ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-316440 (3)

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

PIN # 4747-55-6087

APPLICANT/OWNER: Jeff Jones | APPLICANT ADDRESS: 131 Houpe Ridge Lane, Statesville, N.C. 28625

SITE ADDRESS: 105 Stallion Lane, Statesville, N.C. 28625 | PHONE: 704-902-2772 | ALT. PHONE —

SITE DIRECTIONS: (N) on 77, (R) on 21, (L) on Jennings, (L) on Whites Farm, (L) on Donsdale, (L) on Stallion, Lot on (L)

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Donsdale | SECTION: P2 | LOT # 15 | LOT AREA: 0.599 Ac | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

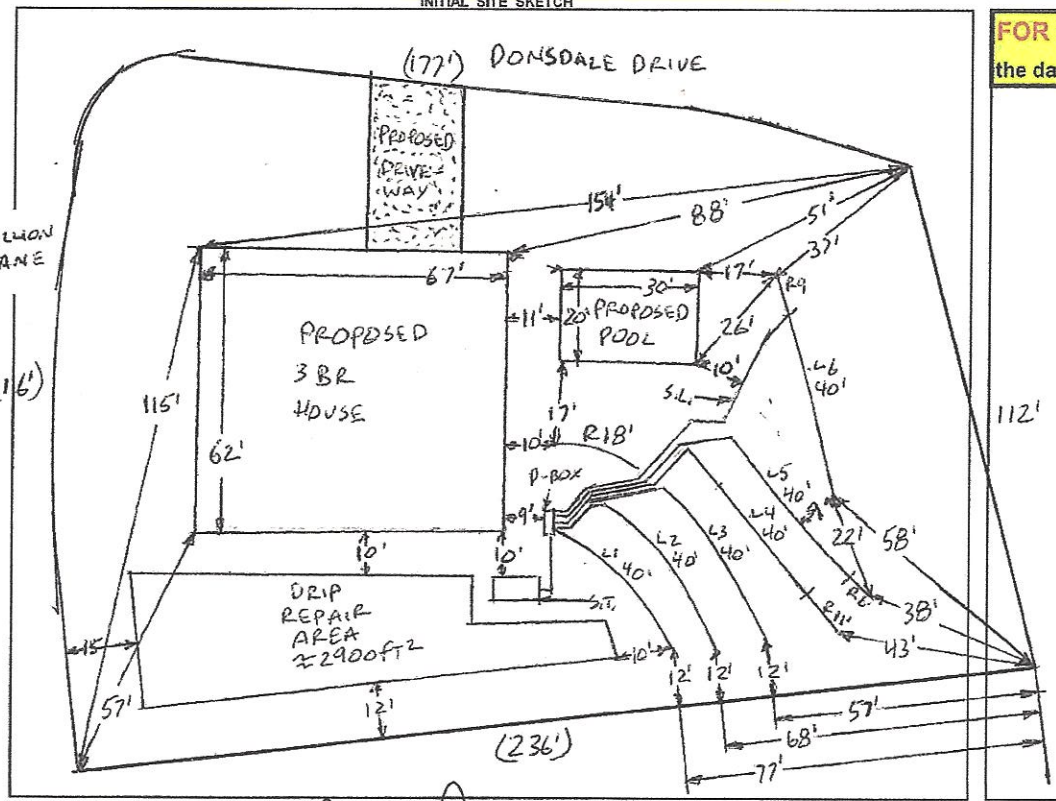
Septic Tank	1050 (gal)	STB	768	Date	8/23/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	50% REDUCTION - HORIZONTAL		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	DRIP		
# Nitrification Fields	1	# Lines	6	Linear Ft:	240 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 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 CENTERS UTILIZE HORIZONTAL PPBPS, UTILIZE PARALLEL DISTRIBUTION VIA D-BOX, DO NOT EXCEED A 30 IN MAX TRENCH DEPTH

DO NOT SHALLOW UP
Orange Filter
ST 8ft to house

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.

11/1/21 Checked ST & Upper 4 drainlines. Installed as drawn. Bottom 2 lines checked 11/2/21

1 IN = 40 ft
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
R = REPAIR

- D-BOX SPEED LEVELERS CHECKED 1-7-2022 BCM

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: Jeff Jones | Date: 6-29-2021 | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Burpt C. White | Date: 6-28-2021 | OPERATION PERMIT by: Burpt C. White | Date: 1-7-2022

AUTHORIZATION TO CONSTRUCT by: Burpt C. White | Date: 6-28-2021 | 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

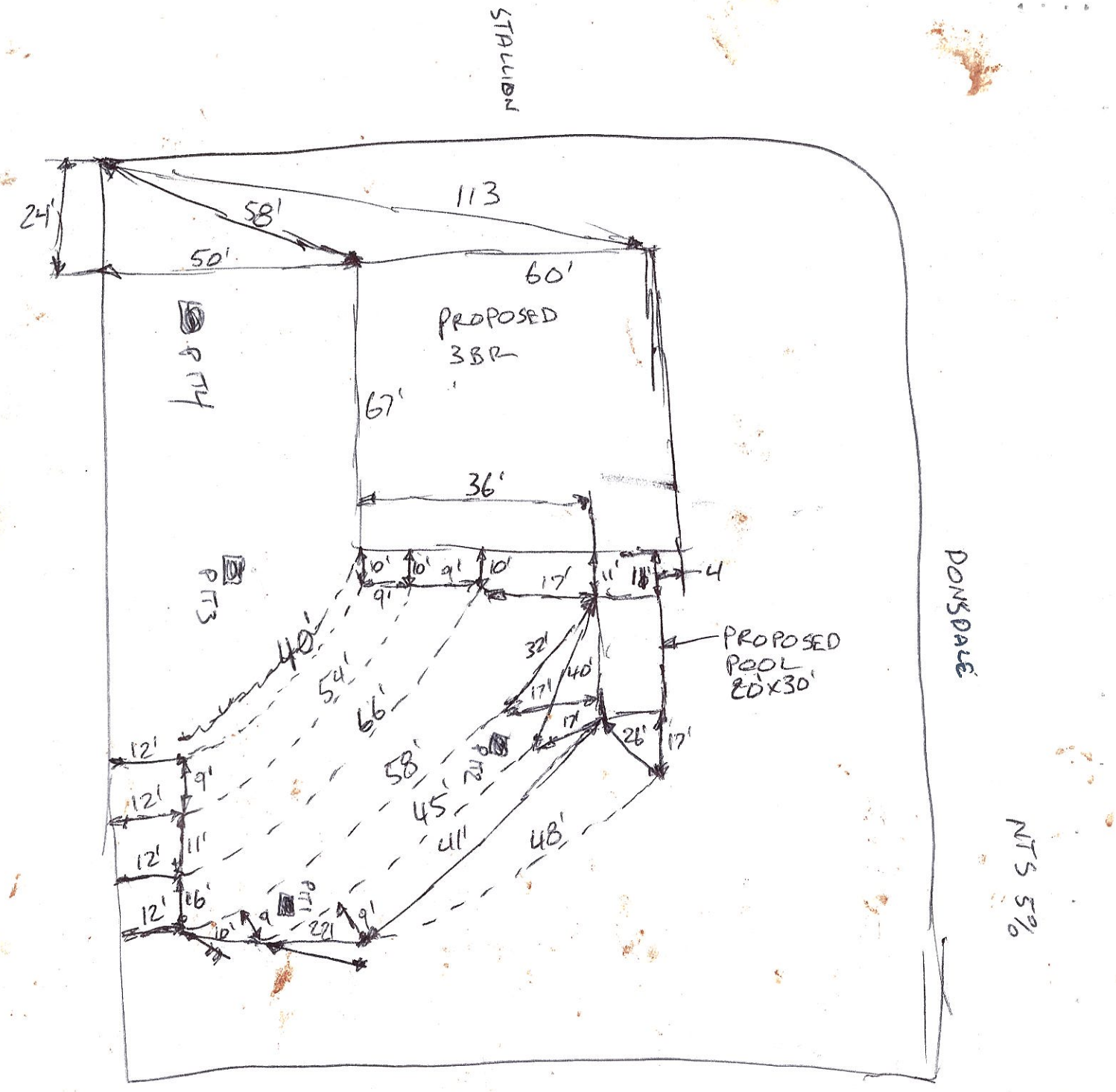
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4747-55-6087
DATE OF EVALUATION: 5-12-2021
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 3%	0-12	FILL	MIXED	FEW Y/B	60"+	NA	NA	.275
		12-44	C, ABK	fr, S, P, SEXP					
		44-60	CL, WABK	fi, SS, SP, SEXP					
2	LS 3	0-10	FILL	MIXED	FEW Y/B	58"+	NA	NA	.275
		10-38	C, SBK	fr, S, P, SEXP					
		38-58	CL, WABK	fi, SS, SP, SEXP					
3	LS 2%	0-5	FILL	MIXED	Y/B THRU OUT LOWER 6½ 42"+	60"+	NA	~~APP~~ WET 42"	.25 ABOVE 42"
		5-44	C, SBK	fr, S, P, SEXP					
		44-60	CL, WABK	fi, SS, SP, SEXP					
4	RIDGE 1%	0-11	FILL	MIXED	FEW LOW 34" FEW Y/B	56"+	NA	NA	.275
		11-40	C, SBK	fr, S, P, SEXP					
		40-56	CL, WABK	fi, SS, SP, SEXP					

COMMENTS:


STALLION
DONSDALE
24'
58'
113
50'
60'
PROPOSED
3BR
67'
36'
SEPTIC
SEPTIC
PROPOSED
POOL
20X30'
NTS

RECEIVED APR C 6 2021

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*

AP-316440 $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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: JFJ CUSTOM HOMES Address: 131 HOUPE RIDGE LN. STATESVILLE, NC Zip: 28625

Applicant Email: _____ Phone: 704-902-2072 Alt. Phone: _____

Owner Name: JEFFREY JONES Address: 131 HOUPE RIDGE LN. STATESVILLE, NC Zip: 28625

Owner Email: _____ Phone: 704-902-2072 Alt. Phone: _____

Property Information:

Street Address: 105 STALLION LANE STATESVILLE, NC 28625

Subdivision Name: DONSDALE Section/Phase: 2 Lot Number: 15

Driving Directions: NORTH ON JENNINGS, LEFT ONTO WHITES FARM RD., LEFT ONTO DONSDALE DRIVE, LEFT ON STALLION, 1ST LOT ON LEFT

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) 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: _____

( ) 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: _____ 4/6/2021

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*) _____

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, JEFFREY JONES, am the legal owner(s) of the property located at 105 STALLION LANE (28625), identified as PIN (Parcel Identification Number) 4747556087.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JFJ CUSTOM HOMES, JEFFREY JONES, 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.

_____ 4/6/2021
Signature of Owner(s) Date

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

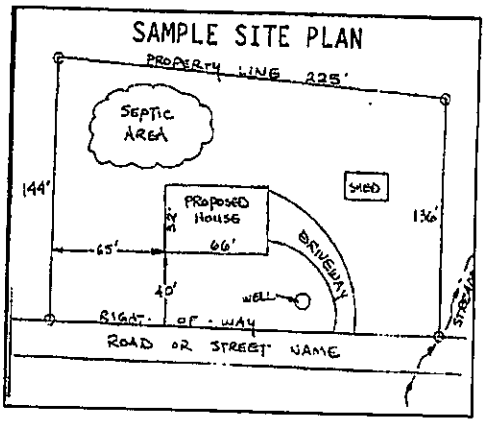
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

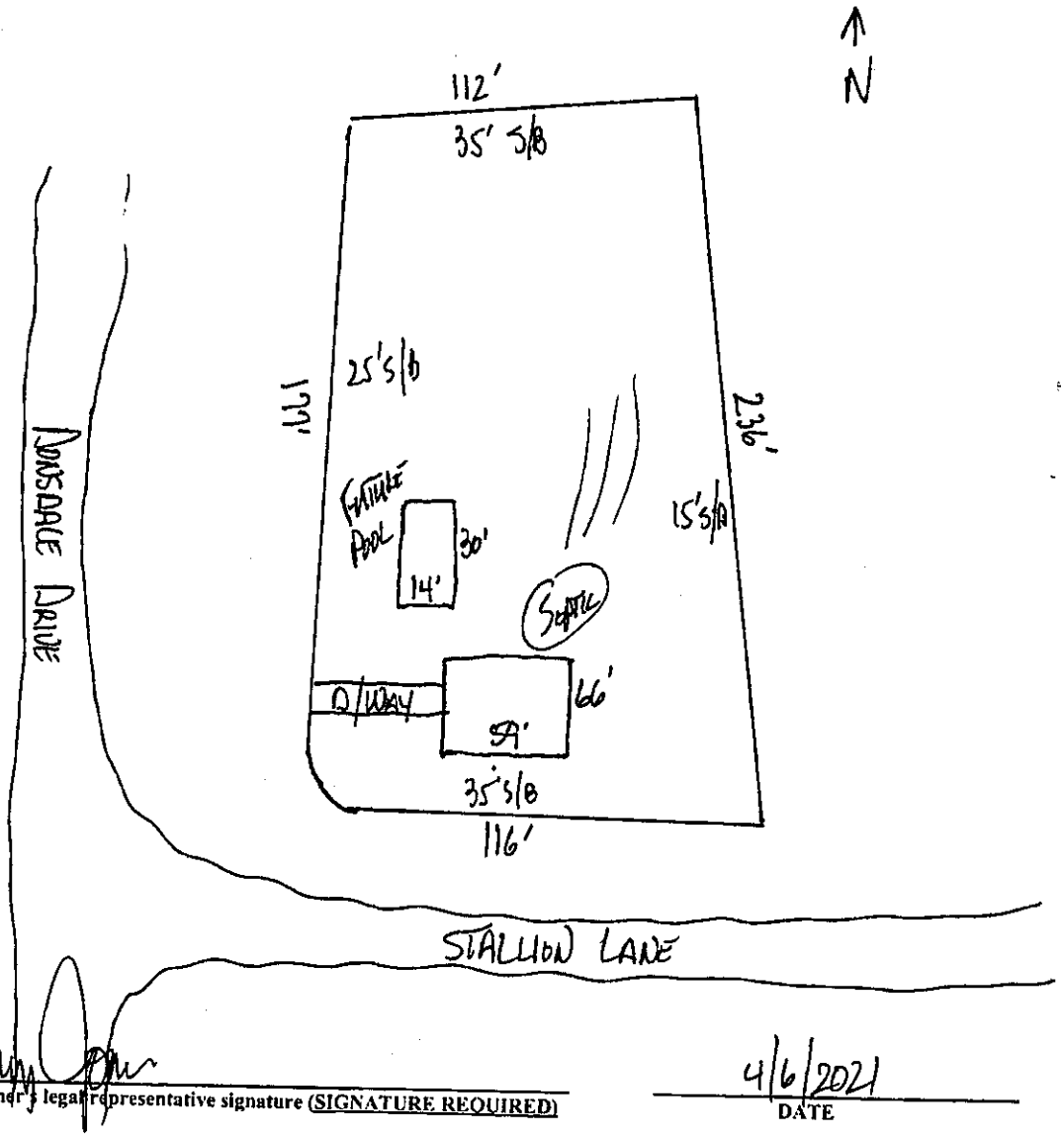
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

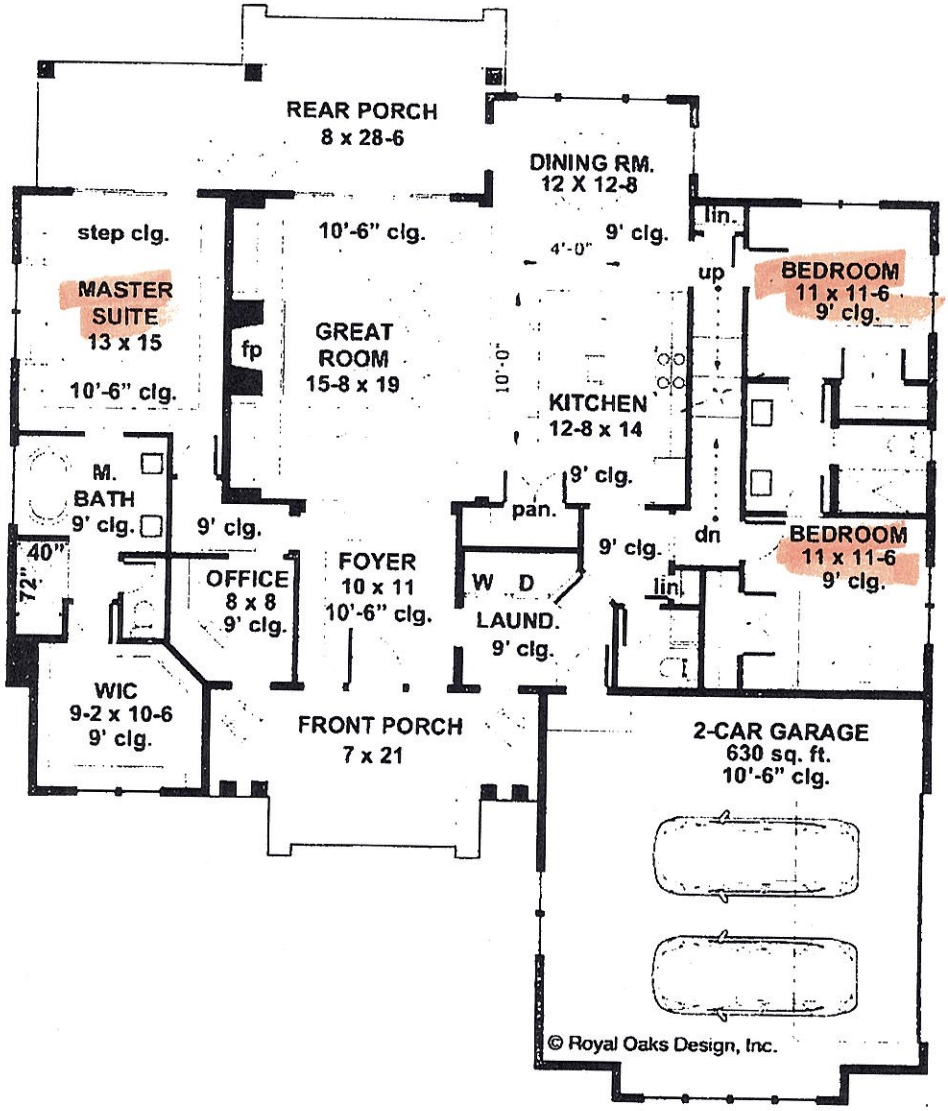
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ _____ 4/6/2021

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



65' 10"

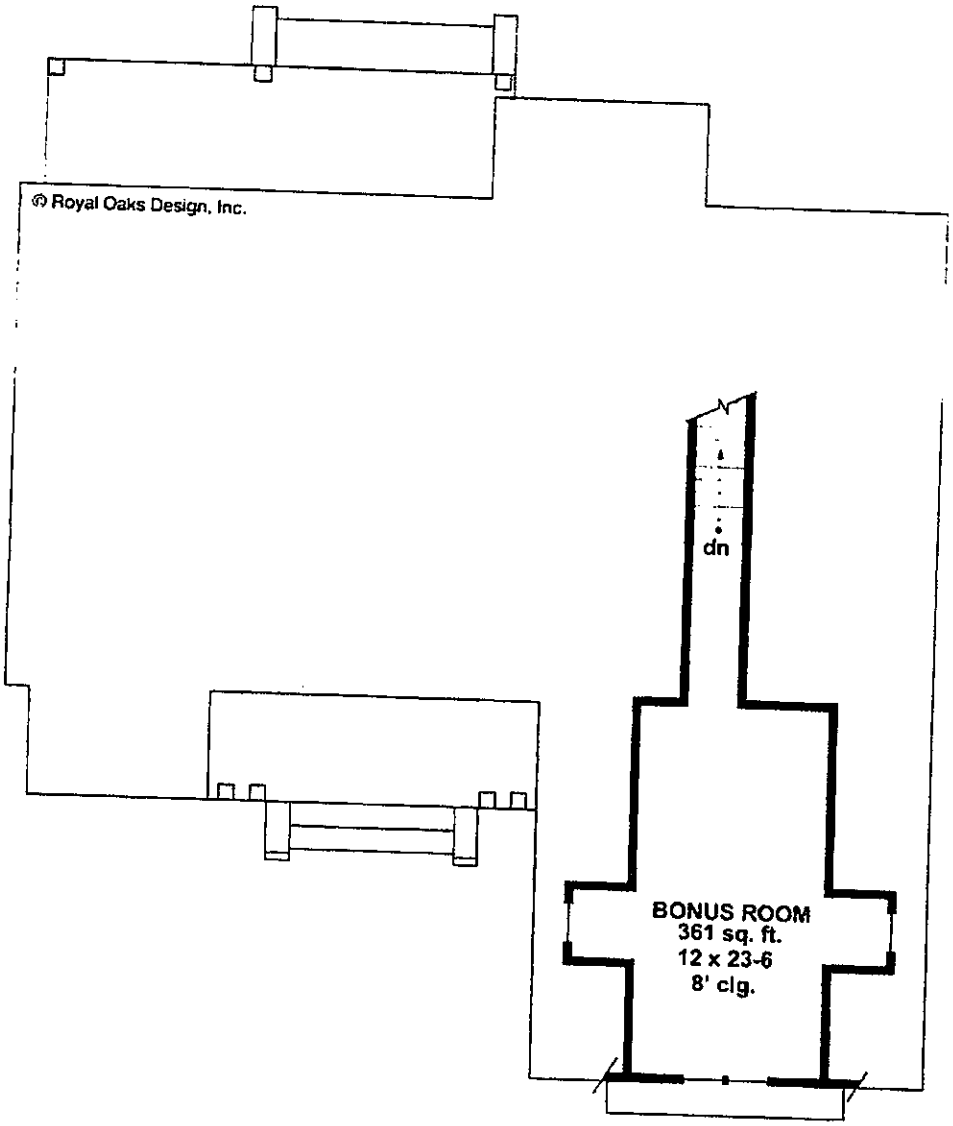
59'

PLAN WILL BE REVERSED!

Acknowledgement Of
Plans Submittal ONLY!

Date 6-29-2021

Date 6-28-2021


© Royal Oaks Design, Inc.
dn
BONUS ROOM
361 sq. ft.
12 x 23-6
8' clg.

IREDELL COUNTY

IREDELL COUNTY

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

APPLICATION NUMBER
316440
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747556087.000	105 STALLION LN	Iredell County

Owner Information	Applicant Information
Name: JONES JEFFREY F+GEORGIE M	Name: JFJ CUSTOM HOMES
Address:	Address: 143 OAK GROVE ROAD
	STATESVILLE, NC 28677
Phone:	Phone: (704)902-2772

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.599	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.

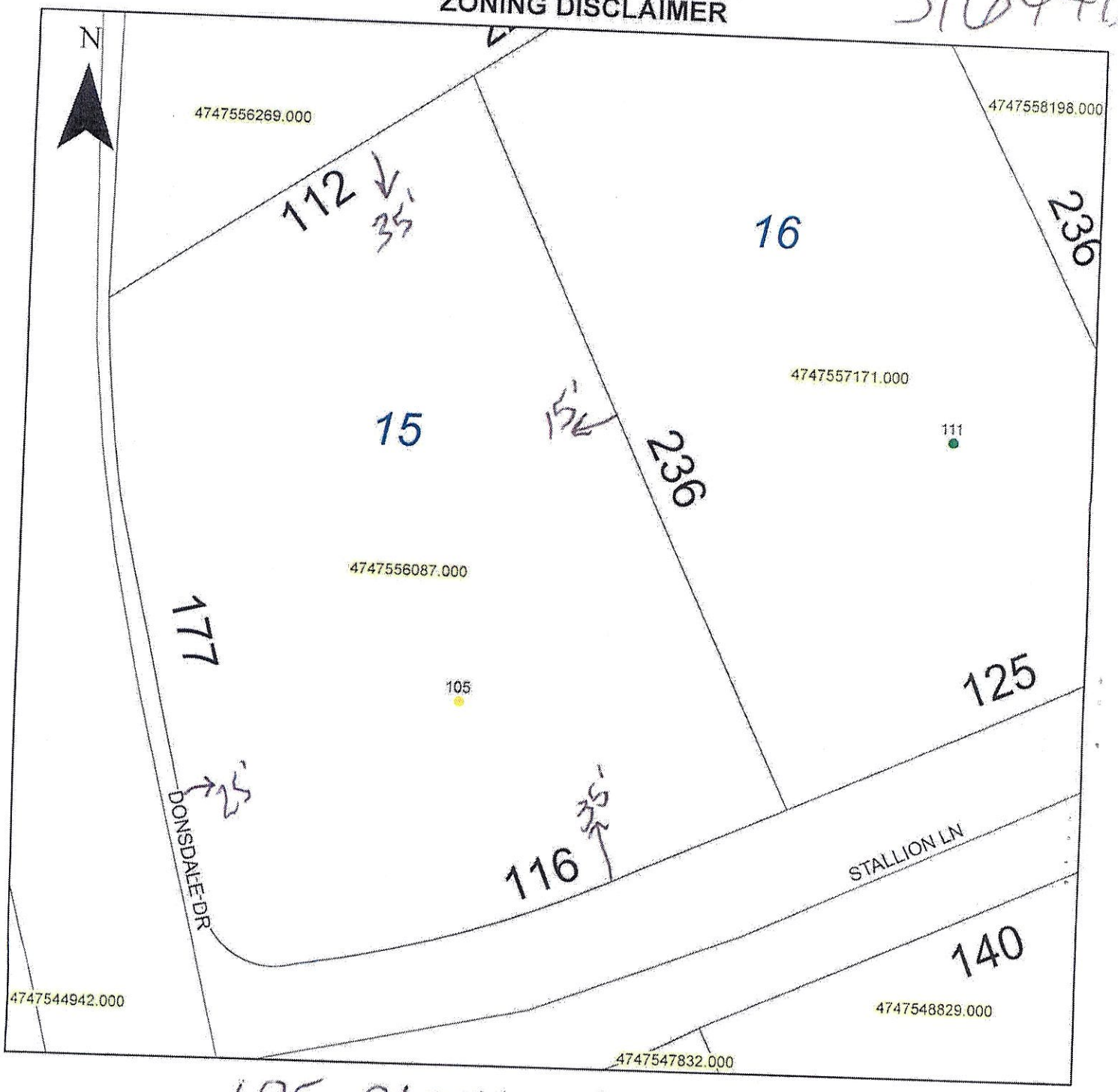
Signature of Owner/Contractor

Date: 04/06/2021

Permit Number	316440	TOTAL FEES:	$77.25

ZONING DISCLAIMER

316446



Property Address 105 Stallion Lane

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.

Applicant

4/6/2021
Date