IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231845

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

PIN # 3783453362

APPLICANT/OWNER: Patrick Parsons | APPLICANT ADDRESS: 3156 44th Ave Dr Hickory, NC

SITE ADDRESS: 410 Lookout Dam Rd. Statesville, NC 28625 | PHONE: 828-312-7092 | ALT. PHONE —

SITE DIRECTIONS: I40 W → R on Sharon School Rd → L on Lookout Dam Rd → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

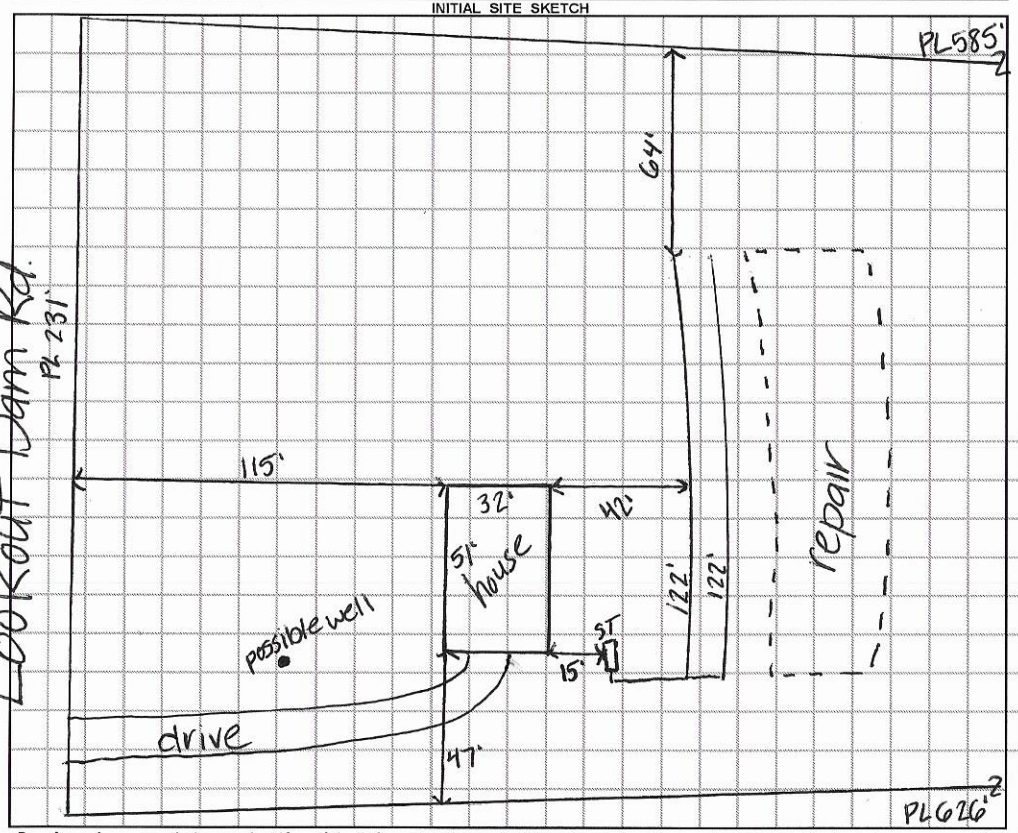
SUBDIVISION: River Rock Farms | SECTION: — | LOT # 6 | LOT AREA: 3.001 ac | DESIGN FLOW: 240gpd | L.T.A.R.: .25 (.25 repair)

Septic Tank 1000 (gal)	STB 160	Date 7-9-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 4	☑ Private
Pump Make	Model	Serial #	Repair System Description: 25% reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines 2	Linear Ft 240'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 30"/36" highside	Gravel Depth —	☑ GRAVITY ☐ PRESSURE		☑ Basement w/plumbing		☐ Basement w/o plumbing

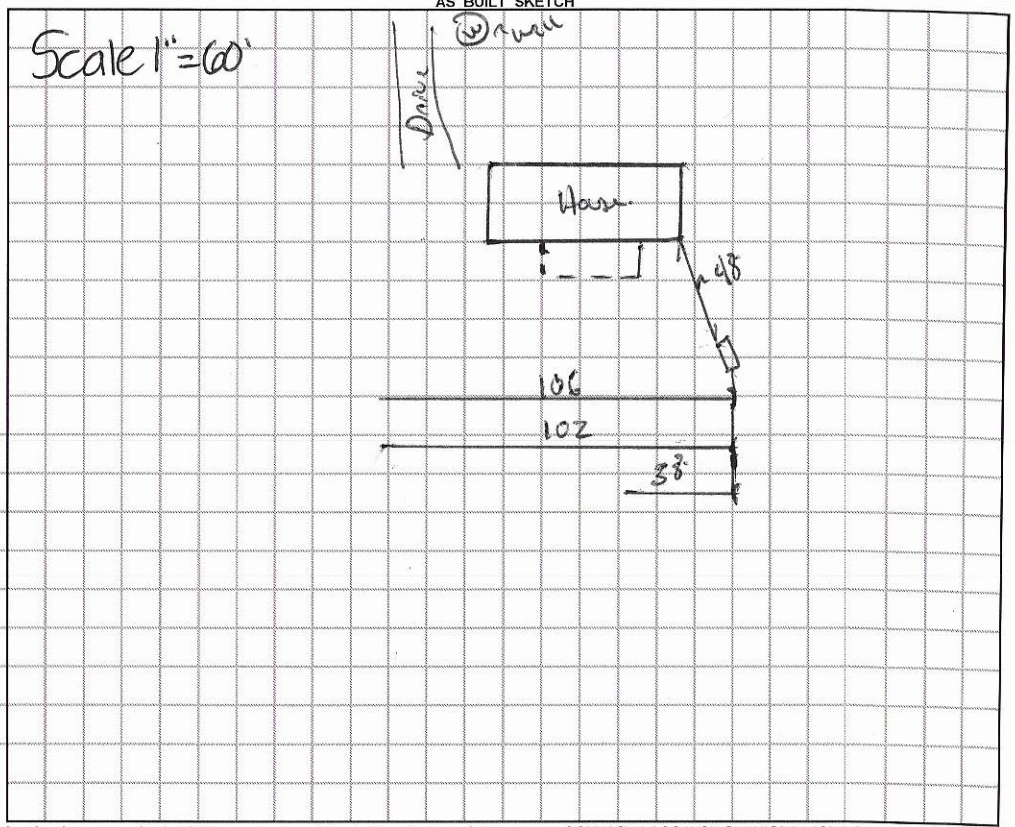
Comments / Conditions: Install 25% reduction with serial distribution + drain lines on contour.

9-24-19 - OK for tank to be installed on other side of house. -KW

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: Patrick Parsons Date: 5/3/18 Installed by: JR Enterprises. 6174#

IMPROVEMENT PERMIT by: Kayla Watson Date: 12-11-17 OPERATION PERMIT by: Brigman Bates Date: 10-1-2019

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 12-11-17 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 #: 3783453362
COUNTY: Iredell

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

OWNER: Brandon Gladden
ADDRESS: 410 Lookout Dam Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: 140 W→ R on Sharon School→Lon Lookout Dam→ Pat on L

APPLICATION DATE 11-29-17
DATE EVALUATED: 12-4-17
PROPERTY SIZE: 3.001 ac
PROPERTY RECORDED: yes

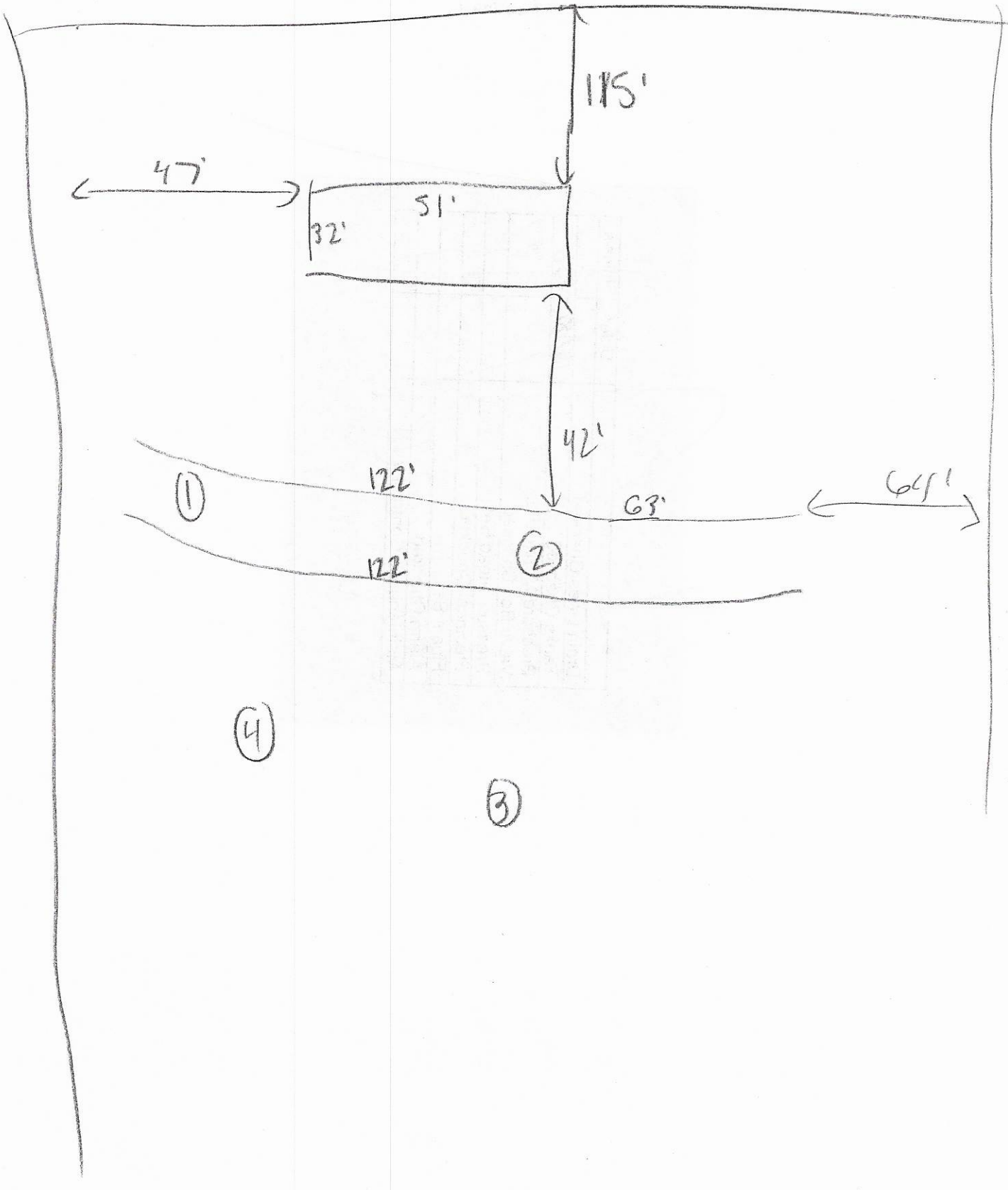
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	16% LS	0-8	WSBK SCL	FrSSSPSEXP	—	48	—	—	PS .3
		8-27	SBK C	FrSSSPSEXP					
		27-48	WSBK CL	FrSSSPSEXP					
2	14% LS	0-9	Gr SL	VFrNSNPSEXP	9-40 few-com yellow brown mottles	48	—	40-48 few rock inc	PS .25
		9-40	SBK C	FrSSSPSEXP					
		40-48	WSBK CL	FrSSSPSEXP					
3	14% LS	0-10	Gr SL	VFrNSNPSEXP	10-48 few-com yellow brown mottles	48	—	—	PS .25
		10-35	SBK C	FrSSSPSEXP					
		35-48	WSBK CL	FrSSSPSEXP					
4	17% LS	0-9	Gr SL	VFrNSNPSEXP	9-32 few yellow brown mottles	48	—	—	PS .25
		9-32	ABK C	Fr-FiSPSEXP					
		32-48	WSBK CL	FrSSSPSEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


115'
47'
51'
32'
42'
122'
63'
64'
122'
1
2
3
4

231845

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: PATRICK W. PARSONS Address: 3156 44th AVE DR NE HICKORY Zip: 28601
Applicant Email: PARSONSBLDG@AOL.COM Phone: 828-312-7092 Alt. Phone: _____
Owner Name: BRANDON & MONICA GLADDEN Address: 8201 QUAIL HOLLOW DRIVE HARRISBURG Zip: 28075
Owner Email: _____ Phone: 336-965-2591 Alt. Phone: _____

Property Information:

Street Address: 410 LOOKOUT DAM RD.
Subdivision Name: RIVER ROCK FARMS Section/Phase: _____ Lot Number: 6
Driving Directions: I-40 W TO SHARON SCHOOL RD. T/R OFF EXIT & T/L @ 1ST LEFT. GO TO END T/R LOOKOUT DAM RD. LOT 200 YDS ON LEFT.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1400 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 2 (crossed out)

PAID 11/29

(✓) 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: _____
( ) 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: Patrick W Parsons
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/29/17
DATE

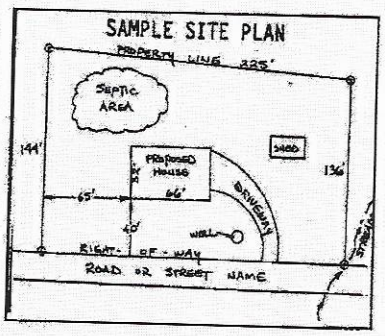
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

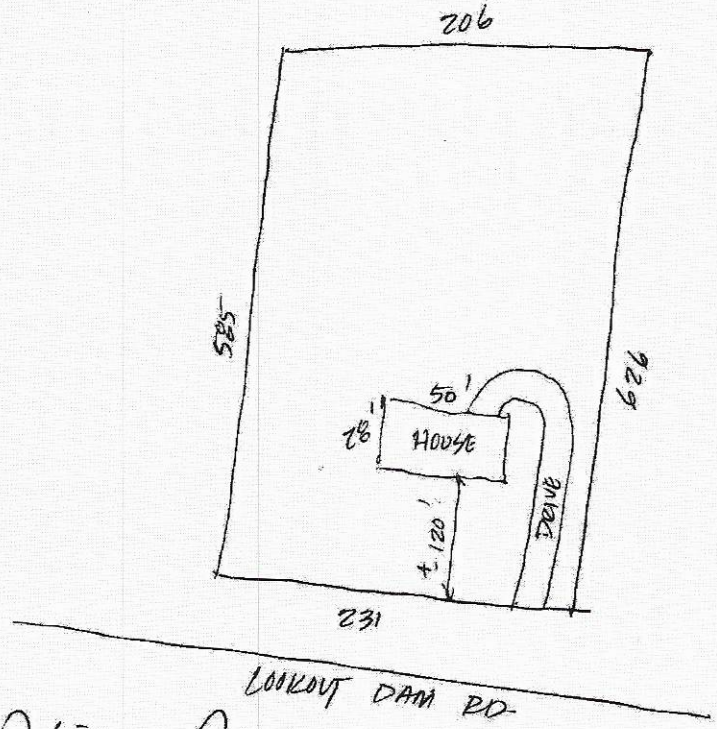


Circle N/A on the following if appropriate:

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

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: Patrick W Parr
Property owner or owner's legal representative signature **(SIGNATURE REQUIRED)**

11/29/17
DATE

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, BRANDON GLADDEN, am the legal owner(s) of the property located at 410 LOOKOUT DRIVE RD., identified as PIN (Parcel Identification Number) 3763-45-3362, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PATRICK W. PARSONS, 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

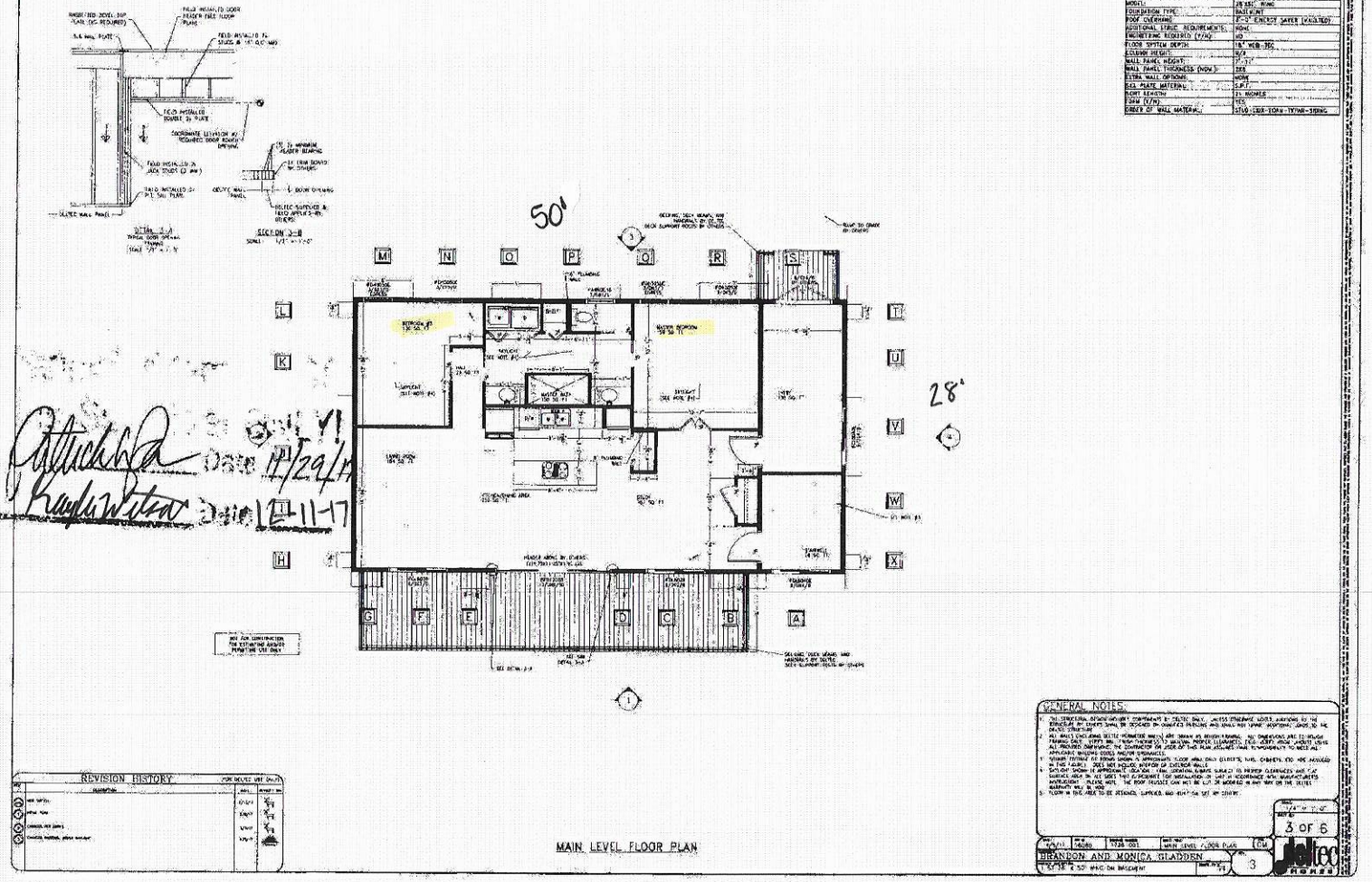
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Brandon Gladden — 11-28-17 (Signature of Owner(s) / Date)
Angela C. Parsons — 11-28-17 (Signature of Witness / Date)
Monica Gladden

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



STRUCTURAL SPECIFICATIONS - MAIN	
MODEL	28 X 50' WING
FOUNDATION TYPE	BASEMENT
ROOF OVERHANG	2'-0" ENERGY SAVER (VAULTED)
ADDITIONAL STRUC. REQUIREMENTS	NONE
ENGINEERING REQUIRED (Y/N)	NO
FLOOR SYSTEM DEPTH	9 1/4" WEB-TEC
COLUMN HEIGHT	N/A
WALL PANEL HEIGHT	9'-1"
WALL PANEL THICKNESS (NOM.)	2X6
EXTRA WALL OPTIONS	NONE
SILL PLATE MATERIAL	S.P.F.
HEAT SEMSTR	24 INCHES
SAW (Y/N)	YES
GRADE OF WALL MATERIAL	STUD-SSB-TORK-TYVAR-SIDING

Date 11/29/17

Date 12-11-17

REVISION HISTORY

NO.	DESCRIPTION	MKT.	MFG.
1	NEW WINDOW	11/29/17	12/4/17
2	GARAGE DOOR	12/4/17	12/5/17
3	CHANGED FOUNDATION	12/5/17	12/6/17
4	CHANGED MATERIAL, GRADE, ELEVATION	12/6/17	12/7/17

GENERAL NOTES

1. THIS STRUCTURAL INFORMATION IS INTENDED FOR DELTEC ONLY. UNLESS OTHERWISE NOTED, ADDITIONS TO THE STRUCTURE BY OTHERS SHALL BE DESIGNED BY QUALIFIED PERSONS AND SHALL NOT IMPOSE ADDITIONAL LOADS TO THE DELTEC STRUCTURE.
2. ALL WALLS EXCEPT GABLE ENDWALLS ARE 9'-1" TALL AS SHOWN IN FRAMING. ALL DIMENSIONS ARE TO ROUGH OPENINGS UNLESS NOTED OTHERWISE. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND/OR ORDINANCES.
3. STRUCTURAL DETAILS AT ROOF SHOWN IN APPROXIMATE FLOOR AREA ONLY. DIRECTS, VENT, CHIMNEYS, ETC. ARE PROVIDED IN THESE PLANS. DOES NOT INCLUDE INTERIOR OR EXTERIOR WALLS.
4. SITE-BUILT WORK IS APPROXIMATE LOCATION - FINAL LOCATIONS ALWAYS SUBJECT TO PROPER CLEARANCES AND "AS-BUILT" SURFACE AREA. ALL SITE-BUILT TUBE INSTALLATION IS LEFT IN ACCORDANCE WITH MANUFACTURERS INSTRUCTIONS. PLEASE NOTE: THE ROOF TRUSSES CAN NOT BE CUT OR MODIFIED IN ANY WAY OR THE DELTEC WARRANTY WILL BE VOID.
5. FLOOR IN THIS AREA TO BE FRAMED, SUPPORTED, AND BUILT ON SITE BY OTHERS.

NOT FOR CONSTRUCTION
FOR ESTIMATING AND/OR PERMITTING USE ONLY

DRAWN BY:	SCALE:	MAIN LEVEL FLOOR PLAN	SHT. NO.
MKT	1/4" = 1'-0"		3 of 6
DATE:	PLAN NO.		
11/29/17	17-28-50		

BRANDON AND MONICA GLADDEN
28' X 50' WING ON BASEMENT

JOB NO. 3

Deltec HOMES

WALL PANEL WINDOW & DOOR SCHEDULE - BASEMENT

PANEL	WINDOW or DOOR	DESCRIPTION	MANUFACTURER & STYLE INFORMATION	COLOR/MATERIAL EXTERIOR	COLOR/MATERIAL INTERIOR	NOTES	KITCHEN/BATH WALLS	ROUGH OPENING	WINDOW and/OR DOOR MODEL	LOW-E TYPE & MODEL	WALL R-VALUE/NOTES	PANEL
Ref.	#	FIX WDW = EGRESS	W1 ALL-VU VERT SLIDER	VINYL/WHITE	CONC WALL/CEILING			72 x 47 3/4	WHITE VERSAMAX W1 SERIES	LOW-E 366 #16		#16

STRUCTURAL SPECIFICATIONS - BASEMENT

WORK	DRYVIT WALL
FOUNDATION TYPE:	BASEMENT
ROOF OVERHANG:	2'-0" ENERGY SAVER (INSULTED)
ADDITIONAL STRUC. REQUIREMENTS:	NONE
HYDROSTATIC REQUIRED (Y/N):	NO
FLOOR SYSTEM DEPTH:	N/A
COLUMN HEIGHT:	N/A
WALL PANEL HEIGHT:	10'
WALL PANEL THICKNESS (NOM.):	10-1/4" (SUNKROM WALL)
KERRA WALL OPENING:	N/A
SILL PLATE MATERIAL:	N/A
HEAT LEAKING:	N/A
FOAM (Y/N):	N/A
NUMBER OF WALL MATERIAL:	N/A

50'

28'

Kayla Whitaker Date 12-11-17

Patrick Ryan Date 11/29/17

NOT FOR CONSTRUCTION THIS STRUCTURE AND/OR PERMITTING USE ONLY

REVISION HISTORY

NO.	REMARKS	DATE	REVISED BY
1	MIN. BATHS	7/9/17	KW
2	MASTER PLAN	7/26/17	KW
3	GARAGE TO HOUSE	8/11/17	KW
4	WINDOW, DOOR, WALL CHANGES, IF ANY, SEE ATTACHED	9/21/17	KW

BASEMENT LEVEL FLOOR PLAN

GENERAL NOTES:

1. THE STRUCTURAL DETAILS INCLUDED CONFORM TO BY-LAW ONLY. UNLESS OTHERWISE NOTED, ADDITIONS TO OR STRUCTURES BY OTHERS SHALL BE DESIGNED BY QUALIFIED PERSONS AND SHALL NOT IMPOSE ADDITIONAL LOADS TO THE DELTEC STRUCTURE.
2. ALL WALLS (NON-LOAD BEARING INTERIOR WALLS NOT SHOWN AS WOOD FRAMING. ALL DIMENSIONS ARE TO ROUGH OPENINGS. ALL DIMENSIONS ARE TO BE VERIFIED BY THE CONTRACTOR PRIOR TO ORDERING MATERIALS. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ROOM LAYOUTS AND ALL DIMENSIONS PRIOR TO CONSTRUCTION. ALL WORK SHALL BE DONE IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND/OR ORDINANCES.
3. SQUARE FOOTAGES OF ROOMS SHOWN IS APPROXIMATE. FLOOR AREA ONLY. CLOSETS, HVAC CABINETS, ETC. ARE INCLUDED IN THESE FIGURES. DOES NOT INCLUDE INTERIOR OR EXTERIOR WALLS.
4. REACTIONS INDICATED INCLUDE DEAD LOAD OF THE DELTEC COMPONENTS AND LIVE LOADS AS REQUIRED BY THE APPLICABLE BUILDING CODE. REACTIONS DO NOT INCLUDE SELF-WEIGHT OF FOUNDATION ELEMENTS. REACTIONS ARE NOT FACTORED.
5. REACTIONS INDICATED INCLUDE THE EFFECTS OF SNOW LOADS ONLY. INCREASED REACTIONS MAY BE REQUIRED DUE TO UNBALANCED SNOW LOADS, DRIFTING, SLIDING, ETC.
6. OWNER/CONTRACTOR RESPONSIBLE FOR ENSURE GARAGE MEETING ALL LOCAL CODES.
7. ALL WALLS ARE ATTACHED WITH STEEL STRAPS OR FLOATERS WITH TWO THROUGH THE DELTEC FLOOR SYSTEM TO ACTUAL FOUNDATION. ALL LOADS ON STRAPS OR FLOATERS MUST BE CALCULATED BY THE DELTEC ENGINEER OF RECORD. NO LOADS SHALL BE ADDED TO ANY ONE OF THE DELTEC ANCHORAGE POINTS WITHOUT PRIOR WRITTEN APPROVAL FROM DELTEC.

SCALE: 1/4" = 1'-0"	DATE: 7/26/17	DRAWN BY: KW	SHEET NAME: BASEMENT LEVEL FLOOR PLAN	SHEET NO: 2 OF 6

BRANDON & MONICA GLADDEN

1 10 28 1 10 WHICH BASEMENT

3

Deltec HOMES

IREDELL COUNTY

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

APPLICATION NUMBER
231845
Issue Date: 11/29/2017

FILE COPY

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
3783453362.000	410 LOOKOUT DAM ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GLADDEN BRANDON J+MONICA F	Applicant:
Address: 8201 QUAIL HOLLOW DRIVE STATESVILLE, NC 28075	Address:
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.001	35.00	35.00	15.00	15.00	CACL	X

Remarks:

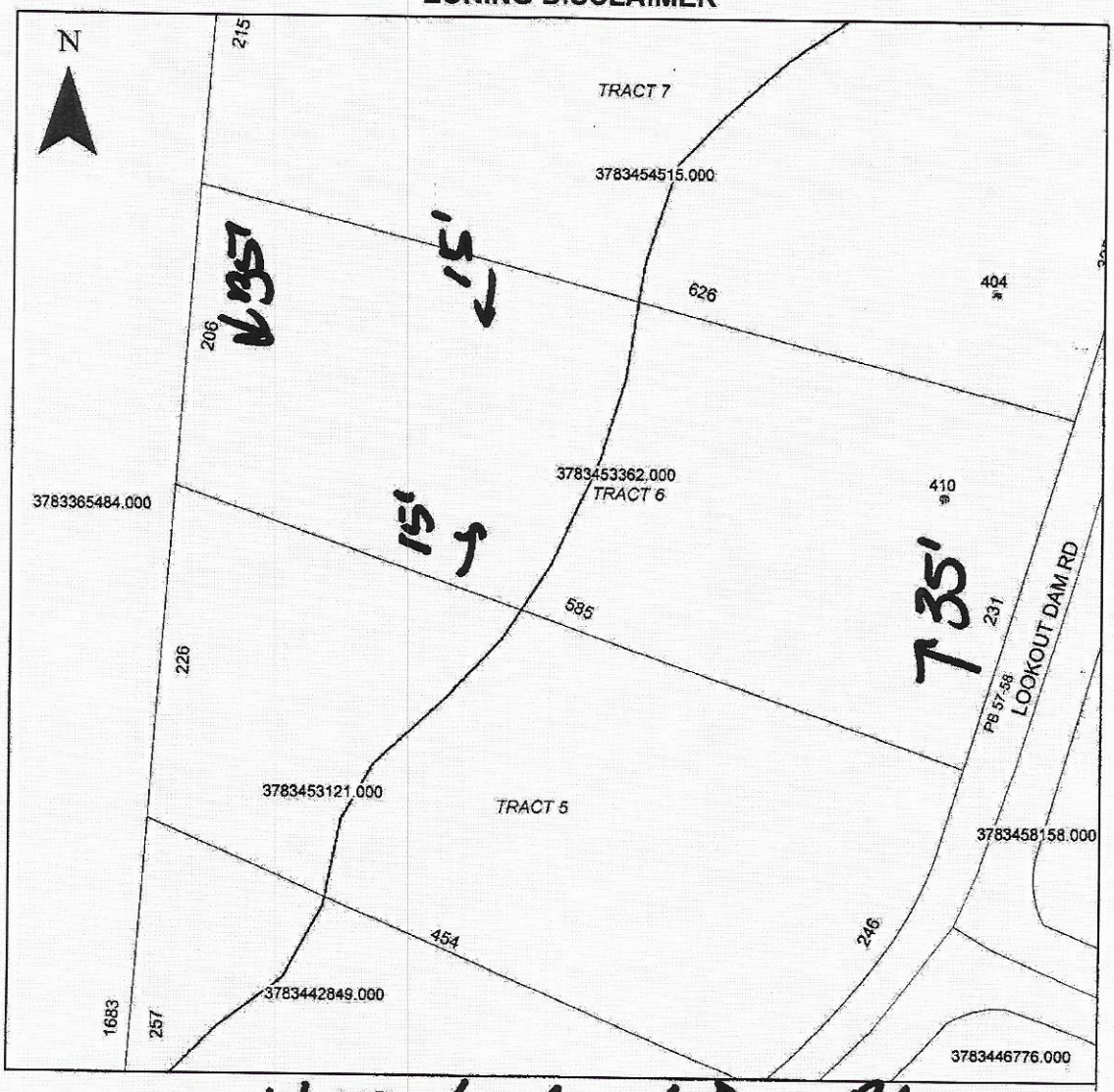
PAID
1200 CW
11/29

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	121871	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 410 Lookout Dam 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.

Patrick McFar

Applicant

11/29/17

Date