# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 324221

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

PIN # 4797 -- 17 -- 5634

APPLICANT/OWNER: Robert Neilson Jr APPLICANT ADDRESS: 447 Lytton St. Troutman NC 28166

SITE ADDRESS: 1652 Garden Valley Rd Statesville NC 28625 PHONE: 704-450-0082 ALT. PHONE —

SITE DIRECTIONS: Hwy 64 E - (L) Cool Springs Rd - (R) Garden Valley, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Saddlebrook SECTION: 2 LOT # 11 LOT AREA: 1.16 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.275

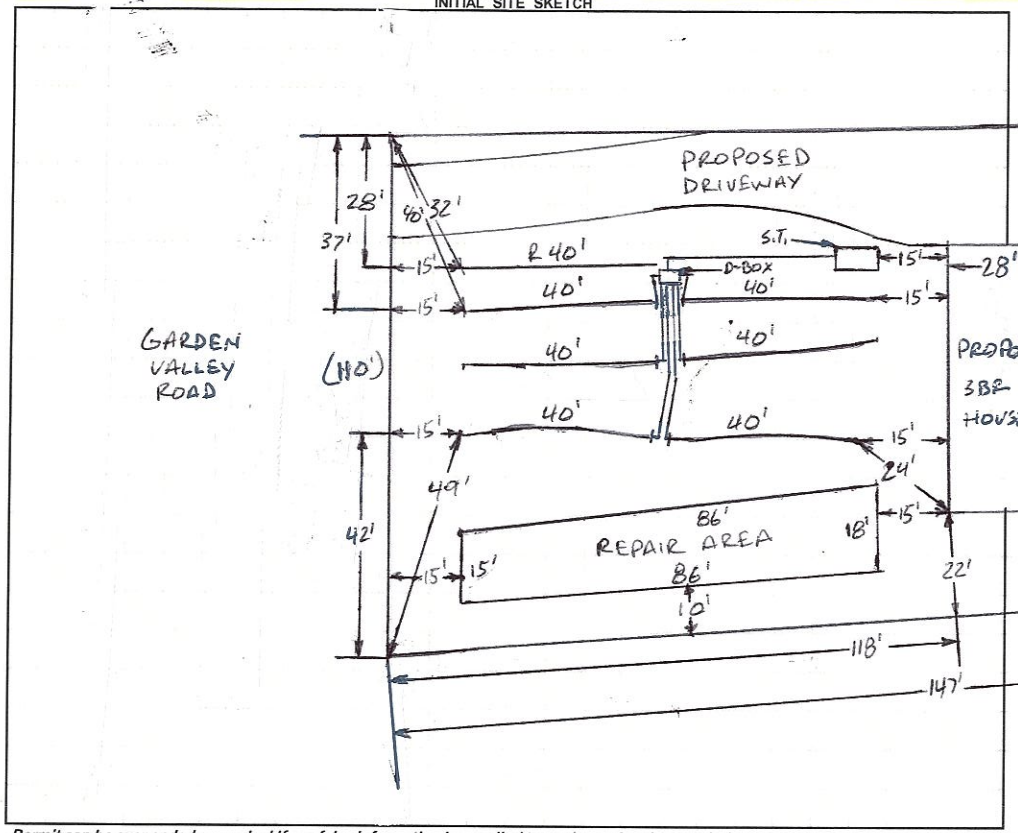
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | 50% REDUCTION | | | |
| Pump Make | — | Model | — | Serial # | — | | Repair System Description: | 50% REDUCTION | | | |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 240ft | | Maintenance Agreement Required: | ☐ YES | ☑ NO | | |
| Trench Width | 24 IN | Trench Bottom Depth(Low side) | | 32 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 8FT CENTERS, UTILIZE DISTRIBUTION BOX TO ACHEIVE PARALLEL DISTRIBUTION, DONOT EXCEED A 36IN MAX TRENCH BOTTOM, DO NOT SHALLOW UP, LOW AREA NEAR RIGHT-FRONT PROPERTY CORNER MUST BE GRADED OUT PRIOR TO O.P.

* Installed as permitted

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.**

1 IN = 40 FT

S.T. = SEPTIC TANK

*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] Date: 3-7-2022 Installed by: Lentz Wastewater.

IMPROVEMENT PERMIT by: Bryant C. White Date: 2-22-2022 OPERATION PERMIT by: [signature] Date: 5-19-202

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-22-2022 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 #: 4792-17-5633
COUNTY: IREDELL

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

OWNER: ROBERT NEILSON JR.
ADDRESS: 442 LYTTON STREET, TROUTMAN, N.C. 28166
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 652 GARDEN VALLEY ROAD, STATESVILLE, N.C. 28625
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

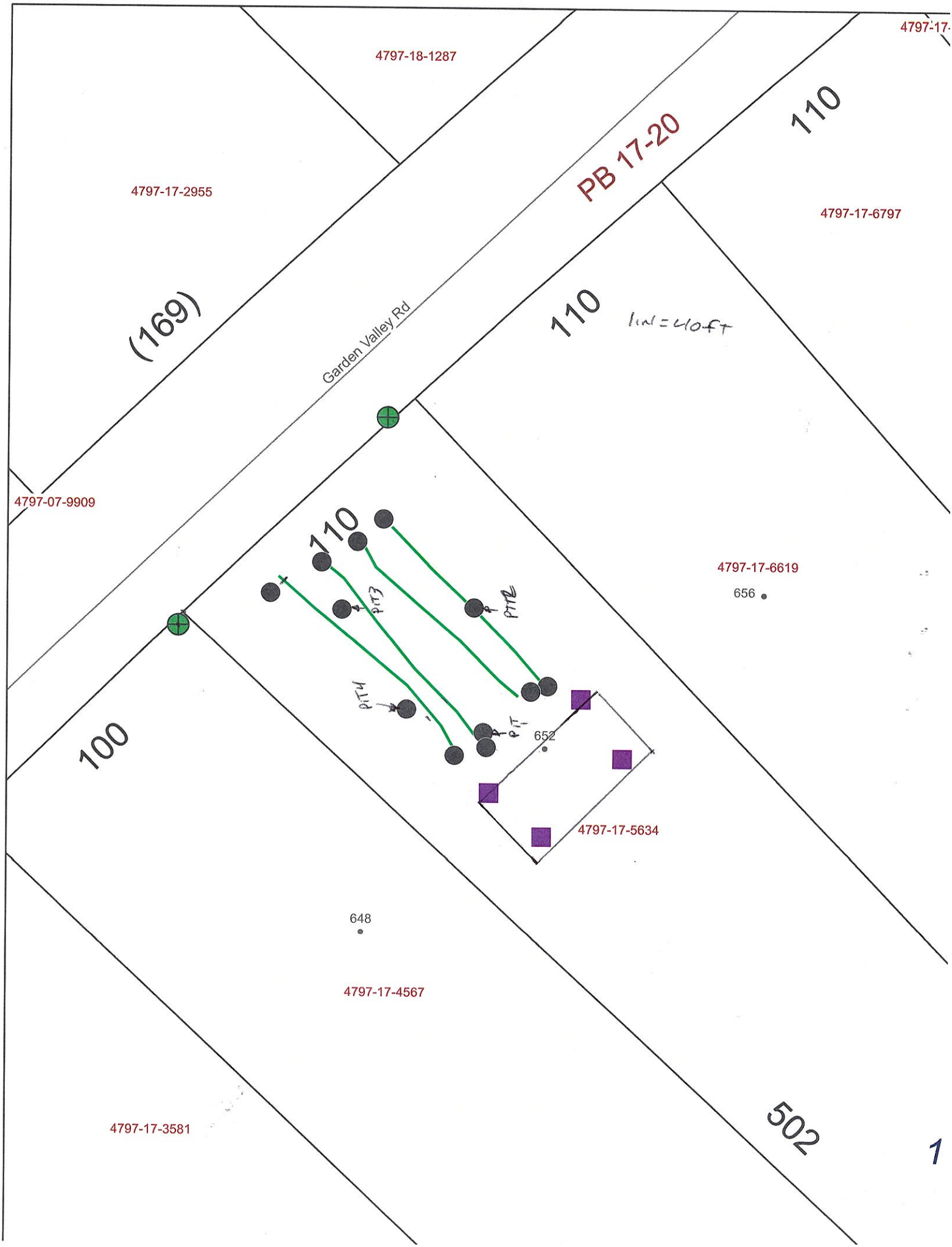
APPLICATION DATE 12-28-202
DATE EVALUATED: 2-2-2022
PROPERTY SIZE: 1.16 AC
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | 1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR. HORIZ | |
| 1 | LINEAR SIDE 5% | 0-23 | C, ABK | FR, S, P, SEXP | ~~FEW~~ f1 SAP INC THRU OUT FEW Y/B MOTS 0"-14" | 60"+ | NA | NA | PS .275 |
| | | 23-60 | CL, WABK | FR, SS, SP, SEXP | | | | | |
| 2 | LINEAR SIDE 5% | 0-26 | C, ABK | FR, S, P, SEXP | f1 SAP INC THRU OUT | 60"+ | NA | NA | PS .275 |
| | | 26-60 | CL, WABK | FR, SS, SP, SEXP | | | | | |
| 3 | LINEAR SIDE/ FOOT 7% | 0-8 | SCL, ABK | FR, SS, SP, SEXP | SAP INC THRU OUT | 56"+ | NA | NA | PS .275 LANDSCAPE POSITION |
| | | 8-36 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 36-56 | CL, WABK | f1, SS, SP, SEXP | | | | | |
| 4 | LINEAR SIDE 5% | 0-8 | FILL | MIXED | SAP INC THRU OUT | 58"+ | NA | NA | PS .3 |
| | | 8-32 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 32-58 | CL, WABK | FR, SS, SP, SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 50% | 50% |
| Site LTAR | 0.275 | 0.275 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:


4797-18-1287
4797-17-2955
PB 17-20
110
4797-17-6797
(169)
Garden Valley Rd
110
1in=40ft
4797-07-9909
110
PIT3
PIT2
PIT4
PIT
652
4797-17-6619
656
100
4797-17-5634
648
4797-17-4567
4797-17-3581
502
1

RECEIVED DEC 2 8 2021

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $500.00

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

AP- 324221

**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*** (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Robert Neilson Jr Address: 442 Lytton St. Troutman NC Zip: 28166

Applicant Email: bneilson72@gmail.com Phone: 704 450-0082 Alt. Phone: _____

Owner Name: Ernest Mullins / Vivian Tabor Address: 152 Rumple hill Rd Statesville NC Zip: 28677

Owner Email: _____ Phone: 704 880-5877 Alt. Phone: _____

**Property Information:**

Street Address: 652 Garden valley rd Statesville NC 28625

Subdivision Name: Saddlebrook Section/Phase: 52 Lot Number: 11

Driving Directions: Hwy 64 east T.L. Cool Spring rd T.R. Garden valley

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

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 ( ) 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:** _____ 12/28/21
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, Ernest Mullins / Vivian Tabor, am the legal owner(s) of the property located at 652 Garden valley Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4799175634.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Robert Neilsen Jr _____, 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.

Ernest D. Mullins / Vivian J. Tabor — 12/28/21

Signature of Owner(s) — Date

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

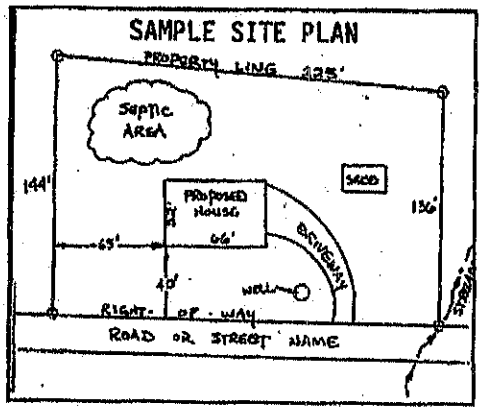
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

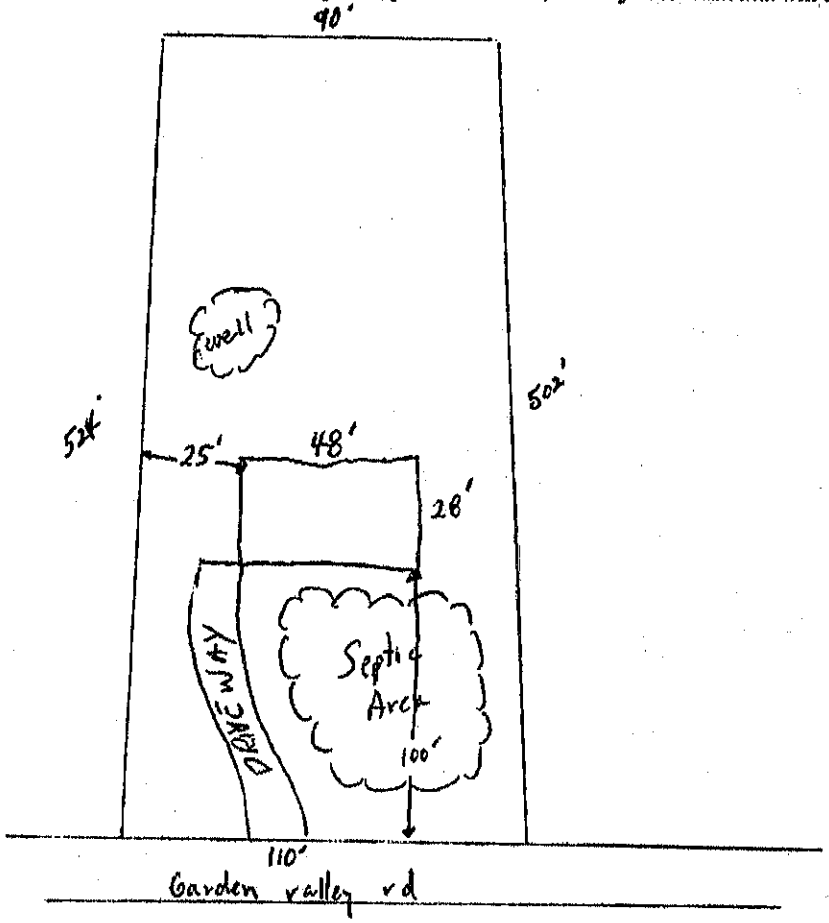
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient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

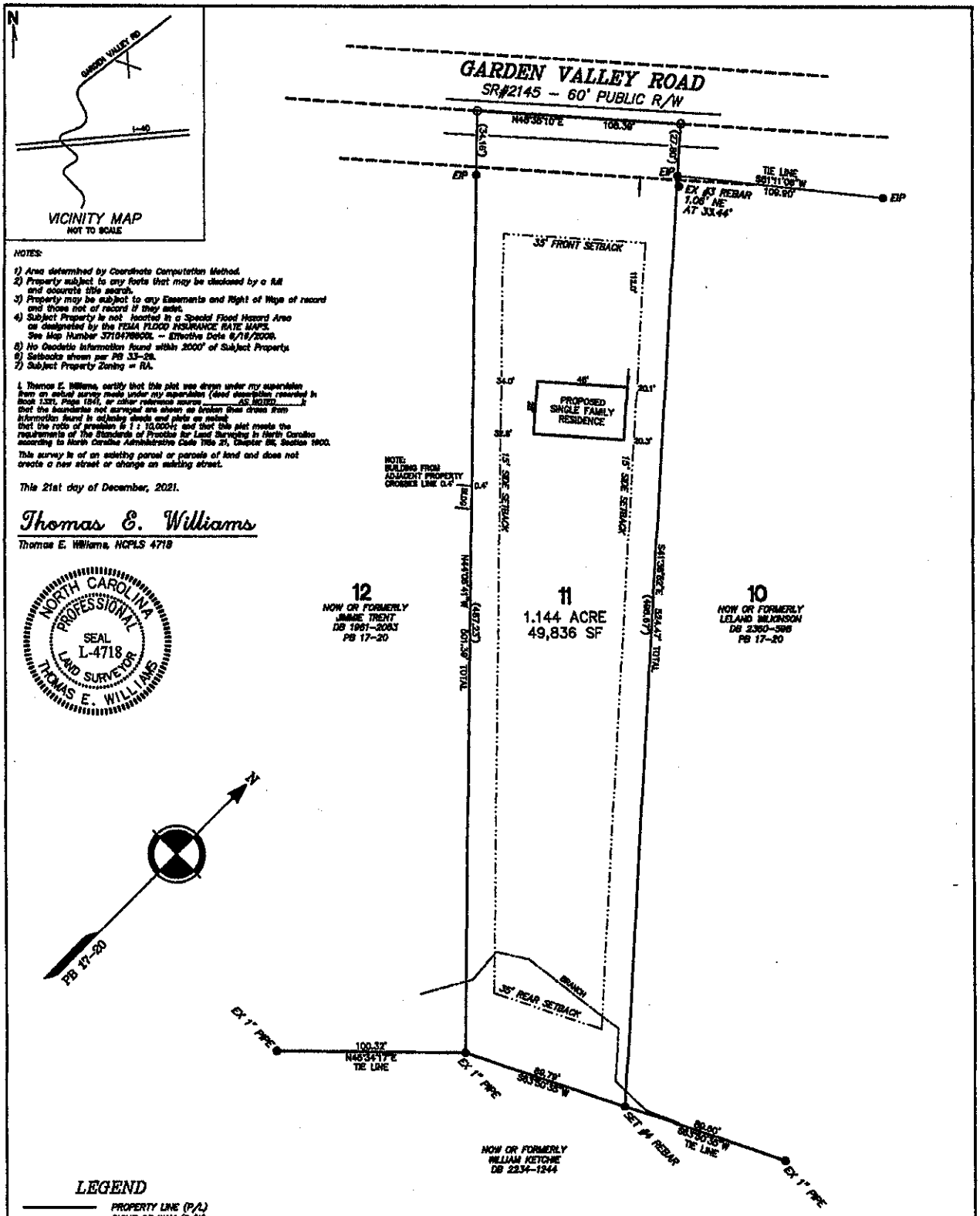
## USE THIS SPACE TO DRAW YOUR SITE PLAN

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

12/28/21
**DATE**




VICINITY MAP
NOT TO SCALE

NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710478900L – Effective Date 6/19/2009.
5) No Geodetic information found within 2000' of Subject Property.
6) Setbacks shown per PB 33–28.
7) Subject Property Zoning = RA.

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1321, Page 1841, or other reference source _____AS NOTED_____); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

This 21st day of December, 2021.

*Thomas E. Williams*

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

LEGEND

| | |
|---|---|
| ——— | PROPERTY LINE (P/L) |
| — — — — | RIGHT OF WAY (R/W) |
| ——— | TIE LINE |
| — — — — | ADJOINING PROPERTY LINE FROM DEED OR PLAT |
| — · — · — | BUILDING SETBACK LINE |
| ——— | BRANCH |
| EIP | EXISTING #4 REBAR |
| EX | EXISTING |

50 0 50 100

SCALE: 1" = 50'

**Williams Land Surveying, Inc.**
License Number C-3636
874 Baymount Drive, Statesville, NC 28625
phone: (704)876-3686 ~ email: runningonfaith@bellsouth.net
file: S:\SADDLE11

Site Plan
652 Garden Valley Road

# SADDLEBROOK
## SECTION TWO – LOT 11

Turnersburg Township, Iredell County, NC
PIN# 4797–17–5634 ~ DB 1321–1841 ~ PB 17–20
Property of: Vivian Tabor & Ernest Mullins
Survey for: Bobby Neilson

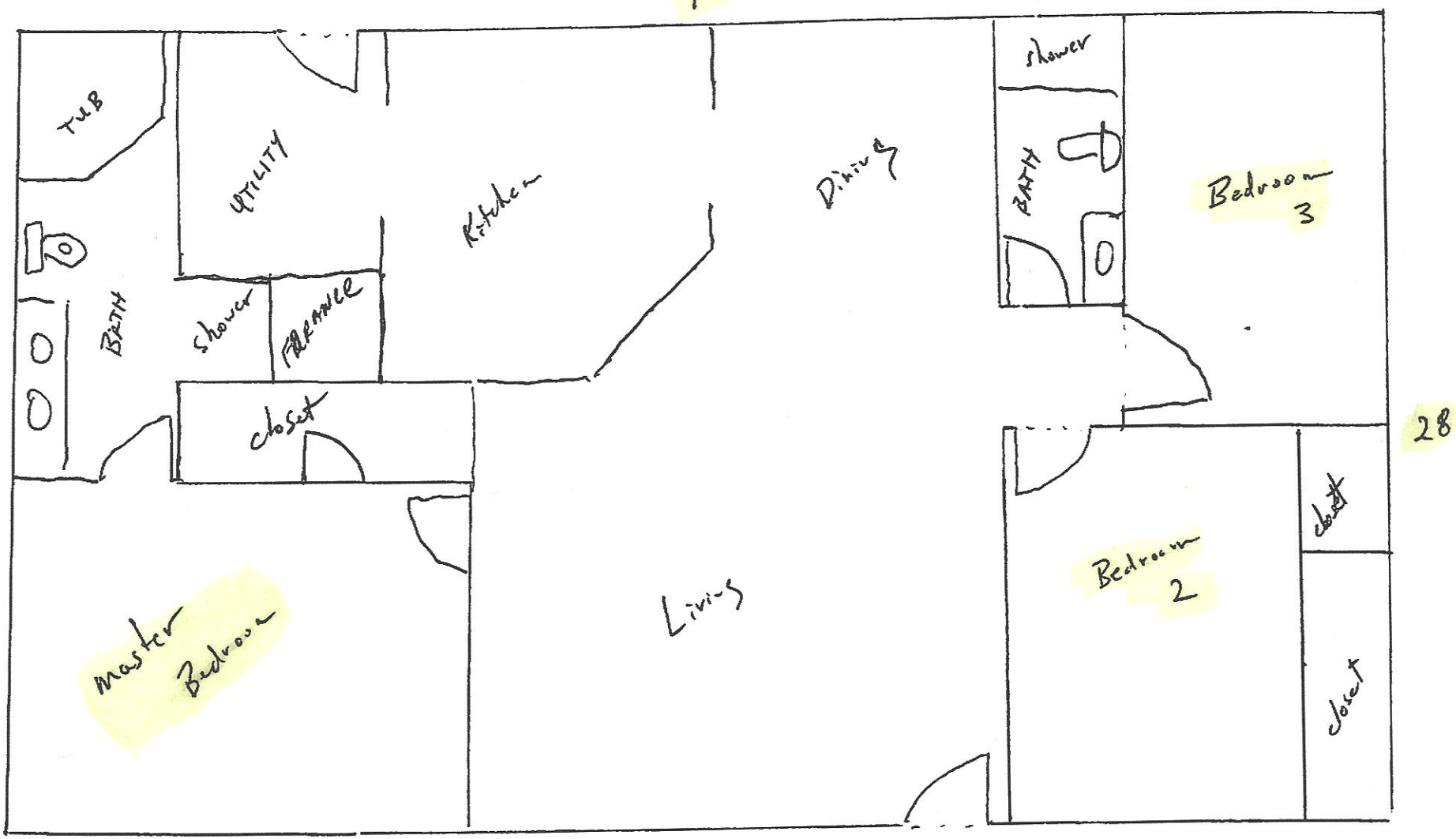
652 Garden Valley Rd
Statesville NC 28625

Floor Plan

Acknowledgement Of
Plans Submittal ONLY!

Date 12/28/21

Date 2-22-2022



IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 324221<br>Issue Date: 12/28/2021 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4797175634.000 | 652 GARDEN VALLEY RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: TABOR VIVIAN J+E J MULLINS | Name: ROBERT NEILSON JR |
| Address: | Address: 442 LYTTON ST |
| , | TROUTMAN, NC 28166 |
| Phone: | Phone: (704)450-0082 |

| 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 Coolemee | 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:** 12/28/2021

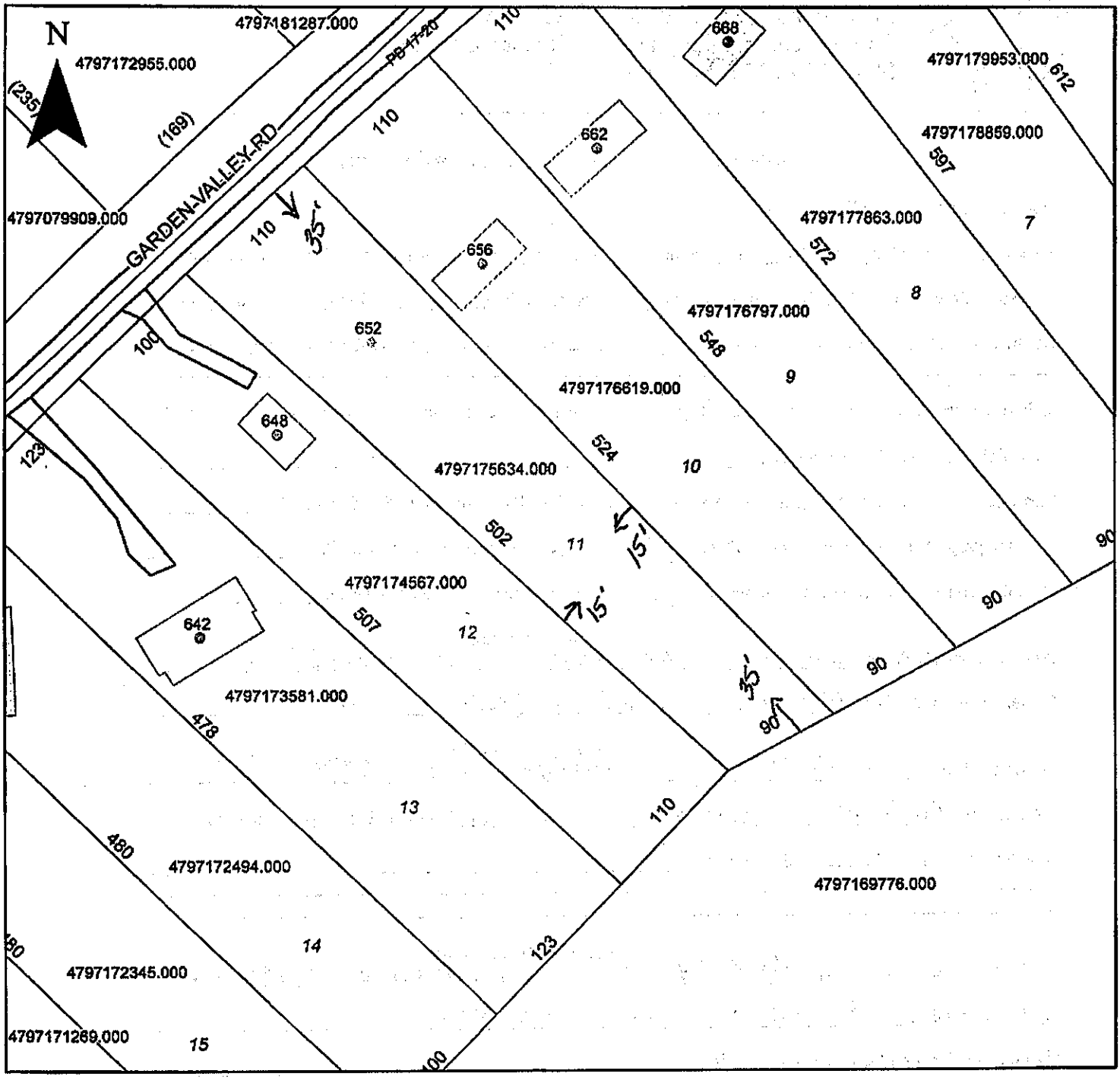
Signature of Owner/Contractor

| Permit Number | 324221 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|

324221 FL NO RA
WS IV PA
Coolemmee

# ZONING DISCLAIMER




Property Address 652 Garden Valley Rd.

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.

Robert Nutting

Applicant

12/28/21

Date