BLDR-2022-8308

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # RELAY-2023-19420

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

PIN # 4756 -- 24 -- 6297

APPLICANT/OWNER: MICHAEL BOWMAN | APPLICANT ADDRESS: 122 GREENMEADOW LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 476 JANE SOWER ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-902-1128 | ALT. PHONE: —

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO REPAIR

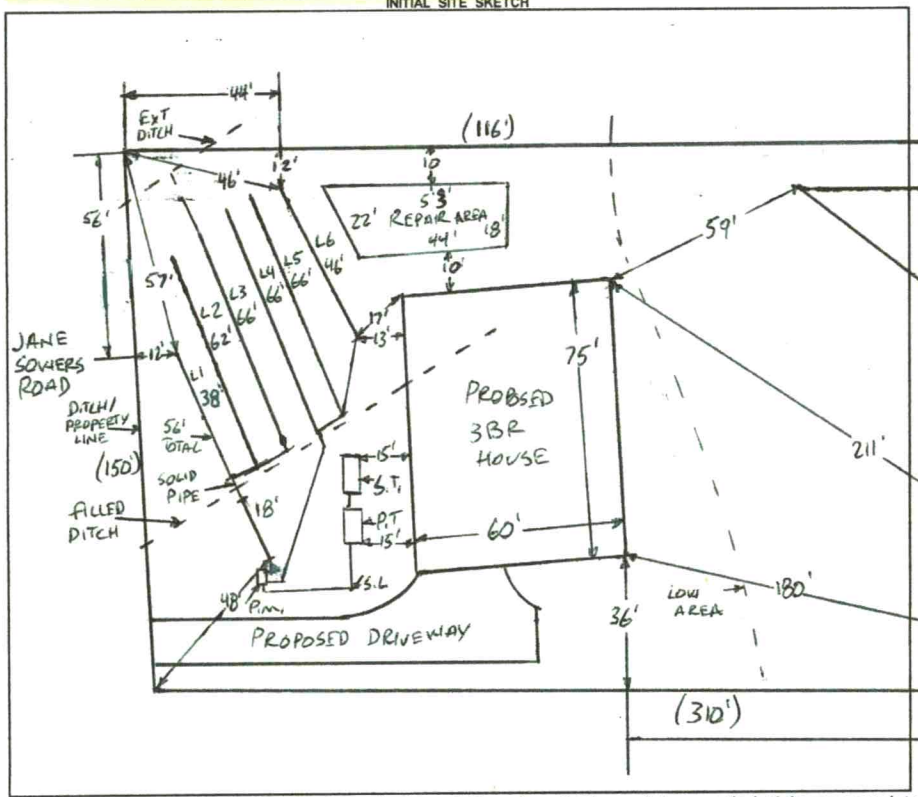
SUBDIVISION: — | SECTION: — | LOT #: — | LOT AREA: 1.07 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25 (0.1)

Septic Tank	1000 (gal)	STB - 760	Date 3/12/23	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT 303	Date 3/12/23	System Description:	25% REDUCTION - PRESSURE MANIFOLD	☐ Business	No. Persons	6	☐ Private
Pump Make	Zoeller	Model 115V/1PH	Serial #	Repair System Description:	TSII - DRIP IRRIGATION	☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1	# Lines 6	Linear Ft 360 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth (Low side)	24 IN	Gravel Depth	— ☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION AS SHOWN, DO NOT EXCEED A 30IN MAX TRENCH DEPTH, MAINTAIN 6IN OF COVER

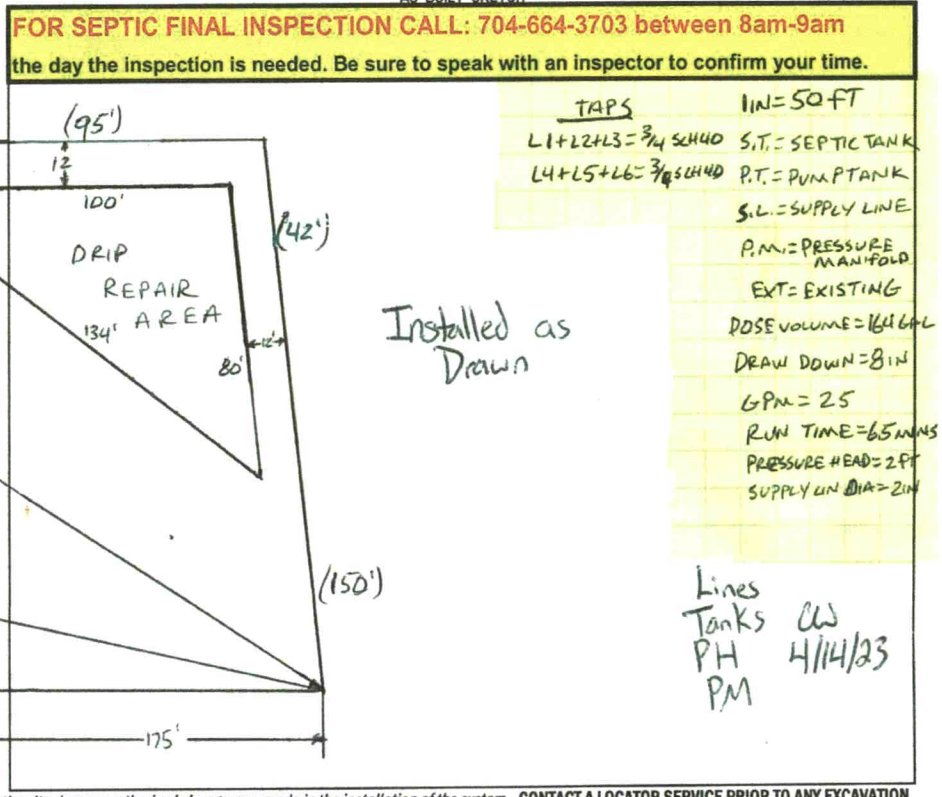
NO CULVERTS WITHIN 10FT OF SYSTEM, NO FOUNDATION DRAINAGE ON HOUSE

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: ONLINE SIGNATURE | Date: — | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Bryant C. White | Date: 4-3-2023 | OPERATION PERMIT by: D. Mieberg | Date: 4/24/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-3-2023 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # RELAY-2023-19420

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

PIN # 4756 -- 24 -- 6297

APPLICANT/OWNER: MICHAEL BOWMAN | APPLICANT ADDRESS: 122 GREENMEADOW LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 476 JANE SOWER ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-902-1128 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO REPAIR

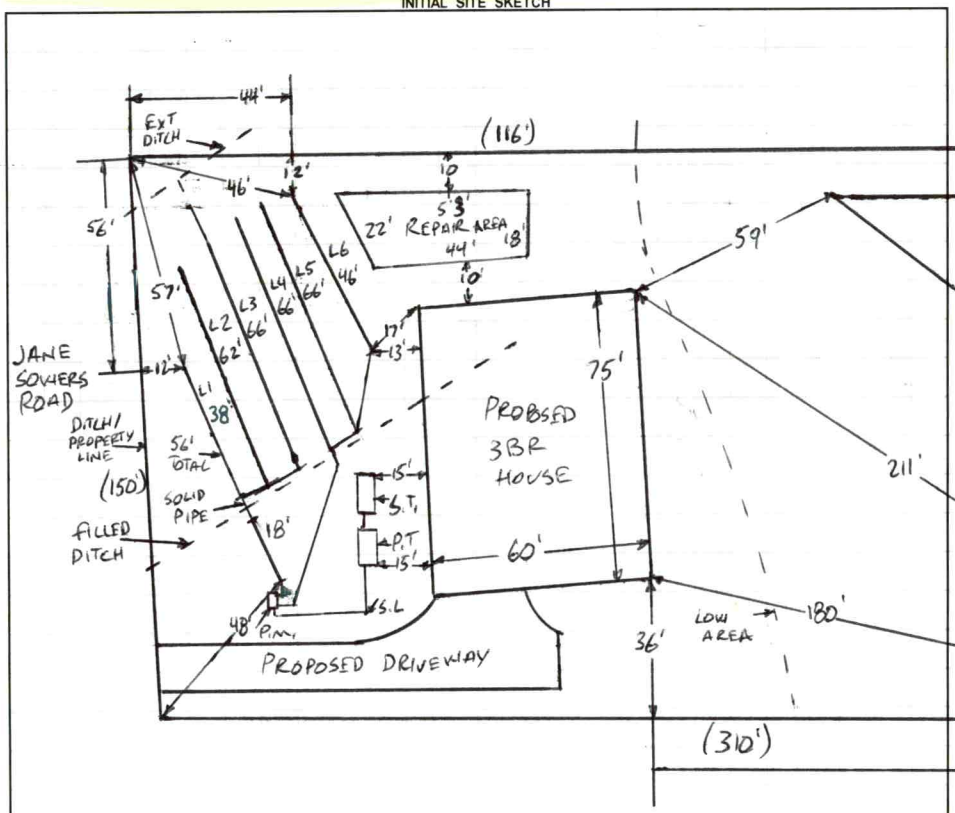
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.07 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25 (0.1)

Septic Tank	1000 (gal)	STB - 760	Date 3/12/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT 303	Date 3/12/23	System Description: 25% REDUCTION - PRESSURE MANIFOLD				☐ Business	No. Persons	6	☐ Private
Pump Make	Zoeller	Model 115V/1 PH	Serial #	Repair System Description: TSII - DRIP IRRIGATION				☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1	# Lines 6	Linear Ft 360 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth (Low side)	24 IN	Gravel Depth —	☐ GRAVITY	☑ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION AS SHOWN, DO NOT EXCEED A 30IN MAX TRENCH DEPTH, MAINTAIN 6IN OF COVER

NO CULVERTS WITHIN 10 FT OF SYSTEM, NO FOUNDATION DRAINAGE ON HOUSE

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

TAPS
L1+L2+L3 = 3/4 SCH40
L4+L5+L6 = 3/4 SCH40

1IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD
EXT = EXISTING
DOSE VOLUME = 164 GAL
DRAW DOWN = 8 IN
GPM = 25
RUN TIME = 6.5 MINS
PRESSURE HEAD = 2 FT
SUPPLY LN DIA = 2IN

Lines CW
Tanks
PH
PM
4/14/23

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: ONLINE SIGNATURE | Date: — | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Bryant C. White | Date: 4-3-2023 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-3-2023 | 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		
Tanks Checked		
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? _____	

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-04-2023 (Date)

Owner: Michael Bowman
Address: 122 Green Meadows Lane, Statesville, N.C. 28625
Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
476 Jane Sowers Road, Statesville, N.C. 28625
PIN: 4756-24-6297

I, Michael Bowman, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 10-11-2022 for a system
(date)
50% Reduction-PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Online Signature
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
04/04/2023

Owner: Michael Bowman
Address: 122 Green Meadows Lane, Statesville, N.C. 28677

Subject: Notice of Intent to Revoke/Suspend: 476 Jane Sowers Road, Statesville, N.C. 28625

Dear Michael Bowman:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 476 Jane Sowers Road, Statesville, N.C. 28625 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 04/04/2023. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Burgent C. White

Signature of DHHS Authorized Agent

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 #: 4756-24-6997
DATE OF EVALUATION: 3-21-2023
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 5%	0-11	SCL, SBK	FR, SS, SP, SEXP	2.5Y 6/2 @ 27"-33"	52"+	NA	~~B~~ ~~AP~~ PL @40"	PS .1 DRIP
		11-45	C, ABK	FI, S, P, SEXP					
		45-~~43~~52	C, PL	FI, ~~S, P~~, SEXP	2.5Y 6/2 @ 40"-43"				
		43-~~52~~	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-10	SCL, SBK	FR, SS, SP, SEXP	2.5Y 6/2 @ 24"- 56" "TIGER"	56"+	NA	NA	PS .1 DRIP
		10-47	C, ~~A~~BK	FI, S, P, SEXP					
		47-56	CL, WABK	FI, SS, SP, SEXP					

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		
					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) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

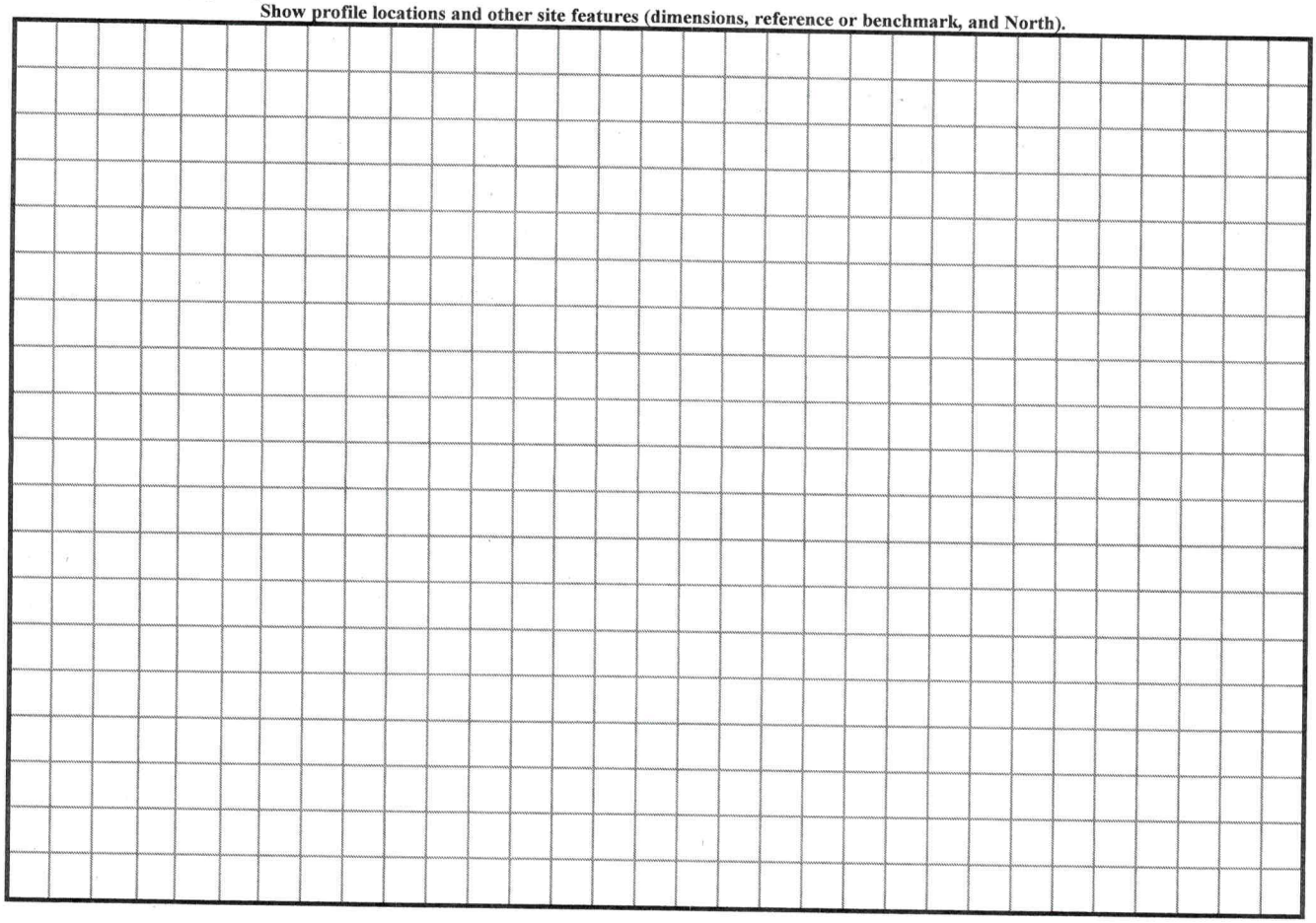
NOTES

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).



PERMIT SNAPSHOT REPORT RELAY-2023-19420
FOR IREDELL COUNTY

Permit Type: EH Re-layout
Work Class: EH Intermediate
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant
App Date: 03/20/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: ASSIGN TO BRYANT PLEASE. Per Ronda ok to use. COMPREHENSIVE RELAYOUT. Has talked Bryant about new location for repair area
Relocate repair area to back yd

Parcel: 4756246297.000 Main
Address: 476 Jane Sowers Rd Main
Statesville, NC 28625
Zone: R-20(Suburban Residential District)

Property Owner
Noah Bowman
Home: (704) 902-1728
Mobile: (704) 902-1728

Applicant/Authorized Agent
Bowman Michael
122 Greenmeadow Ln 122
Green Meadows
Statesville, NC 28625
Business: (704) 902-1728

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	60x75	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Number of Employees	0
Total number of seats	0	Water Supply	Municipal Water	Desired Septic System Type	No Preference
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Bowman_Michael_3/20/2023.jpg	03/20/2023 15:49	Michael, Bowman		Uploaded via CSS
19420 auth.pdf	03/20/2023 16:15	Horton, Amanda		
19420 disclaimer.pdf	03/20/2023 16:15	Horton, Amanda		
19420 septic layout.pdf	03/20/2023 16:15	Horton, Amanda		

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-73264	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	03/20/2023	03/20/2023 0:00	03/20/2023 0:00	03/20/2023 16:18	03/20/2023 16:18

Inspectors: White, Bryant (Primary)

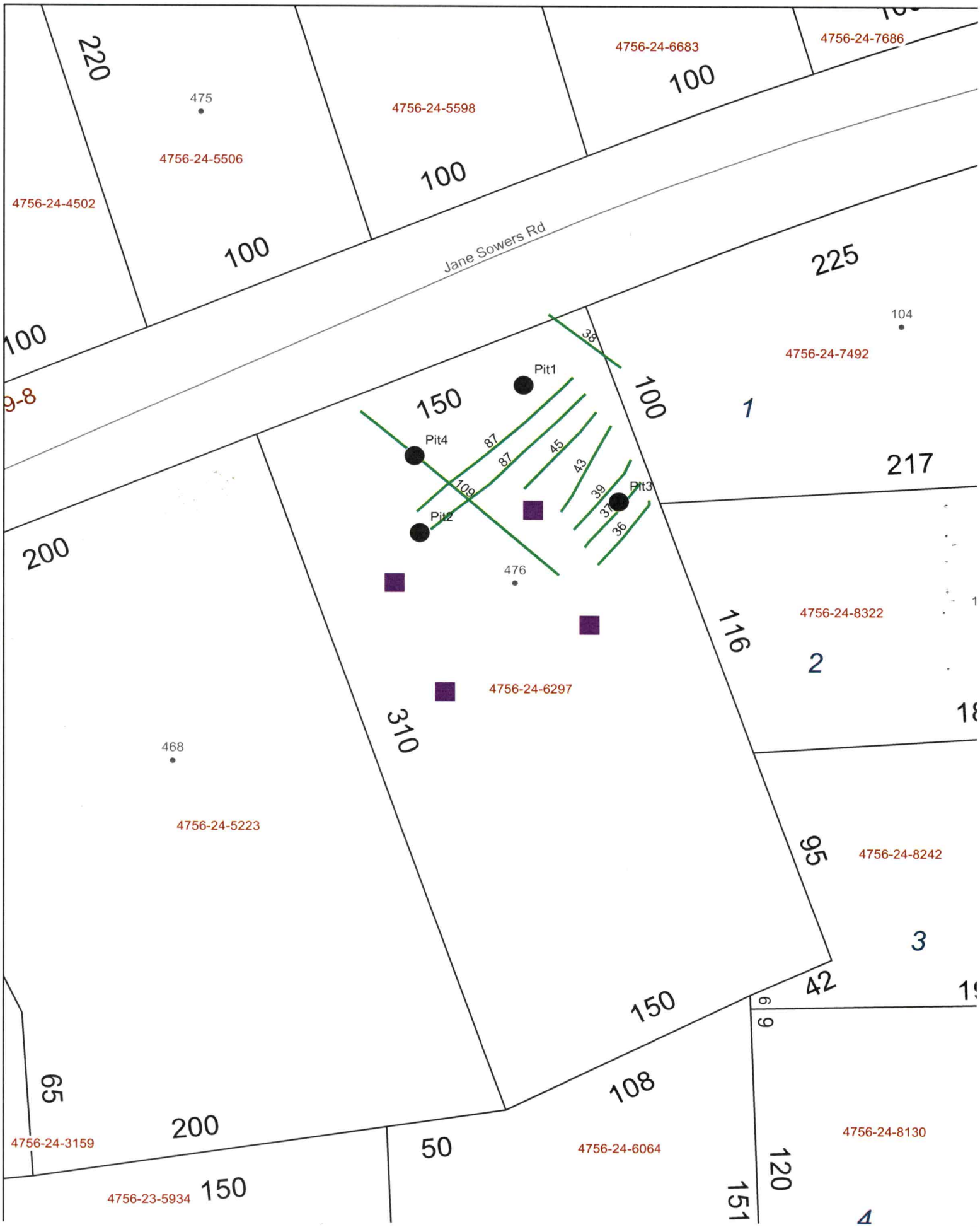
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00010889	Comprehensive Gravity System Re-layout	$500.00	$500.00
	Total for Invoice INV-00010889	$500.00	$500.00
	Grand Total for Permit	**$500.00**	**$500.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/20/2023 16:36	03/20/2023 16:36
Confirm application complete v.1	Generic Action		03/20/2023 16:36

PERMIT SNAPSHOT REPORT (RELAY-2023-19420)

~~**Zoning Review v.1**~~			03/20/2023 16:16
~~Floodplain Admin Overview v.1~~	Task		03/20/2023 16:16
~~Issue Invoice v.1~~	Generic Action		03/20/2023 16:16
~~Fees Paid v.1~~	Generic Action		03/20/2023 16:16
Fees v.1		03/20/2023 16:36	03/20/2023 16:36
Issue Invoice v.1	Generic Action		03/20/2023 16:36
Fees Paid v.1	Generic Action		03/20/2023 16:36
Lot Readiness Verification v.1		03/20/2023 16:17	
OSWP Septic Preliminary Site Visit v.1	Inspection	03/20/2023 16:17	03/20/2023 16:18
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


4756-24-6683
4756-24-7686
220
100
475
4756-24-5598
4756-24-5506
100
4756-24-4502
100
Jane Sowers Rd
225
104
100
4756-24-7492
38
Pit1
150
100
1
9-8
Pit4
87
87
45
43
109
39
Pit3
37
36
Pit2
217
200
476
4756-24-8322
116
2
4756-24-6297
310
18
468
4756-24-5223
95
4756-24-8242
3
42
150
6
9
65
108
4756-24-3159
200
4756-24-8130
50
4756-24-6064
120
4756-23-5934
150
151
4

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

Sheet 1 of 1
PROPERTY ID #: 4756-24-6297
COUNTY: Iredell

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

OWNER: MICHAEL BOWMAN — APPLICATION DATE 6-8-2022
ADDRESS: 122 GREENMEADOW LANE, STATESVILLE, N.C. 28625 — DATE EVALUATED: 7/7/22
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1.07 AC
LOCATION OF SITE: 476 JANE SOWERS ROAD, STATESVILLE, N.C. 28625 — 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	2%	0-10	SL/SBK		YIB@34"-48"	—	—	—	P.S .25
		10-48	C/ABK	FI					
2	3%	0-7	FILL		YIB@32" 10YR6/2@46"	50"	—	—	P.S .25 shallow
		7-13	SL						
		13-50	CL						
3	3%	0-9	FILL		10YR6/2@44" YIB@30+	48"	—	—	P.S .25
		9-16	SL						
		16-48	C						
4	LINEAR SIDE 3%	0-9	FILL	MIXED	YIB MOTS THRU OUT 10YR6/2 @ 48"	56"+	NA	NA	PS .25
		9-47	C, ABK	FR, S, P, SEXP					
		47-56	CL, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT: SYDNEY HOLLAND

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

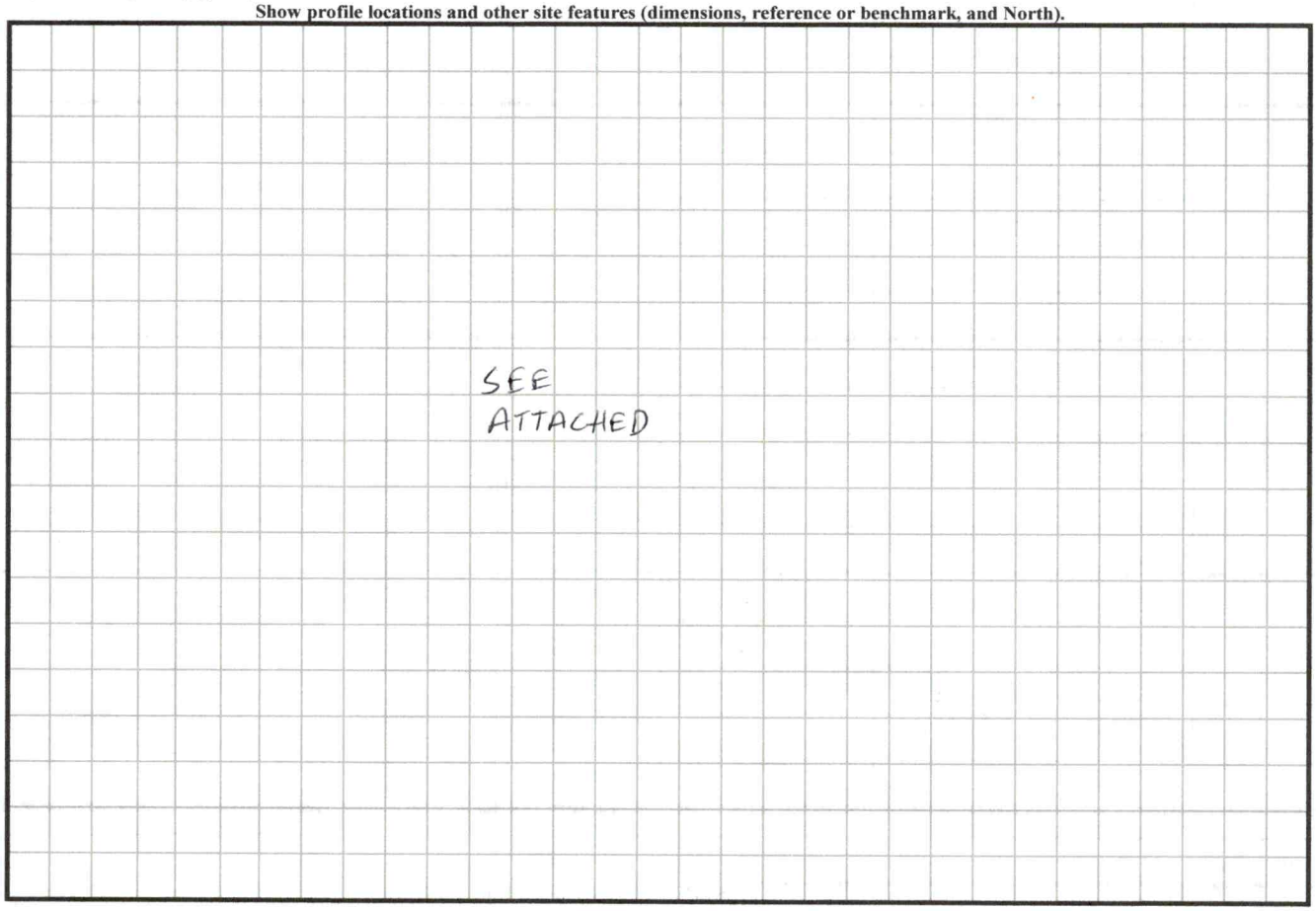
NOTES

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)

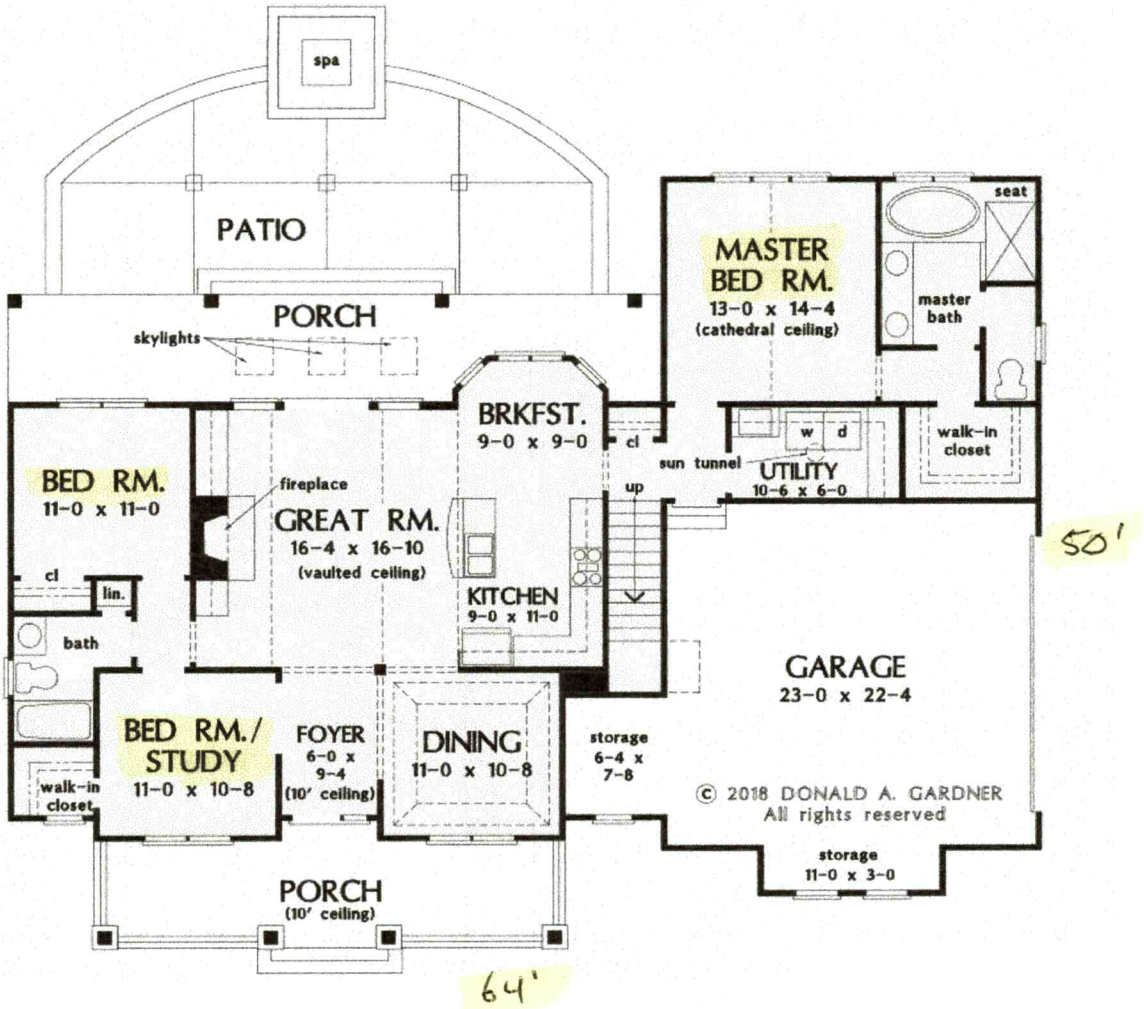
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



FLOOR PLAN
PLAN NO. 1497



TOTAL SF - 1645
64'4" W X 50'4" D
MAIN LEVEL SF - 1645

BONUS

Acknowledgement Of Plans Submittal ONLY!

Date 10/11/22

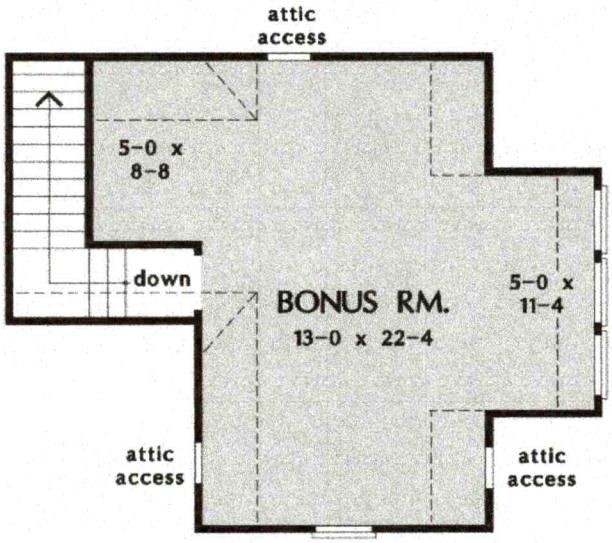
Bryant C. White Date 10-11-2022

BRYANT WHITE

476 JANE SOWERS

Privacy - Terms

FLOOR PLAN
PLAN NO. 1497



BONUS ROOM
OPTIONAL BONUS ROOM SF - 417

BASEMENT STAIRS

Acknowledgement Of
Plans Submittal ONLY!
Date 10/11/22
Date 10-11-2022

Privacy - Terms

RECEIVED JUN 8 - 2022

BW

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-328332 $500.00

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: Michael Bowman Address: 122 Green Meadow Cir Zip: 28625

Applicant Email: _____ Phone: 704-902-1228 Alt. Phone: _____

Owner Name: S/A Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 476 Jane Sowers Rd Statesville

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) 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 (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.

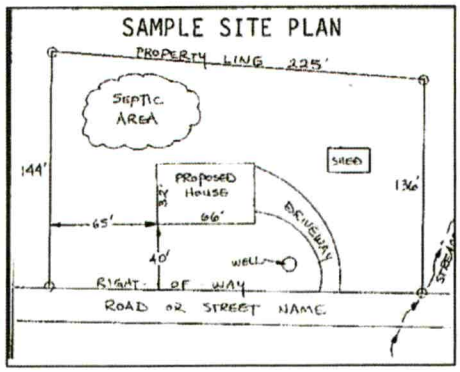
Signature: _____ 4-26-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

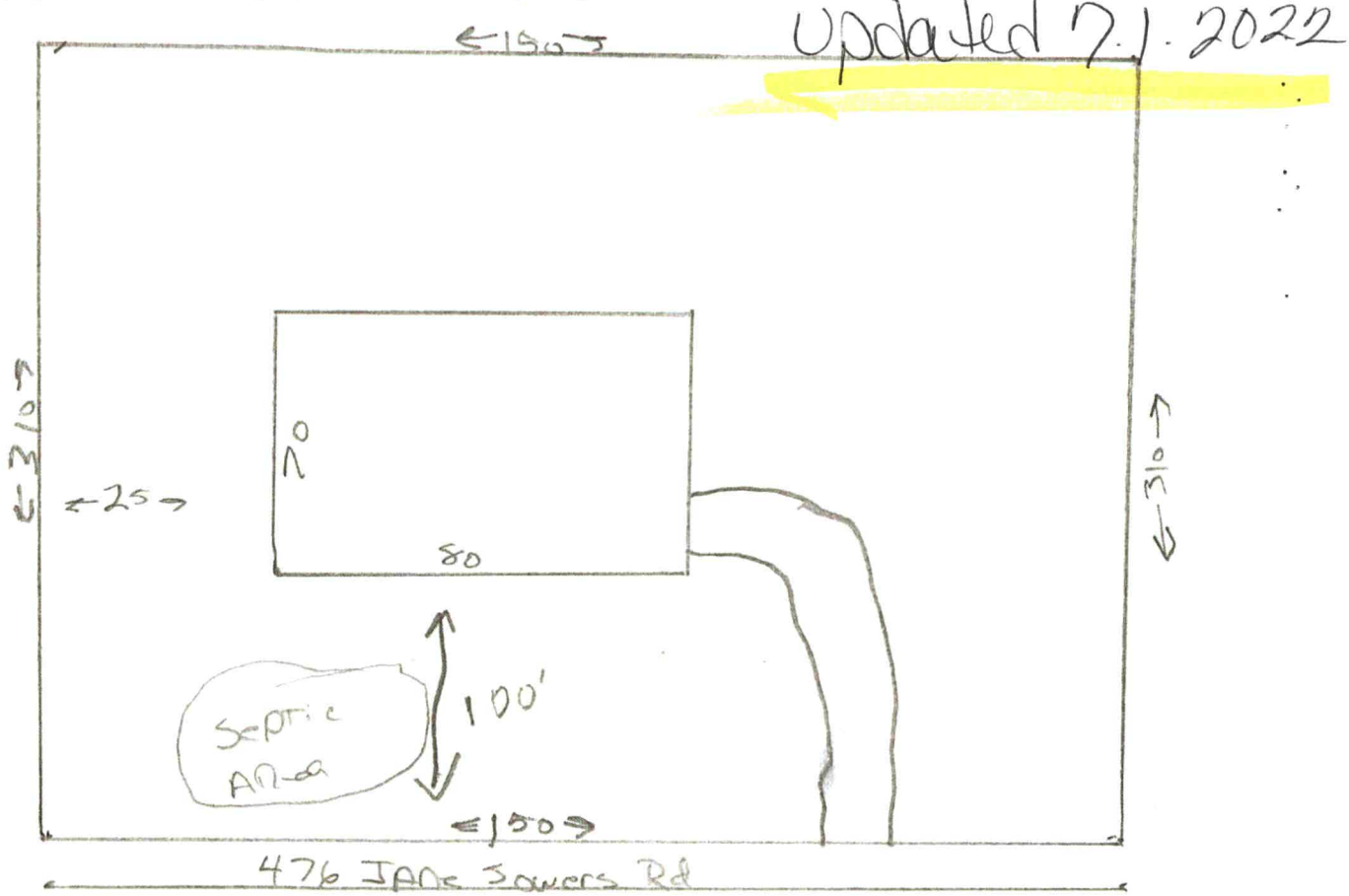
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

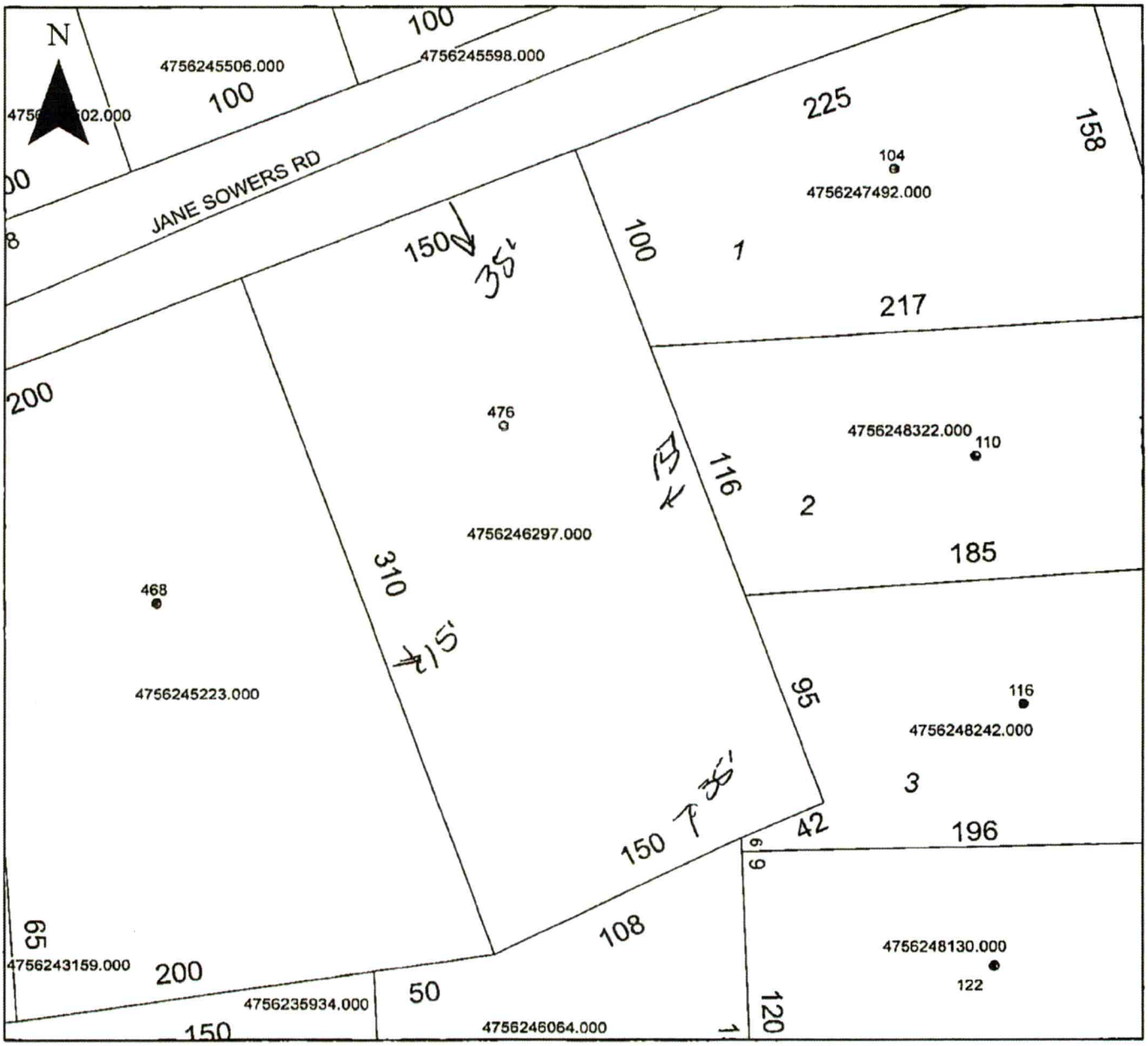
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ _____

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

ZONING DISCLAIMER



Property Address 476 Jane Sowers

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.

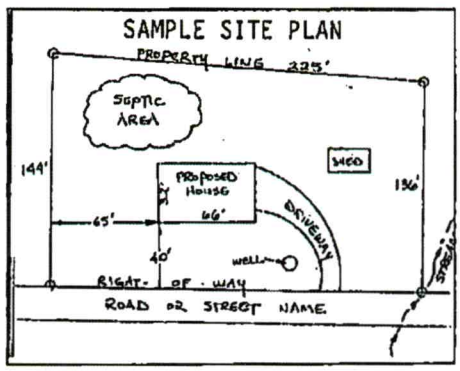
Applicant

5-23-22

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:

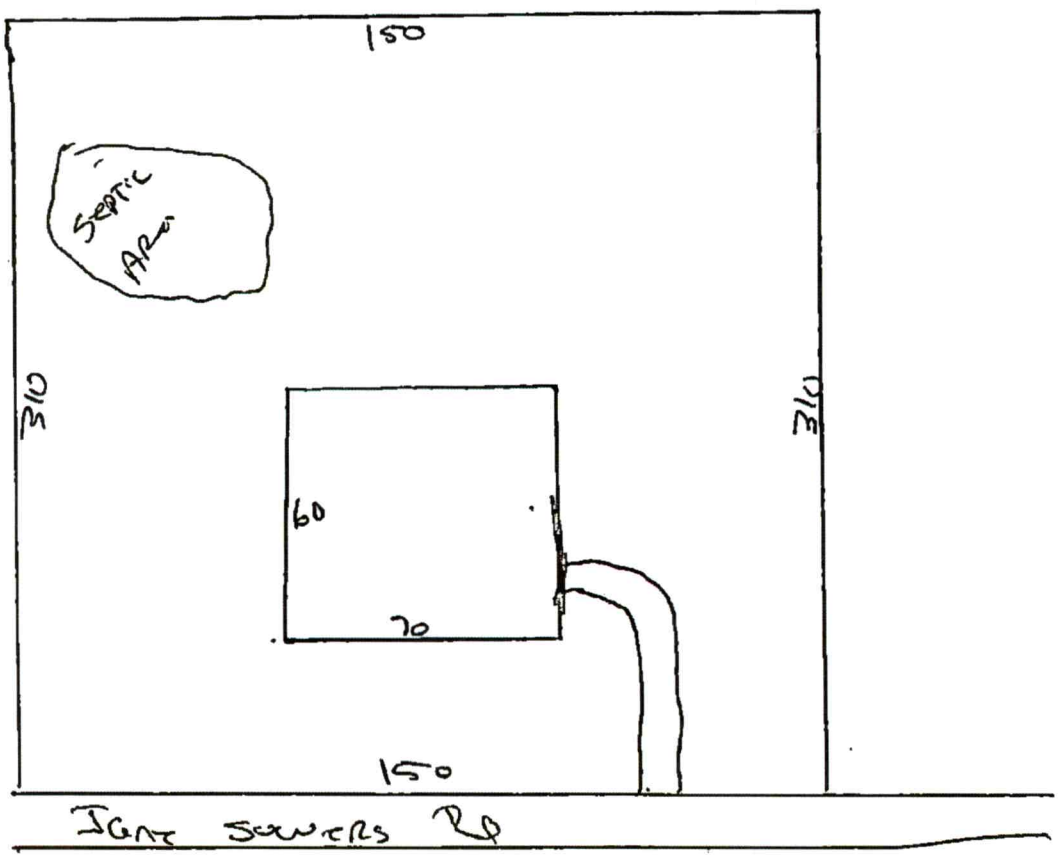
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: M O B
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-26-23
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*) _____

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.

_____ 4-26-22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

____ **Complete all Environmental Health forms:**

- ____ Application
- ____ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ____ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature MD Beam **Date** 4.26.22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328332 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756246297.000	476 JANE SOWERS RD	Iredell County

Owner Information	Applicant Information
Name: BOWMAN MICHAEL T+SHELLEY C	Name: BOWMAN MICHAEL T+SHELLEY C
Address: 122 GREEN MEADOW LN	Address: 122 GREEN MEADOW LN
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone: (704)902-1128	Phone: (704)902-1128

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD need disclaimer/pg 2 with distances

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: 05/03/2022

Signature of Owner/Contractor

Permit Number	328332	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
No

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2100

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell Water

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Michael Bowman Phone # 704-902-1128

Owner's Current Address 122 Green Meadow Lane Statesville NC 28625

Property Information

Property Address 476 Jane Sowers Rd Parcel # 4756246297

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company S/A Applicant's Phone #_____

Applicant's Address_____

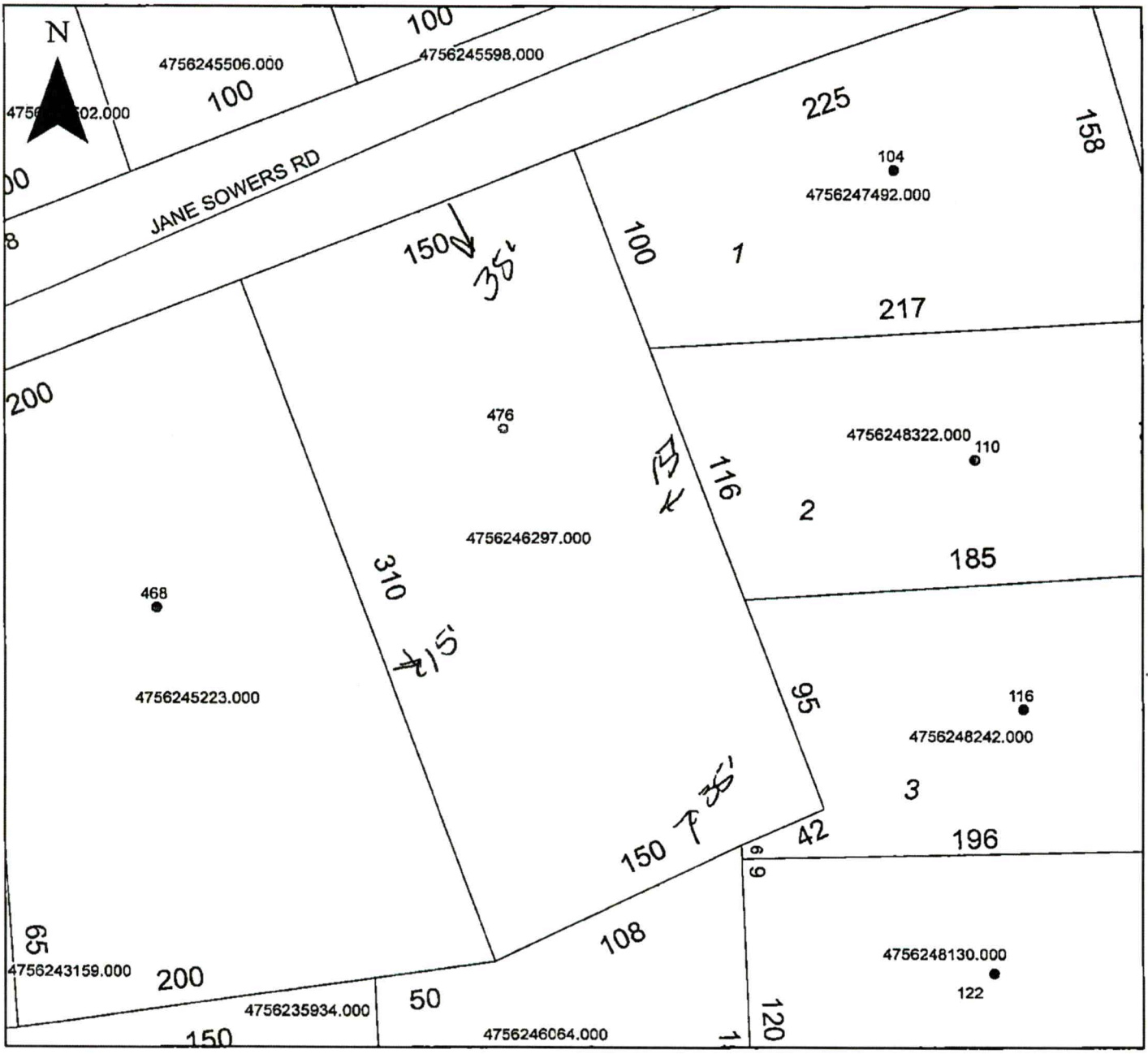
If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Michael Bowman DATE 4-26-22

1.07 R20 N

ZONING DISCLAIMER



Property Address 476 Jane Sowers

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

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB21526

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-328332 Address: 476 JANE SOWERS RD	**APN: 4756246297.000**		**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB21526			**$577.25**

Date Paid: Saturday, June 04, 2022

Paid By: MICHAEL BOWMAN

Cashier: EPRS

Pay Method: CREDIT 08576D

Payments | Iredell County

Thank you for your payment

Allow 48 hours for funds to be withdrawn from your account.

An email confirmation was sent to mbowman1@roadrunner.com.

Iredell County

200 S Center St.

704-878-3000

https://www.iredellcountync.gov/

Transaction details

Date: October 13, 2022 12:02 PM EDT

Permit: AP-328332 | Invoice: INV-00003458	$700.00
Subtotal	$700.00
Processing fee	$22.75
Total	**$722.75**

Payment information

Michael T Bowman

Visa ending in 7476

Confirmation number: 99TY4P9F6H

Transaction type: Purchase

Return to Iredell County, NC