ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP - 320366

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

PIN # 4746 -- 32 -- 3474

APPLICANT/OWNER: VERNON BAUM RIND / AMANDA C. BILYEU APPLICANT ADDRESS: 8508 PARK ROAD, SUITE 133, CHARLOTTE, N.C. 28210

SITE ADDRESS: 122 ZURICH LANE, STATESVILLE, N.C. 28625 PHONE: 704-643-6300 ALT. PHONE 704-661-6313

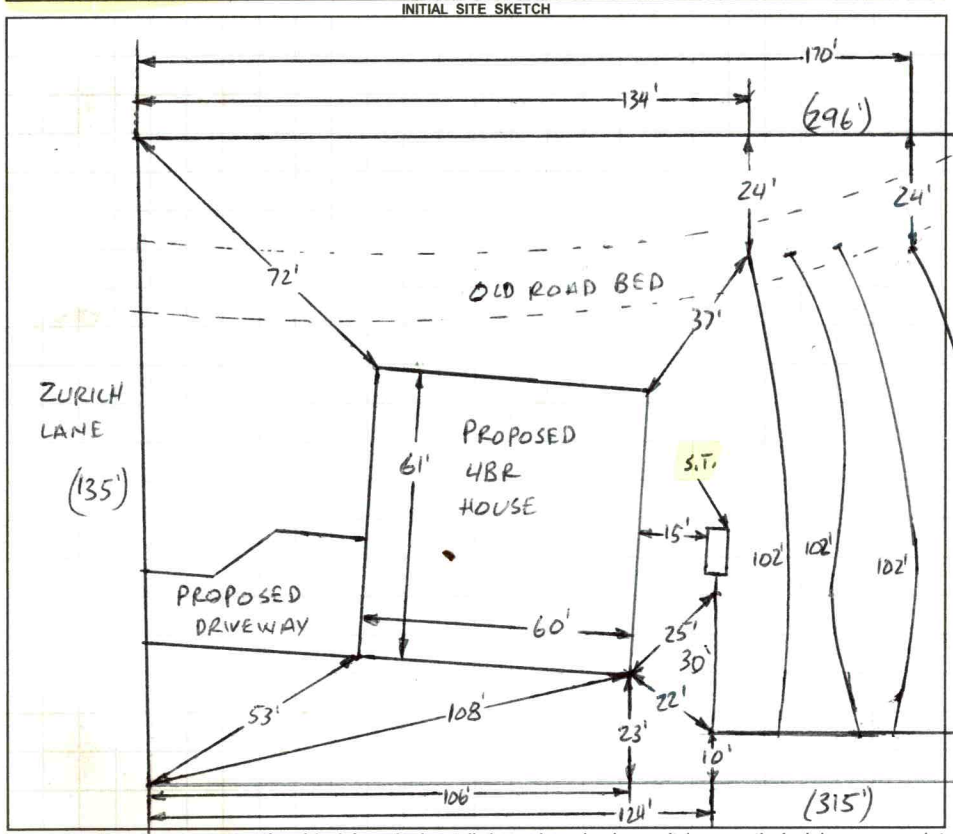
SITE DIRECTIONS: (N) ON 21, (L) ON RIMMER, (S) ON ZURICH, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FAIRVIEW FARMS SECTION: - LOT # 14 LOT AREA: 0.947 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	Infiltrator	Date	2152.	☑ 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:			50% REDUCTION	☐ Other	No. Employees	-	☑ Public
# Nitrification Fields	1	# Lines	5	Linear Ft		438 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth (Low side)			24 IN	Gravel Depth -		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH,

INITIAL SITE SKETCH

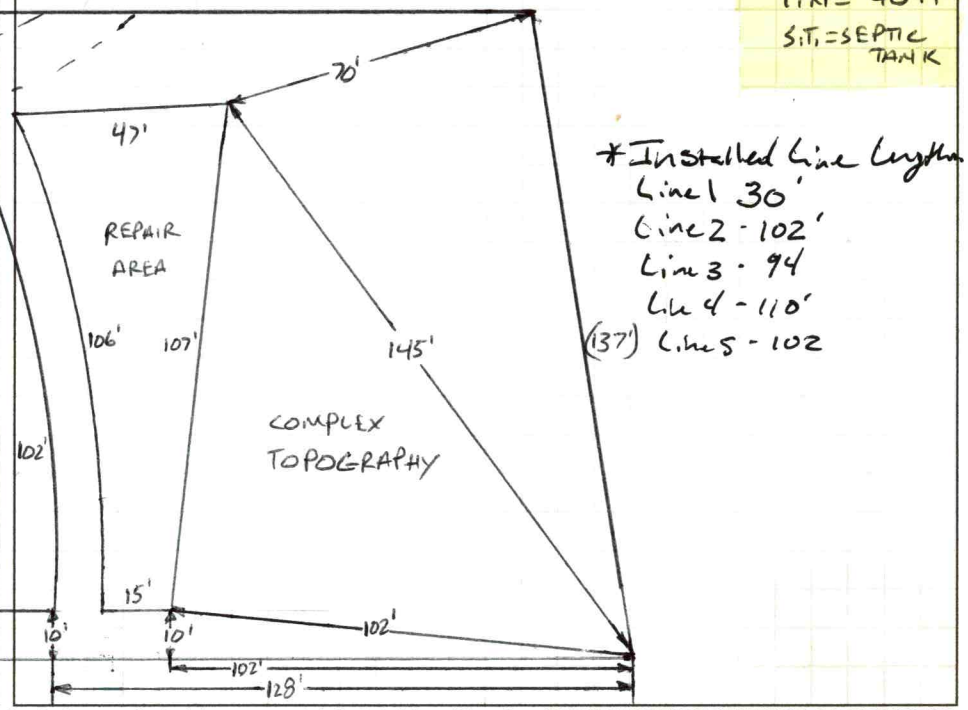


AS BUILT SKETCH

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



*Installed Line Lengths
Line 1 30'
Line 2 - 102'
Line 3 - 94
Line 4 - 110'
(137') Line 5 - 102

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: 10/6/21 Installed by: Jake Williams

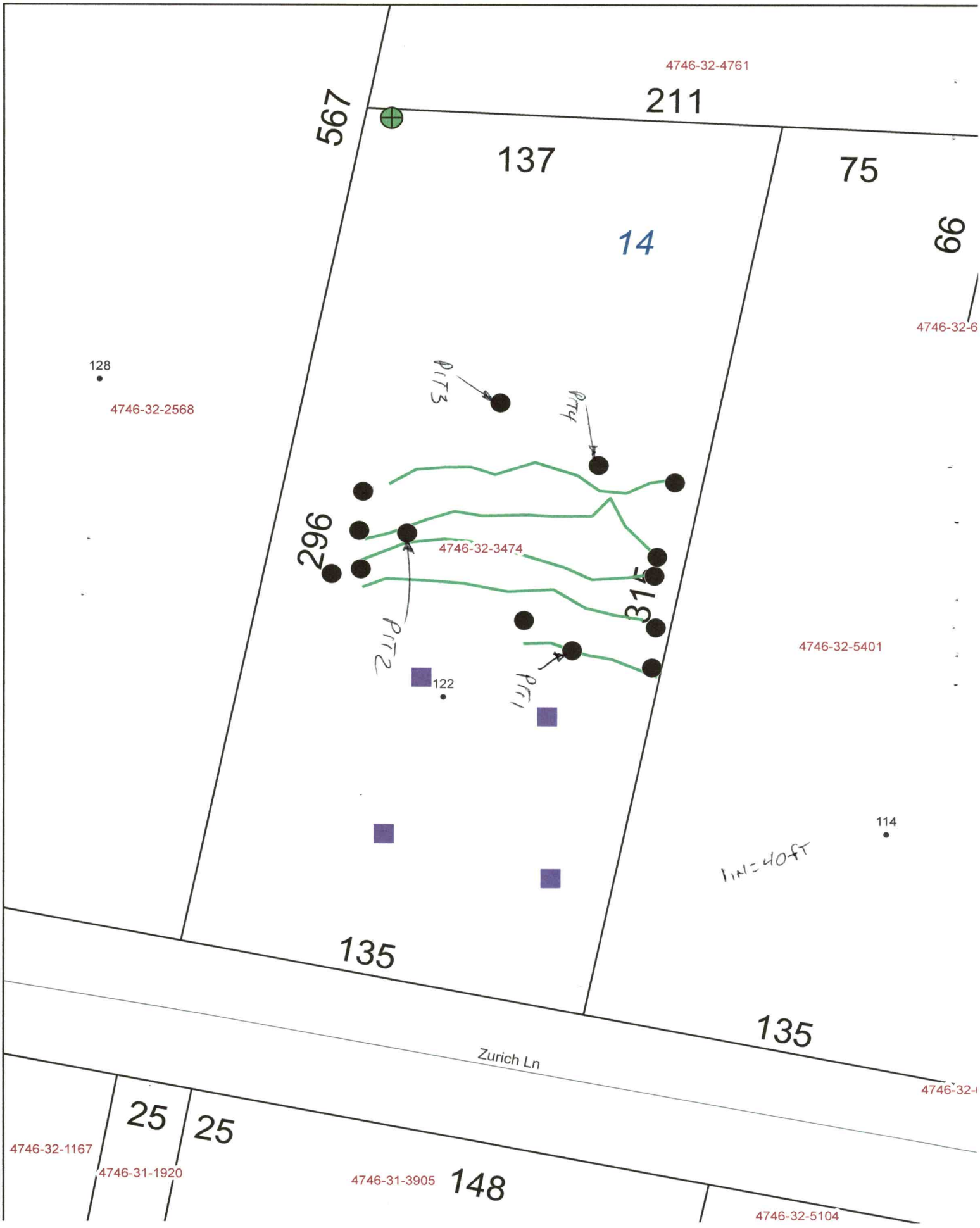
IMPROVEMENT PERMIT by: Bryant C. White Date: 10-1-2021 OPERATION PERMIT by: Bryant A Bate Date: 2-15-23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-27-2022 Existing System Inspected by: _____ Date: _____

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4746-32-4761
211
567
137
75
14
66
4746-32-6
128
4746-32-2568
296
4746-32-3474
315
4746-32-5401
122
114
1 IN = 40 FT
135
135
Zurich Ln
4746-32-
25
25
4746-32-1167
4746-31-1920
4746-31-3905
148
4746-32-5104

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4746-32-3474
COUNTY: IREDELL

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

OWNER: VERNON BAUMRIND — APPLICATION DATE 8-10-2021
ADDRESS: 8508 PARK ROAD, SUITE 133, CHARLOTTE, N.C. 28210 — DATE EVALUATED: 9-20-2021
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 0.947 AC
LOCATION OF SITE: 122 ZURICH LANE, STATESVILLE, N.C. 28625 — 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	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	LINEAR SIDE 12%	0-20	L, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		20-60	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 8%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B	57"+	NA	NA	PS .275
		9-41	L, ABK	FI, S, P, SEXP					
		41-57	CL, WABK	FI, SS, SP, SEXP					
3	HEAD 5%	0-10	FILL	MIXED	SAP INC THRU OUT FEW Y/B	55"+	NA	NA	PS .275
		10-15	SCL, SBK	FR, SS, SP, SEXP					
		15-37	L, ABK	FI, S, P, SEXP					
		37-55	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-8	FILL	MIXED	SAP INC THRU OUT FEW Y, B	57"+	NA	NA	PS .275
		8-14	SCL, SBK	FR, SS, SP, SEXP					
		14-34	L, ABK	FI, S, P, SEXP					
		34-57	CL, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~20~~ 25%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant Crabtree
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (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.

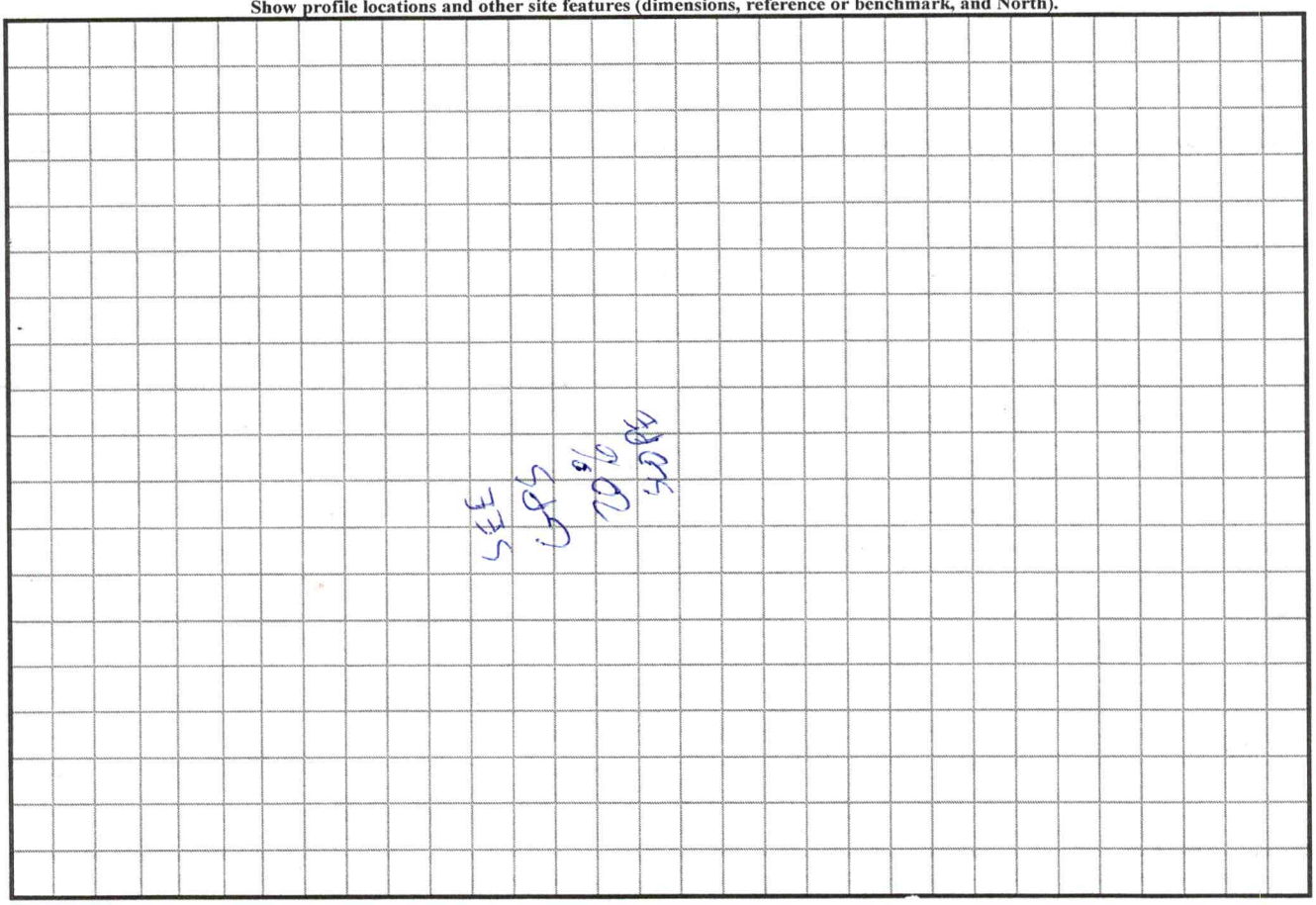
NOTES

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).



RECEIVED AUG 10 2021

BW

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- 320366 $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(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: VERNON Baumrind **Address:** 8508 PARK Rd #133 Charlotte, NC **Zip:** 28210

Applicant Email: Vbaumrind@gmail.com **Phone:** 704-643-6300 **Alt. Phone:**

Owner Name: AMANDA CARISA Bilyeu **Address:** 2000 HWY 64 E Mocksville, NC **Zip:** 27028

Owner Email: Amanda.bilyeu@daimler.com **Phone:** 704-402-0907 **Alt. Phone:** N/A

Property Information:

Street Address: 122 ZURICH LANE

Subdivision Name: FAIR FIELD FARMS **Section/Phase:** **Lot Number:** 14

Driving Directions: I-40, 21 North, Left on Rimmer, Rimmer becomes ZURICH LANE

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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: Vernon E Baumrind 8/9/21
Property owner or owner's legal representative signature **(SIGNATURE REQUIRED)** **DATE**

DocuSign Envelope ID: F08632E4-ECF4-46F6-9B26-18C0BB1E5A99

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Amanda Carisa Bilyeu, am the legal owner(s) of the property located at 172 Zurich Lane, identified as PIN (Parcel Identification Number) 4746323474, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) VERNON BAUMRIND, BVJ Properties, LLC, 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 Bilyeu
80B0FF7303F24EC...
Signature of Owner(s)

8/9/2021
Date

Mooresville - Environmental Health

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

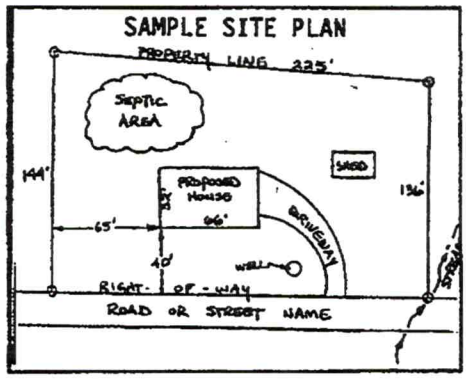
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

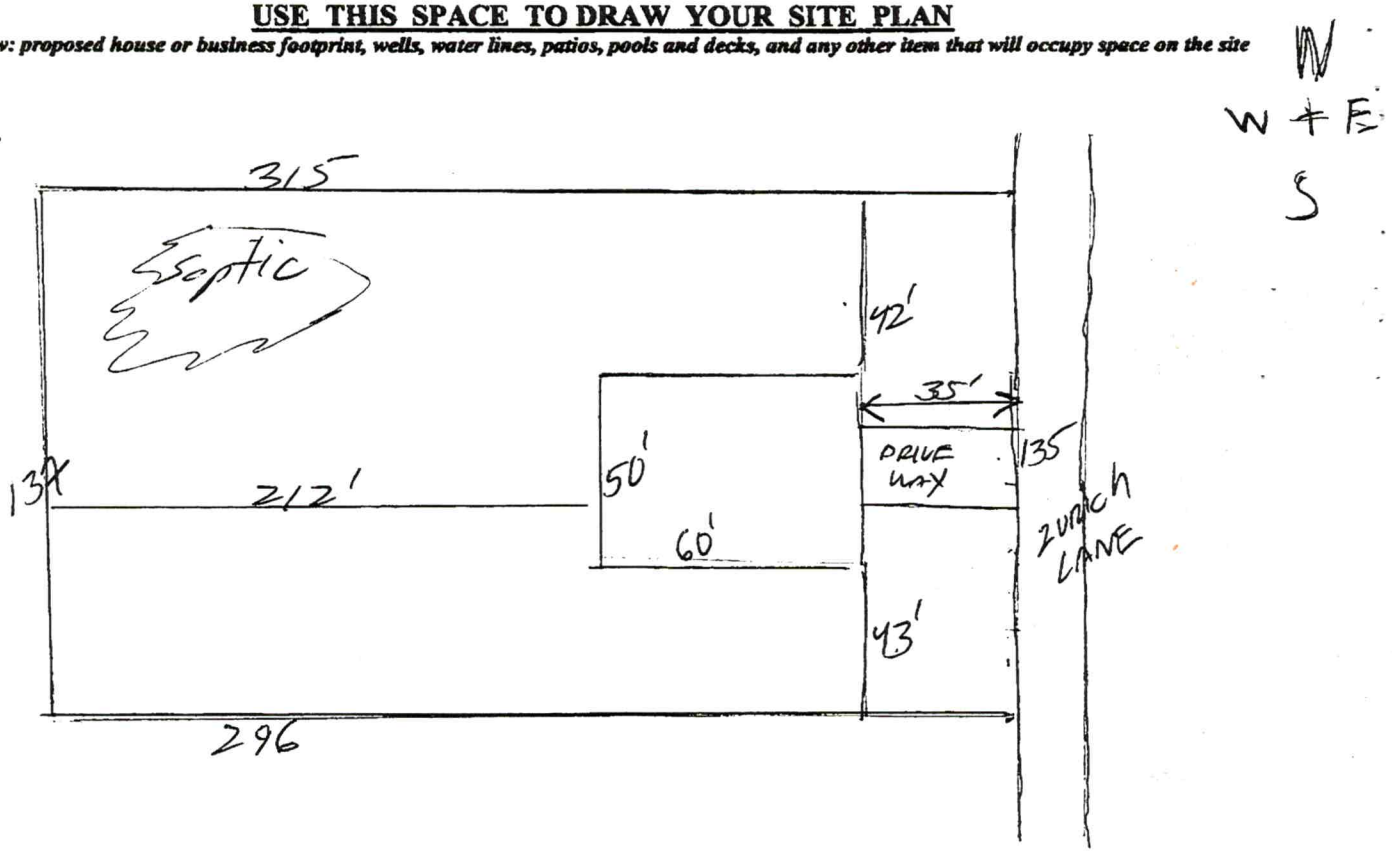
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other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

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

8/9/21

DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320366 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4746323474.000	122 ZURICH LN	Iredell County

Owner Information	Applicant Information
Name: BILYEU AMANDA C	Name: VERNON BAWNRIND
Address:	Address: 850 8 PARK RD #133
,	CHARLOTTE , NC 28210
Phone:	Phone: (704)643-6300

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.947	35	35	15	15	N/A	NO

Remarks
SFD

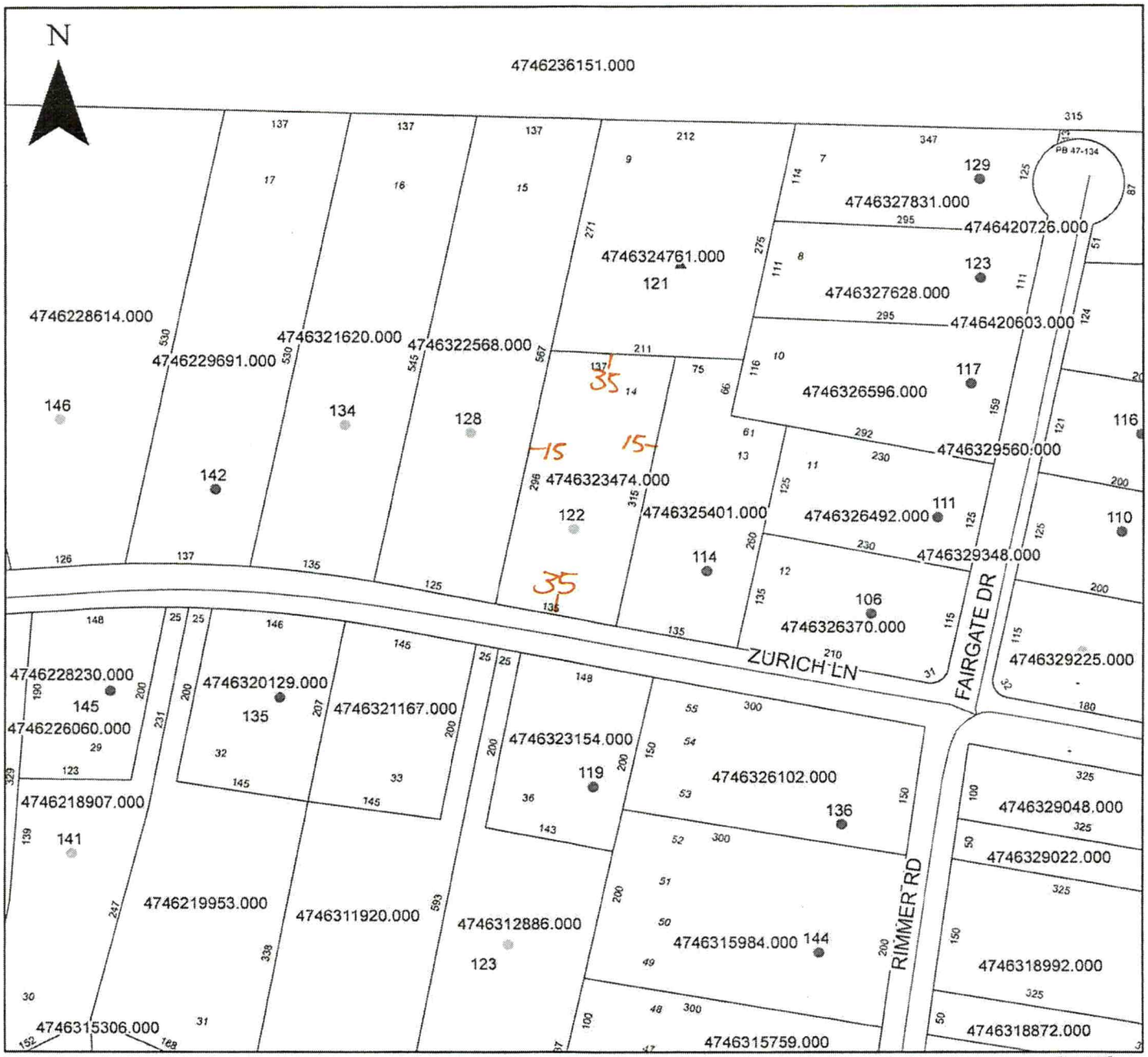
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 08/10/2021

Signature of Owner/Contractor

Permit Number	320366	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 122 Zurich Lane

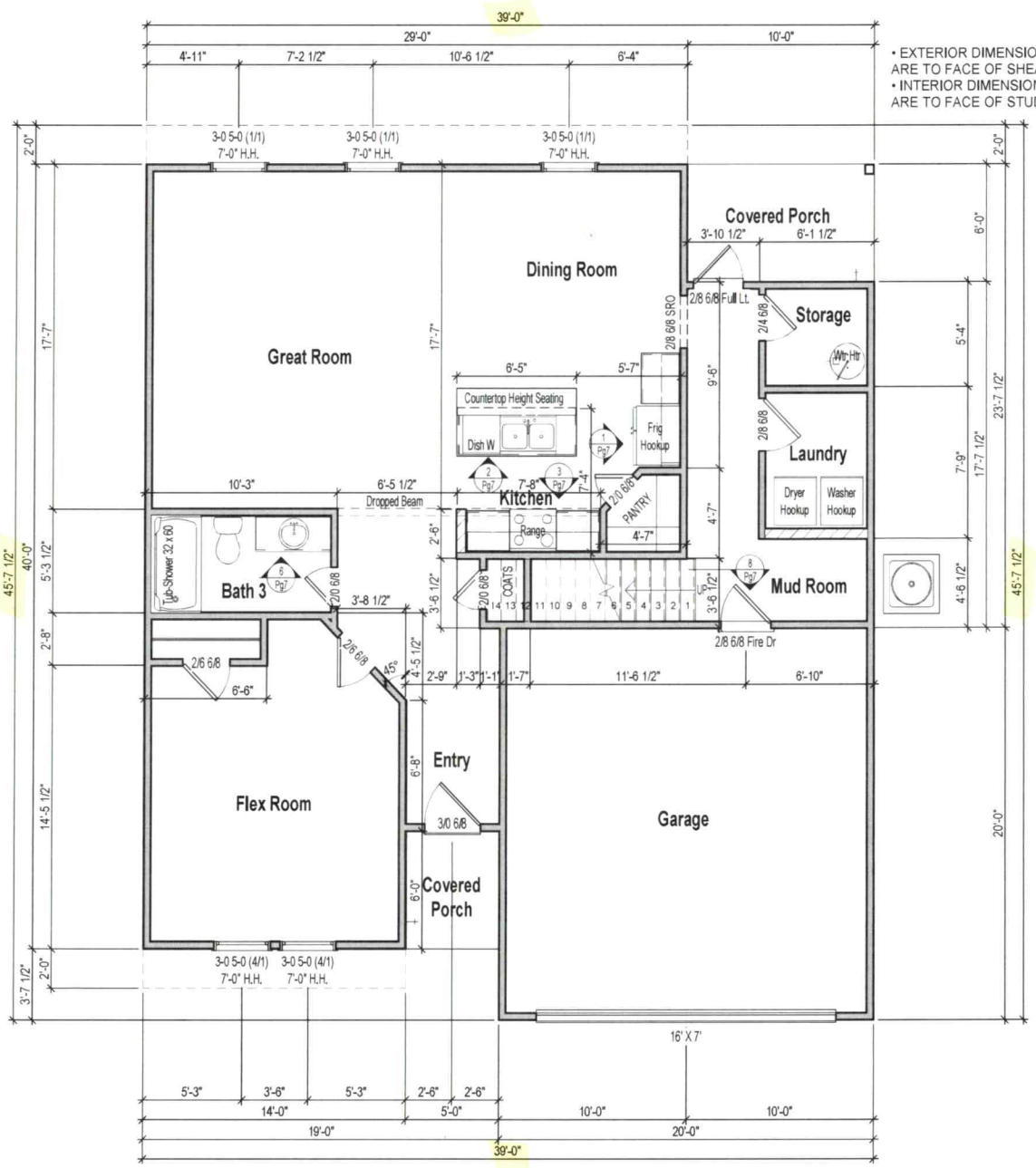
0.947
R-20
No

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

8/10/21
Date

From all habitable rooms above the garage	Not less than 5⁄8 -inch or equiv
Structure(s) supporting floor-ceiling assemblies used for separation required by this section	Not less than ½-inc or equiv

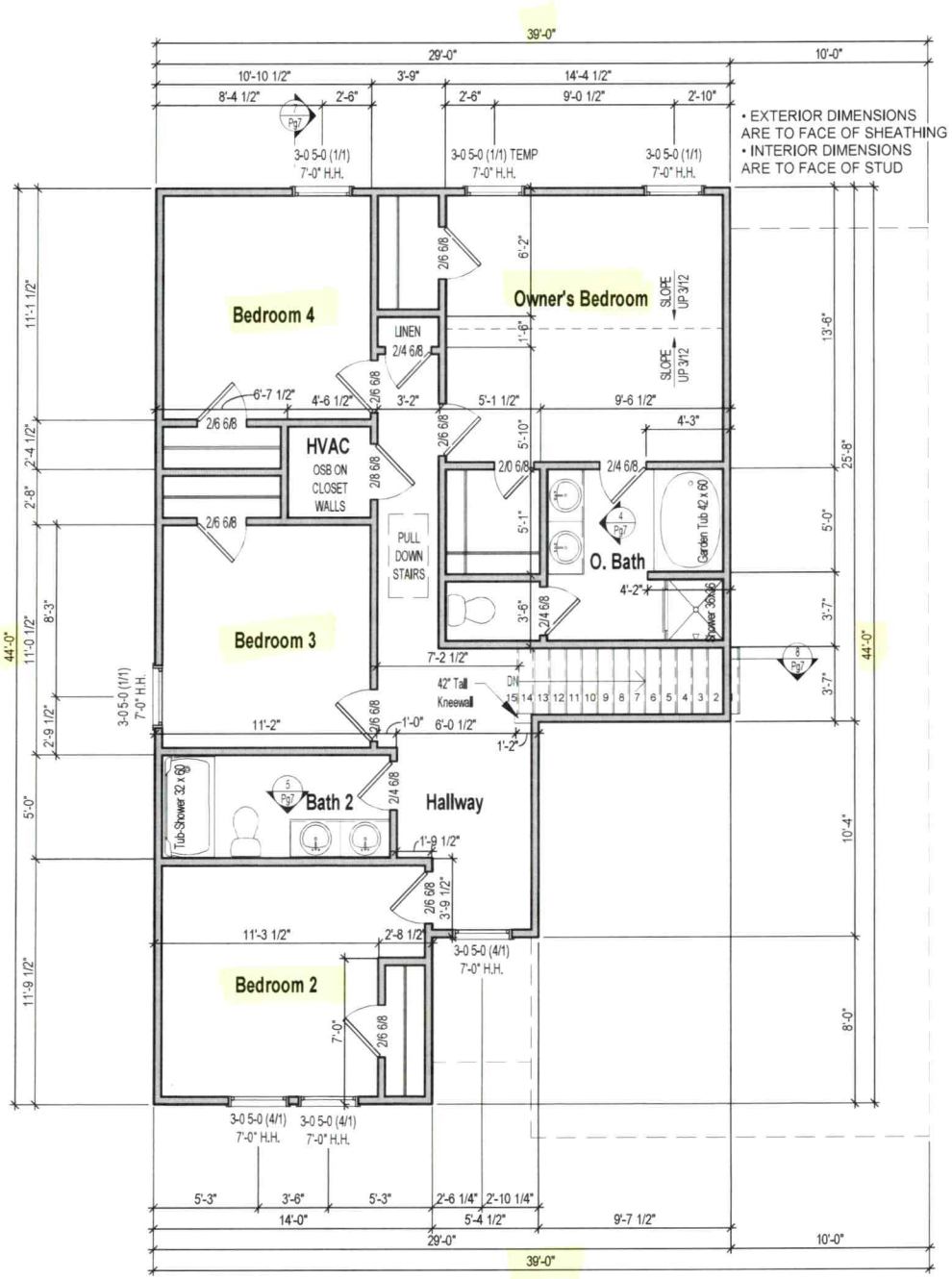


1 1st Floor Plan - Elev B

Acknowledgement Of Plans Submittal ONLY!

Bright Initiative Date 4-27-2022

Date 4/27/22



1 2nd Floor Plan - Elev B
1/8" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 4-27-2022

Date 4/27/22