IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 237793

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

PIN # 4883294050

APPLICANT/OWNER: Seth Justice — APPLICANT ADDRESS: 291 Anthony Rd. Harmony

SITE ADDRESS: 189 Carson Rd, Hamptonville 27020 — PHONE: 704-546-7858 — ALT. PHONE 704-798-2103

SITE DIRECTIONS: 21 ~ 19 miles → R on Anthony Rd → R on Carson Rd → on left — SAP CONTROLLED: ☐ YES ☒ NO

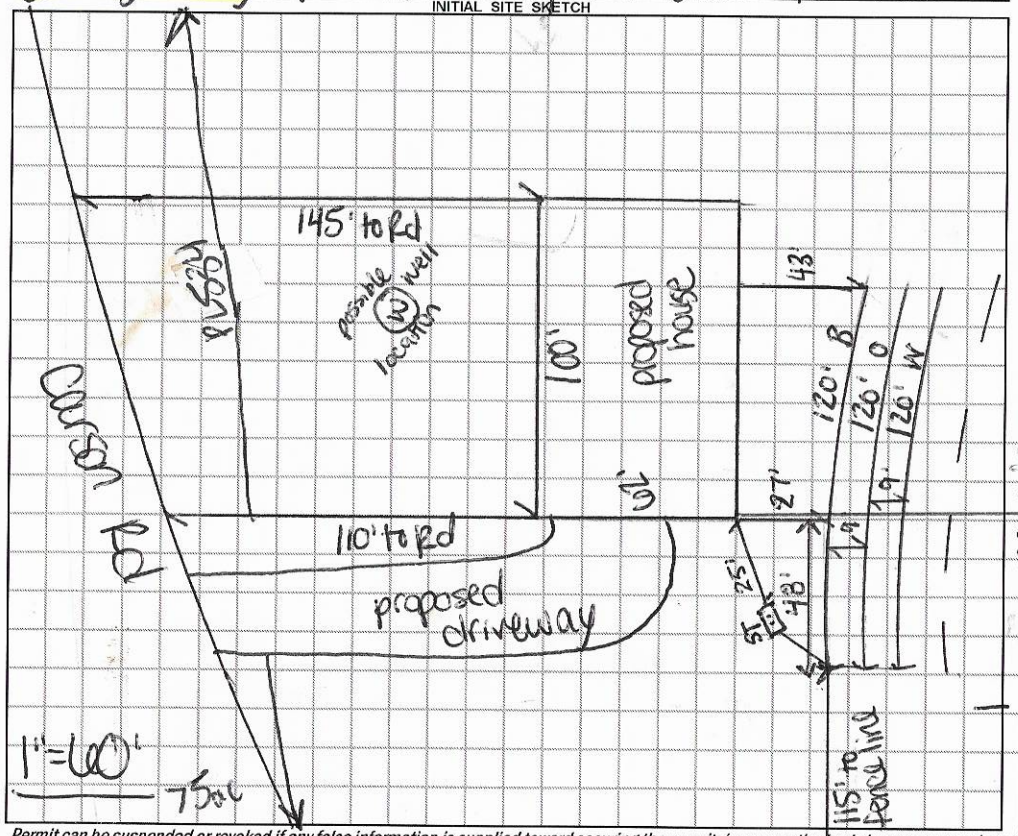
SUBDIVISION: Felix + Georgia Mikel — SECTION: — LOT # 1 — LOT AREA: 5.12 ac — DESIGN FLOW: 360 gpd — L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	10-22-19	☒ 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 6
Pump Make		Model		Serial #		Repair System Description:	25% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth (Low side)	31" / 36" high	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

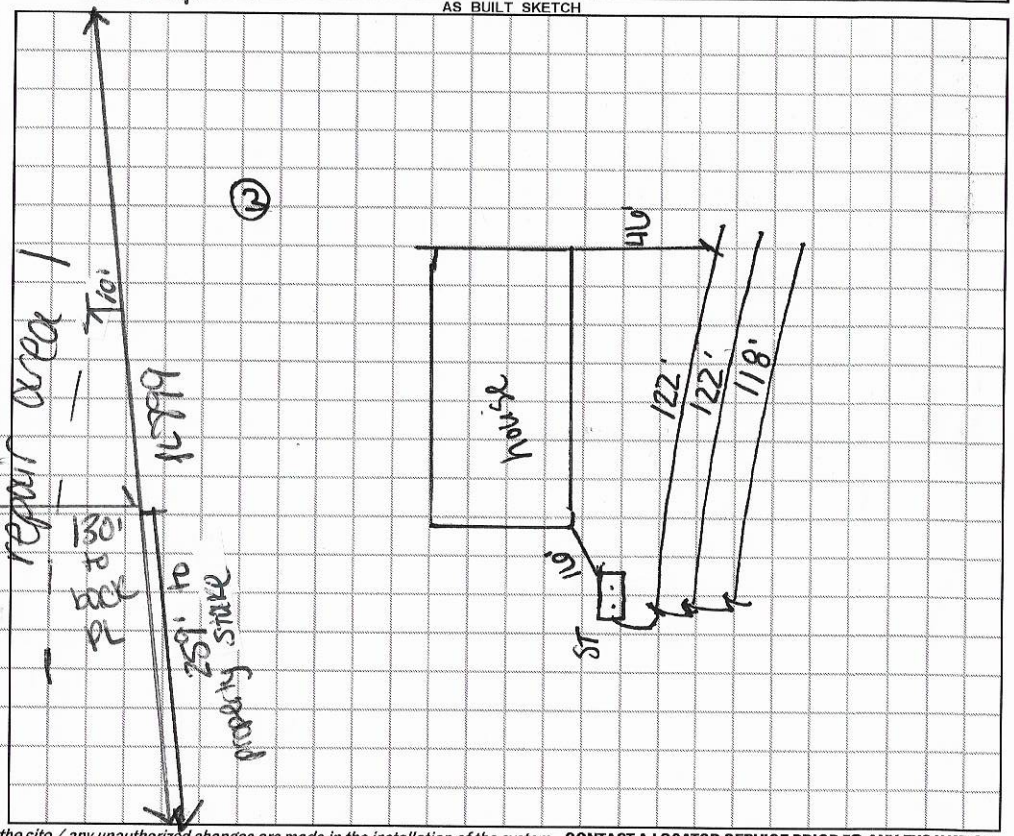
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Trench bottom must be installed at 31" low side (36" high side) Septic tank may be closer to house depending on foundation drains (if any) upslope-can be 10' sideslope-can be 15' downslope-25'

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: Seth C Justice — Date: 5/21/19 — Installed by: Randy Miller

IMPROVEMENT PERMIT by: Carla C. Cave — Date: 5-7-19 — OPERATION PERMIT by: Carla C Nicks — Date: 2-19-20

AUTHORIZATION TO CONSTRUCT by: Carla C Cave — Date: 5-20-19 — 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.

X X X X X X

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Felix Wike / Seth Justice
ADDRESS: 294 Anthony Rd
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 179 Carson Rd
APPLICATION DATE 8/1/18
DATE EVALUATED: 8/3/18
PROPERTY SIZE: ~5ac
PROPERTY RECORDED:
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	SS 12%	0-6	SBK SCL	Fr SS SP SPXP	PL 6-19" ↓ stay 12" below few saprolite	48"	N/A	N/A	PS .25
		6-22	PL/ABK C	" "					
		22-48	SBK CL	" "					
2	SS 12%	0-7	SBK SCL	Fr SS SP SPXP	compacted 20-30" TB few saprolite	48"	N/A	N/A	PS .25
		7-26	ABK C	" "					
		26-48	SBK CL	" "					
3	SS 12%	0-8	SBK SCL	Fr SS SP SPXP	BC comes in early	48"	N/A	N/A	PS .275
		8-26	SBK C	" "					
		26-48	WSBK CL	" "					
4	SS 12%	0-7	SBK SCL	Fr SS SP SPXP		50"	N/A	N/A	PS .25
		7-24	ABK C	" "					
		24-50	WSBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25% red	25% red.
Site LTAR	.25	.25

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

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.

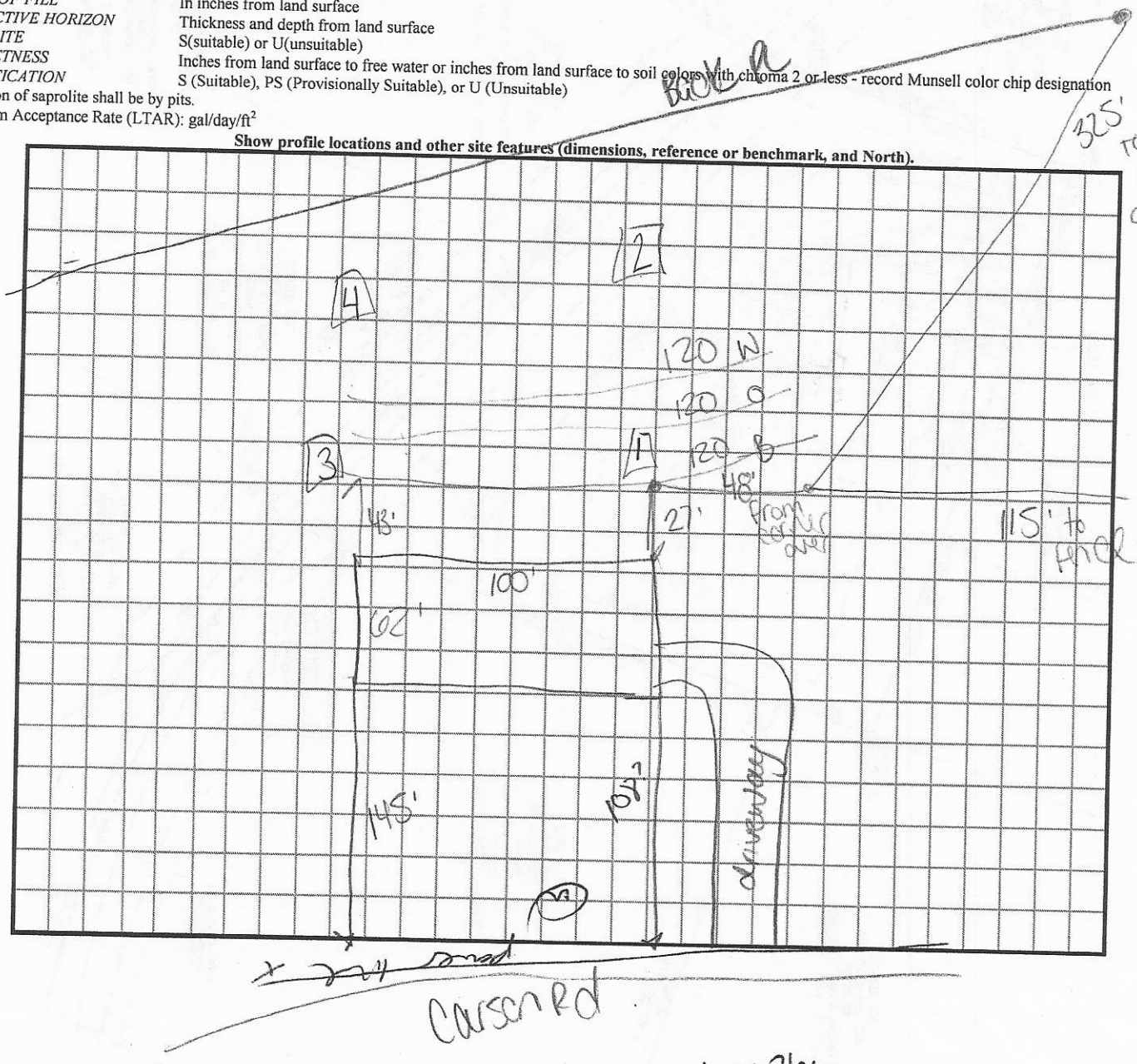
NOTES

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 AUG 1 - 2018

~~125373~~ #237793

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $500.00

(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(l) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___ BOTH ___ Existing System Inspection

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Seth Justice	291 Anthony Rd, Hormony, NC	704-546-7858	704-798-2103
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Felix Wike	291 Anthony Rd.	704-546-7725	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
189 Carson Road		

Driving Directions: _____

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

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

- X Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

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

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

8. 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. industry) 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.

9. Signature: Felix Wike — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-2-18 — 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...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

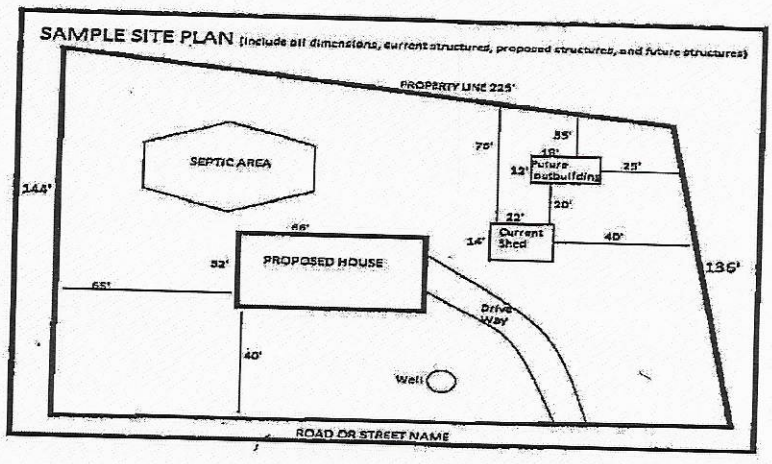
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

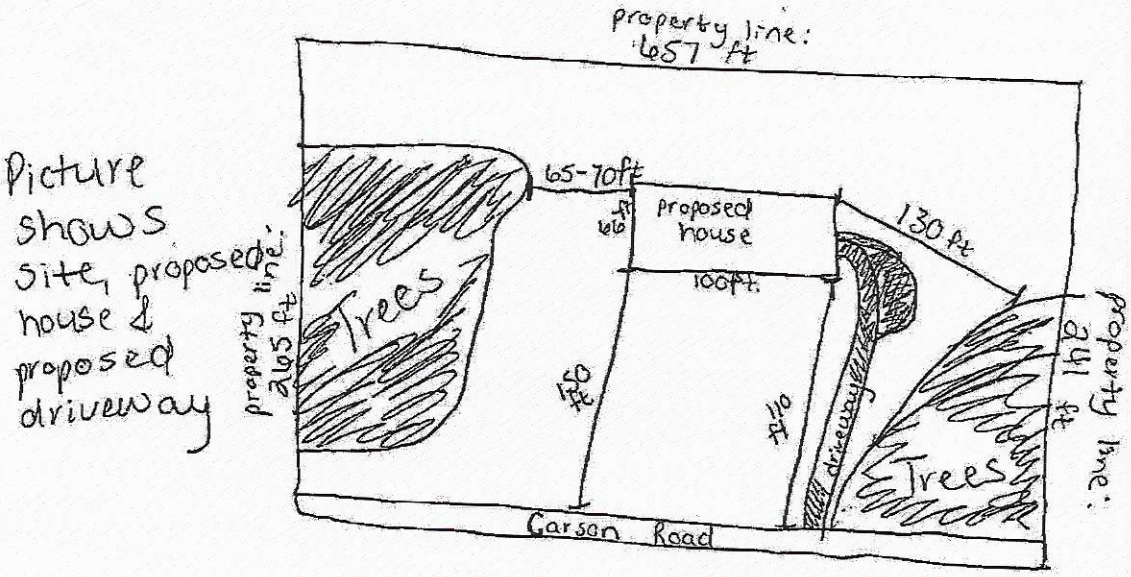
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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



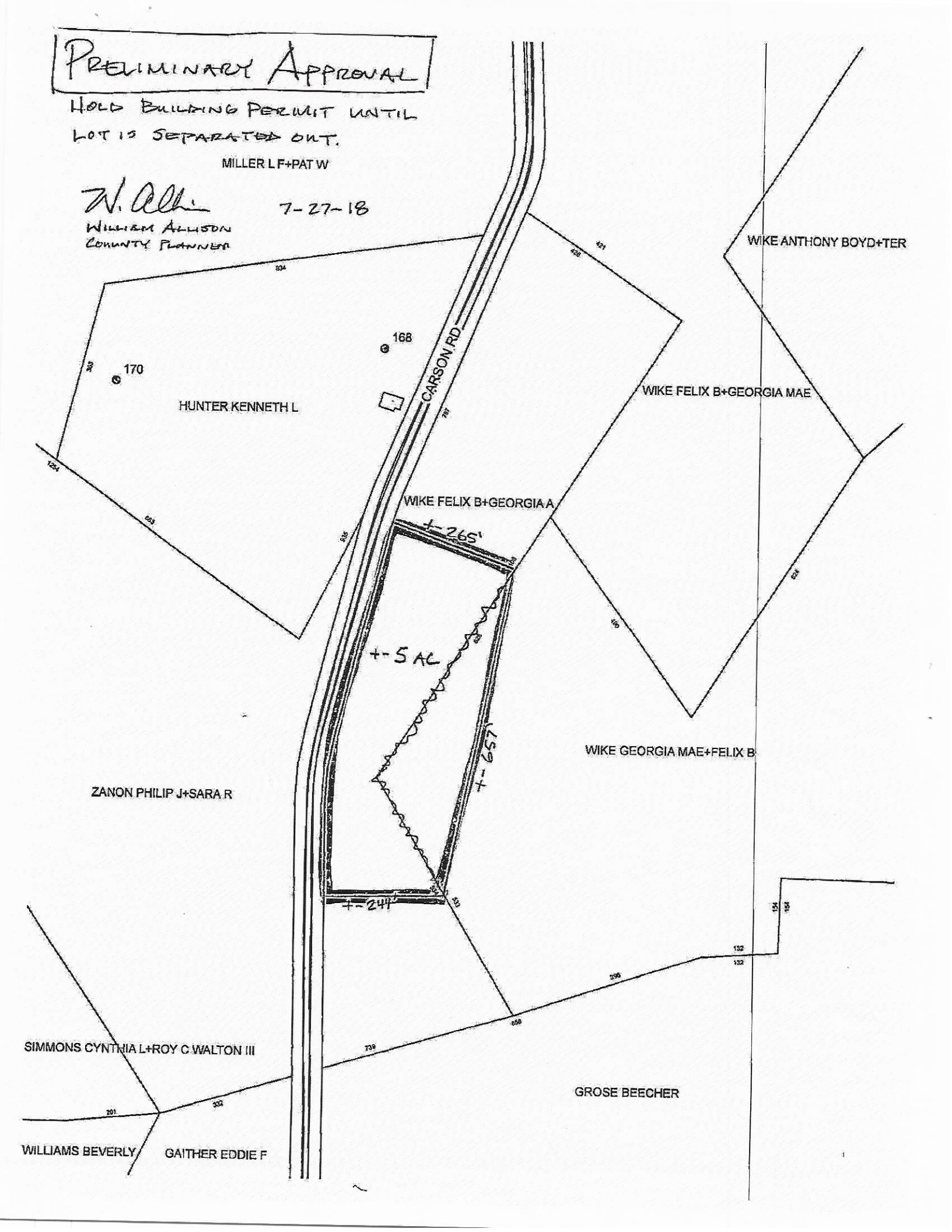
Picture shows site, proposed house & proposed driveway

Signature: Jeff Wike

REQUIRED property owner or owner's legal representative signature.

6-22-15

DATE


PRELIMINARY APPROVAL
HOLD BUILDING PERMIT UNTIL LOT IS SEPARATED OUT.
MILLER L F+PAT W
W. Allison 7-27-18
WILLIAM ALLISON
COUNTY PLANNER
WIKE ANTHONY BOYD+TER
168
170
CARSON RD
HUNTER KENNETH L
WIKE FELIX B+GEORGIA MAE
WIKE FELIX B+GEORGIA A
+-265'
+-5 AC
+-659'
+-244'
WIKE GEORGIA MAE+FELIX B
ZANON PHILIP J+SARA R
SIMMONS CYNTHIA L+ROY C WALTON III
GROSE BEECHER
WILLIAMS BEVERLY
GAITHER EDDIE F

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, Felix Wike, am the legal owner(s) of the property located at 189 Carson Road, identified as PIN (Parcel Identification Number) 4883295404, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Seth+Carrie Justice, 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.

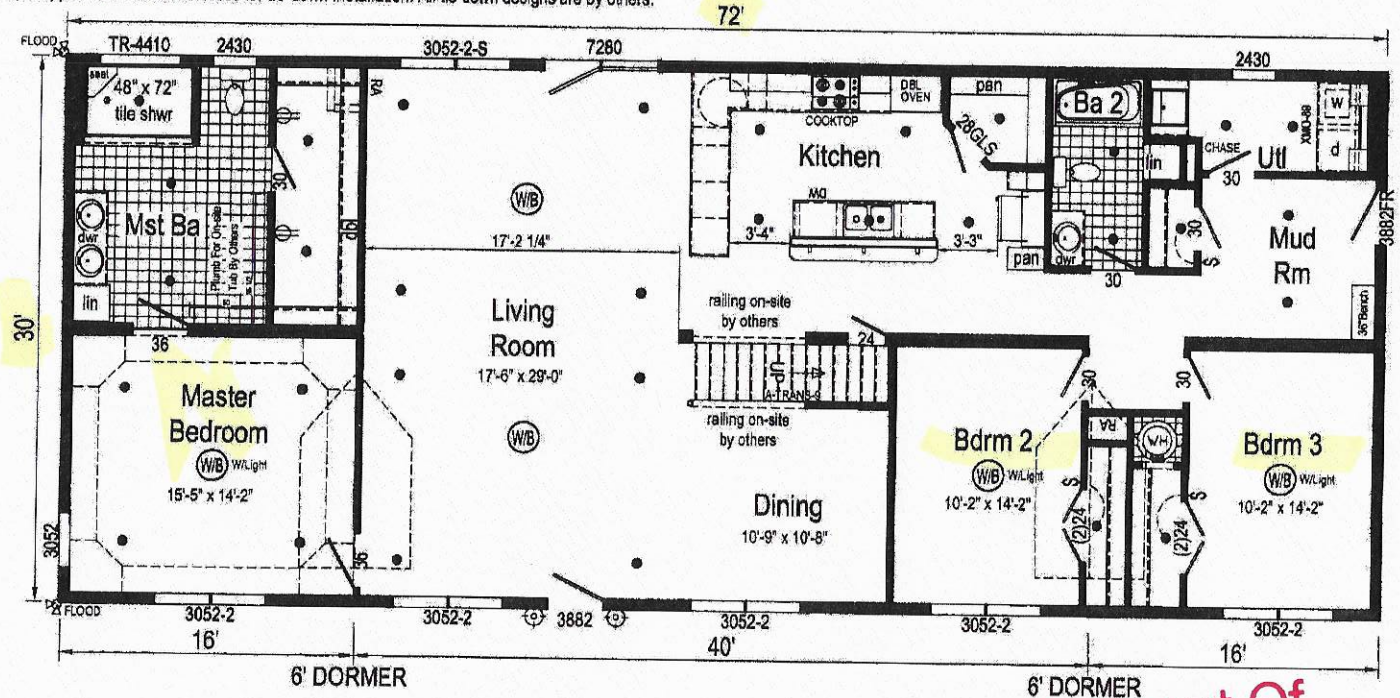
Felix Wike — Signature of Owner(s)

8-1-18 — 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

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!

Carl C Ca Date 5-2019

Seth A Justice Date 5/17/19

RABS-CT-304 3272 Approx. 2160 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3272	Revisions Date / Number	Scale: 1/8" = 1'-0"	Date: 01/31/2019	Cust: Justice	Model/Eng. No.: RABS-CT-304
Title: Literature			Drawn By: JR	Reference: NONE	Dlr: Stanley Homes S/N:	Pg: LIT

IREDELL COUNTY

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

APPLICATION NUMBER
237793
Issue Date: 08/01/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4883295244.000	189 CARSON ROAD, HAMPTONVILLE, NC 27020	

Owner Information	Applicant Information
Owner: WIKE FELIX B+GEORGIA A	Applicant: JUSTICE, SETH
Address: 256	Address: 291 ANTHONY
IREDELL CO, NC 28625	HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
NEW MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
11.460	35.00	35.00	15.00	15.00	BO	X

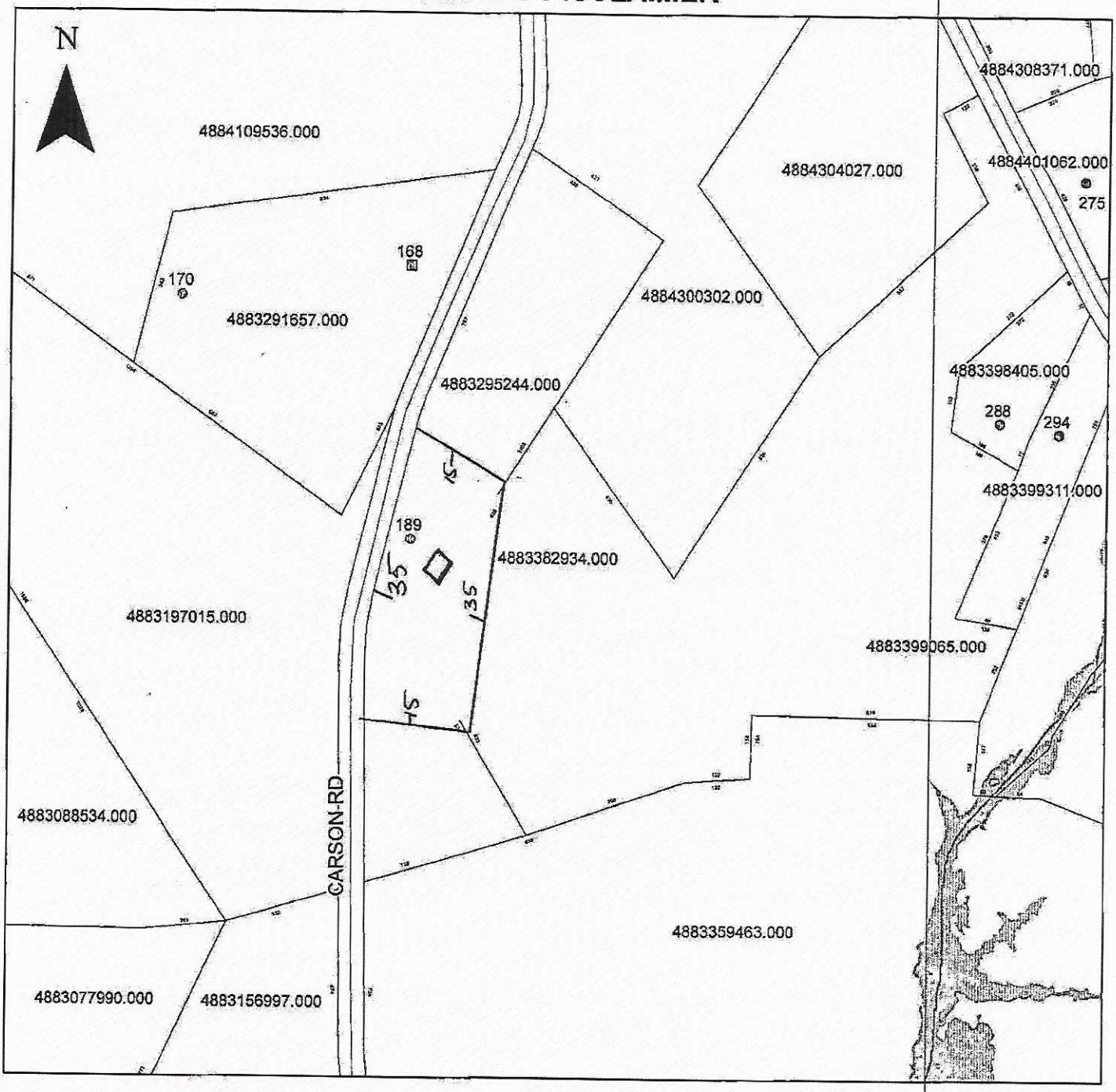
Remarks:

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	147794	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 189 Carson

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.

X _____
Applicant

X 8/1/18
Date