ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-316032

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

PIN # 4860 -- 74 -- 1974

APPLICANT/OWNER: OPTIMISTIC VENTURE GROUP

APPLICANT ADDRESS: 201 NORTH MCDOWELL STREET, SUITE 33306, CHARLOTTE, N.C. 28233

SITE ADDRESS: 155 ASHFORD DRIVE, OLIN, N.C. 28660

PHONE: 980-215-3837 ALT. PHONE 631-678-7217

SITE DIRECTIONS: (N) ON 21, (L) ON TABOR, (R) ON ASHFORD, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: HOLLY RIDGE SECTION: P2 LOT # 9 LOT AREA: 0.73 AC

DESIGN FLOW: 360GPD L.T.A.R.: 0.3 (0.15 REPAIR)

Septic Tank	1000	(gal)	STB	160	Date	7/26/21	☑ 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	3	Linear Ft	306FT		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—			☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**		
☐ Business	No. Persons	6	☑ Private		
☐ Other	No. Employees	—	☐ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

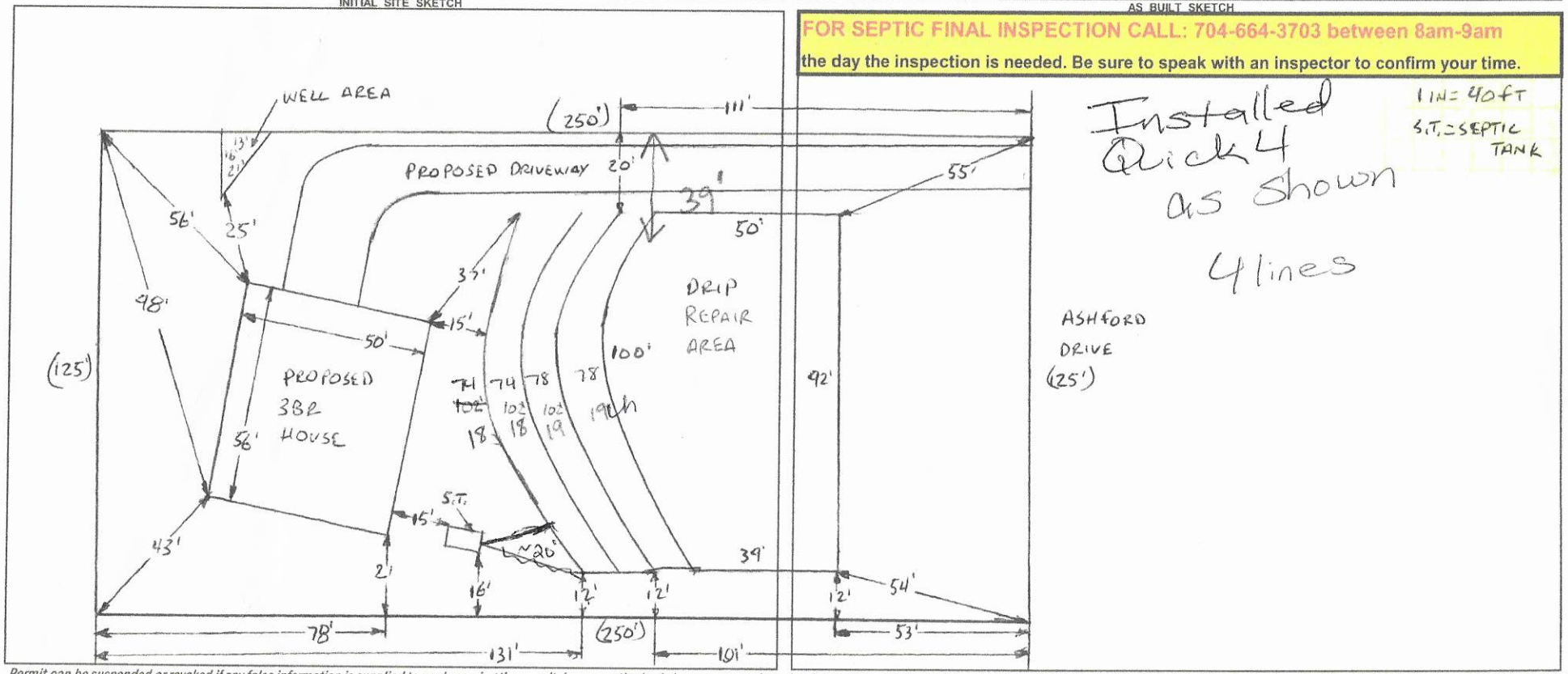
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 4FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH MAINTAIN 50FT FROM ALL WELLS

Orange Filter
ST-116'~~12ft~~ to House

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
Quick 4
as shown

4 lines

1 IN = 40 FT

S.T. = SEPTIC TANK

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: Joanne M. Montana Date: 7/6/21 Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Burpt C. Mills Date: 6-30-2021 OPERATION PERMIT by: [signature] Date: 10/12/21

AUTHORIZATION TO CONSTRUCT by: Burpt C. Mills Date: 6-30-2021 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 #: 4860-74-1974
COUNTY: IREDELL

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

OWNER: OPTIMISTIC VENTURES GROUP
ADDRESS: 201 NORTH MCDOWELL STREET, SUITE 33306, CHARLOTTE, N.C. 28233
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 155 ASHFORD DRIVE, OLIN, N.C. 28660
WATER SUPPLY: ☑ ~~Private~~ ☐ Public ☑ ~~Well~~ ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut
TYPE OF WASTEWATER: ☑ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

APPLICATION DATE 3-24-2021
DATE EVALUATED: 4-28-2021
PROPERTY SIZE: 0.73 AC
PROPERTY RECORDED: YES

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	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	54"+	NA	N/A	PS .3
		8-36	CL, SBK	FR, S, P, SEXP					
		36-54	CL, WSBK	FR, SS, SP, SEXP					
2	~~LINEAR SIDE~~ HEAD 7%	0-18	SCL, WSBK	FR, SS, SP, SEXP	- COLLUVIAL SAP INC THRU OUT MOSTLY FI MICA COMMON	48"+	NA	NA	PS .3
		18-48	CL, WSBK	FR, SS, SP, SEXP					
3	SHOULDER 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI BANDS MICA COMMON	54"+	NA	NA	PS .3
		8-30	CL, SBK	FR, S, P, SEXP					
		30-54	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 12%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI MICA COMMON	39"	U II SL (VFI)	NA	PS .3 ABOVE 39"
		7-20	CL, ~~SBK~~	FR, S, P, SEXP					
		20-39	CL, WSBK	FR, SS, SP, SEXP					
		39-54	SAP, RC	VFI, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.3	0.15

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
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) 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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	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.

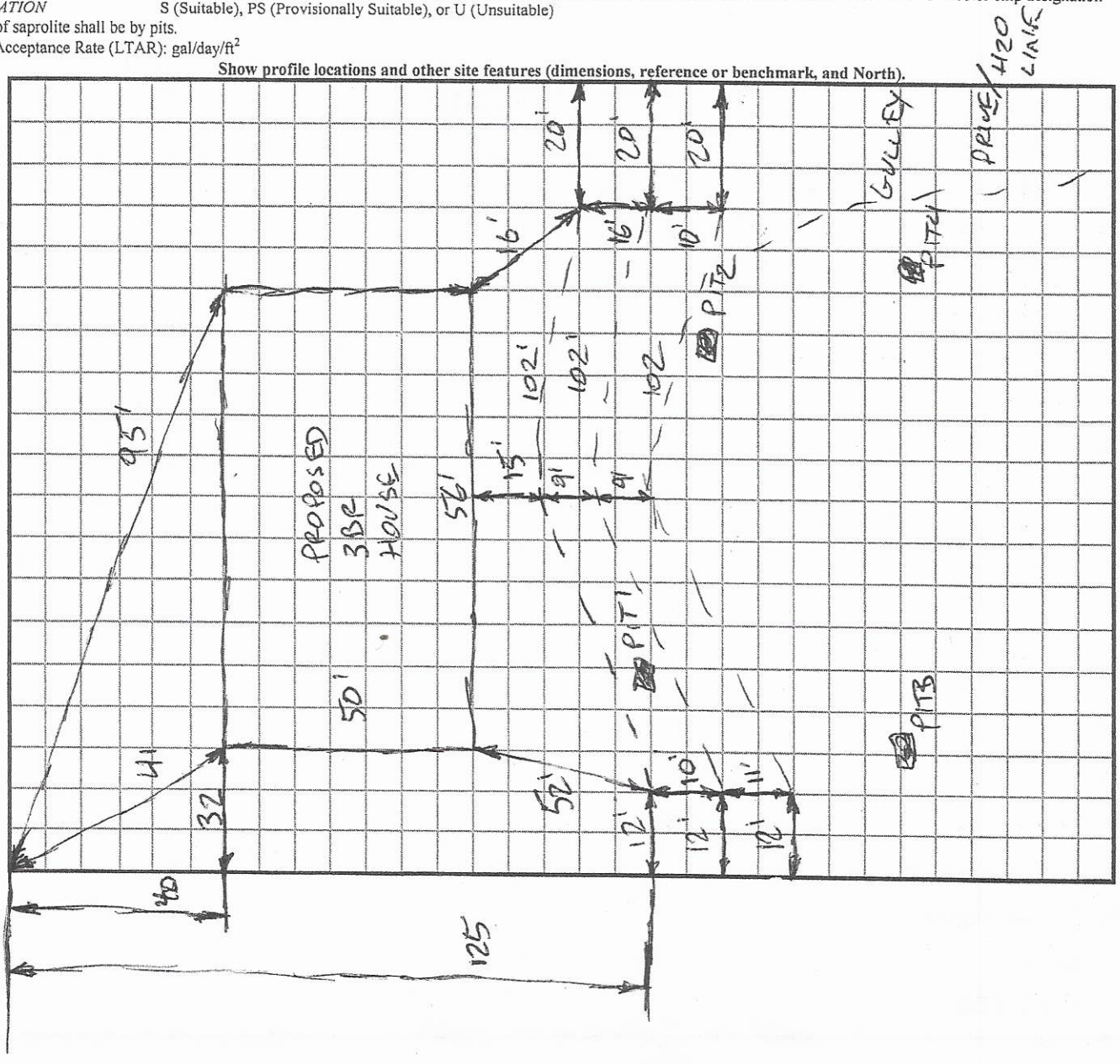
NOTES

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).



RECEIVED MAR 2 4 2021

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-316032 $000.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Optimistic Venture Group Address: 201 N. McDowell St. #33306 Charlotte NC Zip: 28233
Applicant Email: jeanne@peakmgtgroup.com Phone: 980-215-3837 Alt. Phone: 631-678-7217
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 155 Ashford Dr. Olin, NC 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77N to Tomlin Mill Rd Exit (Exit 59); Right on Tomlin Rd; Left on Tabor Rd; Right on Ashford Dr.

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

(X) 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: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1680 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

(X) 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: _____

(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 (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: Jeanne Moulton 3/17/2021
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, Mike Arrison, am the legal owner(s) of the property located at 155 Ashford Dr. Olin, NC 28660, identified as PIN (Parcel Identification Number) 4860-74-1974, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Moulton, Optimistic Venture Group, 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.

Mike Arrison — 03/19/2021

Signer ID: CNRFYBB7K5...
19 Mar 2021, 06:16:03, PDT Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

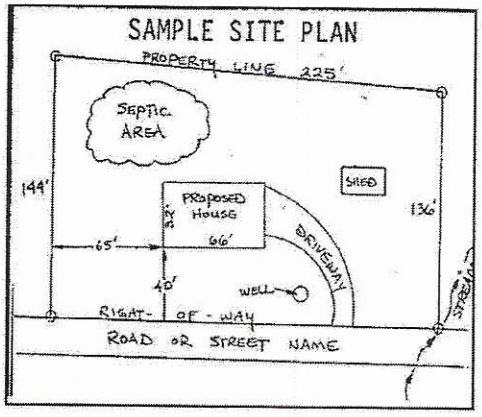
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

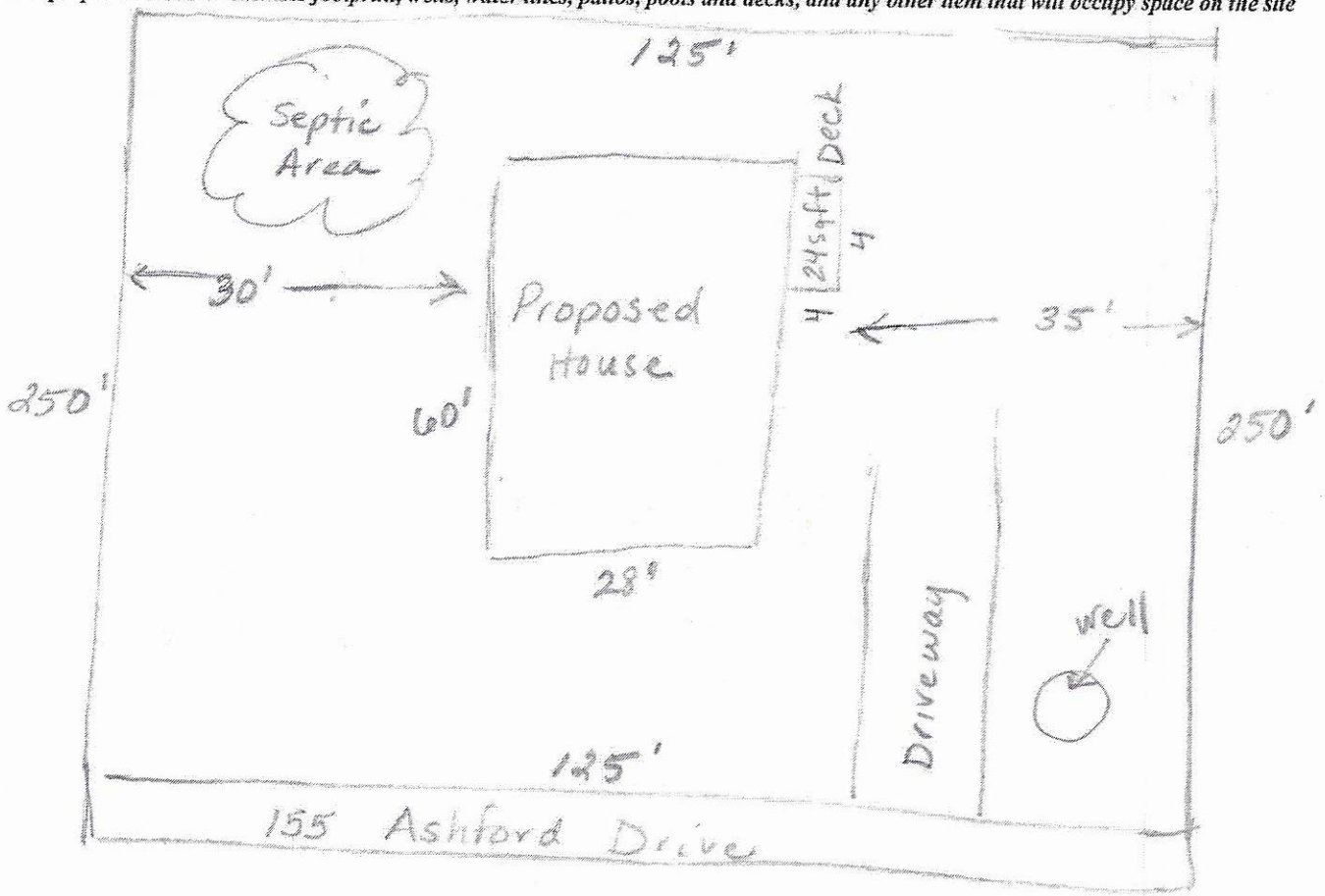
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

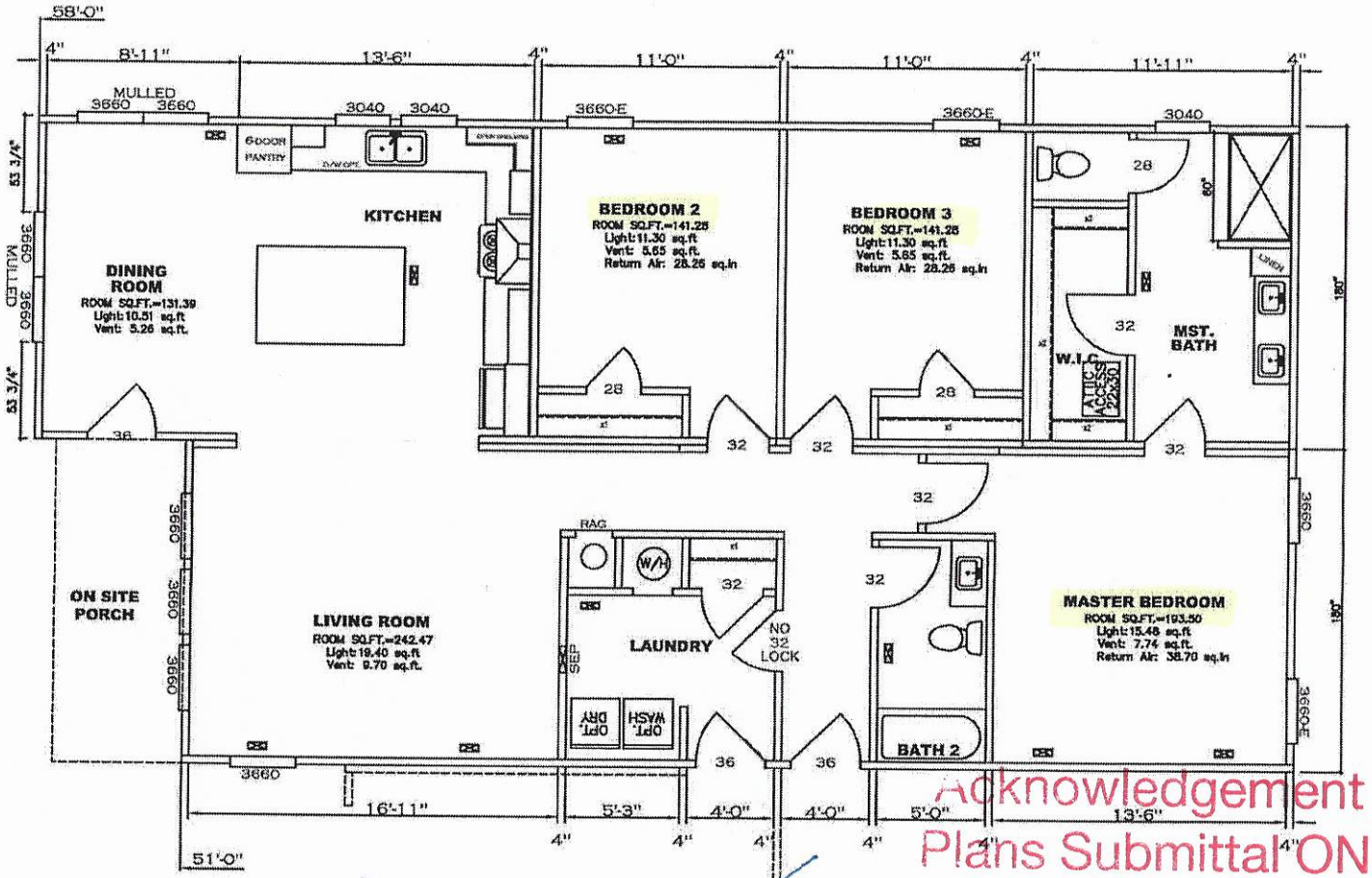
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

3/17/2021
DATE



Acknowledgement Of Plans Submittal ONLY!

Date 3/22/2021

Date 6-30-2021

APPROVED

BWG

JUNE 18 2020

FP-32-2936

Federal Manufactured Home Construction And Safety Standards

APPROVED

ON SITE GARAGE

1635 SQ.FT. (STD PLAN "CONDITIONED")

N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: BLD32563A	Drawing #: 11M030-25-34130
	Date: 06/12/2020 Scale: NTS	
Product Designer: Cory C.	32 X 56 Builder Series	
FLOOR PLAN		

PDF created with pdfFactory trial version www.pdffactory.com

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316032 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4860741974.000	155 ASHFORD DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: ARRISON MICHAEL T SR+EVELYN L	Name: OPTIMISTIC VENTURE GROUP
Address:	Address: 201 N MCDOWELL ST
	CHARLOTTE, NC 28233
Phone:	Phone: (980)215-3837

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.73	35	35	15	15	N/A	NO

Remarks
MODULAR

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.

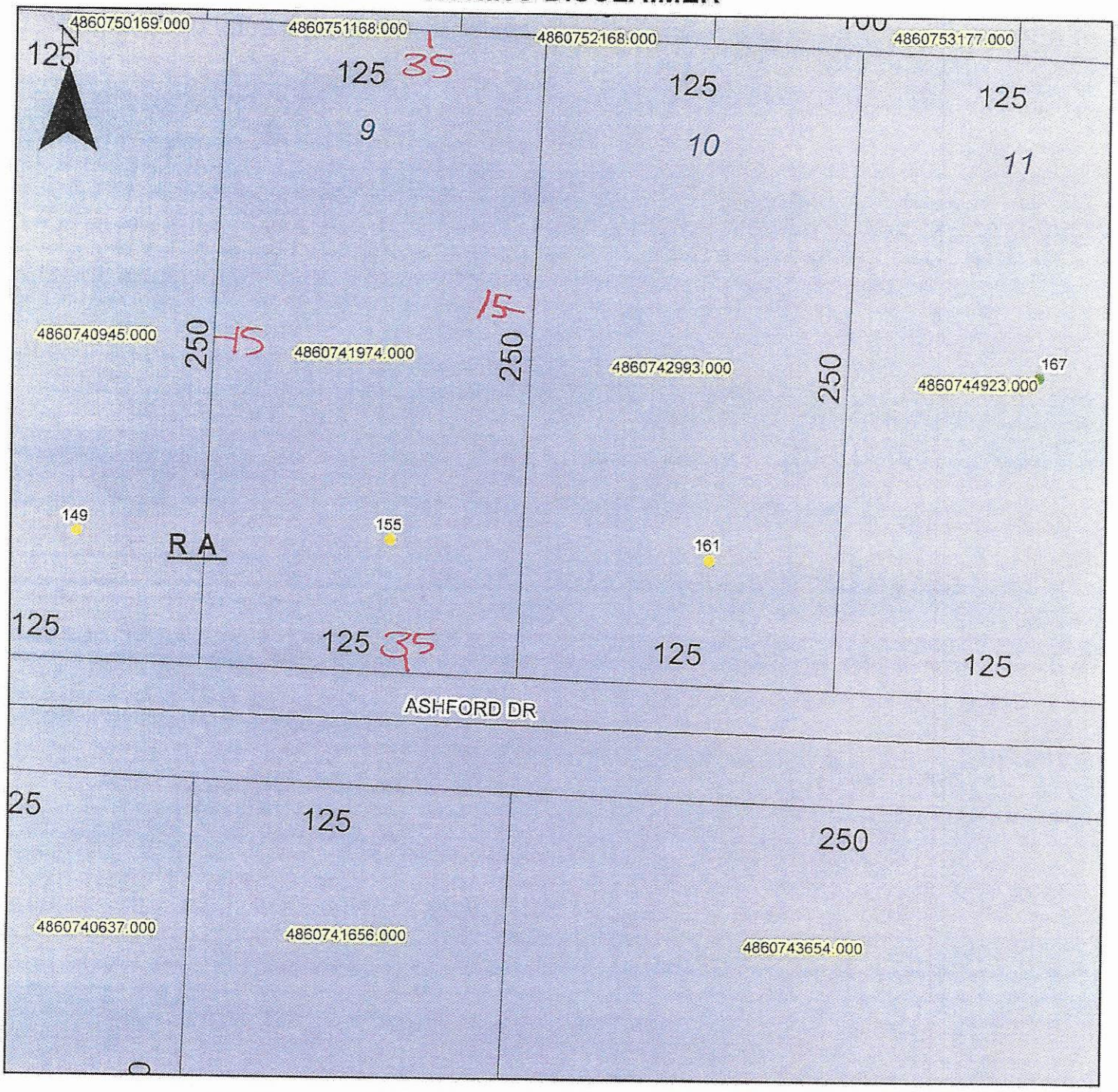
Signature of Owner/Contractor

Date: 03/22/2021

Permit Number	316032

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 155 Ashford Dr.

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.

Joanne M. Moulton
Applicant

3/22/2021
Date