ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-305540

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

PIN # 4756441596

APPLICANT/OWNER: MAIN STREET HOMES / ELJ REVOCABLE TRUST APPLICANT ADDRESS: P.O. BOX 5711, STATESVILLE, N.C. 28687

SITE ADDRESS: 118 WEST MEADOWVIEW DRIVE, STATESVILLE, N.C. 28625 PHONE: 704-818-6111 ALT. PHONE 704-929-0363

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, (R) ON EAST MEADOWVIEW, (R) ON WEST MEADOWVIEW, LOT ON (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: MEADOW VIEW ESTATES SECTION: M1 LOT # 43 LOT AREA: 0.5 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

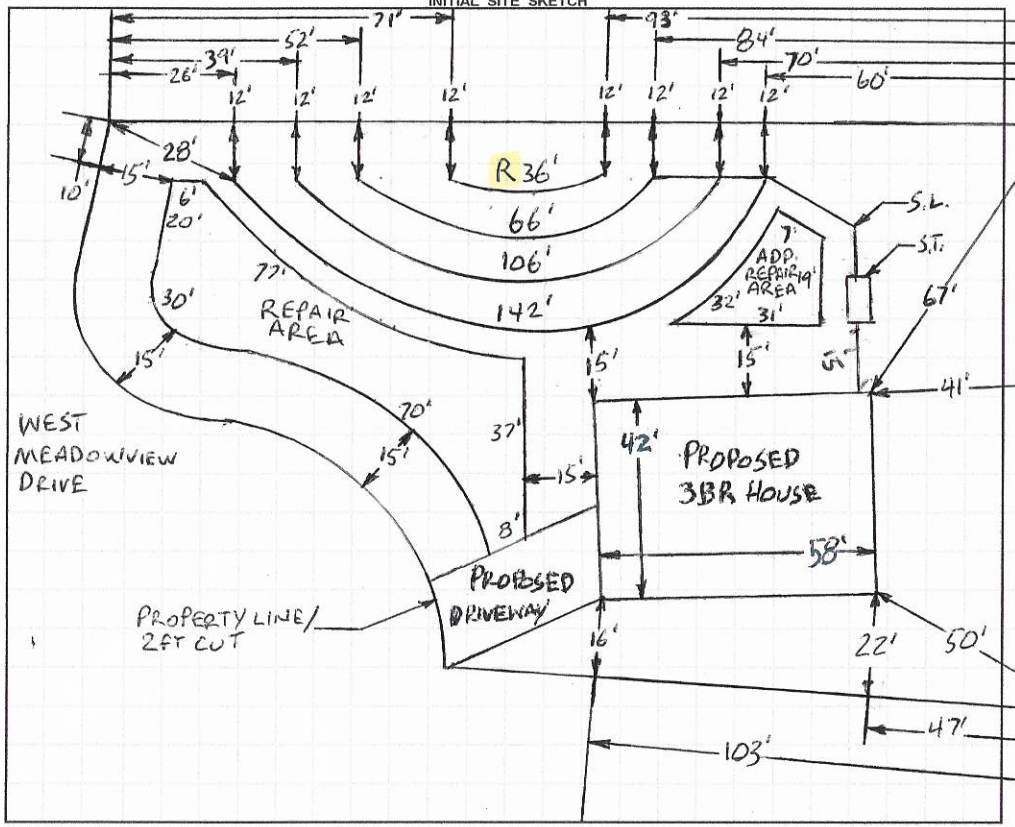
Septic Tank	1000	(gal)	STB 1012	Date	5-1-21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUTION / EXEMPT			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft	300FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36IN	Trench Bottom Depth(Low side)	35 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: PROPERTY RECORDED 1972, DONOT EXCEED A MAX TRENCH DEPTH of 36IN, INSTALL ON CONTOUR INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION

SLOPE of LOT IS 2%, MAKING SLOPE CORRECTION NEGLEGABLE, DRAINFIELD IS UPSLOPE OF HOUSE INSTALL TANK AND LINES TO ENSURE GRAVITY FALL WITHOUT EXCEEDING MAX TRENCH DEPTH.

INITIAL SITE SKETCH



AS BUILT SKETCH

1IN = 40FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
R = REPAIR
ADD. = ADDITIONAL

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: 4-7-2020 Installed by: (Steve Sunday) Piedmont Backhoe

IMPROVEMENT PERMIT by: Bradley C. White Date: 3-31-2020 OPERATION PERMIT by: [signature] Date: 8-24-2021

AUTHORIZATION TO CONSTRUCT by: Bradley C. White Date: 3-31-2020 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 #: 4756441596
COUNTY: IREDELL

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

OWNER: EJ REVOCABLE TRUST
ADDRESS: PO, BOX 6603, STATESVILLE, NC. 28687
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 118 WEST MEADOWVIEW DRIVE, STATESVILLE, N.C. 28625
APPLICATION DATE 3-3-2020
DATE EVALUATED: 3-10-2020
PROPERTY SIZE: 0.5 AC
PROPERTY RECORDED: YES 1972
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	LINEAR SIDE 3%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .325
		7-23	CL, ABK	FR, S, P, SEXP					
		23-63	CL, WABK	FR, SSSP, SEXP					
2	LINEAR SIDE 2%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .3
		10-33	CL, ABK	FR, S, P, SEXP					
		33-63	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 4%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .3
		7-24	CL, ABK	FR, S, P, SEXP					
		24-63	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 2%	0-~~10~~	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .3
		~~10~~-28	CL, ABK	FR, S, P, SEXP					
		28-69	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

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

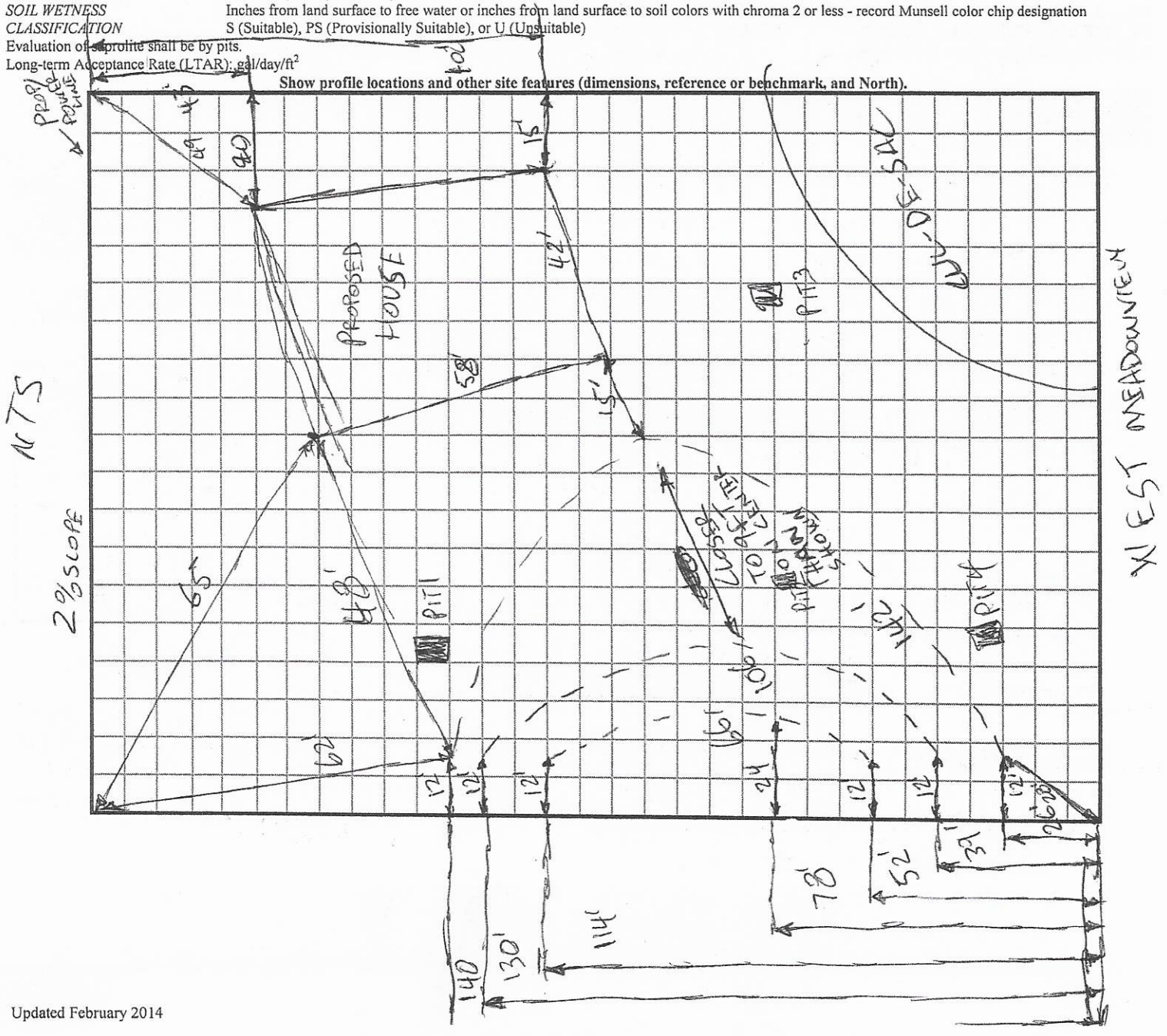
NOTES

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).



X

RECEIVED MAR 03 2020

X Call Steve to line up 704902 2991

AP-305540 $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: ( ) 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: Main Street Homes Address: PO Box 5711 Statesville, NC Zip: 28687

Applicant Email: mainstreethomesnc@outlook.com Phone: 704-818-6111 Alt. Phone: _____

Owner Name: ELS Revocable Trust Address: PO Box 6603 Statesville Zip: 28687

Owner Email: davidjones@CLR-Properties.com Phone: 704-929-0363 Alt. Phone: 704-872-0112

Property Information:

Street Address: 118 W. Meadowview Dr Statesville, NC 28625

Subdivision Name: Meadow View Estates Section/Phase: _____ Lot Number: 43

Driving Directions: Hwy 21 North, Rt onto Jane Sowers Rd, Rt onto Meadowview Dr 1ST Rt onto W. Meadowview Dr lot is on the right

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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 (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(3) No Preference (1) Alternative (2) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3-3-2020
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*)** _____

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, Elizabeth Lucas Jones Revocable Trust + FLJ Holdings, LP, am the legal owner(s) of the property located at 118 W. Meadowview Dr Statesville 28625, identified as PIN (Parcel Identification Number) 4756 441596, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kevin Hope Main Street 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.

by David L Jones, Trustee + FLJ Group, LLC Manager
Elizabeth L Jones Revocable Trust + FLJ Holdings, LP
Signature of Owner(s)

2/14/2020
Date

Trustee Manager

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

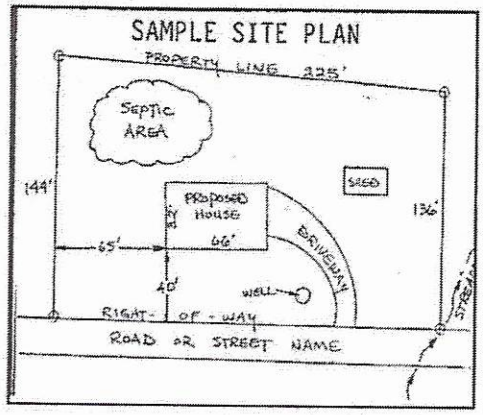
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

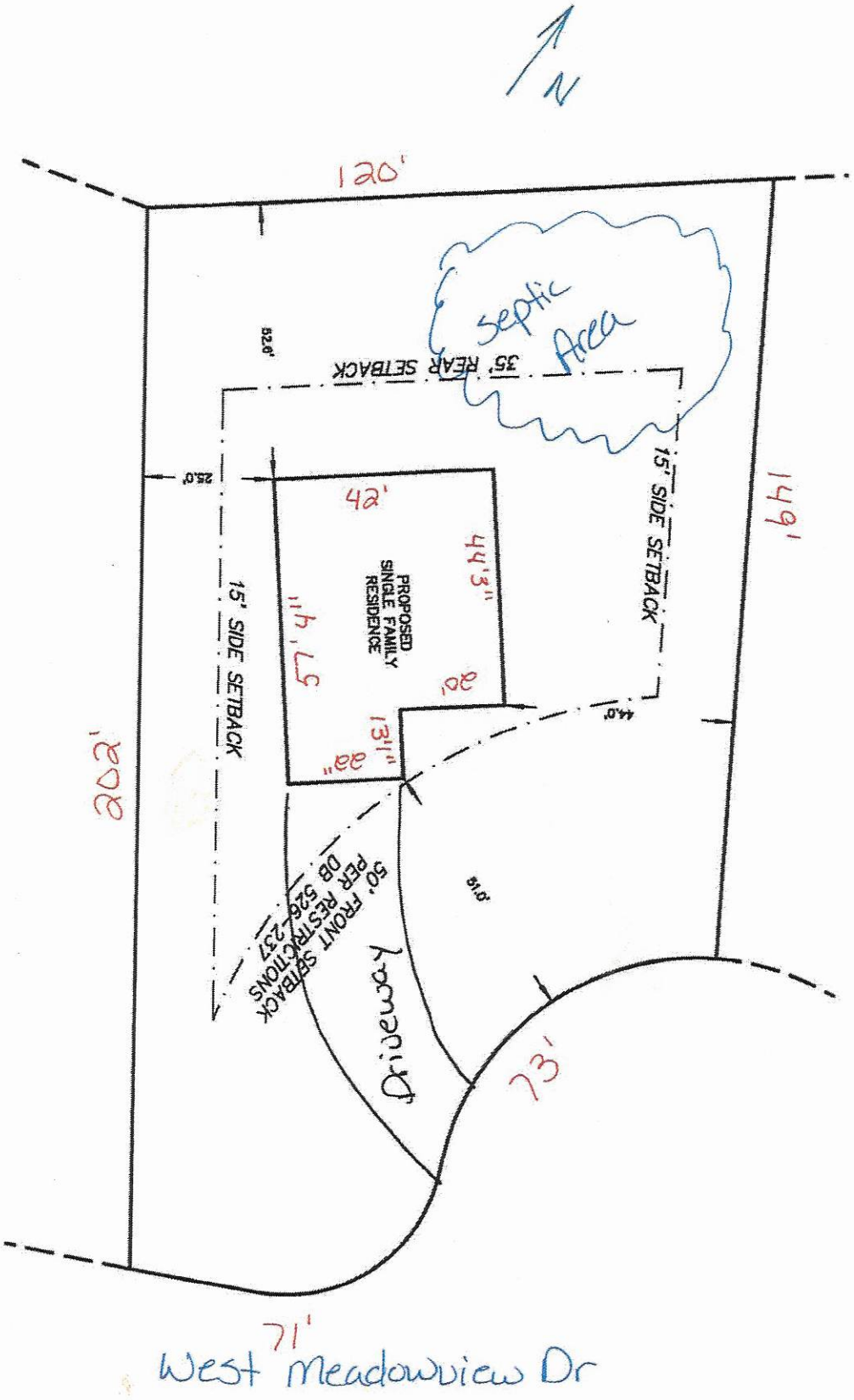
See Attached

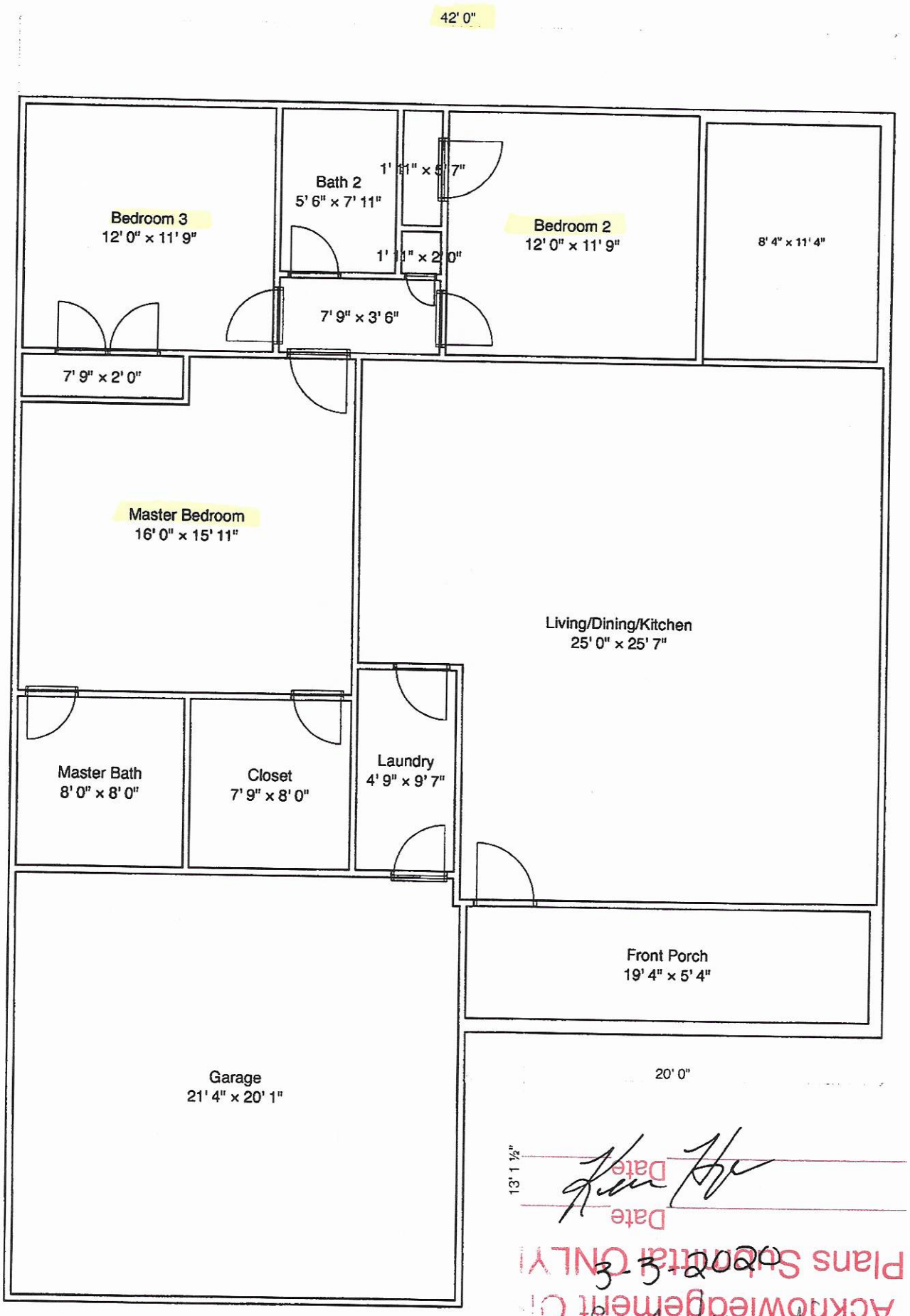
Signature: _____

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

3-3-2020

DATE


N
120'
septic area
35' REAR SETBACK
15' SIDE SETBACK
15' SIDE SETBACK
42'
44'3"
PROPOSED SINGLE FAMILY RESIDENCE
57'4"
30'
33'1"
202'
149'
50' FRONT SETBACK PER RESTRICTIONS DB 526-237
Driveway
73'
71'
West Meadowview Dr



Date

Date

3-3-2020

Acknowledgement C
Plans Submittal ONLY

3-31-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305540 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756441596.000	118 W MEADOWVIEW DR	Iredell County

Owner Information	Applicant Information
Name: JONES ELIZABETH J REVOC TR+ELJ HOLDINGS LP	Name: MAIN STREET HOMES
Address:	Address: 826 DAVIE AVE STATESVILLE, NC 28677
Phone:	Phone: (704)818-6111

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		

Remarks
SFD

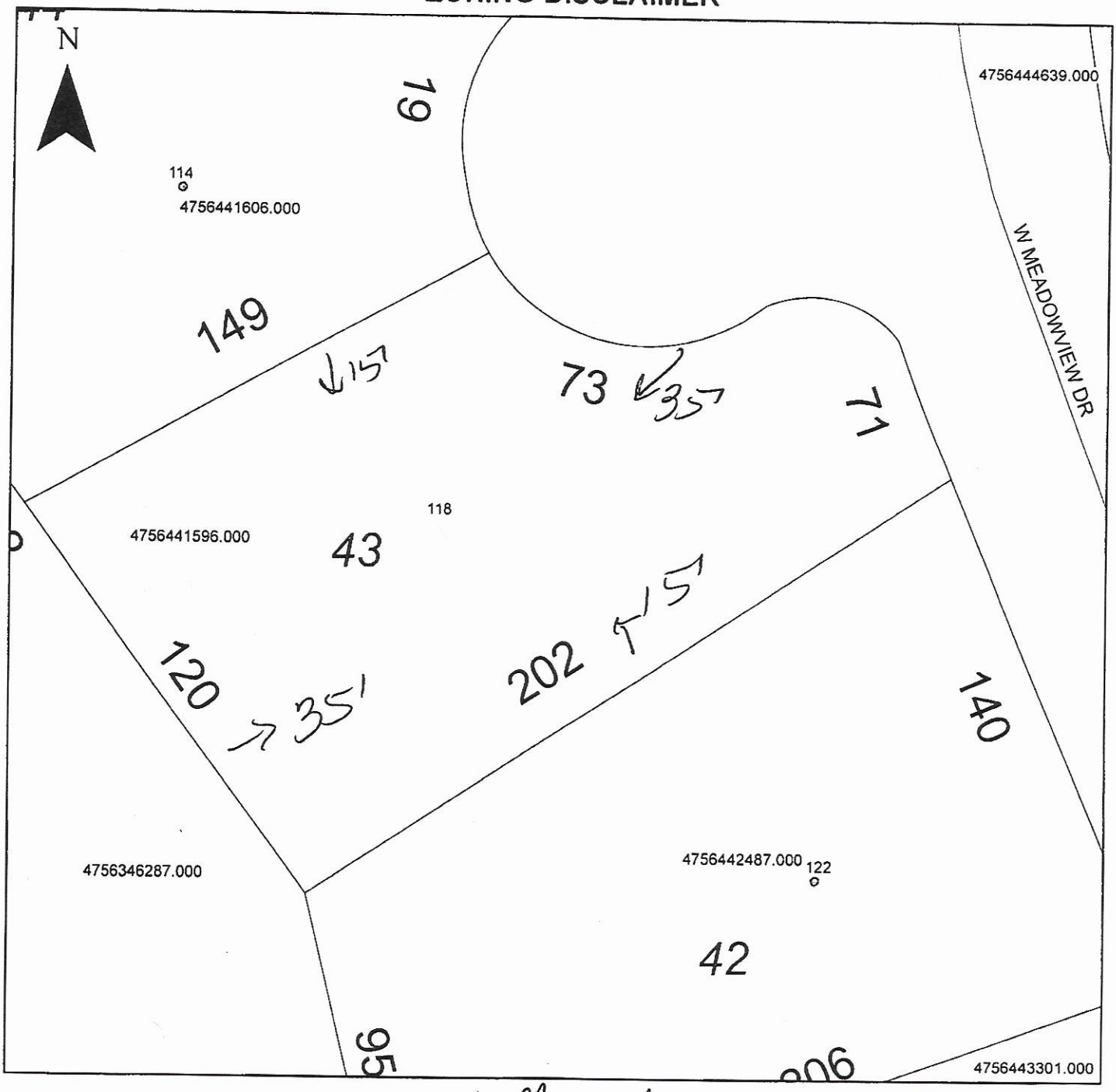
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 03/03/2020

Permit Number	305540	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 118 W Meadowview

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

3-3-2020
Date