CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-328007

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

PIN # 4727805973

APPLICANT/OWNER: NEWCRAFT HOMES / BETT INVESTMENTS APPLICANT ADDRESS: 8425 HILLS-VIEW ROAD, OAKBORO, N.C. 28129

SITE ADDRESS: 179 FOY LANE, STATESVILLE, N.C. 28625 PHONE: 704-777-3278 ALT. PHONE 704-902-3335

SITE DIRECTIONS: (N) ON 115, (R) ON RED CHIMNEY ROAD, (R) ON FOY, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: NORTH CROSSING SECTION: 2 LOT # 18 LOT AREA: 0.491 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

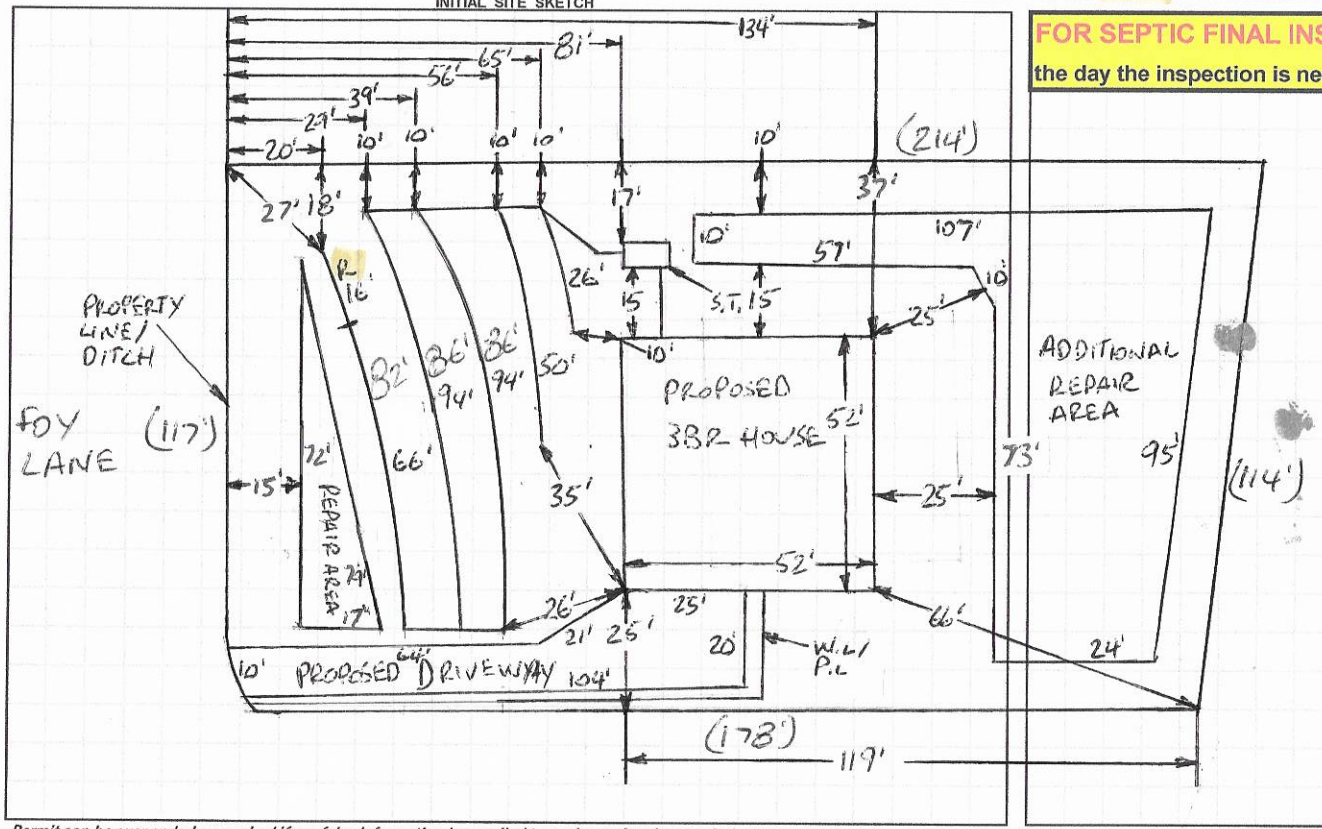
Septic Tank	1000	(gal)	STB	1012	Date	8-16-2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—		Model	—	Serial #	—	Repair System Description:			25% REDUCTION	
# Nitrification Fields	1		# Lines	5	Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)		22 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	—	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 4FT CENTERS IF 6IN OF COVER CANNOT BE MAINTAINED 6IN OF COUNTY APPROVED COVER IS REQUIRED. RECOMMEND HAVING SOIL STABILIZATION PLAN

WATER LINE MUST BE A MINIMUM OF 10 FT FROM ALL PARTS OF SEPTIC. DO NOT EXCEED A MAX TRENCH BOTTOM OF 28IN

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 = 40 FT
S.T. = SEPTIC TANK
W.L. = WATER LINE
P.L. = POWER LINE
R = REPAIR

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: [signature] Date: 7-22-20 Installed by: KEVIN BOWLES

IMPROVEMENT PERMIT by: [signature] Date: 7-20-2020 OPERATION PERMIT by: [signature] Date: 12-7-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-20-2020 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 2
PROPERTY ID #: 4727805973
COUNTY: IREDELL

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

OWNER: BETT INVESTMENTS
ADDRESS: 1324 RADIO ROAD, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 179 FOY LANE, STATESVILLE, N.C. 28625
APPLICATION DATE: 6-5-2020
DATE EVALUATED: 6-17-2020
PROPERTY SIZE: 0.491 AC
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

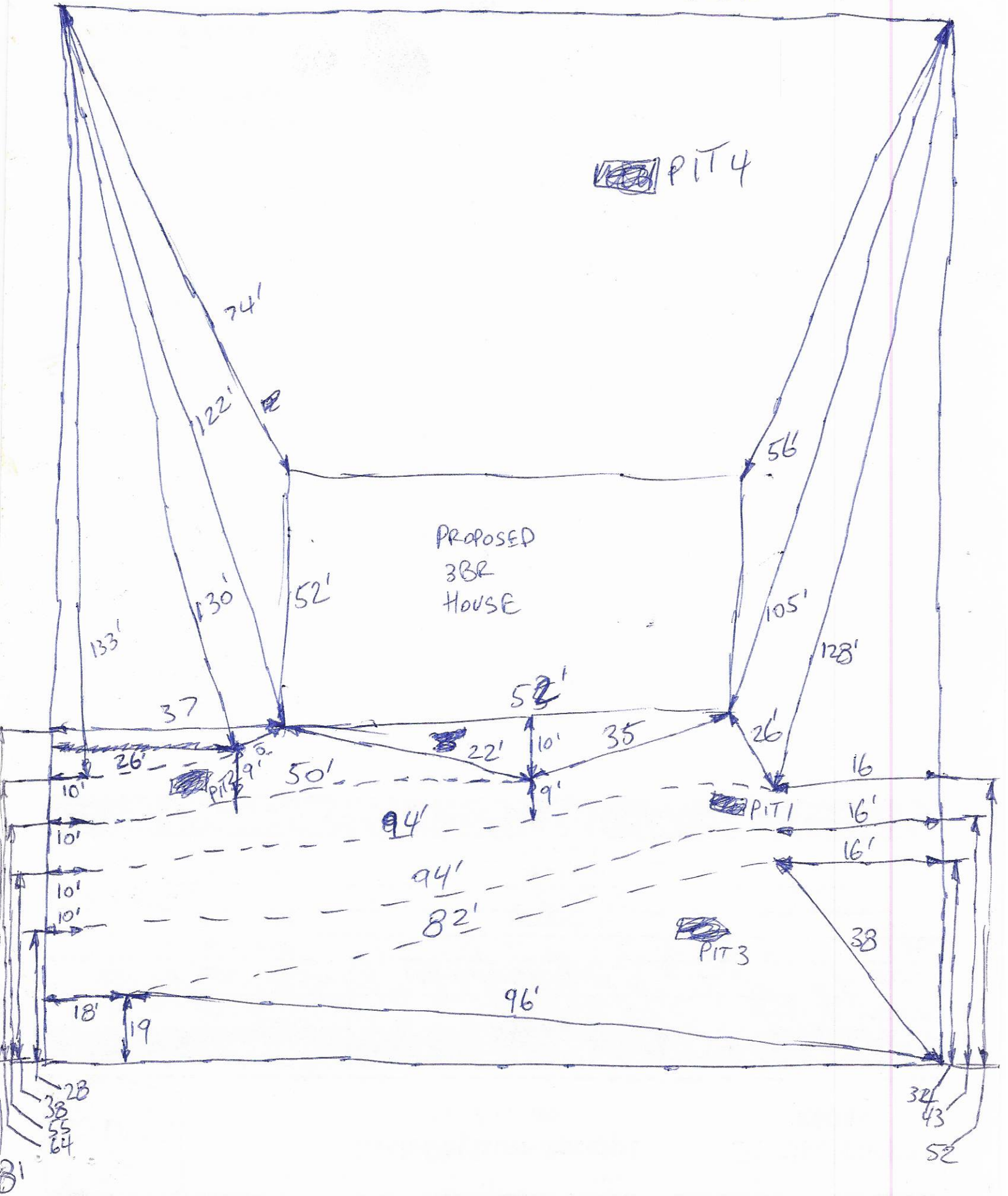
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 15%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW MANG CONC 36"+	58"+	NA	NA	PS .3
		8-36	C, SBK	FR, S, P, SEXP					
		36-58	CL IN ABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 15%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW MANG CONC. 48"+ FEW X/B 40"+	57"+	NA	NA	PS .3 ABOVE 40"
		12-48	C, SBK	FR, S, P, SEXP					
		48-57	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 15%	0-8	SCL SBK	FR, SS, SP, SEXP	SAP INC THRU OUT 48"+ TIGER CHROMA 3+4	64"+	NA	NA	PS .275 ABOVE 48"
		8-48	C, SBK	FR, S, P, SEXP					
		48-64	C, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 15%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW ROCKS	58"+	NA	NA	PS .3
		10-40	C, SBK	FR, S, P, SEXP					
		40-53	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	~~35~~%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Whitley
OTHER(S) PRESENT:

COMMENTS:

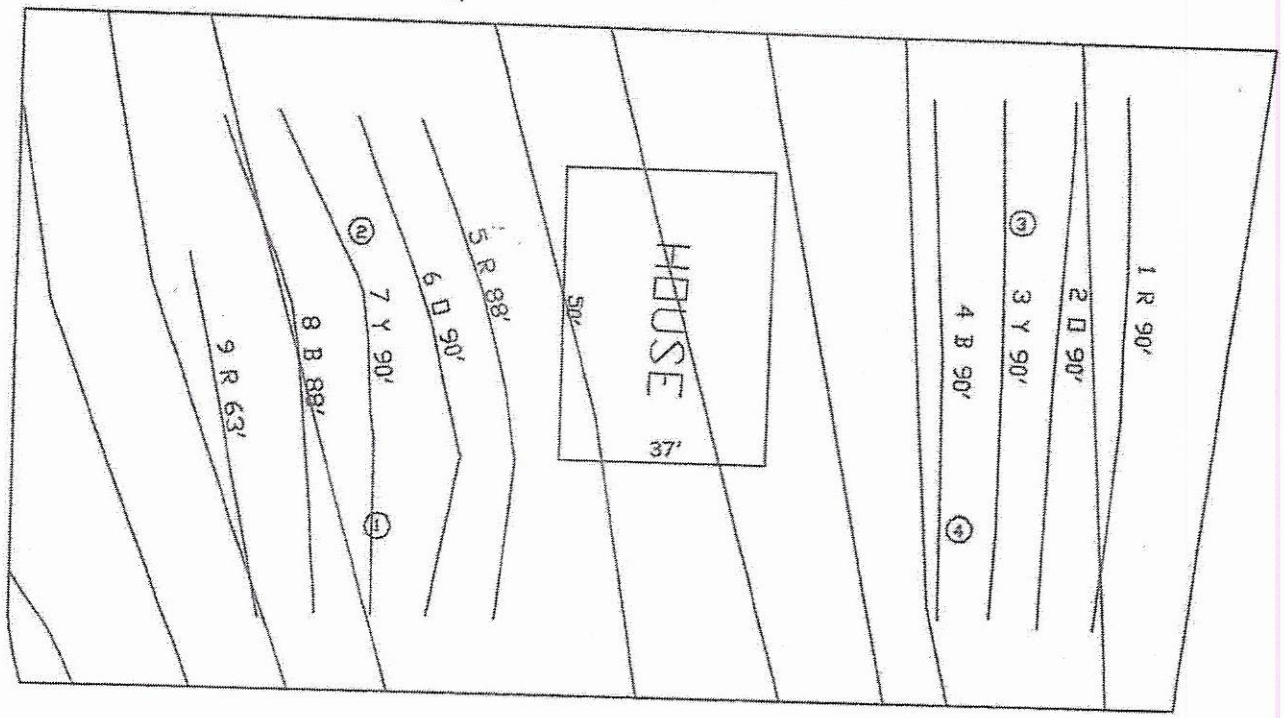
NTS 15% SLOPE


PIT 4
74'
122'
56'
PROPOSED
3BR
HOUSE
130'
52'
105'
133'
128'
37
52'
26'
22'
10'
35
26'
10'
PIT 2
9'
50'
9'
16
PIT 1
16'
94'
10'
16'
94'
10'
10'
82'
PIT 3
38
96'
18'
19
28
38
55
64
81
32
43
52

ID: 4727805973

3 BEDROOM

25% RED. PRIMARY (GRAVITY)
25% RED. REPAIR (PUMP)



Michael White - mwhite0072@gmail.com (cell) 402-

179 Foy Ln
Lot 19

LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- Areas contain soils with 18 inches or more of useable material and have potential for subsurface drip irrigation systems.
- House Footprint
- System lines.
- Repair lines.
- Well Location.
- (25) Pit/Boring Location.

GRAPHIC SCALE
1" = 30'

30 0 30 60

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES, PA
P.O. BOX 832
MOCKSVILLE, NC 27115
PHONE/FAX: (704) 278-0869
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 240-5065
EMAIL: rollans.ashley@yahoo.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: MICHAEL WHITE / NORTHCREEKING LOTS

LOCATION/DATE: NORTHCREEKING LOTS
WILKES COUNTY, NORTH CAROLINA
FEBRUARY 2019

JOB #: 01-3113
FILE: C:\JOBS\01-3113
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

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

Sheet 1 of
PROPERTY ID #: 4737805773
COUNTY: Iredell

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

OWNER: Michael White
ADDRESS: P.O. Box 914, Stanley, NC 28164
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: 179 Fox Ln, Statesville, NC 28625
PROPOSED DESIGN FLOW (.1949): 360 GPD
APPLICATION DATE
DATE EVALUATED: Jan 2016
PROPERTY SIZE: .491 AC
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
B 1	4/8%	0-3	BL Gr	Fr SS SP	Few Mega. Con.	48"			PS .225-.25
		3-12	BRCL mfsbk	Fr SS SP					
		12-32	RBC wmsbk	Fr SS P					
		32-48	RBC vwmsbk	Fr SP					
B 2	4/7%	0-3	BL Gr	Fr SS SP	Few Magn. Con @ 32"	48"			PS .25-.275
		3-7	BRCL wfsbk	Fr SS SP					
		7-48	RBC wmsbk/mbk	Fr SS P					
B 3	4/14%	0-11	BCL wfsbk	Fr SS SP		48"			PS .275
		11-48	RBC wmsbk/mbk	F SS P					
B 4	4/15%	0-9	BCL wfsbk	Fr SS SP		48"			PS .275-.3
		9-48	RBC wmsbk/mbk	F SS P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted
Site LTAR	0.225	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): ES
EVALUATED BY: S. Ashley Rollins, LSS
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

RECEIVED JUN 05 2020

AP- 308007
$600.00

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:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) 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: (X) 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: New Craft Homes Address: 8425 Hills-View Rd, Oakboro Zip: 28129

Applicant Email: ncoffice@newcrafthomes.com Phone: 704-777-3278 Alt. Phone: _____

Owner Name: BETT Investments, LLC Address: 1324 Radio Rd, Statesville Zip: 28625

Owner Email: _____ Phone: 704-902-3335 Alt. Phone: _____

Property Information:

Street Address: 179 Foy Ln, Statesville, NC

Subdivision Name: North Crossing Section/Phase: _____ Lot Number: 18

Driving Directions: NC-115 to Red Chimney Rd - Right on Foy Ln

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
Maximum Number of Occupants: _____
( ) 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: 1557 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 (X) Other Public Water

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

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative (X) 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: _____ 6/5/20

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, Bill Moore / BETT Investments, LLC, am the legal owner(s) of the property located at 179 Foy Ln, Statesville, NC, identified as PIN (Parcel Identification Number) 4727805973, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NewCraft Homes and Renovations, LLC, 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.

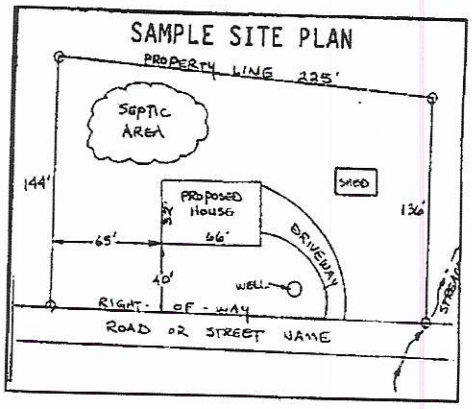
_____ 6/15/20
Signature of Owner(s) Date

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:

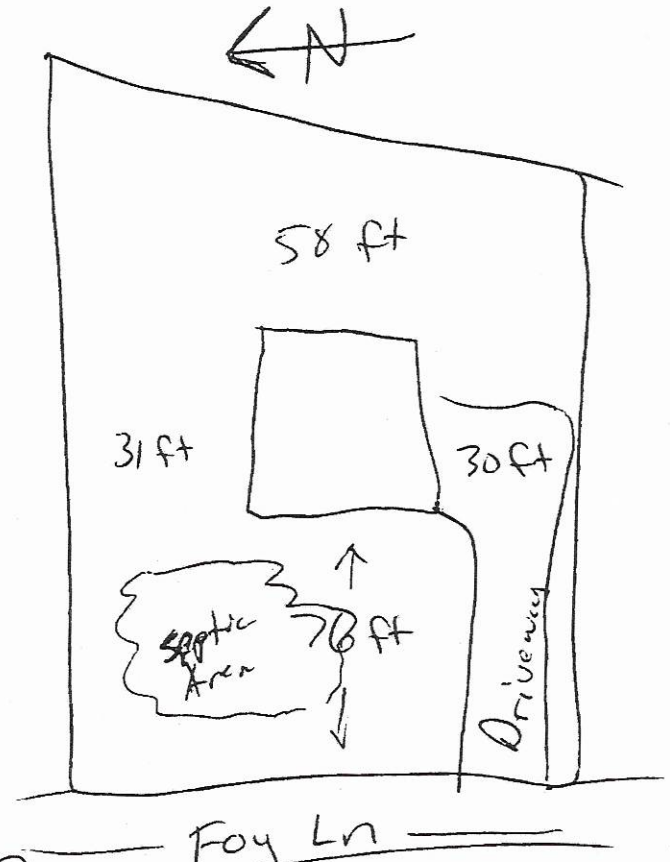
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

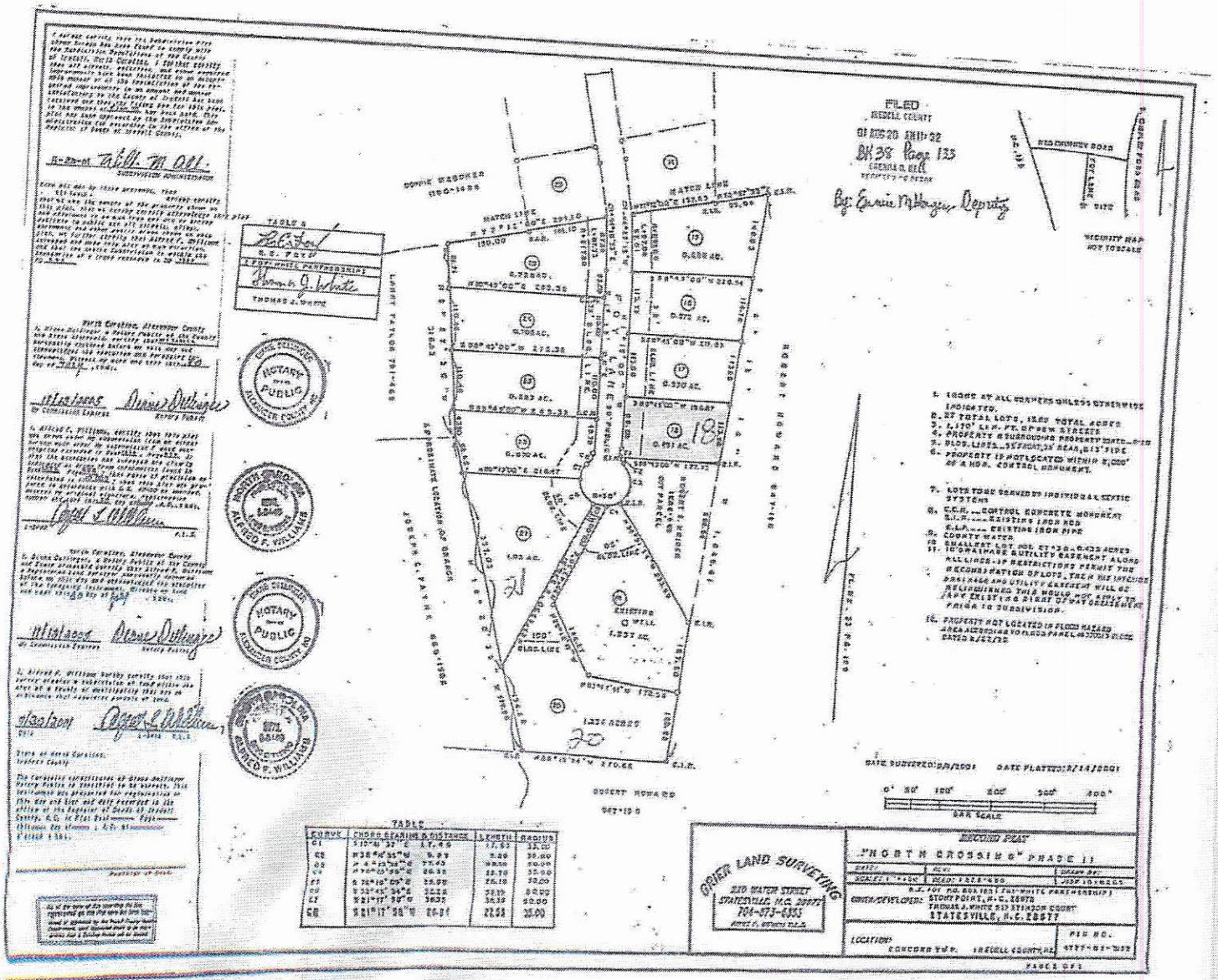
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

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

6/5/20
DATE



owned by
Foy. White Partnership

Lot 19- 179 Foy Ln
Lot 20- 196 Foy Ln
Lot 21- 184 Foy Ln

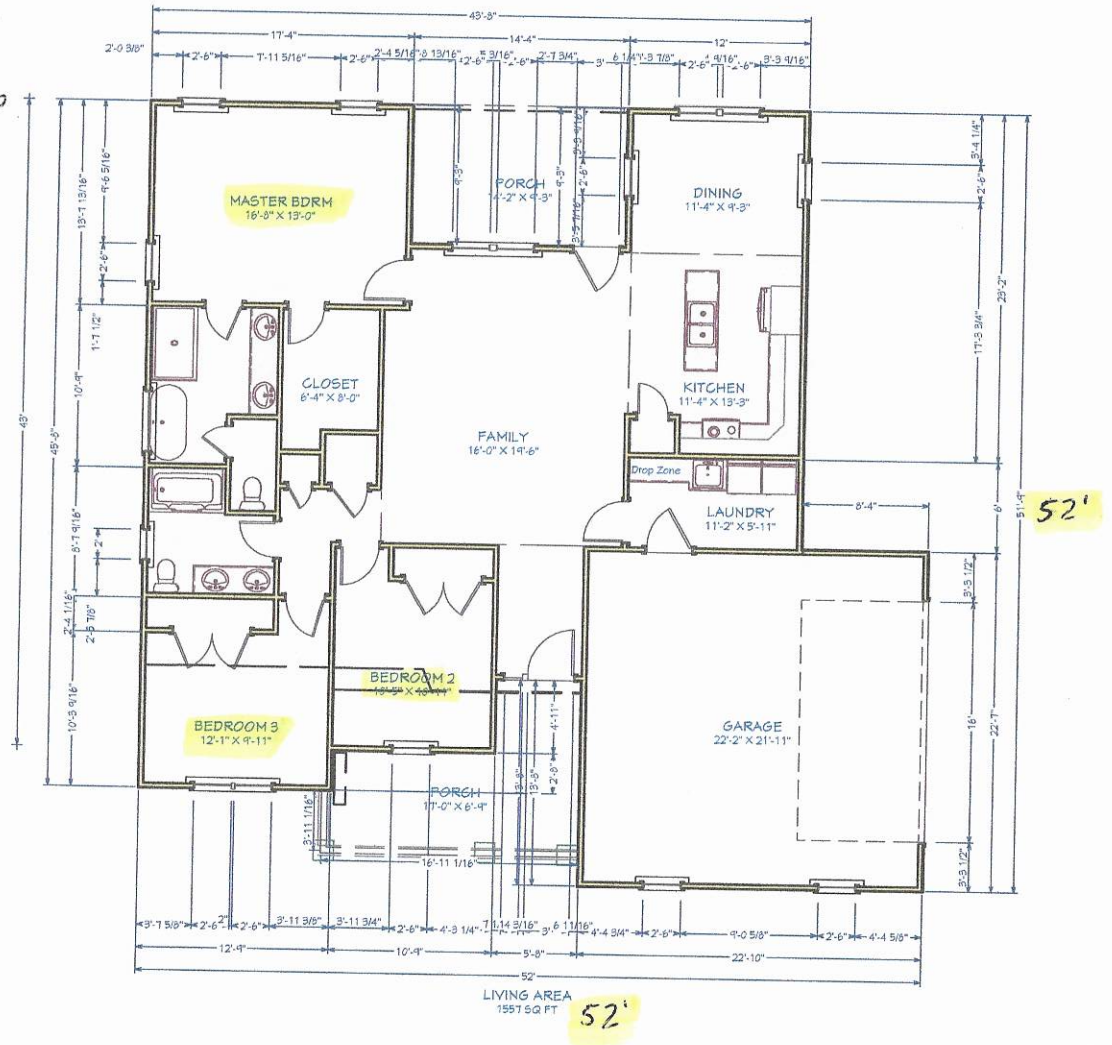
Phase 2

58/132

Acknowledgement Of
Plans Submittal ONLY!

Date 7-22-20

Date 7-20-2020



SHEET TITLE: Main Floor

SCALE: 1/8=1 Foot

Address: 179 Foy Ln Statesville, NC

Builder: NewCraft Homes

SHEET: A-1

IREDELL COUNTY · NC

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

APPLICATION NUMBE

308007
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4727805973.000	179 FOY LN	Iredell County

Owner Information	Applicant Information
Name: BETT INVESTMENTS LLC	Name: NEW CRAFT HOMES
Address:	Address: 8425 HILLS-VIEW RD
	OAKBORO, NC 28129
Phone:	Phone: (704)777-3278

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.491	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.

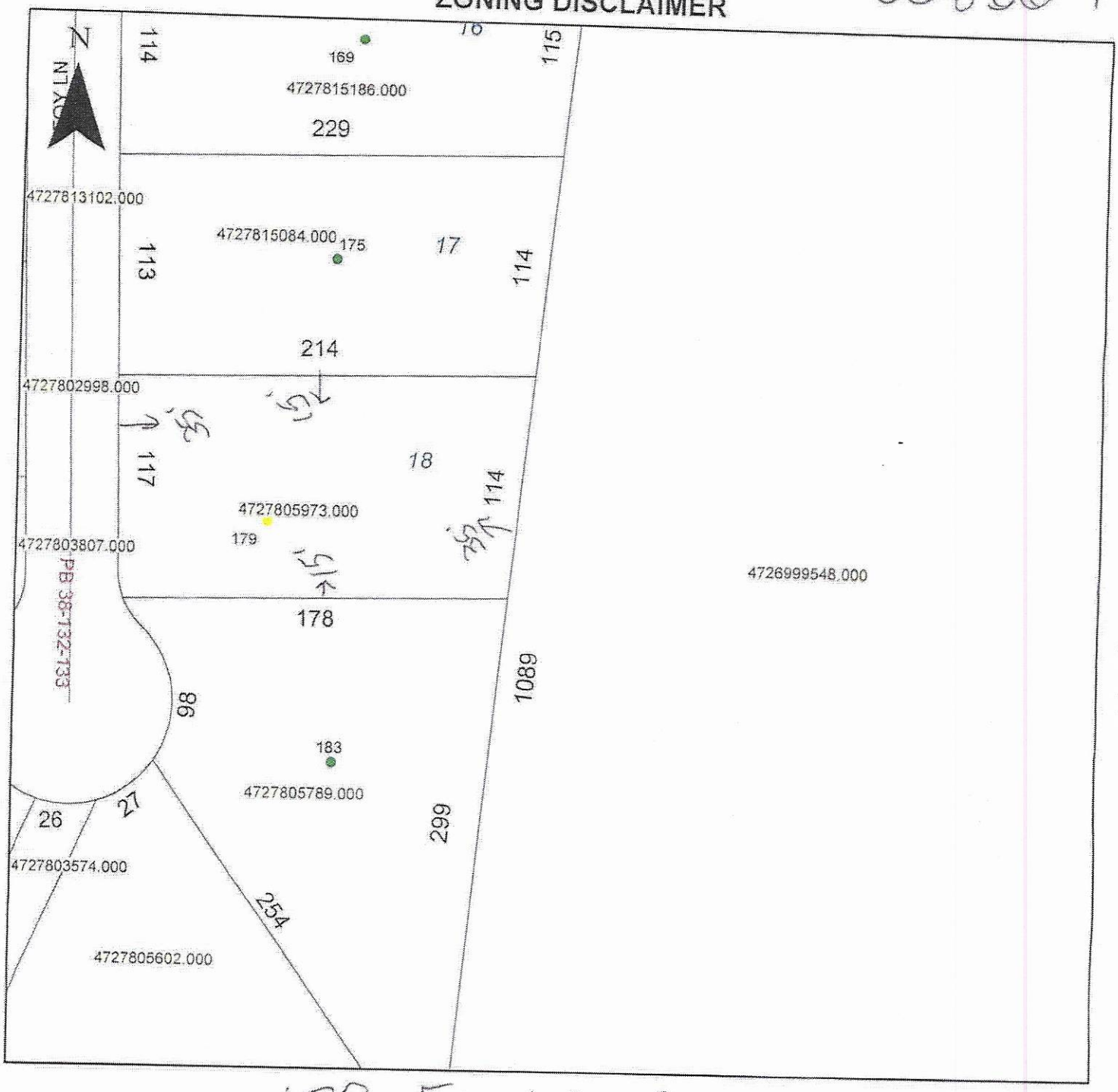
Signature of Owner/Contractor

Date: 06/05/2020

ermit Number	308007	TOTAL FEES:	$77.25

308007

ZONING DISCLAIMER



Property Address 179 Fox Lane

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

6/5/20

Date