ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-307093

CCN

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

PIN # 4775103520-3501

APPLICANT/OWNER: MOOREFIELD BUILDERS/GENE & WANDA APPLICANT ADDRESS: 160 VERNA DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 262 NEW SALEM ROAD, STATESVILLE, N.C. 28625 (ISEN HOUR) PHONE: 704-724-6852 ALT. PHONE 336-749-8554

SITE DIRECTIONS: (E) ON 64, (R) ON NEW SALEM, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CAMBELL GLEN SECTION: 51 LOT # 2 LOT AREA: 0.63 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.36 (REPAIR 3.275)

Septic Tank	1000	(gal)	STB		Date		☑ 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:	50% REDUCTION			
# Nitrification Fields	1	# Lines	7	Linear Ft:	300 FT		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 IN	Gravel Depth	–		☑ GRAVITY	☐ PRESSURE			

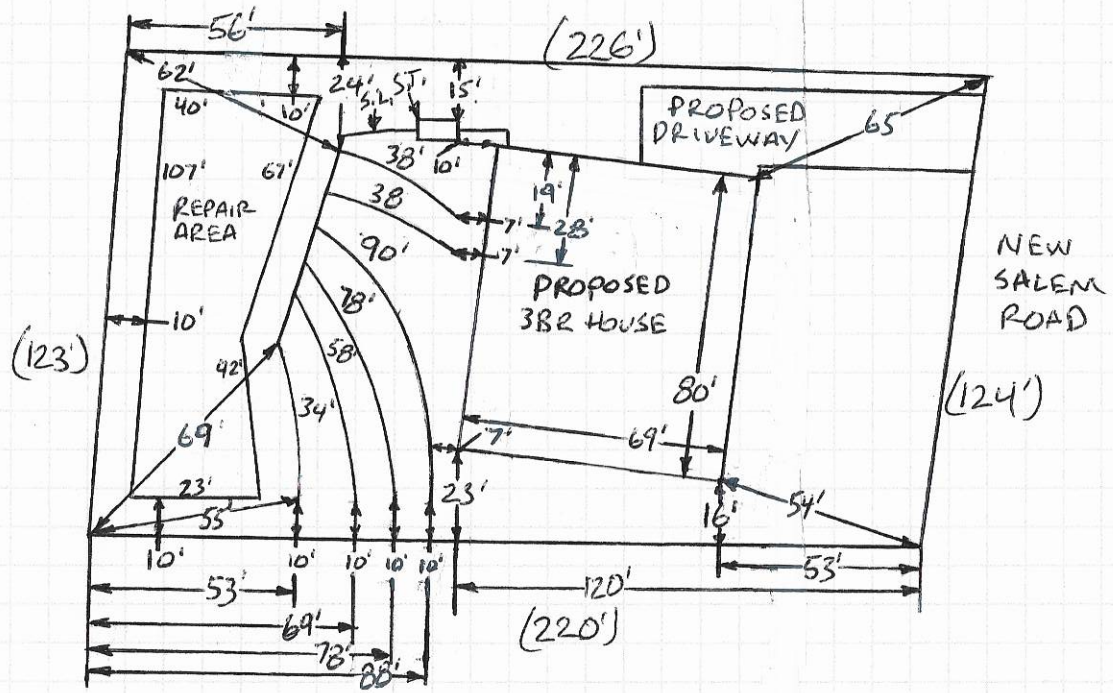
☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	–	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS DO NOT EXCEED 36IN MAX TRENCH BOTTOM, DO NOT UTILIZE SERIAL DISTRIBUTION, ONLY 300FT OF DRAINLINE INSTALL SHALLOWER THAN A 30IN (HIGHSIDE) TRENCH BOTTOM IS NEED, DRAINLINES MAY BE SHORTENED, PLUMB HOUSE TO ACHIEVE GRAVITY FALL OR REDRAW FOR PUMP WILL BE NEEDED.

IF 10 FT SETBACK TO HOUSE CAN NOT BE MAINTAINED NO DRAINAGE TO BE INSTALLED ON BACK OF HOUSE

FOR SEPTIC 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.

AS BUILT SKETCH



1 IN = 50 FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE

Installed as Drawn

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: Phillip Moorefield Date: 5-22-2020 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Burkett C. White Date: 5-22-2020 OPERATION PERMIT by: Date: 11-23-2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 5-22-2020 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 #: 4775103520
COUNTY: IREDELL

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

OWNER: GENE & WANDA ISENHOUR
APPLICATION DATE 4-29-2020
ADDRESS: 160 VERNA DRIVE, STATESVILLE, N.C. 28625
DATE EVALUATED: 5-14-2020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.63 AC
LOCATION OF SITE: 262 NEW SALEM ROAD, STATESVILLE, N.C. 28625
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 3%	0-28	C, ABK	fl, S, P, SEXP	FEW Y/B 0-18 SAP INC THRU OUT	52"+	NA	NA	PS .3 BELOW 18"
		28-52	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	55"+	NA	NA	PS .3
		10-39	C, ABK	fl, SS, P, SEXP					
		39-55	CL, WABK	FR, SS, SP, SEXP					
3	HEAD 5%	0-12	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B 0"-48" "TIGER" 48"-60" 10YR 5/2	60"+	NA	NA	PS .275 ABOVE 48"
		12-41	C, SBK	FR, S, P, SEXP					
		41-60	C, WABK	fl, S, P, SEXP					
4	LINEAR SIDE 2%	0-11	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B 0-15 SAP INC THRU OUT	52"+	NA	NA	PS .3 BELOW 45"
		11-52	C, ABK	fl, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant 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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

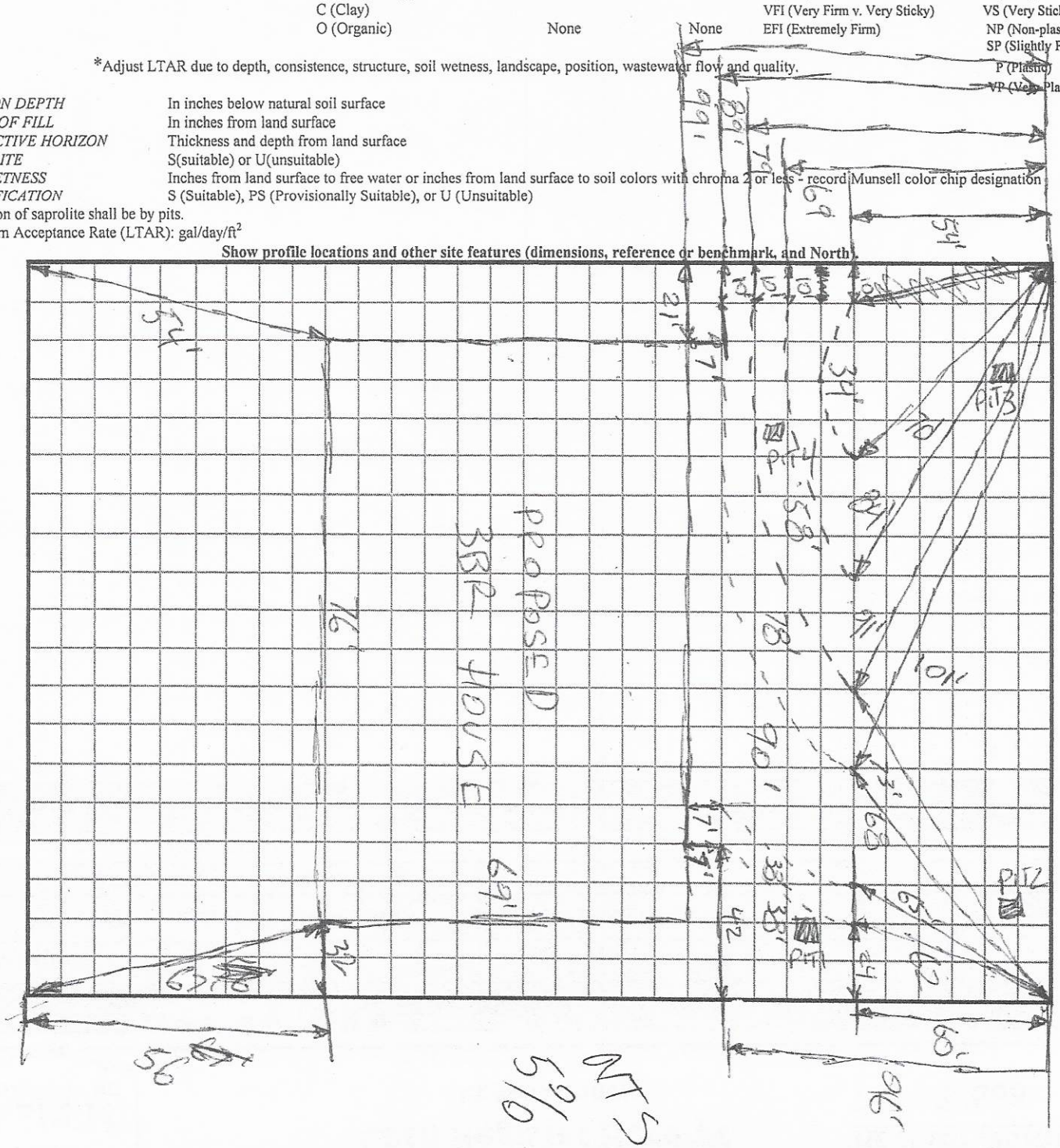
NOTES

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).



RECEIVED MAY 1 2020 AP-307093

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $500.00

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
New

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: Gene & Wanda Isenhour Address: 160 Verna Drive, Statesville, NC Zip: 28625
Applicant Email: regina.yount@iss.k12.nc.us Phone: 704-724-6852 Alt. Phone: 336-749-8554
Owner Name: Gene+Wanda Isenhour Address: 16 Zip: _____ (same as above)
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 262 New Salem Road, NC 28625
Subdivision Name: Campbell Glen Section/Phase: _____ Lot Number: 2
Driving Directions: 64 East toward Mocksville, (R) onto New Salem Rd.
Lot is on the (R)

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: #3 WDD 5/15/20
Maximum Number of Occupants: 4
( ) 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: _____
(1) 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: A E Isenhour Wanda Isenhour 4/28/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

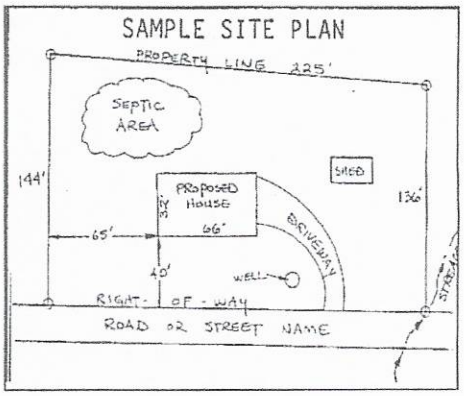
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IREDELL COUNTY HEALTH DEPARTMENT

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:

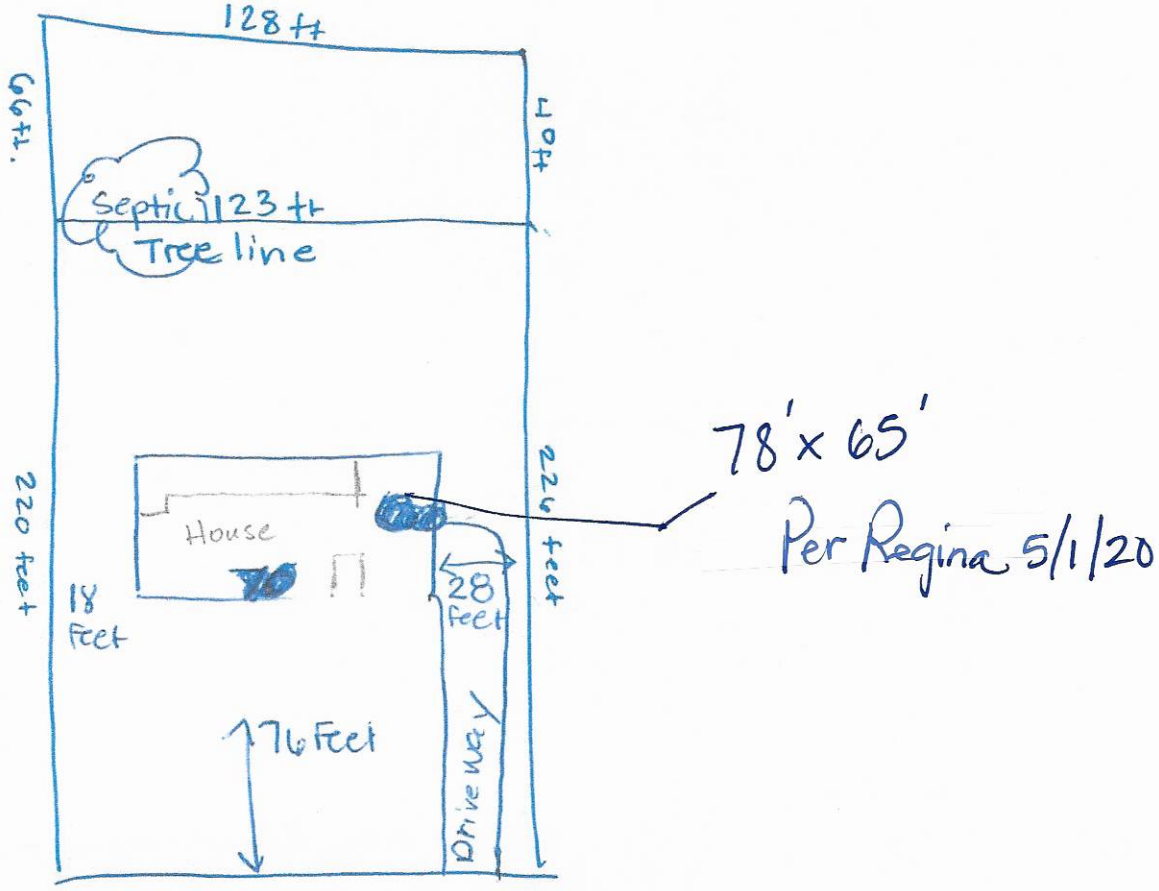
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

4/29/2020
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, Gene and Wanda Isenhour, am the legal owner(s) of the property located at 252 New Salem Road, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt Moorefield, Moorefield Builders _____, 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.

J E Isenhour Wanda Isenhour
Signature of Owner(s)

4/29/2020
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

Verizon 2:27 PM 59%
Done builderhouseplans.com AA

700.00
77.25

FLOOR PLANS

Floor Plan - Main Floor Plan

Reverse



Acknowledgement Of Plans Submittal ONLY!
Bryant C. White Date 5-22-2020
Date
Wanda Dunlap
5/15/26

Floor Plan - Other Floor Plan

SEE PAGE 2 FOR DIMENSIONS

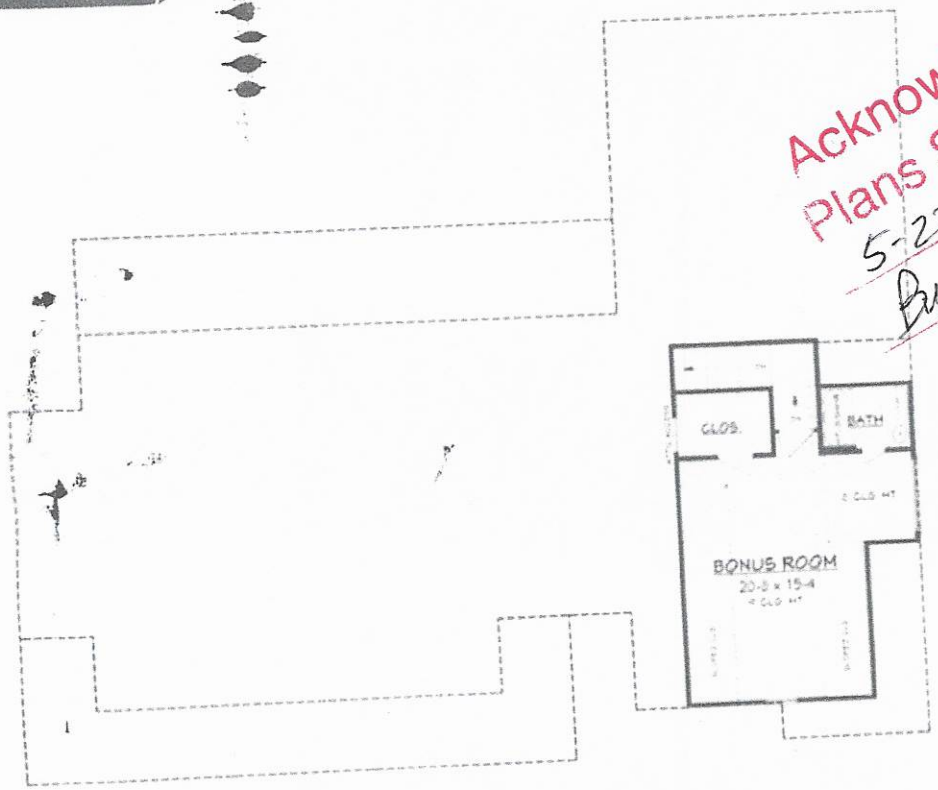
Reverse

We're the Roofing Specialists
OPEN

Verizon 2:27 PM 59%
builderhouseplans.com

Floor Plan Other Floor Plan

Reverse



Acknowledgement Of Plans Submittal ONLY!
5-22-2020 Date
Date
Date
5/15/20

FULL SPECS & FEATURES

DIMENSION

Depth : 62' 8"
Height : 25'
Width : 76'

Missing shingles or leaks? Your new roof may be covered by your insurance!
OPEN

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307093 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4775103520.000	262 NEW SALEM RD	Iredell County

Owner Information	Applicant Information
Name: ISENHOUR SANFORD E+WANDA D	Name: ISENHOUR SANFORD E+WANDA D
Address: 262 NEW SALEM ROAD	Address: 262 NEW SALEM ROAD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone: (704)724-6852	Phone: (704)724-6852

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.63	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.

Date: 05/01/2020

Signature of Owner/Contractor

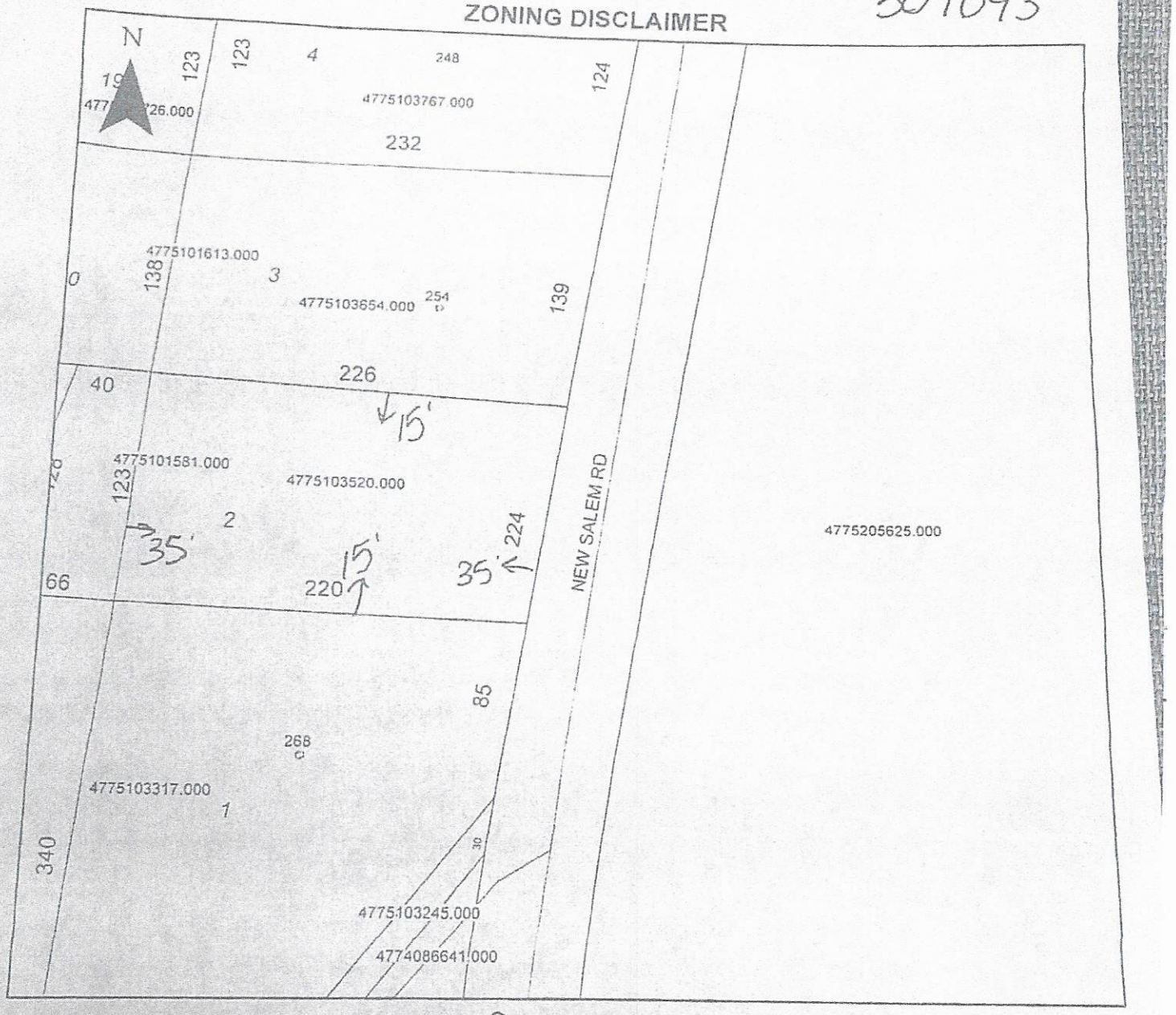
Permit Number	307093	TOTAL FEES:	$77.25

mbuilders78@gmail.com

704880.6627

307093

ZONING DISCLAIMER



Property Address 262 New Salem Rd

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.

Wanda Olsenhour

Applicant

5-1-20

Date