ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 318581

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

PIN # 4758 -17-5946

APPLICANT/OWNER: Able Cloer

APPLICANT ADDRESS: 128 Hicks Rd. Statesville 28625

SITE ADDRESS: 474 Pisgah Church Rd., Stony Point NC 28678 PHONE: 704-437-2346 ALT. PHONE

SITE DIRECTIONS: (N) NC 115 from I-40 → (L) Pisgah Church → lot on (R) past Bowles Farm

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: LOT # LOT AREA: 6.691 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275 (I & R)

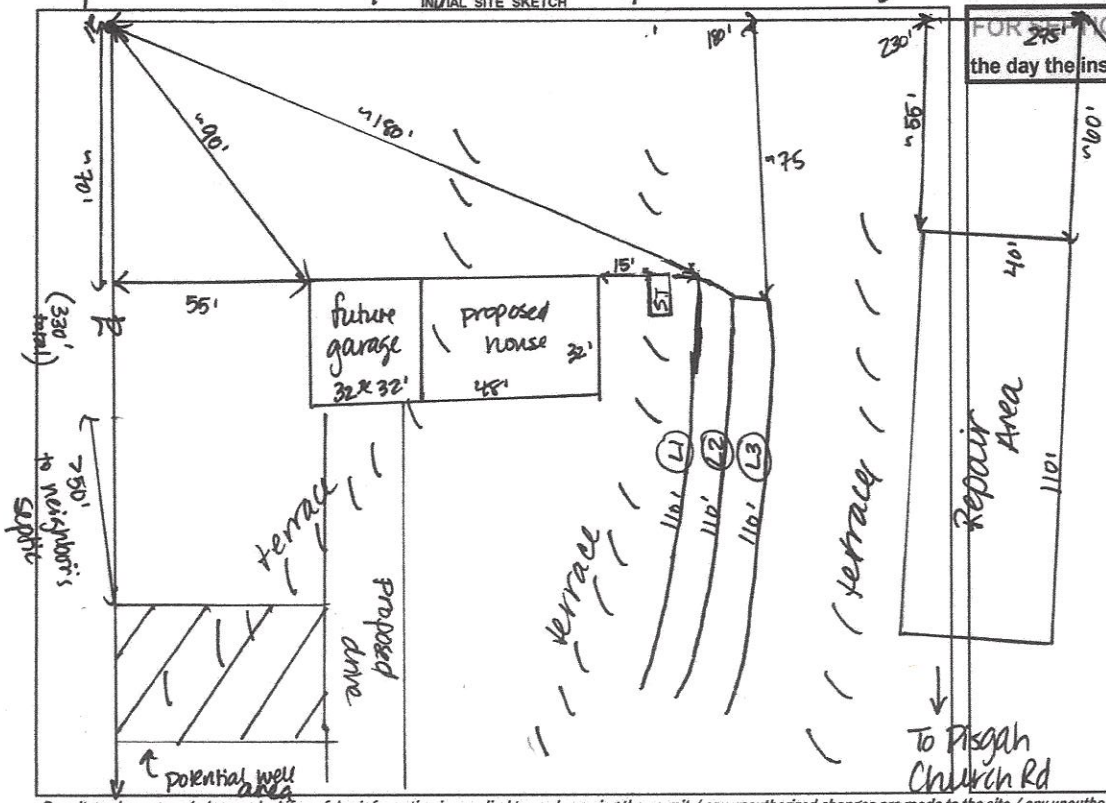
Septic Tank	1000	(gal)	STB 760	Date 4/13/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description: 25% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft 330'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	28" (36" max)	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Do not pave, park, grade, drive, or bury utilities in drainfield. Divert all drainage from drainfield away from drainfield – Do NOT grade drainfield. Tops of terraces may be graded off to promote drainage

Elevations

Power Pole @ front of lot = 1'9" (L1) = 4'10" (L2) = 6'5" (L3) 7'11"

INITIAL SITE SKETCH



Not a property line - used as reference from (L) property line

AS BUILT SKETCH

Tank 6/3/22
Line 1

Line 2 & 3 6/6/22
Checked
27 chambers per line
Installed as shown

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: Able Cloer Date: 7-8-21 Installed by: (Jake) Williams Excavating

IMPROVEMENT PERMIT by: D. Mieberg Date: 6/29/21 OPERATION PERMIT by: Maria Dotson Date: 6/6/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/8/21 Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

Benchmark - Power Pole

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

OWNER: Able Cloer
ADDRESS: 178 Hicks Rd Statesville
PROPOSED FACILITY: SBR
PROPOSED DESIGN FLOW (.1949): 3160 gpd
LOCATION OF SITE: 1676 Pisgah Church Rd Stony Point

APPLICATION DATE
DATE EVALUATED: 6/24/21
PROPERTY SIZE: 6.691
PROPERTY RECORDED: No

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	LS 20%	0-5	CL SBK	SSSP FR SEXP	some peds >1" (@4 compaction (5-24") numerous small coarse fragments in both layers, some Mn Some Sap incl	(48")	N/A	N/A	PS 0.275
		5-24	C - SBK	SSSP - FI/FR SEXP			SBK		
		24-48	CL - SBK	SSP FR SEXP					
2	LS 20%	0-4	CL - SBK	SSSP - FR SEXP	few peds >1" few Sap incl, Heavy Mn Staining	(48")	N/A		PS 0.275
		4-36	C - SBK	SSSP - FI/FR SEXP					
		36-48	CL - SBK	SSSP - FR - SEXP					
3	LS 15%	0-5	CL - SBK	SSSP - FR-SEXP	large peds some compaction 5-26" Band of Sap running thru pit, variable (FR)	(48")	N/A		PS 0.275
		5-26	C - SBK	SSSP - FI/FR - SEXP					
		26-48	CL - SBK	SSNP - FR - SEXP					
4	LS 18%	0-5	CL SBK	SSSP - FR - SEXP	Heavy Mn Staining 5-39" some compacted peds Sap incl, Heavy rocks 39-48"	(48")			PS 0.275
		5-39	C SBK	SSSP FI SEXP					
		39-48	CL - SBK	SSSP - FR - SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	330
System Type(s)	25% red	25% red
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Weber
OTHER(S) PRESENT: C. Winkler

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

676 Pisgah Church

PROPERTY ID #: 676 Pisgah Ch
DATE OF EVALUATION: 6/24/21
COUNTY: Iredell

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
5	LS HS 15%	0-4	CL- SBK	SSSP-FR-SERP	Heavy Mn staining numerous coarse frag (small) throughout Some Sap incl 45-50"	50"			PS 0.275
		4-45	C-SBK	SSSP-TR/FI-SCRP					
		45-50	CL- SBK	SSSP-FR-SERP					

LEGEND

use the following standard abbreviations

lot not recorded

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	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.

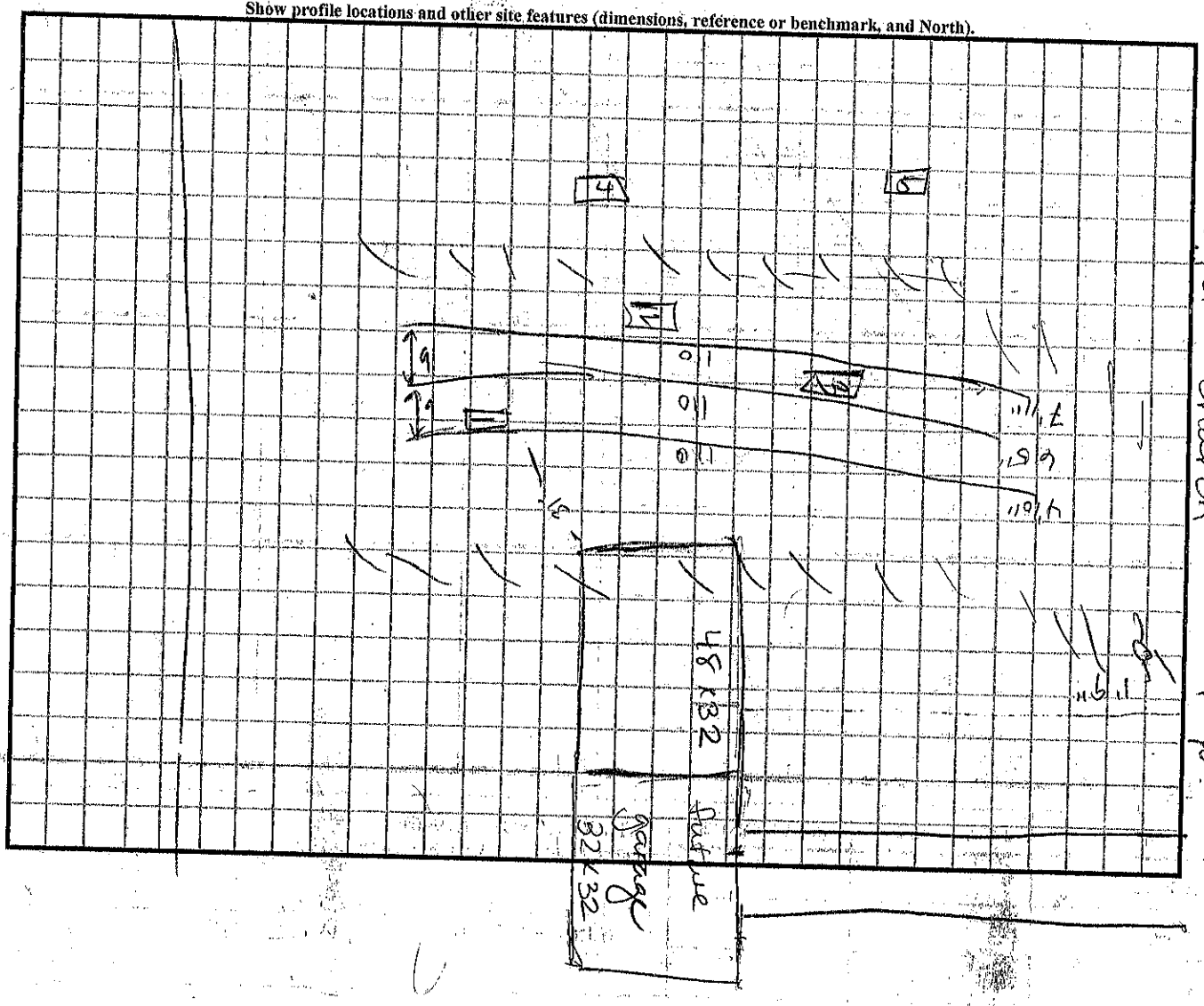
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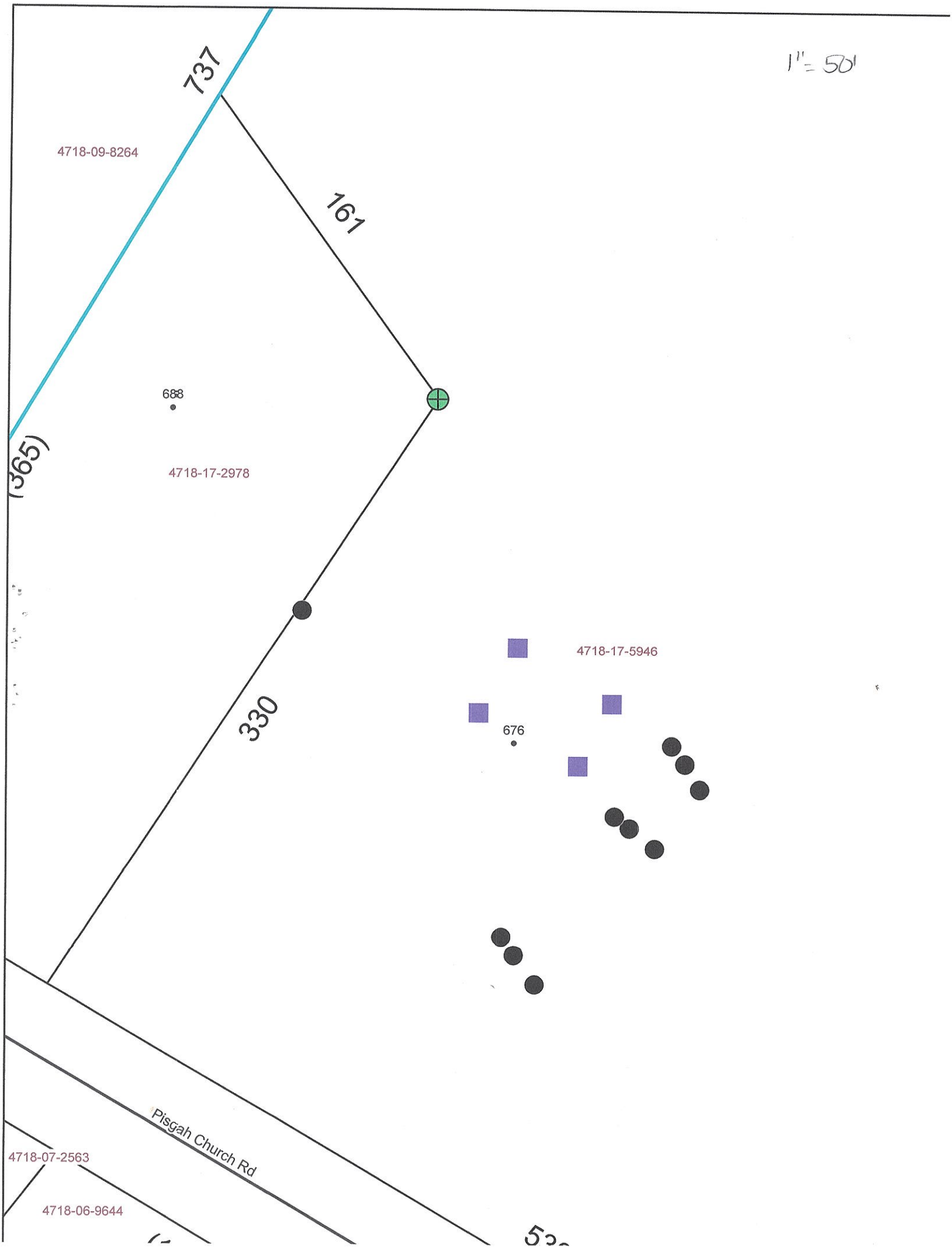
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft²

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




1" = 50'
737
4718-09-8264
161
688
(365)
4718-17-2978
330
4718-17-5946
676
Pisgah Church Rd
4718-07-2563
4718-06-9644

RECEIVED JUN C 9 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-318581 $500.00

Application For:
- (X) Septic Improvement Permit
- (X) New Well Permit
- (X) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- ( ) Well Abandonment
- ( ) 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: *Place an (X) beside whichever is submitted if applicable*
- (X) Survey Plat, scaled no more than 1 inch = 60 feet
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Abel Cloer Address: 128 Hicks Rd Statesville NC Zip: 28625

Applicant Email: ahcloer@yahoo.com Phone: 704-437-2346 Alt. Phone: 704-500-4122

Owner Name: Abel Cloer Address: 128 Hicks Rd Statesville NC Zip: 28625

Owner Email: ahcloer@yahoo.com Phone: 704-437-2346 Alt. Phone: 704-500-4122

Property Information:

Street Address: 676 Pisgah Church Rd Stony point, NC 28678

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

Driving Directions: From NC 115 Turn left to pisgah Church Rd then Travel apx 3mile and Site will be on your right

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: _____

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

CHECK FOUNDATION TYPE
- ( ) Crawl Space Foundation
- ( ) Concrete Slab Foundation
- (X) 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: _____

(X) 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: _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 5-27-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

only 2 bedrooms shown on plans, installing a 3BR system

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

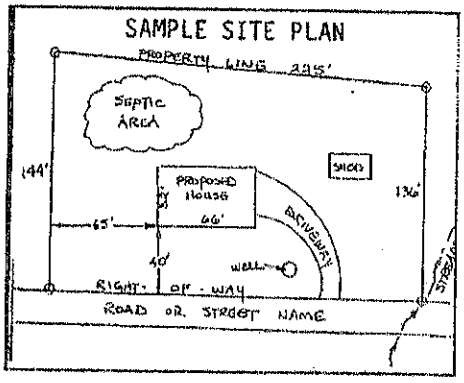
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
- (X) Area you prefer your septic system to be placed
- (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

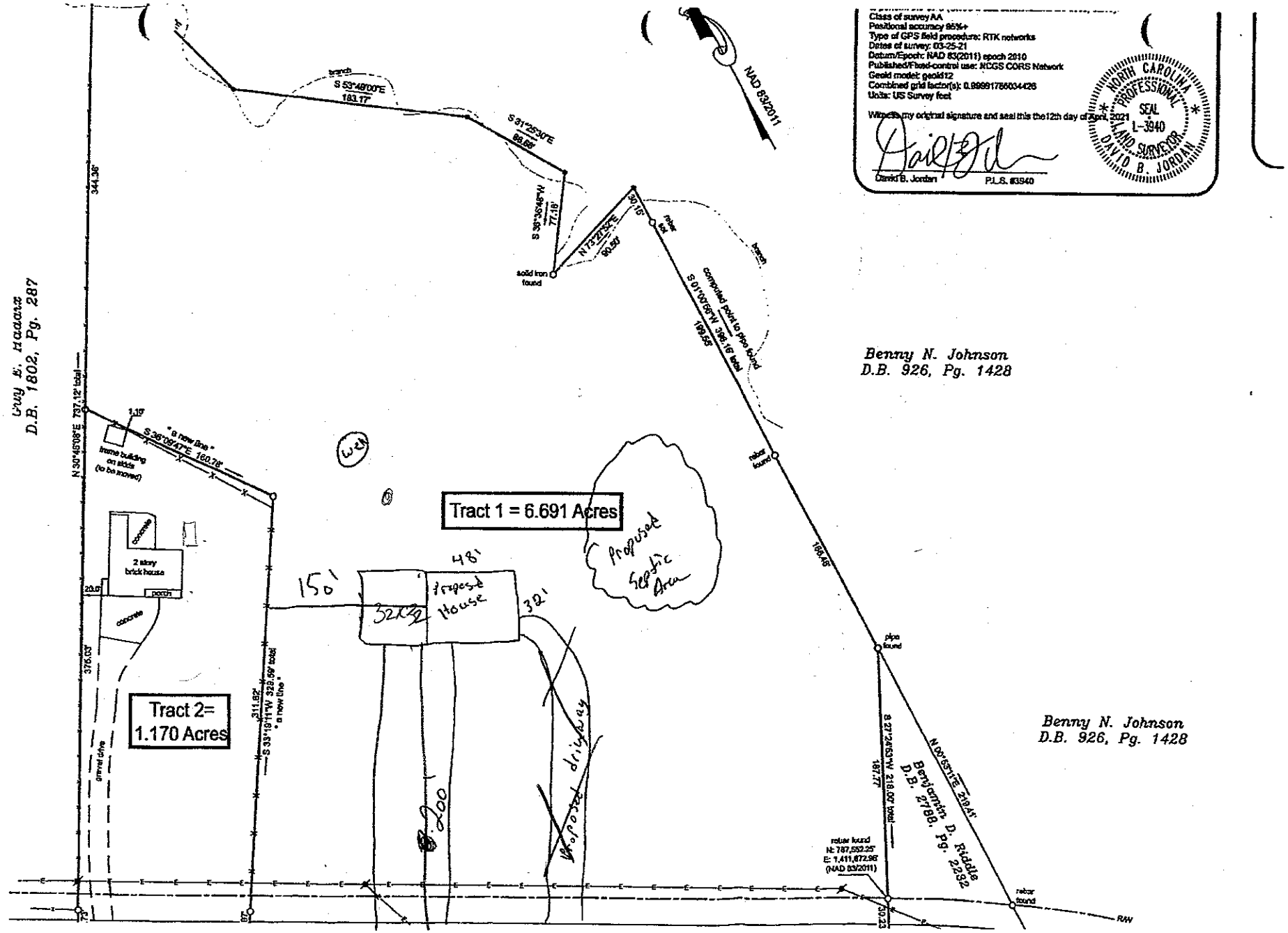
Please See Attached Survey Map

Signature: _____

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

5-27-21

DATE


Class of survey AA
Positional accuracy 95%+
Type of GPS field procedure: RTK networks
Dates of survey: 03-25-21
Datum/Epoch: NAD 83(2011) epoch 2010
Published/Fixed-control use: NCGS CORS Network
Geoid model: geoid12
Combined grid factor(s): 0.999917660344426
Units: US Survey feet
Witness my original signature and seal this the12th day of April, 2021
David B. Jordan P.L.S. #3940
NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN
NAD 83/2011
Craig E. Haaras D.B. 1802, Pg. 287
Benny N. Johnson D.B. 926, Pg. 1428
Benny N. Johnson D.B. 926, Pg. 1428
Benjamin D. Riddle D.B. 2788, Pg. 2292
Tract 1 = 6.691 Acres
Tract 2= 1.170 Acres
proposed House
proposed Septic Area
proposed driveway
2 story brick house
porch
concrete
gravel drive
frame building on skids (to be moved)
solid iron found
pipe found
rebar found
rebar found N: 787,552.25' E: 1,411,672.96' (NAD 83/2011)
S 53°48'00"E 183.17'
S 31°25'30"E 98.88'
S 36°36'48"W 77.18'
N 73°27'52"E 90.90'
S 01°00'56"W 396.16' total 199.58'
N 30°46'08"E 737.12' total
S 36°09'47"E 160.78'
S 33°19'11"W 328.59' total
N 00°53'11"E 218.41'
S 27°24'53"W 218.00' total 187.77'
344.36'
376.03'
311.82'
160.46'
40.23'
R/W
150'
48'
32'
200'

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318581 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4718174976.000	676 PISGAH CHURCH RD	Iredell County

Owner Information	Applicant Information
Name: CRIDER BRENDA	Name: ABEL CLOER
Address: 688 PISGAH CHURCH RD	Address: 676 PISGAH CHURCH RD
STONY POINT, NC 28678	STATESVILLE, NC 28677
Phone:	Phone: (704)437-2346

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.69	35	35	15	15	N/A	NO

Remarks
SFD

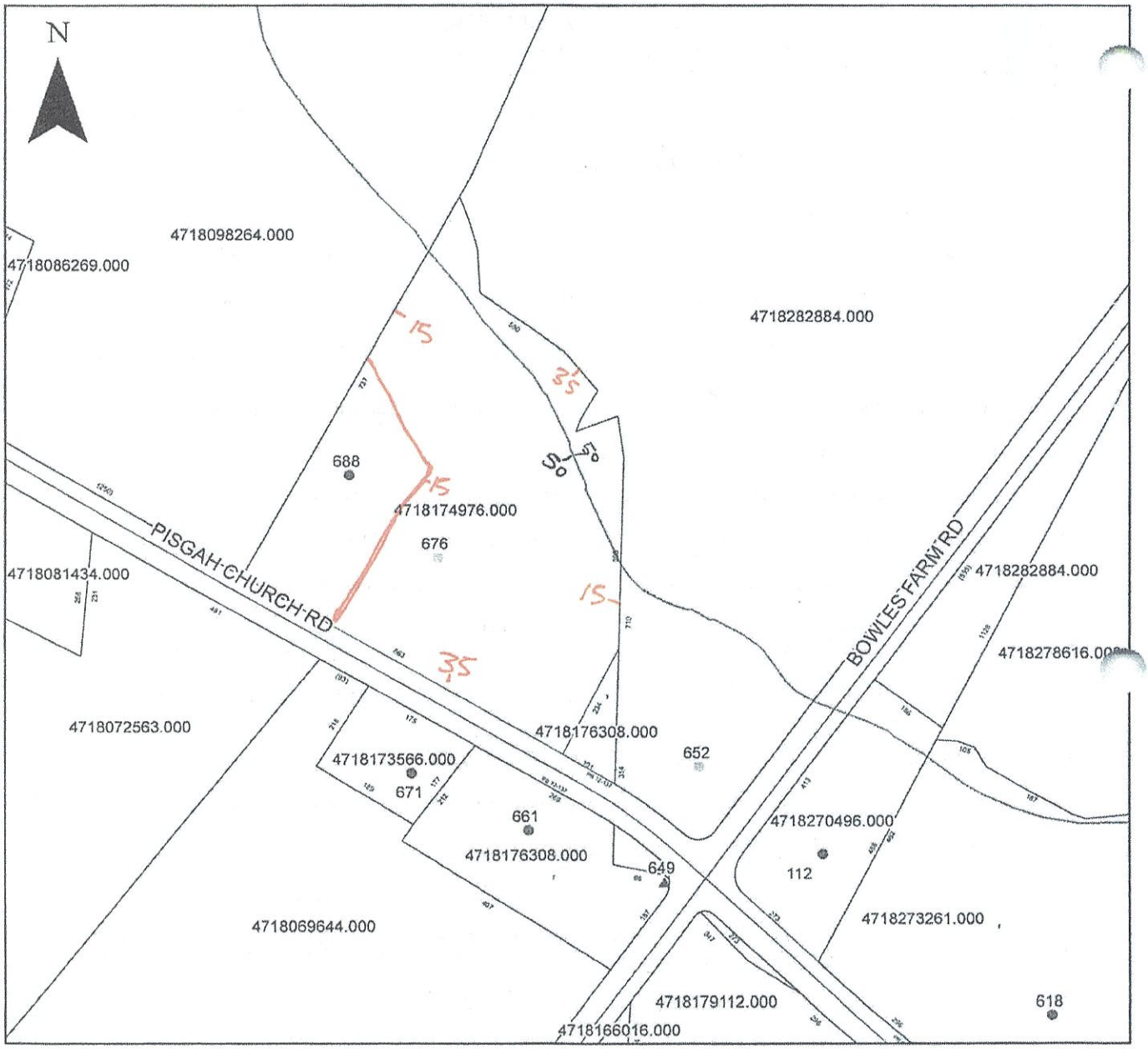
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 06/09/2021

Signature of Owner/Contractor

Permit Number	318581	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 676 Pisgah Church Rd

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. Applicant further acknowledges that the 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

6-9-21
Date