ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

H5 2:00

PERMIT # AP317753

APPLICANT/OWNER: IQ Custom Construction

APPLICANT ADDRESS: 113 N Center St Statesville NC 28677

PIN # 4766 -- 73 -- 8417

SITE ADDRESS: 201 Seven Springs Lp Statesville NC 28625

PHONE: 704-245-3089 ALT. PHONE 980-297-2329

SITE DIRECTIONS: I40 E to Exit 154, L on Old Mocksville Rd, R on Chestnut Grove Rd, R on Seven Springs

SUBDIVISION: Seven Springs

SAP CONTROLLED: ☐ YES ☐ NO

SECTION: 1 LOT # 17 LOT AREA: 0.78 acres

DESIGN FLOW: 480GPD L.T.A.R.: 3

Septic Tank	1000 (gal)	STB	760	Date	12-7-21		
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	6	Linear Ft.	408'		
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	—		

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

System Description: Accepted 25% Reduction

Repair System Description: Horizontal PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

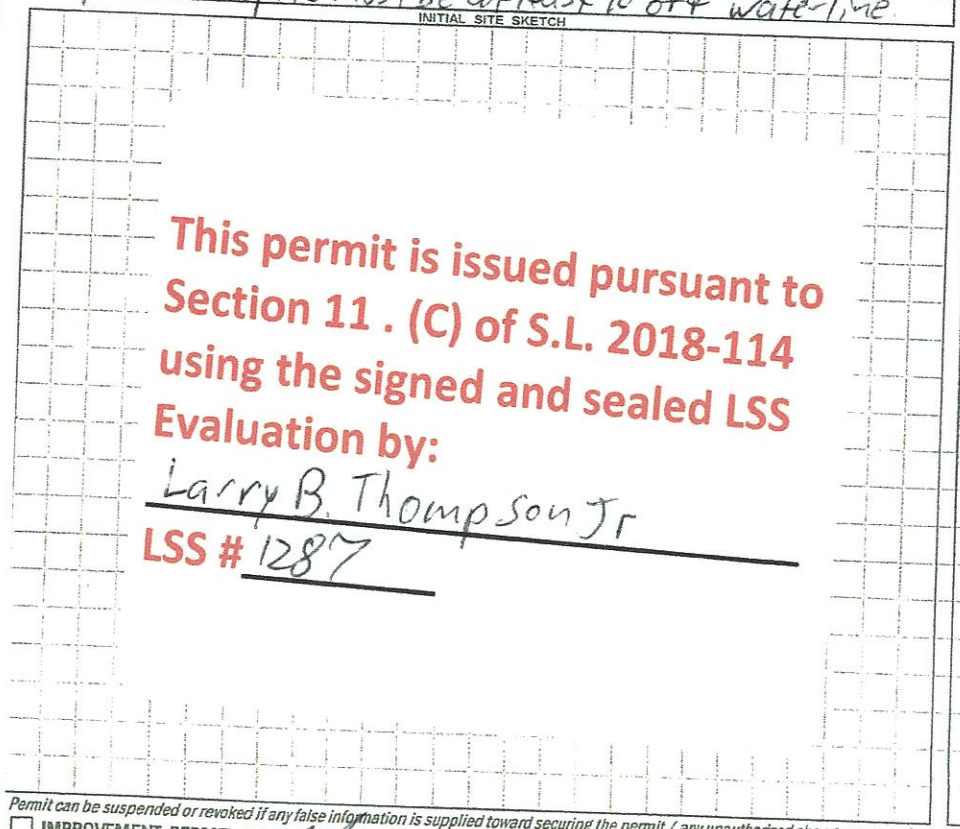
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install Infiltrator Contour. DO NOT drive on or store material or manipulate drainfield in any way. All parts of septic must be at least 10' off water line.

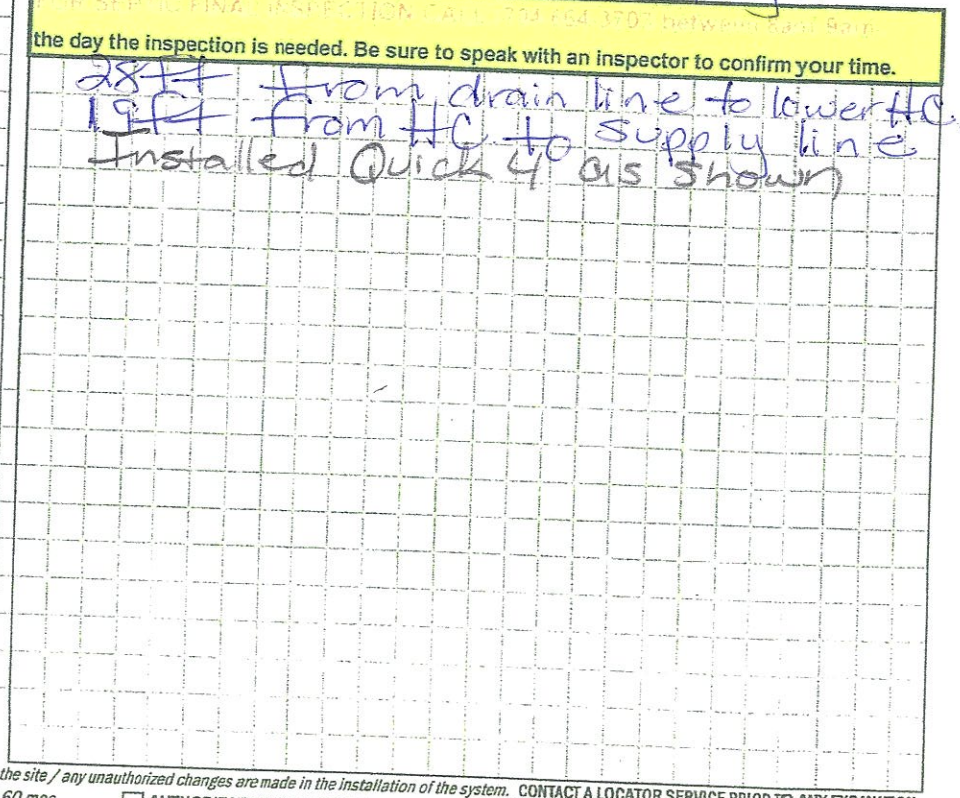
INITIAL SITE SKETCH



17 Cham top 3
16 Ch bottom 3
10 ft from HC to SP

Blue Fiteris SP
1 Ft to bumpout
to Supply line

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:

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 6/7/21

AUTHORIZATION TO CONSTRUCT by: Date: 6/23/2021

Installed by: Rowan Septic Date: 4/4/22

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704 664 3707 between 8AM and 4PM

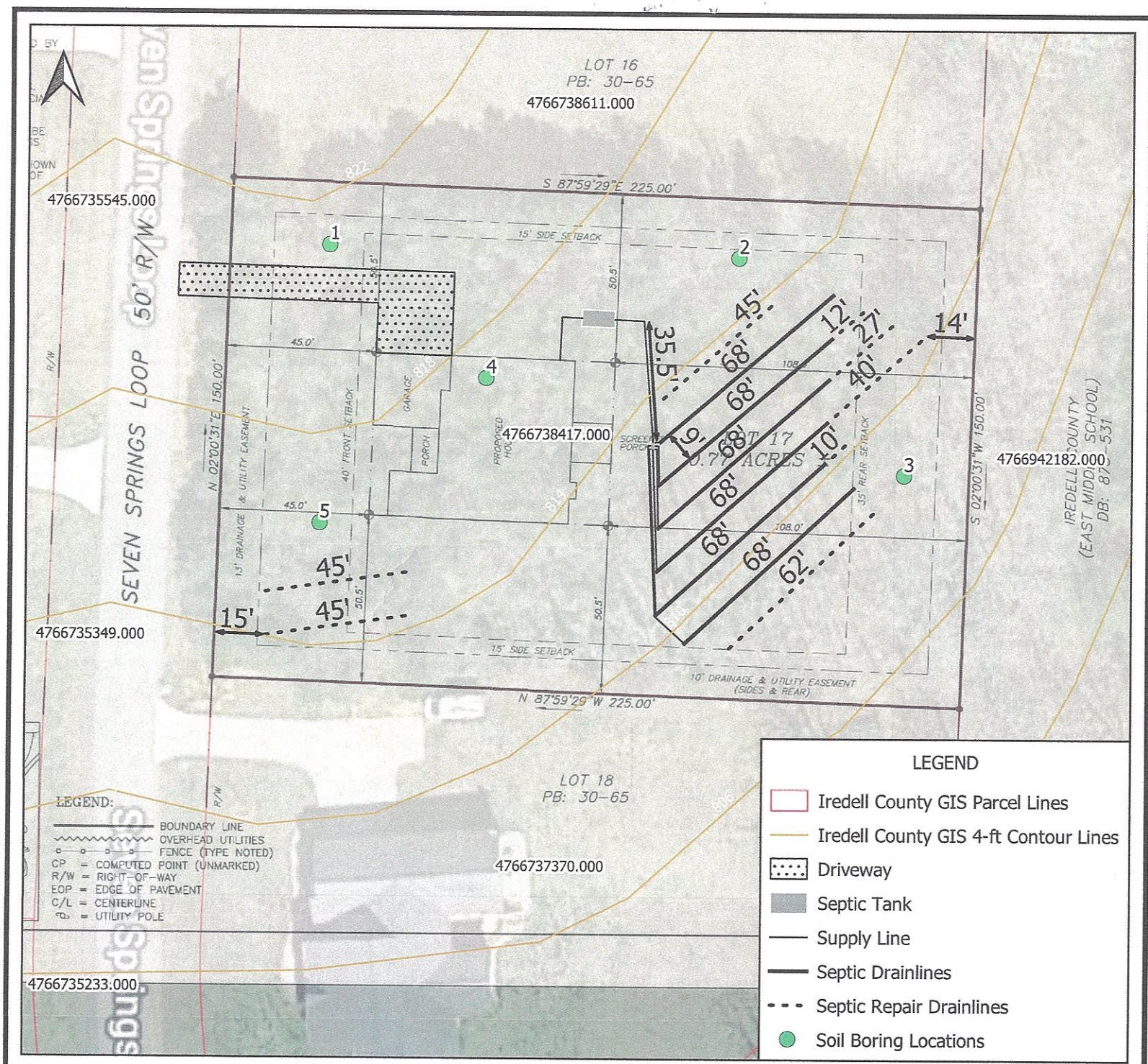


FIGURE 1

Prepared For:

IQ Custom Construction

Proposed Septic Layout

Lot 17 - Seven Springs
201 Seven Spings Loop
Statesville, NC 28625

Iredell County

Scale:
0 20 40 ft

TEC Job No.
21-126

Date:
May 2021

Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

Maximum Trench Depth:	18 Inches
Final Cover Requirement:	6 Inches

Repair Option

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Horizontal PPBPS
Total Available Trench Length:	286 Linear Feet
Maximum Trench Depth:	18 Inches
Final Cover Requirement:	6 Inches

to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

F. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions regarding preferred routes, contact the ICEH as soon as possible.
2. Lawn irrigation should not be placed over the drainfield area.

Maintenance

G. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	480 GPD – 4 bedroom house
Septic Tank Size:	1,000 Gallons (minimum)
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted 25% Reduction
Distribution Method:	Distribution Box
Number of Drainlines:	(6) 3' Wide x 68' Long
Total Trench Length:	408 Linear Feet

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #: 4766738417.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**

OWNER: Kentrell and Erin Brown
ADDRESS: 209 Seven Springs Loop, Statesville, NC 28625
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: LOT 17 - Seven Springs / 201 Seven Springs Loop

DATE EVALUATED: 4-12-21
PROPERTY SIZE: 0.77ac
PROPERTY RECORDED:

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	LS 2%	0-2	GR/SL	FR/NS/NP/WEAK					
		2-7	GR/SCL	FR/SS/SP/SEAK					
		7-22	SBK/SC	FI/S/P/SEAK					
		22-29	SBK/SC	FI/S/P/SEAK	—	29"	—	29" PM	PS 0.3
2	LS 2%	0-2	GR/SL	FR/NS/NP/WEAK					
		2-8	SBK/SCL	FR/SS/SP/SEAK					
		8-42	SBK/C	FI/S/P/SEAK	—	42+	—	—	PS 0.3
3	LS 2%	0-2	GR/SL	FR/NS/NP/WEAK					
		2-12	SBK/SCL	FR/SS/SP/SEAK					
		12-25	SBK/SC	FI/S/P/SEAK					
		25-31	SBK/SCL	FR/SS/SP/SEAK	—	31"	—	31" PM	PS 0.3
4	LS 2%	0-2	GR/SL	FR/NS/NP/WEAK					
		2-10	SBK/SCL	FR/SS/SP/SEAK					
		10-32	SBK/SC	FI/S/P/SEAK					
		32-41	SBK/SCL	FR/SS/SP/SEAK	—	41"	—	41" PM	PS 0.3

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisional
EVALUATED BY: Mac Acuff
OTHER(S) PRESENT: Lassy Swaringen

LICENSED SOIL SCIENTIST B. THOMPSON 1287 STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4766738417.000
DATE OF EVALUATION: 4-12-21
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	LS 2%	0-2	GR/SC	FR/WS/NP/NOX P	/	32	/	32" em	PS 0.3
		2-12	SCK/SCL	FR/SS/SP/SEP					
		12-32	SK/SC	FI/SP/SEP					

Residential Subsurface Wastewater Treatment and Disposal System Proposal

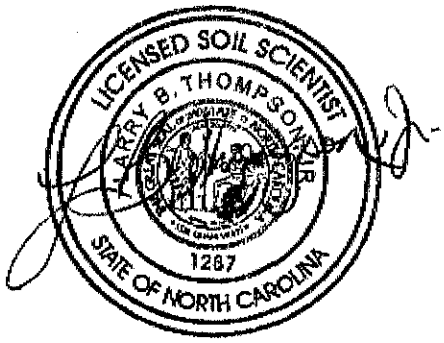
for

Lot 17 – Seven Springs
201 Seven Springs Loop
Statesville, NC 28625

Tax Parcel # 4766738417.000
May 4, 2021

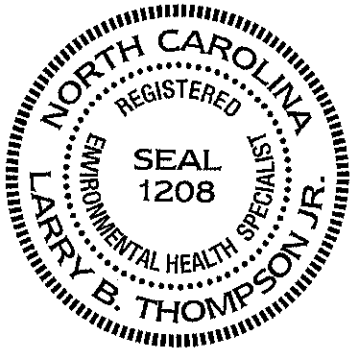
Prepared for:

IQ Custom Construction
840 Edmiston Road
Mt Ulla, NC 28125
980-297-2329 (Bobby Robinson)



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



IQ Custom Construction has contracted with Thompson Environmental Consulting, Inc. (TEC) to develop a proposal for an on-site wastewater treatment and disposal system that would allow for the construction of 4-bedroom single family residence on Lot 17 – Seven Springs, a 0.77 acre lot located at 201 Seven Springs Loop, Statesville, North Carolina.

Based upon an investigation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available within the project study area for the installation of a **Gravity-Flow Accepted System** for the proposed 4-bedroom residence (repair system will be a Horizontally Installed Prefabricated Permeable Block Panel System). The property will be served by a municipal water supply.

IQ Custom Construction would like to request that Iredell County Environmental Health (ICEH) issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the following proposal and the enclosed Licensed Soil Scientist Evaluation, which is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11. (c). The NC LSS evaluation attached to this application is to be used to produce a design and construction features for permitting in accordance with Session Law 2018-114 Section 11. (c).

Location

From Statesville, take US 64 East to Old Mocksville Road. Turn left onto Old Mocksville Road, right onto Chestnut Grove Road, and right onto Seven Springs Loop. Lot is located on the left in 0.4 miles.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, April 1, 2017.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons in capacity.
2. The septic tank shall be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

B. Pipes and Fittings

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. The supply line will be approximately 45 feet long from the second septic tank to the distribution box.

C. Distribution Method

1. The drainlines will be fed equally by a distribution box. The distribution box shall be water tested at the time of the final inspection.

D. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of six (6) lateral trenches to be constructed 3-foot wide by 68 feet in length. Total drainline length is 408 feet.
5. The maximum trench depth for this system shall be **18 inches**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the ICEH.

E. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior

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

Iredell County Health Department – Environmental Health Division

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: IQ Custom Construction Address: [redacted] 113 N. center Street Zip: 28677
Applicant Email: IQCustomMaddie@gmail Phone: 704-245-3089 Alt. Phone: _____
Owner Name: Jesse and Joanna Taub Address: 201 Seven Springs Loop Zip: 28625
Owner Email: Jessetaub1918@gmail Phone: 315-212-2691 Alt. Phone: _____

Property Information:

Street Address: 201 Seven Springs Loop 28625
Subdivision Name: Seven Springs Section/Phase: _____ Lot Number: 17
Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____
( ) 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: _____ 6/7/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Jesse and Joanna Tavlo, am the legal owner(s) of the property located at 20 seven springs loop, identified as

PIN (Parcel Identification Number) 4766738417.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Maddie Simpson, IQ Custom Construction, 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.

_____ 6/7/21
Signature of Owner(s) 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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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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.
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2. I, Jesse + Joanna Taub, am the legal owner(s) of the property located at 201 Seven Springs Loop, Statesville, NC, identified as

PIN (Parcel Identification Number) 4766738417.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Larry Thompson, LSS, Thompson Environmental Consulting, Inc., 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.

Joanna Taub, Jesse Taub
Signature of Owner(s)

6/2/21
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

RECEIVED MAY 1 2 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317753 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit X 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: IQ Custom Construction INC **Address:** 113 North Center Street Statesville NC **Zip:** 28677
Applicant Email: IQCustom Maddie@gmail **Phone:** 704-245-3089 **Alt. Phone:** — 980-247-2329
Owner Name: Jesse Taub **Address:** 192 Rhandale Drive Statesville, NC **Zip:** 28625
Owner Email: Jessetaub1978@gmail **Phone:** 315-212-2691 **Alt. Phone:** 704-880-4052

Property Information:

Street Address: 201 Seven Springs Loop Statesville, NC 28625
Subdivision Name: _____ **Section/Phase:** — **Lot Number:** 17
Driving Directions: From Statesville, take US 64 East to old Mocksville Rd turn left, turn right onto Chestnut Grove Rd. then right onto Seven Springs Loop

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____ **Number of Houses:** _____ **Number of Persons:** _____
( ) Multi-connection Well
( ) 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 (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: Jessica Taub Jesse Taub 5/8/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Jesse and Joanna Taub, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bobby Robinson IQ Custom Construction, 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.

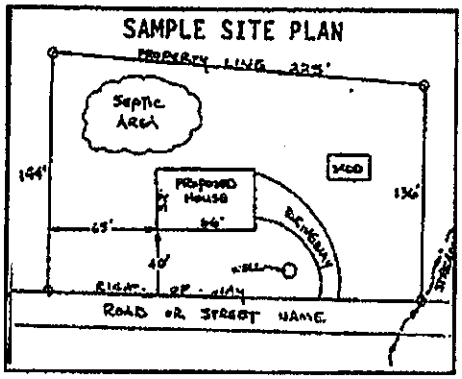
Joanna Taub _____ 5/8/21
Signature of Owner(s) Date

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and 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:

- 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

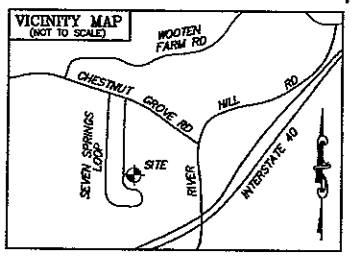
See attached

Signature: Joanna Tarb
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

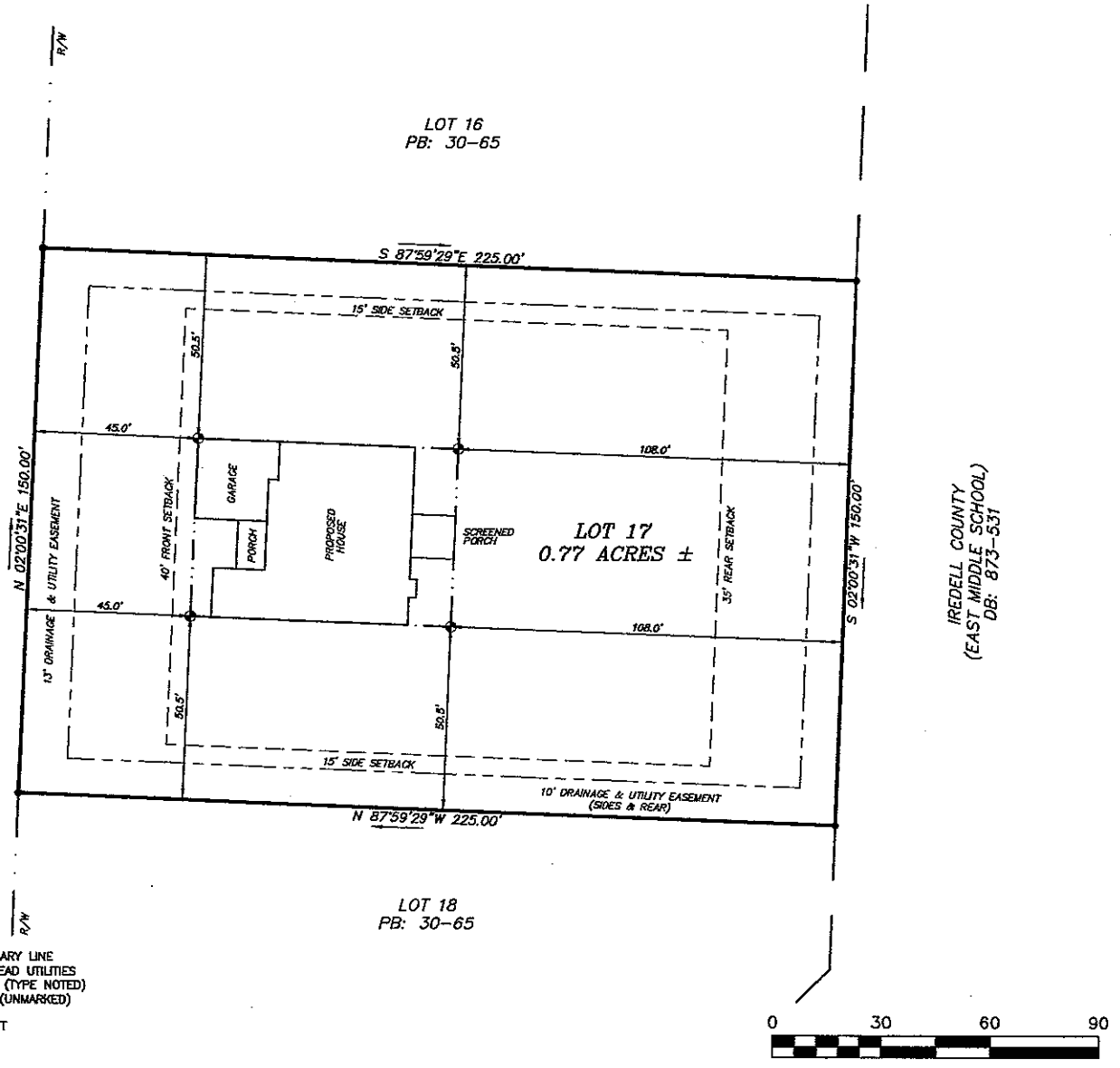
5/8/21
DATE

NOTES:
1) PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED AND/OR RESTRICTIVE COVENANTS.
2) OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
3) ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
4) ALL AREAS SHOWN HEREON WERE DETERMINED BY COORDINATE COMPUTATION.
5) SETBACKS AS SHOWN ARE PER PB: AND MAY DIFFER FROM CURRENT ZONING ORDINANCES AND/OR RESTRICTIVE COVENANTS.
6) THIS PROPERTY DOES NOT LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.
7) A 10' DRAINAGE & UTILITY EASEMENT SHALL BE PROVIDED ALONG ALL PROPERTY LINES UNLESS OTHERWISE NOTED.
8) THE 50' x 50' TEMPORARY TURN AROUND SHOWN ON PB: 30-65 IN THE SOUTHWEST CORNER OF THE LOT NOT SHOWN ON THIS SURVEY.





LEGEND:
- BOUNDARY LINE
- OVERHEAD UTILITIES
- FENCE (TYPE NOTED)
- CP = COMPUTED POINT (UNMARKED)
- R/W = RIGHT-OF-WAY
- EOP = EDGE OF PAVEMENT
- C/L = CENTERLINE
- = UTILITY POLE



SEAL:

HARRIS LAND SURVEYING, PLLC
FIRM LICENSE # P-1295
4080 DAVIS RD
MARDEN, NC 28650
704-400-8800
phillipharris36@gmail.com

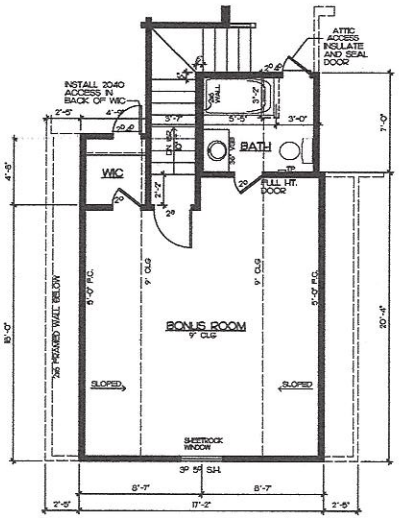
HOUSE LOCATION PLAN FOR
IQ CUSTOM CONSTRUCTION, INC
ALL OF LOT 17 OF SEVEN SPRINGS PHASE 1
REFERENCES: DB: 2486-1600 & PB: 30-85

DRAWN BY:	PAH
DRAWING FILE NAME:	21224.SS17
PROJECT NO:	21224
PROPERTY ADDRESS:	201 SEVEN SPRINGS LOOP STATESVILLE, NC 28625
DATE:	APRIL 21, 2021
SCALE:	1" = 30'
	COOL SPRINGS TOWNSHIP IREDELL COUNTY, NC

Acknowledgement Of Plans Submittal ONLY!

Date 6-8-2021

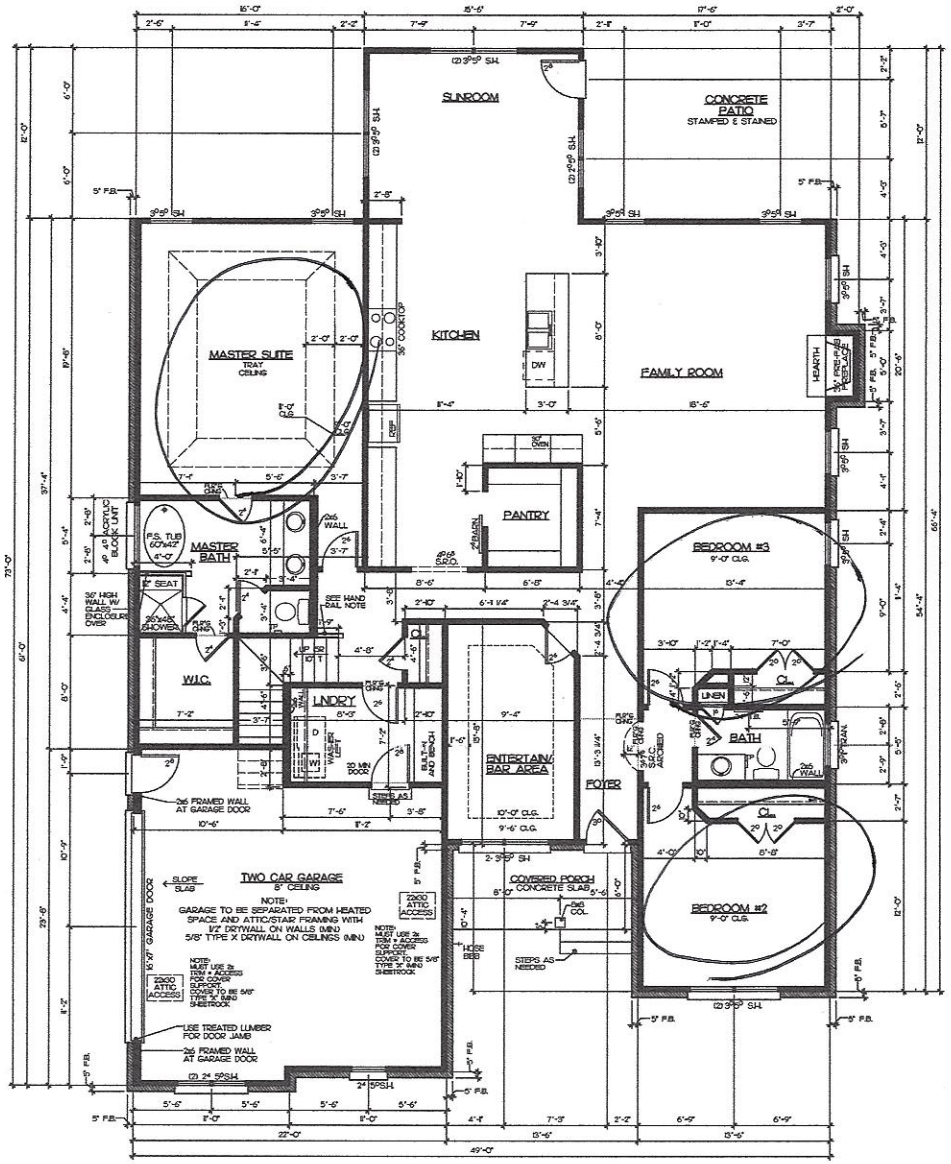
Date 6-22-21



BONUS RM. PLAN

NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT -SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS -CASED OPENING AT ALL BI-FOLD DOORS

1/4" = 1'-0"



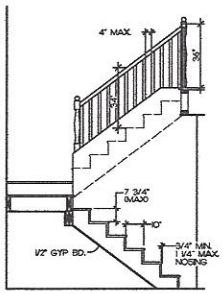
FIRST FLOOR PLAN

NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT -SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS -CASED OPENING AT ALL BI-FOLD DOORS -SEE DETAIL SHEET FOR ADDITIONAL DETAILS

1/4" = 1'-0"

HANDRAIL NOTE

HAND RAIL TO BE EITHER HALF WALL WITH WOOD CAP OR OPEN HANDRAIL WITH WOOD SPINDLES. COORDINATE TYPE WITH GREEN SPECS. FOR HALF WALL SEE DETAIL SHEET S-4. FOR OPEN TYPE HANDRAIL, COORDINATE WITH STAIRCASE SUPPLIER.



TYPICAL STAIR DETAIL

STAIR CONFIG PER PLAN 3/8"=1'-0"

NOTE: ALL WINDOWS TO BE LOW E GLASS

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL, OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNHEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF 2018 N.C.R.C. SECTION R323 OR R324.

SQUARE FOOTAGE

FIRST FLOOR	2,377
SECOND FLOOR	338
TOTAL	2,715 FRAME
OPT. BATH	61
OPT. WIC	23
FRONT PORCH	71
2 CAR GARAGE	478

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2018 N.C.R.C.

6440 Edmonton Rd Mt. Ulla, NC 28125 Ph. 704-660-3738
IQ CUSTOM CONSTRUCTION

Project: The Shelburne

Sheet Title: FLOOR PLAN

Drawn By: S. BROOKS
Date: 04-16-21
REV: 04-21-21, 05-17-21
Site:

MOD_2463FP

Sheet: 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317753 Issue Date: 05/12/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766738417.000	201 SEVEN SPRINGS LOOP	Iredell County

Owner Information	Applicant Information
Name: TAUB JESSE+JOANNA	Name: IQ CUSTOM CONSTRUCTION INC- USE THIS ONE
Address:	Address: 113 N Center St Ste 103 Statesville, NC 28677
Phone:	Phone: (704)400-6472

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD *NEEDS SIGNED ZONING DISCLAIMER*

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.

Signature of Owner/Contractor

Date: 05/12/2021

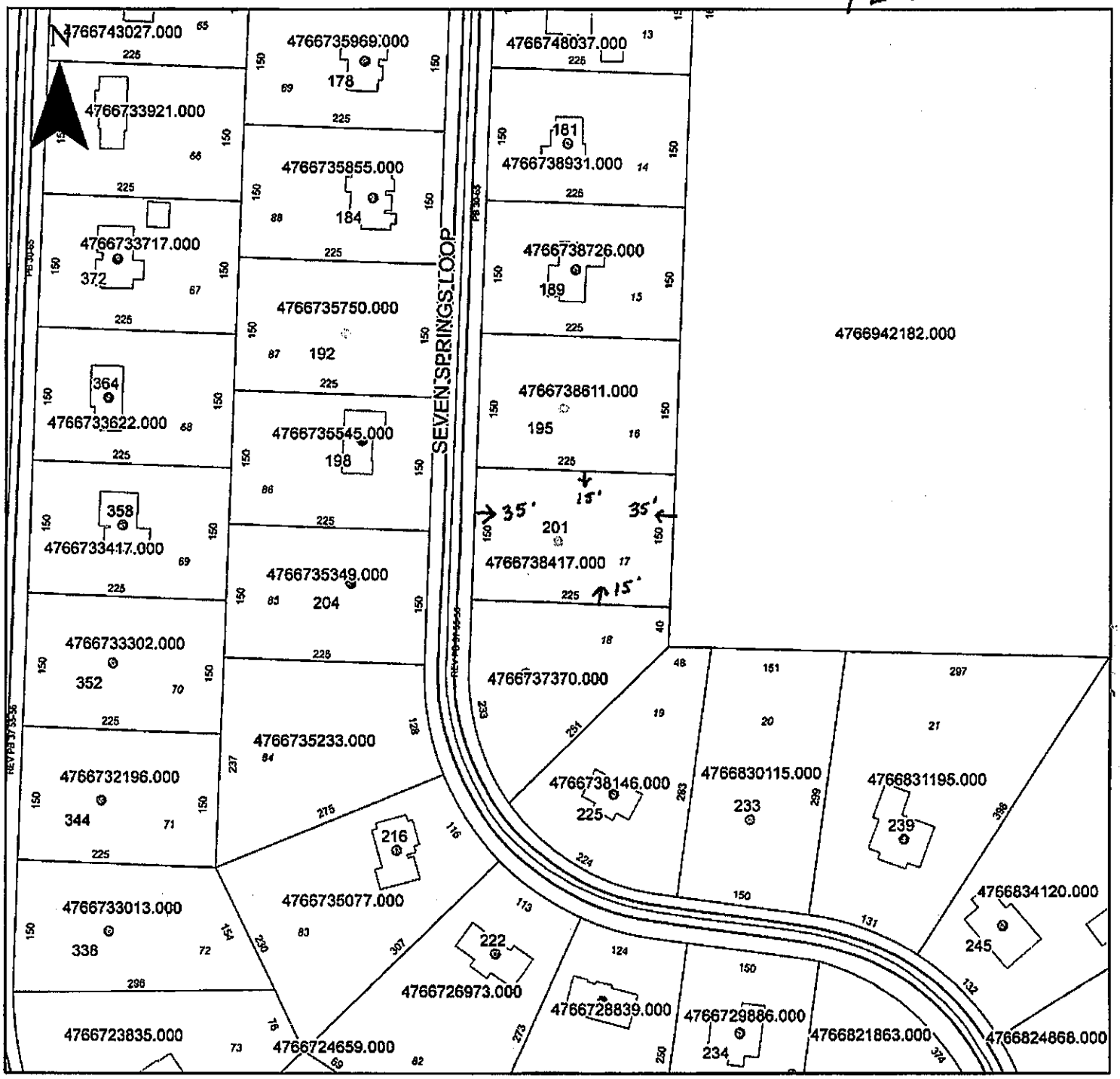
Permit Number	317753

TOTAL FEES:	$77.25

51153

RH .10
WS-NO
FL-NO

ZONING DISCLAIMER



Property Address 201 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

Date