ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-322592

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

PIN # 4720 -- 49 -- 0193

APPLICANT/OWNER: JEFFERY & KIMBERLY MORRISON APPLICANT ADDRESS: 121 HOLLY BRANCH LANE, TROUTMAN, NC, 28166

SITE ADDRESS: 127 HUDSPETH ROAD, STATESVILLE, N.C. 28677 PHONE: 980-474-8301 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN, (L) ON EAST MONBO, (L) ON HUDSPETH, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: PINECREST ESTATES SECTION: — LOT # 5 LOT AREA: 1.007 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

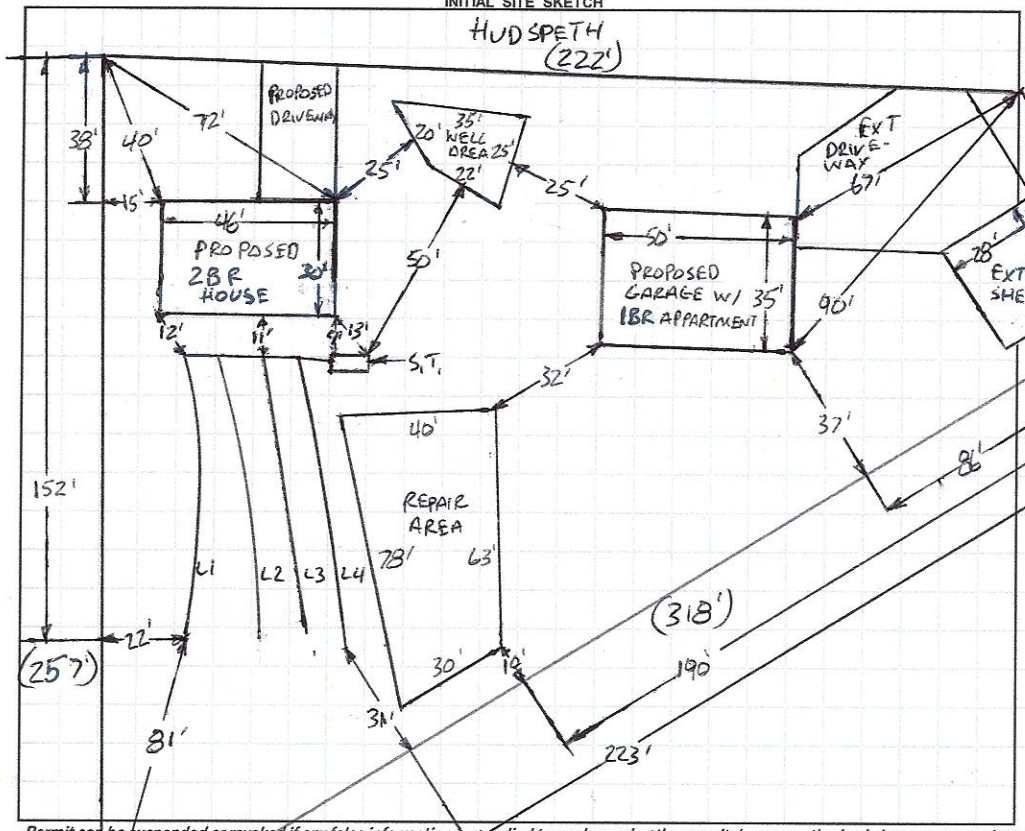
Septic Tank	1000	(gal)	STB	10IZ.	Date	2-16-22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—	Model		—	Serial #	—	Repair System Description:			50% REDUCTION	
# Nitrification Fields	1	# Lines		4	Linear Ft:	300 ft	Maintenance Agreement Required:		☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)		28 IN	Gravel Depth	—	☑ GRAVITY		☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**		
☐ Business	No. Persons	6	☑ Private		
☐ Other	No. Employees	—	☐ Public		
☑ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH. DO NOT SHALLOW UP.

GARAGE TO BE BUILT FIRST 3BR SYSTEM MUST BE INSTALL EXISTING SYSTEM REQUIRED TO BUILD HOUSE, BED ROOM MUST BE REMOVED FROM GARAGE WHEN HOUSE IS BUILT

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 = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING
L1 = 78 ft
L2 = 74 ft
L3 = 74 ft
L4 = 74 ft

* Installed as permitted *

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: 12-8-21 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-6-2021 OPERATION PERMIT by: [signature] Date: 4/22/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-6-2021 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 #: 4720-49-0
COUNTY: IREDELL

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

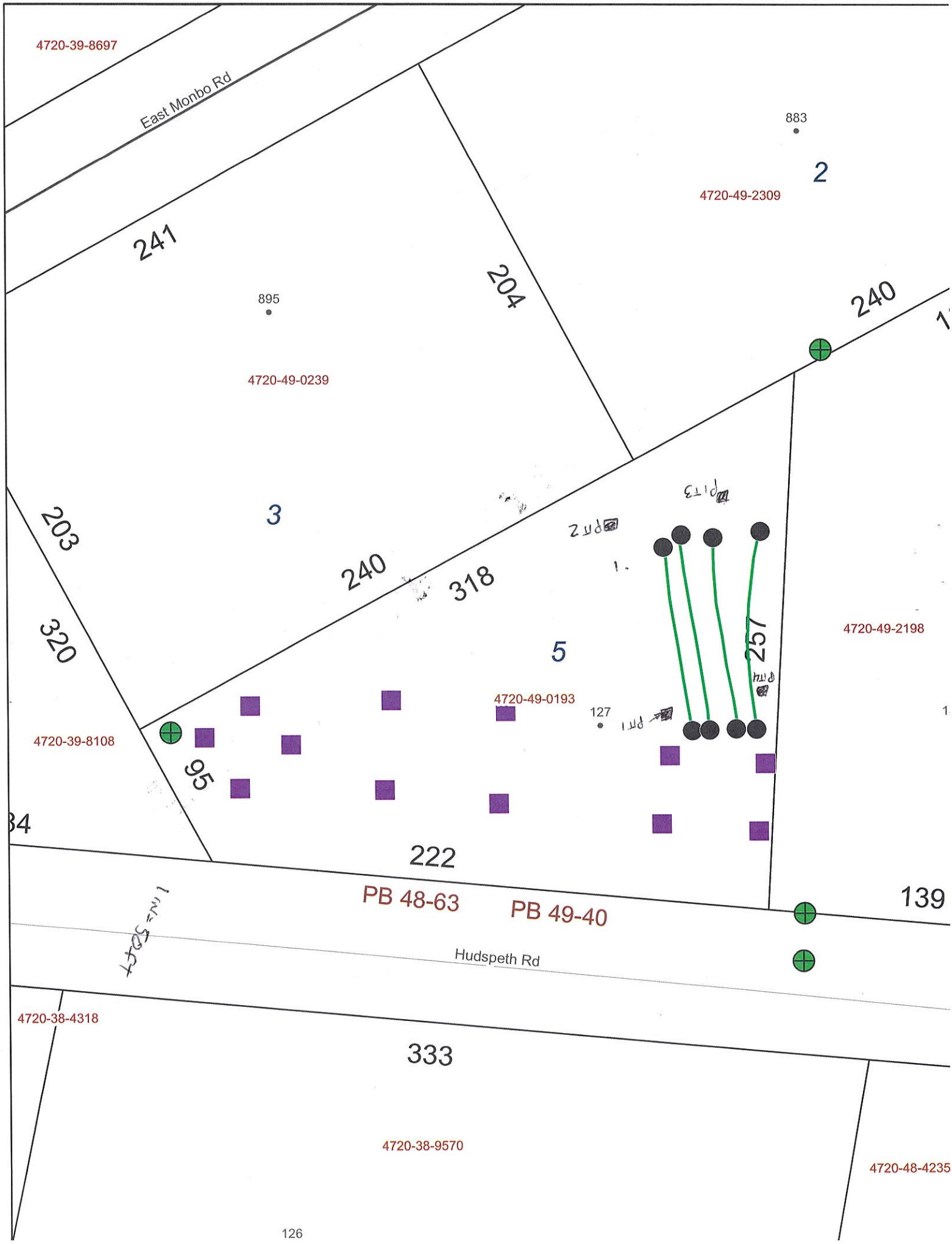
OWNER: JEFFERY + KIMBERLY MORRISON
APPLICATION DATE 10-25-202
ADDRESS: 121 HOLLY BRANCH LANE, TROUTMAN, N.C. 28166
DATE EVALUATED: 11-18-2021
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.007 AC
LOCATION OF SITE: 127 HUDSPETH ROAD, STATESVILLE, N.C. 28677
PROPERTY RECORDED: 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 7% CUT	0-5	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	53"+	NA	NA	PS .3
		5-53	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 5% NATURAL	0-24	C, ABK	FI, S, P, SEXP	SAP INC THRU OUT	56"+	NA	NA	PS .3 36 IN TRENCH BOTTOM
		24-56	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 3%	0-20	C, ABK	FI, S, P, SEXP	SAP INC THRU OUT	51"+	NA	NA	PS .3 36 IN TRENCH BOTTOM
		20-51	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-27	C, ABK	FI, S, P, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3 36 IN TRENCH BOTTON
		27-52	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:


4720-39-8697
East Monbo Rd
883
2
4720-49-2309
241
204
895
240
4720-49-0239
3
203
240
318
320
5
4720-49-2198
257
4720-49-0193
127
4720-39-8108
95
222
PB 48-63
PB 49-40
139
Hudspeth Rd
4720-38-4318
333
4720-38-9570
4720-48-4235
126

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

BW

(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)

RECEIVED OCT 27 2021

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

****

AP- 322592 $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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jeffrey Morrison	121 Holly Branch Ln	980-474 8301	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Same	Same	

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
127 Hodgepath Rd		Lot 5

Driving Directions: Old Mountain to E Morbo Rd Left on Hodgepath Lot on left.

****

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

(✓) 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 5
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) 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:

(✓) 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 _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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. Signature: _____ 10-25-21
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

322592

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, Jeffery Morrison, am the legal owner(s) of the property located at 127 Hudspeth Rd Statesville, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Same _____, 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]	10-25-21	Kimberley Morrison	10-25-21
Signature of Owner(s)	Date	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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

322592

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:

_____ Property Line measurements are clearly identified… _____ 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

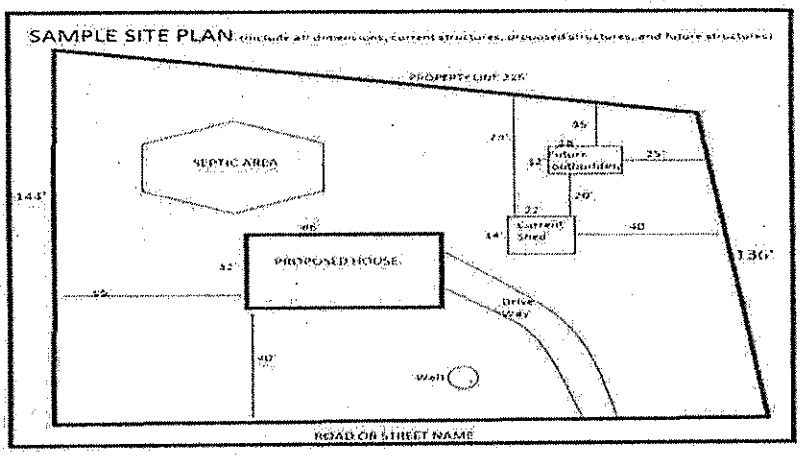
_____ Front and side setbacks from property line… _____ Preferred driveway location and configuration, preferred well location…

_____ Area you prefer your septic system to be placed… _____ North arrow, or other sufficient indicator of direction…

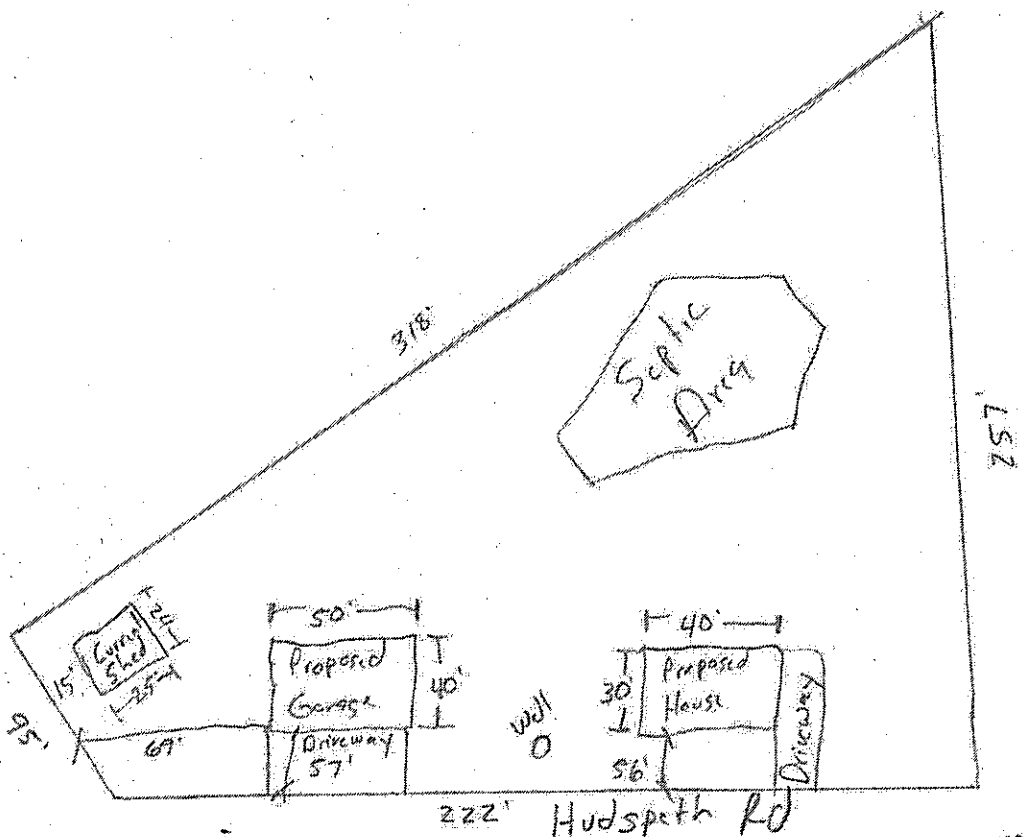
Circle N/A on the following if appropriate:

_____ 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

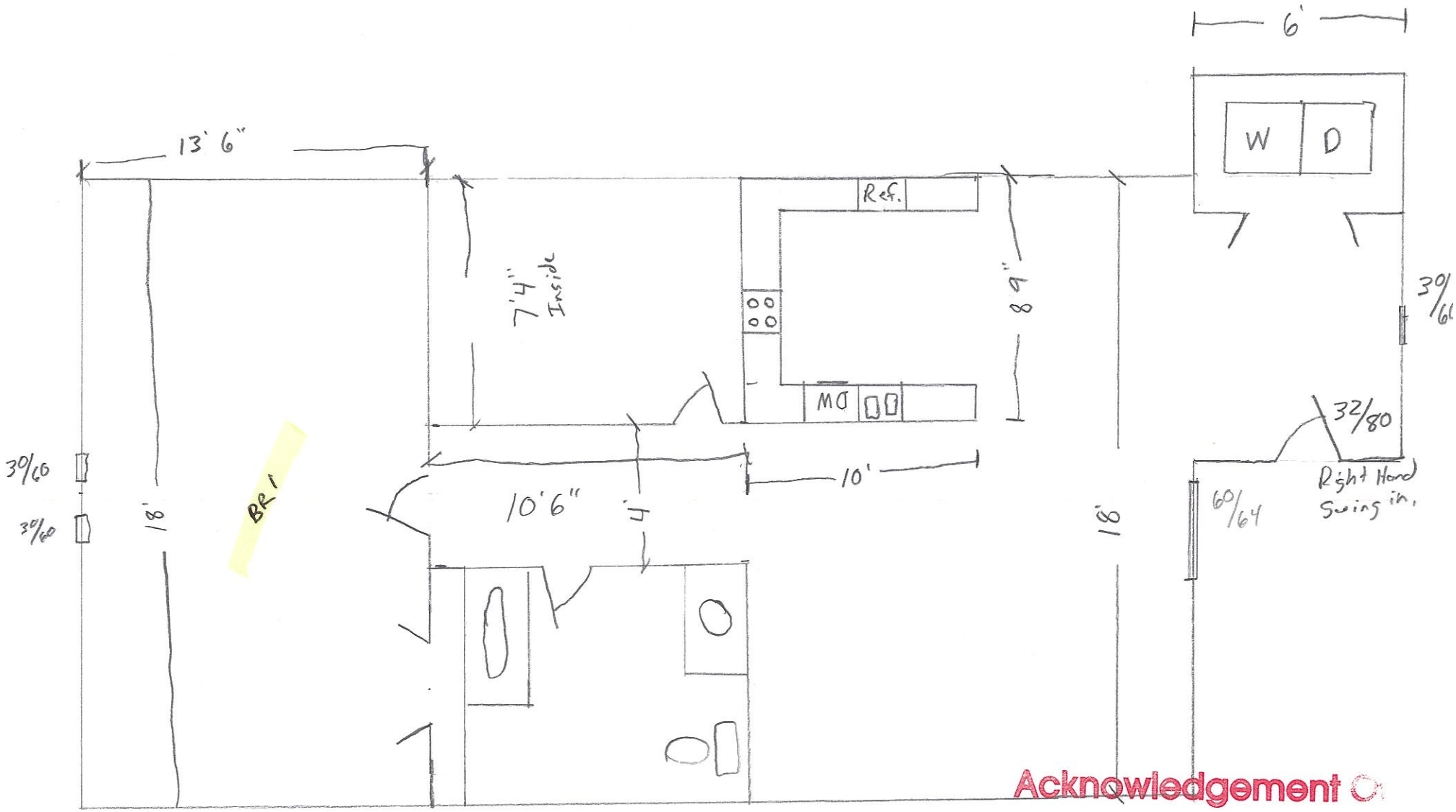


Signature: _____

REQUIRED property owner or owner's legal representative signature.

10-25-21
DATE

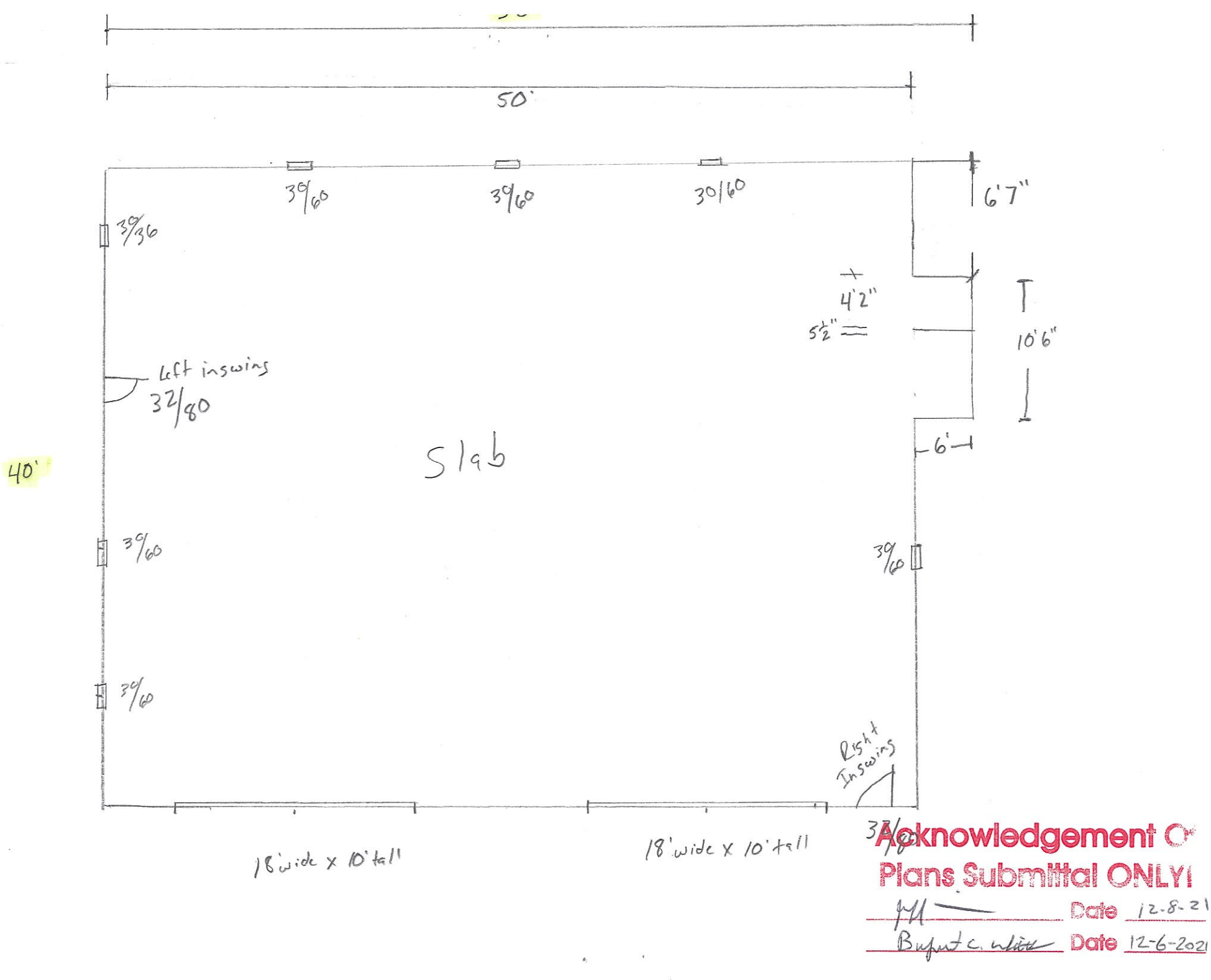
Appartment



Acknowledgement of Plans Submittal ONLY!

Date 12-8-21

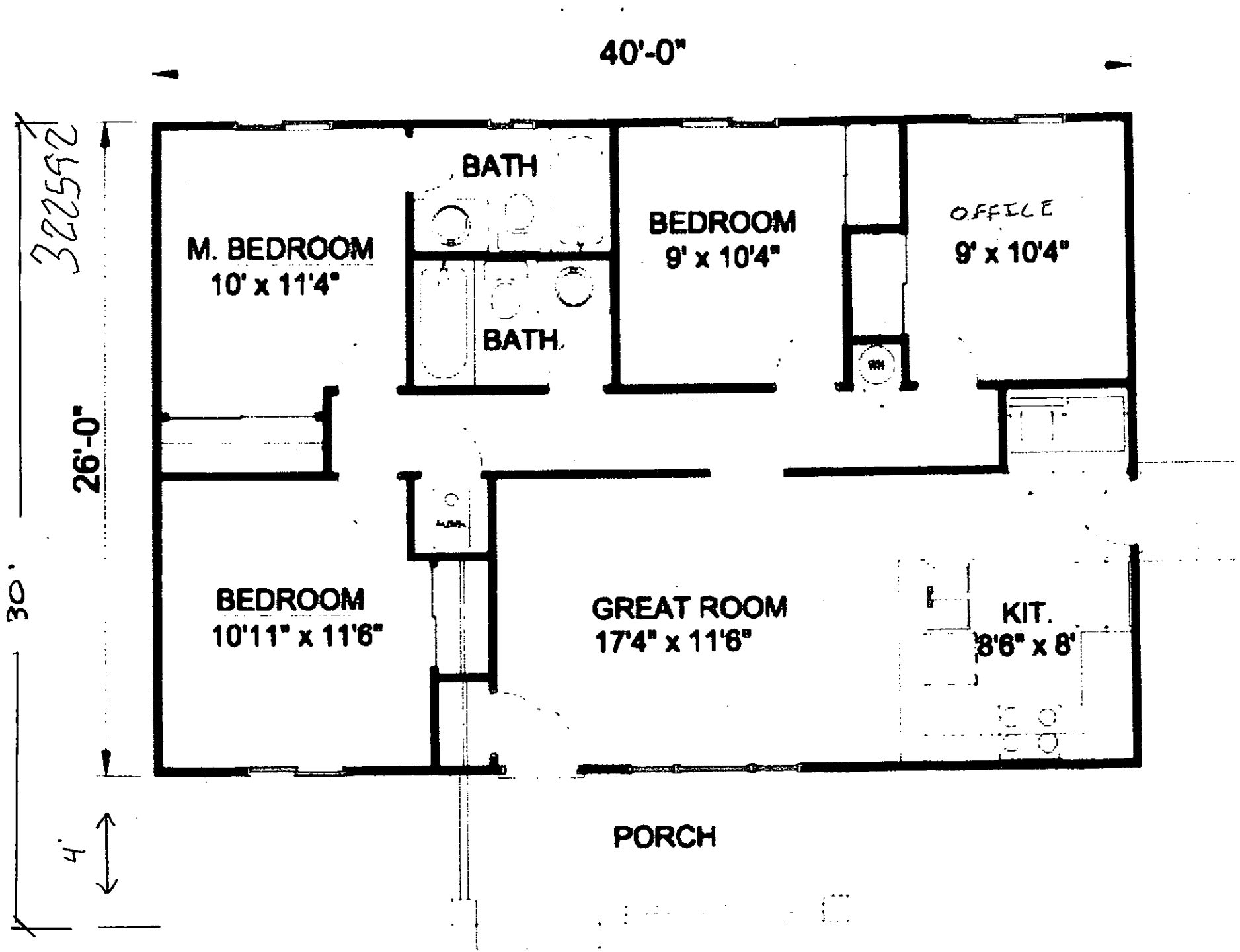
Date 12-6-2021



Acknowledgement of Plans Submittal ONLY!

Date 12-8-21

Date 12-6-2021


40'-0"
322552
26'-0"
30'
4'
BATH
M. BEDROOM
10' x 11'4"
BATH
BEDROOM
9' x 10'4"
OFFICE
9' x 10'4"
BEDROOM
10'11" x 11'6"
GREAT ROOM
17'4" x 11'6"
KIT.
8'6" x 8'
PORCH

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322592 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4720490193.000	127 HUDSPETH RD	Mooresville

Owner Information	Applicant Information
Name: MORRISON JEFFERY+KIMBERLY Address: Phone:	Name: MORRISON JEFFERY+KIMBERLY Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R20 CUD

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.007	35	35	15	15	WSIV-CA Catawba/Lake Norman	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.

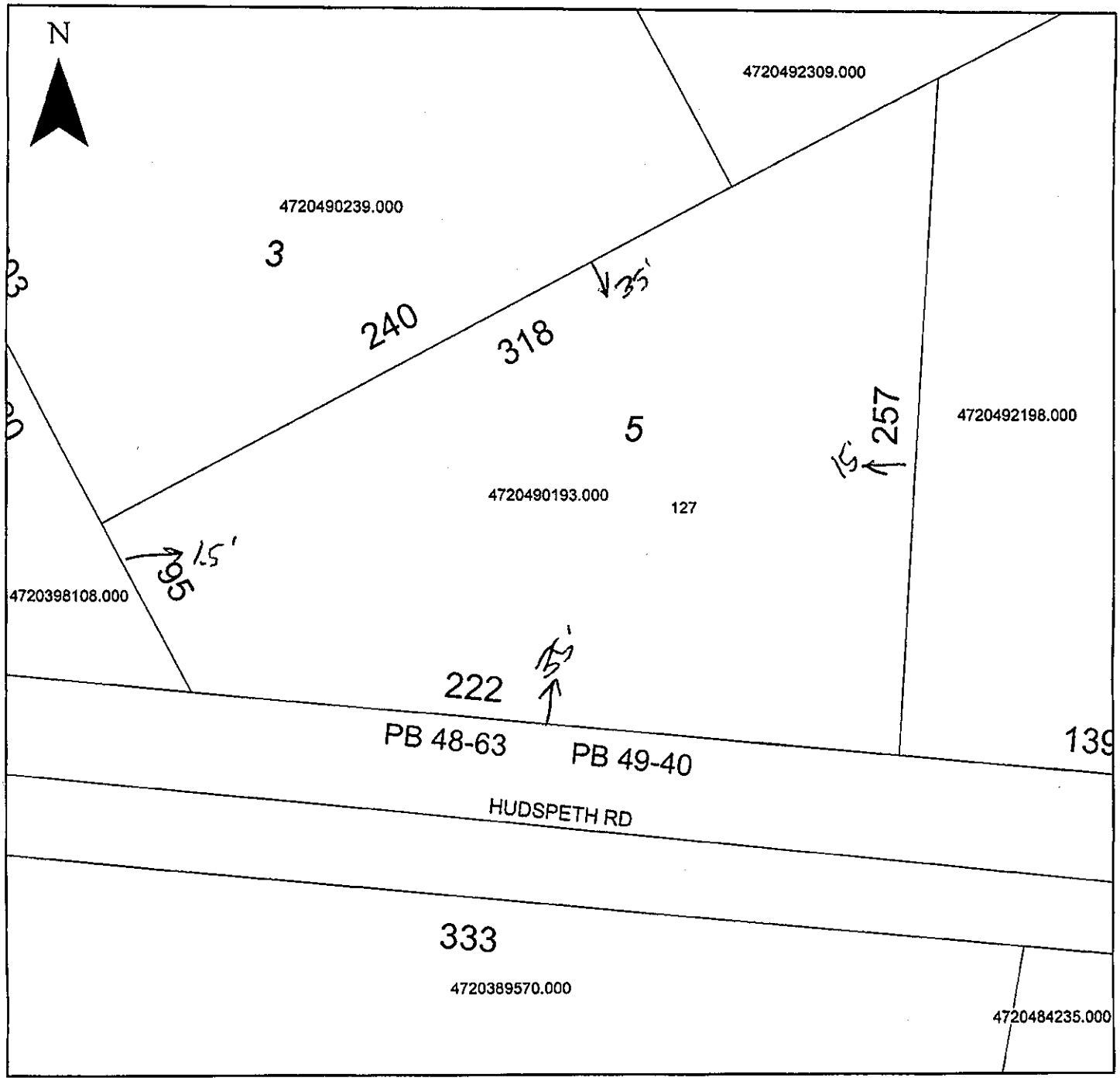
Date: 10/26/2021

Signature of Owner/Contractor

Permit Number	322592	TOTAL FEES:	$77.25

ZONING DISCLAIMER

322592



Property Address 127 Hudspeth 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

10-26-21

Date