ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 243894

PIN # 4751171009

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

APPLICANT/OWNER: Gary Linebarrier

APPLICANT ADDRESS: 144 Cinebar Rd Mooresville, NC 28115

SITE ADDRESS: 172 Gray Barn Dr Troutman NC 28166

PHONE: 7047999859

ALT. PHONE

SITE DIRECTIONS: 115 N TR Oswalt Amity Rd TL Pilch Rd TL Pear Tree TR Gray Barn Dr RT

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Kelly Farmstead

SECTION: 3 LOT # 25 LOT AREA: .617 Ac

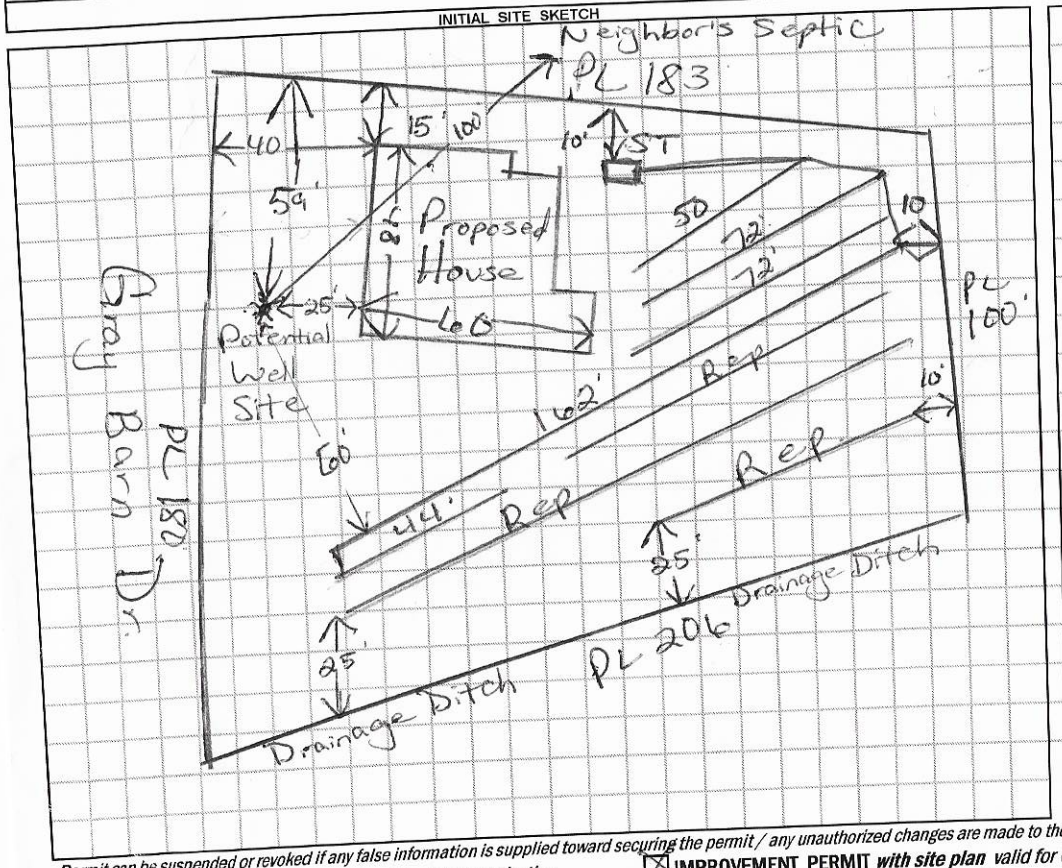
DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	I.M 1060	Date	infiltrator	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity- 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Horizontal PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	400 ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side) max		20"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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: Gary Linebarrier Date: 5/31/19

Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dolgan Date: 5/30/19

OPERATION PERMIT by: Kayla Wilson (as) Date: 10-24-19

AUTHORIZATION TO CONSTRUCT by: Maria Dolgan Date: 5/31/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection 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 2
PROPERTY ID #: 4751171009
COUNTY: Iredell

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

OWNER: Gary Linebarrier — APPLICATION DATE 4/18/19
ADDRESS: 144 Linebarr Rd Mooresville, NC 28115 — DATE EVALUATED: 5/17/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: .617 Ac
LOCATION OF SITE: 172 Gray Barn Trail Statesman, NC — PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7%	0-8	Brw SCL	SS, SP, SExp, FR					PS .3
		8-25	RCm-wSBK/ABK	SS, SP, SExp, FR					
		25-44	RtoW/RCL wSBK	SS, SP, SExp, FR					
			w/SAP Inclus		—	44"			
		44-52	SL SAP	massive, FR					
2	L 5%	0-16	Brw SCL	wSBK SS, SP, SExp, FR					PS .3
		16-54	RtoW/RdCL/CL	wSBK SS, SP, SExp, FR					
			Some SAP Inclus						
		54"	L SAP	massive, FR		54"			
3	L 5%	0-5	Brw SCL	wSBK SS, SP, SExp, FR					PS .3
		5-18	RCm-wSBK	SS, SP, SExp, FR					
		18-49	RCL wSBK	SS SP, SExp, FR					
			some SAP Inclus			49"			
		49-55	L/SL SAP	massive, FR					
4	L 7%	0-11	Brw SCL	wSBK SS, SP, SExp, FR					PS .3
		11-26	RdCm-w SBK	wSBK SS, SP, SExp, FR					
		26-56	RdCL wSBK	SS, SP, SExp, FR					
		> 38" fav	Inclus of	w/Rock 56"					
		56+	SAP L/SL	massive, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hort/LPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Gary Linebarrier

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

Sheet 2 of 2
PROPERTY ID #: 475117 1009
COUNTY: Iredell

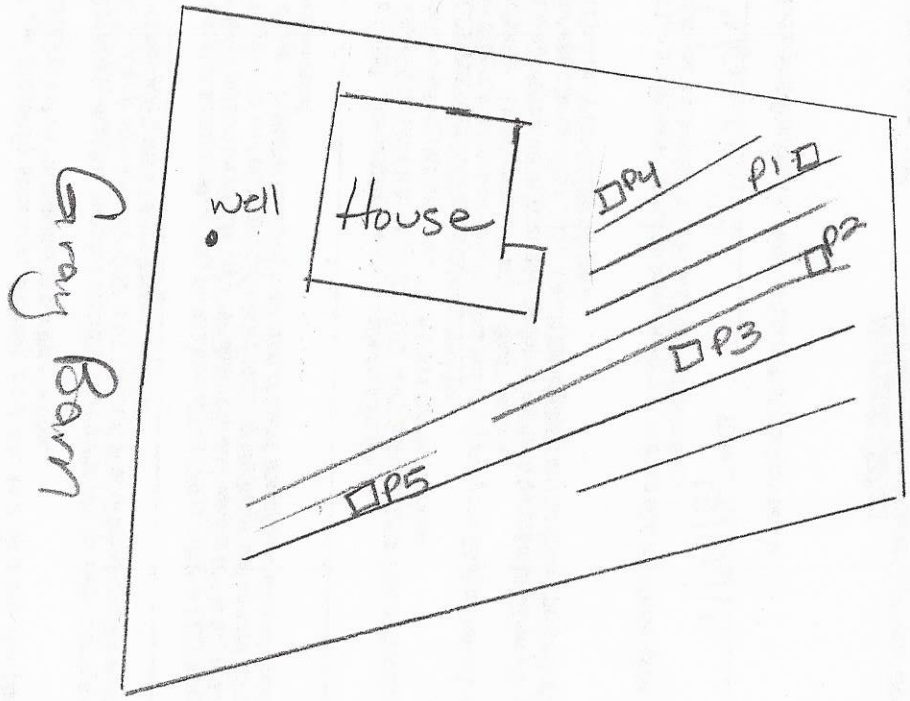
SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

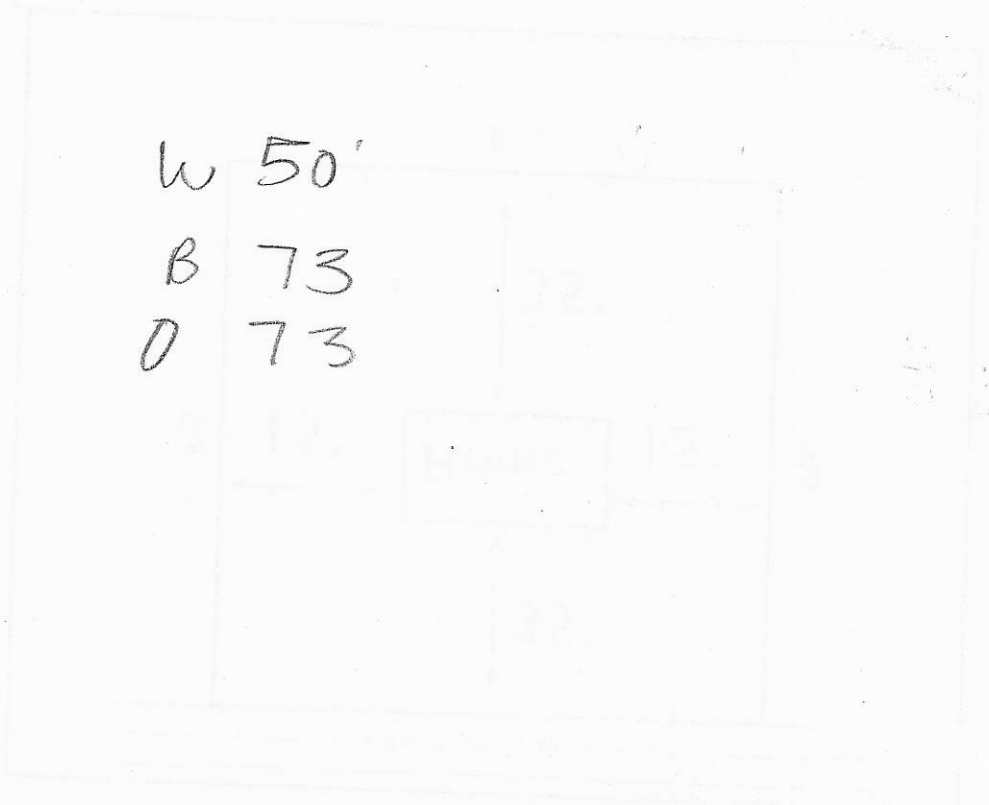
OWNER: Gary Linebarrier — APPLICATION DATE: 4/18/19
ADDRESS: 144 Linebarr Rd Mooresville NC 28115 — DATE EVALUATED: 5/17/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: .617 Ac
LOCATION OF SITE: 172 Gray Barn — PROPERTY RECORDED: Y
WATER SUPPLY: ☒ Private ☐ Public ☐ 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	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%	0-7	BrwSCLwSBK	SS,SP,SExP,FR					PS .3
		7-19	RCLwSBK	SS,SP,SExP,FR					
		19-35	RCLwSBK	SS,SP,SExP,FRw	SAP	Inclus			
		35-55	L/SL	SAP massive,FR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hart PBBS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Gary Linebarrier


Gravel Road
well
House
P4
P1
P2
P3
P5


W 50'
B 73
O 73

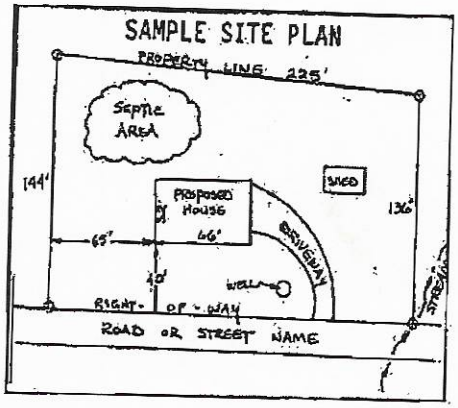
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

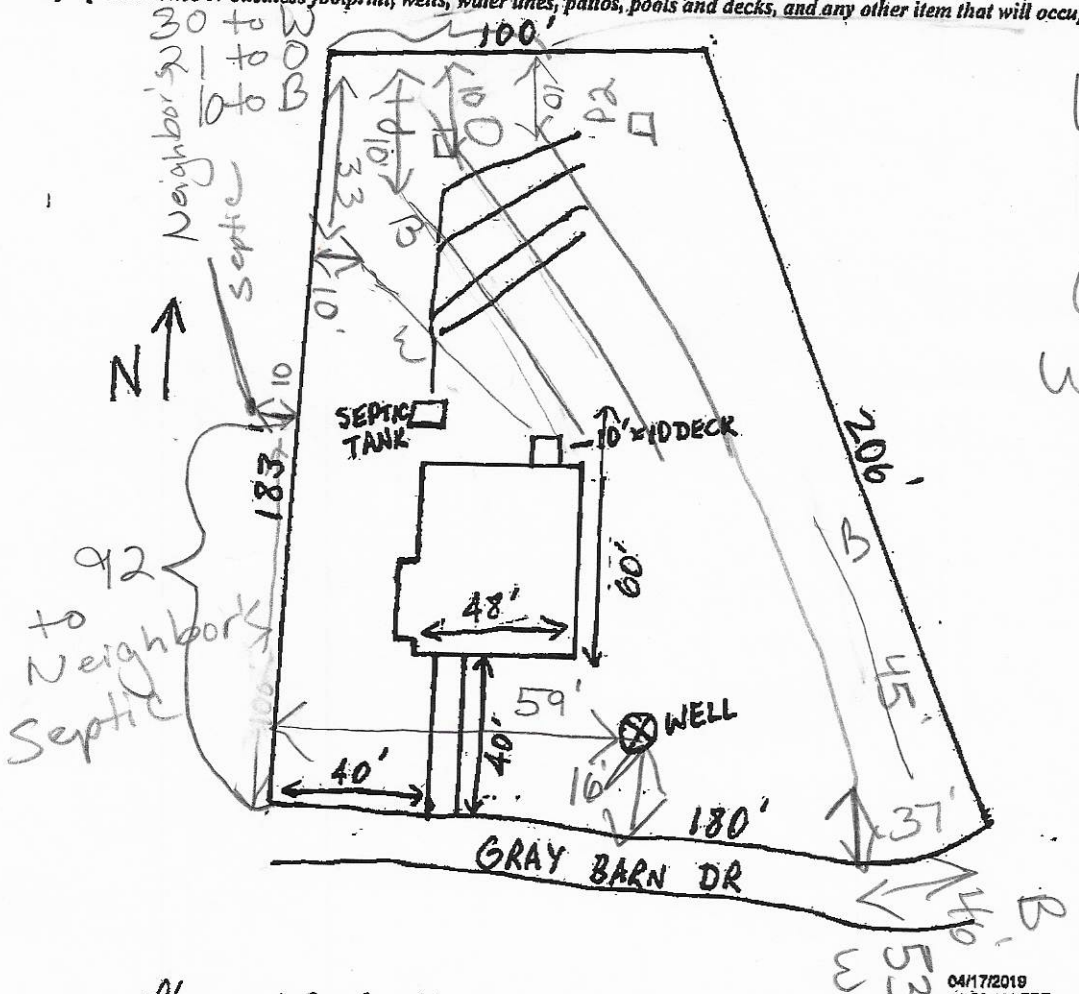


Circle N/A on the following if appropriate:

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



W 50
B 73
O 73
W 160
B 45

W 128
B 119

Signature: Gary Luebbers — 04/17/2019 11:55 AM EDT — **DATE** 4/18/19

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

RECEIVED APR 18 2019

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

243894

Application For: ( ) 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: Gary Linebarrier Address: 144 Cinebar Rd Mooresville NC Zip: 28115
Applicant Email: fermatsfermata@gmail.com Phone: 704-799-9859 Alt. Phone: 704-699-8173
Owner Name: Carol Hook Address: 5300 Beatty Dr. Apt. J-203 Irwin, PA Zip: 15642
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 172 Gray Barn Dr. Troutman, NC 28166
Subdivision Name: Kelly Farmsteads Section/Phase: 3 Lot Number: 25
Driving Directions: From Troutman, South 115, Left on Ostwalt Amity, Left on Pilch, Left on Pear Tree Rd, Right on Fieldhaven Pl, Right on Gray Barn

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: Gary Linebarrier 04/17/2019 11:55 AM EDT 4/18/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

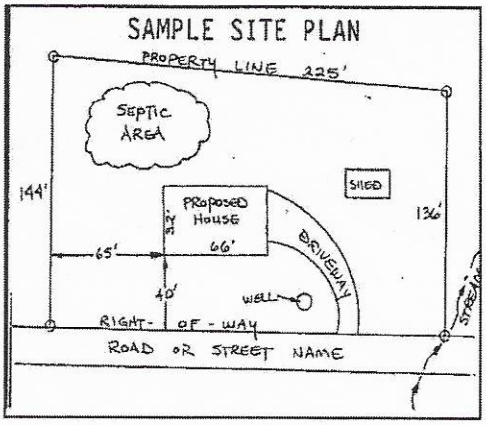
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

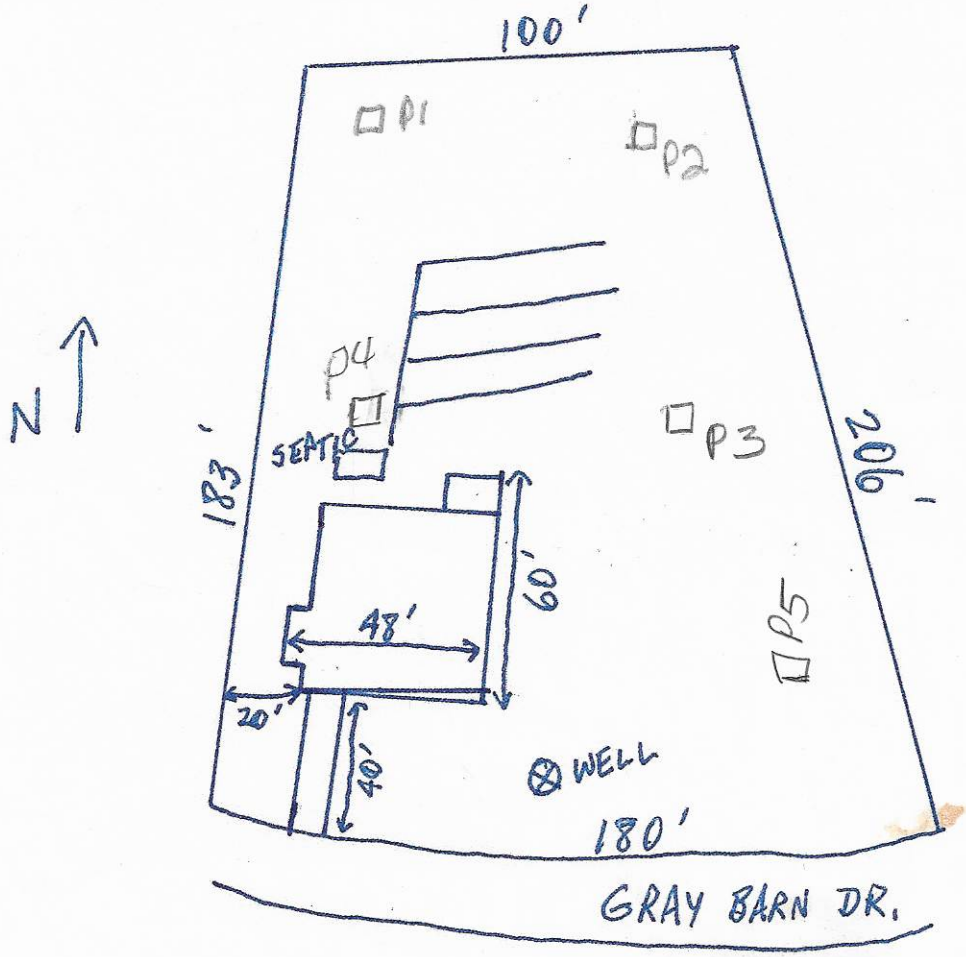


Circle N/A on the following if appropriate:

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



Signature: _____ 04/17/2019 11:55 AM EDT

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

USED FOR THE SALE, CONVEYANCE OR CONSTRUCTION OF THE DEPICTED LOT.

PLOT PLAN DEPICTS THE CONCEPTUAL LOCATION OF THE PROPOSED HOME AND ALL INFORMATION SHOWN TAKEN FROM PRELIMINARY PLAT ON FILE WITH IREDELL COUNTY AND SHOWN IMPROVEMENTS HAVE NOT BEEN AS-BUILT BY R. JOE HARRIS & ASSOCIATES, INC.

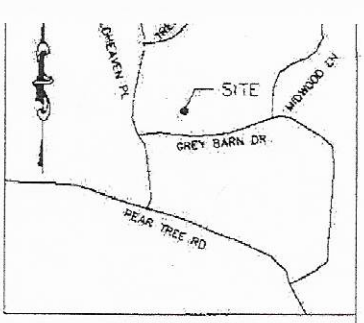
LOT IS SUBJECT TO ANY DEED RESTRICTIONS, EASEMENT CONVEYANCES, RIGHTS-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS ON FILE WITH THE IREDELL COUNTY, NCDOT, TOWN OF TROUTMAN, HOMEOWNERS ASSOCIATION AND/OR OTHER GOVERNMENTAL AGENCIES.

FINAL HOUSE PLACEMENT WILL BE ESTABLISHED BY TRUE HOMES AND MAY VARY BY FIELD CONDITIONS.

DRIVEWAY LOCATION APPROXIMATE ONLY. SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINACES.

KELLY FARMSTEADS-LOT #25 YLA1016 (27476)
MODEL-KIPLING
PLAN-2812
COLLECTION-ELEMENTS
ELEV.-E-J2
FND-CRAWL
FACADE-FRONT STONE (NOT SHOWN)
2-CAR GARAGE LEFT FRONT
OPTION-PROPANE FIRE PLACE

MB 34 PG 66



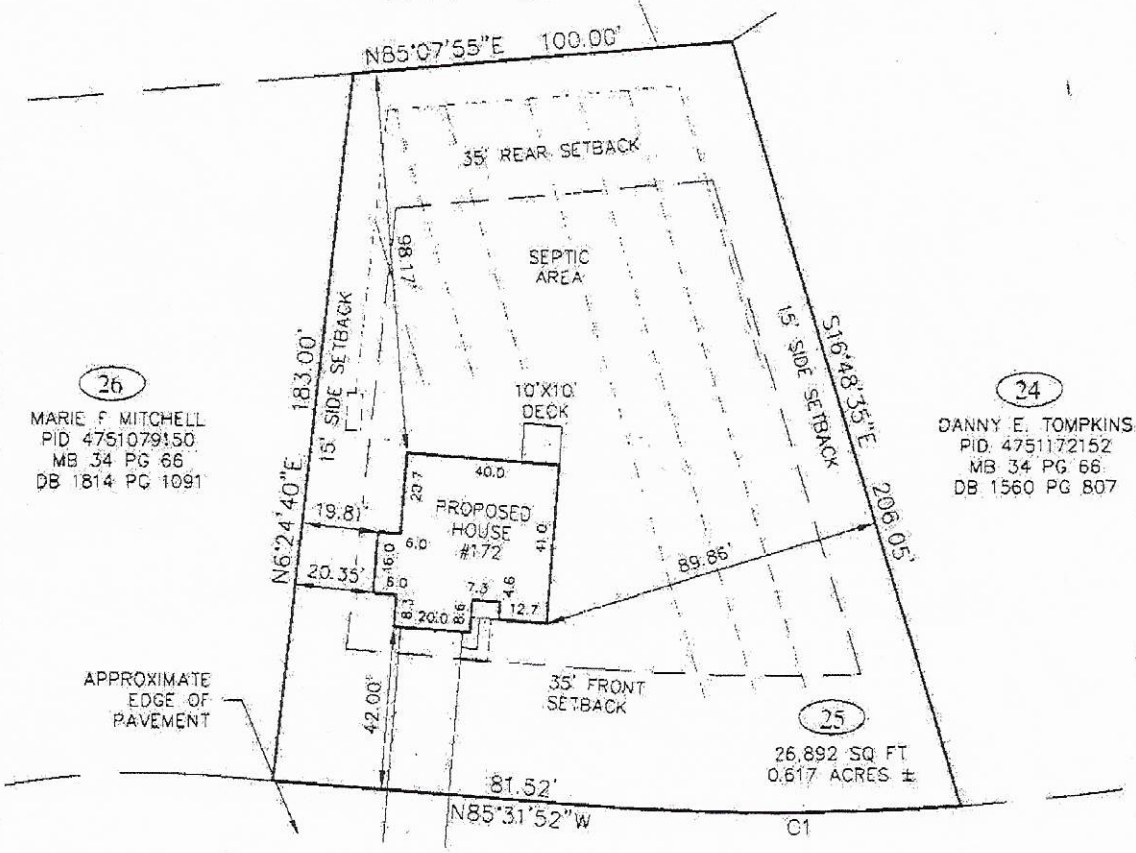
VICINITY MAP
NOT TO SCALE

IMPERVIOUS SURFACE AREA

DESCRIPTION	AREA
HOUSE	1,782 SF
DRIVE TO R/W	682 SF
DRIVE EP	227 SF
FRONT PORCH	34 SF
REAR PORCH	100 SF
LEADWALK	46 SF
TOTAL LOT AREA	26,892 SF
TOTAL PROPOSED	2,871 SF
SEED/STRAW	24,021 SF
IMPERVIOUS	10.6%

(28) KRISTIN KELLY
PID 4751171343
MB 48 PG 36
DB 2284 PG 34

(27) CARTER L. & MICHELLE C. HAMRICK
PID 4751170303
MB 48 PG 36
DB 1899 PG 1156



(26) MARIE F. MITCHELL
PID 4751079150
MB 34 PG 66
DB 1814 PG 1091

(24) DANNY E. TOMPKINS
PID 4751172152
MB 34 PG 66
DB 1560 PG 807

(25) 26,892 SQ FT
0.617 ACRES ±

Curve Table					
Curve #	Length	Radius	Chord	Bearing	Delta
C1	98.48	680.58	98.39	S89°40'35"E	8°17'25"

LOT IS NOT LOCATED WITHIN THE 100 YEAR FLOOD PER FEMA FLOOD INSURANCE RATE MAP (FIRM) #3710474000J DATED, MARCH 18, 2008.

GRAY BARN DR
50' PUBLIC R/W

GRAPHIC SCALE
0 20 40 80
1 inch = 40 ft.

Preliminary Plot Plan - Lot 25

For: True Homes
172 Gray Barn Drive @ Kelly Farmsteads Ph III Sec I
Town of Troutman, Iredell County, North Carolina

Drawn:	ZSL/NRT	Date: 8-6-2019	MB 34 PG 66
Surveyor:	BPL	Rev:	DB 2622 PG 303
Project:	3321	FIRM # C-4168	PID 4751171009

R. Joe Harris & Associates, Inc.
Engineering • Land Surveying • Planning Management
125 Bent Grey Drive, Suite 102, Fort Mill, S.C. 29708 Phone: (803) 802-1700

Neighbor's Septic

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 110681 PIN# 4751-07-9150 DATE 01/09/03

OWNER OR CONTRACTOR TIM THOMPSON PHONE: Business 704-361-3050 ~~Home~~ PAUL 704-575-9688

ADDRESS 112 CAMFORTH DR. MOORESVILLE, NC 28117

LOCATION I77, (L) AMITY HILL RD, (R) PILCH, TO PEARTREE, (R) FIELDHAVEN PLACE, (R) GRAY BARN, 1st LOT ON LEFT, ON CORNER,

SUBDIVISION KELLY FARMSTEAD BLOCK / SECTION 3 LOT 26 LOT AREA 0.58 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 312 Date 4-12-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: [ ] Yes [X] No

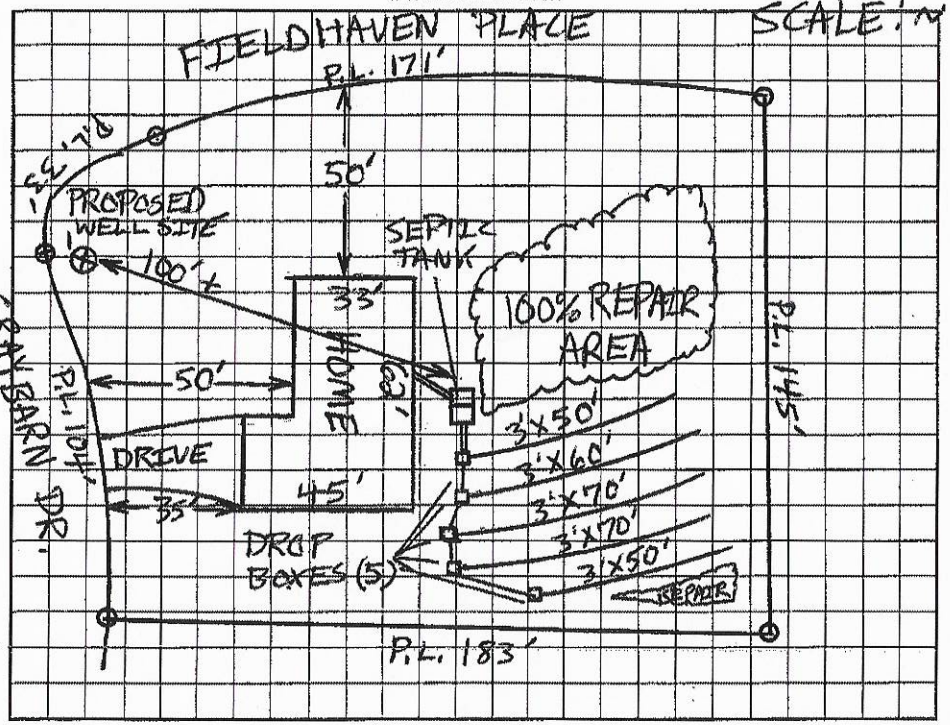
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community
WELL

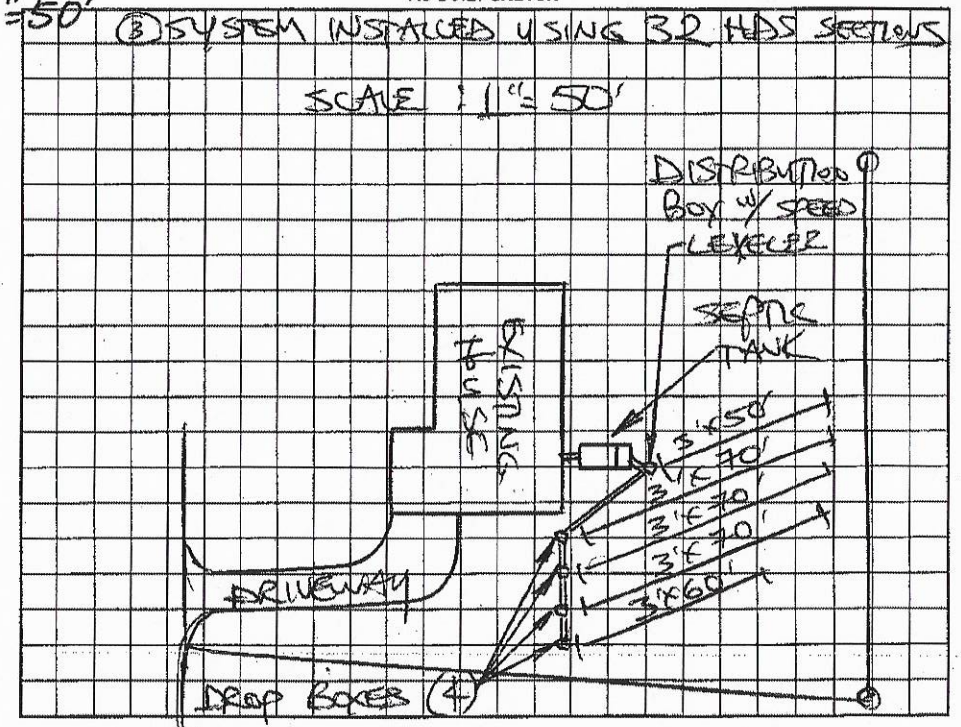
Comments:/Conditions: (1) WELL MUST BE 100' PLUS FROM SYSTEM (15A NCAC 18A .1950(a)(5))

Comments:/Conditions: (2) SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPARTMENT APPROVAL
(3) SEPTIC TANK WITH MARKER INSTALLED USING RED "POLYLOK" FILTER #30130

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 9-Jan-03 Installed by: WES LYTTON

Improvement Permit by: Patrick Mitchell date 01/09/03 Operation Permit by: STEVE HENDRICK date 5-19-04

Authorization to Construct by: Patrick Mitchell date 01/09/03 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

This permit was previously issued permit dated 7/16 of Neighbor's Septic

STATESVILLE 704-878-5305 CI MOORESVILLE 704-664-5281

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

PERMIT# 101257 PIN# 4751-17-2152

OWNER OR CONTRACTOR Virginia Ward / Craig Tompkins DATE 8/11/03

ADDRESS ~~2357~~ 149 Gary Barn Drive Troutman, NC 28166 PHONE: Business _____ Home _____

LOCATION I-77 N to Exit 65 South Amity, R Fitch Rd, L Poor Tree, R Gary Barn Drive, split on Right

SUBDIVISION Kelly Farmstead BLOCK / SECTION 3 LOT 24 LOT AREA ≥ 40,000 ft² SITE CLASS. 5 DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 4000 Gallons: STB 1012 Date 7-12-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet Eq/600 Linear Feet 270
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" Sand

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 50% Reduction
Repair System Description: Gravity Pump Lift
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

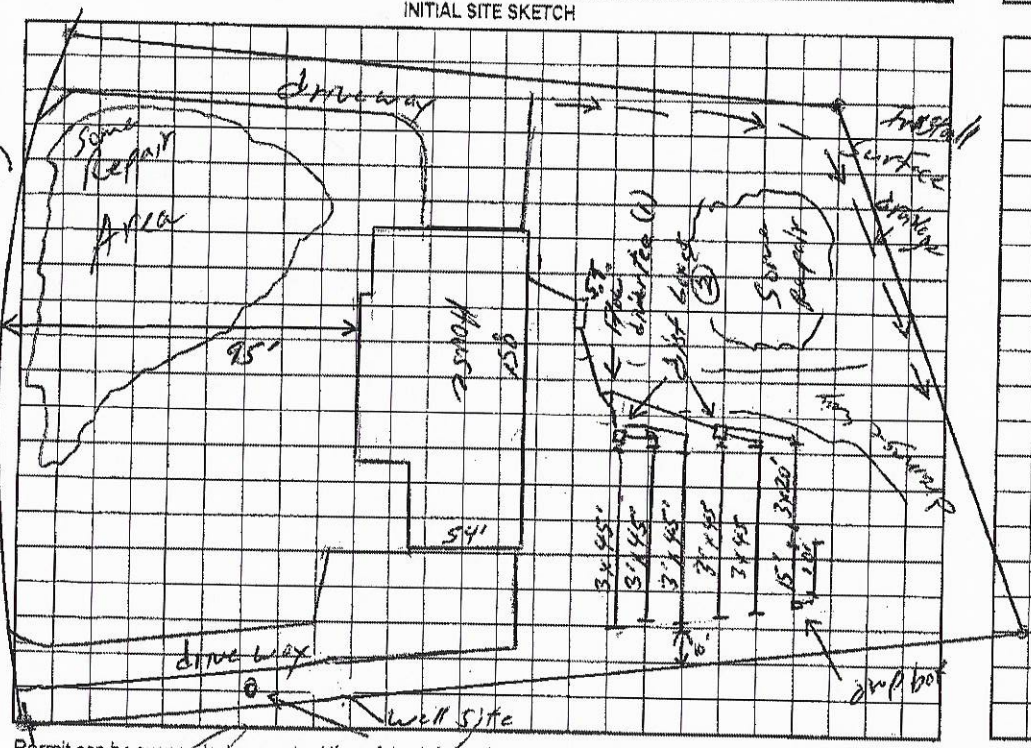
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ① Install 62 PPBFO sections with one flow distributor two (2) distribution boxes. ② Install surface drainage as shown

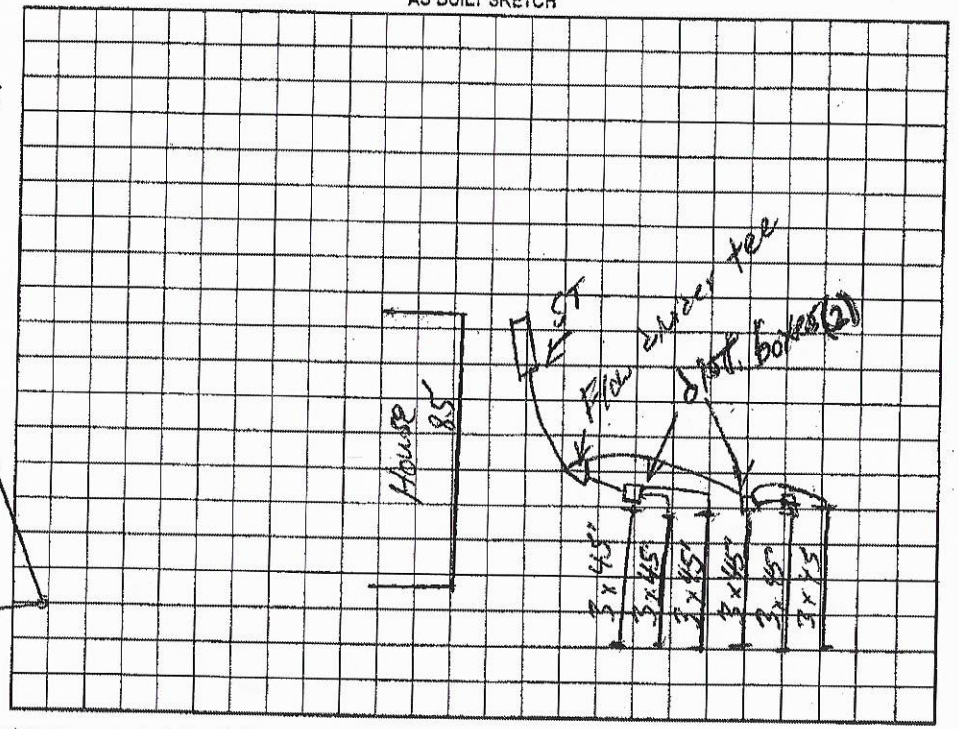
Comments:/Conditions: Lot Line Okay - 9/11/03

(Bottom line installed over low 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: Willie O. Johnson date 8/11/03

Authorization to Construct by: Willie O. Johnson date 8/11/03

Installed by: Craig Thompson

Operation Permit by: Willie O. Johnson date 9/12/03

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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)* Carol Jean Hook 04/17/2019 11:55 AM EDT

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, _____, am the legal owner(s) of the property located at 172 GRAY BARN DR, TROUTMAN NC 28166, identified as PIN (Parcel Identification Number) 4751-17-1009.000, 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.

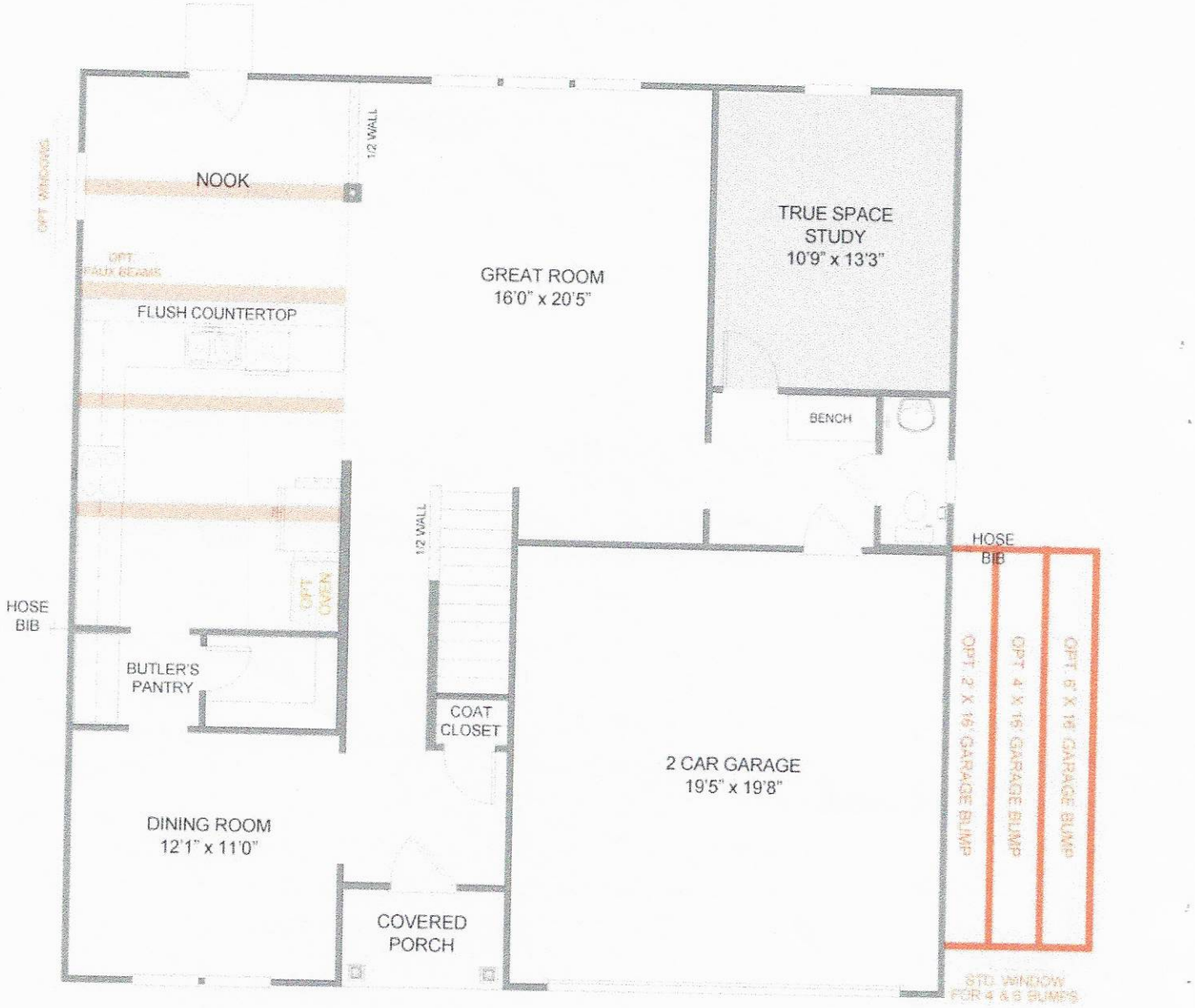
Carol Jean Hook _____ 04/17/2019 11:55 AM EDT

Signature of Owner(s) 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

Linebarrier Floor Plan
True Homes - Kipling
4 bedrooms, 2.5 bathrooms

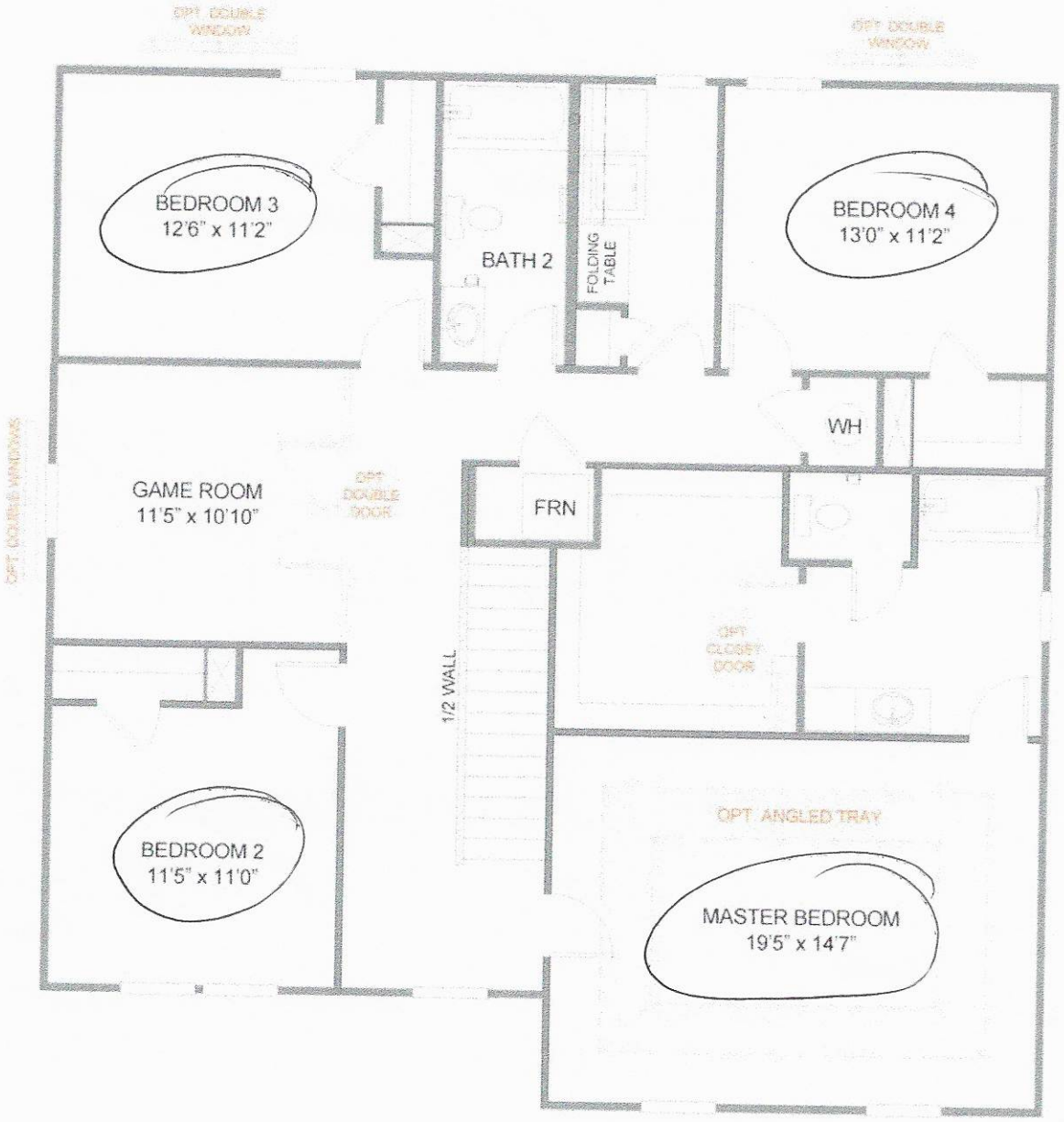


Plan 2808

Acknowledgement of
Plans Submittal ONLY!

Dawn Linebarrier Date 5/31/19

Maria Dotson Date 5/31/19



Opt Second Floor 1

Acknowledgement of Plans Submittal ONLY!

Dawn Linebarger Date 5/31/19

Maria Olson Date 5/31/19

IREDELL COUNTY

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

APPLICATION NUMBER
243894
Issue Date: 04/18/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4751171009.000	172 GRAY BARN DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOOK CAROL JEAN	Applicant: LINEBARRIER GARY W+DAW
Address: 7183 SOUTH CHASE WAY	Address: 144 CINEBAR RD
LITTLETON, CO 80128	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.617	35.00	35.00	15.00	15.00	NOT	X

Remarks:

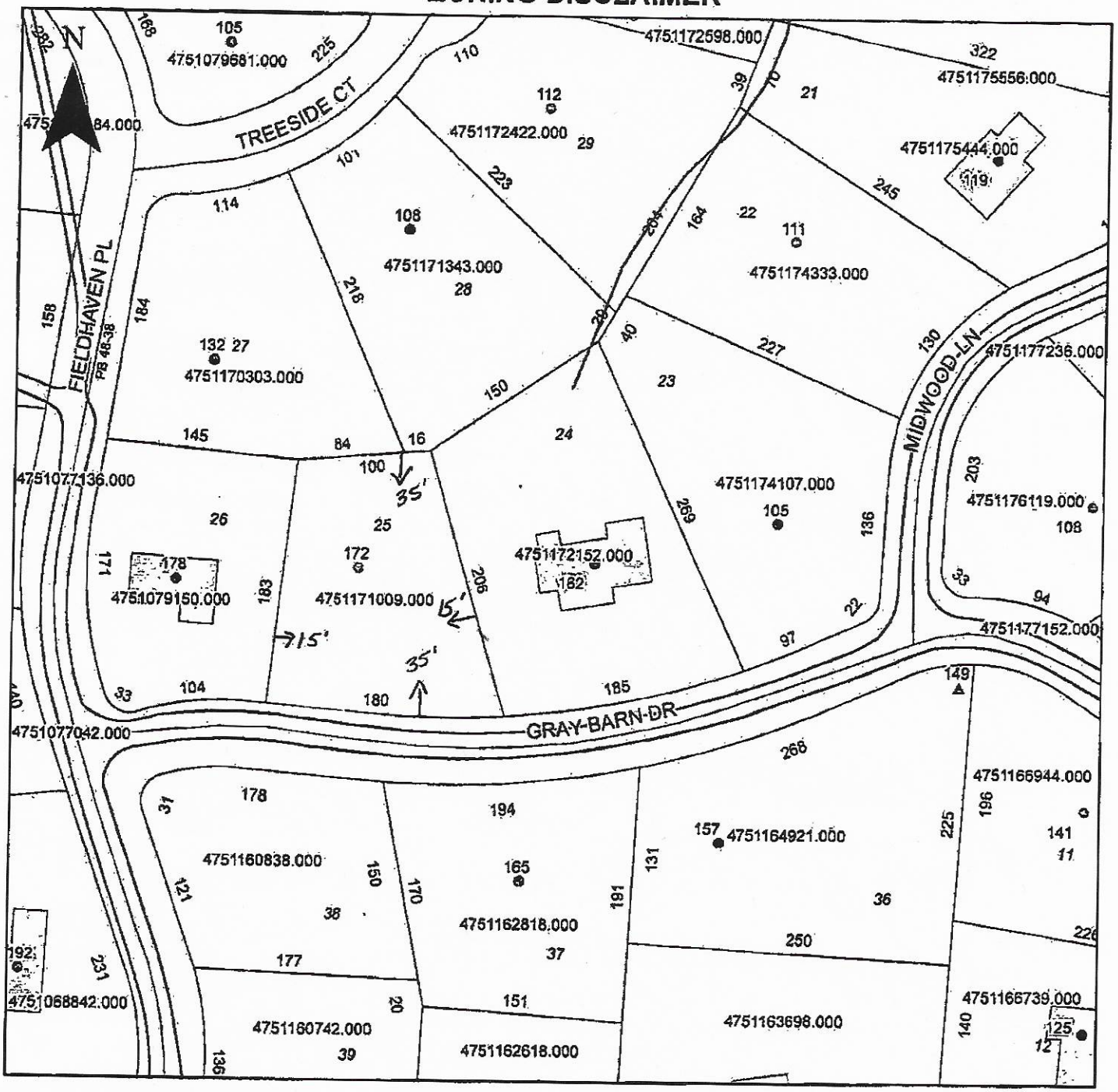
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	174497	TOTAL FEES:	$ 77.25

243894

ZONING DISCLAIMER



Property Address 172 Gray Barn Dr.

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.

Gary Lee Barnes
Applicant

4/18/19
Date