ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-302996

APPLICANT/OWNER: PHILIP + SARA ZANON | APPLICANT ADDRESS: 6135 STATESVILLE ROAD, NORTH WILKESBORO, N.C. 28659 | PIN # 4883197015.196

SITE ADDRESS: 496 CARSON ROAD, HAMPTONVILLE, N.C. 27020 | PHONE: 336-466-0789 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (R) ON ANTHONY ROAD, (R) ON CARSON ROAD, LOT ON (R)

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 22.99 AC | SAP CONTROLLED: [x] YES [ ] NO | DESIGN FLOW: 100 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	3-17-20	Date	1012	[x] 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	1	Linear Ft:	100FT	Maintenance Agreement Required:	[ ] YES [x] NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE

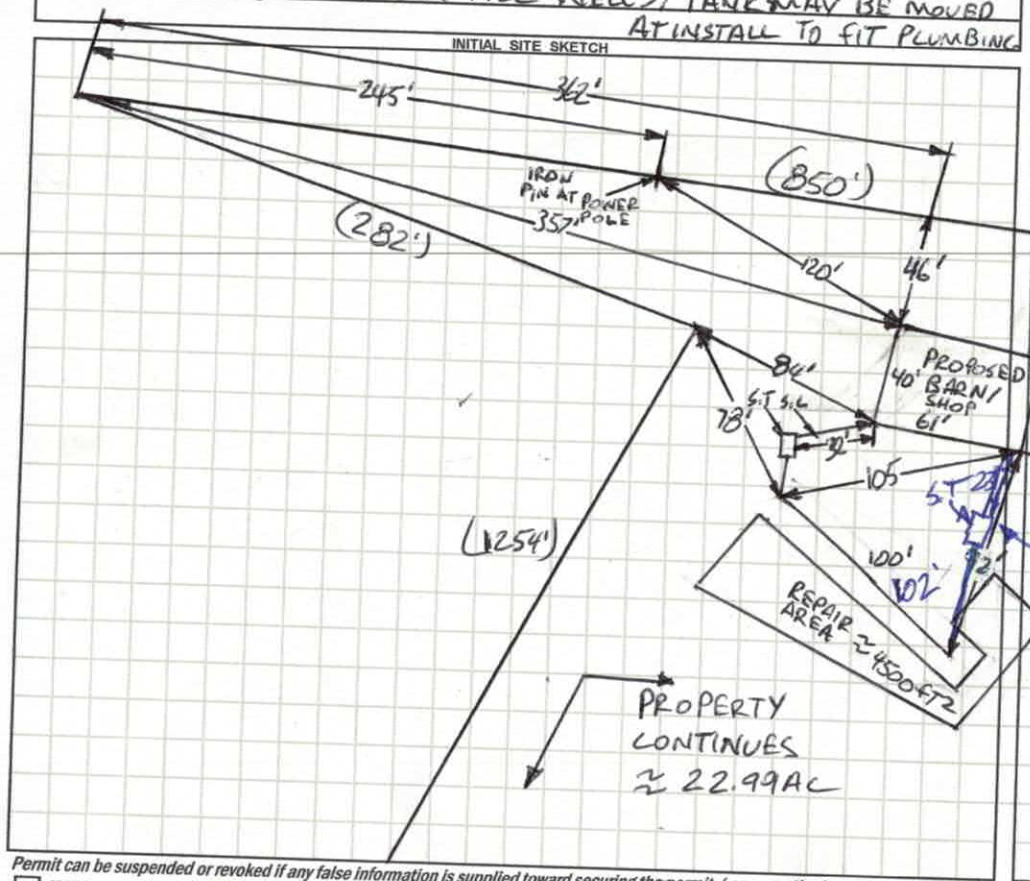
[ ] Residence | No. Bedrooms —
[ ] Business | No. Persons —
[x] Other | No. Employees 4
[x] Slab [ ] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [x] Private [ ] Public [ ] Community

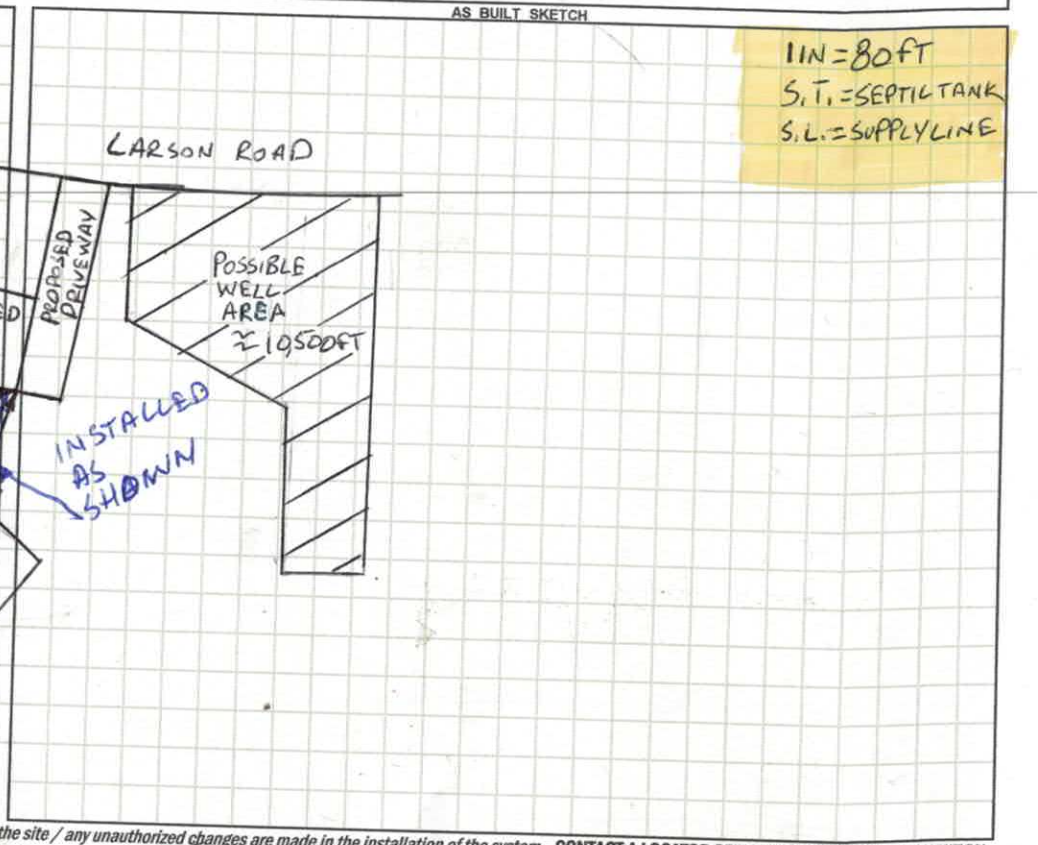
Comments / Conditions: INSTALL ON CONTOUR INSTALL ON 9FT CENTERS, MAINTAIN 100FT FROM ALL WELLS; TANK MAY BE MOVED AT INSTALL TO FIT PLUMBING

*Maybe Tank to other side maybe 100ft from well.

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kevin Bowers Date: 1-15-20 Installed by: KEVIN BOWERS

IMPROVEMENT PERMIT by: Burkett C. White Date: 1-14-2020 OPERATION PERMIT by: Burkett C. White Date: 2-13-2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 1-14-2020 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

196

Sheet 1 of 1
PROPERTY ID #: 4883192051
COUNTY: IREDELL

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

OWNER: PHILIP + SARA ZANNON
ADDRESS: 6135 STATESVILLE ROAD, NORTH WILKESBORO, N.C. 28659
PROPOSED FACILITY: 4 EMPLOYEE SHOP PROPOSED DESIGN FLOW (.1949): 100 GPD
LOCATION OF SITE: 196 CARSON ROAD, HAMPTONVILLE, N.C. 27020
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 11-22-19
DATE EVALUATED: 12-12-19
PROPERTY SIZE: 22.99
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 12%	0-16	C, PL	~~FR~~, S, P, SEXP	Y/B MOTS CHROMA 3 or 4 0-16" SAP INC THRU OUT	48"+	NA	NA	PS .3 BELOW 16"
		16-20	C, ABK	~~FR~~, S, P, SEXP					
		20-48	CL/WABK	~~FR~~, SS, SP, SEXP					
2	LINEAR SIDE 8%	0-19	C, ABK	~~FR~~, S, P, SEXP	SAP INC THRU OUT	57"+	NA	NA	PS .3
		19-57	CL/WABK	~~FR~~, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-26	C, ABK	~~FR~~, S, P, SEXP	10YR 5/2 @ 24" Y/B MOTS CHROMA 3+4 0-24" SAP INC THRU OUT	55"+	NA	NA	PS .225 ABOVE 24" .3 BELOW 24"
		26-55	CL/ABK	~~FR~~, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-40	CL WABK	~~FR~~, SS, SP, ~~SEXP~~	SAP INC 0-40 LITHO 40+	40"	PS VI SL ~~NA~~	NA	PS .35
		40-60	SAP, MAS	VFR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
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) 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.

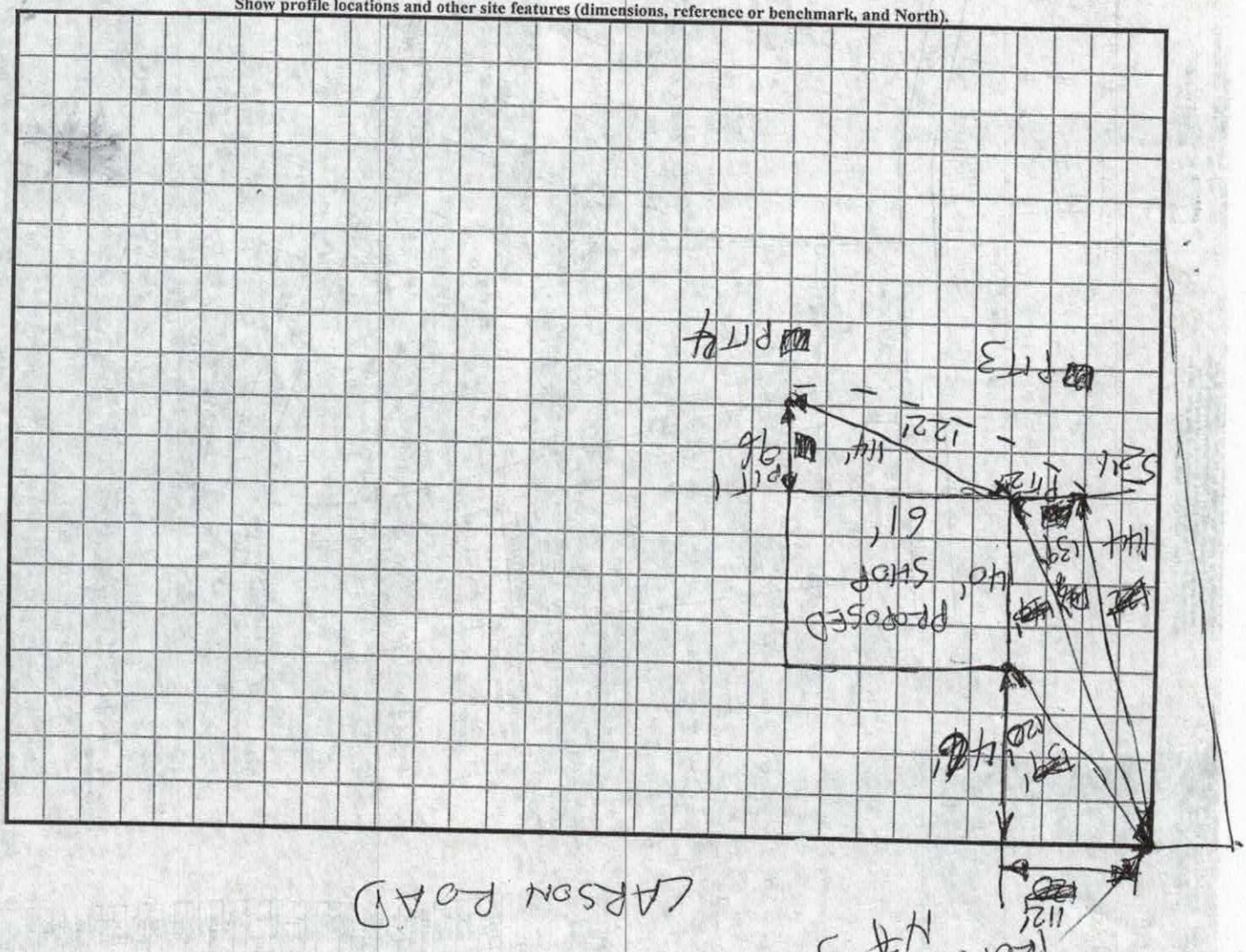
NOTES

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).



RECEIVED NOV 2 6 2019

Paid $ 500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP # 302996

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

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: PHILIP ZANON Address: 6135 STATESVILLE RD. N. WILKESBORO Zip: 28659

Applicant Email: philipp zanon.ch Phone: 336-466-0789 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 196 CARSON RD, HAMPTONVILLE, NC 27020

Subdivision Name: PIN 4883197015.000 Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) 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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: [redacted] BARN

( ) 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

(of separate permit Application 7/17/19)

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: _____ 11/22/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

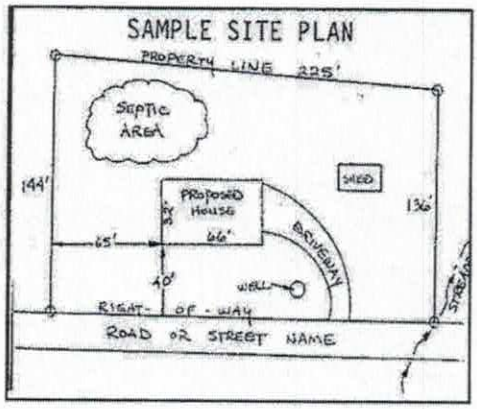
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

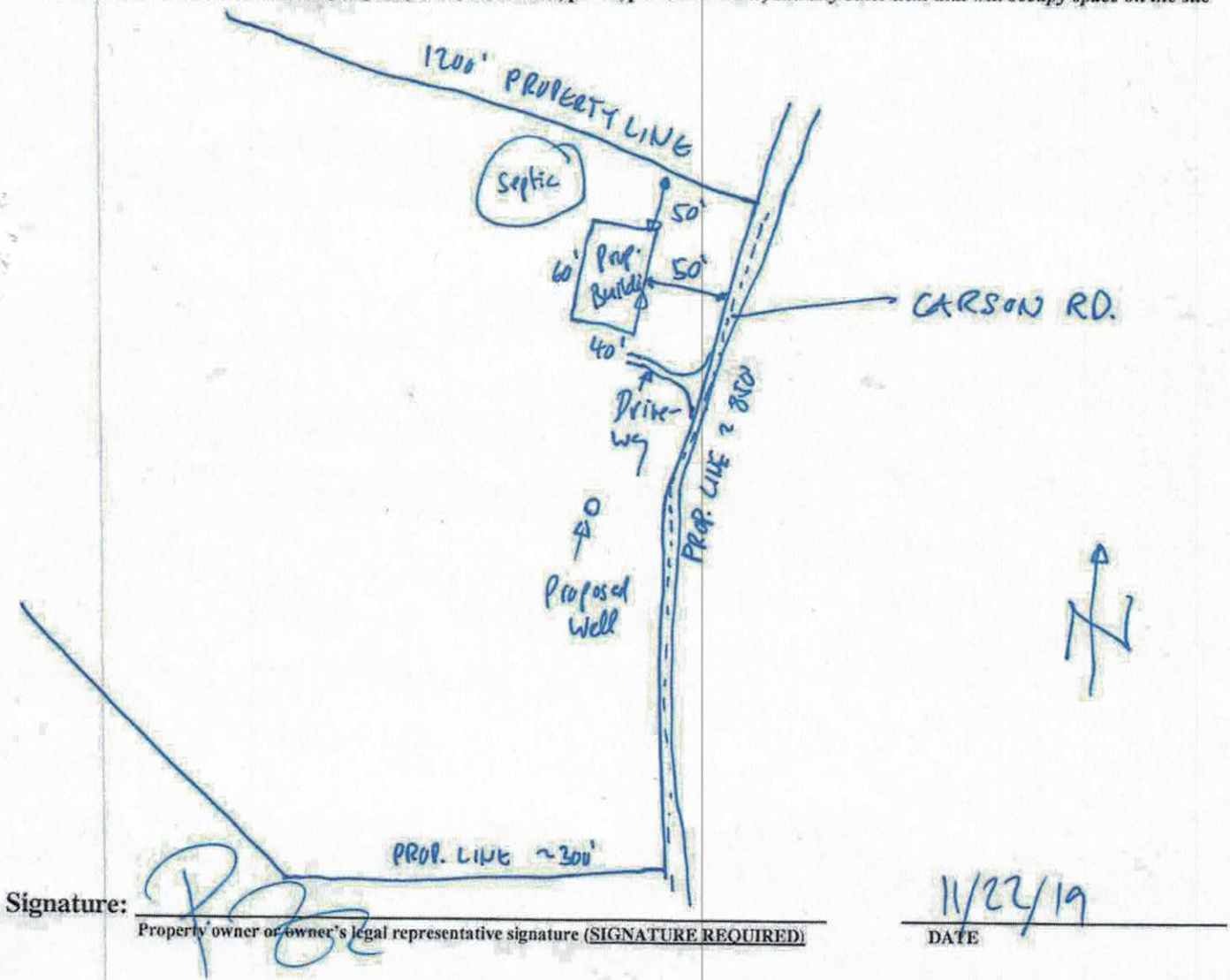


Circle N/A on the following if appropriate:

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: _____ 11/22/19

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*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, 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 PLANNING & DEVELOPMENT
PO BOX 788 / 349 N. CENTER STREET
STATESVILLE NC 28687-0788
(704) 878-3118 / FAX 928-2025

Farm Use Affidavit

Date: 11/26/19

Re: Farm Building when not a part of a Bona Fide Farm Use (Section R14)

I, PHILLIP ZANON, the applicant/property owner of parcel number 4883-19-7015, located on/at 196 CARSON Road, HAMPTONVILLE, NC, do hereby affirm that the intended use of the proposed building is for the storage of farm equipment, supplies and/or agricultural based products and not for personal storage. Furthermore, I understand that any use of this building for purposes other than farm use is prohibited by the Iredell County Land Development Code and subject to corrective action from the County.

Applicant/Property Owner Signature

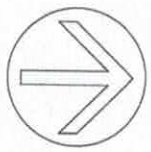
11/26/19
Date

WILLIAM ALLISON
Witness Signature/Printed Name

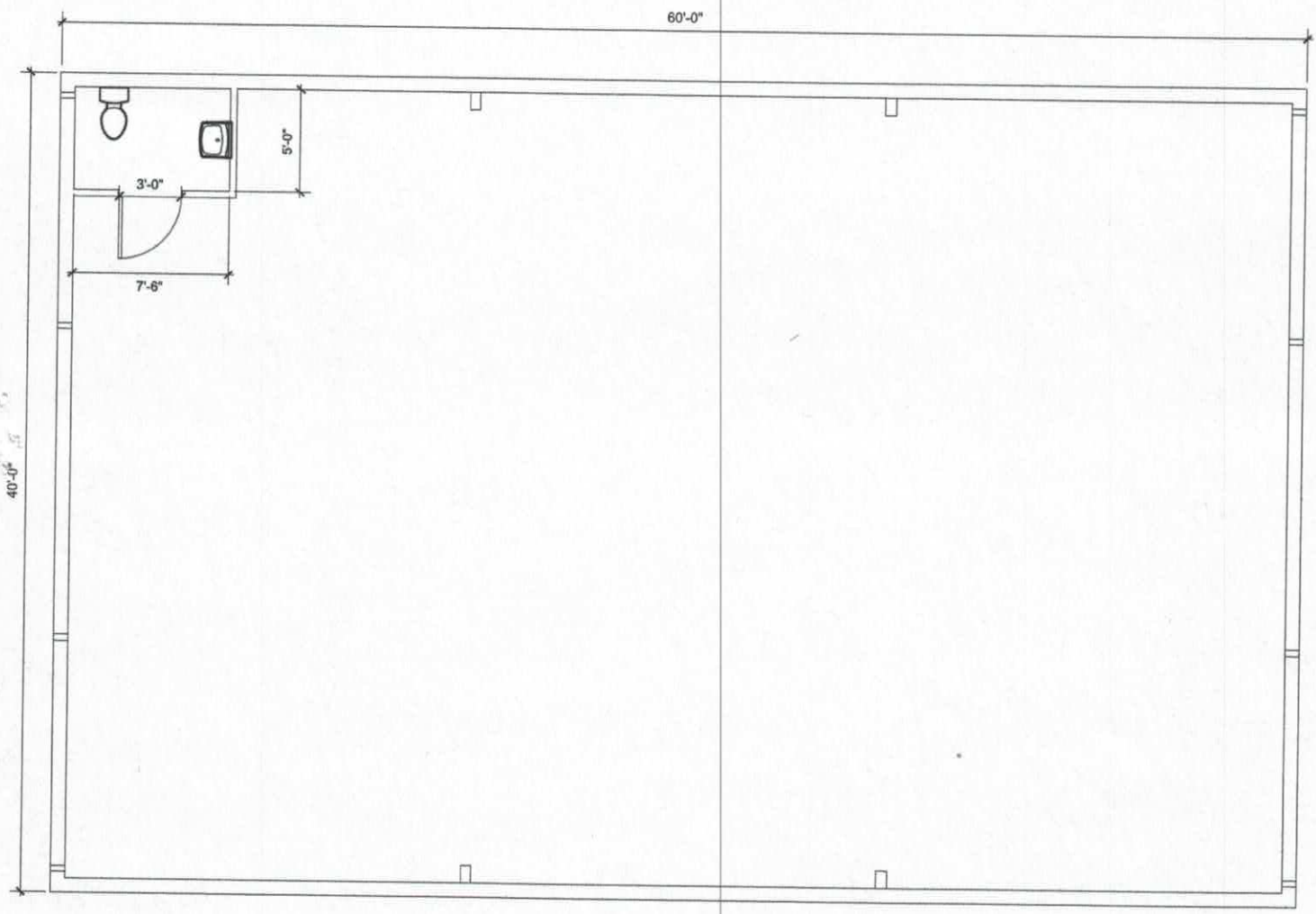
Philip Zanon
196 Carson Rd
Hamptonville, NC 27020
Phone 336 466 0789

Date Jan, 14, 2020

Acknowledgement Of
Plans Submittal ONLY!
Philip Zanon Date 1-15-20
Bryant C. White Date 1-14-2020



NORTH



IREDELL COUNTY · NC

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

APPLICATION NUMBER
302996 Issue Date: 11/26/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4883197015.000	196 CARSON RD	Iredell County

Owner Information	Applicant Information
Name: ZANON PHILIP J+SARA R	Name: ZANON PHILIP J+SARA R
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Accessory Building	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
22.9	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks
Non-exempt Farm Building R-14 Farm Building (non bona fide farm structure) No personal use storage. Max. size 3,500 sf.

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: 11/26/2019

Permit Number	302996

TOTAL FEES:	$77.25