IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225729

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

PIN # 4767213642

APPLICANT: Steven Kay APPLICANT ADDRESS: 414 2nd St Holmes Beach FL 34217

SITE ADDRESS: 977 Old Mocksville Rd Statesville NC PHONE: 919-244-1094 ALT. PHONE: 310-507-4282

SITE DIRECTIONS: 40E T/L Old Mocksville Rd Lot on left past Chestnut Grove Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 12.61 ac DESIGN FLOW: 100 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date 6-6-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 100
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] 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 [X] NO
[X] GRAVITY [ ] PRESSURE

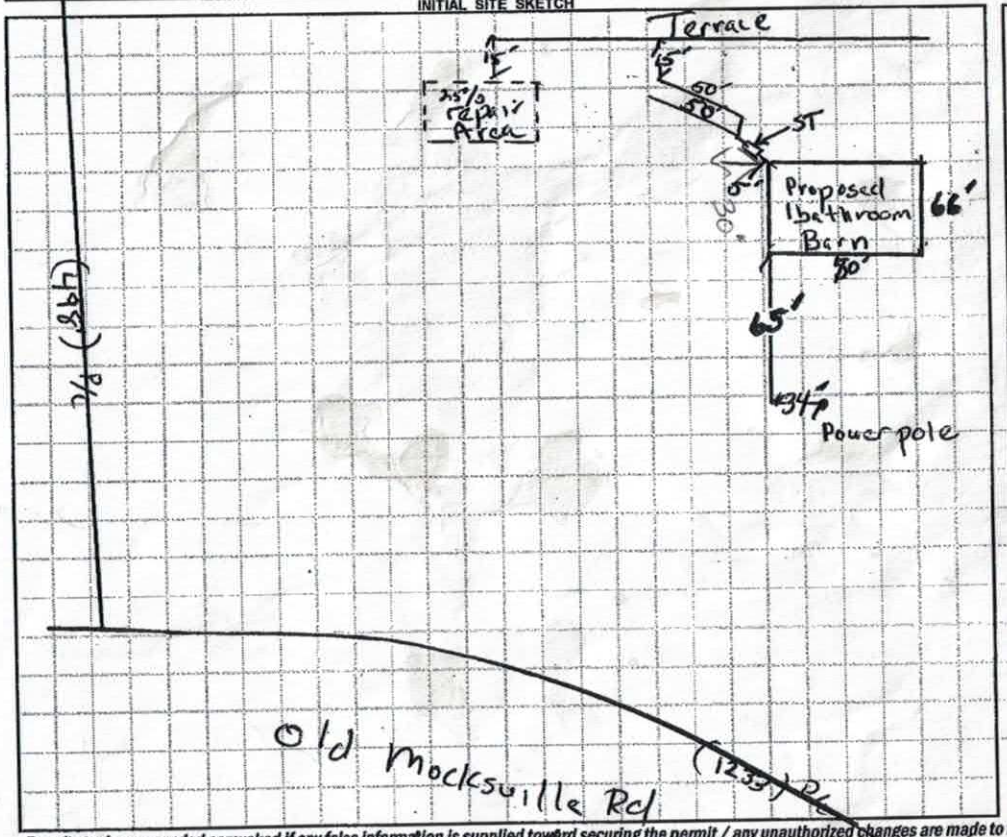
[ ] Residence No. Bedrooms/Bathroom 1
[ ] Business No. Persons
[X] Other No. Employees
[X] Slab [ ] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions:
Install 25% reduction on contour with serial distribution

ST 30' From Building

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100'

Used Quick 4

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 04/1/17 Installed by: David Lountz

IMPROVEMENT PERMIT by: Date: 04/10/17 OPERATION PERMIT by: Marcus Stolson Date: 10/18/17

AUTHORIZATION TO CONSTRUCT by: Date: 04/10/17 Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 9767723642
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shaver Kay
ADDRESS: 977 Old Mocksville Rd
PROPOSED FACILITY: Barn
LOCATION OF SITE: 40 E Old Mocksville
APPLICATION DATE: 3-16-17
DATE EVALUATED: 04/07/17
PROPERTY SIZE: 12.07
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 100
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

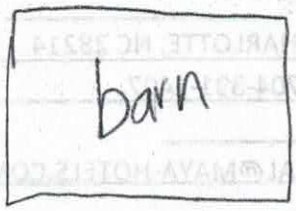
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 9%	0-6	WSBK SCL	Fr,SS,SP,SEXP	—	45	PS	15" band of rock	PS .3
		6-15	SBK C	Fr,SS,SP,SEXP					
		15-45	WSBK CL BC	Fr,SS,SP,SEXP					
		45-63	LSAP massive	VFr,NS,NP					
2	L 10%	0-5	WSBK SCL	Fr,SS,SP,SEXP	—	43	PS	W/A	PS .3
		5-21	SBK C	Fr-Fi,SS,SP,SEXP					
		21-43	WSBK CL BC	Fr,SS,SP,SEXP					
		43-64	SLSAP massive	Fr,NS,NP					
3	L 12%	0-4	WSBK SCL	Fr,SS,SP,SEXP	—	44	PS	W/A	PS .3
		4-18	SBK C	Fr,SS,SP,SEXP					
		18-44	WSBK CL BC	Fr,SS,SP,SEXP					
		44-54	LSAP	VFr,NS,NP					
4	L 15%	0-6	WSBK SCL	Fr,SS,SP,SEXP	—	43	PS	W/A	PS .3
		6-24	SBK C	Fr,SS,SP,SEXP					
		24-43	WSBK CL BC	Fr,SS,SP,SEXP					
		43-57	LSAP	VFr,NS,NP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:

road



(1)

(2)

225724

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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 V 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 #
STEVEN KAY	414 72nd ST Holmes Beach FL 34217	919-244-1094	310-507-4282
BRENDA PIERCE	112 Pierce Bluff Drive Statesville, NC 28625	704-872-4175	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
X 977 OLD MOCKSVILLE RD		

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) 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 4
Maximum Number of Occupants 4
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 FARM BARN
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ (Year)

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability: ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) 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: Steven Kay Brenda Pierce 3-16-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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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, BRENDA PIERCE, am the legal owner(s) of the property located at OLD MOCKSVILLE ROAD, identified as PIN (Parcel Identification Number) 4767213642, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STEVEN KAY, _____, 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.

X Brenda A Pierce 3-16-17 _____ 3-16-17

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

Affidavit

Re: Brenda Pierce Property

Date: 3/16/17

I, STEVEN KAY, prospective buyer of parcel number 4767213642, a 12.6 acre tract located at 977 Old Mocksville Road, do hereby state that the newly proposed barn structure to built on this property is for a bona-fide farm use.

Steven Kay, Prospective Buyer — 3-16-17 Date

FARM BUILDING W/ BATH

W. Allen 3-16-17

WILLIAM ALLISON

PLANNER III

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…**

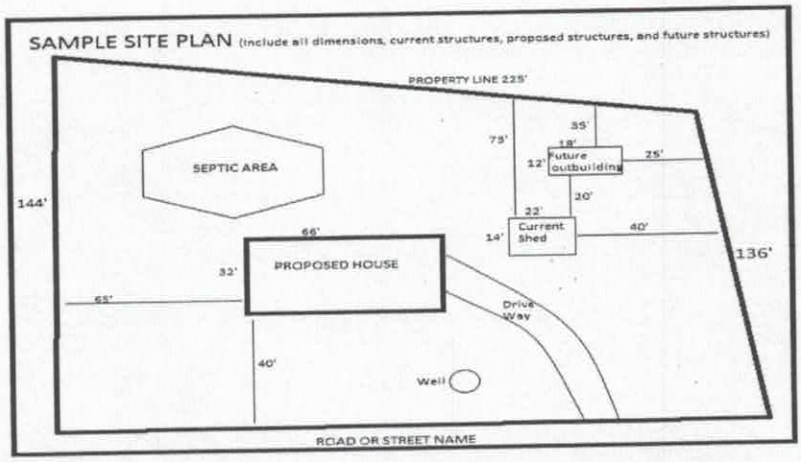
_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

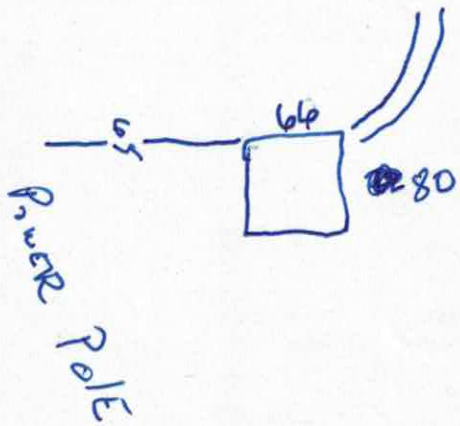
_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**

919-244-1094
Steve Kay



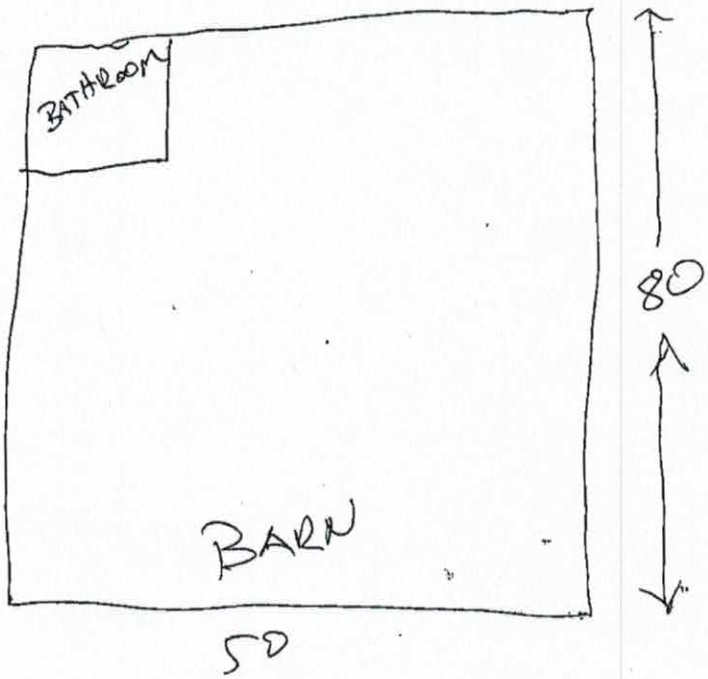
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Steve Kay

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

4/18/17
DATE


BATHROOM
BARN
80
50



BARN 50X80
324FT From ROAD
135 FT TO BACK LOT LINE
HOUSE 40 X 60
45 FT From LEFT LOT LINE
168FT From ROAD

STEVEN KAY
977 OLD MOCKSVILLE Rd
STATESVILLE NC 28625