IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-300792

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

PIN # 3794001160

APPLICANT/OWNER: JOSEPH PAYNE APPLICANT ADDRESS: 198 OLD LION ROAD, STATESVILLE, NC 28625

SITE ADDRESS: 177 FALLING CREEK DRIVE, STATESVILLE, NC 28625 PHONE: 828-312-4662 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (R) ON FALLING CREEK, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

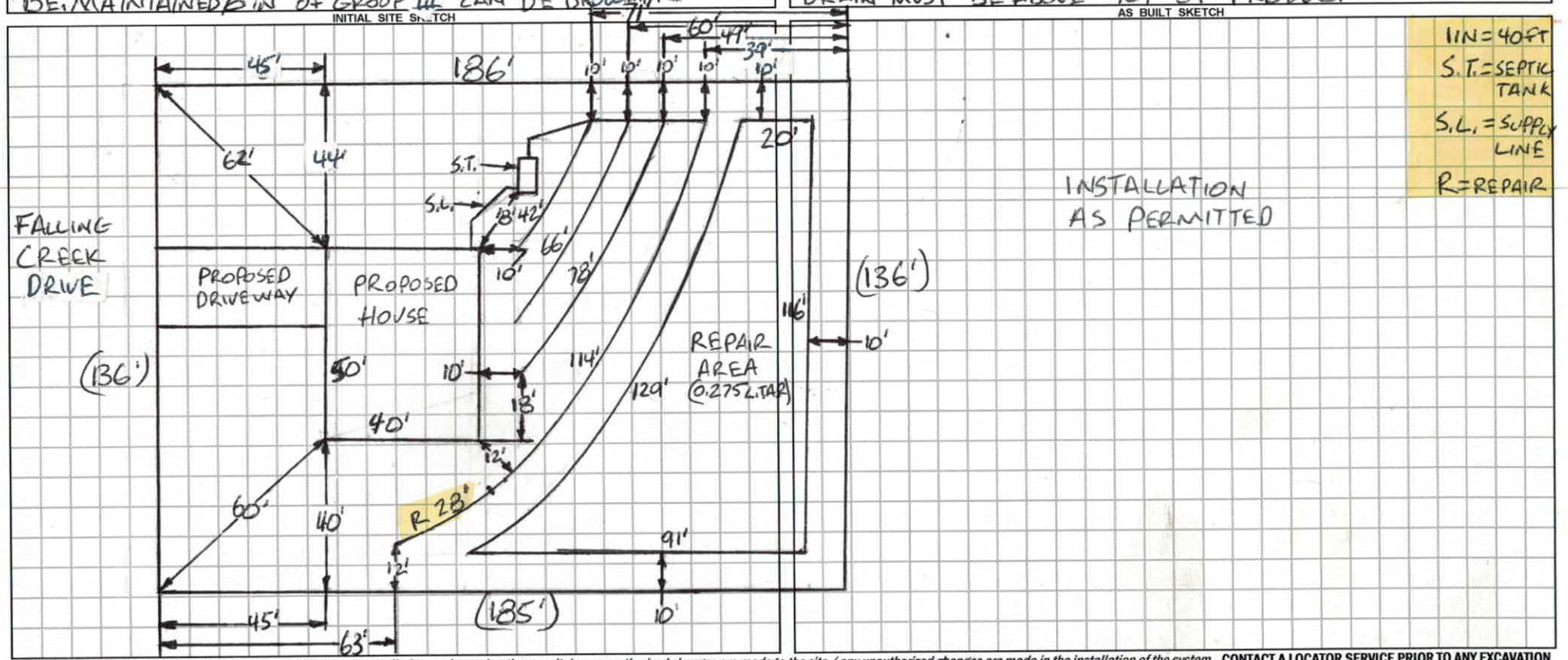
SUBDIVISION: SHARON TRACE SECTION: P2 LOT # 29 LOT AREA: 0.578 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3 (0.275 REPAIR)

Septic Tank	1000 (gal)	STB	12-30-19	Date	1012	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% RE	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	300 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	18 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, IF 6 IN OF COVER CANNOT BE MAINTAINED 6 IN OF GROUP III CAN BE BROUGHT IN. NO FOUNDATION DRAINS TO BE INSTALLED IF FOUNDATION DRAINS ARE INSTALLED 10FT OF SEPERATION MUST BE MAINTAINED AND DRAIN MUST BE ABOVE TOP OF PRODUCT

INITIAL SITE SKETCH



1 IN = 40 FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
R = REPAIR

INSTALLATION AS PERMITTED

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: 10/16/19 Installed by: STEVE JORDAN

IMPROVEMENT PERMIT by: Brant C. White Date: 10-14-2019 OPERATION PERMIT by: Brant C. White Date: 3-19-2020

AUTHORIZATION TO CONSTRUCT by: Brant C. White Date: 10-21-2019 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.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 3794001160
DATE OF EVALUATION: 9-30-19
COUNTY: IREDELL

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	LINEAR SIDE 15%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT QUARTZ	49"+	NA	NA	PS .275
		10-41	C, ABK	FI, S, P, SEXP					
		41-49	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 18%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT QUARTZ	50"+	NA	NA	PS .275
		9-42	C, ABK	FI, S, P, SEXP					
		42-50	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-12	SL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT QUARTZ	48"+	NA	NA	PS .3
		12-36	C, SBK	FR, S, P, SEXP					
		36-48	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 8%	0-9	SL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT QUARTZ VIEN @ 38"	48"+	NA	NA	PS .3 ABOVE 38"
		9-30	C, SBK	FR, S, P, SEXP					
		30-48	CL, WABK	FI, SS, SP, SEXP					

COMMENTS:

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

PROPERTY ID # 3794021160
COUNTY: IREDELL

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

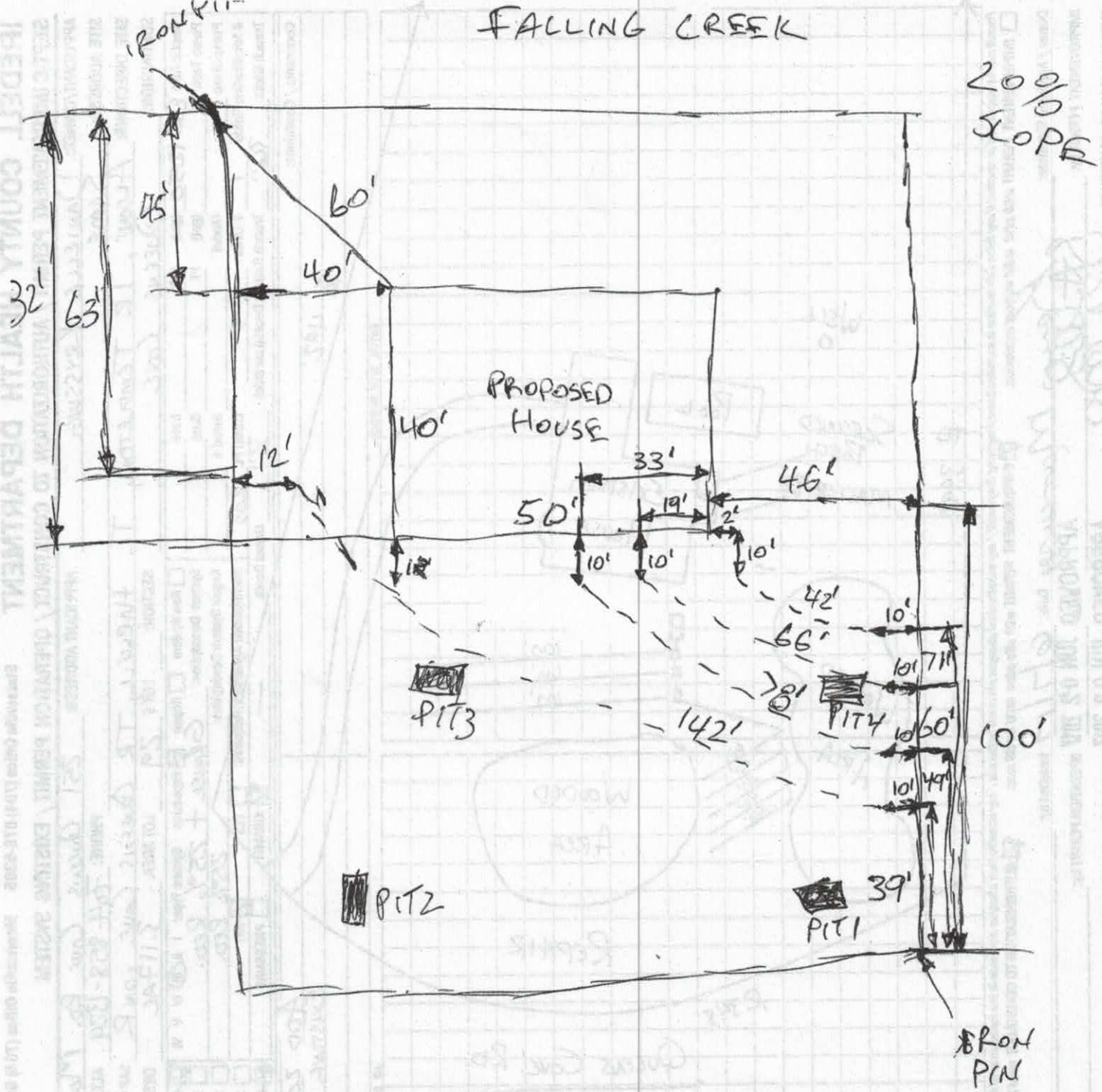
OWNER: JOSEPH PAYNE
APPLICATION DATE 9-11-19
ADDRESS: 198 OLD LION ROAD, STATESVILLE, NC, 28625
DATE EVALUATED: 9-30-19
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.578 AC
LOCATION OF SITE: 177 FALLING CREEK DRIVE, STATESVILLE, NC 28625
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ 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)		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									
2				SEE PAGE 2					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bwfunt Cwhite
OTHER(S) PRESENT:

COMMENTS:


IRON PIN
FALLING CREEK
20%
SLOPE
45'
60'
40'
32'
63'
40'
PROPOSED
HOUSE
12'
33'
46'
50'
19'
2'
10'
10'
10'
42'
66'
10'
71'
10'
80'
PIT4
PIT3
142'
60'
100'
10'
44'
39'
PIT2
PIT1
IRON
PIN

AP 300792

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

$500

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Joseph Payne Address: 198 Old Lion Rd. Zip: 28625
Applicant Email: joepayne40@gmail.com Phone: 828-312-4662 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 177 Falling Creek dr. Statesville NC 28625
Subdivision Name: Sheron Trace Section/Phase: _____ Lot Number: 29
Driving Directions: Get off on Sheron School rd. Take a right toward County Line Rd. Development is 1.25 mi/os on Right.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

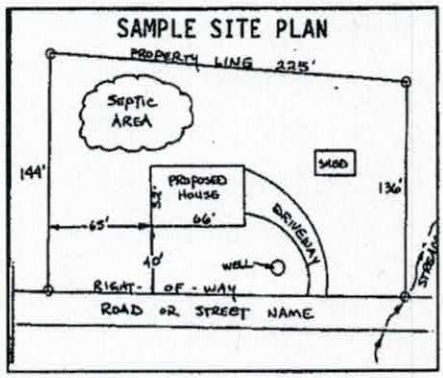
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

Signature: _____ 9/11/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See Attached

Signature: _____ 9/11/19

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

CONNECTGIS WEB HOSTING

North Carolina **Iredell County**

Iredel
Printed September 05, 201
See Below for Disclaime



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

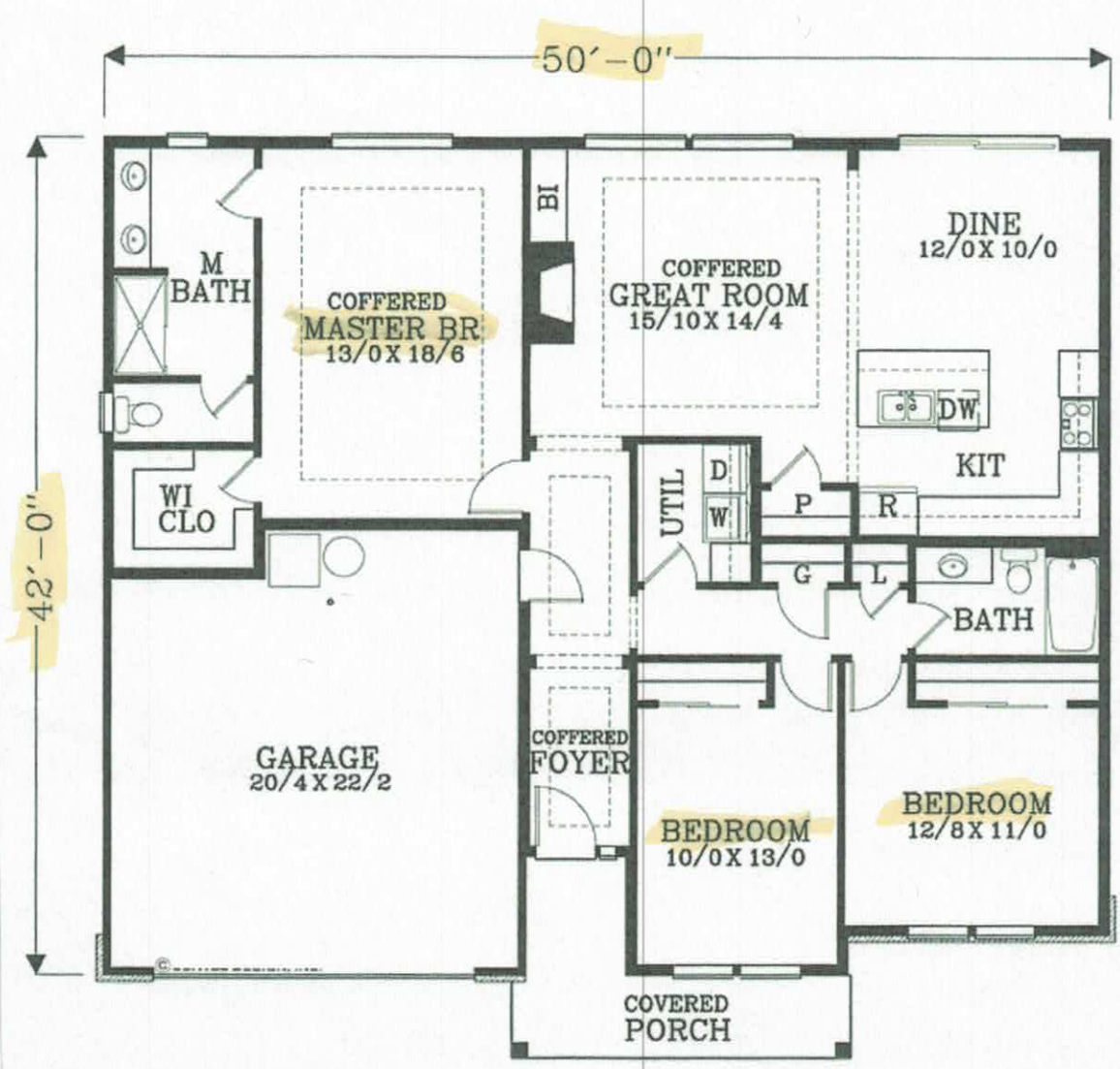
Lake Norman

Iredell Countyline

NC Counties

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 lega 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 Carolin 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. Fo additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Pull down the "File Menu" then click on the "Print" option or Click Here To Print This Page.



1st Floor Plan of COOLhouseplans.com Plan ID: chp-57500, Order Code: C101
To Order call 1-800-482-0464
« Back to Previous Page.

Acknowledgement Of
Plans Submittal ONLY!
Date 10/16/19
Date 10-21-2019

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

APPLICATION NUMBER
300792 Issue Date: 09/11/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
3794001160.000	177 FALLING CREEK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: MADISON AUTHORITY LLC	Name: JOSEPH PAYN
Address: 1812 E BROAD ST	Address: 198 OLD LION RD.
STATESVILLE, NC 28625	, 28625
Phone:	Phone: (828)312-4662

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.578	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

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.

Signature of Owner/Contractor

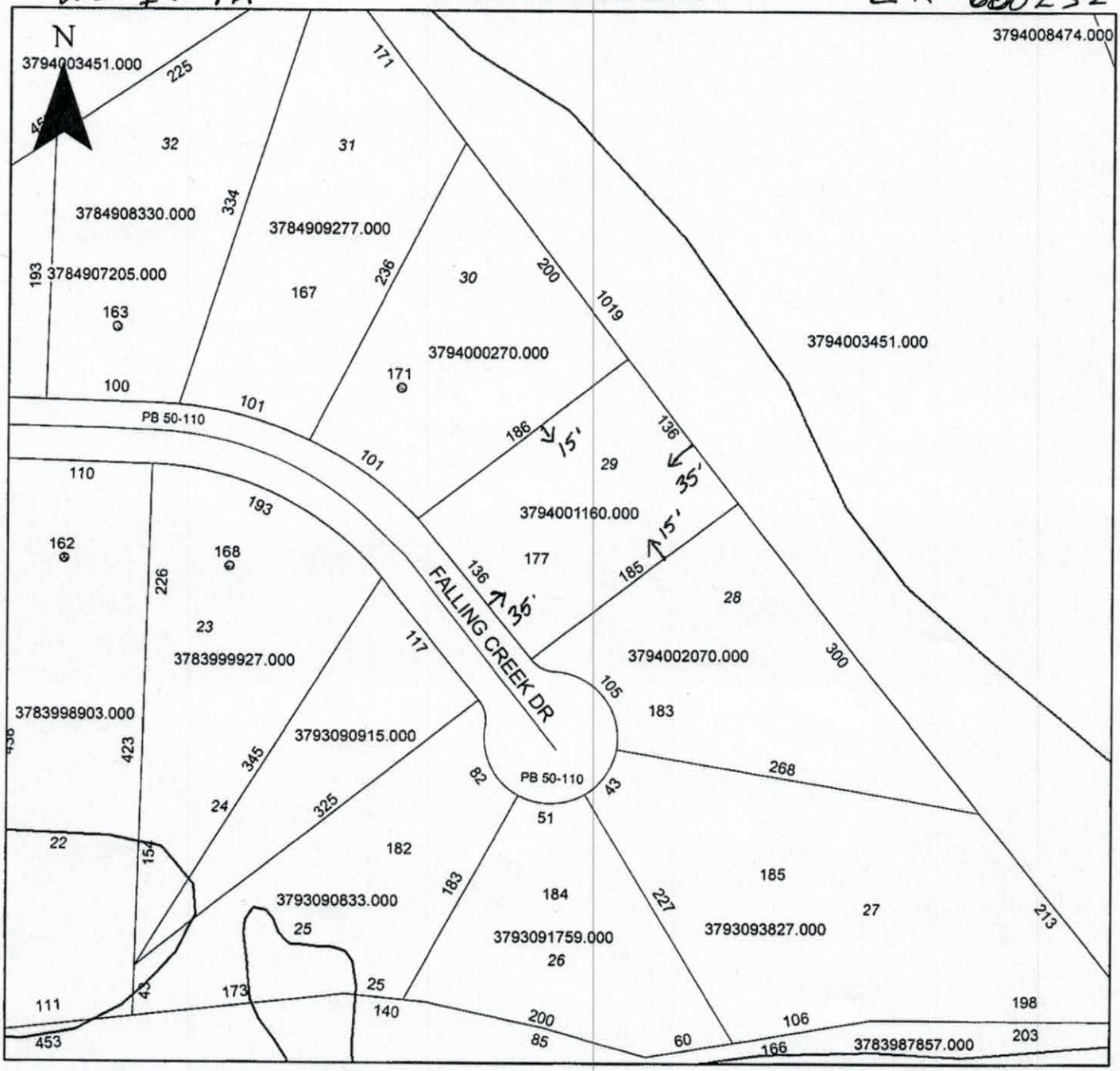
Date: 09/11/2019

Permit Number	000232	TOTAL FEES:	$77.25

.578
RA
WS IV PA

AP 300792
AEC 574
ZR-000232

ZONING DISCLAIMER



Property Address 177 Falling Creek Dr.

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

9/11/19
Date