IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242953

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

PIN # 4853572662

APPLICANT/OWNER: Rachel Gatz APPLICANT ADDRESS: 195 Hayes St Harmony

SITE ADDRESS: 1005 Union Grove Rd, Union Grove 28689 PHONE: 704-880-1634 ALT. PHONE —

SITE DIRECTIONS: 901 → R on Mullis → L on Mann → R on Union Grove → on right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4 ac SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760	Date	4/13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	25% reduction - PM		
# Nitrification Fields	1	# Lines	4	Linear Ft	330'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	29" / 32" high	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

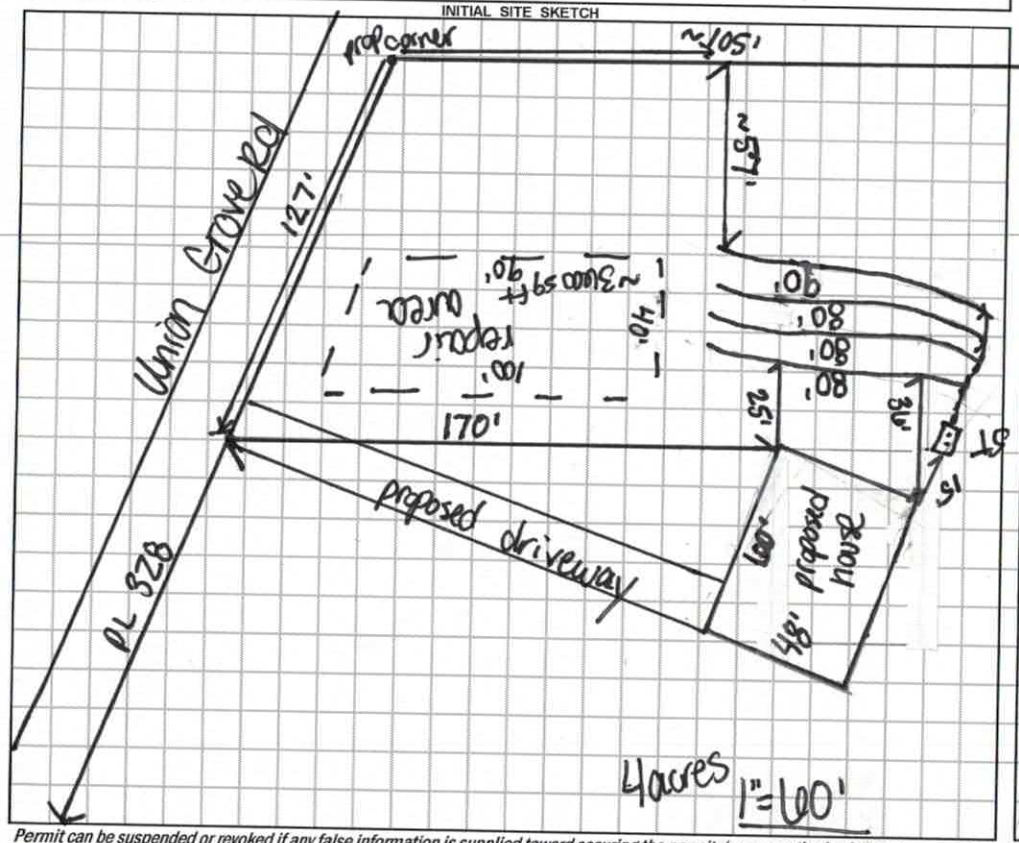
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

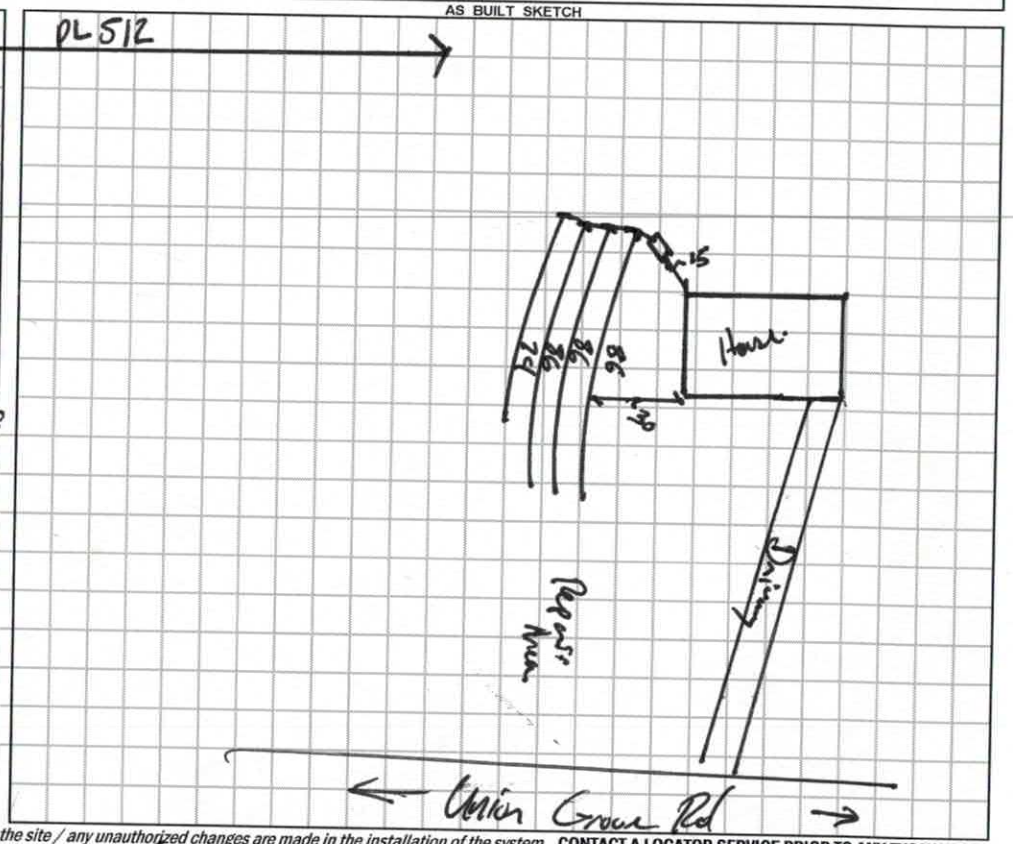
Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 32".

* Repair area sap. controlled

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: Rachel Gatz Date: 41519 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Carter C. Carr Date: 4/9/19 OPERATION PERMIT by: Benjamin A Bates Date: 7/12/19

AUTHORIZATION TO CONSTRUCT by: Carter C. Carr Date: 4/9/19 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 1
PROPERTY ID #: 485552
COUNTY: Iredell

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

OWNER: Rachel Gatz
ADDRESS: 195 Hayes St Harmony
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 1005 Union Grove Rd
APPLICATION DATE: 3/15/19
DATE EVALUATED: 4/9/19
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 4ac
PROPERTY RECORDED: Y

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 I	L 8%	0-10	SBK SCL	Fr SS SP SBKY	same firm, stay above	44"	stay above	—	PS .275
		10-24	SBK C	" "					
		24-44	SBK CL	" "					
		44-60	Log	some Firm					
2 I	L 7%	0-12	SBK SCL	Fr SS SP SBKP	—	54"	—	—	PS .275
		12-40	SBK C	" "					
		40-54	SBK CL	" "					
3 R	L 5%	0-10	SBK C	Fr SS SP SBKP	sandy sap @ 36"	20"	PS → grapI Loamy sand	—	PS .3
		10-20	SBK CL	" "					
		20-60	LS SAP	VFr					
4 R	L 5%	0-16	SBK C	Fr SS SP SBKP	some firm some friable	35"	PS	—	PS .275
		16-35	SBK CL	" "					
		35-60	L SAP	Fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	330'
System Type(s)	25%	25%-PM
Site LTAR	.275	.275

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: D. Boyle

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.

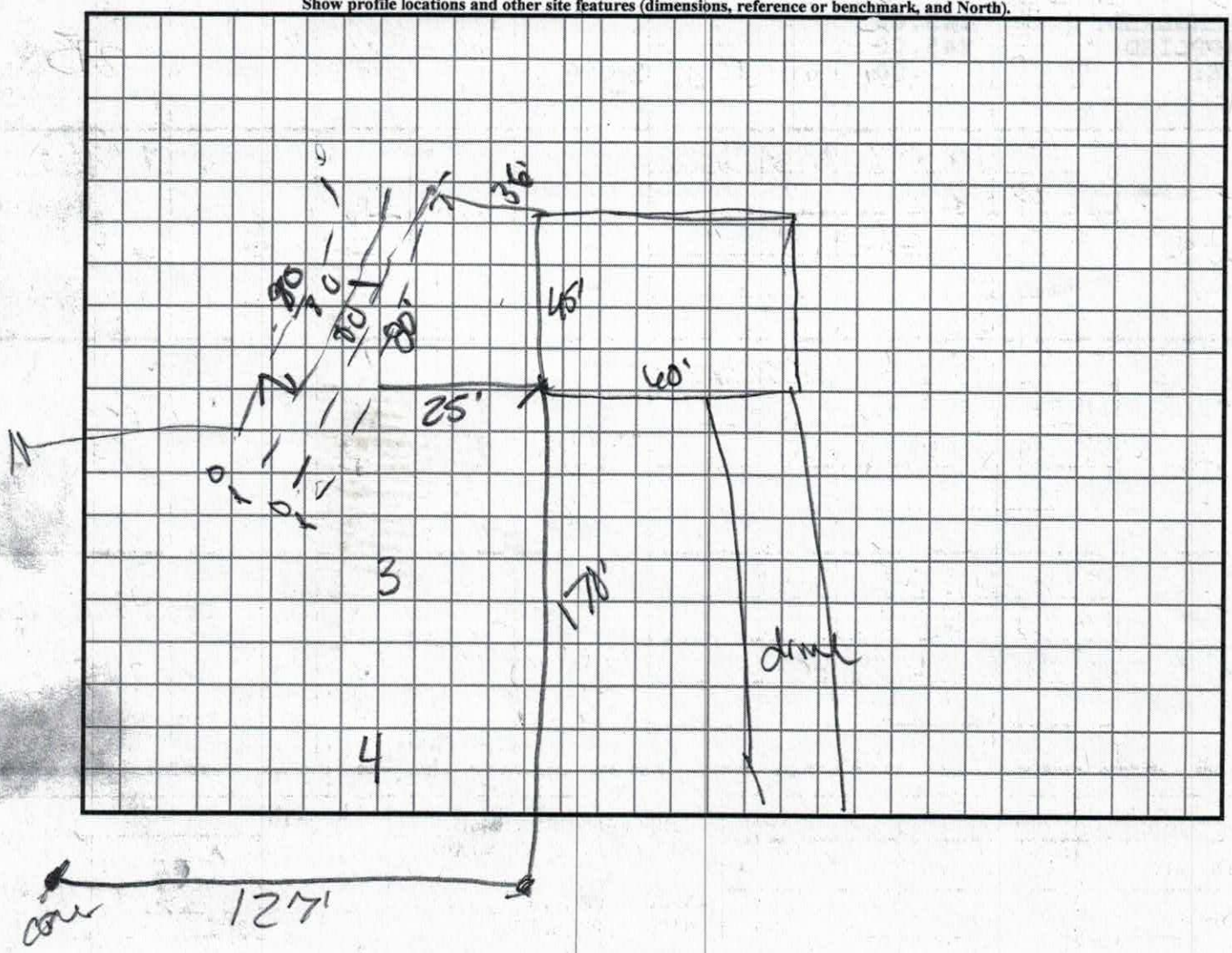
NOTES

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).



contact: Jake Williams 704-902-0719.
↳ For pits (pits 4/9 @ 9:30)

RECEIVED MAR 15 2019

#242953 Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Rachel Gatz Address: 195 Hayes St Harmony Zip: 28634
Applicant Email: rachelgatz18@gmail Phone: 704-880-1634 Alt. Phone: _____
Owner Name: Rachel Gatz Address: _____ Zip: _____
Owner Email: same as above Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1005 Union Grove Rd, Union Grove NC 28689
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: turn ® on U.G. rd from HWY 901, go app 3 miles, @ top of hill to the ® before crossing bridge @ Hunting Creek

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 6
( ) 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

(✓) 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 (✓) 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: Rachel Gatz 5-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

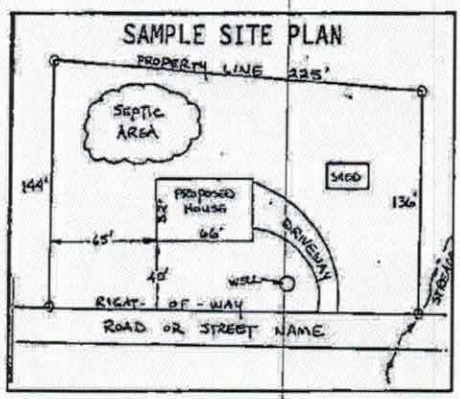
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

see attached

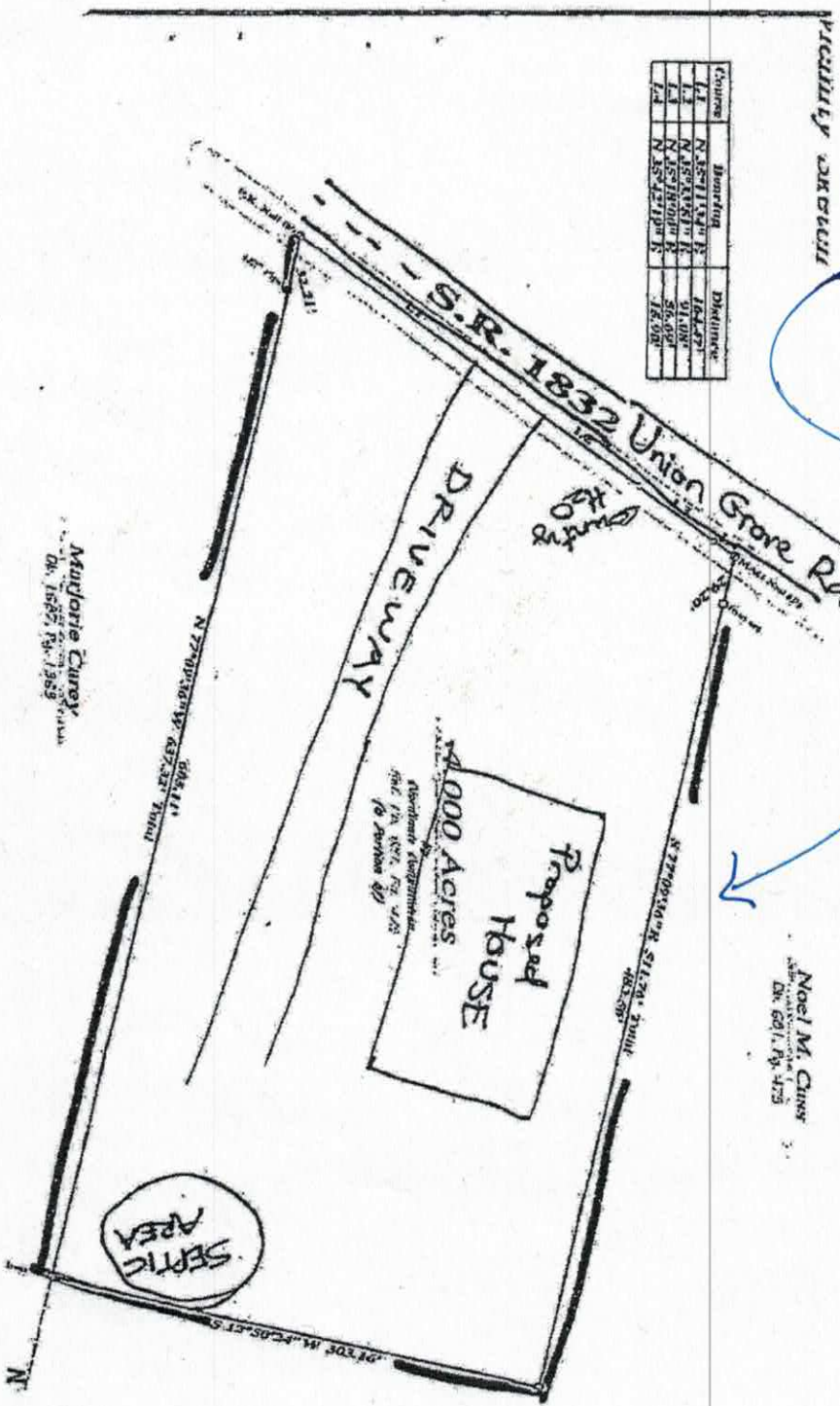
Signature: Paelul Gatz — 3-15-19

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

1005 Union Grove Rd
Union Grove, NC 28689

SITE PLAN

56' x 48'



THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

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)* Rachel Gatz

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, Rachel Gatz, am the legal owner(s) of the property located at 1095 Union Grove Rd, Union Grove NC 28689 identified as

PIN (Parcel Identification Number) 4853587296, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jake Williams and/or Rachel Gatz, 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.

Rachel Gatz
Signature of Owner(s)

3-15-19
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

Type: CRP
Recorded: 03/08/2019 at 01:29:51 PM
Fee Amt: $26.00 Page 1 of 5
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2606 PG 943-947

Drawn by: Alan G. Carpenter, Attorney at Law
1318-C Davie Avenue, Statesville, NC 28677

Excise Tax: GIFT

STATE OF NORTH CAROLINA

GENERAL WARRANTY DEED

COUNTY OF IREDELL

THIS DEED made this 5th day of March, 2019, by and between

Noel M. Cass (unmarried),

hereinafter called the "Grantor," whose mailing address is:

and

Rachel Gatz,

hereinafter called the "Grantee," whose mailing address is:

PO Box 143 Turnersburg, NC 28688

(The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors and assigns, and shall include singular, plural, masculine, feminine or neuter as required by the context.)

WITNESSETH:

That the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by

R.O.T.C.

Page Count: 5
☐NS ☐PQ ☐SI

these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Iredell County, North Carolina, and more particularly described as follows:

See EXHIBIT A, attached.

For back title, see Deed Book 681, page 475, Iredell County Registry.

The property does not include the primary residence of the Grantor. (NCGS § 105-317.2).

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that the Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

Easements, rights of way, covenants and restrictions of record, if any.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing, as of the day and year first above written.

Noel M. Cass (SEAL)

Noel M. Cass

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, a Notary Public of the aforesaid County and State, certify that Noel M. Cass personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this 6th day of March, 2019.

Julie M. Caudle
Notary Pubic

My Commission Expires: 5-16-21
(Official Seal)

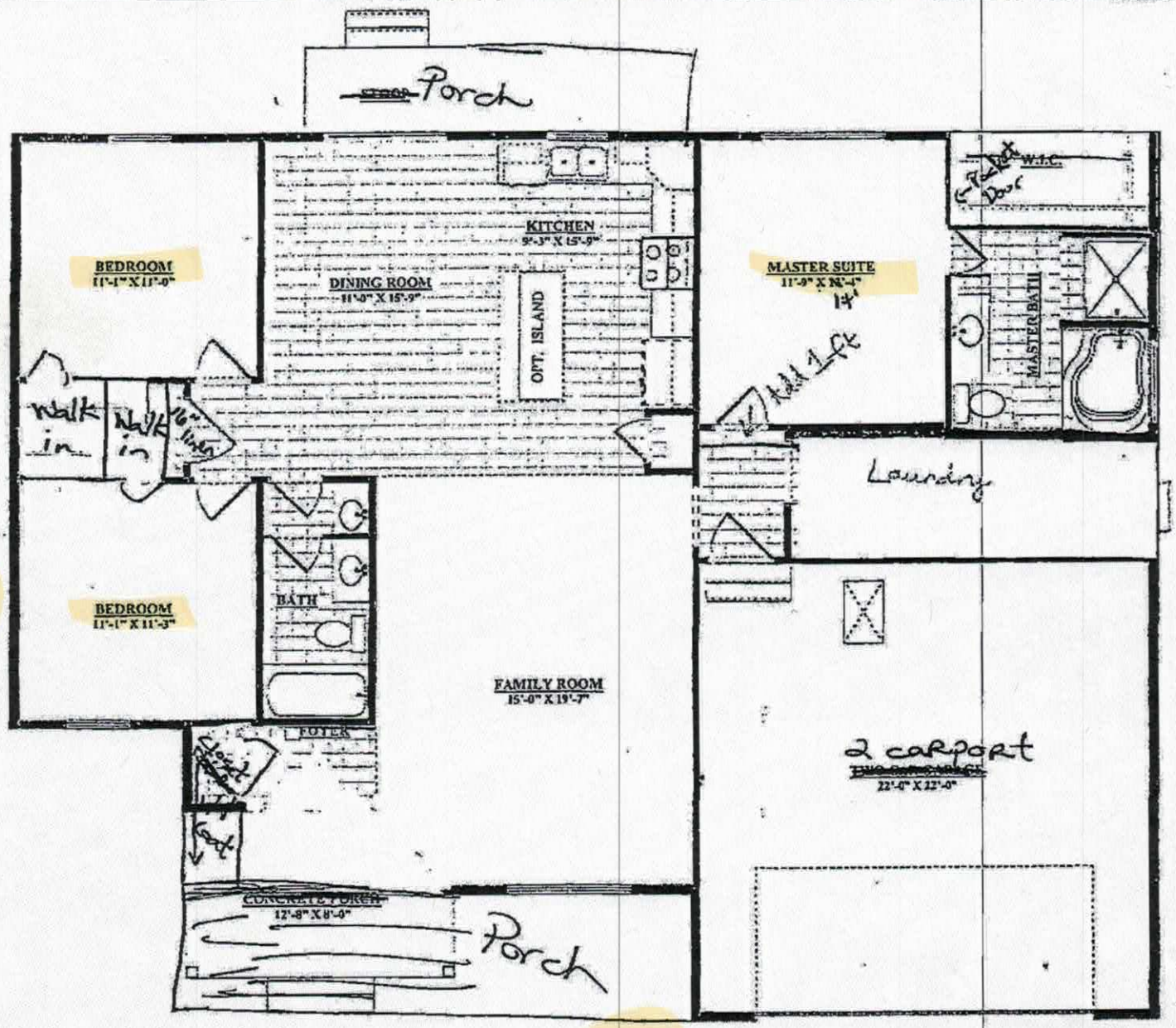
JULIE M. CAUDLE
Notary Public
Iredell County, NC
My Commission Expires: 05/16/2021

JULIE M. CAUDLE
Notary Public
Iredell County, NC
My Commission Expires: 05/16/2021

EXHIBIT A

Beginning at a PK nail found in the centerline of S.R. 1832, the northwestern corner of Marjorie Carey (Deed Book 1687, page 1363), and running thence with the centerline of S.R. 1832, the following courses and distances: (1) North 35-11-34 East 164.47 feet to a point; (2) North 35-33-51 East 91.08 feet to a point; (3) North 35-18-00 East 56.69 feet to a point; and (4) North 35-42-19 East 15.90 feet to a point, a new corner of Noel M. Cass; thence with a new line of Noel M. Cass and passing through an iron set at 29.20 feet, South 77-09-36 East 511.76 feet to an iron set; thence continuing with a new line of Cass, South 12-50-24 West 303.16 feet to an iron set in the line of Marjorie Carey; thence with the line Carey, North 77-09-36 West 637.32 feet to a PK nail found in the centerline S.R. 1832, the point and place of Beginning, containing 4.00 acres, more or less, with this description taken from a survey by Micah C. Sidden, Professional Land Surveyor, dated February 18, 2019, a copy of which is attached hereto.

Being a portion of the property described in Deed Book 681, page 475, Iredell County Registry.



1600 sq. feet

Acknowledgement Of
Plans Submittal ONLY!

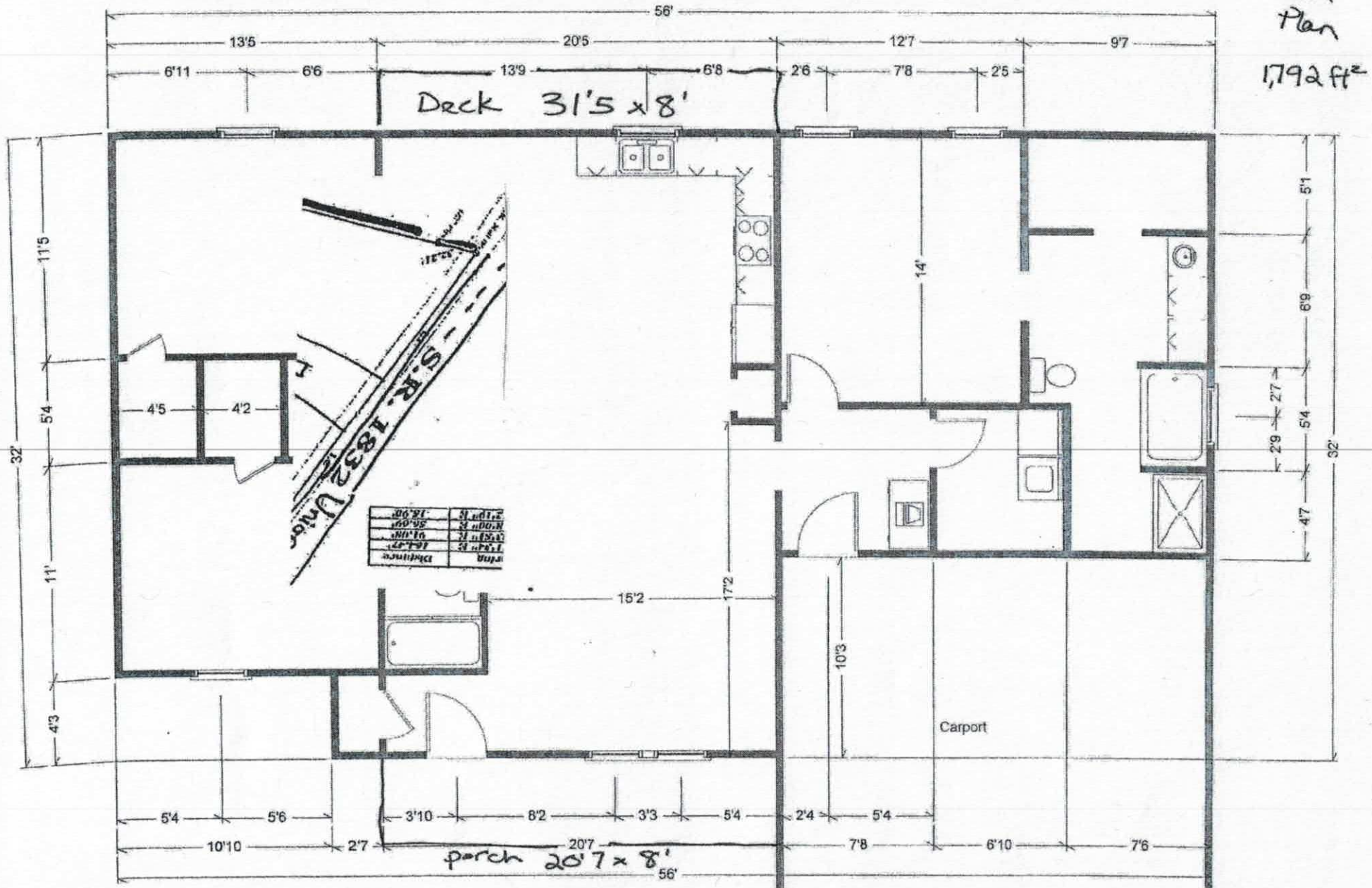
Carla C. Cave Date 4/9/19

Rachel Hale Date 4/15/19

1005 Union Grove Rd, Union Grove NC 28689

House Plan

1,792 ft²



overall dimesions of house w/out deck+porch

56' x 32'

IREDELL COUNTY

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

APPLICATION NUMBER
242953
Issue Date: 03/15/2019

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4853587296.000	1005 UNION GROVE ROAD, UNION GROVE, NC 28689	

Owner Information	Applicant Information
Owner: GRATZ, RACHEL	Applicant: GRATZ, RACHEL
Address: 1005 UNION GROVE	Address: 1005 UNION GROVE
UNION GROVE, NC 28689	UNION GROVE, NC 28689
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
44.010	35.00	35.00	15.00	15.00		AE

Remarks:

$ PAID 17086 SC 3-15-19

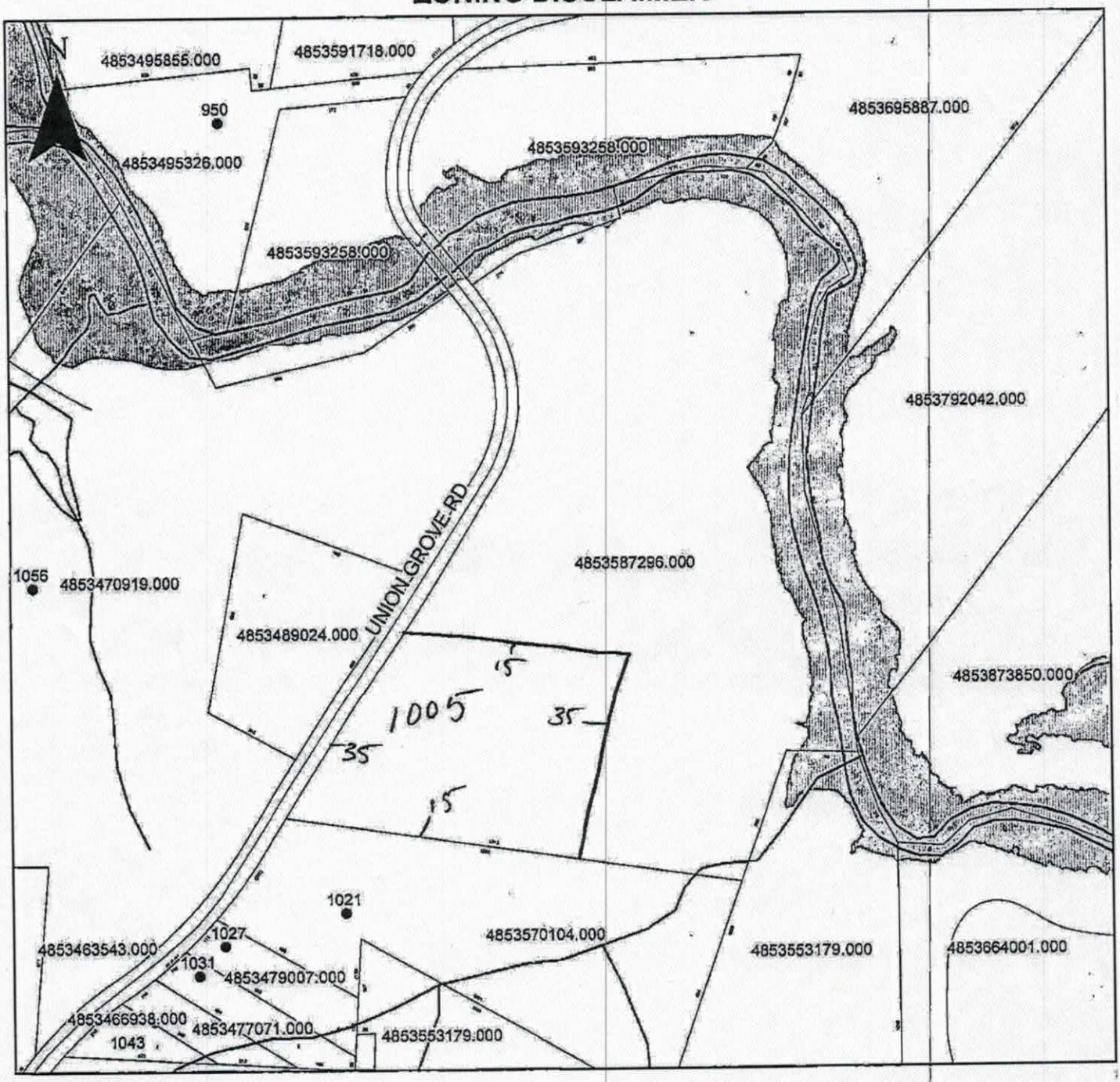
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

SL

Applicant: See Attached Date: _____

Permit Number	170793	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1005 Union Grove

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 Rachel Hall
Applicant

X 3-15-19
Date