# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT #AP313779

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

PIN # 4776 -95 -2149.

APPLICANT/OWNER: Ethan Haithcox APPLICANT ADDRESS: 150 Kiser Lane Statesville NC 28677

SITE ADDRESS: 327 Fifth Creek Road, Statesville 28625 PHONE: 704/880 4300 ALT. PHONE —

SITE DIRECTIONS: I-40 East to 64 Don Fifth Creek site on left SAP CONTROLLED: ☐ YES ☒ NO

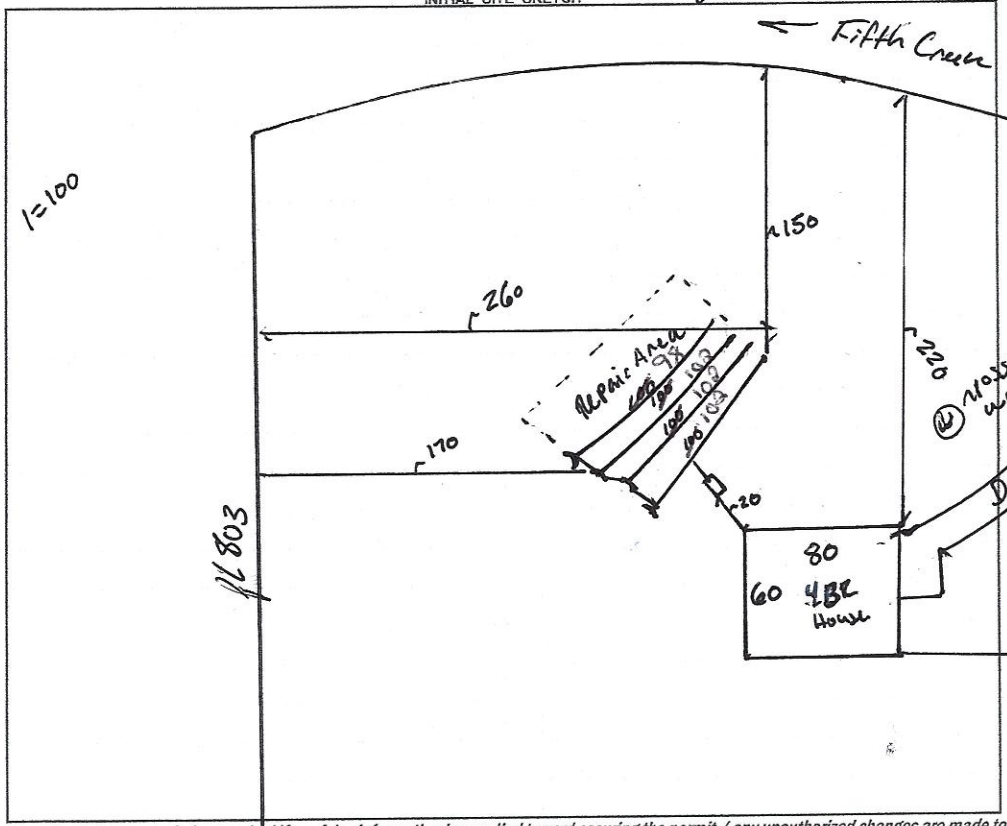
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 8.725 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 700 | Date | 3/8/22 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | | (gal) | PT | Date | | System Description: | Gravity - 25% Reduction | ☐ Business | No. Persons 8 |
| Pump Make | | Model | | Serial # | | Repair System Description: | Panel Block - 50% Reduction | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☐ Crawl Space |
| Trench Width | 36 in | Trench Bottom Depth | [redacted] | | 36 in max | Gravel Depth | — ☒ GRAVITY ☐ PRESSURE | ☒ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System Design for 10ft basement. Plumbing must not be installed to deep to maintain Fall to Septic Tank - Install on the contour of the land and utilize Serial distribution. Do not Drive, park, place, grade on beyond limits in Drainfield.

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

*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: 2-26-2021 Installed by: (Jake) Williams Excavating

IMPROVEMENT PERMIT by: [signature] Date: 2-19-2021 OPERATION PERMIT by: [signature] Date: 5/4/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-2-2021 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 #: 9770695214
COUNTY: Johnston

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

OWNER: Ethan Hathcox
ADDRESS: 150 Wampum Ln Sml NC
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 327 Fifth Course Rd Cool Spring
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE: 12-30-2020
DATE EVALUATED: 2-17-2021
PROPERTY SIZE: 8.72 Acres
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | I Sl 10% | 0-36 | C SBk | SS Sp FR SEP | 2.5Y 4/6 | 48 | | NA | PS .30 |
| | | 36-48 | CL VSBk | SS Sp FR | | | | | |
| 2 | I Sl 10% | 0-26 | C SBk | SS Sp FR SEP | 2.5Y 4/6 | 48 | | N/A | PS .30 |
| | | 26-48 | CL VSBk | SS Sp FR | | | | | |
| 3 | R Sl 10% | 0-15 | SC CL SBk | SS Sp FR SEP | 2.5Y 4/6 | 48 | | Sp Indicators | PS .30 |
| | | 15-34 | CL SBk | SS Sp FR | | | | | |
| | | 34-48 | CL VSBk | SS Sp FR | | | | | |
| 4 | R Sl 10% | 0-15 | SC CL SBk | SS Sp FR SEP | 2.5Y 4/6 | 48 | | Hor Blocked @28 | PS .30 Shallow WP |
| | | 15-34 | C SBk | SS Sp FR | | | | | |
| | | 34-48 | CL VSBk | SS Sp FR | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300 | 300 |
| System Type(s) | III 25% | III 25% |
| Site LTAR | .30 | .30 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottles
OTHER(S) PRESENT: Wehby

* See GIS Paint out *
pits 3+4 placed by DW

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL 1955 LTAR* | LPP 1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | | | | | **MOIST** | **WET** |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |
| | | O (Organic) | None | None | | |

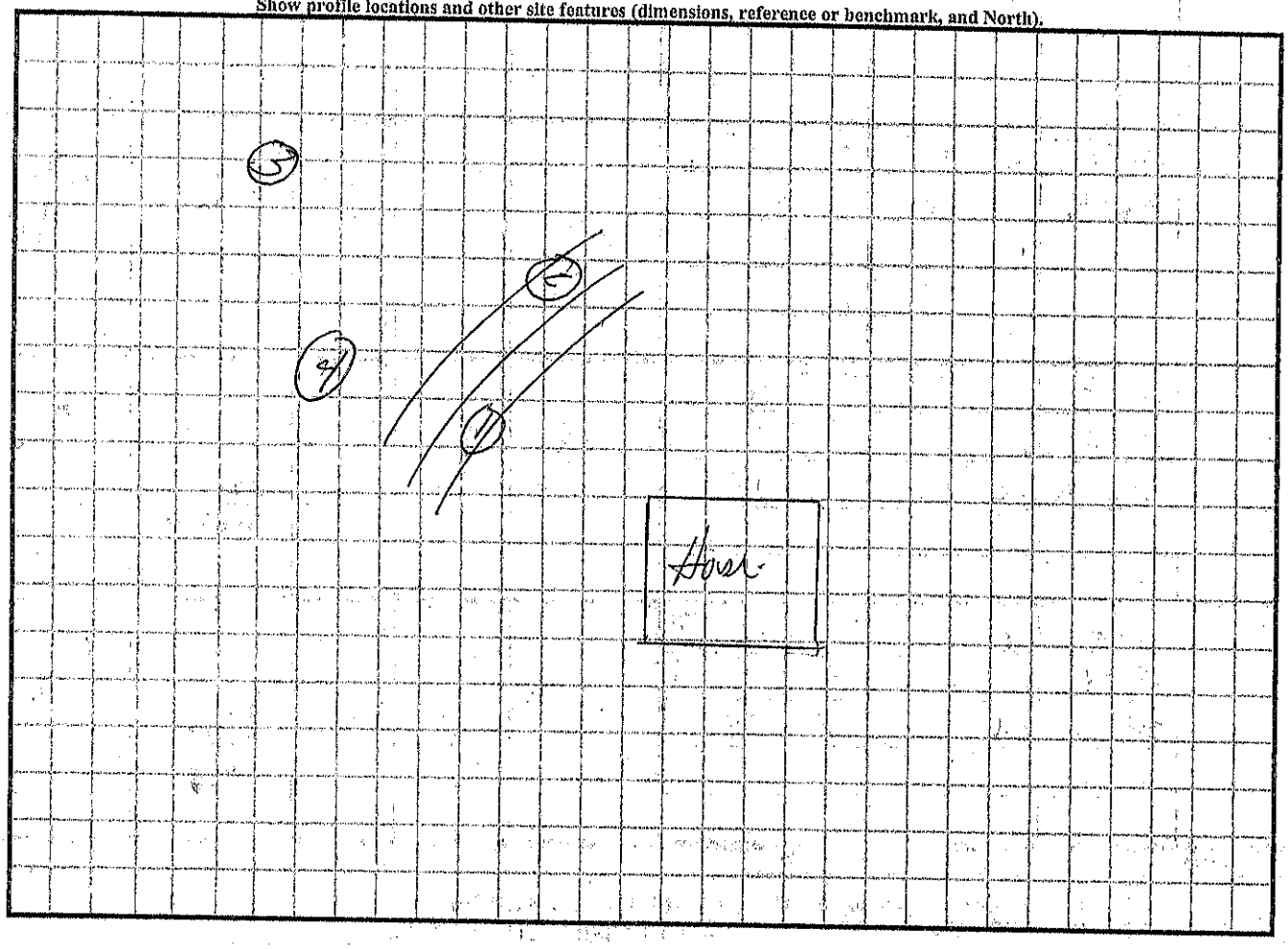
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

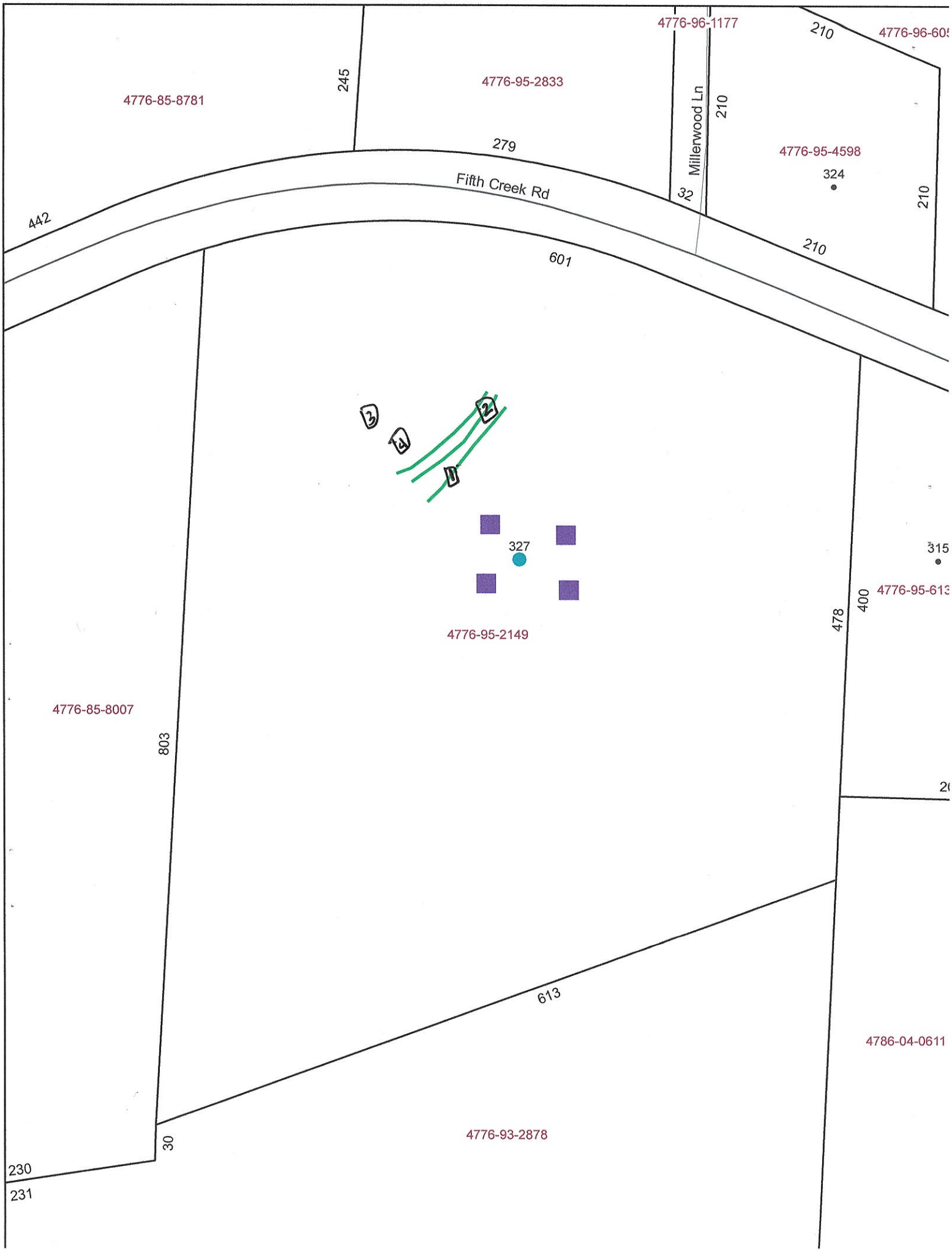
***NOTES***

*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).**




4776-96-1177
210
4776-96-605
4776-85-8781
245
4776-95-2833
Millerwood Ln
210
279
4776-95-4598
324
Fifth Creek Rd
442
32
210
210
601
3
2
4
1
327
315
4776-95-613
400
478
4776-95-2149
4776-85-8007
803
613
4786-04-0611
4776-93-2878
30
230
231

RECEIVED DEC 3 0 2020

Paid $500.00

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 313779

**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) ekhaithc@ncsu.edu - Email Ae

**Applicant Name:** Ethan Haithcox **Address:** 150 Kiser Ln Statesville NC **Zip:** 28677
**Applicant Email:** ekhaithc@ncsu.edu **Phone:** 704-880-4300 **Alt. Phone:**
**Owner Name:** Ethan Haithcox **Address:** 150 Kiser Ln Statesville NC **Zip:** 28677
**Owner Email:** ekhaithc@ncsu.edu **Phone:** 704-880-4300 **Alt. Phone:**

**Property Information:**

**Street Address:** 327 fifth creek road (Cool Springs) Statesville NC 28625 parcel 4776952149.000

**Subdivision Name:** N/A **Section/Phase:** N/A **Lot Number:** N/A

**Driving Directions:** Property located between 315 fifth creek + 363 fifth creek open field.

**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~~ 4 EKH
~~**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:
( ) 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:** _____ 12/30/2020
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, _____, am the legal owner(s) of the property located at _____, identified as

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

I do hereby authorize **(print legal representative/company name)** _____,

_____, 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.

_____ _____

**Signature of Owner(s)** **Date**

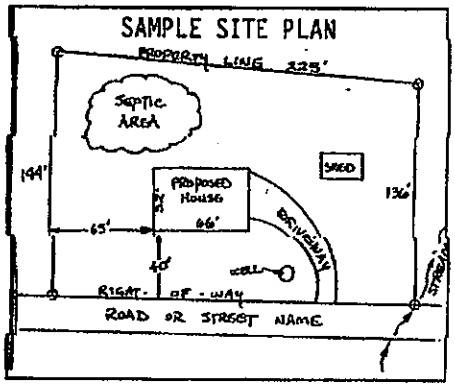

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**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:**

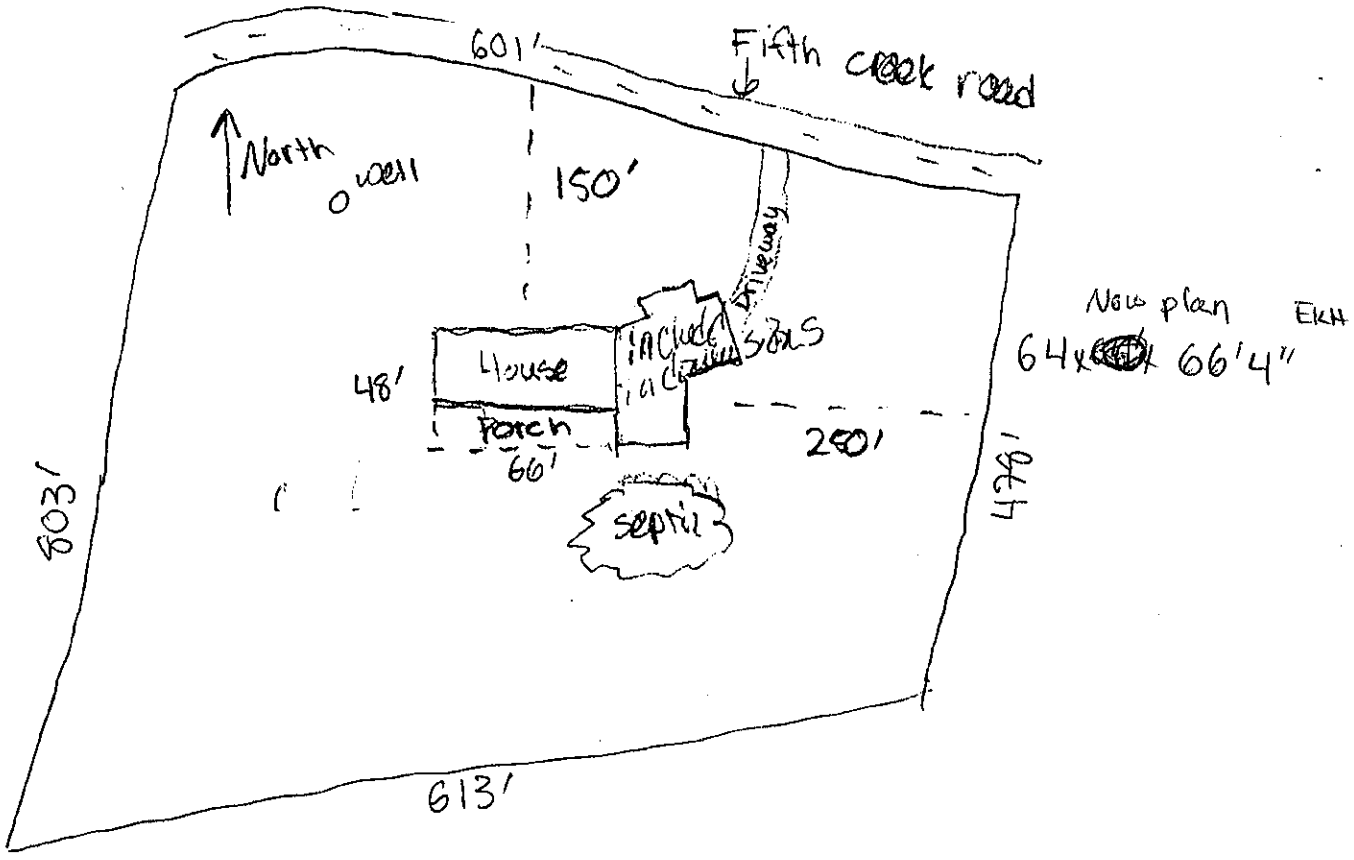
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

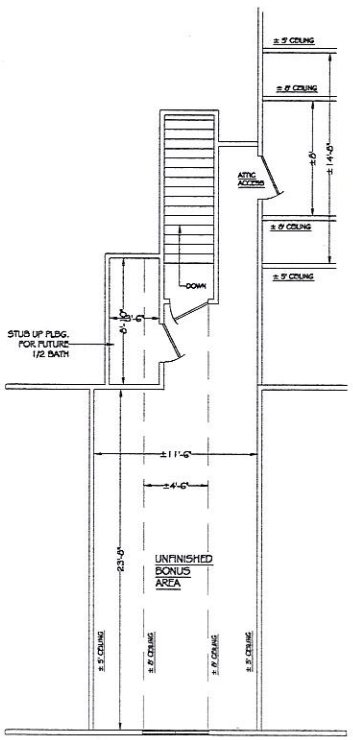


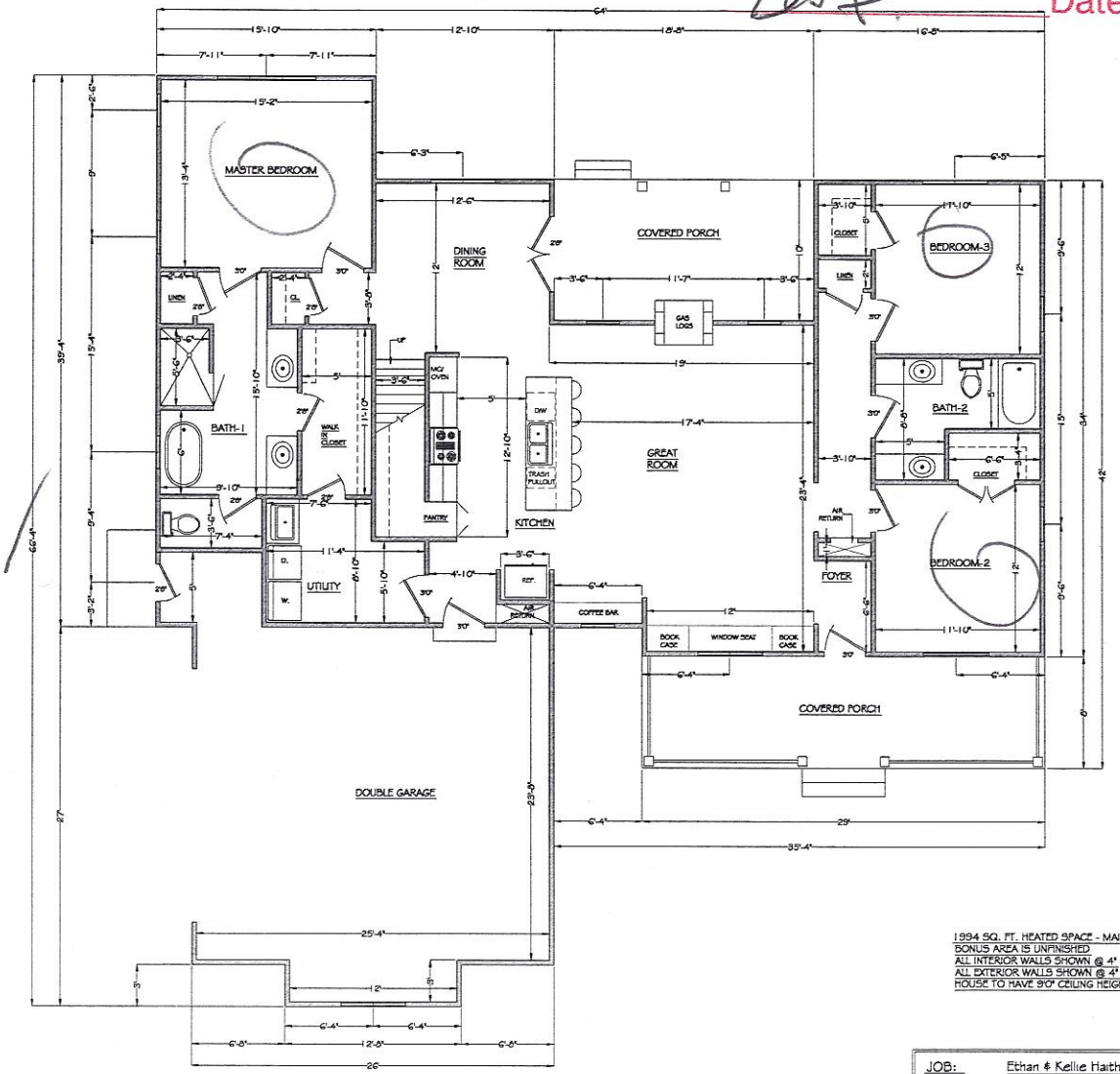

**Signature:** _____ 12/30/2020

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

Acknowledgement Of
Plans Submittal ONLY!
Date 12/2/21
Date 12-2-21.

IT IS THE INTENT OF THESE DWGS. TO SHOW GENERAL REQUIREMENTS RELATED TO THE CONSTRUCTION OF THIS PROJECT. IT IS NOT THE INTENT TO SHOW EACH & EVERY PIECE OF MATERIAL OR, EVERY METHOD REQUIRED FOR SOUND CONSTRUCTION. THE CONTRACTOR SHALL CHECK & VERIFY ALL DIMENSIONS BEFORE STARTING PROJECT. MELSAYS DRAFTING IS NOT RESPONSIBLE FOR ANY ERRORS OR MISTAKES ONCE CONSTRUCTION HAS BEGAN. IN CASE OF QUESTIONS, PLEASE CONTACT JANET S. MELSAYS.




1994 SQ. FT. HEATED SPACE - MAIN LEVEL
BONUS AREA IS UNFINISHED
ALL INTERIOR WALLS SHOWN @ 4"
ALL EXTERIOR WALLS SHOWN @ 4"
HOUSE TO HAVE 9'0" CEILING HEIGHT

| | | |
|---|---|---|
| JOB: Ethan & Kellie Haithcox | | |
| SCALE: 1/4"=1" | Revised: 09/13/2021 | DRAWN BY: Janet S. Melsays |
| DATE: 08/27/2021 | | |
| FLOOR PLAN FP-1 | | DRAWING NO. 3 |

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **313779**<br>Issue Date: 12/30/2020 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4776952149.000 | 327 FifthCreek | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: HAITHCOX ETHAN K+KELLIE A | Name: HAITHCOX ETHAN K+KELLIE A |
| Address: | Address: |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 8.725 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SFD |

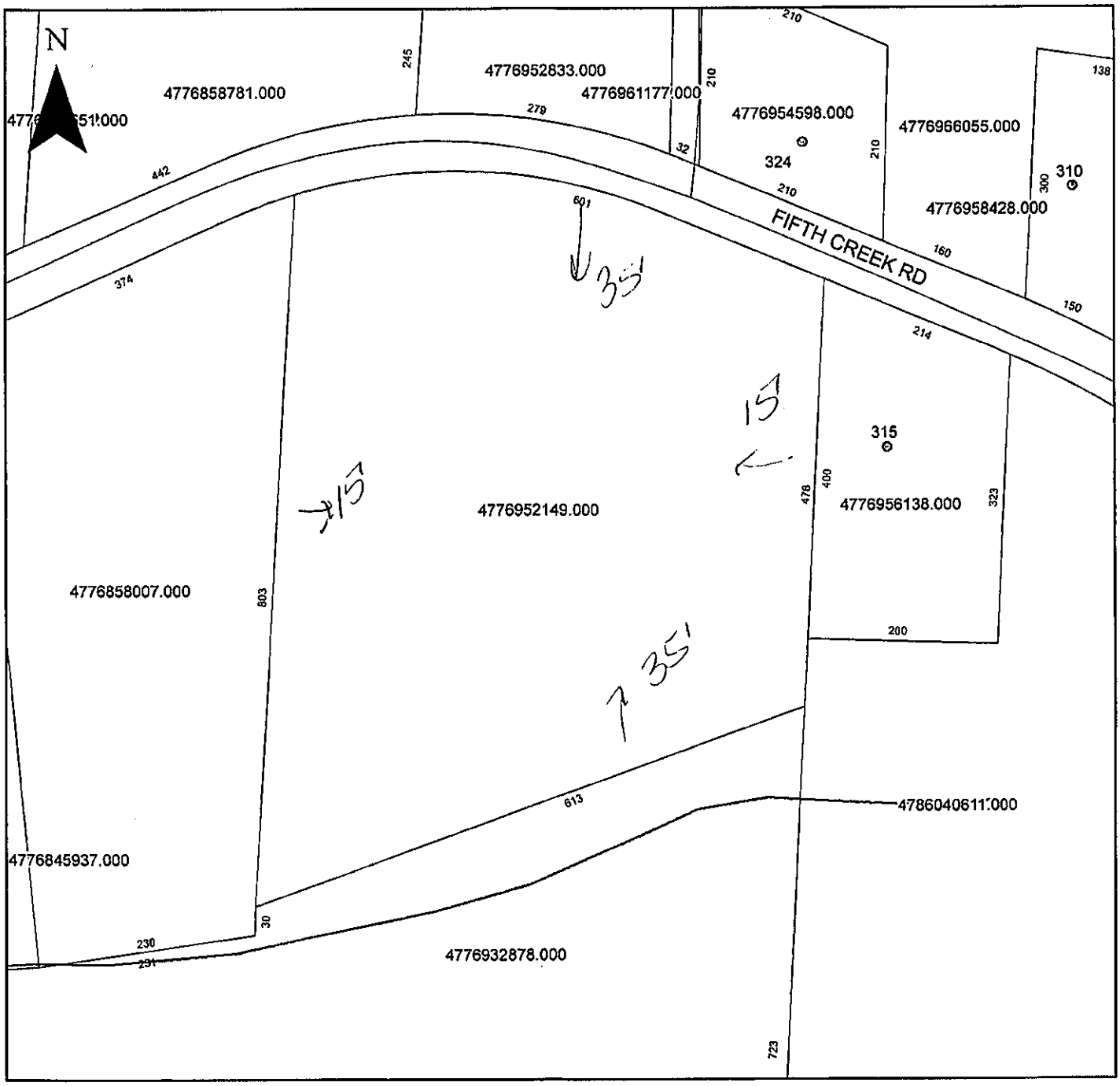
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

**Date:** 12/30/2020

Signature of Owner/Contractor

| Permit Number | 313779 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 327 Fifth Creek

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

12/30/20

Date