IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229328

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

PIN # 4721-93-2862

APPLICANT/OWNER: Sedgewick Homes (Melanie Wells) APPLICANT ADDRESS: 563 E. Monbo Rd. Statesville, NC 28677

SITE ADDRESS: 563 E. Monbo Rd. Statesville, NC 28677 PHONE: 704-818-6437 ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd N from Troutman → L on E. Monbo Rd → Lot on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.354 acres DESIGN FLOW: 360 GPD L.T.A.R.:

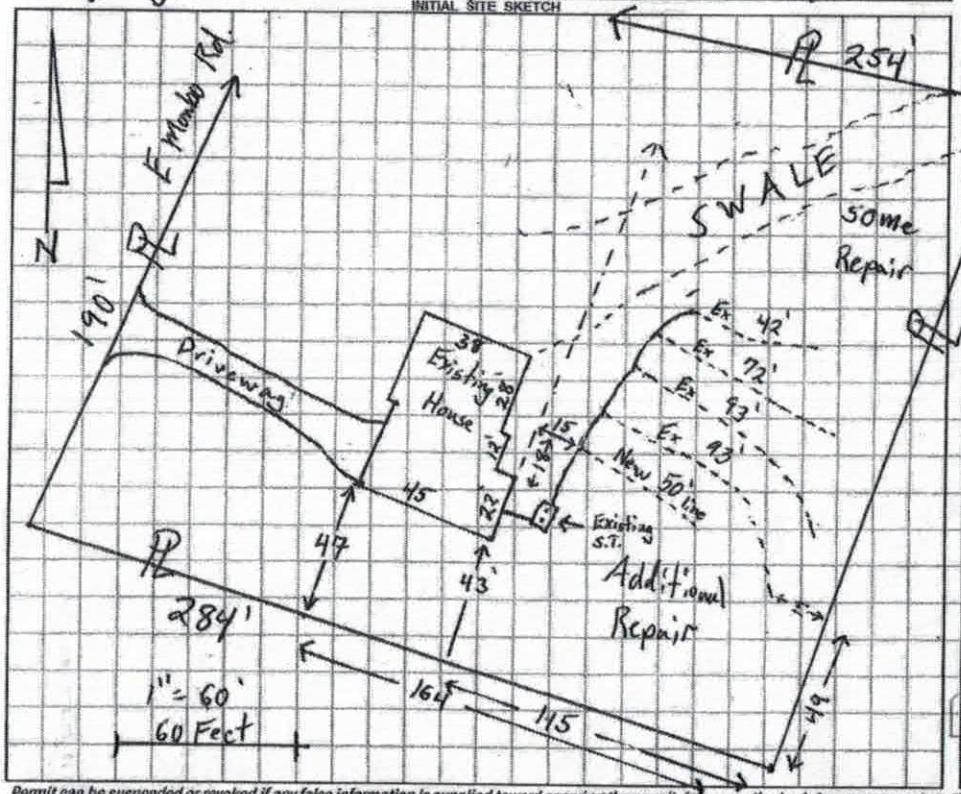
Septic Tank	1000	(gal)	STB	760	Date	11/5/17	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3
Pump Tank	—	(gal)	PT	—	Date	—	System Description: Existing + 25% Reduction/Conventional		☐ Business	No. Persons	6
Pump Make	—	Model		—	Serial #	—	Repair System Description: 50% Reduction		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	Existing + 1		Linear Ft	Existing + 50	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)			30" - 44"	Gravel Depth	— ☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		

Water Supply: ☐ Private ☒ Public ☐ Community

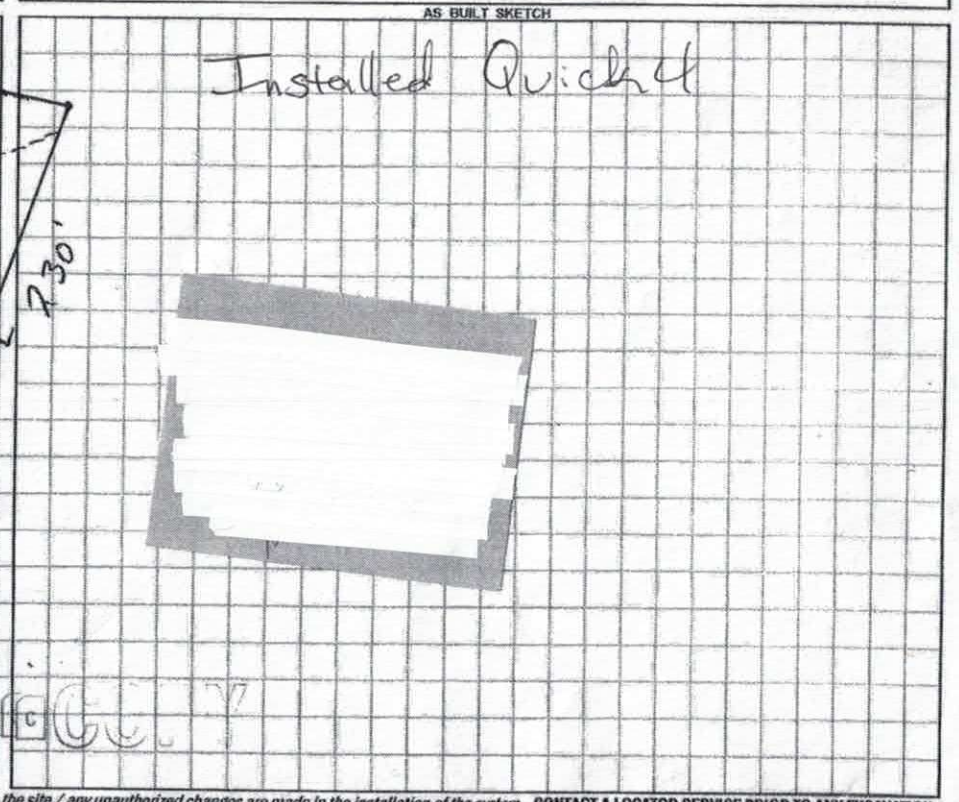
☐ Basement w/o plumbing

Comments / Conditions: * 300 l.f. of chambers installed on 1/25/18 however some (≈150') exceeded a 36" trench bottom depth. Consequently, this additional 50' of drainfield line shall address that condition *
Recommend pumping septic tank every 3-5 years.

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: Thomas M Bernard Date: 2-9-18 Installed by: TB Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/8/2018 OPERATION PERMIT by: Marian Dotson Date: 2/15/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/8/2018 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Melanie Wells
ADDRESS: 175 Carriage Club Drive Mooresville, NC
PROPOSED FACILITY: SFR-3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 563 E. Monbo Rd. Troutman

APPLICATION DATE 7/10/17
DATE EVALUATED: 9/7/17
PROPERTY SIZE: 1.354 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 8%	0-4	v.f. SL SBK	SL Firm, SS, SP, SAP	H_2O Weeping 12-18" No redox rained 2" yesterday	33"	—	—	0.325 PS
		4-24	clay w-m SBK some mica	SL Firm, Sticky, SP, SAP					
		24-33	Clay Loam w. SBK some SAP	SL Friable, SS, SP, SAP					
		33-63	Saprolite Loamy Sandy MA	very Friable + well Drained					
2	LSS 8%	0-3	SCL v.w SBK	SL Firm, SS, SP, SAP	—	43"	—	—	0.30 PS
		3-28	clay w-m SBK some mica	SL Firm, Sticky, SP, SAP					
		28-43	Clay Loam w. SBK some mica SAP	SL Friable, SS, SP, SAP					
		43-65	Saprolite Loamy MA	very Friable + well Drained					
3	LSS 8% Repair	0-7	SCL v.w. SBK	SL Firm, SS, SP, SAP	—	33"	—	—	0.30 PS
		7-23	Clay m SBK/ABK	SL Firm, Sticky, SP, SAP					
		23-33	Clay Loam w. SBK some mica	SAP SL Friable, SS, SP, SAP					
		33-64	Saprolite (MA) Loam/Sandy	Friable + Moderately Drained					
			Some gravels 41"-45" very nice sand below	clay Plug					
4	8% Shoulder slope LSS	0-8	SCL v.w. SBK	SL Firm, SS, SP, SAP	—	56"	—	—	0.325 PS
		8-19	clay w-m SBK some mica	SL Firm, sticky SP, SAP					
		19-56	clay Loam w. SBK common SAP mica	very Friable, SS, SP, SAP					
		56-67	MA Loamy Saprolite	very Friable + well Drained					

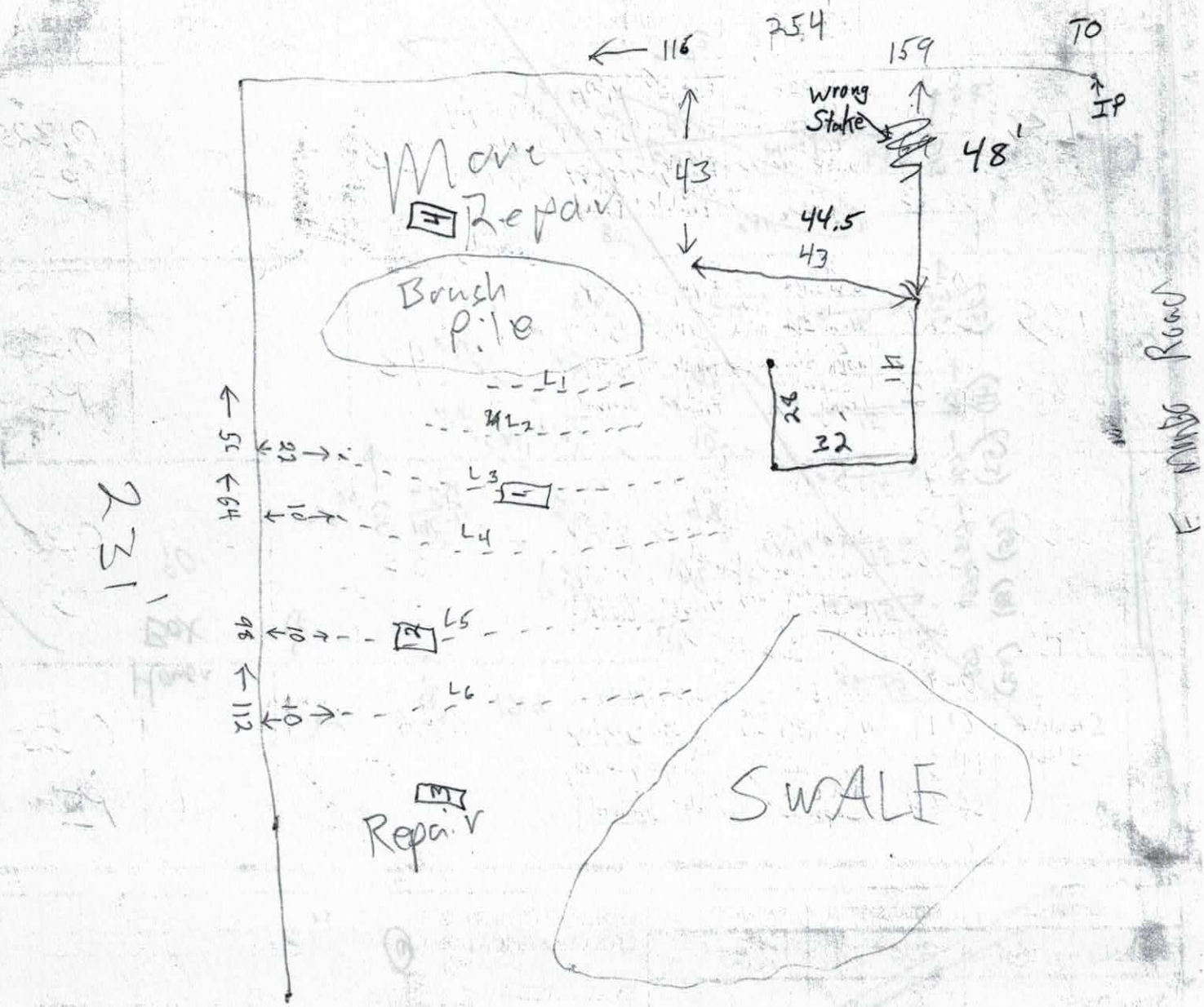
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	280+
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shutt
OTHER(S) PRESENT: ___

254 (Measured)
or
284 (per GIS)
[Discrepancy]

		21	
L_1	W	4.79	34'
L_2	B	5.12	54
L_3	W	5.58	100
L_4	B	6.58 (8.85)	112
L_5	W	7.31	84'
L_6	B	8.01	75'
			459

★ Per applicant on 9/27/17, several house stakes missing. Likewise return site visit made 9/27 to re-locate/tape up house



229328 Relayout App

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Sedgewick Homes Address: 563 E Monbo Rd Stvl 7 Phone: 7048186437

Owner Name: Melanie Wells Address: 175 Carriage Club Drive, Apt 5-207 Phone: 336-404-9807

Property Information: 563

Street Address: ~~[illegible]~~ E. Monbo Road Statesville, NC ~~[illegible]~~ 28677

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

Driving Directions: 77 South to Exit 45, turn R onto Amity Hill, turn L onto Murdock, Continue on Old Mountain Rd, turn L onto E Monbo Rd - Lot is between 561 and 557 E Monbo Rd

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3-
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water (Troutman) ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (4) Conventional ( ) Innovative (2) 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.

Signature: Thomas M Bernard 2-1-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit-Construction Authorization

2/8/18

Owner: Melanie Wells
Address 175 Carriage Club Dr.
Statesville, NC

Subject: Notice of Intent to Revoke 563 E Monbo Rd.
PIN: 4721-93-2862 Construction Authorization - Improvement Permit- # 221328
(issued 9/28/17)

Dear ~~Sirs~~: Ms. Wells.

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Construction Authorization-Improvement Permit III (referenced above) conditions. As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...if **the information submitted** in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked.**"

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit-Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in

accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is** 2/8/2018. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

_____ (Date)

Owner: _____
Address: _____
_____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
563 E Manbo Rd. PIN 4721-93-2862. #229328

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 9-28-17 (date) for a system

25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229328

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

PIN # 4721-93-2862

APPLICANT/OWNER: Melanie Wells APPLICANT ADDRESS: 175 Carriage Club Dr. Apt. #207 Mooresville, NC 28117

SITE ADDRESS: 563 E. Monbo Rd. Statesville, NC 28677 PHONE: 336-404-9887 ALT. PHONE

SITE DIRECTIONS: Old Mtn Rd N from Trantham → L on E. Monbo Rd → Lot on left SAP CONTROLLED: ☒ YES ☐ NO

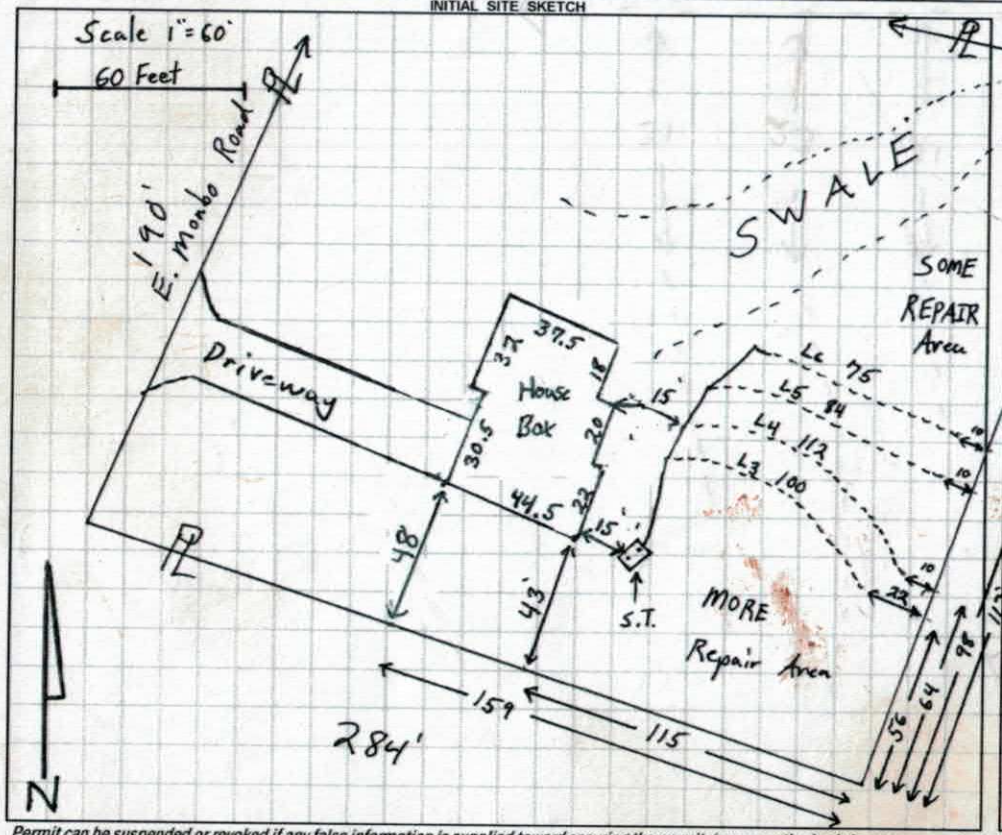
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.354 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB 760	Date	11-5-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% Reduction (Serial Distribution)		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

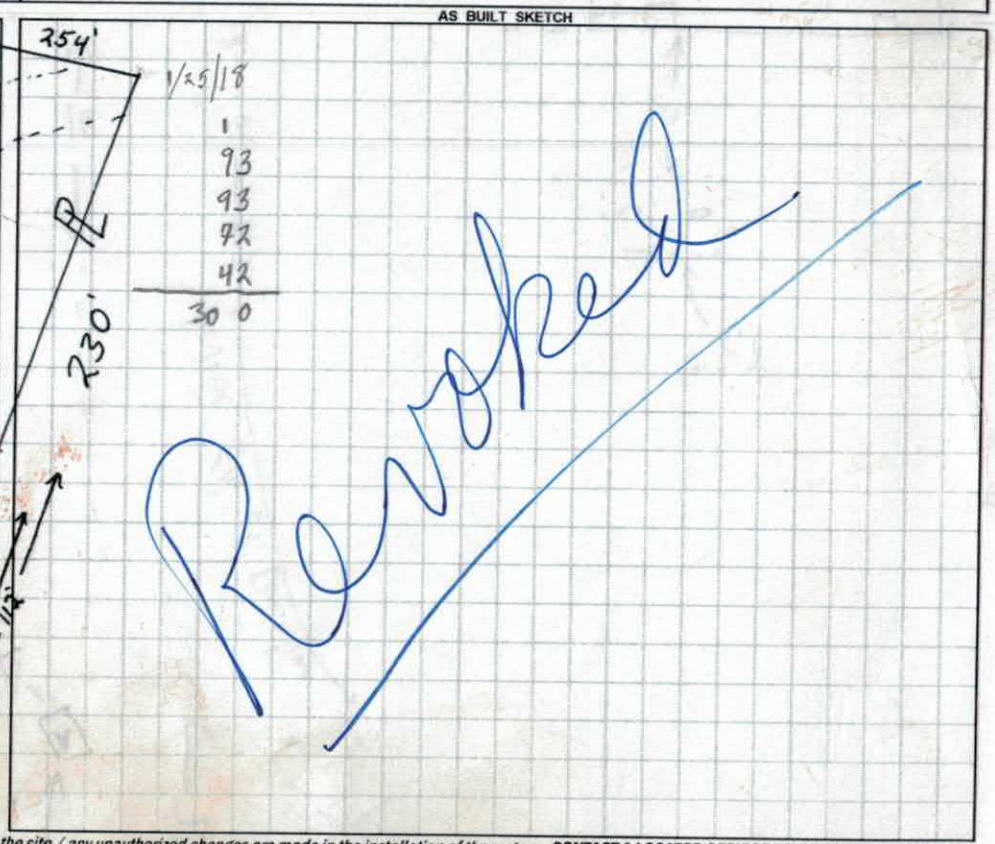
☒ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☐ Private		
☐ Other	No. Employees		☒ Public		
☒ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Though 371 l.f. of line has been laid out, only 300 l.f. needs to be installed.

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: Thomas N Burney Date: 12-1-17 Installed by: TB Grading + Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/28/17 OPERATION PERMIT by: Date:

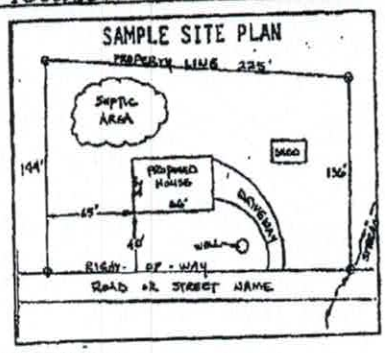
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/28/17 Existing System Inspected by: Date:

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:

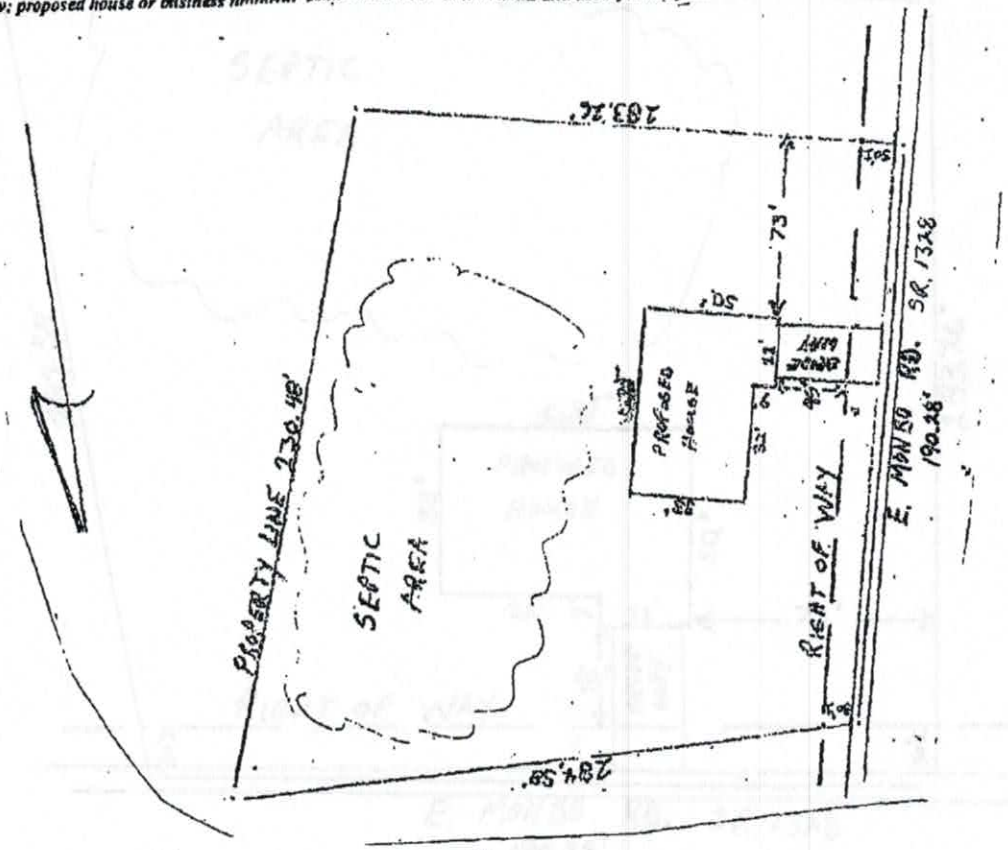
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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

Show: proposed house or business footprint, walk, water line, patios, pools and decks, and any other item that will occupy space on the site



Signature: Thomas N Bernard

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

2-1-18

DATE

The Laurel Valley

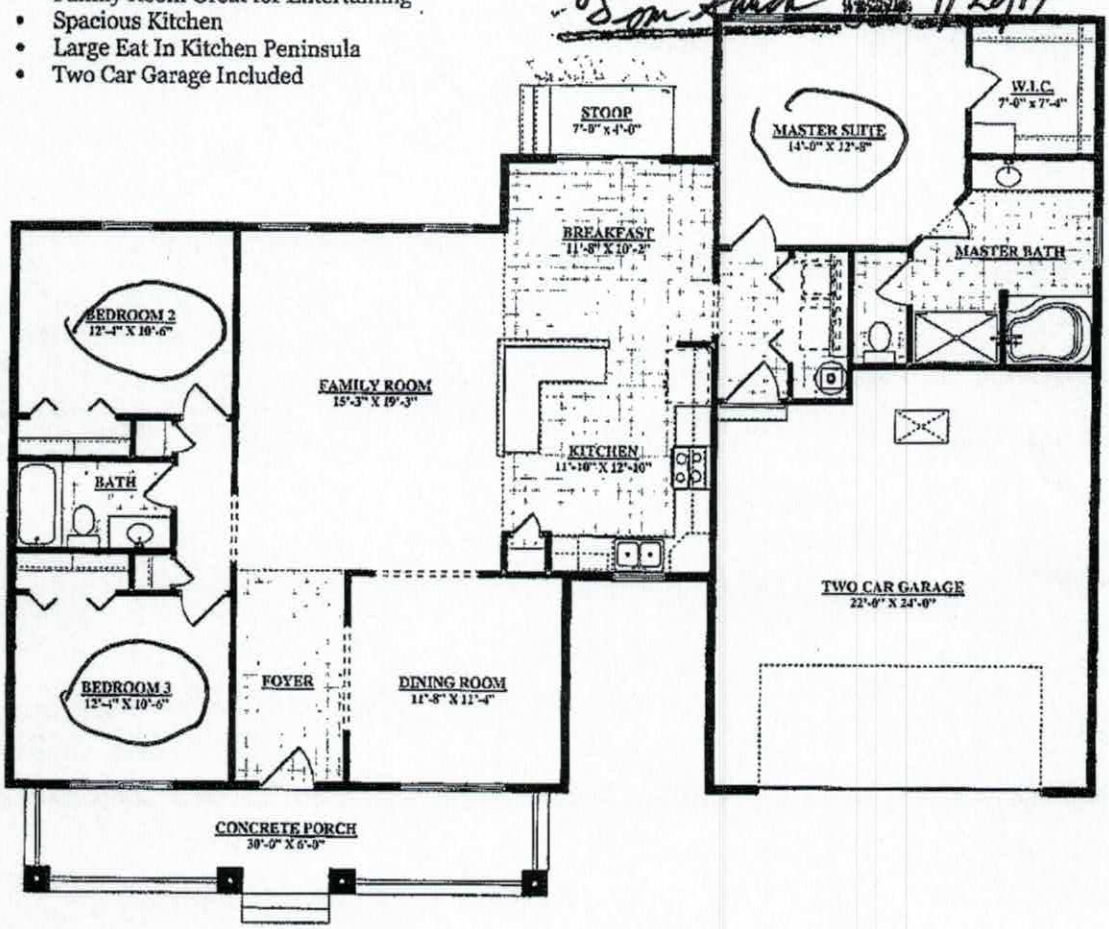
1,691 Living Area 3 Bedroom / 2 Bath

SEDGEWICK HOMES

Features

- Spacious Master Bedroom
- Garden Tub in Master Bath
- Large Master Bedroom Walk in Closet
  Family Room Great for Entertaining
- Spacious Kitchen
- Large Eat In Kitchen Peninsula
- Two Car Garage Included

Acknowledgement Of Plans Submittal ONLY!
Melanie Wells Date 8/9/17
Tom Lund Date 9/28/17



The Oak Elevation Floor Plan

Please see Sales Agent for Plan Differences.

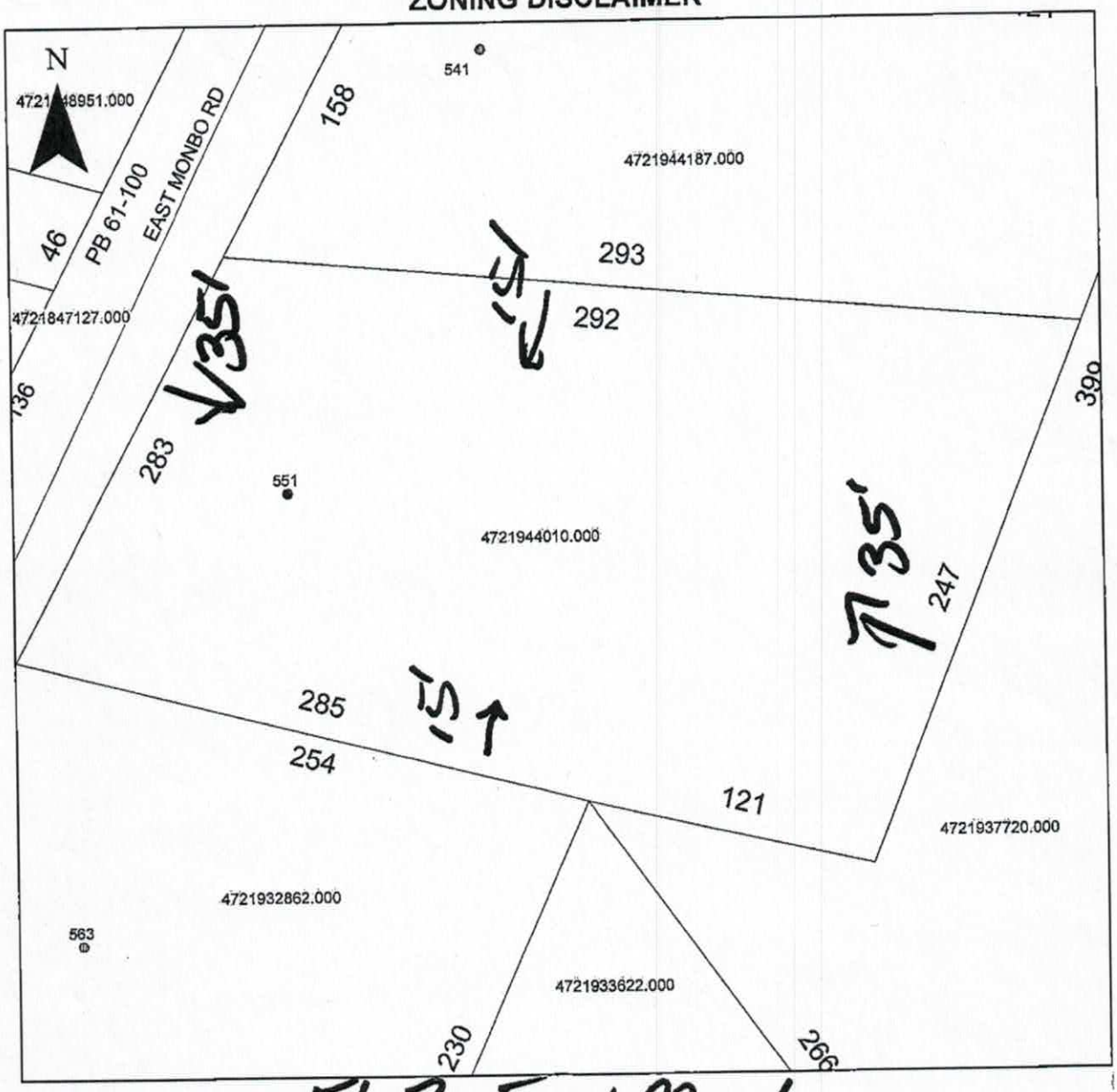
These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

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BBB ACCREDITED BUSINESS NAHB EQUAL HOUSING OPPORTUNITY

Visit our website or call us today to speak with a sales person.
Toll Free: 1-877-358-9199 www.sedgewickhomes.com

ZONING DISCLAIMER



Property Address 563 East Monbo

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.

M Wells
Applicant

8/9/17
Date