IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219003

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

PIN # 4746-02-6914.000

APPLICANT: Rick Goss / Brooke Saunders APPLICANT ADDRESS: 9415 Blair Rd. Mint Hill NC

SITE ADDRESS: 276 Cooper Farm Rd. Statesville NC 28625 PHONE: 828-292-9974 ALT. PHONE: 828-292-0510

SITE DIRECTIONS: Hwy 21 TL East Dobbs, TR Cooper Farm, Site on R

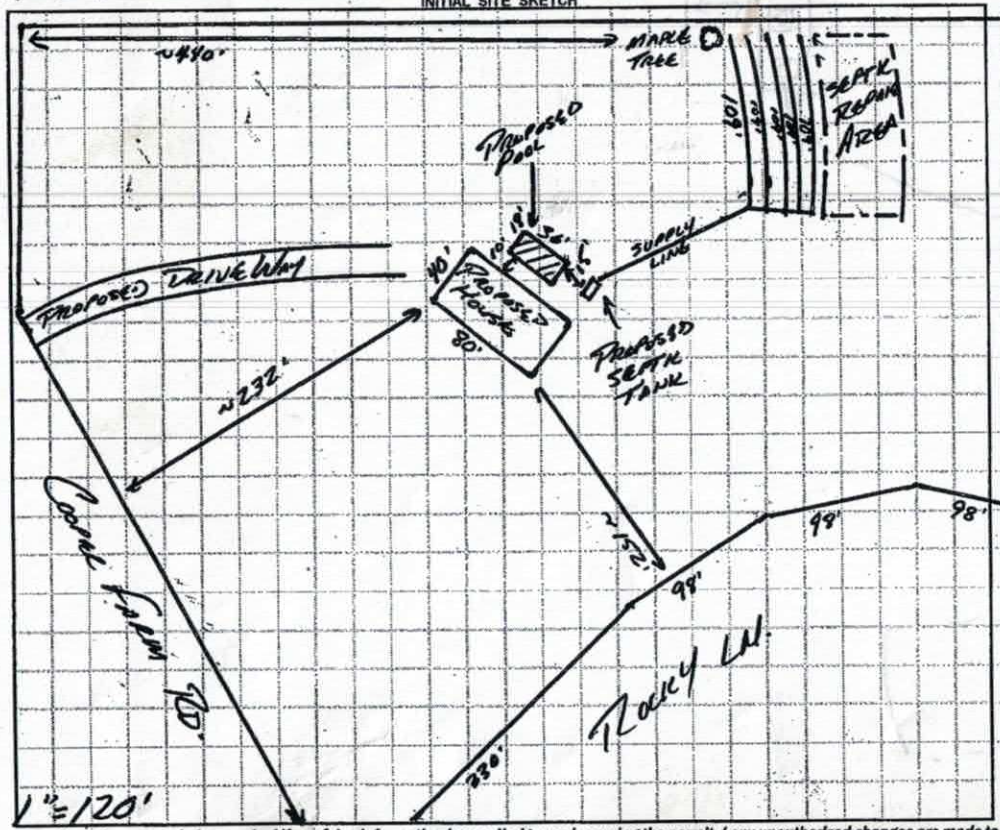
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 11.961 Acres DESIGN FLOW: 600 GPD. L.T.A.R.: .275

Septic Tank 1500 (gal)	STB 1550	Date 1-12-17	☒ New System ☐ Repair ☐ Expansion	System Type: I ☐ II ☒ III ☐ IV ☐ V ☐ VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction - Gravity		☐ Business	No. Persons 10	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction - Gravity		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 5 @ 109'	Linear Ft: 545'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth * 36" *	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

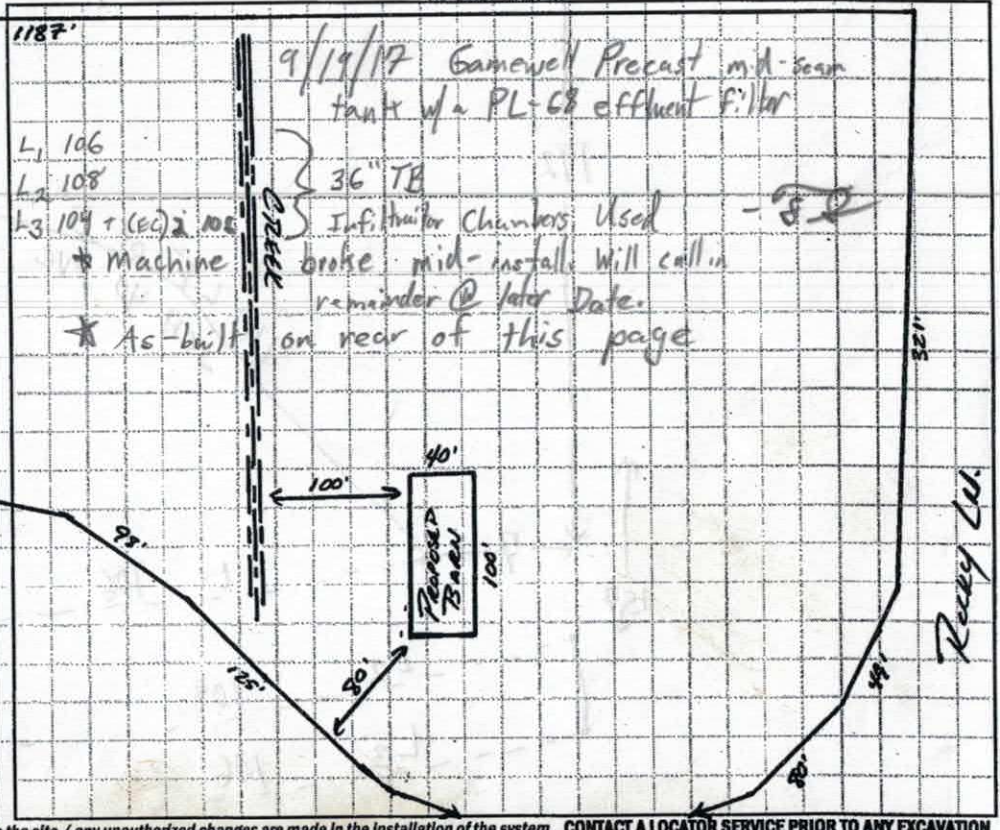
Comments / Conditions: Divert Any Drainage 15' From Septic Area(s). Mountain Air NC Septic Rule Setbacks. No Plumbing To Be In Proposed Barn.

Divert Any Drainage Away From Septic Tank.
9/19 ~ Tank must be 10Ft Down Retaining wall Drain

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: Date: Installed by: Alexander Precast (Phillip Bentley)

IMPROVEMENT PERMIT by: Date: 7/13/16 OPERATION PERMIT by: Jon Shuck (as) Date: 9/27/17

AUTHORIZATION TO CONSTRUCT by: Date: 7/13/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 4
PROPERTY ID #: 6914
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Steven + Constance Tate
APPLICATION DATE: 5/20/16
ADDRESS: Cooper Farm Rd.
DATE EVALUATED: 6/30/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600 GPD
PROPERTY SIZE: 11.961 Acre
LOCATION OF SITE: 276 Cooper Farm Rd. Sul. NC
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A 1	LS 15%	0-18	BL, SBK	FI/FR, SS, SP	/	48"	C-M SAP Incl.	/	.3 0-18" .325 18"-48"
		18-48	RCL, SBK/WSBK	FR, " "					
A 2	LS 15%	0-16	FILL	—	/	18"	/	29"	.25 16"-28"
		16-28	BL, SBK	FI, S, P					
		29	AR						
A 3	LS	0-24	BL, ABK	FI, S, P	/	48"	F MANG. 6"-24" C-M SAP Incl.	/	.25 0"-24" .275 24"-40" .3 40"-48"
		24-42	BRC, SBK	FR, SS, SP					
		42"-48"	RCL, SBK/WSBK	" " "					
A 4	LS 15%	0-18	BL, SBK/WSBK	FR, SS, SP	/	44"	C-M SAP Incl.	/	.3
		18-44	RBCL, WSBK	" " "					
		44-48"	Mica SAP	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Approved	Approved
Site LTAR	.275	.275

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: C. TATE

COMMENTS: 1 Install @ 36"

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 6914
DATE OF EVALUATION: 6/30/16
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
A5	15%	0-16+	FILL						
A6	LS 12%	0-32	RBC, WSBK	FR, SS, SP	/	48"	F-L SAP INCL. MANG INCL.	/	.275
		32-48	RBC, ABK	" " "					
A7	LS 12%	0-18	BC/CL, WSBK	FR, SS, SP	/	48"	F-L SAP INCL	/	.275-.3
		18-24	BC, SBK	" " "					
		24-48"	BC/CL, SBK	" " "					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
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
	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 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE	STRUCTURE
NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

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

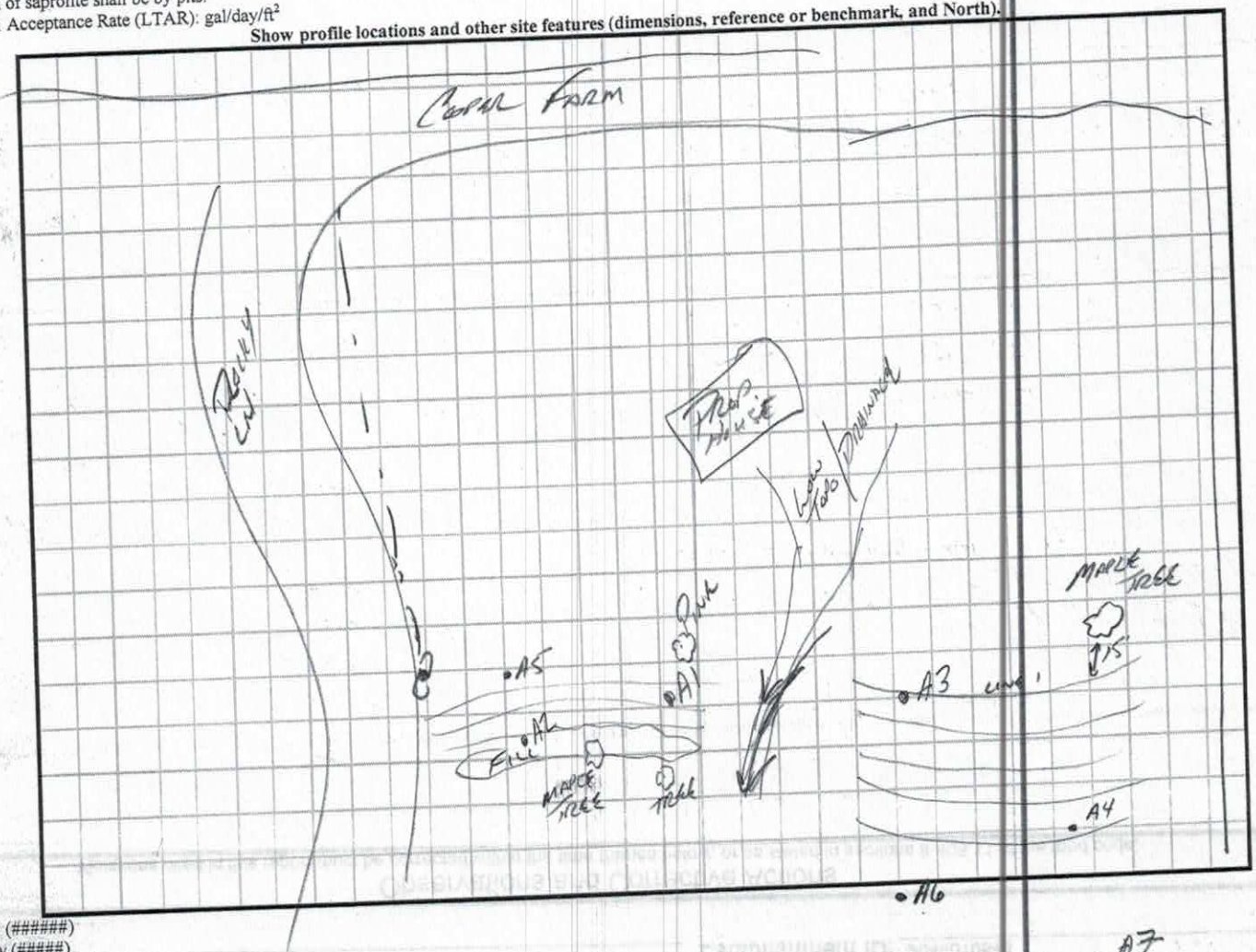
NOTES

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).



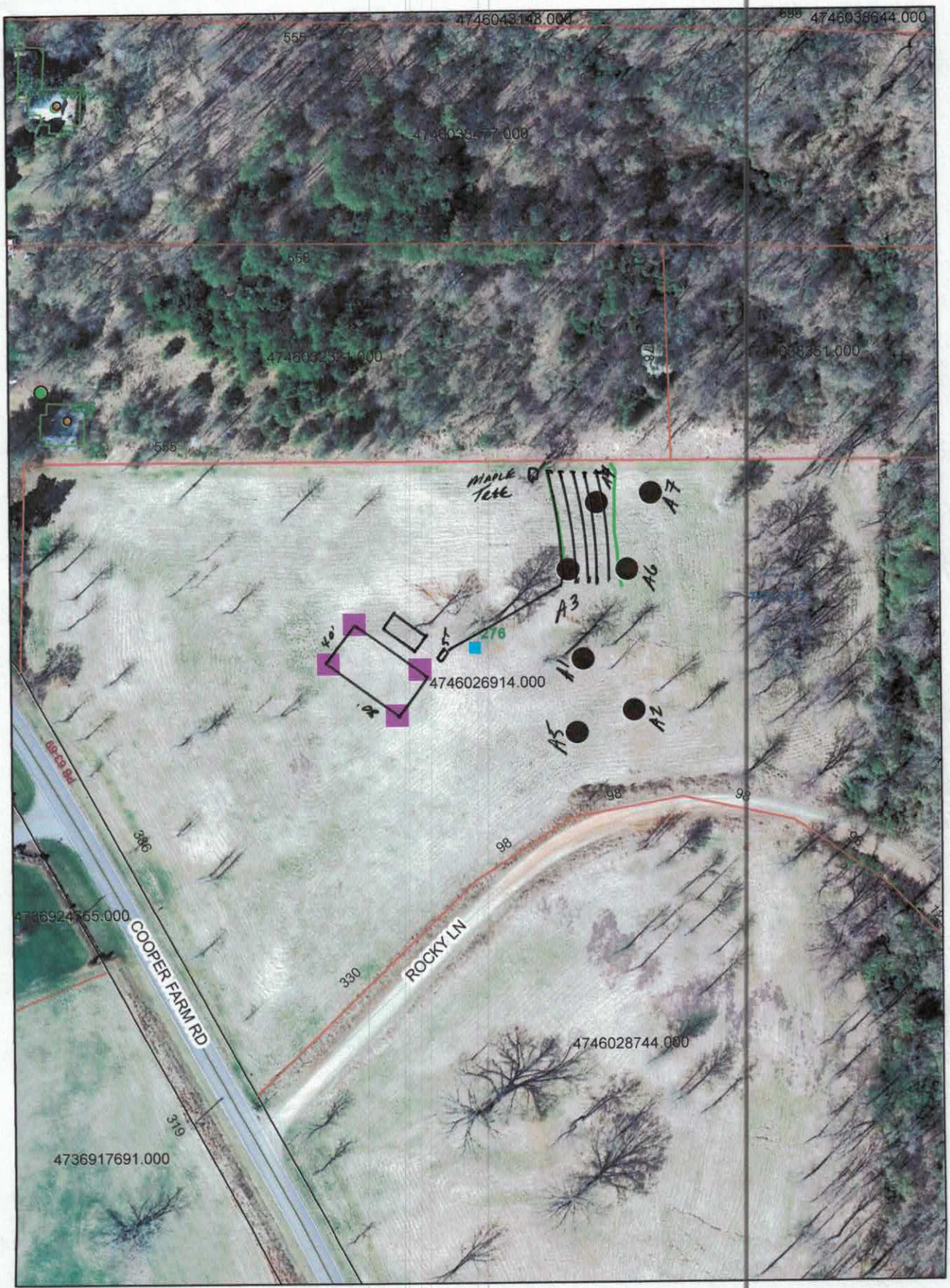
DENR (######)
Review (#####)

4/4

* Soil Notes *

1 inch = 120 feet

1:1,440



500

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Rick Cross / Brooke Sanders	9415 Blair Rd Mint Hill NC 28227	828-292-9974	828-292-0510
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Steve Fortune Estate	Cooper Farm Rd Statesville NC		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
276 Cooper Farm Rd	Cooper Farm / Rocky Lane	Tract 1

Driving Directions: Corner of Cooper Farm Rd & Rocky Lane (on left)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 5-20-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

828-292-9961
Tue 1:14 pm

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

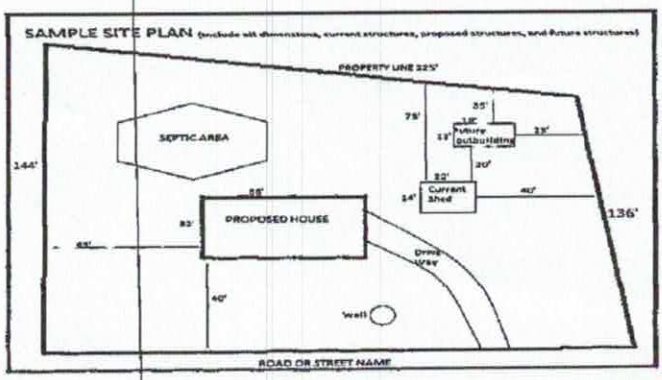
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

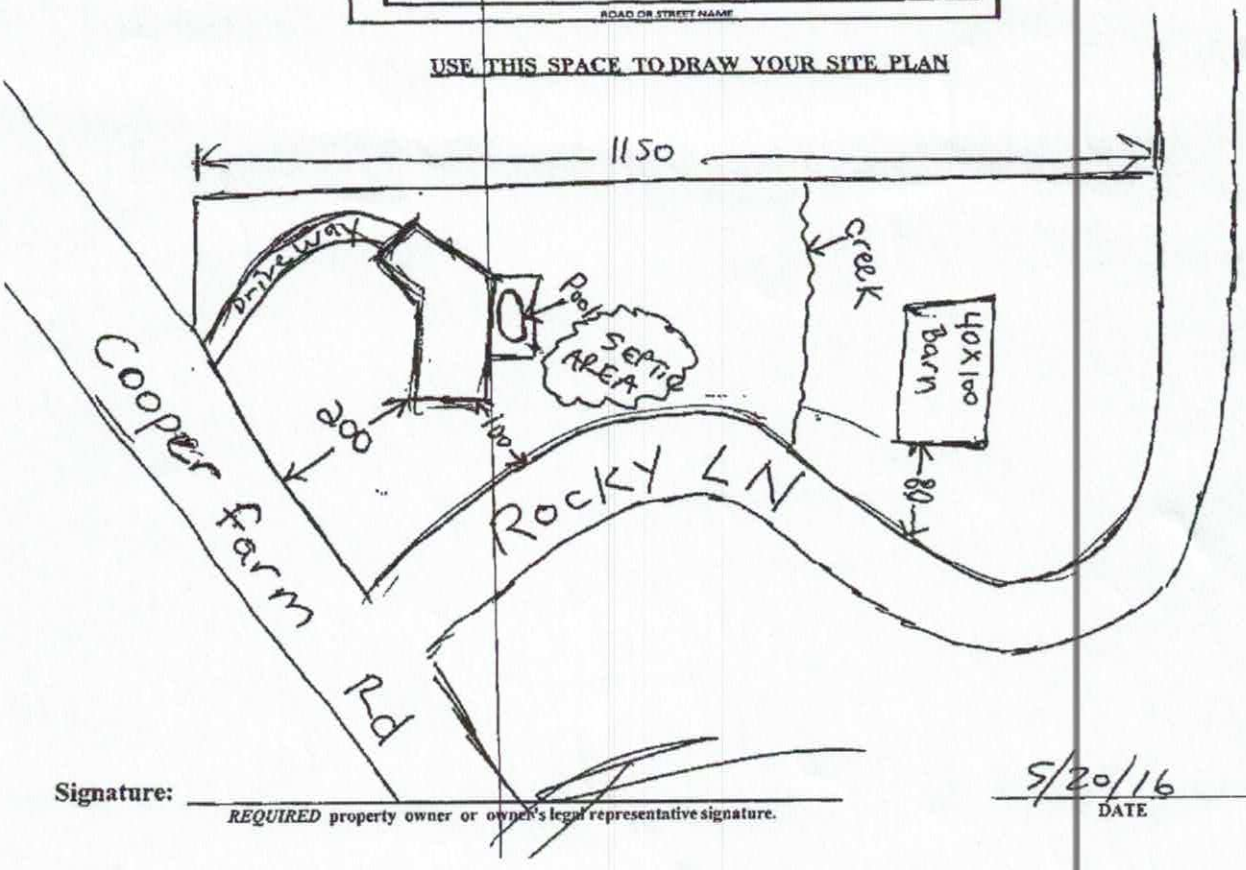
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

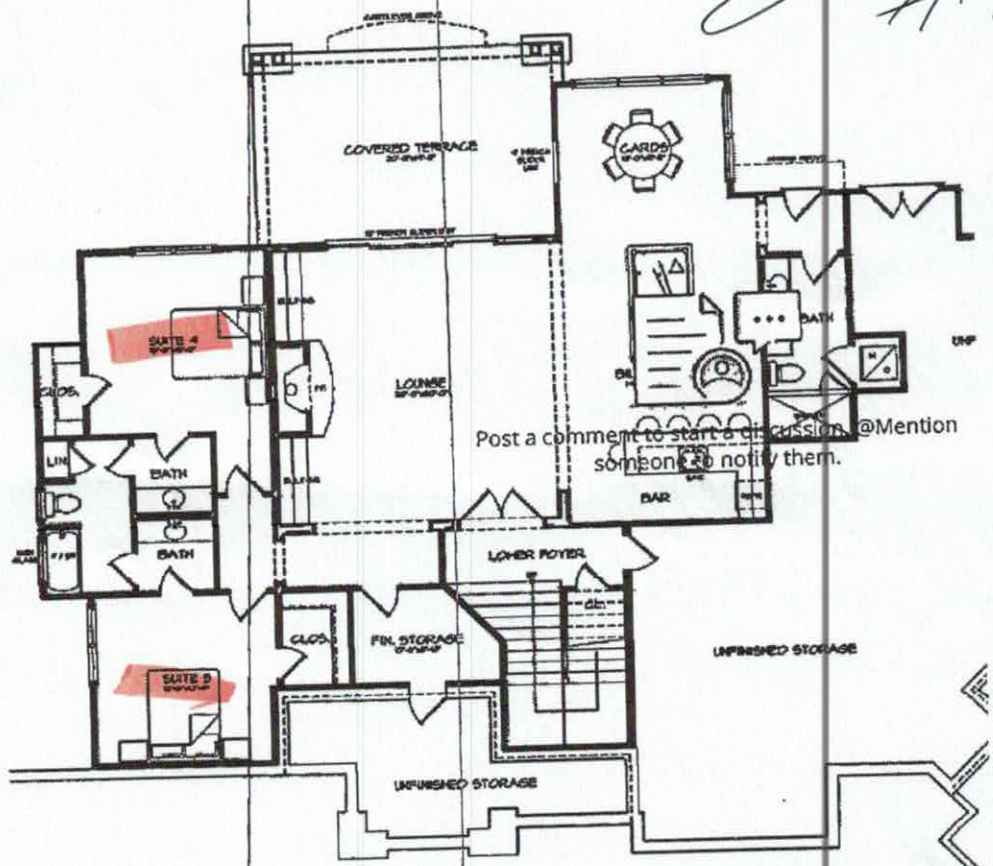
5/20/16
DATE

Dropbox - lower.pdf

Acknowledgement Of
Plans Submittal ONLY!
Date 5-20-16
Date 5/23/16

Comments Options

7/13/16



Post a comment to start a discussion. @Mention someone to notify them.

? Write a comment...

4

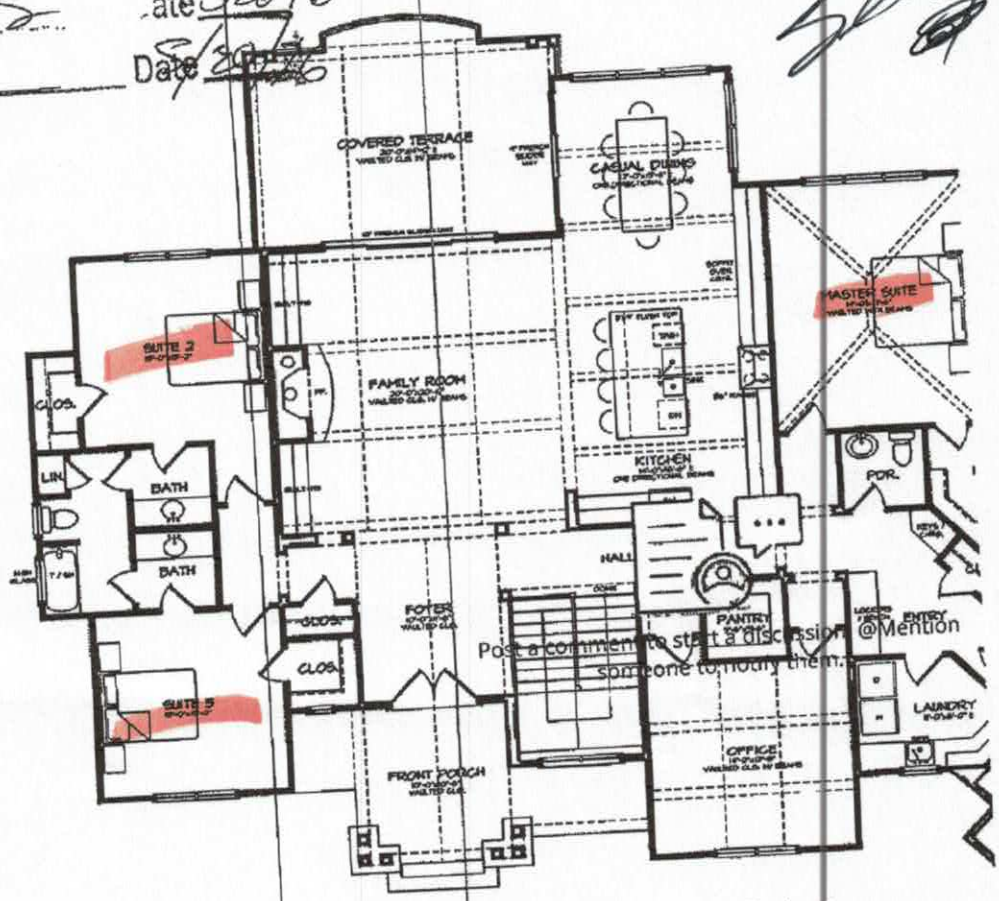
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Acknow[illegible]nt Of
Plans [illegible] ONLY!
Date 5/20/16
Date 5/20/16

Options

Comments

7/13/14



Sq. Footage
3-10-16
MAIN LEVEL HEATED
LOWER LIVABLE

Post a comment to start a discussion. @Mention someone to notify them.

? Write a comment...

5/20/2016

https://www.dropbox.com/s/26sfhtuuua5ylz9/main.pdf?dl=0

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
219003
Issue Date: 05/20/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4746026914.000	276 COOPER FARM ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TATE STEVEN G+CONSTANCE B	Applicant: SAUNDERS, BROOKE
Address: 212 COOPER ST STATESVILLE, NC 28677	Address: 9415 BLSIR RD CHARLOTTE, NC 28227
Phone:	Phone: 828-292-0510

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
11.961	35.00	35.00	15.00	15.00	NOT	X

Remarks:

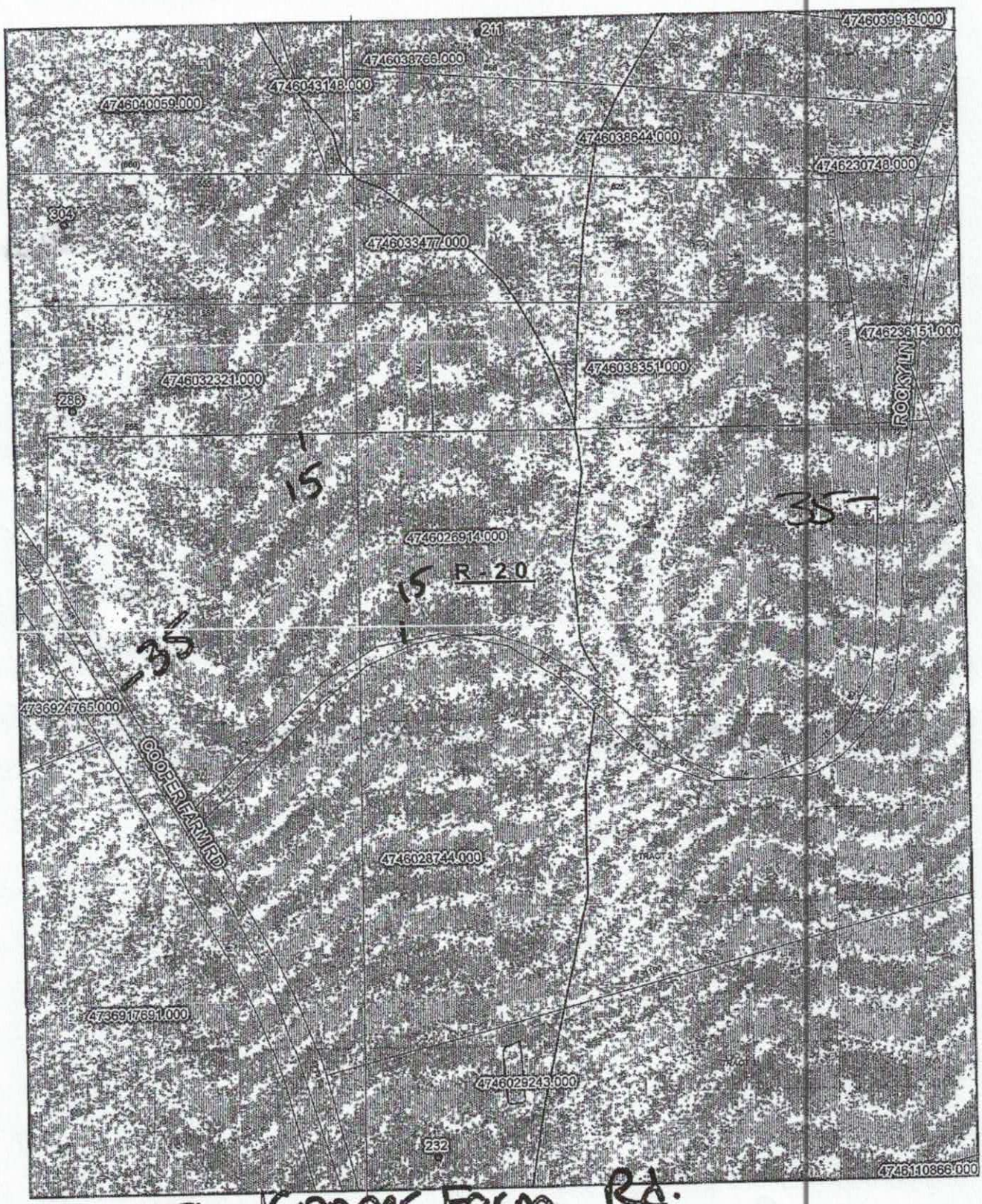
PAID
Debit
5-2016

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.

See Attached

Applicant: _____ Date: _____

Permit Number:	69414	TOTAL FEES:	$ 77.25



276 Cooper Farm Rd.

x