IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234502

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

PIN # 4823892015

APPLICANT/OWNER: Michelle Robertson APPLICANT ADDRESS: 143 Furr Rd, Cleveland NC

SITE ADDRESS: 229 Zeb Rd, Union Grove PHONE: 704-880-4442 ALT. PHONE 704-872-7513

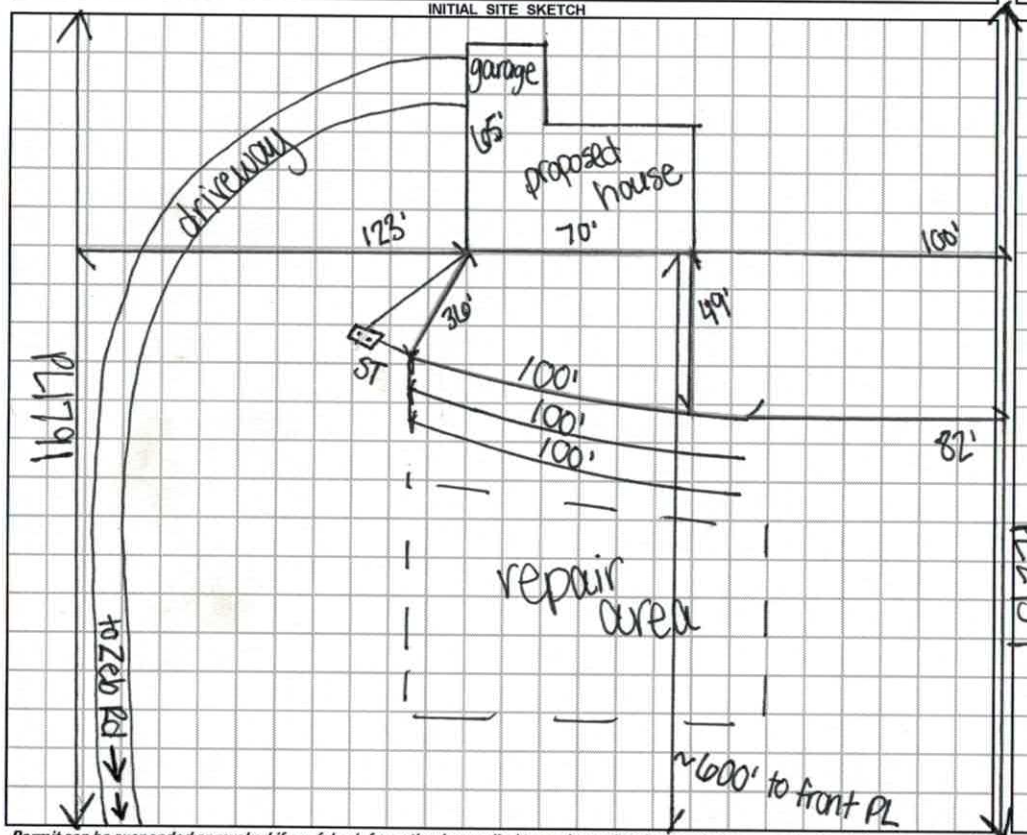
SITE DIRECTIONS: 115 N → R on 901 S → L on Grassy Knob Rd → L on Zeb Rd → on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 17.28 acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760.	Date	4/21/Rain	☒ 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	to	☒ Private	
Pump Make			Model		Serial #		Repair System Description:	25% reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth(Low side)	26/30" high	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install on contour + utilize serial distribution. Do not grade/pave septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=60'

17 acres

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: Michelle M. Robertson Date: 4/11/18 Installed by: Shannon - Groundbreaker Grading

IMPROVEMENT PERMIT by: Carla C. Cave Date: 4/11/18 OPERATION PERMIT by: Benjamin A. Bolick Date: 6/18/2018

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 4/11/18 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 #: 48238920
COUNTY: Iredell

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

OWNER: Michelle Roberson
ADDRESS: 145 Furr Rd
PROPOSED FACILITY: 3 BR house
LOCATION OF SITE: 229 Zeb Rd
APPLICATION DATE: 3/29/18
DATE EVALUATED: 4/10/18
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 17 ac
PROPERTY RECORDED: Y

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	SS 9%	0-9	SBK SCL	Fr ss sp sbk	N/A	48"	N/A	N/A	PS .3
		9-35	SBK C	" "					
		35-48	SBK CL	" "					
2	SS 9%	0-6	SBK SCL	Fr ss sp sbk	N/A	28"	PS	N/A	PS .3
		6-28	SBK C	" "					
		28-48	Lsap	" "					
3	SS 9%	0-6	SBK SCL	Fr ss sp sbk	N/A	48"	N/A	N/A	PS .3
		6-33	SBK C	" "					
		33-48	SBK CL	→ few sap ic					
4	SS 9%	0-11	SBK SCL	Fr ss sp sbk	N/A few sap ic @ 40"	48"	N/A	N/A	PS .3
		11-30	SBK C	" "					
		30-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25% red.	25% red.
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: C. Cowe
OTHER(S) PRESENT: N/A

COMMENTS: 30" TB

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.

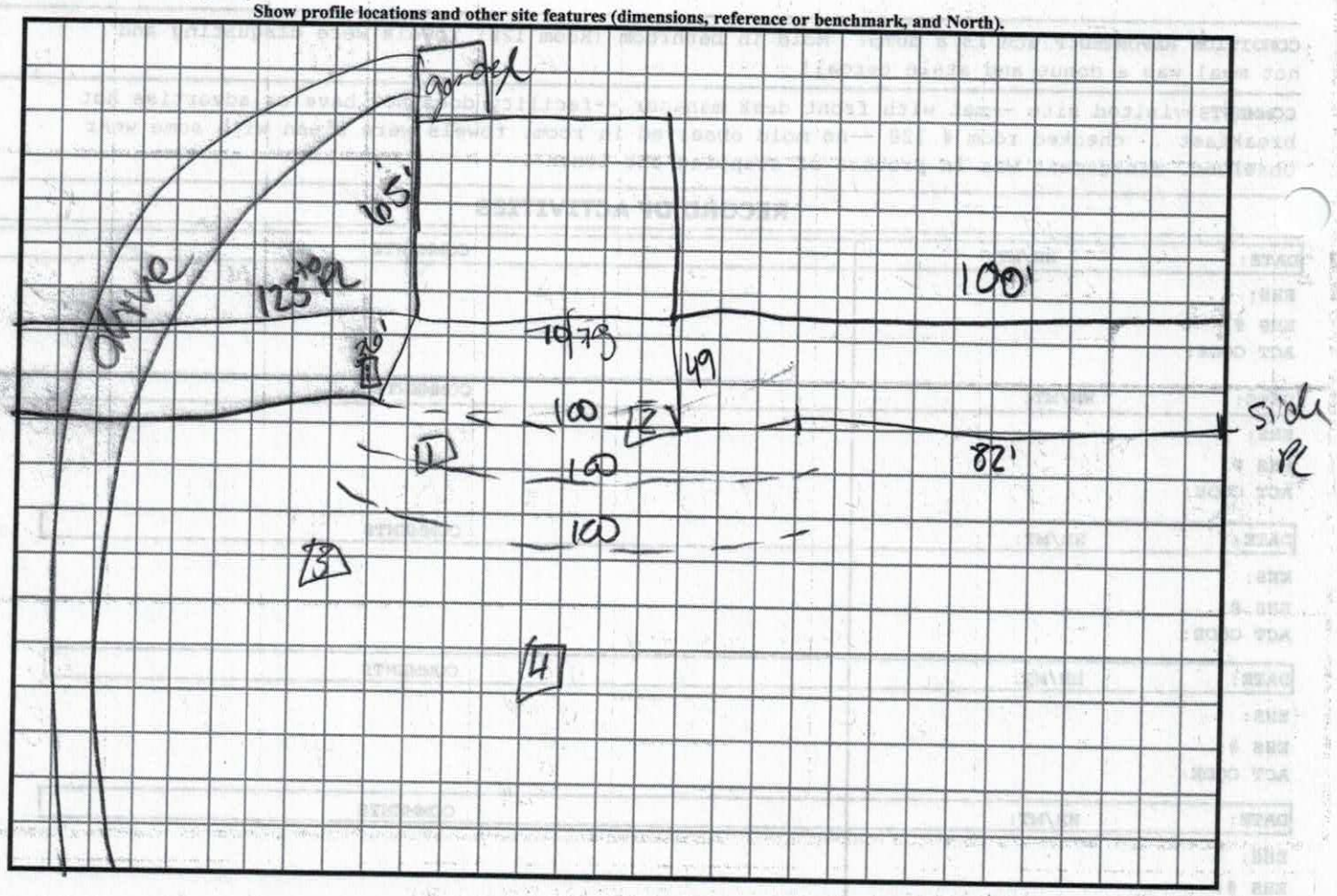
NOTES

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).



234502 Check to see if marked

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) 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: Michelle Robertson Address: 143 Furr Rd Cleveland, NC Zip: 27013
Applicant Email: mrobertson@rhanet.org Phone: 704-880-4442 Alt. Phone: 704-872-8513
Owner Name: Steven & Marissa Ratcliffe Address: 229 Zeb Rd Union Grove NC Zip: 28689
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 229 Zeb Road Union Grove, NC 28689
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: I77N to Left onto Hwy 901 West, Right on Grassy Knob and left onto Zeb Road; Property on Left (For Sale sign on Property)

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 Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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: Michelle M. Robertson 3/29/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: DF69A2DB-602A-41ED-A7E6-BB57C82DF41E

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, Steven and Marissa Ratcliffe, am the legal owner(s) of the property located at 229 Zeb Rd, Union Grove, NC 28689, identified as PIN (Parcel Identification Number) 4823-89-2015.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michelle & Ronald Robertson, 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.

DocuSigned by: Steven Ratcliffe — 3/8/2018
Signature of Owner(s) — Date

DocuSigned by: Amanda Coleman — 3/8/2018
Signature of Witness — 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

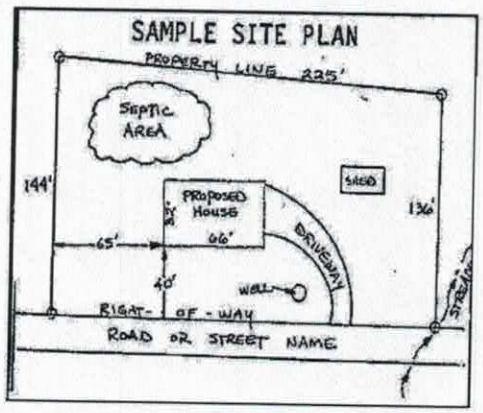
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
(X) All proposed structures are indicated
( ) Front and side setbacks from property line
(X) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

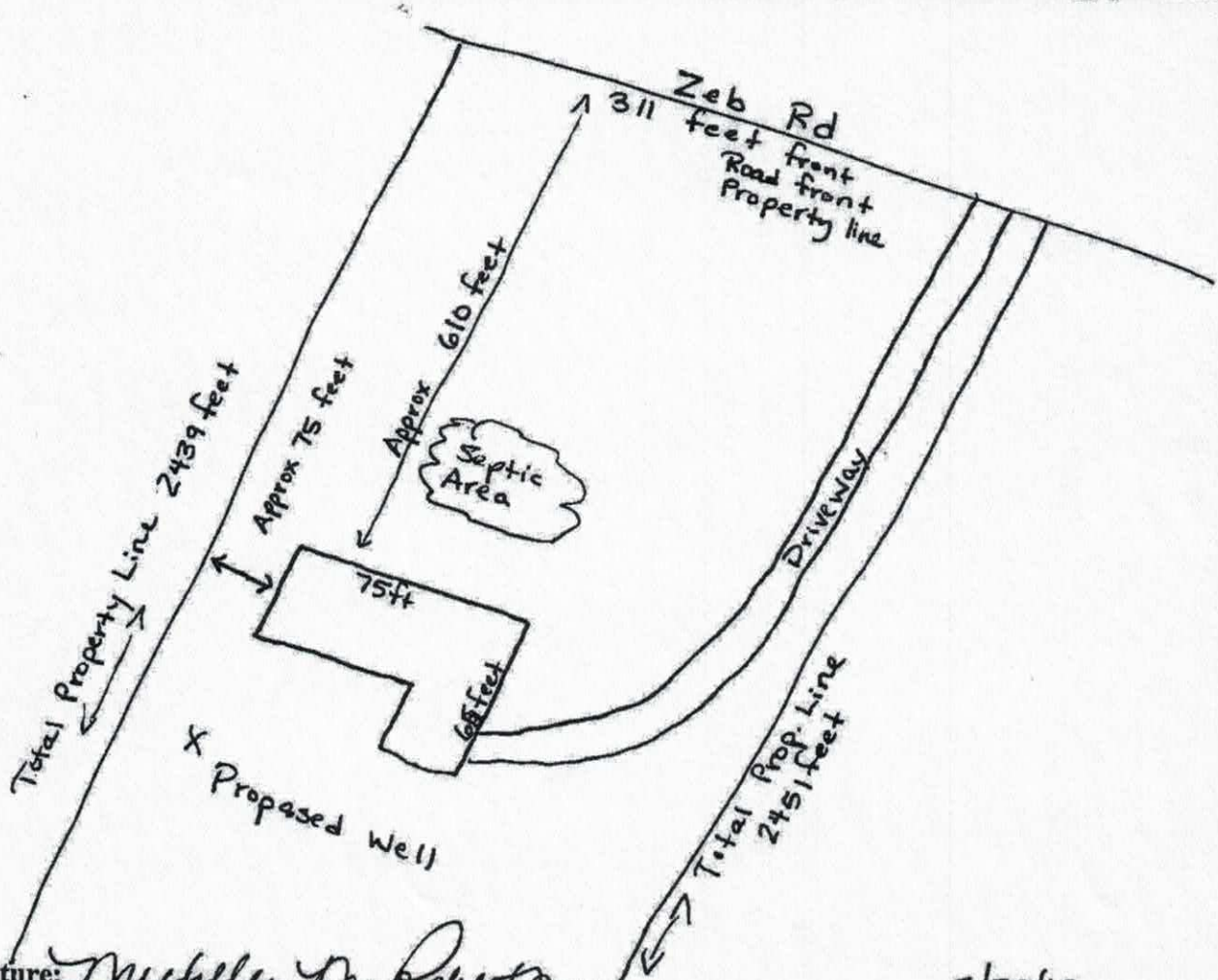


Circle N/A on the following if appropriate:

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

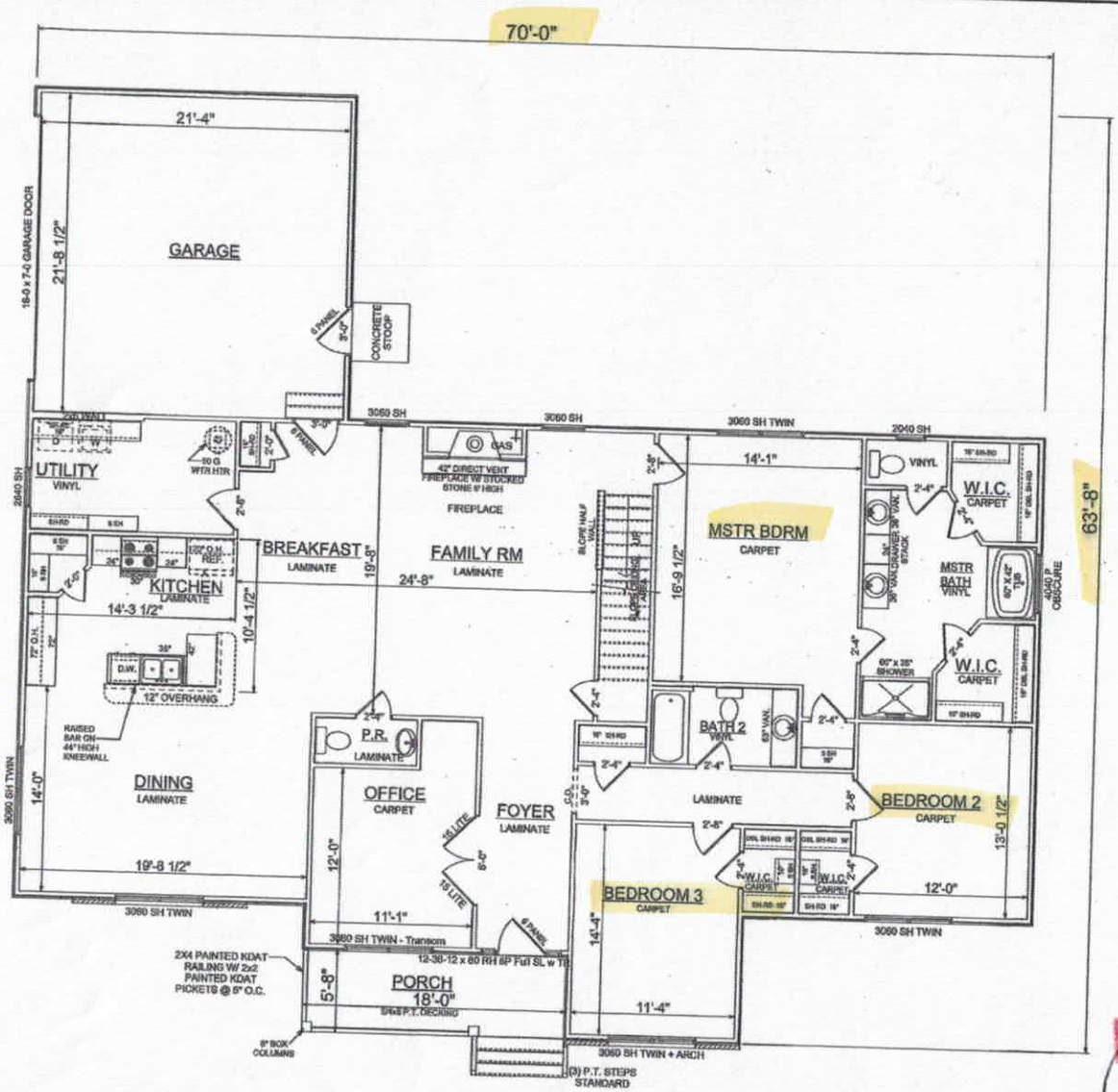
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Michelle M. Robertson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 3/29/18

© COPYRIGHT - ALL RIGHTS RESERVED
NOTE: VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW
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.



SPECIAL NOTES
- FINISHED BONUS ROOM
- LAMINATE FLOORING KITCHEN, DINING ROOM, BREAFAST AREA, FAMILY ROOM, FOYER & HALLWAY
- MASTER BATH WINDOW OBSCURED
- GLUE AND SCREW SUBFLOOR

Acknowledgement Of Plans Submittal ONLY!
Carla Cave Date 4/11/18
Michael M. Roberts Date 4/11/18

PRELIMINARY DESIGN PLANS
FORMATTED FOR 11 x 17 PAPER

PRINT DATE: April 06, 2018

PROPERTY OF: AMERICA'S HOME PLACE, INC.
© COPYRIGHT 2018
SOLD BY: JILL SCHOOLEY

THE DAVENPORT
FOR RON & MICHELLE ROBERTSON 2
229 2588 ROAD
UNION GROVE, NC 28689
IREDELL - NC

AREAS:
FIRST FLOOR 2468 S.F.
FRONT PORCH 102 S.F.
GARAGE 484 S.F.
BONUS ROOM 393 S.F.
TOTAL UNDER ROOF 3447 S.F.
REAR STOOP 16 S.F.

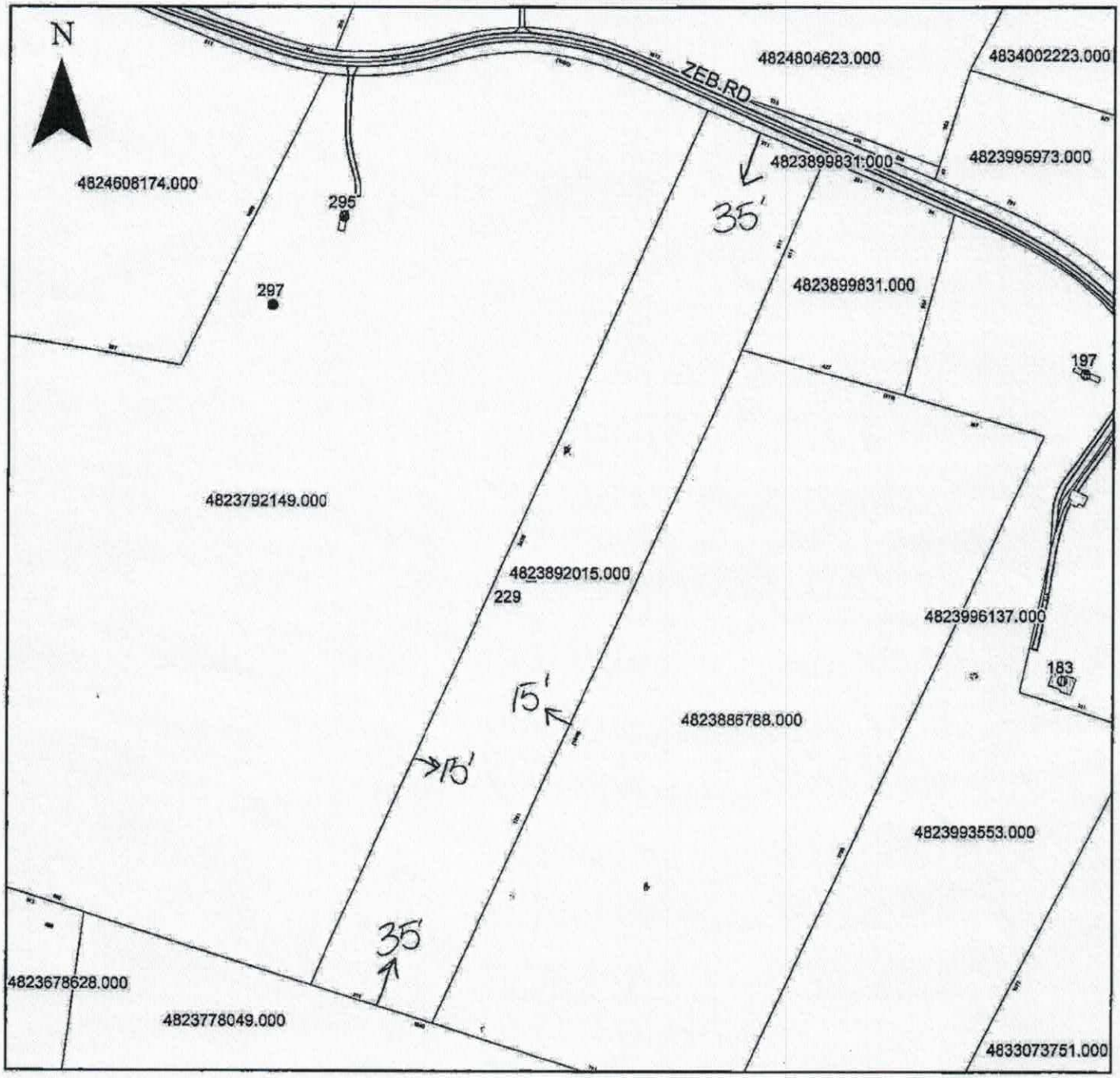
DATE: 04/06/2018
REVISIONS:
JOB # 8718022
DRAWN BY: D.N.

FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

SHEET NO: 3 OF 5

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

ZONING DISCLAIMER



Property Address 229 Zeb Rd

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.

Michelle M. Robertson
Applicant

3/29/18
Date