ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 318235

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

PIN # 4776-72-9758 --

APPLICANT/OWNER: CFDD Properties LLC APPLICANT ADDRESS: 540 Mocksville Rd Statesville NC 28677 4776-82-6602 off site

SITE ADDRESS: 125 Meadow Springs CT Statesville NC 28625 PHONE: 704 622-1772 ALT. PHONE —

SITE DIRECTIONS: Hwy 64 W Simonton at end of New Grand Oaks Subdivision on Sumner Rd. SAP CONTROLLED: ☐ YES ☒ NO Septic

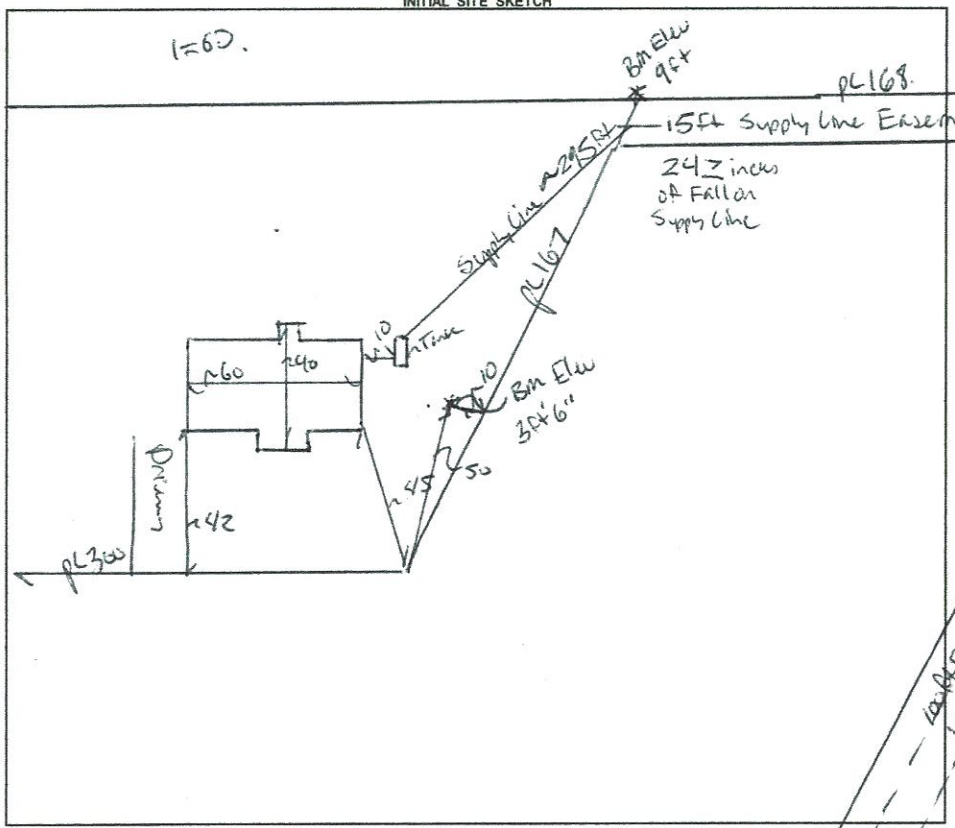
SUBDIVISION: SECTION: — LOT # 4 LOT AREA: 1.85 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 1012	Date	12/30/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LP - Panel Bloc 50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36in	Trench Bottom Depth (Low side)	7 6in Max	Gravel Depth			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

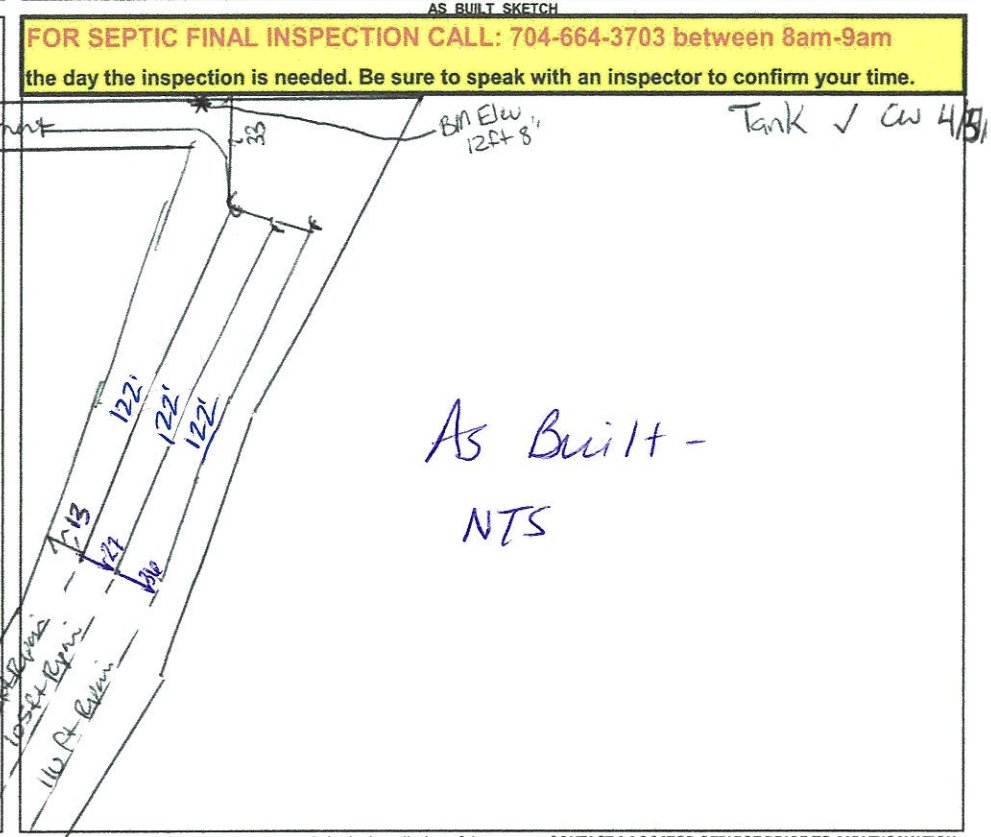
Comments / Conditions: Install on the Contour of the Land & within Septic Distribution Drainage Area, Pond, Property Line & Utilities Identified on Site. Easement Recorded Bk 2828 Pg 1895-1898.

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.



Tank ✓ CW 4/5/1

As Built - NTS

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: [signature] Date: 7/2/2021 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 6/16/2021 OPERATION PERMIT by: [signature] D. Wieberg Date: 4/8/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/16/2021 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	4/8/22	DW
Tanks Checked	4/15/22	CW
Pressure Manifold or Valve Box Checked	—	—
Pressure Head Set	—	—
Electrical Checked	—	—
Floats Set	—	—
Alarm Checked	—	—
Maintenance Contract Needed? Y / N	—	—
Comments: Supply line good entire length		

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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 0776923657
COUNTY: Durham

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

OWNER: CFDD Proj
ADDRESS: 5610 Mica Mill SBR
PROPOSED FACILITY: ~~125 Mica~~ SBR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 4 125 Mica Spring
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

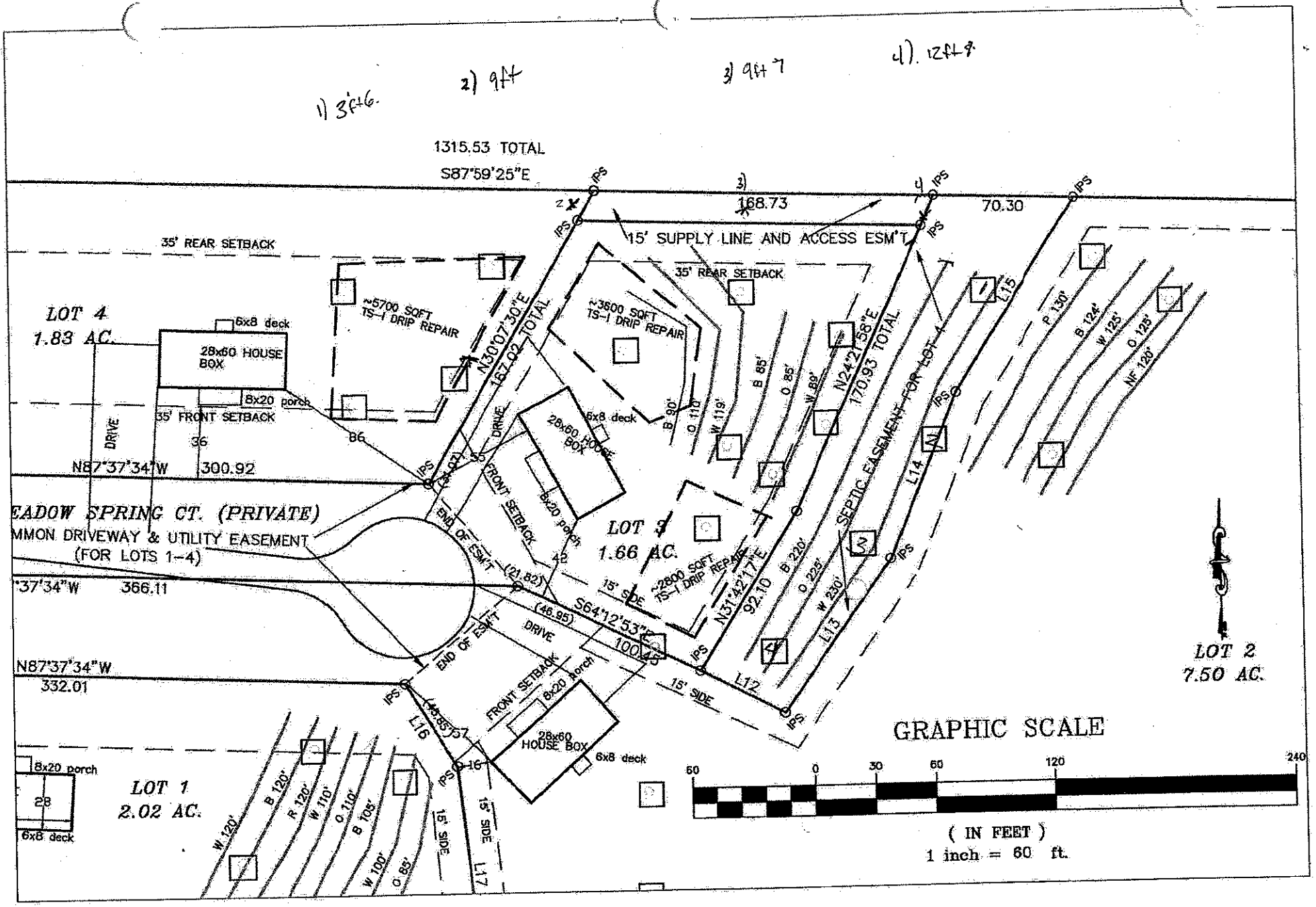
APPLICATION DATE 5/26
DATE EVALUATED: 6/16
PROPERTY SIZE: 1.88
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	Sd S-8%	0-6	Disturbed		2.5YR 4/6	45		Rock @ 45	PS .30
		6-30	C SBK	SS SP FR FSBK					
		30-45	CL SBK	SS SP FR					
		45-60	RCSAP	FIRM					
2	Sd S-8%	0-12	Top - Disturb		2.5YR 4/6	48		Rock/SAP @ 48	PS .30
		12-30	C	SS SP FR FSBK					
		30-48	CL	SS SP FR					
		48+	RCSAP	FIRM					
3	Sd S-8%	0-10	Disturbed	—	2.5YR 4/6	38		Rock @ 38	PS .30 shallow
		10-23	SC	SS SP FR					
		23-38	C	SS SP FR					
		38-48	RCSAP	FIRM					
4	Sd S-8%	0-10	Top - Disturb		2.5YR 4/2	50		Rock @ 50	PS .25
		10-29	C	SS SP FR FSBK					
		29-50	CL	SS SP FR FSBK					
		50+	Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	LPP 25%	LPP 50%
Site LTAR	.23	.25

OTHER FACTORS (.1946): P1
SITE CLASSIFICATION (.1948):
EVALUATED BY: BWhite
OTHER(S) PRESENT: pburris CSS

COMMENTS: Eastern County 23% Rock Depth



LFDD Properties, LLC – Lot 4 Minor Subdivision of Swann Road Septic Site Plan 5.25.21
Base site plan from DAS. DAS has staked property lines and located flagged septic lines and backhoe pits.
Any septic system must be approved and permitted by the ICHD.

RECEIVED MAY 26 2021

call Paul Penninger for site visit 704.996.6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-318235 $500.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: LFDD PROPERTIES LLC Address: 540 MOCK MILL RD STATESVILLE NC Zip: 28677
Applicant Email: ddavidson@statesvilleroofing.com Phone: 704.622.1722 Alt. Phone: _____
Owner Name: same as applicant Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: ~~292 Swann Road~~ 125 Meadow Spring CT
Subdivision Name: Minor Subdivision of Swann Road Section/Phase: _____ Lot Number: 4
Driving Directions: Highway 64 (Mocksville Hwy) east from Statesville, Left on Swann, lots at end of new gravel drive

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

(X) 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
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (X) 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 (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: _____ 5-24-21
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, LFDD PROPERTIES LLC, am the legal owner(s) of the property located at 286, 288, 290, and 292 Swann Road, identified as

PIN (Parcel Identification Number) 4654688991.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger/Penninger Soil Consulting 4776823652.000, 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.

M. Douglas Dinkins J. MANAGER — 5-24-21

Signature of Owner(s) — 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

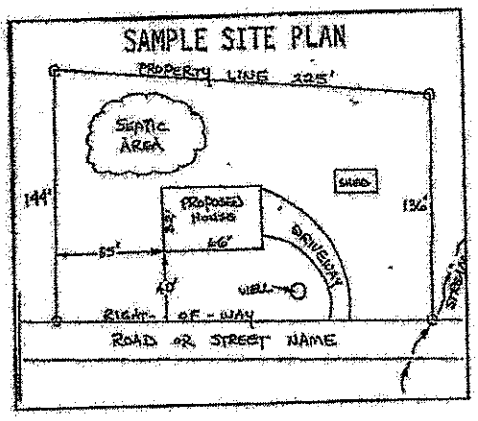
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (N/A) Preferred well location
- (X) Preferred septic system location
- (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

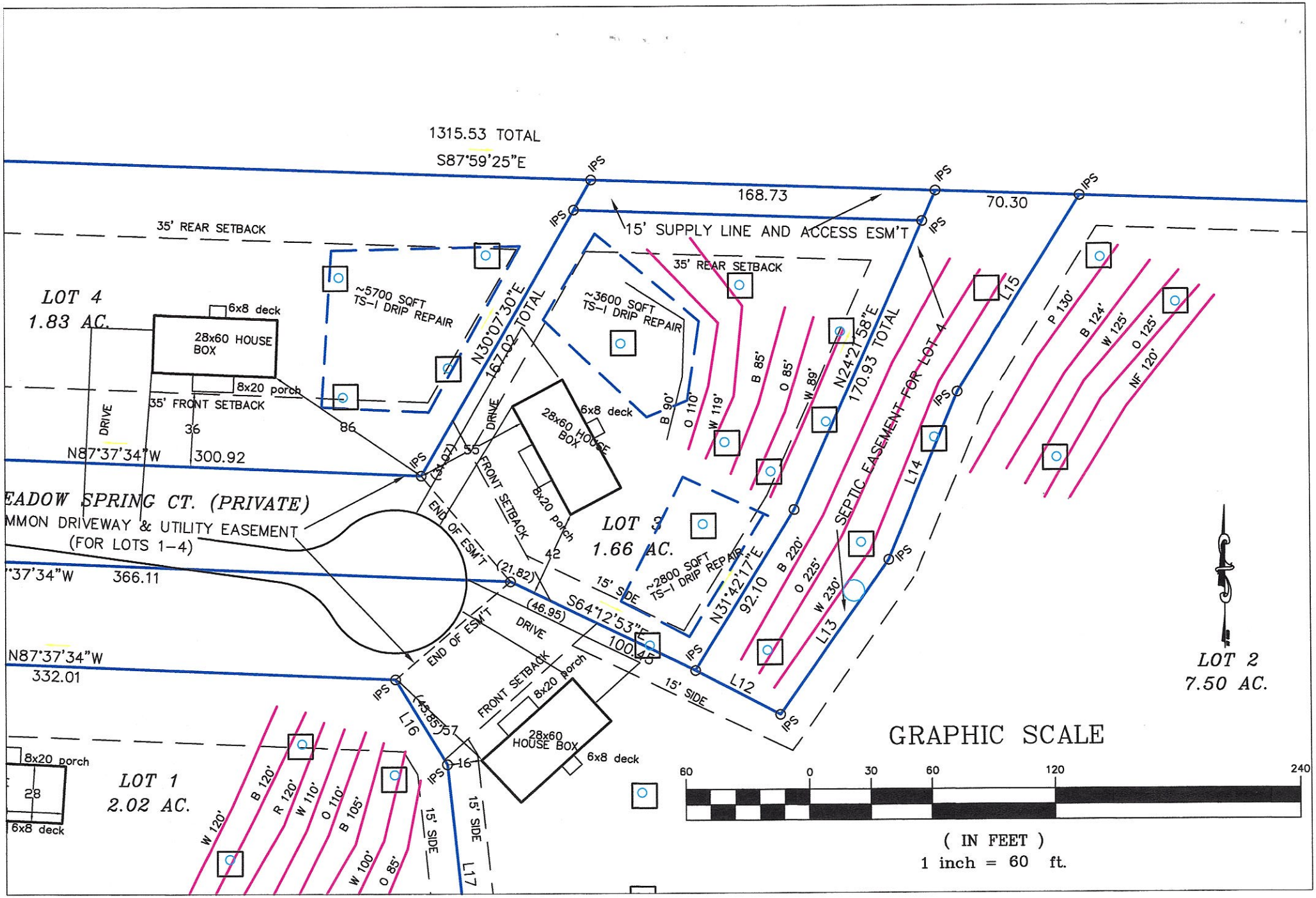
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached site plan.

Signature: _____ 5-24-21

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



LFDD Properties, LLC – Lot 4 Minor Subdivision of Swann Road Septic Site Plan 5.25.21
Base site plan from DAS. DAS has staked property lines and located flagged septic lines and backhoe pits.
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Lot #4 / 125 Meadow Spring Court

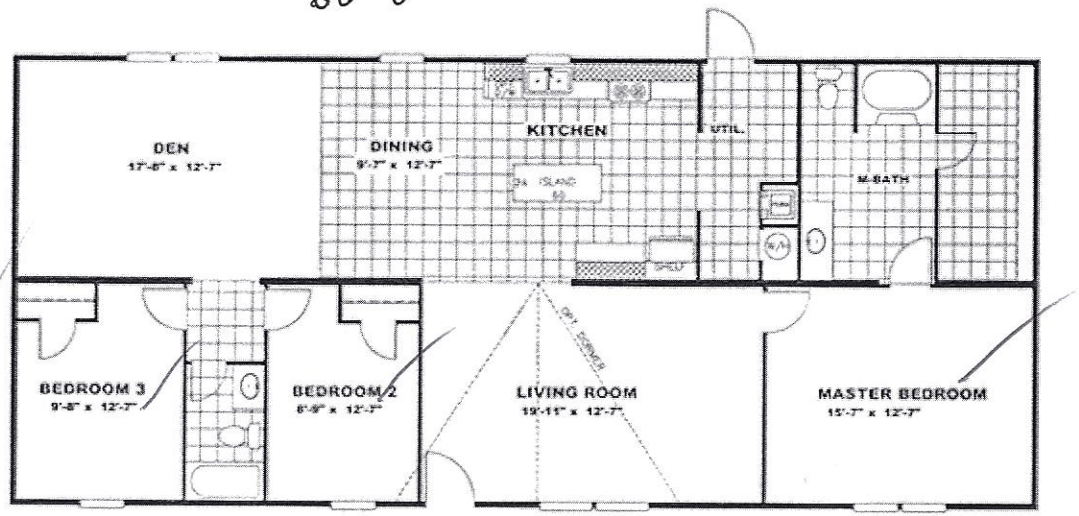
Acknowledgement Of Plans Submittal ONLY!

Date 6/17/2021

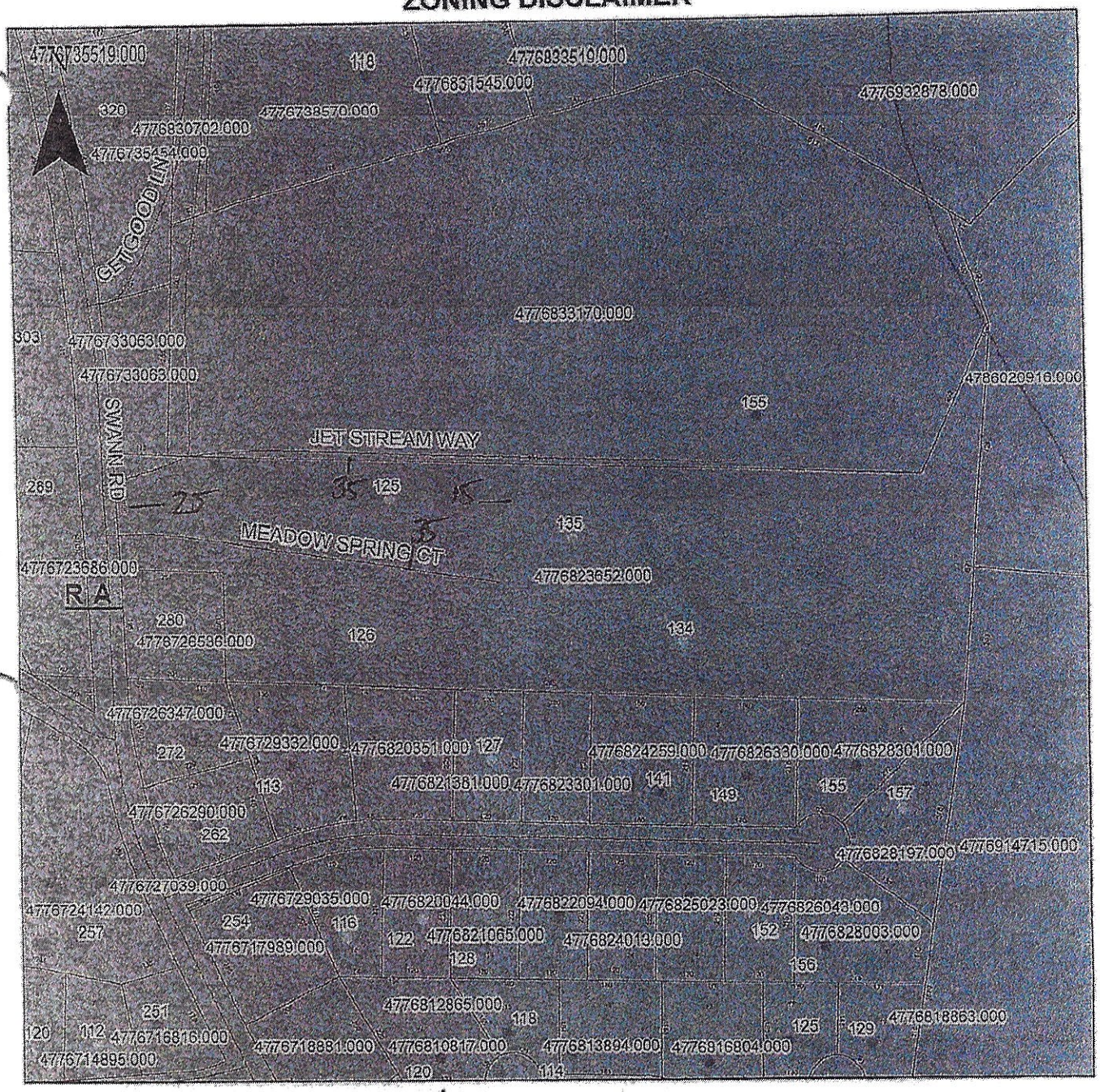
Date 7/9/2021

60'-0"

28'-0"



ZONING DISCLAIMER



Property Address 125 Meadow Spring

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

5-2-21
Date