IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242117

CC 9:30

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

PIN # 4776058342.000

APPLICANT/OWNER: Alicia Holmes-Mosley APPLICANT ADDRESS: 162 Royalton Rd Statesville NC 28115

SITE ADDRESS: 828 River Hill Rd Statesville NC 28625 PHONE: 704 577 8505 ALT. PHONE 704 902 2041

SITE DIRECTIONS: 64 west to River Hill Rd 3 miles site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Hill Heights SECTION: – LOT # 31 LOT AREA: 100 X 150 DESIGN FLOW: 240 gpd L.T.A.R.: .225

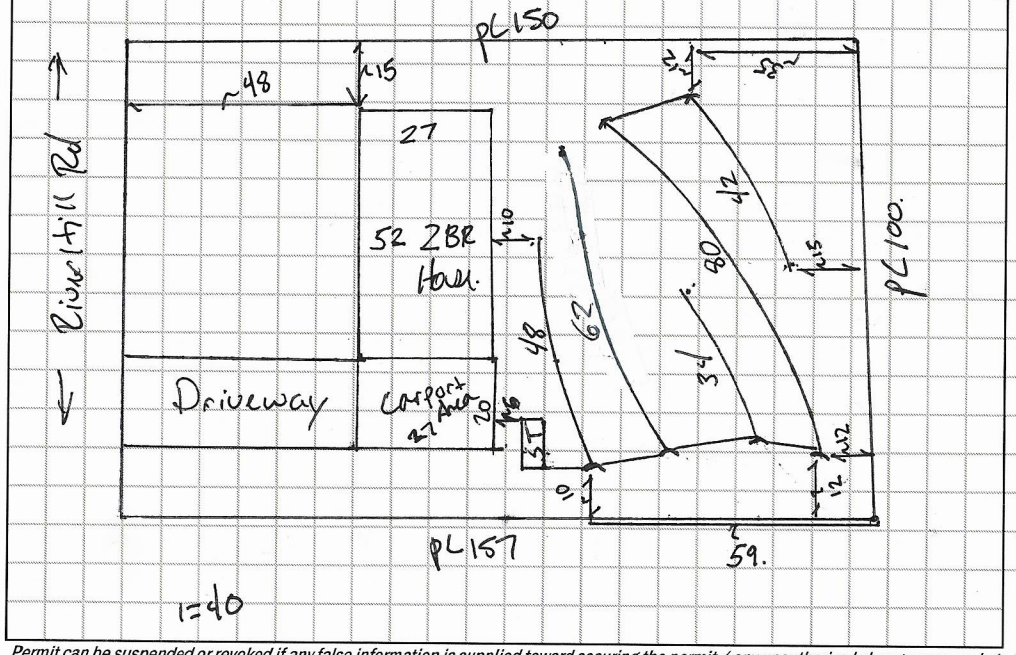
Septic Tank	1000 (gal)	STB	744.	Date	4-19-19.	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity -25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	Repair Exempt		
# Nitrification Fields	1	# Lines	5	Linear Ft	266	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36	Trench Bottom Depth(Low side)	20 inches	Gravel Depth	–		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	2	Water Supply		
☐ Business	No. Persons	4	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

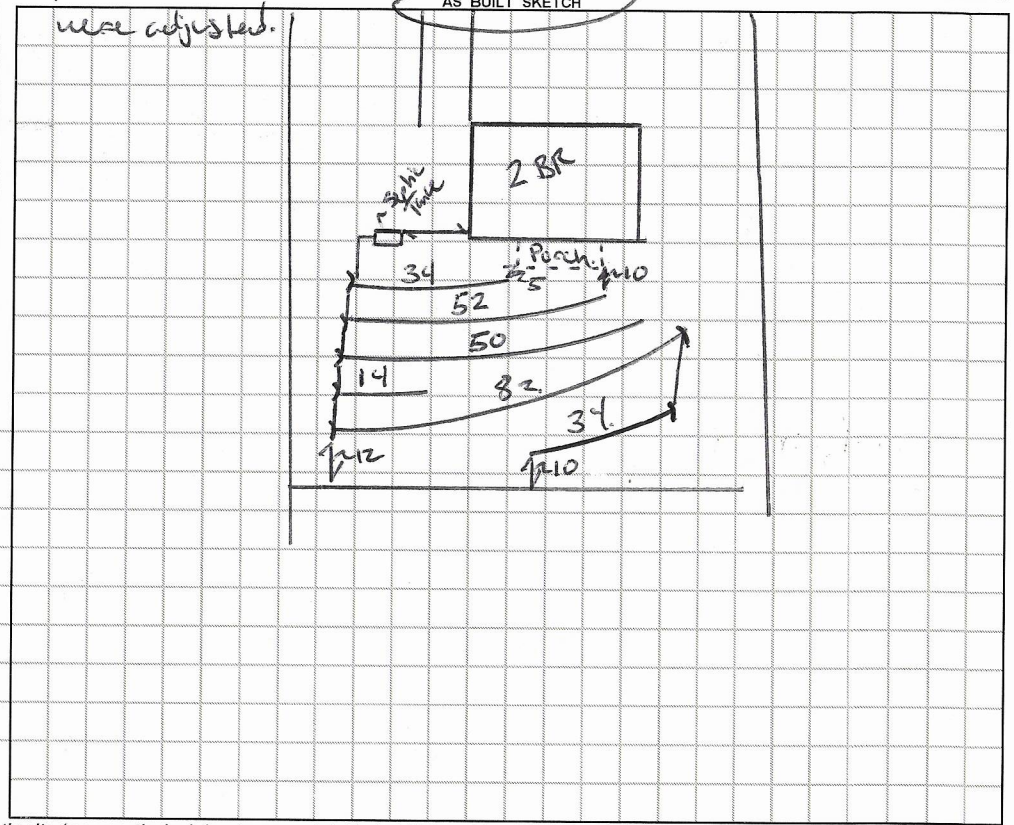
Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Do not Drive over, pave, grade or bury utilities in drainfield area. Repair Exempt platted. Before 1977

porch added lines were adjusted.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Installed by: See Grading

IMPROVEMENT PERMIT by: Benjamin A Bolick Date: 3/13/19. OPERATION PERMIT by: Benjamin A Bolick Date: 5/24/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolick Date: 3/21/19 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
PROPERTY ID #:
COUNTY: Tyrrell

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

OWNER:
ADDRESS: APPLICATION DATE
PROPOSED FACILITY: Newsing Farm PROPOSED DESIGN FLOW (.1949): 360 GPD DATE EVALUATED: 03/07/19
LOCATION OF SITE: PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: Yes
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 REST. HORIZ	PROFILE CLASS & LTAR
1	SS 1%	0-13	SCL WSBK	Fr SS SP SO MP	yellow Brn mottles at 11" 2.5Y 6/6	48"	/	water seeping in at 26"	PS .25
		13-19	C SBK	Fr SS SP SO MP					
		19-26	CABK	Fr SS SP SO MP water coming in					
		26-45	CABK	Fr SS SP SO MP	2.5Y 7/4 & Gray 2.5Y 5/0 at 45"				
		45-48	CABK	Fr SS SP SO MP					
2	SS 2%	0-10	SCL SBK	Fr SS SP SO MP	Chroma 2.5Y 6/1 at 35"	50"	—	water coming in at 24"	PS .25
		10-15	C SBK	Fr SS SP SO MP					
		15-24	CABK	Fr SS SP SO MP	2.5Y 6/4				
		24-35	CABK	Fr SS SP SO MP water coming in at 24"					
		35-50	CABK	Fr SS SP SO MP Chroma 2 at 35"					
3	SS 1%	0-12	SCL SBK	Fr SS SP SO MP	Chroma 2 10YR 7/1 at 44" yellow mottles throughout	48"	—	water coming in at 26"	PS .25
		12-22	C SBK	Fr SS SP SO MP					
		22-26	CABK	Fr SS SP SO MP water coming in at 26"					
		26-44	CABK	Fr SS SP SO MP Chroma 2 at 44"					
		44-48	CABK	Fr SS SP SO MP					
4	SS 2%	0-12	SCL WSBK	Fr SS SP SO MP	Chroma 2 at 46" 2.5Y 7/1 2.5Y 7/6 at 20"	48"	—	water coming in at 3"	PS .25
		12-20	C SBK	Fr SS SP SO MP					
		20-33	CABK	Fr SS SP SO MP					
		33-46	CABK	Fr SS SP SO MP					
		46-48	CABK	Fr SS SP SO MP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Bottoms / McKinney

COMMENTS: Cloudy

Updated February 2014

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER:
ADDRESS: APPLICATION DATE
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): DATE EVALUATED: 03/09/19
LOCATION OF SITE: PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED:
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	SS 2%/0	0-9	SCL WSBK	Fr, SSS, SPSP	2.5Y 7/6 @ 15"	36"	—	water coming in @ 28"	PS, VM .225
		9-15	C SBK	Fr, SS, SP, SPSP					
		15-28	C ABK	Fr, SSS, SPSP					
		28-36	C ABK	Fr, SSS, SPSP					
2	SS 4%/0	0-5	SCL WSBK	Fr, SS, SPSP	7.5YR mottle @ 11" 2.5Y 6/2 @ 37"	48"	—	water coming in @ 26"	PS, .25
		5-9	CSBK	Fr, SSS, SPSP					
		9-26	C ABK	Fr, SS, SPSP					
		26-37	C ABK	Fr, SSS, SPSP					
		37-48	C ABK	Fr, SSS, SPSP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

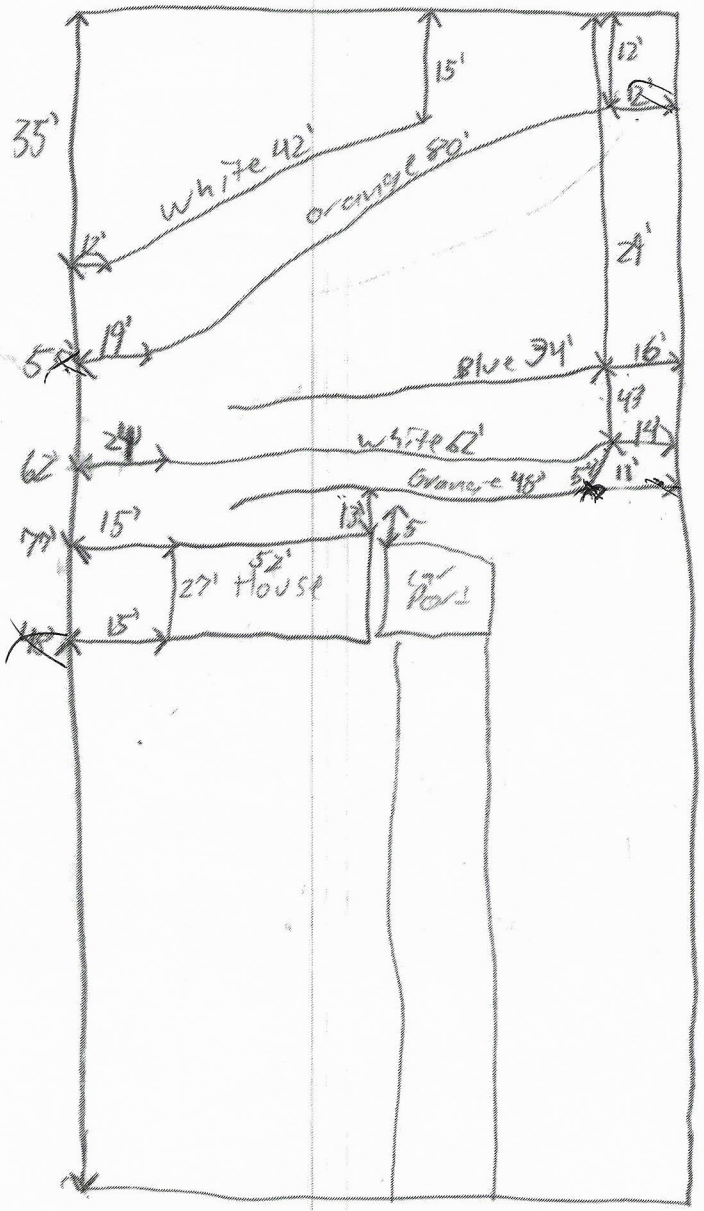
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS:

360 ÷ .175
2057 ÷ 3
686 X .75
515'
360 ÷ .175
2057 ÷ 3
686 X .5
343'
360 ÷ .2
1800 ÷ 3
600 X .75
450'
360 ÷ .2
1800 ÷ 3
600 X .5
300
(35-12) - (36 X .04)
23 - 2 = 21' towards
25'
37'
(37-12) - (36 X .04)
25 - 2 = 23 towards
96'
152'
35'
35'
117'
15'
27
48' Proposed House
15'
91'
Proposed Drive
Water Pipe runs to & along property line
15'
78'
neighborhouse
15'
106'
157'
1' is 55' off Front Property line
5'
18'
Blue 79'
45'
47'
White 47'
40'
18'
Blue 74'
29'
20'
White 74'
Blue 34'
5'
107'
20'
Telephone Pole #:1512796 on Yellow Plastic card
2x3' concrete Post with Metal APC Box on it
160'
River Hill Rd

96'

450'
266'



152'

151'

100'

RECEIVED FEB 1 1 2018

Paid $500.00 #242117

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Alicia Holmes-Mosley Address: 162 Rockaltar Rd. Zip: 28115
Applicant Email: aliciamosleysells@gmail.com Phone: 704-902-2041 Alt. Phone: 704-527-8505
Owner Name: Judy Turner Parks Address: 820 River Hill Rd, Statesville, NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 828 River Hill Rd #31
Subdivision Name: River Hill Heights Section/Phase: _____ Lot Number: 31
Driving Directions: Take 64 west to River Hill Rd take left go about 3 miles site on right on River Hill Rd

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: 2
Maximum Number of Occupants: 3
( ) 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

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Bradell Davis

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: Alicia Mosley 2/10/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

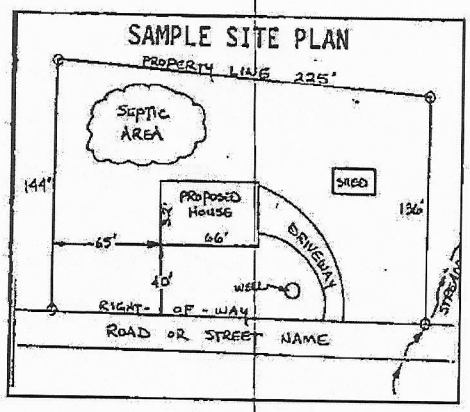
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

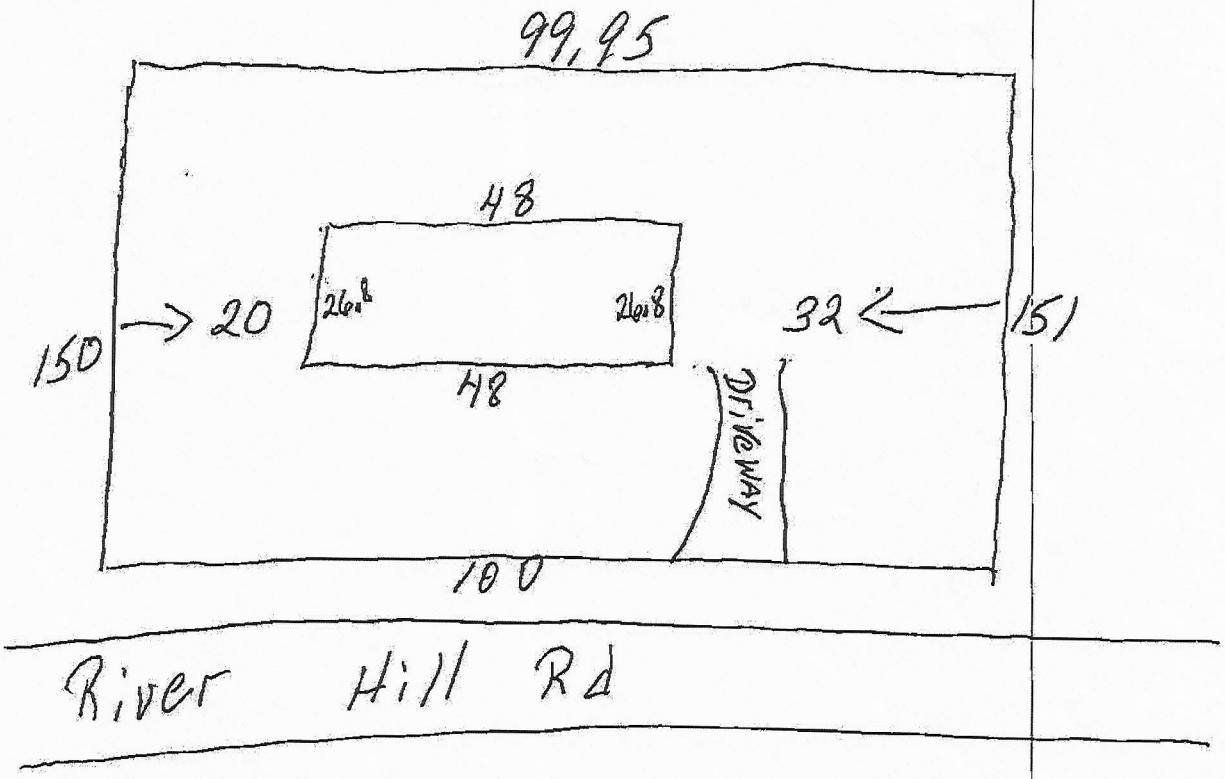


Circle N/A on the following if appropriate:

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

2/10/2019
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.

X 2. I, Judy Turner Parks, am the legal owner(s) of the property located at 828 River Hill Rd. #31, identified as

PIN (Parcel Identification Number) 4778058342, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Alicia Holmes-Mosley + Tyrone D. Mosley Jr., 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)

2-6-2019 — 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

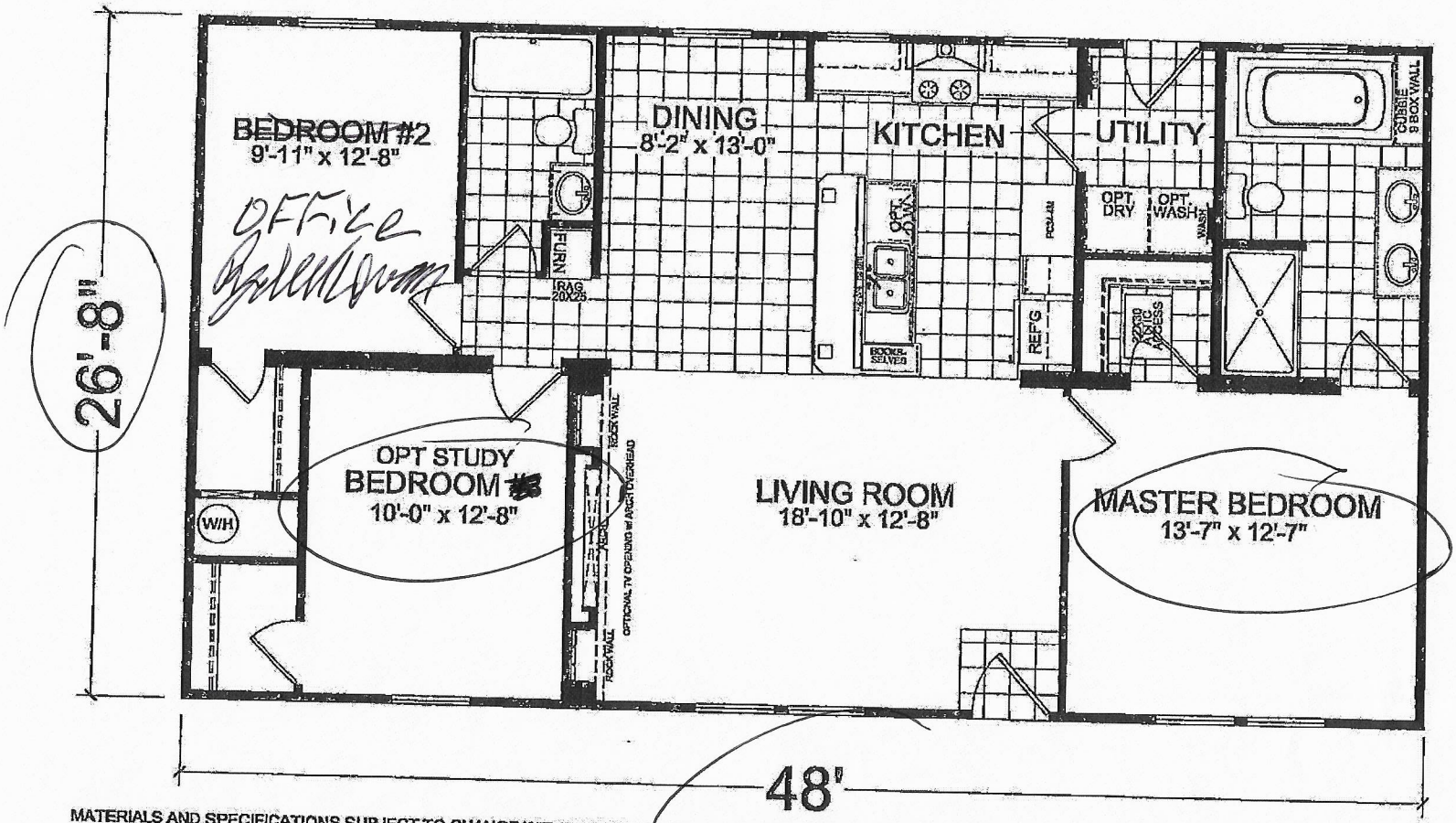
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MODEL 23-2748-01

3 BDRM, 2 BATH
ACTUAL SIZE: 26'-8"X 48'-0"
TOTAL AREA: 1280 SQ.FT.

OPT. PATIO

Alicia Holmes Marley 2/11/2019
3/21/19



MATERIALS AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE FOR PRODUCTION AND CODE PURPOSES. ALL DIMENSIONS ARE NOMINAL AND APPROXIMATE. SQUARE FOOTAGE IS MEASURED FROM EXTERIOR WALL TO EXTERIOR WALL AND IS A APPROXIMATE FIGURE. THIS DRAWING IS A RENDERING AND IS MEANT FOR SALE PURPOSES ONLY.

CHAMPION
4205 HWY. 401 SOUTH LILLINGTON, NC 27546

PROJECT:

TITLE: LITERATURE PLAN
MODEL: 23-2748-01 MOD
DATE: 09-23-15
SCALE:
DRAWN BY: RS
REVISED:
REVISIONS
SHEET NO: L-101
PAGE:

IREDELL COUNTY

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

APPLICATION NUMBER
242117
Issue Date: 02/11/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4776058342.000	828 RIVER HILL ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: PARKS JUDY TURNER	Applicant: HOLMES-MOSLEY, ALICIA
Address: 110	Address: 162 ROYALTON RD.
IREDELL CO, NC 28625	MOORESVILLE, NC 28115
Phone:	Phone: 704-577-8505

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NO	X

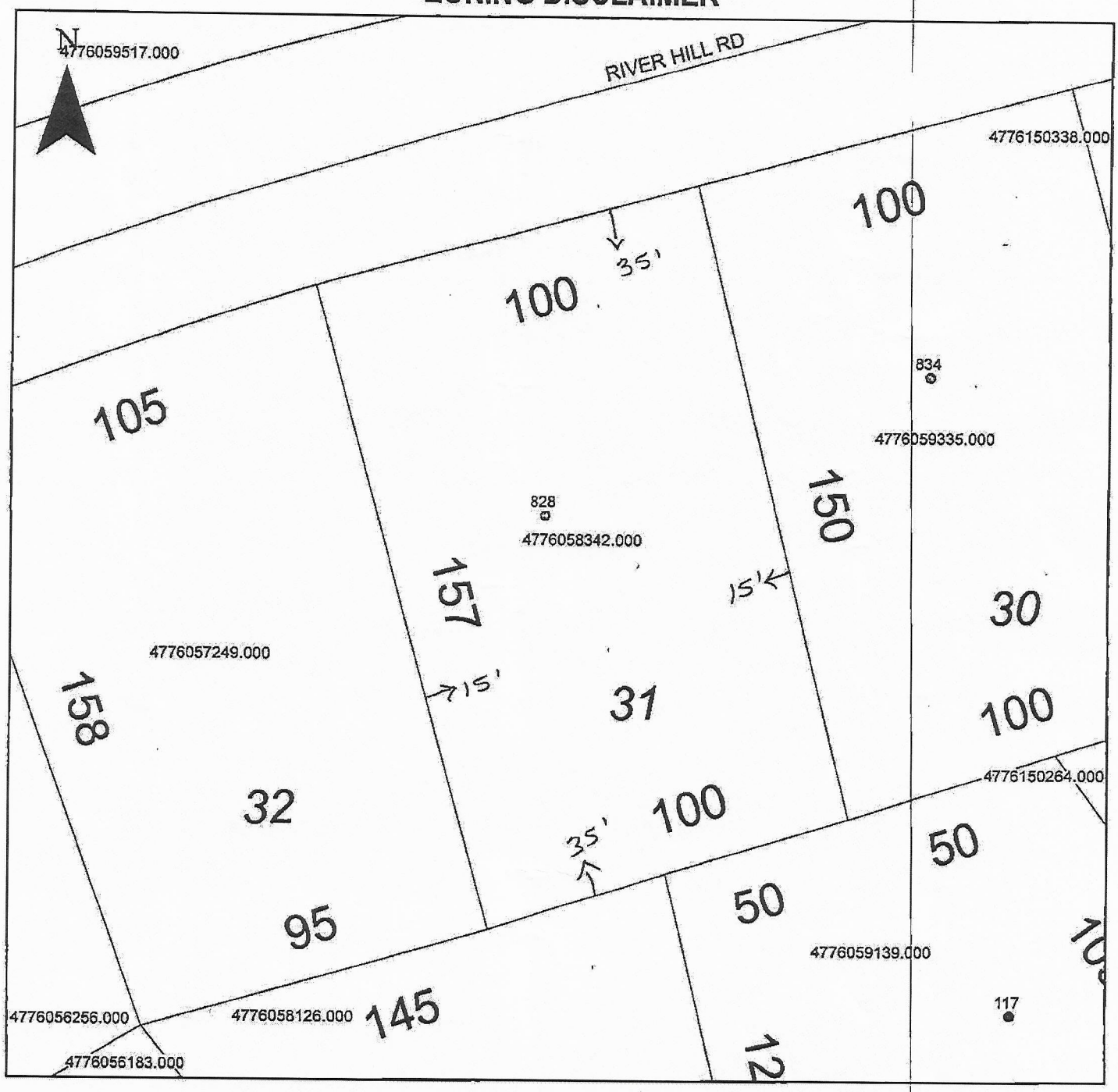
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	167179	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 828 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.

Alicia Holmes-Morley
Applicant

2/11/2019
Date