ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 30626626

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

PIN # 4861326728

APPLICANT/OWNER: Todd Ellis Builders, Inc | APPLICANT ADDRESS: 271 Cooper Farm Rd, Statesville

SITE ADDRESS: 107 Allen Hills Way, Olin 28660 | PHONE: 704-902-0119 | ALT. PHONE —

SITE DIRECTIONS: Tomlin Mill Rd → L on Tabor → L on Speaks → L on Padgett Farm → L on Willies → L and on R | SAP CONTROLLED: ☐ YES ☒ NO

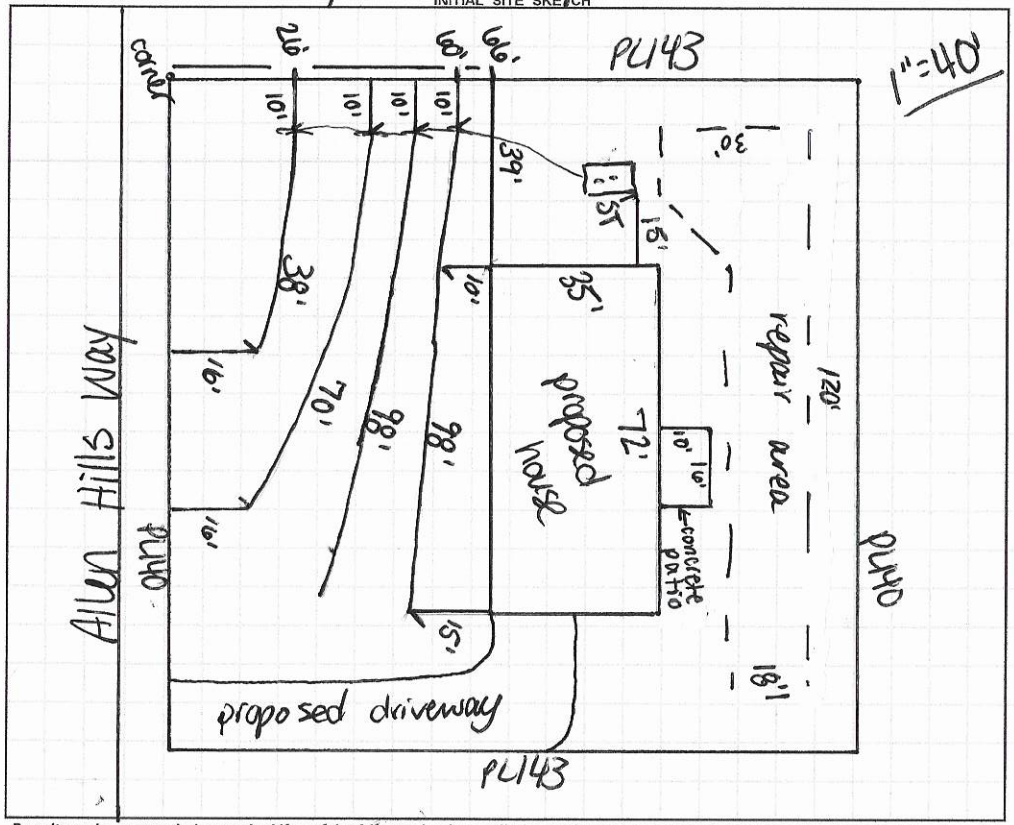
SUBDIVISION: Padgett Farms | SECTION: 3 | LOT # 32 | LOT AREA: .41 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 1012	Date 8-30-2018	☒ 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 4
Pump Make		Model	Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft: 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Do not pave/grade septic area. ✱ water line must be 10' from any part of septic

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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: Acceptance of Permit Rec'd | Date: 5-6-20 | Installed by: Yunk Lindsey

IMPROVEMENT PERMIT by: Carla C. Nicks | Date: 5-4-20 | OPERATION PERMIT by: [signature] | Date: 12-30-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks | Date: 5-4-20 | 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 #: 48632 0728
COUNTY: Iredell

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

OWNER: Todd Ellis Builders
ADDRESS: 271 Cooper Farm Rd
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): ____
LOCATION OF SITE: 107 Allen Hills Way
APPLICATION DATE: 4-28-20
DATE EVALUATED: 5-4-20
PROPERTY SIZE: .460c
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-9	GR SCL	FrSSspSBKp		48"	-	-	PS .3
		9-35	SBK C	" "					
		35-48	SBK CL	" "					
2	L 5%	0-13	GR SCL	FrSSspSBKp	V few yps at c/cl interface	48"	-	-	PS .3
		13-32	SBK C	" "					
		32-48	SBK CL	" "					
3	L 5%	0-7	GR SCL	FrSSspSBKp	-	48"	-	-	PS .3
		7-37	SBK C	" "					
		37-48	SBK CL	" "					
4	L 5%	0-8	GR SCL	FrSSspSBKp	-	48"	-	-	PS .3
		8-33	SBK C	" "					
		33-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50%
Site LTAR	.3	.3

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

COMMENTS: ____

Updated February 2014

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.

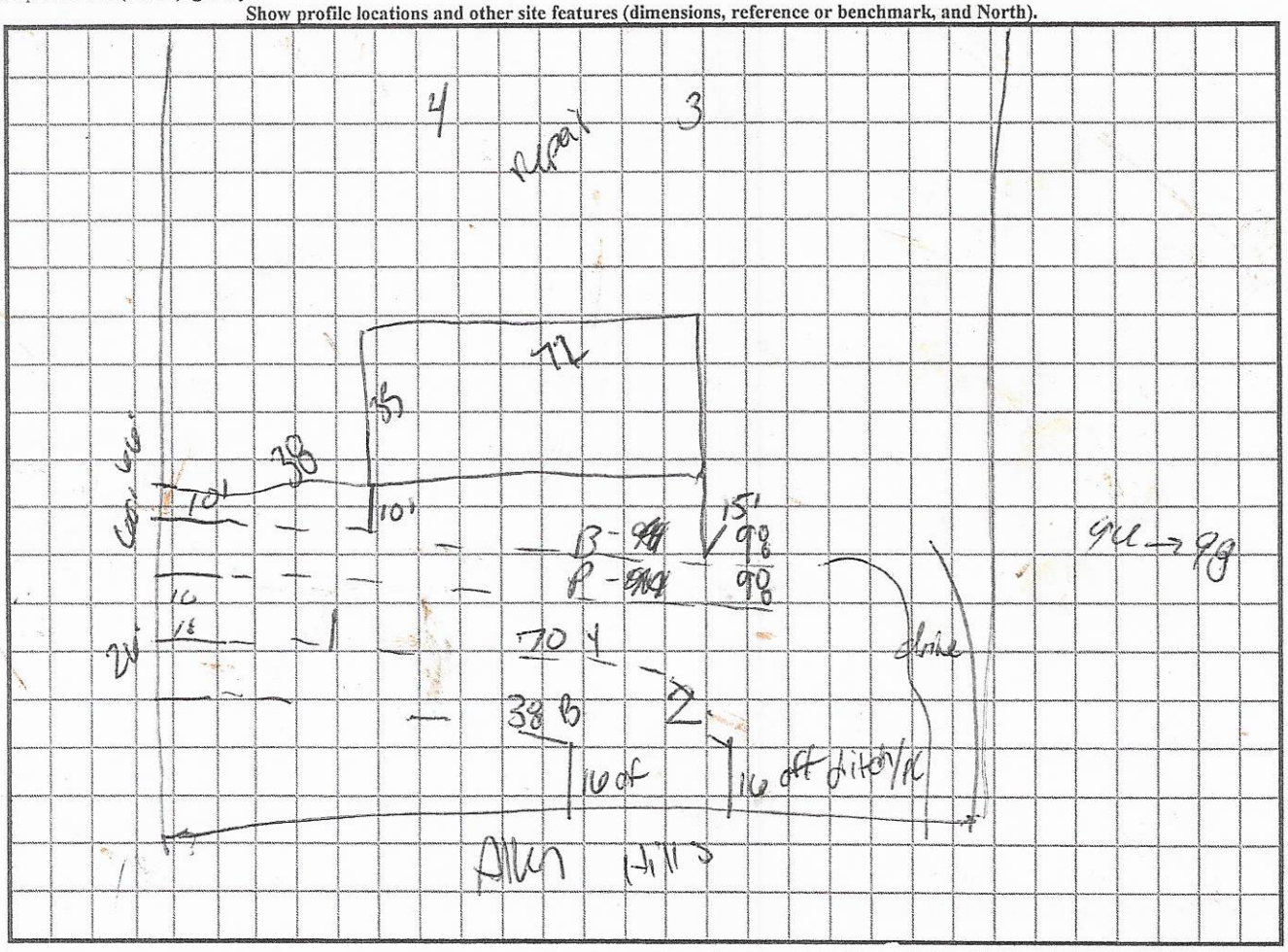
NOTES

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 APR 2 8 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ___Improvement Permit __X__Authorization To Construct ___Existing System Inspection

****

AP- 30 6266

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Reita

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Todd Ellis Builders, Inc.	271 Cooper Farm Rd, Statesville, NC 28625	704-873-7373	704-902-0119
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Carolyn Horne	229 Cedar Lake Dr, Statesville, NC 28625		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
107 Allen Hills Way	Padgett Farms	32

Driving Directions: Hwy 21 North, turn onto Tabor Rd in Olin, 1.3 miles to Allen Hills Way

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (X) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

IF Non-Residential Site Development:

Type of Business _____

Square Footage of Building _____

Maximum Number of Employees _____

Maximum Number of Seats _____

****

6. Proposed Water Supply:

Iredell Water

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

Chamber System

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3-12-20

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

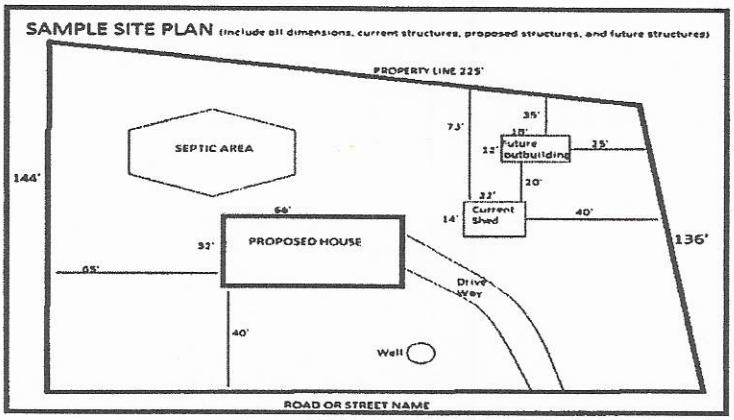
_✓_ Front and side setbacks from property line… **_✓_ Preferred driveway location and configuration, preferred well location…**

_✓_ Area you prefer your septic system to be placed… **____ North arrow, or other sufficient indicator of direction…**

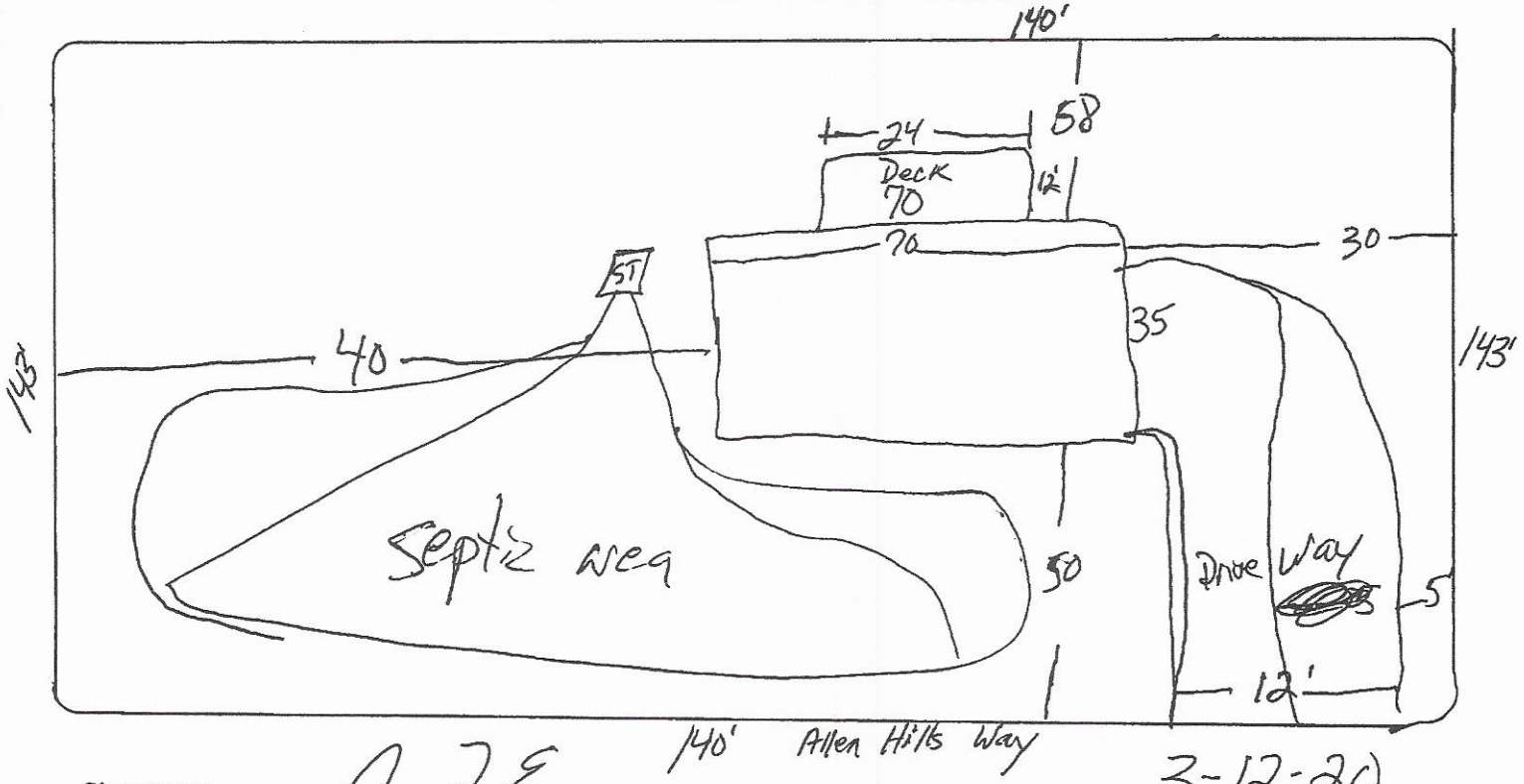
Circle N/A on the following if appropriate:

____ 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

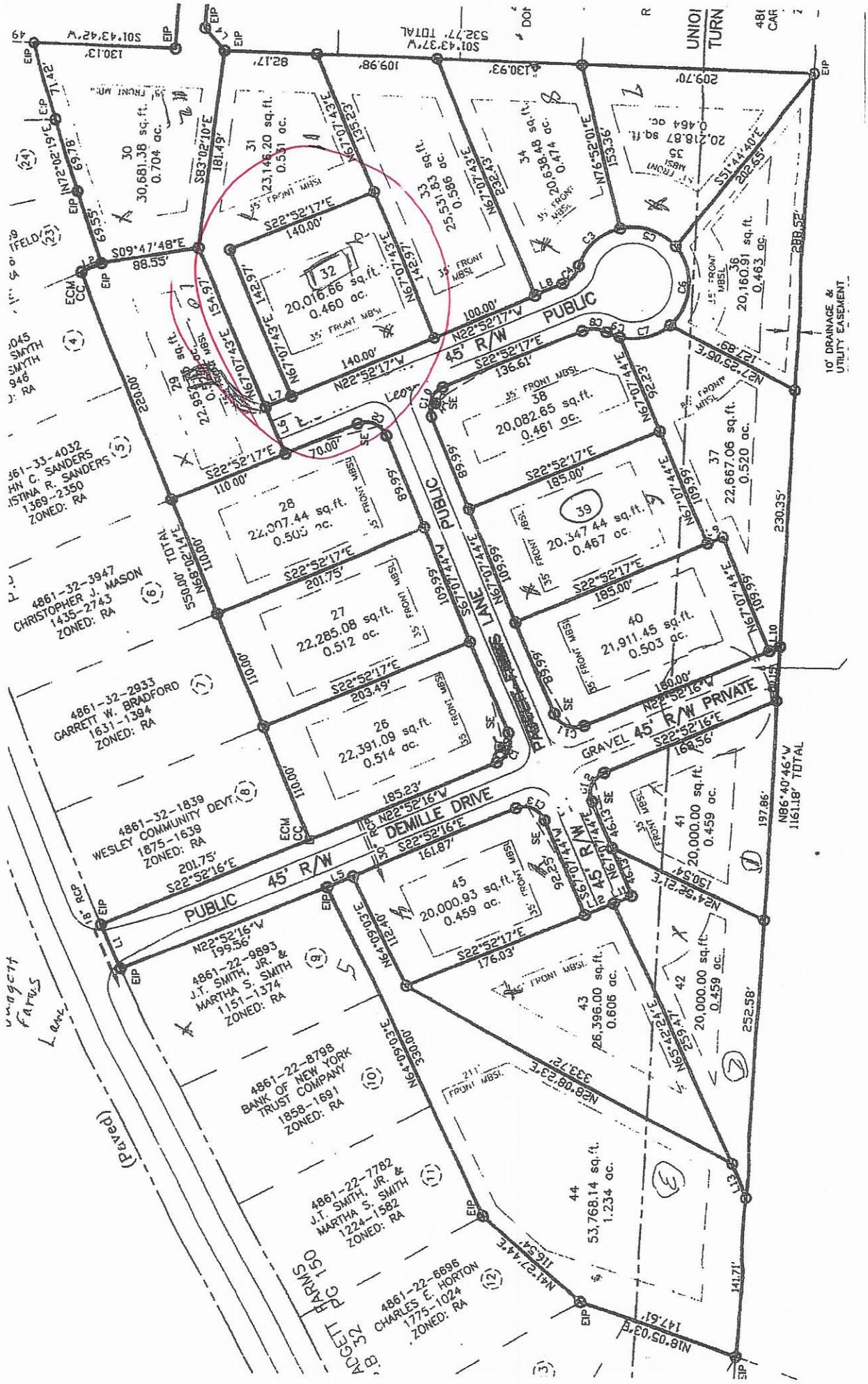


Signature: J J E

REQUIRED **property owner or owner's legal representative signature.**

3-12-20

DATE


PUBLIC
45' R/W
DEMILLE DRIVE
45' R/W
PUBLIC
GRAVEL 45' R/W PRIVATE
LANE
PUBLIC
10' DRAINAGE & UTILITY EASEMENT
32
20,016.66 sq.ft.
0.460 ac.
33
25,531.83 sq.ft.
0.586 ac.
34
20,638.48 sq.ft.
0.474 ac.
35
20,218.87 sq.ft.
0.464 ac.
36
20,160.91 sq.ft.
0.463 ac.
37
22,667.06 sq.ft.
0.520 ac.
38
20,082.65 sq.ft.
0.461 ac.
39
20,347.44 sq.ft.
0.467 ac.
40
21,911.45 sq.ft.
0.503 ac.
41
20,000.00 sq.ft.
0.459 ac.
42
20,000.00 sq.ft.
0.459 ac.
43
26,396.00 sq.ft.
0.606 ac.
44
53,768.14 sq.ft.
1.234 ac.
45
20,000.93 sq.ft.
0.459 ac.
26
22,391.09 sq.ft.
0.514 ac.
27
22,285.08 sq.ft.
0.512 ac.
28
22,007.44 sq.ft.
0.505 ac.
29
30
30,681.38 sq.ft.
0.704 ac.
31
23,146.20 sq.ft.
0.531 ac.
4861-33-4032
JOHN C. SANDERS
CRISTINA R. SANDERS
1369-2350
ZONED: RA
4861-32-3947
CHRISTOPHER J. MASON
1435-2743
ZONED: RA
4861-32-2933
GARRETT W. BRADFORD
1631-1394
ZONED: RA
4861-32-1839
WESLEY COMMUNITY DEVT.
1875-1639
ZONED: RA
4861-22-9893
J.T. SMITH, JR. &
MARTHA S. SMITH
1151-1374
ZONED: RA
4861-22-8798
BANK OF NEW YORK
TRUST COMPANY
1858-1691
ZONED: RA
4861-22-7782
J.T. SMITH, JR. &
MARTHA S. SMITH
1224-1582
ZONED: RA
4861-22-6696
CHARLES E. HORTON
1775-1024
ZONED: RA
(Paved)
ARMS 150 RD
ACCESS
S01°43'42"W 130.13'
S01°43'37"W 532.77' TOTAL
N86°40'46"W 1161.18' TOTAL
N22°52'17"W 140.00'
S22°52'17"E 140.00'
N67°07'43"E 142.97'
S67°07'43"W 142.97'
N22°52'17"W 100.00'
S22°52'17"E 136.61'
N67°07'44"E 92.23'
S67°07'44"W 89.99'
N67°07'44"E 109.99'
S22°52'17"E 185.00'
S22°52'17"E 195.00'
N22°52'16"W 160.00'
S22°52'16"E 168.56'
N22°52'16"W 199.56'
S22°52'16"E 201.75'
S22°52'16"E 161.87'
S22°52'17"E 176.03'
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N64°09'03"E 212.40'
N64°09'03"E 363.00'
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N41°27'44"E 116.54'
N18°05'03"E 147.61'
S09°47'48"E 98.55'
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N72°02'19"E 69.78'
N67°07'43"E 135.23'
N76°52'01"E 153.36'
S51°44'40"E 202.65'
N27°23'39"E 288.52'
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S22°52'17"E 110.00'
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IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Carolyn Horne, am the legal owner(s) of the property located at 107 Allen Hills Way, identified as PIN (Parcel Identification Number) 4861327558.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) J Todd Ellis of Todd Ellis Builders, Inc., 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

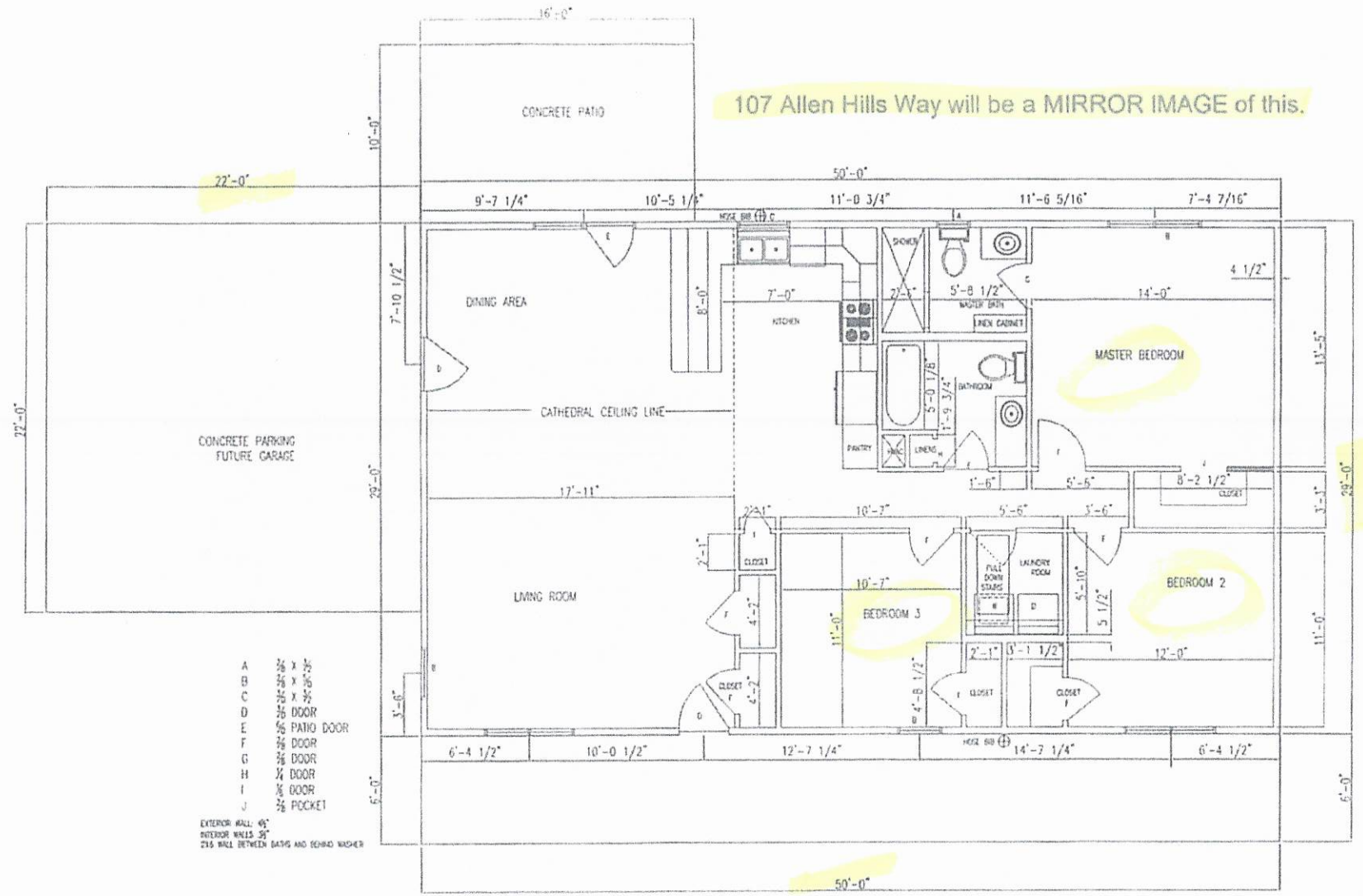
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	3-12-20		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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



Acknowledgement Of
Plans Submittal ONLY!

Carla C. Nidek Date 5-6-20

J Todd Ellis Date 5-5-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306266 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4861326728.000	107 ALLEN HILLS WAY	Iredell County

Owner Information	Applicant Information
Name: HORNE CAROLYN P	Name: JEFFREY TODD ELLIS-BLDG(TODD ELLIS BUILDERS INC-PL)
Address: 229 CEDAR LAKE DR STATESVILLE, NC 28625	Address: 271 COOPER FARM ROAD STATESVILLE, NC 28625
Phone:	Phone: (704)902-0119

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.46	35	35	15	15	N/A	NO

Remarks
SFD

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.

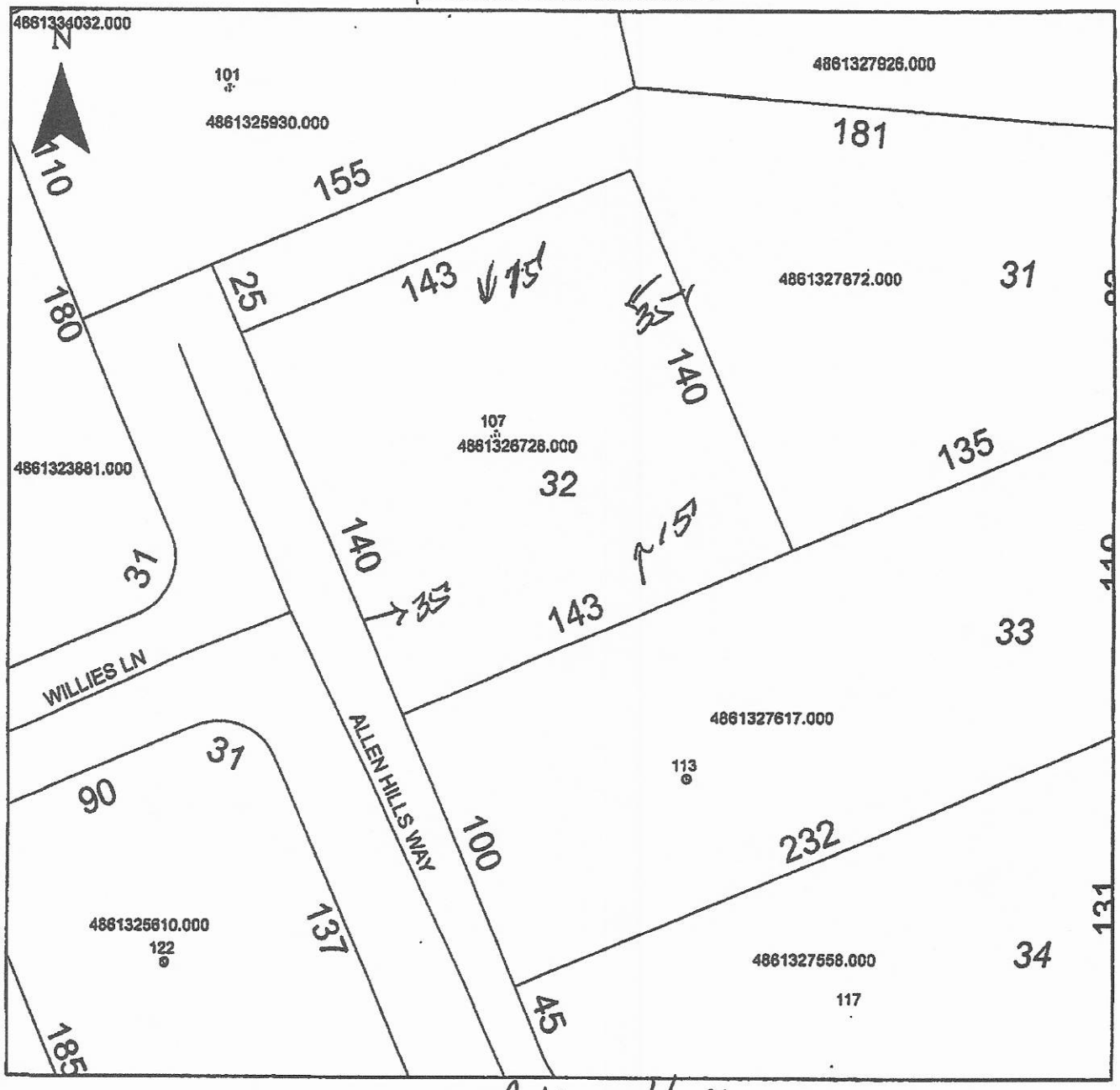
Signature of Owner/Contractor

Date: 04/28/2020

Permit Number	306266

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 107 Allen Hills

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

3-25-20

Date