IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226686.

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

PIN # 4749766564

APPLICANT: Jerry Wikeller APPLICANT ADDRESS: P.O Box 441 MT Mourne NC 28123

SITE ADDRESS: 1579 Jennings Road Statesville NC PHONE: 704-663 1524 ALT. PHONE: 704 516 6436.

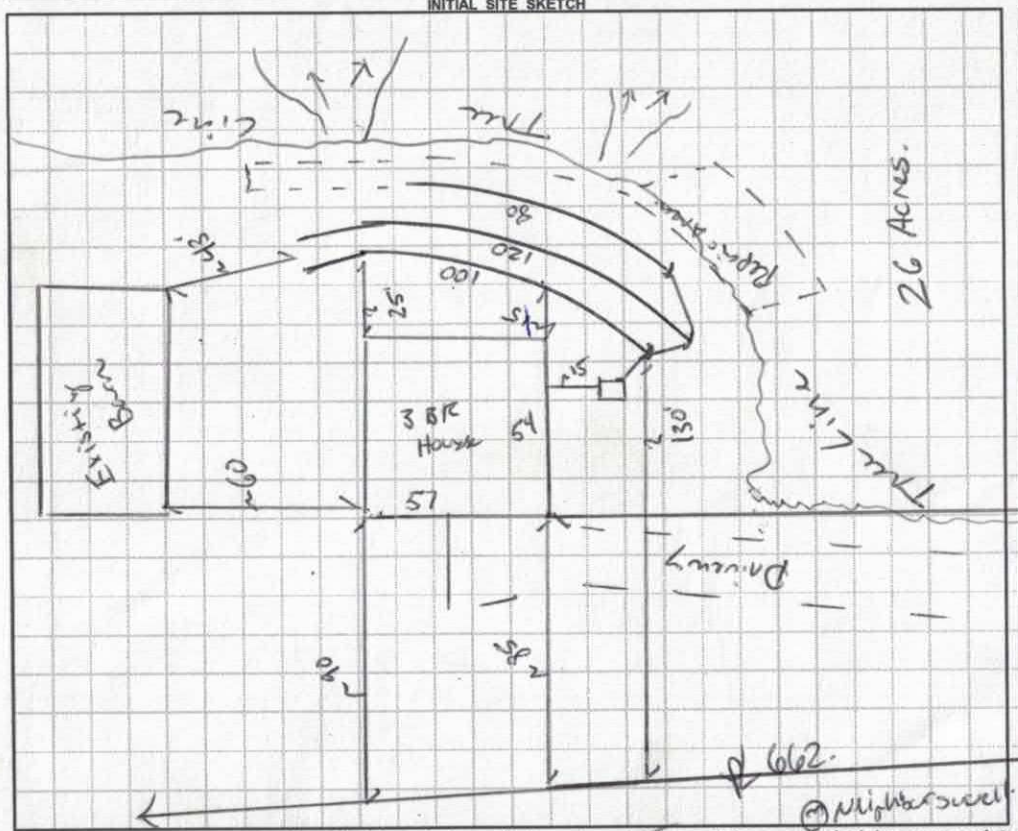
SITE DIRECTIONS: I-77 N to exit 59 Tomlin Mill RD. Left over I-77 Approx 2 miles Rights on Jennings RD on Left

SUBDIVISION: SECTION: — LOT # — LOT AREA: 26± Acres DESIGN FLOW: 360 L.T.A.R.: .3

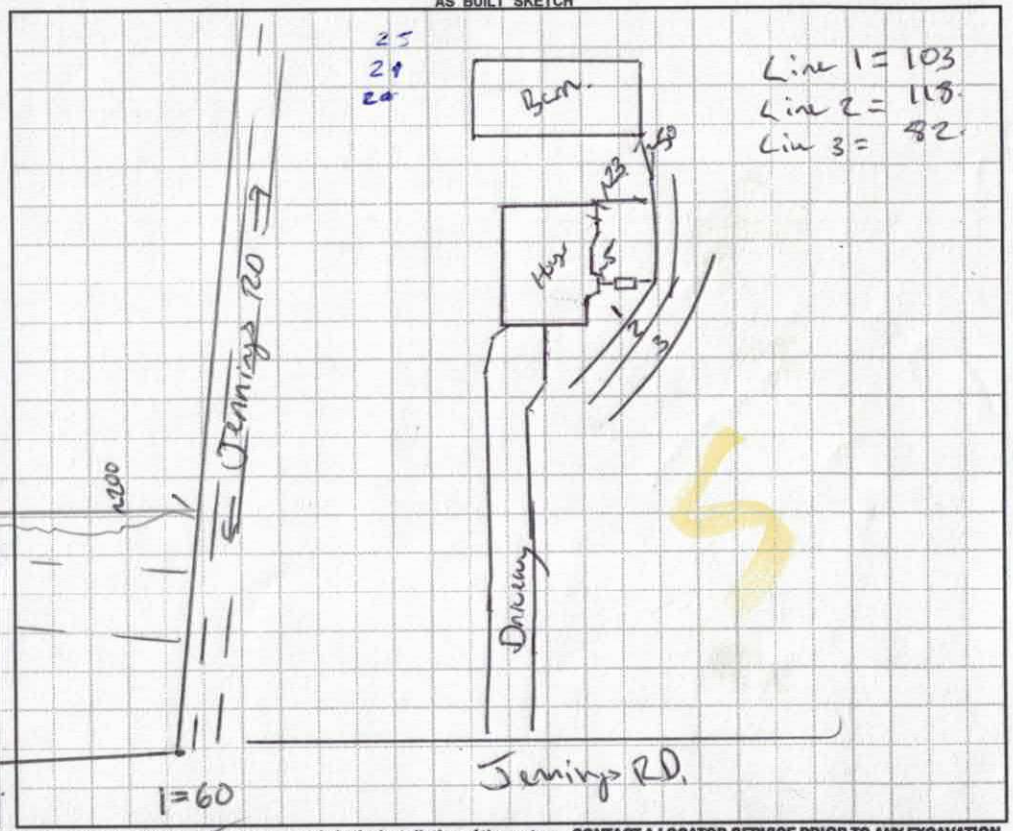
Septic Tank 1000 (gal)	STB 354	Date 6-28-17	☐ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction	☐ Business	No. Persons	6	☐ Private
Pump Make	Model	Serial #	Repair System Description: 50% reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields 1	# Lines 3	Linear Ft: 300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width 36	Max. Trench Bottom Depth 36	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Septic downhill on the contour of the land & utilize Serial distribution. Do not exceed max depth of 36 inches. Do not Drive pipe, pave, grade, or bury utilities in the drainfield area.

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: Date: 5/26/17 Installed by: A-1 Backhoe - Dennis Galliher

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 5/23/2017 OPERATION PERMIT by: Benjamin A. Bolton Date: 9/20/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 5/23/2017 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4729766564
COUNTY: Iredell

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

OWNER: Jerry Keller
ADDRESS: PO Box 411 Mooresville NC 28123.
PROPOSED FACILITY: Four 3BR PROPOSED DESIGN FLOW (.1949): 360 gpd.
LOCATION OF SITE: 1579 Jerry RD SVL

APPLICATION DATE: 4/27/17
DATE EVALUATED: 5/16/17
PROPERTY SIZE: 26.28 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Shoulder 6%	0-33	C wSBk	SS SP FR SEP	2.5Y 6/6	48	Lit to moderate	Mica	PS .3 max 36
		33-46	scl SBk	SS SP FM	"				
		46-48	cl wSBk	SS SP FR	My conc				
2	Shoulder 12%	0-9	Fill —	—		48			PS .25 max 30.
		9-40	C SBk	SS SP FM SEP	My conc @ 40				
		40-48	CL wSBk	SS SP FR					
3	Shoulder 10%	0-2	Fill	—		48	Sap Inc @ 32	Mica	PS .30
		2-32	C SBk	SS SP FM SEP					
		32-48	CL wSBk	SS SP FR					
4	Shoulder 12%	0-5	SCL SBk	SS SP FM SEP		48			PS .30
		5-40	C wSBk	SS SP FM					
		40-47	CL SBk	SS SP FR					

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

OTHER FACTORS (.1946): ~Gullys
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

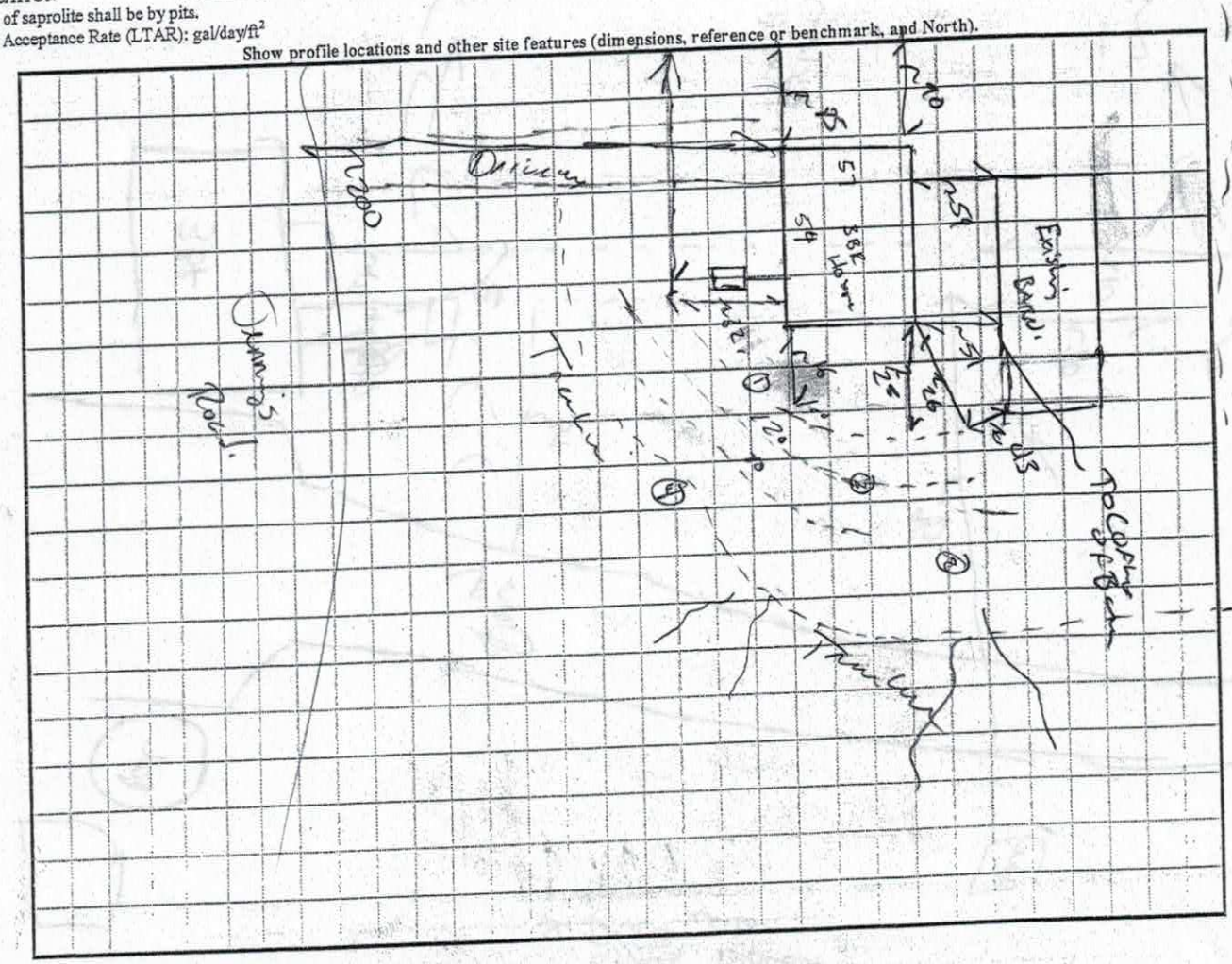
NOTES

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/ft²

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



226484

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 #
JERRY W. KELLER	P.O. BOX 491 M.MOURNE N.C. 28123	704 663-1524	704 516 6436 *
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
JERRY W KELLER	P.O. BOX 441 MT MOURNE NC. 28123	704 663-1524	704 516 6436

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1579 JENNINGS RD.	STATESVILLE	

Driving Directions: I77 NORTH TO EXIT 59 TOMLIN MILL RD, LEFT OVER I77, APPROX 2 MILES DEAD END. RIGHT ON JENNINGS RD 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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms ~~2~~ 3
Maximum Number of Occupants 1
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 (~~X~~) 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: _____ 4-27-17
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:

X **Property Line measurements are clearly identified...**

X **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

X **Front and side setbacks from property line...**

X **Area you prefer your septic system to be placed...**

____ **Preferred driveway location and configuration, preferred well location...**

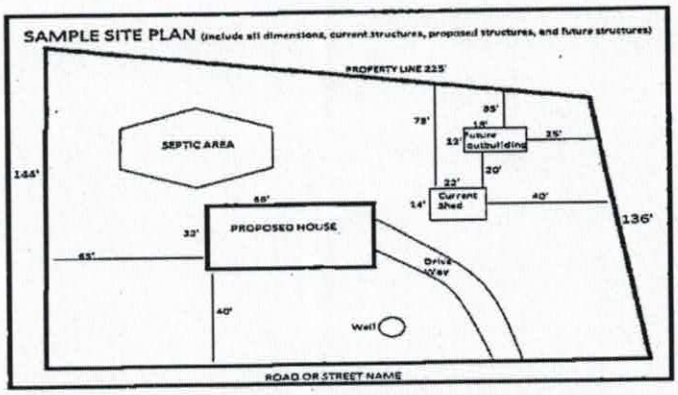
____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

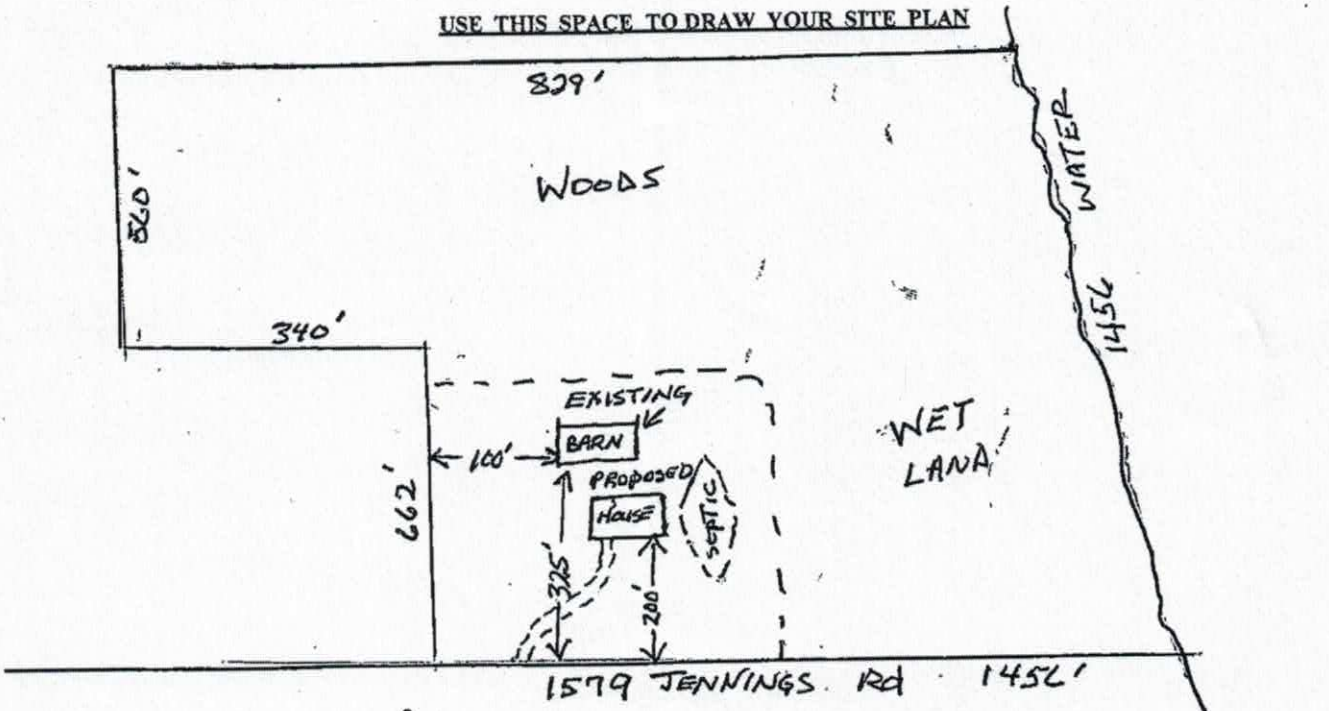
N/A **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A**

X **Location of any designated wetlands on the property... N/A**



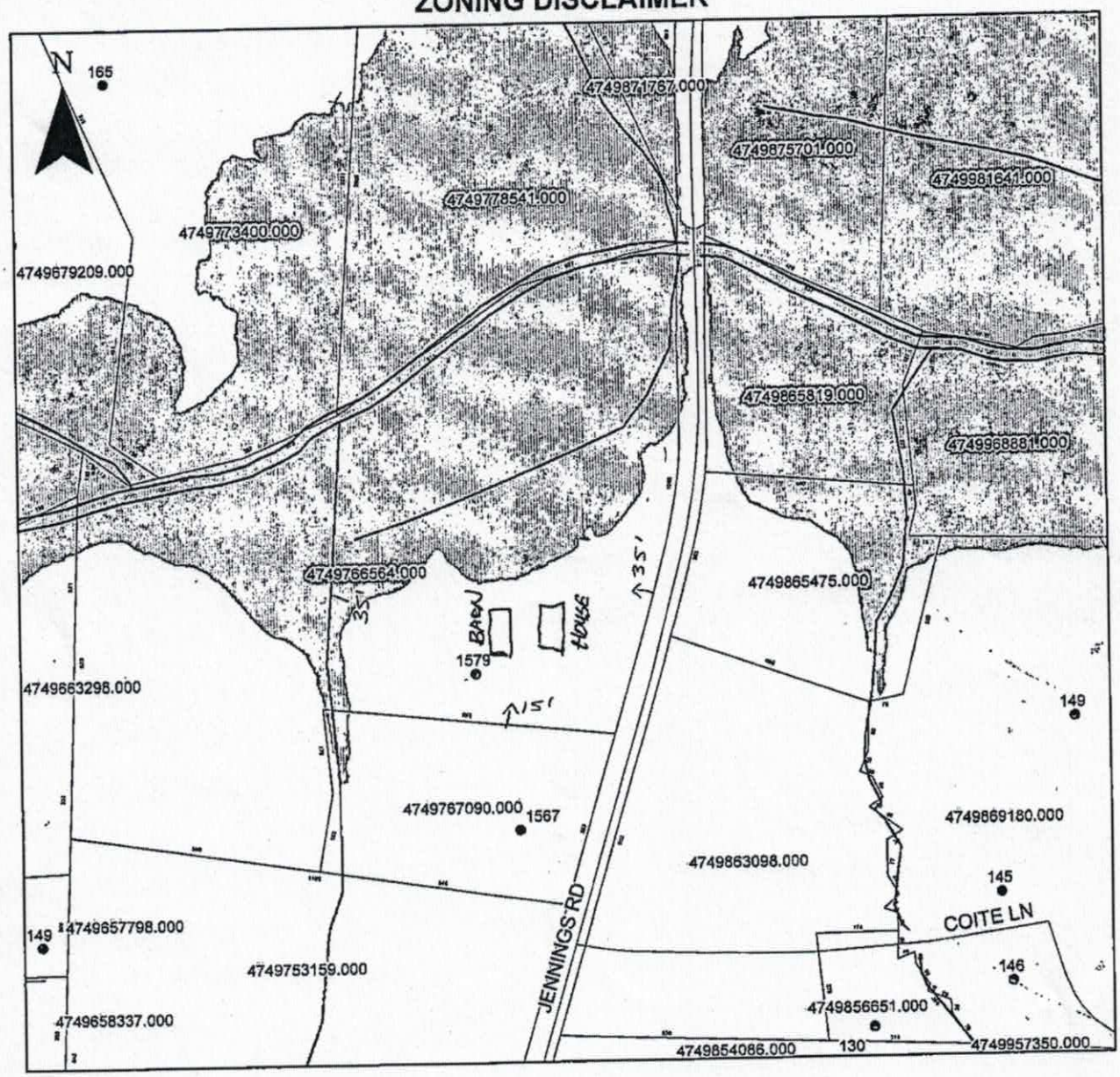
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 4-27-17

REQUIRED **property owner or owner's legal representative signature,** **DATE**

ZONING DISCLAIMER



Property Address 1579 Jennings 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.

Applicant _____ Date 4-27-17

Country Charmer



© 1997 Donald A. Gardner Architects, Inc.

Total living area 1,770 sq. ft. Price Code C

800 235-5700
1800 388 7580



FLOOR PLAN

No. 96493

This plan features:

- Three bedrooms
- Two full baths
- Columns and arches frame the front porch
- The open floor plan combines the Great Room, Kitchen and Dining Room
- The Kitchen offers a convenient breakfast bar for meals on the run
- The Master Suite features a private bath oasis
- Secondary bedrooms share a full bath with a dual vanity

Main floor — 1,770 sq. ft.
Bonus — 401 sq. ft.
Garage — 630 sq. ft.

1800

Acknowledgement Of
Plans Submittal ONLY!
Date 5/23/2017
Date 5/24/17

54

IREDELL COUNTY

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

APPLICATION NUMBER
226686
Issue Date: 04/27/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4749766564.000	1579 JENNINGS ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: THOMPSON CARL LIVING TR	Applicant: KELLER JERRY W
Address: C/O CLINE & COMPANY PLLC P O BOX 5729 STONY POINT, NC 28687	Address: 1116 GATEWAY DR MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
KEEP BUILDINGS OUT OF FLOOD PLAIN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
26.280	35.00	35.00	15.00	15.00	NOT	AE

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	100991	TOTAL FEES:	$ 77.25