BCW

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP242883

PIN # 4861133258

APPLICANT/OWNER: Wesley Feimster

APPLICANT ADDRESS: 283 Bowles Farm Rd statesville NC 28625

SITE ADDRESS: 147 Haystack Ln Olin NC 28660

PHONE: 704-902-0516 ALT. PHONE 704-881-2394

SITE DIRECTIONS: N center st to I40E, merge onto I77N, Exit 59 to Ron Tomlin Mill Rd, Lon Tabor Rd, Lon Speaks Rd, Lon Haystack Ln Lot on left

SUBDIVISION: Holly Bob Farms

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: — LOT # 24 LOT AREA: 3.5 acres

DESIGN FLOW: 360GPD L.T.A.R.: .275

Septic Tank	1600 (gal)	STB	760	Date	3/30
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	330'
Trench Width	36	Trench Bottom Depth(Low side)	20"/24" high	Gravel Depth	—

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

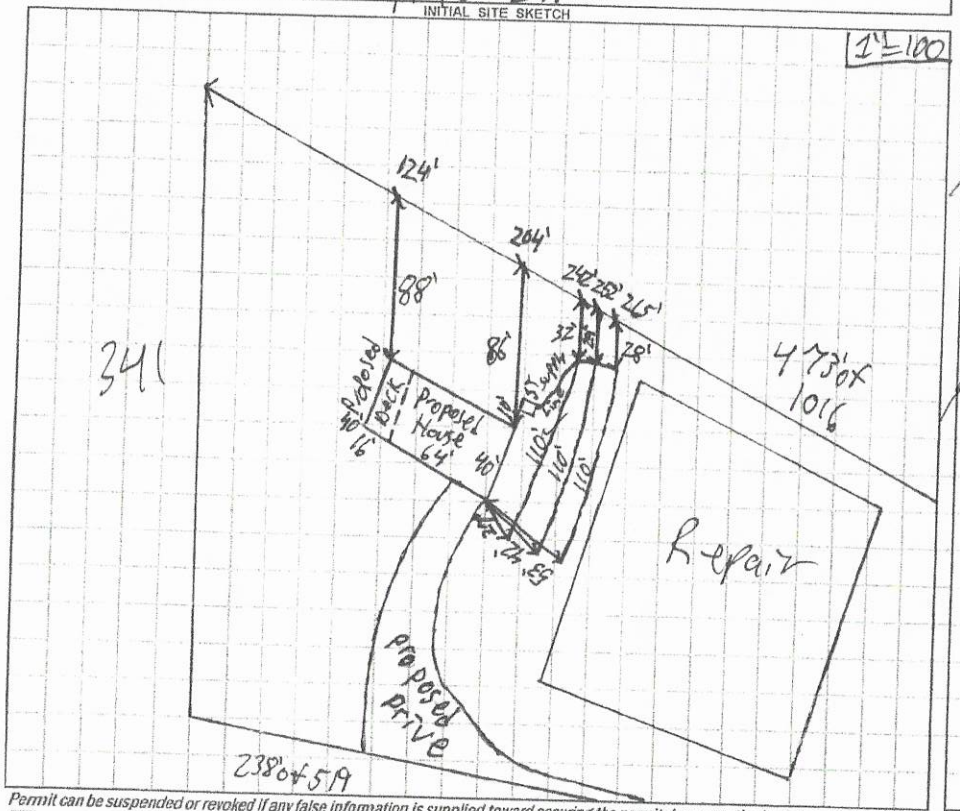
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

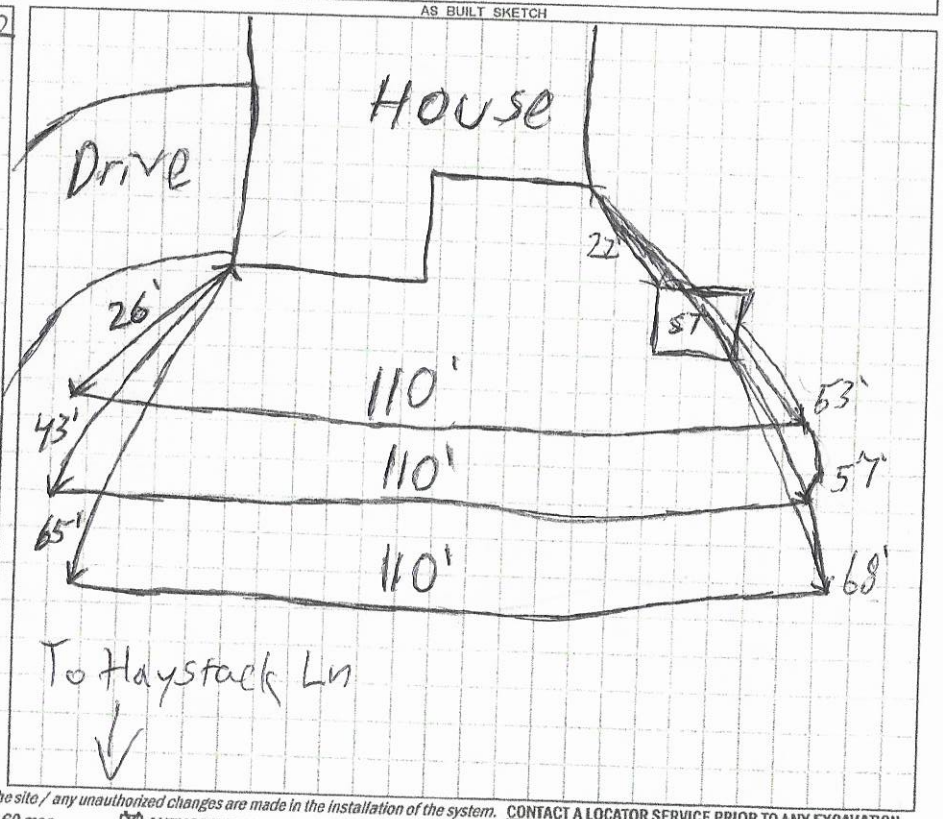
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material, or manipulate drainfield in anyway. DO NOT exceed max trench depth of 24".

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: Rykeigh Feimster

Date: 12/31/2020

Installed by: (Tommy) Frye Grading + Repair Inc.

IMPROVEMENT PERMIT by: Patrick J Byle III

Date: 12/31/2020

OPERATION PERMIT by: Patrick J Byle III

Date: 5/24/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Byle III

Date: 12/31/2020

Existing System Inspected by:

Date:

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 inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4701733258
COUNTY: Iredell

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

OWNER: Wesley Feimster
ADDRESS: 283 Bowles Farm
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 147 Haystack
APPLICATION DATE: 3/13/19
DATE EVALUATED: 3/19/19
PROPERTY SIZE: 3.50c
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 I	L 10%	0-10	SBK SCL	Fr ss sp sbkp	some sap mg @ 30"	inclusions/ 48"	—	—	PS .275
		10-36	SBK/ABK C	" "					
		36-48	SBK CL	" "					
2 R	L 10%	0-9	SBK SCL	Fr ss sp sbkp	—	52"	—	—	PS .3
		9-37	SBK C	" "					
		37-52	SBK CL	" "					
3 R	L 10%	0-7	SBK SCL	Fr ss sp sbkp	firm sap @ 42"	42"	—	—	PS .3
		7-28	SBK C	" "					
		28-42	SBK CL	" "					
		42-48	sap	Fi					
4 I	L 10%	0-7	SBK SCL	Fr ss sp sbkp	few sap mic. @ 36"	52"	—	—	PS .3
		7-27	SBK C	" "					
		27-52	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	330'
System Type(s)	25%	25%
Site LTAR	.275	.275

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Call
OTHER(S) PRESENT: P. Boyle

COMMENTS:

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.

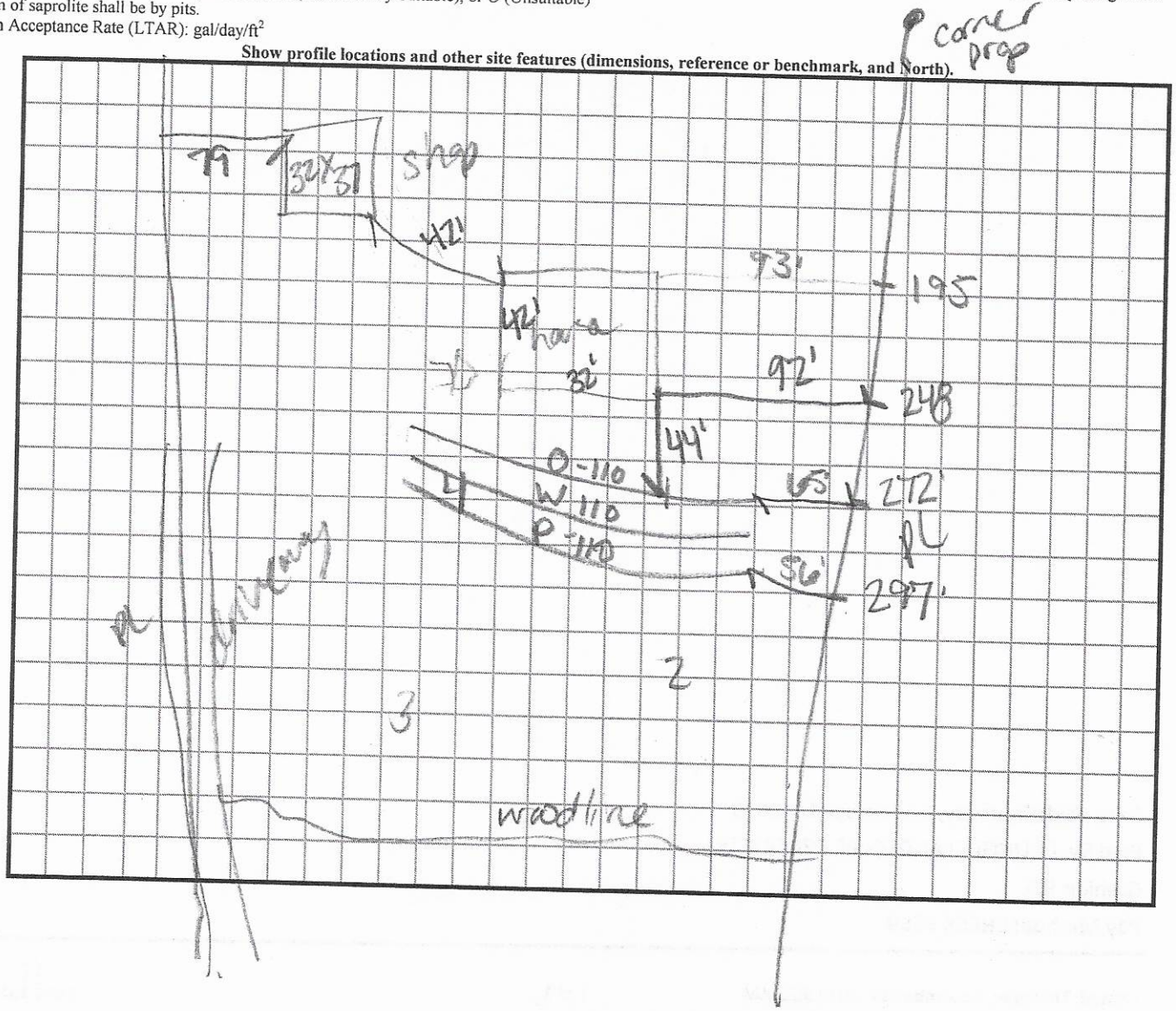
NOTES

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).



8

RECEIVED NOV 18 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-242883
$320.00

Iredell County Health Department – En... Health Division

PAGE 1: *APPLICATIO*

Apply for #242883
Intermediate Relayout
$320.00
Property Lines Staked
House Box Staked
No heavy undergrowth

Application For: ( ) New Well Permit ( )
(✓) Septic Improvement Permit (✓) Authorization to Construct ( )

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PRO... THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITH... DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPL... SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this ...

The following optional attachments may also be submitted: (

Place an (X) beside whichever is submitted if applicable (

Applicant Information: (PRINT CLEARLY)

Applicant Name: Wesley Feimster Address: 28... 3625
Applicant Email: WFeimster126@gmail.com Phone: 70... 394
Owner Name: Wesley & Erin Feimster Address: 28... 3625
Owner Email: WFeimster126@gmail.com Phone: 704.902.0516 Alt. Phone: ...0516

Property Information:

Street Address: 147 Haystack Lane Olin NC 28660

Subdivision Name: Holly-Bob Farms Section/Phase: _____ Lot Number: 24

Driving Directions: _____

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

(✓) 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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 11.16.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Wesley Feimster, am the legal owner(s) of the property located at 147 Haystack Lane Olin 28660, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Ryleigh Feimster, _____, 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.

_____ 12-31-20

Signature of Owner(s) Date

Mooresville - Environmental Health

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

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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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.
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_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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Signature of Owner(s) Date

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

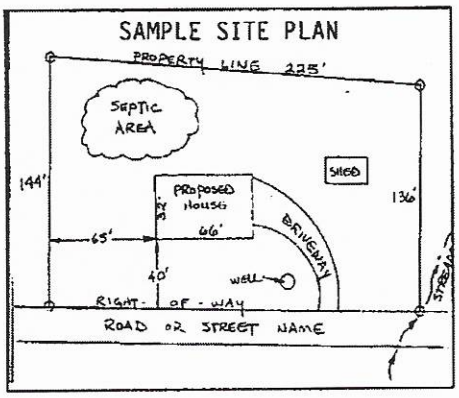
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

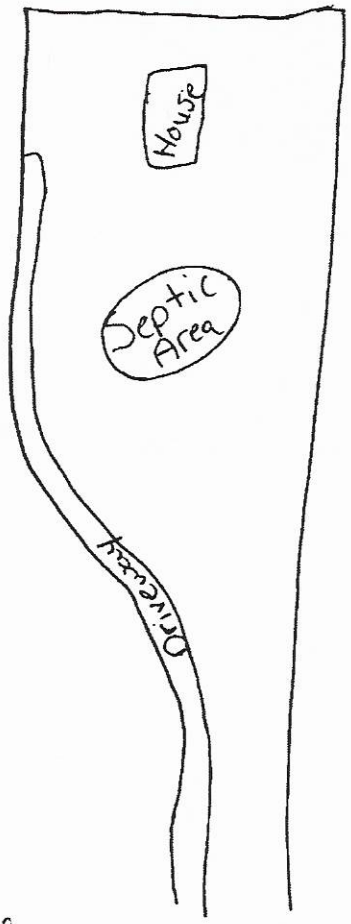
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



See attachs.

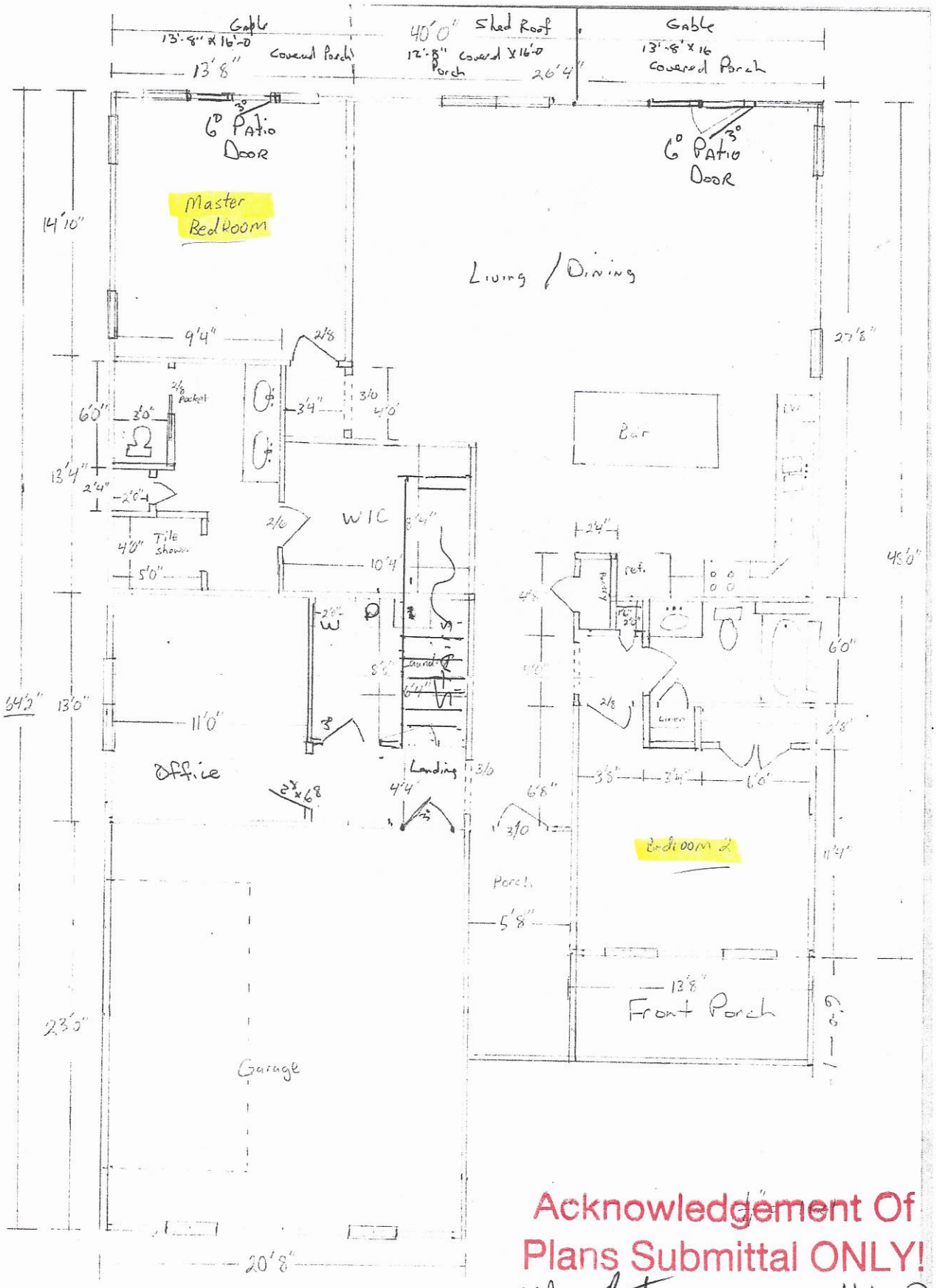
Signature: _____

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

11.16.20

DATE

40'0"



Acknowledgement Of Plans Submittal ONLY!

Date 11.16.20

Date 11.16.20

12/30/2020

147 Haystack

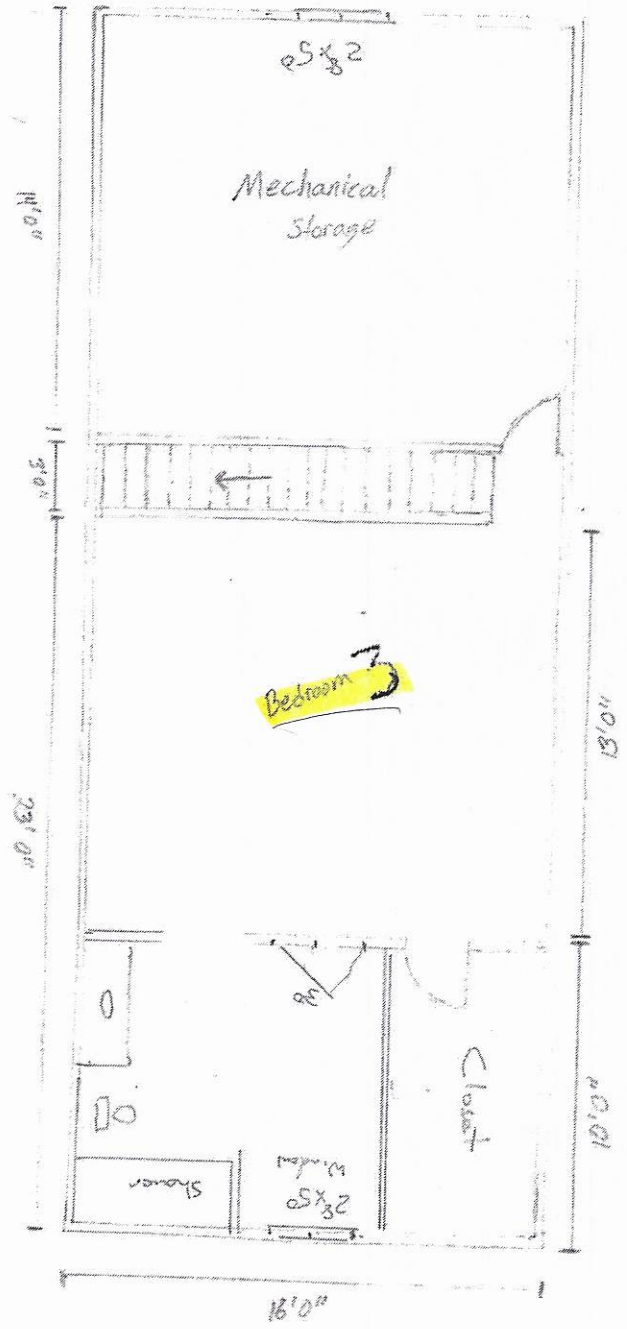
Acknowledgement Of
Plans Submittal ONLY!

Eric E Jerman Date 11-17-20

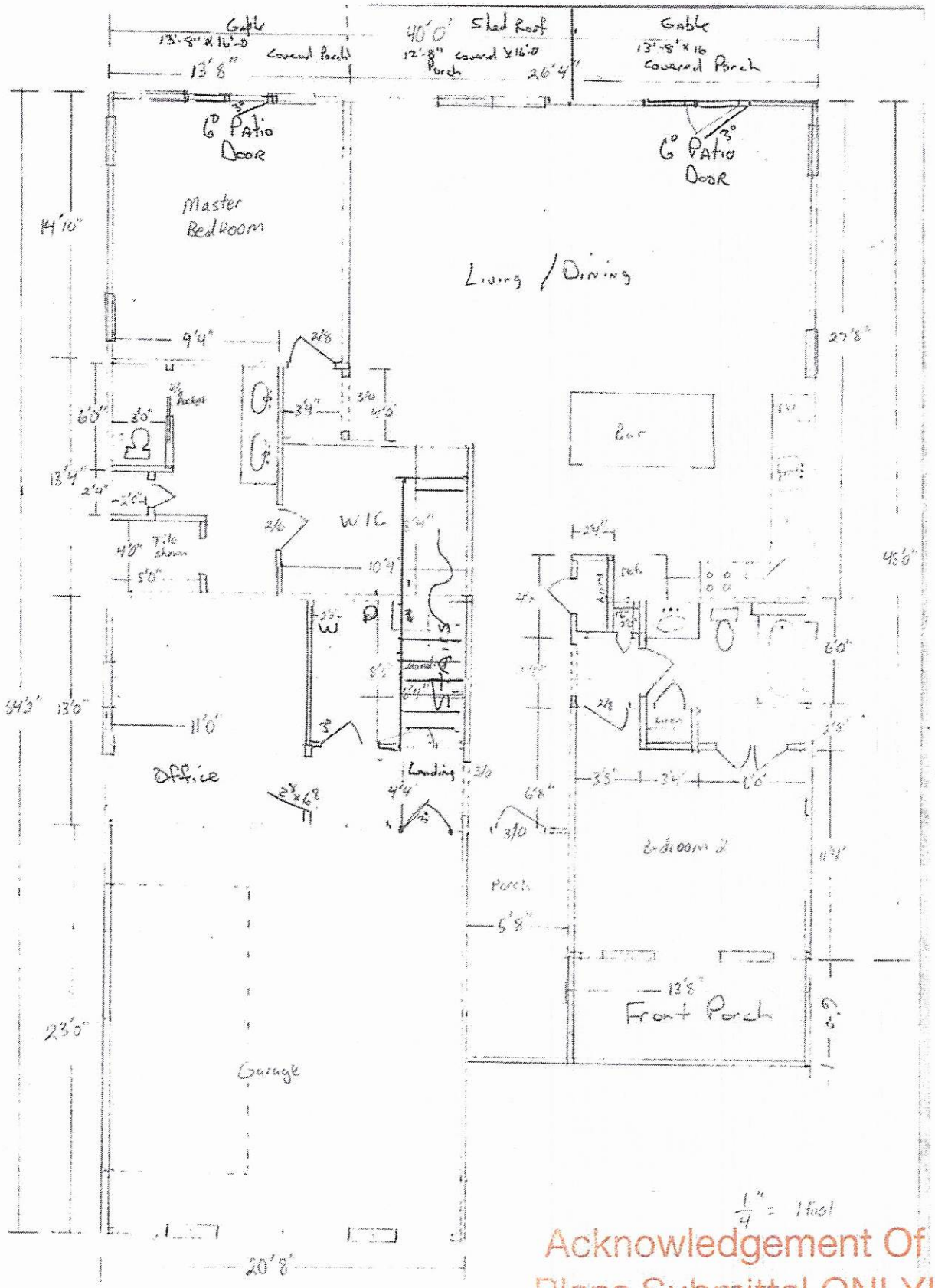
Patrick J Bogle III Date 12/31/2020

1/4

Upstairs / 2nd Level



40'0"



Acknowledgement Of Plans Submittal ONLY!

Date 11.16.20

Date 11.16.20

147 Haystack

IREDELL COUNTY

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

APPLICATION NUMBER
242883
Issue Date: 03/13/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4861133281.000	147 HAYSTACK LANE, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TAYLOR JERRY M+GERALDINE F	Applicant: FEIMSTER, WESLEY
Address: 119 RIDGEVIEW DR	Address: 283 BOWLES FARM RD.
ALIQUIPPA, PA 15001	STATESVILLE, NC 28625
Phone:	Phone: 704-881-2394

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.500		35.00	15.00	15.00	NOT	X

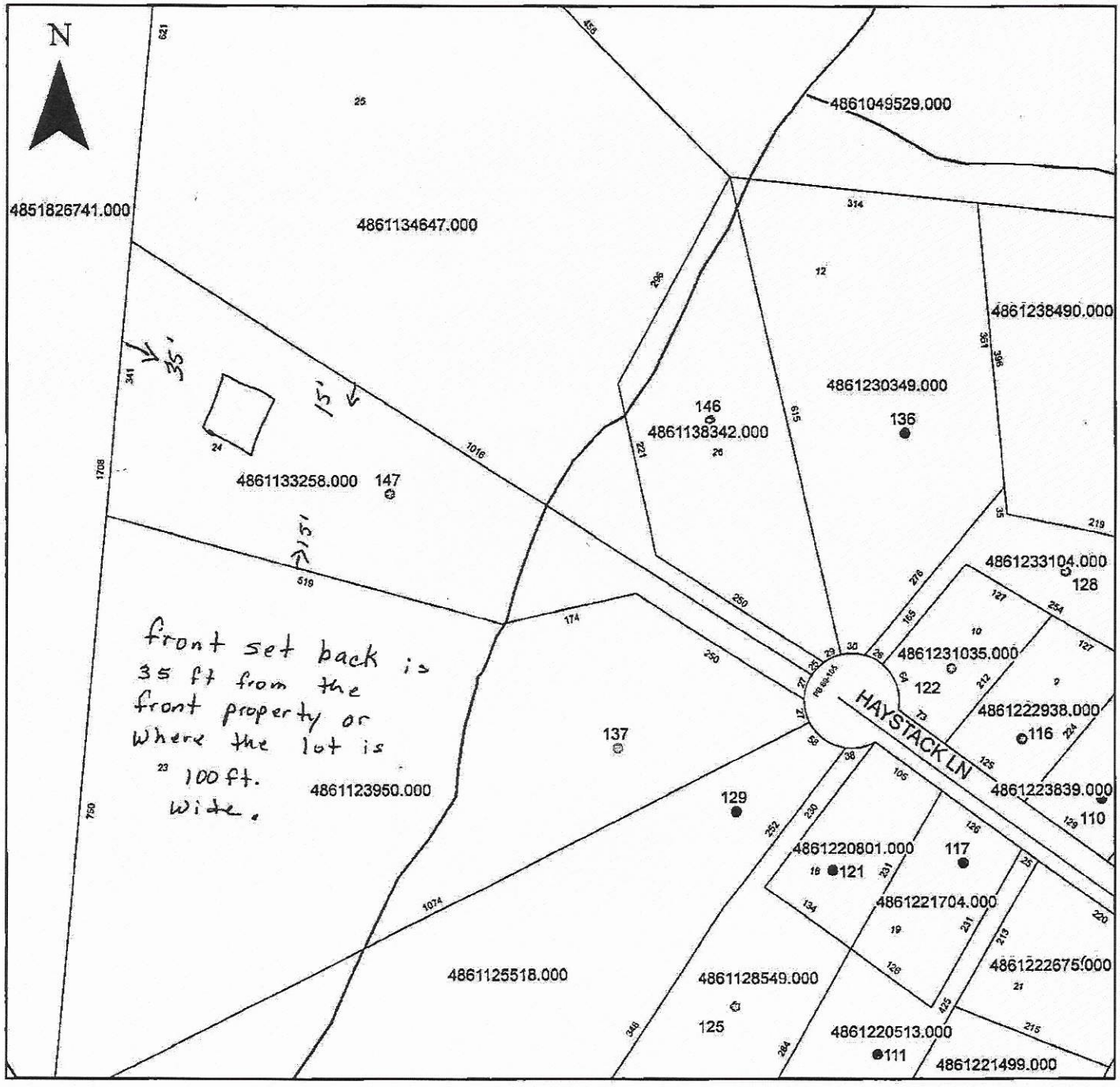
Remarks:

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	170422	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 147 Haystack LN.

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.

Eric Hunt
Applicant

3.13.19
Date