IREDELL COUNTY HEALTH DEPARTMENT

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

3:30

PERMIT # 206207

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

PIN # 4751075457

APPLICANT: Horne Building Inc APPLICANT ADDRESS: 229 Cedar Lake Dr Statesville NC

SITE ADDRESS: 153 Fieldhaven PL Troutman NC PHONE: 704-878-2224 ALT. PHONE: 704-902-0399

SITE DIRECTIONS: Ostwalt Amity T/L Pilch Rd T/L Pear Tree T/L Fieldhaven PL

SUBDIVISION: Kelly Farmsteads SECTION: P352 LOT # 45+46 LOT AREA: 2.11ac DESIGN FLOW: 360 L.T.A.R.: 6.3

Septic Tank	1000 (gal)	STB	In Ri-Lifter	Date	1060		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	3	Linear Ft.	300		
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

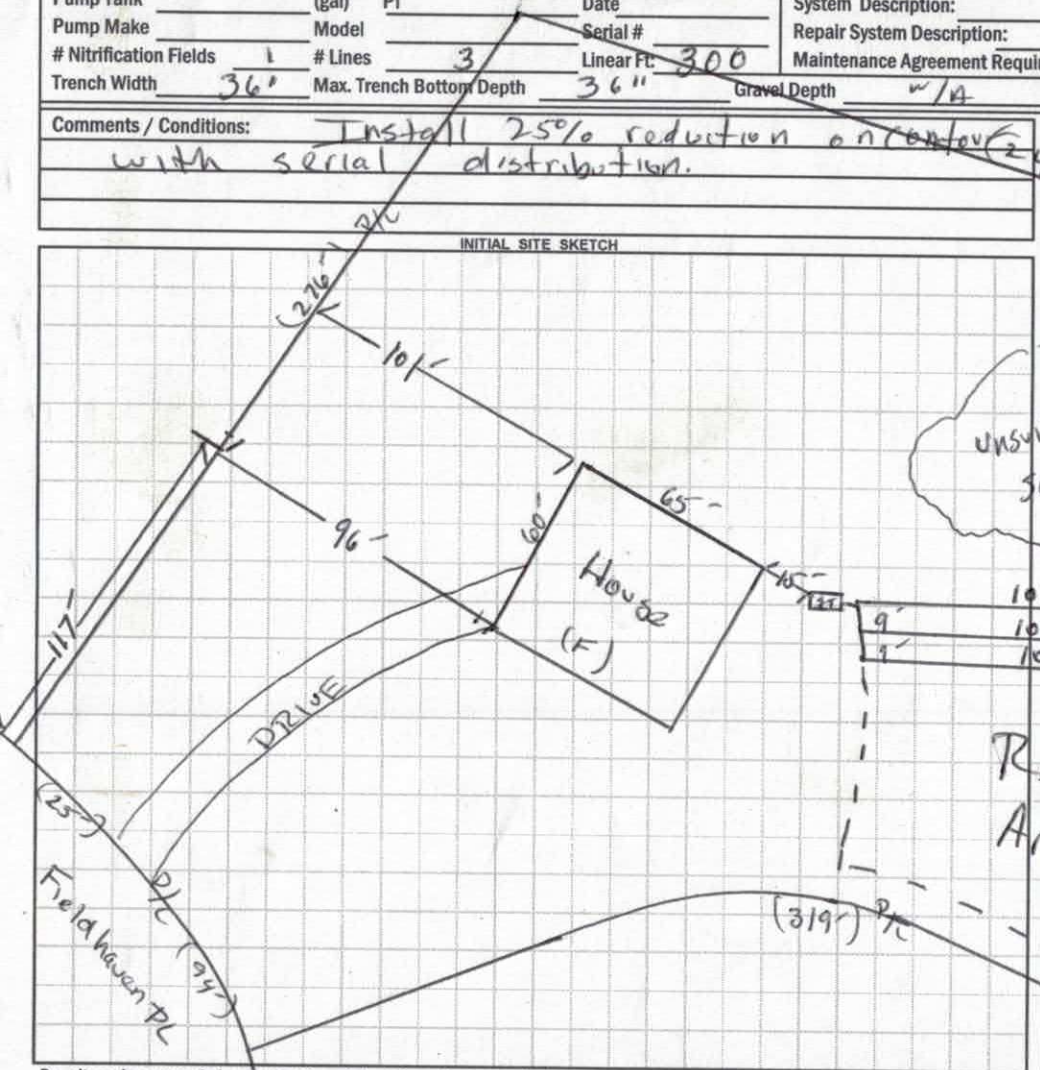
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

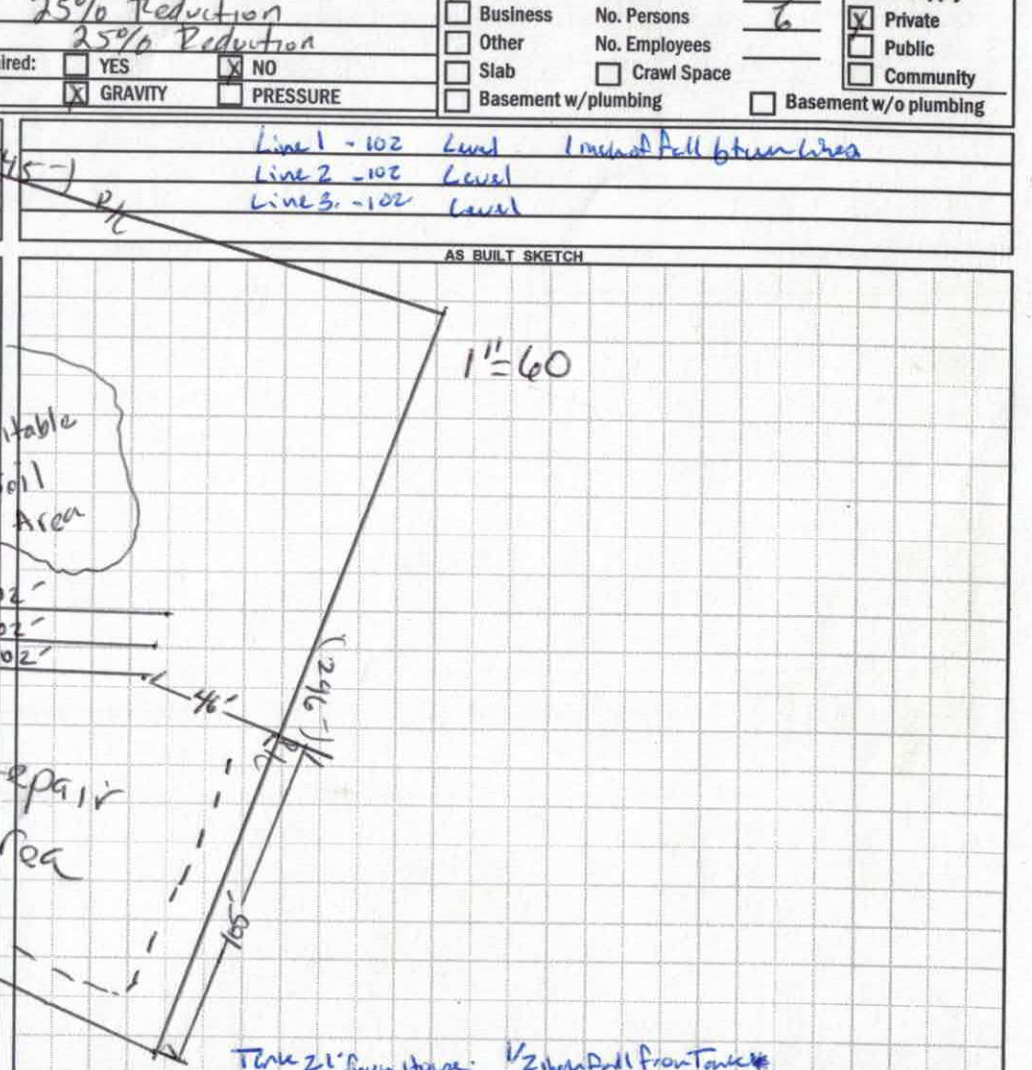
Comments / Conditions: Install 25% reduction on trench (2 45') with serial distribution.

Line 1 - 102 Level Installed Full Stone Area
Line 2 - 102 Level
Line 3 - 102 Level

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: Kelly Horne Date: 12-12-16 Installed by: Frye Grading

IMPROVEMENT PERMIT by: David A Lyon Date: 12/9/16 OPERATION PERMIT by: Benjamin A Butkins Date: 5/26/2017

AUTHORIZATION TO CONSTRUCT by: David A Lyon Date: 12/9/16 Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #: 4751676413
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dyane Carey
ADDRESS: 152 Cedar Lake Dr
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 153 Fieldhaven PL
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut
TYPE OF WASTEWATER: N/A • Sewage • Industrial Process • Mixed

APPLICATION DATE 10-6-14
DATE EVALUATED: 10-27-14
PROPERTY SIZE:
PROPERTY RECORDED: YES

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	6% L	0-7	SCL SBK	Fr Mod SE	+48"	40"	40"	40"	PS 0.275
		7-14	C micaSBK	Fr Mod SE					
		14-46	CL micaWSBK	Fr Mod SE					
		40-48	SAP						
2	7% Slight NS	0-20	BC Cl SAP FRI WSBK	Fr Mod SE	—	—	—	—	Weed Pits
		20-48	SAP						
3	14% Slight NS	0-7	SCL SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		7-27	C micaSBK	Fr Mod SE					
		27-48	CL micaWSBK	Fr Mod SE					
4	12% L	0-7	SCL SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		7-26	C micaSBK	Fr Mod SE					
		26-48	CL micaWSBK	Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~III~~	~~III~~
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Justo Henderson
OTHER(S) PRESENT:

COMMENTS: TB @ 31"

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

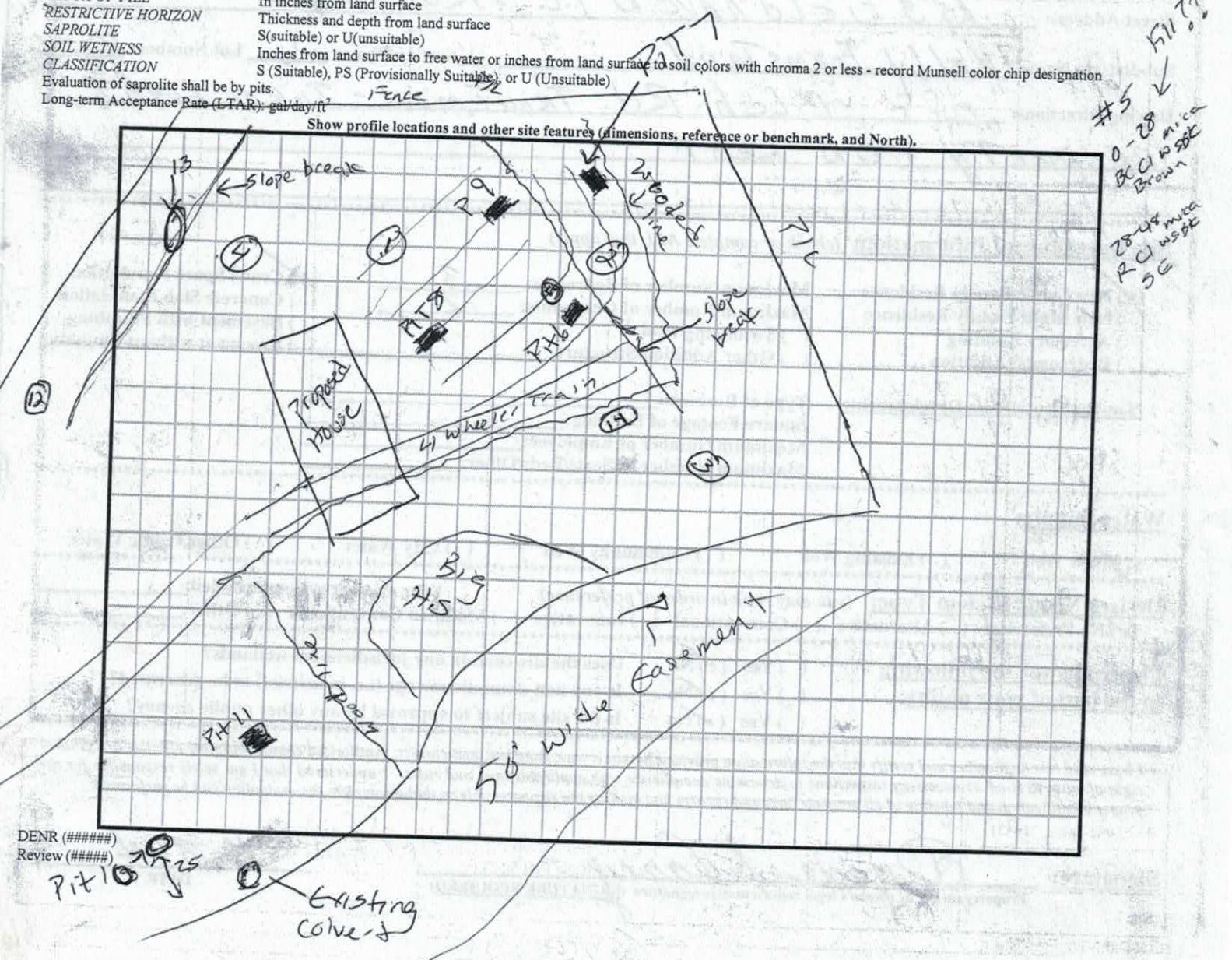
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



DENR (######)
Review (#####)

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4751076413
DATE OF EVALUATION: 11-3-14
COUNTY: Iredell

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
5	5% L	0-28	Fill ?		Need Pits	Need Pits	Need Pits		US
		28-48	CL SAP M						
PIT 6	5% L	0-19	Fill Material		US	US	24" US	US	US
		19-24	SL BE	Fr Mod SE					
		24-36	CL micaSAP M	Fi					
		36-45	L micaSAP M	Fi					
PIT 7	3% L	0-5	SCL SBE	Fr Mod SE	55"	12"	12"	55"	PS 8.35
		5-12	C micaSBE	Fi Mod SE					
		12-55	SAP L M	Fr Mod SE					
PIT 8	6% L	0-18	Fill		US	US	22"	US	US
		18-26	SCL complicated ABK/M	Fi					
		26-46	CL SAP M	VFi					
PIT 9	6% L	0-12	Fill		US	US	US	US	US
		12-21	C ABK	Fi Mod SE					
		21-43	SAP C Mod	ABK VFi					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 475107641
DATE OF EVALUATION: 11-3-14
COUNTY: Iredell

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
PIT 10	14% HS	0-42	Fill		US	US	US	US	US
PIT 11	14% HS	0-7	SCL SBK	Fr mod SE	145"	145"	145"	145"	PS 0.25
		7-36	C ABK	Fi S/SP Mod SE					
		36-45	CL WABK	Fr Mod SE					
PIT 12	14% NS	0-17	SCL compacted M	Fr mod SE	148"	148"	148"	148"	PS 0.25
		17-28	C ABK	Fi S/SP Mod SE					
		28-48	CL SAP FRAG WABK	Fr mod SE					
PIT 13	14% NS	0-3	SCL g BK	Fr Mod SE	148"	148"	148"	148"	PS 0.25
		3-26	C micA ABK	Fi Mod SE					
		26-48	CL micA WABK	Fr Mod SE					
PIT 14	14% L	0-10	SCL SBK	Fr Mod SE	148"	148"	148"	148"	PS 6.25
		10-33	C ABK	Fi Mod SE					
		33-48	CL WABK	Fr Mod SE					

COMMENTS:

Do not cut House size 71' Rd
25% Rd
Repair
110'
74'
F/L
10'
15'
212'
50'
50'
US soils
77' House
X
44'
Drive
Drive
Back 71 Rd
Wood line
depression
depression
74'
59

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 #
Horne Building Inc.	229 Cedar Lake Dr. Statesville	704-878-2224	704-902-0399
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Dyane S. Carey	136 Imperial Heights Statesville NC	704-880-2280	—

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
153 Fieldhaven Place Troutman, NC	Kelly Farmsteads	#45 + 46

Driving Directions: Oswalt Amity TL - Pilch rd. TL. Pear Tree TR Fieldhaven Pl.

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 ___
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 ( ) 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: Carolyn Horne — 11-28-16

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

Mrs. Carey to sign + e-mail back

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, Diane S. Carey, am the legal owner(s) of the property located at 153 Fieldhaven Pl. Troutman NC, identified as PIN (Parcel Identification Number) 4751076413, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Horne Building Inc., 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.

✓ Diane S. Carey 8-20-16 — Jeffrey Horne

Signature of Owner(s) Date — 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
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

12/12/16 (Date)

Owner: Dyane Carey
Address: 153 Fieldhaven Pl

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
25% reduction - 153 Fieldhaven Pl

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 11/14/14 (date) for a system

25% reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Jeffrey Henze
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
10/21/2016

Owner: Dyane Carey
Address: 153 Fieldhaven Pl Troutman NC

Subject: Notice of Intent to Revoke/Suspend 153 Fielhaven Pl

Dear Dyane Carey:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 153 Fieldhaven Pl Troutman NC for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Building footprint changed allowing for septic area to be moved	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 12/9/2016. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20620?

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

PIN # 4751076413

APPLICANT: Dyane Carey APPLICANT ADDRESS: 152 Cedar Lake Dr.

SITE ADDRESS: 153 Fieldhaven Pl PHONE: 704-880-2280 ALT. PHONE: N/A

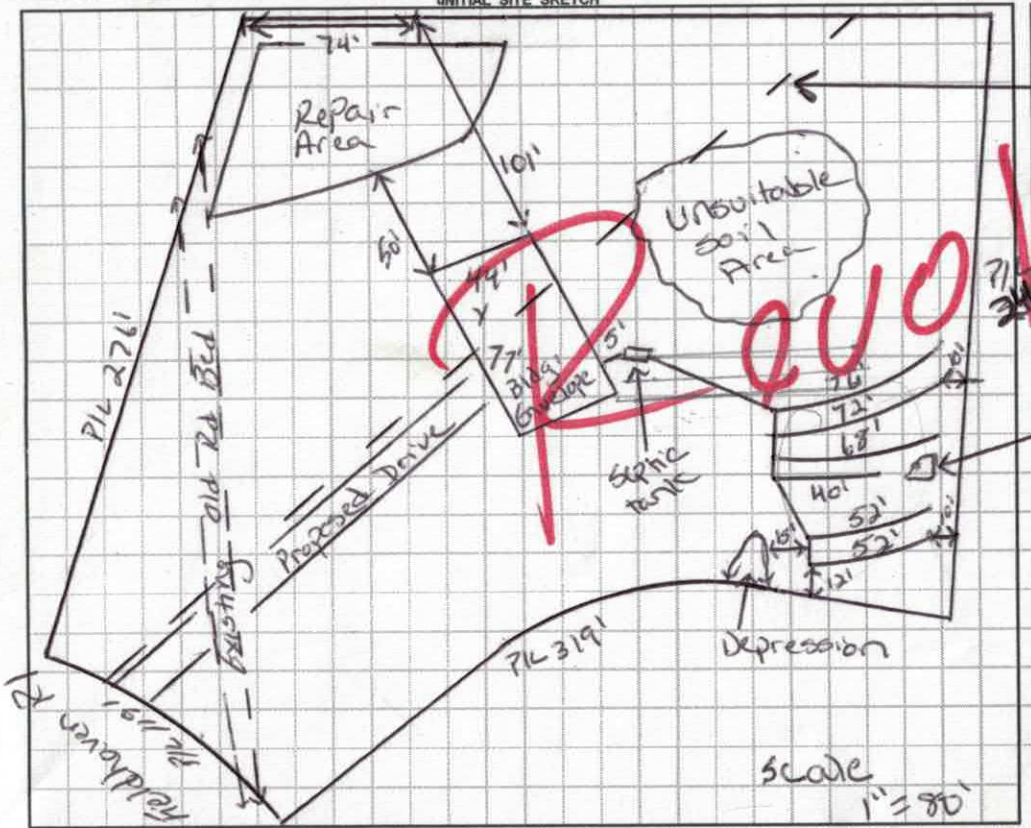
SITE DIRECTIONS: Ostwalt Amity TL Pilch Rd TL Pear Tree TR Fieldhaven Pl.

SUBDIVISION: Kelly Farmsteads SECTION: B352 LOT # 45 #46 LOT AREA: 2.11 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		☑ 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:	25% Reduction - Pump				☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1	# Lines	6		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☑ NO			☐ Slab	☑ Crawl Space		☐ Community				
Trench Width	36"	Max. Trench Bottom Depth		36"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan & have lots combined recorded prior to issuance of CA! Install a 25% Reduction system on contour with serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

IMPROVEMENT PERMIT ONLY
Combine Lots
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED!

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: Dyane S. Carey Date: Installed by:

IMPROVEMENT PERMIT by: Justin Henderson Date: 11-14-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

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

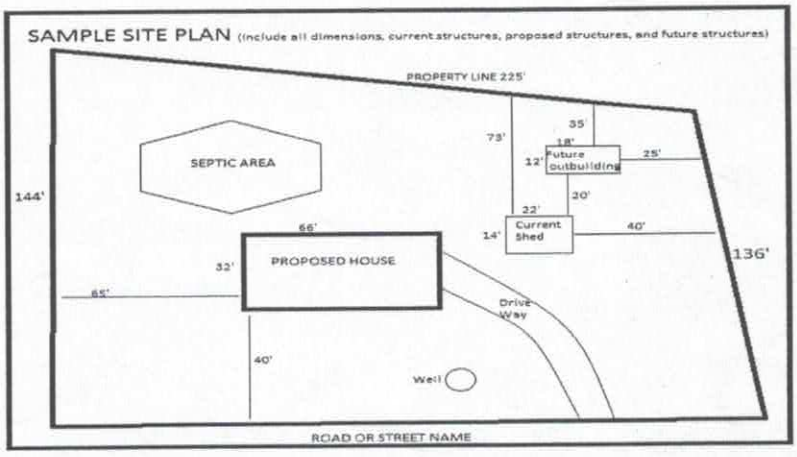
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 Septic Permit

Horne Building Inc. Jefferyhorne@bellsouth.net

Signature: Carolyn Horne

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

11-28-2016

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20620?

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

PIN # 4751076413

APPLICANT: Dyane Carey APPLICANT ADDRESS: 152 Cedar Lake Dr.

SITE ADDRESS: 153 Fieldhaven Pl PHONE: 704-880-2280 ALT. PHONE: N/A

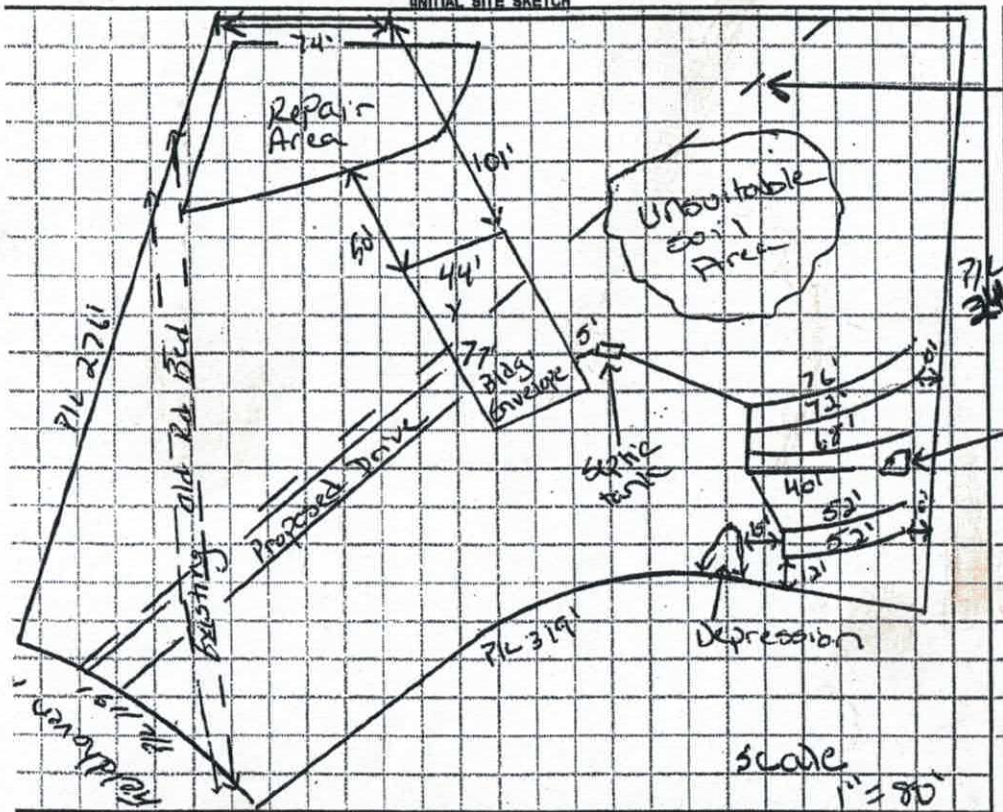
SITE DIRECTIONS: Ostwalt Amity TL Pilch Rd TL Bear Tree TR Fieldhaven Pl.

SUBDIVISION: Kelly Farmsteads SECTION: P352 LOT # 45 #46 LOT AREA: 2.11 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	Date	☑ 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: 25% Reduction - Pump		☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1 # Lines	6	Linear Ft: 360	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community		
Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan + have lots combined + recorded prior to issuance of CA! Install a 25% Reduction system on contour with serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

IMPROVEMENT PERMIT ONLY
Combine Lots
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED!

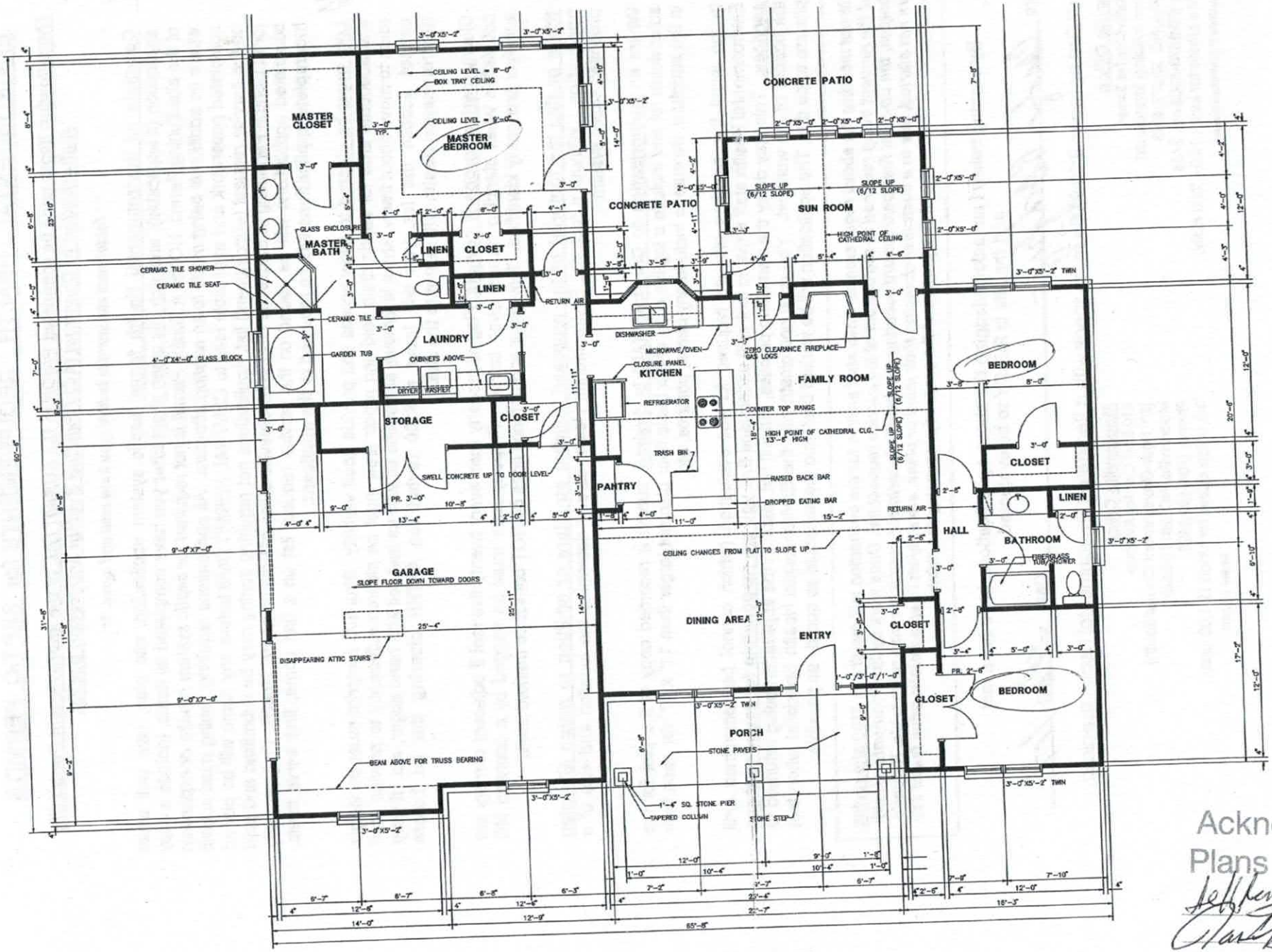
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ 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: Dyane L. Carey Date: Installed by:

IMPROVEMENT PERMIT by: Justin Ostwalt Date: 11-14-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:



Acknowledg
Plans Submit

IREDELL COUNTY

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

APPLICATION NUMBER
206207
Issue Date: 10/06/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751076413.000	153 FIELDHAVEN PLACE, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: KELLY W KEITH	Applicant: CAREY DYANE S
Address: 112 NUTMEG LN TROUTMAN, NC 28166	Address: 152 CEDAR LAKE DR STATESVILLE, NC 28625
Phone: 704-746-5372	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.840	350.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID Debit Card 10/6

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: Dyane A Carey Date: _____

Permit Number	23249	TOTAL FEES:	$ 77.25