ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP308748

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

PIN # 4725686157

APPLICANT/OWNER: Progressive Home Construction APPLICANT ADDRESS: 444 Hwy 64 Olin

SITE ADDRESS: 114 Dove Meadow Ln, Statesville 28625 PHONE: 704-902-4629 ALT. PHONE —

SITE DIRECTIONS: I-77N → E Scotts Creek → L Miller Farm → L Dove Meadow → on R SAP CONTROLLED: ☐ YES ☒ NO

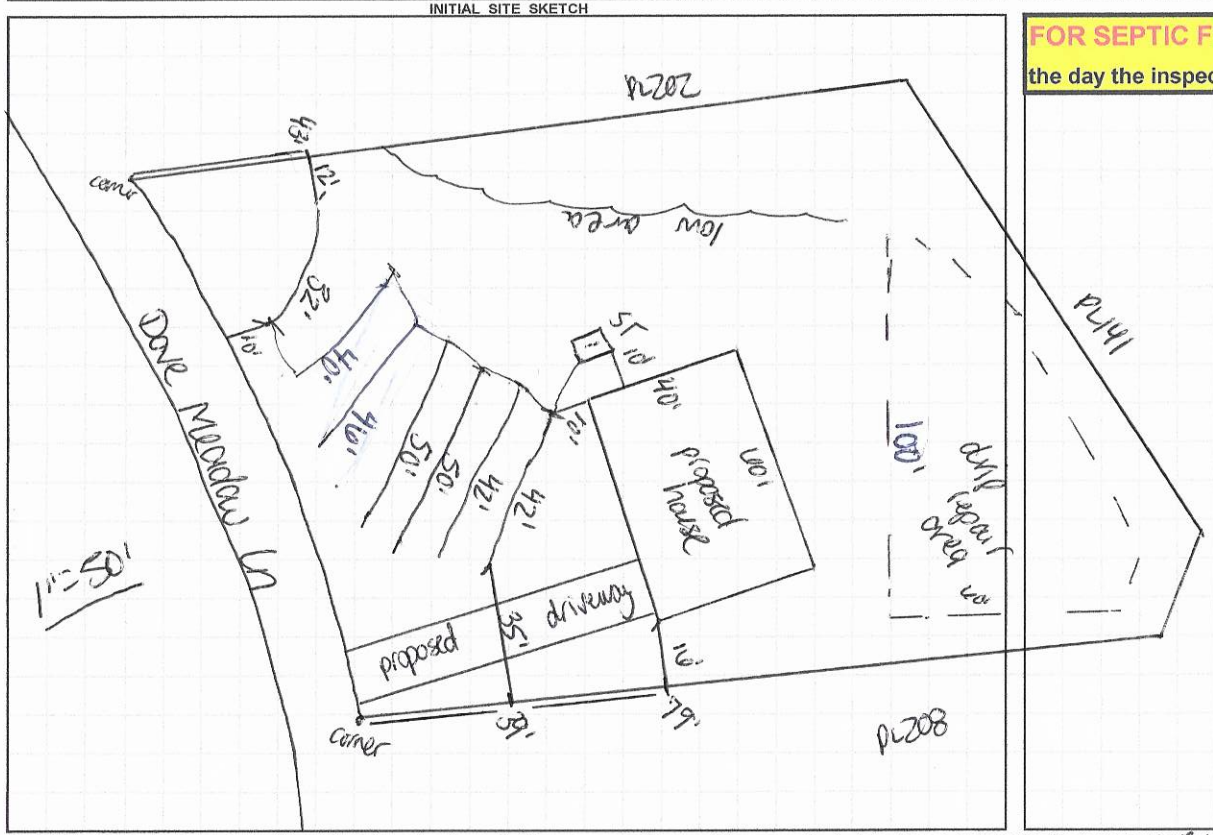
SUBDIVISION: Dove Meadow SECTION: 2 LOT # 7 LOT AREA: 1.078 ac DESIGN FLOW: 360gpd L.T.A.R.: .3 (.1R)

Septic Tank	1000 (gal)	STB 760	Date 5-12-2021	☒ 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: 25% reduction				☐ Business	No. Persons 6	☐ Private	
Pump Make	Model		Serial #	Repair System Description: drip				☐ Other	No. Employees	☒ Public	
# Nitrification Fields 1	# Lines 7		Linear Ft 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community	
Trench Width 36"	Trench Bottom Depth(Low side) 21" *		Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max depth of 26".

* Patio does not Encroach on Repair Area. Do not cut Around house

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.

Installed as Drawn

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: 7-16-20 Installed by: For Grading & Repairs

IMPROVEMENT PERMIT by: Carter C. Nicks Date: 7-15-20 OPERATION PERMIT by: Date: 7-27-2021

AUTHORIZATION TO CONSTRUCT by: Date: 12-16-2020 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 #: 412318015
COUNTY: Iredell

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

OWNER: Progressive Home Construction
APPLICATION DATE 7-2-20
ADDRESS: 444 Hurley Ln Olin
DATE EVALUATED: 7-13-20
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.68ac
LOCATION OF SITE: 114 Dave Meadows
PROPERTY RECORDED: Y
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	L 12%	0-10	GR SCL	Fr SS SP SPP	firm sap inc @ 38"+	48"	-	—	PS .3 shallow
		10-29	SBK C	" "					
		29-38	SBK CL	" "					
		38-48	CL sap	VFr					
2	L 12%	0-12	GR SCL	Fr SS SP SPP	—	48"	-	—	PS .3
		12-33	SBK C	" "					
		33-48	SBK CL	" "					
3	L 12%	0-10	GR SCL	Fr SSSP SPP	beehop hard firm dissiv below 40"	44"	4	—	PS .1
		10-20	SBK C	" "					
		20-44	firm sap Firm						
4	L 12%	0-11	GR SCL	Fr SS SP SPP	firm sap @ 24"	48"	4	—	PS .1
		11-24	SBK C/CL	" "					
		24-43	firm sap firm						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	3600 sq ft
System Type(s)	25%	drip
Site LTAR	.3	.1

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

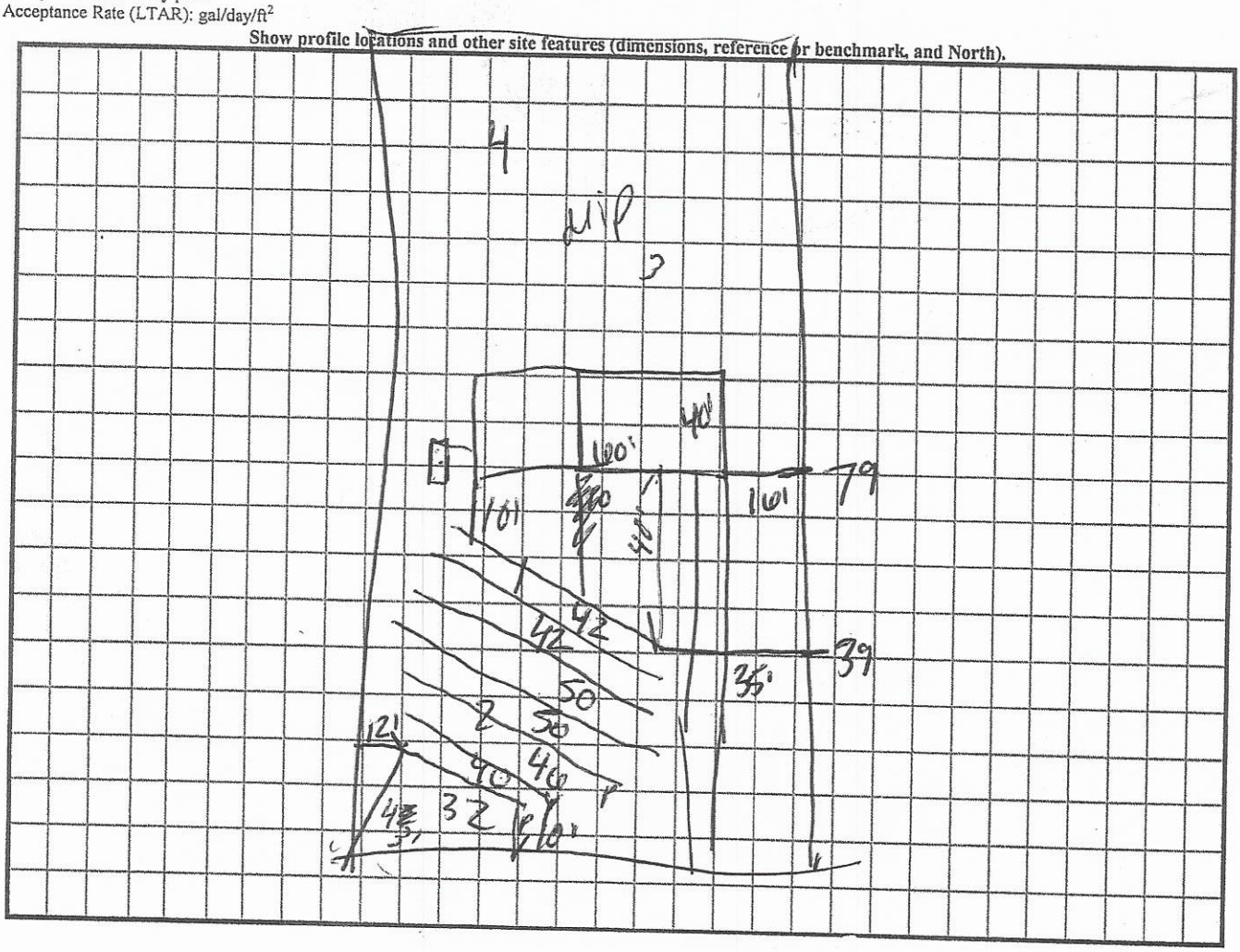
NOTES

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 DEC 15 2020

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*

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: Alan Lewis Address: 118 New Hope Rd Zip: 28625

Applicant Email: alewis031956@gmail.com Phone: 704 871-7896 Alt. Phone: _____

Owner Name: Doug Madison Address: 2661 Fines Creek Dr Zip: 28625

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

****

Property Information:

Street Address: 114 Dove Meadow Ln Statesville

Subdivision Name: Dove Meadow Section/Phase: 2 Lot Number: #7

Driving Directions: 115 N → South Creek → L Miller Farm → Dove Meadow on R

****

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1522 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 ( ) 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: Alan Lewis 12-14-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, D&S Property Management LLC, am the legal owner(s) of the property located at 114 Dove Meadow Ln. Statesville, identified as

PIN (Parcel Identification Number) 4725686157, 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.

D&S Property Mang. LLC
By: C. Douglas Mabe Jr. - Manager
Signature of Owner(s)

12-14-2020
Date

Mooresville - Environmental Health

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

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED JUL 0 2 2020 AP-308748 $500.00

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*

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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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: Progressive Home Consultants Address: 444 Hwy 90 Olin Zip: 28660

Applicant Email: _____ Phone: 704 902 4629 Alt. Phone: _____

Owner Name: D & S Properties Address: 1912 E Broad St Statesville Zip: 28625

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

Property Information:

Street Address: 114 Dove Meadows Dr Statesville NC 28625

Subdivision Name: Dove Meadow Section/Phase: 2 Lot Number: 7

Driving Directions: I-77 N (R) (L) Scotsboro (L) Millersmore Rd (L) Dove Meadow
Third lot on (R)

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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: _____ 7-2-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: B044D619-6BE9-459B-B8B6-39282103754

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, D&S Property Management LLC, am the legal owner(s) of the property located at Lot#7/114 Dove Meadows Dr, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4725686157.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Matthew Gaither _____, 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.

DocuSigned by:
C Douglas Madison Jr
Signature of Owner(s)

7/2/2020 | 1:53:07 PM EDT
Date

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

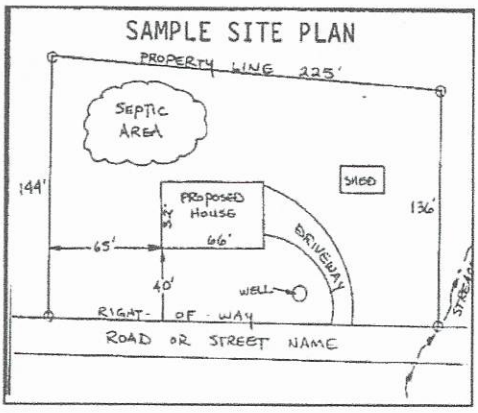
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

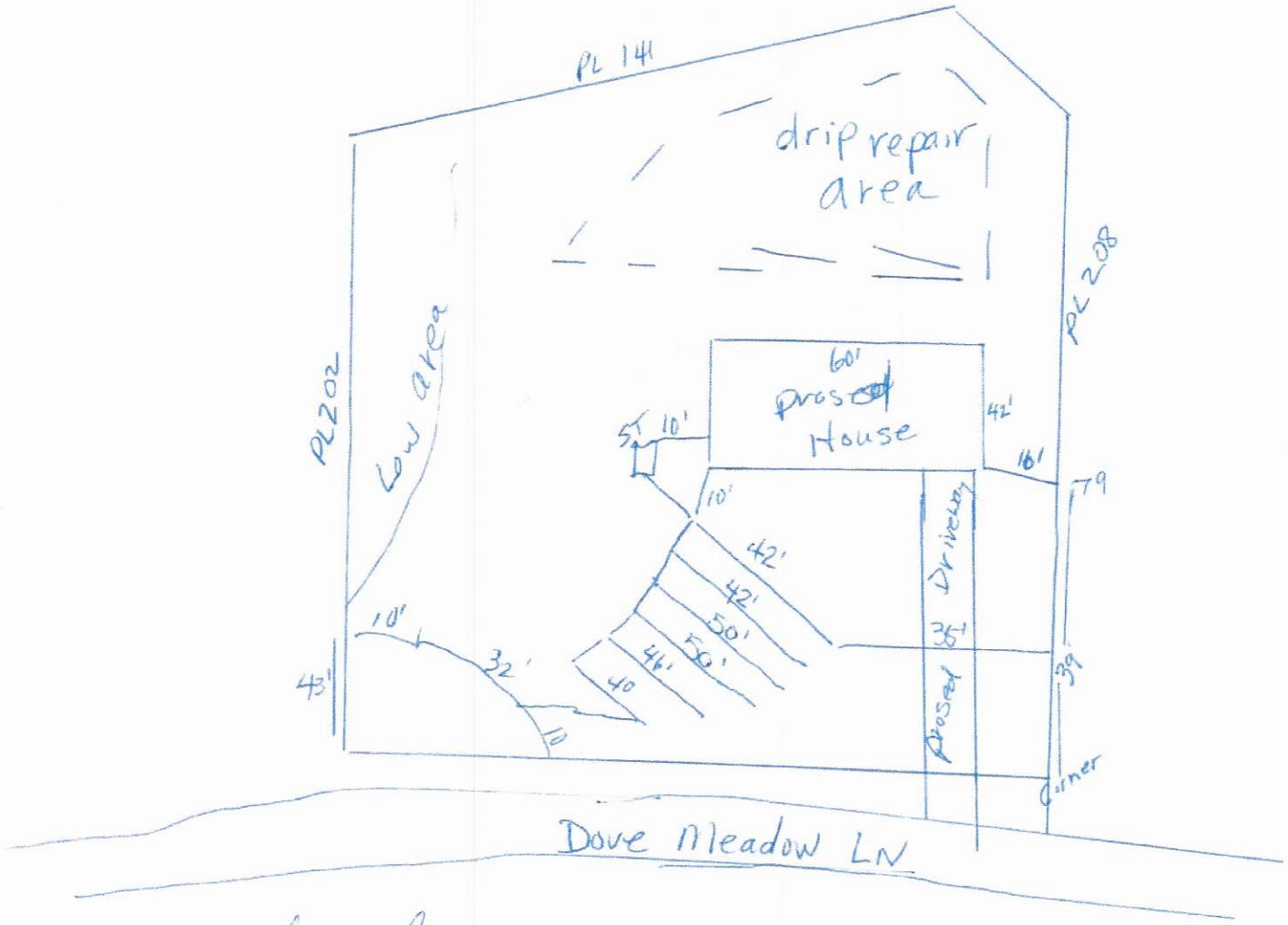
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

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

12-14-20

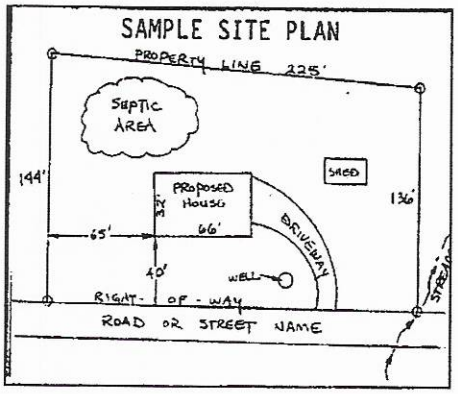
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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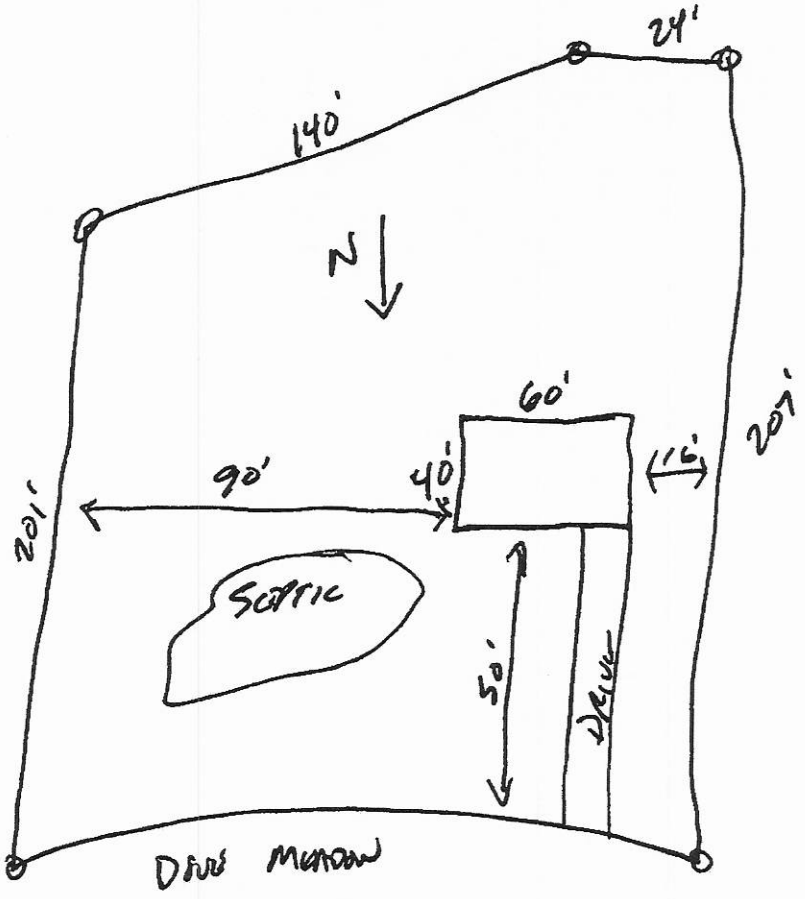
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Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

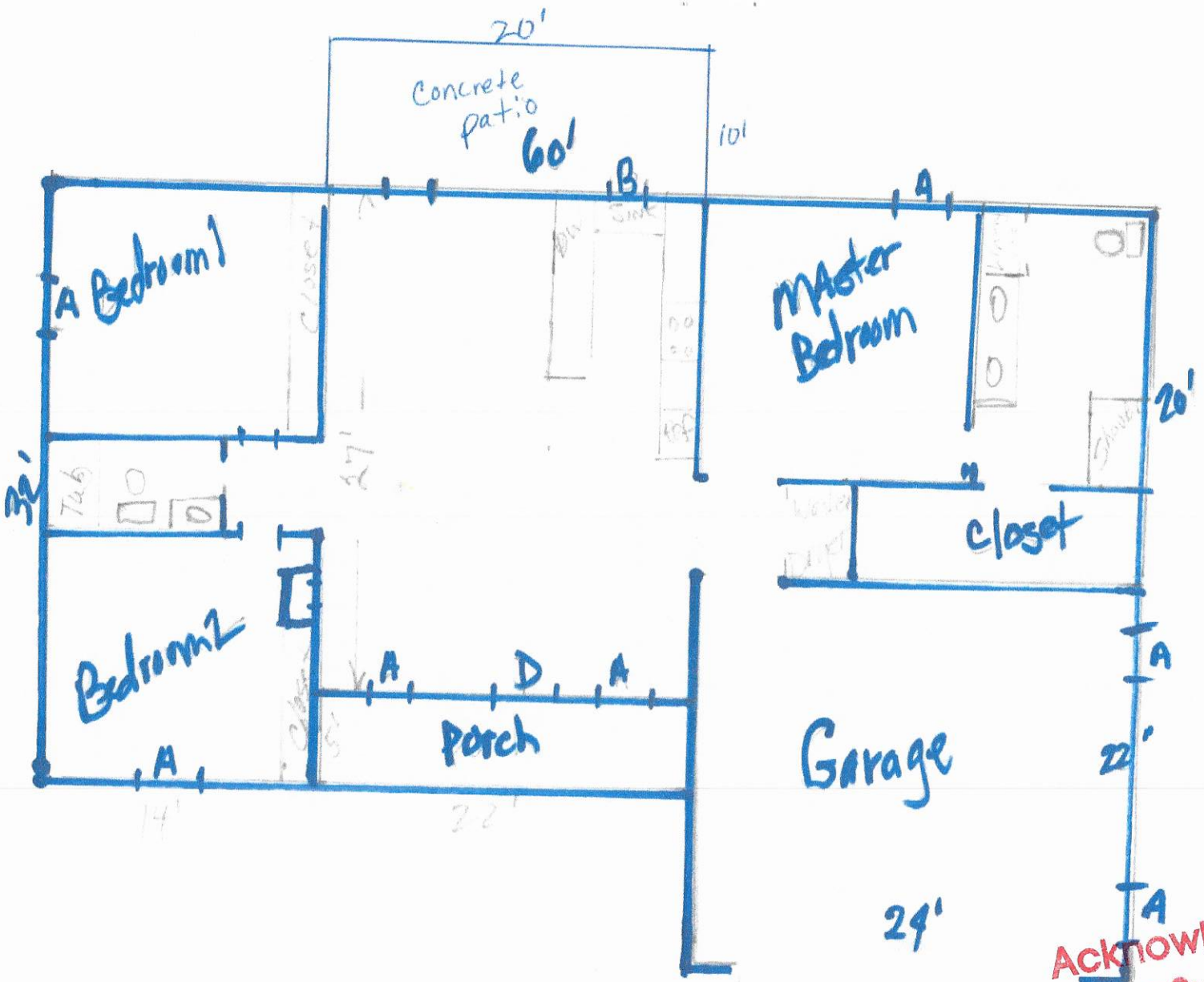


Signature: _____

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

7-2-20

DATE



Heated sq ft 1522 garage 528 porch 110 sqft
Block Foundation

Acknowledgement Of
Plans Submittal ONLY!
Date
Contractor
Date
12-16-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308748 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4725686157.000	114 DOVE MEADOW LN	Iredell County

Owner Information	Applicant Information
Name: D+S PROPERTY MANAGEMENT LLC	Name: PROGRESSIVE HOME CONSTRUCTION
Address:	Address: 444 HUIE ROAD UNKNOWN OLIN, NC 28660
Phone:	Phone: (704)902-4629

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.686	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.

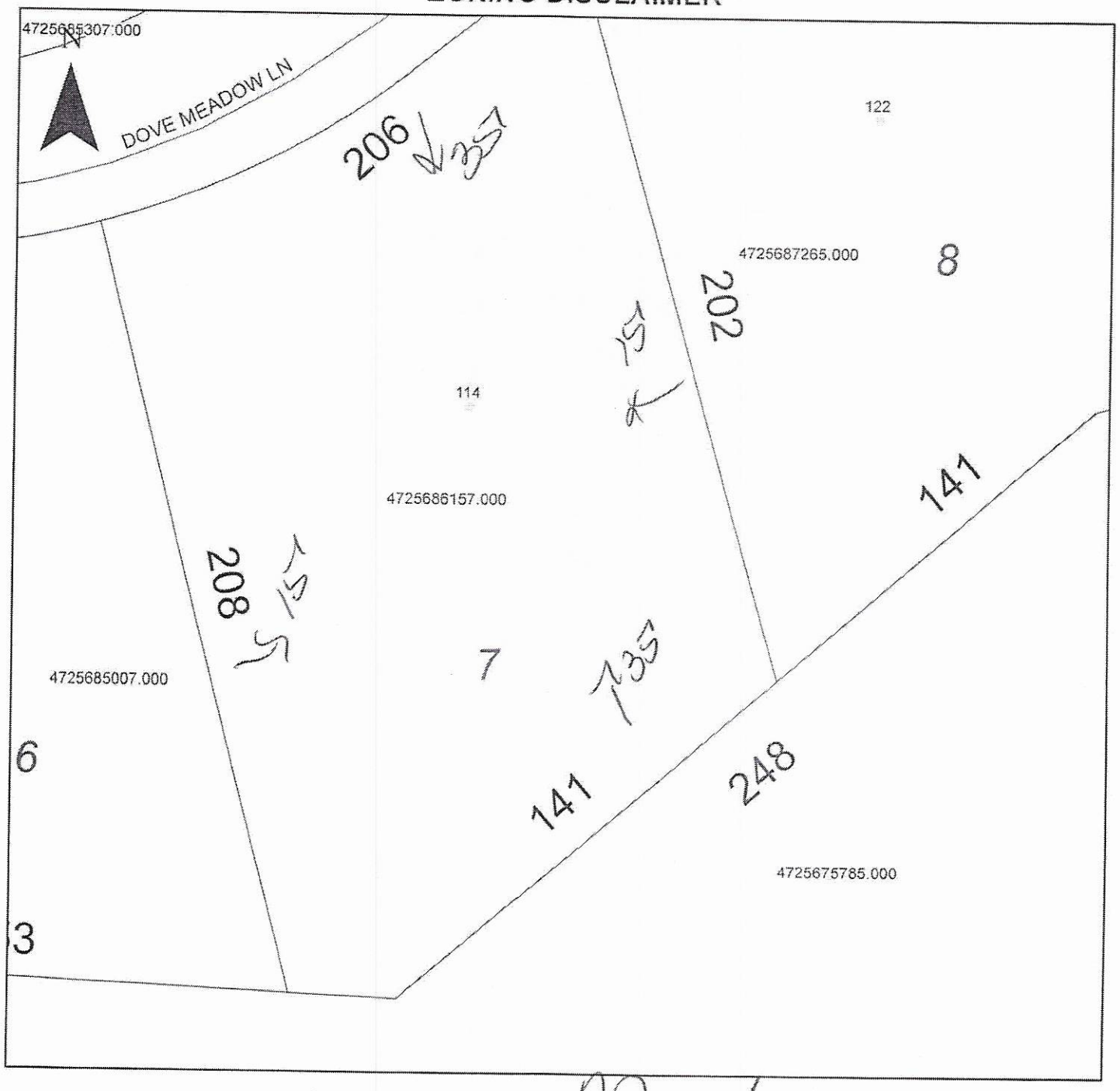
Signature of Owner/Contractor

Date: 07/02/2020

Permit Number	308748

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 114 Dove Meadow

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

7-2-20
Date