ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305

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

PIN # 4728 -- 70 --6888

APPLICANT/OWNER: MICHAEL CLARK

APPLICANT ADDRESS: 188 APACHE ROAD, TROUTMAN, N.C. 28166

PHONE: 704-682-9111

ALT. PHONE –

SITE ADDRESS: 263 BRANCHWOOD ROAD, STATESVILLE, N.C. 28625

SAP CONTROLLED: ☐ YES ☑ NO

SITE DIRECTIONS: (N) ON 115, (R) ON BRANCHWOOD, LOT ON (L)

DESIGN FLOW: 600GPD L.T.A.R.: 0.3

SUBDIVISION: –

SECTION: – LOT # – LOT AREA: 112.05 AC

Septic Tank	1500	(gal)	STB	964	Date	7/22/22
Pump Tank	–	(gal)	PT	–	Date	–
Pump Make	–	Model	–		Serial #	–
# Nitrification Fields	1	# Lines	3		Linear Ft	502FT
Trench Width	36IN	Trench Bottom Depth(Low side)			28IN	Gravel Depth	–

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees –

☐ Slab ☐ Crawl Space

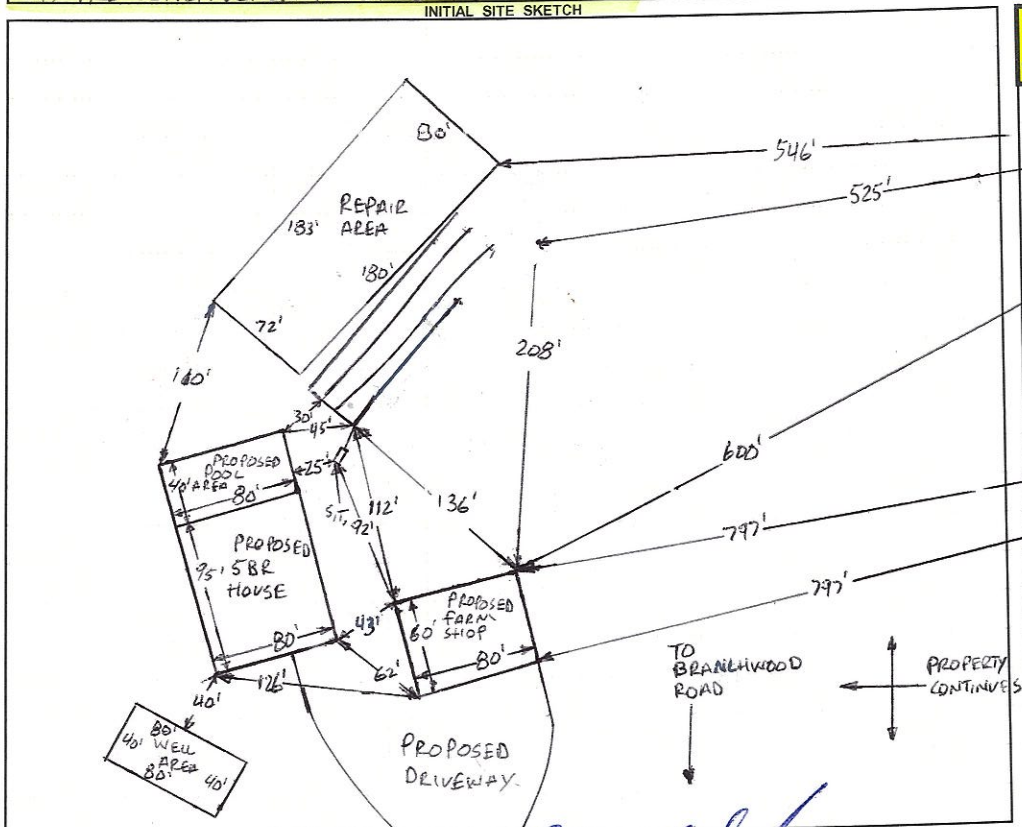
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private ☐ Public ☐ Community

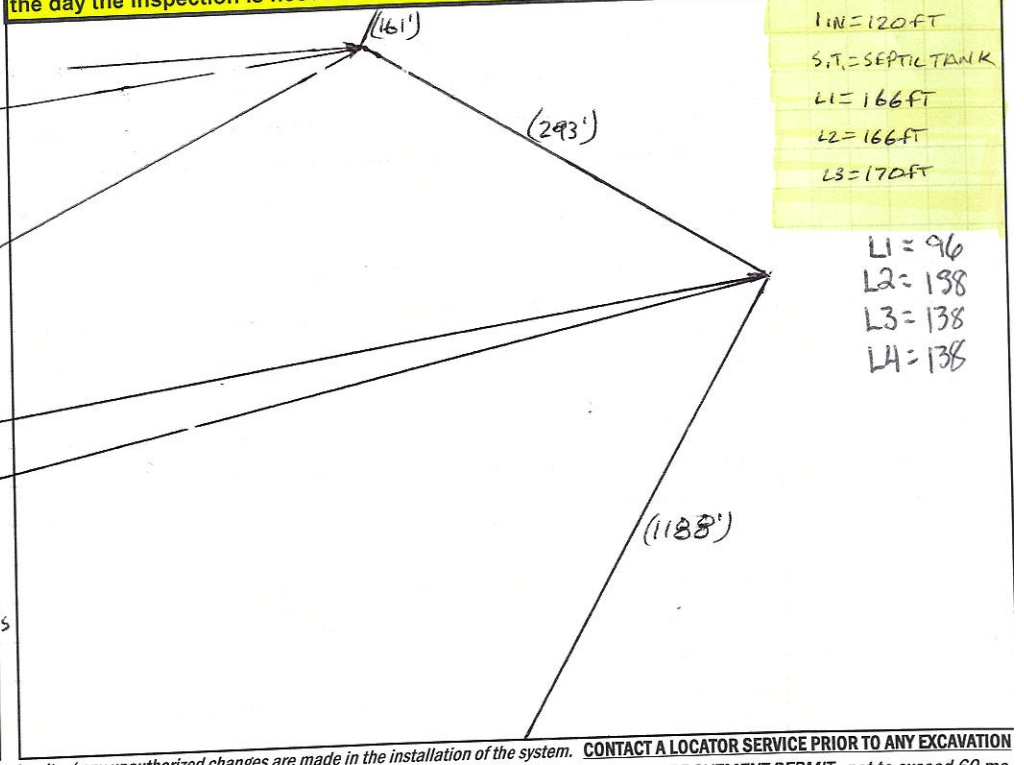
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP. PRE-CONSTRUCTION MEETING REQUIRED

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.



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: Michael Clark Date: 2-8-22 Installed by: Lentz Date: 9/1/22

IMPROVEMENT PERMIT by: Bryant C. White Date: 1-21-2022 OPERATION PERMIT by: Tony Whit Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-21-2022 Existing System Inspected by:

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 1
PROPERTY ID #: 4728-70-68
COUNTY: IREDELL

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

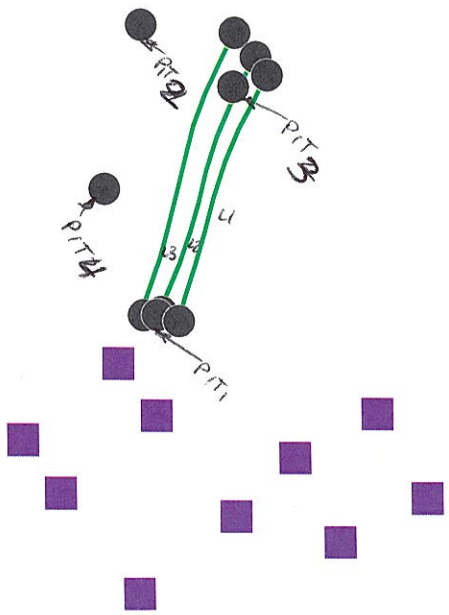
OWNER: MICHAEL CLARK
APPLICATION DATE: 11-23-20
ADDRESS: 188 APACHE ROAD, TROUTMAN, N.C, 28166
DATE EVALUATED: 1-4-2022
PROPOSED FACILITY: 5 BR
PROPOSED DESIGN FLOW (.1949): 600GPD
PROPERTY SIZE: 112.95AC
LOCATION OF SITE: 263 BRANCHWOOD ROAD, STATESVILLE, N.C 28625
PROPERTY RECORDED: YES
WATER SUPPLY: ☒ 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.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 12%	0-11	PLOW	MIXED	SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3
		11-40	L, SBK	FR, S, P, SEXP					
		40-52	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-8	PLOW	MIXED	SAP INC THRU OUT FEW FI MICA COMMON	58"+	NA	NA	PS .3
		8-42	L, SBK	FR, S, P, SEXP					
		42-58	CL, WSBK	FR, SS, SP, SEXP					
3	SHOULDER 5%	0-7	PLOW	MIXED	SAP INC THRU OUT FI SAP INC COMMON 18"-24"	55"+	NA	NA	PS .3 BELOW 24"
		7-21	L, SBK	FR, S, P, SEXP					
		21-55	CL, WSBK	FR, SS, SP, SEXP					
4	HEAD 14%	0-10	PLOW	MIXED	SAP INC THRU OUT FEW FI	54"+	NA	NA	PS .3
		10-38	L, SBK	FR, S, P, SEXP					
		38-54	CL, WSBK	FR, SS, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

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

COMMENTS:



L1 = 166FT
L2 = 166FT
L3 = 170FT

1IN = 120FT

4728-70-6888

4728-80-5854

161
92
293

4728-80-
120
4728-80-
120
1188
120
4728-80
120
87
4728-80-
4728-80
120
86
120
4728-8
85
120
4727-89-5
84
115
4727-89-57
83
113
4727-89-566

X

BW

RECEIVED NOV 23 2021

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* AP- 323363 $500.00

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: (PRINT CLEARLY)

Applicant Name: MICHAEL CLARK Address: 186 APACHE ROAD TROUTMAN Zip: 28166
Applicant Email: MIKE@PSWESTCONSTRUCTION.COM Phone: 704-692-9111 Alt. Phone: _____
Owner Name: MICHAEL CLARK Address: SEE ABOVE Zip: _____
Owner Email: SEE ABOVE Phone: SEE ABOVE Alt. Phone: _____

Property Information:

Street Address: 263 BRANCHWOOD ROAD
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: 115 NORTH TO RIGHT ON BRANCHWOOD ROAD, PROPERTY ON LEFT ACROSS FROM YADKIN VALLEY ROAD

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: 5
Maximum Number of Occupants: 7
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 ( ) 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: _____ 11/17/2021
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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, 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) Date

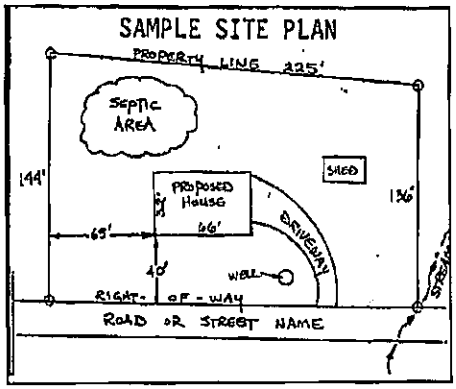
Mooresville - Environmental Health

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:

- (✓) 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

SEE ATTACHED

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

11/17/2021
DATE

Notice

* Property subject to any easements and right of way on record, and as NCDOT easements and rights of way.

* This survey is subject to any facts that may be disclosed by a full and accurate title search.

* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such matters could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to research them, for the existence of such unrecorded burdens and hidden hazards.

* This plat was drawn for the exclusive use of the party named hereon. Said certification do not extend to any unnamed person(s) without an express recertification by the surveyor naming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

* The ratio of precision before any adjustments is [illegible].

* Area determined by coordinate computation.

* No NGS or NCGS Monument found within 2,000 feet of the site.

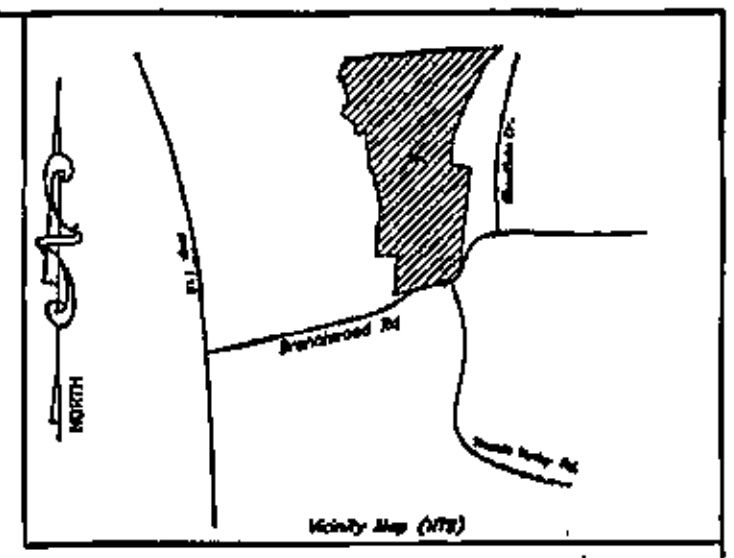
Witness this my original signature, registration number and seal this 15th day of September, 2021 A.D.

Ted M. Benbow NC PLS L-3176
Firm License # C-1523

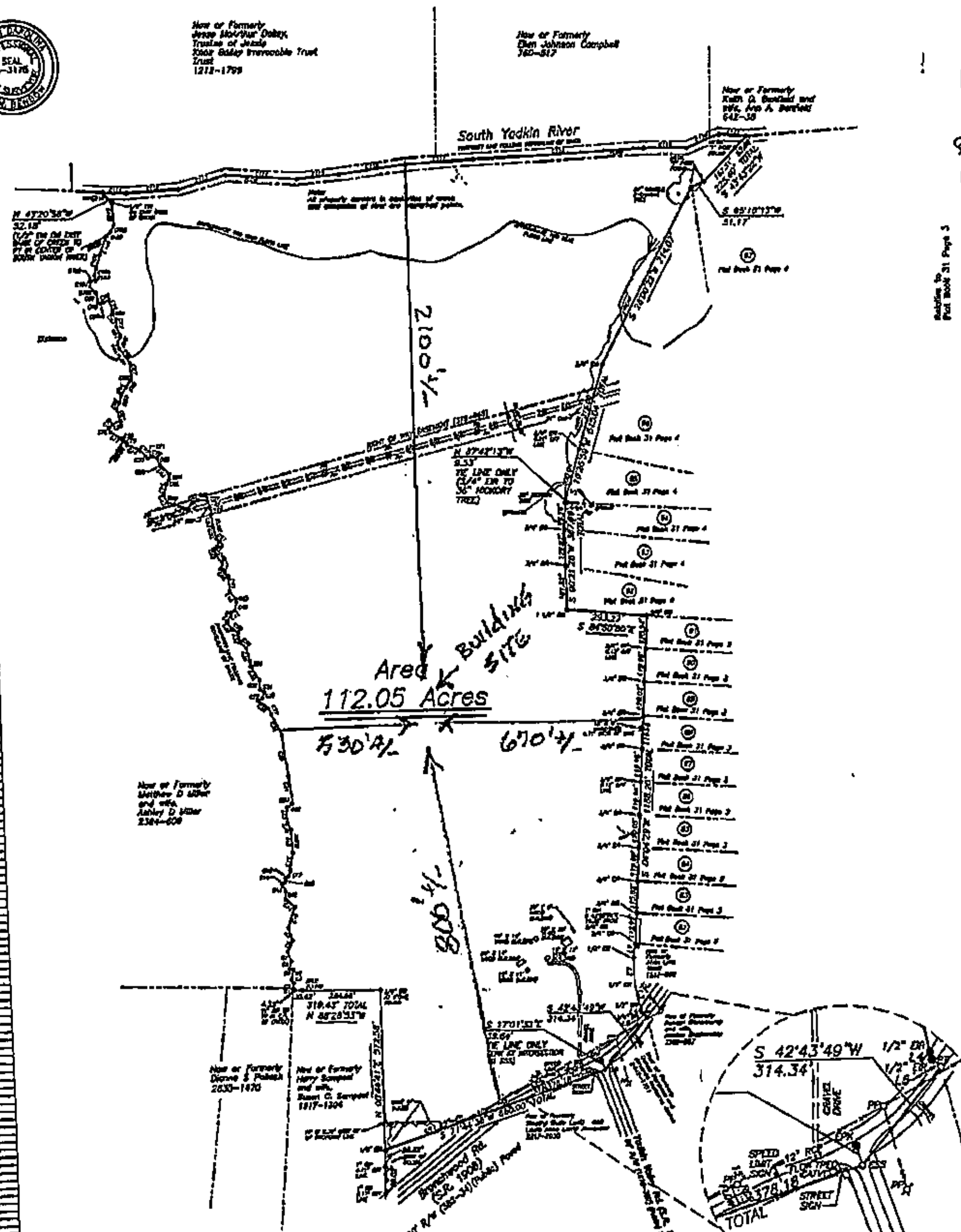
NORTH CAROLINA PROFESSIONAL SEAL L-3176 LAND SURVEYOR TED M. BENBOW

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4726 and 4727, Iredell County, North Carolina, effective date 03/16/2008, a portion of property shown hereon is located within a special flood hazard area. The property is partially within an area designated "Zone AE".







Line Table		
Course	Bearing	Distance
[illegible]	[illegible]	[illegible]

Call Table for Centerline of Creek/River		
Course	Bearing	Distance
[illegible]	[illegible]	[illegible]

LEGEND

[illegible]

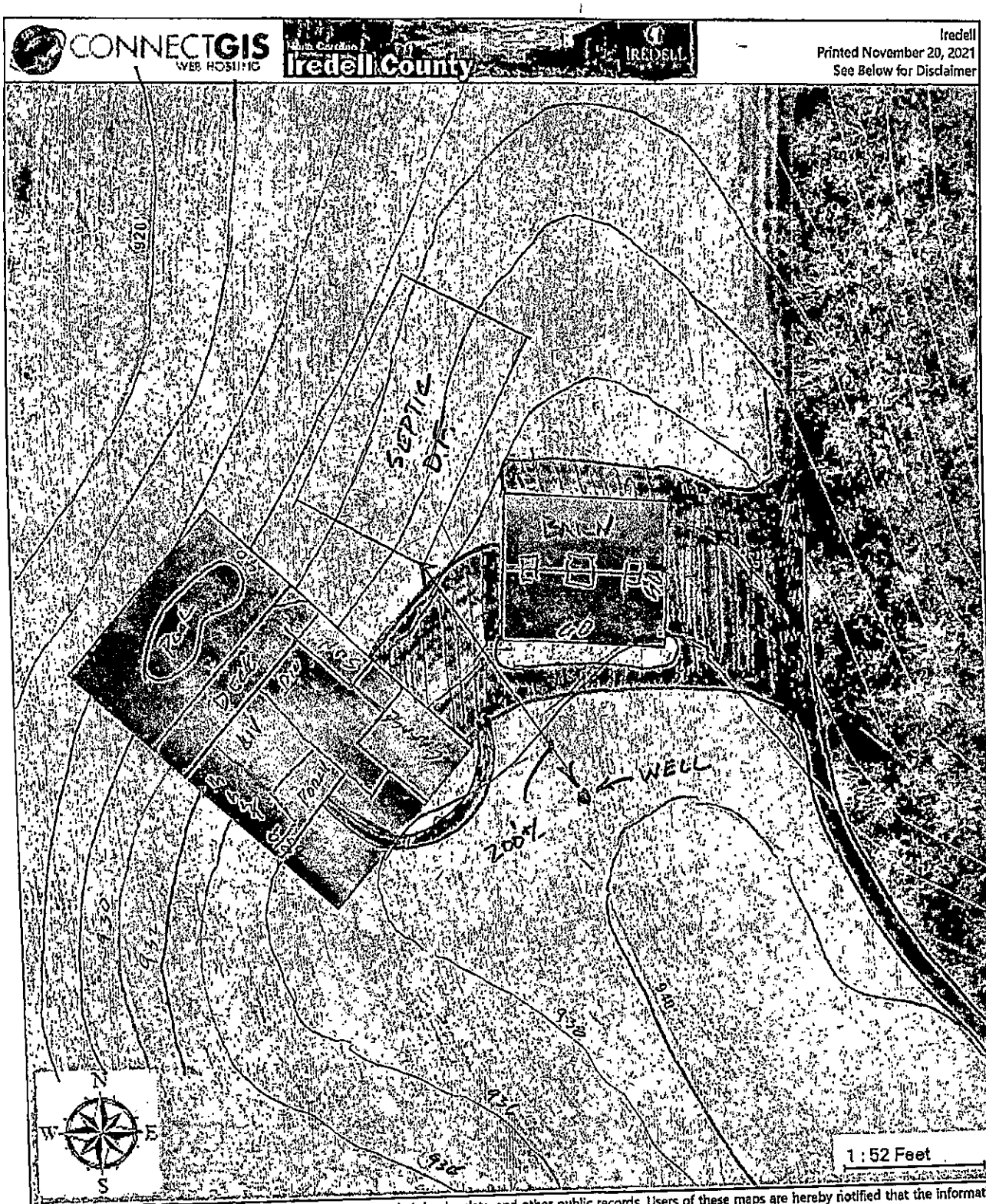
Notes:
[illegible]

Note:
[illegible]

GRAPHIC SCALE – 1" = 200'

TED BENBOW Land Surveying
Proudly Surveying Iredell County
Since 1999
436 Signal Hill Drive Ext., Statesville, NC 28625
Phone (704) 878-9661
www.boundarydevelopment.com

Boundary Survey For
Mike Clark
Concord Township, Iredell County, NC
Owner of Record: ZMI Statesville LLC, Leder-Sparlin LLC, NC Statesville LLC, TL Kids LLC, and SB Realty Partners Ltd
Deed Reference: D.B. 1788, Pg. 802
D.B. 379, Pg. 563 (Duke Power R/W),
D.B. 1616, Pg. 707 (Yadkin Valley Rd R/W),
D.B. 382, Pg. 34 (Branchwood Rd R/W)
PIN: 4725-70-6888
Job Number: 2109252.dwg (2109252.crd)
Field Date: April 20, 2008
Plat Date: May 16, 2008
Revised Field Date: July 24, 2008
Revised Plat Date: August 2, 2008
Revised Plat Date: September 21, 2008 – add Tract 4 & Tract 5
Revised Field Date: August 26, 2021 – Verified all monuments and found to be in good condition
Revised Plat Date: September 14, 2021

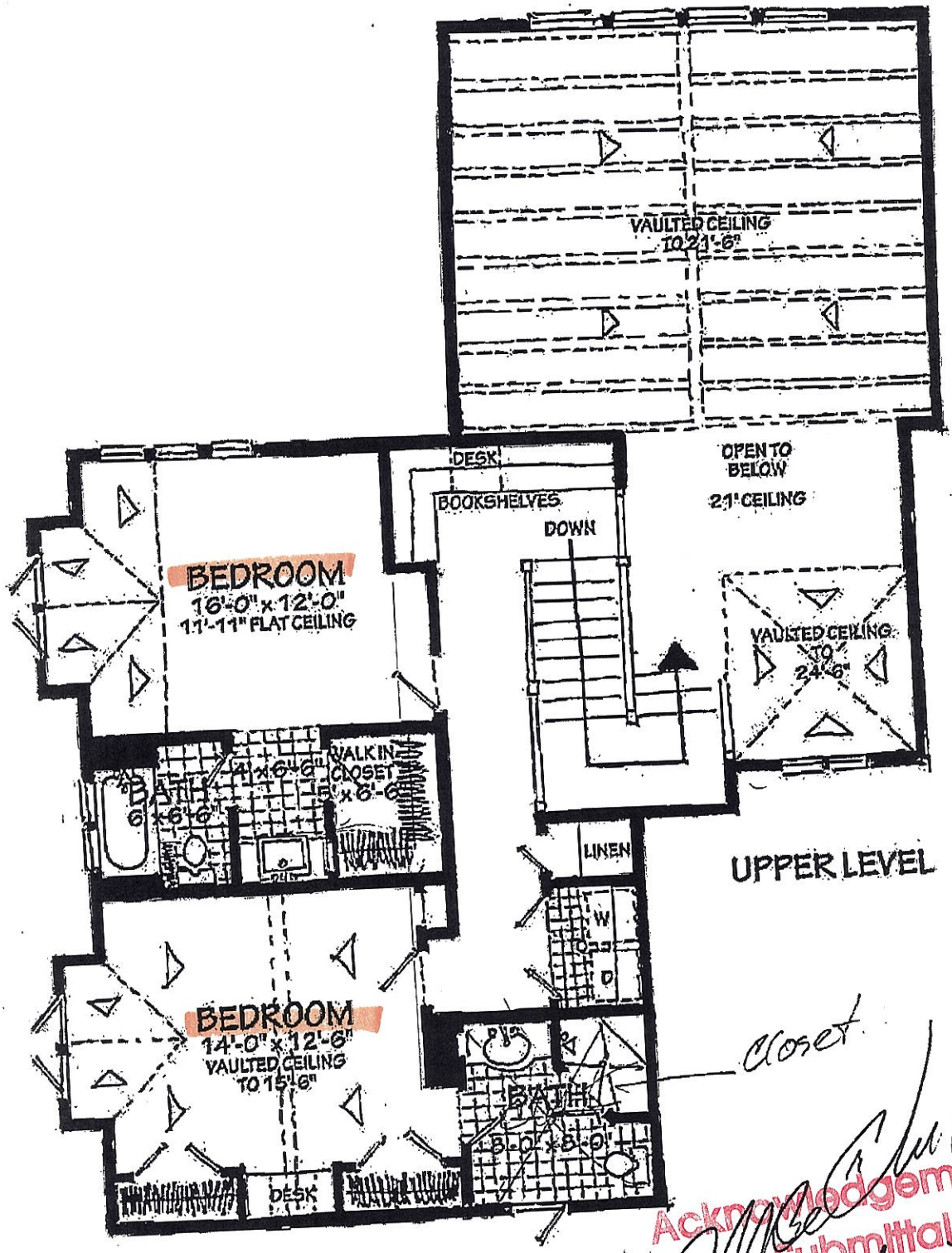


The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Farmhouse Plan
#205-1005
The Plan Collection

Acknowledgement Of Plans Submittal ONLY!
Date
11/22/22
Date

Bryant C. White 1-21-2022

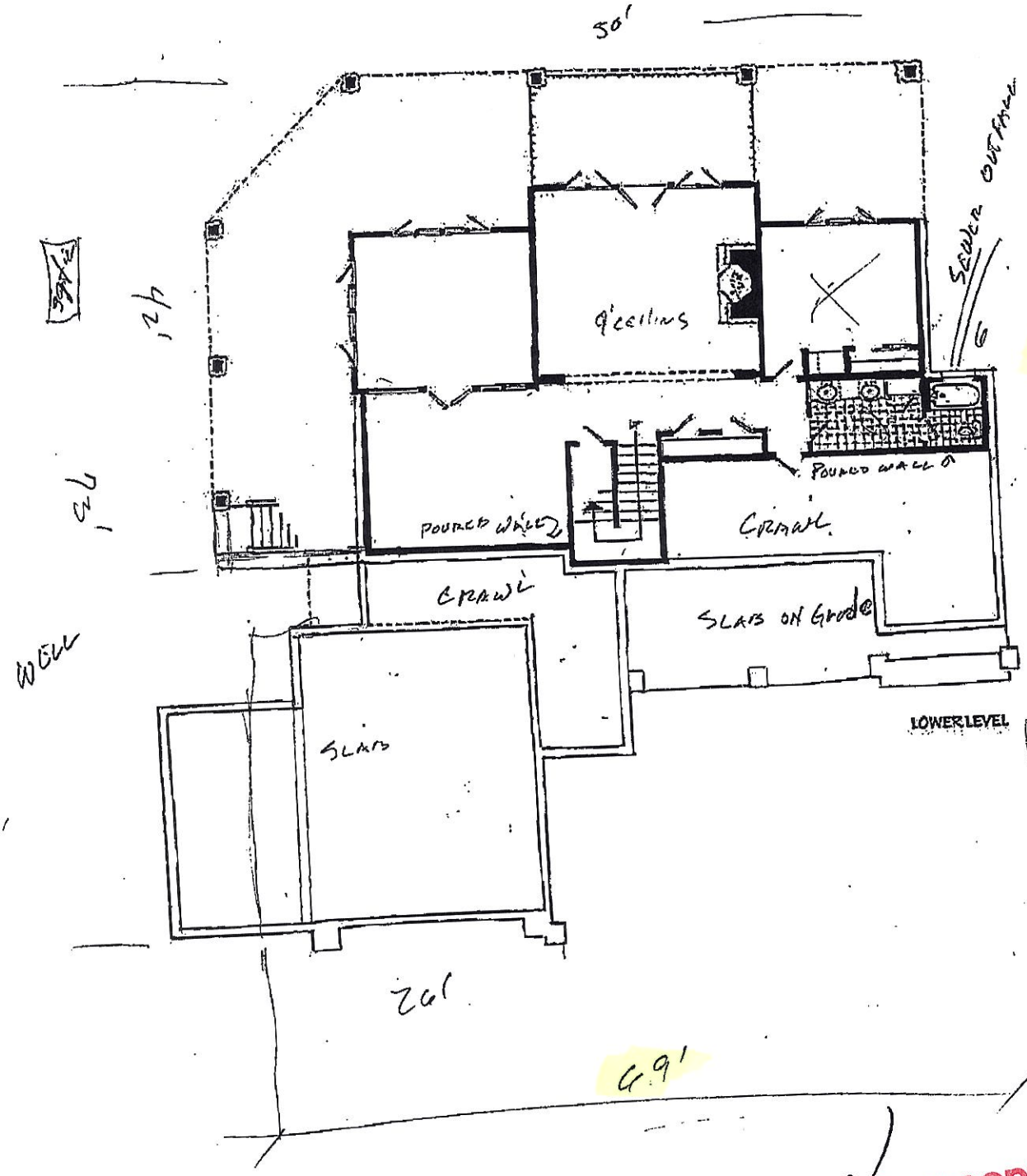


Acknowledgement Of Plans Submittal ONLY!

11/22/2022
Date

Date

Bryant C. White 1-21-2022



Acknowledgement Of Plans Submittal ONLY!

11/22/2021
Date

Date

Bryant C. White 1-21-2022

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323363 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4728706888.000	263 BRANCHWOOD RD	Iredell County

Owner Information	Applicant Information
Name: MICHAEL A CLARK FAMILY TR	Name: CLARK MICHAEL A
Address:	Address: 188 APACHE RD
	TROUTMAN , NC 28166
Phone:	Phone: (704)682-9111

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
112.05	35	35	15	15	WSIV-CA South Yadkin	YES

Remarks
SFD HOUSE IS OUT OF FLOODZONE

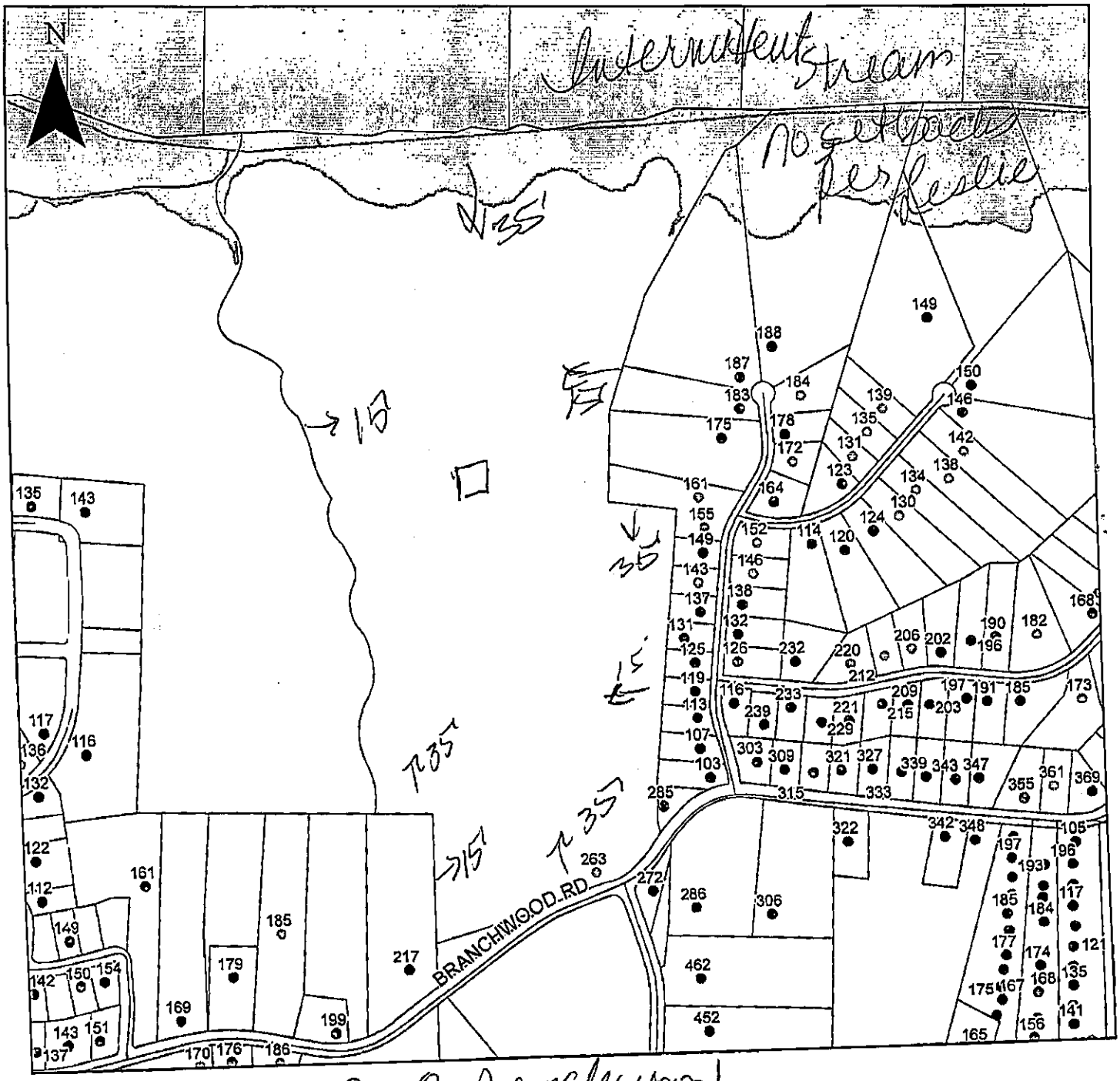
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 11/23/2021

Signature of Owner/Contractor

Permit Number	323363	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 263 Branchwood

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

11/23/2021
Date