IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 222673

APPLICANT: Todd A. Hess

PIN # 4772-68-8974 5932

SITE ADDRESS: 139 Isenhour Farm Lane Cleveland, NC 27013

APPLICANT ADDRESS: 139 Isenhour Farm Lane Cleveland, NC 27013

SITE DIRECTIONS: Triplette Rd N from Mooresville → R on Isenhour Farm Lane → Lot on end on left

PHONE: 704-685-7125 ALT. PHONE:

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 13.340 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	160	Date	3-25-19
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft:	300
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

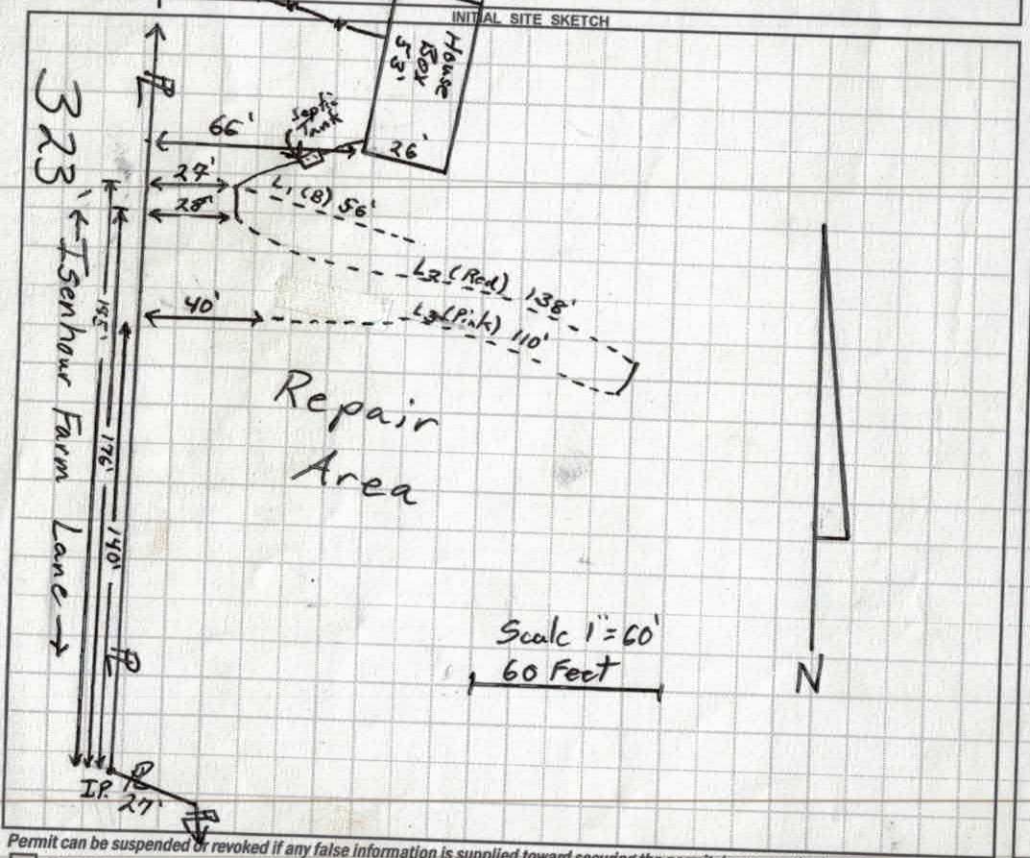
Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

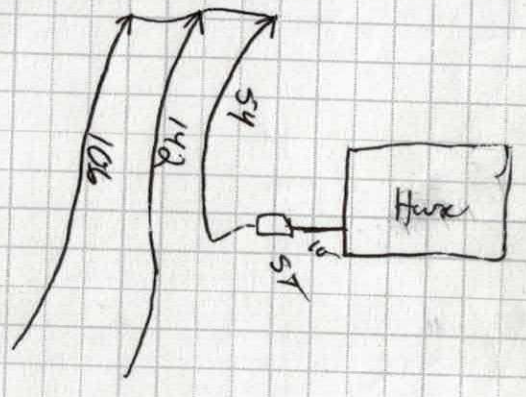
Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Though 304 lf of drainfield line was laid out, only 300 l.f. must be installed.

* Remove surface berms as needed to enhance surface drainage. * Existing well from offsite location being utilized for water source.

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: [signature]

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/29/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/22/16

Health Dept. Copy WHITE Date: 11/22/16

Installed by: Medlin Cruse Grading

OPERATION PERMIT by: [signature] Date: 6-6-19

Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

L1 56', 4,22'
L2 138', 4,54'
L3 110', 5,15'
5%

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

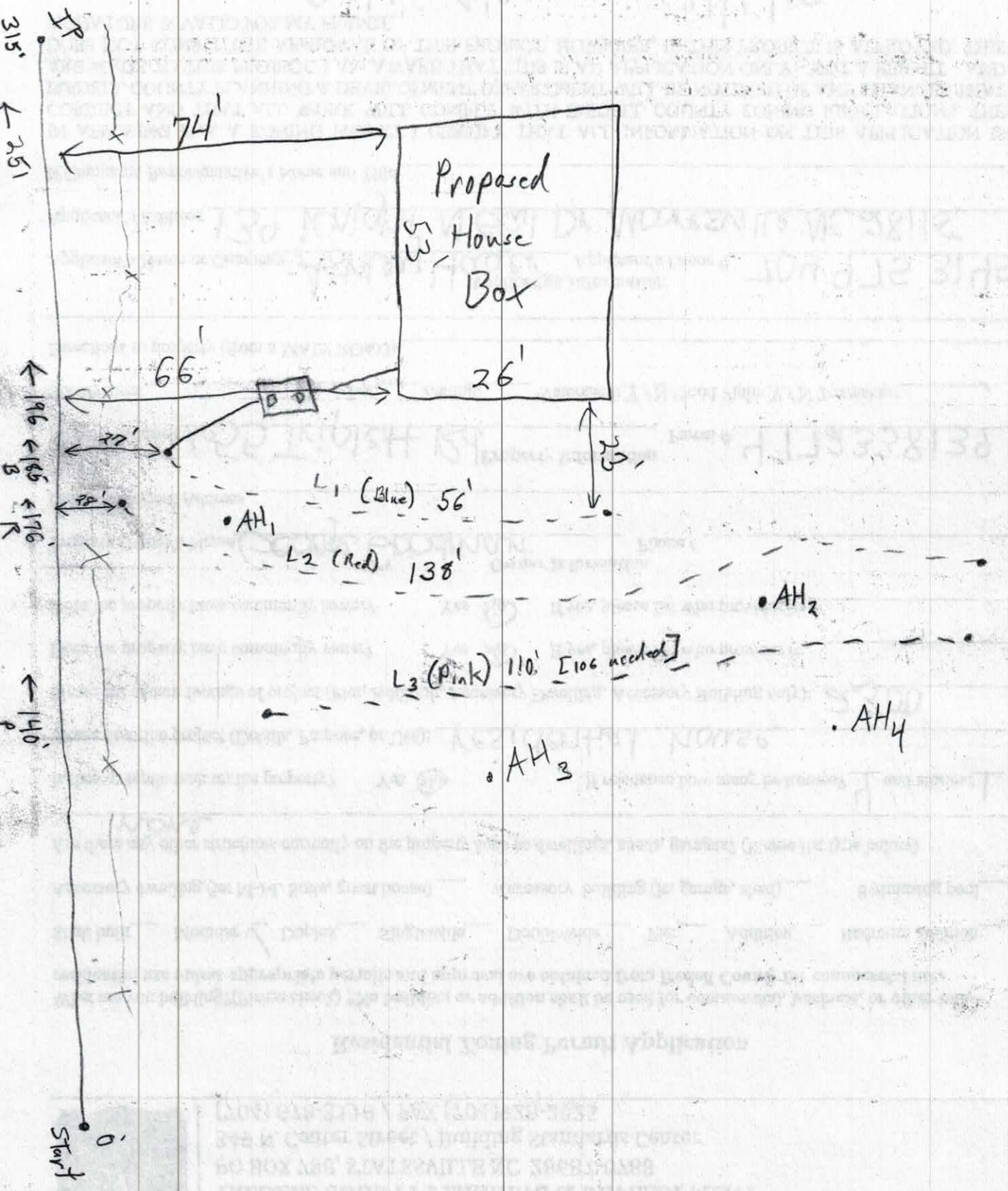
OWNER: Todd Hess
APPLICATION DATE 10/21/16
ADDRESS: 139 Isenhour Farm Lane Statesville, NC
DATE EVALUATED: 11/16/16
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 13 ± acres
LOCATION OF SITE: 139 Isenhour Farm Lane Statesville
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ 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	LSS 5%	0-6	Br. SCL w. SBK	Sl. Firm, SS, Sp, Sexp	—	46"	—	—	0,375 -0.35 PS
		6-18	Br. clay w. SBK	Sl. Firm, SS, Sp, Sexp					
		18-46	clay Loam w. SBK some Loam SAP 35-46	Friable, SS, Sp, Sexp					
		46-48	sandy (Fine) Sapro. to MA	very Friable + WC11 Drained					
2	LSS 5%	0-6	SCL w. SBK	Sl. Firm, SS, Sp, Sexp	—	48"	—	—	0,30 PS
		6-40	Clay w. SBK	Sl. Firm, SS, Sp, Sexp					
		40-48	Heavy Clay Loam w. SBK	Sl. Friable, SS, Sp, Sexp					
3	LSS 5%	0-7	SCL w. SBK	Sl. Firm, SS, Sp, Sexp	—	48"	—	—	0.30 PS
		7-38	R. Clay w. SBK + some mica	Sl. Firm, SS, Sp, Sexp					
		38-48	BR Clay Loam w. SBK	Friable, SS, Sp, Sexp					
4	LSS 5%	0-8	SCL w. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0,30 PS
		8-34	R. Clay w. SBK	Sl. Firm, SS, Sp, Sexp					
		34-48	Heavy Clay Loam w. SBK	Sl. Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'+
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: Remove surface berms (grade out)


IP
315'
251'
74'
Proposed
3 House
Box
66'
26'
196'
166'
176'
22'
22'
AH1
L1 (Blue) 56'
L2 (Red) 138'
AH2
L3 (Pink) 110' [106 needed]
AH4
AH3
140'
Start
0'

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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.

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
TODD A. HESS	10601 WILLIAM PITTS RD currently	704-685-7125	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Dennis Isenhour	257 Hideaway Lane Mocksville	704-682-1404	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
139 Isenhour Farm Lane	Cleveland NC	

Driving Directions: Triplett to Isenhour Farm Lane Cleveland

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 10/21/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AF8080

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Dennis White Isenhour, am the legal owner(s) of the property located at 139 Isenhour Farm Lane, Cleveland NC 27013, identified as PIN (Parcel Identification Number) 4772-68-8974, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Todd or Jill Hess, 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.

Dennis White Isenhour	8-22-16	Kristina J. Bange	8-22-16
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 next to each item as you complete the site plan:

__X__ Property Line measurements are clearly identified... __X__ All proposed structures are indicated...

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

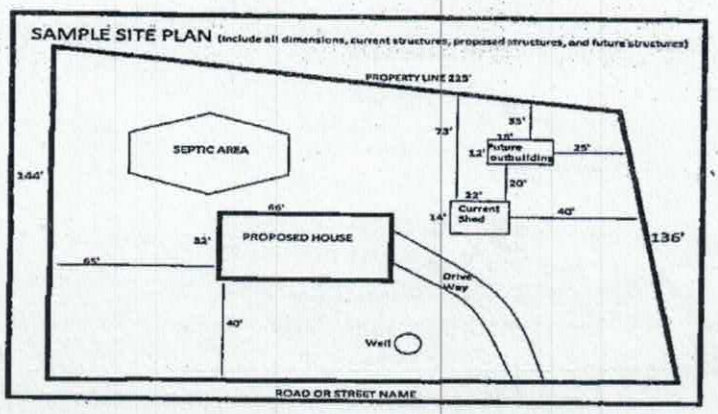
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

____ Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

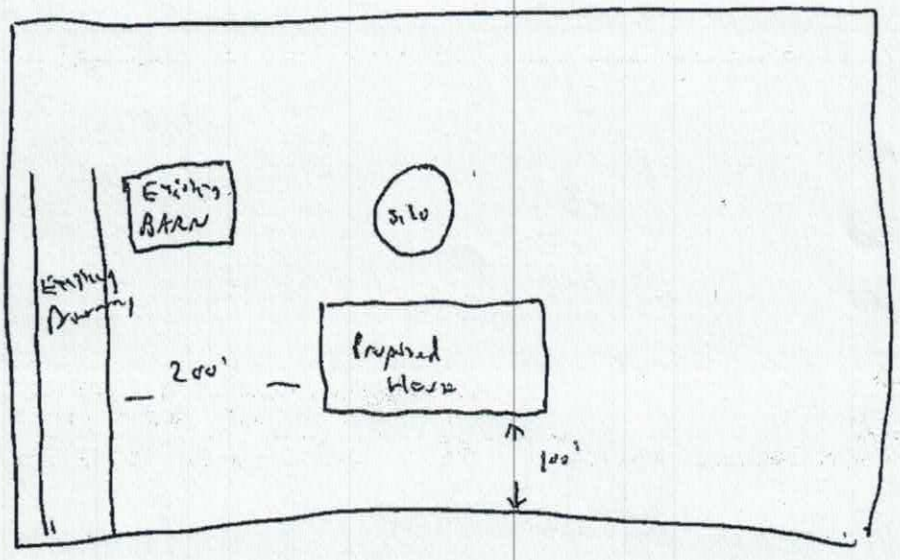
Circle N/A on the following if appropriate:

____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

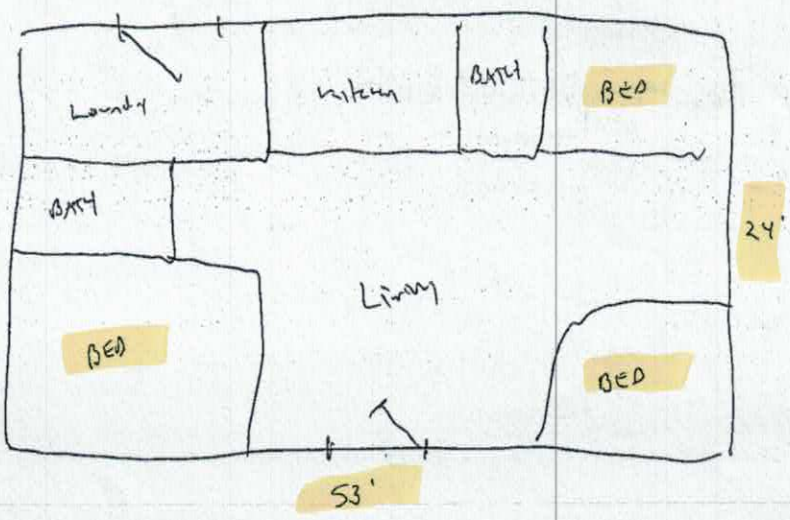
10-21-16

DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 11/22/16

Date 11/21/16



IREDELL COUNTY

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

APPLICATION NUMBER
222673
Issue Date: 10/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4772688974.000	139 ISENHOUR FARM LANE, CLEVELAND, NC 27013	

Owner Information		Applicant Information	
Owner:	ISENHOUR DENNIS W	Applicant:	HESS, TODD
Address:	300 IREDELL CO, NC 28625	Address:	139 ISENHOUR FARM LANE CLEVELAND, NC 27013
Phone:		Phone:	704-685-7125

Use Requested	Zone Code
DOUBLEWIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.340	35.00	35.00	15.00	15.00	NO	X

Remarks:

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: _____ Date: _____

Permit Number	83826	TOTAL FEES:	$ 77.25