ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-306724

PIN # 3784-20-7307

APPLICANT/OWNER: Michael W. Carlton | APPLICANT ADDRESS: 1316 Oak Hill Newton, NC

SITE ADDRESS: 261 Old Lion Rd. - STV 28625 | PHONE: 704-774-9445 | ALT. PHONE —

SITE DIRECTIONS: Sharon School Rd N from I-40 → L on Old Lion Rd →

SUBDIVISION: Fern Valley Falls | SECTION: — | LOT # 5 | LOT AREA: 3.54 acres | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	160	Date	11-5-2021
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	7	Linear Ft	360
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

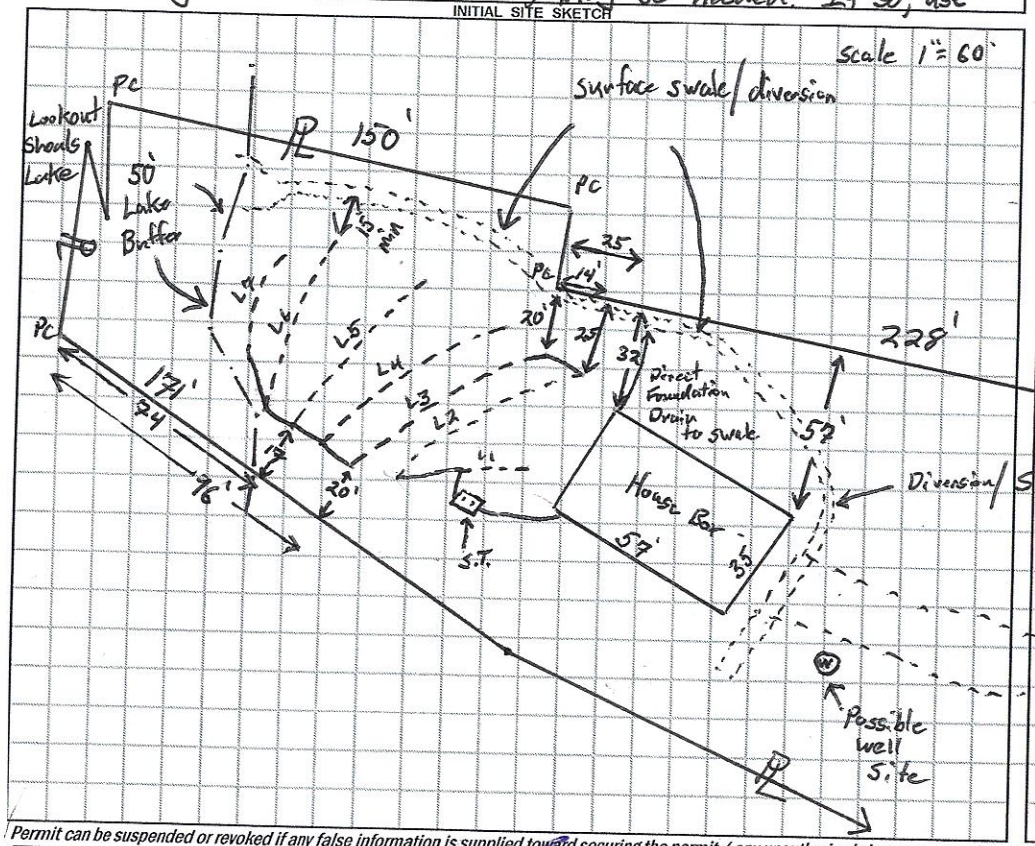
No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

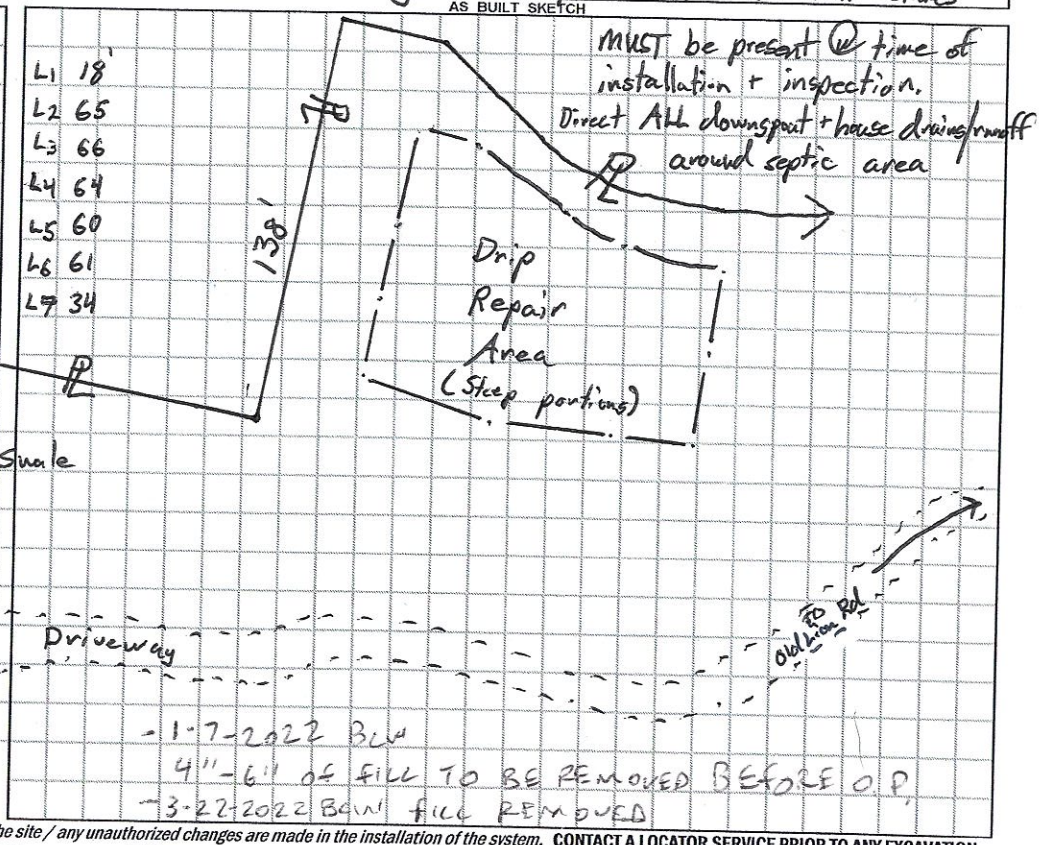
☐ Basement w/o plumbing

Comments / Conditions: Though 368 lf of line has been laid out, only 360 l.f. need be installed. A whole-house ejector (or partial just serving the basement fixtures) may be needed. If so, use 10' section of larger sewer pipe to reduce flow rate into tank. Recommend pumping septic tank every 5 years. Direct as much surface + subsurface water around system as possible. 50' lake buffer stakes

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: [signature] Date: 4/11/2020 Installed by: MAIDEN GRADING

IMPROVEMENT PERMIT by: Tom Chuck Date: 6/26/2020 OPERATION PERMIT by: Bryant C. White Date: 3-22-2022

AUTHORIZATION TO CONSTRUCT by: Carla C. Nida Date: 9-3-20 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Michael Carlton
ADDRESS: 1316 Oak Hill Newton, NC
PROPOSED FACILITY: 3BR-SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 261 Old Lion Rd. Statesville

APPLICATION DATE 4/1/2020
DATE EVALUATED: 5/7 + 6/11 (Lake auto)
PROPERTY SIZE: 3.54 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	16% slope Shoulder Slope Repair Area 70' from tele pole	0-7	SCL V.W. SBK	SL Friable, SS SP SS	—	48"	—	—	0.325 PS
		17-26	clay loam M. SBK some mica sand	SL Firm, Sticky SP SS					
		26-48	Clay Loam W. SBK Common Saprolite	SL Friable, SS SP SS					
2									
3	35% slope LSS Repair Area 40' from corner	0-2	SCL V.W. SBK	SL Friable, SS SP SS	—	34"	—	—	0.15 PS
		2-34"	clay M. SBK common mica	SL Friable, SS SP SS					
		34"	RX						
4	8% upper Ravine (concavity) Primary	0-20	SCL V.W. SBK	Friable, SS SP SS	—	60"	—	—	0.275 PS (questionable topo)
		20-60	Clay Loam M. SBK	Friable, SS SP SS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	368	+6000 S.F.
System Type(s)	25% Rd	Drip
Site LTAR	0.25	0.125

OTHER FACTORS (.1946): Ravine ?? Ok per Heath + Shane call to Alan Perkins (per Heath)
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Heath Snow Cabarrus Opawn - topography

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Michael Carlton
ADDRESS: 261 Old Lion Rd
PROPOSED FACILITY: ___
LOCATION OF SITE: ___ See Page 1

APPLICATION DATE: ___
DATE EVALUATED: ___
PROPERTY SIZE: ___
PROPERTY RECORDED: ___
PROPOSED DESIGN FLOW (.1949): ___

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
X5	9% Raving concavity Primary Mid	0-10	Mixed Lam Fill (alluvial)						
		10-60	Clay Loam W.SBK	Friable, SS, Sp, Sapo	—	60"	—	—	0.275
X6	6% Ravine concavity Prim - lower	0-9"	Fill Mixed (alluvial)						
		9-54"	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sapo	—	9-54"	—	—	0.250
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	See Page 1	
Site LTAR		

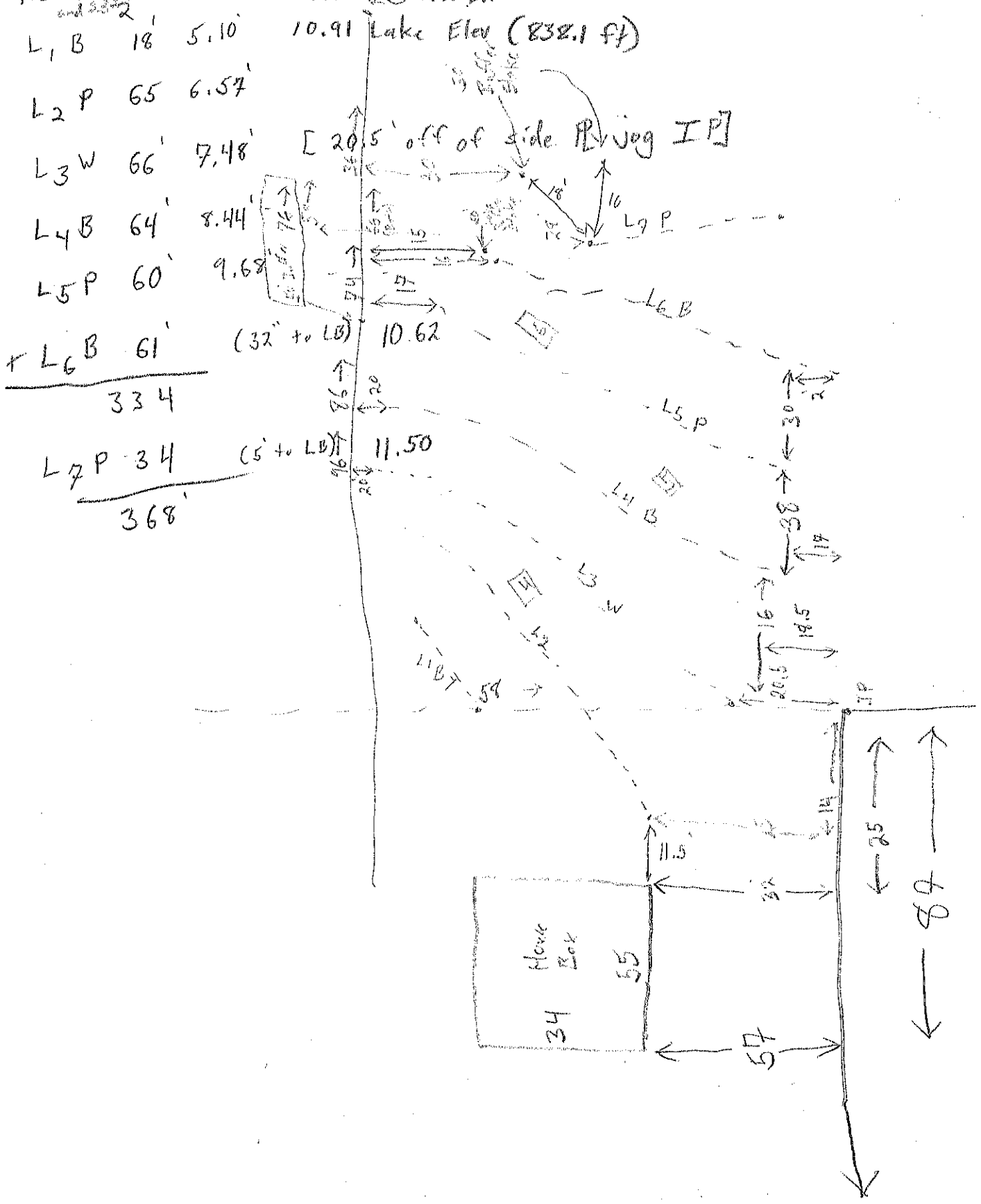
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

Lookout Stub Lake 99.8 @ 2:05 pm

HC Closure (as scaled) 5.45 and 3.32 — 13.11 — 2.2 Diff

10.91 Lake Elev (832.1 ft)

L1 B	18'	5.10'	
L2 P	65	6.57'	
L3 W	66'	7.48'	[20.5' off of side PL Jog IP]
L4 B	64'	8.44'	
L5 P	60'	9.68	
+ L6 B	61'	(32" to LB) 10.62	
	334		
L7 P	34	(5' to LB) 11.50	
	368'		



AP-306724
$500.00

RECEIVED APR 16 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ 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:**

Michael Carter	1316 Oak Hill, Newton, NC	704-774-9446	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Braden Mauney	617 N McLin Creek Road Conover		828-589-0529
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

261 Old Lion Road	Fern Valley Falls	5
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Turn on Old Lion Rd property is on left side beside Summerhut Ln last gravel drive way before Summerhut Ln

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) 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:**

(✓) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) 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:** ___ 4/1/2020
   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

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, Bradley & Kate Mounts, am the legal owner(s) of the property located at 261 Old Lion Road, identified as PIN (Parcel Identification Number) 3784207307.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Carlton, 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: 4/1/2020

Signature of Witness — Date: 4/1/2020

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hert@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 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

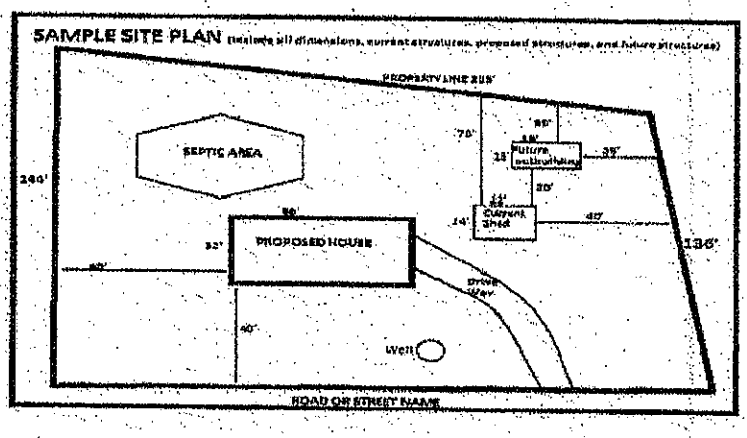
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

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



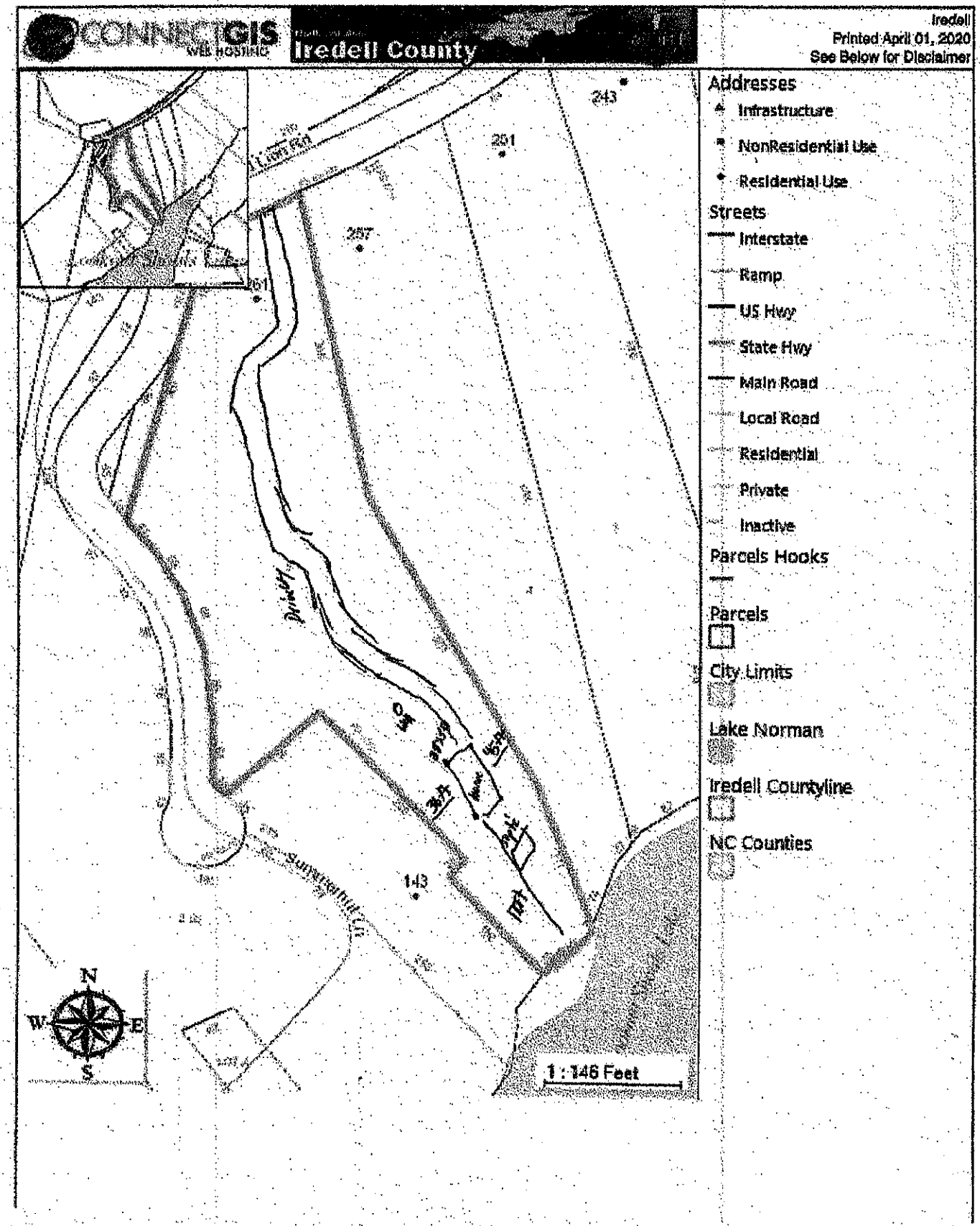
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____

***REQUIRED* property owner or owner's legal representative signature.**

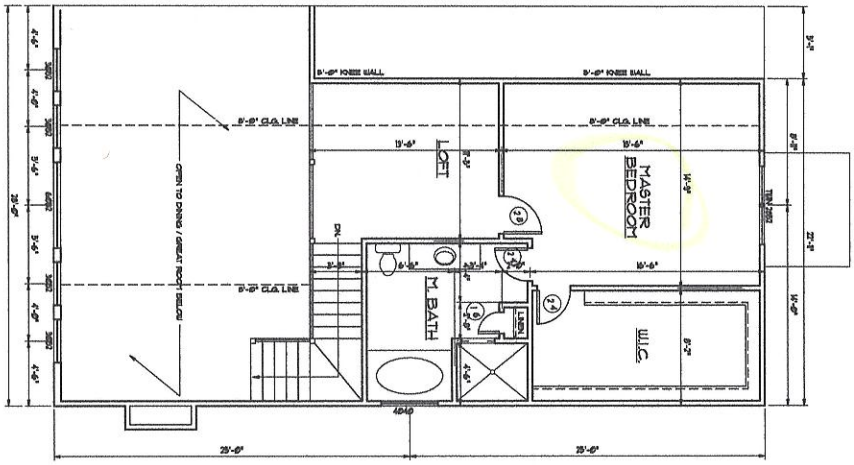
4/1/2020

DATE

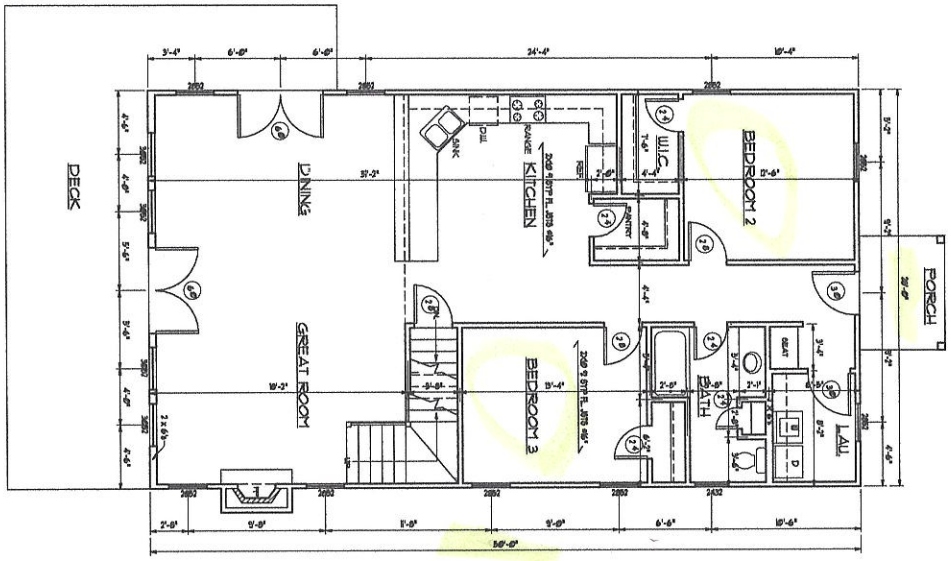

CONNECTGIS
WEB HOSTING
Iredell County
Iredell
Printed April 01, 2020
See Below for Disclaimer
Addresses
Infrastructure
NonResidential Use
Residential Use
Streets
Interstate
Ramp
US Hwy
State Hwy
Main Road
Local Road
Residential
Private
Inactive
Parcels Hooks
Parcels
City Limits
Lake Norman
Iredell Countyline
NC Counties
243
251
257
261
143
N
W
E
S
1 : 146 Feet

Acknowledgement Of
Plans Submittal ONLY!
Date 9-3-20
Date 9/11/2020

261 Old Lion



UPPER FLOOR PLAN
SCALE: 1/4" = 1'-0"
498 HEATED SQUARE FEET



MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"
1409 HEATED SQUARE FEET

GENERAL NOTES:

- FLASHING + ALL WINDOWS AND DOORS (SECTION R703.8)
- FLASHING + GROUND LEVEL (SECTION R703.8.1)
- WINDOWS ARE TO BE DOUBLE 2 X WOOD UNLESS OTHERWISE NOTED
- ALL DOOR OPENING HEADERS SHALL BE KEPT AT LEAST 9 INCH CABINET HARDWARE AND TOP NOTCHED FROM FIREPLACE MASONRY.
- THE GLAZED AREA OF HABITABLE ROOMS SHALL BE NOT LESS THAN 8% OF THE TOTAL FLOOR AREA WITH HALF THE AREA OPENABLE (VER. 4 SQ.FT. MIN. 20" HIGH, 24" WIDE)
- WALLS SEPARATING GARAGE FROM HEATED AREAS TO HAVE A MINIMUM OF 5/8" GYPSUM BOARD ON THE GARAGE SIDE SHALL (SECTION R302.6) LAUNDRY FROM GARAGE TO HEATED AREAS TO BE EITHER SOLID WOOD 1 3/8" THICK, OR A 20-MINUTE FIRE-RATED DOOR. (SECTION R302.5)
- ALL ROOF TRUSSES MUST BEAR ON FOUNDATION WALLS.
- MANUFACTURED TRUSSES (FLOOR / ROOF) PER SECTION R802.10 AND R802.11
- ALL ATTIC AREAS SHALL BE PROVIDED WITH VENTILATION. SECTION R806.1 AND R806.2
- CLOSED CRAWL SPACE R408
- SEE WOOD DECKS, APPENDIX H.
- SEE BASIC LOAD ESTIMATING, APPENDIX K.
- SEE CANTILEVER FLOOR SECTIONS, TABLE R502.3.1(1)
- FIREPLACES, CHIMNEYS, AND FIREBLOCKING
- SECTION R1001 (R1003) MASONRY FIREPLACES
- LOCATIONS, LABELING, AND CERTIFICATION.
- ATTIC ACCESS PER SECTION R807.1
- CHIMNEYS AND FIREPLACES PER CHAPTER 10.
- LINTELS SUPPORTING MASONRY VENEER SEE TABLE R703.7.3
- EXTERIOR WALLS SHALL NOT BE LESS THAN 12" ABOVE GRADE AT ALL POINTS
- BEDROOM HEIGHT (SECTION R305.1)
- DOORS ARE FRONTITIED, (SECTION R 311.4.2)
- SPIRAL STAIRWAYS ARE PERMITTED, (SECTION R 311.4.3)
- HANDRAILS (SECTION R311.7.8)
- GUARDS (SECTION R312.1)
- GUARDS ON OPEN SIDES OF STAIRS SHALL HAVE A TREAD DEPTH OF A POINT NOT MORE THAN 12" FROM THE SIDE WHERE THE TREADS ARE NARROWEST OF NOT LESS THAN 9" AND THE RUN DEPTH OF ANY TREAD SHALL NOT BE LESS THAN 6" (SECTION R312.1.2)(3)

CONSTRUCTION OF SHEAR WALLS WITH CONTINUOUS STRUCTURAL PANEL SHEATHING (GA-WP) BRACED WALL LINES SHALL UTILIZE BRACED WALL PANELS CONSTRUCTED IN ACCORDANCE WITH (SECTION R602.3(4) BRACED WALL PANELS SHALL BE PROVIDED AT CORNERS (SECTION R602.3(4)) THERE SHALL BE PROVIDED AT CORNERS AT BOTH ENDS OF A BRACED WALL LINE IN ACCORDANCE WITH (SECTION R602.3(4)). BRACED WALL LINES SHALL BE CONNECTED TO STRUCTURE ABOVE AND BELOW IN ACCORDANCE WITH (SECTION R602.3(4)) BRACED WALL PANELS CONSTRUCTED WITH STRUCTURAL PANEL SHEATHING (GA-WP) SHALL BE FASTENED TO FRAMING AT PANEL EDGES AND INTERMEDIATE SUPPORTS WITH 8d COMMON (2 1/2" LONG X 0.113" DIA.) NAILS OR 8d DEFORMED (2 1/2" LONG X 0.120" DIA.) NAILS AT 6" O.C. AND 12" O.C. RESPECTIVELY. HORIZONTAL JOINTS IN BRACED WALL PANELS SHALL OCCUR OVER, AND BE FASTENED TO, COMMON BLOCKING OR FRAMING MEMBERS. BLOCKING SHALL BE PROVIDED AT ALL EDGES OF BRACED WALL PANELS. BLOCKING IS NOT REQUIRED IN WALL SECTIONS NOT COUNTED AS BRACED WALL PANELS)

drawn by	DANIELS
project no.	P-20015
date	6-3-20
revised	
sheet no.	A-2
of	THREE

A NEW RESIDENTIAL PROJECT FOR
BRADLEY & KATIE MOUNTS

DANIELS
• RESIDENTIAL DESIGN •

RODNEY DANIELS
131 11th Ave Blvd S.E. Hickory, N.C. 28602
PHONE AND FAX (828) 328-9486

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

APPLICATION NUMBER
306724
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3784207307.000	261 OLD LION RD	Iredell County

Owner Information	Applicant Information
Name: MOUNTS BRADLEY W+KATIE E	Name: MICHAEL W. CARLTON
Address:	Address: 1316 OAK HILL DR
	NEWTON, NC 28658
Phone:	Phone: (704)774-9446

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.54	35	50	15	25	WSIV-CA Lookout Shoals	YES

Remarks

SFD

Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 04/15/2020

Signature of Owner/Contractor

Permit Number	306724

TOTAL FEES	$77.25