ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-317593

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

PIN # 4776 -- 05 -- 7249

APPLICANT/OWNER: TYLER STEELE | APPLICANT ADDRESS: 147 INDEPENDENCE LOOP, STATESVILLE, N.C. 28625

SITE ADDRESS: 824 RIVER HILL ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-402-7004 | ALT. PHONE 704-828-0795

SITE DIRECTIONS: (E) ON 64, (L) ON RIVER HILL, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: RIVER HILL HEIGHTS | SECTION: — | LOT # 32 | LOT AREA: 0.36 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

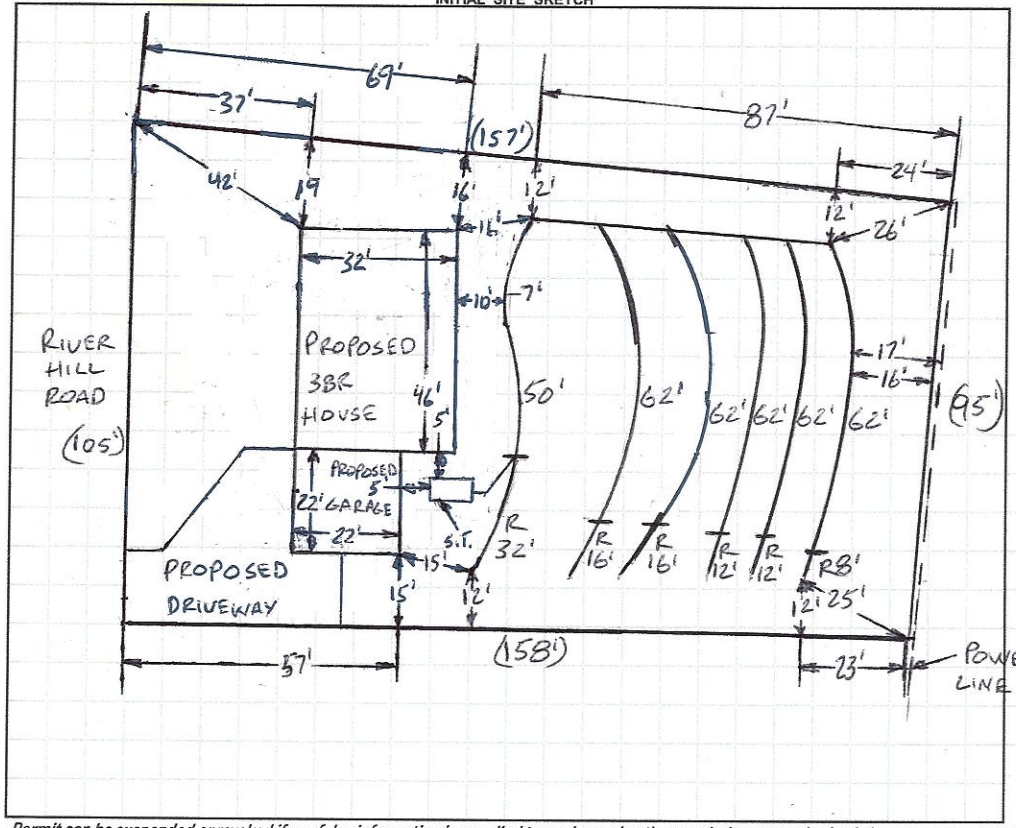
Septic Tank	1000 (gal)	STB 76	Date 10-1	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT —	Date —	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description:	PARTIAL 50% REDUCTION - REPAIR EXEMPT			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines 6	Linear Ft: 360 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	13 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 15 IN MAX TRENCH DEPTH, 10 IN OF COUNTY APPROVE COVER IS REQUIRED

NO FOUNDATION DRAINAGE ON HOUSE
DIVERT ALL SURFACE WATER FROM SYSTEM

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.

Installed as Drawn
* Needs Landscape Final *

1 IN = 40 FT
S.T. = SEPTIC TANK
R = REPAIR

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: Tyler Steele 9-10-21 | Date: 9-10-21 | Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: Bryant C. White | Date: 9-9-2021 | OPERATION PERMIT by: RJ | Date: 2-16-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 9-9-2021 | 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 #: 4776-05-72
COUNTY: IREDELL

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

OWNER: TYLER STEELE
ADDRESS: 147 INDEPEDENCE LOOP, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 824 RIVER HILL ROAD, STATESVILLE, N.C. 28625
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 5-5-2021
DATE EVALUATED: 6-24-2021
PROPERTY SIZE: 0.36 AC
PROPERTY RECORDED: YES
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	RIDGE/ SHOULDER 2%	0-8	SL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU OUT ROOTS STOP @ 28" 10YR6/2 @ 28" 10YR7/1 @ 40"	62"+	NA	NA	PS .25 ABOVE 23"
		8-28	C, ABK	FI, S, P, SEXP					
		28-62	SL, ABK	FI, S, VP, SEXP					
2	SHOULDER 2%	0-10	SL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU HORIZ BAND 10YR6/2 @ 30" 10YR7/1 @ 52"	65"+	NA	NA	PS .25 ABOVE 30"
		10-30	C, ABK	FR, S, P, SEXP					
		30-65	SC, ABK	FI, S, VP, SEXP					
3	RIDGE 2%	0-8	FILL	SL	Y/B MOTS 10YR6/2 @ 42"	65"+	NA	NA	PS .25 ABOVE 42"
		8-15	SCL, SBK	FR, SS, SP, SEXP					
		15-65	C, ABK	FI, S, P, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	REPAIR
System Type(s)	25%	EXEMPT 50%
Site LTAR	0.25	0.25

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.

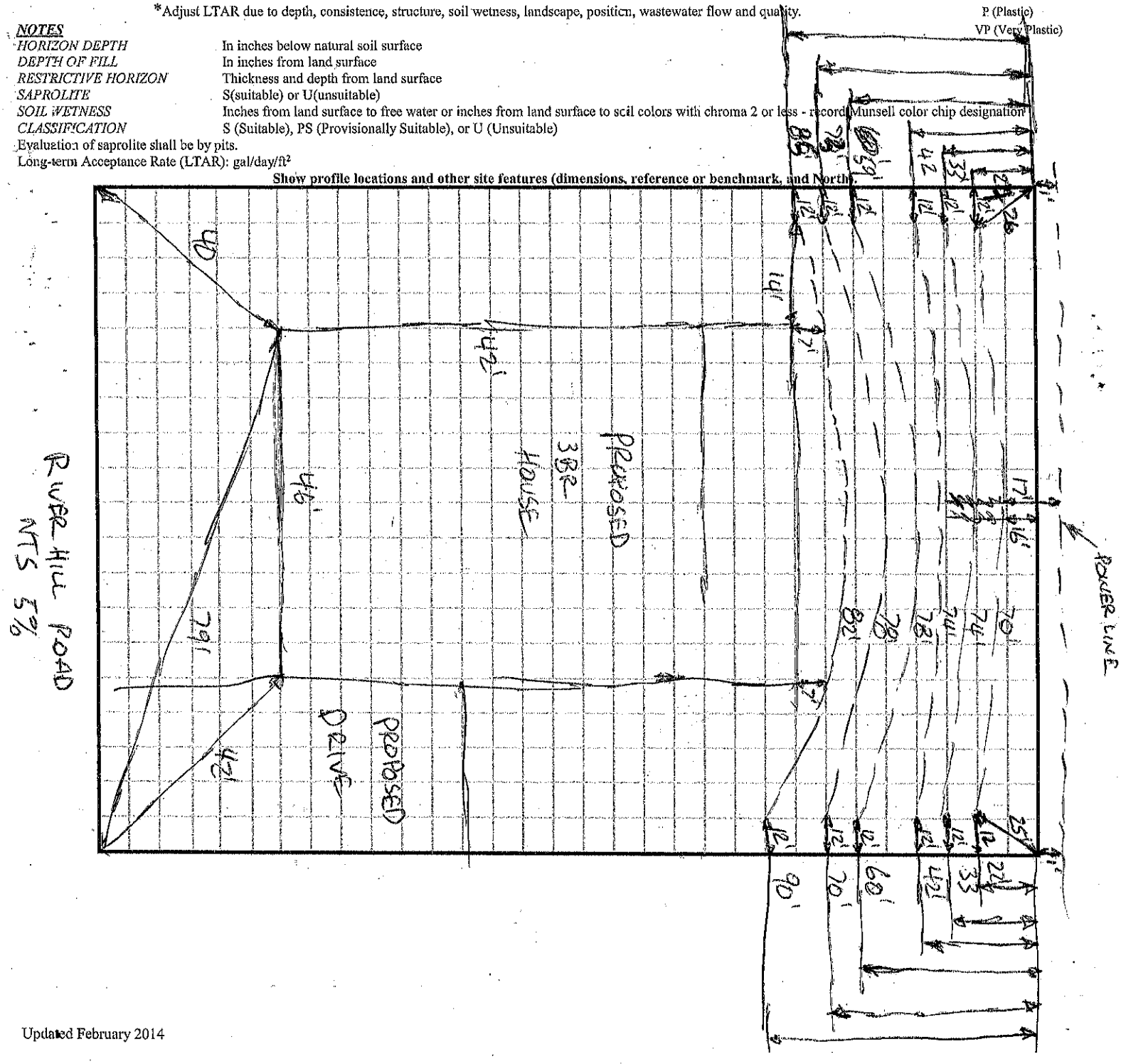
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North)



RECEIVED AUG 2 6 2021

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

AP- 317593

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Int. Relayout $320.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: Tyler Steele Address: 147 Independence Loop Zip: 28625
Applicant Email: [redacted]@tdsteele520gmail.com Phone: 704-402-7004 Alt. Phone: 704-878-0795
Owner Name: Judy Parks Address: 820 River Hill Rd Zip: 28625
Owner Email: _____ Phone: 704-871-8930 Alt. Phone: _____

Property Information:

Street Address: 824 River Hill Rd -SVL
Subdivision Name: River Hill Heights Section/Phase: _____ Lot Number: 32
Driving Directions: _____

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: _____

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: Tyler Steele 8-25-21
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, Judy Turner Parks, am the legal owner(s) of the property located at 926 River Hill Rd Statesville, NC, identified as PIN (Parcel Identification Number) 4776057249, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Tyler Steele or mom, _____, 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.

Judy Turner Parks
Signature of Owner(s)

5-6-2021
Date

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

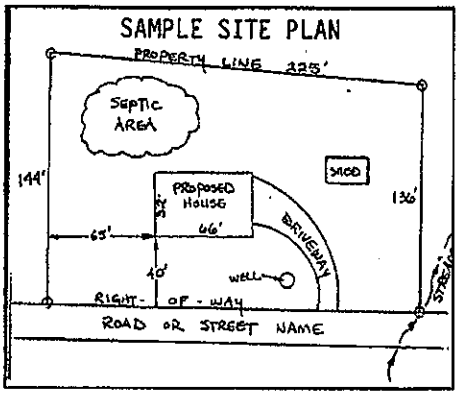
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- ( ) 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

See attached

Signature: _____ 8-25-21

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

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.

* This survey is subject to any facts that may be disclosed by a full and accurate title search.

* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.

* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

* The ratio of precision before any adjustments is 1:66,856'.

* Area determined by coordinate computations.

* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

Witness this my original signature, registration number and seal this _____ day of _____, 2021 A.D.

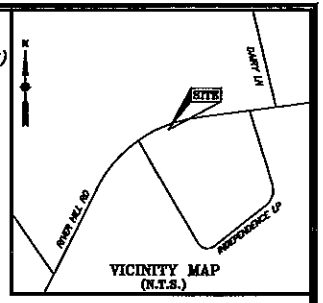
Ted M. Benbow NC PLS L-3175
Firm License # C-1588

PRELIMINARY PLAT:
NOT FOR RECORDATION,
CONVEYANCES, OR SALES

HOUSE LOCATION SHOWN HEREON IS PROPOSED. HOUSE SIZE BASED OFF LINDA ELEV A 4-30-20 PDF PROVIDED TO TED BENBOW AND ASSOCIATES BY VALUE BUILD HOMES

Setback Information

(ZONING RA PER IREDELL COUNTY GIS)
Front - 35'
Side - 15'
Rear - 35'



Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.
EIP ..... EXISTING IRON PIPE AS SHOWN
EIR ..... EXISTING IRON ROD AS SHOWN
..... IRON SET
..... UTILITY POLE
..... ELECTRIC BOX
..... SEPTIC TANK
..... MAILBOX
..... LIGHT POLE
EP ..... EDGE OF PAVEMENT
PIN ..... PARCEL IDENTIFICATION NUMBER
NTS ..... NOT TO SCALE
LINE NOT SURVEYED
LINE SURVEYED
BUILDING SETBACK
OHW OVERHEAD WIRE

TED BENBOW Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Boundary Survey For:

Tyler Steele

Cool Spring Township, Iredell County, NC
Owners of Record: Judy T. Parks
Deed Reference: Bk. 07E @ Pg. 862
Plat Reference: Bk. 11 @ Pg. 15
PIN: 4776-05-7249
Job Number: 2105144
Field Work: 05-22-2021
Plat Date: 05-25-2021

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-317593

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Pump Tank	— (gal)	PT	—	Date	—		
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# Nitrification Fields	1	# Lines	6	Linear Ft	360 FT		
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☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: PARTIAL 50% REDUCTION - REPAIR EXEMPT

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

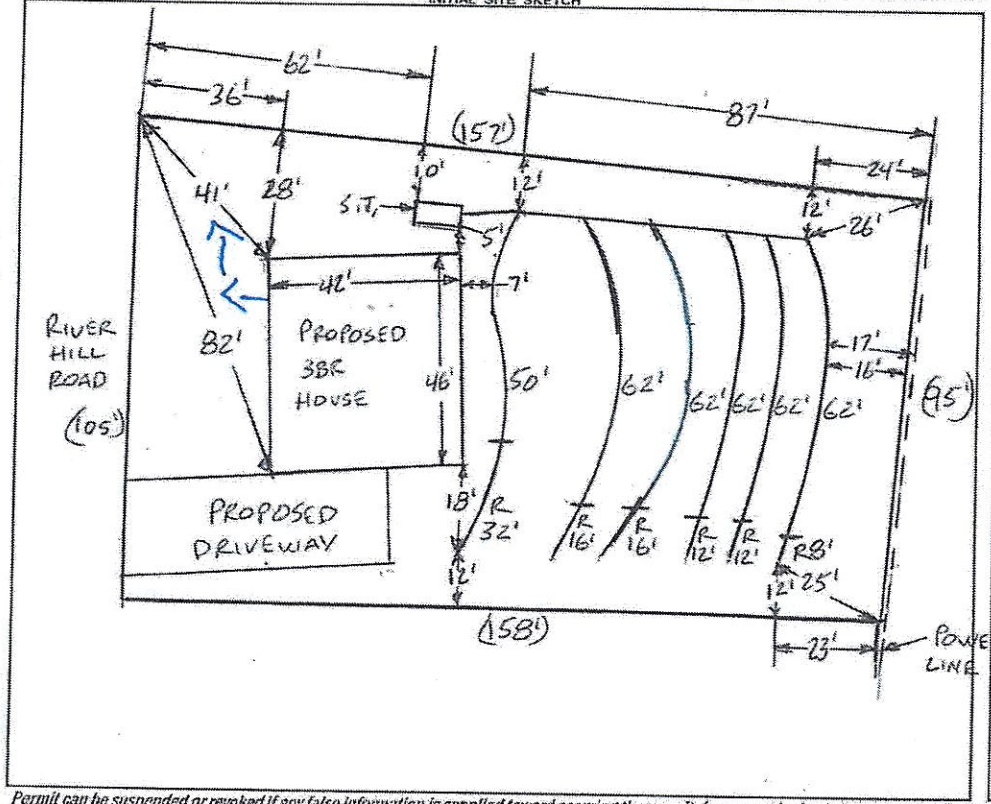
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S.T. = SEPTIC TANK
R = REPAIR

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Owner / Applicant Signature: Pamela Steele Date: 7-23-21 Installed by:

IMPROVEMENT PERMIT by: Burgett C. White Date: 7-22-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 7-23-2021 Existing System Inspected by: Date:

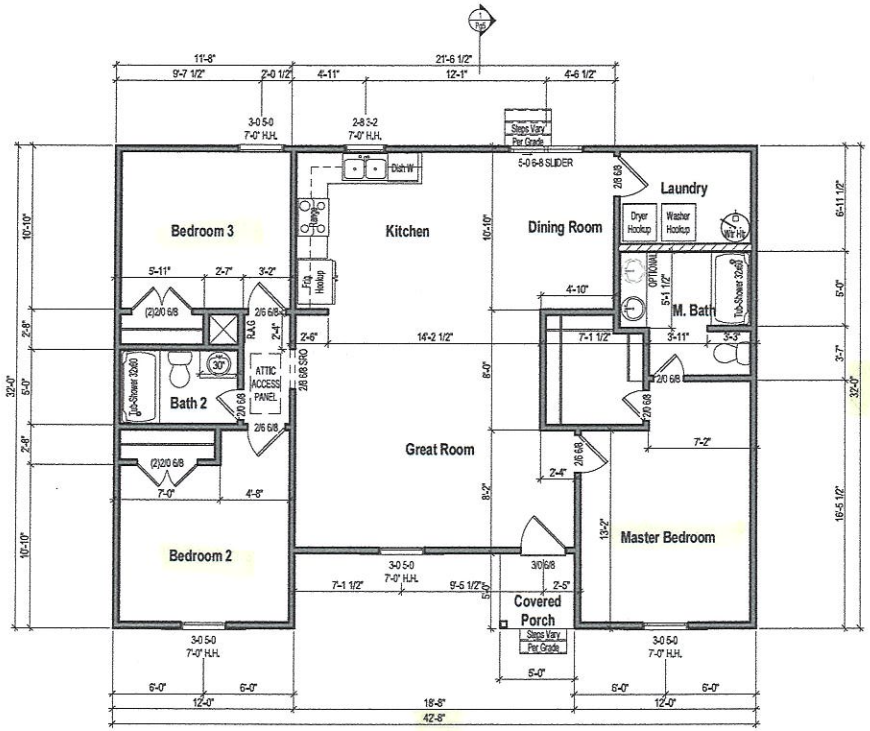
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

824 River Hill - River Hill Heights Lot 32

Acknowledgement Of Plans Submittal ONLY!

Date 8-6-21

~~Date 7-23-2021~~



1 1st Floor Plan - Elevation A
1/8" = 1'-0"

ValueBuild HOMES
3015 Jefferson Davis Hwy, Sanford, NC 27332

THE LINDA - Elevation A

1st Floor Plan

Job #:
Address:
County:

Plan Version Date: 4/13/20

Job Version Date:

Sheet #: ElevA-Pg3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317593 Issue Date: 05/06/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4776057249.000		Iredell County

Owner Information	Applicant Information
Name: PARKS JUDY T Address: Phone:	Name: PAMELA STEELE Address: Phone:

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 824 RIVER HILL 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. 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.

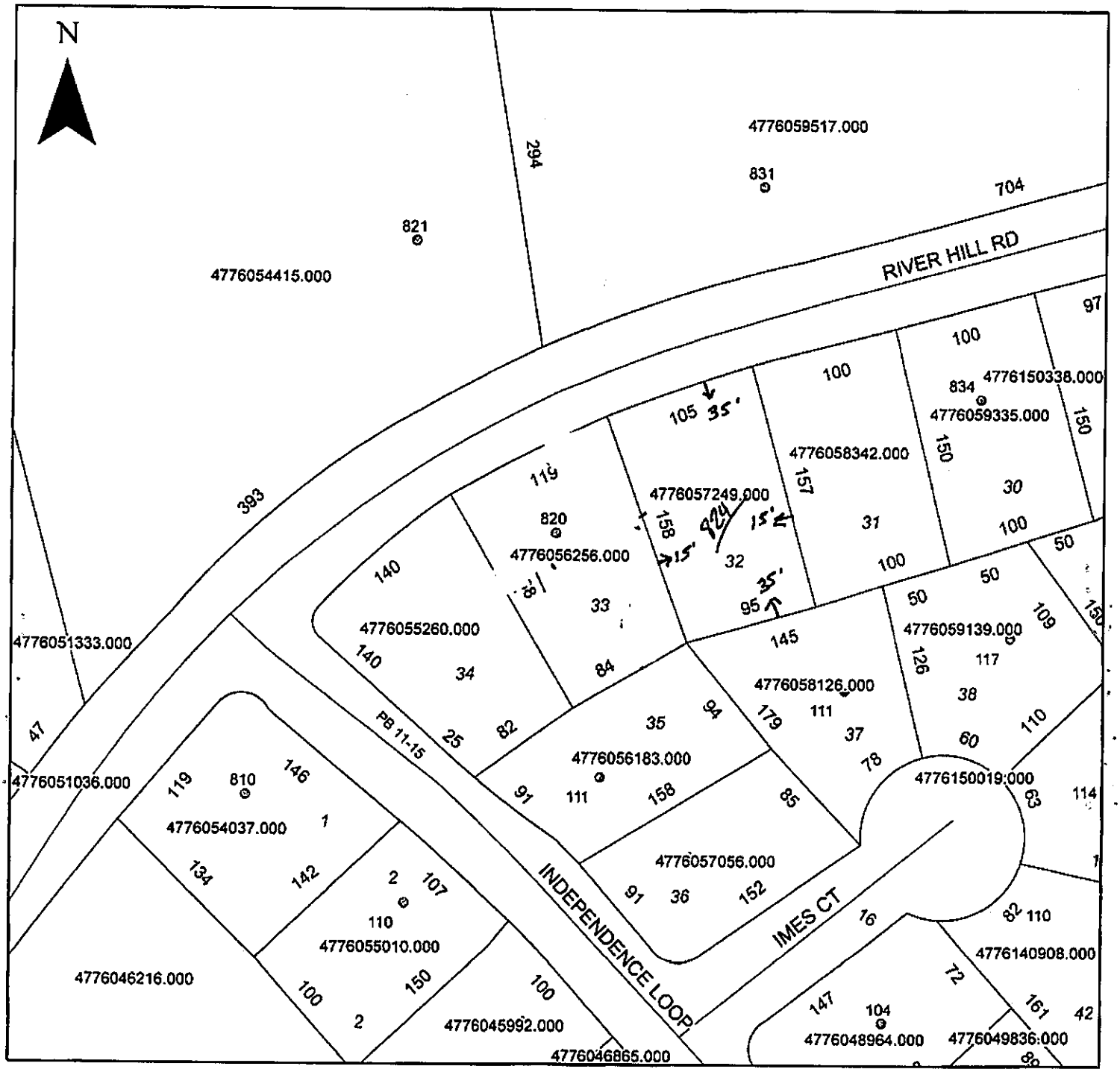
Date: 05/06/2021

Signature of Owner/Contractor

Permit Number	317593	TOTAL FEES:	$77.25

RT
WS - NO
FL - NO

ZONING DISCLAIMER



Property Address . 824 River Hill 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.

Pamela Stell
Applicant

5.6.21
Date