IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 302248

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

PIN # ~~4813494914~~

APPLICANT/OWNER: Rodney Love APPLICANT ADDRESS: 1031 3rd St Dr 28601

SITE ADDRESS: 206 Mathis Dr Union Grove NC 28689 PHONE: 828-432-7488 ALT. PHONE 704-657-0383

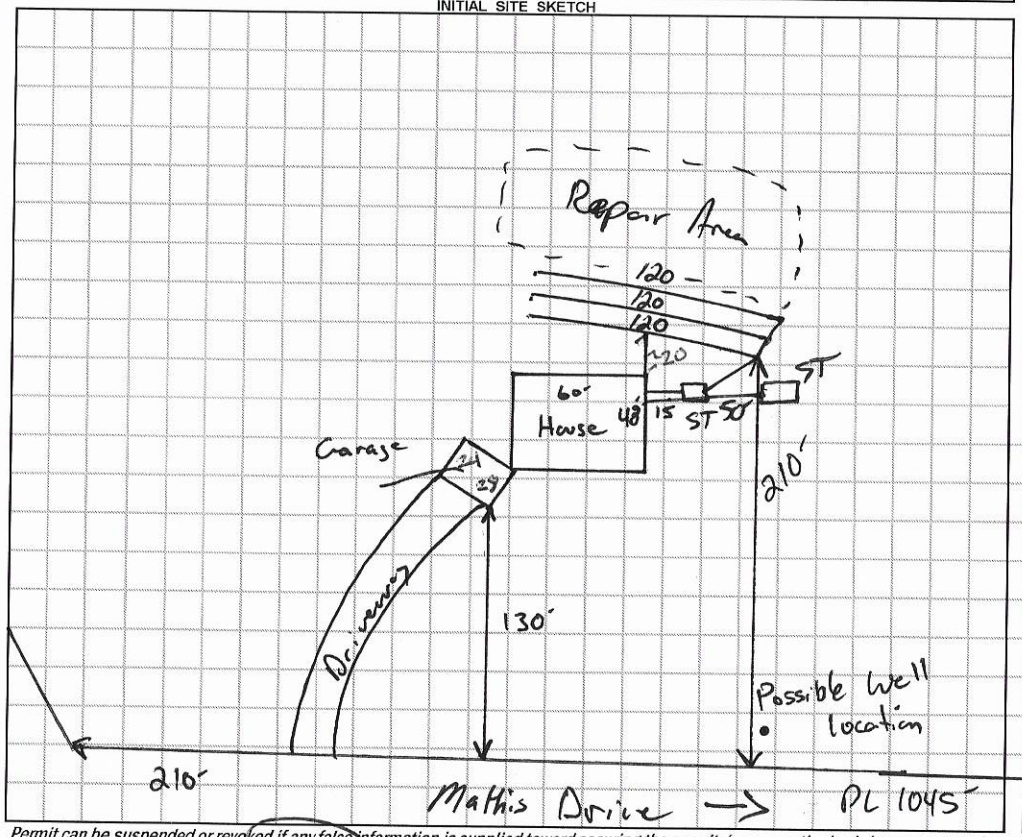
SITE DIRECTIONS: Hwy 115 N out of Statesville L on Mathis Dr Property on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 22.9 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 854	Date 5.14.202'	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6	☒ 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	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth -	☒ GRAVITY	☐ PRESSURE			☑ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on center of land and use serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100

Installed as Drawn other than

5+ 50' off House

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: [signature] Date: 12-23-19 Installed by: Welborn's Grading + Excavating

IMPROVEMENT PERMIT by: [signature] Date: 12-17-19 OPERATION PERMIT by: [signature] Date: 9-14-21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-17-19 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 #: 4813994914
COUNTY: Iredell

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

OWNER: Rodney Love
ADDRESS: 1031 3rd St NC 28601
PROPOSED FACILITY: Home
LOCATION OF SITE: 206 Mathis Drive
APPLICATION DATE 10-30-19
PROPOSED DESIGN FLOW (.1949): _____
DATE EVALUATED: 12-12-19
PROPERTY SIZE: 22 Acre
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 16%	0-10	SiL SCL	Fr SSSP Serp	N/A	48+	N/A	Rock Inc throughout Rock @ 48+	PS .25
		10-33	SBk C	Fr SSSP Serp					
		33-48	SBk CL	Fr SSSP Serp					
2	SS 16%	0-10	SiL SCL	Fr SSSP Serp	N/A	48+	N/A	Rock Inc throughout	PS .25
		10-34	SBk C	Fr SS SP Serp					
		34-48	SBk CL	Fr SS SP Serp					
3	SS 16%	0-10	SiL SCL	Fr SS SP Serp	N/A	36+	N/A	Rock Inc throughout	PS .25
		10-36	SBk C	Fr SSSP Serp					
		36+	Rock						
4	SS 16%	0-10	SBk SCL	Fr SS SP Serp	N/A	48+	N/A	Few Rock Inc	PS .25
		10-34	SBk C	Fr SS SP Serp					
		34-48	SBk CL	Fr SS SP Serp					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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) 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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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)

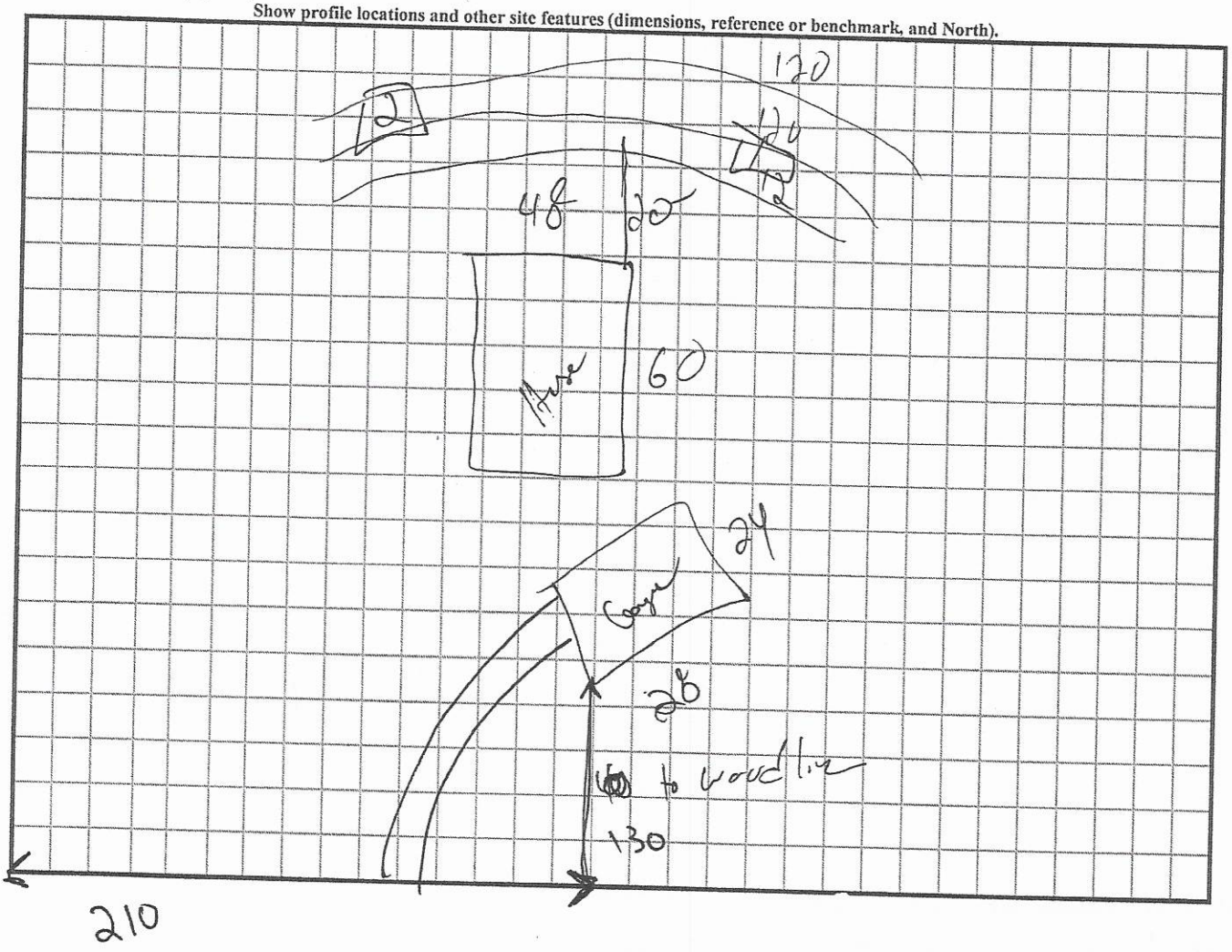
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



Please CALL prior to inspection

Name: Derek Osborne

Number: 704 902 3084

10.31.19

$500/550.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-302248

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Rodney Love Address: 1031 3rd Street Dr. NE Zip: 28601
Applicant Email: rblf9165@gmail.com Phone: 704-657-0383 Alt. Phone: 828-432-7488
Owner Name: Rodney Love Address: 1031 3rd Street Dr. NE Zip: 28601
Owner Email: rblf9165@gmail.com Phone: 704-657-0383 Alt. Phone: 828-432-7488

Property Information:

Street Address: 206 Mathis Dr., Union Grove, NC 28689

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-77 N-Exit 65, left onto 901, right onto 115, 2nd rd. on left, approx. .7 miles on right.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 3 4 5
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

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: _____

(X) 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: _____
( ) 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: Rodney Love 10/30/2019
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

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, Rodney Brian Love, am the legal owner(s) of the property located at 206 Mathis Dr. Union Grove NC 28689, identified as PIN (Parcel Identification Number) 4813994914, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Derek Osborne Builders Inc - Derek Osborne, 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.

Rodney Love 10/30/19
Signature of Owner(s) Date

Signature of Witness 10-30-19
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

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

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

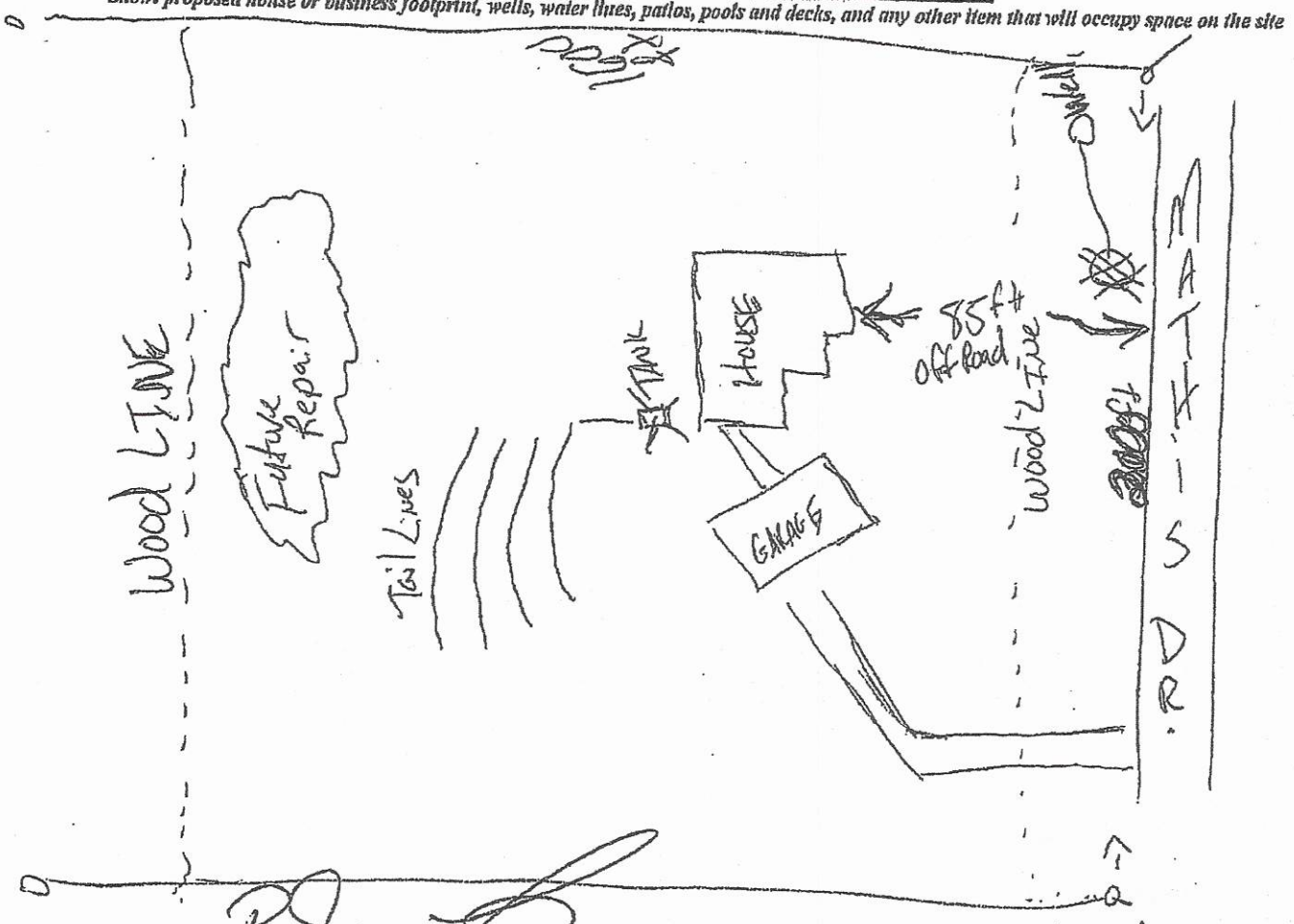
Per Derek Osborne:
House: 48' x 60'
Garage: 24' x 28'
ROAD OR STREET NAME

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)

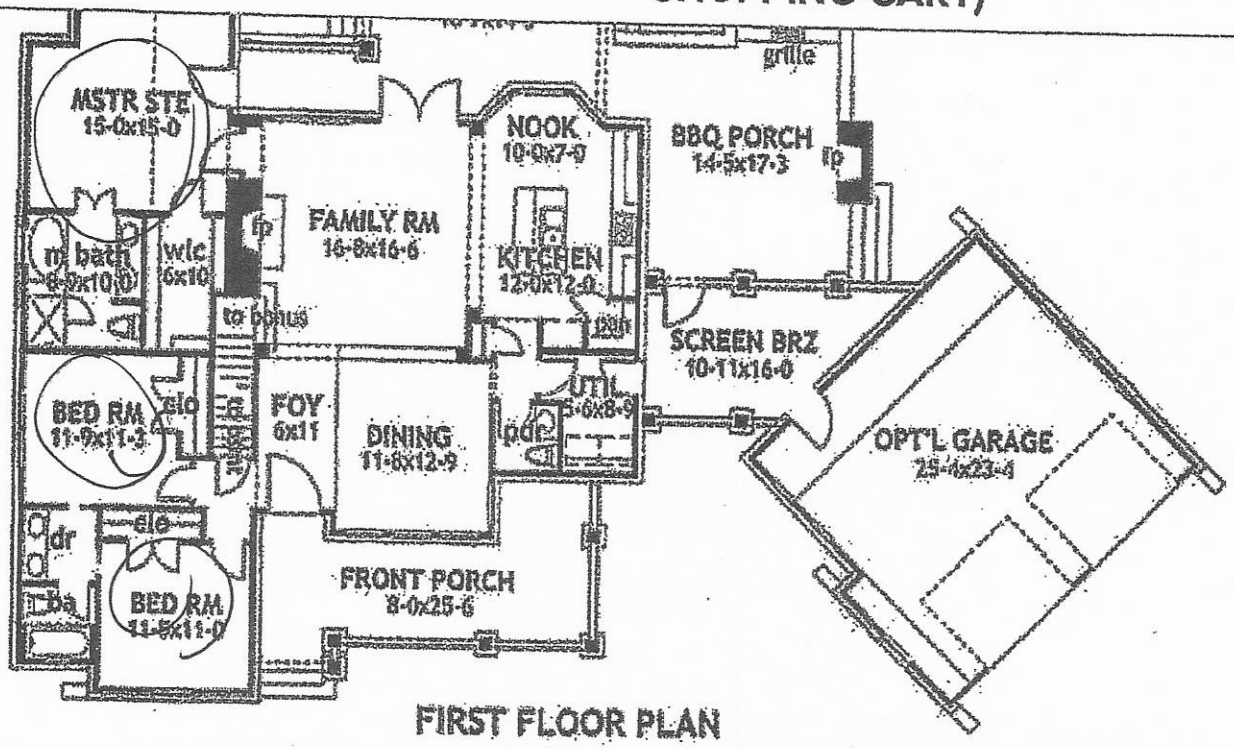
10/30/2019
DATE

The Plan Collection FINE HOUSE PLANS

866-787-2023 (TEL:866-787-2023)

(/)

W.THEPLANCOLLECTION.COM/MY-SHOPPING-CART)



FIRST FLOOR PLAN

(/Upload/Designers/117/1105/Plan1171105Image_18_8_2015_012_34.jpg)

Home Plan: #117-1105 Floor Plan Bonus Room

Acknowledgement Of
Plans Submittal ONLY!

Date 12-17-19

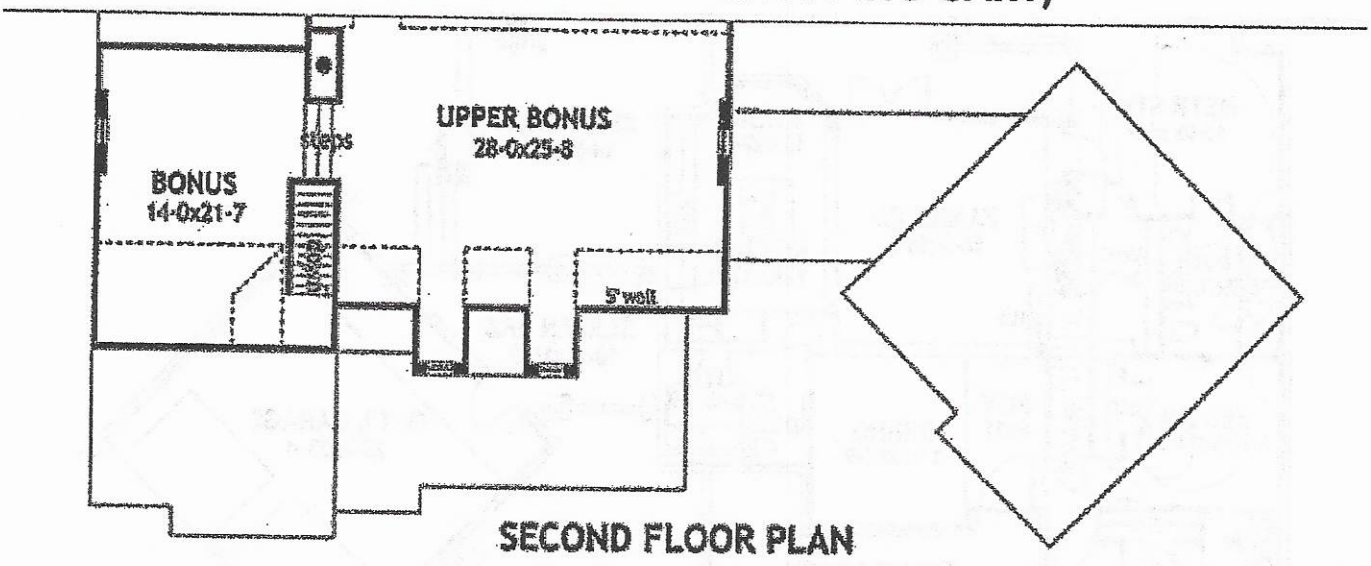
Date 12-23-19

THE Plan Collection FINE HOUSE PLANS

866-787-2023 (TEL:866-787-2023)

(/)

W.THEPLANCOLLECTION.COM/MY-SHOPPING-CART)



SECOND FLOOR PLAN

(/Upload/Designers/117/1105/Plan1171105Image_18_8_2015_012_58.jpg)

How much will this plan cost to build?

Order a Cost-to-Build Report (/house-plans/house-plansf-1698/cost-to-build-report-27526)

PLAN SPECS AND FEATURES

Summary Information

House Plan:	# 117-1105
Floors:	1
Bedrooms:	3
Full Baths:	2
Half Baths:	1
Garage :	2

Square Footage

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302248
Issue Date: 10/31/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4813994914.000	206 MATHIS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: LOVE RODNEY+CHRISTY P	Name: DEREK OSBORNE BUILDERS INC
Address:	Address: PO BOX 1783
	STATESVILLE, NC 28687
Phone:	Phone: (704)871-8787

Use Requested	Zone Code
Single Family Dwelling	ra

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
22.907	35	35	15	15	WSII-BOW Back Creek	YES

Remarks
sfd
Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

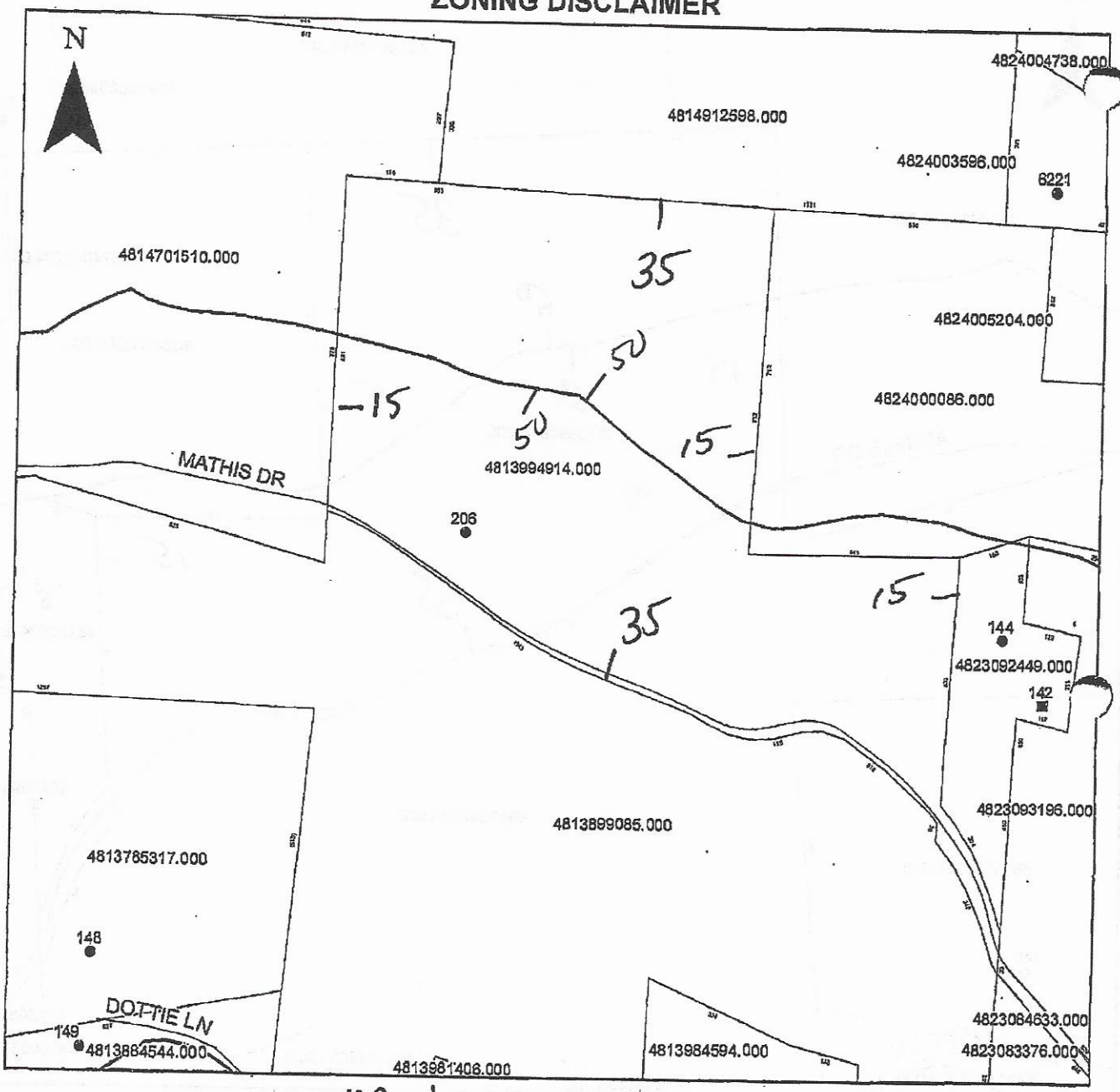
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohiblt the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 10/31/2019

Permit Number	000690	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 206 Mathis 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.

Applicant

10-31-2019
Date