ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 205507

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

PIN # 4723230317

APPLICANT/OWNER: Robert & Rosa Maria Coelho APPLICANT ADDRESS: 140 Saint Martins Lane Statesville NC 28677

SITE ADDRESS: 125 Angus Trail Statesville NC 28677 PHONE: 252-207-3032 ALT. PHONE 252-619-6684

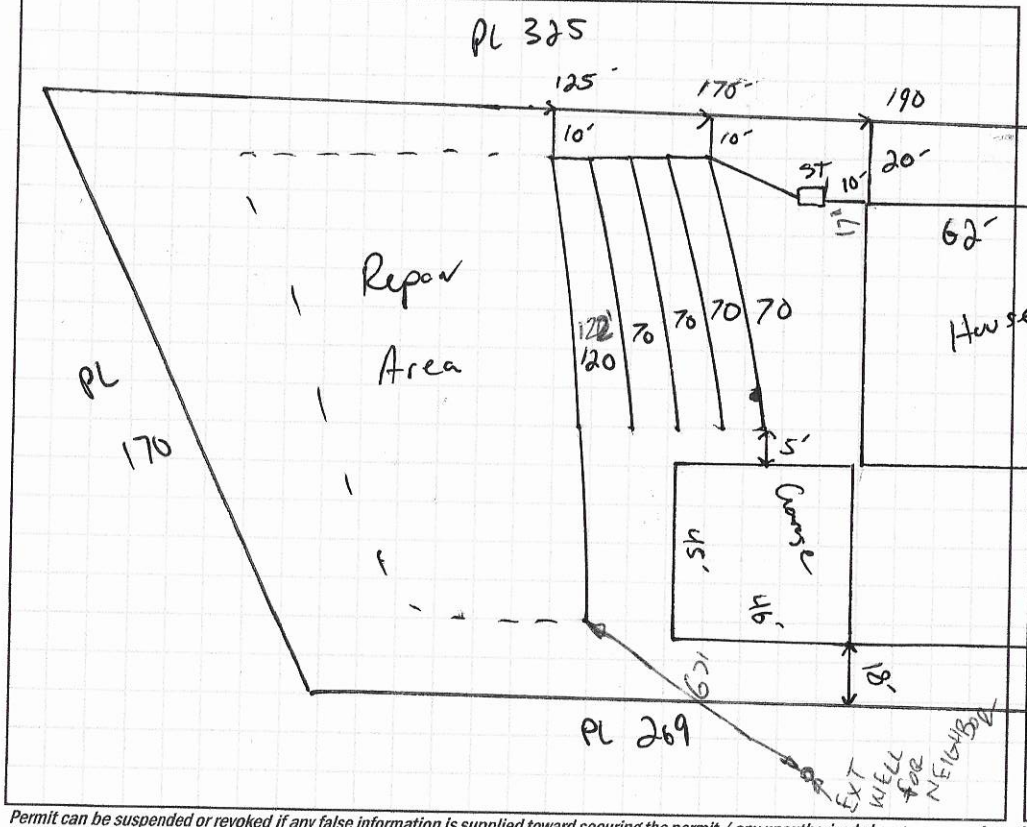
SITE DIRECTIONS: Old Mountain Road L on Spring Meadows L on Angus Trail Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Spring Meadows SECTION: - LOT # 42 LOT AREA: 1.05 DESIGN FLOW: 480gpd L.T.A.R.: .3

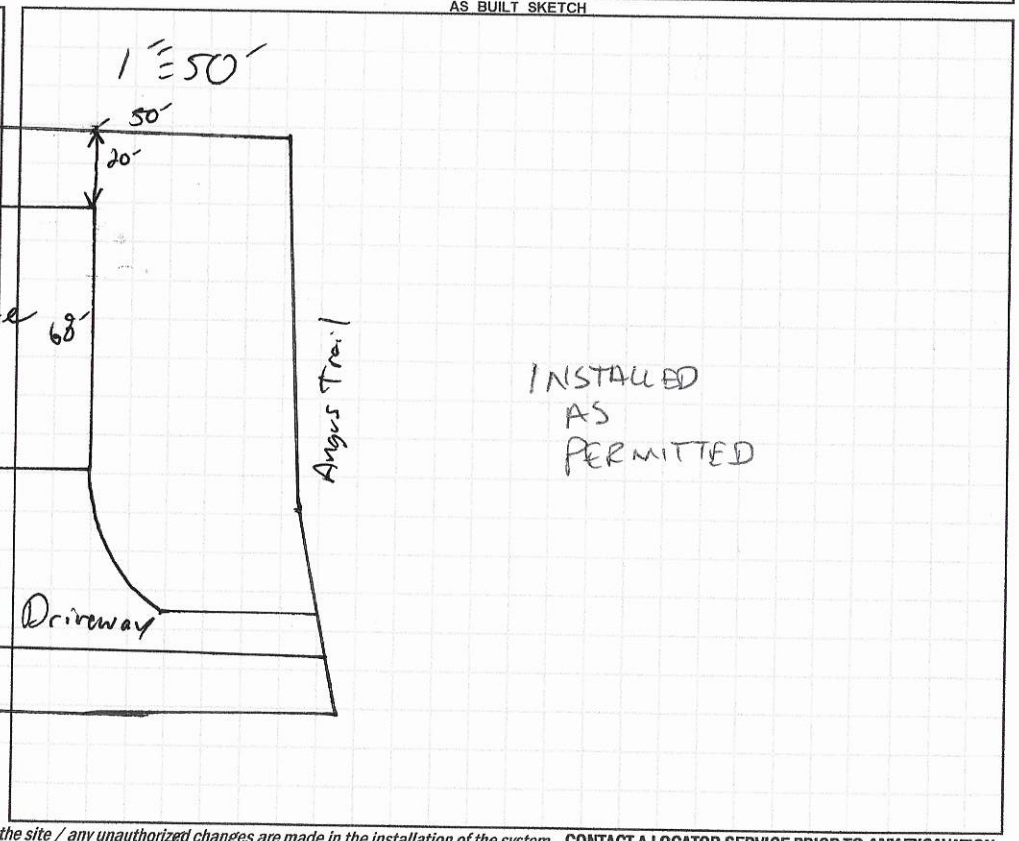
Septic Tank	1000	(gal)	STB	2071	Date	INFILTRATOR	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing	No. Bedrooms 4 No. Persons 8 No. Employees	Water Supply: ☒ Private ☐ Public ☐ Community
Pump Tank		(gal)	PT		Date		System Description: 25% Reduction		☐ Crawl Space		☐ Basement w/o plumbing
Pump Make			Model		Serial #		Repair System Description: Low Pressure PPBPS				
# Nitrification Fields	1	# Lines	6	Linear Ft:	400		Maintenance Agreement Required: ☐ YES ☒ NO				
Trench Width	36"	Trench Bottom Depth(Low side)	22"	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE				

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

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: Robert Coelho Date: 3-12-20 Installed by: JW CONSTRUCTION

IMPROVEMENT PERMIT by: Date: 3-12-20 OPERATION PERMIT by: Burnt Chimney Date: 10-9-2020

AUTHORIZATION TO CONSTRUCT by: Date: 3-12-20 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.

On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Lot #:
File #:
AppID: 4723230317

Owner: Phillip Hampton
Address: 125 Angus Trail
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: Lot 42 Spring Meadow
Applicant: Bob Coelho
Date Evaluated: 8/26/14
Property Size: 1.05
Property Recorded: 1987

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
8% 1	L	0-12	Mo SBKCL	FR SS/SP	Red				0.35
		12-39	WK SBKCL	↓	Red; F sap				
		39-48	MA L sap	↓	Yel R				
1290 2	L	0-24	Mo SBKC	FR SS/SP	Red				0.3
		24-51	WK SBKCL	FR SS/SP	Red; C sap				
1090 3	L	0-6	Mo GRSL	FR NS/NP	Rt Gravelly				0.3
		6-29	MoSBKC	FR SS/SP	Red; F Sap Gravelly				
		29-48	WKSBKCL	FR SS/SP	Red; C sap				
890 4	L	0-24	Mo SBKC	FR SS/SP	Red				0.3
		24-42	WKSBKCL	↓	Red; C sap				
		42-45	MA L sap	↓	Yel R				
		45"	AR VFI Sap						

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

Soils OK
JA

Lot 42 Spring Meadow Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	22 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	270
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	65 endfed
2	System	NF	25% Reduction	65 endfed
3	System	Pink	25% Reduction	65 endfed
4	System	NF	25% Reduction	65 endfed
5	System	Blue	25% Reduction	70 endfed
6	System	Red	25% Reduction	70 endfed
7	Repair	Pink	LP PPBPS	70
8	Repair	Orange	LP PPBPS	135
9	Repair	Red	LP PPBPS	65
				Total System: 400'
				Total Repair: 270'

Note:

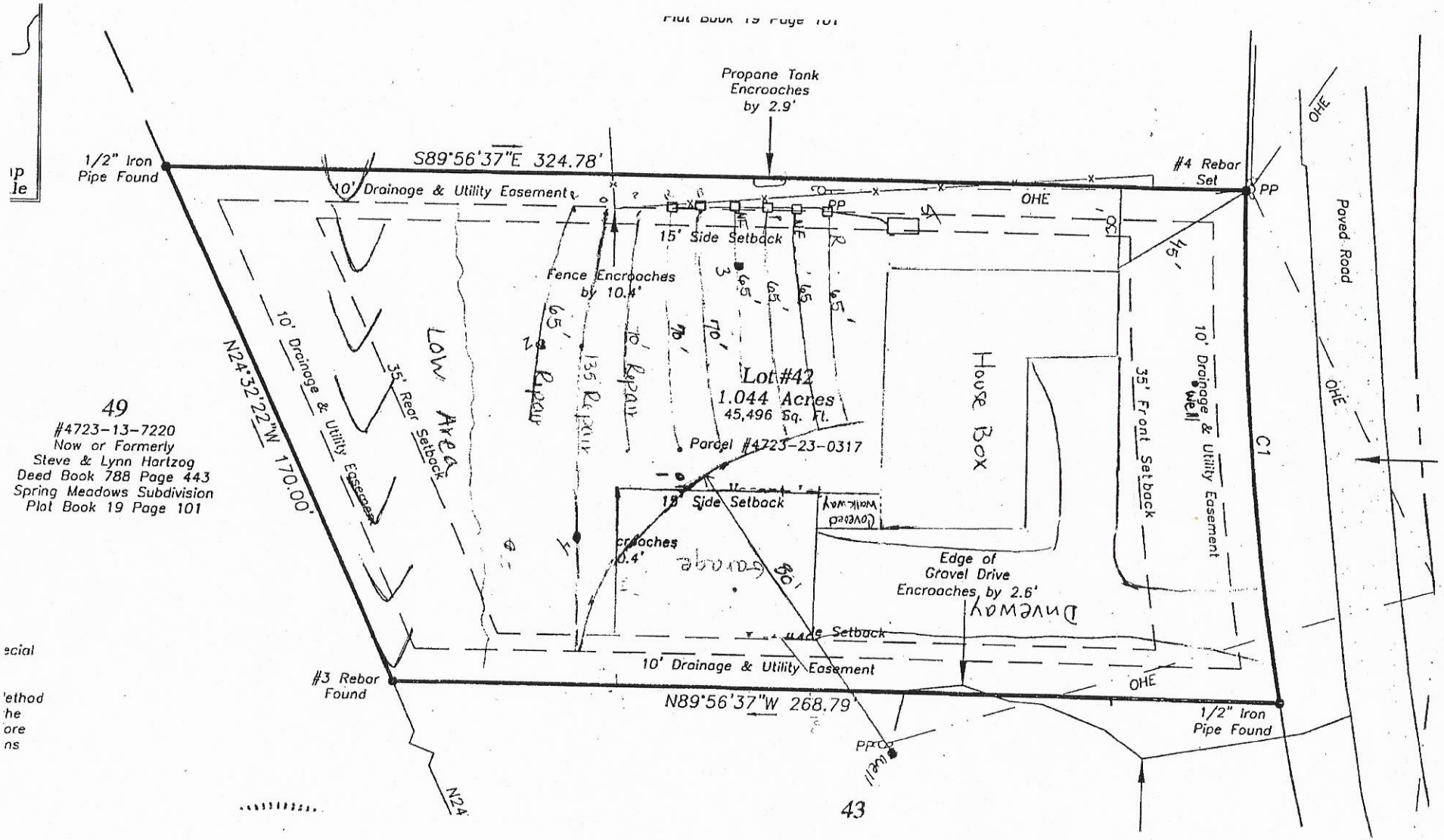
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				Total Repair: 270'

Note:


Plat Book 19 Page 101
Propane Tank
Encroaches
by 2.9'
1/2" Iron
Pipe Found
S89°56'37"E 324.78'
#4 Rebar
Set
PP
OHE
10' Drainage & Utility Easement
15' Side Setback
Fence Encroaches
by 10.4'
Paved Road
Low Area
10' Drainage & Utility Easement
35' Rear Setback
N24°32'22"W 170.00'
Lot #42
1.044 Acres
45,496 Sq. Ft.
Parcel #4723-23-0317
House Box
35' Front Setback
10' Drainage & Utility Easement
C1
Edge of
Gravel Drive
Encroaches by 2.6'
Driveway
10' Drainage & Utility Easement
#3 Rebar
Found
N89°56'37"W 268.79'
1/2" Iron
Pipe Found
49
#4723-13-7220
Now or Formerly
Steve & Lynn Hartzog
Deed Book 788 Page 443
Spring Meadows Subdivision
Plat Book 19 Page 101
43

James

RECEIVED FEB 2 0 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

#205507

PAGE 1: *APPLICATION FORM*

Int. Relayut $320.00

Application For:

(✓) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(✓) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Robert & Rosamaria Coelho Address: 140 Saint Martins Lane Statesville NC. Zip: 28677

Applicant Email: chevygirl6216@hotmail.com Phone: (252) 207-5032 Alt. Phone: (252) 619-6684

Owner Name: Same as Above ↑ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 125 Angus Trail Statesville NC 28677

Subdivision Name: Spring Meadows Section/Phase: _____ Lot Number: 42

Driving Directions: Old mountain Road to Spring Meadows

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

(X) New Single Family Residence

( ) New Multi-Family Residence

(X) Accessory Building

( ) Bedroom(s) Addition

( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4

Maximum Number of Occupants: 8

( ) Swimming Pool

( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation

( ) Concrete Slab Foundation

( ) Basement with Plumbing

(X) 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: _____

(X) 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: _____

(N) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?

( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?

( ) Yes (X) 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: Robert Coelho Rosamaria Coelho 12-4-19

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

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

#205507
12·4·19
$550.00

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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Applicant Name: Robert & Rosamaria Coelho Address: 140 Saint Martins Lane Statesville NC. Zip: 28677
Applicant Email: chevygirl6216@hotmail.com Phone: (252) 207-5032 Alt. Phone: (252) 619-6684
Owner Name: Same as above ↑ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 125 Angus Trail Statesville NC 28677
Subdivision Name: Spring Meadows Section/Phase: _____ Lot Number: 42
Driving Directions: Old mountain Road to Spring Meadows

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

(X) New Single Family Residence
( ) New Multi-Family Residence
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( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
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Please answer the following to the best of your ability:
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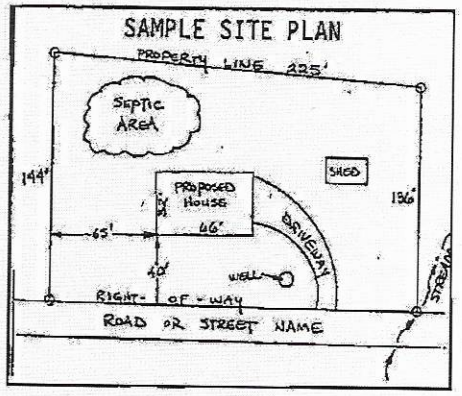
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Robert Coelho Rosamaria Coelho 12-4-19
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:

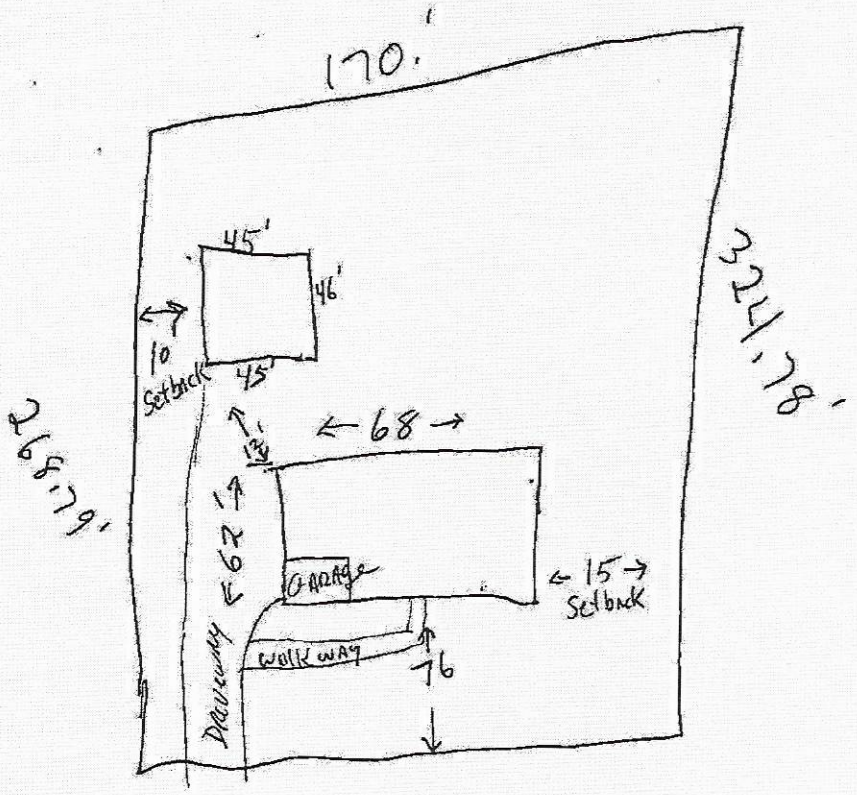
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient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

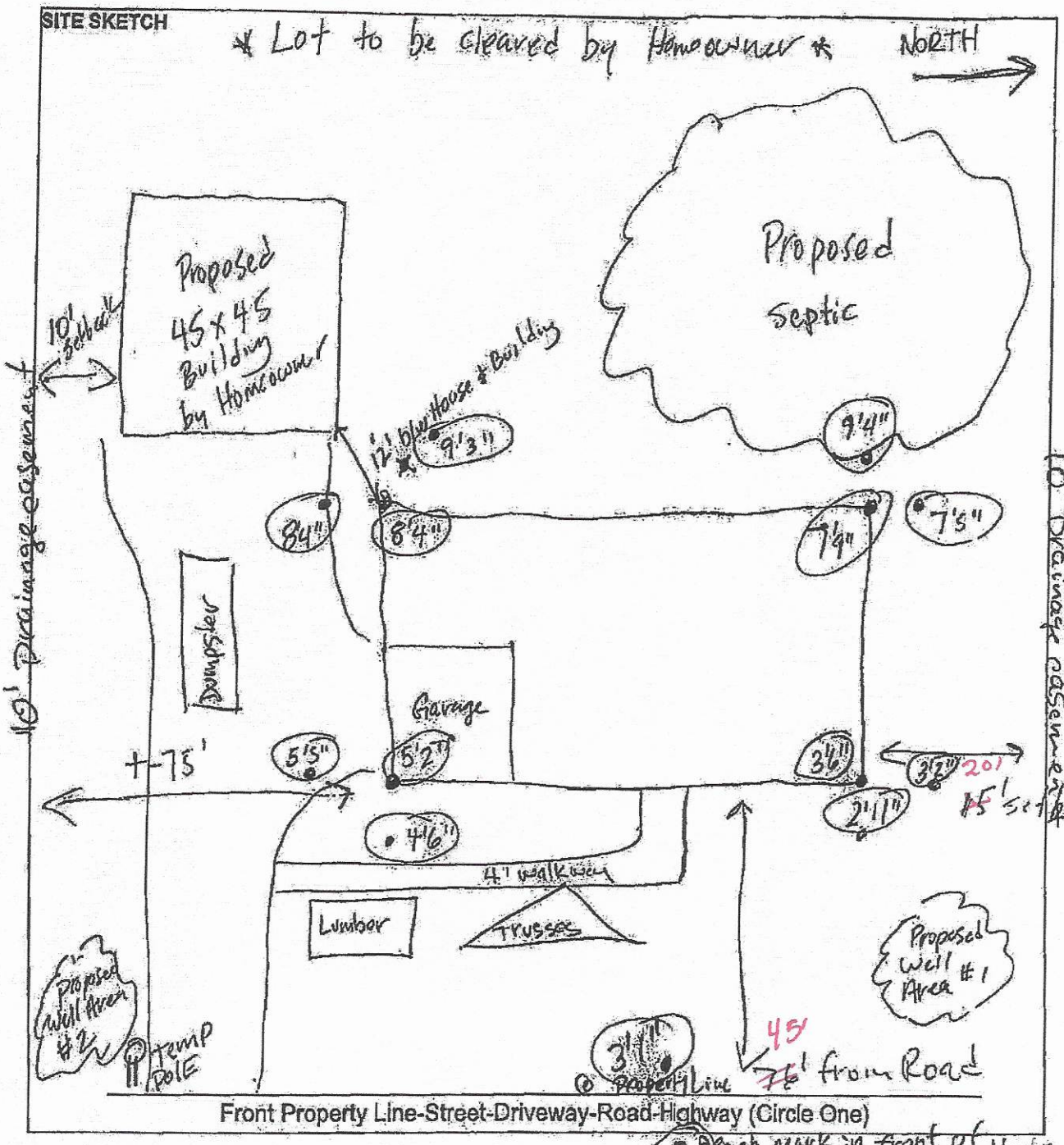
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 12-4-19

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

SITE SKETCH



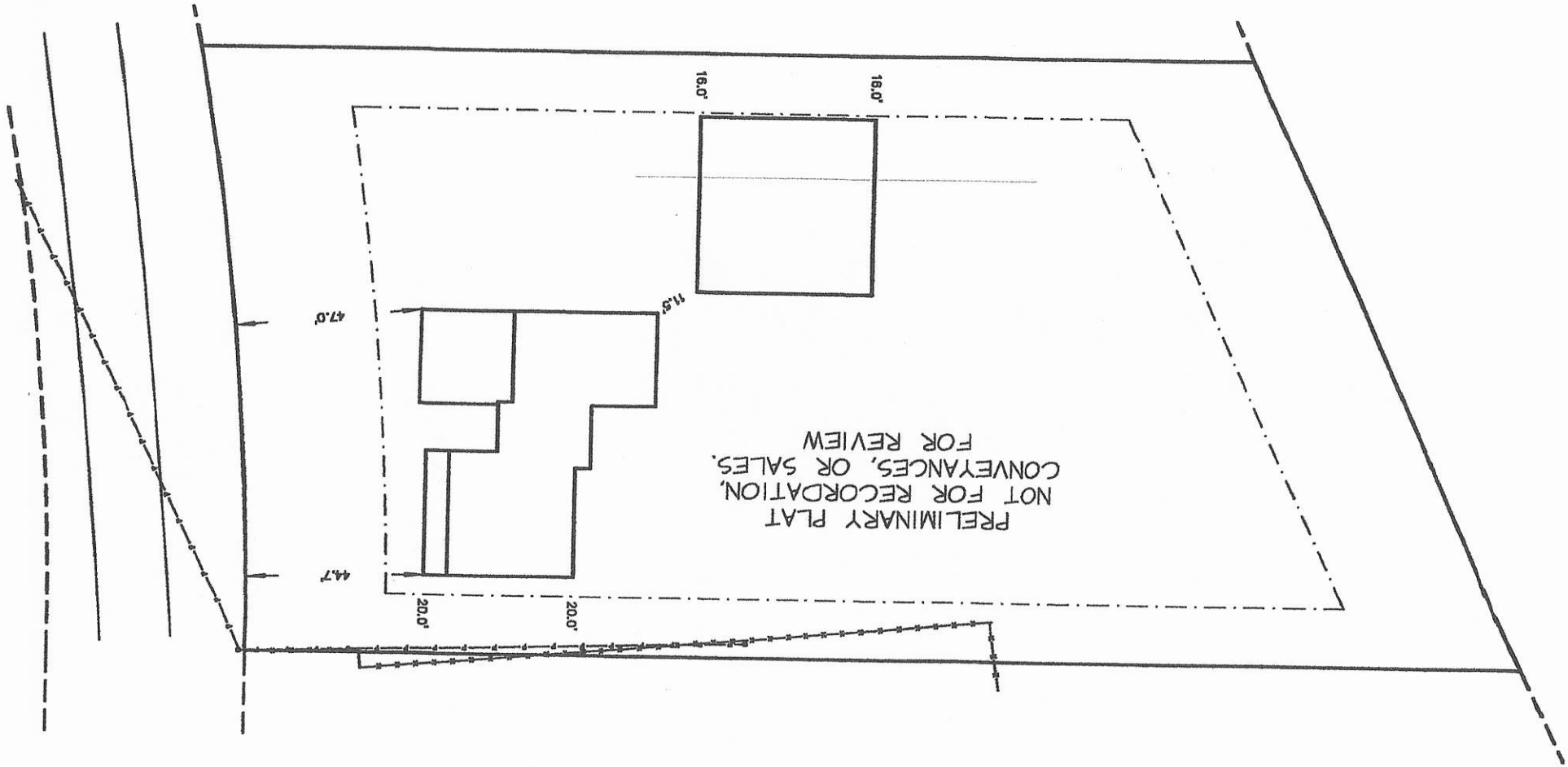
Owner(s) hereby agree(s) that all of the above information is correct.

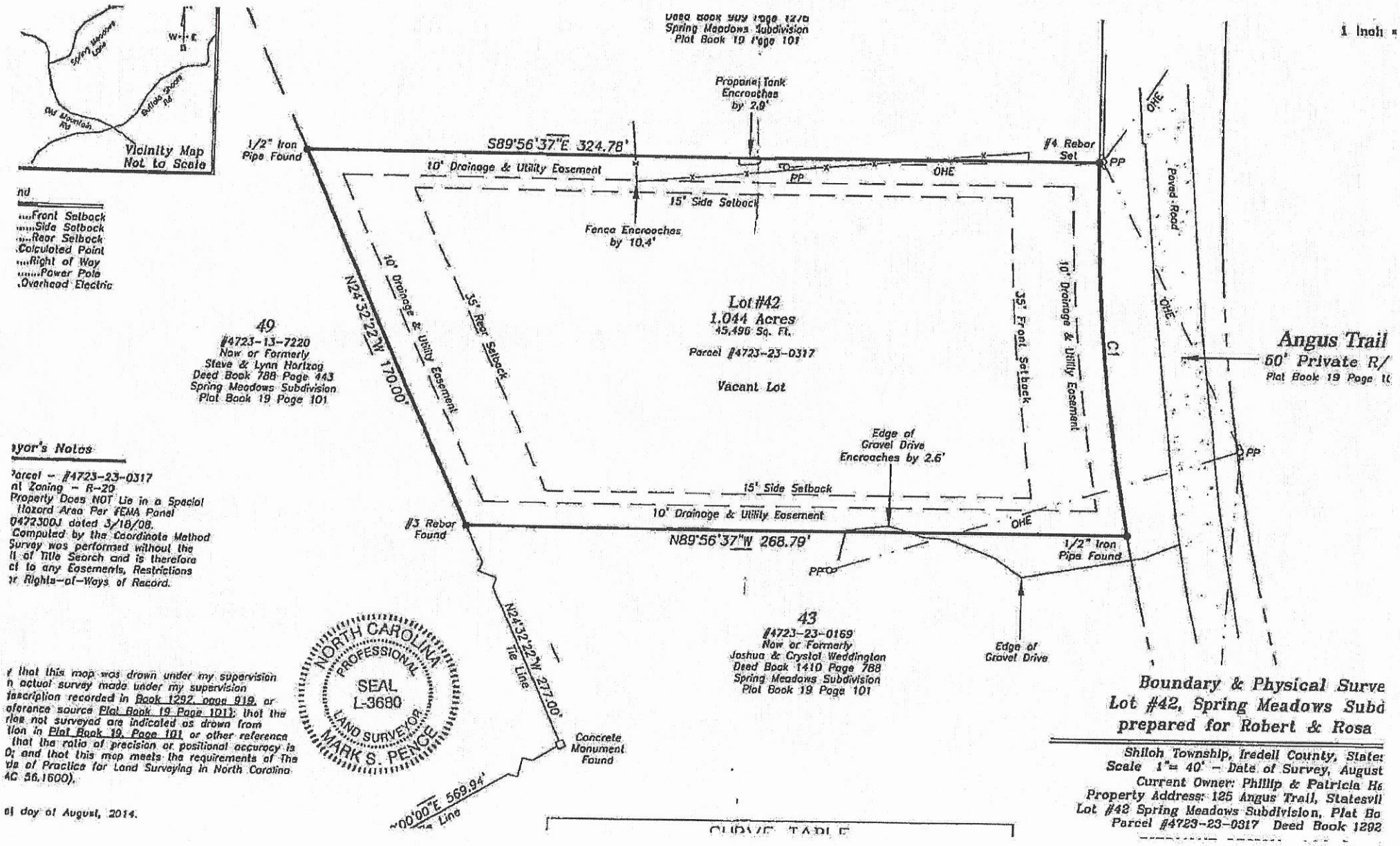
R. Coelho Date 9/6/18 Date 9/6/18

Signature Signature

Superintendent's Signature Date 9/6/18

RECEIVED FEB 2 0 2020





nd

Mayor's Notes

Parcel - #4723-23-0317
nl Zoning - R-20
Property Does NOT Lie in a Special Hazard Area Per FEMA Panel 0472300J dated 3/18/08.
Computed by the Coordinate Method
Survey was performed without the ll of Title Search and is therefore ct to any Easements, Restrictions or Rights-of-Ways of Record.

y that this map was drawn under my supervision n actual survey made under my supervision escription recorded in Book 1292, page 919, or eference source Plat Book 19 Page 101); that the ries not surveyed are indicated as drawn from tion in Plat Book 19, Page 101 or other reference that the ratio of precision or positional accuracy is 0; and that this map meets the requirements of The de of Practice for Land Surveying in North Carolina AC 56.1600).

st day of August, 2014.

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Robert & Rosa Coelho, am the legal owner(s) of the property located at 125 Angus Lane, Statesville NC 28677, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Robert Taylor Neilson Jr.
_____, 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.

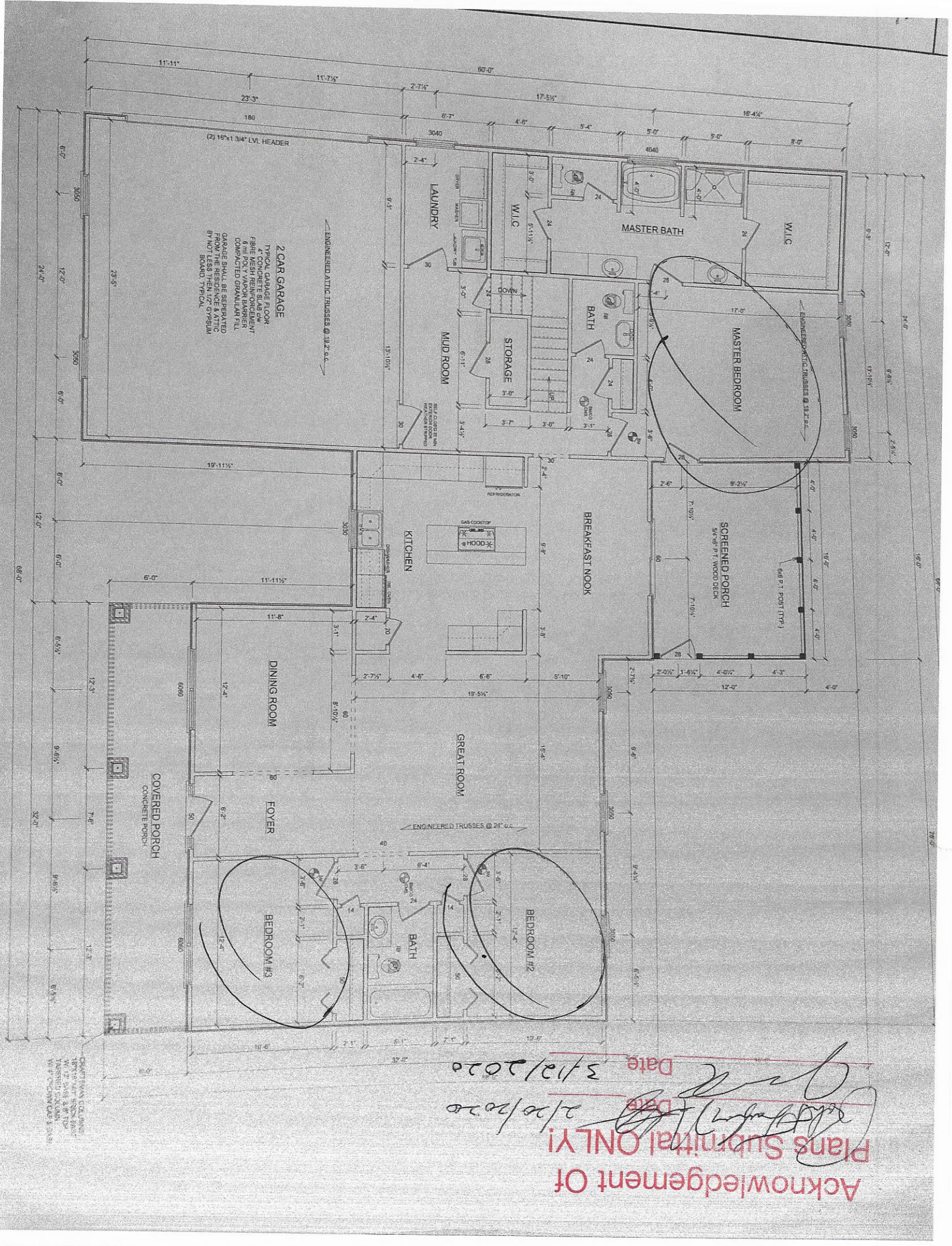
Robert Coelho
Signature of Owner(s)

2-13-2020
Date

Mooresville - Environmental Health

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



Acknowledgement Of
Plans Submittal ONLY!

Date 3/30/2020

Date 3/31/2020

IREDELL COUNTY

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

APPLICATION NUMBER
205507
Issue Date: 12/04/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4723230317.000	125 ANGUS TRAIL, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HAMPTON PHILLIP B+PATRICIA C	Applicant: THE OAKS GROUP
Address: 117 JENKINS RD	Address: 129 DELARGY CIRCLE
STATESVILLE, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.050	35.00	35.00	15.00	15.00	NOT	X

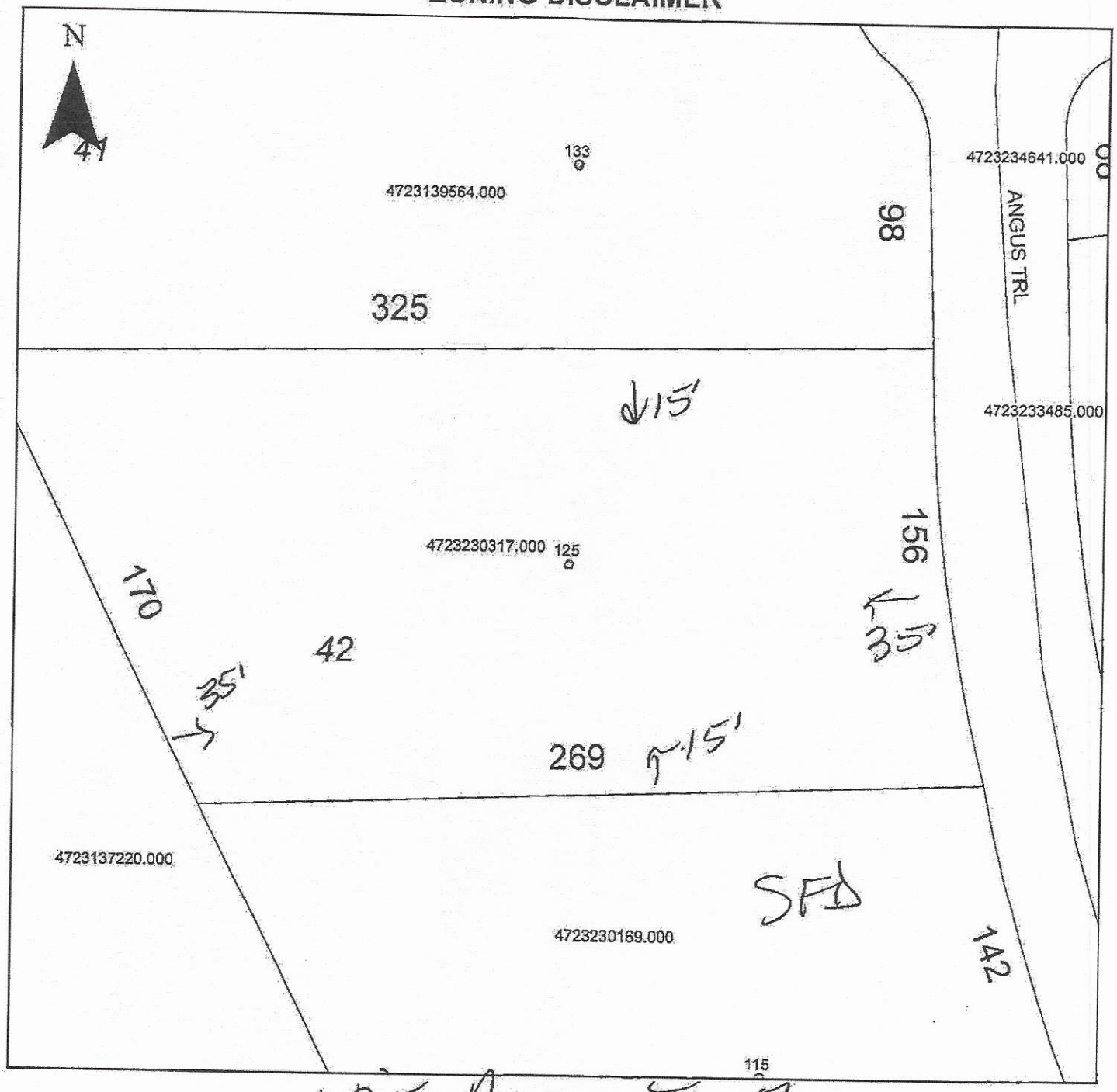
Remarks:

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	193180	TOTAL FEES:	$

ZONING DISCLAIMER



Property Address 125 Angus Trail

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

12-9-19
Date