IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234658.

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

PIN # 4757478204.000.

APPLICANT/OWNER: Peter & Judith Athey APPLICANT ADDRESS: 154 Larkin Lane Statesville NC 28625.

SITE ADDRESS: 213 Maple Creek Drive Statesville NC 28625 PHONE: 704-924-9807 ALT. PHONE ~

SITE DIRECTIONS: RT 21 Turn @ Maple Creek SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Maple Creek SECTION: 1 LOT # 38 LOT AREA: 0.79 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .30 / .25 Rdn.

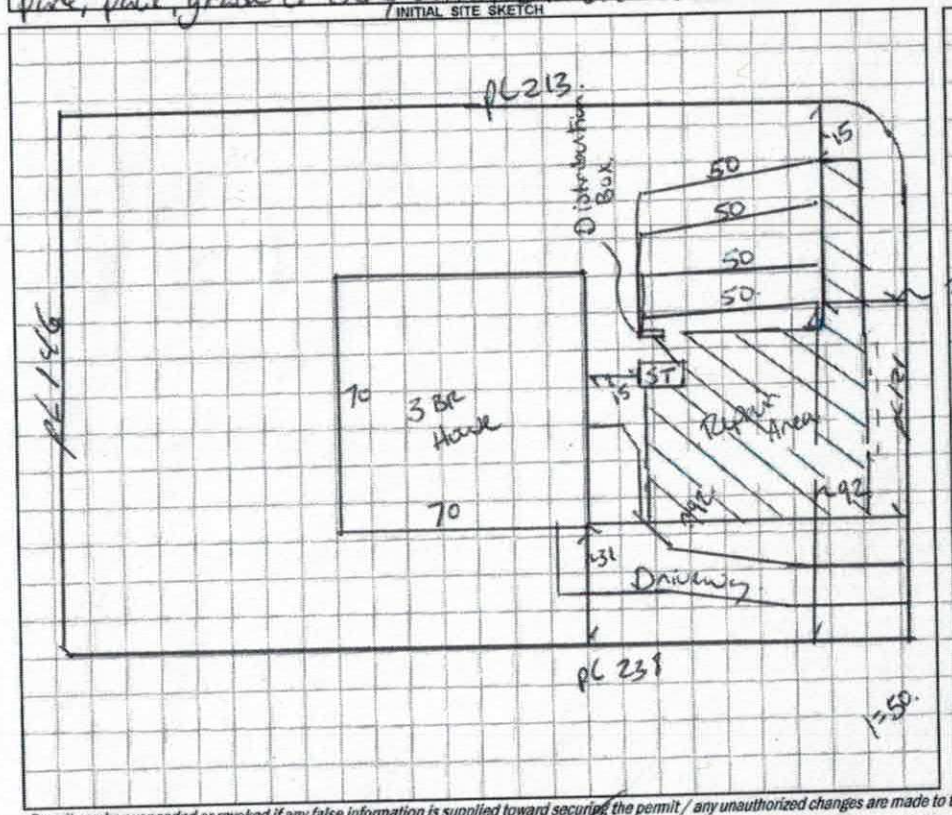
Septic Tank	1000 (gal)	STB	1012	Date	4-7-18	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	Gravity 40% Reduction
Pump Make	~	Model	~	Serial #	~	Repair System Description:	Pump 50% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36	Trench Bottom Depth(Low side)	32	Gravel Depth	~	☑ GRAVITY	☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing — No. Bedrooms 3 — No. Persons 6 — No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

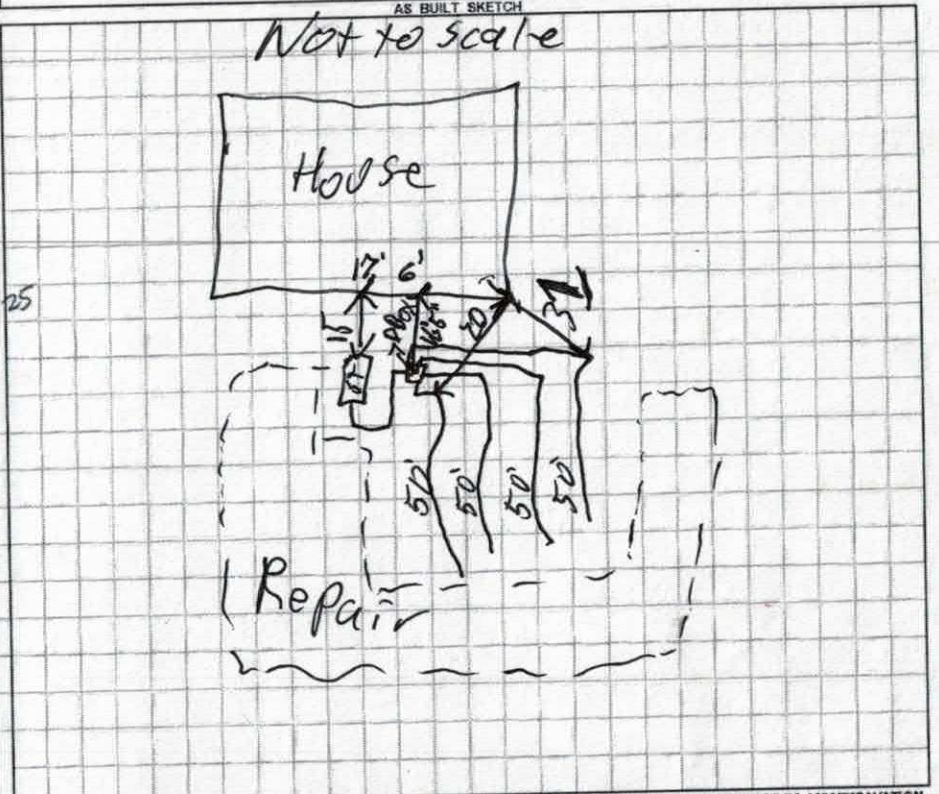
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the land and utilize Distribution Box to distribute effluent. Do not Drive, Park, Pave, grade or bury utilities in drainfield areas.

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: Judith A. Athey Date: 4/24/20 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin A. Bolling Date: 4/23/2018 OPERATION PERMIT by: Benjamin A. Bolling III Date: 05/17/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolling Date: 4/23/2018 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 #: 475747820
COUNTY: Iredell

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

OWNER: Athy
ADDRESS: 154 Lawrin Lee Suc.
PROPOSED FACILITY: 3BR Home PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 213 Mayh Creek.
APPLICATION DATE 4/16
DATE EVALUATED: 4/20
PROPERTY SIZE: .79 Acre
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10-12%	0-27	SC SBK	SSSP FR SEXP	2.5YR 4/6	48		Litho Mottles	PS .3
		27-48	CL WSBK	SSSP FR					
2	10-12%	0-10	SC SBK	SSSP FR SEP		48		Litho Mottles Mn Throughout	PS .25
		10-30	C SBK	SSSP FM					
		30-48	CL WSBK w/ Red Mottling	SSSP FR					
3	10-12%	0-3	Top Loam			48			PS .3
		3-26	C SBK	SSSP FR SEXP					
		26-48	CL WSBK	SSSP FR					
4	10-12%	0-29	C SBK	SSSP FR SEXP		48			PS .3
		29-48	CL WSBK	SSSP FR					

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

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

COMMENTS: Install bttm 32-36 min

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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)

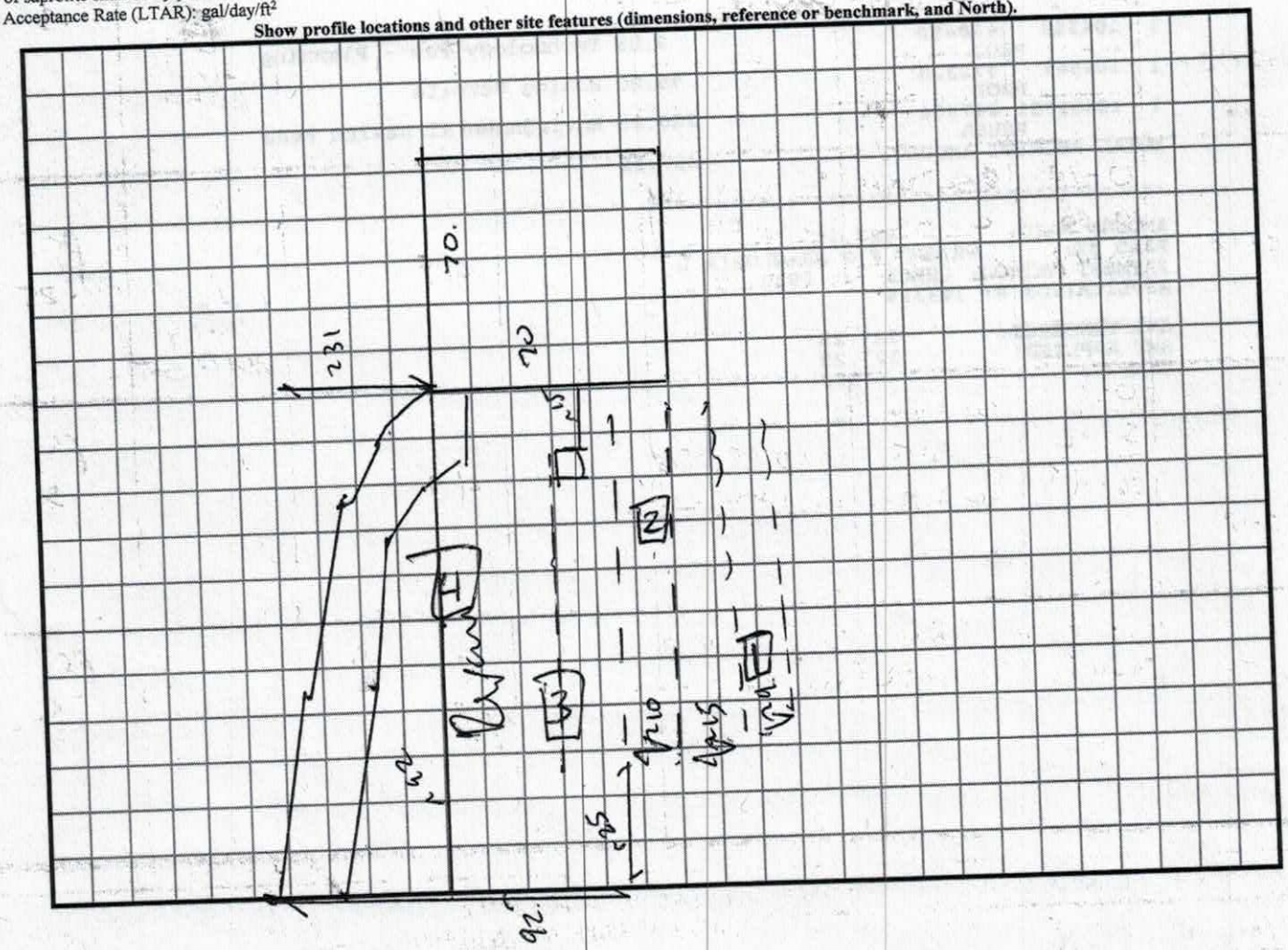
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: PETER + JUDITH ATHEY **Address:** 154 HALIKIN LANE **Zip:** 28625

Applicant Email: pete.judyjay@hotmail.com **Phone:** 704-924-9807 **Alt. Phone:**

Owner Name: **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 213 MAPLE CREEK DRIVE - STATESVILLE NC 28625

Subdivision Name: MAPLE CREEK **Section/Phase:** **Lot Number:** 38

Driving Directions: RT. 21 - TURN LT. AT MAPLE CREEK

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

Signature: Peter J. Athey Judith A. Athey 4-6-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ravencrest Dr.

Acknowledgement of Plans Submittal ONLY!

Date 4-6-18

Date 4-6-18

146

213

238

121

64

31'

72'

69'

170'

15'

House

Driveway

Proposed Septic Area

65'

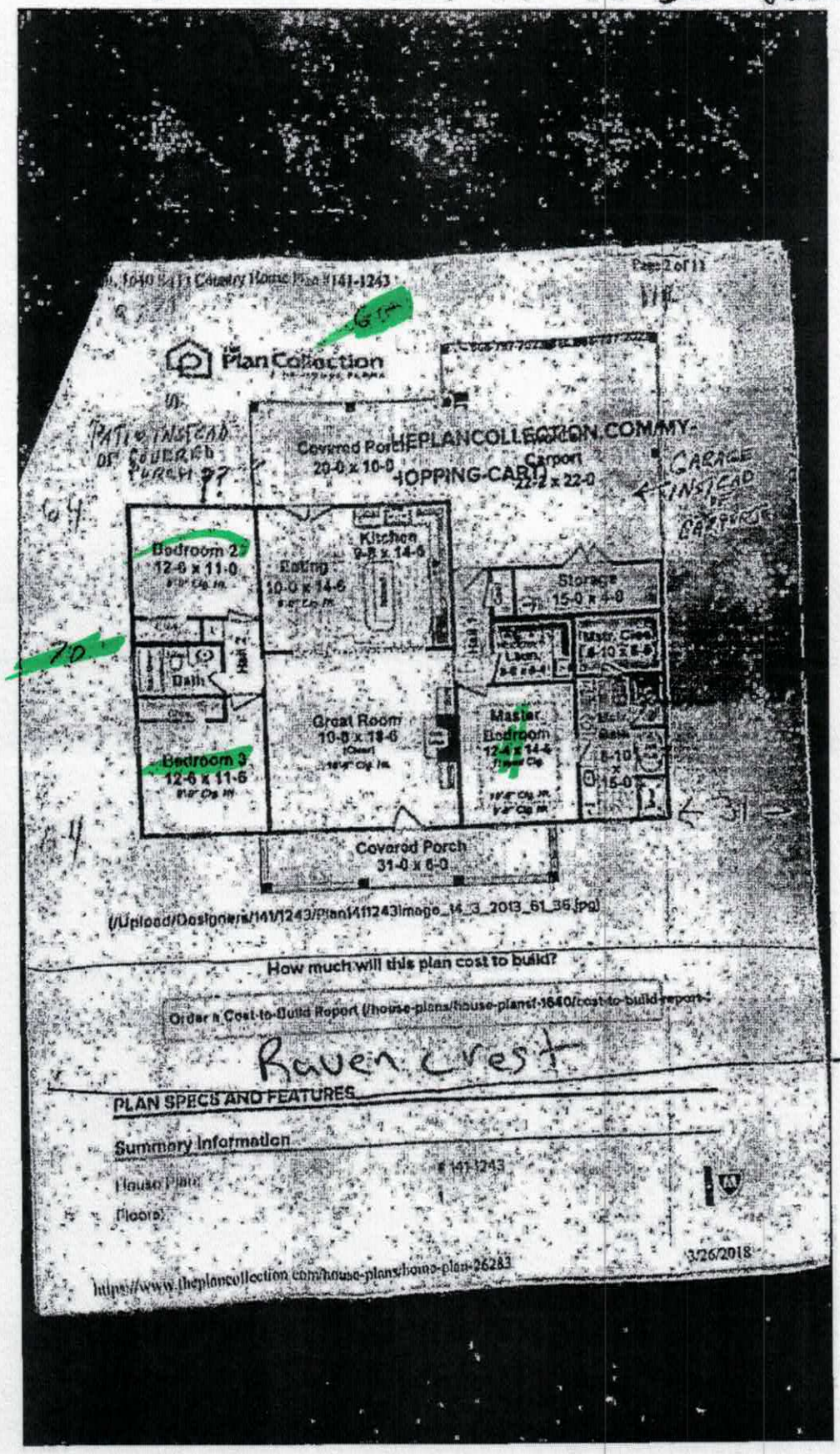
111'

1" = 25'

Maple Creek Dr

7x05

House Plan is to be Reversed



Acknowledgement Of Plans Submittal ONLY!
Benjamin Buss Date 4/23/2018
Jennifer Cicley Date 4/24/18

IREDELL COUNTY

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

APPLICATION NUMBER
234658
Issue Date: 04/06/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4757478204.000	213 MAPLE CREEK DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	BLACKWELDER JOHN N+DOTTIE B	Applicant:	ATHEY PETER J+JUDITH A
Address:	615 HERMITAGE CT	Address:	154 LARKIN LANE
	CHARLOTTE, NC 28207		STATESVILLE, NC 28625
Phone:		Phone:	

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.790	35.00	35.00	15.00	25.00	NOT	X

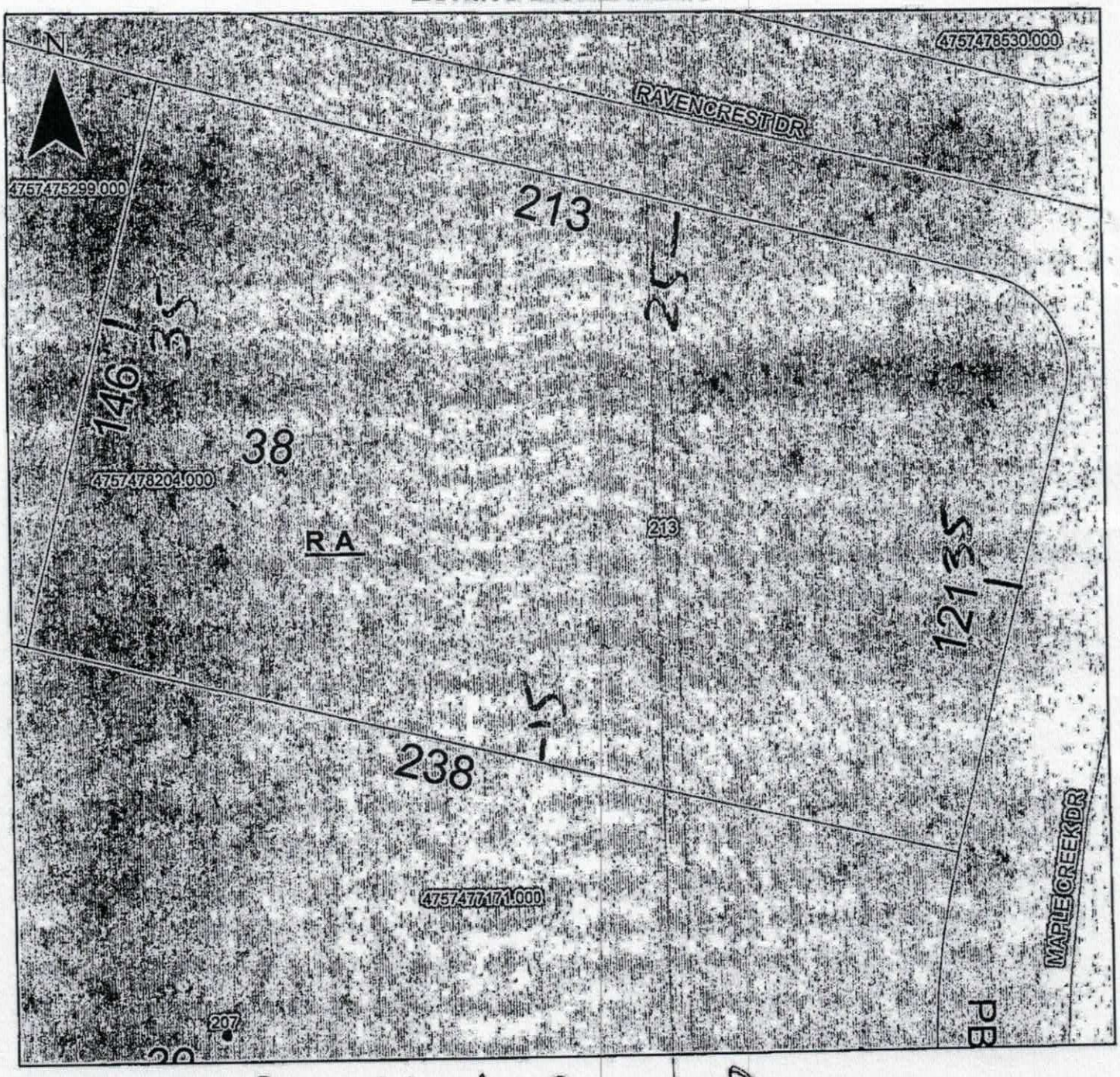
Remarks:

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	134727	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 213 Maple Creek Dr.

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Peter J Athey Jennifer A Athey
Applicant

4-6-18
Date