IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241578

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

PIN # 4702564747.

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

SITE ADDRESS: 110 Foster Ferry Drive Statesville NC 28677. PHONE: 704 380 8205 ALT. PHONE 704 585-2331.

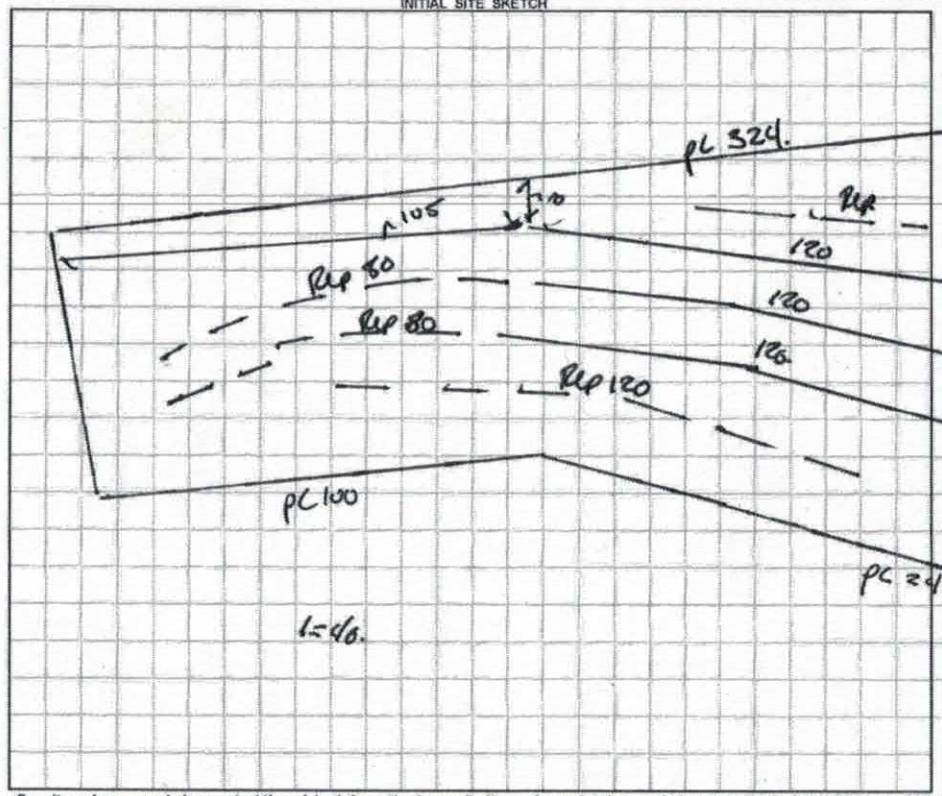
SITE DIRECTIONS: Lewis Ferry Drive Cross over Eufola Rd Property 1/4 mile on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Barron Christopher Lynn SECTION: — LOT # 4 LOT AREA: .92 DESIGN FLOW: 360 L.T.A.R.: .25

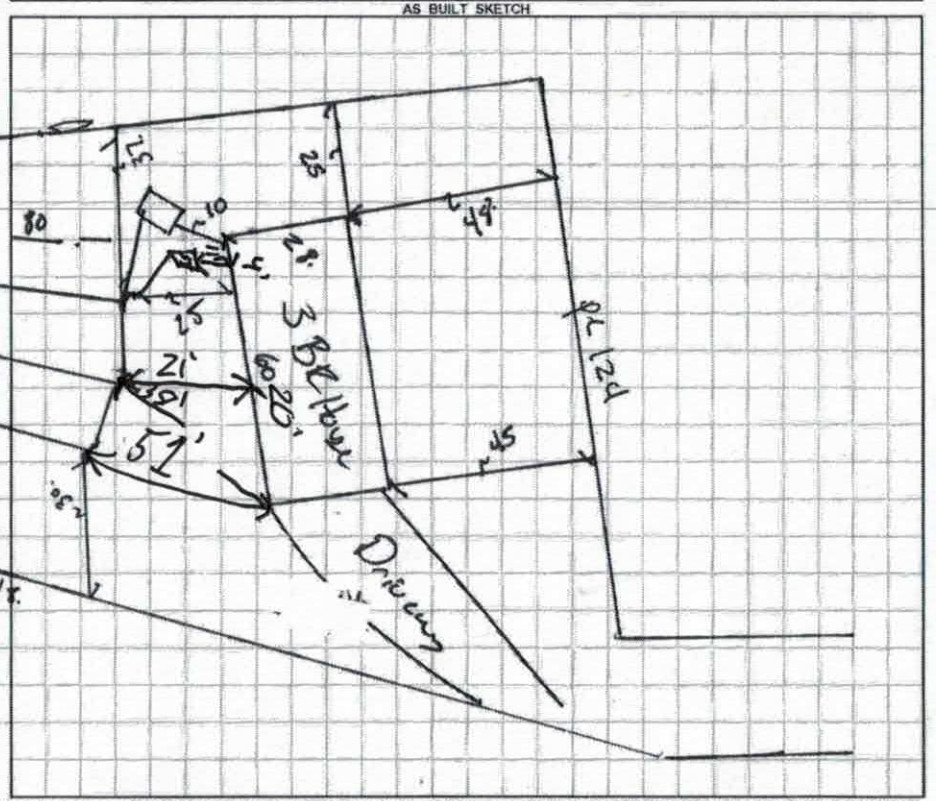
Septic Tank	1000	(gal)	STB	1012	Date	5-14-19	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Gravity	☐ Business	No. Persons	6	☒ Private	
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% Gravity	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines		3	Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)		24	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install Septic Drawing on the center of the Level Utilize Serial Distribution. Paved Drive, please, please grade or buy utilities Indemnified area.

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**

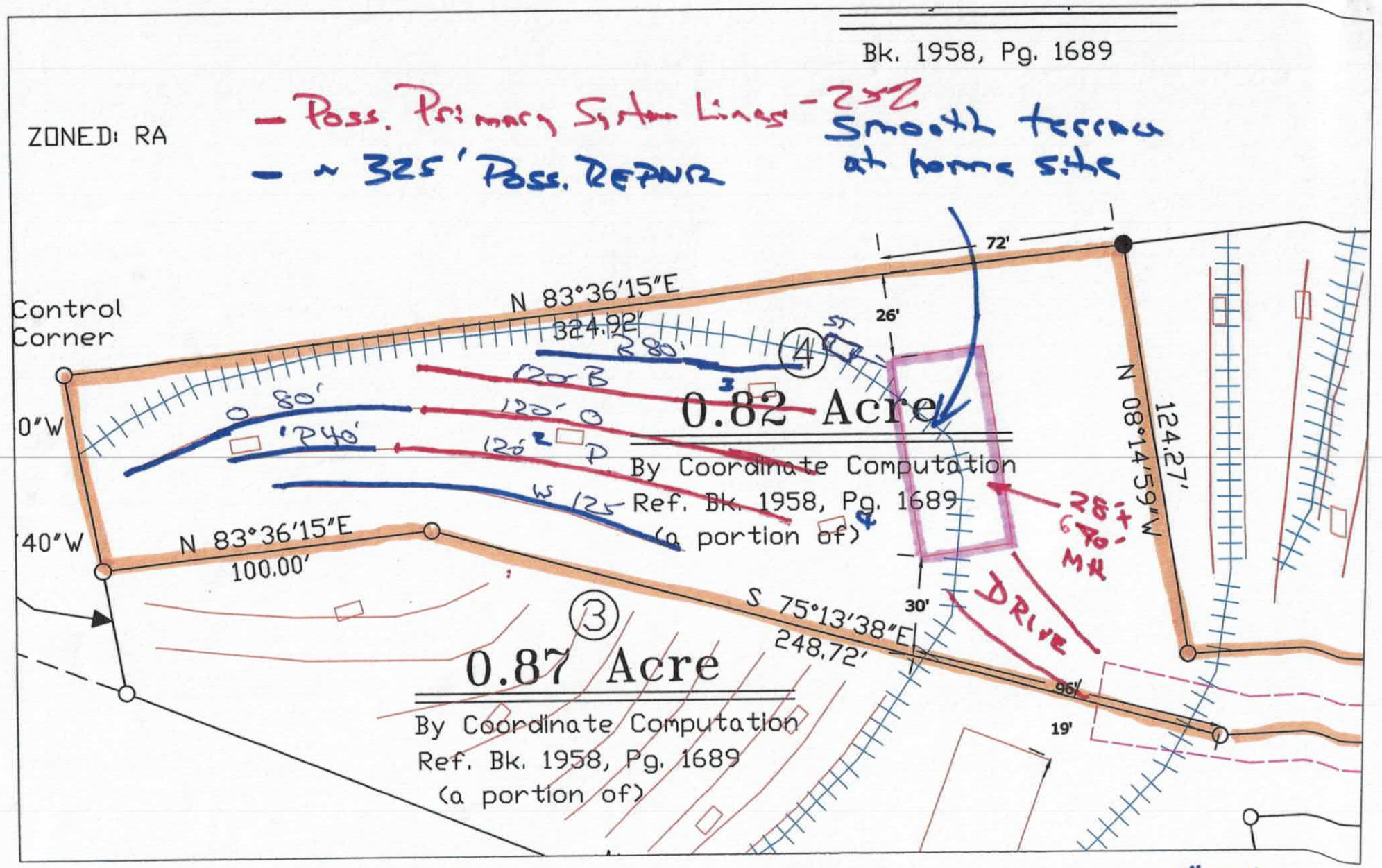
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Dogwood Builders Date: 2/25/2019 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin L Bolton Date: 2/22/2019. OPERATION PERMIT by: Patrick J Bglett Date: 06/20/19

AUTHORIZATION TO CONSTRUCT by: Benjamin L Bolton 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.



Lot 4 The Barron Christopher Lynn Subdivision Septic Site Plan – 1.16.19

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

* SYSTEM MUST BE PERMITTED BY ICHD.

Ronda Hart

From: Deborah Williams
Sent: Friday, January 18, 2019 1:05 PM
To: Adrienne Shea; Ronda Hart; Brady Freeman; Heath Snow; Mark Baker
Subject: 241578 110 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

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

Sheet 1 of 1
PROPERTY ID #: 4702564
COUNTY: Franklin

Lot 4

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

OWNER: Daystar Builders — APPLICATION DATE 1-19
ADDRESS: 161 Ragan Lane Stem — DATE EVALUATED: 1-19
PROPOSED FACILITY: 3BR House — PROPOSED DESIGN FLOW (.1949): 360 gpd. — PROPERTY SIZE: .93
LOCATION OF SITE: 110 Lewis Farm Rd — 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	Side Bank 10%	0-5	Sc WBk	SS Sp FP SSp	-	57		Lith mottles	PS .275
		5-32	C SBk	SSS Sp FP					
		32-57.	CL SBk	SS Sp FR					
2	Side Bank 10%	0-12	Sc WBk	SS Sp FP SSp		67		Lith Mottles	PS .275
		12-34	C SBk	SSS Sp FR					
		34-67	CL SBk	SS Sp FR					
3	Side 10%	0-22	Sc WBk	SS Sp FR SSp		72		Redox @ 46	PS .25
		22-45	C SBk	SS Sp FR					
		45-72	CL SBk	SSS Sp FR					
4	Side 5%	0-10	Sc WBk	SS Sp FR SSp		56		Redox 30-38 clay.	PS .25
		10-30	C SBk	SS Sp FR					
		30-38	CL SBk/Abk	SS Sp FR					
		38-56.	CL WBk	SS Sp FR					

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

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

COMMENTS:

RECEIVED JAN 1 8 2018

Paid $500.00 #241578

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: LF00 PROPERTIES LLC Address: _____ Zip: _____

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

Property Information:

Street Address: 110 FOSTER FERRY DRIVE LOT #4

Subdivision Name: BARRON CHRISTOPHER LYNN Section/Phase: _____ Lot Number: #4

Driving Directions: Take Lewis Ferry - Cross over Eufola Rd Property 1/4 m/e on Right after Crossing Eufola Rd.

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: 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 (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: Michael Dagenhart / Dagenhart Builders — 1/17/2019
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.

☒ **2.** I, [illegible], am the legal owner(s) of the property located at Lot #4 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 [illegible]
Signature of Owner(s)

1/18/2019
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

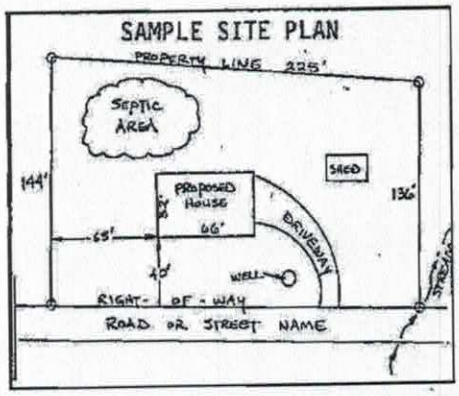
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

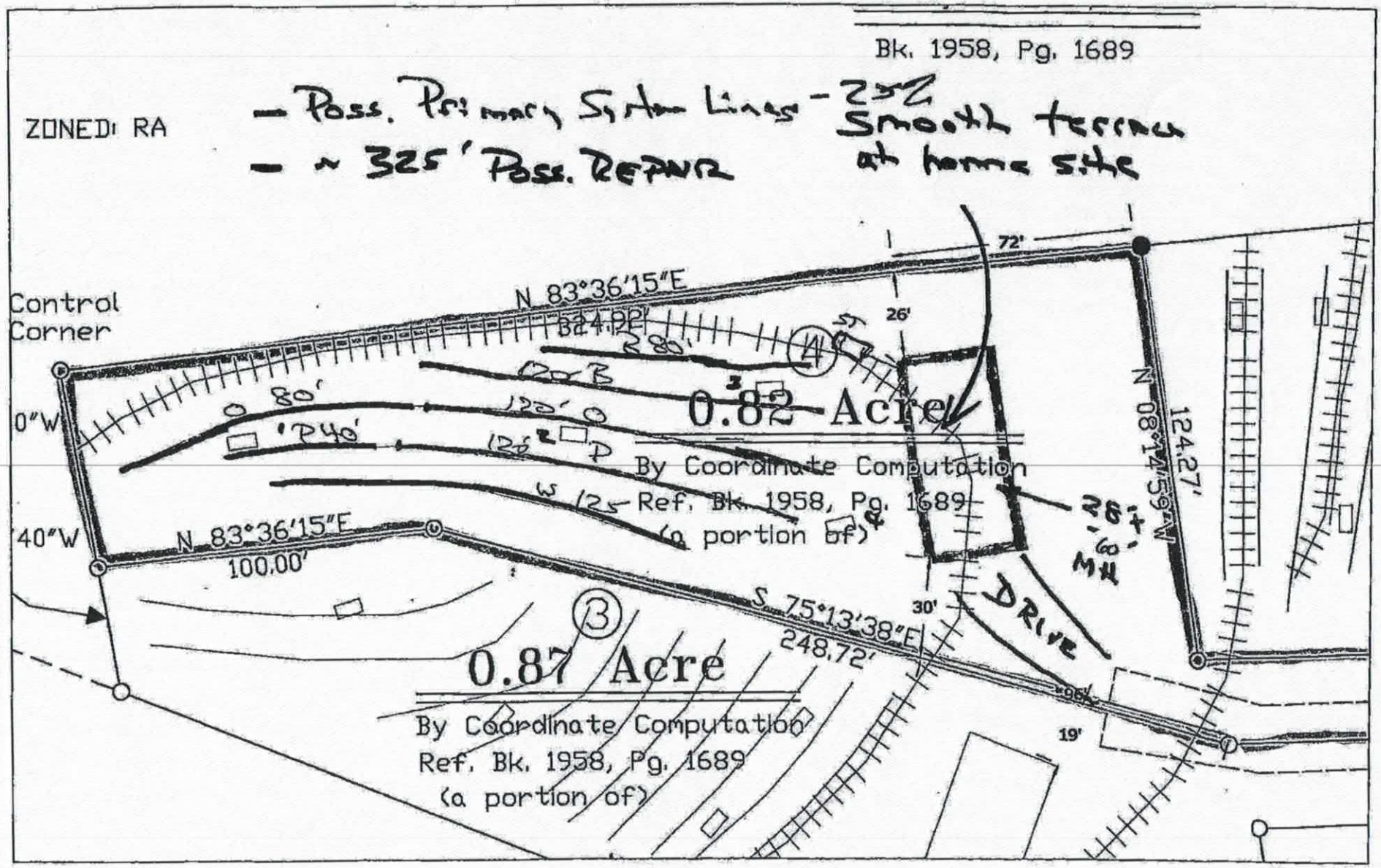
Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

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 Dagenhart / Dagenhart Builders — 1/17/2019

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



Lot 4 The Barron Christopher Lynn Subdivision Septic Site Plan – 1.16.19

1" = 40'

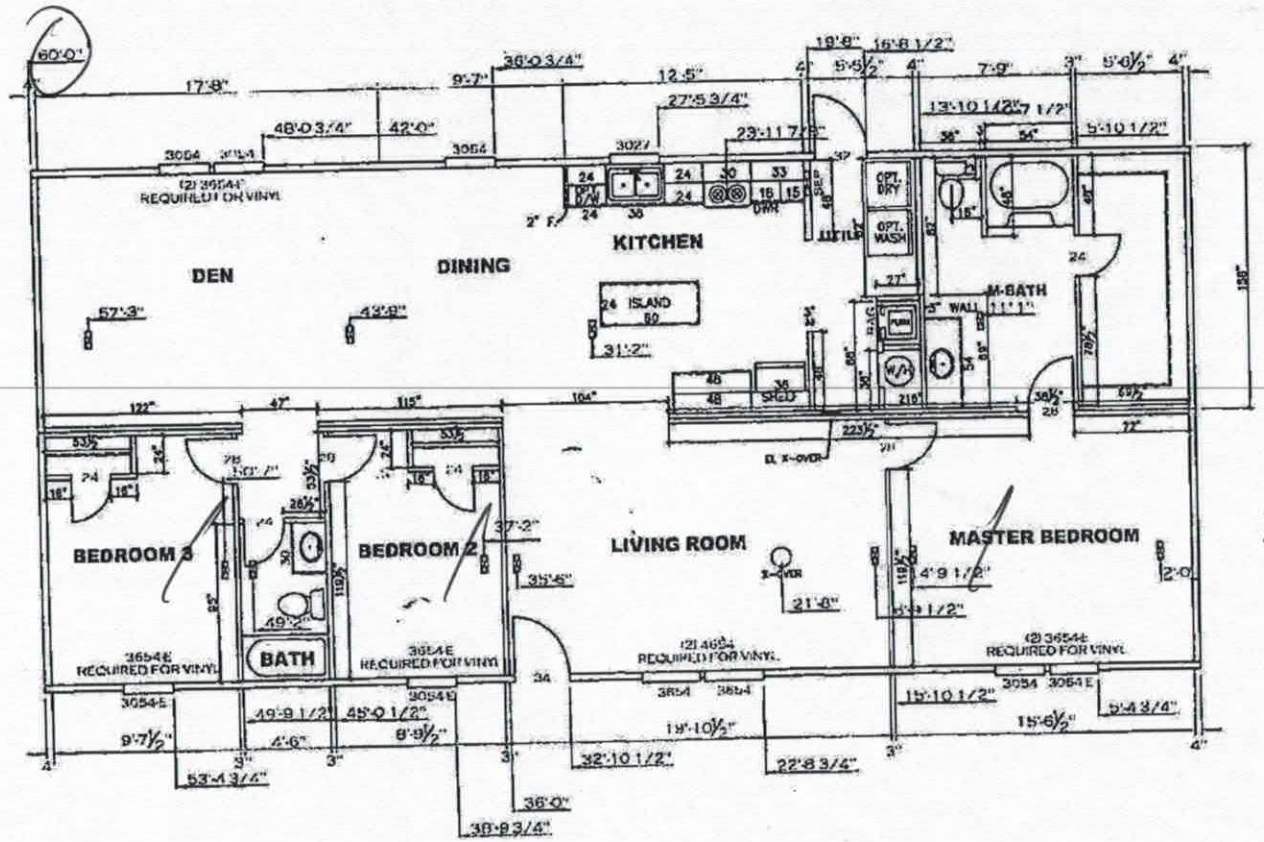
Approximate flagged septic lines and pit locations. Refer to flags in field.

* SYSTEM MUST BE PERMITTED BY ICHD.

Acknowledgement Of
Plans Submittal ONLY!

Buyer/Builder Date 2/25

Buyer/Builder Date 2/25/2019



28.

110 Foster-Ferry Drive

"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")

	Model # 2660V	Drawing # 36MV072
	28 x 60 LANDMARK	
FLOOR PLAN		

IREDELL COUNTY

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

APPLICATION NUMBER
241578
Issue Date: 01/18/2019

ZONING PERMIT FILE COPY
Residential

Parcel Number	Street Address	Jurisdiction
4702563878.000	110 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
1544
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. See attached

Applicant: _____ Date: _____

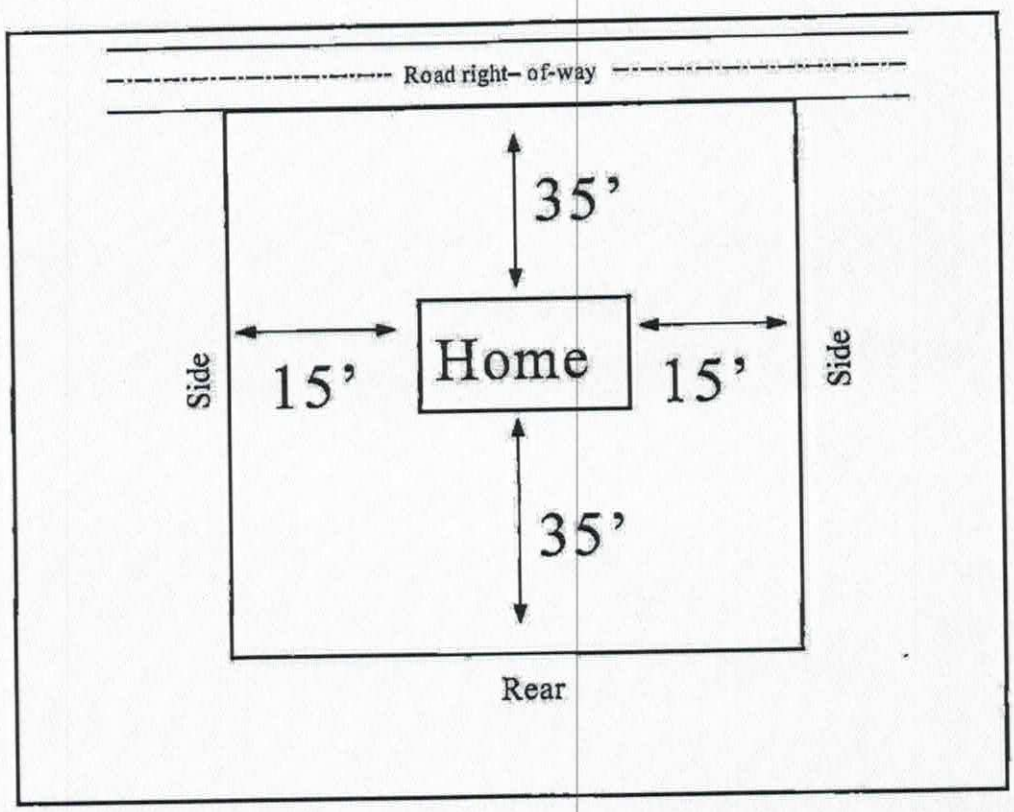
Permit Number	164982	TOTAL FEES:	$ 77.25

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 4



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.