KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 2439560

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

PIN # 4766629898

APPLICANT/OWNER: Clay Gentry | APPLICANT ADDRESS: 129 Houpe Ridge Ln Statesville, NC 28625

SITE ADDRESS: 335 Seven Springs Loop Statesville, NC 28625 | PHONE: 7049021537 | ALT. PHONE

SITE DIRECTIONS: Hwy 64 TL River Hill Rd TL Seven Springs Lp on rt | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Seven Springs | SECTION: 1 | LOT # 35 | LOT AREA: 1.3 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	740	Date	5-24-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	4-29-20	System Description:	Pump-PM 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	Same		
# Nitrification Fields	1	# Lines	30 133' eq	Linear Ft	400+	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

☒ Residence — No. Bedrooms 4 — Water Supply: ☐ Private ☒ Public ☐ Community

☐ Business — No. Persons 8

☐ Other — No. Employees

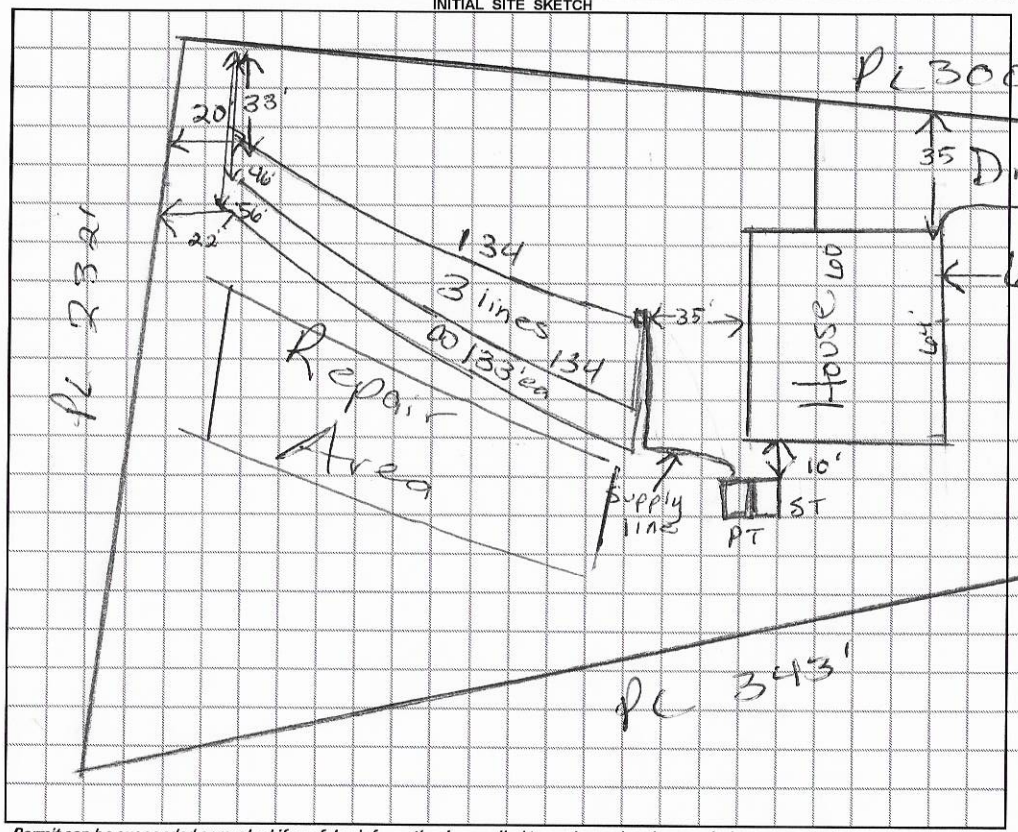
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

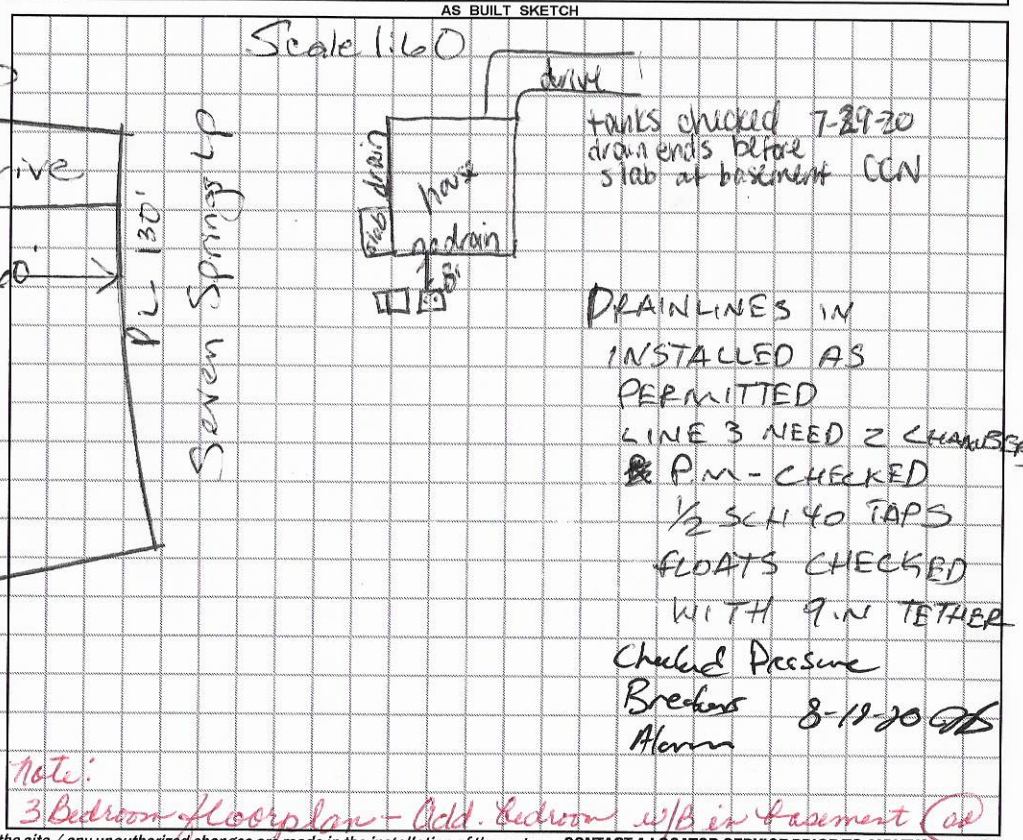
Comments / Conditions: Divert Storm/Surface water Away From Septic System.

Pressure Manifold: Use 1/2" Sch 40 Taps

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 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: Clay Gentry Date: 2/11/20 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Myria Dotson Date: 1/28/2020 OPERATION PERMIT by: Date: 8-20-20

AUTHORIZATION TO CONSTRUCT by: Myria Dotson Date: 1/28/2020 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 ___ of ___
PROPERTY ID #: 476629898
COUNTY: Iredell

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

OWNER: Clay Gentry
ADDRESS: 129 Hoype Ridge Drive Statesville NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 335 Seven Springs Lp Statesville, NC
APPLICATION DATE: 4/8/19
DATE EVALUATED: 5/2/19
PROPERTY SIZE: 1.3 Acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7%	0-12	Brw SCL	SS, SP, SExP, FR					PS .3
		12-28	RC m-w SBK	SS, SP, SExP, FR					
		28-58	RC w SBK FRW SAP	SS, SP, SExP Inclus	—	58"			
		58-64	W/Rock & SAP						
2	5%	0-11	Brw SCL	SS, SP, SExP, FR					PS, 3 to 40" >40" .275
		11-40	RC m-w SBK	SS, SP, SExP, FR					
		40-58	RC w SBK FR	SS, SP, SExP, FR	—	58"			
3	5%	0-12	Brw SCL	SS, SP, SExP, FR					PS .3 to 39" >39" .275
		12-39	RC/C m-w SBK	SS, SP, SExP, FR					
		39-62	RC/S CFR	SS, SP, SExP, FR	—	62"			
4	7%	0-10	Brw SCL	SS, SP, SExP, FR					PS .3
		10-42	RC/C m-w SBK	SS, SP, SExP, FR					
		42-62	RC w SBK	SS, SP, SExP, FR	—	62"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3-.275	.3-.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tommy Frye

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	NEXP (Non-expansive) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

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

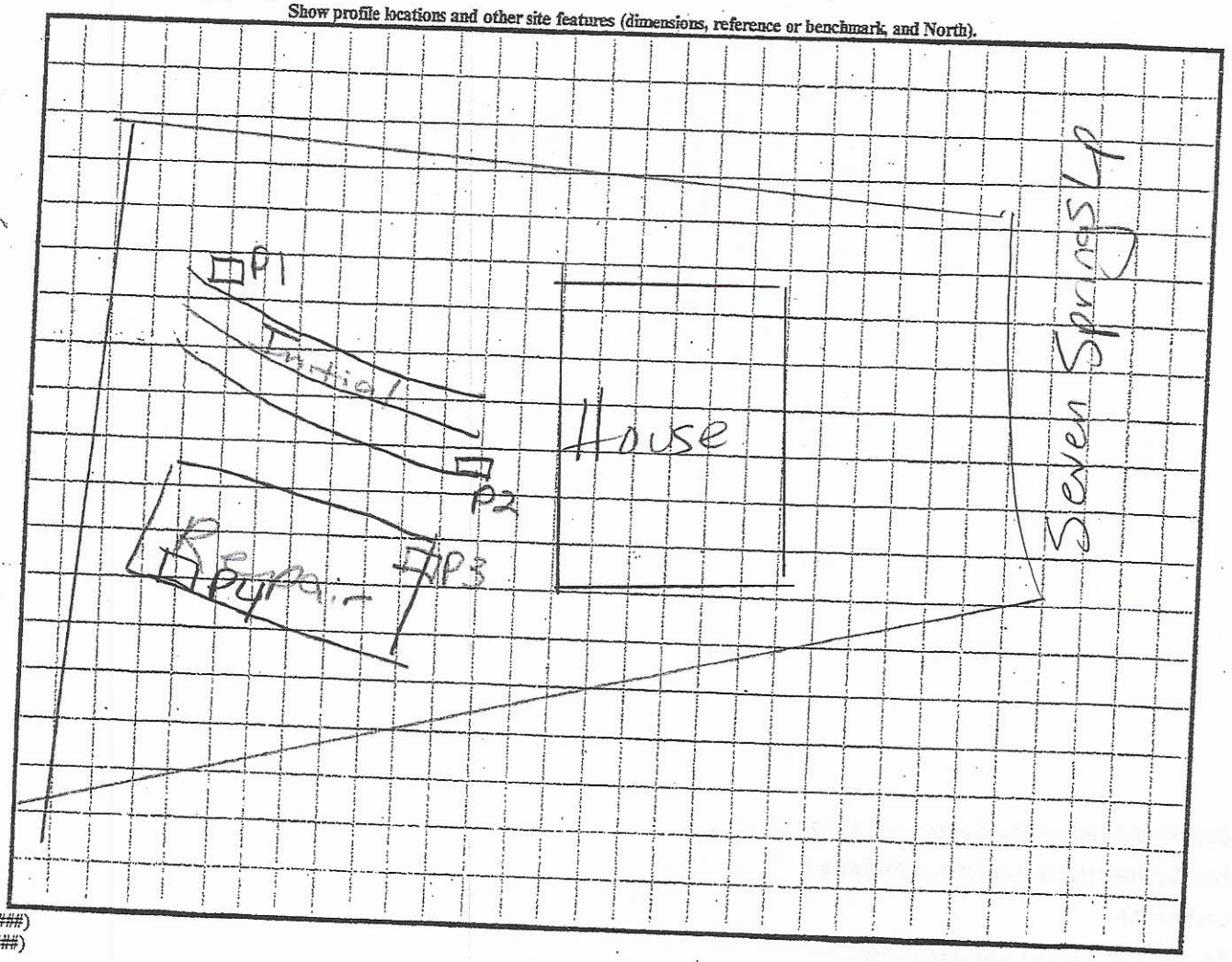
NOTES

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).



NR (######)
ew (#####)

RECEIVED JAN 6 - 2020

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

#243956

Iredell County Health Department – Environmental Health Division

Int. Relayout $320.00 Paid

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: (PRINT CLEARLY)

Applicant Name: CLAY GENTRY Address: 129 HOUPE RIDGE LN Zip: 28625
Applicant Email: claygentry@Hotmail.com Phone: 704 902 1537 Alt. Phone: _____
Owner Name: STEPHEN HOBBS Address: 335 SEVEN SPRINGS LOOP Zip: 28625
Owner Email: _____ Phone: 704 253 3774 Alt. Phone: _____

Property Information:

Street Address: 335 SEVEN SPRINGS LOOP STATESVILLE NC 28625
Subdivision Name: SEVEN SPRINGS Section/Phase: _____ Lot Number: 35
Driving Directions: HWY 64 Left ON RIVER HILL RD LEFT ON SEVEN SPRINGS

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 8
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: N/A
(✓) 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?

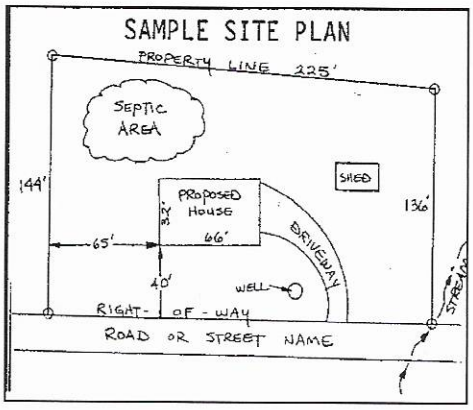
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 1-2-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

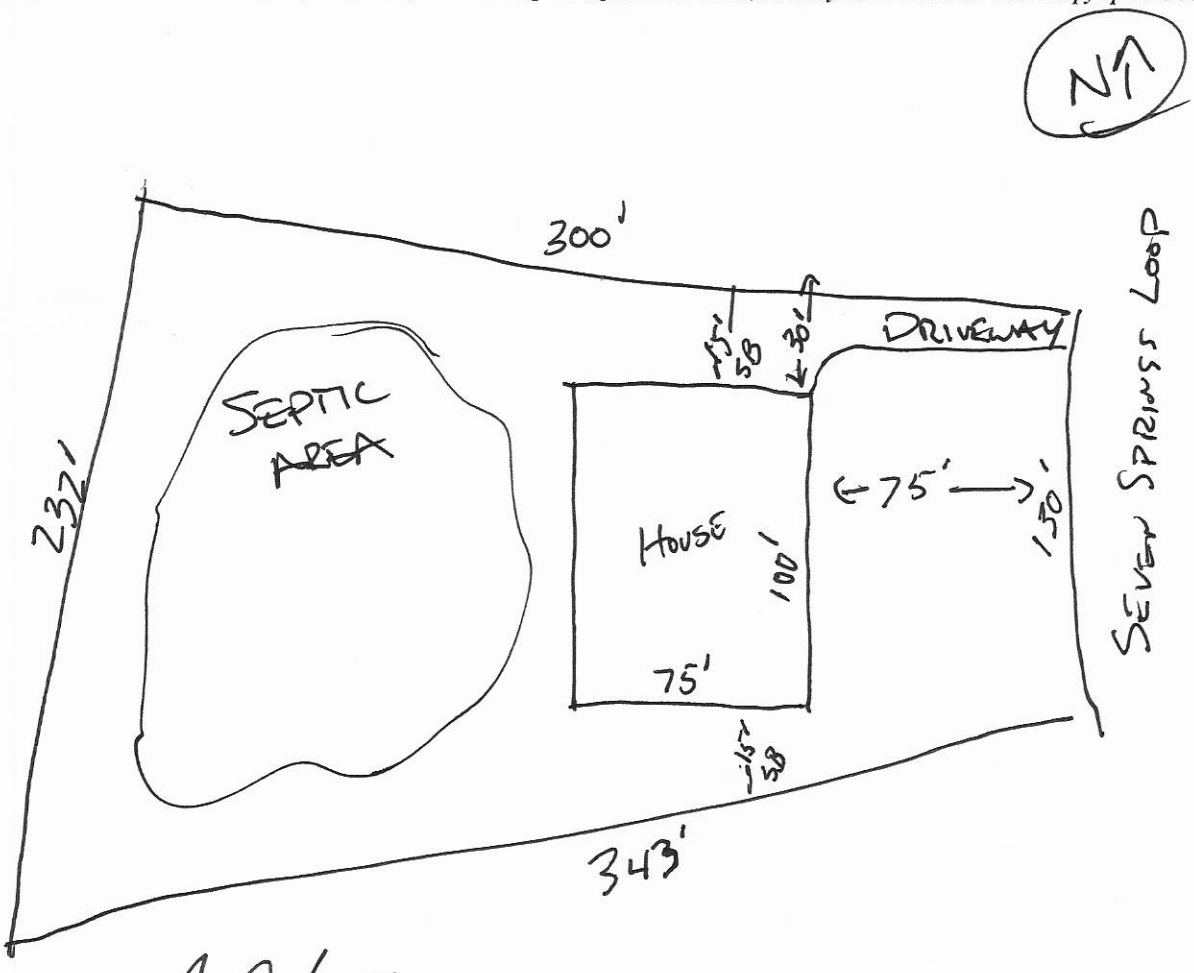
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (X) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 1-2-20

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

IREDELL COUNTY HEALTH DEPARTMENT

~~Statesville Office~~ J.F (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243956

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

PIN # 4766629898

APPLICANT/OWNER: Clay Gentry APPLICANT ADDRESS: 129 Houpe Ridge Dr Statesville, NC 28625

SITE ADDRESS: 335 Seven Springs Lp Statesville, NC PHONE: 7049021537 ALT. PHONE

SITE DIRECTIONS: Old Mocksville Rd TR Chestnut Grove Rd TR Seven Springs Lp on rt SAP CONTROLLED: ☐ YES ☒ NO

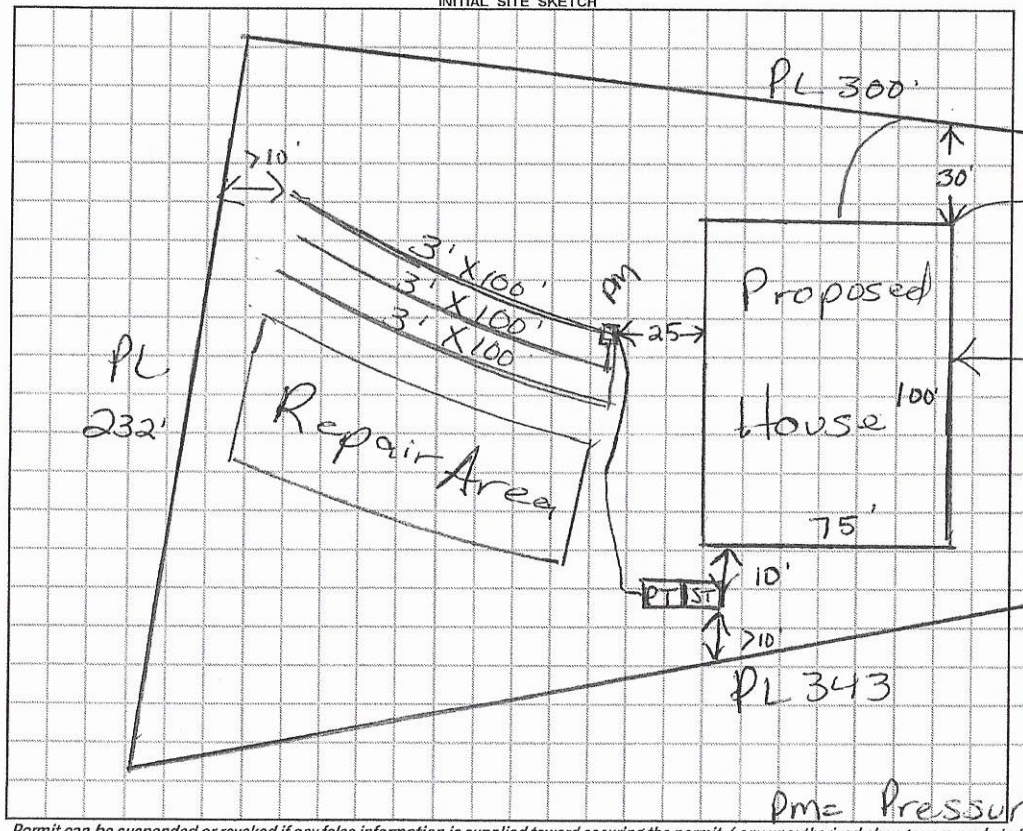
SUBDIVISION: Seven Springs SECTION: LOT # 35 LOT AREA: 1.3 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	Pump-PM 25% Reduction			☐ Business	No. Persons	6	☐ Private
Pump Make		Model	Serial #	Repair System Description:	Same			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	3@100' Linear Ft 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24" Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Divert storm/surface water away from Septic System.

* Keep System Shallow to be in better Soils
Use 1/2 SCH 40 taps

INITIAL SITE SKETCH



PM= Pressure Manifold

AS BUILT SKETCH

Scale 1:60'

Revised

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: 9-23-19 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/13/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/17/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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*) _____

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, Stephen Mark Hobbs, am the legal owner(s) of the property located at 335 Seven Springs Loop, Statesville, NC, identified as PIN (Parcel Identification Number) 4766629898, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Clay Gentry of, Jordon Homes, 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.

Stephen Mark Hobbs
Signature of Owner(s)

1/03/2020
Date

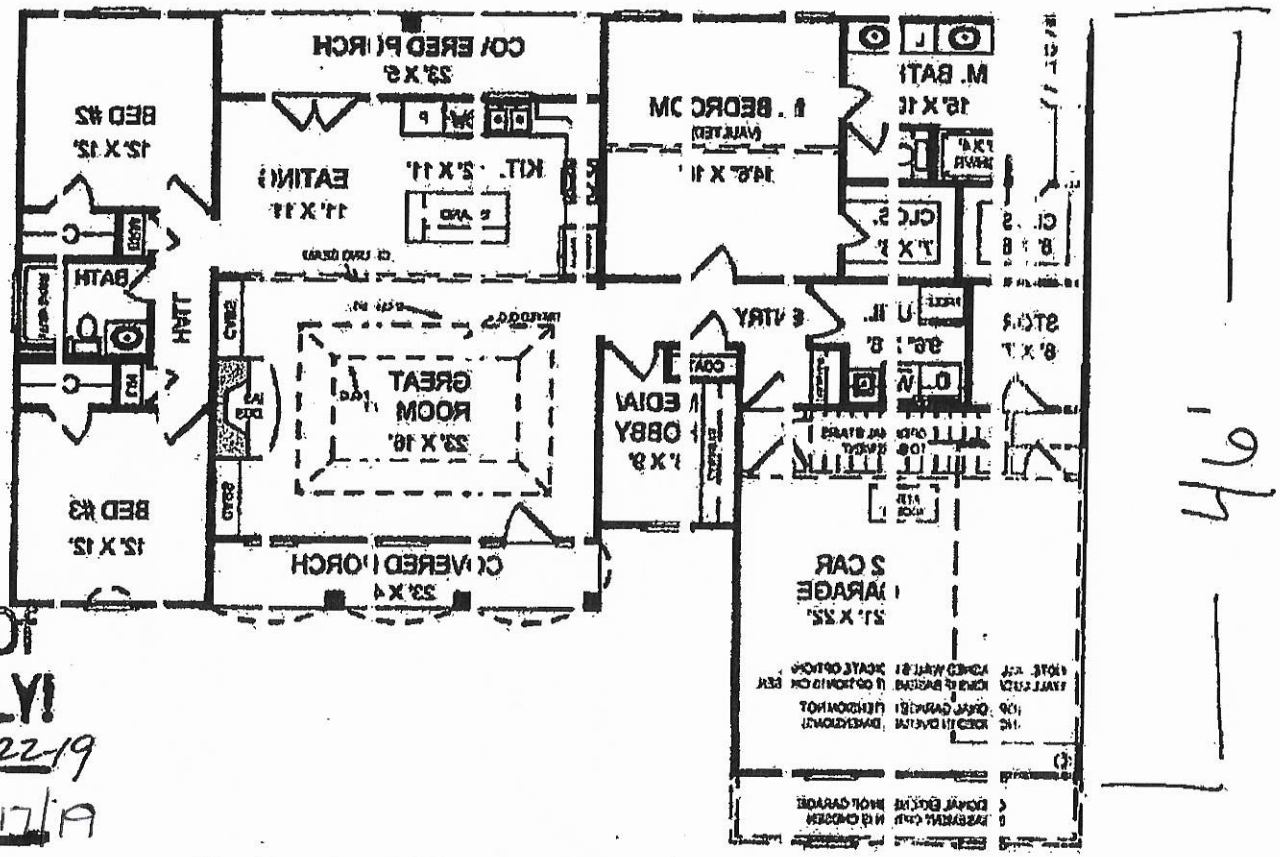
Mooresville - Environmental Health

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

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

64'

Bump outer wall of Kitchen
Flush w/ back of House



1751 TOTAL LIVING
3 BEDROOMS
2 FULL BATHS

64' WIDE
46' DEEP

Acknowledgement Of
Plans Submittal ONLY!
Date 4-22-19
Date 5/17/19

Plan Number 59011 | Order Code 01WEB First Floor Plan
FamilyHomePlans.com
U.S. customers call 1-800-482-0464 | Canadian customers call 1-800-361-7526
Mirror Reversed View - Click Here for Normal View

W/ Garage on Rt

1 Bedroom will be in now unfinished basement at a later date. (ad - per owner

IREDELL COUNTY

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

APPLICATION NUMBER
243956
Issue Date: 04/22/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4766629898.000	335 SEVEN SPRINGS LOOP, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COSENTINO FRANK M+MARY S	Applicant: GENTRY, CLAY
Address: 5446 MOORESVILLE RD	Address: 129 HOPE RIDGE DR,
KANNAPOLIS, NC 28081	STATESVILLE, NC 28625
Phone:	Phone: 704-902-1537

Use Requested	Zone Code
REALTOR SAYS HE EMAILED CONTRACT TO ADRIENNE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.300	35.00	35.00	15.00	15.00	NOT	X

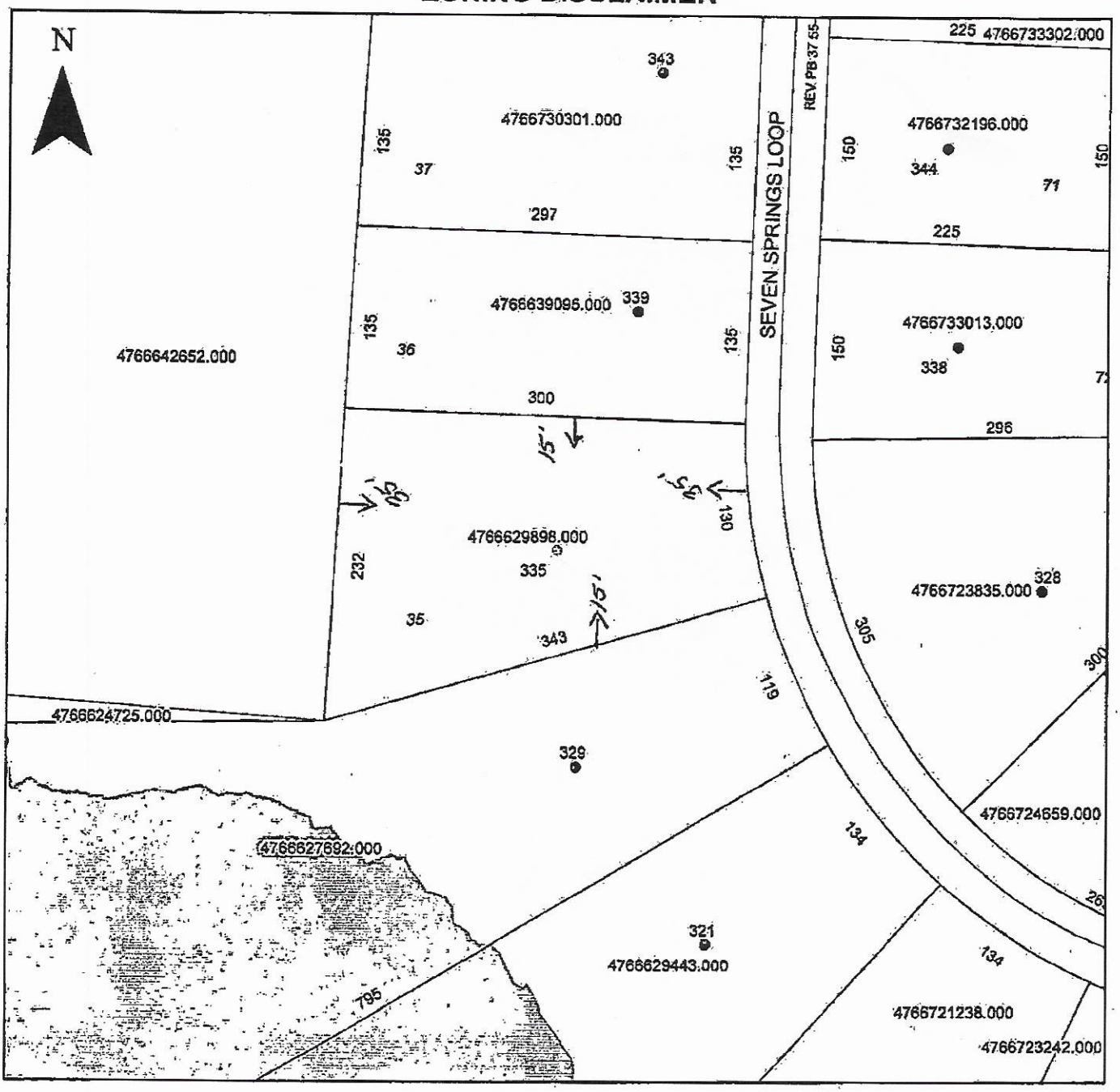
Remarks:

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	174673	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 335 Seven Springs Loop

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

4-22-19

Date