# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625

PERMIT # AP 317326

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

PIN # 4778 -- 69 -- 7003

APPLICANT/OWNER: WJH LLC TA Century Complete APPLICANT ADDRESS: 3091 Governors Lake Dr Ste. 300 Peachtree Corners, GA 30071

SITE ADDRESS: 133 JO Creek Harmony NC 28634 PHONE: 704-878-1100 ALT. PHONE —

SITE DIRECTIONS: I-40 E exit 154 to old Mooresville to Mt. Bethel to Rock Gate SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Rock Gate Estates SECTION: 2 LOT # 19 LOT AREA: 130 x 260 DESIGN FLOW: 360 L.T.A.R.: .30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | 3-11-22. | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II ◉ IV V VI | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | Gravity - 25% Reduction. | | | |
| Pump Make | | Model | | | Serial # | | Repair System Description: | PPBPS - 50% Reduction | | | |
| # Nitrification Fields | 1 | # Lines | 6 | | Linear Ft | 300 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36 in. | Trench Bottom Depth (~~Low Side~~) | | 30 inches | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE | | | |

| | | | | |
|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 3 | Water Supply | |
| ☐ Business | No. Persons | 6 | ☐ Private | |
| ☐ Other | No. Employees | | ☐ Public | |
| ☒ Slab | ☐ Crawl Space | | ☐ Community | |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions: Property Line must be surveyed during OP. Panels to be removed + washed. Silt to be removed from trench & County inspect trench Depth. Panels to be re-installed & inspected. Tank must be pumped prior to OP

INITIAL SITE SKETCH

**This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:**

Thompson Environmental Construction Inc.

LSS # 1287 Dated May 24, 2022

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.**

*System installed according to permit*

*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**

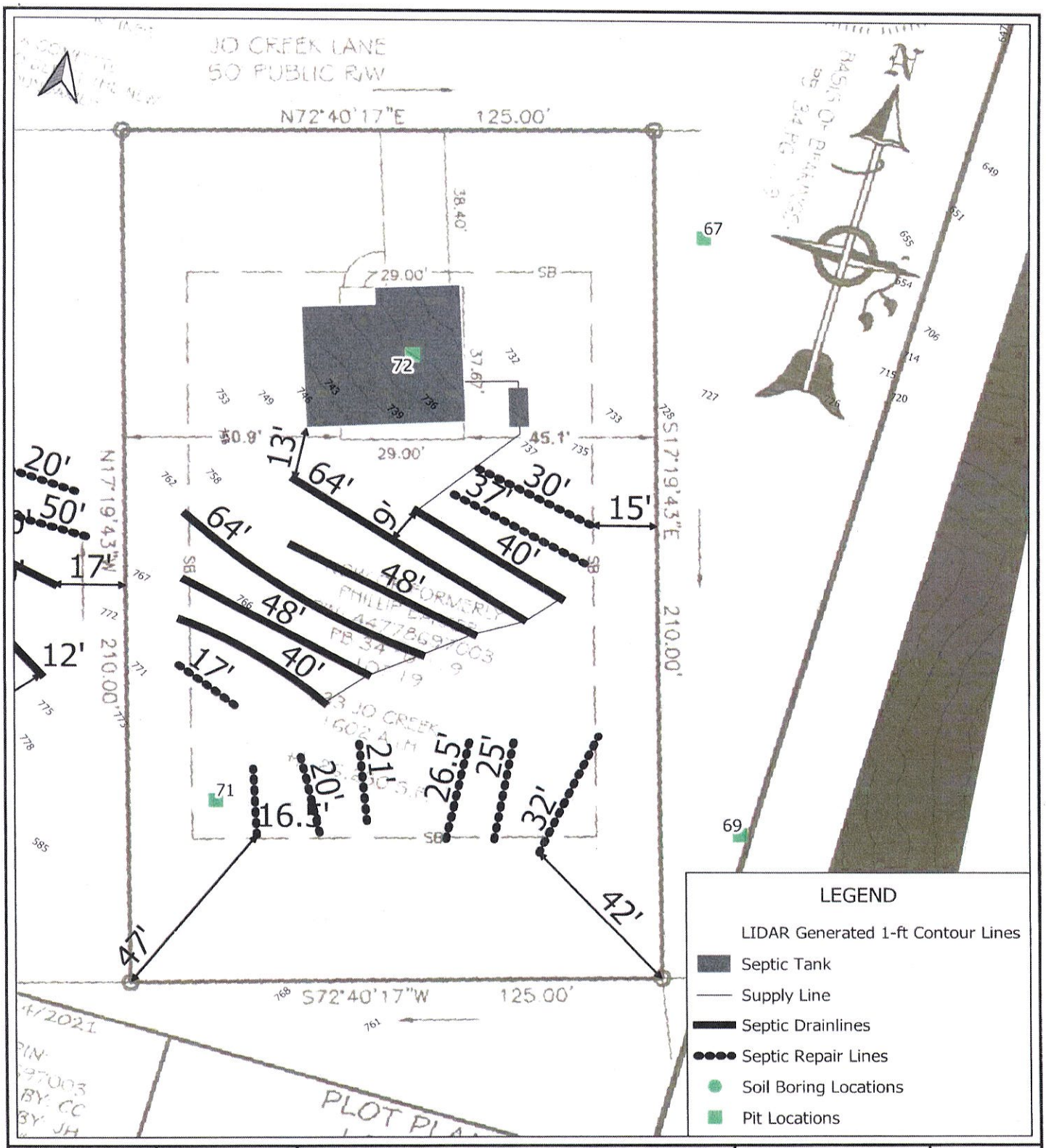
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6-3-22 Installed by: Dewey's Septic + Grading LLC

IMPROVEMENT PERMIT by: Date: 6-3-2022 OPERATION PERMIT by: Date: 6/9/2022

AUTHORIZATION TO CONSTRUCT by: Date: 6-3-2022. Existing System Inspected by: Date:

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




| | | | | |
|---|---|---|---|---|
| Thompson Environmental Consulting | Prepared For: Century Complete | Proposed Septic Layout<br>Lot 19 - Rock Gate Estates<br>133 Jo Creek Lane<br>Harmony, NC 28634<br>Iredell County | Date: May 2022<br>Scale: 0 15 30 ft<br>TEC Job #: 22-120 | Figure 1 |

**Thompson Environmental Consulting, Inc.**
PO Box 541
Midland, NC 28107

Sheet ___ of ___
PROPERTY ID #:
COUNTY:

**SOIL/SITE EVALUATION**
***for* ON-SITE WASTEWATER SYSTEM**

OWNER:
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
DATE EVALUATED:
PROPERTY SIZE:
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) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | LS 6% | 0-17 | SBK/C | FI/SS/SP/SO | | | | | |
| | | 17-72 | M/C | FI/NS/NP/SP | | | | | |
| 2 | LS 6% | 0-12 | SBK/C | FI/SS/SP/SO | | | | | |
| | | 12-52 | SBK/C | FI/SS/SP/SO | | | | | |
| | | 52-76 | M/C | FI/NS/NP/SP | | | | | |
| 3 | LS 2% | 0-31 | SBK/C | FI/SS/SP/SO | | | | | |
| | | 31-72 | M/C | FI/NS/NP/SP | | | | | |
| 4 | | | | | | | | | |

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

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

LICENSED SOIL SCIENTIST — HARRY B. THOMPSON — 1287 — STATE OF NORTH CAROLINA

COMMENTS

Updated February 2014

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



PROPERTY ID #:

DATE OF EVALUATION: 3/21/21

COUNTY: IREDELL

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 30 | LS/ 11 | 0-8 | GR / SL | VFR / N | — | 40+ | — | — | P 0.3 |
| | | 8-22 | SBK / C | FI / S | | | | | |
| | | 22-40+ | SBK / SCL | FR / S | | | | | |
| 31 | LS/ 8 | 0-40+ | SBK / SCL | FR / N | — | 40+ | — | — | P 0.3 |
| 32 | LS/ 10 | 0-22 | M / SL | VFR / N | — | 22 | — | 22 Cr | P 0.1 Drp |
| | | 22 | Cr | | | | | | |
| 33 | LS/ 6 | 0-10 | SBK / C | FI / S | — | 40+ | 36 | — | P 0.3 |
| | | 10-36 | SBK / CL | FR / S | | | | | |
| | | 36-40+ | M / SL | VFR / N | | | | | |
| 34 | LS/ 16 | 0-29 | SBK / CL | FR / S | — | 40+ | 29 | — | P 0.3 Mod LA |
| | | 29-40+ | M / SL | VFR / N | | | | | |

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

Sheet ___ of ___

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: _____

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | |

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

*Sheet ___ of ___*

PROPERTY ID #: _____

DATE OF EVALUATION: _____

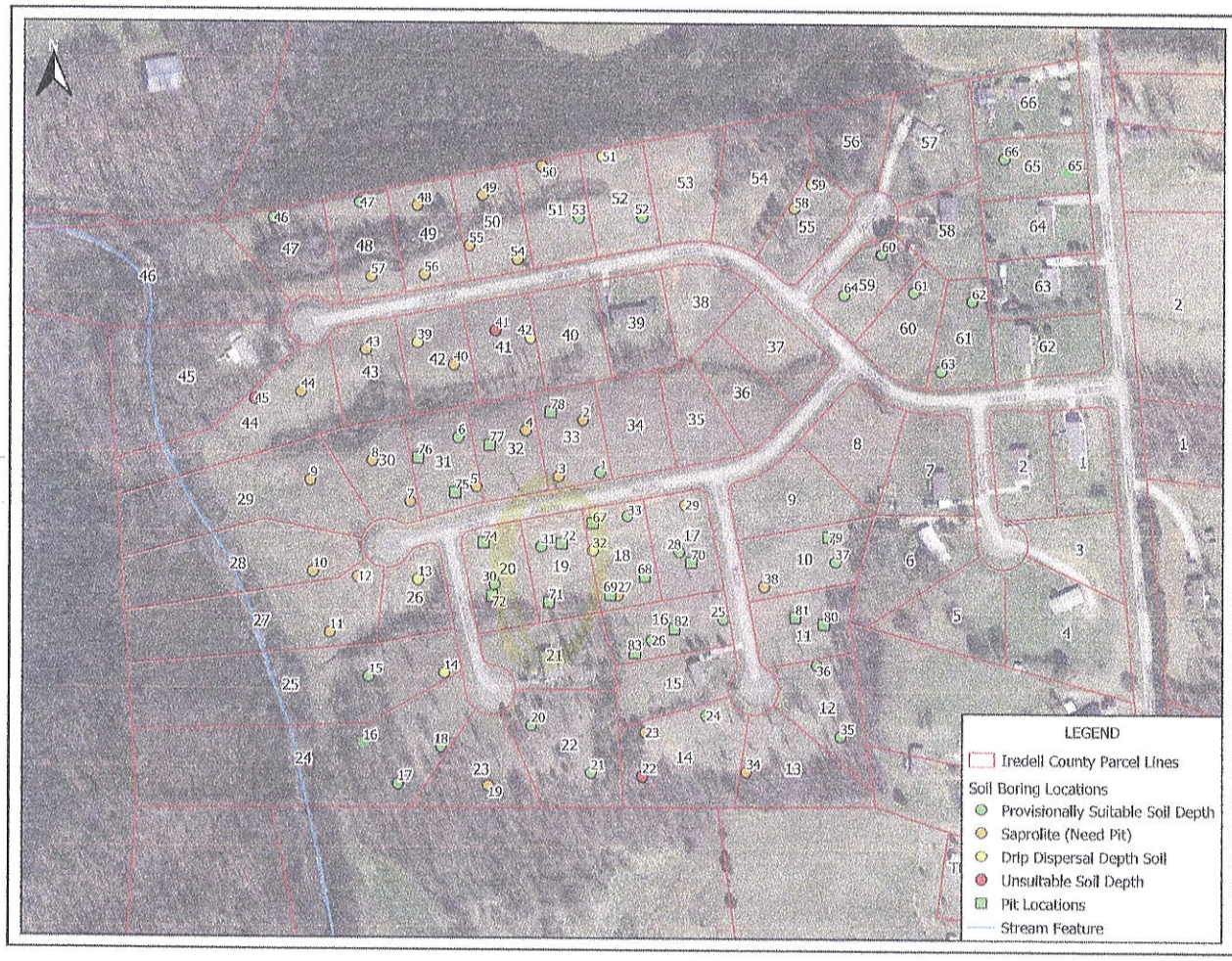
COUNTY: _____

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 12 | LS 8% | 0-31 | | | – | 31" | | – | |
| | | 31-54 | | | | | | | |
| 13 | LS 5% | 0-17 | | | – | 39" | | – | |
| | | 17-39 | | | | | | | |
| | | 39-50 | | | | | | | |
| 14 | LS 7% | 0-21 | | | – | | | – | |
| | | 21-39 | | | | | | | |
| | | 39-54 | | | | | | | |
| 15 | LS 6% | 0-32 | SBK/C | | – | 52" | – | – | PS 0.3 |
| | | 32-52 | SBK/CL | | | | | | |
| 10 | LS 2% | 0-19 | | | – | 19" | | – | |
| | | 19-52 | | | | | | | |

COMMENTS: _____



Rock Eggleston




# FIGURE 1

Prepared For:

Century Complete

## Soil and Site Evaluation

Rock Gate Estates
Harmony, NC 28634

Iredell County

Scale:
0 150 300 ft

| Date: | TEC Job No. |
|---|---|
| June 2021 | 21-167 |

Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

To: Iredell County Environmental Health

From: Katie Dyess

Regarding: Lot 19 - Rock Gate Subdivision
Session Law 2018-114 Permit Package

The LSS evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with Session Law 2018-114 Section 11. (c).

Project Manager

5-24-22

Date

# Residential Subsurface Wastewater Treatment and Disposal System Proposal

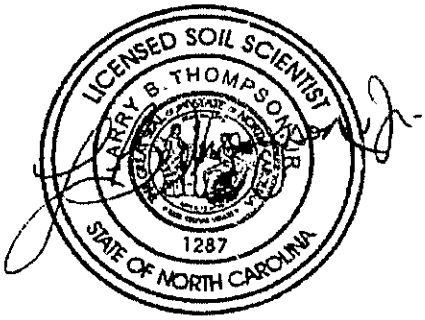
**for**

**Lot 19 – Rock Gate Estates**
**133 Jo Creek Drive**
**Harmony, NC 28634**

Tax Parcel # 4778697003.000
May 24, 2022

**Prepared for:**

Glenn Bird
Century Complete
9325 Center Lake Dr., Suite 160
Charlotte, NC 28216
1-833-791-0192




**Prepared by:**

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
info@thompsonenv.com



**Details**

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a revised septic proposal for a 3-bedroom single family residence to be located on Lot 19, Rock Gate Estates, Harmony, North Carolina.

Based upon an investigation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available for the installation of a **Gravity Flow Accepted System** for a 3-bedroom residence (the proposed repair system will be Prefabricated Permeable Block Panel System). The property will be served by a municipal water supply.

Century Complete would like to request that Iredell County Environmental Health (ICEH) issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the following proposal and the enclosed Licensed Soil Scientist Evaluation, which is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11. (c).

Location

From Statesville, take I-40 to Old Mocksville Road. Turn left onto Old Mocksville Road, left onto Mt. Bethel Road, and left onto 4 Andrews Drive (Rock Gate Estates).

References

*Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section,* April 1, 2017.

*Accepted Wastewater System No. AWWS-2005-02-R6*; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

## Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons in capacity.
2. The septic tank shall be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

B. Pipes and Fittings

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. The supply line will be approximately 33 feet long from the second septic tank to the distribution box.

C. Distribution Method

1. The drainlines will be fed serial distribution via chamber side ports.

D. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of six (6) lateral trenches to be constructed 3-foot wide by various lengths (2 at 40 feet, 2 at 64 feet, and 2 at 48 feet). Total drainline length is 304 feet.
5. The maximum trench depth for this system shall be **30 inches (high side)**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the ICEH.

E. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep. Additional soil cover may be required to achieve the 6 inch requirement.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.

3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

F. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions regarding preferred routes, contact the ICEH as soon as possible.
2. Lawn irrigation should not be placed over the drainfield area.

## Maintenance

G. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

## Design Specifics

| | |
|---|---|
| Daily Design Flow: | 360 GPD – 3 bedroom house |
| Septic Tank Size: | 1,000 Gallons (minimum) |
| Effluent Loading Rate: | 0.3 GPD per sq. ft. |
| Drainfield Type: | Accepted 25% Reduction |
| Distribution Method: | Serial – End Caps |
| Number of Drainlines: | (6) 3' Wide x Various Length |

| | |
|---|---|
| | 2 at 40 Feet<br>2 at 64 Feet<br>2 at 48 Feet |
| Total Trench Length: | 304 Linear Feet |
| Maximum Trench Depth: | 30 Inches (high-side) |
| Final Cover Requirement: | 6 Inches |

**Repair Option**

| | |
|---|---|
| Effluent Loading Rate: | 0.3 GPD per sq. ft. |
| Drainfield Type: | PPBPS |
| Required Linear Footage: | 200 Square Feet |
| Available Linear Footage: | 225 Linear Feet |
| Maximum Trench Depth: | 30 Inches (high-side) |
| Installation Depth: | 6 Inches |

RECEIVED MAY 2 4 2022

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

AP- 317326

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* UPDATE SESSION PERMIT Paid $500.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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:** WJH LLC TA Century Complete **Address:** 3091 Governors Lake Dr., Ste. 300 Peachtree Corners GA 30071 **Zip:**
**Applicant Email:** katie.dyess@centurycommunities.com **Phone:** 704-488-1100 **Alt. Phone:**
**Owner Name:** WJH LLC TA Century Complete **Address:** **Zip:**
**Owner Email:** **Phone:** **Alt. Phone:**

**Property Information:**

**Street Address:** 133 Jo Creek
**Subdivision Name:** Rock Gate **Section/Phase:** **Lot Number:** 19
**Driving Directions:** Turn right onto Kelly St, Turn right onto Feimster St, Take I-40 E and Old Mocksville Rd to Mt Bethel Rd, Turn left onto N Center St, Turn right to merge onto I-40 E, Take exit 154 for Old Mocksville Rd, Turn left onto Old Mocksville Rd, Turn left onto Mt Bethel Rd. Drive and turn left into Rock Gate Development

**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:
( ) Swimming Pool
( ) Other Addition/Structure:

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
(X) 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 (X) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) 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?
(X) 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:** Katie Dyess for WJH LLC TA Century Complete 5-24-22
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*) Katie Dyess WJH LLC TA Century Complete

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.

Katie Dyess WJH LLC TA Century Complete 4-14-22

Signature of Owner(s) Date

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

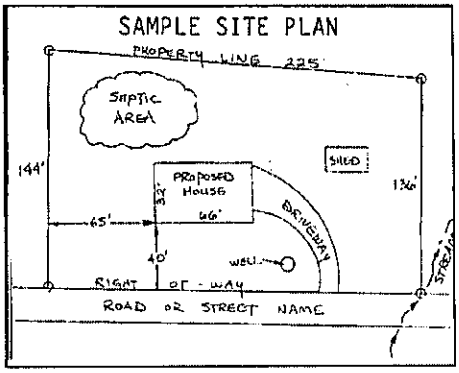
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

- ( 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 and well location**
- ( X ) **Area you prefer your septic system to be placed**
- ( 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** |

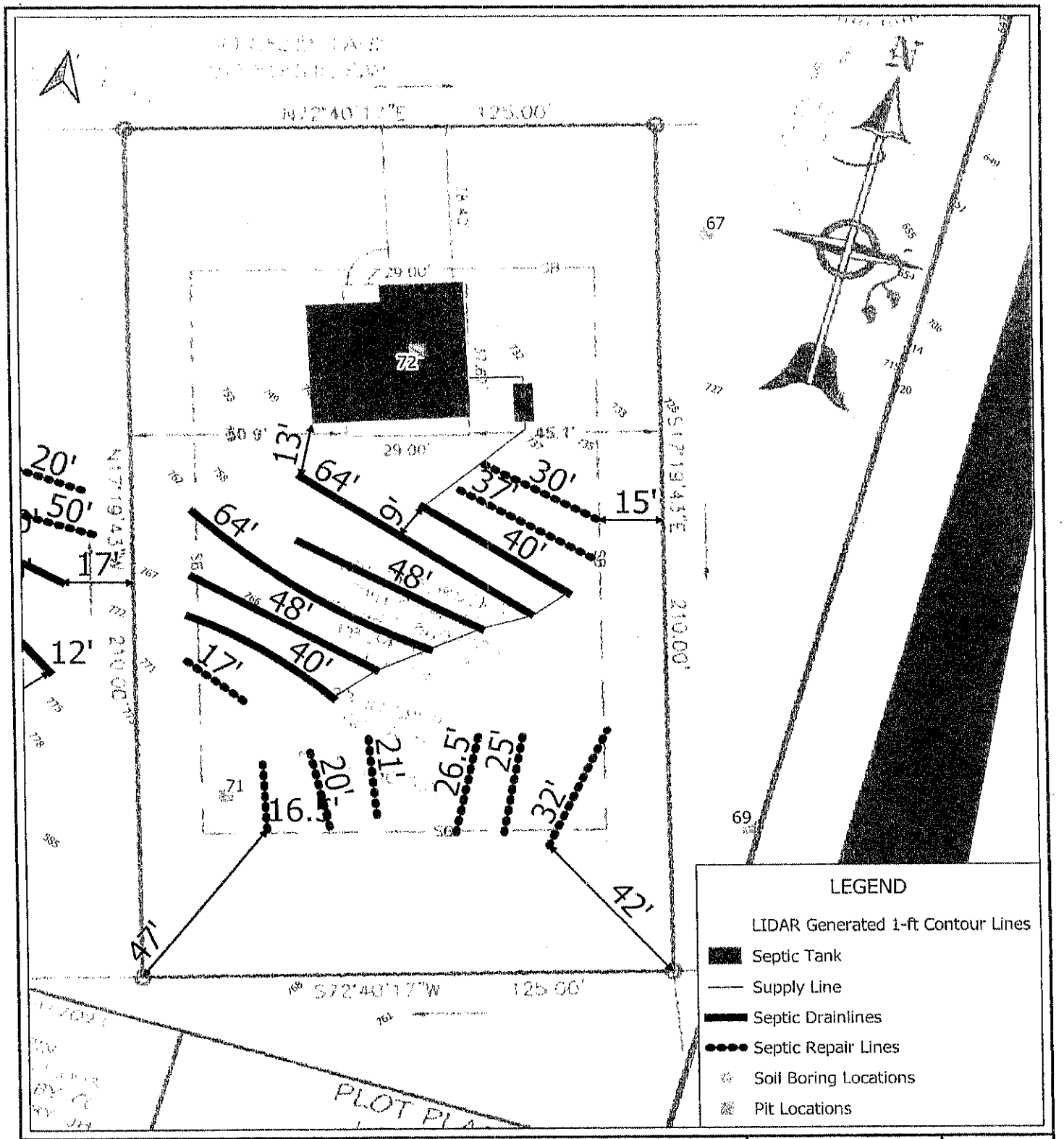
## USE THIS SPACE TO DRAW YOUR SITE PLAN

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

UPDATE SESSION PERMIT

**Signature:** Katie Dyess for WJH LLC TA Century Complete 5-24-22

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




| | | | | |
|---|---|---|---|---|
| Thompson Environmental Consulting | Prepared For: Century Complete | Proposed Septic Layout<br>Lot 19 - Rock Gate Estates<br>133 Jo Creek Lane<br>Harmony, NC 28634<br>Iredell County | Date: May 2022<br>Scale: 0 15 30 ft<br>TEC Job #: 22-120 | Figure 1 |

WALL LEGEND

FULL HEIGHT
2X4 WOOD STUD PARTITION

FULL HEIGHT
2X6 WOOD STUD PARTITION

STONE VENEER

DRYWALL OPENING WIDTH
AS NOTED ON PLAN, 5-8" HIGH HT

BRICK VENEER

1 HOD & SHELF

STUD WALL BELOW
HEIGHT AND STUD SIZE AS NOTED

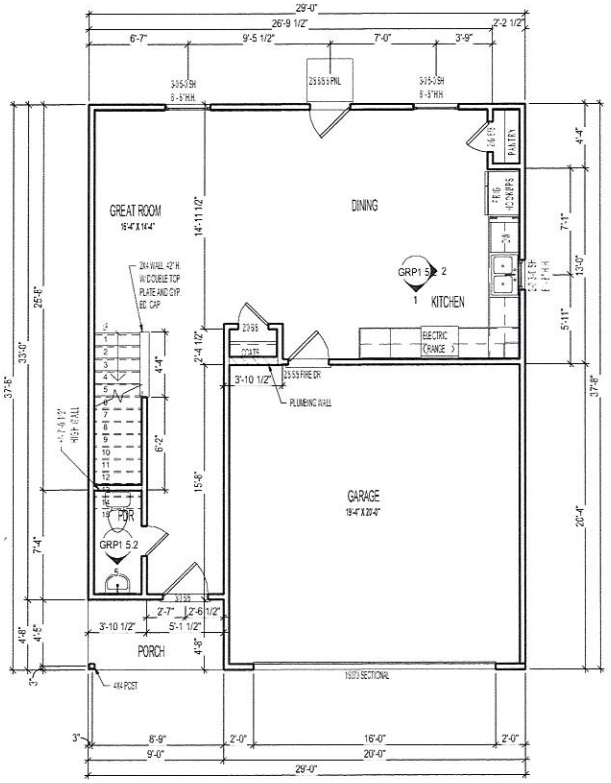
NOTE: EXTERIOR WALLS FRAMED AT 16" O.C. INTERIOR NON-BEARING WALLS FRAMED AT 24" O.C. REF TO STRUCTURAL SHEETS FOR BEARING WALL SPECIFICATIONS AND PLATE INFORMATION

| TABLE R302.6 Dwelling/Garage Separation | |
|---|---|
| Separation | Material |
| From the residence and attics | Not less than ½-inch gypsum board or equivalent applied to the garage side |
| From all habitable rooms above the garage | Not less than 5 5-/8-inch Type X gypsum board or equivalent |
| Structure(s) supporting floor/ceiling assemblies used for separation required by this section | Not less than ½-inch gypsum board or equivalent |

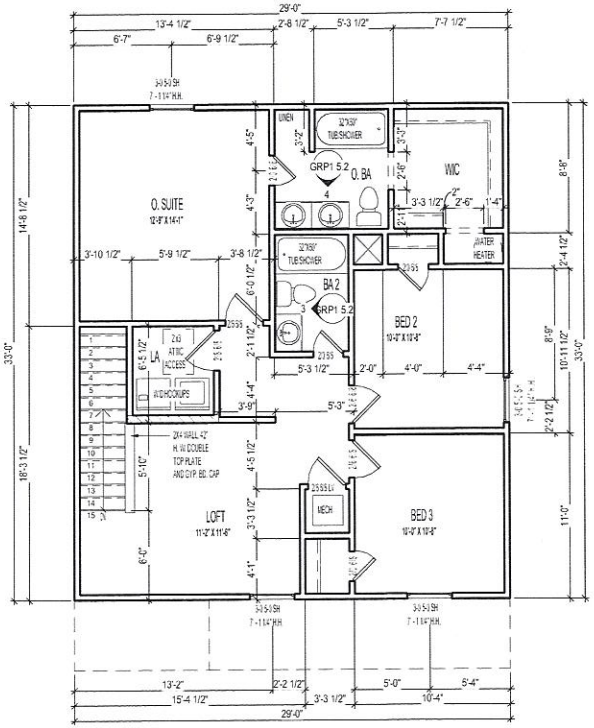
**Acknowledgement Of Plans Submittal ONLY!**

Date 8/4/21

Date 8/4/21




1 FIRST FLOOR PLAN ELEV 'B'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT




2 SECOND FLOOR PLAN ELEV 'B'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT


CENTURY Complete
MORE HOME • LESS MONEY
3091 GOVERNORS LAKE DR.
SUITE 300
NORCROSS, GA 30071
PHONE: 336-282-3606


W.M. LLC © 2020

GRP1 - 'B'

FLOOR PLANS

LOT #:

JOB #:

COMMUNITY:

ADDRESS:

PLAN # / ORIENTATION:
2921606 / RH

SERIES NAME:
DIAMOND

PLAN NAME:

LAST REVISION
2.02

SHEET #
GRP1 1.2

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 317067<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4778697320.000 | 130 JO CREEK LN | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: BARKER PHILLIP P | Name: WJH, LLC |
| Address: | Address: 9325 CENTER LAKE DR<br>CHARLOTTE, NC 28216 |
| Phone: | Phone: (704)488-1100 |

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

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.597 | 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.

Signature of Owner/Contractor

**Date:** 04/22/2021

| Permit Number | 317067 | TOTAL FEES: | $77.25 |
|---|---|---|---|