ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-303223

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

PIN # 4767205628

APPLICANT/OWNER: GERTRUD M. ROBERTS | APPLICANT ADDRESS: 412 GASTON COURT, STATESVILLE, N.C. 28625

SITE ADDRESS: 124 CATALPA RIDGE LANE, STATESVILLE, N.C. 28625 | PHONE: 704-761-8602 | ALT. PHONE 704-402-0173

SITE DIRECTIONS: (E) ON 40 (L) ON OLD MOCKSVILLE ROAD, (R) ON CATALPA RIDGE, LOT ON (R) | SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: — | SECTION: — | LOT # TR # 2 | LOT AREA: 0.761 AC | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	1012	Date	3-9-2020	[x] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION	
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% REDUCTION - SHALLOW	
# Nitrification Fields	1	# Lines		4	Linear Ft	200 FT	Maintenance Agreement Required:	[ ] YES [x] NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)		26 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE	

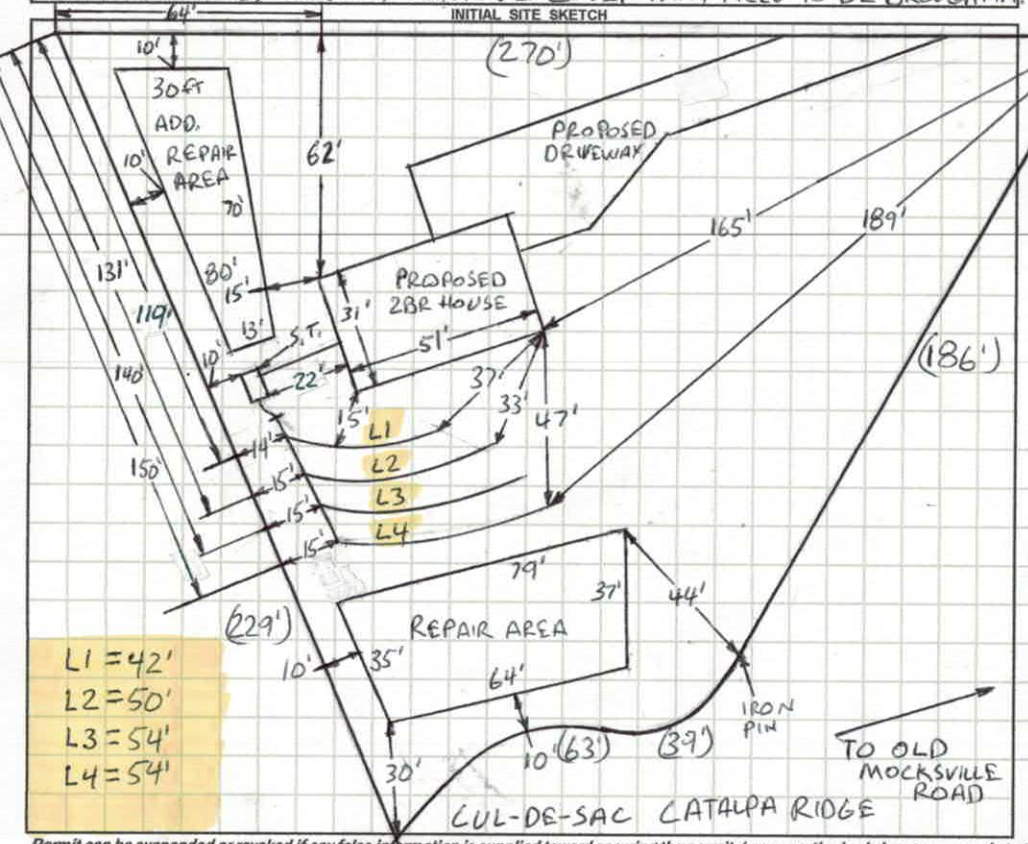
[x] Residence — No. Bedrooms: 2
[ ] Business — No. Persons: 4
[ ] Other — No. Employees: —
[ ] Slab — [x] Crawl Space
[ ] Basement w/plumbing — [ ] Basement w/o plumbing

Water Supply: [ ] Private [x] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, IF 6IN OF COVER CAN NOT BE MAINTAINED, COUNTY APPROVED COVER MAY NEED TO BE BROUGHT IN.

STABILIZATION PLAN MAY BE NEEDED FOR COVER, MAINTAIN PROPER SETBACK TO FOUNDATION DRAINS, NO FOOTERS TO BE CLOSER THAN 5FT TO ANY PART OF THE SYSTEM

INITIAL SITE SKETCH



AS BUILT SKETCH

1 IN = 50 ft
S.T. = SEPTIC TANK

LINE 1 + 2 CHECKED FOR LEVELNESS 6-3-2020 INSTALLED AT 33 IN MAX TRENCH BOTTOM

L1 - 46
L2 - 58'
L3 - 46
L4 - 62

CHECKED BY P.B.

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
[x] **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos.
[x] **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] | Date: 3/10/2020 | Installed by: COREY BENTLEY (ALEXANDER PRECAST)

IMPROVEMENT PERMIT by: Bruford C. White | Date: 3-3-2020 | OPERATION PERMIT by: Bruford C. White | Date: 6-4-2020

AUTHORIZATION TO CONSTRUCT by: Bruford C. White | Date: 3-9-2020 | 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 1 of 1
PROPERTY ID #: 4767205628
COUNTY: IREDELL

124

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

OWNER: GERTRUD M. ROBERTS
ADDRESS: 412 GASTON COURT, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 2 BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 124 CATALPA RIDGE LANE, STATESVILLE, N.C. 28625
APPLICATION DATE: 11-3-19
DATE EVALUATED: 12-30-19
PROPERTY SIZE: 0.761 AC
PROPERTY RECORDED: YES

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 6%	0-6	SCL, SBK	~~FR, SS, SP, SEXP~~	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .3
		6-20	C, ABK	~~FR, S, P, SEXP~~					
		20-54	CL, WABK	~~FR, SS, SP, SEXP~~					
2	~~LINEAR~~ ~~SIDE~~ NOSE 10%	0-6	SCL, SBK	~~FR, SS, SP, SEXP~~	SAP INC THRU OUT FI SAP INC 25'-33" VFI SAP INC 33"+	48"+	SAP INC VFI ~~APP~~ H L (U)	NA	PS .3 ABOVE 33"
		6-20	C, ABK	~~FR, S, P, SEXP~~					
		20-33	CL, WABK	~~FR, SS, SP, SEXP~~					
		33-48	CL, WABK	~~FR, SS, SP, SEXP~~					
3	LINEAR SIDE 10%	0-6	SCL, SBK	~~FR, SS, SP, SEXP~~	SAP INC THRU OUT FEW FI 28"-~~51~~"	51"	PS H L	NA	PS .3
		6-28	C, ABK	~~FR, S, P, SEXP~~					
		28-51	CL, WABK	~~FR, SS, SP, SEXP~~					
		51-55	SAP, MAS	~~VFR, NS, NP, SEXP~~					
4	LINEAR SIDE 10%	0-12	SCL, SBK	~~FR, SS, SP, SEXP~~	SAP INC THRU OUT MICA COMMON	48"+	~~X~~ NA	NA	PS .3
		12-29	C, ABK	~~FR, S, P, SEXP~~					
		29-48	CL, WABK	~~FR, SS, SP, SEXP~~					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25% - SHALLOW
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bruce C. White
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) 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	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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

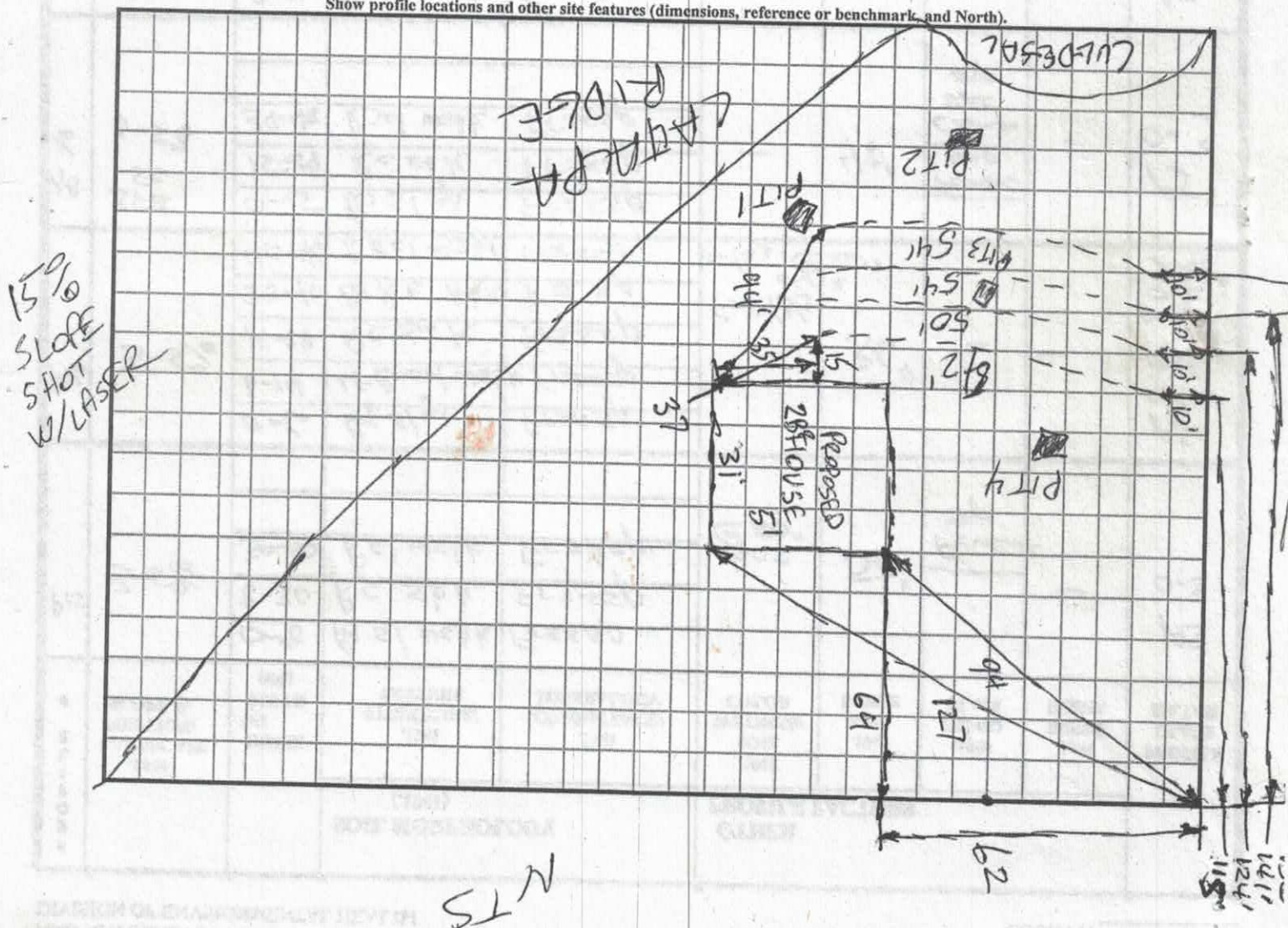
NOTES

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).



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

450.00
AP-303223
12-6-19

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: G. ROBERTS Address: 412 Gaston Ct Statesville NC Zip: 28625
Applicant Email: gr5618@gmail.com Phone: 704-761-8602 Alt. Phone: 704-402-0173
Owner Name: G. ROBERTS Address: 412 Gaston Ct. Statesville Zip: 28625
Owner Email: gr5618@gmail.com Phone: 704-761-8602 Alt. Phone: 704-402-0173

Property Information:

Street Address: 124 Catalpa Ridge Ln, Statesville NC 28625
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: Old Mocksville ~~Hwy~~ Rd, N of I-40, ~3½ mi on R

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

(X) 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: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
~~(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(X) 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.

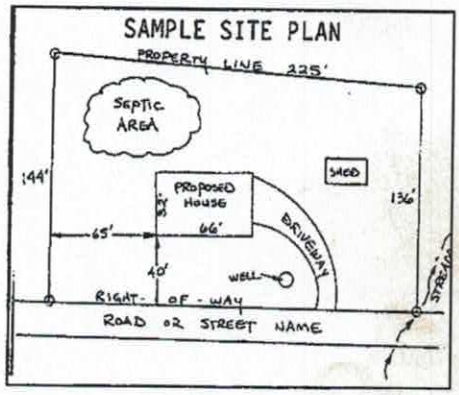
Signature: G Roberts
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/3/19
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:

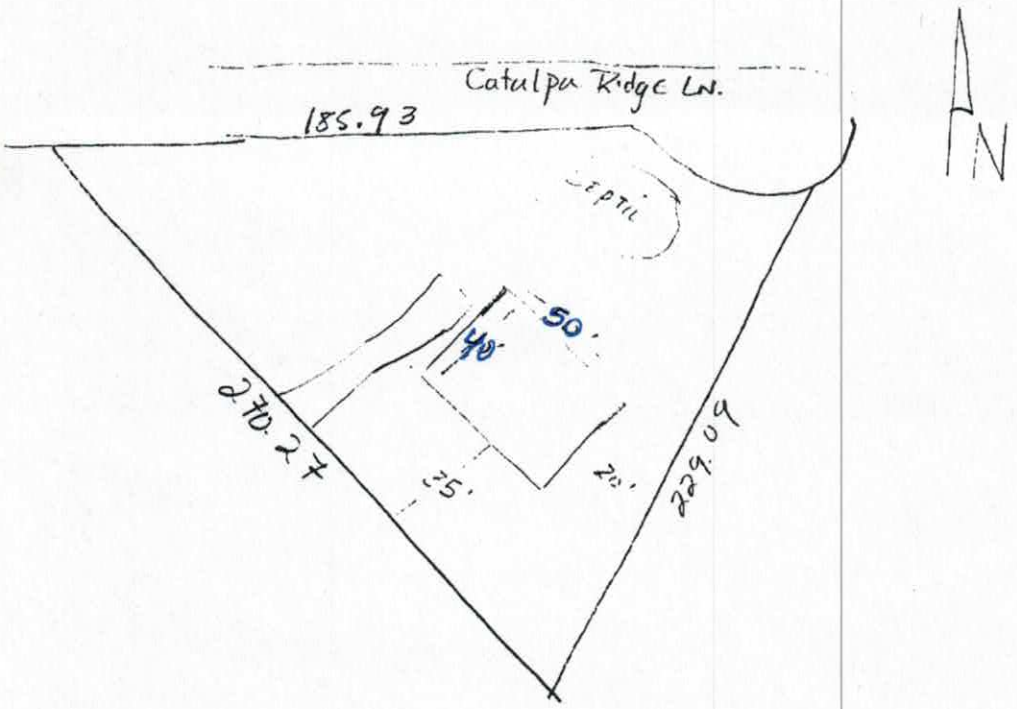
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location Municipal Water
- (1) Preferred septic system location
- (X) North arrow, or other sufficient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



Signature: _____ 12-6-19

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, GERTRUD ROBERTS, am the legal owner(s) of the property located at 124 Catalpa Ridge Ln, identified as

PIN (Parcel Identification Number) 4767205628, located in Iredell County, North Carolina.

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

_____, 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.

_____ 12/6/19
Signature of Owner(s) Date

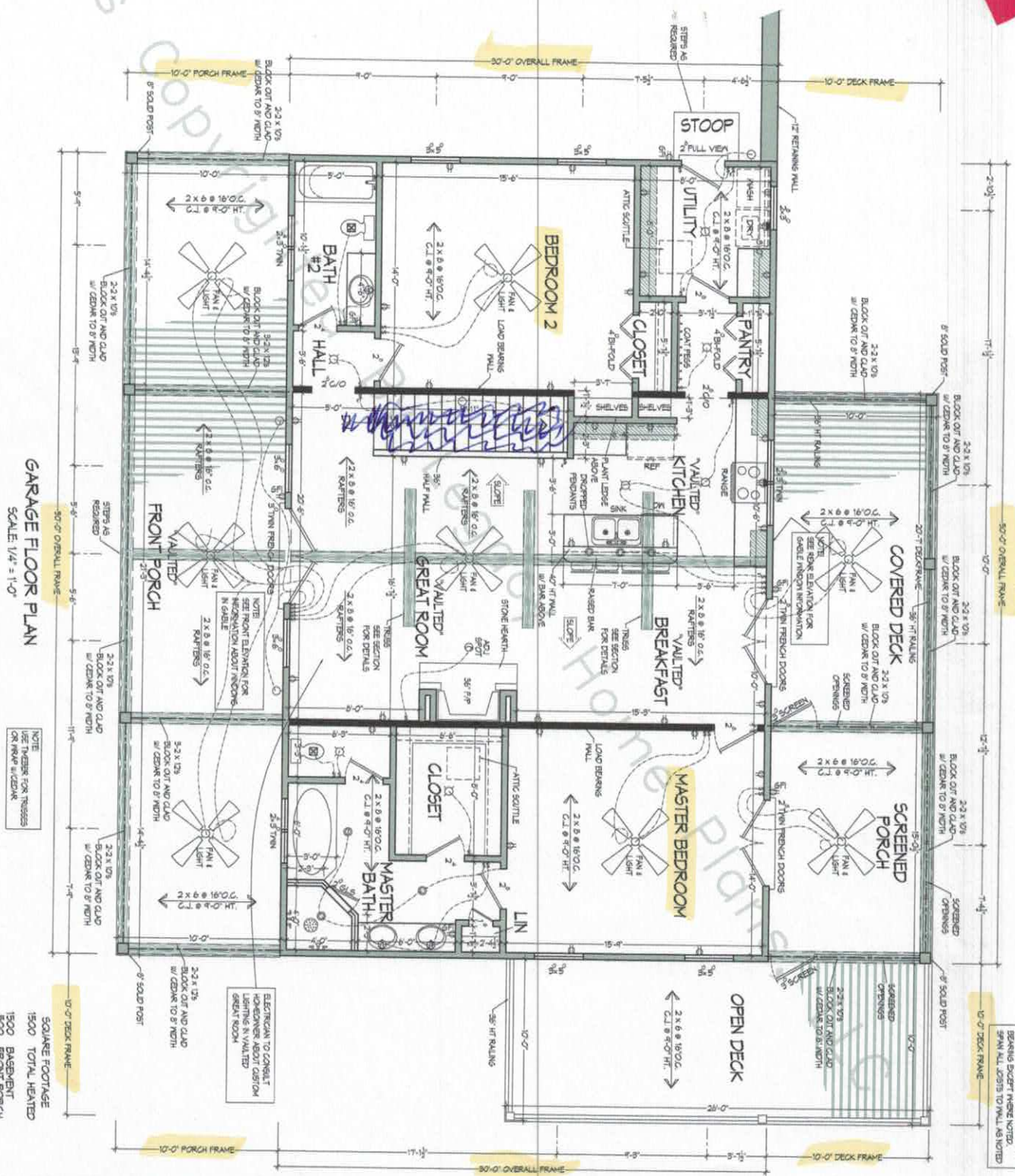
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Date 3/10/2020

Bryant C. White Date 3-9-2020



SQUARE FOOTAGE

1500 TOTAL HEATED
1500 BASEMENT
1500 FRONT PORCH
206 REAR PORCH
150 SCREENED PORCH
260 OPEN DECK

2616 TOTAL UNHEATED

4116 TOTAL UNDER ROOF

MEMBER AIBD AMERICAN INSTITUTE of BUILDING DESIGN

Legacy HOME PLANS
PLANS YOU CAN BUILD YOUR LEGACY ON
5690 SUMMER AVENUE MEMPHIS, TENNESSEE (901)754-9074

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FOR	SCALE: As Shown	DATE: 2-3-16	FILE
PLAN NAME	DRAWN BY: STEVE VALENTINE		SHEET # 2 OF 5
PLAN NO. 1500-2616-C			

Plans Copyrighted by Legacy Home Plans LLC

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303223 Issue Date: 12/06/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4767205628.000	124 CATALPA RIDGE LN	Iredell County

Owner Information	Applicant Information
Name: ROBERTS GERTRUD M Address: Phone:	Name: ROBERTS GERTRUD M Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.761	35	35	15	15	N/A	NO

Remarks
SFD

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.

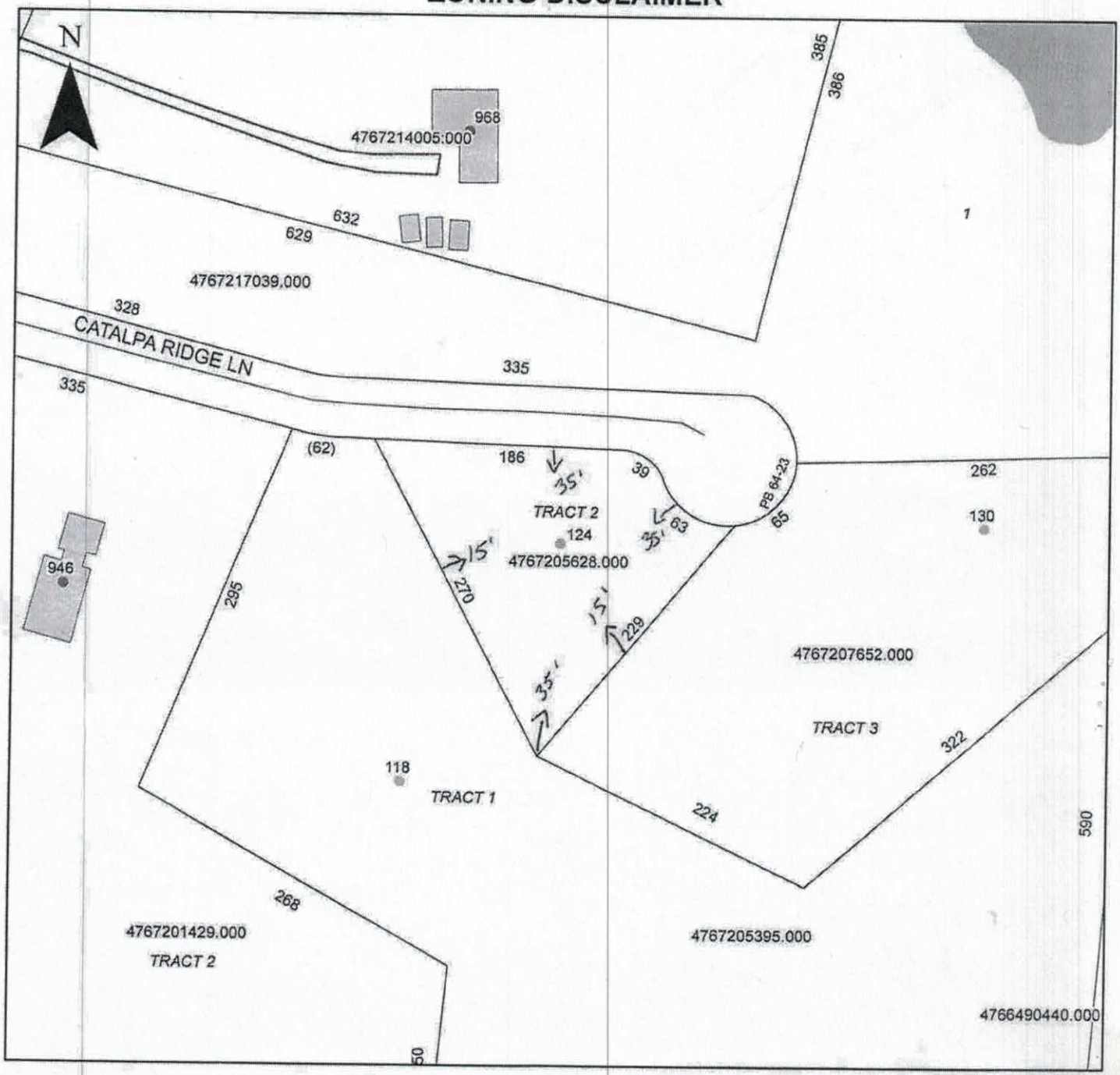
Signature of Owner/Contractor

Date: 12/06/2019

Permit Number	303223

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 124 Catalpa Ridge Ln,

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

12/6/19

Date