IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 CC Mooresville Office (704) 660-3625 PERMIT # 242778

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

PIN # 4713704827.000

APPLICANT/OWNER: Robert Barton APPLICANT ADDRESS: 188 Sagemore Rd Mooresville NC 28117.

SITE ADDRESS: 203 Pleasant Drive Statesville NC 28677. PHONE: 704-663-1230 ALT. PHONE -

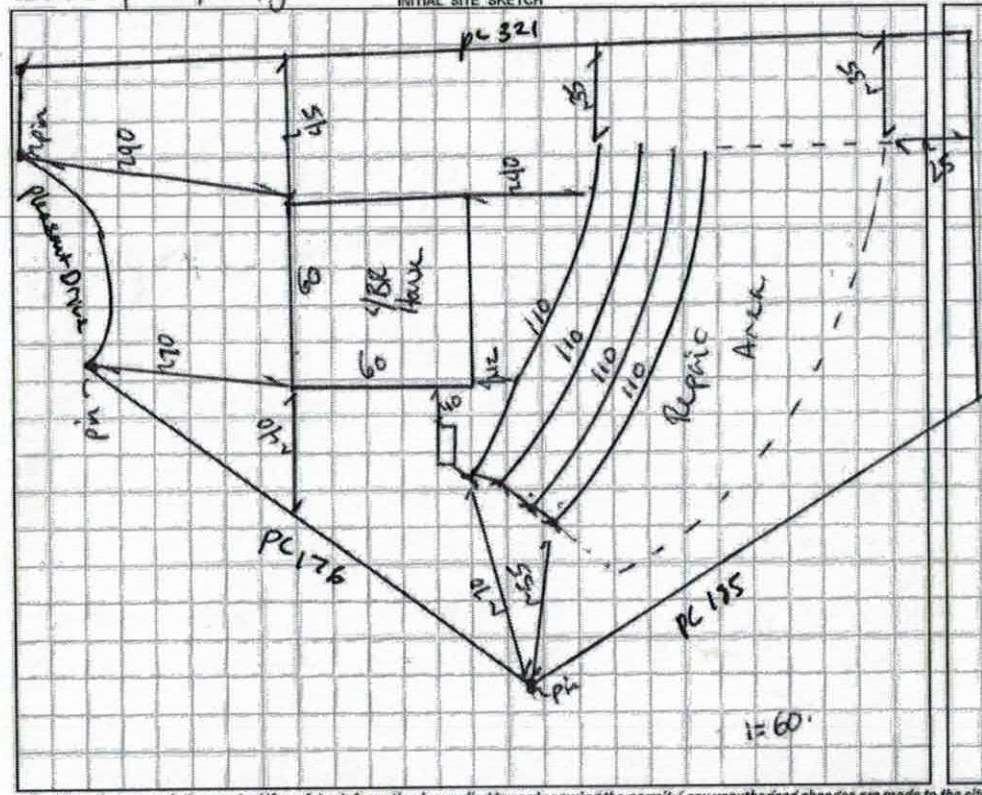
SITE DIRECTIONS: I-40 to Old Mtn Rd Right on Pleasant Drive. Site on left in cul-de-sac SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Warren Estates SECTION: — LOT # 16 LOT AREA: 1.100 DESIGN FLOW: 480 L.T.A.R.: .275

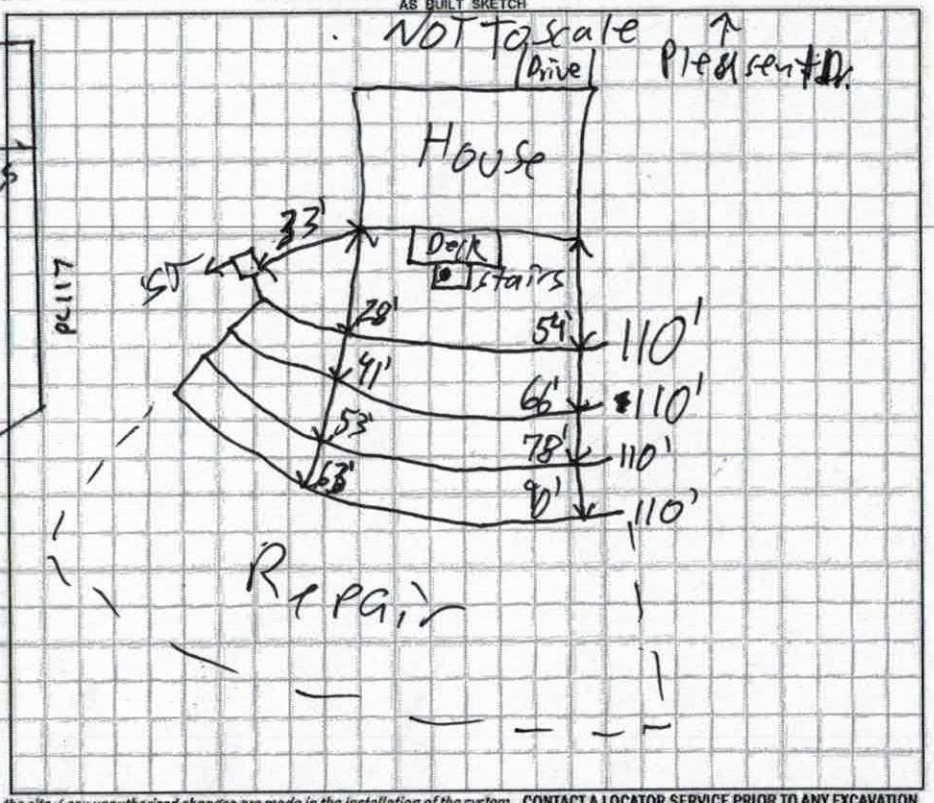
Septic Tank 1000 (gal)	STB 760	Date 6/26	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity, 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: Gravity, 25% Reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 440	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab ☐ Crawl Space		☐ Community
Trench Width 36.	Trench Bottom Depth(Low side) 18 Low 23 High	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the land and utilize Serial distribution. Do not exceed max depth of 23 inches. Do not pack, pave, grade or bury utilities in drainfield

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: Robert Barton Date: 3/29/19 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Benjamin A Boles Date: 3/26/2019 OPERATION PERMIT by: Patrick J Boles III Date: 8/23/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boles Date: 4/5/2019 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 1
PROPERTY ID #: 4715704827
COUNTY: Iredell

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

OWNER: Robert Baxter.
ADDRESS: 203 Pleasant Drive
PROPOSED FACILITY: 4BR Hse
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 203 Pleasant Drive
APPLICATION DATE 3/15/19
DATE EVALUATED: 3/25/19
PROPERTY SIZE: 1.100 Ac
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	I CS> 10%	0-8	SC SBK	SSSp FR SE/P	2.5YR4/6	48	—	10YR6/4 @ 32 inches	PS .275 TB 18 Louisville
		8-28	C SBK	SSSp FR					
		28-48	C SBK/ABK	SSSp FR					
2	I CS 12%	0-6	SC SBK	SSSp FR SE/P	2.5YR4/6	48	—	Veloca Bapion Mottles @ 23.	PS .275.
		6-48	C SBK/ABK	SSSp FR E					
3	R CS 8%	0-8	SC SBK	SSSp FR SE/P	2.5YR4/6	48	—	Citro mottles @ 40 in	PS .275
		8-48	C SBK/AB	SSSp FR SE/P					
4	R CS 8%	0-8	SCL	SSSp FR SE/P	2.5YR4/6	48	—	10YR6/6 Mottles. 10YR6/4 @ 36.	PS .275
		8-32	ABK C	SSSp FR					
		32-48	ABK CL	SSSp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	440 Sf.	440 Sf.
System Type(s)	III	III
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT: Boys

COMMENTS: 18 Louisville
PS
Updated February 2014
Saprolite Trench
24

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

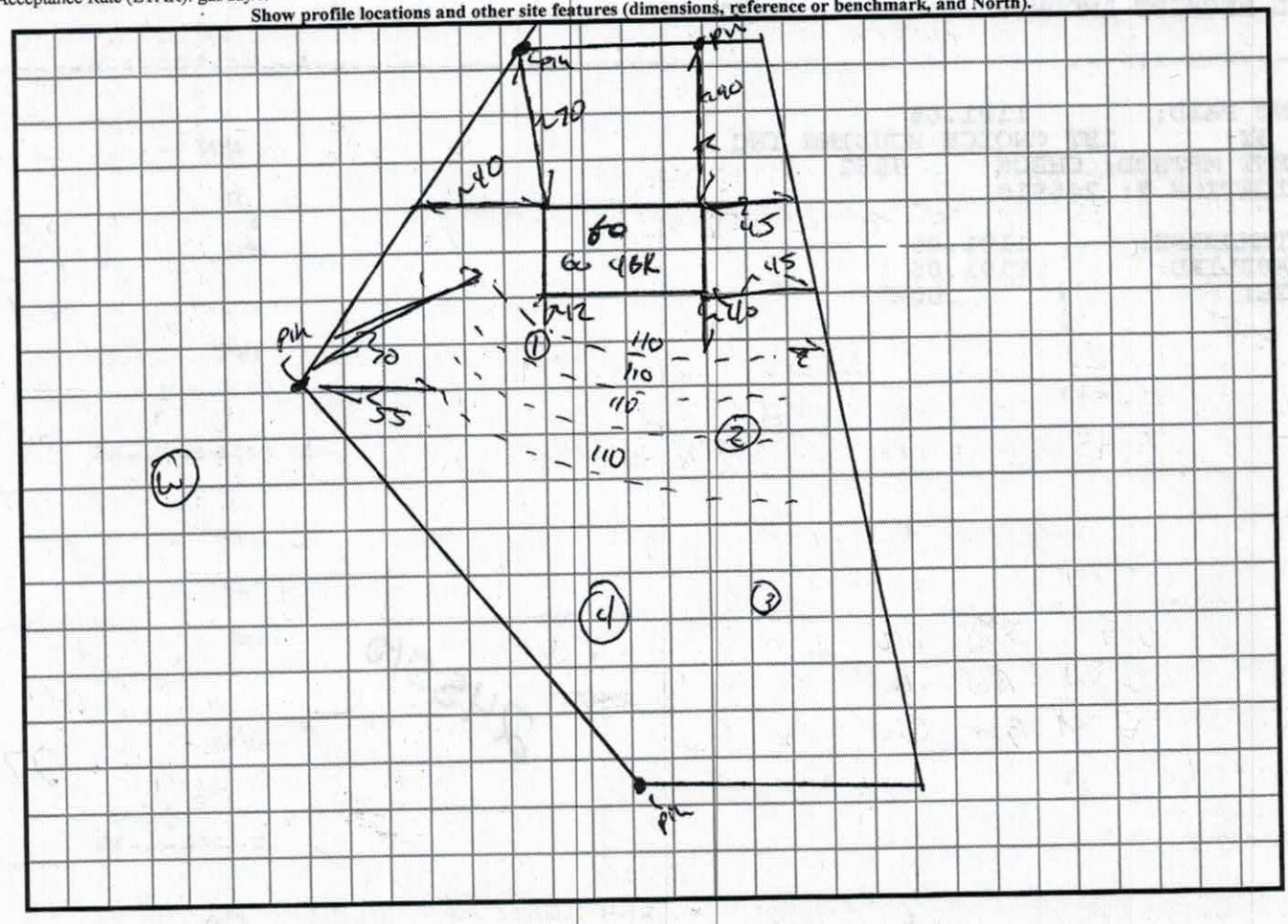
NOTES

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).



Revised

RECEIVED MAR 1 5 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Robert Barton Address: 188 Sagemore Rd. Zip: 28117
Applicant Email: Dobbartonjob@gmail Phone: 704-453-1230 Alt. Phone: _____
Owner Name: Brenda Whitner Address: 704 453-1230. Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 203 Pleasant Dr. Statesville 28677
Subdivision Name: Warren Estate Section/Phase: _____ Lot Number: 16
Driving Directions: I 40 Old Mtn. Rd.

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: 4
Maximum Number of Occupants: 4
( ) 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: 1800 Max. Number of Employees: ____ Max. Number of Sents/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: Robert A Barton 3/15/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR - 8 2018

242778

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Paid $500.00

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: Robert BARTON Address: 188 SAgemore RD. Mooresville Zip: 28117
Applicant Email: bobbarton60@gmail.com Phone: 704-453-1230 Alt. Phone: 704-575-0630
Owner Name: BRENDA W. WHITENER Address: 791 WALLACE SPRINGS R.D. STATESVILLE Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 283

Street Address: LOT # 16 PLEASANT DR. STATESVILLE, N.C. (PIN: 4713-70-4827)
Subdivision Name: WARREN ESTATE Section/Phase: _____ Lot Number: 16
Driving Directions: See Revision

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: [redacted] Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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:
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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: Brenda W. Whitener 3-6-2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

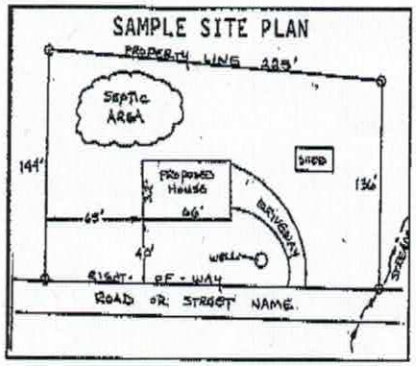
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

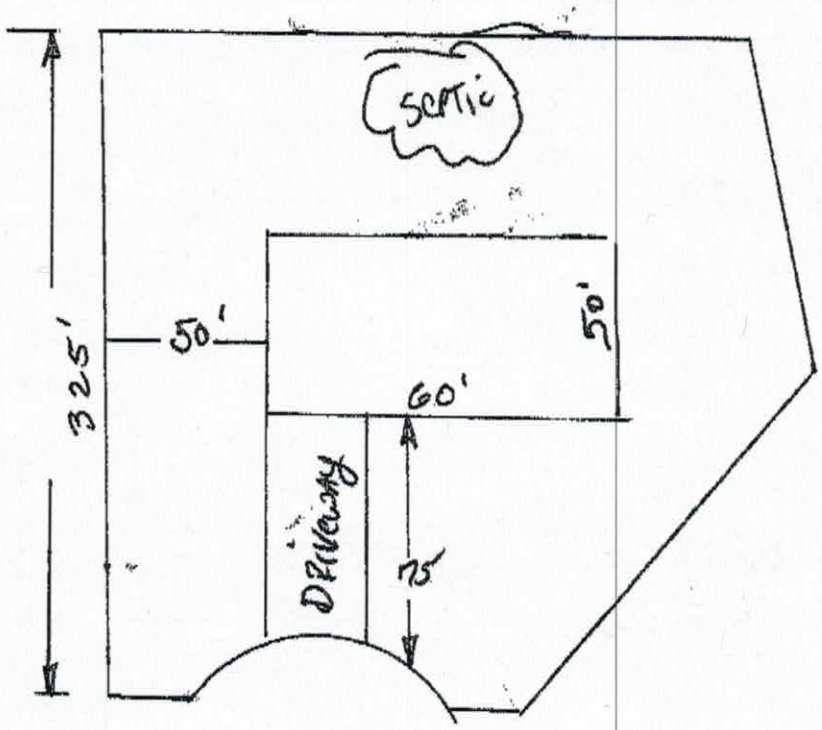


Circle N/A on the following if appropriate:

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



RECEIVED MAR 1 5 2019

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

Revised
DATE

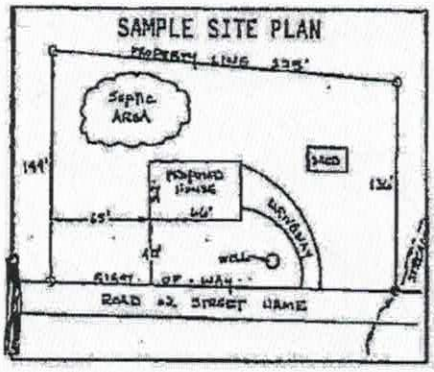
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- (X) Preferred well location
- (X) Preferred septic system location
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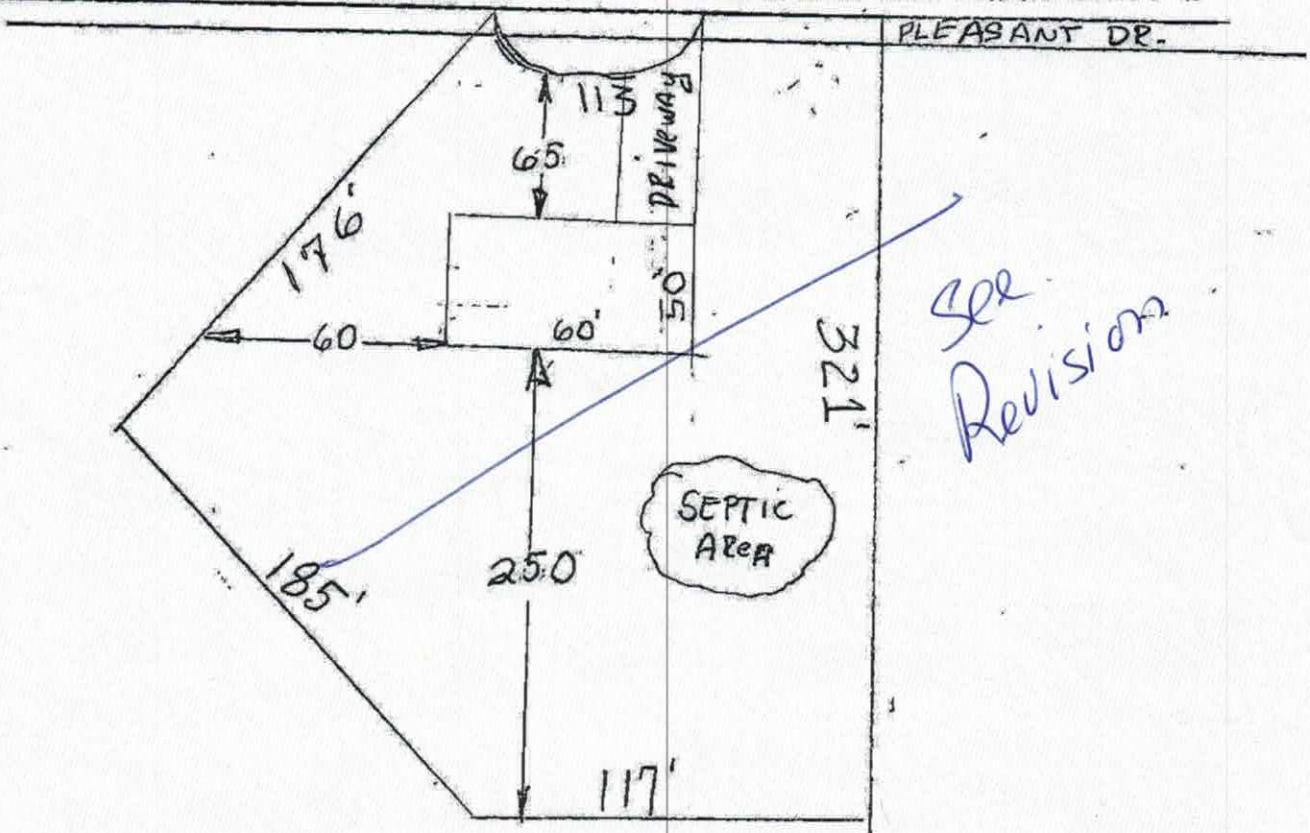


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Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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: Brenda Whitener

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

3/6/2019
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, Brenda Whitener, am the legal owner(s) of the property located at Lot 16 Pleasant Drive, Statesville, identified as

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

I do hereby authorize (print legal representative/company name) Barton Building _____, 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.

Brenda W Whitener — 3-5-2018

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

NOTES:

ALL WINDOW AND DOOR HEADERS SHALL BE 2-2" X 10" MIN. TYP #2 UNLESS NOTED ON PLAN

ALL FLOOR JOISTS SHALL BE 2" X 10" @ 16" O.C. MIN. TYP #2 UNLESS NOTED

ALL CEILING JOISTS SHALL BE 2" X 8" @ 16" O.C. MIN. TYP #2 UNLESS NOTED

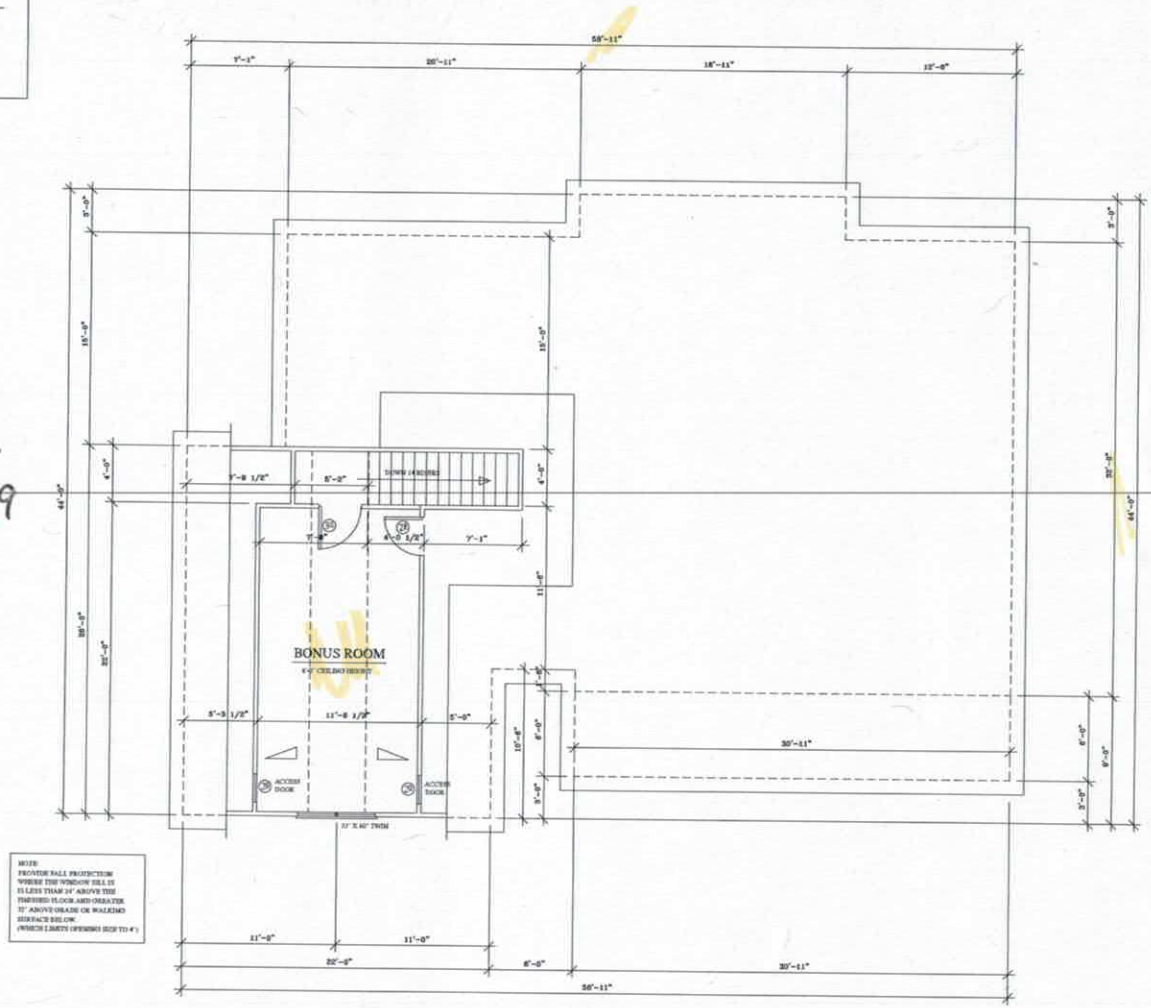
SHEATHING 1/2" MIN. GYPSUM BOARD

INSULATION R-19 FLOOR, R-13 EXTERIOR WALLS, R-30 CEILING

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bollers Date 4/5/19.

Bob Bartle Date 4/10/19



BONUS ROOM PLAN

300 SQ.FT.

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

Gray Design

Martin Residence

DATE: FEB. 11, 19

REVISION:

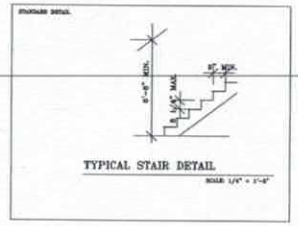
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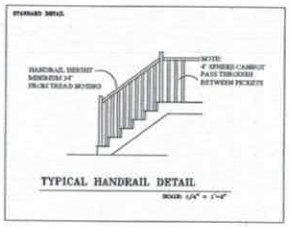
SHEET: 4 OF: 5

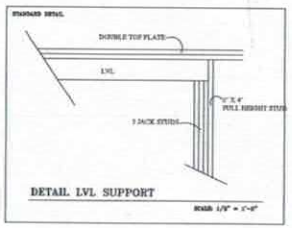
Acknowledgement of
Plans Submittal ONLY!
Benjamin A Bibb Date 4/5/19
Bo B Barker Date 4/10/19

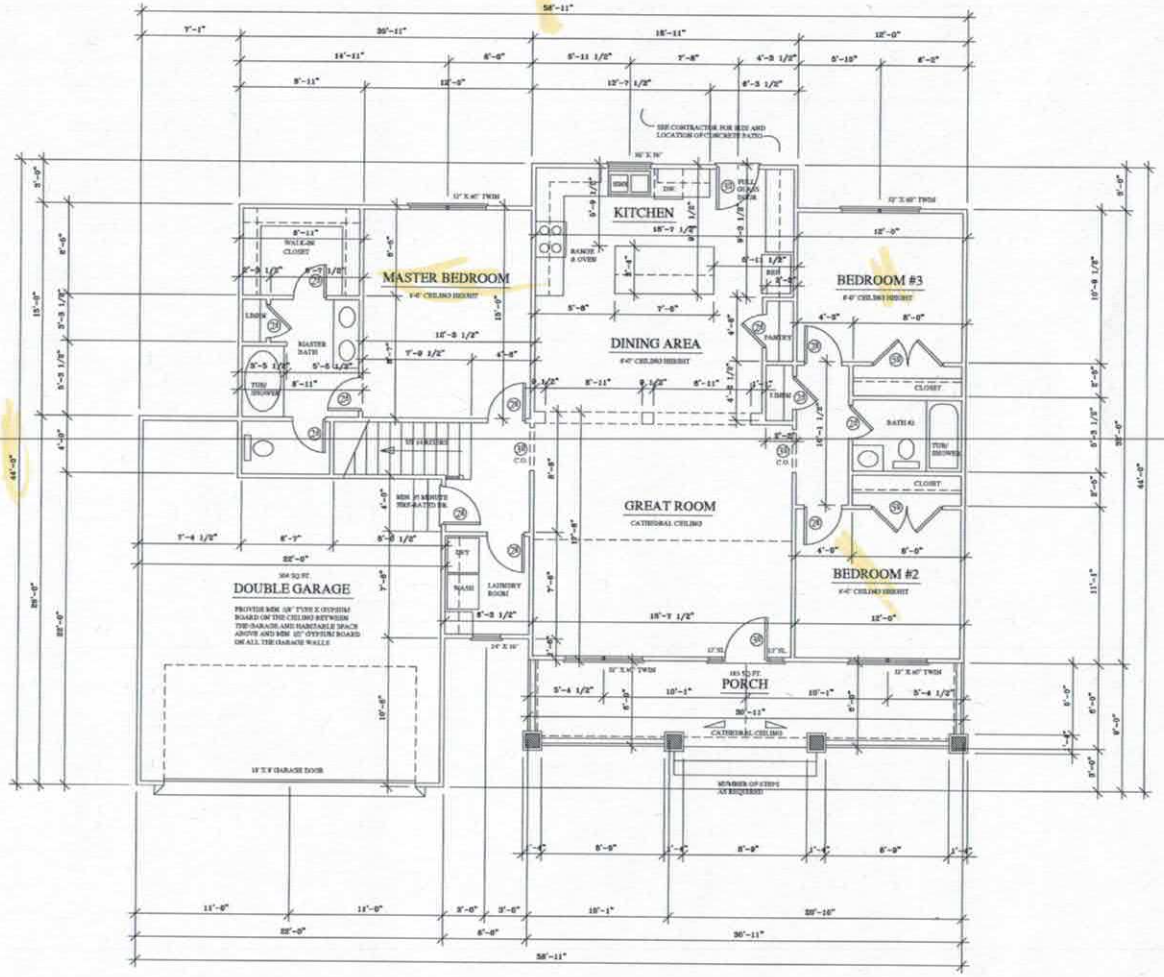
PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   RECOMMENDED LOCATIONS ARE AS FOLLOWS:
   THE WATER HEATER MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE GARAGE.
   H.V.A.C. UNIT(S) MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE ATTIC FOR ONE STORY HOMES, IN THE CRAWL SPACE FOR THE FIRST FLOOR AND IN ATTIC FOR THE SECOND FLOOR IN TWO STORY HOMES.
   H.V.A.C. EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIECE OF EQUIPMENT AND IN NO CASE LESS THAN 22"X30".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOMS.
5. TYPICAL WALL STATS @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.
8. ALL LIGHTS SHALL BE 14" TF JIG SPACED AT 16" ON CENTER UNLESS NOTED OTHERWISE.









FLOOR PLAN
1520 SQ.FT.
SCALE: 1/4" = 1'-0"

Gray Design

CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. BOBBY D. GRAY WILL ASSUME NO LIABILITY FOR ANY ERRORS ONCE CONSTRUCTION BEGINS.

PROJECT:
Martin Residence

DATE: FEB. 22, 19
REVISION:

FILE NUMBER
1519-MARTIN

SHEET:
3 OF: 5

IREDELL COUNTY

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

APPLICATION NUMBER
242778
Issue Date: 03/08/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4713704827.000	203 PLEASANT DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: WHITENER BRENDA W+ROBERT D	Applicant: BARTON ROBERT J
Address: 124	Address: 188 SAGEMORE DR
IREDELL CO, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone: 704-453-1230

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.100	35.00	35.00	15.00	15.00	PACL	X

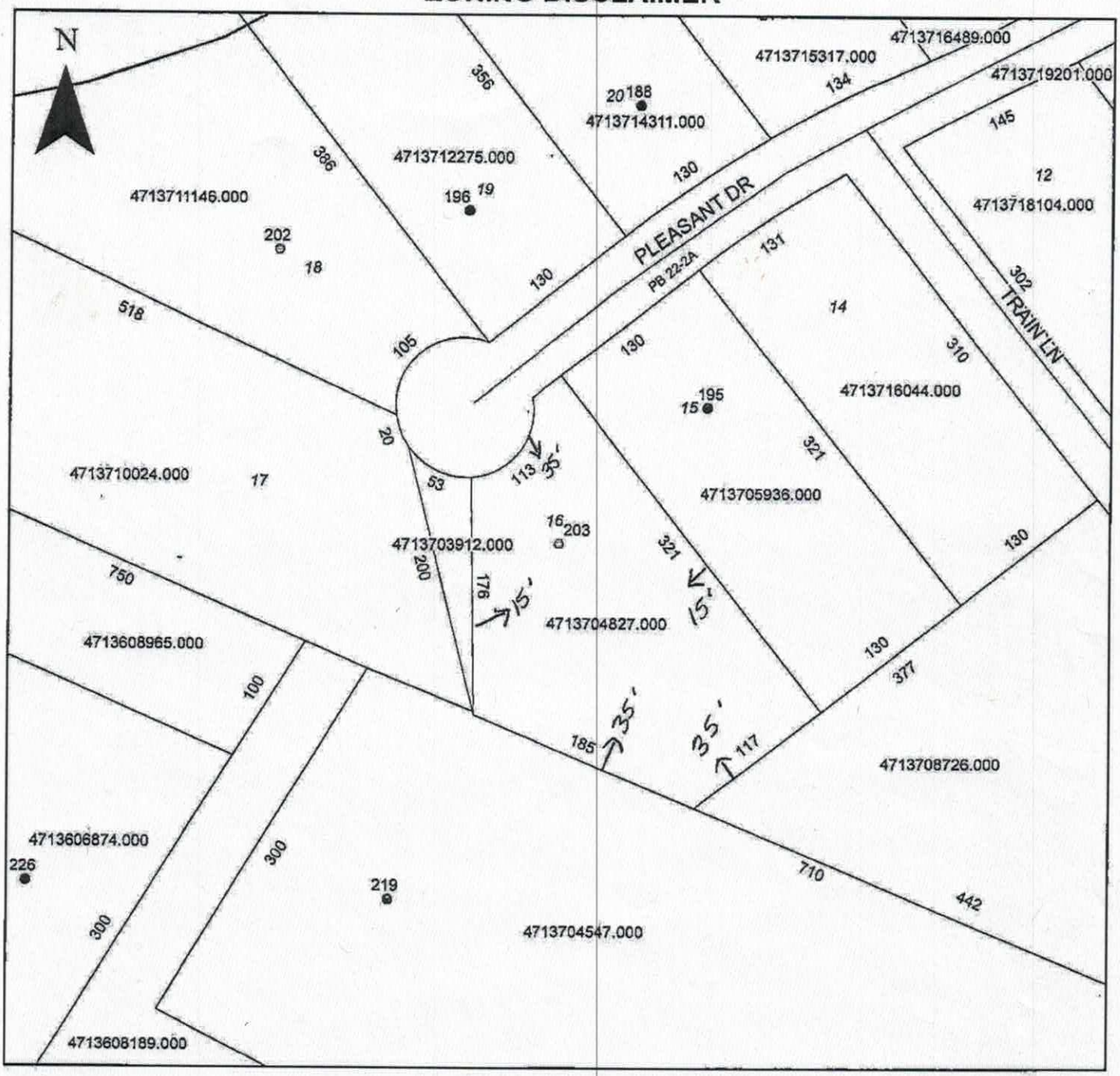
Remarks:

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: _____ Date: _____

Permit Number	169986	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 203 Pleasant Dr.

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Robert Baitos
Applicant

3/8/19
Date