This permit replaces

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202207

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

PIN # 4747339486

APPLICANT: KW Nicholson INC (Mark Popp) APPLICANT ADDRESS: 247 Commerce Blvd. Statesville

SITE ADDRESS: 158 Foxglove Dr. PHONE: 704-878-2517 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Jennings Rd. TL Whites Farm Rd. TR Foxglove Dr.

SUBDIVISION: Graystone Meadows SECTION: 2 LOT # 22 LOT AREA: 1.00 acre DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date 6-6-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 400

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

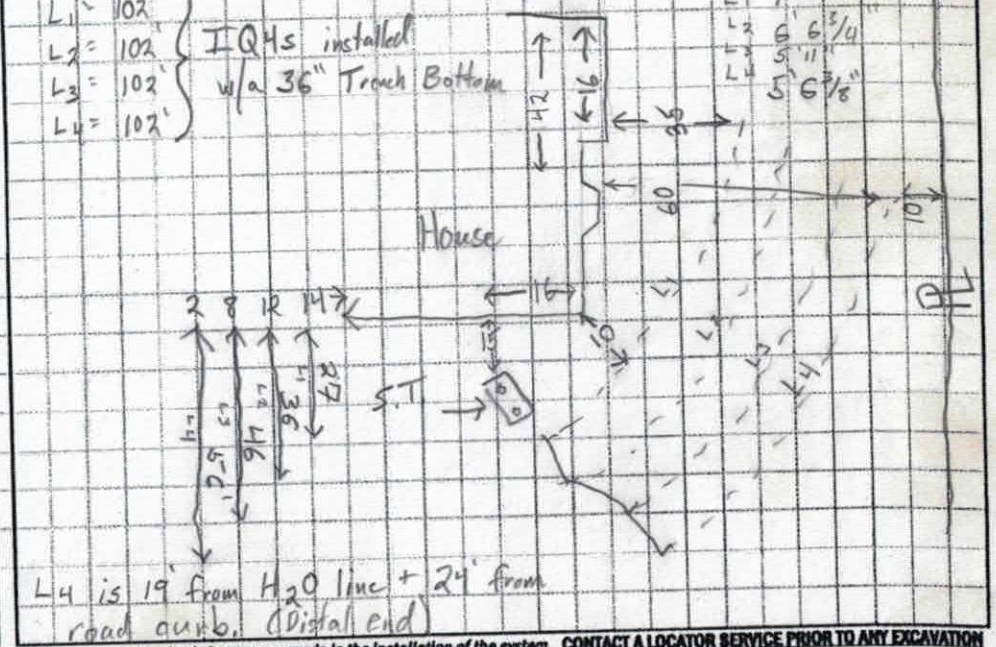
See attached design by Patrick Mitchell, LSS

AS BUILT SKETCH

10/14/17: Taylorsville Precast Mid-seam 1000-gal tank w/a PF-4 effluent filter

L1 = 102'
L2 = 102'
L3 = 102'
L4 = 102'
} IQ4s installed w/a 36" Trench Bottom

L1 7' 1/4"
L2 6' 6 3/4"
L3 5' 11"
L4 5' 6 3/8"



L4 is 19' from H2O line + 24' from road curb. (Distal end)

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.

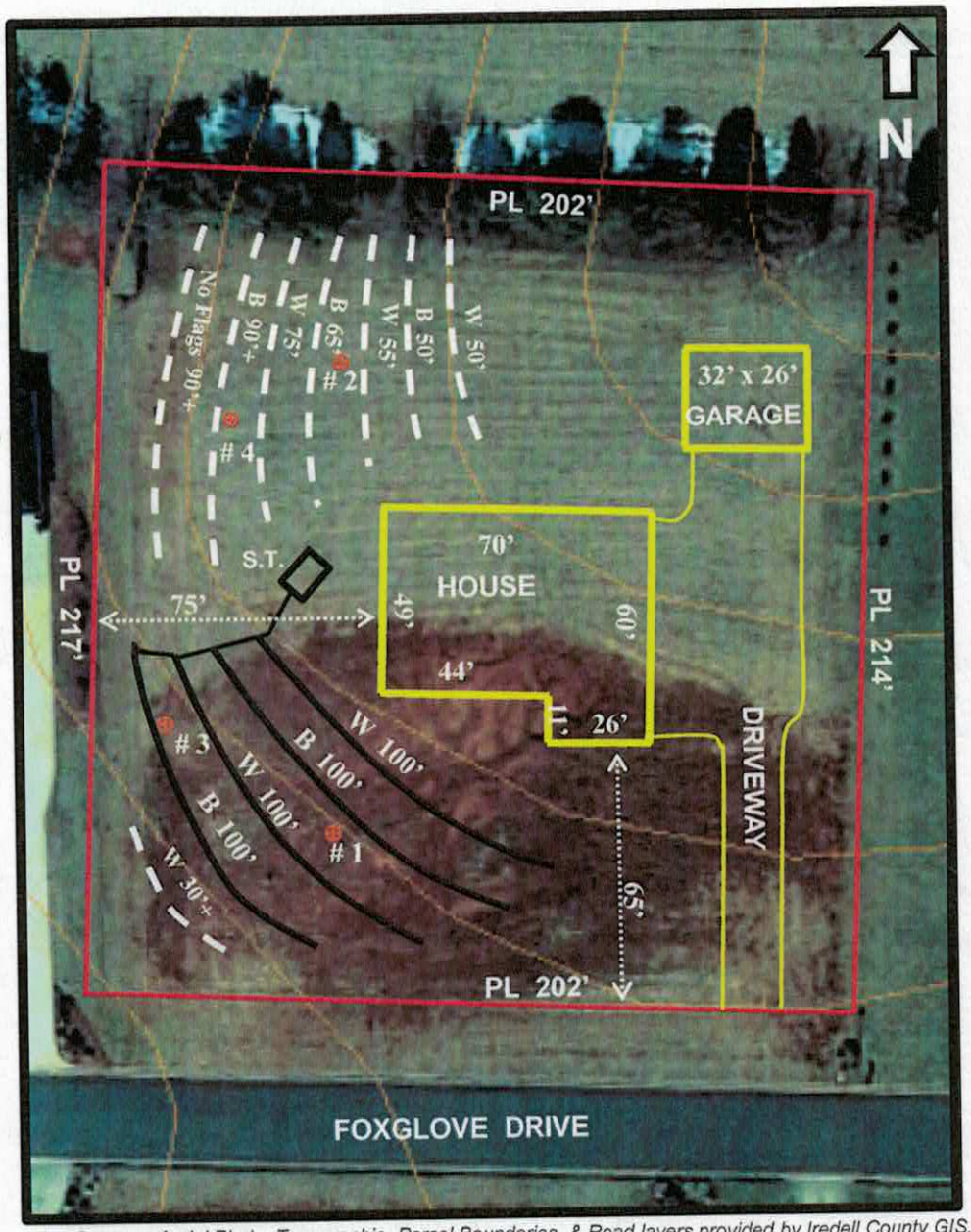
Owner / Applicant Signature: Date: 9-2-14 Installed by: David Yountz

IMPROVEMENT PERMIT by: Date: 3-28-14 OPERATION PERMIT by: Tom Shuck Date: 10/14/17

AUTHORIZATION TO CONSTRUCT by: Date: 08/29/16 Existing System Inspected by: Date:

Figure 1.

Revised Proposed Septic
Lot #22, Graystone Meadows



Map Sources: Aerial Photo, Topographic, Parcel Boundaries, & Road layers provided by Iredell County GIS.

Approximate Scale: 1 in.= 50 ft.

3/23/2014

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
   ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

MARK POPE	P.O. Box 1363 Troutman NC 28166		704-902-2060
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ROGER & CATHY SPEARS	TOMLIN MILL RD STATESVILLE NC		704-880-6041
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

158 FOX GLOVE RD STATESVILLE NC	GRAYSTONE MEADOWS	# 22
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: HWY 21 N TL JENNINGS RD TL W HIDES FARM RD. TR FOXGLOVE DR LOT ON R.

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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:** M. Mark Pope — 8/29/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Figure 2.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 132391 PIN# 4747339486 DATE 1-18-06

OWNER OR CONTRACTOR KW Nicholson PHONE: Business 704 878 2517 Home

ADDRESS 158 Foxglove Dr

LOCATION 21 N (Lion Shoemaker, left on Foxglove lot on (R)

SUBDIVISION Greystone Meadows BLOCK / SECTION LOT 22 LOT AREA 1.084 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth n/a

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms No. Employees

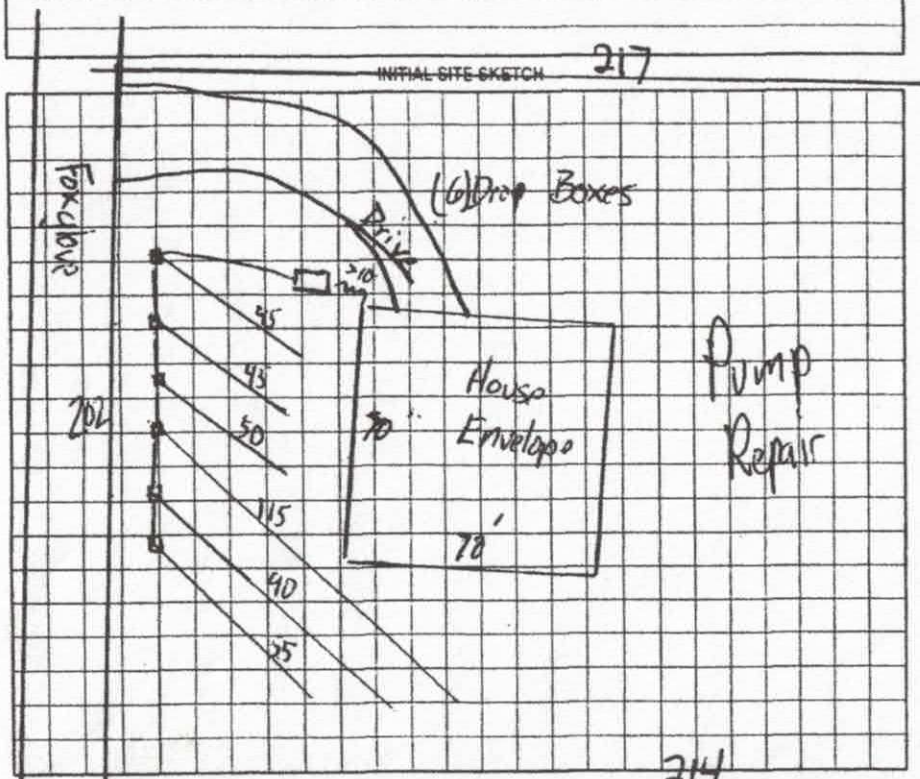
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

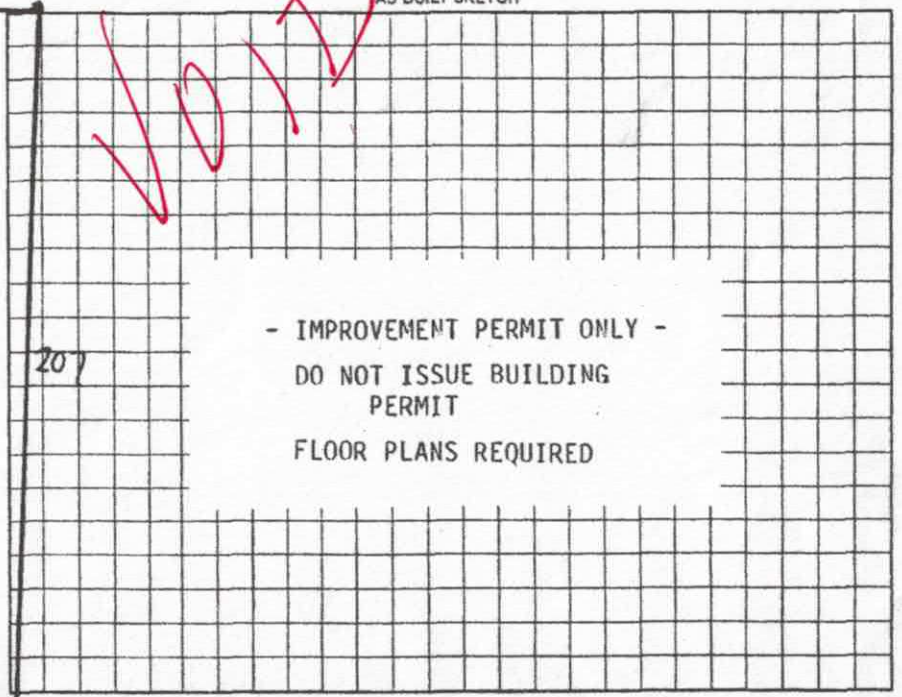
Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

VOID



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: James Atwell date 1/24/06

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY

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

APPLICATION NUMBER
202207
Issue Date: 03/20/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4747339486.000	158 FOXGLOVE DRIVE, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: K W NICHOLSON INC	Applicant: KW NICHOLSON INC
Address: 247 COMMERCE BLVD UNIT-B STATESVILLE, NC 28625	Address: 247 COMMERCE BLVD STATESVILLE, NC 28625
Phone:	Phone: 704-878-2517

Use Requested	Zone Code
SFD- FAST TRACK	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	8301	TOTAL FEES:	$ 77.25

Patrick L. Mitchell, REHS, LSS
Phone: (704) 437-3518

Soil Science Services
Email: pmitchell_nc@yahoo.com

To: Mr. Roger Speaks

From: Patrick L. Mitchell
Soil Scientist

Date: March 1, 2014

Subject: **Fast Track Redraw Information**
Lot No. 22 – Graystone Meadows Subdivision
Parcel Number: 4747-33-9486
Iredell County, North Carolina

Dear Mr. Speaks:

A site and soil evaluation has been conducted on the above referenced parcel in Iredell County, North Carolina. The following report contains a summary of the site and soil evaluation findings and the proposed onsite wastewater treatment and disposal system (system) design. The purpose of this site and soil evaluation was to provide information necessary for fast track permitting through Iredell County Environmental Health.

All soil ratings and system design work were determined in accordance with the North Carolina Department of Health and Human Services (NC-DHHS) laws and rules regulating subsurface on-site wastewater treatment systems [15A NCAC 18A .1900].

Background

The site (Lot #22) consists of approximately 1.08 acres and is located inside Graystone Meadows Subdivision. Due to the "*Legislative Permit Extension Act*" the lot has an existing, valid permit which was issued on January 24, 2006 (Permit No. 132391). This permit was issued for a four bedroom single family residence (see enclosed Figure #2). The redraw was requested due to the following: a minor adjustment in the house location, for moving the driveway to the opposite side entry, and for the addition of a detached garage (see enclosed Figure #1). The proposed number of bedrooms has not changed (i.e. still four bedrooms), the size of the house has not increased (i.e. fits within the permitted 70 ft. x 70 ft. house envelope), and the proposed initial system and repair system are located in the same locations as in the existing permit.

On March 1, 2014, the proposed initial system and repair system was field flagged. Two (2) soil hand auger borings were advanced on the parcel (see Figure 1 for locations) to verify the soil suitability and long term acceptance rate (LTAR) which are approved in the permit issued on January 24, 2006 (see Figure #2). The hand auger borings were advanced to a depth of 48 inches (see Figure #3 for soil descriptions).

Results and Discussion

The soils evaluated were described as suitable for septic system permitting through Iredell County Environmental Health and/or NC-DHHS. The overall site LTAR of 0.30 gallons per day

per square foot that was approved in the existing permit was found to be appropriate for Lot #22. There is sufficient available space and suitable soil to support the proposed four (4) bedroom single family residence at the proposed location, with the provided house dimensions (see Figure 1).

The proposed initial system is a gravity fed 25% reduction system, consisting of four (4) 100-foot drain lines with serial distribution (shown in black on Figure #1). The proposed repair reserve system would also be a 25% reduction system (shown in white dashed on Figure #1). However, pump distribution will be required for portions of the proposed repair system. The maximum trench bottom depth for both the initial and repair system that was proposed in the existing permit (i.e. 36 inches), was found to be appropriate as well.

Closing

This report identifies the location of suitable soil borings and the location/design for an initial system and repair system to serve the above described single family residence, and does not represent a septic system permit. Laws and regulations pertaining to permitting onsite wastewater treatment systems are subject to change. This report does not constitute or imply approval for permit, as required by North Carolina state law and regulations. Only the local health department and NC-DHHS can issue these permits. An application must be made to the Iredell County Health Department for each individual septic system.

I appreciate this opportunity to provide Soil Scientist services to you. Please call me at (704) 437-3518 if you or the Iredell County fast track reviewer have any questions concerning this report or need any additional information.

Respectfully submitted,

Patrick L. Mitchell, REHS, LSS
NC Licensed Soil Scientist



Enc: Proposed Septic for Lot #22 (Figure #1)
Existing Improvement Permit (Figure #2)
Soil Evaluation Form (Figure #3)

CC: Iredell County Environmental Health

Figure 3.

NR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cathy + Roger Sparks
APPLICATION DATE: —
ADDRESS: Foxglove Drive
DATE EVALUATED: 3/01/2014
PROPOSED FACILITY: 4 BR SFR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.0 ac
LOCATION OF SITE: Lot #22, Graystone Meadows
PROPERTY RECORDED: ✓
WATER SUPPLY: • Private • X Public • Well • Spring • Other
EVALUATION METHOD: Pits #1 + #3 add. info from soil evaluation pits 3/27/2014.
WASTEWATER: X Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HOR DEF (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS: .1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/N 4-8% (Bk)	0 - 6	Wk, F, Sbk, CL	Fr, SS, SP, SExP	Red				PS 0.35
		6 - 22	Mo, M, Sbk, CL	Fr, SS, SP, SExP	Red w/ F-C Mica Flakes				
		22 - 37	Wk F, Sbk, CL	Fr, SS, SP, SExP	Red-Brown w/ F-Sap. Inclus.				
		37 - 48	Wk, Sbk, CL/L - SAP MIX ≥50%		Sap.				
2	L/ 6-10%	48 - 60	Mass., SL Sap.		Red				PS 0.30+
					Red				
		15 - 27	Mo M Sbk, CL	Fr, SS, SP, SExP	Red				
		27 - 44	Wk, Sbk, CL	Fr, SS, SP, SExP	Lt. Red				
		44 - 48	Wk, Sbk, CL/L	Fr, SS, SP, SExP	Red w/ F-C L-Sap. Inclus.				
3	L/N 4-8% (Bk)	0 - 5	Wk, Sbk, CL	Fr, SS, SP, SExP	Red				PS 0.30
		5 - 26	Mo M Sbk, C	Fr, SS, SP, SExP	Red w/ F-C Mica Flakes				
		26 - 60	Mass., SL Sap.		Red-Brown w/ F-C L-Sap. Inclus.				
					L-Sap Inclus.				
4	L 4-8%				Red				PS 0.30
		4 - 30	Mo, M, Sbk, C	Fr, SS, SP SExP	Red				
		30 - 46	Wk, Sbk, CL	Fr, SS, SP, SExP	Lt. Red w/ F- L-Sap Inclus.				
		46 - 48	Wk, Sbk, CL	Fr, SS, SP	Lt. Red w/ C-M L-Sap. Inclus.				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS ✓	PS ✓
System Type(s)	25% Reduc.	25% Reduc.
Site LTAR	0.30+	0.30+

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: P. Mitchell 3/01/2014
OTHER(S) PRESENT: 3/15/2014
3/27/2014

Soils OK JH

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: KW Nicholson Inc **Address:** 247 Commerce Blvd unit B Statesville NC **Phone:** 704-902-0799

Owner Name: Roger Speaks **Address:** Lowlin Mill Road **Phone:** 704-880-6041

Property Information:

Street Address: 158 Foxglove Drive

Subdivision Name: Greystone Meadows **Section/Phase:** II **Lot Number:** 22

Driving Directions: 21 North, Whites Farm Rd, TR, Foxglove Drive, TL, Bob on Right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____

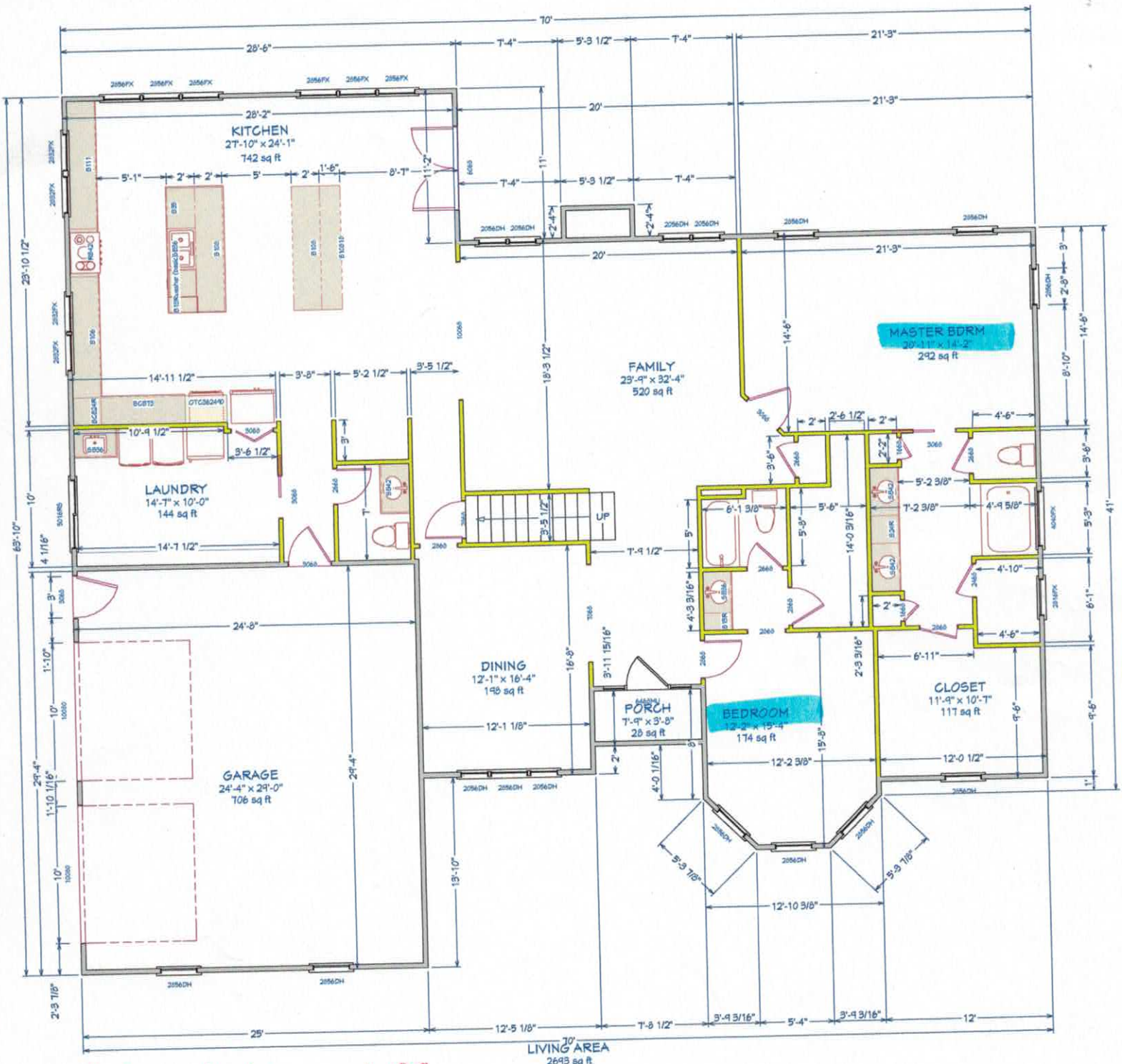
Please answer the following to the best of your ability:

( ) 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: _____ 3-20-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID 1421 3-2014

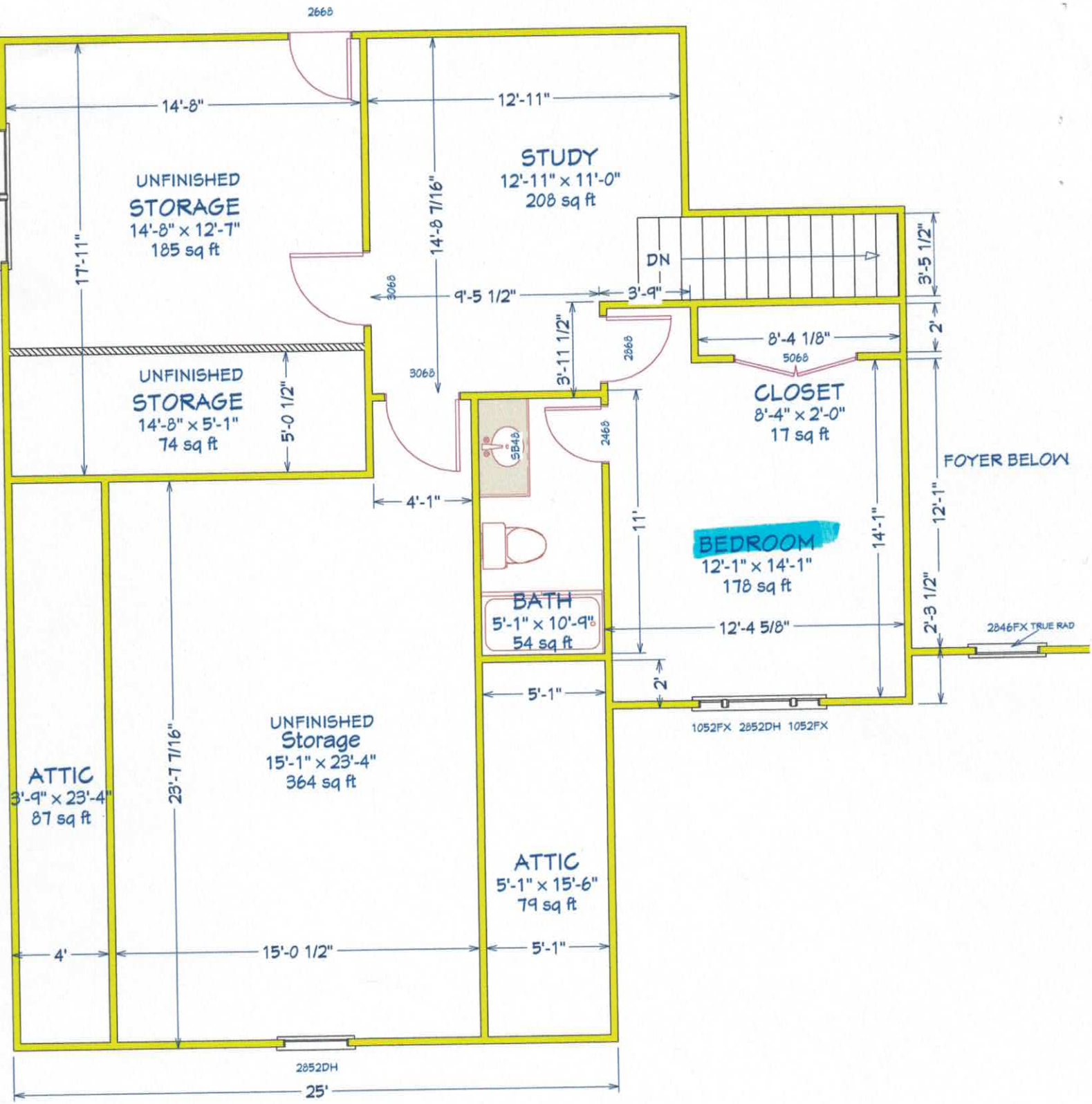


Acknowledgement Of
Plans Submittal ONLY!

Date 08/29/16

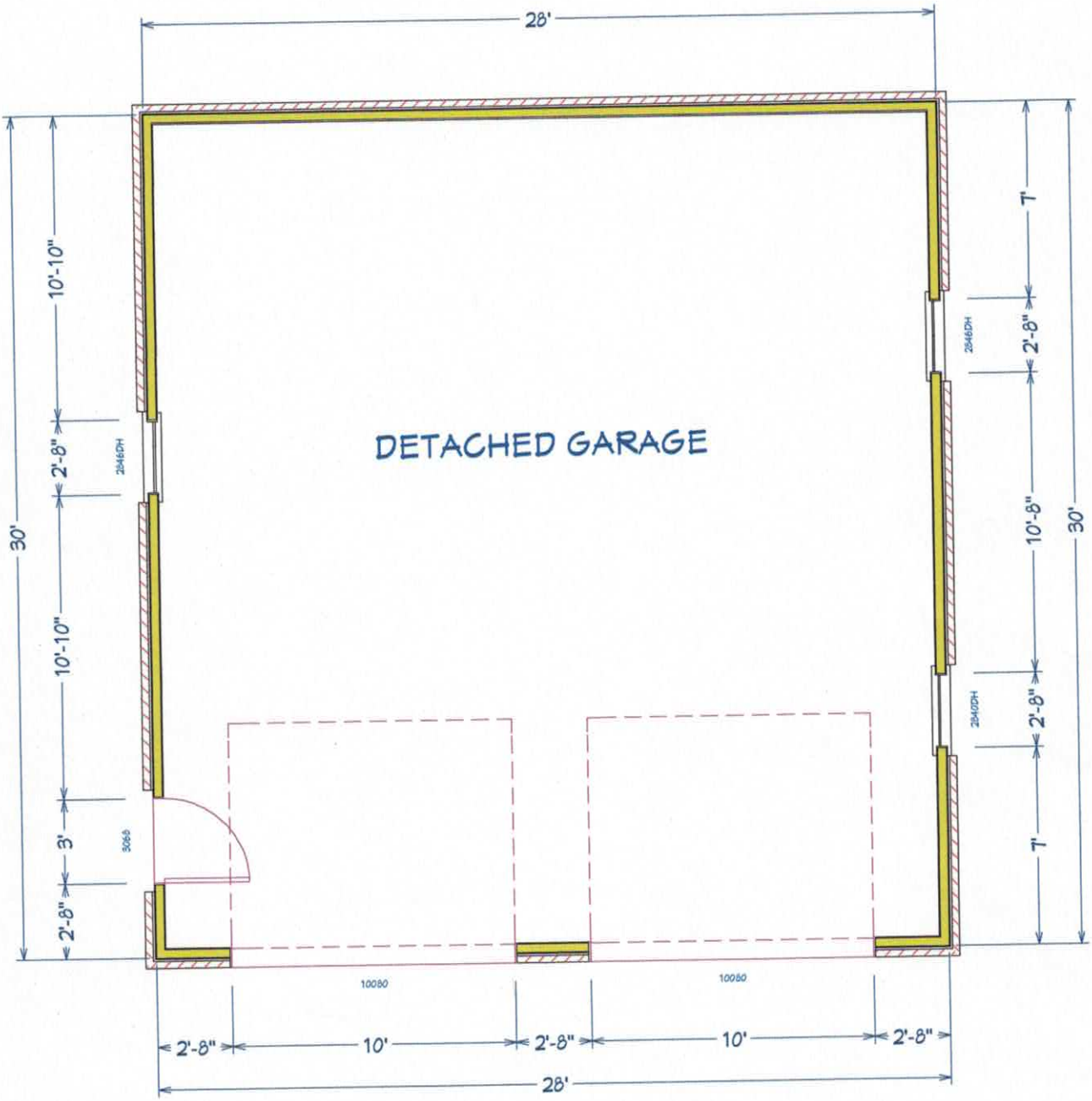
Date 8/29/16

1st FLOOR



LIVING AREA
494 sq ft

2nd FLOOR



LIVING AREA
840 sq ft