3)7049027831 Please call 704 873 5590 Day before Ricky Dellinger

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:

Applicant Name:_____ Address: _____ Phone:_____

Owner Name: Ricky Dellinger Address: 1280 old mt Rd Phone: 704 8735590

Property Information:

Street Address: 1280 old mt Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure:_____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:_____
Square Footage of Building:_____
Maximum Number of Employee:_____
Maximum Number of Seats/Beds/Other:_____

Water Supply:

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

9-1-15
DATE

:ICKY ALAN DELLINGER and

DORIS DELLINGER

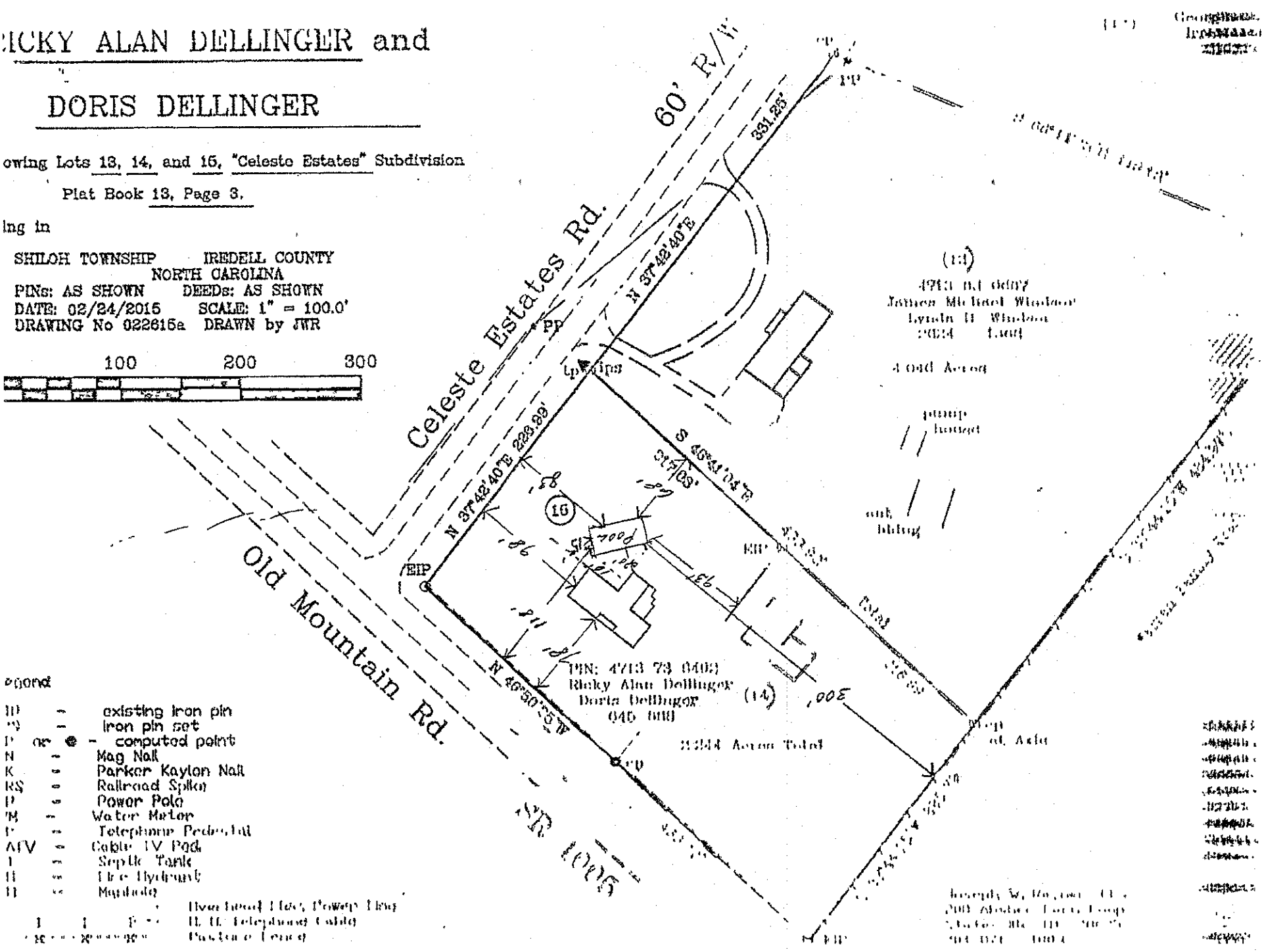
owing Lots 13, 14, and 15, "Celeste Estates" Subdivision

Plat Book 13, Page 3.

lng in

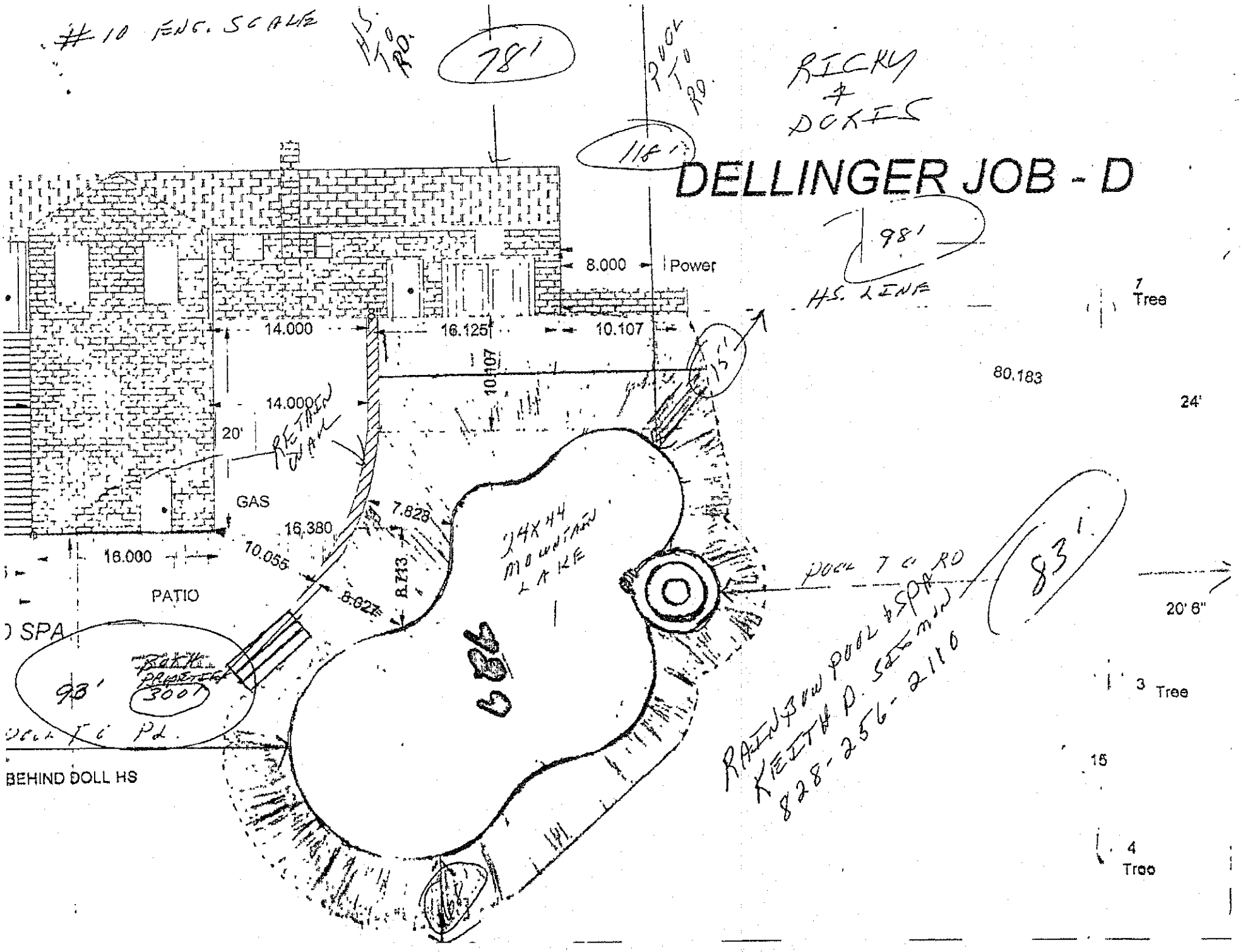
SHILOH TOWNSHIP IREDELL COUNTY
NORTH CAROLINA
PINs: AS SHOWN DEEDs: AS SHOWN
DATE: 02/24/2015 SCALE: 1" = 100.0'
DRAWING No 022615a DRAWN by JWR

100 200 300



econd

ID	–	existing iron pin
")	–	iron pin set
P or ●	–	computed point
N	–	Mag Nail
K	–	Parker Kaylon Nail
RS	–	Railroad Spike
P	–	Power Pole
M	–	Water Meter
T	–	Telephone Pedestal
ATV	–	Cable TV Pad
T	–	Septic Tank
H	–	Fire Hydrant
H	–	Manhole
		Overhead Elec. Power Line
T T	–	U.G. Telephone Cable
		Fence


#10 ENG. SCALE
78'
RICKY + DOCKS
DELLINGER JOB - D
98'
H.S. LINE
8.000
Power
14.000
16.125
10.107
14.000
20'
RETAIN WALL
GAS
16.380
16.000
10.055
PATIO
7.828
8.713
8.627
24X44 MOUNTAIN LAKE
80.183
24'
Tree
83'
DOCK TO RD
20' 6"
3 Tree
15
4 Tree
SPA
93'
Bakke property 3007
DOCK TO RD.
BEHIND DOLL HS
RAINBOW POOL & SPA
KEITH P. SEGMAN
828-256-2110

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Ricky Dellinger, am the legal owner(s) of the property located at 1280 old Mt. Rd, 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.

Ricky Dellinger 9-1-15

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

APPLICATION NUMBER
213252
Issue Date: 09/01/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4713738492.000	1280 OLD MOUNTAIN ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DELLINGER RICKY ALAN+DORIS	Applicant: DELLINGER RICKY ALAN+D
Address: 1280 OLD MOUNTAIN RD STATESVILLE, NC 28677	Address: 1280 OLD MOUNTAIN RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.240		10.00	25.00	10.00	NOT	X

Remarks:

$ PAID

Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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: See Attached Date: _____

Permit Number	48126	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ricky Dellinger DATE 9-7-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 west T. T. L. at white Oaks on Old Mtn. Rd. - go 1/4 mi. part Trinity Bap. Church on left at entrance to Celeste Estates S. R. No. _____

SUBDIVISION NAME CELESTE ESTATES LOT NO. 15 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

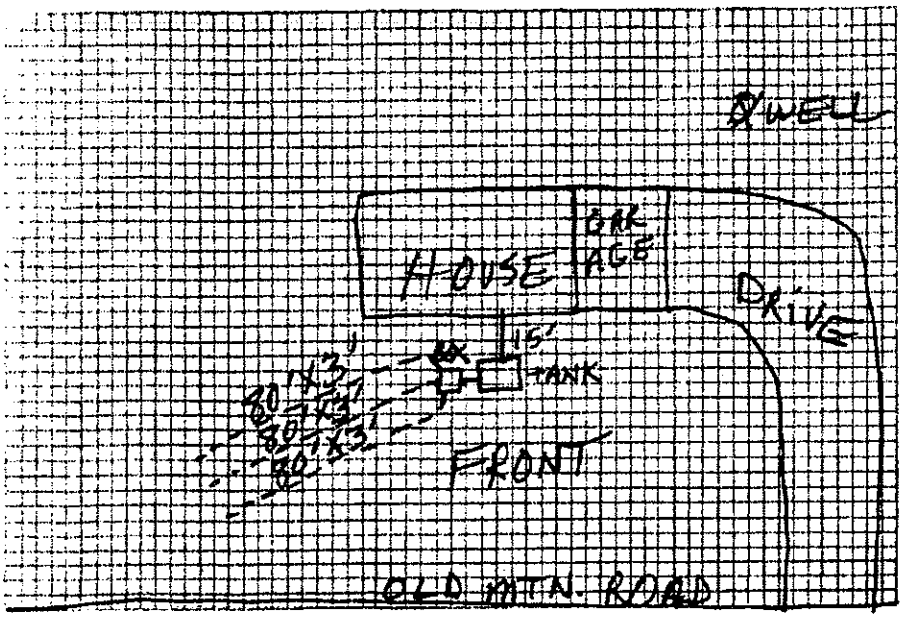
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prev. Suitable
Percolation Rate .5 gal/sq ft
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

Lot Area Is area approx

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Robert Hoke

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Seed grass back over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-7-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold