ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324203

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

PIN # 4853 -- 00 -- 0513

APPLICANT/OWNER: John Huie APPLICANT ADDRESS: 118 Chestnut Oak Lane Union Grove NC 28689

SITE ADDRESS: 118 Chestnut Oak Road Union Grove 28689 PHONE: 828-320-4644 ALT. PHONE

SITE DIRECTIONS: 90 L on Chestnut Oak House on L SAP CONTROLLED: ☐ YES ☒ NO

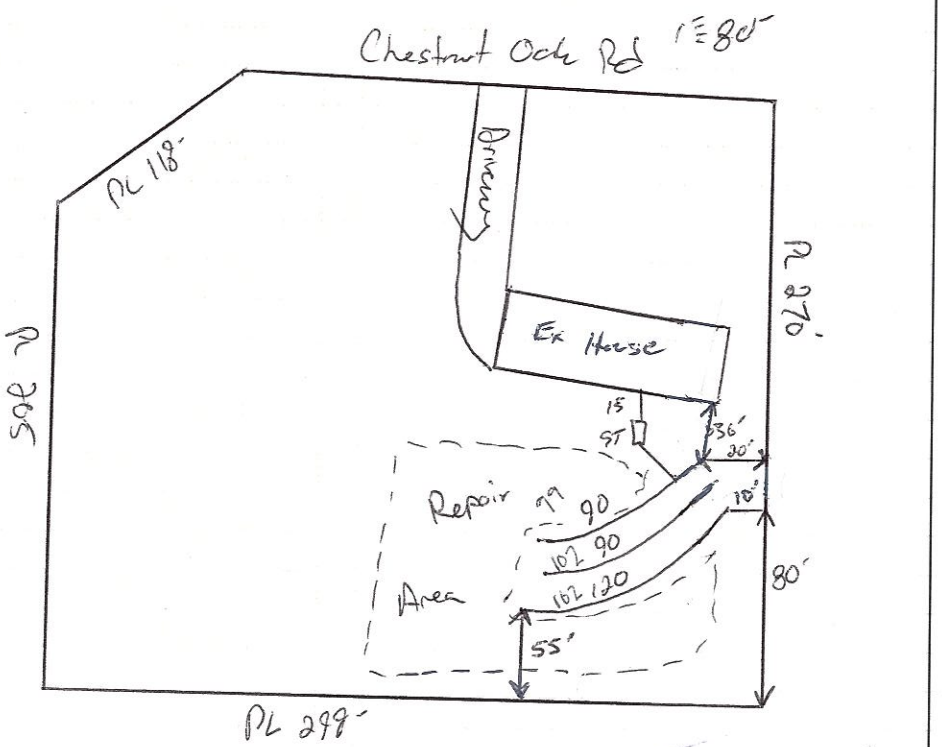
SUBDIVISION: John M Huie SECTION: LOT # 1 LOT AREA: 1.78 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	7100	Date	2-21-22	☒ 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	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land, use Serial distribution.

INITIAL SITE SKETCH



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.

Installed as shown

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: Date: 3-9-22 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 3.7.2022 OPERATION PERMIT by: Bryant C. White Date: 4-4-2022

AUTHORIZATION TO CONSTRUCT by: Date: 3.7.2022 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 #: 495005
COUNTY: Iredell

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

OWNER: John Hurie
ADDRESS: 118 Chestnut Oak
APPLICATION DATE: 1-7-20
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED:
LOCATION OF SITE: 118 Chestnut Oak
PROPERTY SIZE: 1.785
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	2-3%	0-6	SBK SCL	FR SS SP Seep	N/A	48+	N/A	N/A	PS .7
		6-33	SBK C						
		33-48	SBK CL						
2	2-3%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-33	SBK C						
		33-48	SBK CL						
3	2-3%	0-6	SBK SCL		Red Inc @ 33"	48+	N/A	N/A	PS .3
		6-28	SBK C						
		28-48	SBK CL						
4	2-3%	0-6	SBK SCL		Red Inc @ 40"	48+	N/A	N/A	PS .3
		6-28	SBK C						
		28-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300+
System Type(s)	2SF	2SF
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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)				
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.

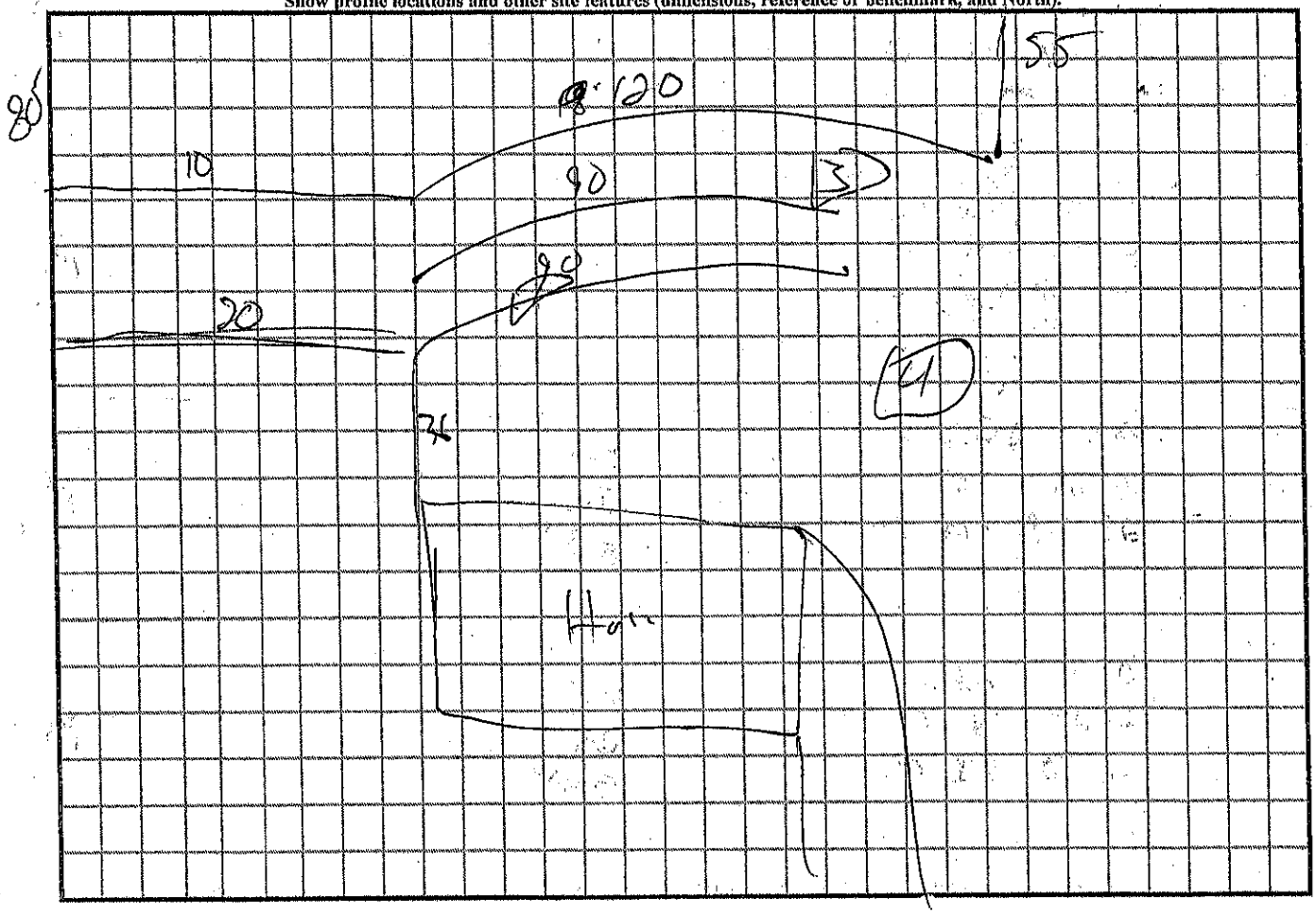
NOTES

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/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JAN 07 2022

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-324203 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (No floorplan submitted with App.) (X) Authorization to Construct (Floorplan submitted with App.) ( ) 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: JOHN. M. HUIE Address: 134 TRIPLE OAK OLIN Zip: 28660
Applicant Email: MIKEHUIE2@GMAIL Phone: 828 320 4644 Alt. Phone: —
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 118 CHESTNUT OAK RD, UNION GROVE 28689
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77, EXIT 65, LEFT AT CHESTNUT OAK, HOUSE ON LEFT

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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
(X) Basement with Plumbing
(X) 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: _____ 1-7-22
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*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

_____ 1-9-22
Signature of Owner(s) Date

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

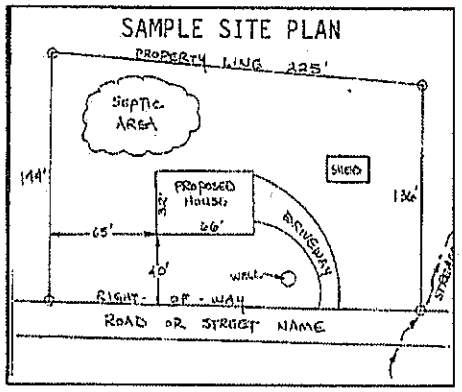
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) 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: _____

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

1-7-22

DATE

Surveyors Certification

I, KENNETH L. FOSTER, Certify that this plat was drawn by me from an actual survey made under my supervision (description recorded in Deed Book Shown Page Hereon) that the ratio of precision as calculated exceeds 1:10,000 feet; that this plat was prepared in accordance with G. S. 47-30 as amended.

Witness my original signature, registration number and seal, this the 22 nd Day of Nov. 2021

I further certify that this plat is of a survey that creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land;

Signature _____ L-2552

Professional Land Surveyor — License Number

This the 14 TH Day of DECEMBER 2021

IREDELL COUNTY-NORTH CAROLINA

NORTH CAROLINA PROFESSIONAL SEAL L-2552 LAND SURVEYOR KENNETH L. FOSTER

Owners Certificate

I hereby certify that I am (we are) the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the county of Iredell and that I (we) hereby accept this plan of subdivision with my (our) free consent, establish minimum building setback lines as noted.

I FURTHER CERTIFY THAT:

a. there are no deed restrictions which will be violated by the requested subdivision; and

b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I (we) understand that enforcement of deed restrictions and any other contractural agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractural agreements.

DATE SIGNED OWNER

DATE SIGNED OWNER

North Carolina

County

I, _____, a Notary Public

for said County and State, do hereby certify that

DATE SIGNED

owner(s) personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this ____ day of _____ ,2021.

Notary Public _____

My Commission Expires: _____

Planning Department Certificate of Approval for Recording

I hereby certify that the plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

Subdivision Administrator — Date

Iredell County, North Carolina

Review Officer Certificate

I _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

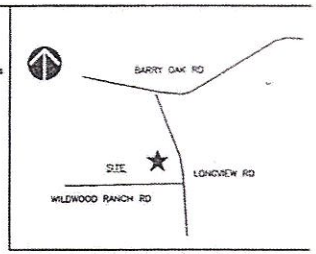
Review Officer — Date

Iredell County, North Carolina

Watershed Certificate

The subdivision shown hereon to the best of my knowledge does not lie within a protected watershed as designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell County.

Subdivision Administrator



VICINITY MAP-NOT TO SCALE

NC GRID NAD 83(2011)

NCGS MON. "CHESTNUT" NAD 83 (2011)
N. 831,730.90
E. 1,450,070.46
COMBINED FACTOR 0.99991473

16'x24' ADDITION
DECK

ROBERT BAKER
DB 943 PG 1965
PIN 4843-90-5871.000

BLAKE FARM ENTERPRISE LLC
DB 2803 PG 1456
PIN 4853-00-5427.000

EXISTING RR SPIKE PAVED OVER

EXISTING 1/2" PIPE

EXISTING 3/4" PIPE

S 88°45'21" E 213.49'

S 88°52'27" E 299.57'

50.15'

183.34'

59.70'

242.87'

N 16°31'54" W 1104.19' (GROUND MEASURE)

20'

SEPTIC

House (Currently Under Const.)

LOT 1
1.785 Acres

LOT 2
2.270 Acres

DRIVE

80'

1 Sty Frame

CHESTNUT OAK ROAD
SR 1946
60' PUBLIC R/W

N 02°21'55" E 282.45'

199.72'

S 03°10'01" W 354.00'

289.13'

N 32°49'04" W 119.28'

82.73'

81.11'

NIP

AERIAL POWER LINE

100.00'

205.48'

N 87°43'07" W

N 32°49'04" W 77.24'

461.30'

EXISTING 2" PIPE

CLARK IRELAND
DB 2686 PG 1917
PB 6 PG 62
WOOTEN SUBDIVISION
PIN 4843-90-8245.000

SLOANS MILL ROAD
SR 1852
60' PUBLIC R/W

161 160 159 158 157

BLAKE FARM ENTERPRISE LLC
DB 2803 PG 1456
PIN 4853-00-5427.000

BLAKE FARM ENTERPRISE LLC
DB 2803 PG 1456
PIN 4853-00-5427.000

NOTES:

HEALTH DISCLAIMER (REGARDING SOIL TESTING)
As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued.

This property is not located in a designated flood zone as per FEMA maps # 3710484300J & 3710485300J, Dated 3/18/2008.

There is a 10' drainage and utility easement inside the perimeter of each lot.

Subject property is not located in a protected watershed.

This property is currently zoned RA SETBACKS Front 35' Side 15' Rear 35'

LEGEND

———	PROPERTY LINE	EIP	(EXISTING IRON FOUND)
—— ——	RIGHT OF WAY LINE	NIP	(NEW IRON SET)
- - - - -	LINE FROM DEED OR PLAT	PCMT	(NO MONUMENTATION SET)
N/F	NOW OR FORMERLY		GRANITE MONUMENT
DB	DEED BOOK		P-K NAIL SET
PG	PAGE		RR SPIKE
PB	PLAT BOOK		NCGS MONUMENT
DMD	DOUBLE MERIDIAN DISTANCE		UTILITY POLE
CL	CENTERLINE		WATER METER
PL	PROPERTY LINE		(YARD INLET)
R/W	RIGHT OF WAY		CO (SEWER CLEAN-OUT)
ELEV.	ELEVATION	BM	(BENCHMARK)
C & G	CURB & GUTTER		WATER VALVE
F.F.	FINISHED FLOOR ELEVATION		

GRAPHIC SCALE

60 0 30 60 120 240

(IN FEET)

1 inch = 60 ft

- OWNER -
JOHN M. HUIE
118 CHESTNUT OAK ROAD
UNION GROVE, NC 28689

SURVEY FOR

JOHN M. HUIE

DEED REFERENCE: DB 2855 PAGE 897
PIN NUMBER: 4853-00-1506.000

UNION GROVE TOWNSHIP / IREDELL COUNTY, N.C.
CURRENT ZONING RA

DATE: DECEMBER 14, 2021 SCALE: 1" = 60'

TOTAL ACRES BY CO-ORD COMPUTATION = 4.055

KENNETH L. FOSTER & ASSOCIATES, PA
PROFESSIONAL LAND SURVEYORS (C-1355)
156 MAPLE TREE LANE
MOCKSVILLE, NORTH CAROLINA 27028
TELEPHONE: 336 / 723-8850 E-MAIL kfoster@vodtel.net

SHEET 1 OF 1 | JOB NO: 3992-21C

11-2-1



118 CHESTNUT OAK RD UNION GROVE

Acknowledgement Of
Plans Submittal ONLY!

Date 1-7-22

Date 3.7.2022

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324203 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4853001506.000	118 CHESTNUT OAK RD	Iredell County

Owner Information	Applicant Information
Name: HUIE JOHN M Address: Phone:	Name: HUIE JOHN M Address: Phone:

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.05	35	35	15	15		NO

Remarks
384 SQ FT MBED/BATH; 576 SQFT GARAGE ADDITION

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.

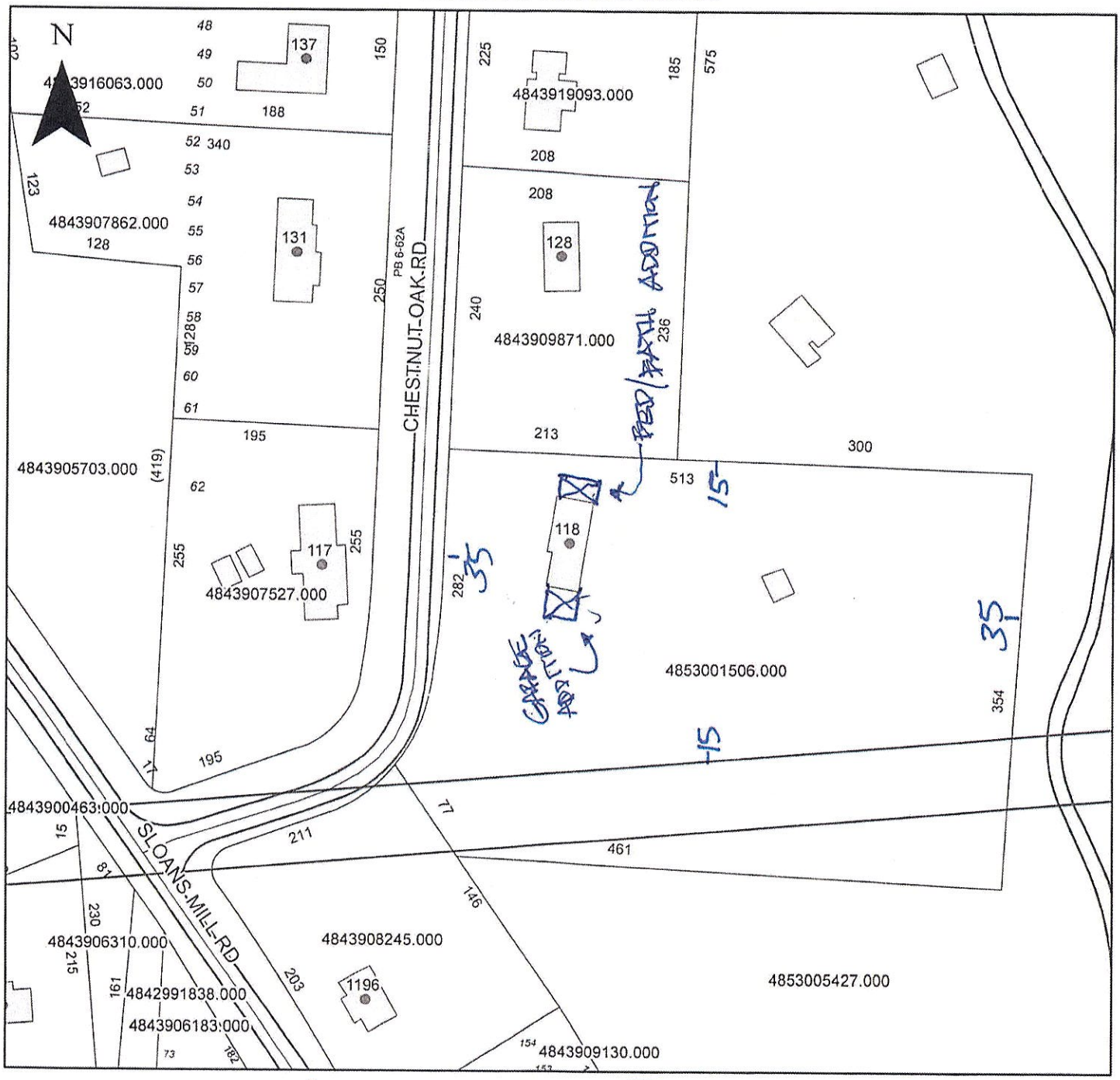
Date: 12/28/2021

Signature of Owner/Contractor

Permit Number	324203

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 118 Chestnut Oak 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.

Applicant

1-9-22

Date