(BB)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 309393

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

PIN # 4625084882

APPLICANT/OWNER: John Keary | APPLICANT ADDRESS: 148 Old Arborway Rd Mooresville NC 28117

SITE ADDRESS: 148 Old Arborway Rd mooresville NC 28117 | PHONE: 704-402-4344 | ALT. PHONE 704-902-7737

SITE DIRECTIONS: Brawley school Rd to Ron chuck wood Rd, Lon Barber Lp, Lon Old Arborway Rd, Lot on R | SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: CL and T | SECTION: 7 | LOT # 129 | LOT AREA: 1.23 acres | DESIGN FLOW: 480GPD | L.T.A.R.: Existing

Septic Tank	X (gal)	STB		Date	
Pump Tank	(gal)	PT		Date	
Pump Make	Model			Serial #	
# Nitrification Fields	# Lines			Linear Ft	
Trench Width	Trench Bottom Depth(Low side)			Gravel Depth	Existing

[ ] New System [ ] Repair [ ] Expansion | System Type: I II III (IV) V VI

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: [X] YES [ ] NO | [ ] GRAVITY [X] PRESSURE

[X] Residence | No. Bedrooms 4

[ ] Business | No. Persons 8

[ ] Other | No. Employees

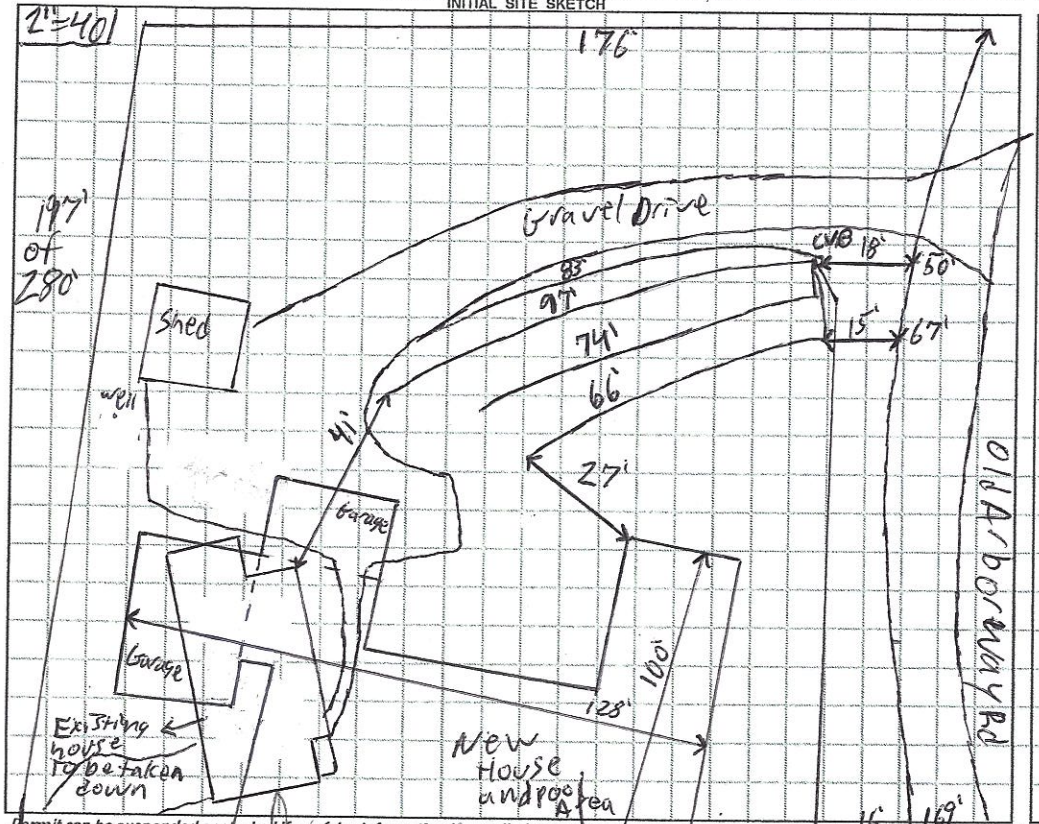
[ ] Slab | [X] Crawl Space

[ ] Basement w/plumbing | [ ] Basement w/o plumbing

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

Comments / Conditions: DO NOT Drive on, store material or manipulate drainfield in anyway. Any Part of septic must be 15' off waters edge of pool. Reccomend diverting surface water away from septic field

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: 9/25/20

IMPROVEMENT PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____

Installed by: _____

OPERATION PERMIT by: _____ Date: _____

Existing System Inspected by: Patrick Obryan III Date: 9/18/2020

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.

1/Lake Norman

X 150 to

RECEIVED JUL 2 8 2020 AP-309393 $250.00

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

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: (PRINT CLEARLY)

Applicant Name: John C. Kearey Address: 148 Old Arborway Rd., Mooresville Zip: 28117
Applicant Email: john@kearey builders.com Phone: 704.402.4344 Alt. Phone: 704.902.7737
Owner Name: John C. Kearey Address: 148 Old Arborway Rd., Mooresville Zip: 28117
Owner Email: marita@kearey builders.com Phone: 704.902.7737 Alt. Phone: 704.402.4344

Property Information:

Street Address: 148 Old Arborway Rd., Mooresville, NC 28117
Subdivision Name: Crescent Land + Timber Corp. Section/Phase: 97 Lot Number: 129
Driving Directions: Brawley School Rd., R on Chuckwood, L on Barber Loop, L on Old Arborway, L again on Old Arborway, 2nd house on R #148

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) 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: N/A
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: N/A
( ) 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: 2012
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Low Pressure Pipe Syste

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: John C Kearey 7/21/20
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)* John C Kearey

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, John C. Kearey, am the legal owner(s) of the property located at 148 Old Arboraway Rd., Moor, identified as PIN (Parcel Identification Number) 4625084882, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Martha M. Kearey wife/owner, 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.

John C Kearey
Signature of Owner(s)

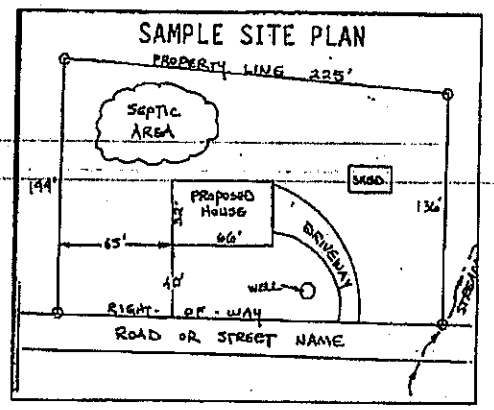
7/21/20
Date

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!!!*



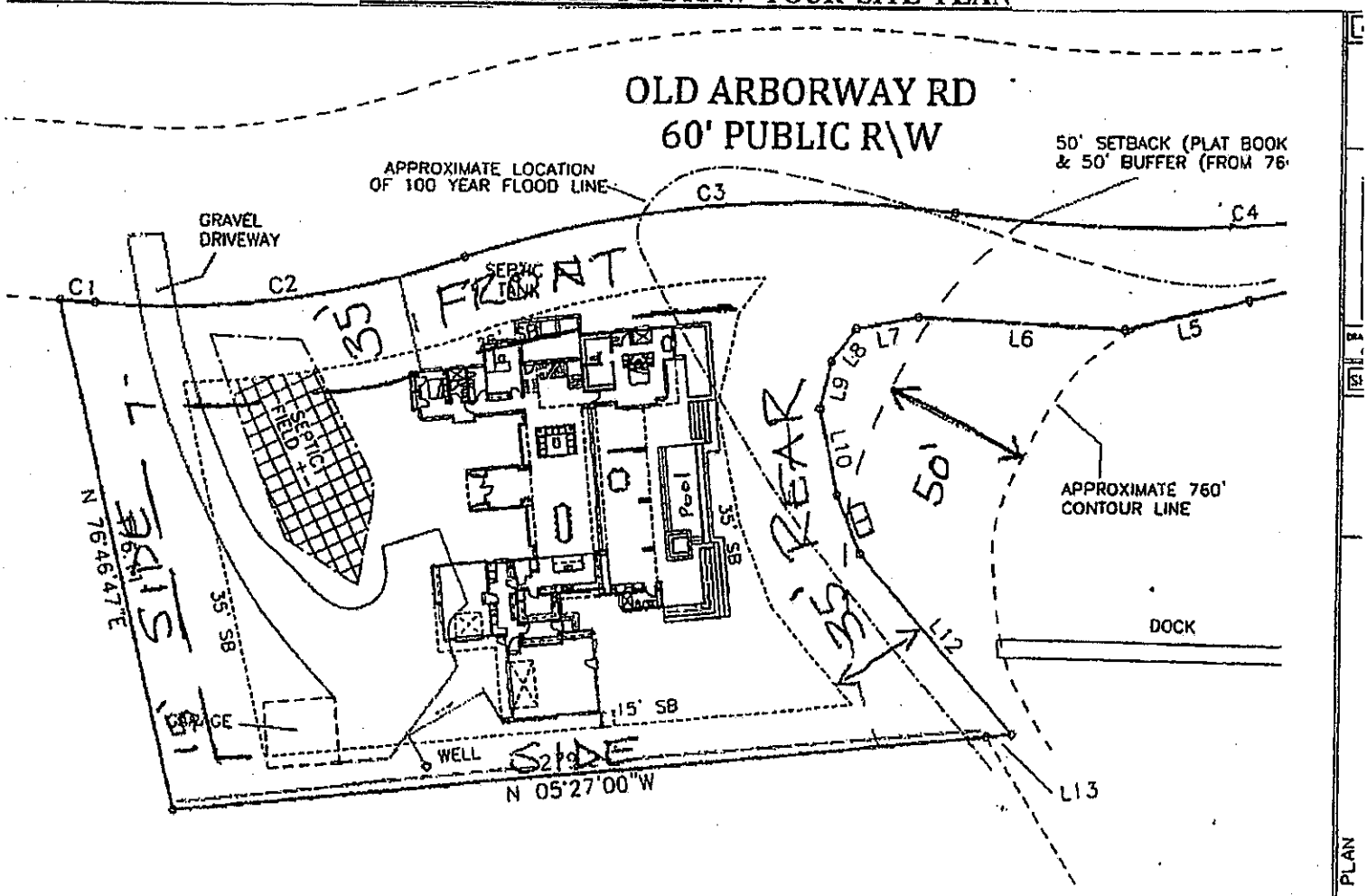
Place an (X) beside each item as you complete the site plan:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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



PROPOSED FIRST FLOOR PLAN
SCALE 1/16" = 1'-0"

SITE PLAN

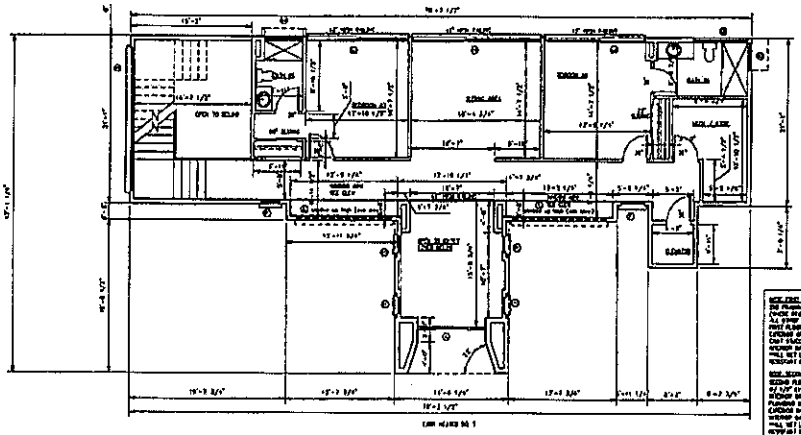
NOTE:

John C Kemp
Signature

7/21/20
Date:

Revised Zoning Set Emails
W. Allen 7/10/20
William Allison
County Planner

4425-08-2984 # NM



1 / A1.2 PROPOSED SECOND FLOOR PLAN
SCALE 3/16"=1'-0"

KEY NOTE LEGEND

DATE	REVISIONS	INITIALS

DRAWN BY: SUSAN ROATH
7-21-2020

SHEET NOTES

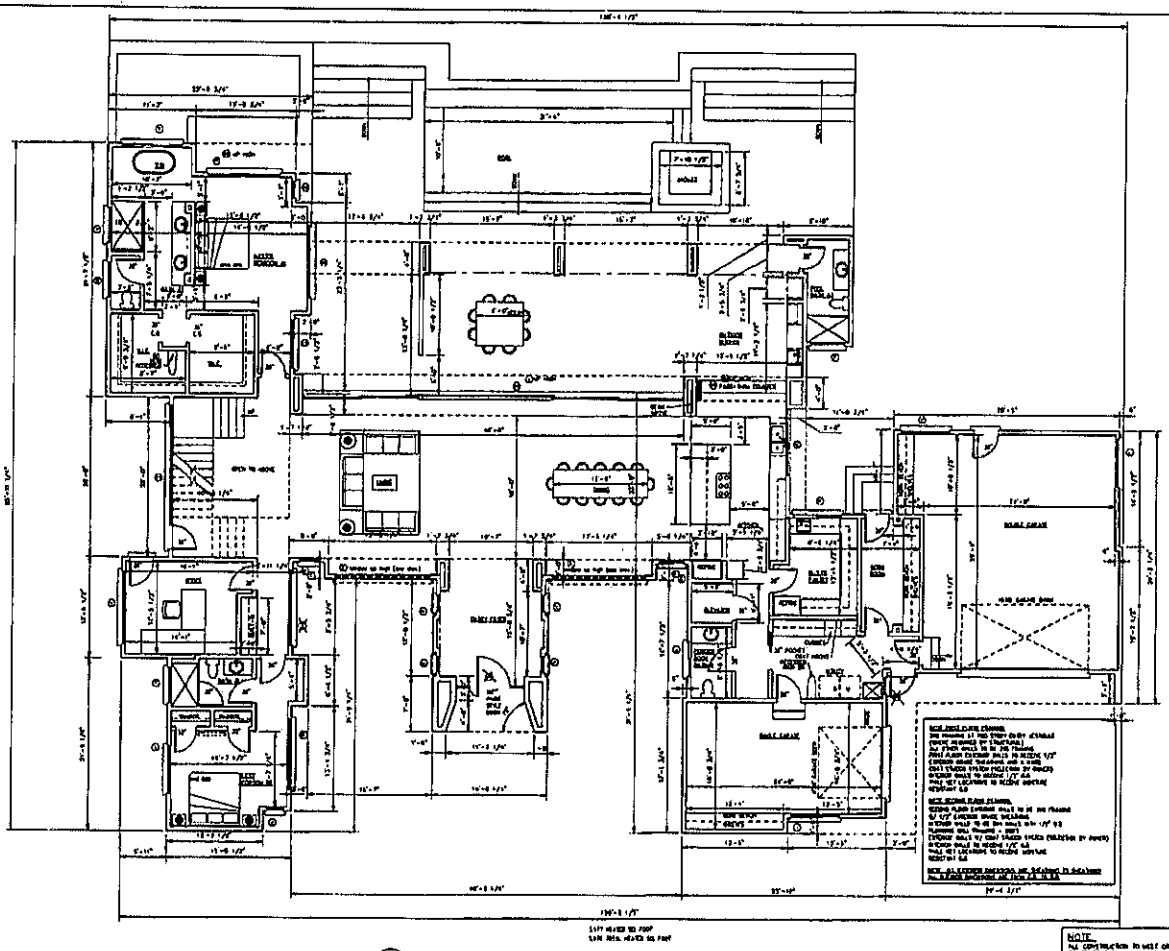
PROPOSED SECOND FLOOR PLAN

KEAREY RESIDENCE
148 OLD ARBORWAY
MOORESVILLE, NC

A1.2

COPYRIGHT RESERVED

NOTE
ALL CONSTRUCTION TO MEET OR EXCEED LOCAL JURISDICTION CONTRACTOR TO COORDINATE SITE PLAN WITH SURVEY AND SUBDIVISION RESTRICTIONS



1 PROPOSED FIRST FLOOR PLAN
A1.1 SCALE: 3/16" = 1'-0"

KEY NOTE LEGEND

NO.	DATE	REVISIONS DESCRIPTION

DRAWN BY: SUSAN ROATH
7-21-2020

SHEET NOTES

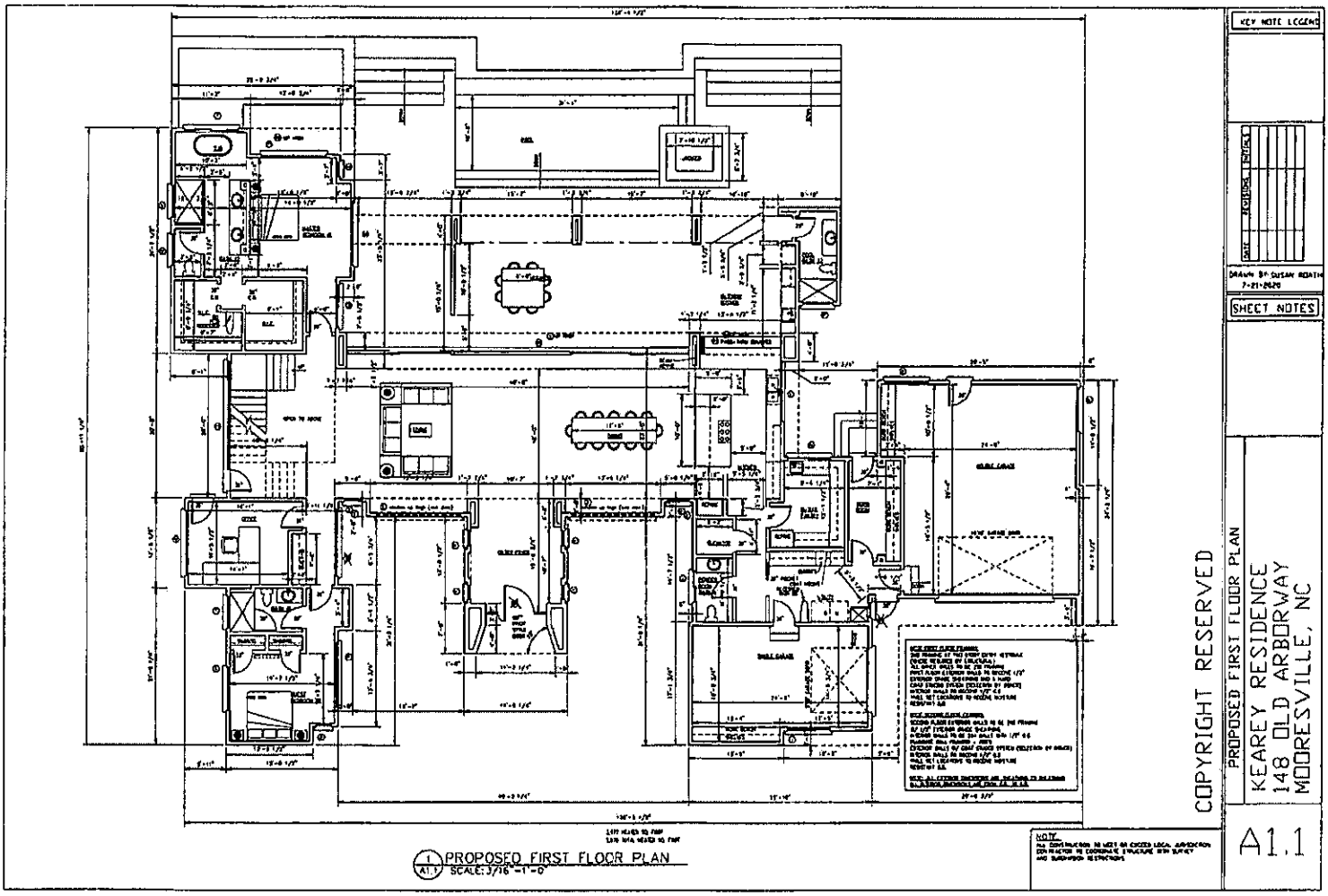
PROPOSED FIRST FLOOR PLAN

KEAREY RESIDENCE
148 OLD ARBORWAY
MOORESVILLE, NC

A1.1

COPYRIGHT RESERVED

NOTE:
ALL CONSTRUCTION TO MEET OR EXCEED LOCAL JURISDICTION
CONTRACTOR TO COORDINATE STRUCTURE WITH SURVEY
AND SUBSURFACE INTERACTIONS



1 A1.1 PROPOSED FIRST FLOOR PLAN
SCALE: 3/16" = 1'-0"

KEY NOTE LEGEND

DRAWN BY: SUSAN BOATH
7-21-2020

SHEET NOTES

COPYRIGHT RESERVED

PROPOSED FIRST FLOOR PLAN

KEAREY RESIDENCE
148 OLD ARBORWAY
MOORESVILLE, NC

A1.1

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

APPLICATION NUMBER
309393 Issue Date: 07/24/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4625084882.000	148 OLD ARBORWAY RD	Iredell County

Owner Information	Applicant Information
Name: KEAREY JOHN C+MARTHA M	Name: KEAREY BUILDERS INC
Address:	Address: 2915 Charlotte Hwy, Kearey Builders
	Mooresville, NC 28117
Phone:	Phone: (980)444-6510

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD Please see attached zoning disclaimer. The rear and sides are uniquely placed.

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: 07/24/2020

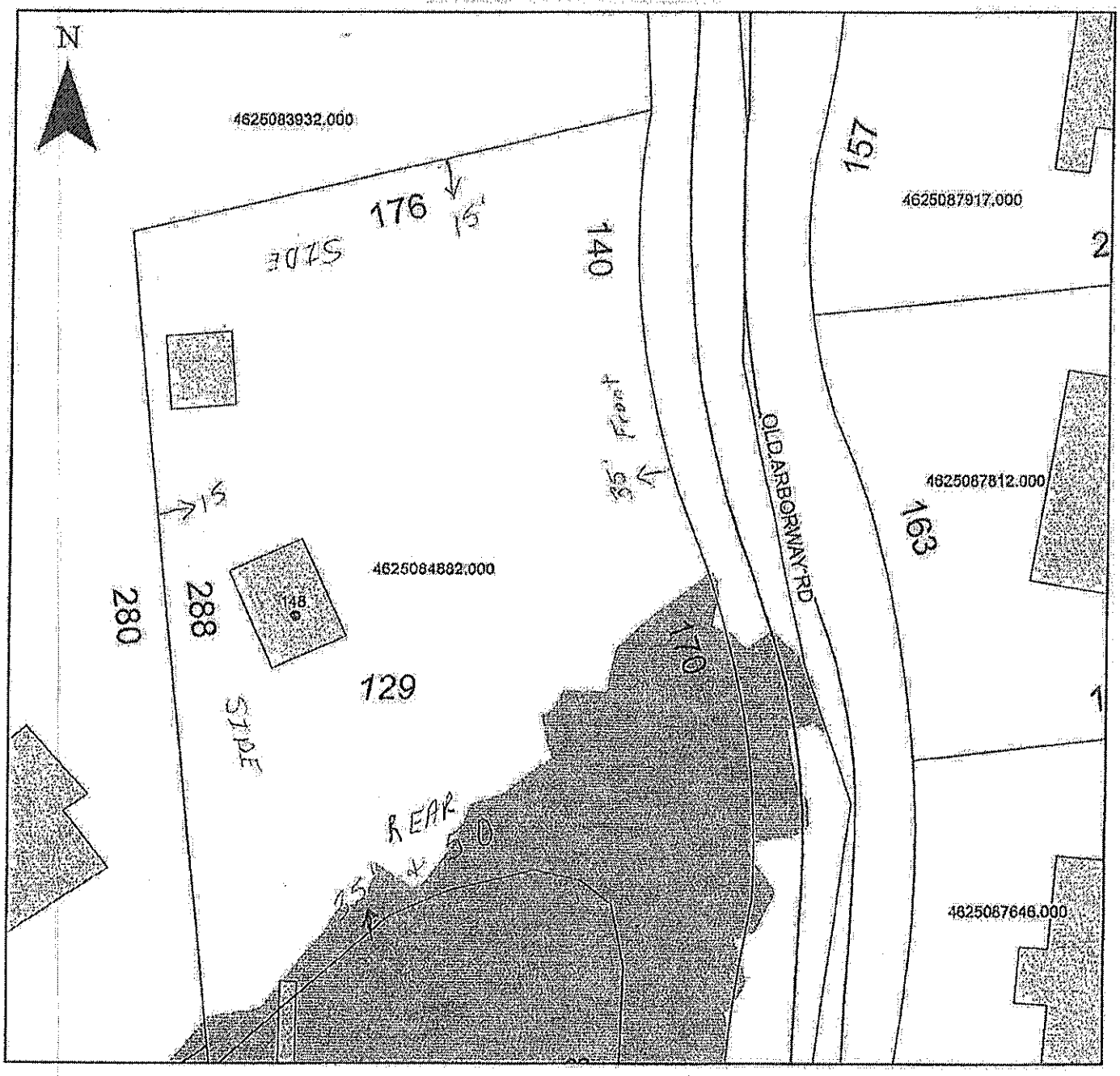
Signature of Owner/Contractor

Permit Number	309393	TOTAL FEES:	$77.25

1.2 ac
R-20
WS IV CA C/W
FL-Y

* Please sign & date this one at bottom. * See Attached Revised Zoning Approval By W. Allison 7-16-20

ZONING DISCLAIMER



Property Address 148 Old Arborway 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.

Marshall Keasey
Applicant

7/24/20
Date