IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233233

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

PIN # 4803844081

APPLICANT/OWNER: Denali Home Builders APPLICANT ADDRESS: 1270 Northside Drive Statesville NC

SITE ADDRESS: 119 Hillsdale Rd Union Grove NC 28689 PHONE: ~ ALT. PHONE ~

SITE DIRECTIONS: Hwy 115 N to Linneys Mill Rd (R) on Hillsdale SAP CONTROLLED: [X] YES [ ] NO

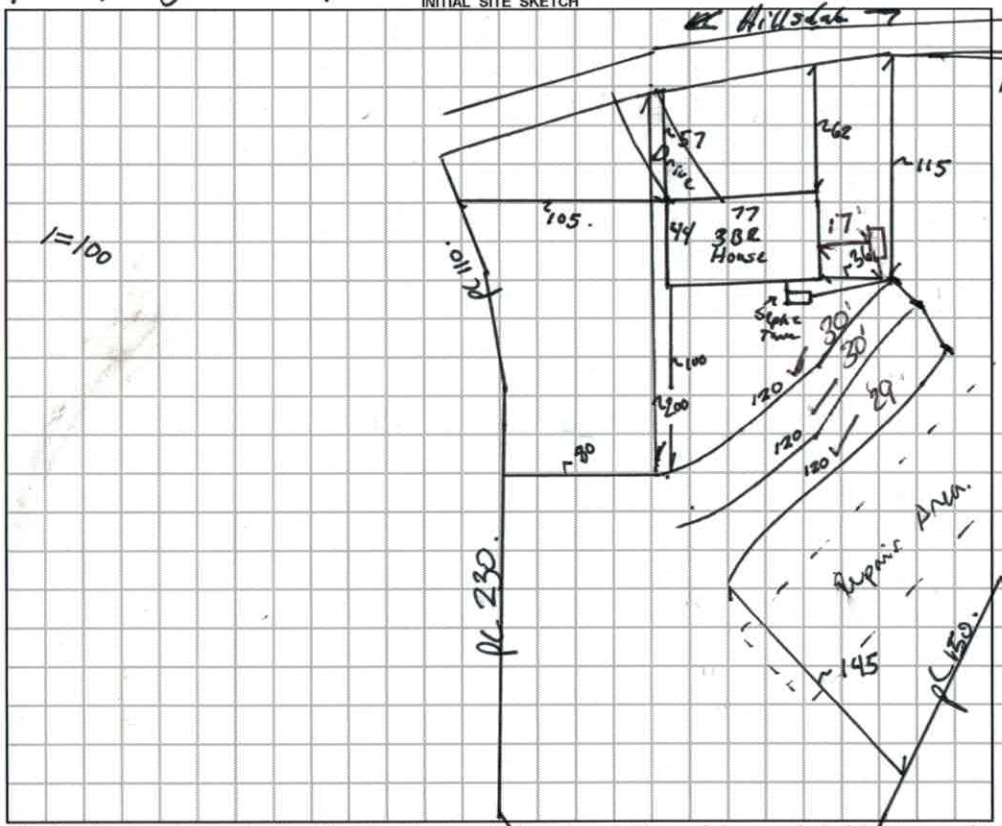
SUBDIVISION: Brushy Mountain Acres SECTION: ~ LOT # 6 LOT AREA: 4.71 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Infiltrator	Date	Infiltrator	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	~	(gal)	PT	-	Date	-	System Description:	25% Reduction	[ ] Business	No. Persons	6	[X] Private
Pump Make	~	Model			Serial #		Repair System Description:	25% Reduction	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	3		Linear Ft	360	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	36	Trench Bottom Depth(Low side)		28 inches.	Gravel Depth	~	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing		[ ] Basement w/o plumbing	

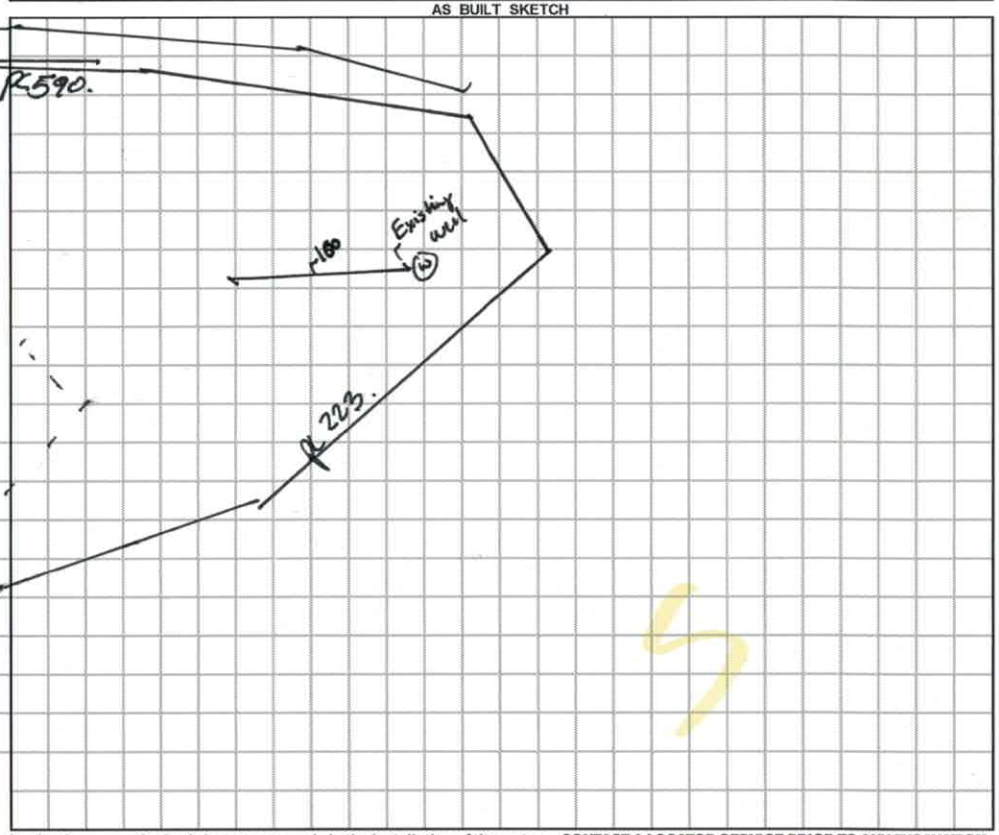
Comments / Conditions: Install Septic drainlines on the contour of the land utilize Serial distribution. Do not exceed max depth 36 inches High side. Do not Drive pasts, pave, grade or buy utilities in drainfield Area.

Installed as permitted.

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **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: 2/21/18 Installed by: Chris Frye

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 2/21/2018 OPERATION PERMIT by: Carter C. Cave Date: 8/28/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 2/21/2018. 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 #: 4803944081
COUNTY: Iredell

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

OWNER: Darrell Howe Brothers
ADDRESS: 1270 Northside Drive SLK
APPLICATION DATE: 2/6/19.
DATE EVALUATED: 2/15/19
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd.
PROPERTY SIZE: 4+ Acres
LOCATION OF SITE: 119 Hillsdale
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	18% R	0-9	S CL	SS SP FR SEAP	2.5Y4/6.	36.	-		2.5 30" mn conc
		9-28	SBK C WABK	SSP FM					
		28-36	WSB CL	SS SP FR					
		36-60	L SAP M	NS NP VFR					
2	15% TX	0-4	SCL	SS SP FR SEAP	" "	30	-		PS.
		4-20	C	SS SP FM					
		20-30	CL	SS SP FR					
		30-60	LSAP	NS NP VFR					
3	15% TX	0-5	SCL	SS SP FR SEAP	" "	62.	-	mn conc Litho Models	PS .3.
		5-26	C SBK	SS SP FM					
		26-62	SCL	SS SP FR					
4	15% R	0-6	SCL GR	SS SP FR SEAP	" "	43.	L		PS PS .3.
		6-29	C SBK	SS SP FM					
		29-43	CL WSBK	SS SP FR					
		43-60	L SAP M	NS NP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 L.F.	360 L.F.
System Type(s)	25% Rep III	25% Rep III
Site LTAR	.25	.25

OTHER FACTORS (.1946): ~
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Butler
OTHER(S) PRESENT: Boggs.

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

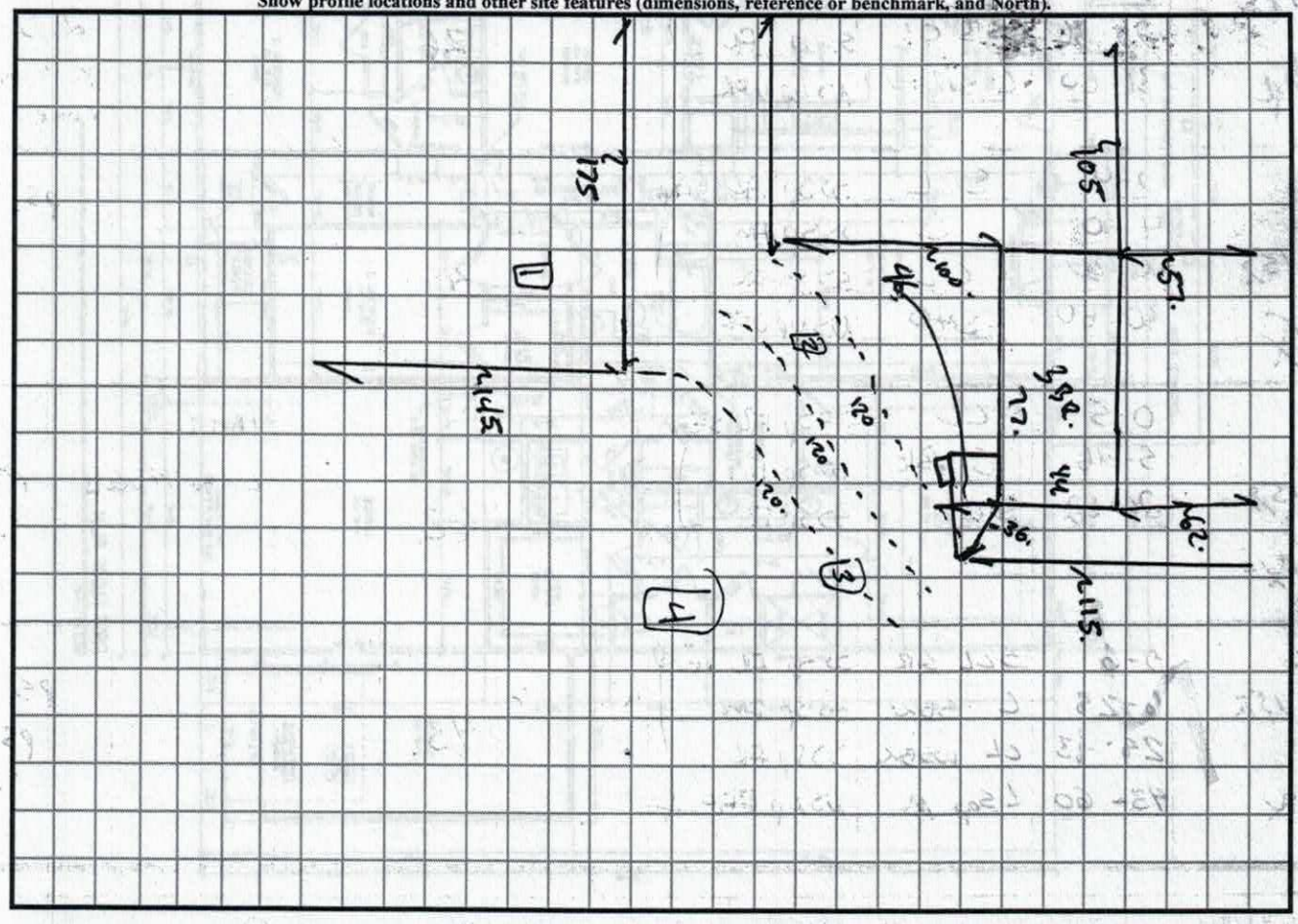
NOTES

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/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



29.
53.

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: Denali Home Builders Address: 1270 Northside Drive Zip: 28625

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: James Bishop Address: 119 Hillsdale Rd Union Grove Zip: 28689

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 119 Hillsdale Rd Union Grove NC 28689

Subdivision Name: Brushy Mountain Acres Section/Phase: _____ Lot Number: 6

Driving Directions: Hwy 115 North to (L) Lennys Mill Rd (R) on Hillsdale

PAID Nth 2/6/18 V0485

Site Development Information: *(check or complete ALL that apply* ~~CHECK FOUNDATION TYPE~~

(X) New Single Family Residence	Maximum Number of Bedrooms: 3	( ) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants: 4	( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	(X) Basement with Plumbing
( ) Bedroom(s) Addition	( ) Other Addition/Structure: _____	( ) Basement without Plumbing

( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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 (X) Existing Well If usable ( ) 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 (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?

( ) Yes (X) 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: _____ 2/6/18

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

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

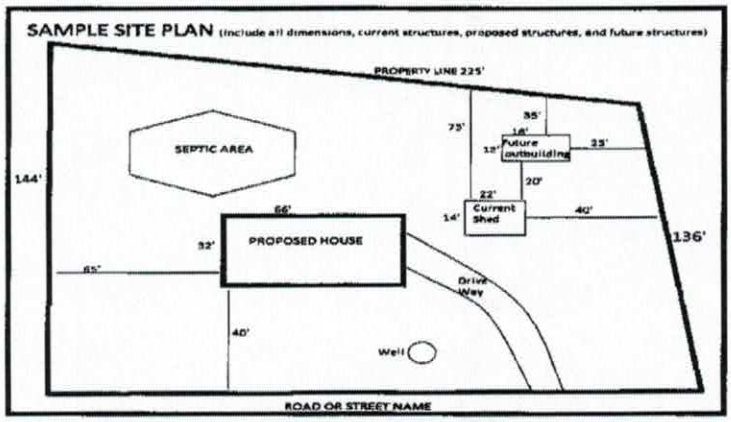
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...

____ Area you prefer your septic system to be placed... X North arrow, or other sufficient indicator of direction...

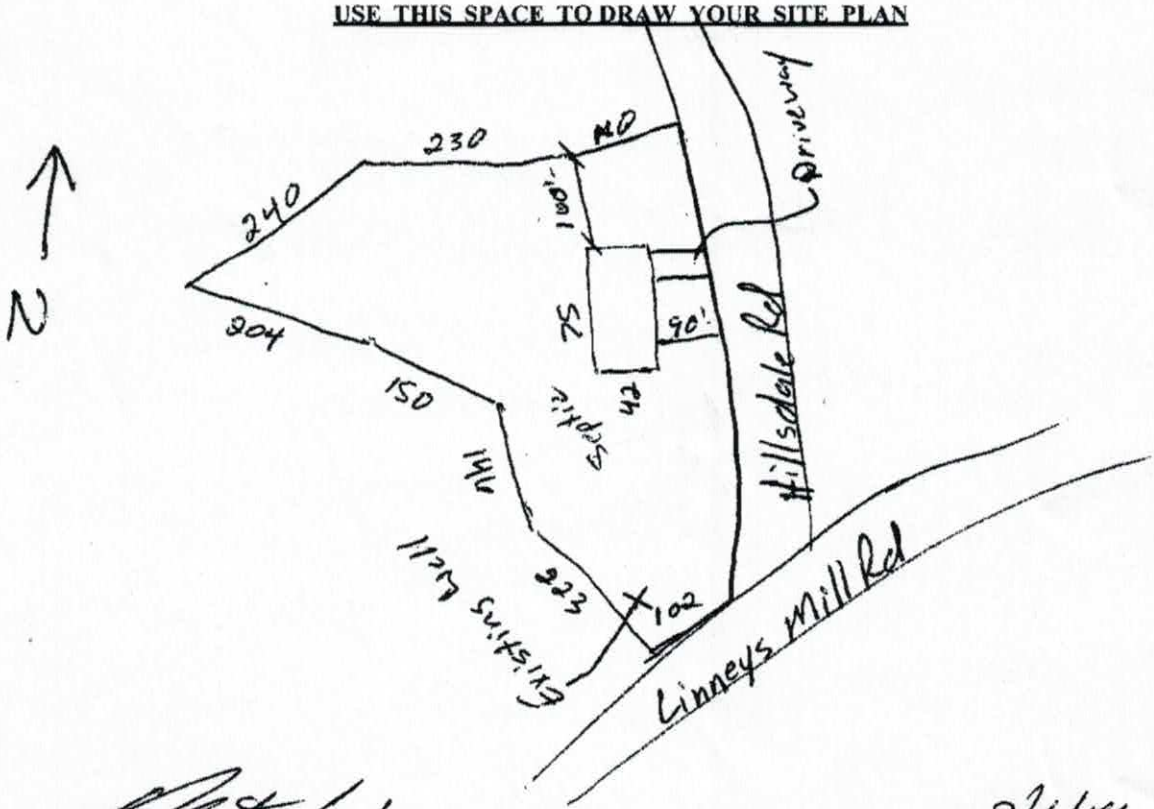
Circle N/A on the following if appropriate:

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

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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: [signature] 2/6/18

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528

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

PERMIT# 14915 PIN# 4803-84-4081 DATE 2/

OWNER OR APPLICANT Benjamin Conklin PHONE: Business 704-437-0501 Home 704-663-19

ADDRESS 126 Mattin Dr. Mooresville, N.C.

LOCATION W. Rosboro Hwy, TL Linney Mill Rd. Corner of Hillsdale & Linney Mill Rd. 430

SUBDIVISION Brush Mtn Acres BLOCK / SECTION ____ LOT 6 LOT AREA 4.7 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model 1600 Serial No. 40D

Nitrification Field: No Fields 1 Square Feet ~~1600~~ Linear Feet ~~800~~

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

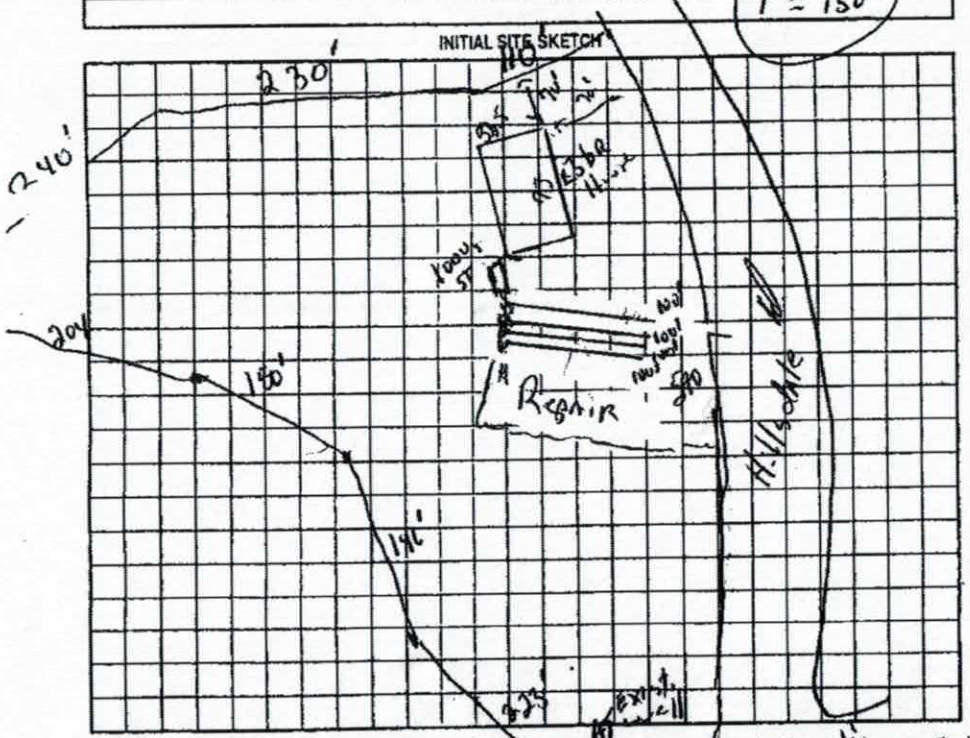
☐ Other

☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ B

Comments/Conditions: Follow contour / use 4drop-boxes

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

EXPIRED
7-1-16 (SL 2015-286)

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

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

Signed: ____ date 5-16-07 Installed by: ____

Improvement Permit by: ____, R.S. date 8 May 07 Operation Permit by: ____ dat

Authorization to Construct by: ____, R.S. date 2 May 07 Existing System Inspection by: ____ dat

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

)f

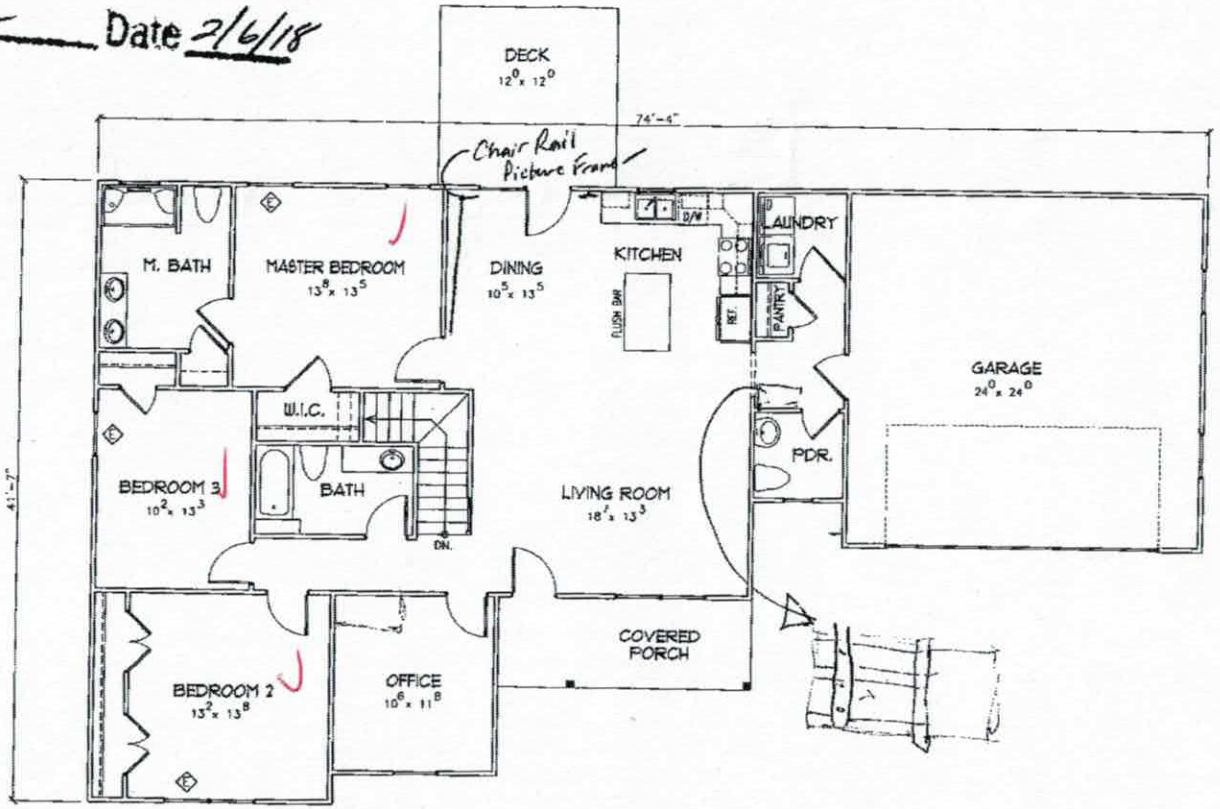
ai ONLY!

Date 2/21/2017

Date 2/6/18

PRELIMINARY

PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION



TES

ENSIONS ARE TO OUTSIDE OF
E WALL, C.M.U. WALL, VENEER
& CURTAIN WALL OR OUTSIDE
STUD.
FINISHES ARE ASSUMED.
U.N.O. VERIFY ALL DIMENSIONS
CONSTRUCTION.

WALLS ARE TO BE 2X4,
UNLESS NOTED OTHERWISE

WALLS ARE TO BE 2X4,
UNLESS NOTED OTHERWISE

N WALLS TO BE ASSUMED
U.N.O.

ATES CONCENTRATED LOAD
OVE. PROVIDE SOLID BLOCKING
STUDS) AT ALL LOCATIONS
TRANSFER

ORS 5" FROM CORNER
PLICABLE, PER PLAN

STRIP ALL DOORS OR
INTO ATTIC OR NON HEATED

TES THAT THE WINDOW
MEET EGRESS
ITS PER LOCAL BUILDING
WINDOW MANUFACTURES
UAL FOR FURTHER DETAILS.

DENALI
HOME BUILDERS
1270 Northside Drive
Statesville, NC
(704) 872-1551

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BISHOP RESIDENCE

ADDRESS LINE ◆ ADDRESS LINE

MAIN LEVEL PLAN

SQUARE FOOTAGE	
MAIN LEVEL	1,703 S.F.
UN-FIN. BASEMENT	1,162 S.F.
FRONT PORCH	102 S.F.
GARAGE	577 S.F.
TOTAL HEATED -	1,703 S.F.

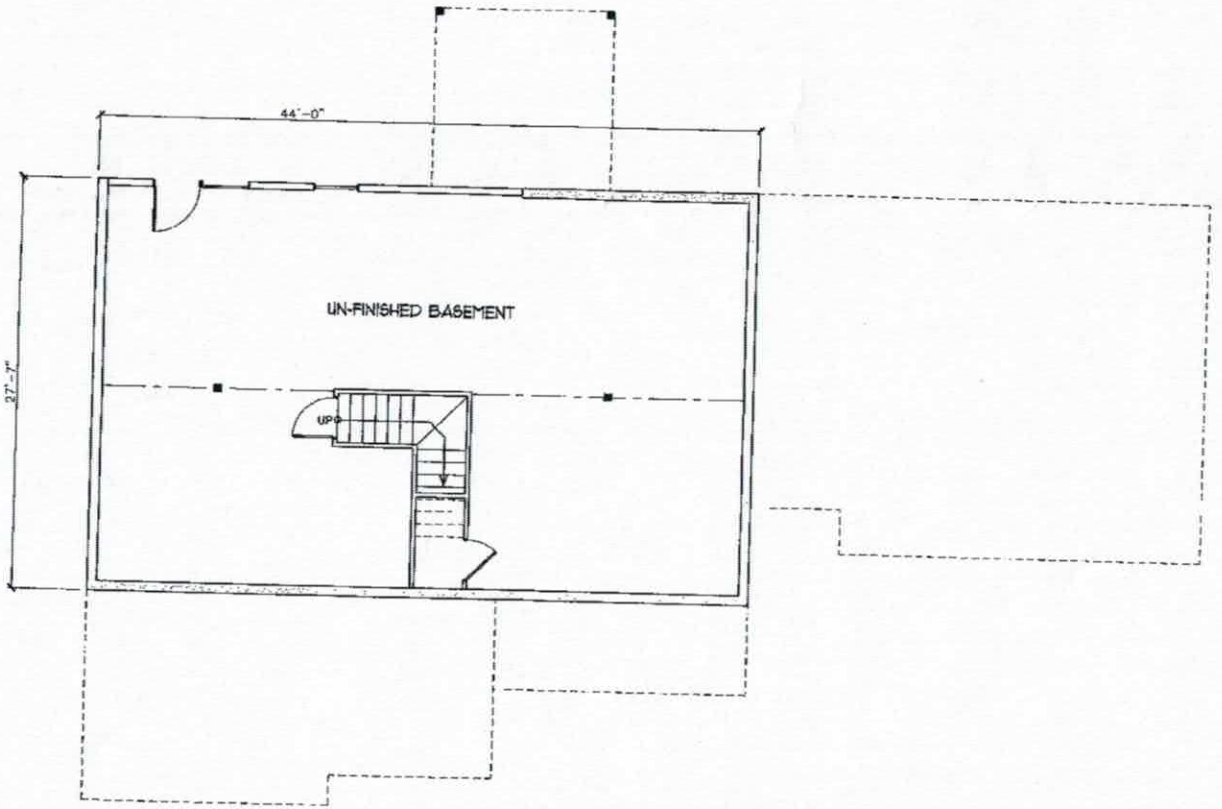
DRAWN BY:
DOUG GAITHER
DESIGN NO:
DH-2017-175
SCALE:
1/8" = 1'-0"
BASE PLAN:
WHITTIER
REVISION:

MANAGER
KENT JACKSON
DATE DRAWN:
12/19/17

B2.2

Date 2/6/18

PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION



DENALI
HOME BUILDERS
1270 Northside Drive
Statesville, NC
(704) 872-1581

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BISHOP RESIDENCE
ADDRESS LINE ◆ ADDRESS LINE

FOUNDATION PLAN

SQUARE FOOTAGE	
MAIN LEVEL	1,703 S.F.
UN-FIN. BASEMENT	1,182 S.F.
FRONT PORCH	100 S.F.
GARAGE	527 S.F.
TOTAL HEATED =	1,703 S.F.

DRAWN BY:
DOUG GARNER
DESIGN NO:
DH-2017-175
SCALE:
1/8" = 1'-0"
BASE PLAN:
WHITTIER
REVISION:

MANAGER
KENT JACKSON
DATE DRAWN:
12/19/17

B2.0

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4803844081.000	119 HILLSDALE ROAD, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CONKLIN BENJAMIN F+DIANE E	Applicant: DENALI CONSTRUCTION
Address: 1367 UNION GROVE ROAD HARMONY, NC 28634	Address: 3951 MORRIS BURN DRIVE SW UNKNOWN CONCORD, NC 28027
Phone:	Phone: 704-363-3137

Use Requested	Zone Code
SFD	RA

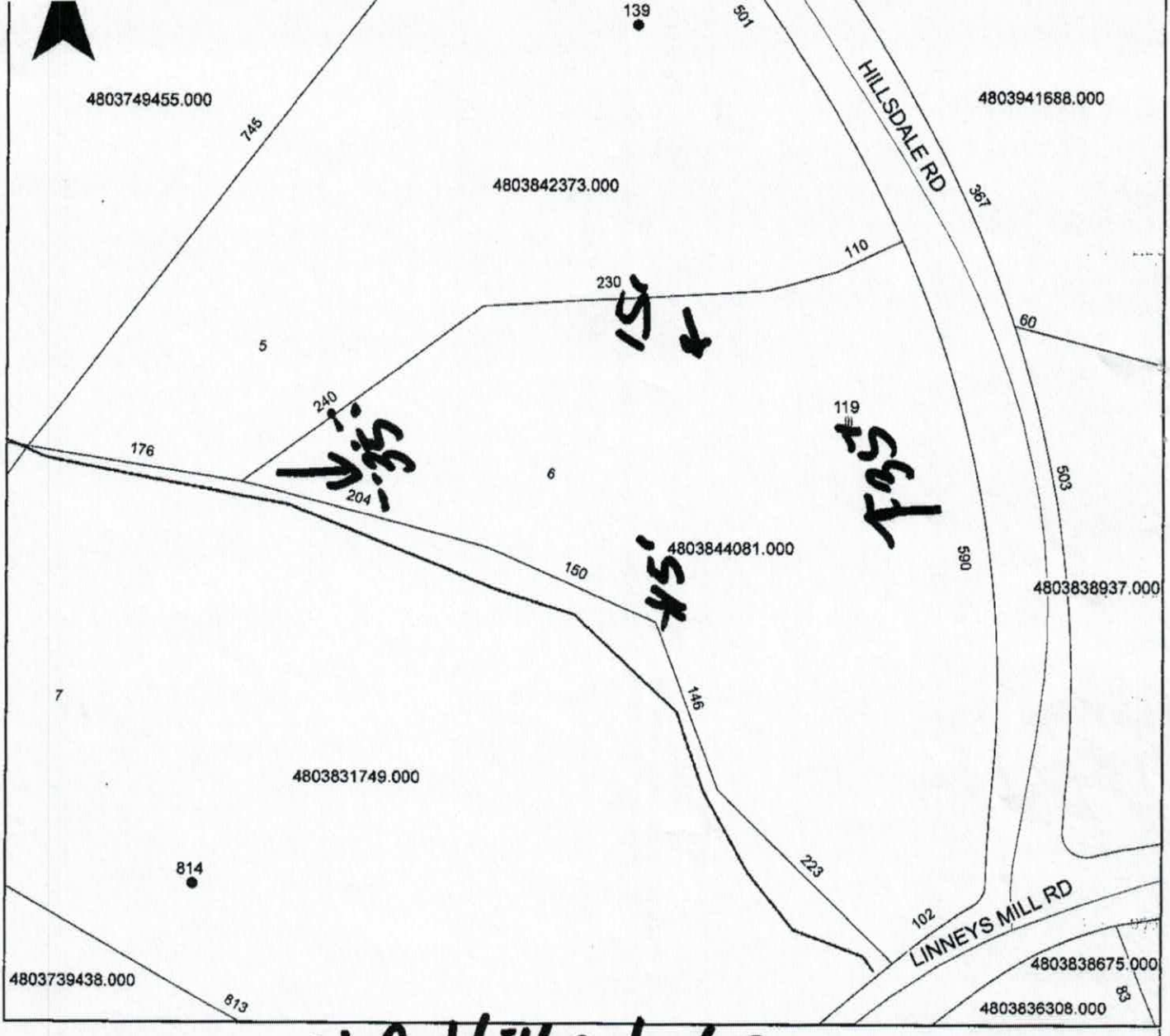
Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.710	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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: _____ Date: _____

Permit Number	127908	TOTAL FEES:	$ 77.25



Property Address 119 Hillsdale

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

2/6/18

Date