IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222102

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

PIN # 4727-81-5511

APPLICANT: Custom Homes By Lisa APPLICANT ADDRESS: 194 Cross Country Road Statesville NC 28625

SITE ADDRESS: 153 Foy Lane Statesville, NC 28625 PHONE: 704-876-4967 ALT. PHONE: 704-902-0733

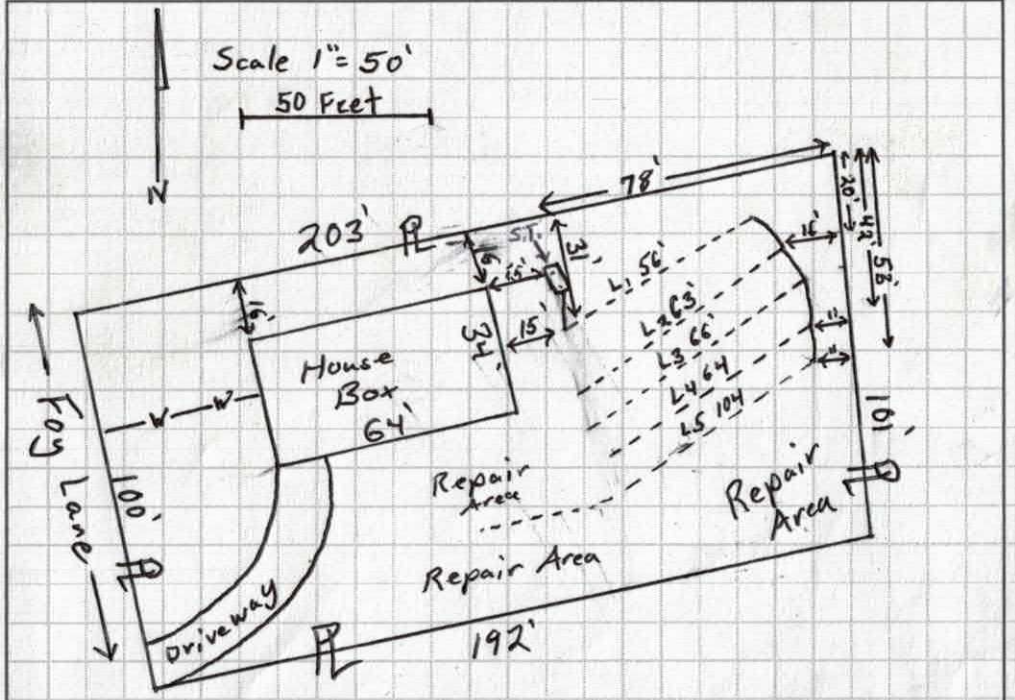
SITE DIRECTIONS: Rt. 115 N from Statesville → R on Red Chimney Rd → R on Foy Lane → Lot on left

SUBDIVISION: North Crossing SECTION: 2 LOT # 13 LOT AREA: 0.527 DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB 851	Date 7/28/2017	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial # —	Repair System Description: 50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 330	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	36"	Max. Trench Bottom Depth	31" [low side]	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

1=14 2=15 3=15 4=17 5=m.
58 62 62 70 78

Line 1 = 58
Line 2 = 62
Line 3 = 62
Line 4 = 70
Line 5 = 78.

330 L. Ft installed Quick 4 infiltrators.

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: Lisa Williams Date: 1-30-17P Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Tom Shuck Date: 11-7-16 OPERATION PERMIT by: Benjamin A. Botkins. Date: 9/29/2017

AUTHORIZATION TO CONSTRUCT by: Date: 01/10/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Custom Homes By Lisa APPLICATION DATE 9-26-16
ADDRESS: 194 Cross Country Rd Statesville No NC DATE EVALUATED: 10-27-16
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.527
LOCATION OF SITE: 153 Fog Lane Statesville, NC North Crossing Lot 12 PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other Community Well
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	Shoulder [HS] 12% Primary	0-7	R. Clay Loam w. SBK	Sl. Friable, SS, Sp, Sexp	—	48	—	—	0.325 PS
		7-22"	R. Clay loam w. SBK + ABK	Sl Firm, SS, Sp, Sexp					
		22-44	R. clay Loam w. SBK	Sl Friable, SS, Sp, Sexp					
		44-48"	R. Clay Loam + saprolite w. SBK	Friable, SS, Sp, Sexp					
2 [3rd side ofz offsite @ 30" & 24" offset]	side slope [LS] 12% Primary	0-8	R. Clay Loam w. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.275 PS
		8-27"	R. Clay + roots w. SBK + ABK	Sl Firm, SS, Sp, Sexp					
		27-48	R. Clay Loam (heavy) w. SBK	Sl Firm, SS, Sp, Sexp					
	side slope [HS] 12%	0-9	R. Clay Loam w. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.275 PS
		9-34	R. Clay w. SBK	Sl. Firm, Stic Sp, Sexp					
		34-48	R. Clay Loam (Heavy) w. SBK	Sl. Firm, SS, Sp, Sexp					
	side slope [HS] 12%	0-7	R. Clay Loam w. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0.325 PS
		7-26	R. Clay w. SBK	Sl. Firm, SS, Sp, Sexp					
		26-48	R. Clay Loam w/ ABK-SBK	Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	350	230'
System Type(s)	25% Reduction	50% reduction
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

COMMENTS: ____

L1 (B): 5.435' 56'
L2 (P): 6.94' 63'
L3 (R): 7.26' 66'
L4 (B) 8.88' 64'
L5 (P) 9.99' 104'
353
24'
AH3
AH2
AH4
AH1
L5
L4
L3
L2
L1
P 76'
B 66'
B 31'
P 48'
R 54'
100'
ST
15'
11'
95'
78'
64'
34'
91'
159'
25'
11.5'
16'
20'
31'
42'
53'

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 #
Custom Homes By Lisa, INC	194 Cross Country Rd Statesville NC 28625	—	704-902-0733
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Margaret White	517 Stinson Court - Statesville NC 28677		704-902-6755

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
153 Fay Lane - Statesville NC 28625	North Crossing	1-1-12

Driving Directions: Hwy 115 North - R onto Red Chimney - R onto Fay Lane Lot On left

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 3
Maximum Number of Occupants 4-6
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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: Lisa Williams — 9-26-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

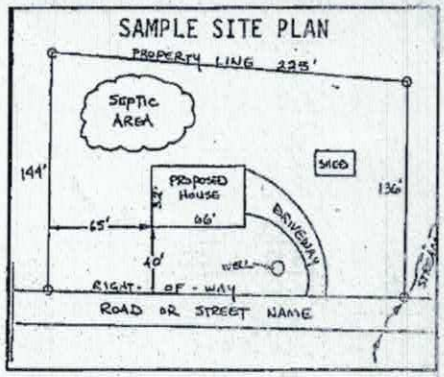
ENVIRONMENTAL HEALTH DIVISION

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

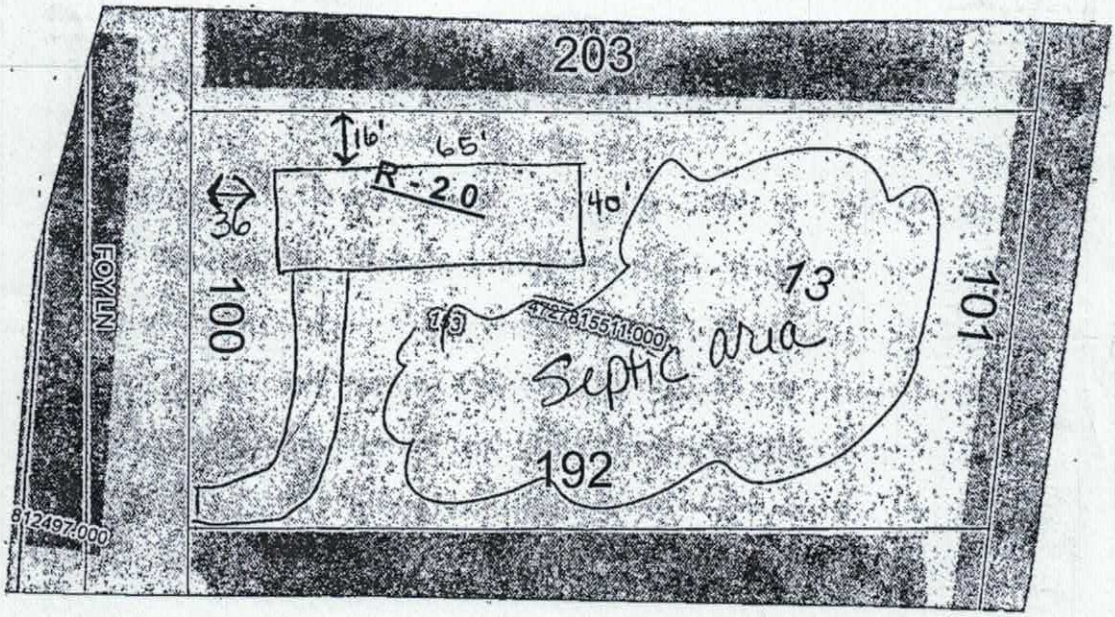


Circle N/A on the following if appropriate:

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: Lisa Williams

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

9-27-16

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
222102
Issue Date: 09/27/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4727815511.000	153 FOY LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WHITE MARGARET P	Applicant: CUSTOM HOMES BY LISA I
Address: 517 STINSON CT STATESVILLE, NC 28677	Address: 194 CROSS COUNTRY ROAD STATESVILLE, NC 28625
Phone:	Phone: 704-876-4967

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.527	35.00	35.00	15.00	15.00	NOT	X

Remarks:

$ PAID 2

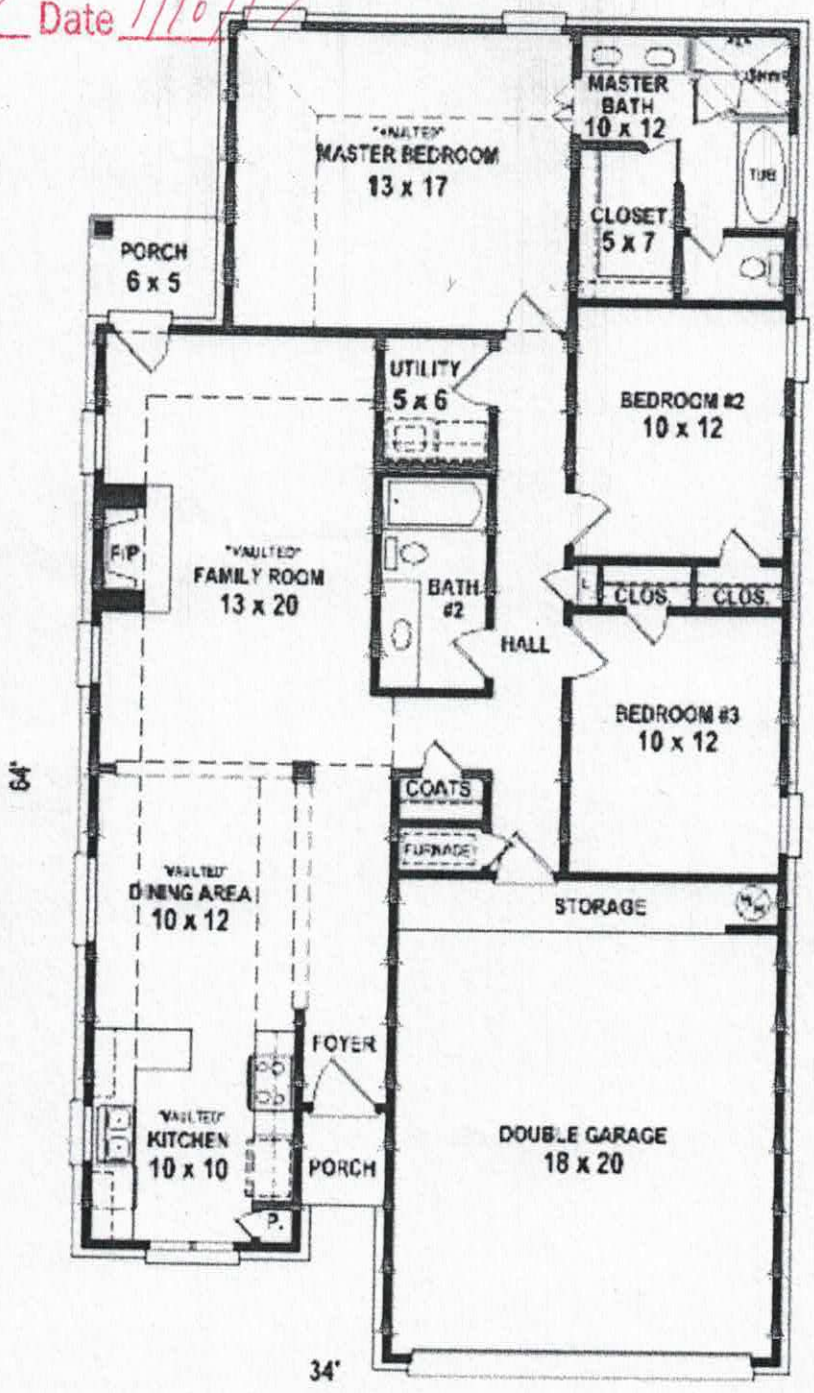
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: *See Attached* Date: _____

Permit Number	81598	TOTAL FEES:	$ 77.25

#22103

Acknowledgement Of
Plans Submittal ONLY!
Lisa Williams Date 1-10-17
Date 1/10/17



FLOOR PLAN

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

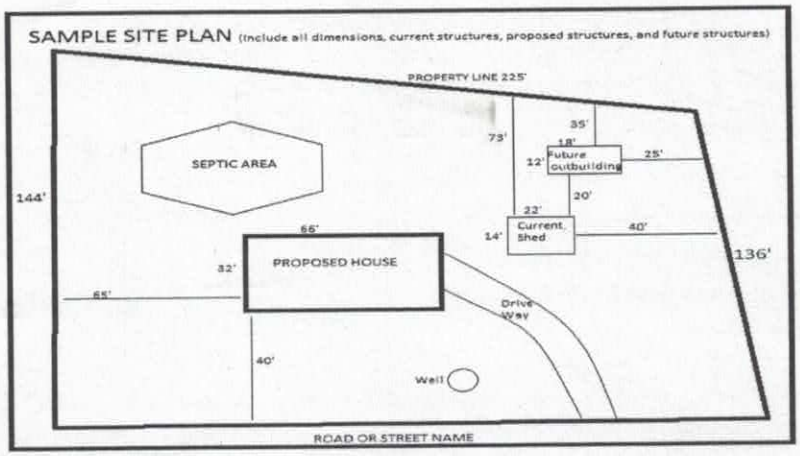
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

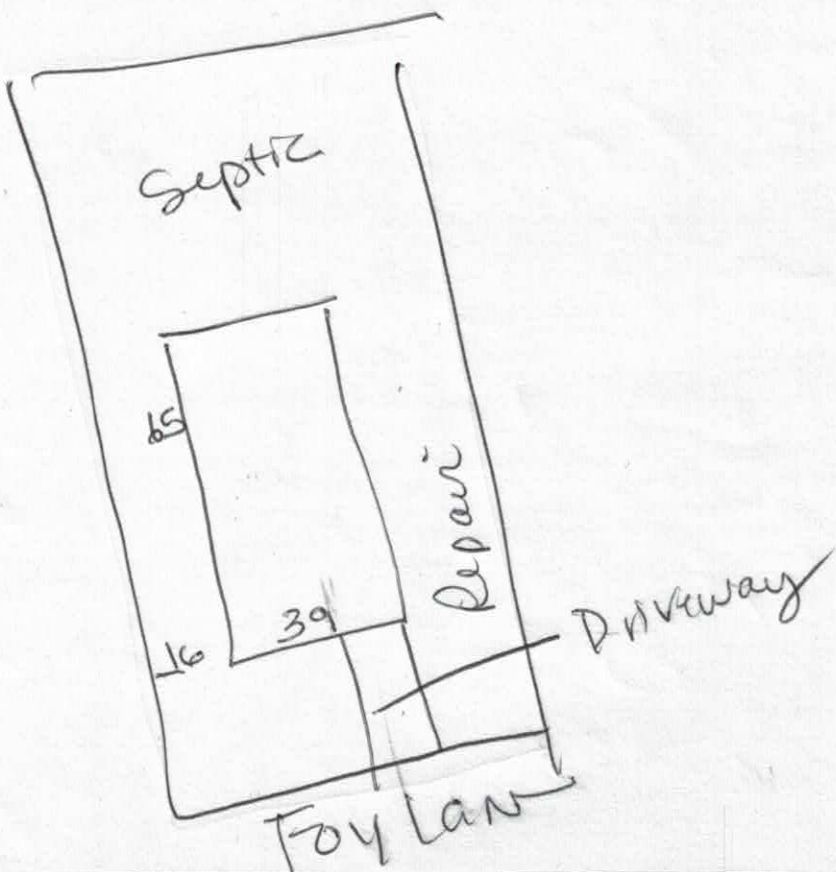
Circle N/A on the following if appropriate:

_____ 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



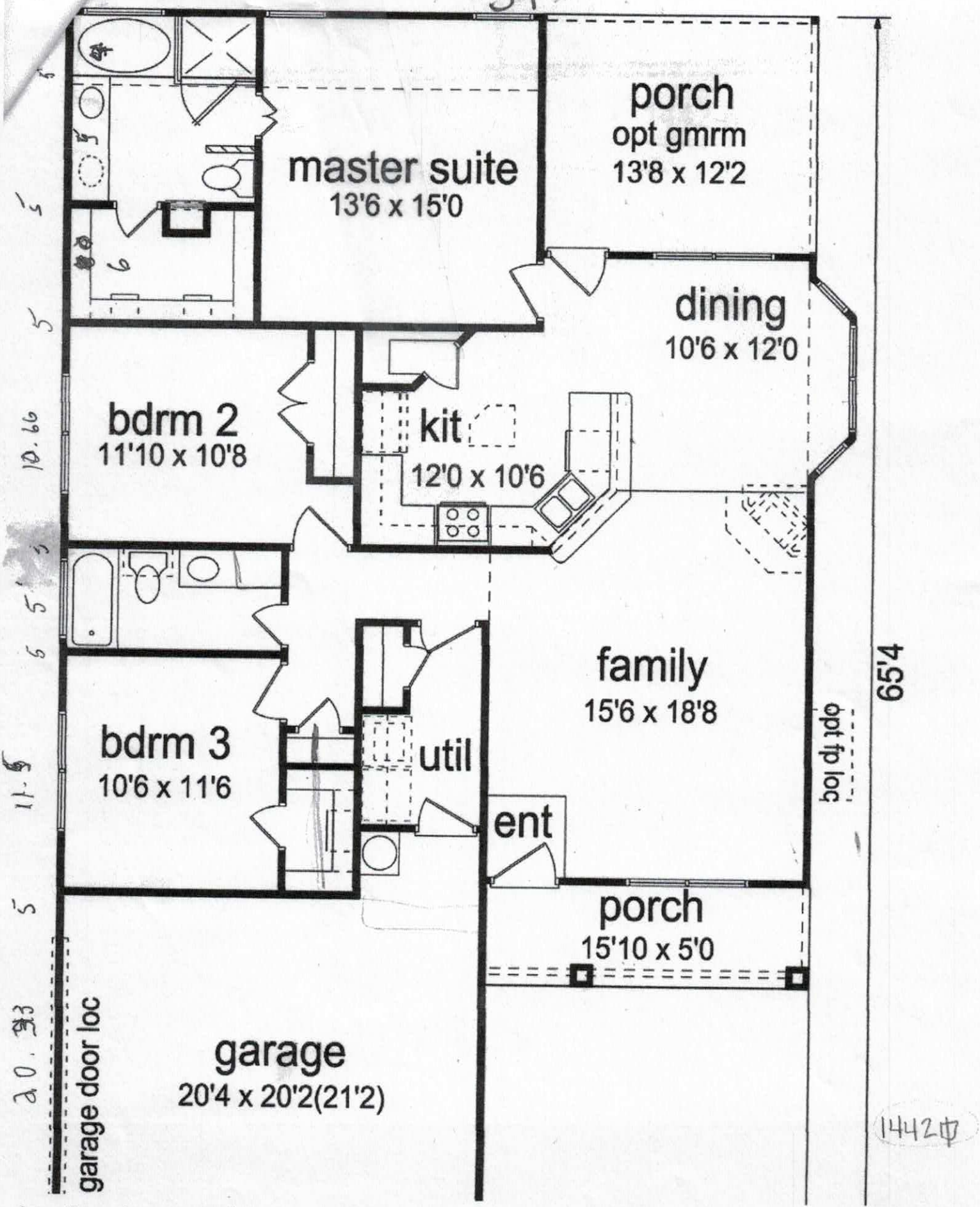
Signature: _____

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

_____

DATE

-39-


master suite
13'6 x 15'0
porch
opt gmrm
13'8 x 12'2
dining
10'6 x 12'0
bdrm 2
11'10 x 10'8
kit
12'0 x 10'6
family
15'6 x 18'8
bdrm 3
10'6 x 11'6
util
ent
porch
15'10 x 5'0
garage
20'4 x 20'2(21'2)
garage door loc
opt fp loc
65'4

1442 sf

PERMITS/INSP PAYMENT RECEIPT# 418121

COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

Central Permitting Center
2017

DATE: 01/12/17 TIME: 14:34
CLERK: mark.baker
PAID BY: CUSTOM HOMES BY LISA, INC

APPLICATION #: 222102

PERMIT ALLOCATION:

1 10492751 447004 105.00 Environmental Health Fees
PEHRL
TOTAL RECEIPT AMOUNT: 105.00

AMOUNT PAID: 105.00
PAID BY: CUSTOM HOMES BY LISA, INC
PAYMENT METHOD: CHECK 1610
APPLICATION #: 222102

AMT TENDERED: 105.00
AMT APPLIED: 105.00
CHANGE: .00

Withdrawn
w/Ronda

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Custom Homes By Lisa, INC **Address:** 194 Cross Country Rd Statesville **Phone:** 704-902-0733

Owner Name: Same as above **Address:** _____ **Phone:** _____

Property Information:

Street Address: 153 Foy Lane - Statesville NC 28625

Subdivision Name: North Crossing **Section/Phase:** 2 **Lot Number:** 13

Driving Directions: Hwy 115 N - R onto Foy Lane

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____

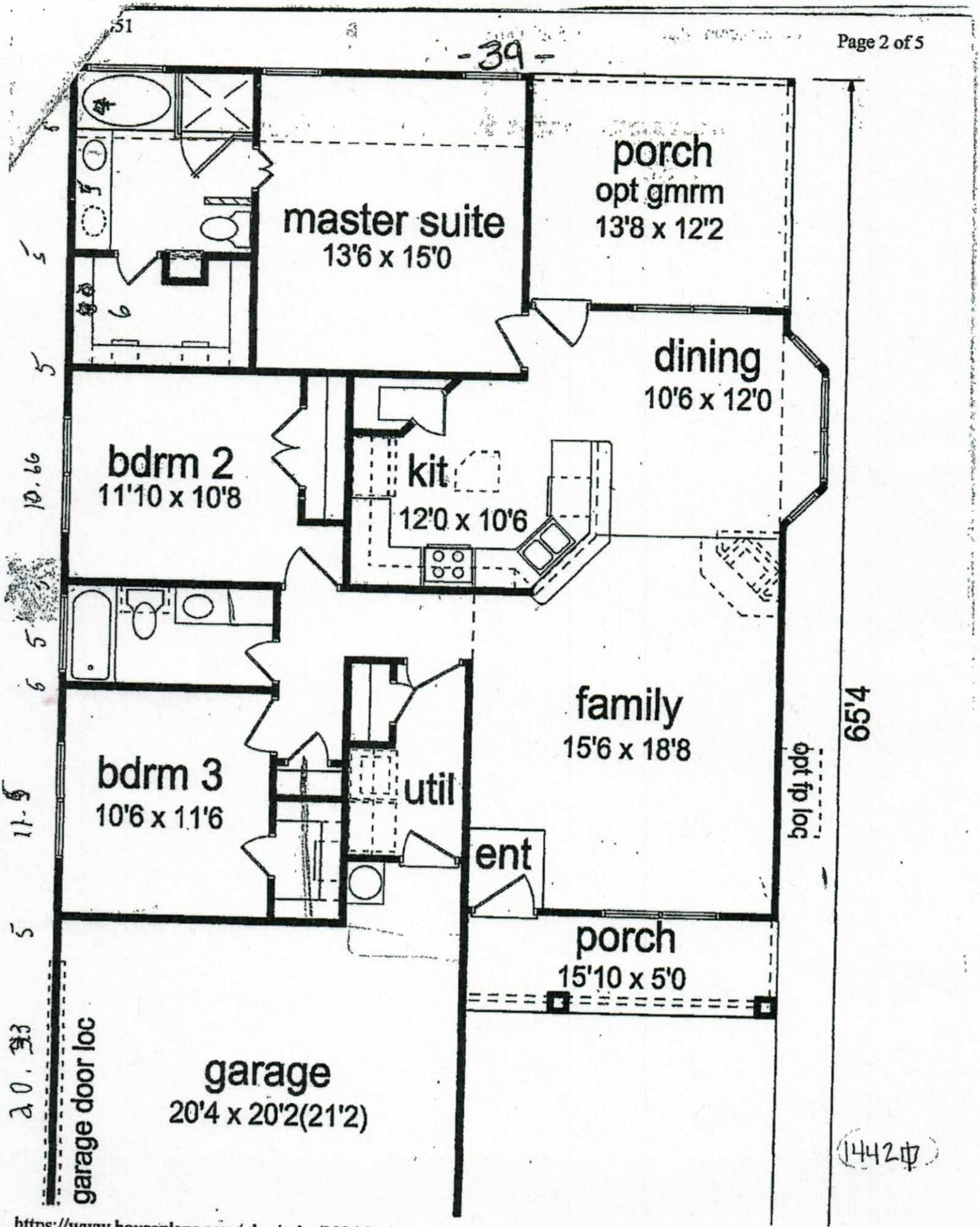
Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

1-12-17
DATE

Relayout App


master suite
13'6 x 15'0
porch
opt gmrm
13'8 x 12'2
dining
10'6 x 12'0
bdrm 2
11'10 x 10'8
kit
12'0 x 10'6
family
15'6 x 18'8
bdrm 3
10'6 x 11'6
util
ent
porch
15'10 x 5'0
garage
20'4 x 20'2(21'2)
garage door loc
opt fp loc
65'4

1442 sf