ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 DCW Mooresville Office (704) 660-3625 PERMIT # AP 326270

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

PIN # 4834 -- 91 -- 1549

APPLICANT/OWNER: Wayne Hooker APPLICANT ADDRESS: 1206 Greenland Dr, Statesville

SITE ADDRESS: 158 Brushy Creek Rd, Union Grove 28689 PHONE: 336-705-3235 ALT. PHONE –

SITE DIRECTIONS: 901 - Warren Bridge - Butch Branch - Brushy Creek SAP CONTROLLED: ☐ YES ☒ NO

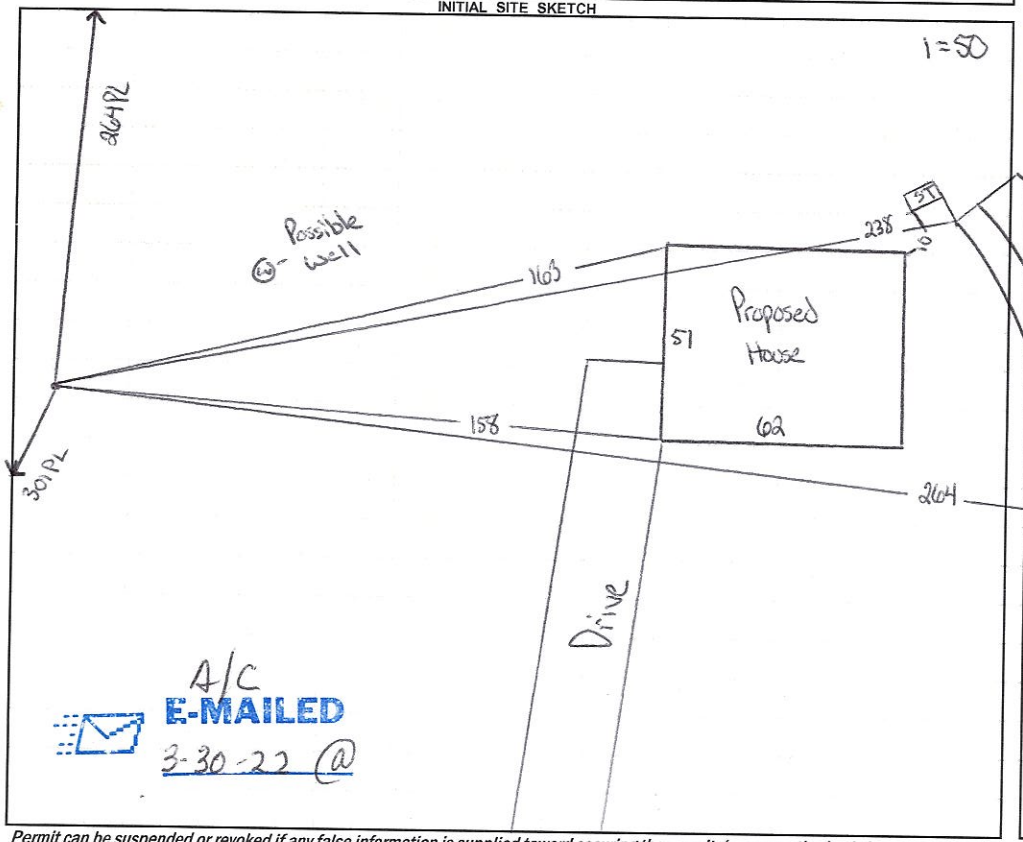
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 8.969 acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	2/10/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	302 FT	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	26 in	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not grade, drive, or store materials on septic area. Utilize serial distribution. Install drainlines on contour with the land.

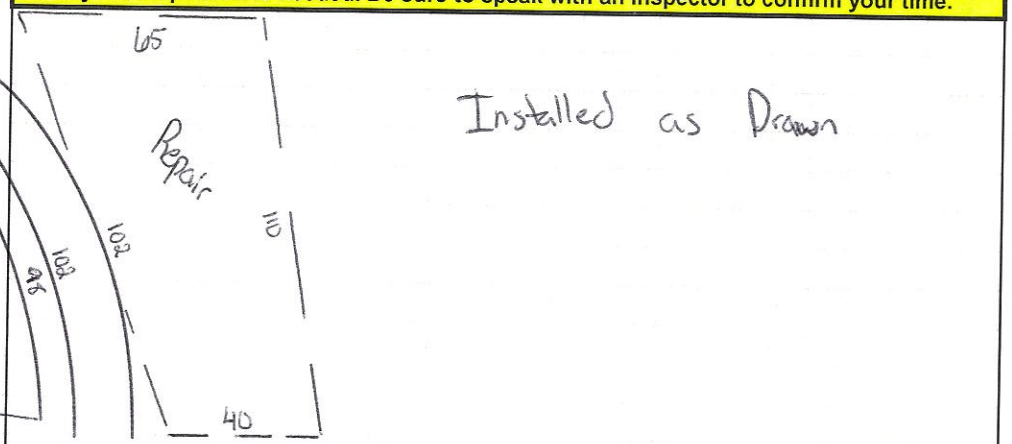
INITIAL SITE SKETCH



A/C E-MAILED 3-30-22 @

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Wayne Hooker Date: 3/29/22 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Cory Whitt Date: 3/23/22 OPERATION PERMIT by: Cory Whitt Date: 4/5/22

AUTHORIZATION TO CONSTRUCT by: Cory Whitt Date: 3/30/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Wayne Hooker
ADDRESS: 1206 Greenland Dr, Statesville
APPLICATION DATE 3/4/22
DATE EVALUATED: 3/21/22
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 8.96
LOCATION OF SITE: 158 Brushy Creek Rd, Union Grove
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	Linear 6%	0 - 8	PLOW		—	48	SAP inc in C & CL layer		.3 PS
		8 - 20	C SBK	SS SP FR SE					
		20 - 48	CL SBK	SS SP FR SE					
2	Linear 7%	0 - 8	PLOW		—	48	Litho inc in CL layer		.3 PS
		8 - 22	C SBK	SS SP FR SE					
		22 - 48	CL SBK	SS SP FR SE					
3	Linear 5%	0 - 10	PLOW		—	48	—	—	.3 PS
		10 - 19	C SBK	SS SP FR SE					
		19 - 48	CL SBK	SS SP FR SE					
4	Linear 6%	0 - 10	PLOW		—	48	SAP inc in CL layer		.3 PS
		10 - 24	C SBK	SS SP FR SE					
		24 - 48	CL SBK	SS SP FR SE					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

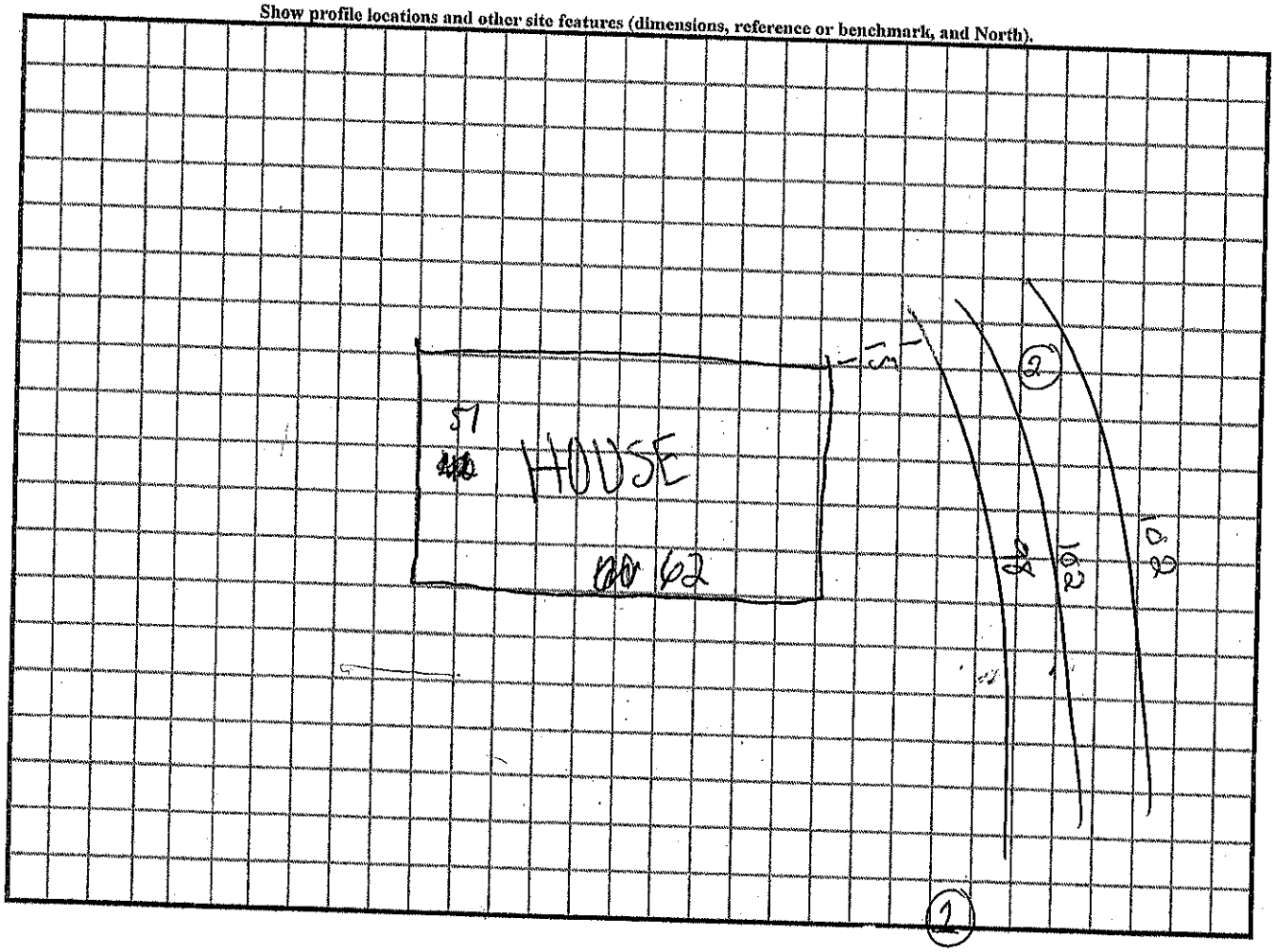
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

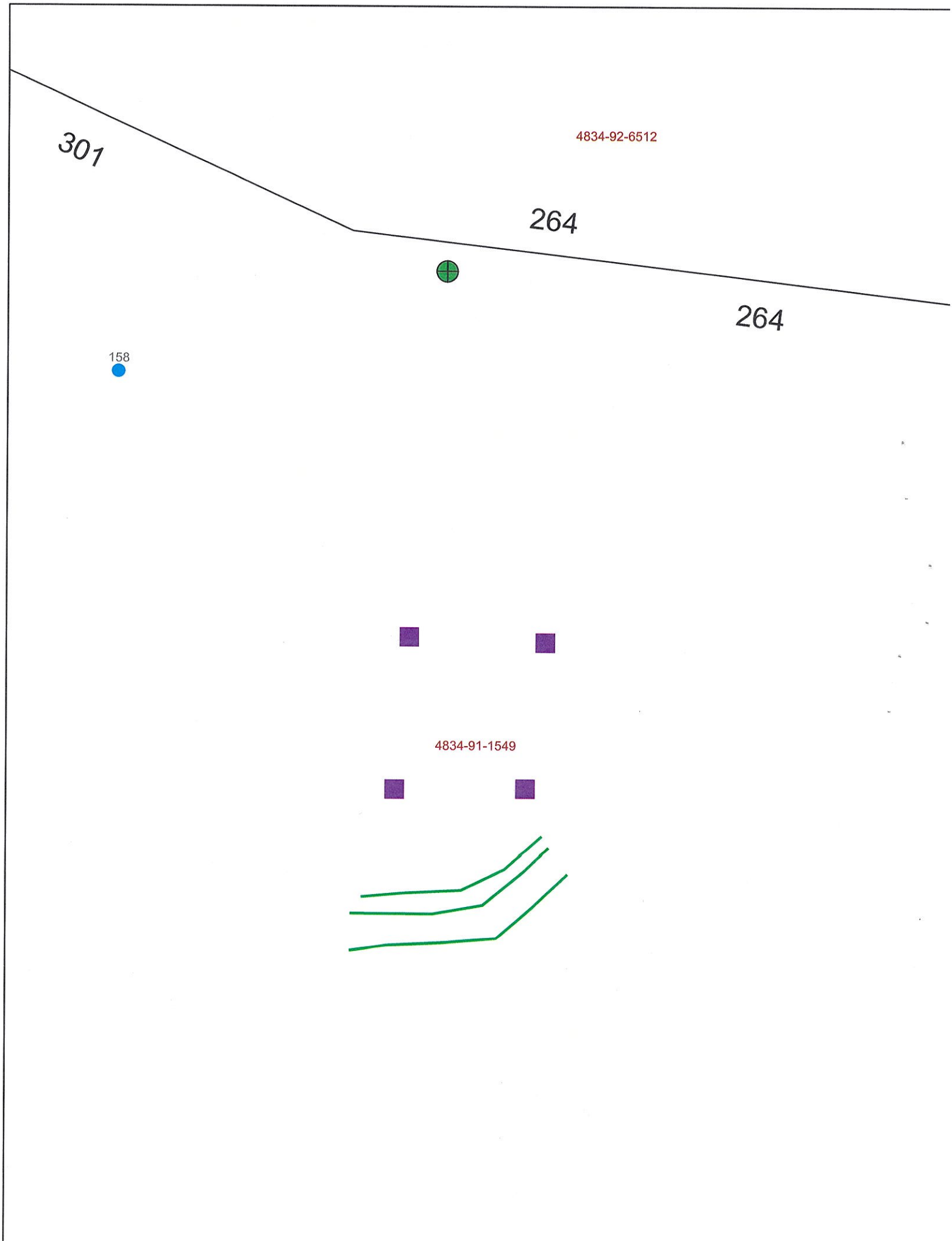
HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 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).



7% slope


301
4834-92-6512
264
264
158
4834-91-1549

RECEIVED MAR C 4 2022

CW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM AP-326270 $500.00

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: Americas Home Place Wayne Hooker Address: 1206 Greenland DR Statesville NC Zip: 28677

Applicant Email: whooker@americashomeplace.com Phone: 336-705-3235 Alt. Phone: _____

Owner Name: Brandon Travis Johnson Address: 136 Dean Ln, Union Grove NC Zip: 28689

Owner Email: brittanypeeples22@yahoo.com Phone: 704-902-9424 Alt. Phone: _____

****

Property Information:

Street Address: 158 Brushy Creek Rd Union Grove NC 28689

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

Driving Directions: N on 77 Exit on 901 Lt 4m Rt Warren bridge 1m Lt Batch Branch Rd. 1m Rt Brushy Creek Rt job ½ m on Rt

****

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: 3	( ) 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: 2556 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: _____
( ) 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: Wayne Hooker 3/3/22
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Brittany Johnson

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.

2. I, Brittany Johnson, am the legal owner(s) of the property located at Brushy Creek Rd, identified as

PIN (Parcel Identification Number) 4834-91-1549, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Americas Home Place, Wayne Hooker, 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.

Brittany Johnson — Signature of Owner(s)

3/1/2022 — Date

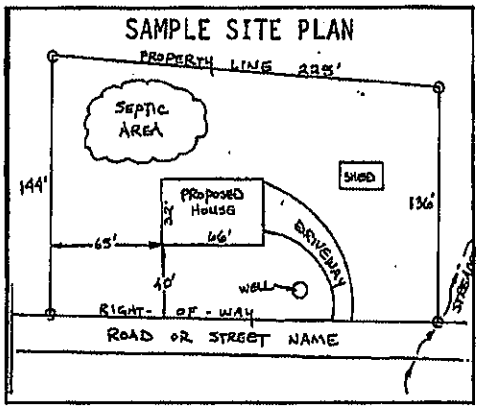
Mooresville - Environmental Health
ronda.nart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

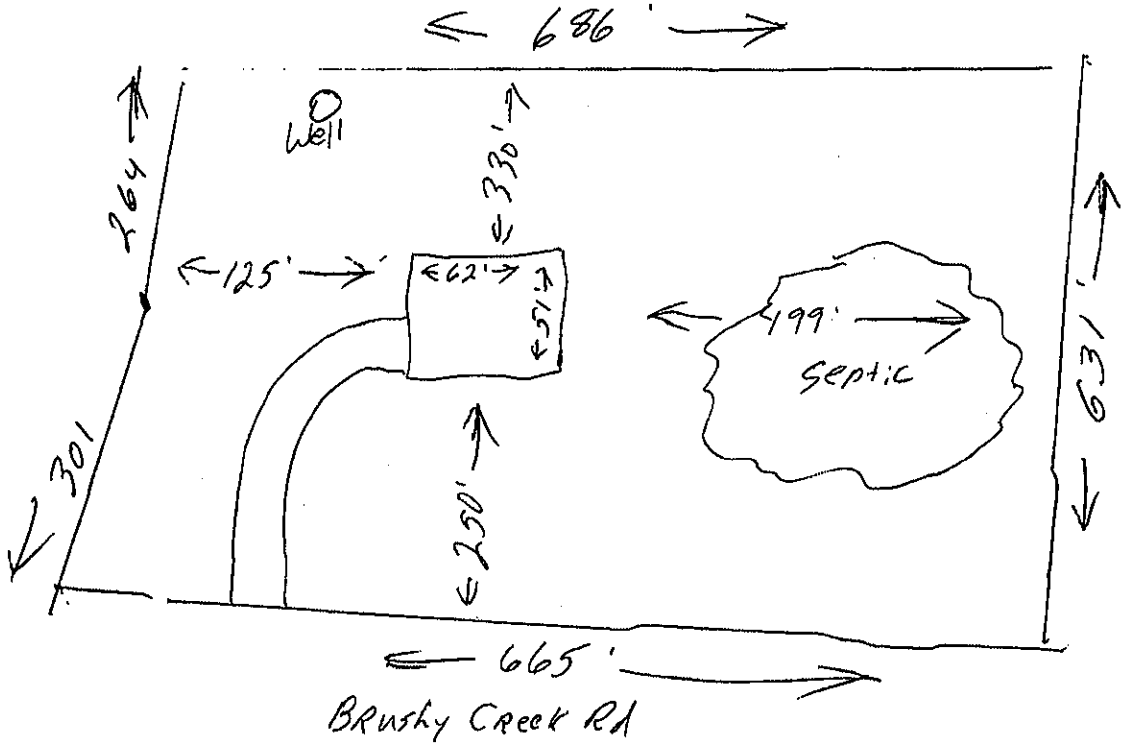
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

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

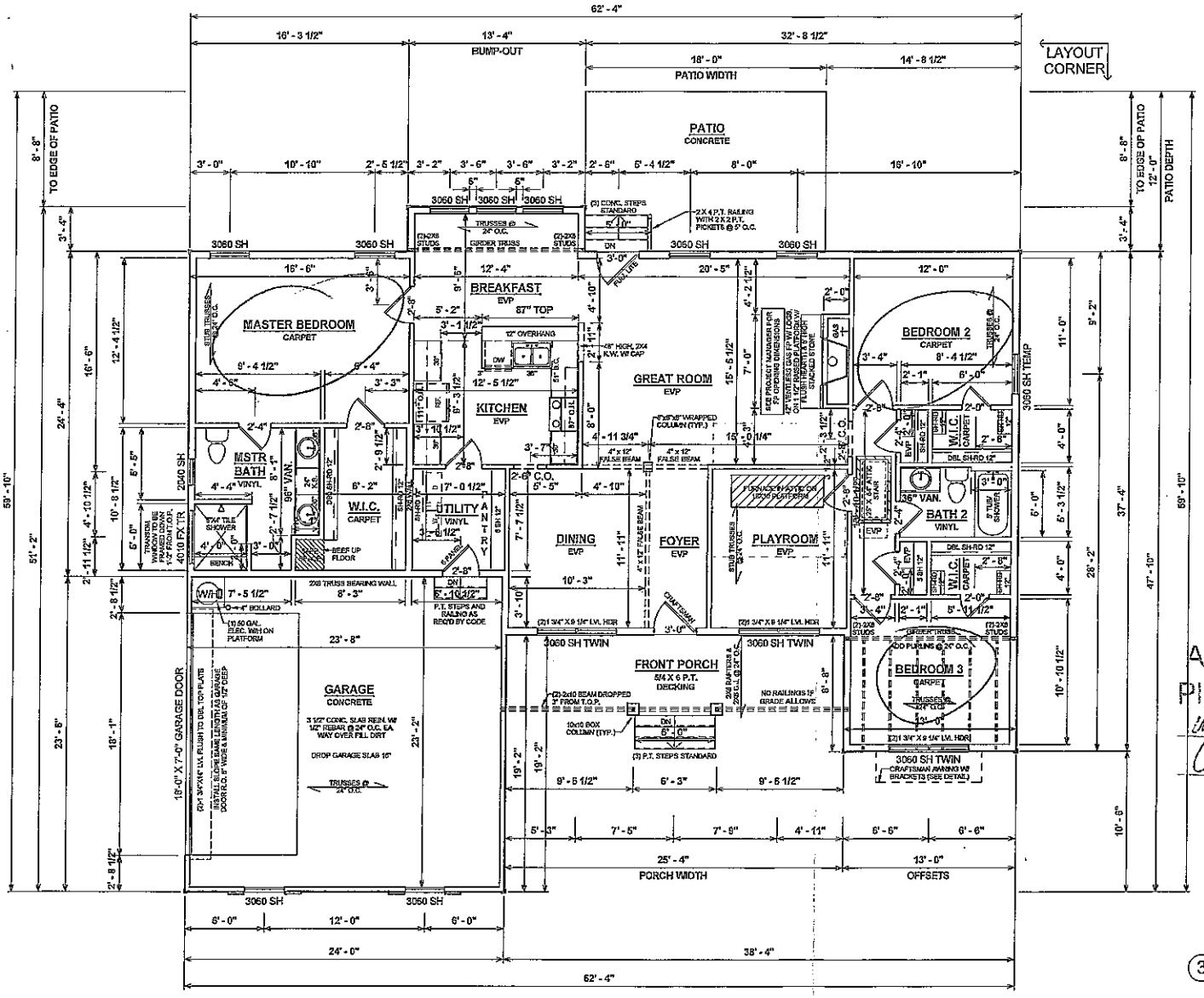


Signature: Wayne Cooke

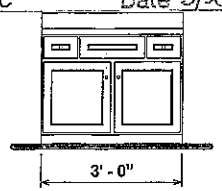
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/3/22

DATE



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



3 891.1 36" VANITY ELEVATION
3/8" = 1'-0"

GENERAL NOTES

- MIN 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF EXTERIOR OR GARAGE STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR:
  SINGLE - 66"
  DOUBLE - 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH
- 2X6 EXTERIOR WALL WITH INSULATION

Acknowledgement Of Plans Submittal ONLY!
Wayne Horton Date 3/29/22
Cory Wilt Date 3/30/22

Revision Schedule		
Revision Number	Revision Description	Revision Date

AREAS:	
FIRST FLOOR HEATED	1,841 SF
	1,841 SF
GARAGE	363 SF
FRONT PORCH	152 SF
	715 SF
TOTAL UNDER ROOF	2,556 SF
PATIO	216 SF
TOTAL UNCOVERED	216 SF

THE: AUBURN MFH
FOR: JOHNSON, B. & B.
BRUSHY CREEK ROAD, UNION GROVE, NC 28689
OFFICE:
SOLD BY:

JOB#: 87-22-006
2x6 EXTERIOR WALLS
FOUNDATION TYPE: CRAWLSPACE
DRAWN BY: F. VELARDE
CHECKED BY: JS
PRINT DATE: 3/4/2022 4:37:15 PM

PROPERTY OF:
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

©COPYRIGHT - 2022
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, $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.

PAPER SIZE: 11" x 17" SCALE: As indicated

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326270 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4834911549.000	158 BRUSHY CREEK RD	Iredell County

Owner Information	Applicant Information
Name: JOHNSON BRANDON T	Name: AMERICA'S HOME PLACE OF STATESVILLE, LLC
Address:	Address: 1206 GREEN LAND DRIVE STATESVILLE, NC 28677
Phone:	Phone: (704)872-4400

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.96	35	35	15	15	WSII-BOW Coddle Creek	YES

Remarks
SFD

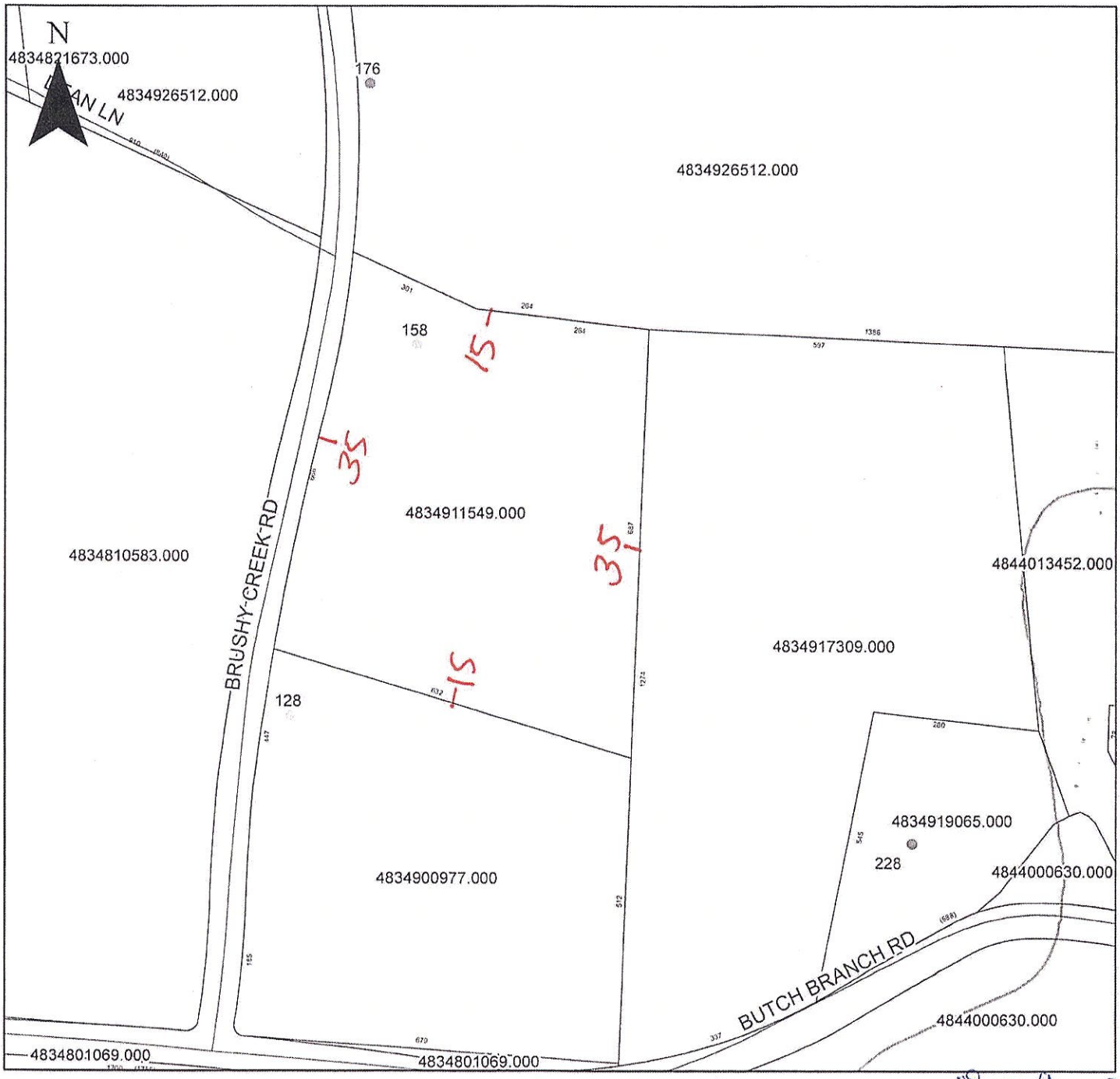
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 03/03/2022

Permit Number	326270	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 158 Brushy Creek Rd.

NO 8.964 RA WS-IV-BCW

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.

Wayne Hooker
Applicant

3/3/22
Date