ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 320071

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

PIN # 4726 -- 27 --9451

APPLICANT/OWNER: Vasile J. Filie APPLICANT ADDRESS: 432 Brookfield Dr. Statesville NC 28625

SITE ADDRESS: 159 Sams Way Statesville NC 28625 PHONE: 828-312-2714 ALT. PHONE —

SITE DIRECTIONS: 115 N towards Love Valley, (L) on Midway, (L) on Short Dog Dr, (R) Sams Way SAP CONTROLLED: ☐ YES ☒ NO

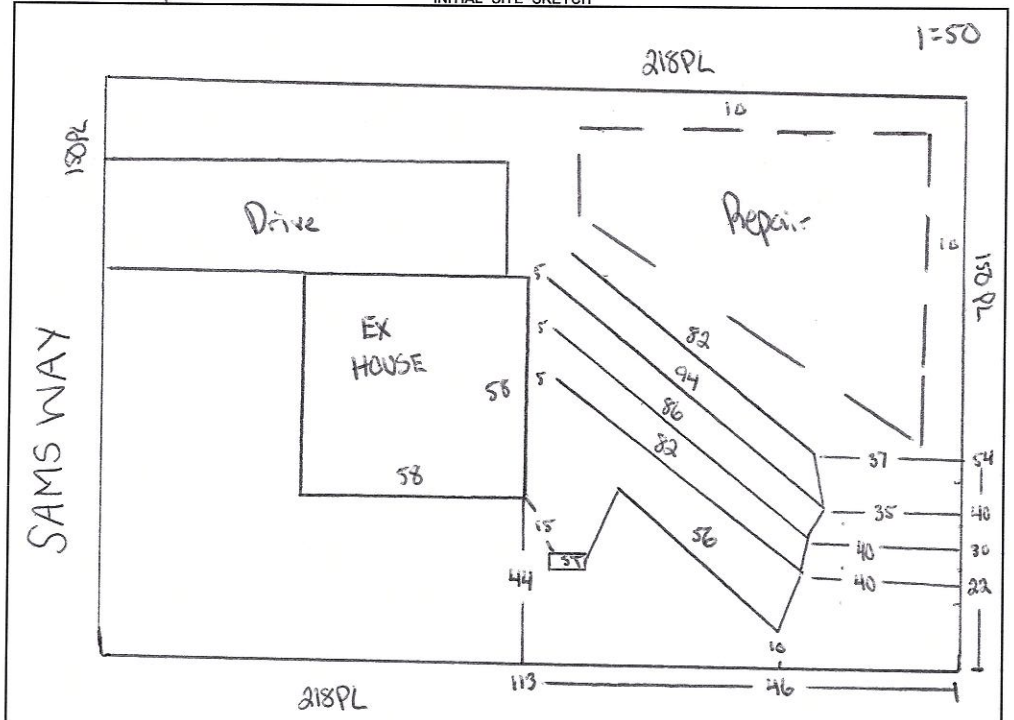
SUBDIVISION: Beagle Run SECTION: 2 LOT # 37 LOT AREA: DESIGN FLOW: 450 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	2/17/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	50% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~)			36" max	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install drainlines on contour of the land. Utilize serial distribution. Do not grade, park, or drive on septic area.

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.

14-58-L1
19-78-L2
21-86-L3
23-94-L4
21-84-L5

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: 4/8/22 Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Cary Whil Date: 4/7/22 OPERATION PERMIT by: Cary Whil Date: 4/28/22

AUTHORIZATION TO CONSTRUCT by: Cary Whil Date: 4/7/22 Existing System Inspected by: Date:

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

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

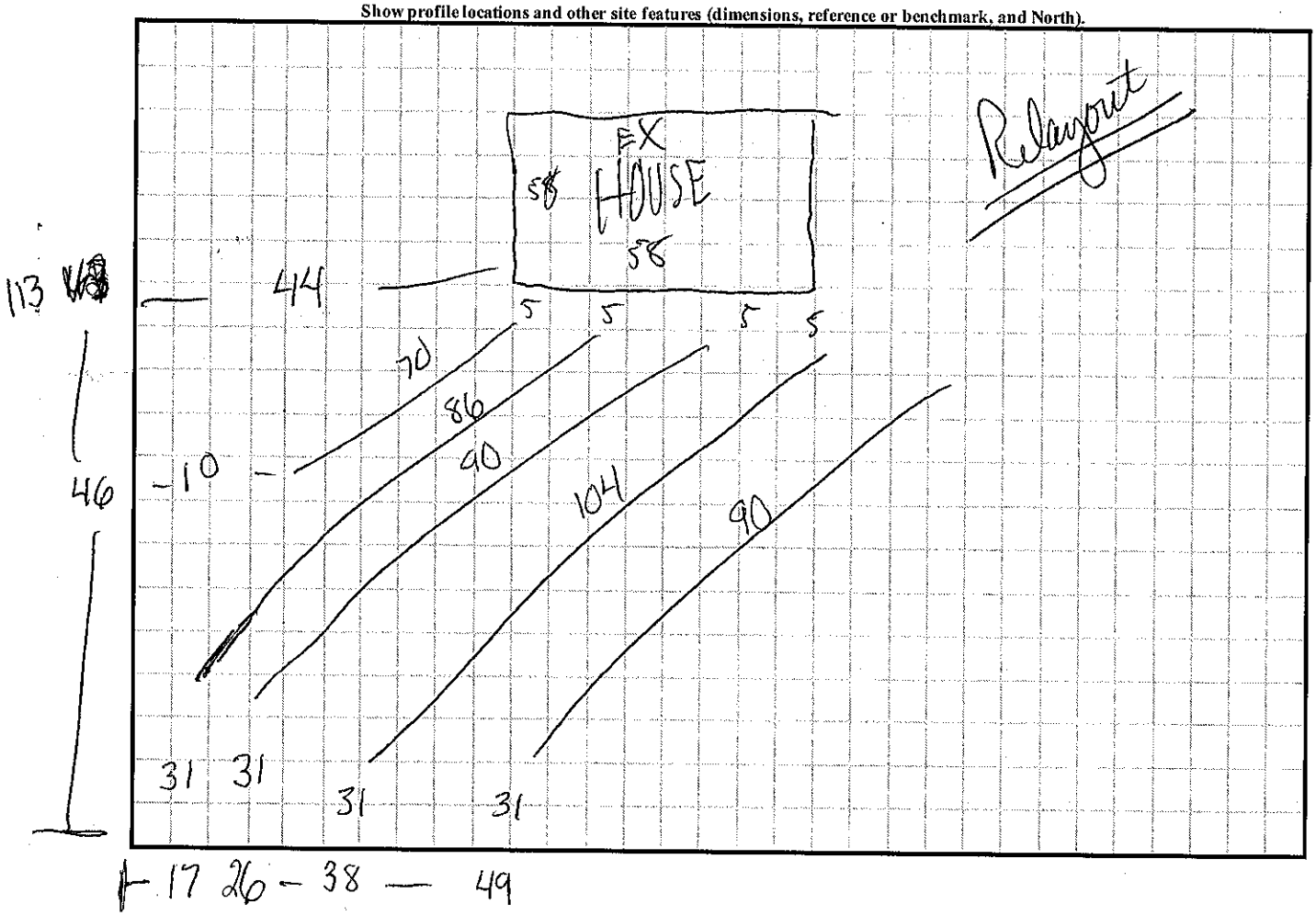
NOTES

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)

SAMS WAY

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 1 of 1
PROPERTY ID #: 473687946
COUNTY: Iredell

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

OWNER: Vesik File
ADDRESS: 159 Sams Loop
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 159 Sams Loop
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE: 7-29-2021
DATE EVALUATED: 8-18-2021
PROPERTY SIZE: 1.75 Acre
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) .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	SS 4-5%	0-10	WSRL SCL	FI CSSP Sap	N/A	48+	N/A	N/A	PS .3
		10-36	WSRL C						
		36-48	SRL CL						
2	SS 4-5%	0-10	WSRL SCL		N/A	48+	N/A	N/A	PS .3
		10-34	WSRL C						
		34-48	SRL CL						
3	SS 4-5%	0-10	WSRL SCL		N/A	48+	N/A	N/A	PS .3
		10-35	WSRL C						
		35-48	SRL CL						
4	SS 4-5%	0-10	WSRL SCL		N/A	48+	N/A	N/A	PS .3
		10-36	WSRL C						
		36-40	SRL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

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					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	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)
		None	None	None		

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

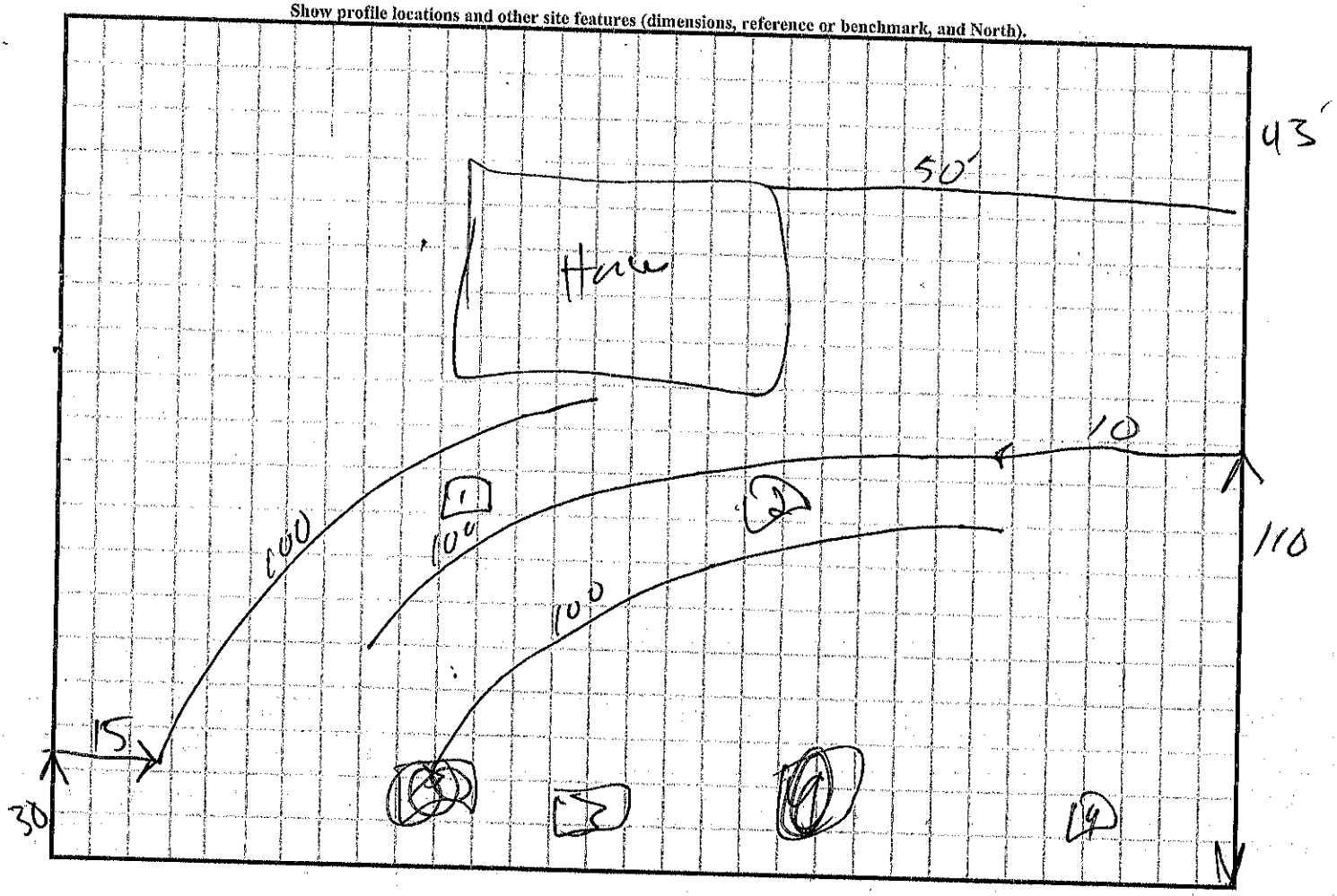
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CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



RECEIVED MAR 21 2022

Intermediate Relayout $320.00 Paid AP-

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:

(✓) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: VASILE J. FILIP Address: 432 BROOKFIELD DR Sville Zip: 28625

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

Owner Name: Vasile J. Filip Address: 432 BROOKFIELD DR S-ville Zip: 28625

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

Property Information:

Street Address: 159 SAMS WAY STATESVILLE, NC 28625

Subdivision Name: Beagle Run Section/Phase: 2 Lot Number: 37

Driving Directions: 115N towards Love Valley, L on Midway, L on Short dog dr R on Sams Way

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

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

Maximum Number of Bedrooms: ~~3~~ 4 sa
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____

Square Footage of Building: 2274 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____

( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/21/2022

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, Vasile Johnathan Filip, am the legal owner(s) of the property located at 159 SAMS WAY STATESVILLE, NC 28625, identified as PIN (Parcel Identification Number) 4726-27-9451, 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.

_____ 3/21/2022

Signature of Owner(s) Date

Mooresville - Environmental Health

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

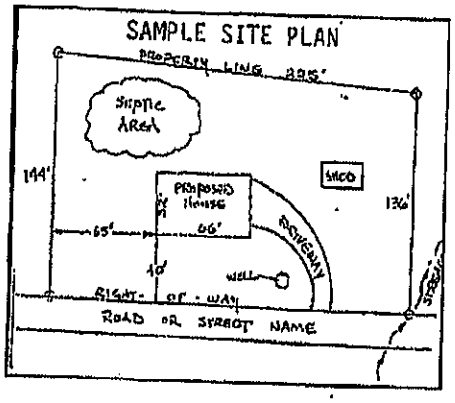
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

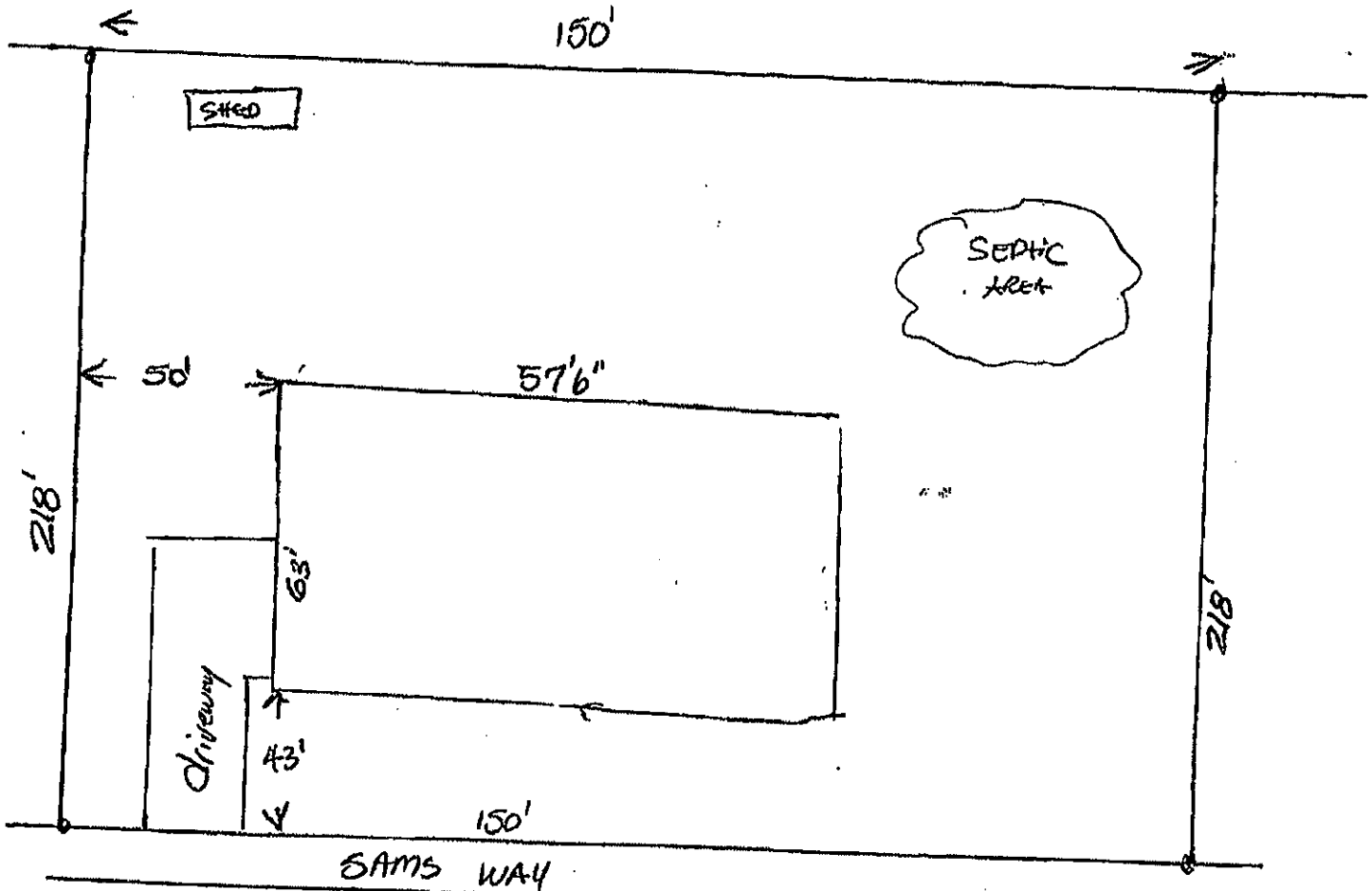
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____ — 3/21/2022

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 32007

APPLICANT/OWNER: Vasile Filip

APPLICANT ADDRESS: 432 Backfield Dr Statesville 28625

PIN # 4726 -- 27 -- 9451

SITE ADDRESS: 159 Sams Way Statesville NC 28625

PHONE: 828-312-2214 ALT. PHONE

SITE DIRECTIONS: 115 N Lon Mooring Ln short dog R on Sams Way

SUBDIVISION: Beagle Run

SECTION: 2 LOT # 37 LOT AREA: 0.75 Acre

SAP CONTROLLED: YES ☒ NO

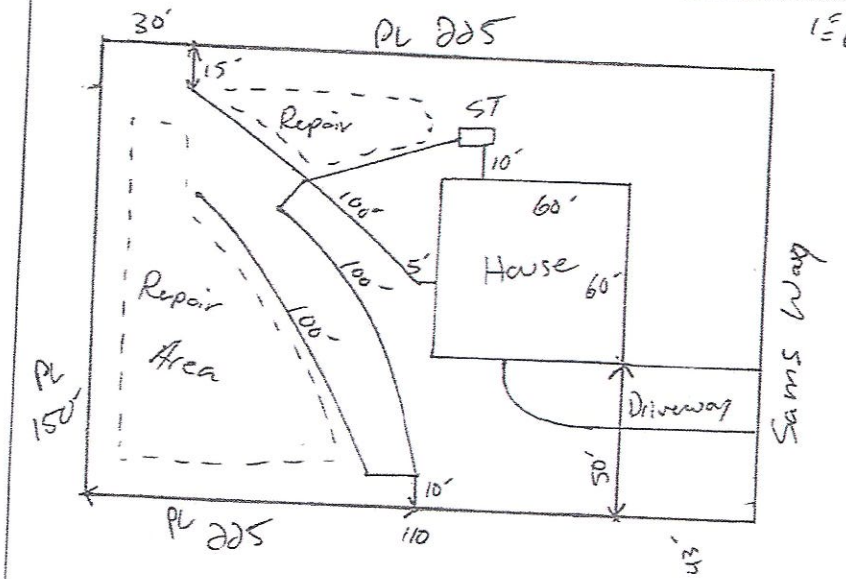
DESIGN FLOW: 360gpd T.A.R.: 3

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II ◯III IV V VI	☒ Residence No. Bedrooms 3
Pump Tank (gal)	PT	Date	System Description: 25% Reduction		☐ Business No. Persons 6
Pump Make	Model	Serial #	Repair System Description: 50% Reduction		☐ Other No. Employees
# Nitrification Fields 1	# Lines 3	Linear Ft 300'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab ☒ Crawl Space
Trench Width 36"	Trench Bottom Depth (Low side)	Max 36"	Gravel Depth -	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on contour of land use Serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

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COPY

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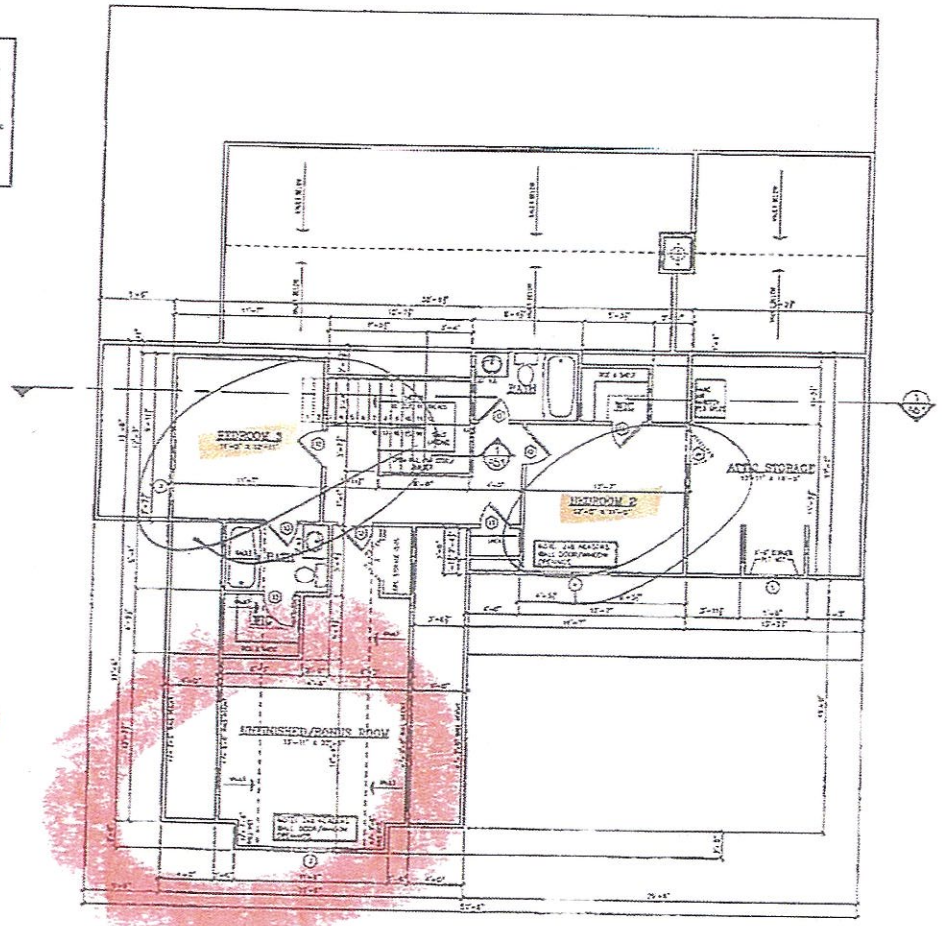
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Owner / Applicant Signature: Date: 8/27/2021 Installed by:

IMPROVEMENT PERMIT by: Date: 8-18-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 8-18-2021 Existing System Inspected by: Date:

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



2ND FLOOR PLAN

Making Bonus Room into a bedroom!

THE REVISED DESIGN FOR
CRANBERRY GARDENS
BY ARCHIVAL DESIGNS, INC.

REVISIONS

REV NO.	REV DATE/INITIALS
1	
2	
3	
4	
5	

ARCHIVAL DESIGNS

SQUARE FOOTAGE

1ST FL	1,842 SQ FT
2ND FL	1,234 SQ FT
TOTAL HEATED	3,076 SQ FT
1ST FL NON-HEATED	372 SQ FT
GARAGE	742 SQ FT
FR LOG PORCH	267 SQ FT
SCREENED AREAS	114 SQ FT

—

DATE 02/22/2021

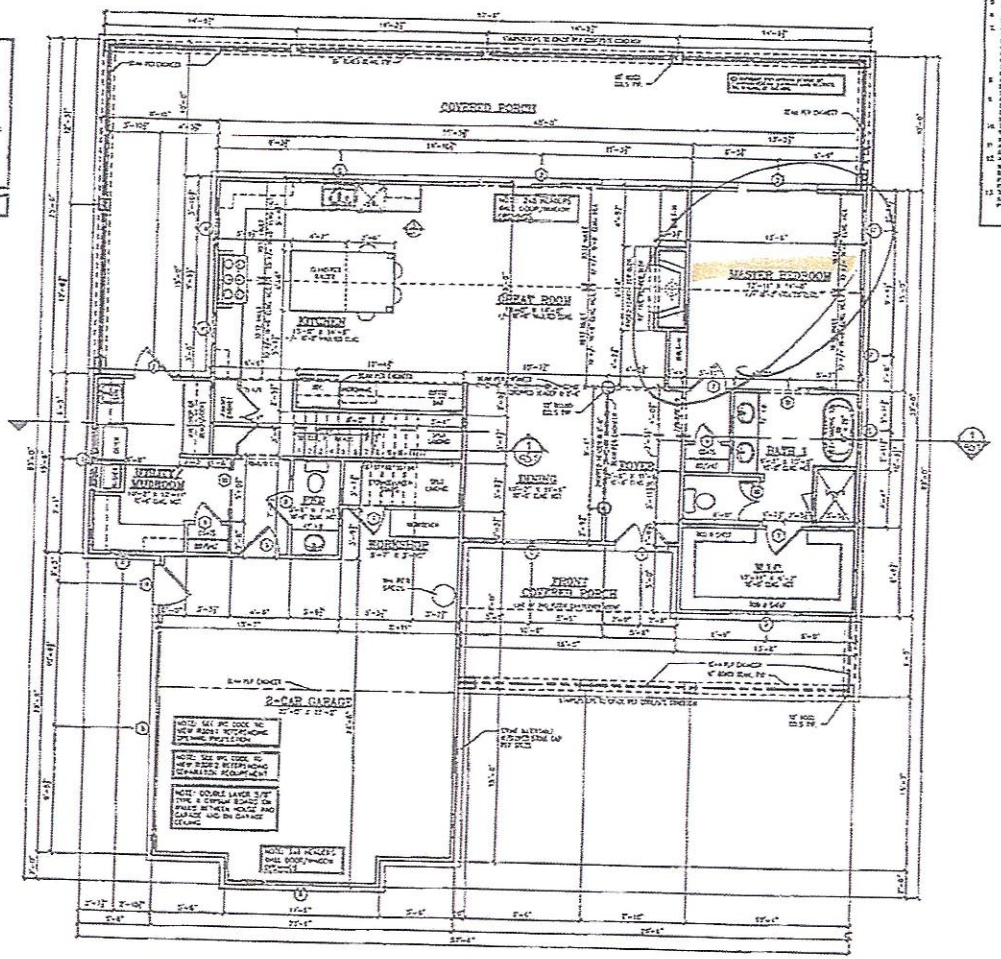
DRAWN JBW

SHEET NO. A2.3

Acknowledgement Of Plans Submittal ONLY!

Date 3/21/2022

Date 4/7/22



1ST FLOOR PLAN

SCALE: 1/4" = 1'-0"

DOOR SCHEDULE

MARK	SIZE	TYPE	DESCRIPTION	QTY
1	2'-6" x 6'-8"	15D	SOLID CORE DOOR - 20 MIN RATED	1
2	2'-6" x 6'-8"	15D	SOLID CORE DOOR - 20 MIN RATED	2
3	2'-6" x 6'-8"	15H	SOLID CORE	1
4	2'-6" x 6'-8"	15H	SOLID CORE	1
5	2'-6" x 6'-8"	15A	PAINTED RAISED PANEL	1
6	2'-6" x 6'-8"	15A	SOLID CORE, RAISED PANEL DOOR	1
7	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
8	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
9	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
10	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
11	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
12	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
13	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
14	2'-6" x 6'-8"	15C	SOLID CORE, FLUSH DOOR	1
15		15C	OPTIONAL SOLID CORE, FLUSH DOOR	
16	10'-0" x 8'-0"	15C	SOLID CORE, FLUSH DOOR	1
17				

NOTE: 2x8 HEADERS SHALL DOOR/WINDOW OPENINGS

WINDOW SCHEDULE

MARK	SIZE	TYPE	DESCRIPTION	QTY
2	2'-6" x 5'-0"	2H		1
4	2'-6" x 4'-0"	2H		1
5	2'-6" x 5'-0"	2H		1
6	2'-6" x 5'-0"	2H		1
7	2'-6" x 5'-0"	2G	FIXED TEMPERED	1
8	2'-6" x 5'-0"	2E	FIXED TEMPERED	1
9	2'-6" x 5'-0"	2H		1
10	2'-6" x 4'-0"	2H		1
11	2'-6" x 4'-0"	2G		1
12	2'-6" x 4'-0"	2H		1
13	2'-6" x 5'-0"	2H		1
14	2'-6" x 5'-0"	2H		1
15	2'-6" x 5'-0"	2H		1
16	2'-6" x 5'-0"	2G		1
17				
18				

NOTE: 2x8 HEADERS SHALL DOOR/WINDOW OPENINGS

THE REVERSED DESIGN FOR
CRANBERRY GARDENS
BY ARCHIVAL DESIGNS, INC.

REVISIONS

REV NO	REV DATE/INITIALS
1	
2	
3	
4	
5	
6	

ARCHIVAL DESIGNS

SQUARE FOOTAGE	
1st FL.	1,142 SQ FT
2nd FL.	1,149 SQ FT
TOTAL HEATED	2,291 SQ FT
COVERED PORCH	325 SQ FT
GARAGE	529 SQ FT
TOTAL UNDER ROOF	2,820 SQ FT
REAR COVERED PORCH	214 SQ FT

JOB NO: —

DATE: 02/22/2021

DESIGNED BY: JBW

SHEET NO: A2.2

Acknowledgement Of
Plans Submittal ONLY!

Date 3/24/2022

Date 4/7/22