IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223772

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

PIN # 4761242370

APPLICANT/OWNER: MJ Silmser Corp. APPLICANT ADDRESS: PO Box 428 King, NC

SITE ADDRESS: 139 Wheatfield Dr. Statesville, NC PHONE: 336-362-1748 ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity Rd → L on Wheatfield Dr → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Wheatfield SECTION: 1 LOT # 80 LOT AREA: .51 ac DESIGN FLOW: 360gpd L.T.A.R.: .36 (repair)

Septic Tank 1000 (gal) STB 760 Date 01-25-18 ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank 1000 (gal) PT 363 Date 9-30-19 System Description: PM 25% reduction

Pump Make Zoeller Model Bx151-B Serial # 151-9005 Repair System Description: drip

Nitrification Fields 1 # Lines 5 Linear Ft. 308' Maintenance Agreement Required: ☐ YES ☑ NO

Trench Width 36" Trench Bottom Depth (Low side) 25" | 30" highest Gravel Depth ☐ GRAVITY ☑ PRESSURE

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

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plan by Rollins Soil + Environmental Services, PA

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	1-9-19	BCW
Tanks Checked	1-9-19	BCW
Pressure Manifold or Valve Box Checked	1-9-19	BCW
Pressure Head Set	10-7	
Electrical Checked	10-7	
Floats Set	10-7	
Alarm Checked	10-7	
Maintenance Contract Y (N)		

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: 3-4-18 Installed by: FRANK TRANSU

IMPROVEMENT PERMIT by: Kayla Wilson Date: 3-6-18 OPERATION PERMIT by: Date: 10-7-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 3-9-18 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 inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223772

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

PIN # 4761242370

APPLICANT/OWNER: MJ Silmser Corp. APPLICANT ADDRESS: PO Box 428 King, NC

SITE ADDRESS: 139 Wheatfield Dr. Statesville, NC PHONE: 336-362-1748 ALT. PHONE —

SITE DIRECTIONS: Ostwalt Amity Rd → L on Wheatfield Dr → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Wheatfield SECTION: 1 LOT # 80 LOT AREA: .51 ac DESIGN FLOW: 360gpd L.T.A.R.: .3 (.1 repair)

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 5 Linear Ft 308'

Trench Width 36" Trench Bottom Depth(Low side) 25" | 30" high side Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PM 25% reduction

Repair System Description: drip

Maintenance Agreement Required: ☐ YES ☑ NO

☐ 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:

INITIAL SITE SKETCH

See attached site plan by Rollans Soil + Environmental Services, PA

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**

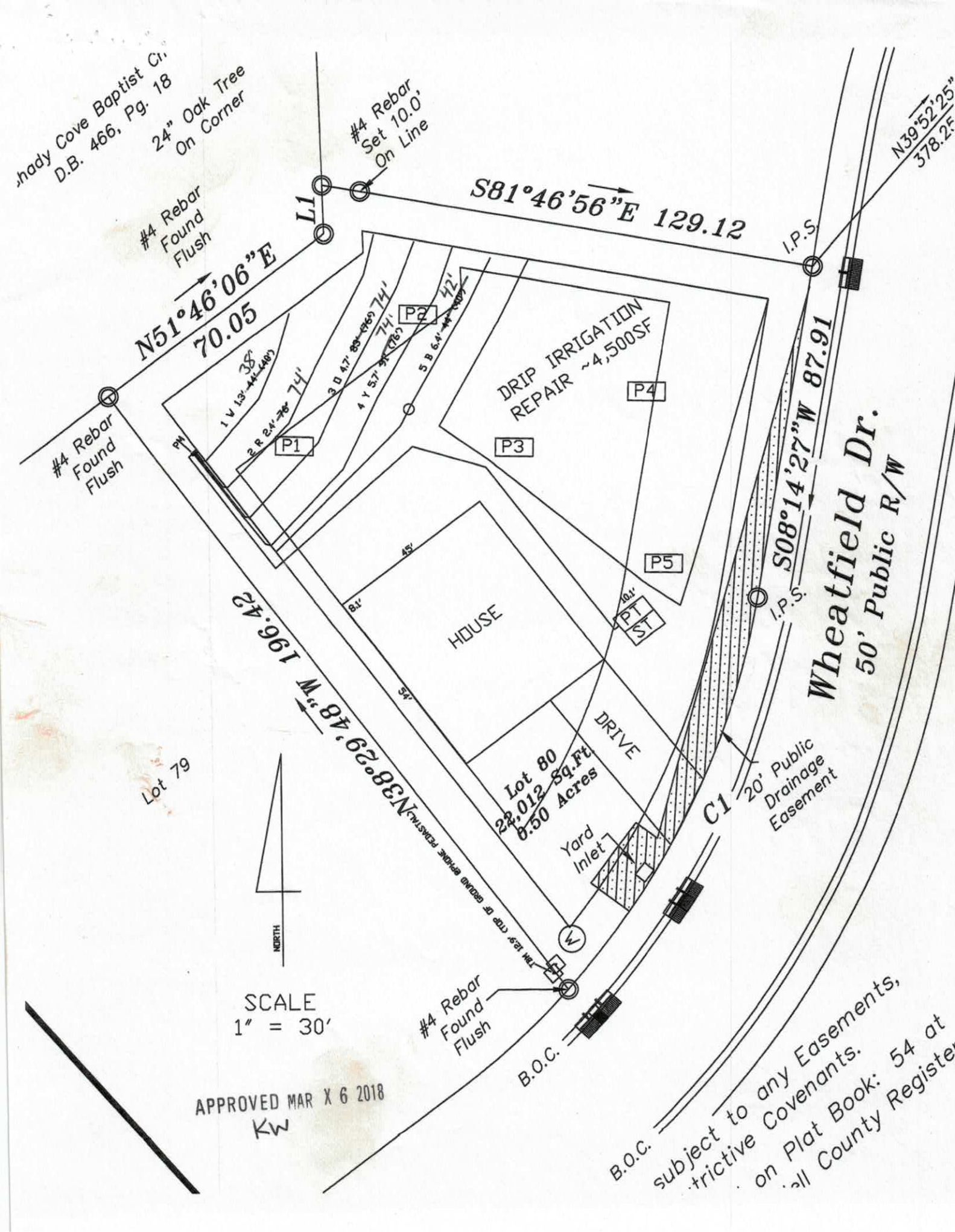
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☑ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-9-18 Installed by:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 3-6-18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 3-9-18 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 inpsector to confirm your inspection time.


hady Cove Baptist Ch.
D.B. 466, Pg. 18
24" Oak Tree On Corner
#4 Rebar Set 10.0' On Line
#4 Rebar Found Flush
L1
S81°46'56"E 129.12
I.P.S.
N39°52'25"
378.25
N51°46'06"E
70.05
#4 Rebar Found Flush
P1
P2
P3
P4
P5
DRIP IRRIGATION REPAIR ~4,500SF
HOUSE
DRIVE
Lot 80
24,012 Sq.Ft.
0.50 Acres
Yard Inlet
C1
20' Public Drainage Easement
S08°14'27"W 87.91
I.P.S.
Wheatfield Dr.
50' Public R/W
N38°29'48"W 196.42
Lot 79
NORTH
SCALE
1" = 30'
#4 Rebar Found Flush
B.O.C.
B.O.C.
APPROVED MAR X 6 2018
Kw
subject to any Easements,
trictive Covenants.
on Plat Book: 54 at
all County Register

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	M J Silmser Corp
Address:	P.O. Box 428 King, NC 27021
Phone:	336 362 1748
County:	Iredell
Location:	Wheatfield Lot # 80
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	21.92

Design Specifications

Drainfield Size:	308
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	30 in. Repair Trench Depth 6 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	160
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	27.84
Dosing Volume:	140.79
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	2.03
Elevation Head:	14.20
Total Dynamic Head:	20.97
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

APPROVED MAR X 6 2018
KW

Wheatfield Lot # 80
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360
SOIL APPLICATION RATE:	0.3
TOTAL AREA TRENCH BOTTOM:	924
TOTAL LATERAL LENGTH:	308
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	160
TOTAL DYNAMIC HEAD:	20.97
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	140.79
PUMP TANK DRAW DOWN*:	6.7
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED MAR X 6 2018
KW

WHEATFIELD LOT #80

Project #: 01-3394

LAYOUT FOR 3 BEDROOM HOME — October 16, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		12.9			100.00		
INSTR. 1			112.90				
HOUSE CNR				8.10	104.80		
P. TANK				10.10	102.80		
1	*WHITE*			*1.80*	*111.10*	*44*	*40*
2	*RED*			*3.00*	*109.90*	*76*	*76*
3	*ORANGE*			*4.70*	*108.20*	*83*	*76*
4	*YELLOW*			*5.30*	*107.60*	*91*	*76*
5	*BLUE*			*6.60*	*106.30*	*44*	*40*
DRIP	REPAIR					4,500 SF	4,500 SF
					Total	**338**	**308**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
** System*	*308*	*0.300*	*ACCEPT.*	*0.300*	*25% RED.*	**PRESSURE MANIFOLD**
Repair	4500 SF	0.100	*MOD.*	0.100	DRIP IRRIGATION	LOW PRESSURE

Notes:

** TBM located on top of ground at EIP (SEE SITE PLAN)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

APPROVED MAR X 6 2018
KW

PRESSURE MANIFOLD TAPSHEET - WHEATFIELD LOT# 80

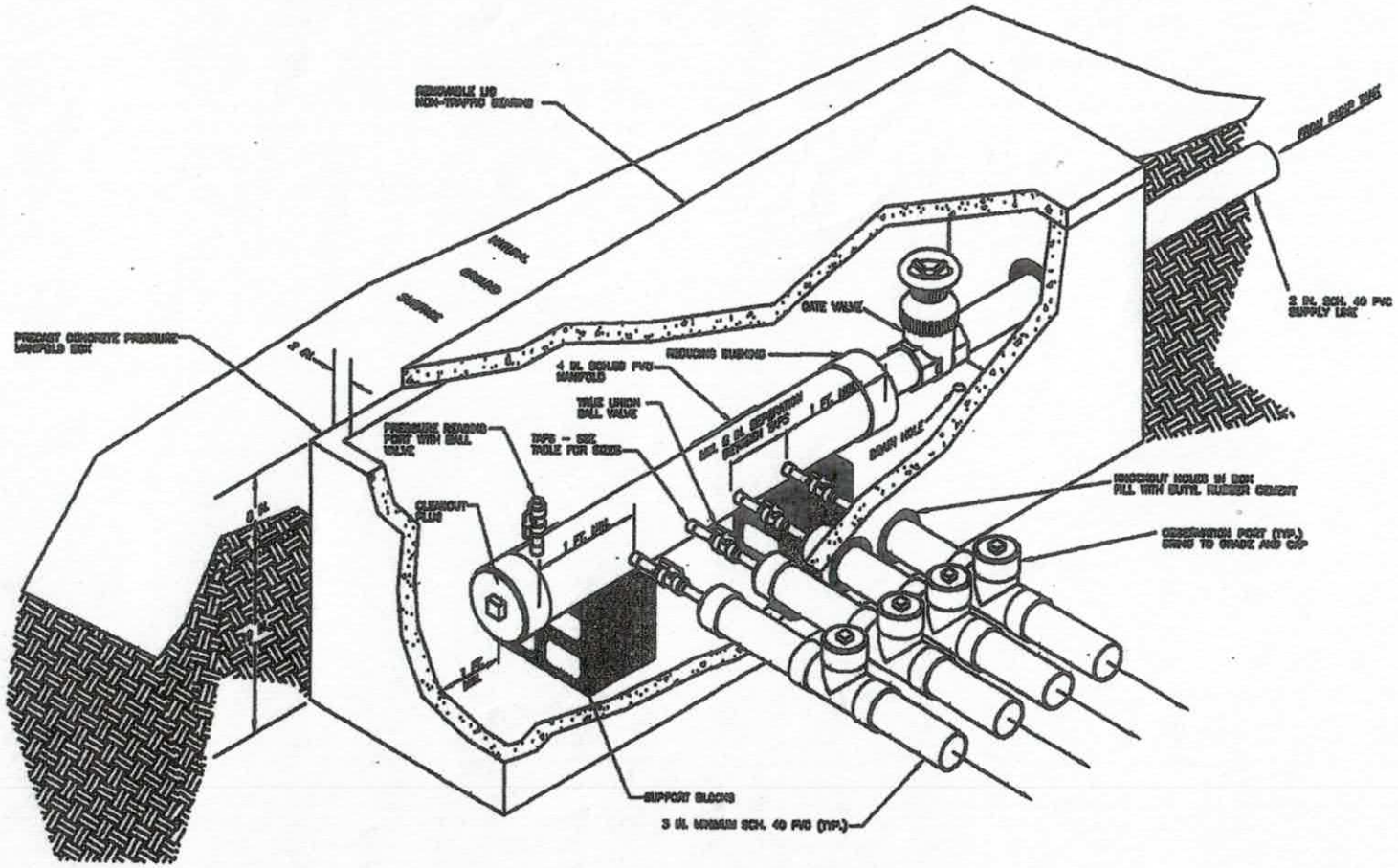
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
1 & 5	*WHITE/BLUE*	111.1/106.3	*80*	SCH 80 1/2	**5.48**	240	0.15
2	***RED***	109.90	*76*	SCH 80 1/2	**5.48**	228	0.15
3	***ORANGE***	108.20	*76*	SCH 80 1/2	**5.48**	228	0.15
4	***YELLOW***	107.60	*76*	SCH 80 1/2	**5.48**	228	0.15

total	**feet =**	**308**	**gal/min =**	**21.92**
		Des. Flow	**360**	
		Pump Run=	**6.42**	
		soil LTAR	**0.3**	
		LTAR +5%	**0.315**	
		LTAR with ACCEPTED	**0.4**	
		LTAR with ACCEPTED + 5%	**0.42**	

APPROVED MAR X 6 2018
KW

TYPICAL PRESSURE MANIFOLD DETAIL



CALCULATIONS

Location	139 Wheatfield Drive	
Project Number	01-3394	
Lot No:	80	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	160	ft.
Supply Line Volume	27.84	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	308	ft.
Gallons per Minute	21.92	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	201.124	gal.
Dosing Volume	140.79	gal.

Note: Dosing Volume based on 70% of lateral line volume

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	6.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.42	minutes
Elevation Head	14.2	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	2.03	ft.
Total Dynamic Head (+15%)	20.97	ft.

APPROVED MAR X 6 2018
KW

PROPERTY ID #: 4761243737
COUNTY: Iredell

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

APPROVED MAR X 6 2018
KW

OWNER: MJ Silmser Corp / P.O. Box 428 King NC 27021
APPLICATION DATE: 10/2017
ADDRESS: 139 wheatfield Dr Cleveland NC, 28071
DATE EVALUATED: 9/28/17
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 0.50ac
LOCATION OF SITE: wheatfield lot 80
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
P 1	L/2%	0-7	BSIG	frssSP	-f-saP	48	—	—	PS .3-.325
		7-34	RC wmsbk	fSSSP					
		34-48	RC/wfsbk	frSSSP					
P 2	L/12%	0-5	BSIG	frSSSP	-f-saP	50	—	—	PS .3-.325
		5-45	RC wmsbk	frSSSP					
		45-50	RBC wmsbk	frSSSP					
P 3 same as P2, Orig.	L/5%	0-12	SIG	frSSSPSexP	-[Feldep]	48	—	—	PS 0.225-0.25 0.1 DRIP
		12-26	LBC/wksbk	frSSSPSexP					
		26-32	RC wksbk	frSSSPSexP					
		32-48	r/yC wksbk	frSSSPSexP					
P 4 Same as P4, Orig.	L/5%	0-14	SIG	frSSSPSexP	-[Feldep]	48	—	—	PS 0.225-0.25 0.1 DRIP
		14-34	BC wksbk	frSSSPSexP					
		34-48	r/y C wksbk	frSSSPSexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Subs, Drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: A. Lorne Cook

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 476242370

DATE OF EVALUATION: 9/24/17

COUNTY: Iredell

APPROVED MAR X 6 2018 KW

Lot 80

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P5 same as P1 orig	L/ 5%	0-5	fill		-Fe]dap]/conc, -chr 2's@36	42	—	—	PS-36 0.225 0.1 DRIP
		5-12	SIL wk	frSSSPSeXP					
		12-24	RBCl wstk	frSSSPSeXP					
		24-42	R/Cl wdak	frSSSP SEXP					

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

Approved 3/4/17 MD

Sheet 1 of
PROPERTY ID #:
COUNTY:

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

OWNER: First Citizen
ADDRESS: 139 Wheat field
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 80
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED:

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	L 15%	0-3	Mo GR SL	FR ns/np	Br				0.25 to 40"
		3-16	Mo SBK C	FR SS/SP	R				
		16-40	WK SBK CL	↓	R; C yel Br				
		40"	2 Chr			40"+	NA	40"	
K	L 15%	0-5	Mo GR SL	FR ns/np	Br				0.3
		5-24	Mo SBK C	FR SS/SP	R				
		24-48	WK SBK CL	FR SS/SP	R; C sap	48"+	N/A	N/A	
N	L 3-5%	0-8	Mo GR SL	FR ns/np	Br				0.3
		8-32	Mo SBK C	FR SS/SP	R				
		32-48	WK SBK C	↓	R; C sap	48"+	N/A	N/A	
O	L 3-5%	0-10	Mo GR SL	FR ns/np	Br				0.25 to 29"
		10-16	WK SBK SCL	FR SS/SP	yel Br				
		16-29	Mo SBK C	↓	R	29"+	NA	29"	
		29"	2 chroma 4 yel Br						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	0.25	0.1

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

COMMENTS:

RECEIVED FEB 1 5 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00
#223772

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

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 f

Applicant Information: contact Kathleen Sauriders (704) 578-4951

Applicant Name: First Citizens Bank **Address:** 4300 Six Forks Rd FCC-52 Raleigh NC 27609 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 139 Wheatfield Dr Statesville

Subdivision Name: Wheatfield **Section/Phase:** **Lot Number:** 80

Driving Directions: Hwy 115, R Oswalt Amity, R on Wheatfield, Lot on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundatio
( ) Basement with Plumbing
( ) Basement without Plumbi

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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 (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 grant right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/12/16
DATE

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)

NEW WELL

1. APPLICATION FOR: ___Improvement Permit (X)Authorization To Construct ___ Existing System Inspection

****

RECEIVED MAR 9 - 2018

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
MATT Silmon			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
MJ Silmon & Co LLP.	PO Box 428 KWG NC 27021	336-362-1748	

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
139 W Heatfield	W Heatfield	

Driving Directions: _____

****

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 3 — (X) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

IF Non- Residential Site Development: Type of Business _____

Square Footage of Building _____

Maximum Number of Employees _____

Maximum Number of Seats _____

****

6. Proposed Water Supply:

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

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) 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: _____ 3-9-18

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

RECEIVED NOV 22 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00
223772

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:

Applicant Name: same **Address:** same **Phone:** same

Owner Name: M J Silmser Corp **Address:** PO box 428 Kirby NC 27021 **Phone:** 3363621748

Property Information:

Street Address: 139 Wheatfield Dr Cleveland NC 28677

Subdivision Name: Wheatfield **Section/Phase:** _____ **Lot Number:** 80

Driving Directions: Amity Road East, Rt on Wheatfield, Lot on Lt.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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: Accepted

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: _____ 10/16/17
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

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.

I, MATTHEW SILVESER, am the legal owner(s) of the property located at 139 WHEATFIELD DR WHEATFIELD LOT 80, identified as PIN (Parcel Identification Number) 4761242370, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MATT SILVESER, MJ SILVESER CORP, 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.

	11-18-17	Betsy S. Weddle	11-18-17
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

...der my supervision (deed description and/or Map Book: 54, Page 47. ...daries not surveyed are clearly indicated as drawn from information as shown ...the ratio of precision as calculated is 1: 10,000+ that this plat was prepared ...nce with G.S. 89-C as amended. Witness my original signature, registration number ...this 10 day of November, A.D. 2016.

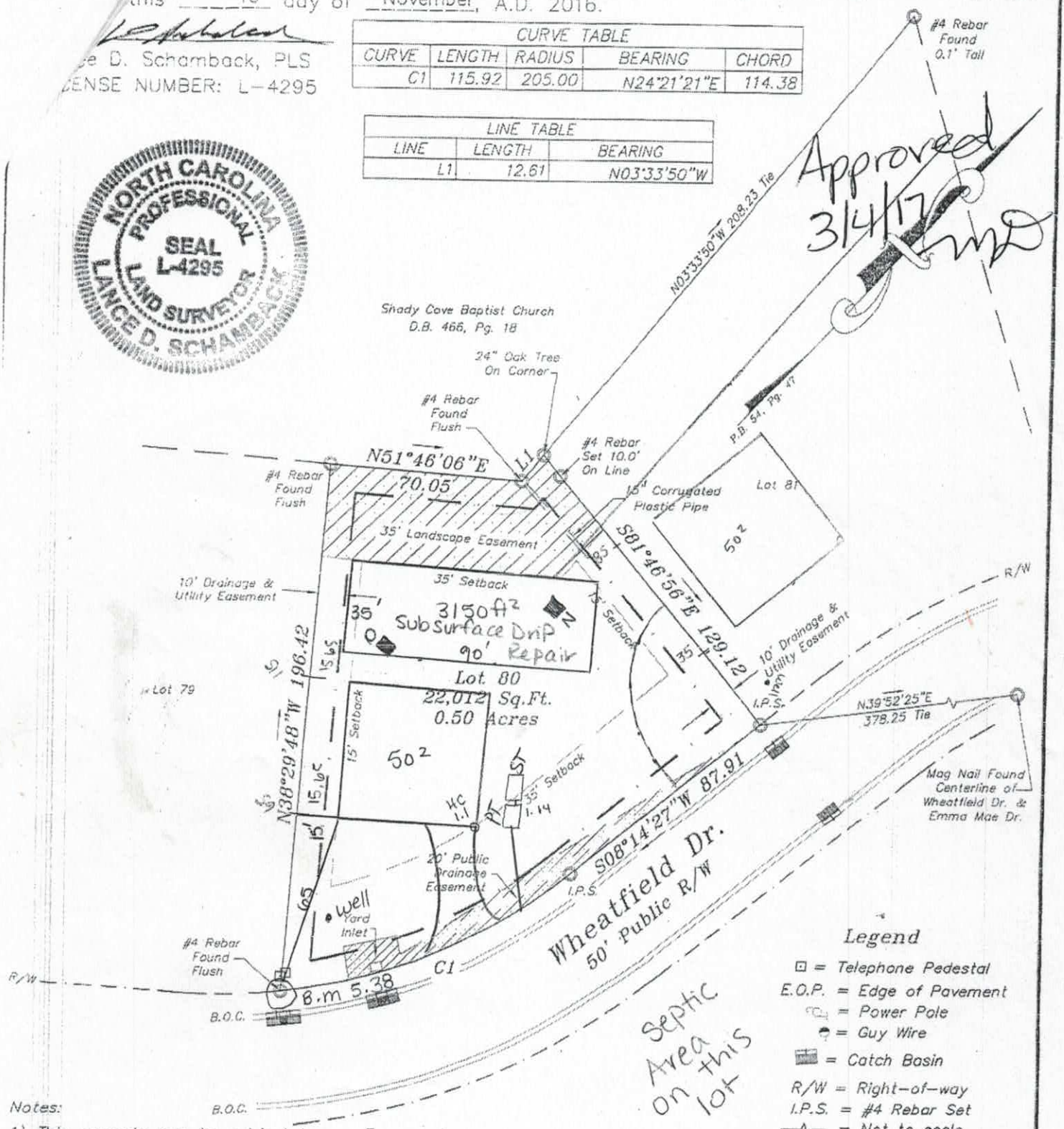
...e D. Schamback, PLS
...ENSE NUMBER: L-4295

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	115.92	205.00	N24°21'21"E	114.38

LINE TABLE		
LINE	LENGTH	BEARING
L1	12.61	N03°33'50"W

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

Approved 3/4/17 mp



Legend

- ⊡ = Telephone Pedestal
- E.O.P. = Edge of Pavement
- = Power Pole
- = Guy Wire
- = Catch Basin
- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Plat Book: 54 at Page: 47 as recorded in the Iredell County Register of Deeds.

3) This survey is of an existing parcel or parcels of land.

4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

5) Area by coordinate method.

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, First Citizens Bank + Trust VP Matthew J. Clawson, am the legal owner of the property located at 139 Wheatfield, identified as PIN(Parcel Identification Number) 4761 24 2370, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

matthew J. Clawson — 12-6-16

Signature of Owner — Date

_____ — _____

Signature of Witness — Date

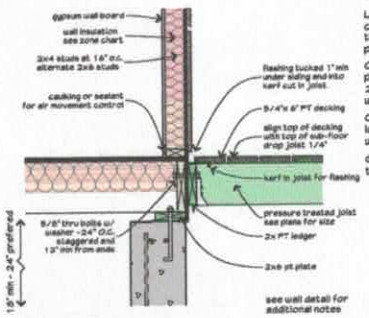
General notes

Load bearing wall shown. 2x6 construction if supporting more than 1 floor and roof or as per local codes.

Center girder may be used with 3" pipe column or 6x6 pt post on 24"x24"x12" concrete footing with 3 #4 bars each way.

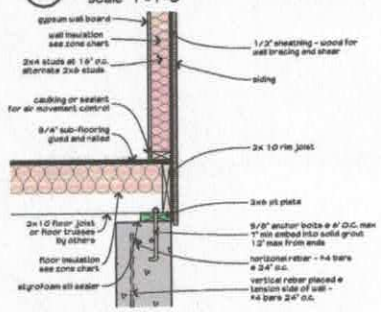
Column spacing determined by roof loads transfered to girder. This will vary according local snow loads.

Girders may be sized with LVL's to reduce column spacing.



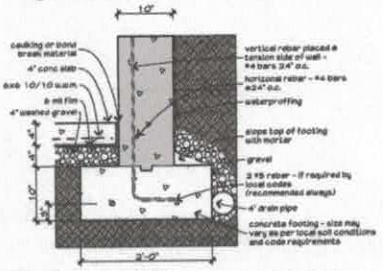
W5 Porch/ Deck Detail

scale 1"=1'-0"



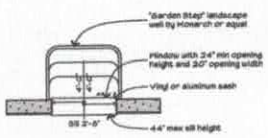
W3 Wall detail - 10" poured

scale 1"=1'-0"

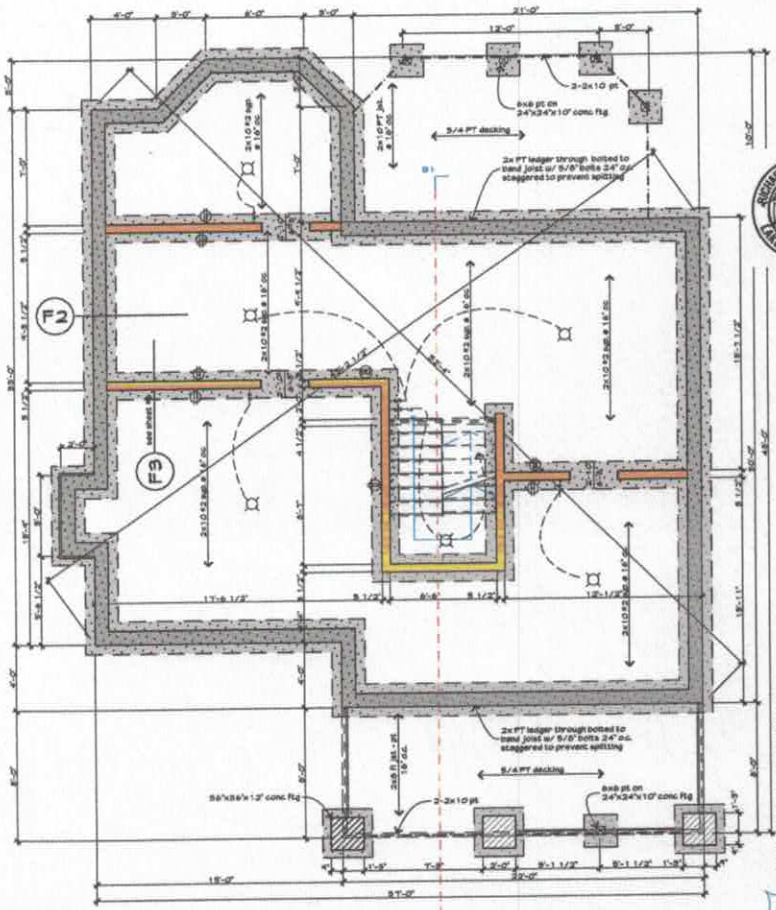


F7 Foundation - poured wall

scale 1"=1'-0"



Alternate egress window



Basement Plan

scale 1/4"=1'-0"

RICHARD P. THOMPSON REGISTERED ARCHITECT LAKE JUNALUSKA, NC

Rick Thompson - Architect PO Box 160 Lake Junaluska, NC 28745

www.thompsonplans.com 828-734-2559

original print date 9/18/14

2

All Federal, State and local codes shall be considered as a part of these documents, and shall take preference over anything shown or implied if differences arise.

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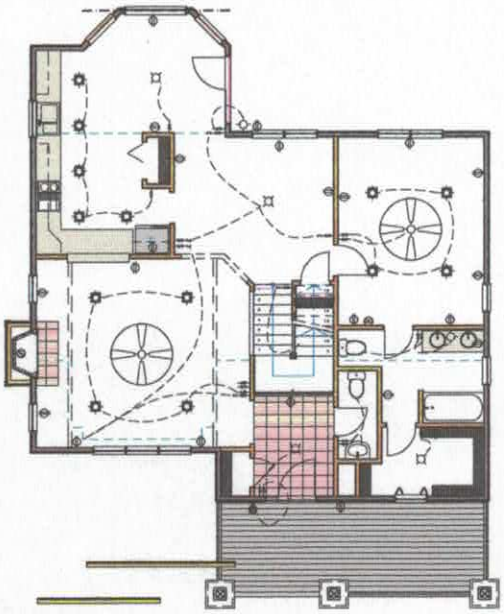
plan # 1905A

Acknowledgement of Plans Submittal ONLY!

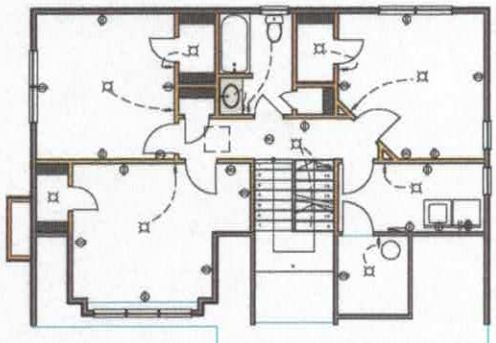
Date 3-9-18

Date 3-9-18

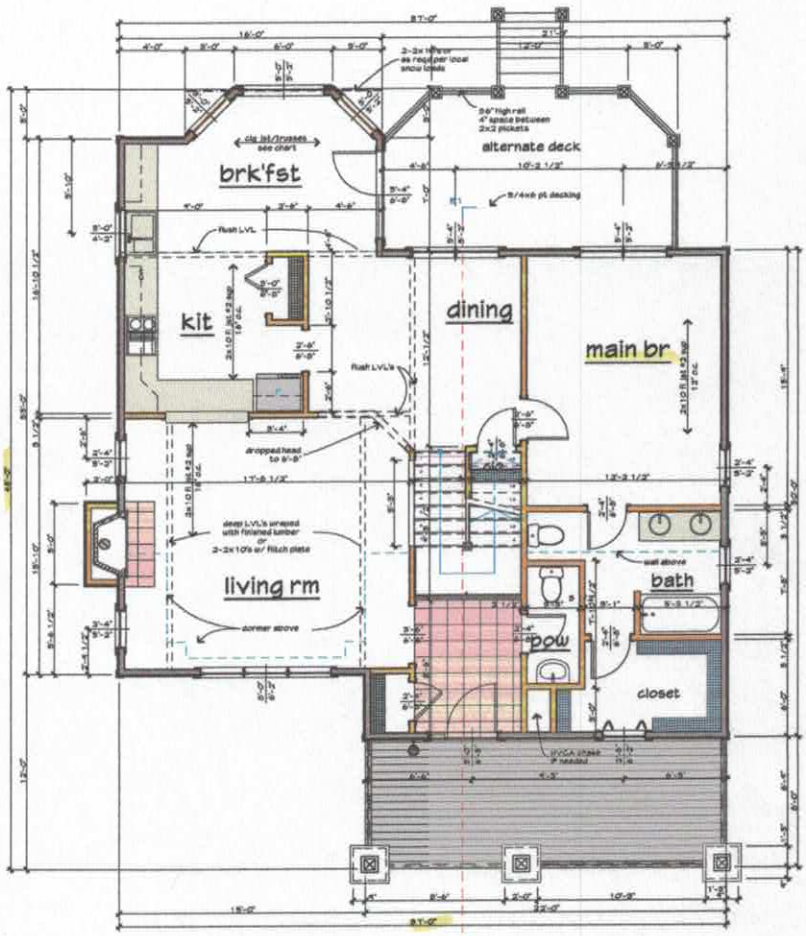
Stating no basement will be used



Electrical - Floor 1 Plan



Electrical - Floor 2 Plan
scale 3/16" = 1'-0"



Floor 1 plan
scale 1/4" = 1'-0"

Floor 1 plan	1189 sq.ft.
Floor 2 plan	722 sq.ft.
total	1911 sq.ft.

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plan # 1905A

Richard P. Thompson Architect
Lake Junaluska USA NC
standard construction document
Rick Thompson - Architect
P O Box 160 Lake Junaluska, NC 28745
828-734-2553
www.thompsonplans.com

original print date
9/15/14

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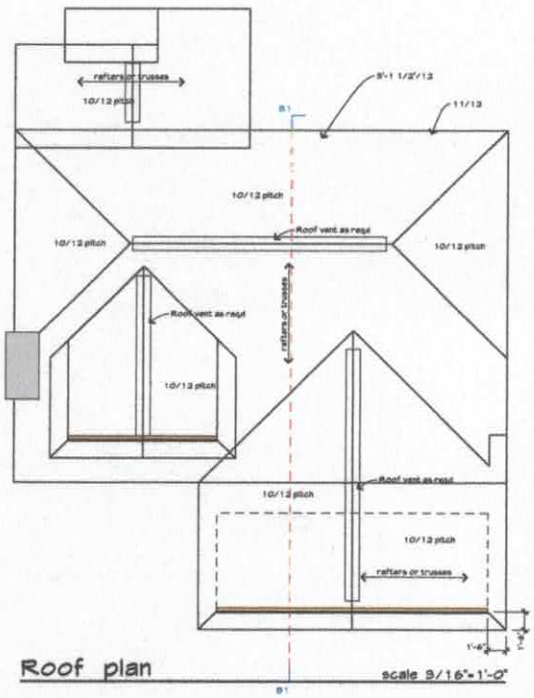
Acknowledgement of
Plans Submittal ONLY!

Date 3-9-18

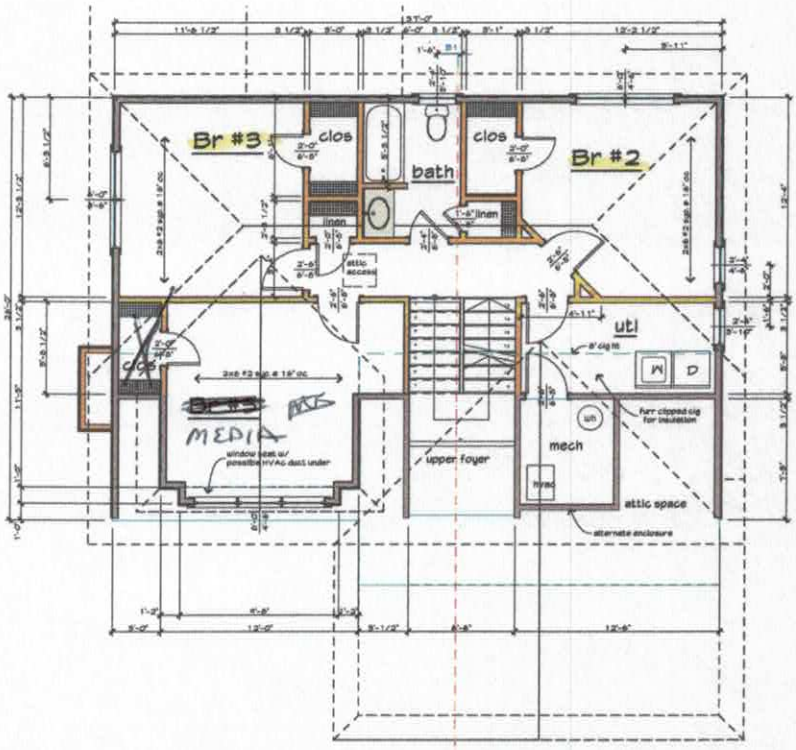
Date 3-9-18

Door List				
Width	Height	Name	Type	Quantity
1'-6"	6'-8"	RD03 Swing	Interior	1
2'-0"	6'-8"	RD03 Swing	Interior	4
2'-4"	6'-8"	RD03 Swing	Interior	6
2'-6"	6'-8"	RD03 Swing	co	1
2'-6"	6'-8"	RD03 Swing	Interior	6
3'-0"	6'-8"	RD09 Bifold	Interior	1
3'-0"	6'-8"	RD01 Door ST	Exterior	1
5'-0"	6'-8"	RD03 Swing	GO	1
5'-3 1/2"	6'-8"	RD03 Swing	opening	1
5'-4"	6'-8"	RD01 Door ST	Exterior	1
				25

Window List			
W x H Size	Units	Window Type	Quantity
2'-4"x3'-10"	Single	RA1-4 Doublehung	1
2'-4"x5'-10"	Twin	RA1-4 Doublehung	1
2'-4"x4'-6"	Single	RA1-4 Doublehung	1
2'-4"x5'-2"	Single	RA1-4 Doublehung	4
2'-5"x5'-2"	Single	RA1-4 Doublehung	1
5'-0"x4'-2"	Single	RA1-4 Doublehung	1
5'-0"x5'-2"	Single	RA1-4 Doublehung	2
5'-0"x5'-2"	Single	RA1-1 Stationary	1
5'-4"x5'-2"	Twin	RA1-4 Doublehung	2
6'-0"x4'-6"	Twin	RA1-4 Doublehung	2
6'-0"x4'-6"	Triple	RA1-4 Doublehung	1
6'-0"x5'-2"	Triple	RA1-4 Doublehung	1
			15



Roof plan scale 3/16"=1'-0"



Floor 2 plan

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plan # 1905A

RICHARD P. THOMPSON REGISTERED ARCHITECT NORTH CAROLINA LAKE JUNALUSKA, NC

Rick Thompson - Architect P O Box 160 Lake Junaluska, NC 28745
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original print date 9/18/14

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Acknowledgement of Plans Submittal ONLY!

Date 3-9-18

Date 3-9-18

IREDELL COUNTY

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

APPLICATION NUMBER
223772
Issue Date: 11/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761242370.000	139 WHEATFIELD DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: TROUTMAN FARMS OF THE CAROLINA S LLC	Applicant:, KATHLEEN SAUNDERS
Address: 525 IREDELL CO, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.510	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: Sean Tallon Date: 11/3/17

Permit Number	119666	TOTAL FEES:	$ 77.25