ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 313145

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

PIN # 4720-39-3284

APPLICANT/OWNER: Richard Stankyavitch APPLICANT ADDRESS: 130 Anchor Cove Troutman 28166

SITE ADDRESS: 924 E Monbo Road Statesville NC 28677 PHONE: 704-437-3463 ALT. PHONE

SITE DIRECTIONS: Off Mountain Road from Troutman Go E Monbo 3.3 miles on R SAP CONTROLLED: ☐ YES ☒ NO

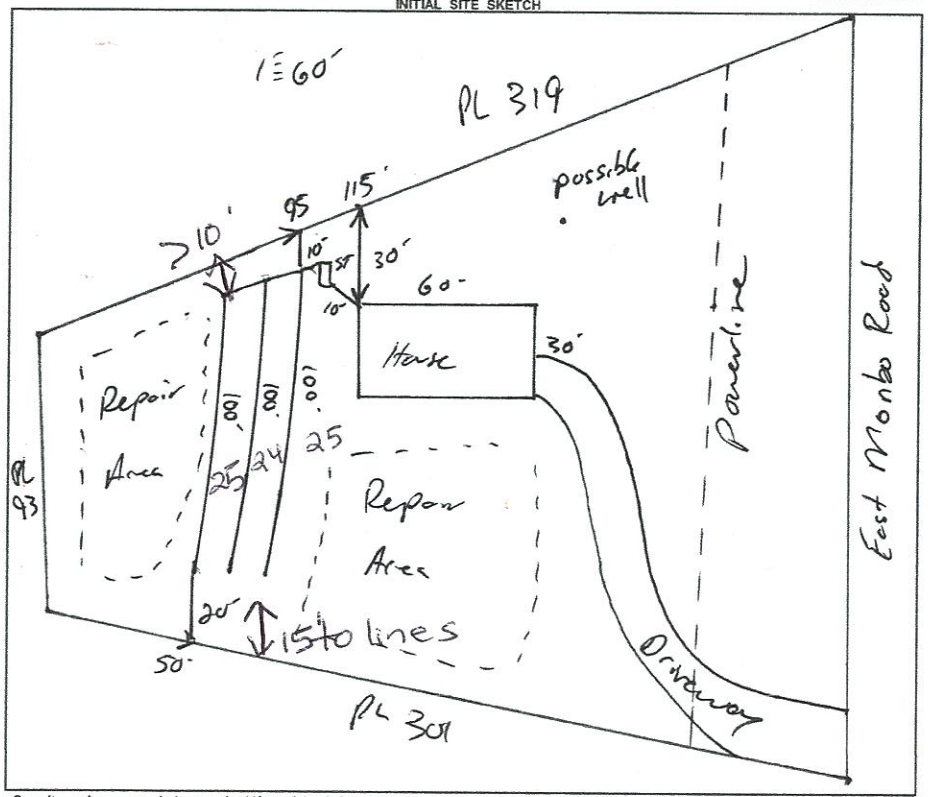
SUBDIVISION: – SECTION: – LOT # LOT AREA: 1.25 DESIGN FLOW: 360gpd L.T.A.R.: 3/Rep.25

Septic Tank	1000	(gal)	STB	160	Date	11-16-21	☒ 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 PM			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth(~~Low side~~)		Max 36"	Gravel Depth	–		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on contour of land and use Serial distribution.

3T - 11Ft to house, orange fitter
Used Quick 4
24Ft from House to top line

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.

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: Date: 3-16-2021 Installed by: TB Grading & Septic

IMPROVEMENT PERMIT by: Date: 3-8-2021 OPERATION PERMIT by: Maura Dotson Date: 2/14/2022

AUTHORIZATION TO CONSTRUCT by: Date: 3-3-2021 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 1
PROPERTY ID #: 4720398284
COUNTY: Tyrrell

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

OWNER: Richard Stankiewich
ADDRESS: 130 Anchor Ln Frankton
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 924 E Manbo
APPLICATION DATE: 12-3-2021
DATE EVALUATED:
PROPERTY SIZE: 1.22
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	7-8% SS	0-6	SBK sc	FR SSSPSmp	N/A	48+	N/A	N/A	PS .3
		6-32	SBK C						
		32-48	SBK CL						
2	SS R 7-8%	0-6	SBK sCL		Chroma 1 or 2 @ 36+	48+	N/A	N/A	PS .35 Shallow
		6-34	MBK C						
		34-48	SBK CL						
3	SS 7-8%	0-6	SBK scl		N/A	48+	N/A	N/A	PS .3
		6-30	SBK C						
		30-48	SBK CL						
		48+	SAP						
4	SS R 7-8%	0-6	SBK scl		N/A	48+	N/A	N/A	PS .3
		6-27	SBK C						
		27-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	360'
System Type(s)	256	256 PM
Site LTAR	.3	.25

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

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

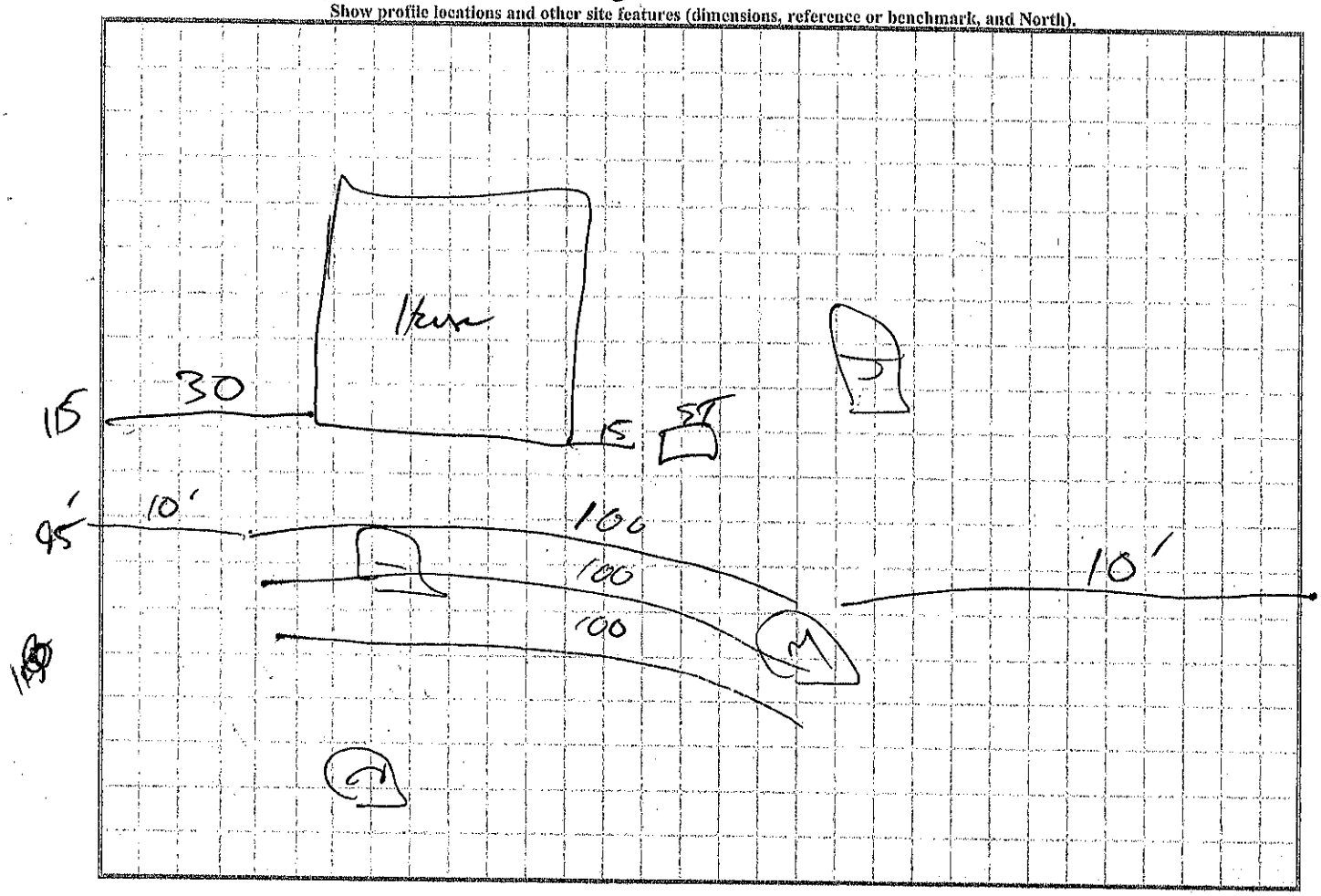
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or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

E Mambo

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



RECEIVED DEC 0 7 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

AP-313146

1. APPLICATION FOR: X **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

$500.00

2. ***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 check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Richard A. Stankwytch Jr	130 Anchor Ln Troutman, NC 28166		
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
same as above			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

424 EAST MONBO RD	N/A	N/A
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: From Troutman Hwy 21 - Take Old Mountain Rd towards South Iredell High School - Turn Left EAST MonBO RD Go Approx 3.3 miles Property on Right Just past Hudspeth Rd.

5. RESIDENTIAL Site Development Information: ***(Check or Complete ALL that apply)***

(X) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
(X) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

7. Desired Septic System Type: ***(You may rank in order of preference, if any)*** ( ) **EXISTING SYSTEM installed** N/A *Year*

(3) **Alternative** (1) **Conventional** (4) **Innovative** (2) **Modified Conventional** ( ) **Other**_____

8. Please Answer The Following ( ) **Yes** (X) **No Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) **Yes** ( ) **No Is any non-domestic sewage (i.e. industry) to be generated?**
( ) **Yes** ( ) **No Is the site subject to approval by any other public agency?**

1,325 gpd
1 BR ADDed
N/A

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. Signature: _____ 12-3-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Richard Andrew Stankwytch, Jr., am the legal owner(s) of the property located at EAST MONBO RD, identified as PIN (Parcel Identification Number) 4720393284, 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) 12-3-20 Date

Signature of Witness 12-3-20 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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

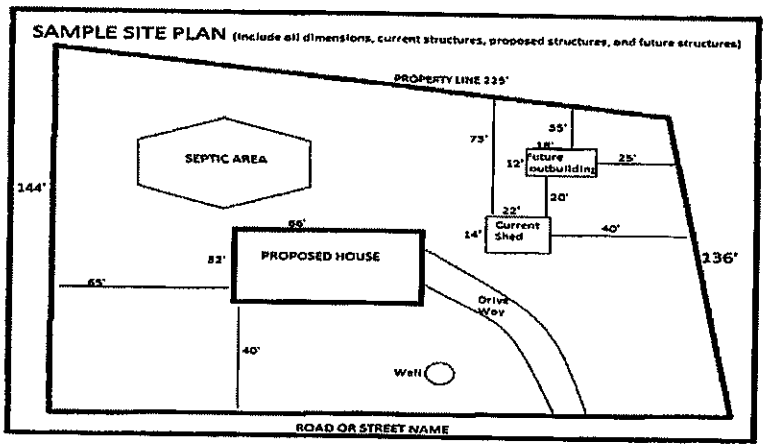
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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)

X **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

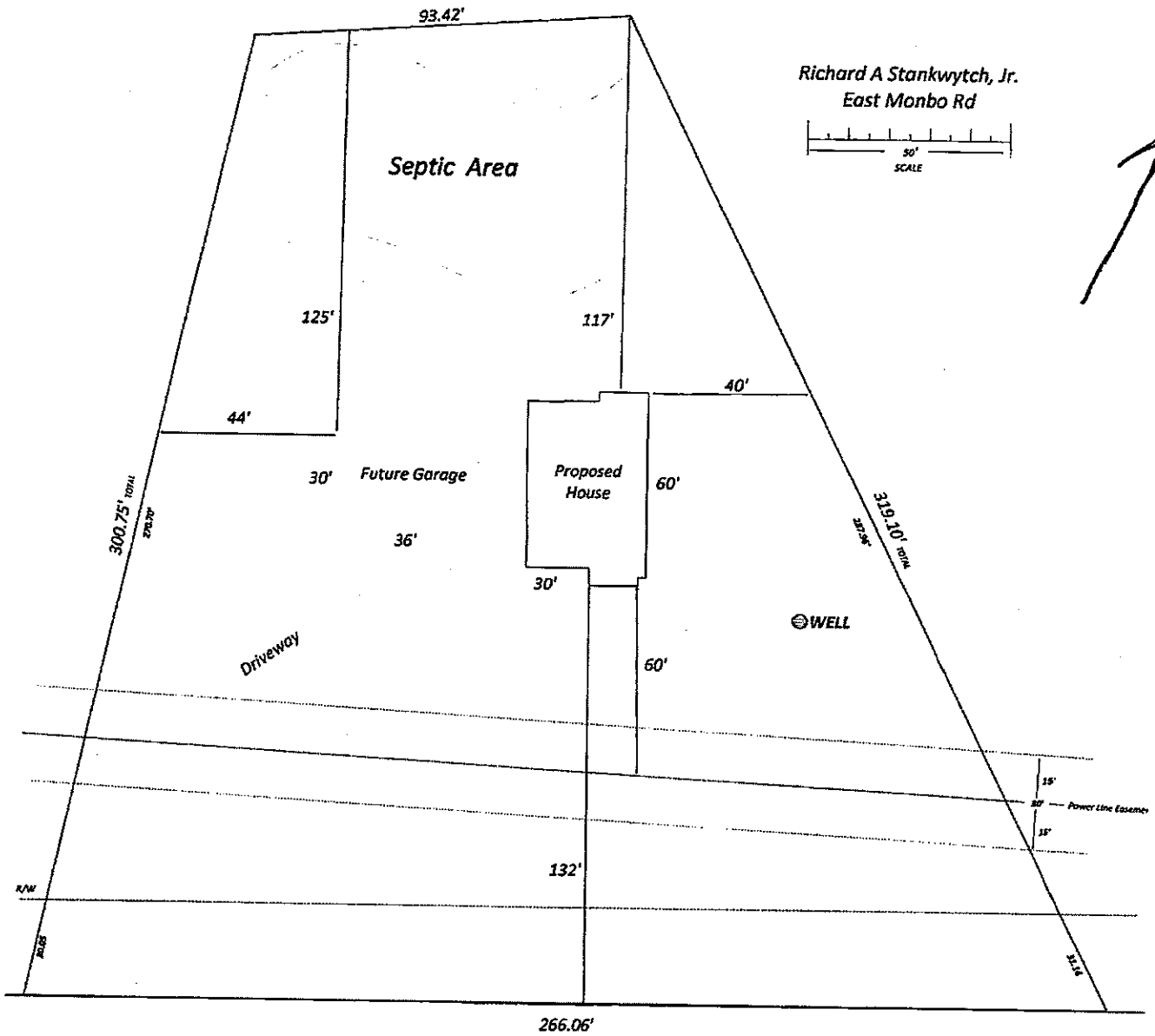
SEE ATTACHED

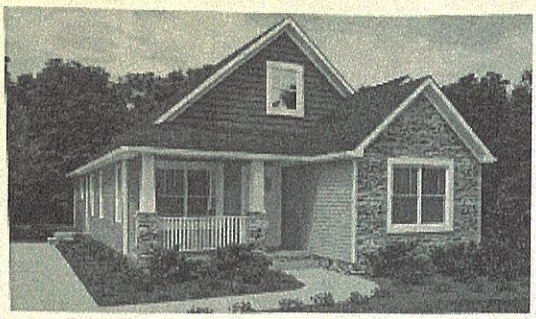
Signature: _____

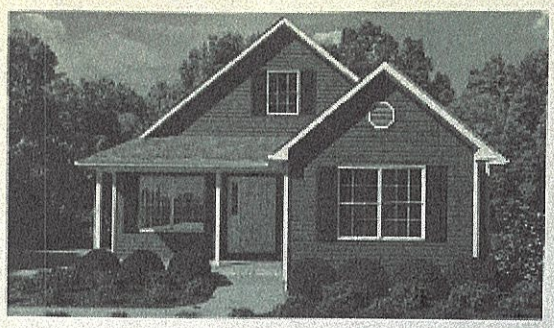
REQUIRED **property owner or owner's legal representative signature.**

12-4-20

DATE


93.42'
Richard A Stankwytch, Jr.
East Monbo Rd
50'
SCALE
N
Septic Area
125'
117'
40'
44'
30'
Future Garage
Proposed
House
60'
36'
30'
300.75' TOTAL
278.70'
319.10' TOTAL
287.96'
WELL
Driveway
60'
15'
30'
Power Line Easement
15'
132'
R/W
80.88'
311.14'
266.06'
EAST MONBO ROAD

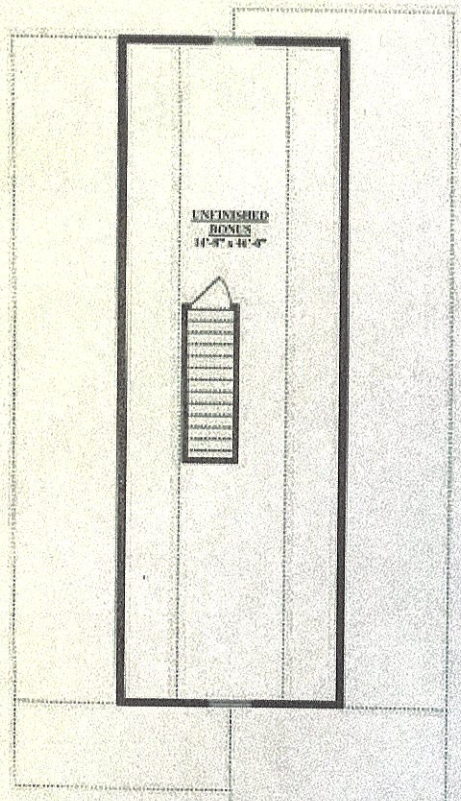


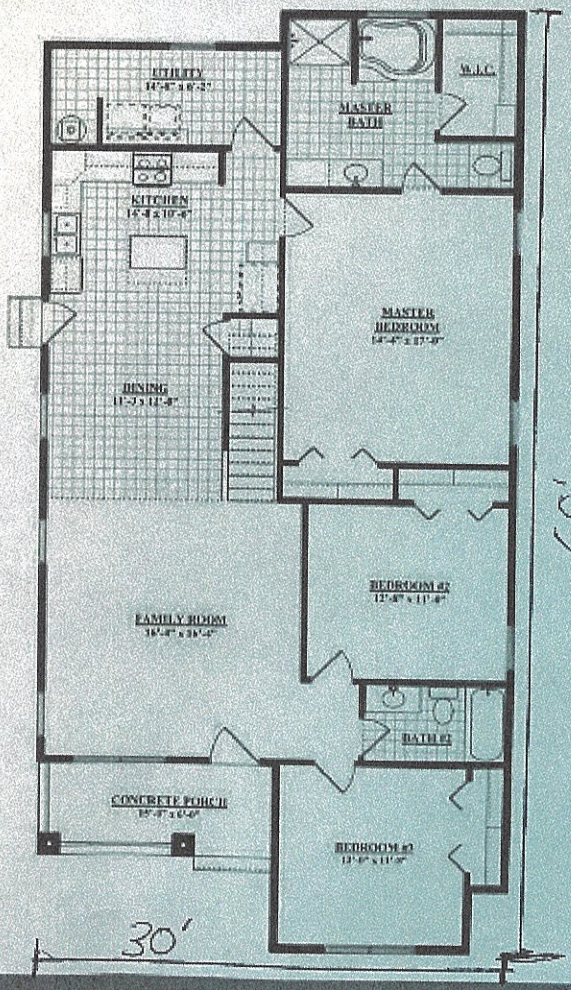




Linda O. Stewart Jr.
1-12-20

3.8.2021





Oak Elevation Floor Plan

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ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS

EQUAL HOUSING OPPORTUNITY

NAHB

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313145
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4720393284.000	924 E Monbo	Iredell County

Owner Information	Applicant Information
Name: STANKWYTCH RICHARD A JR	Name: Stankwytch Richard
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.225	35	35	15	15	WSIV-PA Catawba/Lake Norman	YES

Remarks
SFD need page 2 signed

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.

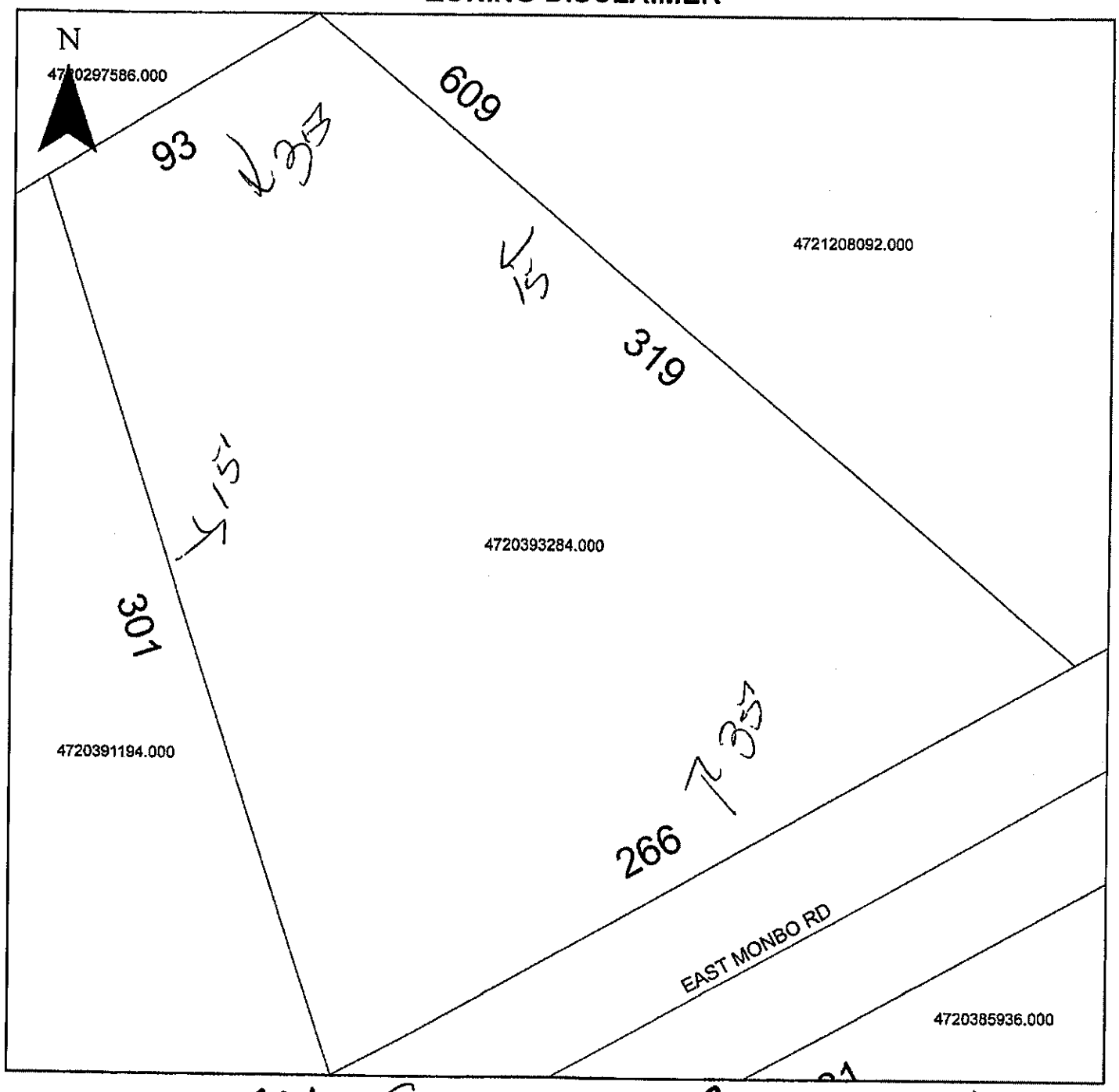
Signature of Owner/Contractor

Date: 12/04/2020

Permit Number	313145

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 924 E Monbo East Monbo Rd Statesville, NC 28677

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.

Kylie A Hollul
Applicant

12-4-2020
Date