IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243219

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

PIN # 4851037451

APPLICANT/OWNER: MELISSA WHITE APPLICANT ADDRESS: 110 PADDOCK ROAD, UNION GROVE, NC 28689

SITE ADDRESS: 275 SLOANS MILL ROAD, OLIN, NC 28660 PHONE: 704-902-8256 ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (L) ON PIONEER, (L) ON SLOANS MILL, LOT ON L SAP CONTROLLED: ☐ YES ☑ NO

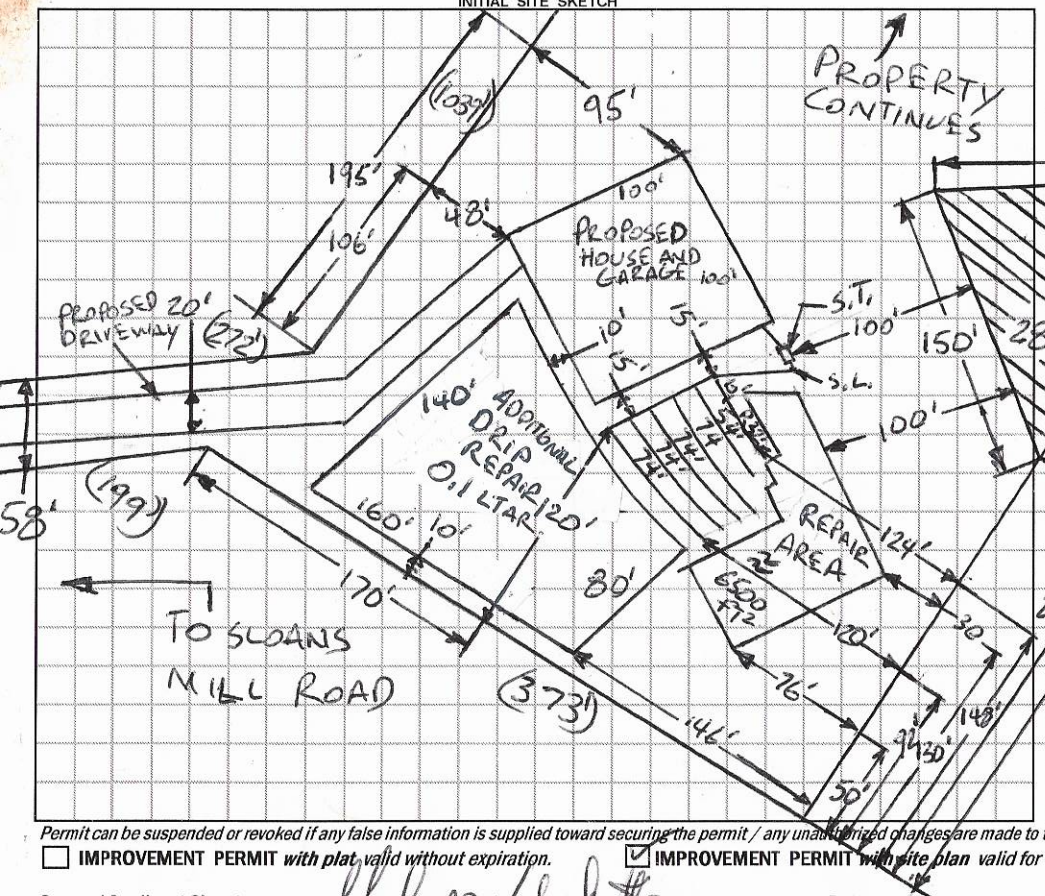
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10.002 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	B54	Date	11-4-19	☑ 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 6	☑ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION / DRIP			☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	20 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

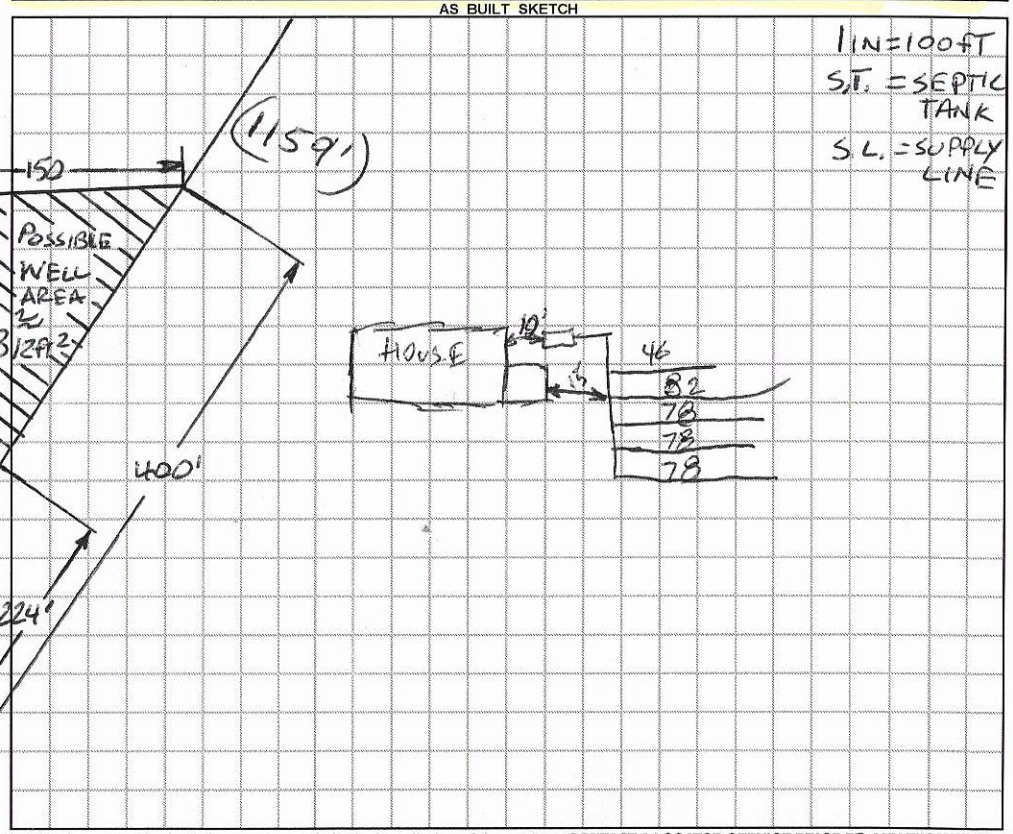
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 100FT FROM ALL WELLS DO NOT GRADE, PARK, OR DRIVE OVER SEPTIC AREA

DO NOT EXCEED A DOWNSIDE TRENCH DEPTH OF 20 IN, IF 6 IN OF SUITABLE COVER CANNOT BE MAINTAINED APPROVABLE COVER MAYBE BROUGHT IN.

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 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: Melissa White Date: — Installed by: A1 - BACKHOE

IMPROVEMENT PERMIT by: Burkett C. White Date: 6-11-2019 OPERATION PERMIT by: Burkett C. White Date: 1-8-2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 6-11-2019 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 1 of 3
PROPERTY ID #: 4851032451
COUNTY: IREDELL

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

OWNER: MELISSA WHITE
ADDRESS: 110 PADDOCK ROAD, UNION GROVE, NC 28689
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE:
APPLICATION DATE 3-27-2019
DATE EVALUATED: 4-29-2019
PROPERTY SIZE: 10.002 AC
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	LINEAR SIDE 8%	0-10	PLOW, ~~SBK~~ MIXED	FI, S, P, SEXP	SAP	56"	PS	NA	PS
		10-18	CL, SBK	FR, S, P, SEXP	INC		II		.3
		18-56	CL, WSBK	FI, SS, SP, SEXP	18"-56"				
		56-60	SAP, MAS	FR, NS, NP, SEXP	MICA T.O.		L		
2	~~LINEAR~~ ~~SIDE~~ HEAD 12%	0-12	PLOW, ~~SBK~~ MIXED	FI, S, P, SEXP	SAP	25"	PS II SL 25-40 U VFI 40+	NA	PS .25
		12-25	CL, ~~AWABK~~	FI, SS, SP, SEXP	INC				
		25-40	SAP, RC	FI, NS, NP, SEXP	THRU				
		40-45	SAP, RC	VFI ~~NS, NP, SEXP~~	OUT				
3	LINEAR SIDE 8%	0-8	PLOW, ~~SBK~~ MIXED	~~FI~~ IS, P, SEXP	SAP	40"	PS II SL FI STAY ABOVE	NA	PS .3
		8-20	CL, ~~SBK~~	FR IS, P, SEXP	INC				
		20-40	CL, WSBK	FR, SS, SP, SEXP	THRU				
		40-48	SAP, RC	FI, NS, NP, SEXP	OUT				
4	LINEAR SIDE 8%	0-9	PLOW, ~~SBK~~ MIXED	FI, S, ~~SP~~, SEXP	SAP	0" 26" 35"-48"+	U SL VFI	NA	PS .1 DRIP
		9-26	CL, ~~WSBK~~	FR, SS, SP, SEXP	INC				
		26-35	SAP, RC	VFI, NS, NP, SEXP	THRU				
		35-48	CL, WSBK	FR, SS, SP, SEXP	OUT MICA				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%/DRIP
Site LTAR	0.25	0.25/0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
OTHER(S) PRESENT:

COMMENTS:

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 #: 4851037451
DATE OF EVALUATION: 4-29-2019
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LINEAR SIDE 8%	0-8	PLOW, SBK MIXED	FI, S, P, SEXP	SAP INC THRU OUT MICA	34"	U II SL VFI	CL LARGE VFI SAP INC STAY ABOVE	PS .1 DRIP
		8-20	CL, SBK	FR, S, P, SEXP					
		20-34	CL, WSBK	FR, SS, SP, SEXP					
		34-42	SAP, RC	FI, NS, NP, SEXP					
		42+	ROCK	BHR					

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

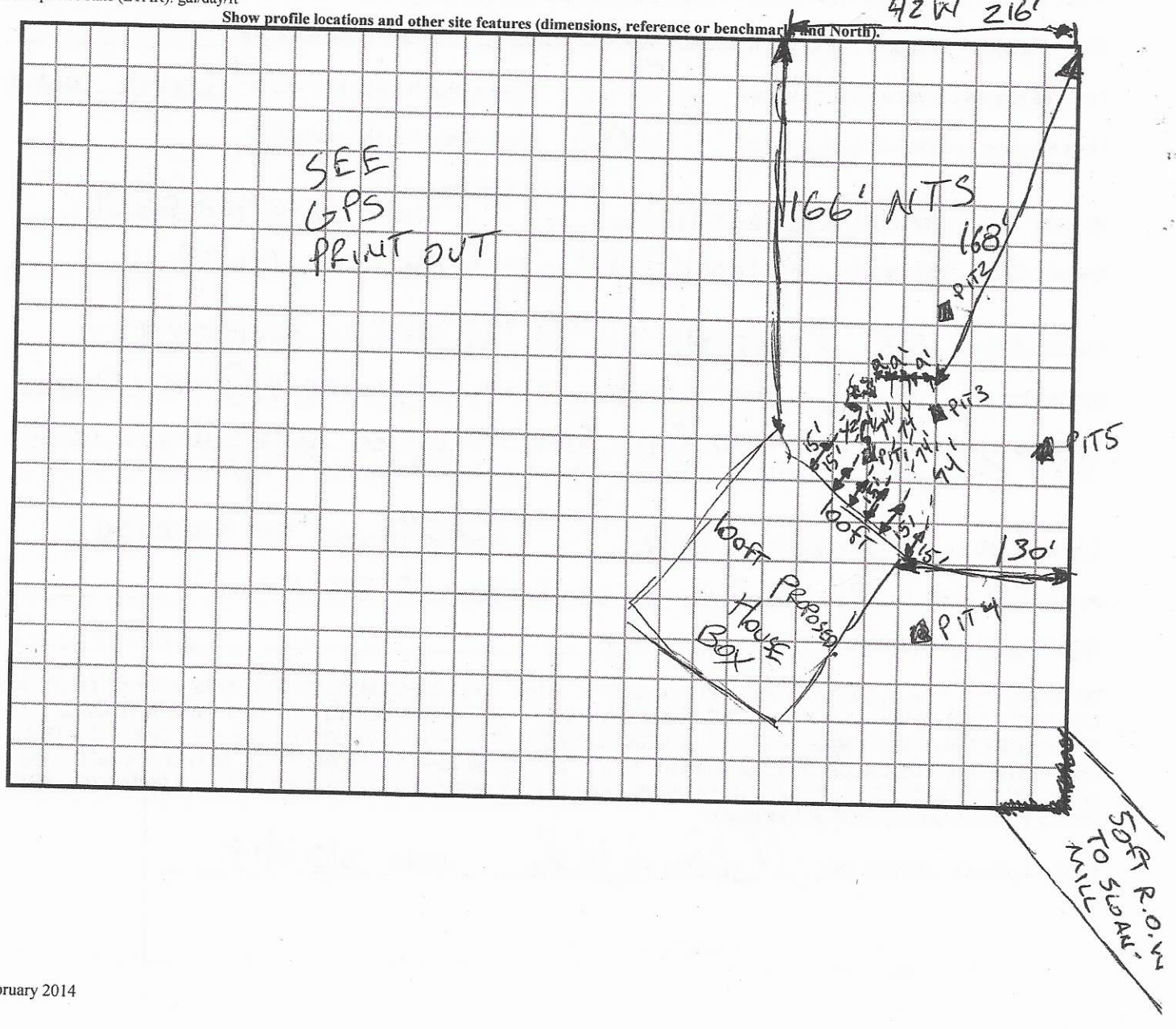
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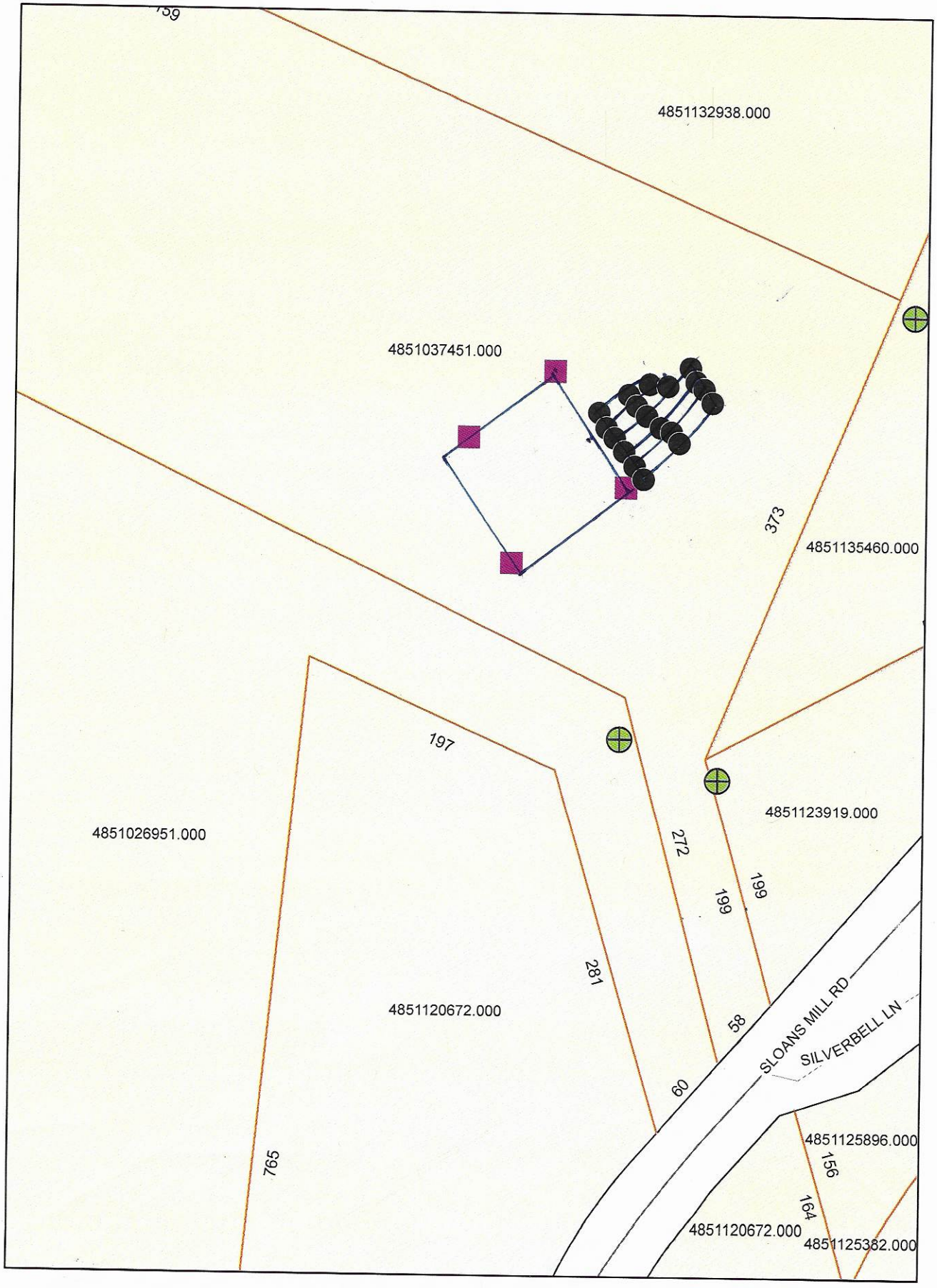
HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma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





1 inch = 100 feet

Please CALL prior to inspection

RECEIVED APR 2 3 2019

Name: Melissa

Number: 704-902-8256

EPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#243219 $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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Melissa White Address: 110 Paddock Rd. Union Grove NC Zip: 28689

Applicant Email: tm_alexwhite@yahoo.com Phone: 704 902 8256 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 275 Sloans Mill Rd. Olin, NC 28660

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

Driving Directions: Hwy 901, take Sloans Mill Rd. 4.2 miles 275 Sloans Mill Rd on Right

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

(✓) 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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1426 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: Melissa White 3/27/19

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

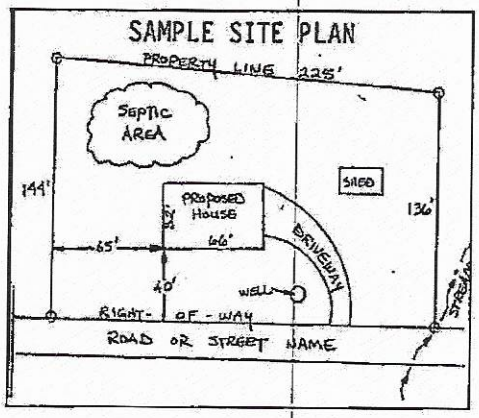
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) 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

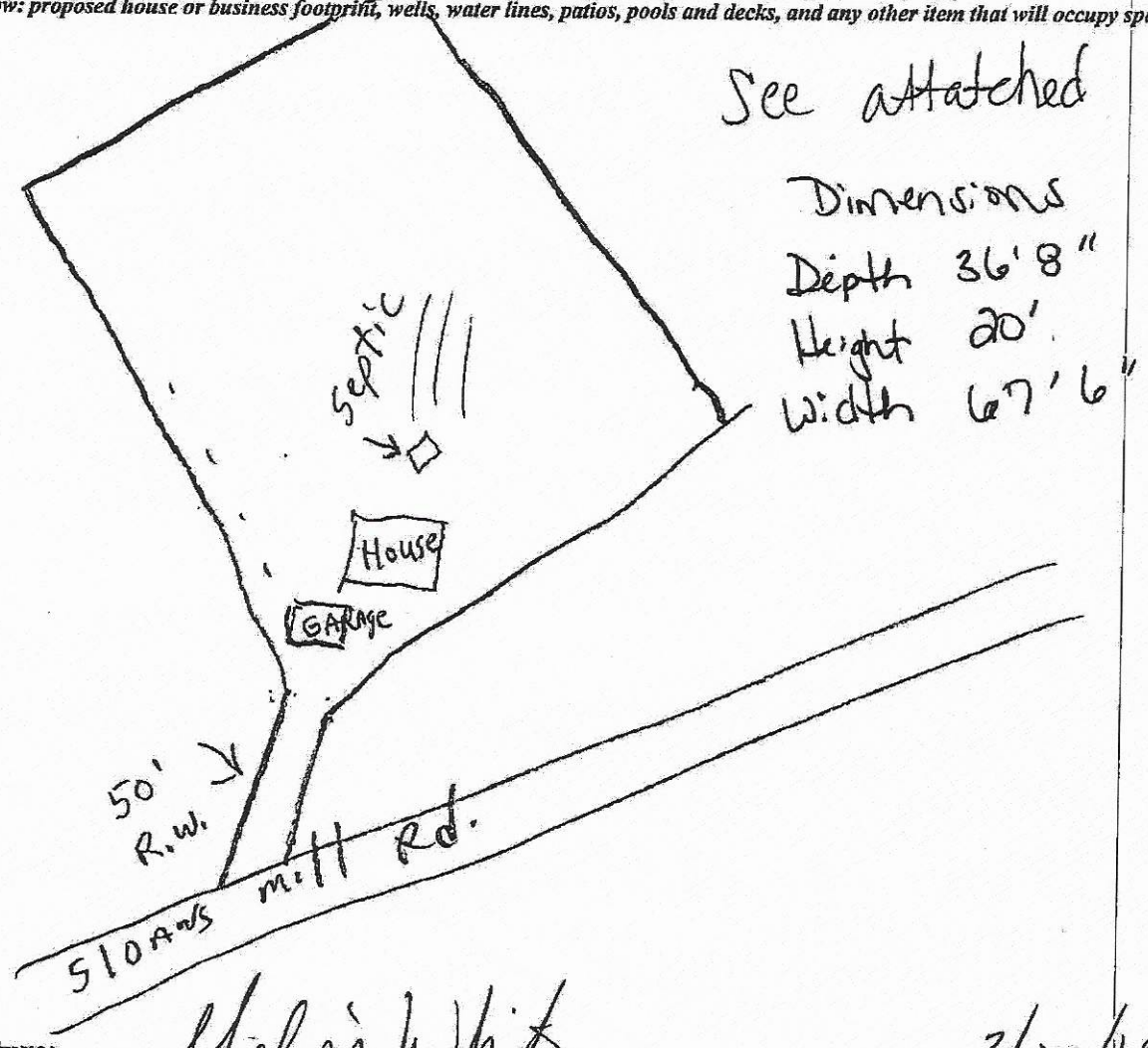


Circle N/A on the following if appropriate:

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

3/27/19
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*) Melissa White
Melissa White

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, Melissa White, am the legal owner(s) of the property located at 275 Sloans Mill Rd., identified as PIN (Parcel Identification Number) 4851-03-7451.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)
Dennis Mahaffey, _____, 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.

Melissa White
Signature of Owner(s)

3/27/19
Date

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

This plan can be customized!

Tell us about your desired changes so we can prepare an estimate for the design service. Click the button to submit your request for pricing, or call 1-877-803-2251 for assistance.

Modify This Plan

Melissa White

Acknowledgement Of Plans Submittal ONLY!

Date

Brent C. White Date 6-11-2019

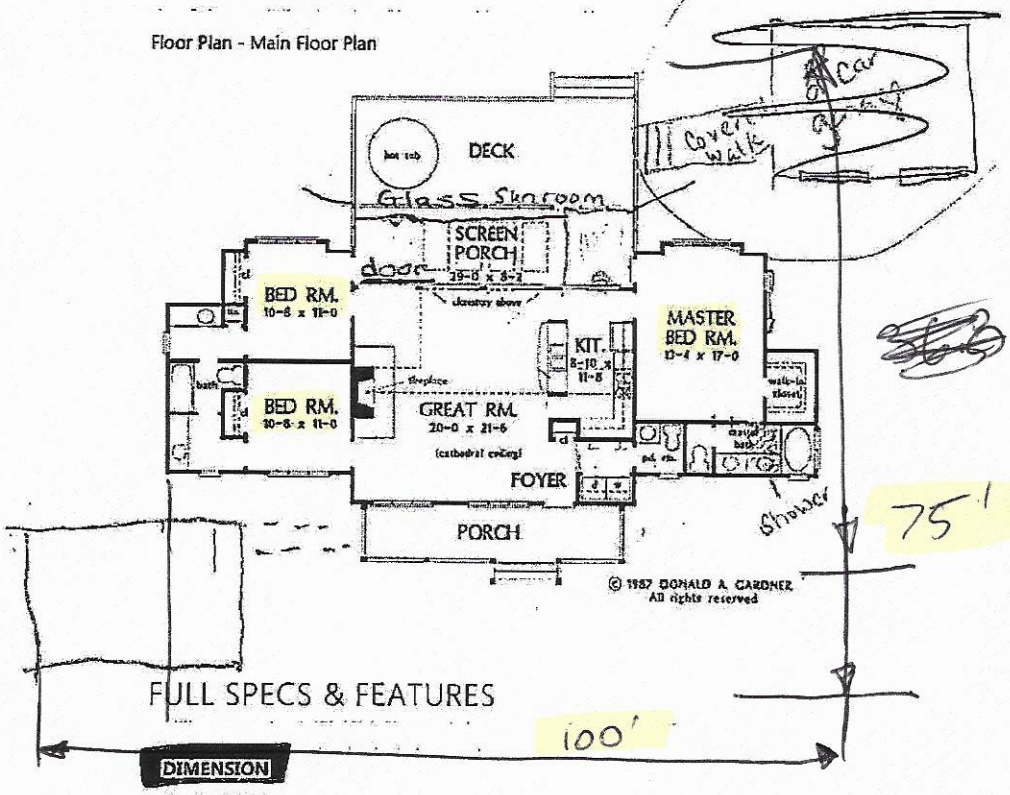
PLAN DESCRIPTION

Rustic charm abounds in this amenity-filled, three-bedroom plan. From the central living area with its cathedral ceiling and fireplace to the sumptuous master suite, this plan has it all. Be sure to notice the large walk-in closet in ...

MORE

FLOOR PLANS

Floor Plan - Main Floor Plan



NO Fire place
NO SKy Lights

75'

1426

100'

FULL SPECS & FEATURES

DIMENSION

Depth : 36' 8"
Height : 20'
Width : 67' 6"

$ 200,000 approx not including garage

AREA

First Floor: 1426 sq/ft height 8'

ROOF

Primary Pitch : 6:12
Roof Framing : Conventional
Roof Type : Shingle

EXTERIOR WALL FRAMING

IREDELL COUNTY

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

APPLICATION NUMBER
243219
Issue Date: 03/27/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4851037451.000	275 SLOANS MILL, OLIN, NC 28660	

Owner Information	Applicant Information
Owner: WHITE MELISSA B	Applicant: WHITE MELISSA B
Address: 110 PADDOCK RD	Address: 110 PADDOCK RD
UNION GROVE, NC 28689	UNION GROVE, NC 28689
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F. Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.000	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

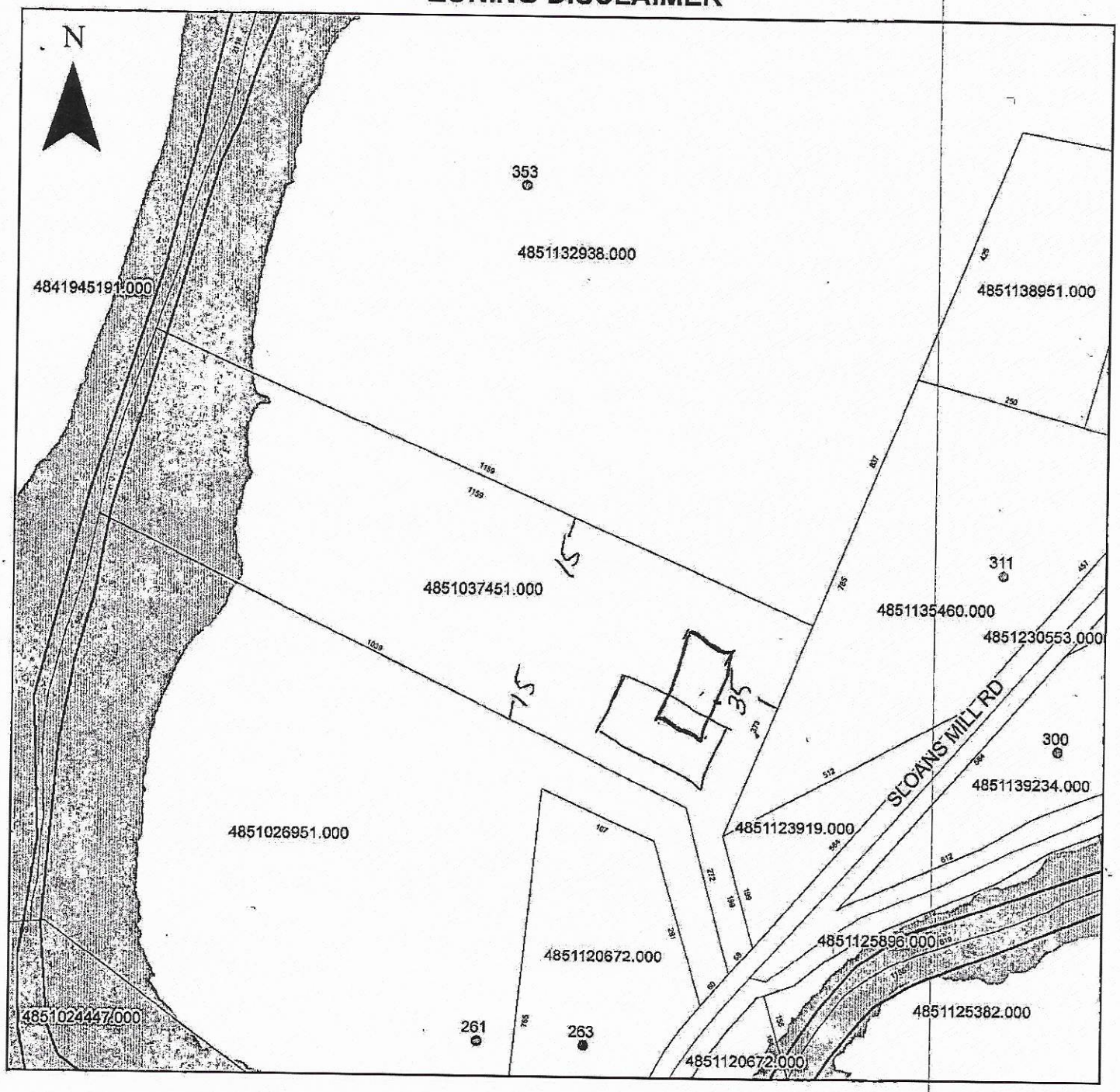
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	171950	TOTAL FEES:	$ 77.25

OK per KW
SL 2-25-19

ZONING DISCLAIMER



Property Address 275 Sloans Mill

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.

X Melissa White
Applicant

X 2/25/19
Date