IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 230314

PIN # 4726-51-0804

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

APPLICANT/OWNER: Hyde Homes APPLICANT ADDRESS: 120 Zorse Lane Statesville, NC 28625

SITE ADDRESS: 237 Doe Trail Lane Statesville, NC PHONE: 704-999-1409 ALT. PHONE

SITE DIRECTIONS: Rt 115 N → L on Scotts Creek Rd → L on Miller Farm Rd → R on Doe Trail → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Deercroft SECTION: 4 LOT # 181 LOT AREA: 0.68 acres DESIGN FLOW: 480 GPD L.T.A.R.:

Septic Tank	Existing	(gal)	STB Ex	Date Ex			
Pump Tank	—	(gal)	PT —	Date —			
Pump Make	—	Model —		Serial # —			
# Nitrification Fields	1	# Lines	2 (2×37')	Linear Ft	74		
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—		

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

System Description: PPBPS (+ Existing System)

Repair System Description: PPBPS + Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

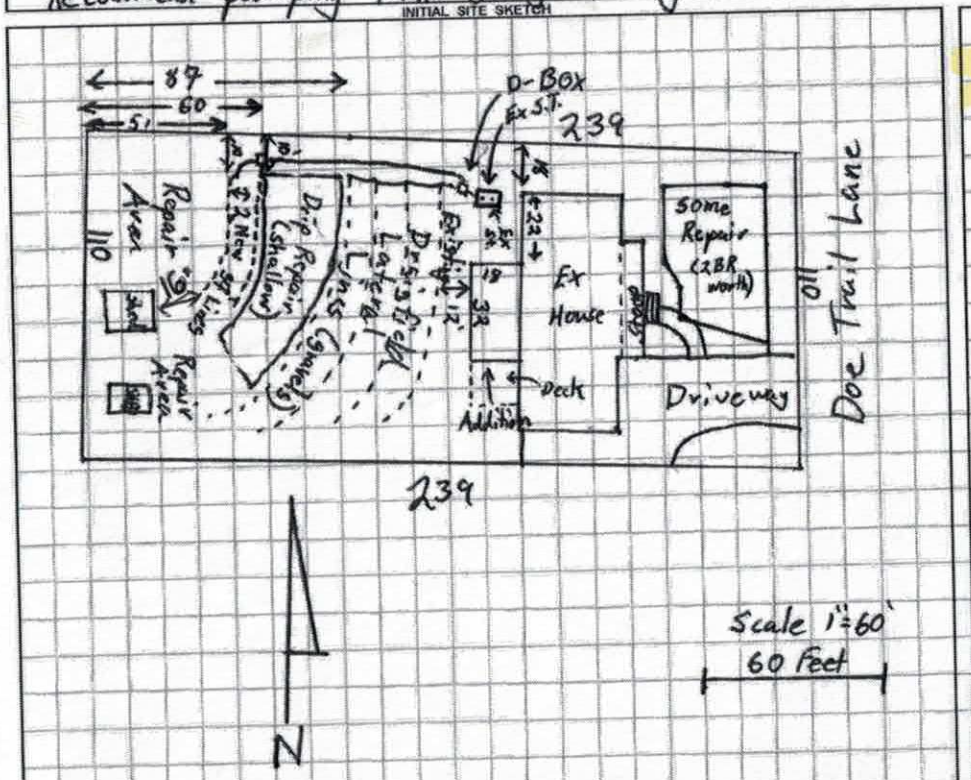
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Primary Distribution Box to split flow (75% to existing system, 25% to new lines) while secondary box to split flow evenly among two 37' PPBPS lines. Recommend pumping tank every 3-5 years.

★ Remove playground atop existing system area ★ No foundation drain to be installed around addition ★

INITIAL SITE SKETCH



AS BUILT SKETCH

2-23-18: Playground still on existing system. Once moved, OP can be issued.

3/13/18: Playground set removed from Drainfield area.

* Installed as shown.

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: 10/11/2017 Installed by: Ground Breakers Date: 3-13-18

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/11/2017 OPERATION PERMIT by: Tom Shuck Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/11/2017 Existing System Inspected by: Date:

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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Hyde Homes
ADDRESS: 237 Doe Trail Lane Statesville
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 237 Doe Trail Lane

APPLICATION DATE: 9/19 + 10/3
DATE EVALUATED: 9/29/17
PROPERTY SIZE: 0.67 acres
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	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	LSS Repair	0-12" 12-32" 32-48 48-55 55"	SCL V.W.SBK Weathered Schist Rock Clay some W-m SBK/ABK mica Sandy Saprolite MA Dense in Place Saprolite	Don't use! Sl. Firm, sticky, Sp, Sexp Friable + Moderately Draining	—	12" 32-55"	—	—	PS Drip 0.1
2	LHS 5% Repair	0-6 6-40 40-53 53-72	SCL V.W.SBK Clay some W-m SBK mica Clay Loam W.SBK some gravels @ 40" Saprolite mA-Loamy	Sl. Friable, SS, Sp, Sexp Sl. Firm, sticky, Sp, Sexp Sl. Friable, SS, Sp, Sexp Moderately Drained / Friable	—	53	-	~	0,275 PS Deep 40"
3	LHS 4% Exp	0-13 13-48 48-65	SCL V.W.SBK Clay W.SBK + trace saprolite Clay V.W SBK + some Saprolite	Sl. Friable, SS, Sp, Sexp Sl. Firm, sticky, Sp, Sexp Sl. Firm, sticky, Sp, Sexp	—	65	-	-	0,275 PS
4	LHS 4% Exp	0-14 14-52	SCL V.W.SBK Clay W.SBK	Sl. Friable, SS, Sp, Sexp Sl. Firm, Sticky, Sp, Sexp	-	52	-	-	0,30 PS

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex + 74'	317' + Drip Area
System Type(s)	PPBPS	PPBPS
Site LTAR	0.275	0.275 + 0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
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	1309 sq ft need 3BR	
	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)

145 needed

1840 SQ FT Drip Needed

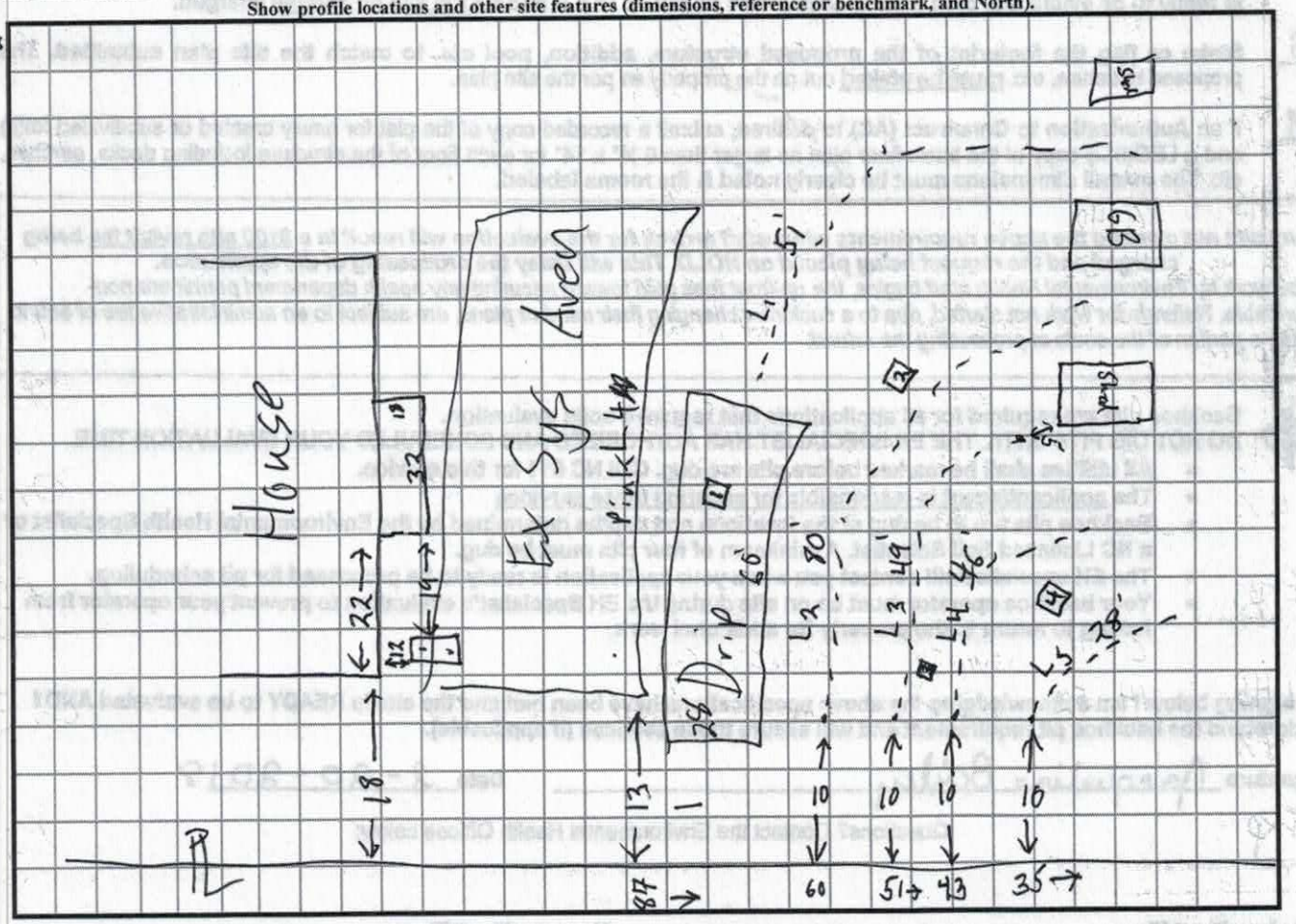
Evaluation of saprolite shall be by pits.

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

112 Needed

8
36 needed for 3 BR Home

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



49
49
49
147

51
80
49
46
28
254

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LSS 4%	0-11	SCL V.W.SBK	SL. Firm, SS, Sp, Sexp	—	50"	-	-	0.30 PS
		11-34	clay m.SBK/ABK Trace mica	Firm, sticky, Sp, Sexp					
		34-50	clay Loam W, SBK some saprolite	SL. Friable, SS, Sp, Sexp					
	Front	L_1 B	4,14	37'					
		L_2 W		47'					
		L_3 P		32					
		L_4 B	5.48	21					
				137 (133' needed for 2 Bedrooms)					

COMMENTS: _____

A Belle Cows

Ls 6.62 W
L1 6.08 B
L2 6.31 P
L3 W
L4 6.61

Ls 6.62 Blue 4% Slope

RECEIVED OCT - 2 2017

Revised Application # 230314

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Hyde Homes Address: 120 Zorse Lane Zip: 28625
Applicant Email: thatchickk22@aol.com Phone: 704-999-1409 Alt. Phone: _____
Owner Name: Matthew Selves Address: 237 Doe Trail Ln Zip: 28625
Owner Email: mselves.cjonline@gmail.com Phone: 704-902-2692 Alt. Phone: _____

E-MAILED 10/3/17

Property Information:

Street Address: 237 Doe Trail Ln Statesville, NC 28625
Subdivision Name: Deercroft Section/Phase: 4 Lot Number: 181
Driving Directions: Hwy 115 N (L) Scotts Creek Rd (L) Miller Farm Rd (R) on Doe Trail at the end on Left

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: 4 Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 5
( ) 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: 02
( ) No Preference ( ) Alternative (✓) 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: _____ 10/3/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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Owner Email: mselves.cjonline@gmail.com Phone: 704-902-2692 Alt. Phone: _____

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Driving Directions: Hwy 115 N (L) Scotts Creek Rd (L) Miller Farm Rd (R) on Doe Trail at the end on Left

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( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 512 Max. Number of Employees: 4 Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
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( ) 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: 02
( ) No Preference ( ) Alternative ( ) 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: _____ 9/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Date: October 4, 2017

Hyde Homes
120 Zorse Lane
Statesville, NC 28625

Re: Application for improvement permit (5 Bedroom expansion) for **237 Doe Trail Lane Statesville, NC [Deercroft Sec 4 Lot 181]** property (GPIN: 4726-51-0804). Iredell County Environmental Health Department **file number 230314.**

Dear Sirs,

The Iredell County Health Department, Environmental Health Division on *September 29, 2017* evaluated the above referenced property with supplementary documentation that accompanied your improvement permit expansion application. According to your application the site is to serve a 5 bedroom residence with a design wastewater flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1940 through .1948, the evaluation indicated that the site is UNSUITABLE for a sanitary system of sewage treatment and disposal. Therefore, we must deny your request for an improvement permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
_____ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____ Unsuitable soil wetness condition (Rule .1942)
____X____ Unsuitable soil depth (Rule .1943)
____X____ Presence of restrictive horizon (Rule .1944)
____X____ Insufficient space for septic system and repair area (Rule .1945)
_____ Unsuitable for meeting required setbacks (Rule .1950)
_____ Other (Rule .1946) _____

The site evaluation included consideration of possible site modifications, as well as use of modified, innovative, or alternative systems. However, the Health Department has determined that none of the above options will overcome the conditions on this site. A possible option might be a system designed to a reduced bedroom capacity (i.e. 4 Bedrooms) or disposing to an off-site/additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

Note that a site classified as UNSUITABLE may be classified as PROVISIONALLY SUITABLE if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as PROVISIONALLY SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the North Carolina Department of Health and Human Services regional soil scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or download it from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is October 4, 2017. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N. C. Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Thomas Shuck

Thomas D. Shuck REHS – DHHS

than 1500 gallons per day, the applicant shall submit sufficient site-specific data to predict the height of the water table mound that will develop beneath the field (level sites) and the rate of lateral and vertical flow away from the nitrification trenches (sloping sites). The data submitted may include soil borings to depths greater than 48 inches, permeability and hydraulic conductivity measurements, water level readings, and other information determined to be necessary by the local health department or the State. The site shall be considered UNSUITABLE if the data indicate that the groundwater mound which will develop beneath the site cannot be maintained two feet or more below the bottom of the nitrification trenches or it is determined that effluent is likely to become exposed on the ground surface within, or adjacent to, the nitrification field.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1947 DETERMINATION OF OVERALL SITE SUITABILITY

All of the criteria in Rules .1940 through .1946 of this Section shall be determined to be SUITABLE, PROVISIONALLY SUITABLE, or UNSUITABLE, as indicated. If all criteria are classified the same, that classification will prevail. Where there is a variation in classification of the several criteria, the most limiting uncorrectable characteristics shall be used to determine the overall site classification.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1948 SITE CLASSIFICATION

(a) Sites classified as SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules. A suitable classification generally indicates soil and site conditions favorable for the operation of a ground absorption sewage treatment and disposal system or have slight limitations that are readily overcome by proper design and installation.

(b) Sites classified as PROVISIONALLY SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules but have moderate limitations. Sites classified Provisionally Suitable require some modifications and careful planning, design, and installation in order for a ground absorption sewage treatment and disposal system to function satisfactorily.

(c) Sites classified UNSUITABLE have severe limitations for the installation and use of a properly functioning ground absorption sewage treatment and disposal system. An improvement permit shall not be issued for a site which is classified as UNSUITABLE. However, where a site is UNSUITABLE, it may be reclassified PROVISIONALLY SUITABLE if a special investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

(d) A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# [illegible] PIN# [illegible] DATE 11/5/14

OWNER OR CONTRACTOR [illegible] PHONE: Business (704) 902-1520 Home [illegible]

ADDRESS [illegible]

LOCATION [illegible] SUBDIVISION [illegible] BLOCK / SECTION [illegible] LOT 181 LOT AREA [illegible] Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. [illegible]

Septic Tank: [illegible] Gallons; ST8 [illegible] Date [illegible]
Pump Tank: [illegible] Gallons; PT [illegible] Date [illegible]
Pump Make: [illegible] Model [illegible] Serial No. [illegible]
Nitrification Field: No Fields 1 Square Feet [illegible] Linear Feet [illegible]
No Lines [illegible] Trench Width [illegible] Max Trench Bottom Depth [illegible]

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: [illegible]
Repair System Description: Gravel 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

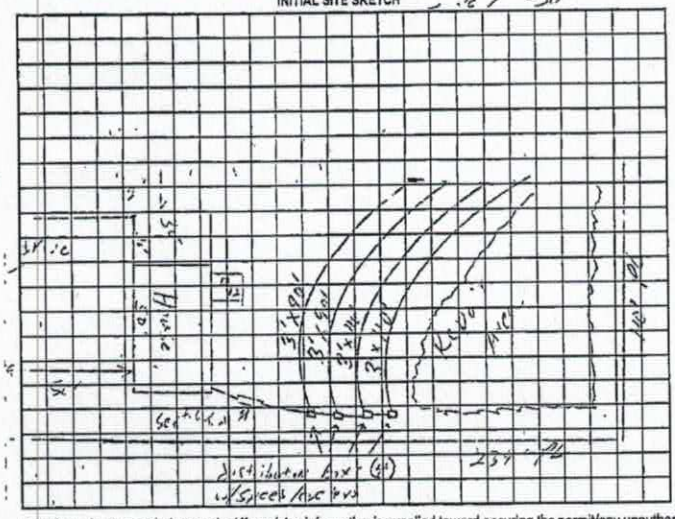
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees [illegible]
☐ Other [illegible]
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

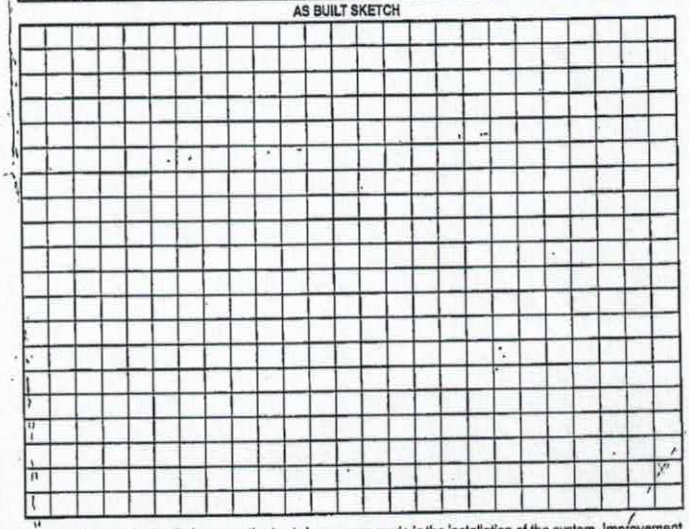
Comments/Conditions: [illegible]

Comments/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [illegible] date 11/5/14 Installed by: [illegible]

Improvement Permit by: [illegible] date 11/14/14 Operation Permit by: [illegible] date [illegible]

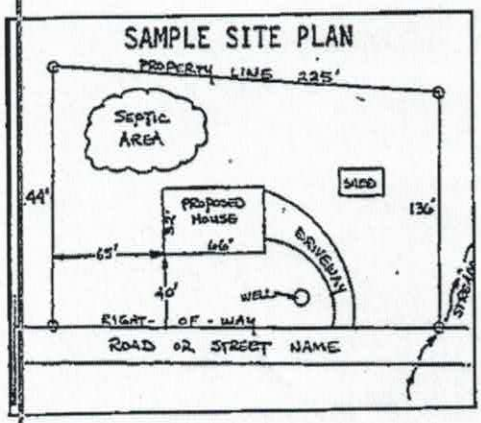
Authorization to Construct by: [illegible] date 11/26/14 Existing System Inspection by: [illegible] date [illegible]

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



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

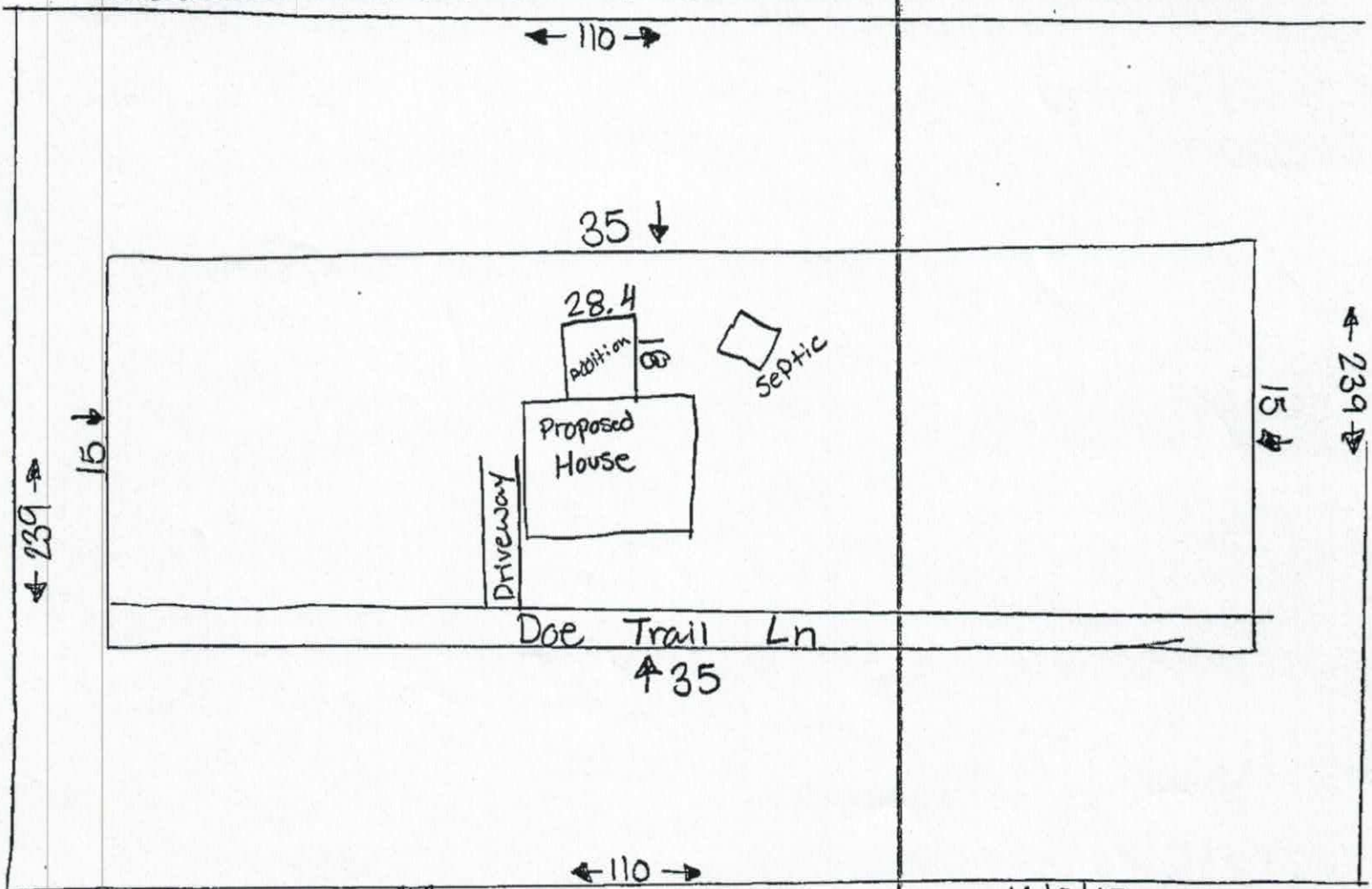
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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

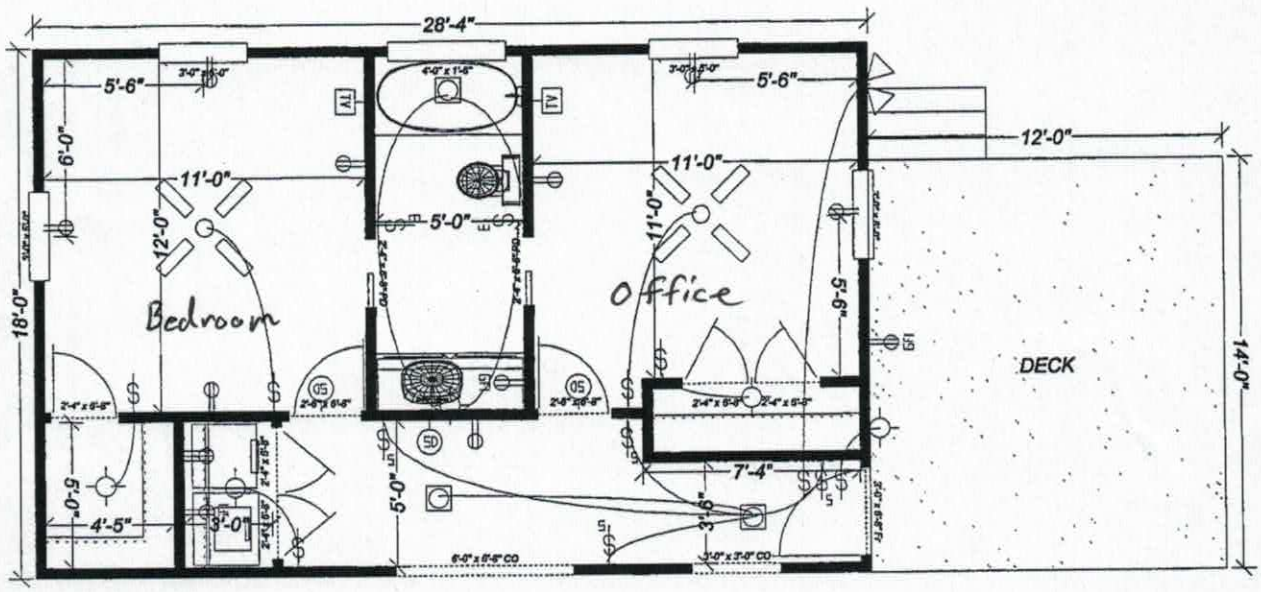
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

10/3/17
DATE



Acknowledgement Of
Plans Submittal ONLY!

Date 10/11/2017

Tom Shuck Date 10/11/2017

IREDELL COUNTY

FILE COPY

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

APPLICATION NUMBER
230314
Issue Date: 09/18/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4726510804.000	237 DOE TRAIL LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SELVES MATTHEW A+LEIGHA	Applicant: HYDE HOMES LLC
Address: 237 DOE TRAIL LANE STATESVILLE, NC 28625	Address: 129 WHISPER PINES RD STATESVILLE, NC 28625
Phone:	Phone: 704-201-9935

Use Requested	Zone Code
ADDITION/ ADD TWO BEDROOMS	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.603	35.00	35.00	15.00	15.00	NOT	X

Remarks:

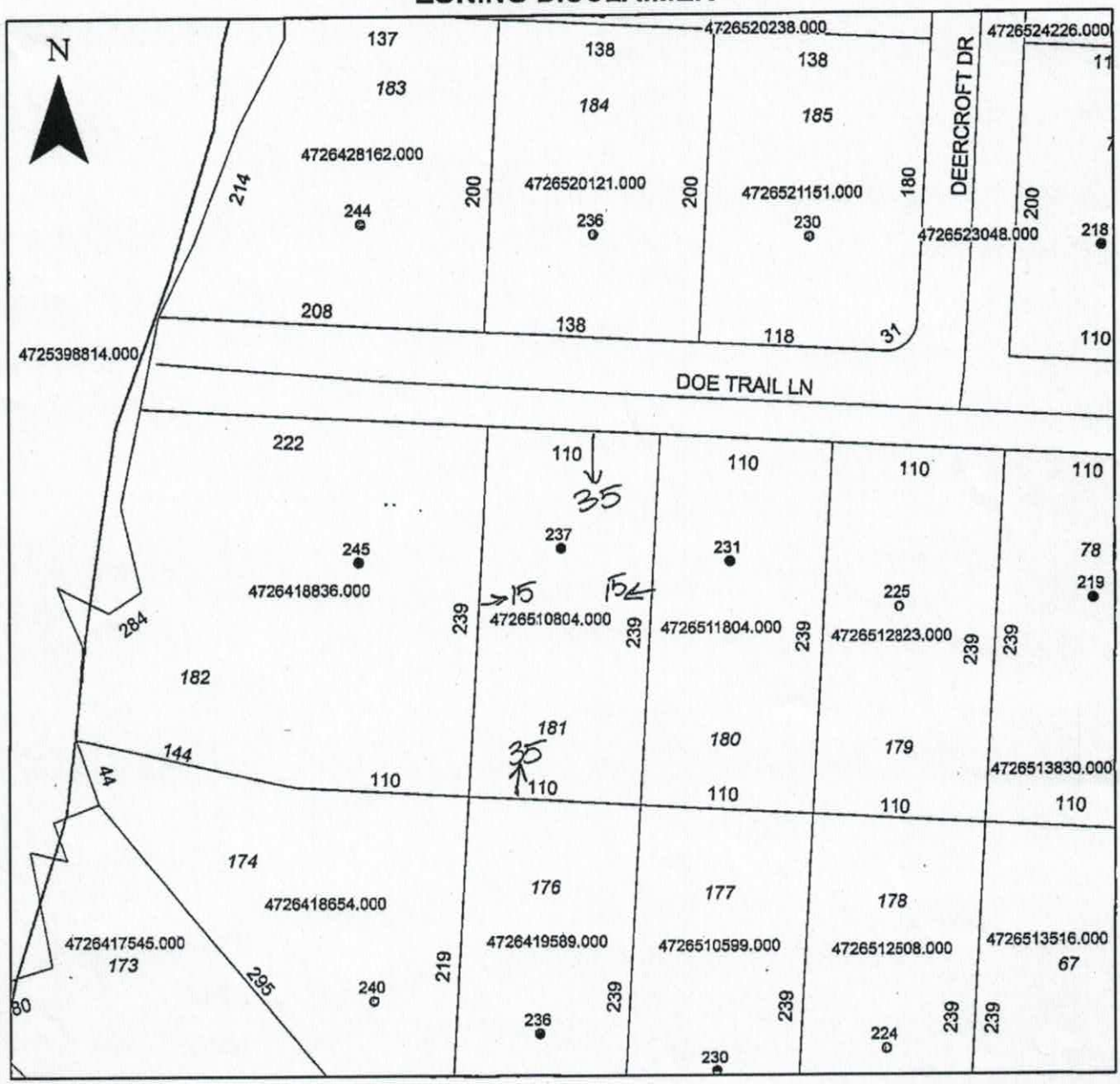
$ PAID

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. See Attached

Applicant: _____ Date: _____

Permit Number	115415	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 237 Doe Trail Ln

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

Date