CW

BLDR - 2025 - 43722

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326944

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

PIN # 4774 -- 24 -- 4852

APPLICANT/OWNER: Compton Builders APPLICANT ADDRESS: PO BOX 237 Woodleaf NC 27054

SITE ADDRESS: 541 New Salem Rd, Statesville NC 28625 PHONE: 704-400-2632 ALT. PHONE

SITE DIRECTIONS: HWY 64 E to (R) New Salem Rd - Lot on (L) SAP CONTROLLED: ☐ YES ☑ NO

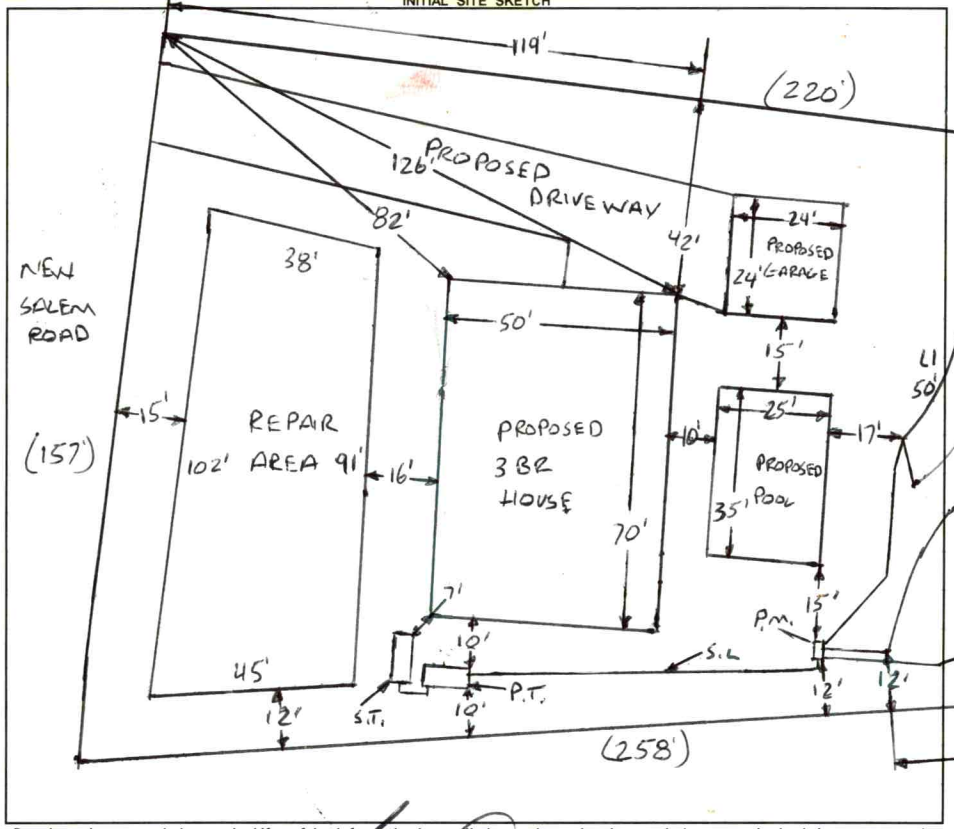
SUBDIVISION: New Salem Estates SECTION: 2 LOT # 28 LOT AREA: 0.73 AC DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	System Description:	25% REDUCTION			☐ Business	No. Persons	6	☐ Private
Pump Make	Zoeller	Model		Serial #	Repair System Description:	50% REDUCTION - DEEP			☐ Other	No. Employees		☑ Public
# Nitrification Fields	1	# Lines	6	Linear Ft 360 GPD	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

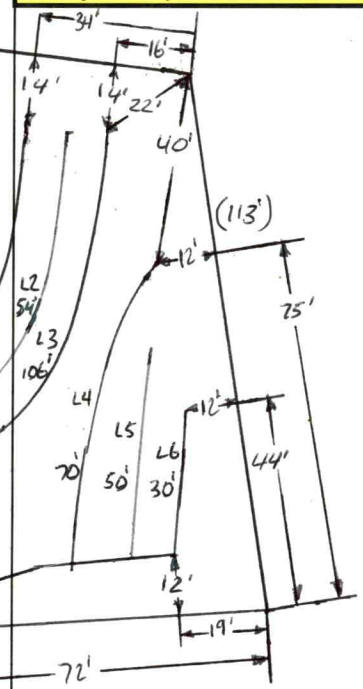
Comments / Conditions: INSTALL ON CONTOUR; INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH, DONOT SHALLOW UP, NO FOUNDATION DRAINAGE ON HOUSE

HOUSE DEEPER THAN ORIGINAL PLAN, HOUSE TO EXTEND INTO POOL AND GARAGE AREA, POOL NOR GARAGE TO BE BUILT

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.

Tanks CW
Lines 5/2/24
Floats
ALARM
ELECTRIC SW
MANIFOLD 5/31/24
PRESSURE

1 IN = 40 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

IAPS
L1+L2 = 1½ SCH 40
L3 = 1½ SCH 40
L4+L5+L6 = 3/4 SCH 80
GPM = 24.32
DOSE VOLUME = 165 GAL
RUN TIME = 7 MIN.
DRAW DOWN = 8 IN
PRESSURE HEAD = 2 FT
SUPPLY LINE = 2 IN

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: 8-18-22 Installed by: Stotts Grading

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-17-2022 OPERATION PERMIT by: Sarah Williams Date: 5/31/2024

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-9-2024 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4774-24-4852
DATE OF EVALUATION: 5-3-2022
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 10%	0-9 9-29 29-55	SCL, SBK C, ABK CL, WABK	FR, SS, SP, SEXP fr, S, P, SEXP fr, SS, SP, SEXP	V/B MOTS 24"-30" FEW SAP INC THRU OUT	55"+	NA	NL	PS .275
2	LINEAR SIDE RIDGE 3%	0-10 10-31 31-58	SCL, SBK C, ABK CL, WABK	FR, SS, SP, SEXP fr, S, P, SEXP fl, SS, SP, SEXP	V/B MOTS 26"-32" FEW SAP INC THRU OUT	58"+	NA	NA	PS .25
3	LINEAR SIDE 5%	0-10 10-41 41-78	SCL, SBK C, ABK CL, WABK	FR, SS, SP, SEXP fl, S, P, SEXP fl, SS, SP, SEXP	V/B MOTS 10YR 6/2 20"-35" FEW SAP INC THRU OUT	78"+	NA	NA	PS .25 BELOW 35"
4	LINEAR SIDE 5%	0-10 10-43 43-84	SCL, SBK C, ABK CL, WABK	FR, SS, SP, SEXP fl, S, P, SEXP fl, SS, SP, SEXP	V/B MOTS 10YR 6/2 16"-46" FEW SAP INC THRU OUT	84"+	NA	NA	PS .25 BELOW 46"

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		
					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	None		

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

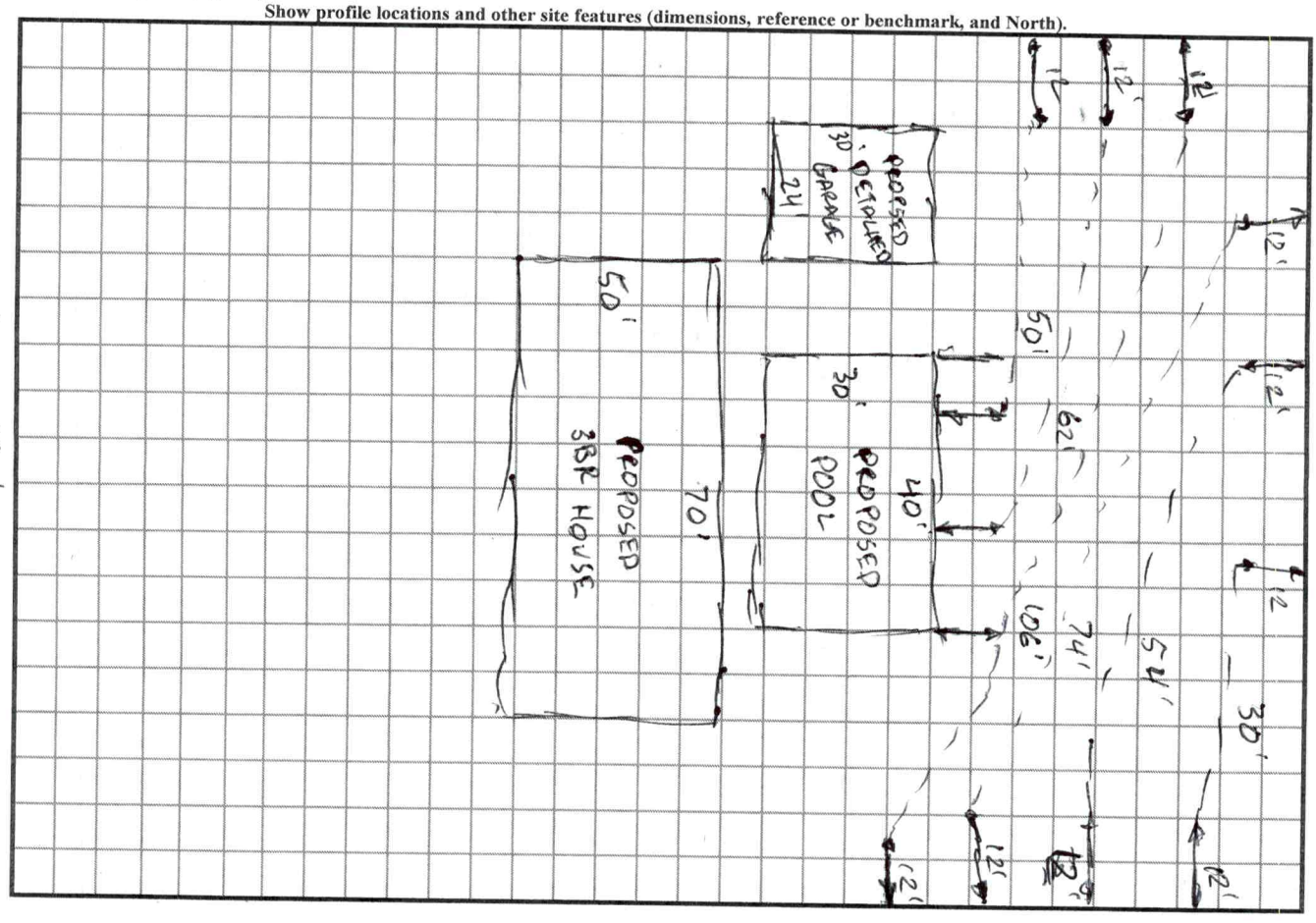
NOTES

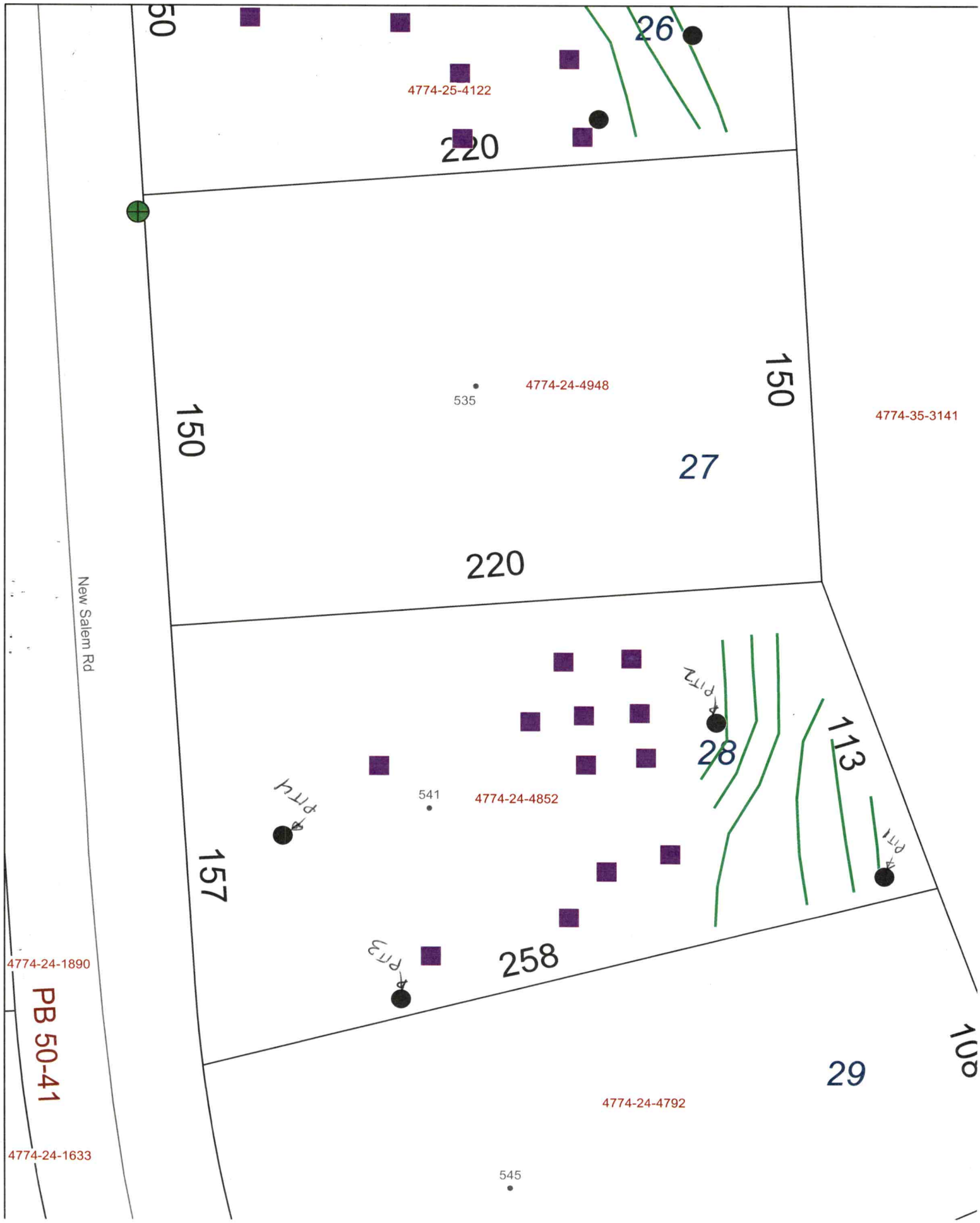
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




50
26
4774-25-4122
220
150
150
535
4774-24-4948
4774-35-3141
27
220
New Salem Rd
113
28
541
4774-24-4852
157
258
4774-24-1890
PB 50-41
29
4774-24-4792
4774-24-1633
545

RECEIVED MAR 2 4 2022

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

AP- 326944

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

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: Compton Builders **Address:** PO Box 237 Woodleaf NC **Zip:** 27054
Applicant Email: GinaCRealtor@aol.com **Phone:** 704-400-2632 **Alt. Phone:**
Owner Name: [redacted] **Address:** **Zip:**
Owner Email: Providence Farms LLC **Phone:** **Alt. Phone:**

Property Information:

Street Address: 541 New Salem Rd, Statesville NC 28625
Subdivision Name: New Salem Estates **Section/Phase:** **Lot Number:** 28
Driving Directions: Hwy 64 E to Rt on New Salem Rd; 1st on Left

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
(✓) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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: 25% Reduction

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: _____ 3-24-22
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, _____, 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**) _____, _____, 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.

_____ _____
Signature of Owner(s) Date

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

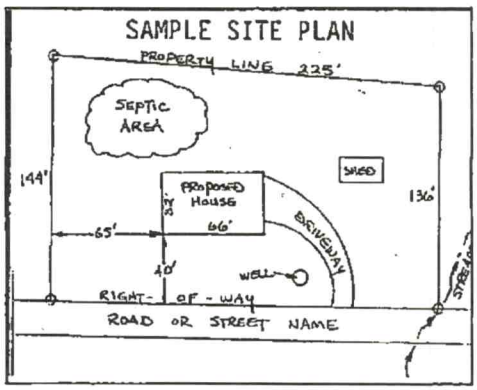
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

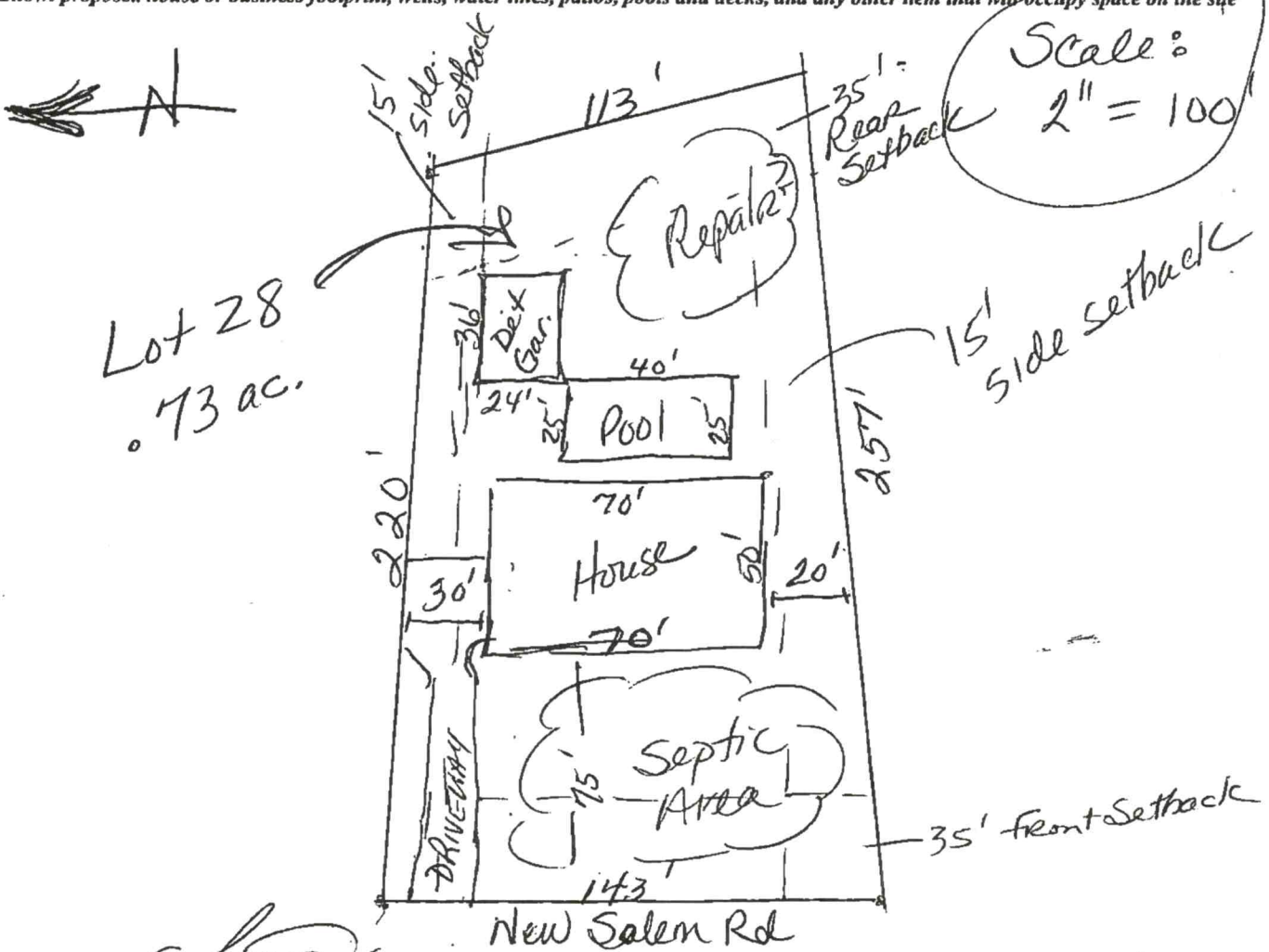
- (X) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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

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: _____ 3-24-22

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

DocuSign Envelope ID: 75DFF737-84DB-4F42-B04B-5C1DF852D29F

OFFER TO PURCHASE AND CONTRACT - VACANT LOT/LAND
[Consult "Guidelines" (Form 12G) for guidance in completing this form]

NOTE: This contract is intended for unimproved real property that Buyer will purchase only for personal use and does not have immediate plans to subdivide. It should not be used to sell property that is being subdivided unless the property has been platted, properly approved and recorded with the register of deeds as of the date of the contract. If Seller is Buyer's builder and the sale involves the construction of a new single family dwelling prior to closing, use the standard Offer to Purchase and Contract—New Construction (Form 800-T) or, if the construction is completed, use the Offer to Purchase and Contract (Form 2-T) with the New Construction Addendum (Form 2A3-T).

For valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Buyer offers to purchase and Seller upon acceptance agrees to sell and convey the Property on the terms and conditions of this Offer To Purchase and Contract and any addendum or modification made in accordance with its terms (together the "Contract").

1. **TERMS AND DEFINITIONS:** The terms listed below shall have the respective meaning given them as set forth adjacent to each term.

(a) **"Seller"**: Providence Farm, LLC

(b) **"Buyer"**: Compton Builders and Investments LLC

(c) **"Property"**: The Property shall include all that real estate described below together with all appurtenances thereto including the improvements located thereon.

NOTE: If the Property will include a manufactured (mobile) home(s), Buyer and Seller should consider including the Manufactured (Mobile) Home provision in the Additional Provisions Addendum (Standard Form 2A11-T) with this offer.

Street Address: 541 New Salem Rd Lot 28
City: Statesville Zip: 28625
County: North Carolina, North Carolina

NOTE: Governmental authority over taxes, zoning, school districts, utilities and mail delivery may differ from address shown.

Legal Description: (Complete *ALL* applicable)
Plat Reference: Lot/Unit 28, Block/Section _____, Subdivision/Condominium New Salem Estates
_____, as shown on Plat Book/Slide 54 at Page(s) 67
The PIN/PID or other identification number of the Property is: 4774244852.000
Other description: .73 acre
Some or all of the Property may be described in Deed Book _____ at Page _____

(d) **"Purchase Price"**:

$ 39,500.00 paid in U.S. Dollars upon the following terms:

$ 500.00 BY DUE DILIGENCE FEE made payable and delivered to Seller by the Effective Date by ☐ cash ☑ personal check ☐ official bank check ☐ wire transfer ☐ electronic transfer (*specify payment service*: _____)

$ 1000.00 BY INITIAL EARNEST MONEY DEPOSIT made payable and delivered to Escrow Agent named in Paragraph 1(f) by ☐ cash ☑ personal check ☐ official bank check ☐ wire transfer, ☐ electronic transfer, EITHER ☐ by the Effective Date OR ☑ within five (5) days of the Effective Date of this Contract.

$ 0 BY (ADDITIONAL) EARNEST MONEY DEPOSIT made payable and delivered to Escrow Agent named in Paragraph 1(f) no later than 5 p.m. on _____, ***TIME BEING OF THE ESSENCE*** by ☐ cash ☐ official bank check ☐ wire transfer ☐ electronic transfer

$ 0 BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum (Standard Form 2A6-T).

$ 0 BY SELLER FINANCING in accordance with the attached Seller Financing Addendum (Standard Form 2A5-T).

$ 38,000.00 BALANCE of the Purchase Price in cash at Settlement (some or all of which may be paid with the proceeds of a new loan)

REALTOR®

This form jointly approved by:
North Carolina Bar Association
North Carolina Association of REALTORS®, Inc.

EQUAL HOUSING OPPORTUNITY

STANDARD FORM 12-T
Revised 7/2021
© 7/2021

Buyer initials _____ Seller initials _____

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326944 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4774244852.000	541 NEW SALEM RD	Iredell County

Owner Information	Applicant Information
Name: PROVIDENCE FARM LLC	Name: COMPTON BUILDERS
Address: 615 NEW SALEM RD	Address: P. O. BOX 237
STATESVILLE, NC 28625	WOODLEAF , NC 27054
Phone:	Phone: (704)400-2632

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.73	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.

Date: 03/24/2022

Signature of Owner/Contractor

Permit Number	326944	TOTAL FEES:	$77.25