ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-313170

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

PIN # 4756 -76 -0650

APPLICANT/OWNER: BRITTANY N. DAVIS APPLICANT ADDRESS: 114 MILLBRANCH LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 120 GREENFIELD DRIVE WEST, STATESVILLE, N.C. 28625 PHONE: 704-500-6591 ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, (R) ON TRACEY, (R) ON GREENFIELD, LOT ON (R) SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: GRANDVIEW ACRES SECTION: 1 LOT # 36 LOT AREA: 0.5 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

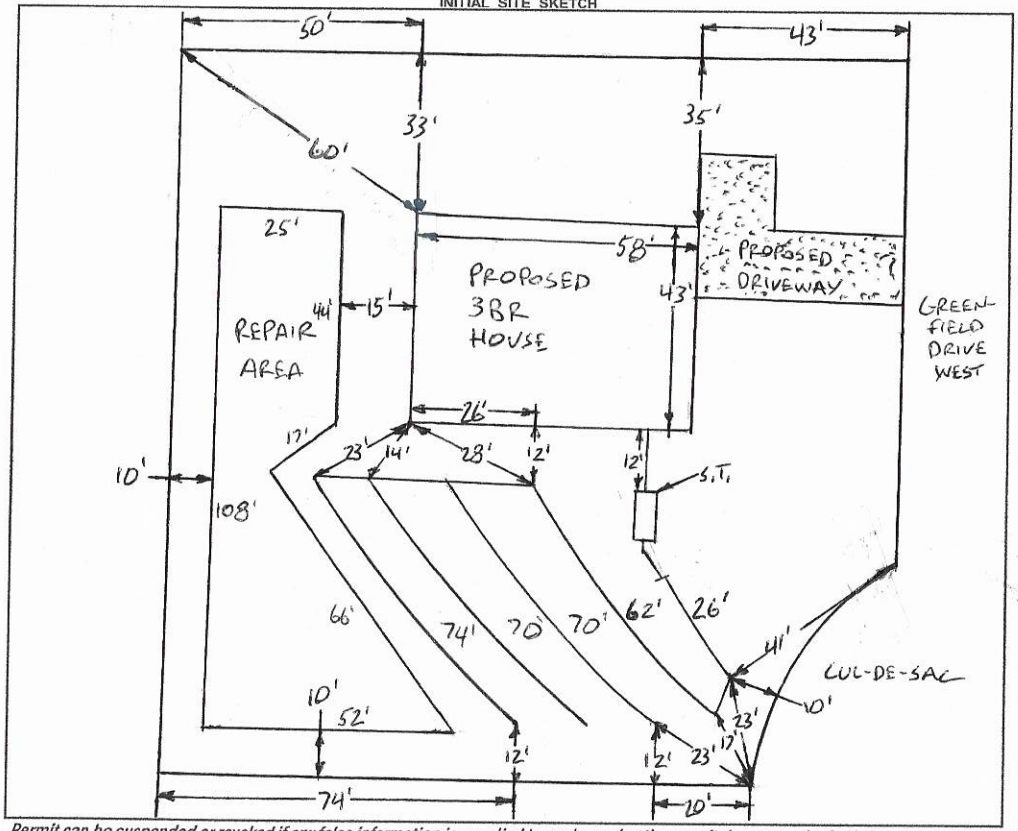
Septic Tank	1000	(gal)	STB 1600	Date	8/13/21	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% REDUCTION			[ ] Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION - PPBPS			[ ] Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft:	302FT	Maintenance Agreement Required:	[ ] YES	[x] NO		[ ] Slab	[x] Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		[x] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [ ] Private [x] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT BENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, MAINTAIN 100FT FROM ALL WELLS,

NO FOUNDATION DRAINAGE TO BE INSTALLED ON DRAINFIELD SIDE OF 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.

1 IN = 40 FT
S.T. = SEPTIC TANK

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Brittany N Davis Date: 2-19-2021 Installed by: (Sid Gaston) Water Management

IMPROVEMENT PERMIT by: Bryant C. Cubia Date: 2-18-2021 OPERATION PERMIT by: Cory Wirth Date: 10/5/21

AUTHORIZATION TO CONSTRUCT by: Bryant C. Cubia Date: 2-18-2021 Existing System Inspected by: Date:

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

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

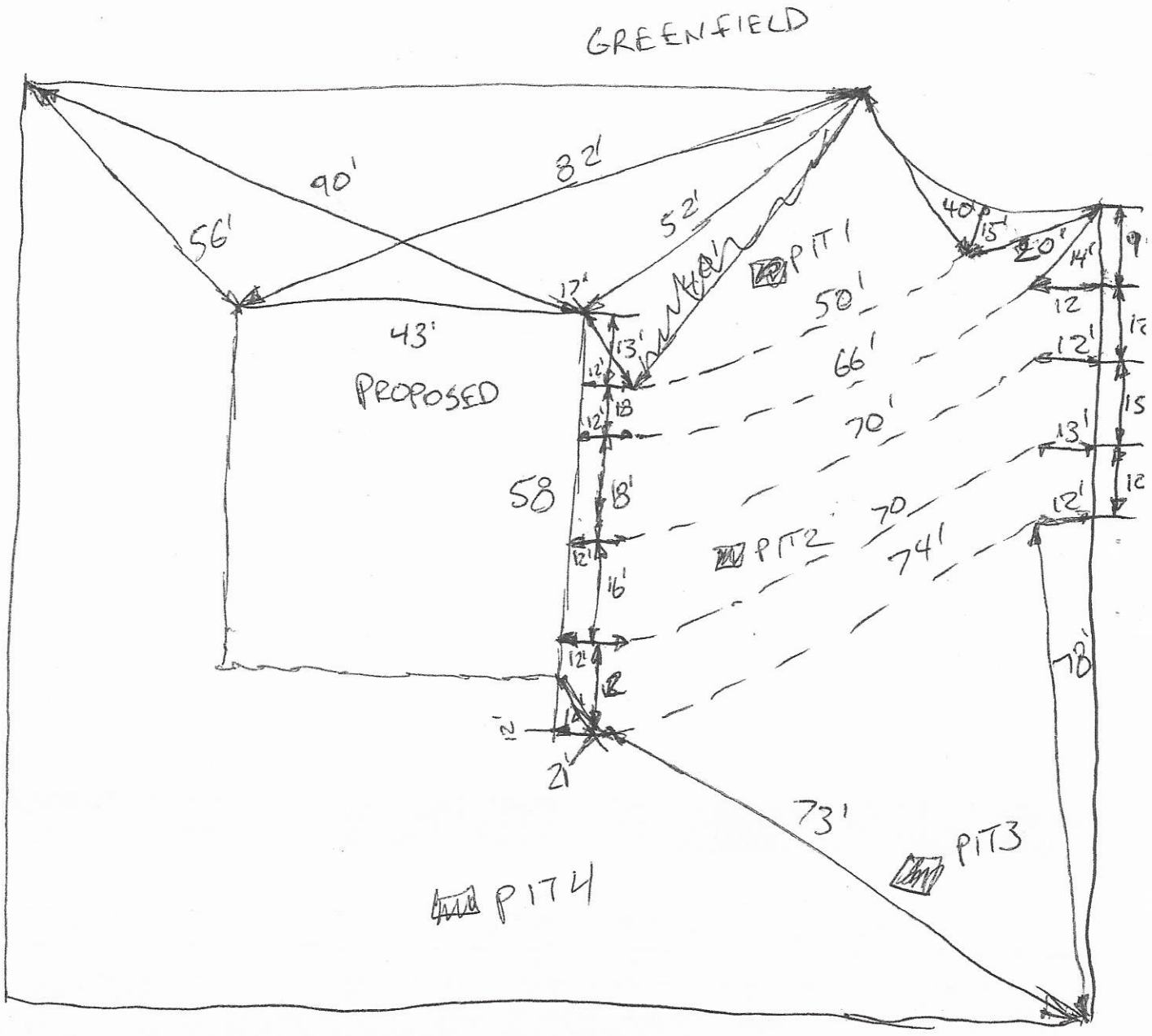
PROPERTY ID #: 4756-76-0650
DATE OF EVALUATION: 1-21-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 5%	0-8	FILL	FILL	SAP INC THRU OUT MICA COMMON	53"+	NA	NA	PS .325
		8-28	L, ABK	fi-fr, S, P, SEXP					
		28-53	CL, WSBK	fr, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-6	FILL	FILL	SAP INC THRU OUT MICA COMMON	44"	PS II L	NA	PS .35
		6-22	C, ABK	fi-fr, S, P, SEXP					
		22-44	CL, WSBK	fr, SS, SP, SEXP					
		44-54	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE 5% FOOT	0-7	FILL	FILL	SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3
		7-12	SCL, ABK	fr, SS, SP, SEXP					
		12-30	CL, ABK	fi-fr, SS, P, SEXP					
		30-52	CL, WSBK	fr, SS, SP, SEXP					
4	LINEAR SIDE 5% FOOT	0-8	FILL	FILL	SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3
		8-32	L, ABK	fi, S, P, SEXP					
		32-52	CL, WBBK	fr, SS, SP, SEXP					

COMMENTS:

NTS

7% SLOPE


GREENFIELD
90'
82'
56'
52'
43'
PROPOSED
58
PIT 1
PIT 2
PIT 3
PIT 4
50'
66'
70'
74'
73'
78'
21'
40'
20'
17'
13'
18'
16'
15'
14'
12'

RECEIVED DEC 08 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-313170 $500.00

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: Brittany N Davis Address: _____ Zip: _____
Applicant Email: bndavis.apm@gmail.com Phone: 7045006591 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 120 Greenfield Drive Statesville, NC 28625
Subdivision Name: Grandview Acres Section/Phase: Sec 1 Lot Number: 36
Driving Directions: _____

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: ____

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: Brittany N Davis 11/20/20
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*) Brittany Davis

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, Brittany Nichole Davis, am the legal owner(s) of the property located at 120 Greenfield Drive, identified as PIN (Parcel Identification Number) 4756760650, 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.

Brittany Davis
Signature of Owner(s)

11/20/20
Date

Mooresville - Environmental Health

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

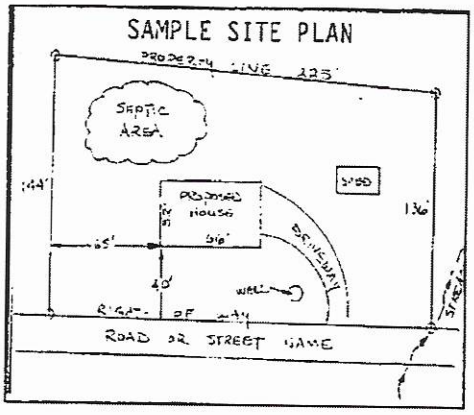
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



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

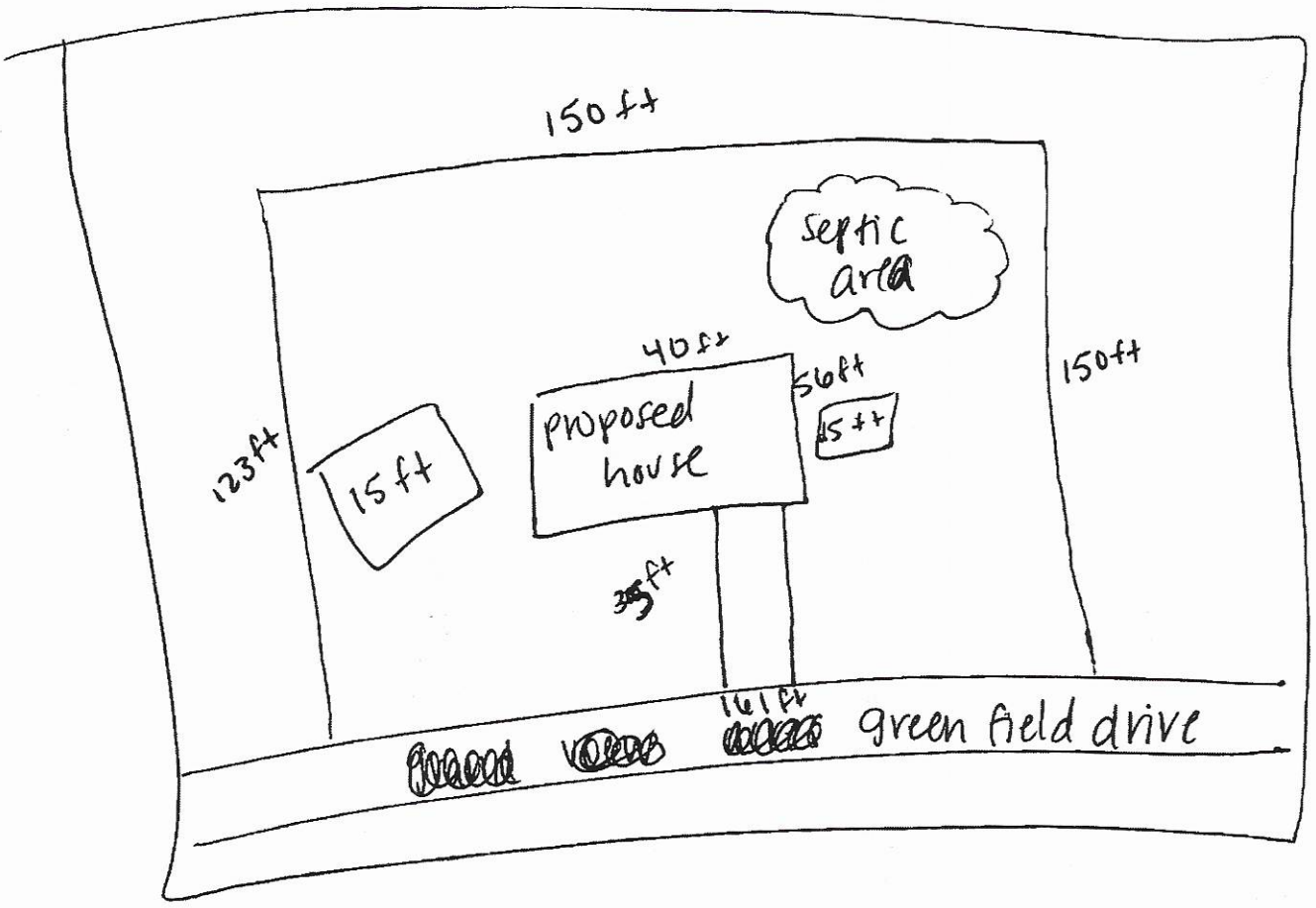
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

11/20/20
DATE

TrueHomes

IT'S ALL ABOUT U

Acknowledgement Of Plans Submittal ONLY!

[illegible] Date 2-19-21

Buyer Co-Buyer Date 2-18-2021



FIRST FLOOR

SECOND FLOOR

True Homes, LLC reserves the right to change or amend plans and specification without prior notice. Specifications may vary per plan. All dimensions are approximate and are rounded down to the nearest 3".

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313170 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756760650.000	120 GREENFIELD DR W	Iredell County

Owner Information	Applicant Information
Name: DAVIS BRITTANY N Address: , Phone:	Name: DAVIS BRITTANY N Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.5	35	35	15	15	N/A	NO

Remarks
SFD

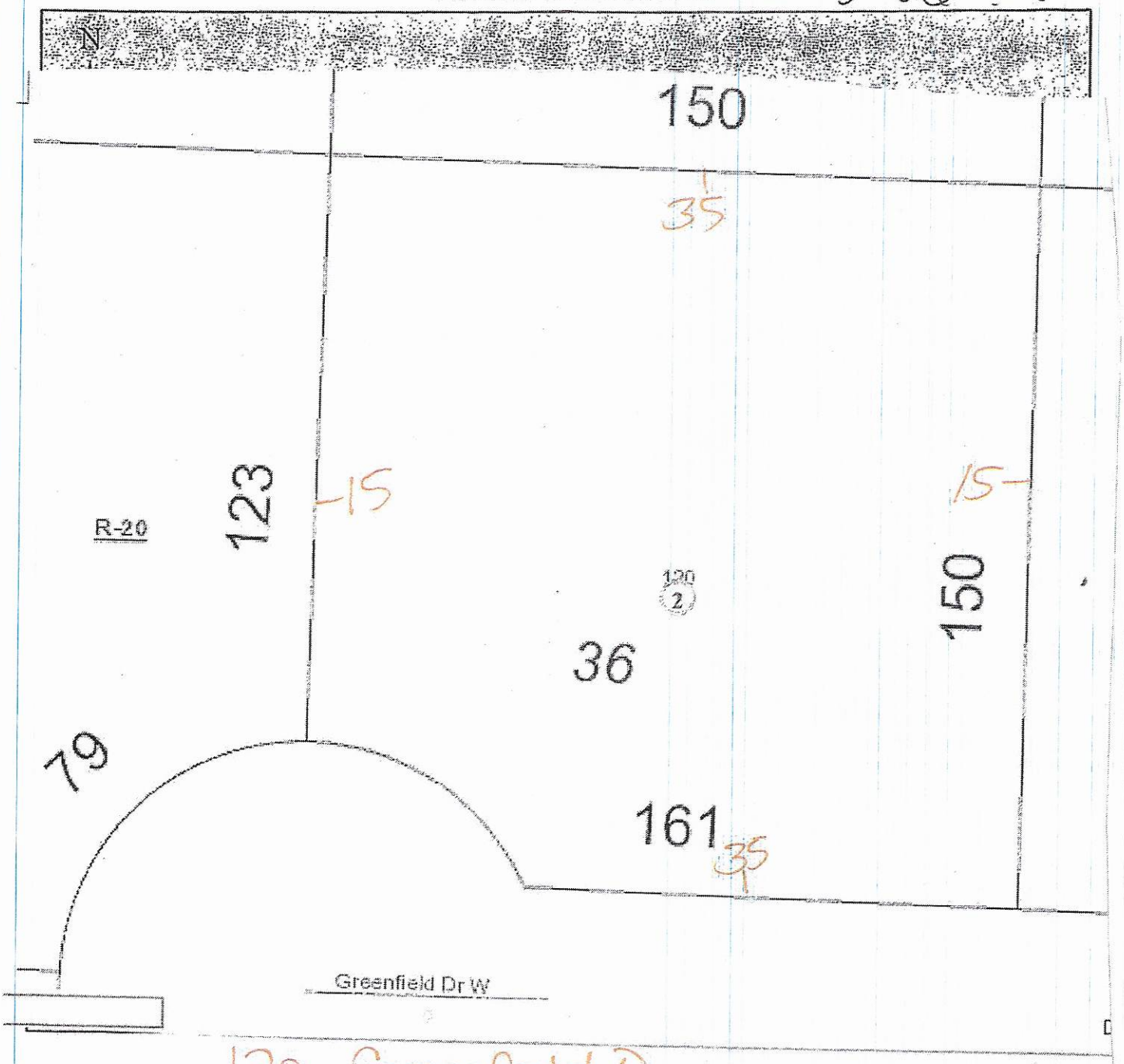
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 12/07/2020

Permit Number	313170	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 120 Greenfield 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

12/7/20
Date