ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327593

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

PIN # 4723 -- 76 -- 1430

APPLICANT/OWNER: Bob Barton APPLICANT ADDRESS: 138 Sagemore Rd Mooresville NC 28117

SITE ADDRESS: 187 Delight Loop Statesville NC 28677 PHONE: 704 453-1230 ALT. PHONE

SITE DIRECTIONS: Old Mtn Rd towards I-40 @ Buffalo Shoals Rd @ Pearson Lane SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakewood Estates SECTION: 3 LOT # 69 LOT AREA: .46 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 8/1/22
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft 300
Trench Width 36in Trench Bottom Depth(~~Low Side~~) 26in high Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: County -25% Reduction
Repair System Description: PD BPS - 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: No Foundation Drain along home to be installed.

5/23/22 House plans 2ft deeper than original plan but still should work.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Thompson Environmental Consulting Inc.

LSS # 1287 Dated March 27, 2022

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: BOB Barton Date: 5/23/22 Installed by: Paragon Services

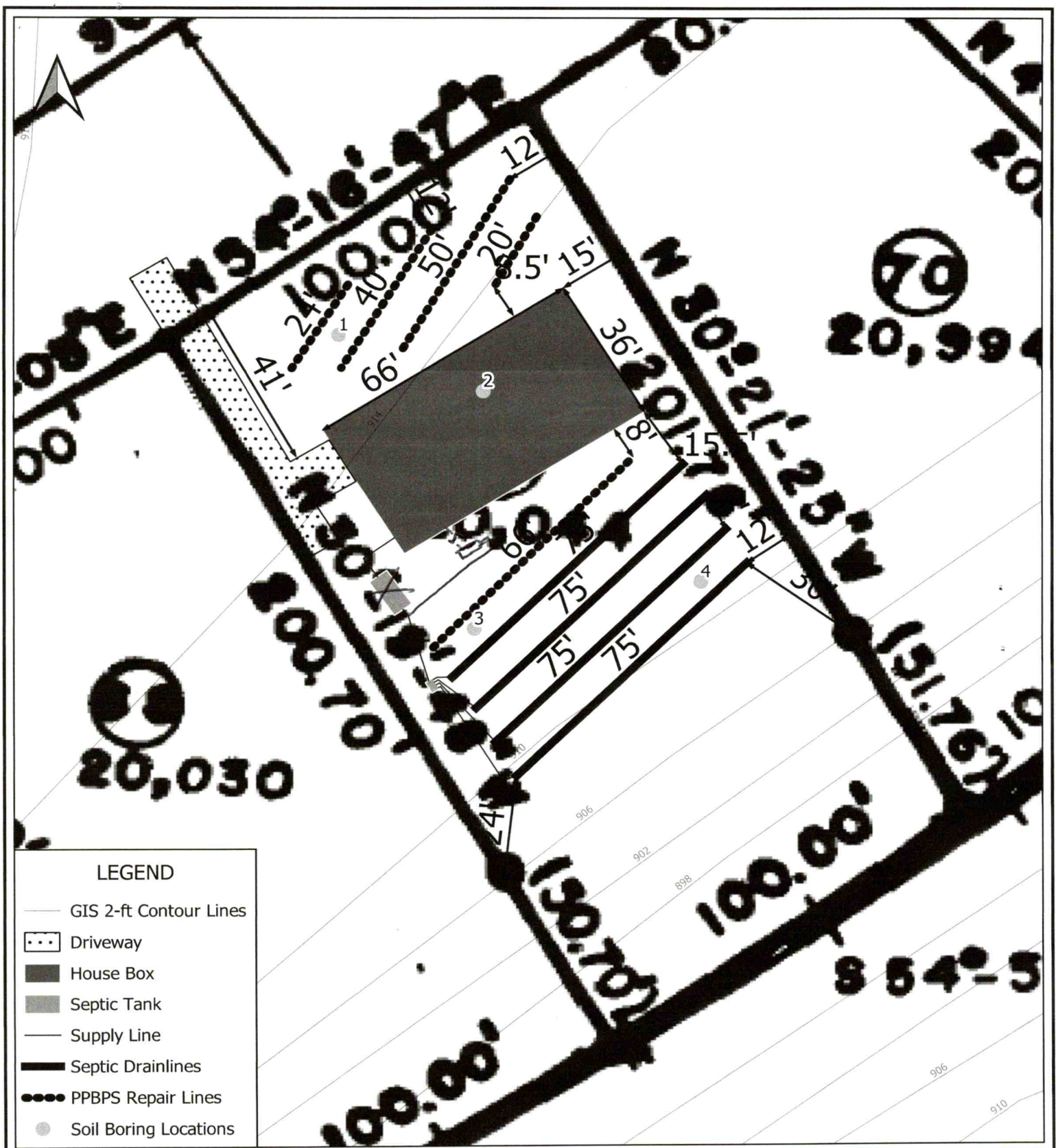
IMPROVEMENT PERMIT by: Date: 5-3-2022 OPERATION PERMIT by: Tony Wil Date: 9/21/22

AUTHORIZATION TO CONSTRUCT by: Date: 5/23/22 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	



Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

Prepared For:
Barton Builders

Proposed Septic Layout

187 Delight Loop
Statesville, NC 28677
Iredell County

Date: March 2022

Scale: 0 15 30 ft

TEC Job #: 22-66

Figure 1

Residential Subsurface Wastewater Treatment and Disposal System Proposal

for

Lot 69 – Lakewood Estates, Phase III
187 Delight Loop
Statesville, NC 28677

Tax Parcel # 4723761430.000
March 27, 2022

Prepared for:

Bob Barton
Barton Builders
188 Sagemore Road
Mooresville, NC 28117
704-453-1230



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



AGENT AUTHORIZATION FORM

PROPERTY LEGAL DESCRIPTION:

LOT NO. 69 PHASE III PARCEL ID: 4723761430.000

STREET ADDRESS: 187 Delight Loop
Statesville, NC 28677

Please print:

Property Owner: Barton Builders

Property Owner: _____

The undersigned, registered property owners of the above noted property, do hereby authorize

Larry Thompson, LSS, of Thompson Environmental Consulting, Inc.
(Contractor / Agent) (Name of consulting firm)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit or certification and any and all standard and special conditions attached.

Property Owner's Address (if different than property above):
188 Sagemore Road, Mooresville, NC 28117

Telephone: 704-453-1230

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

The NC LSS evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with Session Law 2018-114 Section 11. (c).

Owner Signature:
BB Barton
Robert Barton (Mar 27, 2022 20:25 EDT)

Date: Mar 27, 2022

Owner Signature: _____

Date: _____

Details

Barton Builders has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a septic proposal for a new 3-bedroom single family residence to be located on Lot 69 – Lakewood Estates, Phase III, 187 Delight Loop, Statesville, North Carolina.

Based upon a soil investigation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available for the installation of a **Gravity Flow Accepted System** for a 360 gallon-per-day residence at a 0.3 GPD/sq/ft long-term acceptance rate (LTAR). The proposed repair would be a Pump-To Prefabricated Permeable Block Panel System. The lot is served by a municipal water supply.

Barton Builders would like to request that Iredell County Environmental Health (ICEH) issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the following proposal and the enclosed Licensed Soil Scientist Evaluation, which is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11. (c).

Location

From Statesville, take W. Front Street to Buffalo Shoals Road. Turn left onto Buffalo Shoals Road, right onto Old Airport Road, left onto Parker Loop Road, and left onto Delight Loop. Property is located on the left.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, April 1, 2017.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons in capacity.
2. The septic tank shall be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

B. Pipes and Fittings

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.

C. Distribution Method

1. The drainlines will be fed via a distribution box.
2. Distribution box shall be water tested at the time of the final inspection.

D. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of four (4) lateral trenches to be constructed 3-foot wide by 75 feet long. Total drainline length is 300 feet.
5. The maximum trench depth for this system shall be **26 inches (high side)**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the local health department.

E. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior

to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

F. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions regarding preferred routes, contact the local health department as soon as possible.
2. Lawn irrigation should not be placed over the drainfield area.

Maintenance

G. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	360 GPD – 3 bedroom house
Septic Tank Size:	1,000 Gallons (minimum)
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted 25% Reduction
Distribution Method:	Distribution Box
Number of Drainlines:	(3) 3' Wide x 75' Long
Total Trench Length:	300 Linear Feet

Maximum Trench Depth:	26 Inches (High Side)
Final Cover Requirement:	6 Inches

Repair Option

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	PPBPS
Required Linear Footage:	200 Linear Feet
Available Linear Footage:	200 Linear Feet
Maximum Trench Depth:	26 Inches (High Side)
Installation Depth:	6 Inches

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

Sheet 1 of 1
PROPERTY ID #: 4723761430.000
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**

OWNER: Johnny & Brenda Hoff
ADDRESS: 115 Pleasant Drive, Statesville NC 28677
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 167 Bellhaven Loop, Statesville, NC
DATE EVALUATED: 6-22-21
PROPERTY SIZE: 8.46
PROPERTY RECORDED: 12/16/1983
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Lot 69 - Lake Pond Estates
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	LS 3%	0-7	GR/SCL	FR SS/SP/SO	—	40+	—	—	PS 0.3
		7-40	SBK/C	FI SS/PL/SO					
2	LS 3%	0-6	GR/SCL	FR SS/SP/SO	—	41+	—	—	PS 0.3
		6-41	SBK/C	FI SS/PL/SO					
3	LS 3%	0-6	GR/SCL	FR SS/SP/SO	—	41+	—	—	PS 0.3
		6-41	SBK/C	FI SS/PL/SO					
4	LS 3%	0-5	GR/SCL	FR SS/SP/SO	—	42+	—	—	PS 0.3
		5-42	SBK/C	FI SS/PL/SO					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Provisional
SITE CLASSIFICATION (.1948):
EVALUATED BY: L. Thompson, LSS
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST — LARRY B. THOMPSON, JR. — 1287 — STATE OF NORTH CAROLINA

COMMENTS:

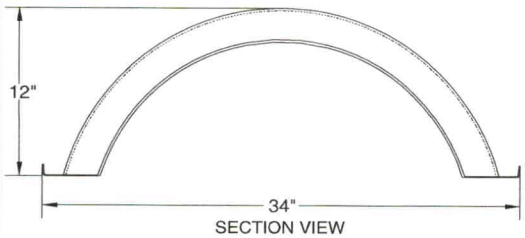
Updated February 2014

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

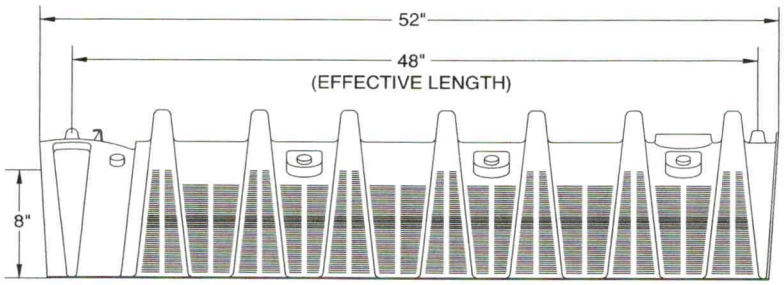
Quick4™

STANDARD CHAMBER

Quick4 Standard Chamber

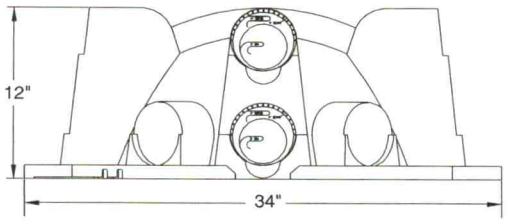


SECTION VIEW

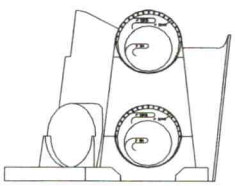


SIDE VIEW

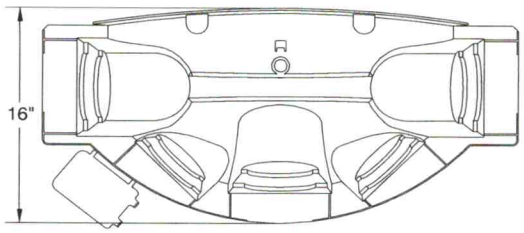
MultiPort End Cap



FRONT VIEW



SIDE VIEW



TOP VIEW

Quick4 Standard Chamber Nominal Specifications

Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

MultiPort End Cap Nominal Specifications

Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

* * * * * * *

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

INFILTRATOR® SYSTEMS INC

Environmental Onsite Wastewater Solutions℠

6 Business Park Road • P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • FAX 860-577-7001

800-221-4436

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,778; 5,839,844
Canadian Patents: 1,329,959; 2,004,564 Other patents pending.

Infiltrator, Equalizer and SideWinder are registered trademarks of Infiltrator Systems Inc. Infiltrator is a registered trademark in France. Infiltrator Systems Inc. is a registered trademark in Mexico. Contour, Contour Swivel Connection, MicroLeaching, PolyTuff, SnapLock, ChamberSpacer, PosiLock, QuickCut, QuickPlay and Quick4 are trademarks of Infiltrator Systems Inc. © 2003 Infiltrator Systems Inc. Printed in U.S.A.

RECYCLED PAPER

Q011203HP-0

RECEIVED APR 1 1 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP-327593

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Session Law Paid $ 500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: BOB BARTON **Address:** 188 SAGEMORE RD Mooresville **Zip:** 28117
Applicant Email: bobbarton60@gmail **Phone:** 704-453-1230 **Alt. Phone:**
Owner Name: Johnny Lee Hope JR. **Address:** 105 PLEASANT DR STATESVILLE **Zip:** 28677
Owner Email: JohnHope.Jr.@gmail **Phone:** **Alt. Phone:**

Property Information:

Street Address: 187 DELIGHT LOOP STATESVILLE NC. 28677

Subdivision Name: ALLANDALE **Section/Phase:** **Lot Number:**

Driving Directions: OLD MT RD. TOWARDS I-40 PT BUFFALO SHOALS RD. LEFT PARKER LAKE DR.

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: 4
( ) 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: 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: Bob Barton 4/11/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified - f928c990-f73f-4d62-80de-dc4083d2cee3

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Johnny Lee Hope, Jr., am the legal owner(s) of the property located at 187 Delight Loop, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4723761430.000, located in Iredell County, North Carolina.

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

Johnny Lee Hope, Jr
Signature of Owner(s)

03/03/2022
Date

Mooresville - Environmental Health

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

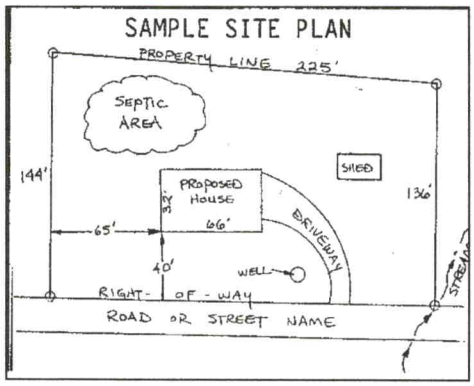
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

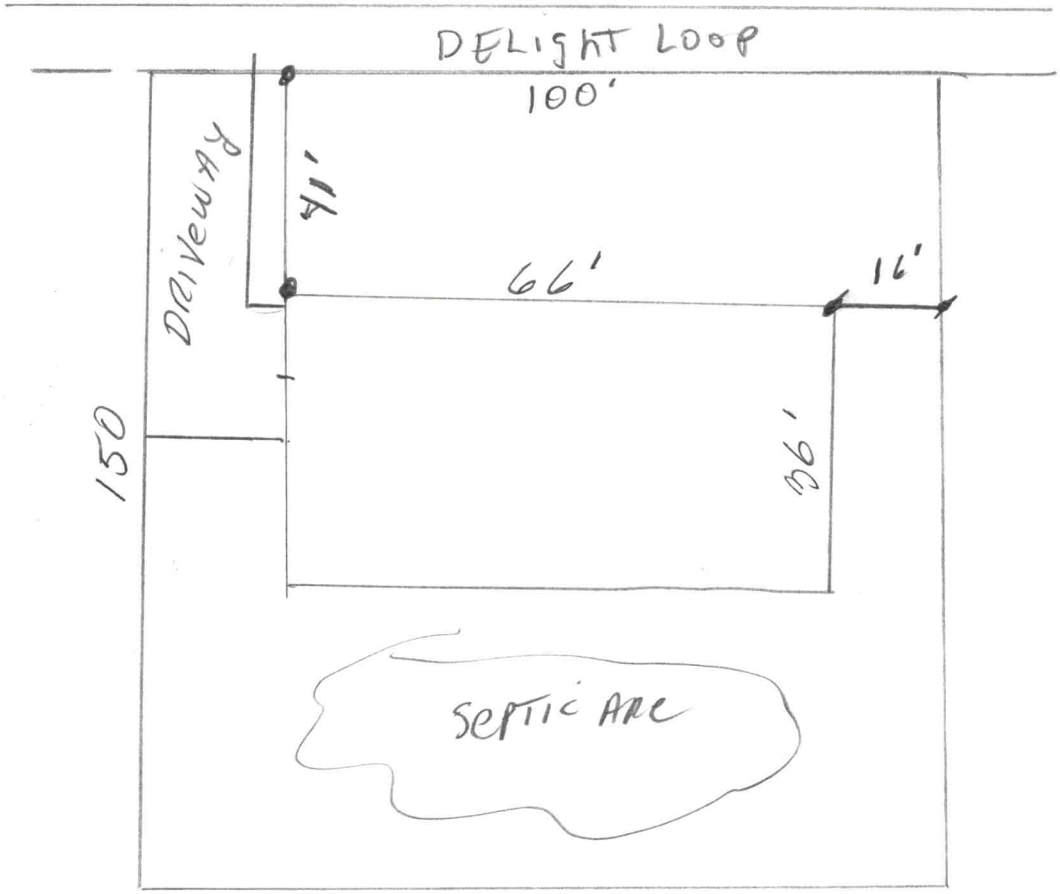
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

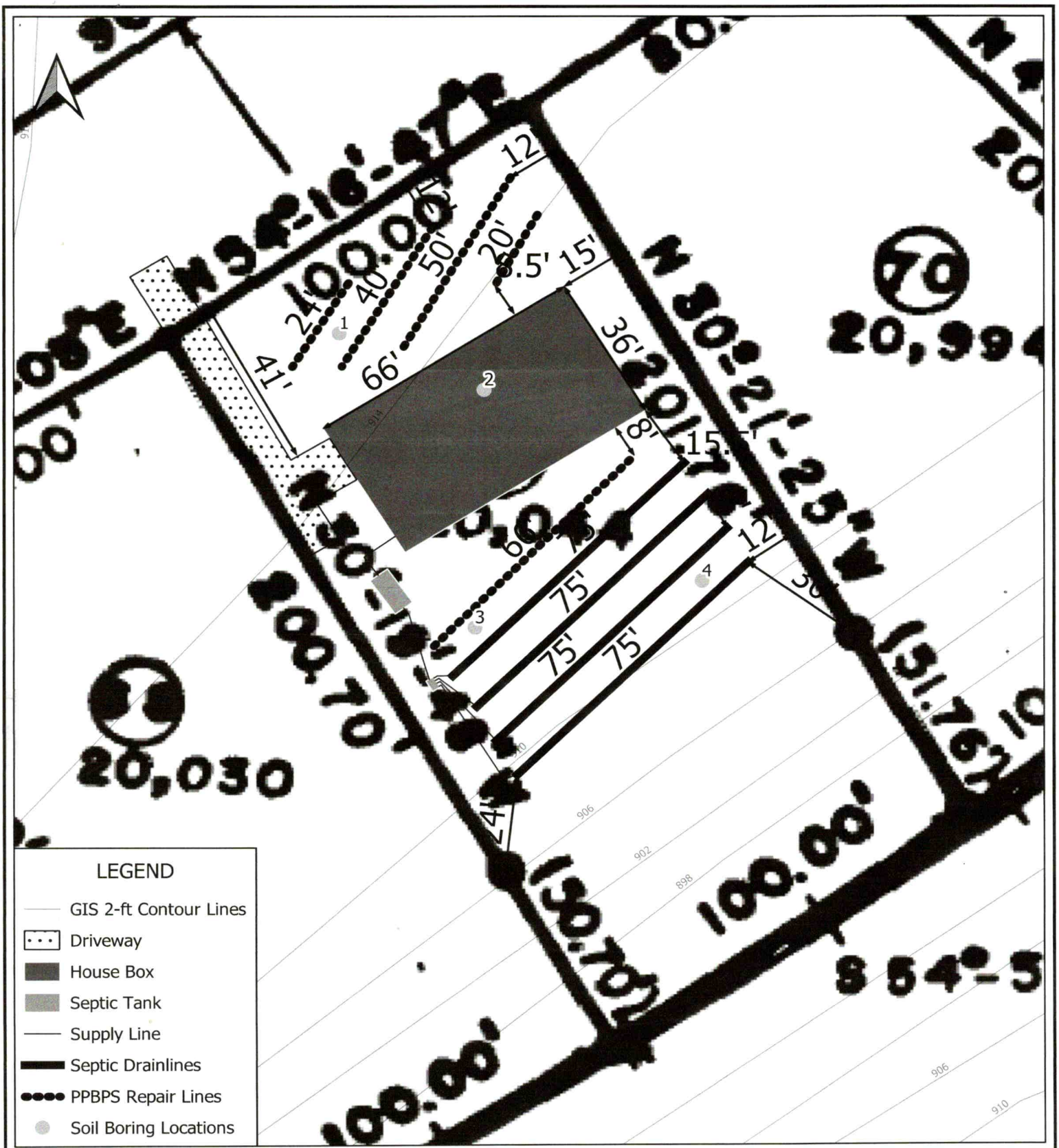
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

4/11/22
DATE



Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

Prepared For:
Barton Builders

Proposed Septic Layout

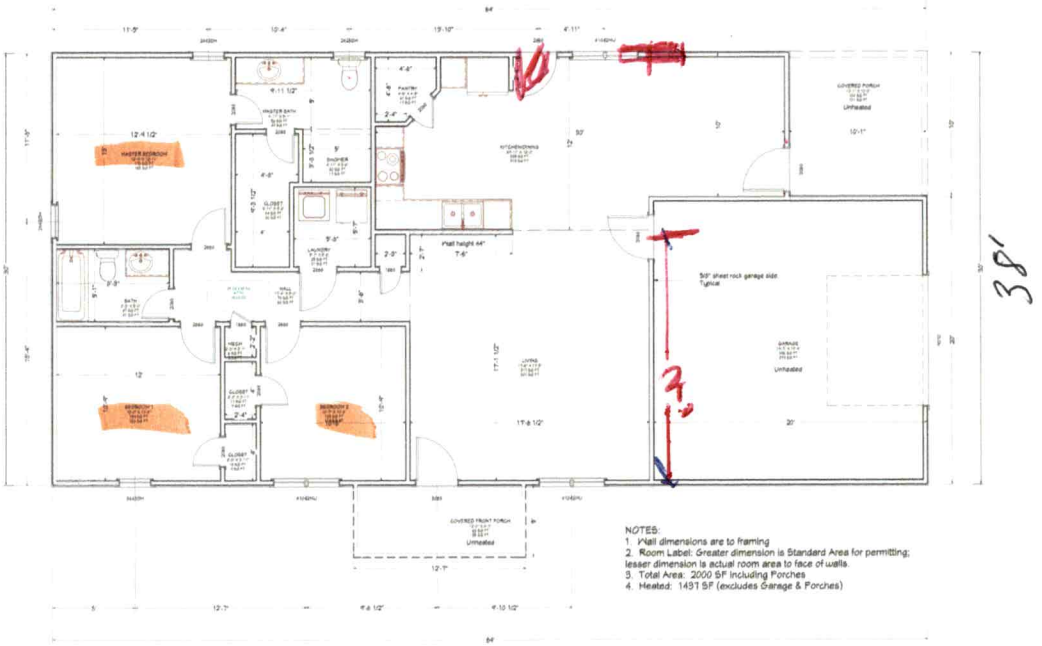
187 Delight Loop
Statesville, NC 28677
Iredell County

Date: March 2022

Scale: 0 15 30 ft

TEC Job #: 22-66

Figure 1



First Floor Plan
1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Bob Barton Date 5/23/22

Maria Dotson Date 5/23/22

BOB BARTON LLC

REVISION TABLE
NO | DATE | BY | DESCRIPTION

PROJECT INFORMATION

DRAWINGS PREPARED BY:
Al Burbeck
3213 Bridgewick Rd
Waxhaw, NC 28173
704-843-4629
alburbeck@outlook.com

SHEET TITLE:
FIRST FLOOR PLAN - RIGHT

DATE:
4/6/2022

SCALE:
AS NOTED

SHEET:
A-1.0

Marietta & Bullfinch

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327593 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4723761430.000	187 DELIGHT LOOP	Iredell County

Owner Information	Applicant Information
Name: HOPE JOHNNY L JR+BRENDA G	Name: Bob Barton
Address:	Address: 188 Sagemore Rd
	Mooresville, NC 28117
Phone:	Phone: (404)453-1230

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.46	35	35	15	15	N/A	NO

Remarks
sfd

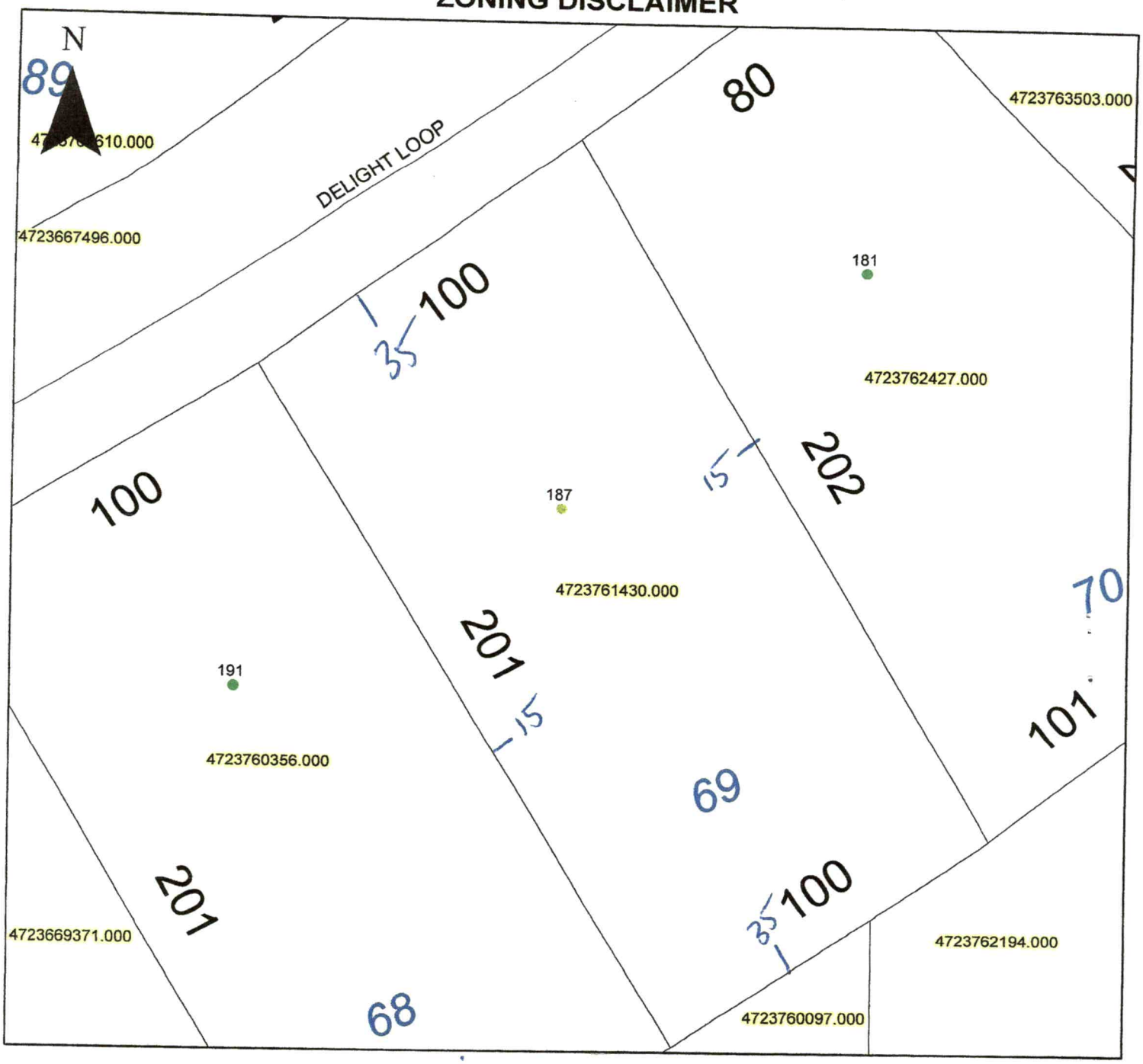
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 04/11/2022

Permit Number	327593	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 187 Delight Lp

The applicant certifies that there are no deed restrictions, contractual agreements or governmental