IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219180

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

PIN # 3783545719.000

APPLICANT/OWNER: Jordan Lail APPLICANT ADDRESS: 144 Whitney Lane Statesville NC 28625

SITE ADDRESS: 390 Walnut Tree Road Statesville NC 28625 PHONE: 704-437-3019 ALT. PHONE 704 902 1419

SITE DIRECTIONS: I-40 to Sharon School Rd (on Walnut Tree. Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

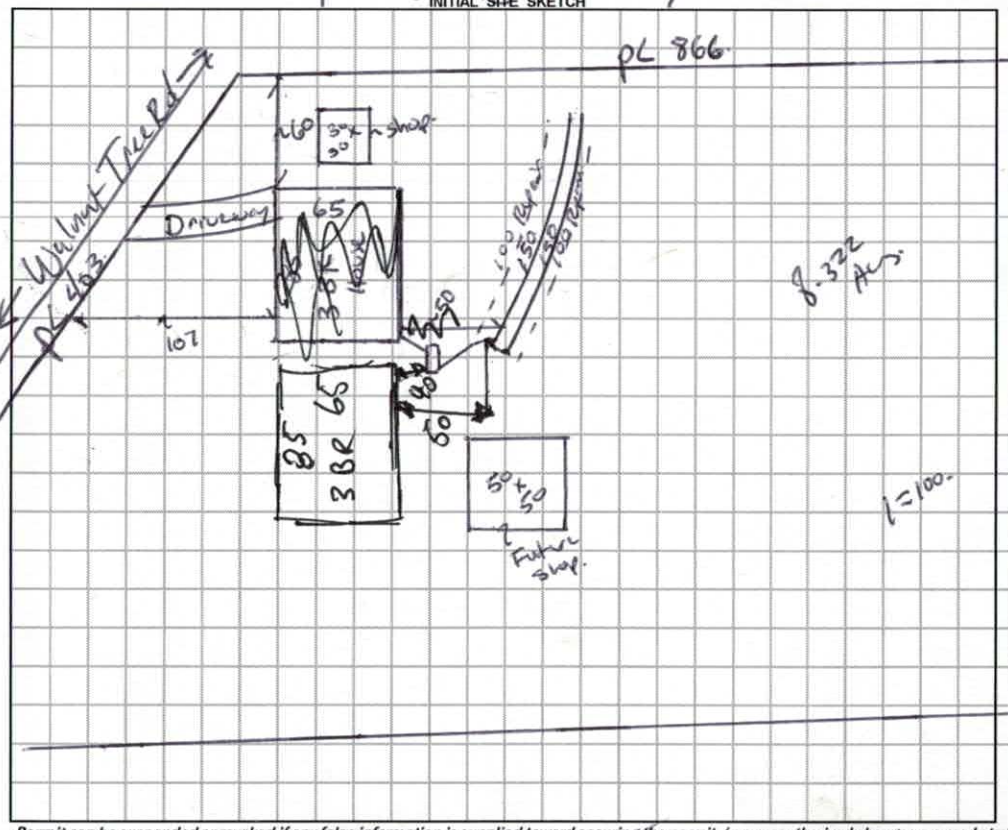
SUBDIVISION: River Rock Farms SECTION: ~ LOT # 15 LOT AREA: 8.322 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .30/.275R

Septic Tank	1000	(gal)	STB	460	Date	1-4-19	☑ 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:	50% Reduction			
# Nitrification Fields	1	# Lines	2		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(~~Low side~~)			30 max		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 Drawings on Contour of the land and utilize Serial distribution. Do not exceed max depth of 30 inches high side. Do not Drive past, park, or walk on any utility in drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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: 6/21/2018 Installed by: KEVIN BOWLES

IMPROVEMENT PERMIT by: Benjamin A. Bottles Date: 6/19/2018 OPERATION PERMIT by: Bryant C. White Date: 4-10-2019

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottles Date: 6/19/2018 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.

ON-SITE WASTEWATER SECTION

PROPERTY ID #: 3783545
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jordan Lail
ADDRESS: 144 Whitney Ln Statesville, NC 28625
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 390 Walnut Tree Statesville, NC

APPLICATION DATE _____
DATE EVALUATED: 7/12/16
PROPERTY SIZE: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 6%	0-10	Brw SCL	GR, FR					PS .3
		10-24"	Rd/Brw C	m-wSBK SS, SP, SEXP, FR					
		24-36	R C	m-wSBK SS, SP, SEXP, FR					
		36-48	R CL w/ common Mica	m-wSBK S					
2	L 8%	0-8	Brw SCL	GR, FR	m-wSBK SS, SP SEXP, FR				PS .3
		8-48	Rd/Brw to R C/Cl w/ Common Mica						
3	L 11%	0-10	Brw SCL	GR, FR	m-wSBK SS, SP, SEXP, FR				PS .3
		10-48	R to Rd/Brw C/Cl						
	FS 9%	0-10	Brw SCL	GR, FR	m-wSBK SS, SP, SEXP, FR				PS .275
		10-48	Rd/Brw C/Cl						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)	PS	PS
tem Type(s)	25% Red	25% Red
LTAR	.3	.275

MENTS: _____

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

RECEIVED JUN 1 2 2018

Ltd Relayout $105.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH #219180

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: Jordan Lail Address: 144 Whitney Lane Statesville Zip: 28625
Applicant Email: lailjordan25@gmail.com Phone: 704-437-3019 Alt. Phone: 704-902-1419
Owner Name: Jordan Lail Address: 144 Whitney Lane Statesville Zip: 28625
Owner Email: lailjordan25@gmail.com Phone: 704-437-3019 Alt. Phone: 704-902-1419

Property Information:

Street Address: 390 Walnut Tree Rd. Statesville N.C. 28625
Subdivision Name: River Rock Farms Section/Phase: _____ Lot Number: Tract 15
Driving Directions: _____

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: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: _____
( ) 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: Jordan Lail 6/12/18
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 ~~Steve Dagenhart Construction~~ _____, identified as

PIN (Parcel Identification Number) 3783545719, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Steve Dagenhart Construction, _____, 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.

_____ 6/17/19
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

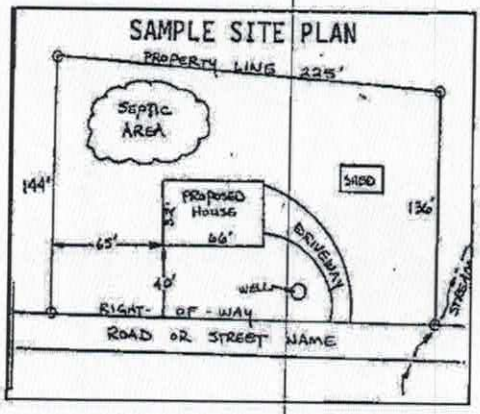
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

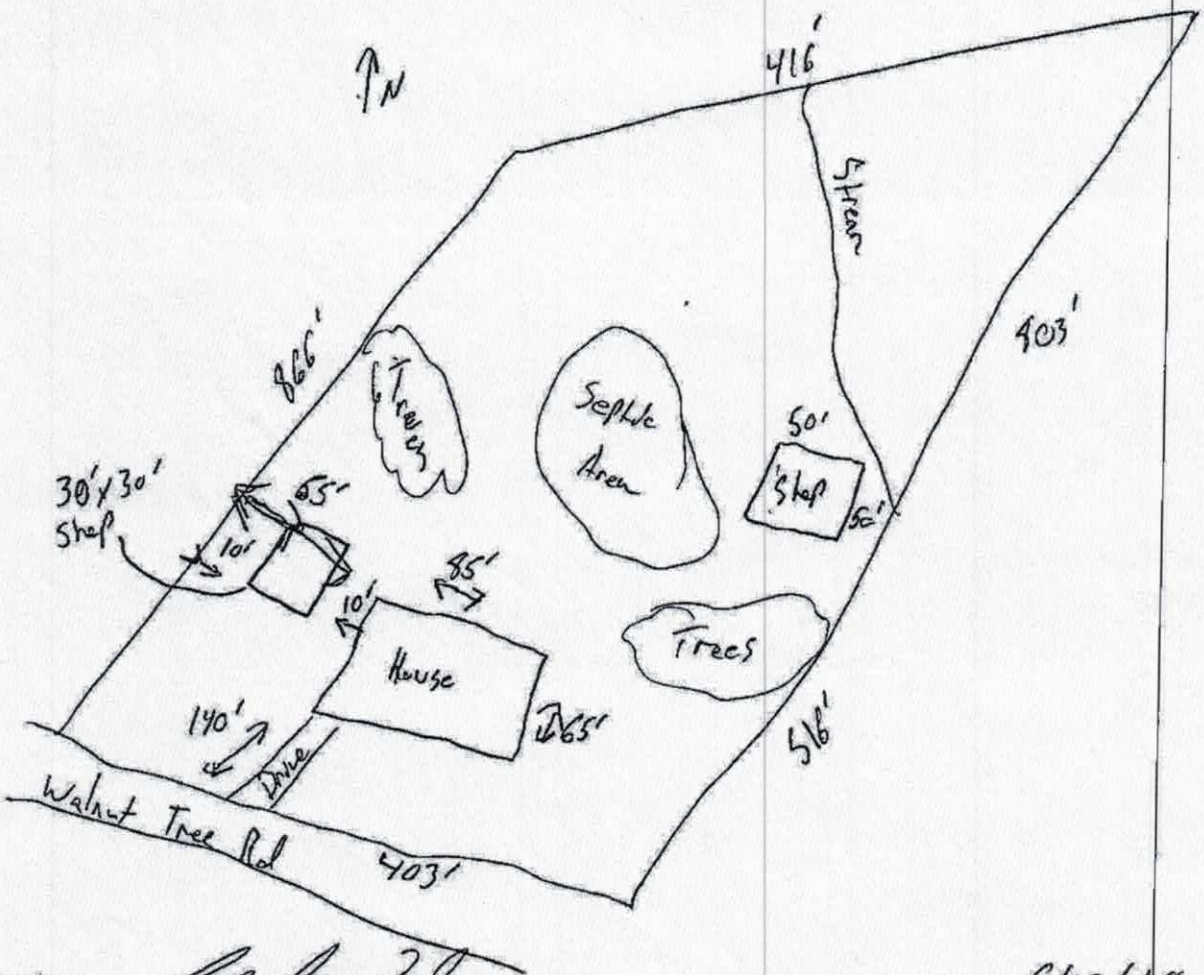


Circle N/A on the following if appropriate:

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: _____ 2nd

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

6/12/18

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~417-112~~

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

PIN # 3783545719 219180

APPLICANT: Jordan Lail APPLICANT ADDRESS: 144 Whitney Ln Statesville, NC 28625

SITE ADDRESS: 390 Walnut Tree Rd Statesville, NC 28625 PHONE: ALT. PHONE: 704 902-1419

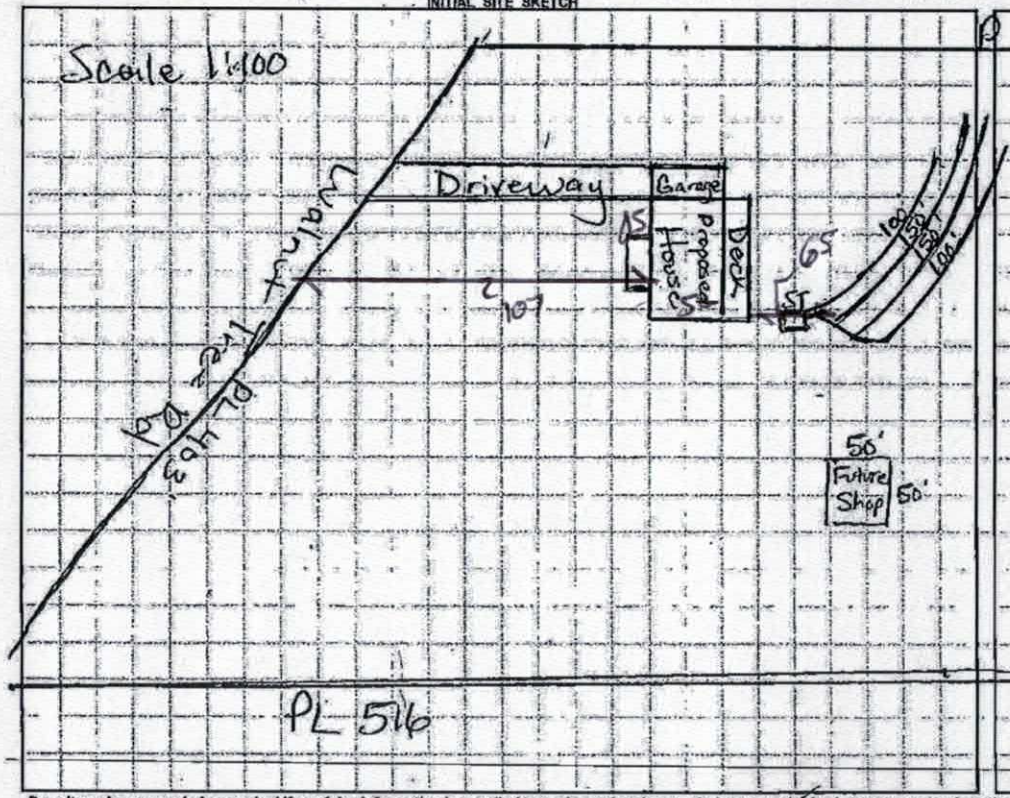
SITE DIRECTIONS: I-40 West to Sharon School Rd TR Sharon School TL Walnut Tree Rd 1 mile on right across from River Rock sign

SUBDIVISION: River Rock Farms SECTION: LOT # Tract 15 LOT AREA: 8.322 Acre DESIGN FLOW: 600 gpd L.T.A.R.: .31 / .275R

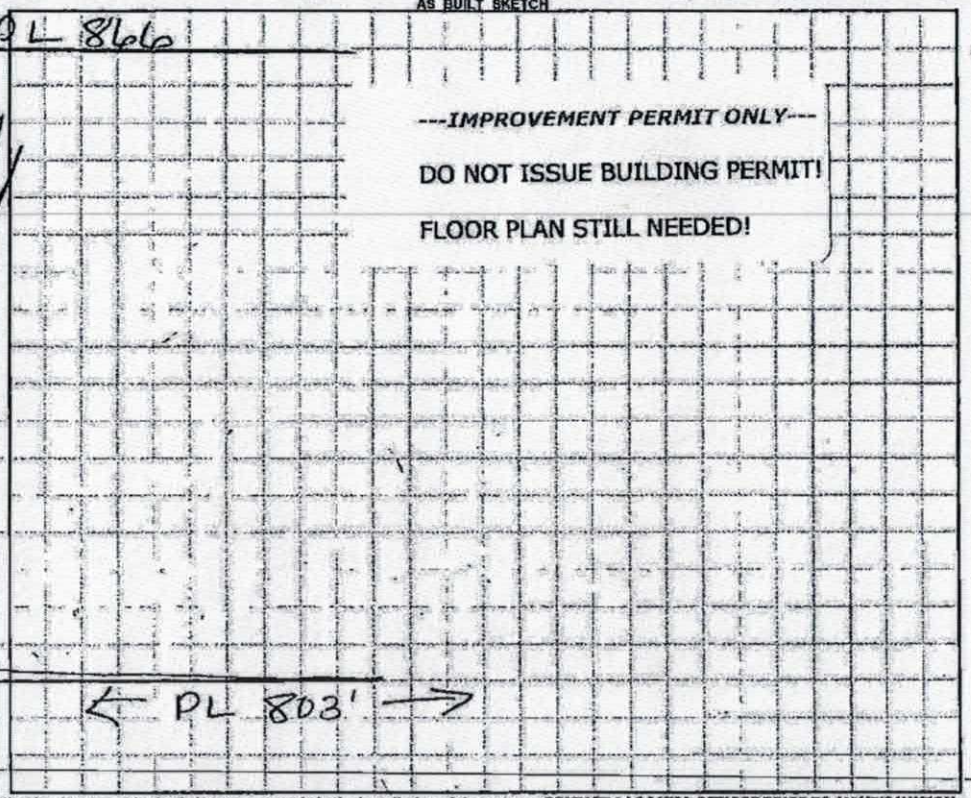
Septic Tank 1500 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity – 25% Reduction	☐ Business	No. Persons 10	☒ Private
Pump Make	Model	Serial #	Repair System Description: Same	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 500'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☒ Community
Trench Width 36"	Max. Trench Bottom Depth 30"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Divert stormwater/surface water away from Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ 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: Jordan Lail Date: 6/12/18 Installed by:

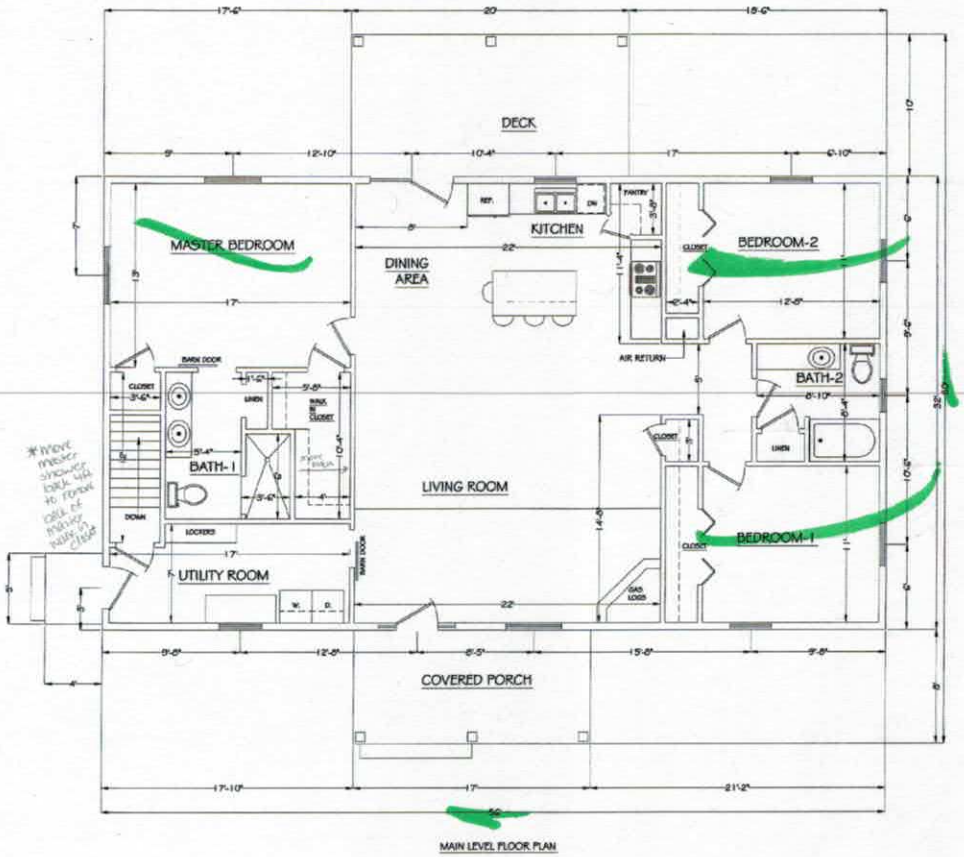
IMPROVEMENT PERMIT by: Maria Dotson Date: 7/15/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Acknowledgement Of
Plans Submittal ONLY!
Date 6/12/18
Date 6/14/18.

IT IS THE INTENT OF THESE DWGS. TO SHOW GENERAL REQUIREMENTS RELATED TO THE CONSTRUCTION OF THIS PROJECT. IT IS NOT THE INTENT TO SHOW EACH + EVERY PIECE OF MATERIAL OR EVERY METHOD REQUIRED FOR SOUND CONSTRUCTION. THE CONTRACTOR SHALL CHECK + VERIFY ALL DIMENSIONS BEFORE STARTING PROJECT. HALLDAYS DRAFTING IS NOT RESPONSIBLE FOR ANY ERRORS OR MISTAKES ONCE CONSTRUCTION HAS BEGAN. IN CASE OF QUESTIONS, PLEASE CONTACT JANET S. HALLDAYS.



MAIN LEVEL FLOOR PLAN

1792 SQ. FT. HEATED SPACE-MAIN LEVEL
INTERIOR WALLS SHOWN @ 4"
EXTERIOR WALLS SHOWN @ 6"

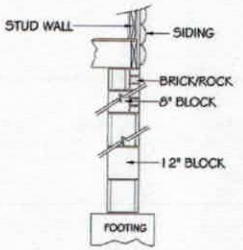
House for:	Jordan & Heather Lail	
SCALE: 1/4"=1'		DRAWN BY: Janet S. Hilliard
DATE: 05/18/2017		DRAWING NO.
FLOOR PLAN	FP-1	2

IT IS THE INTENT OF THESE DWGS. TO SHOW GENERAL REQUIREMENTS RELATED TO THE CONSTRUCTION OF THIS PROJECT. IT IS NOT THE INTENT TO SHOW EACH + EVERY PIECE OF MATERIAL OR EVERY METHOD REQUIRED FOR SOUND CONSTRUCTION. THE CONTRACTOR SHALL CHECK & VERIFY ALL DIMENSIONS BEFORE STARTING PROJECT. MILLSAPS DRAFTING IS NOT RESPONSIBLE FOR ANY ERRORS OR MISTAKES ONCE CONSTRUCTION HAS BEGAN. IN CASE OF QUESTIONS, PLEASE CONTACT JANET S. MILLSAPS.

Acknowledgement Of Plans Submittal ONLY!
Date 6/12/18
Date 6/19/18.



MAIN LEVEL FLOOR PLAN



DETAIL " A-A"
NOT TO SCALE

House for: Jordan & Heather Lail

SCALE: 1/4"=1'
DATE: 02/1/2017
DRAWN BY: Janet S. Millsaps

Foundation Plan FD-1 DRAWING NO. 3