IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 241042 ~~110816~~ PIN# 4722-21-8739 DATE 1-27-03

OWNER OR CONTRACTOR Land Development Services PHONE: Business (704) 528-4711 Home —

ADDRESS P.O. Box 5602 Terrell N.C. 28682

LOCATION Buffalo Shoals Rd. (L) Old mtn. Rd. (R) Compton Park Rd, end of road, Stonecrest 1st on left

SUBDIVISION Stonecrest @ Idlebrook BLOCK / SECTION 2 LOT 13 LOT AREA .528 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9/29/18

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 sqft. Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" 28" -CC Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. (III) IV. V. VI

System Description: Gravity, 25% reduction

Repair System Description: Pump, -LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other —

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

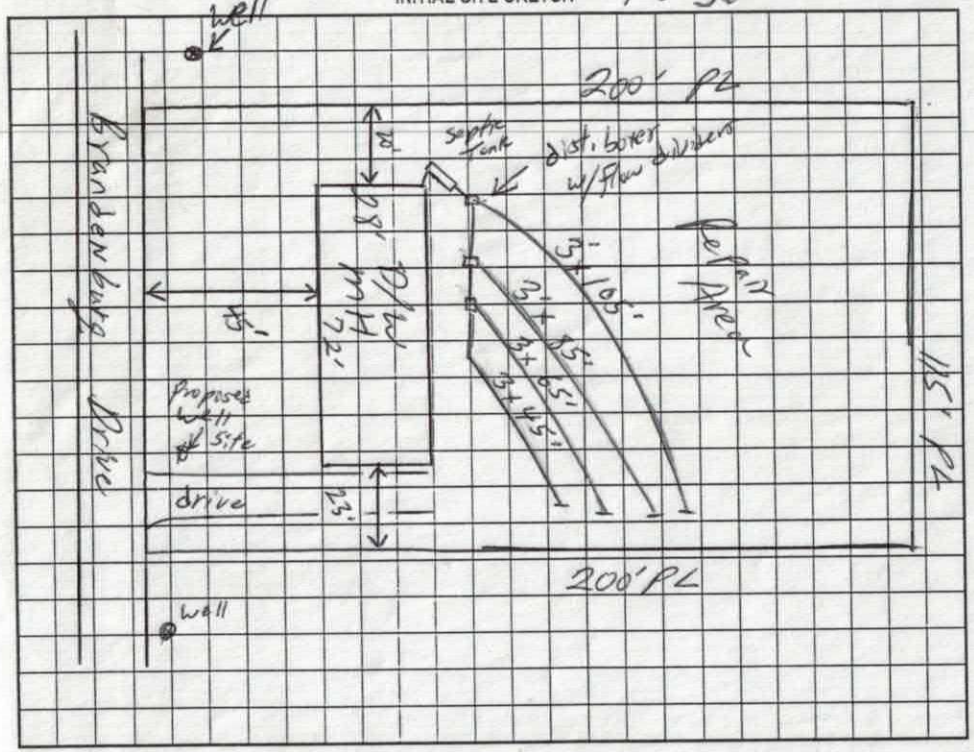
Comments:/Conditions:

Install on contour. Do not exceed max trench depth of 28".

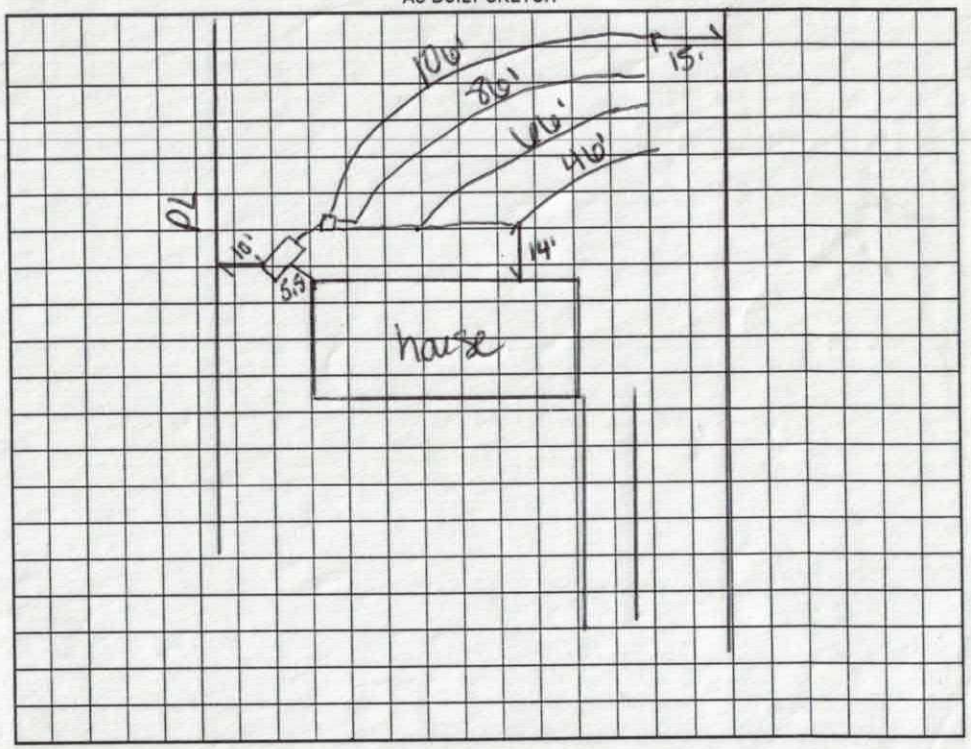
Comments:/Conditions:

Site Address: 197 Brandenburg Dr. Stat. 28677

INITIAL SITE SKETCH 1" = 50'



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Michael L. Dyerhurst date 1/14/2019

Improvement Permit by: William A. Johnson date 1/27/03

Authorization to Construct by: Carla C. Cave date 1/9/19

Installed by: Steve Jordan

Operation Permit by: Carla C. Cave date 2/15/19

Existing System Inspection by: — date —

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Land Development System — APPLICANT: Chris Davidson
ADDRESS: ____ — APPLICATION DATE: ____ — DATE EVALUATED: 1/16
PROPOSED FACILITY: 3BR MH/Load — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: .52 Ac
LOCATION OF SITE: ____ — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Stake # 13 @ Hedrock

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	PROFIL CLASS & LTAR
1	4% Linear	0-4	sl/c g	vfr NS NP	MEX				PS .30
		4-14	scl usbk	fr SS NP	SEX				
		14-40	c/cl sbk	fr/fi	SEX				
		40-48	c w/sl sbk	fr SSSP	SEX				
2	4% Linear	0-6	sl/c g	vfr	NEXP				PS .30
		6-39	c sbk	fr/fi SS SP	SEX				
		39-48	sic w/mica usbk	fr SS SP	SEXP				
3	4% Linear	0-5	sl/l g	vfr	NEXP				PS .30
		5-24	c sbk	fr/fi	SEX				
		24-36	sc usbk	fr SS SP	SEXP				
		36-42	sic w sbk	fr SS SP	SEXP				
		42-48	sic w/sl w sbk	fr SS SP	SEXP				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity, 25%	Pump-LPP
Site LTAR	.30	.30

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Bill Johnson
OTHER(S) PRESENT: ____

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	NEXP (Non-expansive) 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) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

NOTES

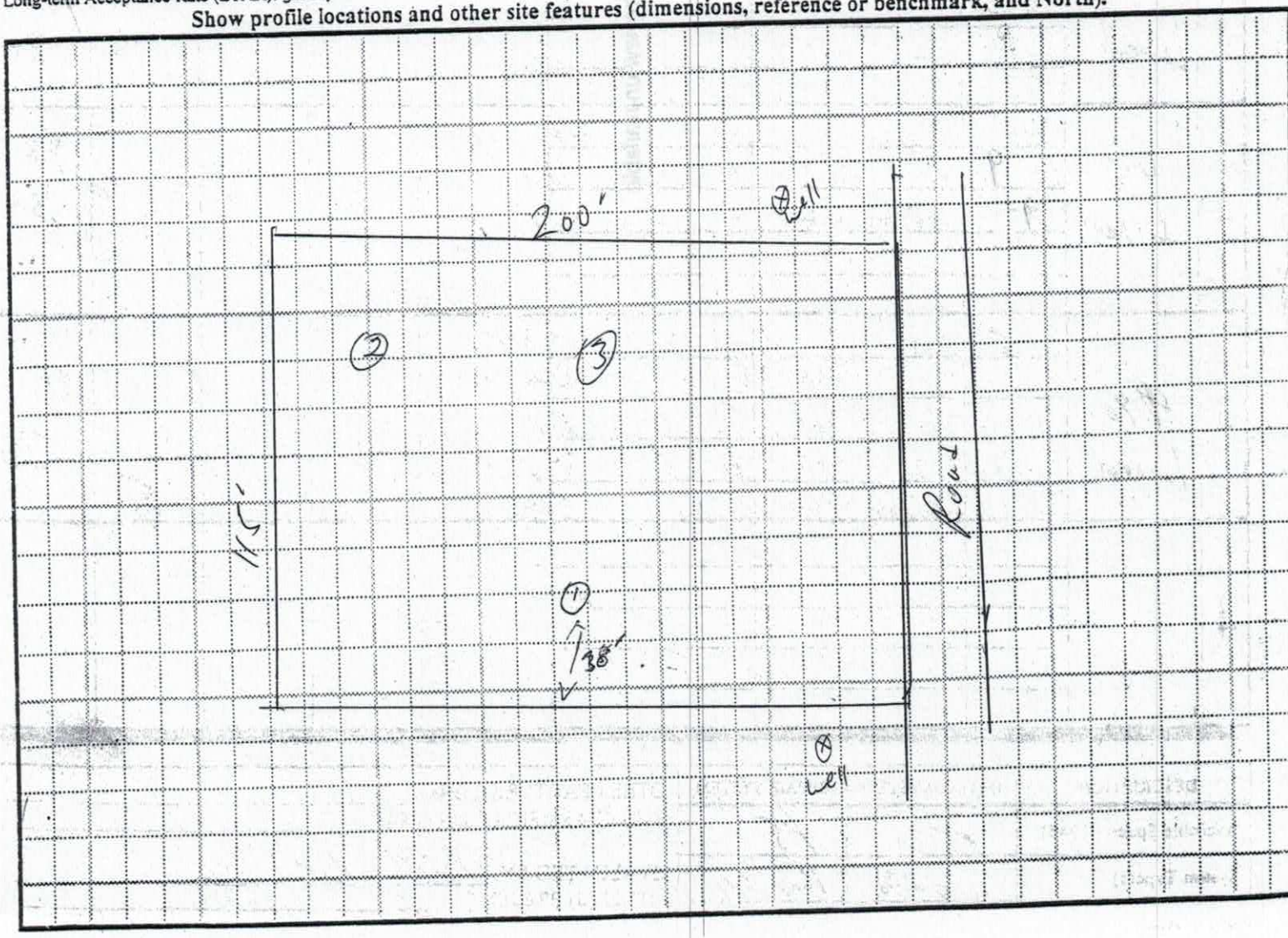
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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

#13

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



241042 RECEIVED DEC 19 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AC w/Inspection - No chg.

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: DAGENHART BUILDERS Address: 161 Rommie LN Stony Point Zip: 28678
Applicant Email: mday1957@charter.net Phone: 704-880-8205 Alt. Phone: 704-585-2331
Owner Name: LLDA Properties LLC Address: 540 Mock Mill Rd Statesville Zip: 28678
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 197 Brandenburg Dr
Subdivision Name: Stone Crest Section/Phase: _____ Lot Number: 13
Driving Directions: (I-77) Mt Rd to Compton Park - go to End TR Then TL Job About 1/2 mile Down Brandon Burg on L S

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: 3 — ( ) 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: Michael L. Dagenhart 12/19/2018
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, LFOD PROPERTIES, LLC, am the legal owner(s) of the property located at 197 RAINBOW DRIVE, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

MICHAEL L. 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.

M. Dagenhart, MANAGER
Signature of Owner(s)

12/19/2018
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

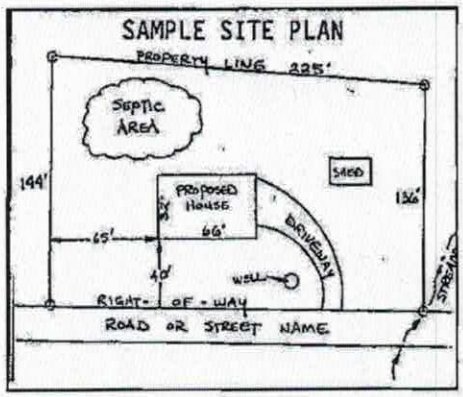
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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 L. Dysart

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

12/19/2018

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 110816 PIN# 4722-21-8739 DATE

OWNER OR CONTRACTOR Land Development Services PHONE: Business (704) 528-4911 Home —

ADDRESS P.O. Box 5602 Terrell N.C. 28682

LOCATION Buffalo Shoals Rd. (L) Old Mtn. Rd. (R) Compton Park Rd end of road, Stonecrest 1st on left

SUBDIVISION Stonecrest BLOCK / SECTION — LOT 13 LOT AREA ±.528 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons: ST8 Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet approx 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, ⓘ, IV, V, VI

System Description: Grout, 25% Reduction

Repair System Description: Pump - LFF

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

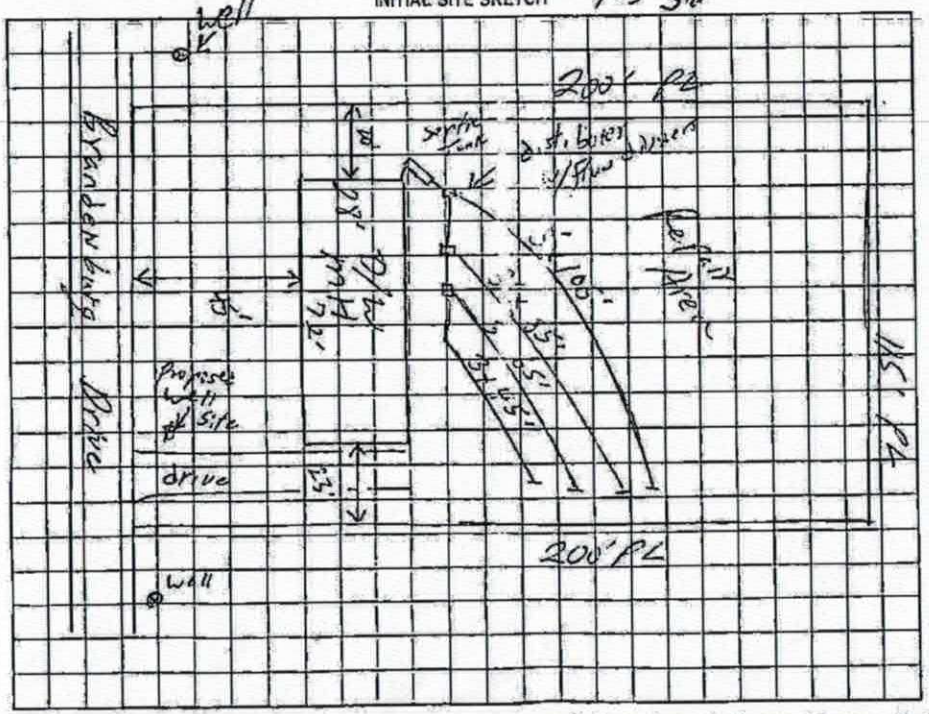
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH 1" = 50'



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Neil Keller date 1-28-03

Improvement Permit by: William A. Johnson date 1/27/03

Authorization to Construct by: William A. Johnson date 1/27/03

Installed by:

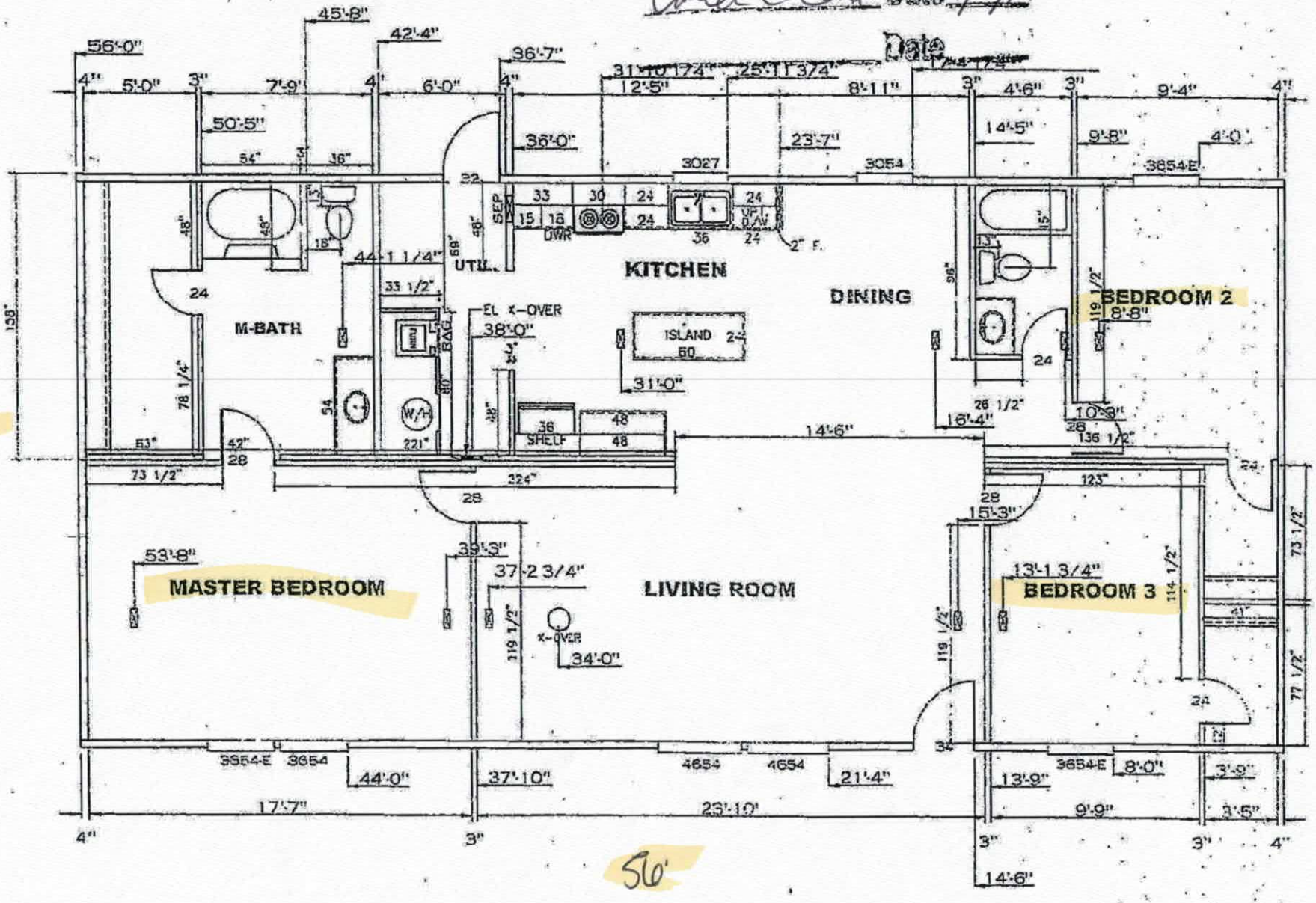
Operation Permit by: date

Existing System Inspection by: date

Michael L. Dagenhart
1/14/2019

Plan Submittal ONLY!
Carlos C. Cano Date 1/9/19

Date



IREDELL COUNTY

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

APPLICATION NUMBER
241042
Issue Date: 12/19/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722218739.000	197 BRANDENBURG DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAND DEVELOPMENT SERVICE LLP	Applicant: DAGENHART BUILDERS
Address: P O BOX 5602	Address: 161 ROMMIE LANE
STATESVILLE, NC 28687	STONY POINT, NC 28678
Phone:	Phone: 704-585-2331

Use Requested	Zone Code
DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.528	35.00	35.00	15.00	15.00	PACL	X

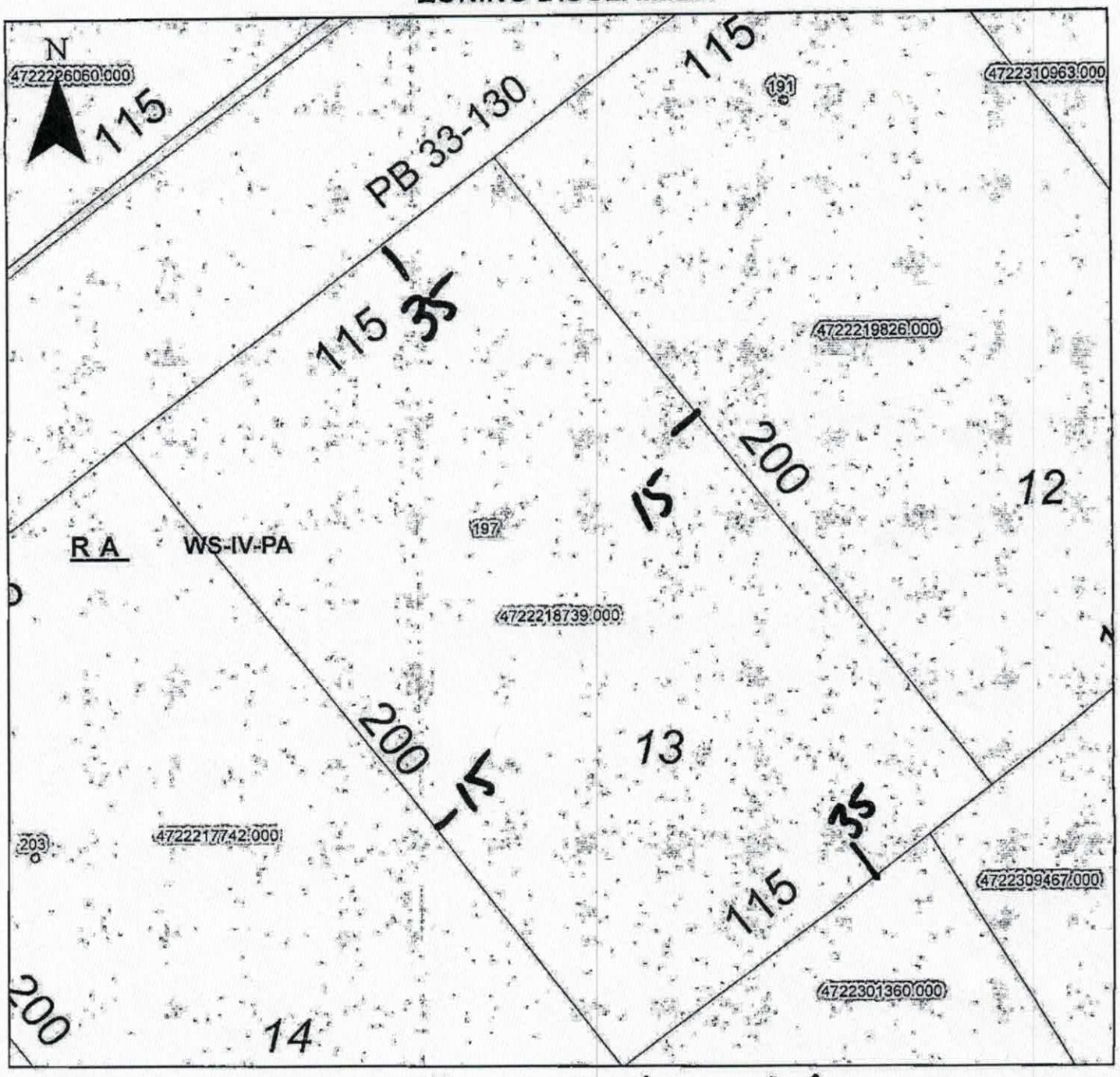
Remarks:

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: _____ Date: _____

Permit Number	162702	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 197 Brandenburg Rd.

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.

Michael L. Dysinger

Applicant

12/19/2018

Date