# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219031

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

PIN # 4787-91-8488

APPLICANT: Nelson Dellinger APPLICANT ADDRESS: 170 Pisgah Church Rd. Statesville, NC

SITE ADDRESS: 120 Porter Farm Drive Statesville, NC PHONE: 704-902-0429 ALT. PHONE:

SITE DIRECTIONS: Rt 64 East (Mocksville Highway) from Statesville → L on Porter Farm Dr. → House/Site on Right

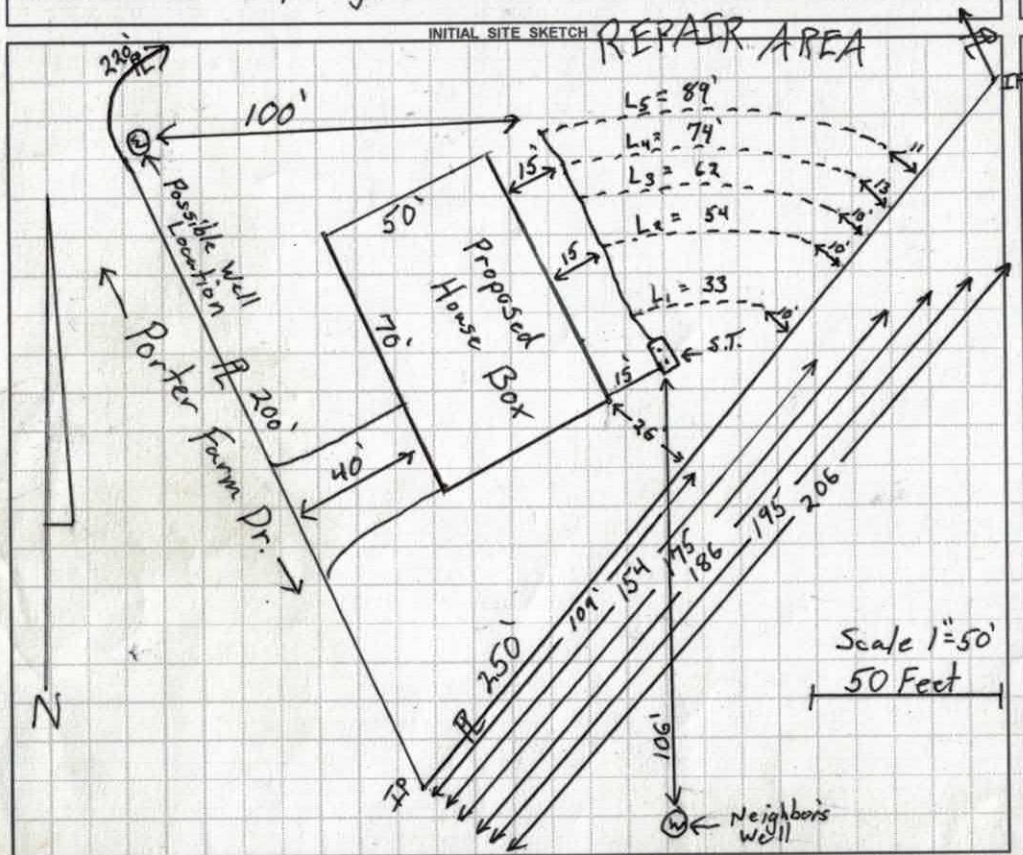
SUBDIVISION: Garden Valley Estates SECTION: LOT # 2 LOT AREA: ≈0.65 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 1012 | Date | 7-17-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI |
| Pump Tank | — | (gal) | PT — | Date | — | System Description: | 25% Reduction | | |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | 50% Reduction | | |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft: | 300 | Maintenance Agreement Required: | ☐ YES | ☒ NO | |
| Trench Width | 36" | Trench Bottom Depth | 30" → 33" [Highside] | 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: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Though 312 l.f. of drainfield has been laid out, only 300 l.f. need be installed.

INITIAL SITE SKETCH

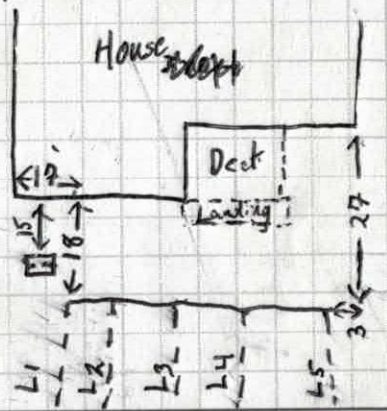



AS BUILT SKETCH

9/27/17: Taylorsville Precast mid-seam conc 1000 gal tank w/ a Tuff-Tite EF-6 Filter

| | | | |
|---|---|---|---|
| L1 | 34' | Laser OK | Elevations OK |
| L2 | 54' | Laser OK | |
| L3 | 64' | Laser OK | |
| L4 | 76' | Laser OK | |
| L5 | 88' | | |

31 C' IQ4s installed w/ 30" TB.




*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:

IMPROVEMENT PERMIT by: Tom Shuck Date: 3-1-2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3-1-2017

Installed by: David Yountz

OPERATION PERMIT by: Tom Shuck Date: 9/27/17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

# SOIL/SITE EVALUATION

*(Continuation Sheet)*

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: 8-1-16
COUNTY: Iredell

P. 7S

| 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 | HS Top 8% | 0-12 | Br. clay Loam w/SBK | Sl. Friable, SS, Sp, Sap | — | 60" | — | — | 0.3 PS |
| | | 12-32" | Relict w/ SBK Sap vein 28-31" | Sl. Firm, SS, Sp, Sap | | | | | |
| | | 32-60" | Clay Loam w/SBK | Friable, SS, Sp, Sap | | | | | |
| 2 | HS 2nd 8% | 0-9" | MA. Loam (mixed) plowed? Brown | Friable, SS, Sp, Sap | — | 33" | — | — | 0.3 PS |
| | | 9-14 | Br. clay Loam w/SBK | Sl. Fr, SS, Sp, Sap | | | | | |
| | | 14-33 | R. Clay m/ ABK + SBK (some SAP) | Sl. Firm, SS, Sp, Sap | | | | | |
| | | 33-62" | Loamy MA Saprolite | Friable, SS, Sp, Sap moderate drainage | | | | | |
| 3 | HS 8% | 0-11 | Br. Loam v. weak SBK | Sl. Friable, SS, Sp, Sap | — | 40" | — | — | 0.3 PS |
| | | 11-30 | R. Clay moderate SBK/ABK | Sl Firm, SS, Sp, Sap | | | | | |
| | | 30-40 | clay Loam w/SBK Sap inclusions 32"-40" | Sl. Friable SS, Sp, Sap | | | | | |
| | | 40-63 | Loamy MA Saprolite | Friable + moderate draining | | | | | |
| 4 | HS 8% | 0-12 | Br. Clay Loam v. weak SBK | Sl. Friable, SS, Sp, Sap | — | 36" | — | — | 0.375 PS |
| | | 12-27 | R. Clay w/SBK | Sl. Firm, SS, Sp, Sap | | | | | |
| | | 27-36 | R. clay Loam w/SBK Saprolite 30-36" | Friable, SS, Sp, Sap | | | | | |
| | | 36-65 | MA Loamy Saprolite | Friable, moderately Drained | | | | | |
| 5 | HS 8% | 0-12 | Br. Loam w/SBK | Sl. Friable, SS, Sp, Sap | — | 45 | — | — | 0.30 PS |
| | | 12-32 | R. clay w/SBK | Sl. Firm, SS, Sp, Sap | | | | | |
| | | 32-45 | R. CL w/SBK w/Sap inclusions | Sl. Friable, SS, Sp, Sap | | | | | |
| | | 45-61 | MA Loamy Saprolite | Friable, moderately Drained | | | | | |

COMMENTS: _____

End 2013


TP
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77'
45'
69
Same
101
130
133
154
176
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204
206
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96
40
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41
38
17
6
14
24
48
64
77
85
94
10
10
10
10
10
6.75
8.23
9.28
10.21
11.31
AH1
AH2
1
2
3
4
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14
17
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10
10
10

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Chris Beaty
APPLICATION DATE: 5-17-16
ADDRESS:
DATE EVALUATED: 7-22-16
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE:
LOCATION OF SITE: 120 Porter Farm Rd. Statesville
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

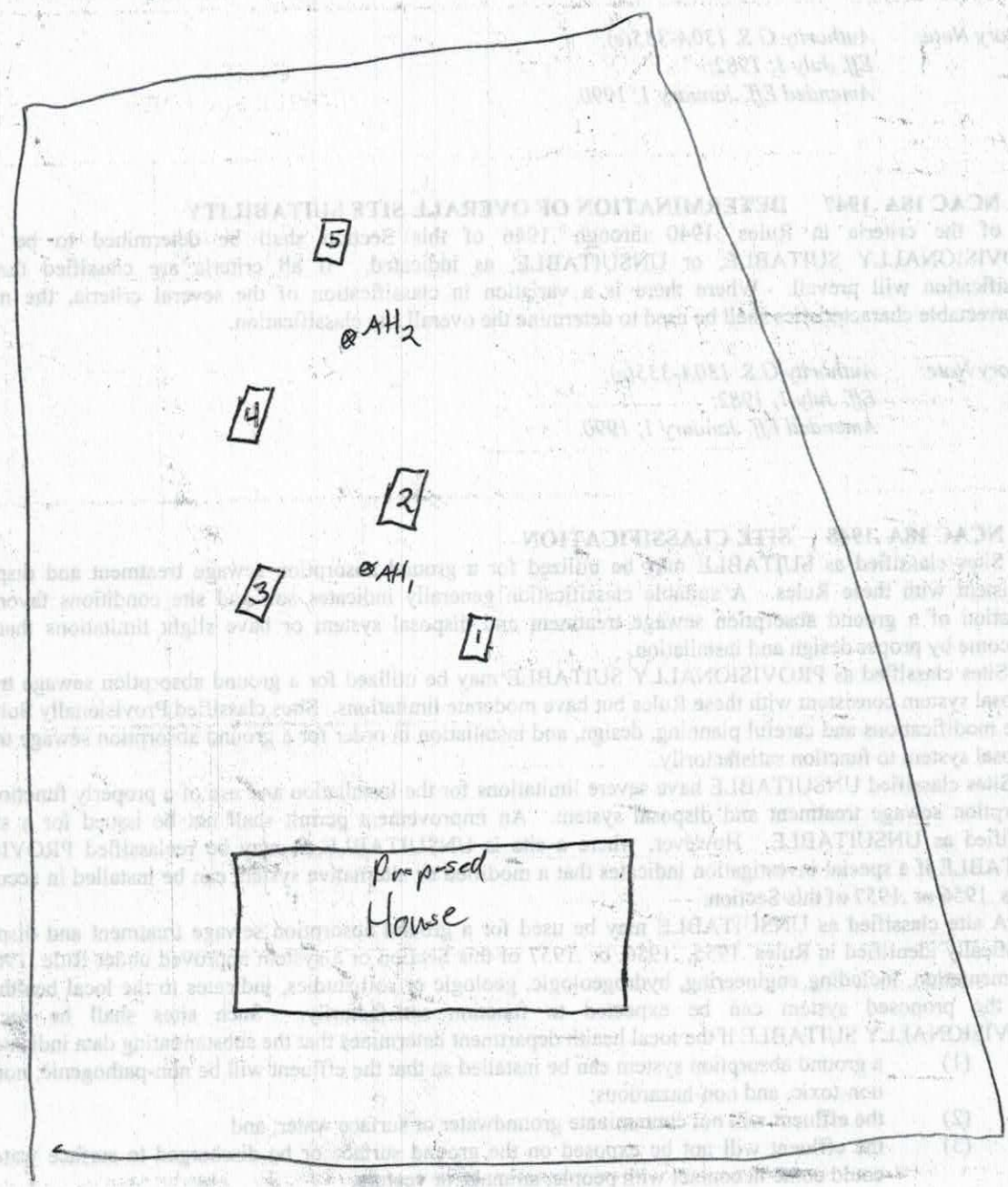
| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | HS ≈10% | 0-8 | Br. Clay Loam v. weak SBK | Friable, SS, Sp, Sexp | — | 28 | — | — | 0.275 PS P.t Needed |
| | | 8-28 | R. Clay some SAP w/ SBK inclusions at 24-28 | Sl. Firm, SS, Sp, Sexp | | | | | |
| | | 28-44 | MA Saprolite (Loamy) | Friable/Dense/Mod-Appicing | | | | | |
| | | crunchy/ spilling from Auger bucket @ 44" | | | | | | | |
| 2 | HS ≈10% | 0-13 | Br. Clay Loam V. Wmk SBK | Friable, SS, Sp, Sexp | — | 27 | — | — | 0.30 PS P.t Needed |
| | | 13-24 | R. Clay SAP, inclusions w/ SBK 23-24" | Sl. Firm, SS, Sp, Sexp | | | | | |
| | | 24-27 | Clay Loam (55%) Saprolite (Loamy) 45% | w/SBK Friable, SS, Sp, Sexp | | | | | |
| | | 27-48 | Loamy Saprolite (massive) | Friable/ moderately dense | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300 L.F. | 300 LF |
| System Type(s) | 25% Reduction | 25% Reduction |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck 7/22 + 8/1 2016
OTHER(S) PRESENT:

COMMENTS:

614 Bussell Rd



**Thomas Shuck**

**From:** Thomas Shuck
**Sent:** Monday, August 14, 2017 4:44 PM
**To:** 'TileManStan@icloud.com'
**Subject:** Septic Construction Permit for 120 Porter Farm Drive (Garden Valley Estates Lot 2)
**Attachments:** STVEHSCANNER_20170814_161914_000930.pdf

Stan,

Attached is a PDF scan of the septic permit for your house. I would STRONGLY recommend getting the front right property corner re-marked by the surveyor (where all the septic measurements were pulled from on the attached permit) along with the front property line to ensure the house was constructed in the permitted location. (You and I measured ~50' from the approximate front property line, so this condition would be worth clarifying before any septic components are installed.)

I'd also make the recommendation to directing the watercourse/swale along the upper side of the house elsewhere vs. currently situated across the septic area. Directing surface & subsurface water towards septic components can negatively impact the long term viability of the system and lead to premature malfunction.

I will let you know when the well construction permit for #115 Porter Farm Drive is ready.

Sincerely,
Tom Shuck

P.S. Should the Lot #2 house have moved from its permitted location, I'd strongly encourage you to get in touch with use to try and determine a solution ASAP to avoid any delays in occupancy of the residence.

-----Original Message-----
From: stvehscanner@example.com [mailto:stvehscanner@example.com]
Sent: Monday, August 14, 2017 4:19 PM
To: Thomas Shuck <thomas.shuck@co.iredell.nc.us>
Subject: Scan to E-mail Server Job

Sending device cannot receive e-mail replies.

# 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 ✓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 # |
|---|---|---|---|
| Nelson Dellinger | 170 Pisgah Church Rd | 7048764387 | 7049020429 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
| Chris Beaty | 190 Garden Valley Rd. | | |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 120 Porter Farm Rd, | | |

Driving Directions: 64 East Turn Left onto Porter Farm Dr.

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

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

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

(✓) 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 ( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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

9. Signature: _____ 5-17-16
   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**

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, CHRISTOPHER N. BEATY, am the legal owner(s) of the property located at 120 Porter Farm Rd, , identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Hodson Dellinger Building Company, 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 | Signature of Witness | Date |
|---|---|---|---|
| | 5-18-2016 | | |

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

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219031

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

PIN # 4787-91-8488

APPLICANT: Nelson Dellinger APPLICANT ADDRESS: 170 Pisgah Church Rd. Statesville

SITE ADDRESS: 120 Porter Farm Road Statesville, NC 28625 PHONE: 704-902-0429 ALT. PHONE:

SITE DIRECTIONS: I-40 East → Exit R onto Rt 64 (Mocksville Highway) → R on Porter Farm Rd → Lot on Right

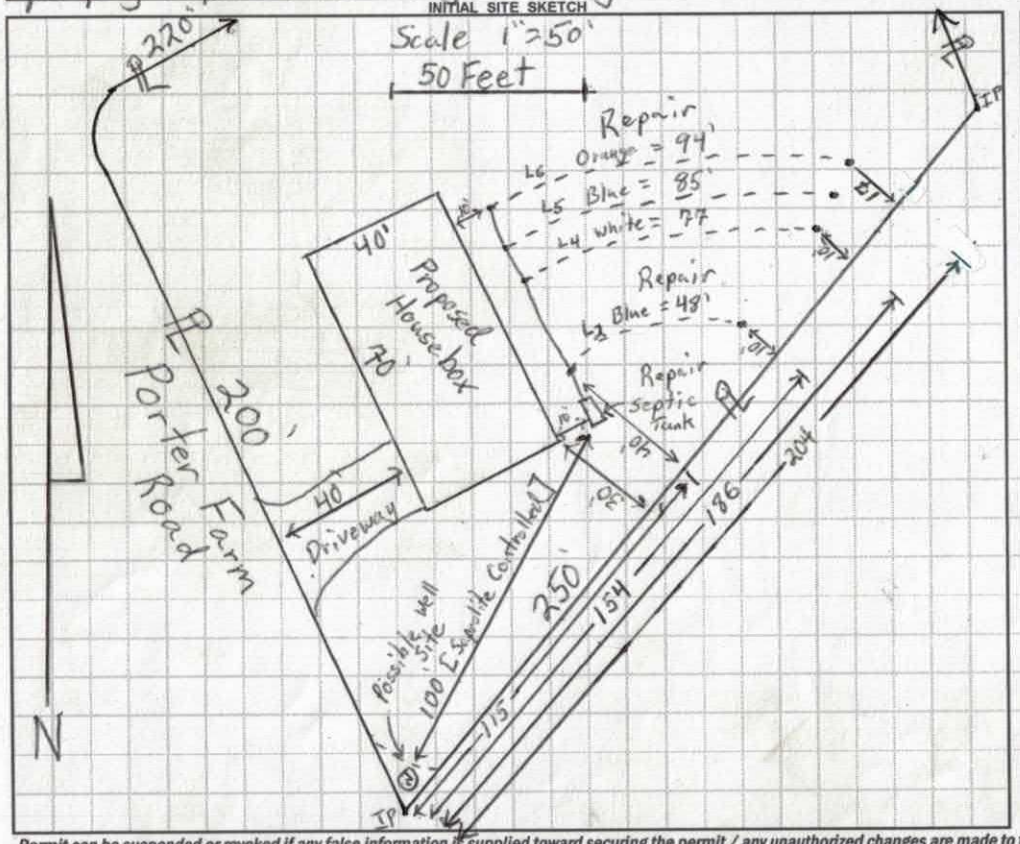
SUBDIVISION: Garden Valley Estates SECTION: LOT # 2 LOT AREA: ≈ 0.65 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | 25% Reduction | | | |
| Pump Make | — | Model | | — | Serial # | — | Repair System Description: | 25% Reduction | | | |
| # Nitrification Fields | 1 | # Lines | 4 | | Linear Ft: | 304' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | Max. Trench Bottom Depth | | 33" | 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: Follow all N.C. septic rules. Only 300 L.F. of system required. Recommend moving tank/orienting tank to ensure maximum well area for future use. Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH




AS BUILT SKETCH

REVOKED

Owner/Applicant Dellinger

EHS Shuck

Amount Owed $ Ø

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

*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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Tom Shuck Date: 8-2-16 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

# 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 ___/___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 # |
|---|---|---|---|
| Nelson Dellinger | 170 Pisgah Church Rd. | 7048764387 | 7079020429 |
| Sandra Anderson / ~~Chris B Bode~~ | ~~170~~ 234 Dellinger Dr. Statesville 28625 | | 919 218 5292 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

**********

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 120 Porter Farm Drive | | |

**Driving Directions:** 64 East - Left on Porter Farm Dr.

**********

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

**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 ( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

**8. Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

**To The Best of Your Ability:** ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

**9. Signature:** _____ 2-06-17

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

**IREDELL COUNTY HEALTH DEPARTMENT**
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

**Notice of Intent to REVOKE Improvement Permit**
March 1, 2017

Owner: Nelson Dellinger
Address: 170 Pisgah Church Road
Statesville, NC

Subject: Notice of Intent to Revoke Garden Valley Estates Lot 2 /120 Porter Farm Drive Statesville, NC **PIN: 4787-91-8488** Improvement Permit- #218360 (issued 8-2-16)

Dear Sir:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit III (referenced above) conditions. As a result, the Department has determined the following violations:

| Violation | Law or Rule Citation |
|---|---|
| 15A NCAC 18A.137 (g) | "...if the **information submitted in the application for the Improvement Permit (IP)** or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, the IP/CA shall become invalid and may be suspended or revoked." |

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is March 1, 2017**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Tom Shuck

Thomas Shuck REHS

**IREDELL COUNTY HEALTH DEPARTMENT**
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## Voluntary Relinquishment of Administrative Appeal Rights
## (Completion of Form by Property Owner)

3-3-17 (Date)

Owner: ~~Stan~~ Nelson Dellinger
Address: 120 Porter Pen Road.
Statesville NC. 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
219031 ( 8-2-16 )

I, Nelson Dellinger, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on (8-2-16) for a system
(date)
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

**Central Office**
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

**Mooresville Office**
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

**Environmental Health**
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

**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) beside each item as you complete the site plan:**

**_____ Property Line measurements are clearly identified…** **_____ 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***

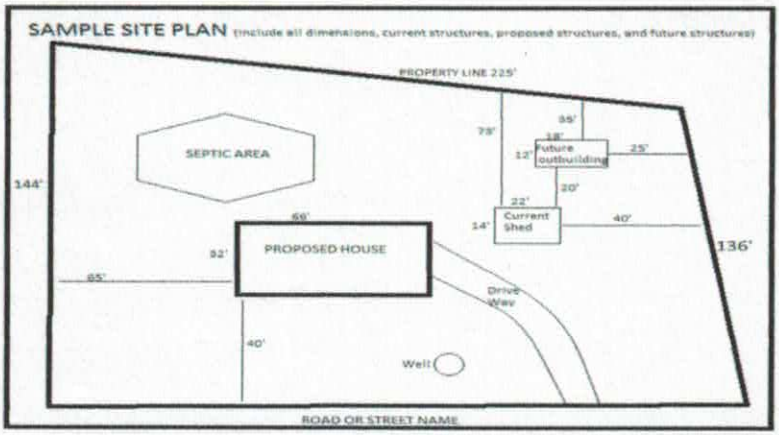
**_____ Front an** **nd configuration, preferred well location…**

**_____ Area you** **nt indicator of direction…**

**Circle N/A on tl**

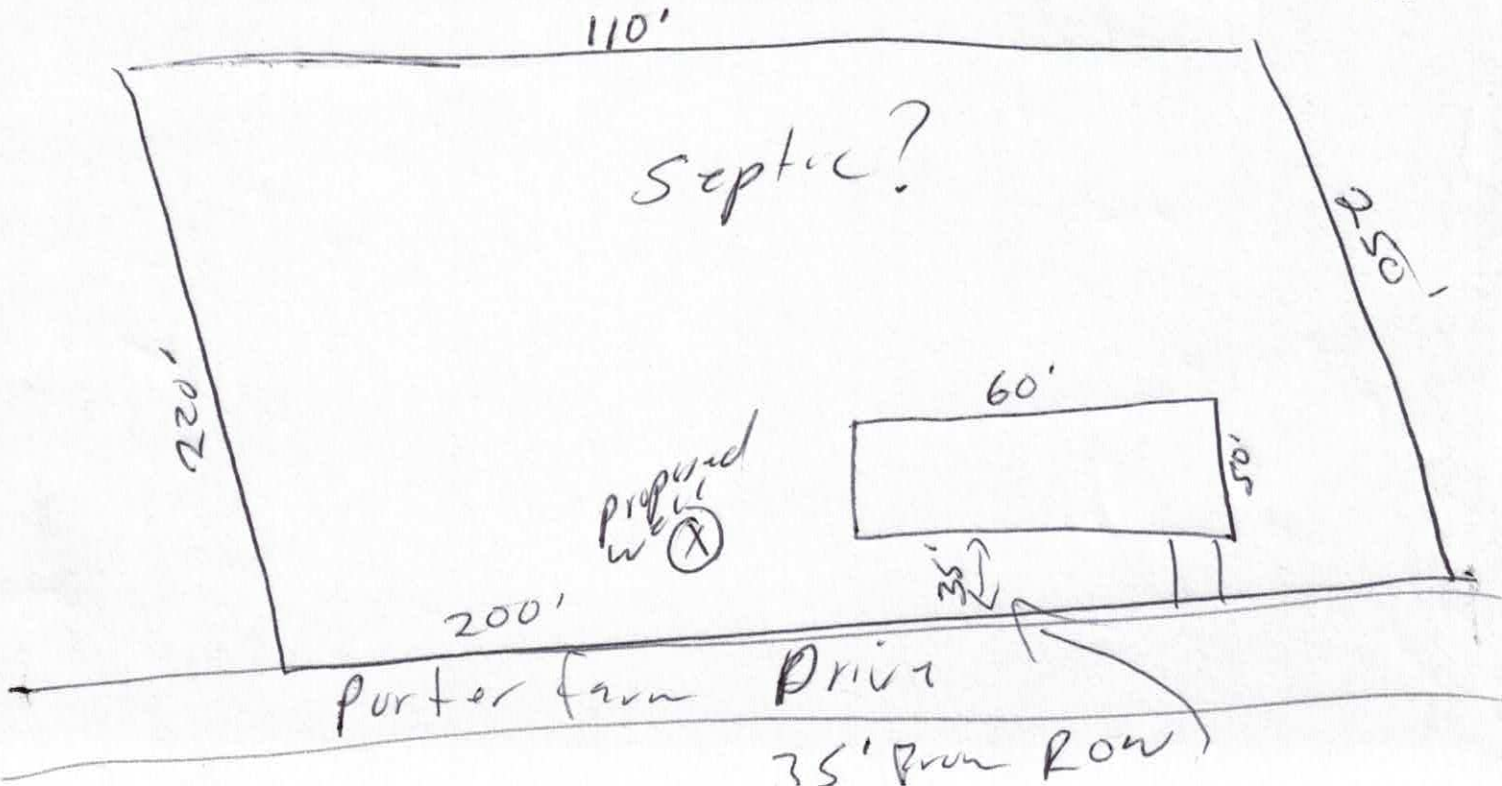
**_____ Locatior**

**_____ Location** **ıny designated wetlands on the property… N/A**




Nelson Dellinger 2-6-17

**USE THIS SPACE TO DRAW YOUR SITE PLAN**



## 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) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified...

_____ 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...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

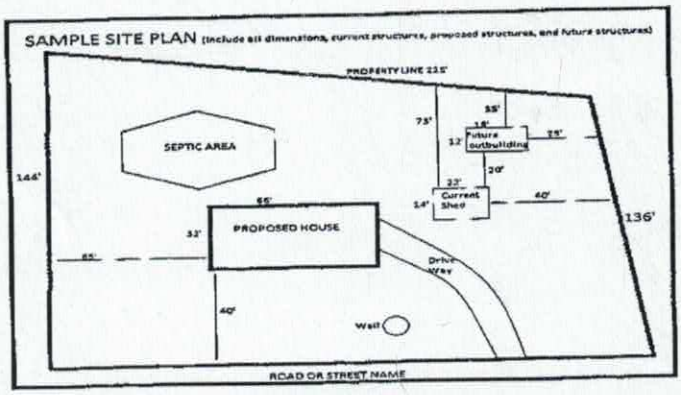
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

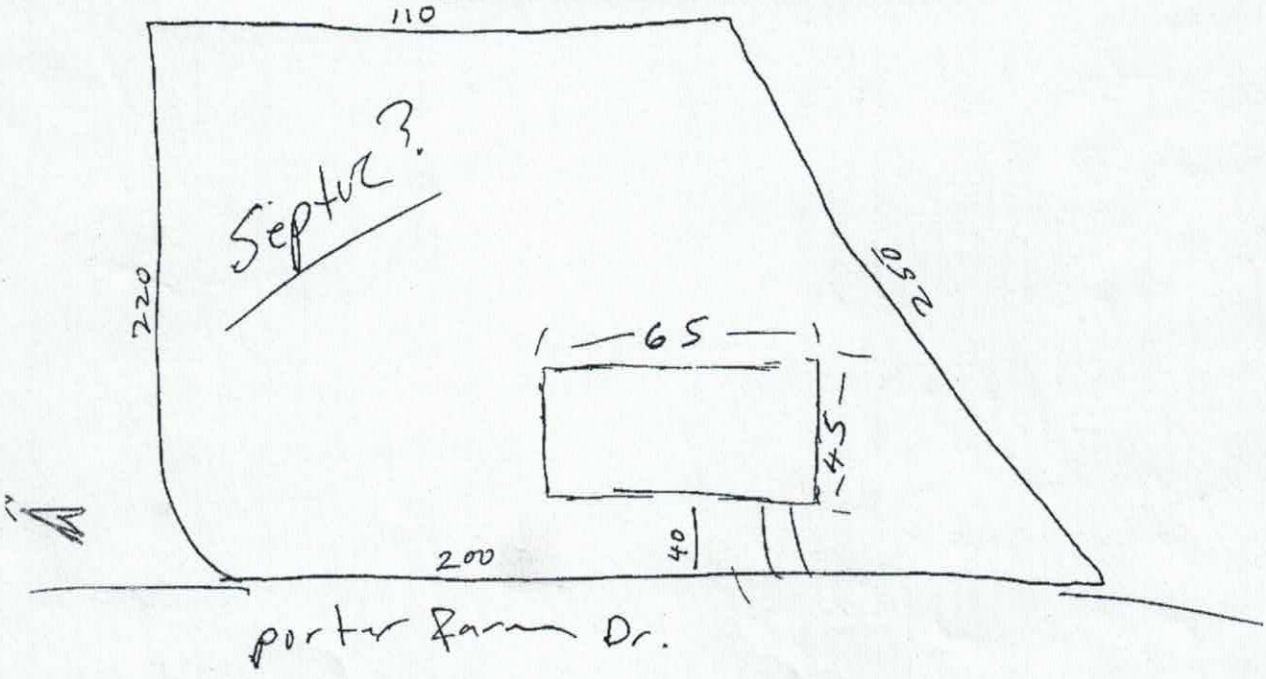
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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**

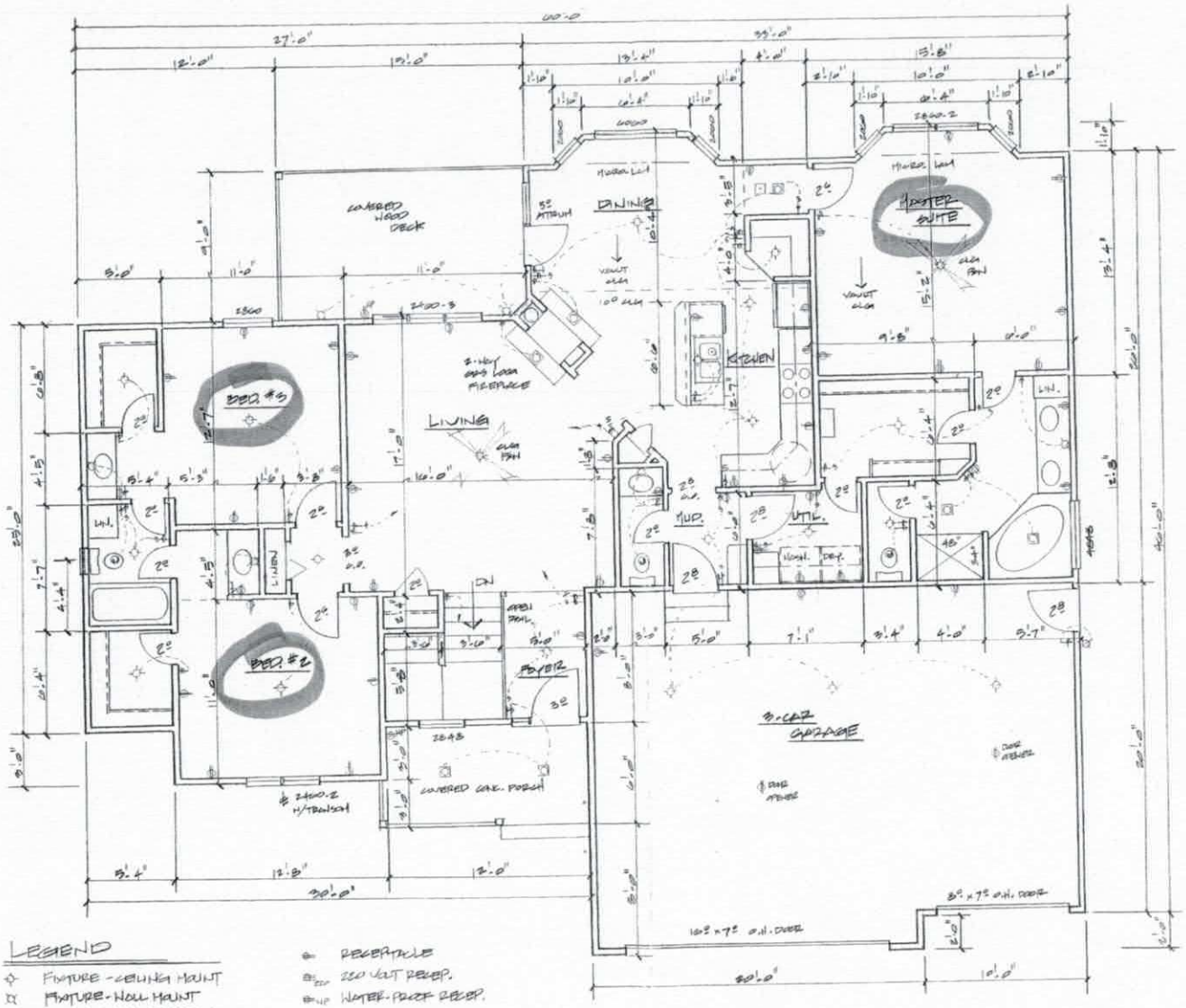


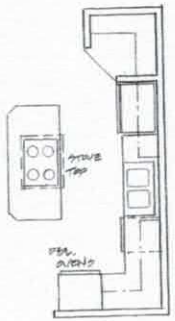

**Signature:** _____

*REQUIRED* property owner or owner's legal representative signature.

5-17-2016

DATE




"OPT'L" KITCHEN

LEGEND

- FIXTURE - CEILING MOUNT
- FIXTURE - WALL MOUNT
- FIXTURE - RECESSED CAN
- SWITCH
- 3-WAY SWITCH
- RECEPTACLE
- 220 VOLT RECEP.
- WATER-PROOF RECEP.
- SMOKE DETECTOR
- EXHAUST FAN
- DISPOSAL

NOTE:
WINDOW NUMBERS INDICATE GLASS SIZE IN INCHES...
2860 = 28" WIDE x 60" DEEP

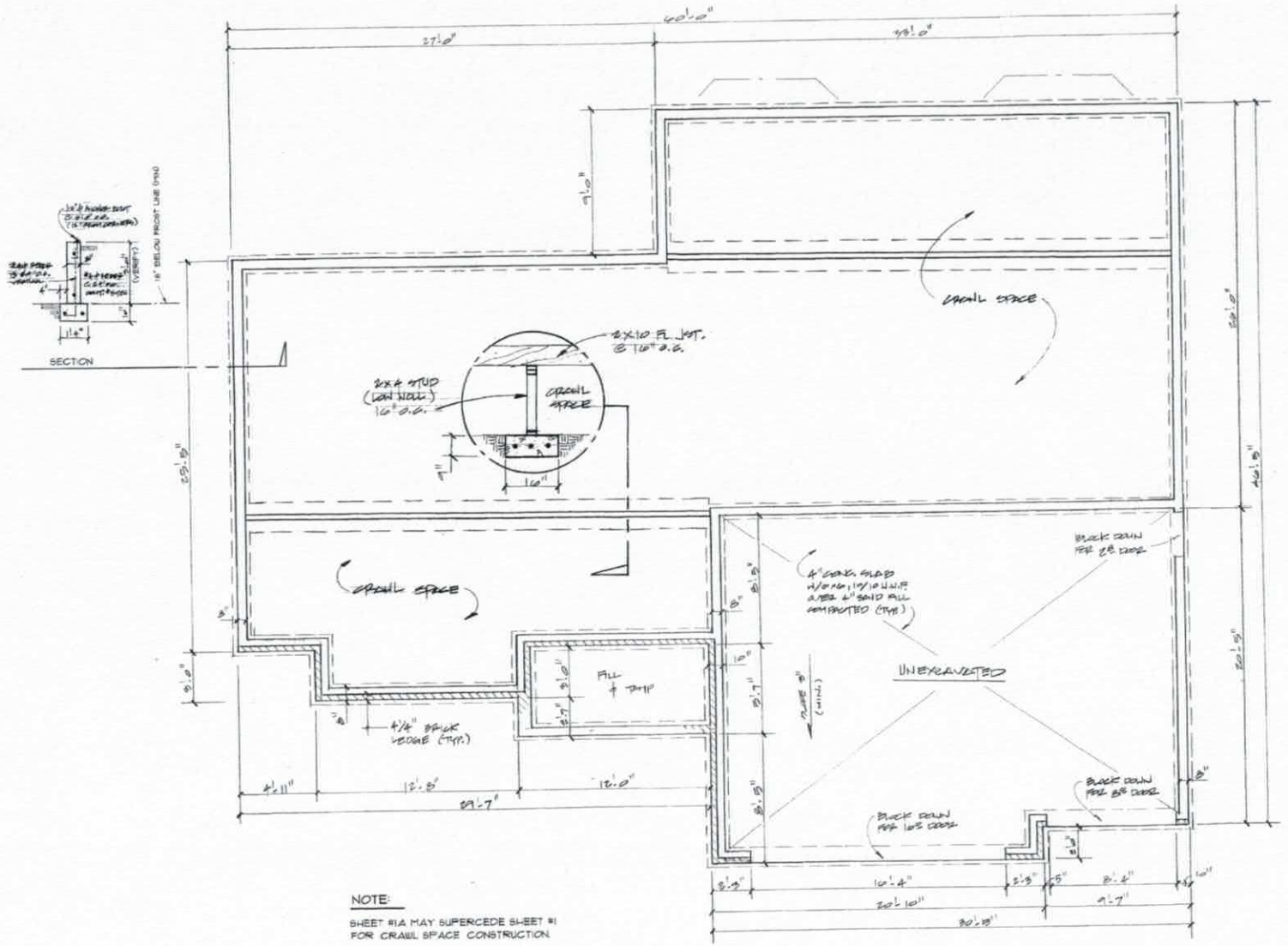
FLOOR PLAN 1/4"=1'-0"

1625 SQ. FT.

Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 3/1/2017
Date 3-12-17

COPYRIGHT 2008 DESIGN BASICS, INC.

2




NOTE:

SHEET #1A MAY SUPERCEDE SHEET #1 FOR CRAWL SPACE CONSTRUCTION.

(GENERAL CONTRACTOR TO OMIT STAIRS AND RELOCATE FURNACE & WATER HEATER AS REQ'D)

# FOUNDATION PLAN 1/4"=1'-0"

(CRAWL SPACE)

12/7/16

COPYRIGHT 2008 AMERICAN DESIGN GALLERY INC

1A

Nelson Dellinger
704 902 0429.

~~120 Hot~~

120 Porter Farm Drive
Statesville



# PLAN # 1625




NOTICE OF NON-RESPONSIBILITY

The American Design Gallery, Inc. has prepared these plans to meet top residential standards. However, local variations may require changes. Likewise, building code requirements vary with location and change from time to time. Therefore American Design Gallery, Inc. does not assume responsibility. Before starting construction, the builder and owner are responsible for all details and dimensions and assure that these plans meet all current governmental requirements in your area.

americandesigngallery.com

(888) 235-1066


PLAN # ADG - 1625

COPYRIGHT: 2008 ADG INC

DATE: 12/4/08 REV: 12/7/16

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 219031 |
| Issue Date: 05/23/2016 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4787918488.000 | 120 PORTER FARM DRIVE, STATESVILLE, NC 28625 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: ENGEL SHERYL A+ROGER E PORTER+ BRUCE A P* | Applicant: NELSON DELLINGER BUILD |
| Address: 2148 IREDELL CO, NC 28625 | Address: 170 PISGAH CHURCH ROAD STATESVILLE, NC 28625 |
| Phone: | Phone: 704-902-0429 |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| | 35.00 | 35.00 | 25.00 | 15.00 | PA | 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: 5-23-16

| Permit Number | 69509 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|