ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

1:100

PERMIT # AP_319814

PIN # 4736 -- 71 -- 5634

APPLICANT/OWNER: TRAVIS + STACY ANDERSON

APPLICANT ADDRESS: 199 CEDAR LAKE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 199 CEDAR LAKE DRIVE, STATESVILLE, N.C 28625

PHONE: 704-880-4539 ALT. PHONE 704-928-9183

SITE DIRECTIONS: (N) ON 115, (R) ON SOUTH CHIPLEY FORD

SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: DOBBS VALLEY

SECTION: 2 LOT # 47 LOT AREA: 1.904 AC

DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000 (EXT) (gal)	STB	EXT	Date	EXT	[ ] New System	[ ] Repair	[x] Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (EXT (gal)	PT	EXT	Date	EXT	System Description:	25% REDUCTION - P.M		
Pump Make	EXT	Model	EXT	Serial #	EXT	Repair System Description:	25% REDUCTION - P.M		
# Nitrification Fields	EXT	# Lines	EXT(2) + 2	Linear Ft	EXT(244) + 236	Maintenance Agreement Required:	[ ] YES	[x] NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth	—		[ ] GRAVITY	[x] PRESSURE	

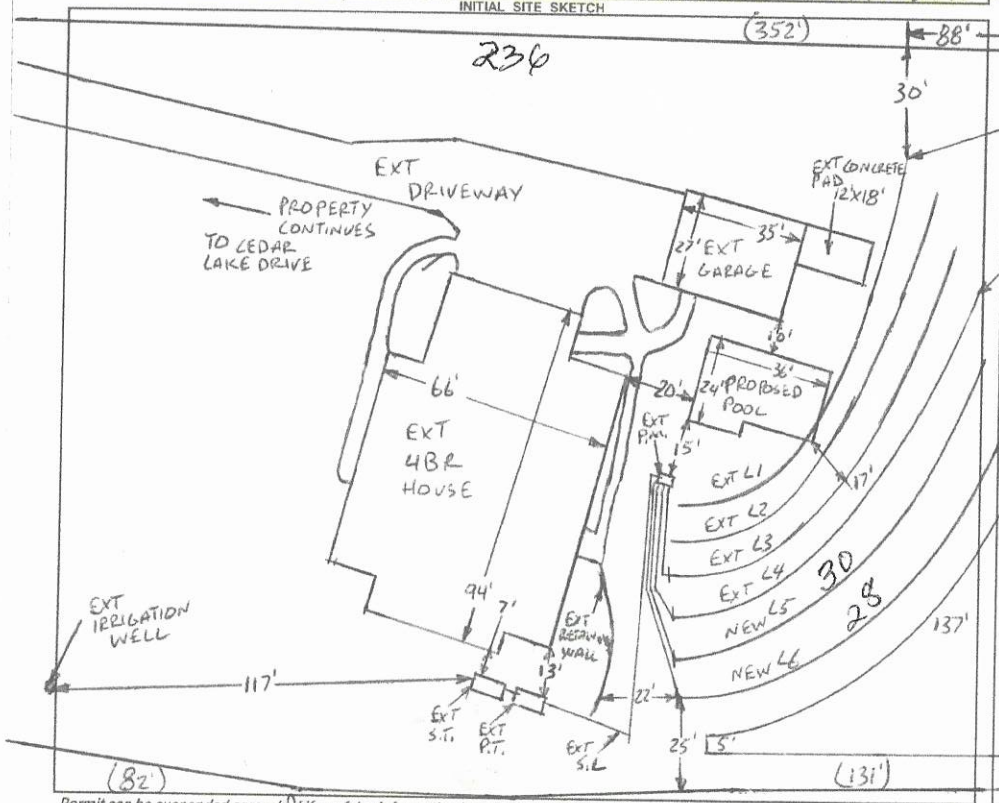
[x] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees —
[ ] Slab [ ] Crawl Space
[x] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [x] Public [ ] Community

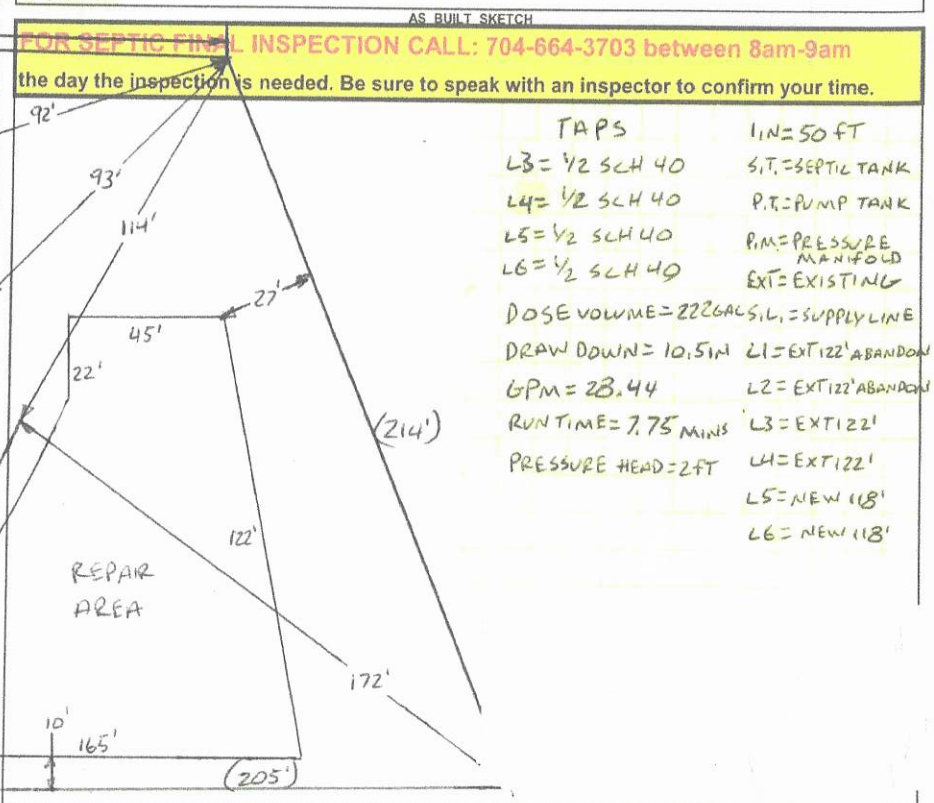
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, INSPECT AND REPLACE P.M. AS NEEDED, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH, ALL PARTS OF SEPTIC TO BE 15FT FROM WATERS EDGE OF POOL

9/16/21 Installed Quick 4 as shown

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.

TAPS
L3 = 1/2 SCH 40
L4 = 1/2 SCH 40
L5 = 1/2 SCH 40
L6 = 1/2 SCH 40

DOSE VOLUME = 222 GAL
DRAW DOWN = 10.5 IN
GPM = 28.44
RUN TIME = 7.75 MINS
PRESSURE HEAD = 2 FT

1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
P.M. = PRESSURE MANIFOLD
EXT = EXISTING
S.L. = SUPPLY LINE
L1 = EXT 122' ABANDON
L2 = EXT 122' ABANDON
L3 = EXT 122'
L4 = EXT 122'
L5 = NEW 118'
L6 = NEW 118'

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8/27/21

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-26-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-26-2021

Installed by: Neill Stutts

OPERATION PERMIT by: Myana Dobson Date: 9/16/21

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	9/16/21	MD
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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4736-71-5634
COUNTY: IREDELL

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

OWNER: TRAVIS & STACY ANDERSON
ADDRESS: 199 CEDAR LAKE DRIVE, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 199 CEDAR LAKE DRIVE, STATESVILLE, N.C. 28625
APPLICATION DATE 7-6-2021
DATE EVALUATED: 8-5-2021
PROPERTY SIZE: 1.904 AC
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☑ ~~Public~~ ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut

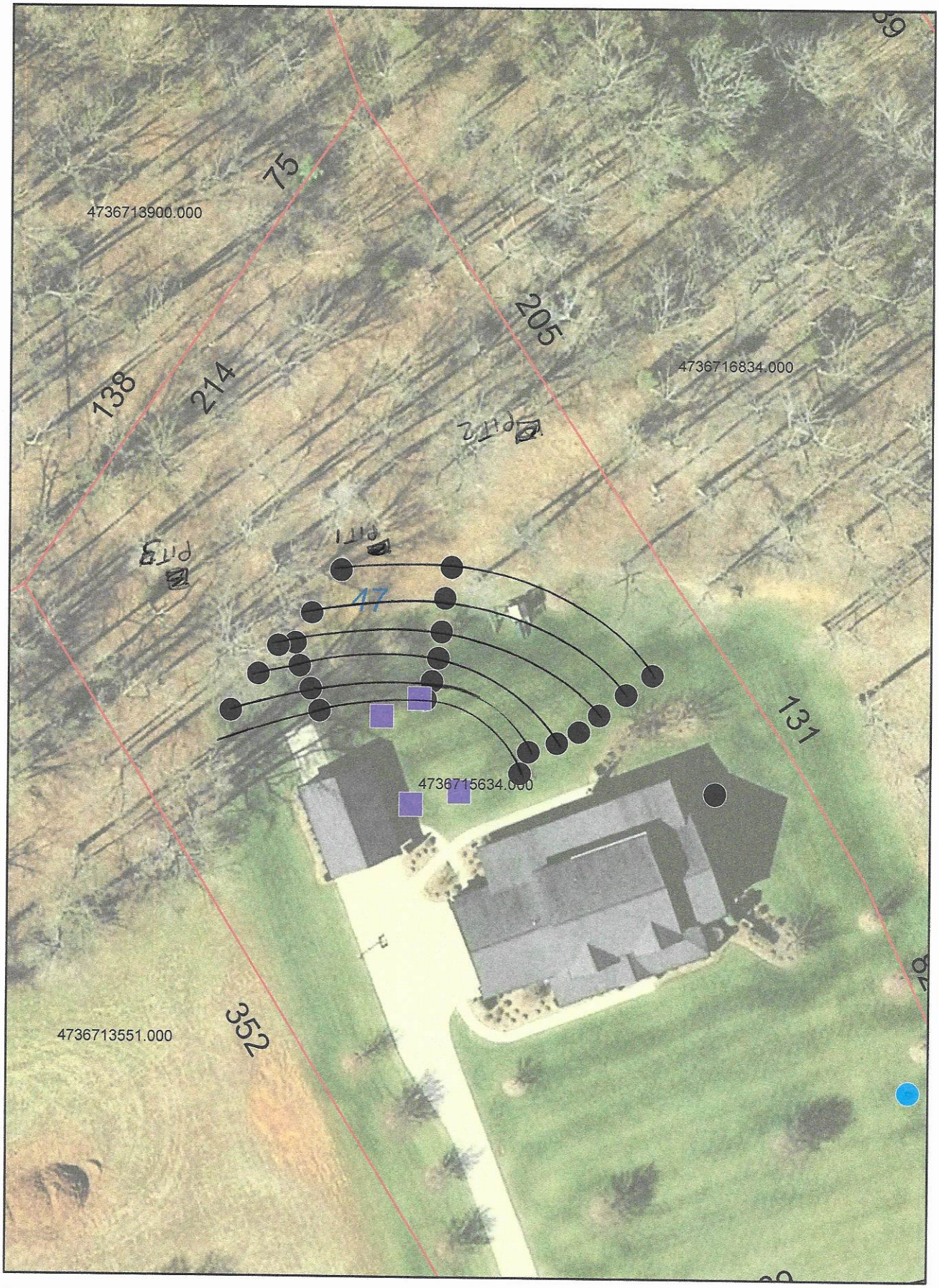
TYPE OF WASTEWATER: ☑ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		6-24	C, SBK	FR, S, P, SEXP					
		24-48	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 15%	0-8	FILL	MIXED	SAP INC THRU OCT	48"+	NA	NA	PS .3
		8-15	SCL, SBK	FR, SS, SP, SEXP					
		15-40	C, SBK	FR, S, P, SEXP					
		40-48	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 18%	0-18	~~SCL~~, SBK	FR, ~~SS~~, P, SEXP	SAP INC THRU OUT	~~48"~~ 33"	PS II ~~SL~~	NA	PS .325
		18-33	CL, SBK	FR, SS, SP, SEXP					
		33-49	~~SAP~~ MAS	VFR, NS, NP, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT: _____

COMMENTS: _____


1 IN = 50 FT
4736713900.000
75
205
138
214
PIT2
PIT3
PIT1
47
4736716834.000
4736715634.000
131
352
4736713551.000

RECEIVED JUL 2 1 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP-319814 $250.00 ✓

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Swimming pool ☑

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: Travis Anderson Address: 199 Cedar Lake drive Statesville, N.C Zip: 28625
Applicant Email: travisdthsales@gmail.com Phone: 7048804539 Alt. Phone: 704 928 9183
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 199 Cedar Lake Drive Statesville, N.C 28625
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: Chipley Ford to Fort Dobbs Road. Left on Cedar Lake Drive

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

( ) 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: 3
Maximum Number of Occupants: 3
(X) Swimming Pool
( ) Other Addition/Structure: _____
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
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: Well and County. Well for Pool
( ) 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 (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: Travis Anderson 7/6/21
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*) Shawn Anderson

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, Shawn Anderson, am the legal owner(s) of the property located at 199 Cedar Lake Drive, identified as PIN (Parcel Identification Number) 4736715634.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Myself, N/A, 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.

Shawn Anderson
Signature of Owner(s)

7/6/21
Date

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

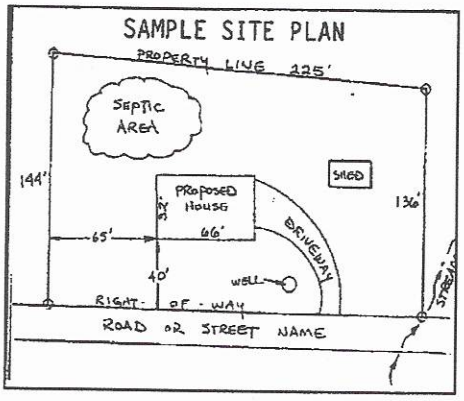
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

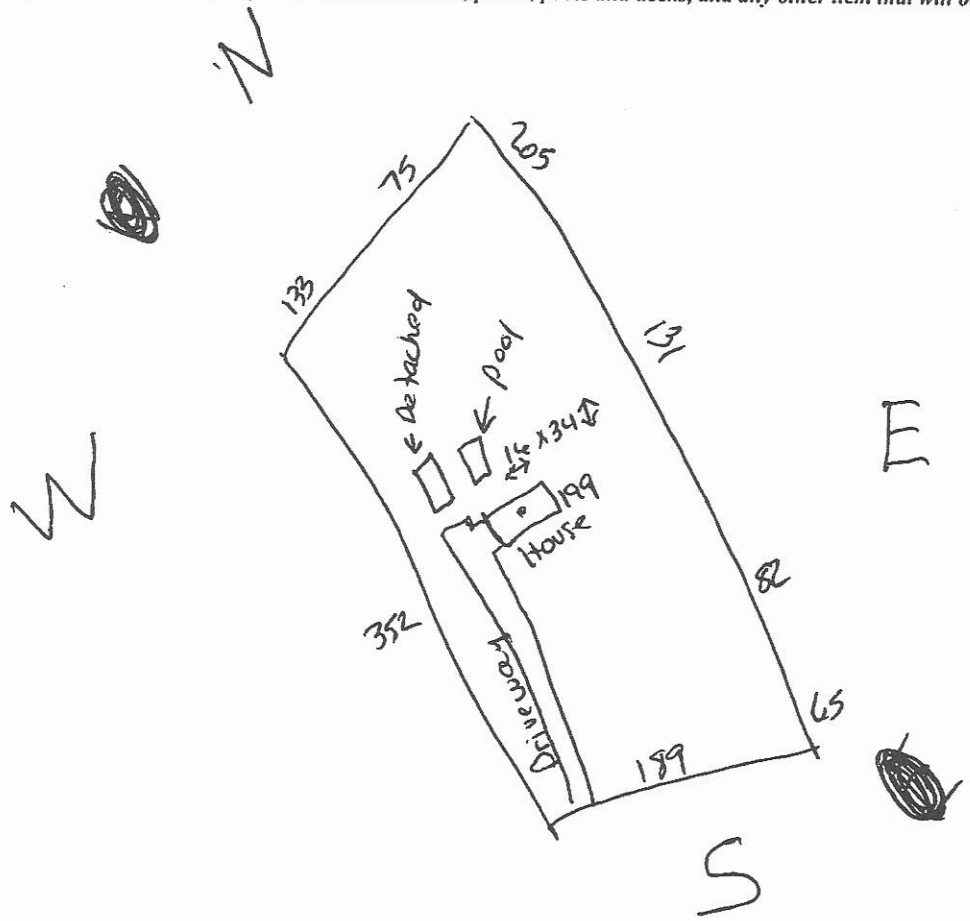
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- NA ( ) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

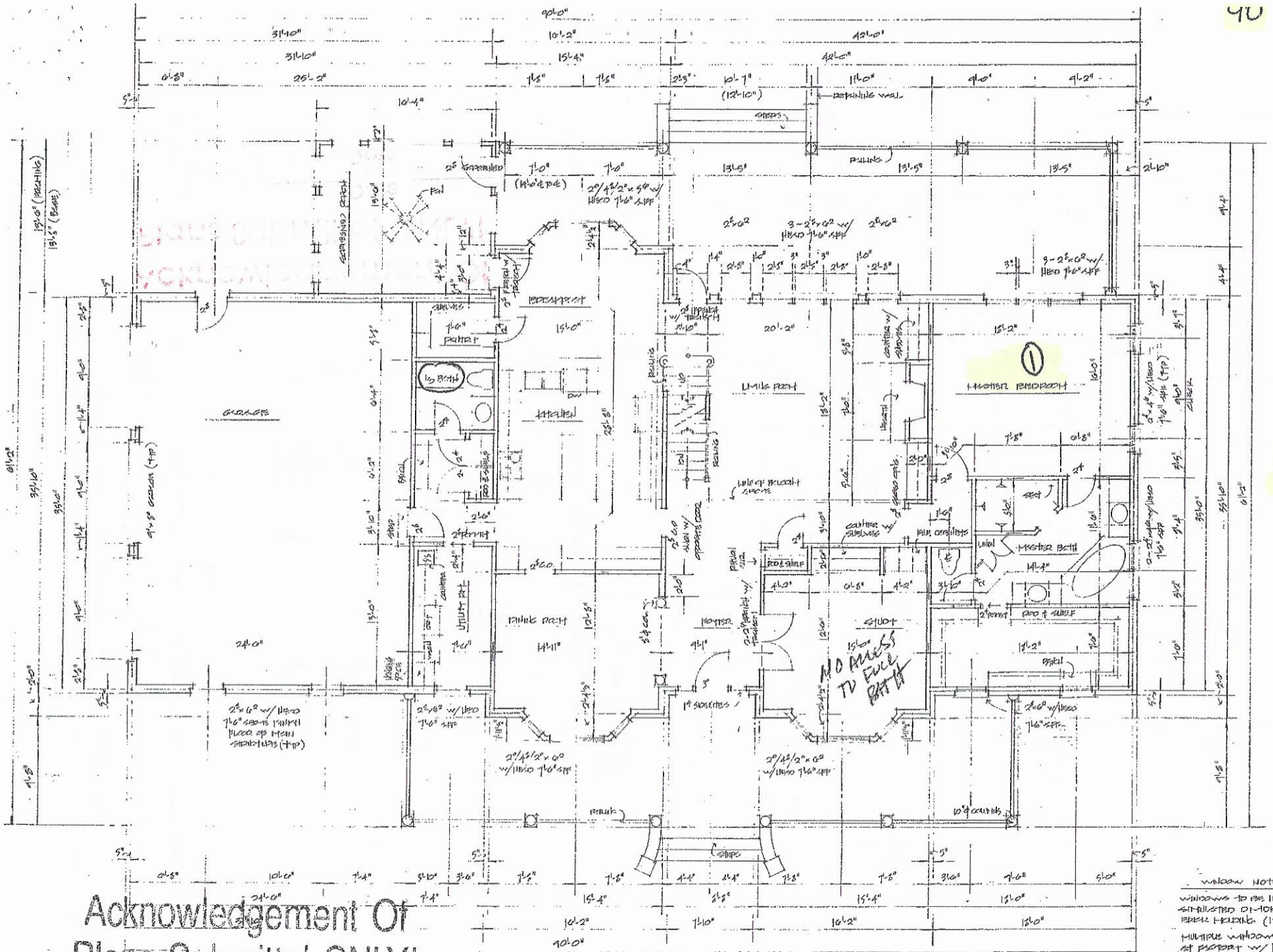


Signature: Thomas Amos

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

7/6/12

DATE

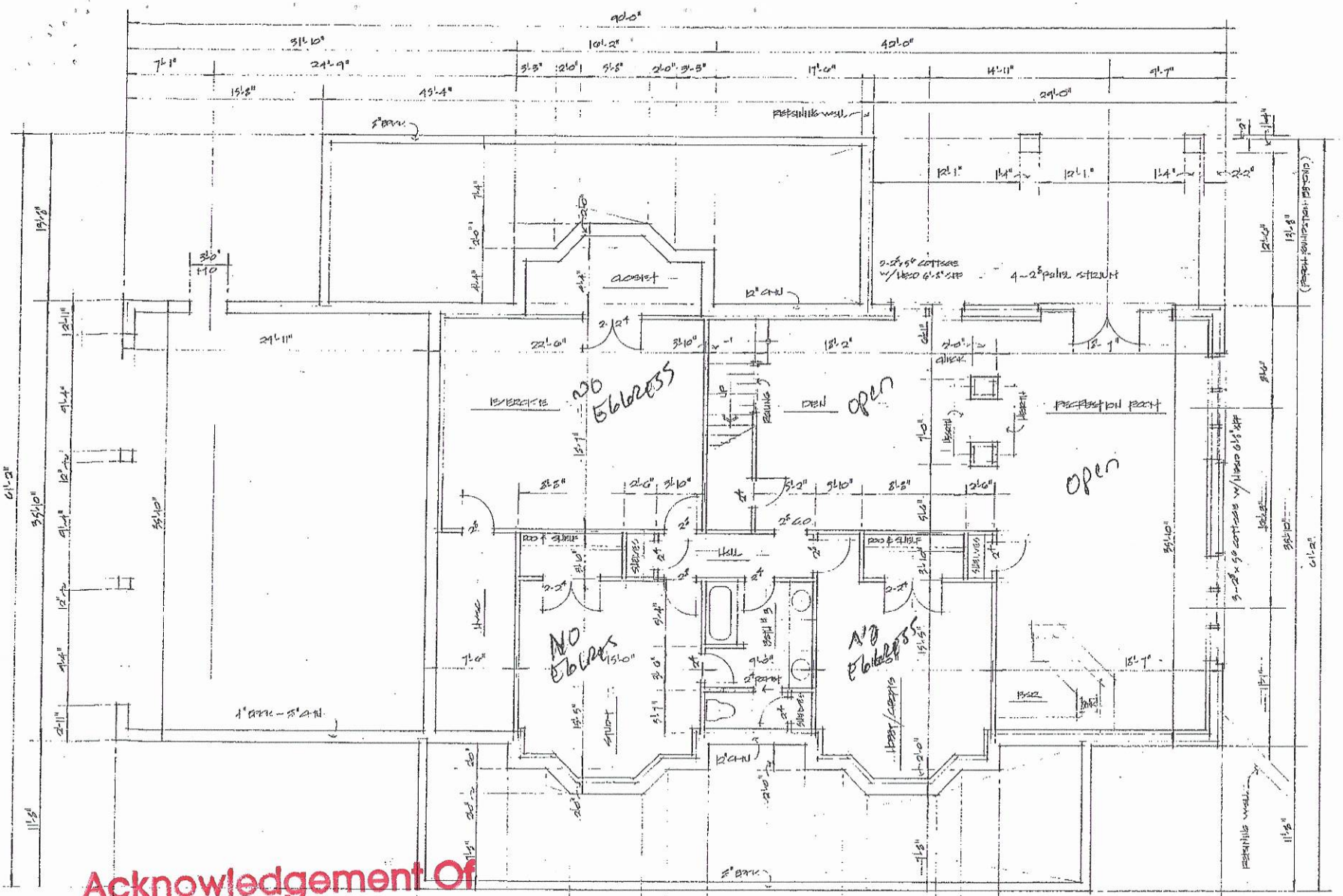


Acknowledgement Of Plans Submittal ONLY!

Buyer's Signature _____ Date 3-26-2021

Builder's Signature _____ Date _____

PLANS HAD NO SIGNATURE BY



Acknowledgement Of
Plans Submittal ONLY!
Date 8/27/21
Date 8-26-2021

AREA CALCULATION

First Floor	2,513 sq.ft.
Second Floor	1,003
Total	3,516 sq.ft
Basement	3,400 (±)

(UNFINISHED BASEMENT)

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319814 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736715634.000	199 CEDAR LAKE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: ANDERSON TRAVIS E+STACY M Address: Phone:	Name: ANDERSON TRAVIS E+STACY M Address: Phone:

Use Requested	Zone Code
SWIMMING POOL	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.904	0	10	10	10	N/A	NO

Remarks
SWIMMING POOL

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.

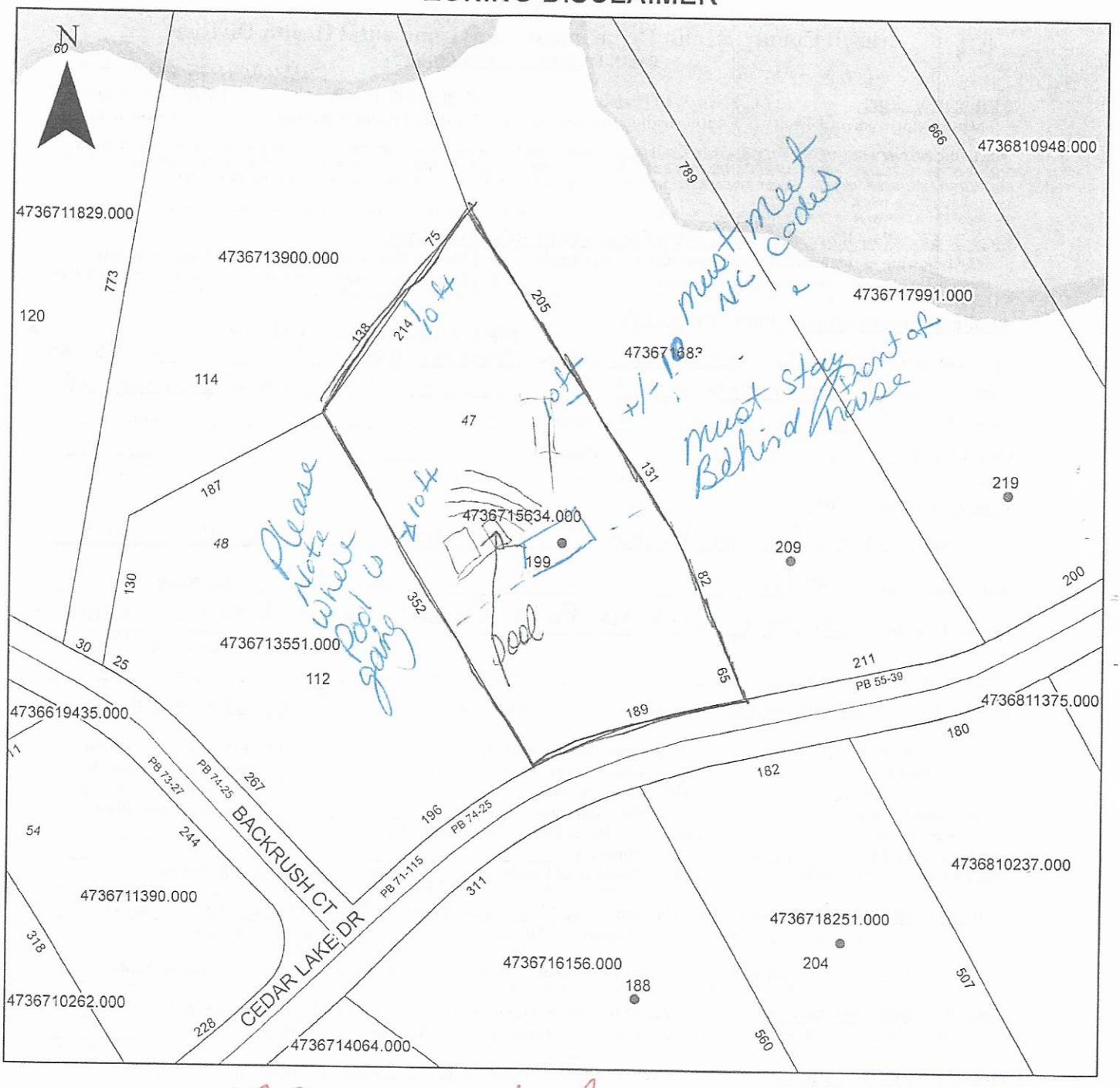
Signature of Owner/Contractor

Date: 07/20/2021

Permit Number	319814

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 199 Cedar Lake

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.

Travis Anderson

Applicant

7/6/21

Date