ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (IHS) Mooresville Office (704) 660-3625 PERMIT # 306617

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

PIN # 4813156285.000

APPLICANT/OWNER: Brandon Ayers APPLICANT ADDRESS: 2617 Old Mountain Rd Statesville NC

SITE ADDRESS: 615 Linneys Mill Rd Union Grove NC 28689. PHONE: 704-437-4279 ALT. PHONE 704-495-1370

SITE DIRECTIONS: Hwy 115 Q onto Linneys Mill 3 miles Straight property on Left SAP CONTROLLED: ☐ YES ☒ NO

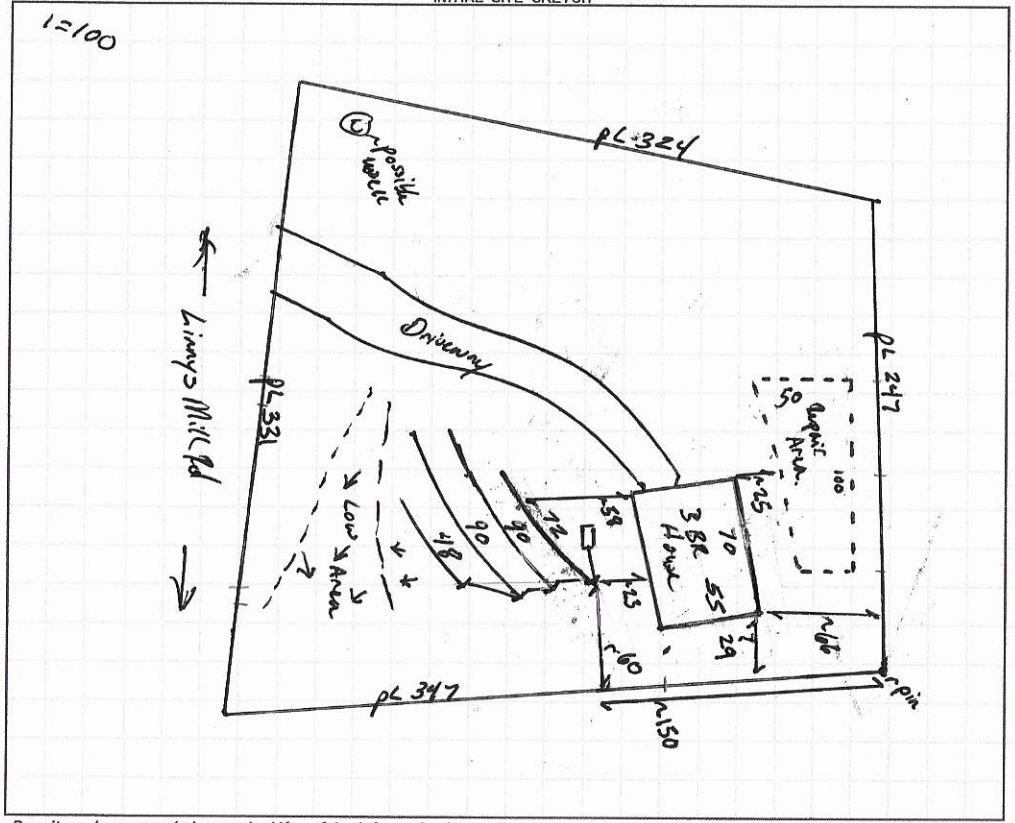
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.49 Acres. DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 160	Date	1-21-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:	Gravity 25% Reduction			☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPP BPS 50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	18	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land and utilize Serial distribution Do not exceed max depth of 26 inches. Donot Drive, park, pave, grade or bury utilities in Drainfield Areas.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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: Acknowledgment Received Date: 5-13-2020 Installed by: (Ryan Byers) Hager Byers Rentals

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 5-12-2020 OPERATION PERMIT by: Date: 2-26-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Butler Date: 5-12-2020. 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

Sheet 1 of 1
PROPERTY ID #: 4813 15 6285
COUNTY: Iredell

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

OWNER: Ayers
ADDRESS: 2617 old NCRR Rd
PROPOSED FACILITY: 3BR Home
LOCATION OF SITE: 615 Linney's Mill Rd
APPLICATION DATE: 3/31/2020
DATE EVALUATED: 5-7-2020
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 2 +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) .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	Side Slope 15%	0-14	Sc wSBk	SS Sp FR SEXH	2.5YR 3/6	50	—	—	PS .30
		14-38	C SBk	SS Sp FR					
		38-50	CL wSBk	SS Sp FR					
2	25% Side Front	0-10	Sc wSBk	SS Sp FR SEXH	2.5YR 4/6	50	—	Mica some Lit	PS .30 Max 26
		10-38	C SBk	SS Sp FR					
		38-50	CL-Rock	FIRM Bed					
3	Ridge 10-12%	0-8	Sc wSBk	SS Sp FR SEXH	2.5YR 4/6	48	—	—	PS .30
		8-40	C SBk	SS Sp FR					
		40-48	CL wSBk	SS Sp FR					
4	Ridge 10-12%	0-13	Sc wSBk	SS Sp FR SEXH	2.5YR 4/6	48	—	—	PS .30
		13-38	C SBk	SS Sp FR					
		38-48	CL wSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 C.F.	200 C.F.
System Type(s)	III 25%	II 50%
Site LTAR	.30	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS: 18 low 26 max

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

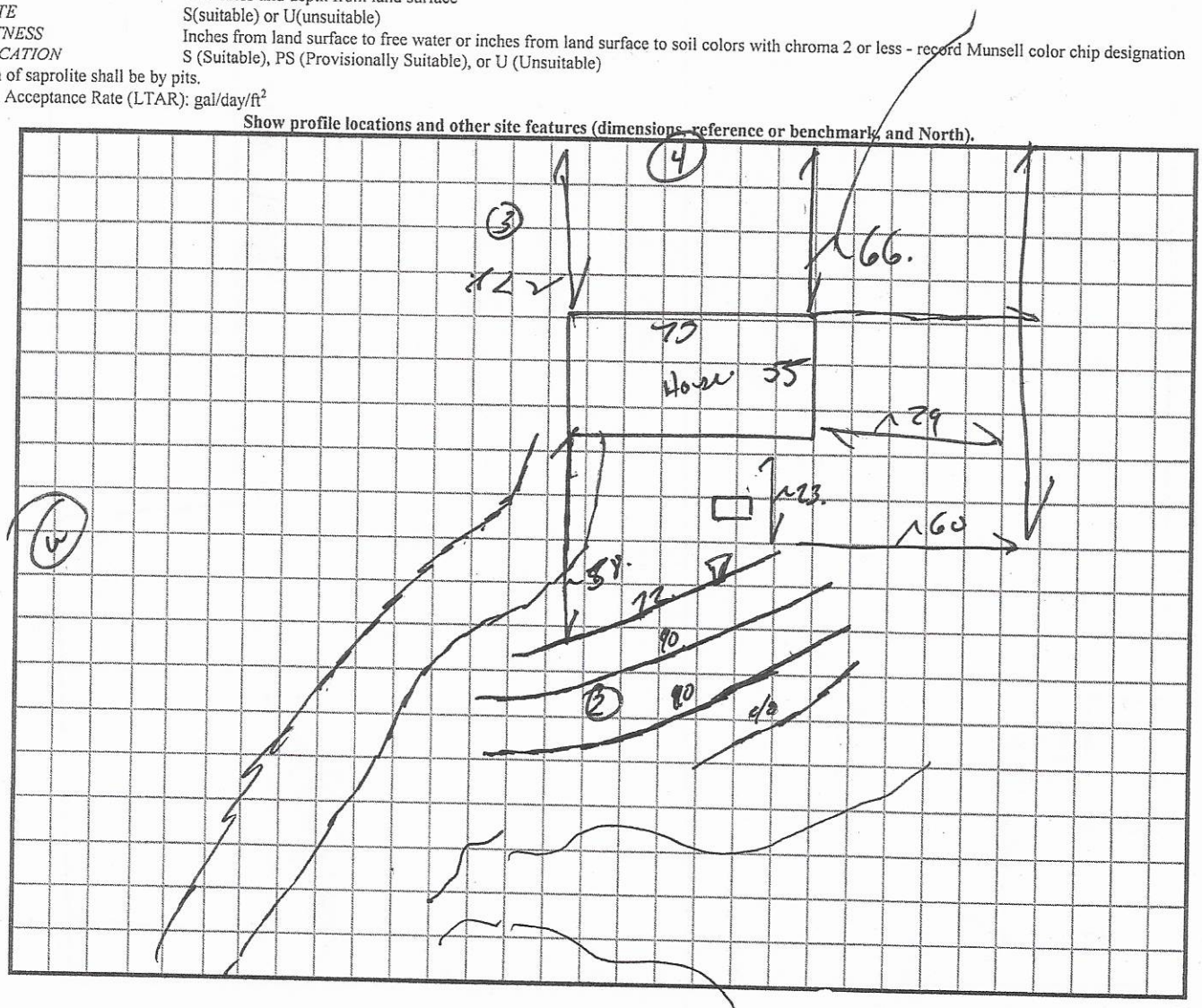
NOTES

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).



22i. s.w.

Gravy's mill.

Bryant

$500.00

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 ___ 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:**

Brandon Ayers (Applicant Name) 2617 Old Mountain Rd. (Mailing Address) ___ (Home Phone #) (704)437-4279 (Alternate Phone #)

Madison Ayers (Owner Name) 2617 Old Mountain Rd (Mailing Address) ___ (Home Phone #) (704)495-1370 (Alternate Phone #)

4. **Property Information:**

615 Linneys Mill Rd. (Street Address) ___ (Subdivision Name) ___ (Section/Phase and Lot Number)

KEN BYERS 704-746-7083

Driving Directions: from Hwy 115 turn left onto Linneys Mill Rd. 3 miles straight, property is on left

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 Brandon.ayers@cityelectricsupply.com

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) 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** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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:** Madison M. Ayers
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/31/2020
DATE

3066617

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:

X Property Line measurements are clearly identified...

X 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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

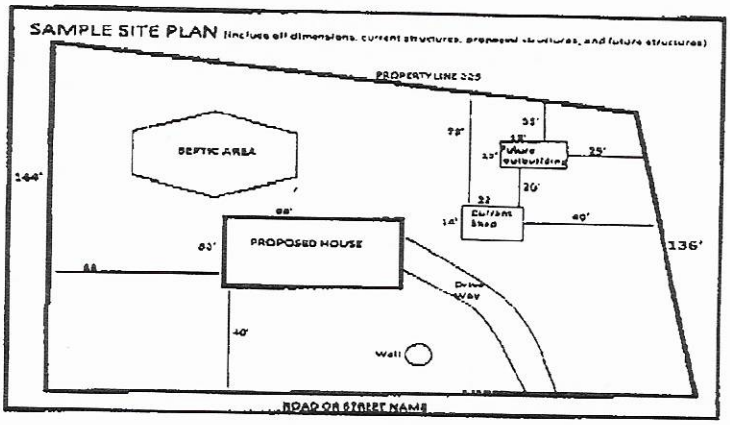
____ North arrow, or other sufficient indicator of direction...

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)



Property Corner

Property Corner

USE THIS SPACE TO DRAW YOUR SITE PLAN

80

62' 2"

New Construction House

45' 4"

25'

62' 2"

Well

142

Driveway

210

Septic Area

Property Corner

Property Cor.

Fitness Mill Road

Signature: Madison Ayers

REQUIRED property owner or owner's legal representative signature.

3/31/2020

DATE

3060617

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Madison M. Ayers, am the legal owner(s) of the property located at 615 Linneys Mill Rd. Union Grove 28689 identified as PIN (Parcel Identification Number) 4813-15-6285, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Madison Ayers, Roddey Hyatt Gibson, 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.

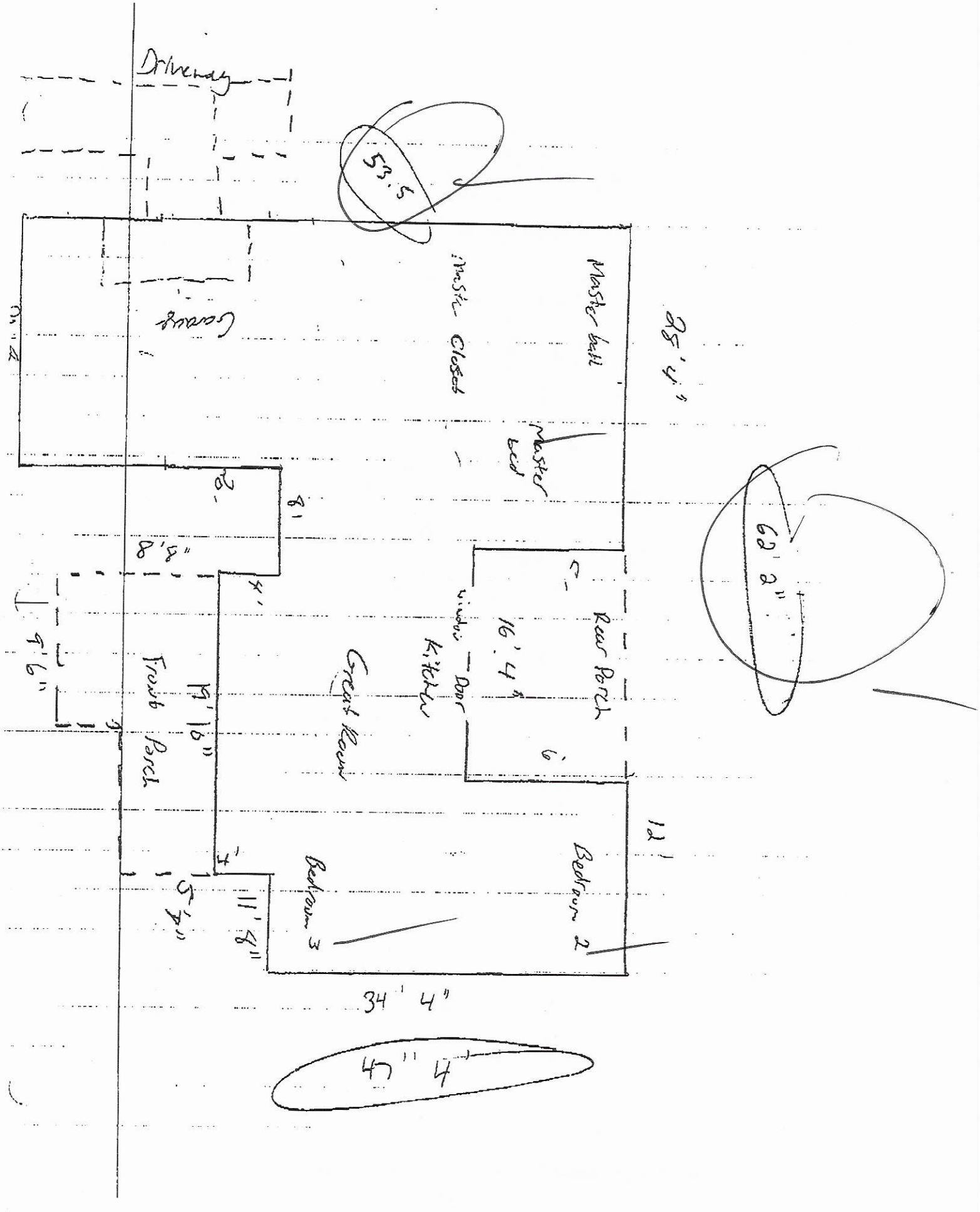
Madison M. Ayers 4/6/20 _____ _____

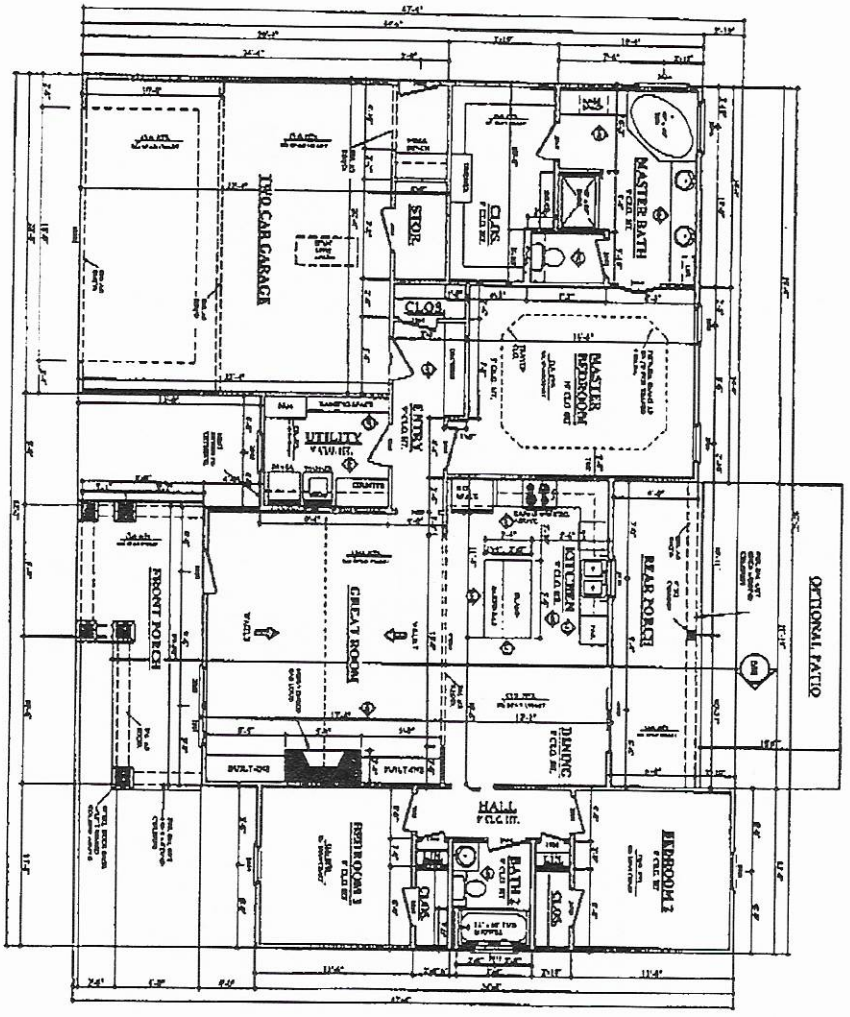
Signature of Owner(s) Date Signature of Witness Date

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


Driveway
53.5
Master bath
Master Closet
Master bed
25' 4"
Garage
2'
8'
8' 8"
4'
9' 6"
Front Porch
9' 10"
Great Room
Kitchen
Door
Window
16' 4"
Rear Porch
6'
62' 2"
12'
Bedroom 2
Bedroom 3
11' 8"
5' 4"
4'
34' 4"
45' 4"



NOTE: CONTRACTOR TO LOCATE WATER HEATER AND HVAC UNITS AT SITE.

BB-1675-2R FLOOR PLAN

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

AREAS:	1675	S.F. HEATED- TOTAL
	144	S.F. UNHEATED - FRONT PORCH
	131	S.F. UNHEATED - REAR PORCH
	505	S.F. UNHEATED - TWO CAR GARAGE
	20	S.F. UNHEATED - STORAGE
	804	S.F. UNHEATED TOTAL
	2369	S.F. TOTAL UNDER ROOF

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL DETAILS REFERENCED TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY WINDOW AND DOOR UNITS THAT ARE CRITICAL PRIOR TO CONSTRUCTION.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, CABINETS, ETC. TO ENSURE THAT ALL DOORS AND DRAWERS WILL OPERATE AS INTENDED TO MEET ALL APPLICABLE CODES.
5. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 36" IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE A GUARD NOT LESS THAN 34" IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. ALL GUARDS SHALL BE DESIGNED TO RESIST A LINEAR LOAD OF 200 POUNDS PER LINEAR FOOT APPLIED HORIZONTALLY AT THE TOP OF THE GUARD.
8. PORCHES AND DECKS WHICH ARE ELEVATED WITH ACCESS FROM THE INTERIOR OF THE HOME SHALL BE PROVIDED WITH SMOKE DETECTORS.
9. APPLIANCES W/ ATTICS, ATTICS CONTAINING APPLIANCES REQUIRING ACCESS SHALL BE PROVIDED WITH AN OPENING NOT LESS THAN 20 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT IN FRONT OF THE APPLIANCE. THE SERVICE SPACE SHALL NOT BE REQUIRED TO BE DIRECTLY IN FRONT OF THE APPLIANCE BUT MORE LESS THAN 30 INCHES LONG AND 22 INCHES WIDE AND NOT MORE THAN 30 FEET IN LENGTH WHEN MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE SERVICE SPACE. ACCESS SHALL BE PROVIDED TO ALL EQUIPMENT, VENTS, CLEANOUTS, FILTERS AND SCUTTLE HOLES.
10. ALL BEDROOMS ARE LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, EXCEPTION: THE FURNACE MAY BE REMOVED THROUGH THE REQUIRED DOOR OPENING.
11. ALL BEDROOMS TO HAVE AN EXTERIOR ACCESS
12. ALL GUARDS ARE DRILLS ARE NOT TO BE LOCATED WITHIN 10 INCHES OF ANY OPENING FROM A HABITABLE ROOM.
13. ALL WORK TO COMPLY WITH THE 2009 IRC.
14. ALL WORK TO COMPLY WITH THE 2009 IRC.

CODE DISCLAIMER:

1. THESE PLANS WERE DESIGNED TO MEET OR EXCEED THE MINIMUM REQUIREMENTS OF THE 2009 IRC AT THE TIME OF THEIR CREATION AND MAY NOT SPECIFICALLY MEET THE LOCAL CODES OF THE SOUTH RESIDENTIAL AREA. IT IS SOLELY RECOMMENDED THAT THESE PLANS BE REVIEWED BY A LOCAL STRUCTURAL ENGINEER PRIOR TO CONSTRUCTION.
2. ALL CEILING & FLOOR JOISTS OF CONVENTIONAL FRAMING SHOULD BE SIZED USING THE LATEST VERSION OF THE SOUTHERN BUILDING CODES AS PUBLISHED BY SBCCI OR LOCAL REQUIREMENTS SUCH AS SNOW LOADS AND DEFLECTION CRITERIA. THESE PLANS ARE SOLD AS INSTRUMENTS OF SERVICE AND ARE PROTECTED BY COPYRIGHT LAWS AS ADOPTED TO MEET THE CUSTOMER'S INTERNATIONAL RESIDENTIAL CODE.
3. ALL FOUNDATIONS AND FOOTING DETAILS SHALL BE REVIEWED AND APPROVED BY A LOCAL ENGINEER.
4. CONTRACTOR SHALL PROVIDE ALL PROPER STRUCTURAL AND ANCHOR BOLTS AS REQUIRED BY THE LOCAL CODE REQUIREMENTS AND THE LATEST VERSION OF THE IRC.

Plan ID:	Date:	Sheet Number:
BB-1675-2R	06.06.13	3
	Drawn By: C.T.B.	

House Plan Zone, LLC.
Email: sales@hpzplans.com Fax: 1-800-574-1387

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306617 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4813156285.000	615 LINNEYS MILL RD	Iredell County

Owner Information	Applicant Information
Name: AYERS MADISON M Address: Phone:	Name: AYERS MADISON M Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.49	35	35	15	15		

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.

Signature of Owner/Contractor

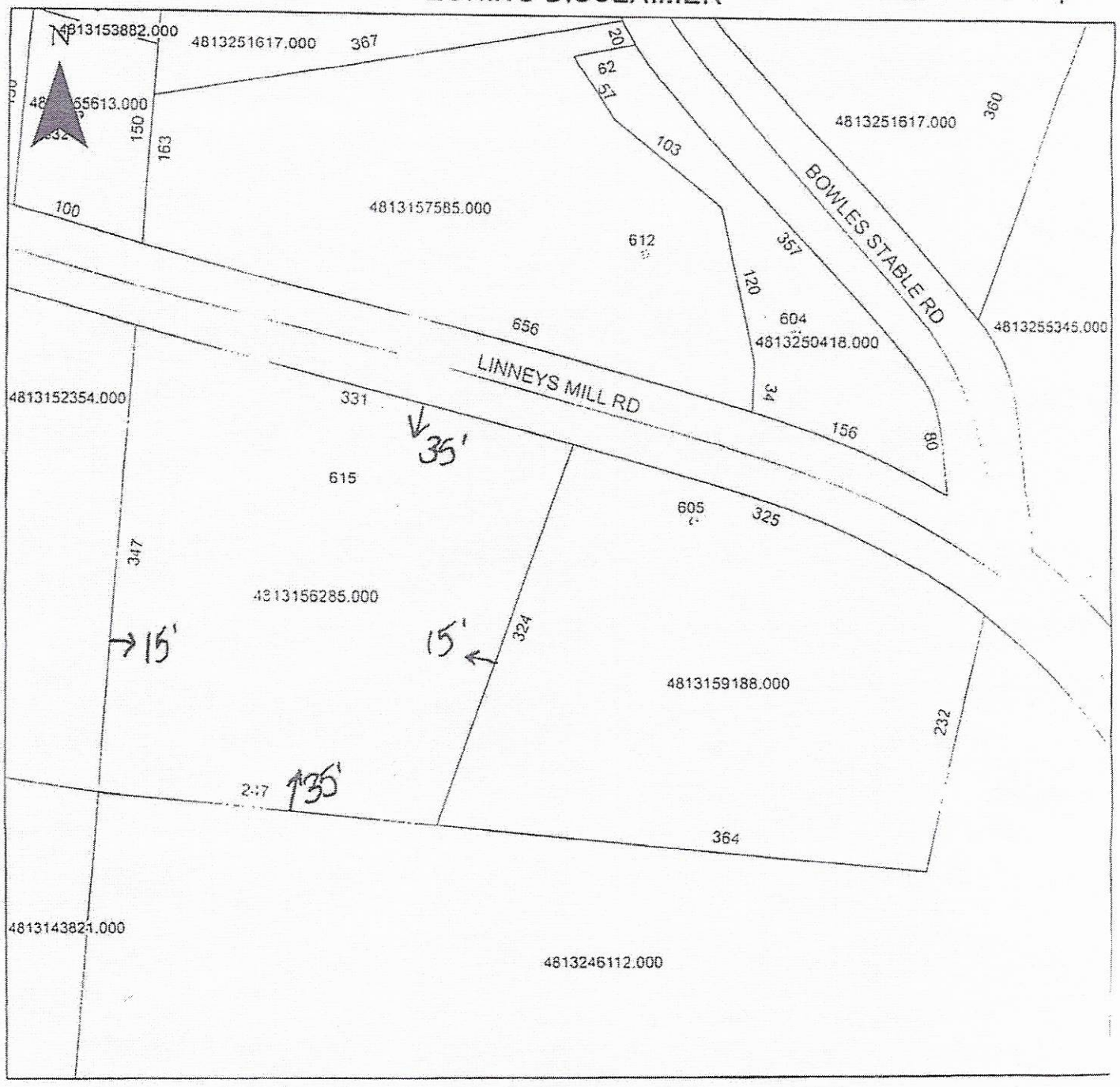
Date: 04/14/2020

Permit Number	306617	TOTAL FEES:	$77.25

mmaylowe-lv@wgr.com

3066617

ZONING DISCLAIMER



Property Address 615 Linneys Mill Rd

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.

Madison M. Ayers

4/14/20

Date