BARN / OFFICE CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 320474

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

PIN # 4713-48-0257

APPLICANT/OWNER: Wallace Fanning APPLICANT ADDRESS: 114 Dearborn Ln, Mooresville, NC 28117

SITE ADDRESS: 182 Belinda Loop, Statesville NC 28677 PHONE: 704-363-1490 ALT. PHONE

SITE DIRECTIONS: I-40 → Old Mountain → (S) Old Mountain → (L) Belinda → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

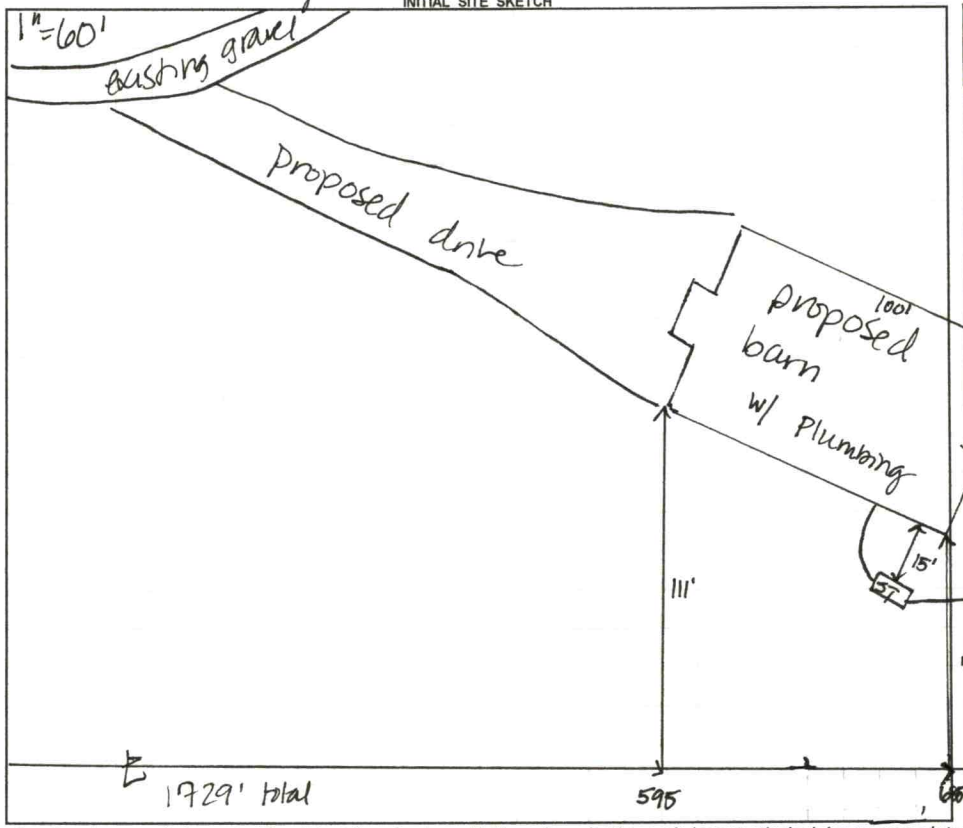
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 27.34 ac DESIGN FLOW: 240 gpd L.T.A.R.: 0.3 (I&R)

Septic Tank	1000	(gal)	STB 1012	Date 4/20/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 1	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction		☐ Business	No. Persons 2	☐ Private
Pump Make			Model	Serial #	Repair System Description: 25% Reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields	1		# Lines 2	Linear Ft 200'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"		Trench Bottom Depth (Low Side)	36" max	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: DO not pave, grade, drive, or bury utilities in drainfield. Install on contour, use serial distribution. Direct all drainage from drainfield.

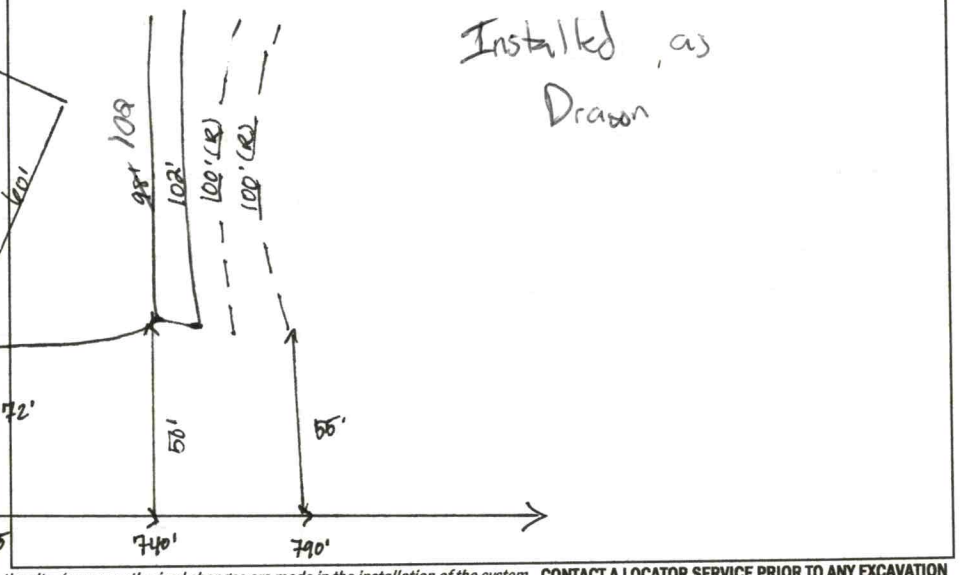
Building office w/ kitchen & bath, large living room - treating as potential 1 BR, must install min. 2 BR system

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: [signature] Date: 9/13/21 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: [signature] D. Mieberg Date: 9/9/21 OPERATION PERMIT by: Cary Wild Date: 9/16/22

AUTHORIZATION TO CONSTRUCT by: [signature] D. Mieberg Date: 9/9/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

SHOP/OFFICE

Sheet 1 of 1
PROPERTY ID #: 4713840257
COUNTY: Iredell

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

OWNER: Wallace Framing
ADDRESS: 114 Dearborn Mooresville
PROPOSED FACILITY: Shop-2BR
PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: 182 Belinda Loop, Statesville 28625

APPLICATION DATE: 8/20/21
DATE EVALUATED: 9/3/21
PROPERTY SIZE: 27.34
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	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	LS 10%	0-7	CL/SCL - SBK	SSSP - FR - SEXP	N/A	55"	N/A	N/A	PS 0.3
		7-26	C - SBK	↓					
		26-55	CL - SBK						
2	LS 10%	0-4	CL/SCL - SBK	SSSP - FR - SEXP	N/A	55"	N/A	N/A	PS 0.3
		4-24	C - SBK	↓					
		24-56	CL - SBK						
3	LS 8-10%	0-3	CL - SBK	SSSP - FR - SEXP	N/A few sap inc	55"	N/A	N/A	PS 0.3
		3-13	C - SBK	↓					
		13-30	CL - WSBK						
		30-55	CL - WSBK	SS NP - FR - SEXP					
4	LS 10%	0-9	CL - SBK	SSSP - FR - SEXP	N/A	60"	N/A	N/A	PS 0.3
		9-26	C - SBK	↓					
		26-47	CL WSBK						
		47-60	CL - WSBK	SSNP - FR - SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	200'
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D-Wiebery
OTHER(S) PRESENT: P. Pennington

COMMENTS:

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.

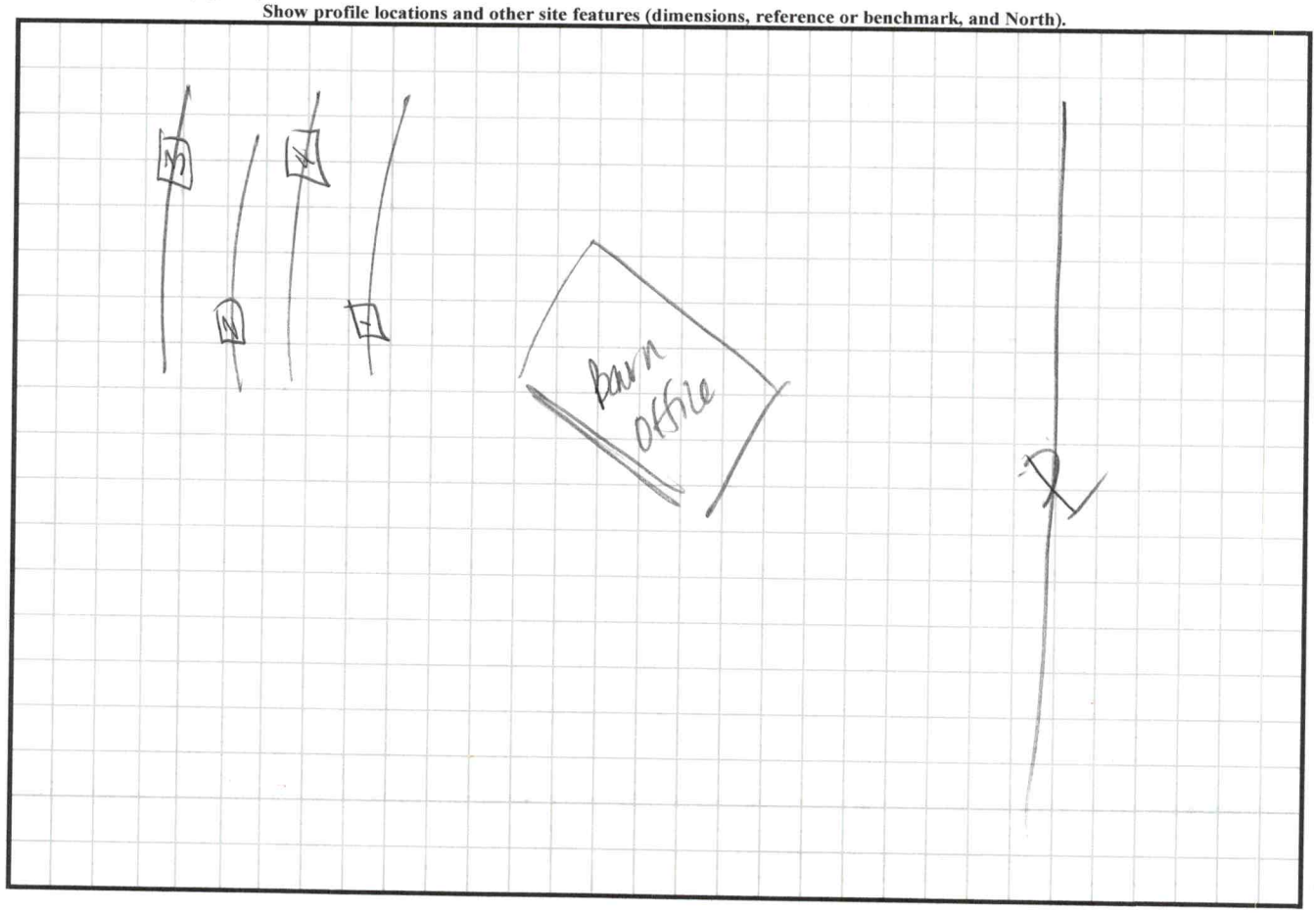
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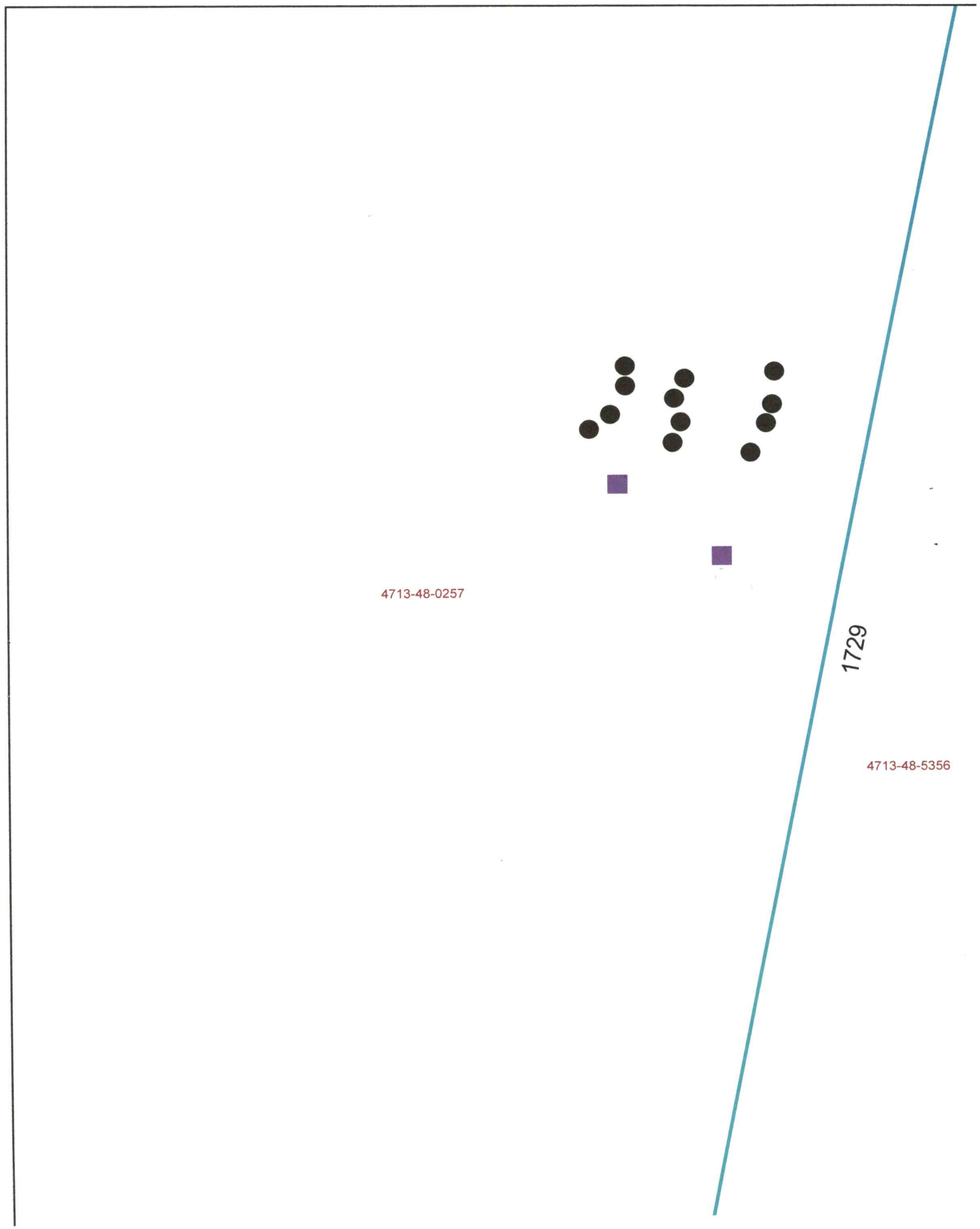
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




4713-48-0257
1729
4713-48-5356

call Paul Penninger for site visit 704.996.6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-320430

Application For: ( ) New Well Permit ( ) Well Repair Permit (2) ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: WALLACE FRAMING, INC Address: 114 DEARBORN LN MOORESVILLE NC Zip: 28117

Applicant Email: wallaceframinginc@gmail.com Phone: 704.363.1490 Alt. Phone: _____

Owner Name: same as applicant Address: _____ Zip: _____

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

Property Information:

Street Address: 182 Belinda Lane (parcel no. 4713480257.000)

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

Driving Directions: HWY 70 W, TL OLD MT RD, TL BELINDA LN, AT END

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

2 Employees — use 2HD soil

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

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: barn and office

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2006
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 2 SEPTIC

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: _____ 8.9.21
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*) Wallace Framing Inc By

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, Wallace Framing Inc, Ned Wallace, am the legal owner(s) of the property located at 182 Belinda Ln, identified as

PIN (Parcel Identification Number) 4713480257.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting, 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.

Wallace Framing Inc By — Signature of Owner(s)

8/11/2021 — 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

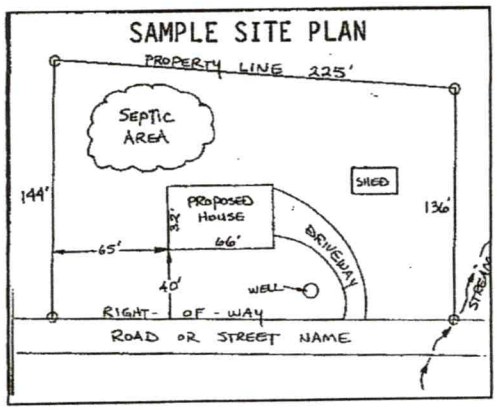
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

Signature: _____

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

8.9.21

DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320430 Issue Date:

Permit Type: ZONING BOARD/OFFICE

Parcel Number	Street Address	Jurisdiction
4713480257.000	182 BELINDA LOOP	Iredell County

Owner Information	Applicant Information
Name: WALLACE FRAMING INC Address: 114 DEARBORN LN MOORESVILLE, NC 28117 Phone:	Name: WALLACE FRAMING INC Address: 114 DEARBORN LN MOORESVILLE, NC 28117 Phone: (704)363-1490

Use Requested	Zone Code
Accessory Building	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
27.34	0	10	10	10		NO

Remarks

barn

Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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: 08/13/2021

Signature of Owner/Contractor

Permit Number	320430	TOTAL FEES:	$77.25



Acknowledgement Of
Plans Submittal ONLY!

Date 9/13/21

Date 9/8/21

NOTES:

1. ALL EXTERIOR WALLS SHALL BE CONSTRUCTED OF 2x6 STUDS (UNO.) SPACED AT 16" O.C. AND SHALL BE SHEATHED w/ 1/2" CDX 5-PLY APA RATED (24/0) PLYWOOD FASTENED w/ 8d COMMON NAILS AT 6" O.C. AT EDGES AND 12" O.C. FIELD - UNO.
2. ALL INTERIOR PARTITION WALLS SHALL BE 2x4 STUDS SPACED AT 16" O.C. (UNO.)
3. ALL INTERIOR BEARING WALLS SHALL BE CONSTRUCTED S-HLAM TO EXTERIOR WALLS WITH THE EXCEPTION OF PLYWOOD SHEATHING. 1/2" GYPSUM BOARD SHALL BE INSTALLED ON EACH FACE AND FASTENED TO FRAMING w/ 5d COOLER NAILS AT 7" O.C. AT EDGES AND FIELD.
4. ALL EXTERIOR WALLS PRESENT AT LIVING SPACE TO HAVE R-19 MIN. INSULATION. GARAGE IS TO HAVE BATT INSULATION. NO INSULATION TO BE INSTALLED IN INTERIOR WALLS OR IN FLOORS BETWEEN CONDITIONED SPACES.
5. ALL CABINETS AND HOOD FLOOR TO BE PRE-FINISHED. CABINETS TO HAVE FINGER RECESSES AND HARDWARE TO BE PROVIDED.
6. ALL INTERIOR DOORS TO BE AS FOLLOWS MAIN LEVEL 8'-0" TALL. AT LOWER LEVEL 8'-6" TALL.

5080 SH FEET AND INCHES, WIDTH THEN HEIGHT, HANDED TYPE

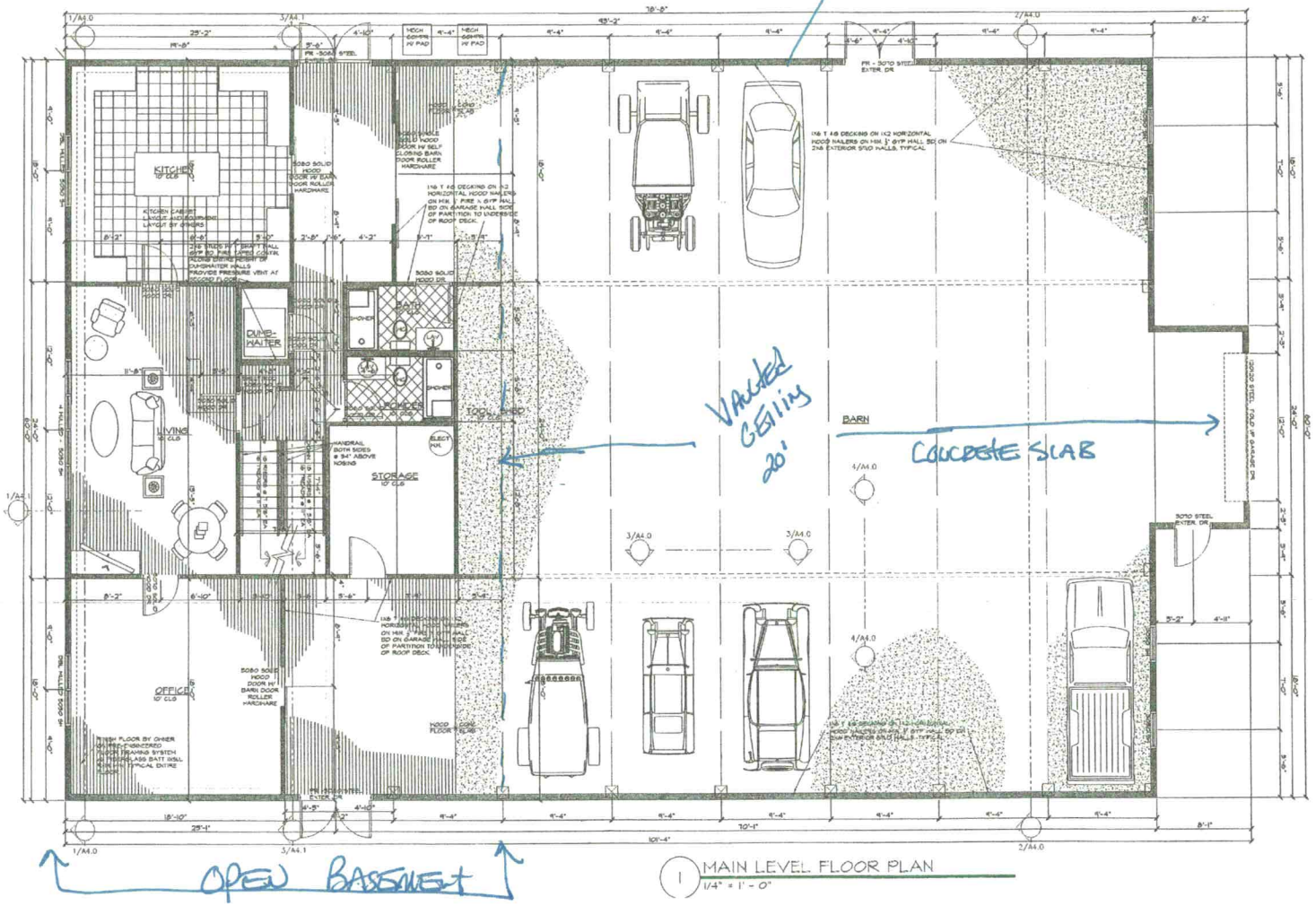
5080 • INDICATES DOOR. SIZE IN FEET AND INCHES, WIDTH THEN HEIGHT

⊕ • INDICATES HOSE BIB

24" O.C.	16'-0"	18'-0"	20'-0"
8' O.C.	8'-0"	30'-0"	20'-0"
SPAN	2x6 @ 24" O.C.	2x8 @ 24" O.C.	4 1/2" LSL @ 16" O.C.

CEILING JOIST SPAN LENGTHS

14' side walls



Vaulted Ceiling 20'

Concrete Slab

Open Basement

1 MAIN LEVEL FLOOR PLAN
1/4" = 1'-0"

MARK SIEMIENIEC ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117

Project Number: 012017

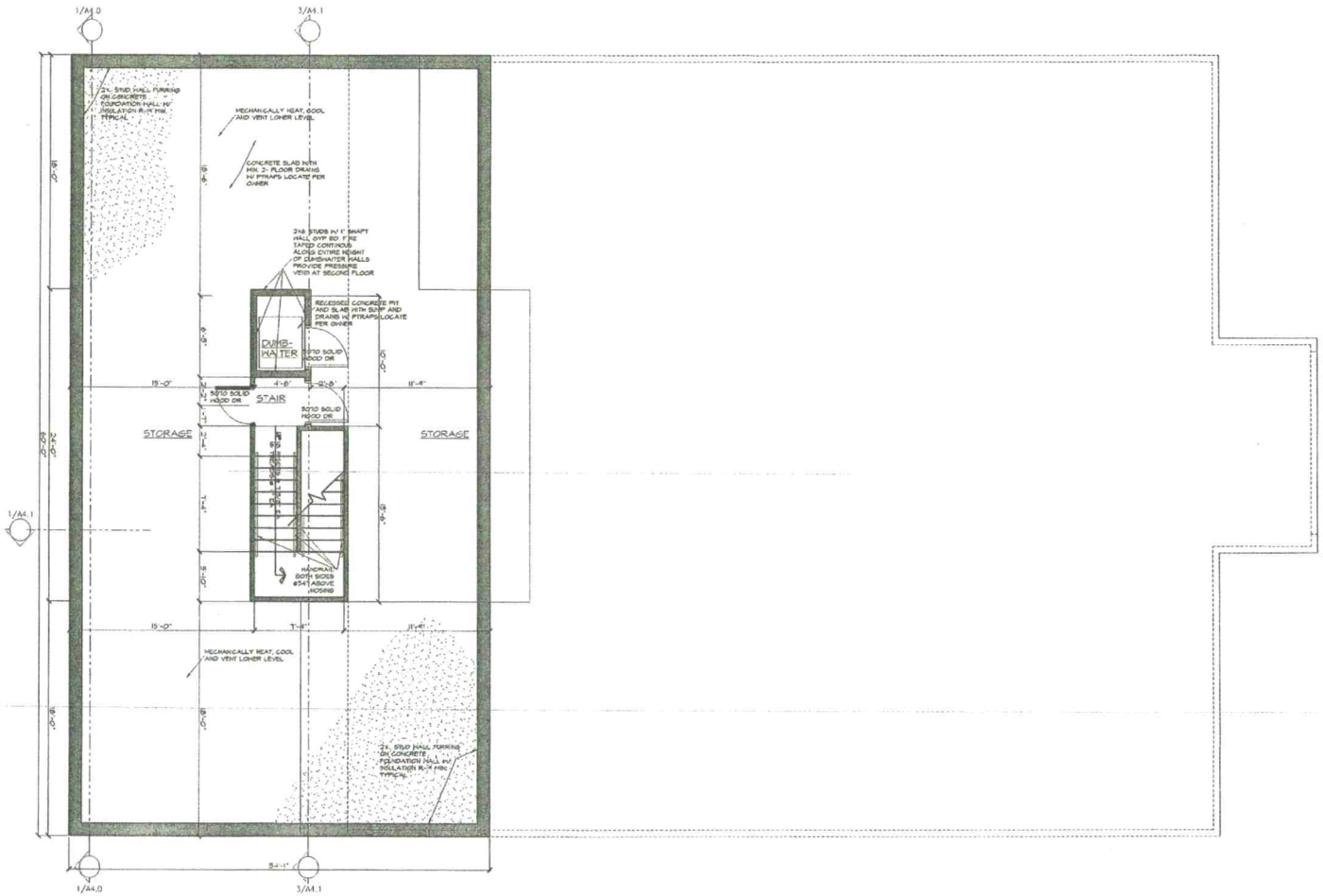
BARN FOR
NED AND JAN WALLACE
182 BELINDA LOOP
STATESVILLE, NC

NO.	CAD BY	
	CHECK BY	
	ISSUE / REVISION	DATE
01	ISSUED FOR PERMITS	04/05/2019

SHEET NAME & NUMBER
MAIN LEVEL FLOOR PLAN
A2.0

© 2017 MS-ARCHITECTURE

Acknowledgement Of
Plans Submittal ONLY!
Date 9/13/21
Date 9/8/21



1 LOWER LEVEL FLOOR PLAN
1/4" = 1'-0"

MARK SIEMIENIEC REGISTERED ARCHITECT 12767 NORTH CAROLINA MOORESVILLE, NC

Project Number: 0123017

BARN FOR
NED AND JAN WALLACE
182 BELINDA LOOP
STATESVILLE, NC

MARK SIEMIENIEC ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117
P 704.696.8840
ms@msarch.com

NO.	CAD BY / CHECK BY / ISSUE / REVISION	DATE
01	ISSUED FOR PERMITS	04/09/2019

SHEET NAME & NUMBER
LOWER LEVEL FLOOR PLAN
A2.1

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