ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP310423

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

PIN # 4723 --37 --5786.

APPLICANT/OWNER: Alicia Lacasse

APPLICANT ADDRESS: 103 Redwood Lane Statesville NC

SITE ADDRESS: 104 Sandtrap Drive Statesville NC 28677

PHONE: 704-301-4939 ALT. PHONE

SITE DIRECTIONS: Buffalo Shoals to old Airport Dr. Sandtrap First Lot on Right

SUBDIVISION: Buffalo Hills

SECTION: 1 LOT # 34 LOT AREA: .608

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Stone 760 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft. 300

Trench Width 36 Trench Bottom Depth (Low side) 22 in mark Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Keep Septic Drainlines 15 ft from open pitch down property line.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Caddle Creek Soil Consulting

LSS # 1291 Dated July 23, 2021

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.

As Built Attached

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: Alicia Lacasse Date: 7/29/21

Installed by: Tommy Frye Grading & Repair Inc.

IMPROVEMENT PERMIT by: Benjamin R. Bolton Date: 7/27/2021

OPERATION PERMIT by: B. Webb Date: 9/28/21

AUTHORIZATION TO CONSTRUCT by: Benjamin R. Bolton Date: 7/27/21

Existing System Inspected by: Date:

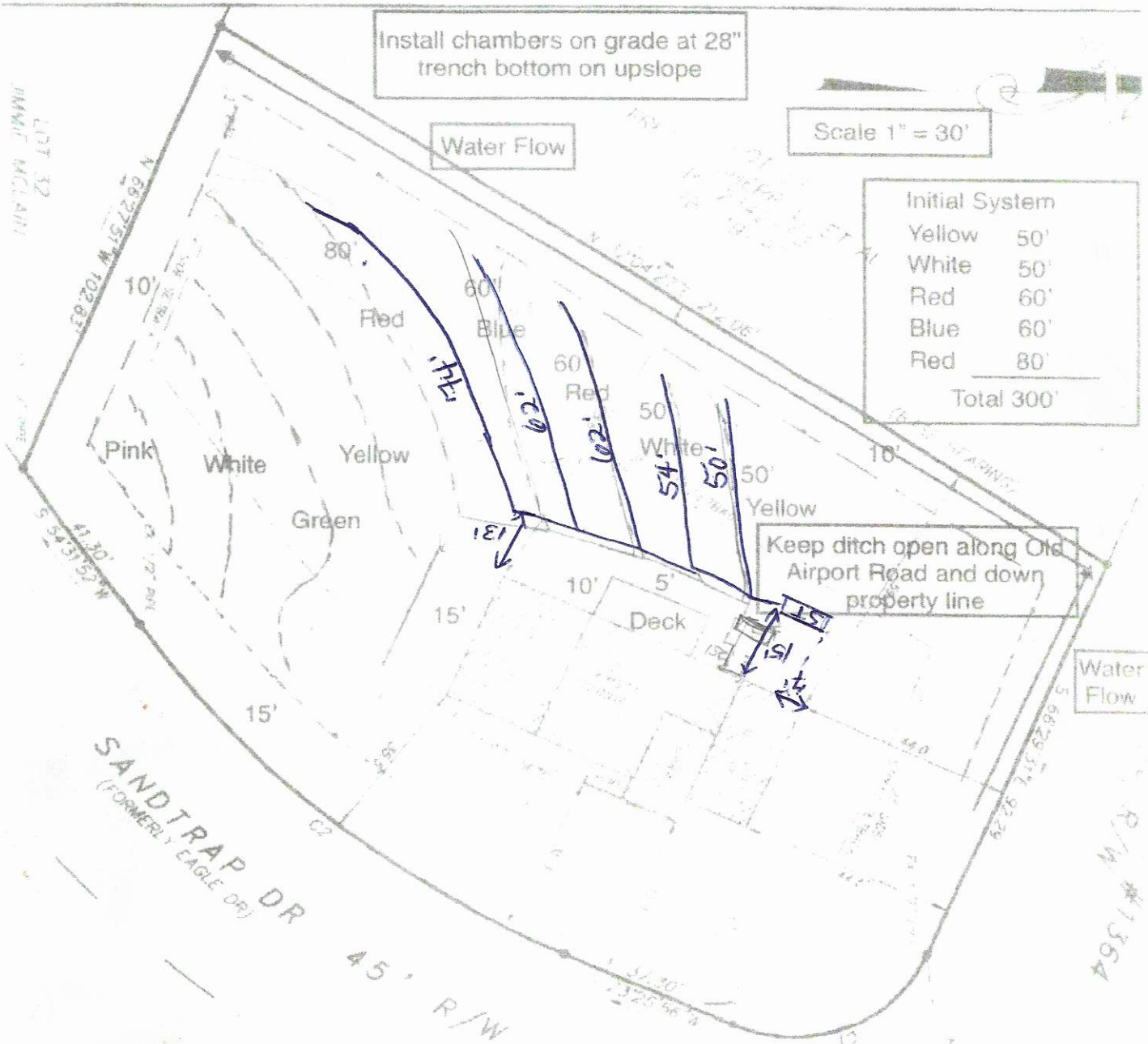
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	9/28/21	DW
Tanks Checked	9/28/21	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / (N)		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Snodt 710

7/20



As Built
104 Sandtrap
Statesville
9/28/21
DRJ

Coddle Creek Soil Consulting
5500 Deer Run Court
Davidson, NC 28036
(704) 706 4645

July 23, 2021

Iredell County Environmental Health
349 North Center Street
Statesville, North Carolina 28687

Subject: Recommended Wastewater Disposal System
Pin # 4723-37-5786
104 Sandtrap Drive
Statesville, North Carolina 28677
Alicia Lacasse, Owner

To Whom It May Concern:

Enclosed you will find a copy of the wastewater disposal system proposed for owner Alicia Lacasse. The property is located at 104 Sandtrap Drive described as Pin # 4723-37-5786. Attached are sealed soil notes as well as site plans and designs for a on-site wastewater disposal system. This design is submitted under Session Law 2018-114 (HB 374). Please review the enclosed document presented to you for Alicia Lacasse. Please contact me for concerns regarding the wastewater disposal system design.

"The LSS Evaluation attached to this application is used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.©."

Owner: Alicia Lacasse

Signature: Alicia Lacasse

"The LSS Evaluation is submitted pursuant to and meeting requirements of SL 2018-114 Section 11.©."

Steve Cannon, LSS

Signature: Steve Cannon

Information for Installers, Contractors and Other Interested Parties

Follow all rules and regulations as set forth by the state of North Carolina regarding installation of septic systems in Section .1900 Sewage Treatment and Disposal Systems.

Do not grade, cut or bury anything in approved areas designated for initial system or repair system.

If removing trees from property, cut trees at or about knee level, push over portion of tree remaining and pull stump out of ground. Do not dig out stump if at all possible.

May clear areas of sewage disposal systems only by fine grading or skimming ground surface.

Do not compact the soil by vehicular traffic. Stay off the designated areas for sewage disposal systems.

Install sewage disposal systems only during dry conditions to avoid smearing the nitrification trench sidewall.

Do not over excavate nitrification trenches. Remove clods. Leave nitrification trenches clean and level.

Do not leave trash in nitrification trenches like soda bottles, pieces of pvc pipe or anything else that does not belong in the nitrification trenches.

If post installation is required, the designer will need a 5 week day notice from the installer to schedule a final inspection before covering the septic system.

No changes to septic system design without designer or county health department approval is prohibited.

Once location of building corners are established DO NOT move the building without notifying the designer or local health department. Moving the building may void any permit issued to the property owner and may void the designed septic system.

Design Specifications for Proposed Wastewater Systems

Applicant: Alicia Lacasse
Cell # 704-301-4939
Email: alacasse23@icloud.com
Pin # 4723-37-5786
Brittian Hills
Lot 34
Acres: .61
Iredell County, North Carolina

Source of Water Flow	3 Bedroom House
Source of Water	County
Wastewater Treatment Systems	Accepted
Septic Tank	1000 gallons
Estimated Daily Flow	360 gallons/day
Loading Rate : Initial	.3 g/d/sq.ft.
Drainfield Size : Initial	300 feet Accepted
Slope: Initial	5 percent
Slope Correction: Initial	2 inches
Trench Bottom Depth : Initial	28 inches on upslope
Loading Rate : Repair	.3 g/d/sq.ft
Drainfield Size : Repair	300 feet Accepted
Slope: Repair	4 percent
Slope Correction	1 inch
Trench Bottom Depth: Repair	28 inches on upslope

Applicant: Alicia Lacasse
Cell # 704-301-4939
Email: alacasse23@icloud.com
Pin # 4723-37-5786
Brittian Hills
Lot 34
Acres: .61
Iredell County, North Carolina

Initial

Line	Flag Color	Line Elevation	Flagged Length	Design Length
1	Yellow	2.18'	55'	50'
2	White	2.75'	55'	50'
3	Red	3.33'	63'	60'
4	Blue	3.70'	63'	60'
5	Red	5.39'	97'	80'
			Total 333'	Total 300'

Repair

Line	Flag Color	Line Elevation	Flagged Length	Design Length
1	Yellow	6.16'	104'	100'
2	Green	6.89'	96'	80'
3	White	7.45'	72'	70'
4	Pink	8.04'	51'	50'
			Total 323'	Total 300'

Sheet of
PROPERTY ID #:
COUNTY: Iredell

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

P.I.N 4723375786

OWNER: Alicia Lacasse
ADDRESS: 103 Redwood Lane Statesville NC 28625
PROPOSED FACILITY: Home
LOCATION OF SITE: 104 Sandstrup Dr Lot 34
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE:
DATE EVALUATED: 7/23/21
PROPERTY SIZE: .61
PROPERTY RECORDED: ✓

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

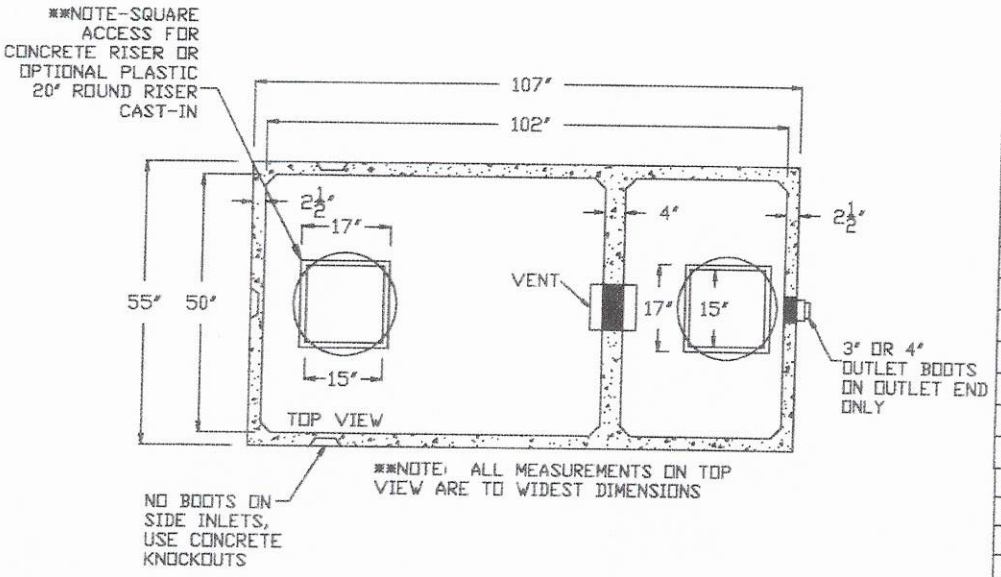
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRIC CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-4"	CL wsbk	s p fi					PS .3
		4-48"	C sbk	s p fi					
2	L 5%	0-5"	CL wsbk	s p fi		48"			PS .3
		5-48"	C sbk	s p fi					
3	L 5%	0-5"	CL wsbk	s p fi		48"			PS .3
		5-48"	C sbk	s p fi					
4	L 4%	0-8"	CL wsbk	s p fi		48"			PS .3
		8-48"	C sbk	s p fi					
			MW @ 48"						

LICENSED SOIL SCIENTIST — STEVEN MICHAEL CANNON — 1291 — STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	Accepted	Accepted
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Steve Cannon
OTHER(S) PRESENT:

COMMENTS: Upper hole #1 seemed wet due to water off Road



SHOAF PRECAST SEPTIC INC.
4130 WEST US HWY 64
LEXINGTON, NC 27295
PHONE (336) 787-5826
FAX (336) 787-2826
WWW.SHOAFPRECAST.COM

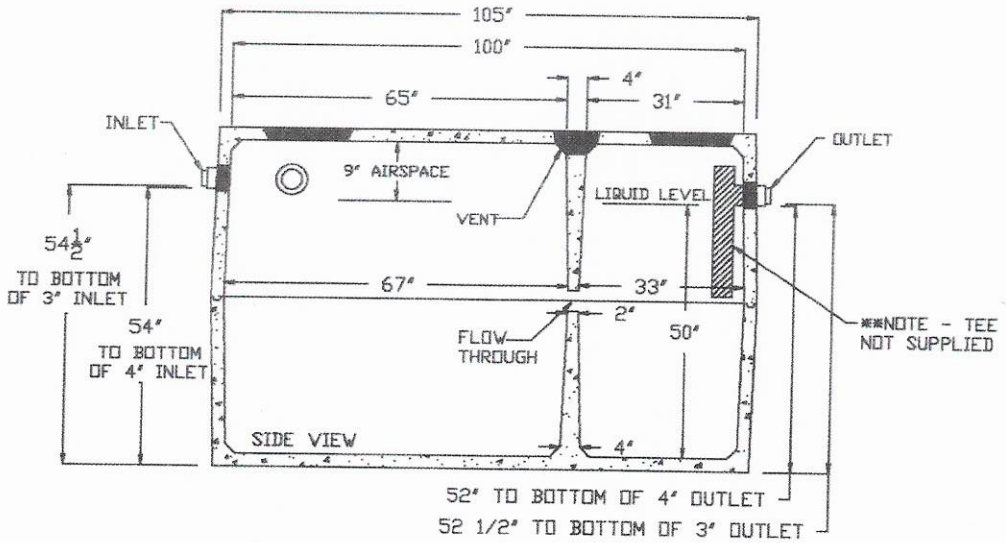
MODEL: MS 1000 STB

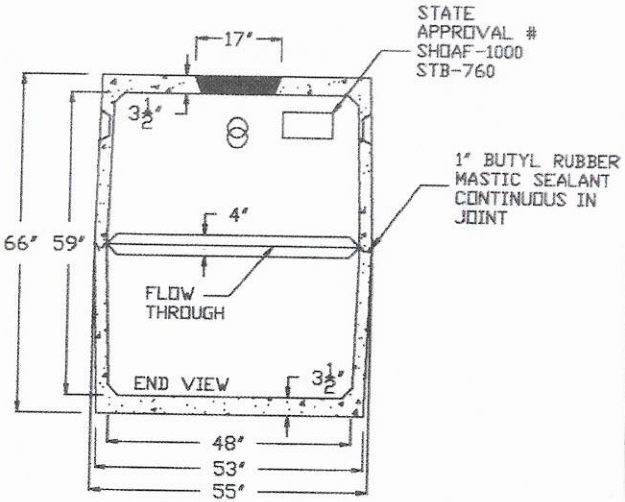
NON TRAFFIC

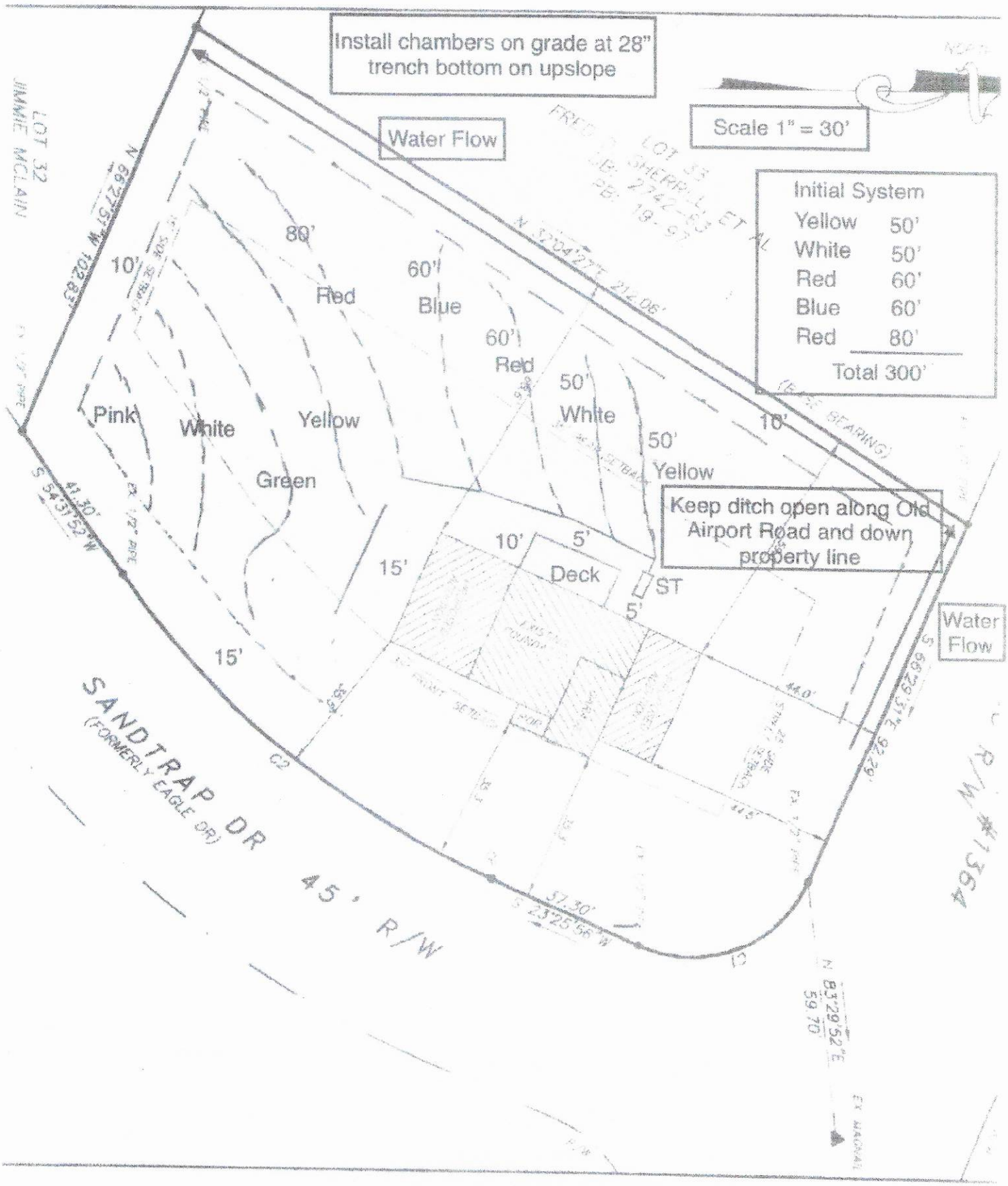
1000 Gallon Septic Tank

SHOAF-1000 NON TRAFFIC RATED
STB-760 NON TRAFFIC
LIQUID CAPACITY-1039 US GALLONS/9 ½" AIRSPACE
TANK HEIGHT-66"
BOTTOM OF TANK TO CENTER OF INLET-56"
BOTTOM OF TANK TO CENTER OF OUTLET-54"
LENGTH TO WIDTH RATIO-2 TO 1
SIZE OF INLET & OUTLET-3" OR 4" PIPE
TYPE OF INLET & OUTLET-POLYLOCK OR EQUAL (MEETS ASTM C-923)
CONCRETE PSI-4000; TANK WEIGHT-8,500 LBS.
REINFORCING PER STATE CODE

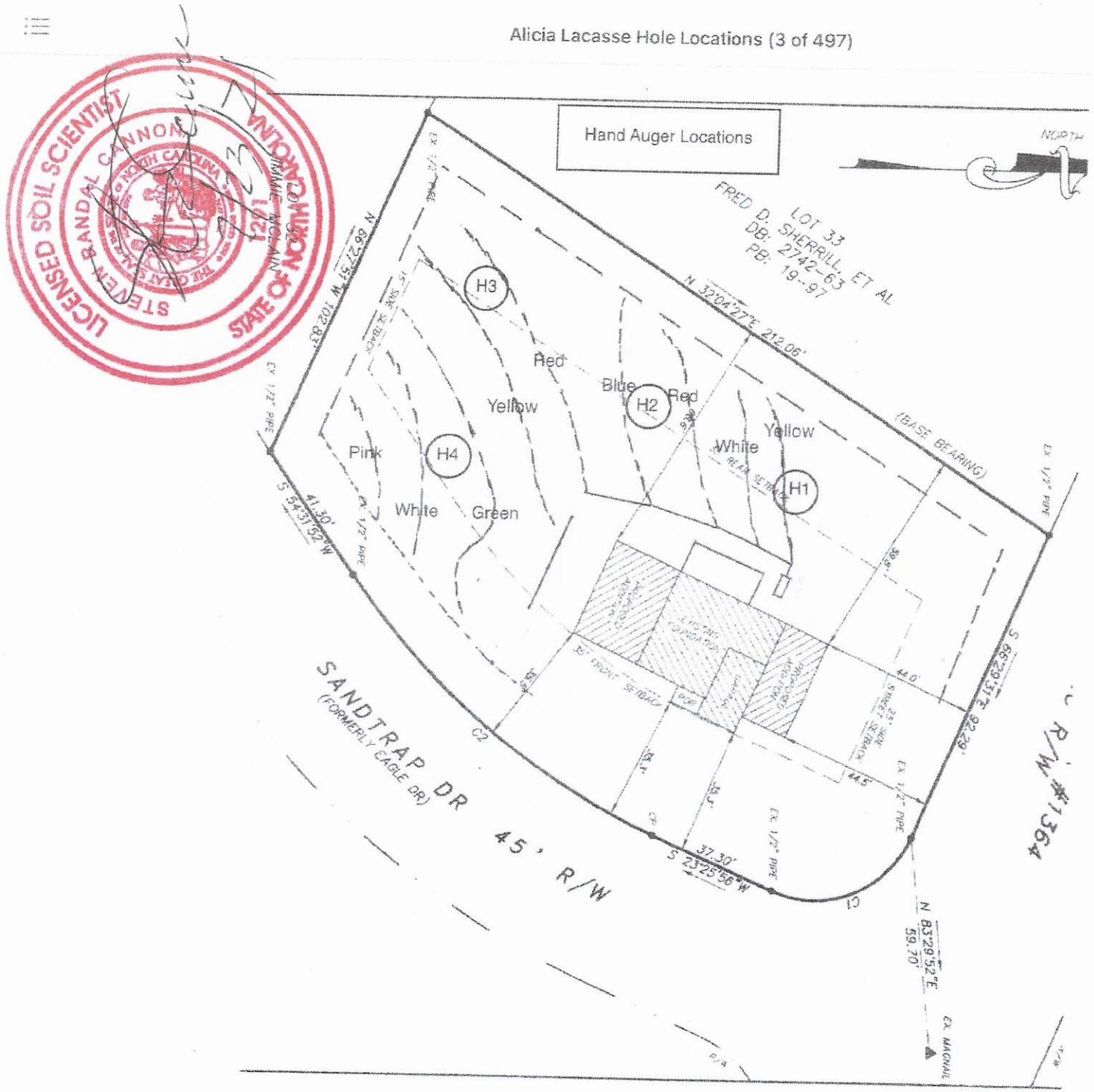
SCALE - N.T.S.






Install chambers on grade at 28" trench bottom on upslope
Water Flow
Scale 1" = 30'
Initial System
Yellow 50'
White 50'
Red 60'
Blue 60'
Red 80'
Total 300'
80'
Red
60'
Blue
60'
Red
50'
White
50'
Yellow
10'
Pink
White
Yellow
Green
15'
10'
5'
Deck
ST
5'
15'
Keep ditch open along Old Airport Road and down property line
Water Flow
SANDTRAP DR
(FORMERLY EAGLE DR)
45' R/W
LOT 32
JIMMIE MCLAIN
LOT 33
SHERRILL ET AL
N 32°04'27"E 214.06'
N 66°27'57"W 102.83'
S 54°31'52"W 41.30'
S 23°25'56"W 57.30'
S 66°29'31"E 92.29'
N 83°29'52"E 59.70'
44.0'
41.5'

6:19 PM Sat Jul 24
Done
Alicia Lacasse Hole Locations (3 of 497)
63%



LICENSED SOIL SCIENTIST
STEVEN RANDAL CANNON
NORTH CAROLINA
STATE OF NORTH CAROLINA
1221

RECEIVED JUL 2 6 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 310423

Application For:

(X) Septic Improvement Permit (✓) New Well Permit ( ) 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: Alicia Lacasse **Address:** 103 Redwood Ln **Zip:** 28625

Applicant Email: alacasse23@gmail.com **Phone:** 704-301-4939 **Alt. Phone:**

Owner Name: Alicia Lacasse **Address:** 103 Redwood Ln **Zip:** 28625

Owner Email: alacasse23@gmail.com **Phone:** 704-301-4939 **Alt. Phone:**

Property Information:

Street Address: 104 Sandtrap Dr. Statesville NC, 28677

Subdivision Name: Brittain Hills **Section/Phase:** 1 **Lot Number:** 34

Driving Directions: Buffalo Shoals to Old Airport Rd, Left on Sandtrap, first lot on right

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: 3
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: 1,710 **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 (X) 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 (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: Alicia Lacasse 6/23/21

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

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Alicia Toscasse

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.

Alicia Toscasse
Signature of Owner(s)

6/23/21
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

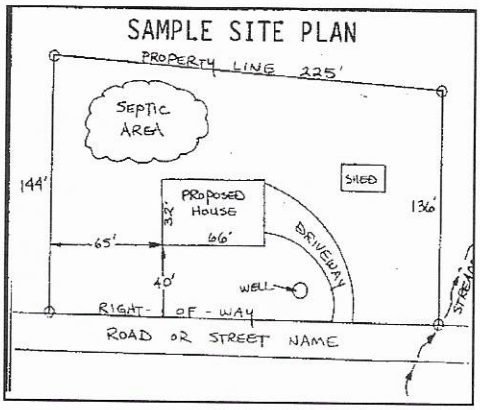
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

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

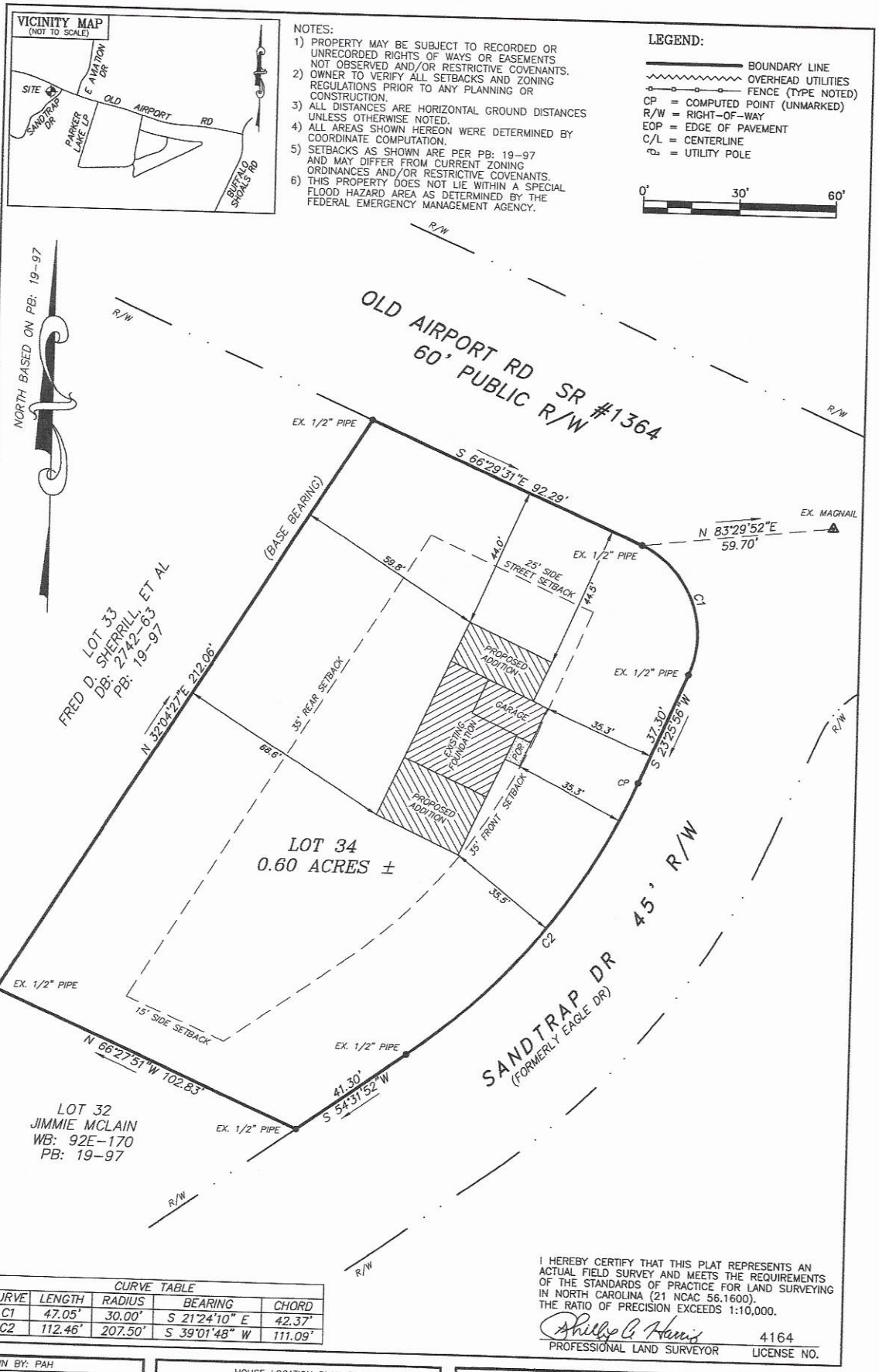
* See additional paper *

Signature: Alicia Lacasse

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

6/23/21

DATE



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	47.05'	30.00'	S 21°24'10" E	42.37'
C2	112.46'	207.50'	S 39°01'48" W	111.09'

I HEREBY CERTIFY THAT THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY AND MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). THE RATIO OF PRECISION EXCEEDS 1:10,000.

Phillip G. Harris 4164

PROFESSIONAL LAND SURVEYOR LICENSE NO.

DRAWN BY: PAH
DWG FILE NAME: 20189.BH34
PROJECT NO: 20189
PROPERTY ADDRESS: OLD AIRPORT RD STATESVILLE, NC 28677
DATE: JUNE 11, 2021
SCALE: 1"=30'

HOUSE LOCATION PLAN FOR

ALICIA R. LACASSE

STATESVILLE OUTSIDE TOWNSHIP, IREDELL COUNTY, NC
ALL OF LOT 34 OF BRITTIAN HILLS, PAGE 1
REFERENCES: DB: 2750-1442 & PB: 19-97

HARRIS LAND SURVEYING, PLLC
FIRM LICENSE #: P-1295
4080 DAVIS RD
MAIDEN, NC 28650
704-400-6800
phillipharris3@gmail.com

SEAL:
NORTH CAROLINA PROFESSIONAL SEAL L-4164 LAND SURVEYOR PHILLIP G. HARRIS

Wall Stud Size
= 2x4
= 2x6

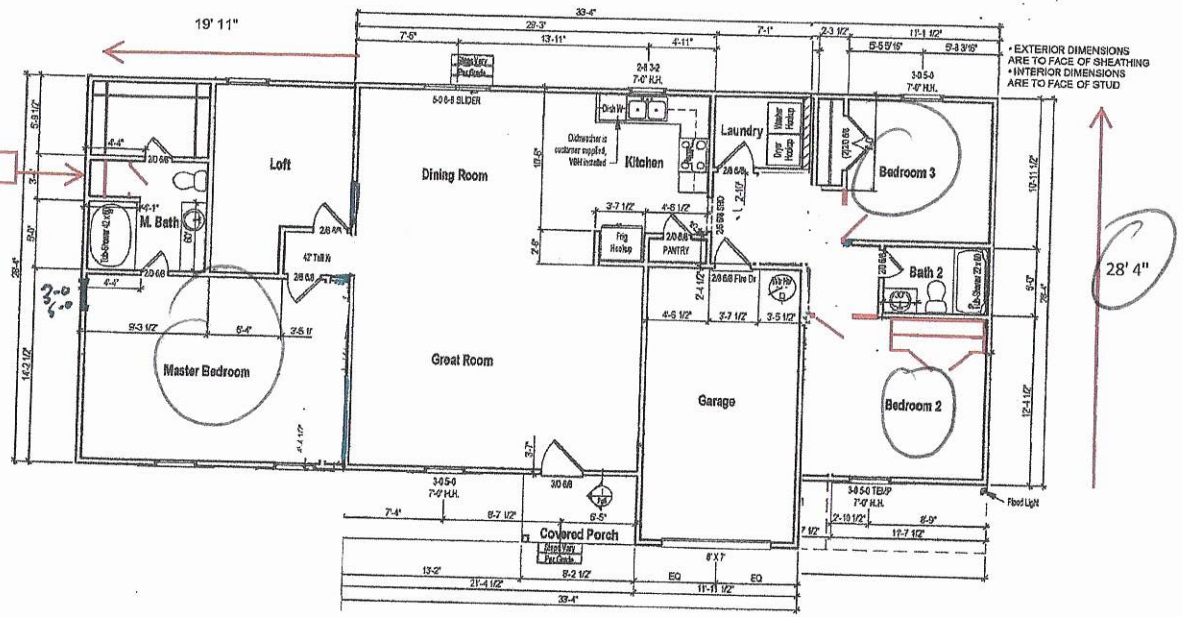
Est. Sq. Ft. = 1711
Est. Sq. Ft. Garage = 238

Est. 66 5"

19' 11"

28' 4"

Linen Closet



1 1st Floor Plan - Elev A
1/8" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Date 7/26/21

Date 7/27/21

ValueBuild
3015 Jefferson Davis Hwy, Sanford, NC 27332

THE PAULA - Elevation A

1st Floor Plan

Job #: 2020-053
Address: 34 Airport Rd Statesville, NC 28677
County: Iredell County

Plan Version Date: 4-16-20

Job Version Date: 9-2-20

Sheet #: ElevA-Pg3

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

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

General Information

Job Address	104 SANDTRAP DR	Permit Number	310423
Owner	ALICIA LACASSE	Tax Map	4723375786.000
Owner Address	104 SANDTRAP DR	Zoning	R-20
	STATESVILLE, NC 28677	Flood Hazard Area	
Phone No.	(704)301-4939	Historic District	
Contractor	VALUE BUILD HOMES	Architect	
Address	3015 JEFFERSON DAVIS HWY	Address	
	SANFORD ,NC 27332		
Phone No.	(919)300-4923	Phone No.	

Type of Application NEW SINGLE FAMILY

Utility Source

Electric

Water

Sewer

Required Information

0	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	30	Front Yard
	Location		Utility Clearance	30	Rear Yard
	Easements		TRC Review	30	Right Yard
	Flood Certification		Other	10	Left Yard
	Driveway Cuts				

Department Approval

Planning Department EA 8/27/2020 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.

Alicia Lacasse

Applicant Signature

8/27/2020

Date