ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321842.

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

PIN # 4736--71--1380

APPLICANT/OWNER: Kathy + Timothy Estes APPLICANT ADDRESS: 175 Cedar Lake Drive Statesville NC

SITE ADDRESS: 175 Cedar Lakes Drive Statesville NC PHONE: N/A ALT. PHONE

SITE DIRECTIONS: Hwy 115 to Chipley Ford @ on Fort Dobbs @ Cedar Lakes Rd on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Dobbs Valley SECTION: 3 LOT # 54 LOT AREA: 1.134 Ac DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date 9/18/22
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft 320
Trench Width 24in Trench Bottom Depth(~~Lowside~~) 36in max Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Crawl - PPBPS - 50% Reductio
Repair System Description: CP - PPBPS - 50% Reductio
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

* Installed as permitted.

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:

The Oaks Group, PA

LSS# 1313 Dated June 5, 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.

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: Date: 7-25-22 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 7-11-2022 OPERATION PERMIT by: Date:

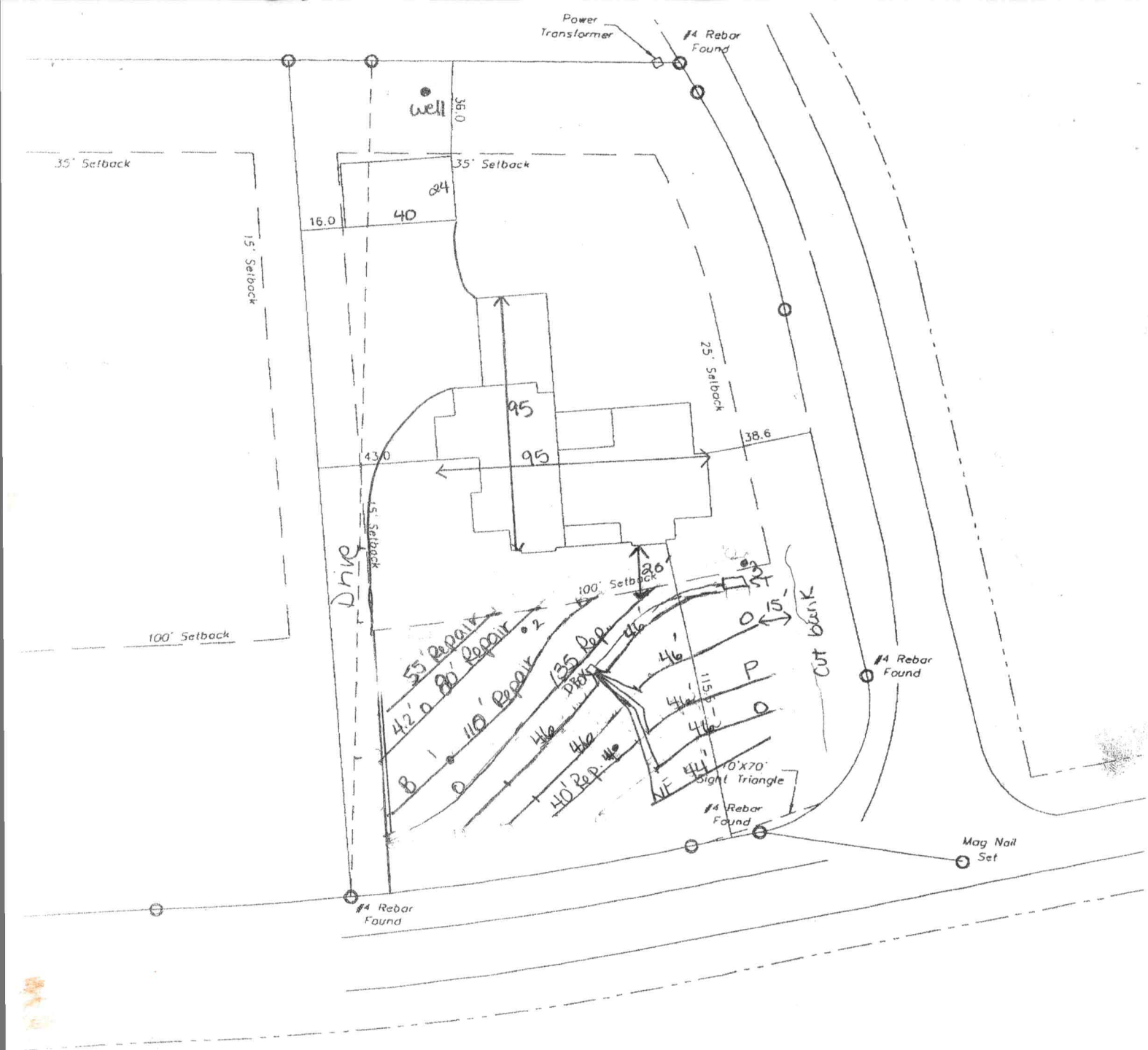
AUTHORIZATION TO CONSTRUCT by: Date: 7-18-22 Existing System Inspected by: Date:

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? _____	

46 44 44 46 48 46 48



N

1" = 50'

ABLE
BEARING

LEGEND

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Dobbs Valley Phase 3 Lot 54

Date: June 5, 2022

Attached is the septic specification information required to permit Dobbs Valley Ph 3 Lot 54 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Tim Estes, Kathy Estes

Owner Name

Owner Signature

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Dobbs Valley Ph 3 Lot 64 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**PPBPS**
No. Lines	7 (See Table)
Total Linear Feet	320
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	36"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	5 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	420
Repair LTAR	0.25

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	Repair	NF	LP PPBPS	55	
2	Repair	Orange	LP PPBPS	80	
3	Repair	Blue	LP PPBPS	110	
4	Repair	Orange	LP PPBPS	135	
5	System	Pink	PPBPS	46 endfed	11
6	System	Pink	PPBPS	46 endfed	11
7	System	Orange	PPBPS	46 endfed	11
8	System	Orange	PPBPS	46 endfed	11
9	Repair	Pink	LP PPBPS	40	
10	System	Pink	PPBPS	46 endfed	11
11	System	Orange	PPBPS	46 endfed	11
12	System	NF	PPBPS	44 endfed	10
					Total: 76

Total System: 320'
Total Repair: 420'

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Do not grade in septic area

Shape septic area to shed water off/away from septic lines

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Kathy Estes
ADDRESS: _____
APPLICATION DATE: _____
DATE EVALUATED: 8/31/21
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.134 Ac
LOCATION OF SITE: Lot 54 Dobbs Valley Ph 3
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	L 5-10%	0-18	Mo SBK C	FR SS/SP	yel R; C yel Br	36"	PS	N/A	0.25
		18-36	WK SBK SCL	↓	yel R; C sap				
		36-48	MA SL Sap		Multi				
2	L 5-10%	0-24	WK SBK SCL	FI S/P	R; C yel Br	48+	N/A	48"	0.25 to 48"
		24-48	Mo SBK C	↓	R yel; C yel Br				
		48"	2 chr						
3	L 5%	0-24	Mo SBK C	FR SS/SP	R; C sap	48+	N/A	N/A	0.3
		24-48	WK SBK SCL	↓	R; C sap				
4	L 5%	0-24	Mo SBK C	FR SS/SP	R; C sap	46"	PS	N/A	0.3
		24-46	WK SBK C	↓	R; C sap; F yel Br				
		46-48	MA L Sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IV
Site LTAR	0.25	0.25

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

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

COMMENTS: _____

Updated February 2014

4 BB

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-321842 $500.00

S.L

RECEIVED JUN 7 - 2022

Application For:

(X) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kathy & Timothy Estes Address: 175 Cedar Lake Dr Statesville Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 175 Cedar Lake Dr Statesville

Subdivision Name: Dobbs Valley Section/Phase: 3 Lot Number: 54

Driving Directions: Hwy 115 N, R Chiply Ford Rd, R Fort Dobbs Rd, Left Cedar Lakes Rd, on L

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____

(X) New Well ( ) Existing Well ( ) Community Well (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Kathleen Saunders 5-31-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

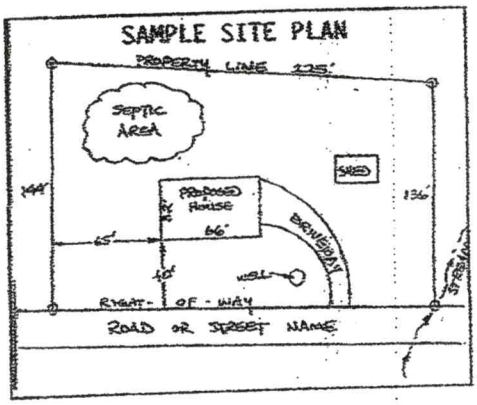
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

~~9/27/21~~ 5.31.22
DATE

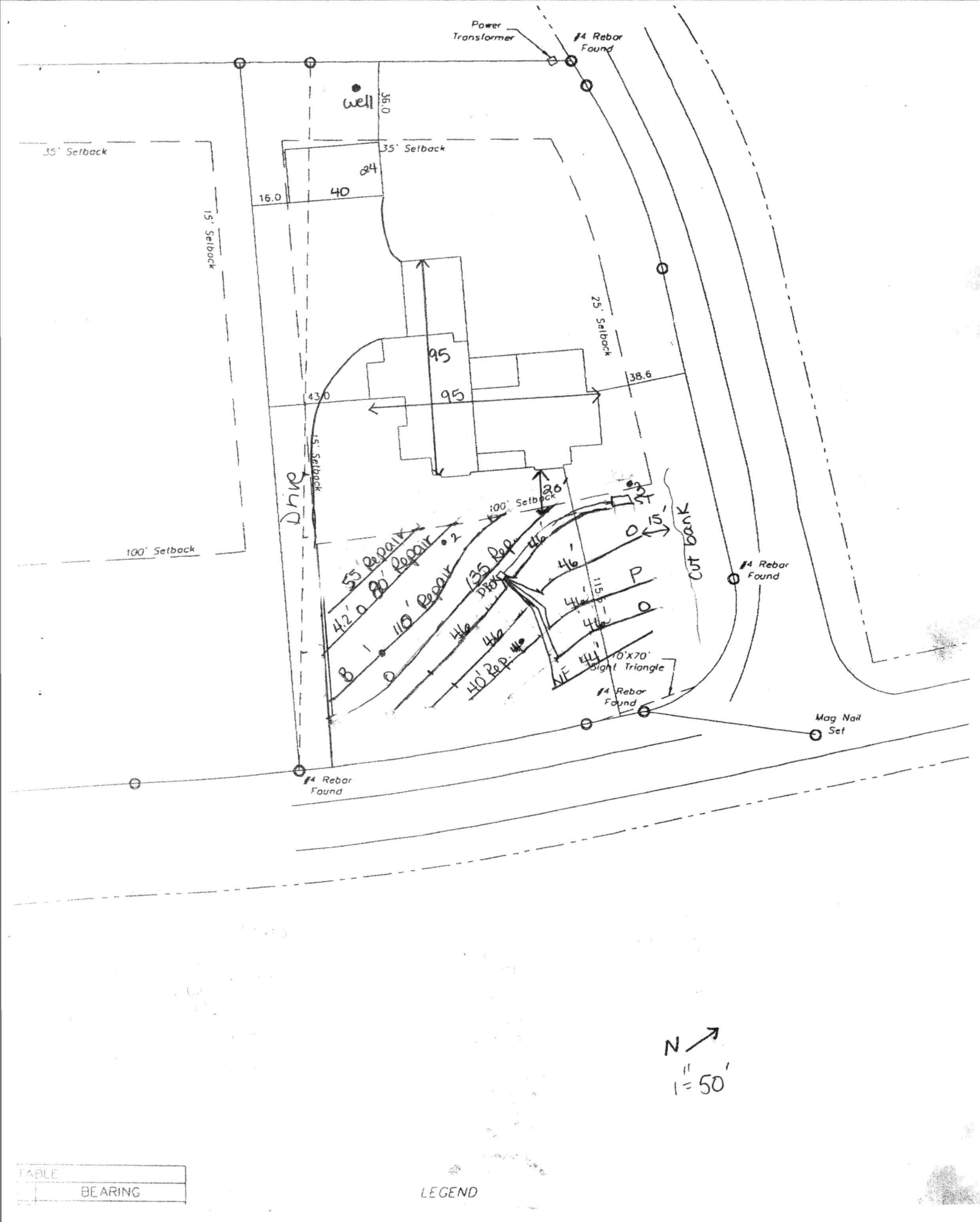


TABLE
BEARING

LEGEND

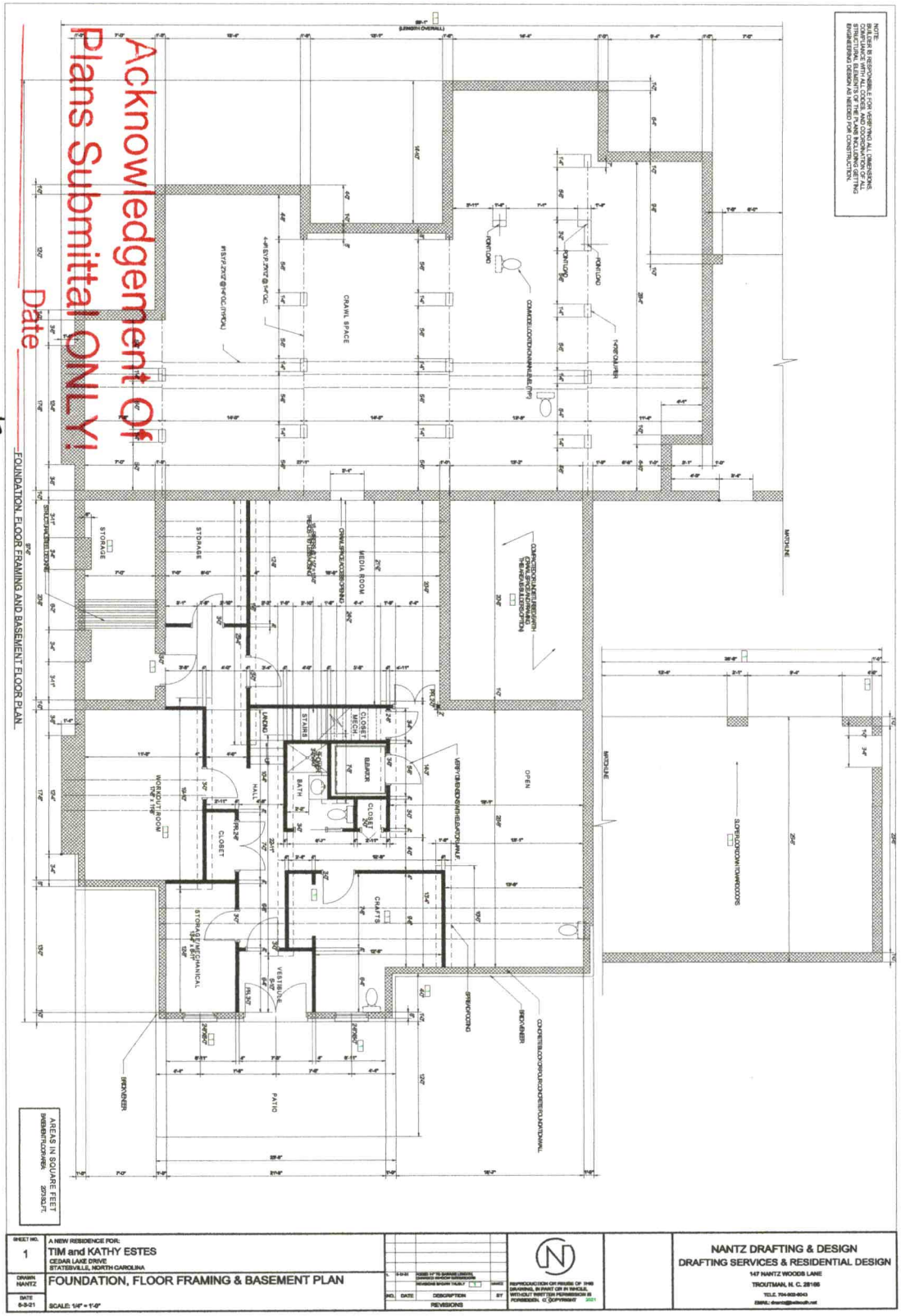
99'-1"

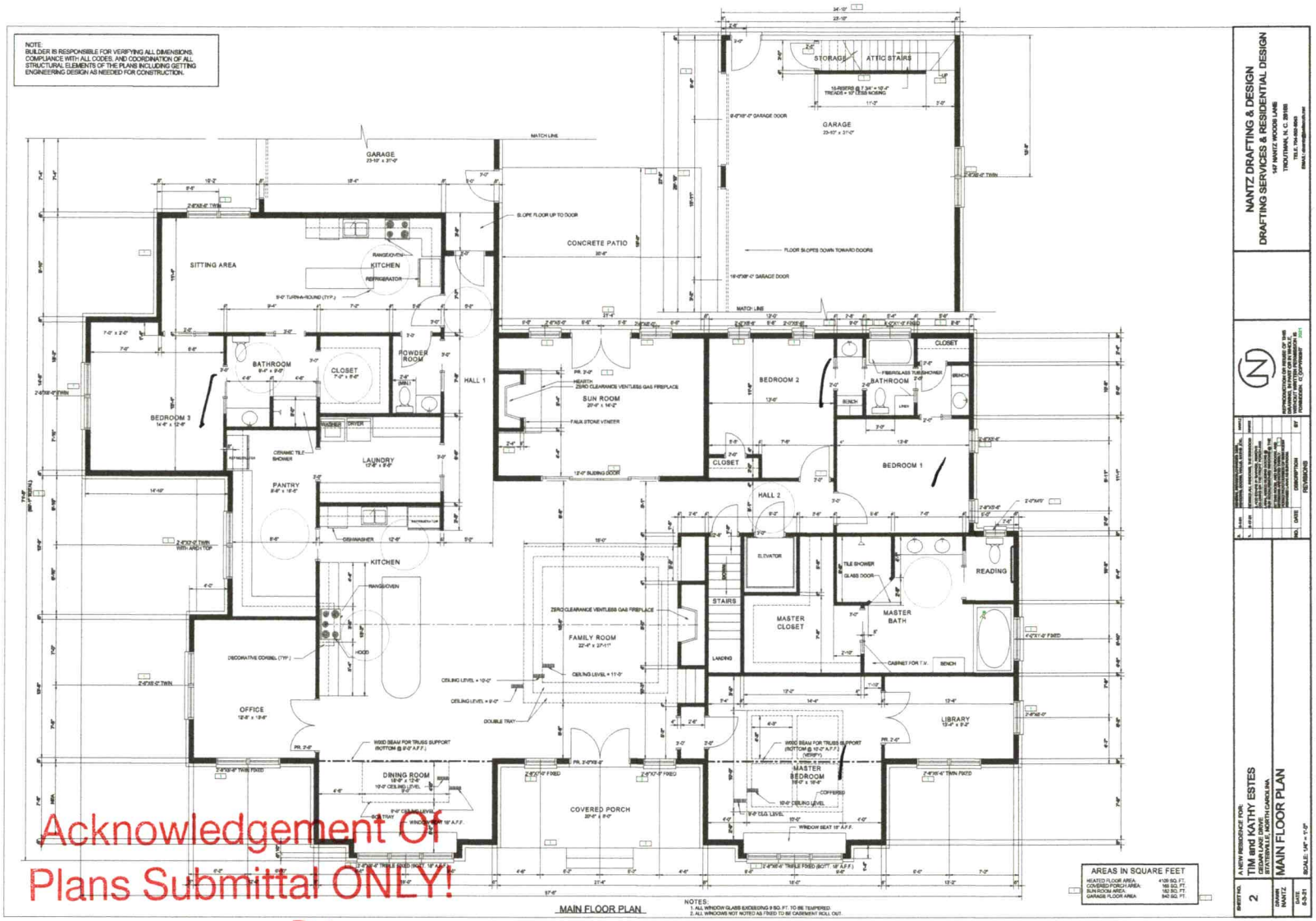
Acknowledgement Of Plans Submittal ONLY!

Kathy Estes 09-28-21 Date

10-5-21 Date

97'-6"





NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
147 NANTZ WOODS LANE
TROUTMAN, N. C. 28166
TELE. 704-660-5500
EMAIL:nantz@carolina.rr.com

A NEW RESIDENCE FOR:
TIM and KATHY ESTES
CEDAR LAKE DRIVE
TROUTMAN, NORTH CAROLINA

SHEET NO. 2
DRAWN: NANTZ
DATE: 8-3-21
SCALE: 1/4" = 1'-0"

MAIN FLOOR PLAN

NO.	DATE	DESCRIPTION	BY
1	8-3-21	REVISIONS	

REPRODUCTION OF DRAWING OR ANY PART THEREOF WITHOUT WRITTEN PERMISSION OF NANTZ DRAFTING & DESIGN IS PROHIBITED BY LAW.

Acknowledgement Of
Plans Submittal ONLY!

Kathy Estes Date 09-28-21

Date 10-5-21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
321842 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736711380.000	175 CEDAR LAKE DR	Iredell County

Owner Information	Applicant Information
Name: ESTES TIMOTHY R+KATHY B	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.22	35	35	15	25		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: 09/27/2021

Signature of Owner/Contractor

Permit Number	321842	TOTAL FEES:	

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

6/5/22 (Date)

Owner: Tim & Kathy Estes
Address: 195 Cedar Lakes Drive
Statesville, NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

Dobbs Valley Ph 3 Lot 54

I, Tim R Estes
Kathy B Estes, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)

IIIg
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Kathy Estes
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/