IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220070

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

PIN # 4834140778.149 ✓

APPLICANT: Derek Osborne APPLICANT ADDRESS: P.O. Box 1783 Statesville NC

SITE ADDRESS: 149 Badenyon PL Union Grove NC PHONE: 704-902-3084 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N T/R/ Ridgeline ln T/R Bayenyon PL

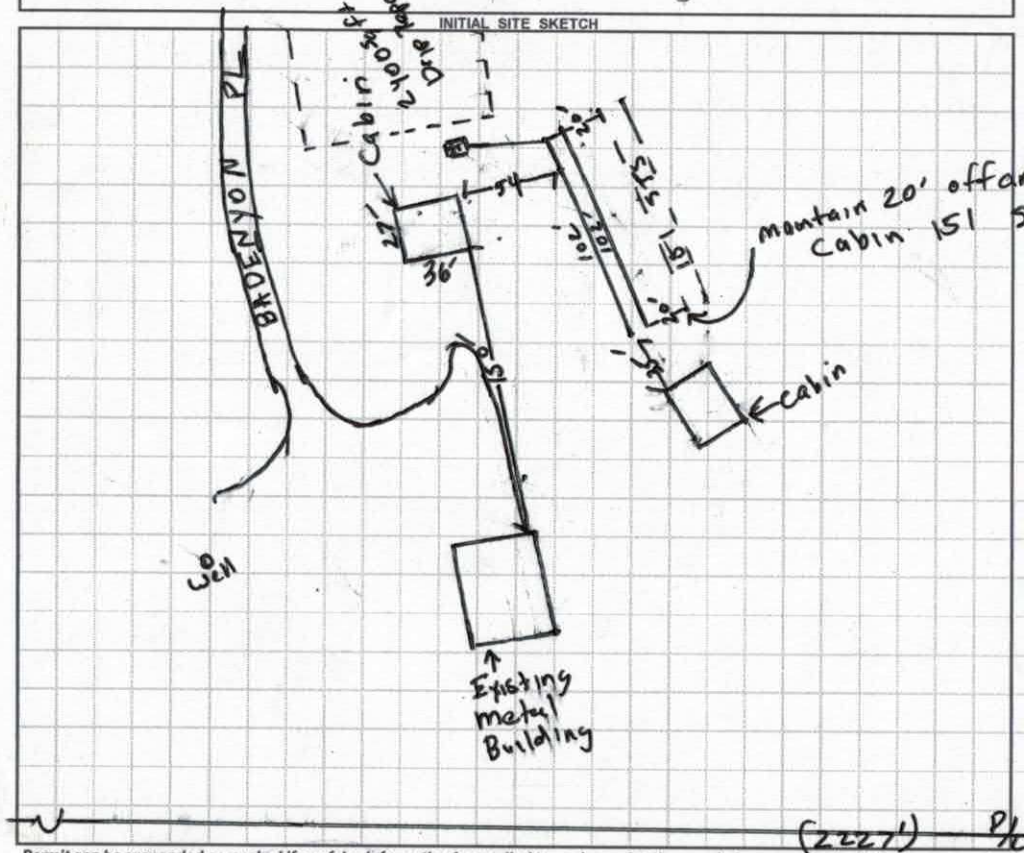
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 31.51 ac DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	854	Date	11-22-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	Drip			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on Contour with serial distribution.
* maintain 36" TD on high side *

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100

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: [signature] Date: 9-25-2016 Installed by: Kelly Gowdy

IMPROVEMENT PERMIT by: [signature] Date: 08/19/16 OPERATION PERMIT by: Benjamin Bottoms Date: 5/16/17.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 08/19/16 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 9834/4076
COUNTY: Iredell

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

OWNER: Derek
ADDRESS: 149 Badamyon PL
APPLICATION DATE: 7-6-16
DATE EVALUATED: 8-17-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: 3.15 ac
LOCATION OF SITE: 15N TO Ridgeline to Badamyon
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other w/in
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	L 10%	0-14	GR SCL	fr SE	PS	PS	45"	W/A	Drip .1
		14-34	WATV C	fr SE					
		34-45	WATV BC	fi/fr SE					
		45-55	Moss Sprl	fr SE					
2	L 8%	0-11	GR SCL	fr SE	PS	PS	W/A	W/A	Drip .1
		11-28	ABK C	fi SE					
		28-41	Platy C	fi SE					
		41-46	WATV BC	fi/fr SE					
3	L 8%	0-13	ABK C	fi SE	PS	PS	32"	W/A	PS .3
		13-32	WSBK BC	fi/fr SE					
		32-55	Moss Sprl	fr W/A					
4	L 5%	0-8	GR SCL	fi SE	PS	PS	W/A	34"	Drip .1
		8-19	ABK C	fi SE					
		19-34	weathered	rock					
		34+	Moss Spr						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	V
Site LTAR	.3	.1

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

COMMENTS: Also see soil sheet from 151

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.

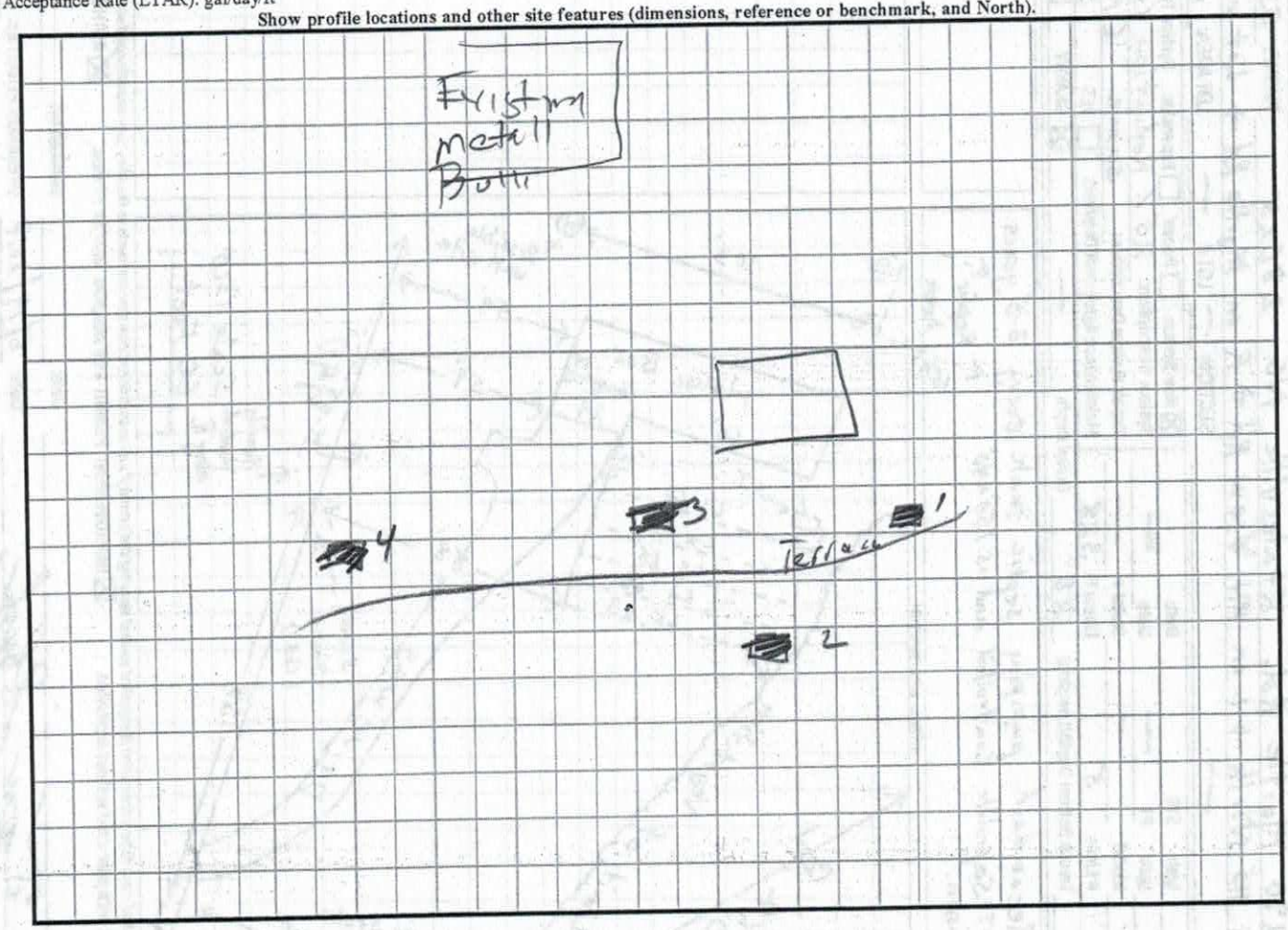
NOTES

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).



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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Derek Osborne	P.O Box 1783 Statesville		704-902-3084
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Mike Smith	153 Bayouyou Place	—	—

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
149 Bayouyou Place	—	—

Driving Directions: 115 right on Ridgeline Lane turn Rt on Bayouyou Place.

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 2 — (✓) Crawl Space Foundation?
(✓) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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

6. Proposed Water Supply:

( ) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: _____ 7-6-2016
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

220071

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, Mike Smith, am the legal owner(s) of the property located at 149 Baden Yon Place Union Grove NC 28689, identified as PIN (Parcel Identification Number) 4834140778.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Derek Osborne, Derek Osborne Builders Inc, 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.

James M. Smith — Signature of Owner(s) — 8-23-2016 — Date

[signature] — Signature of Witness — 8-23-2016 — 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:

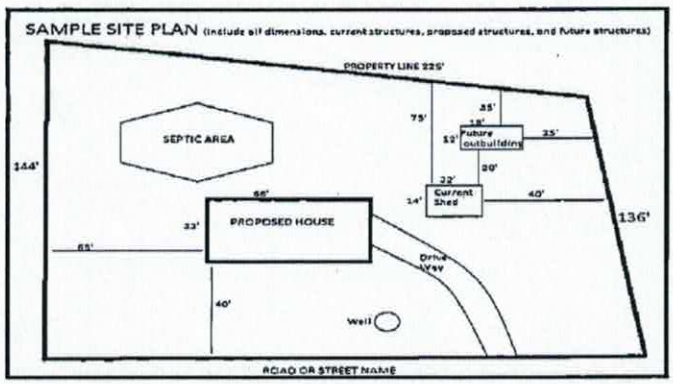
- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**

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**



149

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan

Signature: _____ 6-2016

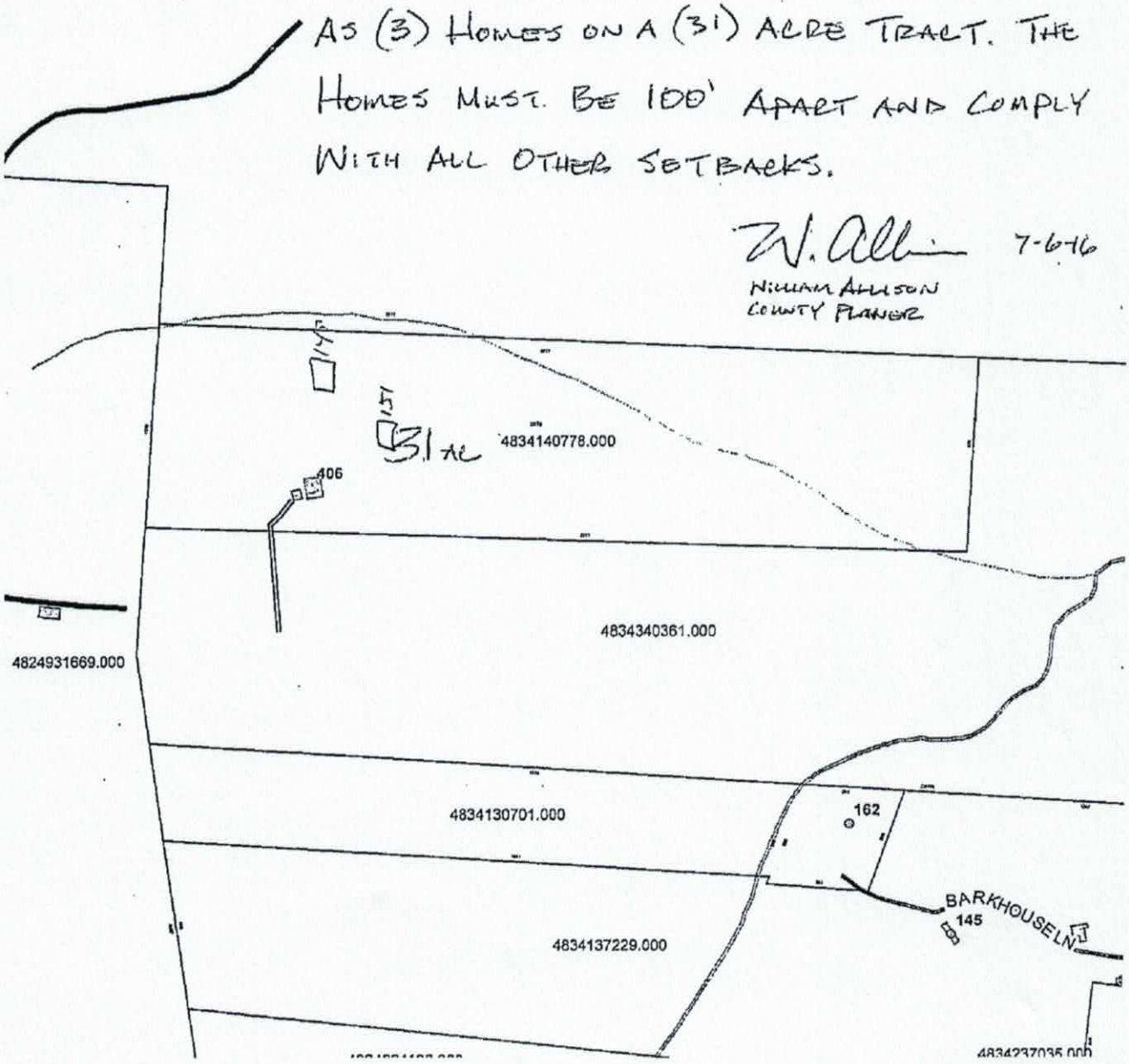
REQUIRED property owner or owner's legal representative signature. DATE

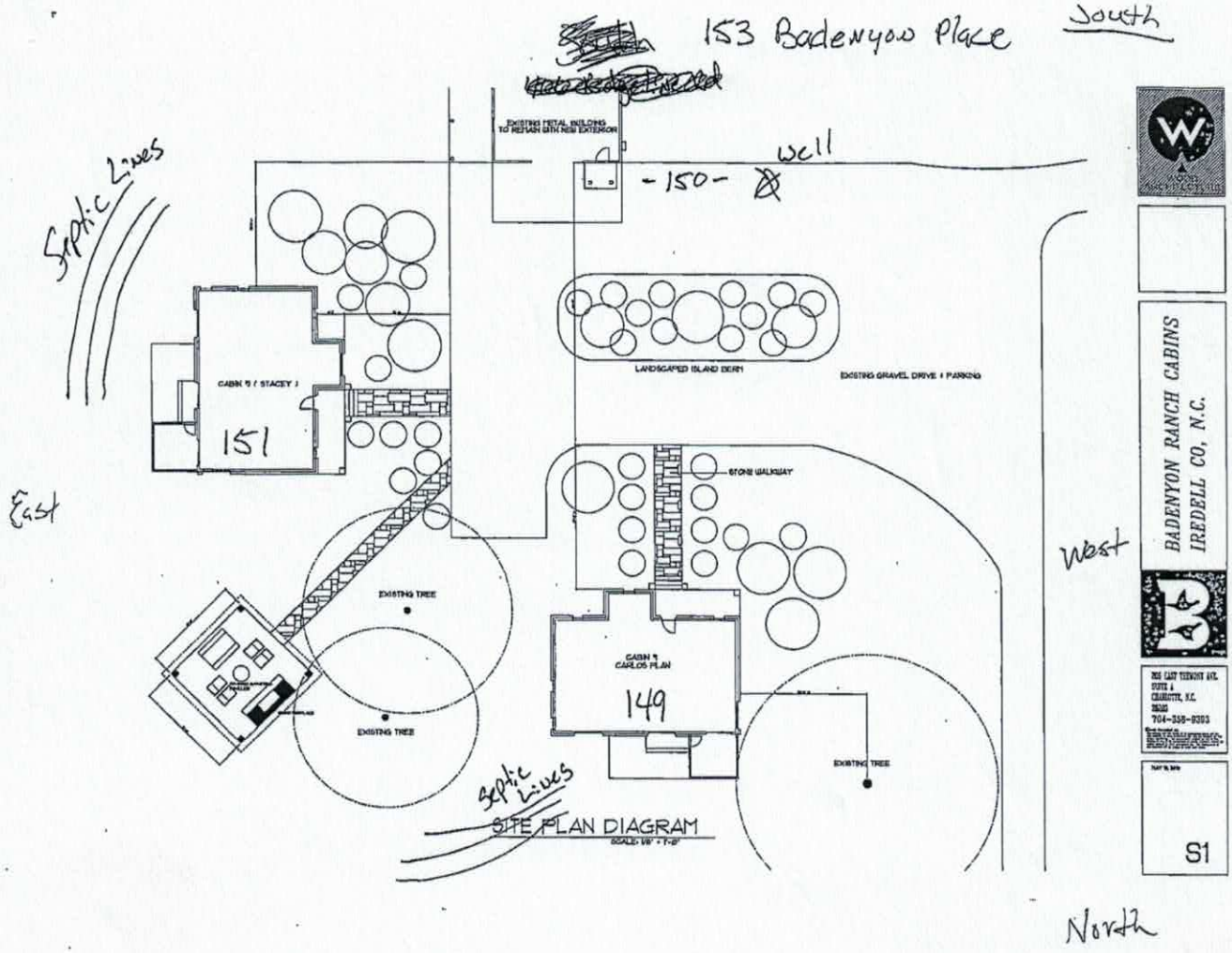
PLANNING APPROVAL

SECTION 2.2.1 ALLOWS FOR AS MANY AS (3) HOMES ON A (31) ACRE TRACT. THE HOMES MUST BE 100' APART AND COMPLY WITH ALL OTHER SETBACKS.

W. Allison 7-6-16

WILLIAM ALLISON
COUNTY PLANER




153 Badenyon Place
South
Septic Lines
well
-150-
EXISTING METAL BUILDING TO REMAIN WITH NEW EXTENSION
CABIN 5 (STACEY)
151
LANDSCAPED ISLAND BERM
EXISTING GRAVEL DRIVE + PARKING
STONE WALKWAY
East
West
EXISTING TREE
CABIN 4 CARLOS PLAN
149
EXISTING TREE
EXISTING TREE
Septic Lines
SITE PLAN DIAGRAM
SCALE: 1/8" = 1'-0"
North
BADENYON RANCH CABINS
IREDELL CO, N.C.
S1

Acknowledgement Of Plans Submitted ONLY!

Date 8-25-16

Date 08/19/16

A1	206 EAST TRYON RD. SUITE A CHARLOTTE, N.C. 28213 704-598-8383		BADENYON RANCH CABINS IREDELL CO, N.C.	

IREDELL COUNTY

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

APPLICATION NUMBER
220070
Issue Date: 07/06/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4834140778.000	151 BADENYON PLACE, UNION GROVE, NC 28689	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BARLEY PROPERTIES LLC	Applicant: DEREK OSBORNE BUILDERS
Address: 17638 SPINNAKER'S REACH DR UNION GROVE, NC 28031	Address: PO BOX 1783 STATESVILLE, NC 28687
Phone:	Phone: 704-871-8787

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
31.510	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

HOMES MUST BE 100' APART AND COMPLY WITH
OTHER SETBACKS. PER WA 7-6-16 DW

PAID
V5332
7-6-16

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.

Applicant: _____ Date: _____

Permit Number	73597	TOTAL FEES:	$ 77.25