IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2316555

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

PIN # 4763630757.158

APPLICANT/OWNER: Robert + Sarah Perdue APPLICANT ADDRESS: 201 Jacobs Woods circle, Troutman

SITE ADDRESS: 158 Wayside Rd Statesville 28677 PHONE: 704-682-2615 ALT. PHONE 704-682-9436

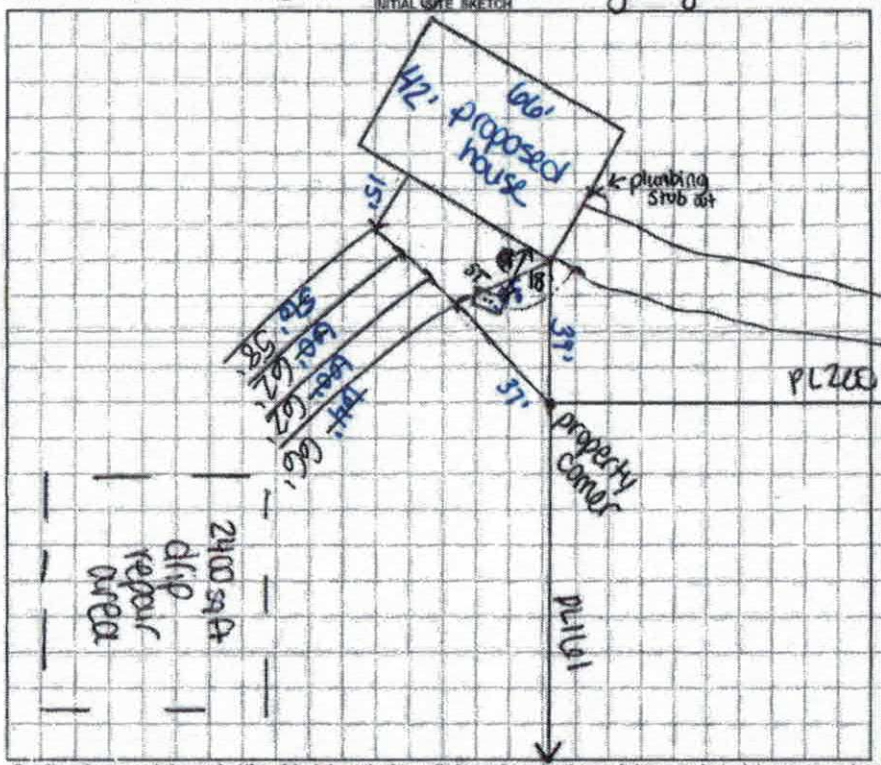
SITE DIRECTIONS: Hwy 70 → R on Nabors Rd → R on Wayside → on right behind 100 Wayside SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10.119 ac DESIGN FLOW: 240gpd L.T.A.R.: .25

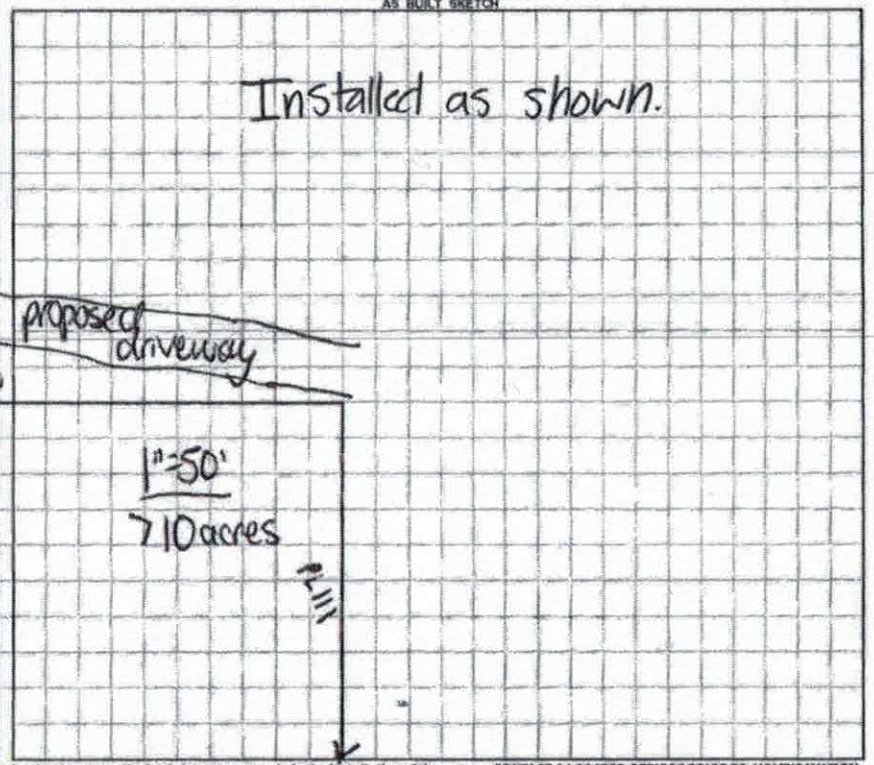
Septic Tank	1000	(gal)	STB 1012	Date 3-12-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply	
Pump Tank		(gal)	PT	Date	System Description:	25% reduction	☐ Business	No. Persons	4	☒ Private	
Pump Make			Model	Serial #	Repair System Description:	drip	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	4	Linear Ft 240'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth(Low side)*	34" *	Gravel Depth —		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install on contour + utilize serial distribution. Install trench bottom at 36" (high side). Bring plumbing out in front of house to the right of the garage to achieve gravity fall to tank / system.

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 plan 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: Yountz Grading + Septic

IMPROVEMENT PERMIT by: Carla C. Cowe Date: 8/15/18 OPERATION PERMIT by: Kayla Wilson Date: 4-25-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cowe Date: 8/15/18 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.

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

Sheet ___ of ___
PROPERTY ID #: 4763036757
COUNTY: Iredell

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

OWNER: Robert & Sarah Perdue
ADDRESS: 201 Jacob Woods Circle, Troutman
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 158 Wayside Rd Statesville
APPLICATION DATE: 6/18/18
DATE EVALUATED: 7/16/18
PROPERTY SIZE: 10 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	SS 5%	0-10	ABK SCL	Fr SSSP SHP	10YR 6/2 @ 22" - few rocks @ 32"	49"	N/A	N/A	drip
		10-32	ABK SC	Fi " "					
		32-49	ABC CL	Fi " "					
2 I	SS 5%	0-7	ABC SCL	Fr SSSP SHP	prdy @ 24 ~~BABK~~ many Y/O mottles	50"	N/A	TB @ 36"	PS .25
		7-24	ABK C	Fi " "					
		24-50	PL CL	Fi " "					
3	SS 5%	0-10	ABC SBL	Fr SS SP SHP	PL @ 20 10YR 6/2 @ 20"	52"	N/A	N/A	drip
		10-20	ABK C	" "					
		20-52	PL CL	Fi " "					
4	SS 5% trace 2nd 24	0-7	ABK SCL	Fr SS SP SHP	10YR 6/2 @ 22"	50"	N/A	N/A	drip
		7-22	ABK C	" "					
		22-50	PL CL	Fi " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	
System Type(s)	25%	drip
Site LTAR	.25	.1

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

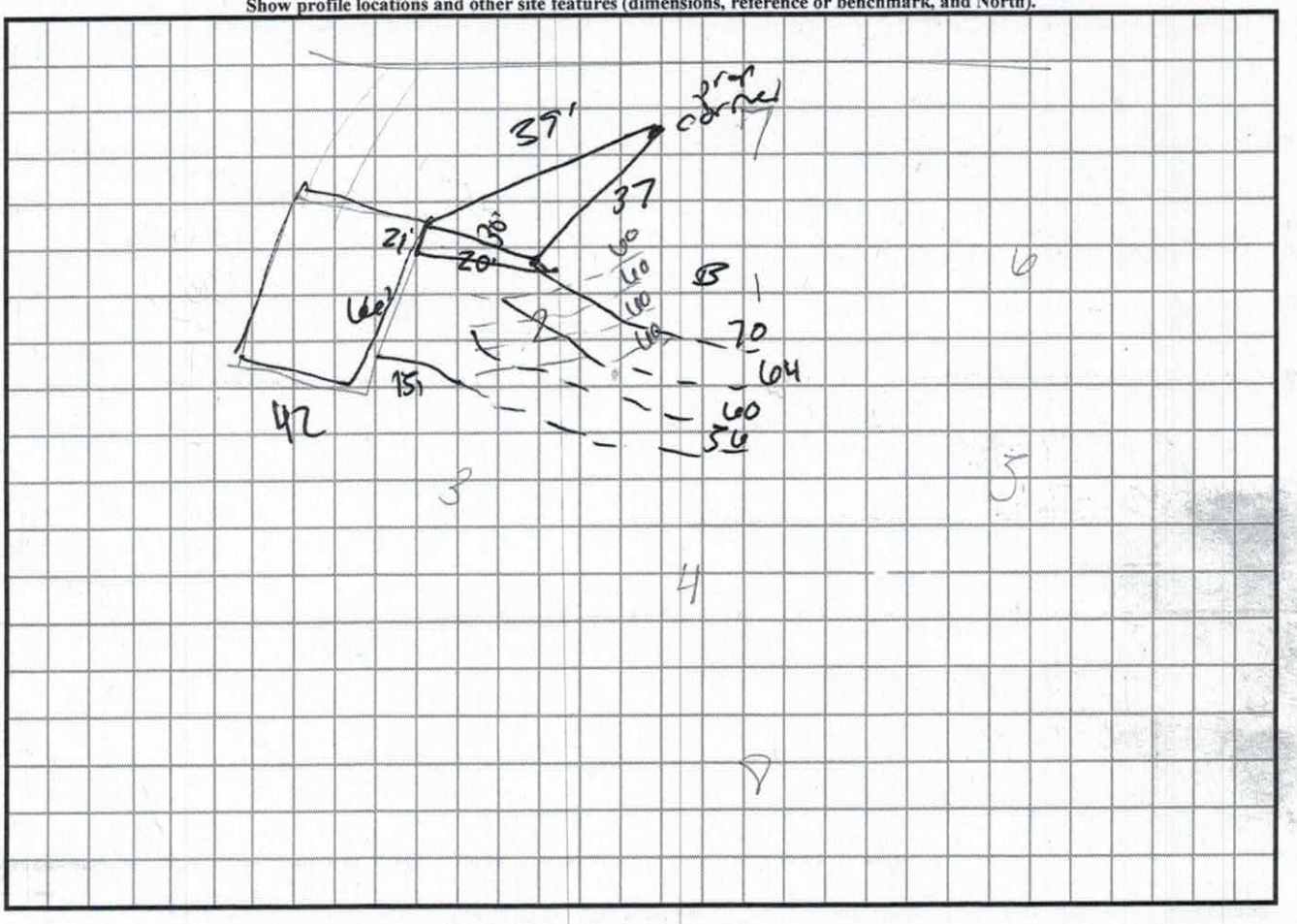
NOTES

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).



5 - 0-10
10-24 PL @ 10"
10YR 6/2 @ 20"

6 - 10YR 6/2 @ 20"

7 - PL @ 24" (0-8)

8 - 10YR 6/2 @ 30"

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 #: 476303 6757
DATE OF EVALUATION: 7/11/18
COUNTY: Iredell

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
5	SS SO	0-10	ABK SCL	Fi SS SP SEXP	few 4/6 mottles	49"	N/A	N/A	PS .2
		10-27	PL C	Fi " "					
		27-49	PL CL	Fi " "					
6	SS SO	0-8	ABK SCL	Fi SS SP SEXP	10YR 6/2 @ 20"	49"	N/A	N/A	drp
		8-32	ABK C	Fi " "					
		32-49	ABK CL	Fi " "					
7	SS SO	0-6	ABK SCL	Fi SS SP SEXP	N/A	49"	N/A	N/A	PS .2
		6-24	ABK C	" "					
		24-48	PL CL	Fi " "					
8	SS SO	0-5	ABK SCL	Fi SS SP SEXP	10YR 6/2 @ 30"	49"	N/A	N/A	drp
		5-30	ABK C	" "					
		30-49	ABK CL	" "					

COMMENTS:

RECEIVED JUN 1 8 2018

Paid $500.00 #236555

Left David message

left message 6/29

call David Younts

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(I) 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:**

J Todd Ellis (Applicant Name)	271 Cooper Farm Rd Statesville NC 28625 (Mailing Address)	704-873-7373 (Home Phone #)	704-902-0119 (Alternate Phone #)
Robert and Sarah Perdue (Owner Name)	201 Jacobs Woods Circle Troutman NC 28166 (Mailing Address)	704-682-2615 (Home Phone #)	704-682-9436 (Alternate Phone #)

4. **Property Information:**
   158 Wayside Rd. Statesville N.C. (Street Address) ____ (Subdivision Name) ____ (Section/Phase and Lot Number)
   Driving Directions: Highway 70 TR Nabors TR Wayside on right behind 160 Wayside road

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* 6/6/18

   (✓) 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 2 1p
   Maximum Number of Occupants 2
   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 (X) 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 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. industry) 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.

9. **Signature:** J Todd Ellis — Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 6/18/18 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, Robert and Sarah Perdue, am the legal owner(s) of the property located at 162 Wayside Rd Statesville, NC 28677, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) J Todd Ellis 4763036757, 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.

J Todd Ellis 6-18-18

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

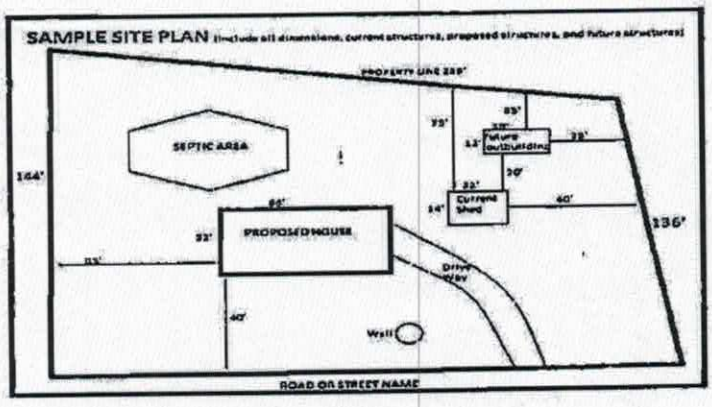
SITE PLAN WORKSHEET

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...**

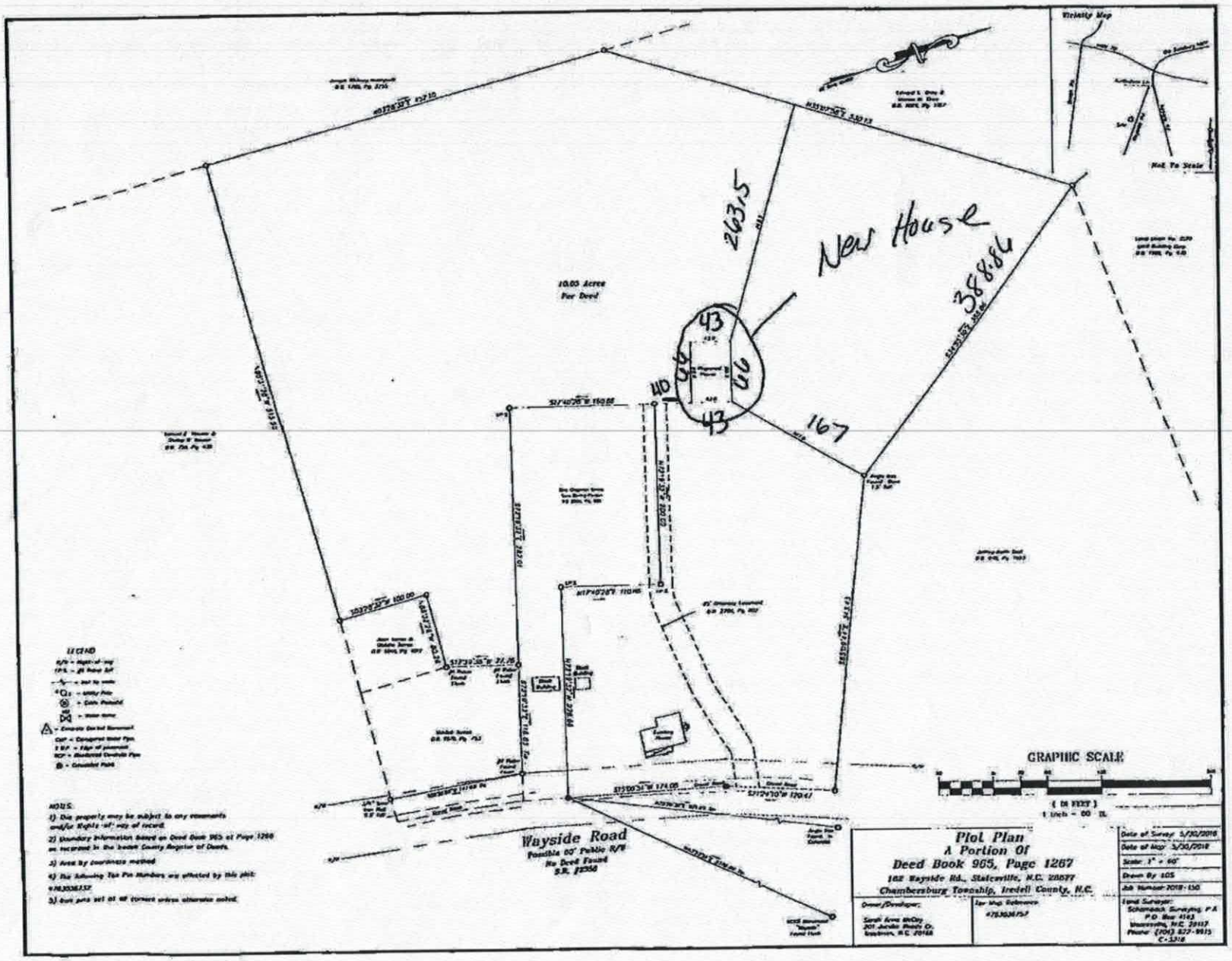
Circle N/A on the following if appropriate:
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A **____ Location of any designated wetlands on the property... N/A**

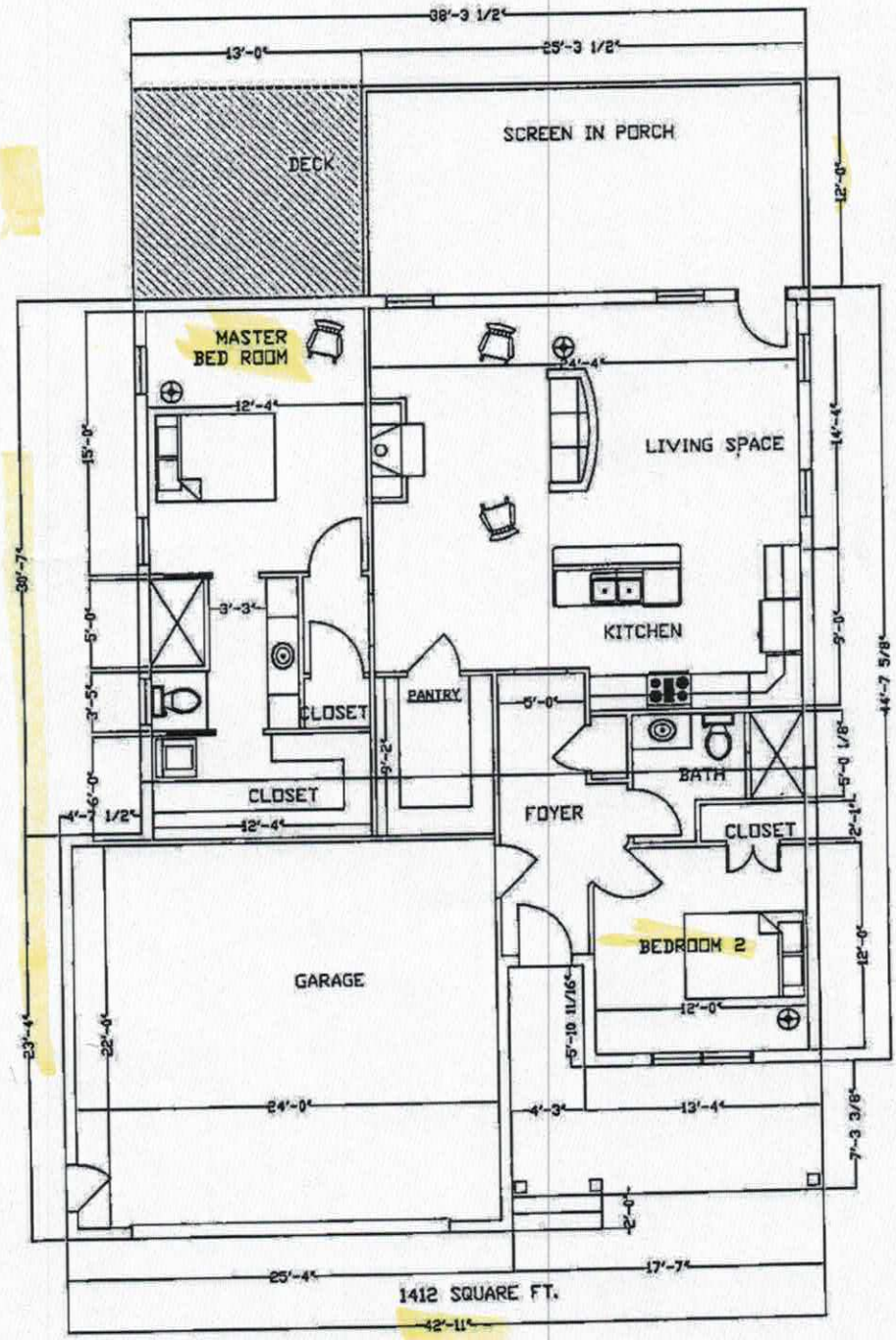


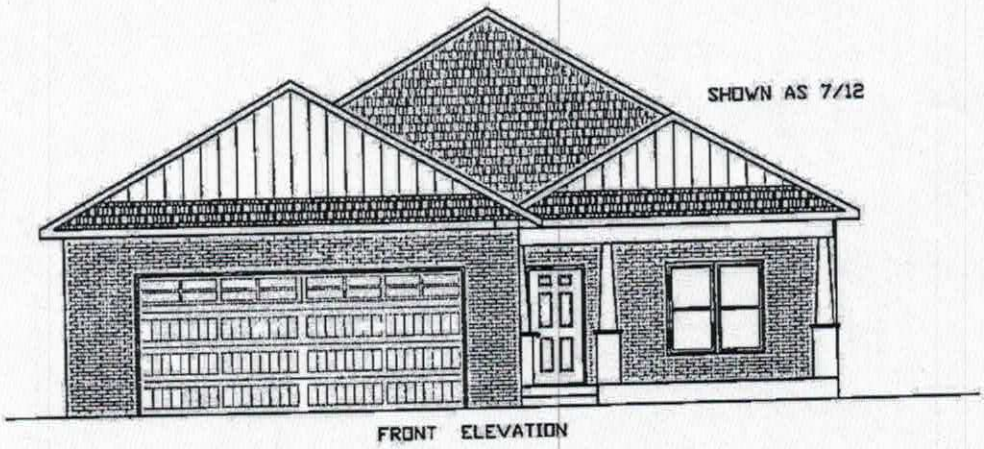
USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: _____ 6/18/18
REQUIRED property owner or owner's legal representative signature. **DATE**


New House
263.5
388.86
167
10.05 Acres
Per Deed
Wayside Road
Possible 60' Public R/W
No Deed Found
S.R. #2958
Vicinity Map
Not To Scale
GRAPHIC SCALE
1 Inch = 60 ft.
Plot Plan
A Portion Of
Deed Book 965, Page 1267
182 Wayside Rd., Statesville, N.C. 28677
Chambersburg Township, Iredell County, N.C.
Owner/Developer:
Sarah Anne McCoy
201 Jordan Beach Ct.
Mooresville, N.C. 28115
Tax Map Reference
#7830M157
Date of Survey: 5/30/2018
Date of Map: 5/30/2018
Scale: 1" = 60'
Drawn By: SDS
Job Number: 2018-130
Land Surveyor:
Schumacher Surveying, P.A.
P.O. Box 4143
Mooresville, N.C. 28117
Phone: (704) 827-9915
C-3218
NOTES:
1) This property may be subject to any covenants and/or Rights-of-way of record.
2) Boundary information based on Deed Book 965 at Page 1268 as recorded in the Iredell County Register of Deeds.
3) Area by coordinate method
4) The following Tax Pin Numbers are affected by this plat:
#7830M157
5) Iron pins set at all corners unless otherwise noted.





FRONT ELEVATION

Acknowledgement Of Plans Submittal ONLY!
Coogler C. Coe Date 8/15/18
Date 8/29/18

IREDELL COUNTY

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

APPLICATION NUMBER
236555
Issue Date: 06/18/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4763036757.000	158 WAYSIDE ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: MCCOY SARAH ANNE	Applicant: JEFFREY TODD ELLIS-BLD	Contractor: JEFFREY TODD ELLIS-BLD
Address: 201 JACOBS WOODS CR	Address: 271 COOPER FARM ROAD	Address: 271 COOPER FARM ROAD
TROUTMAN, NC 28166	STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: 704-873-7373	Phone: 704-902-0119
		License Type: BLDG License Number: 31966

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

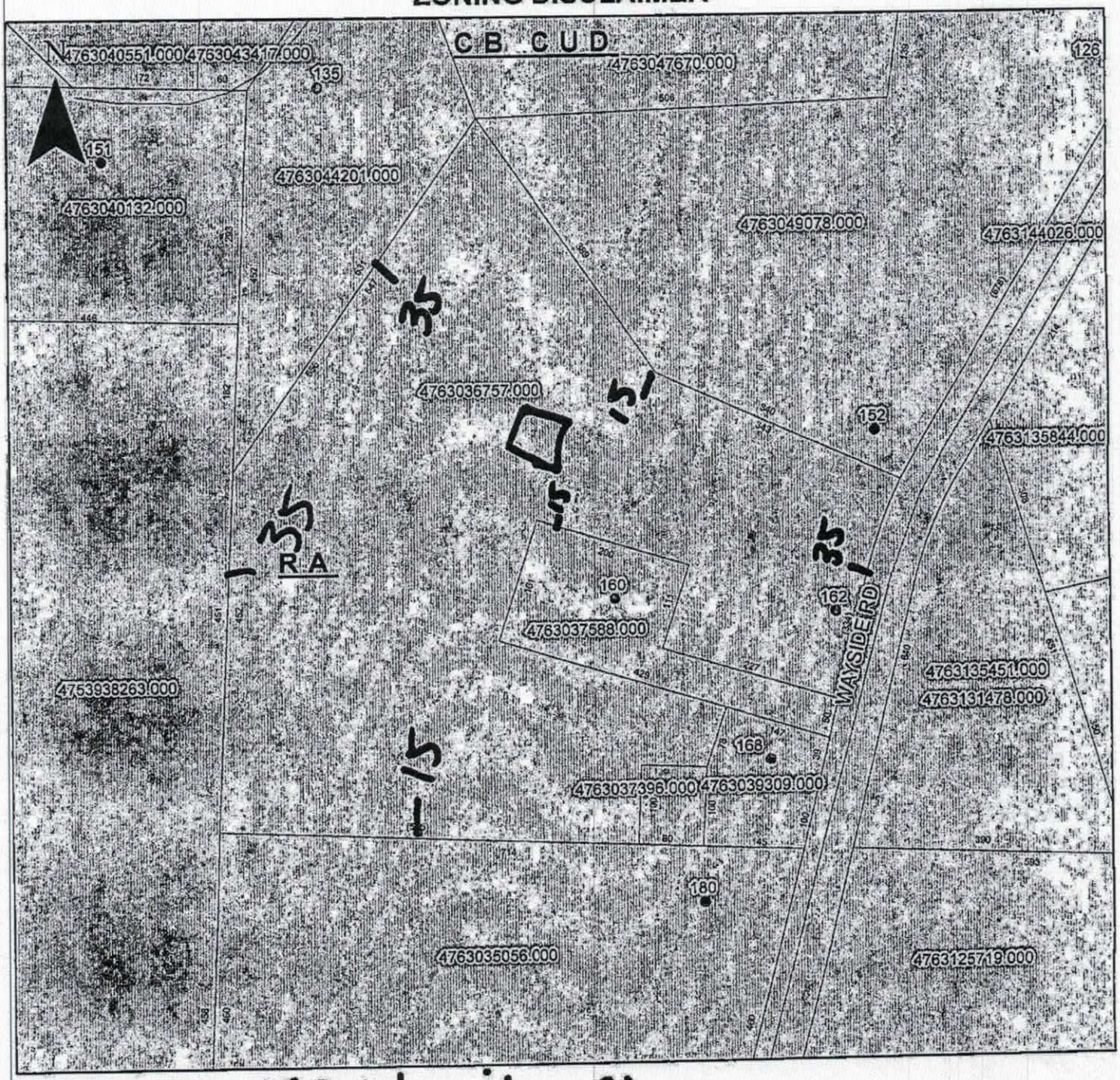
Date: 06/18/2018

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	142594	TOTAL FEES:	$ 500.00

ZONING DISCLAIMER



Property Address 158 Wayside Rd.

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

Date