IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235852

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

PIN # 3795227712

APPLICANT/OWNER: Gregory S. Whitener Jr. APPLICANT ADDRESS: 342 Linden Loop, Stony Point

SITE ADDRESS: 342 Linden Loop, Stony Point PHONE: 828-228-9162 ALT. PHONE 339-788-0943

SITE DIRECTIONS: 140W exit 144 Old Mountain Rd R→ L on New Sterling Rd → R on Linden Loop → on left SAP CONTROLLED: ☐ YES ☒ NO

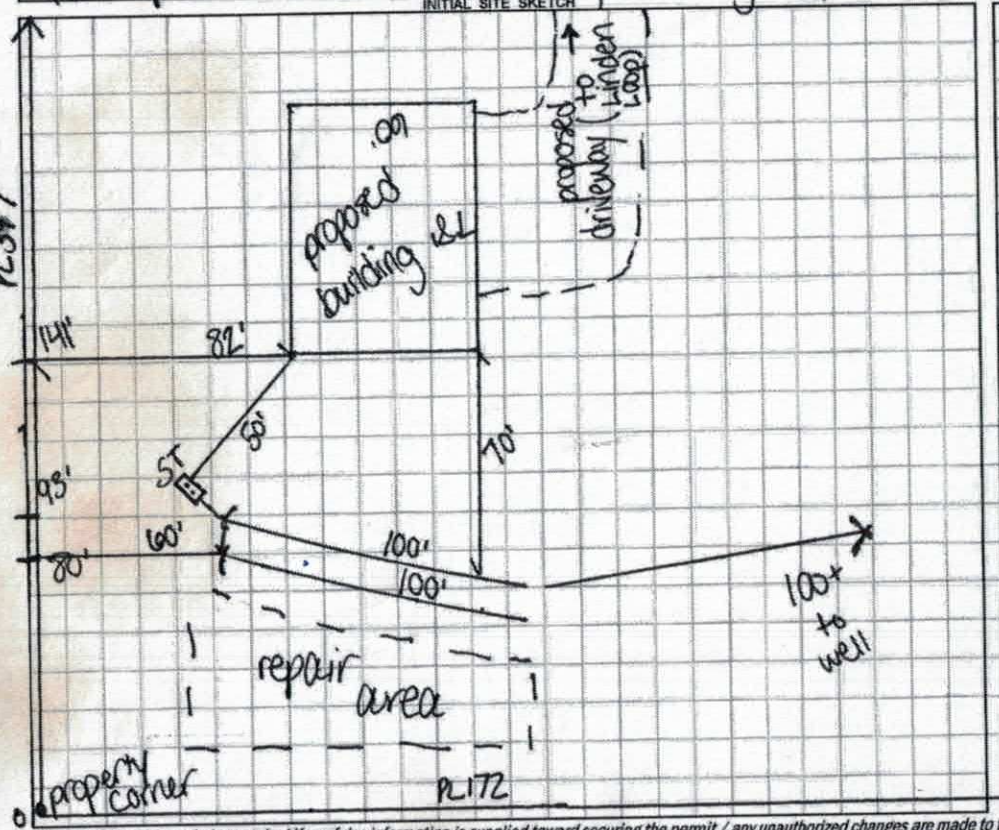
SUBDIVISION: — SECTION: 1 LOT # — LOT AREA: 4.03 ac DESIGN FLOW: 240 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1012	Date	9/12/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms	2	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			☐ Business	No. Persons	4	☒ Private	
Pump Make		Model			Serial #		Repair System Description:	25% reduction			☒ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	2		Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth(Low side)		34"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

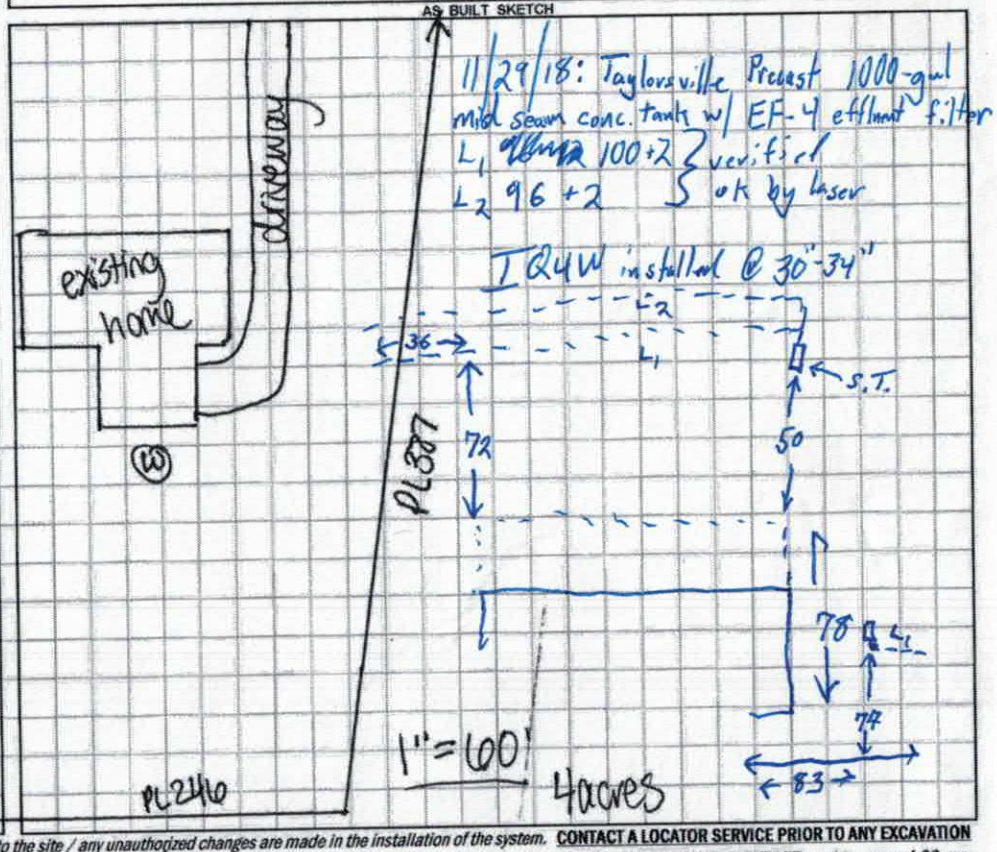
Comments / Conditions: Install on contour & utilize serial distribution. Do not grade/pave drainfield area. System sized for up to 2 bedrooms → Accessory building only →

no one may live in building full time or recieve its own address.

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] Date: —

IMPROVEMENT PERMIT by: Carla C. Cave Date: 6/1/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6/1/18

Installed by: #1117 Rick May (A-1 Backhoe)

OPERATION PERMIT by: Tom Shuck Date: 11/29/18

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.

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

Sheet 1 of 1
PROPERTY ID #: 379522712
COUNTY: Iredell

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

OWNER: Gregory S Whitener Jr
ADDRESS: 342 Linden Loop, Stony Point
PROPOSED FACILITY: accessory building PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 342 Linden Loop

APPLICATION DATE: 5/18/18
DATE EVALUATED: 6/1/18
PROPERTY SIZE: 4ac
PROPERTY RECORDED: Y

WATER SUPPLY: [X] Private [ ] Public [X] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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	SS 4%	0-32	SBK C	Fr ss sp sexp	few soft inc	48"	N/A	N/A	PS .3
		32-48	SBK CL	" "					
2	SS 4%	0-8	GR SCL	Fr ss sp sexp	N/A	48"	N/A	N/A	PS .3
		8-29	SBK C	" "					
		29-48	SBK CL	" "					
3	SS 4%	0-8	GR SCL	Fr ss sp sexp	few yellow brown mod. C 26"	48"	N/A	N/A	PS .3
		8-27	SBK C	" "					
		27-48	SBK CL	" "					
4	SS 4%	0-16	GR SCL	Fr ss sp sexp	N/A	50"	N/A	N/A	PS .3
		16-32	SBK C	" "					
		32-50	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	200'
System Type(s)	25% red.	25% red.
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

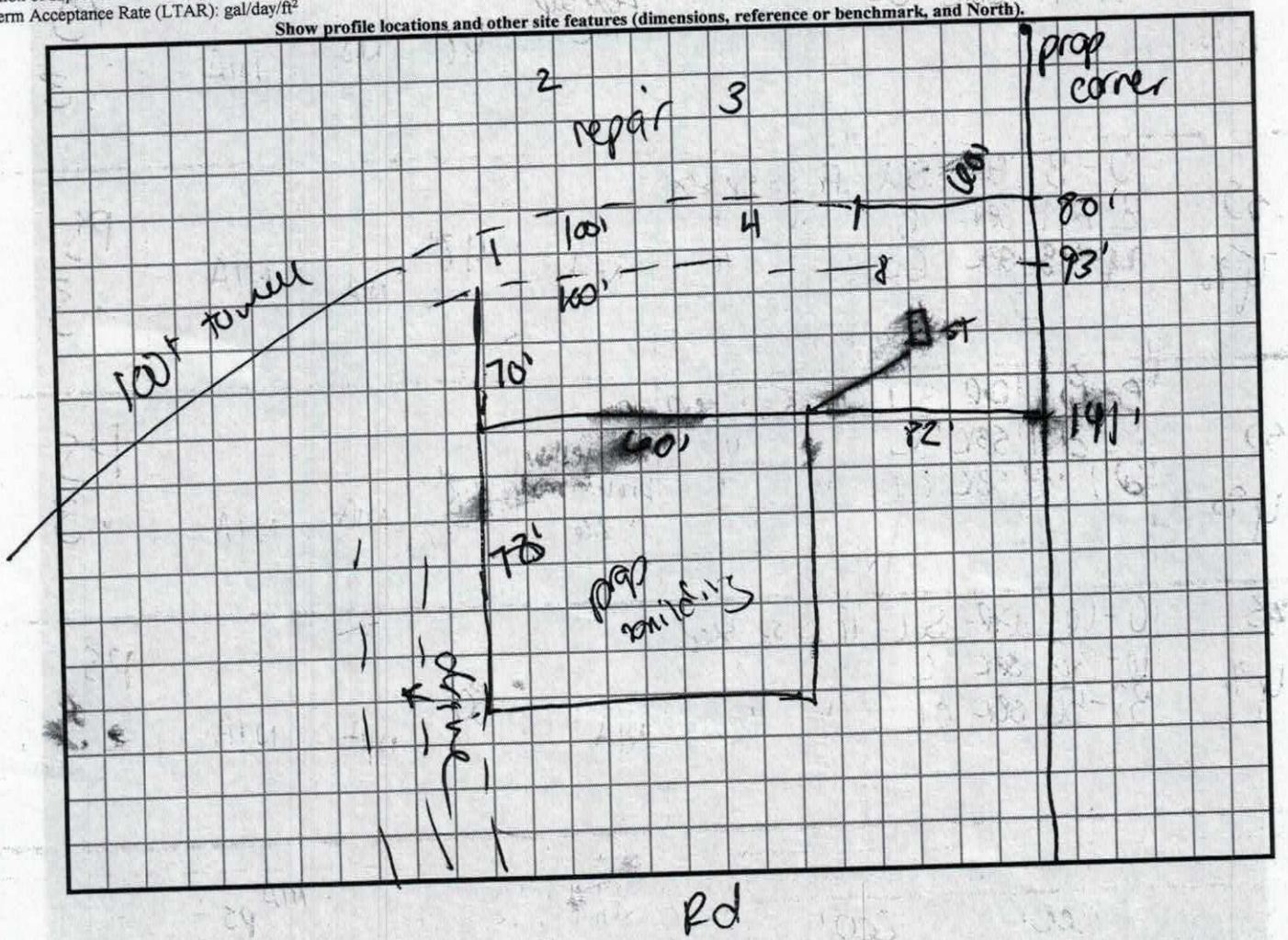
NOTES

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/ft^2

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



660' from well to current ST location

6/10 - 2pm 6/1

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Gregory S. Whitener Jr. Address: 342 Linden Loop, Stony Point Zip: 28678
Applicant Email: carolinalivestock@gmail.com Phone: 828-228-7962 Alt. Phone: 339-788-0943 (Amanda)
Owner Name: Gregory S. Whitener Jr. Address: 342 Linden Loop, Stony Point Zip: 28678
Owner Email: carolinalivestock@gmail.com Phone: 828-228-7962 Alt. Phone: 339-788-0943 (Amanda)

Property Information:

Street Address: 342 Linden Loop, Stony Point, NC 28678
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: Turn on Linden Loop at Pope Farms and the property is on the left in ½ mil.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) 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: _____

Maximum Number of Bedrooms: 1
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
(X) Multi-connection Well Number of Houses: 2 Number of Persons: 6
( ) 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: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 5/18/18
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, _____, am the legal owner(s) of the property located at _____, identified as

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

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

_____ 5/15/18
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

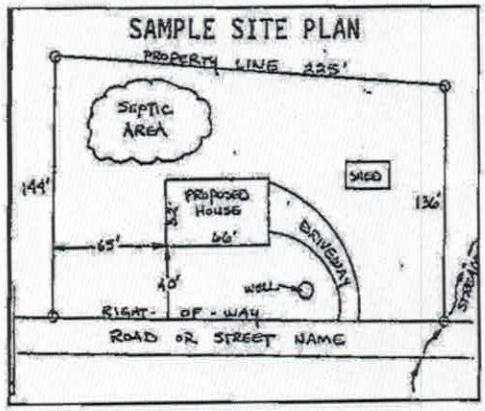
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

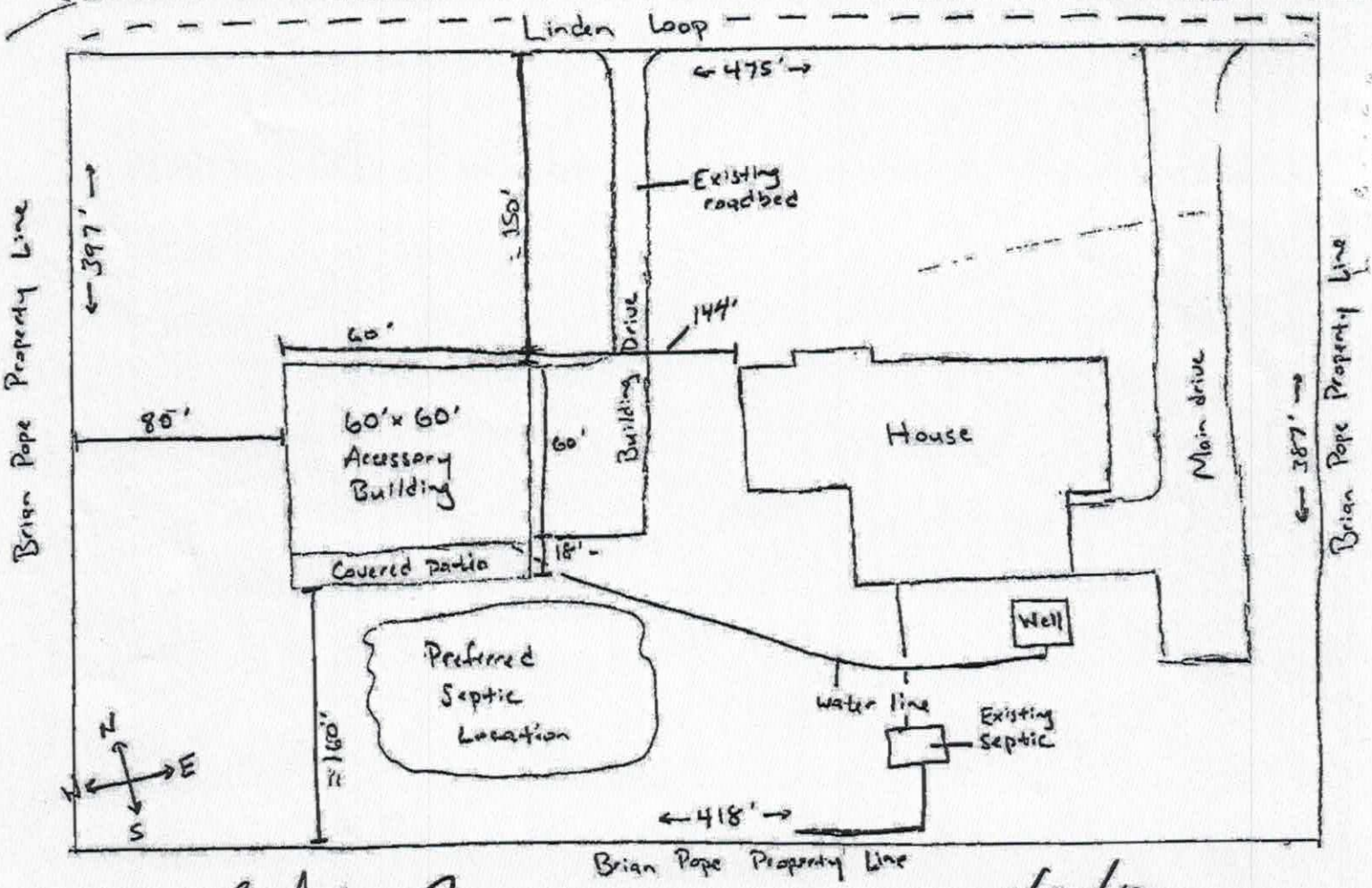


Circle N/A on the following if appropriate:

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

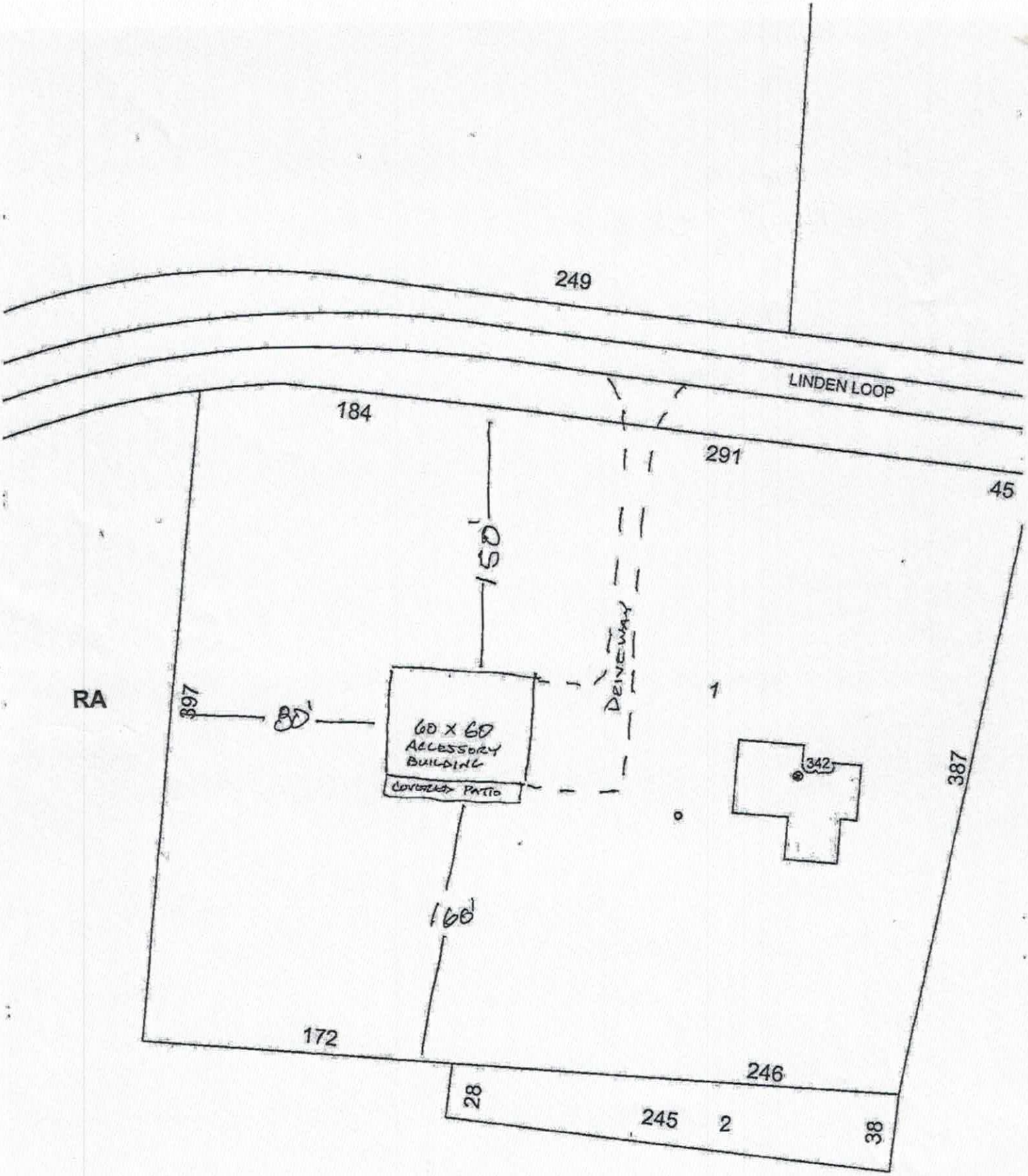
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



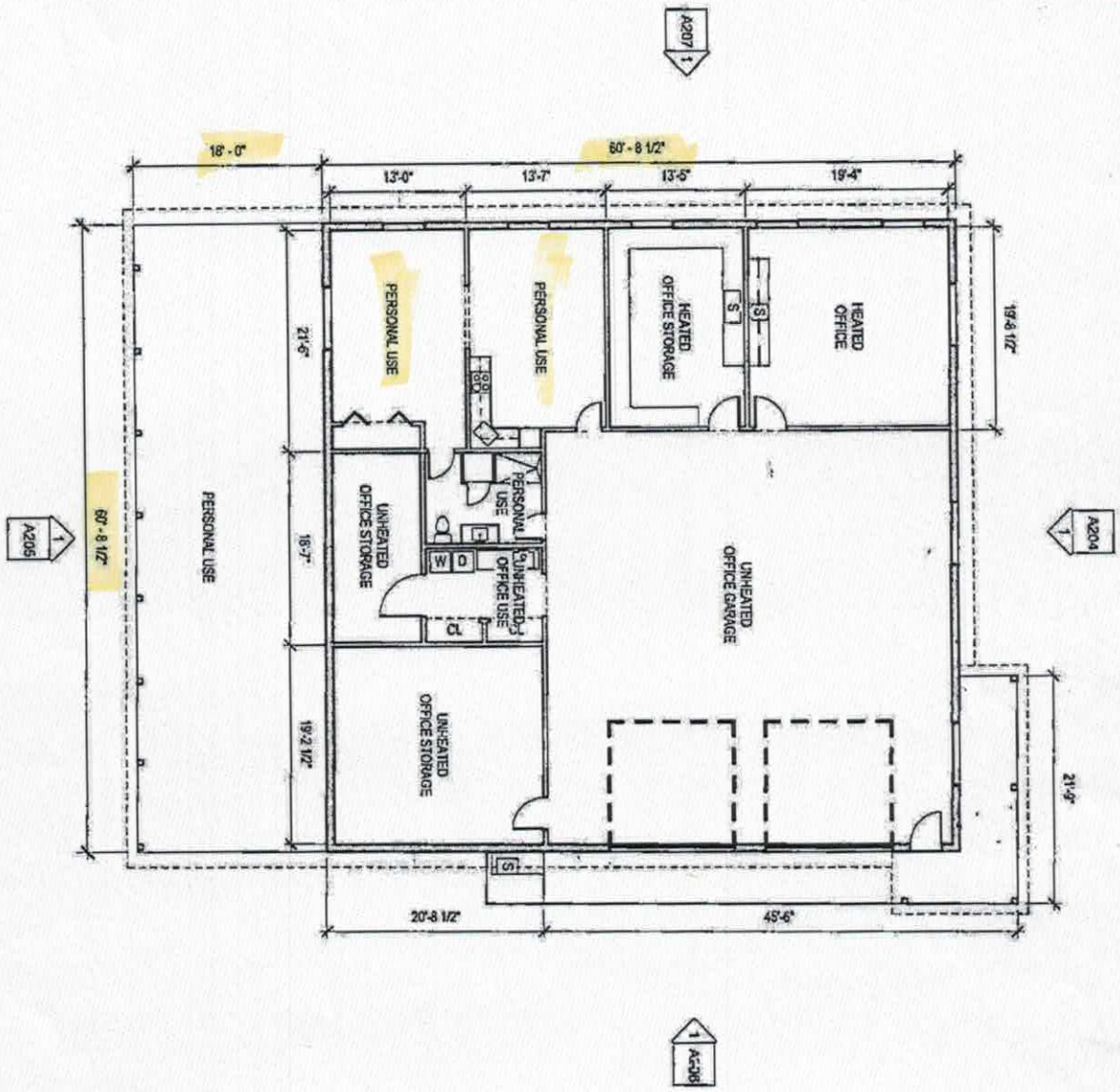
Signature: _____ **5/18/18**

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


249
LINDEN LOOP
184
291
45
150'
DRIVEWAY
RA
397
80'
60 X 60
ACCESSORY
BUILDING
COVERED PATIO
1
342
387
166'
172
246
28
245
2
38

Personal Use = 699.25 ft²
Offic Use = 2900.75 ft²
Total = 3600 ft²

Acknowledgement Of
Plans Submittal ONLY!
Carla C. Carl Date 6/1/18
Date



NOT FOR CONSTRUCTION

Possible storage
Commercial

	FLOOR PLAN		A101
	WHITENER BARN 324 LINDEN LOOP STONY POINT, NC	SCALE: 3/32" = 1'-0" DATE: DWN BY: AK CROSS REF:	

IREDELL COUNTY

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

APPLICATION NUMBER
235852
Issue Date: 05/22/2018

ZONING PERMIT
Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
3795227712.000	342 LINDEN LOOP, STONY POINT, NC 28678	

Owner Information	Applicant Information
Owner: WHITENER, GREGORY S. WHITENER, AMANDA K.	Applicant: WHITENER, GREGORY S.
Address: 342 LINDEN LOOP STONY POINT, NC 28678	Address: 342 LINDEN LOOP STONY POINT, NC 28678
Phone: 828-228-7962	Phone: 828-228-7962

Use Requested	Zone Code
ACCESSORY BUILDING W/ RURAL HOME OCCUPATION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	80.00	80.00	80.00	80.00	PACL	X

Remarks:

PAID

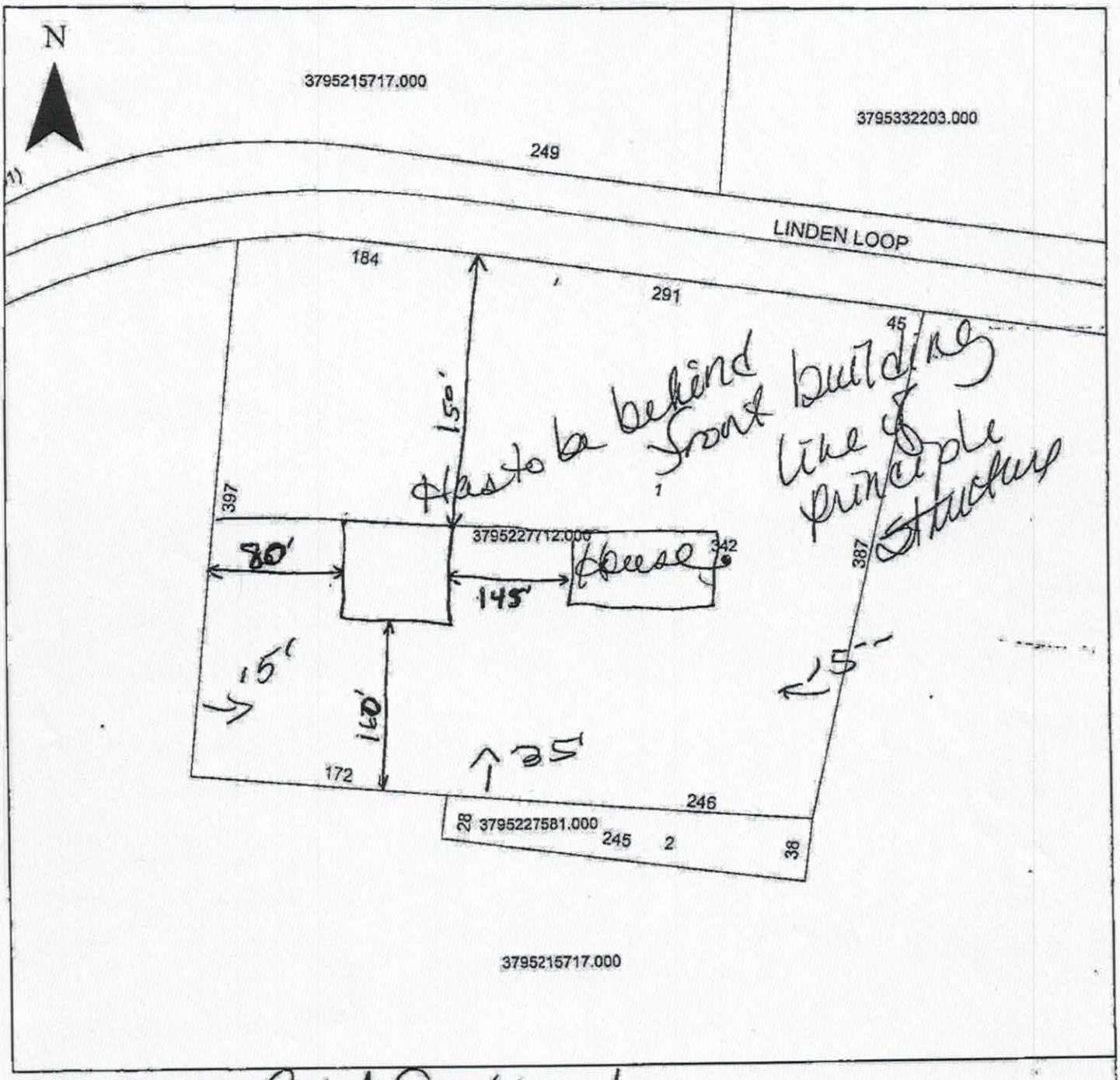
SETBACK IS EIGHTY (80) FEET FROM ANY ADJACENT RESIDENTIALLY ZONED PROPERTY. MAY HAVE A MAXIMUM FLOOR AREA NOT TO EXCEED 3,500 SQUARE FEET. ONE RURAL HOME OCCUPATION SHALL BE PERMITTED PER LOT. THE OPERATOR OF THE RURAL HOME OCCUPATION MUST RESIDE ON THE SAME PARCEL OF LAND UPON WHICH THE RURAL HOME OCCUPATION IS LOCATED. NO MORE THAN THREE (3) PEOPLE WHO DO NOT RESIDE ON THE PREMISES MAY BE EMPLOYED BY A RURAL HOME OCCUPATION. THE RURAL HOME OCCUPATION SHALL NOT CREATE SMOKE, ODORS, DUST, OR NOISE WHICH WOULD CAUSE HEALTH HAZARD OR NUISANCE TO SURROUNDING PROPERTY. NO VEHICLE ASSOCIATED WITH THE USE SHALL HAVE MORE THAN SIX (6) WHEELS OR MORE THAN THREE (3) AXLES.

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: See Attached Date: _____

Permit Number	139709	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 342 Linden

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.

Applicant

5/18/18
Date

Home Occupations, Rural

A. All related buildings, signs and other appurtenances shall:

1. Be setback a minimum of eighty (80) feet from any adjacent residentially zoned property; or

2. Be setback a minimum of thirty (30) feet from any adjacent residentially zoned property and provide screening per Section 5.2; or

3. Be setback a minimum of fifteen (15) feet from any adjacent property zoned commercially; or

4. In the case where a lot line adjoins a lot of non-residential use, the minimum required yard (rear, side and/or front) for any building containing a rural home occupation shall be as required for single-family dwellings in the R-A Residential Agricultural District.

B. A rural home occupation shall be contained entirely within one building with a maximum floor area of 2,000 square feet devoted to the use. There shall be no outside storage of materials or equipment involved with any rural home occupation.

C. On a parcel of two (2) acres or more a rural home occupation may have a maximum floor area NOT to exceed 3,500 square feet provided that the setback from property lines is a minimum of eighty (80) feet.

D. One rural home occupation shall be permitted per lot.

E. The operator of the rural home occupation must reside on the same parcel of land upon which the rural home occupation is located.

F. No more than three (3) people who do NOT reside on the premises may be employed by a rural home occupation.

G. The rural home occupation shall NOT create smoke, odors, dust, or noise which would cause health hazard or nuisance to surrounding property.

H. No vehicle associated with the use shall have more than six (6) wheels or more than three (3) axles.

I. See Section 6.6.1 for sign regulations specific for home occupations.

LOCATION OF BUILDING WILL BE COMPLIANT WITH SEC. R1(7)(B)