ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 312830

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

PIN # 4759-62-2673

APPLICANT/OWNER: David Doole APPLICANT ADDRESS: 3245 Wilkesboro Hwy Statesville NC 28625

SITE ADDRESS: 703 Tomlin Mill Rd, Statesville NC 28625 PHONE: 704-929-6522 ALT. PHONE

SITE DIRECTIONS: (N) 77 → Exit 59 → (R) Tomlin Mill → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Samantha R Benge SECTION: — LOT # TR2 LOT AREA: 5.88 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.25(I)/0.225

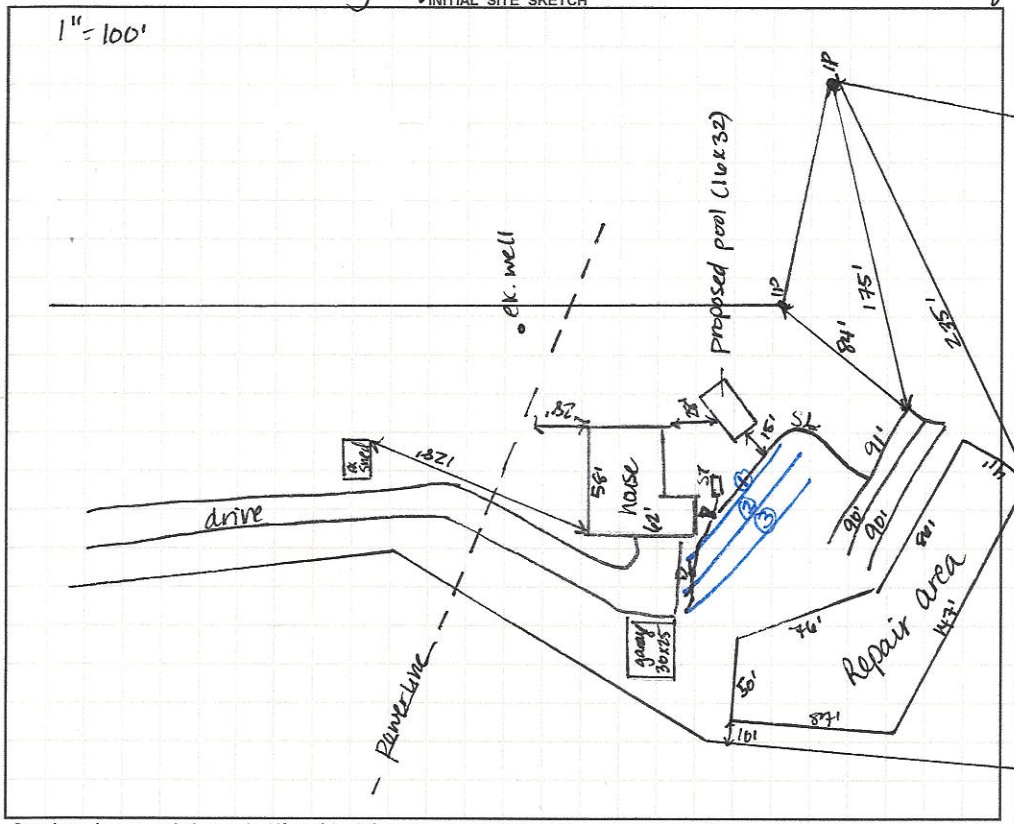
Septic Tank	1000	(gal)	STB SHOAF 760	Date	8/19	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank		(gal)	PT	Date		System Description:	Existing 280' + 271' 25% red.			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	EX 3 + 3 new	Linear Ft	EX + 271	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"/36" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Purpose of this permit is to re-draw system to account for house position change. House moved back & several feet of existing system had to be cut off. Extra footage added to new lines.

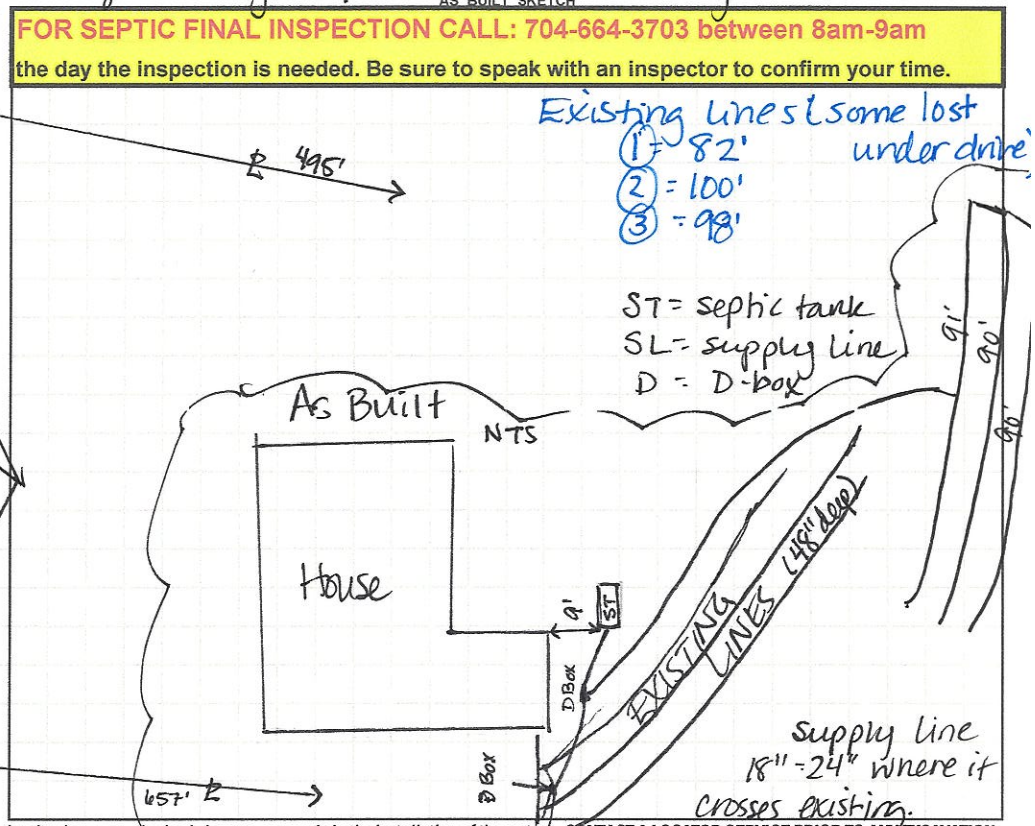
Garage Building may not encroach on existing lines - must be 5'

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: Date: Installed by: Tony Ball Grading & Septic

IMPROVEMENT PERMIT by: D. Inebery Date: 10/25/21 OPERATION PERMIT by: Burnett C. White Date: 1-7-2022

AUTHORIZATION TO CONSTRUCT by: D. Inebery Date: 10/25/21 Existing System Inspected by: Date:

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

Stake garage location infield

	Date	Initials
Drain Lines Checked	10/22/21	DW
Tanks Checked	10/22/21	DW
Pressure Manifold or Valve Box Checked	—	—
Pressure Head Set	—	—
Electrical Checked	—	—
Floats Set	—	—
Alarm Checked	—	—
Maintenance Contract Y / N	—	—

→ Remove yard drain that empties into existing system - daylight away from system

SOIL/SITE EVALUATION

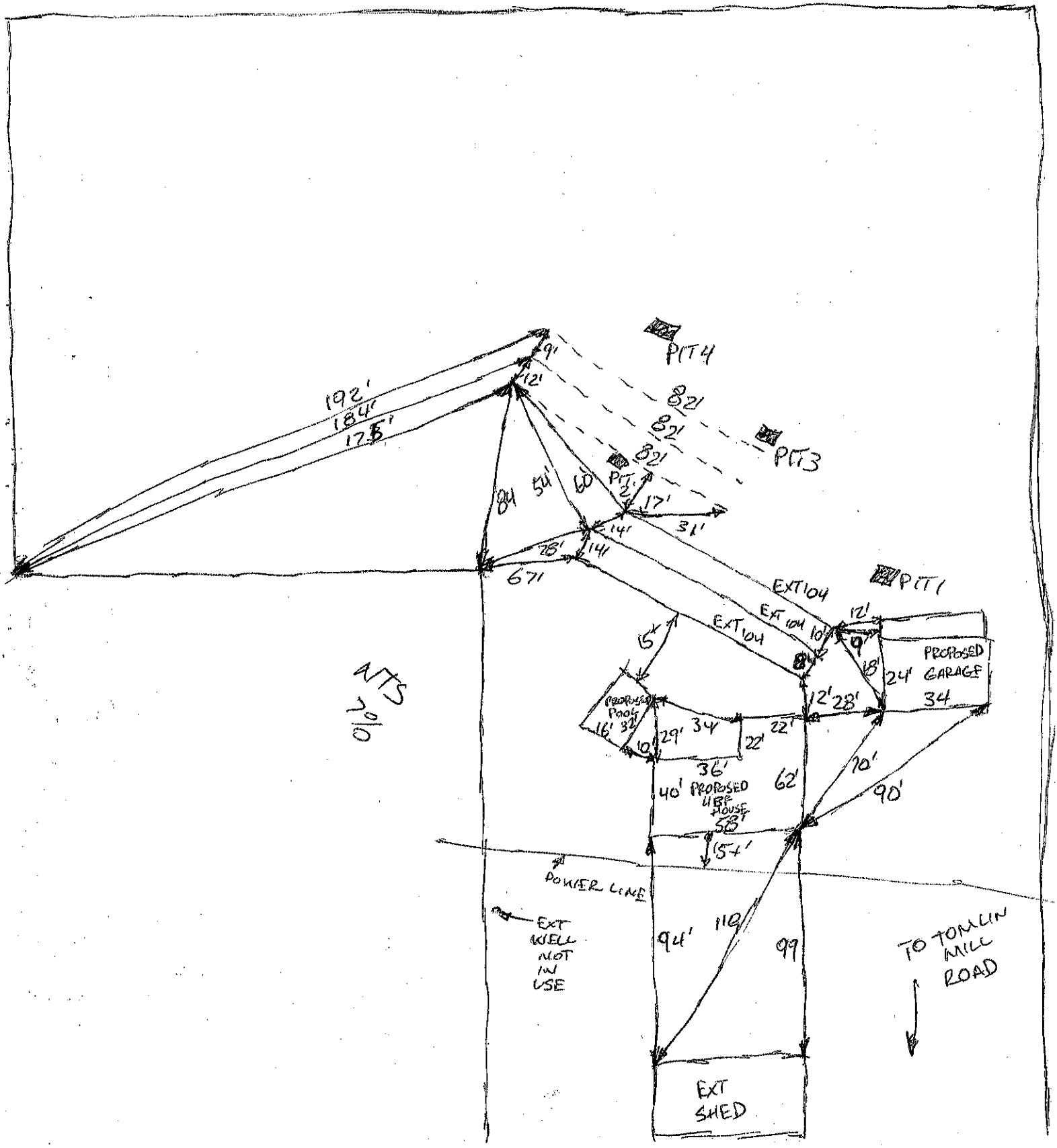
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4759-62-2673
DATE OF EVALUATION: 12-23-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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 10%	0-11	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 30"+ 10YR6/2 34"+	52"+	NA	NA	PS .225
		11-31	C, SBK	FR, S, P, SEXP					
		31-52	C, STRONG ABK	FI, S, P, SEXP					
2	LINEAR SIDE 10%	0-36	C, SBK	FR, SS, P, SEXP	SAP INC 30"+ 10YR 8/6 MATRIX 0-36"	57"+	NA	NA	PS .3
		36-57	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-23	C, SBK	FR, S, P, SEXP	SAP INC THRU FEW OUT Y/B MOTS CHROMA 3S+4 THRU OUT	57"+	NA	NA	PS .25
		23-57	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B MOTS	52"+	NA	NA	PS .275
		10-31	C, SBK	FR, SS, P, SEXP					
		31-52	CL, WABK	FI, SS, SP, SEXP					

COMMENTS:


PIT 4
PIT 3
PIT 2
PIT 1
192'
184'
175'
91'
12'
82'
82'
82'
84'
54'
60'
17'
31'
14'
28'
14'
67'
EXT 104
EXT 104
EXT 104 10'
15'
12'
9'
18'
24'
PROPOSED GARAGE
34'
12'
28'
PROPOSED Pool 16' 32'
10'
29'
34'
22'
22'
36'
40'
PROPOSED UTIL HOUSE
58'
62'
70'
90'
54'
POWER LINE
EXT WELL NOT IN USE
94'
110'
99'
TO TOMLIN MILL ROAD
EXT SHED
4%
0%

Received: 10/21/21

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

AP-312830

320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) 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: Samantha Benge Address: 3245 Wilkesboro Hwy Zip: 28625
Applicant Email: samantha.benge1989@gmail.com Phone: 704 929 6522 Alt. Phone: _____
Owner Name: " " Address: " " Zip: _____
Owner Email: " " Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 703 Tomlin Mill Rd Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Exit 59 off of I-77 (Tomlin Mill Rd). Go towards Lowes Distribution. 1st driveway on (R) after Lowes.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) 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: _____
(X) 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: Samantha Benge 11/10/20
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*) Samantha Benge

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, Samantha Benge, 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.

Samantha Benge
Signature of Owner(s)

11/10/20
Date

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

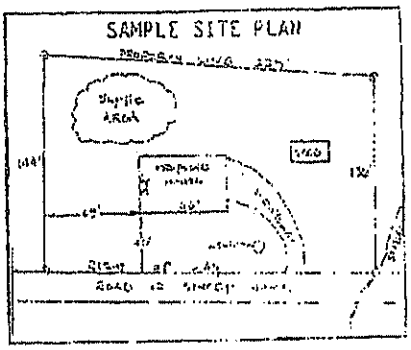
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

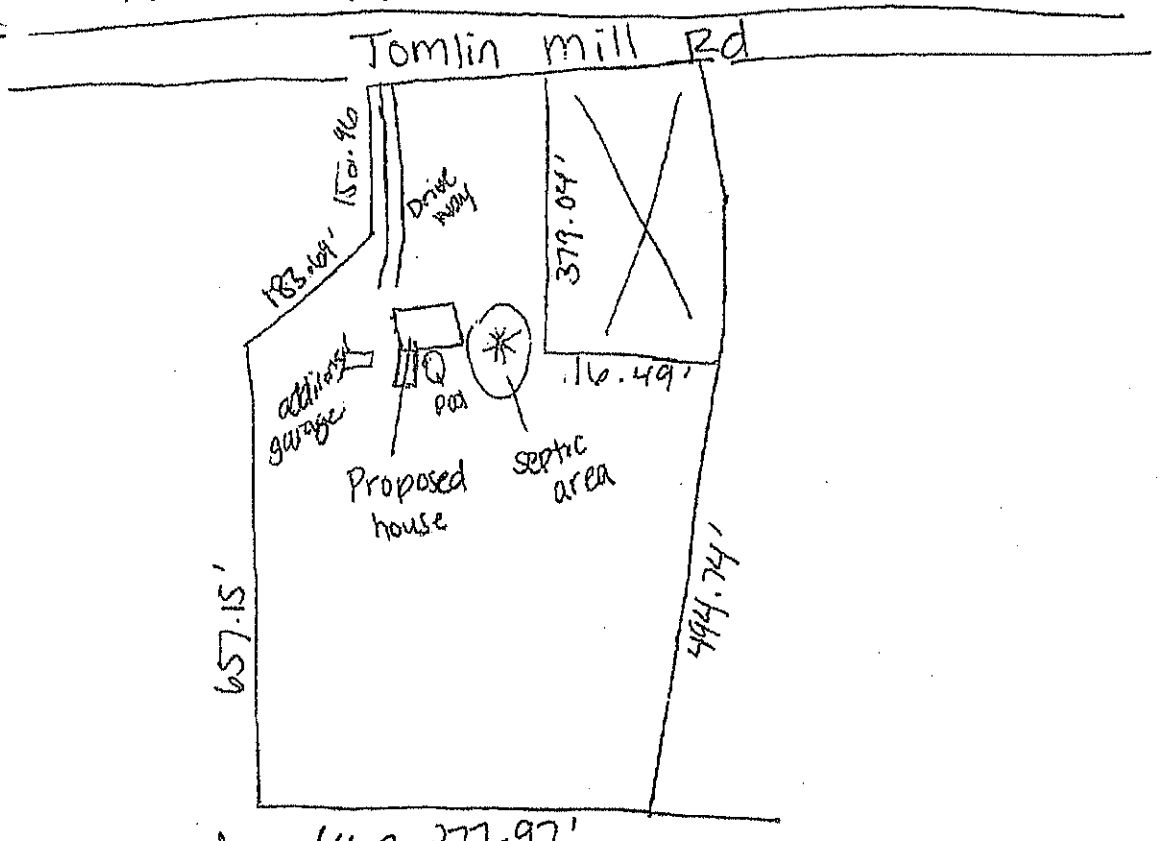
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

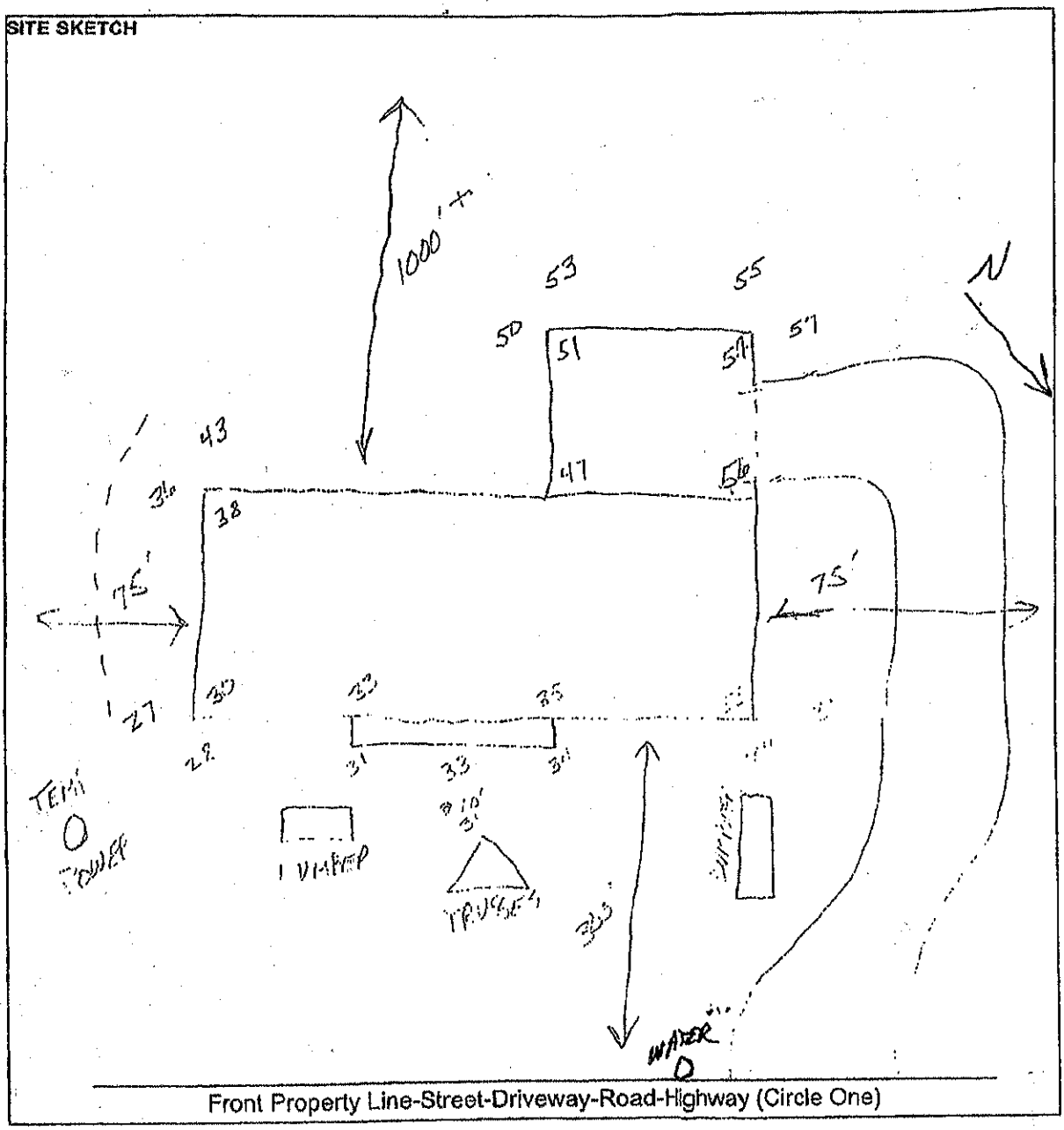
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Samantha Burgess
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/23/20
DATE

SITE SKETCH

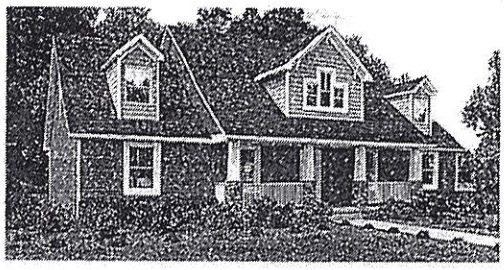


Owner(s) hereby agree(s) that all of the above information is correct.

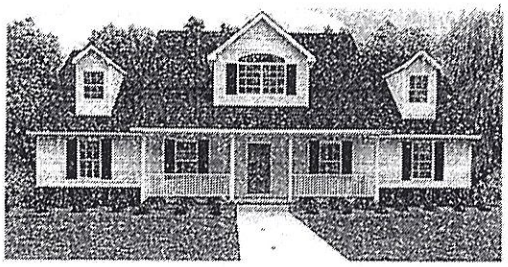
Signature _____ Date 8/12/20

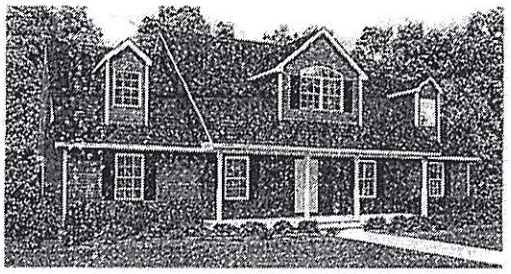
Signature _____ Date 8/12/20

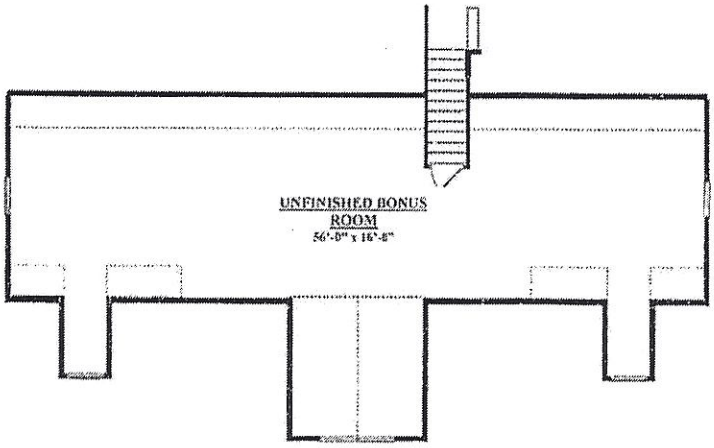
Superintendent's Signature _____ Date 8/12/20

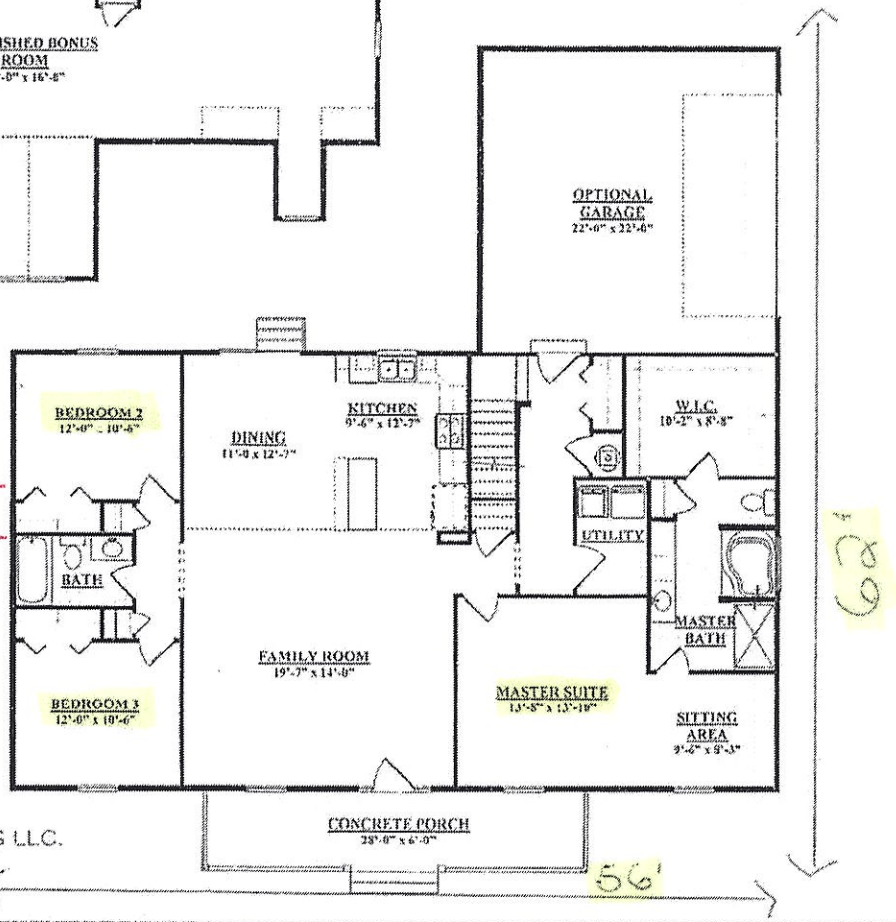












Acknowledgement Of Plans Submittal ONLY!

Samuel Bell Date 3/16/21

Date

Bryant Cubine 3-15-2021

Poplar Elevation Floor Plan

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Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB. ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

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

APPLICATION NUMBER
312830
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4759622673.000	703 TOMLIN MILL RD	Iredell County

Owner Information	Applicant Information
Name: BENGE SAMANTHA R	Name: SAMANTHA BENGE
Address: 3245 WILKESBORO HWY	Address: 3245 WILKESBORO HWY
STATESVILLE, NC 28625	STATESVILLE , NC 28625
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.88	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.

Date: 11/30/2020

Signature of Owner/Contractor

Permit Number	312830

TOTAL FEES:	$77.25