IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243426

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

PIN # 4751155317 5000

APPLICANT/OWNER: Ray Kelly APPLICANT ADDRESS: 137 Little Ranch Rd. Mooresville, NC

SITE ADDRESS: 141 Pear Tree Rd. Troutman, NC 28166 PHONE: 704-936-7874 ALT. PHONE —

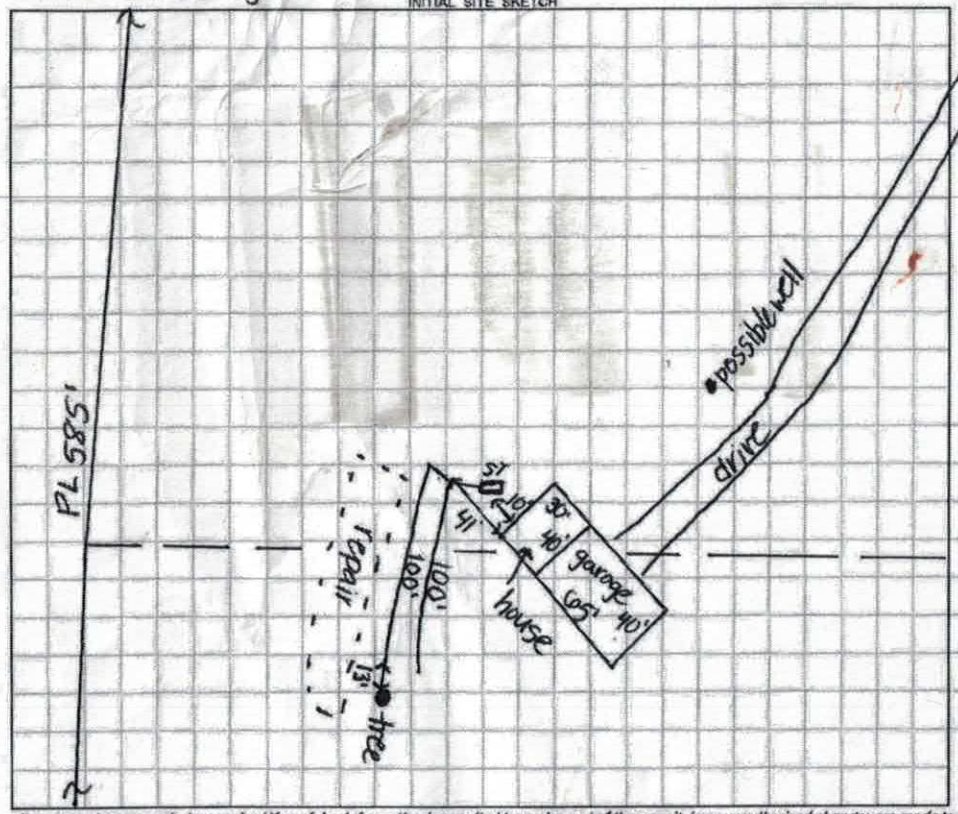
SITE DIRECTIONS: NC 115 N → R on Ostwalt Amity → L on Pilch → L on Pear Tree → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: 240gpd L.T.A.R.: .3 (.3 repair)

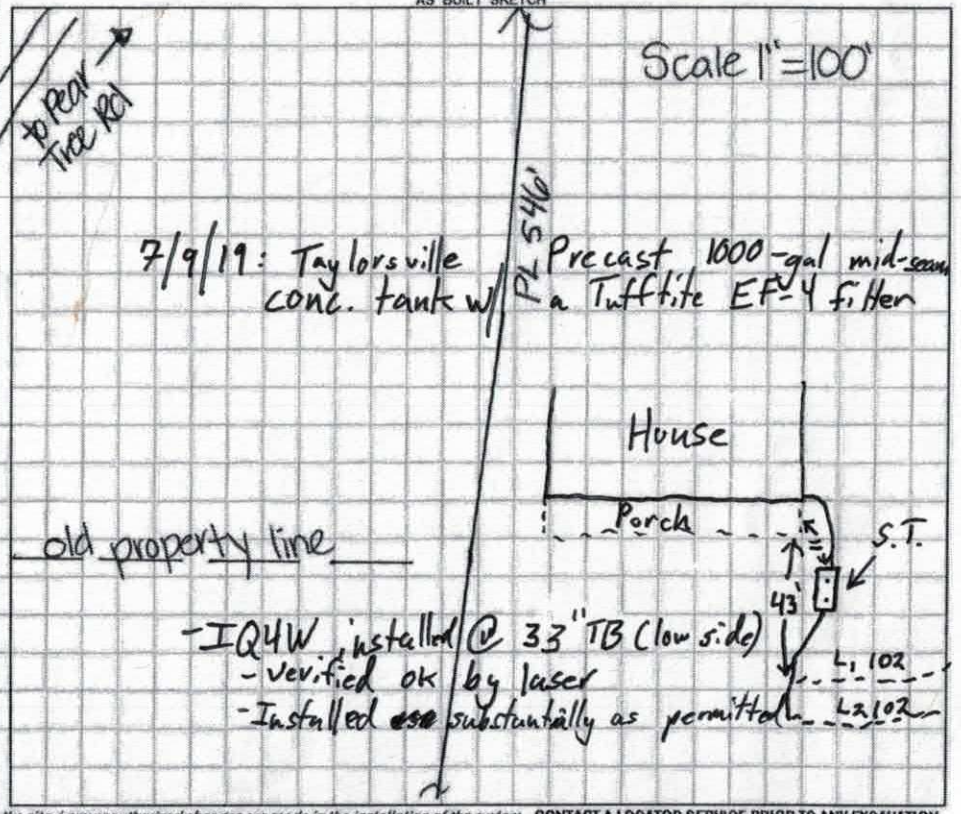
Septic Tank	1000	(gal)	STB 1012	Date	4/22/19	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT	Date		System Description: 25% reduction	☐ Business	No. Persons	4	☑ Private
Pump Make		Model		Serial #		Repair System Description: 25% reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2@100'	Linear Ft	200'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	33"/36" high side	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. *Lots must be combined before issuing AC*

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: Ray Kelly Date: 5-7-19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Kayla Watson Date: 4-24-19 OPERATION PERMIT by: Tom Shuck Date: 7/9/19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-7-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th[illegible]ction is needed. Be sure to speak with an inpsector 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 #: 4751155312
COUNTY: Iredell

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

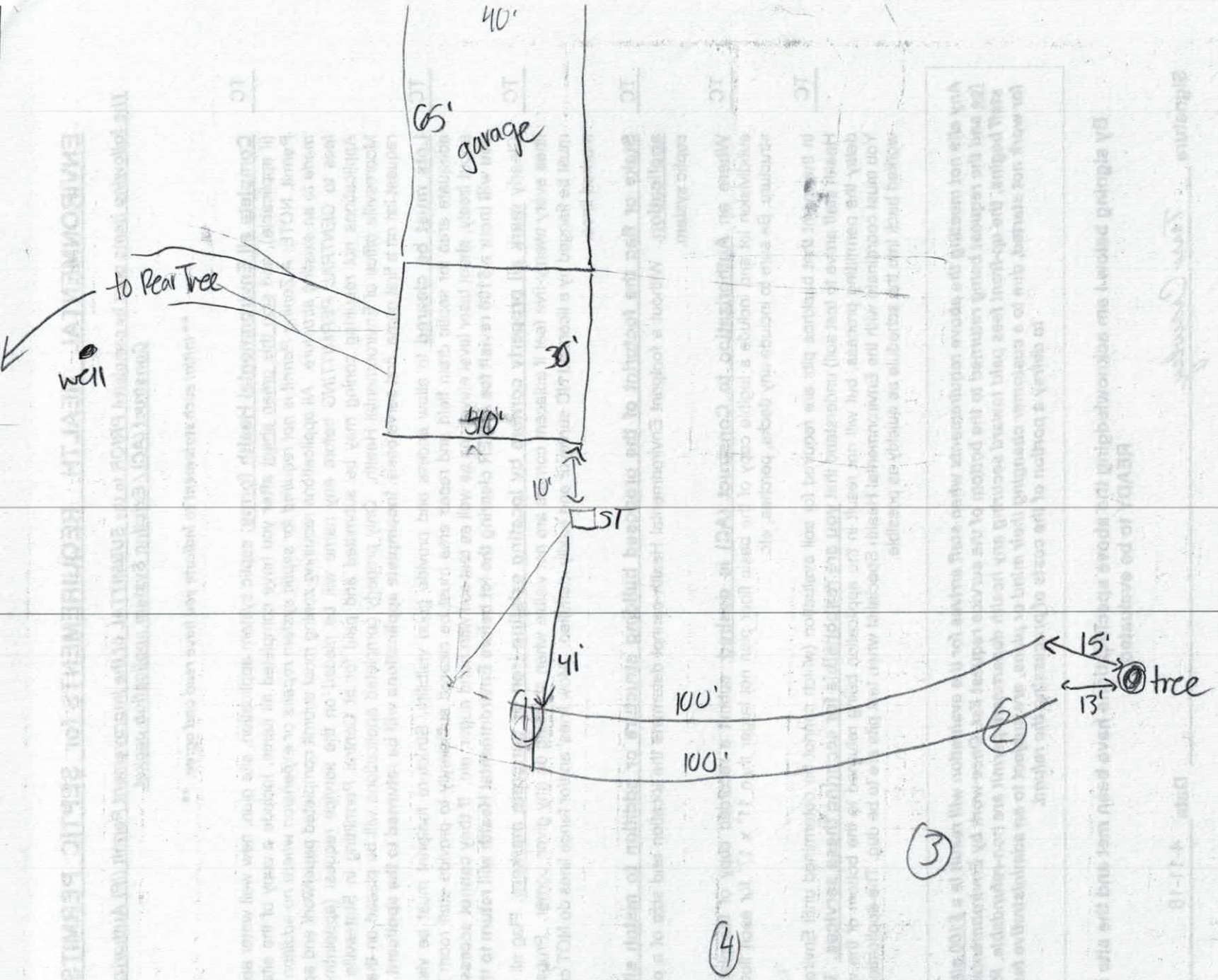
OWNER: Ray Kelly — APPLICATION DATE 4/2/19
ADDRESS: 141 Pear Tree Rd. — DATE EVALUATED: 4/17/19
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 240gpd — PROPERTY SIZE: 13+ac
LOCATION OF SITE: NC 115 N → R on Ostwalt Amity → L on Pilch → L on Pear Tree → 1st on L — PROPERTY RECORDED: needs to combine
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	7% LS	0-9	WSBK SCL	Fr,SS,SP,SE	—	52	29-52 com SAP inc.		PS .3
		9-29	ABK C	Fr,SS,SP,SE					
		29-52	WSBK CL	Fr,SS,SP,SE					
2	8% LS	0-9	WSBK SCL	Fr,SS,SP,SE	—	58	32-58 com SAP inc		PS .3
		9-32	SBK C	Fr,SS,SP,SE					
		32-58	WSBK CL	Fr,SS,SP,SE					
3 repair	5% LS	0-8	WSBK SCL	Fr,SS,SP,SE	—	42	26-42 com-many SAP inc.		PS .3
		8-26	SBK C	Fr,SS,SP,SE					
		26-42	WSBK CL	Fr,SS,SP,SE					
		42-53	L SAP moss	Fr,NS,NP					
4 repair	5% LS	0-7	WSBK SCL	Fr,SS,SP,SE	—	57	31-57 com-many SAP inc.		PS .3
		7-31	ABK C	Fr,SS,SP,SE					
		31-57	WSBK CL	Fr,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	III
Site LTAR	.3	.3

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

COMMENTS:
#2 repair to go in at 28" (highside) due to SAP


40'
65'
garage
to Rear Tree
well
30'
40'
10'
ST
41'
15'
tree
13'
100'
100'
1
2
3
4

RECEIVED APR 3 - 2019 243426

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Ray Kelly Address: 141 Pear Tree Rd ~~137 L. Ellie Ranch Rd, Mooresville~~ Troutman Zip: ~~28115~~ 28166

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 141 Pear Tree Rd, Troutman, NC

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hwy 21 north (R) on Oswalt Amity (L) Pilch Rd (L) Pear Tree Rd
Driveway on Left off of Pear Tree Rd.

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Chamber Plastic

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: R Kelly 4/2/19
~~Property owner~~ or owner's ~~legal~~ representative signature (SIGNATURE REQUIRED) DATE

704-936-7874

2 of 5

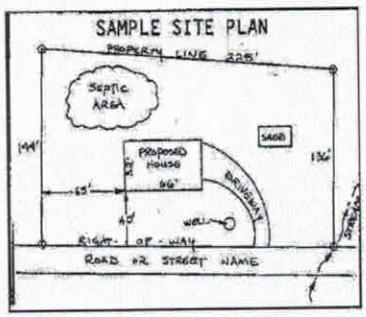
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



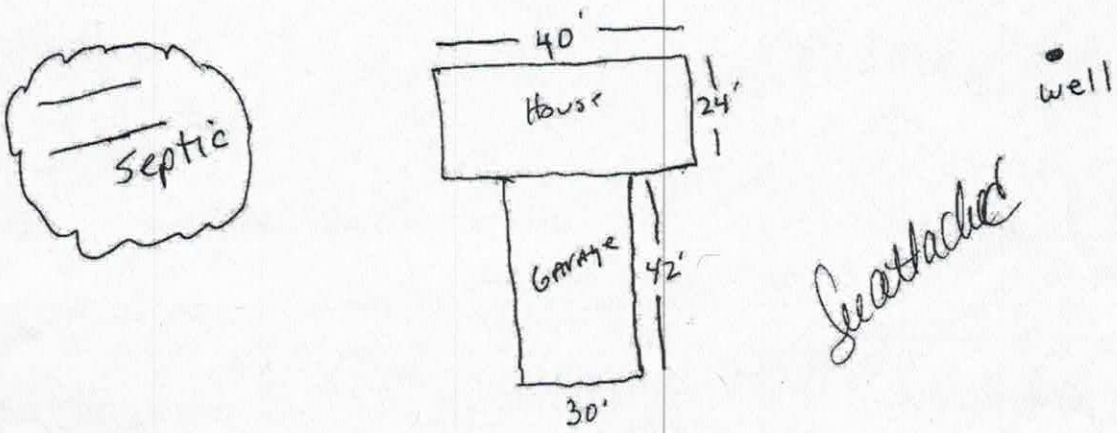
Circle N/A on the following if appropriate:

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

On 46 ACRES



Signature: R Kelly
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/2/19
DATE

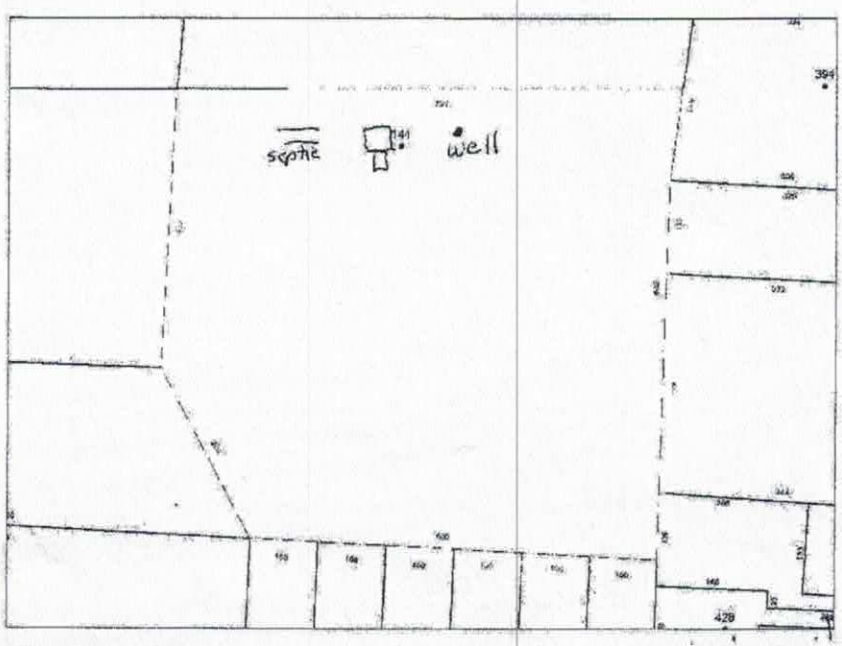
Iredell County

Property Data

Parcel Number: 4751144589.000
Inquiry Date: 4/3/2019

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80048502
Old Parcel Number: 1604L000008063
Owner Name: KELLY RAYMOND S
Mailing Address: 106 KNOX HAVEN LN MOORESVILLE NC 28117
Property Location: PILCH RD
Lot Number: Null
Legal Description: KELLY OFF SR2368

Municipal Information

Township Code: 16
City Code: 00
Neighborhood Code: 16000

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 57100
Tax Assessed Value: 57100
Deferred: 0

Land Information - Register of Deeds Online Search

Date Recorded	Document Type	Deed Book	Deed Page	Plat Book & Page	Land Area	Land Type	Zoning

Staked, it was 10 acres doesn't know distance off property lines but could have flagged. He was ok if we needed them! MS

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)* Ray Kelly

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, Ray Kelly, am the legal owner(s) of the property located at 141 Pear Tree Rd, identified as PIN (Parcel Identification Number)_____, 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.

Ray Kelly
Signature of Owner(s)

4/2/19
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

WARRANTY AND LIABILITY

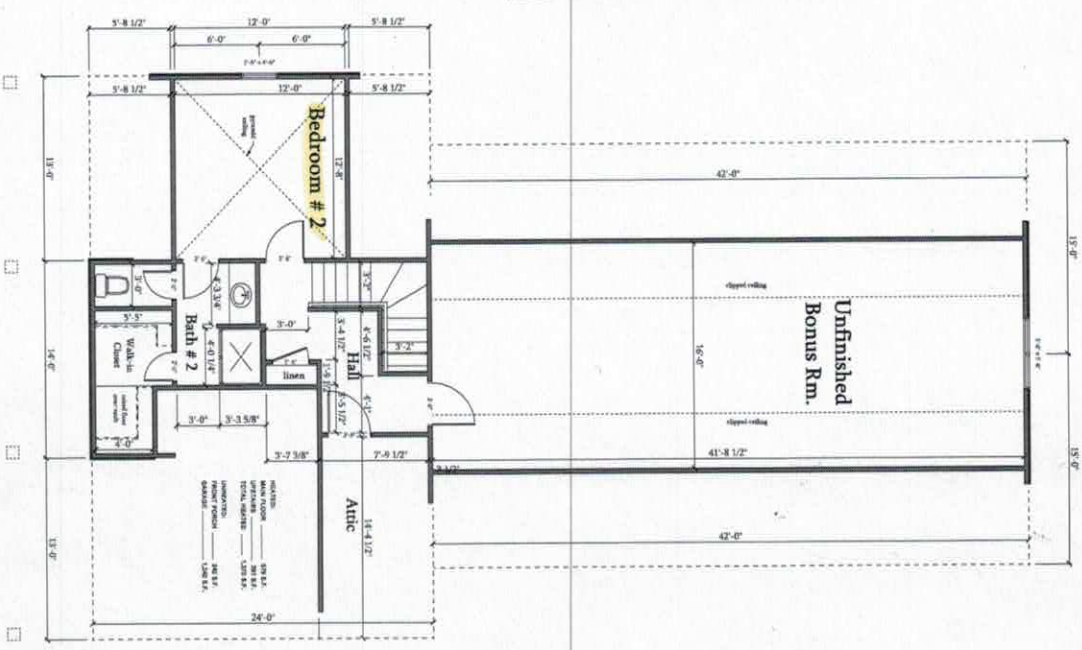
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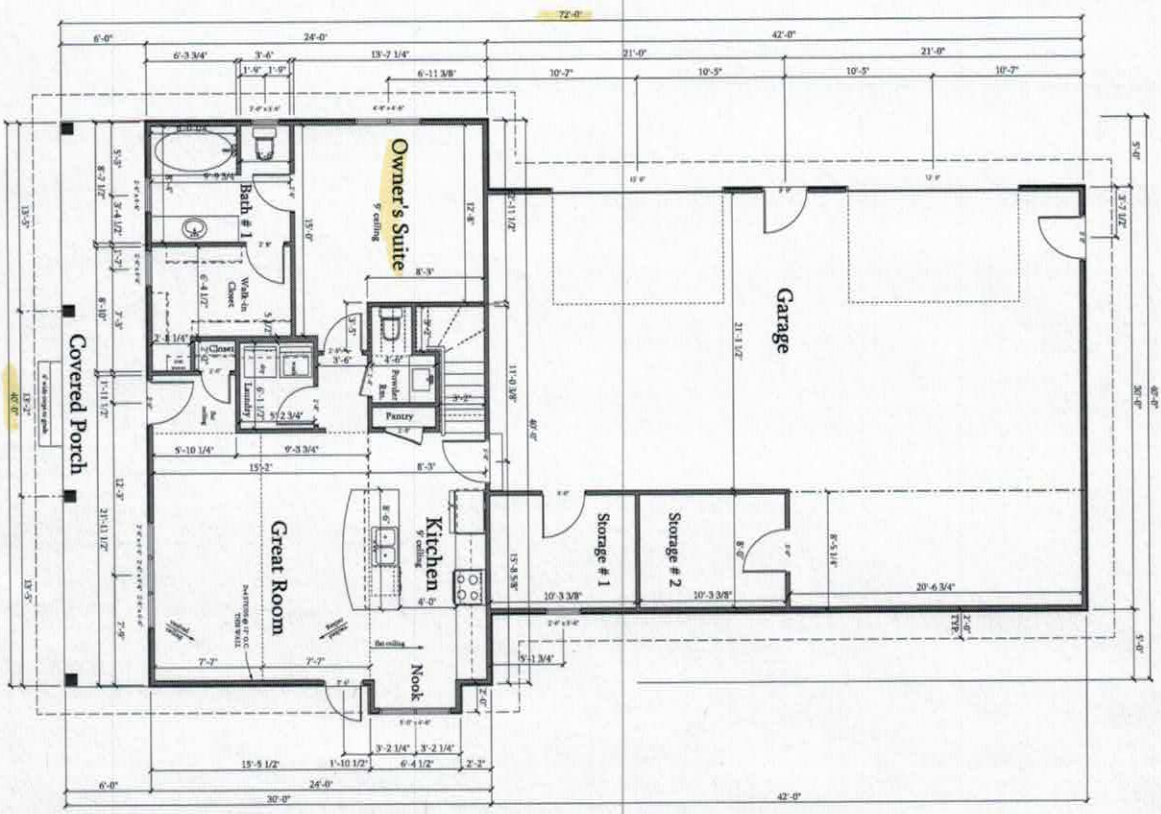
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Acknowledgement Of
Plans Submittal ONLY!
Kayla Witson Date 4-24-19
Ry Kelly Date 5/7/19

2 A-1 UPPER FLOOR PLAN
SCALE : 1/4" = 1'-0"



1 A-1 MAIN FLOOR PLAN
SCALE : 1/4" = 1'-0"



4-17-19

SHEET No.
A-1

FLOOR PLANS
SCALE: 1/4" = 1'-0"

KELLY
RESIDENCE

U.S. HOME DESIGNS, INC.
2005 Hazelwood Drive, Statesville, NC 28625 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

IREDELL COUNTY

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

APPLICATION NUMBER
243426
Issue Date: 04/03/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751144589.000	141 PEAR TREE ROAD, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KELLY RAYMOND S	Applicant: KELLY RAYMOND S
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

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

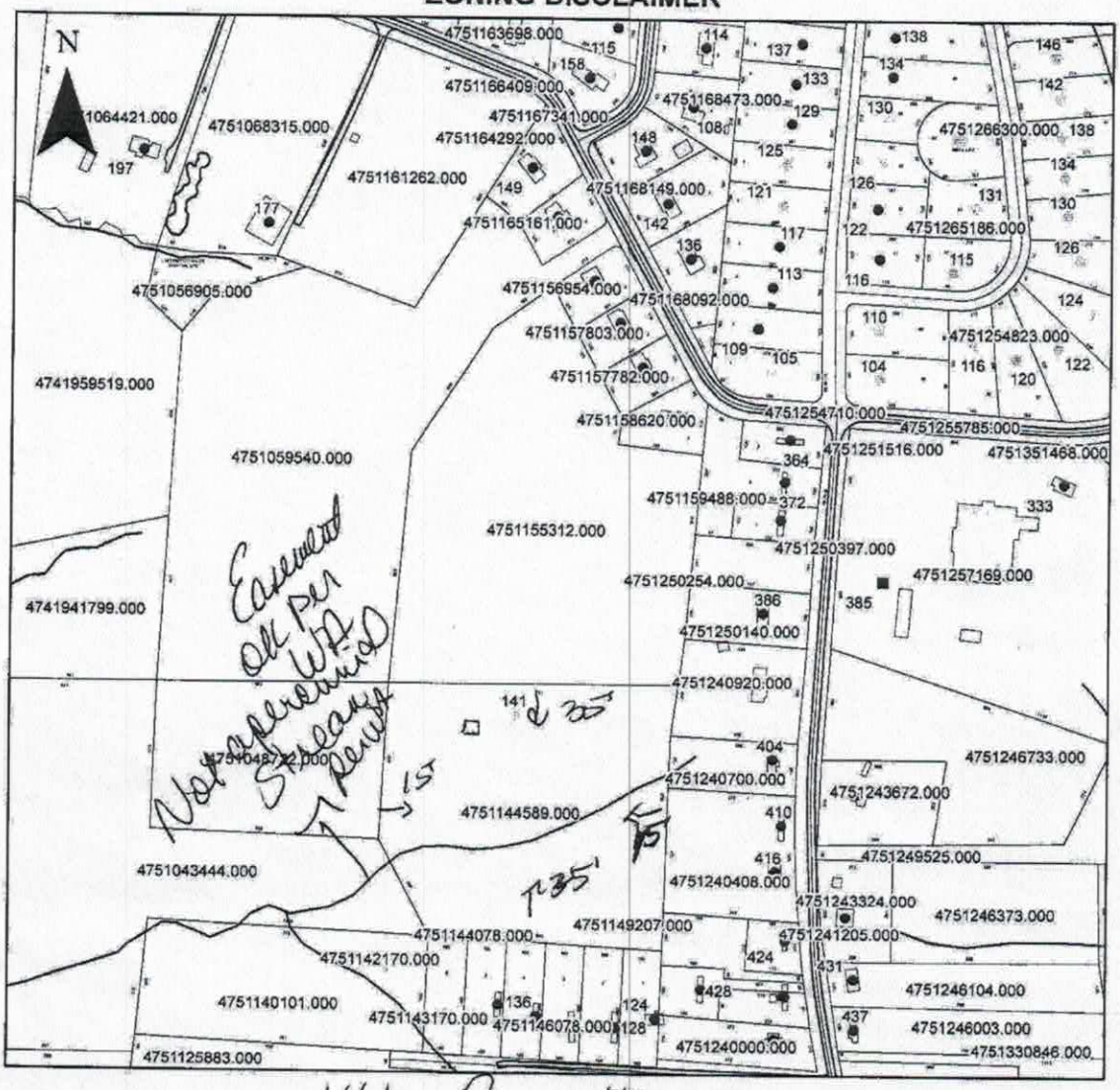
Remarks:

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	172907	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 141 Pear Tree

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

4/2/19
Date