ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 3049/20

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

PIN # 4726279184

APPLICANT/OWNER: John Filip

APPLICANT ADDRESS: 3708 Dericas Ct, Claremont

SITE ADDRESS: 143 Sams Way, Statesville 28625

PHONE: 828-312-2214 ALT. PHONE —

SITE DIRECTIONS: 115 N → L on Midway → L on Short dog → R on Sams Way → on L

SAP CONTROLLED: ☐ YES ☒ NO

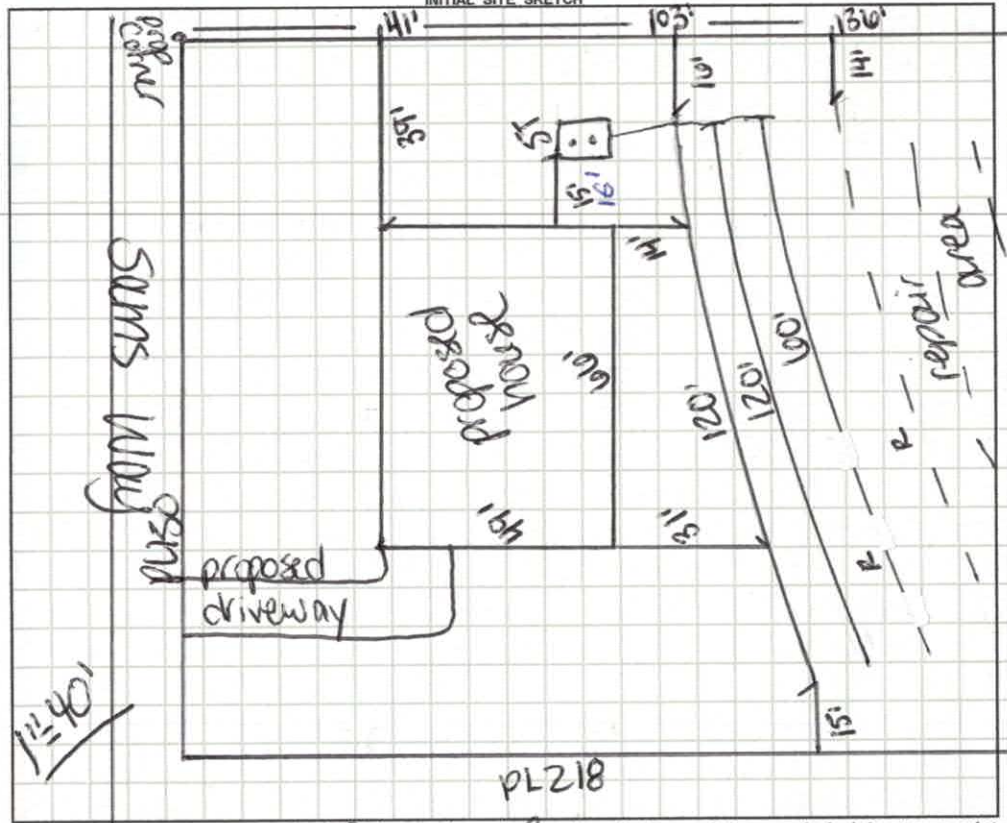
SUBDIVISION: Beagle Run SECTION: 2 LOT # 39 LOT AREA: .75ac

DESIGN FLOW: 300 gpd L.T.A.R.: .3

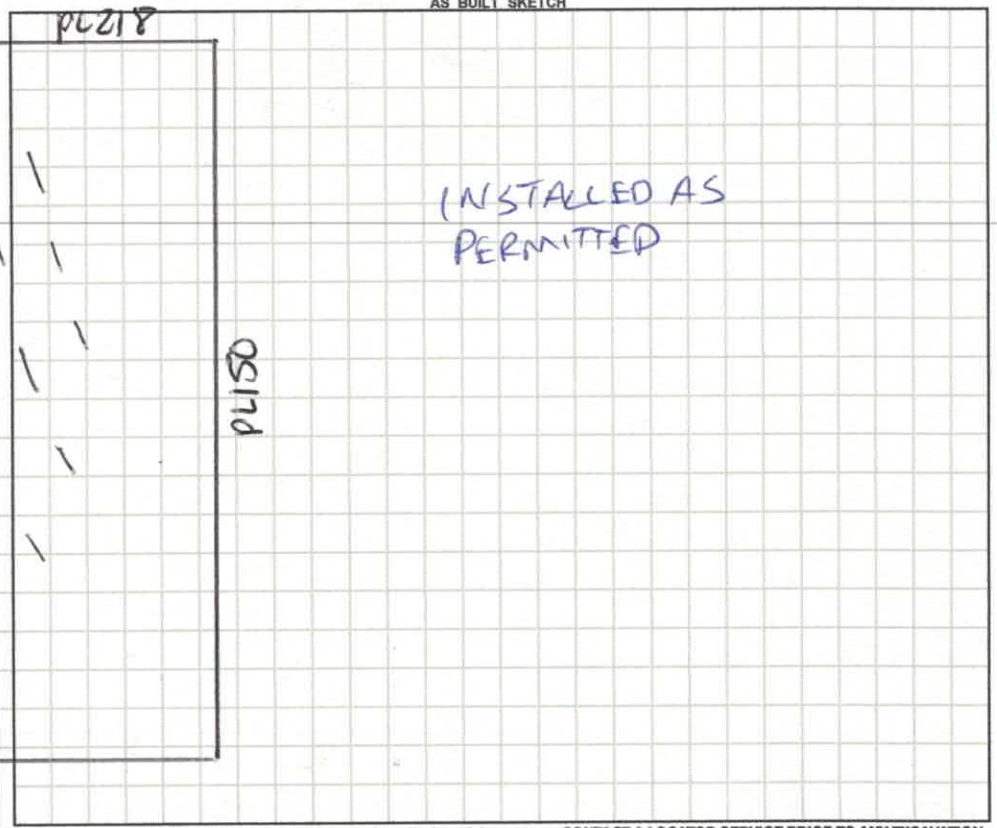
Septic Tank	1000	(gal)	STB	1012	Date	6-27-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:			25% reduction	☐ Business	No. Persons	6	☐ Private	
Pump Make			Model		Serial #		Repair System Description:			25% reduction	☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1		# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth			36" max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install on contour + utilize serial distribution. Do not pave/gradd septic areas. Do not exceed max depth of 36".

INITIAL SITE SKETCH



AS BUILT SKETCH



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 plot 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: John Filip Date: 3-13-20 Installed by: ALEXANDER PRECAST

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 3-12-20 OPERATION PERMIT by: Bryant C. White Date: 8-18-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 3-12-20 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4726279104
COUNTY: Iredell

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

OWNER: John Filip
ADDRESS: 3748 Derias Ct
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 143 Sams Way
APPLICATION DATE: 2-11-20
DATE EVALUATED: 3-11-20
PROPERTY SIZE: .75ac
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 360

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 7%	0-16	GR/SBK SCL	Fr SS SP SMP	-	48"	-	-	PS .3
		16-48	SBK C	" "					
2	L 7%	0-17	GR SCL	Fr SS SP SMP	-	48"	-	-	PS .3
		17-48	SBK C	" "					
3	L 7%	0-46	SBK C	Fr SS SP SMP	-	46"	-	-	PS 3
4	L 6%	0-15	SCL	Fr SS SP SMP	-	46"	-	-	PS .3
		15-46	C	" "					

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

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

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

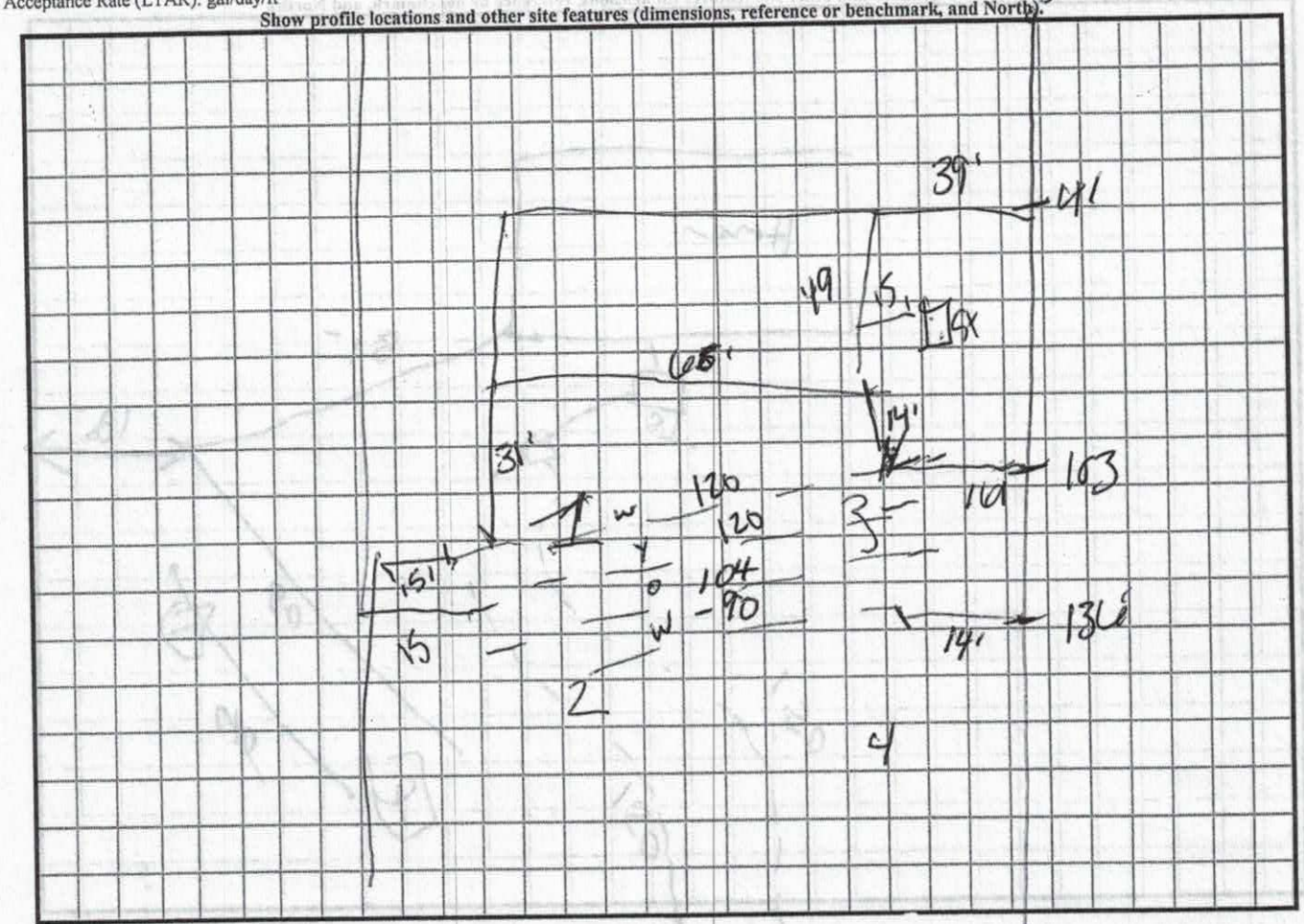
NOTES

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 FEB 1 1 2020

AP- 304916

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: JOHN FILIP Address: 3768 DERICAS COURT CLAREMONT Zip: 28610

Applicant Email: johnfilip@charter.net Phone: 828-312-2214 Alt. Phone: _____

Owner Name: JOHN FILIP Address: 3768 DERICAS CT CLAREMONT NC Zip: 28610

Owner Email: johnfilip@charter.net Phone: 828-312-2214 Alt. Phone: _____

Property Information:

Street Address: 143 SAM'S WAY, STATESVILLE, NC 28625

Subdivision Name: Beagle Run Section/Phase: 11 Lot Number: 39

Driving Directions: 115 N to (L) on Midway Rd, (L) on Short dog DR, (R) on Sam's WAY.

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: _____ 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.

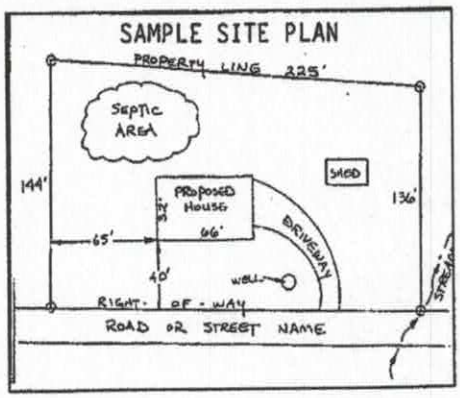
Signature: _____ 2/10/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

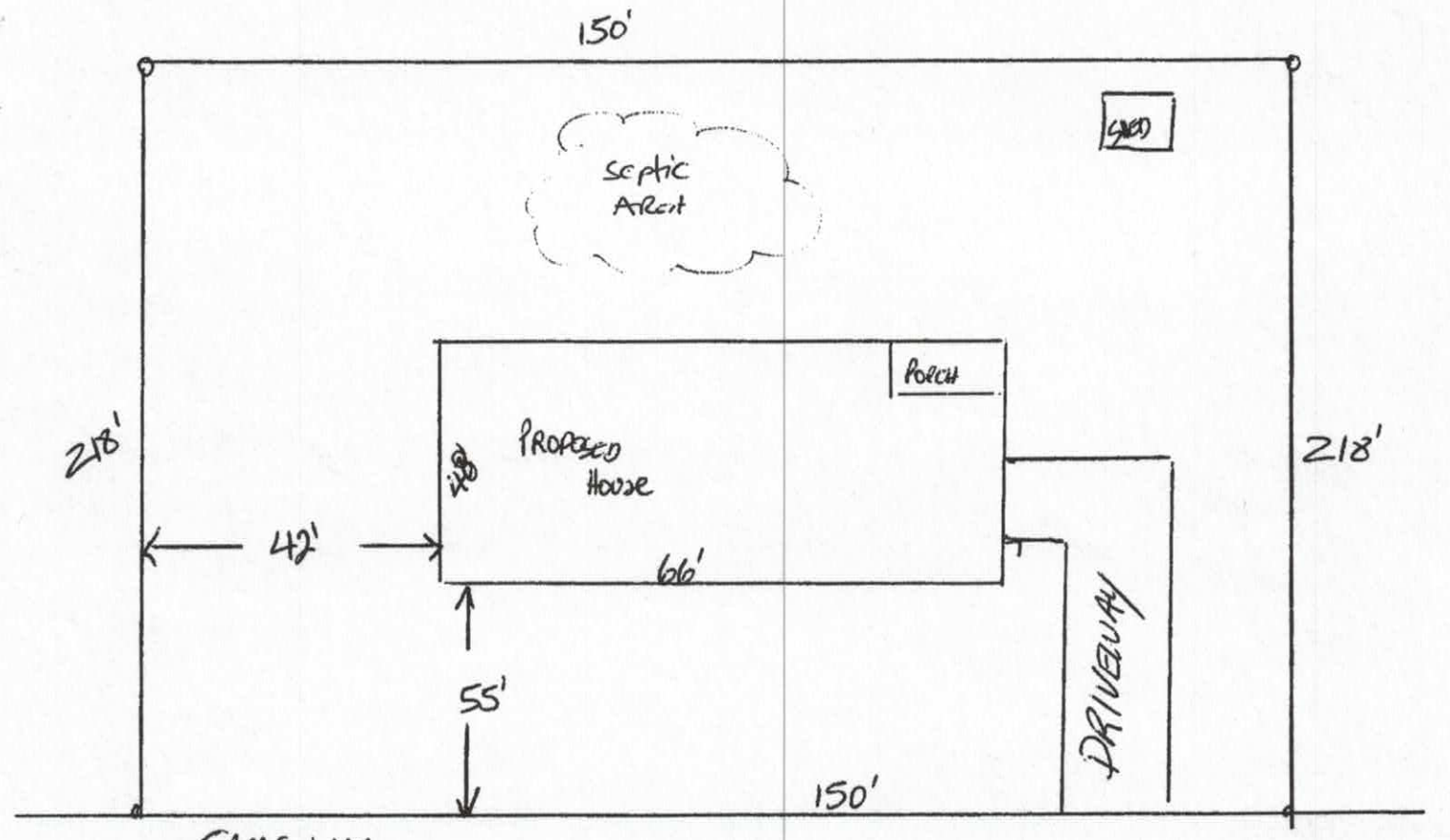
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: _____ 2/10/2020

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ 1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

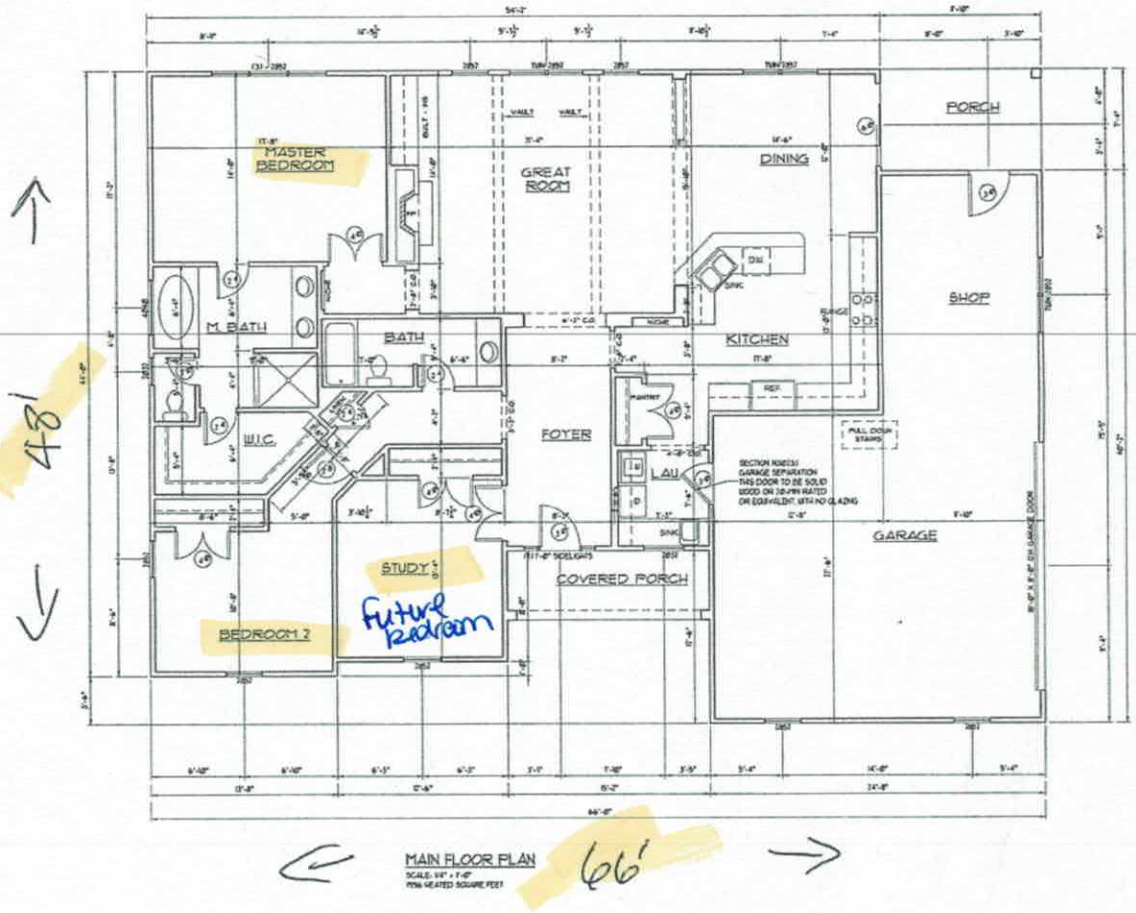
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

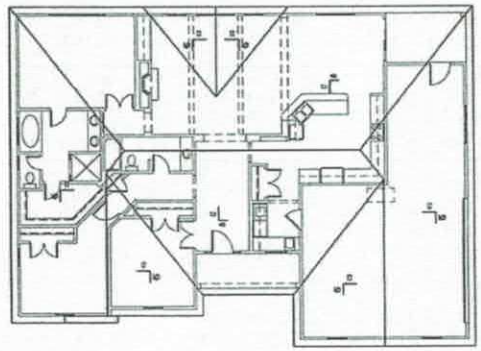
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!
Date 2/11/2020
Carla C Nicks Date 3-12-20



MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"
1996 HEATED SQUARE FEET



ROOF PLAN
SCALE: 1/8" = 1'-0"

GENERAL NOTES:

- FLASHING @ ALL WINDOWS AND DOORS (SECTION R703.8)
- FLASHING @ GROUND LEVEL (SECTION R703.7.3)
- HEADERS ARE TO BE DOUBLE 2 X 10'S UNLESS OTHERWISE NOTED SEE TABLES R502.5 (1) + (2)
- ALL WOOD FRAMING MEMBERS SHALL BE KEPT AT LEAST 1" FROM CHIMNEY MASONRY AND TOO INCHES FROM FIREPLACE MASONRY
- THE GLAZED AREA OF HABITABLE ROOMS SHALL BE NOT LESS THAN 8% OF THE TOTAL FLOOR AREA WITH HALF THE AREA OPENABLE (MIN. 4 SQ. FT., MIN. 22" HIGH, MIN 20" WIDE.) (SECTION R303.1 & SECTION R310.1.1)
- WALLS SEPARATING GARAGE FROM HEATED AREAS TO HAVE A MINIMUM 1/2" GYPSUM BOARD ON THE GARAGE SIDE WALL (SECTION R302.6.) DOORS FROM GARAGE TO HEATED AREAS TO BE EITHER SOLID WOOD 1 3/8" THICK, OR A 20-MINUTE FIRE-RATED DOOR. (SECTION R302.5.1)
- ALL ROOF TRUSSES MUST BEAR ON FOUNDATION WALLS.
- MANUFACTURED TRUSSES (FLOOR + ROOF) PER SECTION R502.11. AND R802.10.
- CRAWL SPACE, ATTIC ACCESS, AND ROOF VENTILATION. SECTION R408.1, R408.2, R807, AND R806.
- CLOSED CRAWL SPACE R409
- SEE WOOD DECKS, APPENDIX M.
- SEE BASIC LOAD ESTIMATING, APPENDIX N.
- SEE CANTILEVER FLOOR SECTIONS, TABLE 502.3.3(1)
- FIREPLACES, CABINETS, AND FIRESTOPPING. SECTION R1001
- SECTION R308.4 (WINDOWS HAZARDOUS LOCATIONS, LABELING, AND CERTIFICATION.
- ATTIC ACCESS PER SECTION R807.1
- CABINETS AND FIREPLACES PER CHAPTER 10.
- LINTELS SUPPORTING MASONRY VENEER SEE TABLE R703.7.3
- STAIRWAYS SHALL NOT BE LESS THAN 36" IN CLEAR WIDTH AT ALL POINTS ABOVE THE PERMITTED HANDRAIL HEIGHT AND BELOW THE REQ'D HEADROOM HEIGHT (SECTION R311.1)
- WINDERS ARE PERMITTED. (SECTION R 311.7.3.)
- SPIRAL STAIRWAYS ARE PERMITTED (SECTION R311.7.5)
- HANDRAILS (SECTION R311.7.7)
- GUARDS (SECTION R312.1)
- CIRCULAR STAIRWAYS SHALL HAVE A TREAD DEPTH AT A POINT NOT MORE THAN 12" FROM THE SIDE WHERE THE TREADS ARE NARROWEST OF NOT LESS THAN 9" AND THE MIN. DEPTH OF ANY TREAD SHALL NOT BE LESS THAN 6" (SECTION 311.7.4.2.3.1.3.1)
- EXTERIOR WALLS SHALL BE BRACED WITH CONTINUOUS STRUCTURAL PANEL SHEATHING (CS-WSP). BRACED WALL LINES SHALL UTILIZE BRACED WALL PANELS CONSTRUCTED IN ACCORDANCE WITH SECTION R602.10.4 TABLE R602.10.4. 4ft END AND RETURN WOOD STRUCTURAL PANEL OF A MINIMUM 24" SHALL BE PROVIDED AT CORNERS AT BOTH ENDS OF A BRACED WALL LINE IN ACCORDANCE WITH SECTION R602.10.4.4. BRACED WALL LINES SHALL BE CONNECTED TO STRUCTURE ABOVE AND BELOW IN ACCORDANCE WITH SECTION R602.10.6. PER SECTION R602.10.8, ALL VERTICAL JOINTS OF PANEL SHEATHING SHALL OCCUR OVER, AND BE FASTENED TO COMMON STUDS. HORIZONTAL JOINTS IN BRACED WALL PANELS FASTENED TO COMMON BLOCKING OF A MINIMUM 1 BLOCKING IS NOT REQUIRED IN WALL SECTIONS NOT COUNTED AS BRACED WALL PANELS.)

RODNEY DANIELS
131 5th Ave Blvd S.E. Hickory, NC 28602
PHONE AND FAX (828) 328-9466

DANIELS
• RESIDENTIAL DESIGN •

A NEW RESIDENTIAL PROJECT FOR
GEORGE FILIP

drawn by: DANIELS
project no.: P-19023
date: 6-26-19
revised:
sheet no.: A-2 of THREE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304916 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726279184.000	143 SAMS WAY	Iredell County

Owner Information	Applicant Information
Name: FILIP VASILE J Address: Phone:	Name: FILIP VASILE J Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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.

Date: 02/11/2020

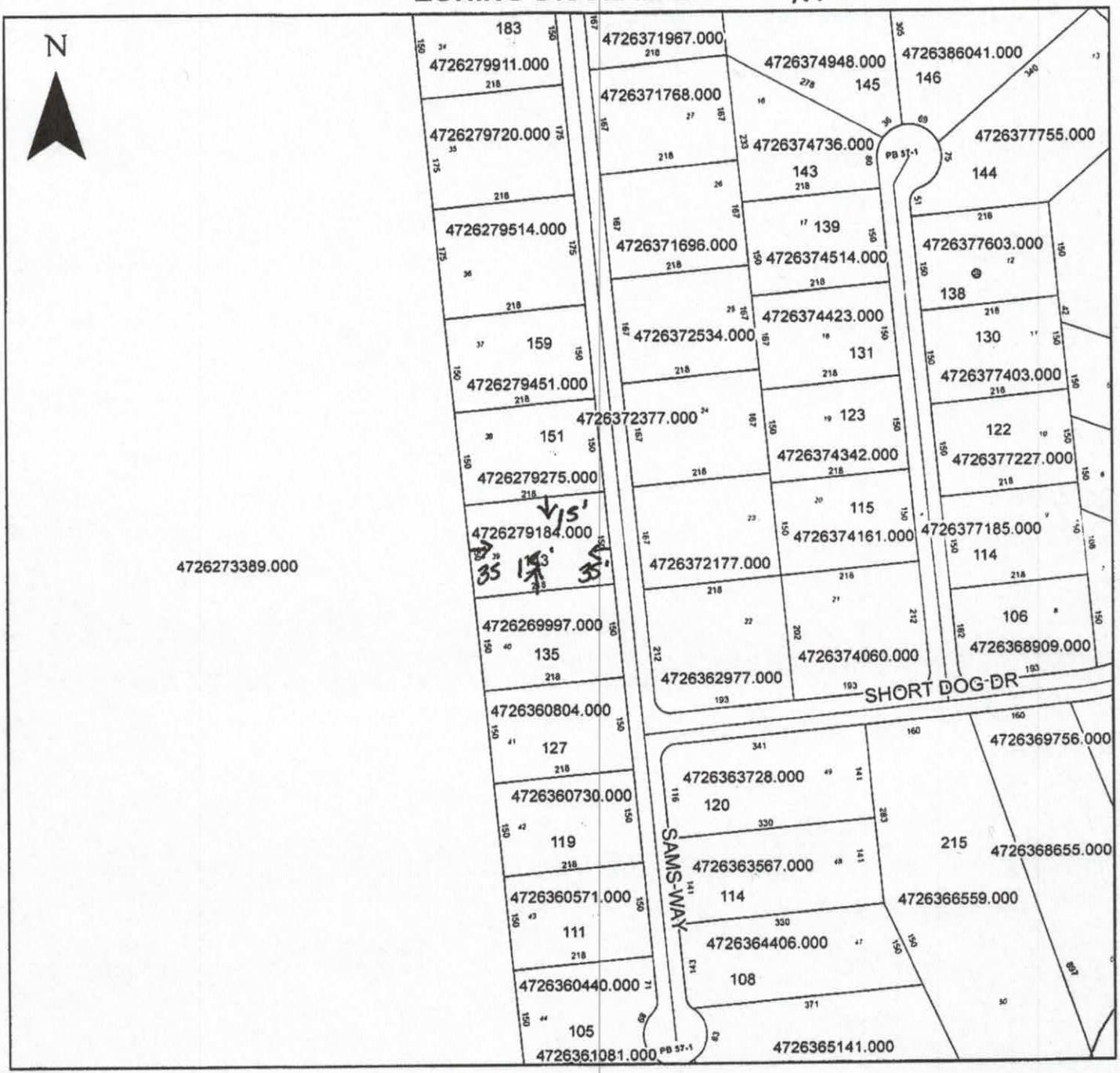
Signature of Owner/Contractor

Permit Number	304916	TOTAL FEES:	$77.25

304916

R-20 .75AC
NO-WS
NO-FL

ZONING DISCLAIMER



Property Address 143 Sams Way

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

2/11/2020

Date