IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 235060

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

PIN # 4756785973

APPLICANT/OWNER: Kevin Hope APPLICANT ADDRESS: 826 Davie Ave. Statesville, NC 28677

SITE ADDRESS: 411 Baymount Dr Statesville, NC PHONE: 704 818-6111 ALT. PHONE

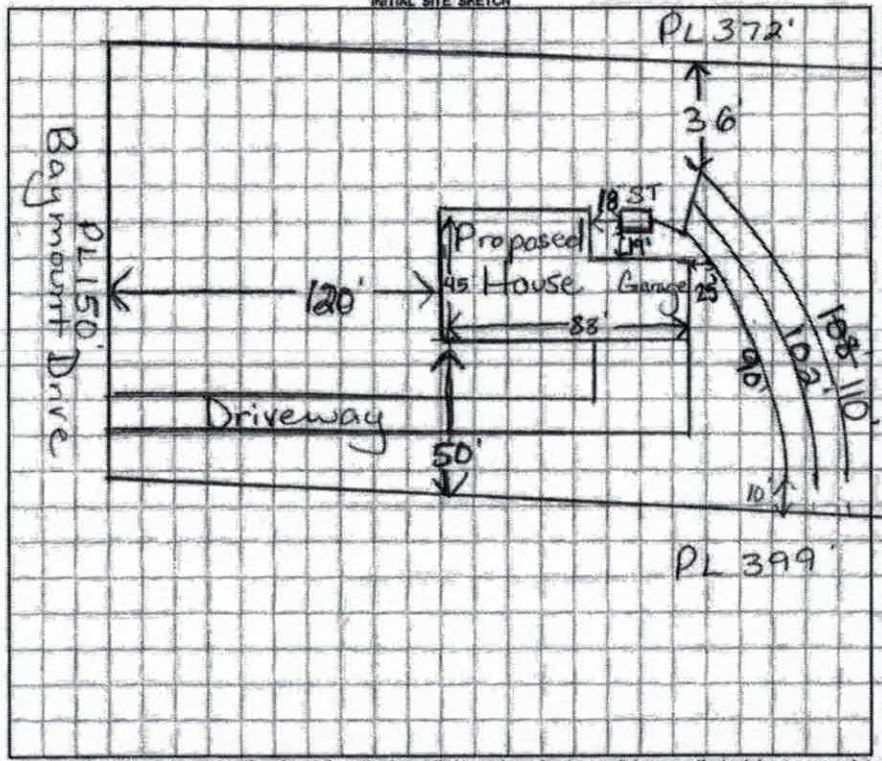
SITE DIRECTIONS: Hwy 21 KW TR Jane Sowers TL Country Dr TL Baymount Dr on Rt SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Baymount SECTION: LOT # 31 LOT AREA: 1.32 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

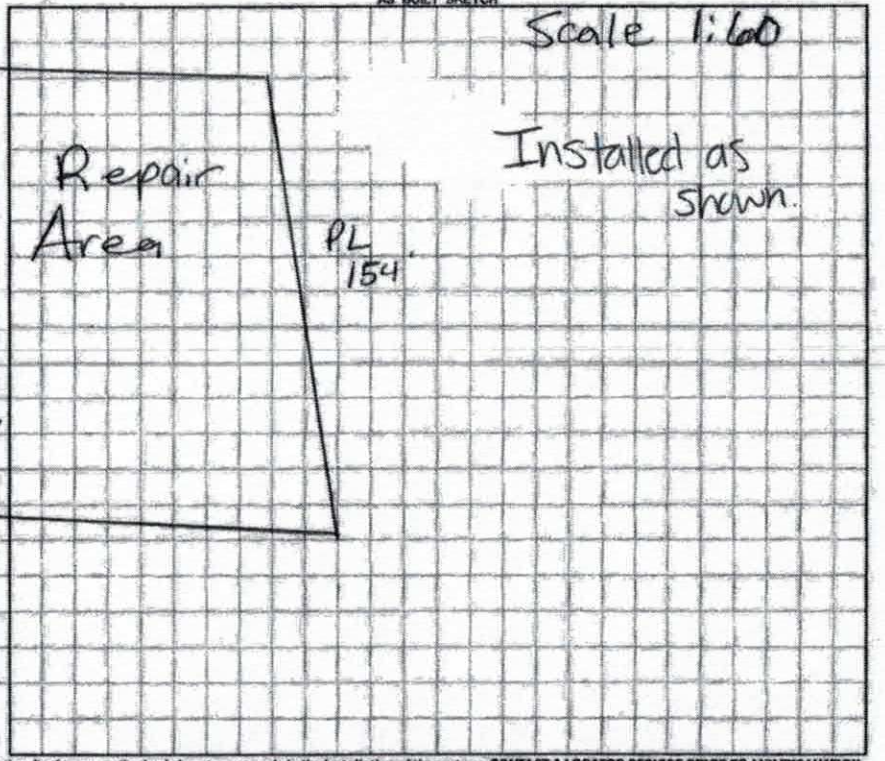
Septic Tank	1000 (gal)	STB 1012	Date 9-29-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make		Model	Serial #	Repair System Description: Gravity - 25% Red.				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36" max	Trench Bottom Depth (Low side)	25"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Divert surface/Storm water Away from Septic

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: Kevin Hope Date: 7-16-18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria D Hoon Date: 7/16/18 OPERATION PERMIT by: Kayla Wilson Date: 12-27-18

AUTHORIZATION TO CONSTRUCT by: Maria D Hoon Date: 7/16/18 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 inspector to confirm your inspection time.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 9156185921
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Applicant

APPLICATION DATE: 4/23/18
OWNER: Kevin Hope
ADDRESS: 826 Davies Ave Statesville, NC
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: 5/10/18
PROPERTY SIZE: 1.33 Ac
PROPERTY RECORDED: N
LOCATION OF SITE: 411 Baymount Dr. Statesville
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	4%	0-7	Brw	SCL SS,	SP, SE Exp, FR				PS
		7-37	R Cm-w SBK		SS, SP, SE Exp, FR				.3 < 40
		37-62	R C L W SBK/ABK		SS, SP, SE Exp, FR				.25 > 40
			few Yel/brw mottles			> 40"			
2	40%	0-9	Brw	SCL SS,	SP, SE Exp, FR				PS
		9-39	R Cm-w SBK		SS, SP, SE Exp, FR				.3 < 39"
		39-52	R C L W SBK/ABK		SS, SP, SE Exp, FR				.25 > 40
			W/ Few Yel/Brw Mottles			> 39"			
			Water in very bottom of Pit						
3	5%	0-8	Brw	SCL SS	SP, SE Exp, FR				PS
		8-42	R Cm-w SBK		SS, SP, SE Exp, FR				
		42-56	R C L W SBK		SS, SP, SE Exp, FR				3
4	5%	0-10	Brw SCL	SS, SP,	SE Exp,			FR	PS
		10-36	R Cm-w SBK		SS, SP, SE Exp,			FR	
		36-62	R C L W SBK		SS, SP, SE Exp,			FR	.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3 < 39"	.3 < 39"

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

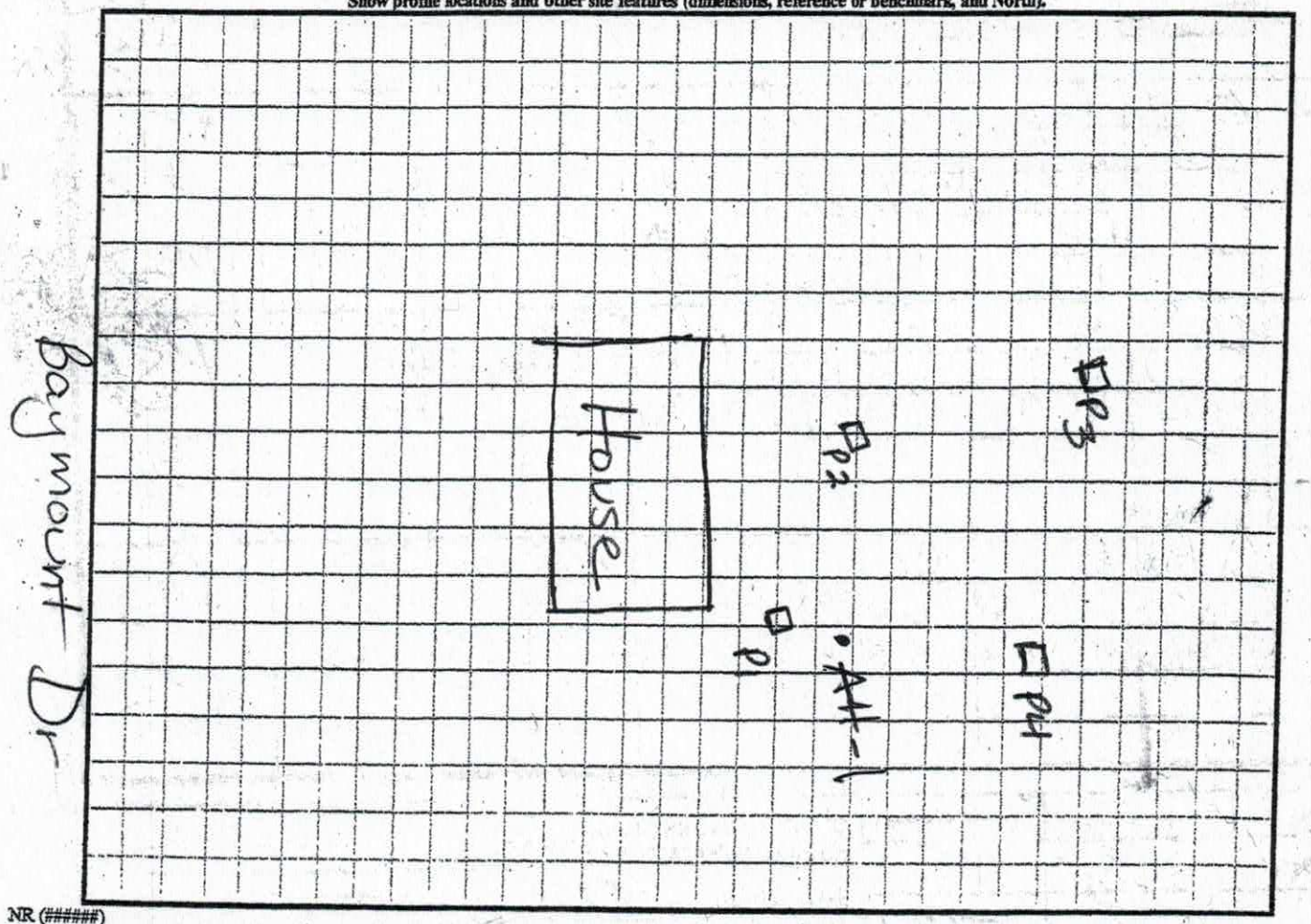
NOTES

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).



NR (######)
view (#####)

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4756859
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Applicant

OWNER: Kevin Hope
ADDRESS: 826 Davie Ave Statesville
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 411 Baymount Dr Statesville, NC

APPLICATION DATE 4/23/18
DATE EVALUATED: 7/9/18
PROPERTY SIZE: 1.32 Ac
PROPERTY RECORDED: Y

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	AH 4%	0-7	Brw SCL						PS .3
		7-38	RCm-w SBK SS,	SP, SEXP, FR					
		38-48	RCL w SBK SS,	SP, SEXP, FR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3 L 39%	.3 L 39%

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Kevin Hope (Applicant Name)	826 Davie Ave 28677 (Mailing Address)	___ (Home Phone #)	704-818-6111 (Alternate Phone #)
Alma Mauney (Owner Name)	2343 Flintwood Ln Charlotte, NC 28226 (Mailing Address)	___ (Home Phone #)	___ (Alternate Phone #)

4. **Property Information:**

411 412 Baymount Drive Statesville 28625 (Street Address) | Baymount (Subdivision Name) | Lot 31 (Section/Phase and Lot Number)

Driving Directions: Hwy 21 North, Right onto Jane Sowers, Left onto Country Dr, Left onto Baymount Dr, site on Right

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___ Square Footage of Building ___ Maximum Number of Employees ___ Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ (Year)

(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other ___

8. 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. industry) 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.

9. Signature: Kevin Hope — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-23-18 — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...

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

✓ Front and side setbacks from property line...

✓ Preferred driveway location and configuration, preferred well location...

✓ Area you prefer your septic system to be placed...

✓ North arrow, or other sufficient indicator of direction...

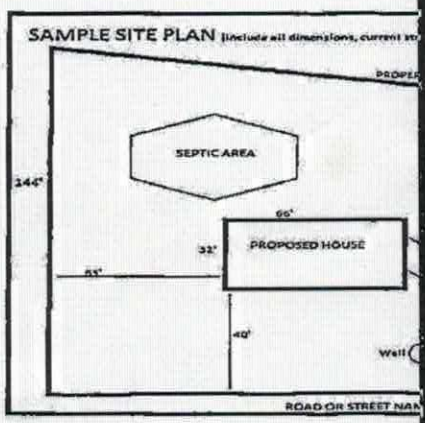
Circle N/A on the following if appropriate:

____ 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)

. N/A

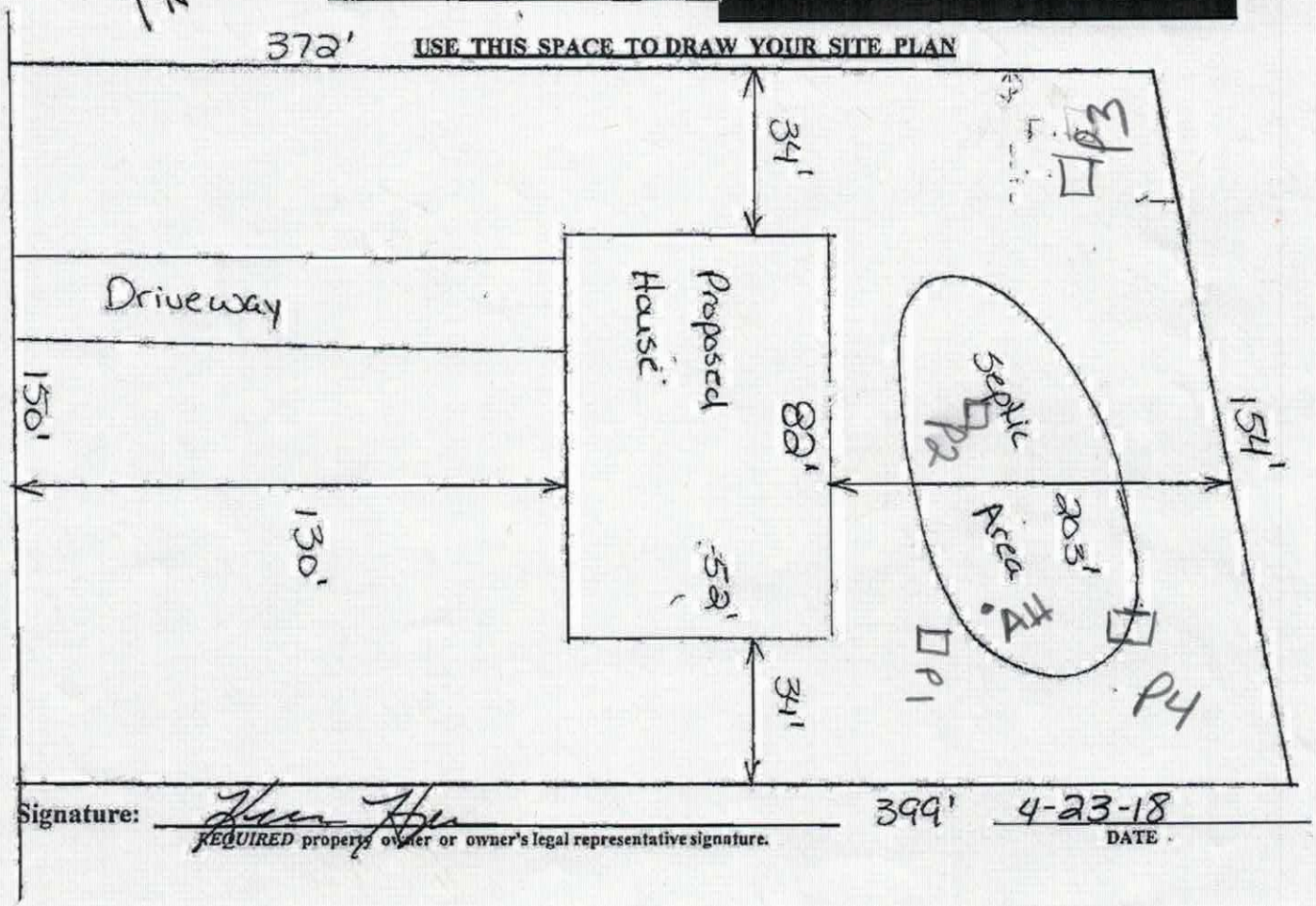
Please Call
Jared Lentz
to set up time
to dig pits.
704-902-4602



N

372'

USE THIS SPACE TO DRAW YOUR SITE PLAN

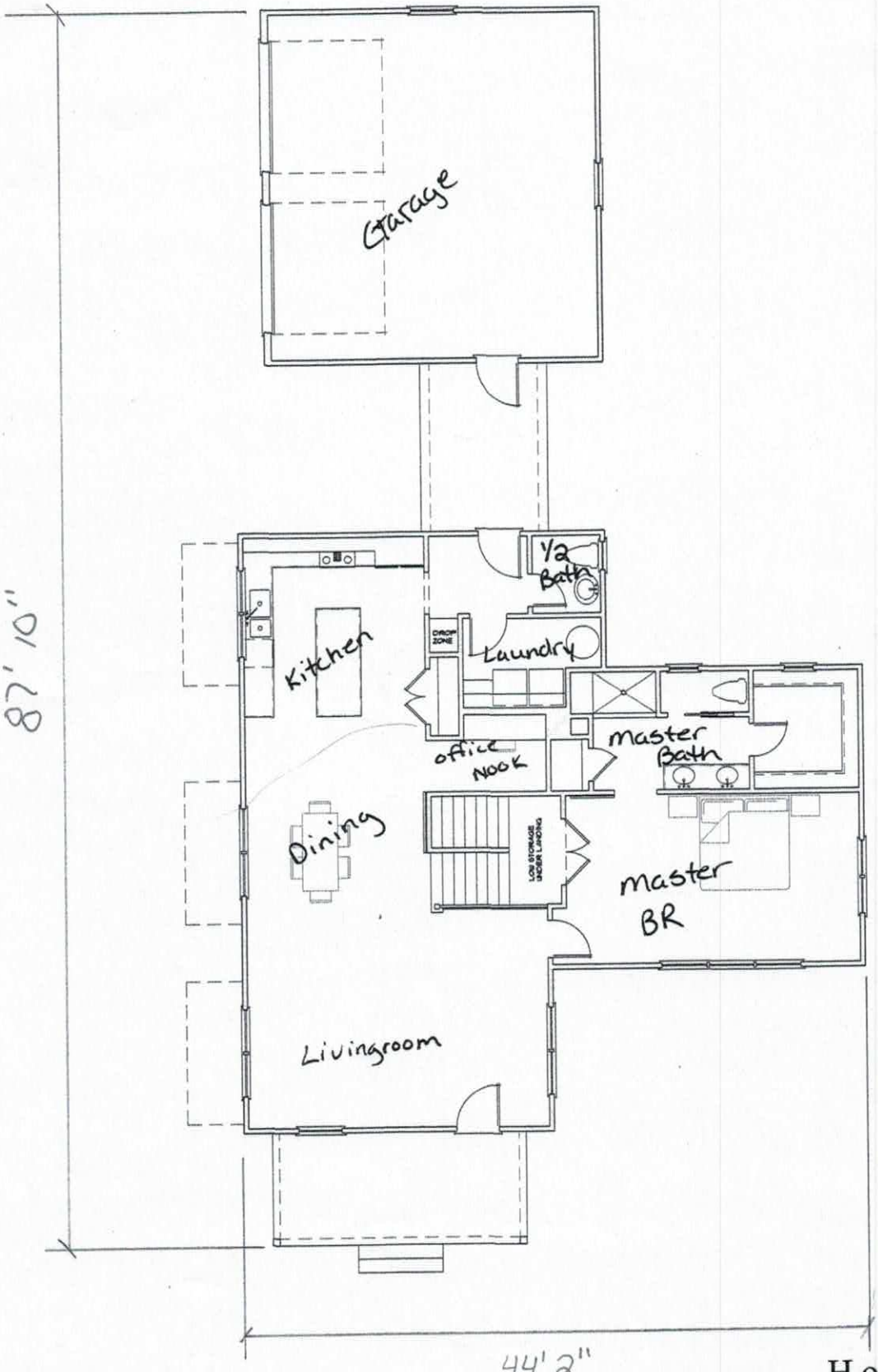


Signature: _____ 4-23-18

REQUIRED property owner or owner's legal representative signature. **DATE**

RECEIVED JUL 3 - 2018

411 Baymont Drive



Acknowledgement
Plans S
D. e
Dat

MAIN LEVEL FLOOR PLAN
SCALE: 1/4"=1'-0"

MAIN FLOOR NO

*ALL ANGLED WALLS ARE 45° U.N.O.

*ALL DOORS ARE 6" FROM WALL UN
DIMENSIONED OTHERWISE

*MAIN LEVEL CEILING HEIGHT IS 9'-
UNLESS NOTED OTHERWISE

SQUARE FOO

6/24/18

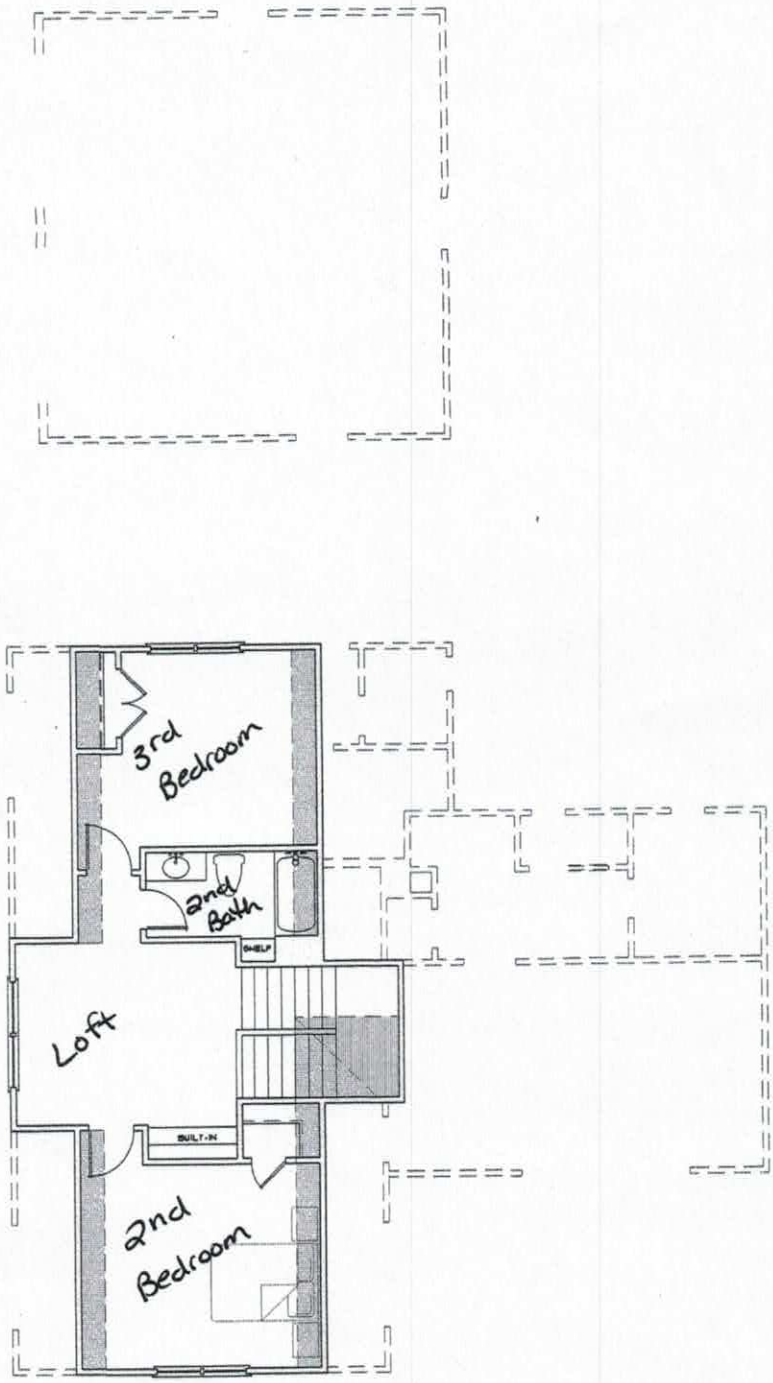
Main Level
Upper Level
Total Heated
Front Porch
Two Car Garage
Breezeway
Total Under Roof

*SQUARE FOOTAGE NUMBER DOES
FOR STAIRS

IMPORTANT NOTE ABOUT PLAN LIABILITY
THERE HAS BEEN REASONABLE CARE AND PROFE
EXECUTION OF THESE DOCUMENTS BUT NO GUAR
FLAWLESS JUDGEMENT. BUILDER & TRADES MUS
& DETAILS FOR ACCURACY AND ASSUMES COMPL
DISCREPANCIES SHOULD BE BROUGHT TO THE AT
CONSTRUCTION.

Hope Residence

Lot 31-Baymount Dr.
Statesville, N.C.



UPPER LEVEL FLOOR PLAN

SCALE: 1/4"=1'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
235060
Issue Date: 04/23/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4756785973.000	411 BAYMOUNT DRIVE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MAUNEY ALMA W	Applicant: HOPE KEVIN GILL+JANET
Address: 438	Address: 232 DAVIE AVE
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.320	35.00	35.00	15.00	15.00	NO	X

Remarks:

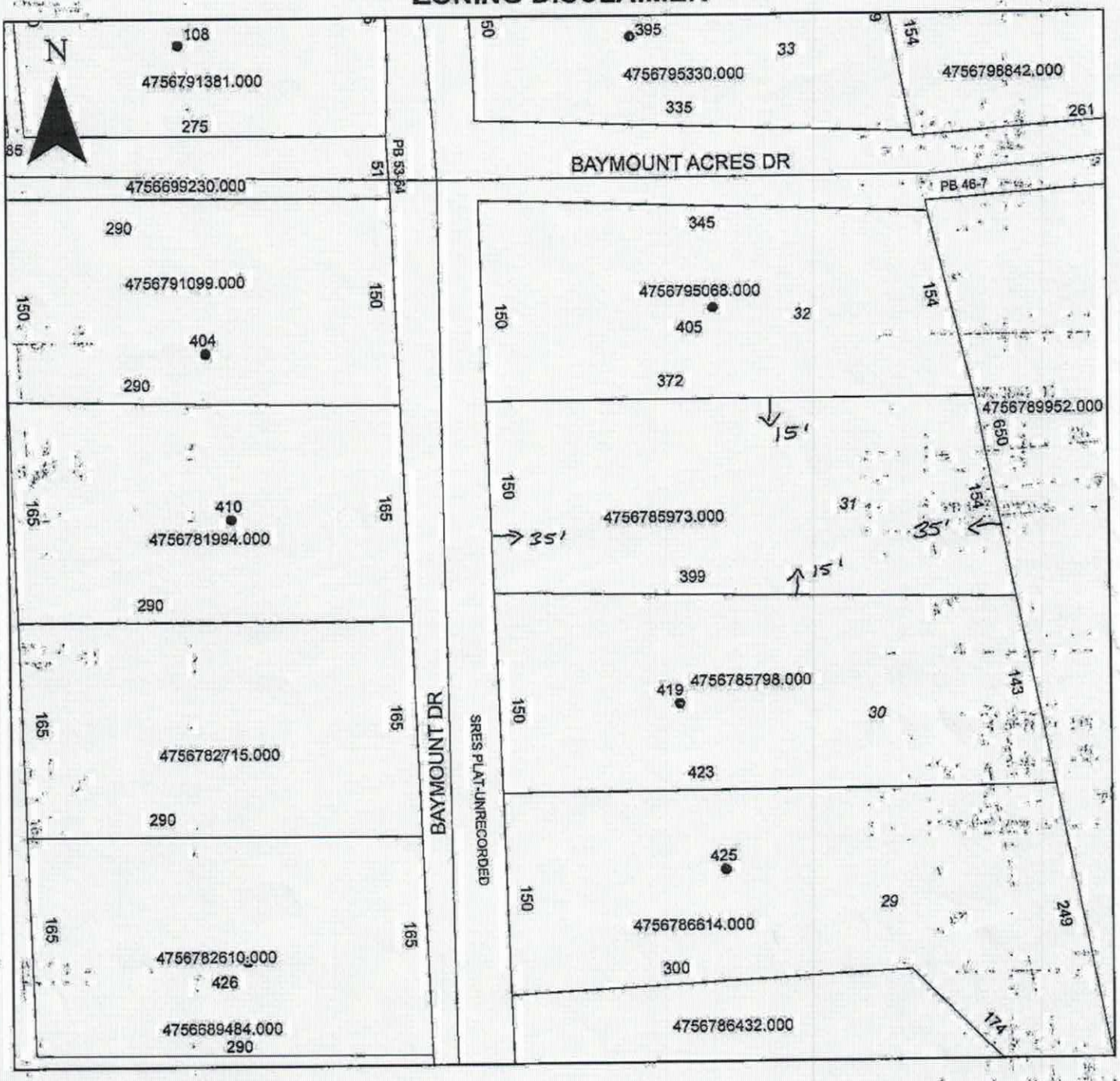
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: _____ Date: _____

Permit Number	136358	TOTAL FEES:	$ 77.25

235060

ZONING DISCLAIMER



Property Address 411 Baymount 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

4-23-18
Date