ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-242347

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

PIN # 4716 -- 05 -- 7394

APPLICANT/OWNER: AMERICA'S HOME PLACE APPLICANT ADDRESS: 1206 GREEN LAND DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 1259 SCOTTS CREEK ROAD, STATESVILLE, N.C. 28625 PHONE: 336-306-7892 ALT. PHONE 704-883-4206

SITE DIRECTIONS: (N) ON 115, (L) ON SCOTTS CREEK, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

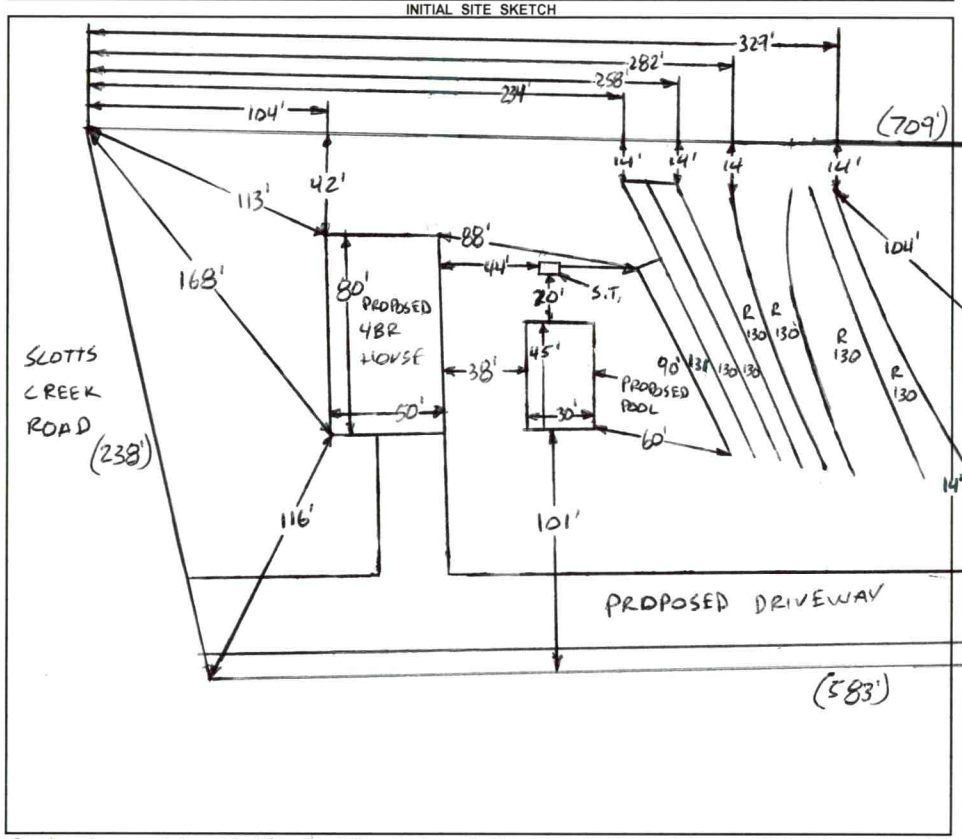
SUBDIVISION: EDWIN EDGARDO ORELLANA + MARIA C. ORELLANA SECTION: – LOT # 2 LOT AREA: 3.17 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 7600	Date	7/31/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	–	(gal)	PT –	Date	–	System Description:		25% REDUCTION		☐ Business	No. Persons 8
Pump Make	–	Model	–	Serial #	–	Repair System Description:		25% REDUCTION		☐ Other	No. Employees –
# Nitrification Fields	1	# Lines	4	Linear Ft	481 ft	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)		27 IN	Gravel Depth	–		☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 30 IN MAX TRENCH DEPTH

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 = 80 FT
S.T. = SEPTIC TANK
R = REPAIR

Installed as Drawn

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: Wayne Hooks Date: 6/14/22 Installed by: Groundbreakers

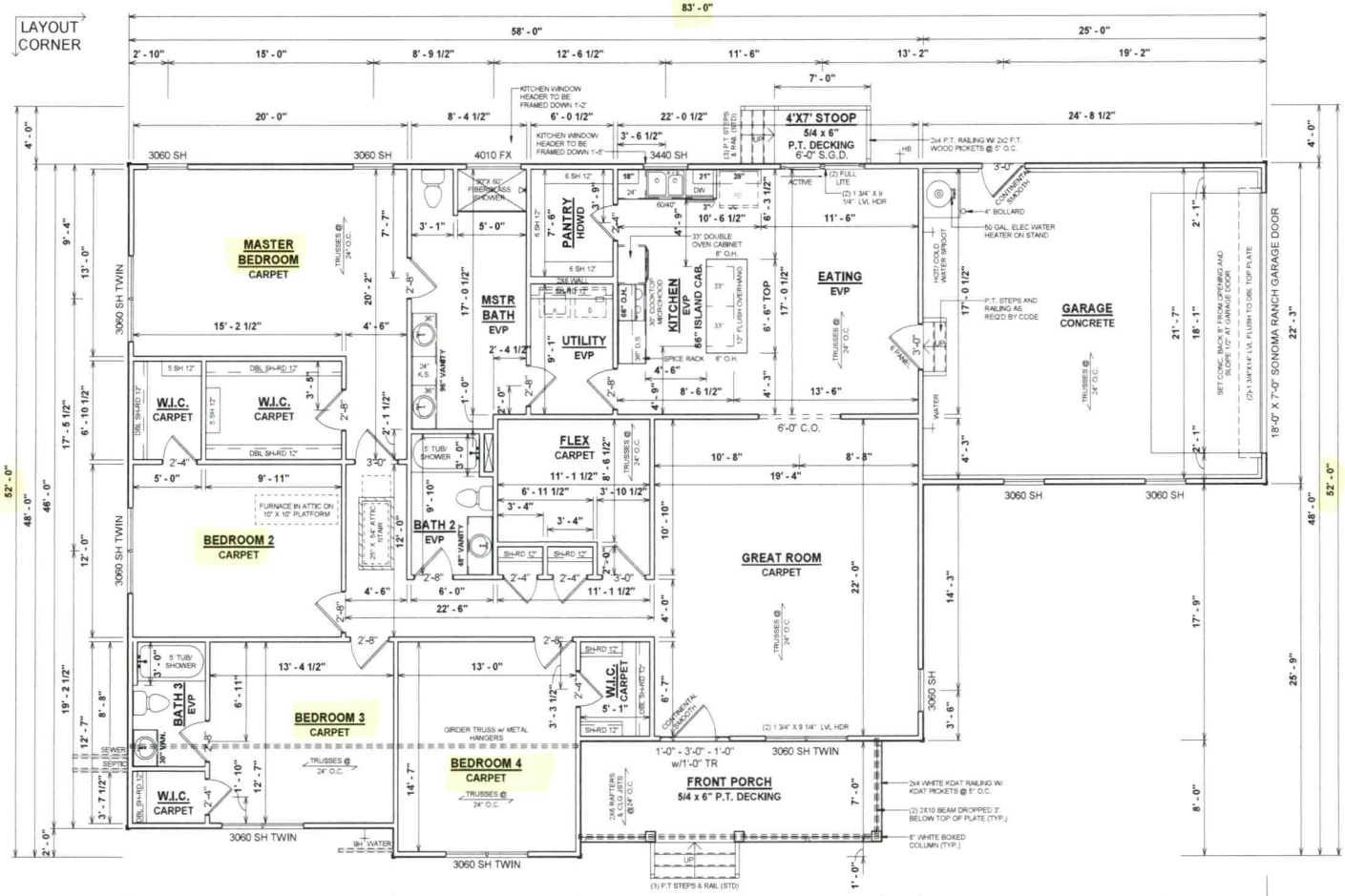
IMPROVEMENT PERMIT by: Bryant C. White Date: 6-10-2022 OPERATION PERMIT by: Cary Whit Date: 9/22/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 6-10-2022 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? _____	



1 FIRST FLOOR PLAN
1/8" = 1'-0"

GENERAL NOTES

- MIN 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR. SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF EXTERIOR OR GARAGE STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR:
  SINGLE - 68"
  DOUBLE - 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH

SPECIAL NOTES

- WWCE55US0HS ELECTRIC COOKTOP AND WWOD51EC0HS DOUBLE OVEN ILO STANDARD RANGE
- COOKTOP W/ DRAWERS UNDER, DOUBLE OVEN CABS AND DEEP DRAWER 3&" STACK TO LEFT OF COOKTOP
- ALL DOORS TO BE CONTINENTAL SMOOTH
- ATLANTA DOOR STYLE ON KITCHEN, MASTER BATH, BATH #2, BATH #3 & ISLAND CABINETS
- CARRARO MORRO QUARTZ COUNTERTOP ON KITCHEN
- WALNUT/ VEIN WHITE MARBLE COUNTERTOP ON MASTER BATH, BATH #2 & BATH #3
- PINO SHAW LAZIO PLUS EVP ON KITCHEN & EATING
- BEACH OAK SHAW BRIO PLUS EVP ON ALL BATHS & UTILITY
- NATURAL IVORY SHAW HIGHLAND CHARM CARPET ON G.R., HALLWAYS, BEDROOMS & W.I.C.
- BRONZE FAUCETS ON KITCHEN & BATHROOMS
- BLACK EXTERIOR LIGHT FIXTURES & BRONZE INTERIOR LIGHT FIXTURES & DOOR HARDWARE

Revision Schedule

Revision Number	Revision Description	Revision Date

AREAS:

FIRST FLOOR HEATED	2,544 SF
	2,544 SF
GARAGE	557 SF
FRONT PORCH	154 SF
TOTAL UNDER ROOF	711 SF
	3,255 SF
STD. STOOP	28 SF
TOTAL UNCOVERED	28 SF

THE: DAWSON A MODERN FARMHOUSE

FOR: ORELLANA, EDWIN & MARIA

1259 SCOTTS CREEK ROAD
STATESVILLE NC 28625 IREDELL - NC

OFFICE: STATESVILLE
SOLD BY: J. SCHOOLEY

JOB# 87-22-002
2x4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: G. OLIVERA
CHECKED BY: J. SNYDER
PRINT DATE: 6/14/2022 11:15:39 AM

PROPERTY OF:

© COPYRIGHT - 2021

SHEET NUMBER: F-2

FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Wayne Parker Date 6/14/22

Bryant C. White Date 6-10-2022

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL REVIEW CONSTRUCTION PLANS

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC" IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
©COPYRIGHT-ALL RIGHTS RESERVED NOTE:VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.


4716-05-5870
4716-06-9128
4716-16-6521
364
273
Scotts Creek Rd
PB 75-35
127
238
316
1259
1267
4716-05-5335
583
4716-05-7394
2
709
1
4716-05-9352
544
100
4716-15-1327
10
4716-15-1227
9
4716-15-0091
13
295
288
125
118
85
21
111
193
438
4716-05-3012
4716-04-7679
4716-04-3846
4716-04-9951

BW

RECEIVED MAY 3 - 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED #242347

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM Paid $105.00 Ltd Retayant

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. Paid $215 Int. Retayant

****

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: America's Home Place Address: 1206 Greenland Dr. Statesville Zip: 28677

Applicant Email: rfroelich@americashomeplace.com Phone: 336-306-7892 Alt. Phone: _____

Owner Name: Edwin Orellana Address: 1259 Scotts Creek Rd Zip: 28625

Owner Email: info@ome-landscaping.com Phone: 704-883-4706 Alt. Phone: _____

****

Property Information:

Street Address: 1259 Scotts Creek Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: 2

Driving Directions: HWY 90 to Right on Little Form Rd 1.7 miles to left on Scotts Creek Rd 1.5 miles - property on left

****

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: 6
(✓) Swimming Pool (FUTURE)
( ) 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?

****

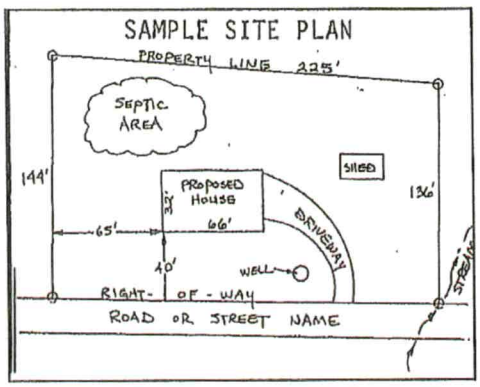
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 4-15-22
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:

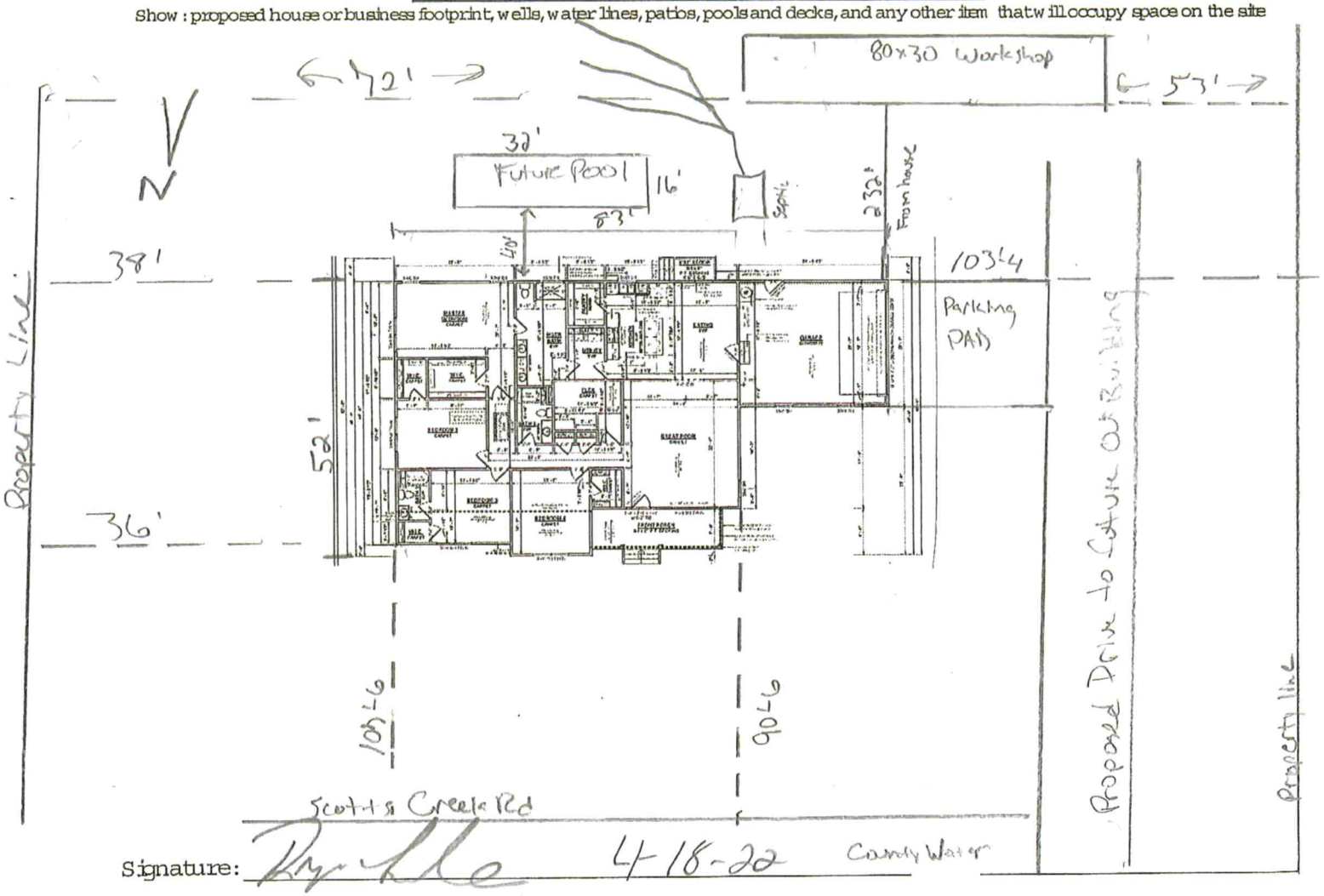
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) ~~Preferred well location~~ Contact Water
- (X) Preferred septic system location
- (X) North arrow, or other sufficient 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: [signature] 4-18-22 County Water

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242347

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

PIN # 4711058892

APPLICANT/OWNER: Edwin Orellana APPLICANT ADDRESS: 119 W. Edinburgh Ct Statesville

SITE ADDRESS: 1259 Scotts Creek Rd Statesville PHONE: 704-883-4706 ALT. PHONE —

SITE DIRECTIONS: 115 N → L on Scotts Creek → on Left SAP CONTROLLED: ☐ YES ☒ NO

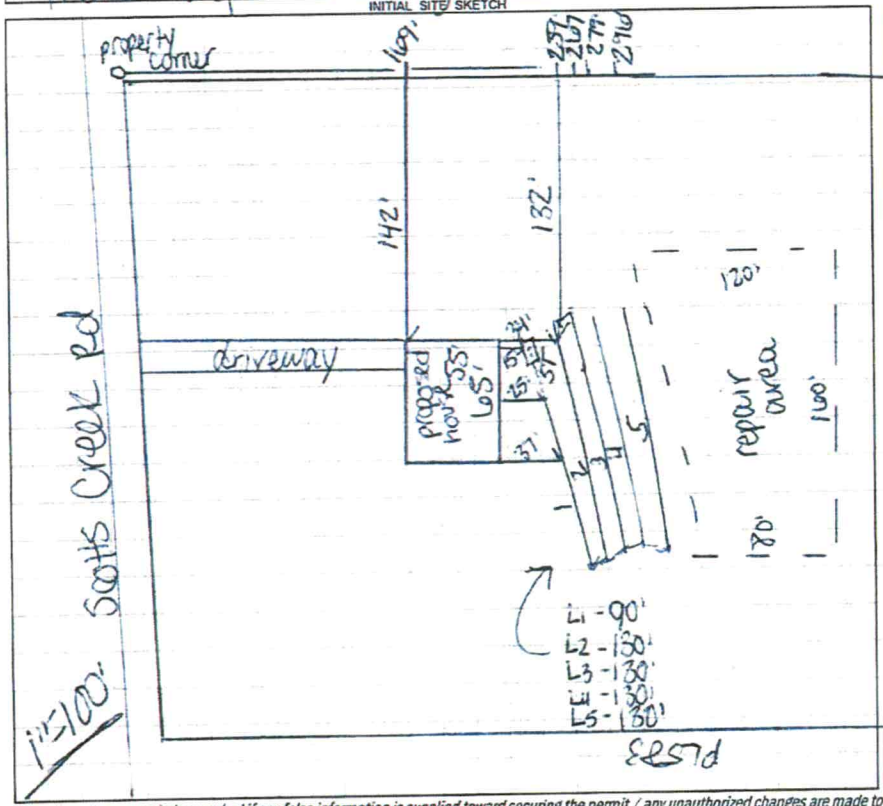
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: DESIGN FLOW: 600 gpd L.T.A.R.: .25

Septic Tank	1500	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:			25% reduction	
Pump Make		Model			Serial #		Repair System Description:			25% reduction	
# Nitrification Fields	1	# Lines	5		Linear Ft	600	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		27"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

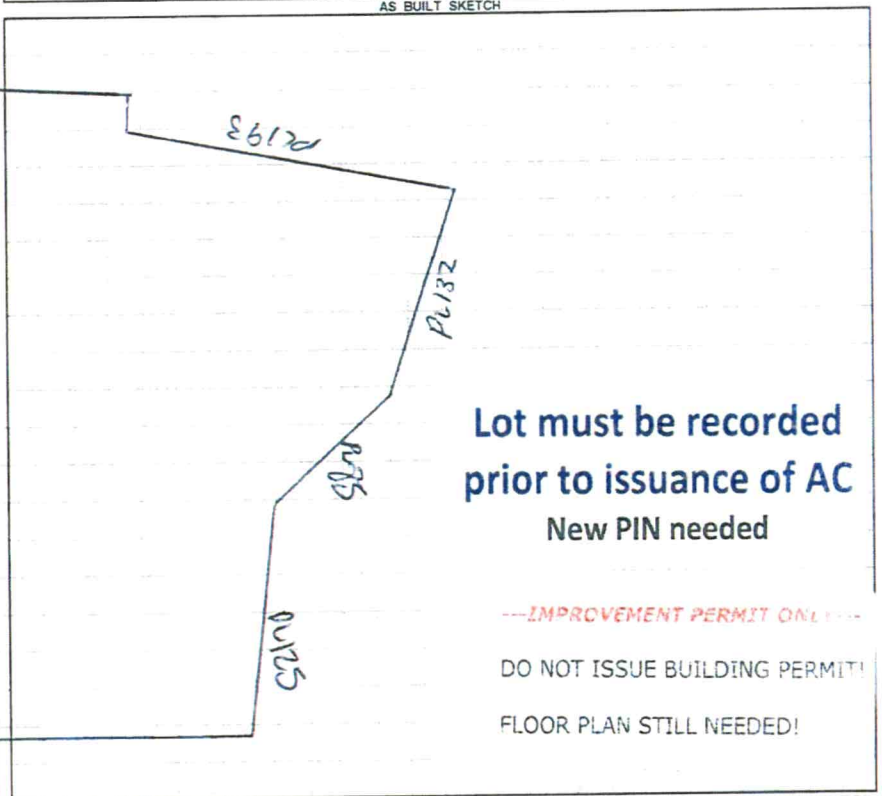
☒ Residence	No. Bedrooms	5	Water Supply	
☐ Business	No. Persons	10	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install on contour and utilize serial distribution. Do not exceed max trench depth of 30" high side.

INITIAL SITE SKETCH



AS BUILT SKETCH



Lot must be recorded prior to issuance of AC

New PIN needed

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: _____ Date: 3/1/19 Installed by: _____

IMPROVEMENT PERMIT by: Carla C. Cave Date: 3/1/19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ 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.

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, Edwin Orellana, am the legal owner(s) of the property located at 1259 Scotts Creek Rd, identified as PIN (Parcel Identification Number) 4716057394.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Ryan Froelich, America's Home Place, 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.

_____ 4/12/2022

Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building? (Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guesthouse) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1

Please describe project (Details, Purpose, or Use): New Single Family Residential - 4BR/3BA

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Edwin Orellana Phone # 704-883-4706

Owner's Current Address 119 West Edinburgh Court Statesville, 28625

Property Information

Property Address 1259 Scotts Creek Rd Statesville Parcel# 4711605 3794.000

Subdivision: — Lot: 2 Zoning: ____ Watershed: Y /(N) Flood Plain: Y /(N) Township: _____

Directions to property (from a MAIN ROAD) Hwy 90 to right on Little Farm Rd 1.7 miles to left on Scotts Creek Rd - 1.5 miles - property on left

Application Information

Applicant's Name or Company Ryan Froelich Ameristar Home Mfg Applicant's Phone # 336-306-3592

Applicant's Address 1206 Greenland Drive Statesville

If Company, Representative's Name and Title Ryan Froelich - Project Manager

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 4-15-22