# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-317733

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

PIN # 4723 -- 27 --6114

APPLICANT/OWNER: DAVID BOND APPLICANT ADDRESS: 515 OLD AIRPORT ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 228 SAND TRAP DRIVE, STATESVILLE, N.C. 28677 PHONE: 704-852-4157 ALT. PHONE 704-658-6964

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (R) ON OLD AIRPORT ROAD, (L) ON SAND TRAP, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

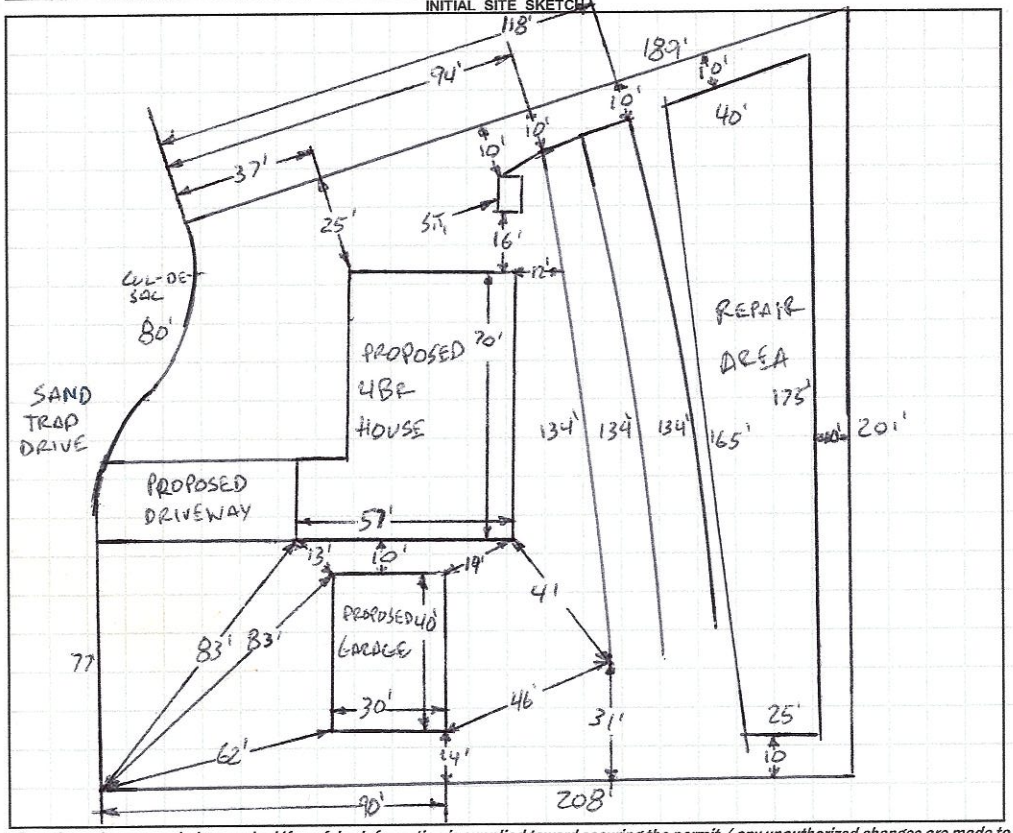
SUBDIVISION: BRITTAN HILLS SECTION: — LOT # 23 LOT AREA: 0.79 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (REPAIR 0.275)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 1012 | Date | 8-6-2021 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | 25% REDUCTION | | |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | 50% REDUCTION | | |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft: | 402 FT | Maintenance Agreement Required: | ☐ YES | ☑ NO | |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 34 IN | Gravel Depth | — | | ☑ GRAVITY | ☐ PRESSURE | |

| | | | | |
|---|---|---|---|---|
| ☑ Residence | No. Bedrooms | 4 | **Water Supply** | |
| ☐ Business | No. Persons | 8 | ☐ Private | |
| ☐ Other | No. Employees | | ☑ Public | |
| ☐ Slab | ☑ Crawl Space | | ☐ Community | |
| ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | | |

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

INITIAL SITE SKETCH




AS BUILT SKETCH

**FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.**

1 IN = 50 ft

S.T. = SEPTIC TANK

*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: David Bond Date: 7-20-21 Installed by: (Cory Booth) Alexander Precast

IMPROVEMENT PERMIT by: Burpt Civiltec Date: 7-19-2021 OPERATION PERMIT by: Date: 11-19-2021

AUTHORIZATION TO CONSTRUCT by: Burpt Civiltec Date: 7-19-2021 Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am** the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: David Bond
ADDRESS: 515 Old Airport Rd
PROPOSED FACILITY: 4 bdr Home
LOCATION OF SITE: 2288 Sandtrap

APPLICATION DATE: 5/17/21
DATE EVALUATED: 6/14/21
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.79 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 | 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Linear/Ridge 2-3% | 0-6 | SCL SBK | SS SP FR SE | - | 59 | - | - | .3 PS |
| | | 6-25 | C ABK | SS SP FR SE | | | | | |
| | | 25-59 | CL ABK | SS SP FI SE | | | | | |
| 2 | Linear 2-3% | 0-8 | SCL SBK | SS SP FR SE | - | 67 | Sap inc at 45 | - | .3 PS |
| | | 8-32 | C ABK | SS SP FR SE | | | | | |
| | | 32-67 | CL ABK | SS SP FI SE | | | | | |
| 3 | Linear 2-3% | 0-7 | SCL SBK | SS SP FR SE | Chroma 3 at -59 | 60 | Sap inc thru out | - | .275 PS |
| | | 7-40 | C ABK | SS SP FR SE | | | | | |
| | | 40-60 | CL ABK | SS SP FI SE | | | | | |
| 4 | Linear 2-3% | 0-7 | SCL SBK | SS SP FR SE | Sap inc at 40 | 62 | - | - | .3 PS |
| | | 7-38 | C ABK | SS SP FR SE | | | | | |
| | | 38-62 | CL ABK | SS SP FI SE | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% red | 50% red |
| Site LTAR | .30 | .275 |

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

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | 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.

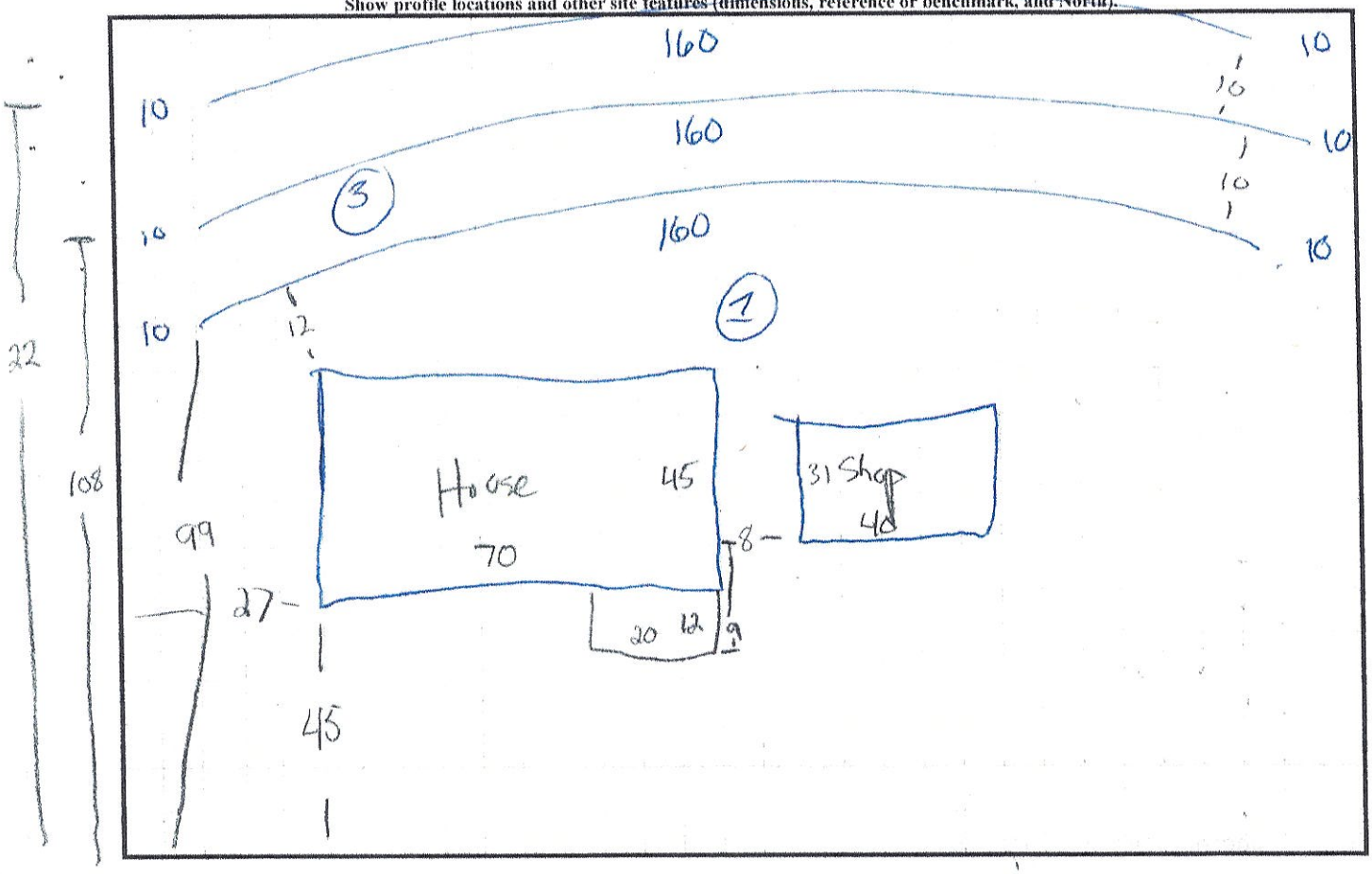
***NOTES***

| | |
|---|---|
| *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/ft²

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4723-22-61
COUNTY: IREDELL

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

OWNER: DAVID BOND
APPLICATION DATE 5-11-2021
ADDRESS: 515 OLD AIRPORT ROAD, STATESVILLE, N.C. 28677
DATE EVALUATED: 6-14-2021
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.79 AC
LOCATION OF SITE: 228 SAND TRAP DRIVE, STATESVILLE, N.C. 28677
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | RIDGE 2% | 0-5 | SCL, SBK | FR, SS, SP, SEXP | SAP INC THRU OUT | 60"+ | NA | NA | PS .3 |
| | | 5-28 | C, SBK | FR, S, P, SEXP | | | | | |
| | | 28-60 | CL, WSBK | F1, SS, SP, SEXP | | | | | |
| 2 | RIDGE 2% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | SAP INC THRU OUT | 72"+ | NA | NA | PS .3 |
| | | 9-36 | C, SBK | FR, S, P, SEXP | | | | | |
| | | 36-72 | CL, WSBK | F1, SS, SP, SEXP | | | | | |
| 3 | LINEAR SIDE 2% | 0-8 | SCL, SBK | FR, SS, SP, SEXP | SAP INC THRU OUT V/B MOTS 55"+ WETNESS | 62"+ | NA | NA | PS .275 |
| | | 8-42 | C, SBK | FR, S, P, SEXP | | | | | |
| | | 42-62 | CL, WSBK | F1, SS, SP, SEXP | | | | | |
| 4 | LINEAR SIDE 2% | 0-7 | SCL, SBK | FR, SS, SP, SEXP | SAP INC THRU OUT | 60"+ | NA | NA | PS .3 |
| | | 7-40 | C, SBK | FR, S, P, SEXP | | | | | |
| | | 40-60 | CL, WSBK | F1, SS, SP, SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 50% |
| Site LTAR | 0.3 | 0.275 |

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

COMMENTS:

RECEIVED MAY 17 2021

She was told to have you call the contractor before going forward with the application

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED** Paid $500.00

**Iredell County Health Department – Environmental Health Division**

**PAGE 1:** ***APPLICATION FORM*** AP-317733

Don in 64 call Terry Pekoty 704-201-6532

**Application For:**
(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: David Bond Address: 515 Old Airport Rd. Zip: 28677
Applicant Email: 88SuperDave@Gmail.com Phone: 704-252-1457 Alt. Phone: 704-658-6964
Owner Name: David Bond Address: 515 Old Airport Rd. Zip: 28677
Owner Email: 88 SuperDave@gmail.com Phone: 704-252-1457 Alt. Phone: 704-658-6964

**Property Information:**

Street Address: 228 Sand Trap Drive Statesville, NC 28677
Subdivision Name: Brittian Hills Section/Phase: _____ Lot Number: L23
Driving Directions: Go past Lakewood Golf Club to Airport Rd. & turn Left on Sandtrap Rd. Go to end of Rd. on left

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

(X) 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: 4
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**
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (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:** David Bond 5-11-2021
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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

_____ _____
Signature of Owner(s) 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

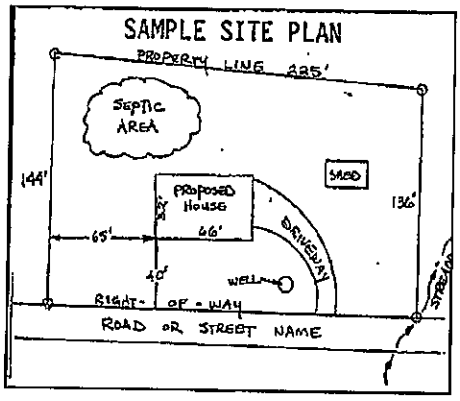
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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
- N/A Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

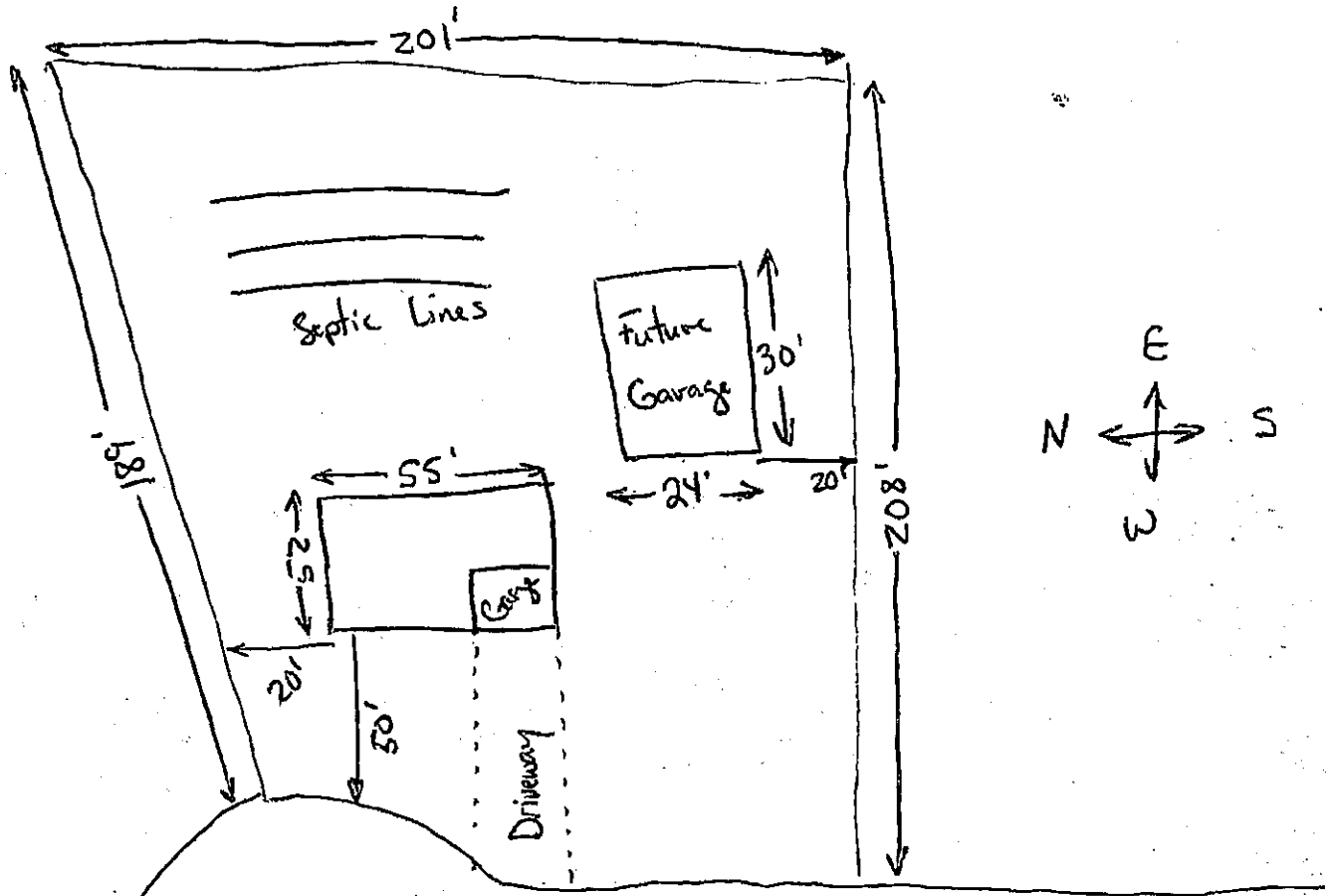



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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:** Carl Bal Sandtrap Drive

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

5.11.2021
DATE

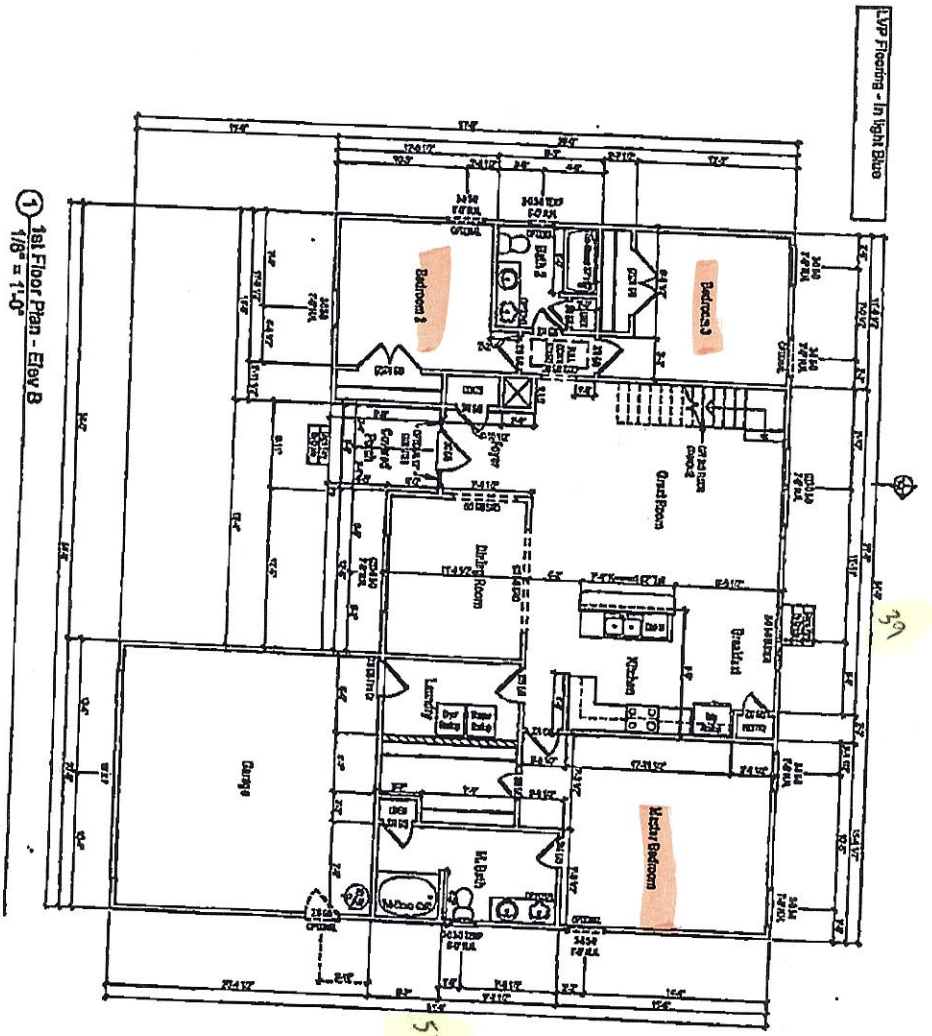
**Acknowledgement Of Plans Submittal ONLY!**

Buyer

Date 5-17-21

Buyer

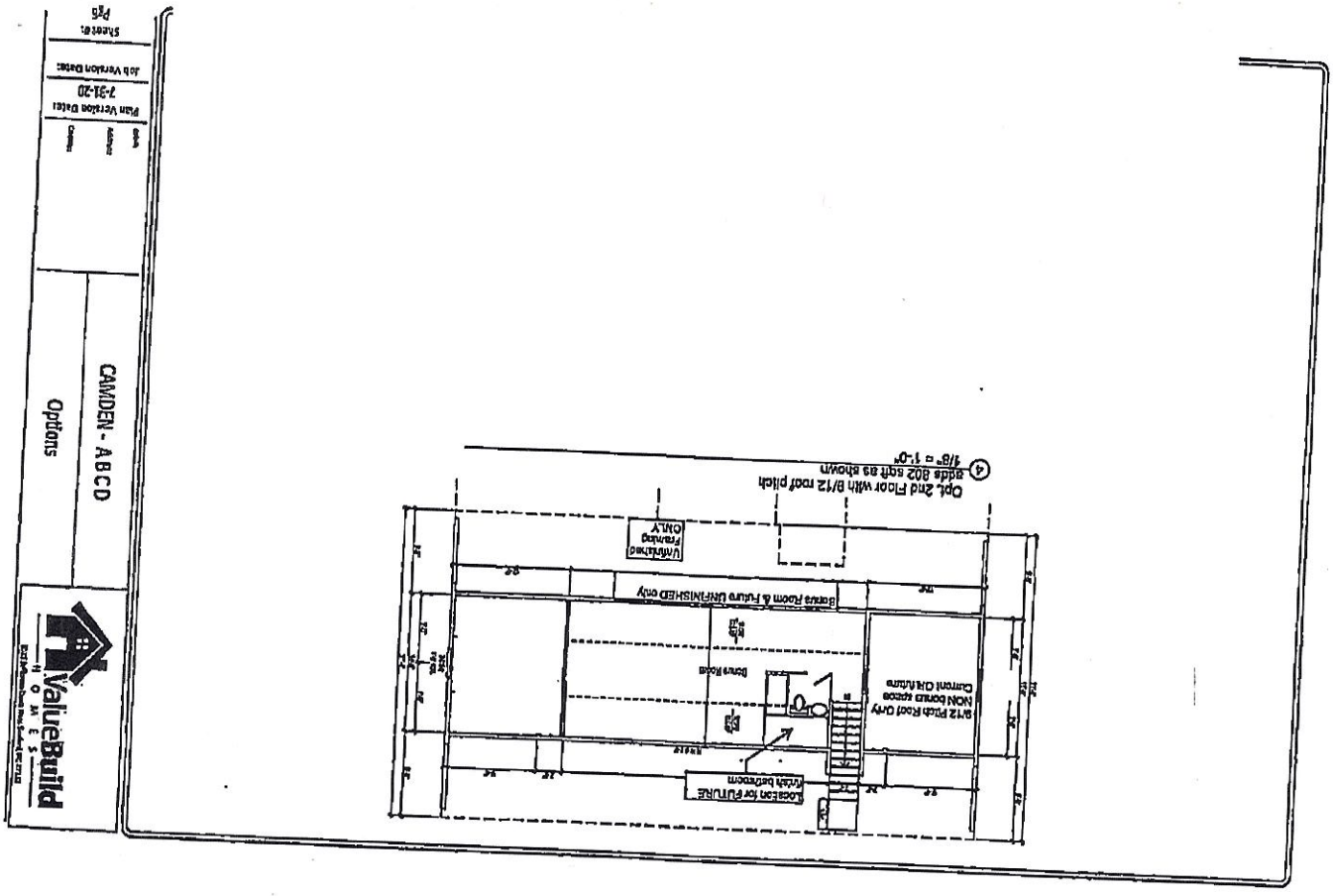
7-19-2021




| | | | |
|---|---|---|---|
| Sheet #: B-Pg3 | Plan Version Date: 7-31-20 | Job #: Address: County: | CAMDEN - Elevation B |
| | Job Version Date: | | 1st Floor Plan |

ValueBuild HOMES

Acknowledgement Of
Plans Submittal ONLY!
Anna Stefanchi
Date
Date 5-17-21
Bryant Linton 7-19-2021



CITY of Statesville NORTH CAROLINA

# City of Statesville Jurisdiction
# ZONING APPROVAL

**For building permit application** 704-878-3575

**General Information**

| | | | |
|---|---|---|---|
| Job Address | 228 SANDTRAP DR | Permit Number | 317733 |
| Owner | BOND DAVID C | Tax Map | 4723276114.000 |
| Owner Address | 515 OLD AIRPORT RD | Zoning | R-20 |
| | STATESVILLE, NC 28677 | Flood Hazard Area | |
| Phone No. | (704)658-6964 | Historic District | |
| Contractor | Value Homes | Architect | |
| Address | 3015 Jefferson Davis Hwy | Address | |
| | Sanford,NC 27332 | | |
| Phone No. | (919)899-4990 | Phone No. | |

**Type of Application** New Single Family Home

**Utility Source**

Electric
Water
Sewer

**Required Information**

| | | | | | |
|---|---|---|---|---|---|
| 0.79 | Lot Dimensions | | Required Parking | **Setbacks** | |
| | Structure Size & | | Landscaping | 35 | Front Yard |
| | Location | | Utility Clearance | 35 | Rear Yard |
| | Easements | | TRC Review | 12 | Right Yard |
| | Flood Certification | | Other | 12 | Left Yard |
| | Driveway Cuts | | | | |

**Department Approval**

Planning Department Paul Cox 5/11/2021 Public Works

**Comments**

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

5-11-2021
Date