IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 2126632

APPLICANT: Maurice Lunsford APPLICANT ADDRESS: 2211 Jamestown Dr Statesville NC

SITE ADDRESS: 3458 Jennings Rd Statesville NC PHONE: 704-437-3961 ALT. PHONE: n/a

SITE DIRECTIONS: Hwy 901 to Jennings rd Lot on Left

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 27.23cc DESIGN FLOW: 240 L.T.A.R.: 0.2

Septic Tank 1000 (gal) STB 354 Date 4-10-17 | Pump Tank (gal) PT Date | Pump Make Model Serial # | # Nitrification Fields 1 # Lines 3 Linear Ft: 300 | Trench Width 36" Max. Trench Bottom Depth 36" 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 ☐ Business ☒ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 1 | No. Persons | No. Employees | ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on Contour with serial distribution Maintain 36" + rock depth on high side

INITIAL SITE SKETCH

(772') P/L

(217') P/L

DRIVE TO Jennings

AS-BUILT SKETCH

(966') P/L 1"=60'

36' Pool 18'

BARN 125'

35' 63' 34' 75' 80'

9' 9' 100' 100' 100'

Repair Area

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 correction. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. Date: 8-21-2015 Installed by: Wally Wellborne Excavating

☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Maurice Lunsford

IMPROVEMENT PERMIT by: [signature] Date: 08/21/15 OPERATION PERMIT by: Benjamin D. Potter Date: 10/17/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 08/21/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Barn

for **ON-SITE WASTEWATER SYSTEM**

(Complete all fields in full)

OWNER: Maurice Lunsford APPLICATION DATE 7/22/15

ADDRESS: 3450 Jennings Rd DATE EVALUATED: 08/21/15

PROPOSED FACILITY: Barn PROPOSED DESIGN FLOW (.1949): 240 PROPERTY SIZE: 27.23ac

LOCATION OF SITE: 901 to Jennings lot on left PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other w/a

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	L 2%	0-24	WABK TBL	fi/v SE	PS	PS	w/a	24"	DRP
		24+	mass CR	fi w/a					
2	L 2%	0-36	ABK CHCR	fi SE	PS	PS	w/a	w/a	PS .2
		36-	WABK BC	fi/v SE					
PIT 3	L 2%	0-17	Fill		+58"	+58"	+58"	+58"	PS 0.25
		17-30	C ABK	fi mod SE					
		30-58	BC WSBK	fr mod SG					
PIT 4	L 2%	0-48	Fill		w/a	w/a	w/a	w/a	UNS

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	.2	.2
Site LTAR	.2	.2

OTHER FACTORS (.1946): PS

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: H Snow

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)	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)			VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)				SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

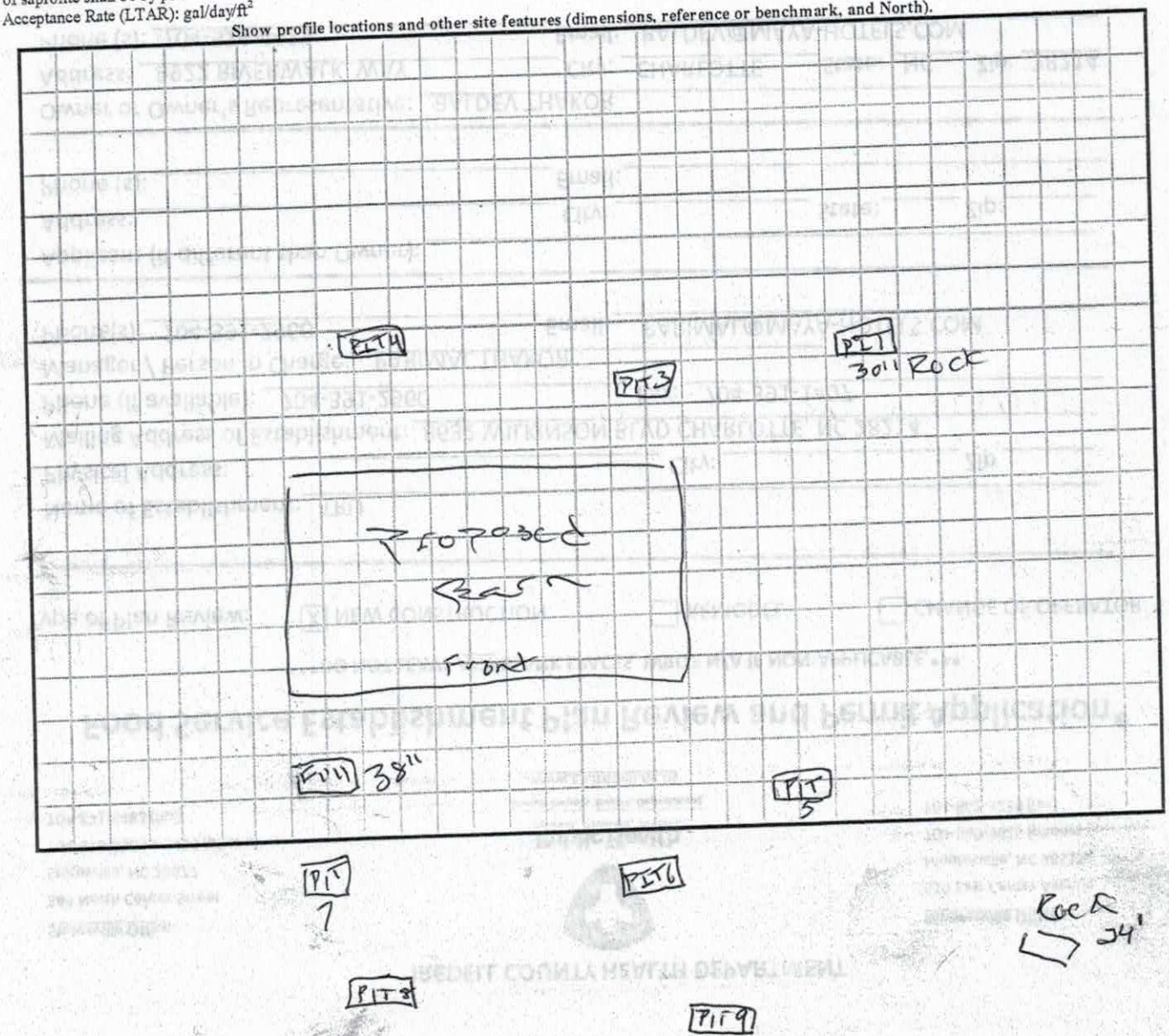
NOTES

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4843528474
DATE OF EVALUATION: 06/19/15
COUNTY: Iredell

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
PIT 5	L 10%	0-6	SCL Gr	Fr mod SE	+48"	+48"	+48"	+48"	PS 0.25
		6-22	C ABK	Fr mod SE					
		22-48	BC Rock Inclusions WABK	Fr mod SE					
PIT 6	L 10%	0-20	C ABK	Fr mod SE	+48"	+48"	+48"	+48"	PS 0.2
		20-48	BC sap Incl WABK	Fr mod SE					
PIT 7	L 10%	0-14	Fill		T50" 37-50" YIB MOTTS 2547,344	T50	T50	T50"	PS 02
		14-20	SCL Gr	Fr mod SE					
		20-37	C ABK	Fr mod SE					
		37-50	BC WABK	Fr mod SE					
PIT 8	L 10%	0-17	Fill		+49	+49	+49	+49	PS 02
		17-49	C WBBK	Fr mod SE					
PIT 9	L 10%	0-10	Fill		+60	+60	+60	+60	PS .25
		10-40	Mass Sap (S2)	Fr S/A					
		40-60	Mass Sap (S1)	Fr w/p					

COMMENTS:

Call 704-437-3461
for entry thru gate

Pits 10.00
212 255
Randy

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

17632

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:

Applicant Name: Maurice Lunsford Address: 2211 Jamesway Drive Statesville, NC 28625 Phone: 704-437-3461

Owner Name: Maurice Lunsford Address: 2211 Jamesway Drive, Statesville Phone: 704-437-3461

Property Information:

Street Address: 3460 Jennings Road Union Grove, N.C. 28689

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

Driving Directions: Hwy 901 – Left on Jennings Rd. Union Grove, NC

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 0
Maximum Number of Occupants: 0
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (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: _____ July 22, 2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

65860

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:

_____ Property Line measurements are clearly identified...

_____ 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

_____ Front and side setbacks from property line...

_____ Preferred driveway location and configuration, preferred well location...

_____ Area you prefer your septic system to be placed...

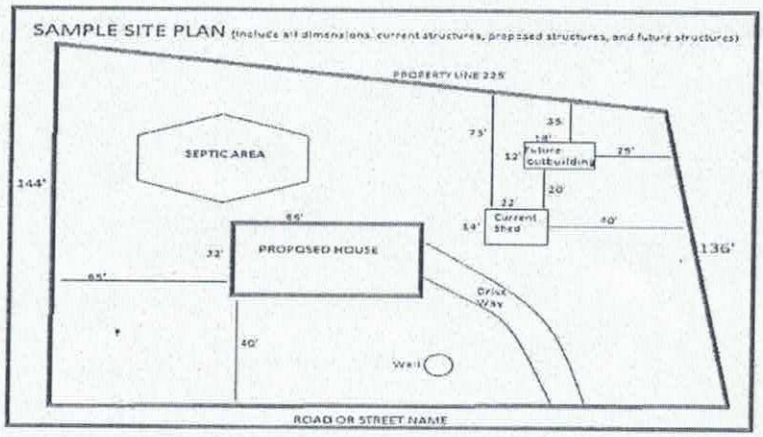
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

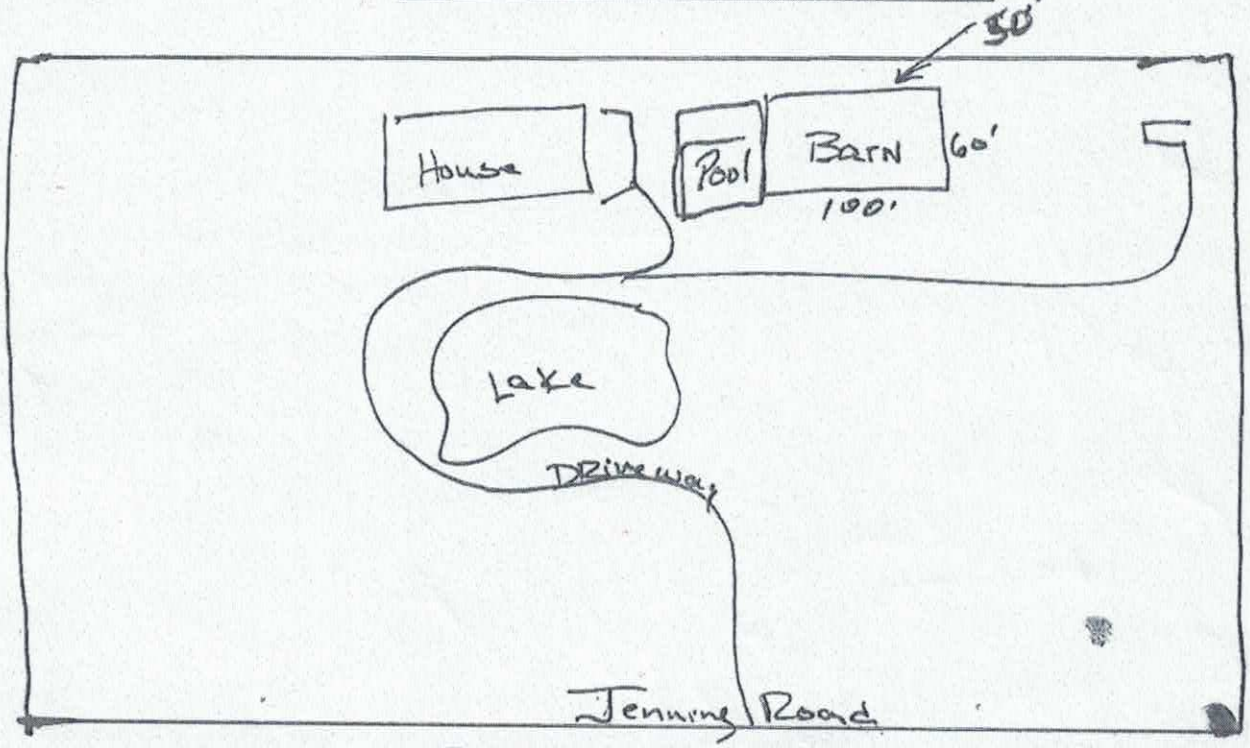
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

July 22, 2015

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
212255
Issue Date: 07/22/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4843528474.000	3460 JENNINGS ROAD, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LUNSFORD MAURICE A+DEE W	Applicant: LUNSFORD MAURICE A+DEE
Address: 2211 JAMES WAY UNION GROVE, NC 28625	Address: 2211 JAMES WAY STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
BARN WITH BATHROOM & KITCHEN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
27.230	50.00	50.00	50.00	50.00	NOT	X

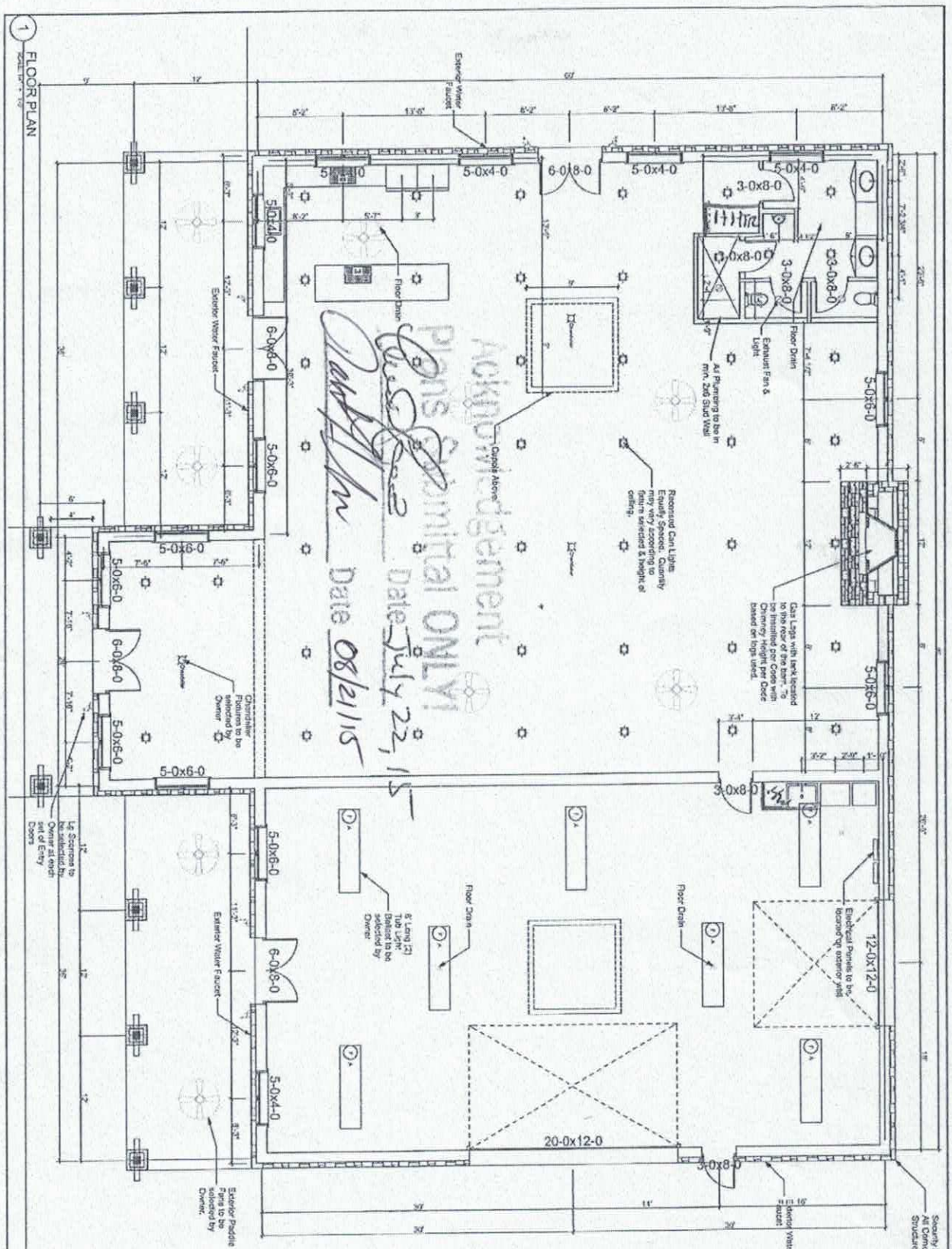
Remarks:

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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: See Attached Date: _____

Permit Number	44334	TOTAL FEES:	$ 77.25



A-102

Floor Plan

Lunsford Barn

Mia Lunsford
Union Grove, NC

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morganarchitectureconsulting@gmail.com