IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-247299

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

PIN # 4761461183

APPLICANT/OWNER: GABRIEL AND TAMMY POWELL | APPLICANT ADDRESS: 129 FREDA LANE, STATESVILLE, NC, 28677

SITE ADDRESS: 1087 4 BETHESDA ROAD, STATESVILLE, NC 28677 | PHONE: 704-239-3693 | ALT. PHONE —

SITE DIRECTIONS: (E) ON 70, (R) ON BETHESDA, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

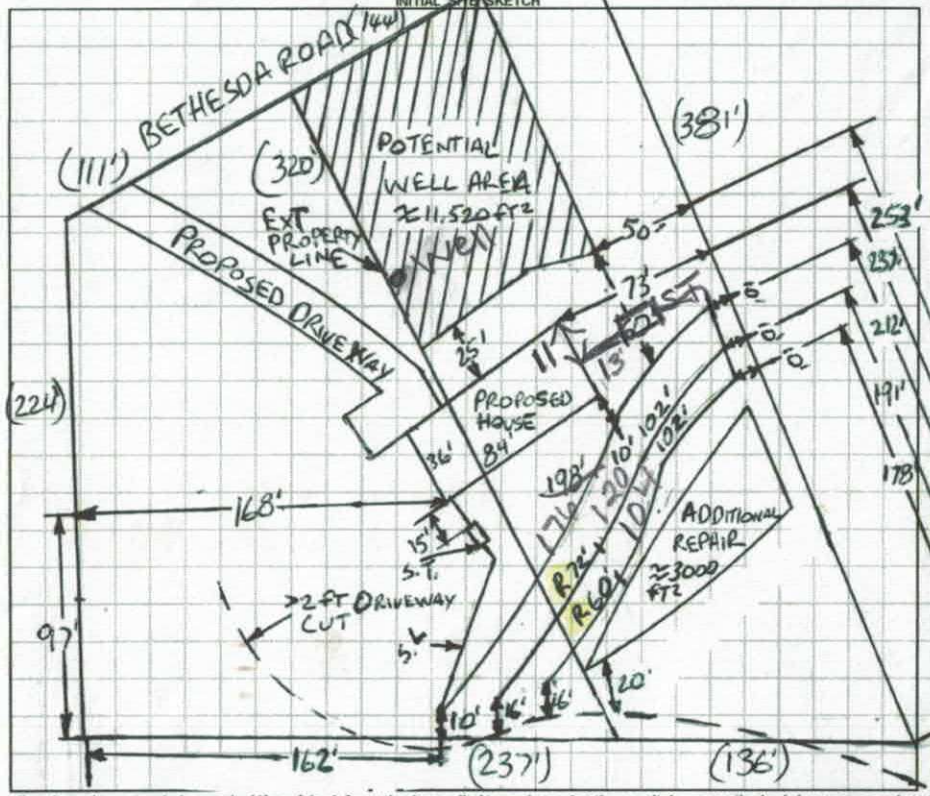
SUBDIVISION: MARY FRANCES PEATON MCNEELY ET AL | SECTION: — | LOT # 1 & 2 | LOT AREA: 2.05 AC | DESIGN FLOW: 480GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	3-28-20	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons	8	☑ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	400FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELLS, MAINTAIN 15FT FROM CUT.

1ST LINE MAY BE SPLIT FED IF NEEDED. PROPERTY MUST BE RECORDED PRIOR TO ISSUANCE ON AUTHORIZATION TO CONSTRUCT.

INITIAL SITE SKETCH



AS BUILT SKETCH

PROPERTY RECORDED IN BOOK 2643 ON PAGES 222 THROUGH 228 ON 9-6-2019

Well already drilled, 117ft btw well & ST

Used Quick 4 for Drainfield

1IN = 80ft
EXT = EXSISTING
R = REPAIR
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE

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: Darrel Abee | Date: 9/18/19 | Installed by: Abee Grading

IMPROVEMENT PERMIT by: Burkett C. White | Date: 8-28-2019 | OPERATION PERMIT by: Maria Dotson | Date: 5/18/2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White | Date: 10-2-2019 | 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 2
PROPERTY ID #: TBD
COUNTY: IREDELL

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

OWNER: GABRIEL + RAMMY POWELL
APPLICATION DATE: ~~8~~ 7-29-19
ADDRESS: 129 FREDA LANE, STATESVILLE, N.C. 28677
DATE EVALUATED: 8-16-19
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 2.05 AC
LOCATION OF SITE: 1087 ~~BETHESDA~~ ROAD, STATESVILLE, NC 28677
PROPERTY RECORDED: NO
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)		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	
1	LINEAR SIDE 3%	0-12	SL, WSBK	FR, SS, SP, SEXP	SAP INC 28"-53" MICA COMMON	53"+	NA	NA	PS .3
		12-36	CL, SBK	FR, S, P, SEXP					
		36-53	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-11	SL, WSBK	FR, SS, SP, SEXP	SAP INC 30"-53" MICA COMMON	53"+	NA	NA	PS .3
		11-36	C, SBK	FR, S, P, SEXP					
		36-53	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-14	SL, WSBK	FR, SS, SP, SEXP	SAP INC 30"-53" MICA COMMON	53"+	NA	NA	PS .3
		14-32	CL, SBK	FR, S, P, SEXP					
		32-53	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-11	SL, WSBK	FR, SS, SP, SEXP	SAP INC 24"-48" MICA COMMON	48"+	NA	NA	PS .3
		11-28	C, SBK	FR, S, P, SEXP					
		28-48	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. White
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) 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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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

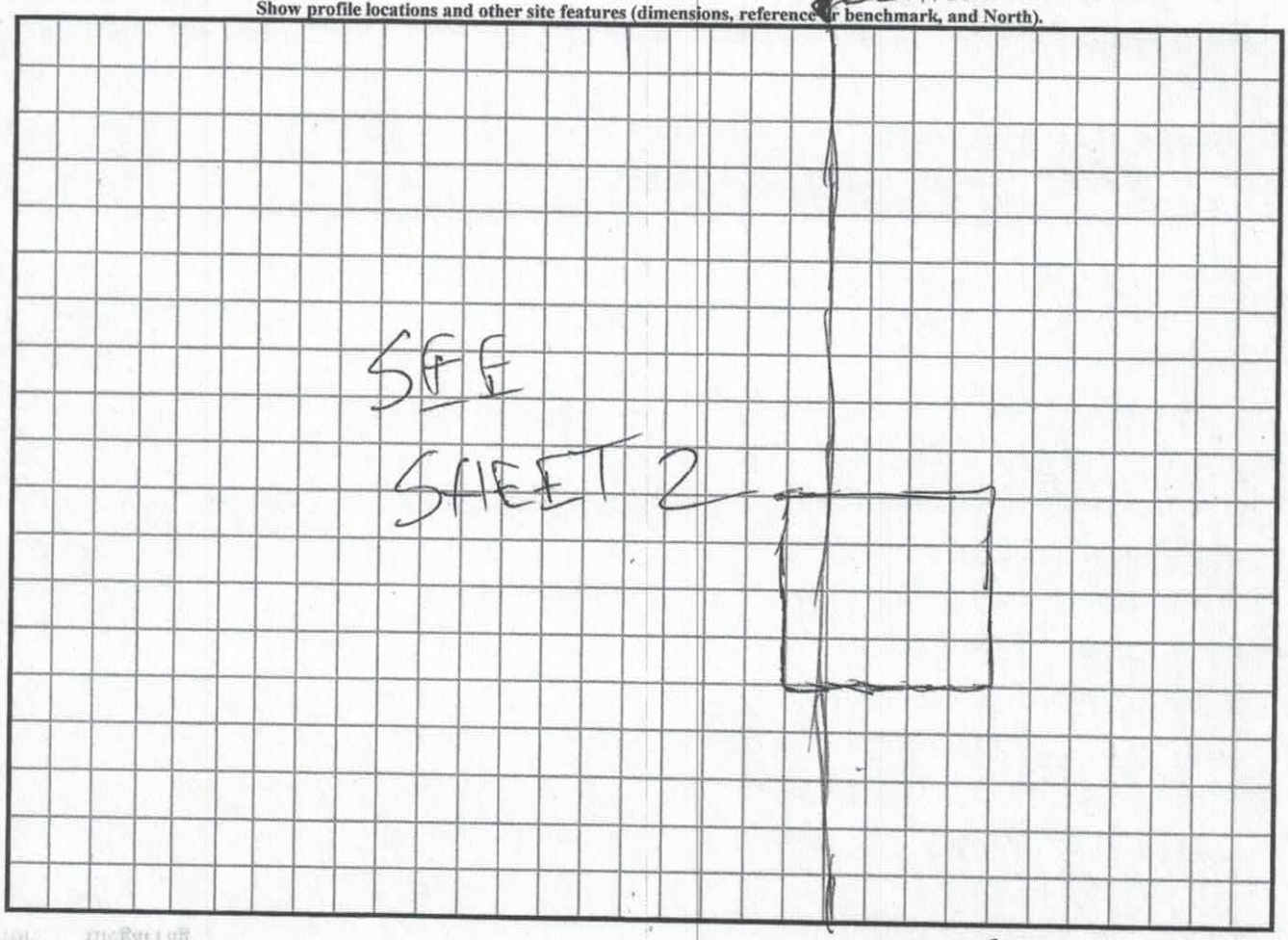
2 LOTS TO BE COMBINED

NTS

R TO DISAPPEAR

~~BETHESDA ROAD~~

Show profile locations and other site features (dimensions, reference or benchmark, and North).



LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

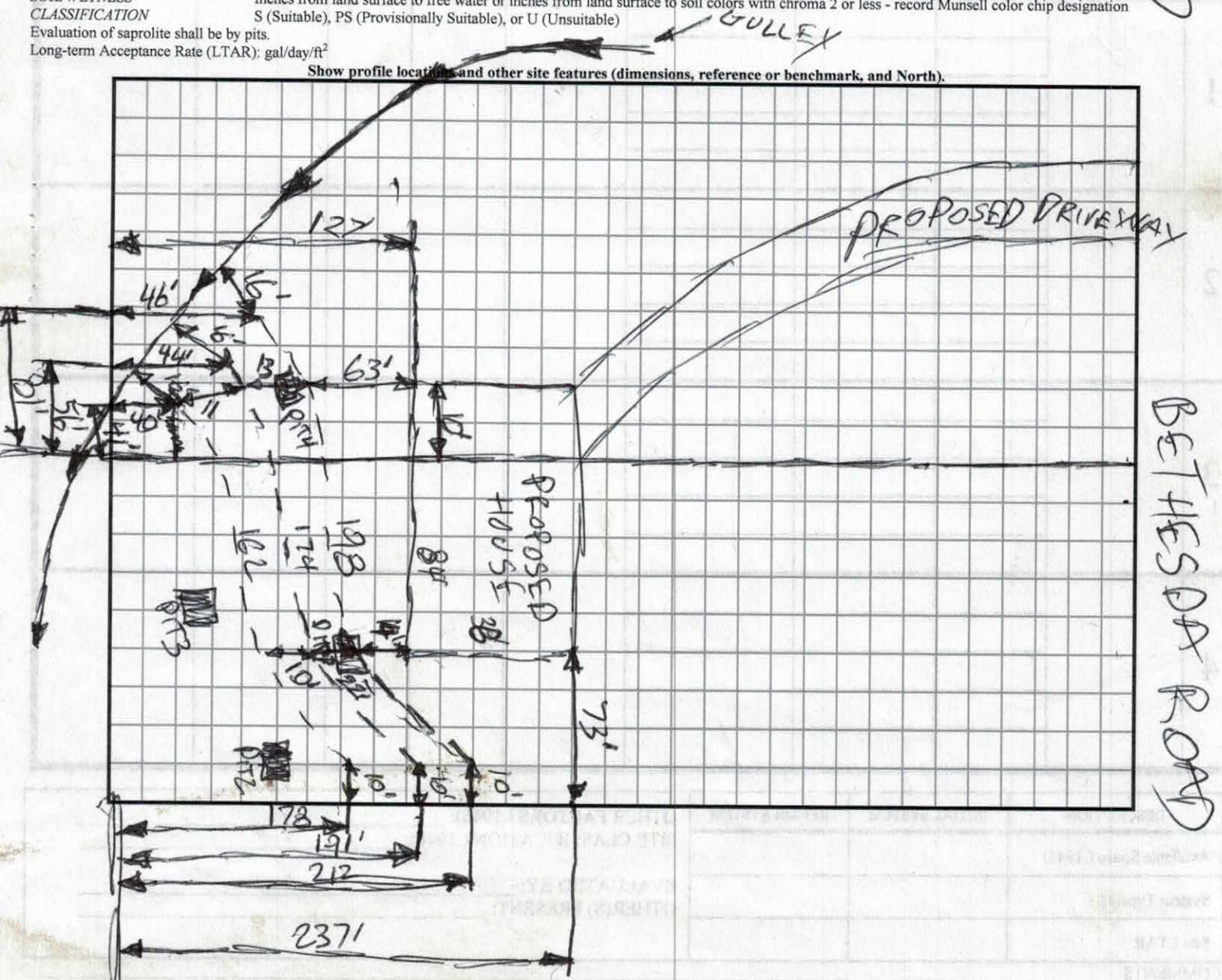
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DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
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NTS

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SVL

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)

$500

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

247299

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Deena Abee

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Gabriel & Tammy Powell	129 Freda Ln. Statesville		704-239-3693
Mary McNeely Et Al	1843 Mitchell Ave. Statesville		

4. Property Information:

1084 or GIS — 1089 Bethesda Rd. (Street Address); Mary Frances Deaton McNeely Et AL (Subdivision Name); 1 & 2 (Section/Phase and Lot Number)

Driving Directions: 70 E - (R) Bethesda - properties on right almost @ Oswalt Amity

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

(X) 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 4
Maximum Number of Occupants 8
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:

(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 ( ) 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?
(X) 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: Deena Abee — 7/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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:

X **Property Line measurements are clearly identified...** X **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*

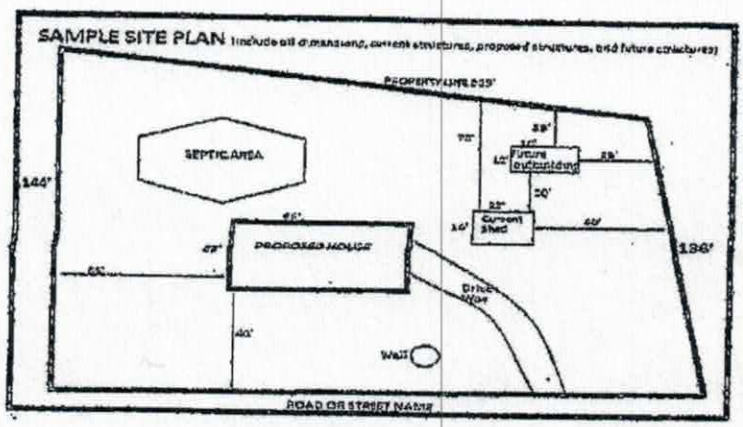
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

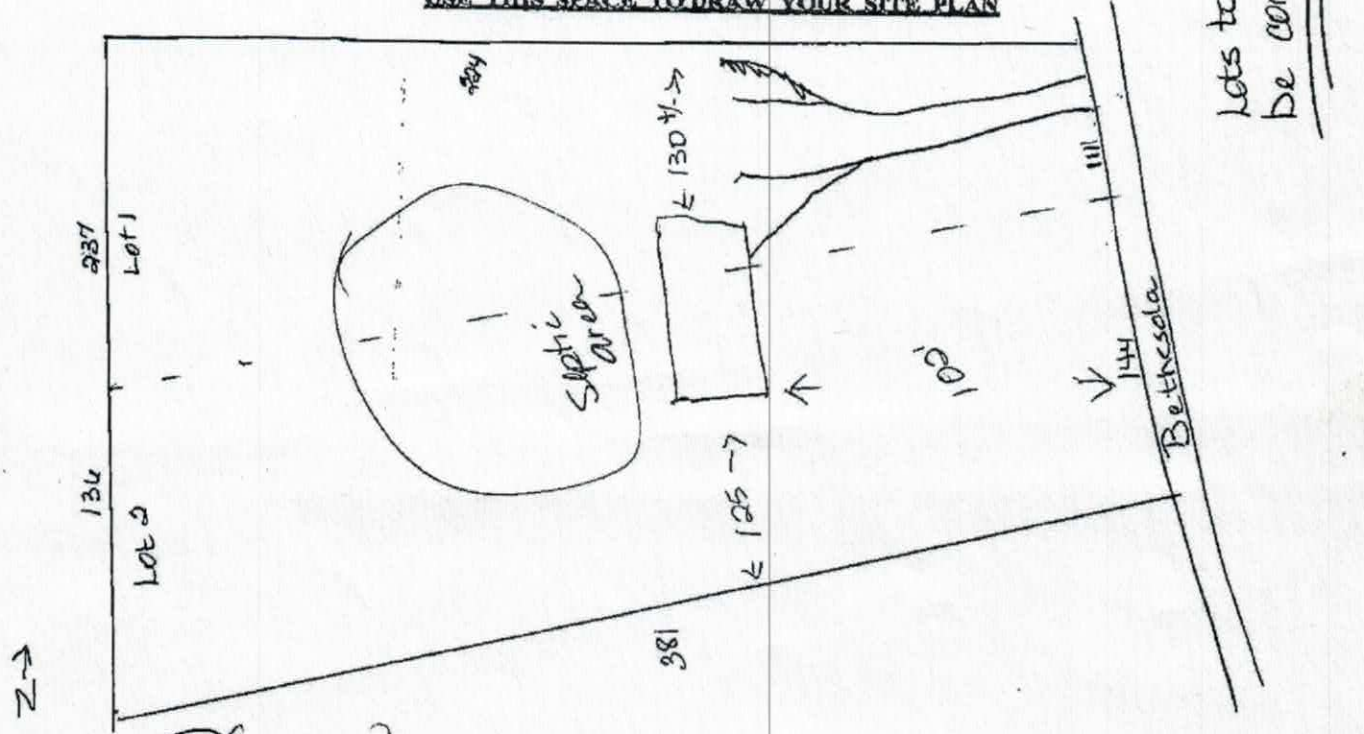
Circle N/A on the following if appropriate:

X **Location of septic systems and wells within 100' of your property...** (N/A)

X **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

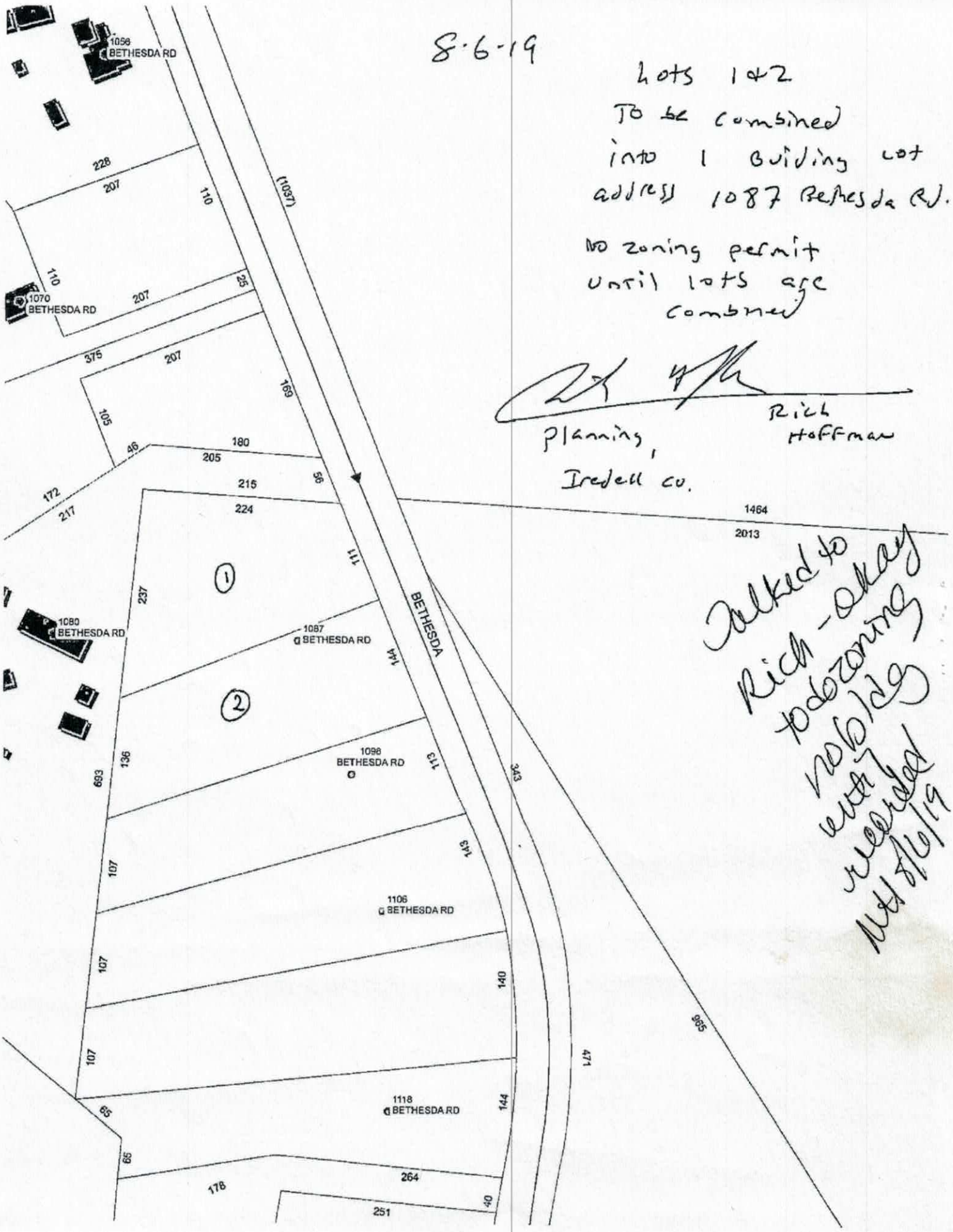


Signature: Deena Abee

REQUIRED property owner or owner's legal representative signature.

7/29/19

DATE



8-6-19

Lots 1 & 2
To be combined
into 1 Buiding Lot
address 1087 Bethesda Rd.

No zoning permit
until lots are
combined

Rick Hoffman
Planning,
Iredell Co.

Talked to Rich - okay to do zoning now & bldg when recorded MH 8/6/19

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)* Pleasant Paul Deaton

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, Pleasant Paul Deaton, am the legal owner(s) of the property located at ~~1084 & 1092~~ 1081 Bethesada Rd., identified as PIN (Parcel Identification Number) ~~4761461261~~ 4761461096/, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Della Abee, 1st Choice Housing, 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.

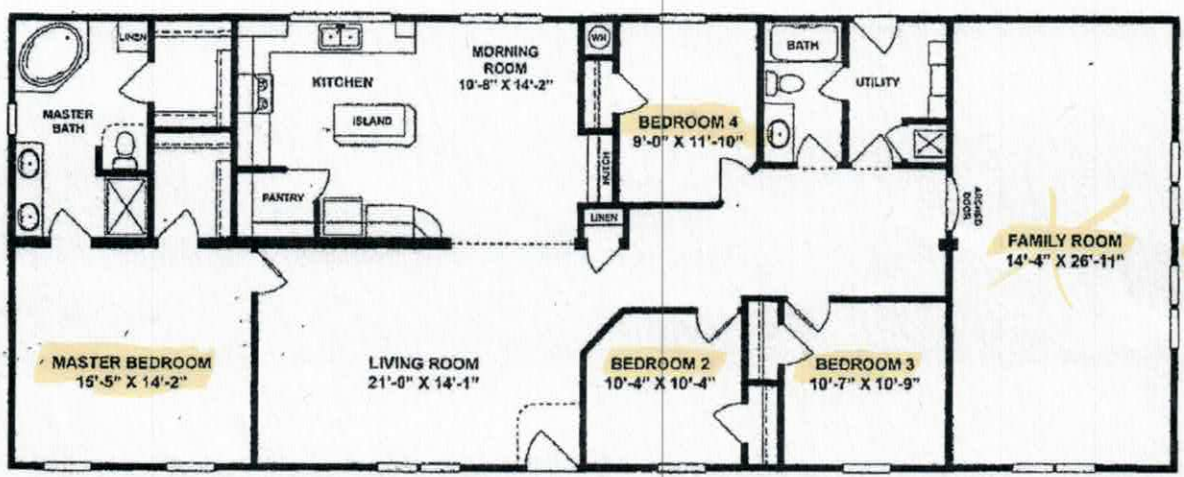
Pleasant Paul Deaton — Signature of Owner(s)

07/26/19 — Date

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

Schuff richfield
Legacy 4777



Acknowledgement Of
Plans Submittal ONLY!
Date 8/6/19
Date 8-23-2019

Plan Details

IREDELL COUNTY

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

APPLICATION NUMBER
247299
Issue Date: 08/06/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4761461096.000	1087 BETHESDA ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: MCNEELY MARY FRANCES D ETAL	Applicant: 1ST CHOICE HOUSING INC
Address: 1243 MITCHELL AVENUE	Address: 16507 NORTHCROSS DR SUITE G
STATESVILLE, NC 28677	HUNTERSVILLE, NC 28078
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

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

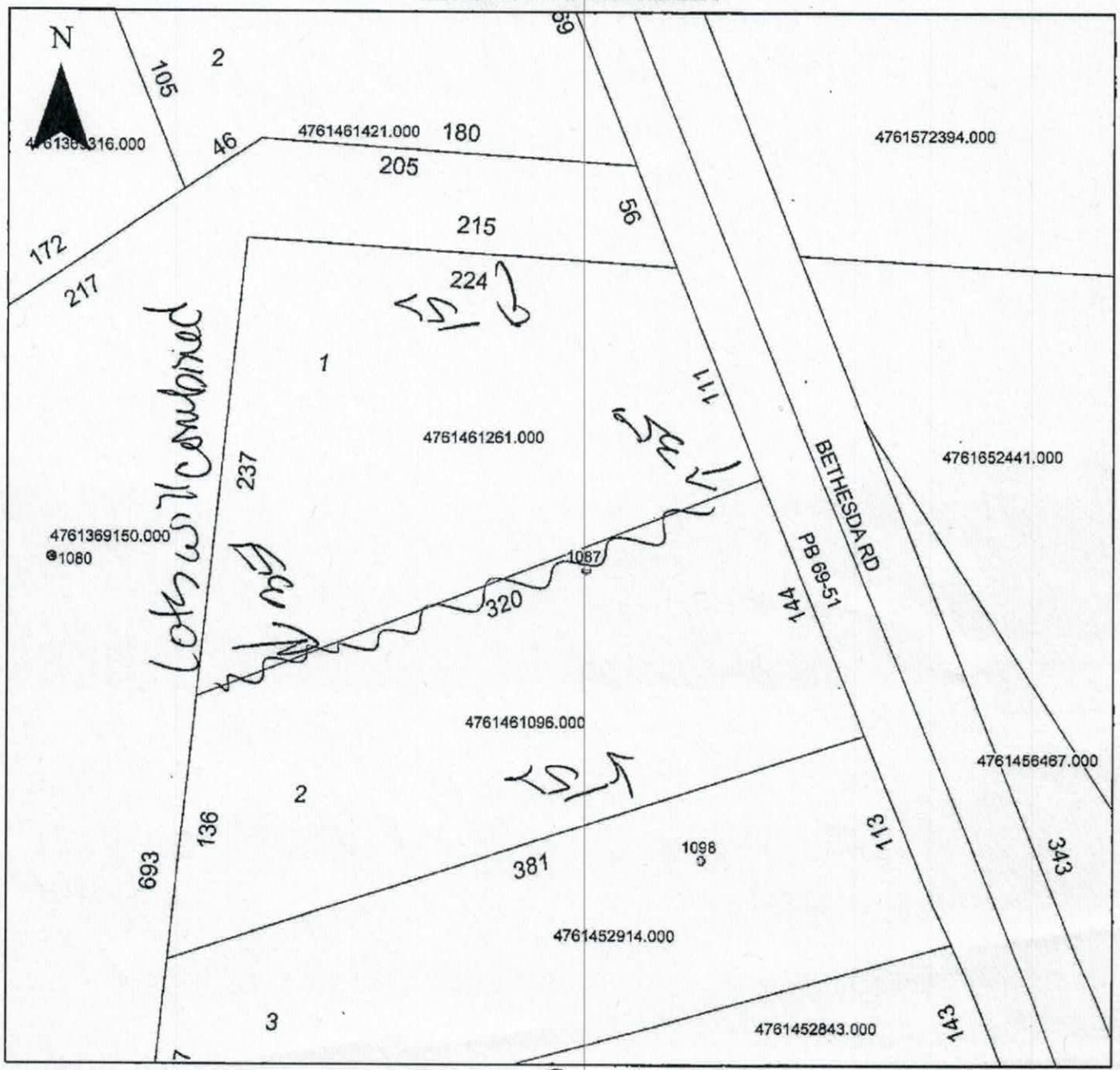
Remarks:

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	187891	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1087 Bethesda

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.

Deena Abee
Applicant

8/6/19
Date