ICHD–ENVIRONMENTAL HEALTH DIVISION

HS (Yes)

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

PERMIT # AP306821

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

PIN # 4711807396

APPLICANT / OWNER: Jordan Homes LLC

APPLICANT ADDRESS: 129 Houpe Ridge Ln Statesville NC 28625

SITE ADDRESS: 550 Pineville Rd Statesville NC 28677

PHONE: 704-902-1537 ALT. PHONE

SITE DIRECTIONS: S center St to R on W Front St, L on Buffalo Shoals Rd, L on Pineville Rd, Lot on R

SUBDIVISION: SECTION: — LOT # — LOT AREA: 9.833 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240GPD L.T.A.R.: .26

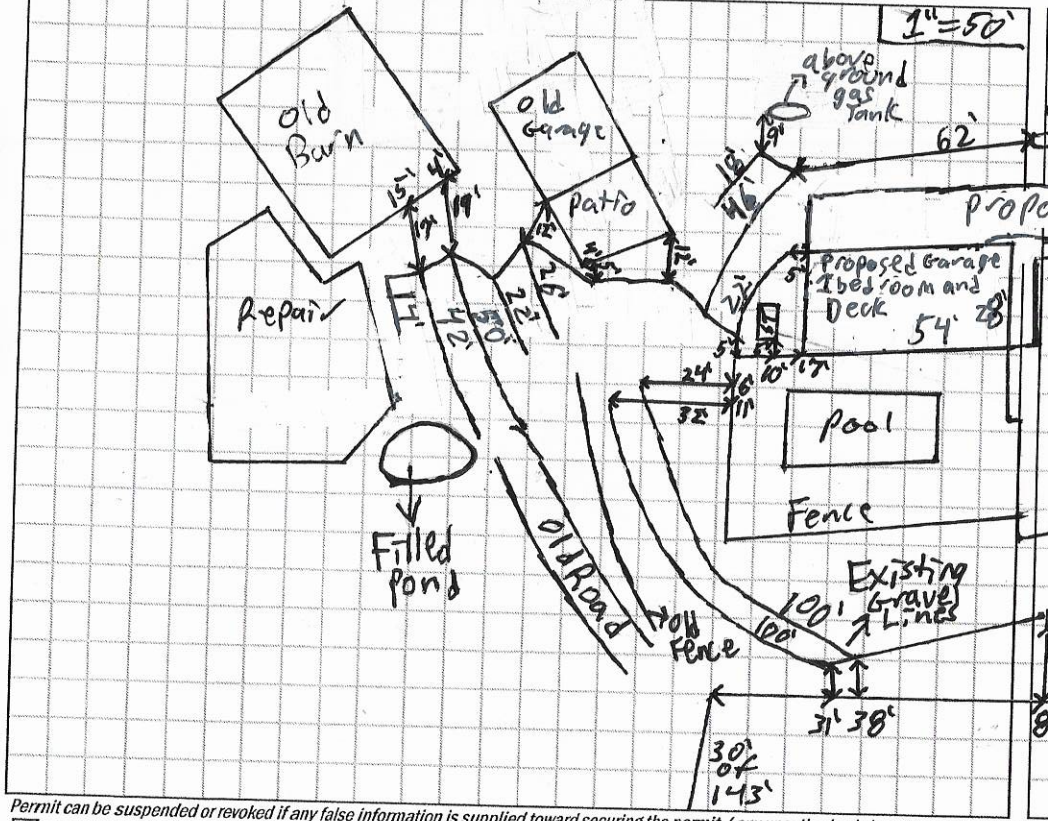
Septic Tank	1000 (gal)	STB	760	Date	11-7	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT		Date		System Description:	Gravity 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS
# Nitrification Fields	1	# Lines	10	Linear Ft	240'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence — No. Bedrooms 2
☐ Business — No. Persons 4
☐ Other — No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on contour, Do NOT Drive on, Store material or manipulate drainfield in any way. The water and Power Line to old barn MUST be Abandond and diverted around the septic area by 10'. New septic drainLines must be 20' off of existing drainLines

INITIAL SITE SKETCH



AS BUILT SKETCH

* Installed as permitted

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: Rec'd Permit Acceptance Form Date: 8-10-20 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Patrick J Bglett III Date: 6/12/2020 OPERATION PERMIT by: Benjamin A Burk Date: 1-4-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bglett III Date: 6/12/2020 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.

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

Sheet 1 of 2
PROPERTY ID #: 4718307396
COUNTY: Iredell

Wed 930
225 Memorial Hwy
Thursday 930 Lots

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

OWNER: John Voelske
ADDRESS: 550 Pineville Rd Statesville NC 28677
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 220 GPD
LOCATION OF SITE: 550 Pineville Rd Statesville NC 28677 Existing
APPLICATION DATE: 4/8/2020
DATE EVALUATED: 5/8/2020
PROPERTY SIZE: 9.833 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 1%	0-9	SCL WSBK	Fr SS SP SMP	Few YBr mottles	53"	Litho inclusions more common at bottom	—	PS.3
		9-26	C SBK	Fr SS SP SMP					
		26-53	CL SBK	Fr SS SP SMP					
2	SS 7%	0-3	SCL WSBK	Fr SS SP SMP	Possible chroma 2 at 16"	50"	Litho inclusions more Common at bottom		PS.25
		3-17	C SBK/ABK	Fr SS SP SMP					
		17-50	CL SBK	Fr SS SP SMP					
3	SS 4%	0-8	SCL WSBK	Fr SS SP SMP	Few YBr mottles	52"	Litho inclusions more common at bottom	Platy at 20" in overlying horizon 40" in trench but in bottom of trench	PS.25 Under 20"
		8-29	C ABK/SBK	Fr SS SP SMP					
		29-52	CL SBK	Fr SS SP SMP					
4	SS 6%	0-12	Burn Pile	—	YBr mottles throughout Possible Chroma 3's	60"	Litho inclusions Common at bottom	Chroma 3's	PS.25
		12-35	C ABK/SBK	Fr SP SMP					
		35-60	CL	Fr SS SP SMP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	240'	160'
m Type(s)	2590 Red	5090 Red
R	.125	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Heath Sand Ben B

S: Cloudy and rain toward the end

2014

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

Sheet 2
PROPERTY ID #: 47180
COUNTY: Iredell

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

OWNER: John Voelske
ADDRESS: 530 Pineville
PROPOSED FACILITY: New single fam
LOCATION OF SITE: 530 Pineville Rd Statesville
APPLICATION DATE: 4/8/2020
DATE EVALUATED: 5/9/2020
PROPERTY SIZE: 9.833ac-s
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 240GPD

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 6	0-7	SCL sbk	Fr ss sp sor	YB mott throughout chroma 5	60"	Litho Hydro lower 1/3 bottom		PS, 25
		7-32	CL sbk (strong sbk)	Fr s p sor					
		32-60	CL sbk	Fr s p sor					
2	SS 7%	0-10	Garden	—	YB mott throughout	60"	Litho w/ seasonal w/ Common CH boulders	garden fill factor	PS, 25 water Tbl Removed
		10-30	CL sbk	Fr s p sor					
		30-60	CL sbk	Fr ss sl sp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)		
Type(s)		
?		

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

:

2014

RECEIVED APR 2 8 2020 AP-306821 $500.00

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* New System or Expand - Not sure

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: ( ) 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: JORDAN HOMES LLC Address: 129 HOUPE RIDGE LN Zip: 28625
Applicant Email: claygentry@hotmail.com Phone: 704 902.1537 Alt. Phone: ~~—~~
Owner Name: JOHN VOELSKE Address: 550 PINEVILLE RD STATESVILLE Zip: 28677
Owner Email: _____ Phone: 704-902-2320 Alt. Phone: _____

Property Information:

Street Address: 550 PINEVILLE ROAD STATESVILLE NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Buffalo Shoals Rd to LEFT on Pineville Rd House on RIGHT

Site Development Information: *(check or complete ALL that apply* GARAGE W/LIVING SPACE ABOVE/WALKWAY TO HOUSE @ REAR **CHECK FOUNDATION TYPE**

( ) New Single Family Residence Maximum Number of Bedrooms: 1 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 (✓) Concrete Slab Foundation
(X) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition (X) Other Addition/Structure: Per Clay ( ) 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 (X) 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.

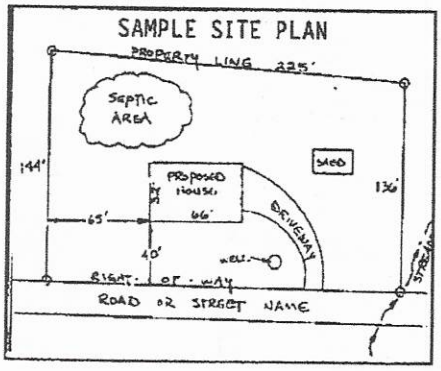
Signature: _____ 4-8-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

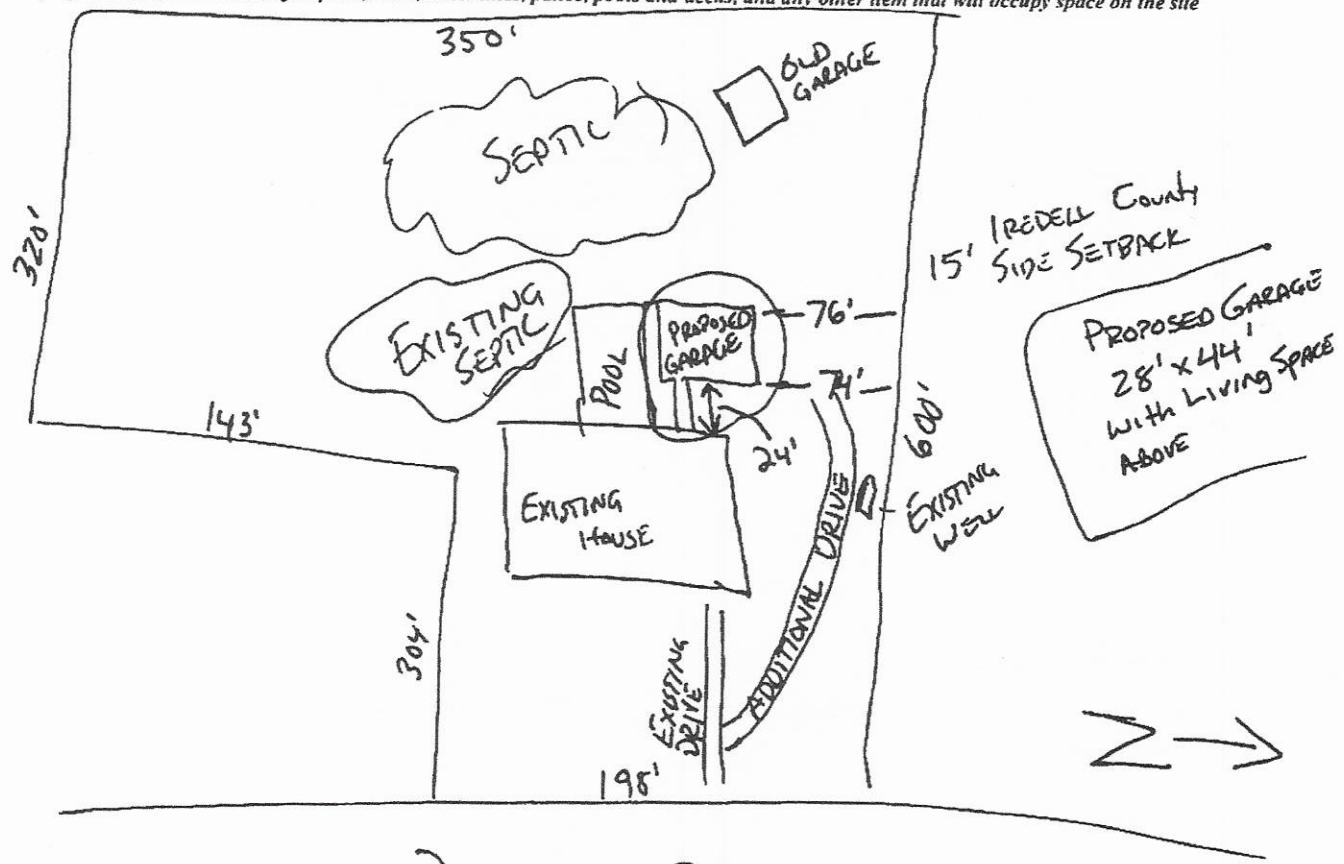
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

4-8-2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# Repair PIN#

OWNER OR CONTRACTOR Judy Vogler PHONE: Business Home DATE 5-11-99

ADDRESS 550 Pineville Rd Statesville

LOCATION Buffalo Shoals Rd T/ Pineville Rd house on (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS 4/5 DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 Ex Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200±

No Lines 2 Trench Width 36 Max Trench Bottom Depth 36

( ) New System (X) Repair System Type: (I) II. III. IV. V. VI

System Description

Repair System Description Gravity Conventional

Maintenance Agreement Required: Yes (X) No

Gravel Depth 18in Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement w/o plumbing

(X) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 2

( ) Business No Employees

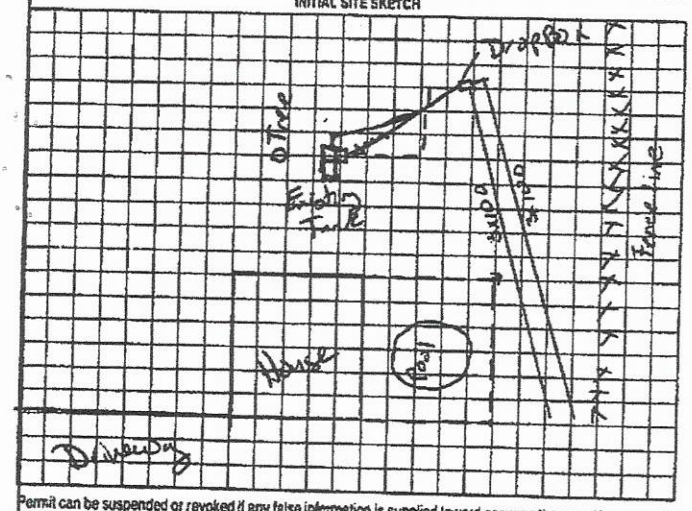
( ) Other

Water Supply: (X) Individual ( ) Public ( ) Community

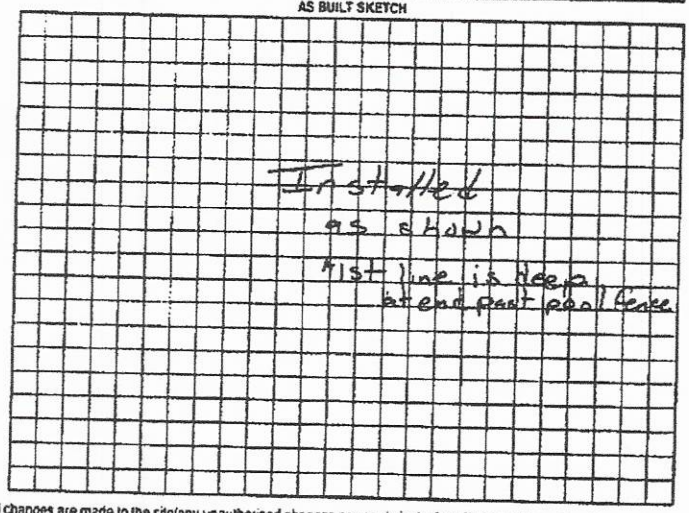
Comments/Conditions This Permit serves as 'Notice of Violation'
Install 2 lines w/ 14in Stone
Check sump for 'T'
Need to smooth & Landscape

Comments/Conditions
* ## Washer line needs to be tied into tank

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 5-11-99

Improvement Permit by: date 5-11-99

Authorization to Construct by: date 5-11-99

Installed by: Barry Sigmon

Operation Permit by: date 5-19-99

Existing System Inspection by: date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

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)* John Voelske

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, John Voelske, am the legal owner(s) of the property located at 550 Pineville Rd Statesville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.
I do hereby authorize (print legal representative/company name) CLAY GENTRY, JORDAN HOMES LLC, 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.

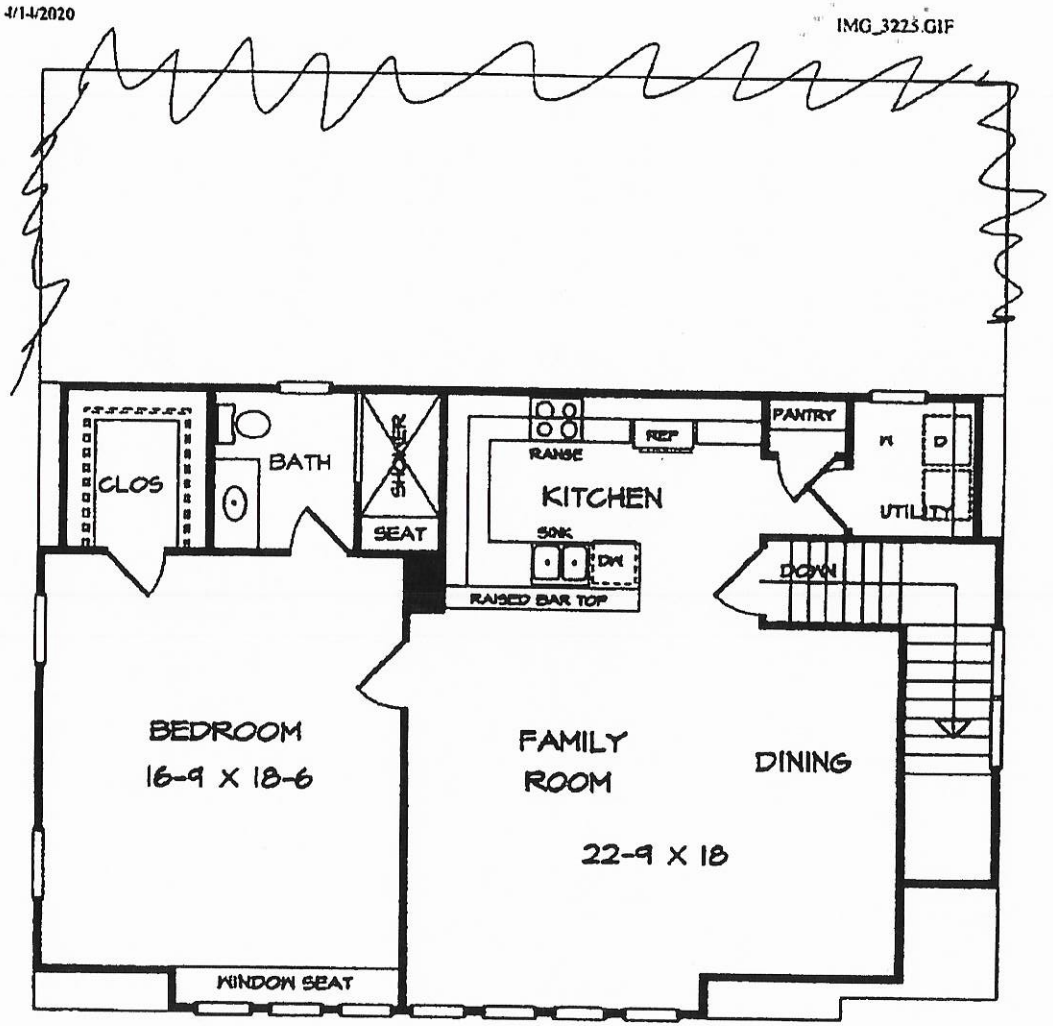
John Voelske
Signature of Owner(s)

4-9-2020
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

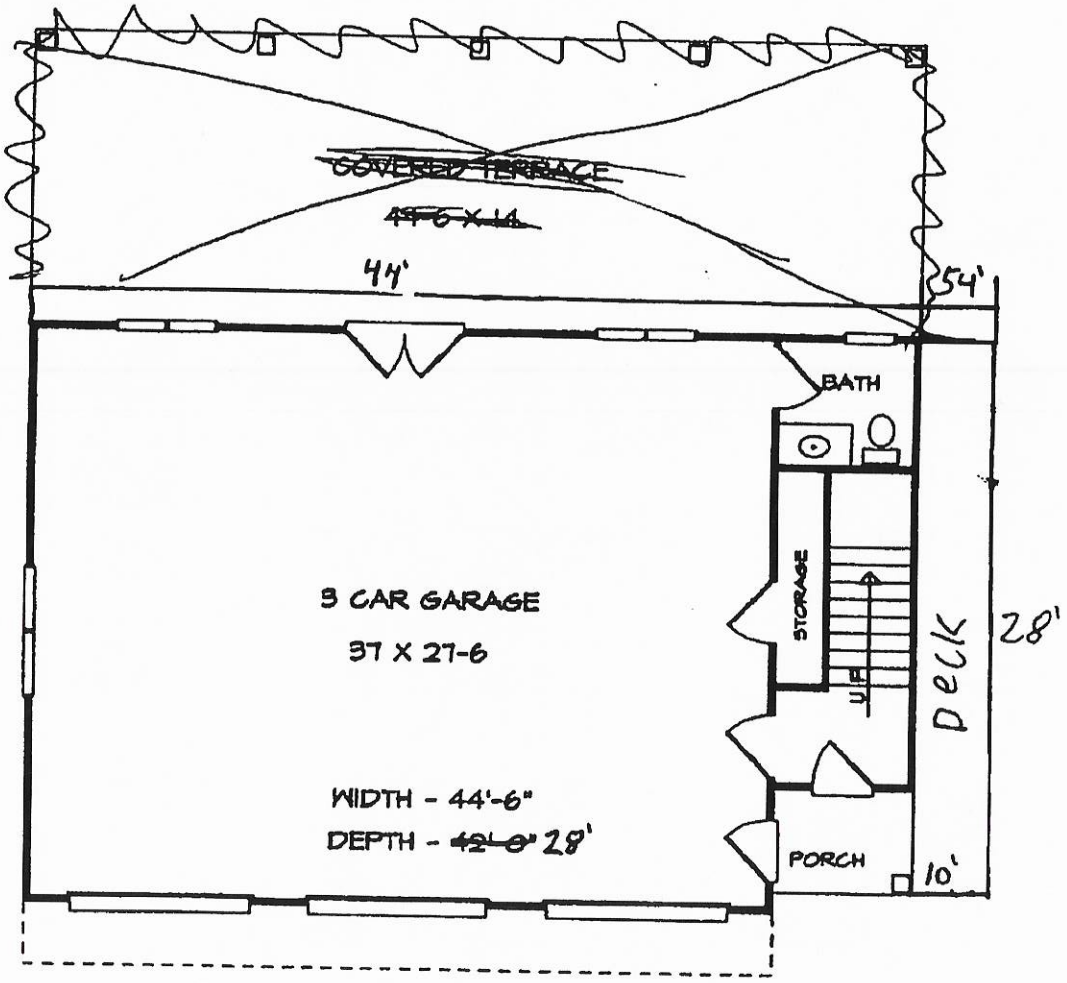
IMG_3225.GIF



UPPER LEVEL PLAN

SIGN HERE

Acknowledgement Of
Plans Submittal ONLY!
Date 8-10-20
Date 8/17/2020



MAIN LEVEL PLAN

SIGN HERE

Acknowledgement Of Plans Submittal ONLY!

Date 8-10-20

Date 6/17/2020