ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) [redacted]505 Mooresville Office (704) 660-3625 PERMIT # AP-309325

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

PIN # 4712-22-9174

APPLICANT/OWNER: GARY AND TAMMY COOK APPLICANT ADDRESS: 128 PAINTED BUNTING DRIVE, TROUTMAN, N.C. 28166

SITE ADDRESS: 1134 EUFOLA ROAD, STATESVILLE, N.C. 28677 PHONE: 704-677-5622 ALT. PHONE 704-677-4414

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN, (L) ON BUFFALO SHOALS, (R) ON EUFOLA, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 28.081 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.225

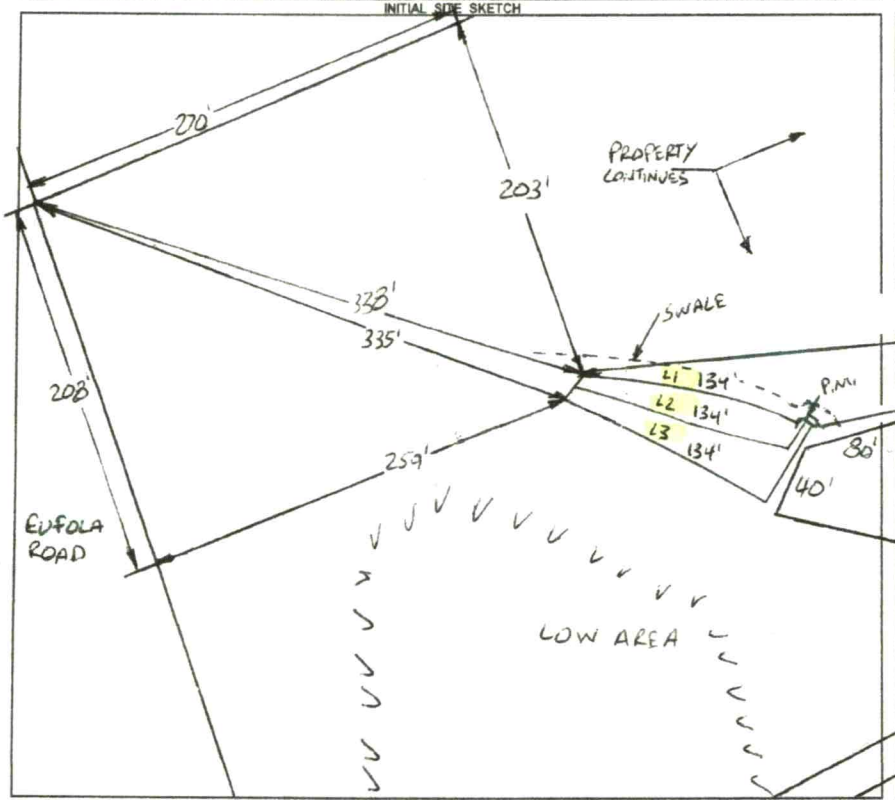
Septic Tank	1000 (gal)	STB	760	Date	6-11-2022	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	6-21-2022	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% REDUCTION - DEEP	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft	402ft	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	20 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 28IN MAX TRENCH BOTTOM, GRADE SWALE 10FT ABOVE SYSTEM TO PROMOTE POSITIVE DRAINAGE AWAY FROM SYSTEM

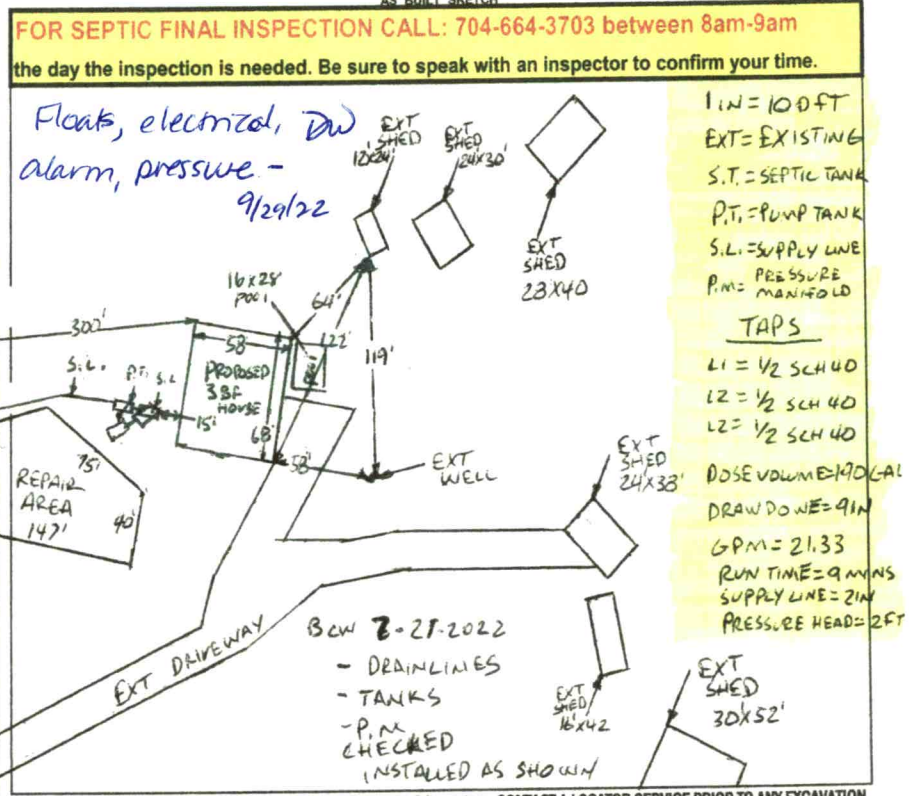
Pool must be staked to sign OP
Keep 25' from well.

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 = 100 FT
EXT = EXISTING
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M = PRESSURE MANIFOLD

TAPS
L1 = 1/2 SCH 40
L2 = 1/2 SCH 40
L2 = 1/2 SCH 40

DOSE VOLUME = 190 GAL
DRAWDOWN = 9 IN
GPM = 21.33
RUN TIME = 9 MINS
SUPPLY LINE = 2 IN
PRESSURE HEAD = 2 FT

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 plot 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: Gary Cook Date: 7-12-22 Installed by: TB GRADING

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-6-2022 OPERATION PERMIT by: D. Wieberg Date: 9/29/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-6-2022 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-309325

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

PIN # 4712 - 22 - 9174

APPLICANT/OWNER: GARY AND TAMMY COOK APPLICANT ADDRESS: 128 PAINTED BUNTING DRIVE, TROUTMAN, N.C. 28166

SITE ADDRESS: 1134 EUFOLA ROAD, STATESVILLE, N.C. 28677 PHONE: 704-677-5622 ALT. PHONE 704-677-4414

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN, (L) ON BUFFALO SHOALS, (R) ON EUFOLA, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 28.081 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.225

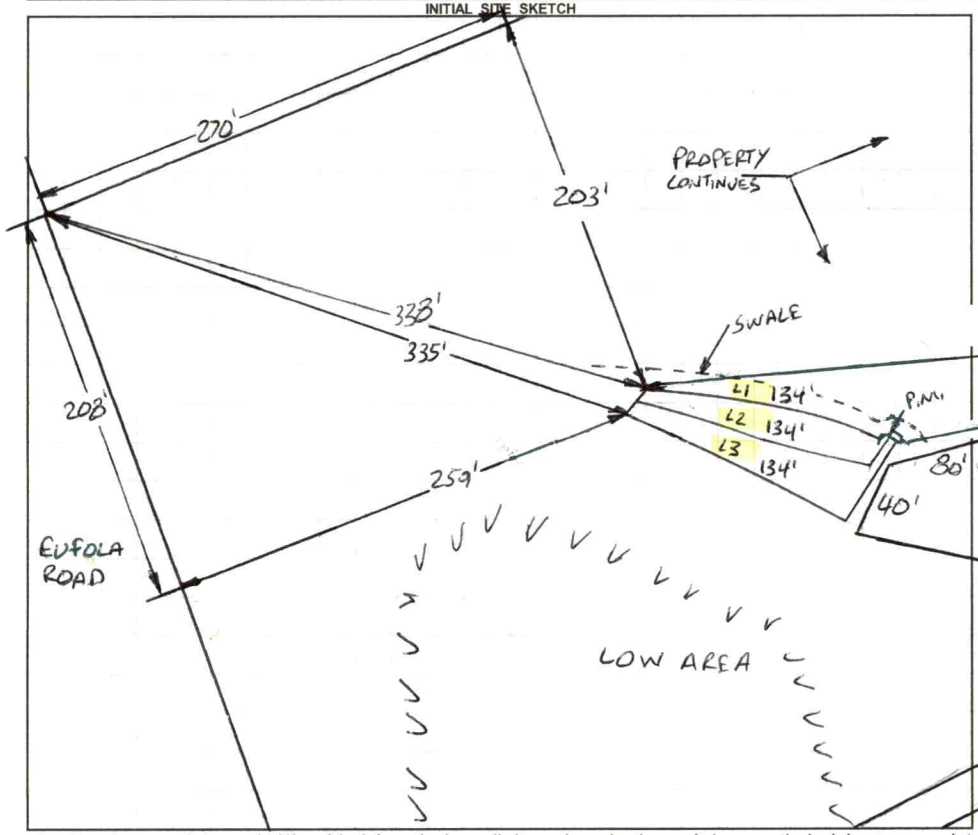
Septic Tank	1000	(gal)	STB 760	Date	6-11-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 363	Date	6-21-2022	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make			Model			Repair System Description:	25% REDUCTION - DEEP			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft	402 ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	20 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 28IN MAX TRENCH BOTTOM, GRADE SWALE 10FT ABOVE SYSTEM TO PROMOTE POSITIVE DRAINAGE AWAY FROM SYSTEM

Pool must be staked to sign OP - keep 25' from well.

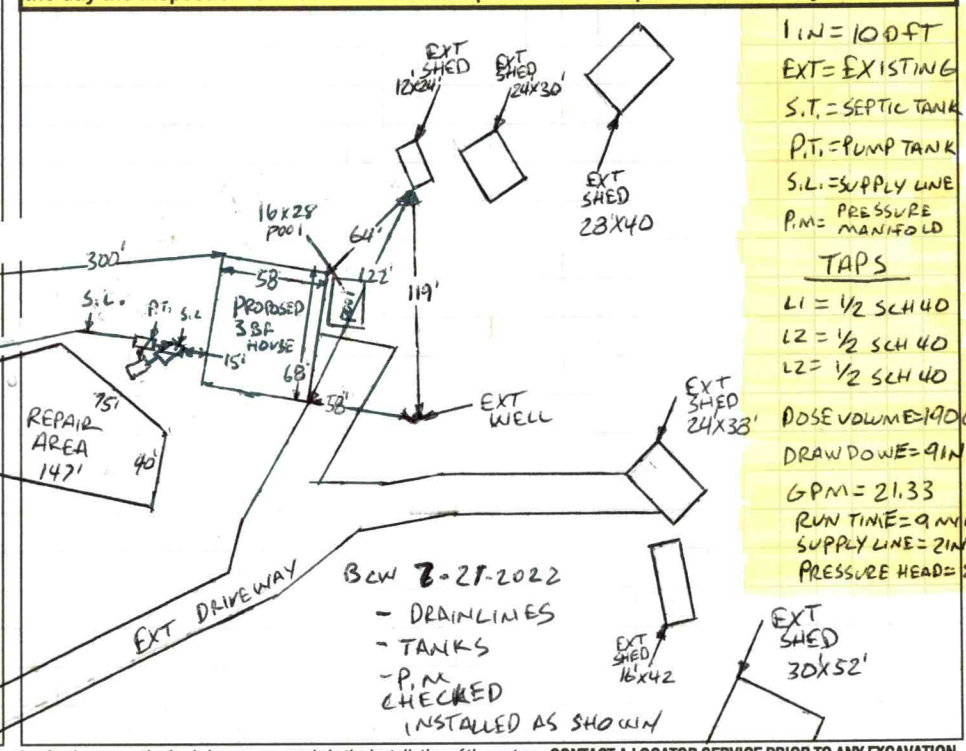
INITIAL SITE SKETCH



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.



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DOSE VOLUME = 190 GAL
DRAWDOWN = 9 IN
GPM = 21.33
RUN TIME = 9 MINS
SUPPLY LINE = 2 IN
PRESSURE HEAD = 2 FT

BCW 7-27-2022
- DRAINLINES
- TANKS
- P.M.
CHECKED 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 plan 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: Gary Cook Date: 7-12-22 Installed by: TB GRADING

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-6-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-6-2022 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 1 of 1

OF HEALTH AND HUMAN SERVICES
BLIC HEALTH
ONTAL HEALTH SECTION
TE WATER PROTECTION BRANCH

PROPERTY ID #: 4712-22-9174
DATE OF EVALUATION: 6-15-2022
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 4%	0-15	SL, SBK	FR ISS, SP, SEXP	Y/B MOTS 15"+ 10YR 6/2 @ 23"+ 34"	51"+	NA	NA	PS .2 ABOVE 23" BELOW .25 34"
		15-51	C, ABK	FI, S, VP, SEXP					
2	LINEAR SIDE 3%	0-54	C, ABK	FI, S, P, SEXP	Y/B MOTS THRV OUT 10YR 6/2 @ 29"+	54"+	NA	NA	PS .225 ABOVE 27"

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

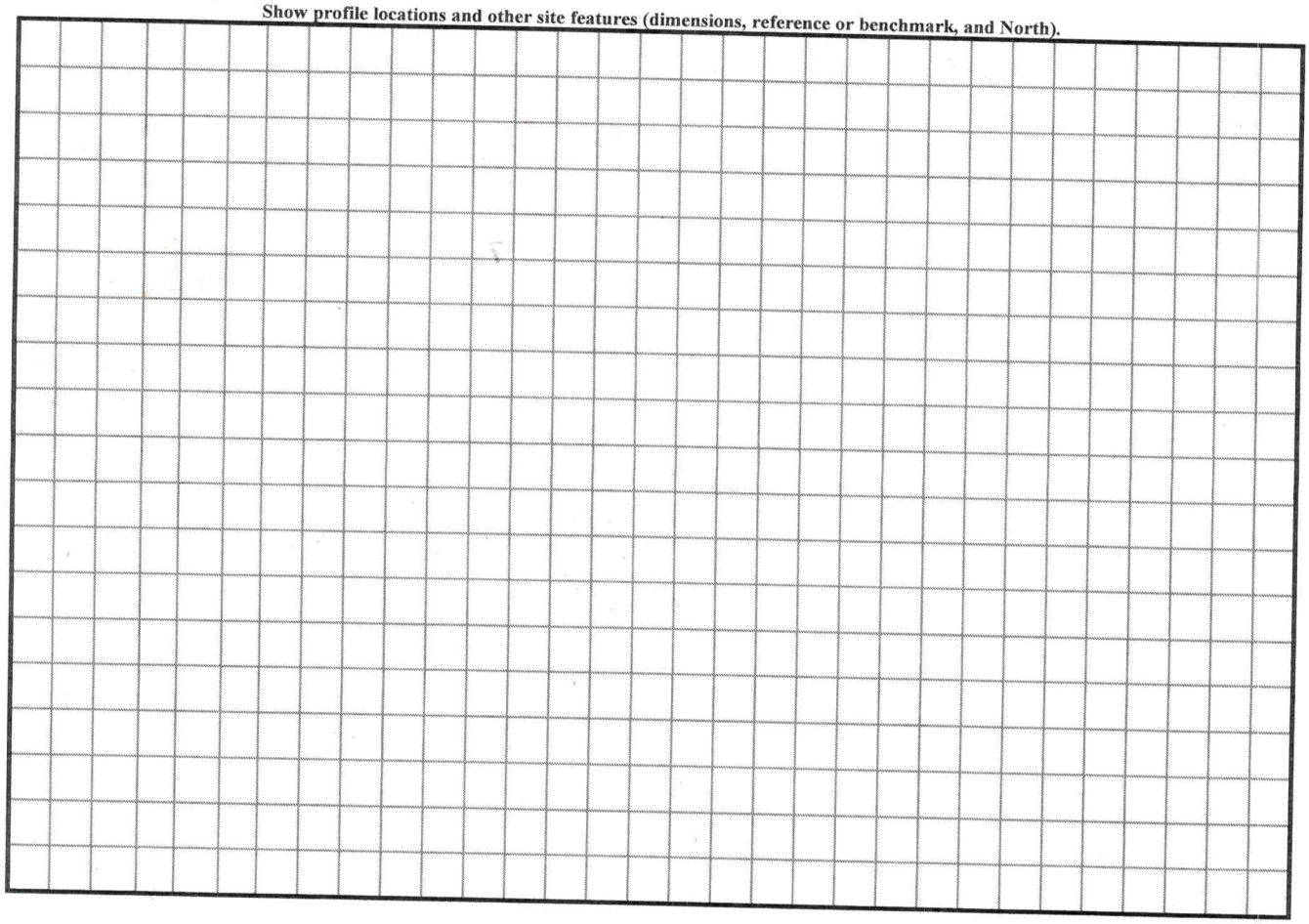
NOTES

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).





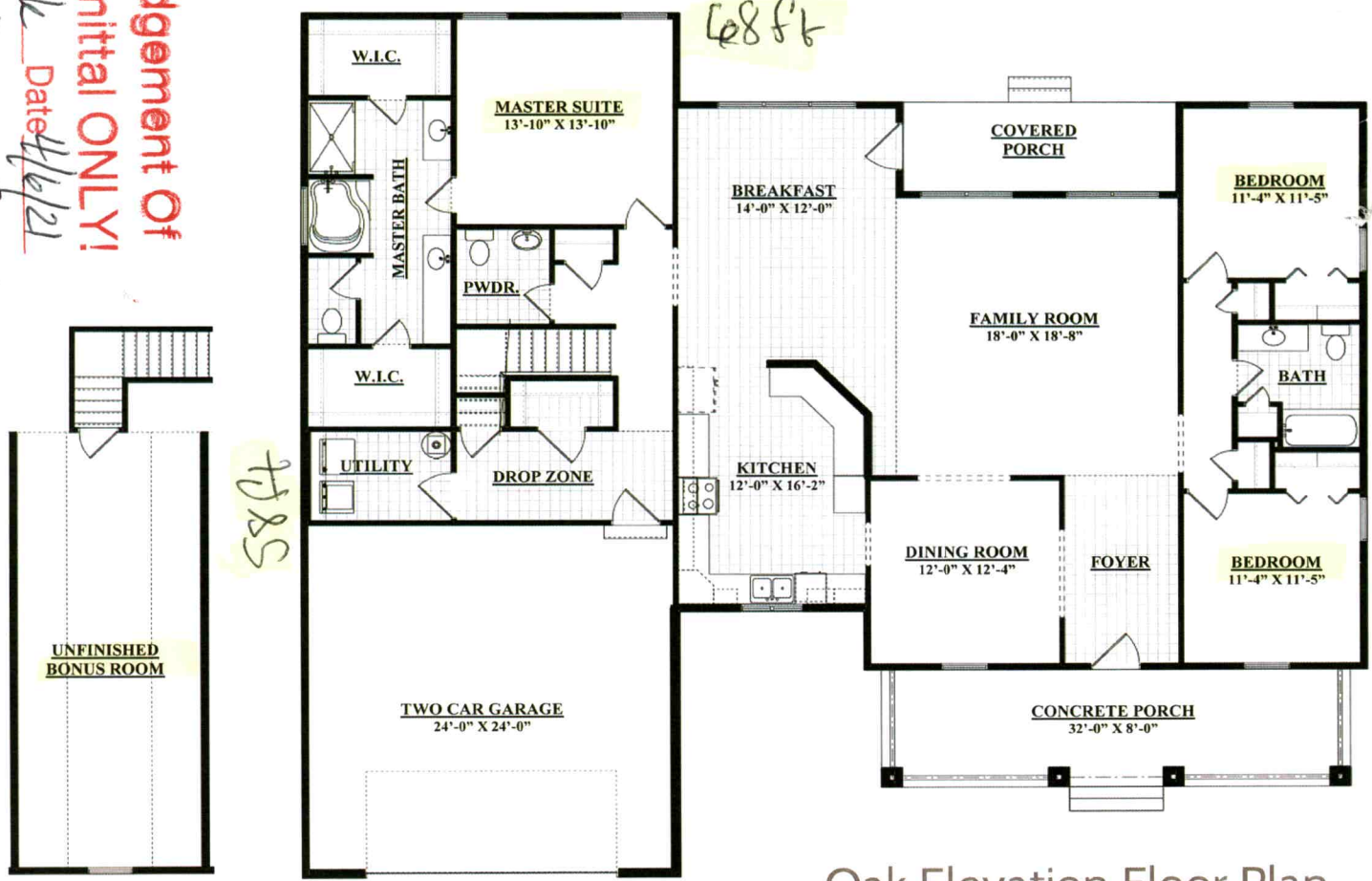






1134 Eufola -

Acknowledgement Of
Plans Submittal ONLY!
Laurney Cook Date 4/6/21
Buyer(s) initial Date 4-7-2021



608 sf

548

Oak Elevation Floor Plan

© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

"I Called Ready" 309325 HSE

327784 pool

RECEIVED MAY 19 2022

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Comprehensive Relayout

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: Gary Cook Address: 128 Painted Bunting Dr Troutman Zip: 28166
Applicant Email: Gary@homeinspectionsplus.com Phone: at close Alt. Phone: 704-679-4414
Owner Name: Gary Cook + Tammy Cook Address: same Zip: _____
Owner Email: same Phone: 704-677-4414 Alt. Phone: _____

Property Information:

Street Address: 1134 Eufola Rd Statesville NC
Subdivision Name: NA Section/Phase: _____ Lot Number: _____
Driving Directions: 21 to old mtn Rd left on Buffalo Shoals right on Eufola Rd approx 1 1/2-2 mi on left 1134 Eufola Rd left at fork

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: ~~2~~ 3
Maximum Number of Occupants: 5
(✓) 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.

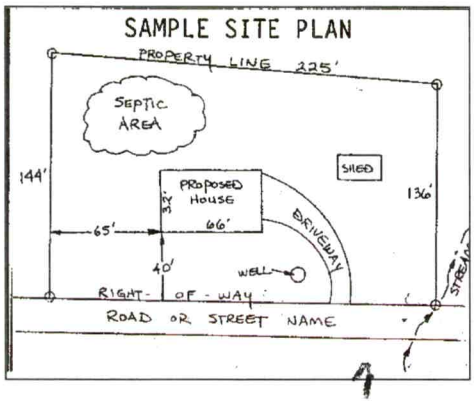
Signature: Tammy Cook 5/19/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **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

See attached

Wants gravity system
Add pool
House moved ~ 15'

Signature: Mary Cook

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

5/19/2022

DATE

ICHD – ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-309325

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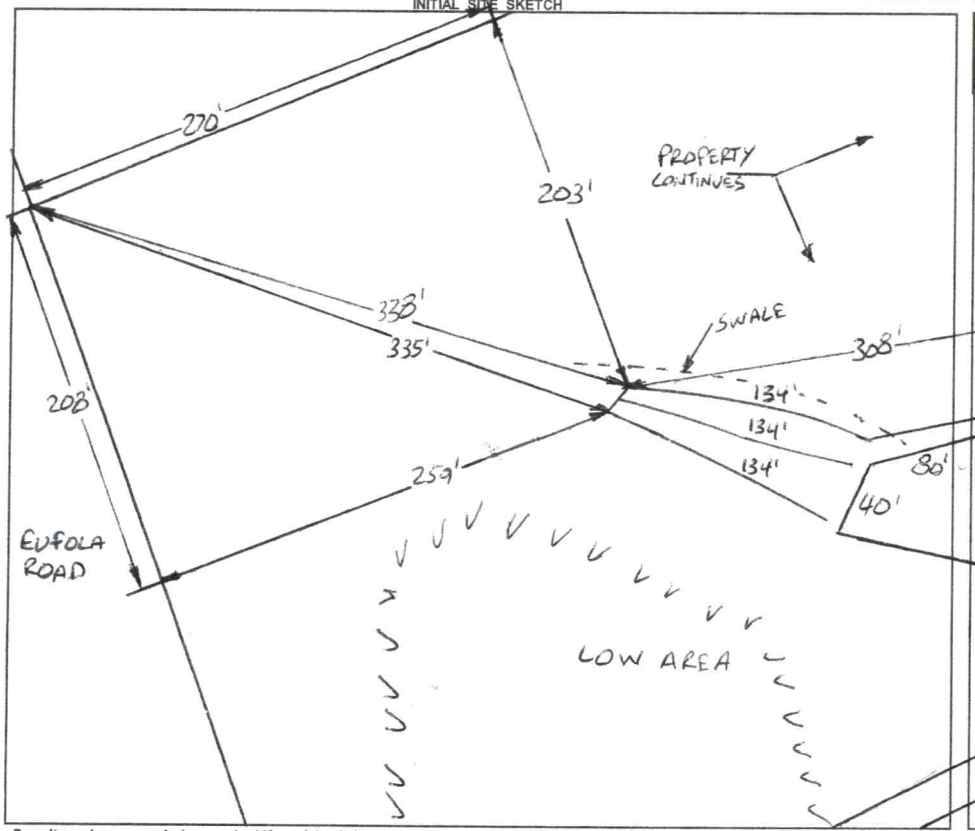
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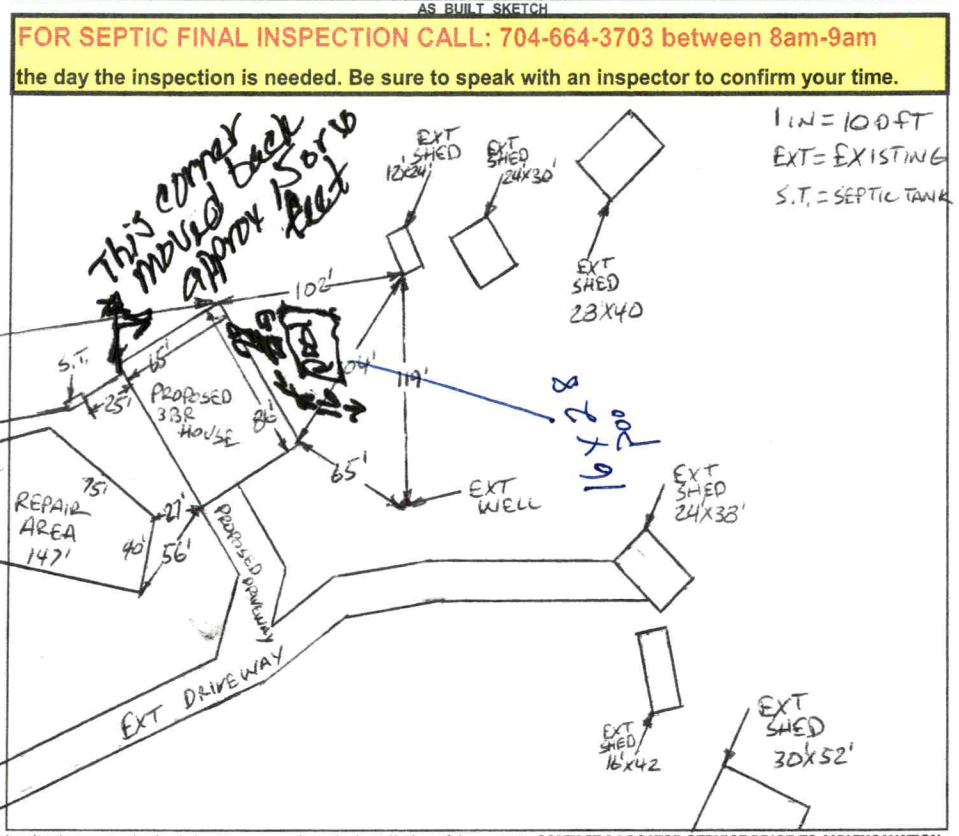
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Owner / Applicant Signature: Gary Cook Date: 4/6/21 Installed by: —

IMPROVEMENT PERMIT by: Bryant C. White Date: 10-27-2020 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-7-2021 Existing System Inspected by: — Date: —

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



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*) Tammy Cook

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, Tammy Cook, am the legal owner(s) of the property located at 1134 Enfield Rd Statesville NC, 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.

Tammy Cook
Signature of Owner(s)

5/19/22
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