IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 2434102

PIN # 4854116034

APPLICANT/OWNER: Sherry Williams

APPLICANT ADDRESS: 1936 US Hwy 64 E, Asheboro

SITE ADDRESS: 534 Howards Bridge Rd, Union Grove 28689

PHONE: 336-214-9885

ALT. PHONE —

SITE DIRECTIONS: 901 → R on Howards Bridge → on right

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 22.31 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: .275

Septic Tank	1000 (gal)	STB 769	Date 9-1-19	☒ 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:	drip
# Nitrification Fields	1	# Lines 7	Linear Ft 440'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees —

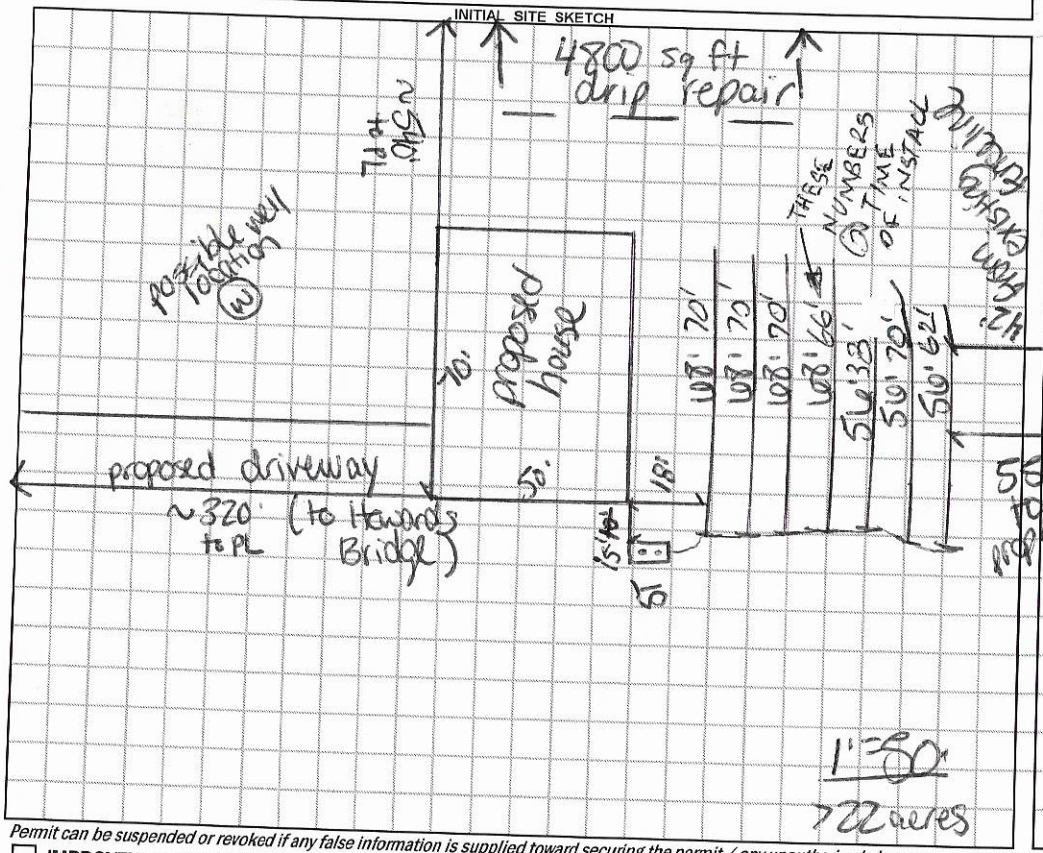
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

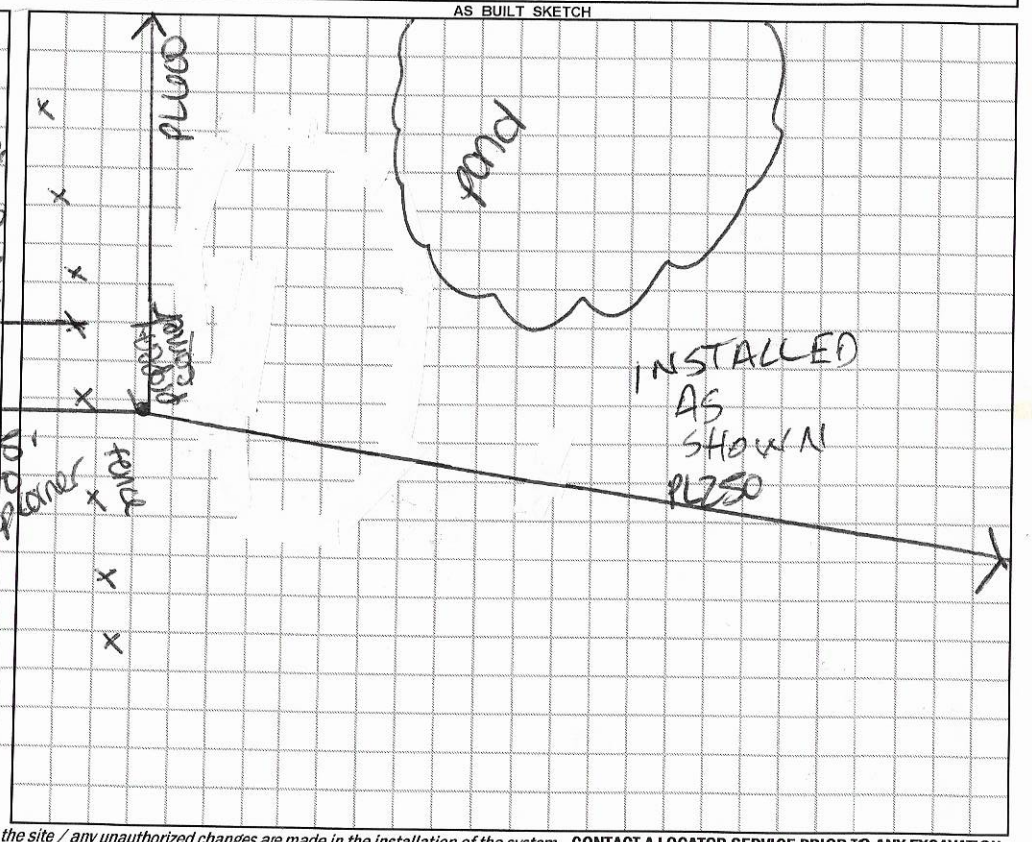
Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max trench depth of 36".

Although 3BR HP submitted, 4BR system must be installed per permit (for future addition)

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: 5/22/19

IMPROVEMENT PERMIT by: Carla C. Cave Date: 5-16-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5-22-19

Installed by: RAY'S SEPTIC TANK

OPERATION PERMIT by: Benjamin C White Date: 10-24-19

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 2
PROPERTY ID #: 4854116034
COUNTY: Iredell

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

OWNER: Sherry Williams / Rodney Flenster
ADDRESS: 1936 Hwy 64 Ashboro
PROPOSED FACILITY: 4 BR
LOCATION OF SITE: 534 Howards Bridge Rd
PROPOSED DESIGN FLOW (.1949): 480 gpd
APPLICATION DATE 4/10/19
DATE EVALUATED: 4-17-19
PROPERTY SIZE: 22 aC
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	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 I	L 14%	0-9	SCL WSBK	Fr SS SP SMP	—	48"	few sap inclusions throughout layer	—	PS, 3
		9-34	C SBK	Fr SS SP SMP					
		34-48	CL SBK	Fr SS SP SMP					
2 I	L 14%	0-10	WSBK SCL	Fr SS SP SMP	—	51"	many sap inc in CL	—	PS .275
		10-25	SBK C	Fr SS SP SMP					
		25-51	SBK CL	Fr SS SP SMP					
3 R	L 20%	0-17	WSBK SCL	Fr SS SP SMP	—	50"	many sap inc in CL	—	PS .275
		17-32	SBK C	Fr SS SP SMP					
		32-50	SBK CL	Fr SS SP SMP					
4 R	L 20%	0-15	WSBK SCL	Fr SS SP SMP	rock @ 20"	20"	—	—	drip (1" due to slope)
		15-20	C/CR	Fi					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	4401	4800 sqft
System Type(s)	25%	drip
Site LTAR	.275	.1

OTHER FACTORS (.1946): N/A PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: C. Cave
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 #: 4854111034
DATE OF EVALUATION: 4-17-19
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
S	~ 20%	0-16	WSBK SCL	Fr ss sp slxp	—	50"	few inc.	—	PS .275
R		16-35	SBK C	Fr sss sp slxp					
		35-50	SBK CL	Fr ss sp slxp					

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.

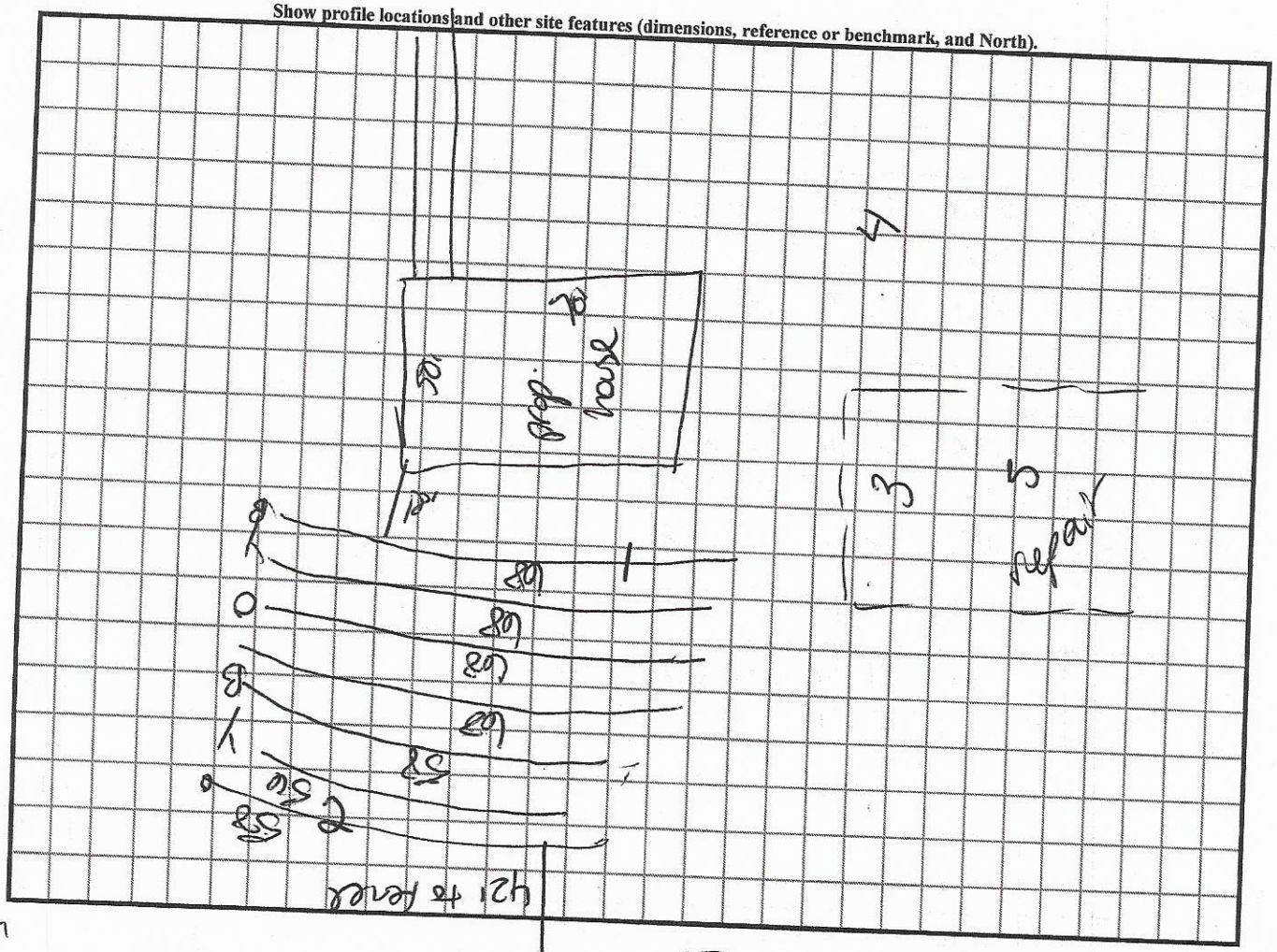
NOTES

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).



Rec'd from CP on 4/10

RECEIVED APR 5 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#243462

Paid $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Sherry Williams Address: 1986 US Hwy 64 E Asheboro Zip: 27203
Applicant Email: Necmassistant Phone: 336-214-9885 Alt. Phone: 336-610-5150
Owner Name: Rodney Feimster Address: 574 Howards Bridge Rd Union Grove, NC Zip: 28689
Owner Email: NCCMmmm@yahoo.com Phone: 336-214-9885 Alt. Phone: _____

Property Information:

Street Address: 574 Howard Bridge Rd Union Grove NC 28689

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

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply* MC 05/28/2019

(✓) New Single Family Residence — Maximum Number of Bedrooms: X4
( ) 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

4BR according to homeowner

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (1) 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: Sherry Williams 3-4-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

email Mrs Eisenhour

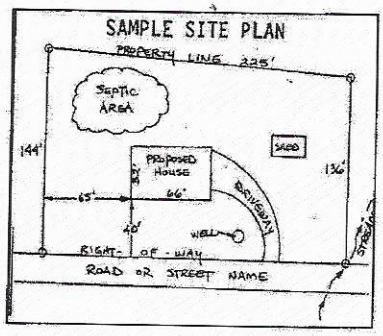
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

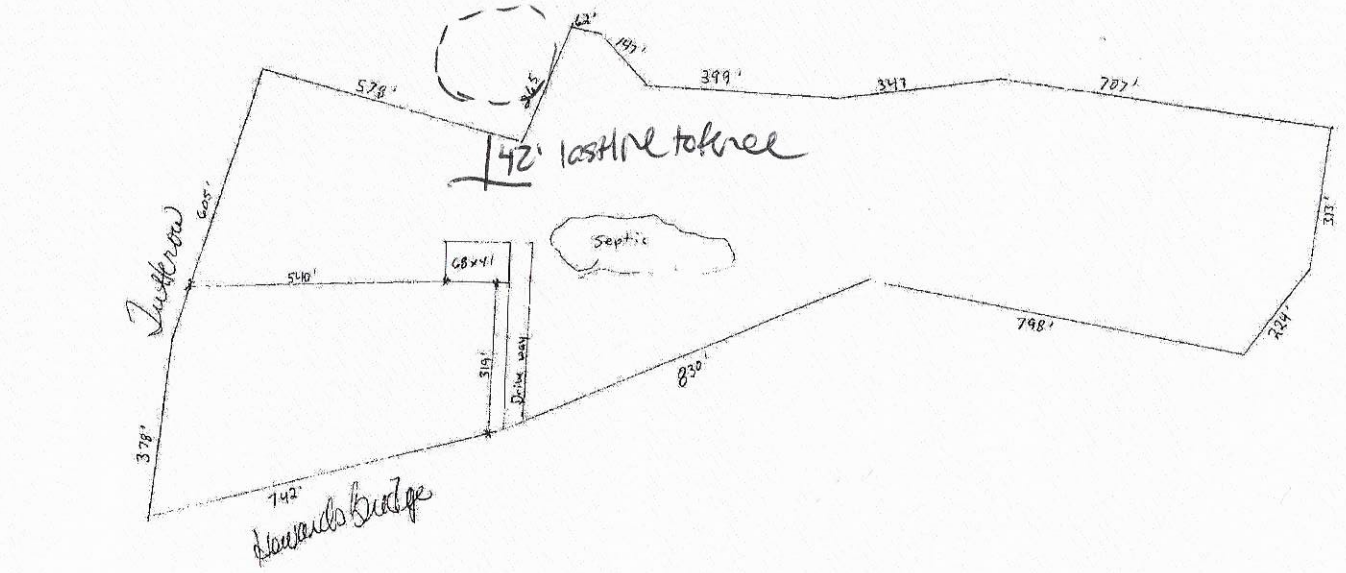
See attached

Signature: Sherry Wilson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-4-19
DATE

Howards
Bridge Rd
Union Grove NC

PIN 4854116034



Land 2" wide @ 100'
1/2 = 100'

House
1" = 100'

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, Rodney Steve Feimster, am the legal owner(s) of the property located at 1 Howard Bridge Rd Union Grove NC 28689 identified as

PIN (Parcel Identification Number) 4854, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Sherry Williams, North Carolina Custom Middle 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.

Rodney S Feimster
Signature of Owner(s)

4-4-19
Date

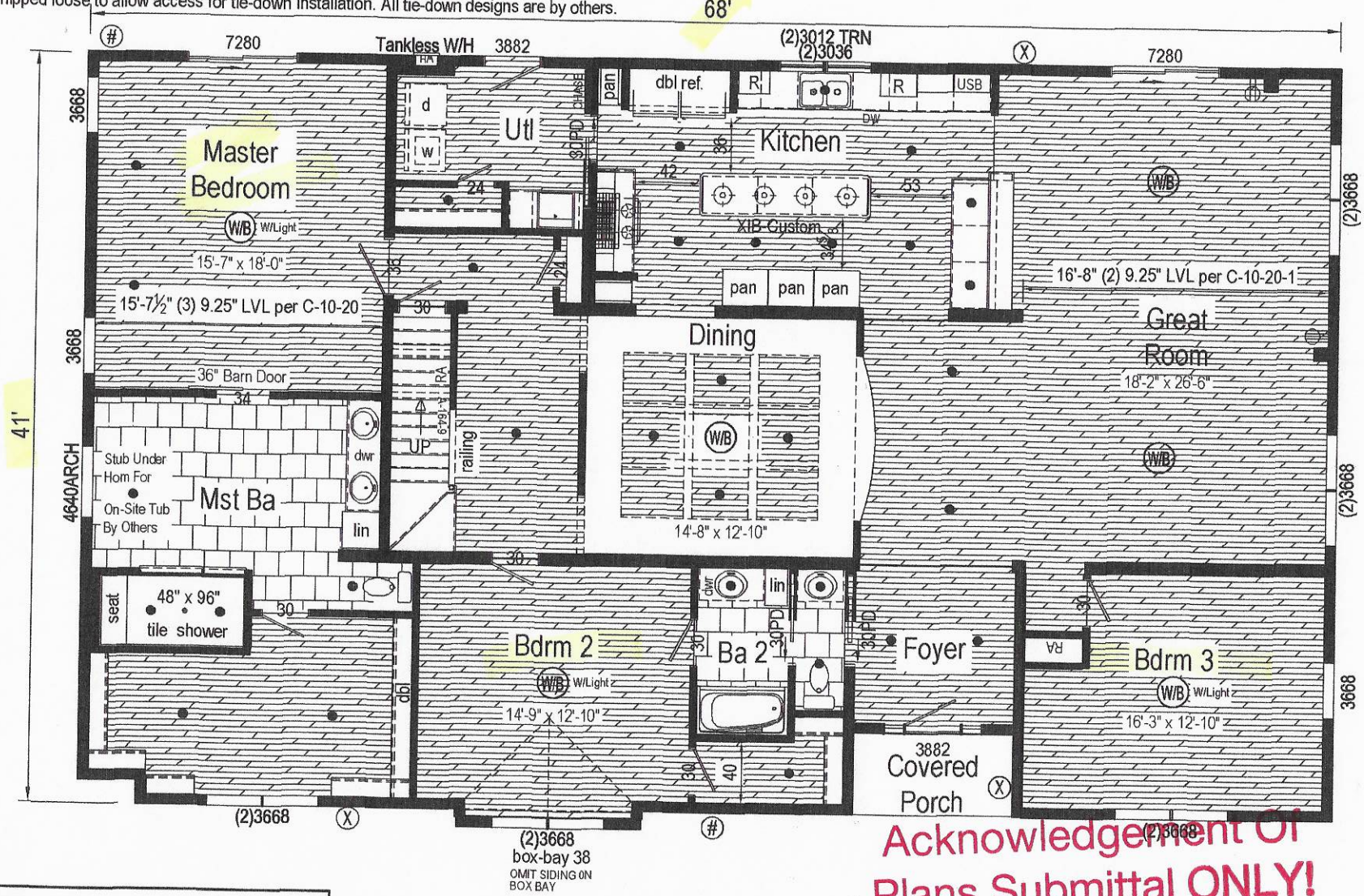
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

534 Howards Bridge 243462

336 214 9885
Phone 8286553063

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



Acknowledgement Of Plans Submittal ONLY!

Date 5/22/19

Date 5-22-19

LEGEND

RVS-A101 4268 Approx. 2788 Sq. Ft.

IMPORTANT NOTES:

1. PRELIMINARY ELECTRICAL ONLY. SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS.(EXAMPLE: RECEPTS/LIGHTS/SWITCHES/FAN LOCATIONS MAY VARY)
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 4268	Revisions Date	Number		Scale: 1/8" = 1'-0"	Date: 04/08/2019	Cust: Isenhour	Model/Eng. No.: RVS-A101
Title: Literature					Drawn By: JR	Reference: NONE	Dlr: NC Custom	Pg.: LIT
							S/N:	

IREDELL COUNTY

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

APPLICATION NUMBER
243462
Issue Date: 04/04/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4854116034.000	534 HOWARDS BRIDGE ROAD, UNION GROVE, NC 28689	

Owner Information	Applicant Information
Owner: FEIMSTER RODNEY STEVE	Applicant: WILLIAMS, SHERRY
Address: 574 HOWARD BRIDGE ROAD	Address: 1936 US HWY 64 E
UNION GROVE, NC 28689	ASHEBORO, NC 27203
Phone:	Phone: 336-214-9885

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	25.00	50.00	BOWH	AE

Remarks:

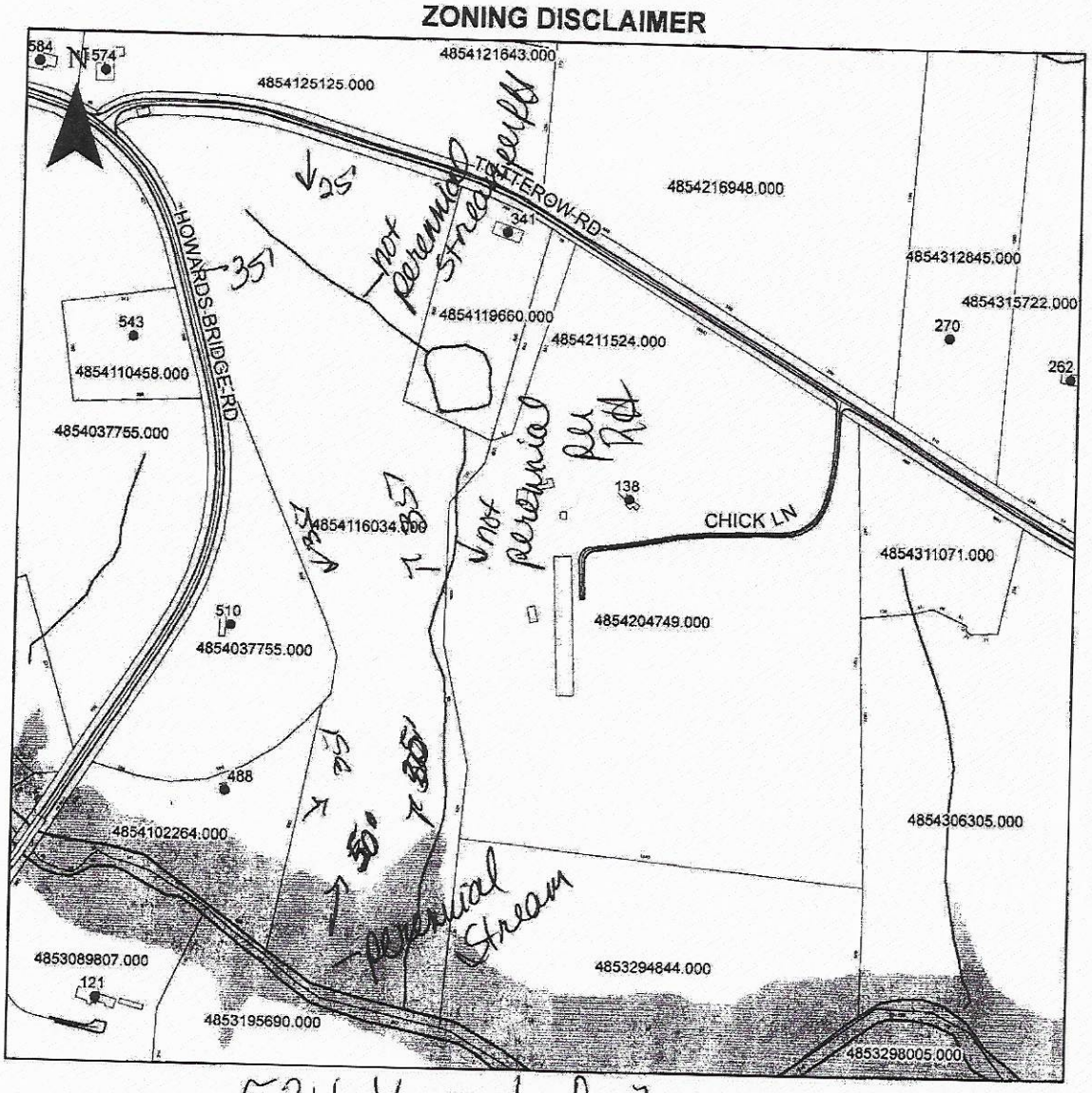
PERENNIAL STREAM TO RIGHT WITH 50' SETBA
CK SINCE IN WATERSHED AND TUTTEROW RD TO
LEFT W/25' SETBACK

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	173055	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 534 Howards Bridge

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

4/4/19
Date