BRENDAN JONES NEW APPLICANT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 225543

APPLICANT: ~~Jamie Adams~~ / CS+SC

APPLICANT ADDRESS: 1408 Winter Drive, Statesville, NC

PIN # 4721-95-8822

SITE ADDRESS: 462 East Monbo Rd. Statesville, NC 28677

PHONE:

ALT. PHONE: Adrian Pruett 704-202-5791

SITE DIRECTIONS: Rt 115 S from Statesville → R on Old Mountain Rd → L on E. Monbo Rd → Lot on Right (1.5 miles)

SUBDIVISION: High Grove

SECTION: 1 LOT # 9 LOT AREA: 0.620 ACRES DESIGN FLOW: 240 GPD L.T.A.R.: 0.250

Septic Tank	1000	(gal)	STB	157	Date	8-16-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (w/ distribution box)			☐ Business	No. Persons	4	☐ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	Drip (3600 ft²)			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	2	# Lines	7 (total)		Linear Ft:	240'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth	15" (low side)		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Any additional cover needed for the system installation must be of a soil group #2 or #3 textural variety. [To be verified by EHS @ time of final inspection]

Recommend pumping septic tank every 3-5 years.

* No foundation drains to be installed *

INITIAL SITE SKETCH

See attached plans from Carolina Septic + Soil Consulting, PLLC.

Revised 4-13-2017 Adrian Pruett LSS# 1314

AS BUILT SKETCH

Installed Quick 4 10ft from ST to house
Did not use D-box
OK by Soil Scientist
Approved additional cover.

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: 4/28/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/26/2017

AUTHORIZATION TO CONSTRUCT by: Bernard C. White Date: 11-29-2018

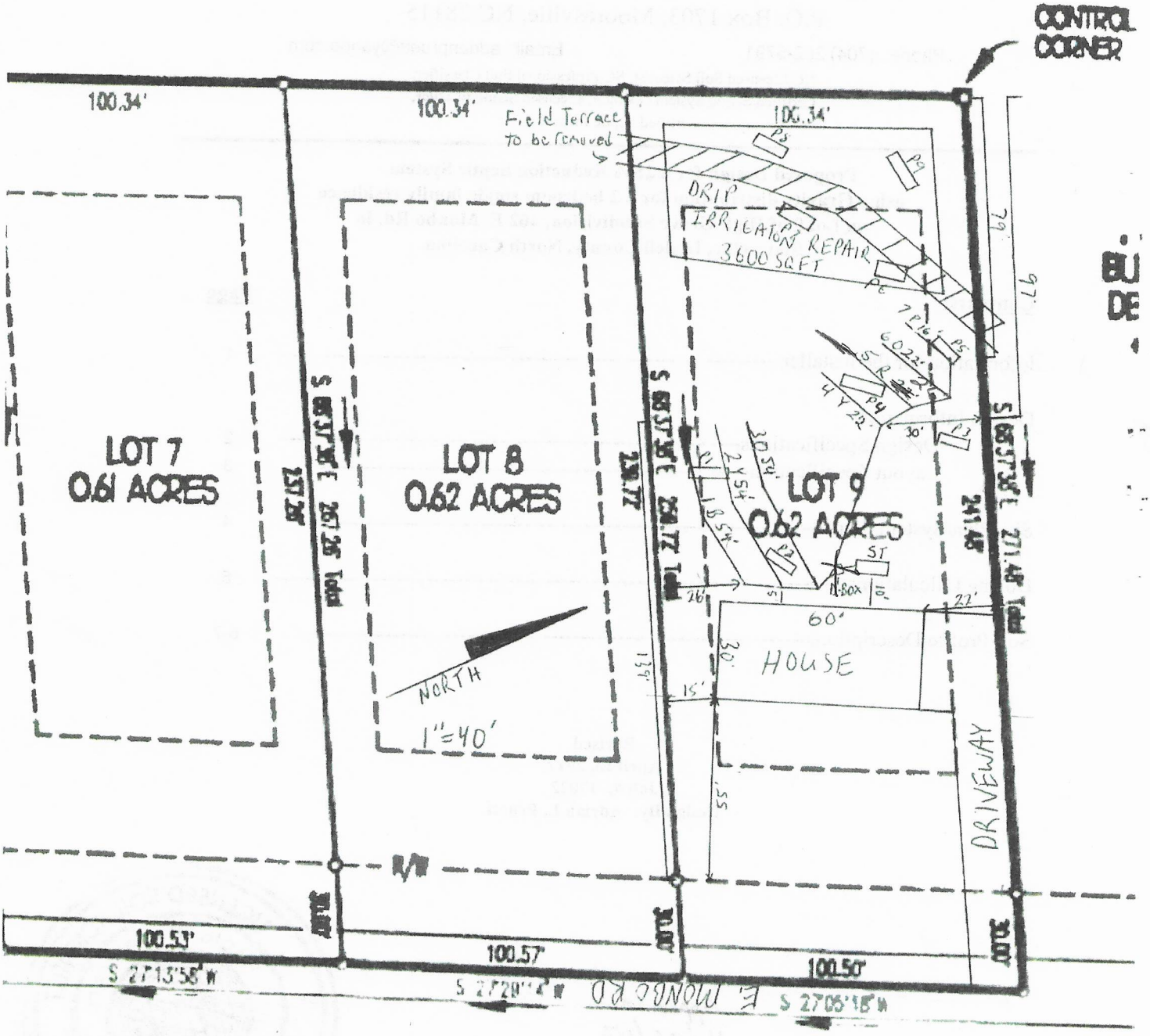
Installed by: Richard Abernathy

OPERATION PERMIT by: Marian Dotson Date: 11/18/19

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

XRES



Approved
4-26-17

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist. SC Professional Soil Classifier.
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System using Gravity distribution for a 2 bedroom single family residence on Lot 9 of High Grove Subdivision, 462 E. Monbo Rd. in Statesville, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2
Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Soil Profile Descriptions	6-7

Revised
April 13, 2017
Job #: 17022
Design By: Adrian L. Pruett

Approved
4/26/17



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- **Design precludes use of foundation drains on the residence.**
- System is specified as a Shallow Accepted 25% Reduction Gravity installation.
- Repair is specified as Drip Irrigation System.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner: Jamie Adams
Address: 1408 Winter Dr.
Statesville, NC 28677

Client: Jamie Adams and Aaron Lipps
Address: 1408 Winter Dr.
Statesville, NC 28677
Contact: Aaron Lipps
Phone: 704-928-7953
County: Iredell
Location: LOT 9 OF HIGH GROVE, 462 E. MONBO RD.

Source of Wastewater Flow: 2 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 240
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 244
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 244
Total Lateral Length Required: 240
Trench Depth: 15 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 732

Trench Spacing on Center: 9 ft.

Repair Trench Depth: 6 in.
Repair Trench Width: 1 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 65
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 23.40
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS

Approved
4-26-17

LOT 9 OF HIGH GROVE, 462 E. MONBO RD.
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 2 BEDROOM RESIDENCE

April 13, 2017

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*BLUE*	*NA*	*NA*	*54*	*54*
2	*YELLOW*	*NA*	*NA*	*54*	*54*
3	*ORANGE*	*NA*	*NA*	*54*	*54*
4	*YELLOW*	*NA*	*NA*	*24*	*22*
5	*RED*	*NA*	*NA*	*24*	*22*
6	*ORANGE*	*NA*	*NA*	*24*	*22*
7	*PINK*	*NA*	*NA*	*20*	*16*
8	DRIP IRRIGATION	NA	NA	3600 SQ.FT.	3600 SQ.FT.
			Total	**254**	**244**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*244*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	3600 SQ.FT.	*INNOV.*	0.125	DRIP IRRIGATION	LOW PRESSURE

Notes:
** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Six inches of county approved Group III cover is required to be brought in to maintain the minimum required cover. CS&SC recommends 10"-12" of cover.**
The septic tank will have to be set in a way to maintain gravity fall to all septic system components (otherwise a pump tank will be required), potentially 6-10" out of the ground.
Fill will be required to cover tank.
House needs to be constructed in a way to achieve fall from it to the tank
Three hole D-Box will be required, 2 lines to be ran from D-Box to upper 2/3 of drainfield and one ran to the lower 1/3 of the drainfield.
Existing field terrace to be removed off of repair area, see site plan.
Iredell County has CS&SC's permission to change septic tank location and distribution type

Approved
4-26-17

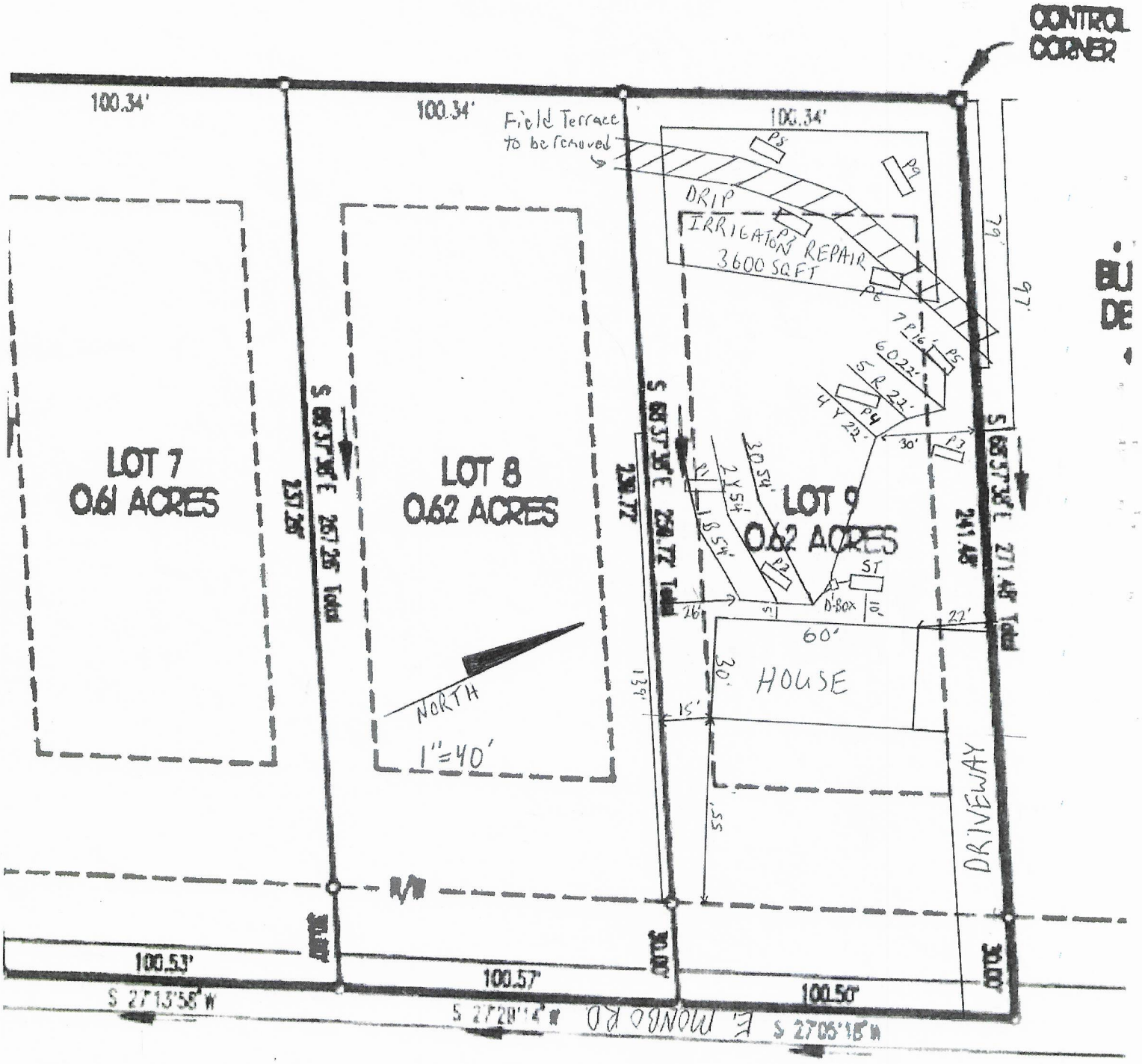
DOSING CALCULATIONS

Location HIGH GROVE
Lot No: 9
Address: 462 E. MONBO

No. of Bedrooms	2
Design Flow	240 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	65 ft.
Supply Line Volume	23.4 gal.
Required Feet of 25% RED. Line	240 ft.
Amount of Line from Layout	244 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	159.332 gal.

Approved 4-26-17

XRES



Approved
4-26-17

PROPERTY ID #: 4721958822
COUNTY: Iredell

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

OWNER: Jamie Adams
ADDRESS: 1408 Winter Dr., Statesville, NC 28677
PROPOSED FACILITY: 2 Bdrm Res. PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 462 E. Monbo Rd., Statesville
WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 4/11/17
PROPERTY SIZE: 0.62 ac
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P 1	LSS 3%	0-4	B CL WFSBK	FR SS SP SEXP	N/A	20"	PS	28"	PS
		4-20	R CL MFSBK	FI S P SEXP					
		20-28	VAR CR LS SAP M	FI NS NP NEXP	-20% WR				
		28-35	WR						0.25 GPD/SQFT TO 28"
P 2	LSS 3%	0-2	B CL WFSBK	FR SS SP SEXP	N/A -FEW WR	31"	N/A	31"	PS
		2-31	R C MFSBK	FI S P SEXP					
		31-39	WR/ROCK						0.275-0.3 GPD/SQFT TO 31"
P 3	LSS 7%	0-2	B CL WFSBK	FR SS SP SEXP	N/A -FEW WR/ROCK 20%	18"	N/A	18"	PS
		2-18	R C MMABK	FI S P SEXP					
		18	ROCK						0.1 GPD/SQFT TO 18"
P 4	LSS 7%	0-6	B CL WFSBK	FR SS SP SEXP	N/A -FEW YB, FEW GRAVEL -COM CR SAP -COM R C INCL.	34"	PS	38"	PS
		6-22	R CL MMABK	FI S P SEXP					
		22-34	R C WFSBK	FR SS SP SEXP					
		34-38	VAR LS SAP M	FI SS SP SEXP					0.25 GPD/SQFT
		38-45	WR						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	SHALLOW 25% RED.	DRIP IRR.
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: TOM SHUCK, AARON LIPPS, DAVID BEANE

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4721958822
DATE OF EVALUATION: 4/11/17
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P 5	LSS 7%	0-7	B CL WFSBK	FR SS SP SEXP	N/S -FEW YB -FEW SAP	28"	N/A	28"	PS 0.25 GPD/SQFT TO 28"
		7-17	BR C MMABK	FI S P SEXP					
		17-28	R C WFSBK	FI SS SP SEXP					
		28	WR						
P 6	LSS 10%	0-6	B CL WFSBK	FR SS SP SEXP	N/A -FEW ROCK	19"	N/A	19"	PS 0.1 GPD/SQFT TO 19"
		6-19	R C MMSBK	FI S P SEXP					
		19-48	WR						
P 7	LSS 10%	0-7	B CL WFSBK	FR SS SP SEXP	-FEW GRAVEL -FEW ROCK N/A	18"	N/A	18"	PS 0.1 GPD/SQFT TO 18"
		7-18	R C WFSBK	FI S P SEXP					
		18-61	WR/ROCK						
P 8	LSS 11%	0-9	B SCL/CL WFSBK	FR SS SP SEXP	N/A -FEW YB -FEW YB	24"	N/A	24"	PS 0.1 GPD/SQFT TO 24"
		9-16	R C MMABK	FI S P SEXP					
		16-24	R C WFSBK	FI SS SP SEXP					
		24-58	WR/ROCK						
P 9	LSS 12%	0-6	B CL WFSBK	FR SS SP SEXP	N/A	22"	N/A	22"	PS 0.1 GPD/SQFT TO 22"
		6-22	R C MFSBK/ABK	FI S P SEXP					
		22-42	WR/ROCK						

COMMENTS: _____

RECEIVED NOV 29 2018 225543

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Brendan Jones **Address:** 128 Pinecroft Ct Statesman NC **Zip:** 28166
Applicant Email: bjonesplumb@yahoo.com **Phone:** 704-746-5707 **Alt. Phone:**
Owner Name: Brendan Jones **Address:** 128 Pinecroft Ct. **Zip:** 28166
Owner Email: bjonesplumb@yahoo.com **Phone:** 704-746-5707 **Alt. Phone:**

Property Information:

Street Address: 462 / East Monbo rd
Subdivision Name: HIGH GROVE **Section/Phase:** **Lot Number:** 8,9
Driving Directions: 21 to Old Mountain rd, left on Monbo, 1.5 Mi. on rt.

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

(✓) 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: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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:
(✓) 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 (X) Conventional ( ) Innovative ( ) 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: _____ 11/27/18
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, Brendan D. Jones, am the legal owner(s) of the property located at 462, EAST MONBO RD. STATESVILLE identified as

PIN (Parcel Identification Number) 4721-95-8832, 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.

_____ 11/27/18

Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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)

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

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 #
Jamie Adams/CS&SC	1408 Winter Dr., Statesville NC 28677		Adrian Pruett 704-202-5791
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jamie Adams	1408 Winter Dr. Statesville NC 28677	Aaron Lipps	704-928-7953

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
462 E. Manbo Rd	High Grove	9

Driving Directions: Hwy 115 S, TR on Old Mountain, TL on E. Manbo, Lot on R approx. 1.5 miles in field

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 2
Maximum Number of Occupants 4
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: _____ 3-14-17

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
Prevent. Promote. Protect.
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, Jamie Adams and Aaron Lipps, am the legal owner(s) of the property located at 462 East Monbo Rd., Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4721-95-8822.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian L. Pruett and Carolina Soil & Septic Consulting, 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.

Jamie Adams 3-8-17 — Signature of Owner(s) — Date

Adrian L. Pruett 3-8-17 — 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

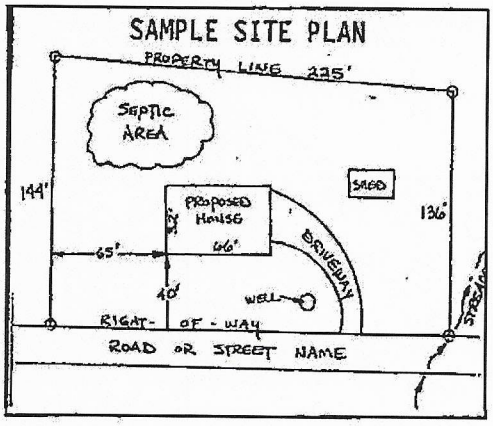
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

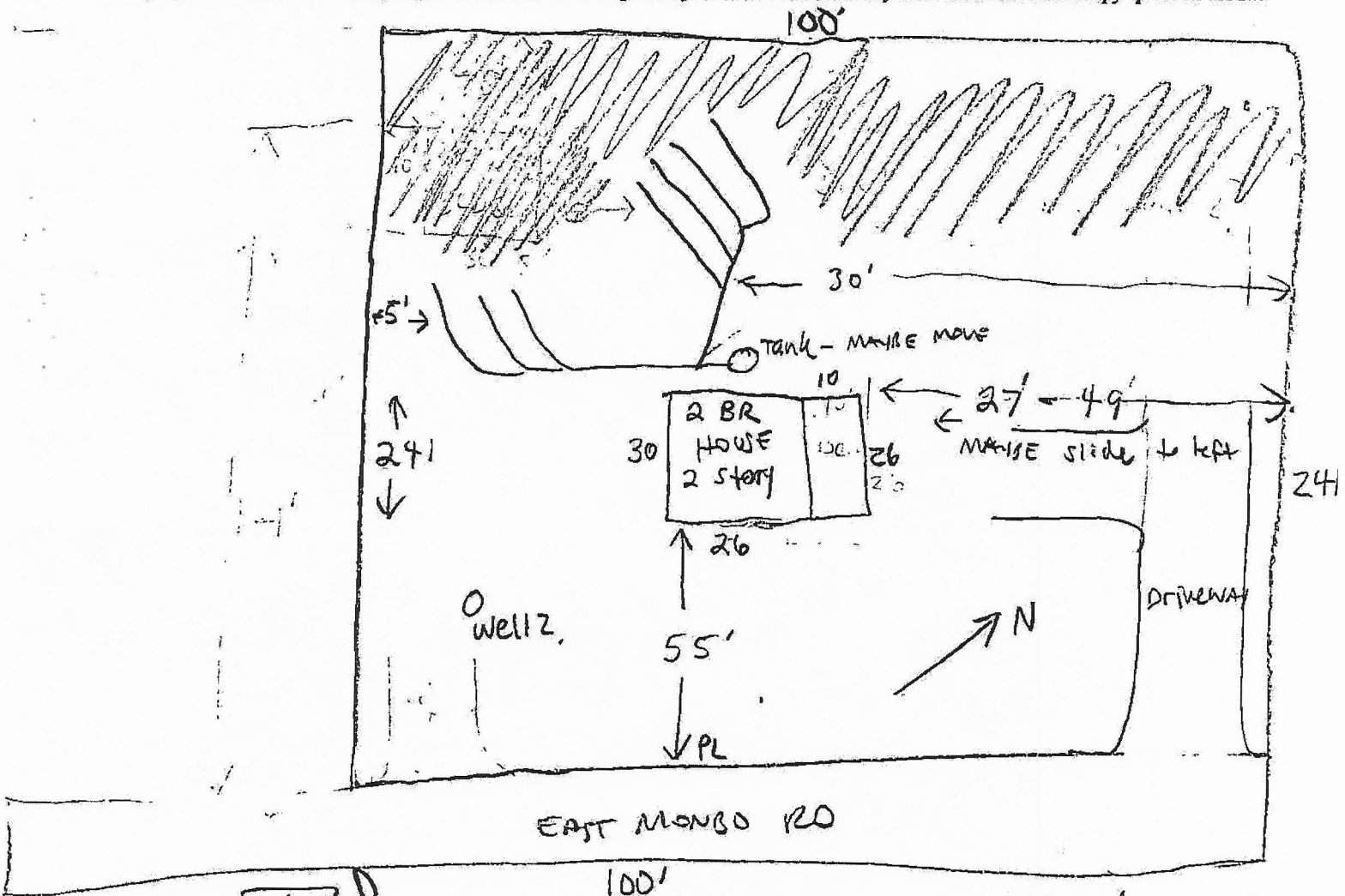


Circle N/A on the following if appropriate:

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

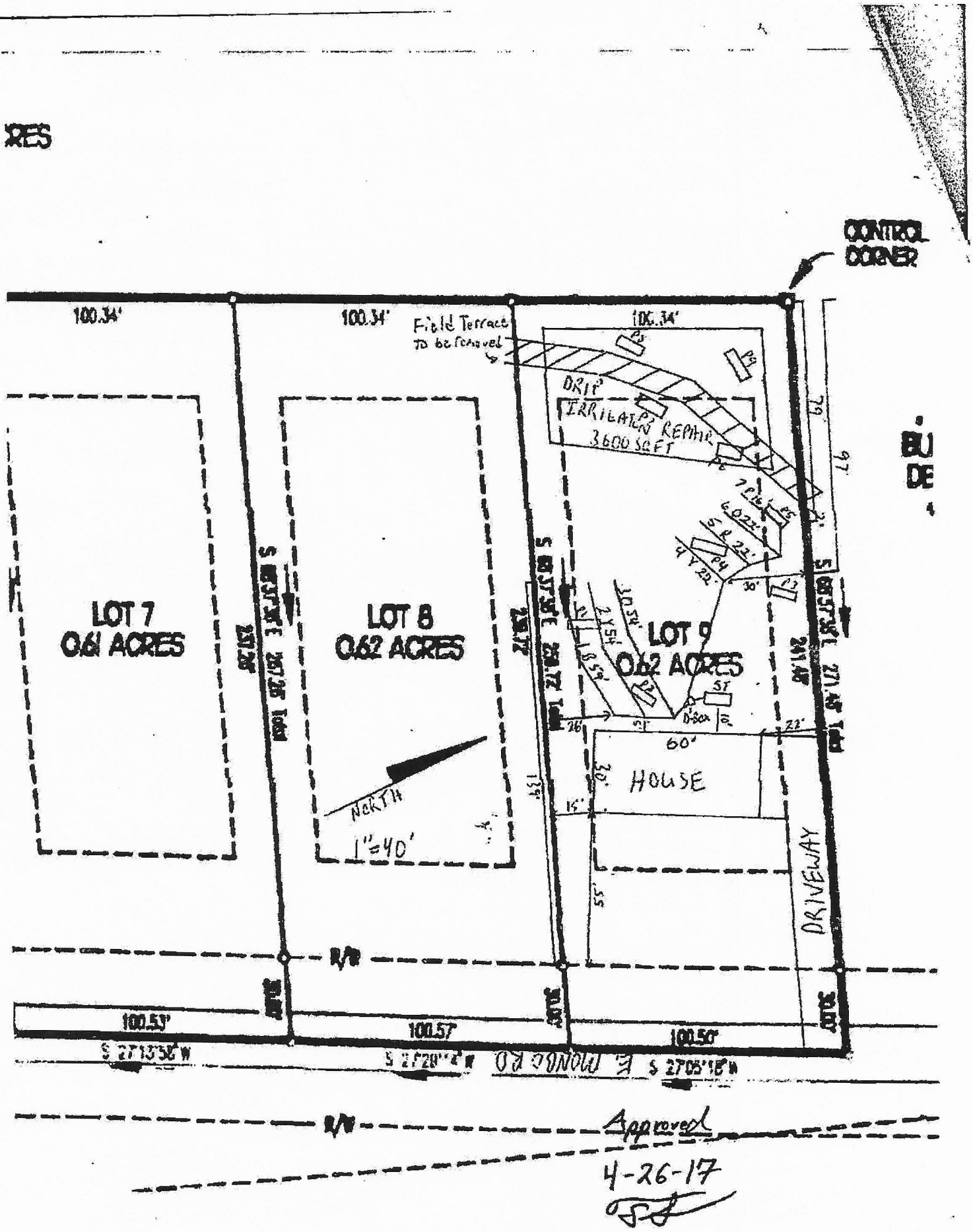
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 11/29/18

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


CONTROL CORNER
100.34'
100.34'
Field Terrace To be removed
100.34'
DRIP IRRIGATION REPAIR 3600 SQ FT
LOT 7 0.61 ACRES
LOT 8 0.62 ACRES
LOT 9 0.62 ACRES
NORTH
1"=40'
60'
HOUSE
DRIVEWAY
100.53'
100.57'
100.50'
S 27°13'56" W
S 27°05'15" W
Approved
4-26-17

I, Russell N. Vogel, R.L.S., certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Deed Book, 644, pg. 802); that the boundaries not surveyed are clearly indicated; that the ratio of precision as calculated is 1: Unknown; that this plat was prepared in accordance with G. S. 47-30 as amended.

Witness my original signature, registration number, and seal this 18th day of January, 2001.

Russell N. Vogel L-3106
Russell N. Vogel, P.L.S. Registration Number

NORTH CAROLINA, WILKES COUNTY

I, _____, a Notary Public of the County and State aforesaid, certify that Russell N. Vogel, a Registered Land Surveyor, personally appeared before me and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this _____ day of _____, 2001.

_____
Notary Public

CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owners of the property shown and described hereon and that I hereby adopt this plan of subdivision with our free consent, establish minimum building lines, and dedicate all roads, alleys, parks, walks, and other sites to public or private use as noted. Further, I certify the land as platted hereon is within the platting jurisdiction of Iredell County.

Buford P Warren 1-25-01
Owners of Authorized Agent Date

North Carolina, Iredell County

I, Katrina F. Hewitt a Notary Public of the County and State aforesaid, certify that Buford Warren, owner, personally appeared before me and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this 25th day of January, 2001.

Katrina F. Hewitt
Notary Public

My Commission Expires 11-02-04

CERTIFICATE OF APPROVAL OF THE DESIGN AND INSTALLATION OF STREETS, UTILITIES, OTHER REQUIRED IMPROVEMENTS, AND APPROVAL FOR RECORDING

I hereby certify that the subdivision plat hereon has been found to comply with the subdivision regulation of the County of Iredell, North Carolina, I further certify that all streets, utilities and other required improvements have been installed in an acceptable manner or of the installation of the required improvements in an amount and manner satisfactory to the County of Iredell has been received, and that the filing fee for this plat, in the amount of $ 1-0- has been paid. This plat has been approved by the Subdivision Administrator for recording in the Office of Register of Deeds of Iredell County.

Will M. Allison 1-25-01
Subdivision Administrator Date

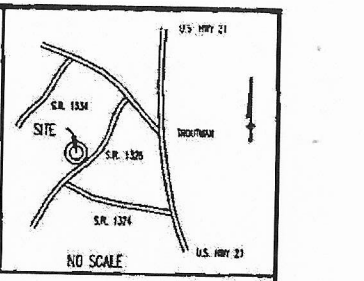
NORTH CAROLINA, IREDELL COUNTY

The foregoing certificate of _____ is certified to be correct. Presented for registration and recorded on this office in Map Book ____ Page ____

This _____ day of _____, 2001, at _____ o'clock ___M.

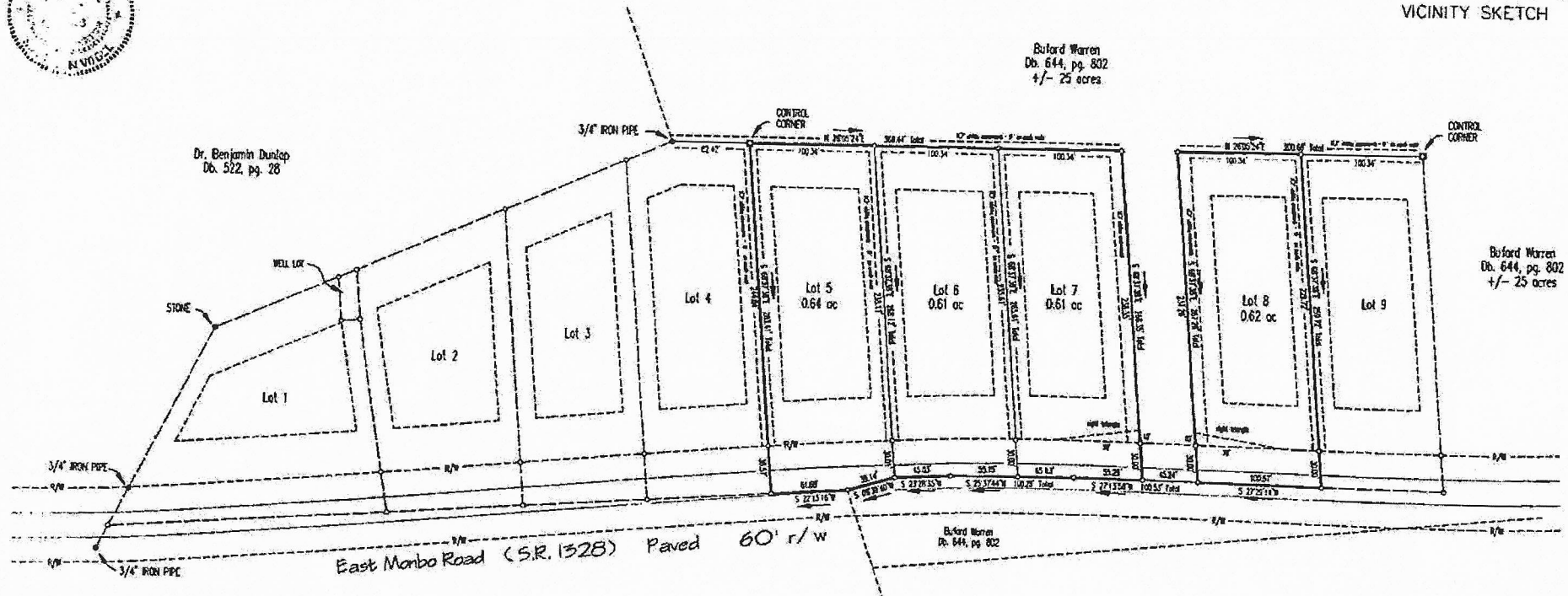
_____
Register of Deeds

By _____
Deputy Assistant Register of Deeds



NO SCALE

VICINITY SKETCH



NOTE: This survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

Russell N. Vogel L-3106
Russell N. Vogel, P.L.S.

T. C. Ostwalt
Db. 256, pg. 365

Stephen T. Overcash
Db. 873, pg. 1959

BK37 PG42 FILED
IREDELL COUNTY
01/26/2001 3:40 PM
BRENDA BELL
Register Of Deeds
by: Eunice M. Hayes
Deputy

MAGNETIC NORTH - 1980

I, William M. Allison the Review Officer of Iredell County, certify that this map of plat to which this certification is affixed meets all statutory requirements for recording.

1-25-01 Will M. Allison
Date Review Officer

Revised Map of High Grove Subdivision Section One - Lots 5 and 8

WATERSHED STATEMENT

All lots within High Grove Subdivision-Section One to the best of my knowledge, lies within the WS-IV PA of the Lake Norman-Catawba River Basin, as designated by the North Carolina Division of Environmental Management and as appears on the Watershed protection map of Iredell County.

Will M. Allison 1-25-01
Subdivision Administrator Date

SEPTIC SYSTEM DISCLAIMER

As of the date of this recording, the lots represented on this plat have not been inspected of approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued

Buford P Warren
Owner - Developer

NOTE: 10' UTILITY EASEMENT ALONG ALL LOT LINES.

Reference Deed: portion of Db. 644, pg. 802 Map Revised: 01-18-01

BOUNDARY DIVISION SURVEY OF	Section One	TOWNSHIP	COUNTY
High Grove Subdivision		Fallstown	Iredell
PROPERTY OF Buford Payne Warren		STATE	SCALE
749 NEW STERLING ROAD STONY POINT, N.C. 28678		N. C.	1"=60'
			DATE 06-03-97

FORESIGHT SURVEYING
RUSSELL N. VOGEL, R.L.S. 2593 CONGO ROAD
WILKESBORO, N.C. 28697 PHONE (336) 667-2505

Note: The property does not lie in the special flood hazard area as shown by the U. S. Department of Housing and Urban Development, Panel No. 370313 0150 B

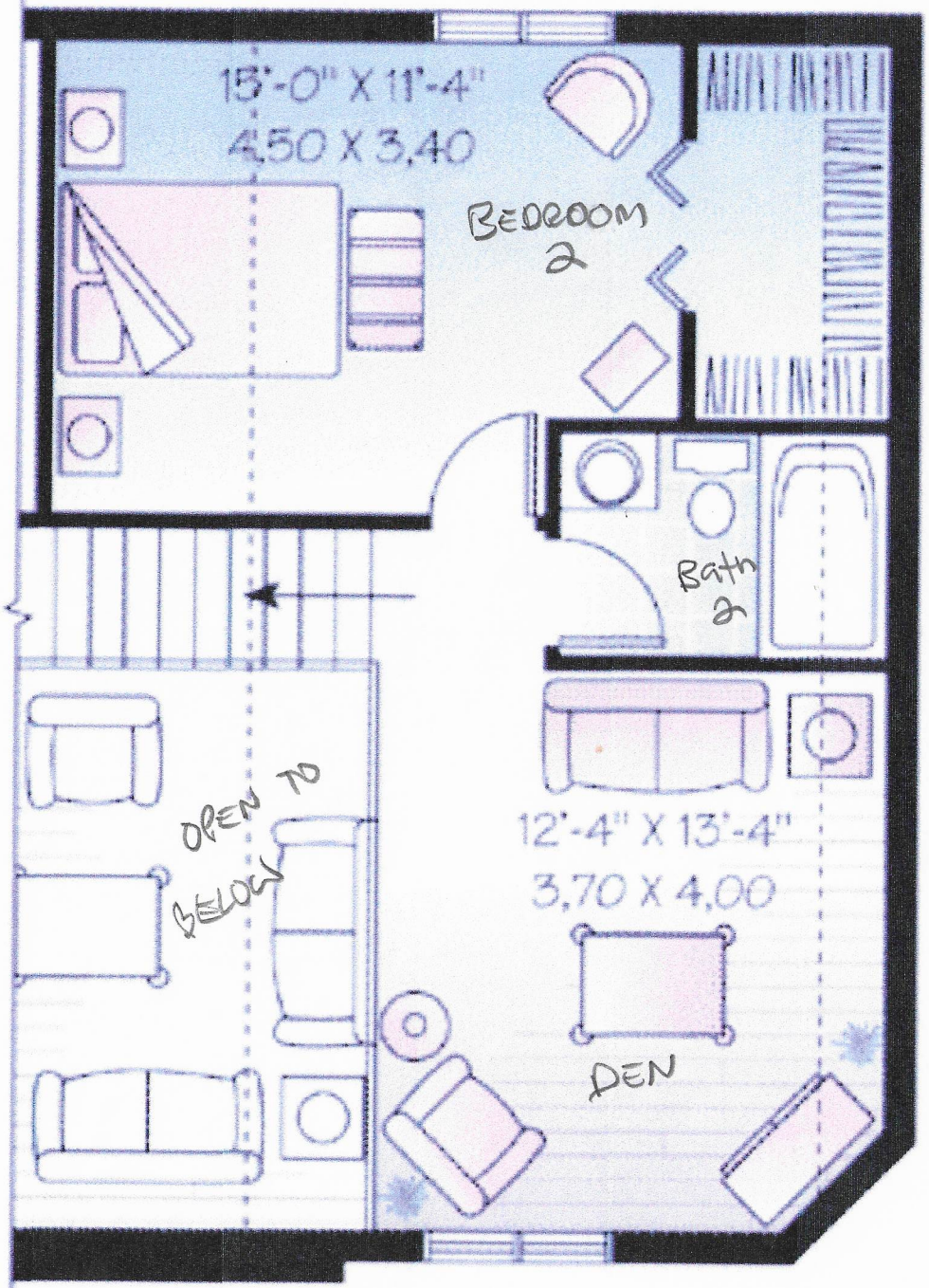
60 30 0 60 120 180 240 300
GRAPHIC SCALE 1"=60'

SITE DATA
TOTAL AREA - 2.48 ACRES
TOTAL NO. OF LOTS - 4
AVERAGE SIZE LOTS - 0.62 ACRES

BUILDING SET BACK LINES
35 FEET FROM FRONT R/W LINE
15 FEET FROM SIDE LOT LINE
35 FEET FROM BACK LOT LINE
25 FEET FROM SIDE R/W LINE
ABUTTING STREET

LEGEND
EXISTING CORNER
5/8" RE-BAR SET
COMPUTED POINT
RIGHT-OF-WAY R/W
SET BACK LINE

4:42 PM Wed Nov 28
architecturaldesigns.com
38%



8 FIXTURES
WATER HTR.

200 AMP SVC.

24,000 BTU

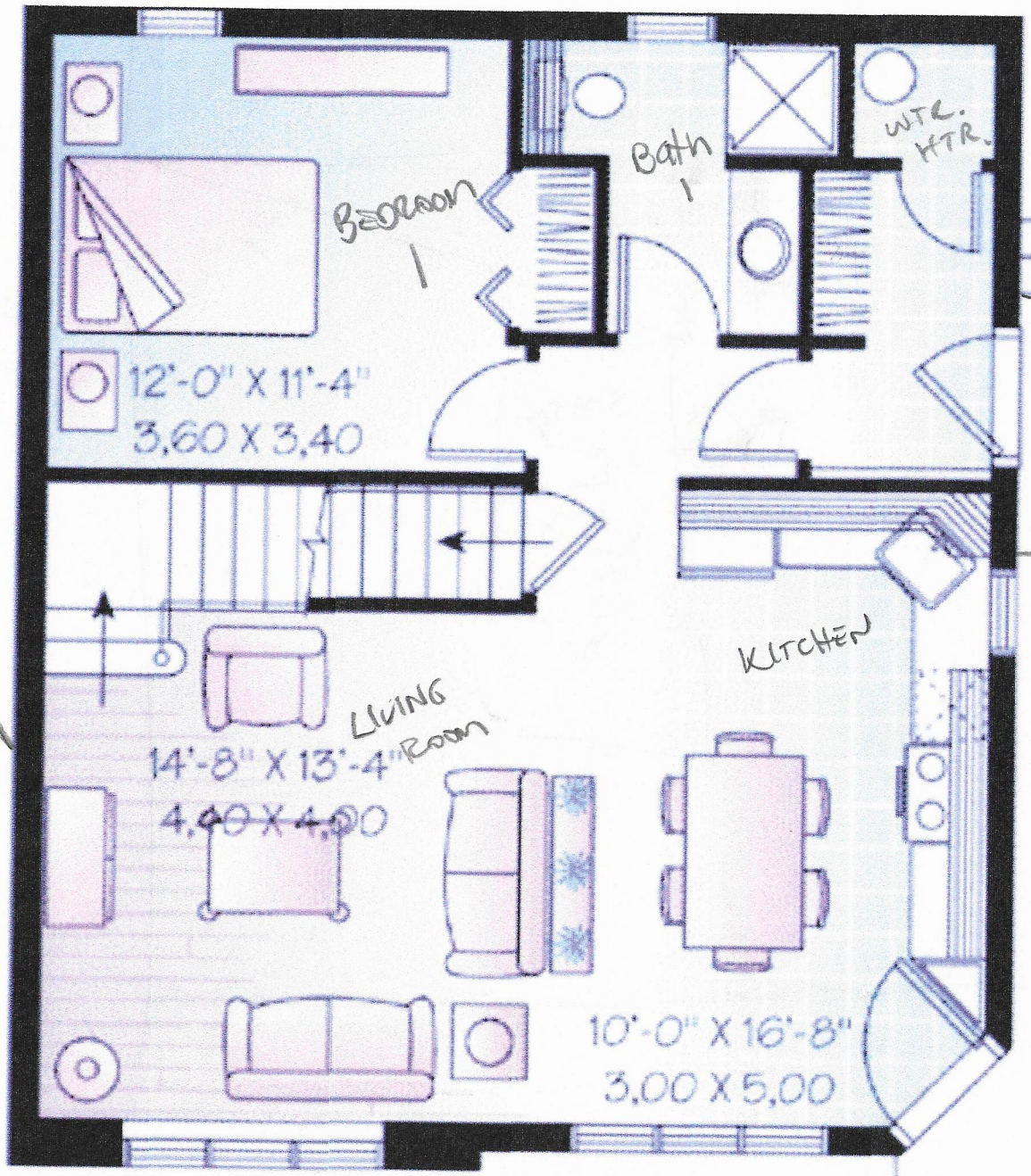
CRAWLSPACE

Acknowledgement Of Plans Submittal ONLY!

Date 11/29/18

Date

4:41 PM Wed Nov 28
architecturaldesigns.com
39%



DECK TO PACE DRIVEWAY/SIDE PROPERTY LINE STOP AT FRONT OF HOUSE

BCN

30'-0"
9.0 m

Acknowledgement Of Plans Submittal ONLY!

Date 11/29/18

Date

Date

IREDELL COUNTY

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

APPLICATION NUMBER
225543
Issue Date: 03/09/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4721958822.000	462 EAST MONBO ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ADAMS JAMIE TENNILLE	Applicant: CAROLINA SOIL SEPTIC C
Address: 1408 WINTER DR STATESVILLE, NC 28677	Address: 162 WEST B ST KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
MODULAR	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	35.00	35.00	15.00	15.00	PACL	X

Remarks:

EFT

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.

Applicant: _____ Date: _____

Permit Number	95763	TOTAL FEES:	$ 77.25