ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322910

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

PIN # 4746 -- 26 -- 0990

APPLICANT/OWNER: WR Homes 1/3/22 APPLICANT ADDRESS: 122 Meadows Oak Dr 28625

SITE ADDRESS: 104 Postell Dr Statesville NC 28625 PHONE: 704-400-2184 ALT. PHONE

SITE DIRECTIONS: Chipley Ford to Nixon / Right on Postell SAP CONTROLLED: ☐ YES ☒ NO

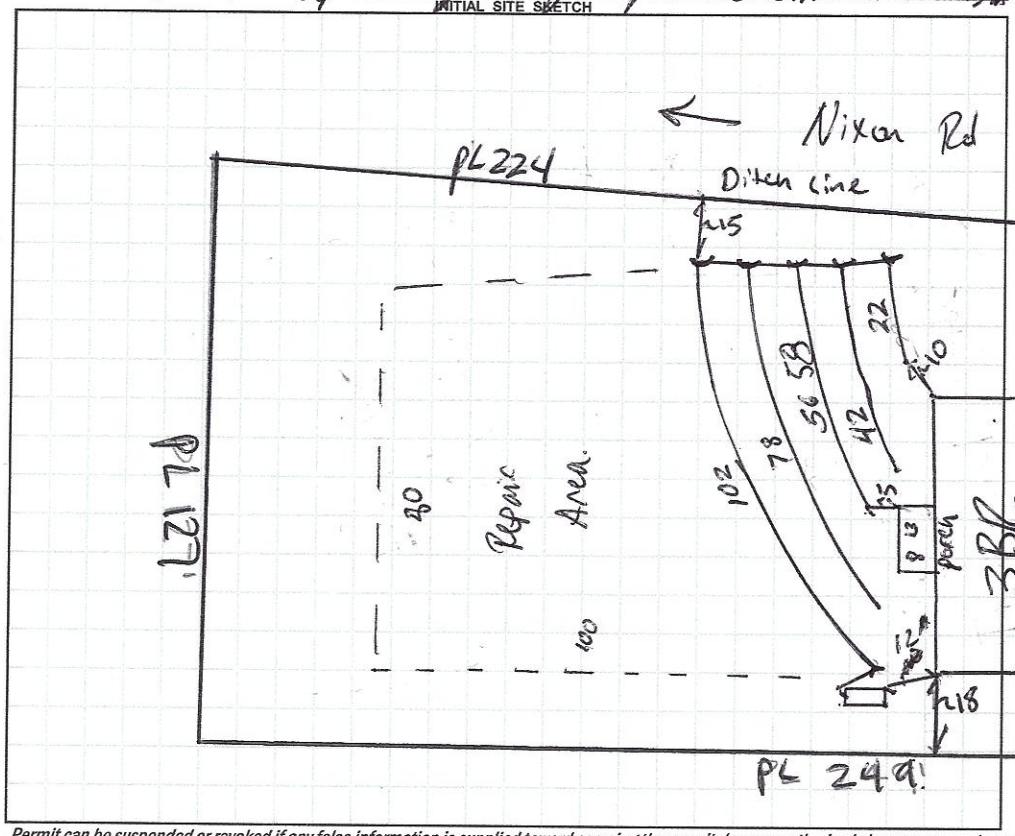
SUBDIVISION: Shadow Wood Estates 1/3/22 SECTION: LOT # 22 23 LOT AREA: .62 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	160	Date	3-14-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make		Model			Serial #		Repair System Description:	50% reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☐ NO		
Trench Width	36in	Trench Bottom Depth(Low side)		33in	Gravel Depth		☑ GRAVITY	☐ PRESSURE			

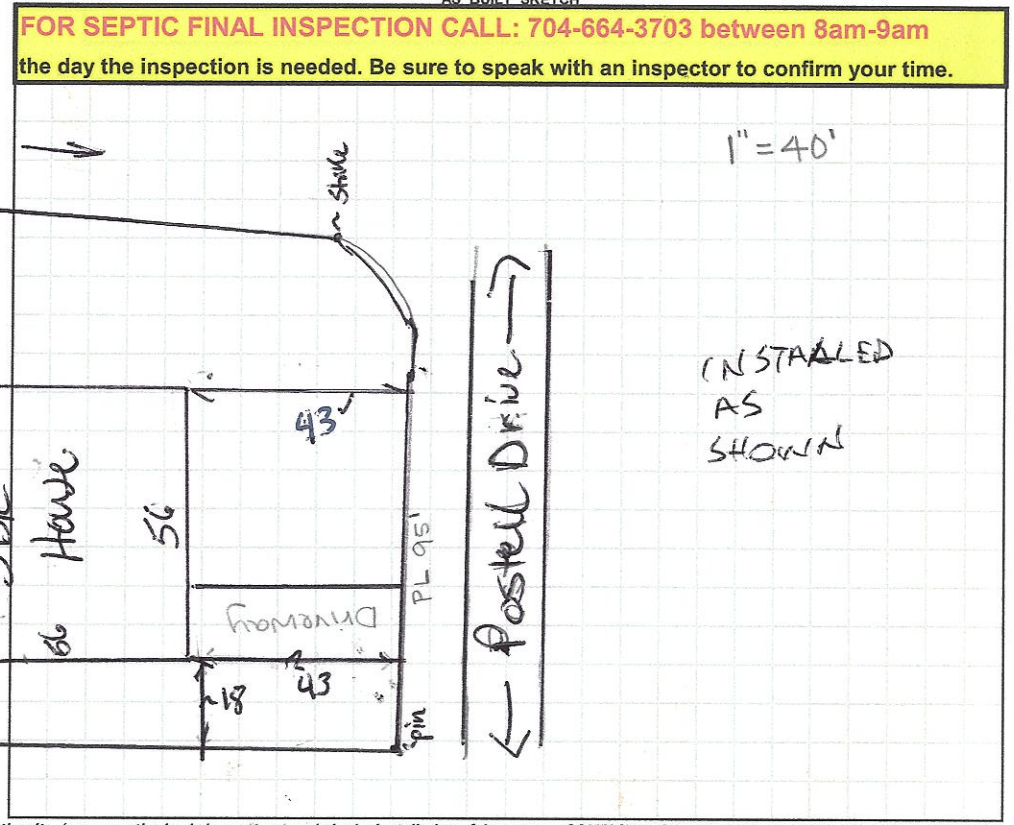
☑ Residence	No. Bedrooms	3	**Water Supply**	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Downhill on the Contour of the land & utilize Spiral Distribution. Do not Drive, Park, pave, grade or bury utilities in Drainfield Area. ~~Keep Plantings~~ as high as possible to Maintain Growth

INITIAL SITE SKETCH



AS BUILT SKETCH



FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 1/3/2022 Installed by: MAIDEN GRADING + Septic

IMPROVEMENT PERMIT by: Benjamin R Bolton Date: 12-16-2021 OPERATION PERMIT by: Bryant L. White Date: 5-16-2022

AUTHORIZATION TO CONSTRUCT by: Bryant L. White Date: 12-29-2021 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 #: 47462
COUNTY: Iredell

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

Lot 22

OWNER: WR Homes
ADDRESS: ~~104 Postell Ave SW~~ 722 Meadow Oaks.
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 104 Postell Dr. Statesville NC 28625
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 12-21
DATE EVALUATED: 12-21
PROPERTY SIZE: .67 AC
PROPERTY RECORDED: No

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Long linear shoulder slope ~4%	0-8	SCL/plow	SS, SP	2.5YR4/6 Red clay	53in	N/A	N/A	P.S .3
		8-29	C/ABK/SBK	SS, SP					
		29-53	CL/ABK&SBK	SS, SP					
2		0-5	SCL/plow	SS/SP	2.5YR4/8 Litho Inc.	48in	N/A	N/A	P.S .3
		5-16	C/ABK	SS/MFR/SP					
		16-48	CL/WABK	SS/MFR/SP					
3	Shoulder LSS 4% Slope	0-19	C · ABK	SP FR SER	2.5YR4/8 Litho Inclus.	50	N/A	N/A	PS .30
		19-50	CL · ABK/SBK	SP VFR SER					
4	Shoulder LSS 6-8%	0-22	C ABK		2.5YR4/8	48/		38-43 Rock Increasing Percent.	PS .30
		22-48	CL ABK/SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200.
System Type(s)	III 25%	IV 50%
Site LTAR	.50	.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Bakins
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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	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)
			None	None		

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

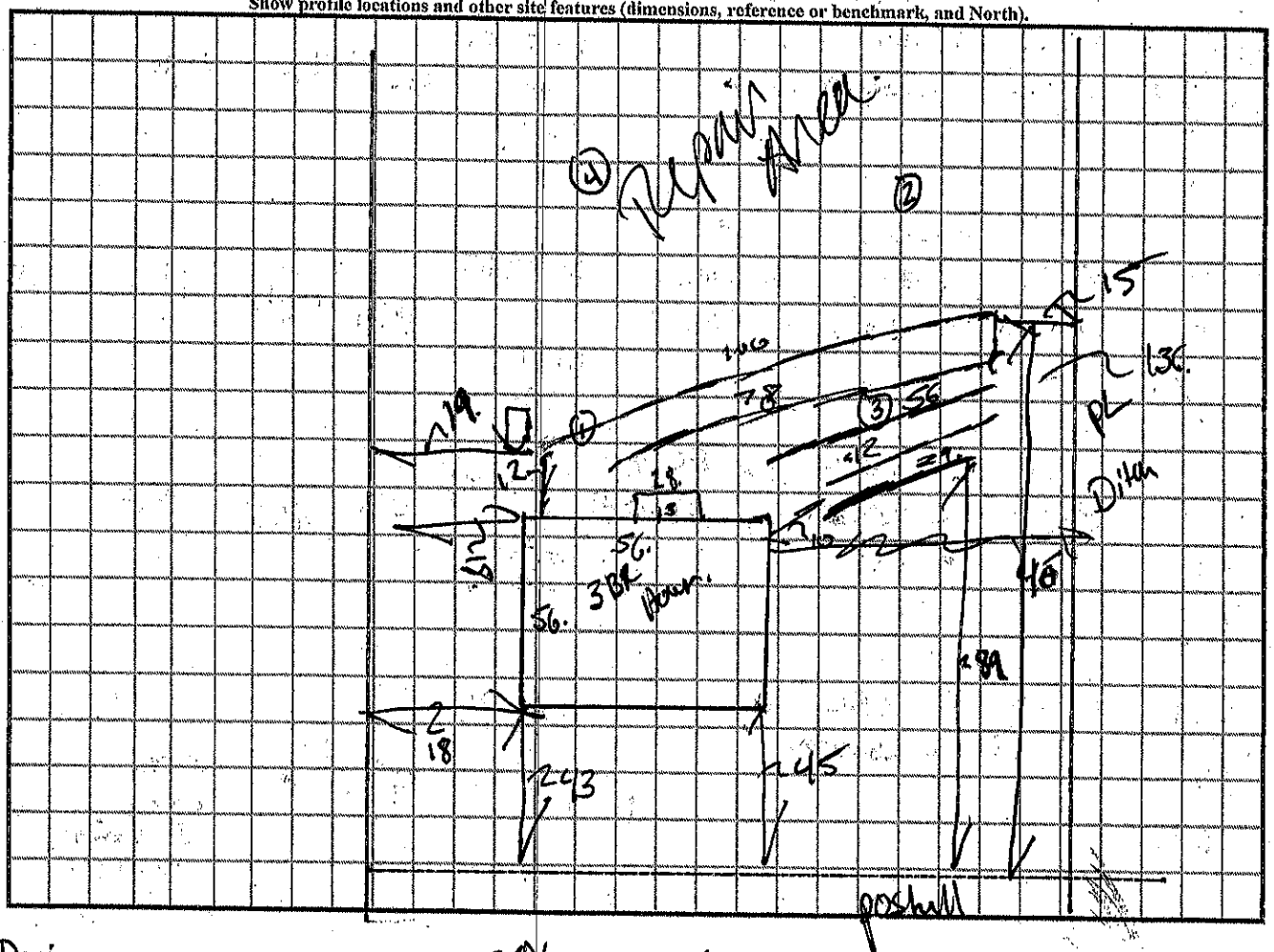
NOTES

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).



RECEIVED NOV C 8 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

BB

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 322910 $500.00

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: WR Homes Address: 122 Meadows Oak DR Zip: 28625
Applicant Email: Jim@Mohawkplastics.net Phone: 704-400-2184 Alt. Phone: _____
Owner Name: JAMES DeCicco Address: SAME Zip: _____
Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 104 Postell Dr Statesville NC 28625
Subdivision Name: Shadwood Section/Phase: _____ Lot Number: 22
Driving Directions: Chipley Ford to Nixon, Rt on Postell

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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 12240 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) 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 (√) No Does the site contain any jurisdictional wetlands?
( ) Yes (√) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (√) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 11/5/2021
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, Derell Osborne, am the legal owner(s) of the property located at Postell Drive Statesville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WR Homes, _____, 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.

DJOM - DOB INC. — Signature of Owner(s)

11-3-2021 — Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

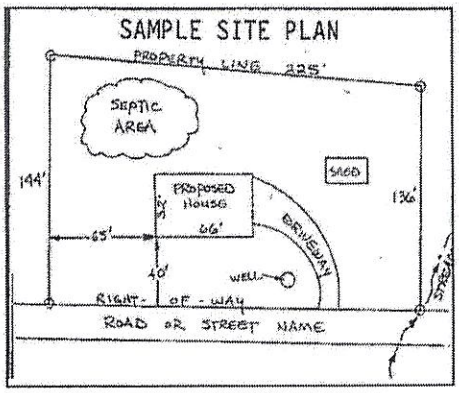
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

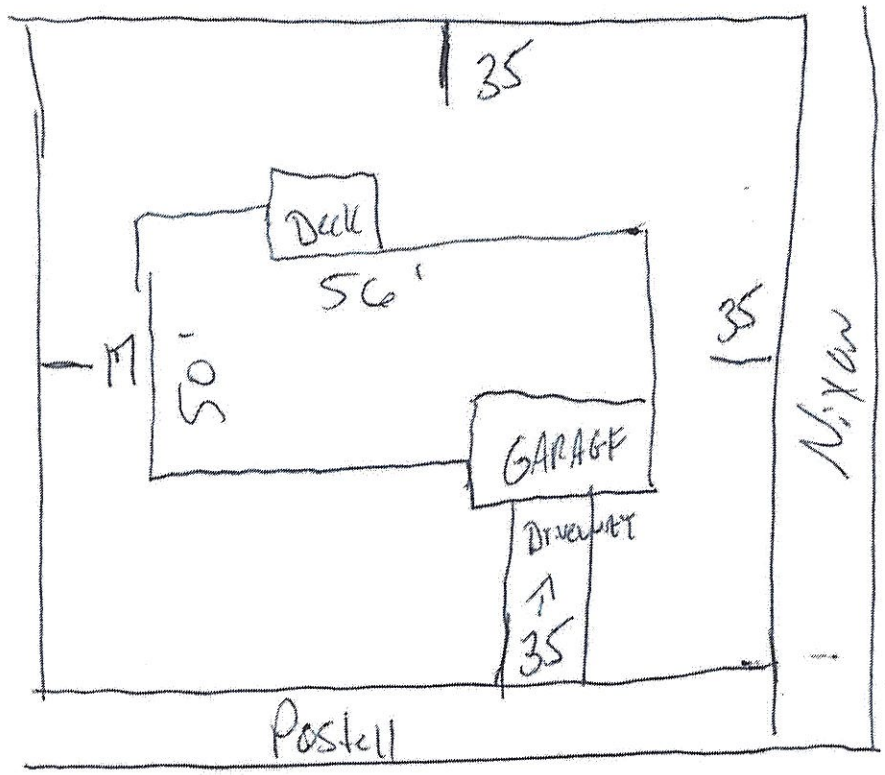
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

11/5/2021

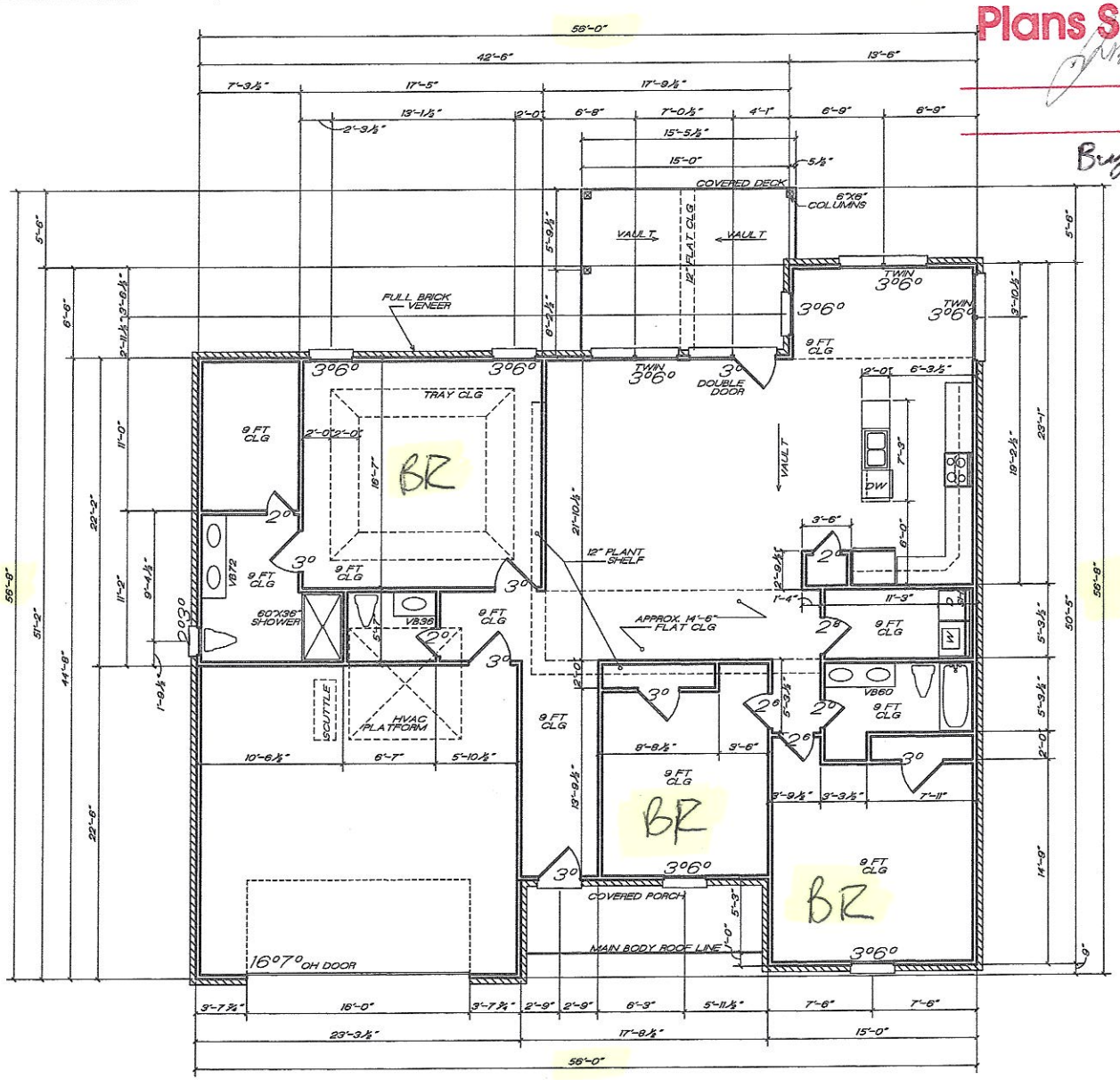
DATE

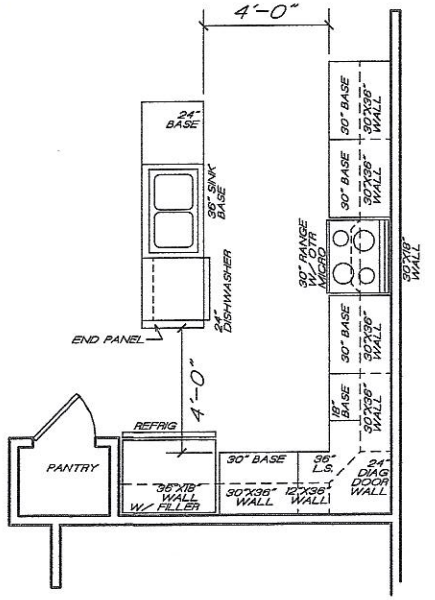
Acknowledgement Of
Plans Submittal ONLY!

Date 12/20/21

Date 12-29-2021

Bryant C. Miller





SQUARE FOOTAGE	
FIRST FLOOR	1935 SQ. FT.
SECOND FLOOR	000 SQ. FT.
TOTAL HEATED	1934 SQ. FT.
GARAGE	519 SQ. FT.
FRONT PORCH	93 SQ. FT.
REAR PATIO	100 SQ. FT.

STANDARD HEADER SCHEDULE

	HEADER SIZE	WINDOWS & DOORS
RANCH	2-2"x8" 2-2"x10"	SINGLE UNIT UP TO 4'-0" TWIN 2", 2½, 2" TRIPLE 3", 2½, 2"
TWO-STORY	2-2"x8" 2-2"x10"	SINGLE UNIT UP TO 5'-0" TWIN 2", 2½, 2" SINGLE UNIT UP TO 4'-0" TRIPLE 2½, 3" TRIPLE 3"
	2-1¾"x9¼" OR 2-1¾"x11⅞" LVL	
TWO-STORY 12" DSHT	2-1¾"x11⅞" LVL	TRIPLE 3"

ALL HEADERS TO BE SYP NO. #2

LEGEND

FB: FLOORING BREAK
SHL: SHELVES
PDS: PULL DOWN STAIRS
RIS: ROD AND SHELF
TRDS.: TREADS
OPT.: OPTIONAL
DBL.: DOUBLE
PEL: PIER ELEVATION
HDR.: HEADER
HOSE BIB

STANDARD LINTEL SIZES

BRICK OPENING WIDTH	ANGLE DESIGNATION
MAXIMUM OF 6'-0"	3½"X3½"X5/16"
6'-0" THRU 10'-0"	3½"X5"X5/16"
10'-0" THRU 13'-0"	4"X6"X5/16"

DATE	REVISION

SQUARE FOOTAGE	
HEATED	1934
GARAGE	519

FIRST FLOOR PLAN

W.R. HOMES

The "MOHAWK"

DATE 11-18-21

SHEET 4

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322910
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4746260990.000	104 POSTELL DR	Iredell County

Owner Information	Applicant Information
Name: D O B INC	Name: WR HOMES
Address: PO BOX 1783	Address:
STATESVILLE, NC 28687	,
Phone:	Phone: (704)400-2184

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.67	35	35	15	25		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.

Date: 11/05/2021

Signature of Owner/Contractor

Permit Number	322910	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 104 Postell Dr.

0.6 77
R30
NO

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

Applicant

11/5/2021
Date