ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

SH MANF-2023-25160 PERMIT # 2023-20442

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

PIN # 4724 -- 33 - 5801

APPLICANT/OWNER: Greg E Peterson APPLICANT ADDRESS: 322 Kelly Ave Mooresville, NC 28115

SITE ADDRESS: ~~127~~ 131 Masters Hollow Ln Statesville, NC 28625 PHONE: (704) 433-1824 ALT. PHONE –

SITE DIRECTIONS: W Water St, (L) NC-115, (R) Snow Creek, (L) Masters Hollow SAP CONTROLLED: ☐ YES ☑ NO

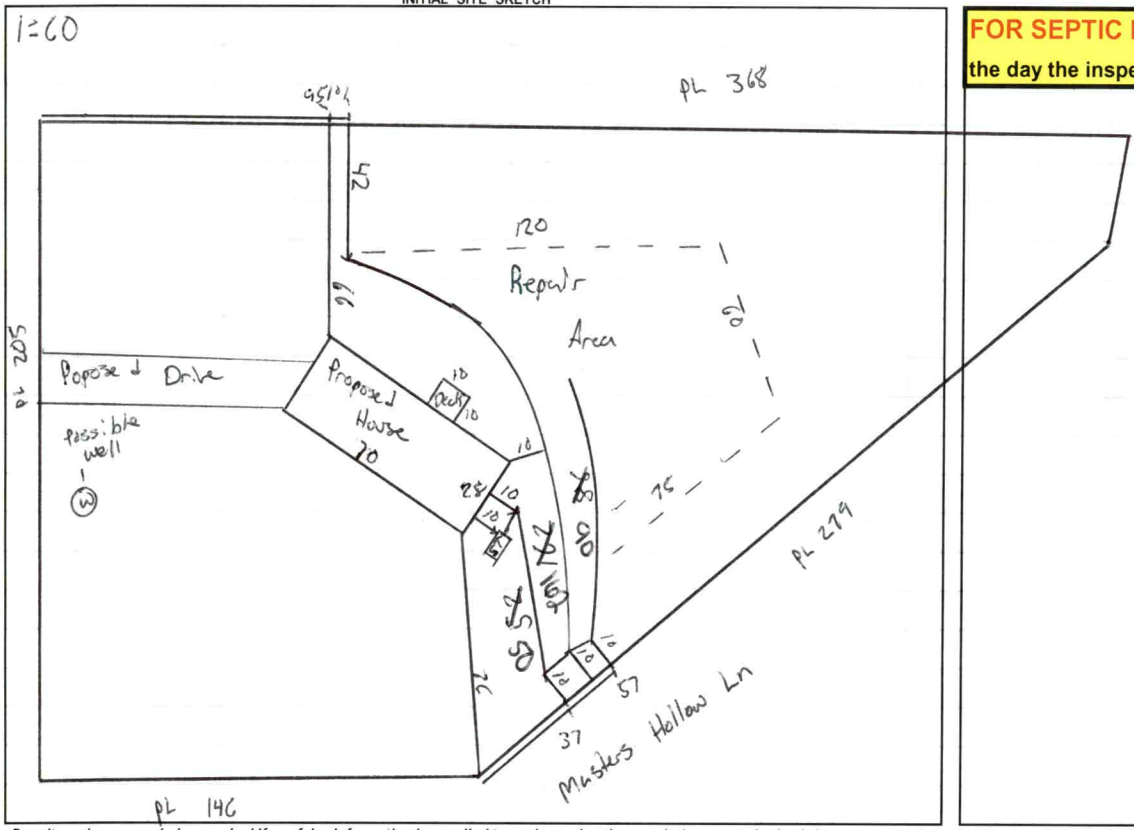
SUBDIVISION: Eugene & Clara Peterson SECTION: – LOT # 2 LOT AREA: 1.253 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	4/23/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction - Serial			
Pump Make		Model		Serial #		Repair System Description:	25% Reduction - Serial			
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)	36 in max	Gravel Depth	N/A		☑ 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 with 4ft on center.
Do not drive, park, or construct on septic area.

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.

Installed as Drawn

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: Online Signature Date: Installed by: Abee Grading

IMPROVEMENT PERMIT by: Matt Wilk Date: 4/28/23 OPERATION PERMIT by: Cary Whit Date: 6/6/23

AUTHORIZATION TO CONSTRUCT by: Matt Wilk Date: 4/28/23 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Sheet 1 of 1
PROPERTY ID #: 9773338751
COUNTY: Iredell

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

OWNER: Greg E Peterson
ADDRESS: 322 Kelly Ave Mooresville 28115
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 127 Musters Hollow Ln

APPLICATION DATE: 3/29/23
DATE EVALUATED: 4/25/23
PROPERTY SIZE: 1.253Ac
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	LS 8%	0-20	L/SBK	SS sp fr SE	>	48	Sap inclusions 34+		PS .3
		20-48	CL/SBK	SS sp fr SE					
2	LS 10%	0-8	SCL/Gr	SS sp fr SE	-	48	Sap inclusions at 30+		PS .3
		8-24	L/SBK	SS sp fr SE					
		24-48	CL/SBK	SS sp fr SE					
3	LS 6%	0-8	SCL/Gr	SS sp fr SE	-	48	-	-	PS .3
		8-22	CL/SBK	SS sp fr SE					
		22-48	CL/SBK	SS sp fr SE					
4	LS 6%	0-7	SCL/Gr	↓	-	46	Sap inclusions begin at 24	-	PS .3
		7-20	L/SBK						
		20-48	CL/SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew W
OTHER(S) PRESENT: _____

COMMENTS: _____

Updated February 2014

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.

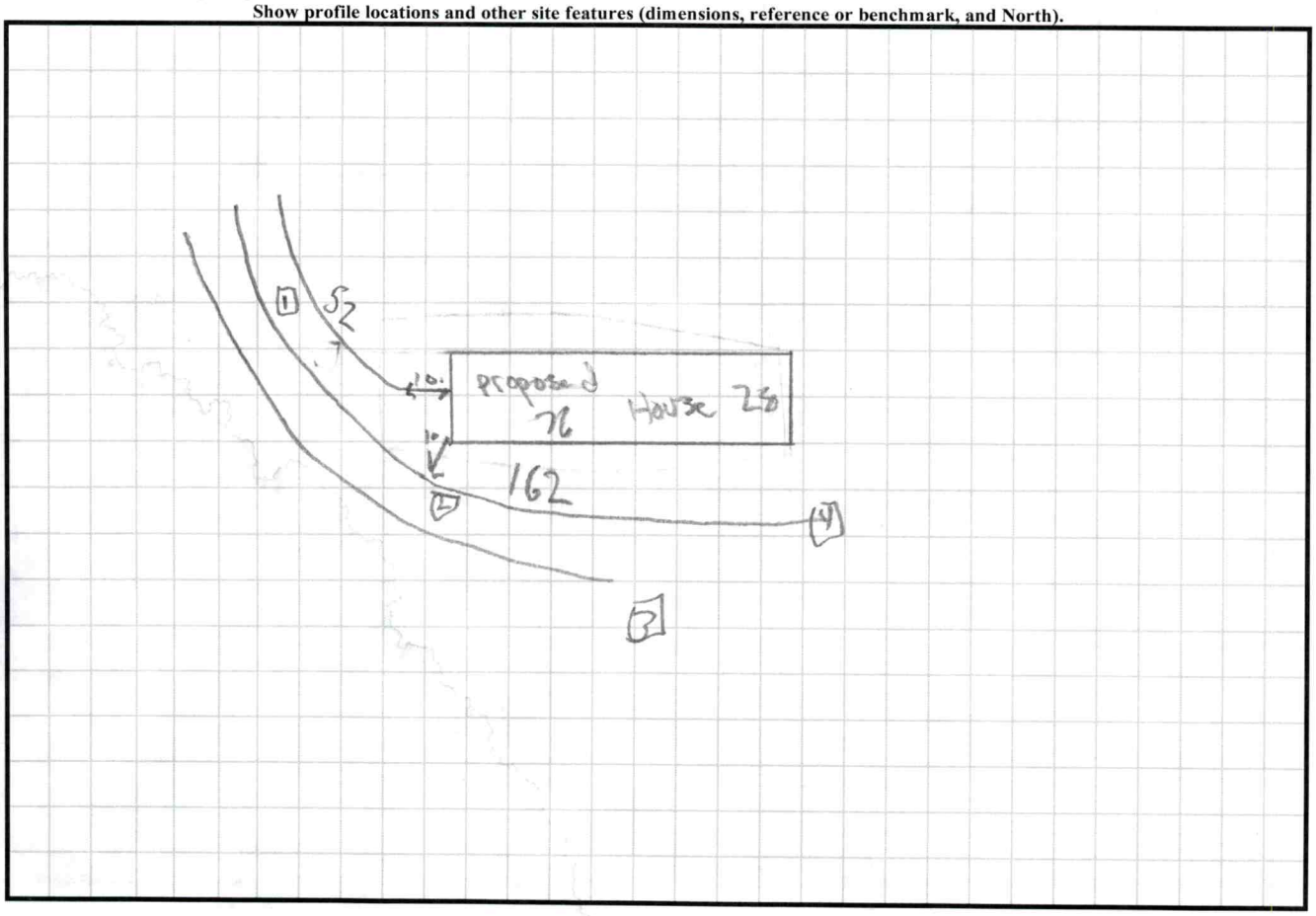
NOTES

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).



PERMIT SNAPSHOT REPORT OSWP-2023-20442 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Wilkinson, Matthew
App Date: 03/29/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: New septic system for 3 bedroom mobile home 7044331828

Parcel:	**Address:**	**Zone:**
4729333751.000 Main	127 Masters Hollow Ln Main Statesville, NC 28625	RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Greg E Peterson	Greg E Peterson
322 Kelly Ave	322 Kelly Ave
Mooresville, NC 28115	Mooresville, NC 28115

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	28' x 70'	What are the proposed structures	Manufactured Home
Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	3	Foundation Type	Crawl Space Foundation	Residential/Business/OtResidential her	
Water Supply	New Well	Desired Septic System Type	Conventional (most common)	If other septic system type, please explain	
Pump Make		# of Nitrification Fields		Model	
Serial #		System Description		Repair System Description	
Comments/Conditions		Permit type(s)	Improvement Permit with Site Plan	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Zoning Permit Issued Date	Mar 29 2023 12:00AM	Zoning Permit Expiration Date	Sep 25 2023 12:00AM	Additional Unique Setbacks Apply	No
Watershed	WSIV CA SOUTH YADKIN				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Greg_Peterson_3/29/2023.jpg	03/29/2023 10:51	Peterson, Greg		Uploaded via CSS
authorizationmh_v1.pdf	03/29/2023 10:56	Nebel, Barbara	Available Online	Authorize to Act as Agent
127 Masters Hollow Updated Site Plan_v1.pdf	03/29/2023 16:51	Bailey, Julia	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-82546	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	04/18/2023			04/18/2023 8:13	04/18/2023 8:13

Inspectors: Bracken, Sarah (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. Emailed for contact	Sarah Bracken	04/13/2023 8:14

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00011511	Iredell Zoning Tech Fee	$2.25	$2.25

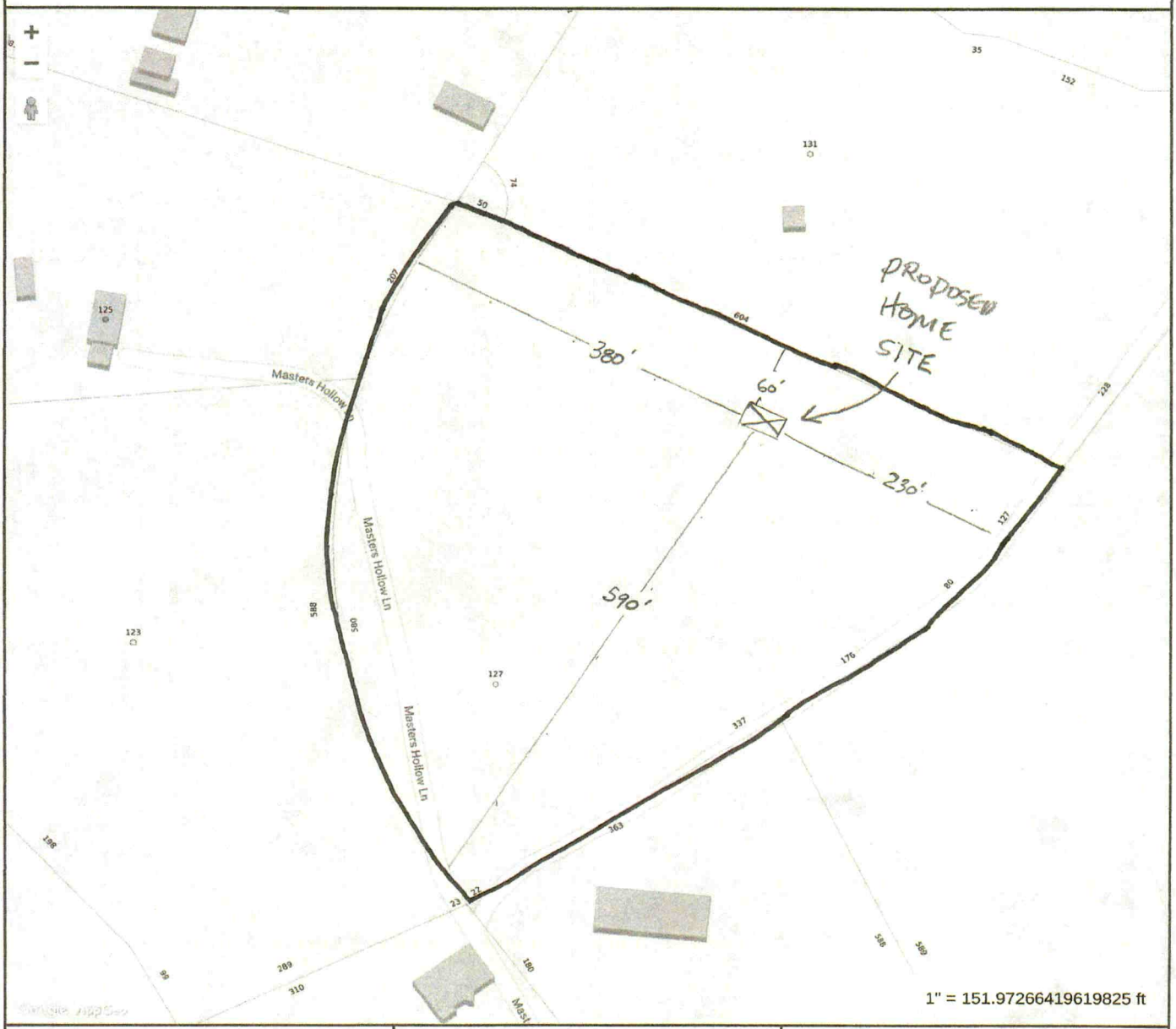
PERMIT SNAPSHOT REPORT (OSWP-2023-20442)

New Gravity System		$500.00	$500.00
Iredell Zoning Permit Fee		$75.00	$75.00
	Total for Invoice INV-00011511	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/29/2023 10:56	03/29/2023 10:56
Confirm application complete v.1	Generic Action		03/29/2023 10:56
Fees v.1		04/11/2023 10:39	04/11/2023 11:34
Issue Invoice v.1	Generic Action		04/11/2023 10:39
Fees Paid v.1	Generic Action		04/11/2023 11:34
Zoning Review v.1		03/29/2023 10:56	04/12/2023 10:52
~~Floodplain Admin Overview v.1~~	Task		04/12/2023 10:51
Iredell County Zoning Approval v.1	Task	03/29/2023 10:56	04/12/2023 10:52
Issue Invoice v.1	Generic Action		03/29/2023 16:59
Fees Paid v.1	Generic Action		04/12/2023 10:52
Lot Readiness Verification v.1		04/18/2023 8:13	
OSWP Septic Preliminary Site Visit v.1	Inspection	04/18/2023 8:13	04/18/2023 8:13
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Iredell County, North Carolina

March 29, 2023



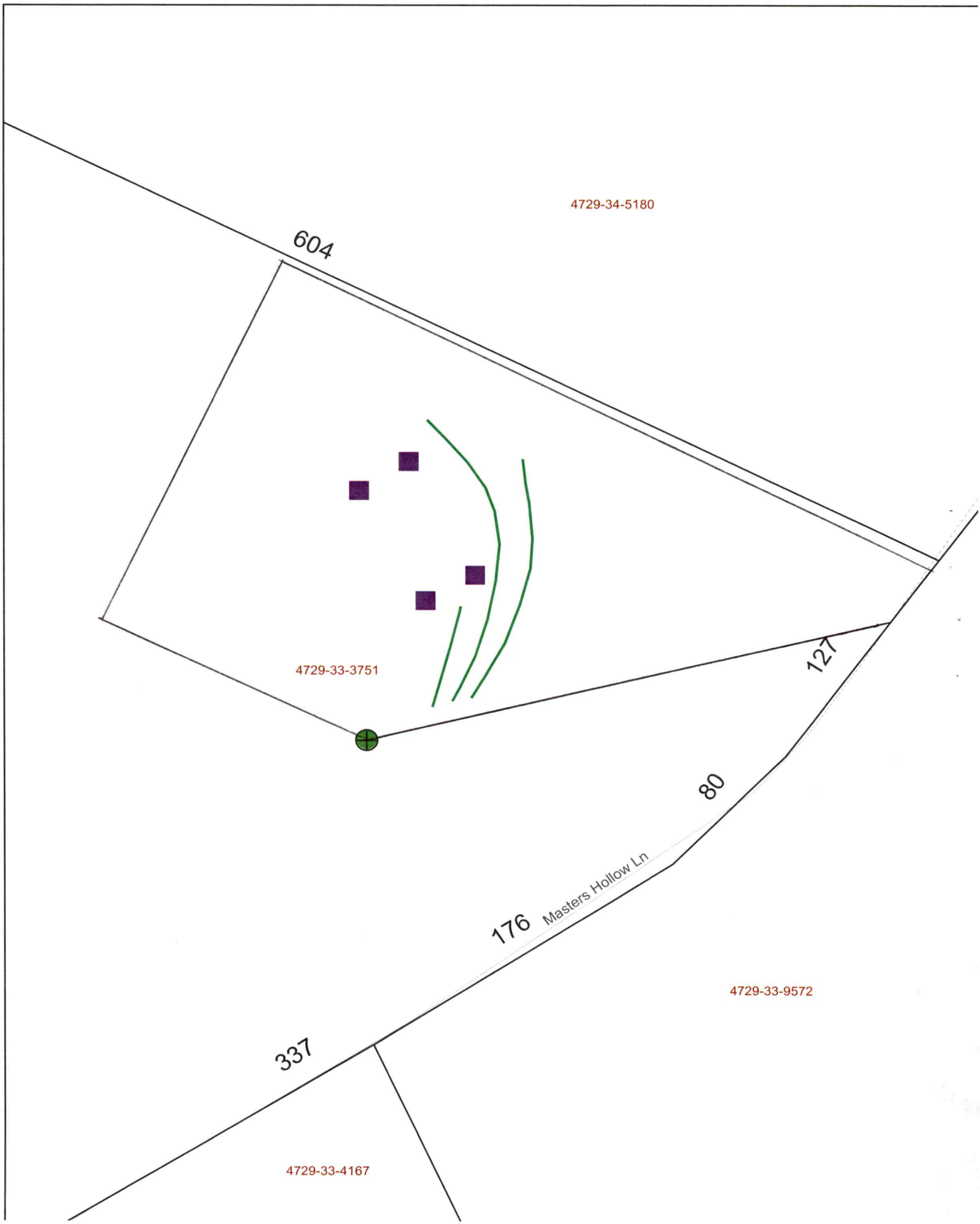
IREDELL COUNTY NC

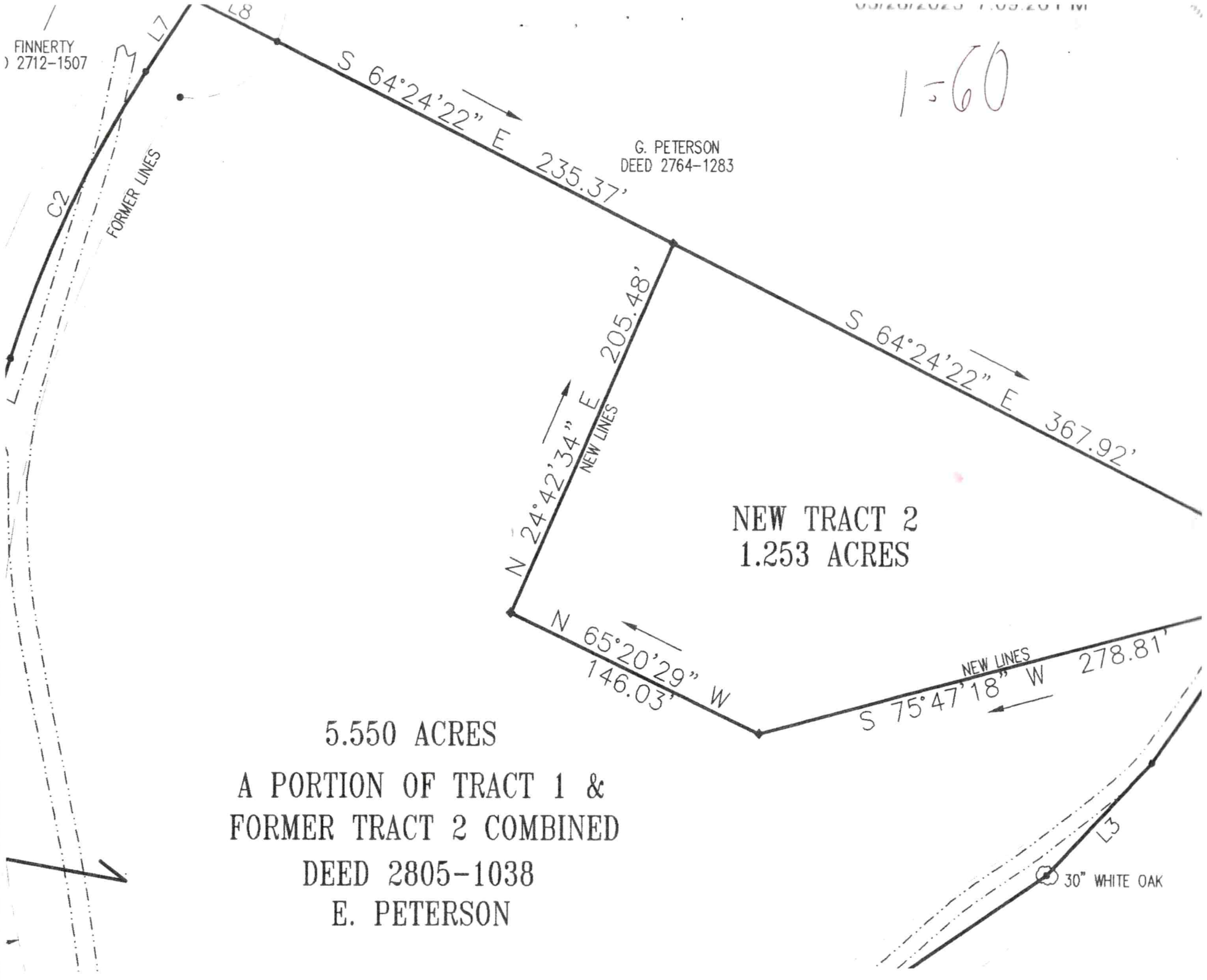
MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 02/24/2023
Data updated 02/24/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.


4729-34-5180
604
4729-33-3751
127
80
176
Masters Hollow Ln
4729-33-9572
337
4729-33-4167


FINNERTY
) 2712-1507
L7
L8
S 64°24'22" E 235.37'
G. PETERSON
DEED 2764-1283
C2
FORMER LINES
S 64°24'22" E 367.92'
N 24°42'34" E 205.48'
NEW LINES
NEW TRACT 2
1.253 ACRES
N 65°20'29" W
146.03'
NEW LINES
S 75°47'18" W 278.81'
L3
30" WHITE OAK
5.550 ACRES
A PORTION OF TRACT 1 &
FORMER TRACT 2 COMBINED
DEED 2805-1038
E. PETERSON

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines, and dedicate all roads, alleys, walks, parks, and other sites and easements to public or private use as noted.

Furthermore, I hereby certify that no sanitary sewers, storm sewers, or water lines are to be included in the subdivision.
I further certify that:
a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is NOT the responsibility of Iredell County, will NOT be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____ Owner

_____ Owner

IREDELL COUNTY, NORTH CAROLINA

I, _____, a Notary Public for said County and State, do hereby certify that _____, owner (s) personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this ____ day of _____, 2023.

_____
Notary Public
My Commission Expires: _____

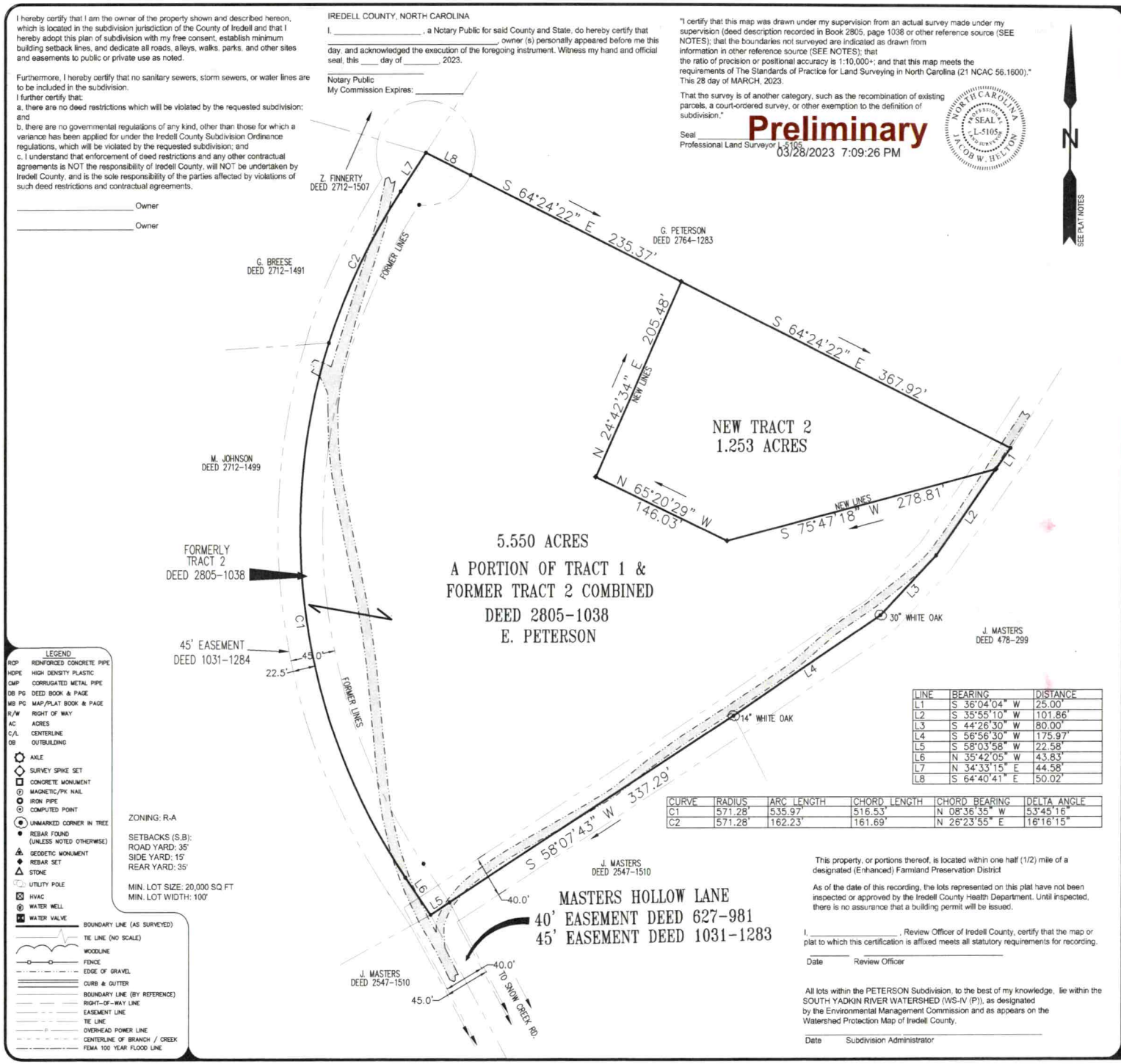
"I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2805, page 1038 or other reference source (SEE NOTES); that the boundaries not surveyed are indicated as drawn from information in other reference source (SEE NOTES); that the ratio of precision or positional accuracy is 1:10,000+; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)." This 28 day of MARCH, 2023.

That the survey is of another category, such as the recombination of existing parcels, a court-ordered survey, or other exemption to the definition of subdivision."

Seal _____
Professional Land Surveyor L-5105

Preliminary
03/28/2023 7:09:26 PM

NORTH CAROLINA PROFESSIONAL SEAL L-5105 SURVEYOR JACOB W. HELTON



LINE	BEARING	DISTANCE
L1	S 36°04'04" W	25.00'
L2	S 35°55'10" W	101.86'
L3	S 44°26'30" W	80.00'
L4	S 56°56'30" W	175.97'
L5	S 58°03'58" W	22.58'
L6	N 35°42'05" W	43.83'
L7	N 34°33'15" E	44.58'
L8	S 64°40'41" E	50.02'

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	571.28'	535.97'	516.53'	N 08°36'35" W	53°45'16"
C2	571.28'	162.23'	161.69'	N 26°23'55" E	16°16'15"

LEGEND

RCP	REINFORCED CONCRETE PIPE
HDPE	HIGH DENSITY PLASTIC
CMP	CORRUGATED METAL PIPE
DB PG	DEED BOOK & PAGE
MB PG	MAP/PLAT BOOK & PAGE
R/W	RIGHT OF WAY
AC	ACRES
C/L	CENTERLINE
OB	OUTBUILDING

AXLE
SURVEY SPIKE SET
CONCRETE MONUMENT
MAGNETIC/PK NAIL
IRON PIPE
COMPUTED POINT
UNMARKED CORNER IN TREE
REBAR FOUND (UNLESS NOTED OTHERWISE)
GEODETIC MONUMENT
REBAR SET
STONE
UTILITY POLE
HVAC
WATER WELL
WATER VALVE

BOUNDARY LINE (AS SURVEYED)
TIE LINE (NO SCALE)
WOODLINE
FENCE
EDGE OF GRAVEL
CURB & GUTTER
BOUNDARY LINE (BY REFERENCE)
RIGHT-OF-WAY LINE
EASEMENT LINE
TIE LINE
OVERHEAD POWER LINE
CENTERLINE OF BRANCH / CREEK
FEMA 100 YEAR FLOOD LINE

ZONING: R-A

SETBACKS (S.B):
ROAD YARD: 35'
SIDE YARD: 15'
REAR YARD: 35'

MIN. LOT SIZE: 20,000 SQ FT
MIN. LOT WIDTH: 100'

This property, or portions thereof, is located within one half (1/2) mile of a designated (Enhanced) Farmland Preservation District

As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued.

I, _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____ _____
Date Review Officer

All lots within the PETERSON Subdivision, to the best of my knowledge, lie within the SOUTH YADKIN RIVER WATERSHED (WS-IV (P)), as designated by the Environmental Management Commission and as appears on the Watershed Protection Map of Iredell County.

_____ _____
Date Subdivision Administrator

An
EXEMPT RECOMBINATION
for

Eugene Peterson
and
Clara Peterson

SHARPESBURG TOWNSHIP
IREDELL COUNTY, NC
MARCH 28, 2023

PROPERTY INFORMATION:

PARCEL ID: 4729333751.000
MASTERS HOLLOW LN
STATESVILLE, NC

PLAT NOTES:

1.PLAT NORTH IS BASED ON NAD83(2011)

2.NO GEODETIC MONUMENTS WERE SURVEYED

3.AREA COMPUTED USING COORDINATE METHOD

4.ALL DISTANCES ARE GROUND HORIZONTAL UNLESS OTHERWISE NOTED

5.ANY TRAVERSE ADJUSTMENTS WERE PERFORMED USING THE COMPASS RULE

6. PROPERTY MAY BE SUBJECT TO BURDENS OR BENEFITS NOT SHOWN

HELTON
SURVEYING & MAPPING PLLC
(704) 634-9354

FIRM #P-2095
JACOB W. HELTON, PLS, CFS
JACOBH@HELTON.BIZ
3579 ANDERSON MOUNTAIN RD.
MAIDEN, NC 28650

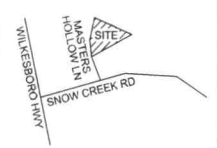
DEED AND PLAT REFERENCES:

DB: 2805 PG: 1038

0 60 120
SCALE: 1" = 60'

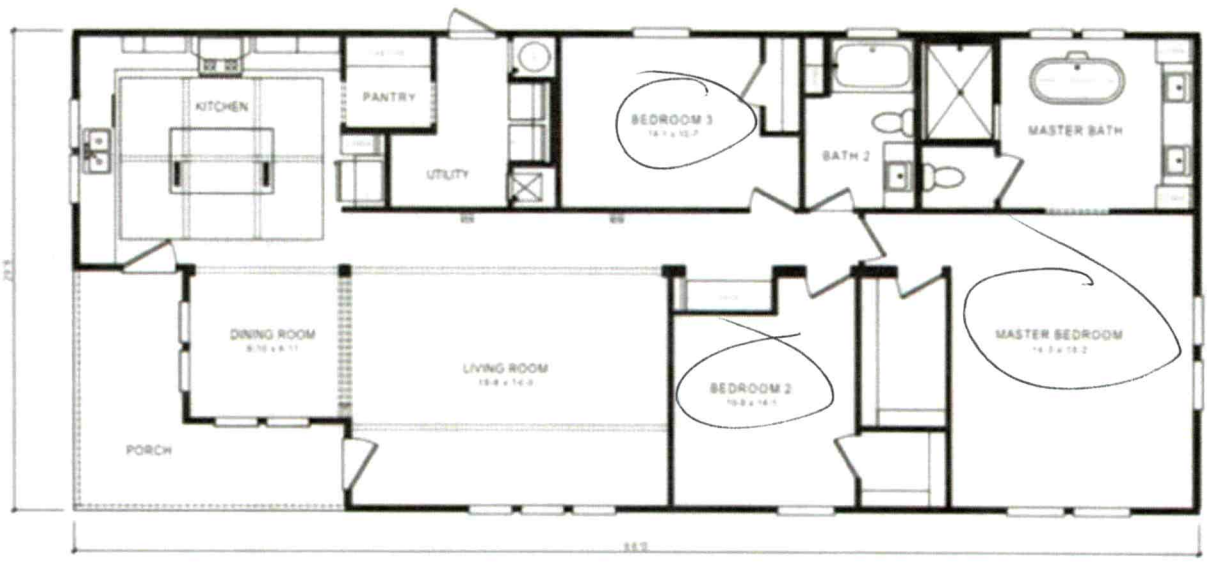
SURVEY:	DRAWN:	JOB:
JH/BH 3/24/23	JWH 3/28/23	23081

VICINITY SKETCH: NO SCALE



3 Beds | 2 Baths | 1,811 Sq. Ft.

Starting in the $140,000's*



Acknowledgement Of
Plans Submittal ONLY!

Date 4/28/23

Date



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4729333772
DATE OF EVALUATION: 7/24/18
COUNTY: Iredell

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
5 I	SS 13%	0-8	SBK SCL	Fr SS sp sapl	N/A	42"	PS	N/A	PS .3
		8-31	SBK C	" "					
		31-42	SBK CL	" "					
		42-58	L sap	VFr					

Please CALL prior to inspection

RECEIVED JUL 5 - 2018

Name: Cassandra

Number: 704-791-6005/2622

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH #237032

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Cassandra Hamilton Address: 1166 Charis Lane Statesville NC Zip: 28677

Applicant Email: cassandrahamilton24@yahoo.com Phone: 704-791-6005 Alt. Phone: 704-791-2622

Owner Name: Henry Leo Benjamin Masters Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 127 Masters Hollow Lane Statesville NC 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

(X) 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 (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: Cassandra Hamilton 6/5/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ronda Hart

From: Chrystal Sloan
Sent: Thursday, July 5, 2018 3:31 PM
To: Adrienne Shea; Ronda Hart; Heath Snow; Mark Baker
Subject: PERMIT 237032/127 MASTERS HOLLOW LN STATESVILLE/NEW SEPTIC
Attachments: scannedImage (118).pdf

They may still need a survey before you go out. Please call first to make sure they are ready.

Thanks,

Chrystal Sloan
Permitting Specialist
Iredell County Central Permitting
Iredell County Development Services
704-878-3113 Ext. 5305
chrystal.sloan@co.iredell.nc.us

IREDELL COUNTY NC

Click to let us know about your experience

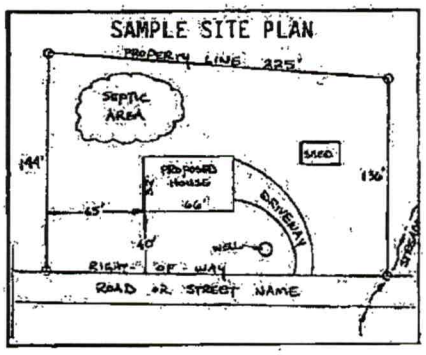
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

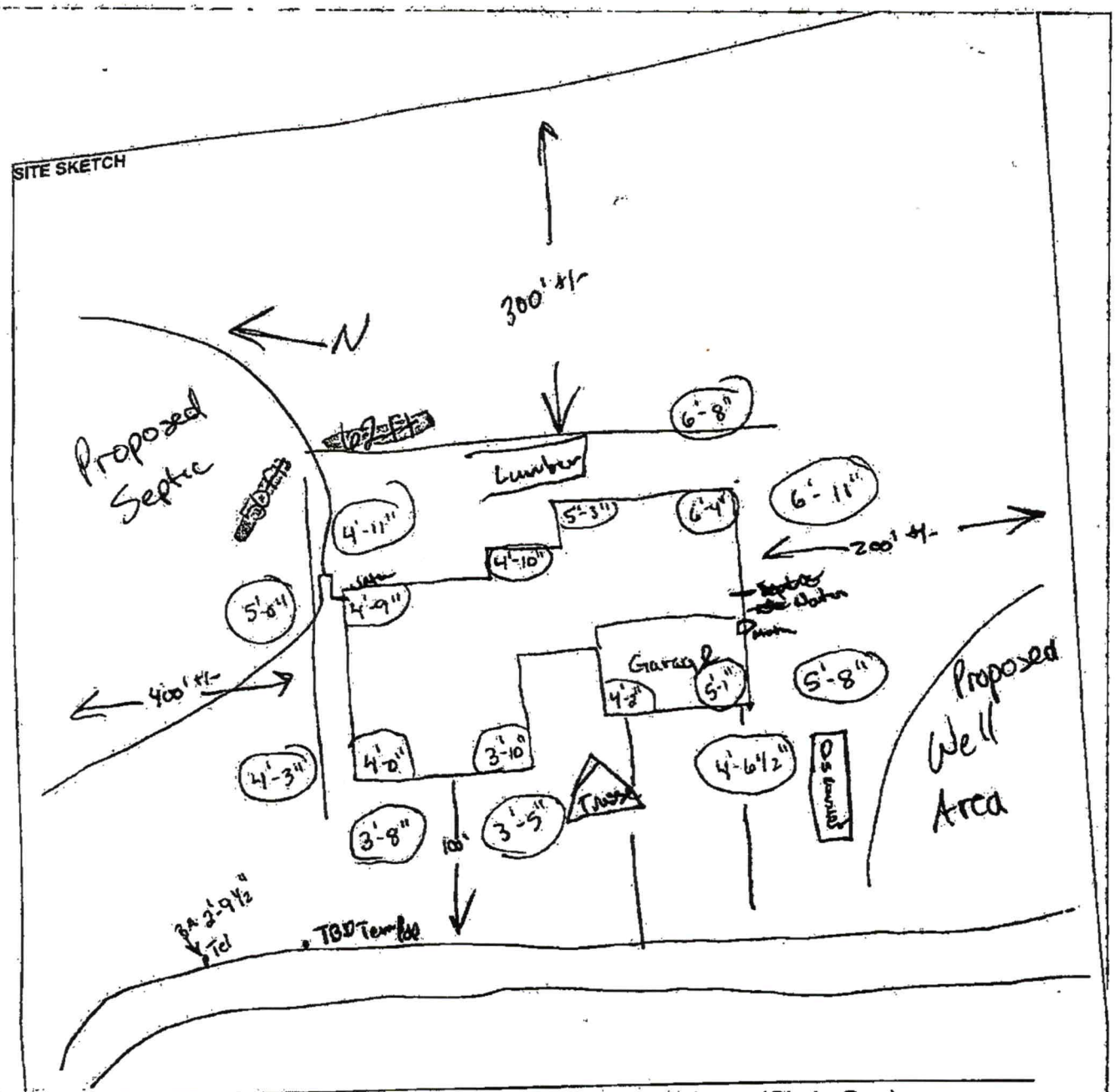
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see attached

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

7/5/18
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.

Kevin Helms Date 6/27/18 Cassie Hamilton Date 6/27/18
Signature Signature

Superintendent's Signature Brian Shelton Date 6/27/18

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

CH **Complete all Environmental Health forms:**
- CH Application
- CH Site Plan with dimensions of proposed structure, addition, pool etc.
- CH Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- CH Copy of Zoning Permit when applicable
- CH Sign this sheet after you have completed all items

CH **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

CH **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

CH **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

CH If an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Cassandra Hamilton **Date** 7/5/18

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

DocuSign Envelope ID: BBBD0934-1EC1-42B8-82F4-AB298F0D10A8

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, HENRY MASTERS, TEODORA MASTERS, am the legal owner(s) of the property located at MASTERS HOLLOW LN, identified as

PIN (Parcel Identification Number) 4729333772, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) KEVIN HERMS, CASSANDRA HAMILTON, 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.

DocuSigned by: Teodora Masters — 7/3/2018 | 10:50 AM PDT

DocuSigned by: Leo Masters — 7/3/2018 | 8:15 AM EDT

Signature of Owner(s) — Date

Mooresville - Environmental Health
ronda.hall@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

Scanned with CamScanner

The Laurel Valley

1,691 Living Area 3 Bedroom / 2 Bath

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.



The Spruce Elevation

SEDGEWICK HOMES

Features

- Spacious Master Bedroom
- Garden Tub in Master Bath
- Large Master Bedroom Walk in Closet
  Family Room Great for Entertaining
- Spacious Kitchen
- Two Car Garage Included



The Poplar Elevation



The Maple Elevation



The Oak Elevation

Visit our website or call us today to speak with a sales person.

Toll Free: 1-877-358-9199 www.sedgewickhomes.com

The Laurel Valley

1,691 Living Area 3 Bedroom / 2 Bath

SEDGEWICK HOMES

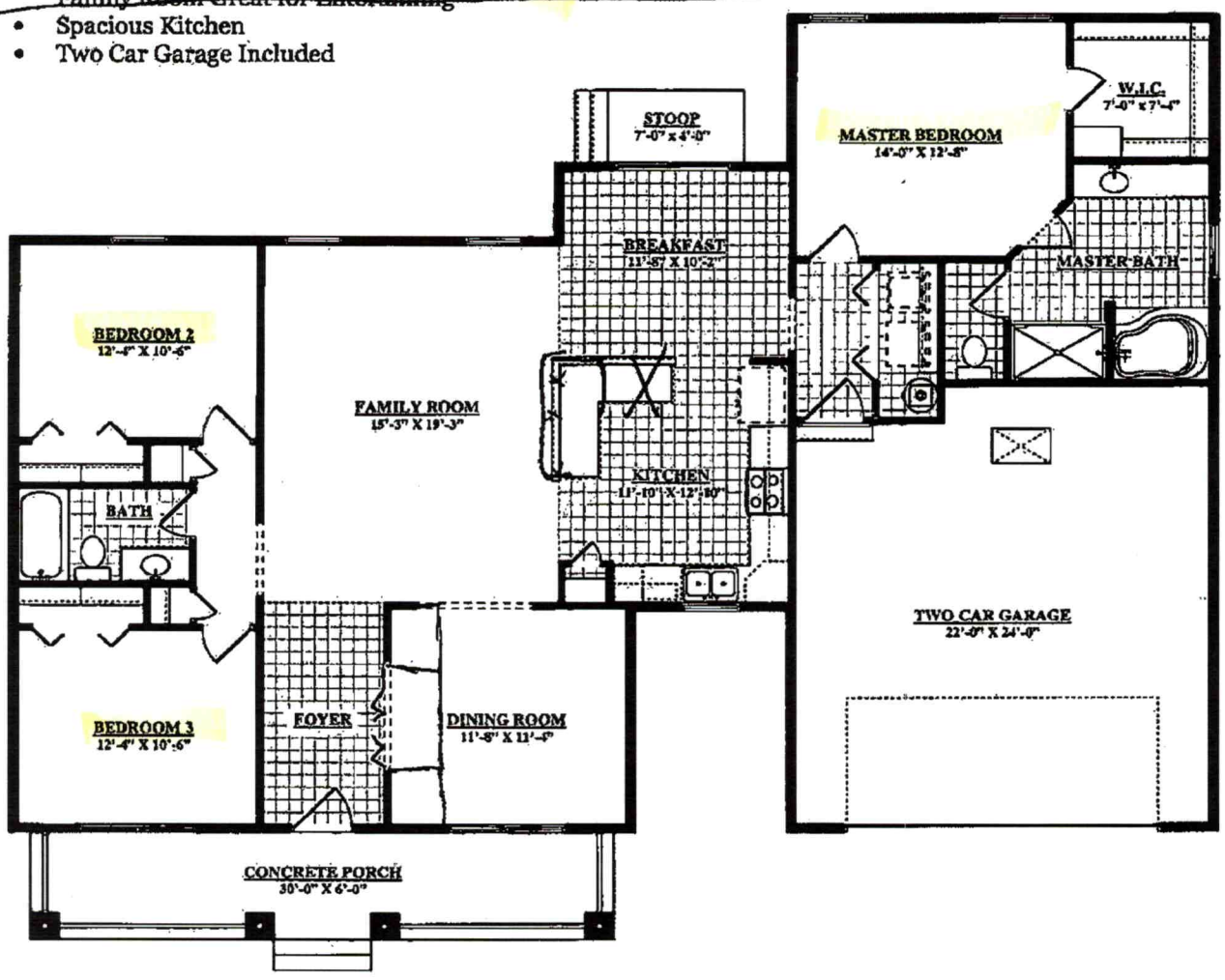
Acknowledgement Of
Plans Submittal ONLY!
Cassandra Hamilton Date 7/5/18
Carla C. Cave Date 7/24/18

62

Features

- Spacious Master Bedroom
- Garden Tub in Master Bath
- Large Master Bedroom Walk in Closet
- ~~Family Room Great for Entertaining~~
- Spacious Kitchen
- Two Car Garage Included

50



The Oak Elevation Floor Plan

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.

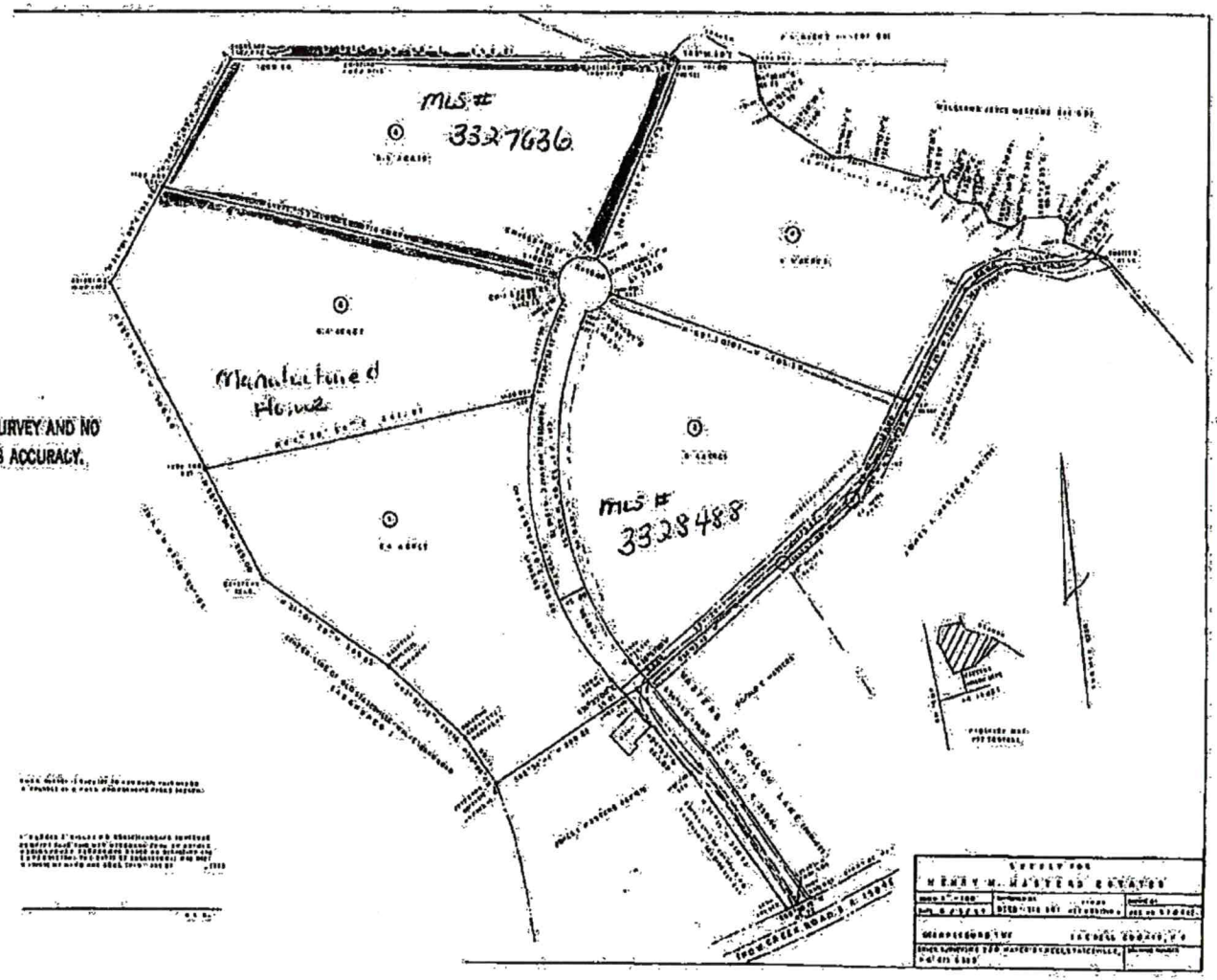
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BBB ACCREDITED BUSINESS NAHB EQUAL HOUSING OPPORTUNITY

Visit our website or call us today to speak with a sales person.
Toll Free: 1-877-358-9199 www.sedgewickhomes.com

1031161278

THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE MAY BE PLACED IN ITS ACCURACY. G.S. 47-30(f)



7-5-98

1031M1282

IREDELL COUNTY

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

APPLICATION NUMBER
237032
Issue Date: 07/05/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4729333772.000	127 MASTERS HOLLOW LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MASTERS KENNETH G HEIRS	Applicant: HAMILTON, CASSANDRA
Address: 107	Address: 166 CHARIS LN.
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone: 704-791-6005

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.400	35.00	35.00	25.00	15.00	PA	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	144556	TOTAL FEES:	$ 77.25

237032

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Henry Leo Benjamin Masters Phone # _____

Owner's Current Address _____

Property Information

Property Address 127 Masters Hollow Lane Parcel # 4729333772.000

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Cassandra Hamilton Applicant's Phone # 704-791-1005

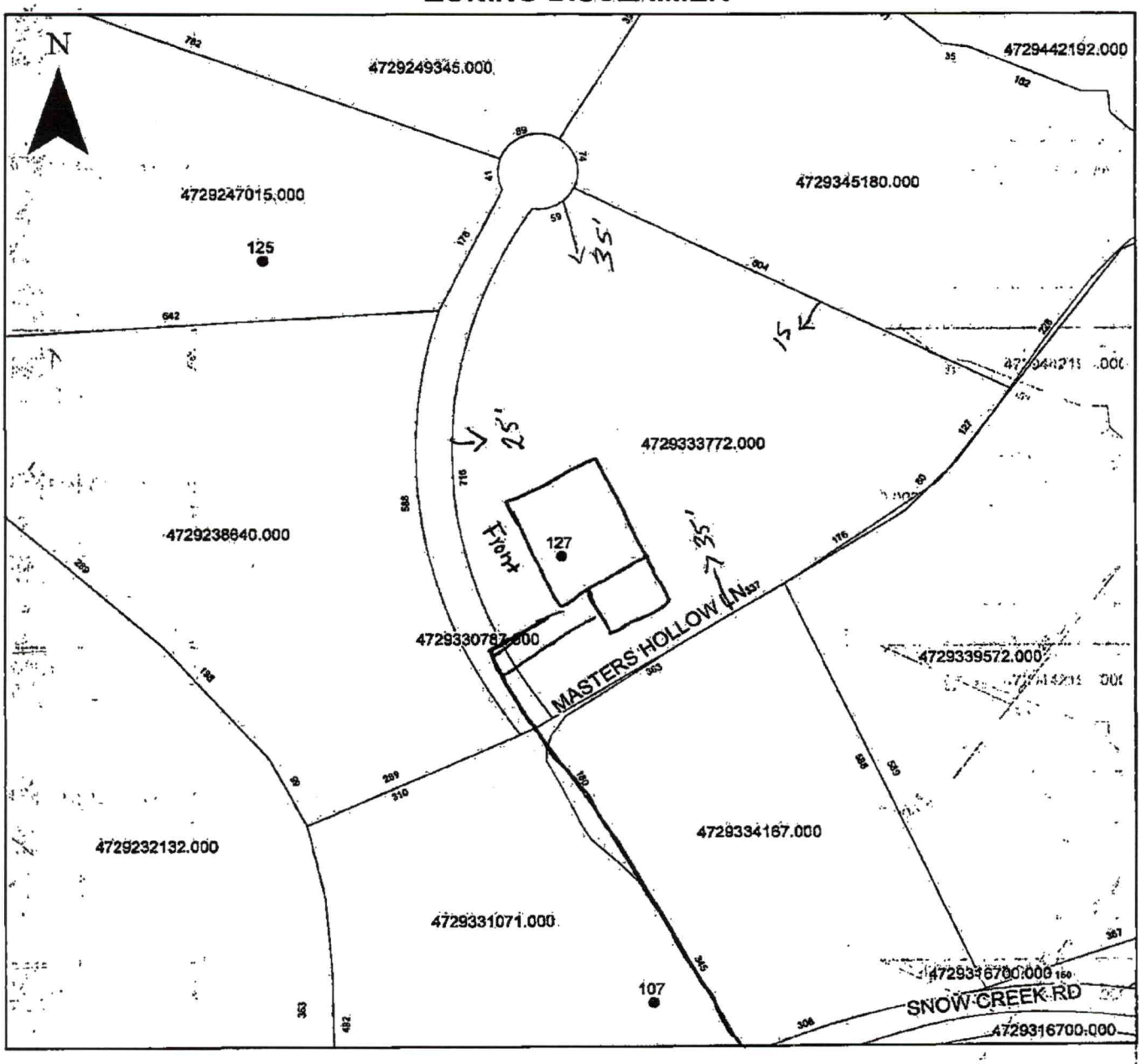
Applicant's Address 1616 Charis Lane Statesville NC 28677

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Cassandra Hamilton DATE 7/5/18

ZONING DISCLAIMER



Property Address 127 Masters Hollow Ln.

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.

Cassandra Hamilton
Applicant

7/5/18
Date

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 463208

Central Permitting Center
2019

DATE: 07/05/18 TIME: 15:09
CLERK: chrystal.sloan
PAID BY: HAMILTON, CASSANDRA

APPLICATION #: 237032

PERMIT ALLOCATION:

1	104563 460450 PZOI	2.25	Technology Fee - Planning
2	104563 472223 PZOI	75.00	Zoning Permits
1	10492751 447004 PEHIA	500.00	Environmental Health Fees

TOTAL RECEIPT AMOUNT: 577.25

PAID BY

AMOUNT PAID: 577.25
PAID BY: HAMILTON, CASSANDRA
PAYMENT METHOD: CHECK 1328
APPLICATION #: 237032

AMT TENDERED: 577.25
AMT APPLIED: 577.25
CHANGE: .00



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.

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

Sheet 1 of 2
PROPERTY ID #: 4729333772
COUNTY: Iredell

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

OWNER: Cassandra Hamilton
APPLICATION DATE 7/5/18
ADDRESS: Ilele Charis Ln, Statesville
DATE EVALUATED: 7/24/18
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 0.4 ac
LOCATION OF SITE: 127 Masters Hollow Ln
PROPERTY RECORDED: Y

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	SS 13%	0-6	SBK SCL	Fr SS SP SEXP	good deep red clay	48"	PS	N/A	PS .3
		6-21	SBK C	" "					
		21-48	SBK CL	" "					
		48-57	L SAP	VFr					
2 R	SS 12%	0-10	SBK SCL	Fr SS SP SEXP	few SAP inc. @ 40"	50"	N/A	N/A	PS .3
		10-32	SBK C	" "					
		32-50	SBK CL	" "					
3 R	SS 16%	0-8	SBK SCL	Fr SS SP SEXP	N/A	35"	PS	N/A	PS .3
		8-23	SBK C	" "					
		23-35	SBK CL	" "					
		35-60	L SAP	VFr					
4 R	SS 13%	0-6	SBK SCL	Fr SS SP SEXP	N/A	40"	PS	N/A	PS .3
		6-26	SBK C	" "					
		26-40	SBK CL	" "					
		40-55	L SAP	VFr					

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

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
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.

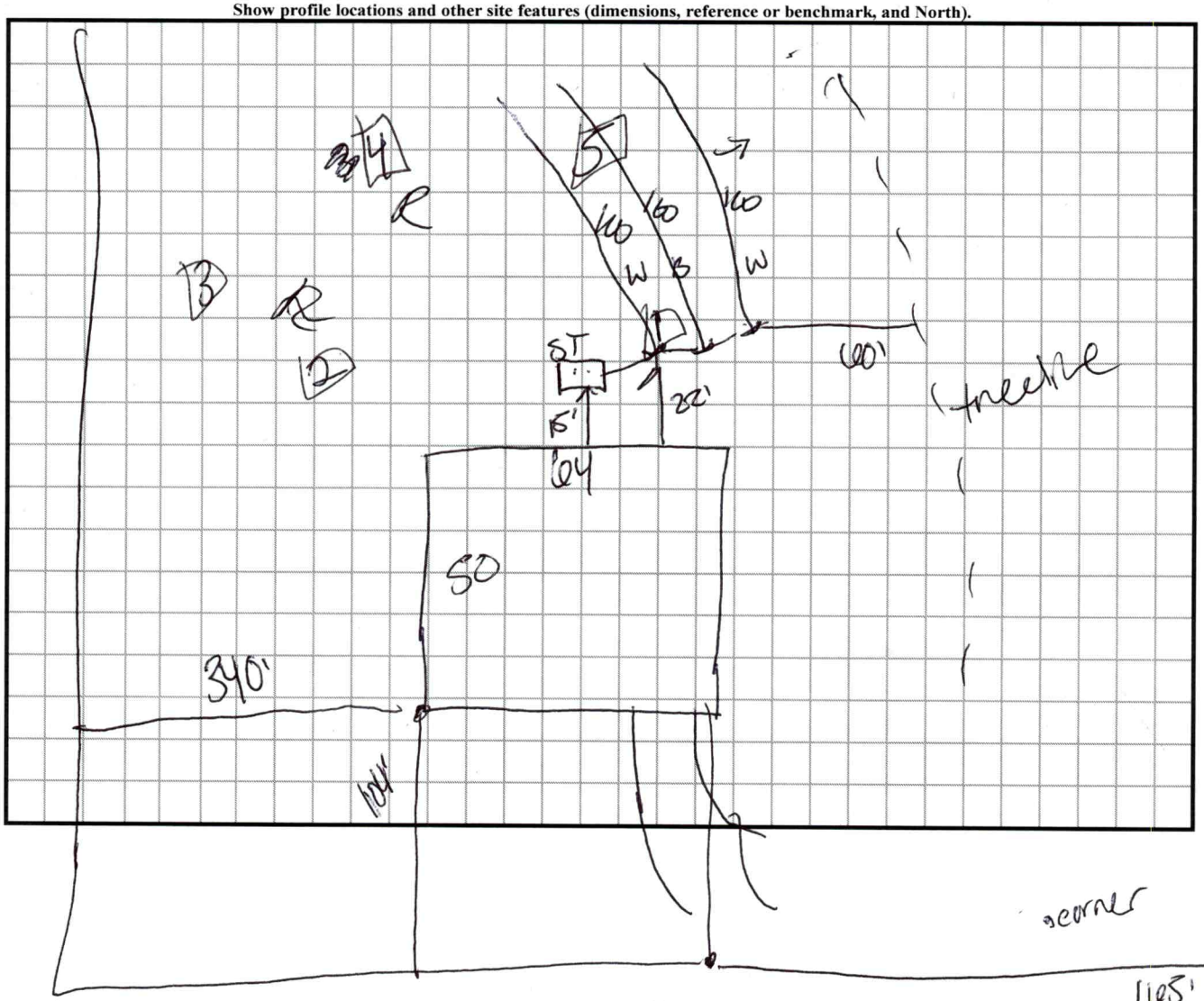
NOTES

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).



Updated February 2014

SOIL-13