ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP - 317080

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

PIN # 5783 -- 25 -- 8667

APPLICANT/OWNER: MIKE SEADORF | APPLICANT ADDRESS: 135 RUSHING WATER LANE, TROUTMAN, N.C. 28166

SITE ADDRESS: 566 LOOKOUT DAM ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-634-1000 | ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON WALNUT TREE, (L) ON LOOKOUT DAM, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: RIVER ROCK FARMS | SECTION: — | LOT # TRACT 2 | LOT AREA: 13.605 | DESIGN FLOW: 360GPD | L.T.A.R.: 0.25 (0.1)

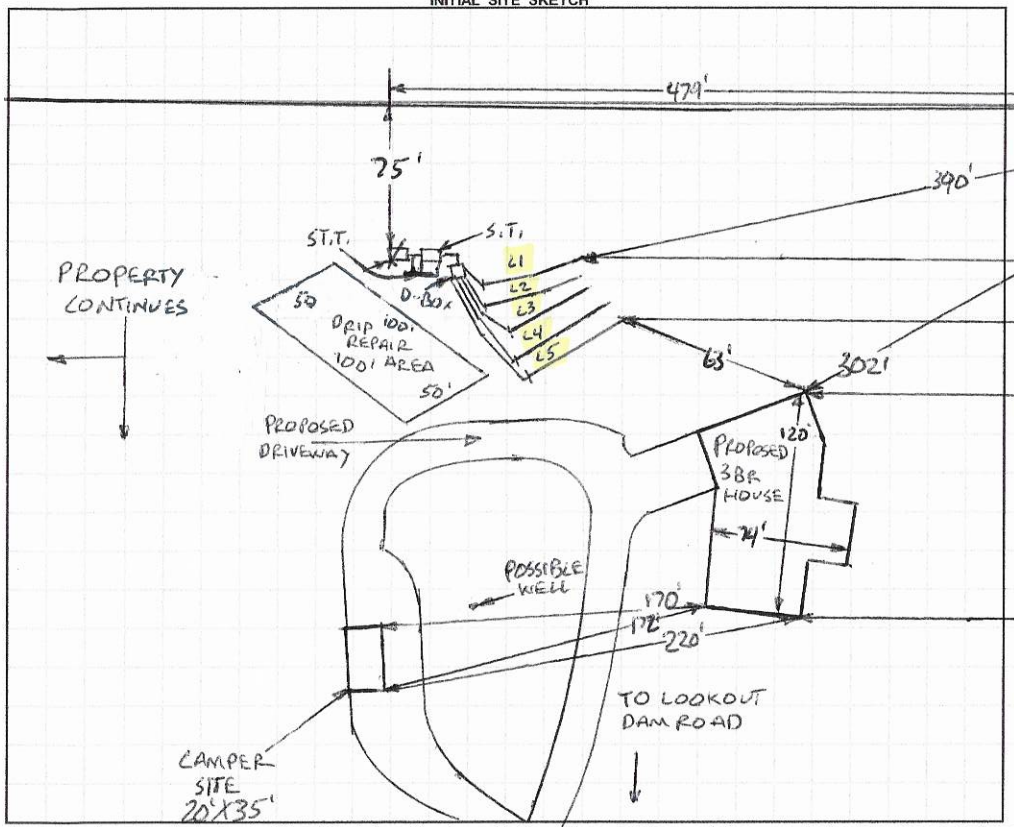
Septic Tank	1000	(gal)	STB	160	Date	6-10-2021	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Settling Tank	1000	(gal)	PT STB	160	Date	6-10-2021	System Description:	50% REDUCTION - HORIZONTAL PPBPS			
Pump Make			Model		Serial #		Repair System Description:	TSII DRIP IRRIGATION			
# Nitrification Fields	1		# Lines	5	Linear Ft	240FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)	14 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		

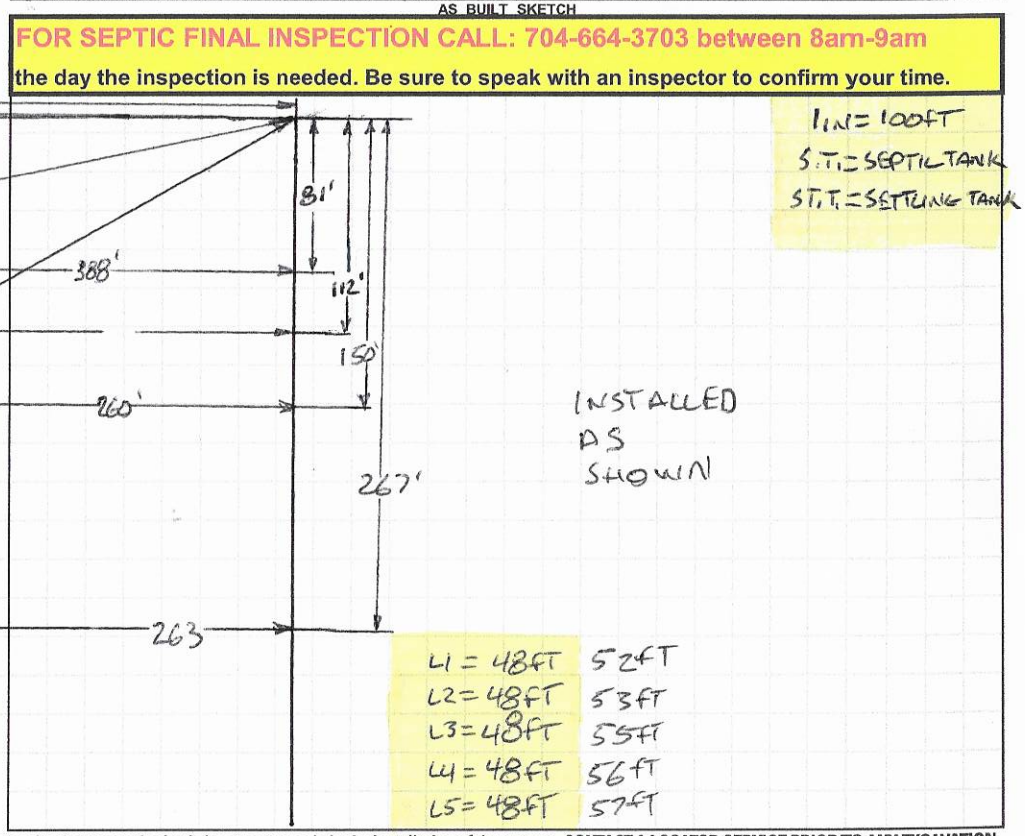
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE D-BOX TO ACHIEVE EQUAL DISTRIBUTION DO NOT EXCEED A 20IN MAX TRENCH DEPTH, 8IN OF COUNTY APPROVED COVER REQUIRED

EXISTING SYSTEM REQUIRED TO VERIFY CAMPER SITE IS DISCONNECTED FROM SYSTEM BEFORE HOUSE CAN BE BUILT. UTILIZE GRINDER PUMP FOR BOTH HOUSE AND CAMPSITE

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: [signature] Date: 7-16-21 Installed by: BARNES BACKHOE + GRADING

IMPROVEMENT PERMIT by: Bryant Cowhite Date: 7-16-2021 OPERATION PERMIT by: Bryant Cowhite Date: 8-12-2021

AUTHORIZATION TO CONSTRUCT by: Bryant Cowhite Date: 7-16-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

PROPERTY ID #: 3783-25-8667
DATE OF EVALUATION: 6-9-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	LINEAR SIDE 8%	0-5	SCL, SBK	FR, SS, SP, SEXP	10YR 4/2 @ 18" CHROMA 2'S THRU OUT SAP INC THRU OUT	60"+	N/A	EXP 5"	U
		5-38	SC, ABK	VFI, VS, VP, EXP					
		38-60	CL, WABK	FI, S, P, EXP					
2	LINEAR SIDE 12%	0-8	SCL, SBK	FR, SS, SP, SEXP	10YR 4/2 @ 12" CHROMA 2'S THRU OUT SAP INC THRU OUT	55"+	NA	WET 12"	U
		8-30	C, ABK	FI, S, P, SEXP					
		30-45	C, ABK	VFI, VS, VP, EXP					
		45-55	CL, WABK	FI, S, P, EXP					
3	LINEAR SIDE 2%	0-21	SCL, WSBK	VFR, SS, SP, SEXP	Y/B MOTS 21"+ 10YR 6/2 @ 34"	52"+	NA	WET 34"	PS .25
		21-52	C, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 2%	0-48	C, ABK	FI, S, P, SEXP	Y/B MOTS THRU OUT 10YR 6/2 @ 32"	48"+	NA	WET 32"	PS .225
5	LINEAR SIDE 3%	0-27	C, ABK	FI, S, P, SEXP	Y/B MOTS THRU OUT SAP INC THRU OUT	50"+	NA	NA	PS .25
		27-50	CL, WABK	FR, SS, SP, SEXP					

COMMENTS:

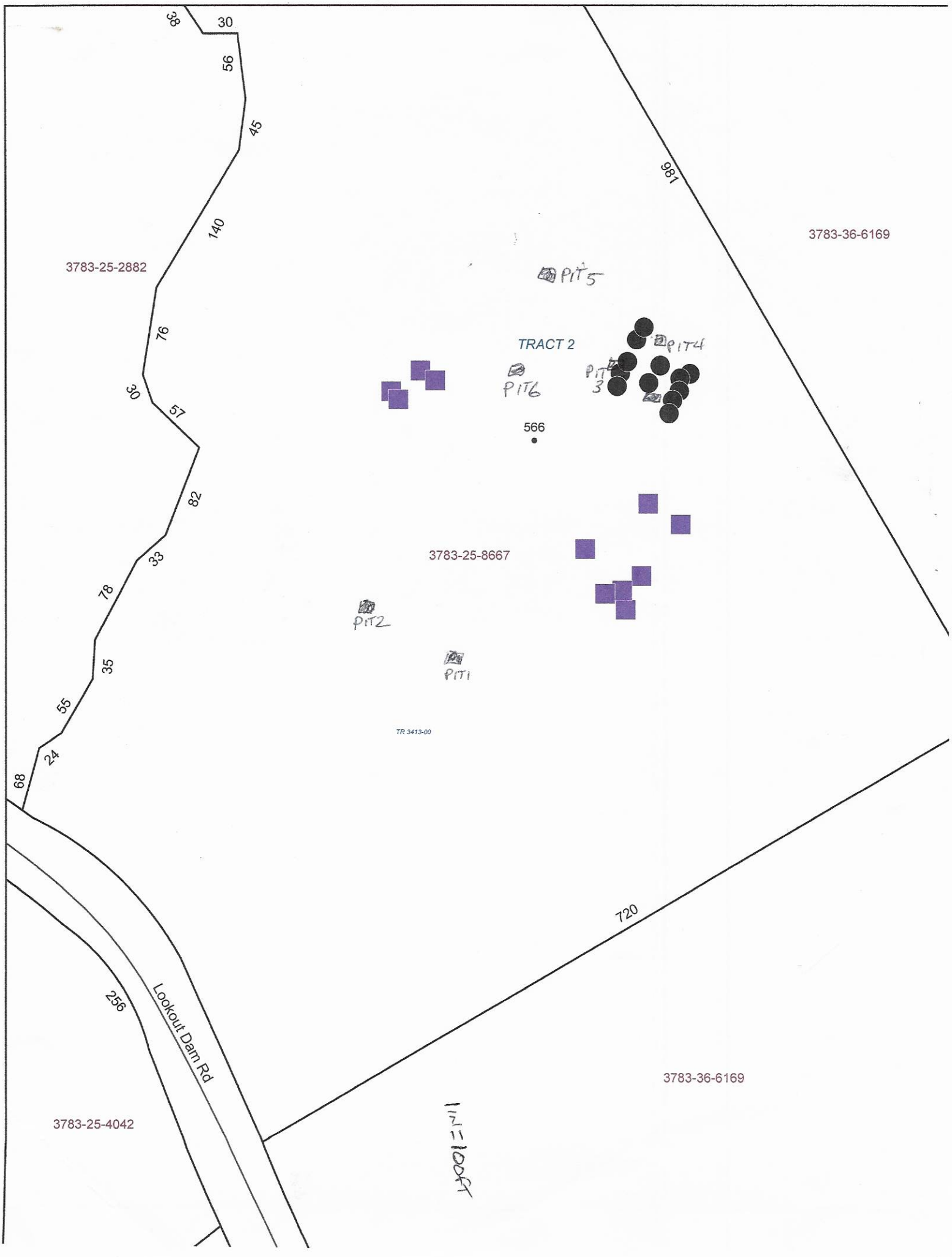
SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

ARTMENT OF HEALTH AND HUMAN SERVICES
VISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 3 783- 25-8467
DATE OF EVALUATION: 6-9-2021
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
6	LINEAR SIDE 7%	0-25	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .275
		25-50	CL, WABK	FR, SS, SP, SEXP	VIB THRU				


38
30
56
45
140
76
30
57
82
33
78
35
55
24
68
981
3783-36-6169
3783-25-2882
PIT 5
TRACT 2
PIT 4
PIT 6
PIT 3
566
3783-25-8667
PIT 2
PIT 1
TR 3413-00
720
256
Lookout Dam Rd
3783-36-6169
3783-25-4042
1" = 100ft

RECEIVED MAY 0 4 2021

AP-317080
$500.00

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*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mike Seadorf Address: 135 Rushing Water Ln, Troutman, NC Zip: 28166
Applicant Email: Mike@Seadorf.com Phone: 704-634-1000 Alt. Phone:
Owner Name: Michael & Brandy Seadorf Address: 135 Rushing Water Ln, Troutman, NC Zip: 28166
Owner Email: Mike@Seadorf.com Phone: 704-634-1000 Alt. Phone:

Property Information:

Street Address: 566 Lookout Dam Rd. Statesville, NC 28625
Subdivision Name: Riverrock Farms Section/Phase: Lot Number: tract 2
Driving Directions: Lookout dam rd. across from river, tract before bridge.

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

			CHECK FOUNDATION TYPE
( ) New Single Family Residence	Maximum Number of Bedrooms: 3		( ) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants:		( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool Private RV		( ) Basement with Plumbing
( ) Bedroom(s) Addition	(X) Other Addition/Structure: Campsite		( ) Basement without Plumbing
( ) Repair to failing septic system	___ Tank ___ Drain lines Describe Problem:		
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:
(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:
(X) No Preference ( ) Alternative ( ) 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.

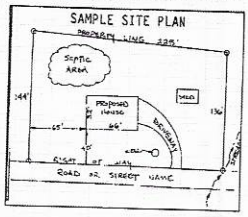
Signature: Brandy Seadorf 05/04/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

(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 and well location
(X) Area you prefer your septic system to be placed
(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

See Attached Drawing

Signature: Brandy Seadorf 05/04/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

317080

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)* John Sam Brandy Beaudry

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

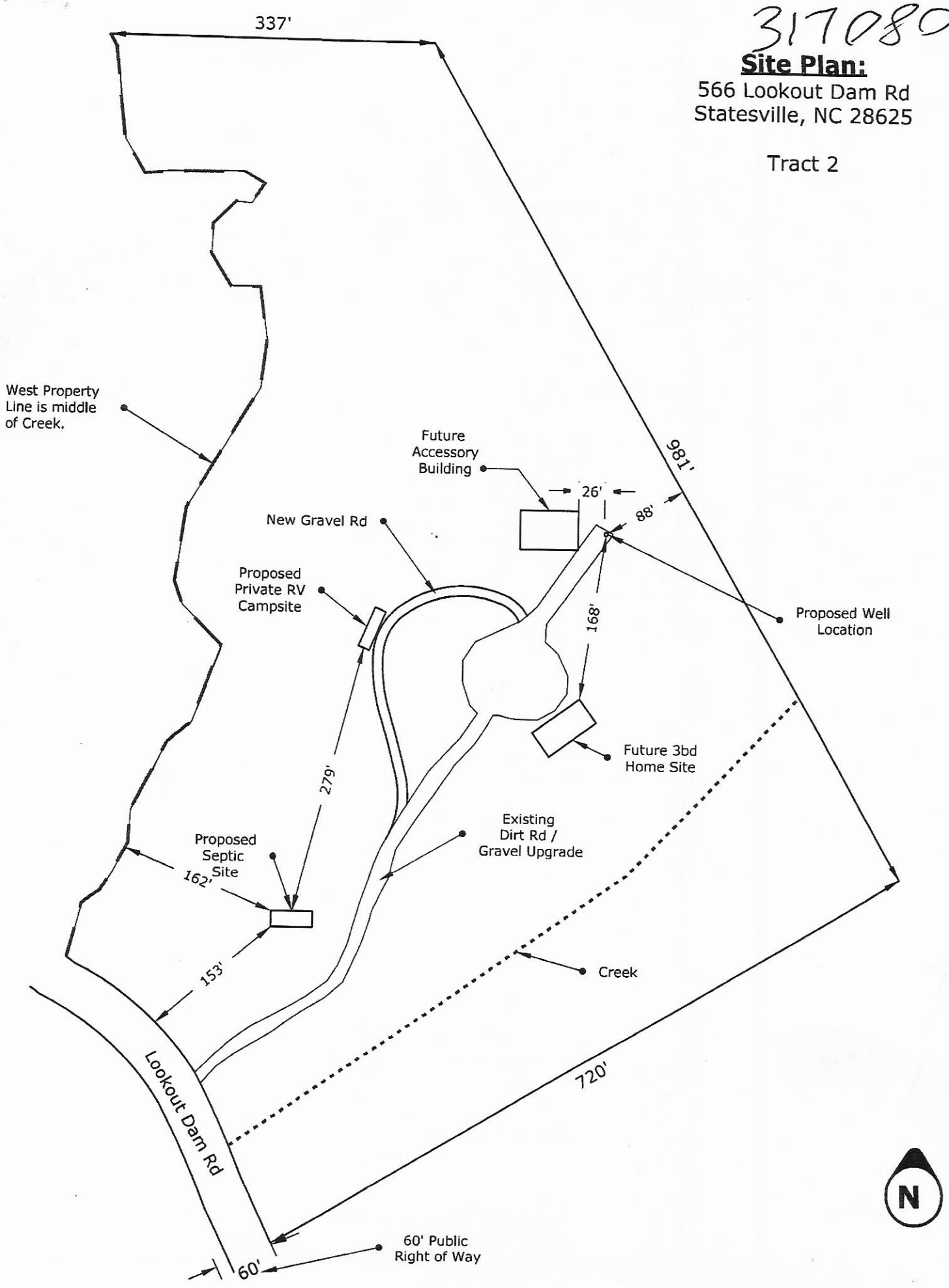
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

317080

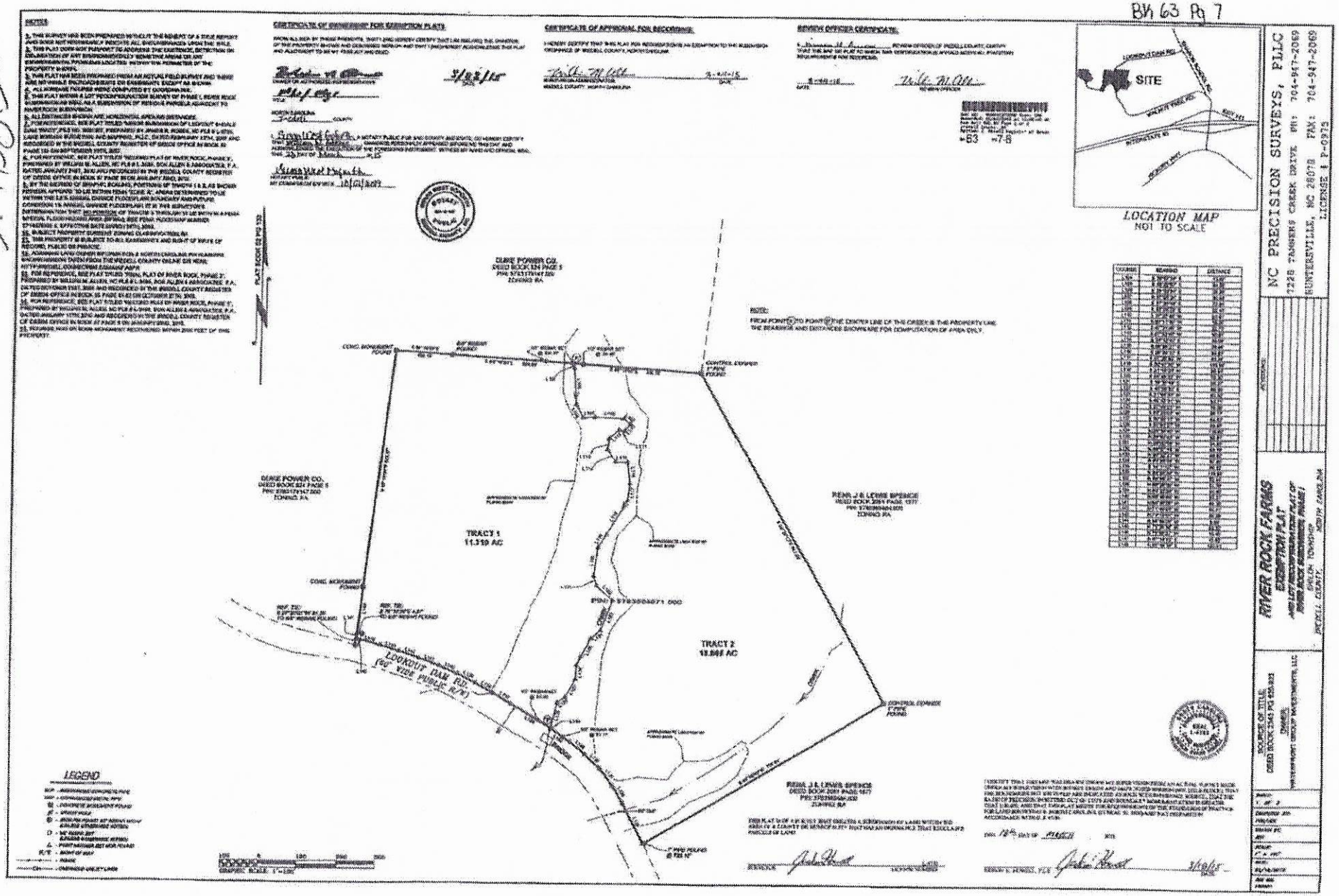
Site Plan:

566 Lookout Dam Rd
Statesville, NC 28625

Tract 2



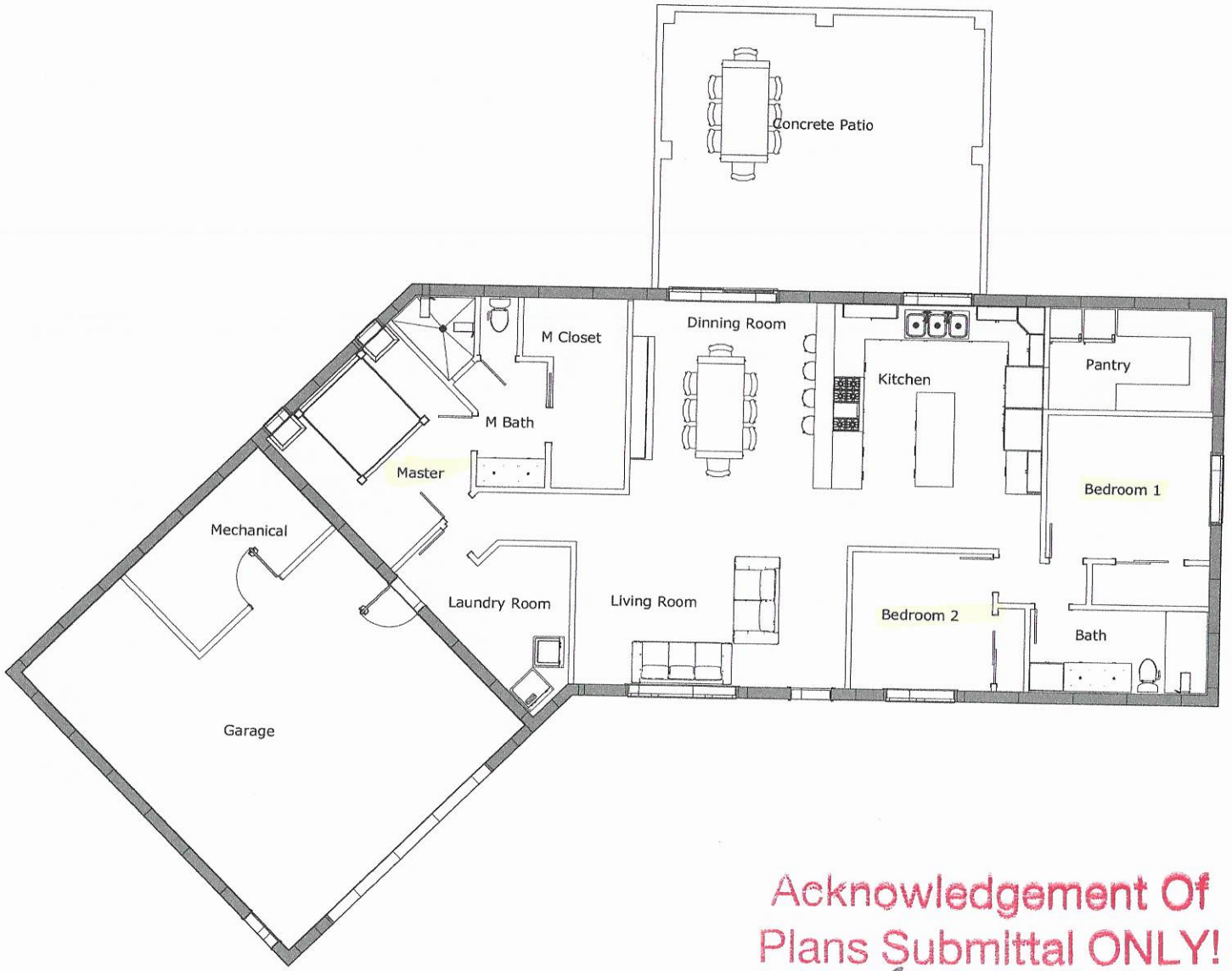
BK 63 Pg 7



Scale: 1" = 200'

Plat Book 63 Page 7

31-108



Acknowledgement Of
Plans Submittal ONLY!

_____ Date 7-16-21

Bryant L. White Date 7-16-2021

SEADORF CONSTRUCTION, LLC
135 Rushing Water Ln.
Troutman, NC 28166
C:704-634-1000 F:704-353-7060
NC#70519 / SC#G117974
Notice: This Drawing is the property of Seadorf Construction LLC. and shall not be used, copied, Reproduced, or Constructed without Express Written Permission.

Project:
Seadorf Residence
566 Lookout Dam Rd
Statesville, NC

Revision Date:

Plan Date:
<Date Published>

Drawn By:
Mike Seadorf

Architect Seal Exemption under NCGS 83A-13 (C) Subsections (3), (4), & (5)

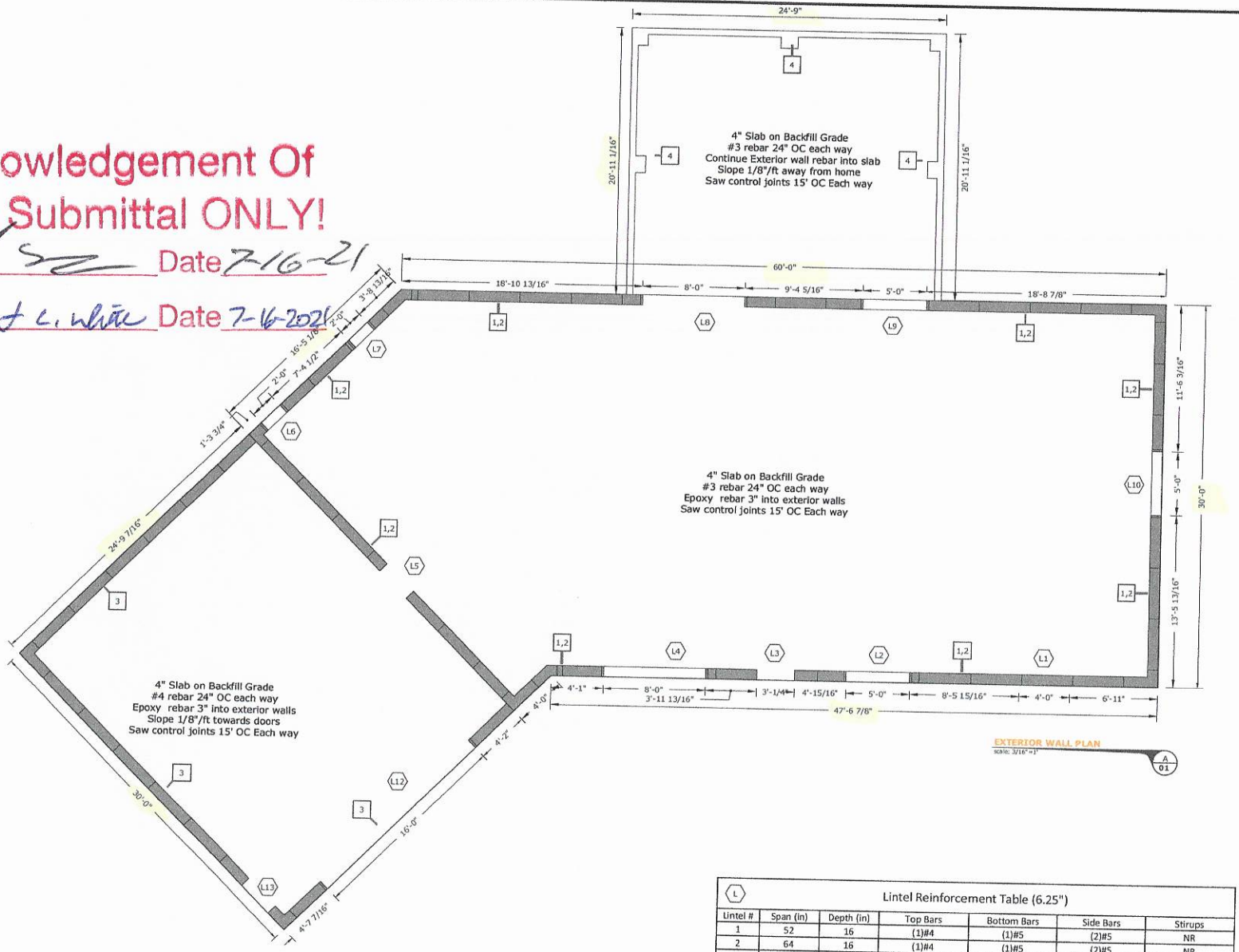
Floor Plan

A-2

Acknowledgement Of
Plans Submittal ONLY!

Date 7-16-21

Bryant C. White Date 7-16-2021



Wall Reinforcement Table				
Wall Type	Width (in)	Height (in)	Vertical Bars	Horizontal Bars
1	6.25	32	#4 24" o.c	#4 32" o.c.
2	6.25	112	#4 24" o.c	#4 32" o.c.
3	6.25	112	#4 24" o.c	#4 32" o.c.
4	6.5	58	#4 24" o.c	#4 32" o.c.
* Min 60KSI Steel reinforcement - Lap splice 60x bar size				
* Locate reinforcing bars in center of Walls 1-4				
* (1) #4 hotizontal bar at top of wall for bond beam				

Lintel Reinforcement Table (6.25")						
Lintel #	Span (in)	Depth (in)	Top Bars	Bottom Bars	Side Bars	Stirups
1	52	16	(1)#4	(1)#5	(2)#5	NR
2	64	16	(1)#4	(1)#5	(2)#5	NR
3	40	29	(1)#4	(1)#5	(2)#5	#3 8"OC
4	100	16	(1)#4	(1)#5	(2)#5	NR
5	40	29	(1)#4	(1)#5	(2)#5	NR
6	28	16	(1)#4	(1)#5	(2)#5	NR
7	28	16	(1)#4	(1)#5	(2)#5	NR
8	100	14	(1)#4	(1)#5	(2)#5	NR
9	64	16	(1)#4	(1)#5	(2)#5	NR
10	64	16	(1)#4	(1)#5	(2)#5	NR
11	108	16	(1)#4	(1)#5	(2)#5	NR
12	192	16	(2)#4	(2)#6	(2)#5	#3 7"OC / NS=89"
13	40	29	(1)#4	(1)#5	(2)#5	NR
* Min 60KSI Steel reinforcement						
* All bottom bars to extend a minimum of 24" beyond opening						
* Provide 1.5 to 2.5 inch cover to center of reinforcement						
NR = Not Required						

SEADORF CONSTRUCTION LLC
135 Rushing Water Ln.
Troutman, NC 28166
C:704-634-1000 F:704-353-7060
NC#70519 / SC#G117974

Notice: This Drawing is the property of Seadorf Construction LLC. and shall not be used, copied, Reproduced, or Constructed without Express Written Permission.

Project:
Seadorf Residence
566 Lookout Dam Rd
Statesville, NC

Revision Date:

Plan Date:
<Date Published>

Drawn By:
Mike Seadorf

Architect Seal Exemption under NCGS 83A-13 (C) Subsections (3), (4), & (5)

Exterior Wall Plan

A-4

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317080
Issue Date: 04/22/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783258667.000	566 LOOKOUT DAM RD	

Owner Information	Applicant Information
Name: SEADORF MICHAEL+BRANDY	Name: SEADORF MICHAEL+BRANDY
Address: 135 Rushing Water Ln Troutman, NC 28166	Address: 135 Rushing Water Ln Troutman, NC 28166
Phone: (704)634-1000	Phone: (704)634-1000

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

Remarks

Temporary RV Campsite per Section R34

R34 Private Recreaticnal Vehicle Campsite
A. One RV may be permitted per parcel. However, a maximum of three (3) RV's may be permitted on a parcel with a minimum of ten (10) acres per unit.
B. Shall meet setbacks of the zoning district for principal structures.
C. An adequate and safe sewer system shall be provided either by a municipal system or a system approved by the appropriate County or State agency vested with the authority to approve sewage disposal systems.
D. Recreational vehicle units shall NOT occupy the parcel for a period in excess of ninety (90) days per calendar year.

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: 04/22/2021

Permit Number	317080	TOTAL FEES:	$77.25