ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328359

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

PIN # 4786 -- ~~13~~ -- ~~2463~~ 14-1260

APPLICANT/OWNER: ~~America~~ Home Place APPLICANT ADDRESS: 1206 Greenland Dr Statesville 28677

SITE ADDRESS: 181 Blueberry Hill Dr Statesville 28625 PHONE: 336-705-3235 ALT. PHONE 704-902-7316

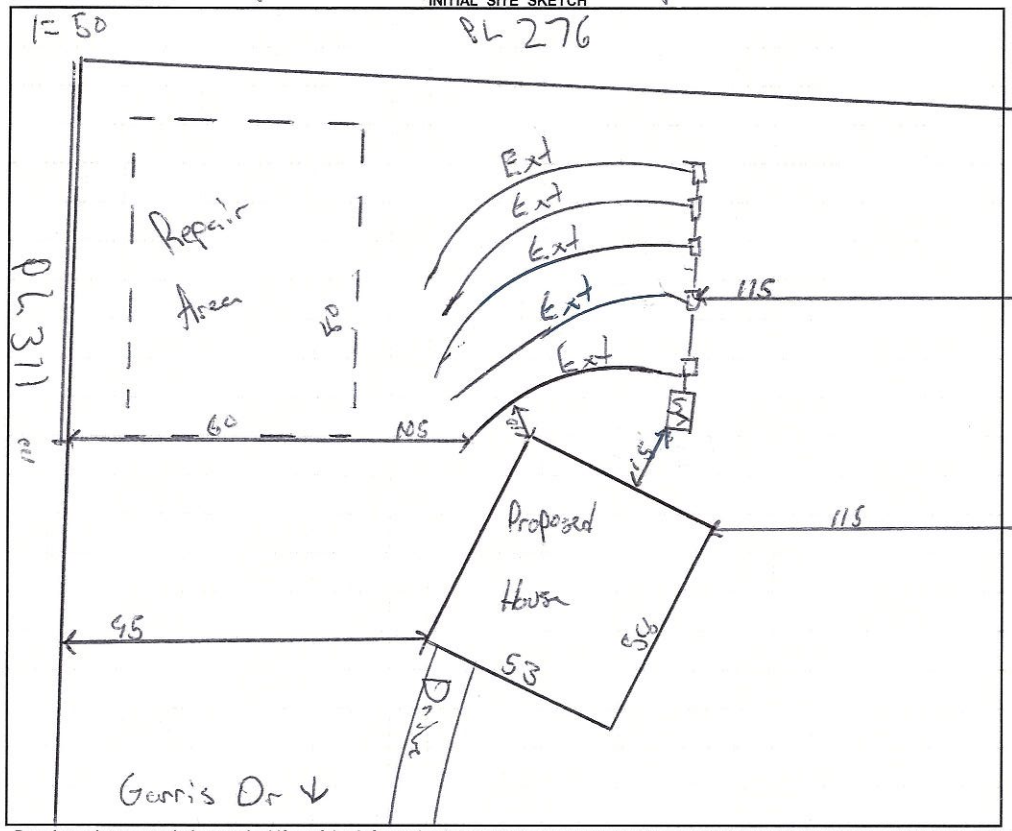
SITE DIRECTIONS: 40 to 64 E, (L) Fifth Creek, (R) Gorris Dr SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Blueberry Hill Estates SECTION: -1- LOT # 25 LOT AREA: 1.64 Ac DESIGN FLOW: Ext L.T.A.R.: Ext

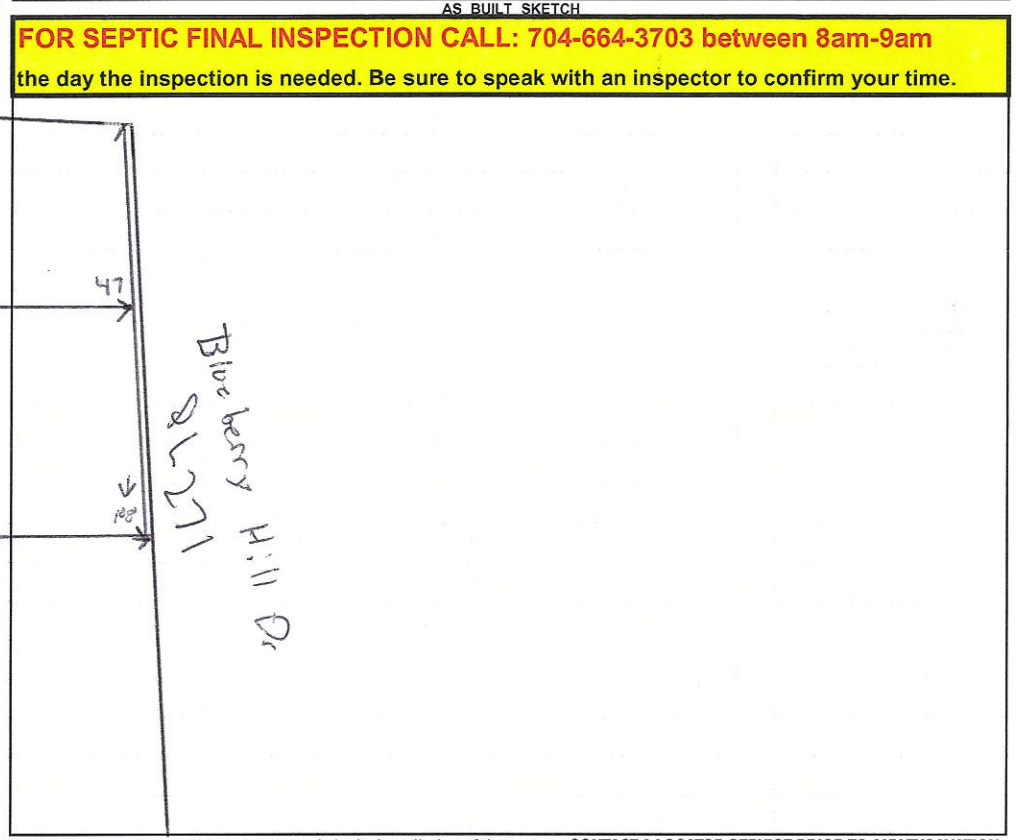
Septic Tank	1000	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT	Date	System Description:	Existing	☐ Business	No. Persons	6	☐ Private	
Pump Make		Model		Serial #	Repair System Description:	Existing	☐ Other	No. Employees		☑ Public	
# Nitrification Fields	Ext	# Lines	Ext	Linear Ft	Ext	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	Ext	Trench Bottom Depth(Low side)		Ext	Gravel Depth	Ext	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Maintain 10ft Setback from house to Septic area. Do not drive, park, or construct on septic area. See previous permit for repair.

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.

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**

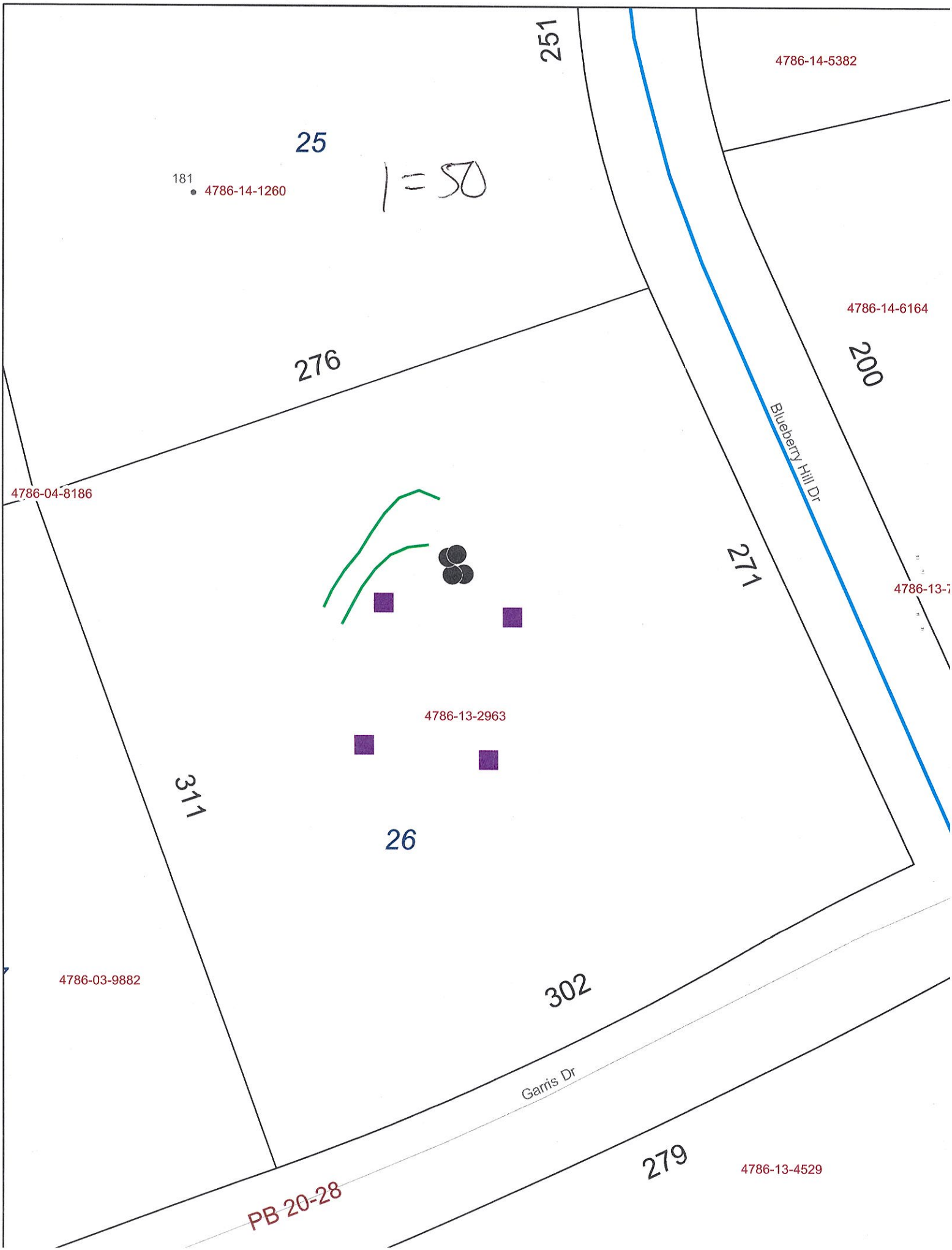
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Wayne Hooker Date: 6/14/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Matt Wilkie Date: 6/13/22

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


251
4786-14-5382
25
181
4786-14-1260
1 = 50
4786-14-6164
276
200
Blueberry Hill Dr
4786-04-8186
271
4786-13-
4786-13-2963
311
26
4786-03-9882
302
Garris Dr
279
4786-13-4529
PB 20-28

RECEIVED MAY 09 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-328359 $250.00

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: American Home Place Address: 120 Greenland DR Statesville Zip: 28677
Applicant Email: whooker@americanhomeplace.com Phone: 731-705-7275 Alt. Phone:
Owner Name: Keison Nathan Corrales Address: 105 Exeter Ct Winston Salem Zip: 27103
Owner Email: Phone: 704-902-7316 Alt. Phone:

Property Information:

Street Address: 181 Blueberry Hill DR Statesville NC 28625
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: 40 5m to 64 4m E Lt Fifth Creek 4m Rt Garris Dr 1m on Lt

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: 4
Maximum Number of Occupants: 3
( ) 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: 3504 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: 2007
( ) 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: Wayne Hooker 5-3-22
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*) Yeison Natan Corrales Corella

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, Yeison Natan Corrales Corella, am the legal owner(s) of the property located at 181 Blueberry Hill Rd, Statesville, identified as PIN (Parcel Identification Number) 4786-14-1260, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Americas Home Place, 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.

Yeison Natan Corrales Corella — Signature of Owner(s)

05/03/2022 — Date

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

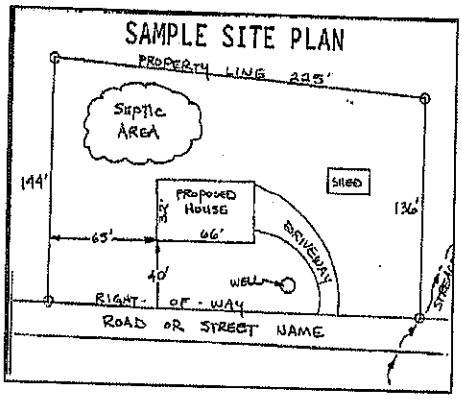
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

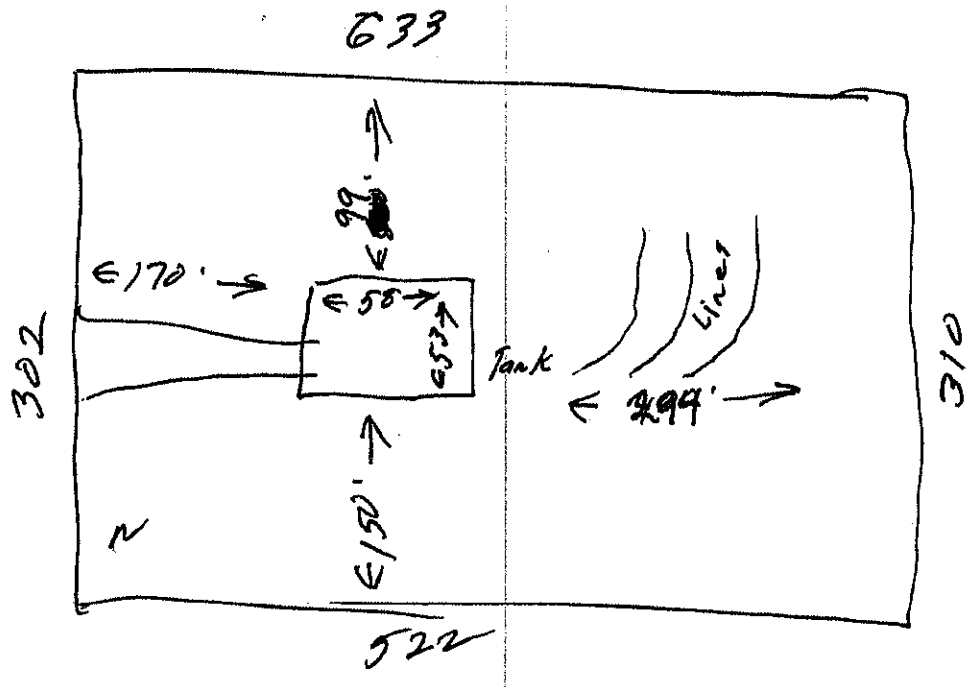
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed *Already in*
( ) North arrow, or other sufficient indicator 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: Wayne Hothe

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

5/3/22
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 140501 PIN# 4786132963 DATE 11-12-07

OWNER OR APPLICANT Americas Home Place PHONE: Business 704-664-5520 Home

ADDRESS 168-D Norman Dupre Station Boulevard

LOCATION 644 @ Site Exit @ Farm. Vacant lot @ corner Blueberry Hill

SUBDIVISION Blueberry Hill BLOCK / SECTION LOT 24 LOT AREA 3.75 SITE CLASS. B5 DESIGN FLOW 480 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1000 Date 8-6-08

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 535

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12" ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Conventional Gravity

Repair System Description: Conventional Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

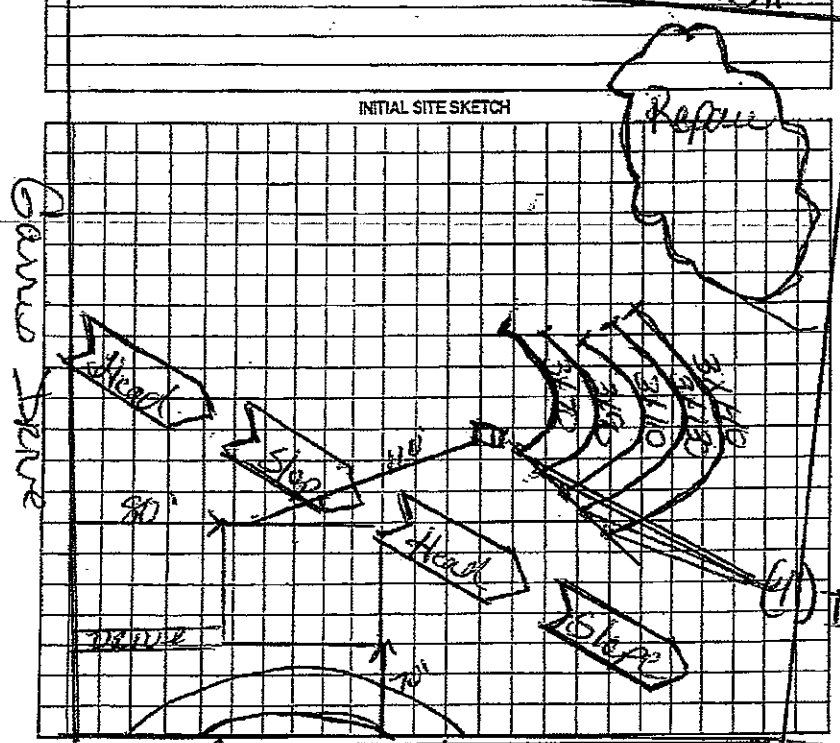
No. Bedrooms 4 No. Persons 3 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions:

AS BUILT SKETCH

Continue Basement w/ Solid Pipe through Head Stop - Backfill to accomodate Gravity fed Heater

276 LF 25

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 12/6/07 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: [signature] date 12/7/07

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

(L) STATESVILLE 704-878-5305 (L) MOORESVILLE 704-664-5281

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

PERMIT# 115629 PIN# 4786-13-2963 DATE 9-19-03

OWNER OR CONTRACTOR HENRY HOWARD PHONE: Business 704-838-6116 Home 704-878-0299

ADDRESS 162 BLUEBERRY HILL DR, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL FIFTH CREEK ROAD, TR GARRIS DRIVE, LOT ON LEFT AT BLUEBERRY HILL DRIVE

SUBDIVISION BLUEBERRY HILL EST. BLOCK / SECTION ____ LOT 25 & 26 LOT AREA 3.75 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 8-6-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600' Linear Feet 535'

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

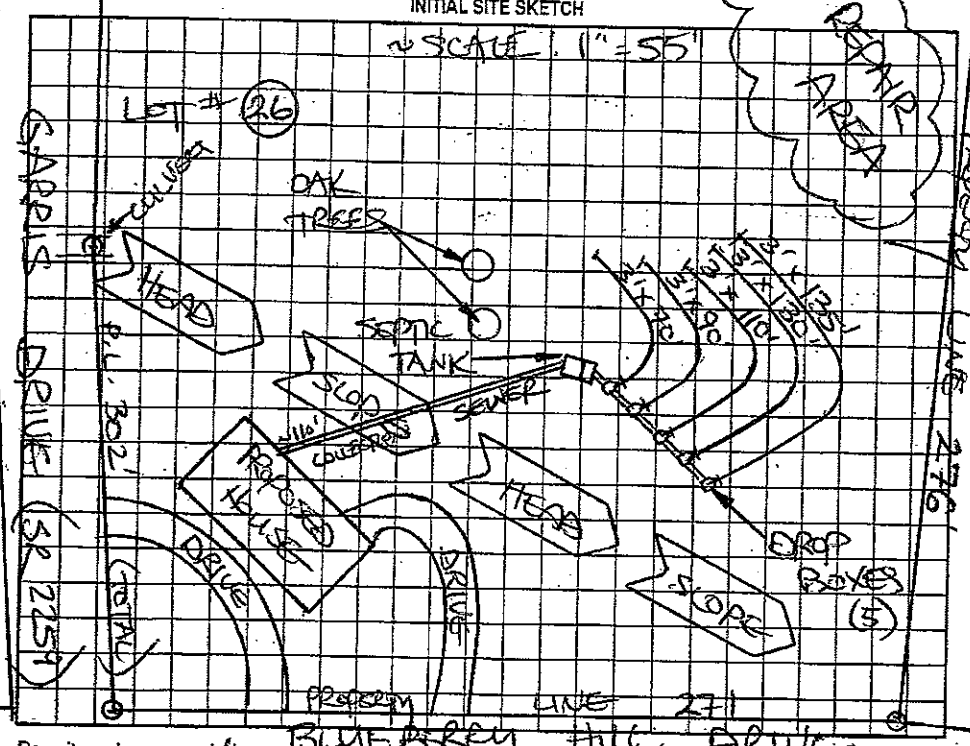
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

P.L. = 311'

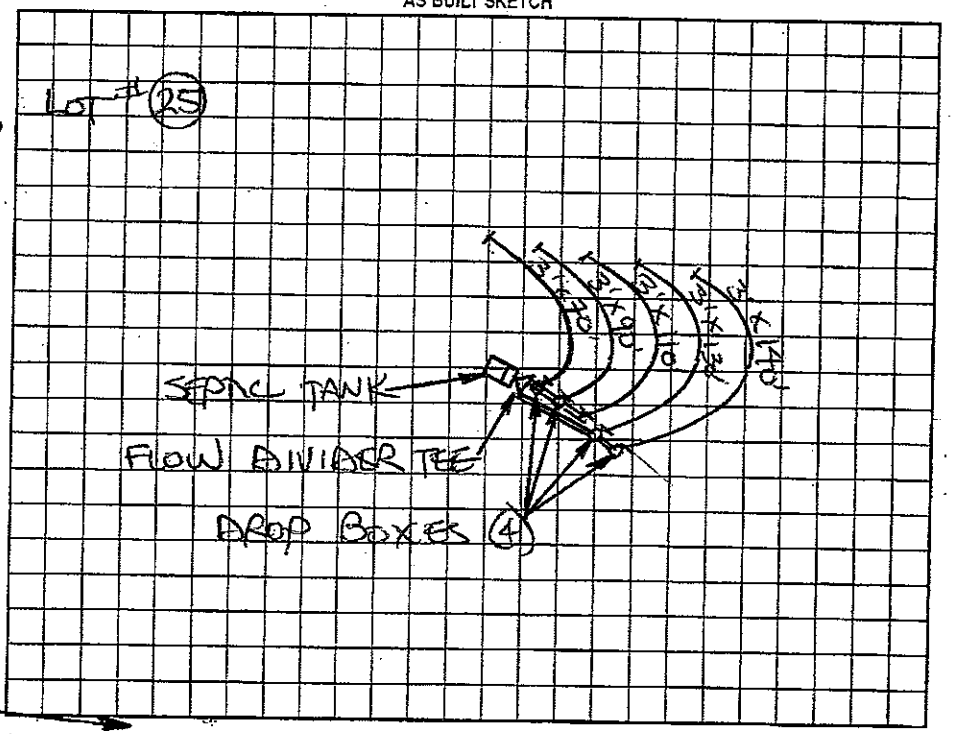
CONTINUE CULVERT W/ SOLID PIPE THROUGH HEAD SLOPE & BACKFILL TO ACCOMODATE GRAVITY FEED COLLECTION SEWER.

INITIAL SITE SKETCH



Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED ACCORDING TO INITIAL SITE SKETCH USING "POLYLOK" FILTER. DISTRIBUTION ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Henry K Howard date SEPT 19 03 Installed by: JAMES HUDLER

Improvement Permit by: STEVE HENDRICK date 9-19-03 Operation Permit by: STEVE HENDRICK date 9-26-03

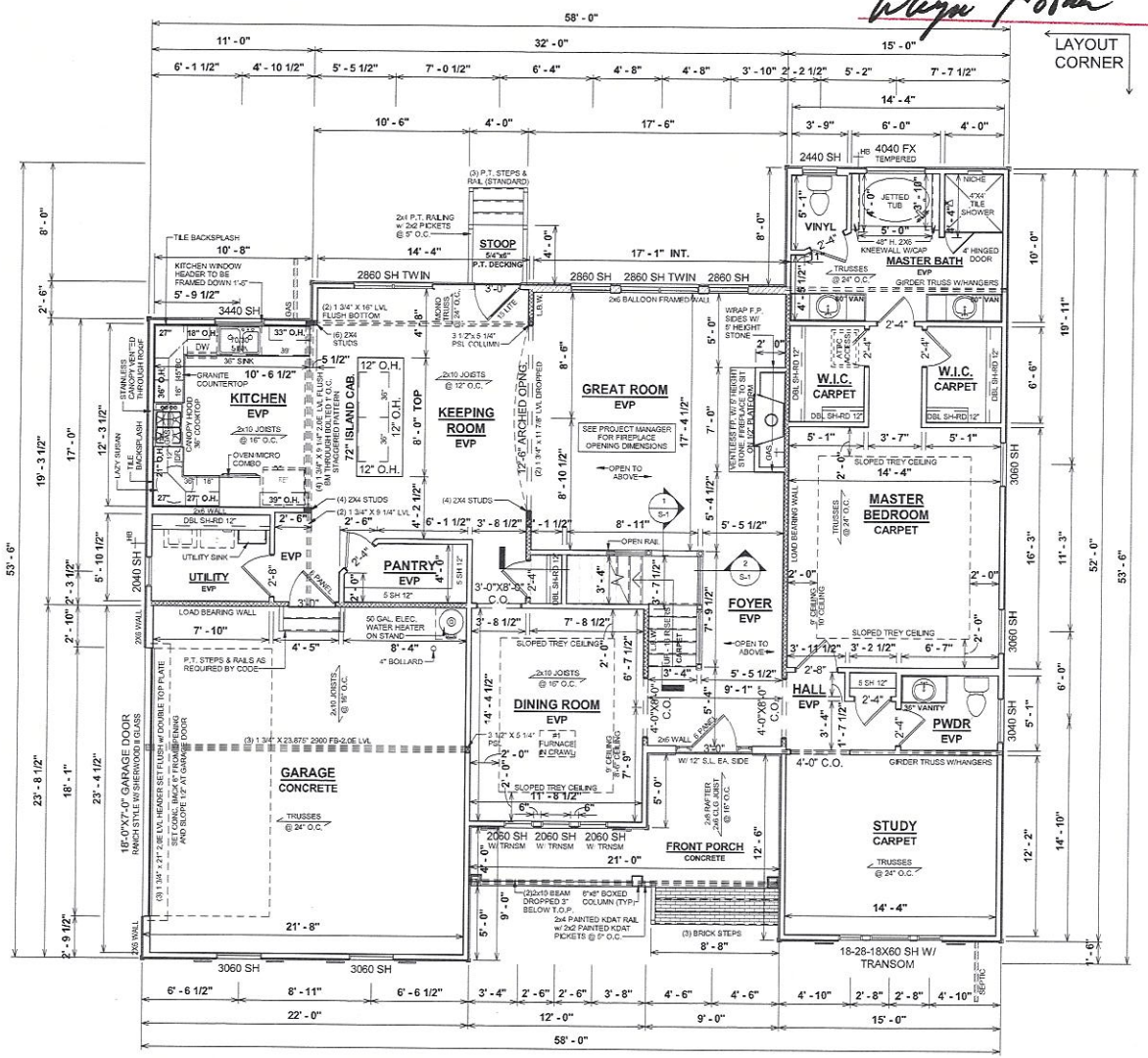
Authorization to Construct by: STEVE HENDRICK date 9-26-03 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Acknowledgement Of
Plans Submittal ONLY!

Matt Wilkin Date 6/15/22

Wayne Hooker Date 6/17/22



1 FIRST FLOOR PLAN- CONSTRUCTION
1/8" = 1'-0"

GENERAL NOTES

- MIN. 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- MIN. 8'-1 1/8" CEILING HEIGHT ON SECOND FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED IN FRONT
- STANDARD SECOND FLOOR WINDOW HEADERS TO BE FRAMED DOWN 1'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- ALL CLOSET SHELVES TO BE 16" U.N.O.
  HEIGHT OFF FLOOR:
  SINGLE - 68"
  DOUBLE - 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AN LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH

SPECIAL NOTES

- EVP LEVEL 2 ILO HARDWOOD (GREAT ROOM AND DINING ROOM)
- VENT RANGE HOOD TO EXTERIOR
- GRANITE COUNTERTOP IN KITCHEN & MARBLE COUNTERTOP IN ALL BATHS
- GUTTERS BY OWNER
- SOFT CLOSE DOORS AND DRAWERS
- UPGRADE ALL INTERIOR DOORS TO LEVEL 2, SANTA FE STYLE
- UPGRADE DOOR HANDLES TO LEVERED
- UPGRADE TO 36" GAS COOKTOP AND KITCHENAID DW KKDTM604KPS
- (2) PAINT - ADDITIONAL COLOR

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

Revision Schedule		
Revision Number	Revision Description	Revision Date

AREAS:	
FIRST FLOOR HEATED	1,959 SF
SECOND FLOOR HEATED	895 SF
	2,854 SF
GARAGE	521 SF
FRONT PORCH	129 SF
	650 SF
TOTAL UNDER ROOF	3,504 SF
STOOP	16 SF
TOTAL UNCOVERED	16 SF

THE WELLINGTON-NC MODERN FARMHOUSE
FOR: CORRALES, YEISON NATHAN & HAZEL
181 BLUEBERRY HILL ROAD
STATESVILLE NC, 28625
OFFICE: STATESVILLE, NC
SOLD BY: J. SCHOOLEY

JOB# 87-22-003
2x4 EXTERIOR WALLS
FOUNDATION TYPE: CRAWLSPACE

DRAWN BY: A.P./ DANIEL A.
CHECKED BY: JS
PRINT DATE: 6/23/2022 11:47:38 AM

PROPERTY OF: AMERICA'S HOME PLACE
©COPYRIGHT - 2020

SHEET NUMBER: F-2
FIRST FLOOR PLAN

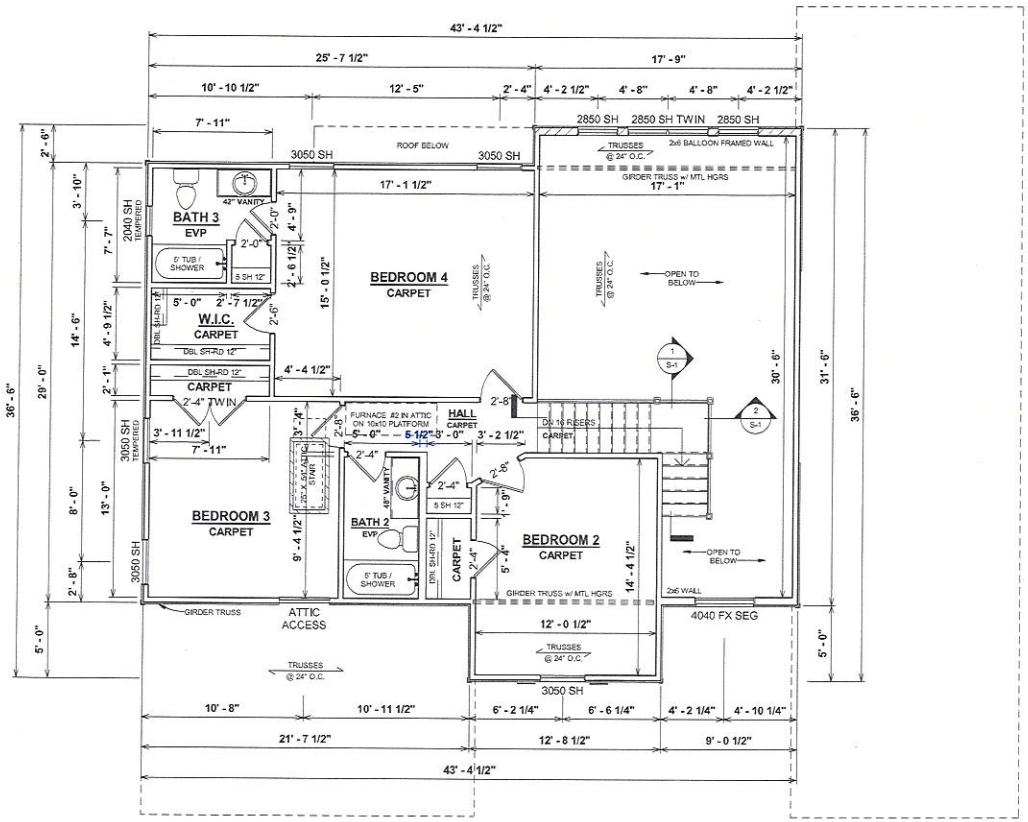
TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
©COPYRIGHT-ALL RIGHTS RESERVED NOTE:VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Date 6/13/22

Date 6/14/22



1 SECOND FLOOR PLAN- CONSTRUCTION
1/8" = 1'-0"

Revision Schedule		
Revision Number	Revision Description	Revision Date

AREAS:	
FIRST FLOOR HEATED	1,959 SF
SECOND FLOOR HEATED	895 SF
	2,854 SF
GARAGE	521 SF
FRONT PORCH	129 SF
TOTAL UNDER ROOF	650 SF
	3,504 SF
STOOP	16 SF
TOTAL UNCOVERED	16 SF

THE WELLINGTON-NC MODERN FARMHOUSE
FOR: CORRALES, YEISON NATHAN & HAZEL
181 BLUEBERRY HILL ROAD
STATESVILLE NC, 28625
OFFICE: STATESVILLE, NC
SOLD BY: J. SCHOOLEY

DRAWN BY: A.P./ DANIEL A.
CHECKED BY: JS
PRINT DATE: 5/23/2022 11:47:38 AM
JOB# 87-22-003
2x4 EXTERIOR WALLS
FOUNDATION TYPE: CRAWLSPACE
PROPERTY OF:
© COPYRIGHT - 2020

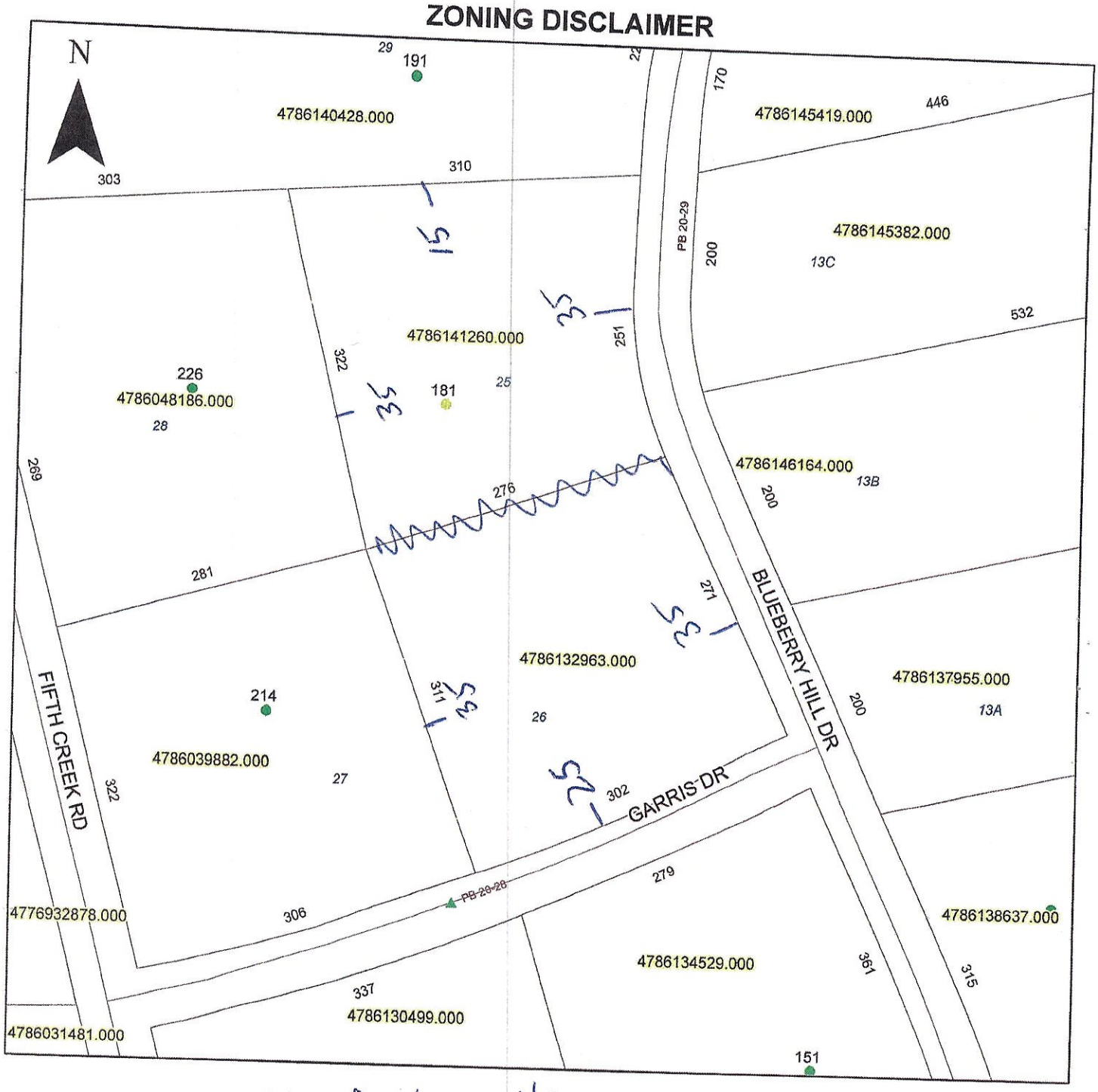
SHEET NUMBER: F-3
SECOND FLOOR PLAN

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%
FINAL CONSTRUCTION PLANS

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
©COPYRIGHT-ALL RIGHTS RESERVED NOTE:VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

ZONING DISCLAIMER



Property Address 181 Blueberry Hill Dr.

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.

Wayne Hook
Applicant

5/3/22
Date