ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322606

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

PIN # 4801 -- 91 -- 1745

APPLICANT/OWNER: Jennifer Combs APPLICANT ADDRESS: 1226 Elk Shoals Ch Lp, Stony Point

SITE ADDRESS: 919 Brookhaven Rd, Statesville 28625 PHONE: 336-466-3586 ALT. PHONE –

SITE DIRECTIONS: Hwy 115 - Mountain View - Brookhaven SAP CONTROLLED: ☐ YES ☒ NO

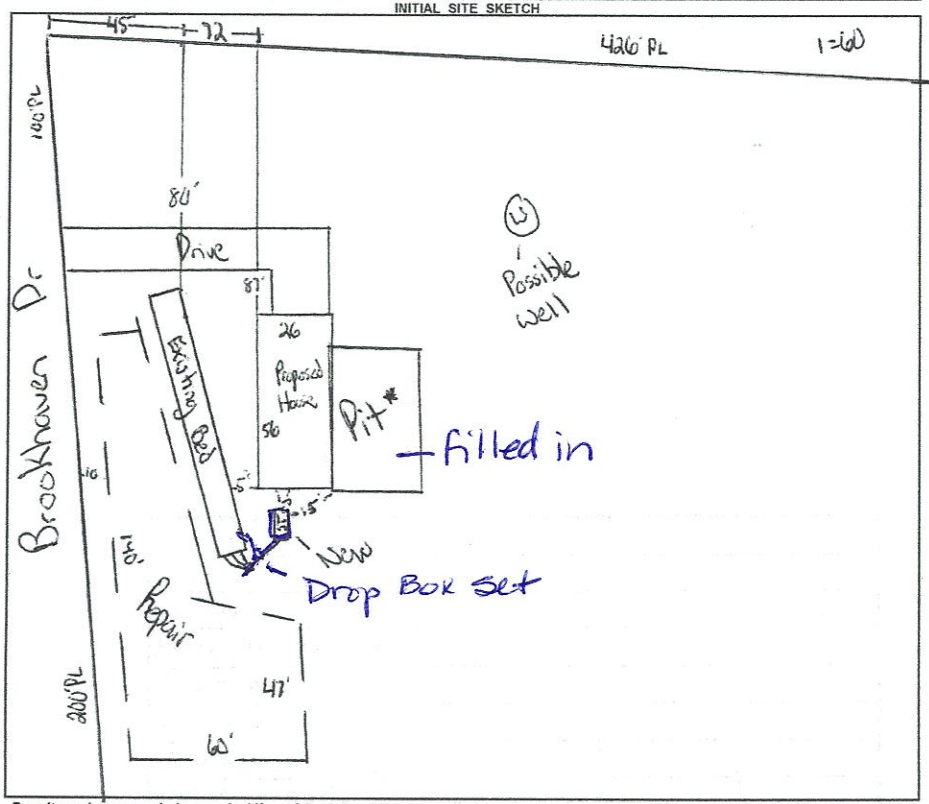
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 2.94 acres DESIGN FLOW: 240 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal)	STB GST 1160	Date 5/4/22	☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank (gal)	PT	Date	System Description: Existing Bed (New Tank)	☐ Business	No. Persons	4	☒ Private
Pump Make	Model	Serial #	Repair System Description: 50% reduction (HPPBPS)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width EXISTING	Trench Bottom Depth(Low side)	Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Replace distribution if necessary. Keep house a minimum of 5 feet from the septic. Do not install foundation drains around the house.

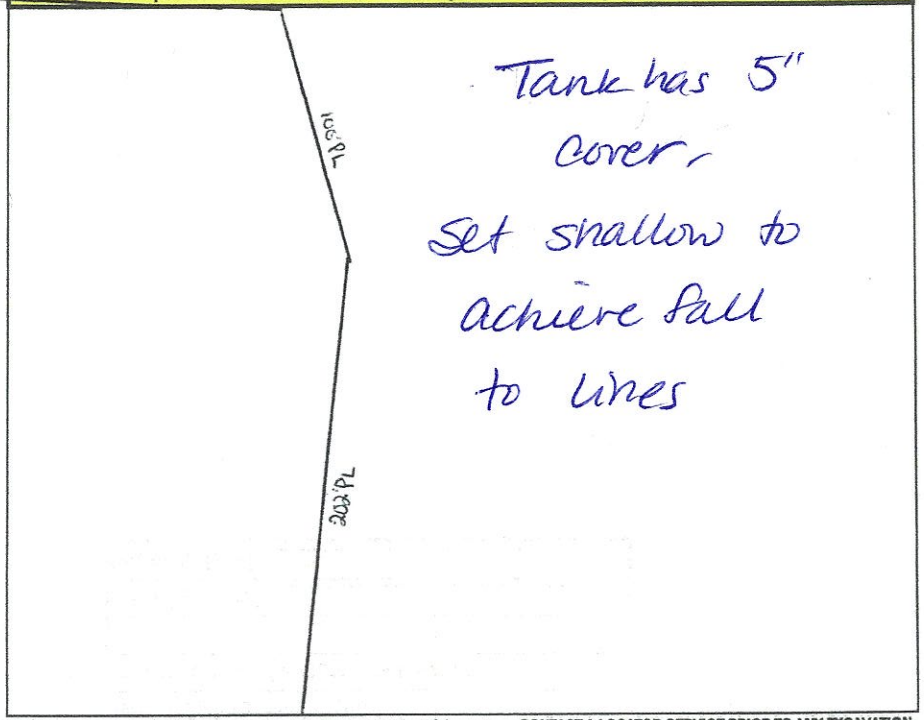
* pit from removal of basement home that was demolished (open for 19yrs or more)

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: Jennifer Combs Date: 12/13/21 Installed by: Barnes Backhoe & Grading

IMPROVEMENT PERMIT by: Cay Whitt Date: 12/7/21 OPERATION PERMIT by: D. Inscoe Date: 6/30/22

AUTHORIZATION TO CONSTRUCT by: Cay Whitt Date: 12/8/21 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 #: 480191174
COUNTY: Iredell

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

OWNER: Jennifer Combs
ADDRESS: 1226 Elk Shoals Ch Lp
PROPOSED FACILITY: 2 bd/r home
LOCATION OF SITE: 919 Brookhaven rd, Statesville

APPLICATION DATE 10/27/21
DATE EVALUATED: 11/30/21
PROPOSED DESIGN FLOW (.1949): 240 gpd
PROPERTY SIZE: 2.94 acres
PROPERTY RECORDED: yes

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) 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	Side	0 - 14	SCL SBK	SS SP FR SE	—	43	SAP inc in CL layer		.3 PS Shallow
		14 - 30	C SBK	SS SP FR SE					
		30 - 43	CL SBK	SS SP FR SE					
		43+	ROCK						
2	Linear	0 - 13	SCL SBK	SS SP FR SE	Yellow/Brown thru out	40	N/A	N/A	.25 Shallow
		13 - 32	C SBK	SS SP FR SE					
		32 - 40	CL SBK	SS SP FR SE					
		40+	Rock						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EX	~~50%~~ PS
System Type(s)	EX	50%
Site LTAR		.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

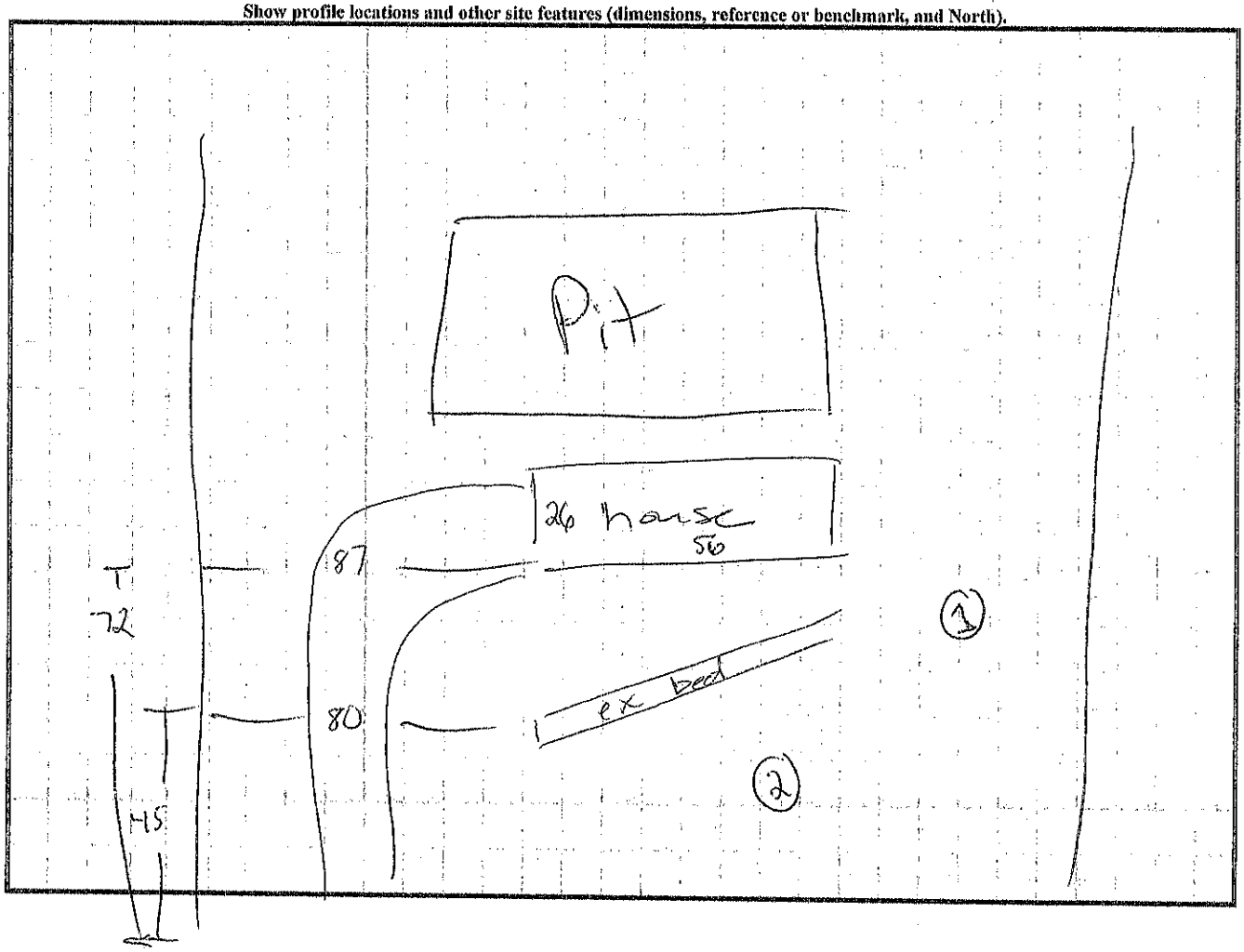
NOTES

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).



Brookhaven

RECEIVED OCT 27 2021

CW

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT AP-322606 $500.00

(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 #
Jennifer Combs	1226 Elk Shoals Ch Lp, Stony Point NC, 28678		336-466-3586
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Randy Goforth	180 Beagle Rd, Statesville NC 28625		704-876-9508

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
919 Brookhaven Rd, Statesville 28625	N/A	N/A

Driving Directions: Follow Hwy 115 towards Wilkes County, slight left onto Mountain View Rd, turn left onto Brookhaven Rd, lot is 0.6 miles upon left between 909 + 929 Brookhaven.

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 old system
( ) Other

Maximum Number of Bedrooms 2 2C
Maximum Number of Occupants 4
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 ___
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** [redacted] 2C
Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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:** [signature] 10-25-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Randy Gosorth, am the legal owner of the property located at 919 Brookhaven Rd, Statesville NC identified as PIN(Parcel Identification Number) 4802911745.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Jennifer Combs, Combs Properties, LLC, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner _____ Date 10-25-21

Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

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

or

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

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:

__√__ Property Line measurements are clearly identified... **__√__ 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

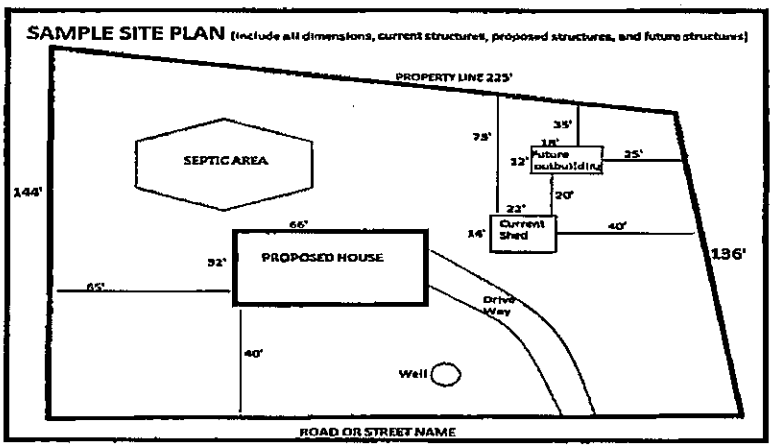
____ Front and side setbacks from property line... **__√__ Preferred driveway location and configuration, preferred well location...**

__√__ Area you prefer your septic system to be placed... **__√__ North arrow, or other sufficient indicator of direction...**

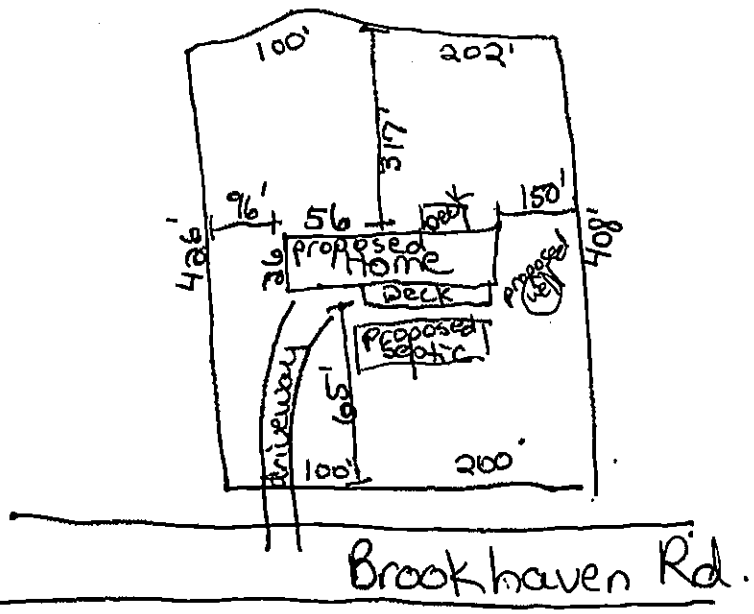
Circle N/A on the following if appropriate:

____ 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



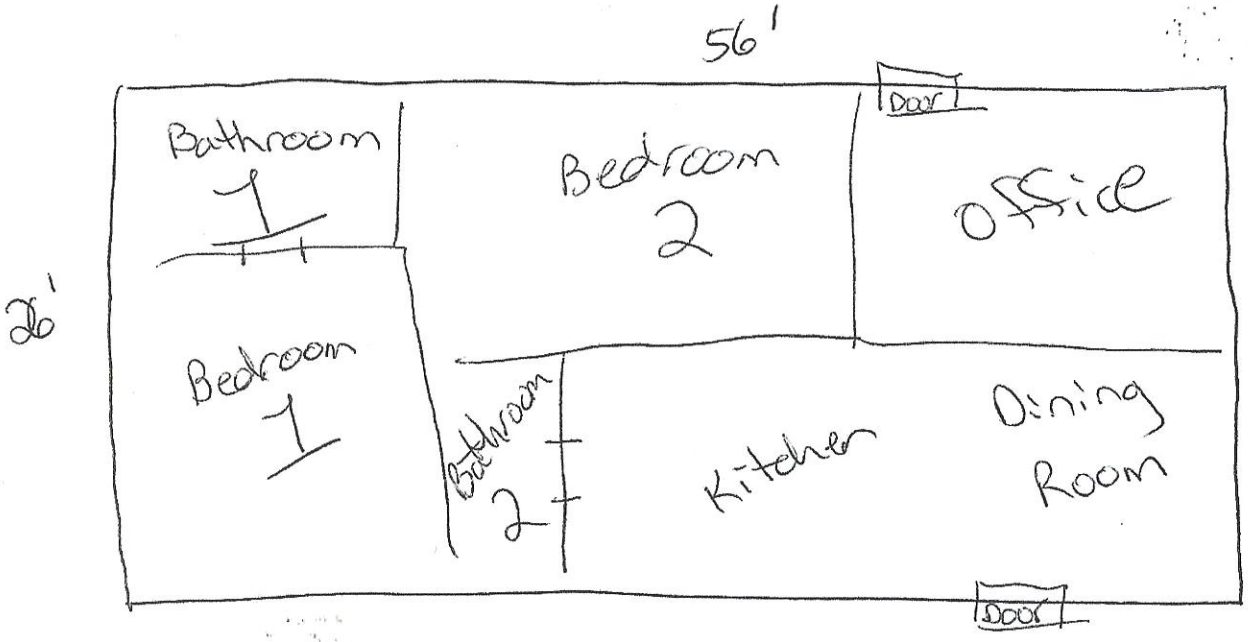
Signature: Jennifer Lee — 10-25-21

REQUIRED property owner or owner's legal representative signature. — DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 12/8/21

Date 12/8/21



IREDELL COUNTY · NC

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

APPLICATION NUMBER
322606 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4801911745.000	919 BROOKHAVEN RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: GOFORTH RANDY J+MARSHA	Name: JENNIFER COMBS
Address:	Address: 1226 ELK SHOALS CH LOOP
,	STONY POING , NC 28678
Phone:	Phone: (336)466-3586

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.94	35	35	15	15	SWIV-PA South Yadkin	NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

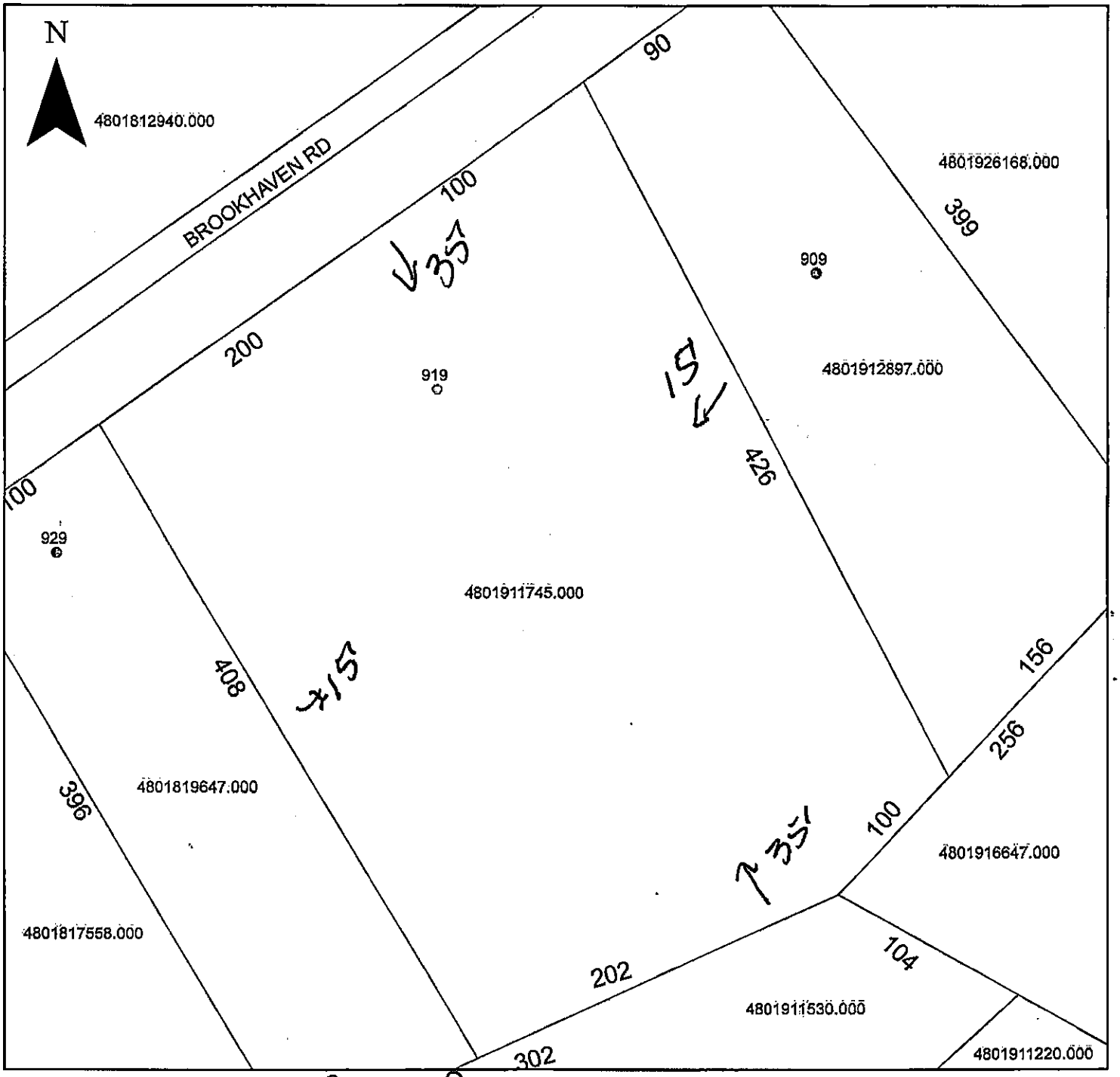
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 10/26/2021

Signature of Owner/Contractor

Permit Number	322606	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 919 Brookhaven

2.94

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

10-26-21

Date