IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226997

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

PIN # 4834140778.153

APPLICANT: Dezell Osborne Builders APPLICANT ADDRESS: 122 Victory Lane

SITE ADDRESS: 153 Baden Rd. Union Grove NC PHONE: 704-902-3004 ALT. PHONE: 704 871 8787

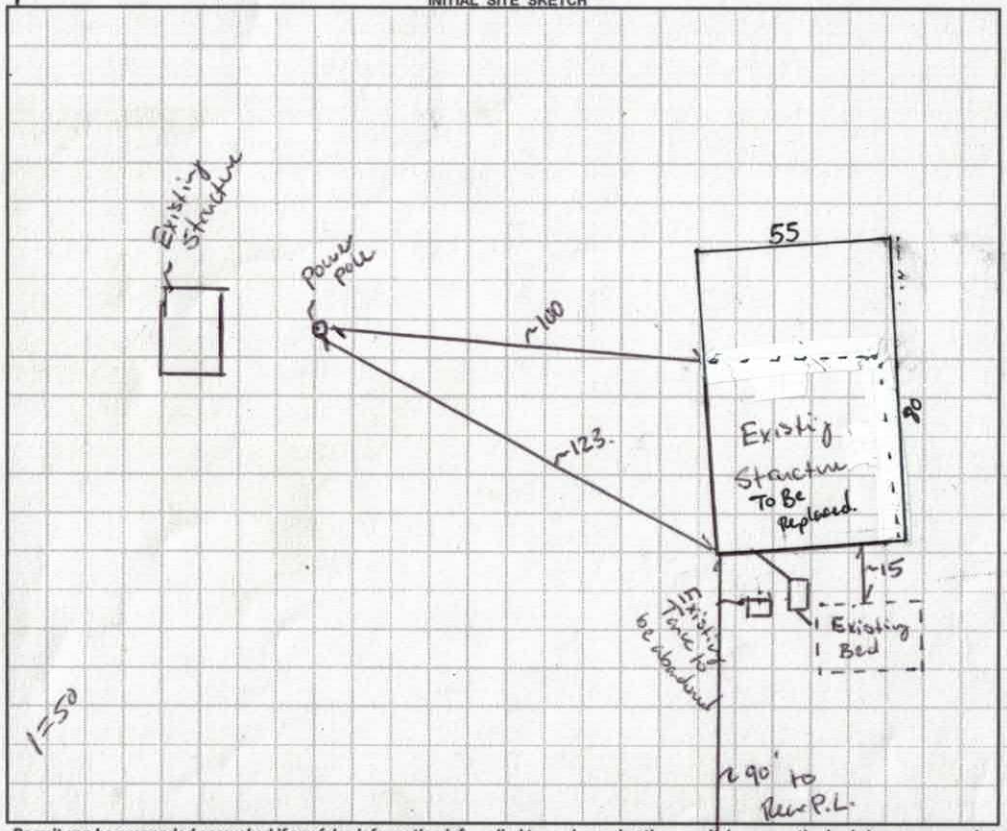
SITE DIRECTIONS: 77 N to Exit 65 Left on 901 5 miles Turn Right, Grassy Knob RD Stay Left & Form T Left & Gate

SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: L.T.A.R.:

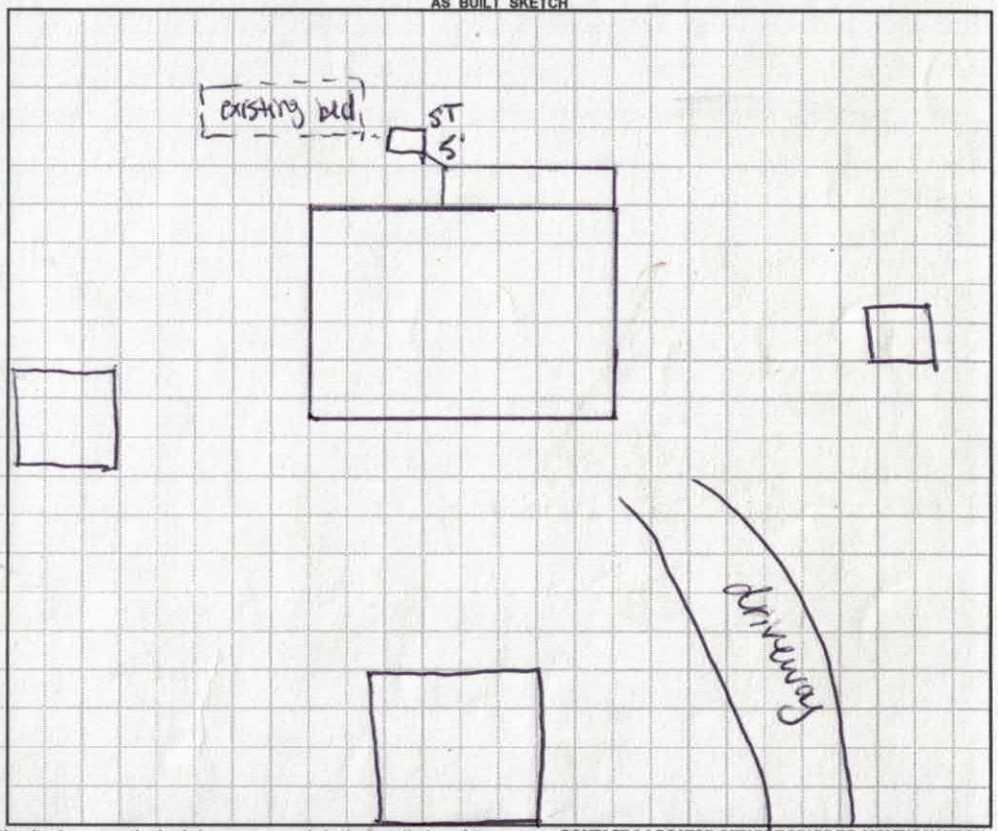
Septic Tank	1000	(gal)	STB	854	Date	1/8/18	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Tank Replacement / Existing			☐ Business	No. Persons	4	☒ Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT		Maintenance Agreement Required:	☐ YES	☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	EXT	Max. Trench Bottom Depth	EXT	Gravel Depth	EXT			☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Replace Tank with new Septic tanks. pump existing tank
Crush/Fill/Lime existing tank or haul away
~~Important~~. New Structure to be 80x55 Must be 5ft from any part of Septic System.

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: [signature] Date: 7-14-2017 Installed by: Kelly Welborn

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 6/5/2017. OPERATION PERMIT by: Carla C. Cook Date: 10/19/18

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bottoms Date: 6/5/2017.

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

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 Builders	122 Victory Ln	704-902 3084	704-871-8787
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Mike Smith	149 Badenyon Ln Union Grove	704-999-0356	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
153 Badenyon Union Grove NC 28689		N/A

Driving Directions: 77 N to Exit 65 Left on 901
5 Miles Turn Rt Grassy Knob Rd Stay left at fork
Turn Left at Gate.

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: _____ 5-9-2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Ridgeline Road.

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... **____ 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

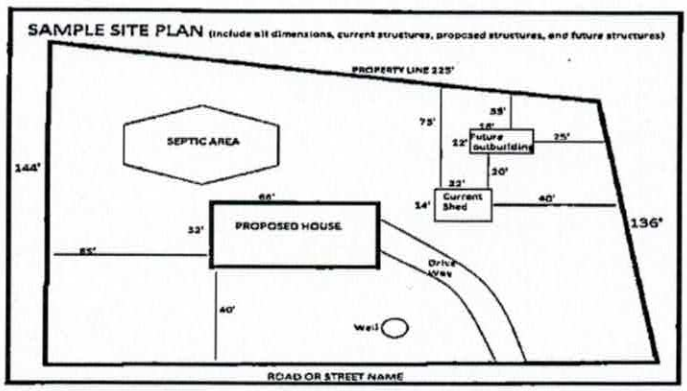
X Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

X 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:

X Location of septic systems and wells within 100' of your property... N/A

X 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 PLAN

Signature: [signature] 5-9-2017

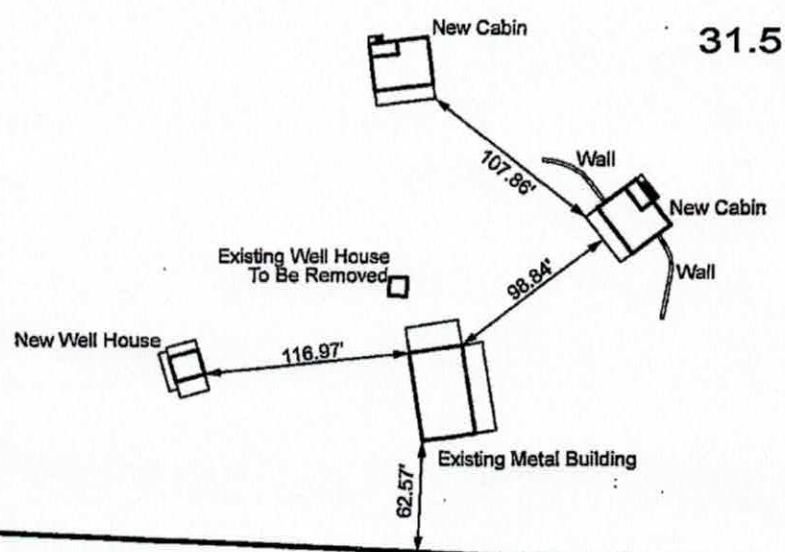
REQUIRED **property owner or owner's legal representative signature.** **DATE**

PIN: 4834-05-8629
Barley Properties, LLC
D.B. 1130, Pg. 107
(Wilkes County)

N88°08'19"W 2276.70'

PIN: 4834-14-0778
Barley Properties, LLC
D.B. 2145, Pg. 2235
(Iredell County)

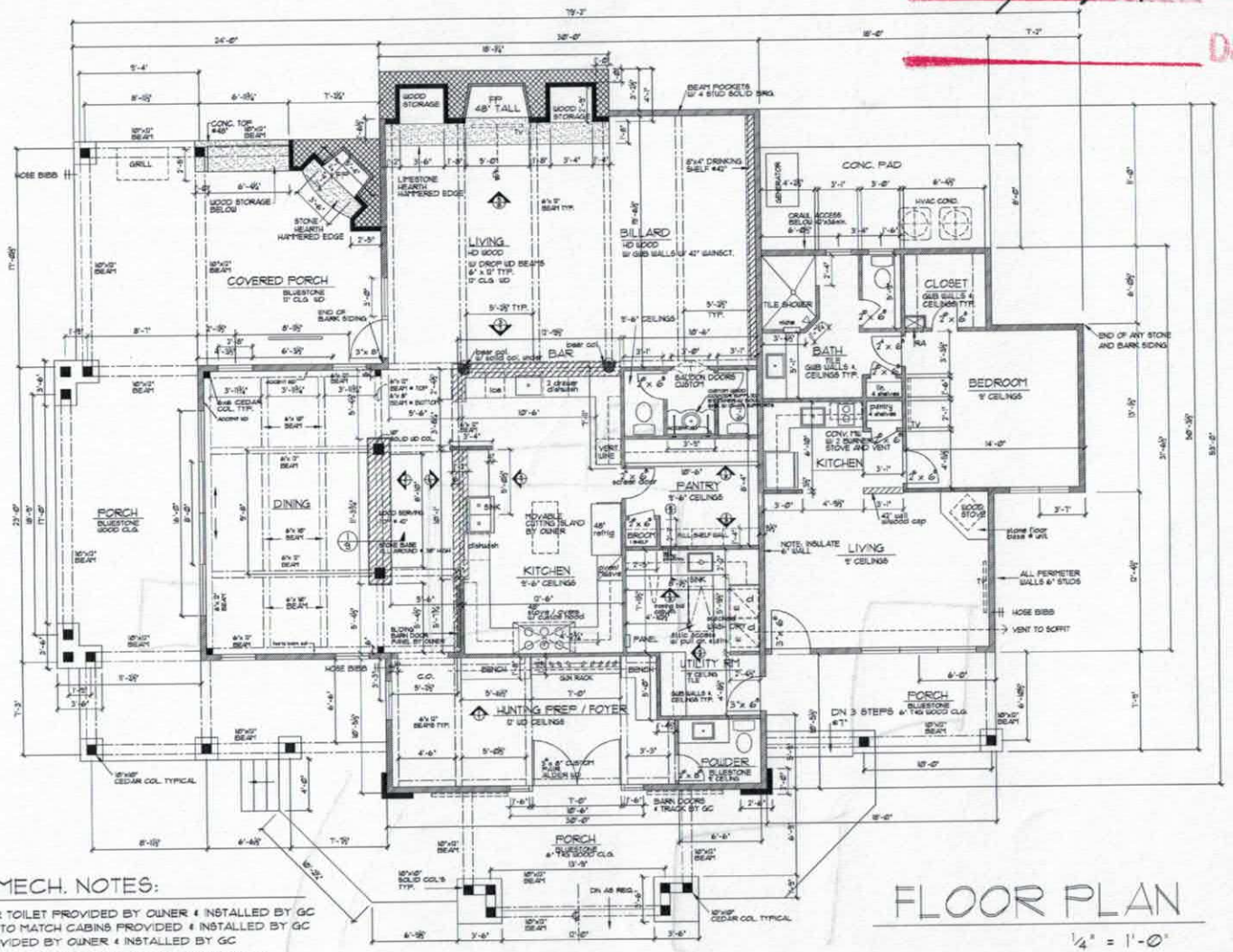
31.510 acres ± T



*

ENGINEI
JORDA
P.O. B

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Hearn 4/27/18
Date



PLUMBING / MECH. NOTES:

1) LOS TOILET & POWDER TOILET PROVIDED BY OWNER & INSTALLED BY GC
   SALOON TOILETS NEW TO MATCH CABINS PROVIDED & INSTALLED BY GC
2) ALL SINKS TO BE PROVIDED BY OWNER & INSTALLED BY GC
3) ALL SHOWER FIXTURES PROVIDED BY OWNER & INSTALLED BY GC
4) ALL EXT HOSE BIBBS SUPPLIED & INSTALLED BY GC
5) ALL HVAC UNITS AND DUCTING TO BE PROVIDED AND INSTALLED BY GC

FLOOR PLAN

1/4" = 1'-0"

* REFER TO SHEET A-6 FOR FINISH SCHEDULE

WOOD ARCHITECTURE

BADENYON RANCH LODGE
IREDELL CO, N.C.

206 EAST TREMONT AVE.
SUITE A
CHARLOTTE, N.C.
28203
704-358-9393

OCT. 11, 2017

A1

IREDELL COUNTY

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

APPLICATION NUMBER
226997
Issue Date: 05/09/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4834140778.000	153 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 CORNELIUS, NC 28031	Address: PO BOX 1783 STATESVILLE, NC 28687
Phone:	Phone: 704-871-8787

Use Requested	Zone Code
SINGLE FAMILY DWELLING	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
31.510	50.00	50.00	50.00	50.00	BOWH	X

Remarks:

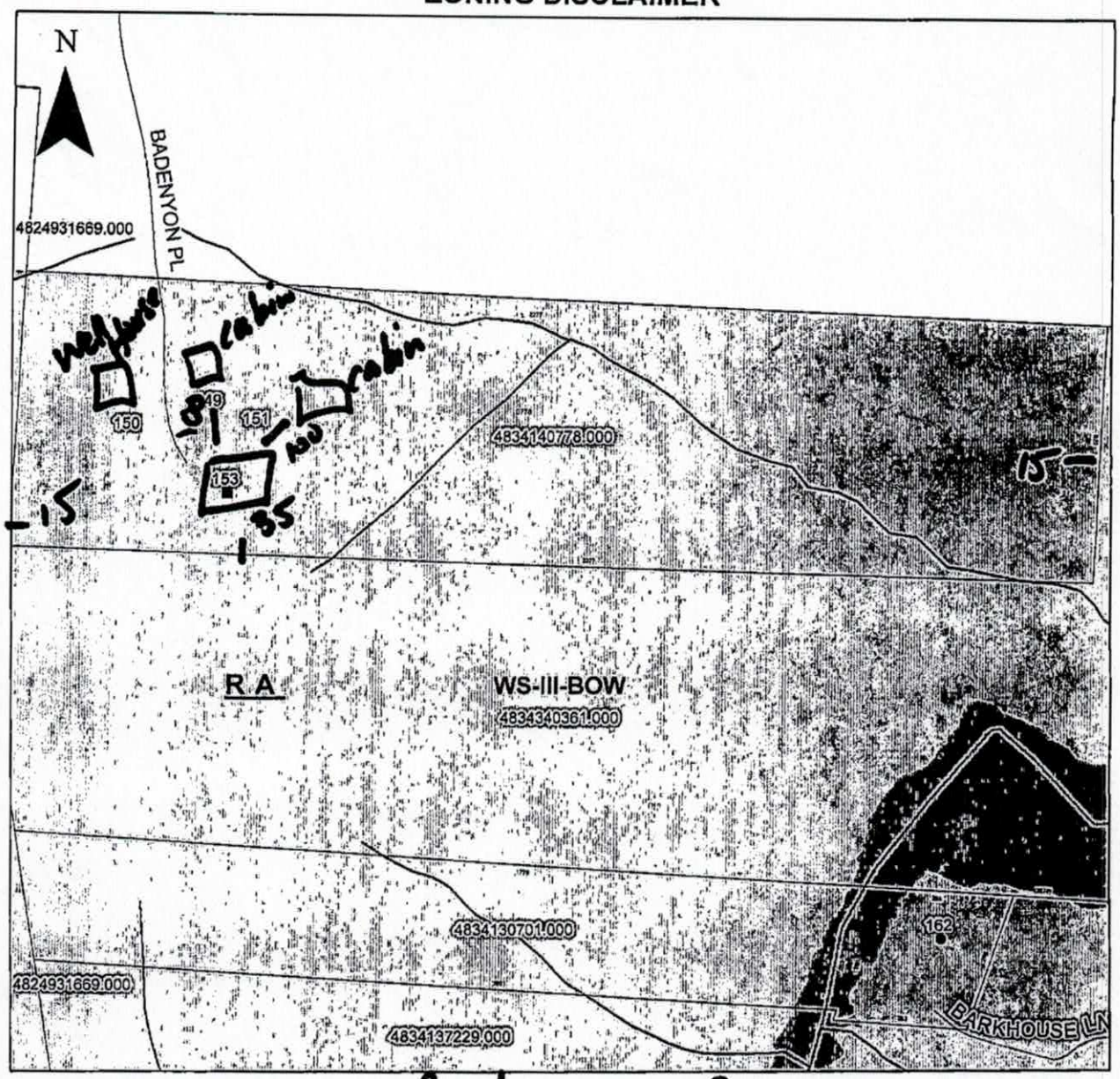
THIRD DWELLING ON ONE LOT PERMIITED UNDER SECTION 2.2.1 OF THE LDC; MUST BE 100 FEET FROM OTHER DWELLINGS ON LOT AND 50 FEET FROM ANY PROPERTY OR RIGHT-OF-WAY LINE; MUST MAINTAIN 10 ACRES PER LOT IF SUBDIVIDED IN THE FUTURE

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	102202	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 153 Badenyon Pl

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.

Applicant

5-9-2017
Date