12:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 860-3625 PERMIT # 208958

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

PIN # 4840806712

APPLICANT: Kenneth Jordan APPLICANT ADDRESS: 147 Olin Loop

SITE ADDRESS: 155 Olin Loop - Olin, NC PHONE: 704-682-1561 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Jennings Rd TR Olin Loop 2nd house on Left

SUBDIVISION: Brenda J Parker S/D SECTION: N/A LOT # 2 LOT AREA: 0.606 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	012	Date	11-15-17		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	4	Linear Ft:	332		
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		

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

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

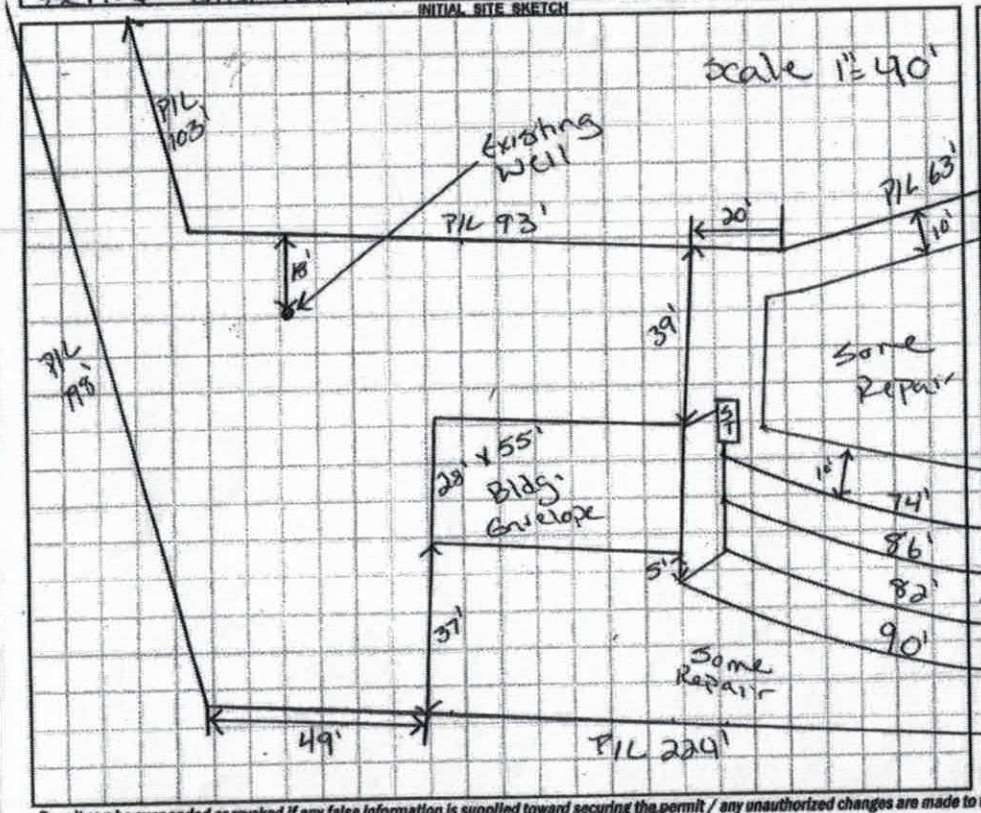
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Improvements Only! Submit fiber Plan Prior to Issuance of CA! Install a 25% Reduction System on contour with serial distribution.

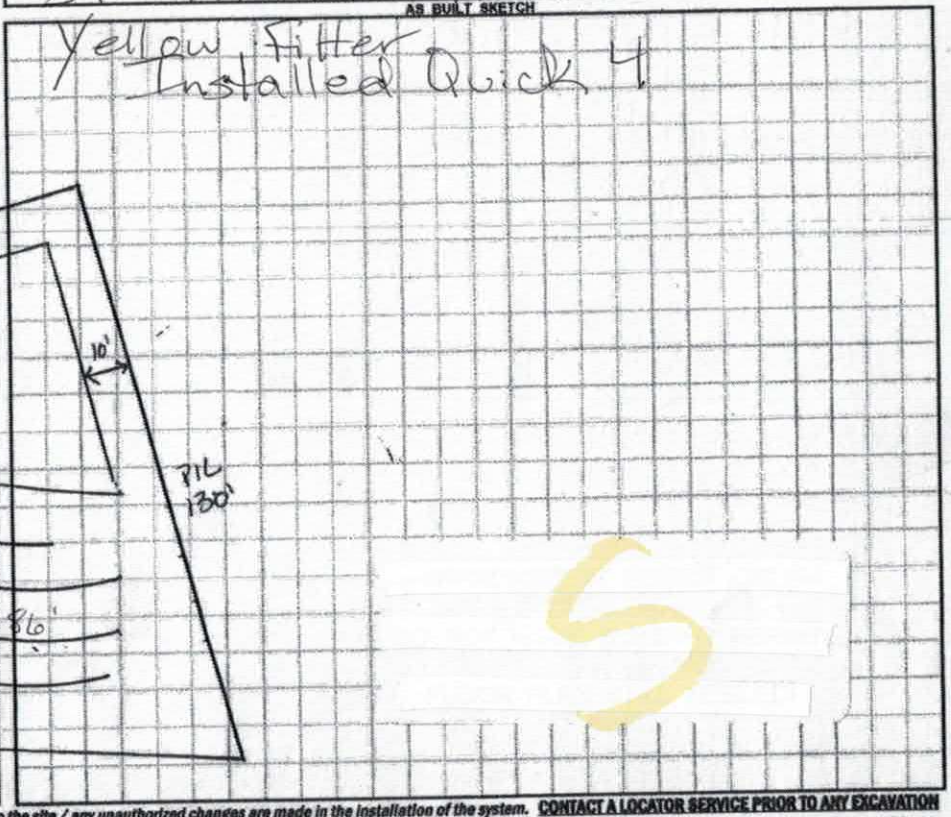
Maximum trench bottom depth is 24" on high side

ST - 17ft from house

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: Kenneth Jordan Date: 7-20-15 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-20-15 OPERATION PERMIT by: Maria Dotson Date: 4/30/18

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 7-28-15 Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 484080 6688
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kenneth Jordan
APPLICATION DATE 4-6-15
ADDRESS: 147 Olin Loop
DATE EVALUATED: 5-14-15
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 0.547
LOCATION OF SITE: 155 Olin Loop
PROPERTY RECORDED: Yes
WATER SUPPLY: • Private • Public • Well • Spring • Other N/A
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	5% slight NS	6-9	SCL SBK	Fr Mod SE	+48"	37"	37"	37"	PS 0.275
		9-20	C SBK	Fi Mod SE					
		20-37	BC Sap Incl WSBK	Fr Mod SE					
		37-48	SAP						
2	8% slight NS	0-8	SCL SBK	Fr Mod SE	+48"	39"	39"	39"	PS 0.275
		8-21	C SBK	Fi Mod SE					
		21-39	BC Com Sap Incl WABK	Fr Mod SE					
		39-48	SAP						
		many common Sap Incl in BC horizon							
3	5% slight NS	0-10	SCL SBK	Fr Mod SE	+48"	35	35	35	PS 0.275
		10-16	C SBK	Fi Mod SE					
		16-35	BC Common WABK	Sap Incl Fr Mod SE					
		35-48							
4	10% L	0-7	SCL SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		7-21	C SBK	Fr Mod SE					
		21-48	BC Sap Incl WSBK	Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Just Henderson
OTHER(S) PRESENT: N/A

COMMENTS: TB @ 24" High Side Max

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)				
S (Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

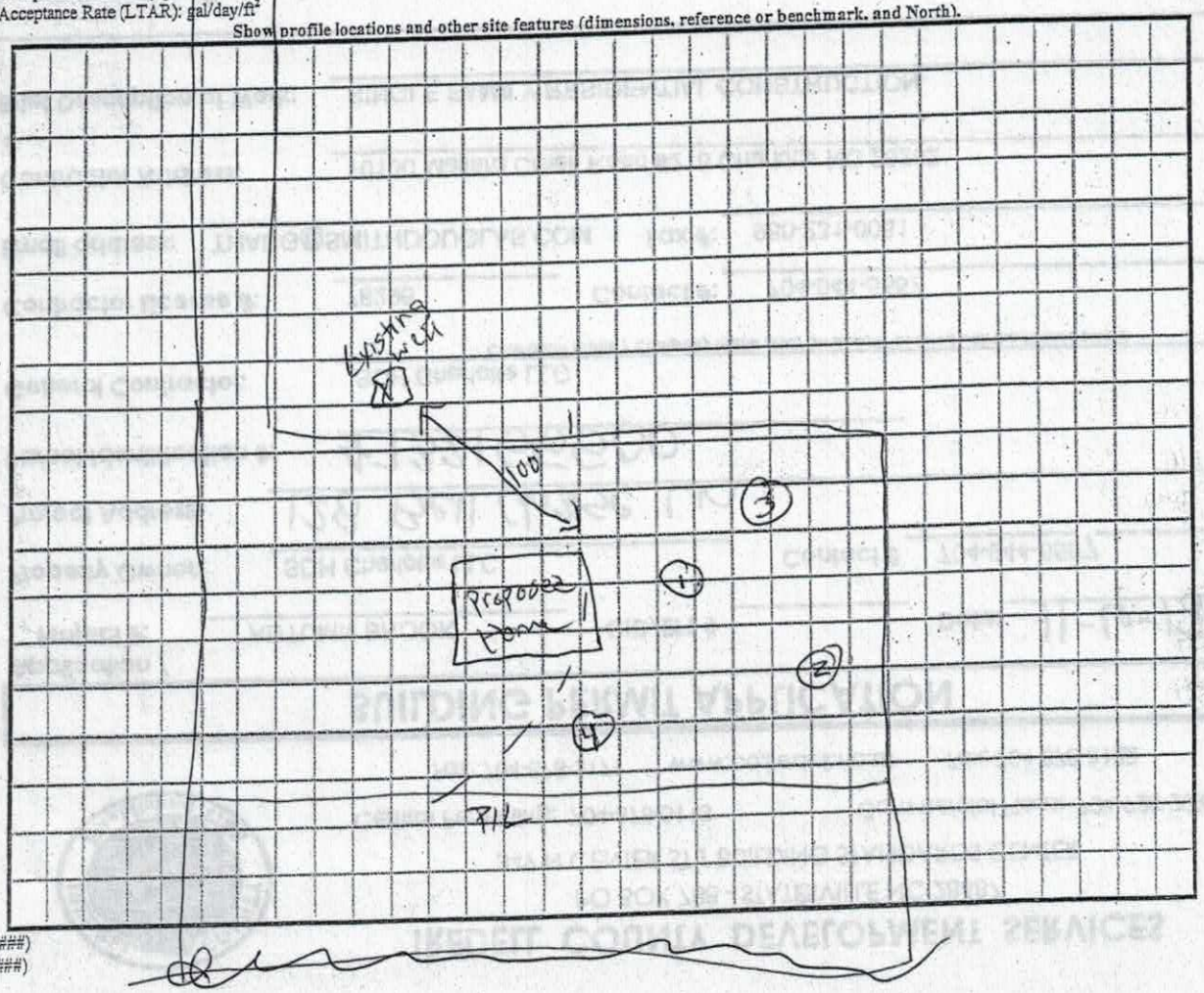
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Kenneth Jordan Address: 147 Olin Loop Olin nc 28660 Phone: 704-682-1561

Owner Name: Brenda Parker Address: West Jefferson Phone: 336-846-1268

Property Information:

Street Address: 155 Olin Loop

Subdivision Name: 177 North To Tomlin Rd Section/Phase: _____ Lot Number: _____

Driving Directions: 177 North To TomLinRd Turn LeFT To stop Sine TurnRight On Jennings Rd To olinLoop on Right Second house OnLeFT

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

(√) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: NO

(√) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) 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: Brenda Parker 4-6-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

W. Allison 704 878-31

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Brenda Jordan Parker, am the legal owner of the property located at 155 Olin Loop Rd Olin NC, identified as PIN(Parcel Identification Number) 4840806688000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth Jordan, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Brenda J. Parker — Signature of Owner — 4-8-15 — Date

Christina M. Pennington — Signature of Witness — 4-8-15 — 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
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Brenda 7048/6131Z p.1

IREDELL COUNTY HEALTH DEPARTMENT

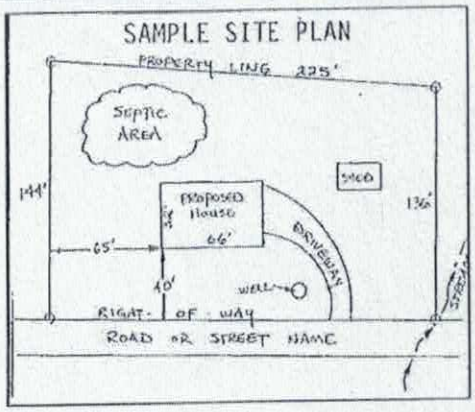
ENVIRONMENTAL HEALTH DIVISION

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

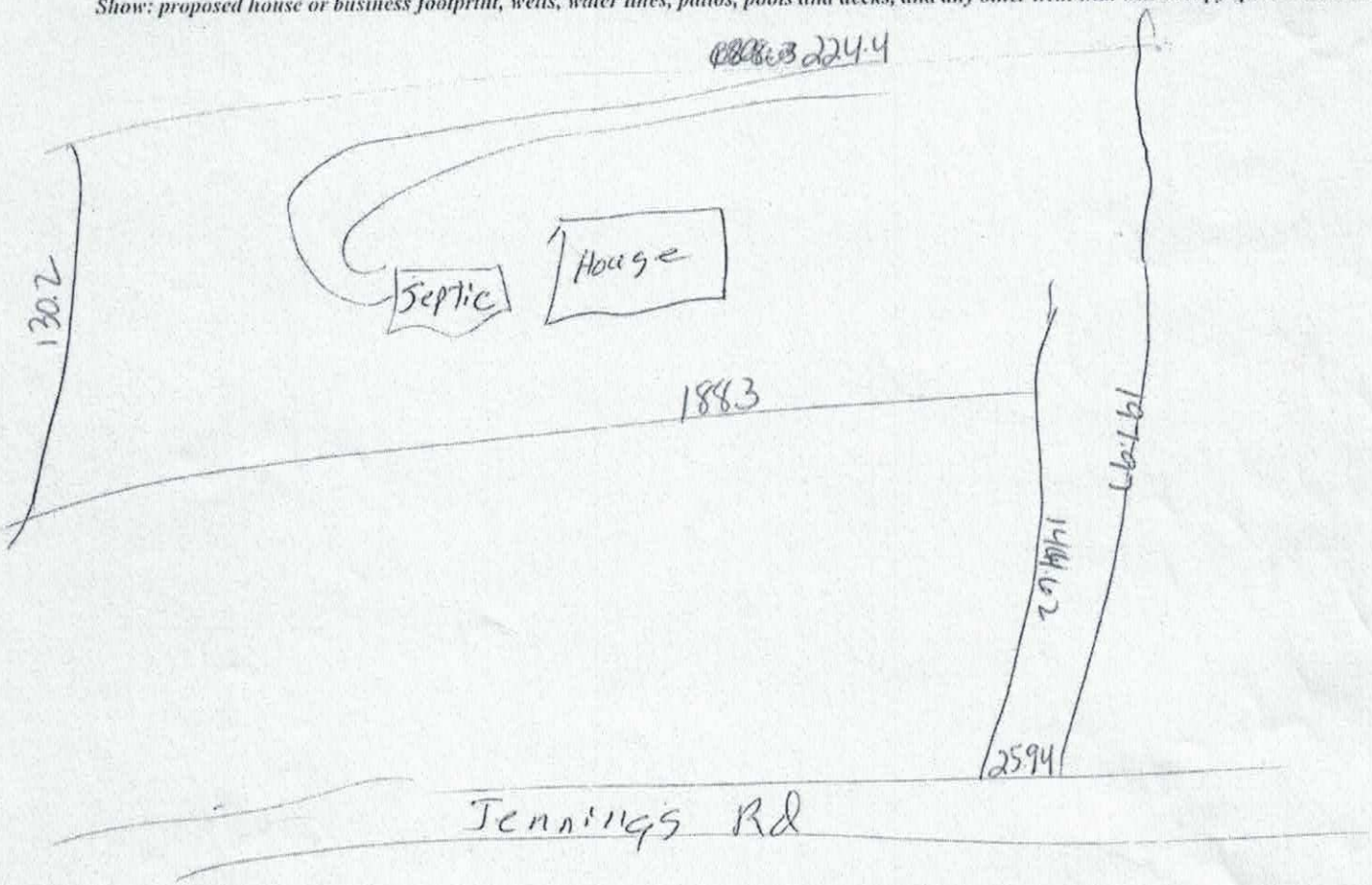


Circle N/A on the following if appropriate:

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: Kenneth Jordan

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

4-6-15

DATE

...public or private use as noted.

Furthermore, I hereby certify that no sanitary sewers, storm sewers, or water lines are to be included in the subdivision.

I further certify that:

a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

BRENDA J. PARKER — DATE

...and as appears on the Watershed Protection Map of Iredell County.

Subdivision Administrator — Date

As of the date of this recording, the lots represented have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a building permit will be issued.

North Carolina

_____ County

I, _____, a Notary Public for said county and State, do hereby certify that BRENDA J. PARKER, personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal,

this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

...certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer — Date

CERTIFICATE OF APPROVAL FOR RECORDING

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

Subdivision Administrator — Date

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 Restrictions, Easements, and/or 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 3710484000J – Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Total Area Subdivided = 2.101 Acres.
7) No Agreement found on record for SR# 1891. Assumed 60' R/W
8) Subject Property zoned RA.
9) Front Setback = 35', Rear Setback = 35', Side Setback = 15'.
10) A lot lines subject to a 10' Drainage and Utility Easement.

...from an ac... Book 1865, ...that the bo... information ...that the re... prepared in... requirement... according t...

This survey... or municip...

Witness my... this 29th ...

Thomas E...

I-77

...CINITY MAP
NOT TO SCALE

...W OR FORMERLY
...RROLL JORDON
...B 1865–1403

NOW OR FORMERLY
RW HOLLAND FAMILY LIMITED PARTNERSHIP
DB 1069–1690
TRACT #1

EX #4 REBAR

S84°33'47"E
224.48'

SIP

S84°33'47"E
284.97'

TIE LINE
S76°34'51"W
2014.03'

EX 2" PIPE

S82°28'04"E
82.23'

EX MAG NAIL

EX #8 REBAR

N8°33'57"W
TIE LINE 157.95' TOTAL
(168.17')

N12°43'07"W
130.70'

N12°43'07"W
195.97' TOTAL

N12°43'07"W
103.82' TOTAL

N12°43'07"W
(202.22')

S77°16'53"W
63.27'

92.87'
N84°33'47"W
131.58' TOTAL

17.64'

21.07'

WELL EASEMENT
FOR LOT 1
443.0 SF.

WELL

L2

L3

L4

35' SETBACK

15' SETBACK

2
0.606 ACRE
26,404 S.F.

1
0.740 ACRE
32,221 S.F.

3
0.755 ACRE
32,906 S.F.

FENCE

BLDG

SHED

MOBILE HOME

DECK

GRAVEL

CARPORT

1 STORY
SINGLE FAMILY
RESIDENCE

PORCH

LP

PP

SIP AT 31.69'

SIP AT 31.23'

787 S.F.

8,829 S.F.

6,529 S.F.

49.80'
S65°32'57"W

48.21'
S64°51'44"W

49.01'
S63°32'26"W

47.31'
S62°23'34"W

46.59'
S61°35'04"W

(51.41')

16.62'

L1

7.01'

25.94'

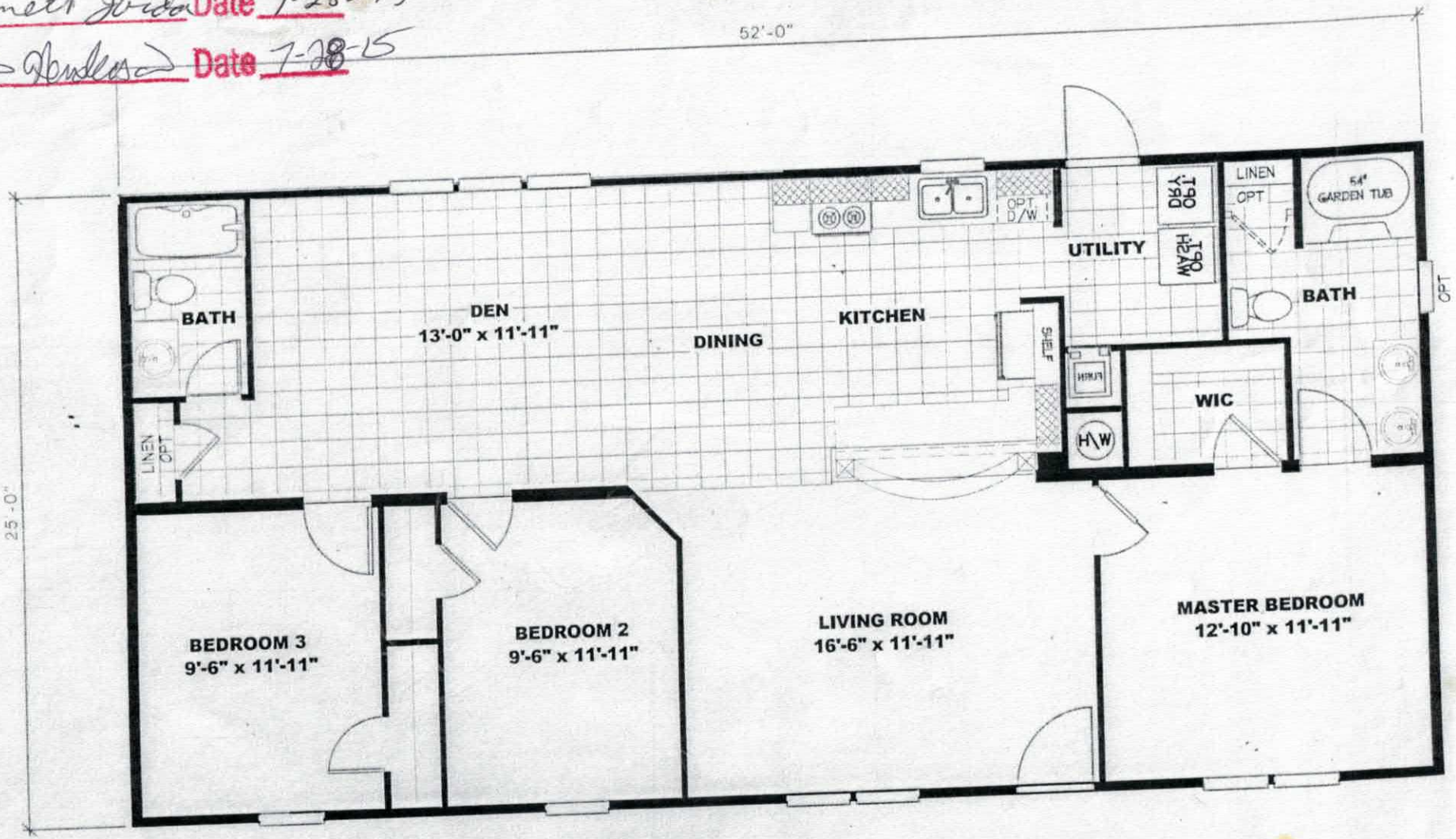
N61°30'49"E

141.69'
S54°13'30"W

OLIN LOOP – S.R. 1891
60' PUBLIC R/W

Acknowledgement Of
Plans Submittal ONLY!
Kenneth Jordan Date 7-28-15
Justin Henderson Date 7-28-15

WYNN



25 WIDE
(THREE BEDROOM STANDARD)

5

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
208958
Issue Date: 04/06/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4840806688.000	155 OLIN LOOP, OLIN, NC 28660	OLIN

Owner Information	Applicant Information
Owner: PARKER BRENDA J	Applicant: JORDAN KENNETH DALE
Address: 1083 MIDWAY RD STATESVILLE, NC 28625	Address: 147 OLIN LOOP OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
MOVING DOUBLE WIDE ONTO LOT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.101	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID 4/6/15 Dept

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

See Attached

Applicant: _____ Date: _____

Permit Number	35113	TOTAL FEES:	$ 77.25