ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-323985

PIN # 4753 -- 25 -- 8617

APPLICANT/OWNER: HYDE HOMES, LLC / BARBARA STRADLEY | APPLICANT ADDRESS: 387 WOOD BRIDGE ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 207 EAST BARKLEY ROAD, STATESVILLE, N.C. 28677 | PHONE: 704-201-9935 | ALT. PHONE 704-500-7144

SITE DIRECTIONS: (E) ON 70, (R) ON EAST BARKLEY, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 13.36 AC | DESIGN FLOW: 240GPD | L.T.A.R.: 0.275 (0.1 REP)

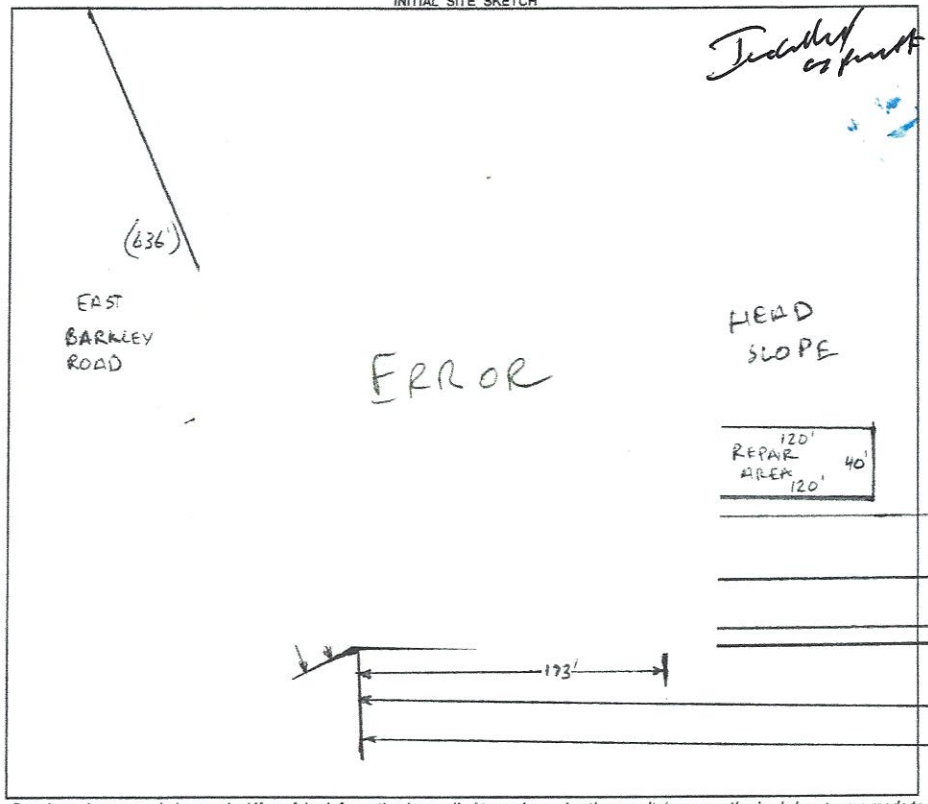
Septic Tank	1000	(gal)	STB 760	Date 2-25-22	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT 363	Date 3-2-22	System Description:	25% REDUCTION - P.M.			
Pump Make	ZOELLER	Model	BNJ52-D	Serial #	Repair System Description:	TSII DRIP REPAIR			
# Nitrification Fields	1	# Lines	2	Linear Ft 220 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	27 IN	Gravel Depth -		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☑ Private EXT
☐ Other	No. Employees	-	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, DO NOT SHALLOW UP, EXISTING SYSTEM TO ONLY SERVE EXISTING GARAGE.

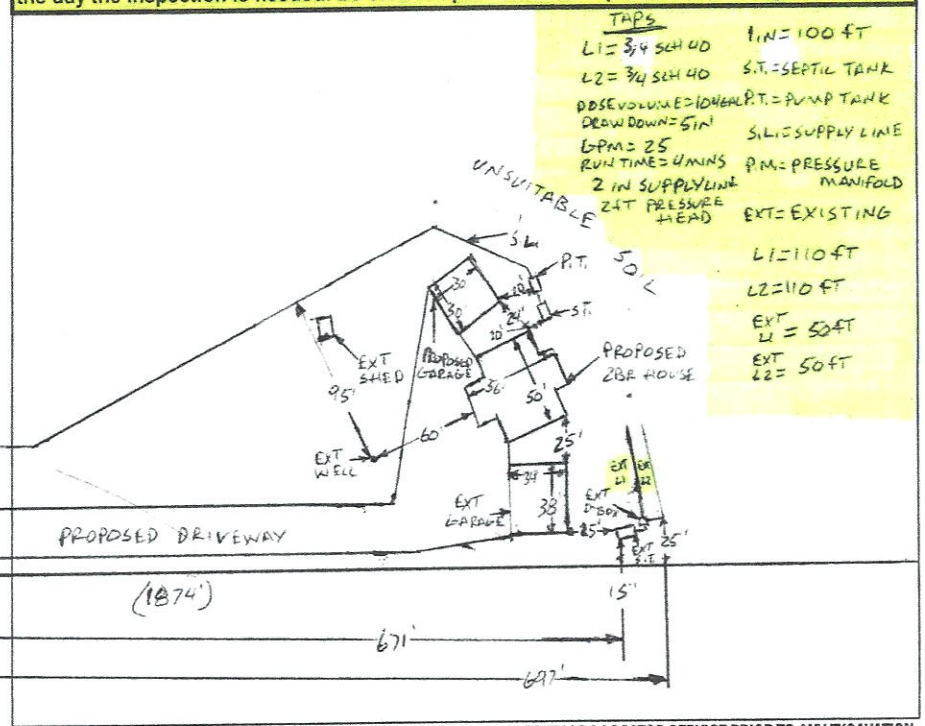
NEW SYSTEM TO ONLY SERVE PROPOSED HOUSE, PRE-CONSTRUCTION MEETING REQUIRED.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: [signature] Date: 2/1/22

Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Bryant C. White Date: 2-1-2022

OPERATION PERMIT by: [signature] Date: 9-4-22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-1-2022

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

PROPERTY ID #: 4753-25-8617
COUNTY: IREDELL

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

OWNER: BARBARA STRADLEY
APPLICATION DATE 12-16-2021
ADDRESS: 387 WOOD BRIDGE ROAD, STATESVILLE, N.C. 28625
DATE EVALUATED: 1-19-2022
PROPOSED FACILITY: 2BH
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 13.36 AC
LOCATION OF SITE: 207 EAST BARKLEY ROAD, STATESVILLE, N.C. 28677
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 15%	0-8	SL, SBK	FR, SS, SP, SEXP	10YR 6/2 @ 15"+	34"	U EL III EXP	EXP @ 8"	U
		8-34	L / ABK	FI, VS, VP, EXP					
		34-52	SAP, RL	VFI, S, P, EXP	10YR 7/1 @ 21"+				
2	LINEAR SIDE 12%	0-24	CL, ABK	FR, S, P, EXP	- GRAVELLY 10YR 6/2 4"+	24"	U CL III EXP	EXP	U
		24-52	SAP, RL	VFI, S, P, EXP					
3	LINEAR SIDE 18%	0-8	SCL, GR	FR, SS, SP, SEXP	10YR 6/2 23"+ FEW SAP INC 36"+	53"+	NA	NA	PS .225 ABOVE 24"
		8-53	L, ABK	FI, S, P, SEXP					
4	LINEAR SIDE	0-20	L, SBK	FR, S, P, SEXP	10YR 6/2 30"+ 0"-20" RIB MATRIX 20"-57" YIB MATRIX	57"+	NA	NA	PS .225 ABOVE 30"
		20-57	L, ABK	FI, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% P,M	DRIP
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

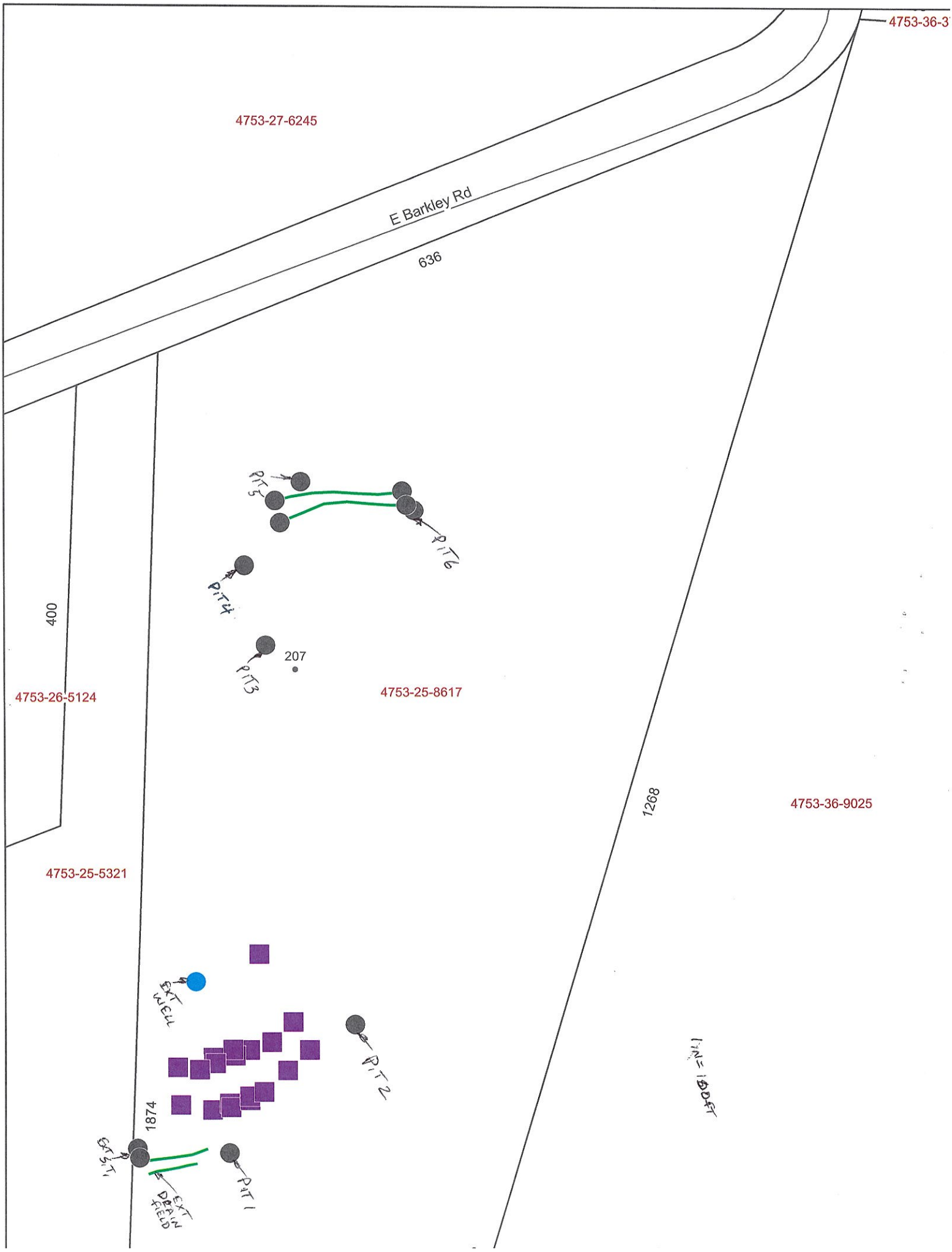
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4753-25-8617
DATE OF EVALUATION: 1-19-2022
COUNTY: IREDELL

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
5	LINEAR SIDE 20%	0-35	L, ABK	FR, S, P, SEXP	Y/B MOTS 14"25" SAP INC 28"+	50"+	NA	NA	PS .275 BELOW 25"
		35-50	LL, WABK	FR, SS, SP, SEXP					
6	LINEAR SIDE 15%	0-36	L, ABK	FR, S, P, SEXP	SAP INC THRU OUT	57"+	NA	NA	PS .3
		36-57	LL, WABK	FR, SS, SP, SEXP					

COMMENTS:


4753-36-3
4753-27-6245
E Barkley Rd
636
400
207
4753-26-5124
4753-25-8617
1268
4753-36-9025
4753-25-5321
1874
PIT 1
PIT 2
PIT 3
PIT 4
PIT 5
PIT 6
EXT WELL
EXT SYST
EXT DRAIN FIELD

RECEIVED DEC 16 2021

BW Ronda.hart@co.iredell.nc.us Floor plans signed dated

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323985 $300.00

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: Hyde Homes, LLC **Address:** 387 Woodbridge Rd Statesville **Zip:** 28625
Applicant Email: joehyde@bellsouth.net **Phone:** 704 29 9935 **Alt. Phone:** 704 500 7144
Owner Name: Barbara Stradley **Address:** 1354 Royalty Circle, Statesville **Zip:** 28677
Owner Email: _____ **Phone:** 704 838 6474 **Alt. Phone:** _____

Property Information:

Street Address: 207 East Barkley Rd., Statesville, NC 28677

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

Driving Directions: From Garner Bagnal Blvd turn right onto East Barkley Rd & destination will be on left in approx. 0.3 miles

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: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) 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: _____ 12/7/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) _____

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, Barbara Stradley, am the legal owner(s) of the property located at 207 East Barkley Rd Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4753258617.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Hyde Homes LLC, Joseph Hyde / Emily Morris, 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.

Barbara Stradley
Signature of Owner(s)

11-30-21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

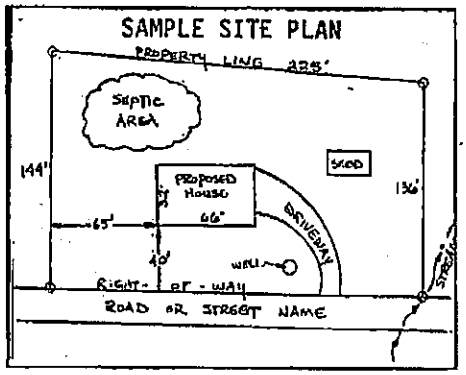
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

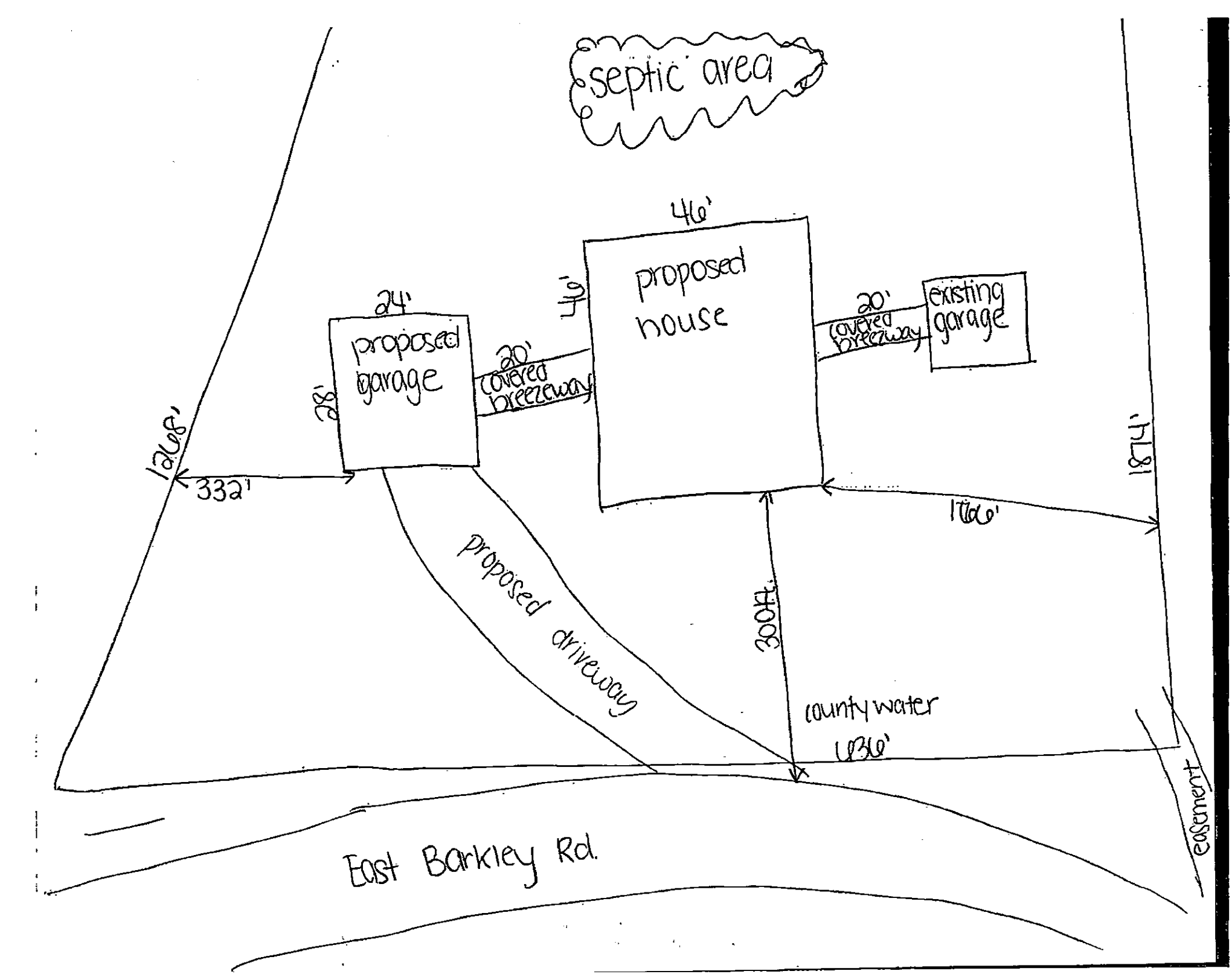
See attached

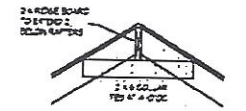
Signature: _____

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

12/7/21

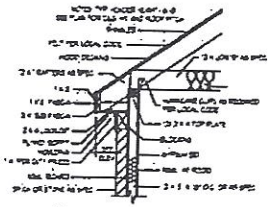
DATE


septic area
46'
proposed house
24'
proposed garage
28'
20'
covered breezeway
19'
20'
covered breezeway
existing garage
1268'
332'
proposed driveway
1766'
1874'
300ft
county water
1836'
East Barkley Rd.
easement



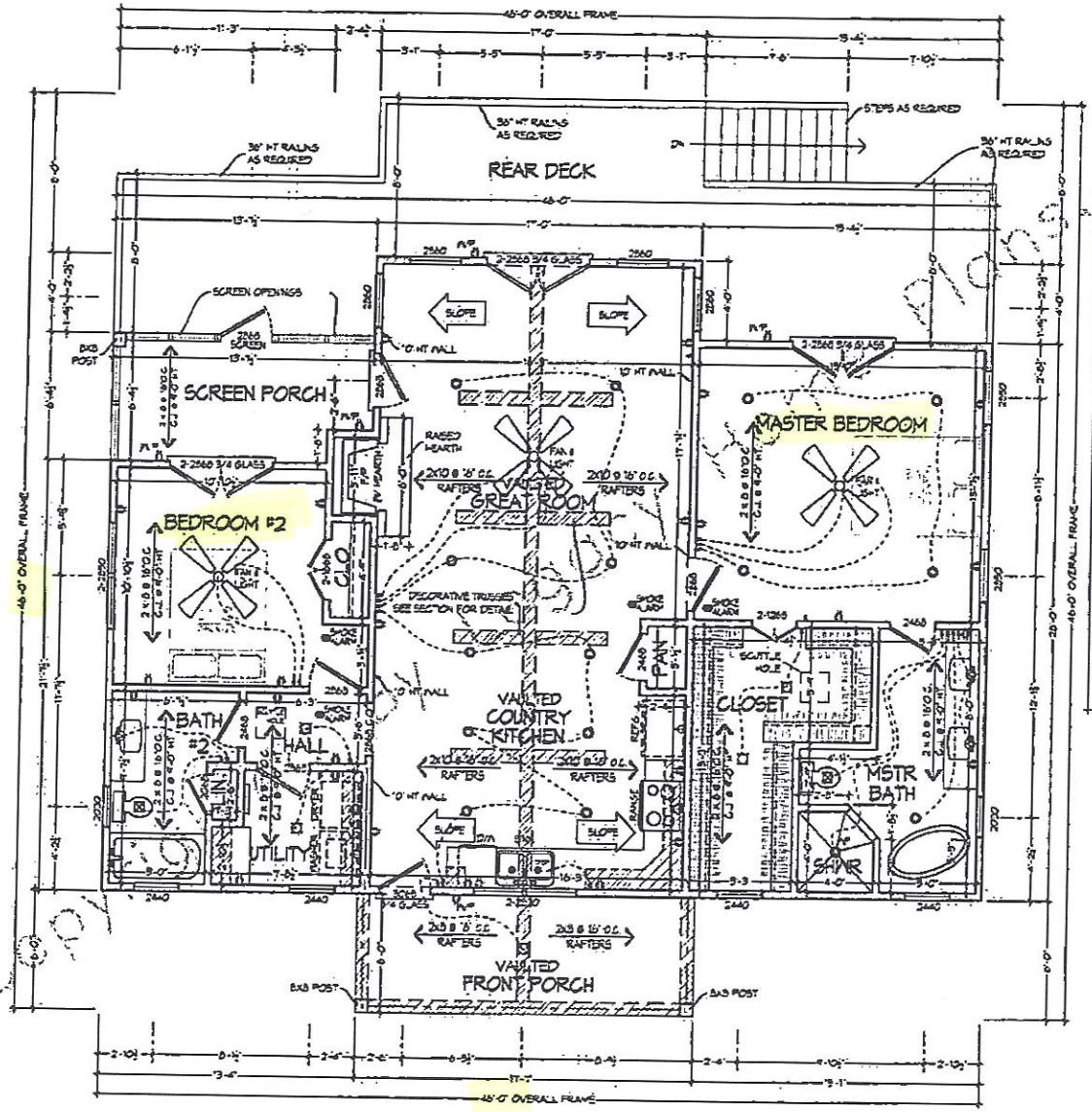
TYPICAL RIDGE BOARD / BRACING

NO SCALE



RAISED RAFTER CORNICE DETAIL

NO SCALE



FIRST FLOOR PLAN

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

GENERAL NOTES

1. IT IS NOT THE INTENT OF THESE DOCUMENTS TO FULLY DETAIL ALL CONDITIONS. IT IS THE CONTRACTOR'S RESPONSIBILITY TO PERFORM ALL WORK WITHIN STANDARD CONSTRUCTION PRACTICES THAT ENSURES PROPER STRUCTURAL DETAILING AND SOUND WORKMANSHIP. DETAILING AND QUALITY WORKMANSHIP IS THE CONTRACTORS RESPONSIBILITY TO ENSURE THE SERVICES OF QUALIFIED STRUCTURAL ENGINEERS TO REVIEW ALL NON-TYPICAL FOUNDATION OF FRAMING CONDITIONS. IT IS THE CONTRACTORS RESPONSIBILITY TO ENSURE THAT ALL WORK AND CONSTRUCTION SHALL MEET OR EXCEED ALL APPLICABLE CODES.
2. THIS PLAN HAS BEEN DESIGNED AS PER THE STANDARD BUILDING CODE. IT MUST BE CONSTRUCTED TO MEET THE MINIMUM LIVING REQUIREMENTS AS PER THE CODES DEPARTMENT SITE INSPECTOR. ALL JOIST AND RAFTER SPANS HAVE BEEN SIZED BASED ON THE SPANTECH SPAN TABLES PROVIDED BY THE SOUTHERN PINE INSPECTION BUREAU. THE SIZES SHOWN REFLECT STANDARD RULES FOR SIZES VISUALLY GRADED. SEE SPANS TABLE.
3. DIMENSIONS ARE FROM FACE OF SHEETROCK TO FACE OF SHEETROCK AT OR AT 4" BRICK VENEER SHOWN IN INCHES FROM SHEATHING. + INDICATES MASONRY HEIGHT. 8 FEET + BLOCKS UNLESS OTHERWISE NOTED. ALL BRICK WALLS ARE 4" COURSES U.O.N. OF DIMENSIONS. ALL STUDS TO BE AT 16 INCHES ON CENTER U.O.N.
4. ENTRANCE DOORS MUST UNDER ALL PARALLEL SWELLS. ENTRIES SHALL BE INSTALLED AS PER MANUFACTURER'S SPECIFICATIONS. IT IS THE CONTRACTORS RESPONSIBILITY TO ENSURE THAT ALL CODES AND CONSTRUCTION MEET OR EXCEED ALL APPLICABLE CODES.
5. ALL MANUFACTURED PRODUCTS, SYSTEMS OR ASSEMBLIES SHALL BE INSTALLED AS PER MANUFACTURER'S SPECIFICATIONS. IT IS THE CONTRACTORS RESPONSIBILITY TO ENSURE THAT ALL CODES AND CONSTRUCTION MEET OR EXCEED ALL APPLICABLE CODES.
6. MECHANICAL SUBCONTRACTOR SHALL COORDINATE COMPLETE DUCTWORK REQUIREMENTS WITH SUPPLIED AND APPROVED EQUIPMENT LAYOUT THAT MEETS LOCAL CLIMATE CONDITIONS AND BUILDING CODES.
7. THE ELECTRICAL EQUIPMENT SHOWN REPRESENTS CONCEPT ONLY AND THE SUBCONTRACTOR IS RESPONSIBLE FOR DESIGNING THIS SYSTEM TO MEET WITH SAFETY REQUIREMENTS AND CONFORM WITH ALL APPLICABLE CODES.
8. ALL WOOD FRAMING IN CONTACT WITH CONCRETE SHALL BE PRESSURE TREATED. USE SELECTED LUMBER AT ALL EXTERIOR PORCH DECK LOCATIONS.
9. TO MINIMIZE EXCESSIVE MOISTURE AND MOLD CONDITIONS PROVIDE AN APPROVED VAPOR BARRIER UNDER CONCRETE SLABS AND FLOOR JOISTS AT GROUND LEVEL. USE AN EXTERIOR SHEATHING WITH A DIFFERENT PERM RATING ON ALL OUTSIDE WALLS. PROPERLY DESIGN AND SIZE HVAC SYSTEM AND INCLUDE A HOB FRESH AIR INTAKE.
10. ALL MECHANICAL WORK IS TO BE CONNECTED AND INSTALLED PRACTICES AS TO BE ADHERED TO BY QUALIFIED FOUNDATION, FRAMING, DRYWALL, TRIM AND MASONRY CONTRACTORS.

ALL MAIN LEVEL WINDOWS HUNG @ 8'-0" HT UNLESS NOTED OTHERWISE

SQUARE FOOTAGE

1273 TOTAL HEATED

108 FRONT PORCH/DECK
168 SCREENED PORCH
366 REAR DECK
951 TOTAL UNHEATED

1830 TOTAL SQUARE FOOTAGE

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Legacy HOME PLANS
PLANS YOU CAN BUILD YOUR LEGACY ON

MEMBER AIBD

ISSUE	DATE	DESIGNER	SHEET #
		Miguel P. Steve V	2

Client: Pickens Place

Plan No. 1273-557

Plans

Enigma 12/16/21

Bryant Custom 2-1-2022

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application **704-878-3575**

General Information

Job Address	207 E BARKLEY RD	Permit Number	323985
Owner	STRADLEY BARBARA B	Tax Map	4753258617.000
Owner Address	1354 ROYALTY CIRCLE	Zoning	R-20
	STATESVILLE, NC 28625	Flood Hazard Area	NO
Phone No.		Historic District	
Contractor	HYDE HOMES, LLC	Architect	
Address	387 WOODBRIDGE RD.	Address	
	Statesville,NC 28625		
Phone No.	(704)201-9935	Phone No.	

Type of Application New Single Family Home

Utility Source

Electric

Water

Sewer

Required Information

13.36	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	35	Front Yard
	Location		Utility Clearance	35	Rear Yard
	Easements		TRC Review	12	Right Yard
	Flood Certification		Other	12	Left Yard
	Driveway Cuts				

Department Approval

Planning Department _____ Public Works _____

Comments New Single Family Home with new Garage

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature _____ Date _____