(BB) 11

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 304670

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

PIN # 4732516 2993

APPLICANT/OWNER: Joseph Combs III APPLICANT ADDRESS: 143 W Imperial Heights Rd

SITE ADDRESS: 190 Pine Haven Rd, Statesville 28677 PHONE: 704-657-2923 ALT. PHONE —

SITE DIRECTIONS: 215 → R on Pine Haven → L on Pine Haven → R by 19L → on L SAP CONTROLLED: ☐ YES ☒ NO

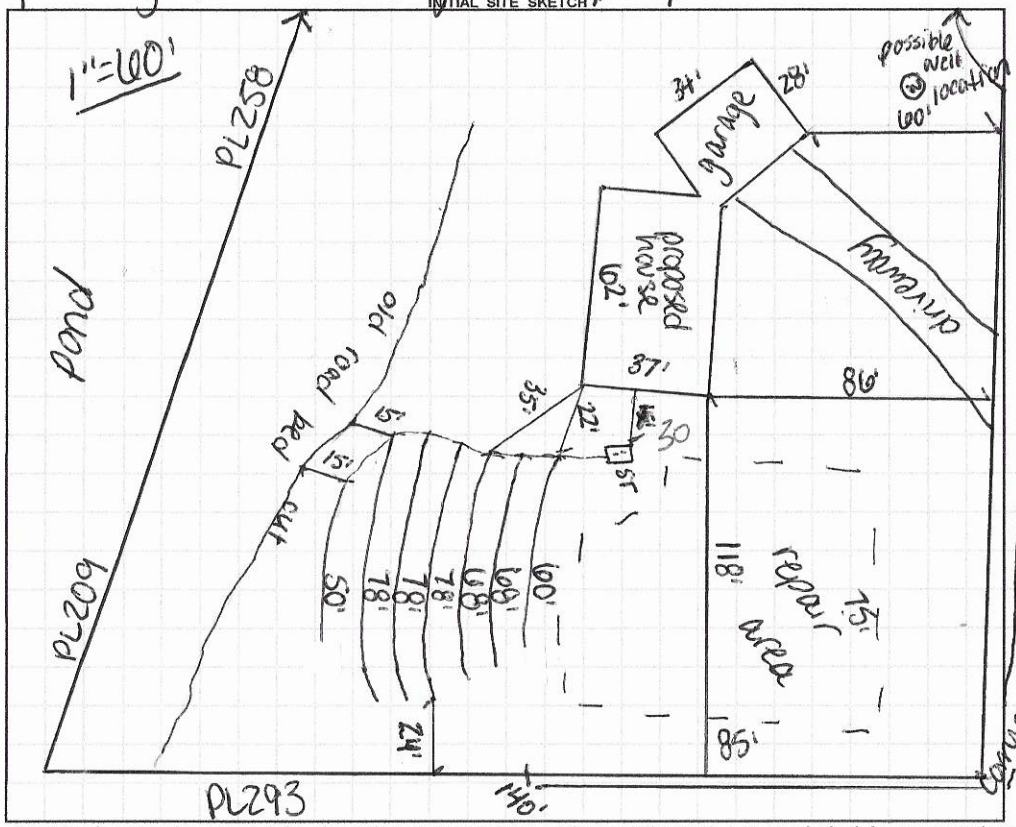
SUBDIVISION: Margroll Acres SECTION: — LOT # 11L-19 LOT AREA: 3.411 DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	9-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% reduction			☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% reduction - PM			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	21" / 29" high	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

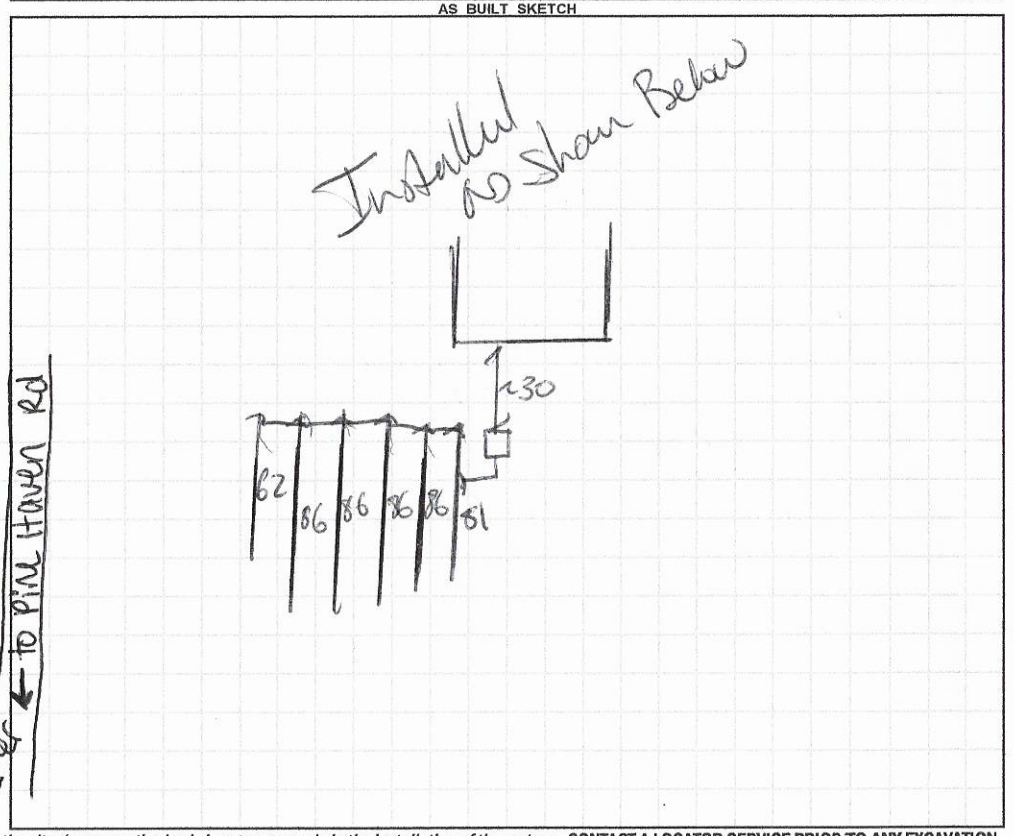
Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max depth of 29". If basement plumbing is desired, grinder pump will need to be used.

Maintain 15' from road bed cut with septic.

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 Combs Date: 3/10/20 Installed by: Stubbs Grading

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 2-25-20 OPERATION PERMIT by: Benjamin D. Beck Date: 11/19/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 3-31-20 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 #: 473251293
COUNTY: Iredell

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

OWNER: Joseph Combs
ADDRESS: 143 W Imperial Heights
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 190 Pine Haven Rd
APPLICATION DATE 2-3-20
DATE EVALUATED: 2-25-20
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 3.4
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 20%	0-16	GR SCL	Fr ss sp smp					PS .25
		16-26	SBK C	" "					
		26-41	SBK CL	" "					
		41-47	M Sap	Fi	stratified 41"	41"	—	—	
2	L 20%	0-8	GR SCL	Fr ss sp smp					PS .25
		8-26	SBK C	" "					
		26-42	SBK CL	semi lith					
		42-49	M LSap	VFr	—	42"	—	—	
3 R	L 18%	0-3	GR SCL	Fr ss sp smp					PS .25
		3-24	SBK C	" "					
		24-42	SBK CL	" "					
		42-49	M LSap	VFr	spine in CL	42"	—	—	
4 R	L 18%	0-7	GR SCL	Fr ss sp smp					PS .25
		7-34	SBK C	" "					
		34-52	SBK C	" "					
					spine throughout CL	52"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	480'
System Type(s)	2SP	2SP PM
Site LTAR	.25	.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
(Drainage Way)						CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
I (Nose Slope)		CL (Clay Loam)				
. (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SiL (Silt Loam)				
' (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.

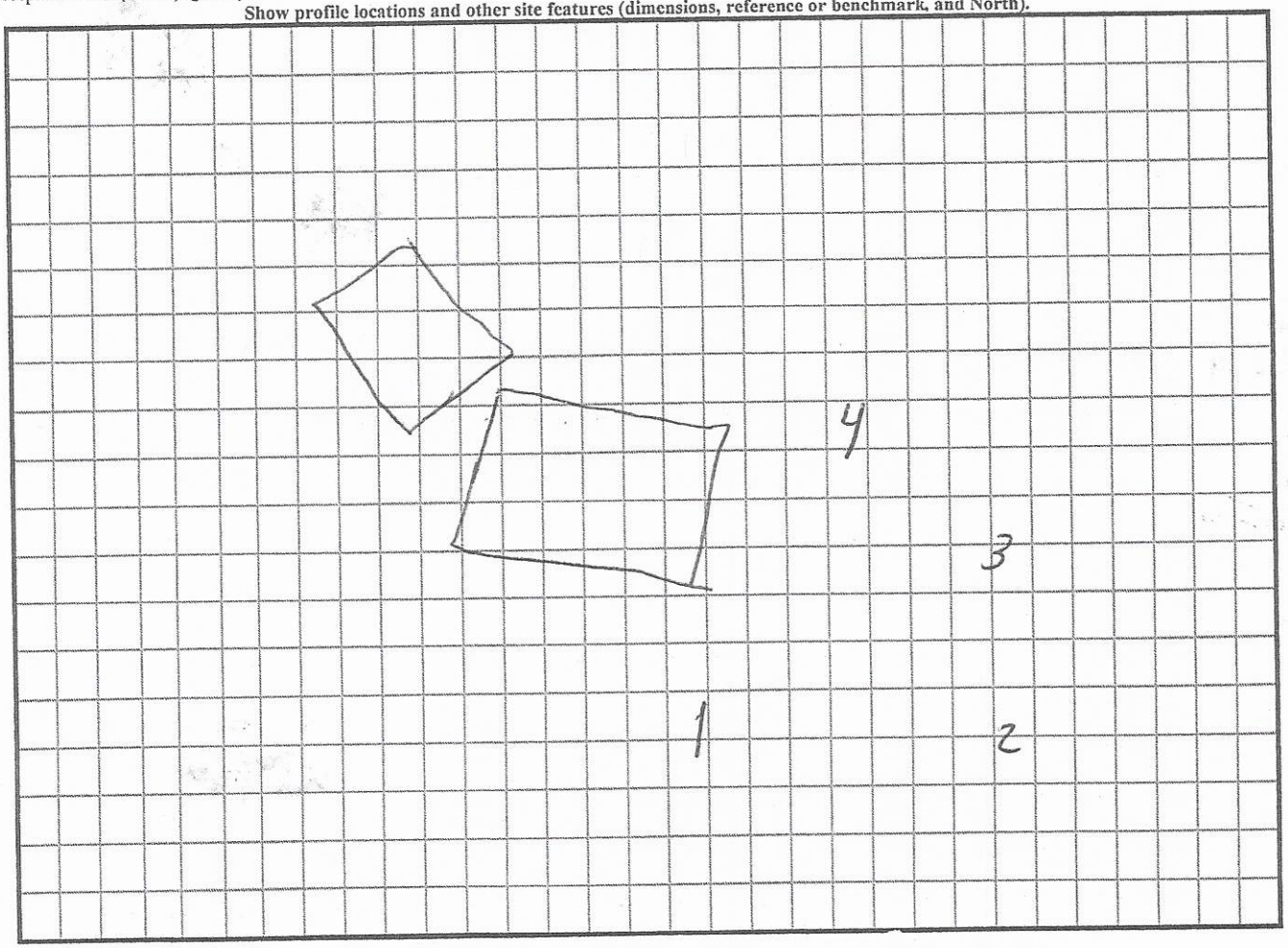
NOTES

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.

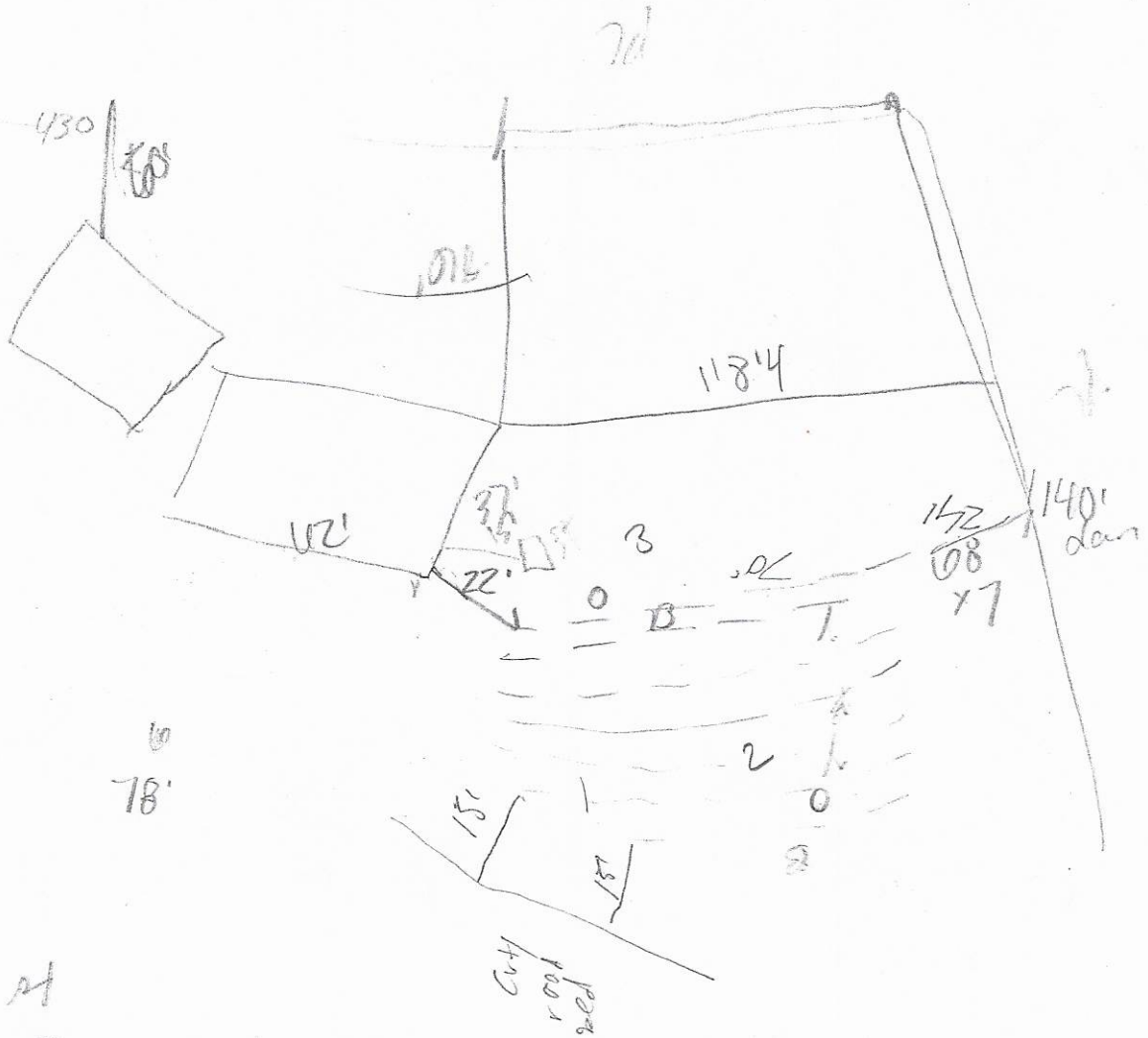
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



190 Pine Haven

1 60
2 68
3 68
4 78
5 78
6 78
7 — 50'



RECEIVED FEB 0 3 2020

AP- 304670
$500.00

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: ( ) 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: Joseph Combs III Address: 143 W. Imperial Heights Rd Statesville Zip: 28625
Applicant Email: jwcombs@cardinalcorp.com Phone: 704-657-2923 Alt. Phone: 704-235-2483
Owner Name: Joseph Combs III Address: 143 W. Imperial Heights Rd. Statesville NC Zip: 28625
Owner Email: jwcombs@cardinalcorp.com Phone: 704-657-2923 Alt. Phone: 704-235-2483

Property Information:

Street Address: 190 Pine Haven RD, Statesville NC 28677
Subdivision Name: Maggroll Acres Section/Phase: _____ Lot Number: 16-19
Driving Directions: Hwy 21 S, (R) Pinehaven, (L) Pinehaven, (R) near end @ box #196 on undeveloped Road/Drive. ~315' on left.

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: 4
Maximum Number of Occupants: 3
( ) 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: Joseph Combs 2/3/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

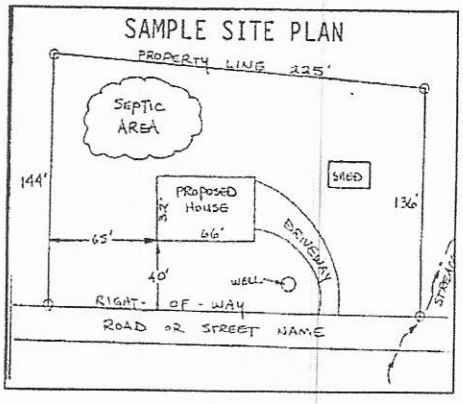
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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!!!***

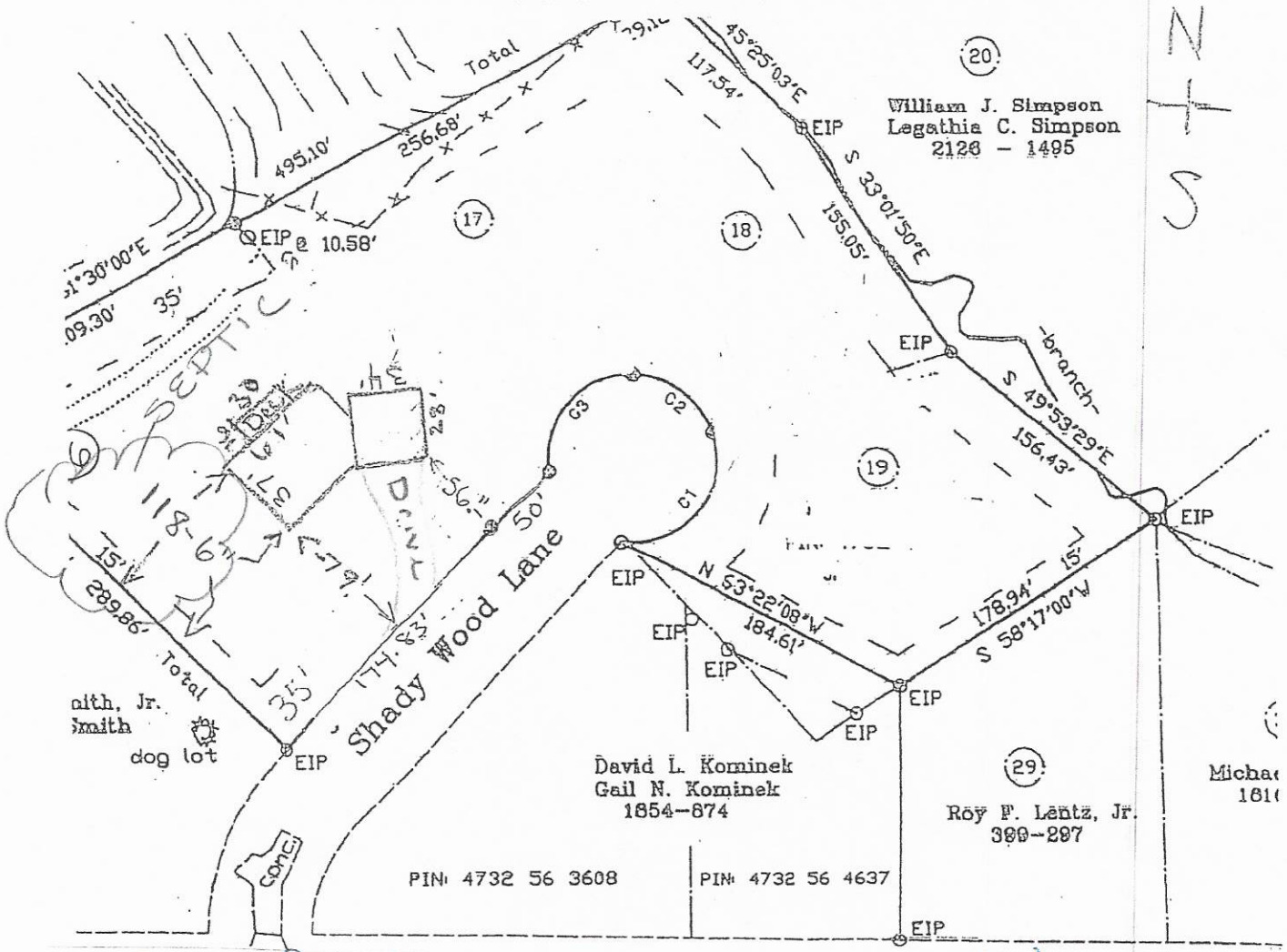
Place an (X) beside each item as you complete the site plan:

- (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



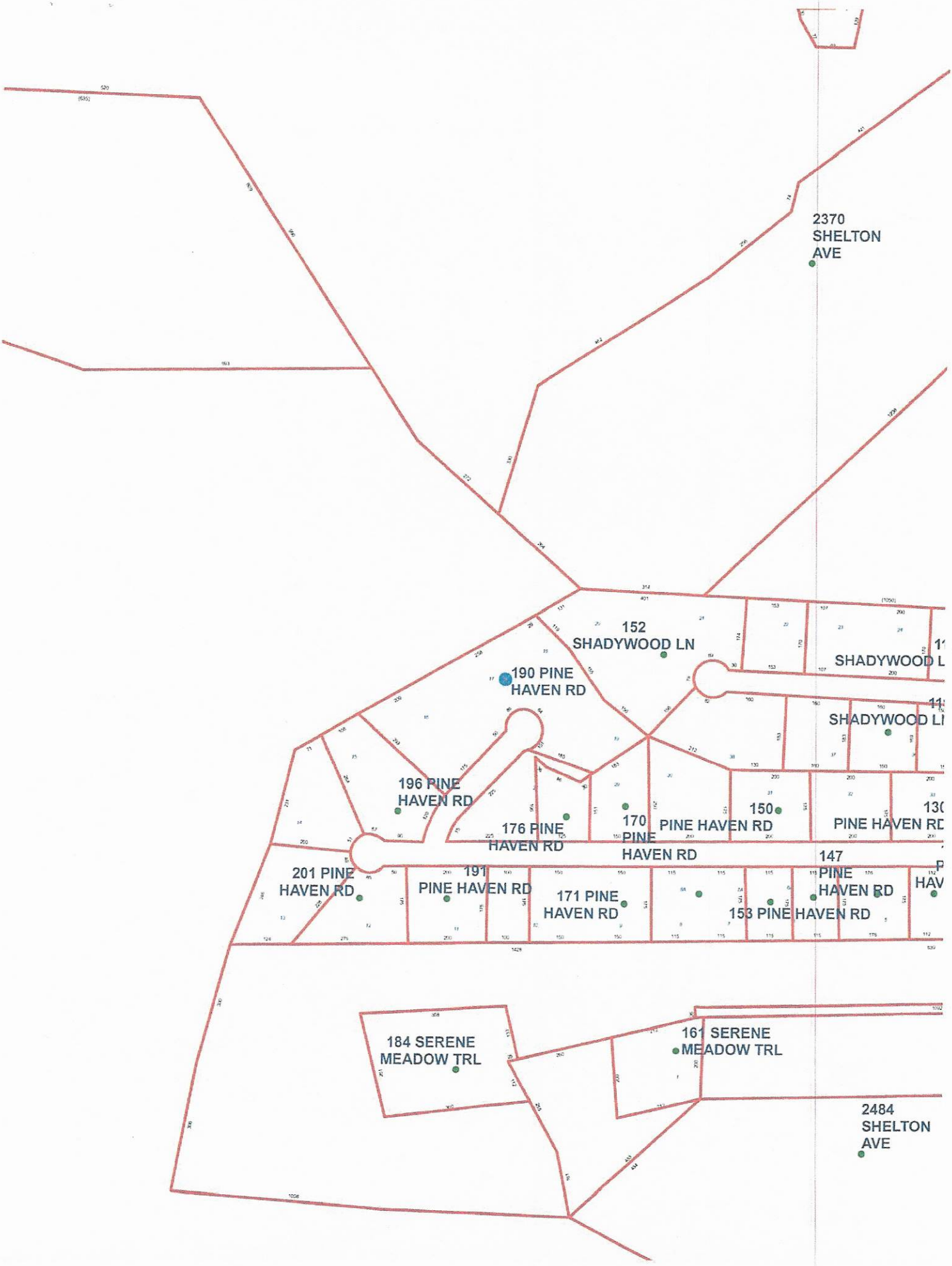
Circle N/A on the following if appropriate:

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



Signature: Joe Cmlo 2/3/2020

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


2370
SHELTON
AVE
152
SHADYWOOD LN
190 PINE
HAVEN RD
196 PINE
HAVEN RD
176 PINE
HAVEN RD
170
PINE
HAVEN RD
150
PINE HAVEN RD
147
PINE
HAVEN RD
201 PINE
HAVEN RD
191
PINE HAVEN RD
171 PINE
HAVEN RD
153 PINE HAVEN RD
184 SERENE
MEADOW TRL
161 SERENE
MEADOW TRL
2484
SHELTON
AVE

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*) Joe & Aimee

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, Joseph W. Combs III & Aimee Combs, am the legal owner(s) of the property located 190 Pine Haven RD, Statesville NC (Lots 16-19), identified as PIN (Parcel Identification Number) 4732562993.000, 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

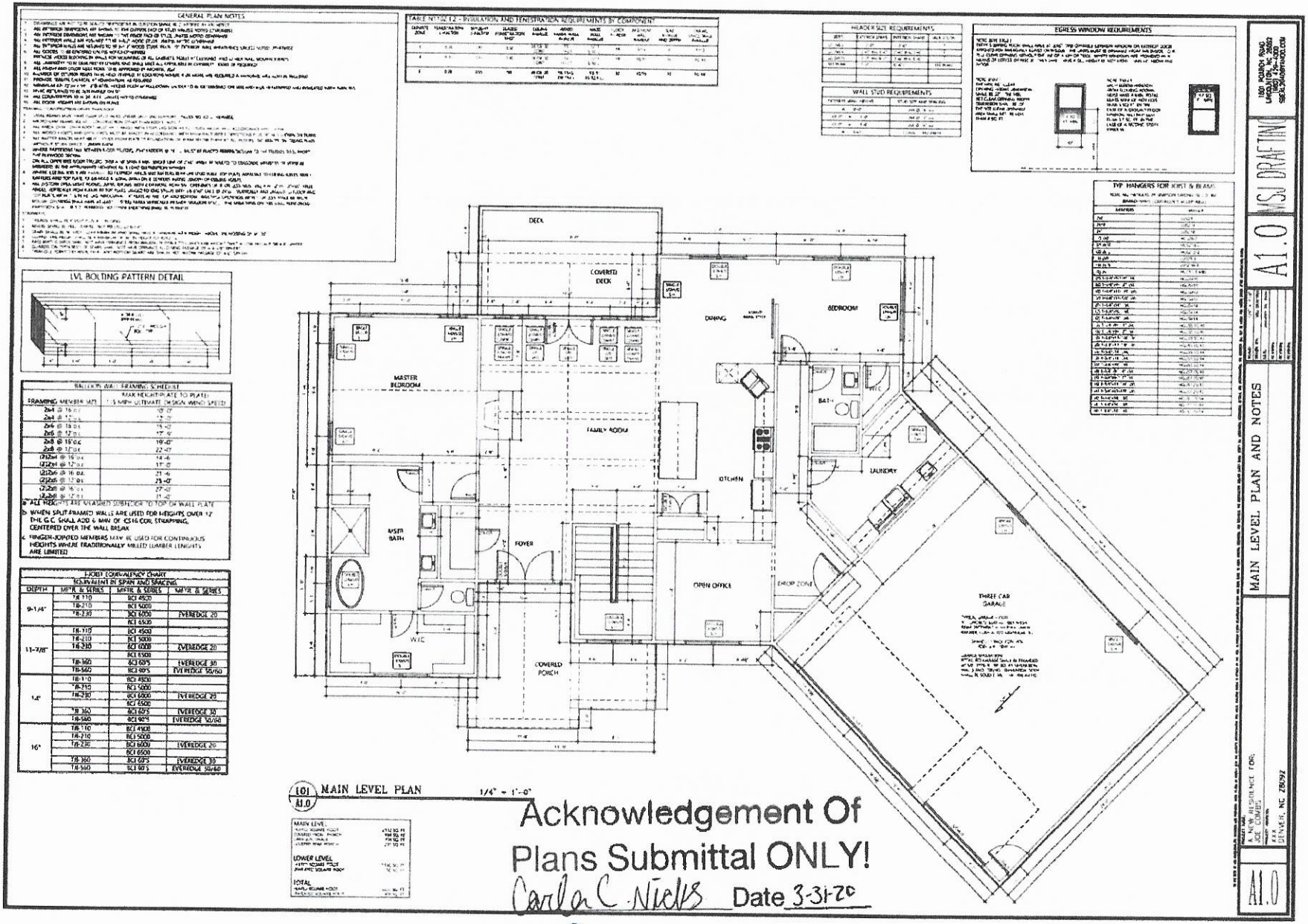
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

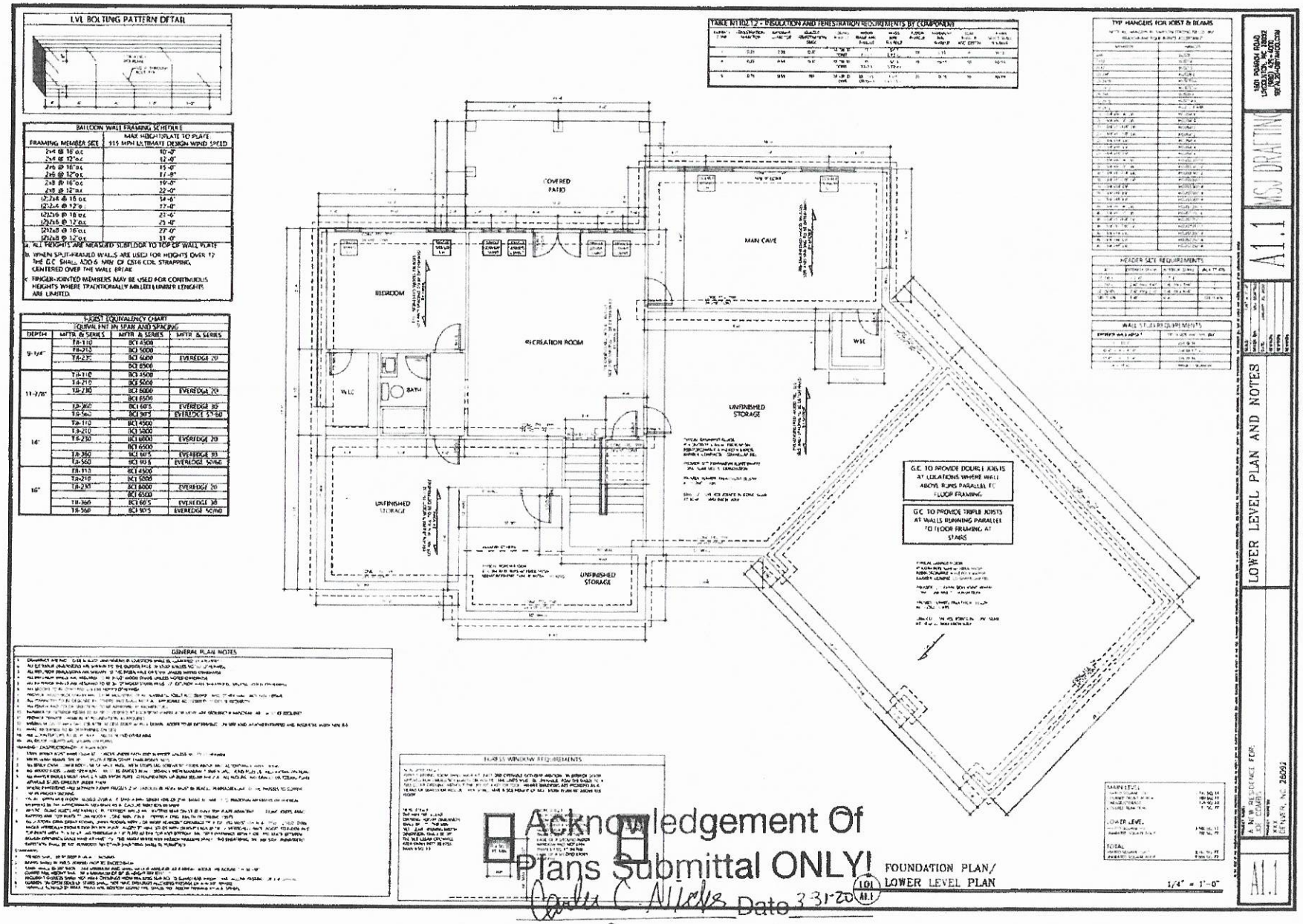
Joseph Combs 12/30/19 Aimee Combs — Signature of Owner(s)

12/30/19 — 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


GENERAL PLAN NOTES
TABLE N1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT
HEADER SIZE REQUIREMENTS
WALL STUD REQUIREMENTS
EGRESS WINDOW REQUIREMENTS
TYP. HANGERS FOR JOIST & BEAMS
LVL BOLTING PATTERN DETAIL
WALL/EXTERIOR WALL FRAMING SCHEDULE
ALL HEIGHTS ARE MEASURED FROM TOP OF WALL PLATE
WHEN SPLIT-FRAMED WALLS ARE USED FOR HEIGHTS OVER 12' THE G.C. SHALL ADD 6 MIN. OF CS16 FOR STRAPPING, CENTERED OVER THE WALL BREAK
FINGER-JOINTED MEMBERS MAY BE USED FOR CONTINUOUS HEIGHTS WHERE TRADITIONALLY MILLED LUMBER LENGTHS ARE LIMITED
JOIST CONVENIENCY CHART
SUBSTITUTION BY SPAN AND SPACING
DECK
COVERED DECK
DINING
BEDROOM
MASTER BEDROOM
FAMILY ROOM
BATH
KITCHEN
LAUNDRY
MASTER BATH
FOYER
OPEN OFFICE
DROP ZONE
THREE CAR GARAGE
COVERED PORCH
W.I.C.
MAIN LEVEL PLAN
1/4" = 1'-0"
MAIN LEVEL
LOWER LEVEL
TOTAL
A1.0
SJ DRAFTING
MAIN LEVEL PLAN AND NOTES
Acknowledgement Of
Plans Submittal ONLY!
Carla C. Nicks Date 3-31-20
Date 3-31-20


LVL BOLTING PATTERN DETAIL
BALLOON WALL FRAMING SCHEDULE
MAX HEIGHT/PLATE TO PLATE
FRAMING MEMBER SIZE
115 MPH ULTIMATE DESIGN WIND SPEED
I-JOIST EQUIVALENCY CHART
EQUIVAL FNT IN SPAN AND SPACING
DEPTH
MFR & SERIES
TABLE R1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT
TYP HANGERS FOR JOIST & BEAMS
HEADER SIZE REQUIREMENTS
WALL STUD REQUIREMENTS
COVERED PATIO
MAIN CAVE
BEDROOM
RECREATION ROOM
WIC
WLC
BATH
UNFINISHED STORAGE
UNFINISHED STORAGE
UNFINISHED STORAGE
G.C. TO PROVIDE DOUBLE JOISTS AT LOCATIONS WHERE WALL ABOVE RUNS PARALLEL TO FLOOR FRAMING
G.C. TO PROVIDE TRIPLE JOISTS AT WALLS RUNNING PARALLEL TO FLOOR FRAMING AT STAIRS
GENERAL PLAN NOTES
EGRESS WINDOW REQUIREMENTS
MAIN LEVEL
LOWER LEVEL
TOTAL
Acknowledgement Of
Plans Submittal ONLY!
Date 3-31-20
Date 3-31-20
FOUNDATION PLAN/
LOWER LEVEL PLAN
101
A1.1
1/4" = 1'-0"
A1.1 FOUNDATION PLAN
LOWER LEVEL PLAN AND NOTES

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304670 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4732562993.000	190 Pinehaven	Iredell County

Owner Information	Applicant Information
Name: COMBS JOSEPH W III+AIMEE L Address: Phone:	Name: COMBS JOSEPH W III+AIMEE L Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	ra

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
sfd

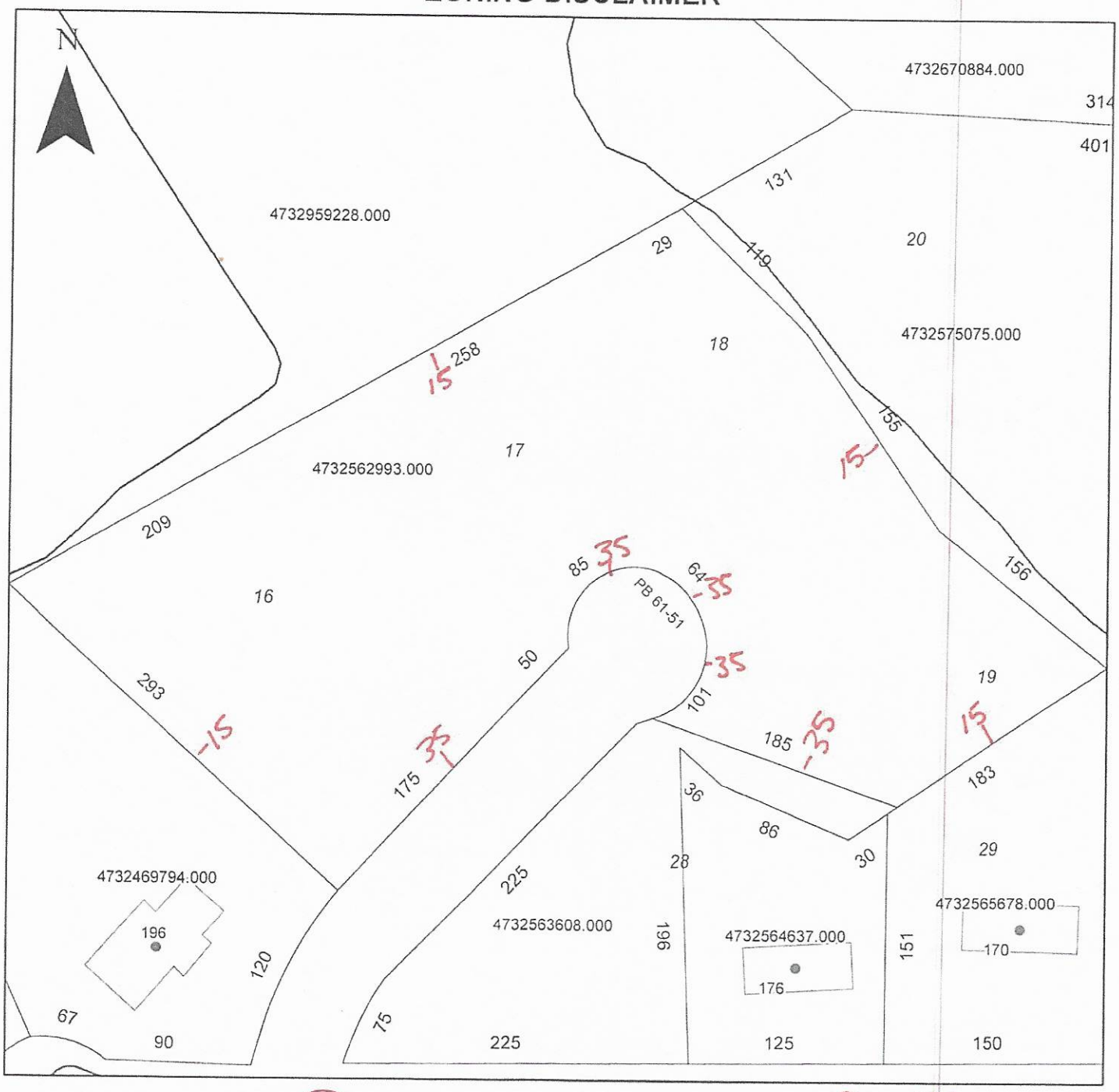
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 02/03/2020

Permit Number	304670	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 190 Pine haven Rd..

No additional setbacks on stream- per Rich 2-3-2020

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.

Joe Conlo

Applicant

2/3/2020

Date