IREDELL COUNTY HEALTH DEPARTMENT

~~Statesville~~ Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 222524

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

PIN # 4751473702.000

APPLICANT/OWNER: Kyle Coolidge. APPLICANT ADDRESS: 158 Safe Place Mooresville NC 28115

SITE ADDRESS: 196 Pilch Rd. Statesville NC 28677. PHONE: 704-634-6635 ALT. PHONE —

SITE DIRECTIONS: Hwy 21 RT on Oswalt Amity LT on Pilch Rd Property on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: L LOT # — LOT AREA: 8.00 Acres DESIGN FLOW: 360gpd L.T.A.R.: 30

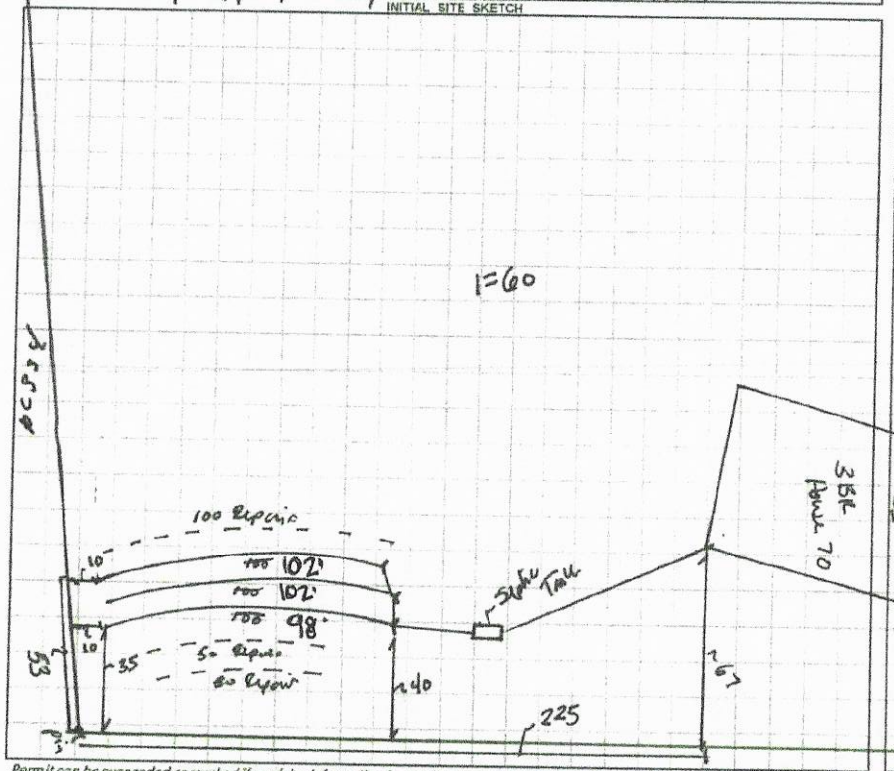
Septic Tank	1000	(gal)	STB		Date	9-26-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	LP - Panel Block 50% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)				30	Gravel Depth		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☒ Basement w/o plumbing	

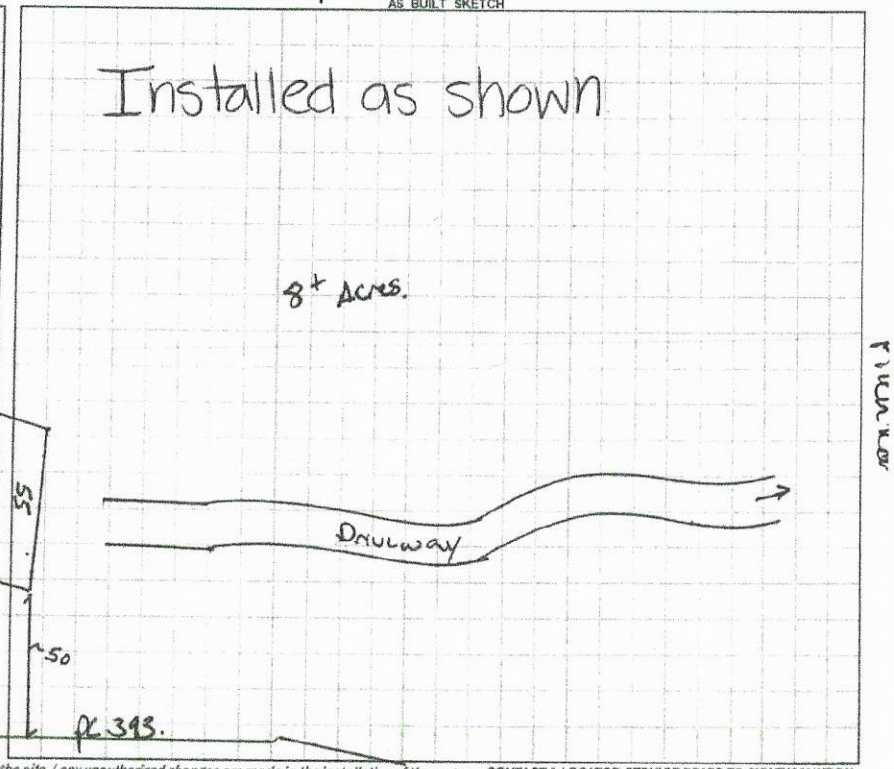
Comments / Conditions: Install Septic drainlines on the contour of the Land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not drive, park, pave, or bury utilities in drainfield area.

R Septic installed prior to home construction.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 9-13-19 Installed by: Ground breakers

IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 8/12/19 OPERATION PERMIT by: Kayla Wilson Date: 1-6-20

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 8/12/19. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4751473702
COUNTY: Iredell

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

OWNER: Kyle Coolidge
ADDRESS: 158 Safe Plate MVL NC 28115
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd.
LOCATION OF SITE: 196 Pitch Rd SVL NC
APPLICATION DATE 7/18/19.
DATE EVALUATED: 8/8/19
PROPERTY SIZE: 8 Acres.
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear Nose 8%	0-5	SC WSBK	SS SP FR SEXP	2.5YR 4/6	48	—	Litho Mottles	PS .30
		5-28	C SBK	SS SP FR					
		28-48	CL WSBK	SS SP FR					
2	L.S. Nose 15%	0-7	SC WSBK	SS SP FR SEXP	2.5YR 4/6	50	—	Litho Mottles	PS .30
		7-38	C SBK	SS SP FR					
		38-50	CL WSBK	SS SP FR					
3	L.S. nose 10%	0-6	SC WSBK	SS SP FR SEXP	2.5YR 4/6	48	—	Litho	PS .30
		6-28	C SBK	SS SP FR					
		28-48	CL WSBK	SS SP FR					
4	L.S. nose 10%	0-8	SC WSBK	SS SP FR SEXP	2.5YR 4/6	48	—	Litho Mottles	PS .30
		8-31	C SBK	SS SP FR					
		31-48	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	III 25% Red	IV 50% Red
Site LTAR	.30	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins
OTHER(S) PRESENT: Coolidge

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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

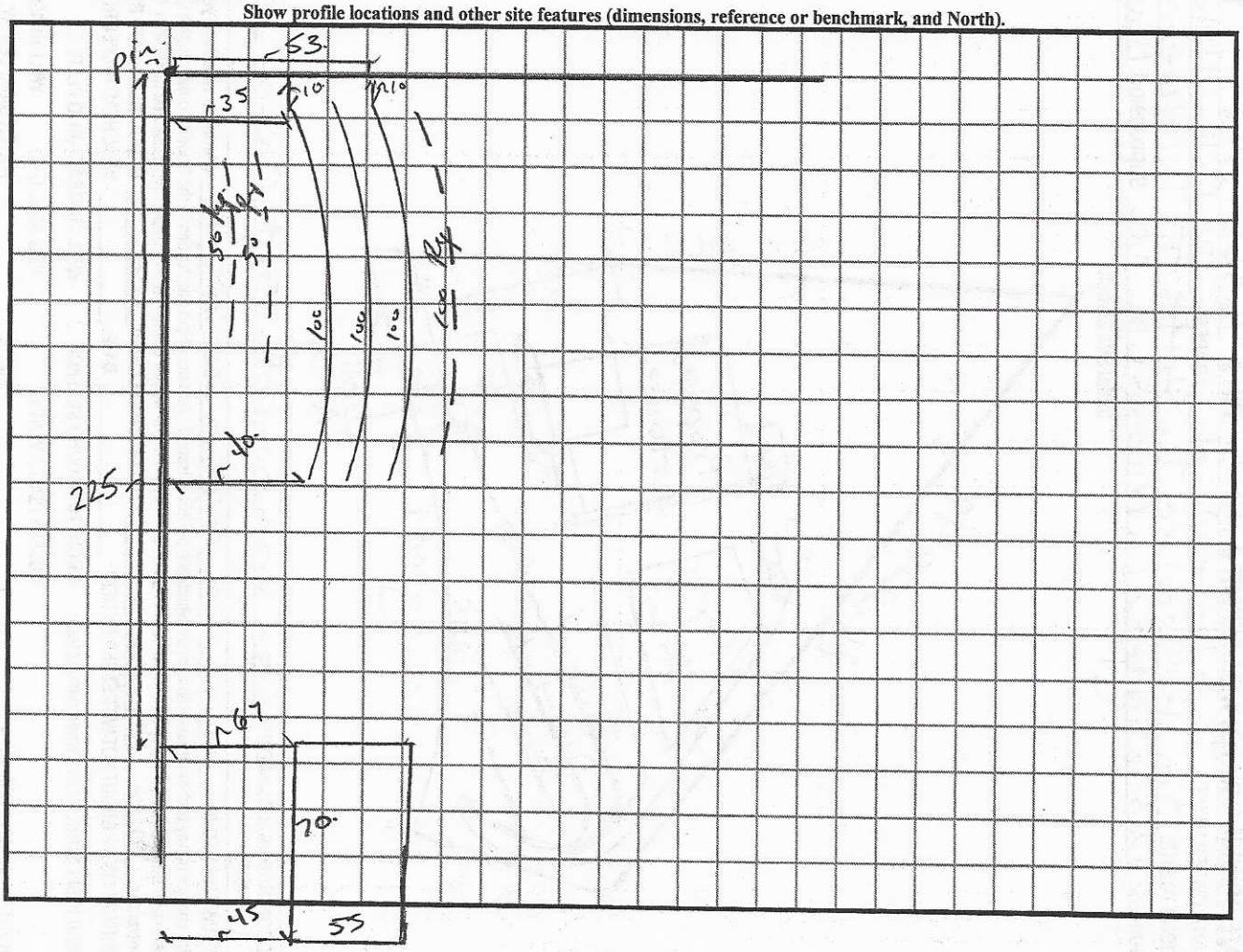
NOTES

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).



22524 $500.00 pd

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
(X) Septic Improvement Permit (X) 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: (X) 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: Kyle CoolLidge Address: 158 Sage Place, Mooresville Zip: 28115 NC
Applicant Email: CoolLidgeSweet@Gmail.com Phone: 704-634-6635 Alt. Phone:
Owner Name: Jeff Chandler Address: 918 S. Aspen ST Lincolnton Zip: 28092
Owner Email: KChandler1298@Yahoo.com Phone: 704-902-1662 Alt. Phone:

Property Information:

Street Address: 198 Pilch Rd, Statesville NC 28677
Subdivision Name: NA Section/Phase: Lot Number:
Driving Directions: Highway 21, RT on OTSWGIT AMITY, LT on Pilch Rd Property on Left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — (X) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: ~~2345~~ 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 (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?

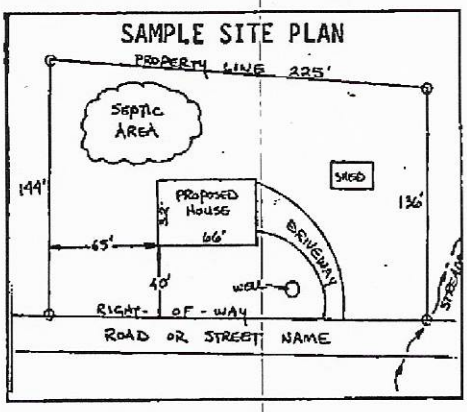
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 7-25-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

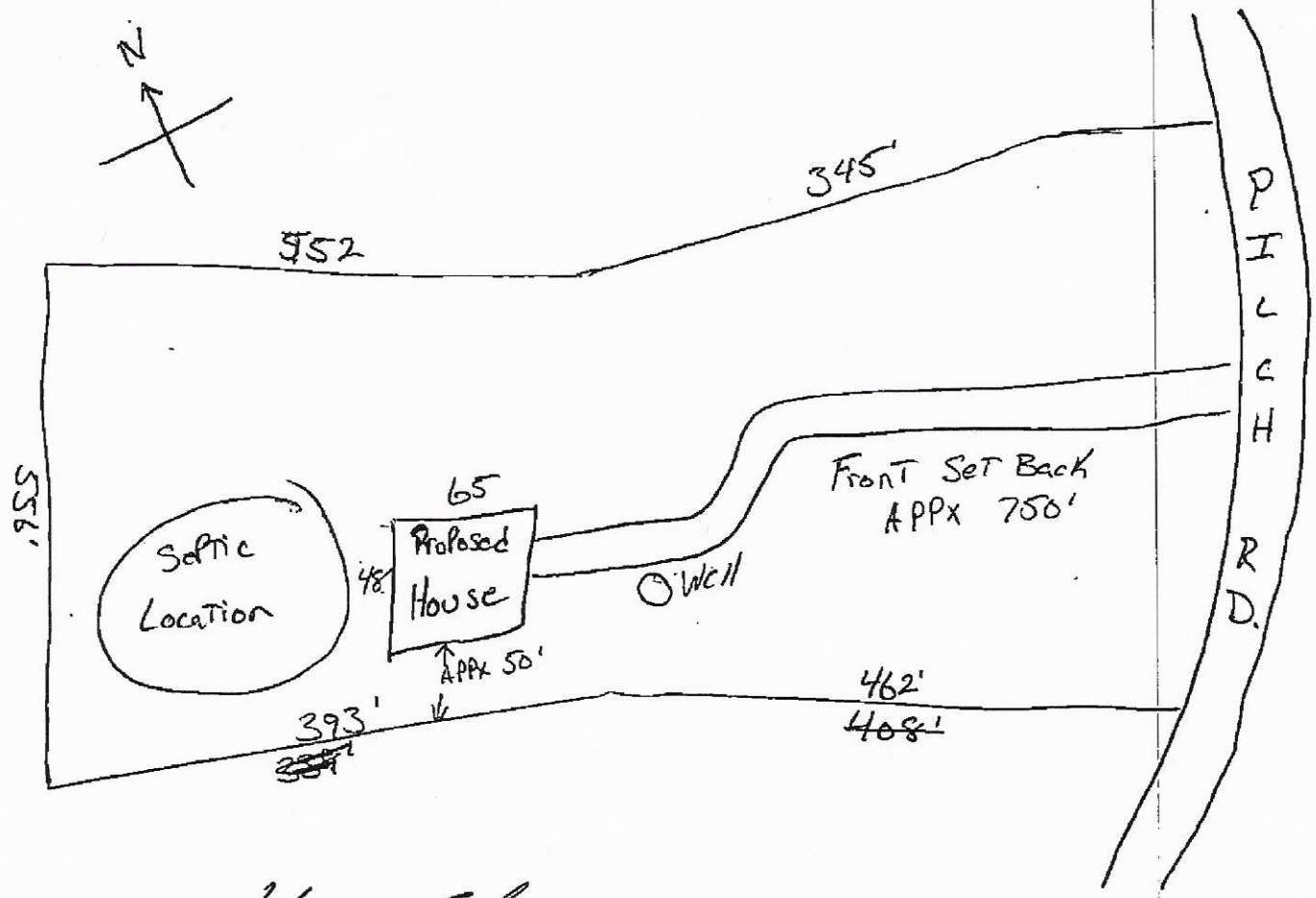
- ( ) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: _____ 7-25-19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN AGENT TO ACT AS LEGAL REPRESENTATIVE

☐ 1. * APPLICANT ALSO OWNER OF SAME * [illegible]

Applications for permits issued to the "applicant" or "agent" as "legal representative" [illegible] 10A NCAC 18A .1937. If the property owner(s) wish(es) to have their authorized agent act on their behalf, they can submit a power of attorney or other legal instrument that designates the agent as the legal representative. Power of Attorney, Real Estate Contract, Estate Executor Letter, Lease Agreement, etc.

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A Letter of Authorization may also be used for this purpose. The 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 10A 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, Tammy A Chandler JEFFREY RAY CHANDLER, am the legal owner(s) of the property located at 196 Pilch Road Statesville NC 28677 identified as

PIN (Parcel Identification Number) [illegible] located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name)

Kyle Coolidge

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 Ray Chandler

Signature of Owner(s)

7-19-2019

Date

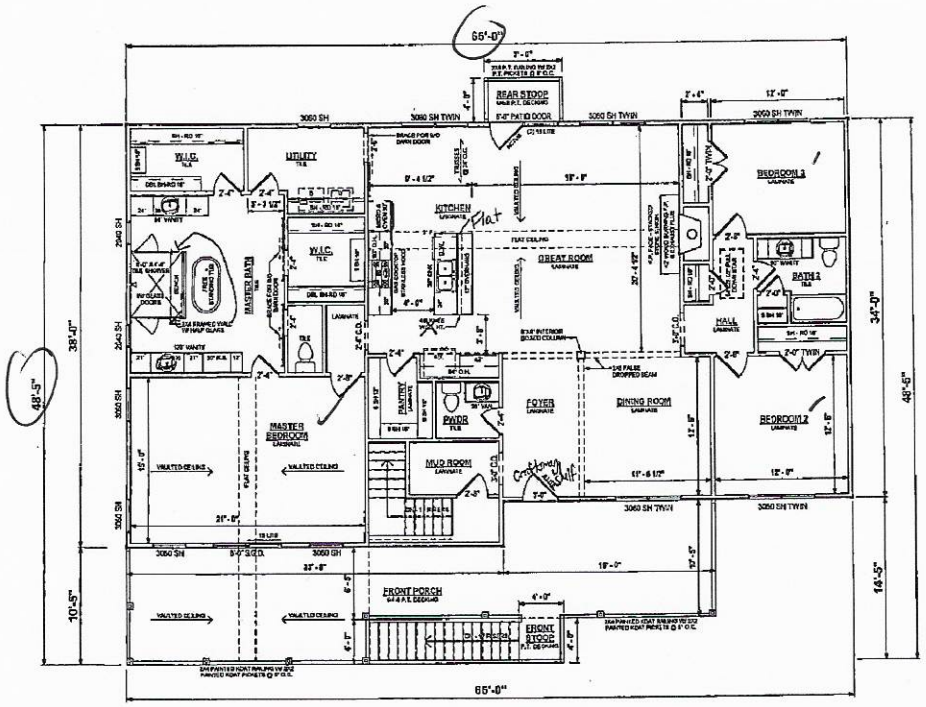
Tammy A Chandler

Mooresville - Environmental Health
www.iredellnc.us
Tel: 704-662-1233
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Address.desk@co.iredell.nc.us
Fax: 704-871-3403
349 N. Center Street, Statesville, NC 28677

[illegible]/Forms/OSWP/Documents

Acknowledgement Of
Plans Submittal ONLY!
Date 7-25-19
Date 8/12/19.



1 FIRST FLOOR PLAN
1/8" = 1'-0"

SPECIAL NOTES:

- HVAC GAS (80% EFFICIENCY)

- Convido int doors

AREAS	
FIRST FLOOR HEATED	2,345 SF
	2,345 SF
BASEMENT PORCH	301 SF
FRONT PORCH/STOOP	301 SF
UNFINISHED BASEMENT	2,345 SF
	3,346 SF
TOTAL UNDER ROOF	5,691 SF
FRONT STOOP	16 SF
REAR STOOP	16 SF
TOTAL UNCOVERED	32 SF

DATE	CUSTOM
JOB	COOLIDGE, KYLE & PATRICIA
	196 Pitch Road Statesville NC 28677
	Iredell - NC
DESIGNER	J. BOCKLEY
SERIES	STATESVILLE

JOB #	87-19-049
DRAWING # WALLS	2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
DESIGNER	R. THOMPSON
FOUNDATION TYPE	BASEMENT
FRONT DATE	7/17/2019
REAR DATE	8/2/2019

PROPERTY OF: AMERICA'S HOME PLACE

SHEET NUMBER: DP-3

FIRST FLOOR DESIGN PLAN

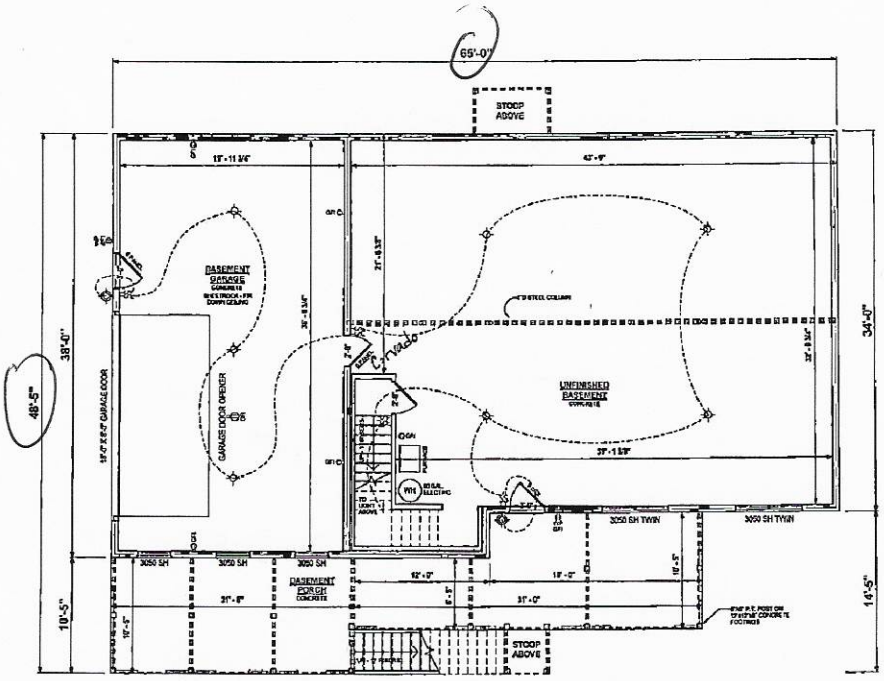
OPT. PAPER SIZE for 1/4" & 1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

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Acknowledgement Of
Plans Submittal ONLY!
Date 7-25-19
Date 8/12/19



BASEMENT FLOOR PLAN

Revision Schedule	Revision Date
Marker	Description
APSAS:	
DESPLAIN HEATED	3,448 SF
BASEMENT FINISHED	991 SF
BASEMENT GARAGE	967 SF
UNFINISHED BASEMENT	3,448 SF
	5,365 SF
	5,981 SF
TOTAL UNDER ROOF	10,313 SF
FRONT STOOP	16 SF
REAR STOOP	16 SF
TOTAL UNCOVERED	44 SF
JOB#	87-19-049
FOR:	COOLIDGE, KYLE & PATRICIA
	198 Pitch Road Statesville NC 28677
	Iredell - NC
OFFICE:	STATESVILLE
DRAWN BY:	L. VALLES
CHECKED BY:	2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
FOUNDATION TYPE:	BASEMENT
PRINT DATE:	7/25/2019 11:55:53 AM
SHEET NUMBER:	DP-4
SHEET TITLE:	BASEMENT FLOOR DESIGN PLAN
SCALE:	1/8" = 1'-0"
PAPER SIZE:	11" x 17"

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

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