ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (RD) Mooresville Office (704) 660-3625

PERMIT # AP-311934

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

PIN # 4726-02-6996

APPLICANT/OWNER: NELSON DELLINGER APPLICANT ADDRESS: 170 PISGAH CHURCH ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 105 EAST DUNDEE COURT, STATESVILLE, N.C. 28625 PHONE: 704-902-0429 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (L) ON SCOTTS CREEK, (L) ON CELTIC RIDGE, (L) ON EAST DUNDEE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CELTIC RIDGE SECTION: — LOT # 8 LOT AREA: 0,459 AC DESIGN FLOW: 360GPD L.T.A.R.: 0,3

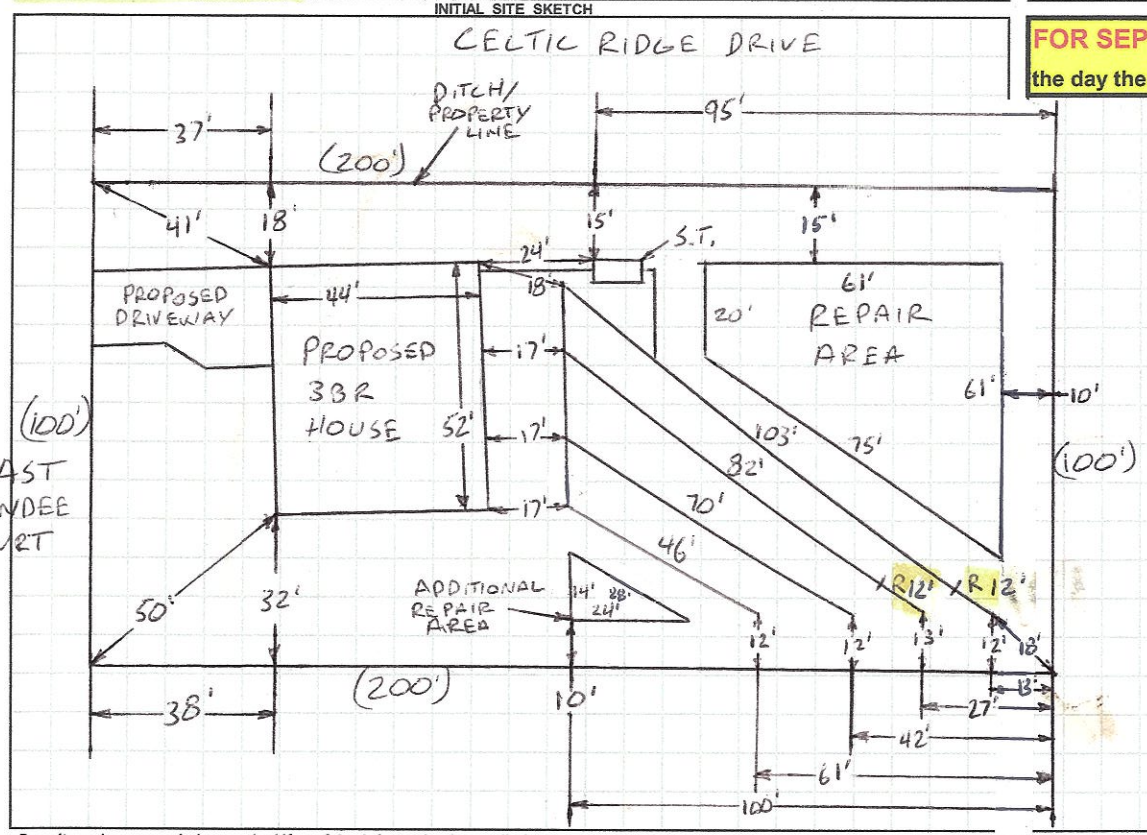
Septic Tank	1000	(gal)	STB	1012	Date	2-25-22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	4		Linear Ft	301FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 IN		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	—	☑ Public
☑ ~~Slab~~	☑ ~~Crawl Space~~		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 36IN MAX TRENCH BOTTOM

NO FILL TO BE PLACED OVER SYSTEM, NO CUTS NEAR SYSTEM SLAB TO BE BUILT UP TO MAINTAIN GRAVITY FALL

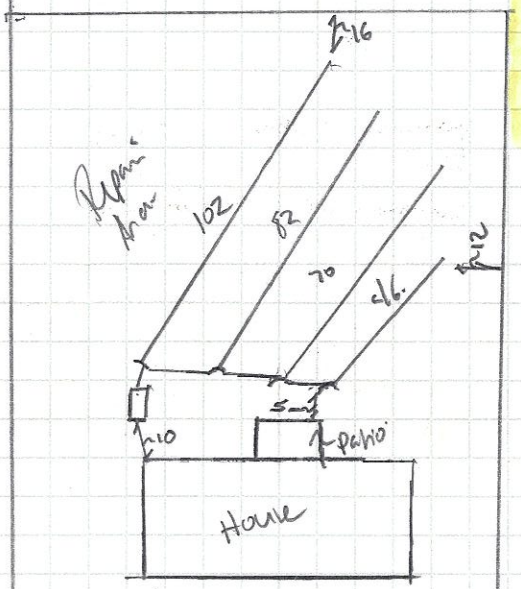
INITIAL SITE SKETCH



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.

1IN=40FT
S.T.=SEPTIC TANK
R=REPAIR



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] 1-20-22 Date: 1-14-21 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 1-13-2021 OPERATION PERMIT by: Benjamin A Boehm Date: 2/13/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-14-2022 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

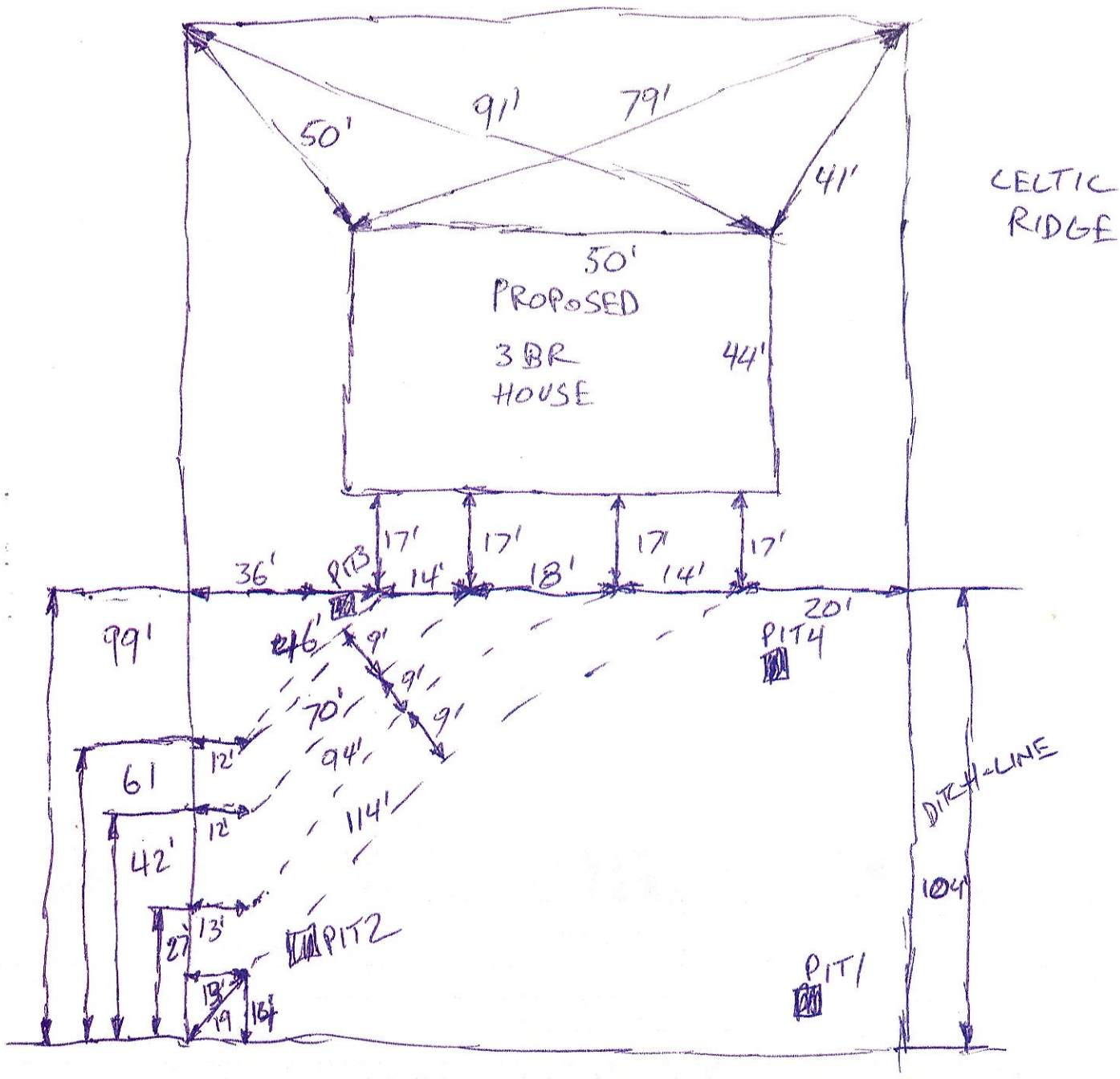
PROPERTY ID #: 4726026996
DATE OF EVALUATION: 12-15-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 2%	0-30	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		30-60	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 3%	0-32	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	57"+	NA	NA	PS .3
		32-57	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 3%	0-36	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .3
		36-63	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 3%	0-33	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		33-60	CL, WABK	FI, SS, SP, SEXP					

COMMENTS:

NTS 3% SLOPE

EAST DUNDEE



3/19/34

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
( ) 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: Anthony Waugh **Address:** 105 Dunder Ct **Zip:** _____

Applicant Email: _____ **Phone:** 704-585-9284 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 105 Dunder Ct Statesville

Subdivision Name: Celtic Ridge **Section/Phase:** _____ **Lot Number:** 8

Driving Directions: Scotts Ferry Rd left Celtic Ridge site on 1st Dunder Ct

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: _____ — (✓) 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: Anthony Waugh 1-10-22

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*) Anthony Waugh

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, Anthony Waugh, am the legal owner(s) of the property located at 105 Dundee Ct Statesville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TW Masonry, Anthony Waugh, 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.

Anthony Waugh — Signature of Owner(s)

1-10-22 — 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

RECEIVED OCT 2 0 2020

AP-311934 $500.00

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Iredell County Health Department – Environmental Health Division

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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: Nelson Dellinger Address: 170 Pisgah Church Rd. Zip: 28625
Applicant Email: hammerman5449@aol.com Phone: 704 902 0429 Alt. Phone: _____
Owner Name: Nelson Dellinger Address: 170 Pisgah Church Rd. Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 105 E. Dundee Ct. Statesville NC
Subdivision Name: Celtic Ridge Section/Phase: _____ Lot Number: 8
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
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Signature: _____ 10-19-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

311934

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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.
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_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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_____ 10-19-20.

Signature of Owner(s) Date

Mooresville - Environmental Health

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

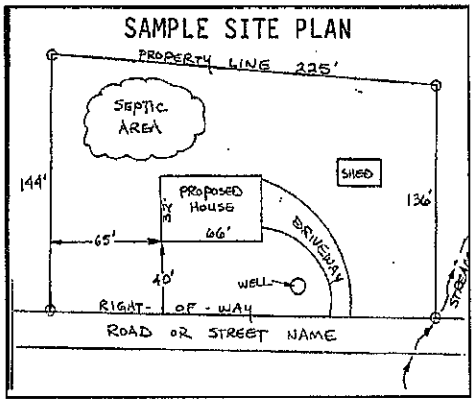
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

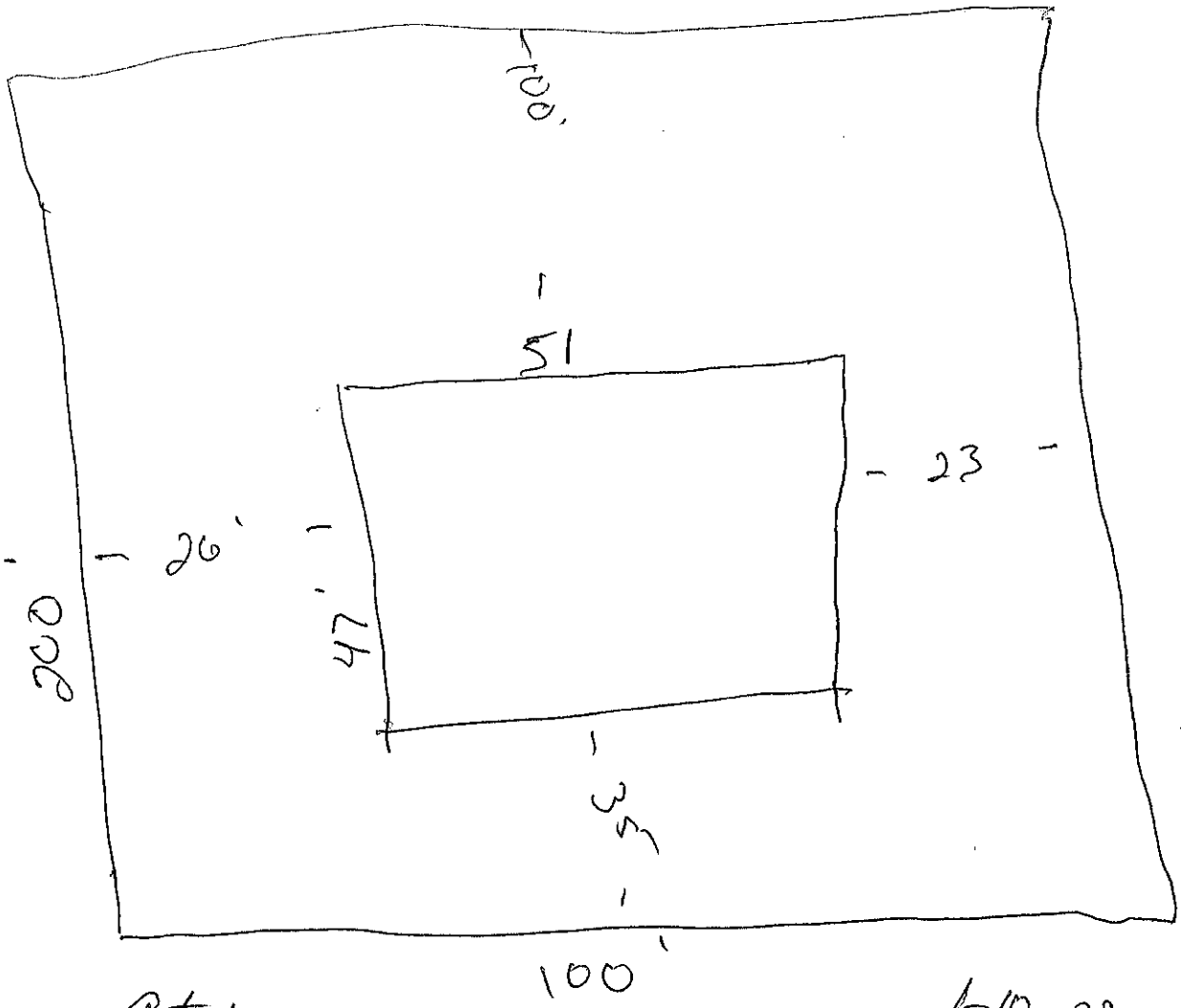
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

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

10-22

DATE

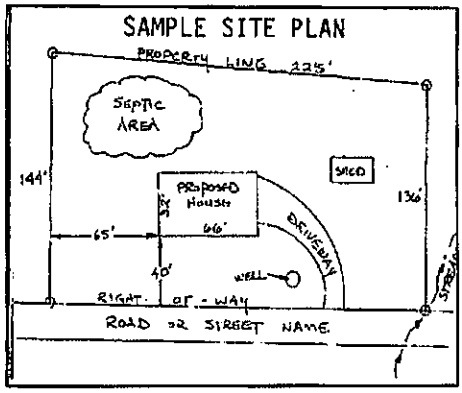
311934

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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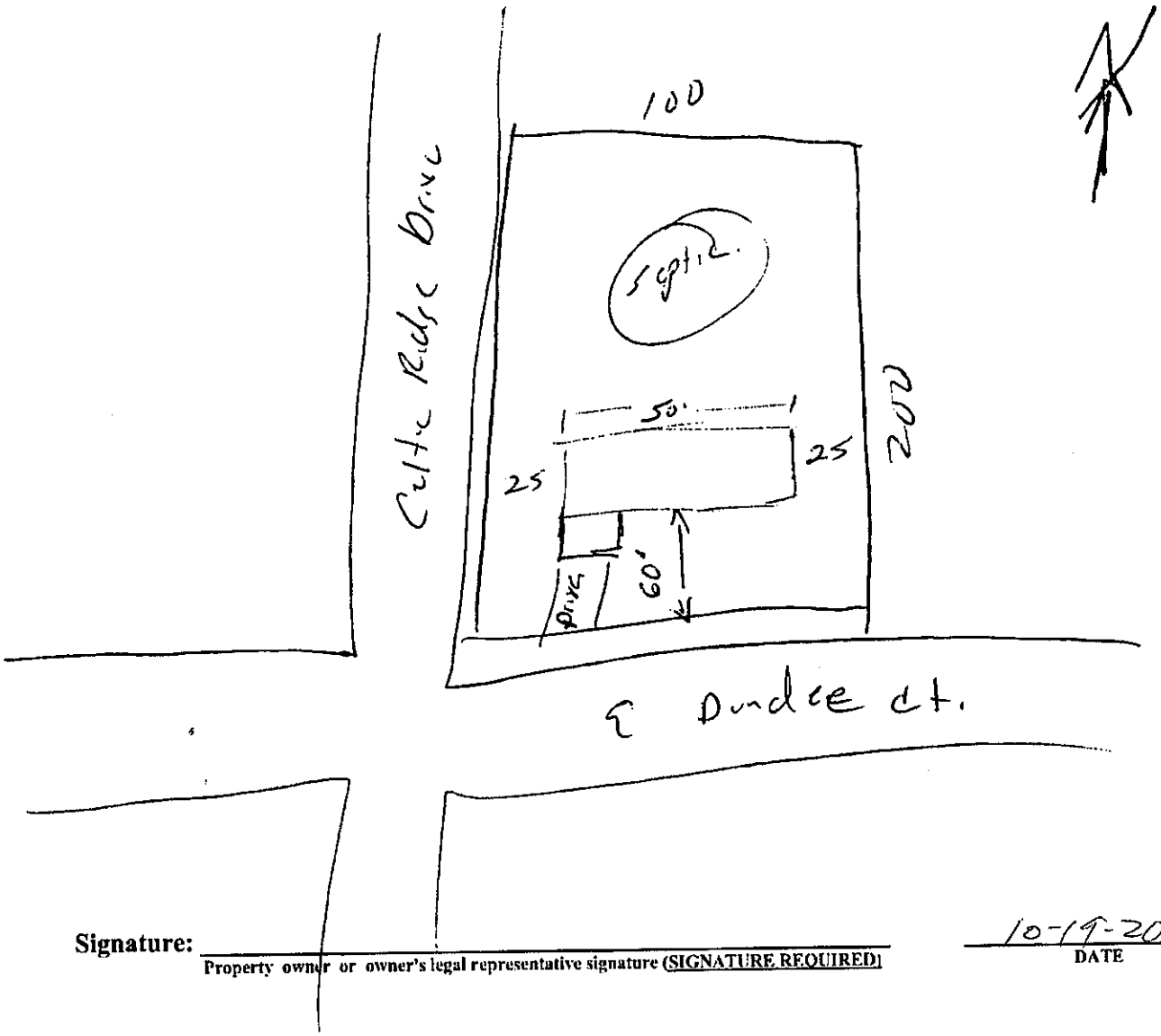
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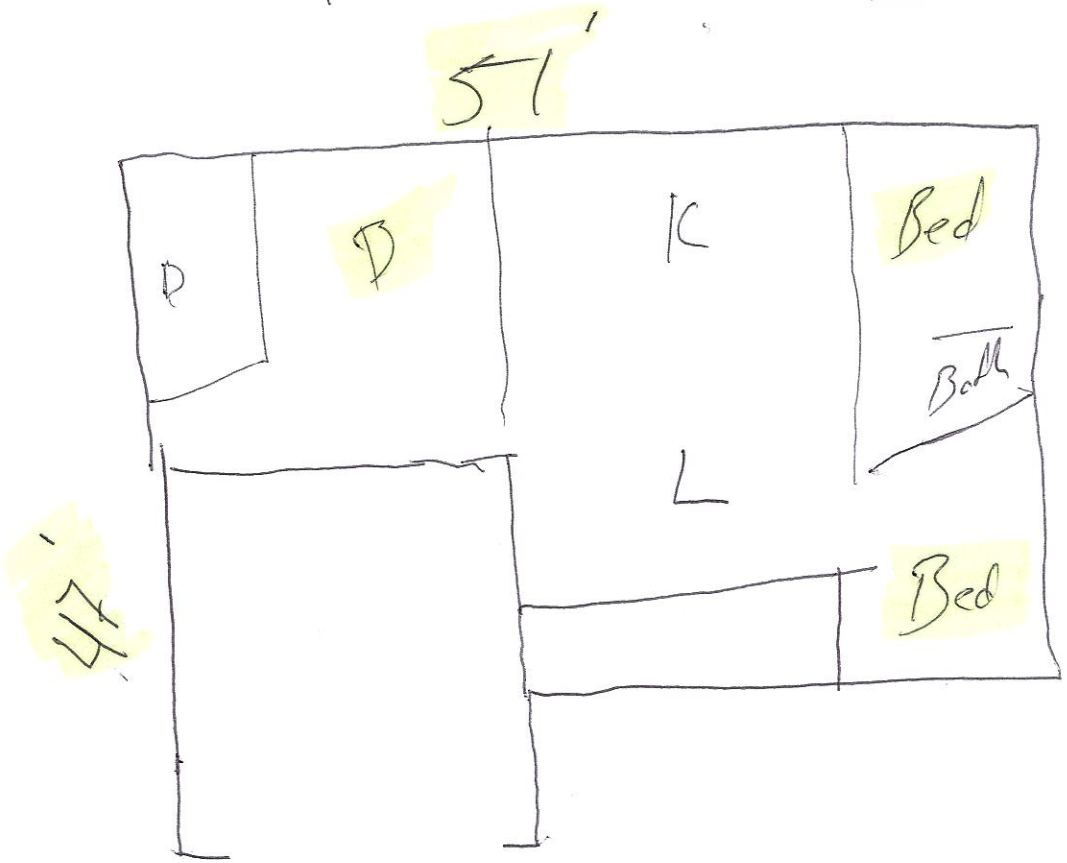
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-19-20

DATE

105 Dundee Ct. 311934 permit #

Acknowledgement Of Plans Submittal ONLY!
Tony Way Date 1-10-22
Burfurd e. white Date 1-14-2022



Tony Way

push Front 3'

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311934 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726026996.000	105 E DUNDEE CT	

Owner Information	Applicant Information
Name: DELLINGER NELSON L ETAL	Name: DELLINGER NELSON L ETAL
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.459	35	35	25	15		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.

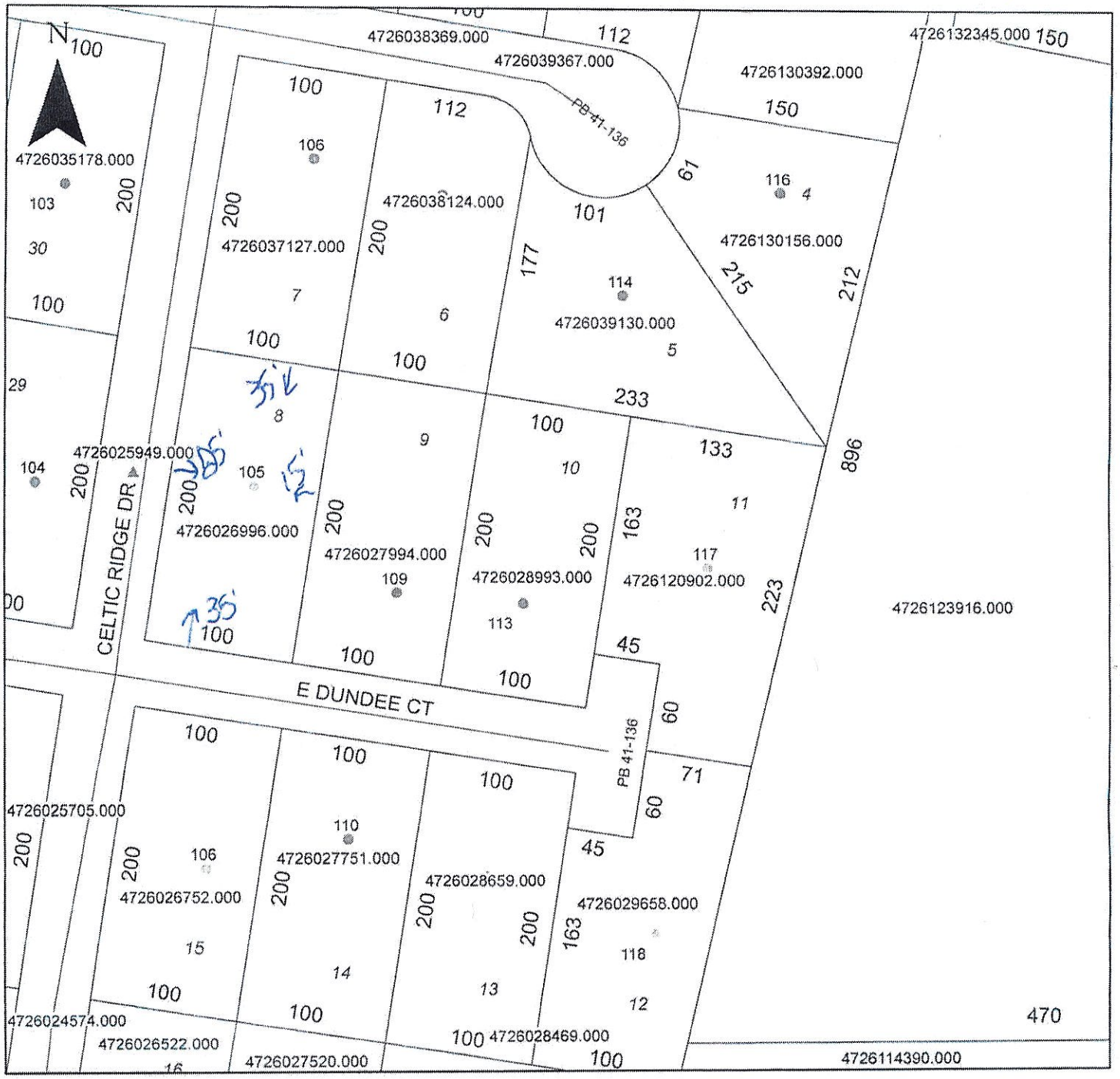
Date: 10/20/2020

Signature of Owner/Contractor

Permit Number	311934	TOTAL FEES:	$77.25

311934

ZONING DISCLAIMER



Property Address 105 E Dundee Ct, Statesville

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Applicant

10-20-20

Date