ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 309983

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

PIN # 4749-68-0946.162

APPLICANT/OWNER: Triwall Homes LLC APPLICANT ADDRESS: 160 Ebenezer Rd Statesville 28625

SITE ADDRESS: 162 Con-Lee Drive Olin NC 28660 PHONE: 704-682-3848 ALT. PHONE -

SITE DIRECTIONS: Jennings Rd L on Raider Rd R on Conlee lot on Right SAP CONTROLLED: ☐ YES ☒ NO

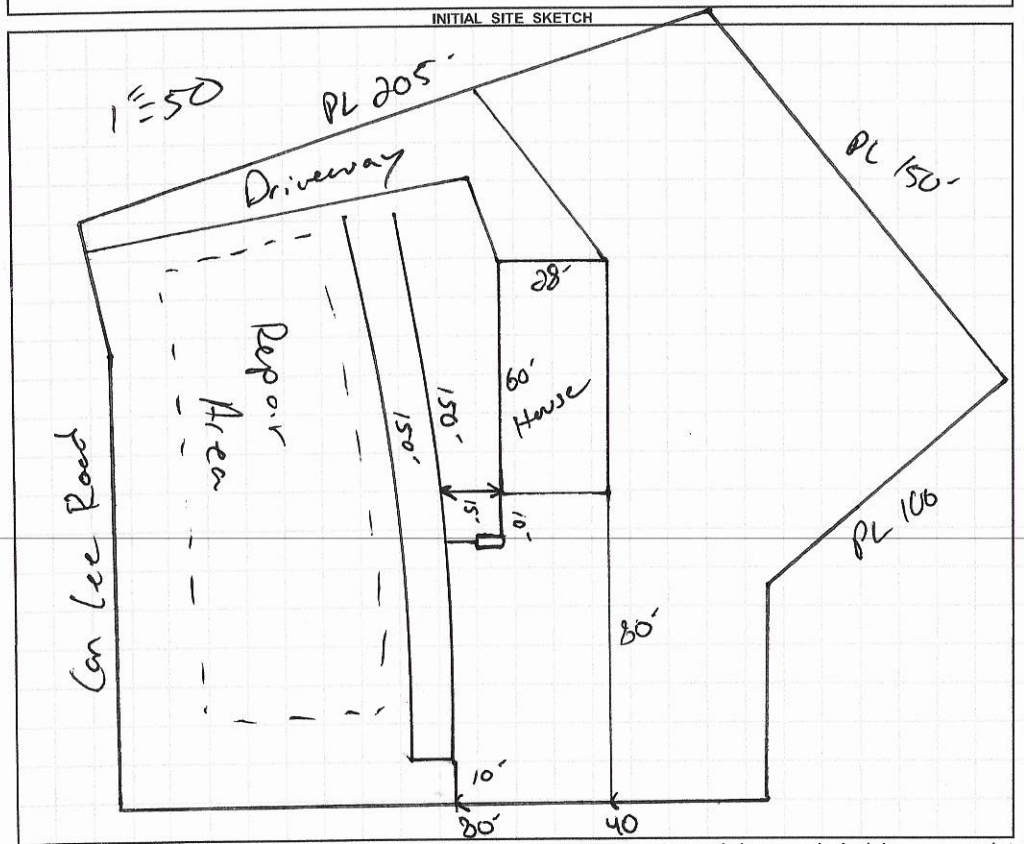
SUBDIVISION: Con lee Heights (Triwall Acres) SECTION: - LOT # 6/49-56 LOT AREA: 1.13 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	854	Date	7-23-20	☒ 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:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution.

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 Drawn

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: [signature] Date: 9/1/2020 Installed by: [signature]

IMPROVEMENT PERMIT by: [signature] Date: 8-31-2020 OPERATION PERMIT by: [signature] Date: 9-15-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-31-2020 Existing System Inspected by: Date:

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 #: 4749686946
COUNTY: Iredell

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

OWNER: Triwell Acres
ADDRESS: 160 Ebenezer Road Statesville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 162 Conlee
APPLICATION DATE 7-2-2020
DATE EVALUATED: 8-25-2020
PROPERTY SIZE: 1.13
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	5% SS	0-6	SCL SBK	Fr SS SP Sap	N/A	48+	N/A	N/A	PS .3
		6-33	RC SBK						
		33-48	CL SBK						
2	4% SS	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-32	SBK RC						
		32-48	SBK CL						
3	4% SS	0-6	T. 11		N/A	48+	N/A	N/A	PS .3
		6-12	SBK SCL						
		12-36	SBK RC						
		36-54	SBK CL						
4	4% SS	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-28	SBK RC						
		28-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	2SC	2SC
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boss
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) 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.

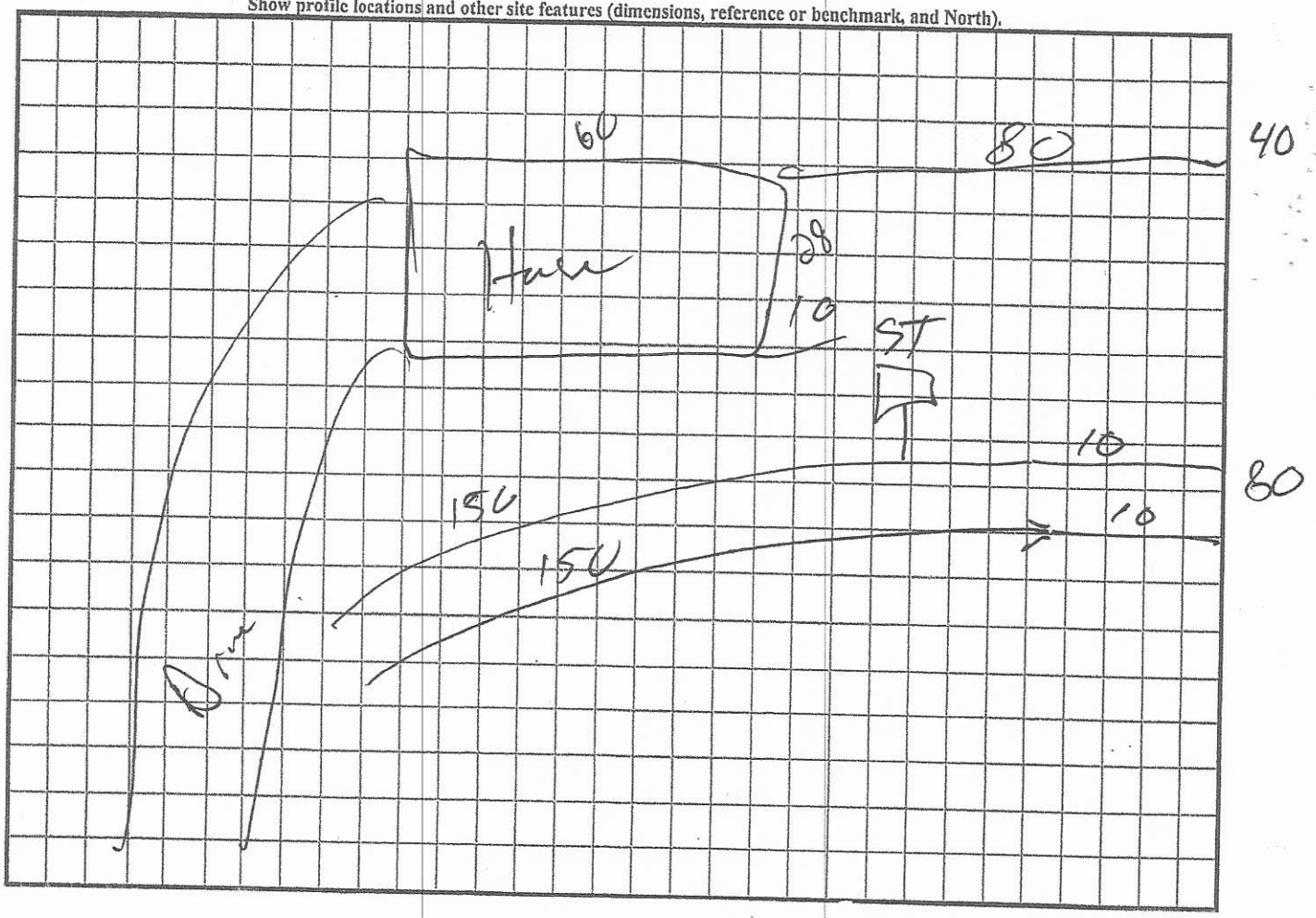
NOTES

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/ft^2

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



Benchmark

127 8' 3

10' 5

RECEIVED AUG 1 2 2020

AP 304983
$500.00

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*

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tidwell Acres, LLC Address: 160 Ebenezer Rd. Statesville Zip: 28625
Applicant Email: Weebags@gmail.com Phone: (704)682-3848 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 162 Con-Lee Dr. Elm, NC 28660
Subdivision Name: Con-Lee Heights Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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.

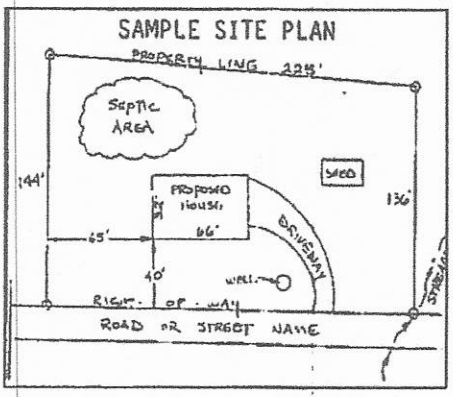
Signature: _____ 7/31/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

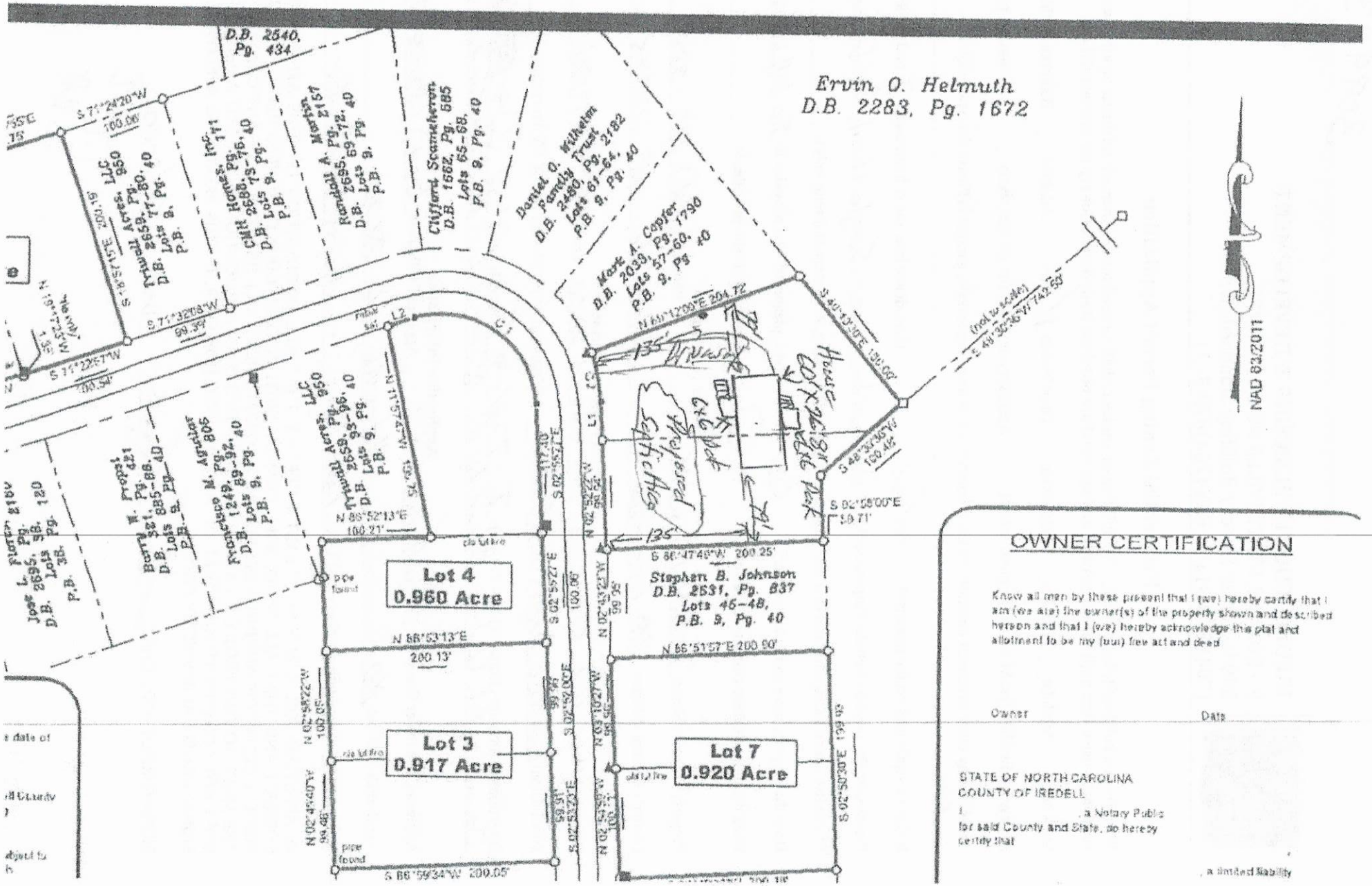
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 7/2/2020

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


Ervin O. Helmuth
D.B. 2283, Pg. 1672
D.B. 2540, Pg. 434
Daniel O. Wilhelm Family Trust
D.B. 2480, Pg. 2182
Lots 61-64,
P.B. 9, Pg. 40
Mark A. Capfer
D.B. 2039, Pg. 1790
Lots 57-60,
P.B. 9, Pg. 40
Clifford Seamehorn
D.B. 1662, Pg. 685
Lots 65-68,
P.B. 9, Pg. 40
Randall A. Martin
D.B. 2695, Pg. 2151
Lots 69-72,
P.B. 9, Pg. 40
CMH Homes, Inc.
D.B. 2686, Pg. 171
Lots 73-76,
P.B. 9, Pg. 40
Tylwall Acres, LLC
D.B. 2659, Pg. 77-80,
Lots 9, Pg. 40
P.B. 9, Pg. 40
Tylwall Acres, LLC
D.B. 2659, Pg. 93-96,
Lots 9, Pg. 40
P.B. 9, Pg. 40
Francisco M. Aguilar
D.B. 1249, Pg. 92,
Lots 89-92,
P.B. 9, Pg. 40
Barry W. Propst
D.B. 881, Pg. 88,
Lots 885-888,
P.B. 9, Pg. 40
Jose L. Flores
D.B. 2695, Pg. 2161
Lots 9B, 120
P.B. 38
Lot 4
0.960 Acre
Lot 3
0.917 Acre
Lot 7
0.920 Acre
Stephen B. Johnson
D.B. 2531, Pg. 837
Lots 45-48,
P.B. 9, Pg. 40
House
Corner Post
Septic Area
2x2 Wood
Septic Area
NAD 83/2011
S 71°24'20"W 160.06'
S 71°32'08"W 99.39'
S 71°22'57"W 100.54'
N 66°12'06"E 204.72'
S 40°43'00"E 150.00'
S 48°30'30"W 100.45'
S 02°55'27"E 117.40'
N 88°52'13"E 100.21'
S 02°55'27"E 100.06'
N 88°53'13"E 200.13'
N 02°55'22"W 100.05'
S 02°55'27"E 99.91'
S 88°59'34"W 200.05'
N 02°43'27"W 99.95'
S 88°47'48"W 200.25'
N 88°51'57"E 200.50'
S 02°50'30"E 199.95'
S 02°58'00"E 59.71'
pipe found
OWNER CERTIFICATION
Know all men by these present that I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby acknowledge this plat and allotment to be my (our) free act and deed
Owner
Date
STATE OF NORTH CAROLINA
COUNTY OF IREDELL
I , a Notary Public for said County and State, do hereby certify that
, a limited liability

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, Barry Mitchell, am the legal owner(s) of the property located at 162 Con-Lee Dr Clm, NC 28660, identified as PIN (Parcel Identification Number) 4749599081, located in Iredell County, North Carolina.

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

_____ 7/2/2020
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

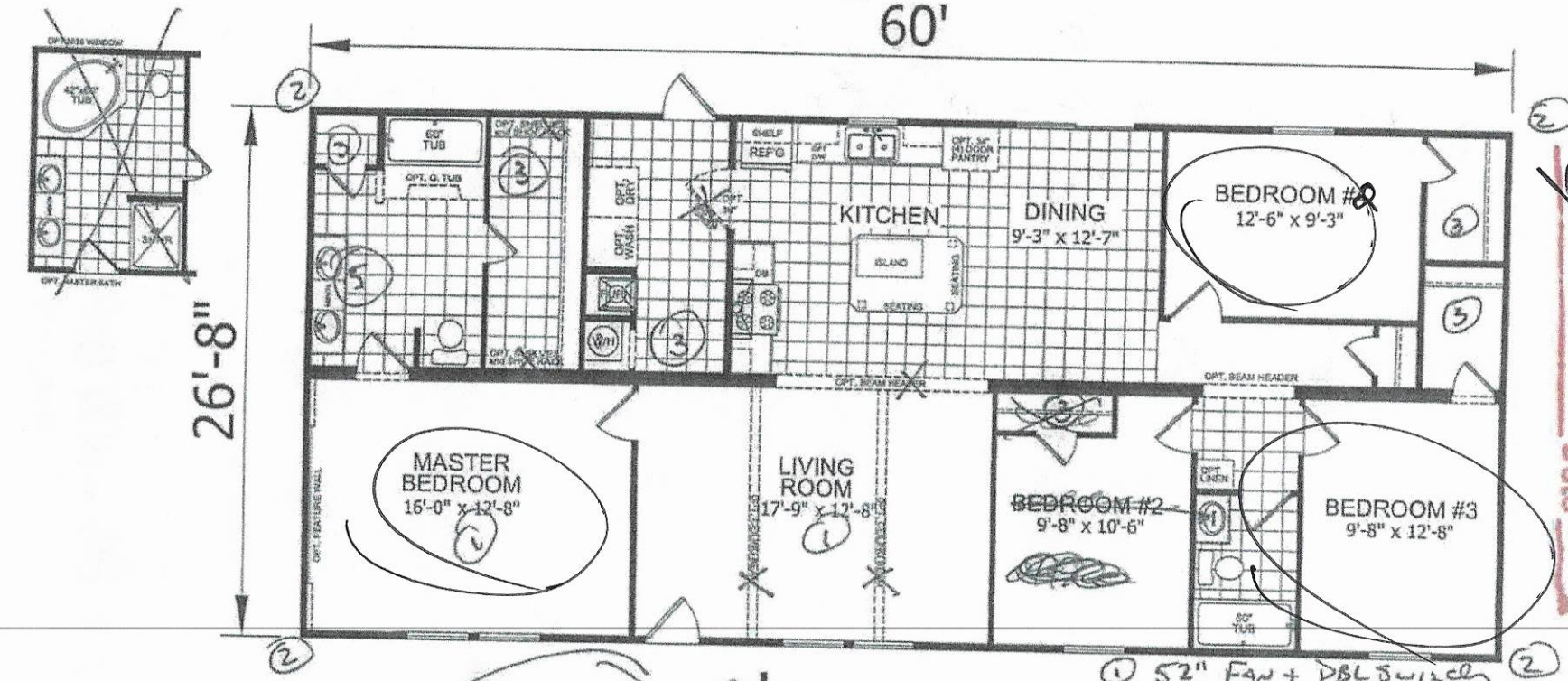
Montibello

Villa Limited Series

FactorySelectHomes

4 Bedrooms, 2 Baths
Approx. 1,600 Sq. Ft.
Multi-Section

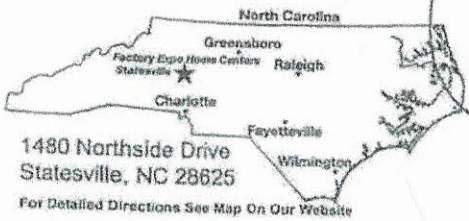
Last Updated: 2-21-19



Acknowledgement Of Plans Submitted ONLY!

Date 8-31-2020

(1) 52" FAN + DBL Switch
(2) FLOODLIGHT Peeps
(3) Spice Pebble VOG
(4) OPT Shower
(5) LED LIGHTED MIRRORS



1480 Northside Drive
Statesville, NC 28625

For Detailed Directions See Map On Our Website

I authorize Factory Expo Homes to build my house, per this plan.

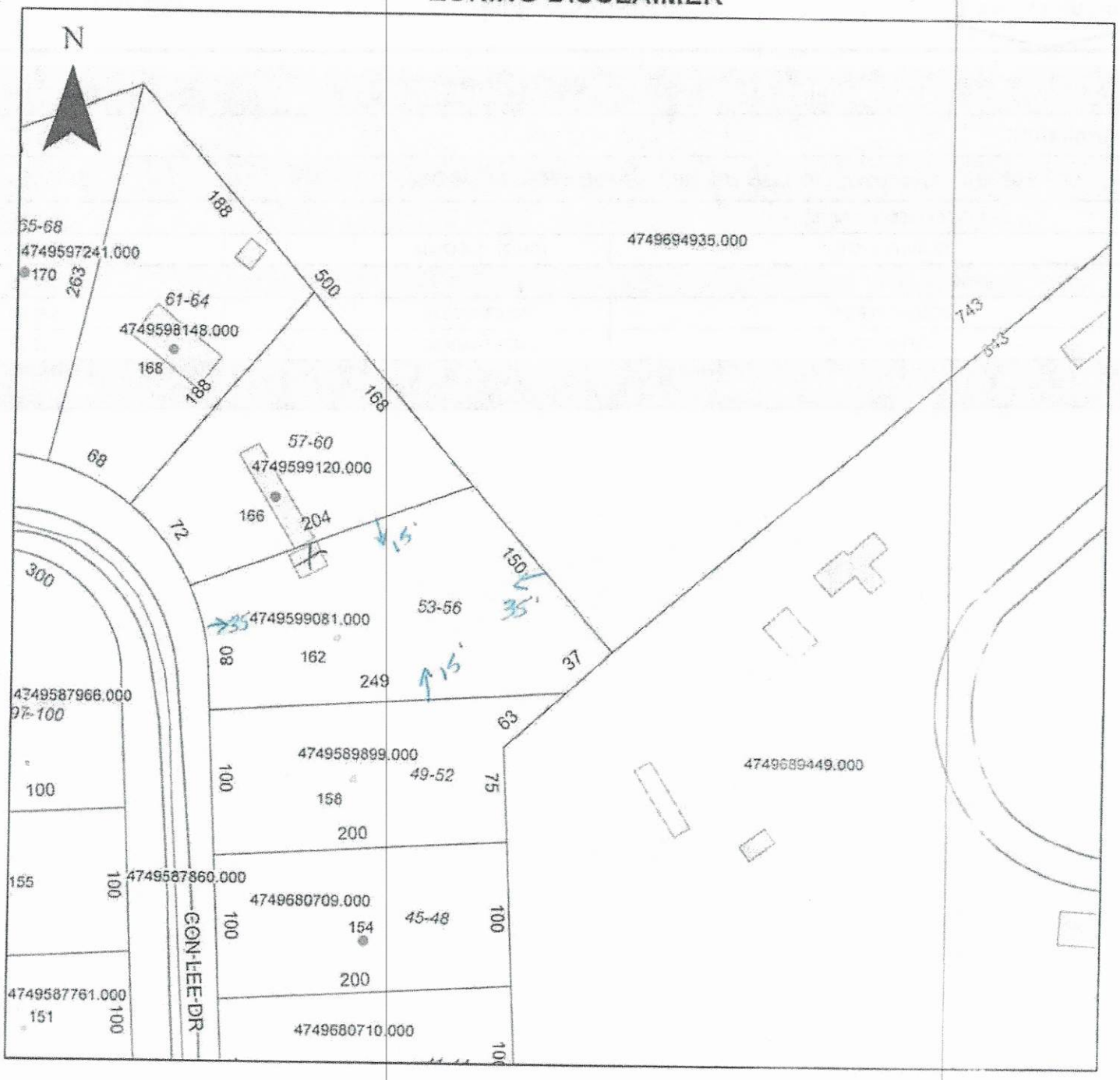
X _____ 6.15.2020

Customer Signature/Date

1-800-965-6842 www.FactorySelectHomeCenter.com 1-800-965-6842 www.FactorySelectHomeCenter.com

Important: Due to our policy of continuing improvement, all information in our brochures may vary from actual home. The right is reserved to make changes at any time, without notice or obligation, in colors, materials, specifications, processes, and models. All dimensions and square footage calculations are nominal and approximate figures. Please check with your sales person for specific and current information.

ZONING DISCLAIMER



Property Address 142 Con-Lee Dr.

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

Date