# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221527

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

PIN # 4746-70-0587

APPLICANT/OWNER: MICHAEL KERLEY APPLICANT ADDRESS: 1394 4TH CREEK LANDING

SITE ADDRESS: 327 JAMES FARM RD. - Statesville PHONE: 704-239-3693 ALT. PHONE → DEENA ABEE

SITE DIRECTIONS: 21N, TR JAMES FARM, TL JAMES FARM, ON L SAP CONTROLLED: ☐ YES ☒ NO

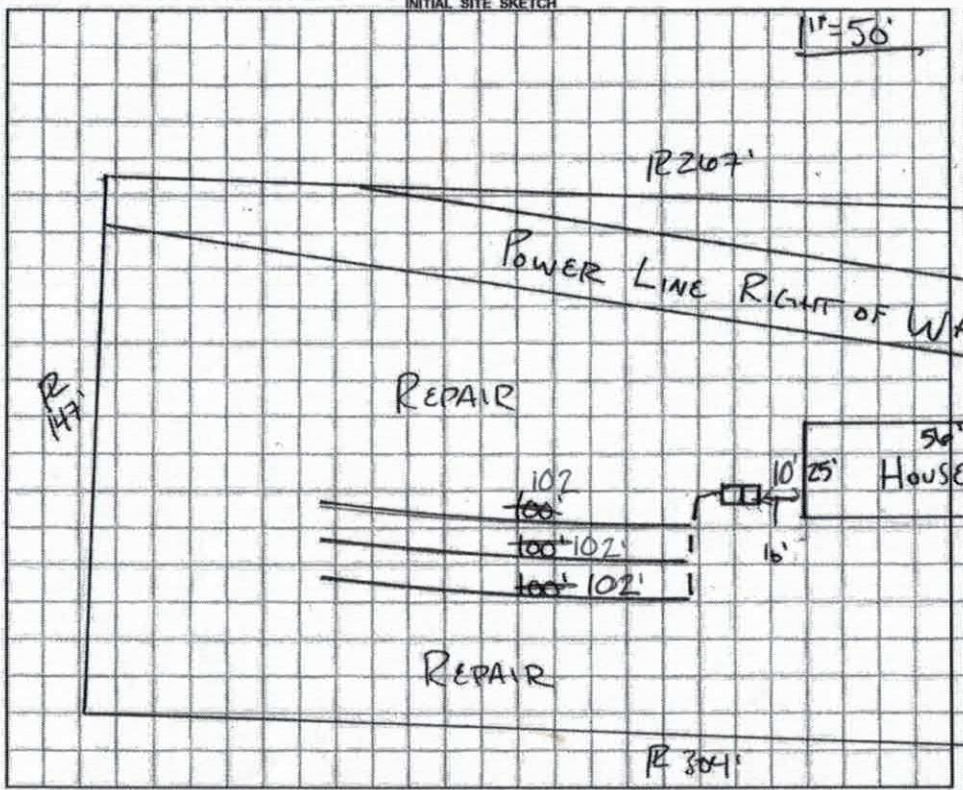
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1998 AC DESIGN FLOW: 360 L.T.A.R.: .3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 1012 | Date | 6-6-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | | (gal) | PT | Date | | System Description: | 25% REDUCTION | | | ☐ Business | No. Persons 6 |
| Pump Make | | Model | | Serial # | | Repair System Description: | SAME | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 3@100' | Linear Ft | 300' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 24" | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as Shown

*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: Deena Abee Date: 8/24/17 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: APPROVED Date: AUG 23 2017 OPERATION PERMIT by: Kayla Watson Date: 10-13-17

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: AUG 23 2017 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: 4746-70-0587
COUNTY: _____

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

OWNER: MICHAEL KERLEY
ADDRESS: _____
PROPOSED FACILITY: SFR
LOCATION OF SITE: 327 JAMES FARM RD.
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE 6-23-17
DATE EVALUATED: 8-18-17
PROPERTY SIZE: ~1AC
PROPERTY RECORDED: Y

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 | L 5% | 0-40 | RCMSBK | S | — | 48" | — | 48+ | .3 |
| | | 40-48 | RCLMSBK | SS | | | | | |
| 2 | L 6% | 0-48 | RCMSBK | S | — | 48" | — | 48+ | .3 |
| 3 | L 5% | 0-20 | RCWSBK | S | — | 48" | — | 48+ | .3 |
| | | 20-48 | RCMSBK | S | | | | | |
| 4 | L 5% | 0-24 | RCMSBK | S | — | 48" | — | 48+ | .3 |
| | | 24-48 | RCLWSBK | SS | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 25% |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BA
OTHER(S) PRESENT: _____

ENTERED
DEBBIE W

# 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 __X__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: __X__ 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:

| | | | |
|---|---|---|---|
| L. Michael Kerley (Deena) | 1394 4th Creek Landing Stvl | 704-880-2675 | 704-239-3693 |
| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
| Daisy Ruth W Barkley | 1727 Scot Rd Stvl | | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

4. Property Information:

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

Driving Directions: 21 N - R James Farm - L to stay on James Farm - 1/2 mile on left

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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 _____

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 To The Best of Your Ability: ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: Deena Kerley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/23/17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Daisy Ruth W. Barkley, am the legal owner(s) of the property located at 327 James Farm Rd, identified as PIN (Parcel Identification Number) 4716700587, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Deena Abee, CMH Homes, 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.

Daisy Ruth W. Barkley 6/16/17
Signature of Owner(s) Date

Signature of Witness 6/16/17
Date

Please return this signed form to the appropriate office:

**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

221527

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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I, Ruth W Barkley, am the legal owner(s) of the property located at 327 James Farm Rd, identified as PIN (Parcel Identification Number) 4746.7D0587, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Timothy & Dana Dupuis, 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.

Ruth W. Barkley — 8.10.16 — Signature of Owner(s) — Date

K Levan — 8-10-16 — Signature of Witness — Date

Please return this signed form to the appropriate office:

**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 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...

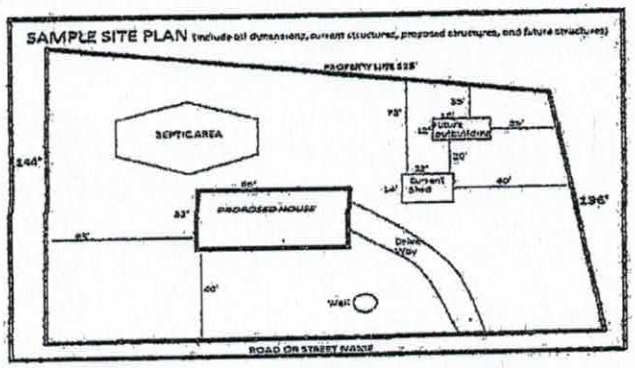
____ North arrow, or other sufficient indicator of direction...

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**

See attached survey

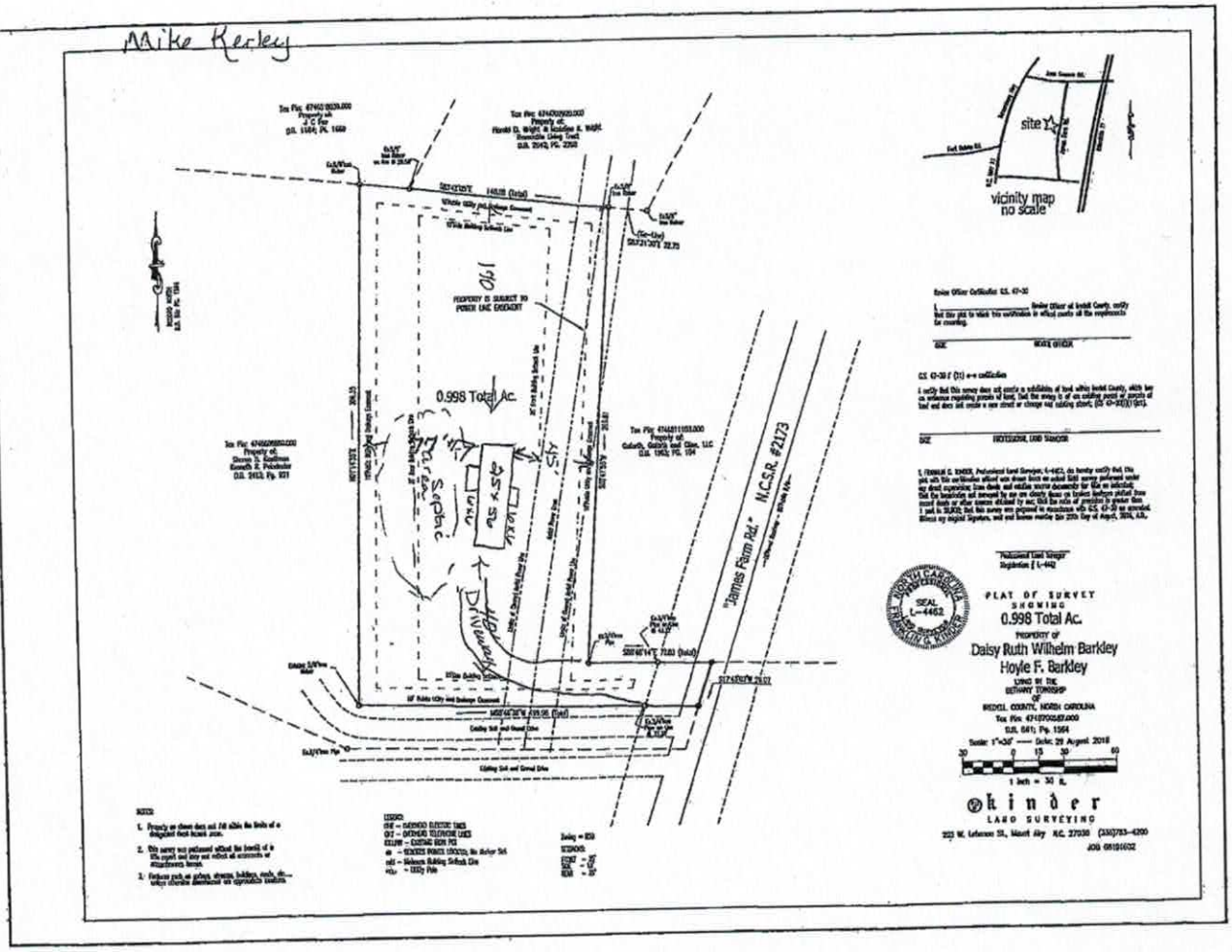
**Signature:** Deena Acre

*REQUIRED* property owner or owner's legal representative signature.

6/23/17

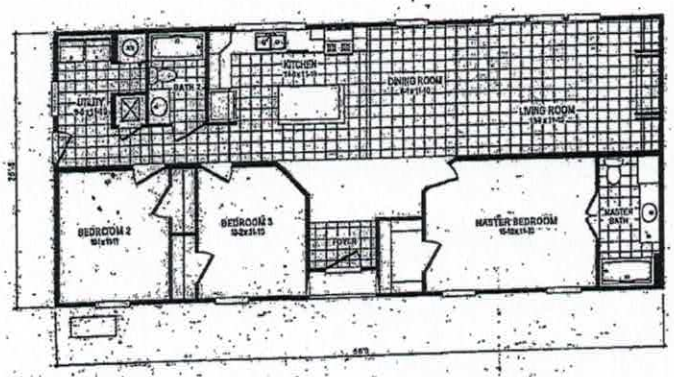
DATE

Mike Keeley


site
vicinity map
no scale
0.998 Total Ac.
190
PROPERTY IS SUBJECT TO POWER LINE EASEMENT
Septic
Drive
Driveway
"James Farm Rd" N.C.S.R. #2173
PLAT OF SURVEY
SHOWING
0.998 Total Ac.
PROPERTY OF
Daisy Ruth Wilhelm Barkley
Hoyle F. Barkley
LYING IN THE
BETHANY TOWNSHIP
OF
IREDELL COUNTY, NORTH CAROLINA
Tax Pin: 4741700587.000
D.B. 861; Pg. 1364
Scale: 1"=30' ---- Date: 29 August 2018
1 inch = 30 ft.
kinder
LAND SURVEYING
223 W. Lebanon St., Mount Airy N.C. 27030 (336)783-4200
JOB 08181602

# MONTE CARLO

Kerleis




Deena Alec 6/23/17

Acknowledgement Of
Plans Submittal ONLY!

Date APPROVED AUG 23 2017

Deena Alec Date 8/24/17

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 221527 |
| Issue Date: 06/26/2017 |

## Permit Type: IMPROVEMENT PERMIT APPLICATION

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4746700587.000 | 327 JAMES FARM ROAD | |

| Owner Information | Applicant Information | Contractor Information |
|---|---|---|
| Owner: BARKLEY DAISY RUTH WILHELM<br>Address: 7910<br>IREDELL CO, NC 28625<br>Phone: | Applicant: DUPUIS DANA A+TIMOTHY<br>Address: 608<br>IREDELL CO, NC 28625<br>Phone: | Contractor: ABEE'S CLEARING & GRAD<br>Address: 2381 US HIGHWAY 64 WEST<br>MOCKSVILLE, NC 27028<br>Phone: 704-239-3693<br>License Type: UNLI<br>License Number: NOT LICENSED |

**Project Description**

NEW SINGLE FAMILY - STATESVILL

**Scope of Work**

327 JAMES FARM ROAD - NEW HOME

**Permit Details:**

| | | | |
|---|---|---|---|
| EFT | IMPROVEMENT PERMIT FEE | Amount: | 500.00 |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 06/26/2017

Signature of Owner/Contractor

***ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.***

| Permit Number | 107261 | TOTAL FEES: | $ 500.00 |
|---|---|---|---|