IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 221791

PIN # 4629694423

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

APPLICANT/OWNER: Home Building Inc APPLICANT ADDRESS: 229 Cedar Lake Dr. Statesville, NC 28625

SITE ADDRESS: 149 Deer Run Dr Troutman NC 28166 PHONE: ALT. PHONE 704 878-2224

SITE DIRECTIONS: State Park Rd TL Wildlife Rd TR Wildlife Bay TL Deer Run

SUBDIVISION: Wildlife Bay SECTION: - LOT # 10 LOT AREA: 1.58 Ac. R SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 180 gpd L.T.A.R.: 325 I / .3 R

Septic Tank 1000 (gal) STB 786 Date 10-1-16

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 7 Linear Ft 250

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity – PPBPS

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Note: Septic tank (ST) must be lower than basement drain. Must stay at least 10ft down gradient of basement drain.
* Install drainlines 8ft on Center.
Keep drainfield at least 15ft sidegradient & 25ft upgradient of drain at road.
** Very tight site!

INITIAL SITE SKETCH

Scale 1:50

Use flowdividers or "T" to split flow btw 25' lines

Dist box 5 hole PL 241

10' ST

25'

10'

25'

50'

House

50'

Screened Porch

Filled Berm

Septic Repair Area

Driveway

PL 116'

PL 108'

PL 228'

Deer Run

AS BUILT SKETCH

Note: Flow dividers ~2ft above 4th line & 6th line.

Installed as Drawn

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: Caitlyn Howe Date: ____

IMPROVEMENT PERMIT by: Maria Dolson RS Date: 8/24/17

AUTHORIZATION TO CONSTRUCT by: Maria Dolson RS Date: 8/24/17

Installed by: Adan Garcia

OPERATION PERMIT by: Maria Dolson Date: 9/20/17

Existing System Inspected by: ____ Date: ____

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22147

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

PIN # 4629694423

APPLICANT/OWNER: Home Building Inc. APPLICANT ADDRESS: 229 Cedar Lake Dr. Statesville, NC 28625

SITE ADDRESS: 149 Deer Run Dr Troutman, NC 28166 PHONE: ALT. PHONE 704 878-2224

SITE DIRECTIONS: State Park Rd TL Wildlife Rd TR Wildlife Bay TL Deer Run on left

SUBDIVISION: Wildlife Bay SECTION: LOT # 10 LOT AREA: 1.58 Ac SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 480 gpd L.T.A.R.: 325I / .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft 250

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - PPBPS

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

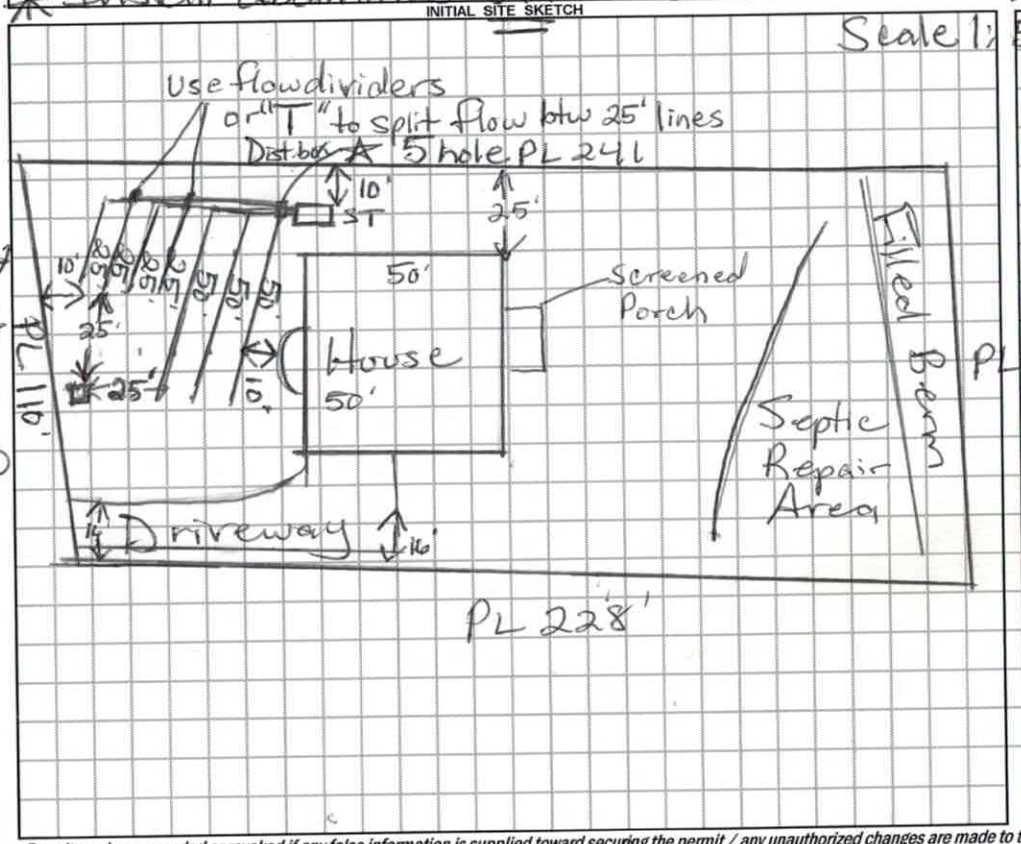
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Note: Septic tank (ST) must be lower than basement drain. Must stay at least 10ft downgradient of basement drain.
* Install drainlines 8ft on center.
Keep drainfield at least 15ft sidegradient & 25ft upgradient of drain at road.
** Very tight site!

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: Carolyn Howe Date:

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 8/24/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 8/24/17

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Home Building Inc
ADDRESS:
PROPOSED FACILITY:
LOCATION OF SITE: Wildlife Bay #10

APPLICATION DATE
DATE EVALUATED: 11/7/16
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
PROPERTY RECORDED:

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	AH	0-6	Brw SCL	wSBK	SS, SP, SExP				PS .34
		6-36	Rd/Brw to Brw	C/CL	SS, SP	SExP, FR			
		36-48	L SAP	massive					
2	Pit 1	0-7"	Brw SCL	wSBK	SS, SP, SExP				PS .350 @ 32"
		7-17"	Rd/Brw	C SBK	SS, SP, SExP				
		17-32"	Rd/Brw CL	wSBK					
		32-60"	L SAP	massive					
1	Pit 2	0-6	Brw SCL/CL						PS .325
		6-60	Rd/Brw C	wSBK SS, SP, SExP, FR					
			Moist						
4	Pit 3	0-12"	Rd/Brw	BABK					PS .35 @ 34"
		12"-34"	Rd/Brw CL	w/Indus of SAP					
		34"-66"	L SAP	massive					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red	50% Red
Site LTAR	.325	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Ben Botkins

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 145401
COUNTY: Pitt
4629694493

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Apt 4A

OWNER: JEFFANTSTY KERR
ADDRESS: 115 Hawk Lane Tarboro NC 27886
PROPOSED FACILITY: 4BR 1BA
LOCATION OF SITE: Willy Ide Rd
APPLICATION DATE: 9/14/17
DATE EVALUATED: 10/3/17
PROPERTY SIZE: .5a
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Tarboro DH
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Rep L	0-6	scl wk gr	fr ns sp mp		48"			PS 1.3
		6-36	c mod sbk	fr ss sp sp					
		36-48	cl wk sbk	fr ss sp sp					
			sap inclusions	<50% 36-48					
2	Rep L	0-6	scl wk gr	fr ns sp mp		48"			PS .3
		6-36	c mod sbk	fr ss sp sp					
		36-48	cl wk sbk	fr ss sp sp					
3	Rep L	0-6	scl wk gr	fr ns sp mp		48"			PS 1.3
		6-34	c mod sbk	fr ss sp sp					
		34-48	cl wk sbk	fr ss sp sp					
			sap inclusions	<50%					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)	Yes	Yes
Type(s)	Pump 50	LP 50%
	1.3	1.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): L. Clay
EVALUATED BY: J. Howe
OTHER(S) PRESENT:

RECEIVED AUG 1 - 2017

Please CALL prior to inspection

Name: Jeff Horne

Number: 704-902-0399

EALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

VILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR
D. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION
BMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED
ITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $320.00

#221791

PLICATION FOR: ___Improvement Permit ___Authorization To Construct ___Existing System Inspection

****

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Horne Building Inc.	229 Cedar Lake Dr Statesville NC		704-902-0399
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jeff + Misty Kerr	186 Autumn Frost Statesville NC		704-224-3039

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
149 Deer Run Troutman NC	Wildlife Bay	10

Driving Directions: Perth Rd - R- State Park Rd - L - Wildlife Rd - R- into development - L on Deer Run - House about 1/4 mi on left

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** Carolyn Horne — 8/1/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

7/13/17 (Date)

Owner: Home Building Inc.
Address: 229 Cedar Lake Dr
Statesville, NC 28625

Subject: Notice of Intent to Revoke/Suspend Wildlife Bay Lot #10
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Mr. Home:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 149 Deer Run Dr (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 3 Gravity Panel Bl (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
House footprint increased	15A NCAC 18A. 1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 7/13/17. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22191

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

PIN # 4629694423

APPLICANT/OWNER: Horne Building Inc. APPLICANT ADDRESS: 229 Cedar Lake Dr Statesville NC 28625

SITE ADDRESS: 149 Deer Run Dr Troutman NC 28166 PHONE: ALT. PHONE 704 878-2224

SITE DIRECTIONS: State Park Rd TL Wildlife Rd TR Wildlife Bay TL Deer Run on

SUBDIVISION: Wildlife Bay SECTION: LOT # 10 LOT AREA: .58Ac. left

SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 480 gpd L.T.A.R.: .325I/.3R

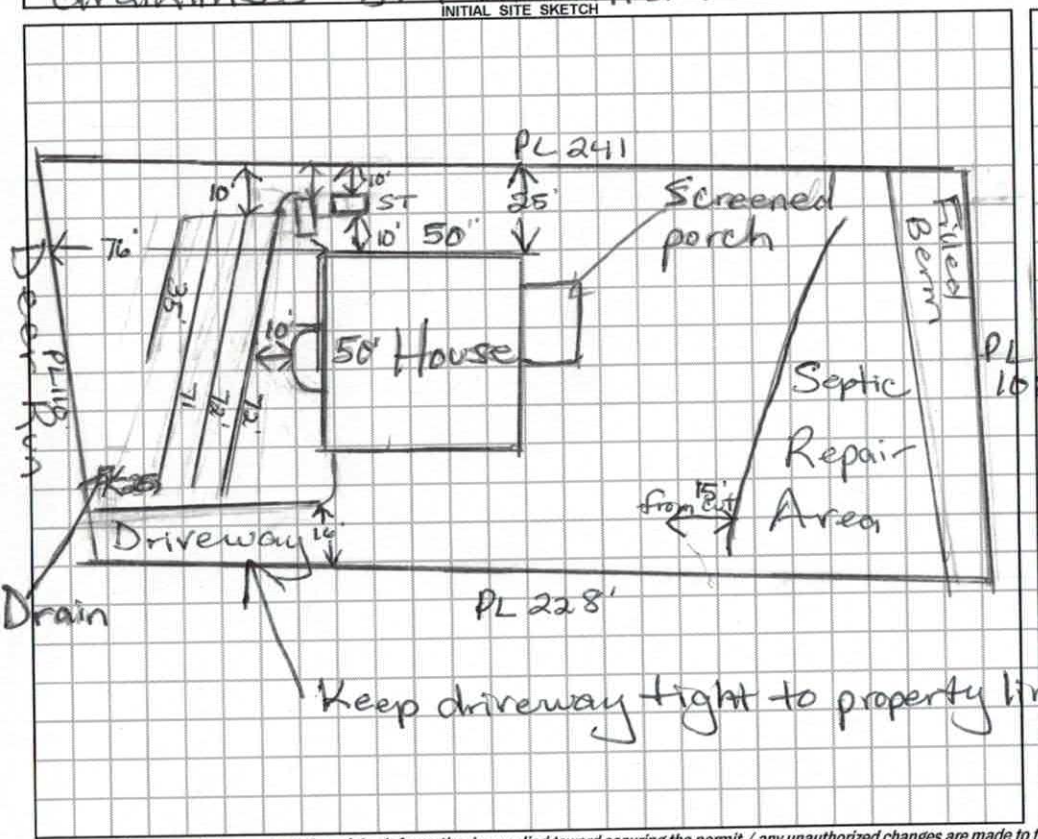
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	Pump-LP-Panel Block			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	Pump-LP-Panel Block			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 250'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Note: Septic tank(ST) must be lower than basement drain. Must stay at least 10' downgradient of basement drain. Install drainlines 8ft on center.

Keep drainfield at least 15ft side gradient & 25ft upgradient of drain at road.
* Use 3/16" hole on upper 3 lines and 5/32" hole on lowest (35ft) line.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Revoked

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: Date:

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/13/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/13/17

Installed by: Date:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221791

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

PIN # 4629694423

APPLICANT: Home Building Inc APPLICANT ADDRESS: 229 Cedar Lake Dr. Statesville NC 28625

SITE ADDRESS: 149 Deer Run Dr Troutman NC 28166 PHONE: ALT. PHONE: 704 878-2224

SITE DIRECTIONS: State Park Rd TL Wildlife Rd TR Wildlife Bay TL Deer Run on left

SUBDIVISION: Wildlife Bay SECTION: LOT # 10 LOT AREA: 1.58 DESIGN FLOW: 480gpd L.T.A.R.: .325I / .3R

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 250+
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - Panel Blk
Repair System Description: Pump-25-50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

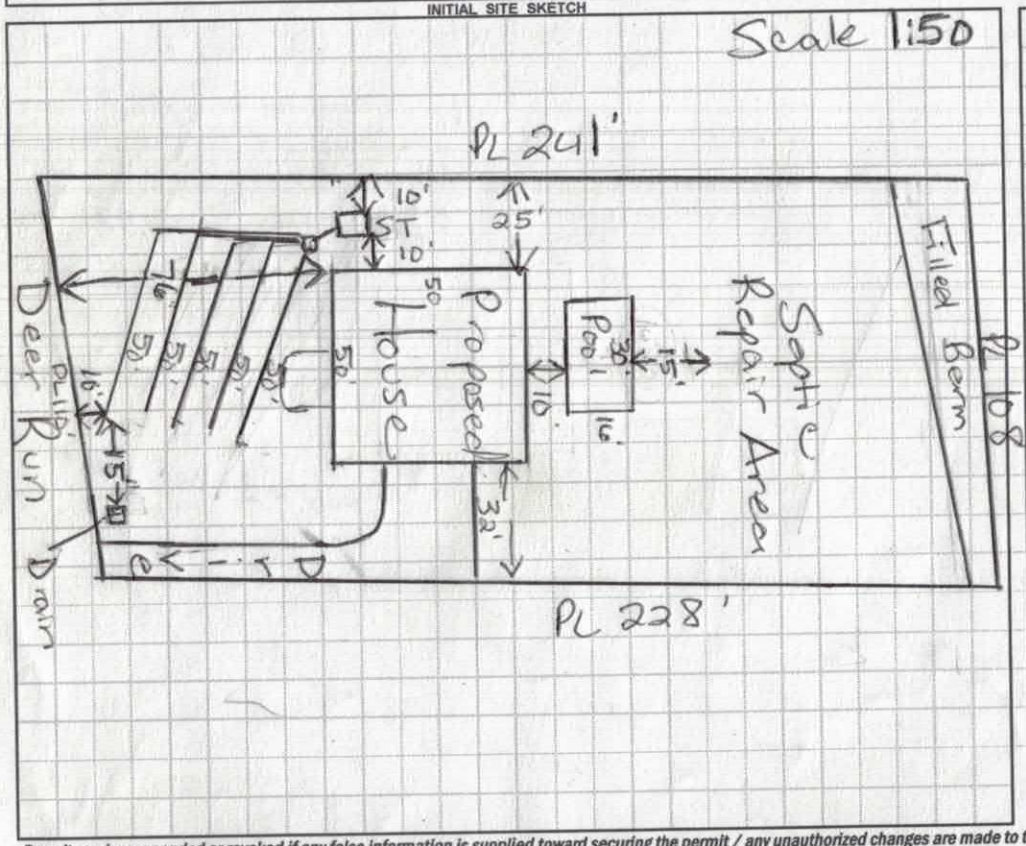
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Note: Septic tank (ST) must be lower than basement drain

Note: Keep Drainfield tight to house but At least 10ft away from basement drain. Install drainlines 5ft on center.

INITIAL SITE SKETCH



AS BUILT SKETCH

Revoked

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: Carolyn Howe Date: 11/18/16 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 11/14/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/15/16 Existing System Inspected by: Date:

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

9L

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 COMPUTER SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Horne Building Inc.	229 Cedar Lake Dr Statesville NC	704-878-2224	704-902-0399
Owner Name	**Mailing Address**	**~~Home~~ Phone #**	**Alternate Phone #**
Jeff + Misty Kerr	186 Autumn Frost Dr Troutman NC	704-224-3039	704-293-3109

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
149 Deer Run Dr Troutman NC	Wildlife Bay	# 10

Driving Directions: State Park Rd. Left on Wildlife Rd. Rt. Wildlife Bay 1st Left Deer Run lot on left

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** Carolyn B Horne — 9-23-16
   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

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.

I, Jeffrey Kerr Misty Kerr, am the legal owner(s) of the property located at 149 Deer Run Troutman NC, identified as PIN (Parcel Identification Number) 4629694423,000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jeff + Carolyn Horne Horne Building Inc., 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.

Signature of Owner(s)	9.25.16 Date	Signature of Witness	9.25.16 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

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

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

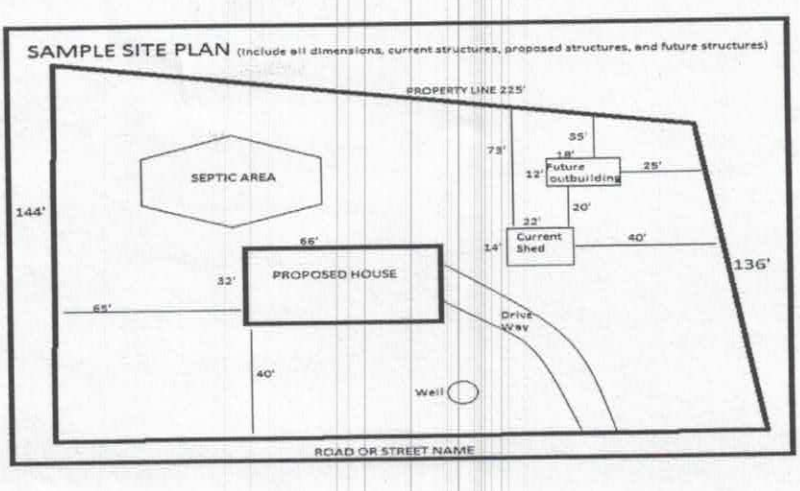
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



See Attached

USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Carolyn Howe

REQUIRED **property owner or owner's legal representative signature.**

8-1-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22179-16

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

PIN # 4679694423

APPLICANT: Horne Building Inc. APPLICANT ADDRESS: 229 Cedar Lake Dr. Statesville NC 28625

SITE ADDRESS: 149 Deer Run Dr Troutman NC 28166 PHONE: ALT. PHONE: 704 878-2204

SITE DIRECTIONS: State Park Rd TL Wildlife Rd TR Wildlife Bay TL Deer Run on left

SUBDIVISION: Wildlife Bay SECTION: LOT # 10 LOT AREA: 1.58 DESIGN FLOW: 480gpd L.T.A.R.: .325T

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 250

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - Panel #1

Repair System Description: Pump 25-50% Reserve

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space

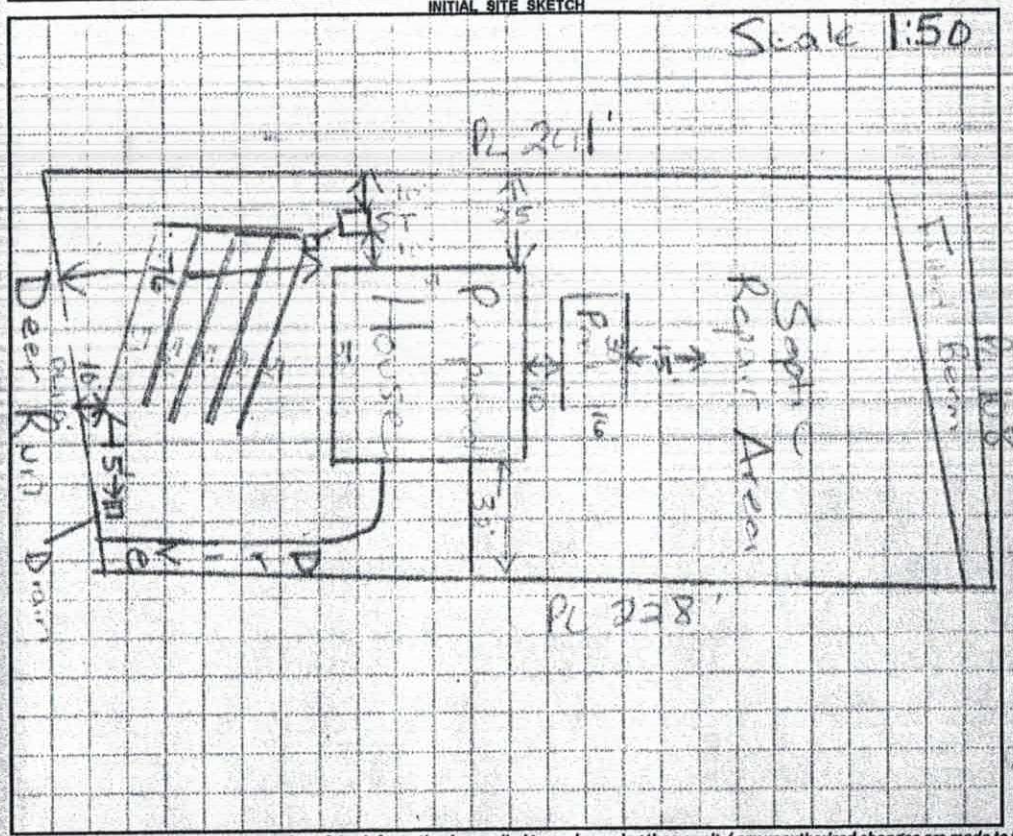
Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: Note. Septic tank (ST) must be lower than basement drain

Note: Keep Drainfield 1 light to house but At least 10ft away from basement drain. Install drainlines 8ft on Center.

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: Carolyn Horne Date: 11/15/16 Installed by:

IMPROVEMENT PERMIT by: Maria H. Dolan RS Date: 11/14/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria H. Dolan Date: 11/15/16 Existing System Inspected by: Date:

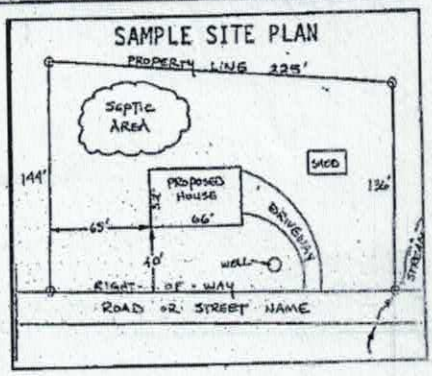
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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:

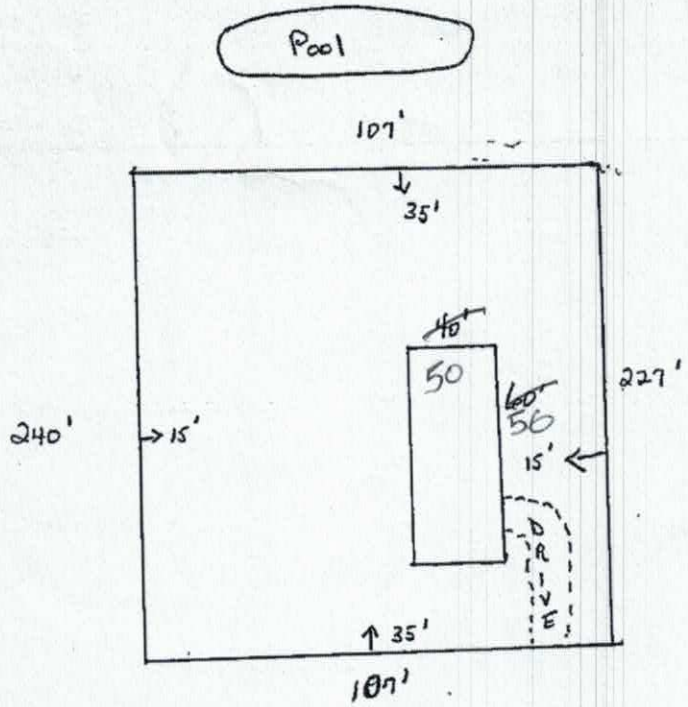
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

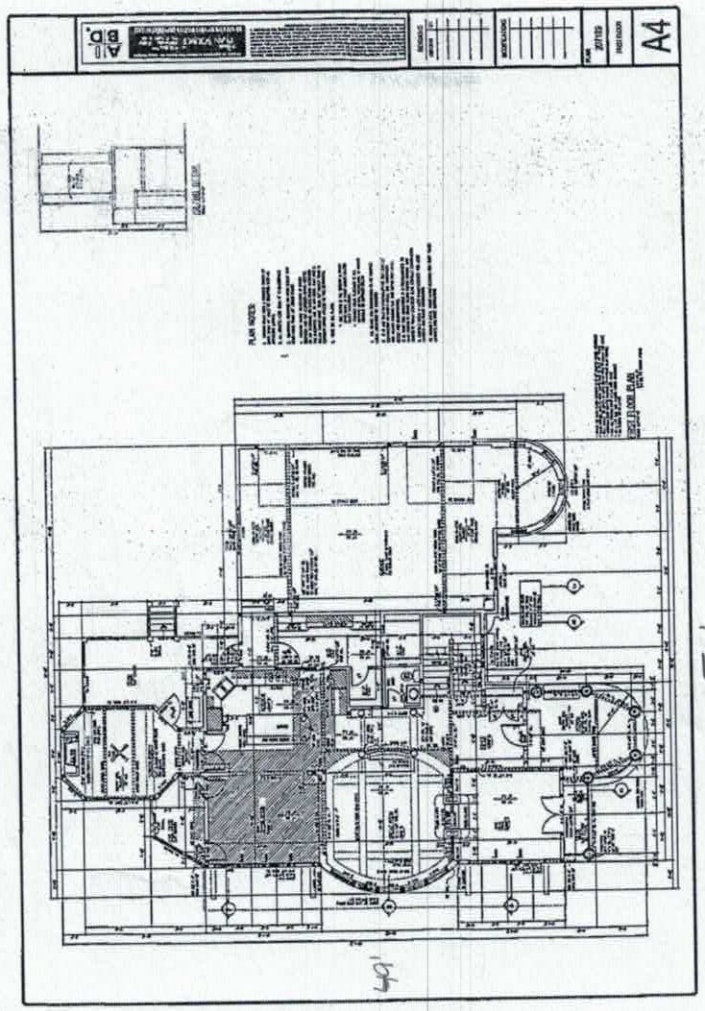
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Carolyn P Stone
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-23-16
DATE

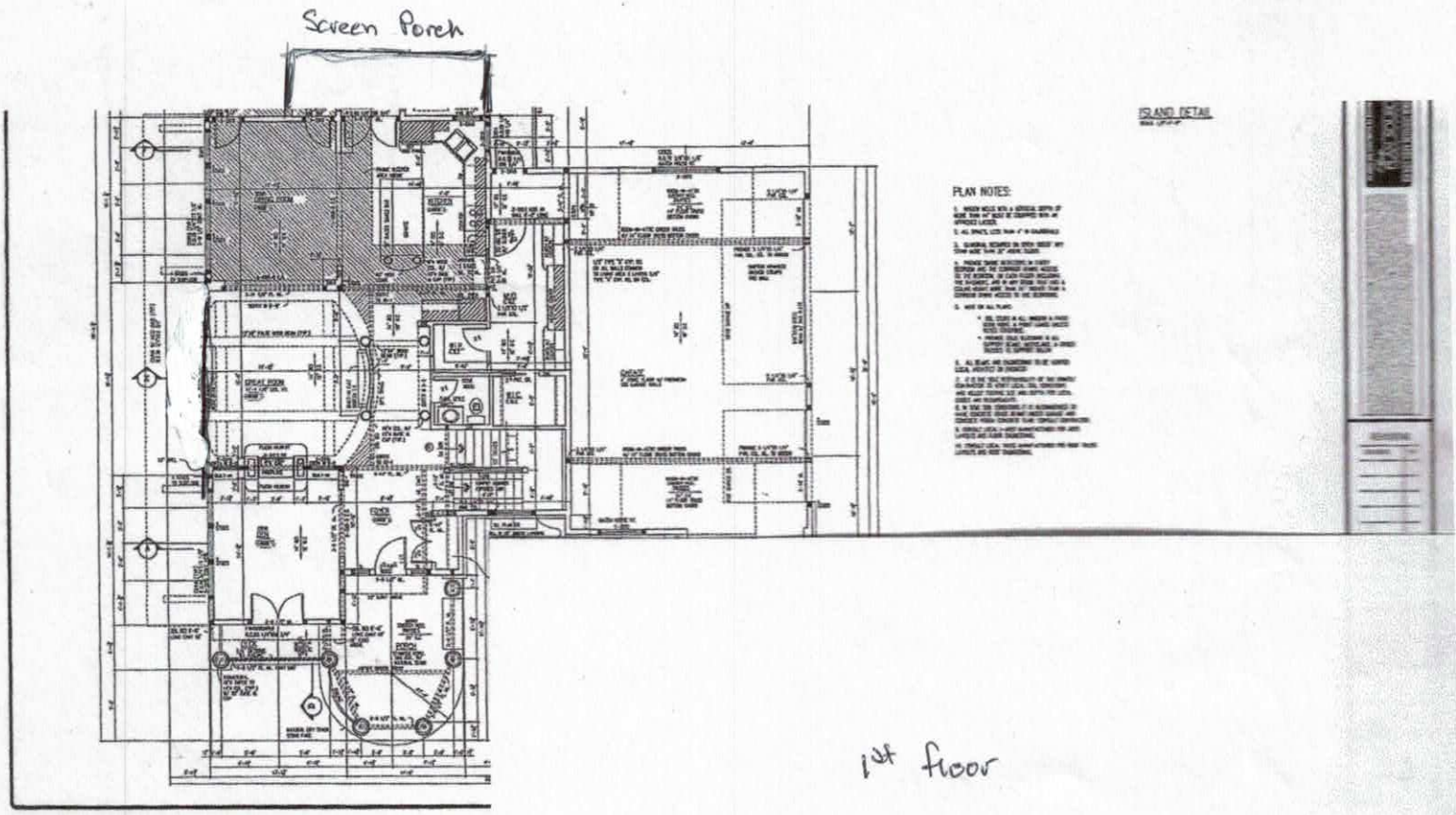


Acknowledgement Of
Plan Submittal ONLY!
Maria Nelson 11/15/16
Carolyn Horne Date

Acknowledgement of
Plans Submittal ONLY!

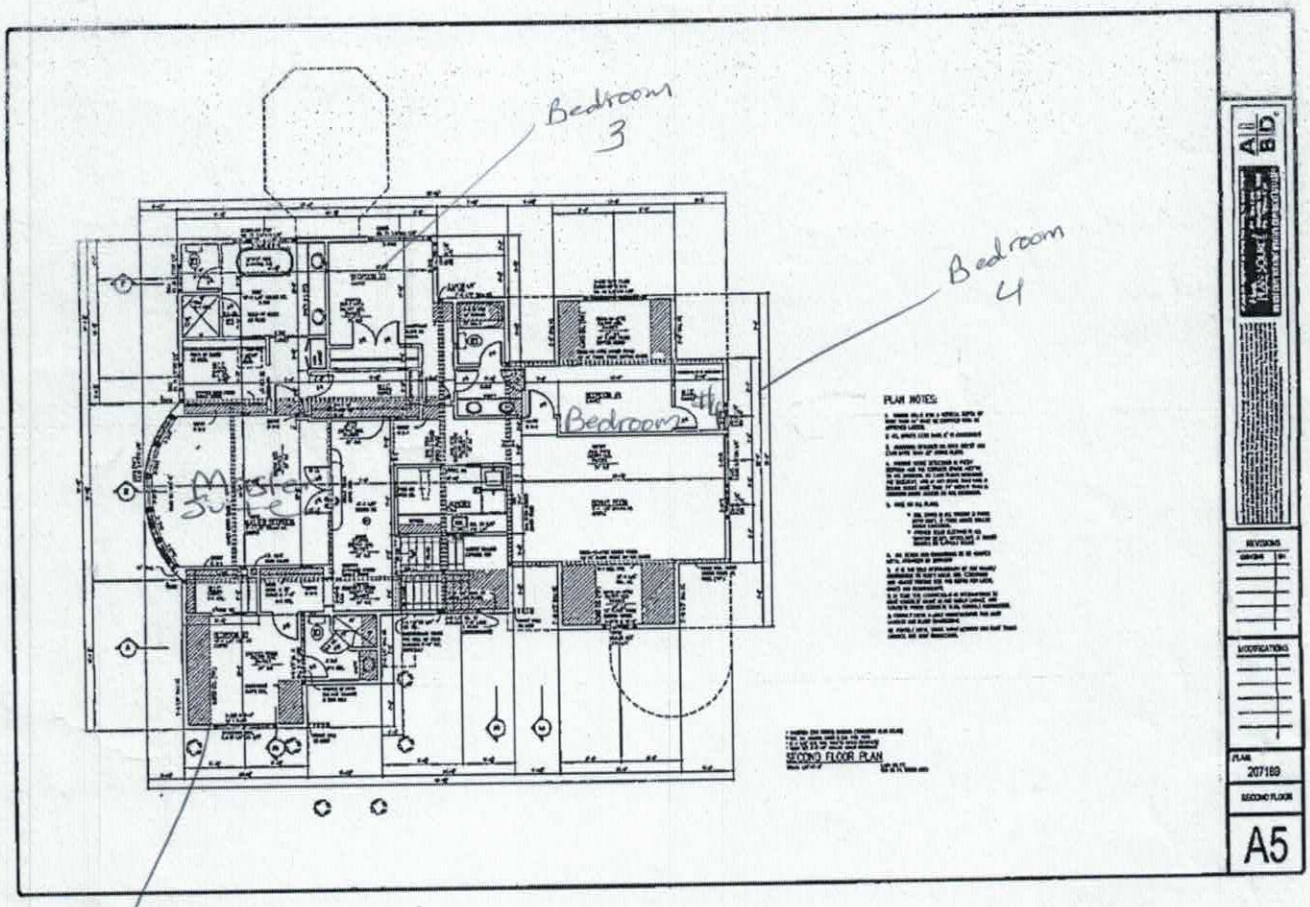
Carolyn Weaver Date _____

_____ Date _____

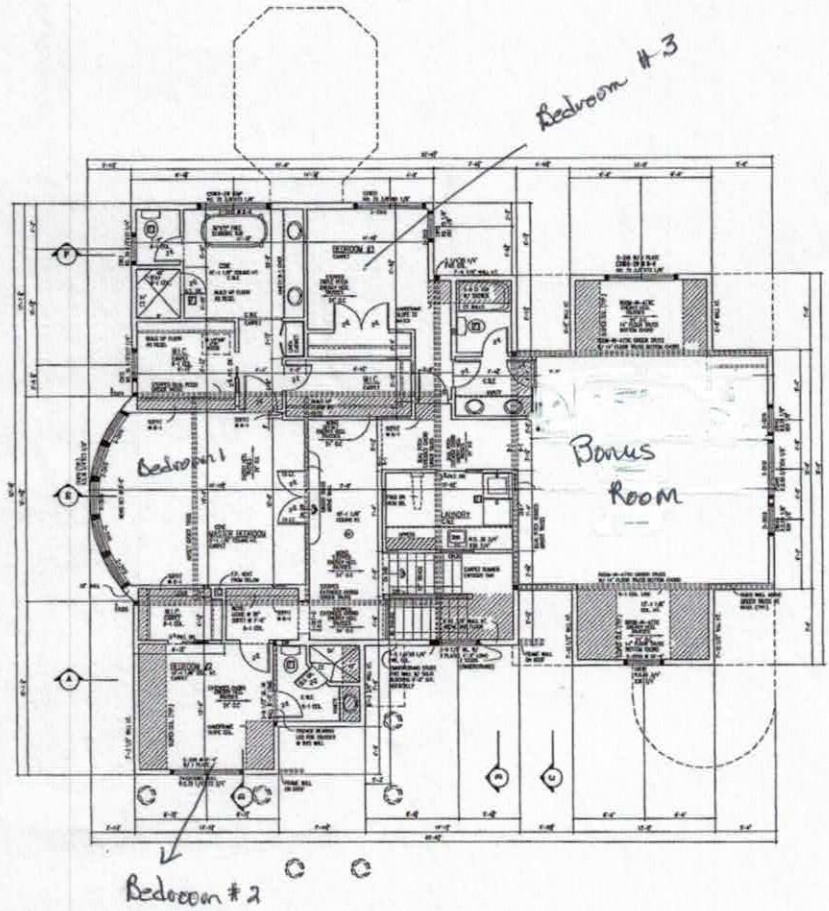


1st floor

Acknowledgement Of
Plan Submittal ONLY!
Marian Dolson 11/15/16
Carolyn Hamm Date 11-18-16



2nd Story plan



PLAN NOTES:

SECOND FLOOR PLAN

PLAN SOURCE

REVISIONS

MODIFICATIONS

PLAN: 207189

SECOND FLOOR

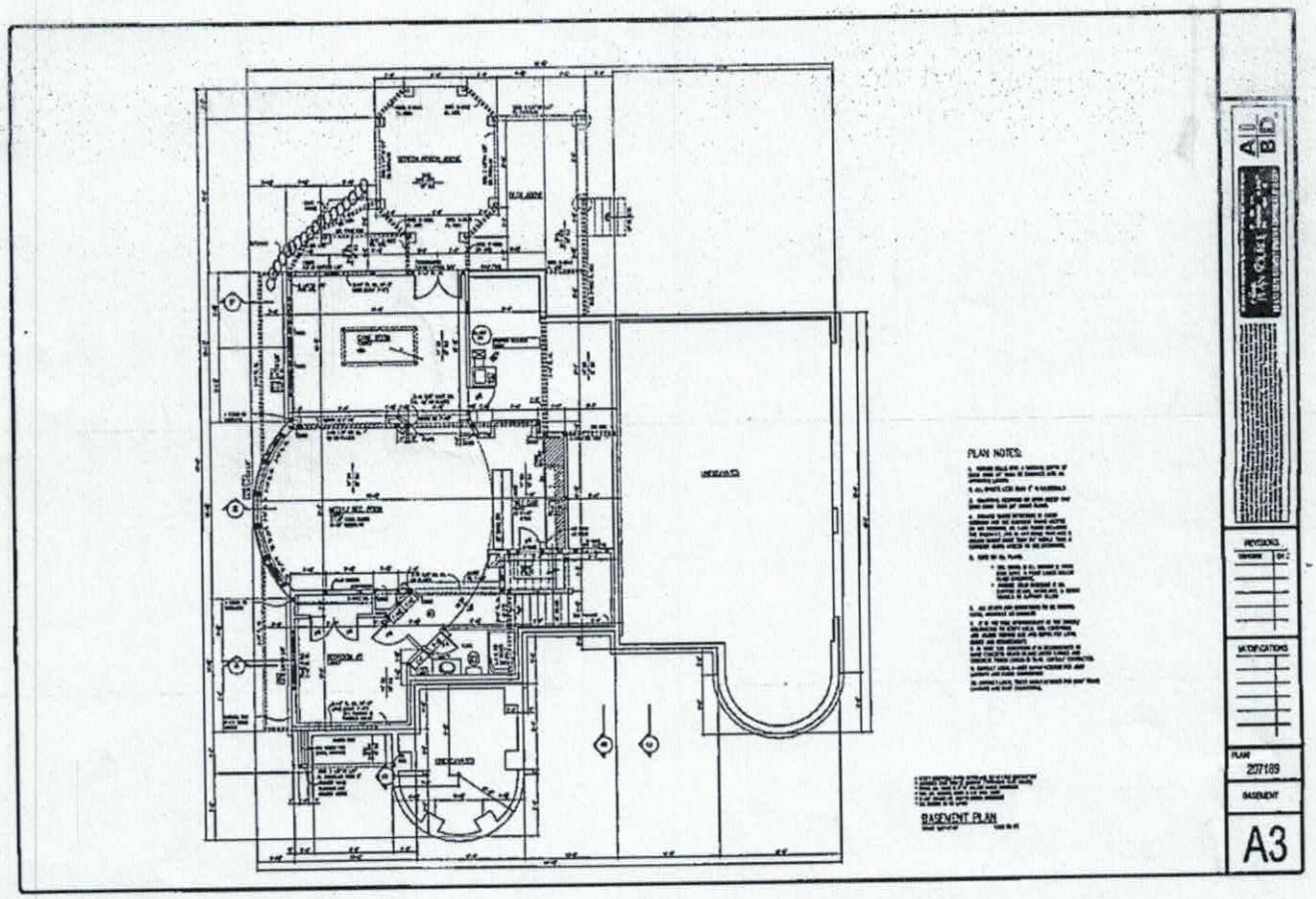
A5

2nd Story plan

4th Bedroom unfinished basement

Acknowledgement Of
Plans Submitted ONLY!
Maura Dolson 11/15/16
Date

Need better copy.



Basement unfinished

IREDELL COUNTY

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

APPLICATION NUMBER
221791
Issue Date: 09/23/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629694423.000	149 DEER RUN DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KERR JEFFREY LEONARD+MISTY HOM E Address: 194 ASHMORE CIRCLE TROUTMAN, NC 28166 Phone:	Applicant: HORNE BUILDING INC Address: 229 CEDAR LAKE DRIVE STATESVILLE, NC 28625 Phone: 704-878-2224

Use Requested	Zone Code
SFD REPLACING PERMIT 145401	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.580	35.00	35.00	15.00	15.00	CACL	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	81371	TOTAL FEES:	$ 77.25