IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233194

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

PIN # 4716060640

APPLICANT/OWNER: Custom Homes by Lisa, Inc. APPLICANT ADDRESS: 194 Cross Country Rd Statesville

SITE ADDRESS: 194 Jo Monni Loop, Statesville 28625 PHONE: 704-902-0733 ALT. PHONE —

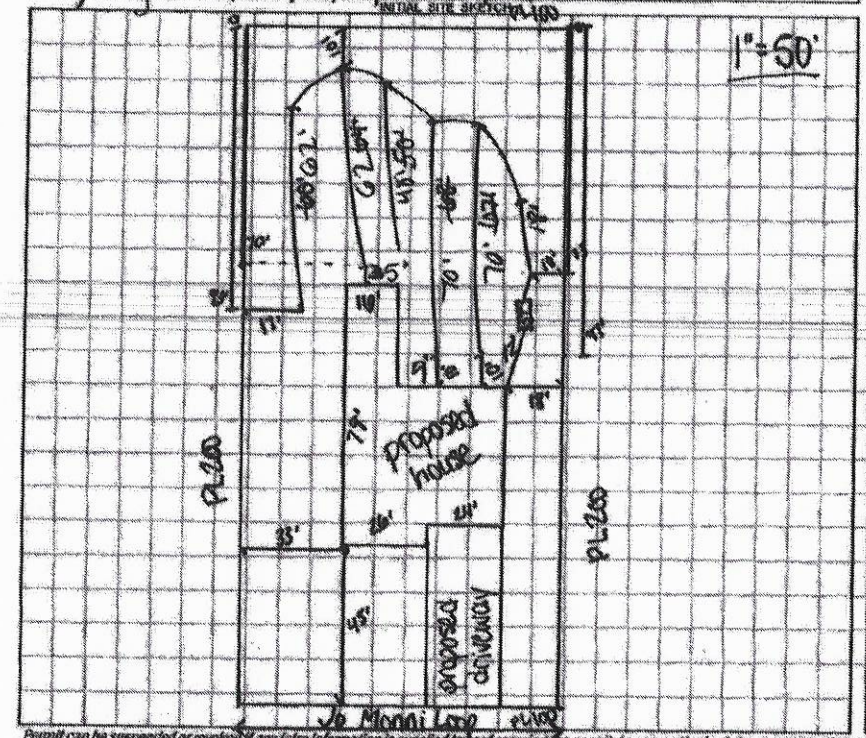
SITE DIRECTIONS: 115 N → L on Scott's Creek → L on Little Farm Rd → R on Jo Monni Loop → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harry Little SECTION: — LOT # 73-76 LOT AREA: .44ac DESIGN FLOW: 360 gpd L.T.A.R.: .275

Septic Tank 1000 (gal)	STB 794	Date 7-16-18	☒ 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 10	☐ Private
Pump Make —	Model —	Serial # —	Repair System Description: repair exempt (recorded 1967)	☐ Other	No. Employees —	☒ Public
# Nitrification Fields 1	# Lines 6	Linear Ft: 324	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 36"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on the contour of the land and utilize serial distribution. Do not drive, park, pave, or grade septic area. If grading occurs, a pump system may be needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

- need to verify fall from second to third drain line (1.5 inches of rise during final inspection)
- need to check last drain line
- system checked 8-31-18. No water in drain lines & everything is fixed

* No foundation drain *

Permit can be suspended or revoked if any false information is supplied to and accepting 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: Lisa C. Williams Date: — Installed by: John Williams (Custom Homes)

IMPROVEMENT PERMIT by: Carla C. Cave Date: 2/19/18 OPERATION PERMIT by: Kayla Watson Date: 8-31-18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 2/26/18 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 inspector to confirm your inspection time.

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 4716161016470
COUNTY: Iredell

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

OWNER: Custom Homes by Lisa
ADDRESS: 194 Cross Country Rd
PROPOSED FACILITY: 3BR house
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 194 Jo Mann Loop

APPLICATION DATE 2/5/18
DATE EVALUATED: 2/16/18
PROPERTY SIZE: .44 ac
PROPERTY RECORDED: Y

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 2%	0-7	GR SCL	Fr, ss, sp, sexp	N/A	49"	N/A	N/A	PS .3
		7-43	SBK C	Fr ss sp sexp					
		43-49	SBK CL	Fr, ss, sp, sexp					
2	SS 2%	0-9	GR L	Fr ss sp sexp	N/A	54"	N/A	N/A	PS .3
		9-42	SBK C	Fr ss sp sexp					
		42-54	WSBK CL	Fr ss sp sexp					
3	SS 2%	0-8	GR SCL	Fr ss sp sexp	(only 1 sidewall) → very few, faint 10YR 6/8 mottles @ 26"	51"	N/A	N/A	PS .275
		8-41	SBK C	Fr ss sp sexp					
		41-51	SBK CL	Fr ss sp sexp					
4	SS 2%	0-6	GR SCL	Fr ss sp sexp	N/A	54"	N/A	N/A	PS .3
		6-38	SBK C	Fr ss sp sexp					
		38-54	WSBK CL	Fr ss sp sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	187' (partial)
System Type(s)	25% red.	50% red.
Site LTAR	.275	.275

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: A. Mooney

COMMENTS: repair exempt lot

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4711016046
COUNTY: Iredell

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

OWNER: Custom Homes by Lisa
ADDRESS: 194 Cross Country Rd
PROPOSED FACILITY: 3BR house PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 194 Jo Manni Lap
APPLICATION DATE 2/5/18
DATE EVALUATED: 2/16/18
PROPERTY SIZE: 1.41ac
PROPERTY RECORDED: Y

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS 2%	0-6	GR SCL	Fr ss sp slvp	N/A	48"	N/A	N/A	PS .275
		6-39	SBK C	Fr ss sp slvp					
		39-48	ABK CL	Fr ss sp slvp					
2	SS 2%	0-6	GR SCL	Fr ss sp slvp	N/A	52"	N/A	N/A	PS .275
		6-42	SBK C	Fr ss sp slvp					
		42-52	ABK CL	Fr ss sp slvp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: A. McKinney

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

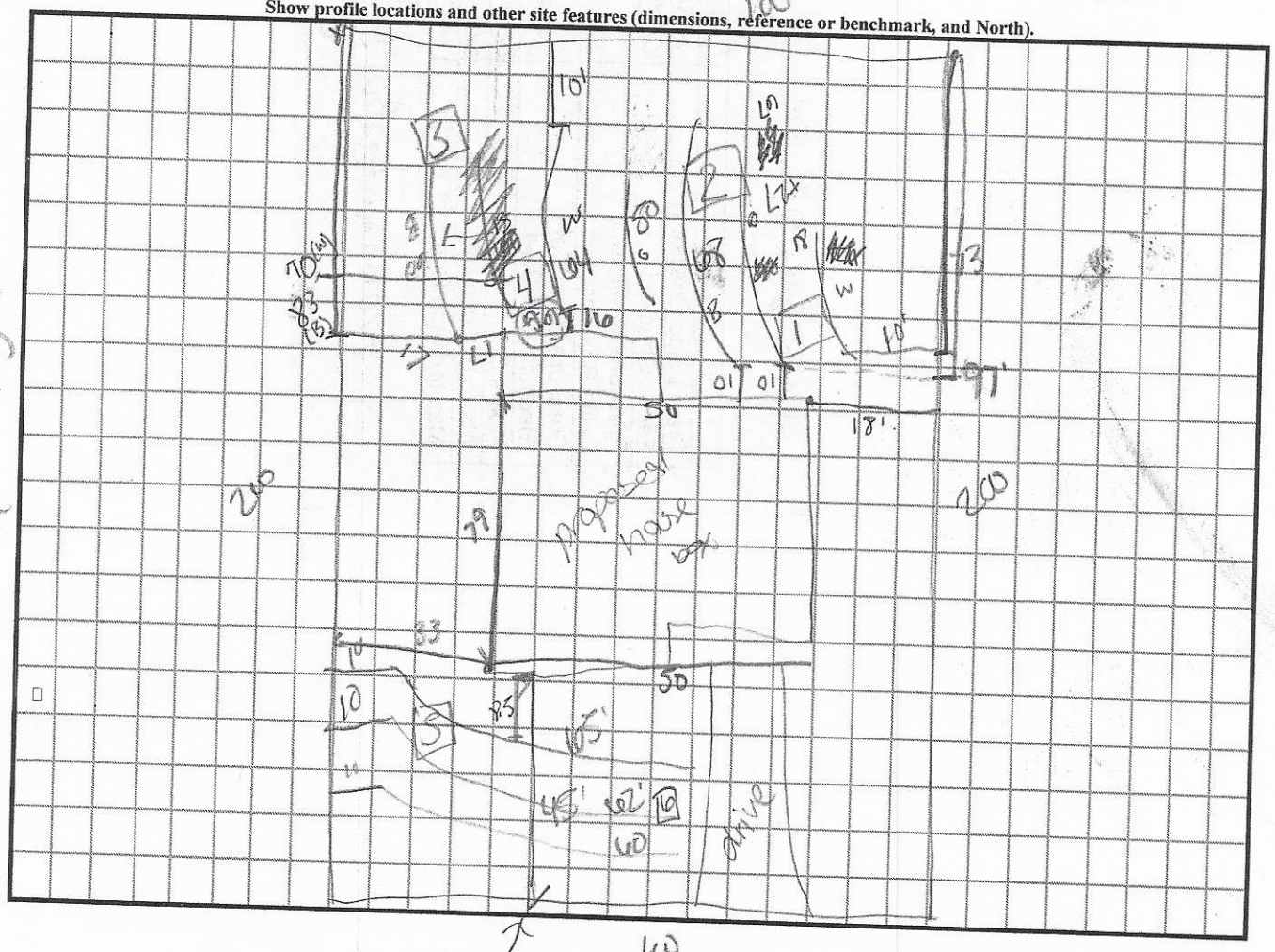
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Updated February 2014

old panel = 218 initial + repair

487 total

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233194

Peterson 1986
gma, 1, com

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

deeded 2015

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) John Williams

Applicant Name: Custom Homes By Lisa, INC Address: 194 Cross Country Rd - Statesville NC Zip: 28625
Applicant Email: Customhomesbylisa@gmail Phone: 704-902-0733 Alt. Phone:
Owner Name: Jerry Duncan Address: 1800 Indian Creek Circle Zip: 35243
Owner Email: JerryDuncan@ME.com Phone: 205-529-4353 Alt. Phone:

Property Information:

Street Address: 194 Jo Monni Loop - Statesville, NC 28625
Subdivision Name: Jo Monni Acres Section/Phase: _____ Lot Number: 73
Driving Directions: 115 N - L on Scotts Creek, L on Little Farm Rd - R on
2nd: Jo Monni Loop Rd - Lot on R

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 3 4CW 2-12-18 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4-6 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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.

9/61

Signature: Lisa C. Williams 2-5-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

2/7/18 @ 9:40am: House not staked. Cyprus Lane Client will stake it + get back in touch w/ us.

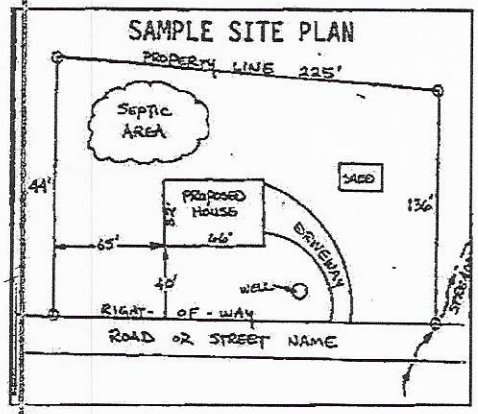
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

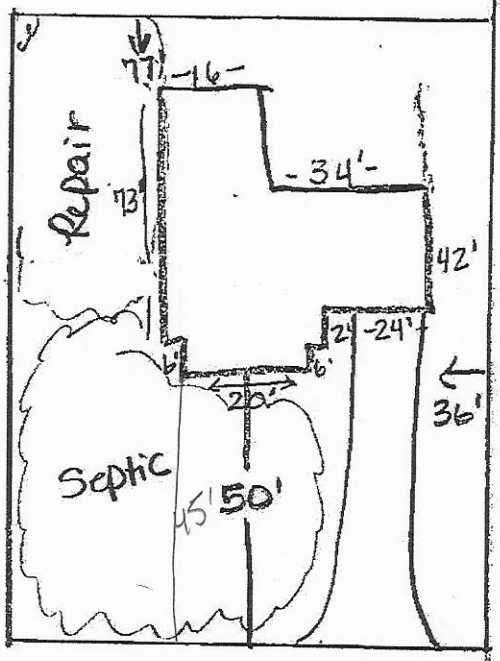


Circle N/A on the following if appropriate:

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



JoMonni Loop

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

2-8-18
DATE

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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, Jerry Duncan, am the legal owner(s) of the property located at 194 JoMonni Loop - Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4716616106.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Custom Homes By Lisa, Inc Lisa Williams -Owners, 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.

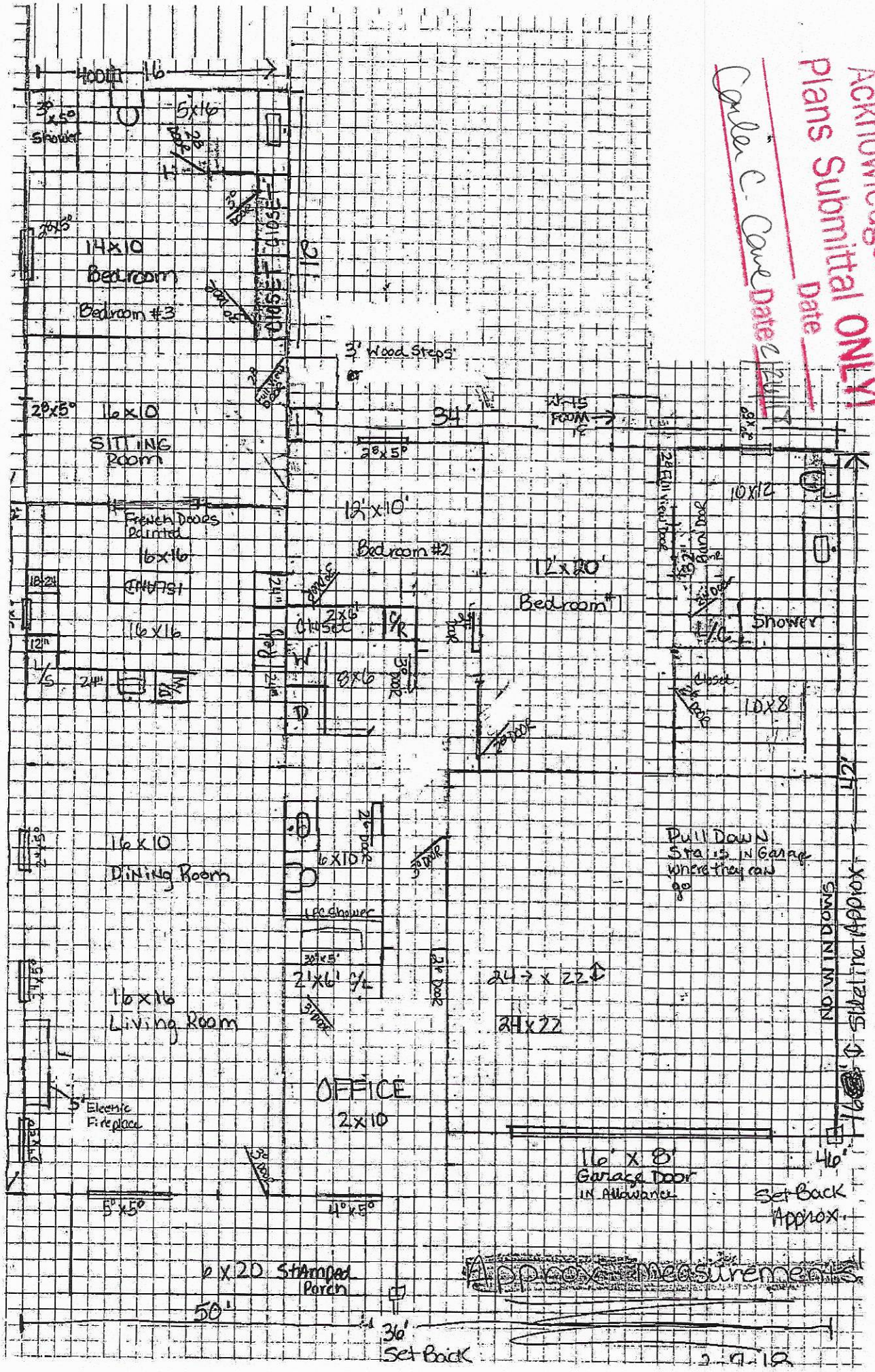
DocuSigned by: Jerry A Jun — 1/25/2018
176DB... Signature of Owner(s) — Date

DocuSigned by: Deanna Gaither — 1/25/2018
372810... Signature of Witness — 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


Acknowledgement Of
Plans Submittal ONLY!
Date
Carla C. Cave Date 2-17-12
40 Ft
16
5x16
3'x5' Shower
14x10
Bedroom
Bedroom #3
28x5'
16x10
SITTING Room
French Doors Painted
16x16
Pantry
16x16
12"
24"
3' Wood Steps
34'
28x5'
12'x10'
Bedroom #2
12'x20'
Bedroom #
2x6' C/L Set
8x6
6'0" Door
6'0" Door
6x10'
Lic shower
30"x5'
2'x6' C/L
3'0" Door
24"
22'
10x12
Shower
10x8
Closet w/ Door
Pull Down Stairs in Garage where they can go
Overhang
Window
16'x10'
Dining Room
16x16
Living Room
5' Electric Fireplace
5'x5'
4'x5'
6'x20' Stamped Porch
50'
OFFICE
2x10
24'x22'
16' x 8' Garage Door IN Allowance
46'
Set Back Approx.
Approx. measurements
36'
Set Back
2-17-12