ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-322945

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

PIN # 4706--56--2270

APPLICANT/OWNER: JIM STARKEY APPLICANT ADDRESS: 9106 CANREL RIDGE TRAIL, 28269

SITE ADDRESS 4595 TAYLORSVILLE HIGHWAY, STATESVILLE, N.C, 28625 PHONE: 704-661-6313 ALT. PHONE —

SITE DIRECTIONS: (W) ON 90, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

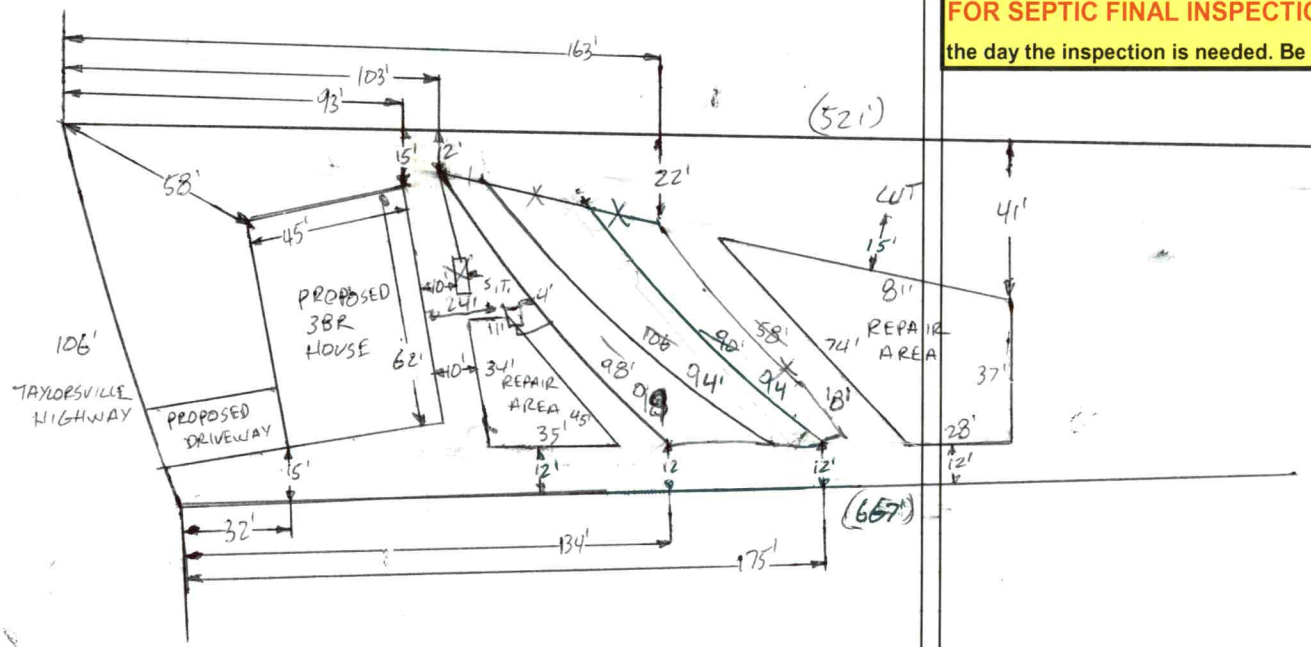
SUBDIVISION: SUTTON ACRES SECTION: — LOT # 1 LOT AREA: 1.75 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—	Model	—		Serial #	—	Repair System Description:			50 % REDUCTION	
# Nitrification Fields	1	# Lines	4		Linear Ft	300 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	—	☑ Public
☑ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX DEPTH

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 = 50 FT

S.T. = SEPTIC TANK

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: 3/30/22 Installed by: JAKE WILLIAMS

IMPROVEMENT PERMIT by: Bryant C. White Date: 3-29-2022 OPERATION PERMIT by: Bryant C. White Date: 12-13-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-27-2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

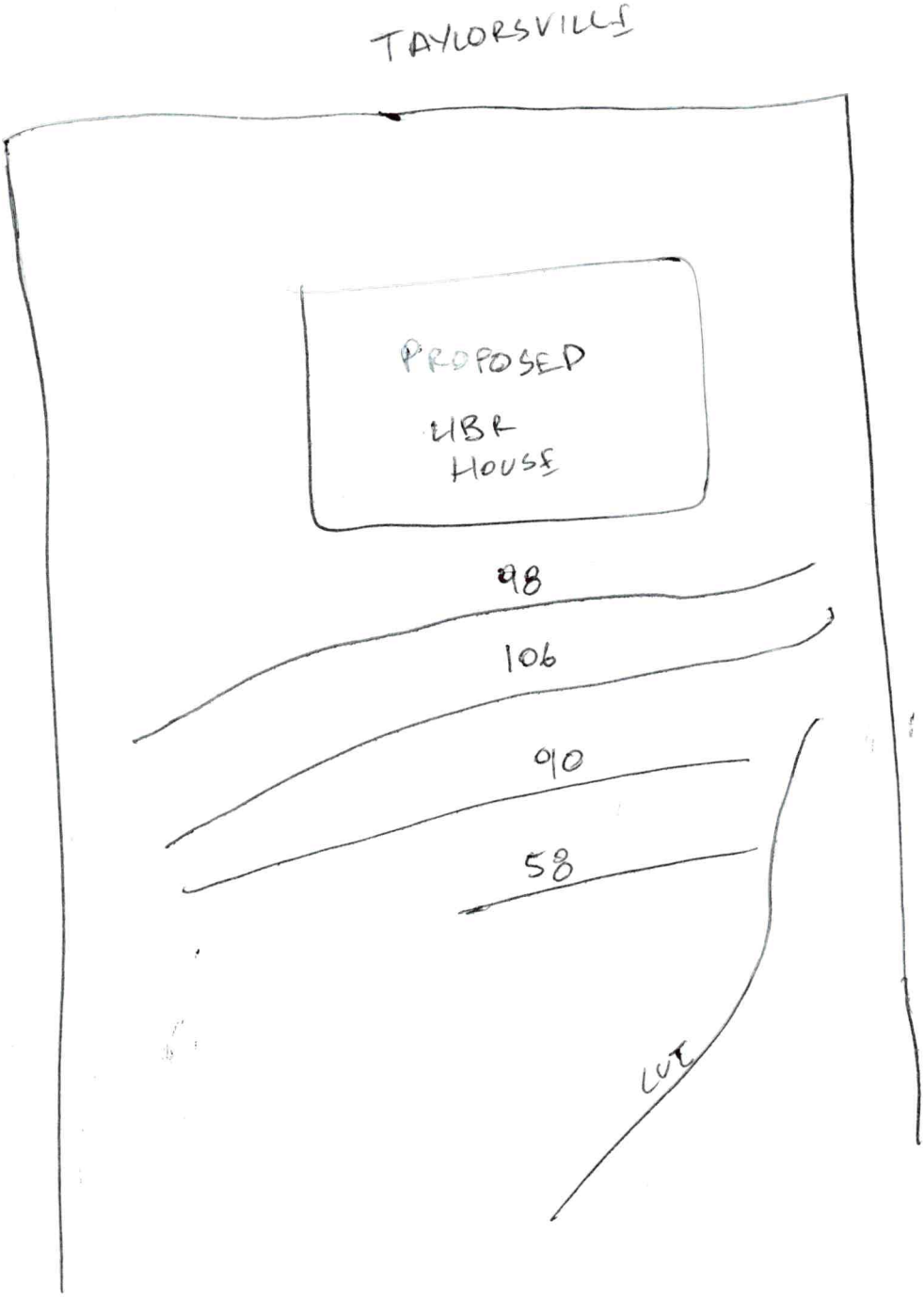
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

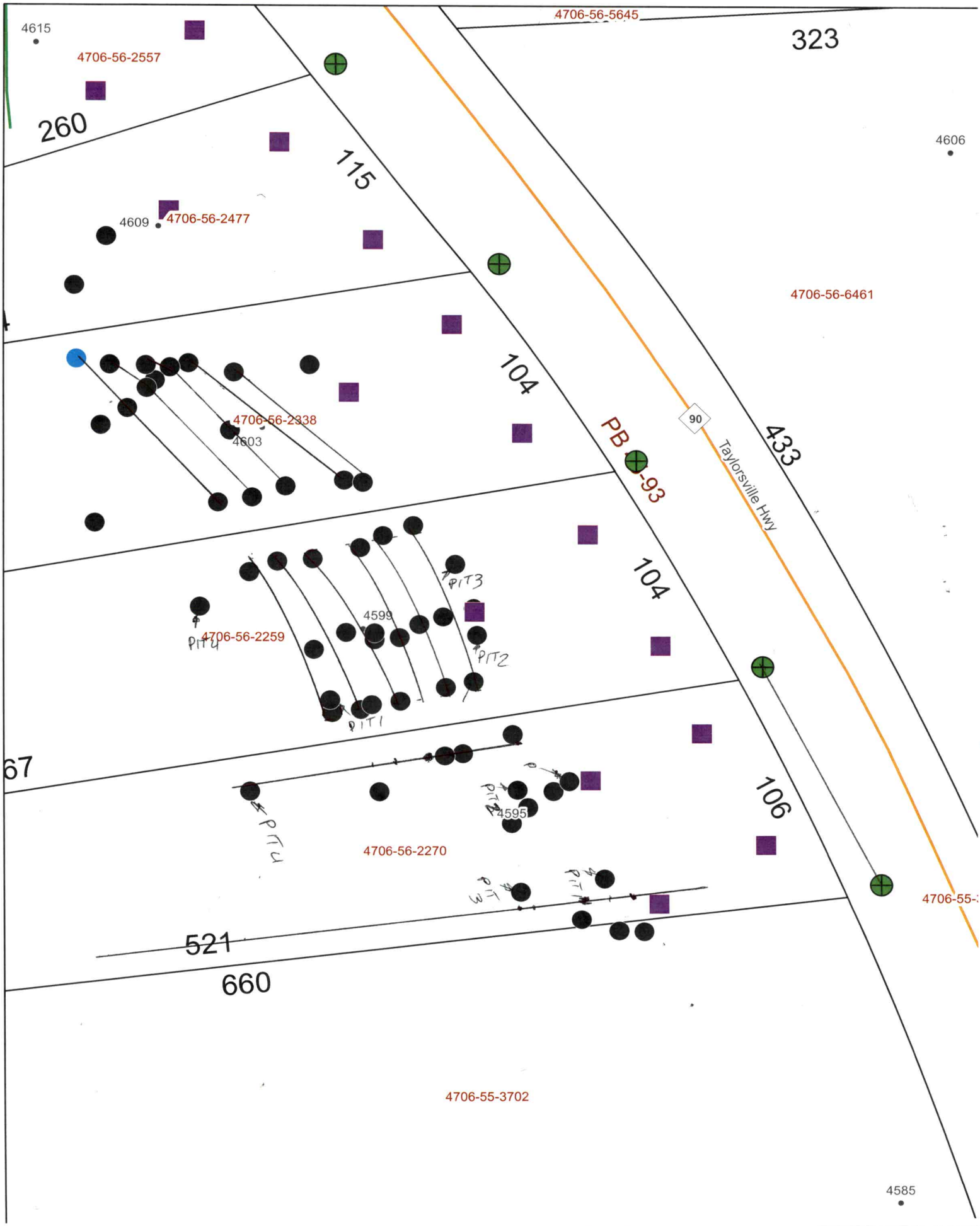
4595

PROPERTY ID #: 470656-2270
DATE OF EVALUATION: 1-5-2022
COUNTY: IREDELL

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	LINEAR SIDE 12%	0-26	C, SBK	FI, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		26-48	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 13%	0-14	C, SBK	FI, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		14-48	CL WSBK	FI, SS, SP, SEXP					
3	LINEAR SIDE 11%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	50"+	NA	NA	PS .3
		8-31	C, SBK	FR, SS, P, SEXP					
		31-50	CL, WSBK	FI, SS, SP, SEXP					
4	LINEAR SIDE 14%	0-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI MICA COMMON	50"+	NA	NA	PS .3
		30-50	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:


TAYLORSVILLE
PROPOSED
HBR
HOUSE
98
106
90
58
LOT


4615
4706-56-2557
260
115
4609
4706-56-2477
4706-56-5645
323
4606
4706-56-6461
104
4706-56-2338
4603
PB -93
90
Taylorsville Hwy
433
104
4599
PIT3
PIT4
4706-56-2259
PIT2
PIT1
67
106
PIT
4595
4706-56-2270
521
660
4706-55-3702
4585

8

BW

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

RECEIVED NOV 0 9 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322945 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Jim Starkey **Address:** 9106 Laurel Ridge Trail **Zip:** 28269

Applicant Email: jimstarkey@gmail.com **Phone:** 704-661-6313 **Alt. Phone:**

Owner Name: Jon, **Address:** 5086 Mikes Lane Hwy Statesville NC **Zip:** 28625

Owner Email: jpkinney10@gmail.com **Phone:** 704-880-1243 **Alt. Phone:**

Property Information:

Street Address: 4595 Taylorsville Hwy Taylorsville Hwy

Subdivision Name: Sutton Acres **Section/Phase:** **Lot Number:** 1

Driving Directions: on Taylorsville Hwy #1

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

(X) 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing 125

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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 11/8/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

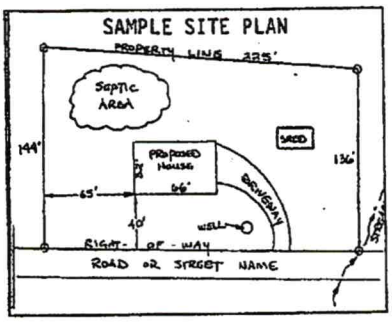
4595

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!!!*



N
W E
S

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

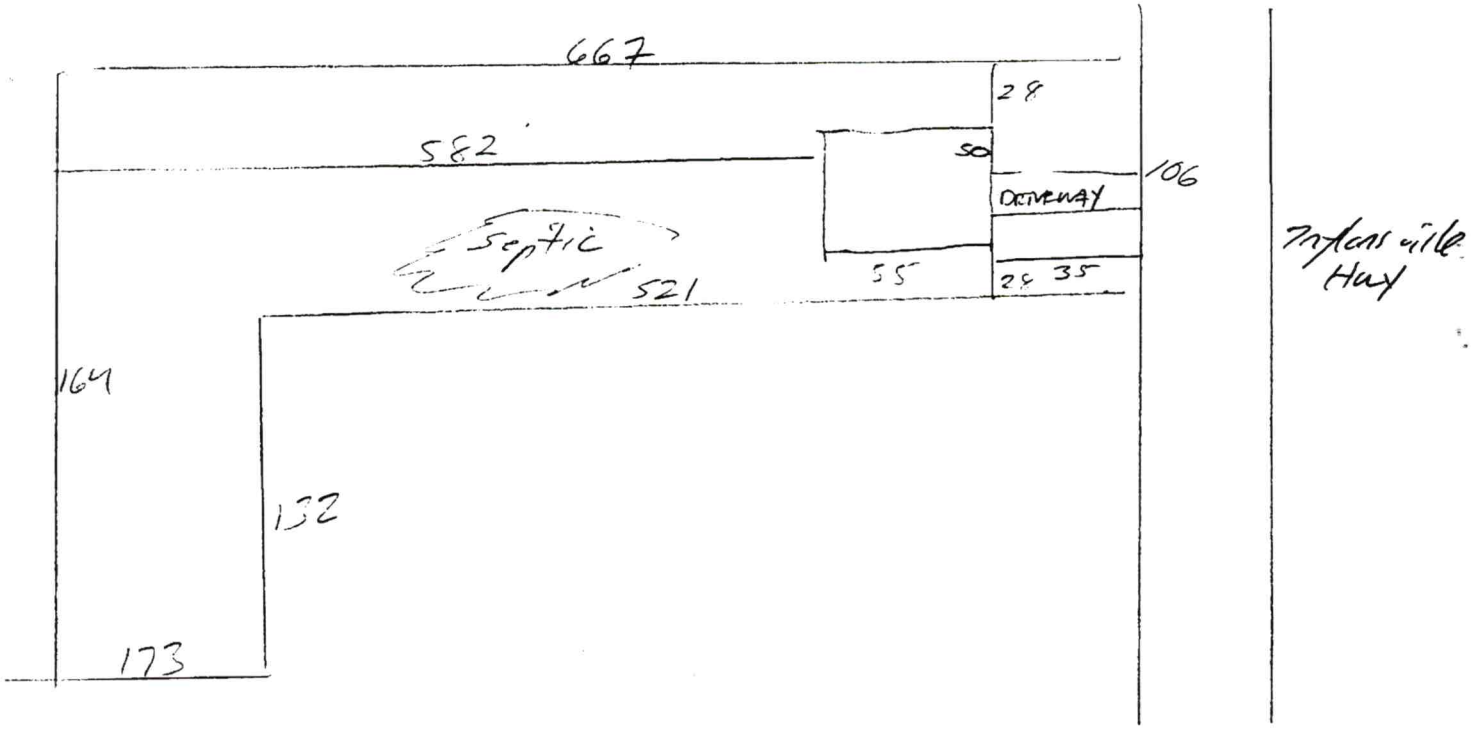
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

11/8/21
DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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*) _____

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, Joni J Kinney, am the legal owner(s) of the property located at 4595 Taylorsville Hwy #1, identified as PIN (Parcel Identification Number) 4706 56 2270, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Jim Starkey, Lakota Partners, 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.

Joni J Kinney
Signature of Owner(s)

11-05-2021
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 · NC

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

APPLICATION NUMBER
322945 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4706562270.000	4595 TAYLORSVILLE HWY	Iredell County

Owner Information	Applicant Information
Name: KINNEY JONI J	Name: JIM STARKEY
Address: 5086 WILKESBORO HWY	Address: 9106 LUAREL RIDGE TR
STATESVILLE, NC 28625	CHARLOTTE, NC 28269
Phone:	Phone: (704)661-6313

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.75	35	35	15	15	N/A	NO

Remarks
SFD

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: 11/08/2021

Signature of Owner/Contractor

Permit Number	322945

TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1800

Does the property have community water? (Yes) No If yes, please list who provides it: ENERGY united

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name Toni Kinney Phone # 704-880-1243

Owner's Current Address 5086 Wilkes Scenic Hwy Statesville NC 28265

Property Information

Property Address 4595 Taylorsville Hwy Parcel # 4706-56-2270

Subdivision:_____ Lot:___ Zoning: RA Watershed: Y or (N) Flood Plain: Y or (N) Township: #1

Directions to property (from a MAIN ROAD) on Taylorsville Hwy #1

Application Information

Applicant's Name or Company Jim Starkey Applicant's Phone # 704-661-6313

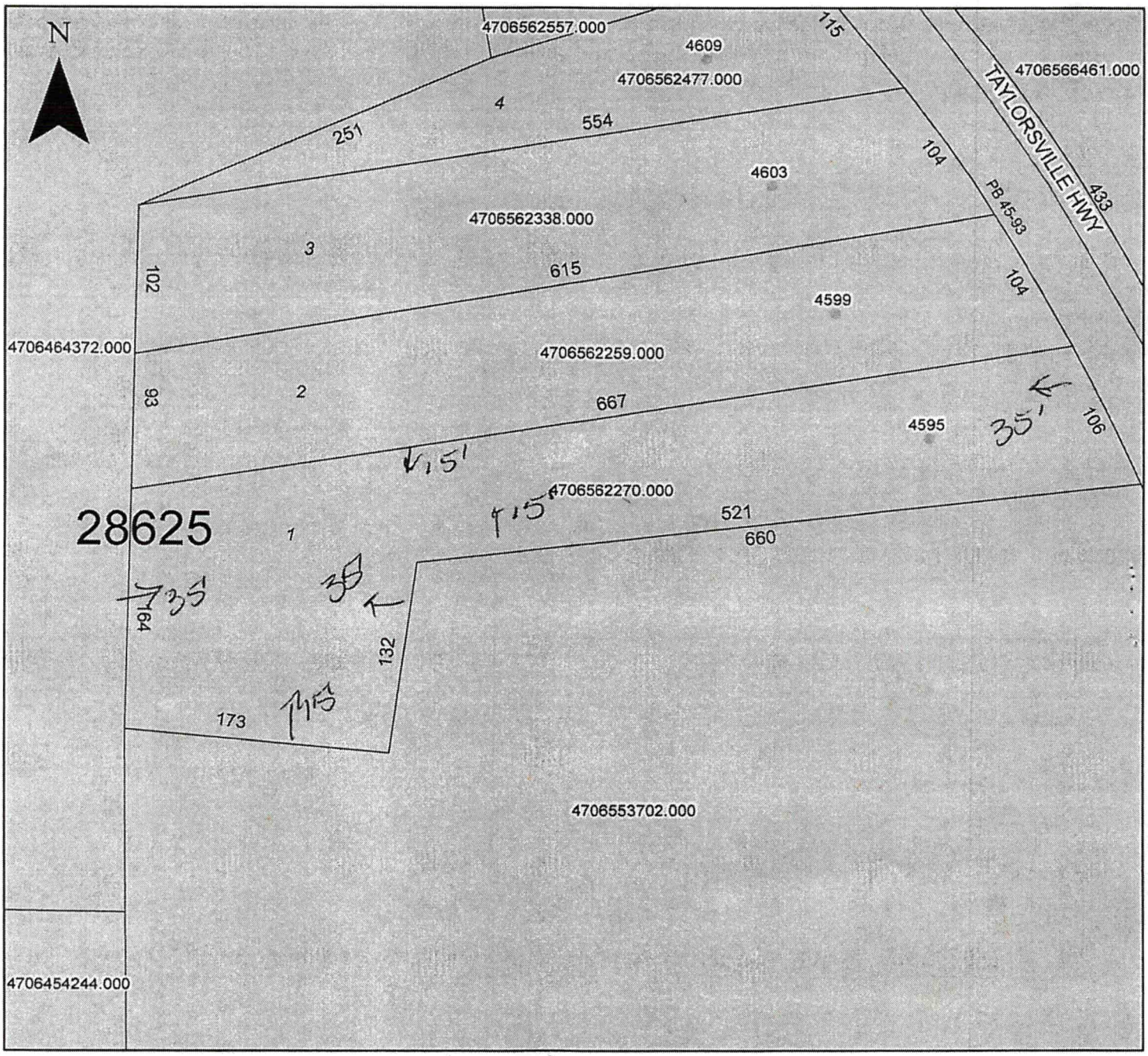
Applicant's Address 9106 Laurel Ridge Trail Charlotte NC 28269

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT [signature] DATE 11/5/21

ZONING DISCLAIMER



Property Address 4595 Taylorsville

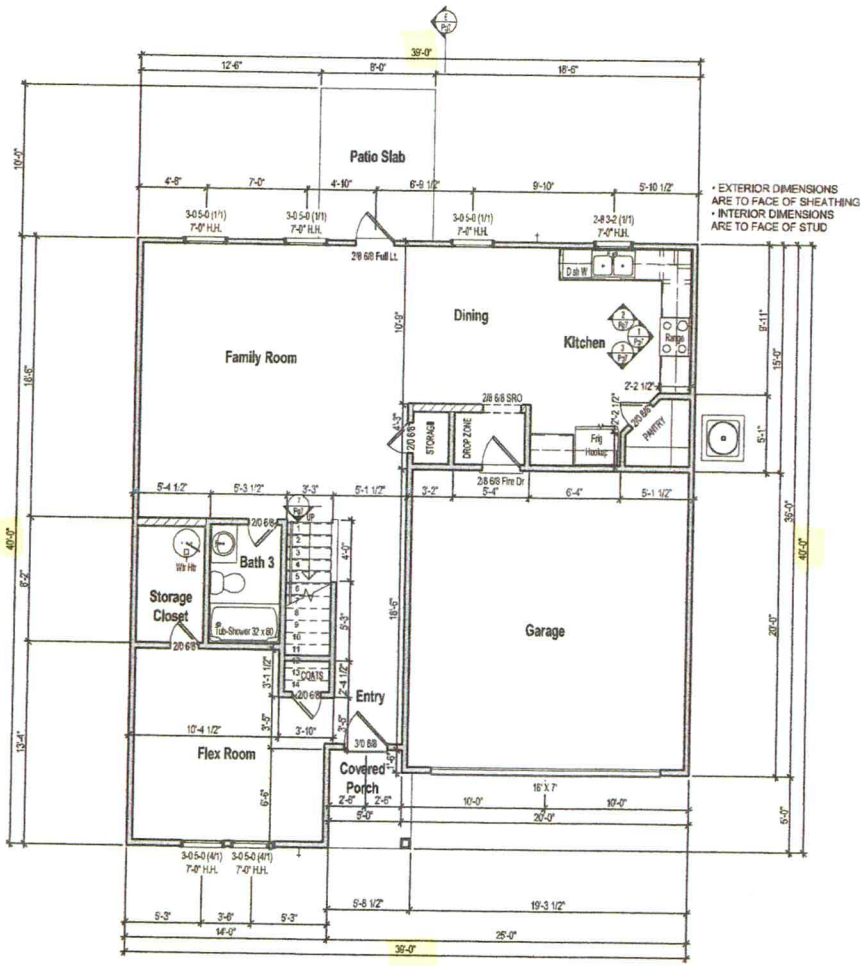
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

4/8/21

Date

4595



1 1st Floor Plan - Elev B
1/8" = 1'-0"

TABLE R302.6 Dwelling/Garage Separation	
Separation	Material
From the residence and attics	Not less than ½-inch gypsum board or equivalent applied to the garage side
From all habitable rooms above the garage	Not less than 5/8-inch Type X gypsum board or equivalent
Structure(s) supporting floor-ceiling assemblies used for separation required by this section	Not less than ½-inch gypsum board or equivalent

Wall Stud Size
= 2x4
= 2x6

Acknowledgement Of
Plans Submittal ONLY
Bryant Construction
4-27-2022
Date
Date

POP HOMES
MAKING LIFE BETTER
MYPOPHOMES.COM

CONTRACTOR AND BUILDER SHALL REVIEW ENTIRE PLAN TO VERIFY CONFORMANCE WITH ALL CURRENT APPLICABLE CODES IN EFFECT AT TIME OF CONSTRUCTION. BY USING THESE DRAWINGS FOR CONSTRUCTION IT IS UNDERSTOOD THAT CONFORMANCE WITH ALL APPLICABLE CODES IS THE RESPONSIBILITY OF THE BUILDER AND CONTRACTOR.

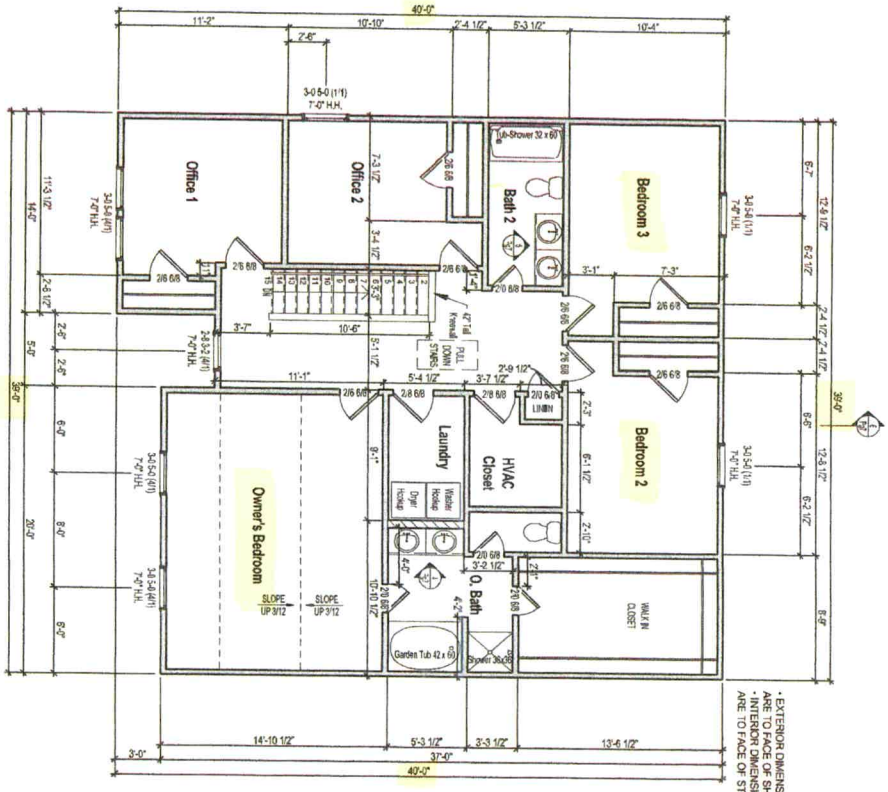
2502 RH - Elevation B

1st Floor Plan

Lot #:
Job #:
Address:
Community:

Last Revision Date:
1-7-22

Sheet #:
ElevB-Pg3



1 2nd Floor Plan - Elev B
1/8" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Buyer Date 4-27-2022

Date 4/24/22

Wall Stud Size
= 2x4
= 2x6

Job #: Lot #:

Address:

Community:

2502 RH - Elevation B

2nd Floor Plan

Last Revision Date: 1-7-22

Sheet #: ElevB-Pg4

CONSTRUCTION AND BUILDERS SHALL REVIEW ENTIRE PLAN TO VERIFY CONFORMANCE WITH ALL CURRENT APPLICABLE CODES IN EFFECT AT TIME PLANS ARE SUBMITTED FOR PERMITS. IT IS UNDERSTOOD THAT CONFORMANCE WITH ALL APPLICABLE CODES IS THE RESPONSIBILITY OF THE BUILDER AND CONTRACTOR.

POP HOMES
MAKING LIFE BETTER
MYPOPHOMES.COM