IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224946

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

PIN # 4776-82-5023 ✓

APPLICANT: Colby R. Lewis APPLICANT ADDRESS: 1796 Old Mocksville Rd. Statesville, NC

SITE ADDRESS: ✓ 146 Poplar Leaf Lane Statesville, NC PHONE: 704-437-2850 ALT. PHONE:

SITE DIRECTIONS: Rt 64 East → L on Swann Road → L on Poplar Leaf Lane → Site on Right

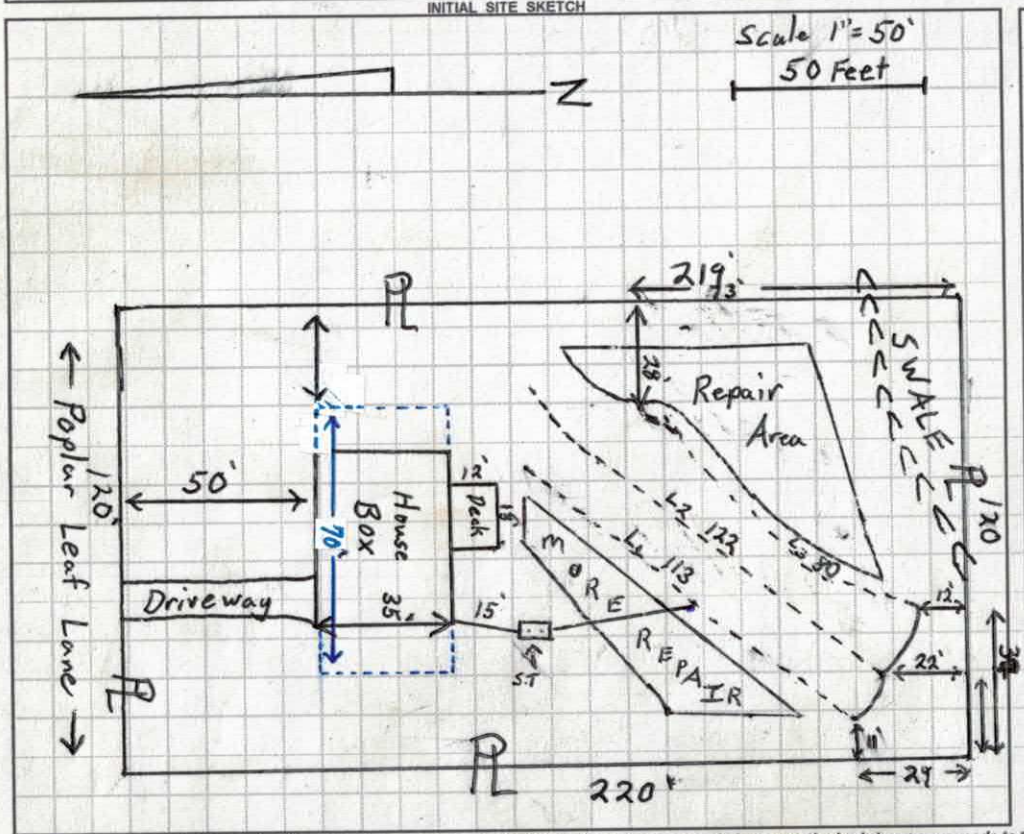
SUBDIVISION: ✓ Fifth Creek Estates SECTION: 2 LOT # 13 LOT AREA: 0.604 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	1060.	Date	In Litchen	☒ 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:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	3	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Recommend pumping the septic tank every 3-5 years. Though 315 l.f. of line was laid out, only 300 l.f. need be installed.

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: Colby Lewis Date: 4/24/17 Installed by: Frye Grading & Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/9/17 OPERATION PERMIT by: Benjamin A. Bottoms Date: 9/21/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/24/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

3492 -16 -26

OWNER: Colby Lewis
APPLICATION DATE 2/13
ADDRESS: 146 Poplar Leaf Ln
DATE EVALUATED: 2/27
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.6
LOCATION OF SITE:
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community
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	LSS 14%	0-16"	/SCL	FrSSSPSEXP	NO Y/B PRESENT	42" quartz throughout	—	—	PS 0.35
		16-33"	SBK C	FrSSSPSEXP	—		F-TC	—	
		33-42"	SBK CL	FrSSSPSEXP					
		42-48"	MASS SAP	Loamy					
2 (out 18' 10ac)	LSS 14%	0-15"	/SCL	FrSSSPSEXP	—	quartz throughout 48"	—	—	PS 0.3
		15-40"	SBK C	FrSSSPSEXP	NO Y/B		—	—	
		40-48"	SBK CL	FrSSSPSEXP	—		—	—	
3	LSS 14%	0-9"	SBK SCL	FrSSSPSEXP	—	48"	—	—	PS 0.3
		9-48"	SBK C	FrSSSPSEXP	NO Y/B		—	—	
		8-40	↗						
		40-48	CL w. SBK some Sap Gravels	w. SBK / Sl FrSSSPSEXP					
4	LSS 14%	0-10	FILL/SCL	FrSSSPSEXP	—		—	—	PS 0.3
		10-48"	SBK C	FrSSSPSEXP	NO Y/B		—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Grace Herbert
OTHER(S) PRESENT: ___

COMMENTS: ___

TH5 LSS

18% Slope

Primary Soil

0-9"	SCL v. w. SBK + roots	SL Firm, SS, SP, Sexp
9-34"	clay w. SBK	SL Firm, SS, SP, Sexp
34-48"	Clay Loam w/ SBK SAP pocket 40-43"	SL Friable, SS, SP, Sexp

48"

0.3

PS

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

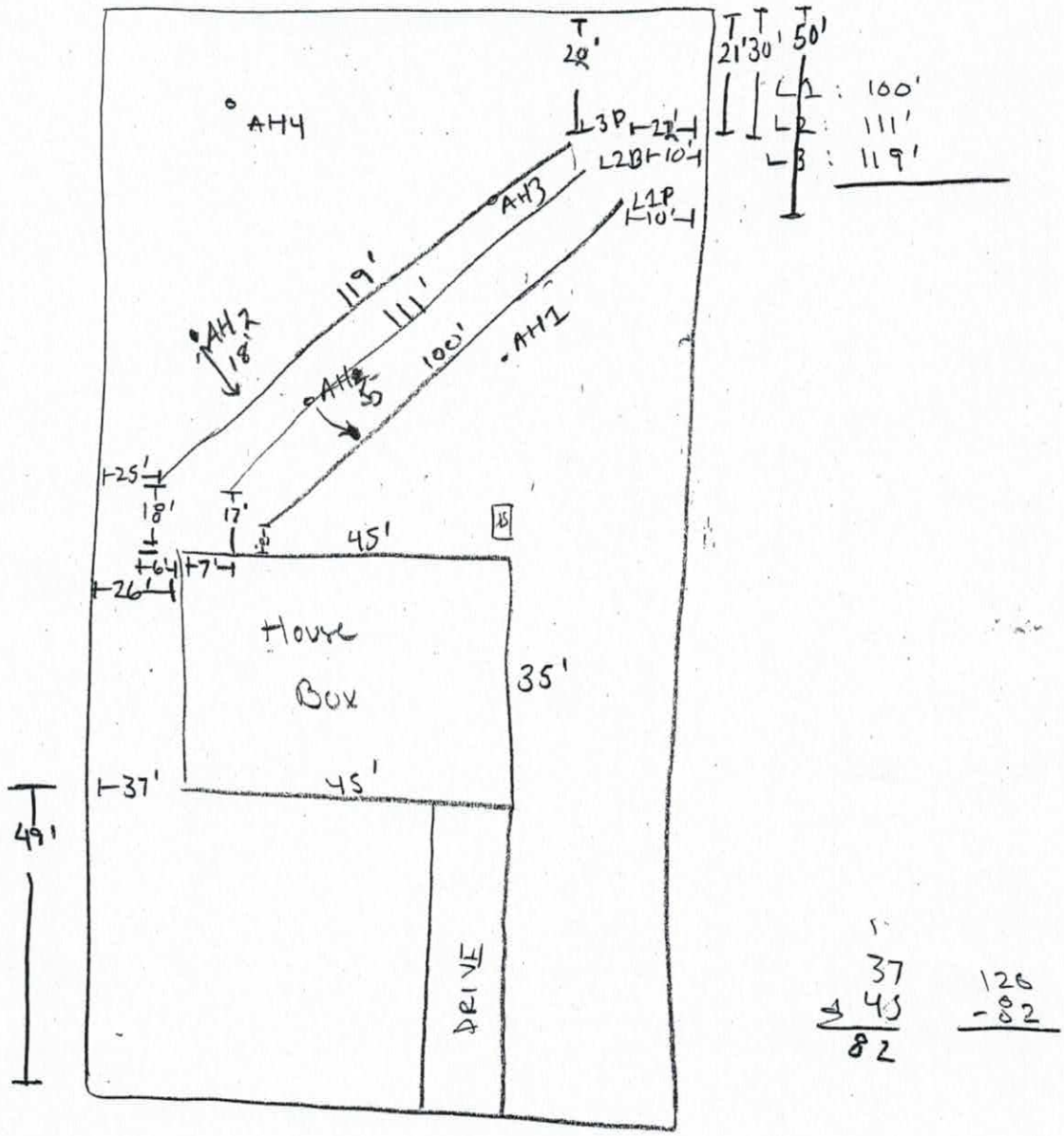
OWNER: Colby Lewis — APPLICATION DATE 2/13/17
ADDRESS: 1796 Old Mocksville Rd. Statesville, NC — DATE EVALUATED: 3/8/17 3-9-17
PROPOSED FACILITY: 3 BR House — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 0.608 acres
LOCATION OF SITE: 146 Poplar Leaf Lane Statesville — PROPERTY RECORDED: ___
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	15% Shoulder Repair [Above Primary]	0-9	S. Clay Loam V. Weak SBK	Sl. Firm, SS, Sp, Sap	—	42"	—	—	0.30 PS
		9-34	Clay W. SBK Traces Saprolite	Sl. Firm, SS, Sp, Sap					
		34-42	Clay Loam w SBK some SAP	Sl. Friable, SS, Sp, Sap					
		42-48	MA Loamy Saprolite						
2	18% LSS Primary (middle)	0-8	SCL V. weak SBK	Sl. Firm, SS, Sp, Sap	—	48"	—	—	0.30 PS
		8-40	Clay W. SBK Trace Sap	Sl. Firm, SS, Sp, Sap					
		40-48	Clay Loam + Some SAP W. SBK	Sl. Friable, SS, Sp, Sap					
		SC-48	Mod Sandy Saprolite	Friable Granular					
5	18% LSS Primary [left side]	0-9	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	—	48"	—	—	0.30 PS
		9-34	Clay W. SBK	Sl. Firm, SS, Sp, Sap					
		34-48	Clay Loam W. SBK	Sl. Friable, SS, Sp, Sap					
			SAP pocket 40-43"						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300+
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

3BR
360 GPD
@25'1. red 300 lf



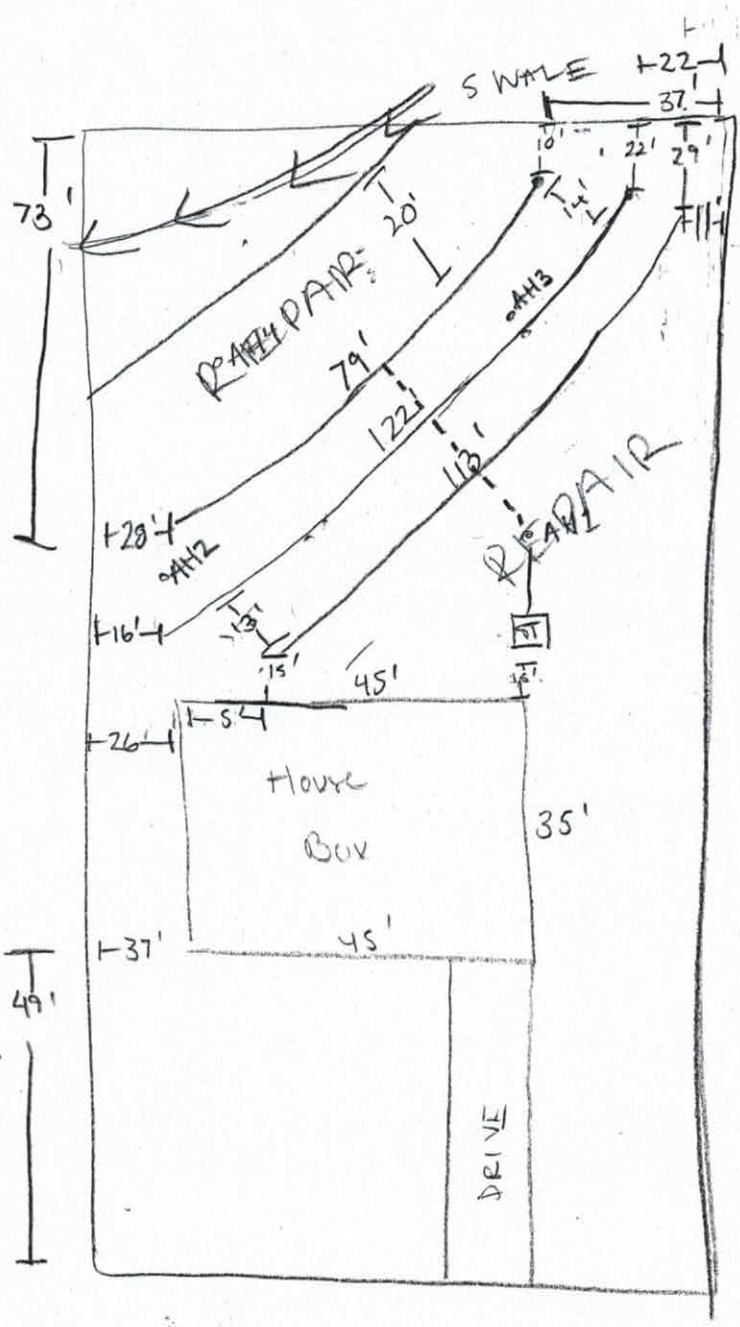
37
+ 45
82

126
- 82

Well Head
314 Log Cabin
704 902 3027

3BR
360 GPD
@25% red 300 lf

18% slope



L1B 113'
L2P 122'
L3B 79'

37
+45
82

126
-82

1145 Salisbury Rd

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Colby R Lewis	1796 Old Mocksville Rd Statesville NC 28625	704-437-2850	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
146 Poplar Leaf Ln	Fifth Creek Estates	Lot # 13

Driving Directions: Go east on 64 turn Left on to Swann Rd 1/2 mile on right Poplar Leaf Ln

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building 1500
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ YEAR

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. **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. industry) 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.

9. **Signature:** Colby Lewis — 2/13/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

call 8:45 AM 2/14 : today / tomorrow marked
call back when ready

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

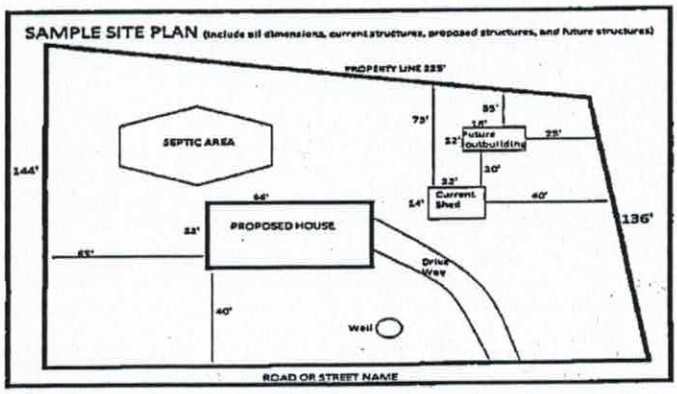
- **X** **Property Line measurements are clearly identified...**
- **X** **All proposed structures are indicated...**

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

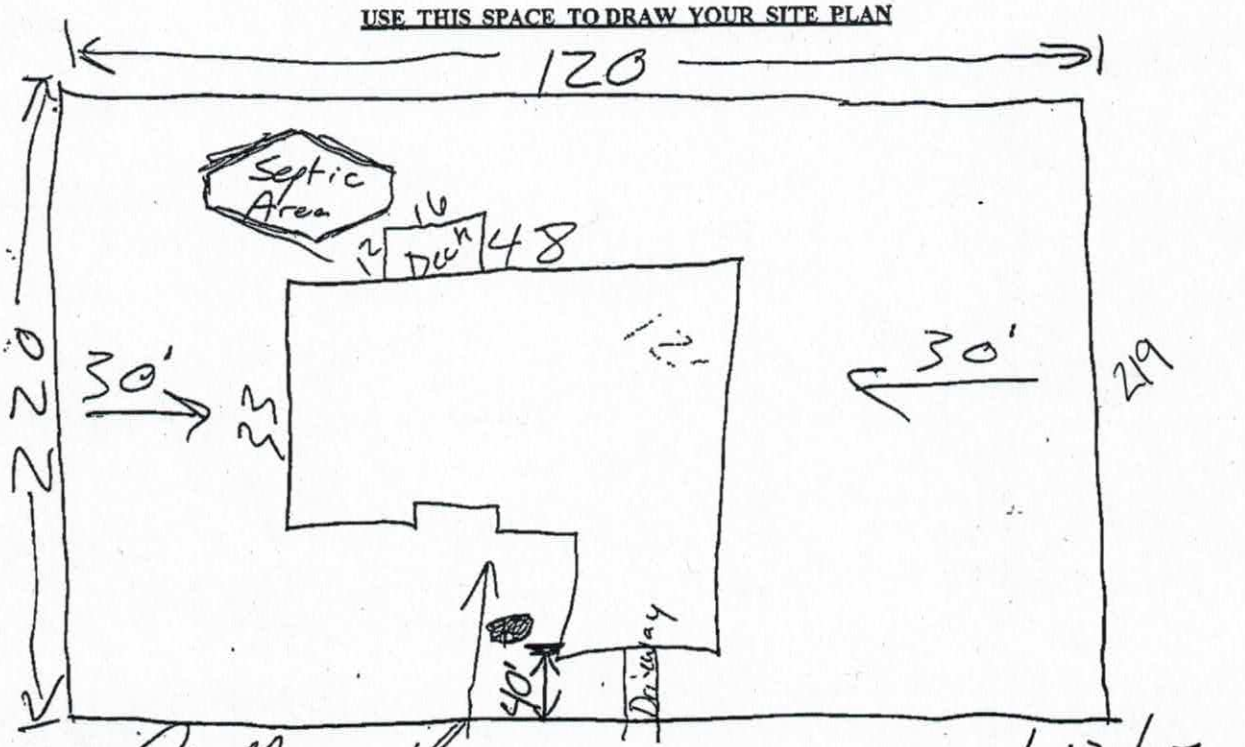
- **X** **Front and side setbacks from property line...**
- **X** **Preferred driveway location and configuration, preferred well location...**
- **X** **Area you prefer your septic system to be placed...**
- **____** **North arrow, or other sufficient indicator of direction...**

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

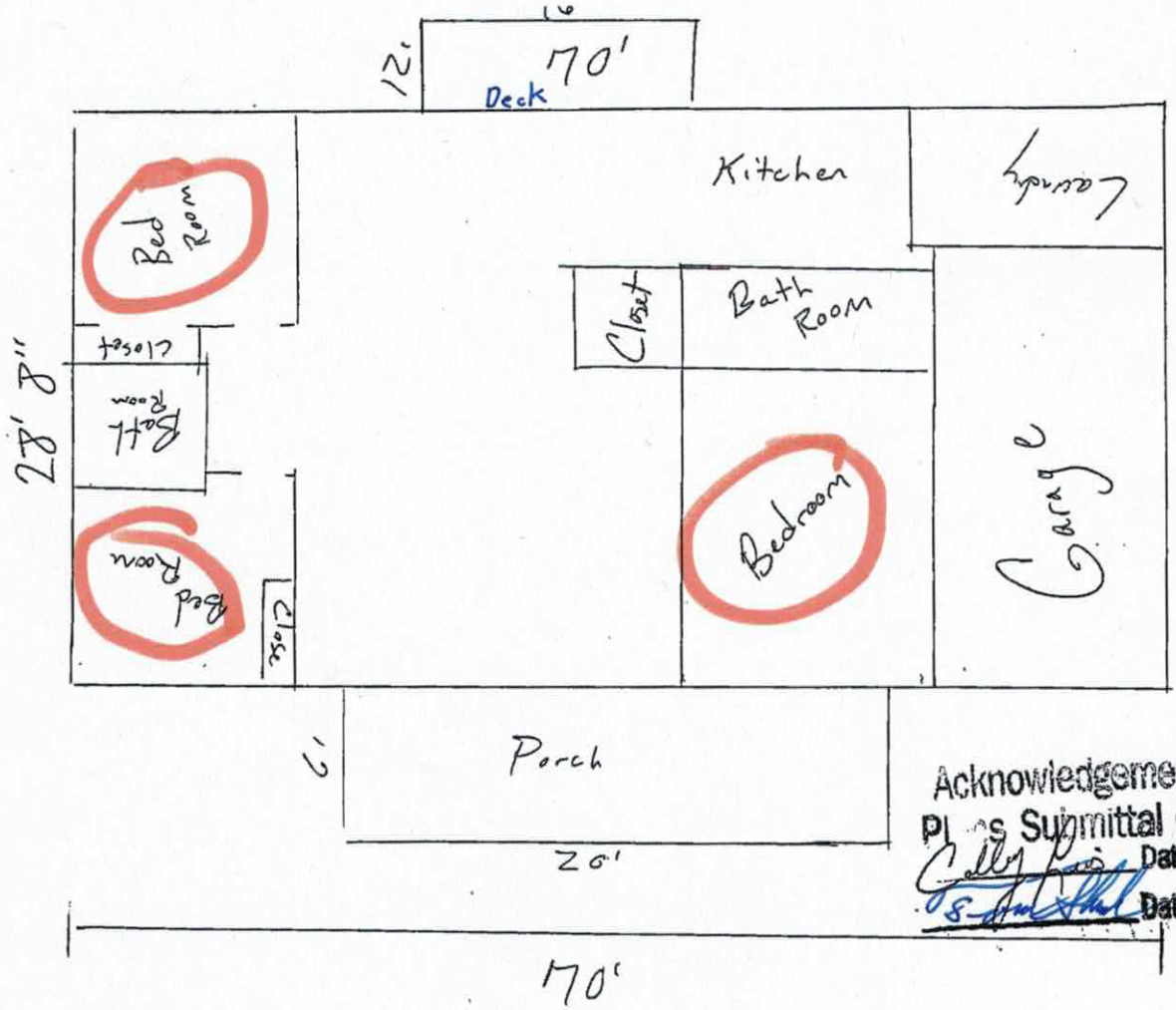


Signature: Cally Lis

REQUIRED **property owner or owner's legal representative signature.**

2/13/17

DATE



Acknowledgement Of
Plans Submittal ONLY!
Date 4/24/17
Date 4/24/17

IREDELL COUNTY

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

APPLICATION NUMBER
224946
Issue Date: 02/13/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4776825023.000	146 POPLAR LEAF LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: D+D ENTERPRISES OF IREDELL LLC	Applicant: PIEDMONT HOMES
Address: PO BOX 252 TROUTMAN, NC 28166	Address: 1797 OLD MOCKSVILLE RD STATESVILLE, NC 28625
Phone:	Phone: 704-437-2850

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.604	35.00	35.00	15.00	15.00	NOT	X

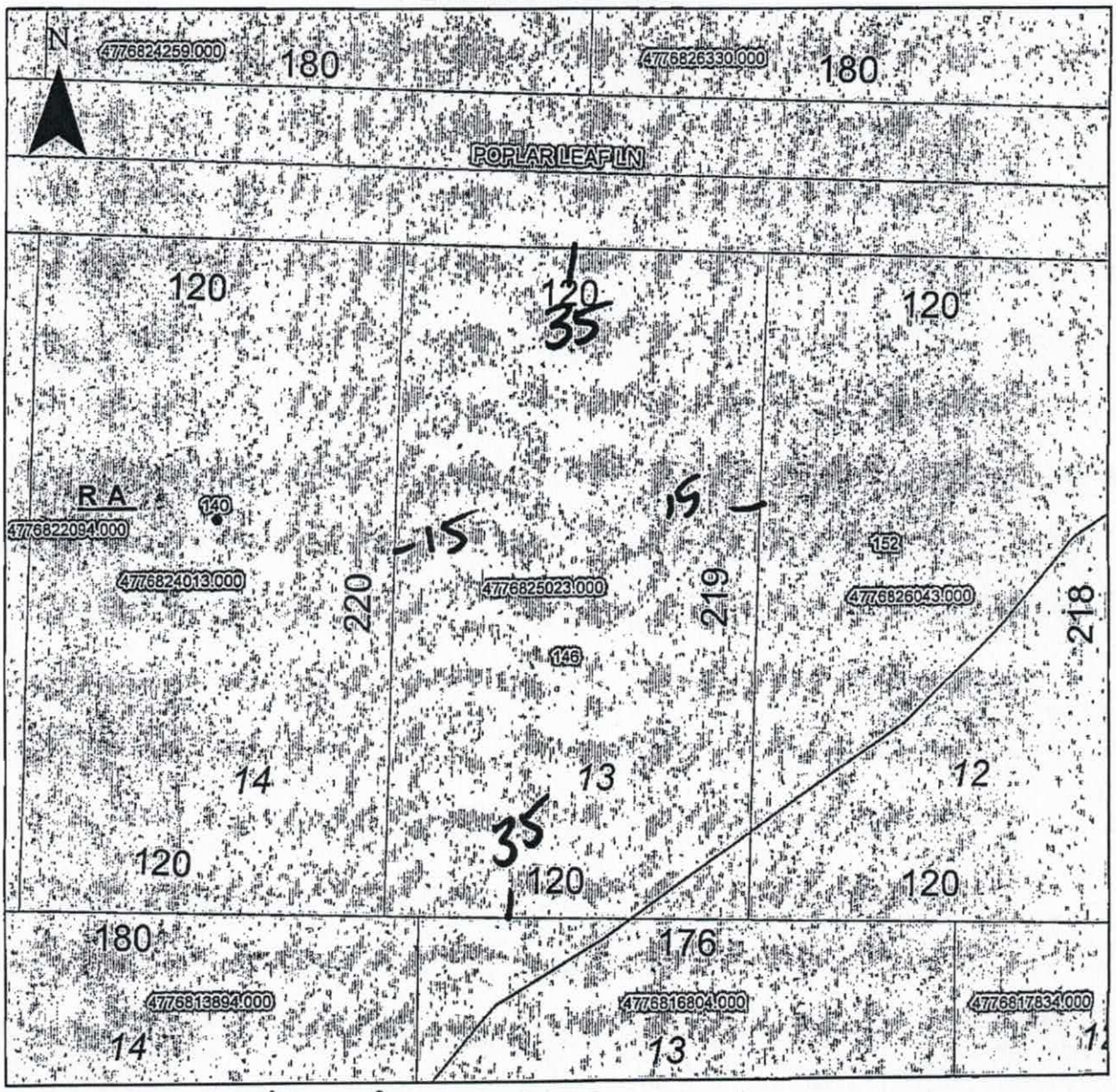
Remarks:

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	93143	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 146 Poplar Leaf Ln.

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.

Cally Lewis
Applicant

2/13/17
Date