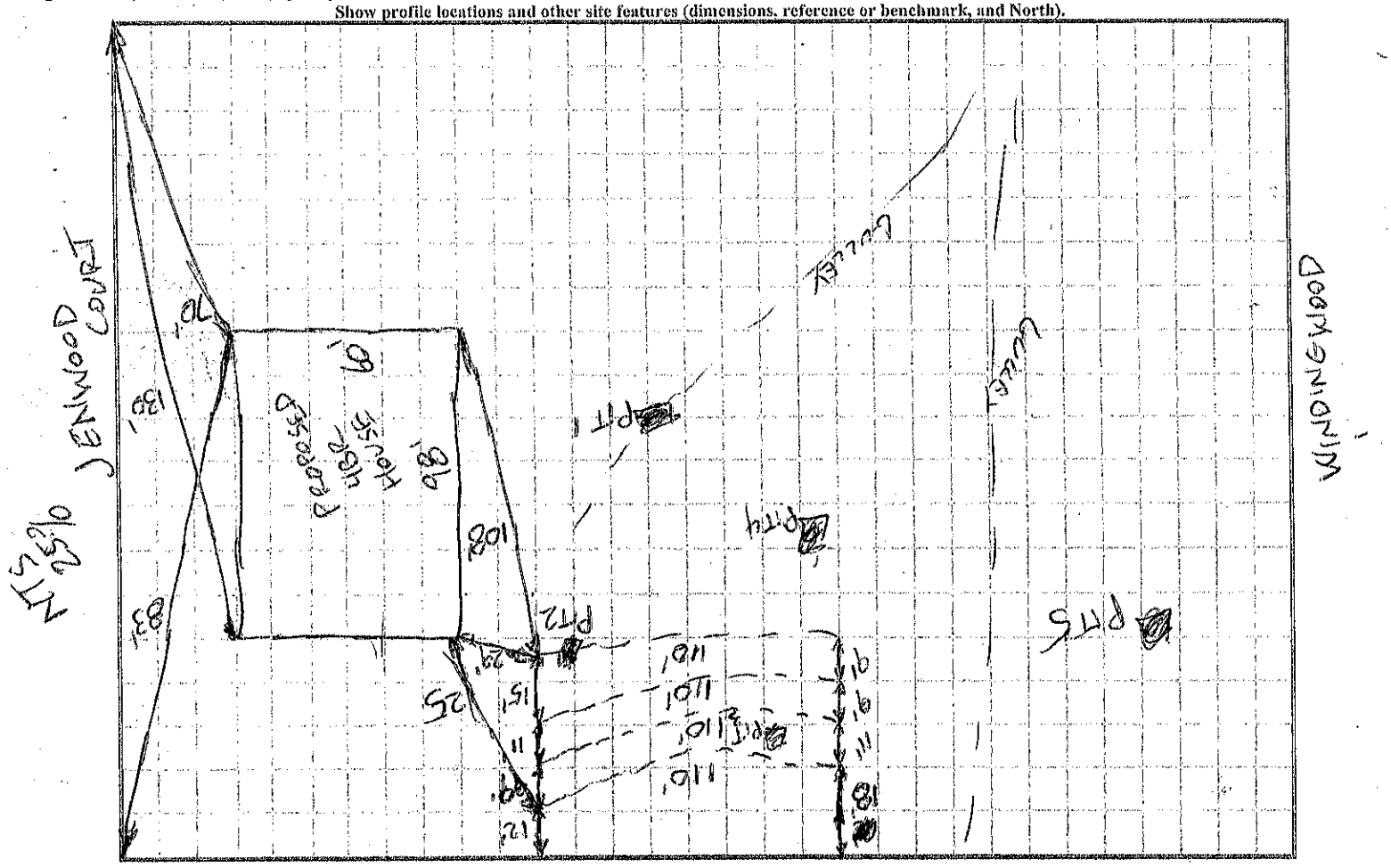
NOTES

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/ft²

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



RECEIVED FEB 10 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314862 $600.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: Joseph Payne DBA Maple Rock Build Address: 198 Old Lion Rd. Statesville NC Zip: 28625
Applicant Email: joepayne40@gmail.com Phone: 828-312-4662 Alt. Phone: _____
Owner Name: Francis & Julie Corbin Address: 1919 46th Ave. Dr. NE Hickory NC Zip: 28601
Owner Email: Francis.Corbin@gmail.com Phone: 828-465-5069 Alt. Phone: _____

Property Information:

Street Address: 106 Jenwood CT Statesville NC 28677
Subdivision Name: Ridgewood Section/Phase: _____ Lot Number: 42
Driving Directions: Buffalo Shoals Road Toward Lake, TL Winding Wood, TR Southern Horizon, TR Jenwood Court in Culdesac.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (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: _____ 2/10/21
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*) _____

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, Francis Corbin, am the legal owner(s) of the property located at 106 Jenwood Ct Statesville, NC 28677, identified as

PIN (Parcel Identification Number) 4711048267.42, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Maple Rock Building Co. _____, 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.

_____ 2-9-2021

Signature of Owner(s) Date

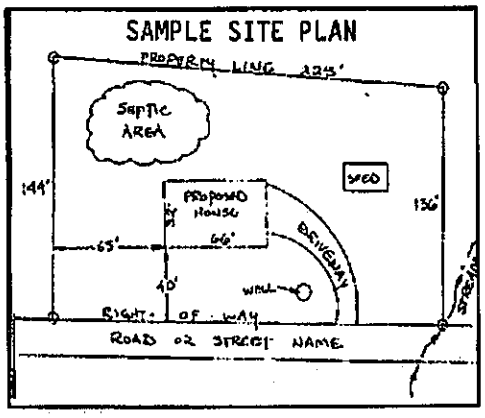
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) 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

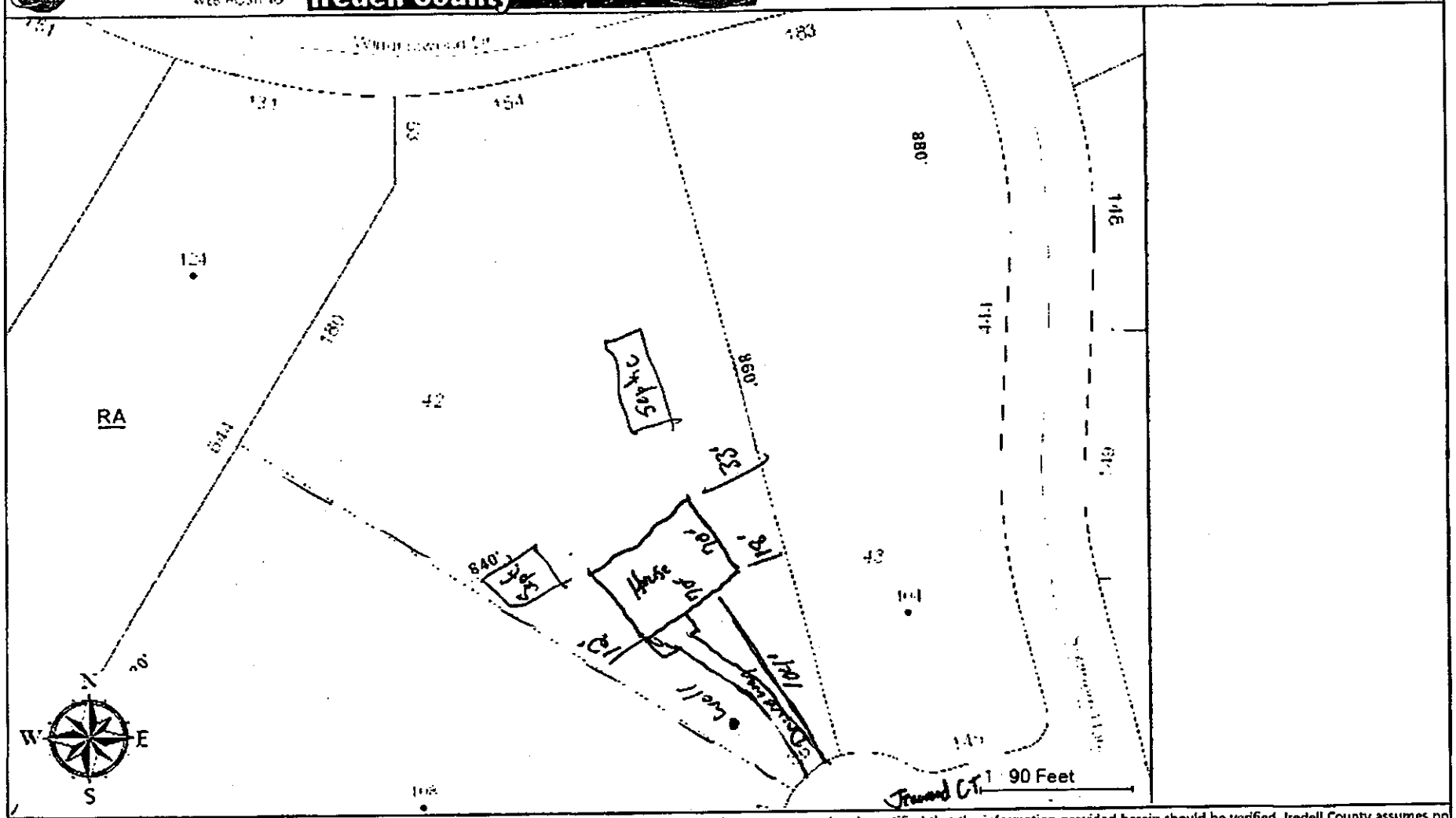
See attached

Signature: _____ 2/10/21

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

CONNECTGIS WEB HOSTING — North Carolina Iredell County

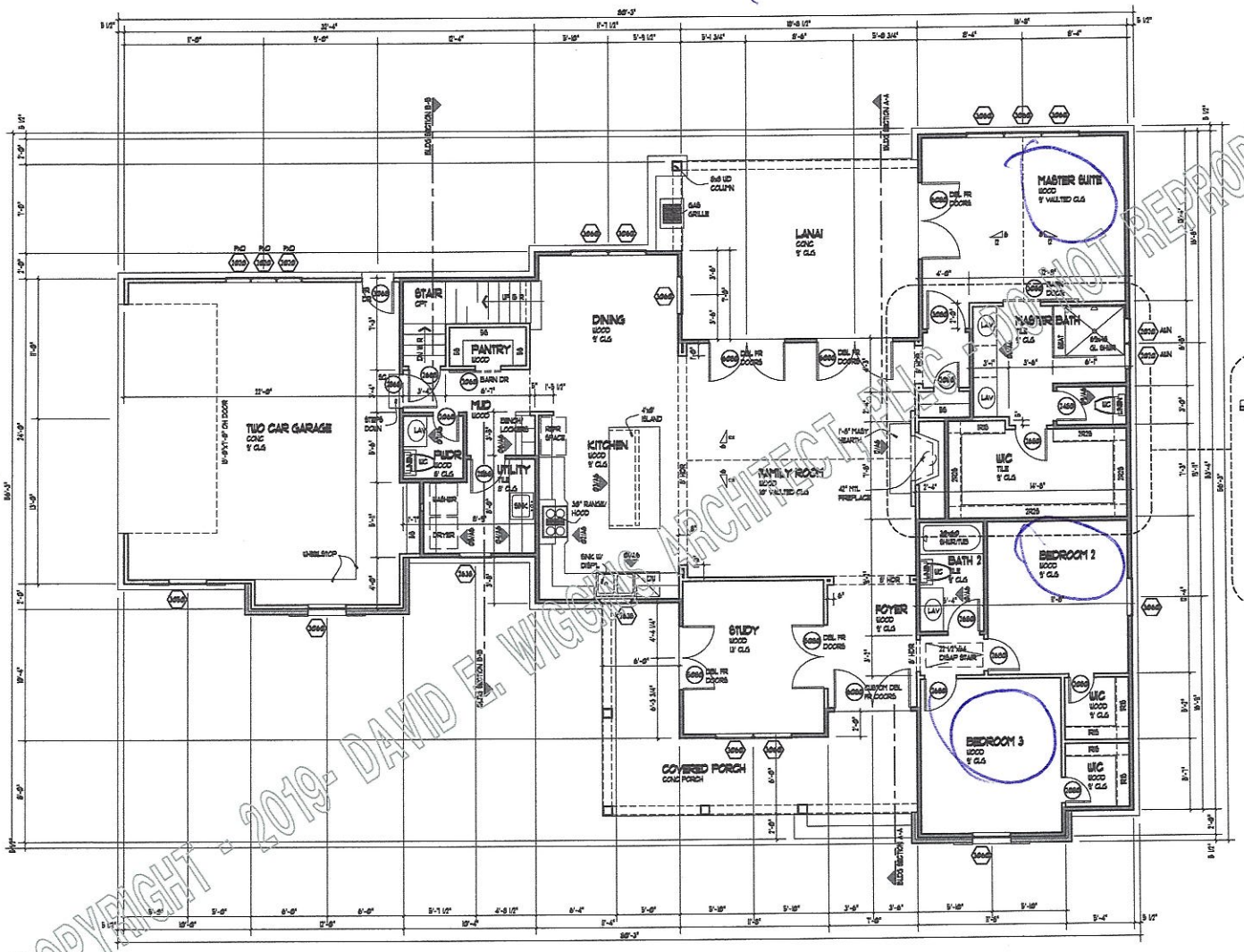
Iredell
Printed February 08, 2021
See Below for Disclaimer



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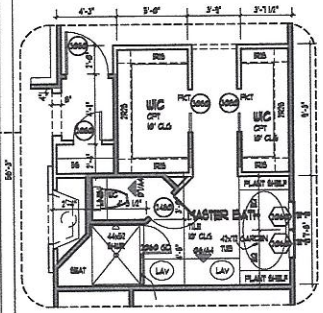
80'-3"

56'-3"



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"



OPT'L BATH

SCALE: 1/4" = 1'-0"

AREAS:

FIRST FLOOR =	1559 SF
BONUS =	135 SF
GARAGE =	555 SF
FRONT PORCH =	226 SF
LANAI =	267 SF
TOTAL COVERED AREA =	3174 SF

WALL TYPES

- 2x4"@ 16" O.C.
- 2x4"@ 16" O.C. W/ 3 1/2" BATT INSUL.
- 2x6"@ 16" O.C. W/ 5 1/2" BATT INSUL.
- 2x4"@ 16" O.C. W/ 5/8" GYP. BD. EACH SIDE
- 2x6"@ 16" O.C. - BALLOON FRAME
- 2x6"@ 16" O.C. W/ BRICK VENEER

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houseplansby davidwigginsarchitect

PO Box 299 • Magnolia, Texas • 77353 • (832) 521-5820

PROJECT:

MILL CREEK FARM

PLAN 1988

REVISIONS

DATE:

DECEMBER 19, 2019

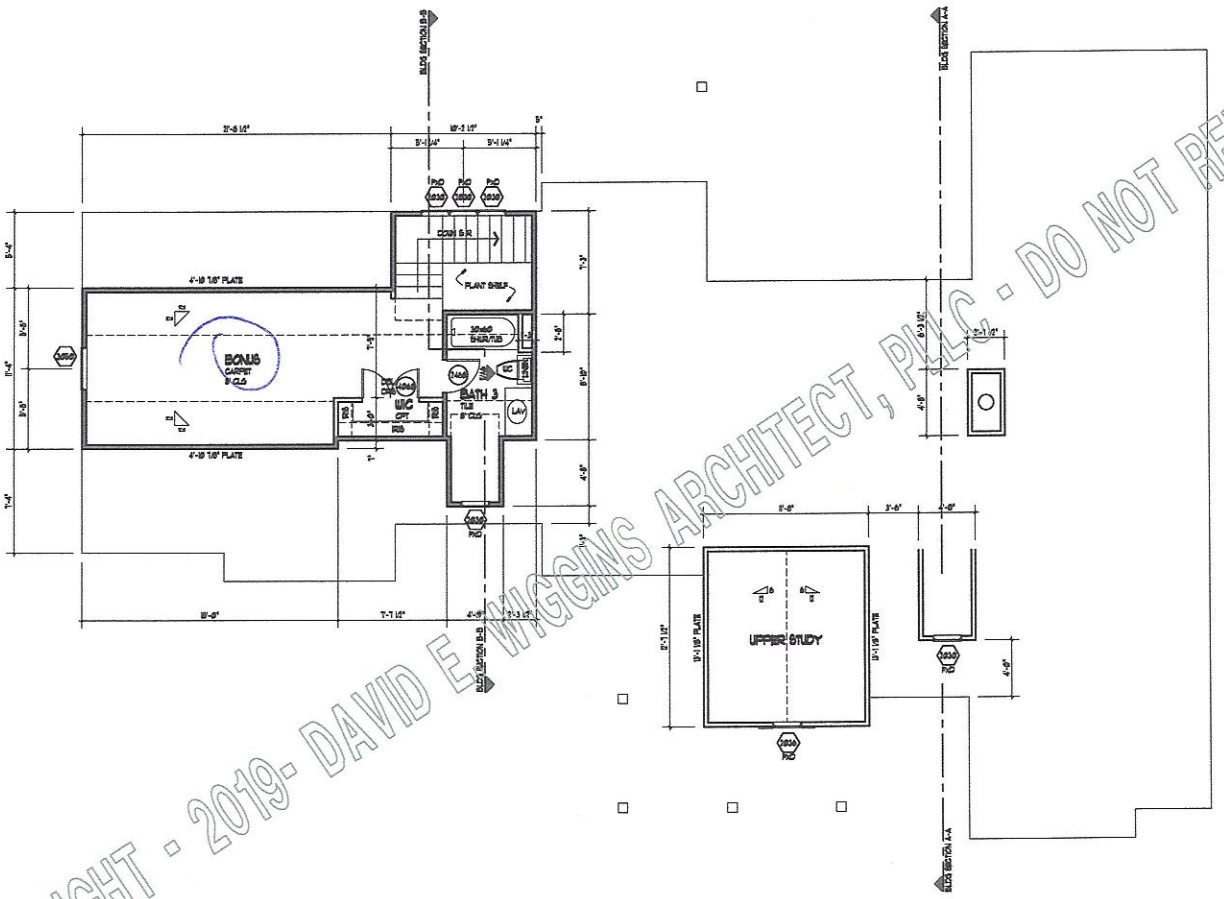
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OF A9

Acknowledgement Of Plans Submittal ONLY!

Benjamin A Bostic Date 7/15/2021

Date 7/22/21



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

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Acknowledgement Of
Plans Submittal ONLY!

Date 7/15/21

Date 7/22/21

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houseplansby
davidwigginsarchitect
PO Box 266 - Magnolia, Texas - 77353 - (832) 521-0820

PROJECT:

MILL CREEK FARM

PLAN 1988

REVISIONS:

DATE:

DECEMBER 19, 2019

A2

OF A9

IREDELL COUNTY · NC

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

APPLICATION NUMBER

314852
Issue Date: 02/10/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711044254.000	106 JENWOOD CT	Iredell County

Owner Information	Applicant Information
Name: MECKLENBURG RESTORATION LLC	Name: JOSEPH PAYNE
Address: PO BOX 906	Address: 198 OLD LION RD.
HUNTERSVILLE, NC 28070	Statesville, NC 28625
Phone:	Phone: (828)312-4662

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-CA Catawba/Lake Norman	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.

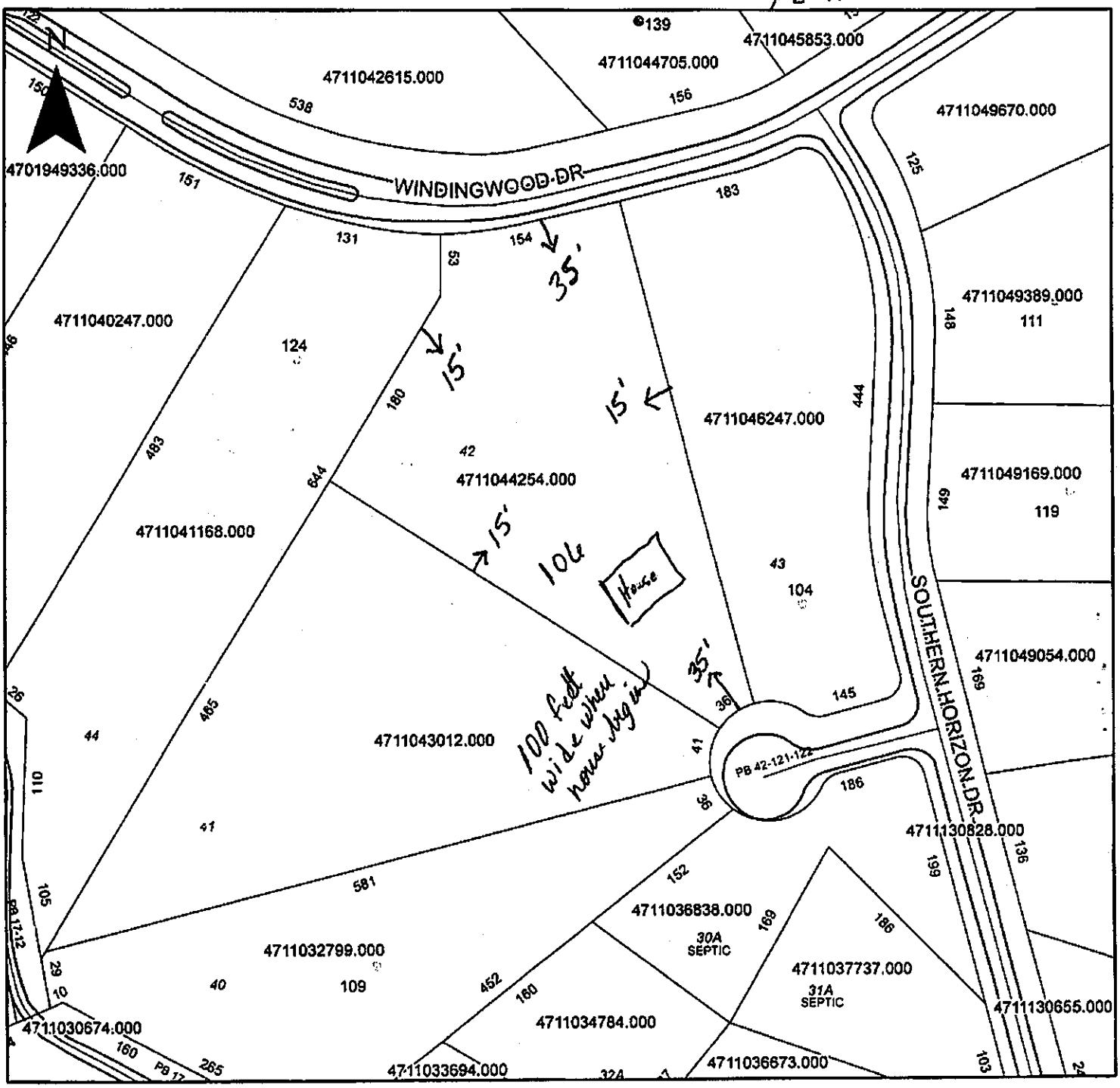
Date: 02/10/2021

Signature of Owner/Contractor

Permit Number	314852	TOTAL FEES:	$77.25

314852 RA 1.652 Ac
WS IV CA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 106 Jenwood Ct.

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

2/11/21

Date