ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 311720

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

PIN # 4863 -65 -8328.

APPLICANT/OWNER: Cory Barnette APPLICANT ADDRESS: 169 Jacobs Woods Circle Troutman NC 28166.

SITE ADDRESS: 763 Eagle Mills Road Hamptonville NC 27020 PHONE: 704-929-6701 ALT. PHONE 704-796-1608

SITE DIRECTIONS: 77 to exit 65 Onto Eagle Mills Rd 3 Miles on Left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 18.35 Acres DESIGN FLOW: 480 L.T.A.R.: 30

Septic Tank 1000 (gal) STB 760 Date 11-22-2020 — [X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI — [X] Residence No. Bedrooms 4 — Water Supply: [X] Private [ ] Public [ ] Community

Pump Tank — (gal) PT — Date — System Description: Gravity - 25% Reduction — [ ] Business No. Persons 8

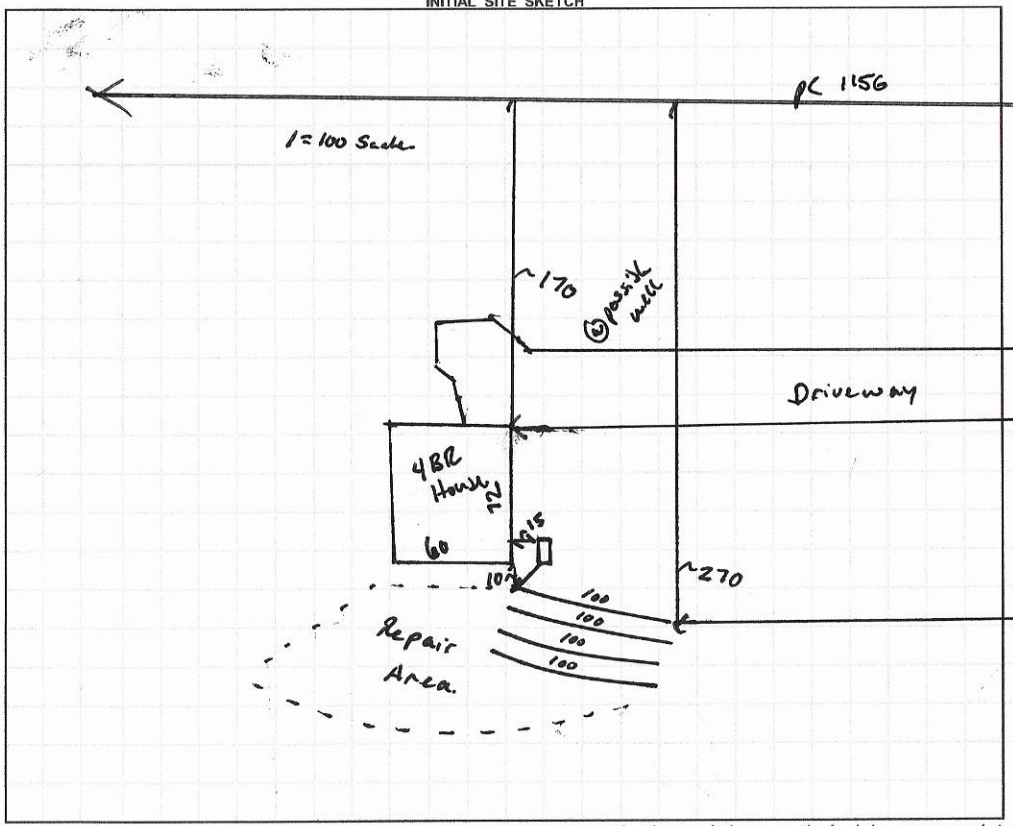
Pump Make — Model — Serial # — Repair System Description: Gravity 25% Reduction — [ ] Other No. Employees —

Nitrification Fields 1 # Lines 4 Linear Ft — Maintenance Agreement Required: [ ] YES [X] NO — [X] Slab [X] Crawl Space

Trench Width 36 Trench Bottom Depth (~~Max~~) 24 in max Gravel Depth — [X] GRAVITY [ ] PRESSURE — [ ] Basement w/ plumbing [ ] Basement w/o plumbing

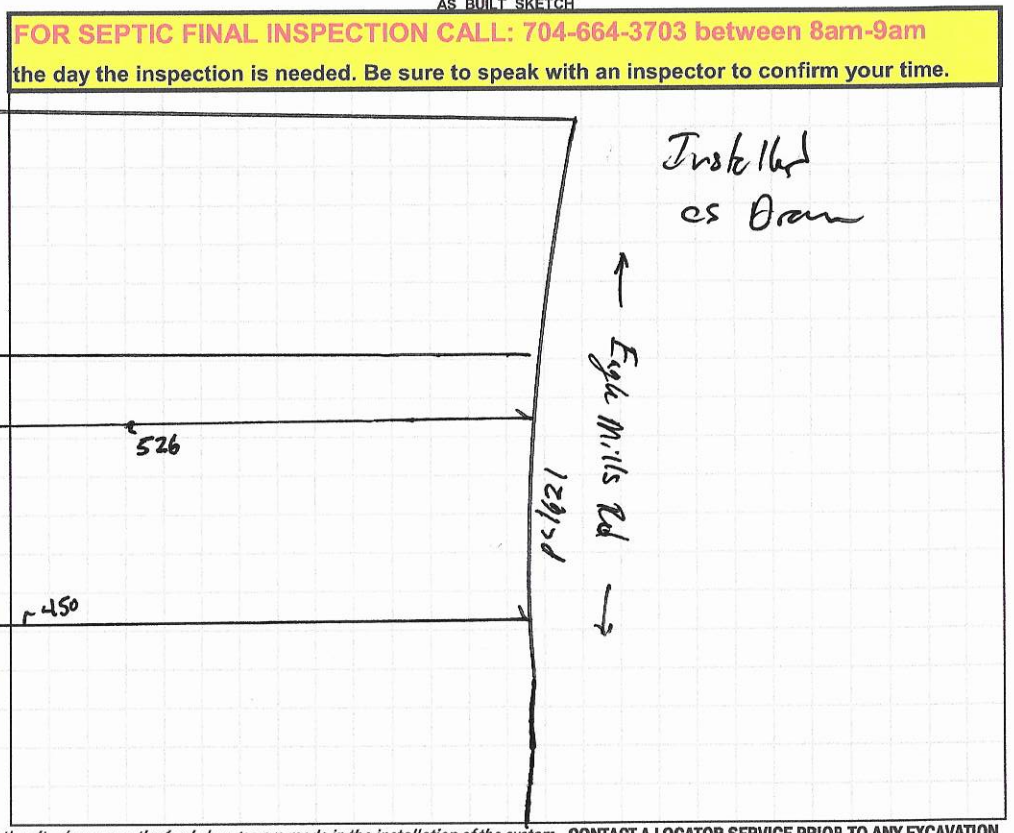
Comments / Conditions: Install drainlines on the contour of the Land + utilize Serial distribution. Do not Drive, park, pave, grade or buy utilities in drainfield Area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/21/21 Installed by: Crawford Brothers

IMPROVEMENT PERMIT by: Benjamin K Butler Date: 11/9/2020 OPERATION PERMIT by: Date: 1-19-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin K Butler Date: 11/9/2020 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
PROPERTY ID #: 2/863658328
COUNTY: Franklin

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

OWNER: Braeth — APPLICATION DATE:
ADDRESS: " " — DATE EVALUATED: Nov 2/22
PROPOSED FACILITY: 4BR Hse — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 18+ Ac
LOCATION OF SITE: 763 Eglinville Rd — 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	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	Ridge	0-21	C SBK	SS SP FR SER D	2.5YR 4/4	21	-	SAP	PS .30.
		21-49	SL SaM	NS NP VFR					
2	Ridge side	0-11	SC			47			PS .30.
		11-28	C SBK	SS SP					
		28-47	CC WSBK	SS SP FR				Mn conc	
		47-58.	LSaP	NS NP FR					
3	Ridge Side	0-12	SC			50		Mn.	PS ~~.30~~ .275
		12-29	C SBK/ABK						
		29-50.	CL						
4	Ridge	0-6	SL	-		52.			PS .30
		6-29	C SBK/ABK	SS SP FR SER D					
		29-52	CC WSBK	SS SP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	480
System Type(s)	III	III
Site LTAR	.30	.275

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

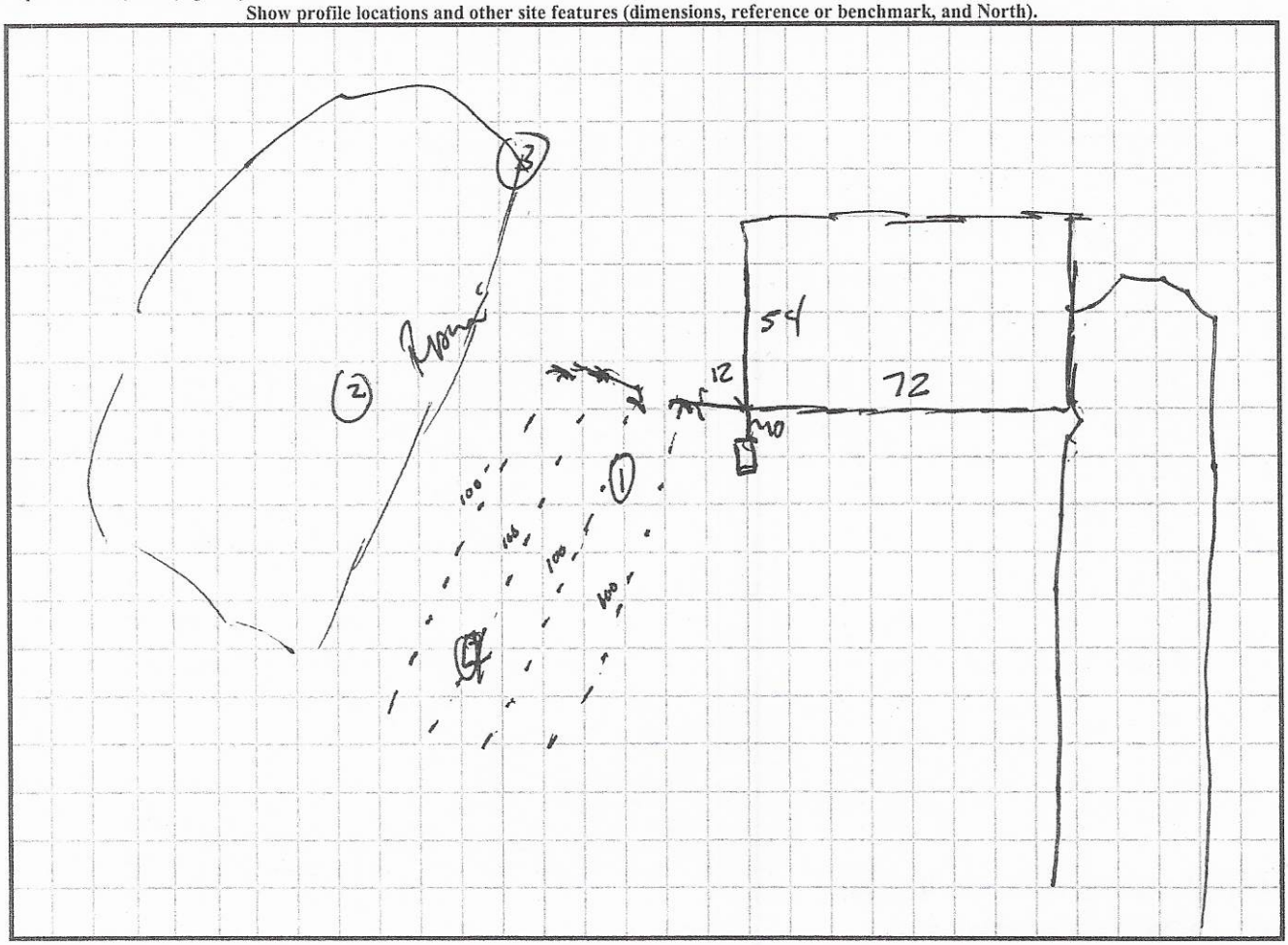
NOTES

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).




413
550
4863-76-
4863-65-9901
1271
1156
4863-75-8
Lakevie
Hollar-Li
4863-65-8328
Eagle Mills Rd
763
4863-84-1
1621
1997
4863-64-7652

RECEIVED OCT 1 2 2020

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

Iredell County Health Department – Environmental Health Division

AP-311720
$500.00

PAGE 1: *APPLICATION FORM*

Application For: (✓) New Well Permit ( ) Well Re- ermit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ı Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID I) THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLA SEE 15A NCAC 18A .1937(f) FOR DETAILS.

PLICATION IS FALSIFIED OR CHANGED, OR IF WITHOUT EXPIRATION DEPENDING UPON PLETE, SCALED PLAT WITHOUT EXPIRATION.

Septic ; Well

Page 2: *Site Plan Worksheet* form MUST acc

The following optional attachments may also be sul

Place an (X) beside whichever is submitted if applicable

ed no more than 1 inch = 60 feet
, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORY BARNETTE Address: 169 JACOBS WOODS DR TROUT Zip: 28166

Applicant Email: cjb2880@yahoo Phone: 704 929 6701 Alt. Phone: 704 796 1608

Owner Name: Darnell Holcomb Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 763 EAGLE MILLS ROAD HAMPTONVILLE NC 27020

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: I-77 N TO EXIT 65 TURN RIGHT AND LEFT ONTO EAGLE MILLS RD. 3 MILES ON LEFT

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: NONE
Square Footage of Building: 2,200 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
(●) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(✓) 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: _____ 9-15-20

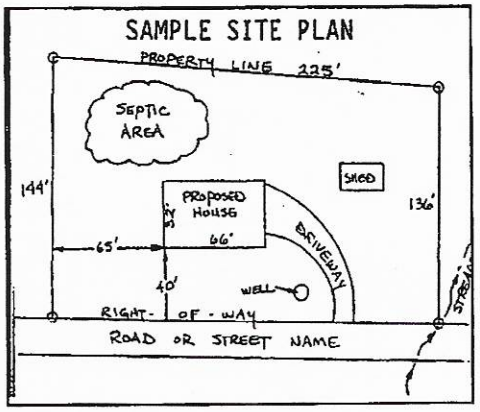
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

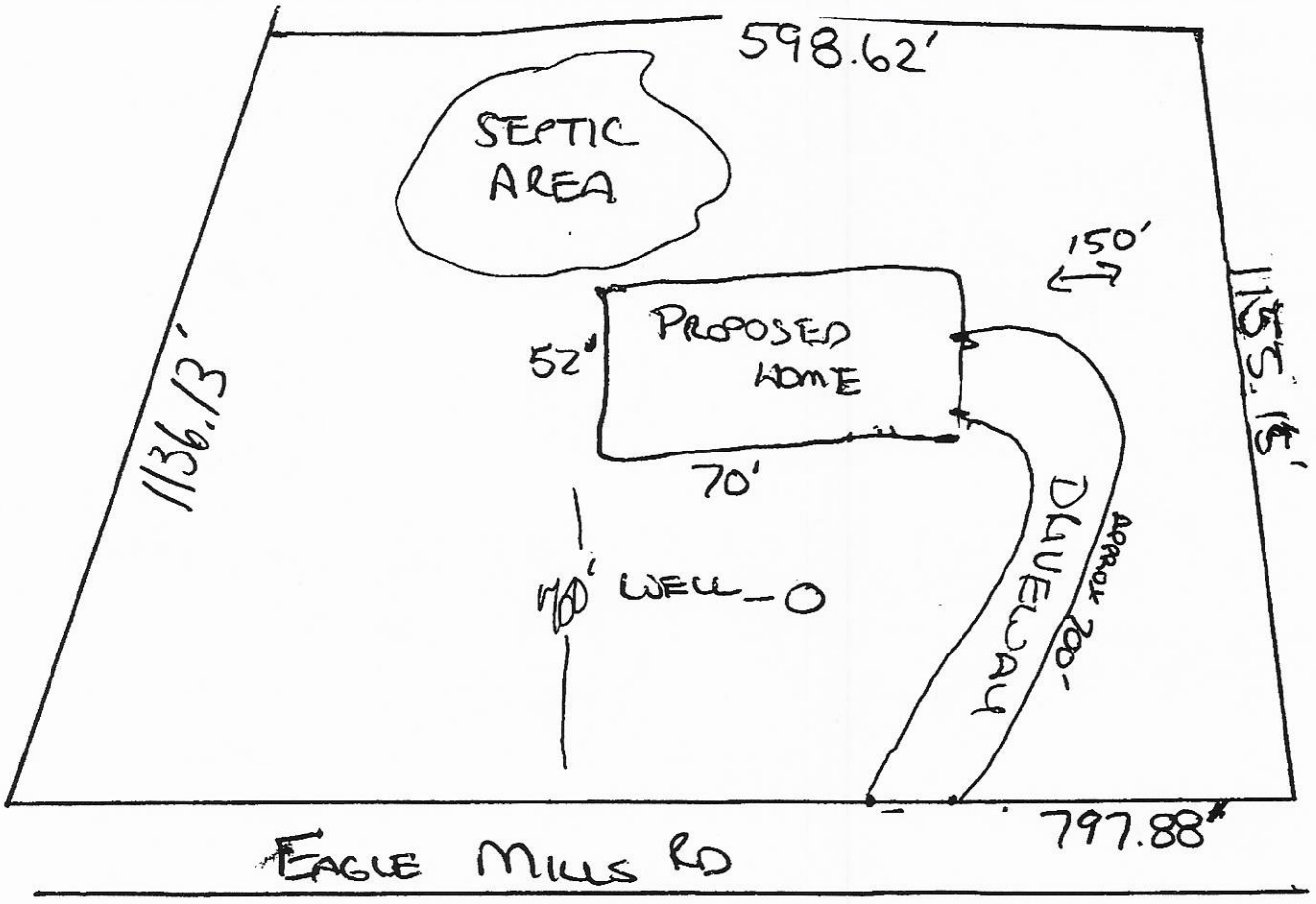
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: _____ _____

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

9/15/20

DATE

DigiSign Verified: D6416DAD-B459-4904-ACC2-F76B08B68988

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Deborah Holcomb Darrell Holcomb, am the legal owner(s) of the property located at **763 Eagle Mills Rd, Hamptonville NC 27020**, identified as

PIN (Parcel Identification Number) **4863-65-8328**, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) **Cory Barnette**, **Melissa Barnette**, 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

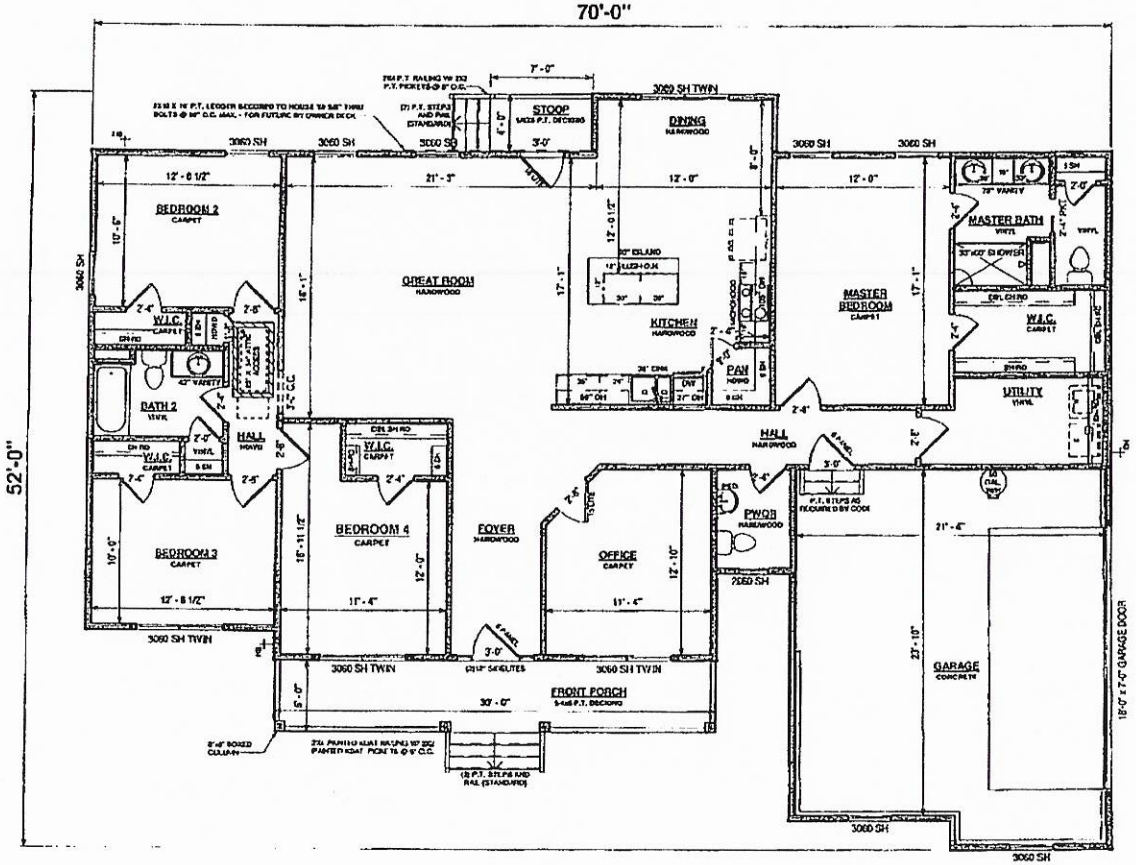
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Darrell Holcomb Deborah Holcomb — Signature of Owner(s)

10-12-2020 — Date

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



Acknowledgement Of Plans Submittal ONLY!

Date 10-12-20

Date _____

SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS w/ 4" GRANITE BACKSPLASH, PENCIL EDGE PROFILE AND UNDERMOUNT SINK
- CULTURED MARBLE VANITY COUNTERTOPS IN ALL BATHS
- SMOOTH CEILINGS THROUGHOUT
- PULL DOWN STAIR - INSULATED AND SEALED

AREAS:	
FIRST FLOOR HEATED	2,157 SF
	2,157 SF
GARAGE	561 SF
FRONT PORCH	140 SF
	701 SF
TOTAL UNDER ROOF	2,453 SF
STOOP	28 SF
TOTAL UNCOVERED	28 SF

Revision Schedule		
Revision #	Revision Description	Revision Date
1	PRELIM PLAN	10/09/20

THE: FRANKLIN - CUSTOM

FOR: MELISSA & CORY BARNETTE

763 EAGLE MILLS RD
HAMPTONVILLE, NC 27020

DESIGNER: STATESVILLE, NC

SOLD BY: J. SCHOOLEY

JOB #: 87-20-100

2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: T. RAWL

CHECKED BY: R. THOMPSON

PRINT DATE: 10/9/2020 2:56:24 PM

PROPERTY OF:

SHEET NUMBER: DP-3

FIRST FLOOR DESIGN PLAN

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
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IREDELL COUNTY · NC

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

APPLICATION NUMBER
311720 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4863658328.000	763 EAGLE MILLS RD	Iredell County

Owner Information	Applicant Information
Name: HOLCOMB DARRELL+DEBORAH	Name: CORY BARNETTE
Address:	Address: 169 JACOBS WOODS CIRCLE
,	TROUTMAN , NC 28166
Phone:	Phone: (704)929-6701

Use Requested	Zone Code
Single Family Dwelling	ra

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
18.35	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD need owner auth

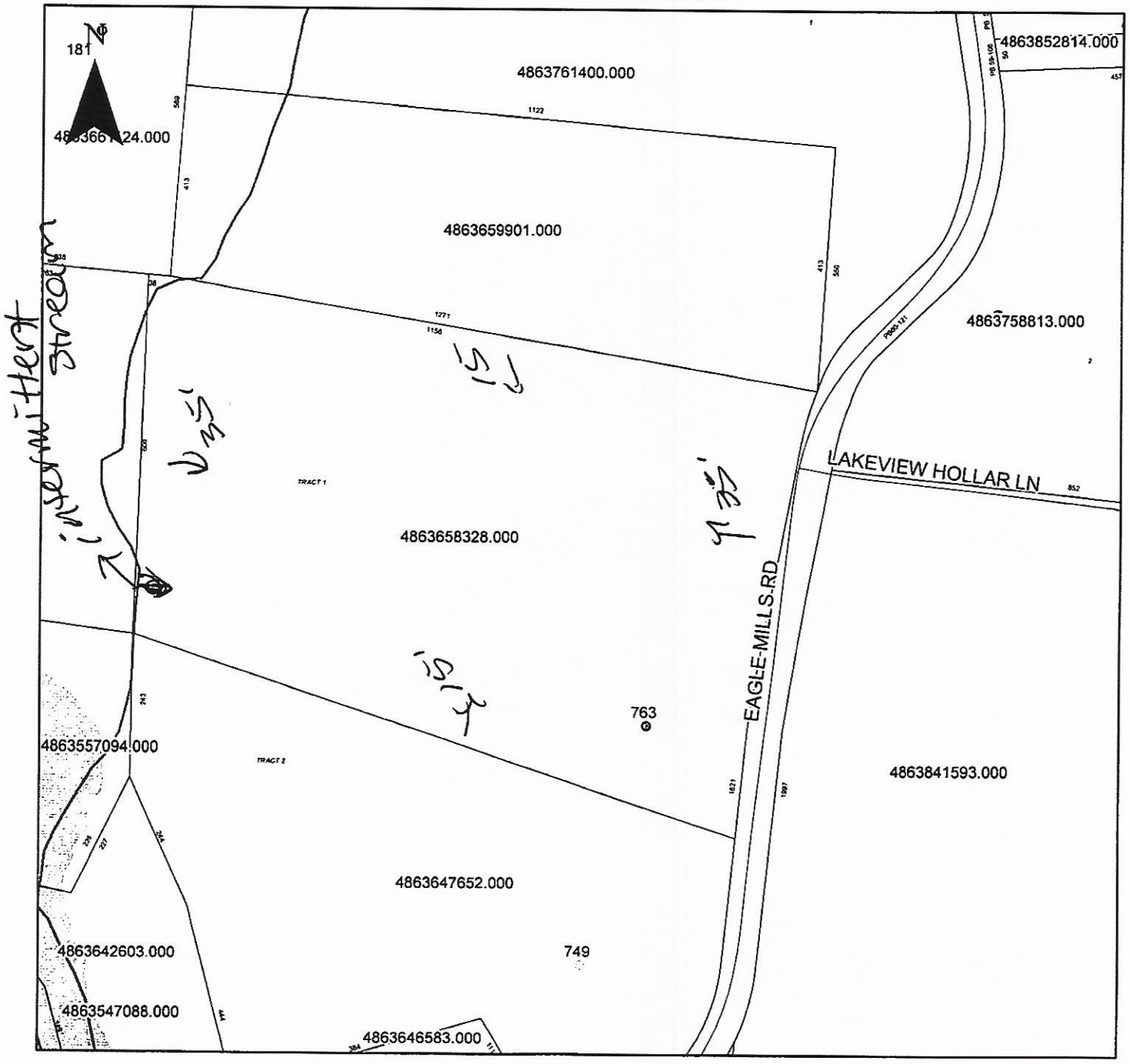
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/12/2020

Signature of Owner/Contractor

Permit Number	311720	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 763 Eagle Mills

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

10-12-20
Date