12.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 224067

APPLICANT: Tony Marlow

PIN # 4745-68-9957

SITE ADDRESS: 261 James Farm Road Statesville

APPLICANT ADDRESS: 472 Barry oak Rd Statesville, NC

PHONE: 704-658-5180 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Statesville → R on Glenway Dr → L on James Farm Rd → Lot on Left

SUBDIVISION: Williams S. Cornett

SECTION: 2 LOT # 2 LOT AREA: 0.501 DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	1012	Date	4-17	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type:	I	II
Pump Make	—	Model		—	Serial #	—			
# Nitrification Fields	1	# Lines	5		Linear Ft:	300			
Trench Width	36"	Max. Trench Bottom Depth	32-36" [high side]		Gravel Depth	—			

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

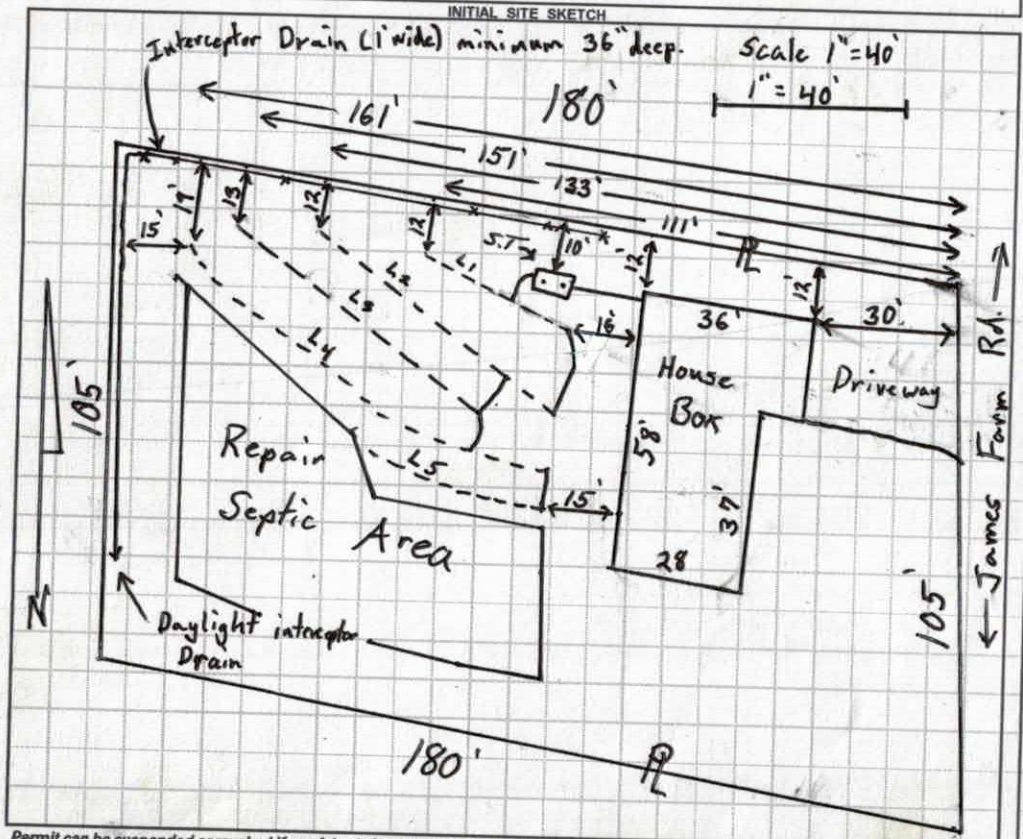
☒ GRAVITY ☐ PRESSURE

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

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

* Installed as permitted - Interceptor drain on property Line /No.57 Stone Wall - 5Ft deep & Tank 3Ft deep & Corner of Lot 1/2 Full in drain

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: [signature] Date: 2-10-2017 Installed by: Steve Corder Steverhoe Bell South.Net

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-7-2017 OPERATION PERMIT by: Benjamin Botkins Date: 6/15/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-7-2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4746689955
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tony Marlow
ADDRESS: 201 James Farm Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: US 21N, turn R on James Farm Rd, Lot on L
APPLICATION DATE 12-30-16
DATE EVALUATED: 1-6-17
PROPERTY SIZE:
PROPERTY RECORDED: yes

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
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
Repair 1	4% TS	0-10	SBK CL	Fr, SS, SP, SEXP		48			PS .275
		10-36	SBK C	Fr, S, PSEXP					
		36-48	SBK BC CL	Fr, SS, SP, SEXP					
Repair 2	4% LS	0-6	fill?			0-6 fill			PS .25
		6-12	SCL WSBK	Fr, SS, SP, SEXP					
		12-46	SBK C	Fr, S, P, SEXP					
		46-48	SBK BC CL	Fr, SS, SP, SEXP		48			
Init. 3	3% LS	0-11	WSBK SCL	Fr, SS, SP, SEXP		48			PS .3
		11-35	SBK C	Fr, SS, SP, SEXP					
		35-48	WSBK BC CL	Fr, SS, SP, SEXP					
Init. 4	11% LS	0-8	WSBK SCL	Fr, SS, SP, SEXP		43			PS .3
		8-20	SBK C	Fr, SS, SP, SEXP					
		20-43	SBK BC CL	Fr, SS, SP, SEXP					
		43-48	SLS RP mas SNC	VFR NS, NP	N/A				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25% reduction	50% reduction
Site LTAR	.3	.25

COMMENTS:

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Tony Marlow
ADDRESS: 261 James Farm Rd Statesville
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 261 James Farm
APPLICATION DATE: 12-30-16
DATE EVALUATED: 11/24/17
PROPERTY SIZE: 0.501 acres
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

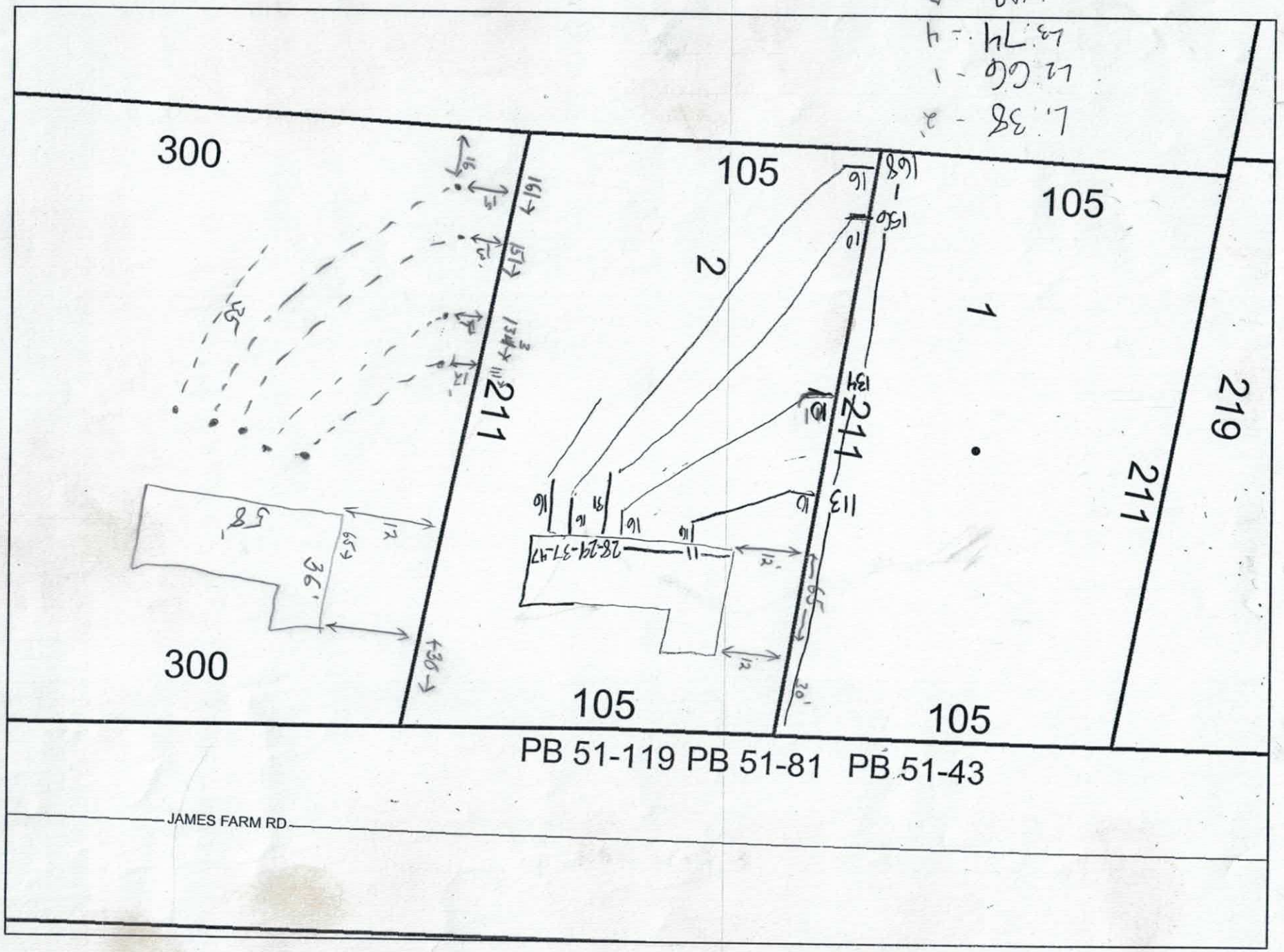
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	See intern notes								
2	7% Foot Slope Repair	0-11	SCL w. SBK	SI, Firm, SS, Sp, Sexp	—	48	—	—	0.275 PS
		11-48	Clay w. SBK	Firm, SS, Sp, Sexp					
3	10% Prim	0-11	SCL w. SBK + Granules 5"-11"	SI. Friable, SS, Sp, Sexp	—	48	—	—	0.3 PS Interceptor Needed
		11-36	Clay + Granls w. SBK 11"-24"	SI. Firm, SS, Sp, Sexp					
		36-48	clay Loam w. SBK + Saprolite	Friable, SS, Sp, Sexp					
4	11% Prim	0-9	SCL v. Weak SBK	SI. Friable, SS, Sp, Sexp	—	48	—	—	0.325 [Deep] PS
		9-23	Clay trace w. SBK rock	SI. Firm, SS, Sp, Sexp					
		23-48	clay Loam SBK w/ common SAP inclusions 40-48"	Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+ l.f.	275 l.f.
System Type(s)	25% reduction	50% reduction
Site LTAR	0.30	0.275

OTHER FACTORS (.1946): Interceptor Needed
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

	Header	Distal		
L_1	4.59	7.11	2.52	2.70
L_2	5.38	7.74		
L_3	5.41	7.45		
L_4	6.57	7.90		

$5.20 \Rightarrow 2.50$



1 inch = 40 feet

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tony Madison	472 Barneyoak Rd Statesville		704-658-5180

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Tony Madison			

4. Property Information:

261 James Farm Rd
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 7
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

PAID
1003 MKD 12/30/10

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: William Tony Madison — 12-30-2010
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

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

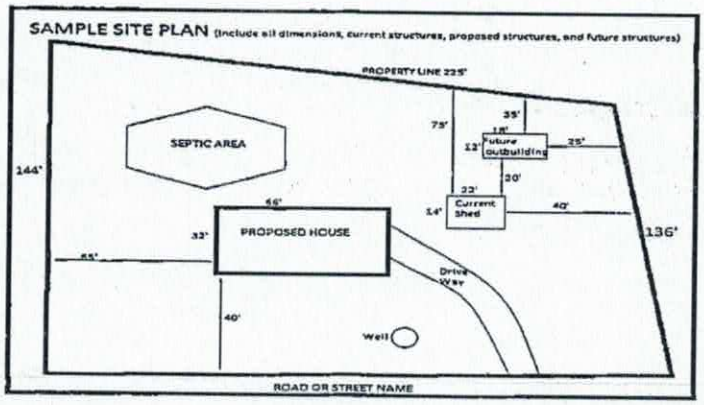
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

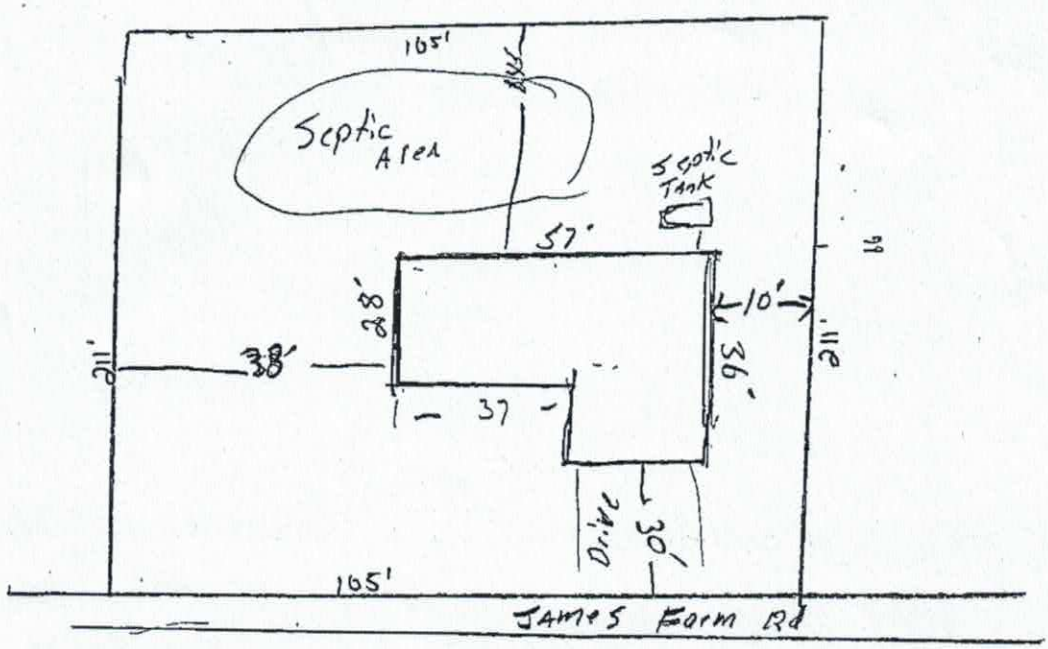
Circle N/A on the following if appropriate:

_____ 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

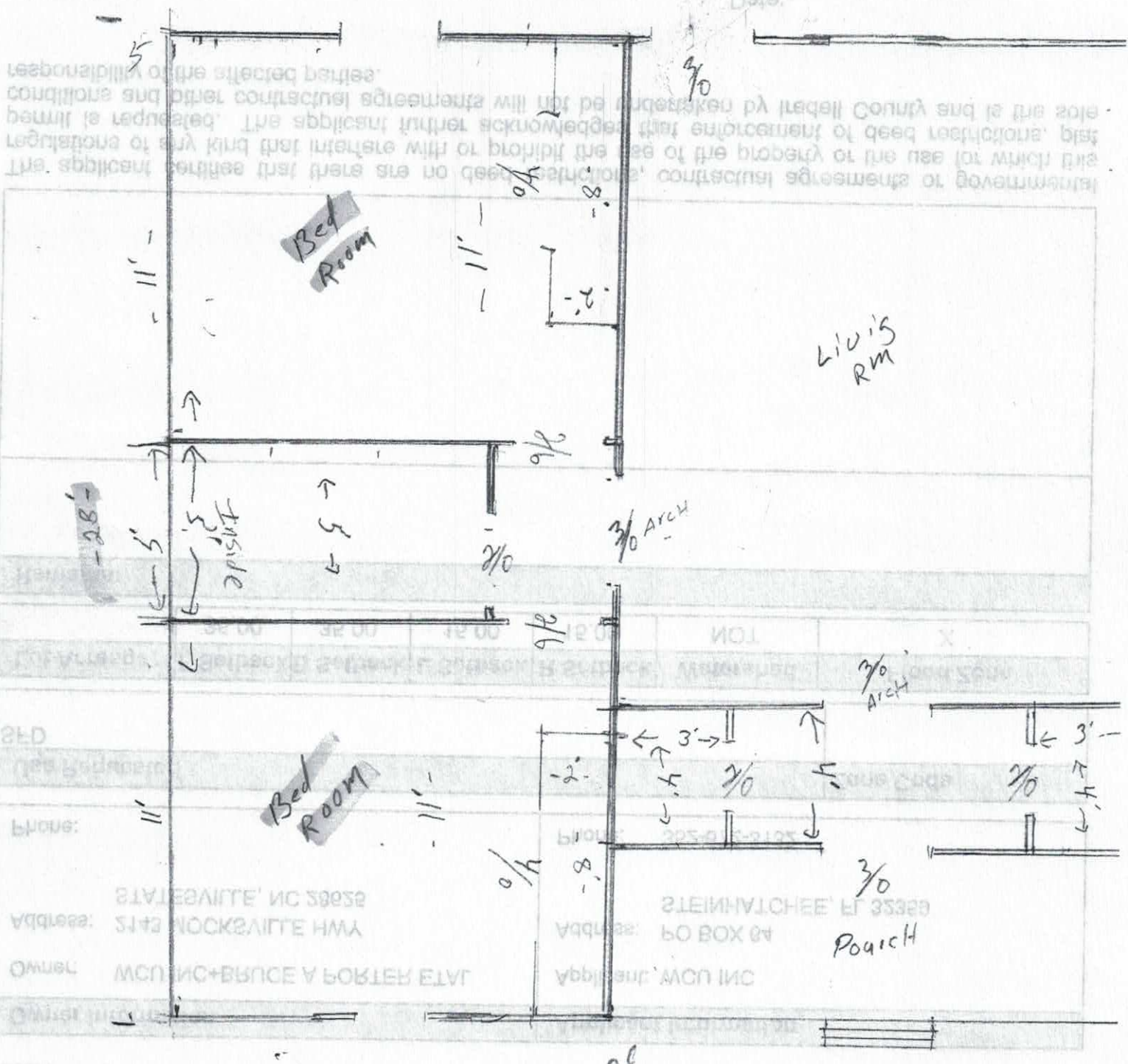


Signature: William T Mallard

REQUIRED property owner or owner's legal representative signature.

12-30-2016

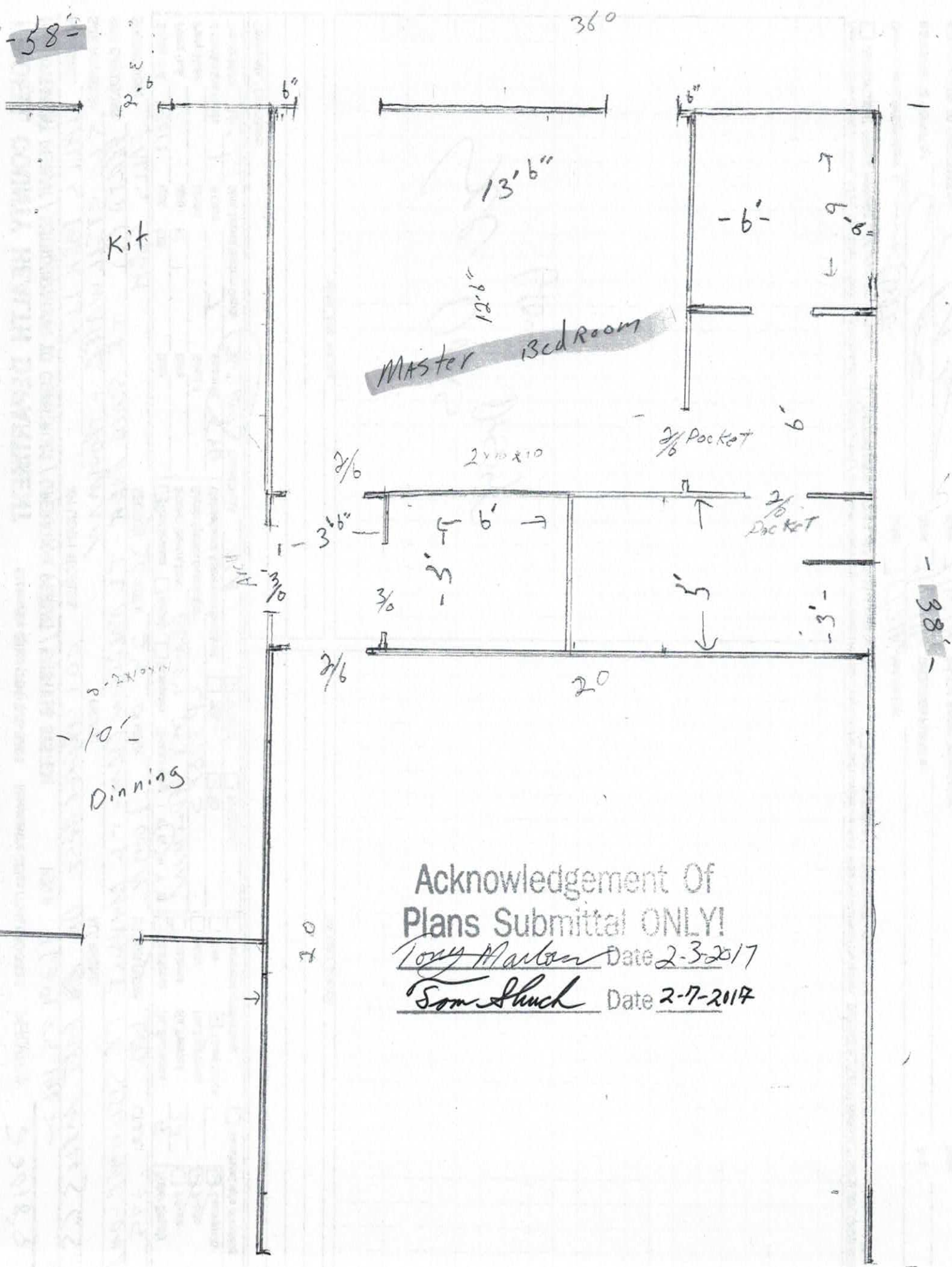
DATE



261 James Farm Rd

Tony marlow
704 658 3180
or 704 872 1309

1349 SF Heated
315 SF Unheated



Acknowledgement Of
Plans Submittal ONLY!
Tony Marlow Date 2-3-2017
Tom Shuck Date 2-7-2017

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	261 JAMES FARM ROAD	Permit Number	224067
Owner	TONY MARLOW	Tax Map	4745689957.000
Owner Addr.	261 JAMES FARM RD	Zoning	R-15
	STATESVILLE, NC 28625	Flood Hazard Area	
Phone No.		Historic District	
Contractor	TONY MARLOW	Architect	
Address	261 JAMES FARM RD	Address	
	STATESVILLE, NC 28625		
Phone No.		Phone No.	

Type of Application NEW SINGLE FAMILY - STATESVILL

Utility Source

Electric
Water
Sewer

Required Information

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

	Lot Dimensions		Required Parking	Setbacks		
	Structure Size &		Landscaping	30.00	Front Yard	
	Location		Utility Clearance	30.00	Rear Yard	
	Easements		TRC Review	10.00	Right Yard	
	Flood Certification		Other	10.00	Left Yard	
	Driveway Cuts					

Department Approval

Planning Department CH. 12/30/2016 Public Works

Comments

1400 ' SQUARE FOOT NEW HOME

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

12/30/2016
Date