# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT #AP 302372

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

PIN # 4719880306 ✓

APPLICANT/OWNER: Matt Nelson APPLICANT ADDRESS: 111 Homewood Ln Statesville 28625

SITE ADDRESS: ✓ 164 Vance Farm Dr Statesville NC 28625 PHONE: 704-437-0571 ALT. PHONE

SITE DIRECTIONS: Hwy 115 N L on Burks Farm L on Vance Farm Property on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ Seven Oaks at Cook Farm SECTION: 2 ✓ LOT # ✓ 19-20 LOT AREA: 2.67 DESIGN FLOW: 480gpd L.T.A.R.: .25

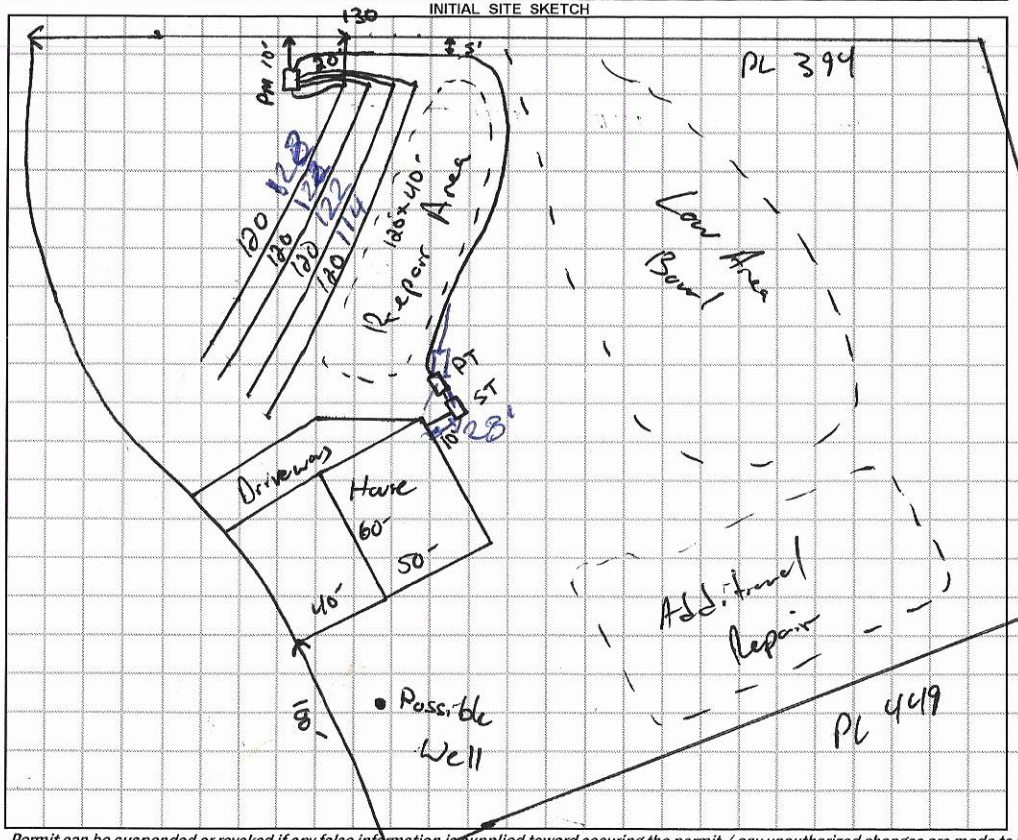
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 5-3-2020 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II ⓘ IV V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | 1000 (gal) | PT | 363 | Date | 4-29-2020 | System Description: | 25% Reduction PM | ☐ Business | No. Persons 8 |
| Pump Make | ZOELLER | Model | BN167 | Serial # | 2206VA1044 | Repair System Description: | 25% Reduction PM | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 480' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☐ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth(~~low side~~) | Max 36" | Gravel Depth | - | | ☐ GRAVITY ☒ PRESSURE | ☒ Basement w/plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☒ Private ☐ Public ☐ Community

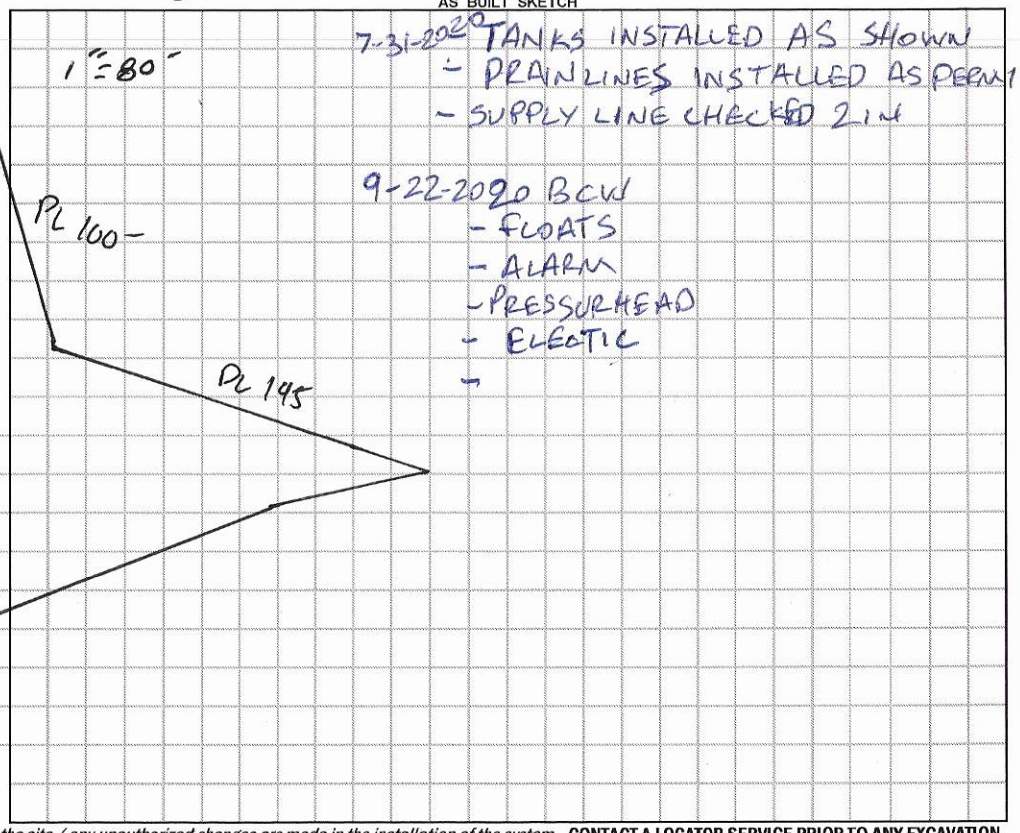
Comments / Conditions: Install Drainlines on contour of land. Use Pressure manifold for distribution.

Use ½ sch 40 taps on all four lines
28.44 gallons per minute 10" Draw Down
~~288~~ gallon Dose 7.6 minute Run time

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: [signature] Date: 12/17/19 Installed by: NEAL STUTTS

IMPROVEMENT PERMIT by: [signature] Date: 12-3-19 OPERATION PERMIT by: Burkett C. White Date: 9-24-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-3-19 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 #: 4719880306
COUNTY: Iredell

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

OWNER: Matt Nelson
ADDRESS: 111 Homewood Ln
PROPOSED FACILITY: Home
LOCATION OF SITE: Vance Rd

APPLICATION DATE 11-4-19
DATE EVALUATED: 11-25-19
PROPERTY SIZE: 2.67
PROPERTY RECORDED: Yes

PROPOSED DESIGN FLOW (.1949): _____

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 |
|---|---|---|---|---|---|---|---|---|---|
| 4 @ R | 4-5% | 0-6 | SBK SCL | Fr SS SP Scmp | N/A | 48" | N/A | Rock Inc throughout | PS .25 |
| | | 6-38 | ABL C | Fr SS SP Scmp | | | | | |
| | | 38-72 | SBK CL | Fr SS SP Scmp | | | | | |
| 3 @ R | 17% | 0-8 | SBK SCL | Fr SS SP Scmp | YB @ 33" | 48" | N/A | | PS .25 |
| | | 8-30 | SBK C | Fr SS SP Scmp | | | | | |
| | | 30-72 | SBC CL | Fr SS SP Scmp | | | | | |
| 1 @ I | 17% | 0-12 | SBK SCL | Fr SS SP Scmp | N/A | 48" | N/A | Rock Inc @ 24" | PS .25 |
| | | 12-36 | SBK C | Fr SS SP Scmp | | | | | |
| | | 36-72 | SBK CL | Fr SS SP Scmp | | | | | |
| 2 @ I | 17% | 0-6 | SBK SCL | Fr SS SP Scmp | N/A | 48" | N/A | Few Rock Inc @ 24" | PS .25 |
| | | 6-40 | SBK C | Fr SS SP Scmp | | | | | |
| | | 40-72 | SBK CL | Fr SS SP Scmp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 480" | 480 |
| System Type(s) | 25% | 25% |
| Site LTAR | .25 | .25 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: RSeggs
OTHER(S) PRESENT: _____

COMMENTS: _____

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP |
|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I<br>II<br>III<br>IV |

| SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* |
|---|---|---|
| S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 |
| SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 |
| Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 |
| SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 |
| O (Organic) | None | None |

| MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|
| SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |

| MOIST | WET |
|---|---|
| VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

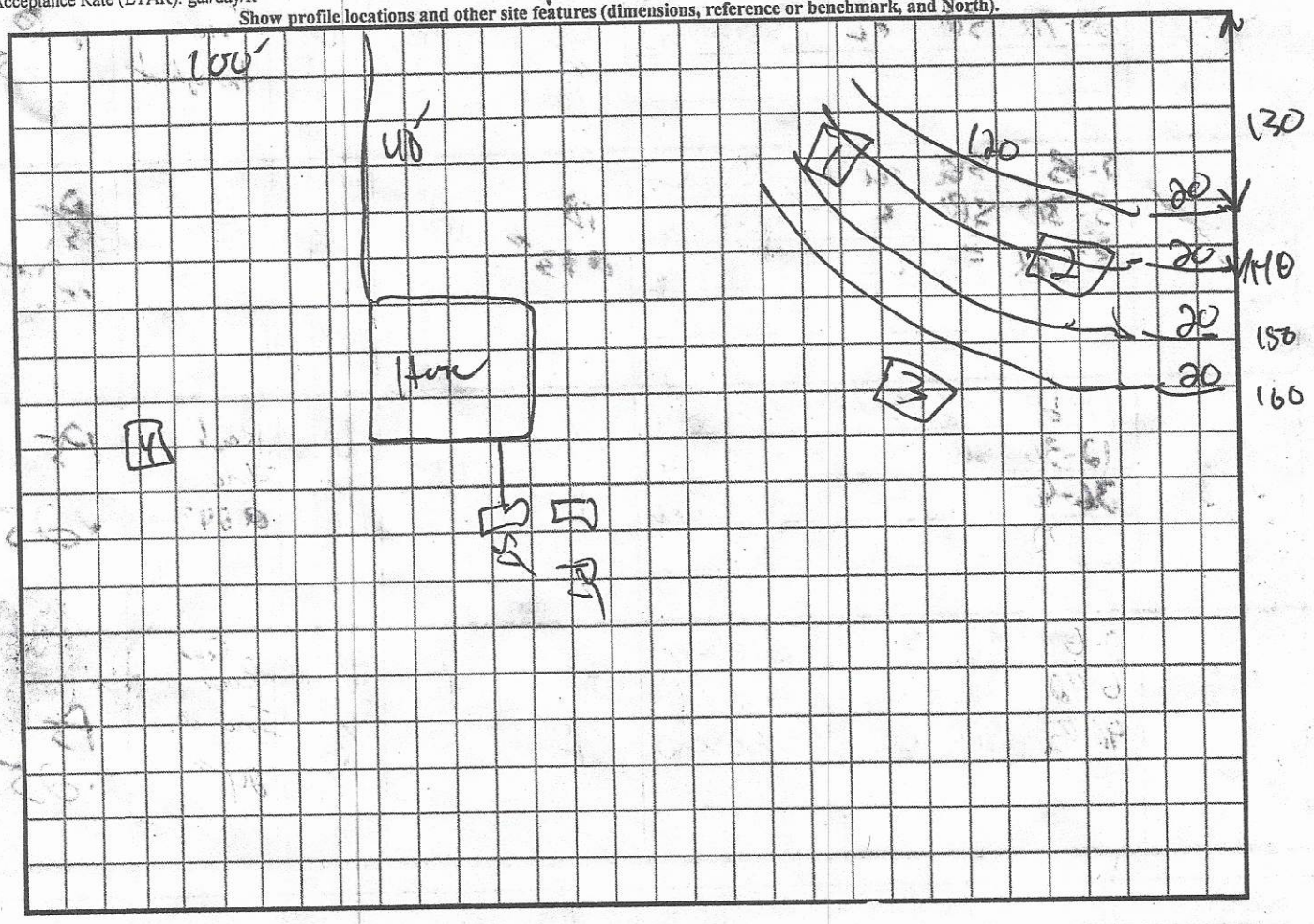
***NOTES***

| | |
|---|---|
| *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).**



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

AP - 302372
11-6-19
$500 | 5550.00

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

**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:**
- [ ] Survey Plat, scaled no more than 1 inch = 60 feet
- [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

*Place an (X) beside whichever is submitted if applicable*

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: MATT NELSON Address: 111 HOMSWOOD LN. Zip: 28625

Applicant Email: GRSSNWOODS28@YAHOO Phone: (704) 437-0571 Alt. Phone: _____

Owner Name: MATT NELSON Address: 111 HOMSWOOD LN. Zip: 28625

Owner Email: GRSSNWOODS28@YAHOO.COM Phone: (704) 437-0571 Alt. Phone: _____

**Property Information:**

Street Address: LOT 19 & 20 VANCE FARM RD - 116 Vance Farm Dr.

Subdivision Name: SEVEN OAKS AT COOK FARM Section/Phase: 2 Lot Number: 19 & 20

Driving Directions: HWY 115 N - LEFT ON BOWLES FARM RD - LEFT ON VANCE FARM RD - PROPERTY ON RIGHT

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

**CHECK FOUNDATION TYPE**

- [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: 4
Maximum Number of Occupants: 5
- [ ] Swimming Pool
- [ ] Other Addition/Structure: _____

- [ ] 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: _____

( ) 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.***

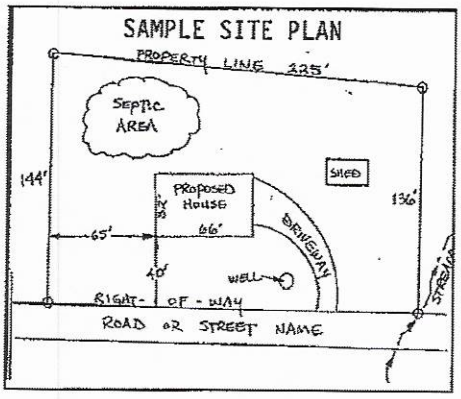
**Signature:** _____ 11/4/2019

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:**

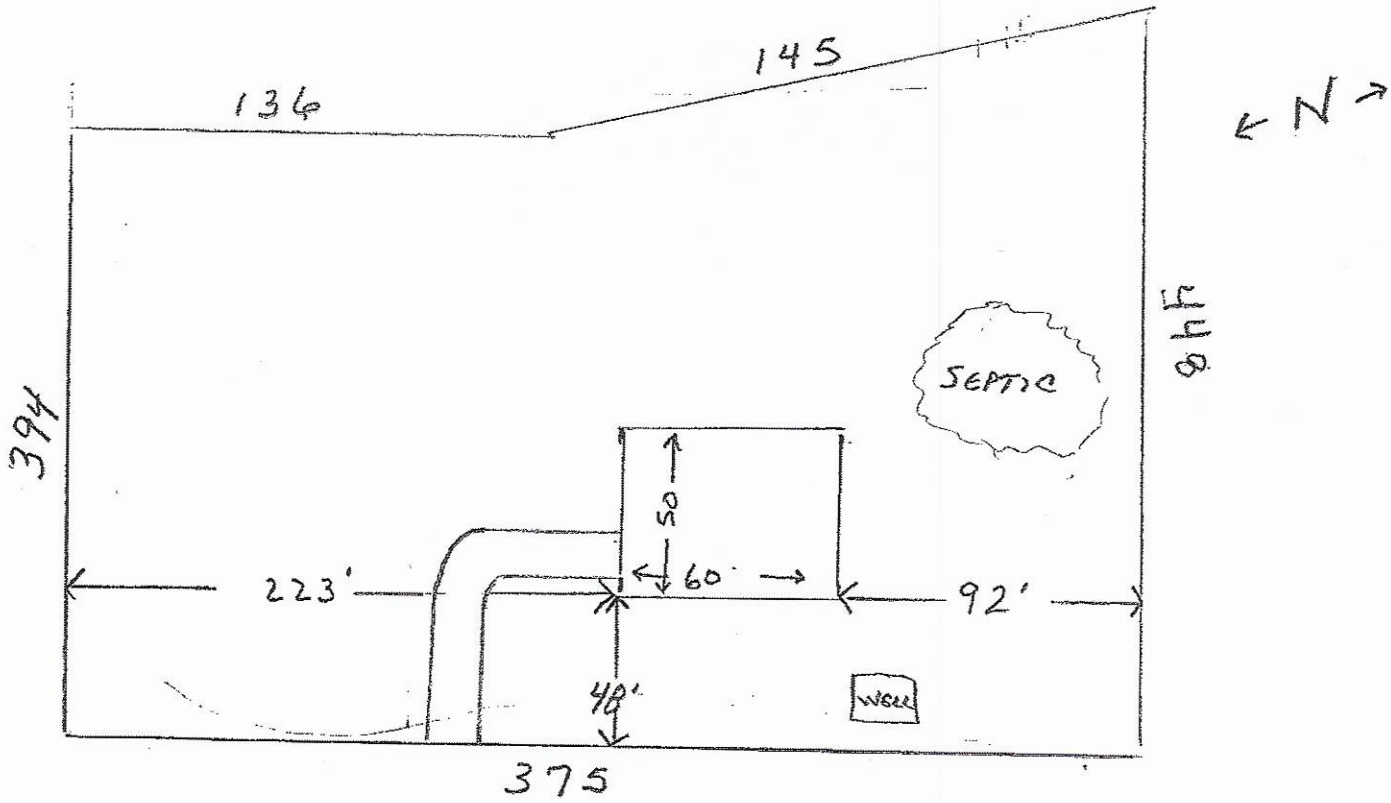
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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:** Matthew Nel 11/4/2019

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)* _____

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

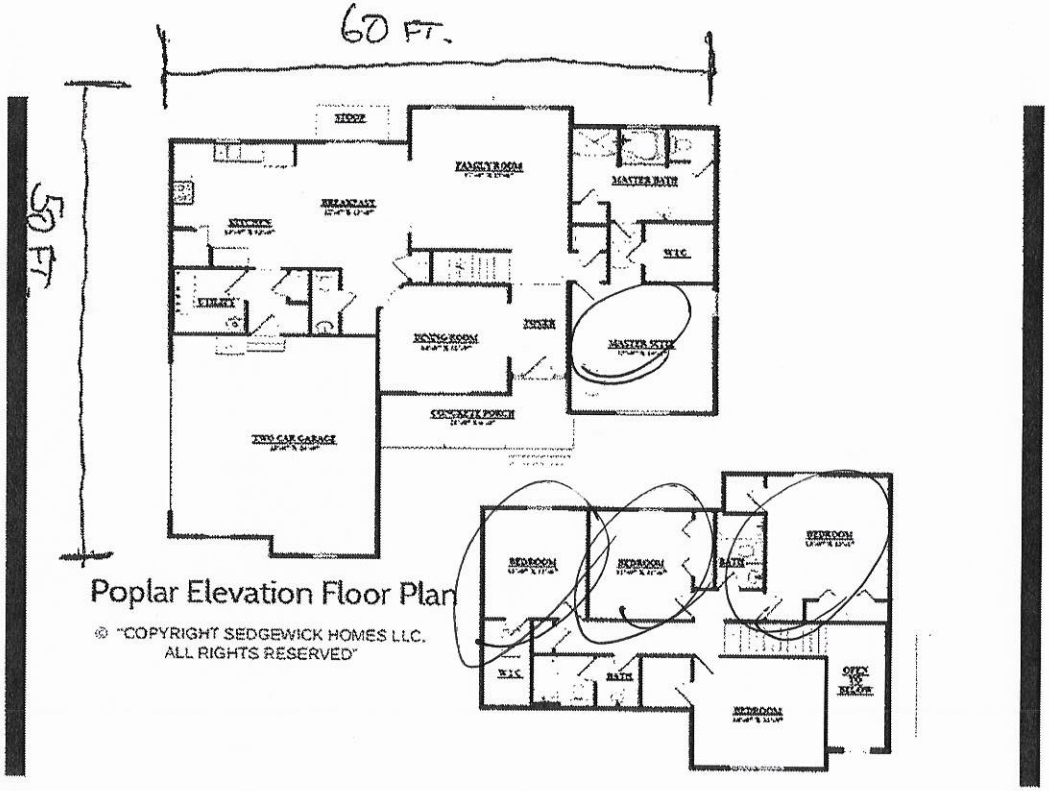
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

**Mooresville - Environmental Health**
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




Poplar Elevation Floor Plan

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Submittal ONLY!

C3

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 302372<br>Issue Date: 11/05/2019 |

**Permit Type: ZONING RESIDENTIAL**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4719880306.000 | 164 Vance Farm Dr. | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: NELSON MATTHEW+KIRSTEN<br>Address:<br><br>Phone: | Name: NELSON MATTHEW+KIRSTEN<br>Address:<br><br>Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 2.6748 | 35 | 35 | 15 | 15 | WSIV-PA South Yadkin | 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:** 11/05/2019

Signature of Owner/Contractor

| Permit Number | 000731 | TOTAL FEES: | $77.25 |
|---|---|---|---|

CK

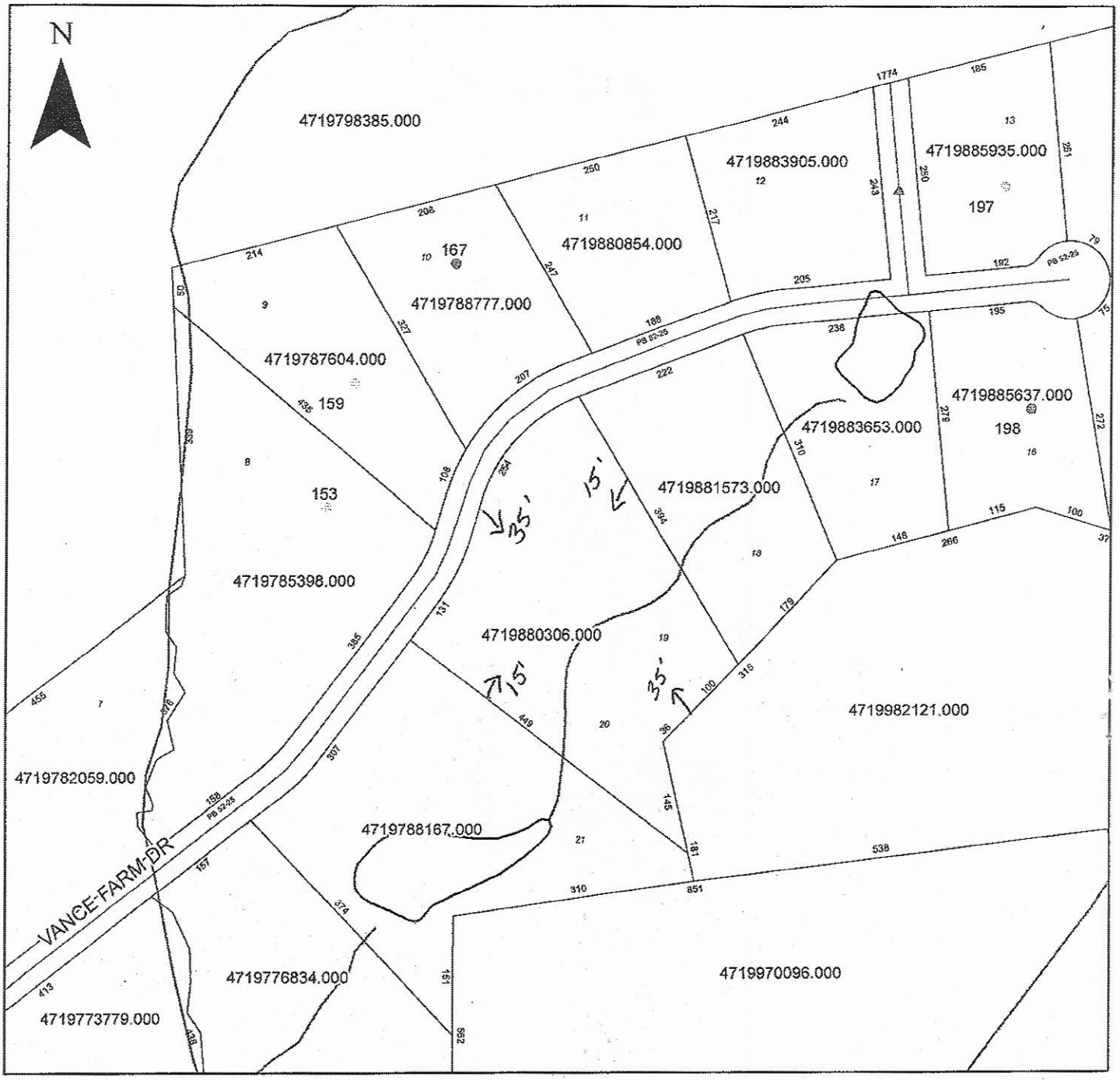
to EH 11-5-19

10:03 AM

AP-302372
ES-000418

RA 2.6748 AC
WS IV PA South Yadkin
FL ND

# ZONING DISCLAIMER




Property Address Vance Farm Dr.

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

11/5/19
Date