ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 309635

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

PIN # 4773-90-2135

BCW. 1:100

APPLICANT/OWNER: Michael Wilson APPLICANT ADDRESS: 15914 Monroe Ct Arbordale IA 50323

SITE ADDRESS: 223 Knox Farm Road Statesville NC 28677 PHONE: 704 500-3733 ALT. PHONE -

SITE DIRECTIONS: Hwy 70 East R on Knox Farm ½ mile on L SAP CONTROLLED: ☐ YES ☒ NO

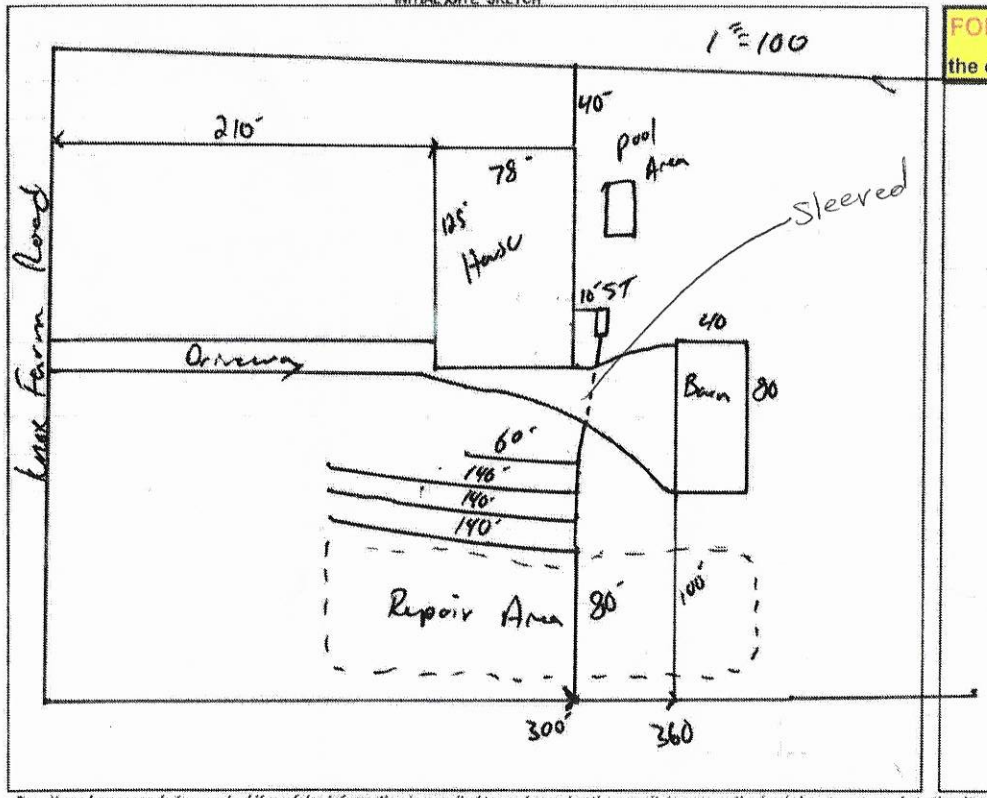
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 10 Acres DESIGN FLOW: 480 gpd L.T.A.R.: 25/.285 Repair

Septic Tank 1000 (gal)	STB: 760	Date 5-15-21	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 480	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth(Low side) 18"	Gravel Depth -	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drainline on center of land use Serial distribution. Supply line must be sleeved or 36" deep under driveway.

13FT btw House & ST

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Bathroom in shop/garage will be on Grinder pump. 10ft of 4" PVC prior to discharging to ST.

Installed Quick 4 as shown
Supply line Sleeved under drive.

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: 10-30-20 Installed by: EJ Ervin Const.

IMPROVEMENT PERMIT by: Date: 10-14-2020 OPERATION PERMIT by: Maria Dotson Date: 7/13/21

AUTHORIZATION TO CONSTRUCT by: Date: 10-14-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 477-3902
COUNTY: Iredell

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

OWNER: Michael Wilson
ADDRESS: 1519 Monroe Ct Aberdeen NC
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 223 Iron Farm Road
APPLICATION DATE: 8-1-2018
DATE EVALUATED: 8-22-2018
PROPERTY SIZE: 10 Acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-5% SS	0-6	SBk SCL	FrSS SP SmP	F/B Mottles @ 35"	48+	N/A	N/A	PS .25
		6-35	SBk C						
		35-48	SBk CL						
2	4-5% SS	0-6	SBk		Chroma Loss @ 30"	48+	N/A	N/A	PS .25
		6-30	SBk						
		30-48	SBk						
3	4-5% SS	0-6	SBk		F/B Mottles @ 36"	48+	N/A	N/A	PS .25
		6-36	SBk						
		36-48	SBk						
4	4-5% SS	0-6	SBk		F/B Mottles @ 30"	48+	N/A	N/A	PS .25
		6-36	SBk						
		36-48	SBk						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	522'
System Type(s)	25%	25%
Site LTAR	.25	.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT:
COMMENTS:

Updated February 2014

Call before visiting Electric fence on property

JB RECEIVED AUG 01 2020

pit Sept 3rd

AP-309635 $500.00

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
(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) Contact Mark Coleman 704 929-9993

Applicant Name: Michael & Laura Wilson Address: 15819 Monroe Ct Urbandale IA Zip: 50323

Applicant Email: Mwilson@Gmail.com Phone: 704-500-3733 Alt. Phone: _____

Owner Name: Same as above Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 223 Knox Farm Rd Statesville NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hwy 70 East, Turn Right on Knox Farm Rd ½ mile on Left

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

CHECK FOUNDATION TYPE

(✓) 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: 2
(✓) Swimming Pool
(✓) Other Addition/Structure: Pole Barn

(✓) 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 (1) 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: Michael Wilson Laura Wilson 8/1/2020

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

1

0-6	SiBk	SiCL
6-35	SiBk	C
35-48	SiBk	CL

mottles @ 35"

PS .05

2

0-6	SiBk	SiCL
6-36	SiBk	C
36-48	SiBk	CL

Chroma 10yr 6/2 @ 30"

ps .05

3

0-6	SiBk	SiCL
0-36	SiBk	C
36-48	SiBk	CL

4/8 mottles @ 36"

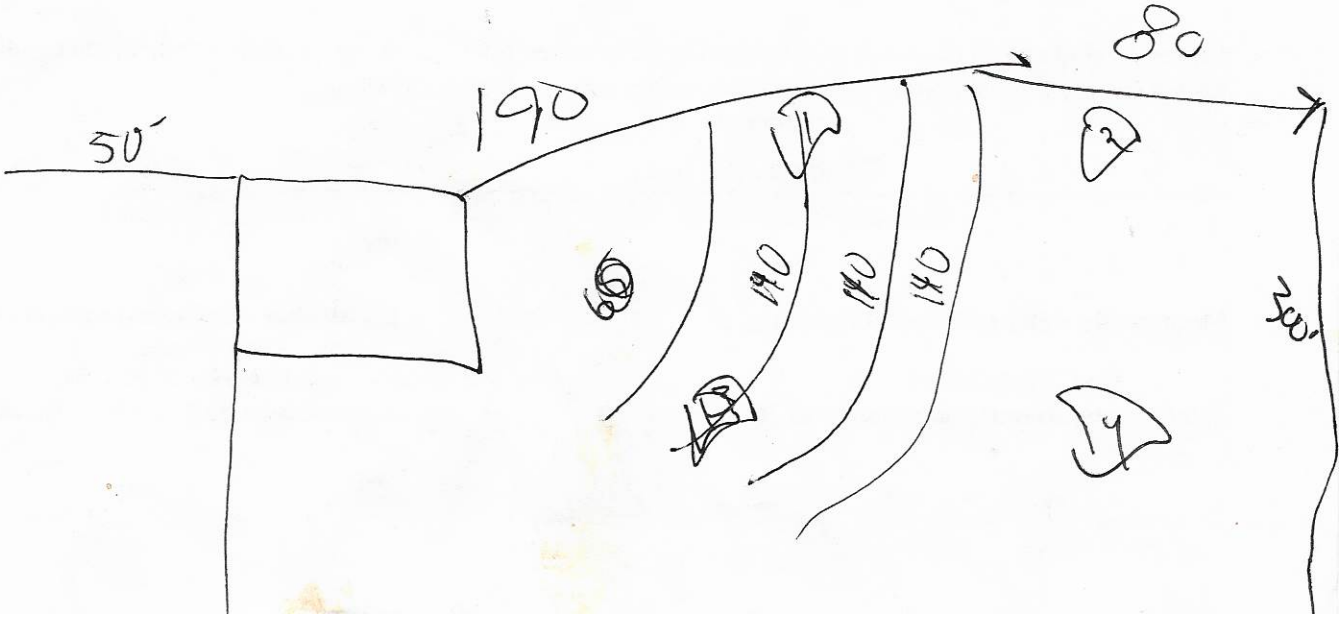
ps .05

4

0-6	SiBk	SiCL
6-36	SiBk	C
36-48	SiBk	CL

4/8 mottles @ 30"

ps .05



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)* Michael Wilson Laura Wilson

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, Michael Wilson Laura Wilson, am the legal owner(s) of the property located at 223 Knox Farm Rd, Statesville NC 28677, identified as PIN (Parcel Identification Number) # 4773-90-2135, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) MARK Coleman, _____, 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.

Michael Wilson Laura Wilson
Signature of Owner(s)

8/1/2020
Date

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

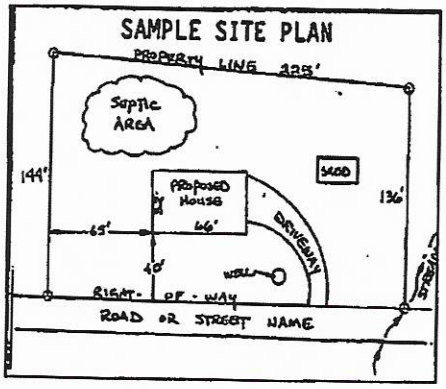
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

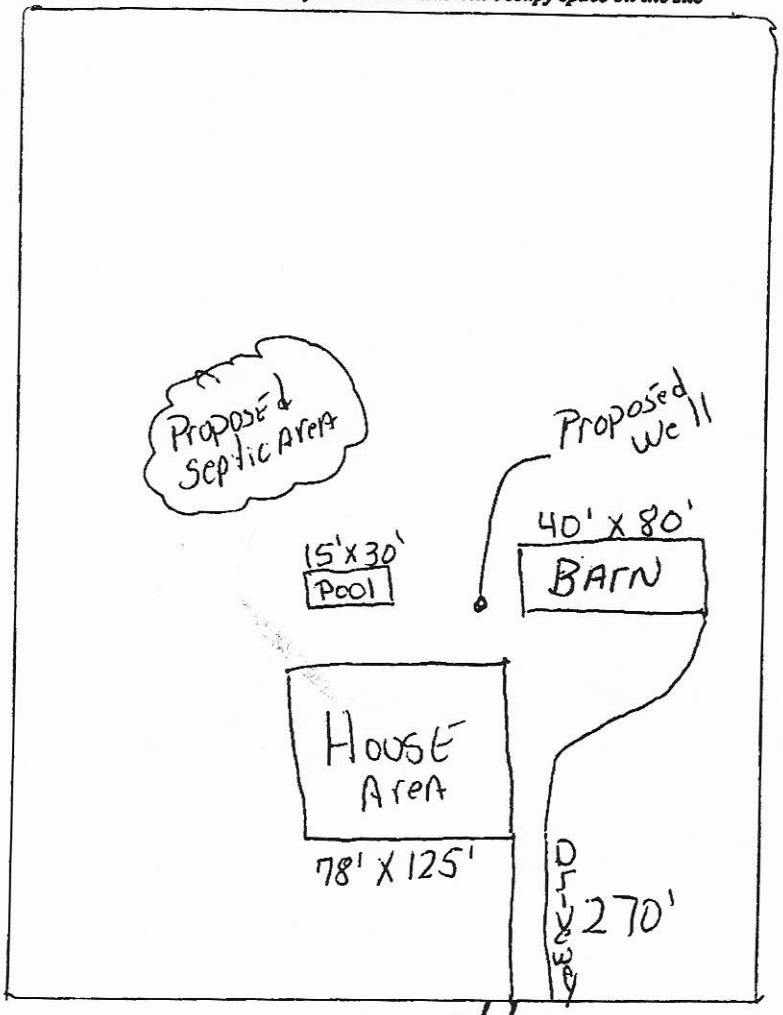
Circle N/A on the following if appropriate:

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

Please See attached

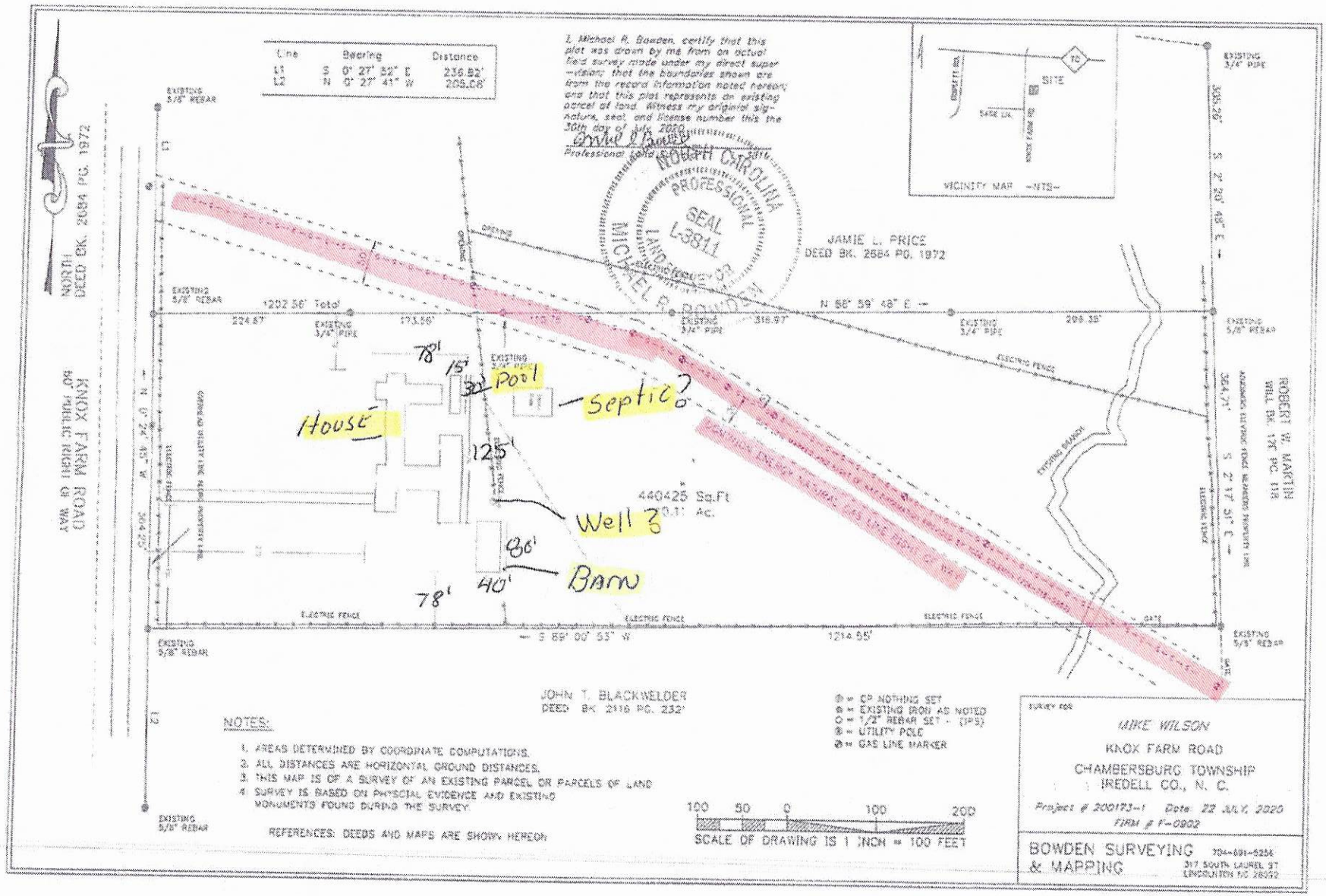


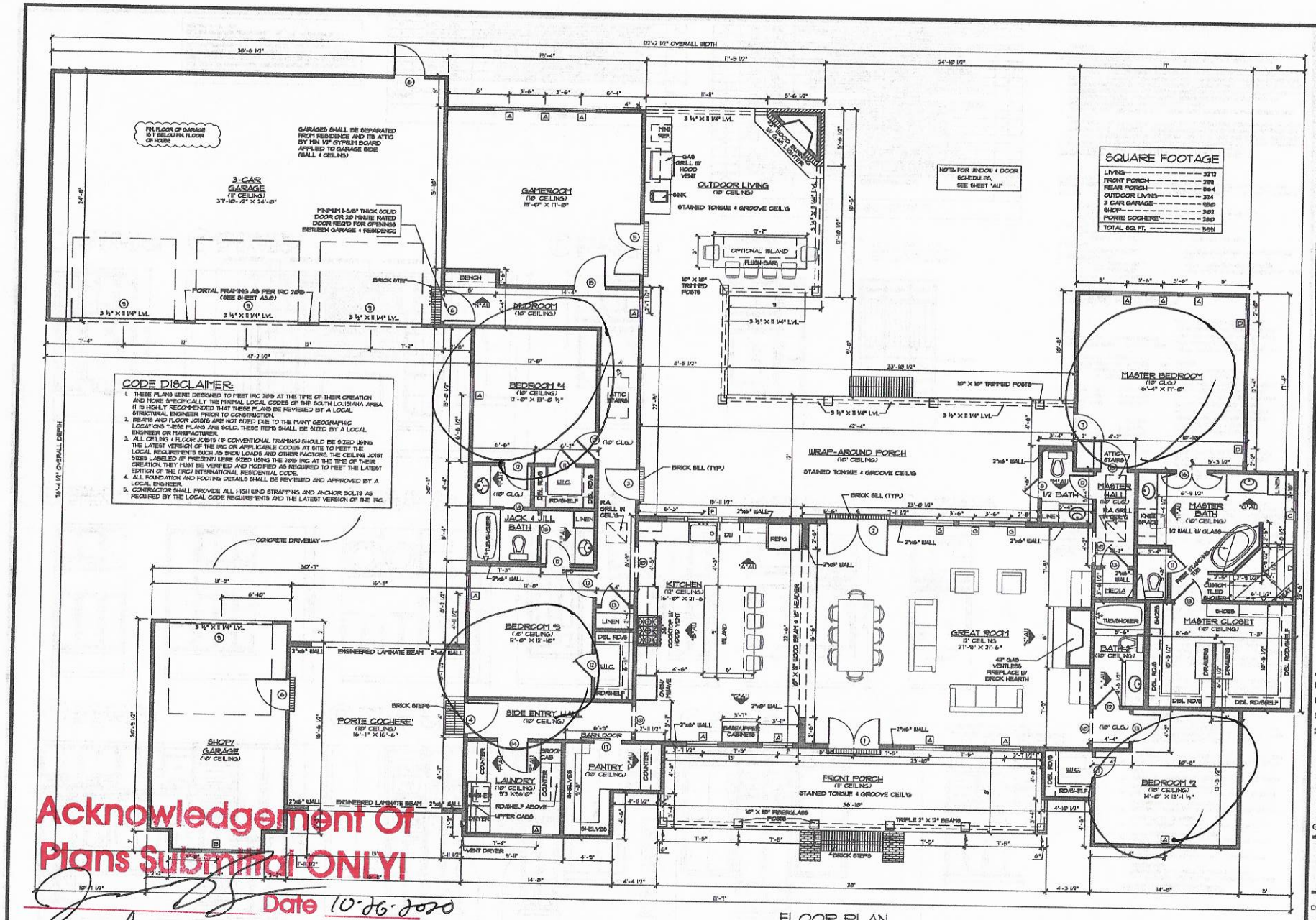
Signature: Mahal Wilson

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

8/1/2020

DATE


Line | Bearing | Distance
L1 | S 0° 27' 52" E | 236.82'
L2 | N 0° 27' 41" W | 205.08'
I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; and that this plat represents an existing parcel of land. Witness my original signature, seal, and license number this the 30th day of July, 2020.
Professional Land Surveyor
NORTH CAROLINA PROFESSIONAL SEAL L-3811 LAND SURVEYOR
MICHAEL R. BOWDEN
VICINITY MAP -NTS-
SITE
SR# DR.
EXISTING 3/4" PIPE
EXISTING 5/8" REBAR
JAMIE L. PRICE
DEED BK. 2684 PG. 1972
N 88° 59' 48" E
1202.56' Total
224.67'
173.59'
316.97'
206.35'
S 2° 27' 52" E
364.71'
ROBERT W. MARTIN
WILL BK. 13C PG. 118
EXISTING FENCE
EXISTING BRANCH
ELECTRIC FENCE
GATE
House
Pool
Septic?
Well ?
Barn
78'
15'
32'
125'
80'
40'
440425 Sq.Ft
10.11 Ac.
S 89° 00' 53" W
1214.56'
JOHN T. BLACKNELDER
DEED BK. 2116 PG. 232
KNOX FARM ROAD
60' PUBLIC RIGHT OF WAY
DEED BK. 2684 PG. 1972
NORTH
L1
L2
NOTES:
1. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
3. THIS MAP IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND
4. SURVEY IS BASED ON PHYSICAL EVIDENCE AND EXISTING MONUMENTS FOUND DURING THE SURVEY.
REFERENCES: DEEDS AND MAPS ARE SHOWN HEREON
⊕ = CP NOTHING SET
⊗ = EXISTING IRON AS NOTED
○ = 1/2" REBAR SET - (IPS)
⊗ = UTILITY POLE
⊗ = GAS LINE MARKER
100 50 0 100 200
SCALE OF DRAWING IS 1 INCH = 100 FEET
SURVEY FOR
MIKE WILSON
KNOX FARM ROAD
CHAMBERSBURG TOWNSHIP
IREDELL CO., N. C.
Project # 200173-1 Date 22 JULY 2020
FIRM # F-0902
BOWDEN SURVEYING & MAPPING
704-691-5258
317 SOUTH LAUREL ST
LINCOLNTON NC 28092



Acknowledgement Of Plans Submittal ONLY!

Date 10-26-2020

Date 10/30/20

MADDEN HOME DESIGN, LLC NOT BEING AN ARCHITECTURAL OR ENGINEERING FIRM ASSUMES NO LIABILITY FOR STRUCTURAL, AESTHETIC OR ARCHITECTURAL INTEGRITY. EVERY EFFORT HAS BEEN MADE TO INSURE ALL DIMENSIONS ARE CORRECT AND THAT ALL RESIDENTIAL REGULATIONS HAVE BEEN FOLLOWED. ANY OMISSION DOES OCCUR IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR AND NOT THE RESPONSIBILITY OF THE DRAFTING SERVICE. CONTRACTOR IS TO BE RESPONSIBLE FOR VERIFICATION OF DIMENSIONS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2015.

Project: RESIDENCE OF MICHAEL WILSON

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana
70726
Phone: (225) 791-2912

A | BD

Project No.: The Richmond Hill
DATE: AUGUST 3, 2020
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

COPYRIGHT NOTE: These Plans Are Subject To Federal Copyright Laws And Are To Be Used For The Lot Number And Subdivision Indicated In This Title Block Only. Use On Any Other Site Is Prohibited.
© COPYRIGHT 2020

Sheet Title: FLOOR PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet: A1.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309635 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4773902135.000	223 Knox Farm Rd.	Iredell County

Owner Information	Applicant Information
Name: BORDERS JACK B SR LE Address: Phone:	Name: MICHAEL AND LAURA WILSON Address: 15919 MONROE CT URBANDALE , IA 50323 Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.1	35	35	15	15		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.

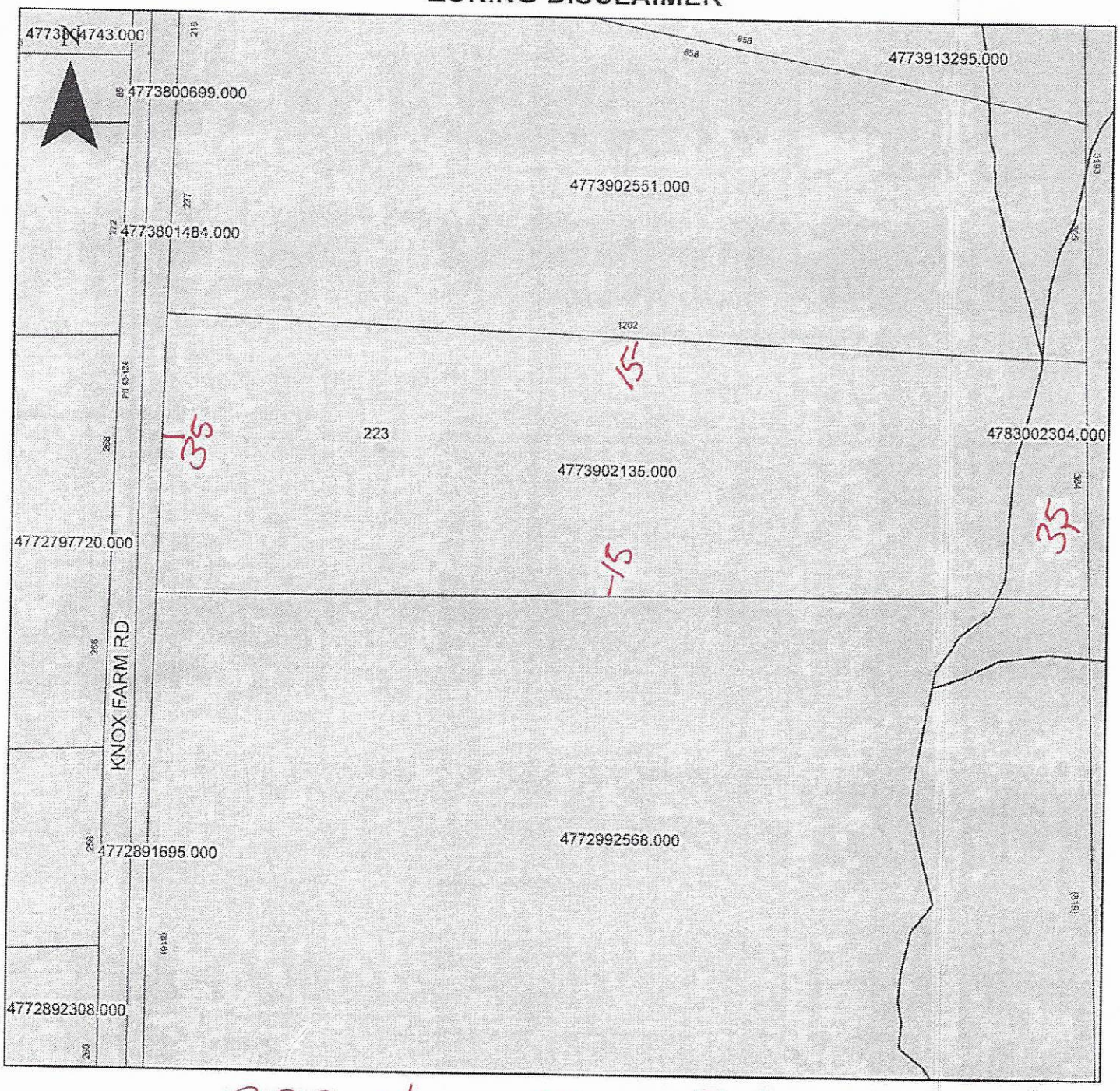
Signature of Owner/Contractor

Date: 08/03/2020

Permit Number	309635

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 223 Knox Farm Rd.

10.1
RA
NO

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

8/3/2020
Date