IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218323

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

PIN # 4712347451

APPLICANT: Rye Fraley/Jeff Davies Construction APPLICANT ADDRESS: 181 Angel Oaks Dr Statesville NC

SITE ADDRESS: 177 Atwell Dr Statesville NC 28677 PHONE: 704-500-4725 ALT. PHONE: 704-876-2373

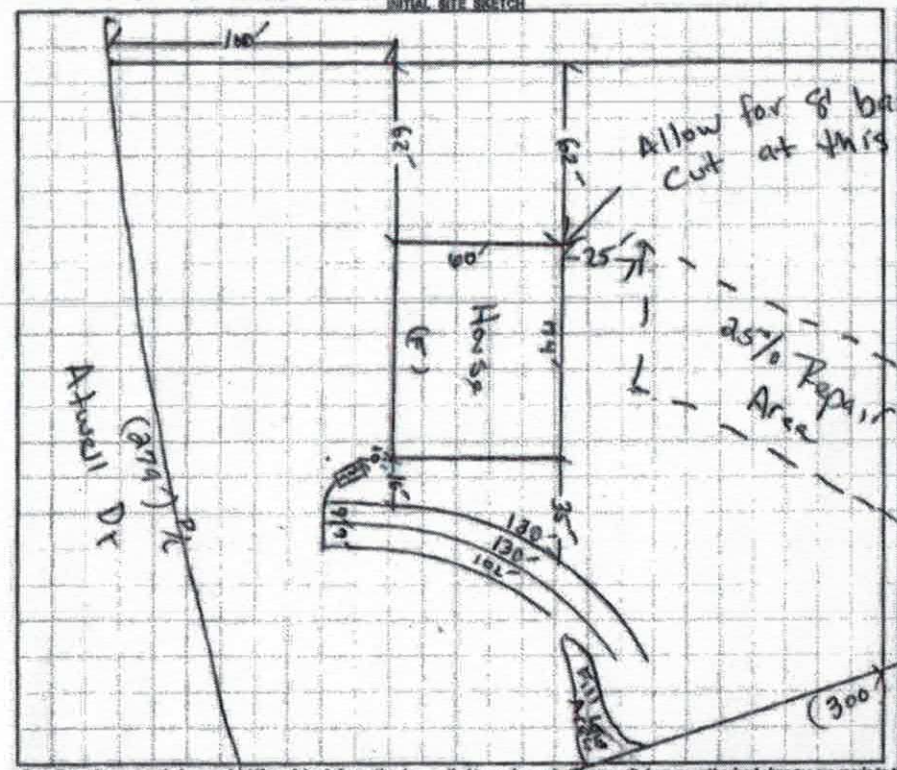
SITE DIRECTIONS: Buffalo to Eufola to Atwell Dr Lot on left

SUBDIVISION: Eufola Farms SECTION: N/A LOT # 28 LOT AREA: 1.96 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

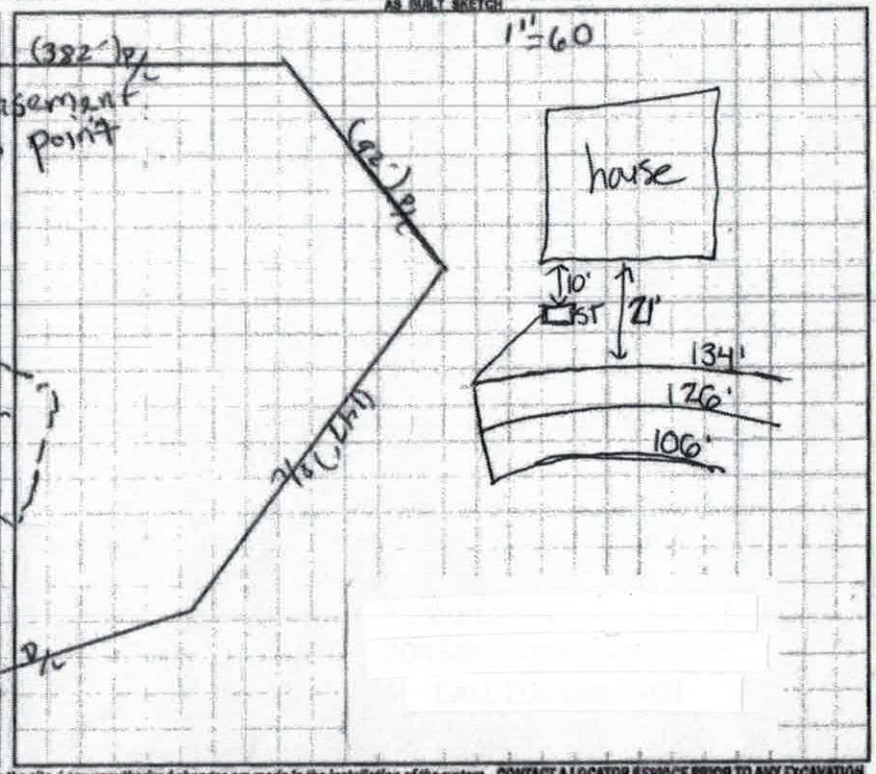
Septic Tank	1000 (gal)	STB	760	Date	2-28-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	76"	Max. Trench Bottom Depth	32"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution

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: Rye Fraley Date: 10/25/16 Installed by: Sanitarian Services (Brandon)

IMPROVEMENT PERMIT by: Date: 10/21/16 OPERATION PERMIT by: Krayla Watson Date: 5-1-19

AUTHORIZATION TO CONSTRUCT by: Date: 10/24/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

EPARTMENT OF HEALTH AND HUMAN SERVICES
VISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 471234745
COUNTY: Iredell

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

WNER: Joe West — APPLICATION DATE: 3-2-15
DDRESS: 177 Atwell Dr — DATE EVALUATED: 4-17-15
ROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 1.961 ac
OCATION OF SITE: Buffalo Shoals to Eupola to Atwell — PROPERTY RECORDED: Yes
ATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
VALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

.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
4%	0-6	SCL SBK	Fr Mod SE	>48"	>48"	>48"	>48"	PS 0.25
	6-28	C ABK	Fi Mod SE					
	28-48	BC Sap Incl ABK	Fr Mod SE					
10% L	0-8	SCL SBK	Fr Mod SE	>48"	>48"	>48"	>48"	PS 0.25
	8-20	C ABK	Fi Mod SE					
	20-48	BC Sap Incl ABK	Fr Mod SE					
10% L	0-6	SCL SBK	Fi Mod SE	>48"	>48"	>48"	>48"	PS 0.25
	6-16	C ABK	Fi Mod SE					
	16-44	BC Sap Incl WABK	Fr Mod SE					
	44-48	Sap (SL)	Fr Mod SE					
10% L	0-6	SCL SBK	Fr Mod SE	>48"	>48"	>48"	>48"	PS 0.25
	6-18	C ABK	Fi Mod SE					
	18-48	BC Sap Inc WABK	Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	PS	PS
ystem Type(s)	III	III
ite LTAR	1.25	1.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J. Henderson / H. Snow
OTHER(S) PRESENT: N/A

MMENTS: N/A

lated 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.

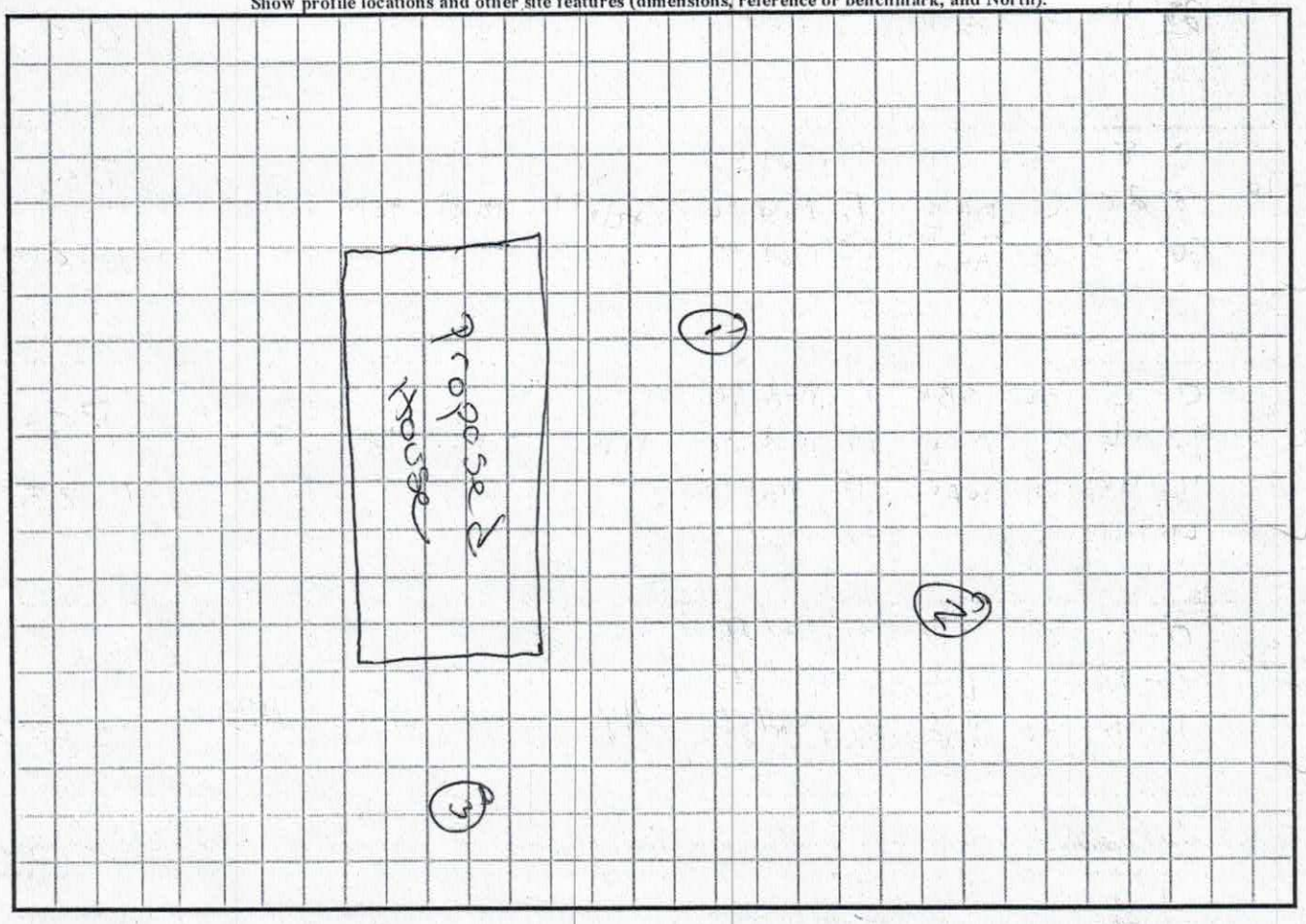
NOTES

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).



Updated February 2014

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Ryl Fraley	181 Angel Oaks Dr. Statesville NC 28677	704-500-4735	704-876-2373
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Edward / Anna Sage	19006 Celestine La. Cornelius NC 28031	704-464-6666	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
177 Atwell Dr	Eufola Farms	Lot 28

Driving Directions: exit 144 left on Old mtn Rd., rt on Celeste Eufola Rd, left on Eufola Rd, left on Atwell Dr.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 25% Reduction in Bdrm

8. 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. industry) 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.

9. Signature: _____ 4/26/16
   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

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.

I, Anna Sage, am the legal owner(s) of the property located at 177 Atwell Drive, identified as PIN (Parcel Identification Number) 4712-34-7451, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Kyle Fuller, _____, 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) 4/26/16 Date

Signature of Witness 4/26/16 Date

Please return this signed form to the appropriate office:

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

1,979 Square Feet heated
564 S.F. Garage
470 S.F. Front/Side porch



1/A-1 FLOOR PLAN
SCALE: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 10/25/16
Date 10/24/16

U.S. HOME DESIGNS, INC.
P.O. Box 2553, Hattiesburg, MS 39403 Phone 228-809-0862
www.ushomedesigns.com

Fraley Residence

Main Floor Plan
SCALE: 1/4" = 1'-0"

SHEET No. A-1

8-22-16

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IREDELL COUNTY

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

APPLICATION NUMBER
218323
Issue Date: 04/26/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4712347451.000	177 ATWELL DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAGE EDWARD R+ANNA M	Applicant: FRALEY, RYE
Address: 13504 GLENWYCK LANE STATESVILLE, NC 28078	Address: 181 ANGEL OAKS STATESVILLE, NC 28677
Phone:	Phone: 704-500-4725

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.961	35.00	35.00	15.00	15.00	PACL	X

Remarks:

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.

Applicant: *See Attached* Date: _____

Permit Number	66888	TOTAL FEES:	$ 77.25