IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 22496

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

PIN # 4821372212.000.

APPLICANT/OWNER: Richard Edwards APPLICANT ADDRESS: 1035 East Memorial Hwy Harmony, NC 28634

SITE ADDRESS: 130 Brookhaven Rd. Statesville, NC 28625 PHONE: (704) 929-7273 ALT. PHONE ____

SITE DIRECTIONS: Turn onto Brookhaven Rd off of Wilkesboro Hwy, First driveway on the right. SAP CONTROLLED: ☐ YES ☒ NO

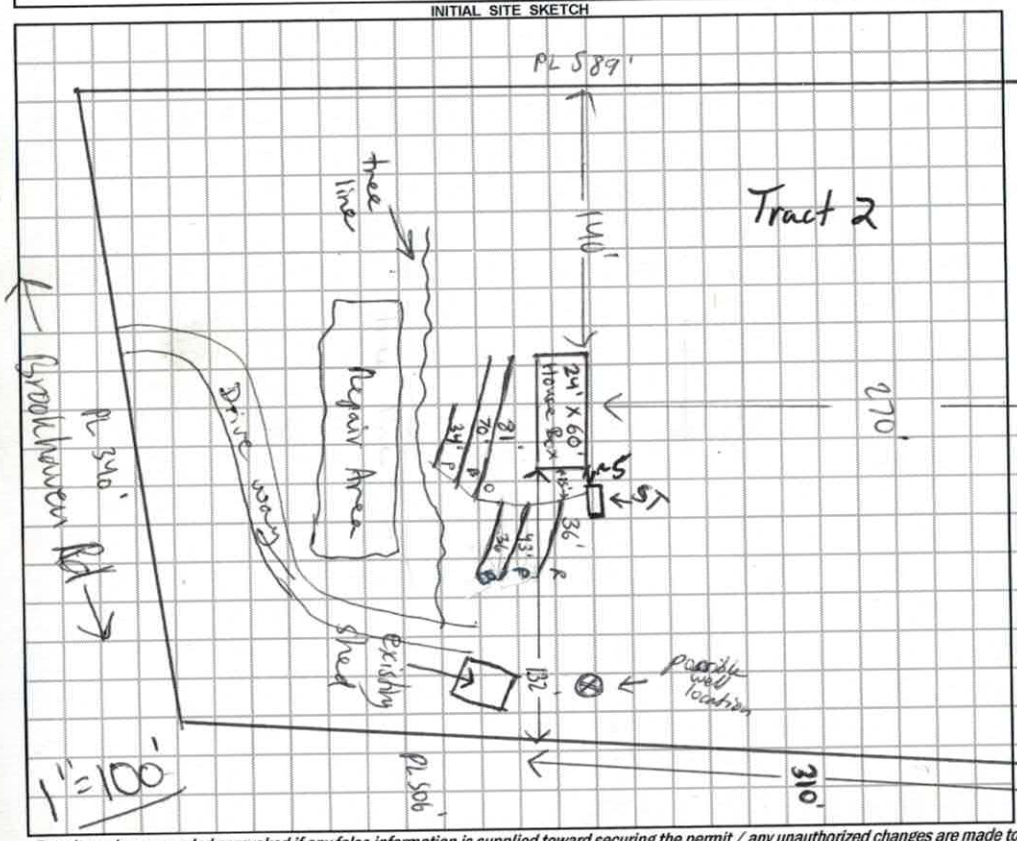
SUBDIVISION: ____ SECTION: ____ LOT # ____ LOT AREA: 20.79 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	1012.	Date	10/2/17.	☒ 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	6	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	28"	Gravel Depth	____	☒ GRAVITY	☐ PRESSURE			

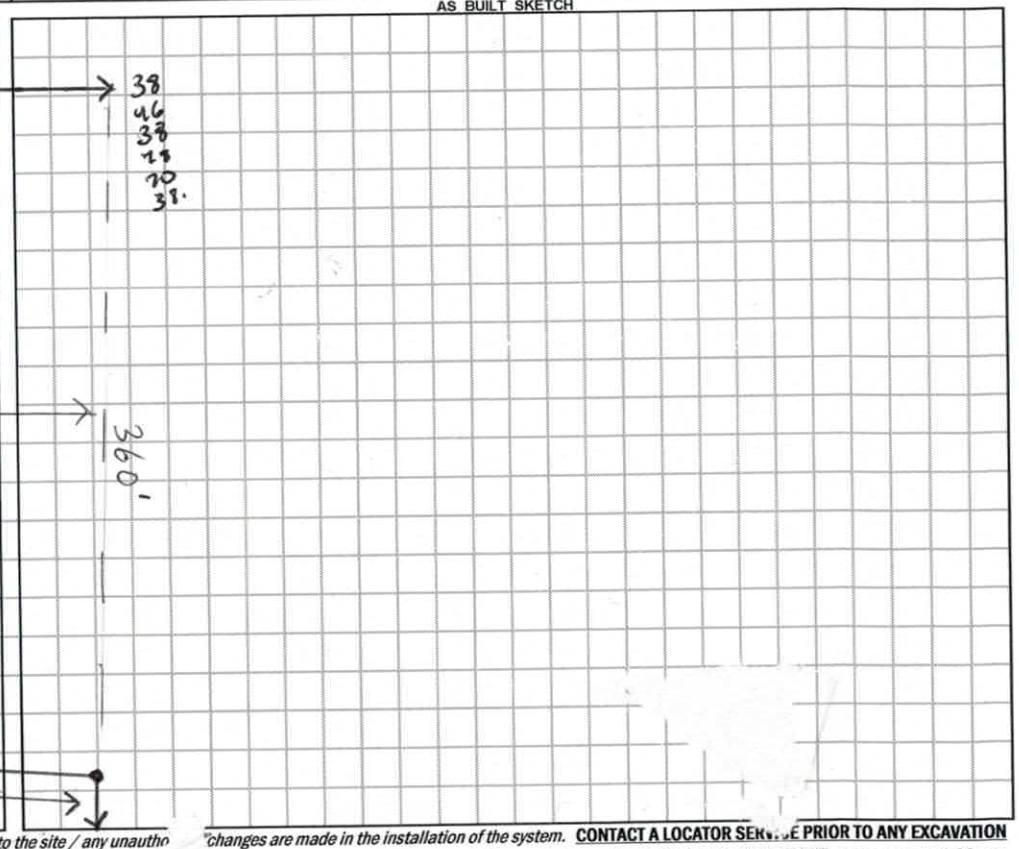
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees	____	☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install on contour of the land. ~ New Tract Recorded. 4821372212.000. Existing Pin # 4821374739.000.

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 unautho changes are made in the installation of the system. CONTACT A LOCATOR SER E 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: Richard Edwards Date: 6-27-17 Installed by: B David Vanta Gravity Septic

IMPROVEMENT PERMIT by: Mohammed Qubaisi Date: 6/13/2017 OPERATION PERMIT by: Benjamin A Bottoms Date: 12/19/17.

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/13/17 Existing System Inspected by: ____ Date: ____

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4821374739.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

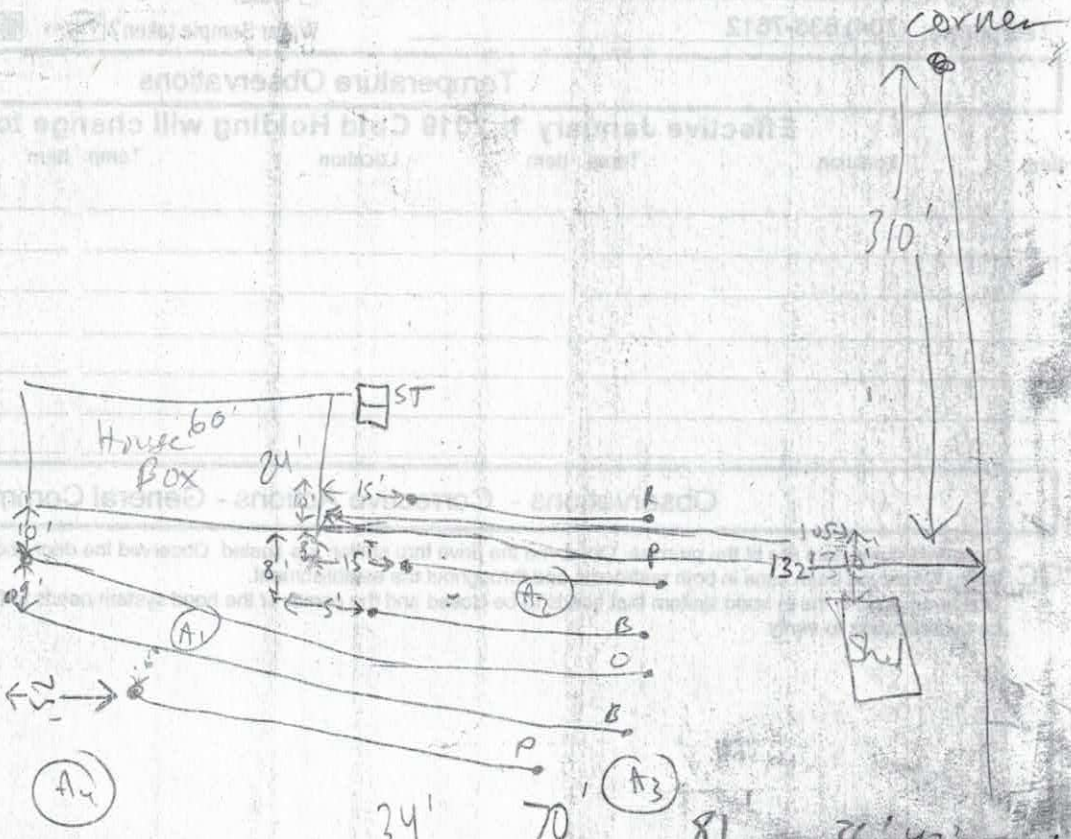
OWNER: Richard Edwards APPLICATION DATE 5/25/2017
ADDRESS: 1035 East Memorial Hwy Harmony, NC 29634 DATE EVALUATED: 6/16/2017
PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: 20.79 acres
LOCATION OF SITE: 130 Brookhaven Rd. Statesville, NC PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

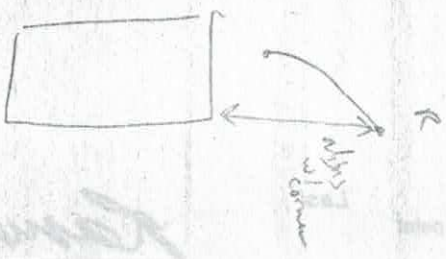
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 J L	11%	0-10	Blocky SCL	FR SS SP Sexp	—	48	—	—	0.3 PS
		10-30	Blocky C	FR SS SP Sexp					
		30-48	Blocky CL	FR SS SP Sexp					
2 I L	7%	0-8	Bk SCL	FR SS SP Sexp	—	44	sandy sap. 44"-48"	—	0.3 PS
		8-35	Bk C	FR SS SP Sexp					
		35-44	Bk CL	FR SS SP Sexp					
		44-48	sandy sap	VFR Sexp					
3 R L	8%	0-10	Bk SCL	FR SS SP Sexp	—	48	—	—	0.3 PS
		10-37	Bk C w/sap inclusions	FR SS SP Sexp					
		37-48	Bk CL w/sap	FR SS SP Sexp					
4 R L	8%	0-7	Bk SCL	FR SS SP Sexp	—	48	—	—	0.3 PS
		7-42	Bk C	FR SS SP Sexp					
		42-48	Bk CL	FR SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300' lin. feet	300' lin. feet
System Type(s)	25% reduction	25% reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): /
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Mohamed Jumaich
OTHER(S) PRESENT: _____

COMMENTS: _____


corner
310'
ST
House
Box
60'
24'
10'
15'
8'
15'
5'
10'
132'
A1
A2
A3
A4
34'
70'
81'
36'
43'
36'
P
B
O
B
P
R
6'5.6"
6'
5'
4'2.8"
3'4.7"
2'8.6"



$500

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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ 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 #
Richard Edwards	1035 East Memorial Highway Harmony N.C 28634		704-929-7293
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
130 Brookhaven Rd. Statesville N.C 28625		

Driving Directions: Turn onto Brookehaven Rd. off of Wilkesboro Highway
First Driveway on the right

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 [redacted]
( ) Other

Maximum Number of Bedrooms 04 3 BR
Maximum Number of Occupants [redacted]
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 ____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) 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.

9. Signature: Richard Edwards — 5-25-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Grace Herbert

From: Richard Edwards <richardedwards1974@icloud.com>
Sent: Friday, June 2, 2017 8:58 AM
To: Grace Herbert
Subject: 130 Brookhaven Rd Statesville NC 28625

I have decided to put a 3 bedroom septic system in instead of a 4 bedroom system Thanks Richard Edwards

Sent from my iPhone

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

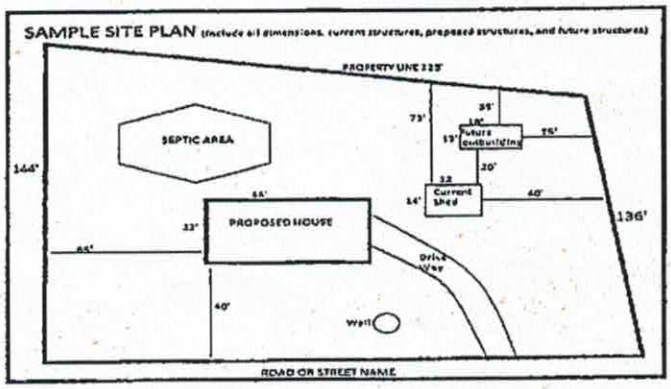
SITE PLAN WORKSHEET

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!!!***

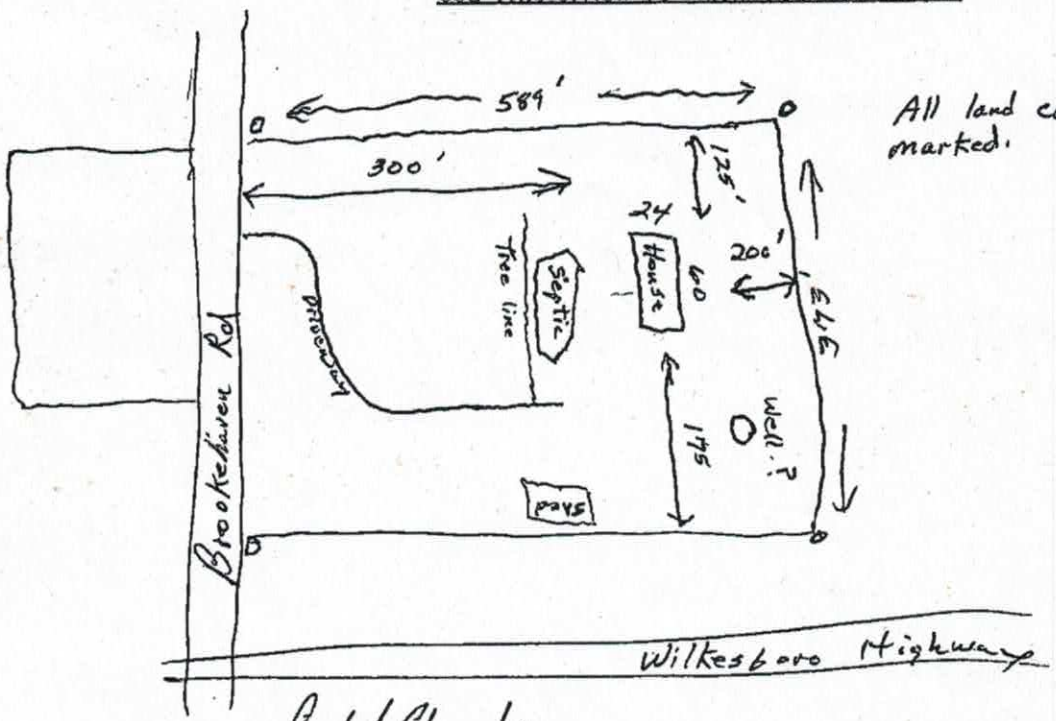
Place an (X) beside each item as you complete the site plan:
- X Property Line measurements are clearly identified...
- X All proposed structures are indicated...

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 Area you prefer your septic system to be placed...
- X Preferred driveway location and configuration, preferred well location...
- 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



USE THIS SPACE TO DRAW YOUR SITE PLAN



All land corners clearly marked.

Signature: Richard Edwards

REQUIRED property owner or owner's legal representative signature.

DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 6-22-17
Date 06/27/17



IREDELL COUNTY

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

APPLICATION NUMBER
227496
Issue Date: 05/25/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4821374739.000	130 BROOKHAVEN ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EDWARDS RICHARD A+ALANNA CLAIR E SMITH	Applicant: EDWARDS, RICHARD
Address: 5111 WILKESBORO HWY STATESVILLE, NC 28625	Address: 130 BROOKHAVEN ROAD STATESVILLE, NC 28625
Phone:	Phone: 704-929-7273

Use Requested	Zone Code
NEW MOBILE HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
20.790	35.00	35.00	15.00	15.00	NOT	X

Remarks:

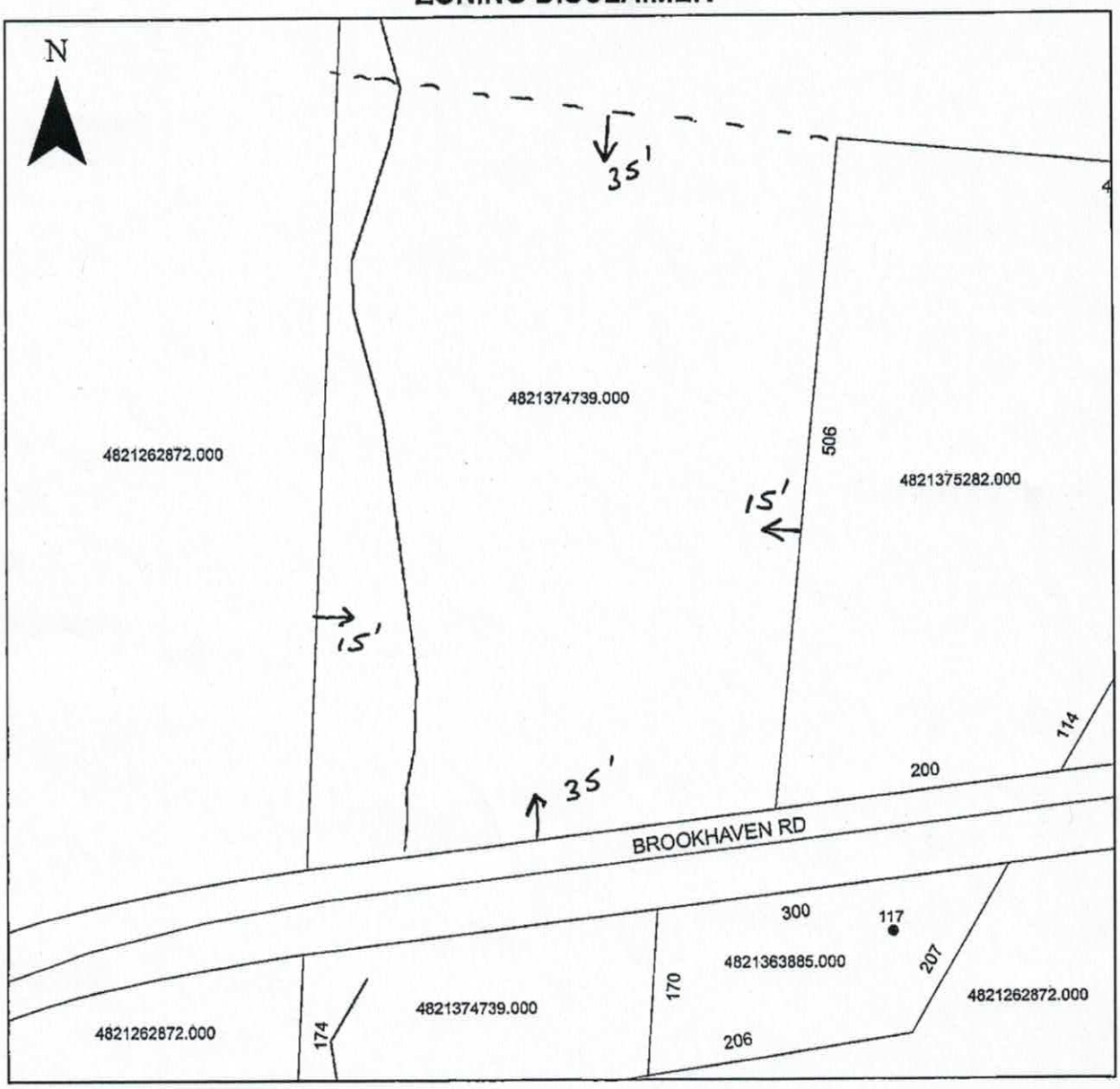
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear 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.

Applicant: _____ Date: _____

Permit Number	104206	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 130 Brookhaven Rd. Statesville N.C. 28625

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.

Richard Edwards
Applicant

5-25-17
Date