IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229608

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

PIN # 4811677~~8018~~ 3255

APPLICANT/OWNER: Regina Lambert APPLICANT ADDRESS: 482 Brookhaven RD Statesville NC 28625

SITE ADDRESS: 466 Brookhaven RD Statesville NC 28625 PHONE: 704-592-2043 ALT. PHONE ~

SITE DIRECTIONS: N 115 for 13 miles ⓓ on Brookhaven Then 1.5 miles on ⓛ SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 9.797 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1	# Lines	4	Linear Ft	360						
Trench Width	36	Trench Bottom Depth(Low side)	32	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

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

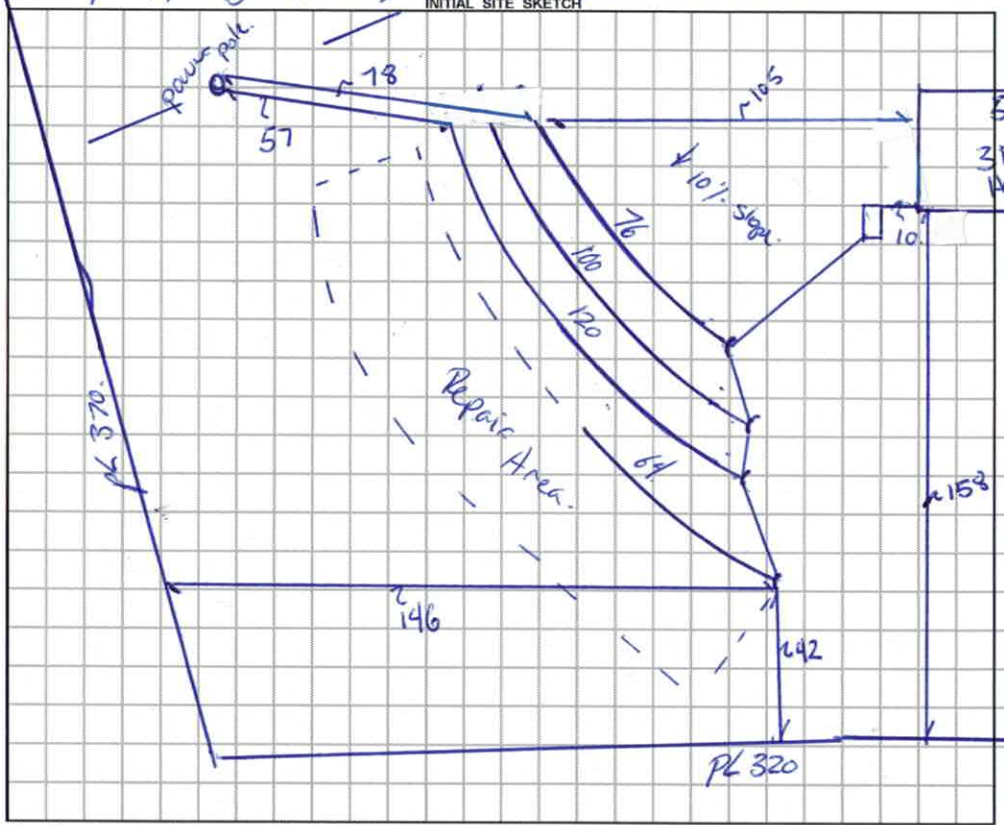
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

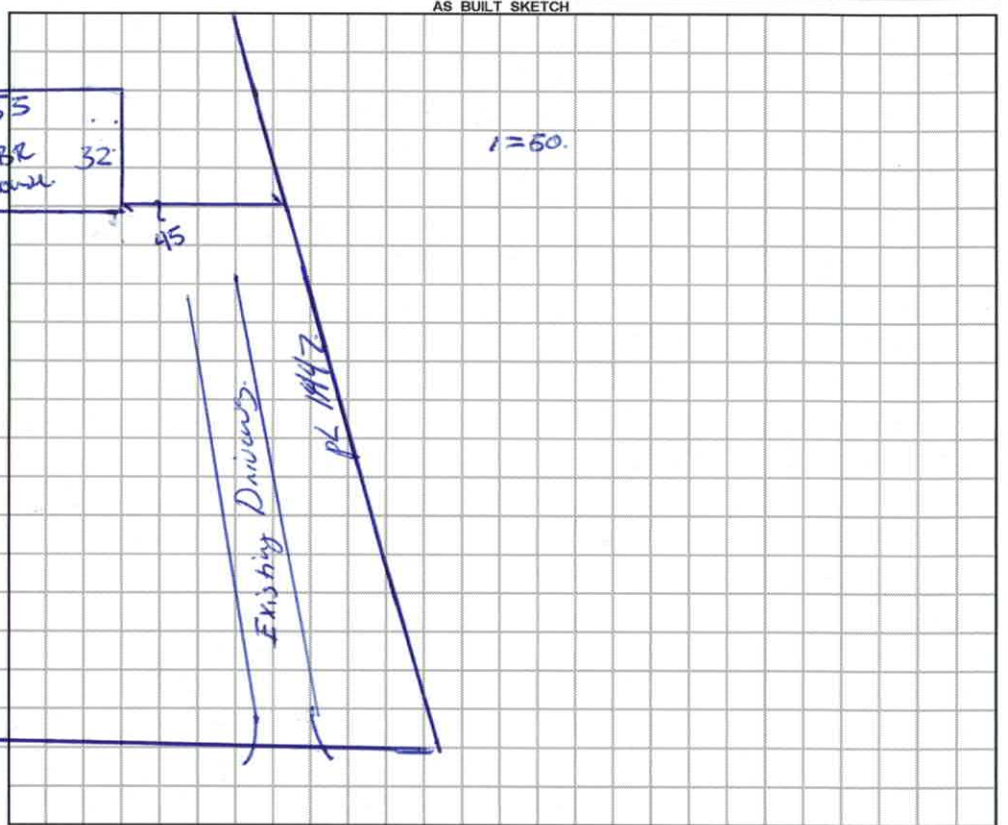
Comments / Conditions: Install Septic downlines on the contour of the land and utilize Serial distribution. Do not exceed max depth of 36 inches 1½ side. Do not drive, park, pave, grade, or clear within the installed area.

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.* ☒ **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: Lynn Davis Date: Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A. Bottings Date: 1/3/2018 OPERATION PERMIT by: Benjamin A. Bottings Date: 1/26/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottings Date: 1/6/2018 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 2
PROPERTY ID #: 4911673255
COUNTY: Durham

5) 0-9
9-20
20-39
39-30 24 m.

6) 0-6
16-42 RC

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

OWNER: Ryan Lambert
ADDRESS: 4166 Brookhaven
PROPOSED FACILITY: SBR House
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 4166 Brookhaven

APPLICATION DATE: 11/20
DATE EVALUATED:
PROPERTY SIZE: 1.9 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)		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		0-7	Sa.						PS .2.
		7-26	C						
		26-35	CL					white clay	
		35-51	Sap M						
2		0-9	scl						PS .3.
		9-31	C					Somewhat Indy Horizon	
		31-50	CL w/BK.						
3		0-14	~~Loam~~ SC						US @ 30.
		14-23	C						
		23-30	CL						
		30-50	RC Sap. CL						
4		0-6	Sc						US C .28.
		6-29	C						
		29-34	CL RC						
		34-52	Sap						

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

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

COMMENTS: Bids 526 US Flows 1 & 2 split by ball valve #5

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

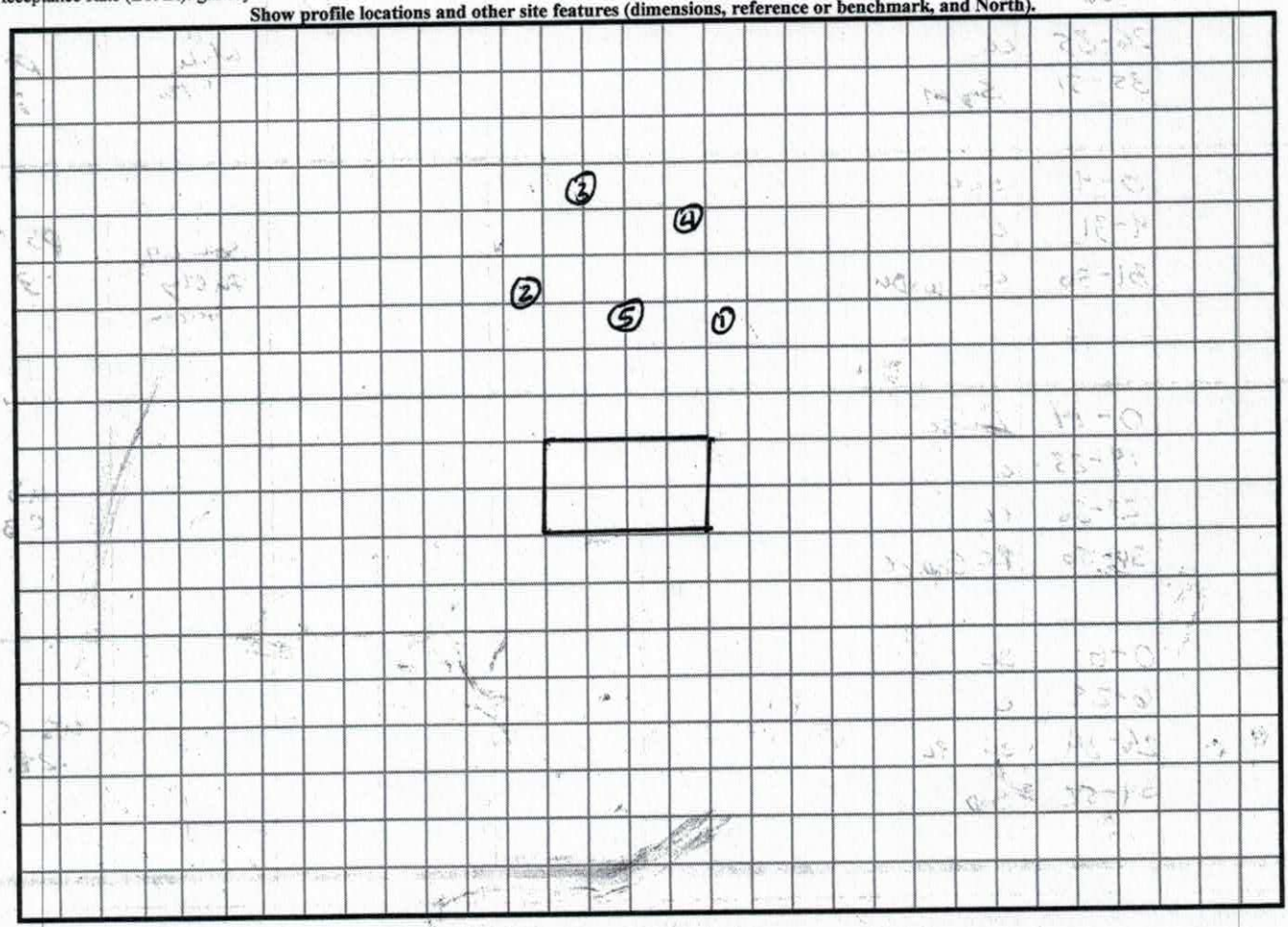
NOTES

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/ft^2

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



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

PROPERTY ID #: 4811673255
COUNTY: Iredell

4/66 Brookhaven
#229608.

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

OWNER: Regina Lambert
ADDRESS: 4/66 Brookhaven
PROPOSED FACILITY: 3 BR House
LOCATION OF SITE: 4/66 Brookhaven
APPLICATION DATE 11/20
DATE EVALUATED: 12/27
PROPOSED DESIGN FLOW (.1949): 360 gpd.
PROPERTY SIZE: 9.9 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-11	sc GR/SBK	SS SP FR SEAP		58		Lithe Months	PS .25
		11-33	C SBK	SS SP FM					
		33-58	CL WSBK	SS SP FR					
2	10%	0-15	SC GR/SBK	SS SP FR SEAP		60		Lithe.	PS .25
		15-32	C SBK	SS SP FM					
		32-60	CL WSBK	SS SP FR					
3	10%	0-13	SC GR/SBK	SS SP FR SEAP		60		Lithe	PS .30.
		13-33	C SBK	SS SP FM					
		33-60	CL WSBK	SS SP FR					
4	10%	0-10	SC GR/SBK	SS SP FR SEAP		60.		Some Lithe	PS .30.
		10-34	C SBK	SS SP FM					
		34-60	CL WSBK	SS SP FR					

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

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

COMMENTS:

LEGEND

use the following standard abbreviations

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	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

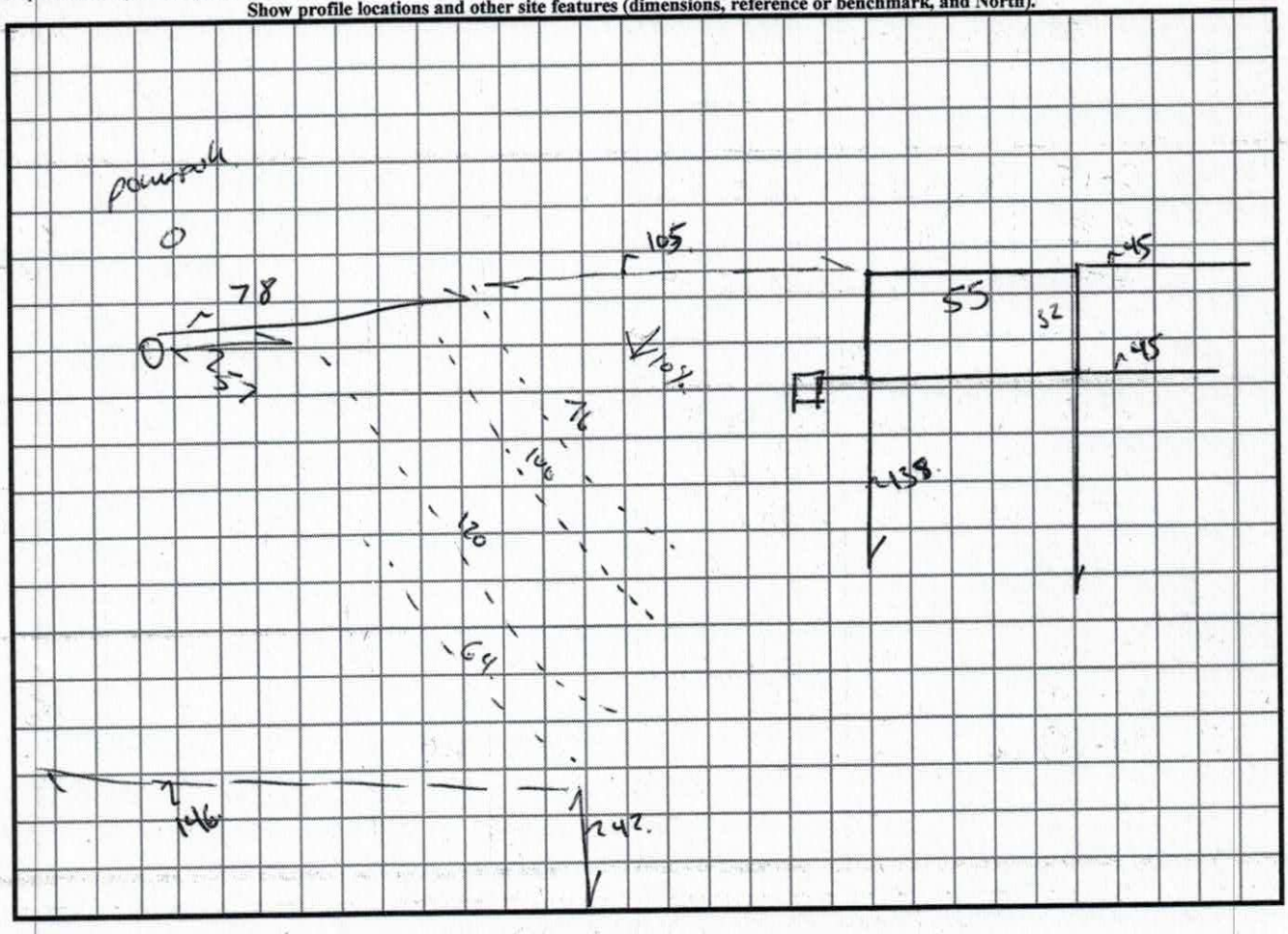
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CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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).



3 BR x 120

6 x 60

3BR. = 120 x 3 = 360 gpd. ÷ .25 = 1440 sq - 480 C.F.
3. X.75

360 l.f.

RECEIVED NOV 2 0 2017

229008

Expansion - Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Regina M Lambert Address: 492 Brookhaven Rd Zip: 28625
Applicant Email: N/A Phone: 704.592-2043 Alt. Phone: N/A
Owner Name: Regina M Lambert Address: same as above Zip: ____
Owner Email: N/A Phone: ____ Alt. Phone: ____

Property Information:

Street Address: 492 Brookhaven Rd
Subdivision Name: ____ Section/Phase: ____ Lot Number: ____
Driving Directions: Rt 115 appx 13 miles turn (L) on Brookhaven Rd approx 1.5 miles turn (L)

Site Development Information: *(check or complete ALL that apply)*

CHECK FOUNDATION TYPE

(√) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) 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 (√) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 81
( ) 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: Regina M Lambert 11/20/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID
11/20

An existing system inspection was issued by BB on 8-25-17. Permit not in DB

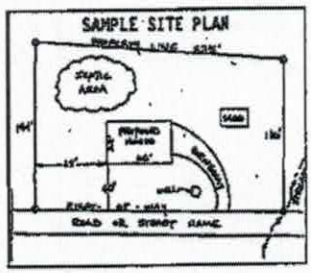
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

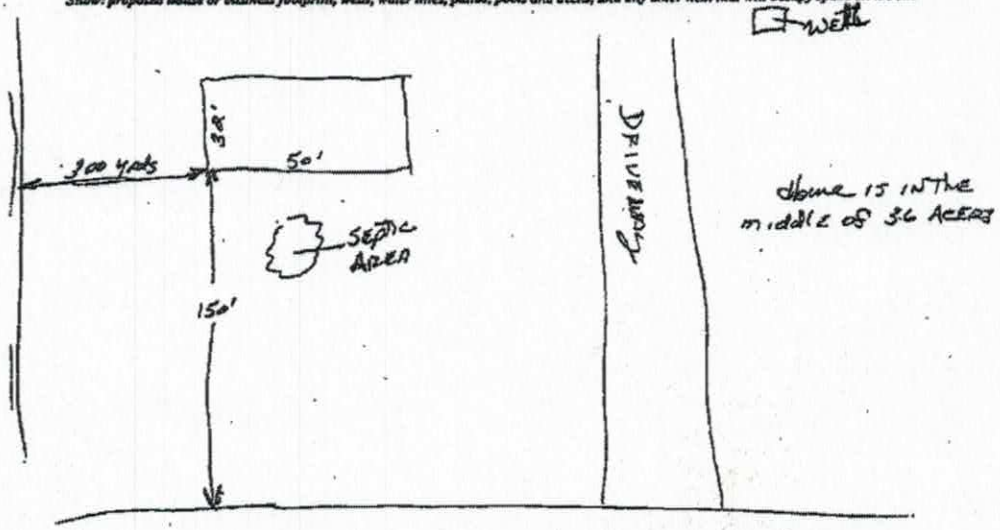


Circle N/A on the following if appropriate:

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

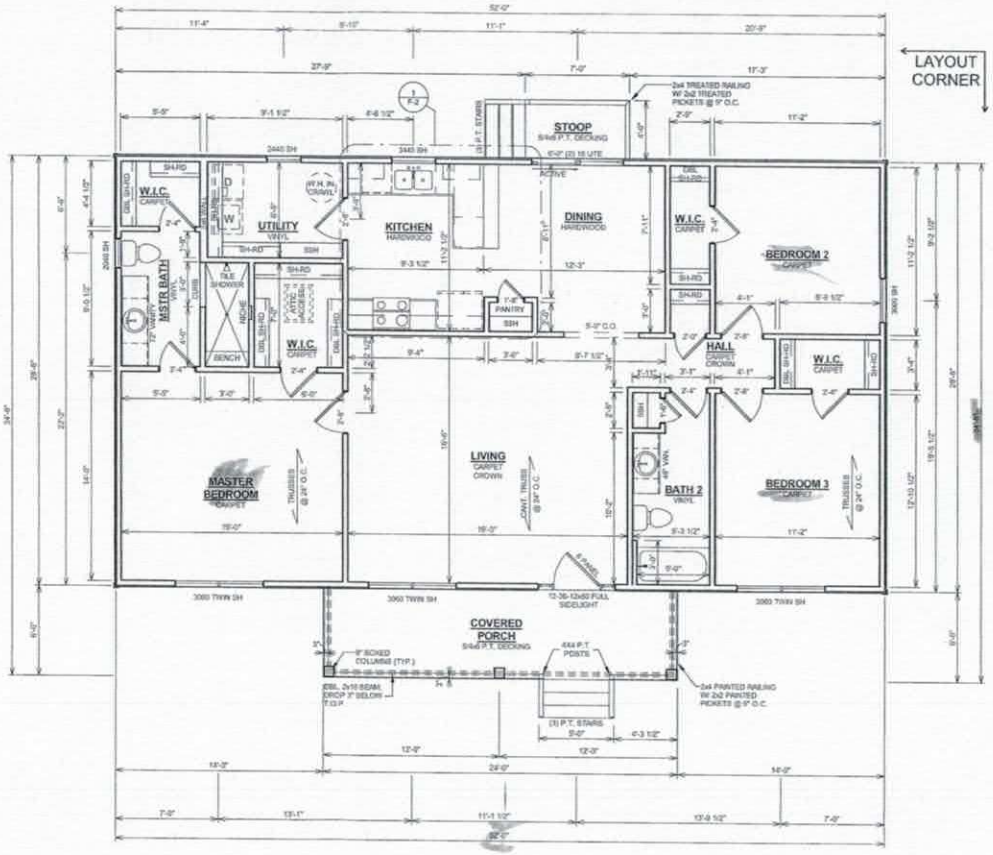
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Property owner or owner's legal representative signature (SIGNATURE REQUIRED) _____ DATE 11/20/2017



1 ENLARGED KITCHEN PLAN
1/4" = 1'-0"



Acknowledgement Of
Plans Submittal ONLY!
Date 1-3-18
Date 1/4/2018

Revision Schedule		
Rev. #	Description	12-30-17

AREAS:	
FIRST FLOOR HEATED	1,491 SF
COVERED PORCH	144 SF
TOTAL UNDER ROOF	1,635 SF
REAR DECK	28 SF

THE: ASHLEY A

FOR: LAMBERT, HOLLY & TYLER

482 Brookhaven Road, Statesville NC 28625, Iredell - NC

OFFICE: STATESVILLE

SOLD BY: JS

DRAWN BY:	Author
CHECKED BY:	Checker
PRINT DATE:	11/20/2017 1:43:44 PM
JOB#:	87-17-064
	2x4 UNLESS OTHERWISE NOTED
FOUNDATION TYPE:	CRAWLSAPCE
S:\AHP-JOBS\Cole Strother-07-54-58-87-89\87-Statesville\87-Lambert-Ashley A-Crawl\87-Lambert-112017.rvt	

PROPERTY OF:

© COPYRIGHT - 2017

SHEET NUMBER: F-2

FIRST FLOOR PLAN

OPT. PAPER SIZE: For 1/4" =1'-0" on 24"X36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY CONSTRUCTION PLANS

PAPER SIZE: 11" x 17"

SCALE: As indicated

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. $100 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.

IREDELL COUNTY

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

APPLICATION NUMBER
229608
Issue Date: 08/23/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4811675153.000	466 BROOKHAVEN, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAMBERT REGINA M	Applicant: LAMBERT REGINA M
Address: 482 BROOKHAVEN DR STATESVILLE, NC 28625	Address: 482 BROOKHAVEN DR STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
NEW MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
36.780					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	112932	TOTAL FEES:	$ 77.25