ICHD - ENVIRONMENTAL HEALTH DIVISION

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

MW

OSWP-2022-12320

PERMIT # AP-326755

PIN # 4723 -- 66 -- 1545

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

APPLICANT/OWNER: BARTON BUILDING, LLC. | APPLICANT ADDRESS: 188 SAGEMORE ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 114 TOWER DRIVE, STATESVILLE, N.C. 28677 | PHONE: 704-453-1230 | ALT. PHONE —

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (R) ON OLD AIRPORT ROAD, (L) ON PARKERLAKE, (L) ON DELIGHT, (R) ON TOWER

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: LAKEWOOD ESTATES | SECTION: — | LOT # 25-26 | LOT AREA: 0.36 AC | DESIGN FLOW: 360 GPD | LOT ON (R) L.T.A.R.: .3 (0.25) REPAIR

Septic Tank	EXT 1000 (gal)	STB	EXT 1012	Date	EXT 9-28-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	50% REDUCTION - UPPBPS - GRAVITY		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION - HPPRPS - GRAVITY		
# Nitrification Fields	1	# Lines	5	Linear Ft	200 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	24 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	

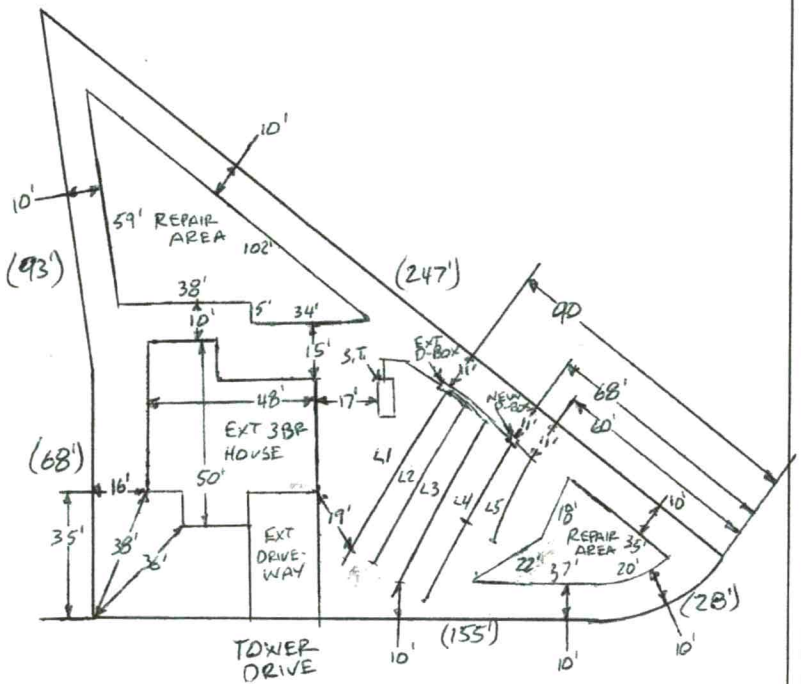
☑ Residence | No. Bedrooms 3 | ☐ Business | No. Persons 6 | ☐ Other | No. Employees — | ☐ Slab | ☑ Crawl Space | ☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL PER DIRECTIONS, UTILIZE EARTHEN DAM WHERE LINES ARE TO BE ABANDONED, UTILIZE NEW D-BOX AS SHOWN TO ACHIEVE EQUAL DISTRIBUTION, 1

KEEP ALL LINES 10FT FROM PROPERTY LINES, DO NOT EXCEED A 34IN MAX TRENCH DEPTH, PROPERTY LINES MUST BE MARKED AT TIME OF INSTALL

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.

INSTALL INSTRUCTIONS

L1 = EXT 54' - ABANDON 3 FT = NEW 51 FT
L2 = EXT 51' - NO CHANGE = NEW 51FT
L3 = EXT 51' - ABANDON 3FT = NEW 48FT
L4 = EXT 48' - ABANDON 23FT = NEW 25FT
L5 = NEW 25'

1IN = 50FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: _____ Date: _____ Installed by: PARAGON

IMPROVEMENT PERMIT by: Burnett C. White Date: 2-3-2023 OPERATION PERMIT by: X D. Weber Date: 2/8/23

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 2-3-2023 Existing System Inspected by: _____ Date: _____

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

MW

OSWP-2022-12320

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-326755

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

PIN # 4723 -- 66 -- 1545

APPLICANT/OWNER: BARTON BUILDING, LLC. APPLICANT ADDRESS: 188 SAGEMORE ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 114 TOWER DRIVE, STATESVILLE, N.C. 28677 PHONE: 704-453-1230 ALT. PHONE —

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (R) ON OLD AIRPORT ROAD, (L) ON PARKERLAKE, (E) ON DELIGHT, (R) ON TOWER SAP CONTROLLED: ☐ YES ☑ NO

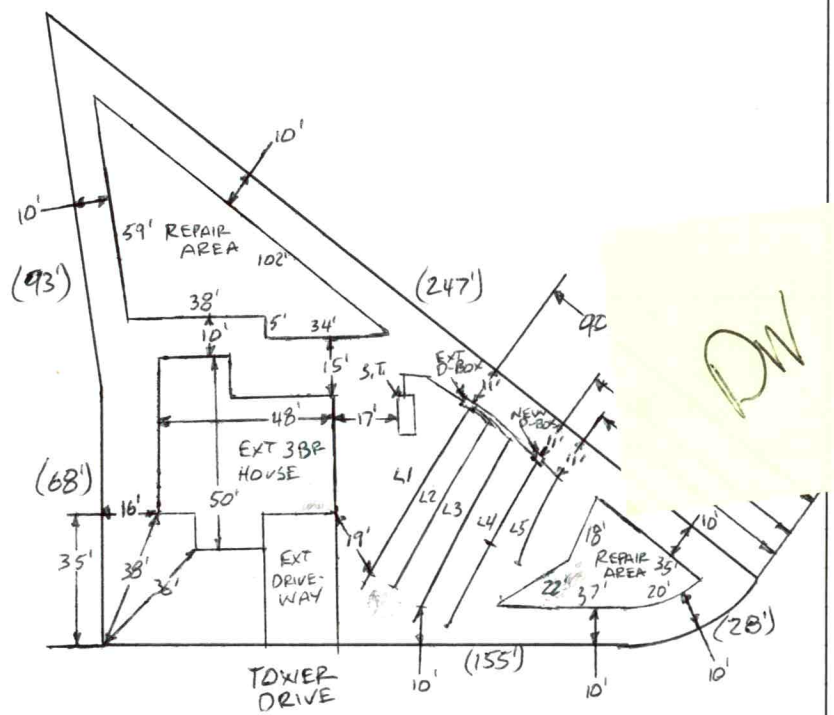
SUBDIVISION: LAKEWOOD ESTATES SECTION: — LOT # 25-26 LOT AREA: 0.36 AC LOT ON (R) REPAIR DESIGN FLOW: 360 GPD / L.T.A.R.: .3 (0.25)

Septic Tank	EXT 1000 (gal)	STB	EXT 1012	Date	EXT 9-28-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	50% REDUCTION - UPPBPS - GRAVITY			☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION - HPPBPS - GRAVITY			☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	200FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	24 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL PER DIRECTIONS, UTILIZE EARTHEN DAM WHERE LINES ARE TO BE ABANDONED, UTILIZE NEW D-BOX AS SHOWN TO ACHIEVE EQUAL DISTRIBUTION, I

KEEP ALL LINES 10FT FROM PROPERTY LINES, DO NOT EXCEED A 34IN MAX TRENCH DEPTH, PROPERTY LINES MUST BE MARKED AT TIME OF INSTALL

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.

INSTALL INSTRUCTIONS

L1 = EXT 54' - ABANDON 3 FT = NEW 51 FT

L2 = EXT 51' - NO CHANGE = NEW 51FT

L3 = EXT 51' - ABANDON 3FT = NEW 48FT

T 48' - ABANDON 23FT = NEW 25FT

EW 25'

1IN = 50FT

S.T. = SEPTIC TANK

EXT = EXISTING

DW

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: _____ Date: _____ Installed by: PARAGON

IMPROVEMENT PERMIT by: Buford C. White Date: 2-3-2023 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Buford C. White Date: 2-3-2023 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		
Tanks Checked		
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? _____	

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2-03-2023 (Date)

Owner: Barton Building, LLC.
Address: 188 Sagemore Road, Mooresville, N.C. 28117
Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
145 Tower Drive, Statesville, N.C. 28625
PIN: 4723-66-1545
Lakewood Estates: Lot: 25-26

I, Bob Barton (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 05-09-2022 (date) for a system 50% Reduction PPBPS (system name) for the site will be "revoked" immediately by the authorized agent/local health department.

Online Signature
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
02/03/2023

Owner: Barton Building, LLC.
Address: 188 Sagemore Road, Mooresville, N.C. 28117

Subject: Notice of Intent to Revoke/Suspend: 114 Tower Drive Statesville, N.C. 28625

Dear Barton Building, LLC.:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 114 Tower Drive for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 2/6/2023. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Bryant C. White

Signature of DHHS Authorized Agent


4723-56-9903
101
4723-66-0901
4723-66-1808
101
127
150
4723-66-2817
101
133
150
4723-66-3804
4723-66-48
101
Delight Loop
4723-56-9732
46
56
120
150
4723-66-0618
22
46
56
150
101
124
4723-66-1637
23
101
150
109
130
151
4723-66-2625
24
120
74
4723-66-3694
67
34
26
93
25
24
4723-66-1545
114
52
55
51
48
26
155
28
60
4723-66-
226
4723-66-0553
120
68
Tower Dr
PB 27-62
4723-56-9554
124
90
90
93
111
4723-66-3443
100
115
4723-66-2359
166
4723-56-9411
100
119
4723-66-1375
165
100
4723-66-0370
39
4723-66-

PERMIT SNAPSHOT REPORT OSWP-2022-12320 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit
Status: In Progress
Valuation: $0.00
Description: NEEDS INTERMEDIATE RE-LAYOUT TO MOVE DRAINLINES OUT OF PROPERTY LINE SETBACK

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 12/28/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4723661545.000 Main
Address: 114 Tower Dr Main
Statesville, NC 28677
Zone: R-20(Suburban Residential District)

Property Owner
BARTON BUILDING LLC

Applicant/Authorized Agent
Robert J Barton
188 Sagemore Rd 188
SAGEMORE RD
Mooresville, NC 28117-8455
Business: (704) 453-1230

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	44x36	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	44x36	Maximum Number of Bedrooms	3	Number of Occupants	4
Foundation Type	Concrete Slab Foundation	Water Supply	Municipal Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Robert_Barton_12/28/2022.jpg	12/28/2022 10:14	Barton, Robert		Uploaded via CSS
Site plan for Tower_v1.pdf	12/28/2022 11:45	Comeaux, Debra	Available Online	Site Plan
Legal Rep for Tower_v1.pdf	12/28/2022 11:45	Comeaux, Debra	Available Online	Authorize to Act as Agent
Xerox Scan_12282022164314.pdf	12/28/2022 16:58	Hart, Ronda	Available Online	Existing Septic permit

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-50867	Re-inspection required	OSWP Septic/Well Preliminary Site Visit	01/06/2023			01/06/2023 11:58	01/06/2023 11:58

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-52159	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	01/11/2023			01/11/2023 8:50	01/11/2023 8:50

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00006884	New Gravity System	$320.00	$320.00
	Total for Invoice INV-00006884	$320.00	$320.00
	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		12/28/2022 11:46	12/28/2022 11:46

PERMIT SNAPSHOT REPORT (OSWP-2022-12320)

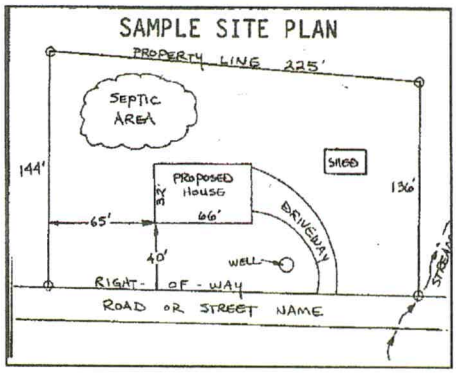
Confirm application complete v.1	Generic Action		12/28/2022 11:46
~~**Zoning Review v.1**~~			12/28/2022 16:57
~~Iredell County Zoning Approval v.1~~	Task		12/28/2022 16:57
~~Issue Invoice v.1~~	Generic Action		12/28/2022 16:57
~~Fees Paid v.1~~	Generic Action		12/28/2022 16:57
Fees v.1		12/28/2022 16:58	12/29/2022 10:33
Issue Invoice v.1	Generic Action		12/28/2022 16:58
Fees Paid v.1	Generic Action		12/29/2022 10:33
Lot Readiness Verification v.1		01/09/2023 11:58	
OSWP Septic Preliminary Site Visit v.1	Inspection	01/09/2023 11:58	01/09/2023 11:59
OSWP Septic Preliminary Site Visit v.2	Inspection	01/12/2023 8:50	01/12/2023 8:51
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

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:

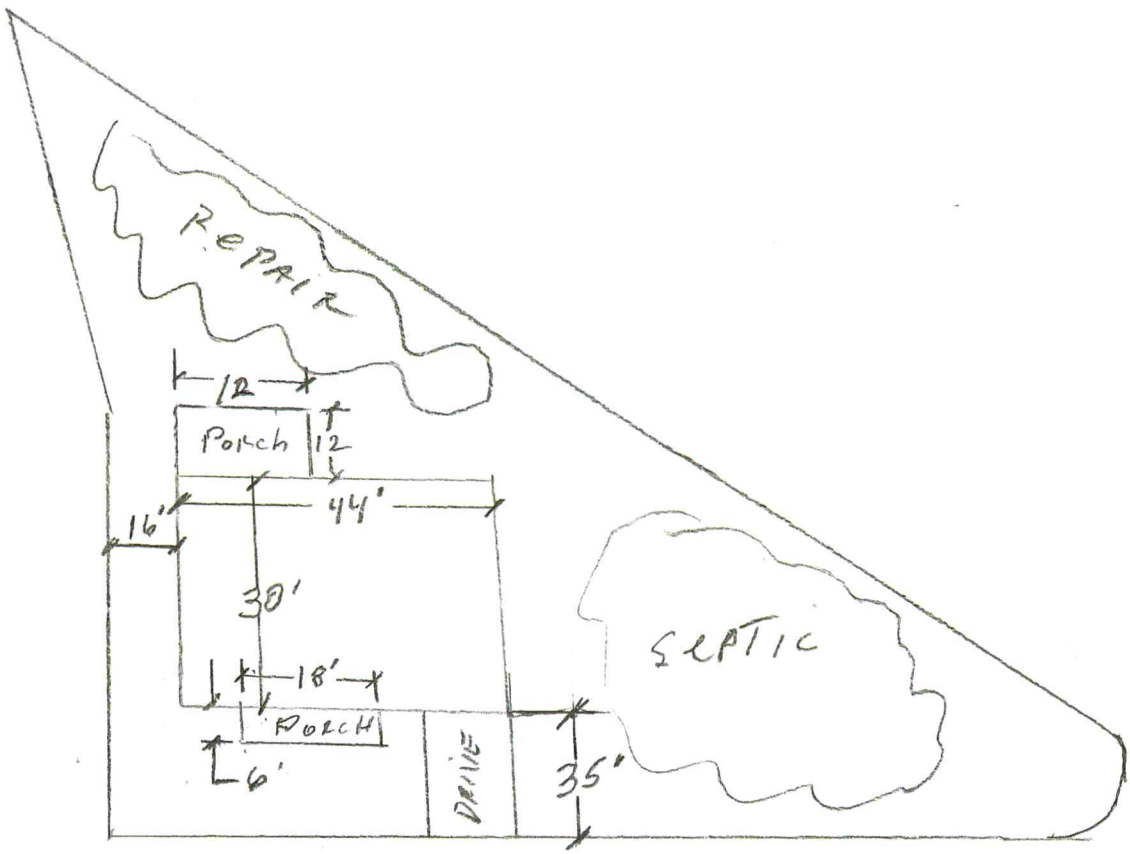
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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: BOB Barton

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

12/29/22

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 326755

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

PIN # 4723-66-1545

APPLICANT/OWNER: Bob Barton

APPLICANT ADDRESS: 188 Sagemore Dr Mooresville, NC 28117

SITE ADDRESS: 114 Tower Dr. Statesville, NC 28677

PHONE: 704453-1230 ALT. PHONE 704 575-0630

SITE DIRECTIONS: Old Mountain Rd TL Buffalo Shoals TL Delight Loop TR Tower Drive

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakewood Est

SECTION: 1J LOT # 25-26 LOT AREA: .36 Acre

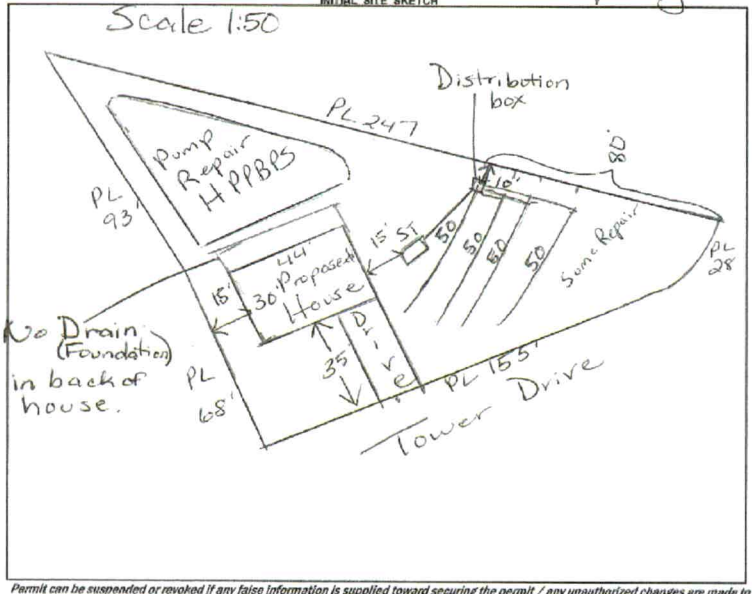
DESIGN FLOW: 360gpd L.T.A.R.: .3/.25RCP

Septic Tank 1000 (gal)	STB 1012	Date 9-28-2022	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity- Distbox-VPPBPS	☐ Business	No. Persons 10	☐ Private
Pump Make	Model	Serial #	Repair System Description: Pump- HPPBPS	☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 200'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 34" max	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Divert storm/surface water away from Septic. No Vehicular or Construction traffic over Septic System

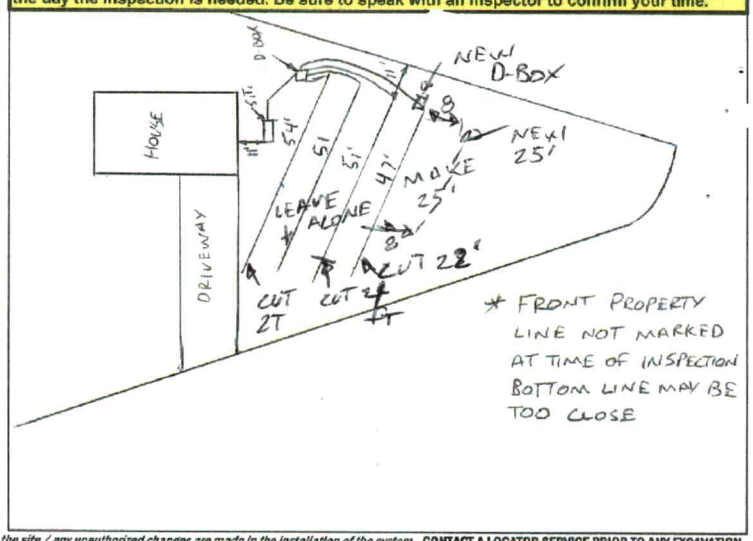
5/23/22 House slightly bigger than original plan but still should fit w/ no foundation drain.

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.



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: Bob Barton Date: 5/23/22 Installed by: PARAGON

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/9/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/23/22 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 2
PROPERTY ID #: 4723466165
COUNTY: Iredell

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

OWNER: Bob Barton
APPLICATION DATE: 3/16/22
ADDRESS: 188 Sagemore Mooresville, NC
DATE EVALUATED: 4/26/22
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.36 Ac
LOCATION OF SITE: 1114 Tower Statesville, NC
PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Lakewood Est 25-26
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	7%	0-13	BrwSCL	w SBK	SS, SP, SExP	FR			PS
		13-37	RCm	-w SBK	SS, SP, SExP	FR			
		37-50	RCL	w SBK S, P, SExP,	FI-FR	w/ Yel/Brw			.25
			Mottles (Streaking		37"	50"	—	—	to 37"
2	5%	0-20	BrwSCL	w SBK	SS, SP, SExP,	FR			PS
		20-40	RCm	-w SBK SS-S, SP, SExP,	FI	few yel/brw			.25
		40-50	RCL	w SBK S, P, SExP,					to 40"
			Mottles		40"	50"	—	50"	
		50	Chroma 2						
3	5%	0-24	BrwSCL	w SBK SS, SP, SExP,	FR				PS
		24-50	RCm	-w SBK/MBK SS, SP, SExP					.3
					—	50"	—	—	
4	5%	0-24	Brw	SCL w SBK SS, SP, SExP,	FR				PS
		24-50	Rd/Brw	C m-w SBK SS, SP, SExP,	FR				.3
					—	50"	—	—	

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Bob Barton, Scott

COMMENTS:

Updated February 2014

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.

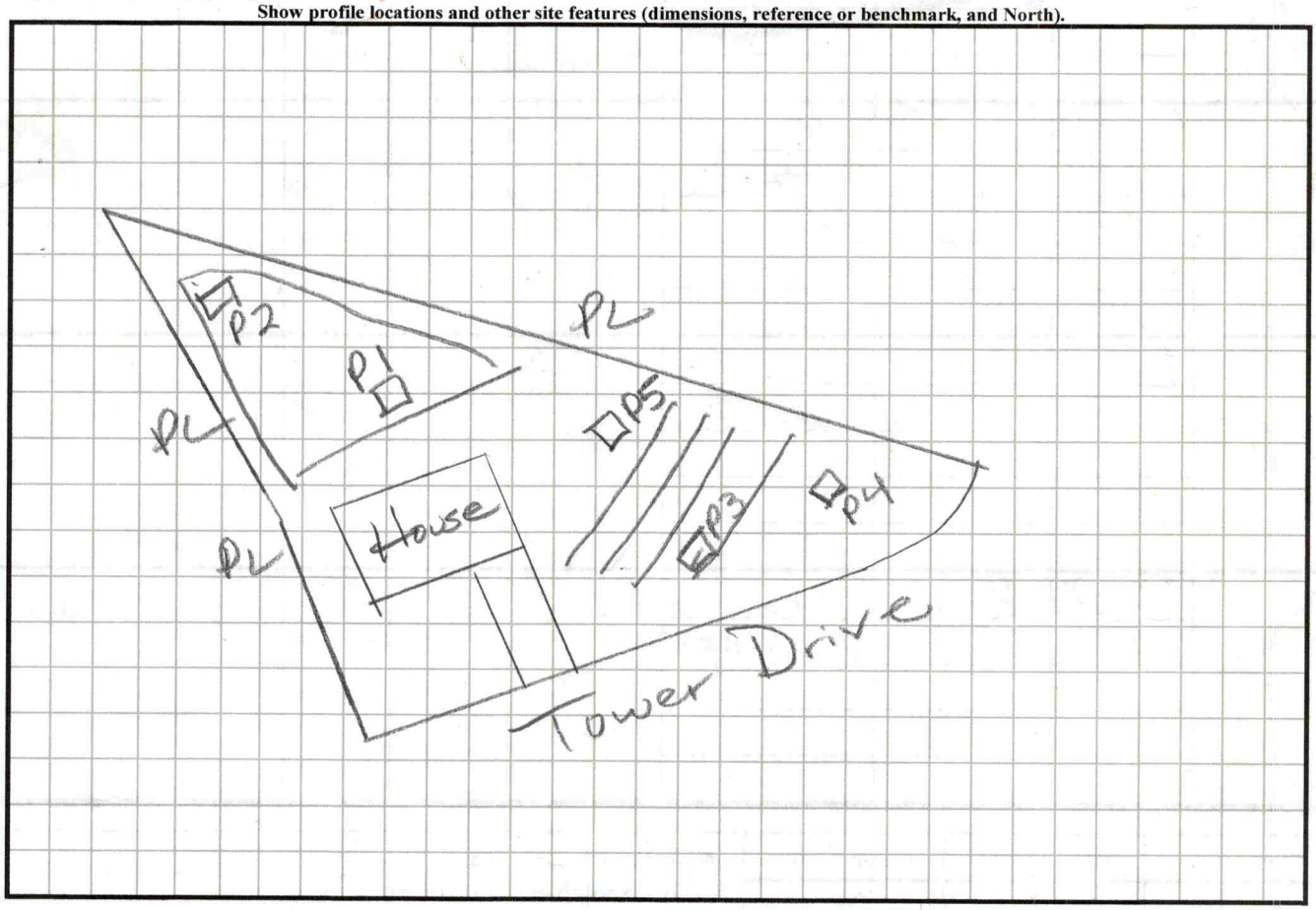
NOTES

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/ft^2

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 2 of 2
PROPERTY ID #: 4723661545
COUNTY: Iredell

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

OWNER: Bob Barton — APPLICATION DATE: 3/16/22
ADDRESS: 188 Sagemore Mooresville NC 360 — DATE EVALUATED: 3/26/22
PROPOSED FACILITY: 4 — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: .36 Acre
LOCATION OF SITE: 114 Tower Statesville NC — PROPERTY RECORDED: X
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Lakewood Est 25&26
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7%	0-19	BrwSCl w SBK SS, SP, SexP, FR				FR		PS .3
		19-50	RCm-wSBK SS, SP, SexP, FR		—	50"	—	—	
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	√ PPBPS	HPPBPS
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Bob Barton, Scott

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.

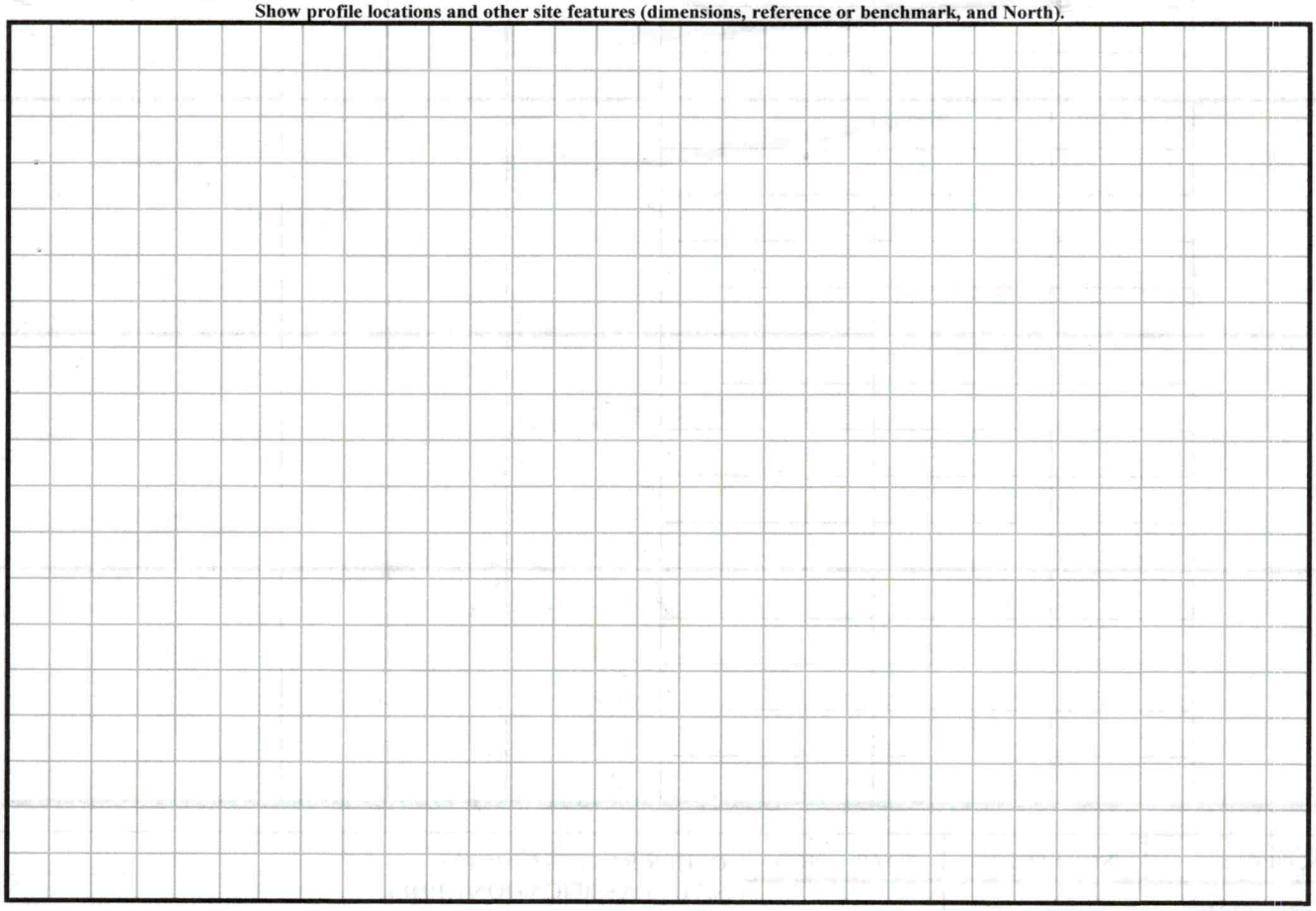
NOTES

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/ft^2

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



RECEIVED MAR 23 2022

Pits Toes 4/26/22 w ID

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-326755 $500.00

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: BOB BARTON **Address:** 188 SAGEMORE RD. MOORESVILLE **Zip:** 28117
Applicant Email: bobbarton60@gmail **Phone:** 704-453-1230 **Alt. Phone:** 704-575-0630
Owner Name: Johnny Hope JR. **Address:** 115 PLEASANT DR. STATESVILLE **Zip:** 28677
Owner Email: Johnhope.Jr.@gmail **Phone:** 704-902-2996 **Alt. Phone:** _____

Property Information:

Street Address: 114 TOWER DR. STATESVILLE NC. 28677
Subdivision Name: Lakewood Est **Section/Phase:** 1 **Lot Number:** 25+26
Driving Directions: OLD MTN. RD. L/BUFFALO SHOALS. LEFT DELIGHT LOOP RIGHT TOWER DR.

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** 1 **Number of Persons:** 4
( ) 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 (✓) 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: BOB BARTON 3/16/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified - f928c990-f73f-4d62-80de-dc4083d2cee3

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, Johnny Lee Hope, Jr., am the legal owner(s) of the property located at 114 Tower Dr, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4723661545.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Barton Building, LLC/Robert Barton _____, 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.

Johnny Lee Hope, Jr
Signature of Owner(s)

03/03/2022
Date

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

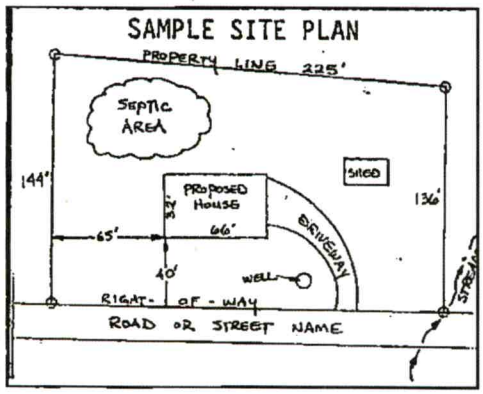
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

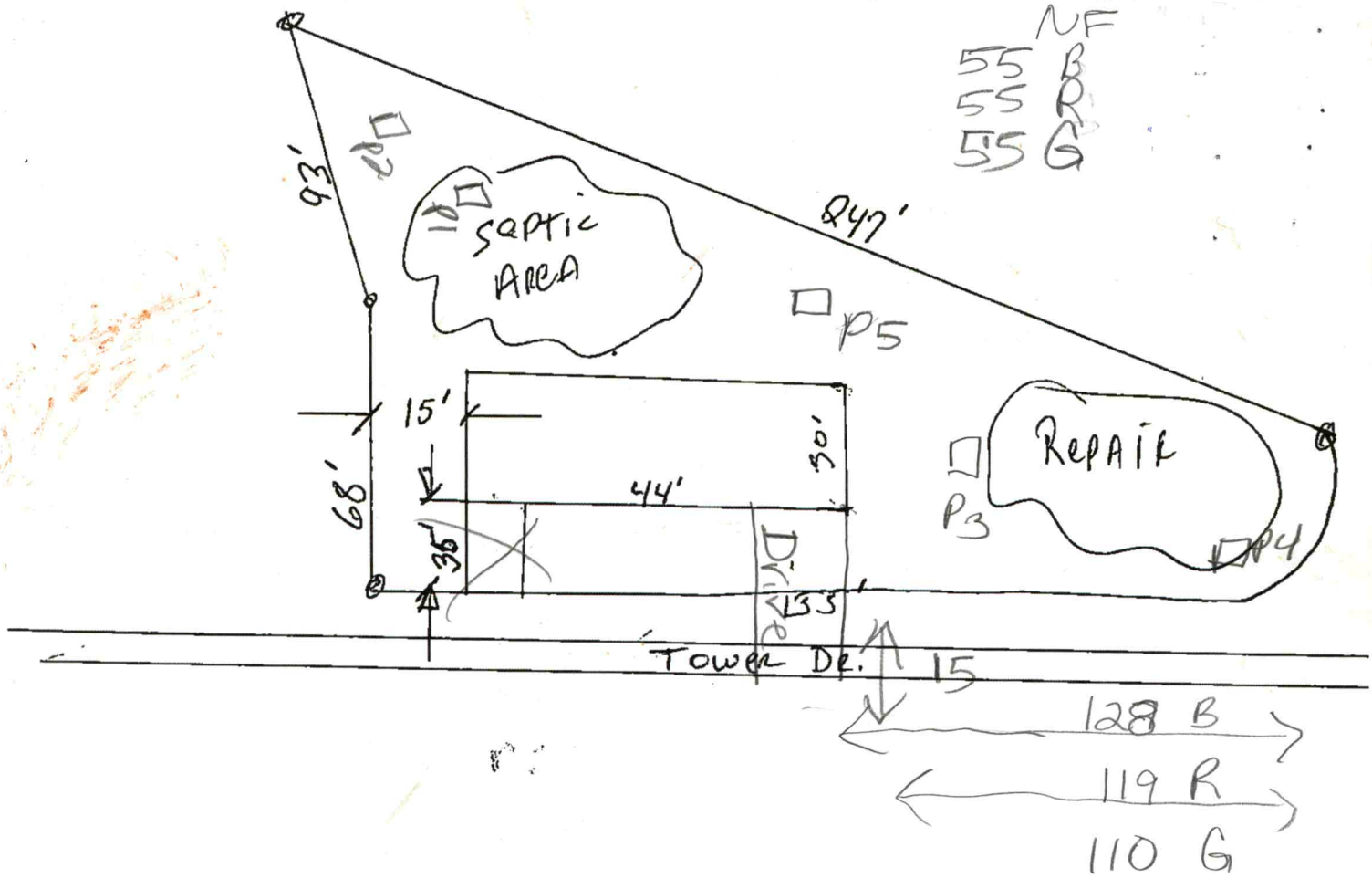
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

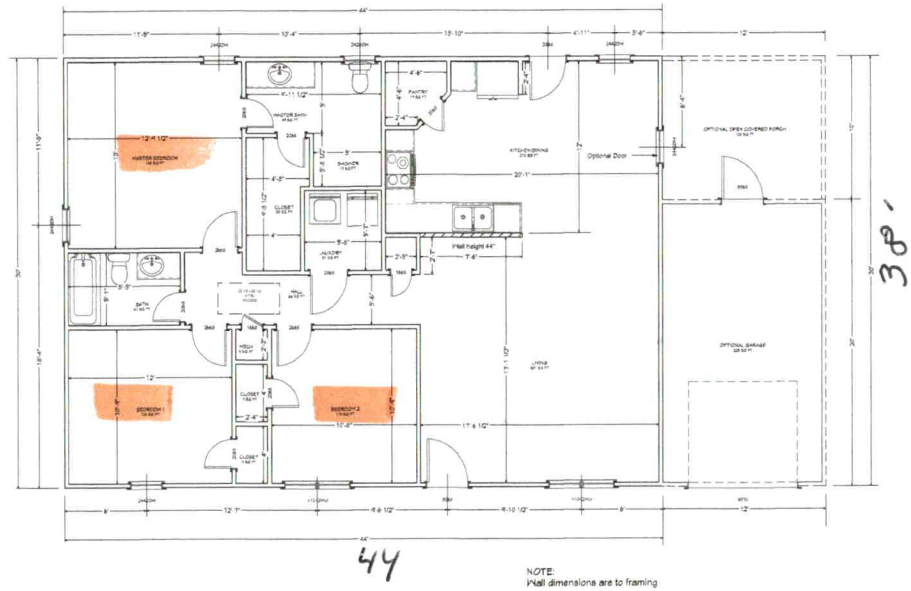
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Bob Barton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/16/2022
DATE



First Floor Plan
1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Bob Barton Date 5/23/22

Maria Dolson Date 5/23/22

BOB BARTON LLC

REVISION TABLE

NO	DATE	BY	DESCRIPTION

PROJECT INFORMATION

DRAWINGS PREPARED BY:
Al Burbeck
213 Bridgewick Rd
Waxhaw, NC 28173
704-351-4289
arburbeck@outlook.com

SHEET TITLE:
1335 SF PLAN EXCLUDING OPTIONAL GARAGE & PORCH - RIGHT

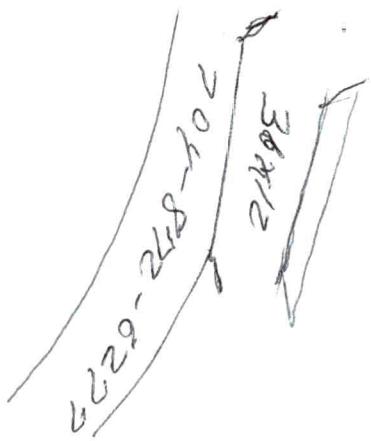
DATE:
6/4/2021

SCALE:
AS NOTED

SHEET:
A-1.0

114 Tower Dr

HALE THEY
CONSTRUCTED A
CONSTRUCTION LOAN



IREDELL COUNTY · NC

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

APPLICATION NUMBER
326755 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4723661545.000	114 TOWER DR	Iredell County

Owner Information	Applicant Information
Name: HOPE JOHNNY L JR+BRENDA G	Name: ROBERT J BARTON
Address:	Address: 188 SAGEMORE RD MOORESVILLE, NC 28117
Phone:	Phone: (704)453-1230

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.36	35	35	15	15	N/A	NO

Remarks
SFD

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.

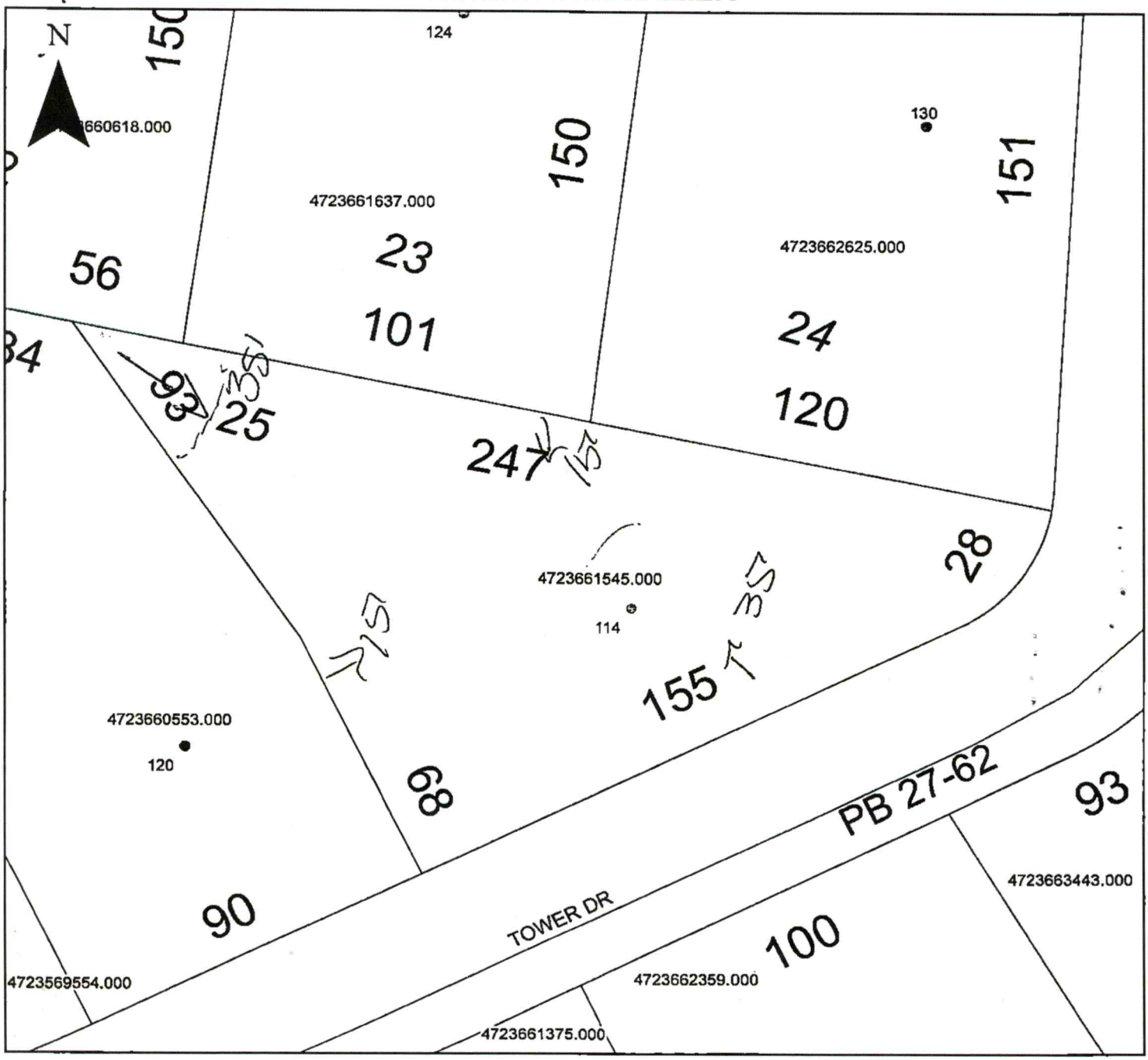
Signature of Owner/Contractor

Date: 03/17/2022

Permit Number	326755

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 114 Tower

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.

Bob Barton
Applicant

3/17/22
Date