# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300710

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

PIN # 4728130524

APPLICANT/OWNER: Myong Robinson / Starlatheia Stevenson APPLICANT ADDRESS: 319 Treebark Rd Statesville

SITE ADDRESS: 227 Treebark Rd Statesville NC 28625 PHONE: 704 929-9142 ALT. PHONE 704-880-0404

SITE DIRECTIONS: 115N, L on Pisgah Church Rd on Treebark Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ - SECTION: - LOT # - LOT AREA: 1.791 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 11-4-19 ☒ 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 4 Linear Ft 300' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Trench Bottom Depth(~~Low side~~) Max 36" 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

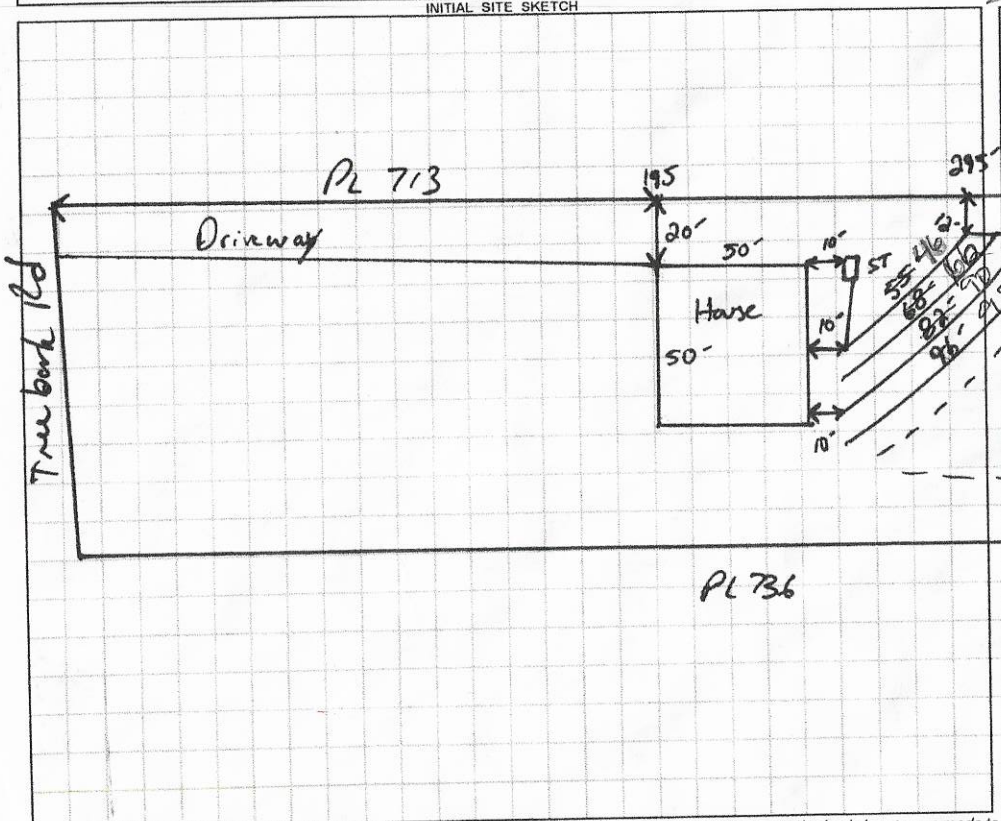
Comments / Conditions: Install Drainlines on contour of land and use Serial distribution.

~~9ft from ST to footer~~

Used Quick 4

* House not built @ time of inspection

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed Quick 4

1"=60'

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: Starlatheia Stevenson Date: 10-17-19 Installed by: Tony Ratt

IMPROVEMENT PERMIT by: Date: 10-10-19 OPERATION PERMIT by: Date: 2/5/2020

AUTHORIZATION TO CONSTRUCT by: Date: 10-10-19 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 #: 4728130524
COUNTY: Iredell

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

OWNER: Star Stevenson
ADDRESS: 319 Turnbark Rd Statesville
PROPOSED FACILITY: Home
LOCATION OF SITE: 227 Turnbark
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE: 8-20-19
DATE EVALUATED: 10-10-19
PROPERTY SIZE: 1.79
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 | I 5% | 0-7 | SBL SCL | Fr SSSP Serp | N/A | 48+ | N/A | N/A | PS .3 |
| | | 7-39 | SBL C | Fr SS SP Serp | | | | | |
| | | 39-48 | SBL CL | Fr SSSP Serp | | | | | |
| 2 | I 5% | 0-7 | SBL SCL | Fr SSSP Serp | N/A | 48+ | N/A | N/A | PS .3 |
| | | 7-36 | SBL C | Fr SSSP Serp | | | | | |
| | | 36-48 | SBL CL | Fr SSSP Serp | | | | | |
| 3 | R 5% | 0-7 | SBL SCL | Fr SSSP Serp | N/A | 48+ | N/A | N/A | PS .3 |
| | | 7-36 | SBL C | Fr SSSP Serp | | | | | |
| | | 36-48 | SBL CL | Fr SSSP Serp | | | | | |
| 4 | R 5% | 0-7 | SBL SCL | Fr SSSP Serp | N/A | 48+ | N/A | N/A | PS .3 |
| | | 7-24 | SBL C | Fr SSSP Serp | | | | | |
| | | 24-48 | SBL CL | Fr SSSP Serp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300+ | 300+ |
| System Type(s) | 25% | 25% |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | 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.

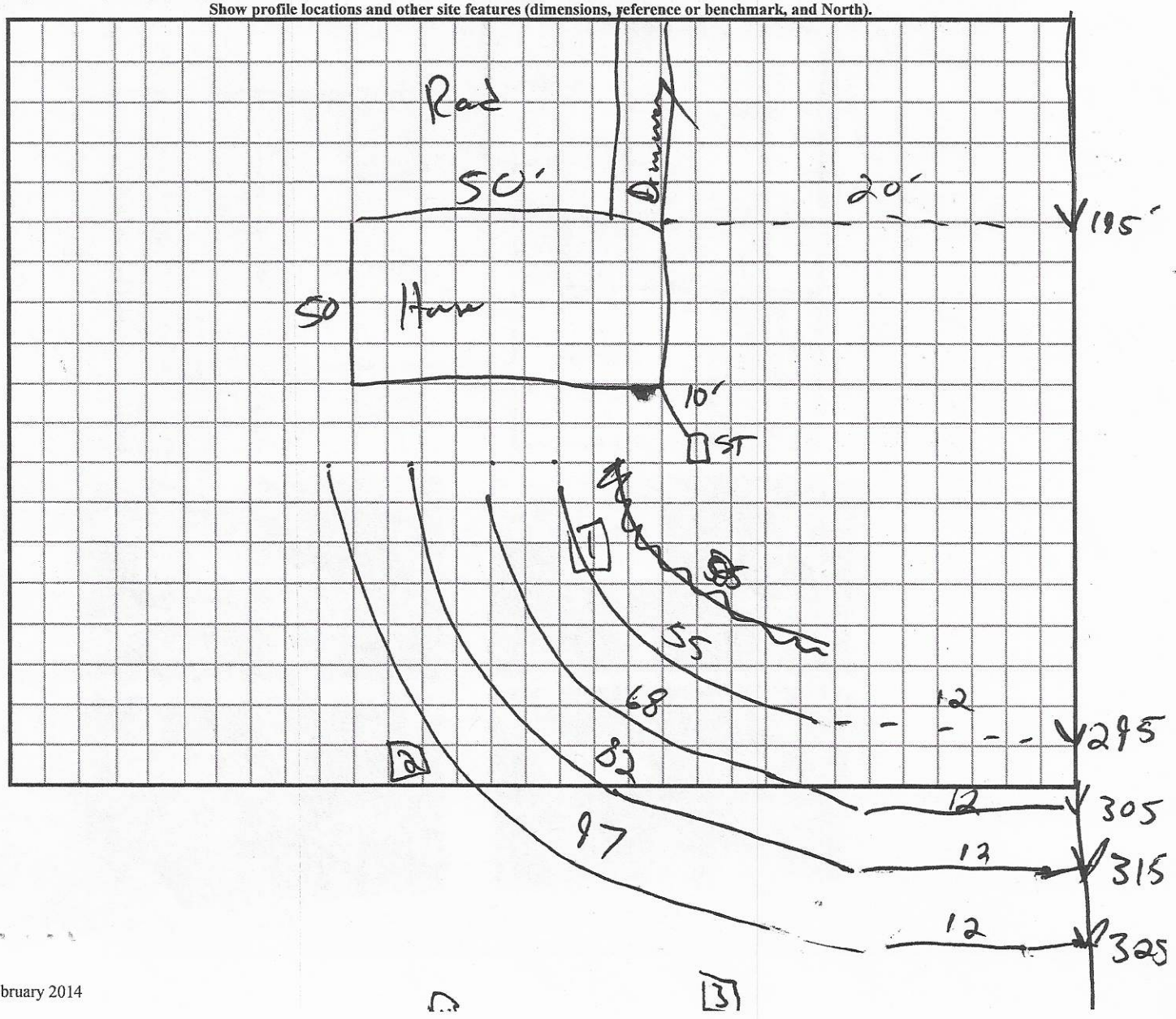
***NOTES***

| | |
|---|---|
| *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).**



James

320710 NH Pd $500

**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) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:** (PRINT CLEARLY)

Applicant Name: Muong Robinson Address: 132 Joe Knox Ave, Mooresville Suite 1001 Zip: 28117
Applicant Email: Muongr5@gmail.com Phone: 704 929-9142 Alt. Phone: _____
Owner Name: Starketheia Stevenson Address: 219 Treebark Rd Statesville Zip: 28625
Owner Email: Star.Stevenson53@gmail.com Phone: 704-880-0404 Alt. Phone: _____

**Property Information:**

Street Address: 227 Treebark Road Statesville, NC 28625
Subdivision Name: NONE Section/Phase: _____ Lot Number: _____
Driving Directions: 115 N, Left on Pisgah, Left on Treebark Rd

**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: 2
( ) 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**
(X) 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 (X) 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 (X) Other: Gravity

**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?

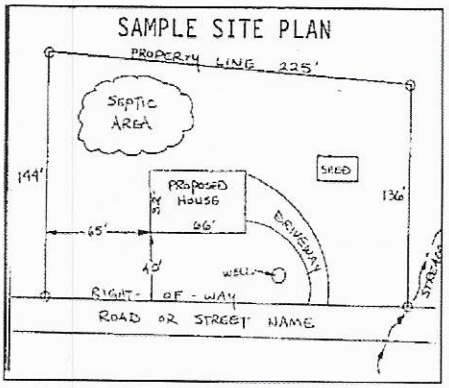
*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Starketheia Stevenson, Clement 8-20-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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

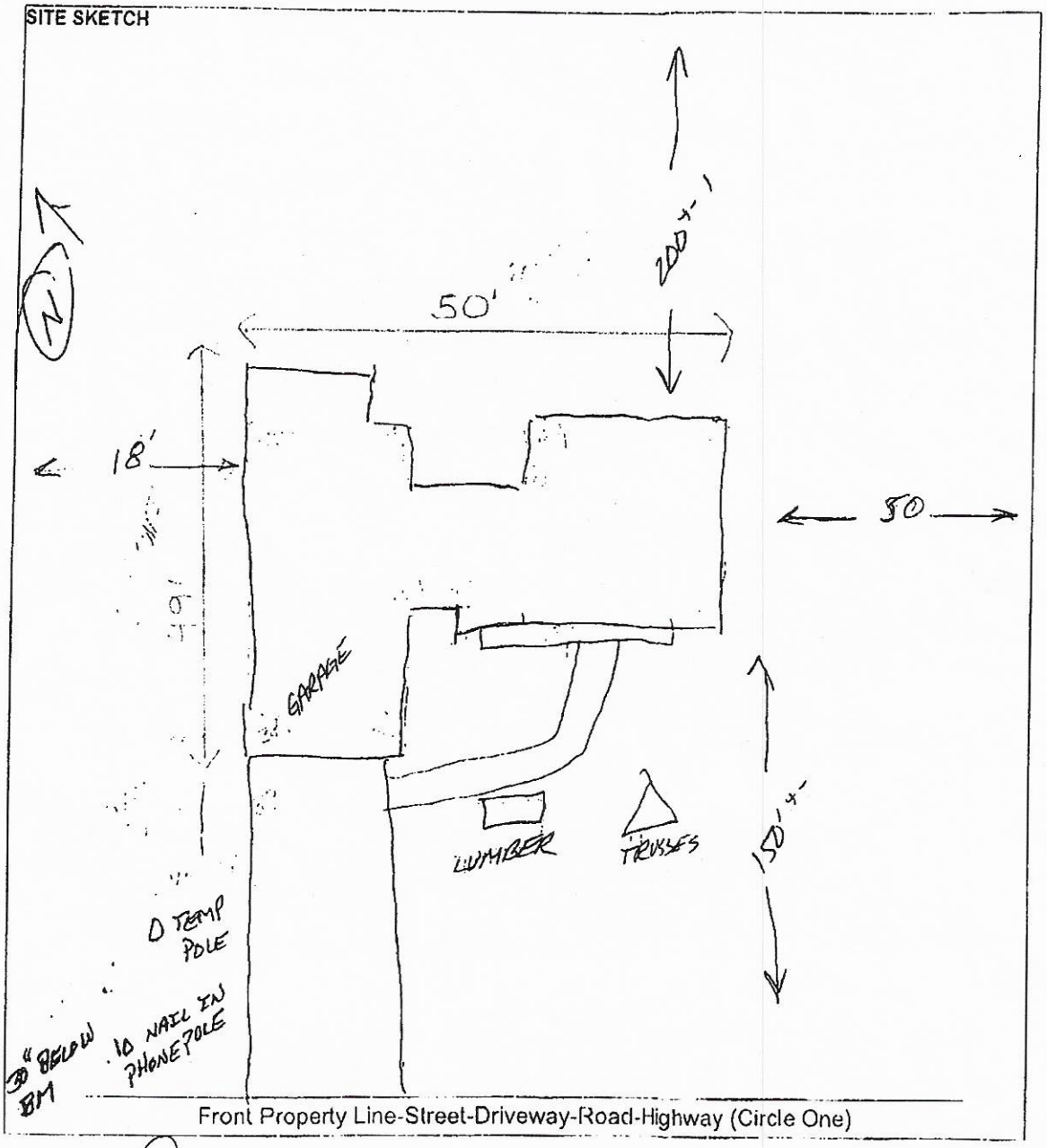
*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*

See attached

**Signature:** Stephanie Stevenson Clement 8-20-19

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

SITE SKETCH




Front Property Line-Street-Driveway-Road-Highway (Circle One)

Owner(s) hereby agree(s) that all of the above information is correct.

Signature Date 8/13/19

Signature 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, Starletheia Stevenson, am the legal owner(s) of the property located at 227 Treebark Rd, Statesville, NC 28625, identified as

PIN (Parcel Identification Number) 4728-13-0524, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Muong Robinson, Lake Norman Agents 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.

Starletheia Stevenson Clement — Signature of Owner(s)

8-20-19 — Date

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

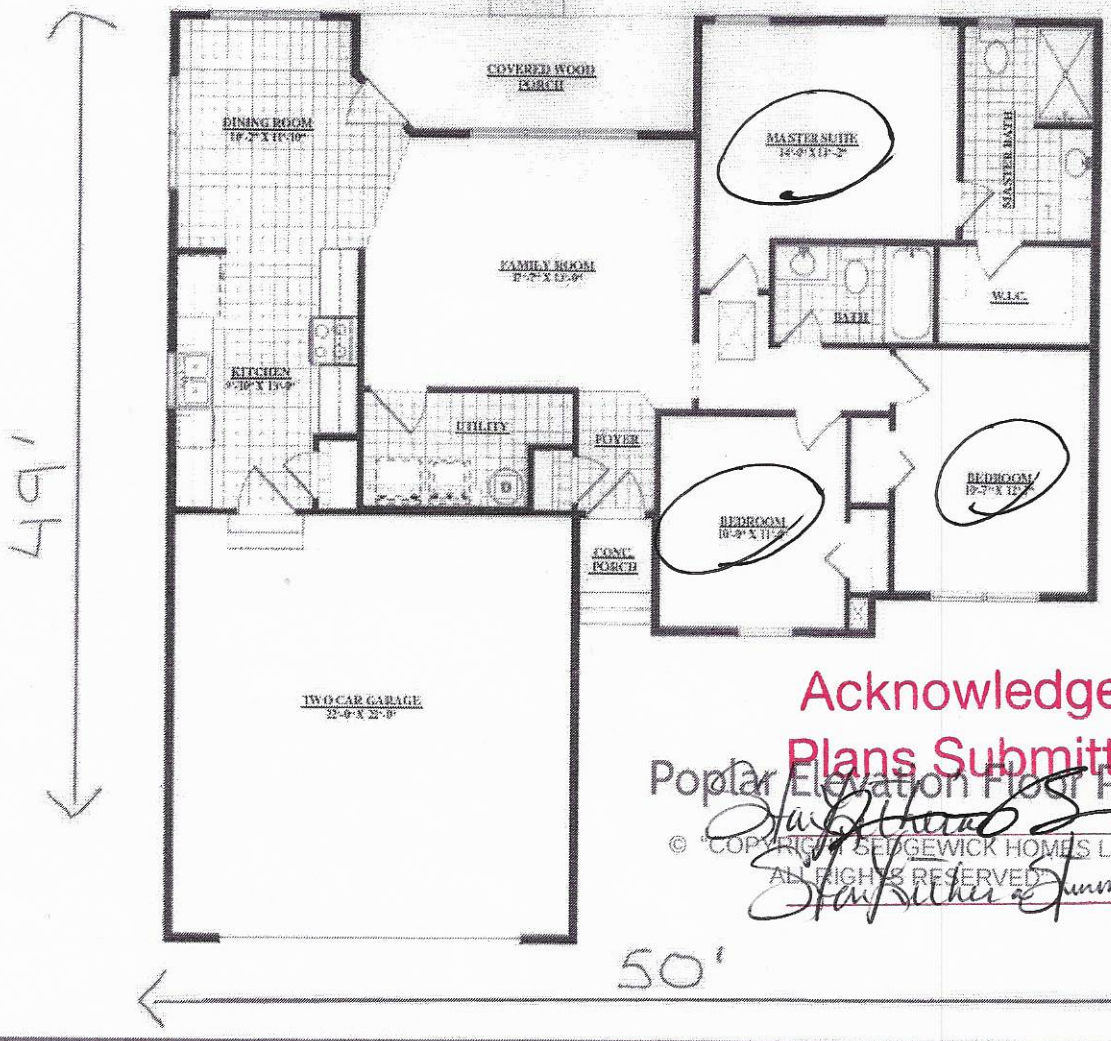
**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677












Acknowledgement Of Plans Submittal ONLY!

Poplar Elevation Floor Plan

Date 10-10-19

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ALL RIGHTS RESERVED

Date 10-19-19

**Please see sales agent for plan differences.**

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 300710<br>Issue Date: 09/09/2019 |

**Permit Type: ZONING RESIDENTIAL**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4728130524.000 | 227 TREEBARK RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: STEVENSON STARLETHEIA | Name: STEVENSON STARLETHEIA |
| Address: 219 TREEBARK RD | Address: 219 TREEBARK RD |
| STATESVILLE, NC 28625 | STATESVILLE, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.791 | 35 | 35 | 15 | 15 | WSIV-PA South Yadkin | 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.

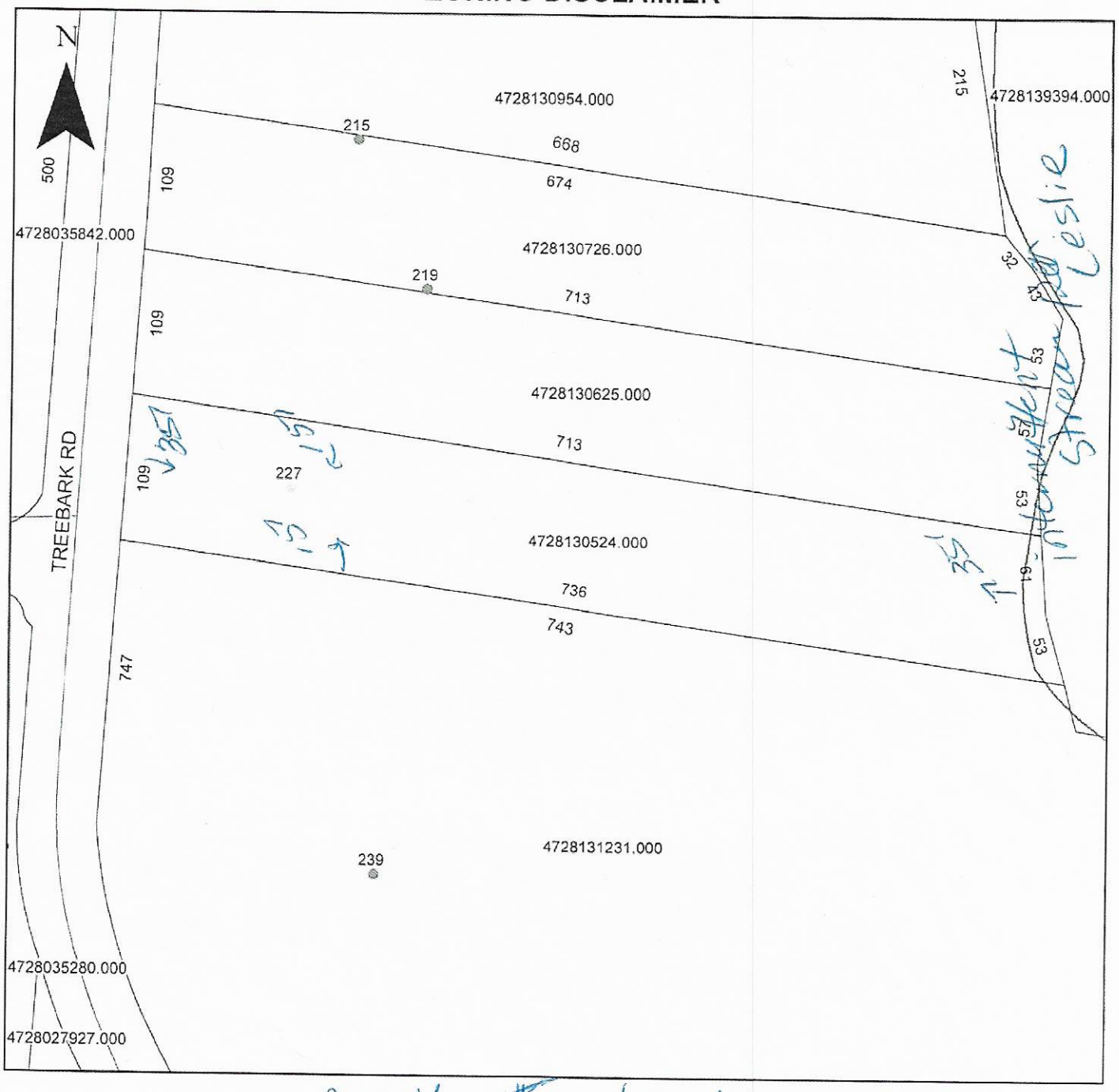
Signature of Owner/Contractor

**Date:** 09/09/2019

| Permit Number | 000210 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|

# ZONING DISCLAIMER




Property Address 224 Treebark

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.

for Catherine Stevenson

Applicant

9-9-19

Date