ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT #AP 311932

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

PIN # 4701 - 94 - 4833

APPLICANT/OWNER: Nelson Dellinger APPLICANT ADDRESS: 170 Pisgah Church Road 28625

SITE ADDRESS: 2586 Buffalo Shoals Road Statesville NC 28677 PHONE: 704-902-0429 ALT. PHONE 704-902-4734

SITE DIRECTIONS: Buffalo Shoals Road Turn R before Bridge Lot on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Old Bridge SECTION: - LOT # 6 LOT AREA: 2.4 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1006	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description: 25% PM				
Pump Make			Model		Serial #		Repair System Description: 50% Reduction				
# Nitrification Fields	1		# Lines	4	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		

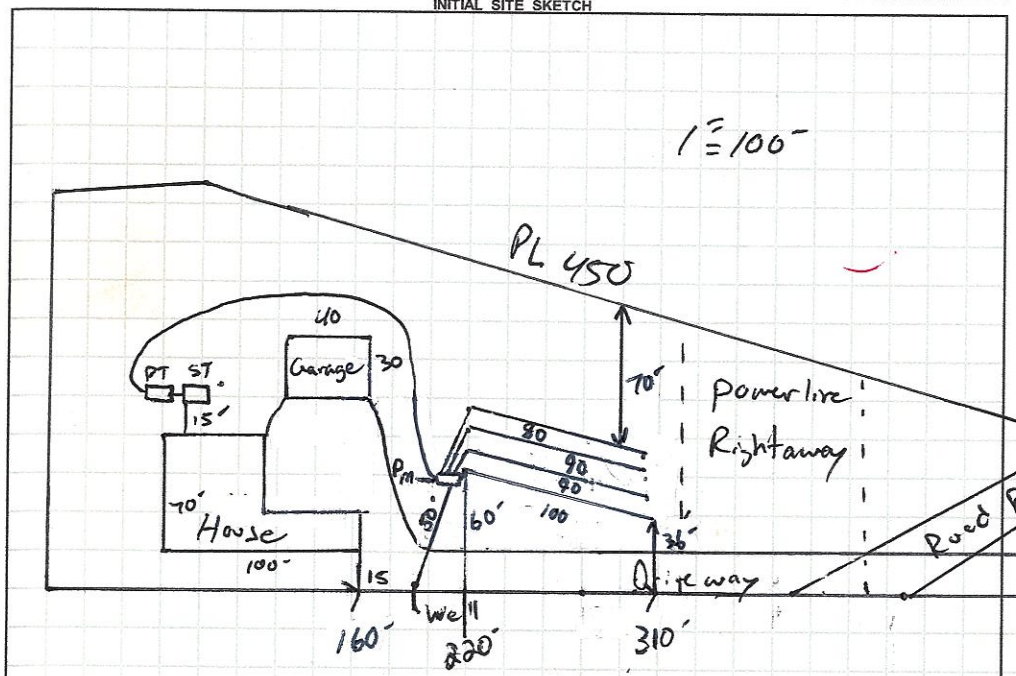
☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Drainlines on contour of land. Use Pressure manifold for distribution. Do not set tanks in 50' buffer

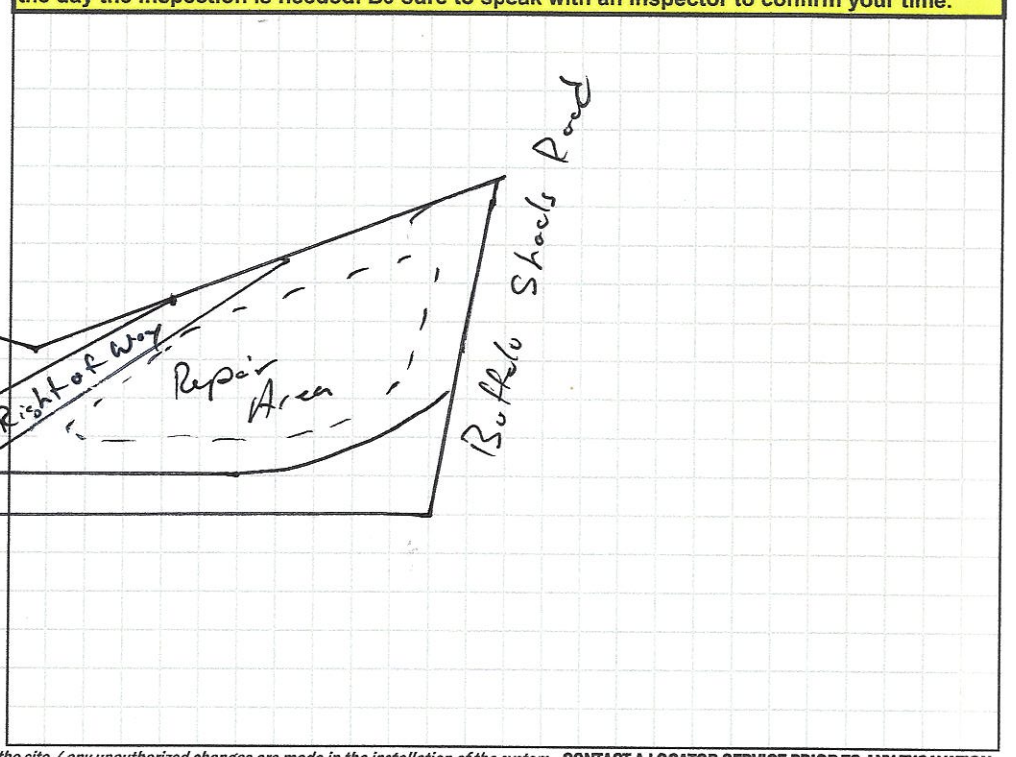
Use three sch 40 tees on 90', 90', 100', use a sch 80 on 80' line
164 gal dose Volume
8" Drawdown

INITIAL SITE SKETCH



AS BUILT SKETCH

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.



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: 12-21-2020 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Date: 11-18-2020 OPERATION PERMIT by: Date: 10-27-20

AUTHORIZATION TO CONSTRUCT by: Date: 11-18-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

	Date	Initials
Drain Lines Checked	10-1-2021	
Tanks Checked	10-1-2021	
Pressure Manifold or Valve Box Checked	10-27-21	
Pressure Head Set	10-27-21	
Electrical Checked	10-27-21	
Floats Set	10-27-21	
Alarm Checked	10-27-21	
Maintenance Contract Y / N	Not Required	
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 4701944883
COUNTY: Iredell

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

OWNER: Nelson Dellinger
ADDRESS: 170 Pisgah Church
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 2586 Buffalo Shoals
APPLICATION DATE: 10-14-2020
DATE EVALUATED: 11-13-2020
PROPERTY SIZE: 2.4 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	SS 20%	0-6	SPK scL	Fr SSSPSap	N/A	48+	N/A	Rock Inc @ 24+	PS .25
		6-20	SPK C	Fr SSSP Sap					
		20-48	SPK CL						
2	SS 20%	0-6	SPK scL		N/A	48+	N/A	N/A	PS .3
		6-32	SPK C						
		32-48	SPK CL						
3	SS 20%	0-12	F.Sa SPK		N/A	48+	N/A	N/A	PS .3
		12-18	scL SPK						
		18-40	C SPK						
		40-60	CL SPK						
4	SS 20%	0-14	F.Sa SPK		N/A	48+	N/A	N/A	PS .3
		14-20	scL SPK						
		20-42	C SPK						
		42-60	CL SPK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	200'
System Type(s)	25% Rm	50%
Site LTAR	.25	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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	SEXP (Slightly Expansive) EXP (Expensive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None	EFI (Extremely Firm)	

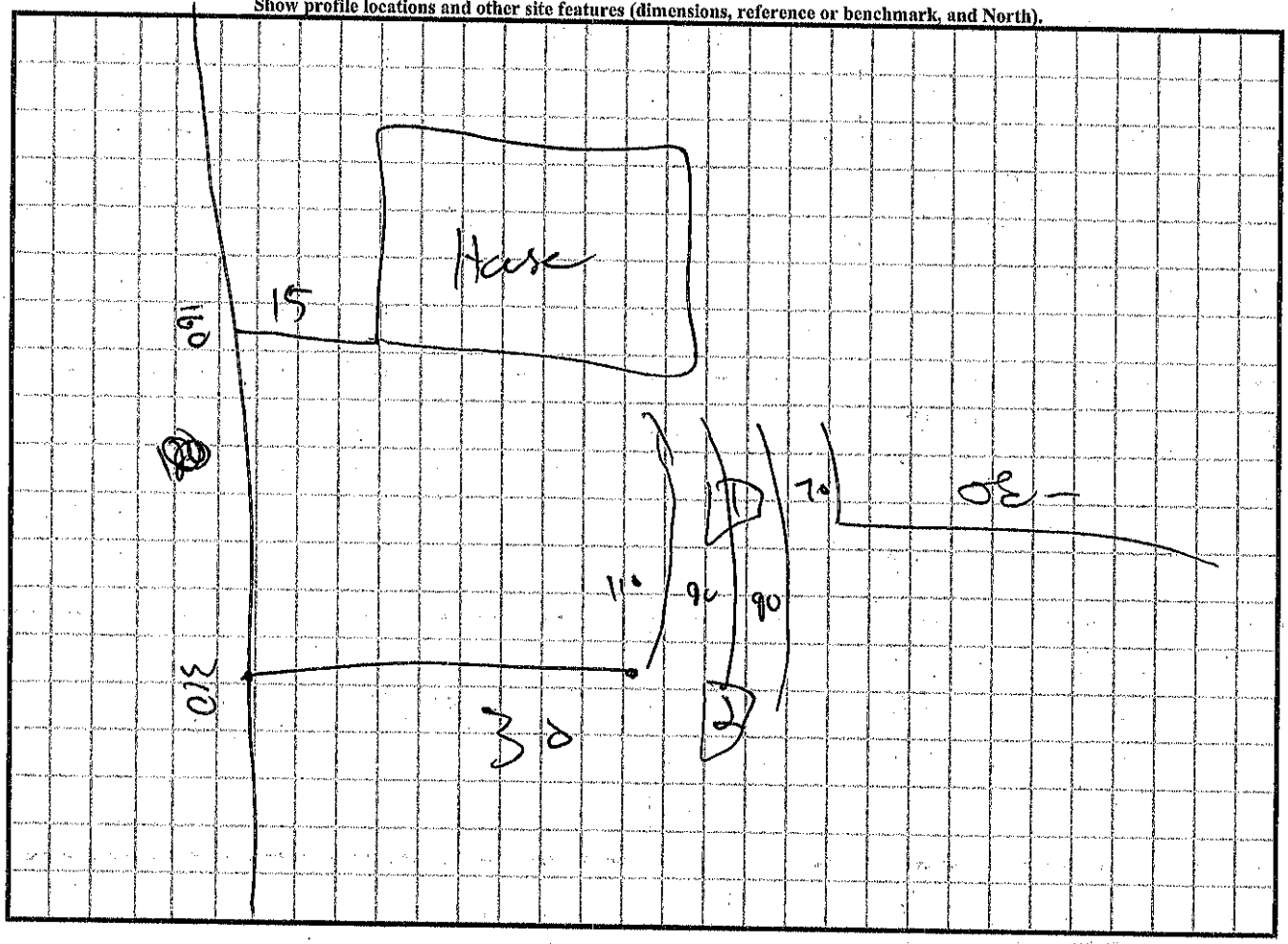
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



3

4

/3

RECEIVED OCT 2 0 2020

AP-311932
$500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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
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: Nelson Dellinger Address: 170 Pisgah Church Rd Zip: 28625
Applicant Email: hammerman5499@Aol.com Phone: 704 902 0429 Alt. Phone: _____
Owner Name: Ginger Dellinger Address: 1198 old mtn Rd, Statesville Zip: _____
Owner Email: _____ Phone: 704 902 4734 Alt. Phone: _____

Property Information:

Street Address: 2586 Buffalo Shoals Rd. Statesville NC
Subdivision Name: Old Bridge Section/Phase: _____ Lot Number: 6
Driving Directions: Buffalo Shoals, turn Right before Bridge / River

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
(✓) Swimming Pool
( ) Other Addition/Structure: Detach Garage
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) 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: _____ 10-18-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

311932

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*) Ginger Dellinger

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, Ginger Dellinger, am the legal owner(s) of the property located at 2586 Buffalo Shoals Rd Statesville, 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.

Ginger Dellinger
Signature of Owner(s)

10/14/20
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

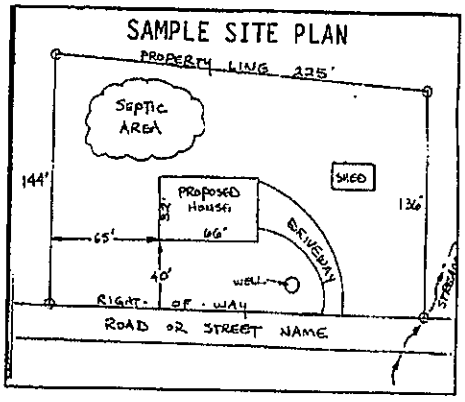
311932

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:

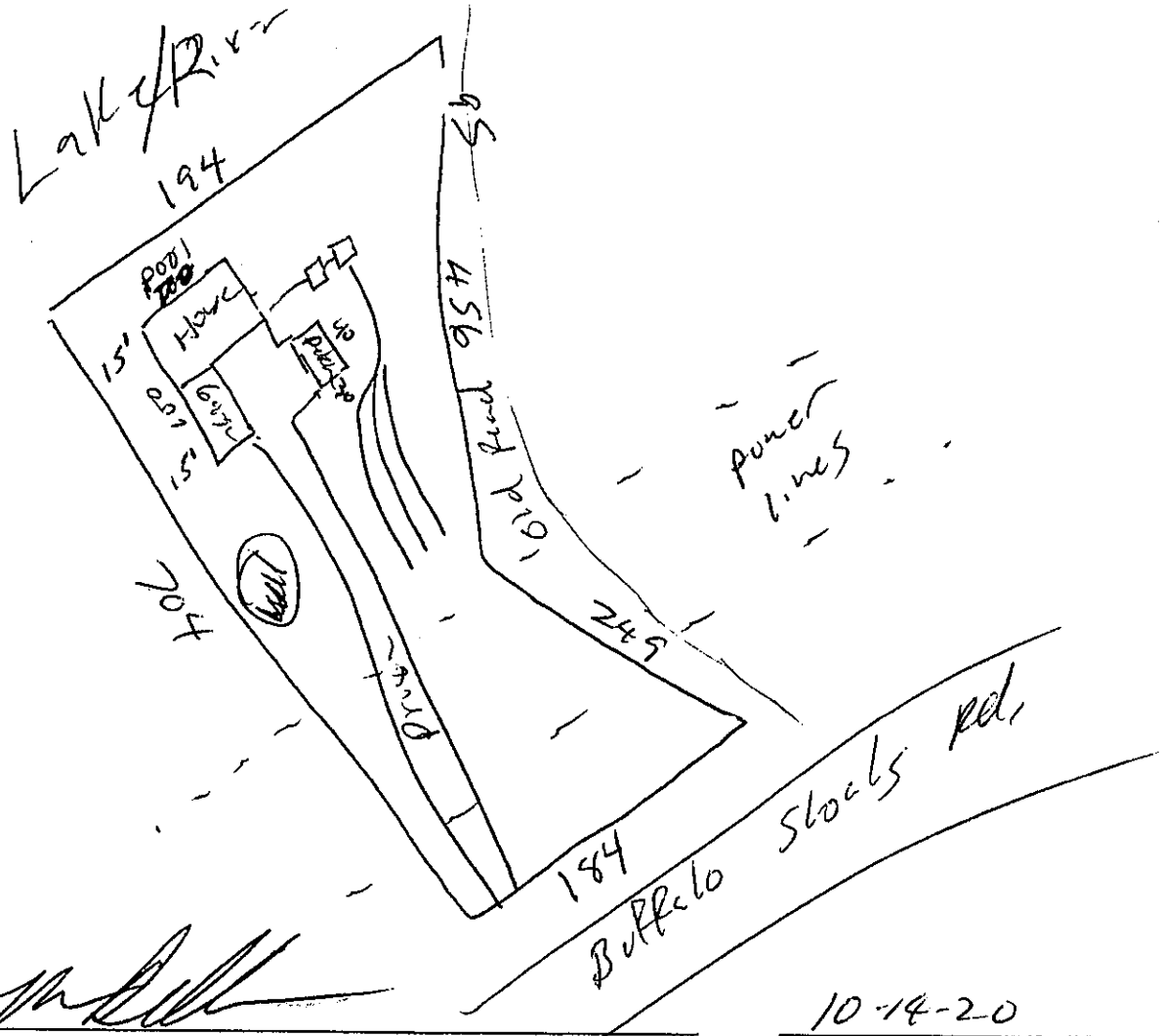
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____

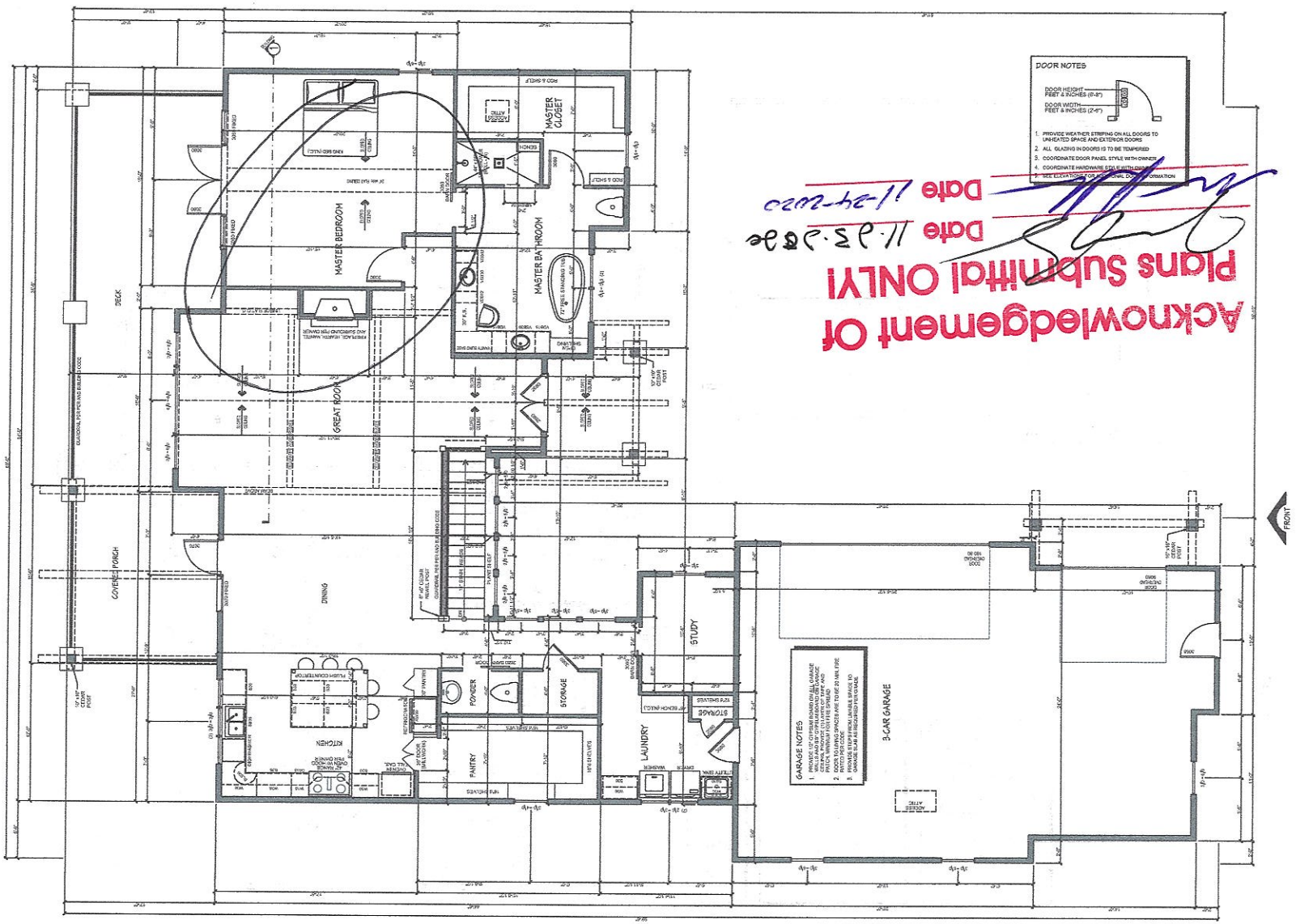
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-14-20

DATE

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

ISSUED FOR CONSTRUCTION



Acknowledgement Of
Plans Submittal ONLY!
Date 11-13-2020
Date 11-24-2020

D&T HOME DESIGNS

DESIGNER
Phone: (704)-253-9266
eMail: DTHomeDesigns@GMail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED.
THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC

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D&T HOME DESIGNS, LLC, HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOME DESIGNS, LLC. ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Main Level Heated	2264 S.F.
Lower Level Heated	1731 S.F.
Lower Level Un-Heated	148 S.F.
Attached Garage	1081 S.F.
Front Covered Porch	73 S.F.
Rear Covered Porch	200 S.F.
Deck	386 S.F.
Detached Garage	1200 S.F.
Total Heated -	3995 S.F.
Total Under Roof -	5257 S.F.

REVISIONS

No.	Date	By:	Description
1	11.11.20	DS	REVISED PLAN & LAYOUT (PLAN) CHANGES

Drawn By: DRG | Issue Date: 02.27.20

Customer Name:
Mr. & Mrs. Dellinger
Old Bridge - Subdivision
Lot #7
Buffalo Shoals Road
Statesville, North Carolina

Plan Design Number:
R-2019-110

Sheet Title:
MAIN LEVEL PLAN

Sheet No.:
B2.4

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311932 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4701944833.000	2586 BUFFALO SHOALS RD	Iredell County

Owner Information	Applicant Information
Name: JONES HALBERT M JR+ANN G	Name: EDDIE+GINGER DELLINGER
Address:	Address: OLD MOUNTAIN ROAD STATESVILLE, NC 28625
Phone:	Phone: (704)902-4734

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.4	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: 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.

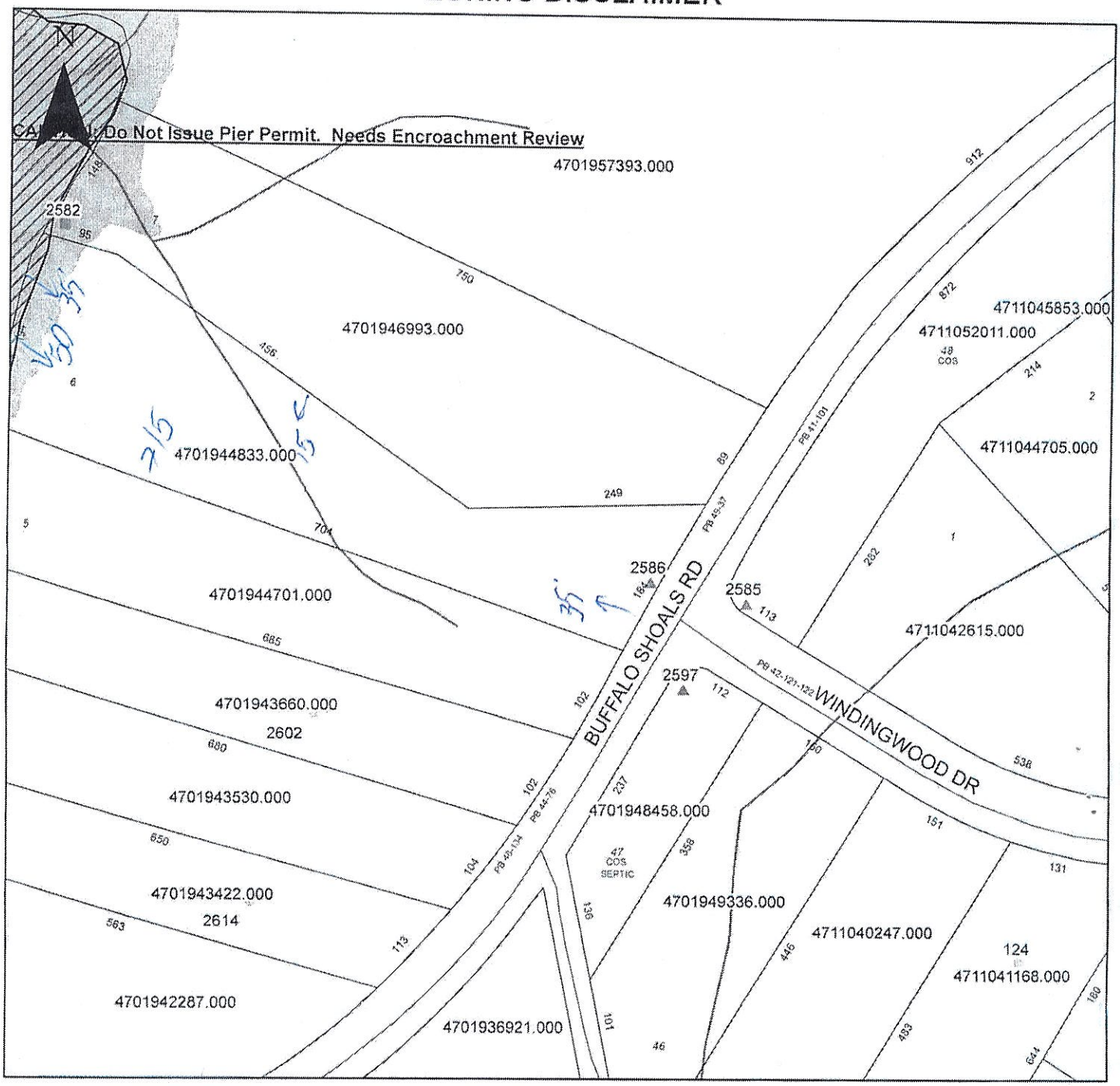
Date: 10/20/2020

Signature of Owner/Contractor

Permit Number	311932	TOTAL FEES:	$77.25

311932

ZONING DISCLAIMER



Property Address 2586 Buffalo Shoals

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

10-20-20

Date