IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 229592

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

PIN # 4798-30-6919

APPLICANT/OWNER: Chris Kieres

APPLICANT ADDRESS: 116 Layin Low Lane Statesville, NC 28625

SITE ADDRESS: 144 Layin Low Lane Statesville, NC 28625

PHONE: 309-326-0233 ALT. PHONE

SITE DIRECTIONS: Rt 64 W from Statesville → L on Society Rd → L on Layin Low Lane → end.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

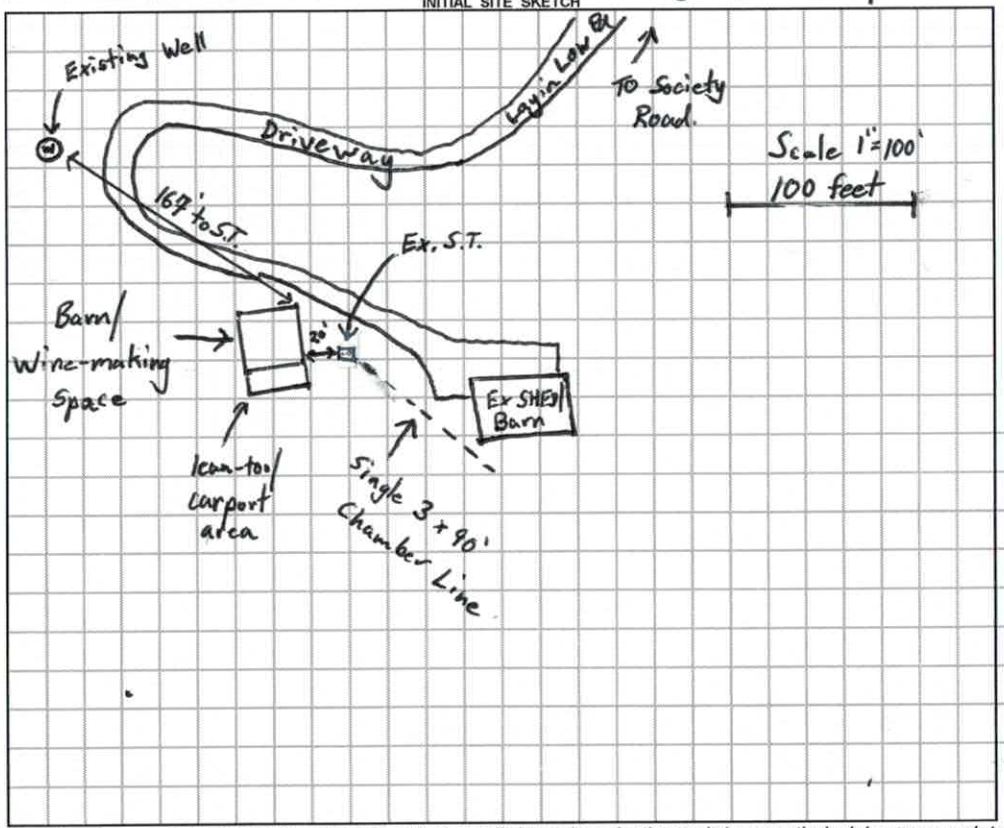
SECTION: — LOT # — LOT AREA: 13.083 acres DESIGN FLOW: 100 gpd L.T.A.R.: —

Septic Tank	Ex	(gal)	STB	—	Date	—	☐ New System ☐ Repair ☐ Expansion	☐ Residence	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II (III) IV V VI	☒ Business	☐ Private
Pump Make	—	Model	—		Serial #	—	System Description:	☐ Other	☐ Public
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft	Ex	Repair System Description: Existing	☒ Slab	☐ Community
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex		Gravel Depth	Ex	Maintenance Agreement Required: ☐ YES ☐ NO	☐ Basement w/plumbing	☐ Basement w/o plumbing
							☐ GRAVITY ☐ PRESSURE	No. Bedrooms — No. Persons 3 No. Employees — ☐ Crawl Space	

Comments / Conditions: Existing septic to serve 3 employee bathroom + handwashing purposes. Any production/manufacturing waste shall NOT be disposed of in the septic system. System + exemption to be classified under House Bill 162 (Agricultural Exemption)

G.S. 143-215.1. All production/manufacturing waste to be disposed of in accordance with the Department of Agriculture rules/standards. (see attached). Recommend septic tank be pumped every 3 years.

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. **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: Christ Kieres Date: — Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Tom Shuck Date: 9/13/17

229592

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 ___Authorization To Construct X 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 #
Chris Kieres	116 Laying Low Lane Statesville	309.326.0233	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Chris Kieres	116 Layin Low Lane Statesville	309.326.0233	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
144 Layin Low Lane Statesville		

Driving Directions: I-40 E to Exit 162. Turn Left, to Society Church Rd. Turn Left to Layin Low Lane (1/4 mile).

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(X) Other Converting use from Residential to winery. Production only. No patron.

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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	Non-fortified winery
Square Footage of Building	1100
Maximum Number of Employees	3. Average use 40 hrs/week
Maximum Number of Seats	0

6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: (X) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Chris K
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/23/17
DATE

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, Christopher Jon Kieres, am the legal owner(s) of the property located at 144 Layin Low Lane, Statesville NC 28625, identified as PIN (Parcel Identification Number) _____, 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.

Signature of Owner(s)	8/31/17 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

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

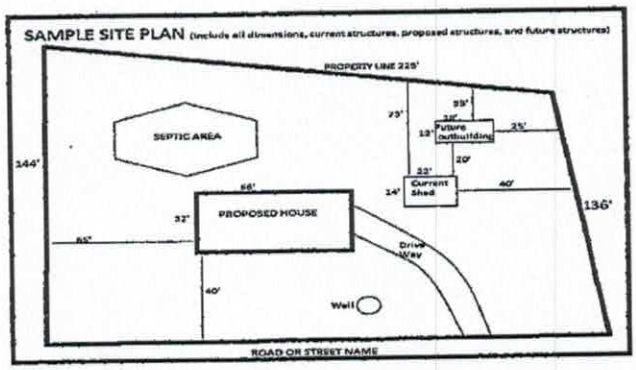
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

see attached Improvement Permit

Signature: _____ 8/31/17

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

51940

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19098 DATE 6/24/94 TAX MAP NO. 12C-A-31 Voucher: ☐ Yes ☐ No

OWNER OR CONTRACTOR DAVID K. ROKES PHONE: Business _____ Home 872-4219

ADDRESS 341 CARLWOOD RD STVL NC 28677

LOCATION I-40 E, TL Co. LINE, US 64 E TL SOCKEY CH. RD 1ST DRIVE ON (L) PAST CHAPEL

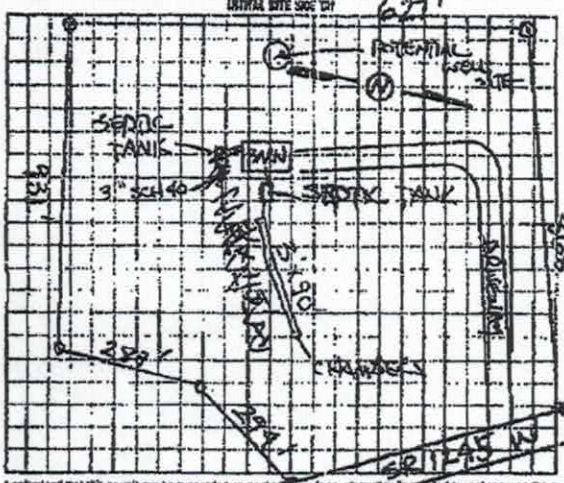
SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15 ACRES SITE CLASS PS DESIGN FLOW 100 L.I.R. 0.36 GPD/FT

Septic Tank 1000 Gallons STB Date	Proposed System ☐ Repair System Type: CONV. ☐ P. ☐ V. ☐ M	☐ House/Mod. Home No. Bedrooms	Water Supply ☐ Individual
Pump Turn. Gallons PT Date	System Description: CONV. GRAVITY	☐ Mobile Home No. Bedrooms	☐ Community
Pump Make Model Serial No. 90'	Repair System Description: CONV. GRAVITY	☐ Duplex No. Bedrooms	☐ Public
Distribution Field As Built: Square Feet 345 Linear Feet 115	Maintenance Agreement Required ☐ Yes ☐ No	Other BARN (2) 100 GPD	WELL
No Lines 1 Trench Width 36" Min. Trench Bottom Depth 30"	Gravel Depth 12"	Water ☐ Drain Source ☐ Basement w/Plumbing ☐ Basement w/o Plumbing	

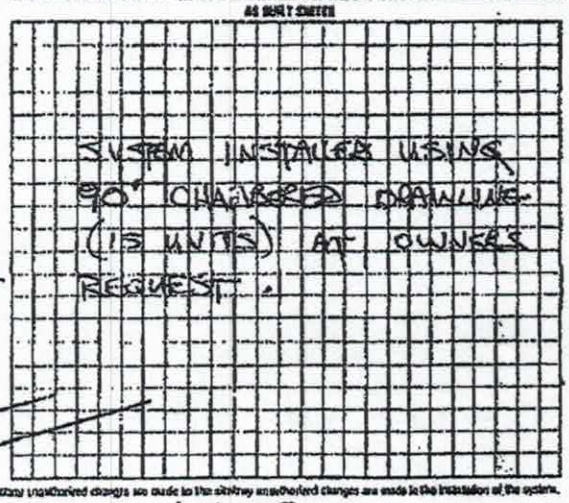
Conditions: (1) REDD SYSTEM MINIMUM 5' FROM BDR, 100' FROM WELL 50' FROM CREEK (2) INSTALL LINE ON CONTOUR, NO DEEPER THAN 30"

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked at any time if information is supplied towards securing the permit is untrue, unauthorized changes are made to the site/map or unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: David K. Rokes

Improvement Permit by: STEVE HEDRICK date 6/24/94

Existing System Inspection by _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 5/30/95

Operation Permit by _____ date _____

WHITE COPY - DEPT. COPY CANARY COPY - OWNER COPY GOLD COPY - INSPECTOR COPY PINK COPY - OWNER COPY