ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320599

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

PIN # 4746 -- 73 -- 2985

APPLICANT/OWNER: Vernon Baumrind / Jim Starkey | APPLICANT ADDRESS: 8508 Park Rd #133 Charlotte, NC 28210

SITE ADDRESS: 159 Robinhood Lp Statesville, NC 28625 | PHONE: 704 643-6300 | ALT. PHONE: Tim 704 661-6313

SITE DIRECTIONS: US 21 N - R Jane Sowers Rd TL Robinhood Lp on left nearend | SAP CONTROLLED: ☐ YES ☒ NO

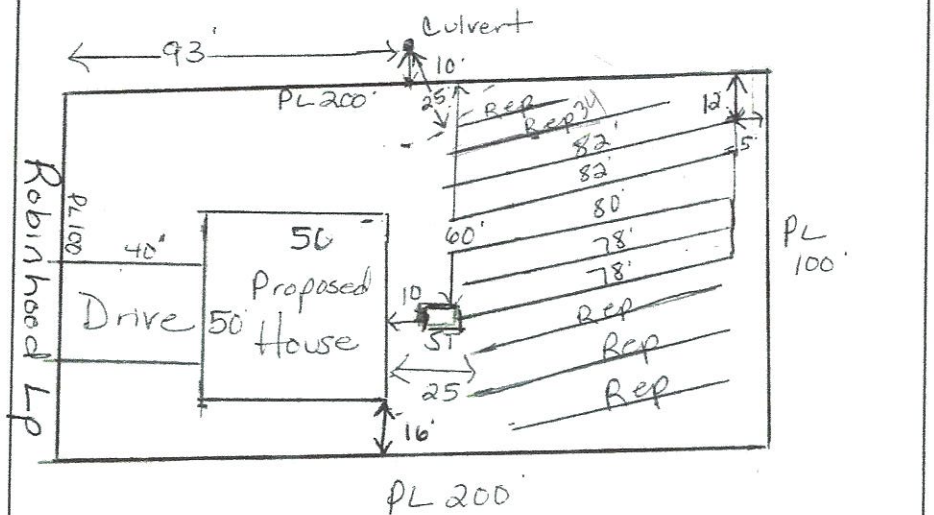
SUBDIVISION: Sherwood Forest | SECTION: A | LOT # 17 | LOT AREA: ~.5 | DESIGN FLOW: 480 gpd | L.T.A.R.: .3 Inf

Septic Tank	1000 (gal)	STB 760	Date 7/25/22	☒ 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: Gravity - 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make		Model	Serial #	Repair System Description: Partial PPBPS		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 5		Linear Ft min. 400ft	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth (Low side) 36" max		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Direct storm / surface water away from Septic. ☆ Stub out plumbing high

No cuts 2ft or greater within 15ft of Septic. Lot recorded in 1988 Keep Septic a minimum of 5ft to PL

INITIAL SITE SKETCH



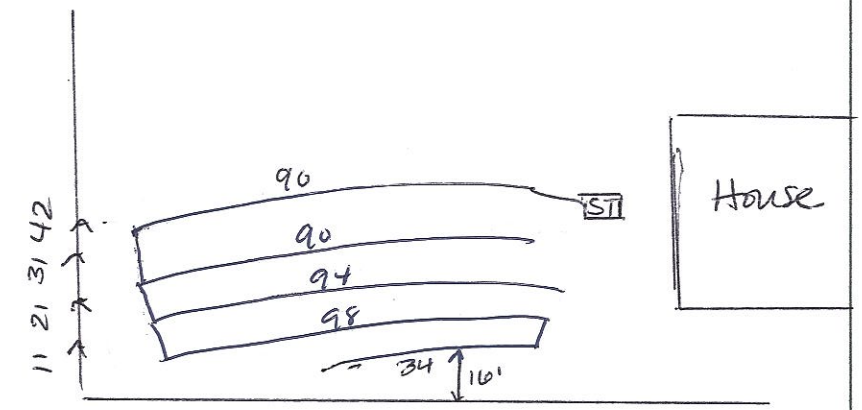
AS BUILT SKETCH

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.

Scale 1:50

Tanks ✓ MW

As Built - NTS



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: 12/22 Installed by: Williams Excavation - Jake Williams

IMPROVEMENT PERMIT by: Maria Dotson Date: 1/3/21 OPERATION PERMIT by: D Webey Date: 6/17/22

AUTHORIZATION TO CONSTRUCT by: Brent C. White Date: 1-14-2022 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	6/17/22	DW
Tanks Checked	6-15-22	MW
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? _____	

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

Sheet 1 of 2
PROPERTY ID #: 4746732985
COUNTY: Iredell

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

Applicant
OWNER: Vernon Baumrind
ADDRESS: 8508 Park Rd #133 Charlotte NC 28210
PROPOSED FACILITY: House
LOCATION OF SITE: 159 Robinhood Ln (Lots 16 & 17)

APPLICATION DATE: 8/18/21
DATE EVALUATED: 9/27/21
PROPERTY SIZE: .84 acre
PROPERTY RECORDED: Y

PROPOSED DESIGN FLOW (.1949): 480 gpd

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	12%	0-12	Rd/Brw	CL/SCL	w SBK SS, SP, Sexp, FR				PS .3
		12-32	RC	m-w SBK SS, SP, Sexp, FR					
		32-54	RC	w SBK SS, SP, Sexp, FR			w/some		
			SAP	Ind w					
2	15%	0-12	Rd/Brw to Brw	SCL/CL	w SBK SS, SP, Sexp, FR				PS .3
		12-54	RC/CL	m-w SBK	SS, SP, Sexp, FF-FR				
3	17%	0-10	Rd/Brw	CL/SCL	w SBK SS, SP, Sexp, FR				PS .3
		10-26	RC	m-w ABK/SBK	SS, SP, Sexp, FR				
		26-54	RC/CL	w SBK	SS, SP, Sexp, FR				
4	17%	0-8	Rd/Brw	CL/SCL	w SBK SS, SP, Sexp, FR				PS .275
		8-36	RC	m-w SBK	SS, SP, Sexp, FR				
		36-54	RC	w SBK/ABK	SS, SP, Sexp, FF-FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Omar, Jim Starkey

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4746732985

DATE OF EVALUATION: 9/27/21

COUNTY: Iredell

159 Robinhood Cp
Lots #16/17

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
	15%	0-9	BrwSCL/CL wSBK		SS, SP,	SExP,	FR		PS .3
		9-32	RCL mSBK	SS, SP,	SExP,	FI-FR			
		32-54	RCL wSBK	SS, SP,	SExP,	FI-FR			

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)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

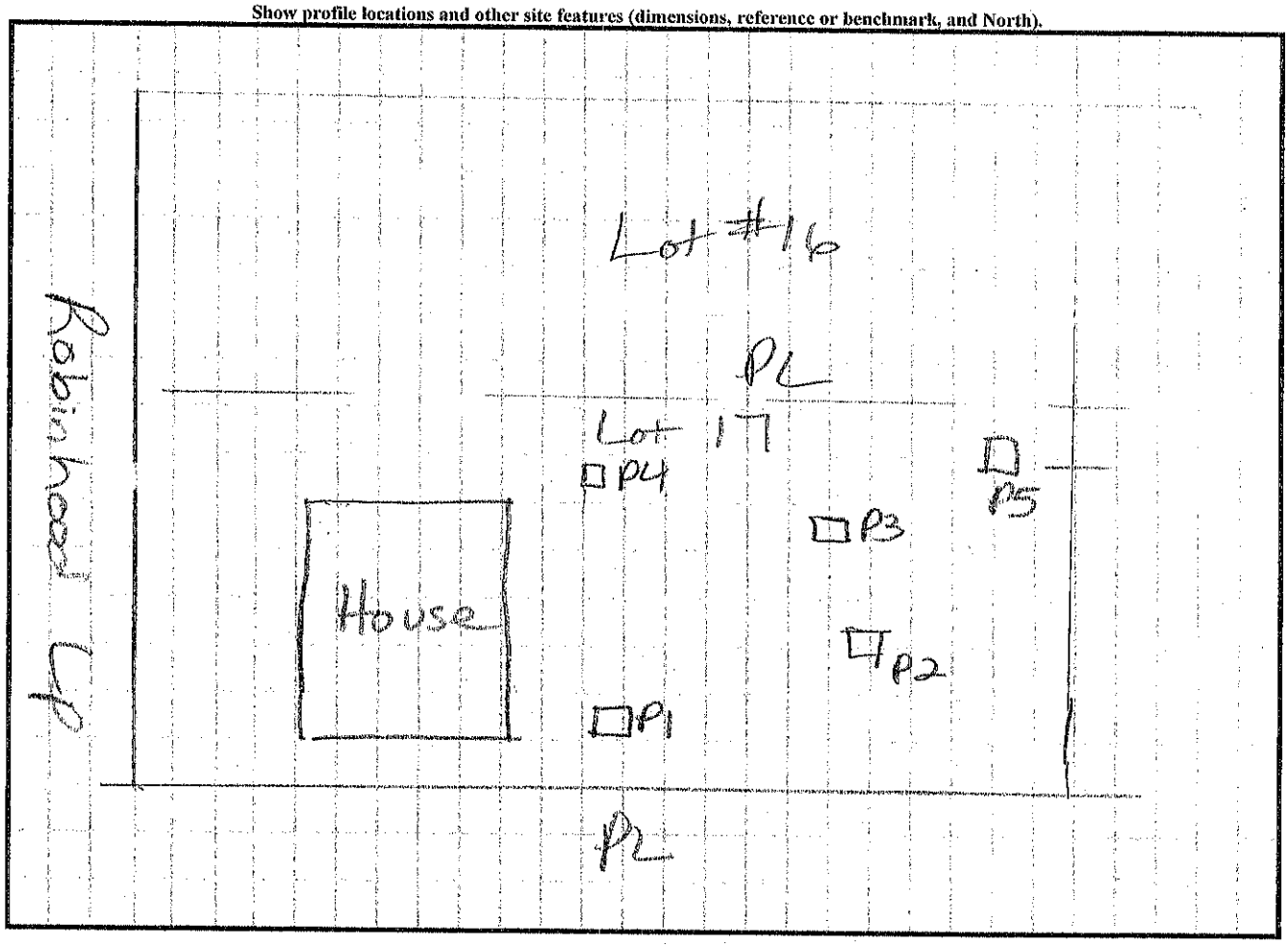
NOTES

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/ft²

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



RECEIVED DEC 07 2021

MD

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-320599 $320.00

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 Baumgind Address: 8508 PARIC Rd #133 Charlotte NC Zip: 28605
Applicant Email: Vbaumgind@gmail.com Phone: 704-643-6366 Alt. Phone: 28210
Owner Name: [illegible] Address: [illegible] Zip: 28[illegible]
Owner Email: [illegible] Phone: [illegible] Alt. Phone: [illegible]

Property Information:

Street Addr... 159 Robinhood Loop Statesville, NC 28625
Subdivision Name: Sherwood Forest Section/Phase: [illegible] Lot Number: 18
Driving Directions: Hwy 21, Right on Jane Sowers Rd, Left on Robinhood Loop

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

(X) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: [illegible] (X) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: [illegible] ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: [illegible]
Non-Residential Site Development: Type of Business: [illegible]
Square Footage of Building: [illegible] Max. Number of Employees: [illegible] Max. Number of Seats/Beds/Other: [illegible]

CHECK FOUNDATION TYPE

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

( ) 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: [illegible]
( ) No Preference ( ) Alternative Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: [illegible]

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: [signature] 12/3/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

320599

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*) Vernon Bernard

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ _____
Signature of Owner(s) 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

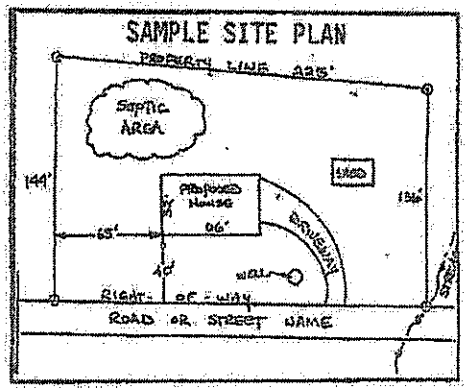
IREDELL COUNTY HEALTH DEPARTMENT

320599

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:

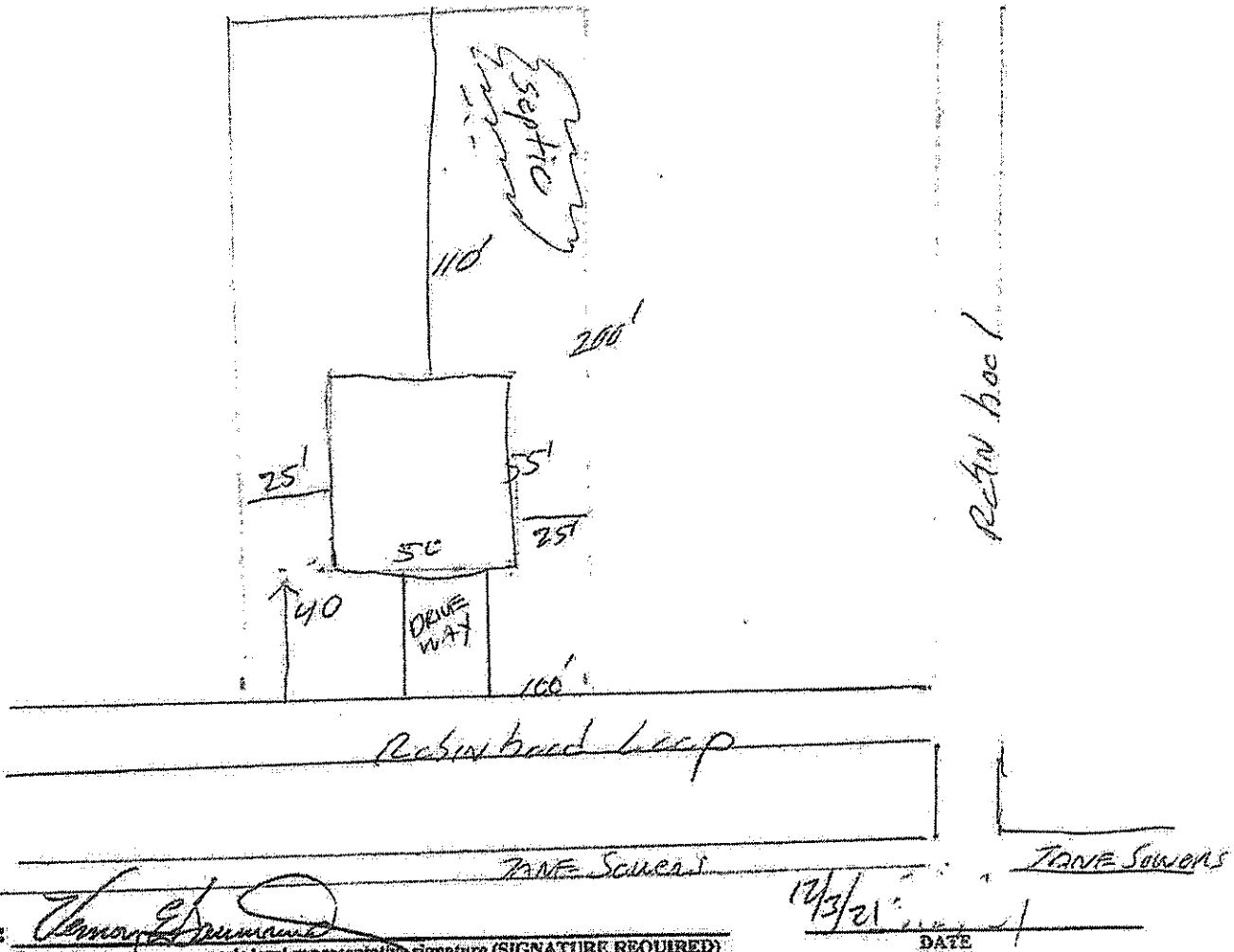
(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location and well location
(X) Area you prefer your septic system to be placed
(X) North arrow, or other sufficient indicator of direction

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

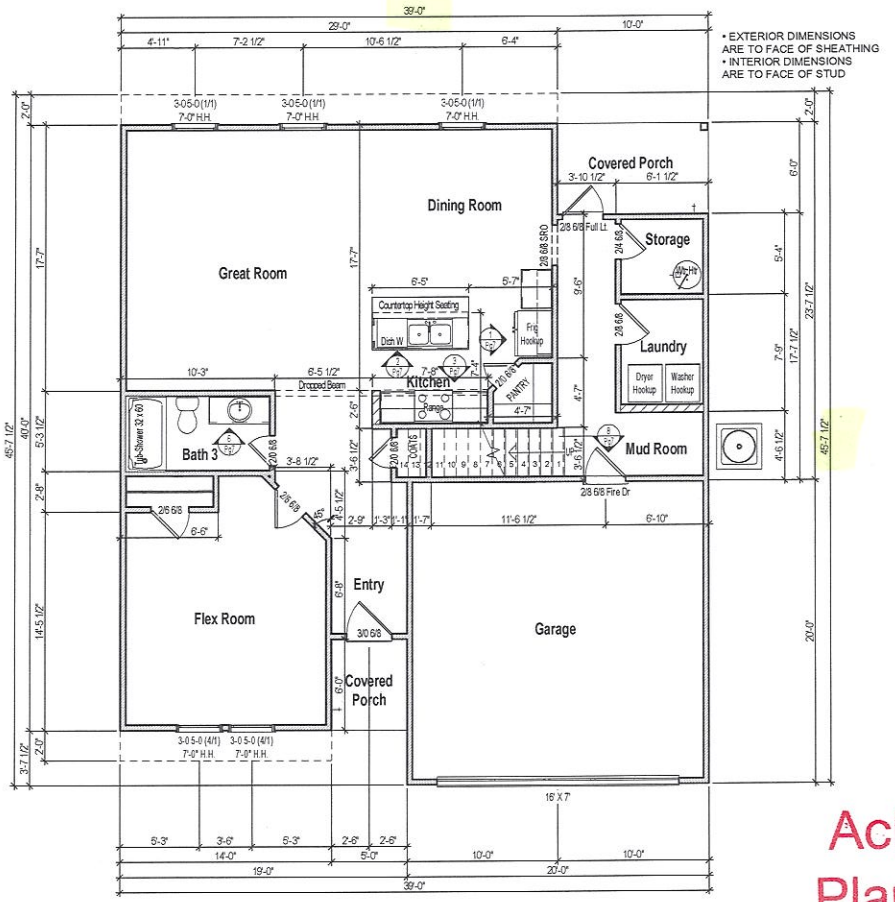


Signature: _____ 12/3/21

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

TABLE R302.6 Dwelling/Garage Separation	
Separation	Material
From the residence and attics	Not less than ½-inch gypsum board or equivalent applied to the garage side
From all habitable rooms above the garage	Not less than 5/8 -inch Type X gypsum board or equivalent
Structure(s) supporting floor-ceiling assemblies used for separation required by this section	Not less than ½-inch gypsum board or equivalent

Wall Stud Size
= 2x4
= 2x6



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

159 Robinwood

Acknowledgement Of
Plans Submittal ONLY!
Bryant E White 1-14-2022
Date
Date 1/18/22

POP HOMES
MAKING LIFE BETTER
WWW.POPHOMES.COM

CONTRACTOR AND BUILDER SHALL REVIEW ENTIRE PLAN TO VERIFY CONFORMANCE WITH ALL CURRENT APPLICABLE CODES IN EFFECT AT TIME OF CONSTRUCTION. BY USING THESE DRAWINGS FOR CONSTRUCTION IT IS UNDERSTOOD THAT CONFORMANCE WITH ALL APPLICABLE CODES IS THE RESPONSIBILITY OF THE BUILDER AND CONTRACTOR.

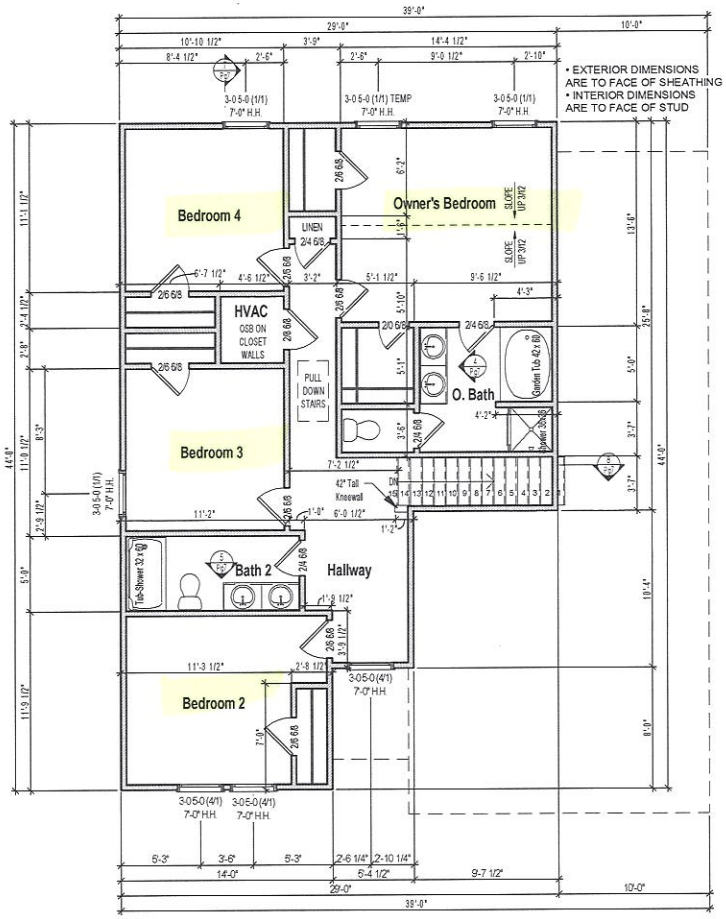
2204 RH - Elevation B

1st Floor Plan

Lot #:
Address:
Community:

Last Revision Date:
9-14-20

Sheet #:
ElevB-Pg3



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

Acknowledgement Of
Plans Submittal ONLY!

Date 1-14-2022

Date 1/18/22

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2204 RH - Elevation B

2nd Floor Plan

Lot #:

Job #:

Address:

Community:

Last Revision Date:
9-14-20

Sheet #:
ElevB-Pg4

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

APPLICATION NUMBER
320599 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4746732985.000	159 ROBINHOOD LOOP	Iredell County

Owner Information	Applicant Information
Name: JOHNSON RAYMOND L	Name: VERNON BAUMRIND
Address: 173 ROBINHOOD LOOP	Address: 8508 PARK ROAD #133
STATESVILLE, NC 28625	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	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.

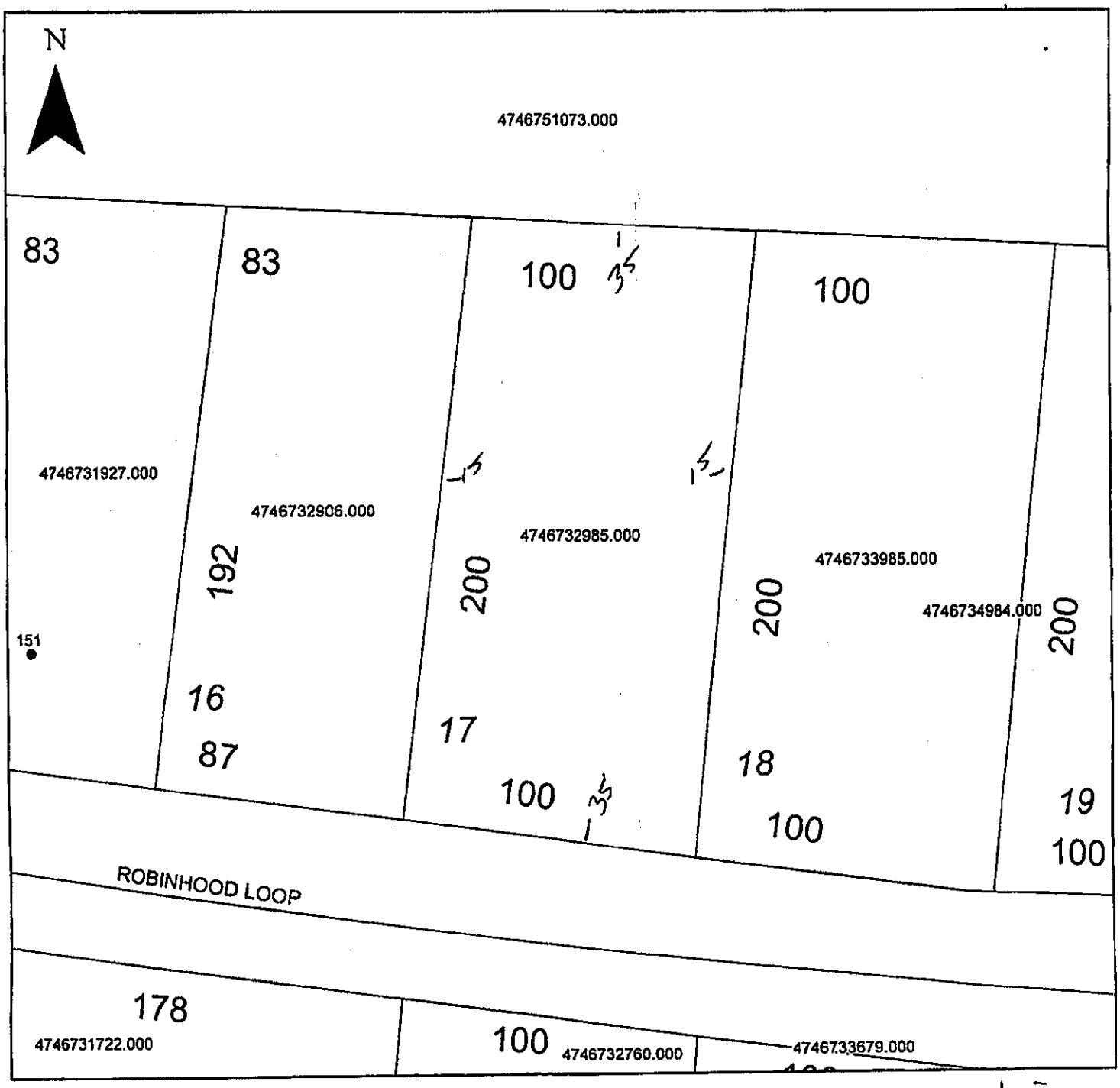
Date: 08/19/2021

Signature of Owner/Contractor

Permit Number	320599	TOTAL FEES:	$77.25

320599

ZONING DISCLAIMER



Property Address 159 Robin Hood - 2- lot combine

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.

Iredell
R-20
NO

Applicant

7/8/21
Date