IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (CC) Mooresville Office (704) 660-3625 PERMIT # 233010

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

PIN # 4850-80-0647

APPLICANT/OWNER: Adawi Revels APPLICANT ADDRESS: 345 Rash Road Olin, NC

SITE ADDRESS: 345 Rash Rd. Olin, NC PHONE: 704-657-7193 ALT. PHONE

SITE DIRECTIONS: I-77N → R on Tomlin Mill Rd → L on Rash Rd → site on Left SAP CONTROLLED: ☐ YES ☒ NO

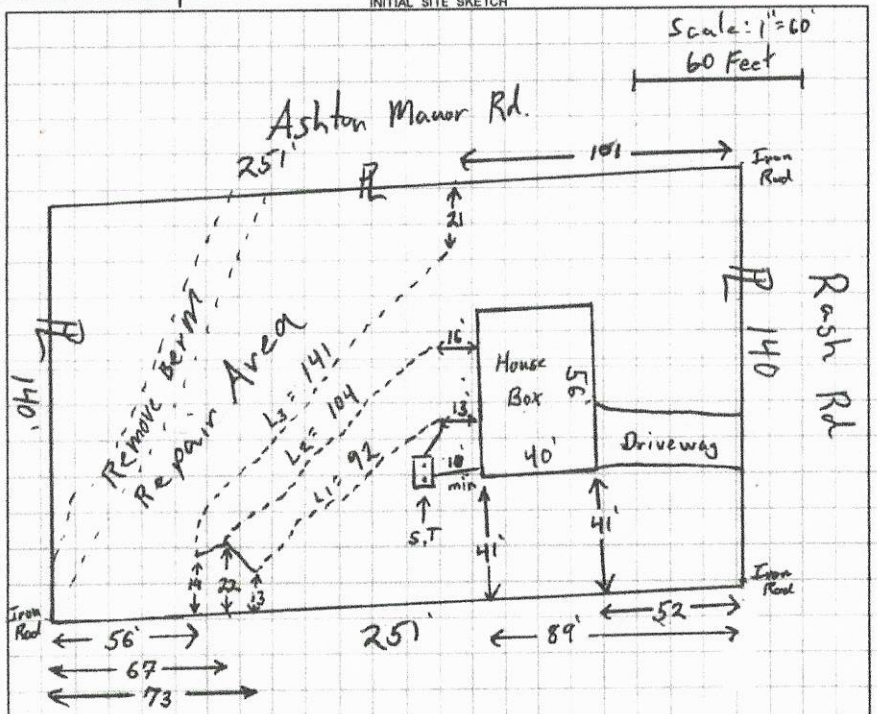
SUBDIVISION: Warren & Esther Hilkert SECTION: LOT # 7 LOT AREA: 0.90 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	IM 1060	Date	Infiltrator	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI (Distribution)	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (Serial)	☐ Business	No. Persons	6	☐ Private
Pump Make	—		Model	—	Serial #	—	Repair System Description:	Same	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines		3	Linear Ft	328	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth			☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

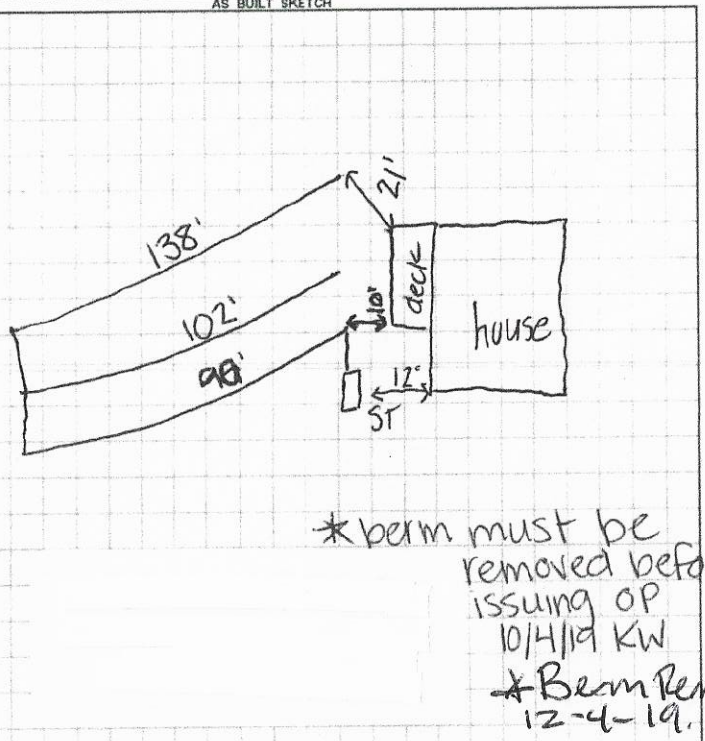
Comments / Conditions: Though 337 lf. of line have been laid out, only 328 need be installed. Berm towards rear of lot must be removed to promote surface water runoff

* Floor Plan Shows 6x32 Porch - will not impact septic Area Maintain 5ft Setback from Porch. * - B Bottkins

INITIAL SITE SKETCH



AS BUILT SKETCH



* berm must be removed before issuing OP 10/4/19 KW

* Berm Removed 12-4-19.

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: A. R. Date: Installed by: Darron Lefebvre

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/2/2018 OPERATION PERMIT by: Benjamin A Bottkins Date: 12-4-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottkins Date: 8/26/2019 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 ___ of ___
PROPERTY ID #: 4850-30-0649
COUNTY: Iredell

L1 43'
L2 32'
L3 120'
L4 102'
297

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

OWNER: Adawi Revels
APPLICATION DATE: 1/29/18
ADDRESS: 201 Weisner Rd
DATE EVALUATED: 2/14 + 2/27 18
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.90 acres
LOCATION OF SITE: 345 Rash Rd olin (Corner Lot)
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	LSS 5%	0-22	Clay W. SBK/ABK	SI. Firm, Sticky, Sp/Sap	—	58"	—	—	0.325 PS
		22-58	Clay Loam W. SBK some comma SAP	Friable, SS, Sp Sap					
		58-70	Loamy MA Saprolite	Very Friable + well Drained					
Alan McKinney 2	LSS 5%	0-24	Clay M-S SBK/ABK	SI. Firm, Sticky, Sp, Sap	platy 7.8-24 (no redox around channels	58"	—	—	0.275 PS
		24-58	Clay Loam W. SBK some Saprolite	Friable, SS, Sp, Sap					
		58-71	MA Loamy Saprolite	Very Friable + well Drained					
					Keep Deep				
3	LSS 5%	0-22	Clay W-M SBK/ABK	SI. Firm, Sticky, Sp, Sap		49"	—	—	0.30 PS
		22-49	Clay Loam W. SBK/ABK	Friable, SS, Sp, Sap					
		49-67	Loamy Saprolite MA	very Friable & well Drained					
4	LSS 7%	0-26	Clay M-S ABK/SBK	SI. Firm, Sticky, Sp, Sap	Weeping 18-26"	54	—	—	0.275
		26-54	Clay Loam W. SBK/ABK	Friable, SS, Sp, Sap					
		54-65	Loamy MA Saprolite	very Friable + well Drained					
					Keep Deep				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	337	350+
System Type(s)	25%	25%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Alan McKinney
★ Remove Berm Around Repair Area

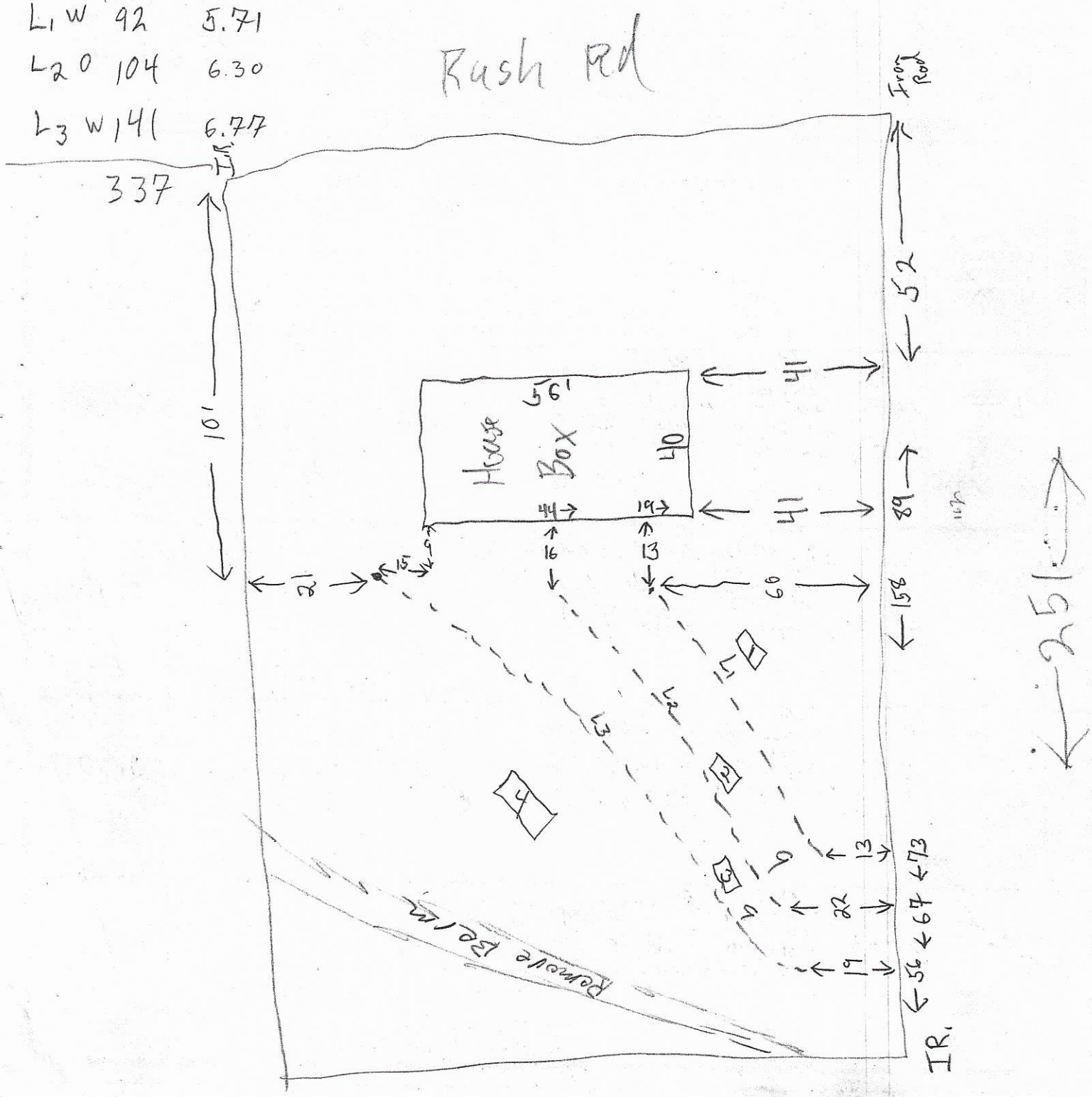
COMMENTS:

328 needed

L1 W 92 5.71

L2 0 104 6.30

L3 W 141 6.77



New Appl Well 23010

RECEIVED FEB 2 2 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Adawi Revels Address: 201 Weisner Rd Zip:
Applicant Email: asrevels@gmail.com Phone: (704) 657-7193 Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 345 Rash Rd. Olin N.C. 28660
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Tomlin Mill Rd. & take left onto Rash Rd., go about ½ miles, property is on the left.

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:
Non-Residential Site Development:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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:
( ) 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 (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: A. Rel 02.22.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
A. Rel

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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Applicant Information: (PRINT CLEARLY)

Applicant Name: Adawi Revels Address: 201 Weisner Rd Zip: _____

Applicant Email: asrevels@gmail.com Phone: (704) 651-7193 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 345 Rash Rd. Olin N.C. 28660

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

Driving Directions: Tomlin Mill Rd., & take left onto Rash Rd., Go about 1½ miles, property is on the left.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 5
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

( ) 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 (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: A. Rev 1-29-18

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

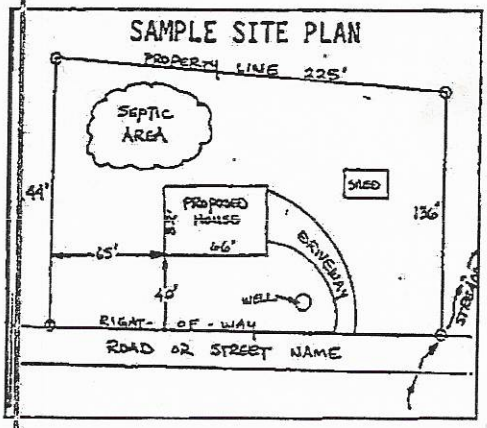
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

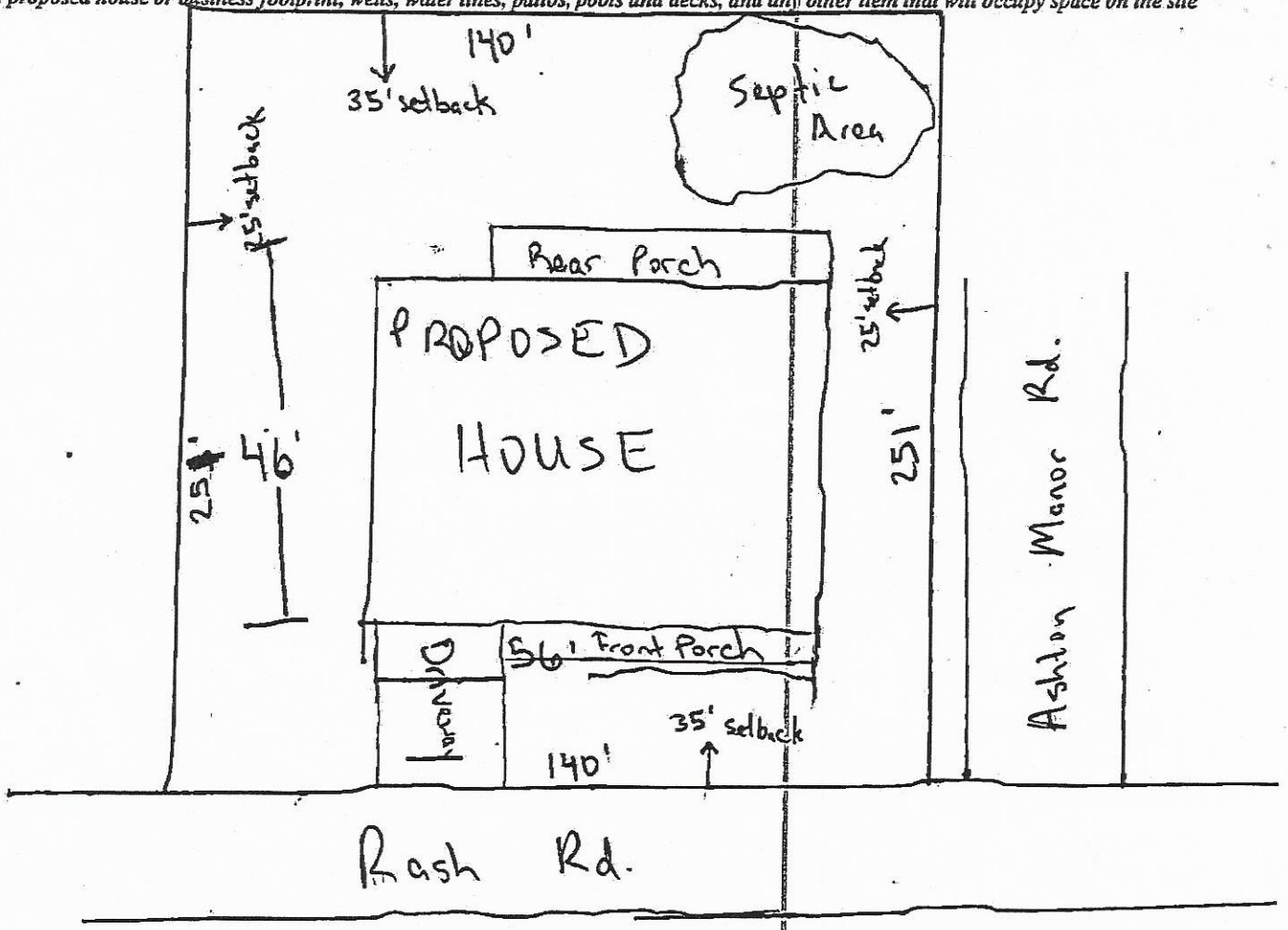


Circle N/A on the following if appropriate:

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

1-29-18
DATE

DocuSign Envelope ID: 0BF37E07-30BE-4739-AB4E-D949E43DA509

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, Ricky E Money, am the legal owner(s) of the property located at 345 Rash Road, Olin NC 27026, identified as PIN (Parcel Identification Number) 4850-80-0847.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Ricky Theodore Odom Adawi Sogwili Revels, 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:
Ricky Money 03.22.19
Signature of Owner(s) Date

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

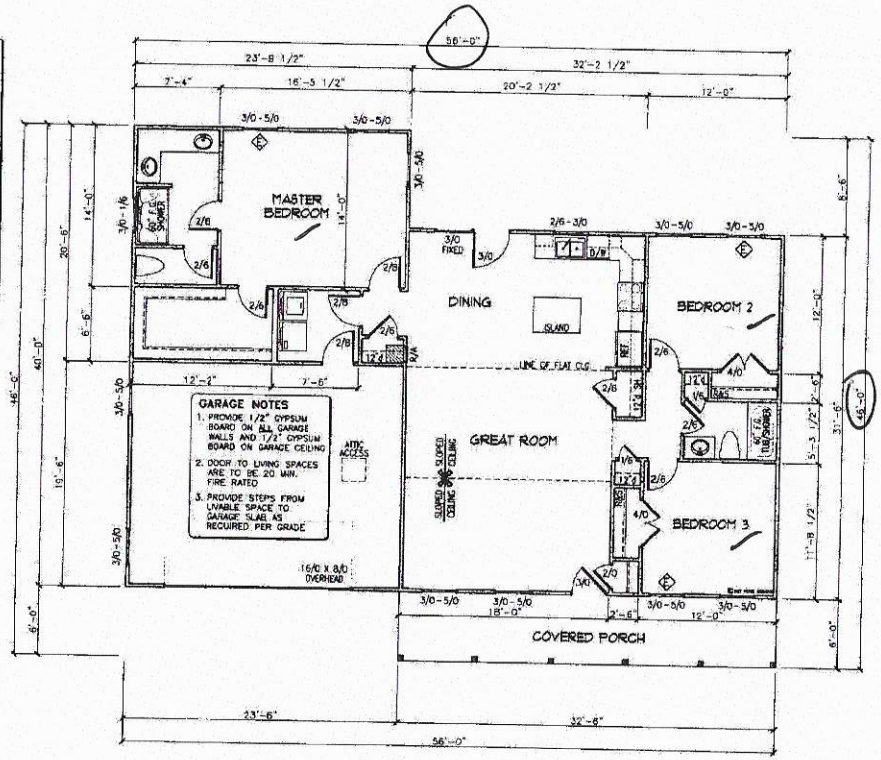
Acknowledgement Of
Plans Submittal ONLY!
Benjamin A Bell Date 2/28/19.
Date

PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION

PLAN NOTES

1. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD.
   NO WALL FINISHES ARE ASSUMED.
   TYPICAL U.N.O. VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION.
2. EXTERIOR WALLS ARE TO BE 2X6, TYPICAL UNLESS NOTED OTHERWISE
3. INTERIOR WALLS ARE TO BE 2X4, TYPICAL UNLESS NOTED OTHERWISE
4. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
5. ⊠ INDICATES CONCENTRATED LOAD FROM ABOVE. PROVIDE SOLID BLOCKING (JOIST OR STUDS) AT ALL LOCATIONS FOR LOAD TRANSFER
6. PLACE DOORS 5" FROM CORNER WHERE APPLICABLE, PER PLAN
7. WEATHER STRIP ALL DOORS OR OPENINGS INTO ATTIC OR NON HEATED SPACES

⟨E⟩ INDICATES THAT THE WINDOW MUST MEET EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURES DESIGN MANUAL FOR FURTHER DETAILS.



D&T HOME DESIGNS
© COPYRIGHT 2018

Revels Residence
Rash Road ◆ Olin, North Carolina
MAIN LEVEL PLAN

SQUARE FOOTAGE	
MAIN LEVEL	1,308 S.F.
PORCH	458 S.F.
FRONT STOOP	150 S.F.
TOTAL ROOFED	1,308 S.F.

DRAWN BY: DRG
DESIGN NO: R-2018-110
SCALE: 1/8" = 1'-0"
BASE PLAN: CUSTOM
REVISION:
MANAGER
DATE DRAWN: 01/20/19

B2.2

IREDELL COUNTY

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

APPLICATION NUMBER
233010
Issue Date: 01/29/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4850800647.000	345 RASH ROAD, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MONEY RICKY E	Applicant: REVELS, ADAWI
Address: P O BOX 51 MOCKSVILLE, NC 27028	Address: 345 RASH RD. OLIN, NC 28660
Phone:	Phone: 704-657-7193

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.900	35.00	35.00	15.00	25.00	NOT	X

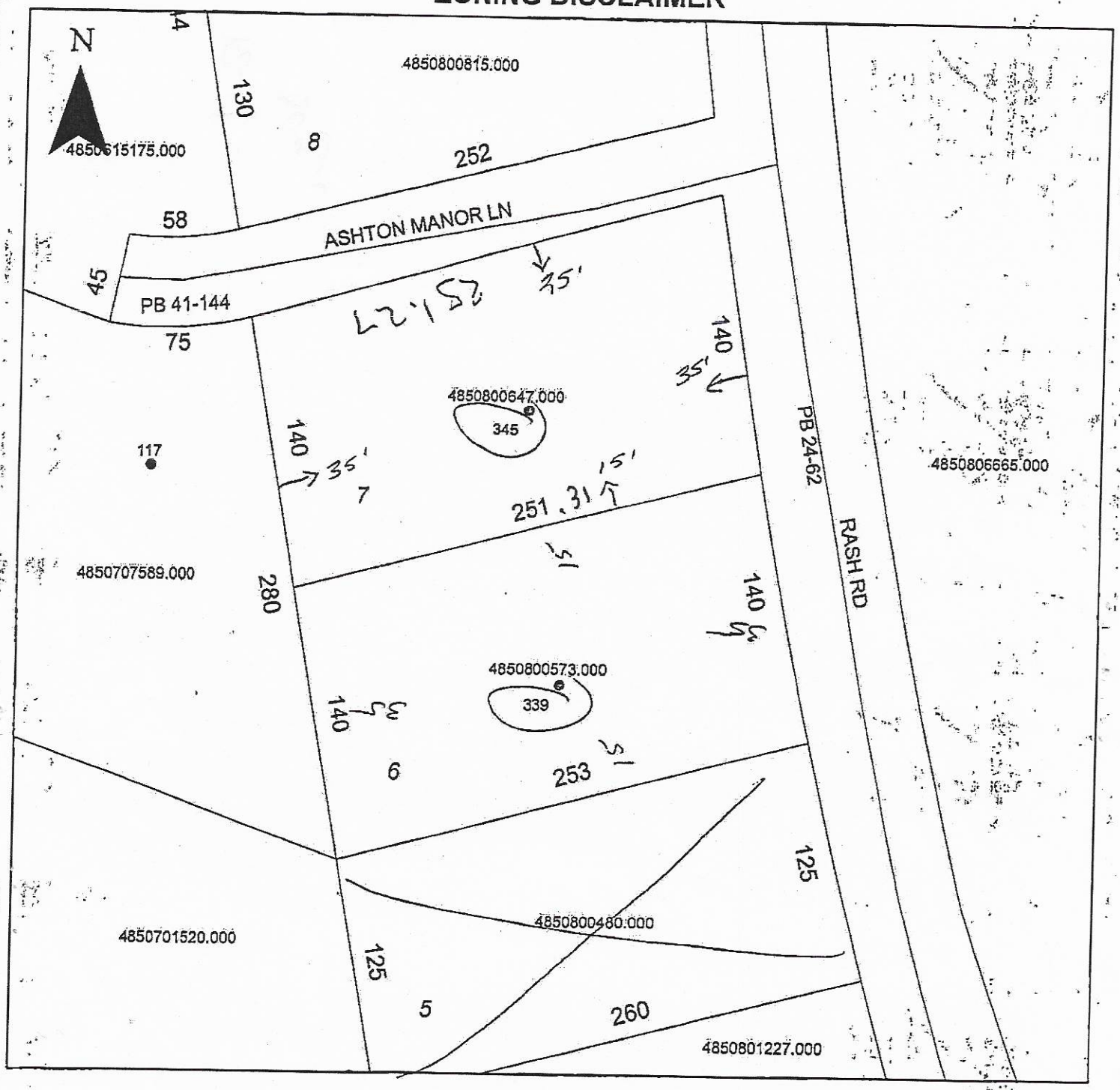
Remarks:

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	126917	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 345 Rash 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.

A.R.

Applicant

1-29-18

Date