ICHD - ENVIRONMENTAL HEALTH DIVISION

(Statesville Office (704) 878-5900)

PIN # 4746 --26 -- 7055

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

APPLICANT/OWNER: WR Homes 1/3/22 APPLICANT ADDRESS: 122 Meadows Oaks Drive 28625

SITE ADDRESS: 119 Postell Drive Statesville NC 28687 PHONE: 704-400-2184 ALT. PHONE -

SITE DIRECTIONS: Chipley Ford to Dixon Right on Postell Drive 2nd Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shadow Wood Estates. SECTION: - LOT # 1 LOT AREA: .518AC DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	160	Date	7-19		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	4	Linear Ft.	328		
Trench Width	36 in	Trench Bottom Depth (Gravity)	36 in max	Gravel Depth	-		

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

System Description: Gravity - 25% Reduction.

Repair System Description: LP #Panel Block - 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

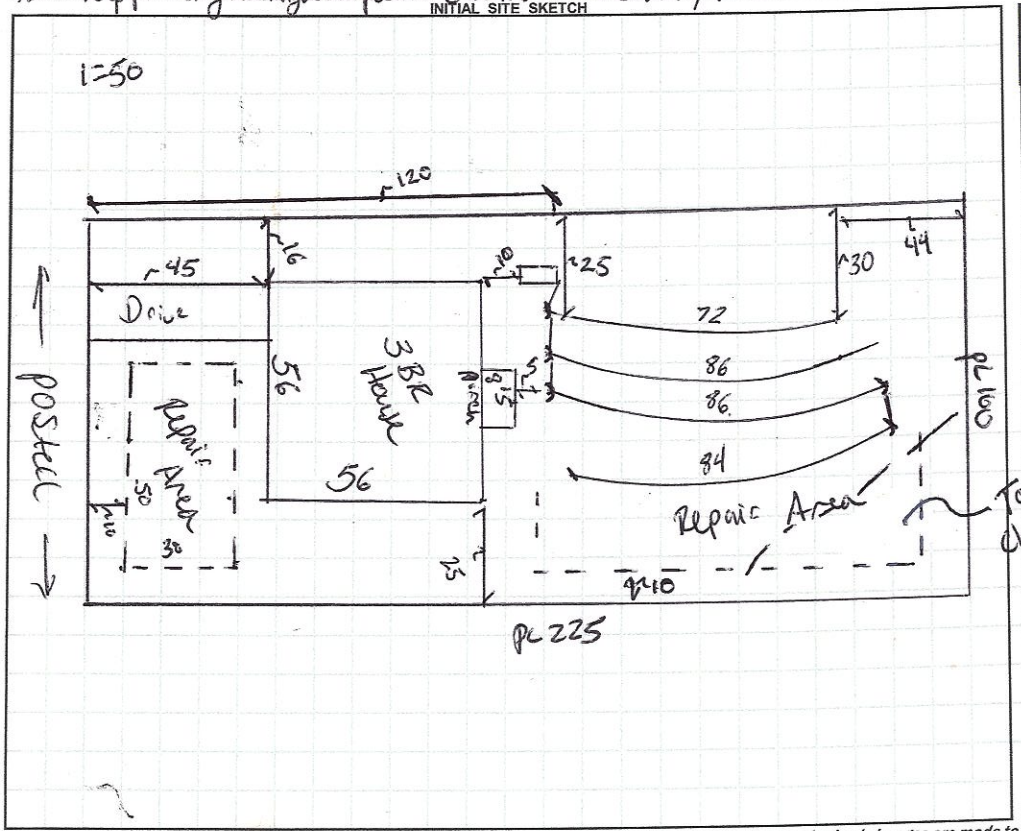
☒ GRAVITY ☐ PRESSURE

☒ 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 Septic Drainlines on the Contour of the land + utilize Serial Distribution. Do not Drive, park, pave, grade or lay utilities in drainfield Area. Keep plumbing as high as possible to maintain Gravity Flow.

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 permitted

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: 1/03/22 Date: 1/3/22 Installed by: Marvin Gooding Date: 9-9-2022

IMPROVEMENT PERMIT by: Benjamin A Boles Date: 12-16-2021 OPERATION PERMIT by: Benjamin A Boles Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White Date: 12-29-2021 Existing System Inspected by:

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 #: 4198626
COUNTY: Iredell

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

Lot 1

OWNER: WR Homes. APPLICATION DATE 12-21
ADDRESS: ~~Lot~~ 122 Meadow Oaks Drive DATE EVALUATED: 12-21
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: .518 Ac
LOCATION OF SITE: 119 Postell Dr 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
1	Ridge 2-3%	0-16	SCL/WSBK	SS, SP, VFR, SEXP	2.5YR4/6 BR Models @ 30in	53in	N/A	N/A In core thought	P.S .275
		16-32	C/ABK	SS, SP, MFR, SEXP					
		32-53	CL/WABK	SS, SP, FR, SEXP					
2	Side Slope 5%	0-16	SCL/WSBK	SS, SP, VFR, SEXP	2.5YR4/6	54in	N/A	N/A	P.S .3
		16-40	C/ABK	SS, SP, MFR, SEXP					
		40-54	CL/WSBK	SS, SP, FR, SEXP					
3	Side Slope 5%	0-12	C/MABK	SS, SP FR SEXP	2.5YR4/6 Heavy mica band	49in	N/A	N/A btwn 37-44in	P.S .3
		12-49	CL/SBK	SS, SP FR					
4	Side Slope 5-8%	0-8	SCL/WSBK	SS, SP VFR SEXP	2.5YR4/6	55in	N/A	N/A	P.S .3
		8-37	C/ABK & SBK	SS, SP FR					
		37-55	CL/WSBK	SS, SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	200
System Type(s)	III 25%	IV 50% H
Site LTAR	.275	.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins / Holland
OTHER(S) PRESENT:

COMMENTS:

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
(Concave Slope) (Convex Slope) Drainage Way) (Debris Slump) Flood Plain) Foot Slope) Head Slope) Linear Slope) Nose Slope) Ridge) Shoulder Slope) 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 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

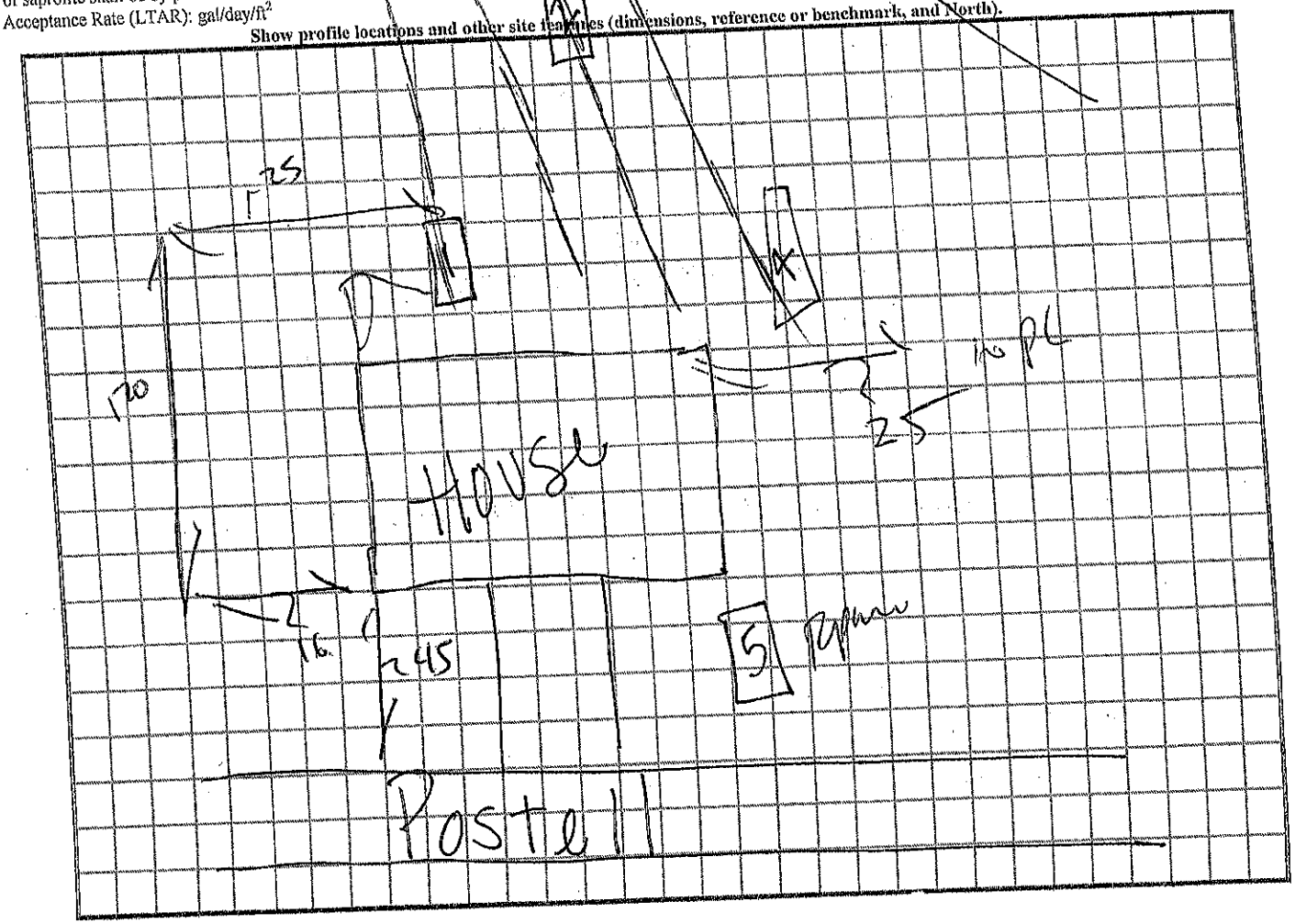
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

OTES

ORIZON DEPTH In inches below natural soil surface
EPTH OF FILL In inches from land surface
ESTRICTIVE HORIZON Thickness and depth from land surface
APROLITE S(suitable) or U(unsuitable)
OIL 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
'LASSIFICATION 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).



Pit S

0-24 CL SBK SS SP FR SEA
24-50 CL WSBK SS SP FR

P.S .3 @ 24in

Updated February 2014

36-40" 10YR6/4 Models

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-322911 $500.00

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: WR Homes Address: 122 Meadow Oaks Dr Zip: 28625
Applicant Email: Jim@MohawkDevelopment.com Phone: 704-400 2184 Alt. Phone: _____
Owner Name: James DeCicco Address: Same Above Zip: _____
Owner Email: Same Above Phone: Same Above Alt. Phone: _____

Property Information:

Street Address: 119 Postell Drive Statesville
Subdivision Name: Shadowood Section/Phase: _____ Lot Number: 1
Driving Directions: Chipley Ford To Nixon Right on Postell Drive 2nd Lot 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: 3
Maximum Number of Occupants: _____
( ) 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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____
( ) 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: _____ 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, Derek Osborne, am the legal owner(s) of the property located at Postell Drive, 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.

Derek Osborne - DOB 7/1/1

Signature of Owner(s)

11-3-2021

Date

Mooresville - Environmental Health

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

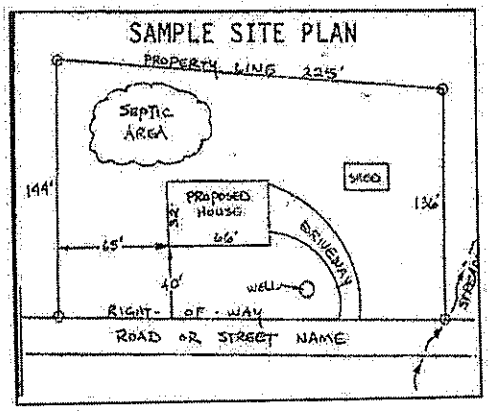
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

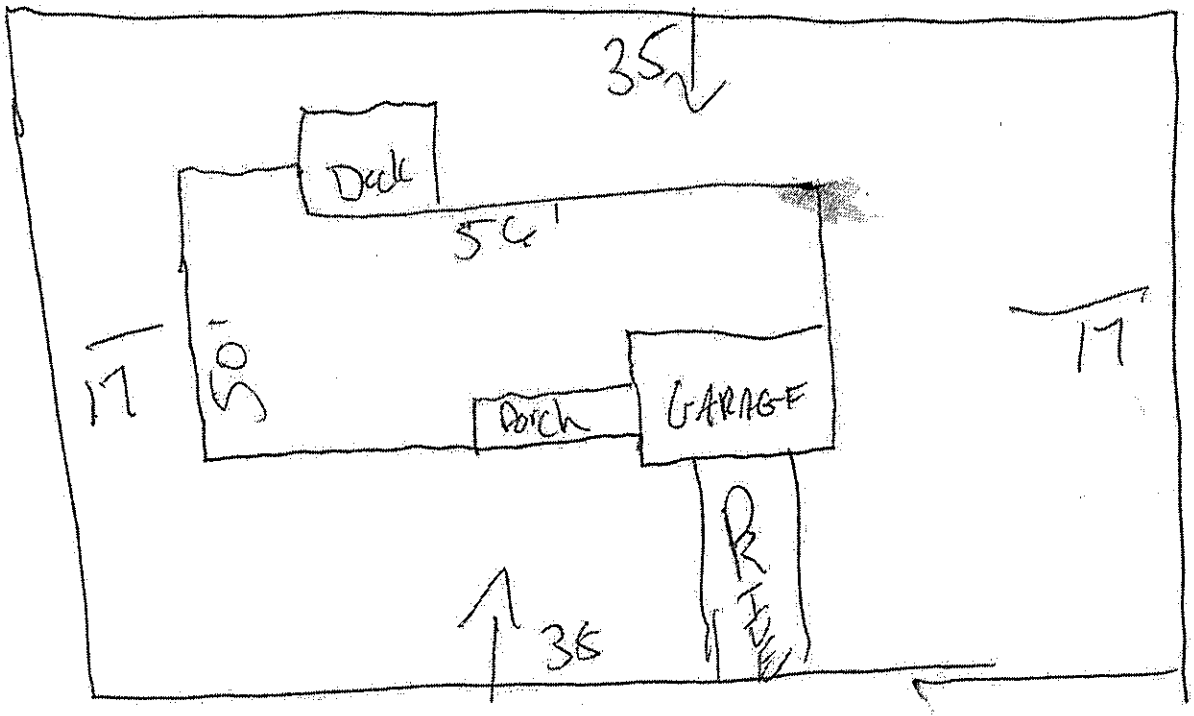
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

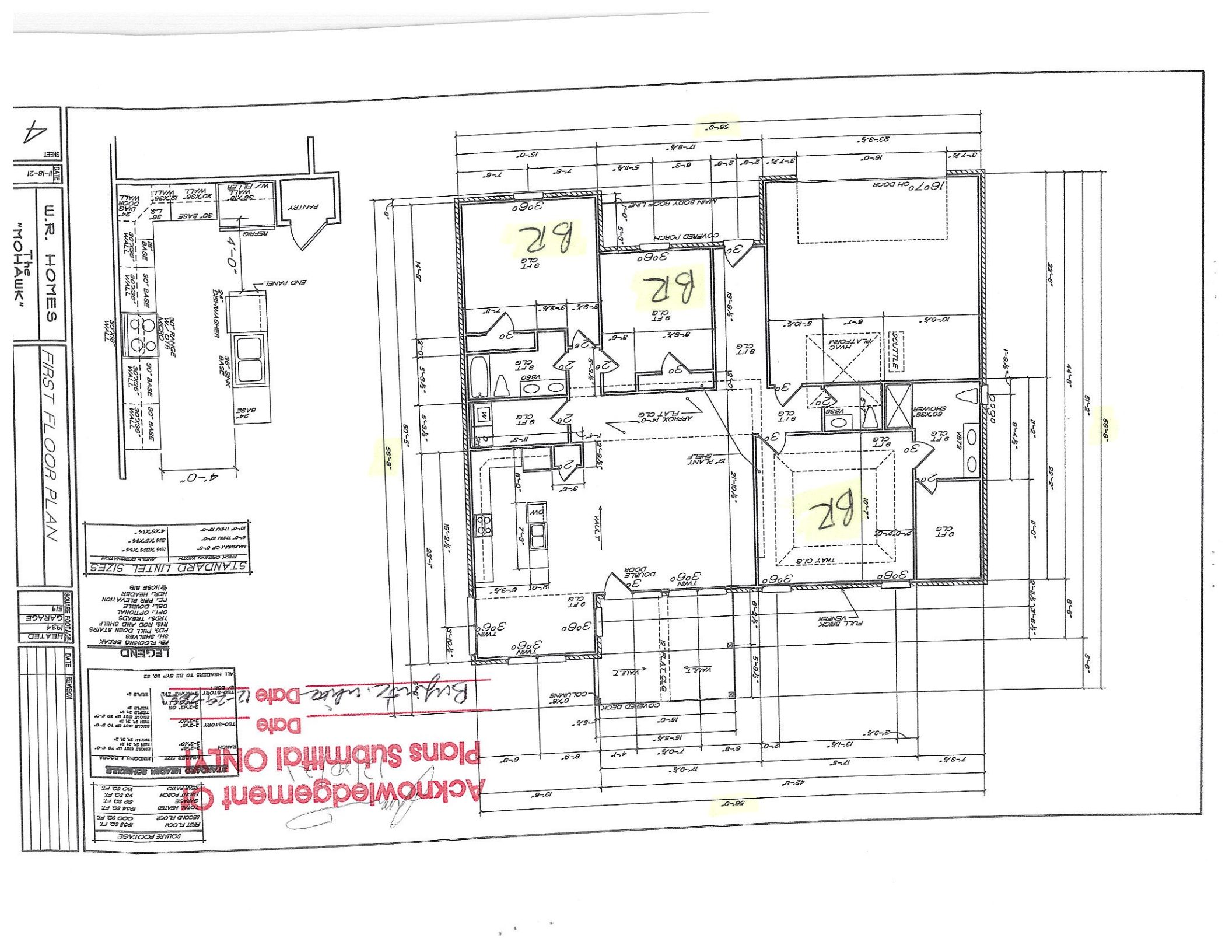


Signature: _____

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

11/5/2021

DATE


W.R. HOMES
The "MOHAWK"
FIRST FLOOR PLAN
SHEET
DATE 1-18-21
SQUARE FOOTAGE
HEATED 1934
GARAGE 519
DATE
REVISION
4'-0"
PANTRY
REFRIG
END PANEL
24" DISHWASHER
36" SINK BASE
30" RANGE W/ OTR MICRO
24" BASE
4'-0"
56'-0"
23'-3½"
16'-7½"
16'0 OH DOOR
MAIN BODY ROOF LINE
COVERED PORCH
30'0
9 FT CLG
VAULT
12" PLANT SHELF
APPROX 14'-6" FLAT CLG
TRAY CLG
12" FLAT CLG
FULL BRICK VENEER
COVERED DECK
6'X6" COLUMNS
DOUBLE DOOR
TWIN
VB60
VB72
60"X36" SHOWER
HVAC PLATFORM
SCUTTLE
P.O.P.
STANDARD LINTEL SIZES
LEGEND
SQUARE FOOTAGE
FIRST FLOOR 935 SQ. FT.
SECOND FLOOR 000 SQ. FT.
TOTAL HEATED 934 SQ. FT.
GARAGE 519 SQ. FT.
FRONT PORCH 93 SQ. FT.
REAR PATIO 80 SQ. FT.
STANDARD HEADER SCHEDULE
Acknowledgement of
Plans Submittal ONLY
Date
Date 12-23-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322911 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4746262055.000	119 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
0.518	35	35	15	15		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.

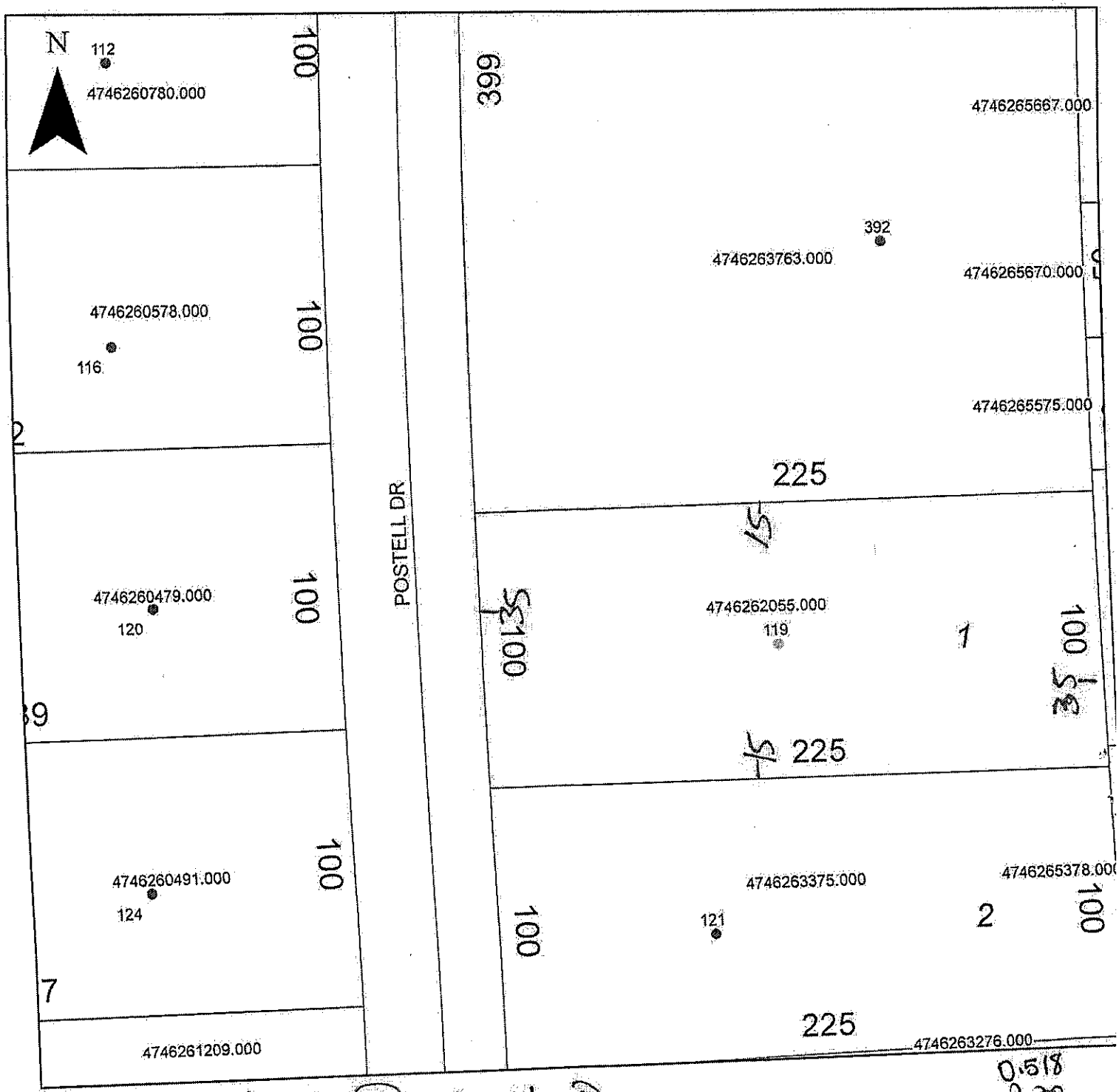
Date: 11/05/2021

Signature of Owner/Contractor

Permit Number	322911

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 119 Postell Dr.

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

11/5/2021

Date