IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23184S

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

PIN # 4722334809

APPLICANT/OWNER: Tiffany Elmy APPLICANT ADDRESS: 195E Meadowview Dr. Statesville NC

SITE ADDRESS: 130 Maxwell Ln Statesville, NC PHONE: 704450-6777 ALT. PHONE 336 467-2542 Bryan

SITE DIRECTIONS: Old Mountain Rd turn Rt Compton Park TR Maxwell Ln on Rt SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Compton Park SECTION: — LOT # 30 LOT AREA: .494 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	11-7-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity – 25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	Lot recorded in 1975			
# Nitrification Fields	1		# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	Initial 20"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 3 — Water Supply: ☒ Private Shared

☐ Business No. Persons 6 — ☐ Public

☐ Other No. Employees — ☐ Community

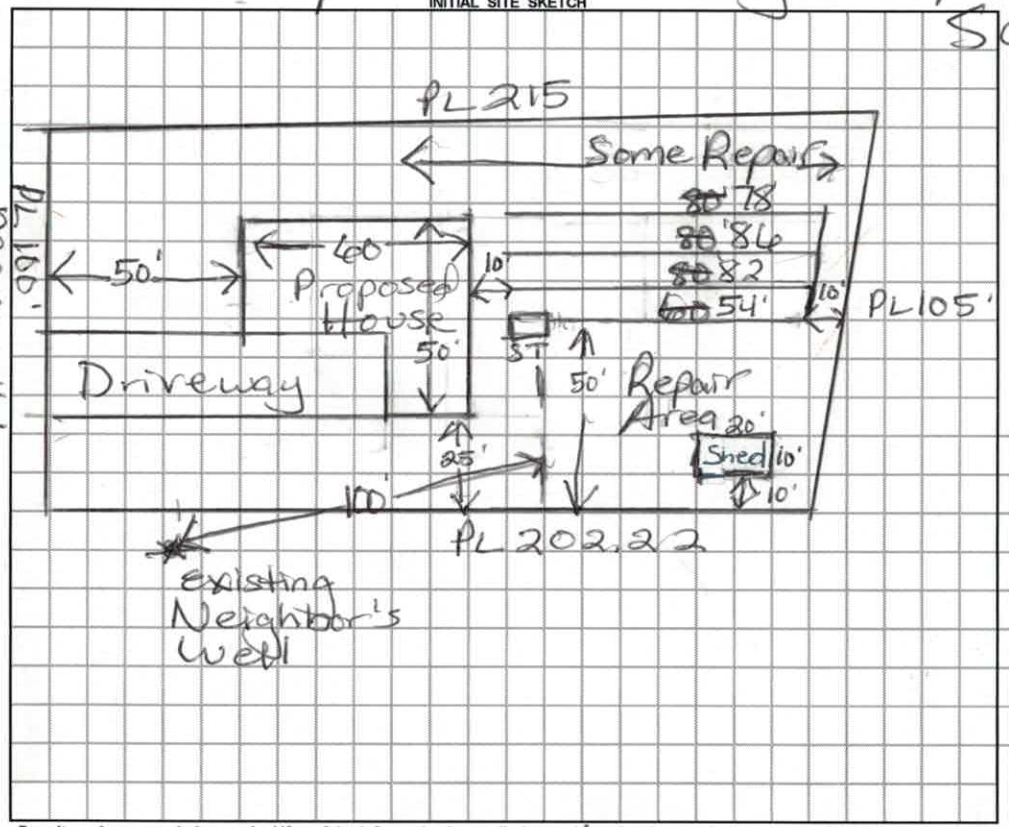
☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

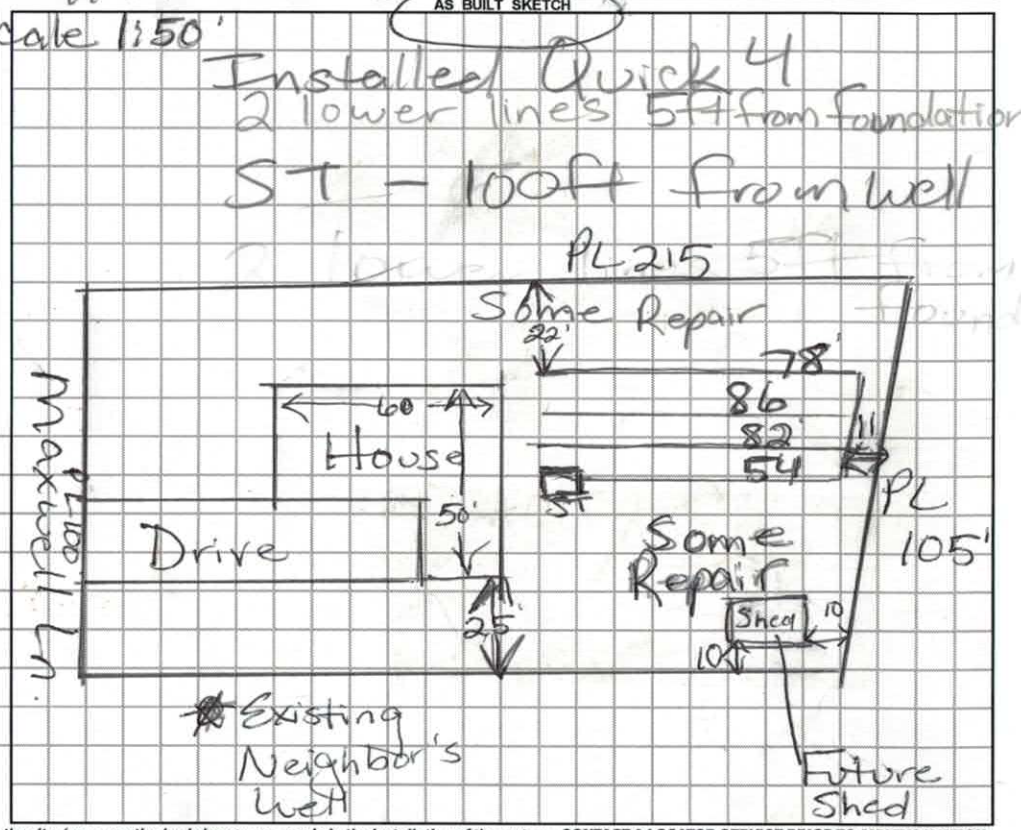
Comments / Conditions: * Must keep Septic 100ft from "Shared Well"
Divert storm/surface water away from Septic

* Exempt from 100% repair
22ft to SL
77ft to backline

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: Tiffany Elmy Date: 2/6/18 Installed by: TB Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/2/18 OPERATION PERMIT by: Maria Dotson Date: 3/7/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/5/18 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tiffany Elmy
ADDRESS: 195 E. Meadowview Dr Statesville
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 130 Maxwell Ln Statesville

APPLICATION DATE _____
DATE EVALUATED: 12/19/17
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

WATER SUPPLY: ☒ Private (Shared) ☐ 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	5%	0-7	Brw SCL	SS, SP, SExP, FR					PS .3 to 47"
		7-24	RC	m-w SBK	SS, SP, SExP, FR				
		24-47	RCL	w SBK	SS, SP, SExP, FR	47"			
		47-50	SL SAP & Some	W. Rock	Massive, FR				
2	4-5%	0-9	Brw SCL	SS	SP, SExP, FR				PS .3 to 35"
		9-22	RC	m-w SBK	SS, SP, SExP, FR	35"			
		22-35	RCL	SS, SP, SExP, FR					
		35-50	RCL	mix w	W. Rock & SAP				
3	5-6%	0-12	Brw SCL	SS	SP, SExP, FR				PS .3 to 32"
		12-24	RC	m-w SBK	SS, SP, SExP, FR				
		24-32"	RCL	w SBK	SS, SP, SExP, FR	32"			
		32-54	RC	& Rock mix					
4	4-6%	0-10	Brw SCL	SS, SP, SExP					PS .3 to 30"
		10-30	RC/CL	m-w SBK	30"	FR	SS, SP, SExP, FR		
		30-54	CL/SL SAP	/ Rock mix					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	shallow 25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tony Bull, Brian Skidmore

COMMENTS: _____

0-9 BrwSCL

9-31 RC

31-40 RCL w/ few to many SAP Inclus

40-56 SL SAP & some Rock

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tiffany Elmy
ADDRESS: 195 E Meadow View Dr Statesville
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 130 Maxwell Ln Statesville
APPLICATION DATE
DATE EVALUATED: 12/19/1
PROPERTY SIZE:
PROPERTY RECORDED:

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
PH 1 5	5%	0-9"	Brw SCL	SS, SP,	SExp,	FR			PS
		9-31"	R C M	wSBK SS, SP,	SExp,	FR			
		31-40"	R CL	wSBK SS, SP,	SExp,	FR	w/few to many		.3
			SAP	Inclus.					
		40-54"	SL	SAP & some Rock massive					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Shallow 25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
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	NEXP (Non-expansive) 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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	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.

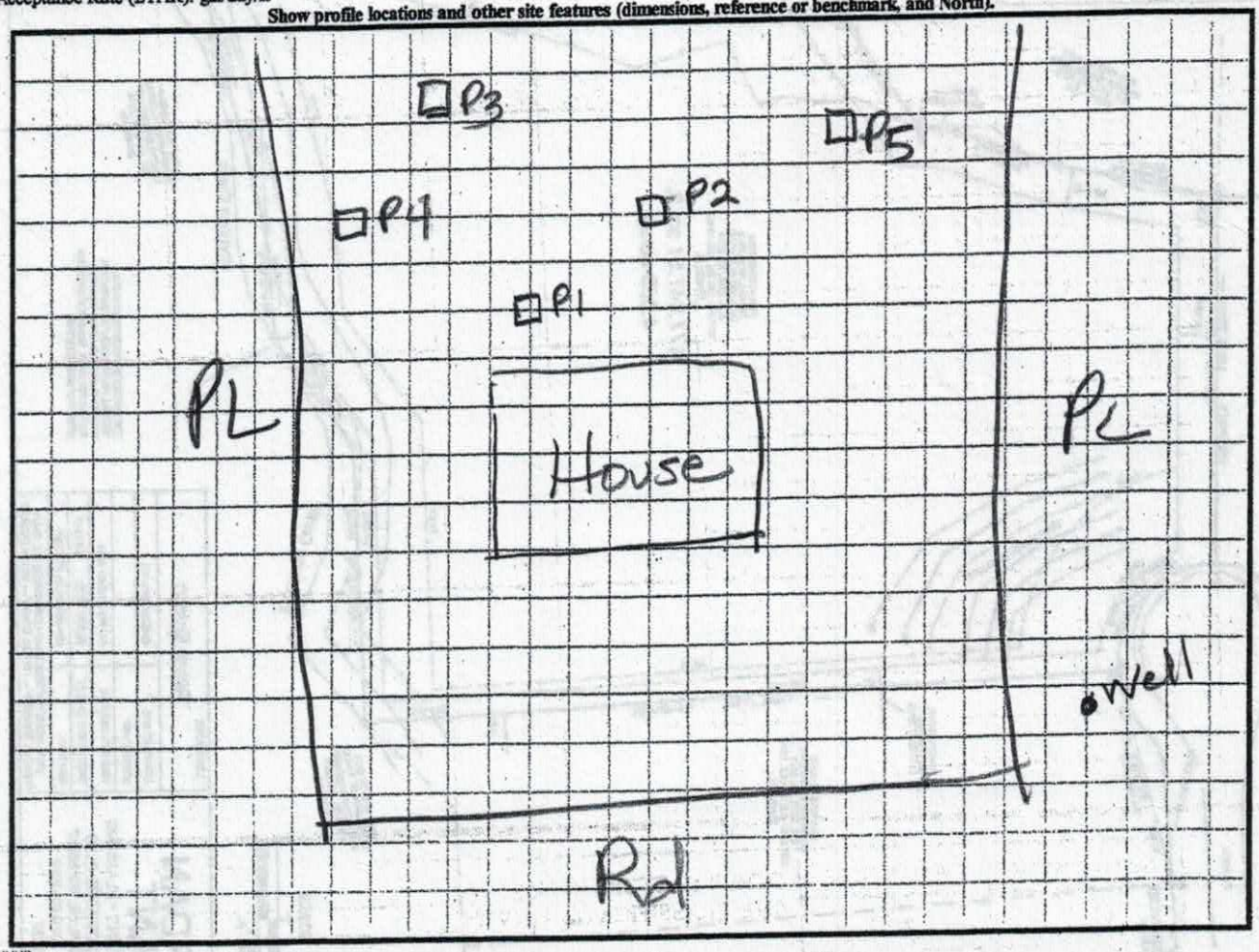
NOTES

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/ft^2

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



ENR (######)
view (#####)

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: Tiffany Elmy Address: 195 E. Meadowview Dr. Zip: 28625
Applicant Email: tiffanyelmy@gmail.com Phone: 704-450-6777 Alt. Phone:
Owner Name: Tiffany Elmy Address: 195 E. Meadowview Dr., Stsvl., NC Zip: 28625
Owner Email: tiffanyelmy@gmail.com Phone: 704-450-6777 Alt. Phone:

Property Information:

Street Address: TBD Maxwell Ln., Statesville, NC 28677
Subdivision Name: Compton Park Section/Phase: Lot Number: 30
Driving Directions: take old mountain road towards Trautman & turn R on Compton Park Dr., turn R on Maxwell Ln. - Lot on R on hill

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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
(✓) Other Addition/Structure: Shop

CHECK FOUNDATION TYPE
(✓) 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: 2 Number of Persons: 6

( ) 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 (2) Conventional ( ) Innovative ( ) Modified Conventional (1) Other: 25%

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: Tiffany Elmy 11/29/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

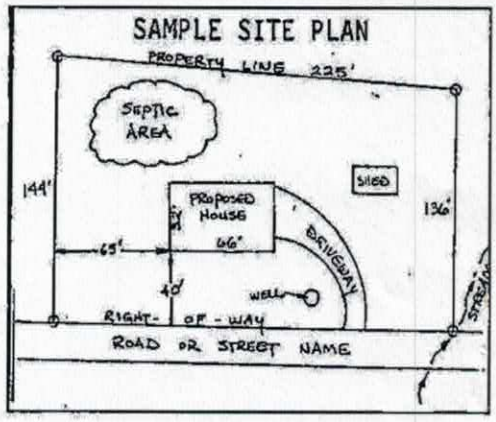
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line Front 35' Sides 15'
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

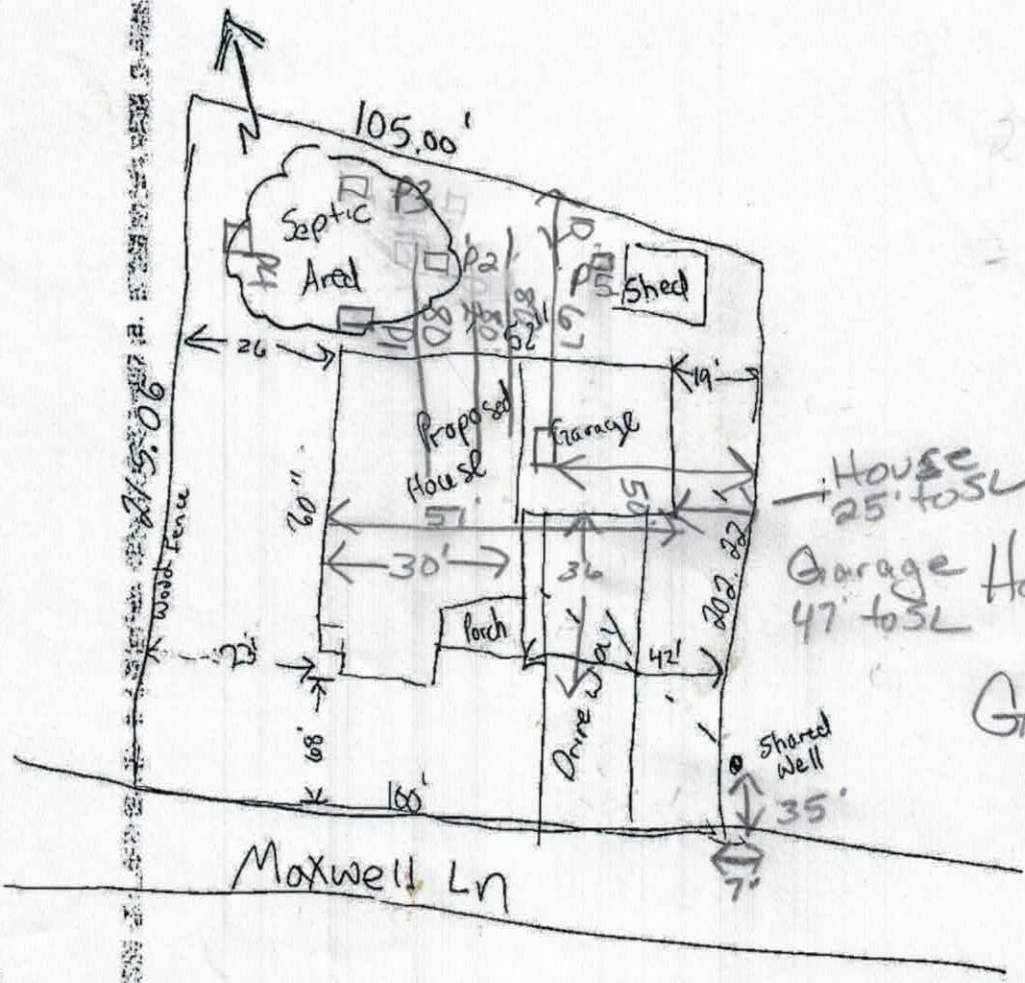


Circle N/A on the following if appropriate:

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: Tiffany Elmore

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

11/29/17

DATE

STATE OF NORTH CAROLINA
IREDELL COUNTY

THE FOREGOING CERTIFICATES OF L Odell Holloway
NOTARY PUBLIC IS CERTIFIED TO BE CORRECT. THIS INSTRUMENT
WAS PRESENTED FOR REGISTRATION THIS DAY AND HOUR AND DULY
RECORDED IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL CO, N.C.
IN PLAT BOOK 13 PAGE 45
THIS 26 DAY OF August A.D. 1975 AT 10:42 O'clock A.M.
D.S. Mullis
REGISTER OF DEEDS

PROVIDED THAT THE PLAT IS RECORDED WITHIN SIXTY (60) DAYS OF FINAL APPROVAL, IT IS APPROVED BY THE BOARD OF COMMISSIONERS.
8-5-75 Robert Long
DATE CHAIRMAN OR AGENT

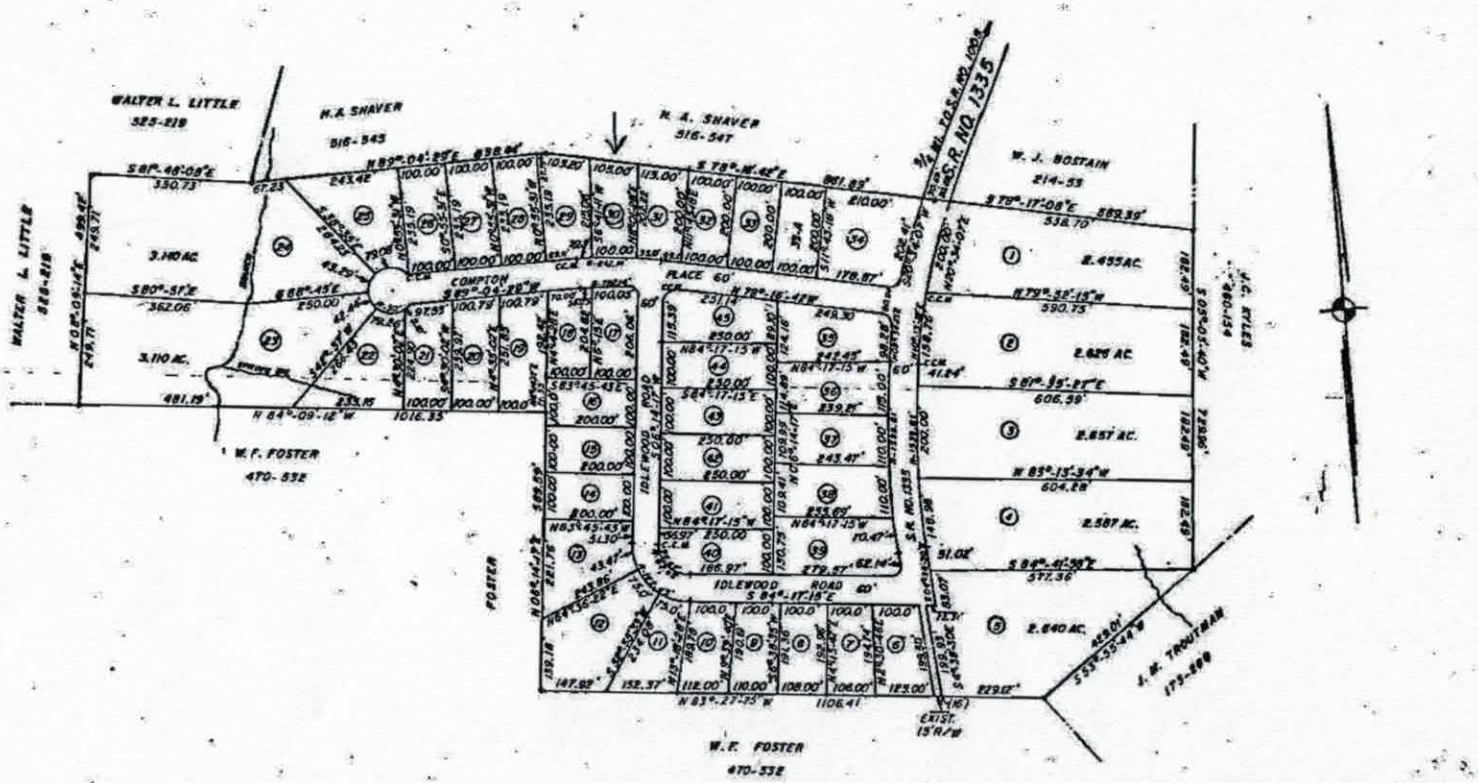
PROVIDED THAT THE PLAT IS RECORDED WITHIN SIXTY (60) DAYS OF FINAL APPROVAL, IT IS RECOMMENDED BY THE PLANNING BOARD
8-5-75 Jerry T. Lundy
DATE CHAIRMAN OR AGENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL
"The undersigned surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears is in all respects correct according to the best of his knowledge and belief and was prepared from an actual survey made by him on the 12TH day of MAY
19 75, with maximum linear error of closure of 1:8,500
and a maximum field error of angular closure of 10" PER ANG.
R.B. Kestler Jr.
Registered Surveyor

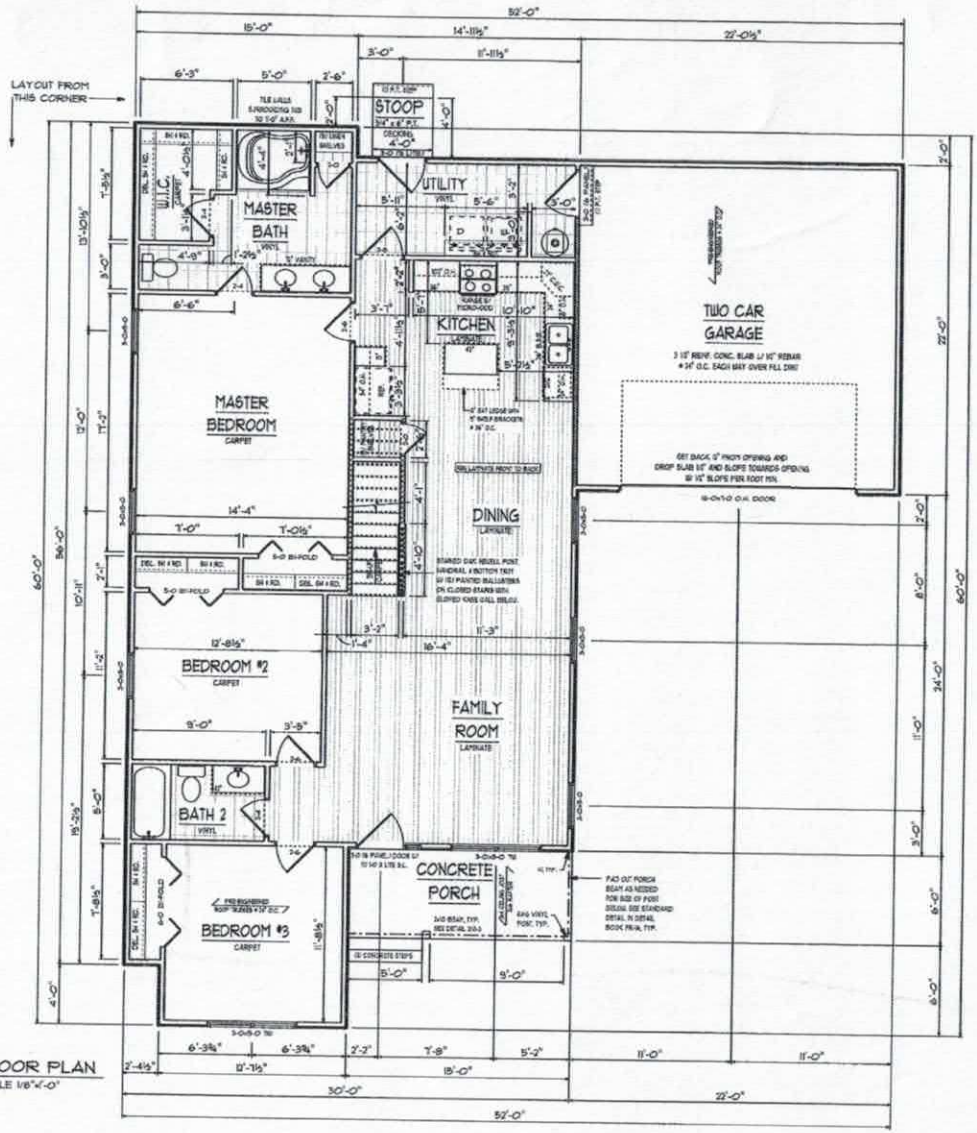
EDMISTON BRINKLEY Realty Inc.
Know all men by these presents, that S.H. Brinkley Pres.
hereby certify that ____ are the owners of the property shown on this plat, that ____ hereby acknowledges this plat and other things to be their free act and deed hereby dedicates to public use as streets and all areas shown on the plat for the purposes therein expressed.
S.H. Brinkley Pres.

L. Odell Holloway
Notary Public
My commission expires 7-8-1978
Iredell N.C.
BR Kestler JR Registered Surveyor
personally appeared before me this day and acknowledged the due execution of the foregoing certificate. And the instrument was the act and deed of ____ as of ____ Page 91
L Odell Holloway
Notary Public

COMPTON PARK SUBDIVISION
FALLSTOWN TWP, IREDELL CO. N.C.
OWNER: EDMISTON BRINKLEY REALTY, INC.
DEED REF. BK. 567 P.387
R.B. KESTLER, JR. REG. SURVEYOR
MAY 12, 1975 SCALE 1"=200'



CONSTRUCTION PLANS



1 / A-3 FLOOR PLAN
SCALE 1/8"=1'-0"

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

Tiffany Elmy 1/9/18
CUSTOMER SIGNATURE DATE

1/9/18
CUSTOMER SIGNATURE DATE

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 9'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 69" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

Acknowledgement of
Plans Submittal ONLY

Date 2/5/18

Tiffany Elmy Date 2/6/18

15'-0" (x3)
CUT FROM 16'-0"

PORCH FRONT BEAM
PAD OUT AS NEEDED

6'-0" (x3)
CUT FROM 16'-0"

PORCH SIDE BEAM
PAD OUT AS NEEDED

BEAM MATERIAL TABLE

LENGTH	WIDTH	DEPTH	COUNT
16'-0"	2	10	3
18'-0"	2	10	1

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
HI	DOUBLE	2	10	2

2 / A-3 PORCH BEAM LAYOUT
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE: (877)958-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: STEVE MALLORY

PLAN SETS
SALES: WENNY W. 12-26-17
CONSTRUCTION: WENNY W. 1-17-18
REVISED:
?? 7-7-99
??
??

SQUARE FOOTAGES:

FIRST FLOOR:	1581
UNFINISHED BONUS:	719
GARAGE:	484
FRONT PORCH:	90
REAR STOOP:	16
TOTAL SQFT:	2890

SEDGEWICK HOMES PROUDLY PRESENTS THE PINE MOUNTAIN POPULAR SERIES TO:

CHRIS & TIFFANY ELMY

JOB #: 03170O4

TBD MAXWELL LANE, STATESVILLE, NC 28677

SHEET NUMBER A-3 OF SIX

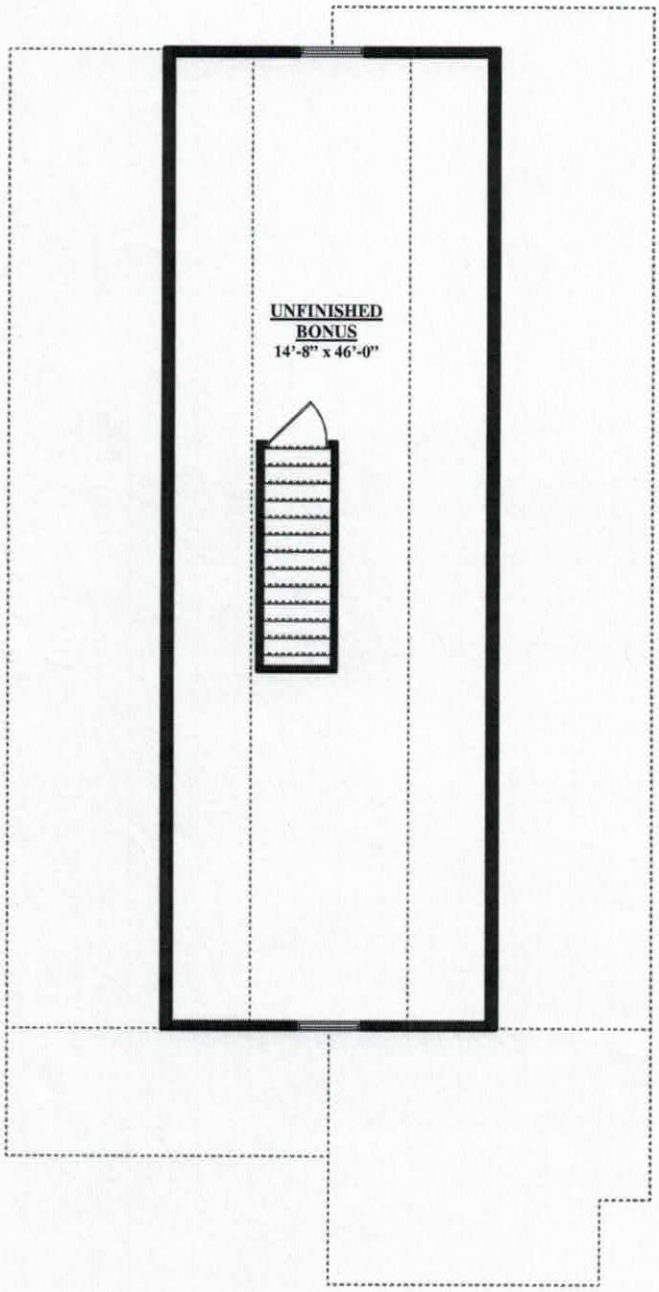
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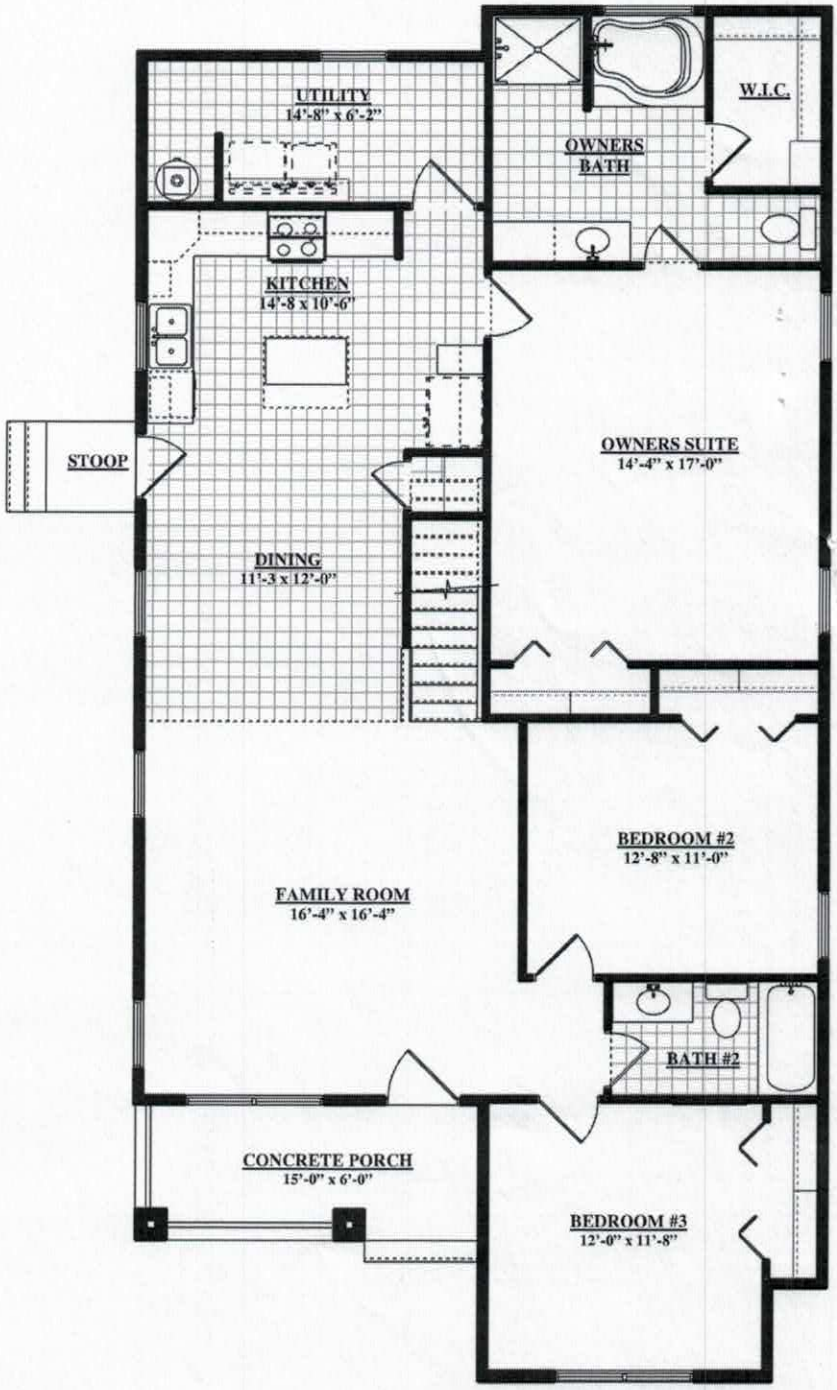
REVISED: 3.16.2016

The Pine Mountain

1,581 Living Area 723 Unfinished Bonus
3 Bedroom / 2 Bath

SEDGEWICK HOMES





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.

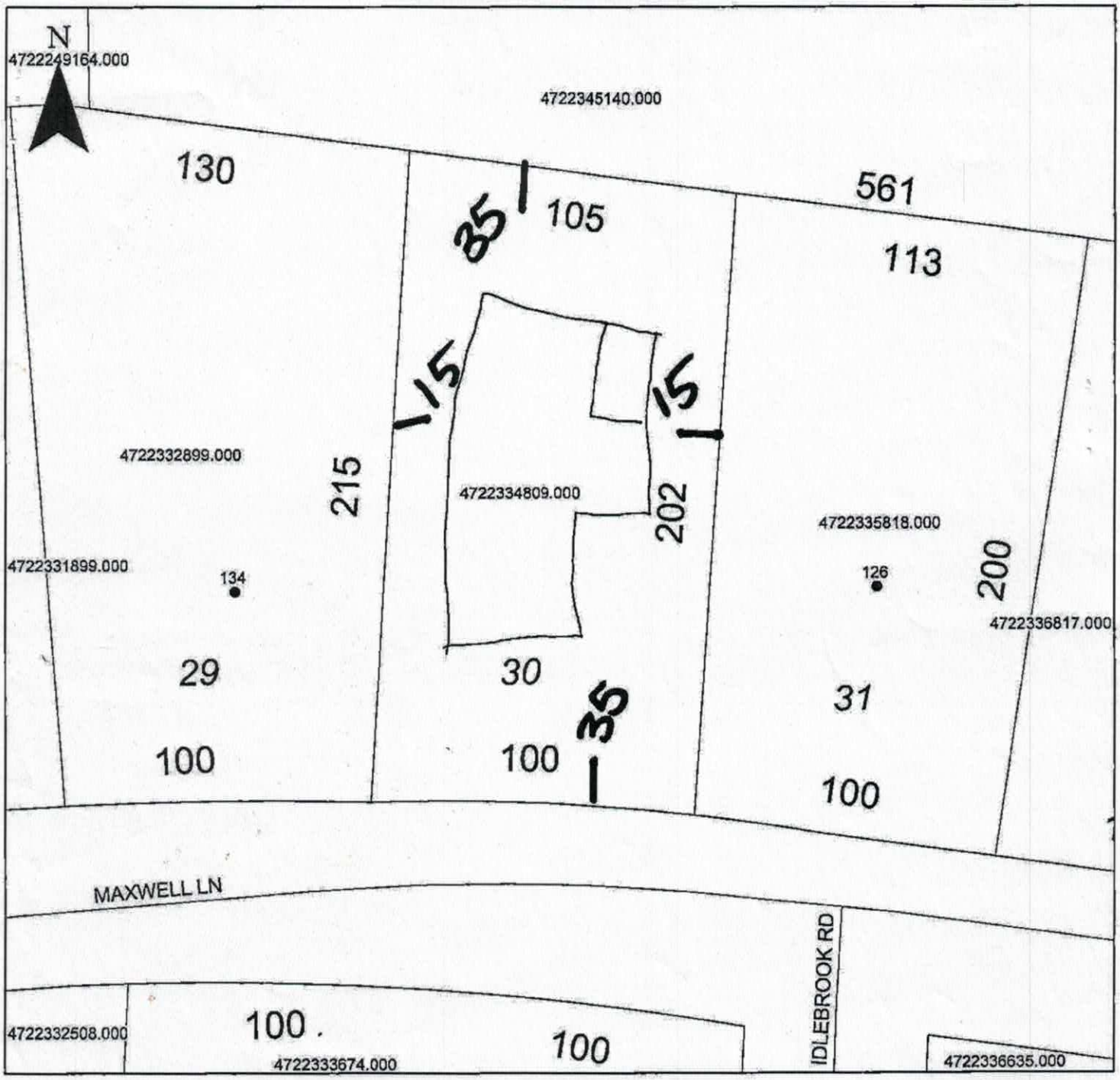
The Oak Elevation Floor Plan

Please see Sales Agent for Plan Differences.

ACCREDITED BUSINESS BBB | 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 130 Maxwell

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.

X Tiffany Ehmig
Applicant

X 11/29/17
Date