IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236793.

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

PIN # 4738800852.144

APPLICANT/OWNER: Terry Fox APPLICANT ADDRESS: 150 Catfish Pond Lane 28625. Statesville NC.

SITE ADDRESS: 144 Catfish Pond Lane Statesville NC 28625. PHONE: 704-775-3247 ALT. PHONE 704-775-3247.

SITE DIRECTIONS: 115 N to Red Chimney R on North Chipley R on Bluegill R Curve in Driveway SAP CONTROLLED: ☐ YES ☒ NO

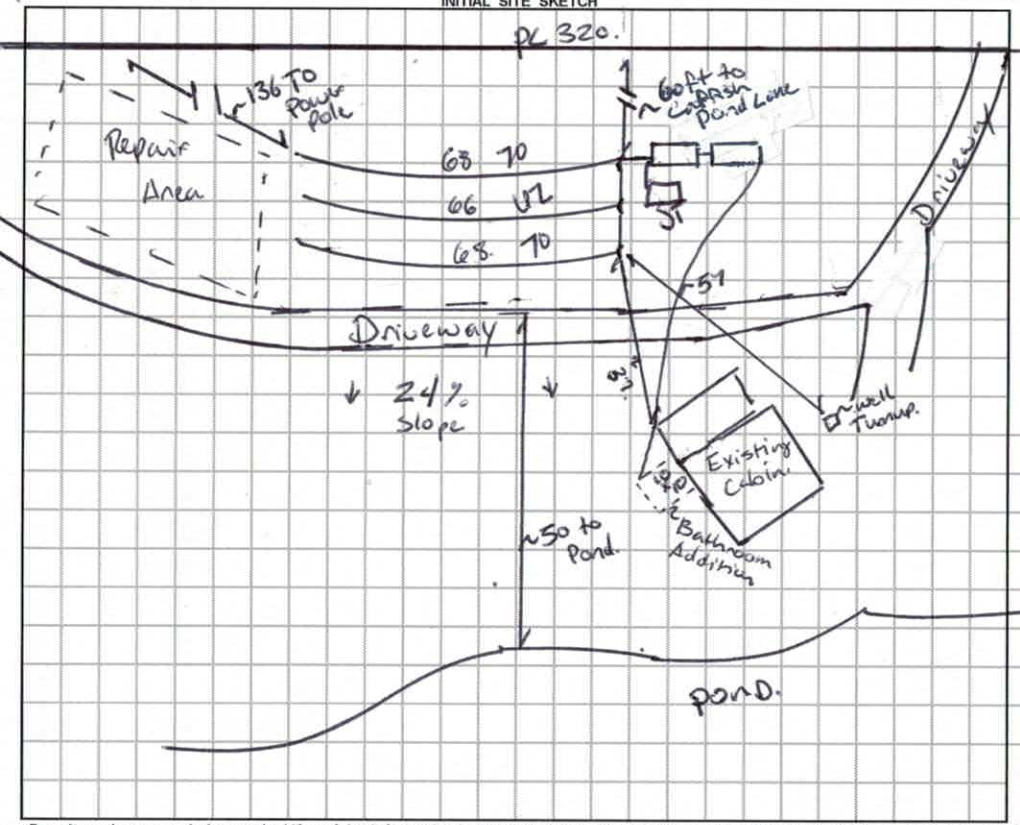
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 10.068 Acres DESIGN FLOW: 240 L.T.A.R.: .30

Septic Tank	1000 x2	(gal)	STB	1600	Date	7/23/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
~~Pump~~ Tank	Setting	(gal)	PT	1600	Date	8/23/18	System Description:	25% Reduction			
Pump Make	-	Model	-		Serial #	-	Repair System Description:	25% Reduction.			
# Nitrification Fields	1	# Lines	3		Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	27		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			

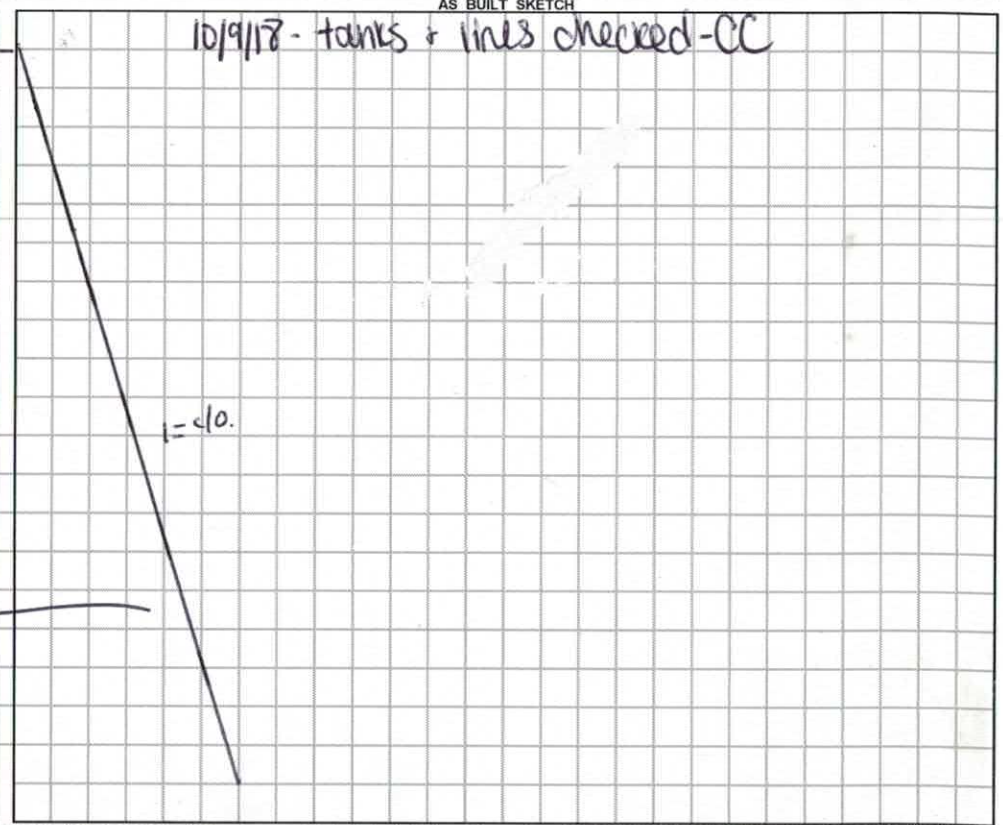
☒ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Maintain 50ft from edge of Pond. Set Grinder Pump to service whole home plumbing. Set 2 Tanks in series to settle solids. Install Septic Drainlines on the contour of the land to utilize serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Terry Fox Date: 8/13/18 Installed by: Kevin Boles (K+M)

IMPROVEMENT PERMIT by: Benjamin A Bolen Date: 7/25/2018. OPERATION PERMIT by: Carla C. Cave Date: 10/9/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolen Date: 7/30/2018. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Rockwell

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

OWNER: Terry Fox
ADDRESS:
APPLICATION DATE: 6/26/19
DATE EVALUATED: 7/20/19
PROPOSED FACILITY: 1BR Cabin
PROPOSED DESIGN FLOW (.1949): 240 gpd.
PROPERTY SIZE:
LOCATION OF SITE: 14th Cut Fish Pond.
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 20%	0-24 24-49.5	C SBk SiCL wSBk	SS Sp FR SExp. SS Sp FR SExp.	2.5Y4/6	24/8.		Some Brown Lithochromic	PS .3.
2	Linear Side 24%	0-26 26-49	C SBk SiCL wSBk	SS Sp FR SExp SS Sp FR ↓	2.5Y4/6	24/9.		Sat Indicators @ 42	PS .3.
3	Linear Side 15%	0-22 22-49	C SBk SiCL wSBk	SS Sp FR SExp SS Sp FR ↓	2.5Y4/4/6	24/9		Sat Indicators	PS .3.
4	Linear Side 15%	0-28 28-49	C SBk SiCL wSBk	SS Sp FR SExp SS Sp FR ↓	2.5Y4/6	24/9		Sat Indicators @ 31	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200 C.F	200 C.F.
System Type(s)	25% Reduction Pump	25% Reduction
Site LTAR	.3	.3.

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

COMMENTS: Effluent Jet Pump.

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

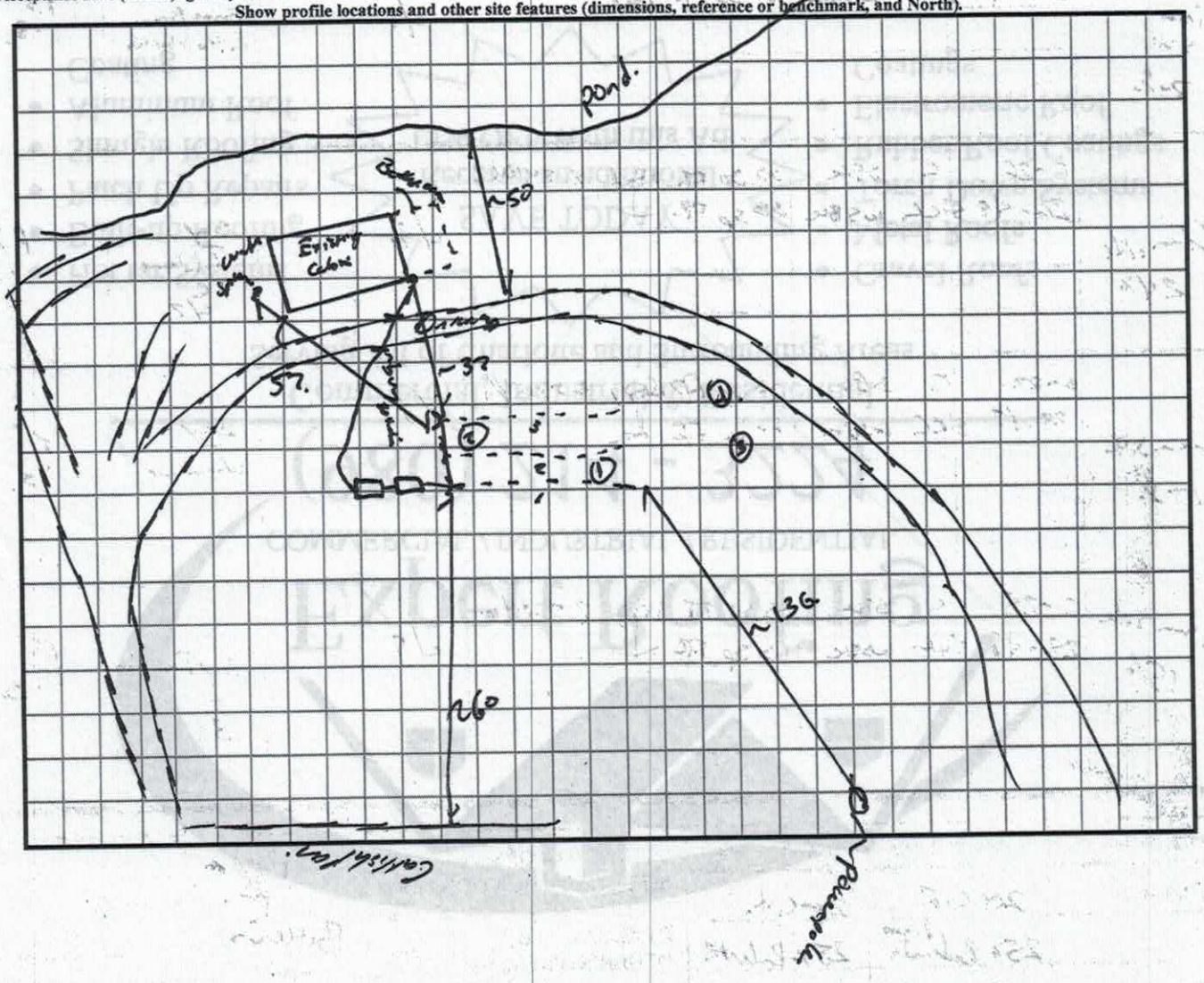
NOTES

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).



1) 68
2) 66
DG.

RECEIVED JUN 2 6 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

23693 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

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: TERRY FOX Address: 144 CATFISH POND LANE Zip: 28625

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

Owner Name: SAME Address: 150 CATFISH POND LANE Zip: 28625

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

Property Information:

Street Address: 144 CATFISH POND LANE

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: North 115 Rt on Red Chimney Rd, LEFT at Stop Sign North CHIPLEY Rd, Rt on BLUEGILL LANE, LEFT CURVE in Rd

Site Development Information: *(check or complete ALL that apply)* no bedrooms

CHECK FOUNDATION TYPE

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

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

PAID

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Rooms: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 6/20

( ) 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: Terry Fox _____

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

Amanda Horton

From: William Allison
Sent: Tuesday, June 26, 2018 12:56 PM
To: Amanda Horton
Subject: 144 Catfish Pond Lane

Mandy,

With the addition/renovation of the accessory structure at 144 Catfish Pond Lane, since the cabin has been there for years (built prior to county-wide zoning) and already has power, we will allow for the addition of a bathroom. Thank you.

William Allison
Planner III / Subdivision Administrator
Iredell County Developmental Services - Planning Division
349 N. Center Street
PO Box 788
Statesville, NC 28687
704.878.3121, ext. 3121 (office)
704.928.2025 (fax)
wallison@co.iredell.nc.us

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)* Terry Fox

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, TERRY FOX, am the legal owner(s) of the property located at 144 CATFISH POND LANE, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

_____, _____, 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.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

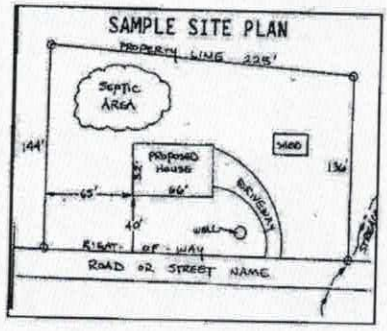
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

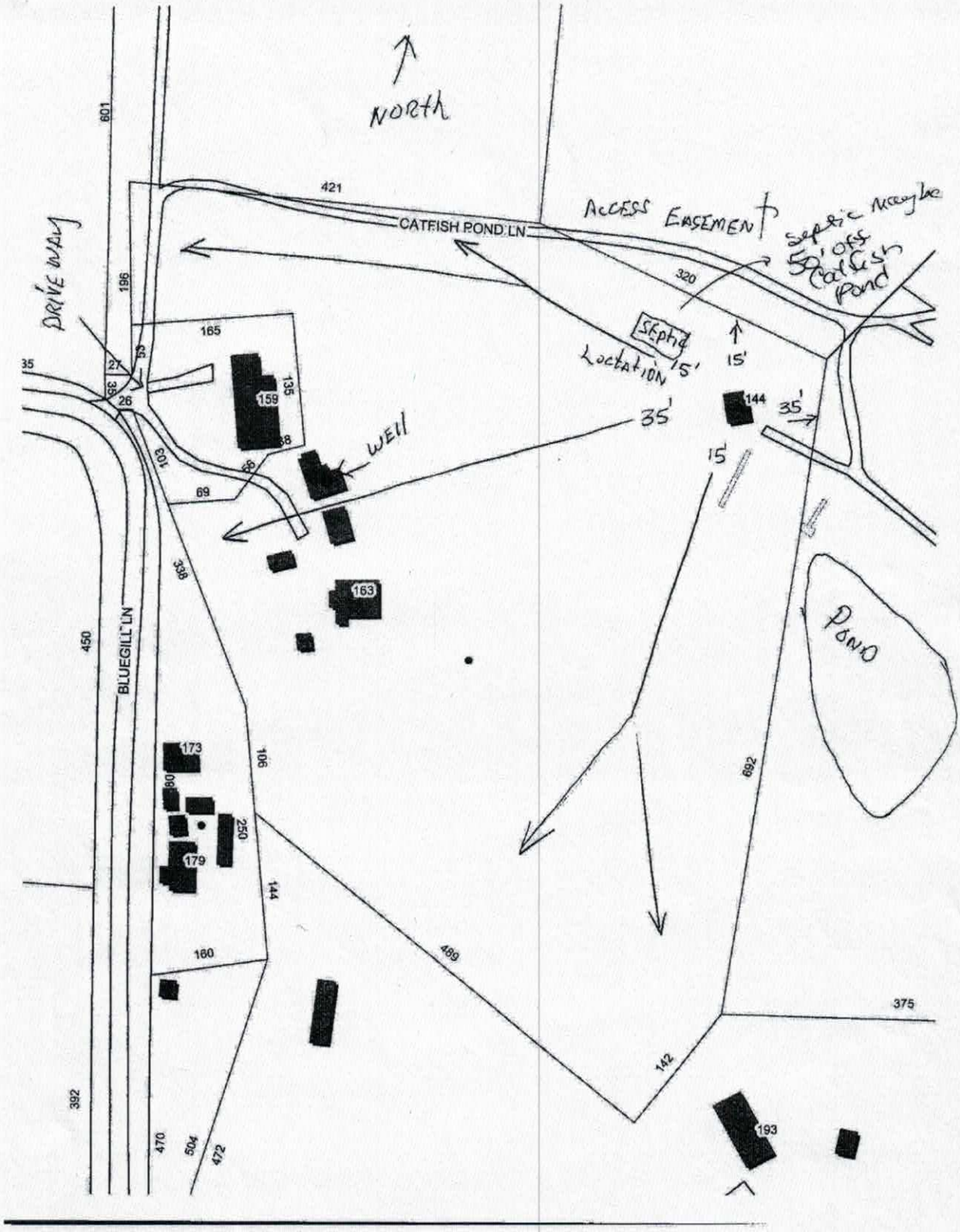
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

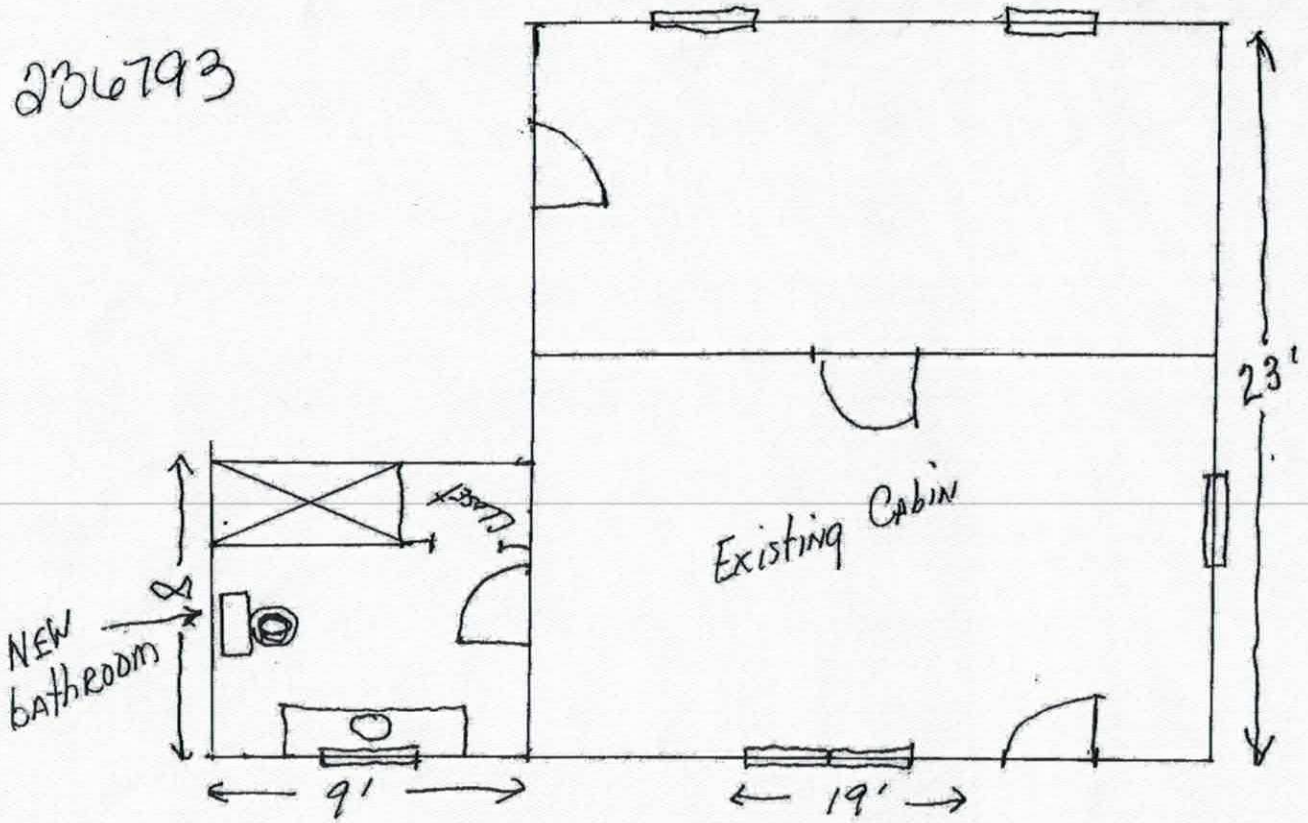
See attached

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

_____
DATE


NORTH
421
CATFISH POND LN
ACCESS EASEMENT
Septic Area to be 50' off Catfish Pond
DRIVE WAY
601
196
165
159
135
88
55
27
35
26
103
69
WELL
398
163
450
BLUEGILL LN
173
60
250
179
106
144
160
489
375
142
193
392
470
504
472
Septic Location
15'
15'
35'
35'
144
15'
692
POND
320

236793



144 Catfish Pond Lane
Terry Fox

Acknowledgement Of
Plans Submittal ONLY!

Date 9/13/2018

Date 9/13/18

IREDELL COUNTY

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

APPLICATION NUMBER
236793
Issue Date: 06/26/2018

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4738800830.000	144 CATFISH POND LANE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FOX TERRY S+SHERRI B	Applicant: FOX TERRY S+SHERRI B
Address: 159 BLUEGILL LN	Address: 159 BLUEGILL LN
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
BATHROOM ADDITION TO CABIN OK PER WALT AND WILLIAM	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		

Remarks:

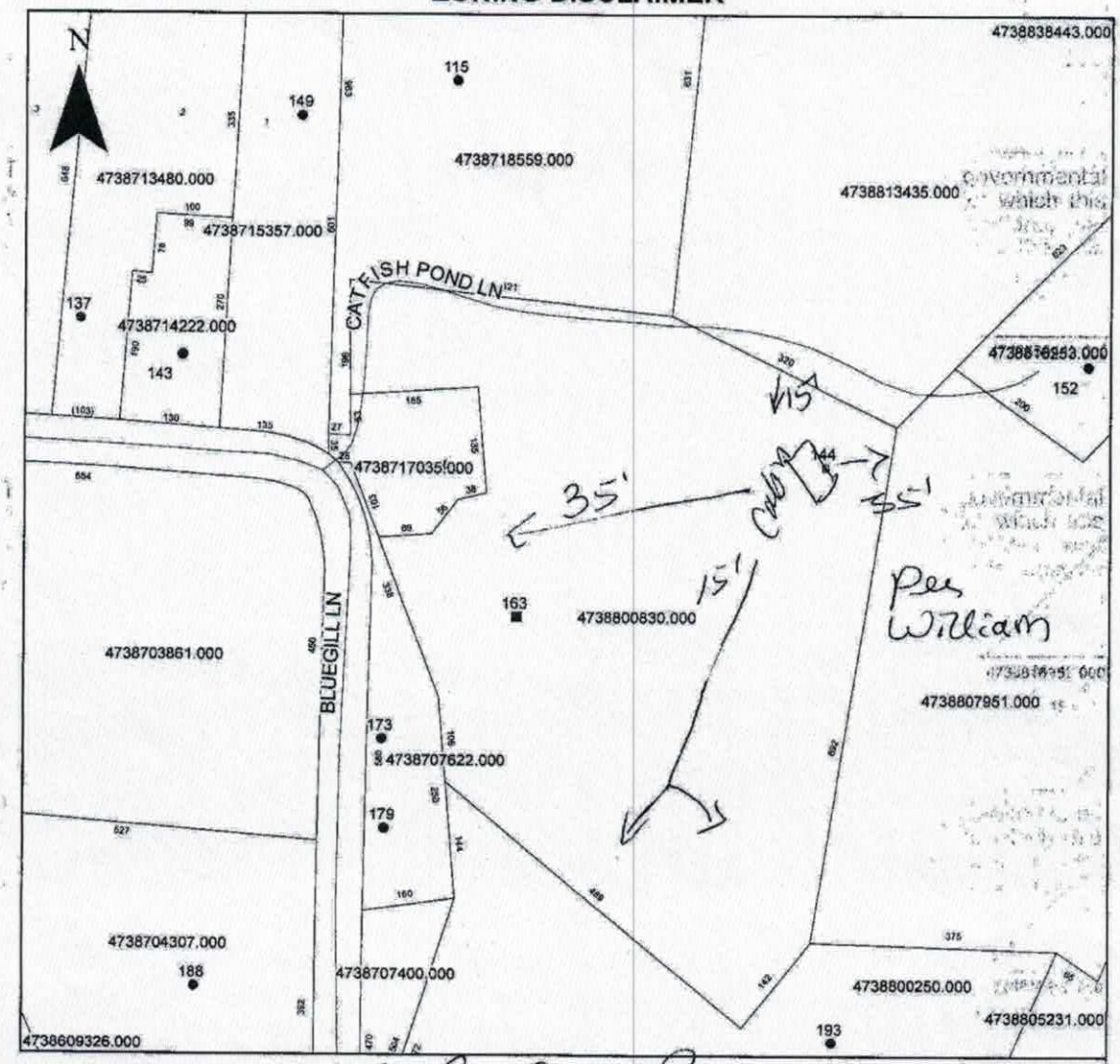
PAID
Date
MH 6/26

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.

Applicant: See Attached Date: _____

Permit Number	143498	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 144 Catfish Pond

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.

Jerry Fox
Applicant

7/26/18
Date