ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP319762

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

PIN # 4725 -- 78 -- 0742

APPLICANT/OWNER: Vernon Baumgind / D+S Property Management APPLICANT ADDRESS: 8508 Park Rd #133 Charlotte, NC 28210

SITE ADDRESS: 142 Dove Meadows Lane, Statesville, NC 28625 PHONE: (704)-643-6300 ALT. PHONE (704)-429-7700 (owner)

SITE DIRECTIONS: Monticello Rd, Miller Farm Rd, Dove Meadow Ln site on right SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Dove Meadow 1612 SECTION: LOT # 10 LOT AREA: .504 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1,000 (gal)	STB [redacted]22	Date 6-8-22	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1,000 (gal)	PT 17	Date 6-7-22	System Description: PM 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make	Zoulds	Model WE0312MU	Serial # 3225 1673	Repair System Description: LP - PDDPS - 50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space	☑ Community
Trench Width	36 in	Trench Bottom Depth [redacted]	30 in max	Gravel Depth	☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

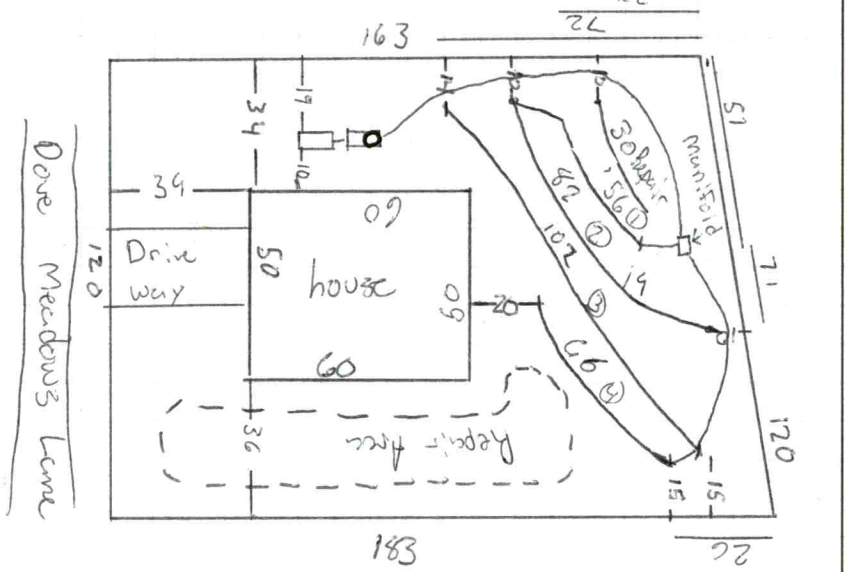
Comments / Conditions: Install Septic Drainlines on the contour of the land. Utilize Manifold to distribute water. Do not Drive over, park, or store vehicles in drainfield Area. Lines 1 & 2 to be fed by 1 line 3 & 4 to be fed by other

INITIAL SITE SKETCH

1 = 50

Line 1 & Line 2 - 1TAP. 3/4 Sch 80 @10.1
Line 3 & Line 4 - 1TAP 3/4 Sch 40 @12.5

6.5 in Drawdown
22.6 gpm Flow Rate
136.5 gallon Dose
6.0 min Runtime



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.

Checked
Lines : MW 11/21/22
Tanks : MW 11/21/22

L1: 58
L2: 74
L3: 102
L4: 66

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: [signature] Date: 3/16/22 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: [signature] Date: 9/1/21 OPERATION PERMIT by: [signature] Date: 1/19/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/16/22 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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 47257 ROAD
COUNTY: Iredell

1c12 Davemarks

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

OWNER: Vernon / DES Pyramid
ADDRESS: 8508 Pinehurst #103 Charlotte
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 1/2 Dave Marks
APPLICATION DATE: July 21
DATE EVALUATED: 8/30
PROPERTY SIZE: .504 AC
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Rdg. 10% - Rip	0-9	SC		2.5YR 4/6	42.		FIRM Rock @42	PS .30 Marginal
		9-29	C SBK	SS SP FR SCAP					
		29-42	CL WSBK	SS SP FR C					
		42-54	Rock crushed SAP FIRM						
2	Ridge 10/-12%	0-17	SC/Plow		2.5YR 4/6	48.		46-48 Soft FIRM Rock	PS .30. Marginal .30
		17-37	C WSBK	SS SP FR FIRM					
		37-48	CL SBK	SS SP FR SCAP					
3	Side 10-12%	0-12	SC/Plow		2.5YR 4/6	48		10YR 6/8 @39	PS .30
		12-49	C SBK	SS SP FR SCAP					
4	FS 6%	0-12	SC/Plow	FIRM.	FIRM @46	46.		TOR 7.5YR 5/6 @36	PS .30 Marginal
		12-36	C SBK	SS SP FR					
		36-46	CL WSBK	SS SP FR					
		46-62	FIRM & SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	25%.	50%.
Site LTAR	.30	.30.

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bobbie / Matthews.
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)	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.

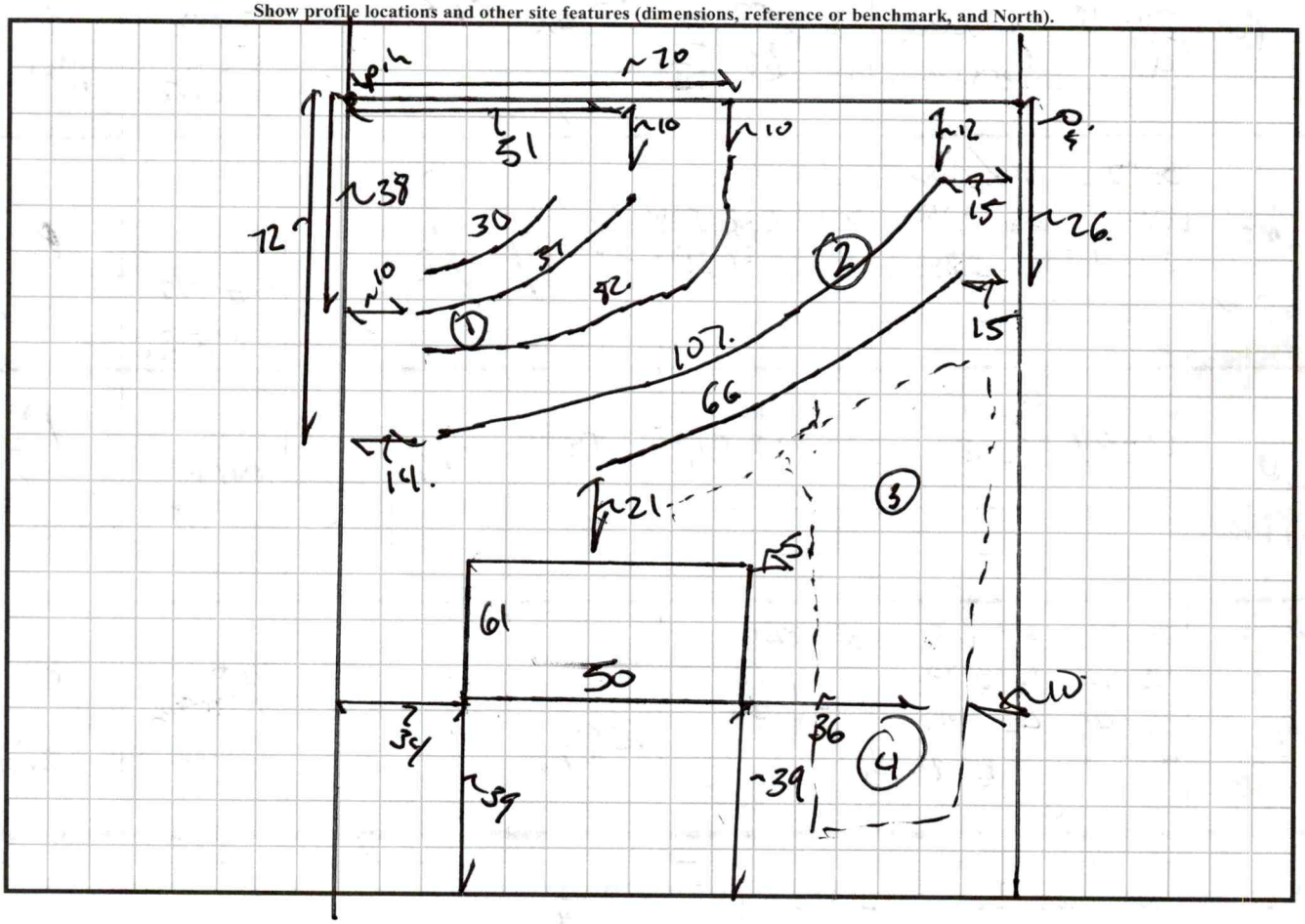
NOTES

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 JUL 2 1 2021

BB

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-319762
$500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: VERNON Raymond Address: 8508 PARK Rd #132 CHARLOTTE NC Zip: 28210
Applicant Email: Vbraymond@gmail Phone: 704-643-6300 Alt. Phone:
Owner Name: D&S Property Mgmt.com Address: 1812 E BROAD St Zip: 28625
Owner Email: Doug@dougmadison Phone: 704-929-7700 Alt. Phone:
dentist.com

Property Information:

Street Address: 142 DOVE MEADOWS LANE, Statesville, NC 28625
Subdivision Name: DOVE MEADOWS Section/Phase: Lot Number:
Driving Directions: Scotts Creek Rd, South on MILLER FARM Rd, Right on DOVE MEADOWS LANE

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~~ 3
Maximum Number of Occupants: ~~8~~ 6
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Sents/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: Vernon Raymond 7/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: B5378287-AA88-480F-B3C8-265CF1D52755

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 by C. Douglas Madison Jr, am the legal owner(s) of the property located at 142 DOUGLAS LANE, identified as PIN (Parcel Identification Number) 4725780242, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** VERNON BAUMGARD BVJ Properties, LLC, 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(s) Owner(s)

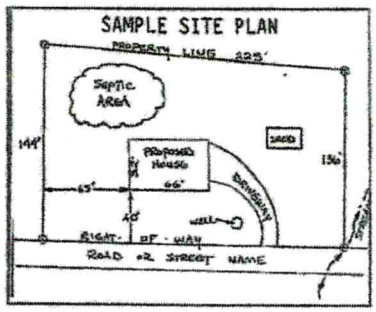
7/14/2021 | 9:30:36 AM EDT
Date

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!!!*



W
S + N
E

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

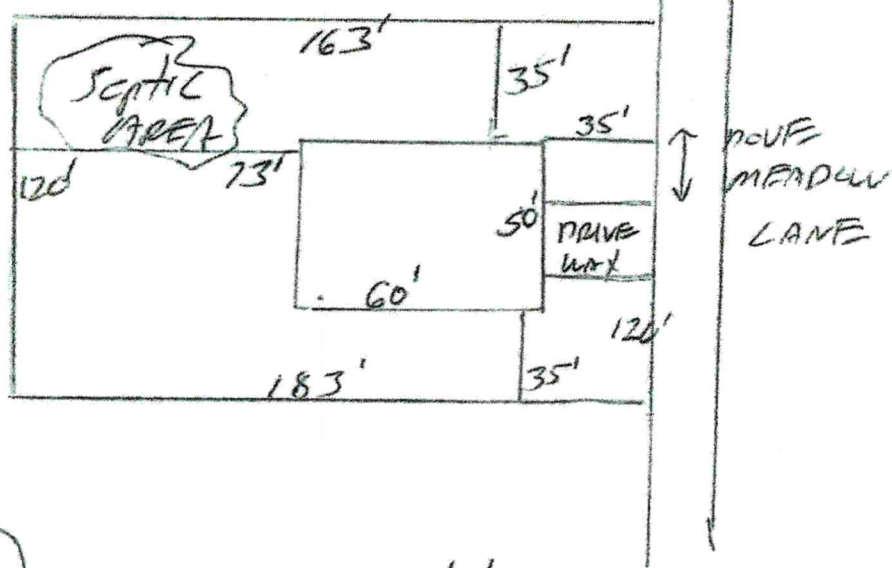
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: _____ 7/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
319762
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4725780242.000	142 DOVE MEADOW LN	Iredell County

Owner Information	Applicant Information
Name: D+S PROPERTY MANAGEMENT LLC	Name: Vernon Baumrind
Address:	Address: 8508 Park Rd # 133
	Charlotte, NC 28210
Phone:	Phone: (704)643-6300

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.504	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.

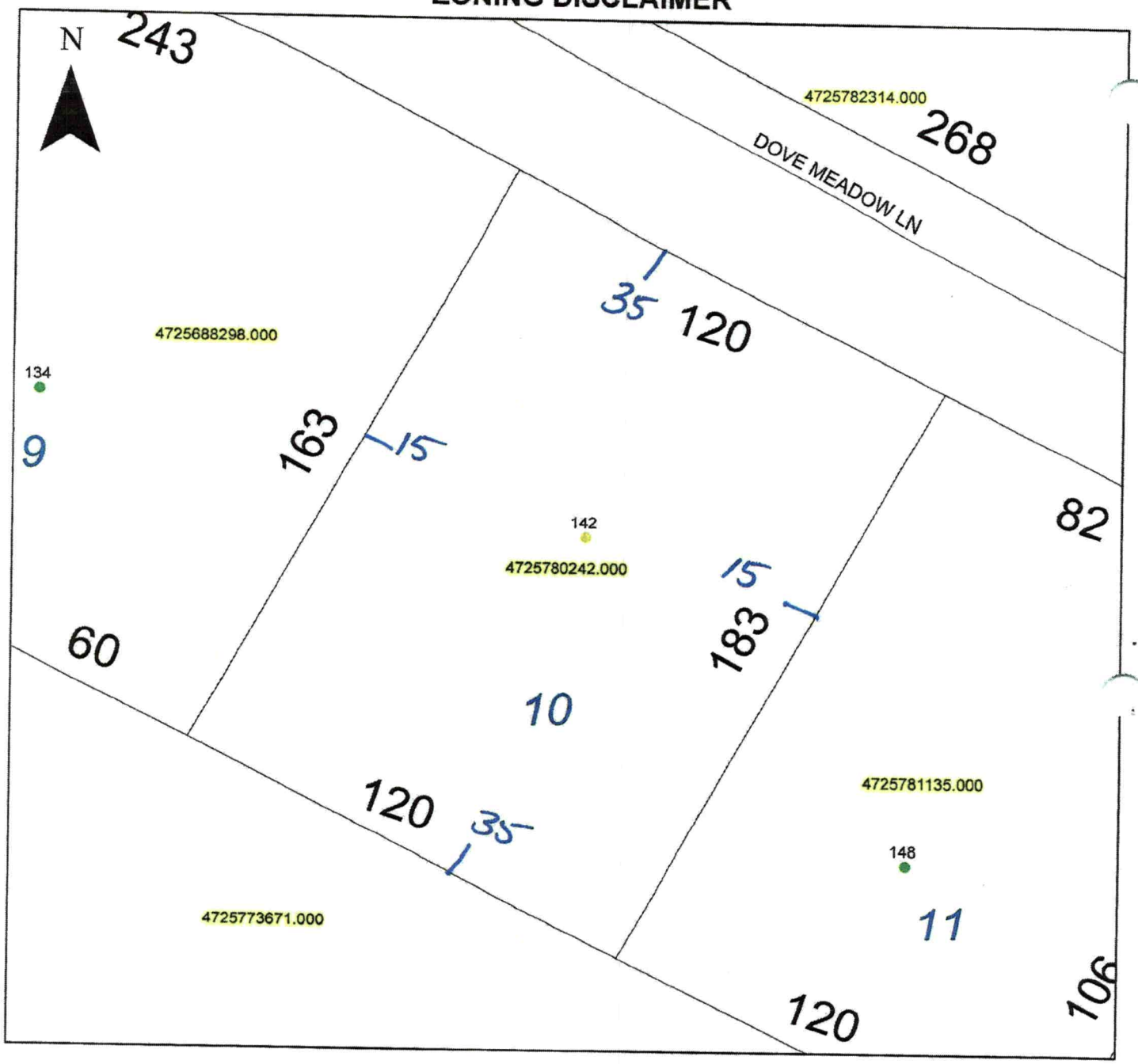
Signature of Owner/Contractor

Date: 07/16/2021

Permit Number	319762

TOTAL FEES:	$77.25

ZONING DISCLAIMER

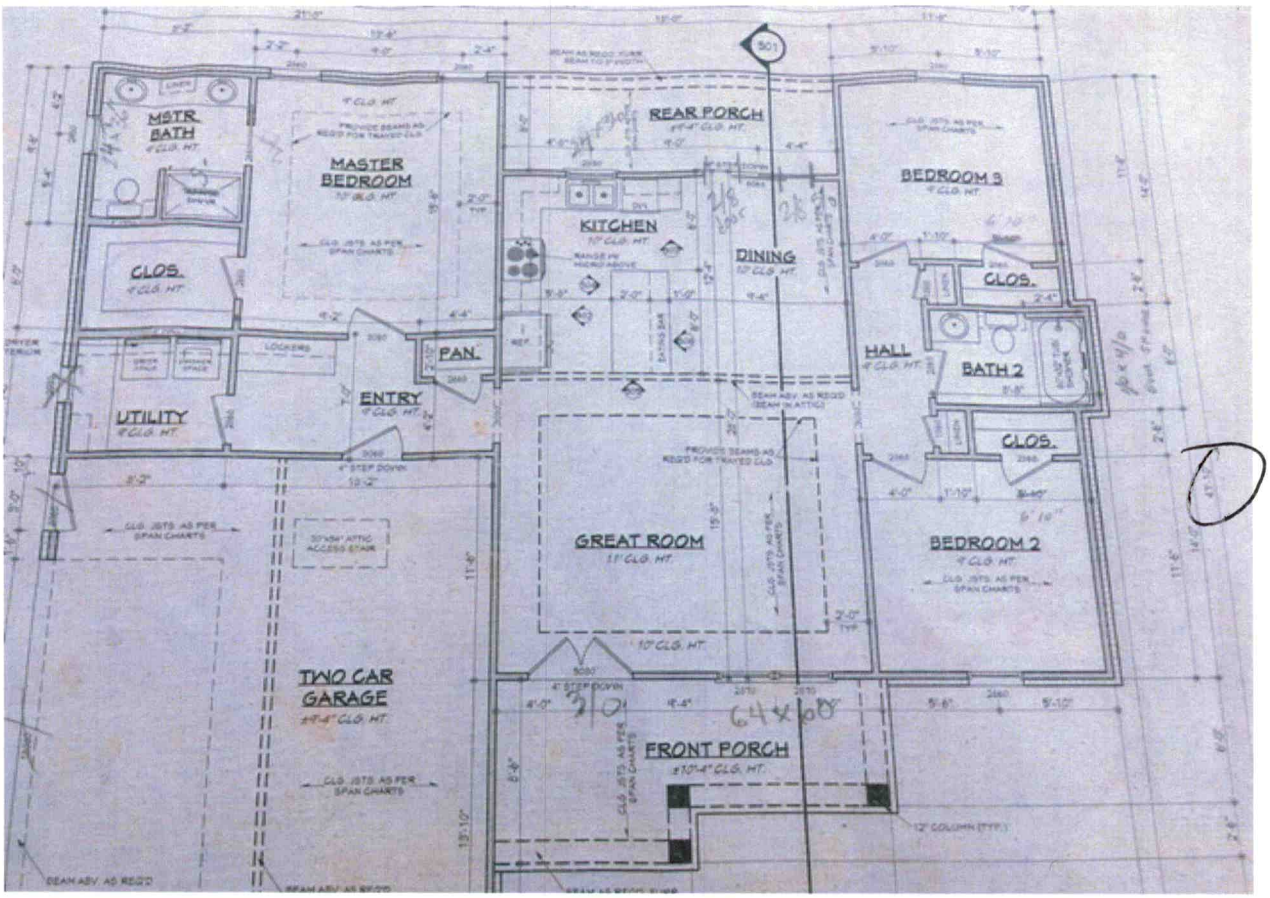


Property Address 142 Dove Meadow Ln

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Applicant

Date



← 5 →

Acknowledgement Of Plans Submittal ONLY!

BAB Date 3/16/22

Date 3/16/22