IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225116

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

PIN # 4766733013

APPLICANT: Heritage Builders APPLICANT ADDRESS: 839 Tabor Rd Olin NC

SITE ADDRESS: 338 Seven Spring Lp Statesville NC PHONE: 704-546-3314 ALT. PHONE: 704-902-4680

SITE DIRECTIONS: 40 E T/L Old Mooresville T/R Chestnut Oak T/R Seven Springs Lot on left

SUBDIVISION: Seven Springs SECTION: P1 LOT # 72 LOT AREA: 0.86 ac DESIGN FLOW: 480 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	Infiltrator	Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	4		# Lines	4	Linear Ft:	480					
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A					

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: 50% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

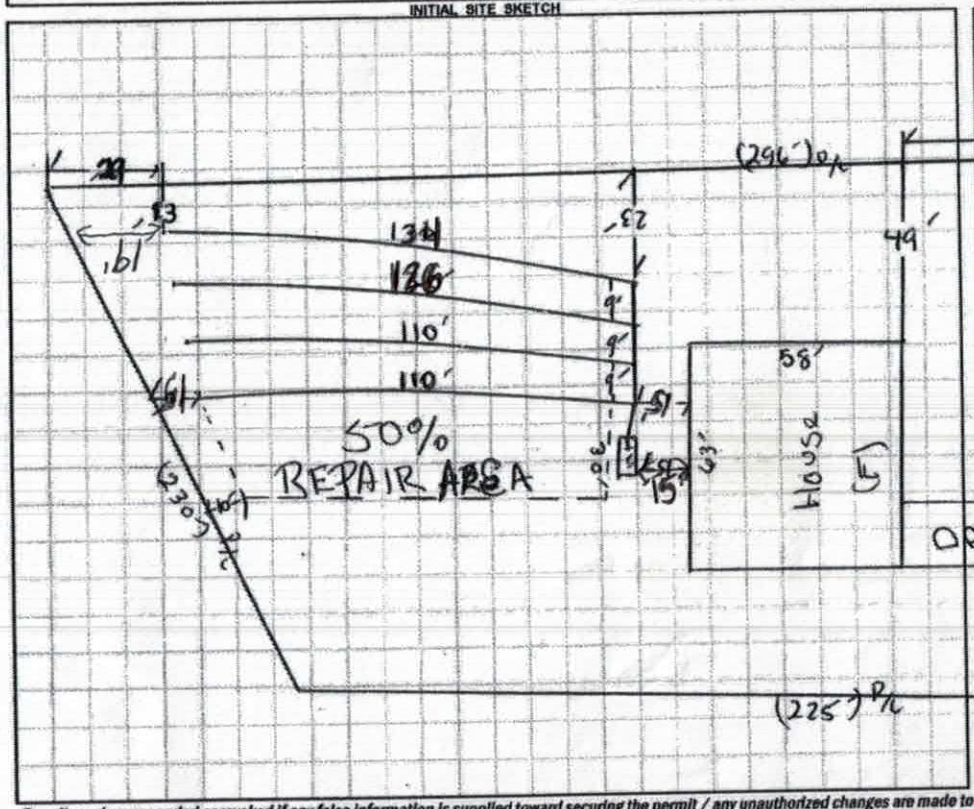
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

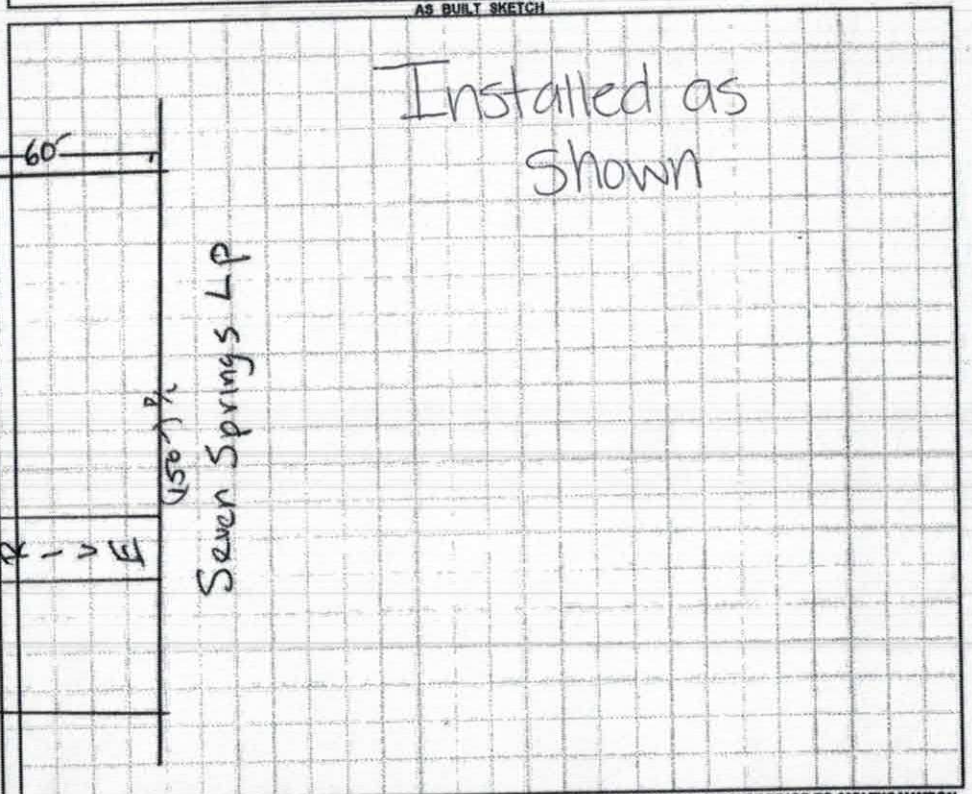
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution

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: [signature] Date: 03-20-17 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: [signature] Date: 03/20/17 OPERATION PERMIT by: [signature] Date: 8-28-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/20/17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4766 733013
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

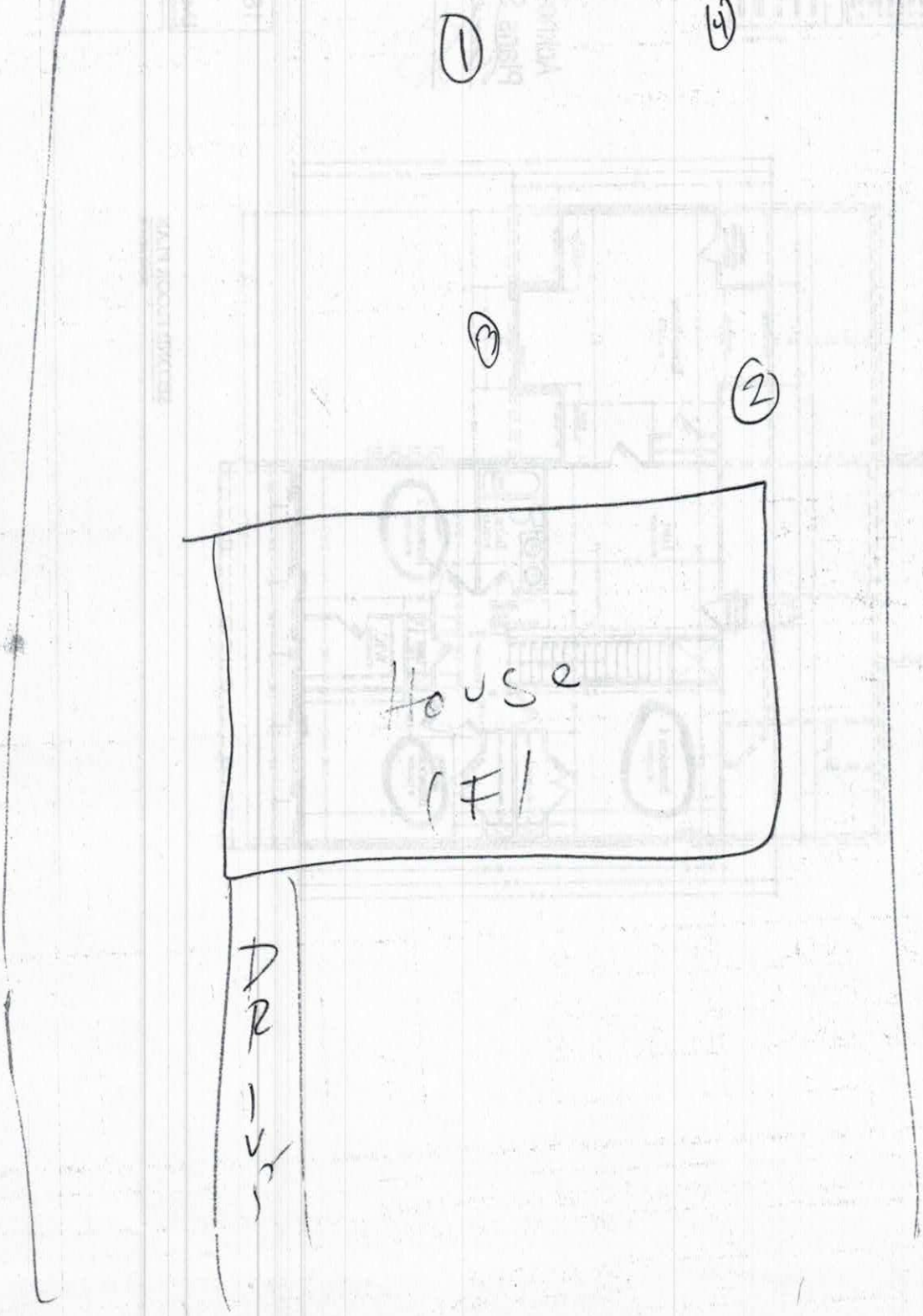
OWNER: Heritage Builders
ADDRESS: 338 Seven Springs Ln
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 40E to T/L-old Mocksville Thechestnut oak T/Seven
APPLICATION DATE 2/20/17
DATE EVALUATED: 03/17/17
PROPERTY SIZE: 86 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
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
P 1	L 8%	0-18	SBK C	Fr-Fi,SS,SP,SEXP	—	48	N/A	N/A	PS .3
		18-48	WSBK BC CL	Fi,SS,SP,SEXP					
2	L 7%	0-25	ABK C	Fr,SS,SP,SEXP	few yellow flowers @ 25'	—	41"	N/A	PS .25
		25-41	WSBK BC CL	Fr,SS,SP,SEXP					
		41-55	LS SAP mostly C	V Fr,NS,NP					
3	L 7%	0-18	SBK C	Fi SE	—	—	38"	N/A	PS .25
		18-21	ABK C	Fi SE					
		21-38	WABK BC	Fi SE					
		38-55	mass Sap(1)	Fi SE					
4	L 6%	0-3	WSBK SCL	Fr,SS,SP,SEXP	—	—	N/D	N/A	PS .25
		3-36	ABK C	Fr-Fi,SS,SP,SEXP					
		36-50	WABK BC CL	Fr,SS,SP,SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:


①
④
③
②
House
(F1
DRIVE

500.00

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)

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Heritage Bldg Co.	939 Tabor Rd Olin N.C. 28660	704-546-3314	704-902-4680
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Rick Dees SAB	SAB N.P.		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 72	Seven Springs	

Driving Directions: Turn off Chestnut Oak into Seven Springs Loop
Lot # 72

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3 4 5
Maximum Number of Occupants ___
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: Heritage Bldg Co 704 902-4680
( ) New Well ( ) Existing Well (X) 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 (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: Rick Dees 2-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Revised by Builder 3/13/17 ad

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... ____ 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...

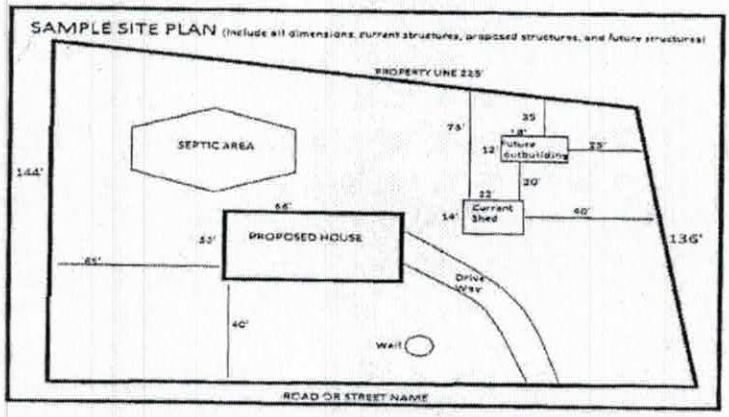
Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property... N/A

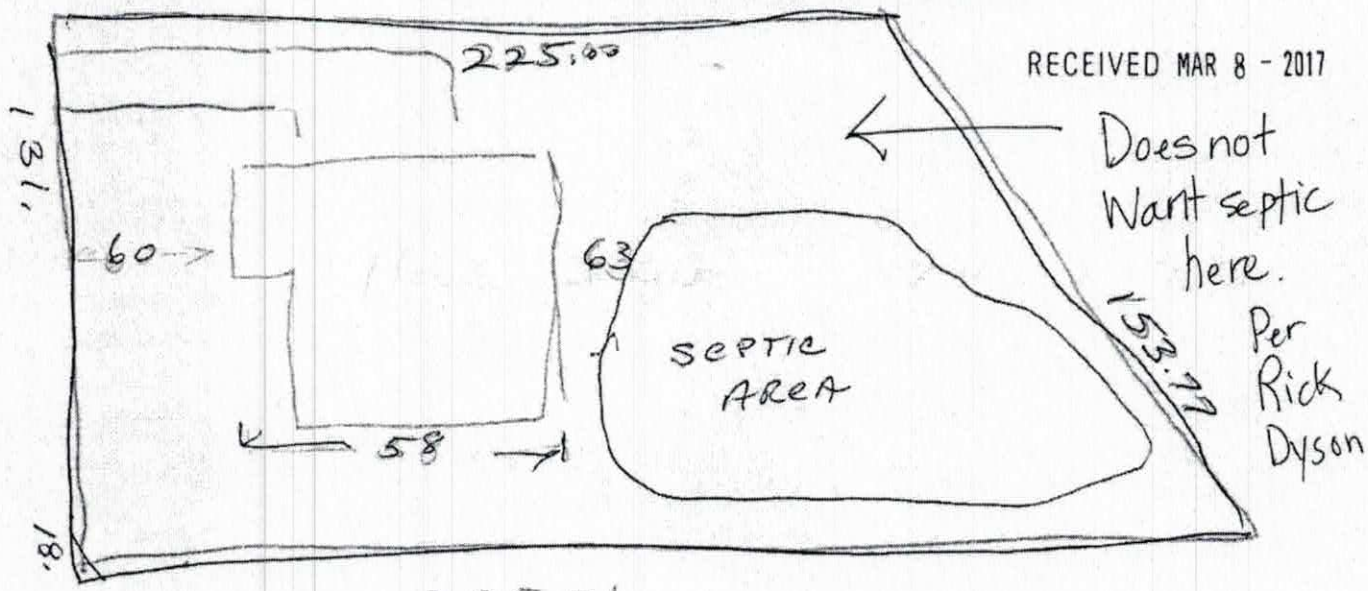
____ Location of easements and rights of ways on your property... N/A ____ Location of any designated wetlands on the property... N/A

338 Seven Springs Lp.

Lot #72



USE THIS SPACE TO DRAW YOUR SITE PLAN



RECEIVED MAR 8 - 2017

Does not Want septic here. Per Rick Dyson

295.36

Signature: _____

REQUIRED property owner or owner's legal representative signature.

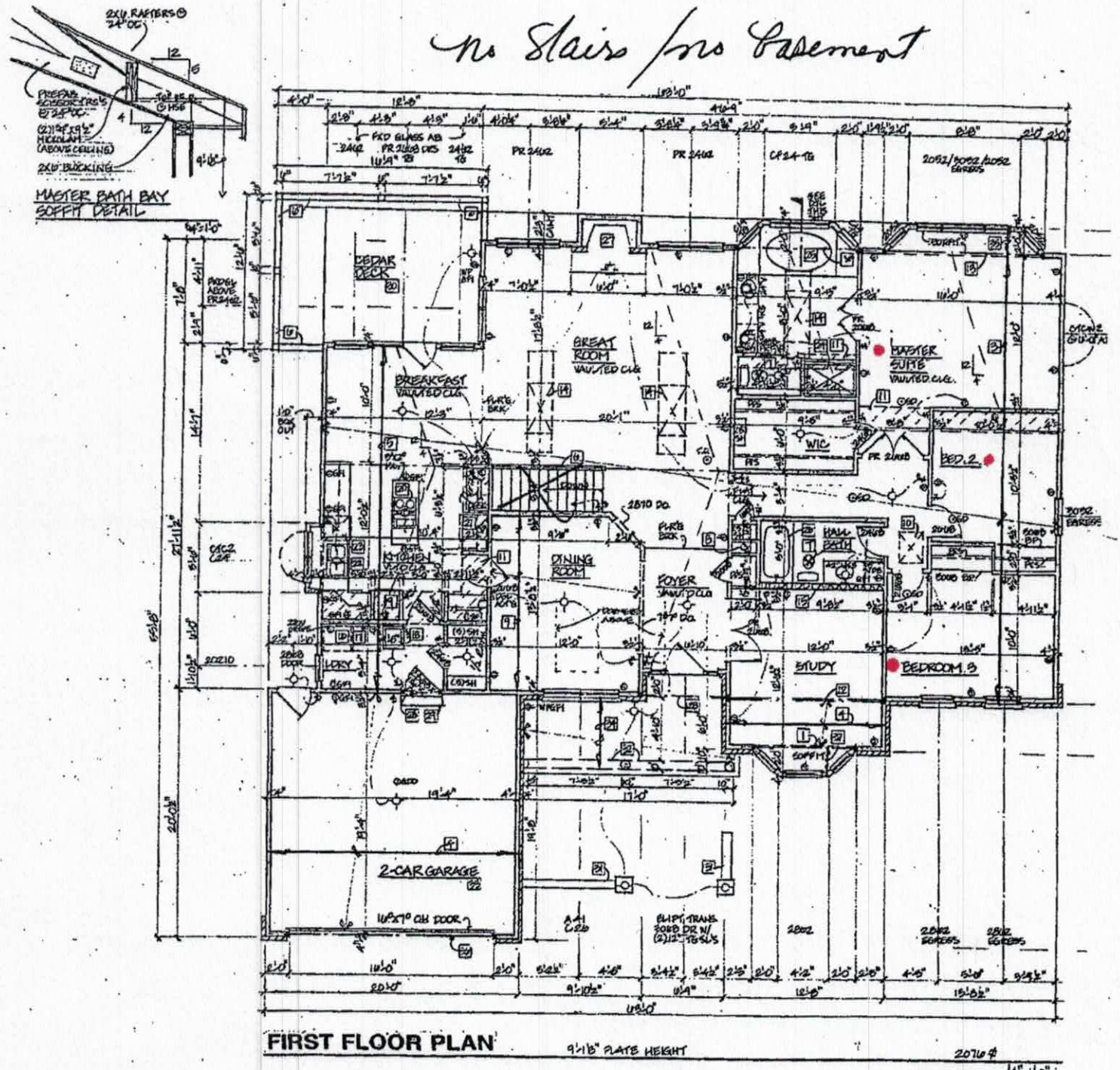
704-902-4680

RONDA.HART@CO.IREDELL.NC.US

2-20-17

DATE

No Stairs / no Basement



Acknowledgement Of
Plans Submittal ONLY!

Date 3-13-17

Date 03/20/17

IREDELL COUNTY

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

APPLICATION NUMBER
225116
Issue Date: 02/21/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4766733013.000	338 SEVEN SPRINGS LOOP, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HERITAGE BUILDING COMPANY	Applicant: HERITAGE BUILDING COMP
Address: 839 TABOR RD OLIN, NC 28660	Address: 839 TABOR RD OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.860	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	94021	TOTAL FEES:	$ 77.25