IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241577.

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

PIN # 4702564696.000

APPLICANT/OWNER: Dagwhart Builders APPLICANT ADDRESS: 161 Ronnie Ln Stony Point NC 28678.

SITE ADDRESS: 109 Foster Ferry Drive Statesville NC 28677. PHONE: 704/880 8205 ALT. PHONE 704-585-2331

SITE DIRECTIONS: Lewis Ferry Crossover Enfolared Property 1/4 mile on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Barron Christopher Lynn SECTION: — LOT # 3. LOT AREA: .87 DESIGN FLOW: 360 L.T.A.R.: .25

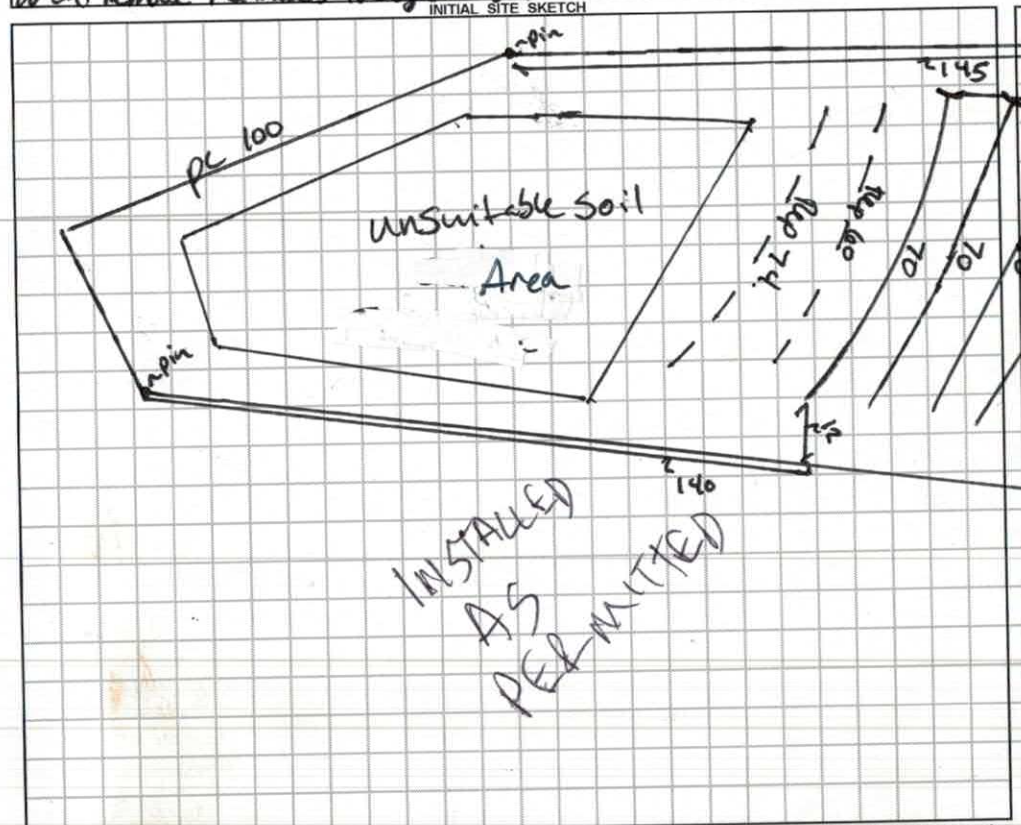
Septic Tank	1000	(gal)	STB	1012	Date	1-9-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity 25% Reduction.	
Pump Make			Model		Serial #		Repair System Description:	LP Panel Block 50% Reduction	
# Nitrification Fields	1		# Lines	5	Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36.		Trench Bottom Depth(Low side)	30	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

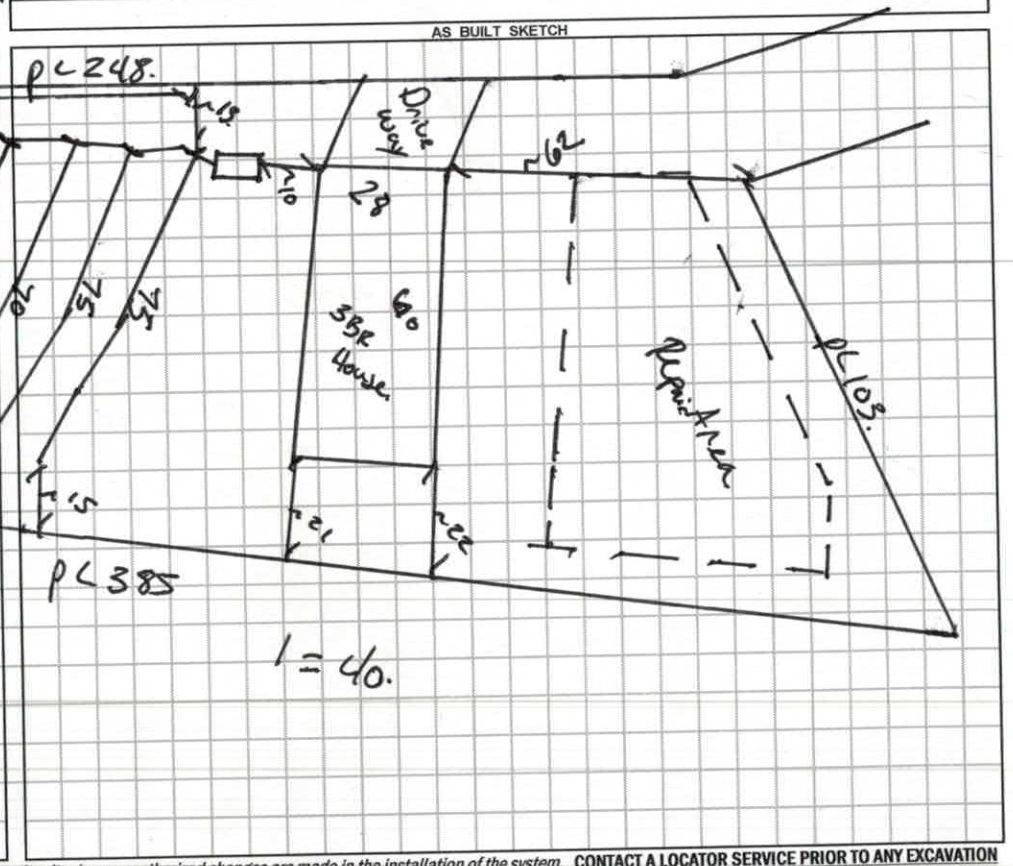
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install. Septic Provisions on the Contour of the land & utilize Serial Distribution. Root Drive, Park, Play, grade easy, utilize indemnified area. Remove Terraces throughout Lot.

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**

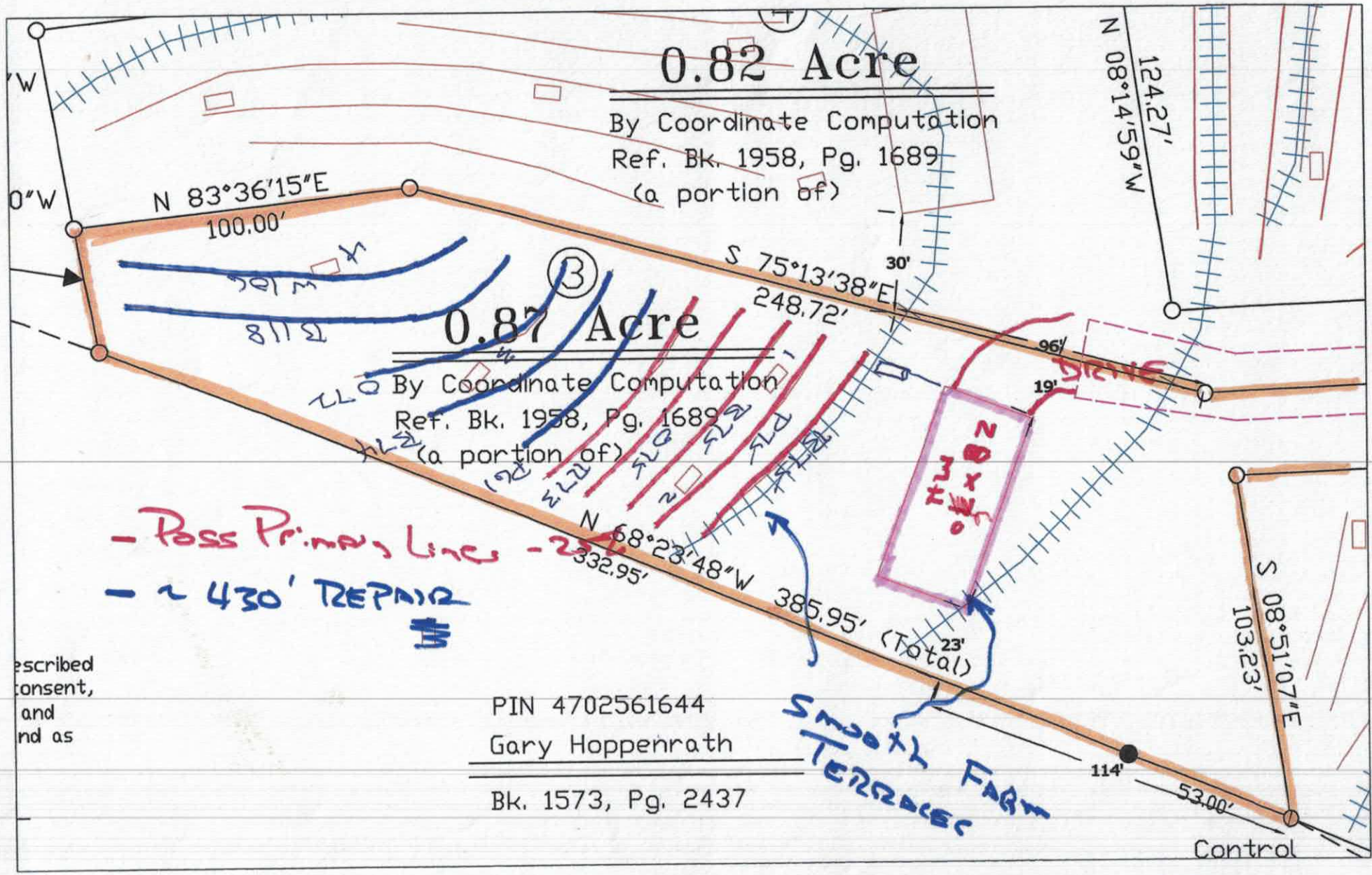
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Dagwhart Builders Date: 2/25/2019 Installed by: #1 STEVE JORDAN PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Benjamin R Potter Date: 2/22/2019 OPERATION PERMIT by: Brandi C. White Date: 6-17-19

AUTHORIZATION TO CONSTRUCT by: Benjamin R Potter Date: 2/25/2019 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.



escribed
consent,
and
nd as

Lot 3 The Barron Christopher Lynn Subdivision Septic Site Plan – 1.16.19 1"=40'

Approximate flagged septic lines and pit locations. Refer to flags in field.

*SYSTEM MUST BE APPROVED BY ICHD.

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

Sheet 1 of 1
PROPERTY ID #: 4702356460
COUNTY: Iredell

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

Lot 3.

OWNER: Dogwood Builders
ADDRESS: 161 Rowan Lee Shopping Pt
PROPOSED FACILITY: 3BR Hse
LOCATION OF SITE: 109 Faith Ferry Rd
APPLICATION DATE: 1-19
DATE EVALUATED: 1-19
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .78
PROPERTY RECORDED: No

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	Bench	0-12	SC	SS Sp FR SExp					
		12-34	C SBk	SS Sp FR					PS .25
		34-50	CL WSBk	SS Sp FR	–	50	–	–	
2	Bench	0-12	SC WSBk	SS Sp FR SExp					
		12-36	C SBk	SS Sp FR					PS .25
		36-50+	CL WSBk	SS Sp FR	–	58	–	–	
3	Bench Repair	0-17	Fill	—					
		17-32	SCL w GR	SS Sp FR SExp					PS .25
		32-62	C ABk	SS Sp FR	–	62	–	–	
4	Low Bench	0-27	Fill	—					
		27-46	SC wGR	SS Sp FR SExp					PS .25
		46-72	C SBk/ABk	SS Sp FD		72		10YR 4/2 70% Redox Colors	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	III 25%	IV 50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS Fill Area
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolliss
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
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	0.2 - 0.05
		None	None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

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

STRUCTURE

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

WET

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

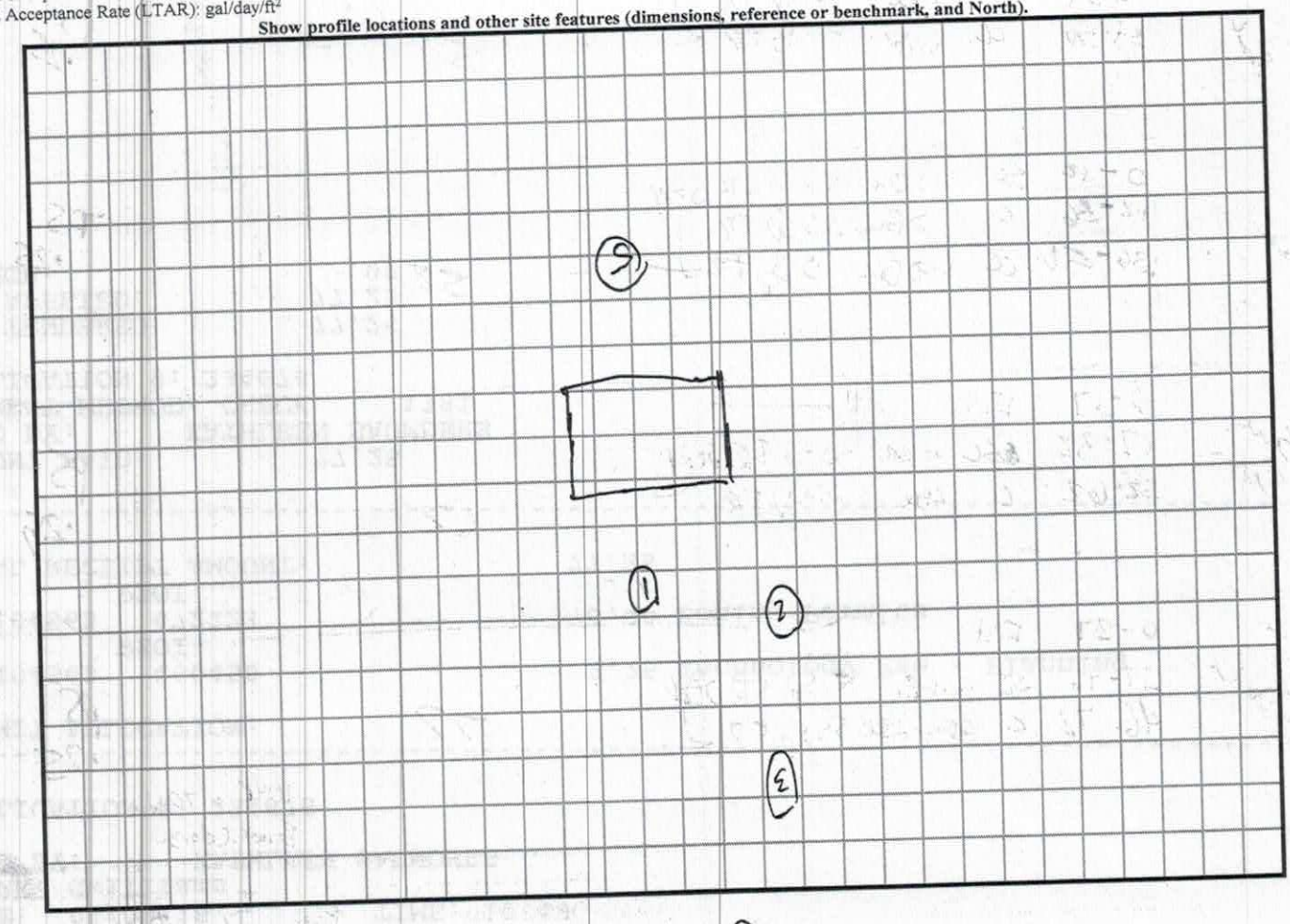
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



5). 0-12
12-30
30-49
49-55

PS
.30

Ronda Hart

From: Deborah Williams
Sent: Friday, January 18, 2019 1:02 PM
To: Adrienne Shea; Ronda Hart; Brady Freeman; Heath Snow; Mark Baker
Subject: 241577 109 FOSTER FERRY DR STATESVILLE NEW SEPTIC
Attachments: scannedImage.pdf

THE PITS ARE DUG AND PAUL PENNIGER HAS LAID EVEYTHING OUT ON THE LOT. HE WOULD LIKE TO BE THERE WHEN YOU COME OUT, IF YOU WILL CALL MIKE 704-880-8205.
THANKS DEBBIE

Debbie Williams
Permitting Specialist II
Iredell County Development Services

PO Box 788/349N Center St
Statesville NC 28687
704-878-3113 ext. 3115
dwilliams@co.iredell.nc.us



Click to let us know about your experience

RECEIVED JAN 1 8 2018

Paid $500.00 #241577

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: DAGENHART Builders Address: 161 Rommie Ln Stony Point NC Zip: 28678

Applicant Email: mdag1957@charter.net Phone: 704-880-8205 Alt. Phone: 704-585-2331

Owner Name: LFDD Properties LLC Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 109 Foster Ferry Drive Lot #3

Subdivision Name: Barron Christopher Lynn Section/Phase: _____ Lot Number: #3

Driving Directions: Take Lewis Ferry Cross over Eufola Rd. Property 1/4 mile after crossing Eufola Rd on Right

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: 1680 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: Michael Dagenhart/Dagenhart Builders — 1/19/2019
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*) _____

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.

☐ X 2. I, M. Douglas Dagenhart, am the legal owner(s) of the property located at LOT #3 FOSTER FERRY DRIVE, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

MICHAEL DAGENHART, DAGENHART BUILDERS, 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.

X M. Douglas Dagenhart
Signature of Owner(s)

4/18/2019
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

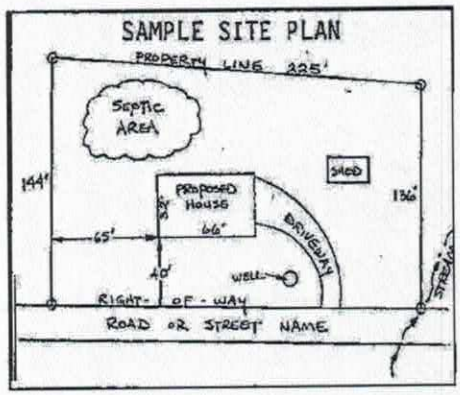
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

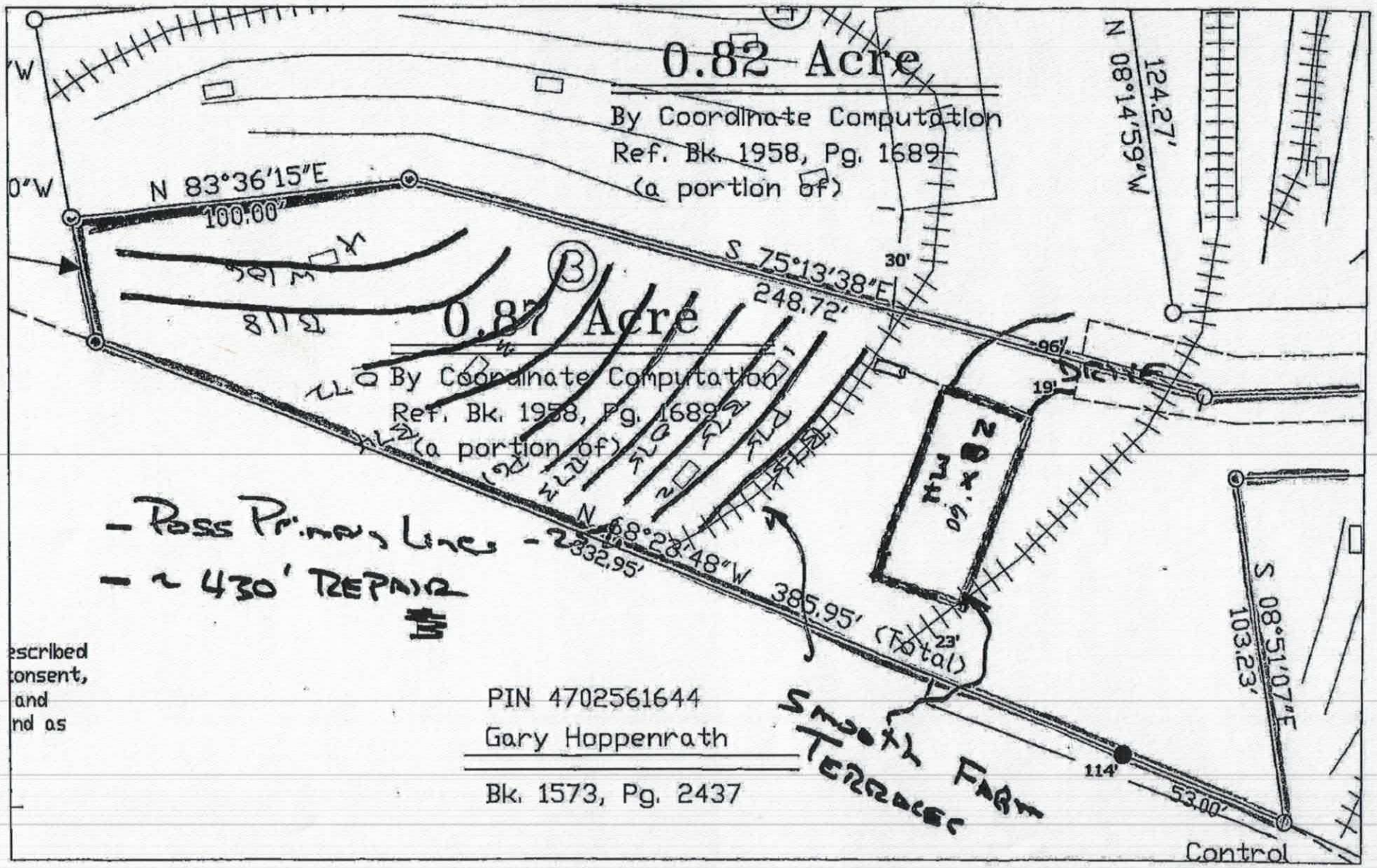
- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

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

Signature: Michael Degenhart / Degenhart Builders — 1/17/2014

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



Lot 3 The Barron Christopher Lynn Subdivision Septic Site Plan – 1.16.19 1"=40'

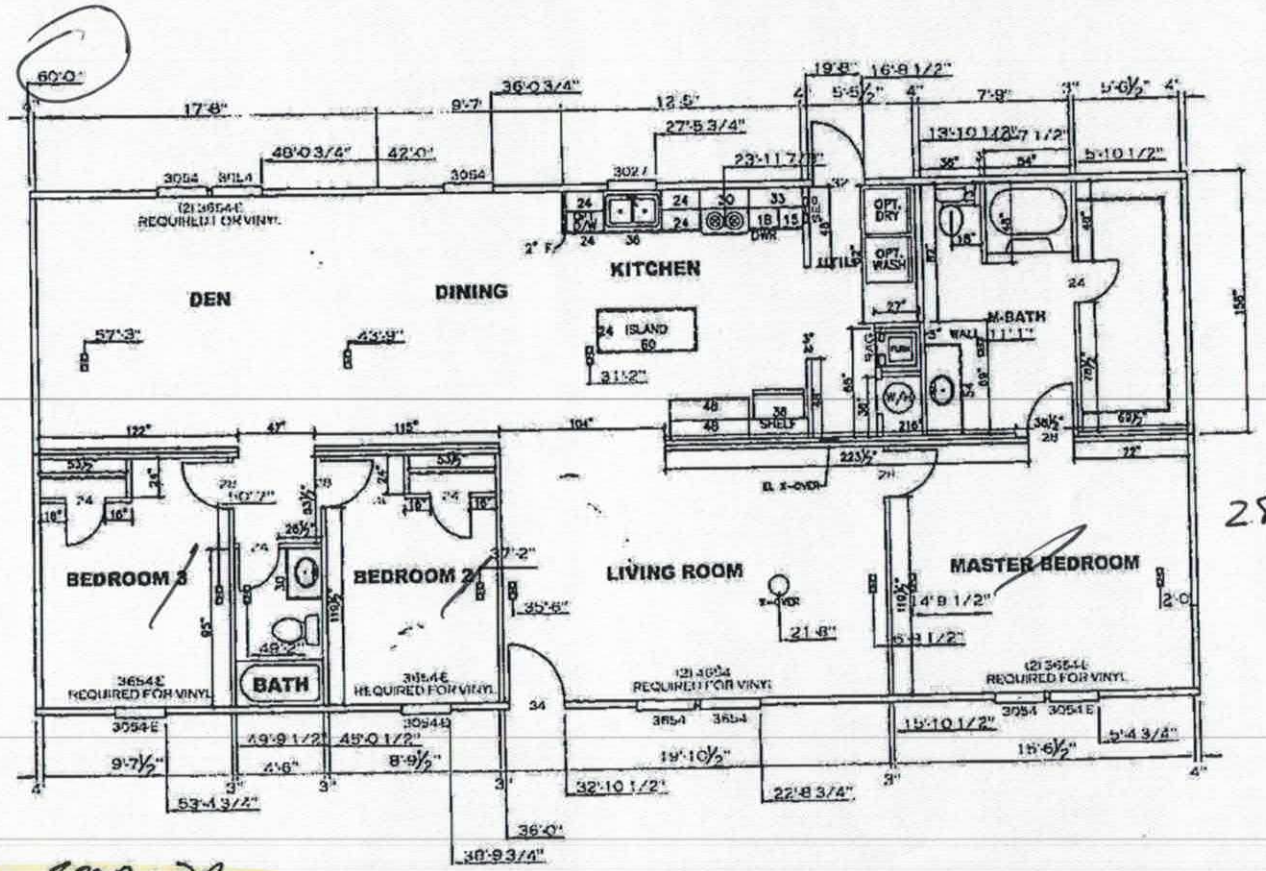
Approximate flagged septic lines and pit locations. Refer to flags in field.

*System must be approved by ICHD.

Acknowledgement Of
Plans Submittal ONLY!

Buyer Date 2/25

Agent of Builder Date 2/25/2019



28

109 Foster Ferry Dr.

**NOTE: ALL BEDROOM DOORS ARE WITHIN 35' OF FRONT DOOR.

1,620 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

	Drawing # 36V072
Project Designer: Kennington	28 x 60 LANDMARK
FLOOR PLAN	

IREDELL COUNTY

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

APPLICATION NUMBER
241577
Issue Date: 01/18/2019

ZONING PERMIT
Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4702563878.000	109 FOSTER FERRY DRIVE, STATESVILLE, NC 28677	

Owner Information		Applicant Information	
Owner:	MILLSAPS PATTY F	Applicant:	DAGENHART BUILDERS
Address:	0	Address:	161 ROMMIE LANE
	IREDELL CO, NC 28625		STONY POINT, NC 28678
Phone:		Phone:	704-585-2331

Use Requested	Zone Code
DOUBLEWIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.770	35.00	35.00	15.00	15.00	PACL	X

Remarks:

PAID 1549 1-18-19

Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

Signed

Applicant: _____ Date: _____

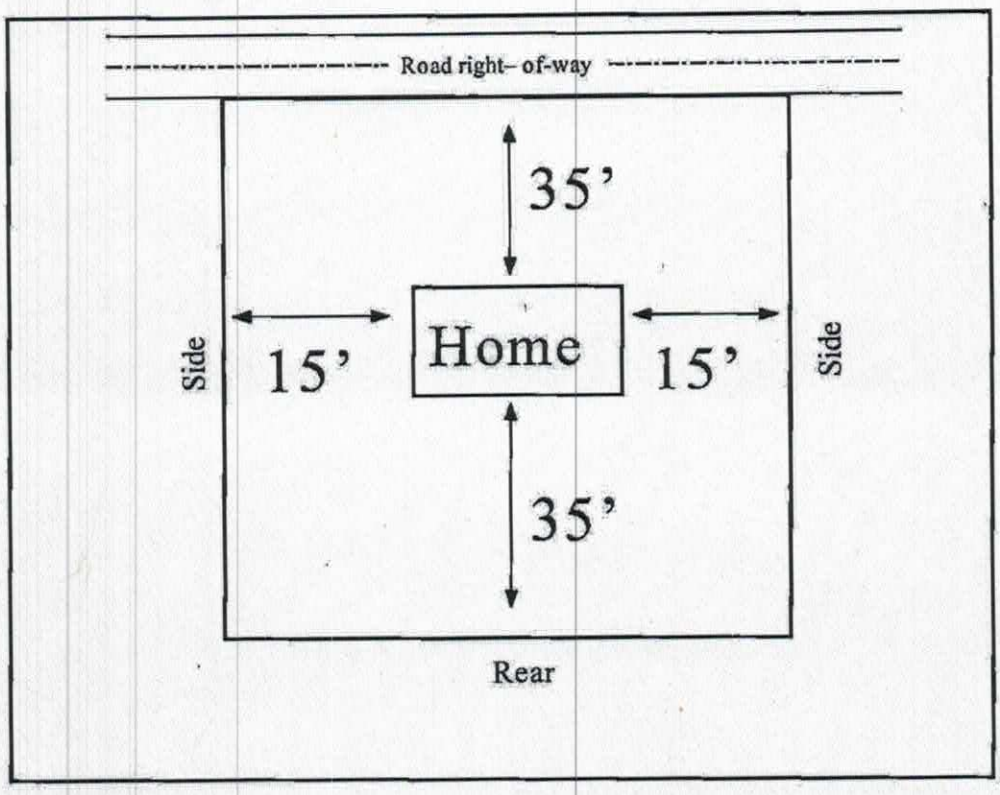
Permit Number	164981	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

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.

DAGENHART BUILDERS/MICHAEL DAGENHART 1/17/2019
Applicant Date

STREET NAME: Lot 3



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.