# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317414

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

PIN # 4723 -- 66 --2230

APPLICANT/OWNER: Bob Barker APPLICANT ADDRESS: 188 Sycamore Road Mooresville

SITE ADDRESS: 226 Delight Loop Statesville NC 28677 PHONE: 704-453-1230 ALT. PHONE -

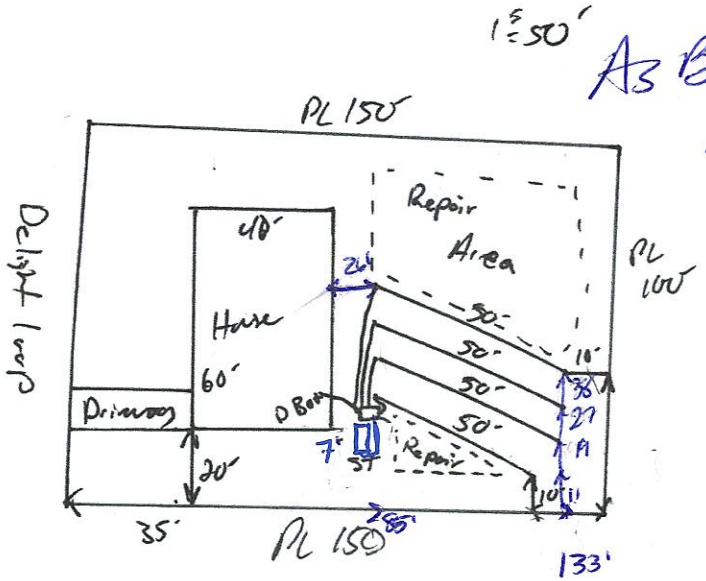
SITE DIRECTIONS: Old Mountain L on Buffalo L on Lakewood L on Delight Loop SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakewood Estates SECTION: 2 LOT# 43 LOT AREA: .37 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB TP 1012 | Date 2/11/22 | ☒ 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: 50% Reduction | ☐ Business | No. Persons | 6 | ☐ Private | |
| Pump Make | Model | | Serial # | Repair System Description: 50 Reduction | ☐ Other | No. Employees | | ☒ Public | |
| # Nitrification Fields | 1 # Lines 4 | | Linear Ft 200' | Maintenance Agreement Required: ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community | |
| Trench Width | 36" = 24 | Trench Bottom Depth(~~Low side~~) | Max 36" = | Gravel Depth - ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions: Install Drainlines on center of land, USE D Box for distribution. No Foundation drains to be used on Back of House.

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.

-Remove soil from repair area 4/29

Done 4/30/22 DW

*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: Bob Barker Date: 7/19/21 Installed by: Scott Schierloh - Paragon Svcs.

IMPROVEMENT PERMIT by: Date: 6-17-2021 OPERATION PERMIT by: D. Wieberg Date: 5/2/22

AUTHORIZATION TO CONSTRUCT by: Date: 6-17-2021 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | 4/29/22 | DW |
| Tanks Checked | 4/29/22 | DW |
| Pressure Manifold or ~~Valve Box Checked~~ D-Box | 4/29/22 | DW |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: Remove soil from repair | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

226 Delight Loop

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

cppw

Sheet 1 of 1
PROPERTY ID #: 9733662250
COUNTY: Jones

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

OWNER: Bob Barton
APPLICATION DATE: 5-3-2021
ADDRESS: 188 Sycamore Rd Maysville
DATE EVALUATED:
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.37
LOCATION OF SITE: 226 to Deli, Lt Loop
PROPERTY RECORDED: Yes
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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 7% SS | 0-6 | SBK SCL | FR SSSPSeq | N/A | 48"+ | N/A | N/A | PS .3 |
| | | 6-32 | SBK C | | | | | | |
| | | 32-48 | SBK CL | | | | | | |
| 2 | 7% SS | 0-6 | SBK SCL | | N/A | 48"+ | N/A | N/A | PS, J |
| | | 6-28 | SBK C | | | | | | |
| | | 28-48 | SBK CL | | | | | | |
| 3 | 7-8% SS | 0-6 | SBK SCL | | N/A | 48"+ | N/A | N/A | PS .275 |
| | | 6-28 | ABK C | | | | | | |
| | | 28-48 | SBK CL | | | | | | |
| 4 | 5-6% SS | 0-6 | SBK SCL | | 48 mott @ 30" | 48"+ | N/A | 30" | A .275 |
| | | 6-30 | ABK C | | | | | | |
| | | 30-48 | SBK CL | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 200' | 220' |
| System Type(s) | 50% | 50% |
| Site LTAR | .2 | .275 |

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

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | 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.

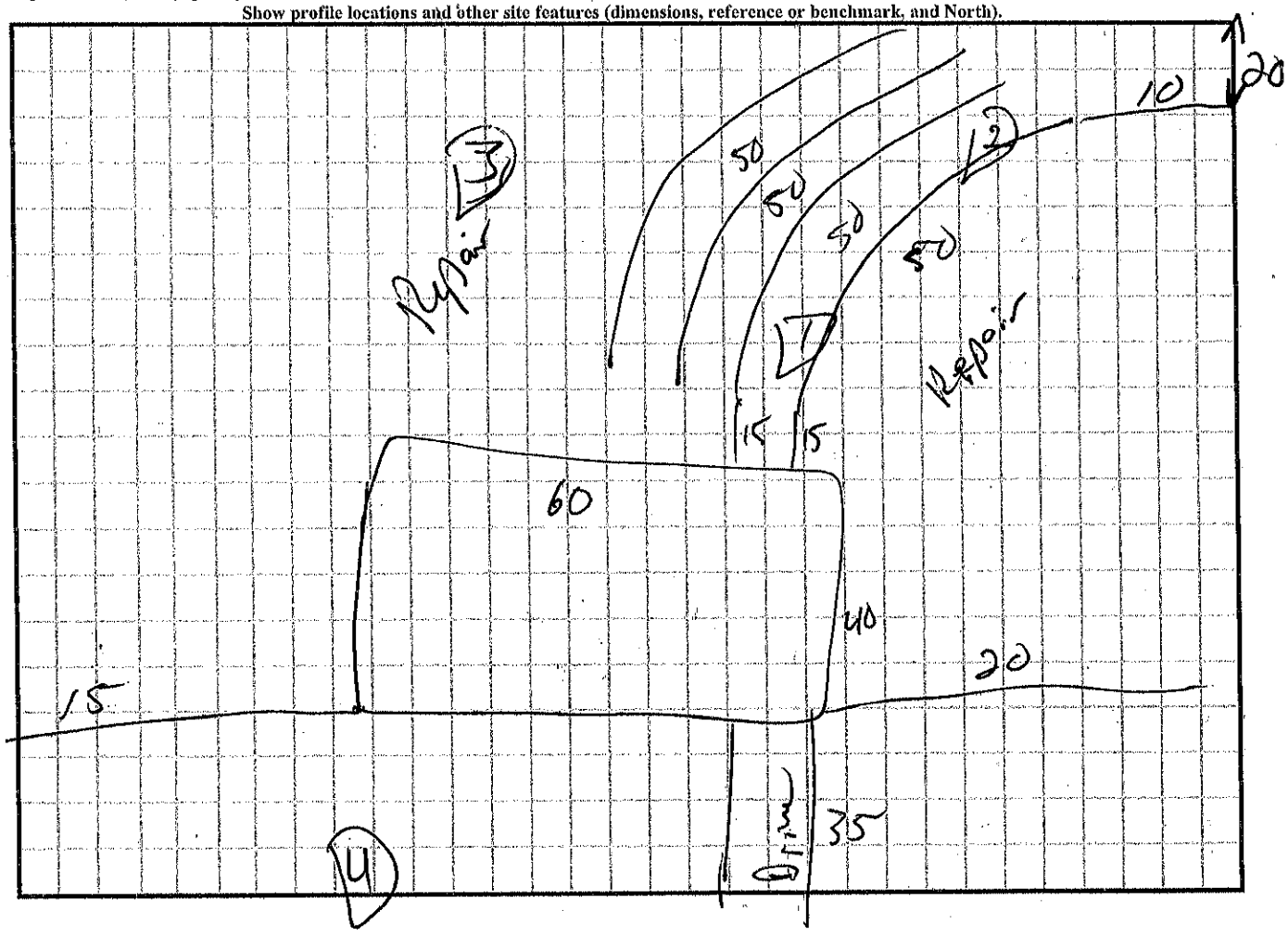
***NOTES***

| | |
|---|---|
| *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/ft²

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



RECEIVED MAY C 3 2021

# 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* AP-317414 $500.00

**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: Robert BARTON Address: 188 SAGEMORE RD. Mooresville Zip: 28117
Applicant Email: bobbarton60@gmail.com Phone: 704-453-1230 Alt. Phone:
Owner Name: JUDITH RIGGS Address: 761 BARRY OAK RD. CLEVELAND NC Zip: 27013
Owner Email: Phone: 704-880-0608 Alt. Phone:

**Property Information:**

Street Address: 226 DELIGHT LOOP RD. STATESVILLE
Subdivision Name: LAKEWOOD ESTATES Section/Phase: Lot Number: 43
Driving Directions: OLD MTN. RD. TO BUFFALO SHOALS LEFT LAKEWOOD RD. / LEFT DELIGHT LOOP

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants:
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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:

**CHECK FOUNDATION TYPE**

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

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3
( ) 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:** Robert Barton 5/3/2021
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 Judith Hope Riggs / JR III, Jr am the legal owner(s) of the property located at Lakewood Estates Lot # 43, identified as PIN (Parcel Identification Number) LOT 43, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Barton Building Robert Barton, 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.

Judith Hope Riggs / Anthony Lee Hope — 4-13-2021

Signature of Owner(s) — Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

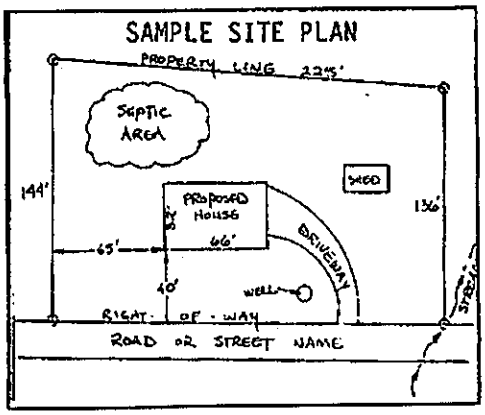
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

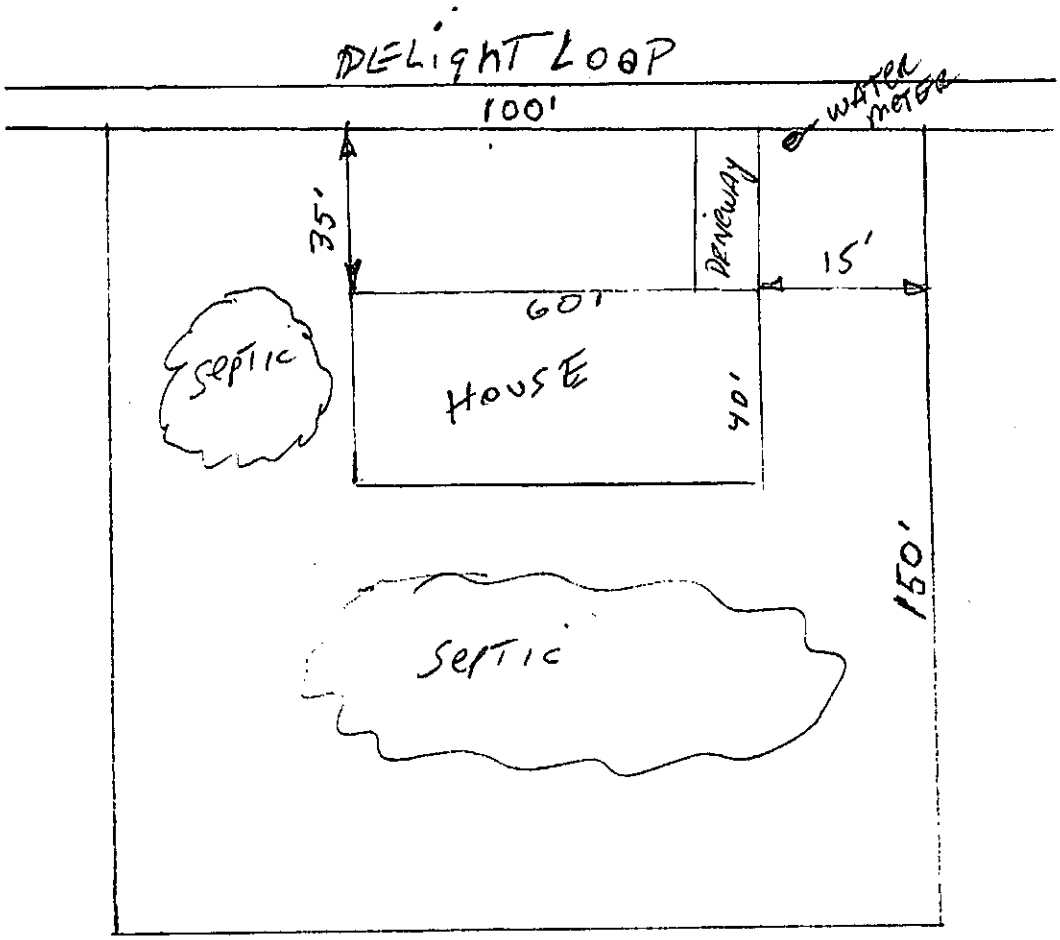
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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***

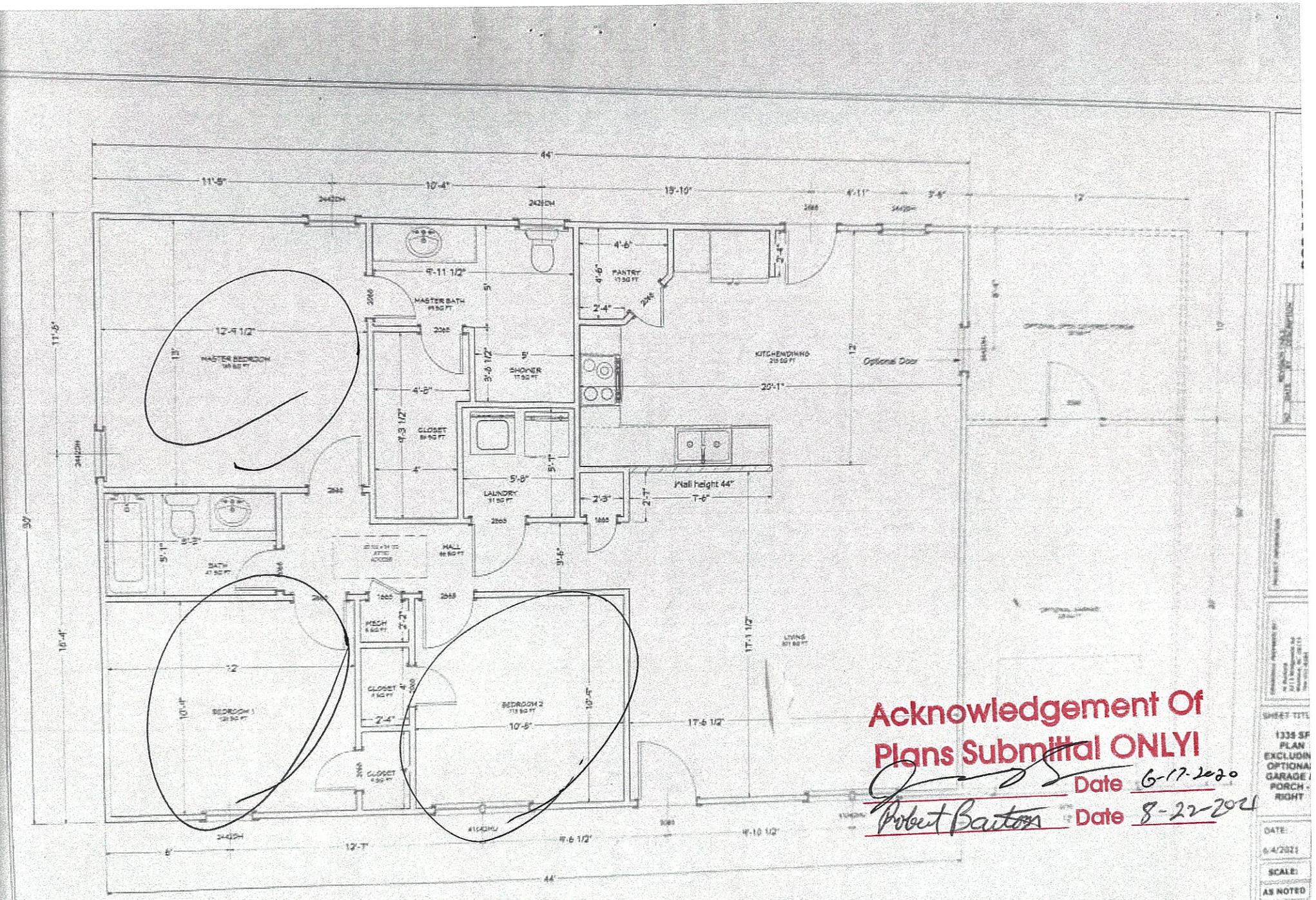



**Signature:** Robert Barton

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

5/9/2021

DATE




Acknowledgement Of Plans Submittal ONLY!

Date 6-17-2020

Robert Barton Date 8-22-2020

First Floor Plan
1/2" = 1'-0"

NOTE:
Wall dimensions are to framing

1335 SF PLAN EXCLUDIN OPTIONA GARAGE PORCH RIGHT

DATE: 6/4/2021

SCALE: AS NOTED

SHEET: A-1.1

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

| APPLICATION NUMBER |
|---|
| 317414<br>Issue Date: 05/03/2021 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4723662230.000 | 226 DELIGHT LOOP | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: RIGGS JUDITH H | Name: ROBERT J BARTON |
| Address: | Address: 188 SAGEMORE RD<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: (704)453-1230 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R-20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 35 | 15 | 15 | N/A | NO |

| 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:** 05/03/2021

Signature of Owner/Contractor

| Permit Number | 317414 | TOTAL FEES: | $77.25 |
|---|---|---|---|

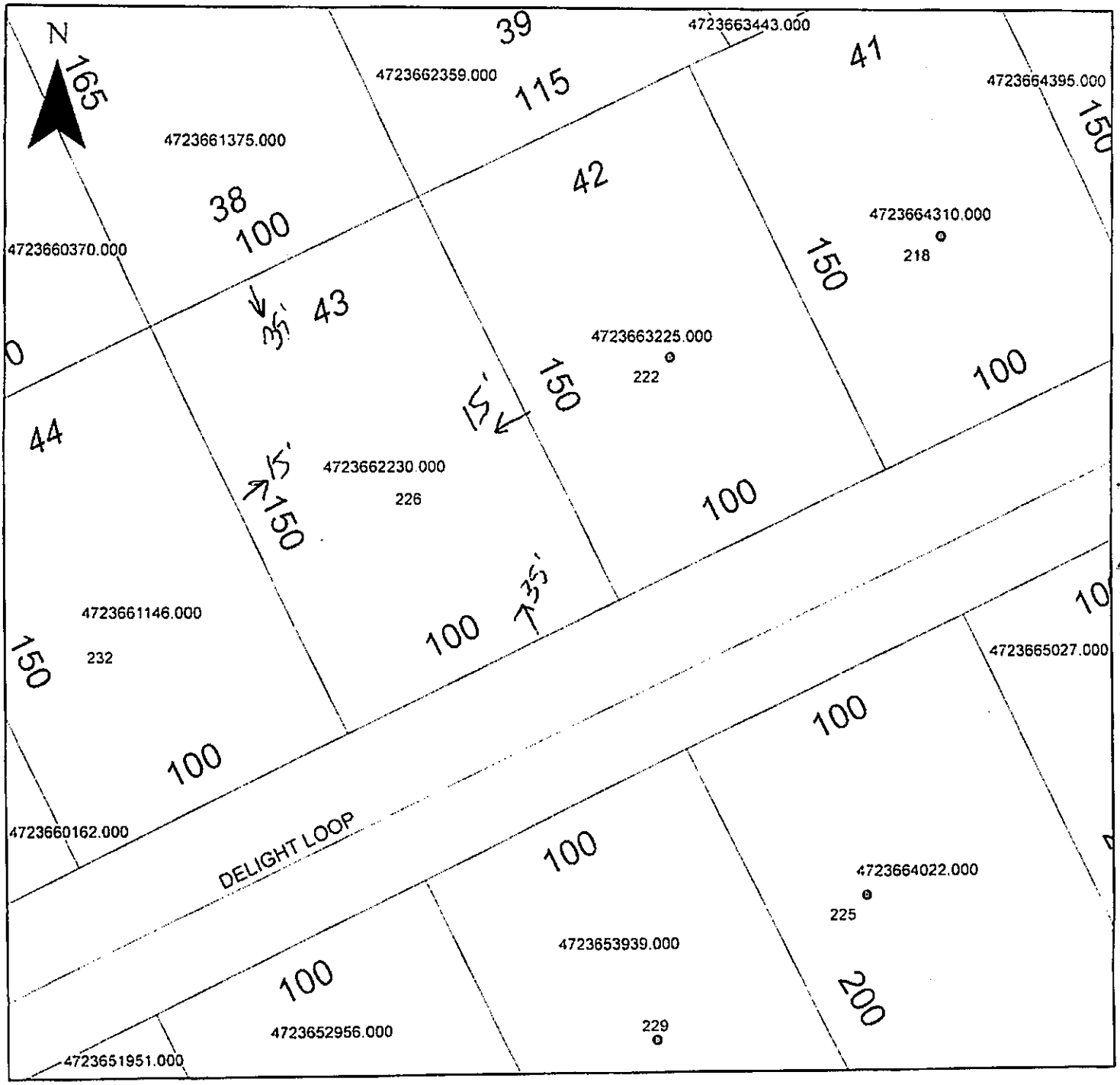
31'1 917

R-20 1.37 AC

NO - WS

NO - FL

# ZONING DISCLAIMER




Property Address 226 Delight Loop

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.

Robert Barton

Applicant

5/3/21

Date