IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 CC Mooresville Office (704) 660-3625 PERMIT # 242679

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

PIN # 4800519181

APPLICANT/OWNER: CHERYL DELLINGER APPLICANT ADDRESS: 166 STIKELEATHER ROAD, STONY POINT, NC 28678

SITE ADDRESS: 175 MARTIN FARM LANE, HIDDENITE, NC 28636 PHONE: 704-928-5577 ALT. PHONE 704-902-2303

SITE DIRECTIONS: (N) ON 115, (L) ON PISGAH CHURCH, (R) ON JOHNSON FARM ROAD, (L) ON MARTIN FARM, LOT AT END ON (L) SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: √ GARY D DYSON SECTION: — LOT # PT1 LOT AREA: 34.194 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	7-21-19	[X] 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	3		Linear Ft	300FT	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN		Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE			

[X] Residence No. Bedrooms 3 — [ ] Business No. Persons 6 — [ ] Other No. Employees — — [X] Slab [ ] Crawl Space — [ ] Basement w/plumbing [ ] Basement w/o plumbing

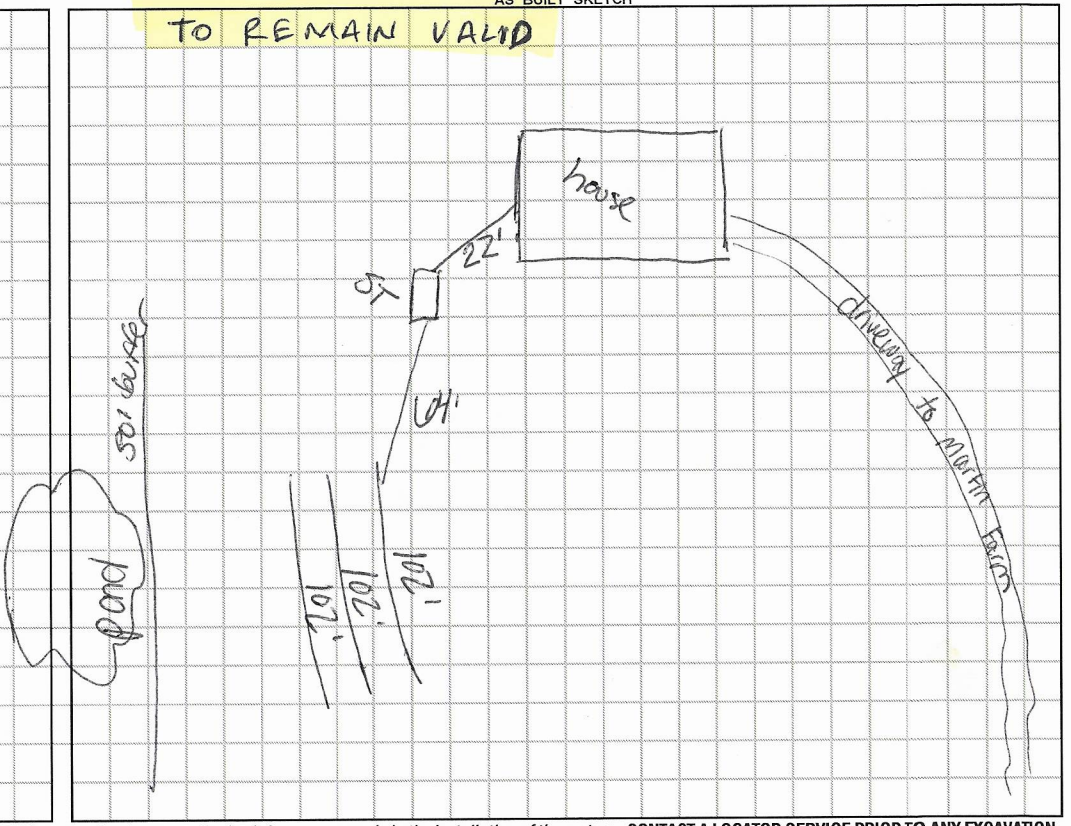
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, DO NOT EXCEED A TRENCH BOTTOM OF 24 IN LOWSIDE, MAINTAIN 50FT FROM HIGH WATER LINE OF POND. NEW PROPERTY RECORDED IN BOOK 2617 PAGES 323-325 SURVEY MUST BE ATTACHED TO PERMIT TO REMAIN VALID

INITIAL SITE SKETCH

PLEASE SEE ATTACHED SURVEY BY: JORDAN GRANT AND ASSOCIATES, PLLC

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**

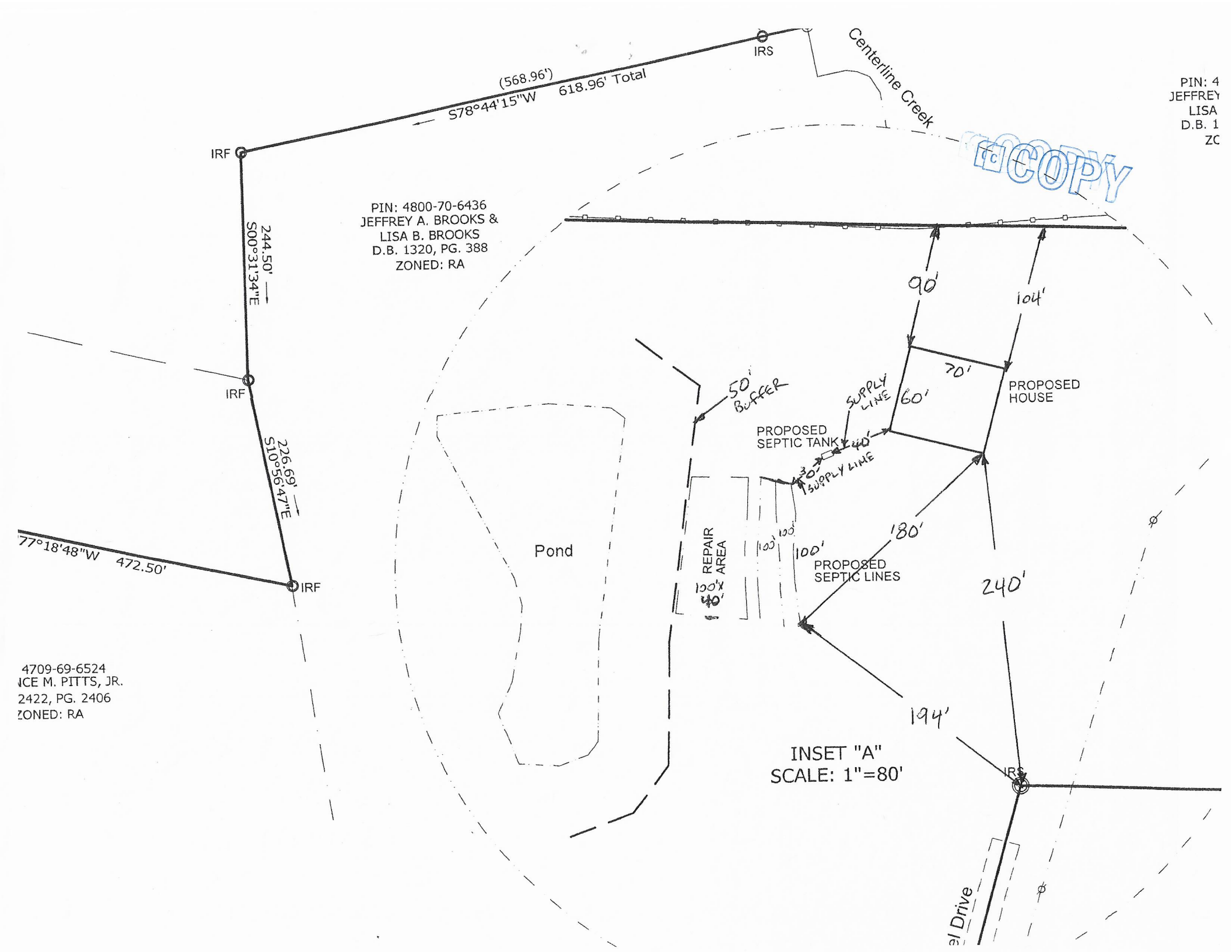
[X] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [ ] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Cheryl Dellinger Date: 5-10-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Burkett C. White Date: 5-10-19 OPERATION PERMIT by: Carla C. Carl Date: 10-9-19

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 5-10-19 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.


IRS
Centerline Creek
(568.96')
S78°44'15"W 618.96' Total
IRF
244.50'
S00°31'34"E
PIN: 4800-70-6436
JEFFREY A. BROOKS &
LISA B. BROOKS
D.B. 1320, PG. 388
ZONED: RA
IRF
226.69'
S10°56'47"E
77°18'48"W 472.50'
IRF
4709-69-6524
NCE M. PITTS, JR.
2422, PG. 2406
ZONED: RA
Pond
50' BUFFER
PROPOSED SEPTIC TANK
SUPPLY LINE
SUPPLY LINE
REPAIR AREA
100'x40'
PROPOSED SEPTIC LINES
90'
104'
70'
60'
40'
30'
100'
100'
180'
240'
194'
PROPOSED HOUSE
INSET "A"
SCALE: 1"=80'
IRS
COPY
PIN: 4
JEFFREY
LISA
D.B. 1
ZC
al Drive

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

Sheet 1 of 2
PROPERTY ID #: TBD
COUNTY: IREDELL

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

OWNER: CHERYL DELLINGER / GARY DYSON
ADDRESS: 166 STRIKELEATHER ROAD, STONY POINT, NC 28678
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 175 MARTIN FARM LANE, HIDDENITE, NC 28636
APPLICATION DATE 3-14-19
DATE EVALUATED: 3-18-19
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: ± 34 AC
PROPERTY RECORDED: NO
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	SHOULDER 2~~0~~% 10	0-~~10~~	SC, SBK	FR, S, P, SEXP	ROCKY SOIL	24"	U	24"	PS
		10-20	C, SBK	FR, S, P, SEXP	VFI SAP INC		VFI		
		20-24	CL, WABK	FR, SS, SP, SEXP			SL		.20
		24-48	SAP, RC	VFI, NS, NP, SEXP					
2	LINEAR SIDE ~~20~~% 10%	0-10	SCL, SBK	FR, S, P, SEXP	ROCKY SOIL	40"	PS	NA	PS
		10-24	C, SBK	FR, S, P, SEXP			SL		.3
		24-40	CL, WSBK	FR, SS, SP, SEXP	VFI SAP INC				
		40-65	SAP, RL	FI, NS, NP, SEXP					
3	LINEAR SIDE ~~20~~% 10%	0-10	SC, SBK~~S~~	FR, S, P, SEXP	ROCKY	60"+	NA	NA	PS
		10-36	C, SBK	FR, S, P, SEXP					.3
		36-60	CL, WSBK	FR, SS, SP, SEXP	VFI SAP INC				
4	LINEAR SIDE ~~20~~% 10%	0-8	SC, SBK	FR, S, P, SEXP	ROCKY	50"	PS	NA	PS
		8-34	C, SBK	FR, S, P, SEXP			~~PS~~		.3
		34-50	CL, WSBK	FR, SS, SP, SEXP	VFI SAP INC				
		50-60	SAP, RC	FI, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: TBD
DATE OF EVALUATION: 3-18-19
COUNTY: IREDELL

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LINEAR SIDE 5% 10%	0-15	SC, SBK	FR, S, P, SEXP	ROCKY	48"	U	48"	PS
		15-28	C, SBK	FR, S, P, SEXP			VFI		.3
		28-48	LL, WABK	FR, SS, SP, SEXP	VFI		SL		
		48-60	SAP, RL	VFI, NS, NP, SEXP	SAP INC				

RECEIVED MAR 5 - 2019

242679

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $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: Cheryl Dellinger Address: 166 Strikeleather Rd. Stony Point, NC Zip: 28678
Applicant Email: cheryl_dellinger@yahoo.com Phone: (704) 928-5577 Alt. Phone: (704) 902-2803
Owner Name: Gary & LouAnn Dyson Address: 140 Garrison DR. Statesville, NC Zip: 28677
Owner Email: dysongary@gmail.com Phone: (704) 528-9740 Alt. Phone: (704) 880-4721

Property Information:

Street Address: 175 Martin Farm Lane, Hiddenite, NC

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Northwest on NC-115, turn left onto Pisgah Church Rd, turn Right onto Johnson Farm Rd, turn left onto Martin Farm Ln., 3rd driveway on left.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Cheryl Dellinger 3-4-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

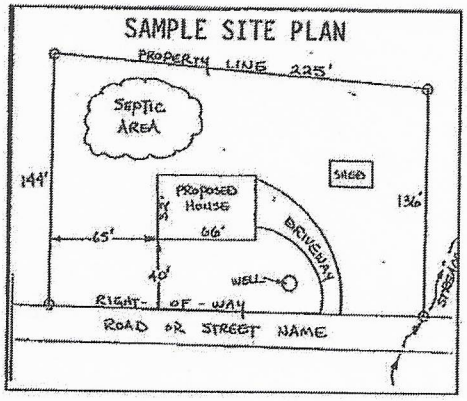
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred ~~well location~~ County Water
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

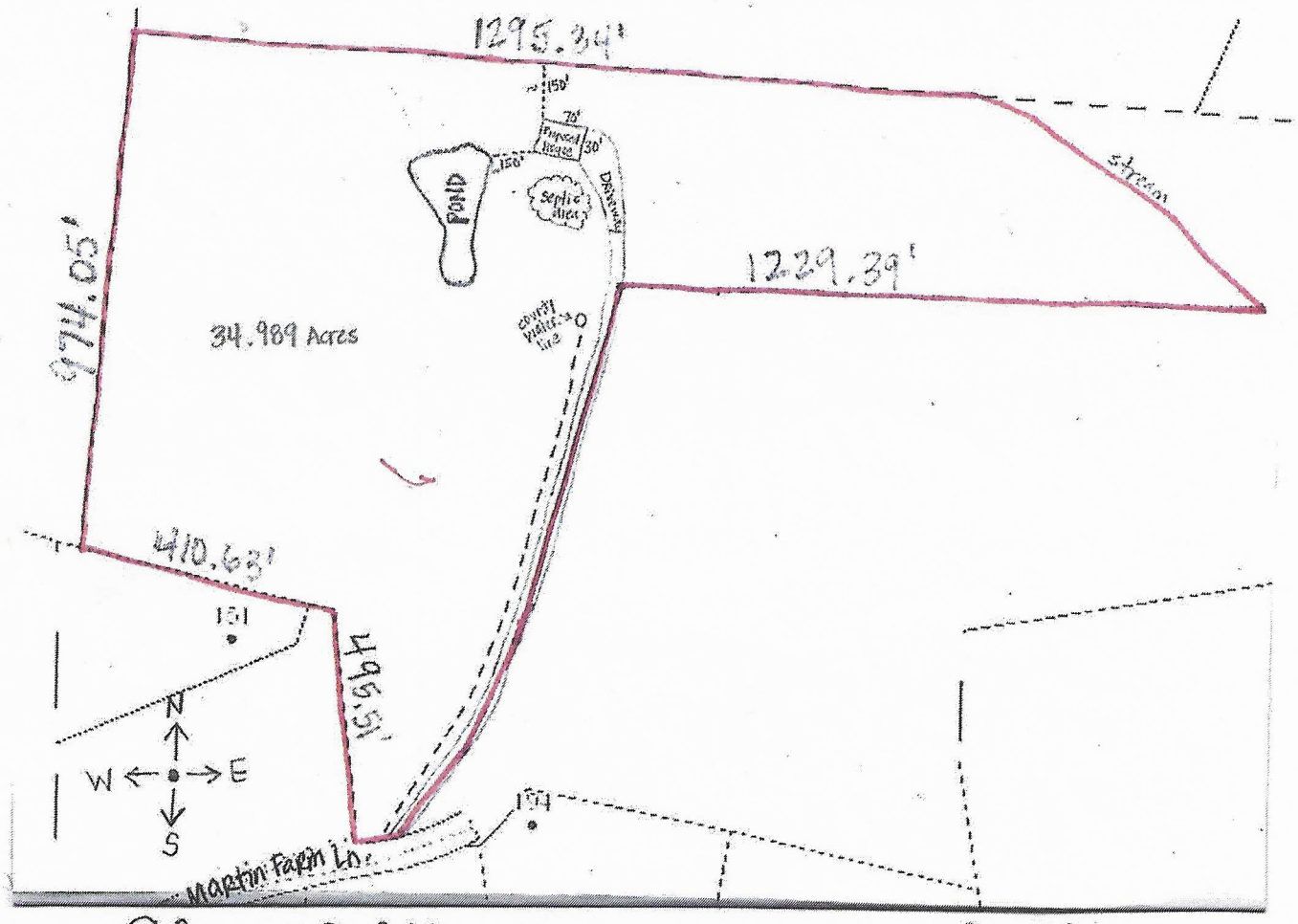


Circle N/A on the following if appropriate:

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

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: Cheryl Dellinger

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

3-4-19

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, Lou Ann M. Dyson, am the legal owner(s) of the property located at 175 Martin Farm Lane, identified as

PIN (Parcel Identification Number) 4800619180.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cheryl Dellinger, _____, 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

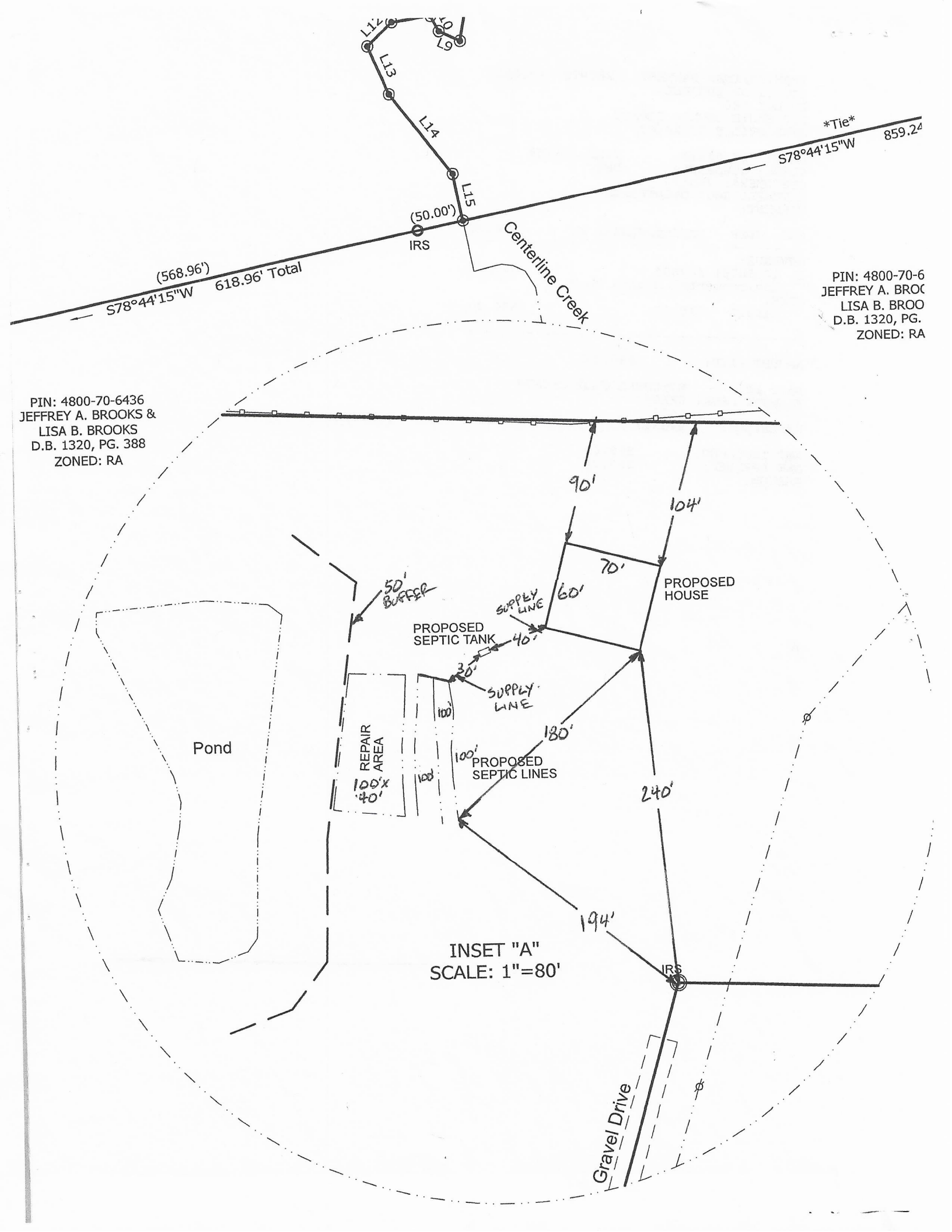
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Lou Ann M. Dyson _____ 3-4-19

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

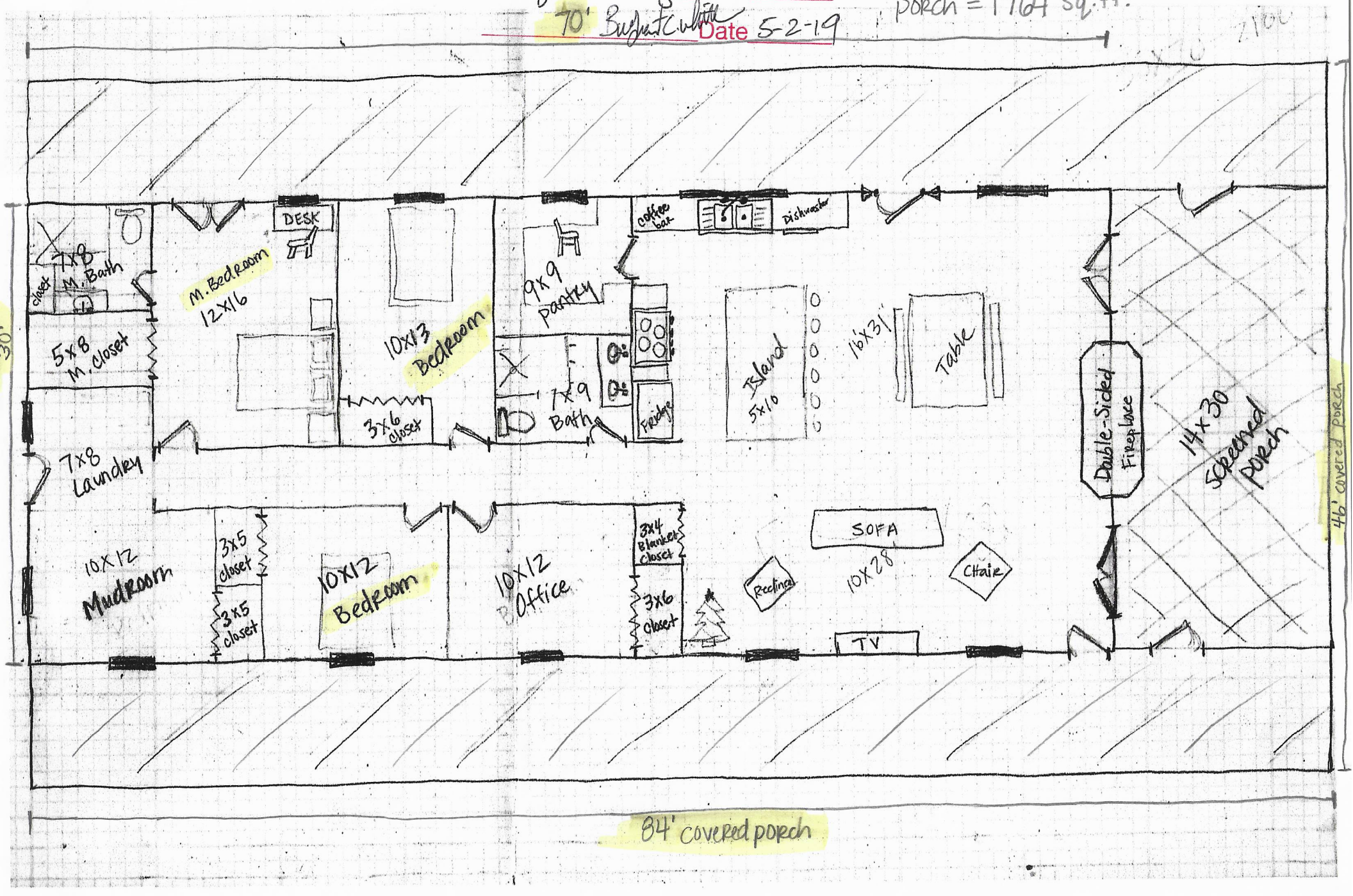
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


L12
L9
L13
L14
L15
Tie
S78°44'15"W
859.24
(50.00')
IRS
Centerline Creek
(568.96')
S78°44'15"W
618.96' Total
PIN: 4800-70-6
JEFFREY A. BROC
LISA B. BROO
D.B. 1320, PG.
ZONED: RA
PIN: 4800-70-6436
JEFFREY A. BROOKS &
LISA B. BROOKS
D.B. 1320, PG. 388
ZONED: RA
90'
104'
70'
60'
PROPOSED
HOUSE
50'
BUFFER
SUPPLY
LINE
PROPOSED
SEPTIC TANK
40'
30'
SUPPLY
LINE
Pond
REPAIR
AREA
100'x
40'
100'
100'
100'
PROPOSED
SEPTIC LINES
180'
240'
194'
INSET "A"
SCALE: 1"=80'
IRS
Gravel Drive

Cheryl Dellinger May 2, 2019
Matt Dellinger

Acknowledgement Of Plans Submittal ONLY!
Cheryl Dellinger Date 5-2-19
70' Bryant C. White Date 5-2-19

House Plan
30' x 70' = 2100 sq. ft.
3 bedRoom
2 bath
PORCH = 1764 sq. ft.
total: 3864 sq. ft.



IREDELL COUNTY

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

APPLICATION NUMBER
242679
Issue Date: 03/05/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4800619180.000	175 MARTIN FARM LANE, HIDDENITE, NC 28636	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DYSON GARY D+LOU ANN M	Applicant: DYSON GRAY D+LOU ANN
Address: 140 GARRISON DR	Address: 140 GARRISON DR
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
75.927	35.00	35.00	15.00	15.00	PASY	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	169563	TOTAL FEES:	$ 77.25

10467

ZONING DISCLAIMER



Property Address 175 Martin Farm Lane

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.

X Cheryl Dellinger
Applicant

X 3-5-19
Date