IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234756

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

PIN # 4728027390

APPLICANT/OWNER: Hyde Homes LLC APPLICANT ADDRESS: 129 Whisper Pines RD Statesville, NC 28625

SITE ADDRESS: 284 Treebark RD Statesville NC 28625 PHONE: 704-201-9935 ALT. PHONE 704-437-1330

SITE DIRECTIONS: Hwy 115 (L) on Pisgah 1st Left onto Treebark. SAP CONTROLLED: ☐ YES ☒ NO

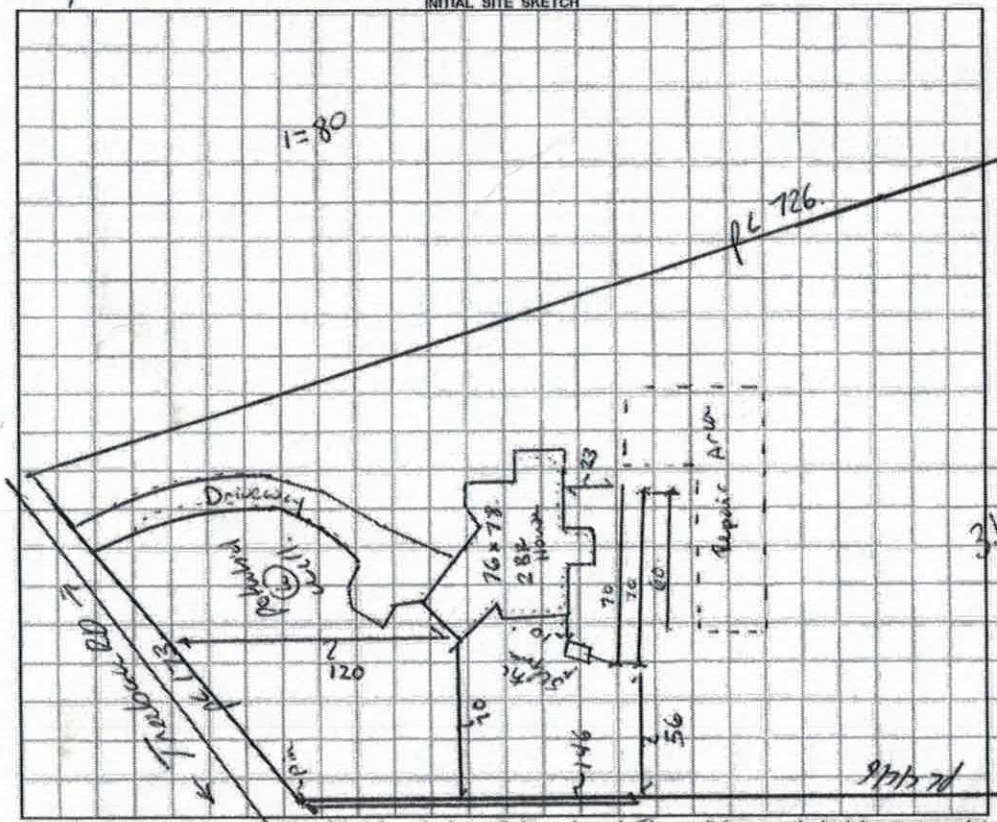
SUBDIVISION: Watson Farms SECTION: ~ LOT # 3 LOT AREA: 3.14 Acres DESIGN FLOW: 240gpd L.T.A.R.: .30/.25 Repair

Septic Tank	1000	(gal)	STB	760	Date	5/6/18	☒ 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	3	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth(Low side)	31	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			

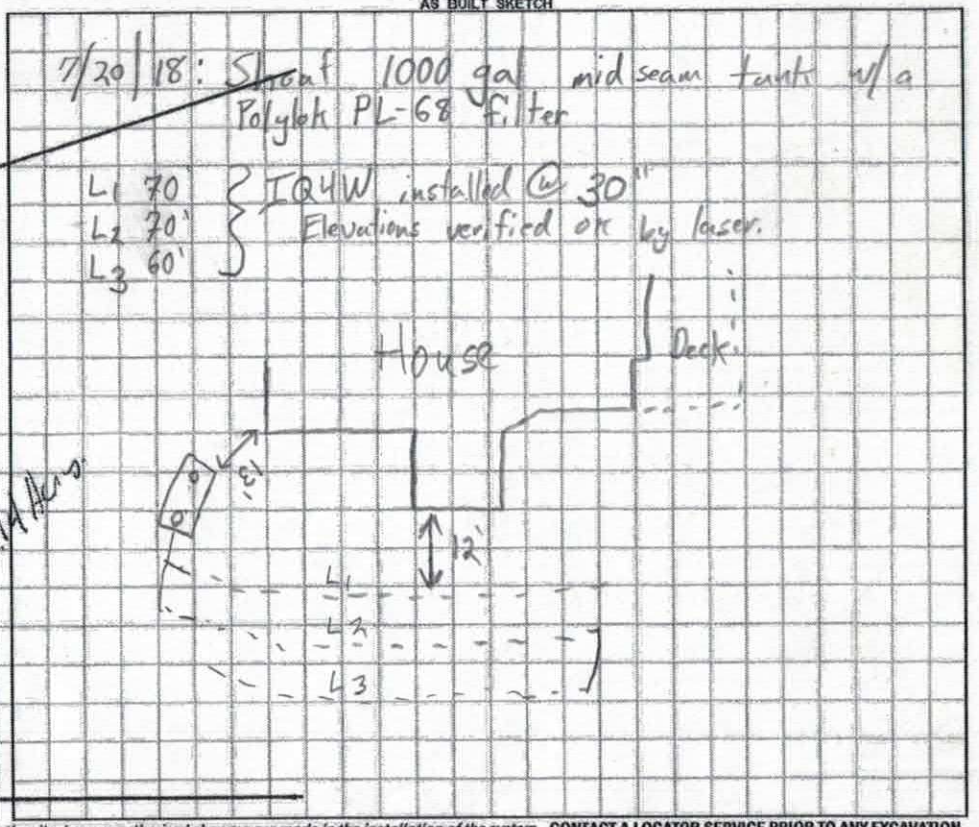
☒ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Do not Drive, park, pave, grade, or bury utilities in drainfield area.

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: Joseph W Hyde Date: 4-25-18 Installed by: Shannon Henderson - Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A Bottles Date: 4/25/2018 OPERATION PERMIT by: Tom Shuck Date: 7/20/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottles Date: 4/25/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4723002734
COUNTY: Iredell

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

OWNER: Hyde / Smith. APPLICATION DATE 4/9/18.
ADDRESS: 129 Whispering Pines RD DATE EVALUATED: 4/20
PROPOSED FACILITY: 2 Bedroom PROPOSED DESIGN FLOW (.1949): 240 gpd. PROPERTY SIZE: 3.14 Ac
LOCATION OF SITE: 284 Treebeam. 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	Ridge 8%	0-3	SC WSBK	SSSP FR SFEM	5YR4/6	48.		Saprolite	PS .3.
		3-28	C WSBK	SSSP FM	2.5YR4/6.				
		28-48.	CL WSBK	SSSP FR	" "			Limited Moisture.	
2	Side 12%	0-14	C SBK	SS SP FM SEM	2.5YR4/6	48.		Sap Inclusions MN conc.	PS .25
		14-48	CL WSBK	SS SP FR					
3	Ridge 5%	0-8	SC WSBK	SS SP FR SEM	5YR 4/6	48.		Heavy Litter	PS .3.
		8-28	C SBK	SSSP FM	5YR 4/6.				
		28-48.	CL WSBK	SSSP VFR					
		48+Sap	M						
4	Side 10%	0-5	SC WSBK	SS SP FR		48.			PS .3.
		5-32	C SBK	SSSP FM SEM					
		32+48.	CL WSBK	SSSP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	240
System Type(s)	25% Red III	~~III~~ III 25% Red
Site LTAR	.3	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottino
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		
	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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	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.

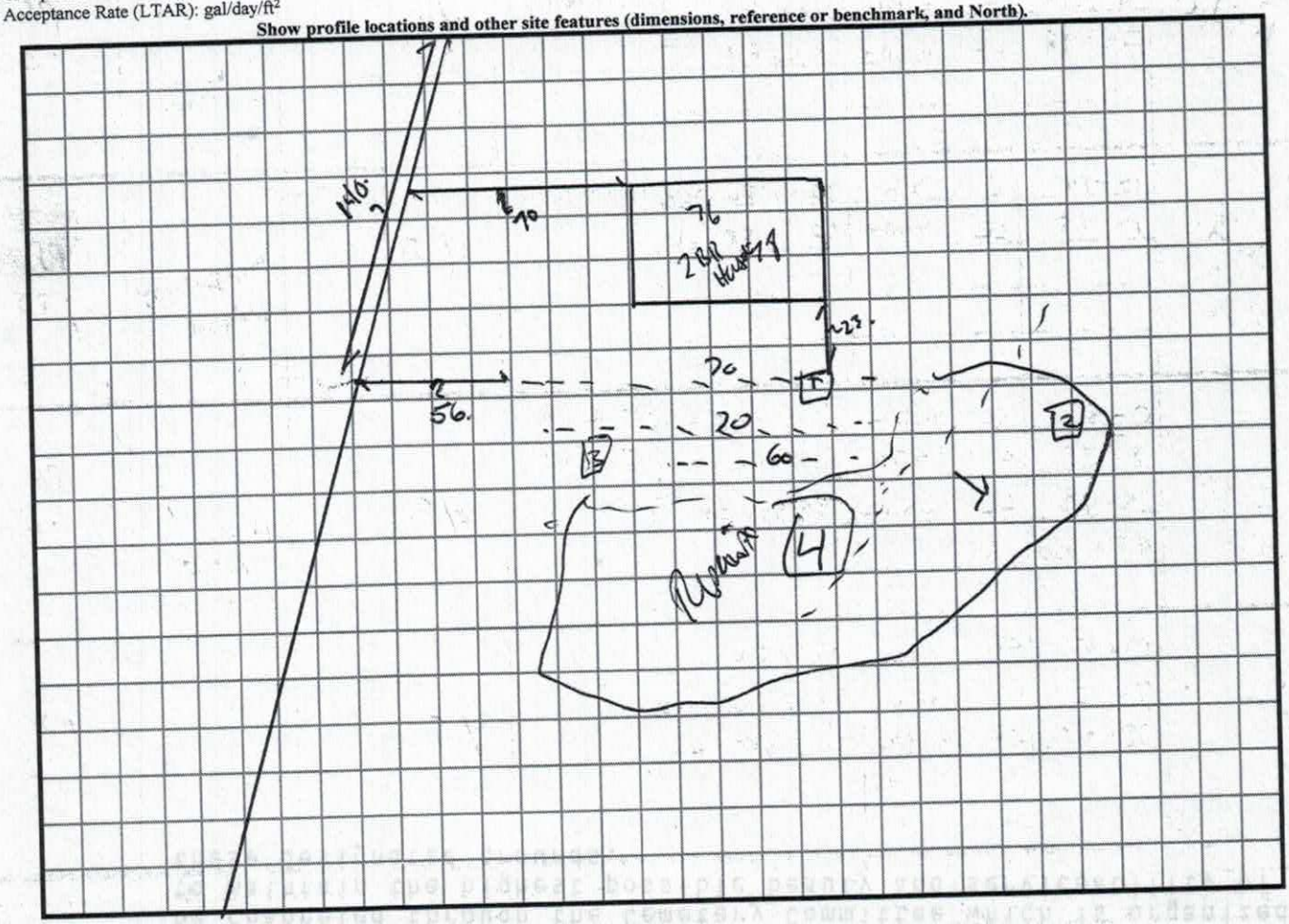
NOTES

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)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



121853

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 ISA 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: Hyde Homes LLC Address: 129 Whisper Pines Rd. Zip: 28625
Applicant Email: joehyde@bellsouth.net Phone: 704-201-9935 Alt. Phone: 704-437-1330
Owner Name: Mark [redacted] + June Smith Address: 137 Fox Den Circle, Stsv. NC Zip: 28677
Owner Email: wuzzler@gmail.com Phone: 704-252-1515 Alt. Phone: _____

Property Information:

Street Address: 284 Treebark Rd, Statesville NC 28625
Subdivision Name: Watson Farm Section/Phase: N/A Lot Number: 3
Driving Directions: N Hwy 115, Left onto Pisgah, 1st left onto Treebark

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: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 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: Jamie Hyde 4-9-2018
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

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, Mark and Jung Smith, am the legal owner(s) of the property located at 284 Treebark Rd. Statesville NC 28625, identified as PIN (Parcel Identification Number) 4728087390, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Hyde Homes 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.

Mark & Jung Smith — Signature of Owner(s) — 4/9/2018 — Date

[signature] — Signature of Witness — 4-9-2018 — 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

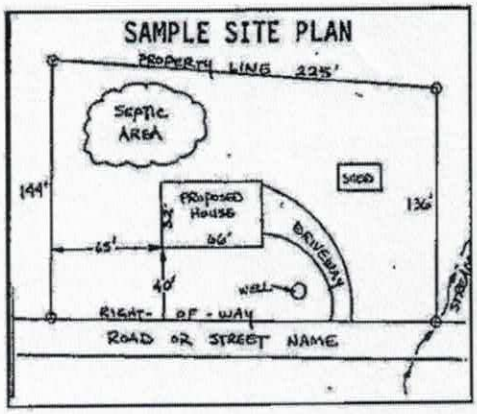
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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)

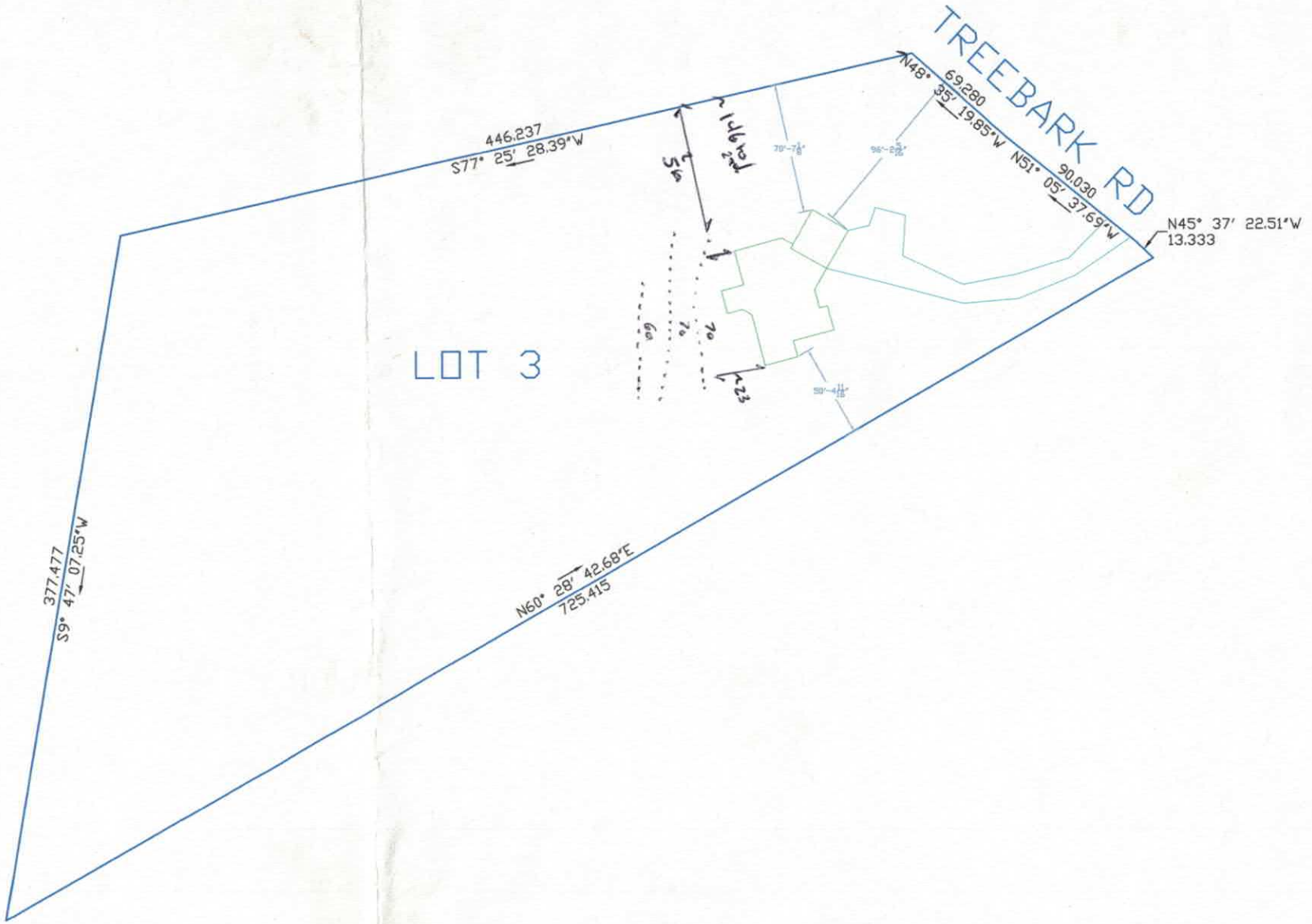
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

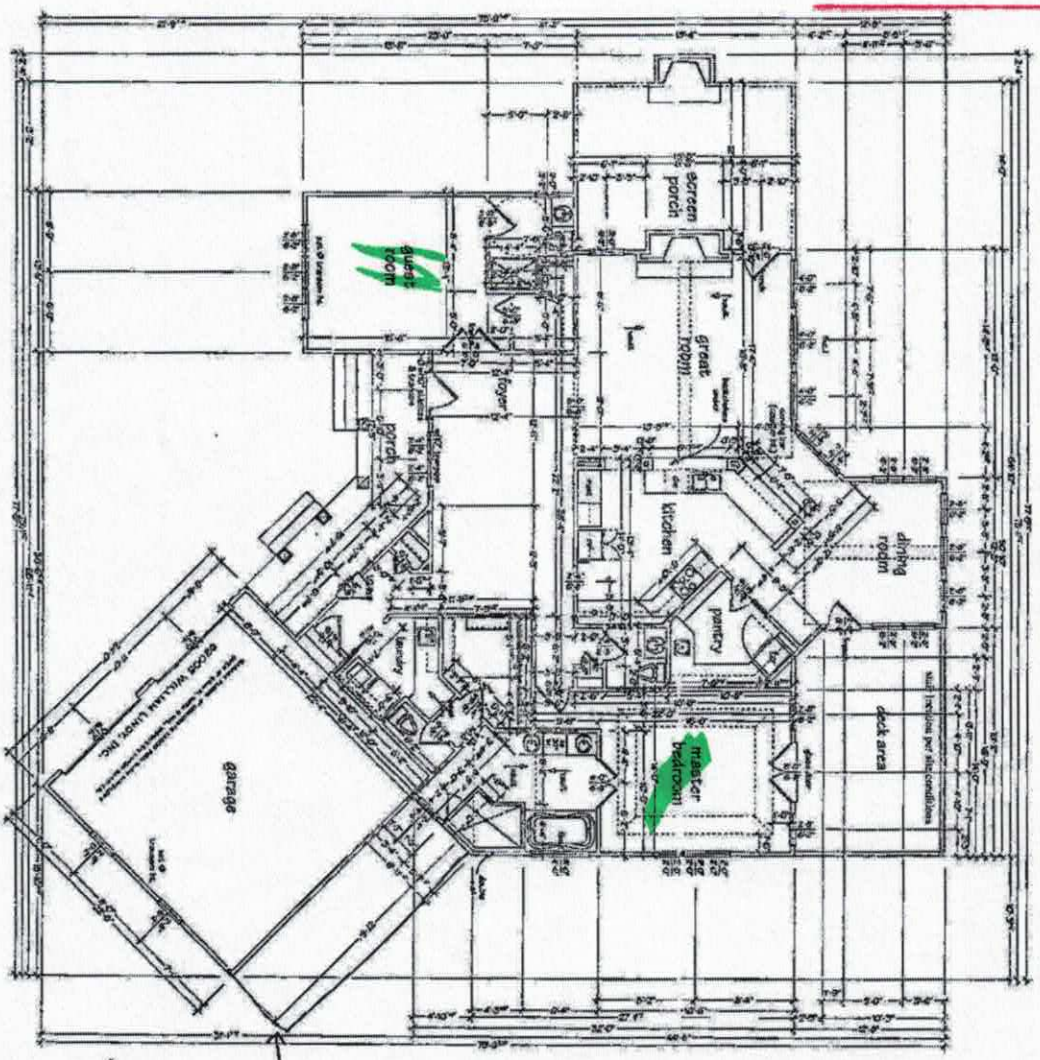
See Attached

Signature: Jamie Hart — 4-9-2018

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


TREEBARK RD
LOT 3
446.237
S77° 25' 28.39"W
N48° 35' 19.85"W
69.280
N51° 05' 37.69"W
90.030
N45° 37' 22.51"W
13.333
377.477
S9° 47' 07.25"W
N60° 28' 42.68"E
725.415

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Batty Date 4/25/2019.
Date



78

SIERRA LODGE MAIN LEVEL LAYOUT
(FOR CRAWL SPACE FOUNDATION)
SCALE: 1/4" ========= 1'-0"
2044 SQ.FT.
SHOWN W/9'-1" WALL HT.

SMOKE DETECTORS: ALL SMOKE DETECTORS SHALL BE HARDWIRED, INTERCONNECTED WITH A BATTERY BACK-UP.

NOTE: 7/15" OSB SHEATING ON ALL EXTERIOR WALL CORNERS

76

added 154 sq.ft.

2044 sq.ft. + 154 sq.ft. = 2198 sq.ft.

PLAN NAME: SIERRA LODGE

1/16/18
PRINTING

William Lasky

IREDELL COUNTY

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

APPLICATION NUMBER
234756
Issue Date: 04/10/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4728027390.000	284 TREEBARK ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OBRIEN ELLEN+MAURICE NACHLAS	Applicant: HYDE HOMES LLC
Address: 2132 WESTERN RUN DR	Address: 129 WHISPER PINES RD
BALTIMORE, MD 21209	STATESVILLE, NC 28625
Phone:	Phone: 704-201-9935

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.140	35.00	35.00	15.00	15.00	PASY	X

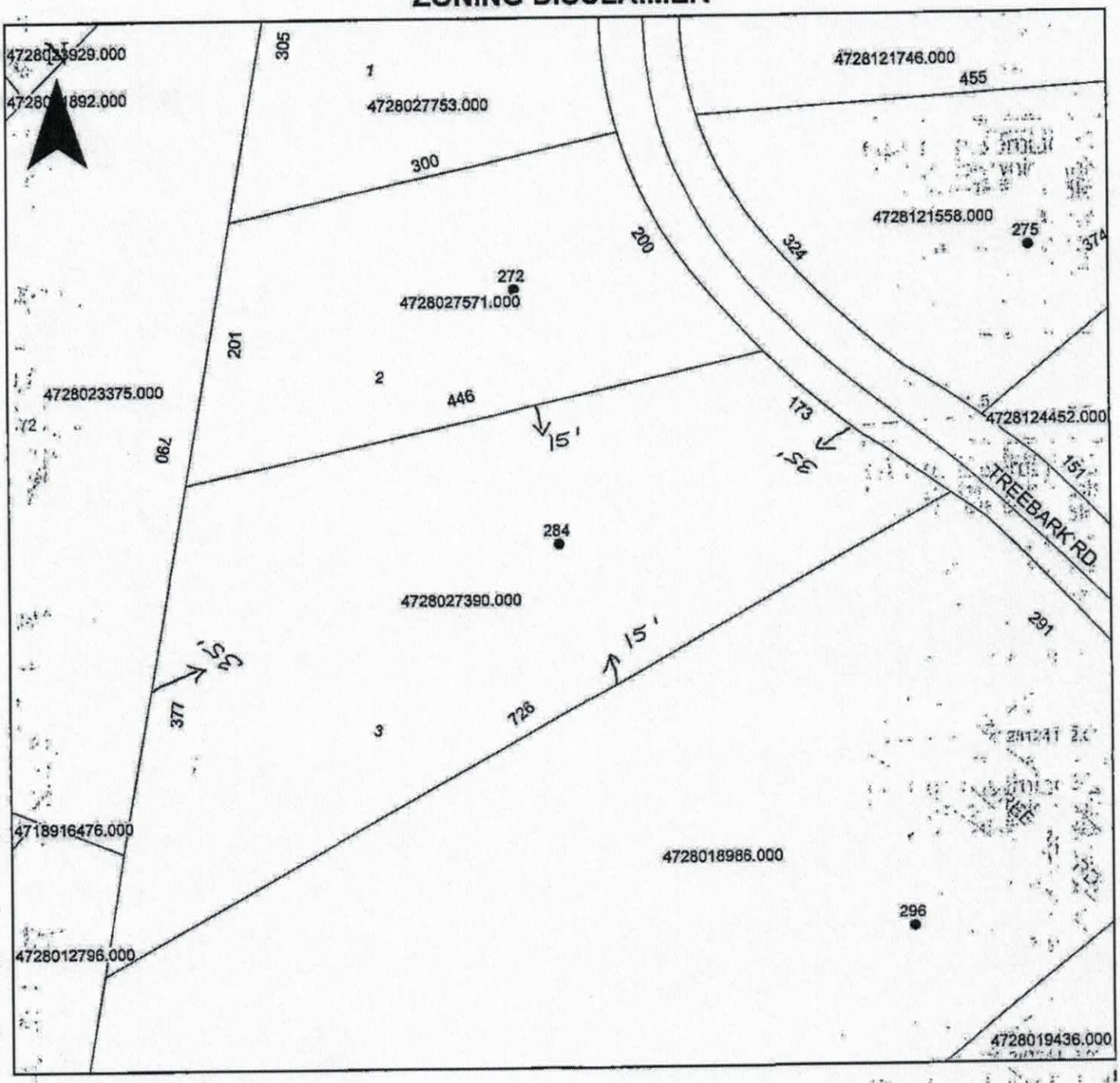
Remarks:

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	135030	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 284 Treebark 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.

Jamie Harden - Project Mgr.
Applicant

4-9-2018
Date