IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224284

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

PIN # 3784-31-6392

APPLICANT: Steve Perry + Diana Perry APPLICANT ADDRESS: 309 Commodore Loop Mooresville, NC 28117

SITE ADDRESS: 207 Old Lion Road Statesville, NC 28625 PHONE: 704-252-0740 ALT. PHONE:

SITE DIRECTIONS: Sharon School Rd N from I-40 → L on Island Ford Rd → R on Old Lion Rd → Lot on Left

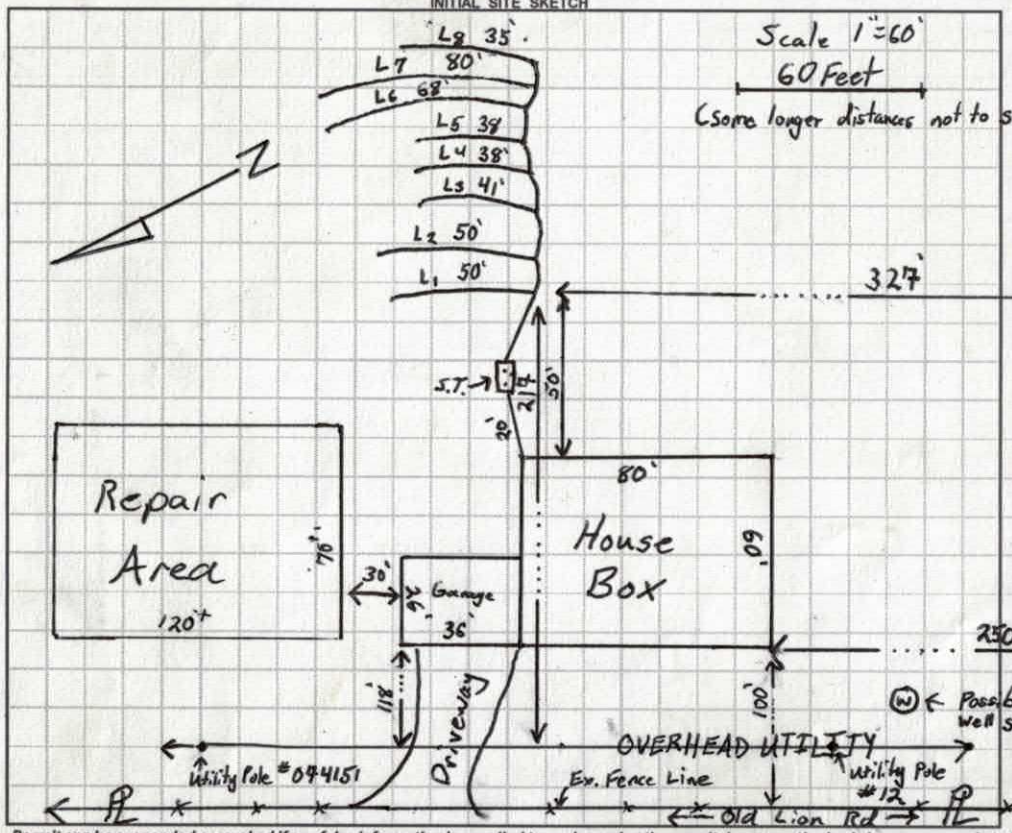
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10.49 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	InRitchie	Date	In-1060	☒ 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:	25% Reduction			
# Nitrification Fields	1	# Lines	8	Linear Ft:	400		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Min. Trench Bottom Depth	30"-36" [High Side]	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		

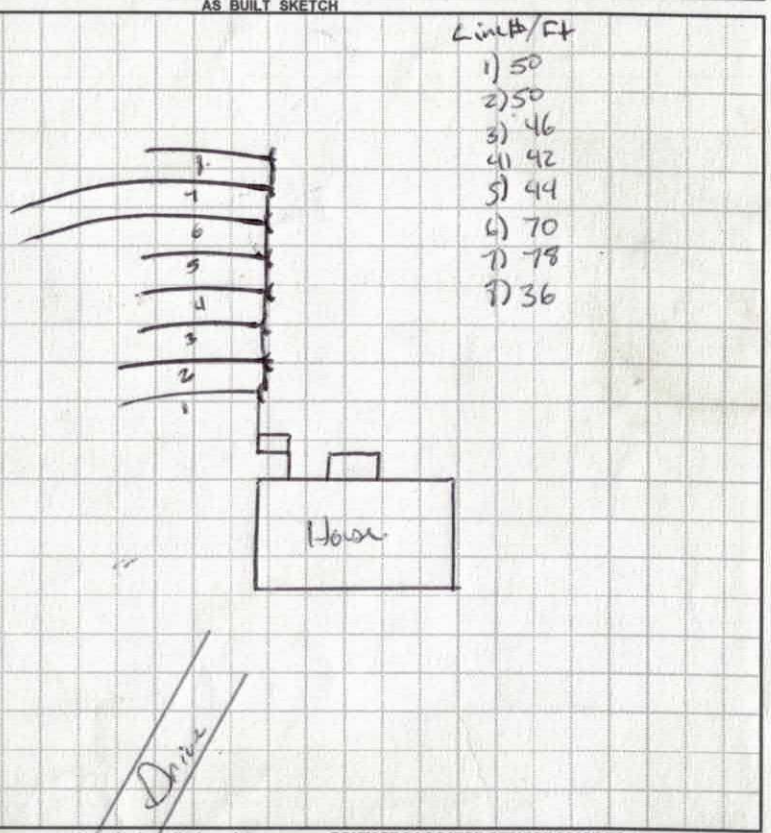
☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

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: Steve Perry Date: 2/21/2017 Installed by: Blackburn & Son + S/J

IMPROVEMENT PERMIT by: Tom Shuler Date: 2/21/2017 OPERATION PERMIT by: Benjamin A Bolton Date: 1/4/2018.

AUTHORIZATION TO CONSTRUCT by: Tom Shuler Date: 3/1/2017 Existing System Inspected by: Date:

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

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: Robin + Greg Dellinger — APPLICATION DATE 1-13-2017
ADDRESS: 4804 Cliffside St. Catawba, NC — DATE EVALUATED: 2-9-17
PROPOSED FACILITY: 4BR House — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 10.34 acres
LOCATION OF SITE: 207 Old Lion Rd. Statesville, NC — 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	HS/Sloping Shoulder Upper	0-3	SCL W.SBK	Sl. Firm, SS, Sp, Serp	—	56"	—	—	0.30 PS
		3-27	Clay W.SBK	Firm, SS, Sp, Serp					
		27-56	Clay Loam Trace mica W.SBK	Sl. Friable, SS, Sp, Serp					
		56-60	Clay Loam + W.SBK Abundant Saprolite	Friable, SS, Sp, Serp					
2	SS Lower	0-3	SCL W.SBK	Sl. Firm, SS, Sp, Serp	—	24"	—	—	0.40 PS very nice!
		3-17	Clay W.SBK Trace mica/Saap	Sl. Firm, SS, Sp, Serp					
		17-24	Clay Loam + abundant SAP W.SBK	Friable, SS, Sp, Serp					
		24-60	Sandy Saprolite MA	very Friable + well Drained					
3	Near House Repair	0-3	SCL W.SBK	Sl. Friable, SS, Sp, Serp	—	34	—	—	0.35 PS
		3-34	Clay Loam + common many SAP W.SBK	Friable, SS, Sp, Serp					
		34-60	Sandy Saprolite MA	Very Friable + well Drained					
4	Distal	0-5	SCL W.SBK	Sl. Firm, SS, Sp, Serp	—	45	—	—	0.3 PS
		5-19	Clay w/ Trace Mica W.SBK	Sl. Firm, SS, Sp, Serp					
		19-45	Clay Loam + Some Saprolite w/SBK	Sl. Friable, SS, Sp, Serp					
		45-50	Loamy Saprolite MA	Friable + moderately					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+ (pump)
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Mohammed Durajite

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

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

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2-3-17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 207 Old Lion Rd 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	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	LSS	0-4	SCL W. SBK	SI. Firm, SS Sp Sap	—	26"	—	—	0.35+ [Pit needed]
		4-12	Clay Loam + Mica W. SBK	SI. Friable, Sp Sap SS					
		12-26	Clay Loam v.w. SBK + saprolite	Friable, SS Sp Sap					
		26-48	MA Sandy Saprolite	very Friable + well Drained					
2		0-3	SCL W. SBK + Gravels 2-4"	SI. Firm, SS Sp Sap					
		3-15	Clay Loam w. SBK + Saprolite/mica	Friable, SS Sp Sap					
		15-48	MA Sandy Saprolite	Very Friable + Well Drained					
3									
4									

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

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ____ APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 2/9/2017
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
LOCATION OF SITE: 207 Old Lion Rd. PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

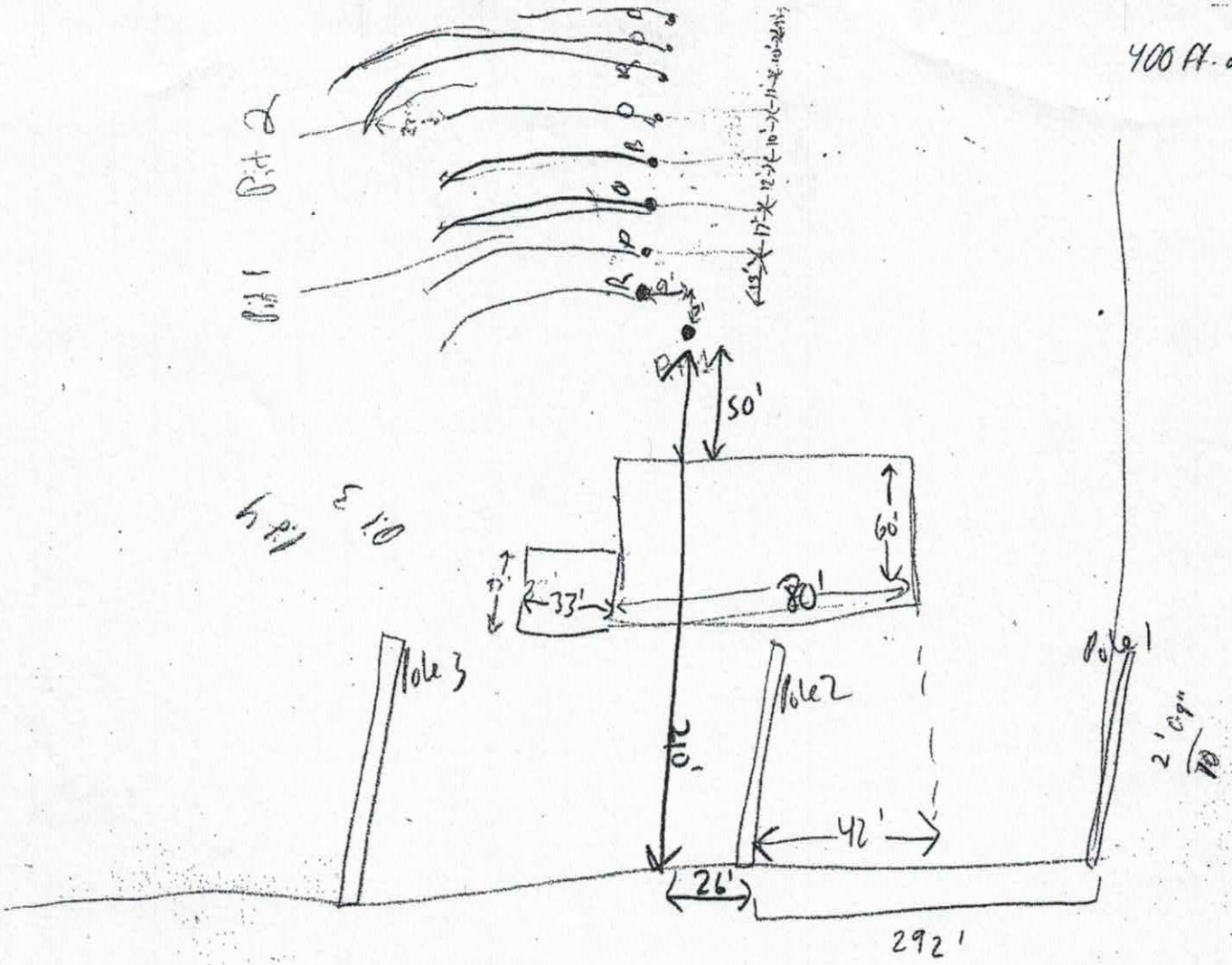
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	10%	0-10	CL	FR					0.3
		10-38	SCL C	SI. Fi,					
		38-50	CL	FR					
2	10% 0-4 SCL	0-19	C						0.35
		19-28	CL						
		28-60	sandy sap.	VFR					
3		0-4	SCL						0.35
		4-35	CL						
		35-50	sandy sap.						
4		0-3	SCL						0.325
		3-19	C						
		19-45	CL						
		45-48	sandy sapr						

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

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

COMMENTS: Mohamed O.

400 ft. of line needed



Old Lion.

* laser moved once
** moved twice
~~***~~ three times to fix red line

~~**~~	~~**~~	~~**~~ *	*	*			
8'	6'1.6"	8'6 3/8"	6'8.1"	4'9"	7'8.2"	5'2.5"	2'7.3"
P	O	R	O	B	O	P 13'	R
35'	80'	68'	38'	38'	41'	50'	50'

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Steve & Dana Perry	309 Commodore Loop Mooresville NC 28117	704-252-0740	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Robin & Greg Dellinger	4804 Cliffside St Catawba NC 28609		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
207 Old Lion Rd.		

Driving Directions: I 40 W (R) ON SHARON SCHOOL RD (L) ON ISLAND FORD RD. (R) ON OLD LION RD.

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

(✓) 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
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: Stephen E Perry
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/13/2017
DATE

24284

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

207 Oldlion Rd

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

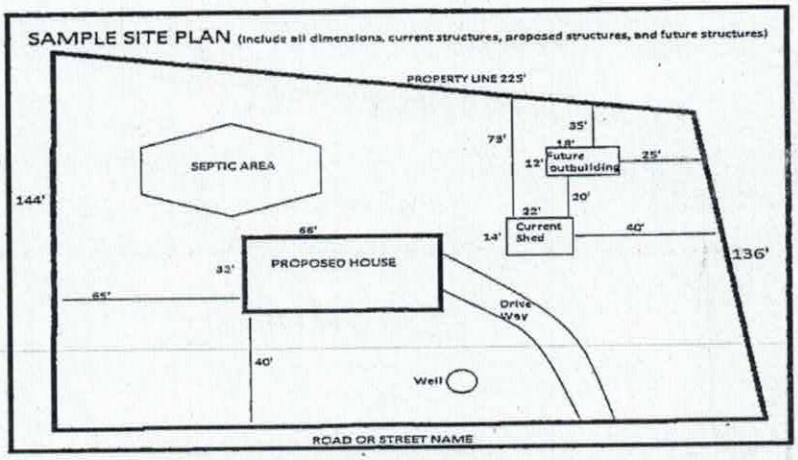
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

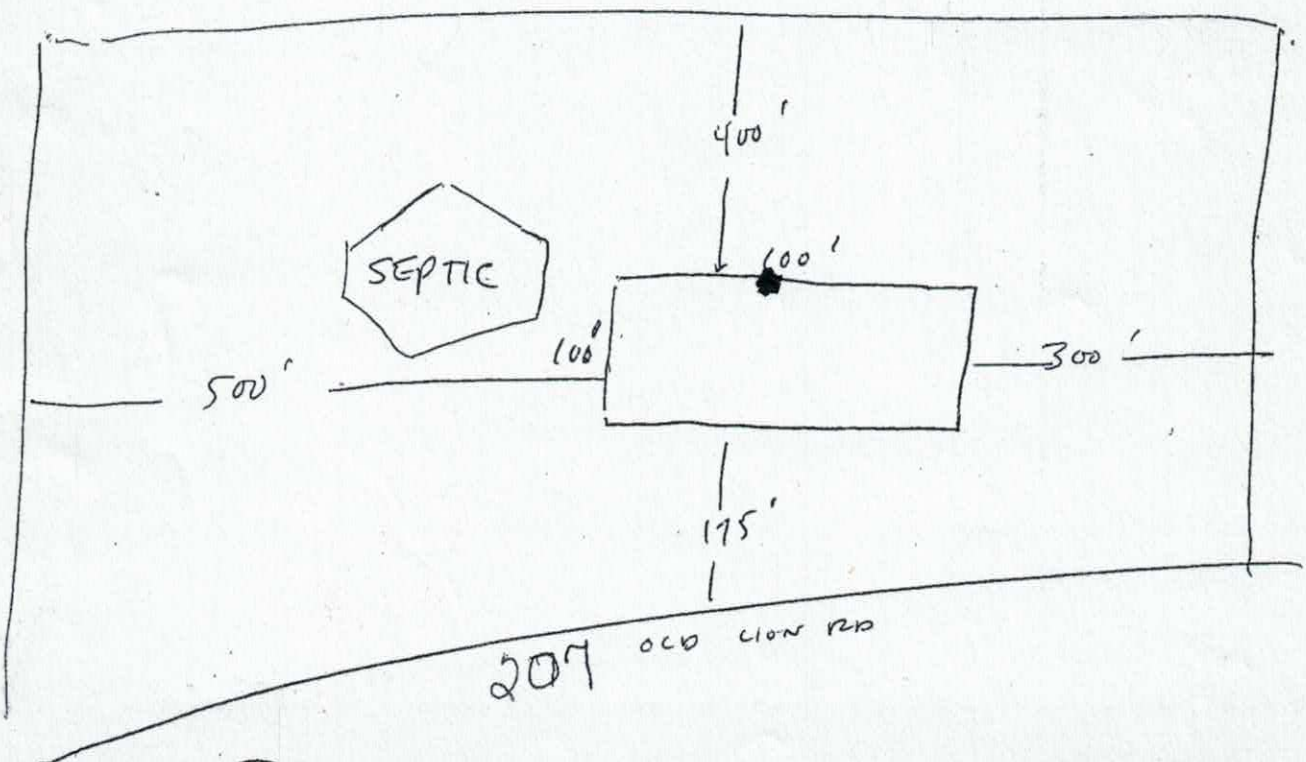
Circle N/A on the following if appropriate:

_____ **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



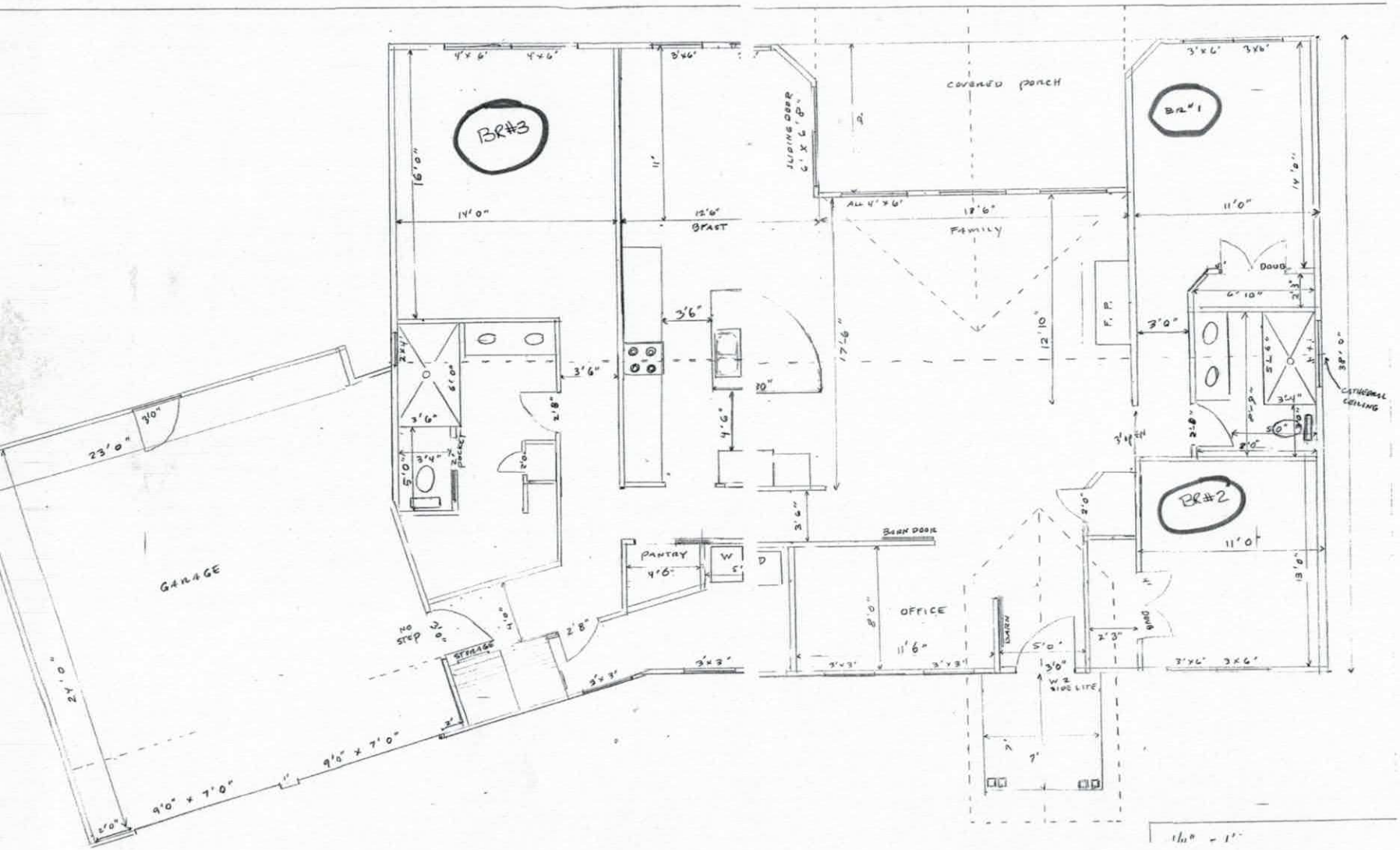
Signature: Stephen E Perry

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

1/17/2017

DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 2-28-17
Date 3-1-17



1/4" = 1'

IREDELL COUNTY

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

APPLICATION NUMBER
224284
Issue Date: 01/13/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
3784316392.000	207 OLD LION ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MURPHY ROBIN DELLINGER+GREG	Applicant:
Address: 204 IREDELL CO, NC 28625	Address:
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.490	35.00	35.00	15.00	15.00	CA	X

Remarks:

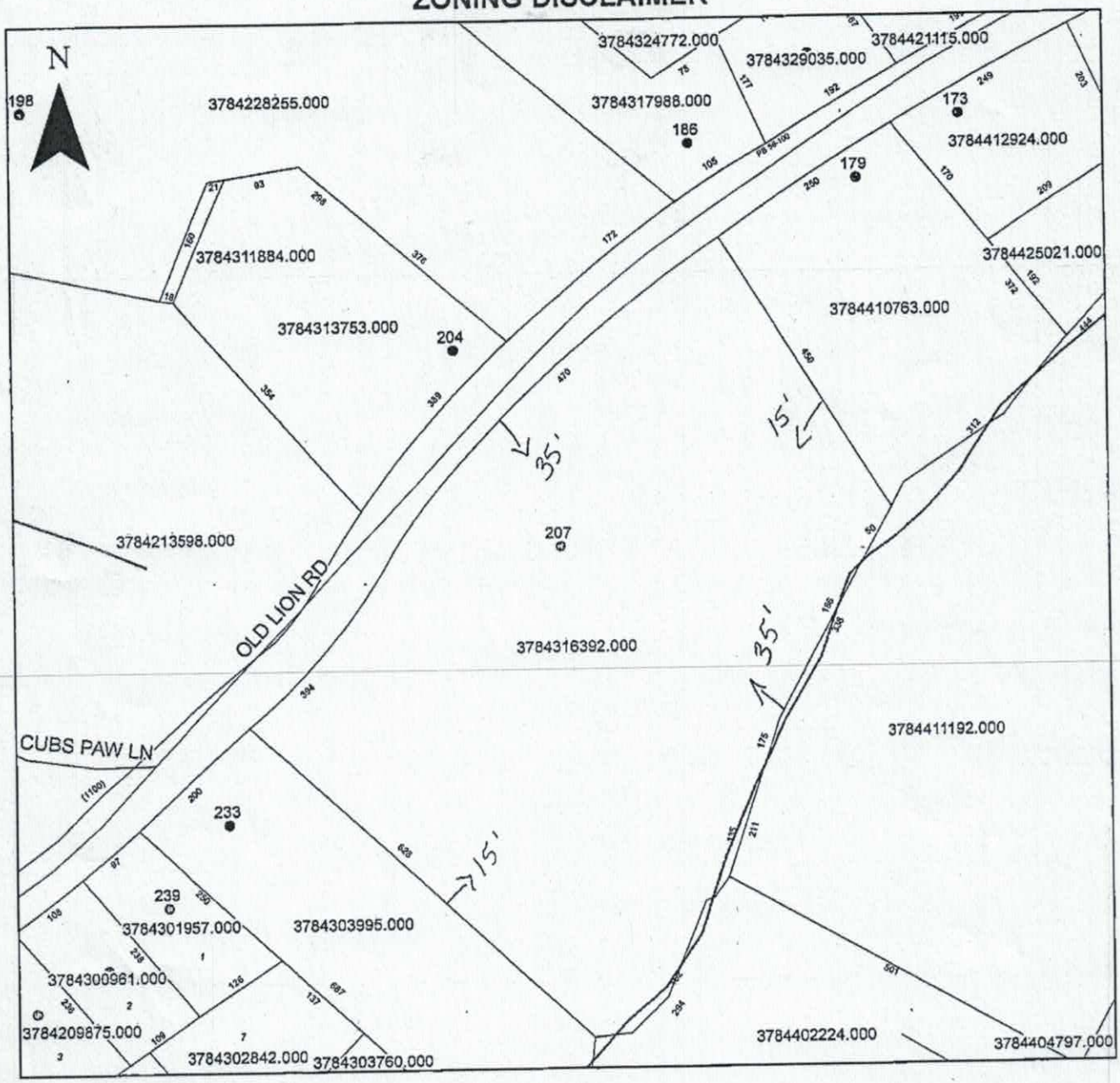
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	90406	TOTAL FEES:	$ 77.25

224284
122414

ZONING DISCLAIMER



Property Address 207 Old Lion 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.

Steve & Diana Perry
Applicant

1-13-2017
Date