PJB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315718

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

PIN # 3784 20 9593

APPLICANT/OWNER: Bryan Rogers | APPLICANT ADDRESS: 1295 Stikeleather Rd Hiddenite, NC 28636

SITE ADDRESS: 251 Old Lion Rd Statesville, NC 28625 | PHONE: 828.312.5309 | ALT. PHONE

SITE DIRECTIONS: Island Ford Rd to Old Lion Rd on left (Black gate)

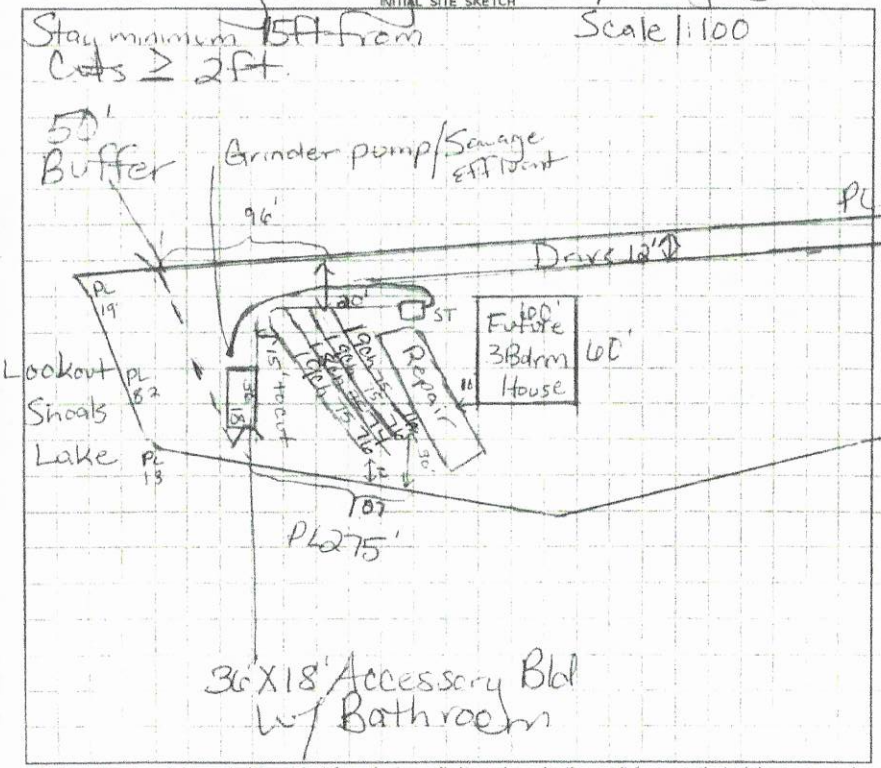
SUBDIVISION: Fern Valley Falls | SECTION: — | LOT # 3 | LOT AREA: 2.57Ac | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360gpd | L.T.A.R.: .31/.25R

Septic Tank	1000 (gal)	STB 1012	Date 3-20-21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make		Model	Serial #	Repair System Description:		☒ Other Access Bld	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 300	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"		Trench Bottom Depth (Low side) (max)	25"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

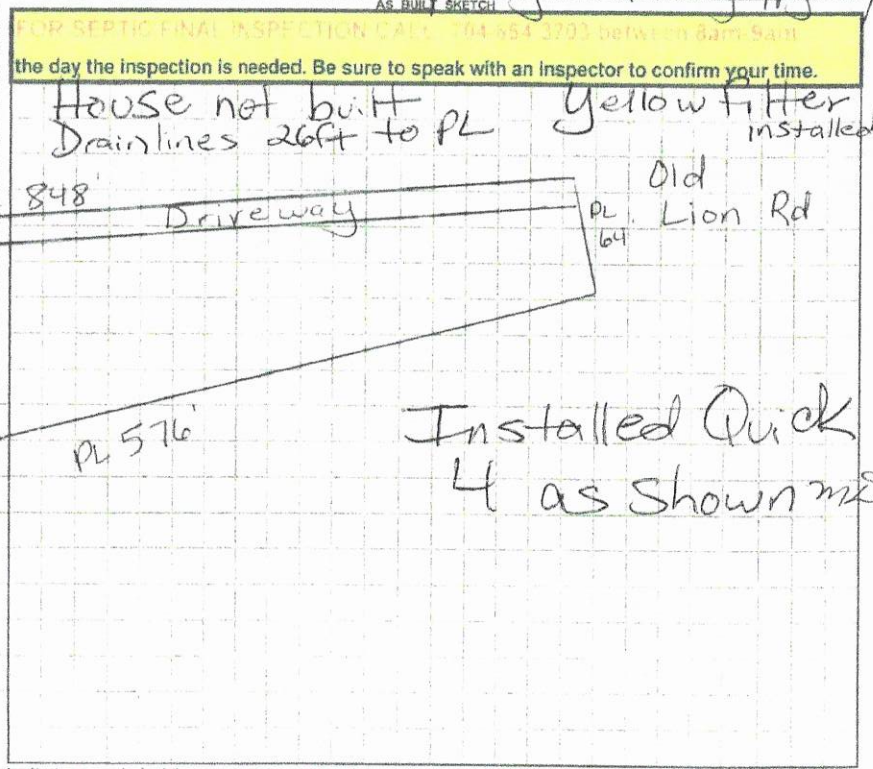
Comments / Conditions: Septic System Sized for 3Bedroom for future house. Owner is putting bathroom in Accessory building & needs Septic System now

* Must use 4" pipe for 10Ft prior to discharging into Septic tank. Do not drive over Septic System (Including Supply line)

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: Bryan Rogers Date: 4-22-21

IMPROVEMENT PERMIT by: Brian Cloer Date: 4/22/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/22/21

Installed by: Ritchie Bowman Landscaping

OPERATION PERMIT by: Maria Dotson Date: 6/2/21

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 inspector to confirm your time.

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

Sheet ___ of ___
PROPERTY ID #: 3784209593
COUNTY: Iredell

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

OWNER: Bryan Rogers
ADDRESS: 1295 Strike Leather Rd Hiddenite, NC
PROPOSED FACILITY:
LOCATION OF SITE: 251 Old Lion Rd

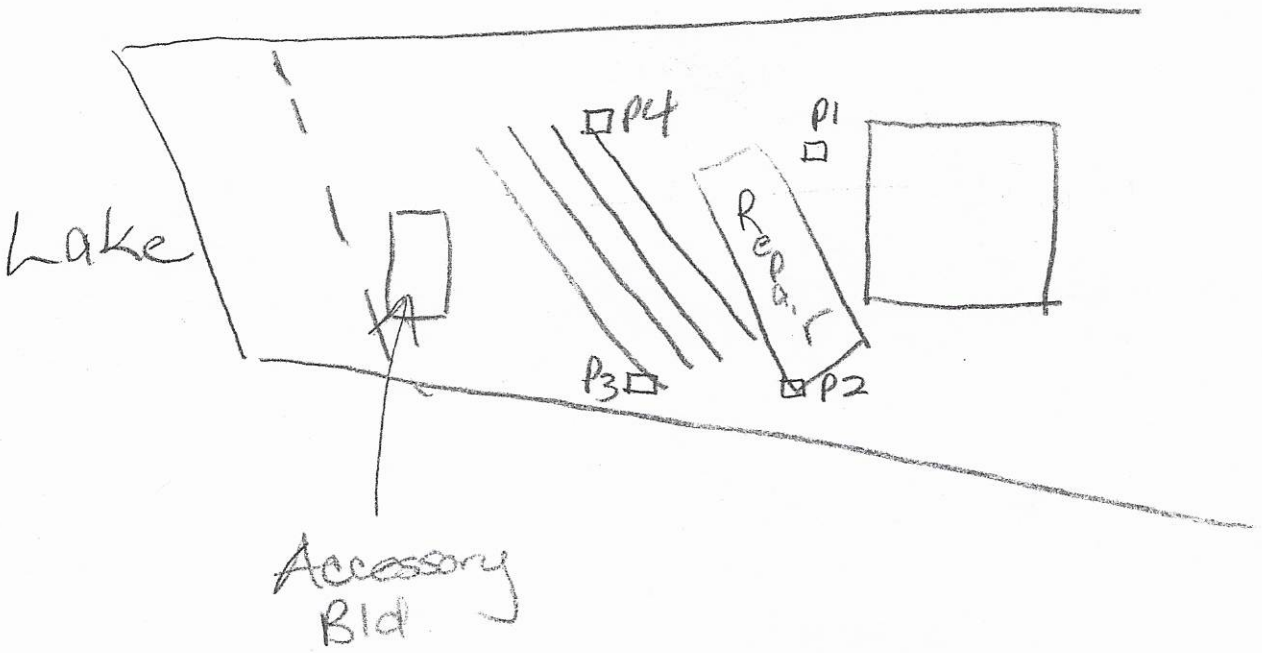
APPLICATION DATE 3/4/21
DATE EVALUATED: 4/15/21
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 2.57Ac
PROPERTY RECORDED: Y

WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	26% Rep	0-7	Rd/Brw C	ABK Compacted	SS, SP, SExP,	FR			PS
		7-25	RCm-wSBK/ABK						
		25-44	RC/LwSBK	SS, SP, SExP,	FI-FR				.3
		44-54	RC/LwSBK,	SP, SS, SExP,	FI	54"	—	—	>44"=.25
			w/few Yel/Brw mottles & some w. Rock					>44"	
2	20% Rep	0-6	Rd/Brw C	ABK Compacted					PS
		6-15	RCm-wSBK	SS, SP,	SExP,	FR			
		15-50	RC/LwSBK	SS, SP,	SExP,	FR			.3
			few Yellow/Brw mottles						
			—			50"	—	—	
3	17%	0-5	Rd/Brw C	ABK Compacted					PS
		5-27	RCm-wSBK	SS, SP,	SExP,	FR			
		27-52	RC/LwSBK	SS, SP,	SExP,	FI-FR			.3
			—			52"	—	—	
4	18%	0-7	Rd/Brw C	ABK					PS
		7-23	RCm-wSBK	SS, SP,					
		23-52	RC/LwSBK	SS, SP,	SExP,	FI-FR			.3
			—			52"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

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


P4
P1
Lake
Repair
P3
P2
Accessory
Bld

RECEIVED MAR 1 2 2021

Please CALL prior to inspection

Name: Bryan - 828-312-5309

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP-315718

Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

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
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bryan Rogers Address: 1295 Stikeleather Rd. Hiddenite Zip: 28636
Applicant Email: bryan1trucking1@yahoo.com Phone: 828-312-5309 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 251 Old Lion Rd. Statesville NC 28625
Subdivision Name: Fern Valley Falls Section/Phase: _____ Lot Number: 3
Driving Directions: Island Ford Rd to Old Lim Rd. - Black gate on left

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building Bathroom
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____

( ) 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: Bryan Rogers 3-4-21
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*) Bryn Lam

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

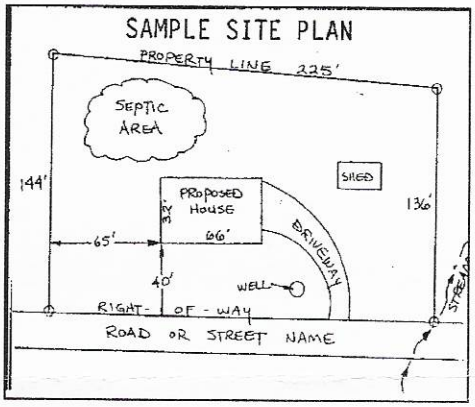
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

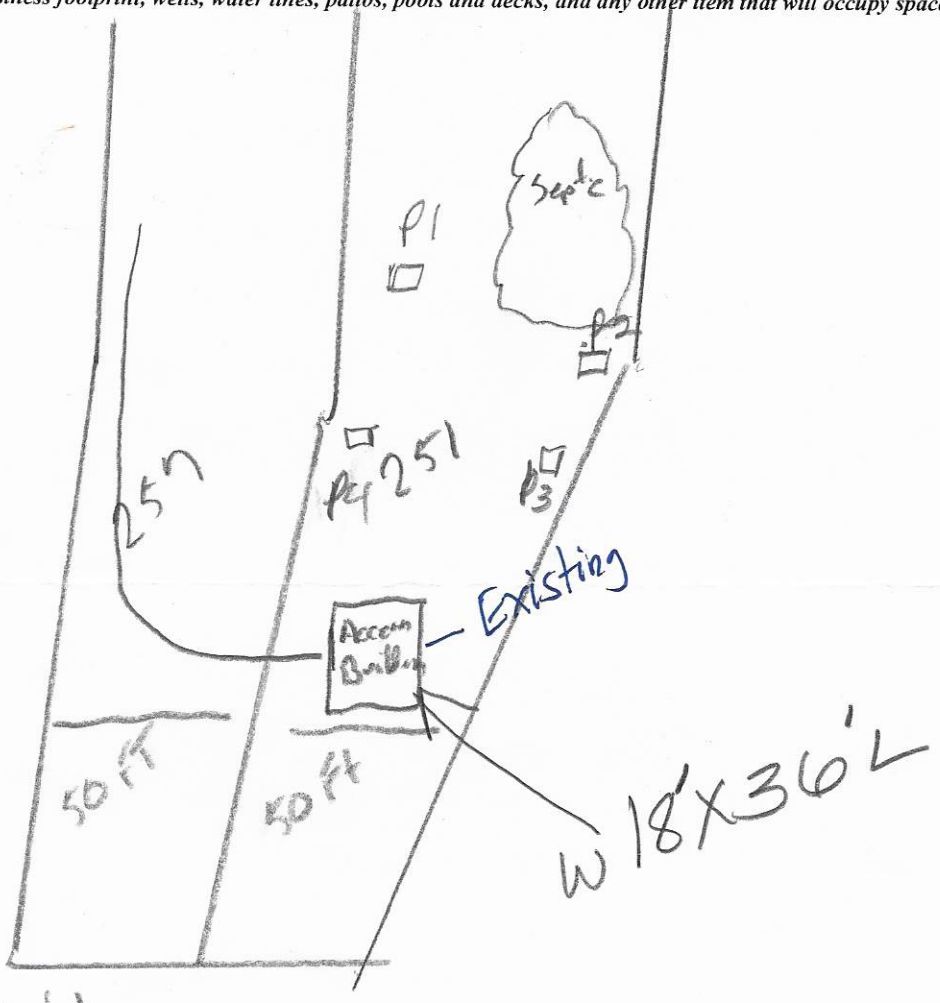
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

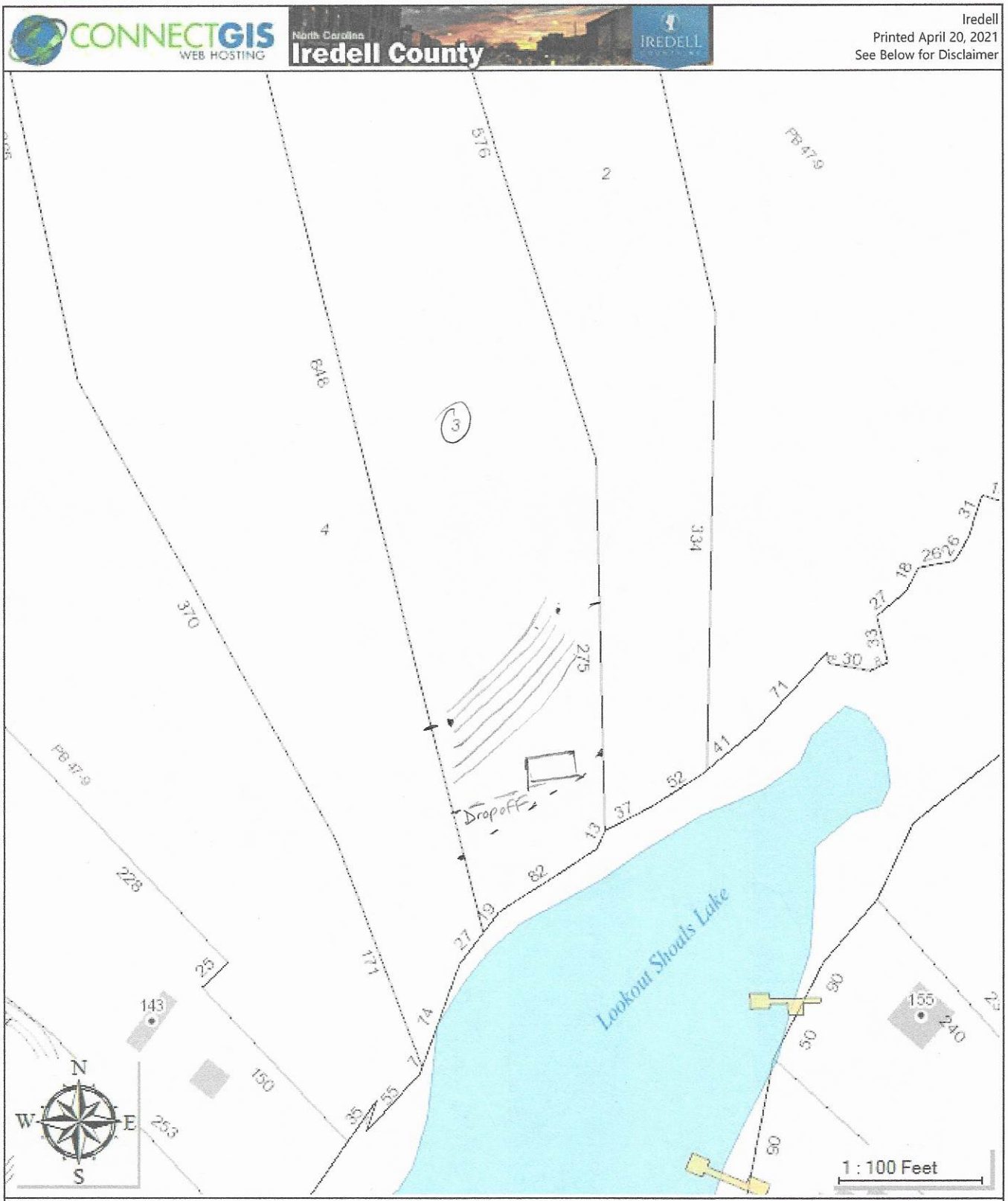


Signature: Bryan Ramsey

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

3-4-21

DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312014 Issue Date: 10/21/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3784209593.000	251 OLD LION ROAD	Iredell County

Owner Information	Applicant Information
Name: ROGERS BRYAN V+SHANDRA C	Name:
Address: 1295 STIKELEATHER ROAD HIDDENITE, NC	Address:
Phone: (704)585-0081	Phone:

Use Requested	Zone Code
Accessory Building	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.57	35	35	15	15	WSIV-CA Lookout Shoals	YES

Remarks
R-14 (Accessory Strucure for tractor/hay) - Non-exempt Bldg

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: 10/21/2020

Permit Number	312014	TOTAL FEES:	

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312014
Issue Date:

Permit Type: BUILDING RESIDENTIAL - ACCESSORY STRUCTURE

Parcel Number	Street Address
3784209593.000	251 OLD LION ROAD
Zone Code	**Jurisdiction**
RA	Iredell County

Owner Information	Applicant Information
Name: ROGERS BRYAN V+SHANDRA C	Name:
Phone: (704)585-0081	Phone:

Contractor Information

Name: ROGERS BRYAN V+SHANDRA C
Address: 1295 STIKELEATHER ROAD
Phone: (704)585-0081

Project Description

R-14(Access Struct 4 tractor/hay)-Non-exempt Bldg see notes

Building Information

Proposed Use: R-3 RESIDENTIAL
Construction Type: VB
Number of Stories: 1
Estimated Cost of Construction: $11,119.68

Heated Sq. Ft: 0
Unheated Sq. Ft: 648
Gross Sq. Ft: 648

Conditions	Fees		
	COMPLET BUILDING PERMIT F	Amount:	$75.00
	TECH FEE BUILDING	Amount:	$2.25
	COMPLET BUILDING PERMIT F	Amount:	$0.61
	TECH FEE BUILDING	Amount:	$0.02

Permit Details

they had paid building fee and should have been zoning. I have added the zoning fee that needs to be paid and they will need to pay the difference in the building fee based on sq footage if there is a difference.

make folder when get building. no zoning application.

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

_____
Signature of Owner/Contractor

Date: 10/29/2020

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	312014	TOTAL FEES:	$155.76