ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 31741 9

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

PIN # ✓4765--37--2753.121

APPLICANT/OWNER: Robert Divanna APPLICANT ADDRESS: 119 Pheasant Ln Statesville NC 28625

SITE ADDRESS: 121 Pheasant Ln Statesville NC 28625 PHONE: 704-902-1745 ALT. PHONE 704-880-0437

SITE DIRECTIONS: US 64E to L on River Hill Rd, L on Partridge Hill Ln, R on Sparrow Rd, L on Pheasant Ln, rotation on

SAP CONTROLLED: ☐ YES ☒ NO

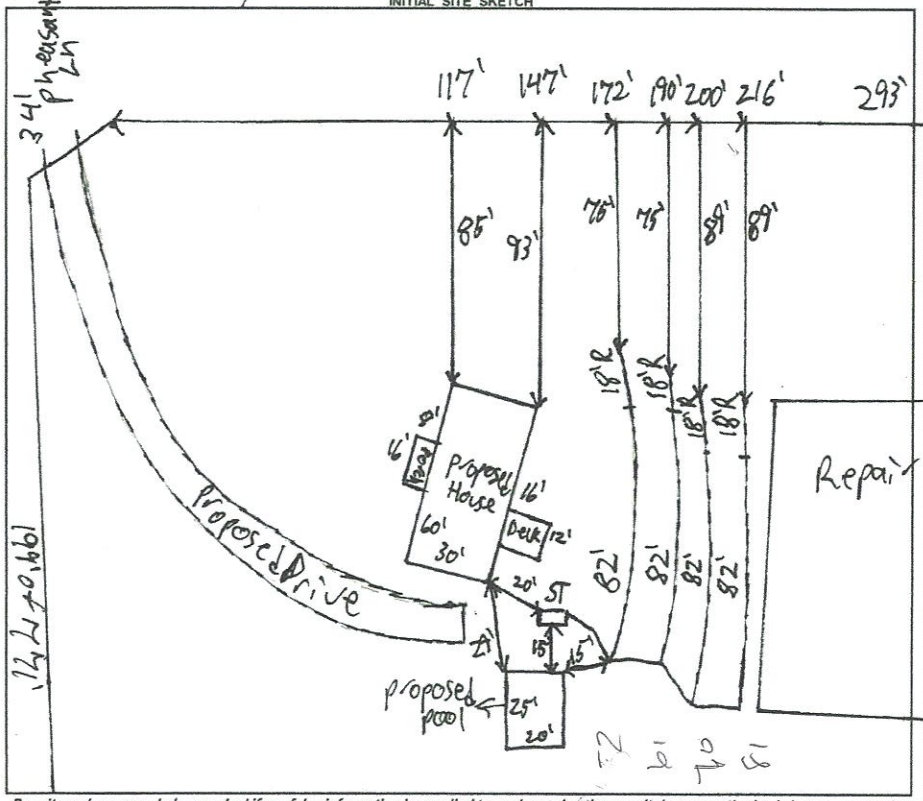
SUBDIVISION: SECTION: — LOT # — LOT AREA: 7.8 acres DESIGN FLOW: 360GPD L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760	Date	11/16/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Chamber		
Pump Make		Model		Serial #		Repair System Description:	LPPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	328'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	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	

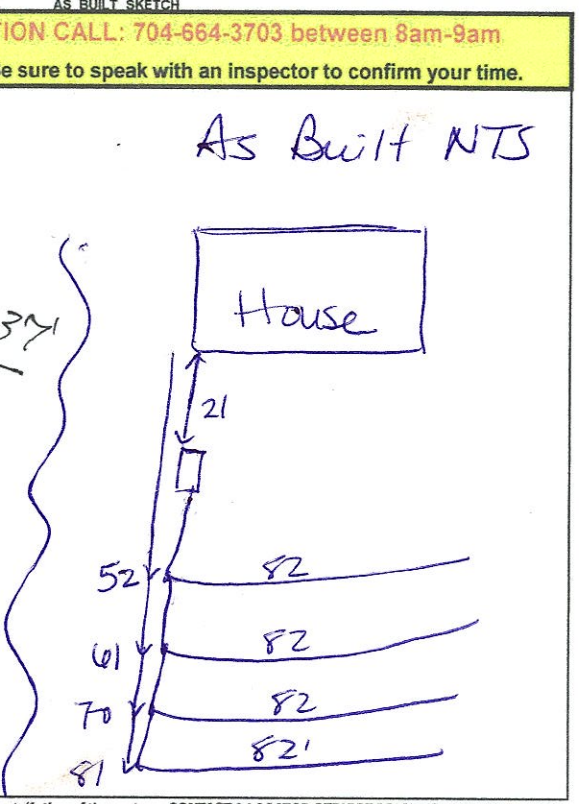
Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Any part of septic system must be 10' off waterline and 15' off water edge of pool.

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.



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: Daniel DeVanna Date: 6/29/21 Installed by: CW Orbison & Sons

IMPROVEMENT PERMIT by: Patrick J Boyle II Date: 6/29/2021 OPERATION PERMIT by: D Mieberg Date: 6/21/22

AUTHORIZATION TO CONSTRUCT by: Date: 6/29/2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4765972
COUNTY: Iredell

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

OWNER: Robert Divanna
ADDRESS: 179 Pheasant Ln
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 179 Pheasant Ln Statesville NC

APPLICATION DATE 5/3/2021
DATE EVALUATED: 5/25/2021
PROPERTY SIZE: 7.86 acres
PROPERTY RECORDED: yes

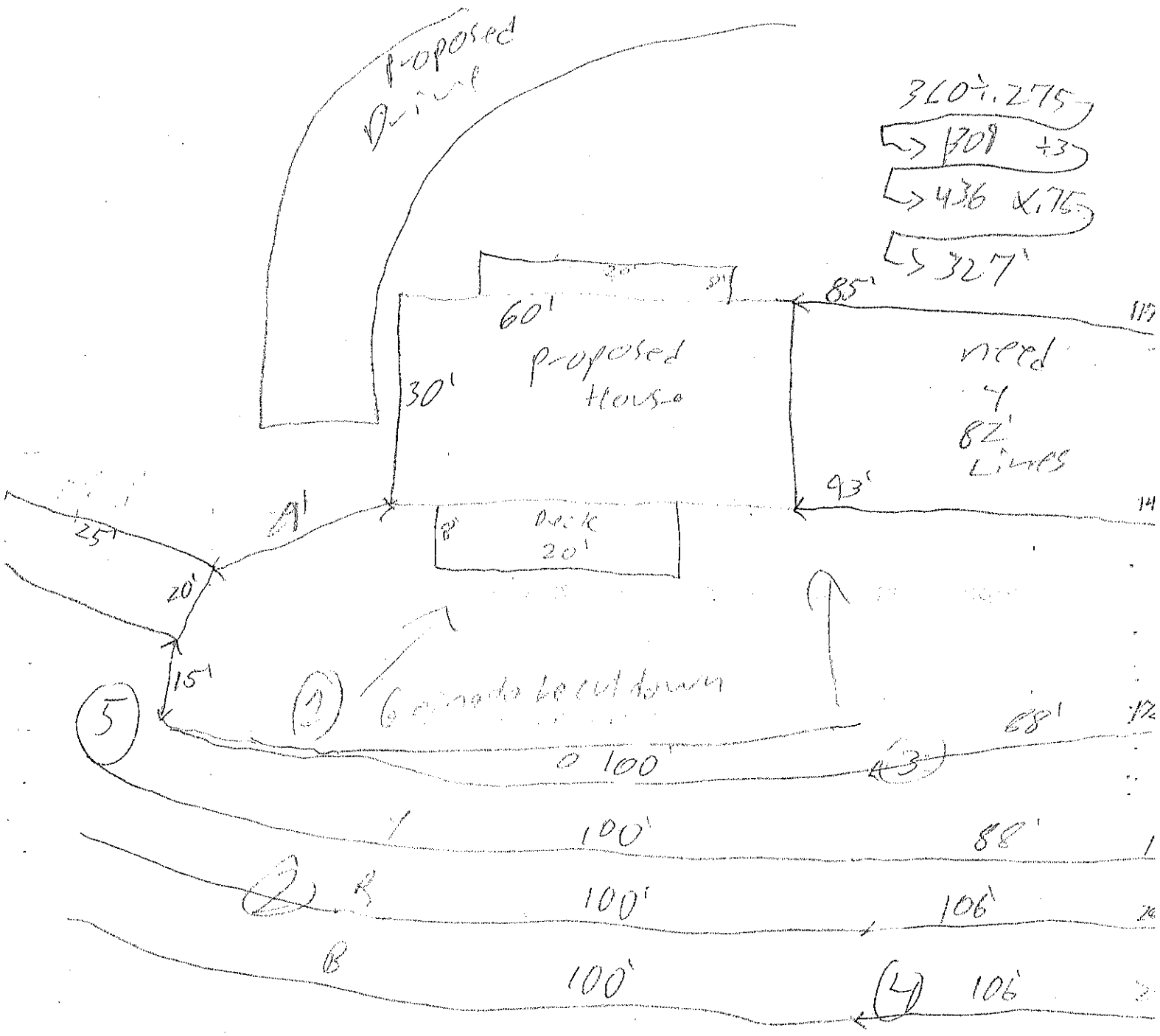
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	SS 10%	0-8	Compacted SCL	Fr SSSP Sapr	—	60"	Litho and Para Rx throughout more common at bottom	—	PS, 3
		8-24	C SBK	Fr SSSP Sapr					
		24-60	CL SBK	Fr SSSP Sapr					
2	SS 14%	0-6	Compacted clay ABK	Fr SSSP Sapr	few YB mottles	58"	Litho and Para Rx throughout common at bottom	—	PS, 3
		6-20	C SBK	Fr SSSP Sapr					
		20-58	CL SBK	Fr SS SP Sapr					
3	SS 13%	0-9	SCL VSBK	Fr SSS SP Sapr	YB mottles scattered throughout	56"	Litho and Para Rx throughout	Manganese and Para Rx common at bottom	PS, 275
		9-22	C SBK	Fr SSSP Sapr					
		22-56	CL SBK	Fr SS SP Sapr					
4	SS 9% PS 14%	0-15	SCL VSBK	Fr SSS P Sapr	YB mottles scattered throughout	60"	Litho and Para Rx common at bottom	manganese common at bottom	PS, 275
		15-30	C SBK	Fr S P					
		30-60	CL SBK	Fr S P Sapr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	218
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.275	.275

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

COMMENTS: cloudy


Proposed Drive
340÷.275
309 +3
436 x.75
327'
30'
60'
Proposed House
30'
85'
Need 4 82' Lines
93'
25'
91'
20'
8' Deck 20'
15'
5
1
6 trees to be cut down
68'
100
3
100'
88'
2
100'
106'
B
100'
4
106'

RECEIVED MAY C 3 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317419 $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: Robert DiVanna Address: 119 Pheasant Ln. Statesville, NC Zip: 28625
Applicant Email: jdivanna81@gmail.com Phone: (704) 902-1745 Alt. Phone: (704) 880-0437
Owner Name: Robert DiVanna Address: _____ Zip: _____
Owner Email: jdivanna81@gmail.com Phone: (704) 880-0437 Alt. Phone: (724) 908-1745

Property Information:

Street Address: 119 Pheasant Ln Statesville NC 28625
Subdivision Name: Quail Ridge Section/Phase: _____ Lot Number: _____
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply* RD 5-25-21 **CHECK FOUNDATION TYPE**

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: _____ RD 5-25-21
( ) 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: Robert DiVanna Janice DiVanna _____
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)* Robert DiVanna Jamie DiVanna

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, Robert DiVanna Jamie DiVanna, am the legal owner(s) of the property located at 19 Pheasant Ln Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4765372753.000, 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.

Robert DiVanna _____ _____

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

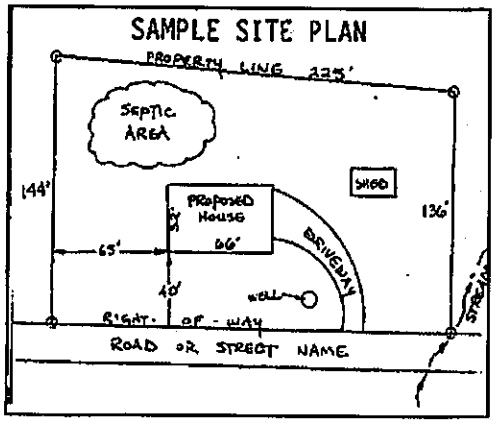
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- ( ) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

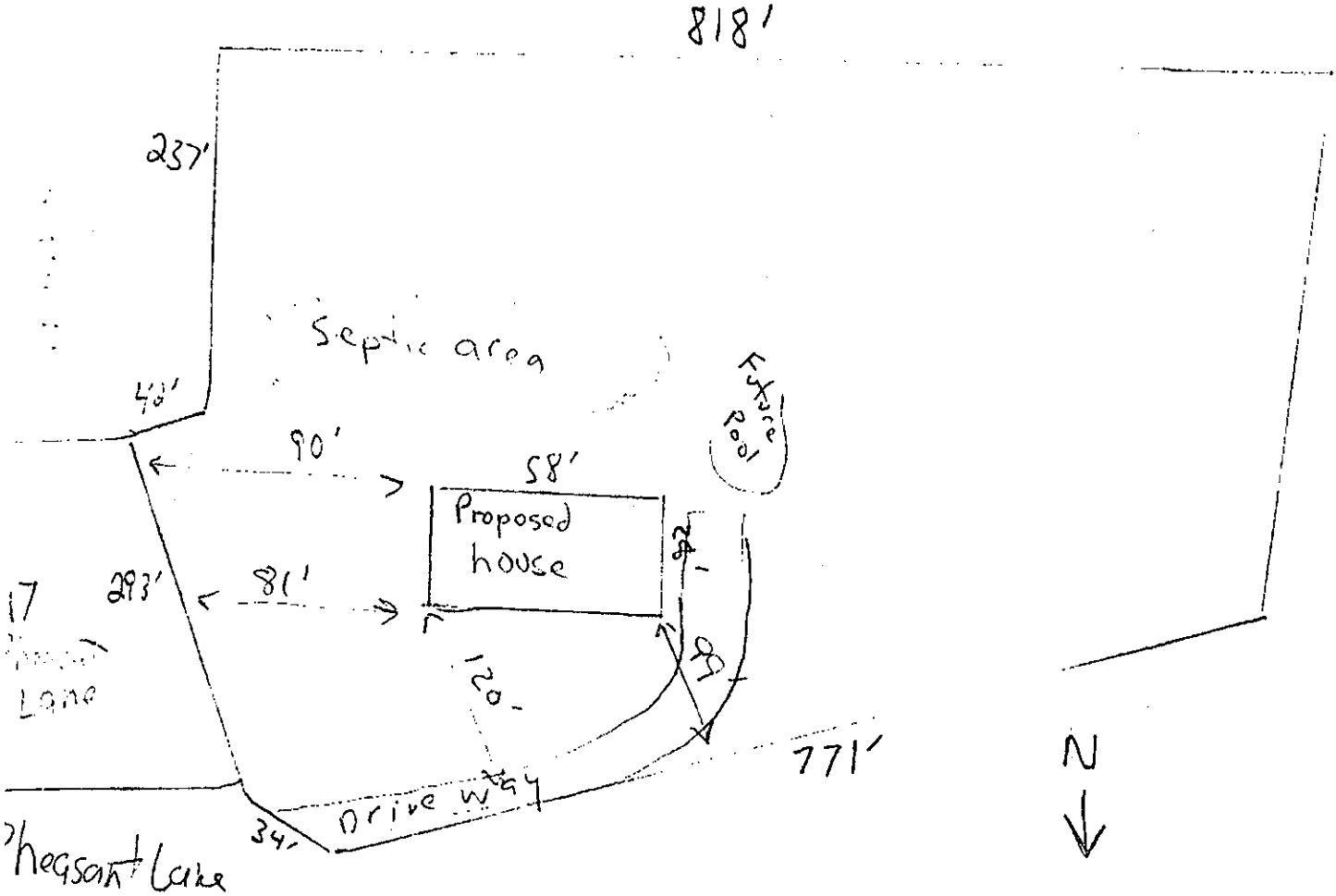


Circle N/A on the following if appropriate:

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

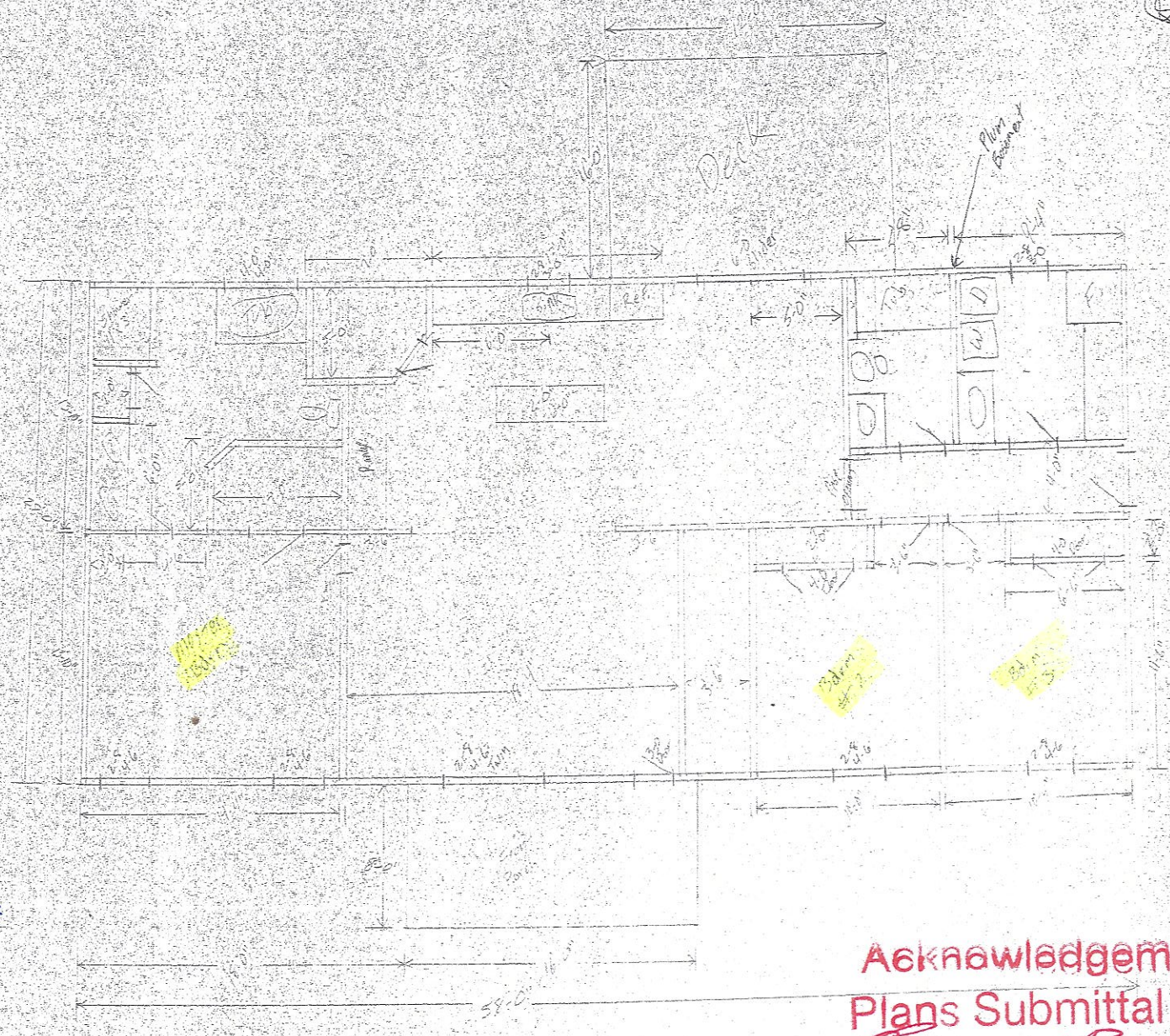
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: R Todd Vann Jamie DeVanna

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

DATE



Acknowledgement Of
Plans Submittal ONLY!

Date 6/29/21

Date 6-29-21

IREDELL COUNTY

IREDELL COUNTY

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

APPLICATION NUMBER
317419 Issue Date: 05/03/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765372753.000	121 PHEASANT LN	Iredell County

Owner Information	Applicant Information
Name: DIVANNA ROBERT A+JAMIE N Address: Phone:	Name: DIVANNA ROBERT A+JAMIE N Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20,RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD 119 PHEASANT LN

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: 05/03/2021

Signature of Owner/Contractor

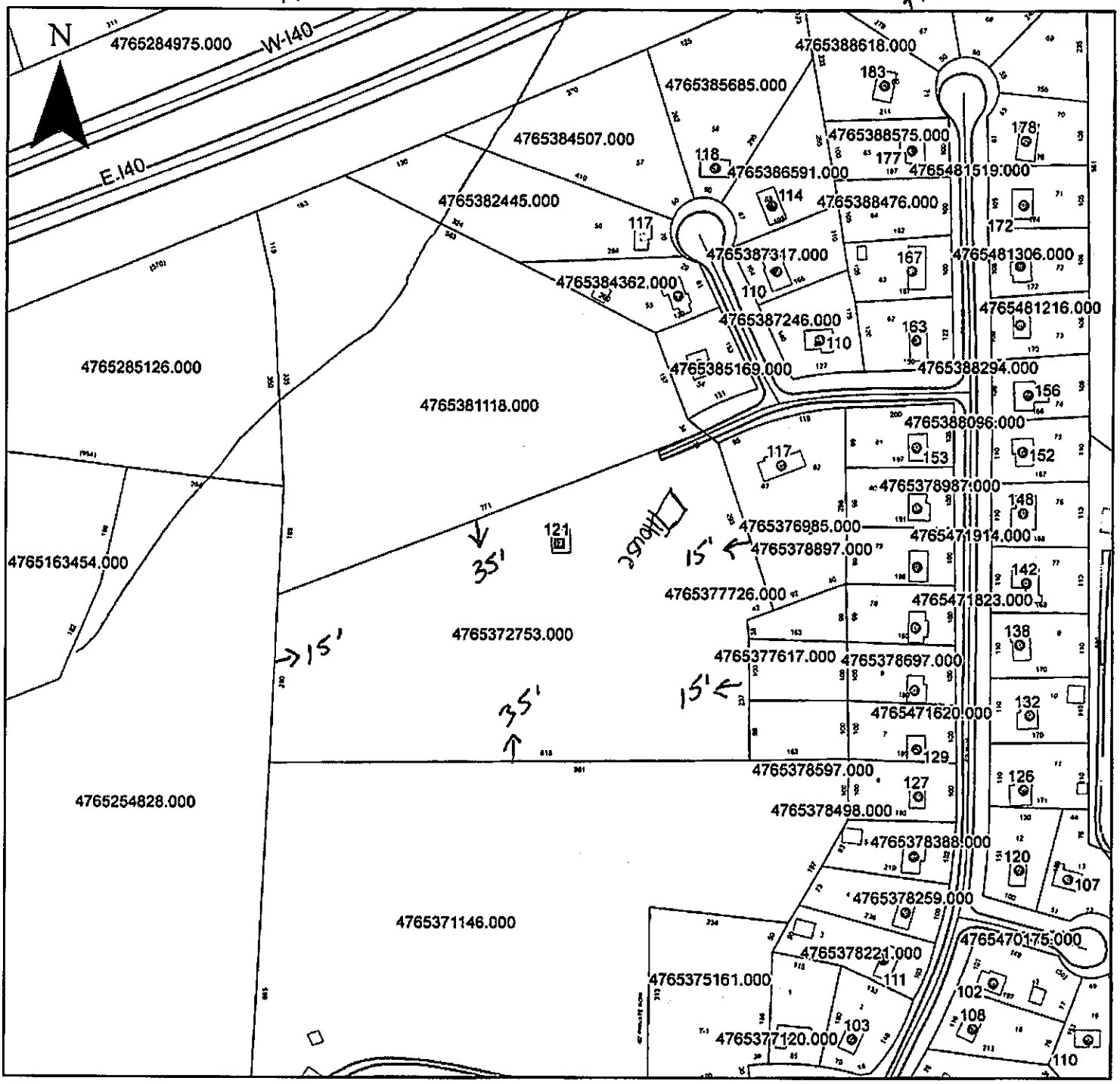
Permit Number	317419	TOTAL FEES:	$77.25

317419 7.86AC R-20, RA

WS-NO
FL-NO

214 Rich 206 Kathy

ZONING DISCLAIMER



Property Address 119 Pheasant Ln.

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.

Janice DeVanna

Applicant

5-3-21

Date