ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-315034

PIN # 4735--39--3417

APPLICANT/OWNER: PETER AND ELAINE KEVILLE

APPLICANT ADDRESS: 144 SOUTHVIEW DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 179 UPPER OAK DRIVE, STATESVILLE, N.C. 28625

PHONE: 704-657-5610 ALT. PHONE 704-929-0505

SITE DIRECTIONS: (N) ON 115, (R) ON UPPER OAK, LOT ON (L) AT END

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: MEADOW OAK

SECTION: 2 LOT # 89 LOT AREA: 0.582 AC

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1100	Date	9-25-21
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft:	306 FT
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—

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

System Description: 25% REDUCTION

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

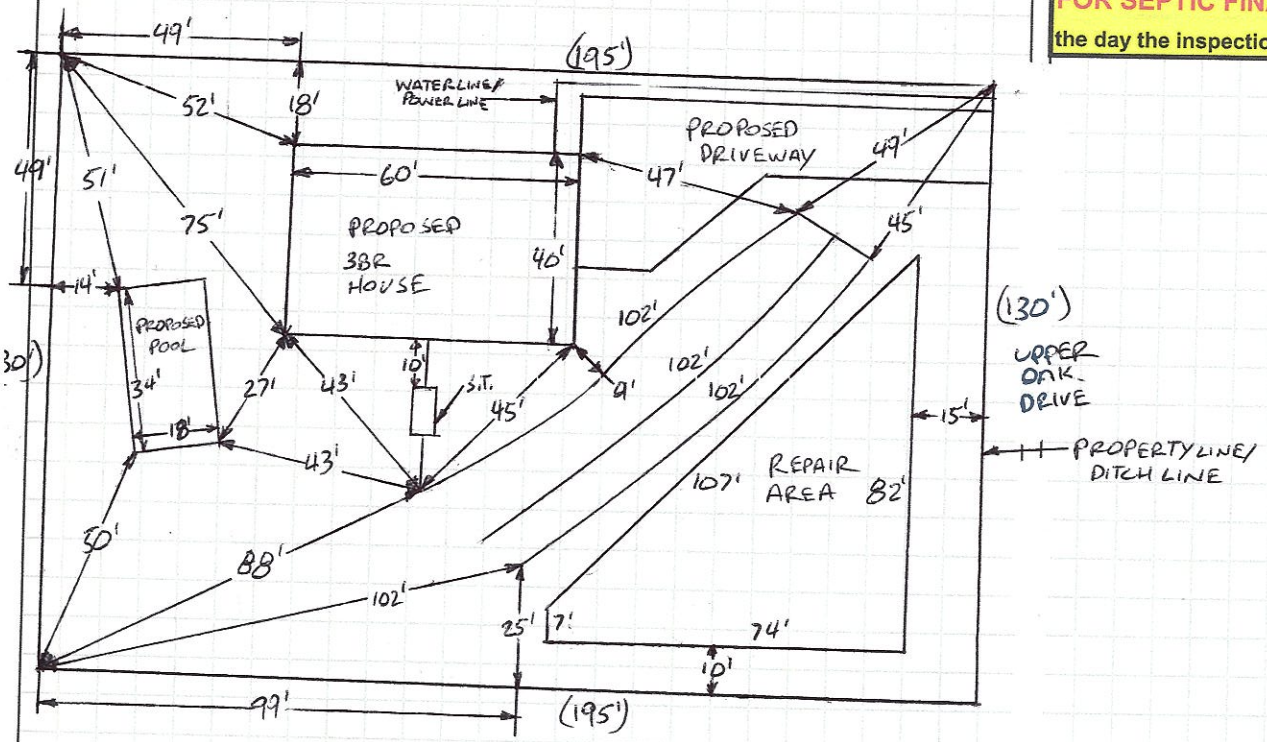
☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH BOTTOM, DO NOT PLACE FILL OVER OR GRADE DRAINFIELD

WATER LINE MUST BE 10FT FROM ALL PARTS OF SEPTIC

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.

1 IN = 40 FT
S.T. = SEPTIC TANK

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: _____ Date: 9/9/21 Installed by: Water Management

IMPROVEMENT PERMIT by: Bryant C. White Date: 9-16-2021 OPERATION PERMIT by: Cory Hicker Date: 11/17/21

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 9-16-2021 Existing System Inspected by: _____ Date: _____

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 #: 4735-37-34
COUNTY: IREDELL

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

OWNER: PETER AND ELINE KEVILLE
ADDRESS: 144 SOUTHVIEW DRIVE, STATESVILLE, N.C. 28677
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 179 UPPER OAK DRIVE, STATESVILLE, N.C. 28625
WATER SUPPLY: ☐ Private ☑ ~~Public~~ ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut
APPLICATION DATE 2-15-2021
DATE EVALUATED: 3-19-2021
PROPERTY SIZE: 0.582AC
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☑ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.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 7%	0-6	SCL, SBK	~~FR~~, ~~SS~~, ~~SP~~, ~~SEXP~~	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		6-29	C, SBK	FR, S, P, SEXP					
		29-56	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-10	FILL	MIXED	SAP INC THRU OUT MICA COMMON	53"+	NA	NA	PS .3 BELOW 10"
		10-33	C, SBK	FR, S, P, SEXP					
		33-53	CL, WSBK	FI, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-6	SCL, SBK	~~FR~~, ~~SS~~, ~~SP~~, ~~SEXP~~	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		6-30	C, SBK	FR, ~~SS~~ P, SEXP					
		30-56	CL, WSBK	FI, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-10	~~SCL~~ FILL	MIXED	SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3 BELOW 10"
		10-30	C, SBK	FR, S, P, SEXP					
		30-52	CL, WSBK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

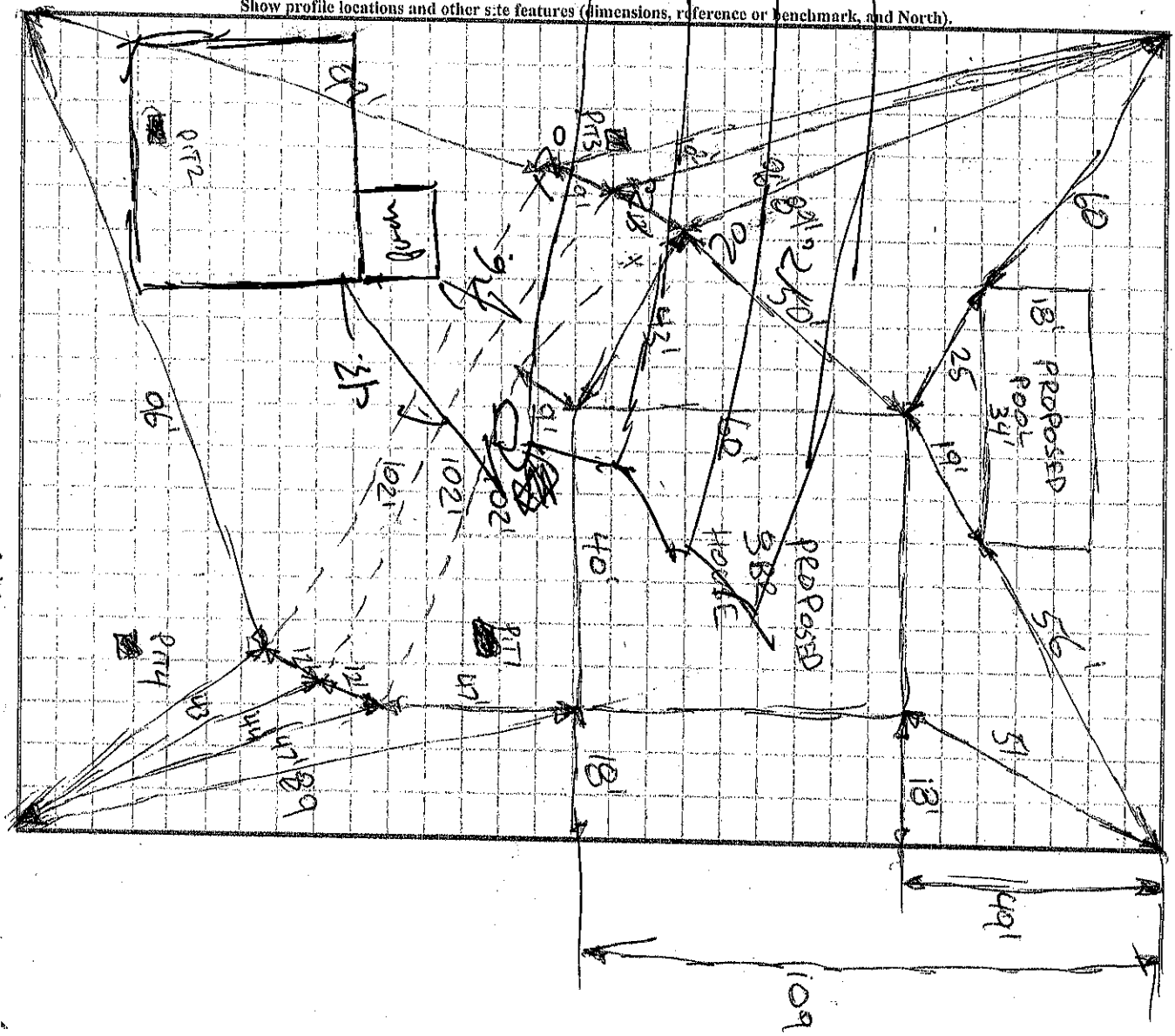
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



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-315034

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System ( ) Septic System Repair Inspection

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Peter and Elaine Keville Address: 144 Southview Drive, Stateville, NC Zip: 28677
Applicant Email: elainekeville1953@gmail.com Phone: 704-657-5610 Alt. Phone:
Owner Name: Peter and Elaine Keville Address: 144 Southview Drive, Stateville, NC
Zip: 28677 Owner Email: elainekeville1953@gmail.com Phone: 540-538-9944 Alt. Phone:

Property Information:

Street Address: 179 Upper Oak Drive, Statesville, NC 28625

Subdivision Name: Meodow Oak Section/Phase: 2 Lot Number: 89

Driving Directions: North on 115, Right onto Upper Oak, Lot on the Left at the end.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: NA Plumbing

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business: NA
Square Footage of Building: NA Max. Number of Employees: NA Max. Number of Seats/Beds/Other: NA

Water Supply: ( ) Replacement Well – Reason: NA
( ) Multi-connection Well Number of Houses: NA Number of Persons: NA

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (3) Conventional (1) Innovative (2) 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: DocuSigned by: Peter B Keville 9915BB33EE504E6 DocuSigned by: Elaine M Keville 931FBB33EE504E6 7/14/2021
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, Peter B Keville Elaine M Keville, am the legal owner(s) of the property located at 179 Upper Oak Drive, Statesvile, 28625 NC Meadows Oaks Lot 89, identified as PIN (Parcel Identification Number) 4735393417, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Septic Environmental Solutions, Inc _____, 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: Peter B Keville 931F6B33EE594F6... DocuSigned by: Elaine M Keville 93 F6B33EE594F6...
Signature of Owner(s)

7/14/2021
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

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED RECEIVED FEB 23 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-315034 $500.00

Application For:
( ) 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() 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: Peter + Elaine Kenille Address: 144 Sathview Drive Statesville Zip: 28677
Applicant Email: brittany marlow hill@gmail.com Phone: 704.657.3610 Alt. Phone: ———
Owner Name: Johnny + Amanda Church Address: PO Box 764 Statesville Zip: 28687
Owner Email: kristi@statesvillenews.com Phone: 704.929.0505 Alt. Phone: ———

Property Information:

Street Address: 179 Upper Oak Drive
Subdivision Name: Meadow Oaks II Section/Phase: II Lot Number: 20
Driving Directions: Hwy 115 N → (R) on Upper Oak → lot on (L) just before cul de sac

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: 4
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) 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: Elaine Kenille 2/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: E38D82BC-2A83-4A3E-ACC4-DE7517CF6CD5

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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.

X 2. I, Johnny + Amanda Church, am the legal owner(s) of the property located at 179 Upper Oak Drive, identified as PIN (Parcel Identification Number) 4735-39-3417.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Peter + Elaine Kenly, Brittany Hill/Excel Real Estate, 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: Amanda Church 69775D25B54444C... DocuSigned by: John Church 69775D25B54444C...

Signature of Owner(s)

2/15/2021 | 5:43:47 PM EST

2/15/2021 | 5:47:14 PM EST

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

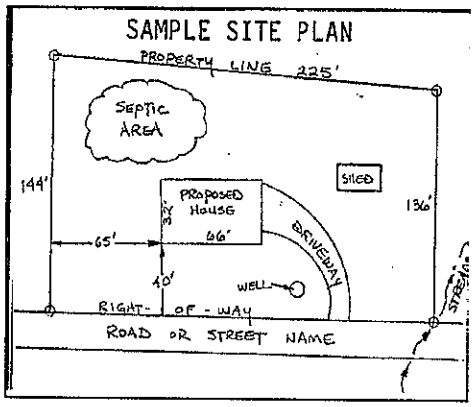
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IREDELL COUNTY HEALTH DEPARTMENT

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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

Signature: DocuSigned by: Peter B Kourke — DocuSigned by: Elaine M Kenille — 7/14/2021

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # AP-315034

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

PIN # 4735 -- 39 -- 3417

APPLICANT/OWNER: PETER AND ELAINE KEVILLE

APPLICANT ADDRESS: 144 SOUTHVIEW DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 179 UPPER OAK DRIVE, STATESVILLE, N.C. 28625

PHONE: 704-657-5610 ALT. PHONE 704-929-0505

SITE DIRECTIONS: (N) ON 115 (R) ON UPPER OAK, LOT ON (L) END

SAP CONTROLLED: ☐ YES ☒ NO

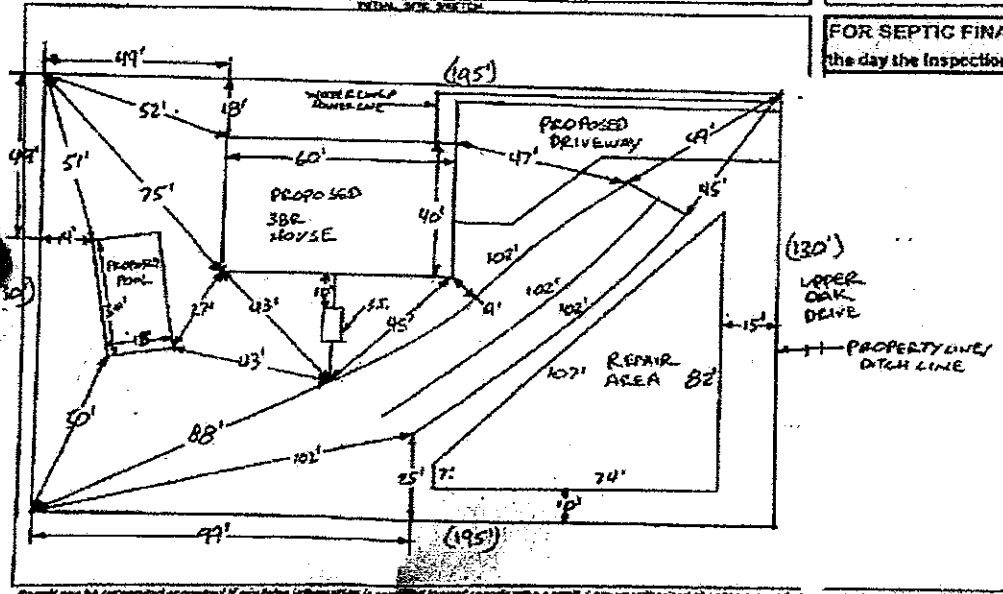
SUBDIVISION: MEADOW OAK SECTION: 2 LOT # 89 LOT AREA: 0.582 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	FT	—	Date	—	System Description:			25% REDUCTION		☐ Business	No. Persons	6	☐ Private
Pump Make	—		Model	—	Serial #	—	Repair System Description:			50% REDUCTION		☐ Other	No. Employees	—	☑ Public
# Trench/Bed/Lin Feet/Acres	1		# Lines	3	Linear Ft	306 FT	Maintenance Agreement Required:		☐ YES	☑ NO		☑ Site	☐ Crawl Space		☐ Community
Trench Width	36 IN		Trench Bottom Depth (Low side)		30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 6FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36" MAXIMUM TRENCH BOTTOM DEPTH. DO NOT PLACE FILL OVER OR GRADE DRAINFIELD

WATER LINE MUST BE 10FT FROM ALL PARTS OF SEPTIC

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.



1IN=40FT
S.T.=SEPTIC TANK

COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Permit can be suspended or revoked if any false information is supplied toward securing this 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 plot 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 mos.

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Bryan C. Wall Date: 4-16-2021 OPERATION PERMIT by: _____ Date: _____

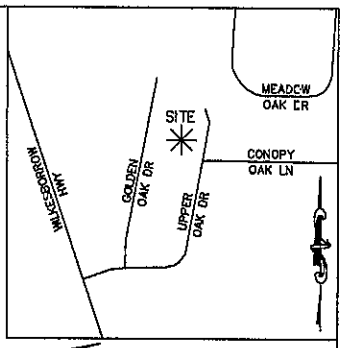
AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System inspected by: _____ Date: _____

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

DRAWING IS A PRELIMINARY PLAT FOR VERIFICATION OF ZONING COMPLIANCE FOR HOME LOCATION AND SHALL NOT BE USED FOR THE SALE, CONVEYANCE OR CONSTRUCTION OF THE DEPICTED LOT.

PLOT PLAN DEPICTS THE CONCEPTUAL LOCATON OF THE PROPOSED HOME AND ALL INFORMATION SHOWN TAKEN FROM PRELIMINARY PLAT ON FILE WITH IREDELL COUNTY AND SHOWN IMPROVEMENTS HAVE NOT BEEN AS-BUILT BY R. JOE HARRIS & ASSOCIATES, INC.

LOT IS SUBJECT TO ANY DEED RESTRICTIONS, EASEMENT CONVEYANCES, RIGHTS-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS ON FILE WITH THE IREDELL COUNTY, NCDOT, CITY OF STATESVILLE, HOMEOWNERS ASSOCIATION AND/OR OTHER GOVERNMENTAL AGENCIES.



VICINITY MAP
NOT TO SCALE

LOT #89
MODEL-DEVIN
ELEV.-E-A1
FND-SLAB
FACADE-FRONT BRICK (NOT SHOWN)
2-CAR GARAGE RIGHT FRONT

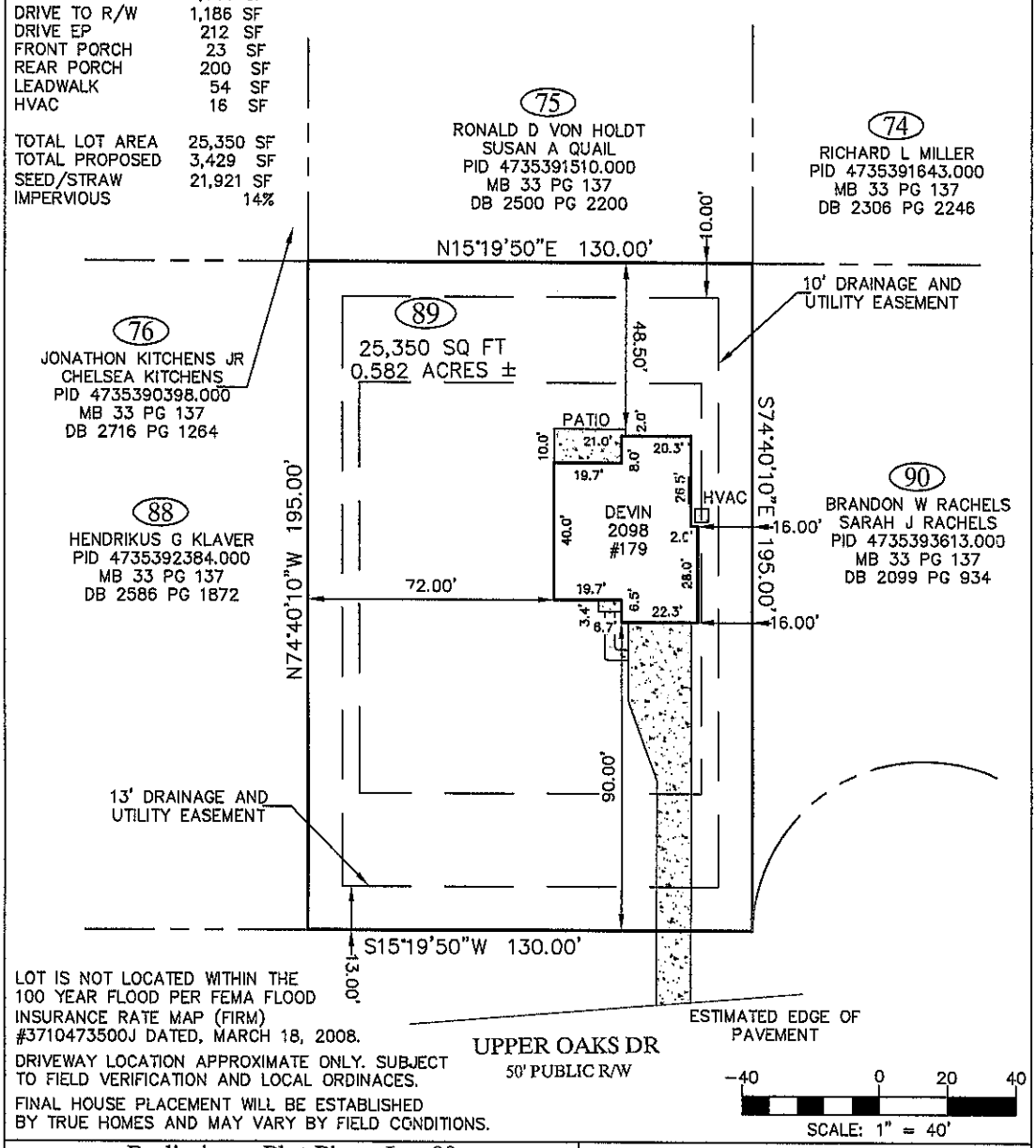
ZONING: R-20
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 40'
REAR 35'
SIDE 15'

MB 33 PG 137

IMPERVIOUS SURFACE AREA

DESCRIPTION	AREA
HOUSE	1,950 SF
DRIVE TO R/W	1,186 SF
DRIVE EP	212 SF
FRONT PORCH	23 SF
REAR PORCH	200 SF
LEADWALK	54 SF
HVAC	16 SF
TOTAL LOT AREA	25,350 SF
TOTAL PROPOSED	3,429 SF
SEED/STRAW	21,921 SF
IMPERVIOUS	14%



LOT IS NOT LOCATED WITHIN THE 100 YEAR FLOOD PER FEMA FLOOD INSURANCE RATE MAP (FIRM) #3710473500J DATED, MARCH 18, 2008.

DRIVEWAY LOCATION APPROXIMATE ONLY. SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINACES.

FINAL HOUSE PLACEMENT WILL BE ESTABLISHED BY TRUE HOMES AND MAY VARY BY FIELD CONDITIONS.

Preliminary Plot Plan - Lot 89

For: True Homes
179 Upper Oak Drive @ Meadow Oaks
City of Statesville, Iredell County, North Carolina

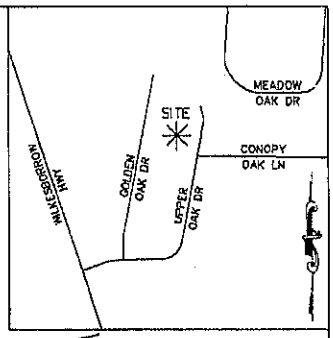
Drawn: ZSL	Date: 6-16-2021	MB 33 PG 137
Surveyor: BPL		DB 2807 PG 307
Job: 4694		PID 4735393417.000

R. Joe Harris & Associates, Inc.
Engineering • Land Surveying • Planning Management
1186 Stonecrest Blvd, Tega Cay, S.C. 29708 Phone: (803) 802-1799

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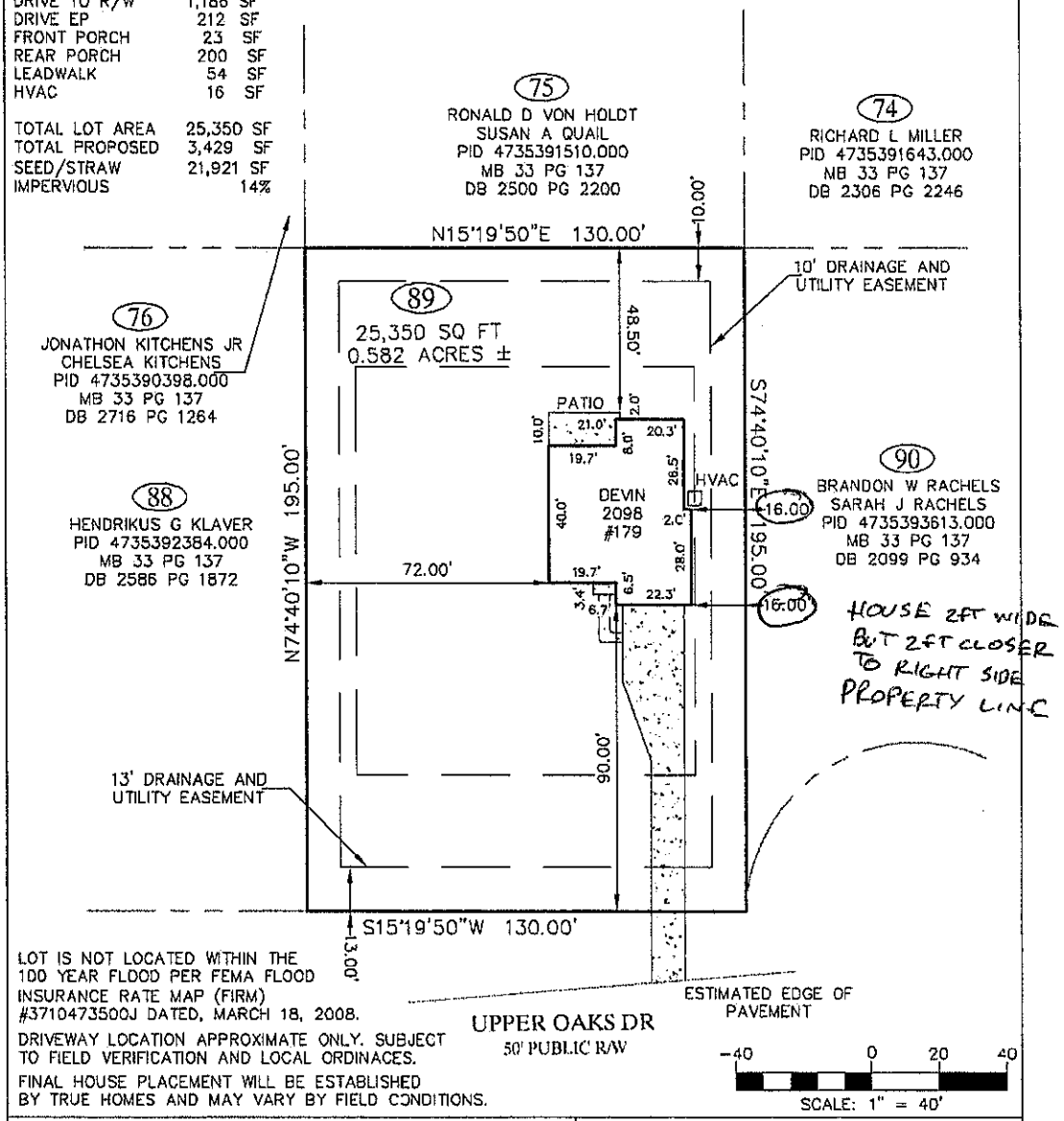
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-40 0 20 40
SCALE: 1" = 40'

Preliminary Plot Plan - Lot 89

For: True Homes
179 Upper Oak Drive @ Meadow Oaks
City of Statesville, Iredell County, North Carolina

Drawn: ZSL	Date: 6-16-2021	MB 33 PG 137
Surveyor: BPL		DB 2807 PG 307
Job: 4694		PID 4735393417.000

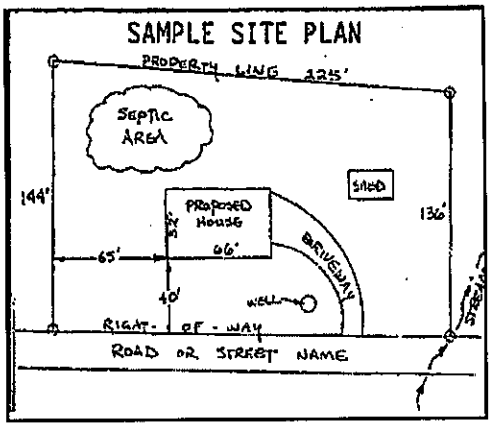
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IREDELL COUNTY HEALTH DEPARTMENT

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:

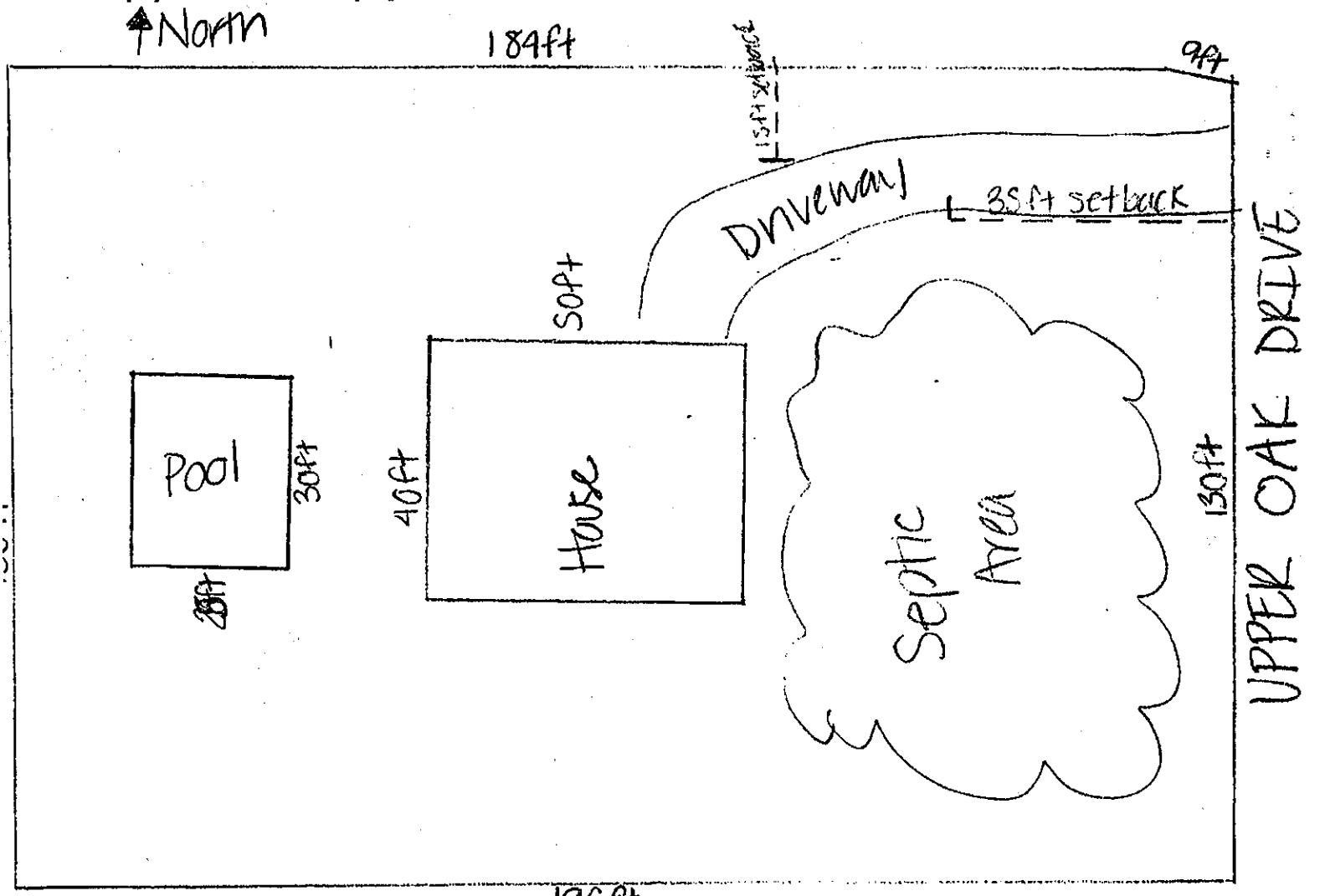
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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



Signature: Elaine Keville

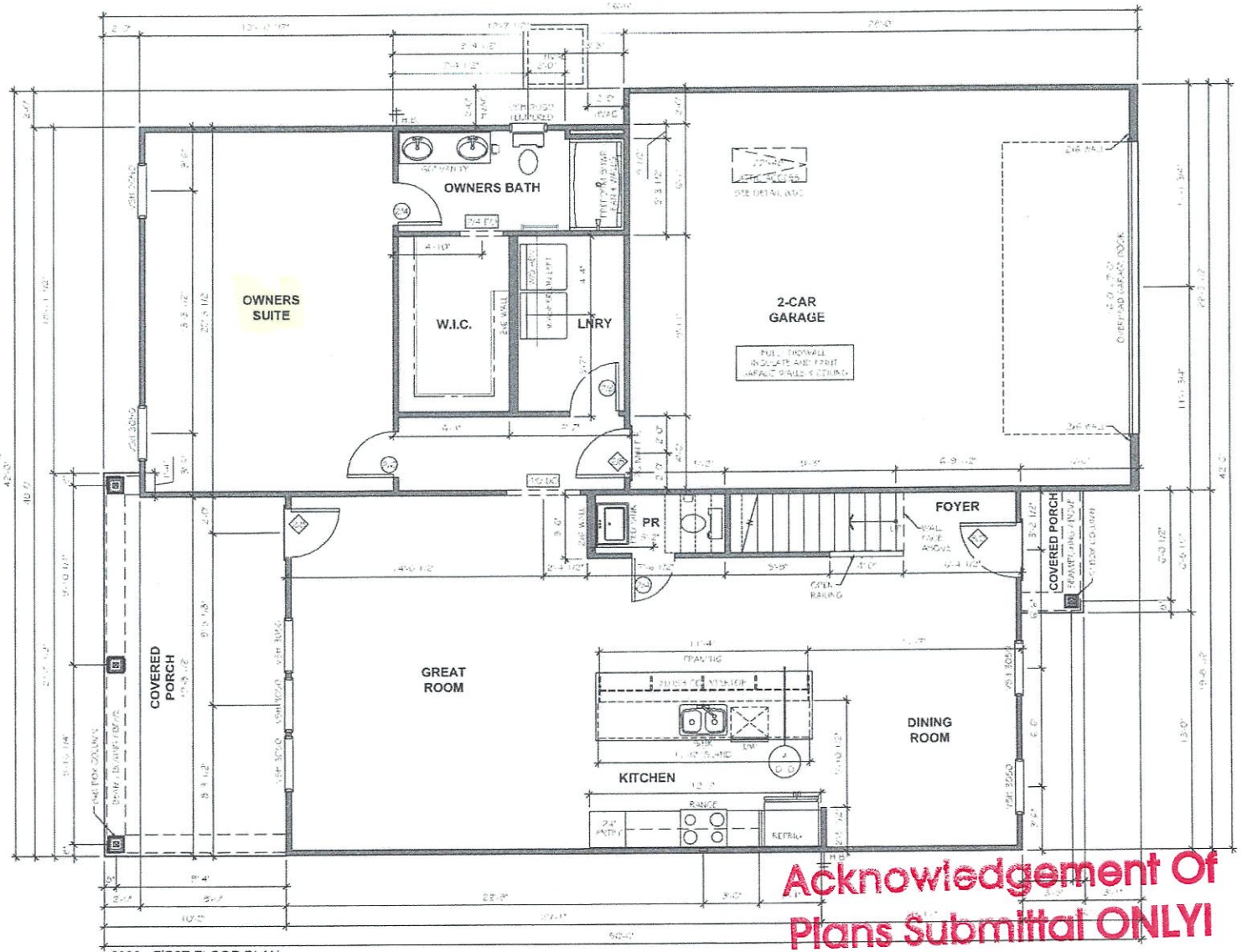
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/15/21

DATE

56'6"

42'0"



2098 - FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Buyer Date 2-16-2021

Date

TrueHomes
IT'S ALL ABOUT U
2649 Brookridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A

LOT # 1037

DEVIN
2098

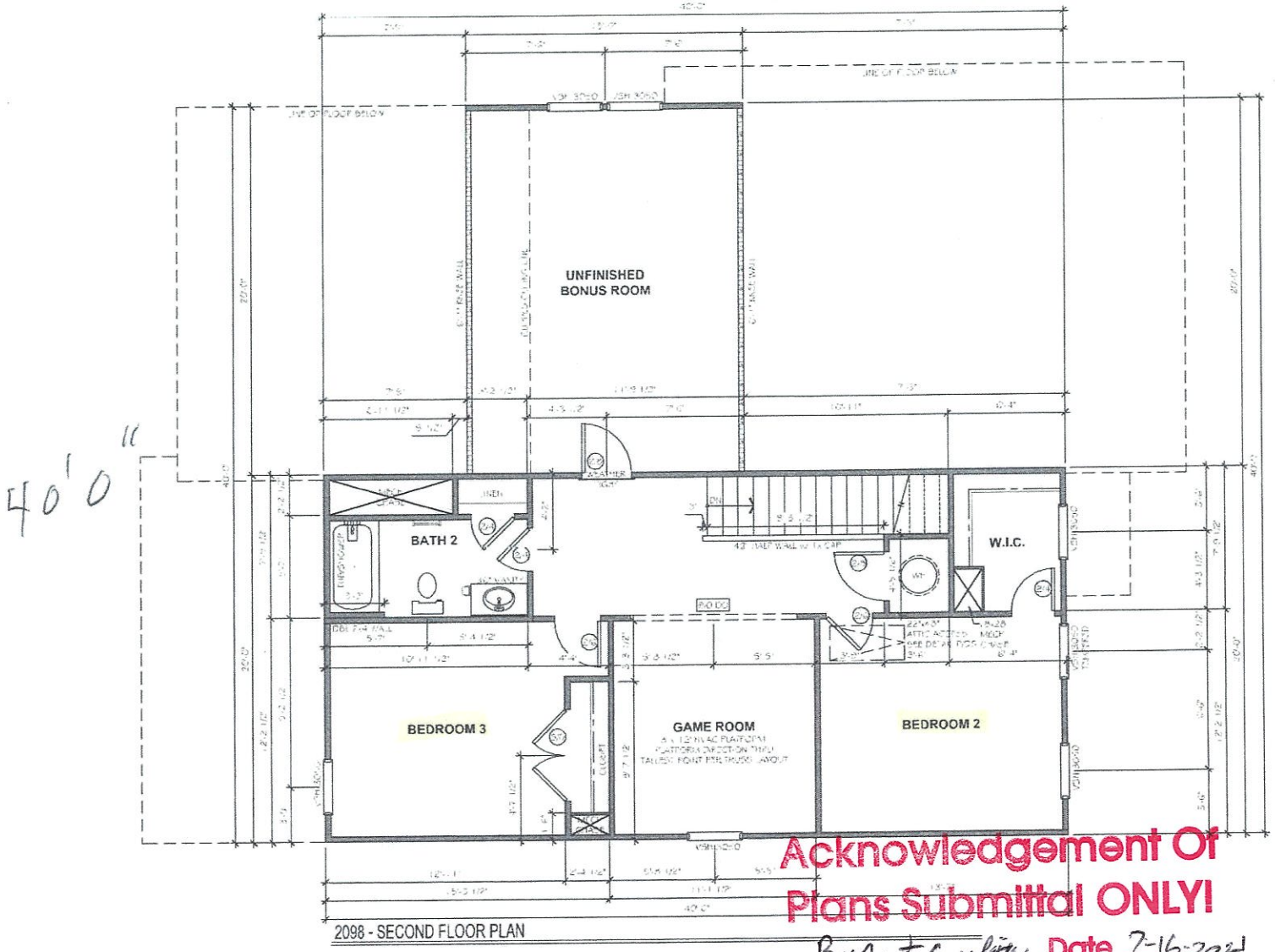
IREDELL

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PREPARED BY: PETER
DATE: 06.05.21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

SHEET: A2.1

40'0"



40'0"

2098 - SECOND FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Buyer Signature Date 7-16-2021

Date

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A

LOT # 1037

DEVIN
2098

IREDELL

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PREPARED BY: PETER
DATE: 06 16 21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

SHEET: A2.2

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

APPLICATION NUMBER
315034 Issue Date: 02/16/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4735393417.000	179 UPPER OAK DR	Iredell County

Owner Information	Applicant Information
Name: CHURCH JOHNNY E+AMANDA T	Name: PETER AND ELAINE KEVILLE
Address:	Address: 144 SOUTHVIEW DR
	STATESVILLE, NC 28677
Phone:	Phone: (704)657-5610

Use Requested	Zone Code
Single Family Dwelling	R-20

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

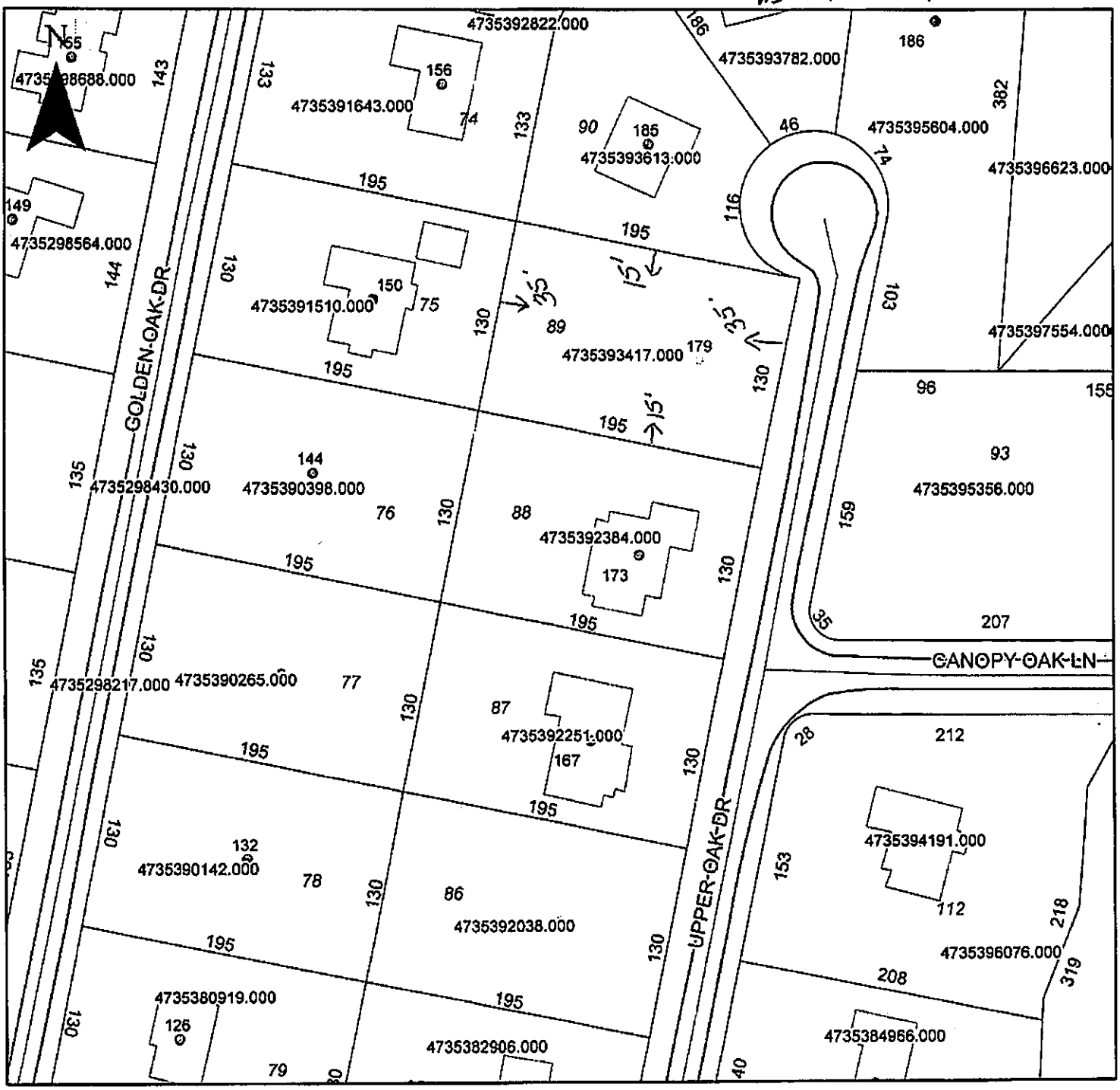
Date: 02/16/2021

Permit Number	315034	TOTAL FEES:	

3130ST

,30ZHC
R-20
WS-NO FL-NO

ZONING DISCLAIMER



Property Address 179 Upper Oak Dr.

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Applicant

2/16/21
Date