# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239977

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

PIN # 4853591718

APPLICANT/OWNER: Matthew Cass APPLICANT ADDRESS: 950 Union Grove Rd

SITE ADDRESS: 946 Union Grove Rd Union Grove NC 28689 PHONE: 704-928 7135 ALT. PHONE 704 883 6688

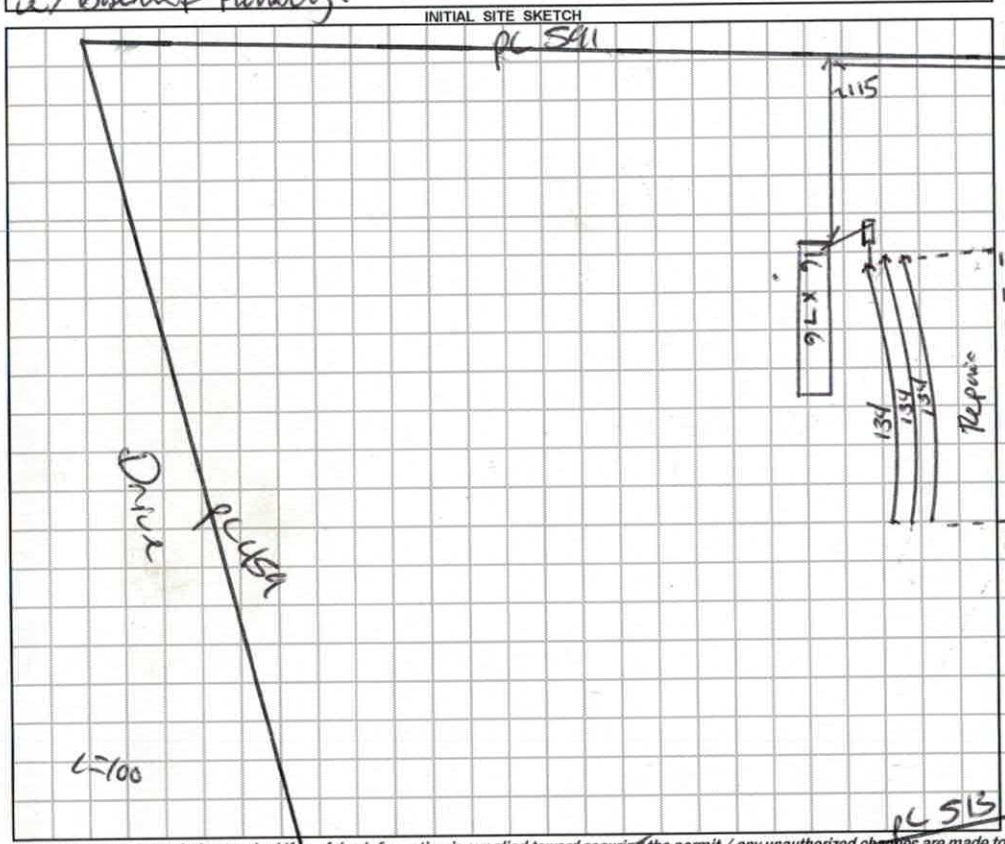
SITE DIRECTIONS: I-77 North Exit 65 Ron 901 W on Union Grove Rd 2 mils to Property on Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 5.42 Acres DESIGN FLOW: 480 L.T.A.R.: .30

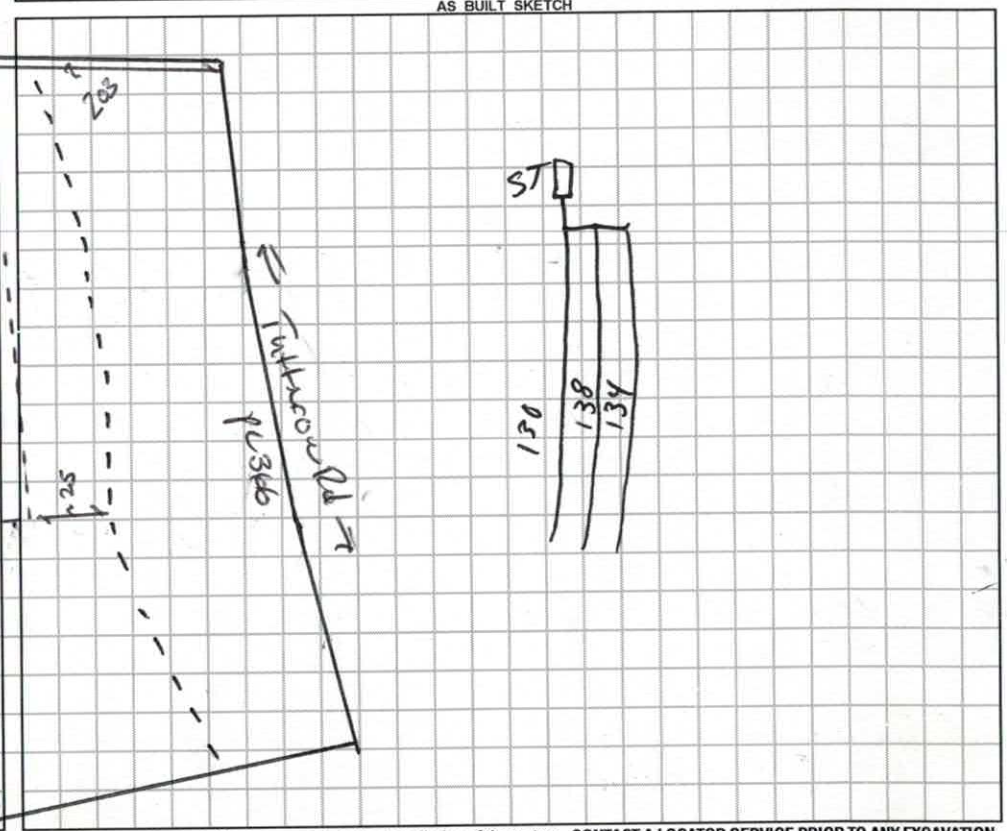
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | 2-27-19 | ☑ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms | 4 | Water Supply |
| Pump Tank | - | (gal) | PT | - | Date | - | System Description: | 25% Reduction | ☐ Business | No. Persons | 8 | ☑ Private |
| Pump Make | - | | Model | - | Serial # | - | Repair System Description: | 25% Reduction | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | 36 | Trench Bottom Depth(Low side) | 30 | Gravel Depth | - | | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: Install septic drainlines with contours of the Land utilize serial distribution. Original Layout For 4BR House w/ basement Plumbing.

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: [signature] Date: 4/22/19 Installed by: Neil Stutts

IMPROVEMENT PERMIT by: Benjamin A Butts Date: 4/22/19 OPERATION PERMIT by: [signature] Date: 4-26-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butts Date: 4/22/19. 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 ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 45523541 7/8
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

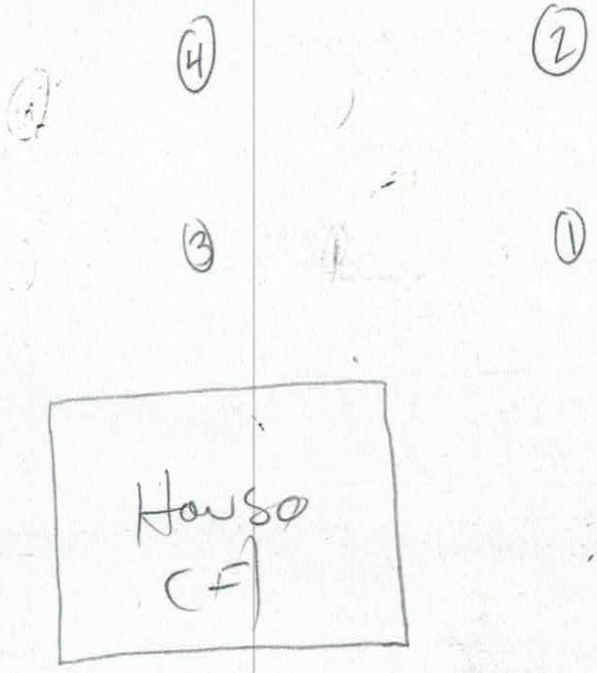
OWNER: Matthew Cuss
ADDRESS: 946 Union Grove Rd
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 901 to Union Grove lot on left
APPLICATION DATE 3-14-17
DATE EVALUATED: 04/17/17
PROPERTY SIZE: 5.42ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

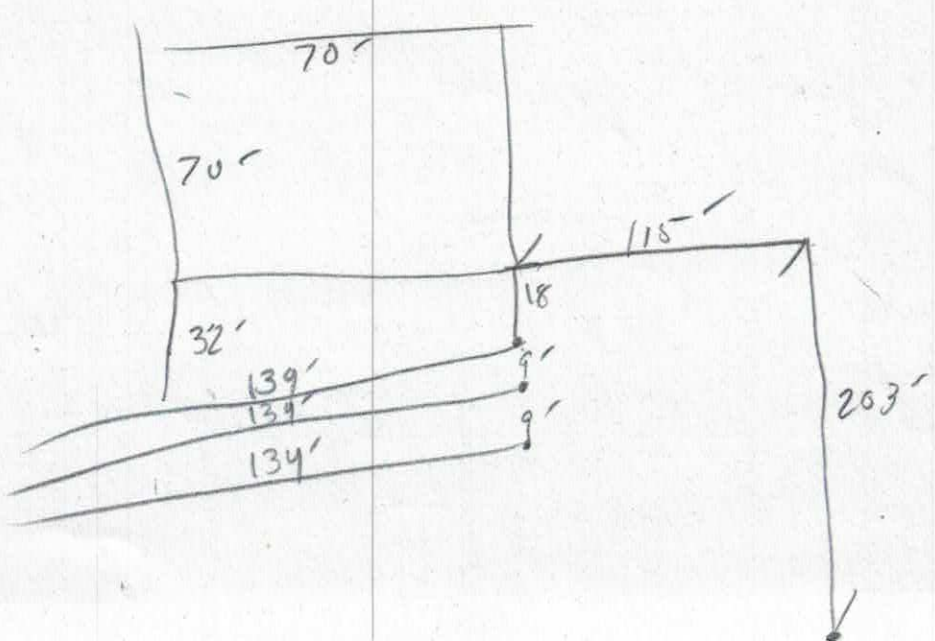
| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 13% SS | 0-8 | WSBK SCL | Fr,SS,SP,SEXP | PS | 28" bard of rock | — | W/A | PS .3 |
| | | 8-28 | SBK C | Fr,SS,SP,SEXP | | | | | |
| | | 28-43 | WSBK CL BC | Fr,SS,SP,SEXP | | | | | |
| | | 43-49 | SL SAP mass | SVC Fr,NS,NP | | | | | |
| 2 | 13% LS | 0-9 | WSBK SCL | Fr,SS,SP,SEXP | PS | 24-25" few Rock inc | W/A | W/A | PS .3 |
| | | 9-26 | SBK C | Fr,SS,SP,SEXP | | | | | |
| | | 26-48 | WSBK CL BC | Fr,SS,SP,SEXP | | | | | |
| 3 | 19% SS | 0-10 | WSBK SCL | Fr,SS,SP,SEXP | PS | PS | W/A | W/A | PS .3 |
| | | 10-37 | WSBK CL BC | Fr,SS,SP,SEXP | | | | | |
| | | 37-50 | SL SAP mass | Fr-Fi,NS,NP | | | | | |
| 4 | 19% LS | 0-8 | WSBK SCL | Fr,SS,SP,SEXP | PS | 23-34" few rock inc | W/A | W/A | PS .3 |
| | | 8-28 | SBK C | Fr,SS,SP,SEXP | | | | | |
| | | 28-48 | WSBK CL BC | Fr,SS,SP,SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | III | III |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:


4
2
3
1
House
CF


70'
70'
115'
18
32'
9'
139'
139'
9'
134'
203'

RECEIVED APR 1 7 2019

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM* #239977

**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** Ltd Relayout

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: Matthew Cass Address: 950 Union Grove Rd. Zip: 28689
Applicant Email: matthewcass11@gmail.com Phone: 704-928-7135 Alt. Phone: 704-883-6688
Owner Name: Matthew Cass Address: 950 Union Grove Rd Zip: 28689
Owner Email: matthewcass11@gmail.com Phone: 704-928-7135 Alt. Phone: 704-883-6688

**Property Information:**

Street Address: 946 Union Grove Rd. Union Grove, NC 28689
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 901 turn (R) onto Union Grove Rd. Go approximately 2 miles and cross Hunting Creek. Property on left in curve beside Cass Quail Farm sign.

**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: 4
Maximum Number of Occupants: _____
( ) 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: _____ 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:** Jennifer Cass 4/17/19
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*)** Taylor Cass

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, Taylor Cass, am the legal owner(s) of the property located at 946 Union Grove Rd. Union Grove, NC 28689, identified as PIN (Parcel Identification Number) 4853591718, 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.

_____ _____
Signature of Owner(s) 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

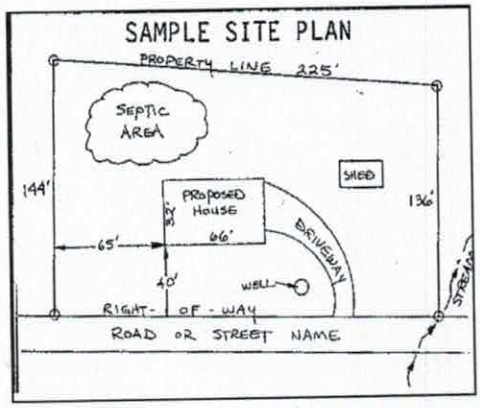
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 attatched)

(Single wide is for temporary dwelling.)
*Building 4 bedroom house w/ basement + plumbing in the future.

**Signature:** Taylor Cass
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

4-17-19
**DATE**

# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 239977

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

PIN # 4853591718

APPLICANT/OWNER: Matthew Cisss APPLICANT ADDRESS: 950 Union Grove Rd Union Grove NC 28689.

SITE ADDRESS: 946 Union Grove Rd Union Grove NC 28689. PHONE: 704-928 7135 ALT. PHONE 704 883-6688

SITE DIRECTIONS: 77 North Exit 65 Ramp to R on Union Grove Rd 2 mls to property on left after creek SAP CONTROLLED: ☒ YES ☐ NO

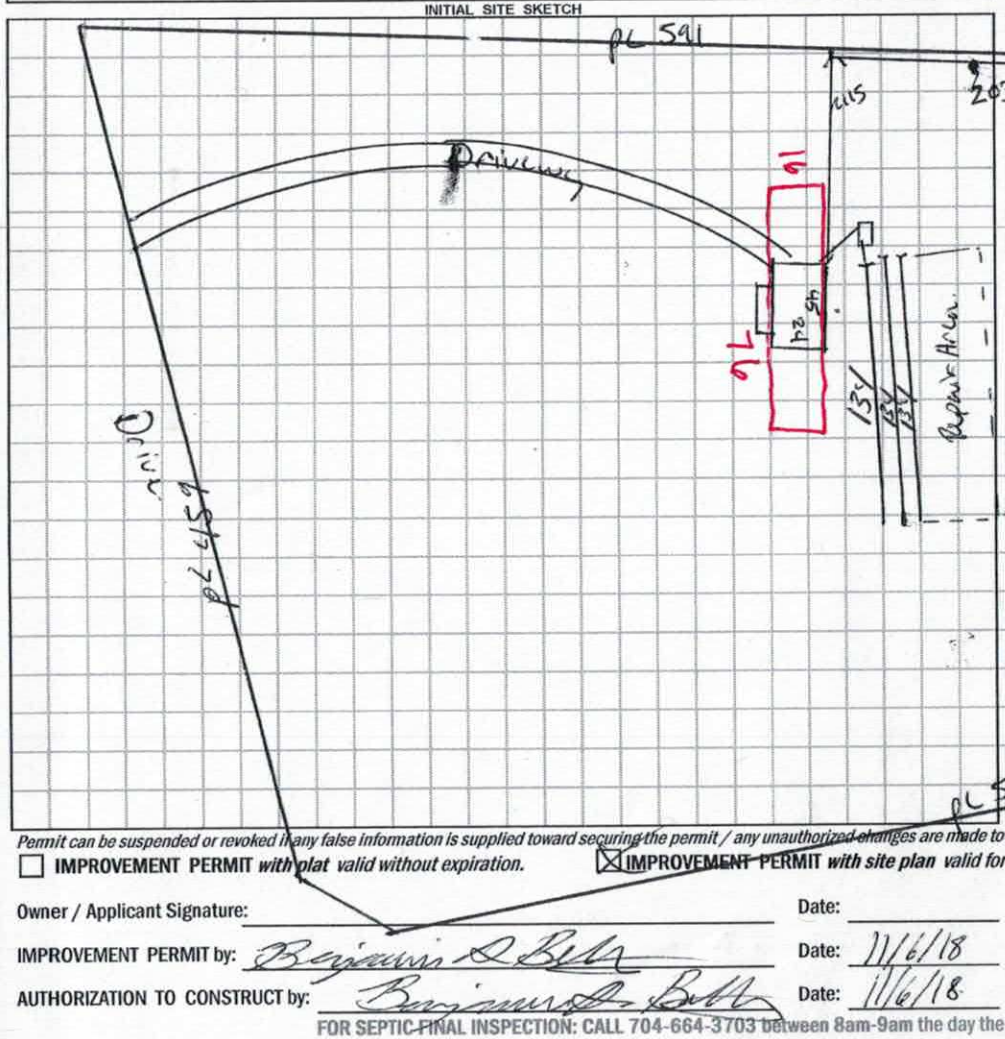
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.42 Acres DESIGN FLOW: 480 L.T.A.R.: .03

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☒ 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 | | | |
| # Nitrification Fields | 1 | # Lines | 3 | | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES | ☐ NO | | |
| Trench Width | 36 | Trench Bottom Depth(Low side) | | 30 | Gravel Depth | — | | ☐ GRAVITY | ☐ PRESSURE | | |

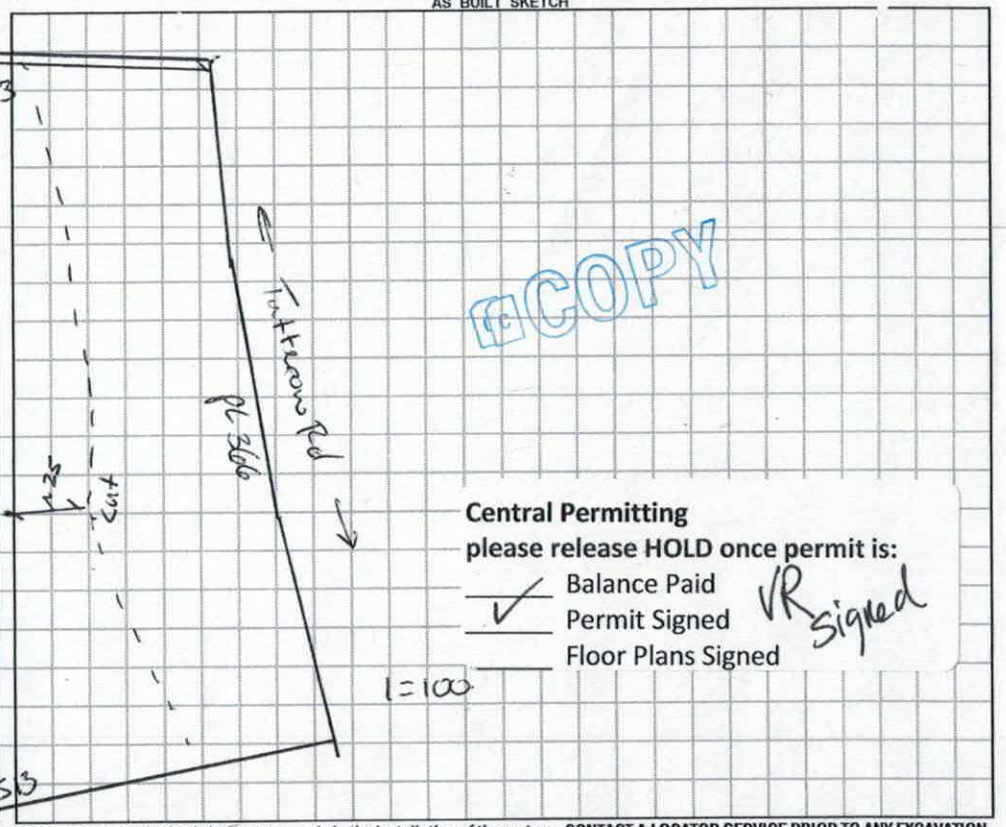
| | | | | |
|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 4 | Water Supply | |
| ☐ Business | No. Persons | 8 | ☒ Private | |
| ☐ Other | No. Employees | | ☐ Public | |
| ☐ Slab | ☐ Crawl Space | | ☐ Community | |
| ☒ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions: This permit Replaces previous permit from 4/19/17. due to Change in house Size

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: _____ Date: _____ Installed by: _____

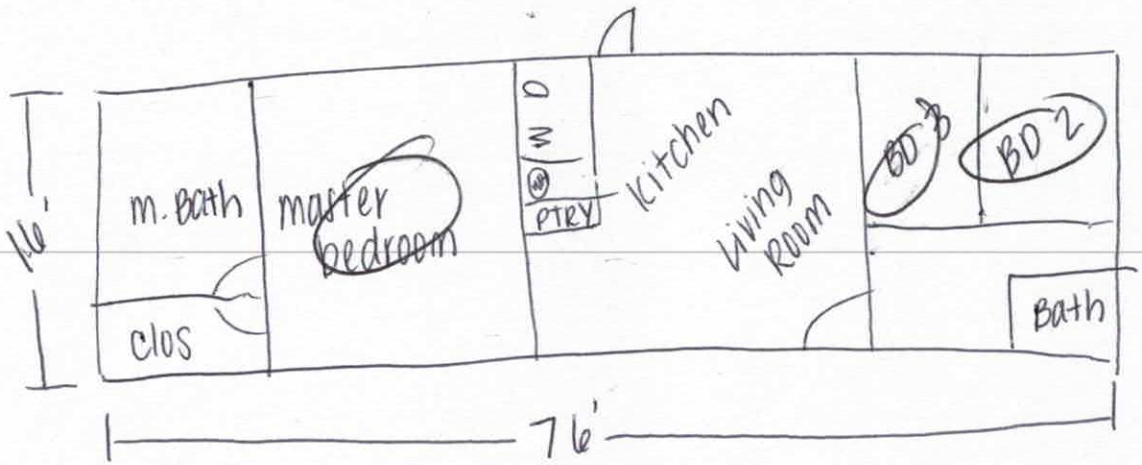
IMPROVEMENT PERMIT by: Benjamin A Bell Date: 11/6/18 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 11/6/18 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.

1216 sq. ft.
(3 beds
2 baths)

Acknowledgement Of
Plans Submittal ONLY!
Jennifer Cerda Date 4/15/19
Brijan Date 4/22/19.



# IREDELL COUNTY

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

| APPLICATION NUMBER |
| --- |
| 239977 |
| Issue Date: 11/01/2018 |

**ZONING PERMIT**
Residential

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4853591718.000 | 946 UNION GROVE ROAD, UNION GROVE, NC 28689 | |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: CASS, MATTHEW S. | Applicant: CASS, MATTHEW S. |
| Address: | Address: |
| UNION GROVE, NC 28689 | UNION GROVE, NC 28689 |
| Phone: | Phone: |

| Use Requested | Zone Code |
| --- | --- |
| | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| | 35.00 | 35.00 | 15.00 | 15.00 | BOWH | X |

**Remarks:**

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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 | 157534 | TOTAL FEES: | $ 79.50 |
| --- | --- | --- | --- |