IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 228398.

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

PIN # 4727786370

APPLICANT/OWNER: Americas Home Place / Tim Lutz APPLICANT ADDRESS: 1206 Greenland Drive Statesville NC

SITE ADDRESS: 230 Branchwood RD Statesville NC 28625 PHONE: 704 881 1023 ALT. PHONE 828-217 9917

SITE DIRECTIONS: Hwy 115 N; Turn RT onto Branchwood RD Site on Right. SAP CONTROLLED: ☐ YES ☒ NO

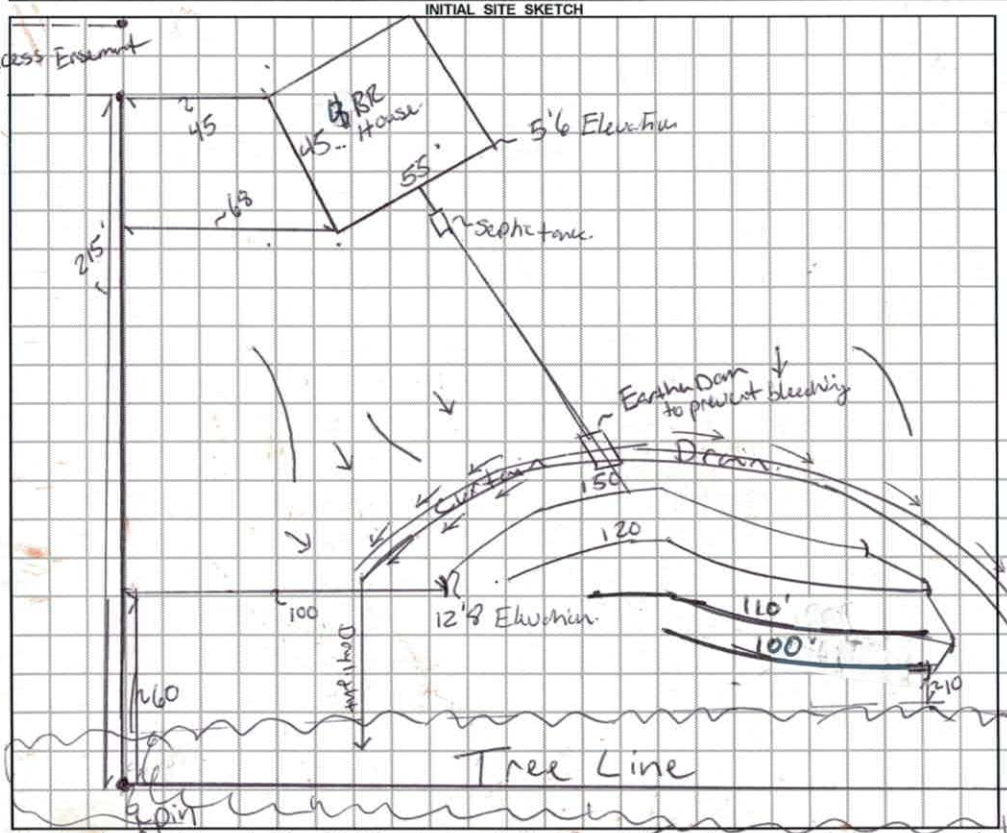
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 6.00 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000. (gal)	STB	760.	Date	12-15-17.	☒ 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:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4.	Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

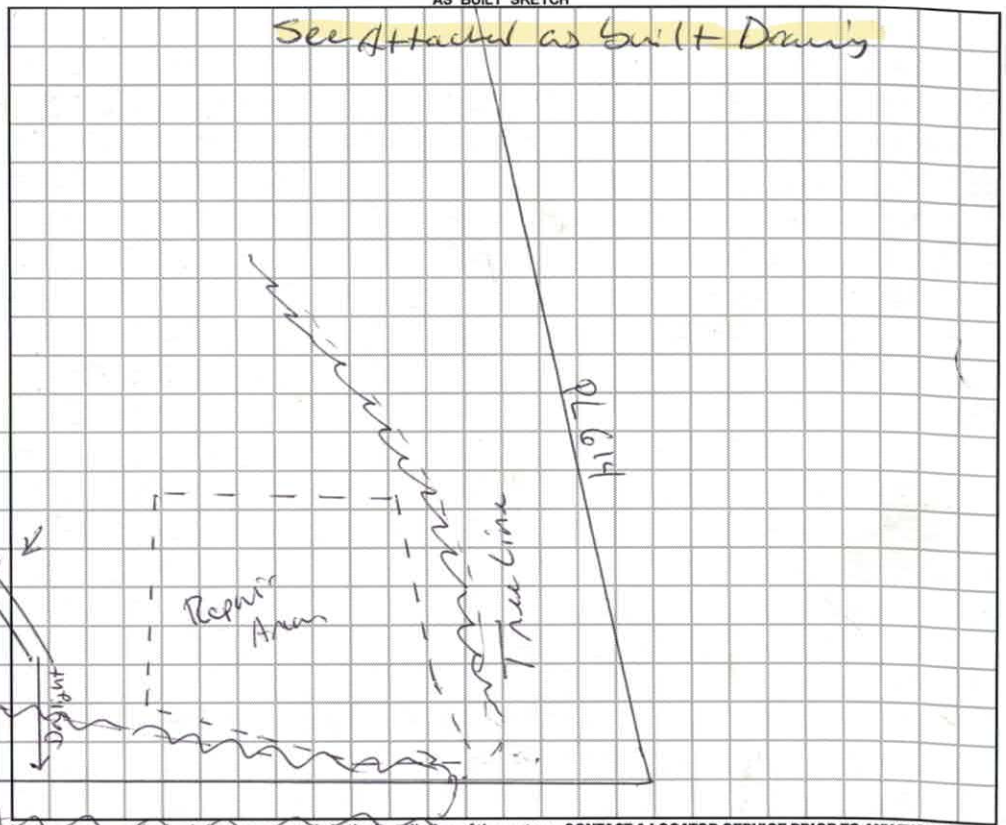
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: House Elevation at time of visit is 5'6 / Drainfield Line 12'8 Elevation / Per the applicant basement will be 7ft down. Contact Inspector Drain Required. When header line splits Custom Design it is to be dammed up & system drawn may drawn in different directions. Do not drive, park, pave, grade or bury utilities in drainfield areas.

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 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: 8/17/17 Installed by: Shannon Henderson - Groundbreaking

IMPROVEMENT PERMIT by: [signature] Date: 7/31/2017. OPERATION PERMIT by: Benjamin A. Bolton Date: 3/8/2018

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/11/2017. Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 47217863
COUNTY: Durham

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

OWNER: Tim Lute
ADDRESS: 230 Brantwood Rd Sou
PROPOSED FACILITY: House 3BR
LOCATION OF SITE: 230 Brantwood RD Dur
APPLICATION DATE: 7/3/17
DATE EVALUATED: 7/12.
PROPOSED DESIGN FLOW (.1949): 360 gpd.
PROPERTY SIZE: 6.00 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	6-10% LC	0-14	SCL WSBK	SS SP FR SEPP	2.5YR4/8	48	–	–	PS .3 Landscape position .25
		14-48	CL WSBK	SSSP FR					
2	6-10% LC	0-12	SCL WSBK	SS SP FR SEPP	2.5YR4/8	48	–	–	PS .3 Landscape position .25
		12-32	C SBK	SS SP FM					
		32-48	CL WSBK	SS SP FR					
3	10% LS	0-10	SCL WSBK	SS SP FR SEPP	2.5YR4/8	48	–	–	PS .3
		10-28	C SBK	SS SP FM					
		28-48	CL WSBK	SS SP FR					
4	10% LS	0-22	SCL WSBK	SS SP FR SEPP	2.5YR4/8	48	–	–	PS .3
		22-48	C SBK	SSSP FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360.
System Type(s)	III 25%	III 25%
Site LTAR	.25	.25

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

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Americas Home Place	1206 Greenland dr. Statesville NC	704-881-1023	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Tim Lentz	230 Branchwood Rd. Statesville, NC	828-217-9917	

4. **Property Information:**

230 Branchwood Rd. (Street Address) ___ (Subdivision Name) ___ (Section/Phase and Lot Number)

Driving Directions: From Hwy 115, Turn rt. onto Branchwood Rd. site on rt.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4 ~~3~~
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **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. industry) 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.

9. **Signature:** ___ 7/3/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Re-wal PL not Marked
7/7/2017

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Timothy Lentz, am the legal owner(s) of the property located at 230 Branchwood Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4727786370, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) America's Home Place, Jason Lloyd., 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) 6/29/17 Date — Signature of Witness Chelsea Funk 6/29/17 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

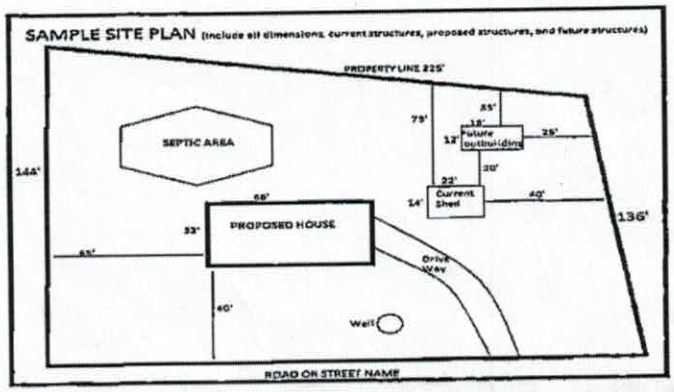
__X__ Front and side setbacks from property line... **__X__ Preferred driveway location and configuration, preferred well location...**

__X__ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

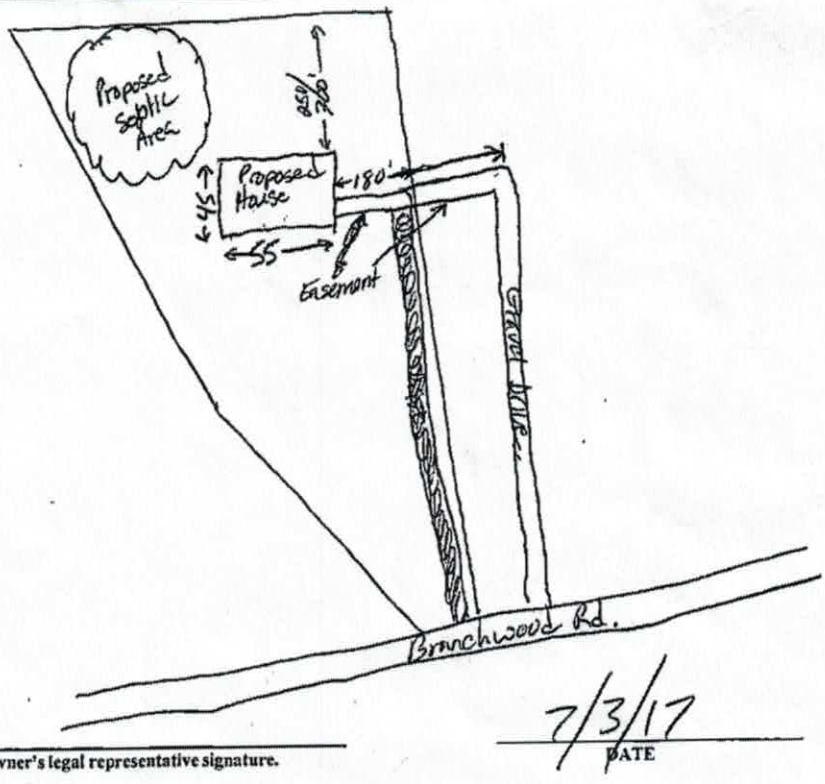
Circle N/A on the following if appropriate:

____ 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



Signature: *J. H.* _____ 7/3/17

REQUIRED property owner or owner's legal representative signature. DATE

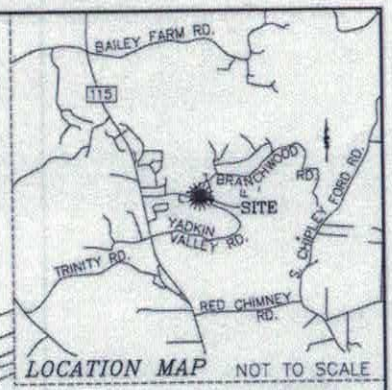
STATE OF NORTH CAROLINA
IREDELL COUNTY

I certify that this map was drawn from an actual survey made under my supervision The unadjusted ratio of precision as calculated is 1': 10,000±. Boundaries not surveyed. If any, are noted. Deed descriptions are recorded in Book, as Page shown .Witness my hand and seal this 23rd day of FEBRUARY, 2017.

NORTH CAROLINA PROFESSIONAL SEAL L-3703 LAND SURVEYOR JAMES R. HOBBS

Professional Land Surveyor
L-3703

2-23-17



LOCATION MAP NOT TO SCALE

PIN 4728-70-6888
ZMH STATESVILLE, LLC ET AL
D.B. 2185 PG. 2492
D.B. 2185 PG. 2486

PIN 4727-79-2087
HARRY E. SAMPSEL and wife, SUSAN C. SAMPSEL
D.B. 1917 PG. 1304

#5 REBAR (F)
N 778941.79 FT
E 1427452.75 FT
NAD 83(2011)

L6-(TIE LINE ONLY) 50.00'
(TIE LINE ONLY) N54°19'12"E 143.83'
(157.09')
5/8" I. ROD (F)
(38.24')
RR SPIKE (F)
(38.26')
S17°24'28"E
N17°24'28"W
193.50'
203.92'
188.99'
N04°09'42"E
S04°09'42"W 190.49'
C&F = 0.99986695
1042.00' (TOTAL)

BRANCHWOOD RD.
SR 1908-(60' R/W)
(30.13')
(34.78')
S40°57'56"E
(378.27')
408.40' (TOTAL)
N05°16'36"W
(567.29')

PIN 4727-77-0713
WESLEY E. SPRINKLE and wife, JOAN L. SPRINKLE
D.B. 706 PG. 317

NEW TRACT #1
PORTION OF PIN 4727-86-0667
AREA = 6.000 ACRES

20' DRIVEWAY EASEMENT
L2
L3
L4
L5
20'
(20.74')
GRAVEL DRIVE
N02°39'01"E
(808.41')
838.35' (TOTAL)
(215.54')
S23°33'22"E
614.00'
N89°07'38"W
476.70'

PIN 4727-86-0667
ANNE STONE LENTZ and husband, WADE W. LENTZ, TIMOTHY WADE LENTZ, & LAURA ANNE LENTZ ALEXANDER
D.B. 2217 PG. 2030

PIN 4727-86-0667
ANNE STONE LENTZ and husband, WADE W. LENTZ, TIMOTHY WADE LENTZ, & LAURA ANNE LENTZ ALEXANDER
D.B. 2217 PG. 2030

YADKIN VALLEY RD.
SR 1909-(60' R/W)

N 777901.04 FT
E 1427404.57 FT
NAD 83(2011)

NC GRID
NAD 83(2011)
GPS OBSERVATION(VRS)
FEBRUARY 4, 2017

NOTES:
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
- AREA BY COORDINATE COMPUTATION.
- PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD
- SURVEY IS BASED ON PHYSICAL EVIDENCE AND EXISTING MONUMENT FOUND DURING THE SURVEY.
- PROPERTY CORNER PIPE SIZES AS SHOWN ARE NOMINAL INSIDE DIAMETER.

LEGEND

LINES SURVEYED	
LINES NOT SURVEYED	
TIE LINES	
OVHD DISTRIBUTION LINE (OVERHEAD)	
R/W LIMITS	
#4 REBAR (S)	MAG NAIL (S)
RETAIL POWER POLE	CONCRETE MONUMENT (F)
CENTERLINE	NO MONUMENTATION UNLESS OTHERWISE NOTED
PROPERTY LINE	
(F) DENOTES "FOUND"	
(S) DENOTES "SET"	
NTS DENOTES "NOT TO SCALE"	

LINE TABLE

LINE	BEARING	DISTANCE
L1	N54°19'12"E	21.06
L2	S09°11'19"E	113.56
L3	S79°55'44"E	108.56
L4	N79°55'44"W	128.24
L5	N09°11'19"W	130.10
L6	N54°19'12"E	37.64

GRAPHIC SCALE
0 75 150
(IN FEET)
1 inch = 150 ft.

LNS FILE NO.:	LENTZ-2011
DWG NO.:	S170202
SURVEYED BY:	J.R. HOBBS
DRAWN BY:	N.D. WHITLEY
CHECKED BY:	J.R. HOBBS

TAX ID: 4727-86-0667
FOR SOURCE OF TITLE REFER TO D.BK. 2217 PG. 2030

FAMILY SUBDIVISION OF PROPERTY OWNED BY

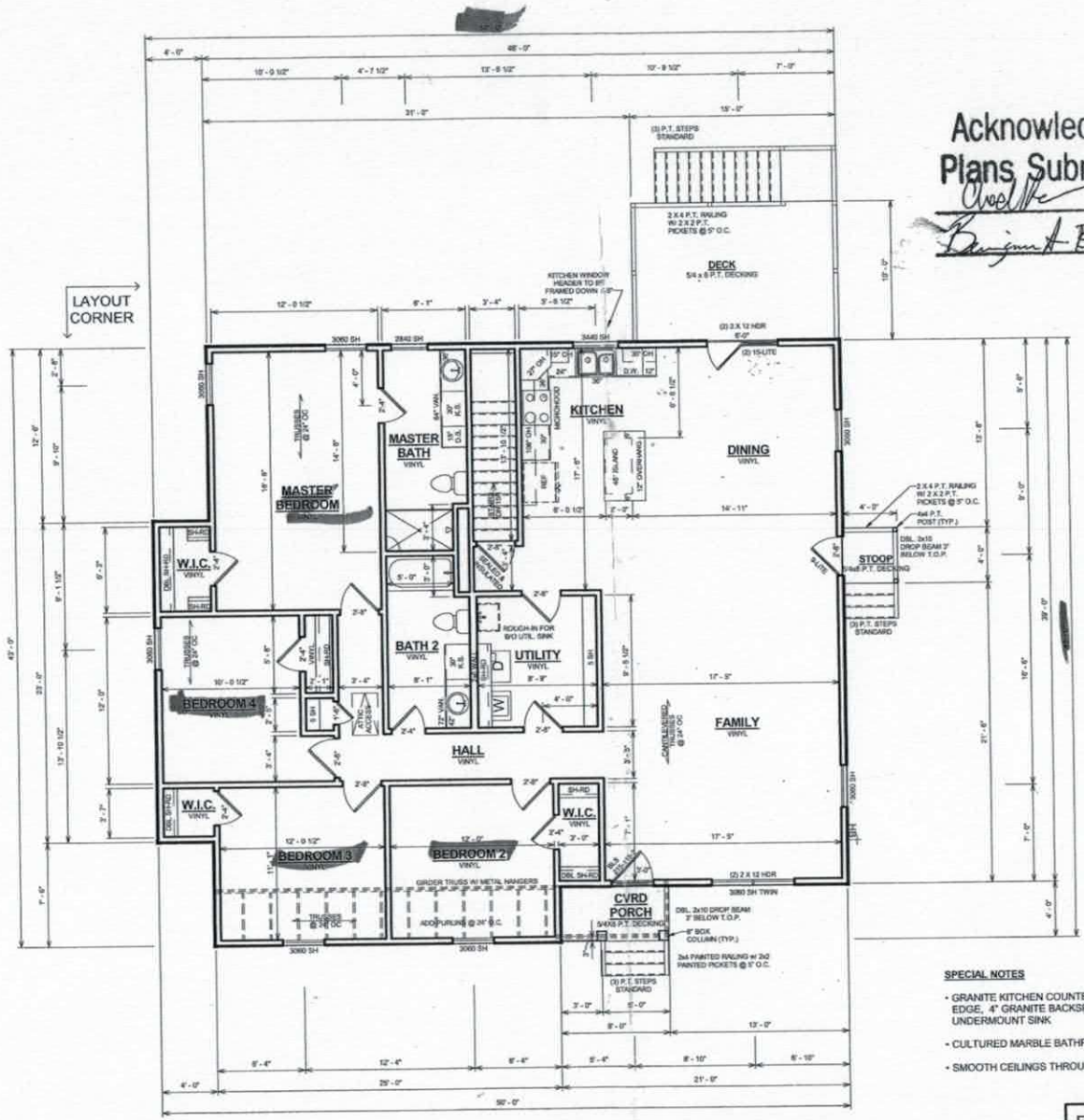
ANNE STONE LENTZ and husband, WADE W. LENTZ, TIMOTHY WADE LENTZ, & LAURA ANNE LENTZ ALEXANDER

CONCORD TOWNSHIP IREDELL COUNTY, N.C.

SCALE: 1" = 150'
BOOK: NA

DATE OF SURVEY: FEBRUARY 4, 2017
DATE OF MAPPING: FEBRUARY 15, 2017

LNS
SURVEY AND MAP PREPARED BY:
LAKE NORMAN SURVEYING & MAPPING PLLC #P-0190
137 Jennings Road, Suite C
Statesville, North Carolina 28625
(704) 876-4450 Fax (704) 876-4451



Acknowledgement Of Plans Submittal ONLY!

Date 8/11/17

Date 8/11/2017.

SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS W/ PENCIL EDGE, 4" GRANITE BACKSPLASH AND 60/40 UNDERMOUNT SINK
- CULTURED MARBLE BATHROOM VANITY TOPS
- SMOOTH CEILINGS THROUGHOUT

FINAL CONSTRUCTION PLANS

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

© 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

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.

Revision Schedule		
Revision Description	Revision Number	Revision Date

AREAS:	
FIRST FLOOR	1998 S.F.
FRONT PORCH	32 S.F.
UNFINISHED BASEMENT	1998 S.F.
COVERED STOOP	16 S.F.
TOTAL UNDER ROOF	4020 S.F.
DECK	150 S.F.

BELL IV-A

FOR: TIM LENTZ AND KAYLA MOORE

230 BRANCHWOOD ROAD
STATESVILLE, NC 28625

OFFICE: STATESVILLE, NC

SOLD BY: J SCHOOLEY

DRAFTER: P DAVIS

REVIEWED BY: W BAXLEY

REVISED BY:

JOB#: 87-17-044

2 X 4 EXTERIOR WALL UNLESS OTHERWISE NOTED

FOUNDATION TYPE: BASEMENT

PROPERTY OF:

PAGE: F-2

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7/28/2017 3:02:40 PM

FIRST FLOOR PLAN

IREDELL COUNTY

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

APPLICATION NUMBER
228398
Issue Date: 07/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4727786370.000	230 BRANCHWOOD ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LENTZ, TIMOTHY W. LENTZ, KAYLA N. Address: 230 BRANCHWOOD RD STATESVILLE, NC 28625 Phone: - -	Applicant: AMERICAS HOME PLACE IN Address: 1206 GREENLAND DRIVE STATESVILLE, NC 28677 Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
87.090	35.00	35.00	15.00	15.00	PASY	X

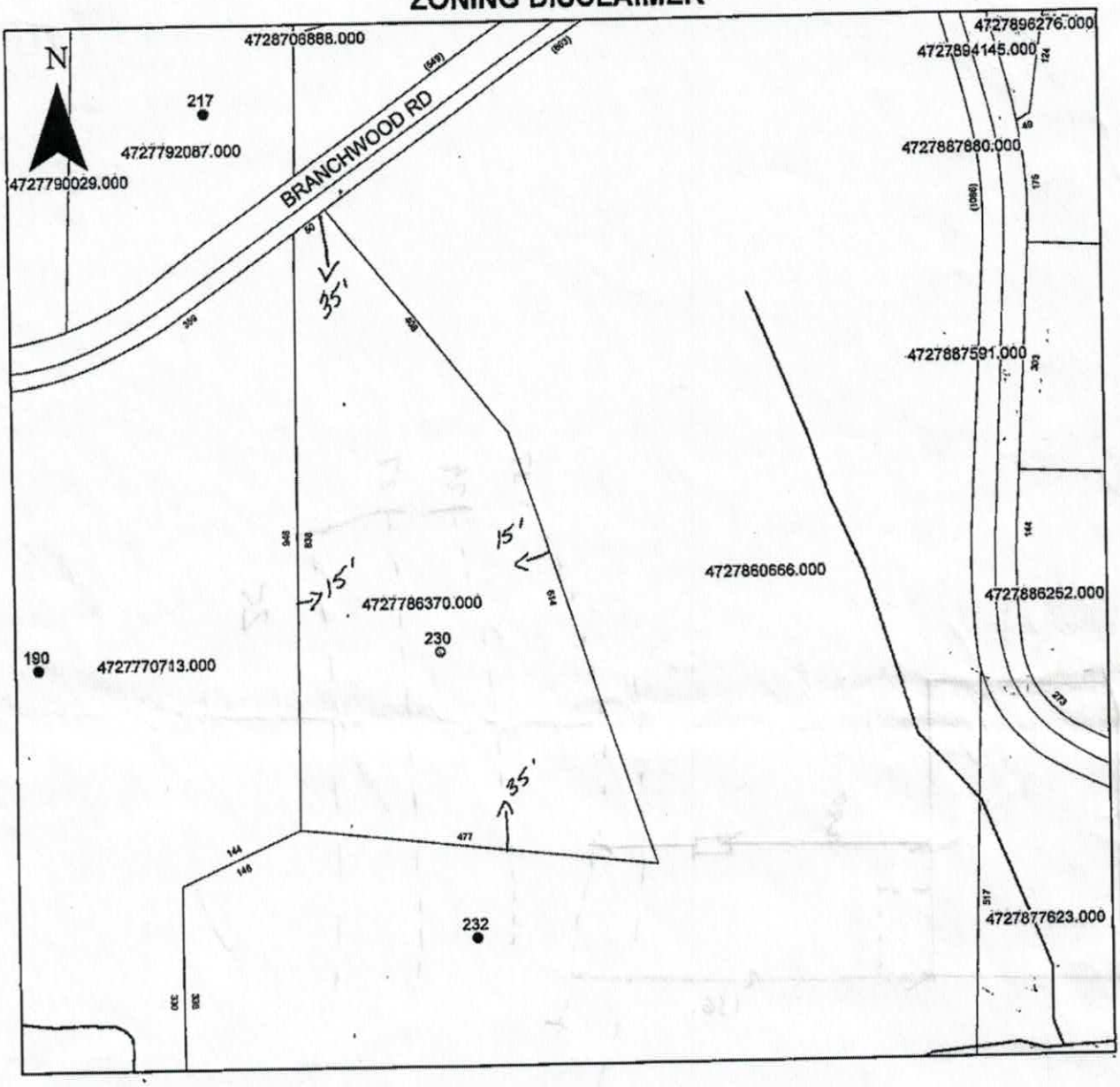
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	108040	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 230 Branchwood Rd.

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

7/3/17
Date