IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243086

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

PIN # 4713565170

APPLICANT/OWNER: KENNETH DARTY APPLICANT ADDRESS: 210 EAST WATER STREET, STATESVILLE, NC 28677

SITE ADDRESS: 572 BETHLEHEM ROAD, STATESVILLE, NC 28677 PHONE: 704-881-0043 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (L) ON OLD MTN RD, (L) ON BETHLEHEM, LOT ON (L) SAP CONTROLLED: EXT ☐ YES ☐ NO

SUBDIVISION: MOUNTAIN ROAD VILLAGE SECTION: — LOT # 5 LOT AREA: 0.57 DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	
Pump Tank	—	(gal)	PT	—	Date	—	
Pump Make	—	Model		—	Serial #	—	
# Nitrification Fields	1	# Lines	3		Linear Ft	EXT	
Trench Width	EXT	Trench Bottom Depth(Low side)		EXT	Gravel Depth	EXT	

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

System Description: EXT GRAVEL

Repair System Description: EXT

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

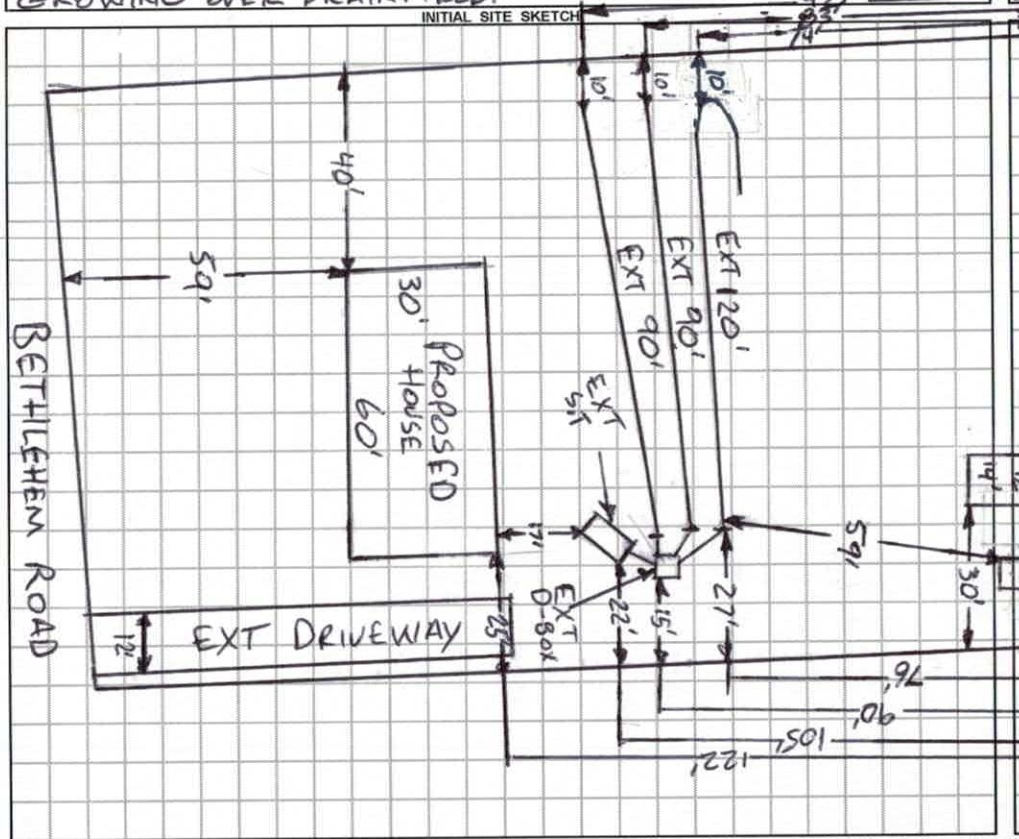
No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

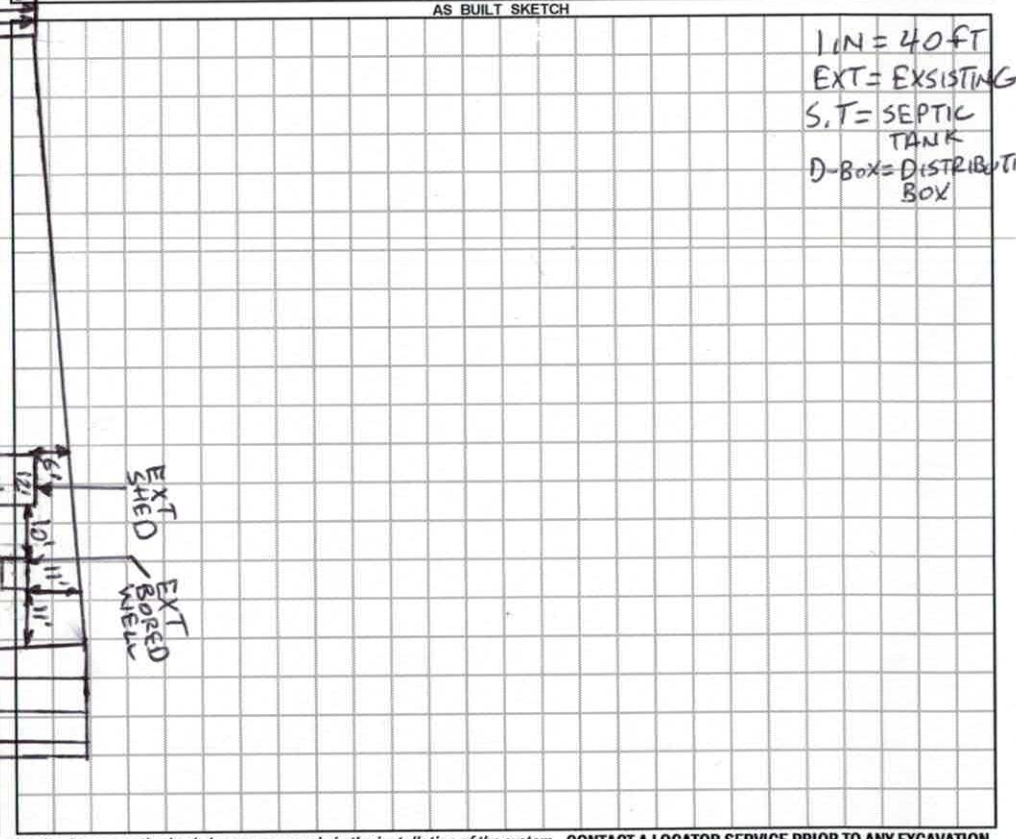
Comments / Conditions: RECOMMEND MOVING EXSISTING SHED TO 25FT OFF WELL, RECOMMED REMOVING TREE GROWING OVER DRAINFIELD.

SYSTEM FUNCTIONING AT TIME OF INSPECTION, SYSTEM HAD NOT BEEN USED RECENTLY

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: Jennifer Conan Date: 6/17/19 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burnett L. White Date: 6-14-19

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

RECEIVED ~~MAR 2 1~~ 2019

RECEIVED APR 1 - 2019

#26591

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $250.00 # 243086

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kenneth Darty Address: 210 E Water St. Zip: 28677
Applicant Email: kendarty@yahoo.com Phone: 704 881 0043 Alt. Phone: _____
Owner Name: same as above Address: same as above Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 572 Bethlehem Rd Statesville NC 28677
Subdivision Name: Mountain Rd Village PB Section/Phase: _____ Lot Number: 5
Driving Directions: Old Mtn road south of White Oaks - T.L. on Bethlehem Rd - across Celeste Henkel School - 1/4 mi. on left

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: 1998
( ) 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: Kenneth Darty 3-28-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Ken Darty

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, Kenneth B. Darty, am the legal owner(s) of the property located at 572 Bethlehem Rd, identified as

PIN (Parcel Identification Number) 4713 54 5170.000 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.

Ken Darty — Signature of Owner(s)

3-20-19 — Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

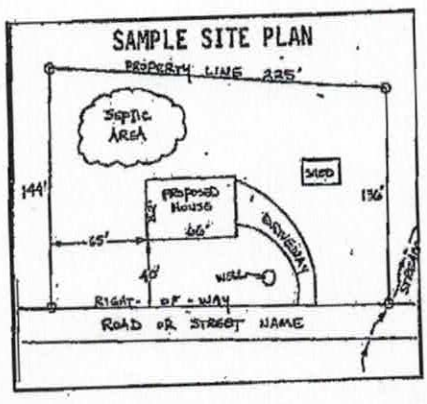
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!

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

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

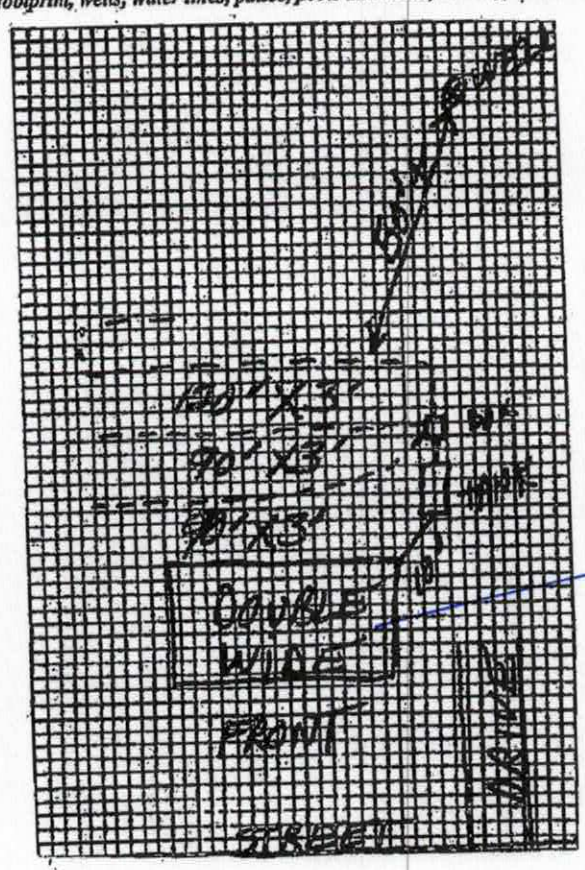


Circle N/A on the following if appropriate:

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



56'x27'
Per Applicant 4/1/19

Signature: Ken Darty — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-20-19 — DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

DATE 2-18-98

PERMIT# 071957 PIN# 4713565170 PHONE: Business _____ Home 871-8321

OWNER OR CONTRACTOR Tammy Jones

ADDRESS 572 Bethlehem Rd, Statesville

LOCATION Off of Bethlehem Rd on (L) past DoubleTree

SUBDIVISION Mt Ravi Estates BLOCK / SECTION _____ LOT 5 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

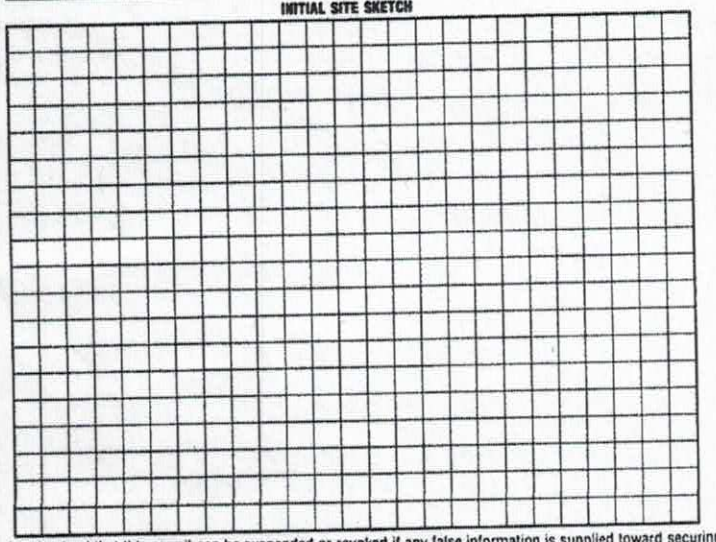
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

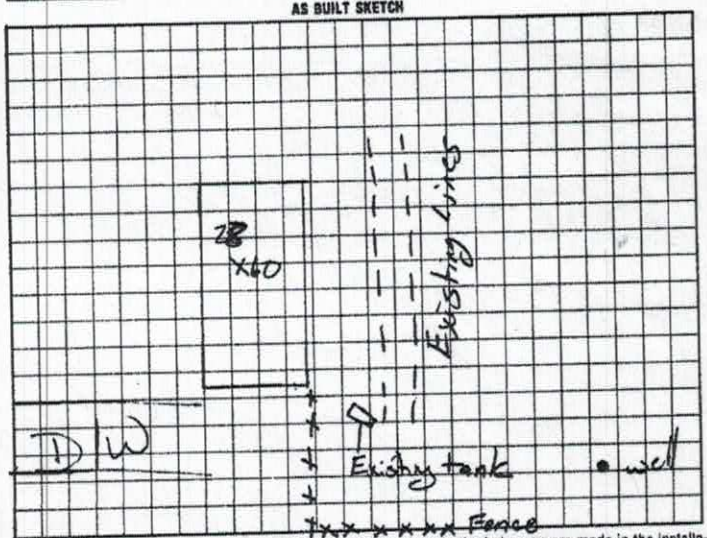
Comments:/Conditions:

Comments:/Conditions:
Existing System Check
Keep Footers 5 ft from system

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date 2-18-98

Authorization to Construct by: _____ date _____ Existing System Inspection by: Mark C. Jones date 2-18-98

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

572 Bethlehem Rd.

RECEIVED MAY 2 3 2019

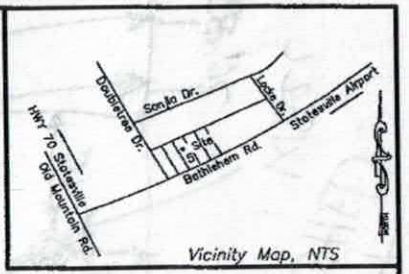
Notice

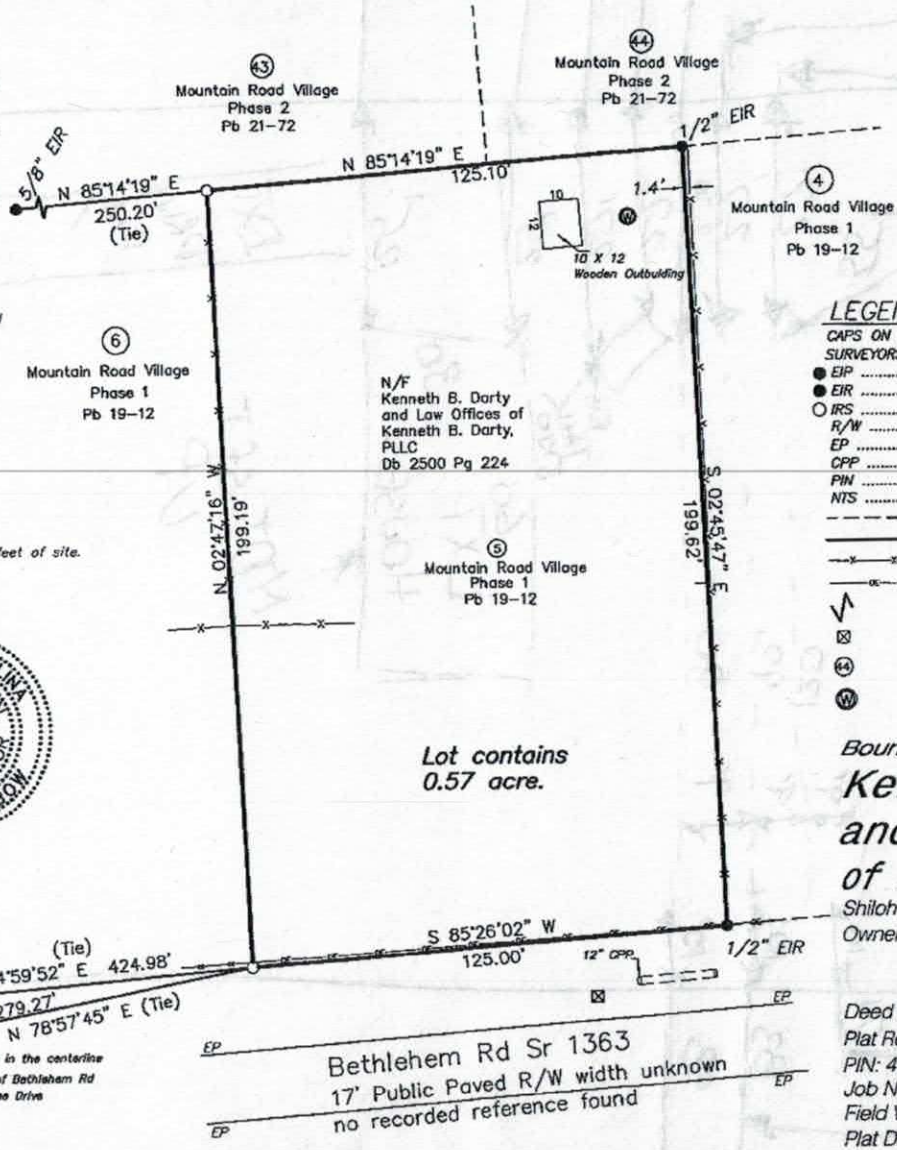
- Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
- This survey is subject to any facts that may be disclosed by a full and accurate title search.
- This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumberances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
- This plat was drawn for the exclusive use of the porty named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
- This plat represents an actual field survey that meets or exceeds the minimum requirements of a class C survey accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
- The ratio of precision before any adjustments is 1:31,938
- Area determined by coordinate computations.
- No NGS or NCGS Horiz. Control Monument found within 2,000 feet of site.

Witness this my original signature, registration number and seal this 21 day of May, 2019 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW





0 30 60 90

LEGEND

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- ● EIP ..... EXISTING IRON PIPE AS SHOWN
- ● EIR ..... EXISTING IRON ROD AS SHOWN
- ○ IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- R/W ..... RIGHT OF WAY
- EP ..... EDGE OF PAVEMENT
- CPP ..... CORRUGATED PLASTIC PIPE
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- LINE NOT SURVEYED
- LINE SURVEYED
- FENCE LINE
- OVERHEAD ELECTRIC LINE
- SURVEYED LINE NOT TO SCALE
- ⊠ MAILBOX
- (44) SUBDIVISION LOT NUMBERS
- (W) WATER WELL

RELATIVE TO Pb 19 Pg 12

Boundary Survey For:

Kenneth B. Darty and Law Offices of Kenneth B. Darty, PLLC

Shiloh Township, Iredell County, NC
Owners of Record: Kenneth B, Darty and Law Offices of Kenneth B. Darty, PLLC
Deed Reference: DB 2500 Pg 224
Plat Reference: Pb 19 PG 12 & Pb 21 Pg 72
PIN: 4713-56-5170
Job Number:190562.DWG (190562.CRD)
Field Work: 16/May/2019
Plat Date: 20/May/2019

TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Acknowledgement Of
Plans Submittal ONLY!
Ken Darty Date 4/11/19
Benjamin A Bolton Date 6/14/19.





3/29/19

Ken Darty
572 Bethlehem Rd
Stvl NC 28677

IREDELL COUNTY

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

APPLICATION NUMBER
243086
Issue Date: 03/21/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4713565170.000	572 BETHLEHEM ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DOTSON JIMMY DARRELL+MARSHA	Applicant: DARTY, KENNETH
Address: 572 BETHLEHEM RD	Address: 572 BETHLEHEM RD
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone: 704-881-0043

Use Requested	Zone Code
SFD - DROVE DW OFF PROPERTY. MOVED STICK BUILT ONTO LOT WITH EXISTING SEPTIC.	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	35.00	35.00	15.00	15.00	NOT	X

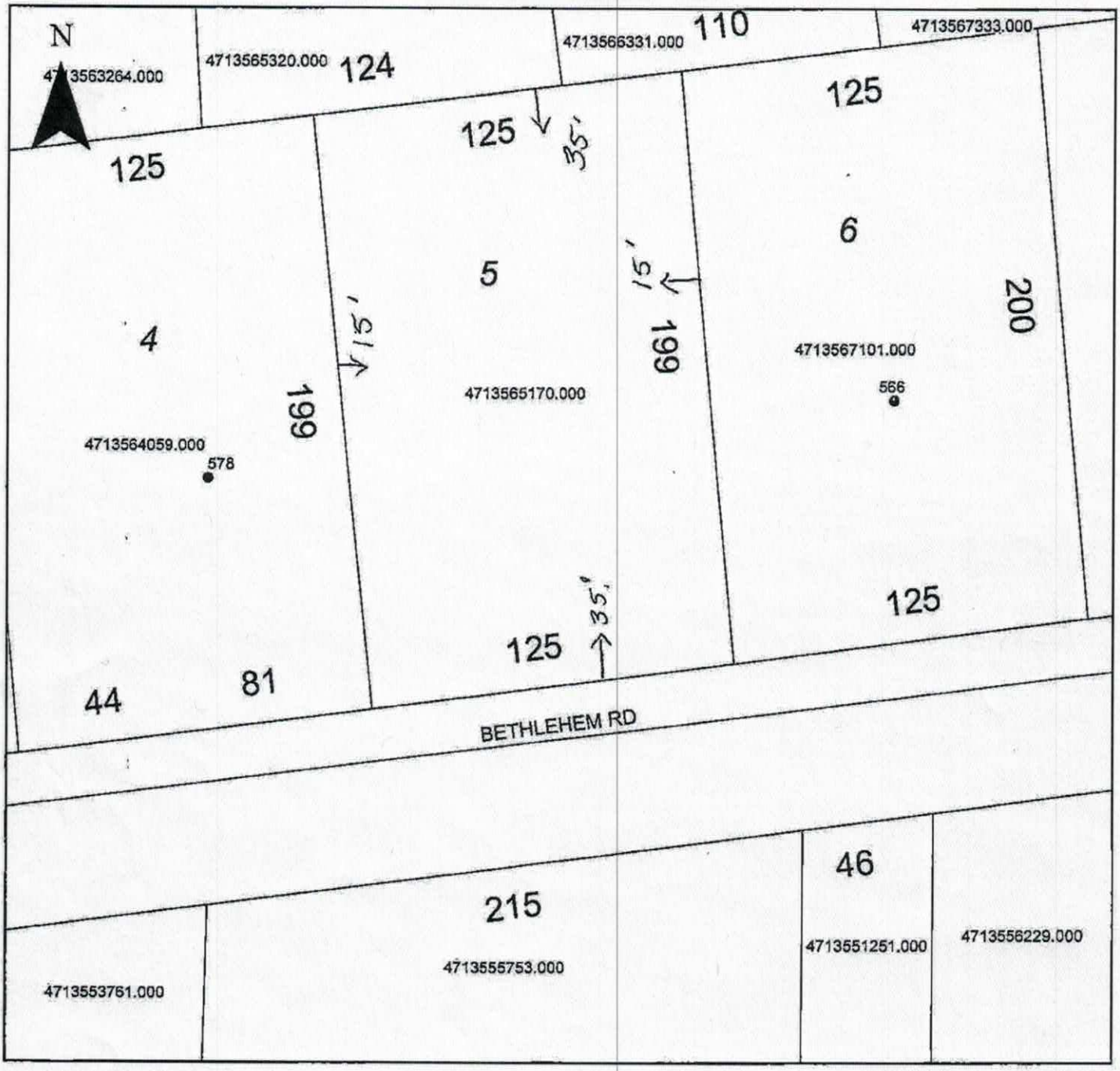
Remarks:

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	171328	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 572 Bethlehem Rd

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

Ken Darby
Applicant

3-2019
Date