CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-307851

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

PIN # 4863-88-6013

APPLICANT/OWNER: MID-STATE METALS / AMY CARTER APPLICANT ADDRESS: 2413 RARY ROAD, CLEVELAND, N.C. 27013

SITE ADDRESS: 339 SAW MILL ROAD, HAMPTONVILLE, N.C. 27020 PHONE: 704-272-3050 ALT. PHONE 704-437-7696

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (R) ON UNION GROVE ROAD, (L) ON SAW MILL, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.686 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3 (0.275)

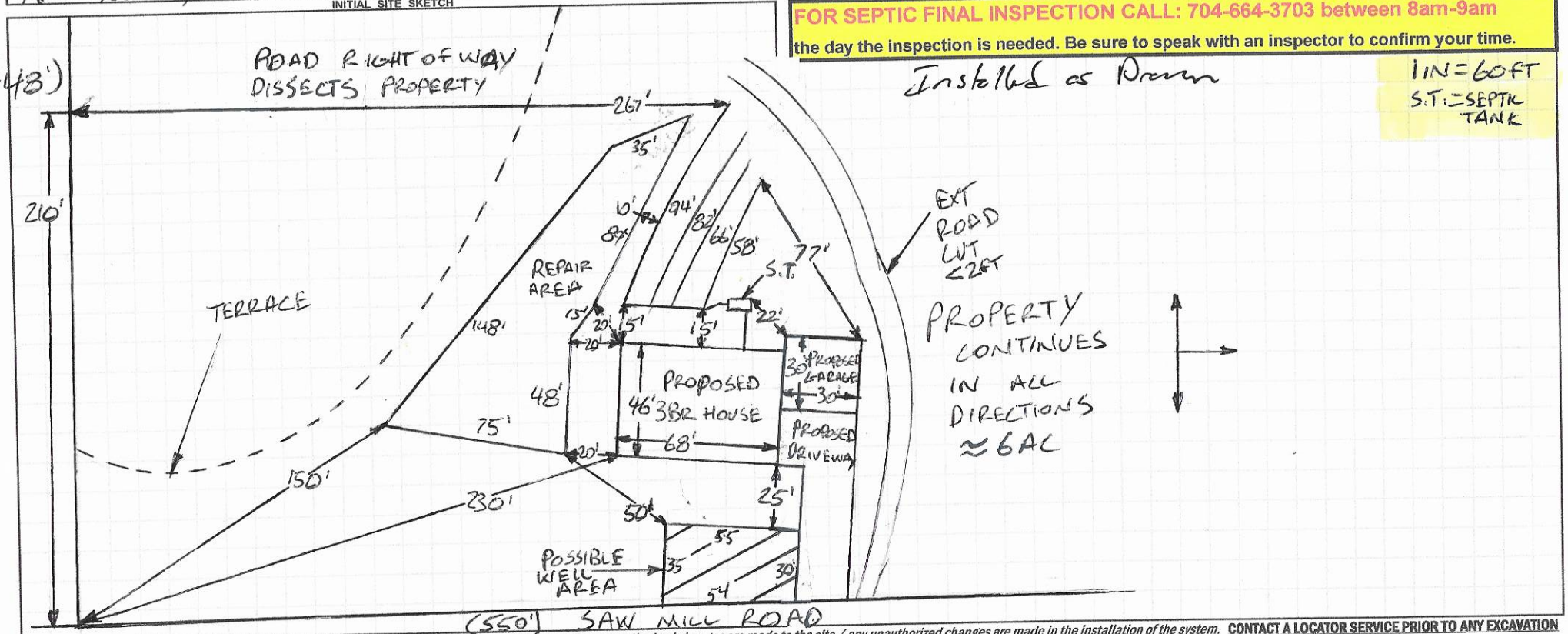
Septic Tank	1000	(gal)	STB	>60	Date	2-10-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	25% REDUCTION - DEEP INSTALL			
# Nitrification Fields	1		# Lines	4	Linear Ft:	300FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees	—	☐ Public
☑ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT BACK FILL OVER SYSTEM

RECOMMEND CUTTING TERRACE TO PROMOTE POSITIVE DRAINAGE

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.

Installed as Drawn

1 IN = 60 FT
S.T. = SEPTIC TANK

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: Amy Carter Date: 9-11-2020 Installed by: Stutts Grading + Layout LLC

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-6-2020 OPERATION PERMIT by: Date: 4-19-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-21-2020 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 #: 486338609
COUNTY: IREDELL

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

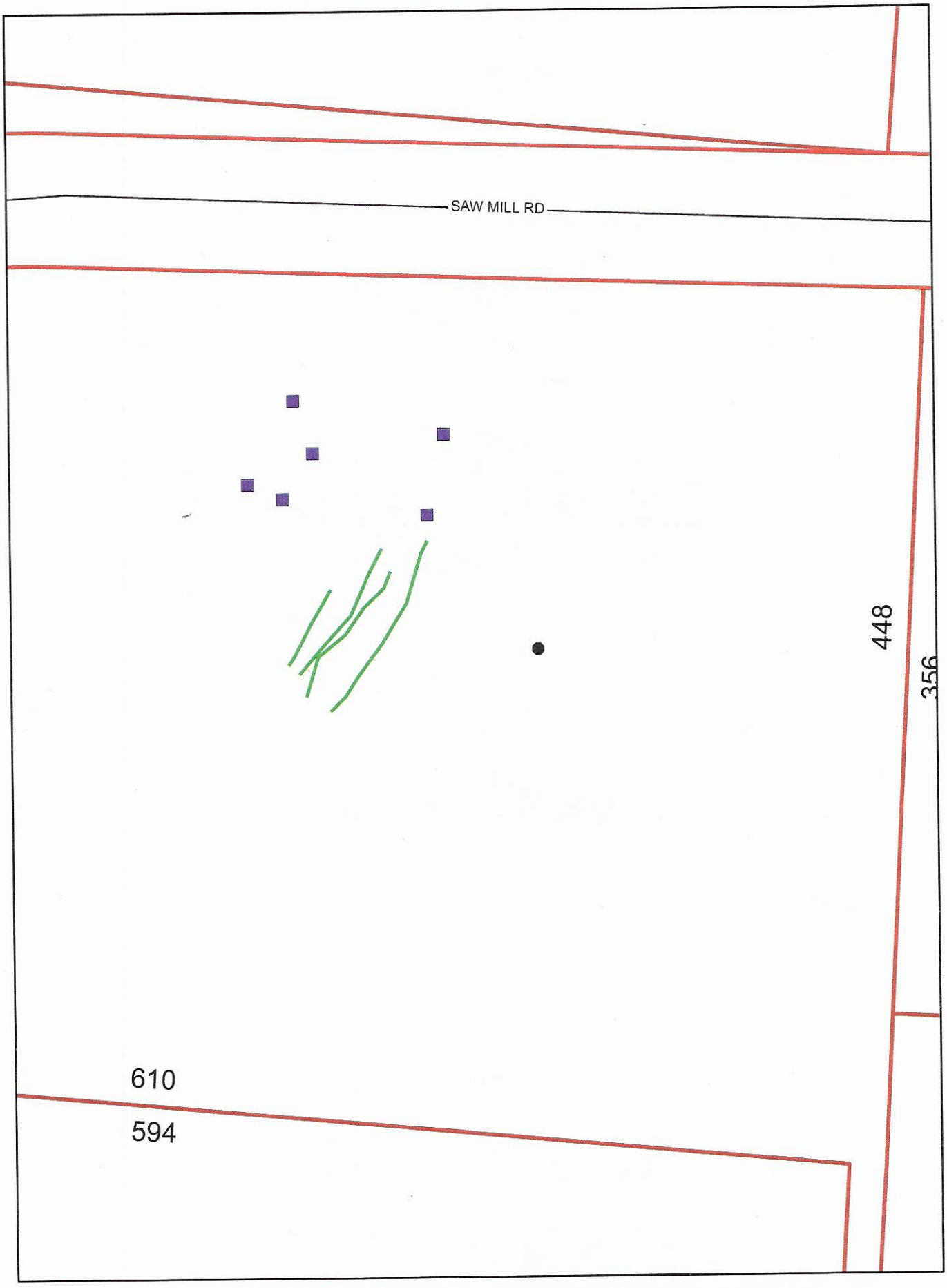
OWNER: AMY R. CARTER — APPLICATION DATE 6-1-2020
ADDRESS: ~~#~~ 2415 RARY ROAD, CLEVELAND, N.C. 27013 — DATE EVALUATED: 7-13-2020
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 5.686 AC
LOCATION OF SITE: 339 SAW MILL ROAD, HAMPTONVILLE, NC, 27020 — PROPERTY RECORDED: 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 8%	0-36	C, SBK	~~FR~~, ~~SS~~, ~~SP~~, SEXP	SAP INC THRU OUT	63"	PS II SL	NA	PS .3
		36-63	CL, ~~W~~SBK	FR, SS, SP, SEXP					
		~~63~~-68	SAP, MAS	VFR, NS, NP, SEXP					
2	LINEAR SIDE 8%	0-15	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	68"+	NA	NA	PS .3
		15-36	C, SBK	FR, S, P, SEXP					
		36-68	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-19	SCL, SBK	FR, SS, SP, SEXP	26"-36" YIB MOTS CHROMA 3 + 4S	60"+	NA	NA	PS .2 ABOVE 26" .275 BELOW 36"
		19-36	C, ABK	FI, S, P, SEXP					
		36-60	~~SC~~, WABK	FI, S, P, SEXP					
4	LINEAR SIDE 2%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		7-35	C, SBK	FR, S, P, SEXP					
		35-60	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25% DEEP INSTALL
Site LTAR	0.3	0.275

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

COMMENTS:



1 inch = 60 feet



1 inch = 60 feet

X not moved V-11

RECEIVED JUN 03 2020

AP-307851
$580.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: NATHAN STAMEY - MID-STATE METALS Address: 2415 RARY RD CLEVELAND, NC Zip: 27013

Applicant Email: nathan@midstatemetals.com Phone: 704-278-3050 Alt. Phone: _____

Owner Name: AMY R CARTER Address: _____ Zip: _____

Owner Email: amyrarter@amystaxidermy.com Phone: 704-437-7696 Alt. Phone: _____

Property Information:

Street Address: 339 SAW MILL RD HAMPTONVILLE, NC 27020

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

Driving Directions: 77N to Exit 65 TR 9015 TL EAGLE MILLS RD TR SAW MILL RD 339 ON RIGHT

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: 3
( ) 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.

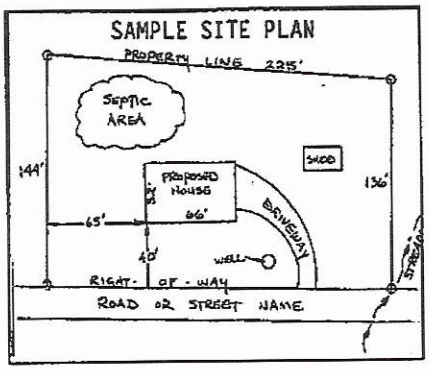
Signature: _____ 6/1/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

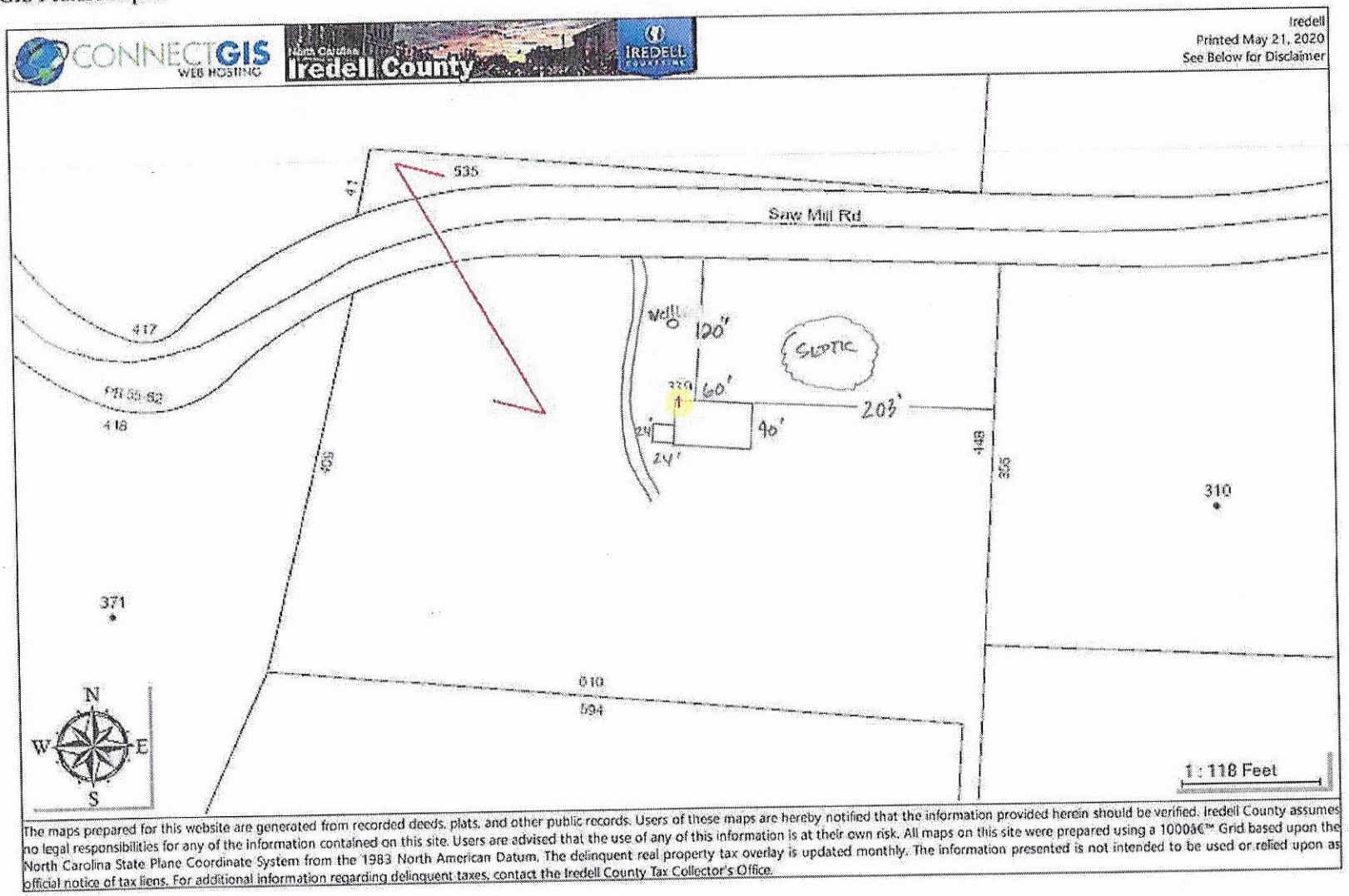
ATTACHED

Signature: _____

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

6/1/2020

DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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, AMY CARTER, am the legal owner(s) of the property located at 337 SAWMILL RD HAMPTONVILLE, NC, identified as PIN (Parcel Identification Number) 4863981013, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NATHAN STALEY, _____, 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.

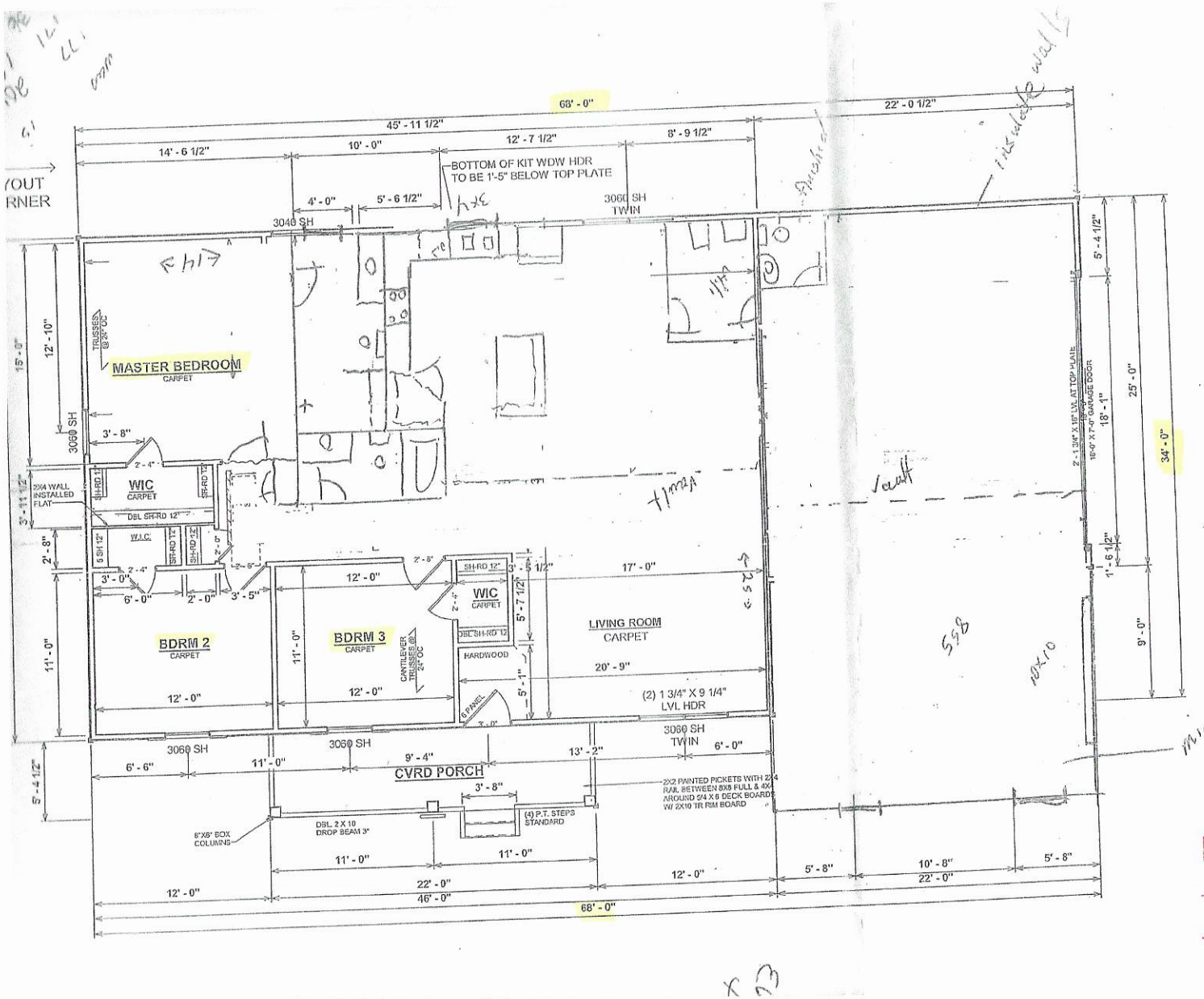
Amy Carter
Signature of Owner(s)

6/1/20
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



GENERAL NOTES

- MIN 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- ALL SHELVING TO BE 12" DEEP U.N.O.
- HEIGHT OFF FLOOR:
  SINGLE-66"
  DOUBLE 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AN LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- PORCH, STOOP, & DECK HANDRAILS NOT INCLUDED W/ SLAB FOUNDATION
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH

8/21/20
Amy Carter
339 Saw Mill Rd
Hamptonville NC
27020

Acknowledgement Of Plans Submittal ONLY!

Amy Carter Date 8/21/20

Burkhart C. [illegible] Date 8-31-2020

Revision Number	Date

AREAS:
1,864 SF
FIRST FLOOR
555 SF
OPT. GARAGE

THE WALTON 'B'

JOB# XXX-XX-XXX

DRAWN BY: DRAFTER

PROPERTY OF:

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

APPLICATION NUMBER
307851 Issue Date: 06/01/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4863886013.000	339 SAW MILL RD	Iredell County

Owner Information	Applicant Information
Name: CARTER AMY R	Name: MID-STATE METALS OF THE CAROLINAS LLC
Address:	Address: 2415 RARY RD CLEVELAND, NC 27013
Phone:	Phone: (704)278-3070

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.686	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD

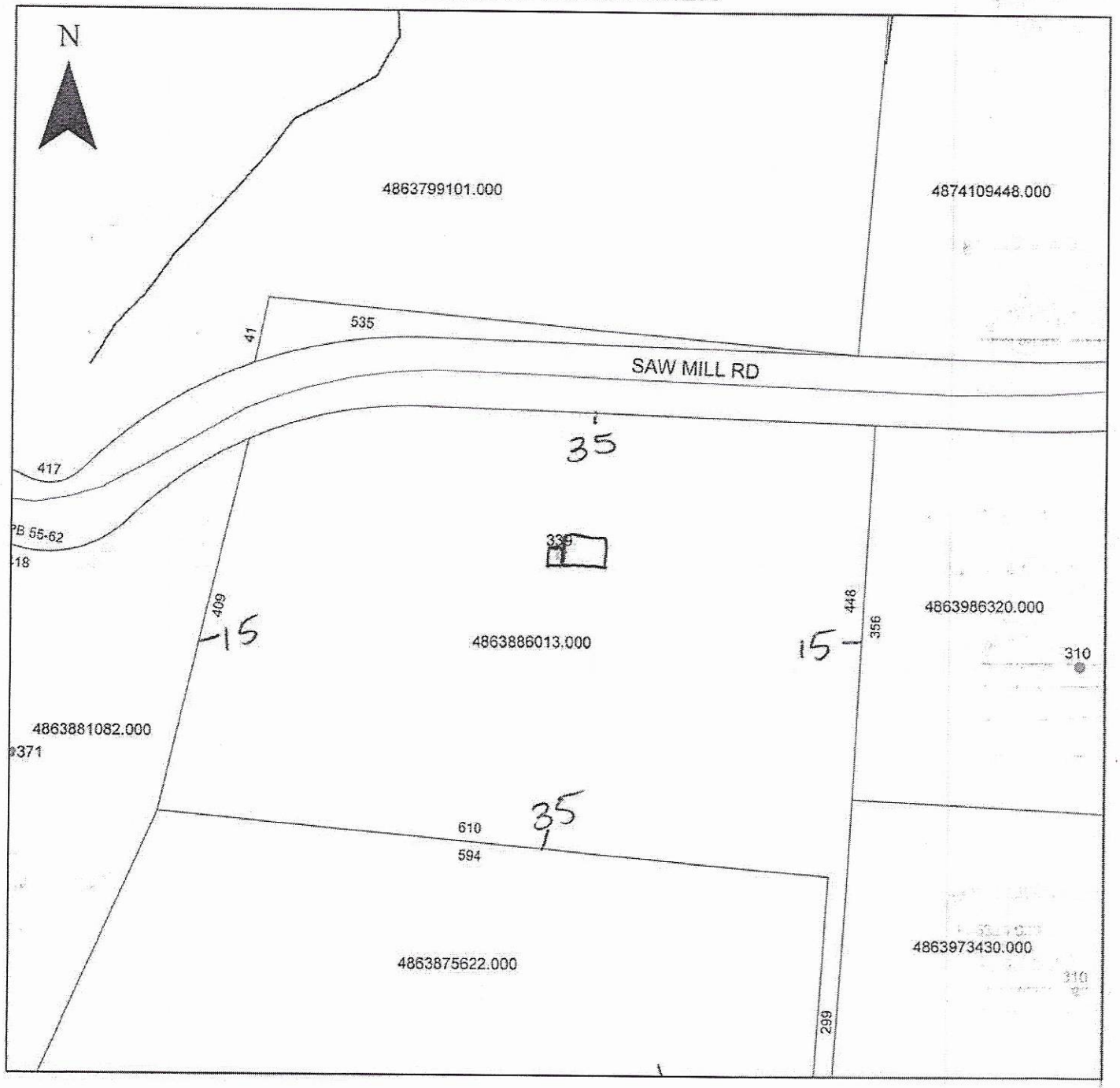
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 06/01/2020

Signature of Owner/Contractor

Permit Number	307851	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 339 Saw Mill

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

6/1/20
Date