CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305581

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

PIN # 4747642776

APPLICANT/OWNER: Jeff Jones APPLICANT ADDRESS: 131 Houpe Ridge LN Statesville NC 28625

SITE ADDRESS: 263 Donsdale Drive Statesville NC 28625 PHONE: 704 902-2772 ALT. PHONE

SITE DIRECTIONS: 21 N L on Jennings L on Whites Farm L on Donsdale on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Donsdale SECTION: 2 LOT # 30 LOT AREA: .58 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

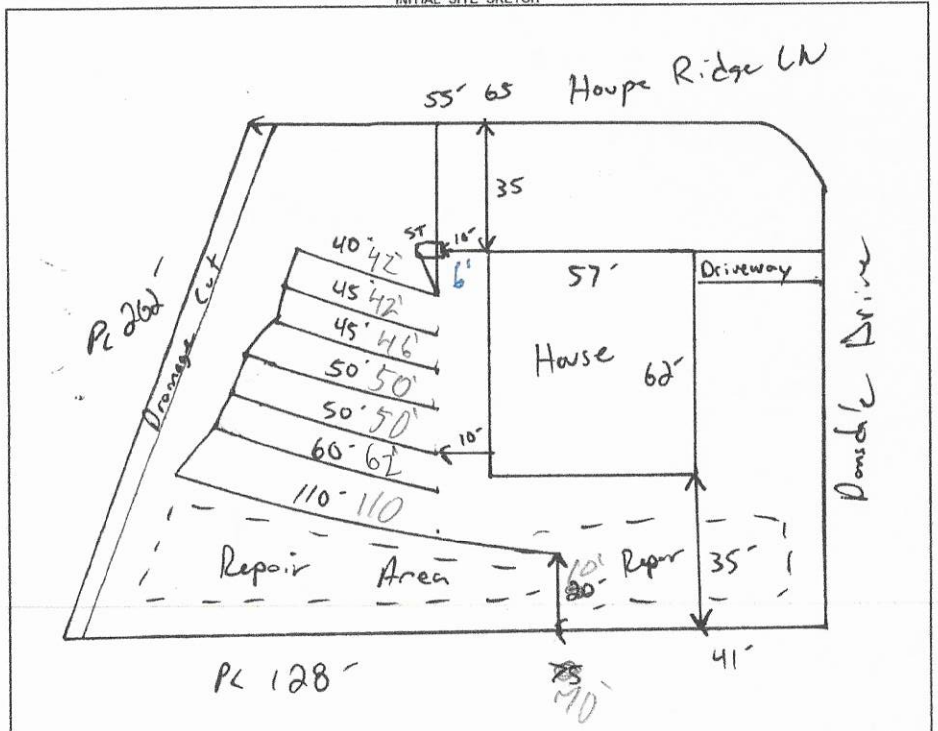
Septic Tank	1000 (gal)	STB	760	Date	7-26-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	Max 36	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

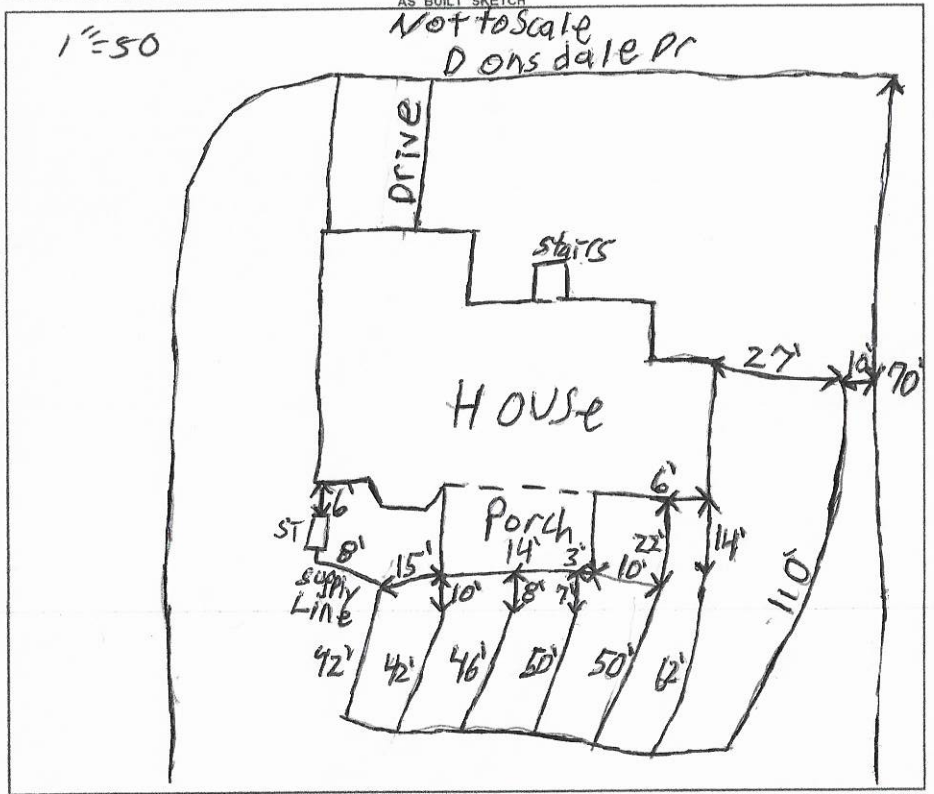
Comments / Conditions: Install Drainlines on contour of land and use Serial distribution. Stay 15' from edge of drainage Cut.

TANK NEEDS FILTER ; 9-24-2020 BCW

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: Date: 3-25-20 Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: Date: 3-19-2020 OPERATION PERMIT by: Patrick J Boyle III Date: 9/28/2020

AUTHORIZATION TO CONSTRUCT by: Date: 3-19-2020 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 #: 4747648776
COUNTY: Iredell

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

OWNER: Jeff Jones
ADDRESS: 131 Hump Ridge Ln
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 263 Dansdale Dr
APPLICATION DATE: 3-3-20
DATE EVALUATED: 3-16-20
PROPERTY SIZE: .58
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-9	SiL SCL	FrSSSP Seq	N/A	48+	N/A	N/A	PS .3
		9-21	SiL C						
		21-48	SiL CL						
2	SS 5%	0-8	SiL SCL		N/A	48+			PS .3
		8-28	SiL C						
		28-48	SiL CL						
3	SS 5%	0-8	SiL SCL		N/A	48+			PS .3
		8-32	SiL C						
		32-48	SiL CL						
4	SS 5%	0-8	SiL SCL		N/A	48+			PS .3
		8-31	SiL C						
		31-48	SiL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	266+
System Type(s)	2S	50%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

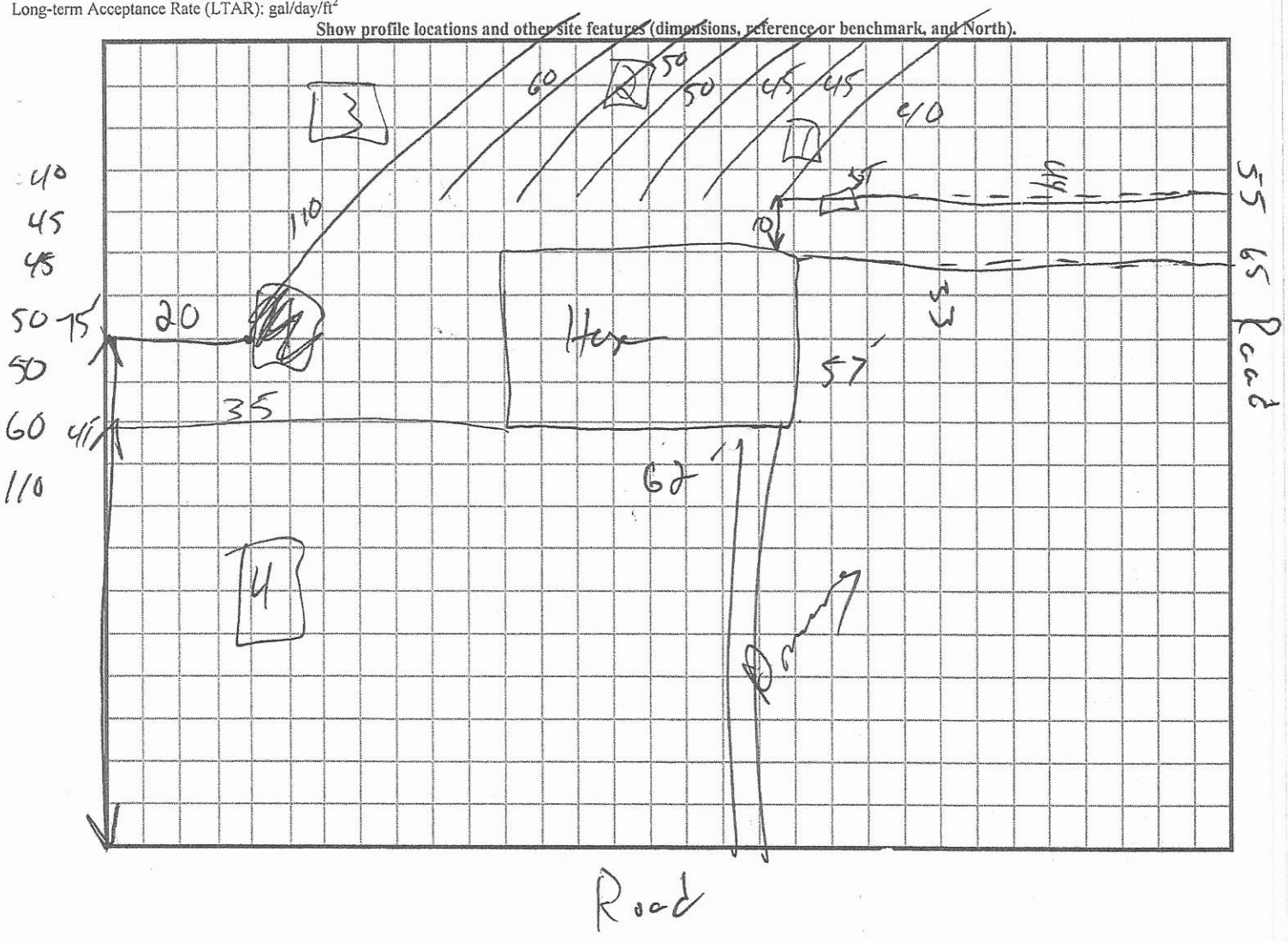
NOTES

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/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



James

RECEIVED MAR 05 2020

AP-30558
$500.00

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
(X) Septic Improvement Permit (X) 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: (X) 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: JEFF JONES Address: 131 HOLPE RIDGE LN. STATESVILLE, NC Zip: 28625
Applicant Email: JFJONES1343@GMAIL.COM Phone: 704-902-2972 Alt. Phone:
Owner Name: SAME AS ABOVE Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 263 DONSDALE DRIVE STATESVILLE, NC 28625
Subdivision Name: DONSDALE Section/Phase: 2 Lot Number: 30
Driving Directions: 21 NORTH, LEFT ON JENNINGS RD, LEFT ON WATTS FARM RD, LEFT ON DONSDALE DRIVE, LOT IS ON CORNER ON DONSDALE + HOLPE RIDGE LN.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 4 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 5 ( ) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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.

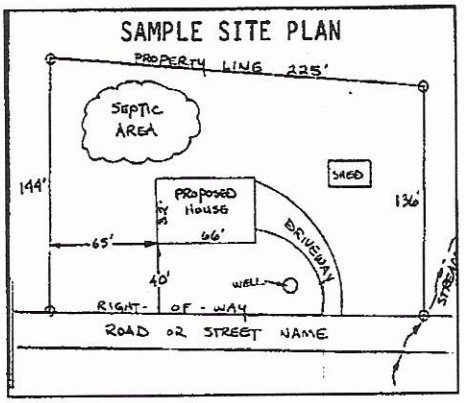
Signature: _____ 3/3/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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
- (X) Area you prefer your septic system to be placed
- (X) 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

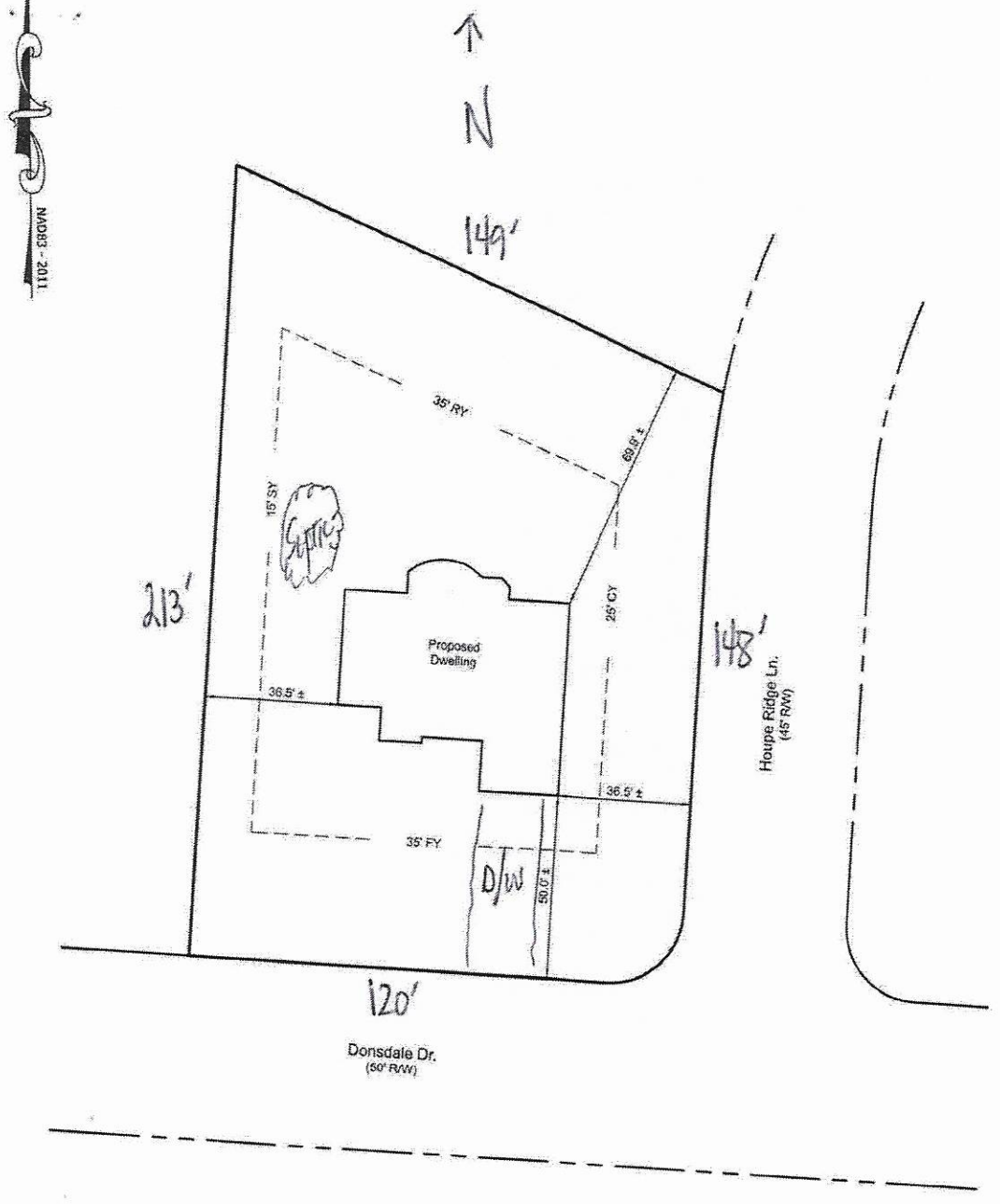
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Survey PLAT ATTACHED.

Signature: _____ 3/3/2020

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

PRELIMINARY FOR REVIEW ONLY



SETBACKS:

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), 25' CORNER YARD (CY), & 35' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE.

PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 1550, PG. 2193-2212, D.B. 1558, PG. 585, D.B. 1630, PG. 1147, D.B. 1786, PG. 2080.

REFERENCE:

BEING ALL OF LOT 30 - DONSDALE SUBDIVISION - PHASE 2 - AS RECORDED IN P.B. 50, PG. 67 - IREDELL COUNTY REGISTRY.

0 30 60 90

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:

Jeff Jones

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 30'	
DEED REF: 2592 - 1695	PIN NO: 4747-64-2776
DATE OF MAP: 02-27-20	SURVEY DATE: 01-08-20
REVISION:	DRAWING FILE: 20191211

263 Donsdale Dr, Statesville, NC 28625
Bethany TWSP - Iredell County - North Carolina

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, JEFF JONES, am the legal owner(s) of the property located at 263 WOODSMOKE DR STATESVILLE, NC 28625, identified as PIN (Parcel Identification Number) 4747 64 2996, 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.

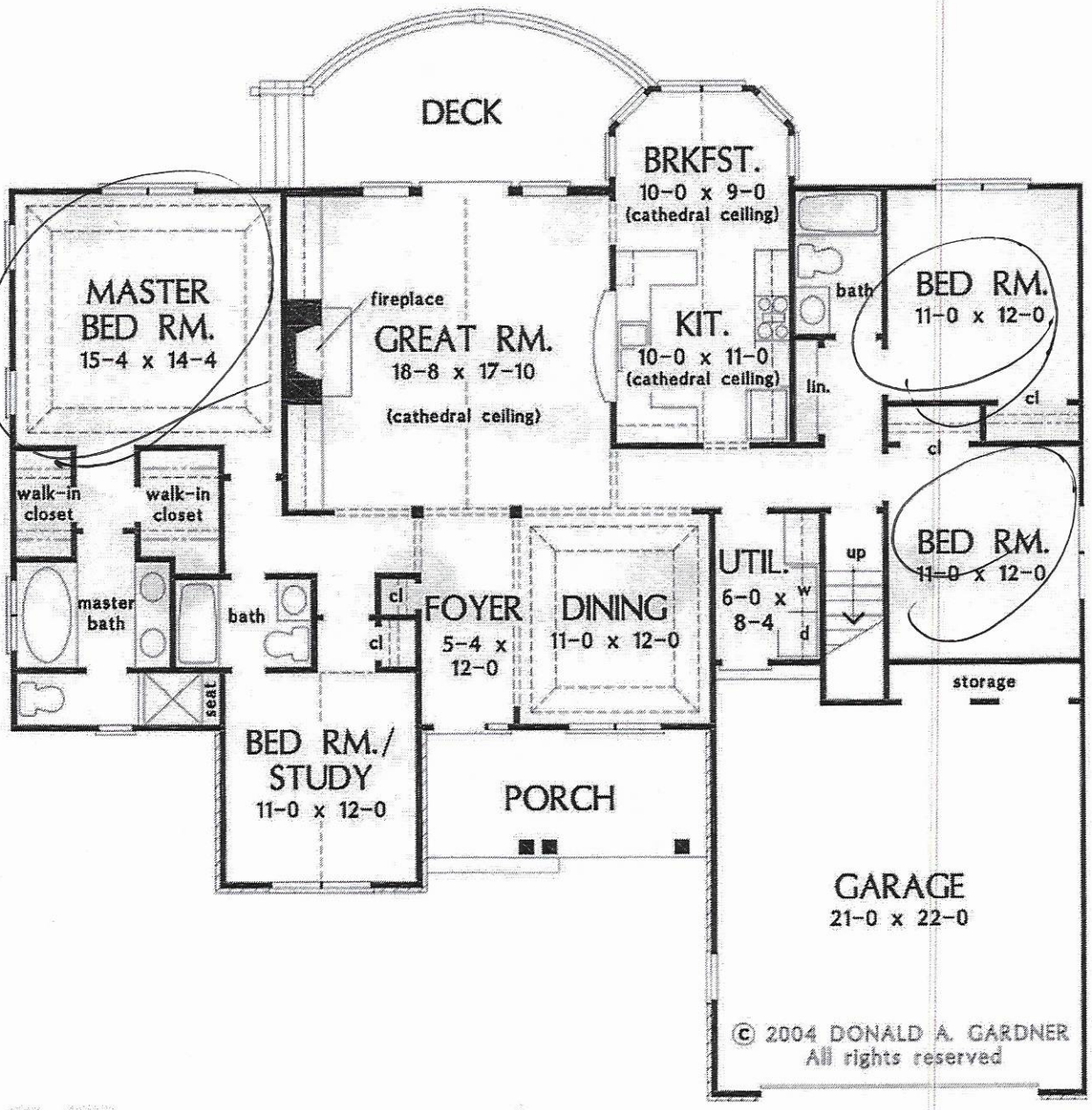
_____ Signature of Owner(s)

3/3/2020 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

FLOOR PLAN
PLAN NO. 1047



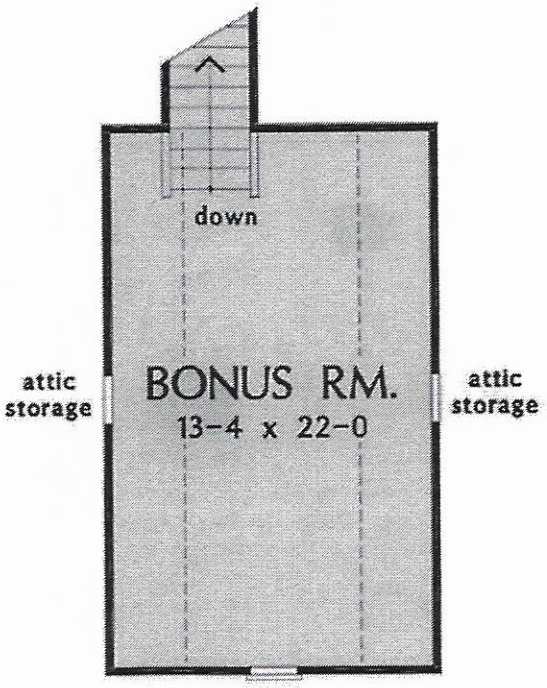
TOTAL SF - 1975
62'0" W X 57'8" D
MAIN LEVEL SF - 1975

Acknowledgement Of
Plans Submittal ONLY!

Date 3/4/2020

Date 3.19.20

FLOOR PLAN
PLAN NO. 1047



BONUS ROOM
OPTIONAL BONUS ROOM SF - 361

Acknowledgement Of
Plans Submittal ONLY!
Date 3/4/2020
Date 3-19-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305581 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747545581.000	236 DONSDALE DR	

Owner Information	Applicant Information
Name: NORTON ROBERT L+ELIZABETH M	Name: JEFF JONES
Address:	Address: 263 DONSDALE DRIVE STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

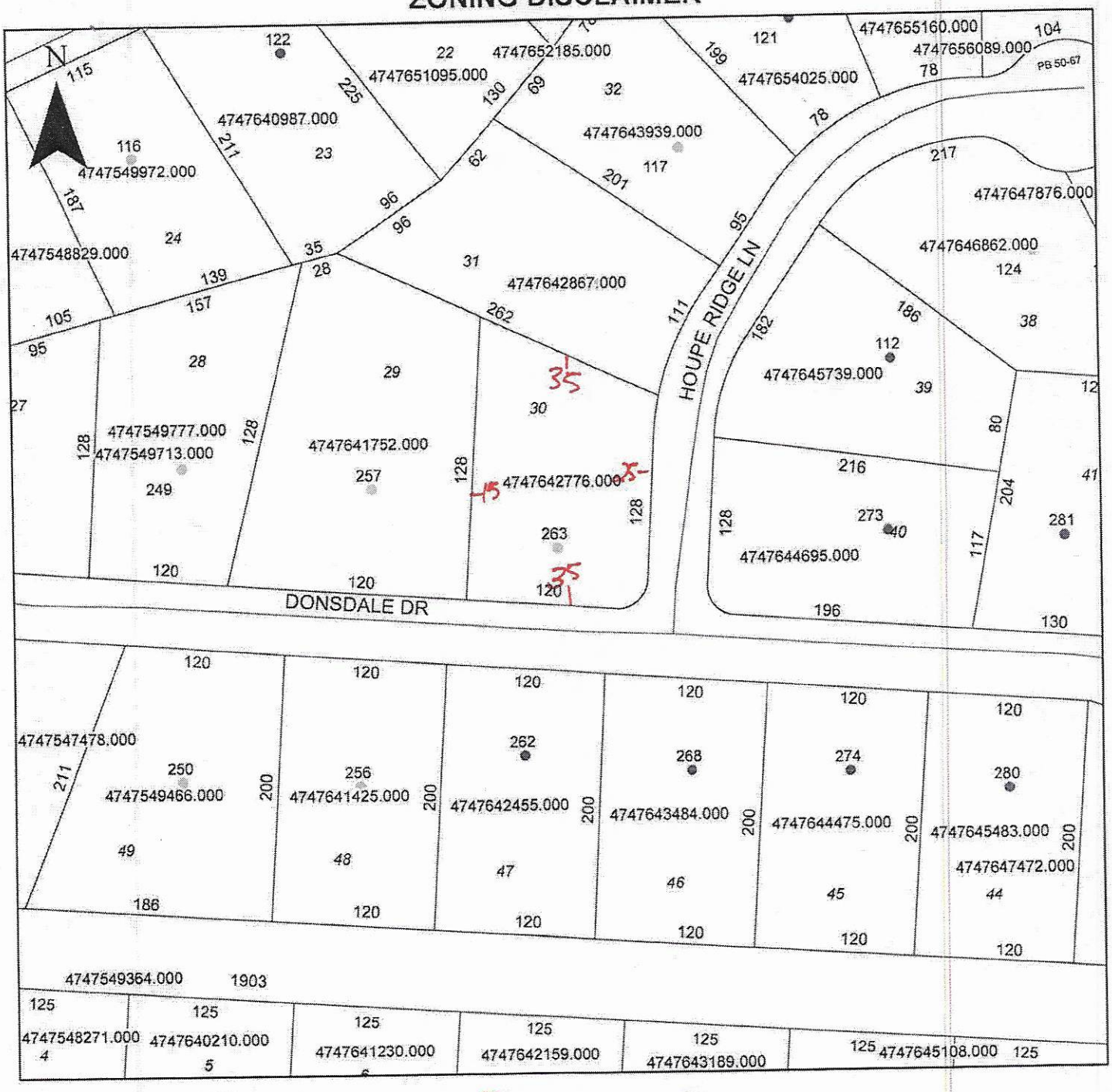
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 03/04/2020

Signature of Owner/Contractor

Permit Number	305581	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 263 Donsdale Dr

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

3/4/2020
Date