ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 IJ Mooresville Office (704) 660-3625 PERMIT # 310033

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

PIN # 4722 -08 -8732.

APPLICANT/OWNER: Bradley & Walden APPLICANT ADDRESS: 161 Westscott Drive Statesville NC 28625

SITE ADDRESS: 122 Walking Lane Statesville 28625-77 PHONE: 704-682-9834 ALT. PHONE

SITE DIRECTIONS: Old Mtn Rd to Walking Lane Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: GA Stewart EST SECTION: - LOT # TR9 LOT AREA: 1.7 AC DESIGN FLOW: 360 L.T.A.R.: .25

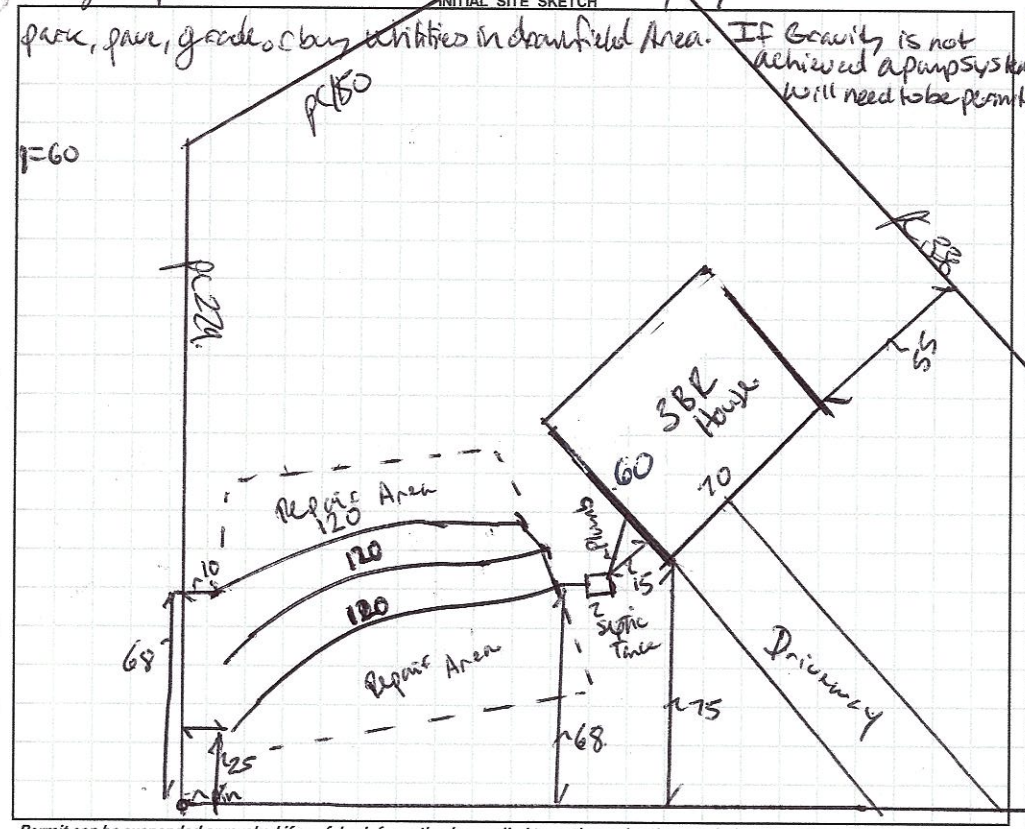
Septic Tank	1000 (gal)	STB	760	Date	3/13/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	-	Date		System Description:	Gravity - 25% Reduction		
Pump Make	-	Model	-	Serial #	-	Repair System Description:	PM - 25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE		

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

Water Supply
☐ Private
☐ Public
☐ Community

Comments / Conditions: * Install Septic on the Center of the Lot Utilize Serial distribution. Basement Plumbing to go to Grinder Basin only. Bring Plumbing as high as possible to maintain Fall for Gravity System. Donot Drive park, pave, grade, or bury utilities in drainfield Area. If Gravity is not achieved a pump system will need to be permitted.

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.

Installed as Drawn

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: [signature] Date: 10/17 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Bittner Date: 10/2/2020 OPERATION PERMIT by: Cory Wilt Date: 5/12/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bittner Date: 10/2/2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4722688
COUNTY: Iredell

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

OWNER: Walden.
ADDRESS: 451 Scott Ave Sal
APPLICATION DATE 8/12/2020
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED: 9/29/2020
LOCATION OF SITE: 122 Walking Lane Troutman
PROPERTY SIZE: 1.7 Ac
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes
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	Ridge side	0-4	SL GR		7.5YR 4/6	48	—	10YR6/6 Mottles @ 24 inches. Some 10YR6/2 Mottles.	PR 25 ~~.30~~
		4-28	C ABK	SS SP FR SEQ					
		28-48	CL WABK	SS SP FI					
2	Ridge side	0-5	SC GR		P>	4/8	—	C. 10YR6/6 Mottles In CL Some 10YR6/2 Fmit @ 18-20 Inches	PR .30.
		5-30	C SBK/ABK	SS SP FR SEQ					
		30-48	CL WSBK	SS SP FR					
3	Side	0-6	SC GR		P<	48	—	C. 10YR6/6 Mottles.	PR .30.
		6-28	C SBK/ABK	SS SP FR					
		28-48.	CL WSBK	SS SP					
4	Side.	0-1	SC GR		P>	48.	—	10YR6/4 10YR6/3 Redox mottles 12-30 Inches	PS .25
		1-26	C SBK/ABK	SS SP FR SEQ					
		26-49	CL WSBK	SS SP FR					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: B. Kerns
OTHER(S) PRESENT: B. Walden.

COMMENTS: ~~* Combo in Basement *~~ Explained Necessary Requirements

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 (Expansive)	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) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

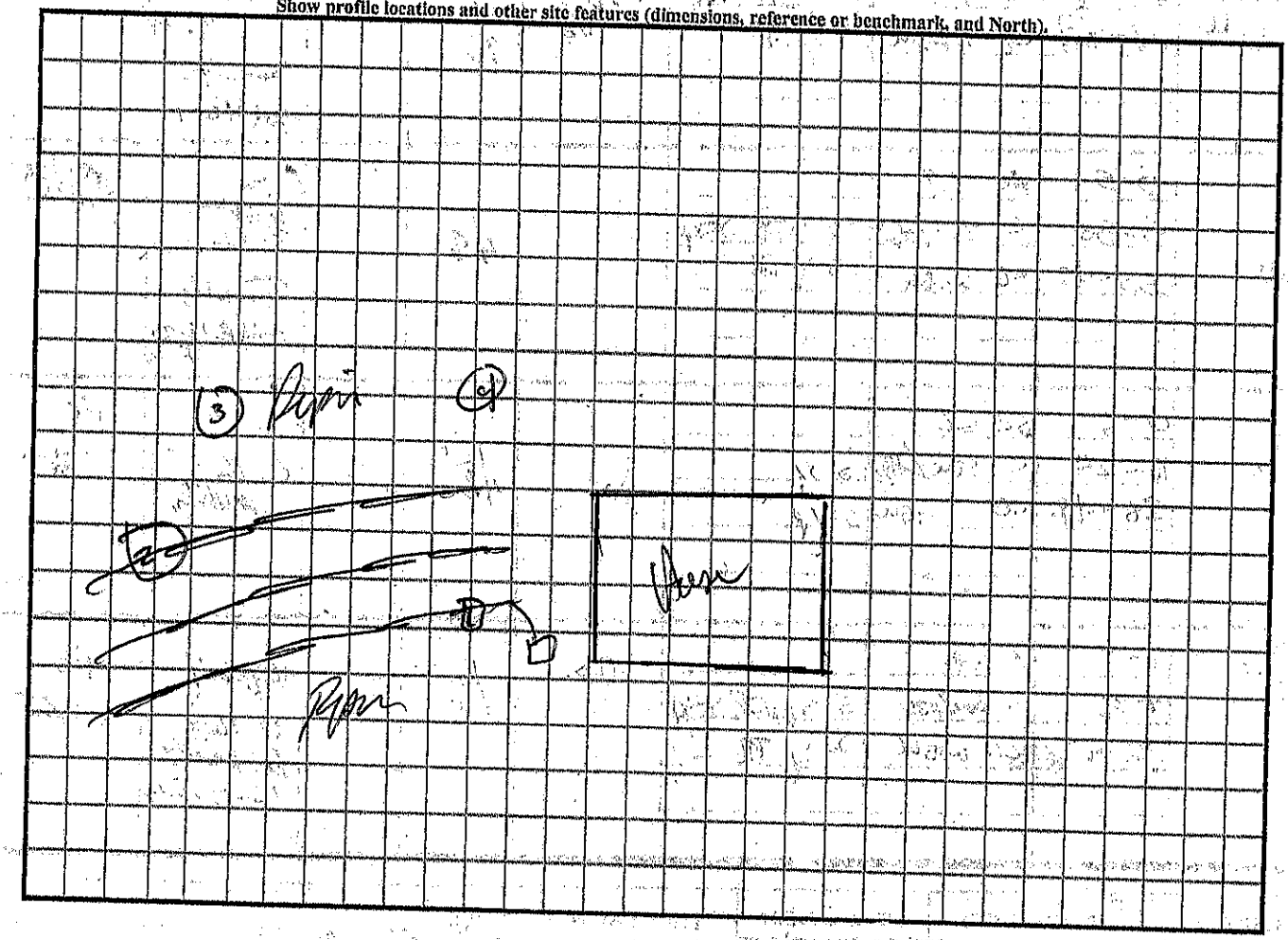
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).




4722-09-7266
302
149
4722-09-9007
364
130
4712-98-0112
4722-18-0915
3
336
9
4722-08-8732
122
229
4722-08-3514
69
68
313
Walking Ln
38
Walking Ln
200
140
4722-18-1545
230
320
4722-08-5197
4722-08-8510
272
4722-18-0440
135
4

RECEIVED AUG 14 2020

AP-31005
$300.00

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
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bradley C Walden Address: 161 Westscott Dr. Zip: 28625
Applicant Email: Walden.brad84@gmail Phone: 704-682-9834 Alt. Phone: _____
Owner Name: Kim W Walden Address: 135 Walking Lane Zip: 28677
Owner Email: KWWalden56@yahoo.com Phone: 704-970-6401 Alt. Phone: _____

Property Information:

Street Address: 122 Walking Lane

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

Driving Directions: _____

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: 4 — ( ) 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 ( ) 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: _____ 8/12/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

TYL

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, Darrell Walden, Kim Walden am the legal owner(s) of the property located at 1001 Old Mt. Road, identified as PIN (Parcel Identification Number) 4722088732 located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Bradley C. Walden _____, 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.

Darrell C Walden Kim W Walden
Signature of Owner(s)

7/13/20
Date

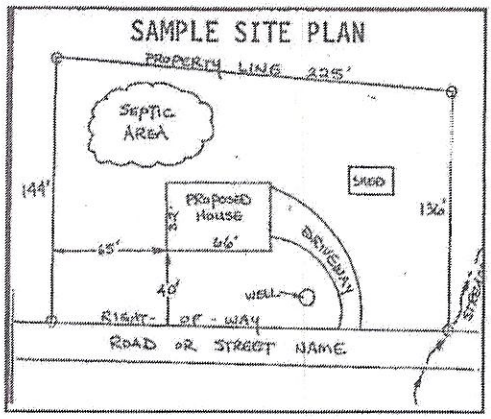
Mooresville - Environmental Health

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

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

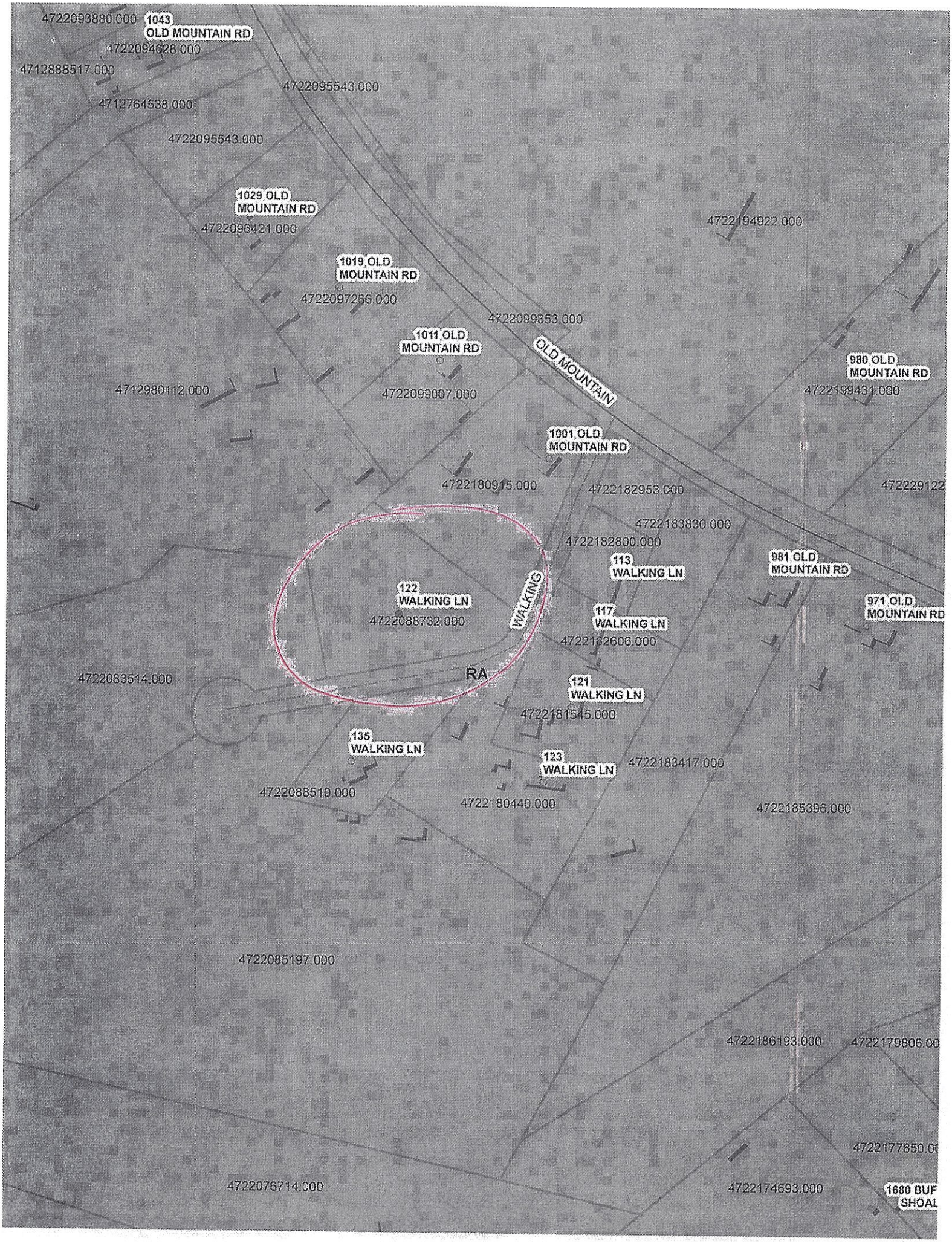
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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


4722093880.000
1043 OLD MOUNTAIN RD
4722094628.000
4712888517.000
4722095543.000
4712764538.000
4722095543.000
1029 OLD MOUNTAIN RD
4722096421.000
4722194922.000
1019 OLD MOUNTAIN RD
4722097266.000
4722099353.000
1011 OLD MOUNTAIN RD
OLD MOUNTAIN
980 OLD MOUNTAIN RD
4712980112.000
4722099007.000
4722199431.000
1001 OLD MOUNTAIN RD
4722180915.000
4722182953.000
4722183830.000
4722182800.000
113 WALKING LN
981 OLD MOUNTAIN RD
122 WALKING LN
WALKING
971 OLD MOUNTAIN RD
4722088732.000
117 WALKING LN
4722182606.000
RA
4722083514.000
121 WALKING LN
4722181545.000
135 WALKING LN
123 WALKING LN
4722183417.000
4722088510.000
4722180440.000
4722185396.000
4722085197.000
4722186193.000
4722179606.00
4722177850.0
4722076714.000
4722174693.000
1680 BUF
SHOAL

Acknowledgement Of
Plans Submittal ONLY!

Date 10/27/2020

Date 10/12/20



HPG-1876B

SCALE: 1/4" ========== 1'-0"

AREAS:	1876	S.F. HEATED
	889	S.F. UNHEATED (MAIN FLOOR)
	2765	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED

NOTES:

1. CONTRACTOR TO VERIFY ALL DIMENSIONS & EXISTING SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. DOOR & WINDOW SIZES ARE GIVEN IN FEET AND INCHES IN WIDTH AND HEIGHT RESPECTIVELY. DOOR EXAMPLE: 3068: 3'-0" WIDE BY 6'-8" TALL. WINDOW EXAMPLE: 2646: 2'-0" WIDE BY 4'-6" TALL.
3. FURTHERMORE, IT SHALL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY CLEARANCES OF THE AFOREMENTIONED ITEMS PRIOR TO CONSTRUCTION.
4. REFER TO MANUFACTURERS SPECS FOR ROUGH OPENING DIMENSIONS.
5. IF HVAC UNIT(S) AND WATER HEATER(S) ARE NOT SHOWN ON FLOOR PLAN, CONTRACTOR TO LOCATE.
6. REFER TO EXTERIOR ELEVATIONS TO VERIFY ALL EXTERIOR WALL FINISHES.
7. REFER TO LOCAL CODES TO DETERMINE ALL HAZARDOUS LOCATIONS & REQUIREMENTS FOR TEMPERED/SAFETY GLASS FOR DOORS AND WINDOWS.
8. SUBJECT TO SITE MODIFICATIONS AT THE CONTRACTOR'S DISCRETION.

NOT A LEGAL COPY

HOUSE PLAN GALLERY, INC.
6659 HWY. 98 WEST, HATTIESBURG MS, 39402
EMAIL: HOUSEPLANGALLERY@COMCAST.NET \ FAX: (601) 264-4483

DRAWINGS AND CONCEPTIONS TO BE VERIFIED BY CONTRACTOR. © COPYRIGHTED - ANY AND ALL UNAUTHORIZED REPRODUCTION PROHIBITED

DATE: 08/13/20

DRAWN BY: G.S.M.

CHECKED BY: G.S.M.

PLAN NUMBER HPG-1876B

FLOOR PLAN

SHEET NUMBER 3

PROFESSIONAL MEMBER

IREDELL COUNTY

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

APPLICATION NUMBER
310033 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4722088732.000	122 WALKING LN	Iredell County

Owner Information	Applicant Information
Name: WALDEN DARRELL+KIM	Name: BRADLEY WALDEN
Address:	Address: 161 WESTSCOTT DRIVE
	STATESVILLE, NC
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.7	35	35	15	15		

Remarks
SFD

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.

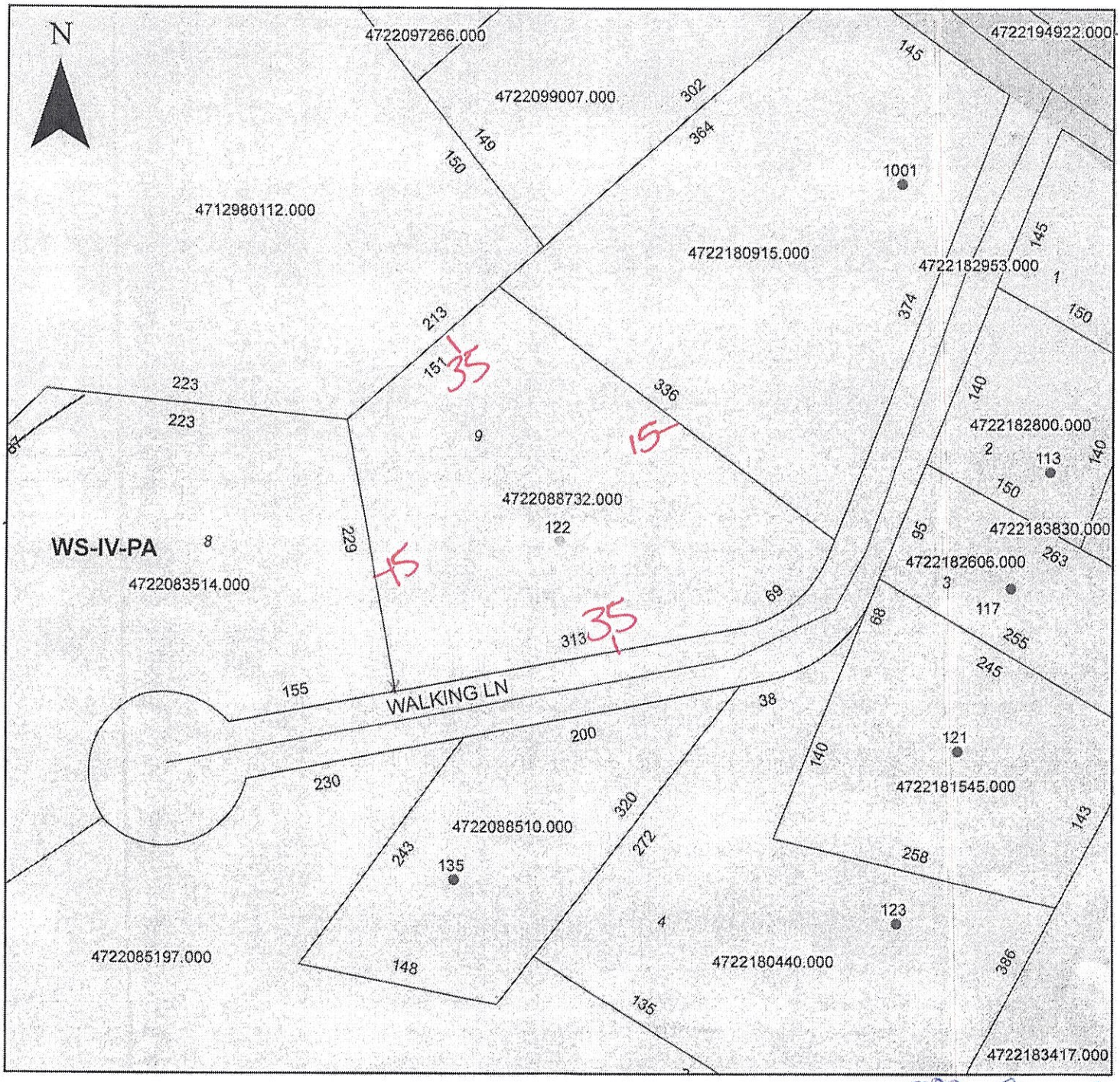
Date: 08/13/2020

Signature of Owner/Contractor

Permit Number	310033

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 122 Walking Lane

1.7
RA
WS-IV-PA
NO

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

8/12/20
Date