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-309045

PIN # 4764 - ~~38~~ - ~~5358~~ 48 - 4737

APPLICANT/OWNER: JEREMY YOUKER

APPLICANT ADDRESS: 1155 AMITY HILL ROAD, CLEVELAND, N.C. 27013

SITE ADDRESS: 322 BELL FARM ROAD, STATESVILLE, N.C. 28625

PHONE: 704-798-0232 ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (R) ON BELL FARM, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ ~~NO~~ REPAIR

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 4.26 AC

DESIGN FLOW: 360 GPD L.T.A.R.: 0.125 (0.1)

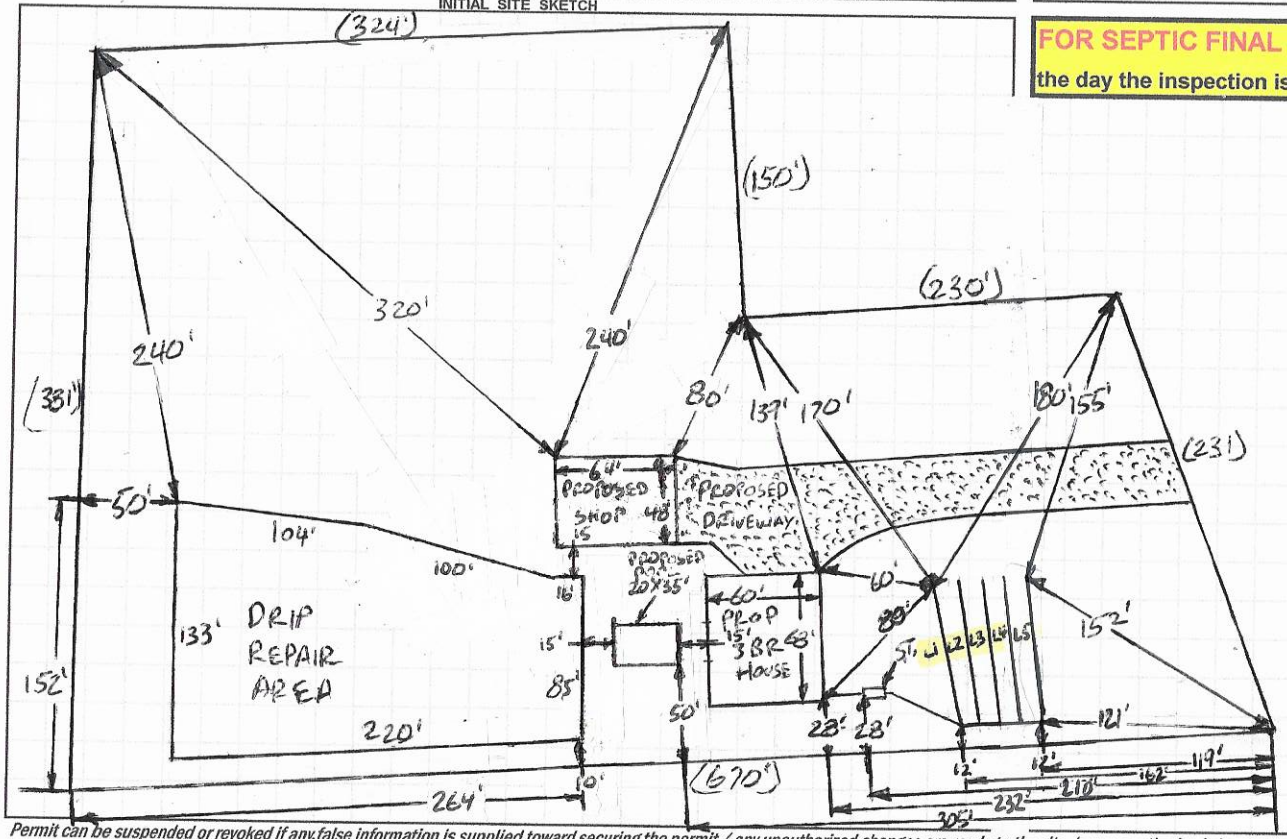
Septic Tank	1000	(gal)	STB	760	Date	11-29-20	☑ ~~New System~~	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	DRIP			
# Nitrification Fields	1		# Lines	5	Linear Ft	360 FT	Maintenance Agreement Required:	☐ YES	☑ ~~NO~~		
Trench Width	36 IN		Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ ~~Residence~~	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ 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 SHALLOW UP, SHOP PLUMBING TO BE SET ON GRINDER PUMP AND PLUMBED INTO HOUSE PLUMBING.

THE PURPOSE OF THIS PERMIT IS TO RELOCATE THE PROPOSED SHOP AND POOL

INITIAL SITE SKETCH



BELL FARM ROAD

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.

1 IN = 100 FT
ST. = SEPTIC TANK
PROP. = PROPOSED
L1 = 74'
L2 = 74'
L3 = 74'
L4 = 74'
L5 = 74'

INSTALLED AS SHOWN
L1 = 75 FT
L2 = 74 FT
L3 = 74 FT
L4 = 74 FT
L5 = 74 FT

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 plan 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: 2-17-202

IMPROVEMENT PERMIT by: Bradford C. Whitley Date: 2-16-2021

AUTHORIZATION TO CONSTRUCT by: Bradford C. Whitley Date: 2-16-2021

Installed by: STUTTS GRADING

OPERATION PERMIT by: Bradford C. Whitley Date: 2-25-2021

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 #: 4764484737
COUNTY: IREDELL

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

OWNER: JEREMY YOUNKER
ADDRESS: 1155 AMITY HILL ROAD, CLEVELAND, N.C. 27013
APPLICATION DATE 7-14-2020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 7-30-2020
LOCATION OF SITE: 322 BELL FARM ROAD, STATESVILLE, N.C. 28625
PROPERTY SIZE: 4.26 AC
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1									
2				SEE ATTACHED					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Buzzy 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 #: 4764484737
DATE OF EVALUATION: 7-30-2020
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 4%	0-11	SL, SBK	FR, SS, SP, SEXP	10YR 7/2 24"-44" SAP INC 42"+	48"+	NA	NA	PS .2 ABOVE 24"
		11-42	C, ABK	FI, S, P, SEXP					
		42-48	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-6	SL, SBK	FR, SS, SP, SEXP	10YR 7/2 @21"+ 10YR 8/1 @ 36"	50"+	NA	NA	PS .2 ABOVE 21"
		6-30	C, ABK	FI, S, P, SEXP					
		30-50	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 2%	0-15	SL, SBK	FR, SS, SP, SEXP	10YR 7/2 @ 25"+ 10YR 8/1 @ 31	48"+	NA	NA	PS .2 ABOVE 25"
		15-48	C, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 3%	0-21	SL, SBK	FR, SS, SP, SEXP	10YR 7/2 30"+ 10YR 8/1 @ 41"+	50"+	NA	NA	PS .2 ABOVE 30"
		21-50	C, ABK	FI, S, P, SEXP					
5	LINEAR SIDE 4%	0-22	C, ABK	FI, S, P, SEXP	FEW 7.5YR 5/8 CHROMA 4+5 15"-30" SAP INC 22"+ WET	48"+	NA	NA	PS .25
		22-48	CL, WABK	FR, SS, SP, SEXP					

COMMENTS:

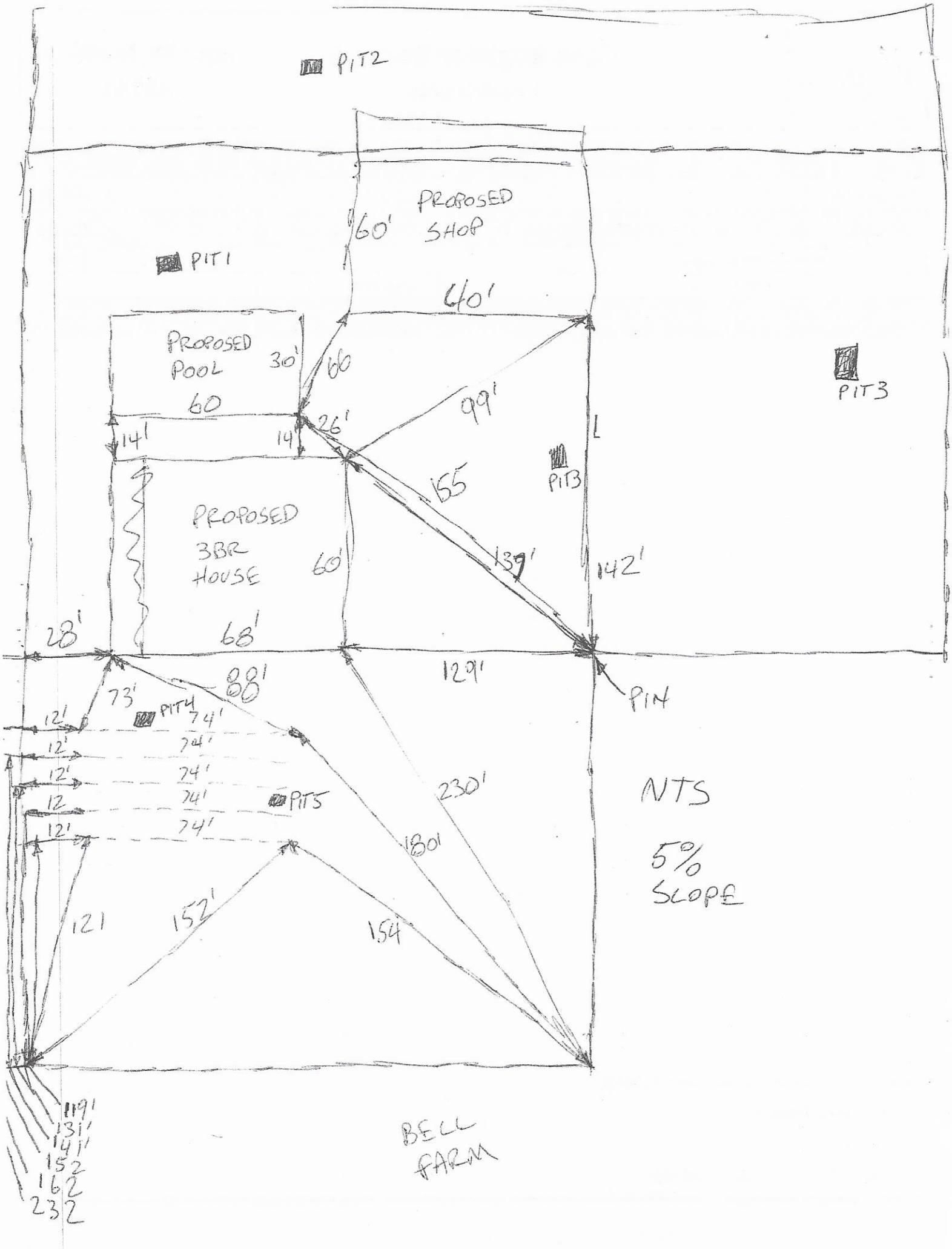
SOIL/SITE EVALUATION

(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 #: 4764434737
DATE OF EVALUATION: 7-30-2020
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
6	LINEAR SIDE 4%	0-11	C, ABK	FI, S, P, SEXP	SAP INC 14'4 FEW V/B CHROMA 4/5 8"-20"	50"+	NA	NA	PS .25
		11-36	C, SBK	FR, S, P, SEXP					
		36-56	C4 W SBK	FR, SS, SP, SEXP					


PIT2
PROPOSED SHOP
60'
PIT1
40'
PROPOSED POOL
30'
60
60
14'
14'
26'
99'
PIT3
L
155
PIT3
PROPOSED 3BR HOUSE
60'
139'
142'
28'
68'
129'
88'
73'
PIT4
PIN
74'
12'
74'
12'
74'
12
74'
12'
74'
PIT5
230'
180'
121
152'
154
NTS
5% SLOPE
119'
131'
141'
152
162
232
BELL FARM

RECEIVED DEC 28 2020

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

Iredell County Health Department – Environmental Health Division

AP- 313710
$105.00

PAGE 1: *APPLICATION FORM*

limited

Application For:
(V) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:
Place an (X) beside whichever is submitted if applicable
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: JEREMY YOUKER Address: 1155 AMITY HILL RD CLEVELAND Zip: 27013
Applicant Email: JEREMYYOUKER@YAHOO.COM Phone: 704 798 0232 Alt. Phone: _____
Owner Name: JEREMY YOUKER Address: 1155 AMITY HILL RD CLEVELAND NC Zip: 27013
Owner Email: JEREMYYOUKER@YAHOO.COM Phone: 704 798 0232 Alt. Phone: _____

Property Information:

Street Address: PIN 4764-48-4737 322 BELL FARM RD STATESVILLE NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
(X) 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 (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.

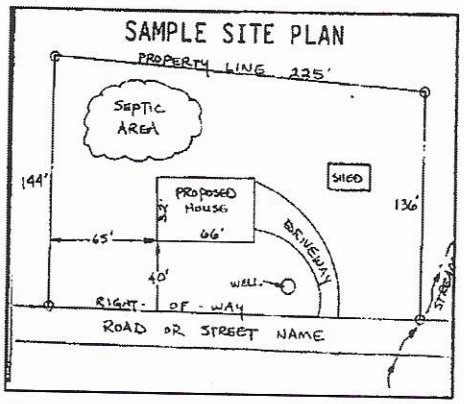
Signature: _____ 12/28/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

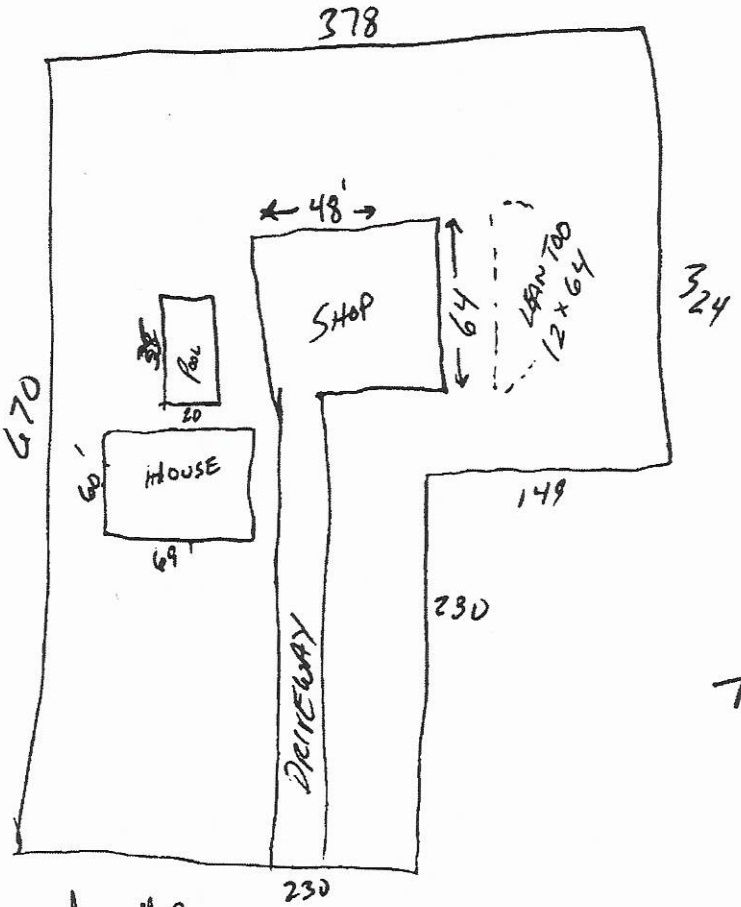
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____

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

12/28/2020
DATE

CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-309045

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

PIN # 4764 - 38 - 5358

APPLICANT/OWNER: JEREMY YOUKER APPLICANT ADDRESS: 1155 AMITY HILL ROAD, CLEVELAND, N.C. 27013

SITE ADDRESS: 322 BELL FARM ROAD, STATESVILLE, N.C. 28625 PHONE: 704-798-0732 ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (R) ON BELL FARM, LOT ON (R)

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.26 AC

SAP CONTROLLED: ☐ YES ☒ NO (REPAIR)

DESIGN FLOW: 360 GPD L.T.A.R.: 0.25 (G.1)

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model		—	Serial #	—					
# Nitrification Fields	1	# Lines	5		Linear Ft	360 FT					
Trench Width	36 IN	Trench Bottom Depth(Low side)		32 IN	Gravel Depth	—					

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

System Description: 25% REDUCTION

Repair System Description: DRIP

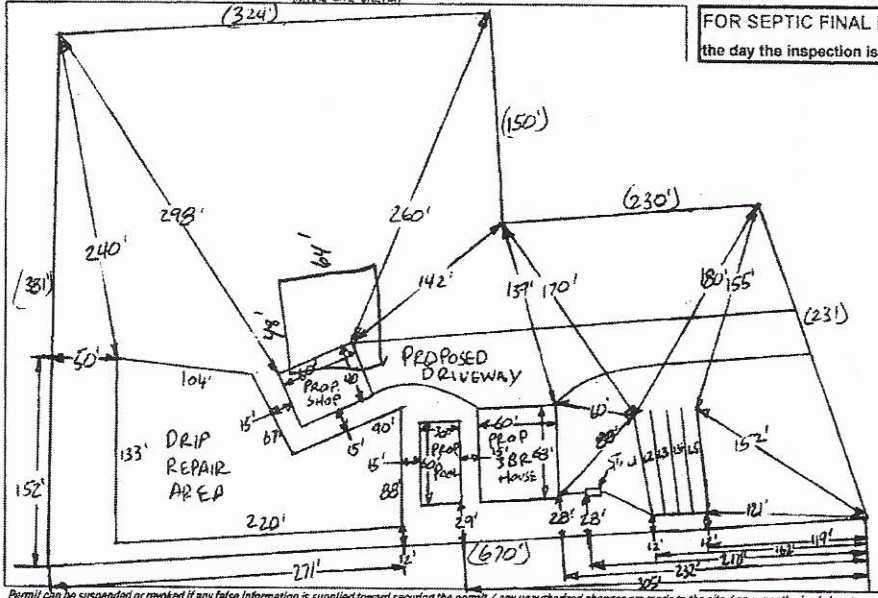
Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ 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 SHALLOW UP, SHOP PLUMBING TO BE SET ON GRINDER PUMP AND PLUMBED INTO HOUSE PLUMBING

INITIAL SITE SKETCH



BELL FARM ROAD

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.

1 IN = 100 FT
ST. = SEPTIC TANK
PROP. = PROPOSED
L1 = 74'
L2 = 74'
L3 = 74'
L4 = 74'
L5 = 74'

Revoked

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 plan 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: Jeremy N. Youker Date: 8-25-20 Installed by: _____

IMPROVEMENT PERMIT by: Bryant L. White Date: 8-20-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Bryant L. White Date: 8-20-2020 Existing System Inspected by: _____ Date: _____

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

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, JEREMY YOUKER, am the legal owner(s) of the property located at BELL FARM RD, identified as PIN (Parcel Identification Number) 4764-48-4737, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) RONALD YOUKER, _____, 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

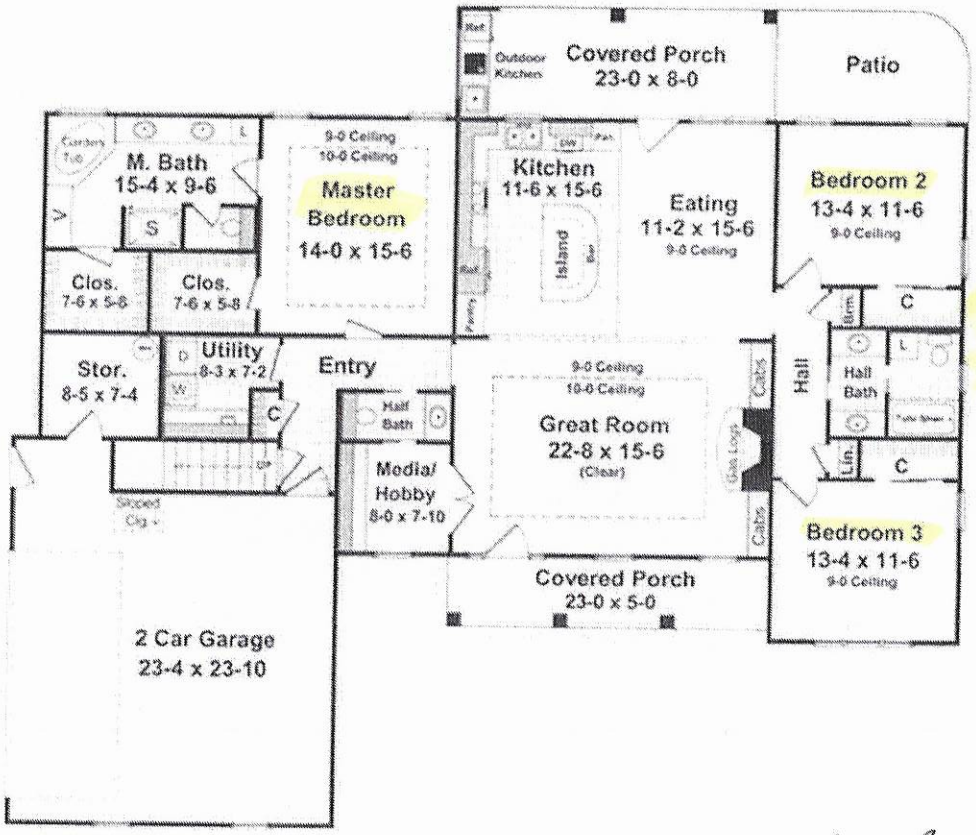
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 12/28/2020
Signature of Owner(s) 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

69



FLOOR PLAN TO BE REVERSED IN PLAN PRINTS

JY

Acknowledgement Of Plans Submittal ONLY!

Buyer Date 7/14/2020

Builder Date 8-20-2020

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

APPLICATION NUMBER
313710 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4764484737.000	322 BELL FARM RD	Iredell County

Owner Information	Applicant Information
Name: YOUKER JEREMY+JENNIFER H	Name: YOUKER JEREMY+JENNIFER H
Address: 1155 AMITY HILL RD	Address: 1155 AMITY HILL RD
CLEVELAND , NC 27013	CLEVELAND, NC 27013
Phone: (704)798-0232	Phone: (704)798-0232

Use Requested	Zone Code
Accessory Building	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.26	150	30	30	30	N/A	NO

Remarks

48 x 64 BUILDING

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

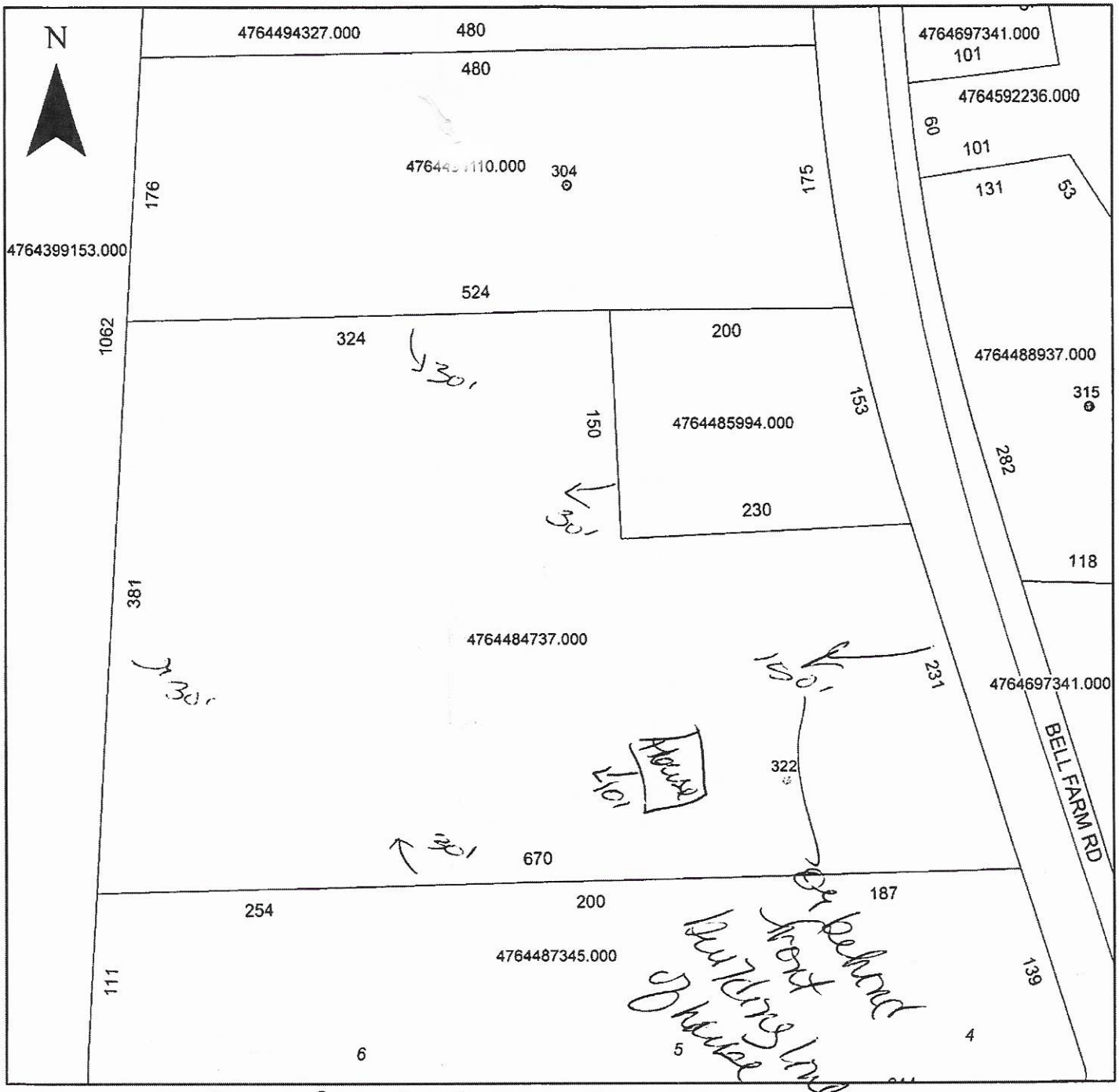
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 12/28/2020

Permit Number	313710	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 322 Bell Farm

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

12/28/2020
Date