ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-317206

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

PIN # 4726 -- 28 -- 2605

APPLICANT/OWNER: AMERICA'S HOME PLACE, INC/ COURTNEY WHITE APPLICANT ADDRESS: 1206 GREENLAND DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 391 MIDWAY ROAD, STATESVILLE, N.C. 28625 PHONE: 704-872-4400 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (L) ON MIDWAY ROAD, LOT ON (L)

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 23,967 AC

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	11/20/21		
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	2	Linear Ft	301 FT		
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—		

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

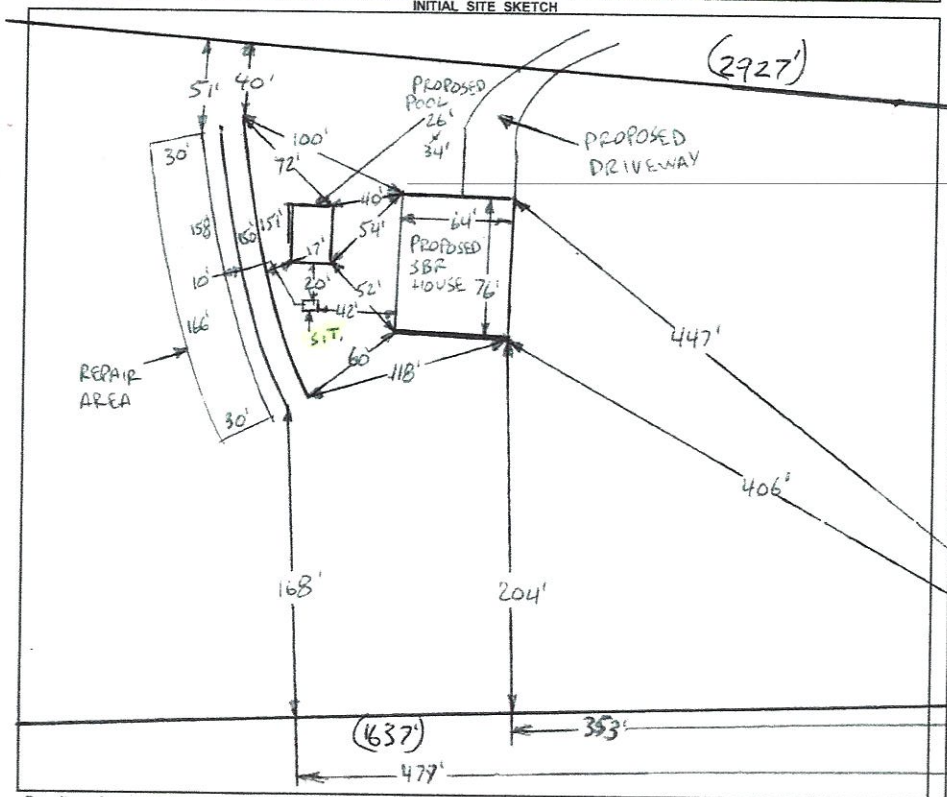
☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees —

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, PRE-CONSTRUCTION MEETING REQUIRED

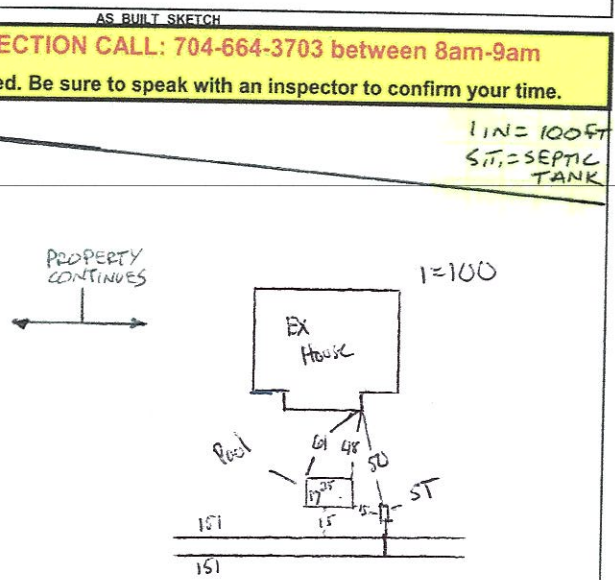
INITIAL SITE SKETCH



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.

1 IN = 100 FT
ST. = SEPTIC TANK



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: Wayne Hobbs Date: 7/23/21 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-21-2021 OPERATION PERMIT by: Cory Whit Date: 1/26/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-22-2021 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 #: 4726-28-2
COUNTY: IREDELL

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

OWNER: COURTNEY WHITE
ADDRESS: 1206 GREENLAND DRIVE, STATESVILLE, N.C. 28677
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 391 MIDWAY ROAD, STATESVILLE, N.C. 28625
WATER SUPPLY: ☐ ~~Private~~ ☐ Public ☒ ~~Well~~ ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ ~~Pit~~ ☐ Cut

APPLICATION DATE 5-5-2021
DATE EVALUATED: 6-10-2021
PROPERTY SIZE: 23.967 AC
PROPERTY RECORDED: YES

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

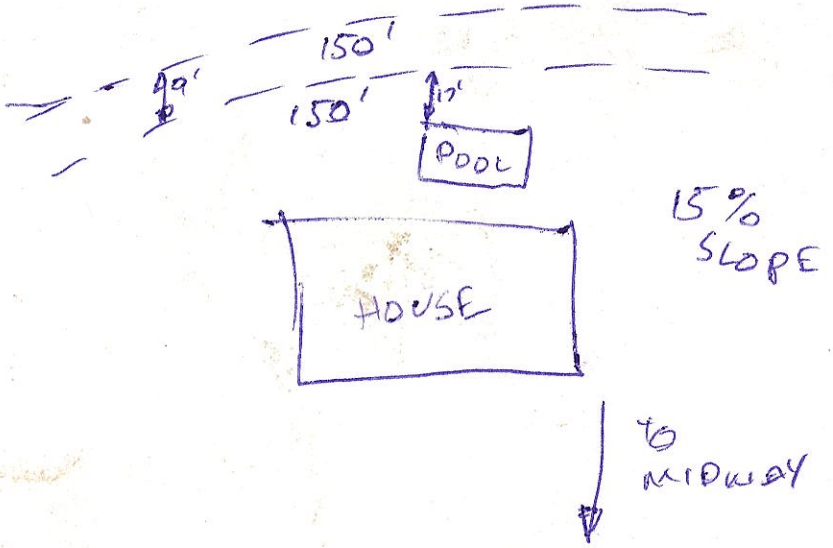
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1					SEE ATTACHED				
2									
3									
4									

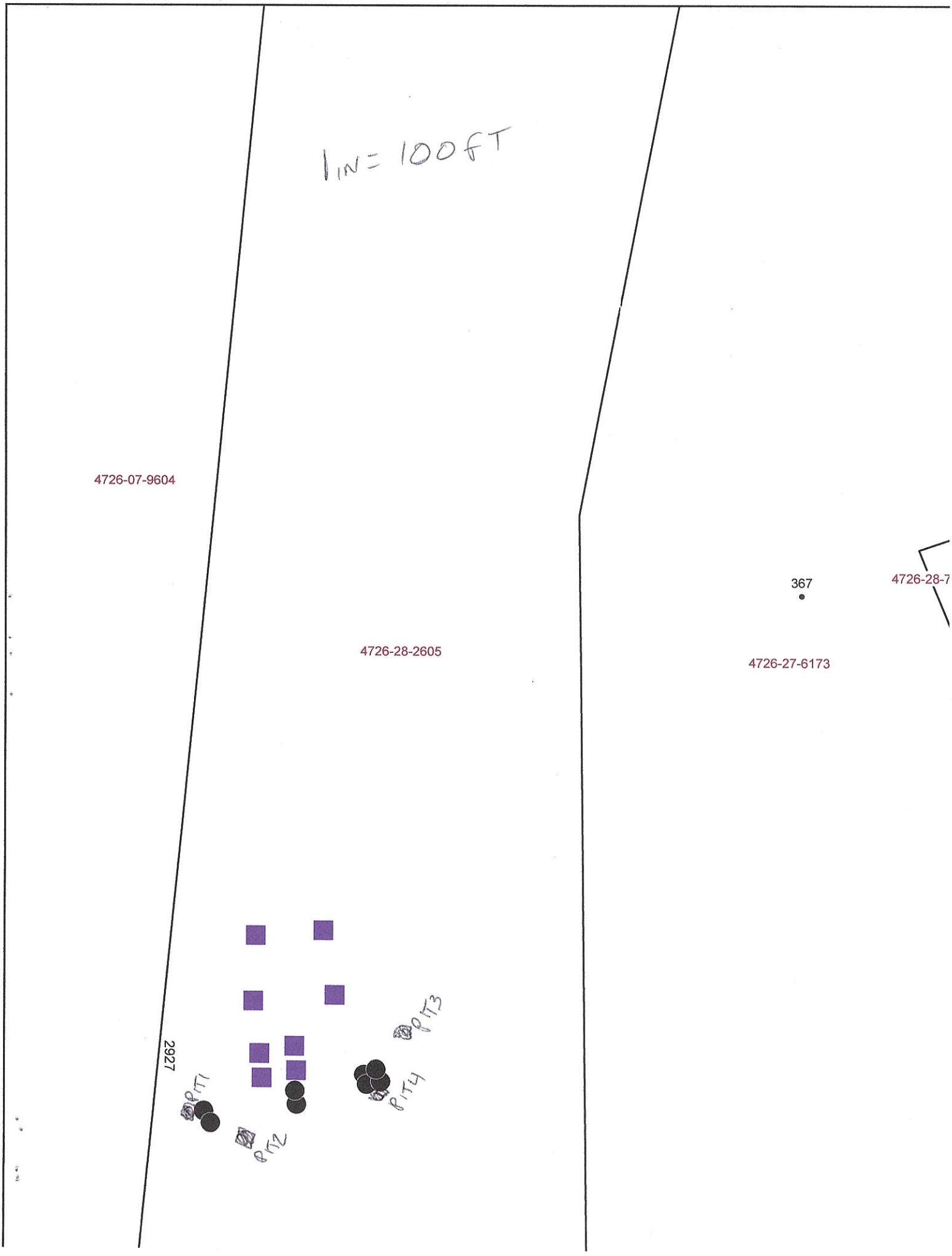
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

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

COMMENTS:

1	LS 9%	0-5	SLL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI	76"±	NA	NA	PS.3
		5-36	C, SBK	FR, S, P, SEXP					
		36-76	CL, WSBK	FR, SS, SP SEXP					
2	LS 7%	0-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	60"±	NA	NA	PS.3
		30-60	CL, WSBK	FR, SS, SP, SEX					
3	LS 12%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI	58"±	PS II C	NA	PS.3
		33-58	CL, WSBK	FI, SS, SP, SEXP					
		58-60	SAP, MAS	FR, NS, NP, SEP					
4	LS 10%	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI	60"±	NA	NA	PS.3
		28-60	CL, WSBK	FR, SS, SP, SEXP					




1 IN = 100 FT
4726-07-9604
4726-28-2605
4726-27-6173
367
4726-28-7
2927
PIT1
PIT2
PIT3
PIT4

RECEIVED MAY 0 5 2021

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-317206 $550.00

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 .1938(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, sealed no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, sealed no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: America's Home Place, Inc Address: 1206 Greenland Drive, Statesville, NC Zip: 28677

Applicant Email: ldagenhart@americashomeplace.com Phone: 704-872-4400 Alt. Phone: _____

Owner Name: Courtney White Address: 121 Grainger Drive, Statesville, NC Zip: 28625

Owner Email: davan20courtney@hotmail.com Phone: _____ Alt. Phone: _____

Property Information: 391

Street Address: tbd Midway Road, Statesville, NC 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: From Statesville, take I-77N, take Exit 51 continue on I-40 W, take Exit 150 continue on NC-115 N, take left on Midway Rd, property approximatey 2 miles on left

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 (Proposed in future)
( ) 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 in 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: Courtney White 4/23/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

317206

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) N/A _____

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, Courtney White, am the legal owner(s) of the property located at lbd Midway Road, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4726-28-2606, located in Iredell County, North Caroline.

I do hereby authorize (print legal representative/company name) America's Home Place, Inc and their agents, 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.

Courtney White 4/23/21

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

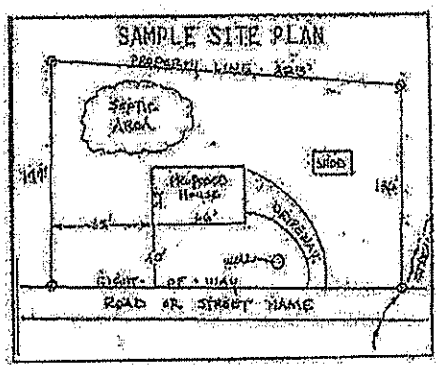
317206

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 indication 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

See Attached Site Sketch

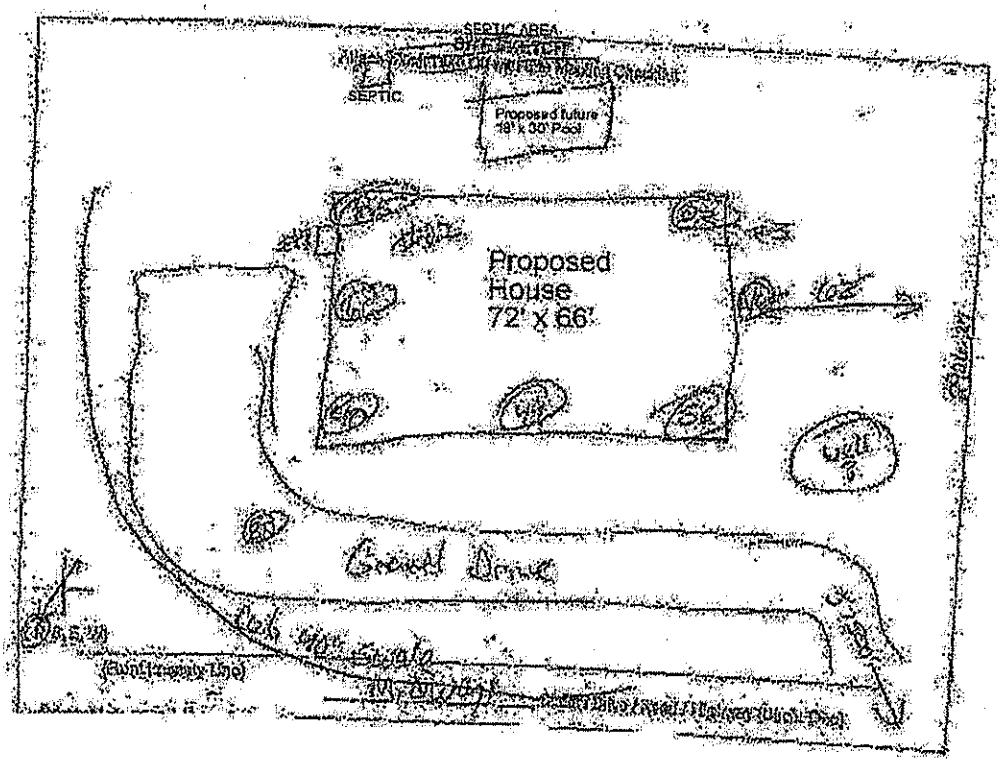
Signature: Courtney White 4/23/21

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

317246

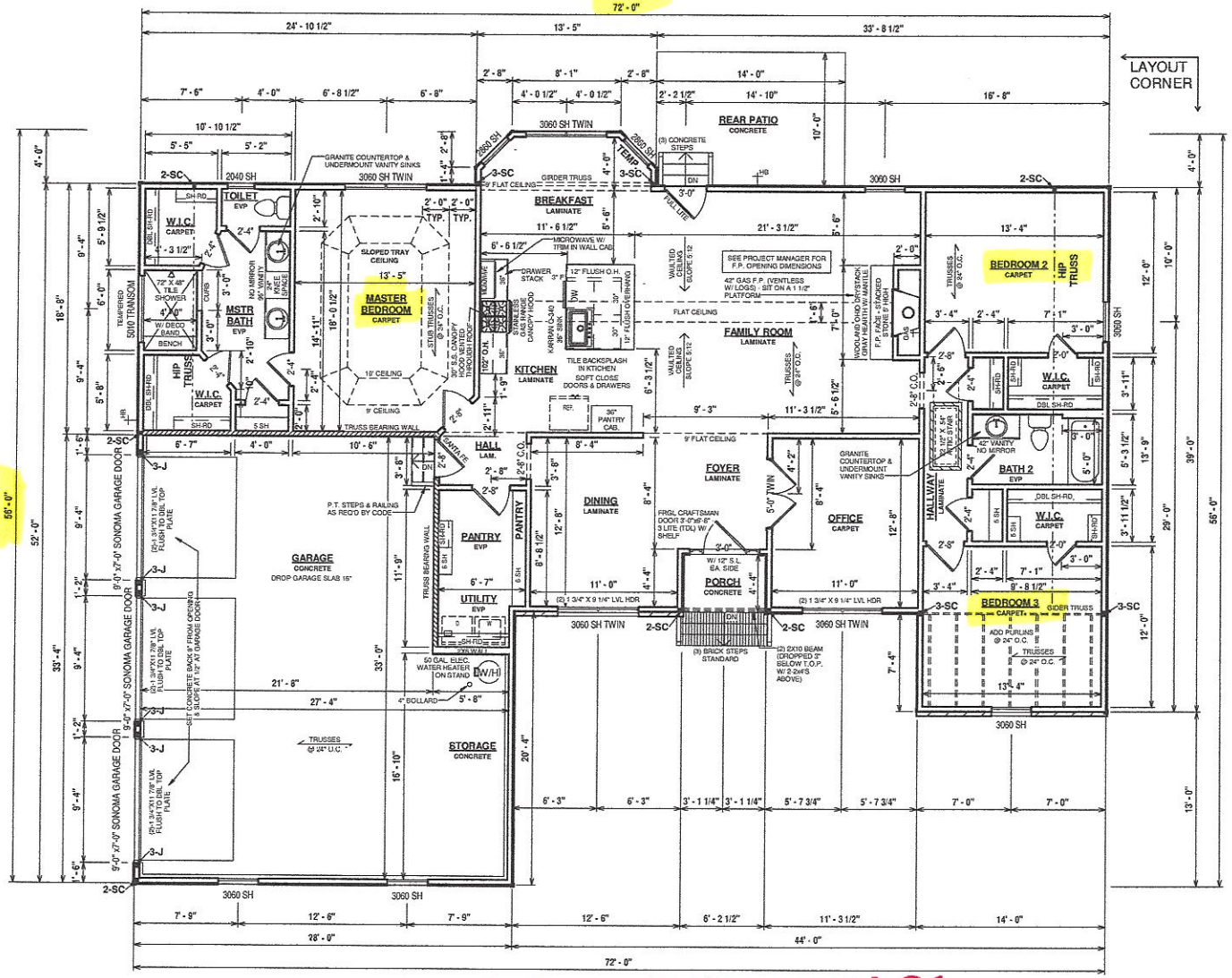
SITE SKETCH

White, Courtney
tbd Midway Road
Statesville, NC 28625
PIN# 4726-28-2605



NOT TO SCALE

391 Midway



1 FIRST FLOOR PLAN
1/8" = 1'-0"

GENERAL NOTES

- MIN 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR:
  SINGLE-68"
  DOUBLE 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AN LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- FRAMER TO INSTALL DRYWALL CLIPS IN LIEU OF DEADWOOD ON ALL WALLS
- PORCH, STOOP, & DECK HARDRAILS NOT INCLUDED W/ SLAB FOUNDATION
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH

SPECIAL NOTES

- GUTTERS UPGRADED TO PREMIUM COLOR
- INTERIOR DOORS UPGRADED TO "SANTA FE" STYLE
- UPGRADED INTERIOR DOOR HANDLES TO "WAVERLIE LEVERED"
- SOFT CLOSE DOORS/DRAWERS IN KITCHEN AND BATHS
- TILE BACKSPLASH IN KITCHEN
- KITCHEN SINK : KARRAN Q-340 - GREY QUARTZ
- BATHROOM COUNTERTOP UPGRADED TO GRANITE ILO CULTURED MARBLE
- 8'X4' TILE SHOWER IN MASTER BATH W/ 3' WALL FRONT AND BENCH SEAT
- NO MIRROR IN BATHS

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIMINARY	04-15-20
2	FINAL REVIEW	05-15-20
3	FINAL PLAN	05-18-20

AREAS:	
FIRST FLR HEATED	2,135 SF
	2,135 SF
GARAGE	656 SF
FRONT PORCH	27 SF
	683 SF
TOTAL UNDER ROOF	2,999 SF
REAR PATIO	140 SF
TOTAL UNCOVERED	140 SF

THE: OXFORD A
FOR: WHITE, DONNA & JEFF
1915-1917 DEERPARK DR.
MORGANTON NC-28655
OFFICE: STATESVILLE
SOLD BY: JILL SCHOOLEY

JOB#: 87-20-039
2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: J. VALLES
CHECKED BY: R. THOMPSON
PRINT DATE: 5/18/2020 9:11:52 AM

PROPERTY OF: AMERICA'S HOME PLACE

SHEET NUMBER: F-3

FIRST FLOOR PLAN

©COPYRIGHT - 2020.

Acknowledgement Of
Plans Submittal ONLY!

Wayne Hoskins Date 7/23/21

Bryant C. White Date 7-22-2021

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
©COPYRIGHT-ALL RIGHTS RESERVED NOTE:VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

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

APPLICATION NUMBER
317206 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726282605.000	391 MIDWAY RD	Iredell County

Owner Information	Applicant Information
Name: WHITE COURTNEY D+MICHAEL D Address: Phone:	Name: WHITE COURTNEY D+MICHAEL D Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
23.967	35	35	15	15		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: 05/05/2021

Signature of Owner/Contractor

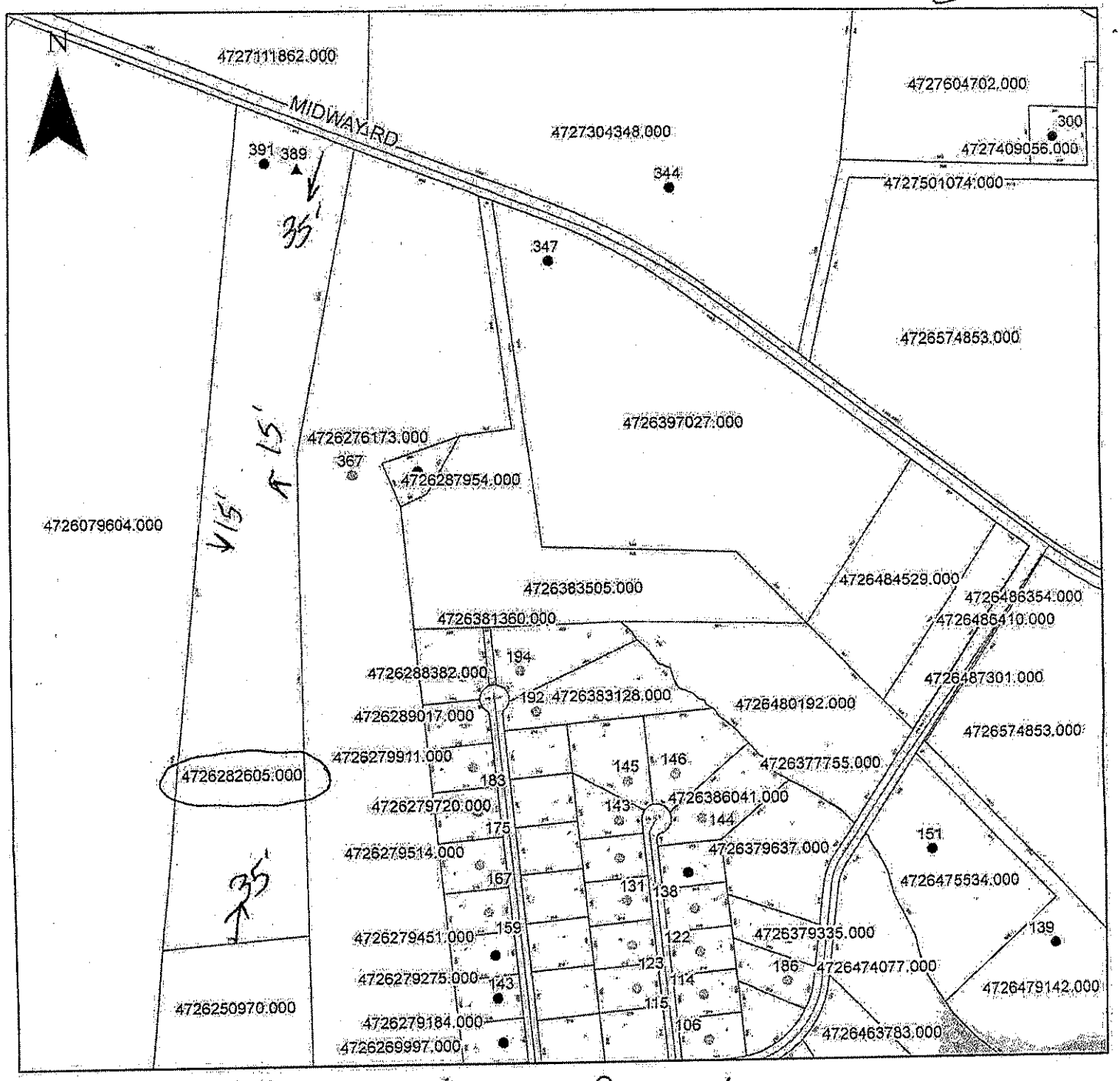
Permit Number	317206

TOTAL FEES:	$77.25

dagenhart@americashomeplace.com

ZONING DISCLAIMER

3/7206



Property Address 391 Midway Road

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.

✓ [signature]

Applicant

✓ 5/5/21

Date