ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP 322943

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

PIN # 4706 -- 56 -- 2557

APPLICANT/OWNER: JIM STARKEY | APPLICANT ADDRESS: 106 CANREL RIDGE TRAIL 28269

SITE ADDRESS: 4615 TAYLORSVILL HIGHWAY, STATESVILLE, N.C | PHONE: 704-661-6313 | ALT. PHONE —

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

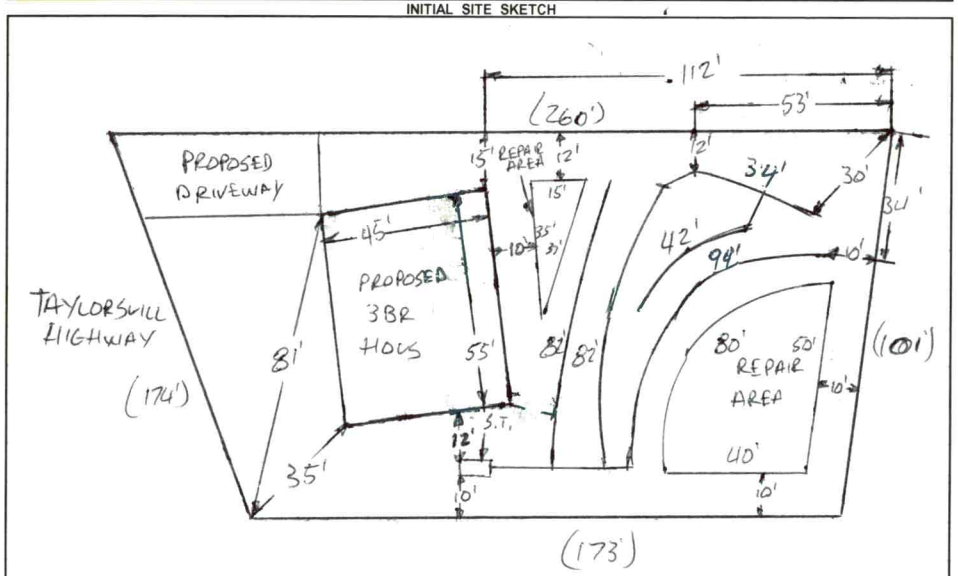
SUBDIVISION: SUTTON ACRES | SECTION: — | LOT # 5 | LOT AREA: 0.46 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	10-4-22	☑ New System	☐ Repair	☐ Expansion	System Type: I II ☑ 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	5	Linear Ft	330 ft	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 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 TRENCH 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

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: [signature] Date: 3/30/22 Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Bryant L. White Date: 3-29-2022 OPERATION PERMIT by: Matt Walsh Date: 11/22/22

AUTHORIZATION TO CONSTRUCT by: Bryant L. 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

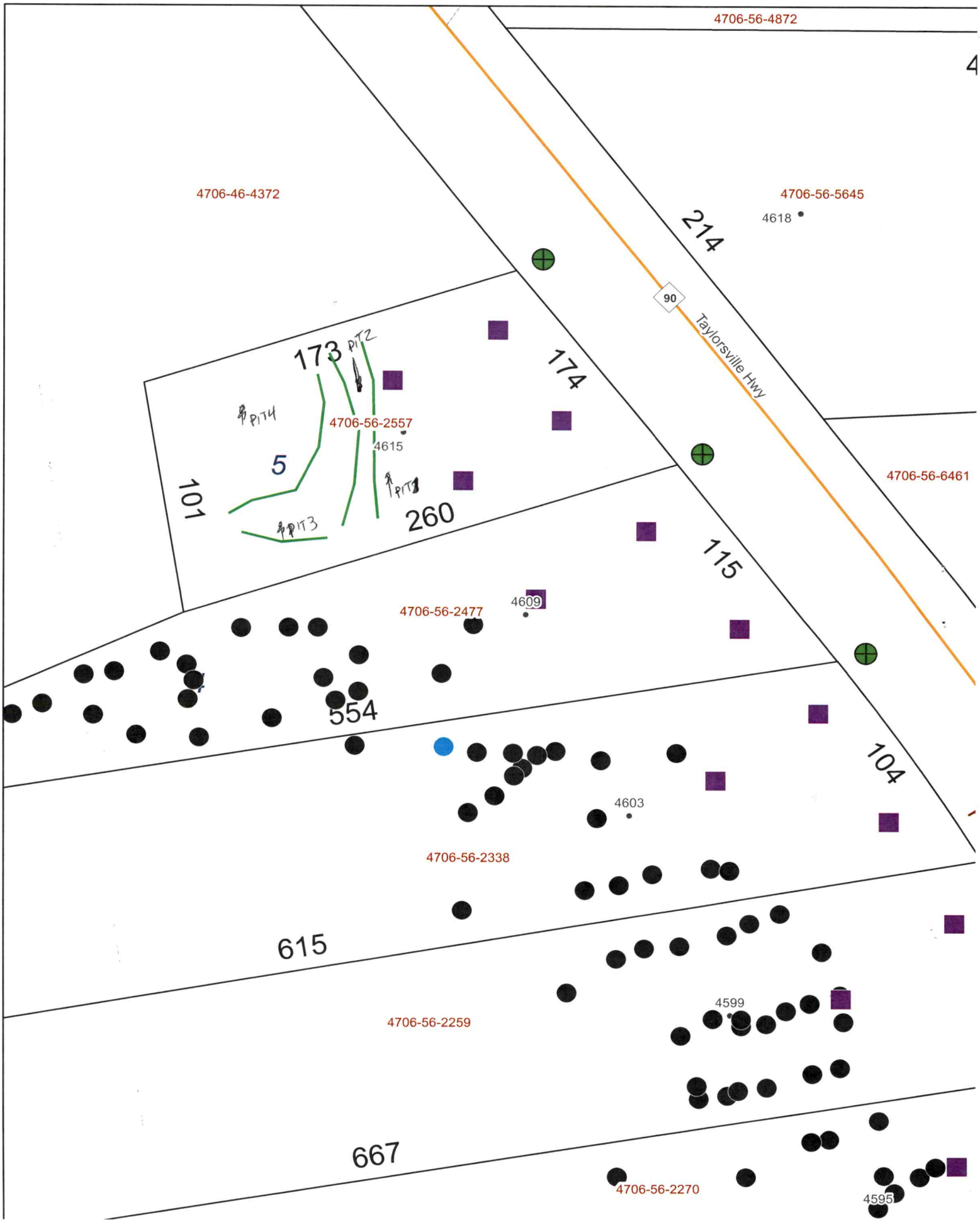
(Continuation Sheet-Complete all field in full)

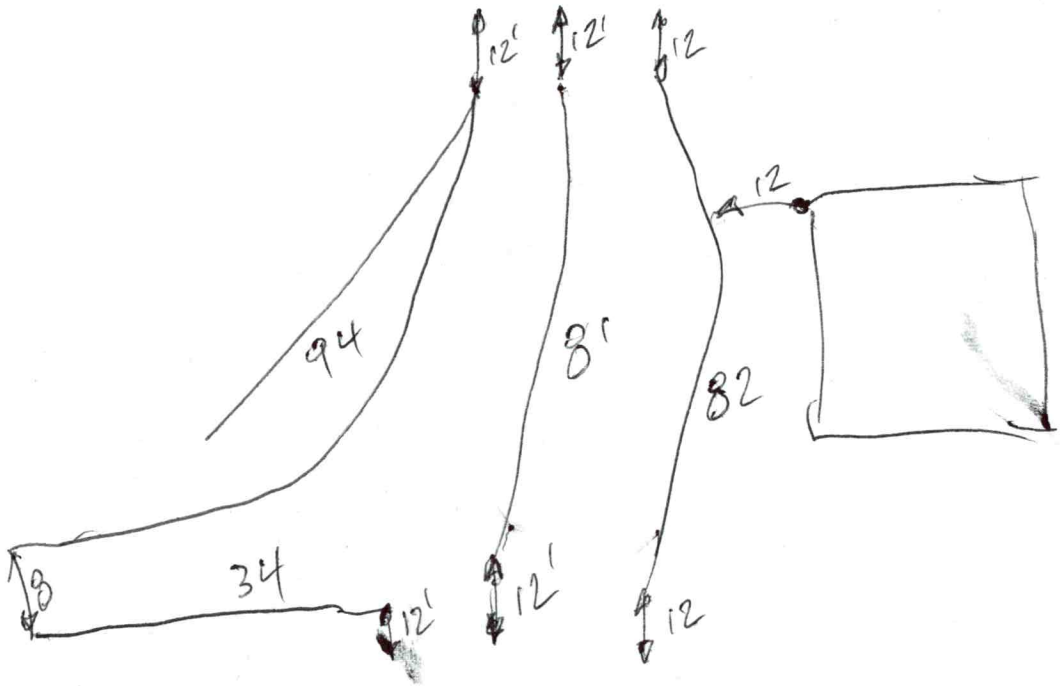
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: U706656-2557
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SHOULDER 2%	0-6	FILL	MIXED	SAP INC THRU OUT	52"+	NA	NA	PS .3
		6-33	C, SBK	FR, S, P, SEXP					
		33-52	CL, WSBK	FR, SS, SP, SEXP					
2	SHOULDER 2%	0-32	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	54"+	NA	NA	PS .3
		32-54	CL, WSBK	FR, SS, SP, SEXP					
3	SHOULDER 2%	0-10	FILL	~~MIXED~~	SAP INC THRU OUT FEW 1/B MOT	50"+	NA	NA	PS ~~.3~~ .275
		10-35	C, SBK	FR, S, P, SEXP					
		35-50	CL WSBK	FI, SS, SP, SEXP					
4	SHOULDER 2%	0-11	FILL	MIXED	SAP INC THRU OUT FEW 1/B MOTS	55"+	NA	NA	PS .275
		11-33	C, SBK	FR, S, P, SEXP					
		33-55	CL, WSBK	FI, SS, SP, SEXP					

COMMENTS:


4706-56-4872
4706-46-4372
4706-56-5645
4618
214
90
Taylorsville Hwy
173
PIT2
174
PIT4
4706-56-2557
4615
5
101
PIT1
260
PIT3
4706-56-6461
115
4609
4706-56-2477
554
104
4603
4706-56-2338
615
4599
4706-56-2259
667
4706-56-2270
4595



TAYLOR

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R13505

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-322943 Address: 4615 TAYLORSVILLE HWY APN: 4706562557.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT: R13505			**$577.25**

Date Paid: Monday, November 08, 2021

Paid By: LAKOTA PARTNERS

Cashier: BJK

Pay Method: CHECK 1005

9

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

RECEIVED NOV C 9 2021

BW

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322943 $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: jim STARKey@gmail.com Phone: 704-661-6313 Alt. Phone: _____
Owner Name: Joni , Address: 5086 Milkesboro Hwy Statesville NC Zip: 28625
Owner Email: JP KINNEY 10@gmail.com Phone: 704-880-1243 Alt. Phone: _____

Property Information:

Street Address: 4615 Taylorsville Hwy Taylorsville Hwy
Subdivision Name: Sutton Acres Section/Phase: _____ Lot Number: 5
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

40

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

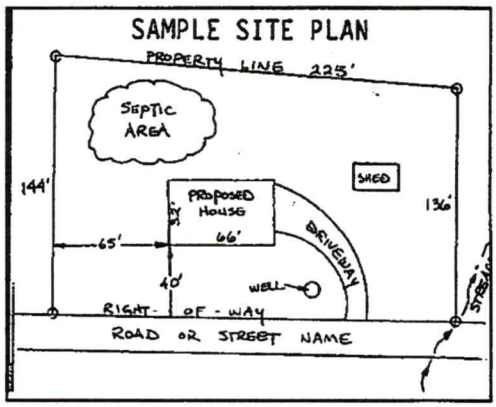
4615

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:

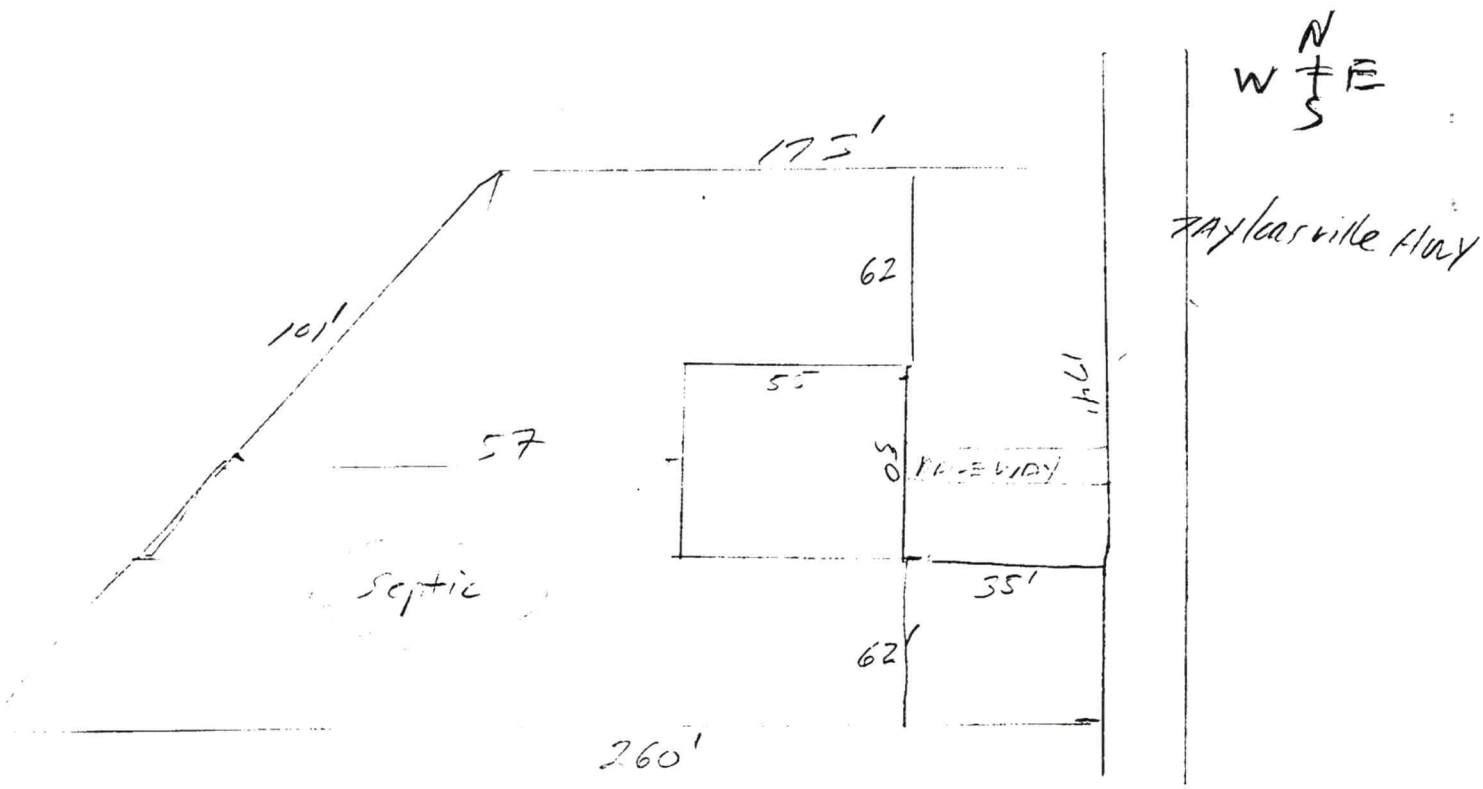
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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: _____ 11/8/21

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

X 2. I, Joni J Kinney, am the legal owner(s) of the property located at 4615 Taylorsville Hwy #1, identified as PIN (Parcel Identification Number) 4706 56 2557, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Jim Starkey / Linkous 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
322943 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4706562557.000	4615 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
0.46	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	322943	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 28625

Property Information

Property Address 4615 Taylorsville Hwy Parcel # 4706 56 2557

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

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

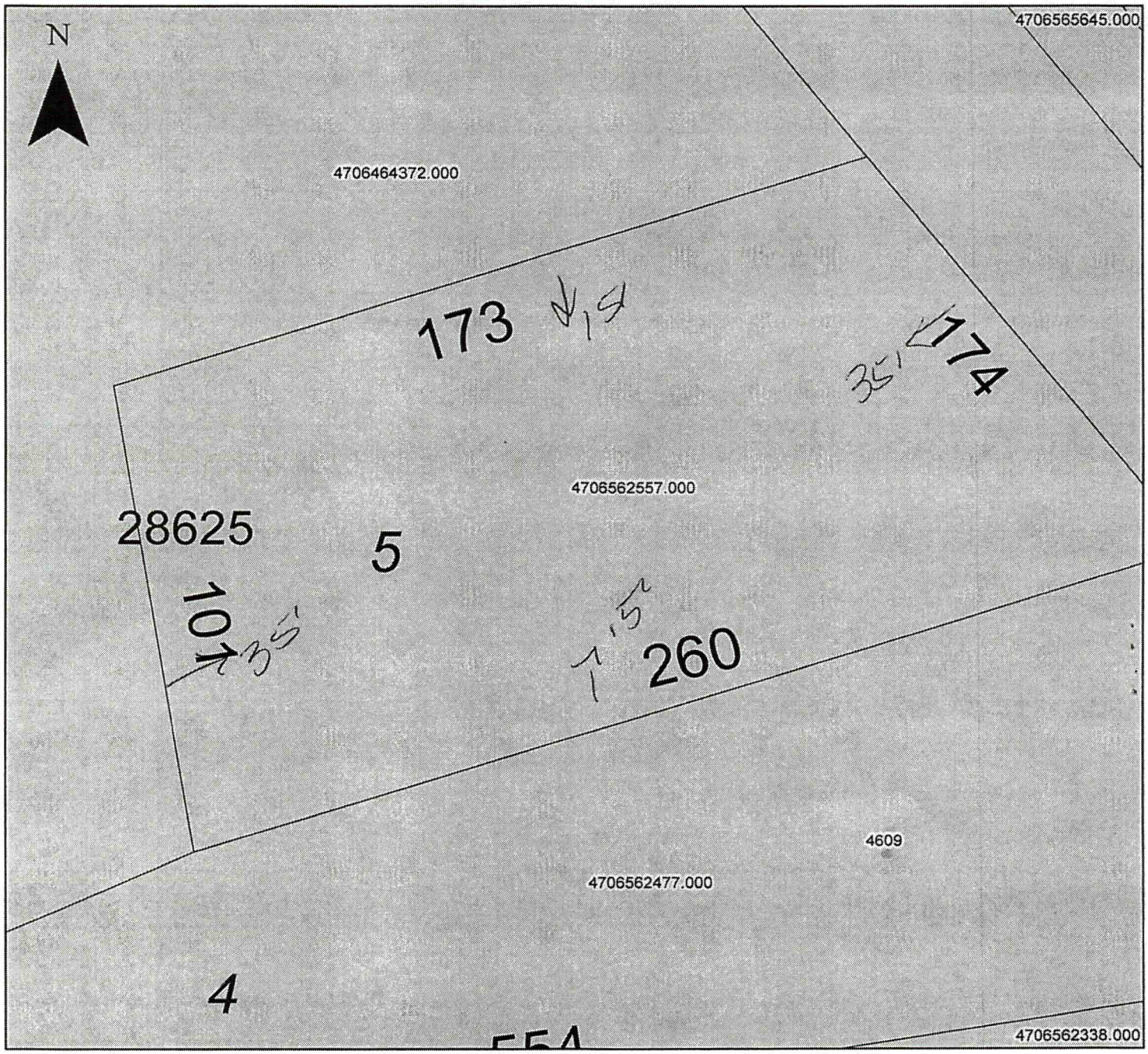
Applicant's Address 9106 Laurel Ridge Trail Charlotte NC 28269

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



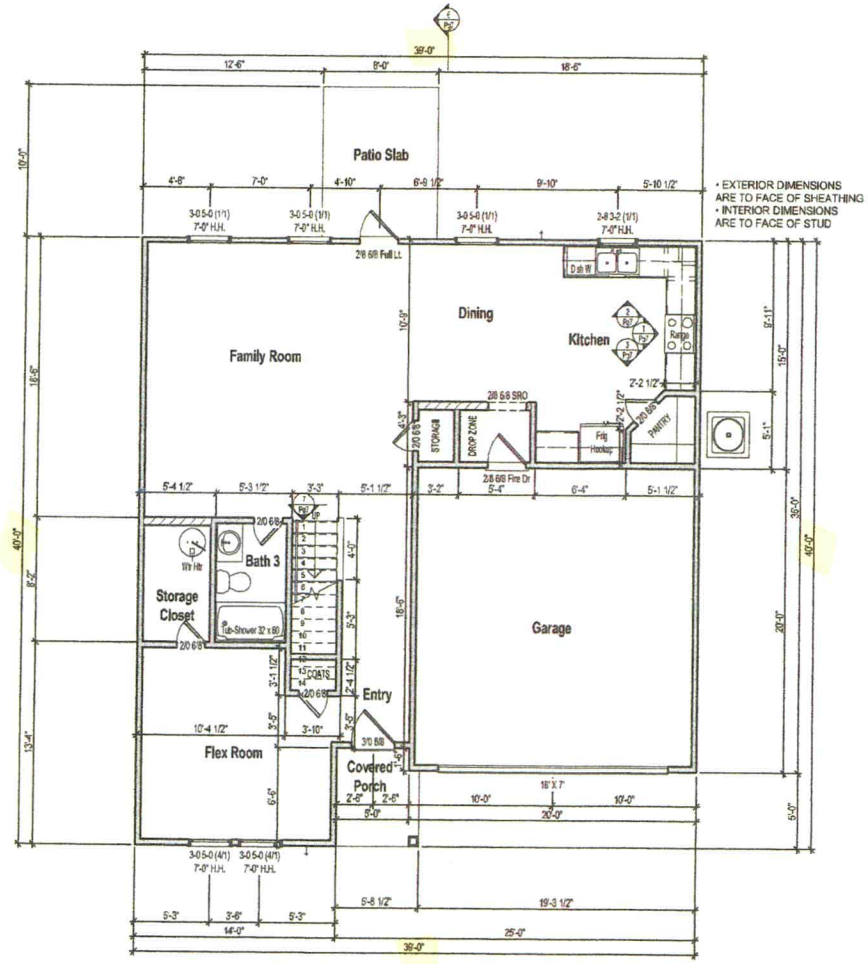
Property Address 4615 Taylorsville

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

11/8/21
Date

4615



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 req. rec by this section	Not less than ½- inch gypsum board or equivalent

Wall Stud Size
= 2x4
= 2x6

Acknowledgement Of Plans Submittal (OWNER)
Date 1/31/22
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.

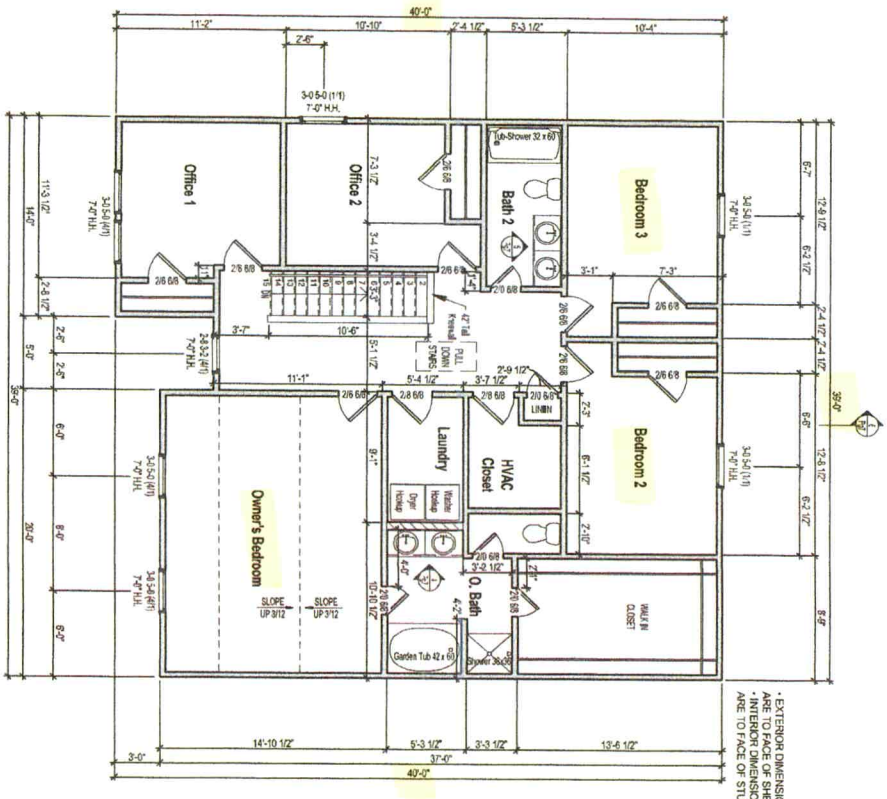
2502 RH - Elevation B

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"

Budget c. white 4-27-2022

Date

Date 4/27/22

Wall Shad Size
= 2x4
= 2x6

Acknowledgement Of Plans Submittal ONLY!

2502 RH - Elevation B

2nd Floor Plan

POP HOMES
MAKING LIFE BETTER
MYPOPHOMES.COM

Job #: Lot #:
Address:
Community:
Last Revision Date: 1-7-22
Sheet #: ElevB-Pg4