IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234542

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

PIN # 4766725219

APPLICANT/OWNER: Robert Colvert APPLICANT ADDRESS: 131 East Wood Dr, Statesville

SITE ADDRESS: 784 Mocksville Hwy, Statesville 28625 PHONE: 704-902-3068 ALT. PHONE —

SITE DIRECTIONS: I40E exit 154 TR → L on 64 → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.18ac DESIGN FLOW: 360 gpd L.T.A.R.: .275

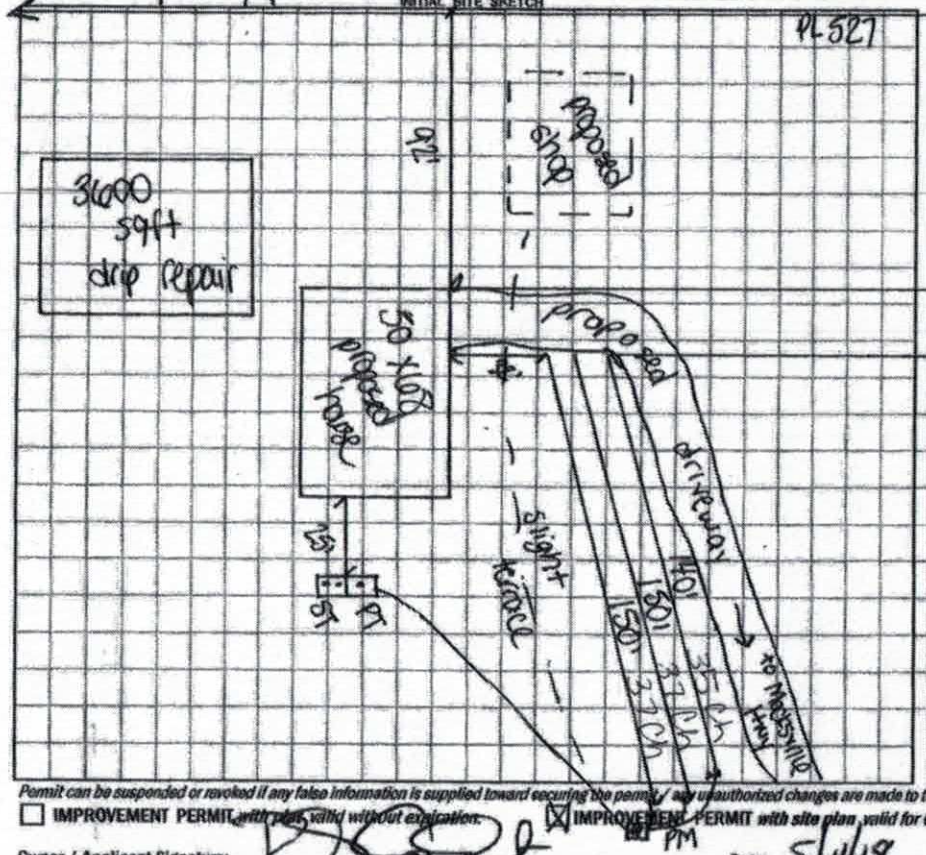
Septic Tank	1000 (gal)	STB	012	Date	1-11-18	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	1.1	Date	12-28-17	System Description: 25% reduction-deep-PM (no reduction)		☐ Business	No. Persons	10	☐ Private
Pump Make	Goulds	Model	WE0512MU	Serial #	19337S	Repair System Description: drip		☐ Other	No. Employees	—	☒ Public
# Nitrification Fields	1	# Lines	3	Linear Ft.	437	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	1	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	39" ★	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install on contour. Slight terrace must be graded to prevent ponding over drainfield area. Do not drive on/park/pave drainfield area.

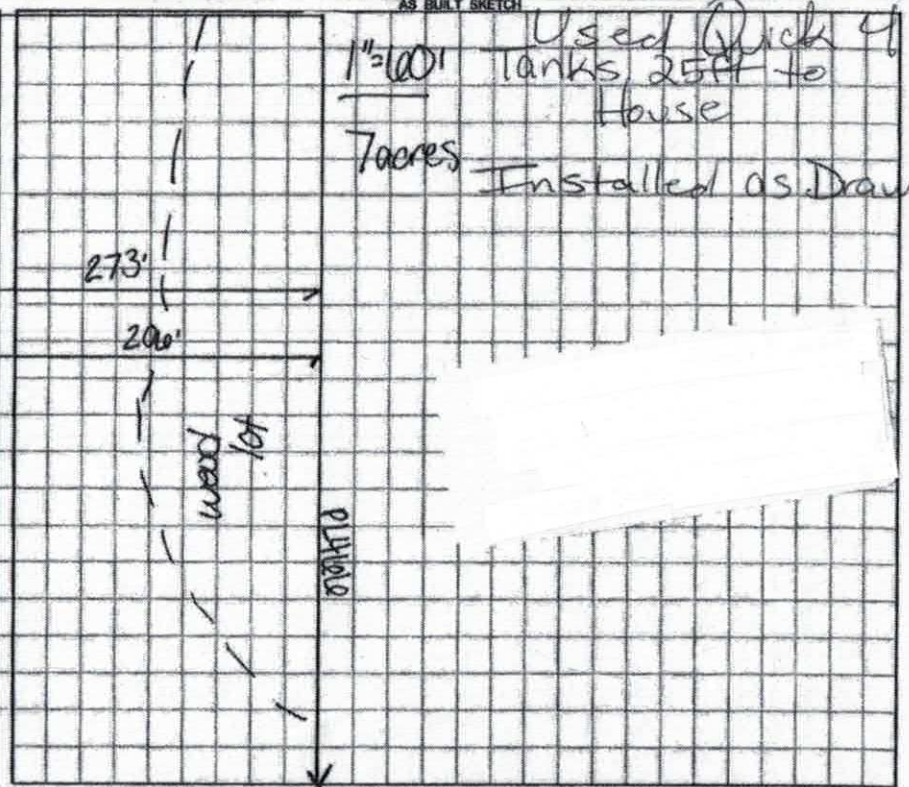
L1, L2, L3 - 1/2" sch40 laps ★ Trench bottom must be at 39" low side ★
2.65g dose vol
9.8" drawdown

INITIAL SITE SKETCH

PL-527



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: [signature] Date: 5/4/18 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Carla C. Cave Date: 5/3/18 OPERATION PERMIT by: Maria Dotson Date: 3/14/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5/3/18 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.

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

Sheet 1 of 1
PROPERTY ID #: 4705725219
COUNTY: Iredell

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

OWNER: Robert Colvert
ADDRESS: 131 Eastwood Dr Statesville
PROPOSED FACILITY: SBR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 784 Mocksville Hwy
APPLICATION DATE 4/1/18
DATE EVALUATED: 4/16/18
PROPERTY SIZE: 7.18
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 R	SS 5%	B-13	SBK SCL	Fr SS SP SEXP	chroma 2 @ 30"	48"	N/A	N/A	drip .1
		B-30	ABK C	" "					
		30-48	ABK CL	" "					
2 R	SS 5%	0-10	SBK SCL	Fr SS SP SEXP	10YR 6/2 platy @ 22" low chromas @ 26"	48"	N/A	N/A	drip .1
		10-48	PL C	" "					
3 R	SS 5%	0-10	SCL	Fr SS SP SEXP	chroma 2 @ 21"	48"	N/A	N/A	drip .1
		10-48	PL@28" C	" "					
4 I	SS 4%	0-4	SBK SCL	Fr SS SP SEXP	many sp incl.	64"	N/A	N/A	PS .25 -dep .275
		4-37	SBK C	" "					
		37-48	SBK CL	" "					
		48-64	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	4371	3600sqft
System Type(s)	red. chrom	drip
Site LTAR	.275	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

0-8 8-34 34-48 CL pl @ 22" low chroma @ 27" suitable - possible

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

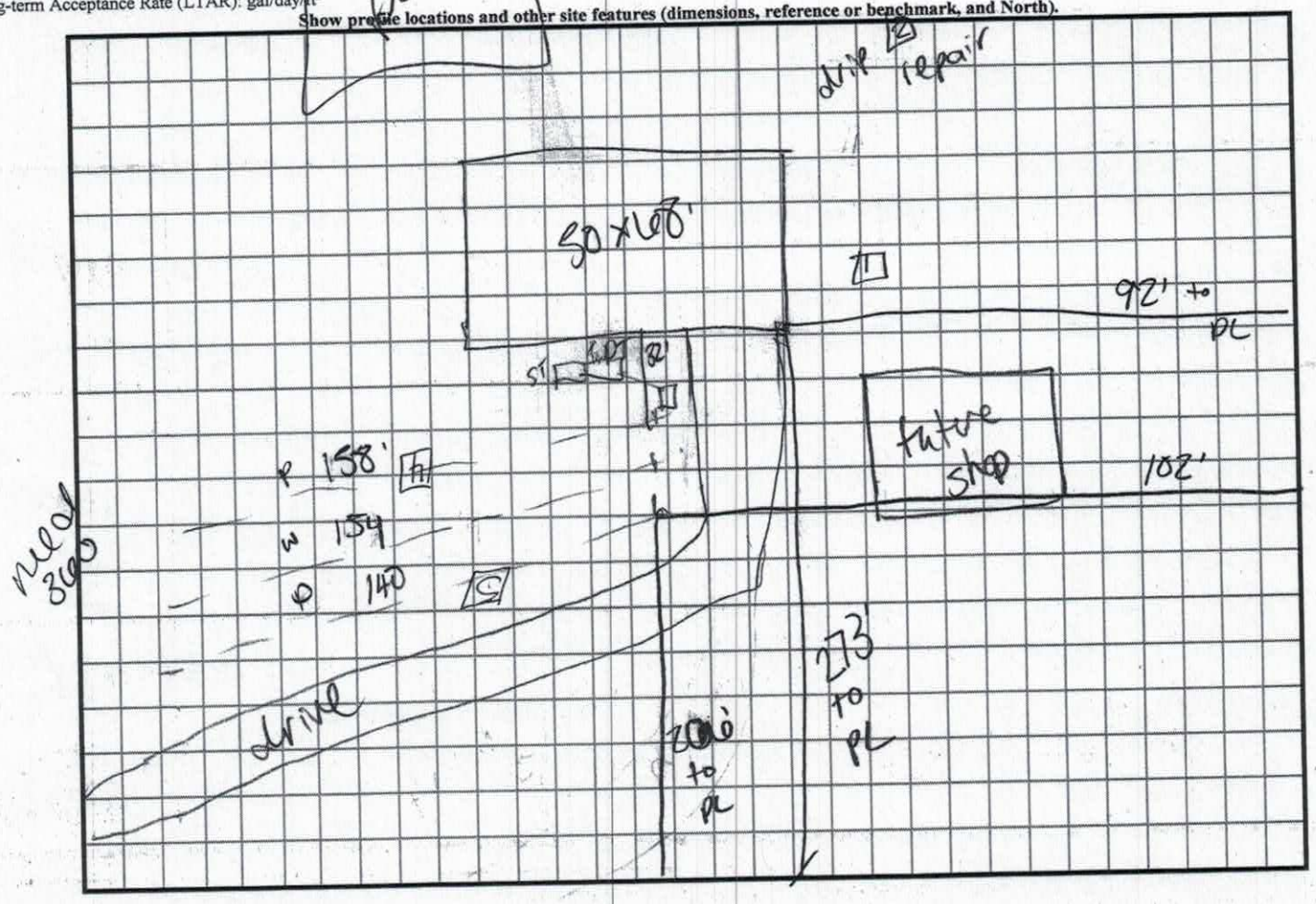
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



deeper in front

437

150
150
140

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 #: 4705125219
DATE OF EVALUATION: 4/30/18
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
S I	SS 4%	0-8	SBK SCL	FR SS SP SBXP	10YR Chroma ≥ 2 @ 27" (Litho) (2.5Y 7/2 Moist) SAP INC.	60"	N/A	N/A	PS .25 - Deep Ltr
		8-34	PL @ 22" C	" "					
		34-52	SBK CL	" "					
		52-60	SBK CL	" "					

Check to see if marked - building

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Robert Colvert Address: 131 EASTWOOD DR STATESVILLE Zip: 28625
Applicant Email: robcolvert@me.com Phone: 704 902 3068 Alt. Phone:
Owner Name: Robert Colvert Address: Zip:
Owner Email: robColvert@me.Com Phone: Alt. Phone:

Property Information:

Street Address: 784 Mocksville Highway STATESVILLE 28625
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Hwy 64 East Towards New Salem Rd. TR @ 784 Mocksville Hwy

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
(✓) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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:

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) 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 (✓) 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: [signature] 4/1/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

2pm

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 Colvert, am the legal owner(s) of the property located at 784 Mocksville Highway Statesville 28625, identified as PIN (Parcel Identification Number) 4765725219, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tony Capote Capote Builders, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	4/1/18		

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

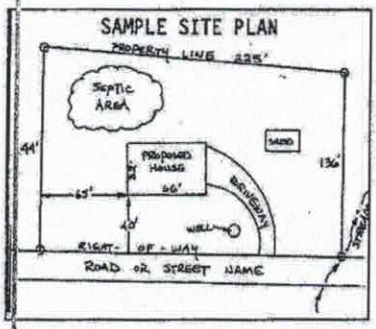
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- (X) Preferred septic system location
- (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

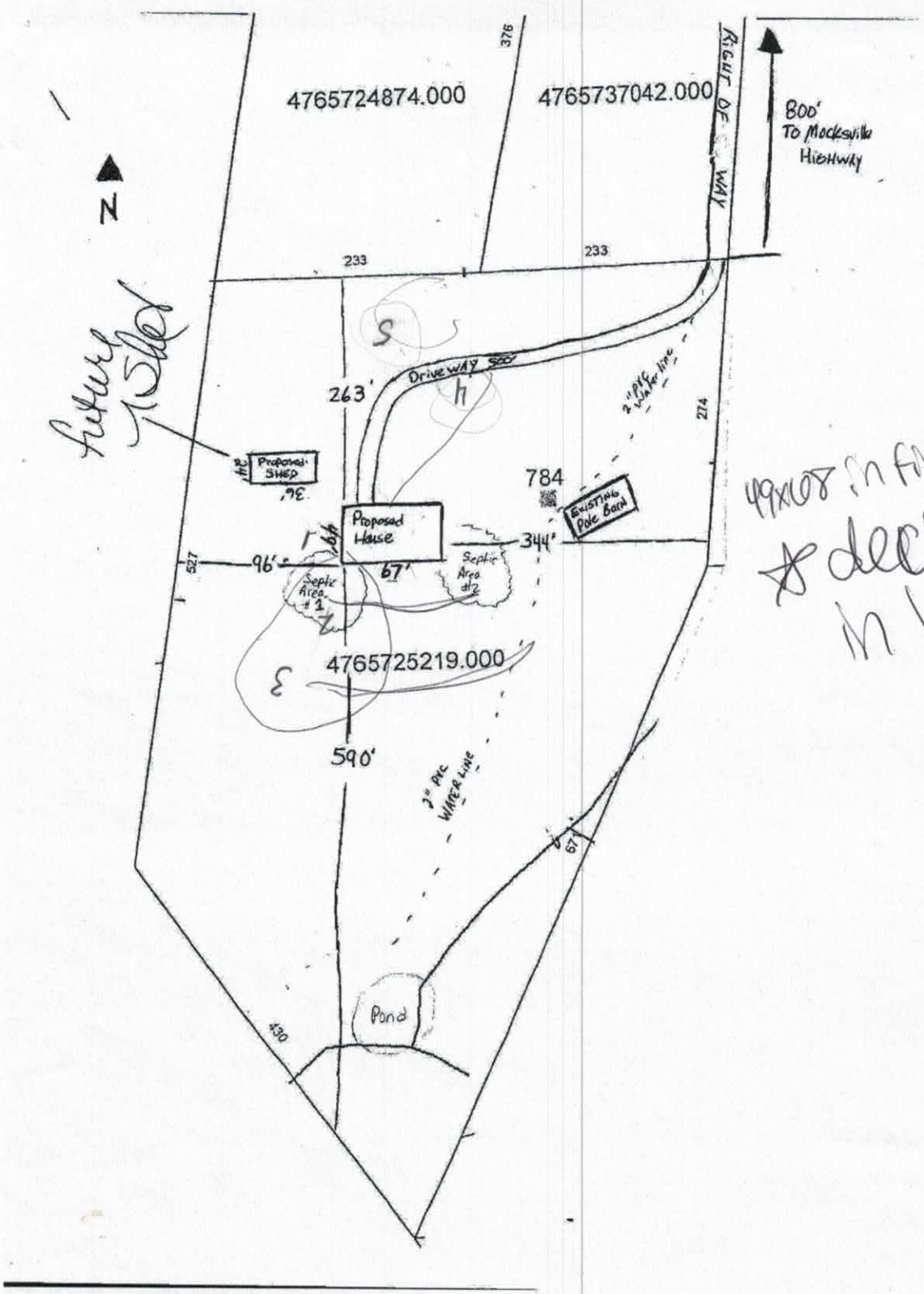
See Attached

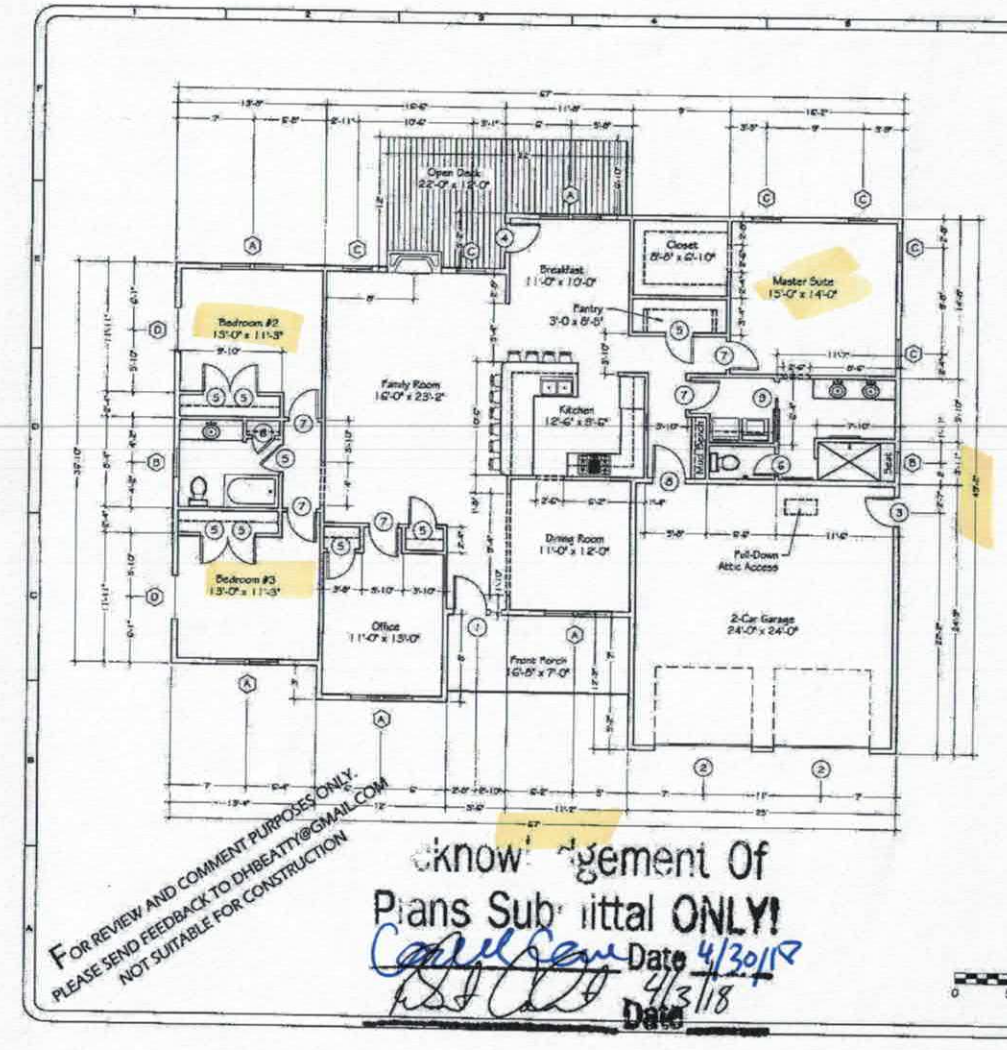
Signature: _____

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

4/1/18

DATE


4765724874.000
4765737042.000
376
Right of Way
800' To Mocksville Highway
N
233
233
Future 1 Story
Driveway 500'
263'
2" PVC Water line
274
Proposed SHOP
30'
40'
784
Existing Pole Barn
Proposed House
67'
344'
96'
527
Septic Area #1
Septic Area #2
4765725219.000
590'
3" PVC WATER LINE
67'
Pond
430
49x68 in field
deck in back



Door Schedule

Sym	Qty	Size	Description	Note
1	1	3'0" x 6'8"	Main entry door	
2	2	9'0" x 7'0"	Overhead garage door	
3	1	2'8" x 6'8"	Interior door	
4	1	2'6" x 6'8"	Interior door	Half 5'0 lite
5	8	2'6" x 6'8"	Interior door	
6	2	2'6" x 6'8"	Interior door	
7	5	2'8" x 6'8"	Interior door	
8	1	3'0" x 6'8"	Exterior door with ten lite	
9	1	2'6" x 6'8"	Interior pocket door	
	22	Total		

Window Schedule

Sym	Qty	Size	Description	Note
A	5	5'4" x 4'0"	Twin Double Hung Window	
B	2	2'8" x 3'0"	Double Hung Window	Suitable for shower location
C	6	2'8" x 5'0"	Double Hung Window	
D	2	4'0" x 1'0"	Fixed Pane Transom Window	Top of window level with other windows
	15	Total		

Floor Plan Specifications:

MAIN FLOOR	2165
BASEMENT	N/A
FINISHED LOFT/ER	N/A
INTERIOR TOTAL	2165
FRONT PORCH	147
SCREENED PORCH	N/A
COVERED DECK	N/A
OPEN DECK	198
OUTDOOR LIVING TOTAL	345

Floor Plan Notes:

1. Do not scale drawings. Follow dimensions only.
2. Unless otherwise noted, ceiling heights are to be:
   A. Main Floor: 9'-0"
   B. Basement: N/A
   C. Second Floor: N/A
3. Window and door sizes noted on plans refer to nominal sizes. Refer to manufacturer specifications for exact dimensions and rough opening sizes.
4. All interior dimensions are from centerline of stud to centerline of stud unless noted otherwise.
5. All exterior dimensions are from outside of stud wall to outside of stud wall unless noted otherwise.
6. Deck stairs subject to owner discretion.

Field applications may allow for minor adjustments to dimensions and measurements as shown.

0 5 10 20

FOR REVIEW AND COMMENT PURPOSES ONLY.
PLEASE SEND FEEDBACK TO DHBEATTY@GMAIL.COM
NOT SUITABLE FOR CONSTRUCTION

Acknowledgement Of
Plans Submittal ONLY!
Date 4/30/18
Date 4/3/18

FOR REVIEW AND COMMENT PURPOSES ONLY.
PLEASE SEND FEEDBACK TO DHBEATTY@GMAIL.COM
NOT SUITABLE FOR CONSTRUCTION

dh BEATTY
Architectural and Marketing Drafting

A NEW HOME PLAN FOR
THE COLVERT RESIDENCE

Main Floor Plan

Project number: 8
Date: 12-17-17
Sheet No: 2 of 6

IREDELL COUNTY

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

APPLICATION NUMBER
234542
Issue Date: 04/03/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4765725219.000	784 MOCKSVILLE HIGHWAY, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COLVERT ROBERT LEE	Applicant: COLVERT, ROBERT
Address: 157 DONSDALE DR	Address: 784 MOCKSVILLE HWY
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.180	35.00	35.00	15.00	15.00	NOT	X

Remarks:

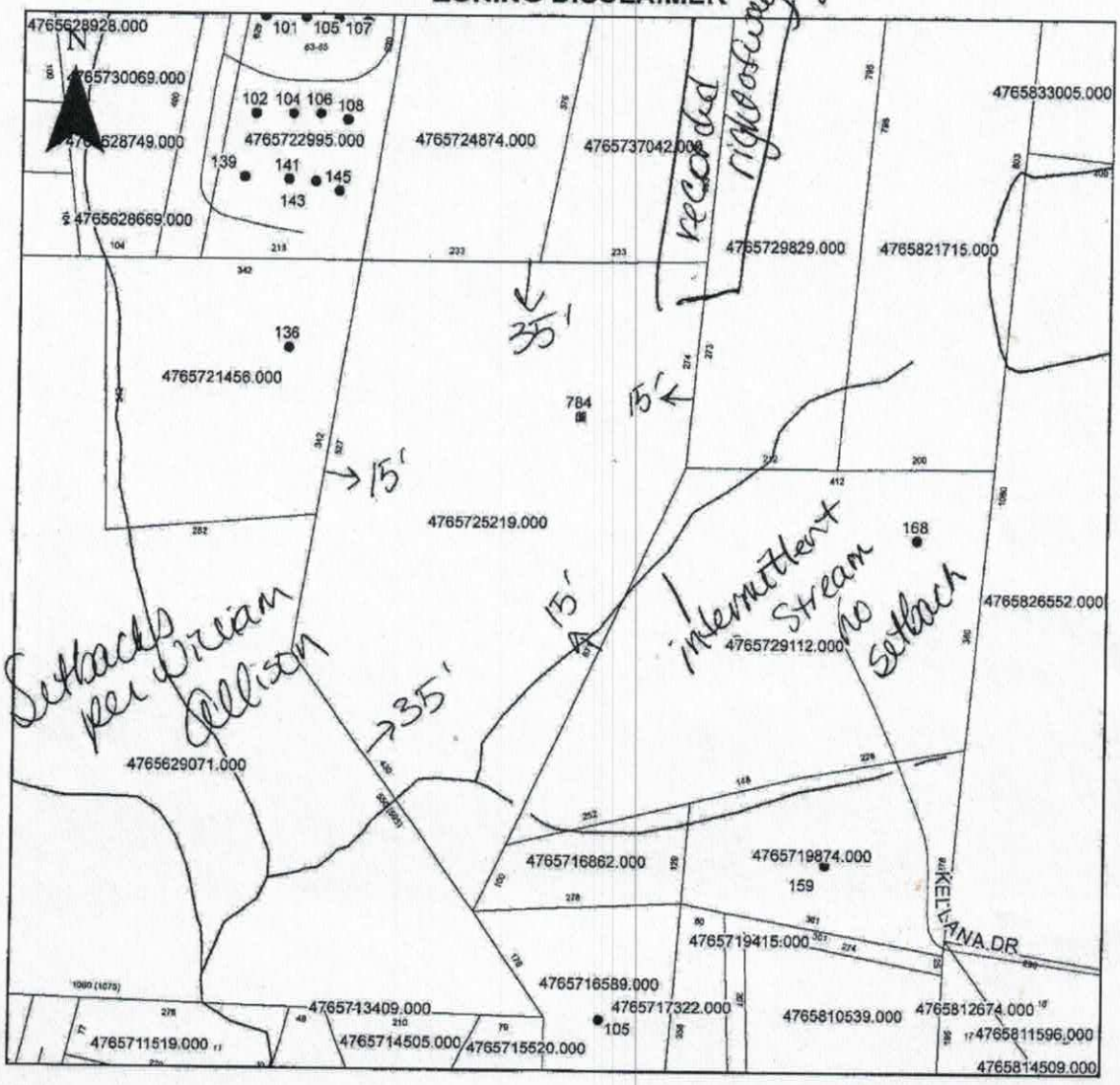
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	134072	TOTAL FEES:	$ 77.25

Mocksville Hwy

ZONING DISCLAIMER



Property Address 784 Mocksville Hwy

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

4/1/18

Date