ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP - 319168

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

PIN # 4716--61--5258

APPLICANT/OWNER: BRAD KENNEDY | APPLICANT ADDRESS: 116 WHITETAIL ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 173 JO MONNI LOOP, STATESVILLE, N.C. 28625 | PHONE: 704-880-6121 | ALT. PHONE 704-252-1089

SITE DIRECTIONS: (N) ON 115, (L) ON SCOTTS CREEK, (L) ON LITTLE FARM, (R) ON JO MONNI, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: HARRY LITTLE | SECTION: – | LOT # 139-143 | LOT AREA 0.65 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	160	Date	5-24-2021	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	EXT		
Pump Make	–	Model	–	Serial #	–	Repair System Description:	TANK REPLACEMENT		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		☑ GRAVITY	☐ PRESSURE	

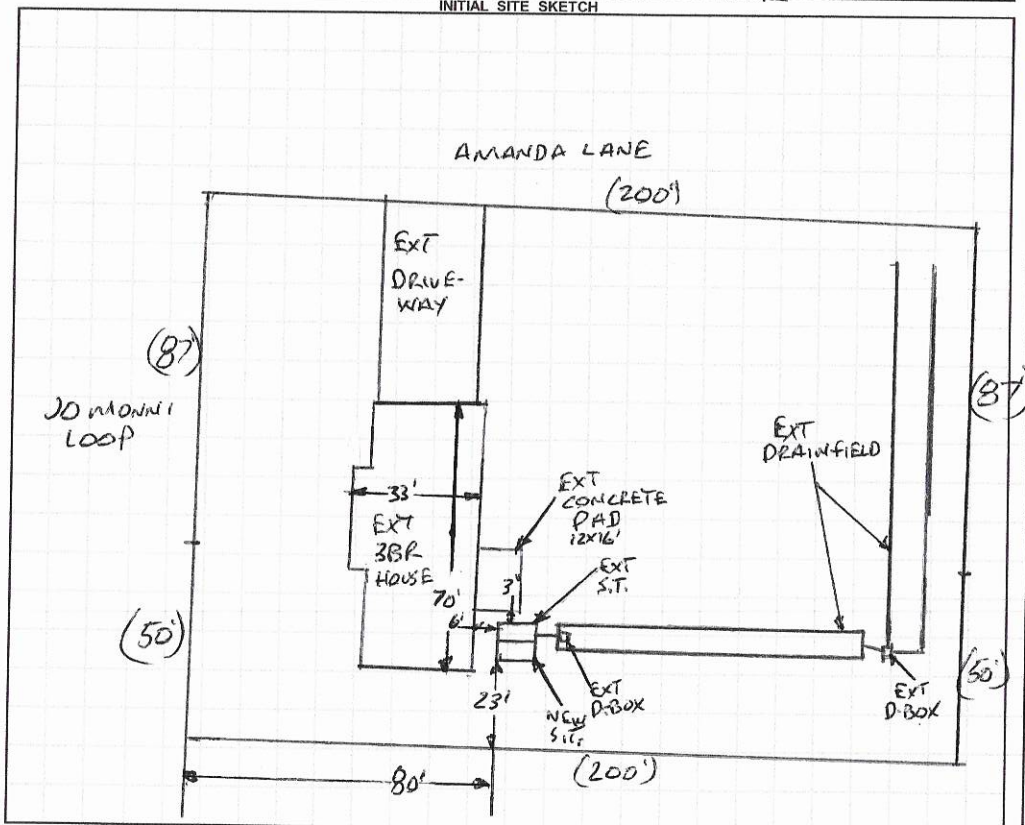
☑ Residence	No. Bedrooms	EXT	**Water Supply**
☐ Business	No. Persons	EXT	☐ Private
☐ Other	No. Employees	–	☑ Public
☐ Slab	☐ Crawl Space		☐ Community
☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE EXISTING D-BOXES AS NEEDED, NEW TANK NOT TO EXCEED 36 IN OF COVER

DRAINFIELD APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

New PIN # for combined lots ✓

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.

LIN = 50FT
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: 07/22/20 Installed by: K+M GRADING

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-22-2021 OPERATION PERMIT by: Bryant C. White Date: 8-4-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-22-2021 Existing System Inspected by: Date:

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

RECEIVED JUN 2 5 2021

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

Iredell County Health Department – Environmental Health Division

Repair EVAL

PAGE 1: *APPLICATION FORM* AP-319168

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Brad Kennedy Address: 116 Whitetail Rd-Statesville NC Zip: 28625
Applicant Email: 85jbkennedy@gmail.com Phone: 704-880-6121 Alt. Phone: *
Owner Name: James Bradley Kennedy Address: 116 Whitetail Rd-Statesville NC Zip: 28625
Owner Email: Same as applicant Phone: Same as Applicant Alt. Phone: 704-252-1089 *

Property Information:

angie@angietravisroberts.com * Angie Travis Roberts Real Estate Agent Keller Wms.

Street Address: 173 Jo Monni Loop - Statesville NC
Subdivision Name: Harry Little Property Section/Phase: _____ Lot Number: 139-140 141—143
Driving Directions: NC 90 West, TR Little Farm Road, TL Jo Monni Loop, TL Amanda Lane, 1st House on Right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 County

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ? Repair 2003
( ) No Preference ( ) Alternative (✓) 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: James Bradley Kennedy 06/22/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Alice Davidson

From: Emily O'Connor
Sent: Thursday, July 22, 2021 4:12 PM
To: Alice Davidson
Subject: 173 Jo Monni Loop

Hey Alice,

Eunice combined the prior parcels (4716-61-5209 & 4716-615267) at 173 Jo Monni Loop this afternoon. The new parcel is 4716-61-5258 and a screenshot is pasted below. The change will be reflected in the public online map in about two and a half to three weeks.

DocuSign Envelope ID: 01EF5957-4A8B-415D-AB4B-C9750DF31F16

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*) James Bradley Kennedy

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, James Bradley Kennedy, am the legal owner(s) of the property located at 173 Jo Monni Loop, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4716-61-5209, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Angie Travis Roberts, with Keller Williams Realty, 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.

James Bradley Kennedy
Signature of Owner(s)

06/22/2021
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

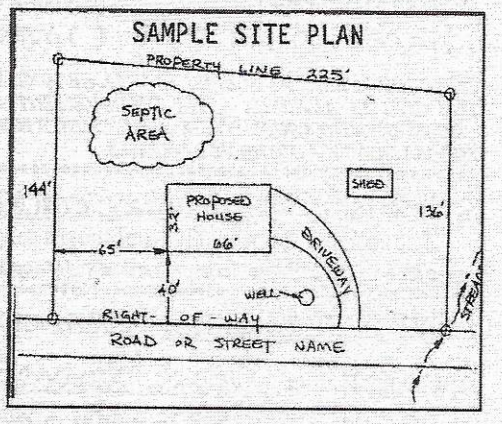
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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: James Bradley Kennedy

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

6.22.21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4716-61-5209

OWNER OR CONTRACTOR DORMAN DURANT LITTLE DATE 9-12-03

ADDRESS 173 Jo Monni Loop, STATESVILLE, NC 28625-2316 PHONE: Business Home 704-873-2511

LOCATION NC 90 WEST, TR LITTLE FARM ROAD TL 1ST Jo Monni Loop, TL AMANDA LANE, 1ST HOUSE ON RIGHT

SUBDIVISION LITTLE BLOCK / SECTION LOT (139) 133 LOT AREA 137' x 200' SITE CLASS PS DESIGN FLOW 360' L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36-48" Gravel Depth 12"

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

System Description:

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1 1/2

☐ Business No. Employees

☐ Other

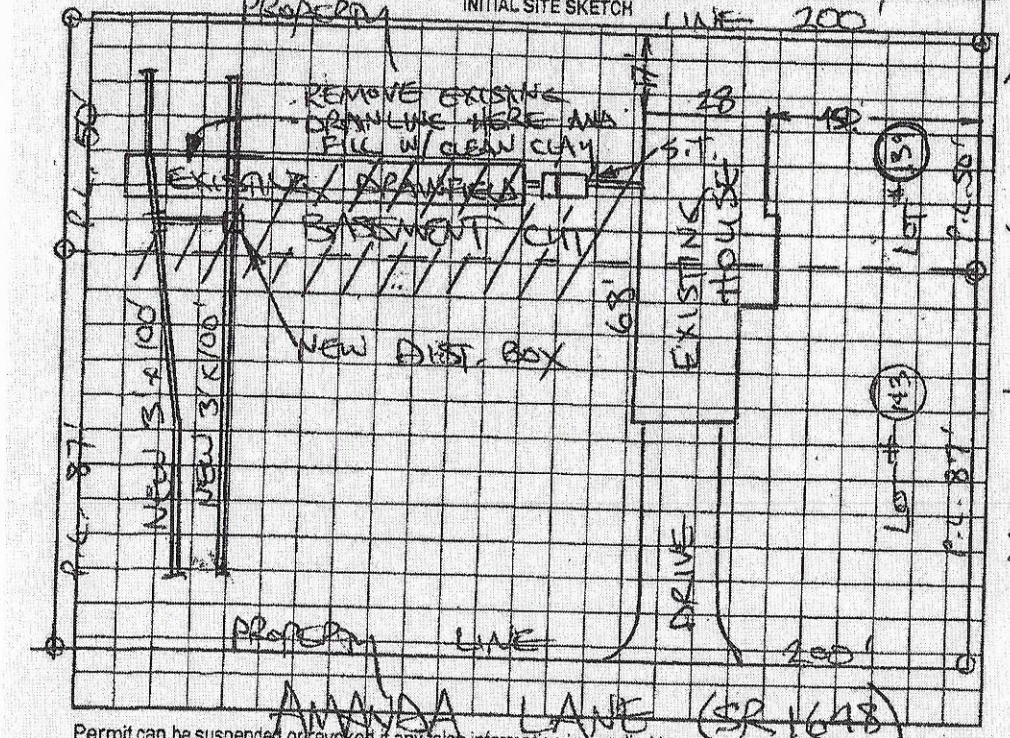
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

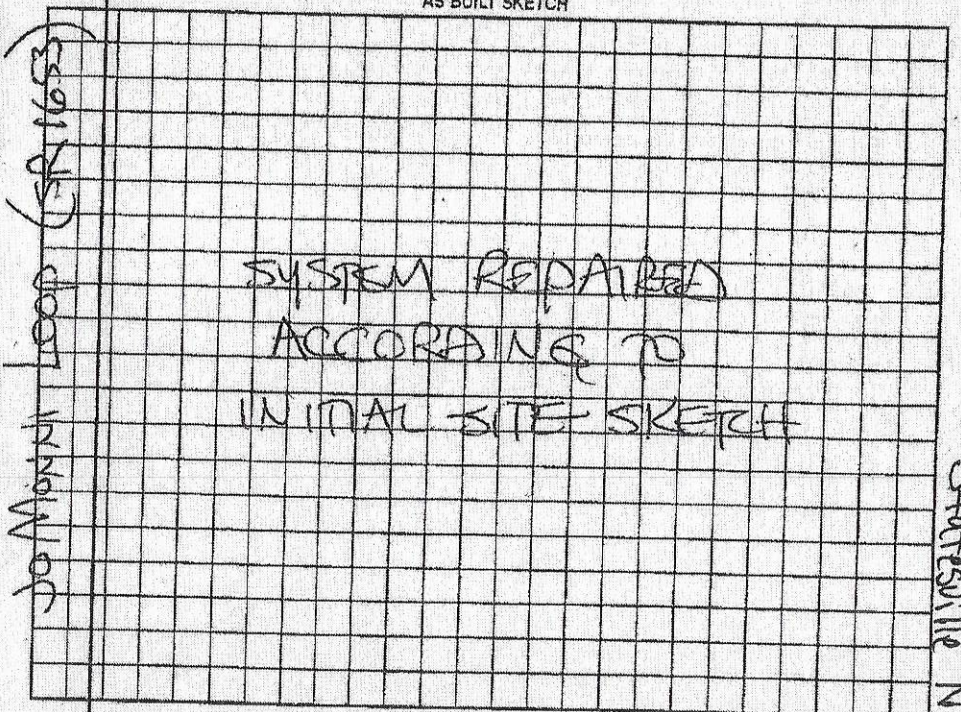
Comments/Conditions: INTERSECT EXISTING DRAINLINE AT LOCATION SHOWN W/ NEW 3' x 100' DRAINLINE. CONSTRUCT DAM IN EXISTING LINE AS SHOWN & FEED SECOND DRAINLINE WITH DISTRIBUTION BOX.

Comments/Conditions: THIS PERMIT SERVES AS "NOTICE OF VIOLATION" SYSTEM TO BE BROUGHT BACK INTO COMPLIANCE BY OCTOBER 14, 2003

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. 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 9-12-03

Improvement Permit by: STEVE HEDRICK date 9-12-03

Authorization to Construct by: STEVE HEDRICK date 9-12-03

Installed by: JAMES HUDLER

Operation Permit by: STEVE HEDRICK date 9-30-03

Existing System Inspection by: date

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

Brad Kennedy – 173 Jo Monni Loop Statesville NC