IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245510

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

PIN # 4803776857

APPLICANT/OWNER: Lee Martins & Terri Gore APPLICANT ADDRESS: 2221 Hwy 83 Hartland WI 53029

SITE ADDRESS: 132 Stoney Creek Ln Union Grove NC 28689 PHONE: 704-239-3693 ALT. PHONE -

SITE DIRECTIONS: N 115 L on Taylor Springs L on Lowes Mill R on Oak Hollow L Hillsdale R Stoney Creek SAP CONTROLLED: ☐ YES ☒ NO

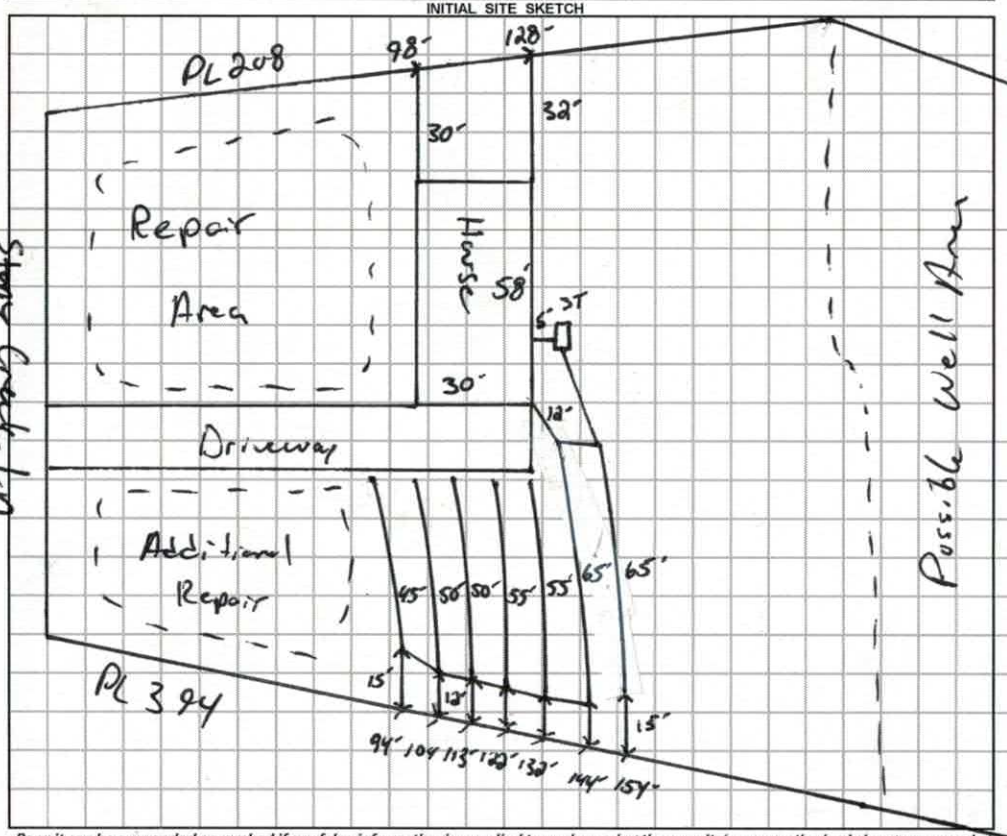
SUBDIVISION: Oak Hollow SECTION: - LOT # 4 LOT AREA: 1.78 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	5-4-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	7		Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(~~Low side~~)		Max 30"	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: Install Drainline on Contour of land use serial Distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

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: Deena Abbe Date: 6-21-19 Installed by: Abbe Grading

IMPROVEMENT PERMIT by: [signature] Date: 6-20-19 OPERATION PERMIT by: [signature] Date: 7-30-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-20-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4803776857
COUNTY: Iredell

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

OWNER: Lee Martins + Terrie Crane
APPLICATION DATE: 5-22-19
ADDRESS: 132 Stony Creek Ln Harmony NC
DATE EVALUATED: 6-19-19
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.78 Acres
LOCATION OF SITE: 132 Stony Creek Ln, Harmony NC
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) .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	SS 32	0-10	SBk SCL	Fr SSSP Serp	10yr 6/2 @ 38"	48"	N/A	Water Paring in	.25 Shallow PS
		10-34	SBk C	Fr SSSP Serp					
		34-48	ABk CL	Fr SSSP Serp					
2	SS 32	0-9	SBk SCL	Fr SSSP Serp	Few 4/8 Motts @ 36"	48"	N/A	Water Coming In	.25 PS
		9-27	SBk C	Fr SSSP Serp					
		27-48	SBk CL	Fr SSSP Serp					
3	SS 32	0-9	SBk SCL	Fr SSSP Serp	4/8 Motts @ 43"	48"	N/A	N/A	PS .25
		9-28	SBk C	Fr SSSP Serp					
		28-48	SBk CL	Fr SSSP Serp					
4	SS 32	0-6	SBk SCL	Fr SSSP Serp	10yr 6/2 @ 45"	48"	N/A	N/A	PS .25
		6-33	SBk C	Fr SCSP Serp					
		33-48	SBk CL	Fr SSSP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360"	360"
System Type(s)	2SC	2SC
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bagby
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.

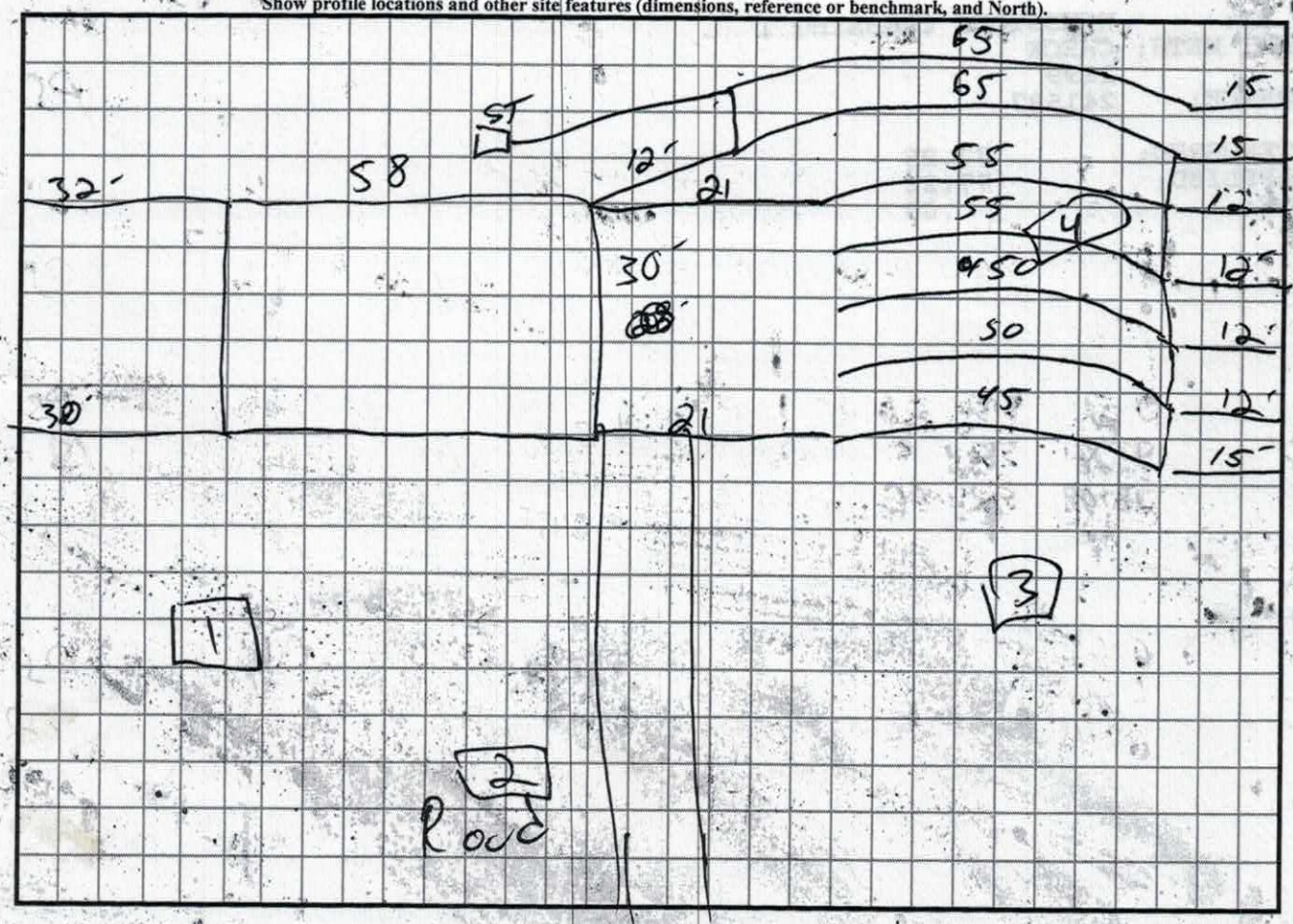
NOTES

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).



JB

RECEIVED JUN 1 0 2019

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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)

~~245410~~

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

245510 Paid $500.00

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Deena Abee

Lee Mertins & Terri Gore	2221 Hwy 83 Hartland, WI 53029		704-239-3693
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

132 Stoney Creek Ln.	Oak Hollow	Lot #4
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: N 115 - R Taylor Springs R Linneys Mill R Oak Hollow R Hillsdale R Stoney Creek - lot #3 on right.

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

(X) 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 3
If Expansion, Current Number of Bedrooms ___

(X) 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:

(X) 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 ___ *Year*

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

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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.

PAID
15977
6/10/19

9. Signature: Deena Abee
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/22/19
DATE

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*

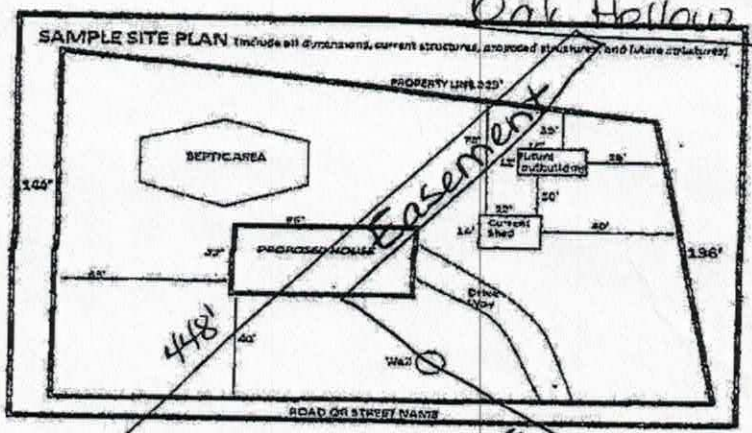
X **Front and side setbacks from property line...** X **Preferred driveway location and configurstion, preferred well location...**

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:

X **Location of septic systems and wells within 100' of your property... N/A**

X **Location of easements and rights of ways on your property... N/A** **Location of any designated wetlands on the property... N/A**



Oak Hollow Rd

140'

USE THIS SPACE TO DRAW YOUR SITE PLAN

well area

68'

208'

25'

42'

Septic

394

85'

Septic area

Drive

140'

Stoney Creek Lane

Signature: Debra Little

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

5/22/19

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Terri L. Gore or Lee Merkins, am the legal owner(s) of the property located at 132 Stoney Creek Ln, identified as PIN (Parcel Identification Number) 4803776857, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Dena Abee, 1st Choice Housing, 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.

Terri L Gore 05/10/19 — 05/10/19

Signature of Owner(s) Date Signature of Witness Date

Lee A. Merkins

Terri L Gore

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

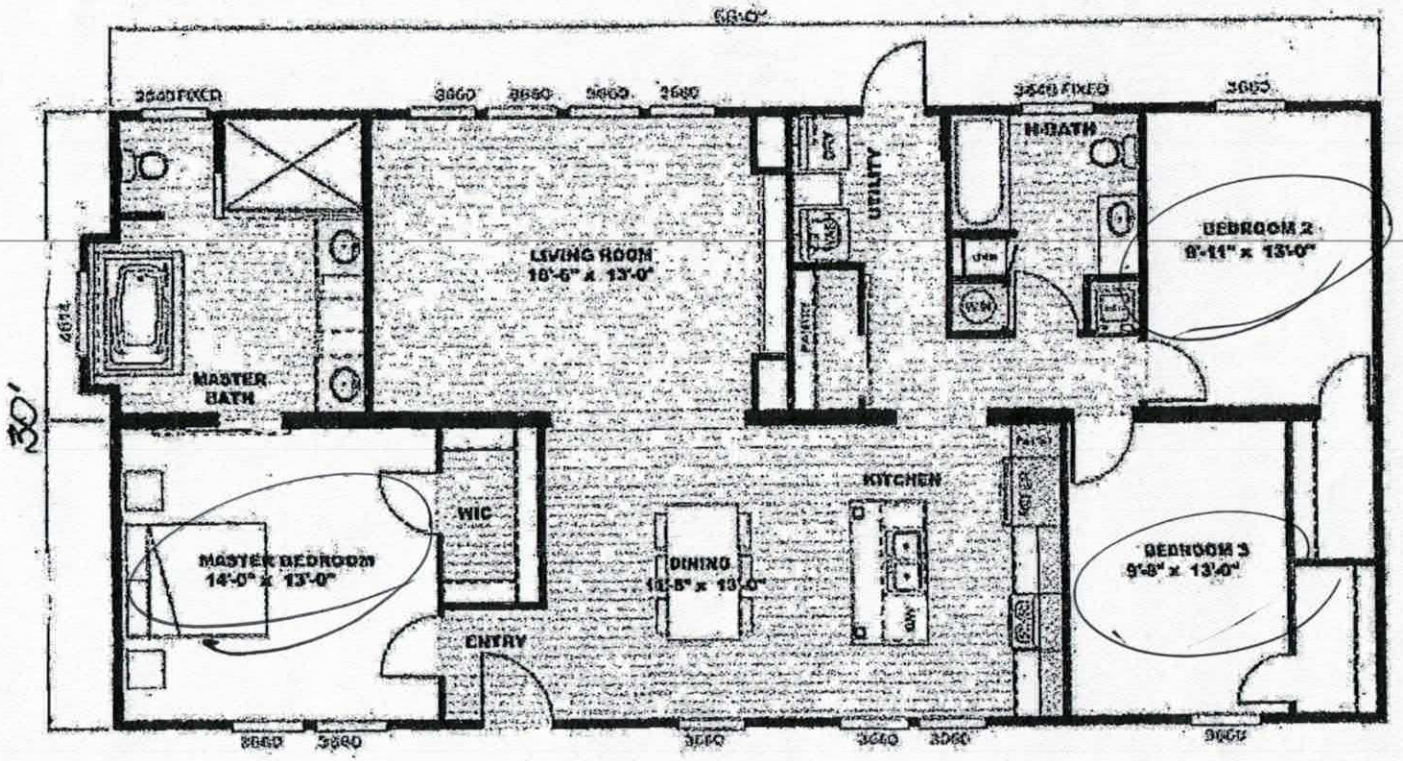
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Terri Dore

Acknowledgement Of
Plans Submittal ONLY!

Debra Abel Date 6/20/2019

Date 6-20-19



IREDELL COUNTY

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

APPLICATION NUMBER
245510
Issue Date: 06/10/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4803776857.000	132 STONEY CREEK LANE, UNION GROVE, NC 28689	

Owner Information	Applicant Information
Owner: HARKINS JAMIE L	Applicant: 1ST CHOICE HOUSING INC
Address: 323 HILLSDALE RD	Address: 16507 NORTHCROSS DR SUITE G
UNION GROVE, NC 28689	HUNTERSVILLE, NC 28078
Phone:	Phone:

FILE COPY

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.780	35.00	35.00	15.00	15.00	NOT	X

Remarks:

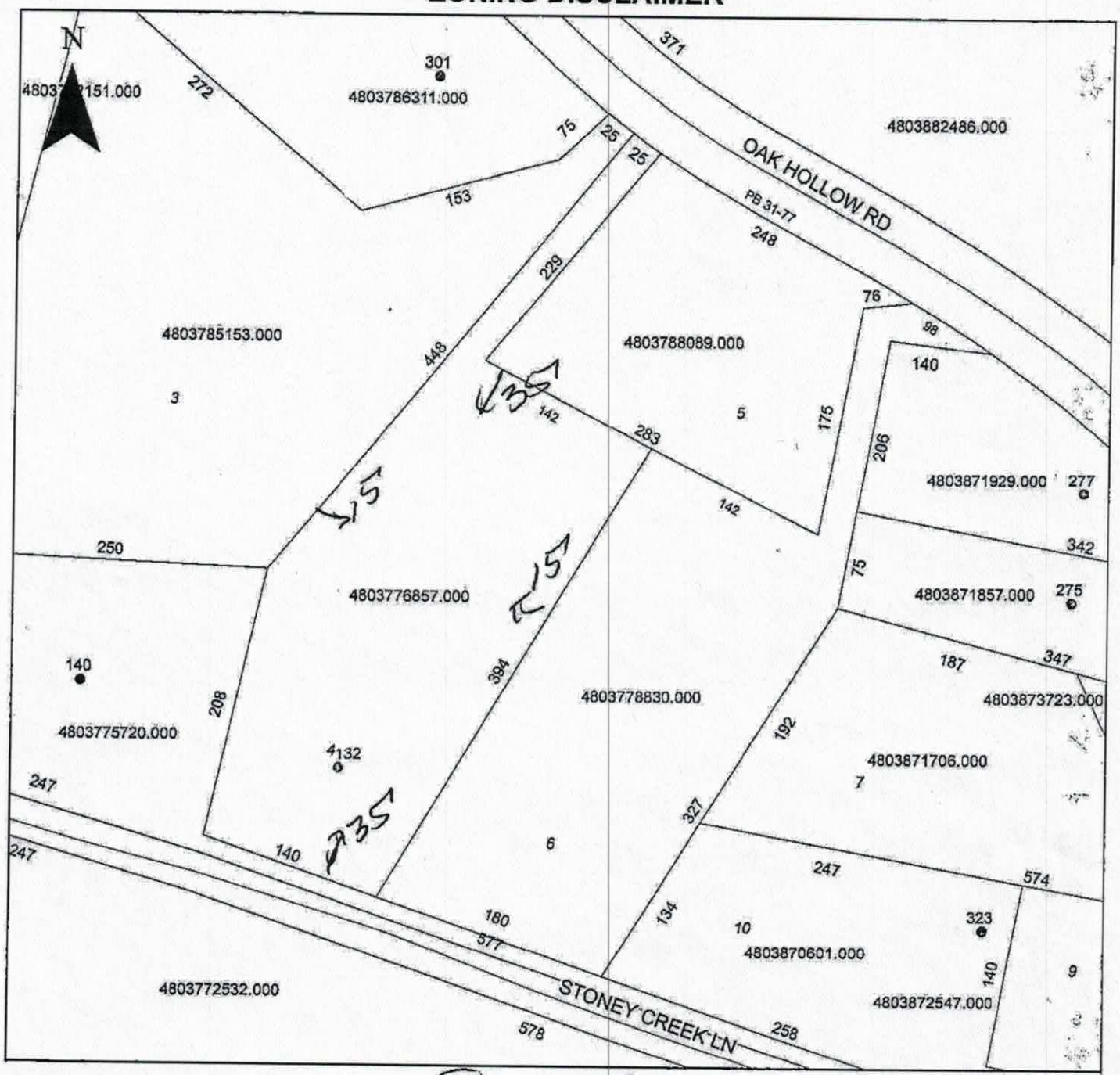
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V59778
MH 6/10/19

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: See Attached Date: _____

Permit Number	180462	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 132 Stoney 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.

Deena Alree
Applicant

6/10/19
Date