ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317193

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

PIN # 4863 -- 64 -- 2603

APPLICANT/OWNER: Mark & Robin Nicholson | APPLICANT ADDRESS: 181 Holcomb Rd, Hamptonville NC 27020

SITE ADDRESS: 743 Eagle Mills Rd, ~~Harmony~~ Hamptonville NC ~~28634~~ 27020 | PHONE: 704-539-4642 | ALT. PHONE

SITE DIRECTIONS: (N) 77 → exit 65 → (R) 901 → (L) Eagle Mills → lot accessed by drive to 745 | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 3.139 | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3 (I) / 0.1 (R)

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:	Drip - 1050 ft²		
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE

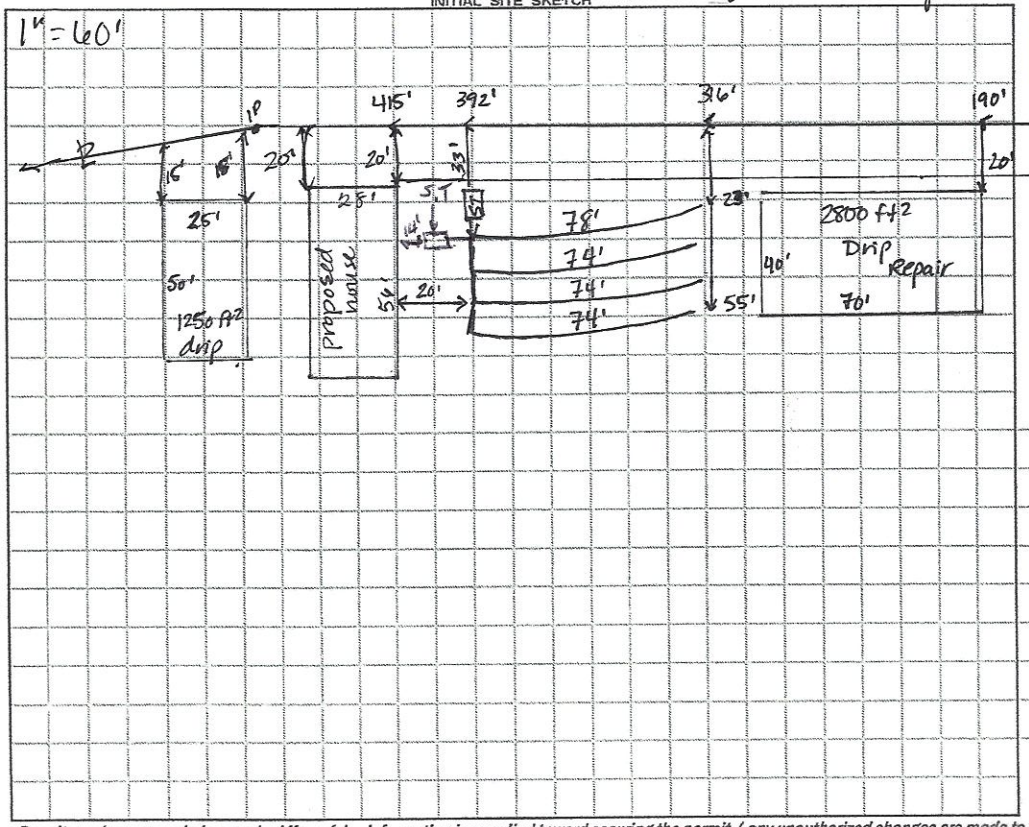
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

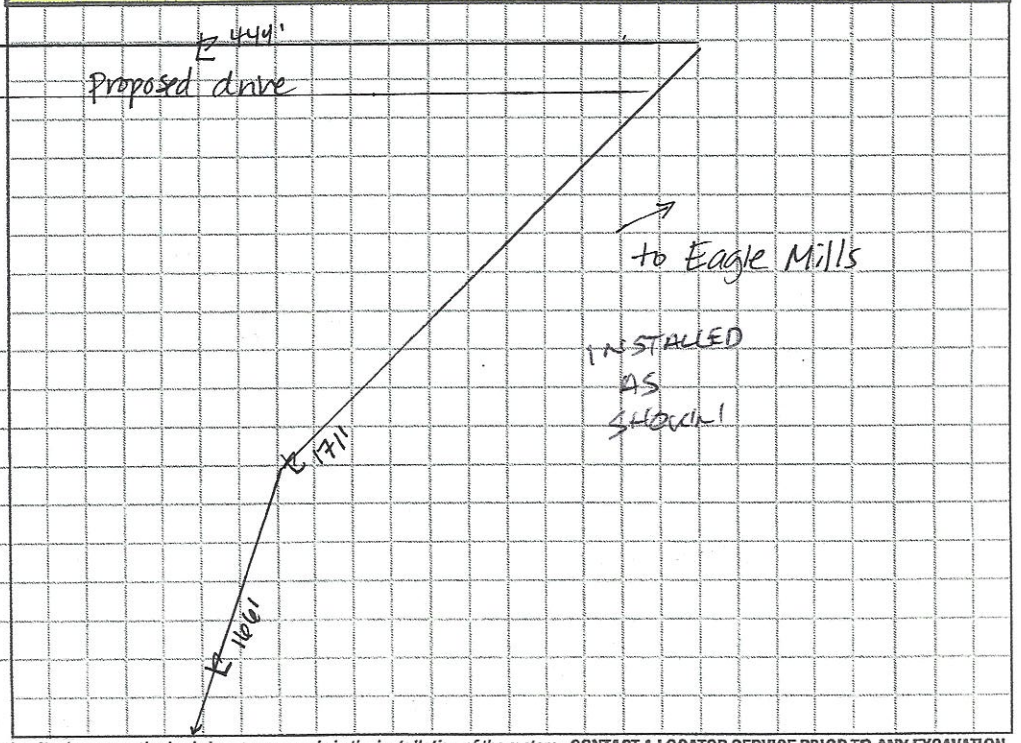
Comments / Conditions: PRE-CONSTRUCTION MEETING REQUIRED - system must be installed as shown. Install drainlines on contour of land, use serial distribution. Do not pave park, drive, grade, or bury utilities in drainfield.

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.



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: Bethany E. Wors | Date: 6/9/21 | Installed by: (JAKE) WILLIAMS Excavation

IMPROVEMENT PERMIT by: D. Mieberg | Date: 5/28/21 | OPERATION PERMIT by: Bryant C. White | Date: 11-16-2021

AUTHORIZATION TO CONSTRUCT by: D Mieberg | Date: 8/25/21 | 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 2
PROPERTY ID #: 4663 64 2603
COUNTY: Iredell

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

OWNER: Mark Nicholson
ADDRESS: 181 Holcomb Rd, Hamptonville
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 743 Eagle Mills, Hamptonville
APPLICATION DATE: 4/28/21
DATE EVALUATED: 5/19 & 5/21
PROPERTY SIZE: 3.139
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	LS 12%	0-12	CL-SBK	SSSP-FR-SEXP	N/A	(21")	S/RCF		PS drip (0.275 to 21"
		12-18	C-SBK	↓					
		18-21	CL-SBK	↓					
		21-48	SAP/CR (M) M(RCF)	VFI/parent material					
2	LS 12%	0-10	CL-SBK	SSSP-FR-SEXP	N/A	(24")			PS 0.275
		10-19	C	↓					
		19-24	CL	↓					
		24-30	SAP-M (RCF)	VFI-NSNP					
		30-48	SAP/CR	VFI	Some FI pockets				drip 0.1
~~3~~ 3	LS 15%	0-9	CL-SBK	SSSP-FR-SEXP	N/A	(42")			PS 0.3
		9-20	C-SBK	↓					
		20-35	CL-SBK	↓					
		42-60	SAP-F/M	NSNP-VFR					
4	LS 17%	0-12	CL-SBK	SSSP-FR/FI SEXP	2.5YR 6/4 @ 20" mottles	Band of Rock @ 24" (24")			PS 0.25
		12-24	C-SBK	SSSP-FR-SEXP					
		24-45	CL-SBK RCF	SSNP-FI/FR					
		45-60	SAP-M RCF/CR	VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	3600 ft2
System Type(s)	25% red	drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wicker
OTHER(S) PRESENT: C.

(R) 0-10
10-24
24-~~35~~ 45 CL

COMMENTS: Slope Correction (6-7"
Band Rock @ 24
33 44

Updated February 2014

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

316 23 34 45 55

PROPERTY ID #: 4803 64 2603
DATE OF EVALUATION: 5/24/21
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
5	12%	0-10	CL-SBK	SSSP-FR-SEXP		(24")			0.1
		10-24	C-SBK	SSSP-FR-SEXP					
		24-55	CL-SBK/MAS	SSSP-FI-SEXP	CR @	24", 33" & 44"			PS
			Bands of rock				Rock		
6	Nose ridge 15%	0-10	CL-SBK	SSSP-FR-SEXP		(50")			LS 03
		10-23	C-SBK	SSSP-FR-SEXP					
		23-50	CL-SBK	SSSP-FR-SEXP	Sap inc & coarse fragments prevalent				HS - PS
		50+	SAP-M/CR	VFI			(CR)		27" to Rock
7	Nose ridge 17%	0-12	CL-SBK	SSSP-FR-SEXP		(47")			PS
		12-23	C-SBK	I					
		23-47	CL-SBK	SSSP-FR-SEXP	Sap incl 23-47"				0.3
		47-84	SAP-M/CR	CL-VFI			(CR)		LS 32" to rock

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.

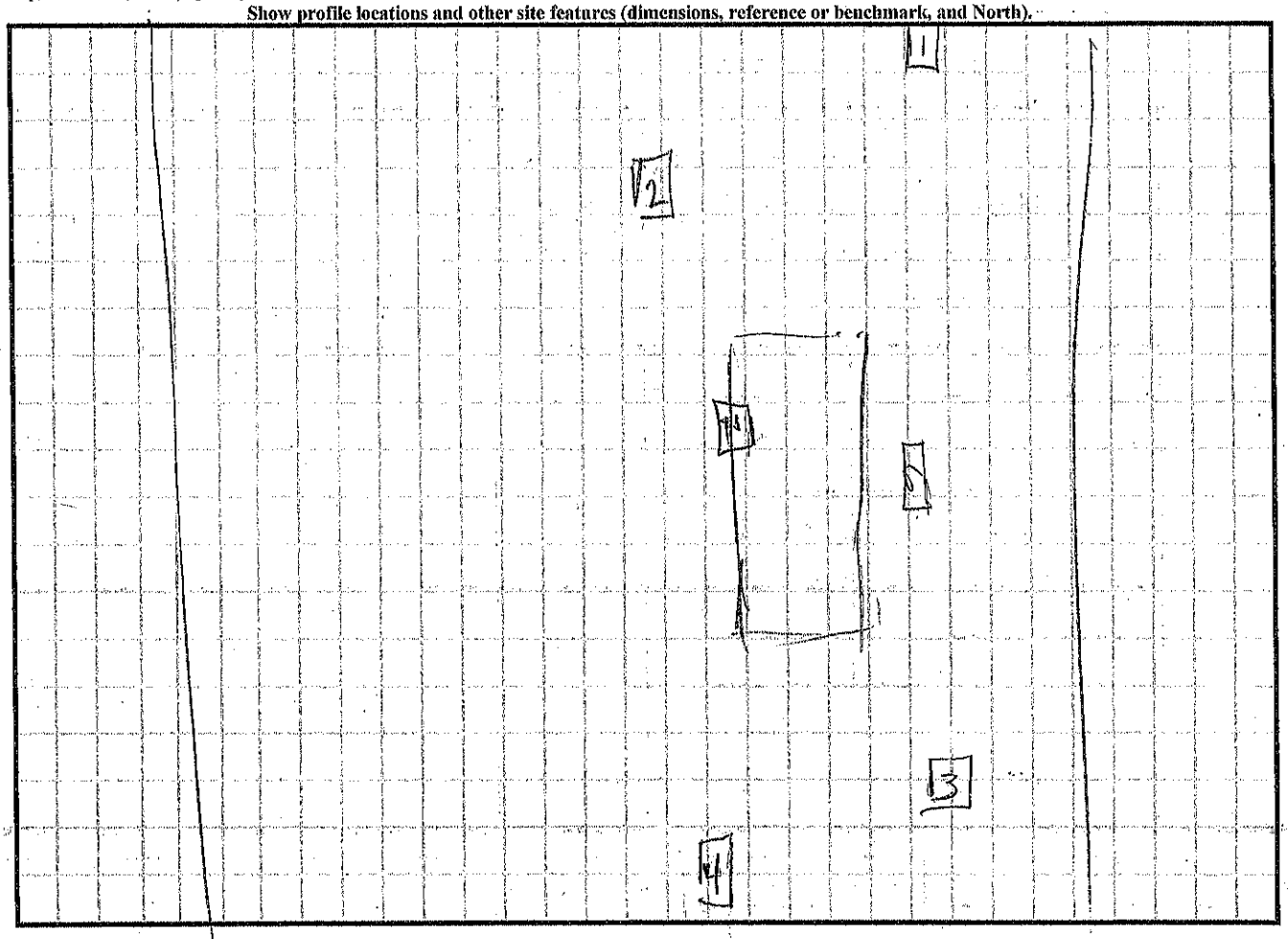
NOTES

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).



B/19 930

RECEIVED APR 2 8 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-310193 $500.00

Application For:

( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Mark & Robin Nicholson Address: 181 Holcomb Road Zip: 27020

Applicant Email: _____ Phone: 704-539-4642 Alt. Phone: 704-883-4195

Owner Name: Mark & Robin Nicholson Address: 181 Holcomb Road Zip: 27020

Owner Email: eaglemills10@yahoo.com Phone: 704-539-4642 Alt. Phone: 704-883-4195

Property Information:

Street Address: 743 Eagle Mills Road

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

Driving Directions: 77 North to Union Grove exit. US. Right off exit onto 901. Left off 901 onto Eagle Mills Road.

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 max
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) 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: _____

(X) Multi-connection Well Number of Houses: 1 Number of Persons: 1

( ) New Well (X) 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 hereln 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: _____ 4-21-21

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

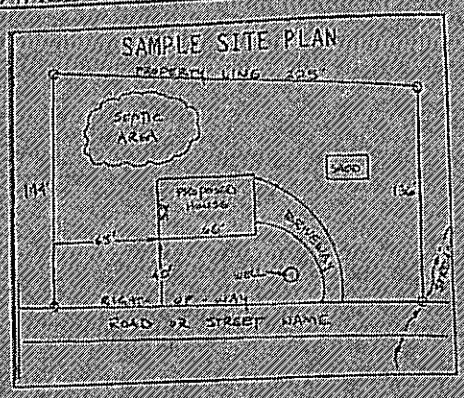
31-1102

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:

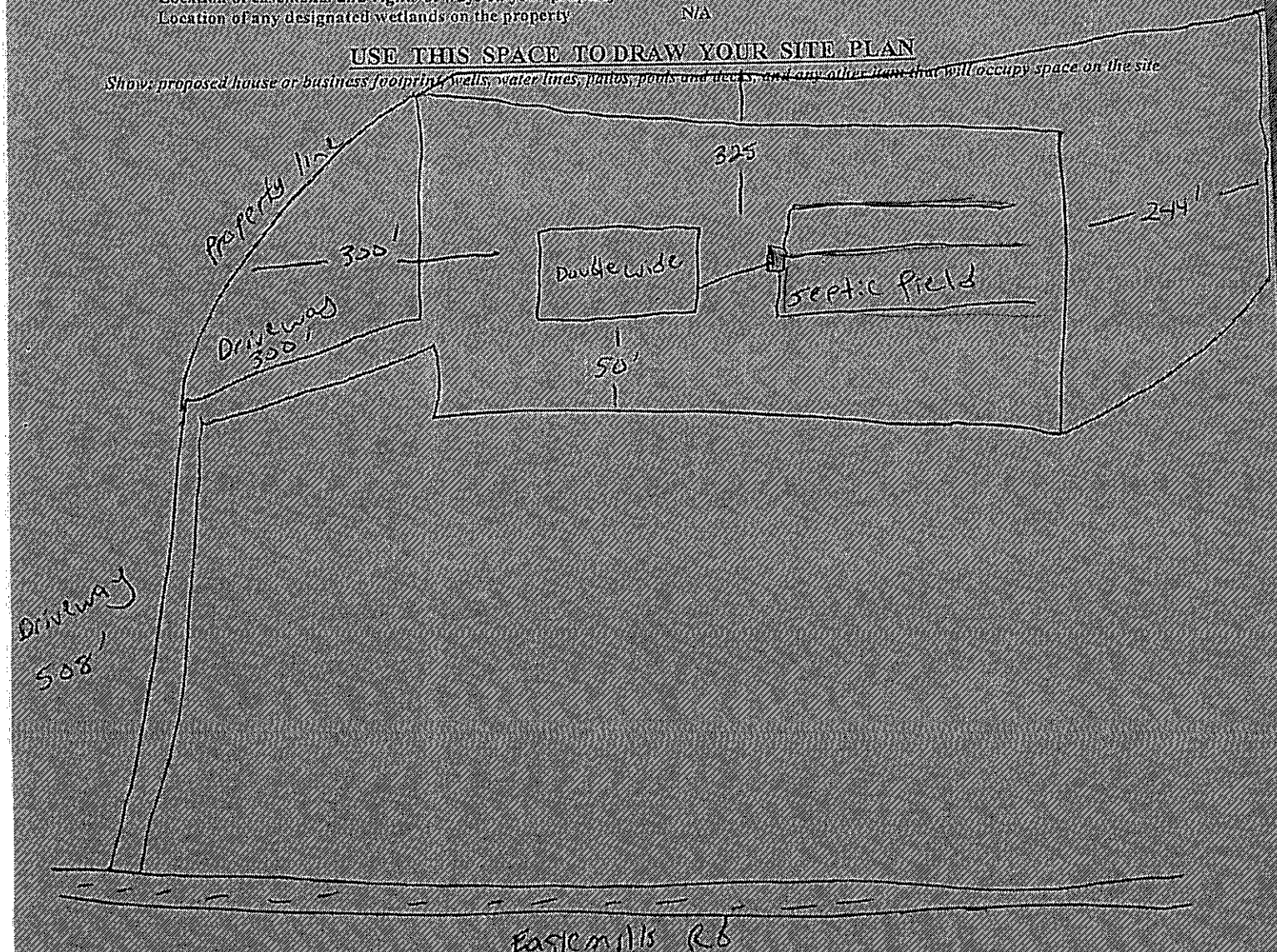
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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, ponds and decks, and any other item that will occupy space on the site.



Signature: _____ 4-21-21

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

3171913

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X 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, MARK NICHOLSON, am the legal owner(s) of the property located at 743 EAGLE MILLS ROAD, identified as PIN (Parcel Identification Number) 4803642003.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) BRADLEY WARRICK'S, 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.

_____ 4-21-21

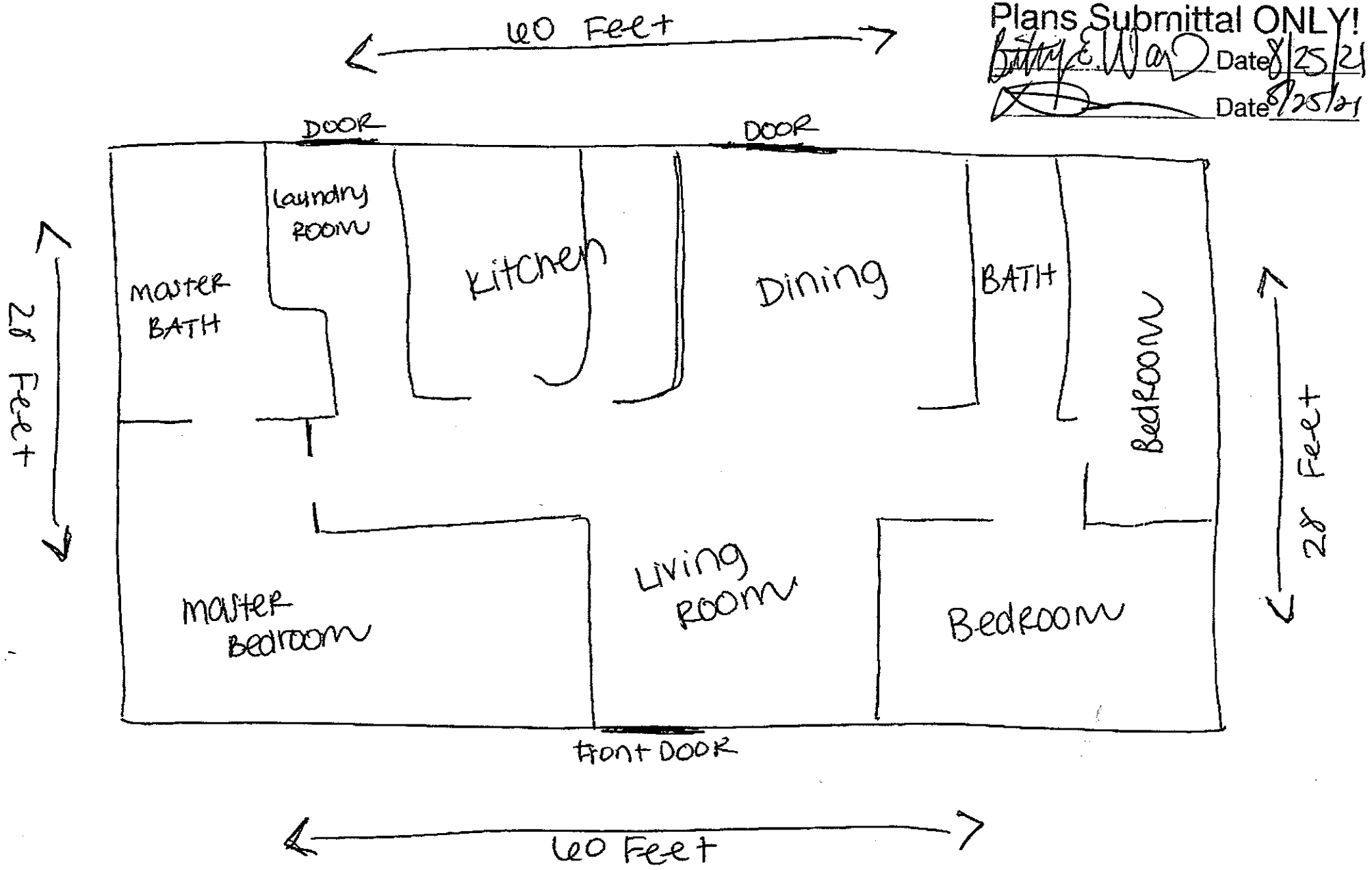
Signature of Owner(s) Date

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

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

1453 Edgefield's Double Wide Floor Plan

Acknowledgement Of
Plans Submittal ONLY!
Date 8/25/21
Date 8/25/21



IREDELL COUNTY · NC

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

APPLICATION NUMBER
317193 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4863642603.000	743 EAGLE MILLS RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: NICHOLSON MARK+ROBIN K Address: Phone:	Name: NICHOLSON MARK+ROBIN K Address: Phone:

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.139	35	50	15	15	WSII-BOW Hunting Creek	YES

Remarks

DOUBLE WIDE

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.

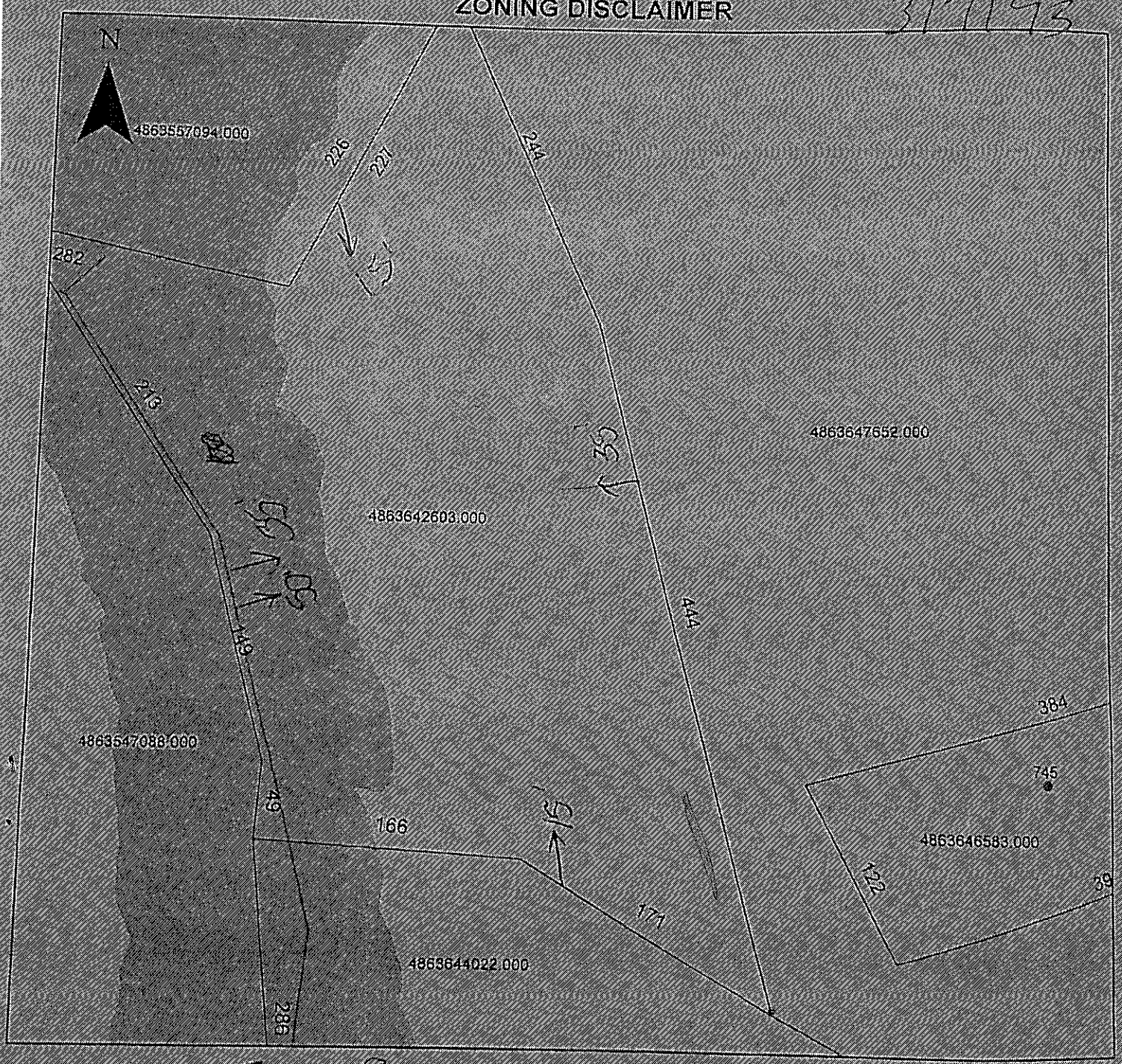
Date: 04/27/2021

Signature of Owner/Contractor

Permit Number	317193	TOTAL FEES	

ZONING DISCLAIMER

3/7/23



Property Address 743 Eagle Mills Rd

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

2-21-23

Date