BLDR-2023-29536

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # Relay-2023-38713

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

PIN # 4789 -- 78 -- 9237

APPLICANT/OWNER: Beau Josey APPLICANT ADDRESS: 140 Appaloosa Lane Statesville NC 28625

SITE ADDRESS: 142 York Farm Lane PHONE: ALT. PHONE

SITE DIRECTIONS: Harmony take 901 E (R) on York Farm in Middle of field SAP CONTROLLED: ☐ YES ☒ NO

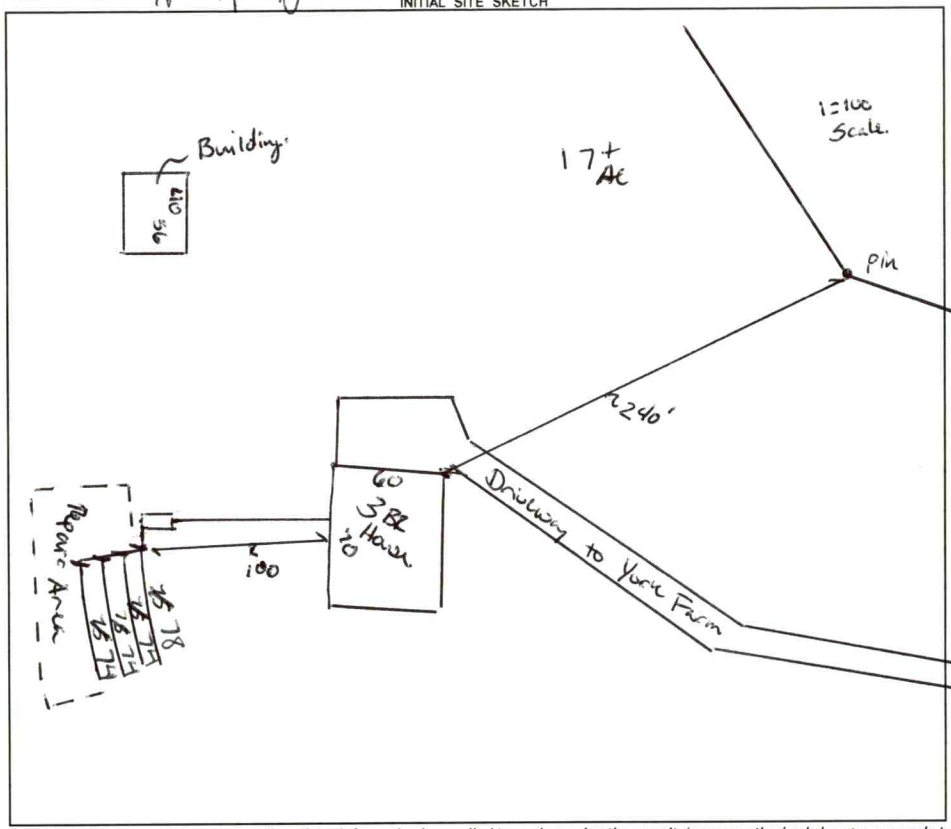
SUBDIVISION: Stacy Patterson SECTION: - LOT # -3 LOT AREA: 17.78 AC DESIGN FLOW: 360 L.T.A.R.: .30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 160 | Date | 9/9/23 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | - | (gal) | PT | - | Date | - | System Description: | Gravity -25% Reduction | | | |
| Pump Make | - | | Model | - | Serial # | - | Repair System Description: | Gravity -25% Reduction | | | |
| # Nitrification Fields | 1 | | # Lines | 4 | Linear Ft | 300 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36 in | | Trench Bottom Depth (~~Low Side~~) | | 36 in max | | 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: System laid out for potential 10ft basement Cut. Install on the contour of the land and utilize Serial Distribution. Do not exceed max depth of 36 inches Do not Drive, park, pave, grade or bury utilities in Drainfield Area.

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.

Installed as Drawn

*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: Date: Installed by: K & M Grading

IMPROVEMENT PERMIT by: Benjamin Batts Date: 10/26/2023 OPERATION PERMIT by: Cory Whit Date: 11/13/23

AUTHORIZATION TO CONSTRUCT by: Benjamin Batts Date: 10/26/2023 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

RECEIVED DEC 1 4 2020

X Call Mark 980223 9420

# Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

AP-313378 $500.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Beau Josey Address: 140 Appaloosa Ln Statesville Zip: 28625
Applicant Email: beaujosey@yahoo.com Phone: 704-902-9106 Alt. Phone: _____
Owner Name: Christopher Sartrys Address: 355 Beechwood Rd Zip: 28625
Owner Email: 3ccd4u@bellsouth.net Phone: 704-902-0185 Alt. Phone: _____

**Property Information:**

Street Address: 142 York Farm Ln Harmony NC 28625

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

Driving Directions: From Harmony, take 901E. Turn Right on York Farm Ln. Go to flags in middle of big field in rear.

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

**CHECK FOUNDATION TYPE**

(✓) 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: 5
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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 ( ) City Water (X) 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.*

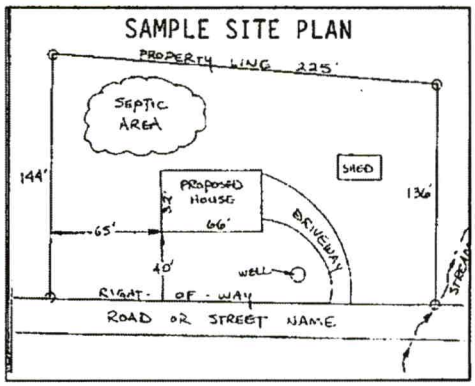
**Signature:** Beau Josey 12-13-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

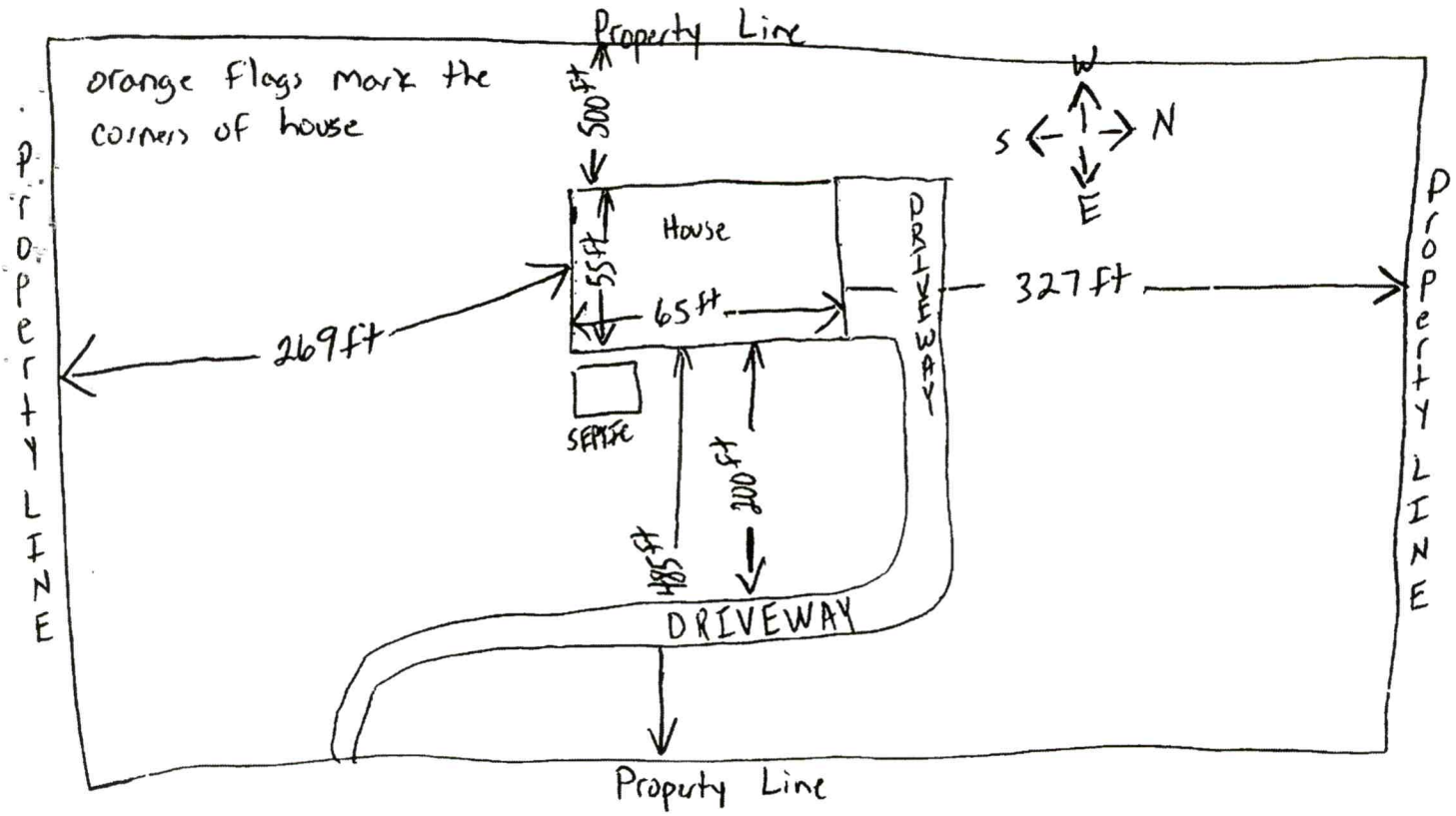
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

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

12-13-20

DATE

Public Health

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Christopher Cartner, am the legal owner(s) of the property located at 142 York Farm Lane, identified as PIN (Parcel Identification Number) 4789882349 tract 3, located in Iredell County, North Carolina.

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

_____ 12/13/2020
Signature of Owner(s) Date

**Mooresville - Environmental Health**

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

**Statesville - Environmental Health**

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

BJ **Complete all Environmental Health forms**:

- BJ Application
- BJ Site Plan including the dimensions of proposed structure, addition, pool etc.
- BJ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- N/A Copy of Zoning Permit when applicable
- BJ Sign this sheet after you have completed all items

BJ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

BJ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

BJ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The propos structure, etc. must be staked out on the property as per the site plan.

N/A **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

***Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.*** *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

**Backhoe pits are required for all applications that require a soils evaluation.**
**DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.**

- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

**By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).**

**Signature** Beau Josey **Date** 12-13-20

Questions? Contact the Environmental Health Offices below:

**Statesville Office**
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

**Mooresville Office**
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 313378<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4789789400.000 | 142 YORK FARM LN | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: CARTNER CHRISTOPHER C | Name: BEAU JOSEY |
| Address: 429 OLD MOCKSVILLE RD | Address: 140 APPALOOSA LN |
| STATESVILLE, NC 28625 | STATESVILLE , NC 28625 |
| Phone: | Phone: (704)902-9106 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 50 | 50 | 50 | 50 | N/A | NO |

| Remarks |
|---|
| SFD |

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.

**Date:** 12/14/2020

Signature of Owner/Contractor

| Permit Number | 313378 | TOTAL FEES: | $77.25 |
|---|---|---|---|

12444 NTO 12/14/20

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

1&2 Yorke Farm

Sheet 1 of 1
PROPERTY ID #: 4178978400
COUNTY: Iredell

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

OWNER: Jody
ADDRESS: 146 Appleman
PROPOSED FACILITY: SFR
LOCATION OF SITE: 1&2 Yorke Farm
PROPOSED DESIGN FLOW (.1949): ~~360~~ 600 gal.
APPLICATION DATE: 12-2020
DATE EVALUATED: 1-2021
PROPERTY SIZE: 62 Ac
PROPERTY RECORDED: No
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 | Side Slope 10-12% | 0-20 | C SBK | SS SP FR SEP | 2.5Y 4/6 | 42 | PS | NA | PS .30 |
| | | 20-42 | CL SBK | SS SP FR | | | | | |
| | | 42-48 | LS SG M | NS NP VFR | | | | | |
| 2 | Side 15% | 0-8 | SC SBK | SS SP FR SEP | 2.5Y 4/6 | 42 | NA | NA | PS .30 |
| | | 8-31 | CL SBK | SS SP FR | | | | | |
| | | 31-48 | CL MAS | SS SP FR | | | | | |
| 3 | Side 15% | 0-32 | C SBK | SS SP FR SEP | 2.5Y 4/6 | 48 | | | PS .30 |
| | | 32-48 | CL MAS | SS SP FR | | | | | |
| 4 | Side 15% | 0-30 | C SBK | SS SP FR SEP | 2.5Y 4/6 | 48 | NA | NA | PS .30 |
| | | 30-48 | CL MAS | SS SP FR | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 600 | 500 |
| System Type(s) | 25% | 25% |
| Site LTAR | .30 | .30 |

OTHER FACTORS (.1946): Not Recommended
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolton
OTHER(S) PRESENT:

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

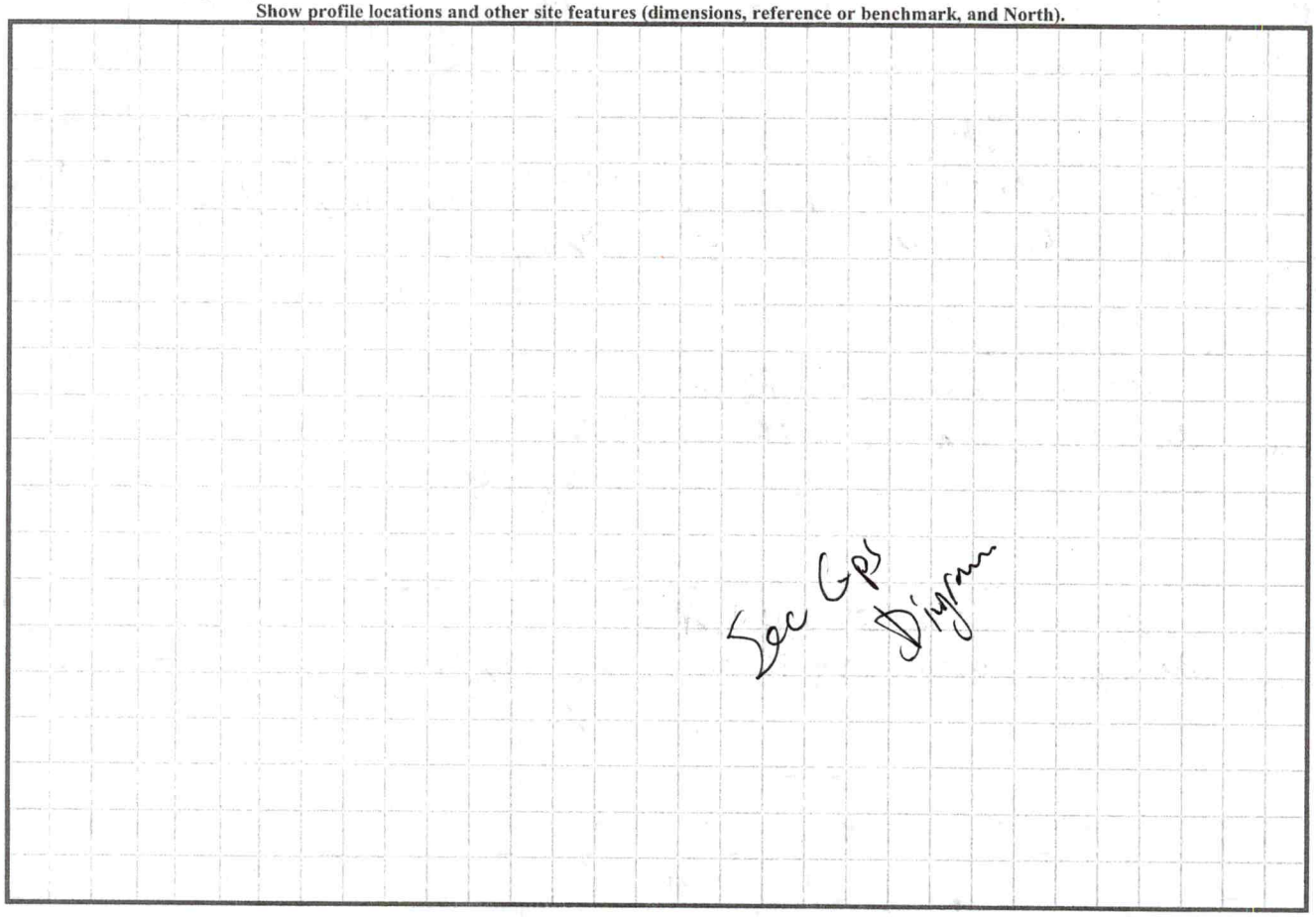
***NOTES***

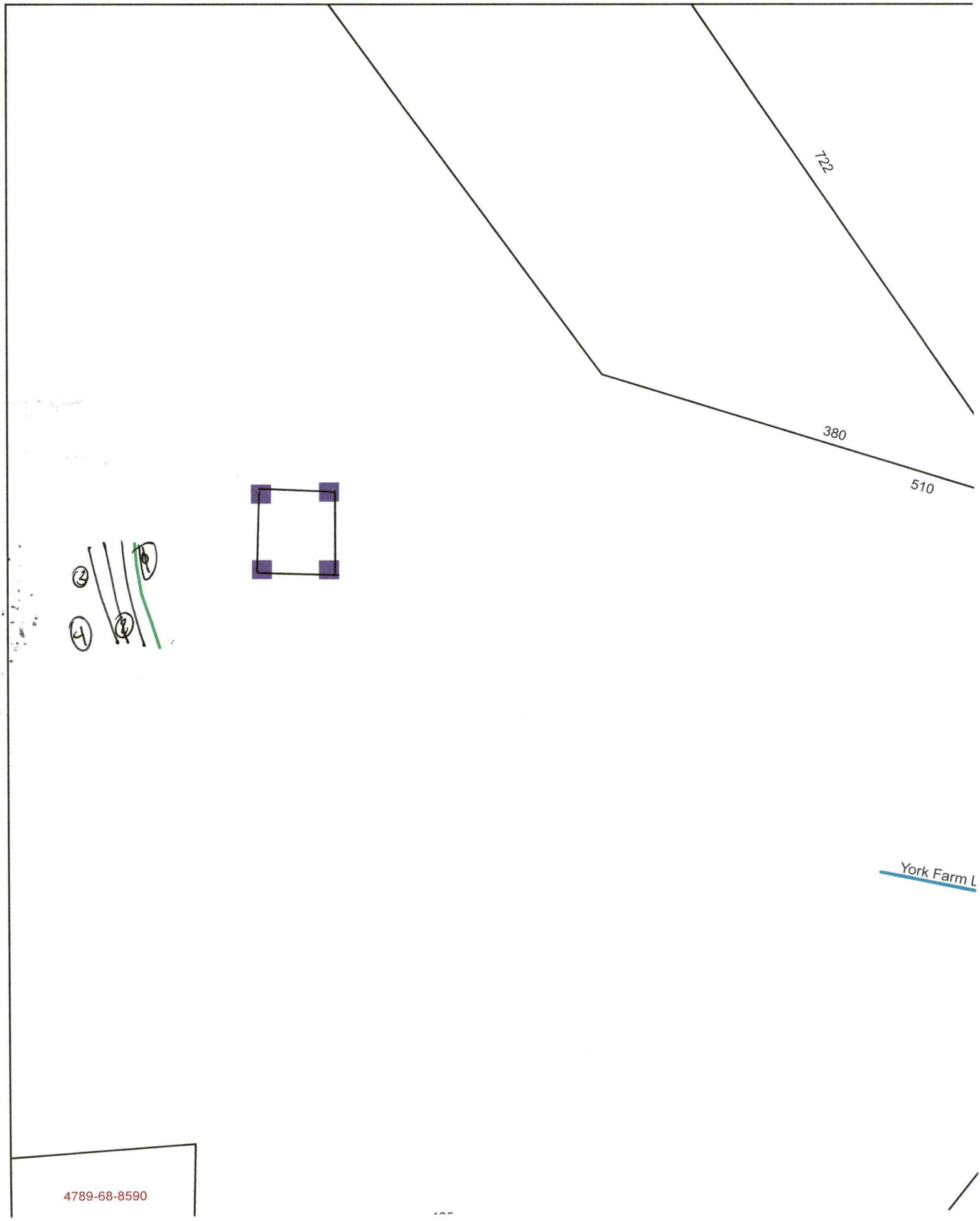
| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




722
380
510
York Farm L
4789-68-8590