IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 21925

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

PIN # 3784228255

APPLICANT: Joseph Payne APPLICANT ADDRESS: 116 Twin Creeks Dr.

SITE ADDRESS: 198 Old Lion Rd. - Statesville PHONE: 828 312-4662 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 W TR Sharon School Rd TL Island Ford Rd TR Old Lion Rd, Property on Right

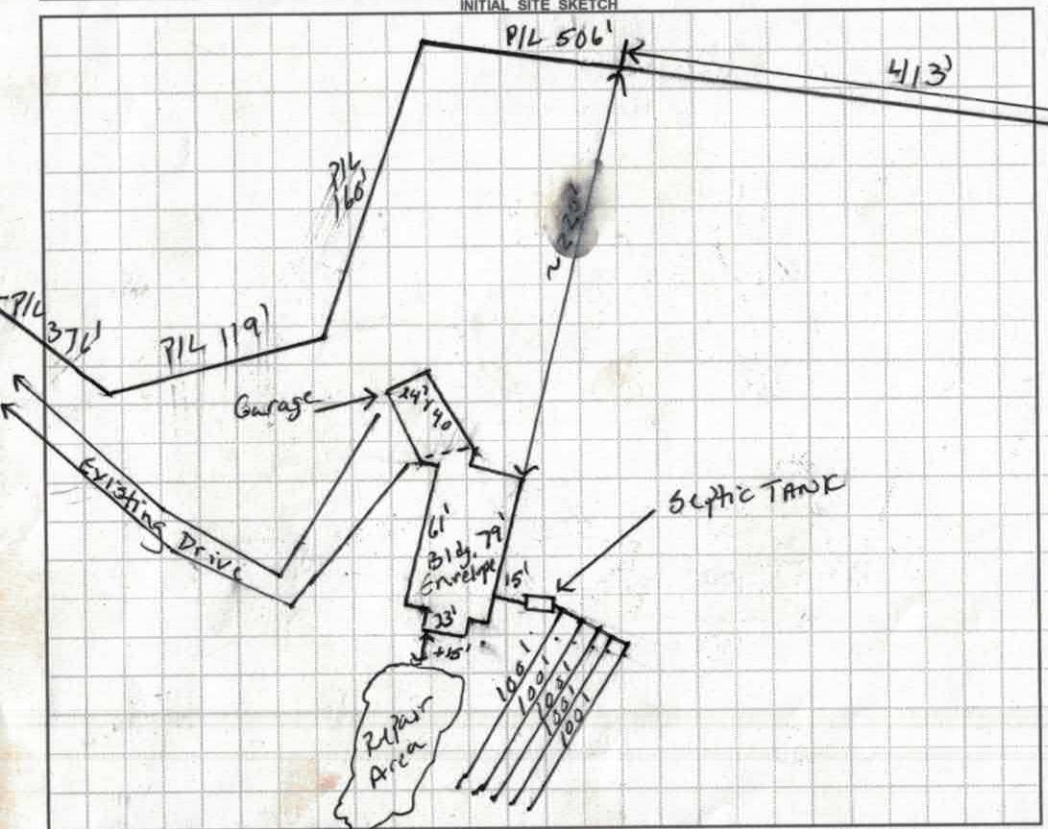
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 20.01 acres DESIGN FLOW: 600 gpd L.T.A.R.: 0.03

Septic Tank	1500	(gal)	STB	190	Date	1-7-17	☑ 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:	Shallow 25% Reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft:	500	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		

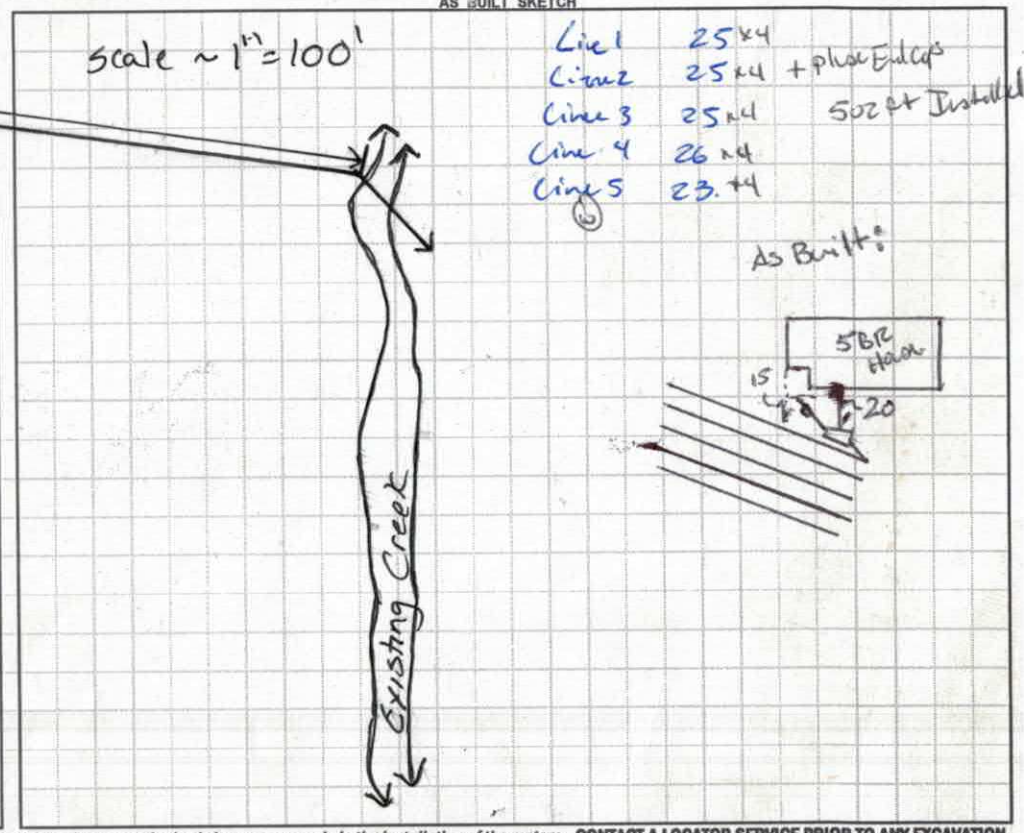
☑ Residence	No. Bedrooms	5	Water Supply		
☐ Business	No. Persons	10	☑ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☑ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution

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: Date:

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-11-16

AUTHORIZATION TO CONSTRUCT by: Date: 08/11/16

Installed by: KT M Grading

OPERATION PERMIT by: Benjamin A. Betters Date: 6/13/17

Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 5784 228 255
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Joseph Payne
ADDRESS: 585 Old Concord Church Rd
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 600gpd
LOCATION OF SITE: 590 Old Union Rd
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut
TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

APPLICATION DATE 5-31-16
DATE EVALUATED: 7-9-16
PROPERTY SIZE: 20.01 acres
PROPERTY RECORDED: YES

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	18% L	0-3	Manipulated		+48"	+48"	+48"	+48"	PS 0.3
		3-27	C SBK	Fi Mod SE					
		27-48	C1 SBK	Fr Mod SE					
			Few SAP	Incl					
2	18% L	0-8	BSCL SBK	Fi Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		8-27	C mica SBK	Fi Mod SE					
		27-48	C1 mica WSBK	Fr Mod SE					
3	20% L	0-8	BSCL SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		8-27	C SBK	Fi Mod SE					
		27-48	C1 mica WSBK	very Fr Mod SE					
4	15% L	0-4	manipulated		+37"	@31"	+37"	37"	PS 0.3
		4-31	C mica SBK	Fi Mod SE					
		31-37	BC ABK	Fi Mod SE					
		37	weathered rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	III
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Justin Blackwood
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP MINERALOGY/ .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

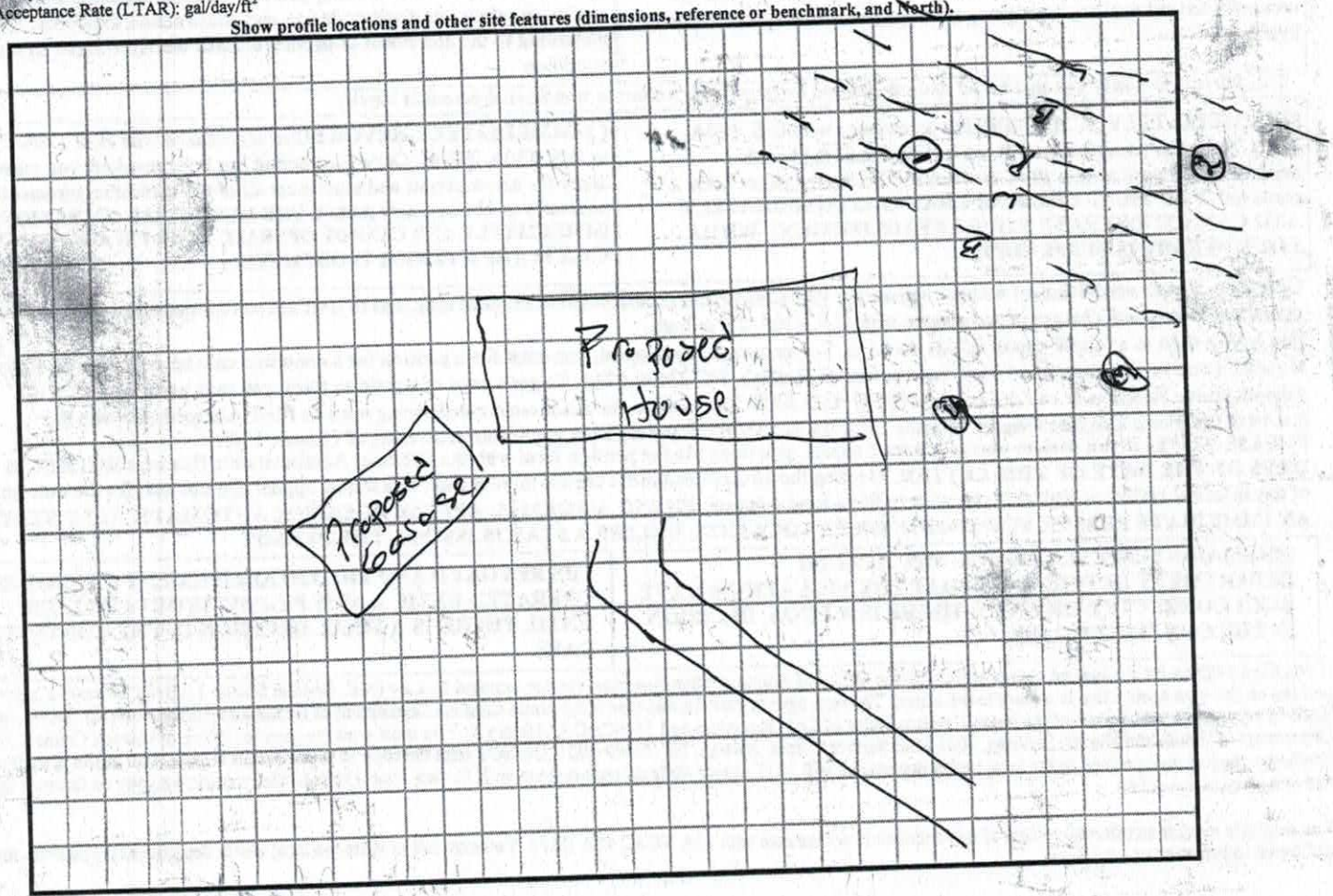
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 2.19215

Application for SEPTIC REPAIR PERMIT

(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: X Improvement Permit X Authorization To Construct ___ BOTH ___ 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:**

Joseph + Sarah Payne	585 old Concord Church Rd. Stony Point NC 28678	828-312-4662	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Joseph + Sarah Payne	585 old Concord Church Rd. Stony Point NC 28678	828-312-4662	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

1900 Hwy 90		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: got aft 40 west at Sharps School Rd. Take right and go until island ford rd. Take left onto island Ford Rd. go until you see old lion Rd. and take a right. property is between 186 and 204 old lion Rd.

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

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

Maximum Number of Bedrooms 4 5
Maximum Number of Occupants 8 10
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

9. Signature: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

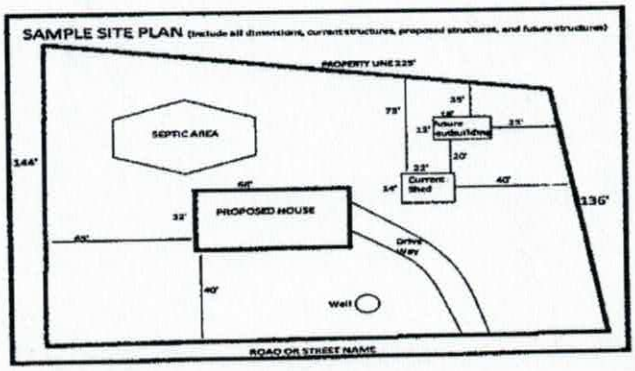
SITE PLAN WORKSHEET

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*!!!

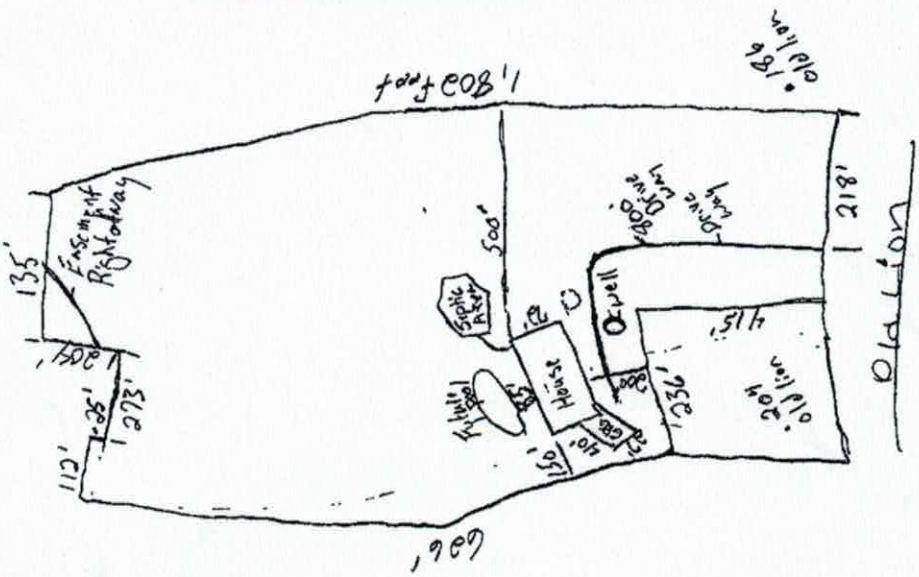
Place an (X) beside each item as you complete the site plan:
X Property Line measurements are clearly identified... X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...
X Area you prefer your septic system to be placed... X North arrow, or other sufficient indicator of direction...

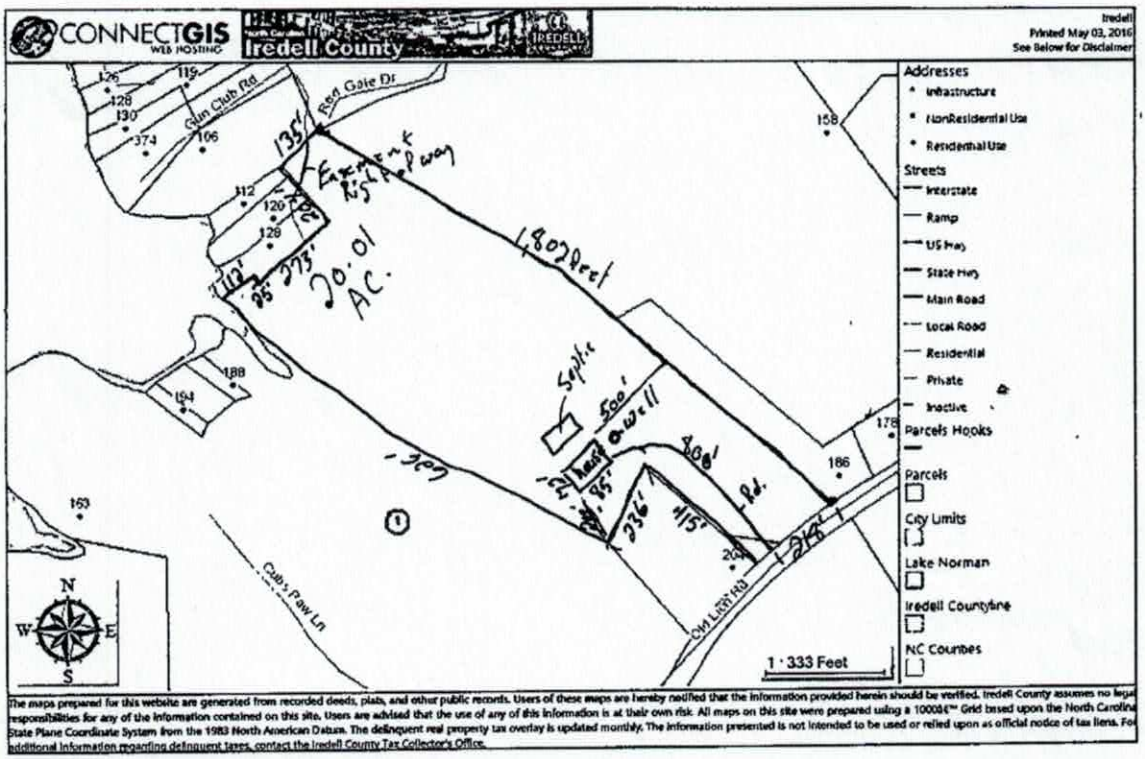
Circle N/A on the following if appropriate:
____ Location of septic systems and wells within 100' of your property... N/A
X Location of easements and rights of ways on your property... N/A ____ Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

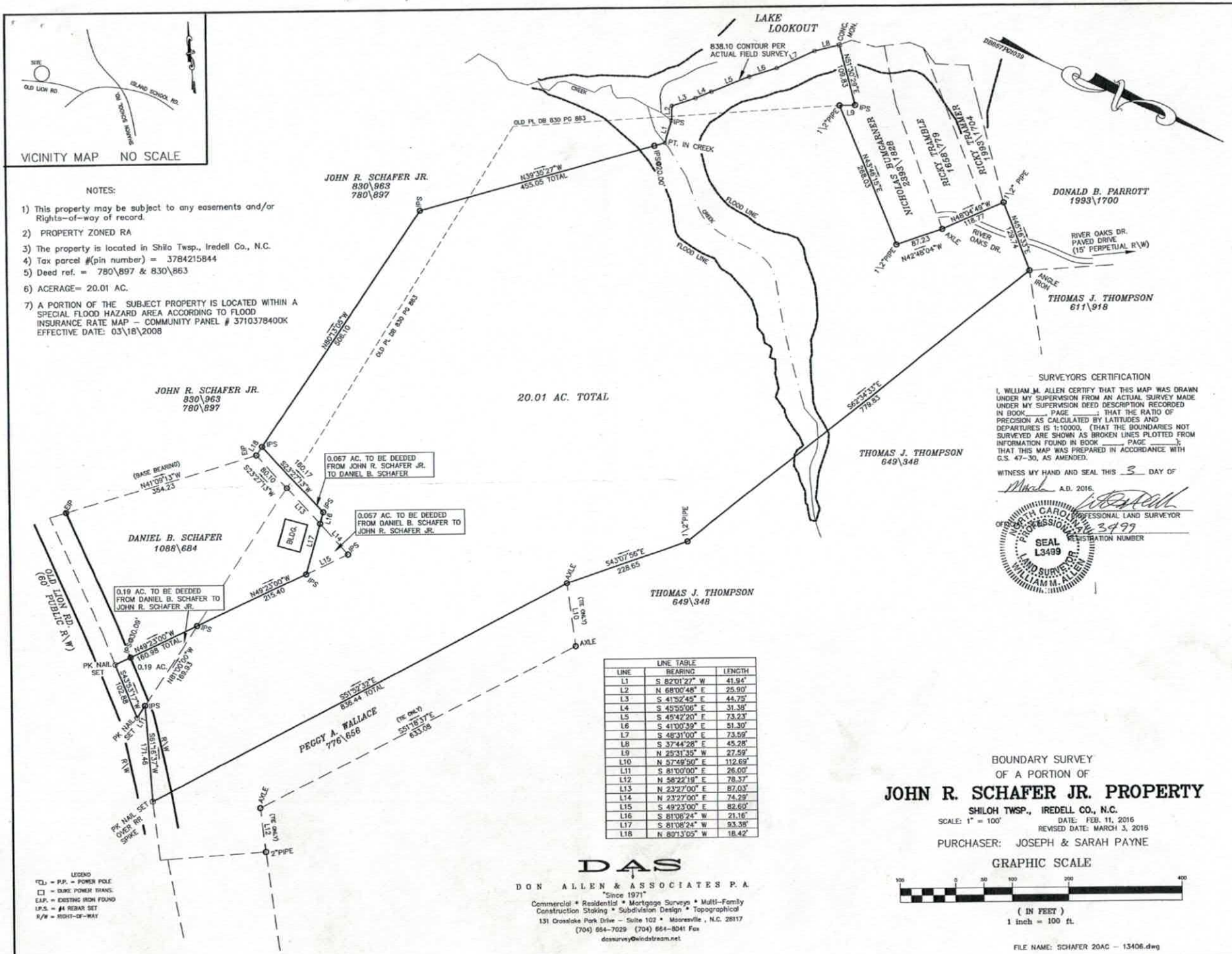


Signature: _____ 5/31/2016
REQUIRED property owner or owner's legal representative signature. DATE



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 10008€™ 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.

198 Old Lion Rd.



VICINITY MAP NO SCALE

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) PROPERTY ZONED RA
3) The property is located in Shilo Twsp., Iredell Co., N.C.
4) Tax parcel #(pin number) = 3784215844
5) Deed ref. = 780\897 & 830\863
6) ACERAGE= 20.01 AC.
7) A PORTION OF THE SUBJECT PROPERTY IS LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL # 3710378400K EFFECTIVE DATE: 03\18\2008

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 82°01'27" W	41.94'
L2	N 68°00'48" E	25.90'
L3	S 41°52'45" E	44.75'
L4	S 45°55'06" E	31.38'
L5	S 45°42'20" E	73.23'
L6	S 41°00'39" E	51.30'
L7	S 48°31'00" E	73.59'
L8	S 37°44'28" E	45.28'
L9	N 25°31'35" W	27.59'
L10	N 57°49'50" E	112.69'
L11	S 81°00'00" E	26.00'
L12	N 58°22'19" E	78.37'
L13	N 23°27'00" E	87.03'
L14	N 23°27'00" E	74.29'
L15	S 49°23'00" E	82.60'
L16	S 81°08'24" W	21.16'
L17	S 81°08'24" W	93.38'
L18	N 80°13'05" W	18.42'

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK _____ PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____ PAGE _____); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 3 DAY OF March A.D. 2016.

PROFESSIONAL LAND SURVEYOR

L-3499 REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

LEGEND
P.P. = POWER POLE
D.P.T. = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
dasurvey@windstream.net

BOUNDARY SURVEY
OF A PORTION OF

JOHN R. SCHAFER JR. PROPERTY

SHILOH TWSP., IREDELL CO., N.C.

SCALE: 1" = 100' DATE: FEB. 11, 2016
REVISED DATE: MARCH 3, 2016

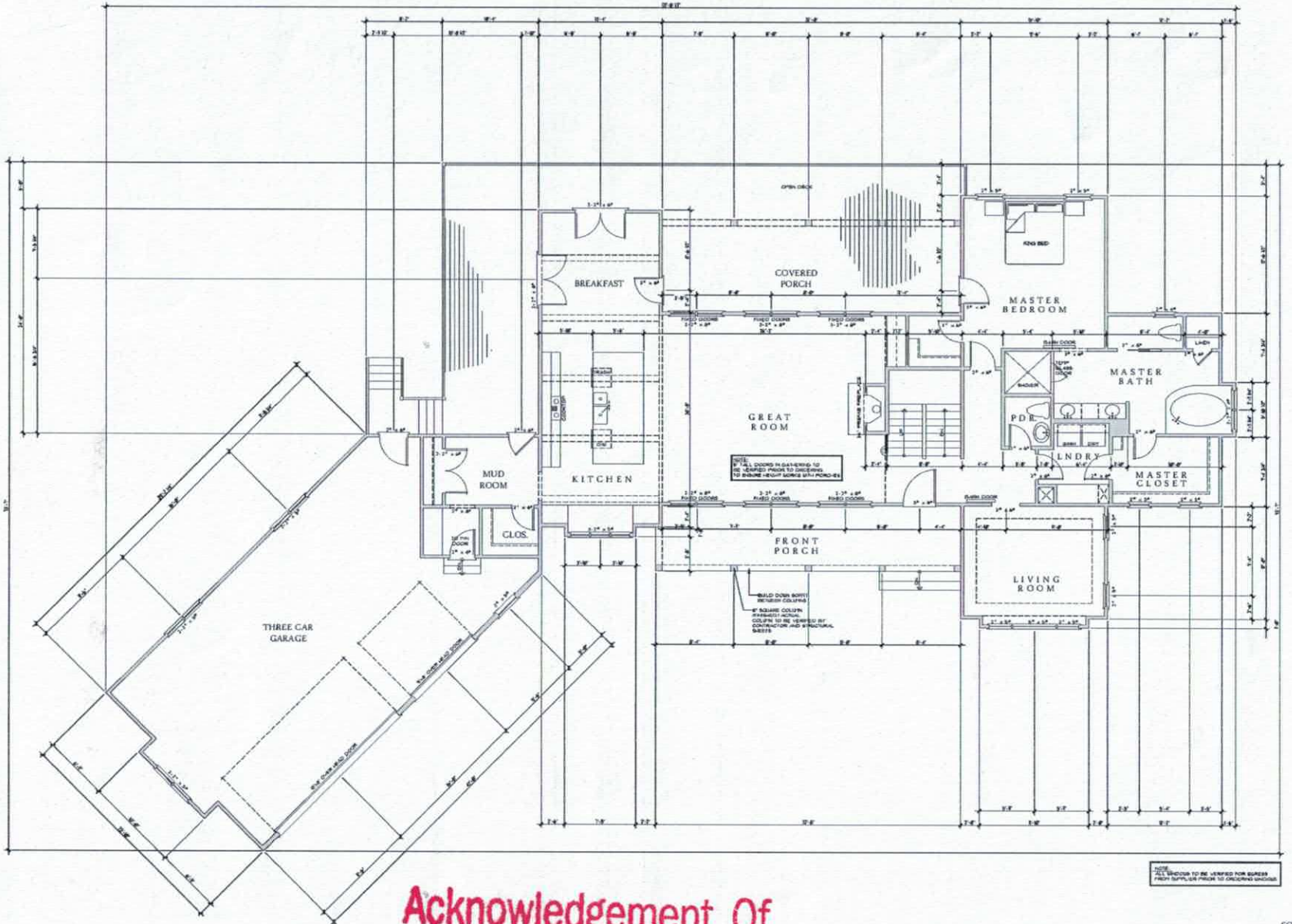
PURCHASER: JOSEPH & SARAH PAYNE

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

FILE NAME: SCHAFER 20AC – 13406.dwg



Acknowledgement Of Plans Submittal ONLY!

Date 8/11/16

Date 08/11/16

NOTE:
STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

SQUARE FOOTAGE

MAIN LEVEL FLOOR PLAN

PAYNE FAMILY

198 OLD LION ROAD
STATESVILLE, NC

ENGINEER:

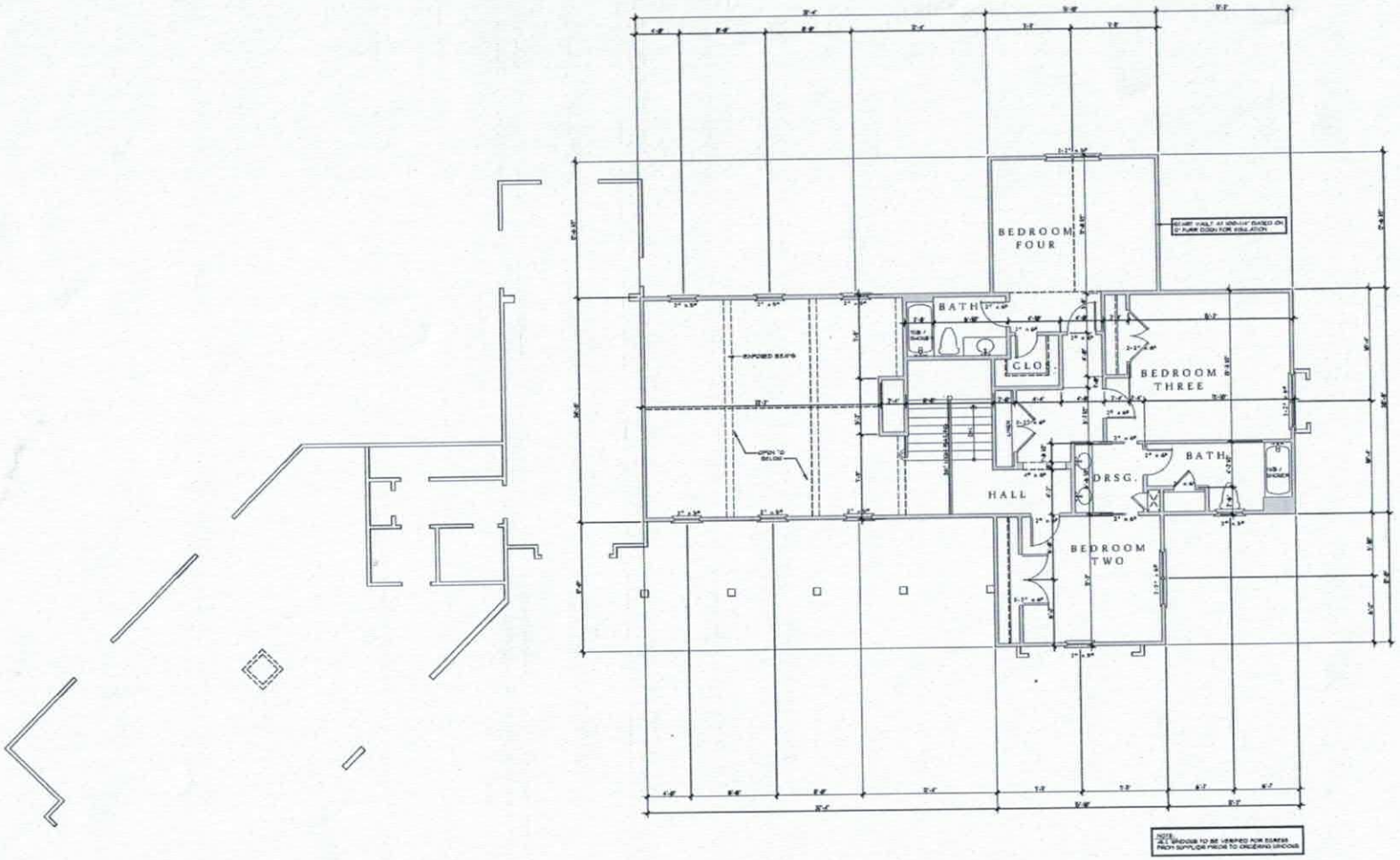
PROJECT: PAYNE RESIDENCE

DRAWN BY: DAVID BRIANCE

DATE: AUGUST 2, 2016

SHEET 5 OF 11 SHEETS

RESERVED NOTE ABOUT PLAN LIABILITY:
THESE PLANS ARE DESIGNED WITH REASONABLE CARE AND PROFESSIONAL SKILL. IN PREPARATION AND EXECUTION OF THESE DOCUMENTS WE NO GUARANTEE OF PERFECT COOPERATION OR FLAWLESS WORKMANSHIP. BUILDER & TRADES MUST CAREFULLY INSPECT ALL DIMENSIONS + DETAILS FOR ACCURACY AND ASSUME COMPLETE RESPONSIBILITY FOR SUCH. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF GC PRIOR TO CONSTRUCTION



Acknowledgement Of
Plans Submittal ONLY!

Date 8/11/16

Date 08/11/16

NOTE:
STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

SQUARE FOOTAGE

Main Level Floor Plan	2,676	Sq.Ft.
Upper Level Floor Plan	1,438	Sq.Ft.
Lower Level Floor Plan	1,338	Sq.Ft.
Total Heated	4,552	Sq.Ft.
Front Porch	339	Sq.Ft.
Three Car Garage	996	Sq.Ft.
Main Covered Deck	216	Sq.Ft.
Lower Covered Patio	308	Sq.Ft.
Lower Storage	320	Sq.Ft.
Total Under Roof	7,869	Sq.Ft.

UPPER LEVEL FLOOR PLAN

PAYNE FAMILY

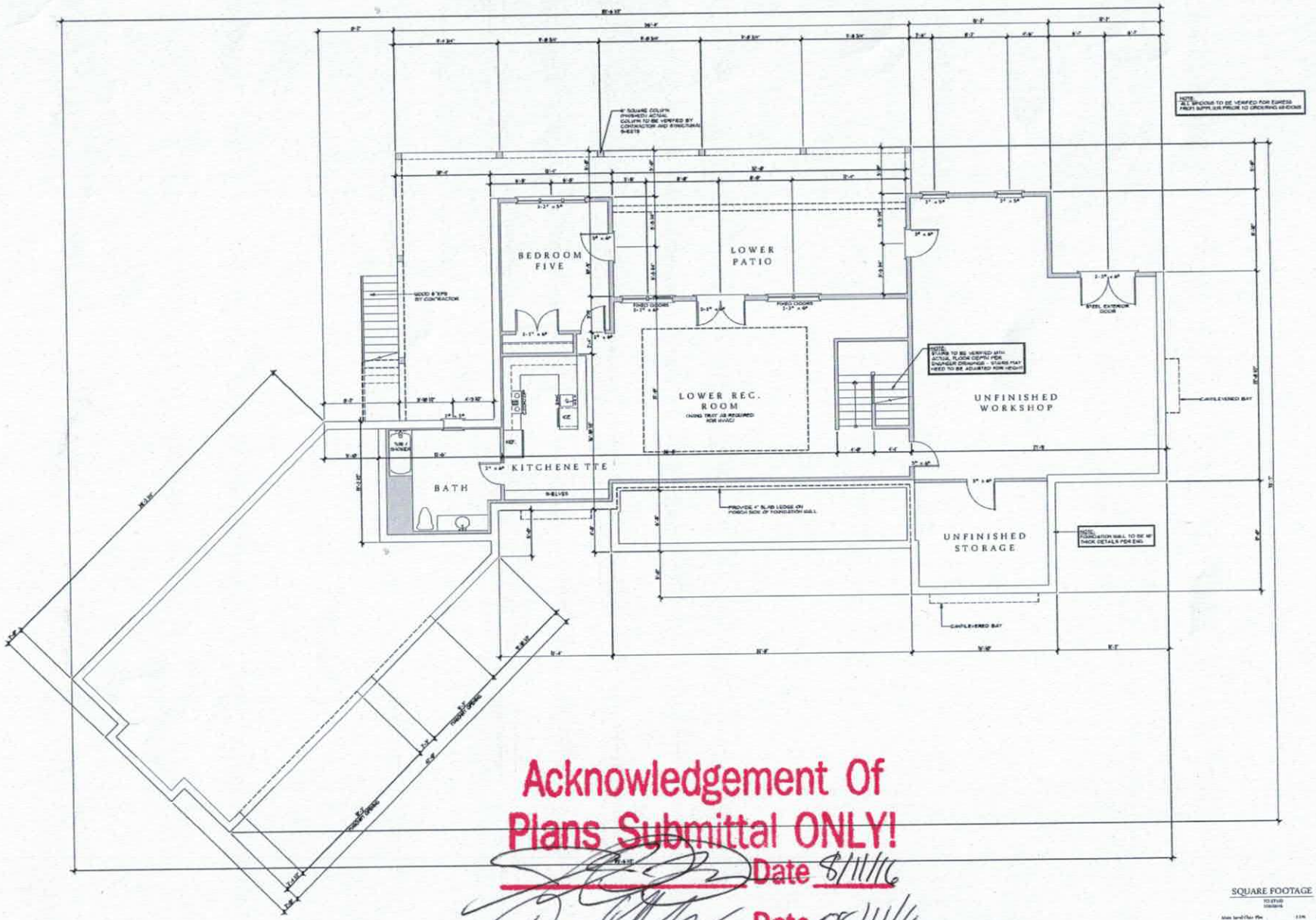
198 OLD LION ROAD
STATESVILLE, NC

ENGINEER

PROJECT: PAYNE RESIDENCE
DRAWN BY: DAVID BRANCH
DATE: AUGUST 1, 2016

SHEET
6
OF 11 SHEETS

STRUCTURAL NOTE ABOUT PLAN LIABILITY:
THERE ARE BEING RESPONSIBLE CARE AND PROFESSIONAL SKILL IN PREPARATION AND EXECUTION OF THESE DOCUMENTS BUT NO GUARANTEE OF PERFECT COMPLETE CIVIL/BLDG. DEVELOPMENT. BUILDER & TRADES MUST CAREFULLY INSPECT ALL DIMENSIONS + DETAILS FOR ACCURACY AND ASSUMES COMPLETE RESPONSIBILITY FOR SUCH. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF GC PRIOR TO CONSTRUCTION.



Acknowledgement Of
Plans Submittal ONLY!

Date 8/11/16

Date 08/11/16

STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

SQUARE FOOTAGE

MAIN LEVEL FLOOR PLAN

PAYNE FAMILY

198 OLD LION ROAD
STATESVILLE, NC

ENGINEER:

PROJECT: PAYNE RESIDENCE
DRAWN BY: DAVID STRANGE
DATE: AUGUST 2, 2016

SHEET
4
OF 11 348210

COPYRIGHT NOTE ABOUT PLAN LIABILITY:
THERE HAS BEEN REASONABLE CARE AND PROFESSIONAL SKILL IN PREPARATION AND EXECUTION OF THESE DOCUMENTS BUT NO GUARANTEE OF PERFECT DOCUMENTS OR FAULTLESS JUDGMENT. BUILDER + VENDEES MUST CAREFULLY INSPECT ALL DIMENSIONS + DETAILS FOR ACCURACY AND ASSUMES COMPLETE RESPONSIBILITY FOR SUCH. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF GC PRIOR TO CONSTRUCTION.

IREDELL COUNTY

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

APPLICATION NUMBER
219215
Issue Date 05/31/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
3784228255.000	198 OLD LION ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: PAYNE JOSEPH R+SARAH W	Applicant: PAYNE JOSEPH R+SARAH W
Address: 116 TWIN CREEKS DR TROUTMAN, NC 28166	Address: 116 TWIN CREEKS DR TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

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

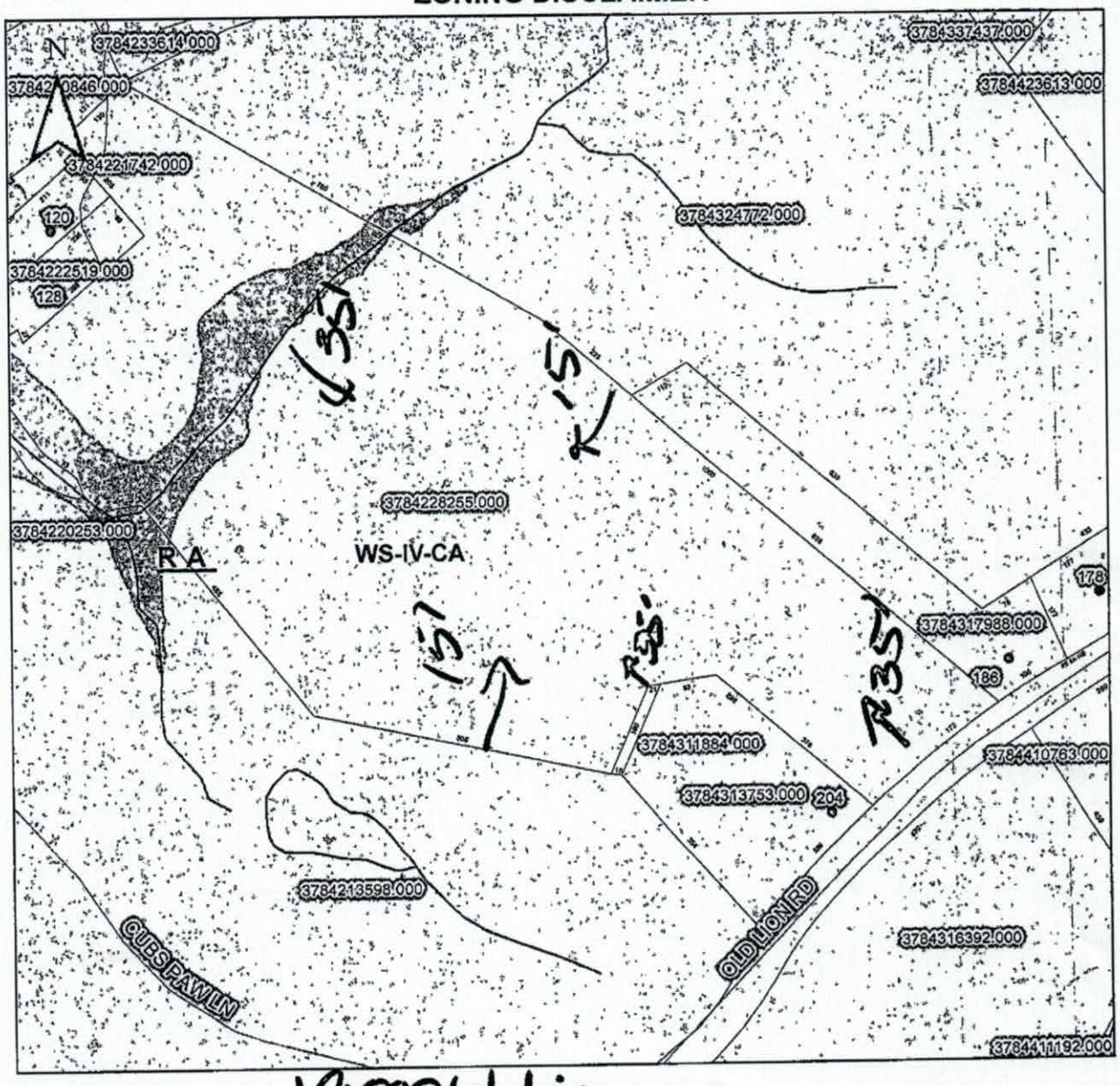
Remarks:

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	70189	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1480ld Lion

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.

Applicant

5/31/2016
Date