CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-307055

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

PIN # 4701 -- 94 -- 3422

APPLICANT/OWNER: GRANITE HOMES OF N.C., LLC. APPLICANT ADDRESS: 3632 FRIEDBERG CHURCH ROAD, WINSTON SALEM, N.C. 27127

SITE ADDRESS: 2614 BUFFALO SHOALS ROAD, STATESVILLE, N.C. 28677 PHONE: 336-749-7487 ALT. PHONE ~~336-655-2072~~

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

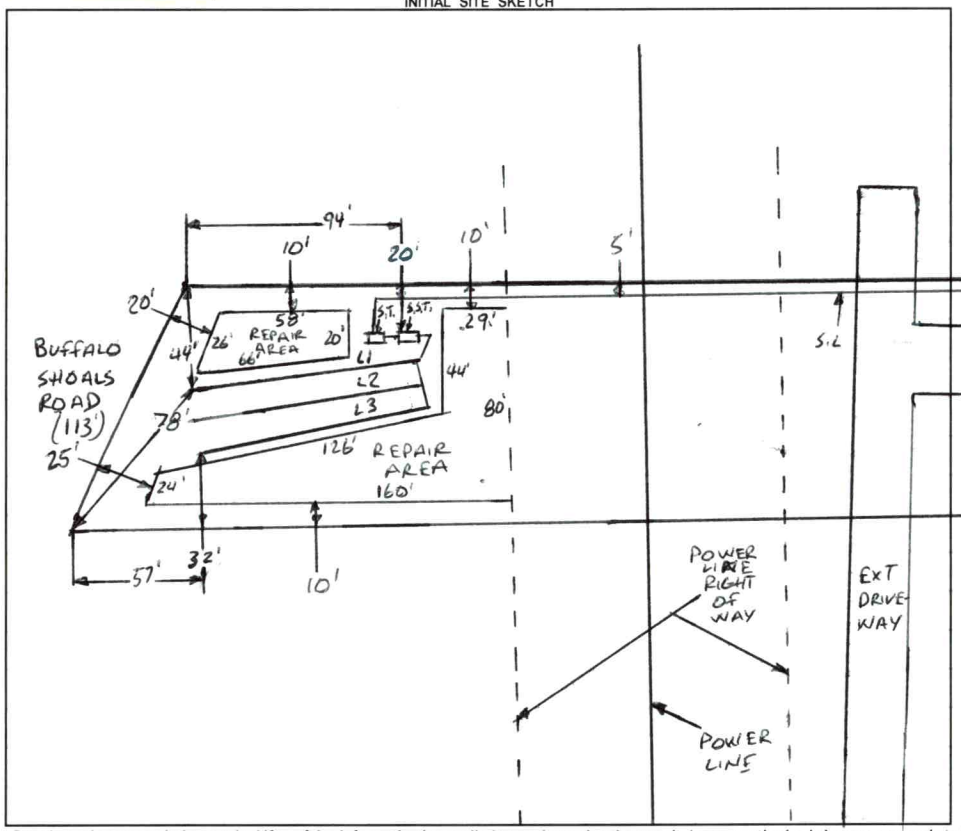
SUBDIVISION: OLD BRIDGE SECTION: – LOT # 2 LOT AREA: 1.45 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	2-27-23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
~~SEPTIC~~ Tank	1000 (gal)	PT	760	Date	3-21-23	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make	–	Model	–	Serial #	–	Repair System Description:	50% REDUCTION			☐ Other	No. Employees –
# Nitrification Fields	1	# Lines	3	Linear Ft	302 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE			☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS
UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX
TRENCH DEPTH, WHOLE HOUSE GRINDER PUMP TO BE USED

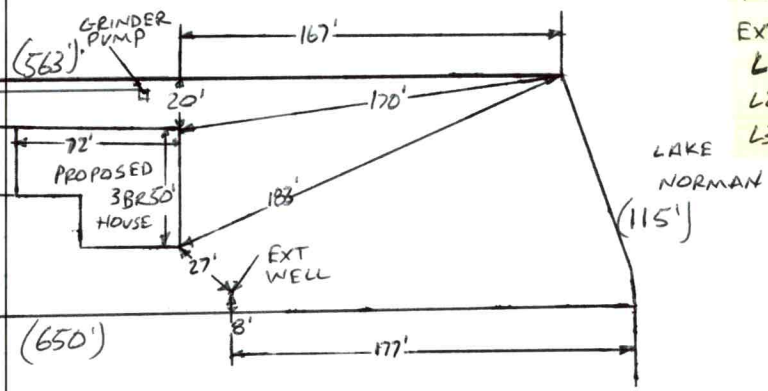
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 80 FT
S.T. = SEPTIC TANK
S.S.T. = SETTLING SEPTIC TANK
EXT = EXISTING
L1 = 102 FT
L2 = 102 FT
L3 = 98 FT



Installed as shown

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**

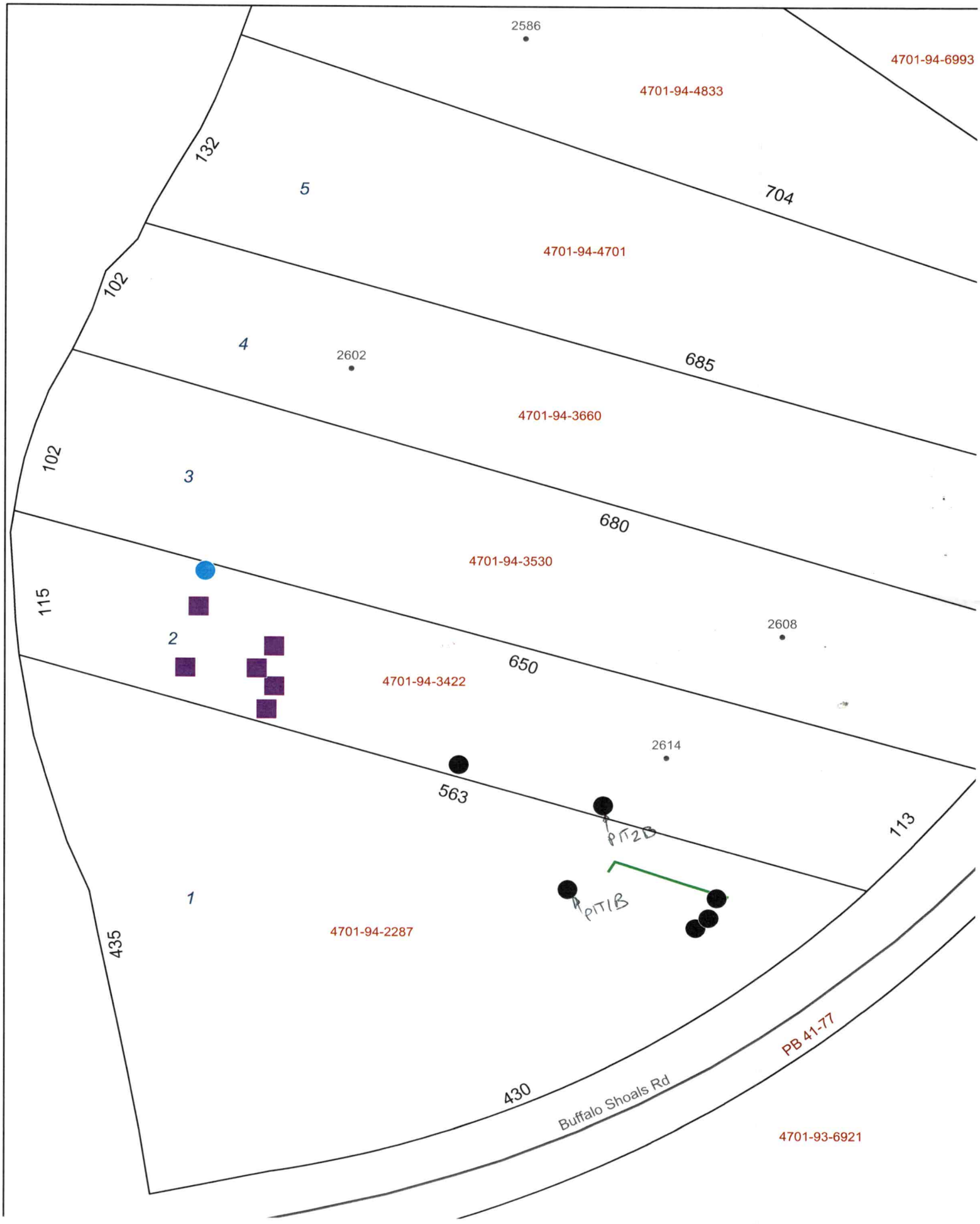
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Ray Pell Date: 7-21-22 Installed by: McMahan

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-8-2022 OPERATION PERMIT by: Sydney Howard Date: 5/1/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-8-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


2586
4701-94-6993
4701-94-4833
132
5
704
4701-94-4701
102
4
2602
685
4701-94-3660
102
3
680
4701-94-3530
115
2608
2
650
4701-94-3422
2614
563
PIT2B
113
PIT1B
1
4701-94-2287
435
430
Buffalo Shoals Rd
PB 41-77
4701-93-6921

PIT1B	LINEAR SIDE 2%	PIT 1,2	0-9 9-48 48-56	SCL, SBK C, SBK CL, WSBK	FR, SS, SP, SEXP FR, S, P, SEXP FL, SS, SP, SEXP	SAP INC THRU OUT	56"	NA/NA	PS .3
PIT2B	LINEAR SIDE 3%	PIT 2.2	0-11 11-51 51-61	SCL, SBK C, SBK CL, WSBK	FR, SS, SP, SEXP FR, S, P, SEXP FL, SS, SP, SEXP	SAP INC THRU OUT	61"	NA NA	PS .3

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Brad Barker
APPLICATION DATE 4-27-20
ADDRESS: 3632 Friedberg Rd WS NC
DATE EVALUATED: 6-30-20
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE:
LOCATION OF SITE: 2614 Buffalo Shoals
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 2-3%	0-6 6-39 39-48	SBK SCL SBK C SBK CL	FI SS SP Semp	N/A	48+	N/A	N/A	PS .3
2	SS 2-3%	0-6 6-25 25-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3
3	SS 2-3%	0-6 6-40 40-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3
4	SS 2-3%	0-10 10-40 40-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25% Reduction	50% Reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bass
OTHER(S) PRESENT:

COMMENTS:

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107

All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108

Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: April 12, 2022 **PERMIT NO.:** 307055 (to be completed by DWQ/DPH)

A. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Granite Homes

Mailing Address: 1831 Friedberg Ch Rd

City: W-S State: NC Zip Code: 27127 County: Davidson

Day Tele No.: 336-749-7487 Cell No.: _____

EMAIL Address: _____ Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 2614 Buffalo Shoals Rd

County: Iredell

(2) Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: Mid State Well Drilling

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ____ Zip Code: ____ County: _____

Day Tele No.: _____ Cell No.: _____

EMAIL Address: _____ Fax No.: _____

D. **REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

Rear Porch footer corner 21' from well
Heated Area is 26' from well

E. **ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. **OTHER MINIMUM CONSTRUCTION REQUIREMENTS**

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. **SIGNATURES**

Signature of Person Responsible for Well Construction (typically the well driller)

Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

Signature of County Environmental Health Specialist

Print or Type Full Name of County Environmental Health Specialist

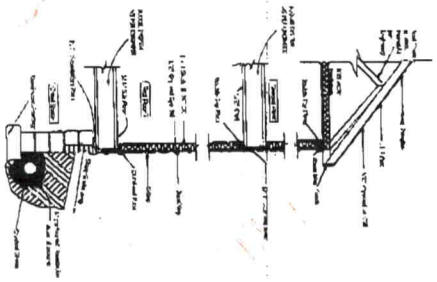
Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.

Acknowledgement Of Plans Submittal ONLY!

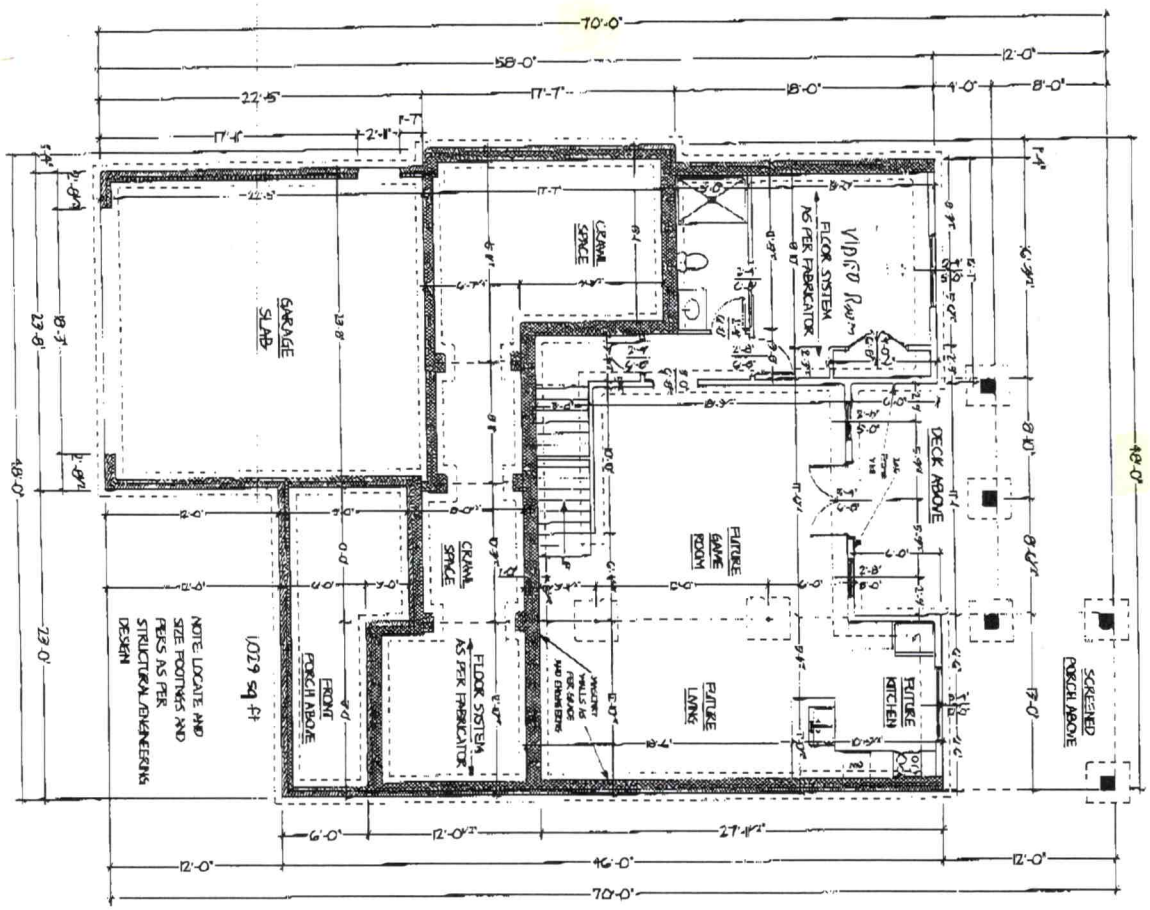
Bob Smith Date 4-7-22

Buyer Date 7-8-2022

(2/5) TYPICAL WALL SECTION
SCALE: 3/8" = 1'-0"



(1/5) FOUNDATION PLAN
SCALE: 1/4" = 1'-0"



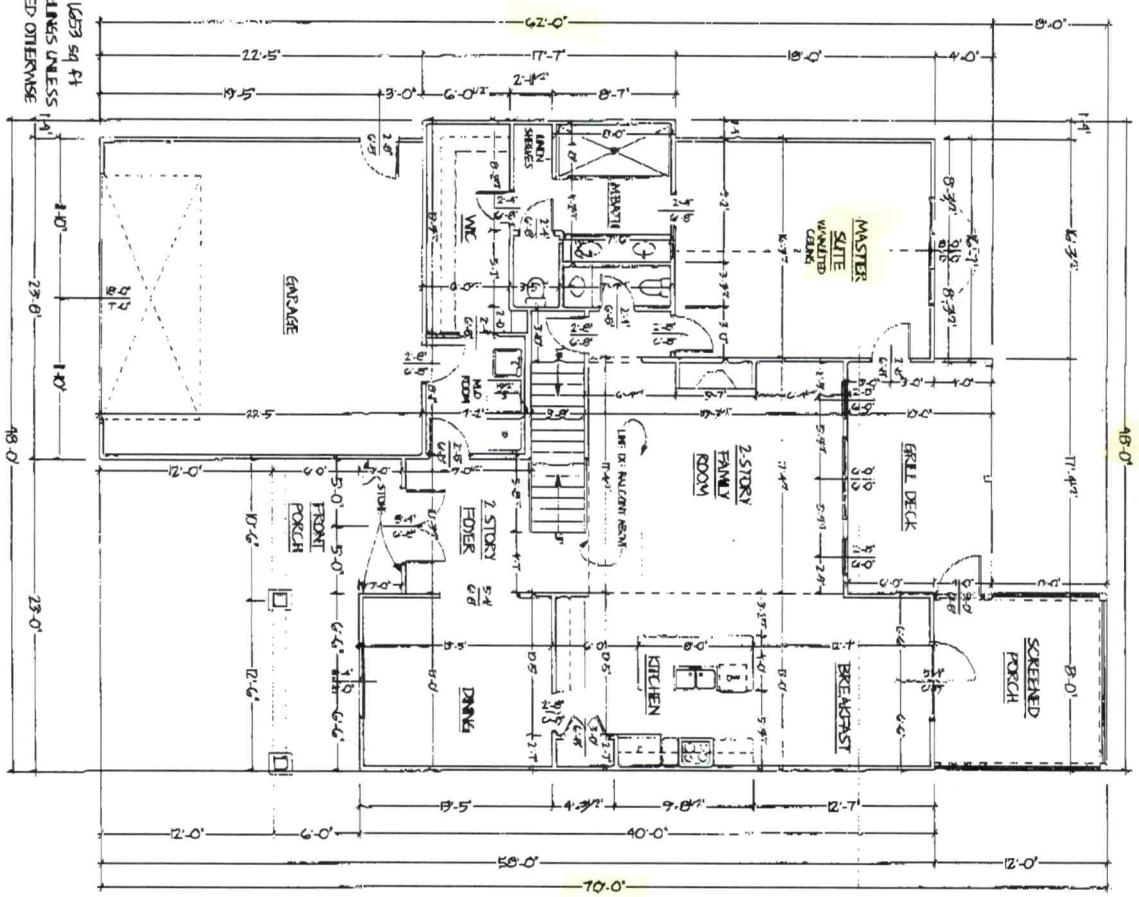
BUILDER	RICHARD SMITH
	THE BOYD RESIDENCE
JOB # 6631	
DATE: 12.20.21	
REVISIONS:	10.29.21 11.17.21 11.30.21 12.3.21 12.6.21 12.7.21 12.9.21 12.10.21 12.17.21
DRAWN BY:	Sharron Williams sharronlwilliams@triad.rr.com 336-682-8278
SHEET	5

Please be assured that we have made every effort to provide accuracy and clarity of detailing in developing this building plan. Our service is drafting your design. It is wise to carefully review these plans before construction.
The Builder is responsible for all details and dimensions and must ensure that these plans meet Building Code.

Acknowledgement Of Plans Submittal ONLY!

_____ Date _____

_____ Date _____



1/3 FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

1653 sq ft

9' CEILINGS UNLESS NOTED OTHERWISE

SQUARE FOOTAGE

FIRST FLOOR-	1,653
SECOND FLOOR-	957
TOTAL HEATED-	2,610
FUTURE BASEMENT-	1,029

Acknowledgement Of Plans Submittal ONLY!

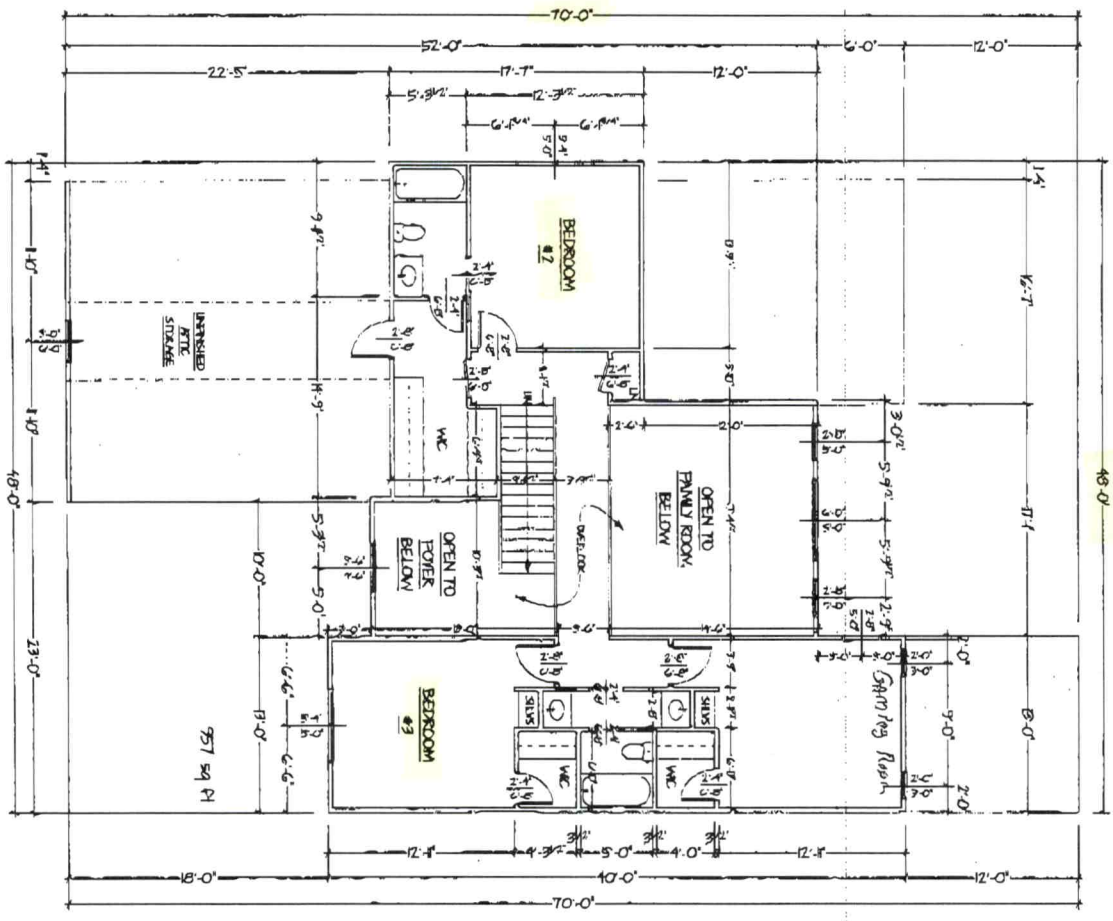
Date 4-7-22

Date 7-8-2022

BUILDER	RICHARD SMITH
	THE BOYD RESIDENCE
JOB # 5631	
DATE: 12.20.21	
REVISIONS:	10.29.21 11.17.21 11.30.21 12.3.21 12.6.21 12.7.21 12.9.21 12.10.21 12.17.21
DRAWN BY:	Shannon Williams shannitwms@triad.rr.com 336-662-8278
SHEET	3

Please be assured that we have made every effort to provide accuracy and clarity of detailing in developing this building plan. Our service is drafting your design. It is wise to carefully review these plans before construction.
The Builder is responsible for all details and dimensions and must ensure that these plans meet Building Code.

Acknowledgement Of
Plans Submittal ONLY!
Rick Poteet Date 4-7-22
Bryant C. White Date 7-8-2022



1/4 SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

BUILDER	RICHARD SMITH
	THE BOYD RESIDENCE
JOB # 6631	
DATE: 12.20.21	Please be assured that we have made every effort to provide accuracy and clarity of detailing in developing this building plan. Our service in drafting your design. It is wise to carefully review these plans before construction. The Builder is responsible for all details and dimensions and must ensure that these plans meet Building Code.
REVISIONS:	10.29.21 11.17.21 11.30.21 12.3.21 12.6.21 12.7.21 12.9.21 12.10.21 12.17.21
DRAWN BY:	Shannon Williams shawilliams@triad.rr.com 336-682-5278
SHEET	4

04/18/2022 10:27 3367662356 POINDEXTER LUMBER CO. #8741 P.004/004

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

07-08-2022 (Date)

Owner: Garnite Homes of N.C., LLC.
Address: 3632 Friedberg Church Road, Winston Salem, N.C. 27127

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
2614 Buffalo Shoals Road, Statesville, N.C. 28677
PIN: 4701-94-3422
Old Bridge- LOT: 2

VP of Granite Homes

I, Richard Dale Smith voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 08-03-2020 for a system
(date)
25% Reduction-Graviry
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Richard Dale Smith
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

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
07/08/2022

Owner: Granite Homes of N.C., LLC.
Address: 3632 Friedberg Church Road, Winston Salem, N.C. 27127

Subject: Notice of Intent to Revoke/Suspend:2614 Buffalo Shoals Road, Statesville, N.C. 28677

Dear Granite Homes of N.C., LLC.:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 2614 Buffalo Shoals Road 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 Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

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 07/08/2022. 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,

_____

Signature of DHHS Authorized Agent

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307055

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

PIN # 4701943422

APPLICANT/OWNER: Buel Barker APPLICANT ADDRESS: 3632 Friedberg Church Rd Winston NC 27127

SITE ADDRESS: 2614 Buffalo Shoals Statesville NC PHONE: 336-775-1137 ALT. PHONE 336-655-2801

SITE DIRECTIONS: Buffalo Shoals toward River R on Road right before bridge SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Old Bridge SECTION: - LOT # 2 LOT AREA: 1.45 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 300

Trench Width 36" Trench Bottom Depth ~~(Low side)~~ Max 36 Gravel Depth -

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

System Description: 25% Reduction

Repair System Description: 50 Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

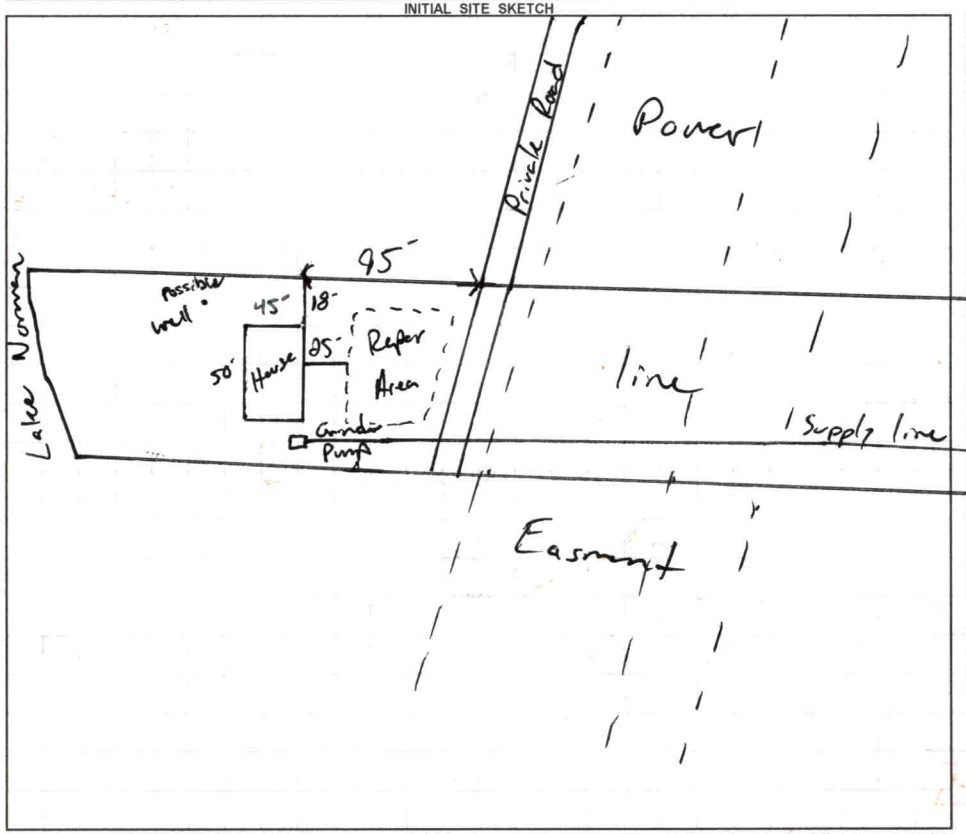
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Drainlines on Center of land and use Serial distribution.

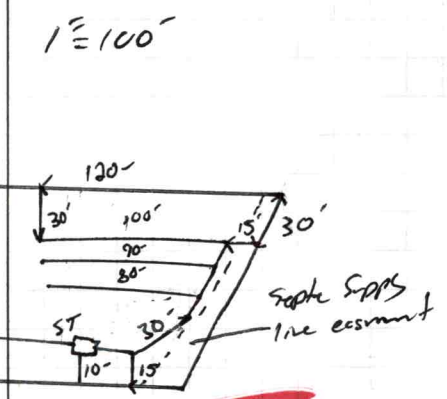
Line from House to Septic tank is plumbing code. Contact power company for instruction on installations.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



REVOKED

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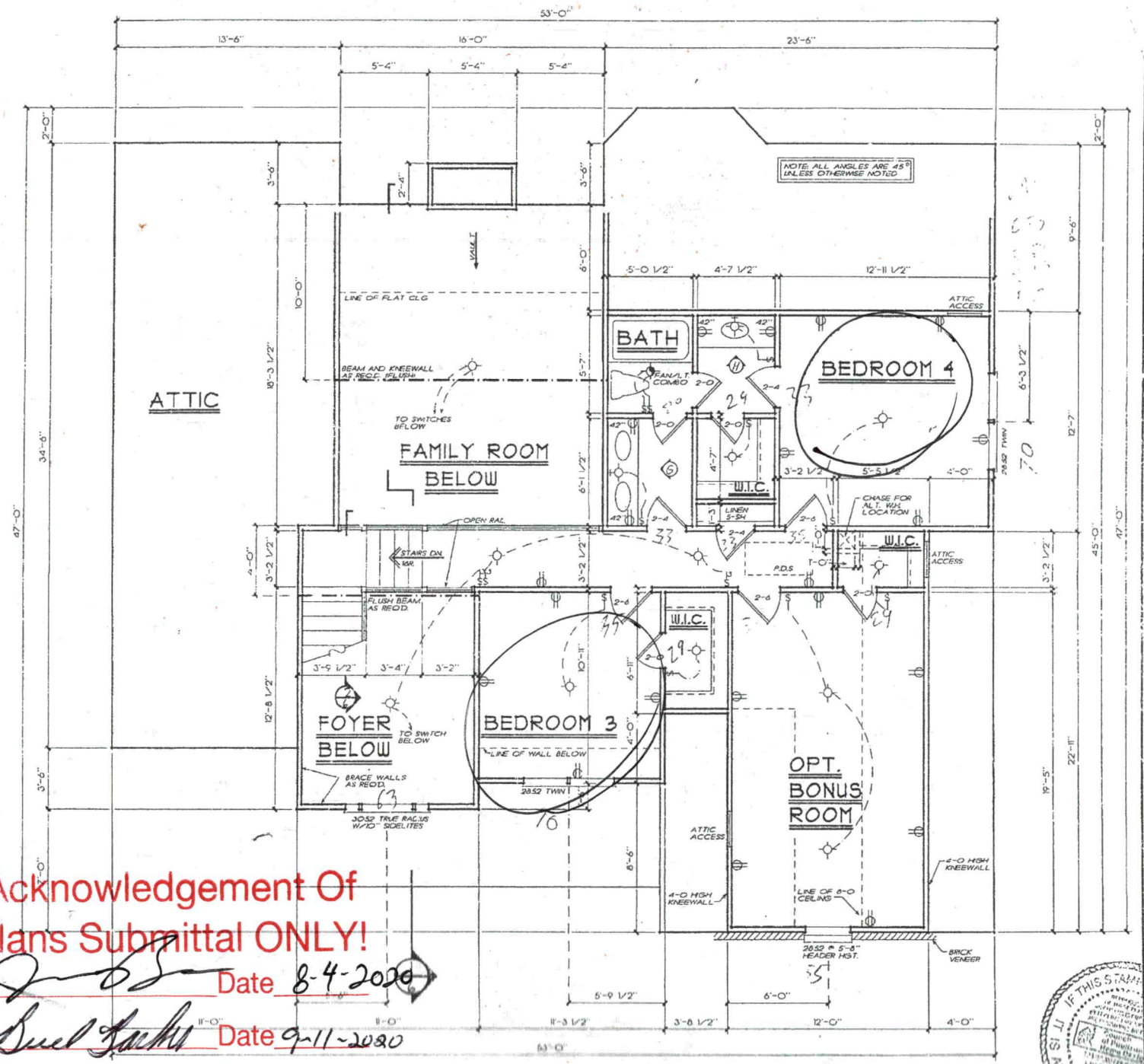
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Buel Barker Date: 9-11-2020 Installed by:

IMPROVEMENT PERMIT by: Date: 8-3-2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 8-3-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



Acknowledgement Of
Plans Submittal ONLY!

Date 8-4-2020

Date 9-11-2020

SECOND FLOOR PLAN

1/4" = 1'-0"

...VG JOISTS AND RAFTER BRACING TO BEAR ON LOAD DESIGNED TO CARRY LOAD THRU ALL LEVELS AND FOUNDATION AND BE SUPPORTED BY THICKENED ...M OF FOOTINGS DESIGNED TO CARRY LOAD.

FRANK BETZ ASSOCIATES INC. ASSUMES NO RESPONSIBILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS

IF THIS STAMP IS NOT IN RED INK IT IS AN ILLEGAL COPY

HOMEPLANS

SECOND FLOOR PLAN

THE BROOKHAVEN

FBA

FRANK BETZ ASSOCIATES INC.
240 LANGLEY DRIVE, SUITE 200
SMYRNA, GEORGIA 30080
770/431-0366

BY JAG CK KCW

DATE 4-4-98

5

RECEIVED MAY 05 2020 AP-307055

P.03

$500.00

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: → ( ) Property Boundary 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: Buel Barker Address: 3632 Friedberg Church Rd WS NC Zip: 27127
Applicant Email: ~~BBJBLDG@BELLSOUTH.NET~~ Phone: 336-775-1134 Alt. Phone: 336-655-2801
Owner Name: Same Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information: Email - bbjbldg@bellsouth.net

Street Address: 2614 Buffalo Shoals Rd
Subdivision Name: Old Bridge Section/Phase: 1 Lot Number: 3
Driving Directions: From Buffalo Shoals Rd turn Right on Windingwood Dr just before Bridge Access Road

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: 3
( ) 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 correct. I grant 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.

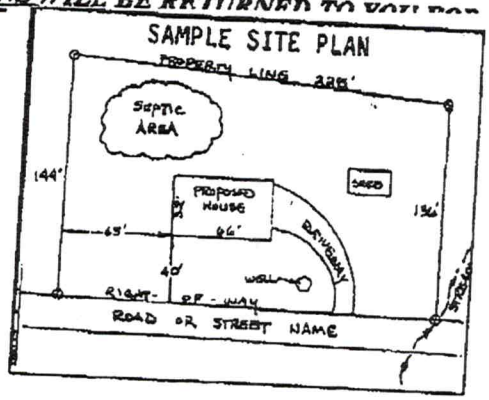
Signature: Buel Barker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

April 27 2020
DATE

307055 P. 06

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 YOUR SEPTIC SYSTEM PERMIT!!!*



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

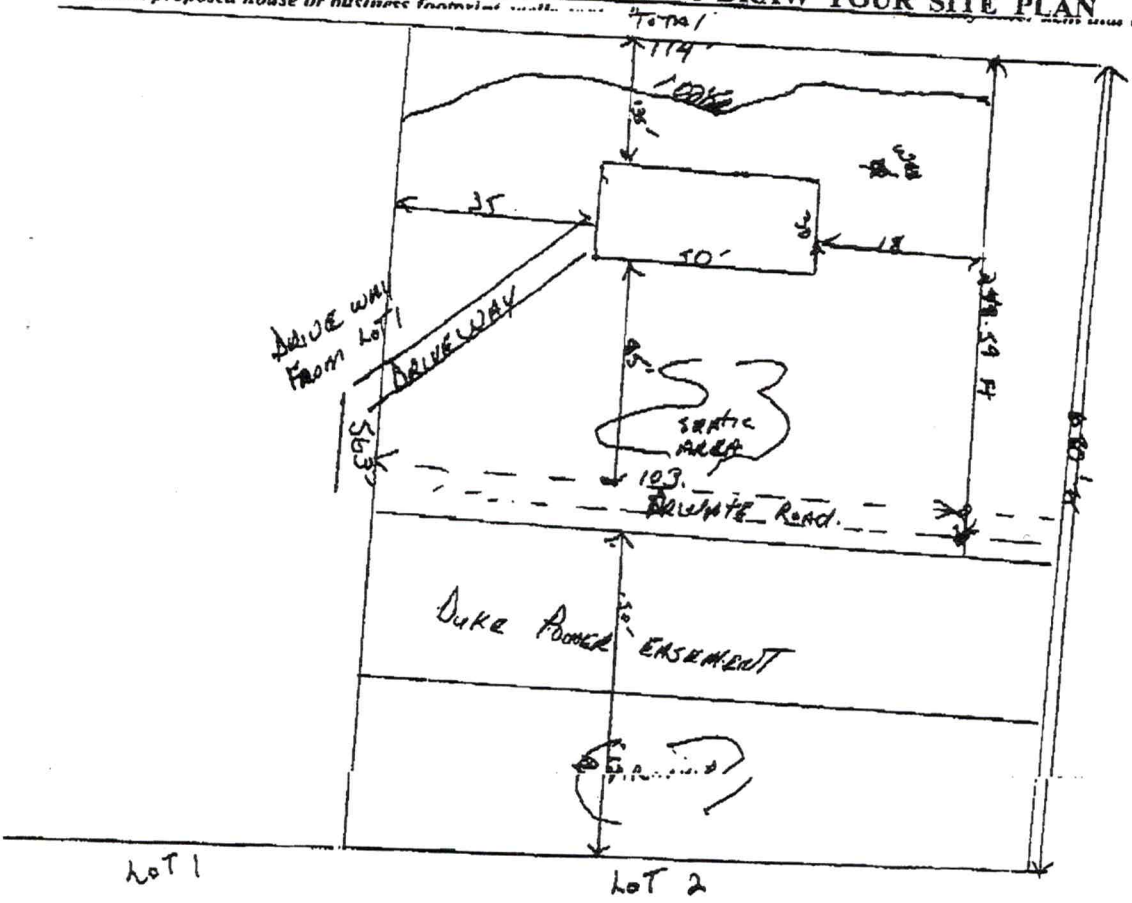
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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 with ... and any other items that will occupy space on the site



Signature: Lee O Tarlton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

April 27, 2020
DATE

307055

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)* Burl Barker

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, Burl Barker, am the legal owner(s) of the property located at 1872 Old Bridge, identified as PIN (Parcel Identification Number) 407194.3422, 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.

Burl Barker
Signature of Owner(s)

April 27, 2020
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

307055

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:

BB ✓ Application

BB ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.

BB ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant -- complete section 1 or 2)

BB ✓ Copy of Zoning Permit when applicable

BB ✓ Sign this sheet after you have completed all items

Notice: Adequate area for the septic drain field and repair area must be sufficiently cleared of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Brent Barker **Date** April 27 2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

BW

"Called Ready"

RECEIVED APR 1 2 2022

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

AP-307055

Iredell County Health Department – Environmental Health Division

Int. Relayout w/ Well Variance

PAGE 1: *APPLICATION FORM*

Paid $320.00

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Granite Homes of NC LLC **Address:** 3632 Friedberg Ch Rd Winston Salem, NC **Zip:** 27127

Applicant Email: _____ **Phone:** 336-749-7487 **Alt. Phone:** _____

Owner Name: Buel Barker, Jr. **Address:** 3632 Friedberg Ch Rd, WS, NC **Zip:** 27127

Owner Email: bbjbldg@bellsouth.net **Phone:** 336-655-2072 **Alt. Phone:** 336-775-1137

Property Information:

Street Address: 2614 Buffalo Shoals Rd Statesville, NC 28677

Subdivision Name: Old Bridge Map BK 49, Page 37 **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) 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: _____
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: Buel D Barker — April 12, 2022

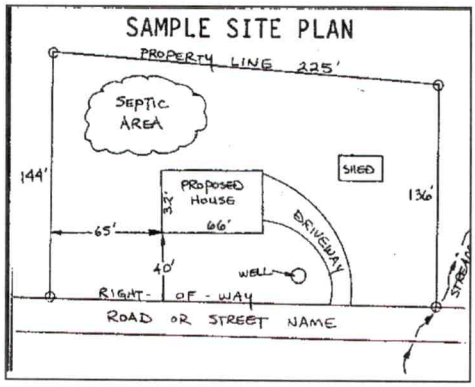
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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

See Attached

Signature: _____

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

April 12, 2022
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307055

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

PIN # 4701943422

APPLICANT/OWNER: Buel Barker APPLICANT ADDRESS: 3632 Friedberg Church Rd Winston NC 27127

SITE ADDRESS: 2614 Buffalo Shoals Statesville NC PHONE: 336-775-1137 ALT. PHONE 336-655-2801

SITE DIRECTIONS: Buffalo Shoals toward River R on Road right before bridge SAP CONTROLLED: ☐ YES ☒ NO

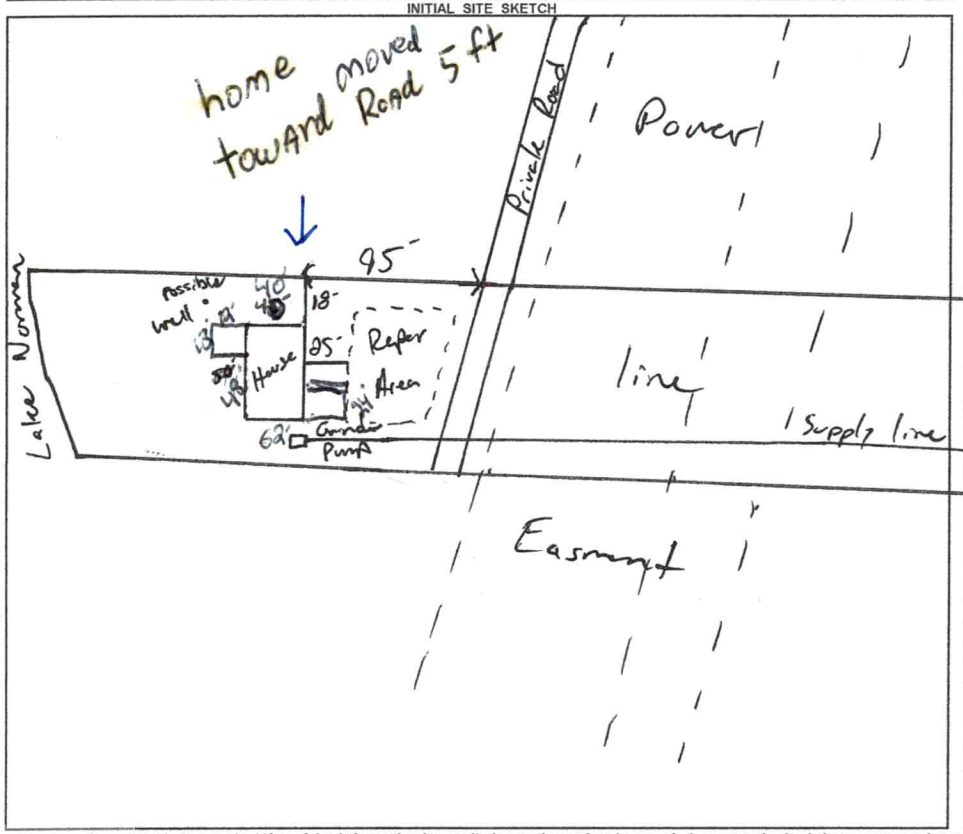
SUBDIVISION: Old Bridge SECTION: - LOT # 2 LOT AREA: 1.45 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons	6	☒ Private	
Pump Make	Model		Serial #	Repair System Description: 50 Reduction	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines 4		Linear Ft: 300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36" Trench Bottom Depth (Low side) Max 36		Gravel Depth -	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution.

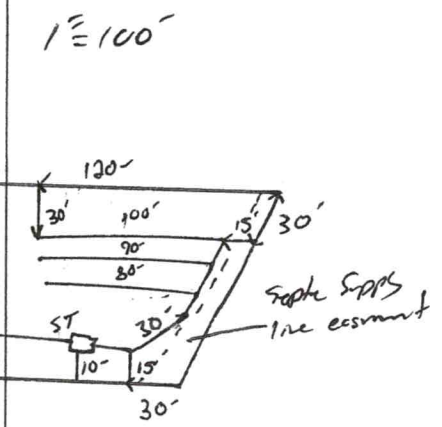
Line from House to Septic tank is plumbing code. Contact power company for instruction on installations.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 8-3-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 8-3-2020 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect
Iredell County Health Department

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*) Bud S Bullard

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.

Ronda D Hart
Signature of Owner(s)

April 12, 2022
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

_____ **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

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Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Ruth D Poole **Date** April 12, 2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625