IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245004 ← 243795

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

PIN # 4721146037.000.209

APPLICANT/OWNER: Jeff Medlin APPLICANT ADDRESS: 207 Beardy Anne Drive Statesville NC 28677.

SITE ADDRESS: 209 Beardy Anne Drive Statesville NC 28677 PHONE: 704 253 0957 ALT. PHONE 704 528 4462

SITE DIRECTIONS: Buffalo Shoals Rd on Pinnacle Rd on Beardy Anne Dr on Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: SECTION: — LOT # — LOT AREA: 1.677 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1500 (gal)	STB	904	Date	10-02-18	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	Ext-4 New 1	Linear Ft	Ext 400 New 100	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	34	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

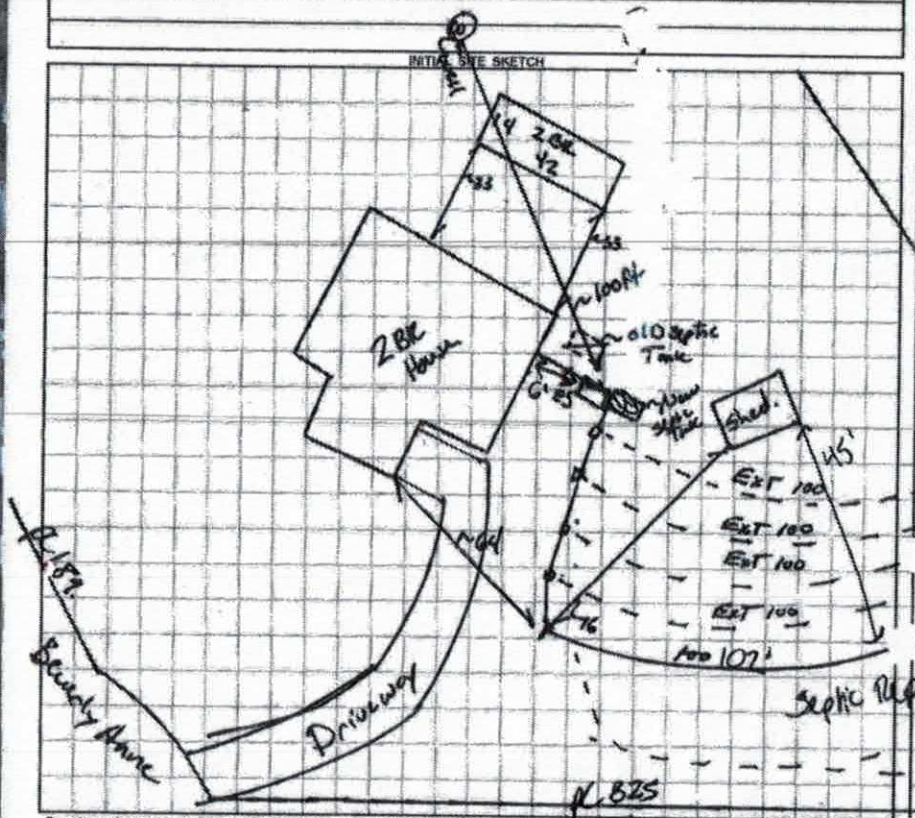
Comments / Conditions:

Septic System Serves 2 Dwellings & 240 gpd. Install New 1500 gallon Septic Tank. Pump Crush & Fill Old Tank. Maintain 10 Ft Separation from well. Install New 100 Ft Septic Drainline on the contour of the land. System may be set up Per Serial Distribution or From D-Box. Do not drive, park, grade or bury utilities in designated area. Existing Septic System is 4 x 100 gravel lines.

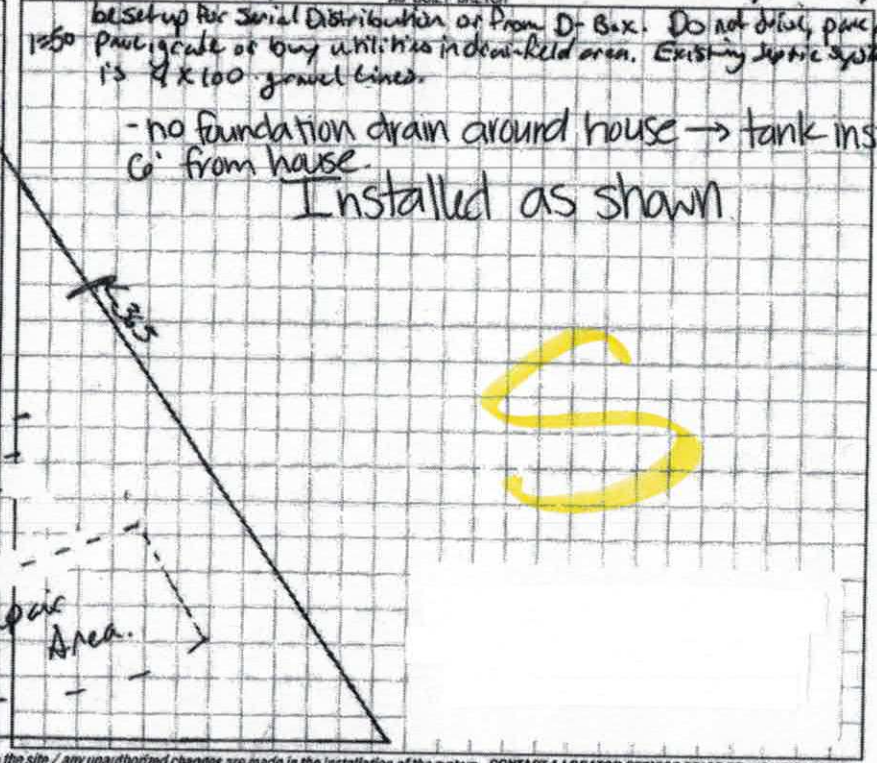
- no foundation drain around house → tank installed 6' from house.

Installed as shown

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing this 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: 5-6-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 5/3/2019 OPERATION PERMIT by: Kayla Watson Date: 5-10-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/3/2019 Existing System Inspected by: Date:

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 inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4721146003
COUNTY: Pasquotank

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

OWNER: Medley
ADDRESS: 209 Bundy Drive
PROPOSED FACILITY: 2BR House
LOCATION OF SITE: 209 Bundy Drive
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE 4/11/24
DATE EVALUATED: 5/3/24
PROPERTY SIZE: 1.6 AC
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 6-8%	0-30	C SBk	SS Sp FR SEx	2.5YR 4/6	42	—	Litho Mottles Mica	PS .30
		30-42	CL WSBk	SS Sp FR					
		42-58	L Sap M	NS NP VFR					
2	Side 6-8%	0-26	C SBk	SS Sp FR SEx	2.5YR 4/6	42	—	Litho Mottles Mica.	PS .30
		26-42	CL WSBk	SS Sp FR					
		42-48	L Sap. M	NS NP VFR					
3	Side 6-8%	0-24	C SBk	SS Sp FR SEx	2.5YR 4/6	48.	—	Litho.	PS .30
		24-48	CL WSBk	SS Sp VFR					
4	Side 6-8%	0-24	C SBk	SS Sp FR SEx	2.5YR 4/6	50	—	Litho	PS .30.
		24-50	CL WSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100 C.f.	267
System Type(s)	III 25%	IV Pond Bottom
Site LTAR	.30	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT: Medley / Lentz

COMMENTS: New 1500 gal Tank.

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			Fl (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

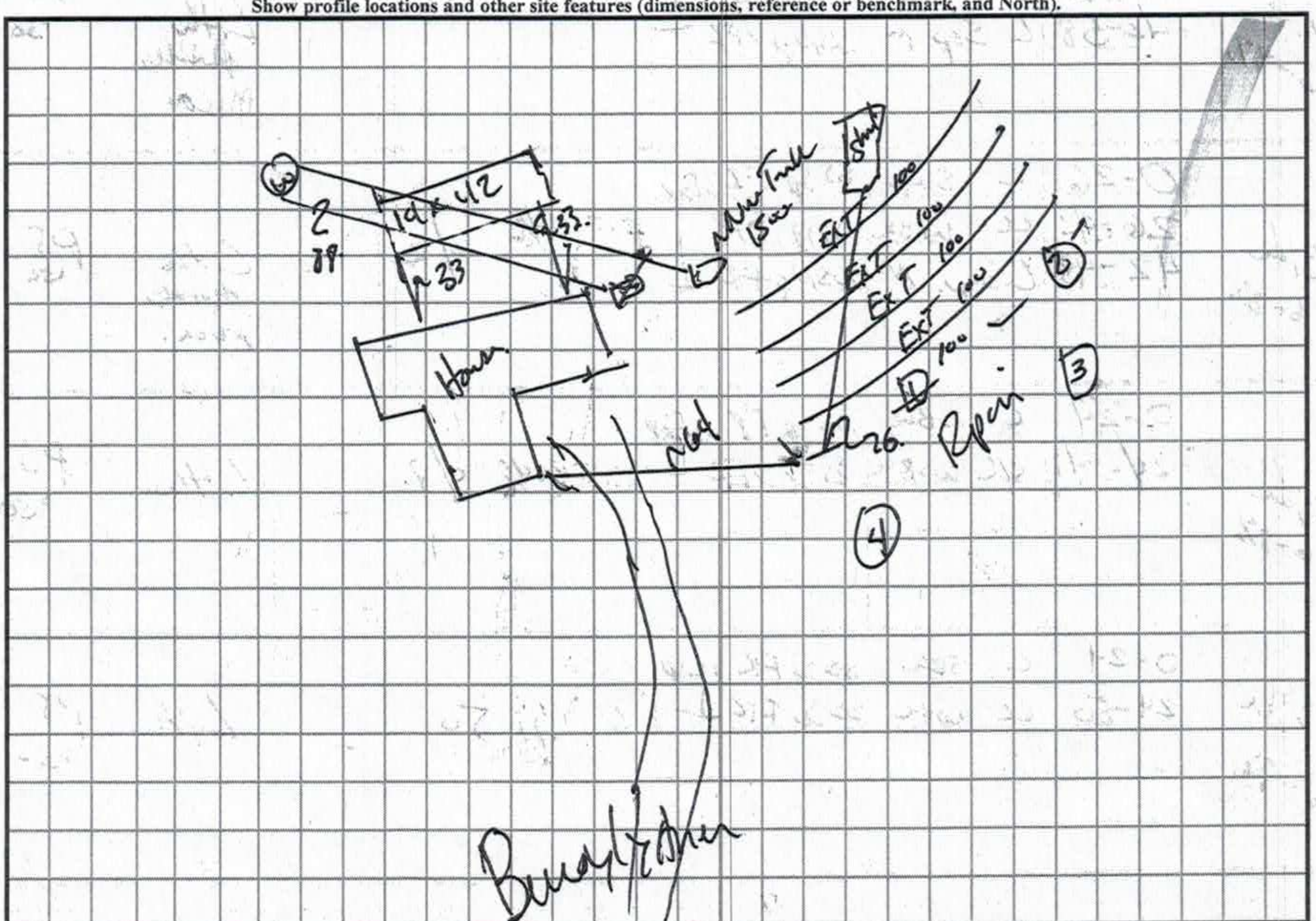
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED APR 2 5 2019

243795

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Expansion

Paid $500.00

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: Jeff Medlin Address: 207 Beverly Anne Dr Statesville Zip: NC. 28677
Applicant Email: _____ Phone: 704 253-0957 Alt. Phone: 704 528-4462
Owner Name: Jeff Medlin Address: 207 Beverly Anne Dr Statesville NC. Zip: 28677
Owner Email: jmedlin1964@gmail.com Phone: 704 253-0957 Alt. Phone: 704 528-4462

Property Information:

Street Address: 209 Beverly Anne Dr. Statesville NC. 28677
Subdivision Name: Timber ridge Section/Phase: _____ Lot Number: 12
Driving Directions: Buffalo Shoals Southwest (L) Pineville Rd (L) Beverly Anne Dr. at end 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: ~~492 sq ft~~ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: ~~5~~ 5
( ) 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: 2 Number of Persons: 5
( ) 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: 2008
( ) 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: Jeff R Med 11 Apr 2019
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*) _____

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, Jeff Medlin, am the legal owner(s) of the property located at 207 Beverly Anne Dr Statesville NC., identified as

PIN (Parcel Identification Number) 4721-14-6037, 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.

Jeff R Med _____ 11 Apr 2019
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

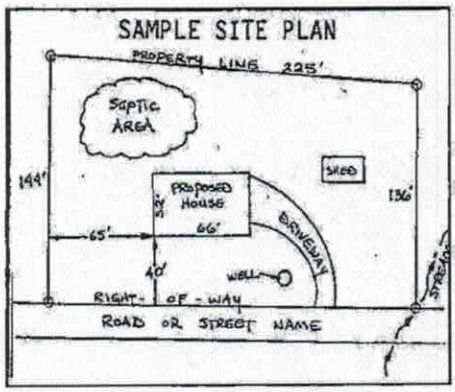
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **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**

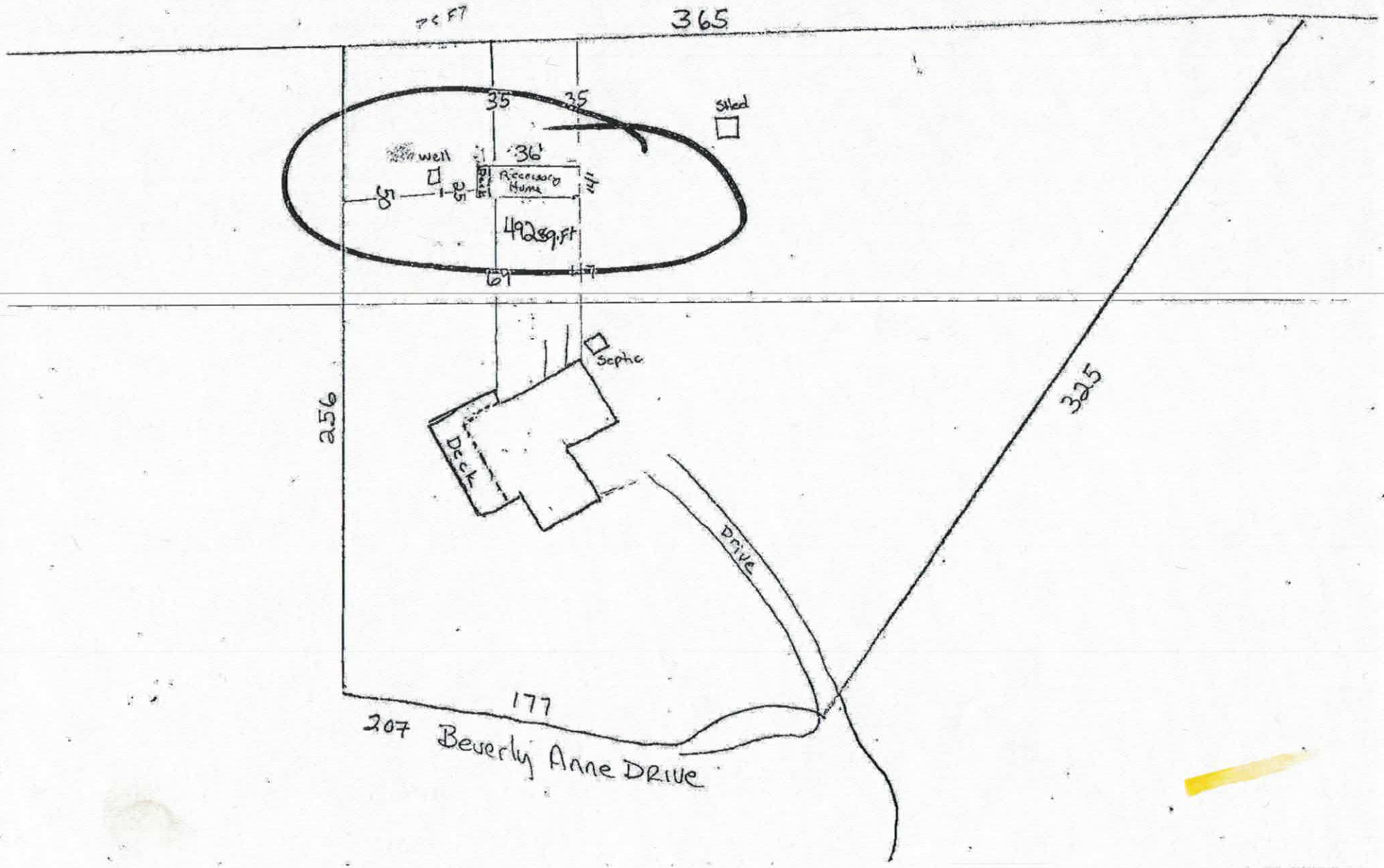
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____ 16 Apr 2019

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


365
35
35
Shed
well
36'
Recreational Home
141
61
61
61
492 sq.ft
Septic
256
Deck
325
Drive
177
207 Beverly Anne DRIVE

Acknowledgement Of
Plans Submittal ONLY!

Date 4/16/19

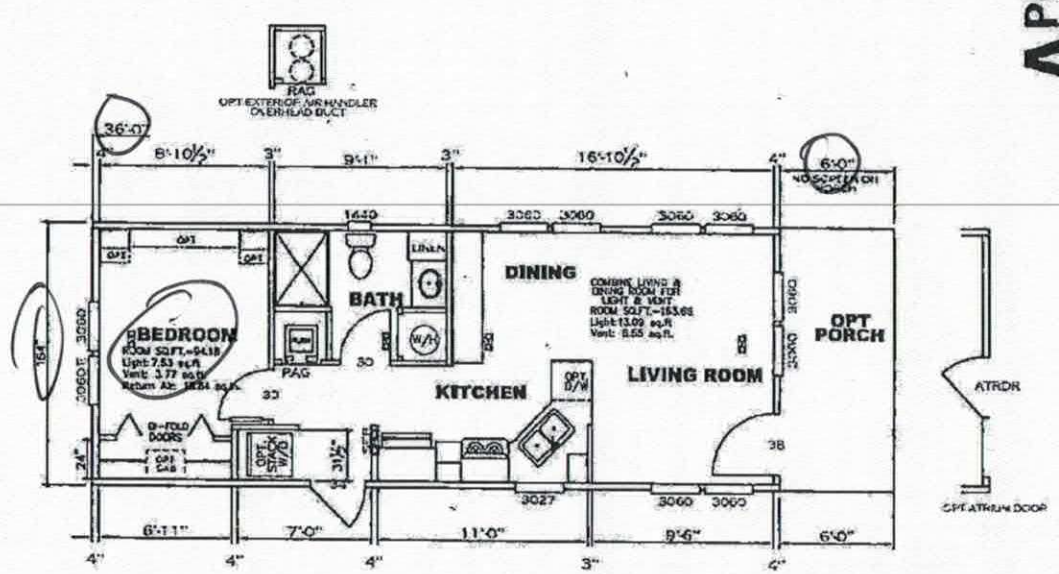
Date 5/3/19

APPROVED

HWC
REVISED
MAR 7 2019
FP-14-1188

Federal Manufactured
Home Construction
And Safety Standards

APPROVED



ALL TRANSOM WINDOWS ARE LOCATED 6' ABOVE FLOOR*

492 SQ.FT. (STD PLAN "CONDITIONED")
574 SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: 28X36-4B	Drawing #: 305303
Product Designer: Alex Wilson	14'x36' Yes	
FLOOR PLAN	REVISION ECR-271102 3.7.19 ACW	

IREDELL COUNTY

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

APPLICATION NUMBER
243795
Issue Date: 04/25/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4721146037.000	209 BEVERLY ANNE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MEDLIN JEFFERY RAY+CAROLE ELIZ ABETH	Applicant: MEDLIN JEFFERY RAY+CAR
Address: 207 BEVERLY ANNE DR	Address: 207 BEVERLY ANNE DR
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME-ACCESSORY DWELLING UNIT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.677	35.00	35.00	15.00	15.00	PACL	X

Remarks:

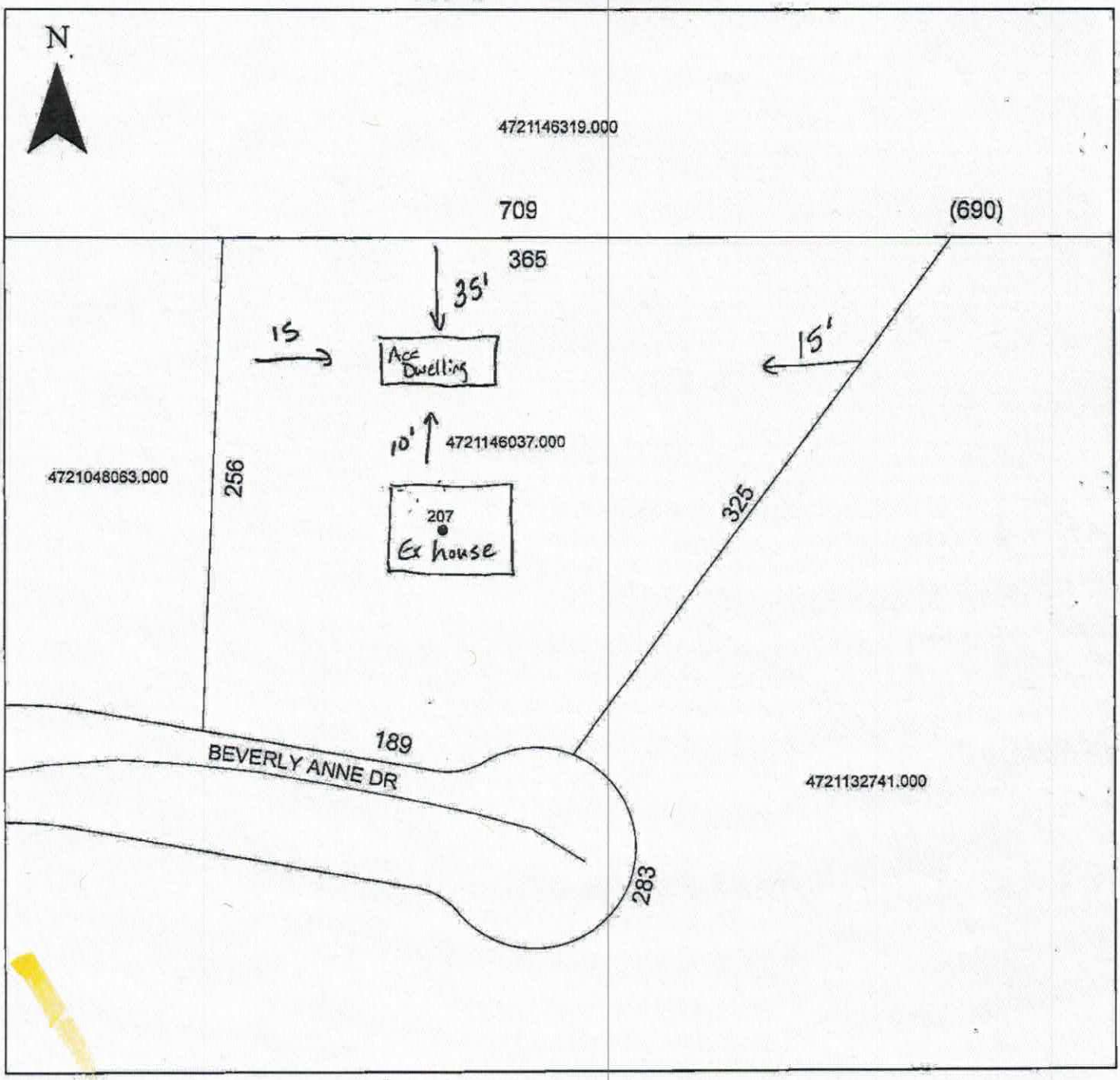
PERMITTED AS AN ACCESSORY DWELLING UNIT TO A SINGLE-FAMILY DWELLING UNIT ONLY. IT SHALL BE CLEARLY SUBORDINATE TO THE PRINCIPAL STRUCTURE. FOR DETACHED DWELLING UNITS AND THOSE USING SEPARATE SEPTIC AND/OR WELL SYSTEMS, THE MINIMUM LOT SIZE SHALL BE TWO TIMES THE MINIMUM LOT REQUIREMENT FOR THE DISTRICT. OTHERWISE, THE STANDARDS OF THE ZONING DISTRICT SHALL APPLY. SHALL HAVE HEATED FLOOR AREA NO GREATER THAN 650 SQUARE FEET. THE ACCESSORY UNIT MAY BE COMBINED WITH A GARAGE, WORKSHOP, ETC. NO MORE THAN ONE ACCESSORY DWELLING UNIT SHALL BE LOCATED ON THE LOT. MUST BE OWNED BY THE SAME PERSON WHO OWNS THE PRINCIPAL DWELLING. SHALL NOT BE SERVED BY A SEPARATE DRIVEWAY

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	175103	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 209 Beverly Anne Dr.

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

4/25/19
Date