ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 3164141

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

PIN # ✓ 4747--64--6862

APPLICANT/OWNER: Jeff Jones APPLICANT ADDRESS: 131 Houpe Ridge Ln Statesville, NC 28625

SITE ADDRESS: ✓ 124 Houpe Ridge Ln. Statesville NC 28625 PHONE: 704-902-2772 ALT. PHONE

SITE DIRECTIONS: Exit 54 off 77 → (N) (21) → (L) Jennings → (L) Whites Farm → (L) Donsdale → (L) Houpe Ridge

SUBDIVISION: ✓ Donsdale SECTION: 2 LOT # 38 ✓ LOT AREA: 0.639

SAP CONTROLLED: ☐ YES ☒ NO

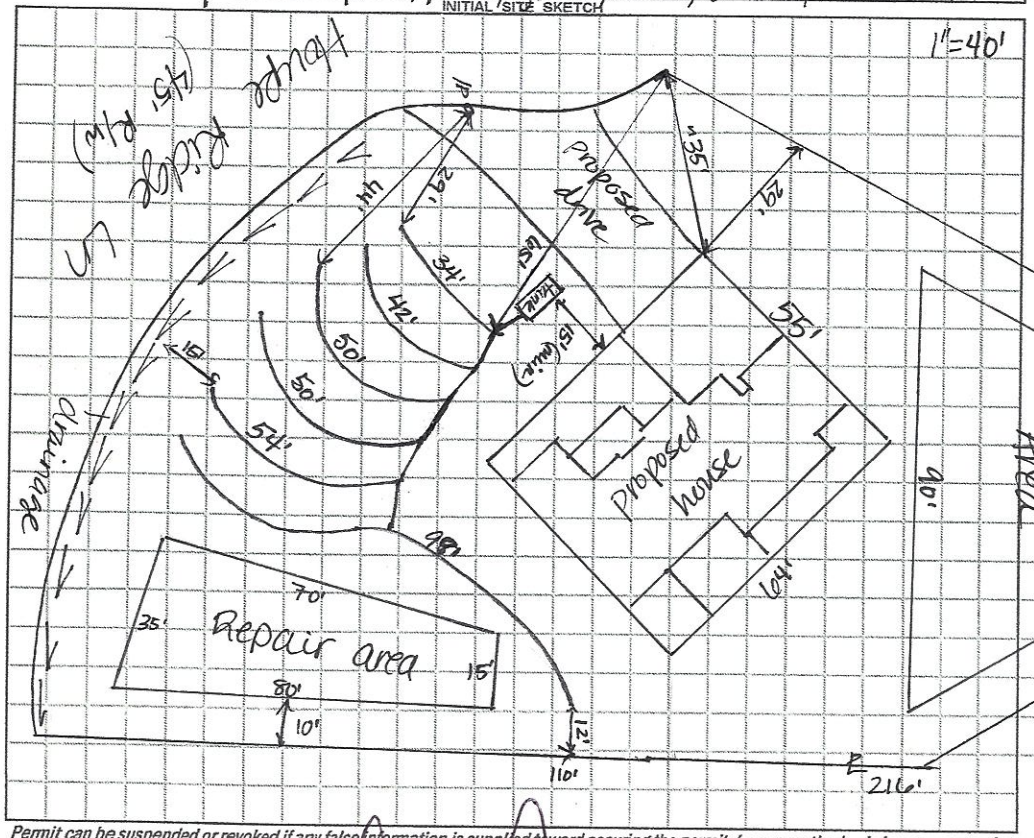
DESIGN FLOW: 360 gpd L.T.A.R.: 0.275 (I&R)

Septic Tank	1000 (gal)	STB	760	Date	12-9-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	50% Reduction - LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	329'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

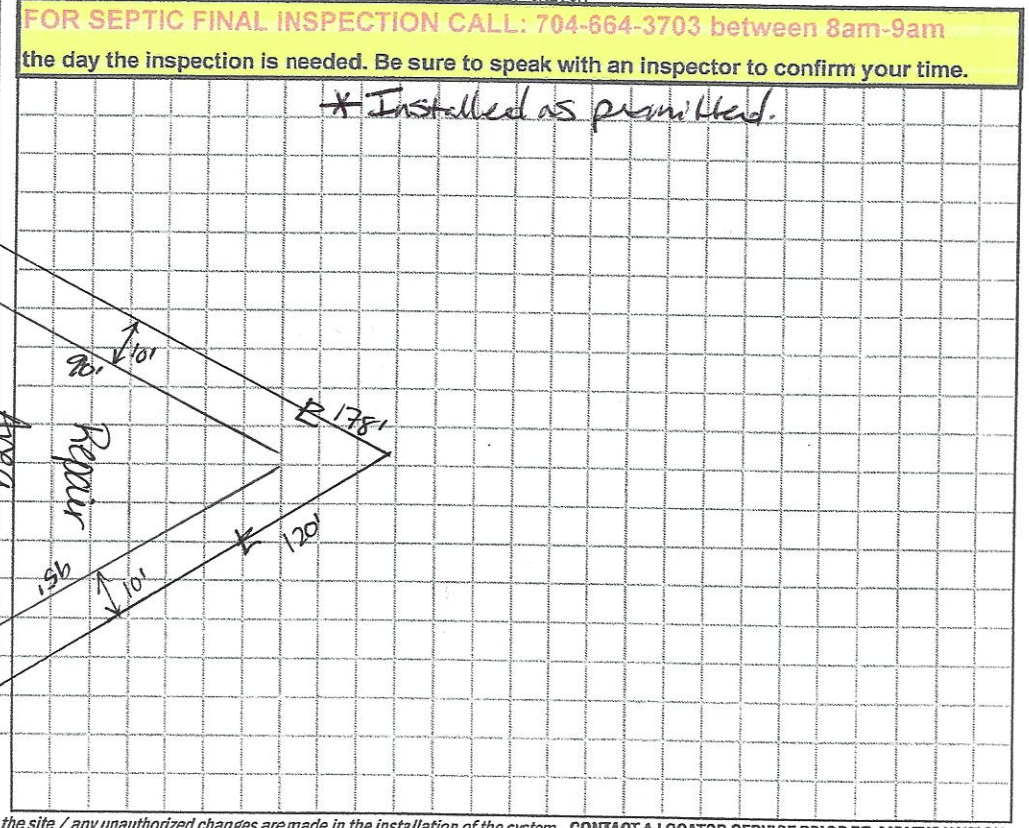
Comments / Conditions: Install drainlines on contour of land, use serial distribution. Maintain 15' off edge of ditch, 25' off culvert for driveway. Do not park, pave, grade drive, or bury utilities in drainfields. Divert all drainage from drainfield areas.

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

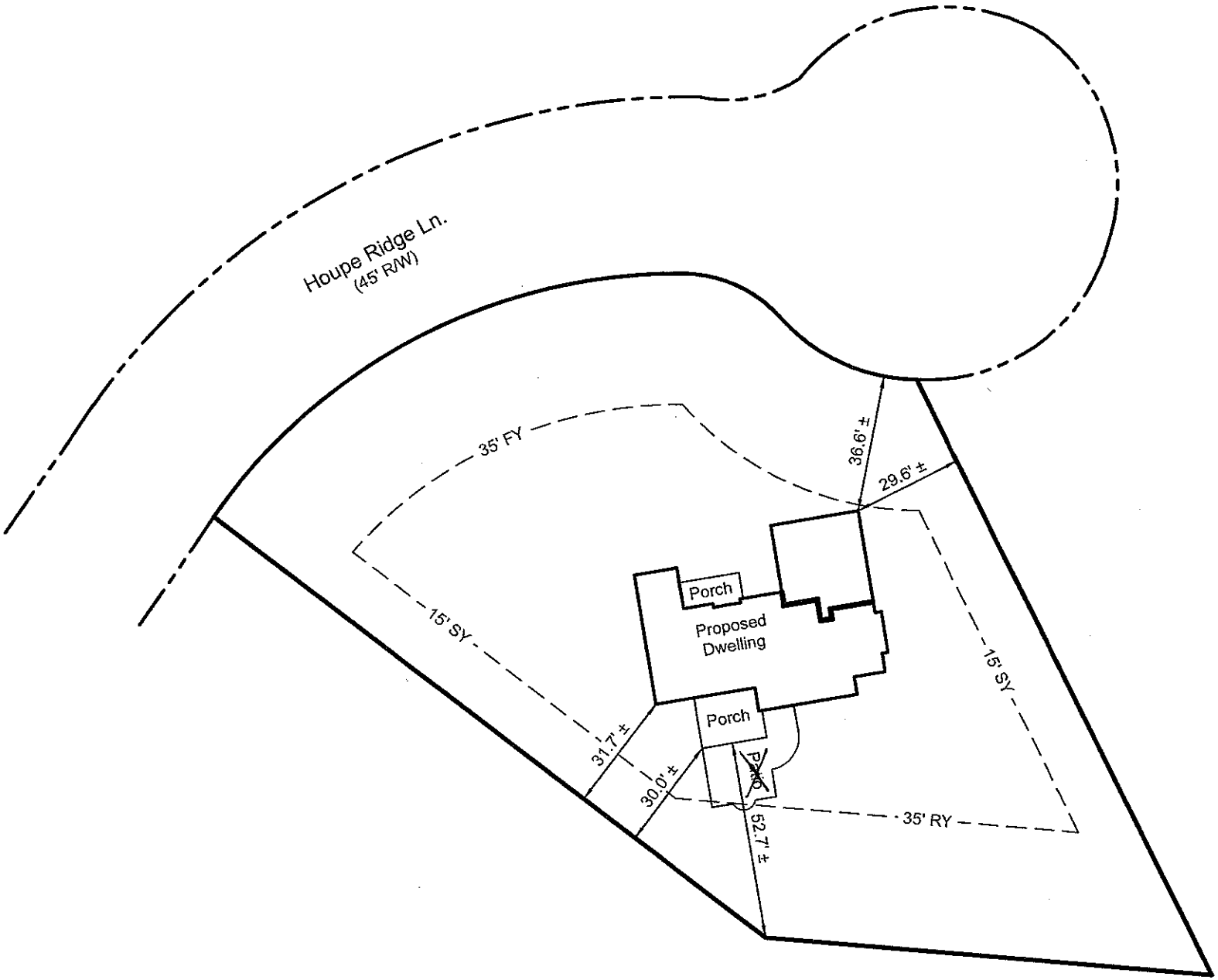
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6/28/21 Installed by: Thompson Grading

IMPROVEMENT PERMIT by: D. Wieberg Date: 4/15/21 OPERATION PERMIT by: Benjamin R Bates Date: 3-21-2022

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/15/21 Existing System Inspected by: Date:

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


Houpe Ridge Ln.
(45' R/W)
35' FY
36.6' ±
29.6' ±
Porch
Proposed
Dwelling
15' SY
15' SY
Porch
31.7' ±
30.0' ±
35' RY
52.7' ±

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

Sheet 1 of 2
PROPERTY ID #4747 64681
COUNTY: Iredell

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

OWNER: Jeff Jones
ADDRESS: 131 Houpe Ridge, Statesville 28625
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 124 Houpe Ridge, Statesville, 28625
APPLICATION DATE 4/6/21
DATE EVALUATED: 4/13/21
PROPERTY SIZE: 0.639
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
P1	LS 4%	0-7	CL - SBK	SSSP-FR-SEXP	N/A	50"	N/A	N/A	PS
		7-20	C - SBK	SSSP-FR-SEXP					
		20-33	CL - SBK	SSSP-FR-SEXP	Band of coarse fragments in 20-33				
		33-50	CL - WSBK	SSNP-FR-SEXP	small mn in CL layers				0.3
					Band of sap @ 40 HS				
P2	LS 5%	0-10	CL/SCL SBK	SSNP-FR-SEXP	N/A	50"	N/A	N/A	PS
		10-23	C - SBK	SSSP-FR-SEXP					
		23-40	CL - SBK	SSSP-FR-SEXP					
		40-50	CL - WSBK	SSNP-FR-SEXP	mica in CL layers				0.3
					few sap incl				
P3	LS 5%	0-12	FILL	—	N/A	50"	N/A	N/A	PS
		12-17	CL/SCL	SSNP-FR-SEXP					
		17-28	C - ABK/SBK	SSSP-FR-SEXP	some mottled (light brown) in 12-15" layer				
		28-44	CL - SBK	SSSP-FR-SEXP	small # sap in in CL layer				0.275
		44-50	CL - WSBK	SSNP-FR-SEXP					
P4	LS 5%	0-8	CL - SBK	SSNP-FR-SEXP	N/A	50"	N/A	N/A	PS
		8-21	C - SBK	SSSP-FR-SEXP					
		21-35	CL - SBK	SSSP-FR-SEXP	few coarse fragments				
		35-50	CL WSBK	SSNP-FR-SEXP	some mica throughout				0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328'	218'
System Type(s)	25% red	50% red (LPP)
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiggery
OTHER(S) PRESENT:

COMMENTS: Dry day, cloudy (partly)
0-10 SBK tree roots, heavy mica
10-24 C
24-50 CL ~55 SAP L
Some larger fines
0.275

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4747 64 6860
DATE OF EVALUATION: 4/13/21
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
I S	LS 5%	0-10	FILL	—	N/A	50%	L	N/A	PS 0.275
		10-24	C - SBK	SSSP-FR-SERP					
		24-50	CL - SBK	SSSP/NP-FR-SERP	numerous tree roots, heavy mica, some larger peds in C & CL layer				
		50-55	SAP-N-L	BSNP - 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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

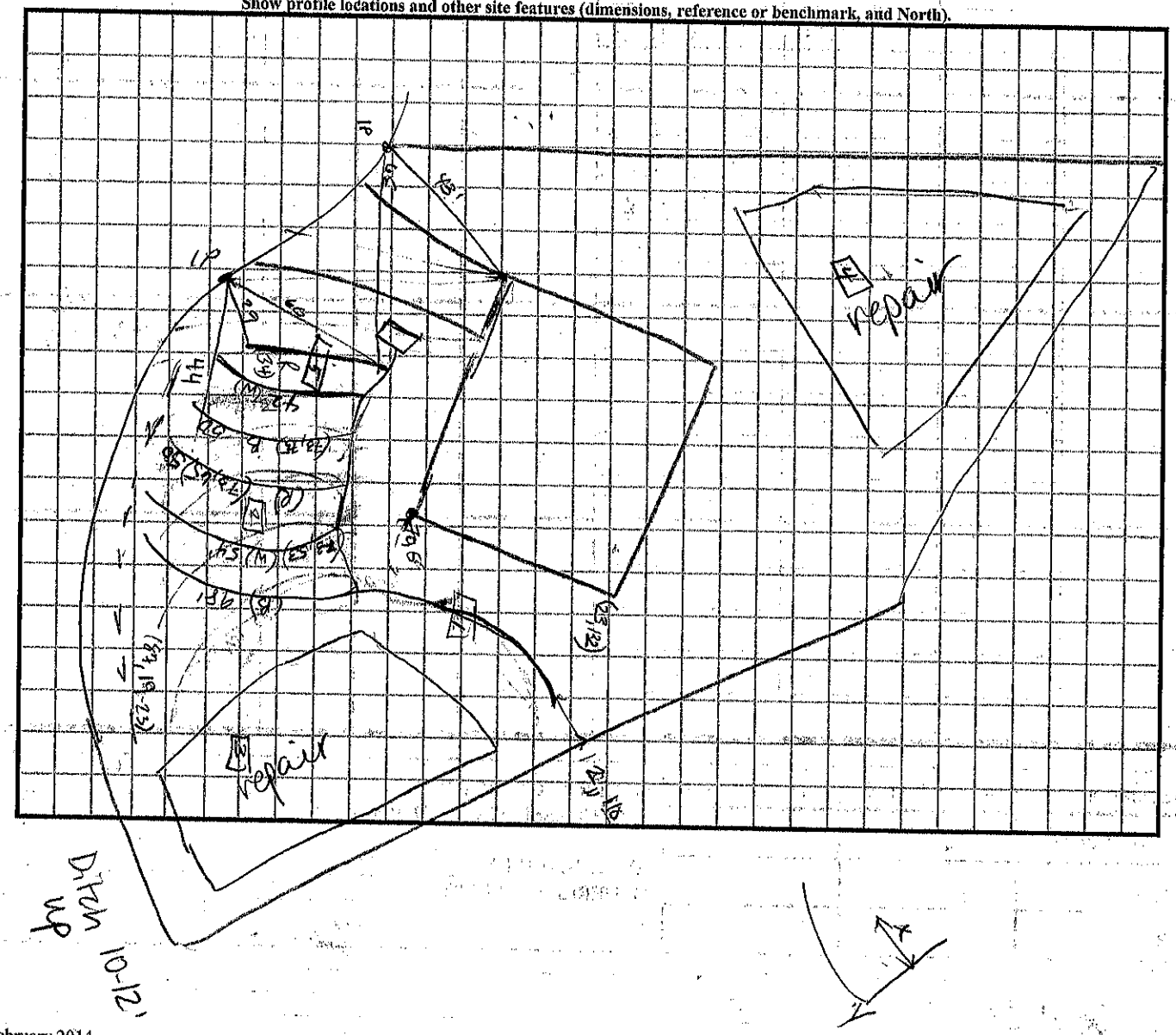
NOTES

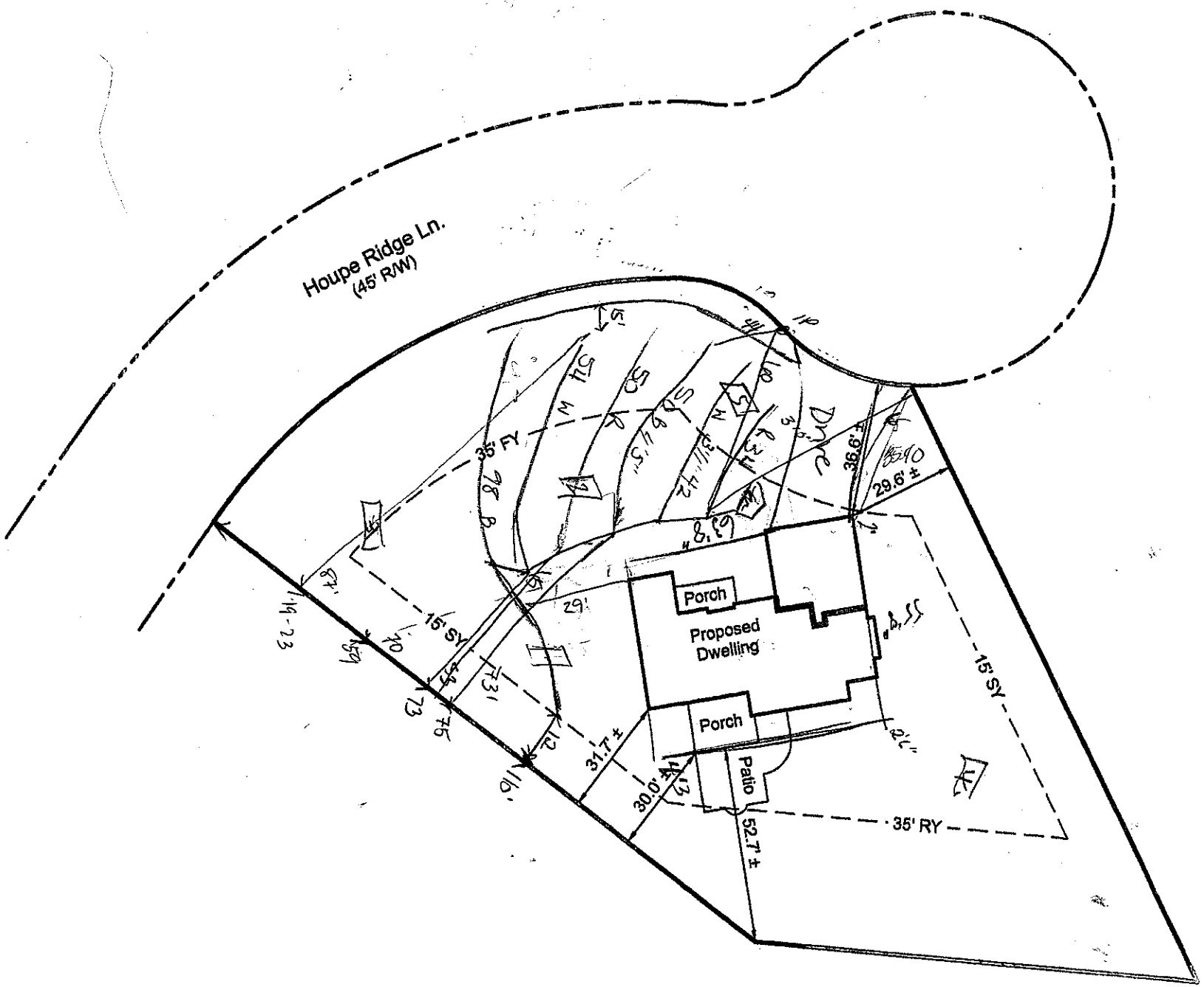
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




Houpe Ridge Ln.
(45' R/W)
Porch
Proposed
Dwelling
Porch
Patio
15' SY
35' FY
35' RY
36.6' ±
29.6' ±
31.7' ±
30.0' ±
52.7' ±

RECEIVED APR C 6 2021

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-316441 $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: JFJ Custom Homes Address: 131 Houpe Ridge Ln. Statesville, NC Zip: 28625
Applicant Email: _____ Phone: 704-902-2772 Alt. Phone: _____
Owner Name: Jeffrey Jones Address: 131 Houpe Ridge Ln. Statesville, NC Zip: 28625
Owner Email: _____ Phone: 704-902-2772 Alt. Phone: _____

Property Information:

Street Address: Lot 124 Houpe Ridge Ln. Statesville, NC 28625
Subdivision Name: Donsdale Section/Phase: 2 Lot Number: 38
Driving Directions: North on Jennings Rd., Left on Whites Farm Rd., Left on Donsdale Dr. Left on Houpe Ridge Ln., Lot on Right

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: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: Jeffrey Jones 4/6/2021
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)* Jeffrey Jones

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, Jeffrey Jones, am the legal owner(s) of the property located at 124 Houpe Ridge Ln. (28625), identified as PIN (Parcel Identification Number) 4749646862.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** JFJ Custom 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.

Jeffrey Jones
Signature of Owner(s)

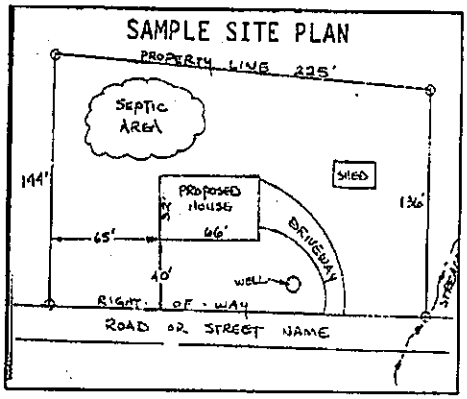
4/6/2021
Date

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:

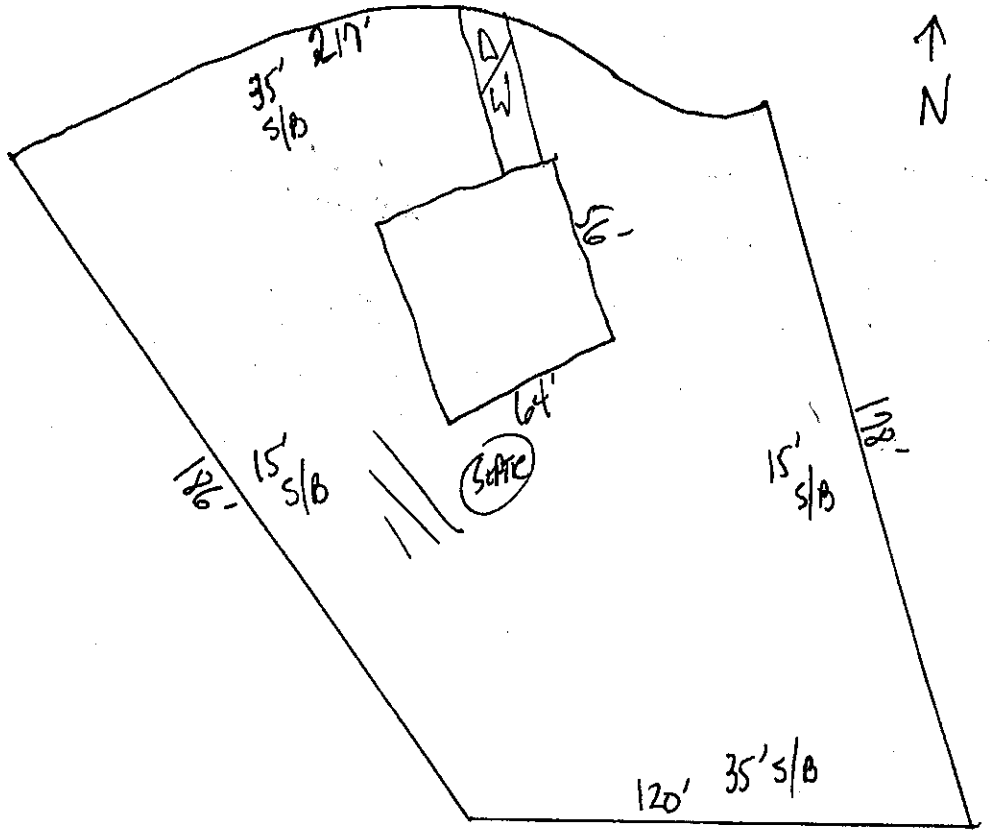
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

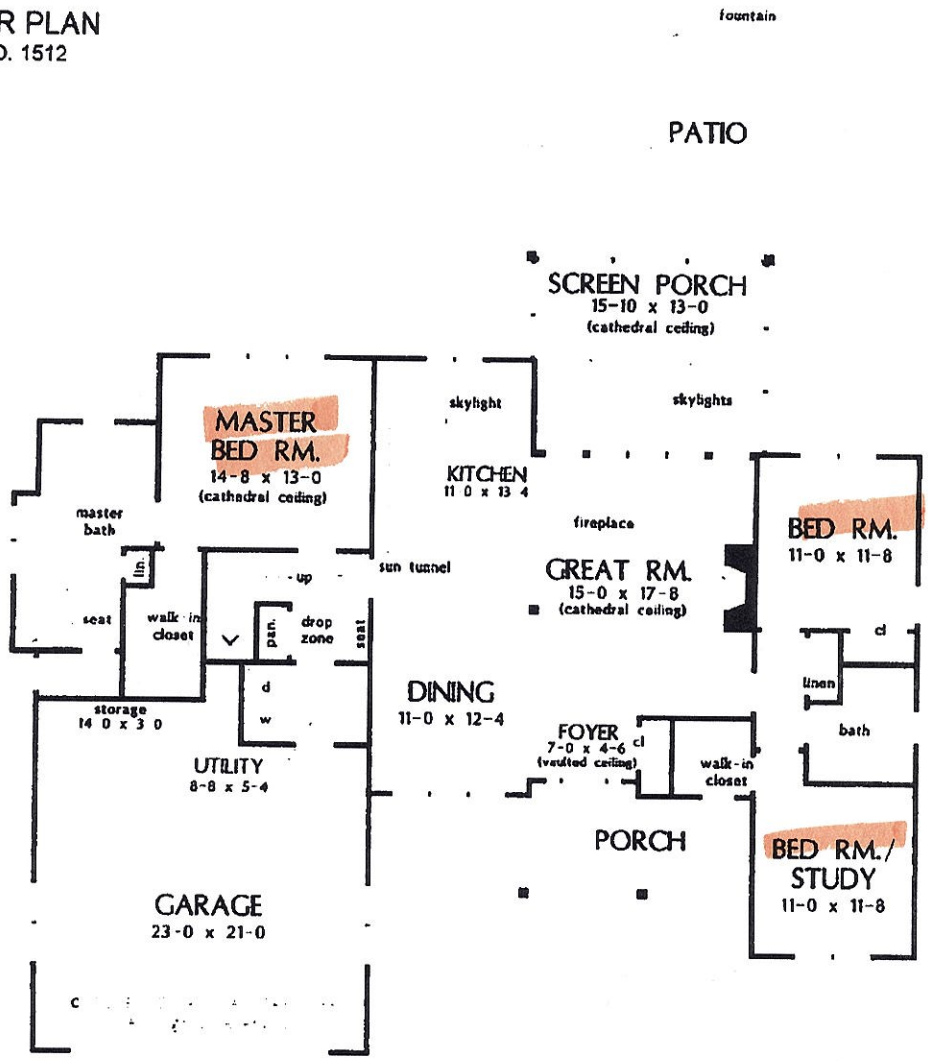
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Jeffrey Jon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/6/2021
DATE

FLOOR PLAN
PLAN NO. 1512



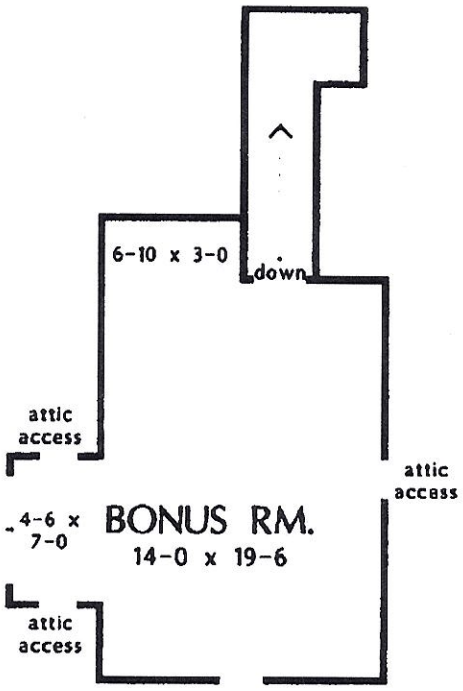
56'

TOTAL SF - 1697
63'8" W X 55'8" D
MAIN LEVEL SF - 1697

64'

Acknowledgement Of
Plans Submittal ONLY!
Date 4/23/21
Date 4/15/21

FLOOR PLAN
PLAN NO. 1512



BONUS ROOM
OPTIONAL BONUS ROOM SF - 350

Acknowledgement Of Plans Submittal ONLY!
Date 4/28/21
Date 9/05/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316441 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747646862.000	124 HOUPE RIDGE LN	Iredell County

Owner Information	Applicant Information
Name: JONES JEFFREY F	Name: JFJ CUSTOM HOMES
Address:	Address: 143 OAK GROVE ROAD STATESVILLE, NC 28677
Phone:	Phone: (704)902-2772

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.639	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.

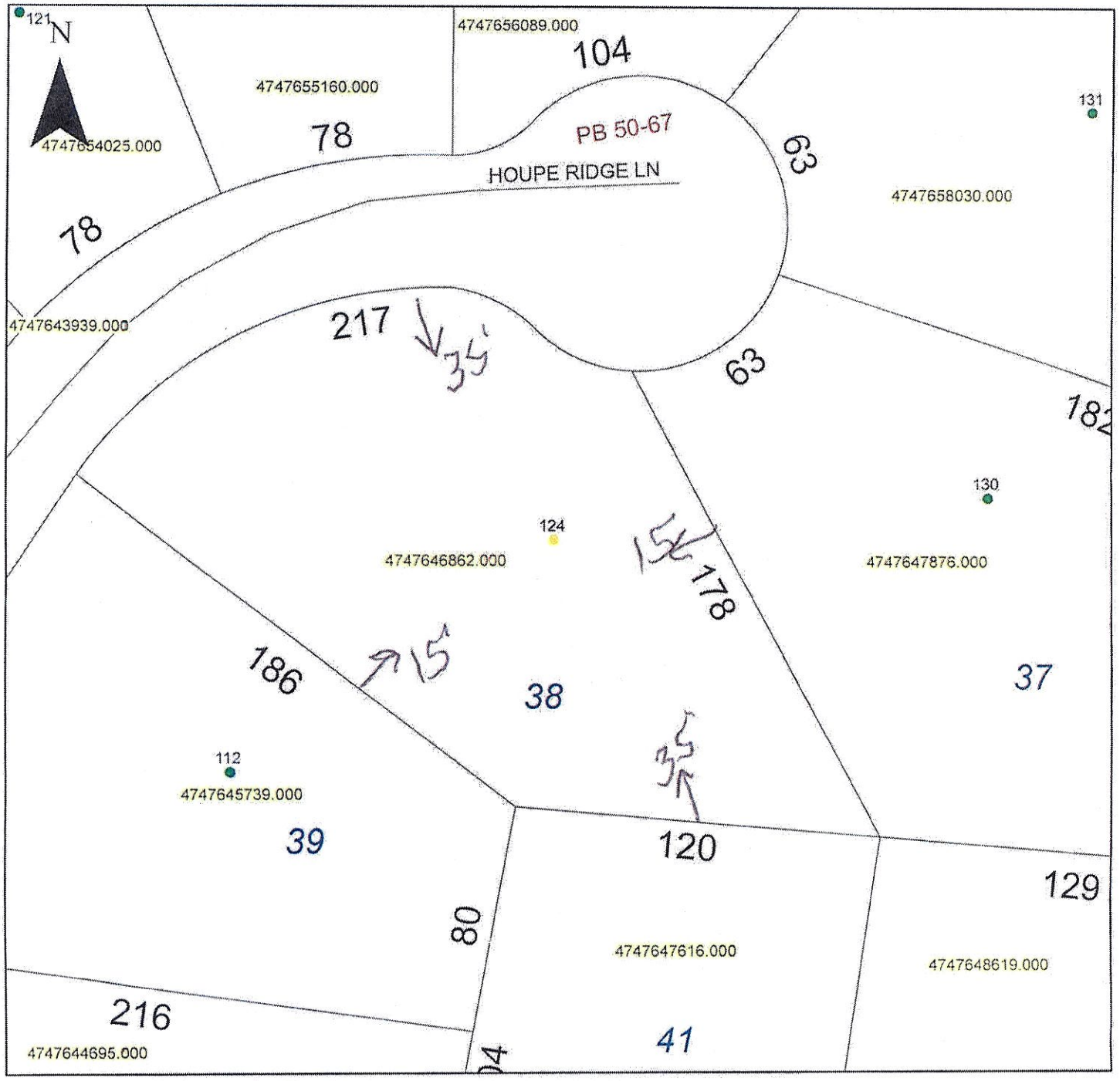
Date: 04/06/2021

Signature of Owner/Contractor

Permit Number	316441	TOTAL FEES:	$77.25

316441

ZONING DISCLAIMER



Property Address 124 Houpe Ridge Ln

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

4/6/2021
Date