ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # OSWP-2023-20394 | MANF 2023-23104

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

PIN # 4874 -- 91 -- 3656

APPLICANT/OWNER: BOBBY SIZEMORE | APPLICANT ADDRESS: 136 BARNARD MILL ROAD, HAMPTONVILLE, N.C. 27020

SITE ADDRESS: 136 BARNARD MILL ROAD, HAMPTONVILLE, N.C. 27020 | PHONE: 336-749-1347 | ALT. PHONE 336-831-3682

SITE DIRECTIONS: (N) on 21, (L) on BARNARD MILL, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

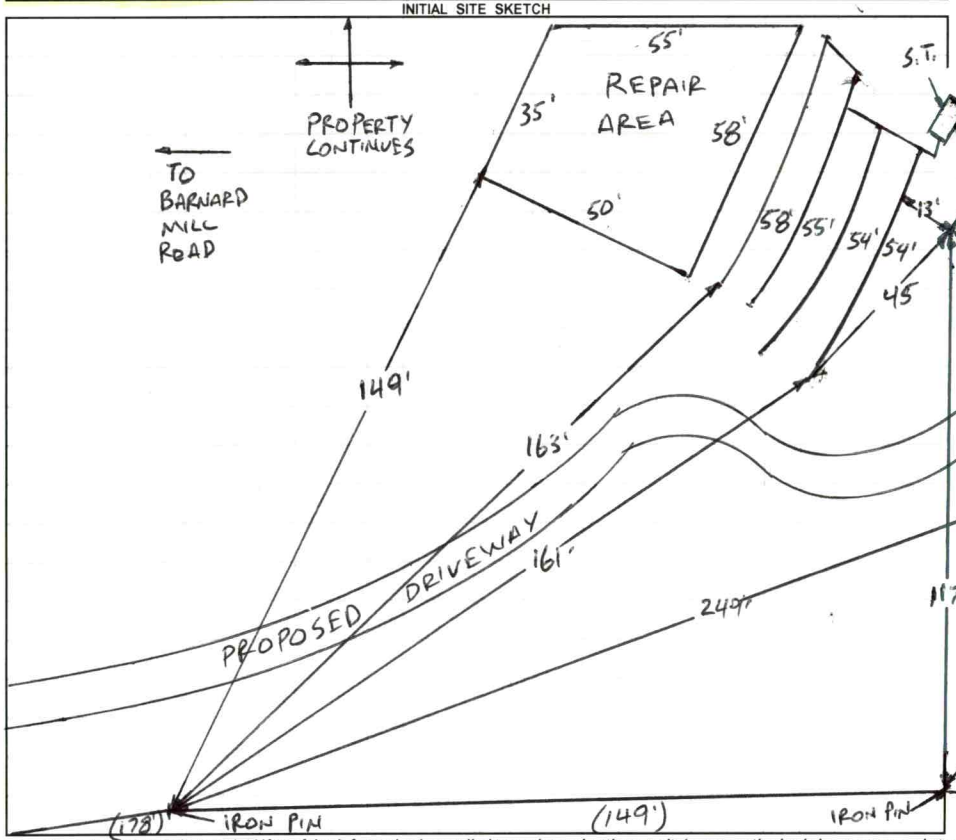
SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 37.5 AC | DESIGN FLOW: 240GPD | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	760	Date	4/11/23	☑ 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		
# Nitrification Fields	1	# Lines	4	Linear Ft	219 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	2	**Water Supply**
☐ Business	No. Persons	4	☑ 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, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

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.

1 in = 40 ft
S.T. = SEPTIC TANK

Installed as drawn.

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: ONLINE SIGNTURE | Date: – | Installed by: Ron Adams Excavating

IMPROVEMENT PERMIT by: Buford C. White | Date: 4-27-2023 | OPERATION PERMIT by: Sarah Bracken | Date: 5/23/23

AUTHORIZATION TO CONSTRUCT by: Buford C. White | Date: 4-27-2023 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
04/27/2023

Owner: Bobby Sizemore
Address: 136 Barnard Mill Road, Hamptonville, N.C. 27020

Subject: Notice of Intent to Revoke/Suspend: 136 Barnard Mill Road, Hamptonville, N.C. 27020

Dear Bobby Sizemore:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 136 Barnard Mill Road, Hamptonville, N.C. 27020 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 04/27/2023. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-27-2023 (Date)

Owner: Bobby Sizemore
Address: 136 Barnard Mill Road, Hamptonville, N.C. 27020
Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
136 Barnard Mill Road, Hamptonville, N.C. 27020
PIN: 4874-91-3656

I, Bobby Sizemore, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 09-02-2021 for a system
(date)
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

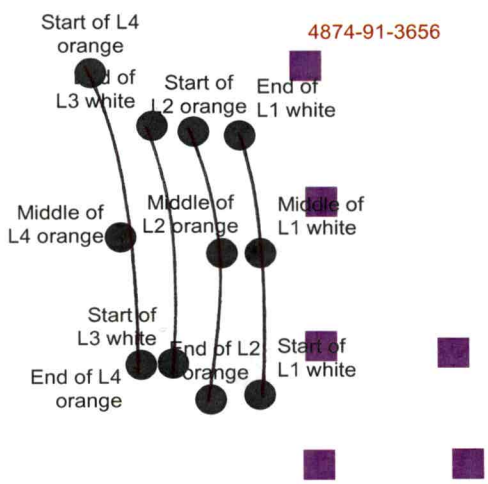
Online Signature
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/


Start of L4 orange
4874-91-3656
End of L3 white
Start of L2 orange
End of L1 white
Middle of L4 orange
Middle of L2 orange
Middle of L1 white
Start of L3 white
End of L2 orange
Start of L1 white
End of L4 orange

136
149
178
4874-91-7031

PERMIT SNAPSHOT REPORT RELAY-2023-20394
FOR IREDELL COUNTY

Permit Type	EH Re-layout	**Project:**		**App Date:**	03/28/2023
Work Class:	EH Intermediate	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	Fees Due	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	SEPTIC AND AUTHORIZE TO CONSTRUCT Re-layout ** NO FEES DUE: PAID IN FULL	*** THIS IS A	Comprehensive Gravity System		

Parcel: 4874913656.000 Main	**Address:** 136 Barnard Mill Rd Hamptonville, NC 27020 Main	**Zone:** RU-R(Rural Residential District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Ashley Engle	Bobby Sizemore	Bobby Sizemore
Home: (336) 831-3682	136 Barnard Mill Road	136 Barnard Mill Road
Mobile: (336) 831-3682	Hamtonville, NC 27020	Hamtonville, NC 27020
	Mobile: (336) 749-1347	Mobile: (336) 749-1347

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	Home: 30' 4" by 76'	What are the proposed structures	Manufactured Home
If other Addition/Structure, please explain		Maximum Number of Bedrooms	4	Number of Occupants	8
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Number of Employees	0
Total number of seats	0	Water Supply	New Well	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Bobby_Sizemore_3/29/2023.jpg	03/28/2023 23:14	Sizemore, Bobby		Uploaded via CSS
136 BARNARD MILL RD IP APPROVED_v1.pdf	03/29/2023 8:09	COMEAUX, DEBRA	Available Online	Additional Supporting Information
136 BARNARD MILL RD WELL PERMIT_v1.pdf	03/29/2023 8:09	COMEAUX, DEBRA	Available Online	Additional Supporting Information
Bobby Sizemore Dept Enviromental Health Form_v1.pdf	03/29/2023 8:09	COMEAUX, DEBRA	Available Online	Authorize to Act as Agent
Bobby Sizemore Image 1_v1.pdf	03/29/2023 8:09	COMEAUX, DEBRA	Available Online	Site Plan
Bobby Sizemore Image 2_v1.pdf	03/29/2023 8:09	COMEAUX, DEBRA	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-82548	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	04/18/2023			04/18/2023 8:14	04/18/2023 8:14

Inspectors: Bracken, Sarah (Primary)

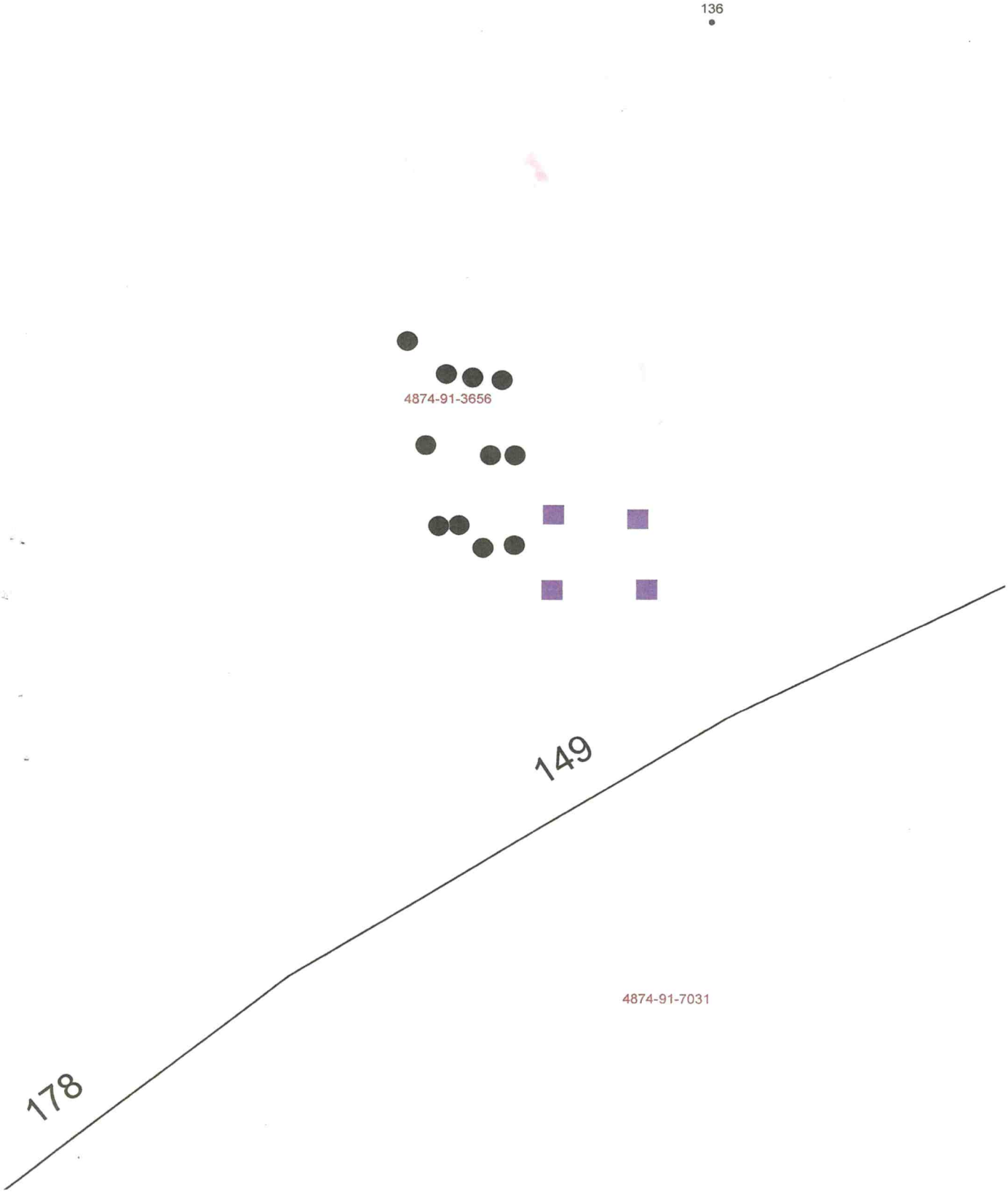
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. Left message	Sarah Bracken	04/14/2023 13:28

PERMIT SNAPSHOT REPORT (RELAY-2023-20394)

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00011435	Limited Re-layout	$0.00	$0.00
	Comprehensive Gravity System Re-layout	$500.00	$500.00
	Total for Invoice INV-00011435	$500.00	$500.00
	Grand Total for Permit	**$500.00**	**$500.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/29/2023 8:09	03/29/2023 8:09
Confirm application complete v.1	Generic Action		03/29/2023 8:09
Lot Readiness Verification v.1		04/18/2023 8:14	
OSWP Septic Preliminary Site Visit v.1	Inspection	04/18/2023 8:14	04/18/2023 8:14
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			03/29/2023 8:15
~~Floodplain Admin Overview v.1~~	Task		03/29/2023 8:15
~~Issue Invoice v.1~~	Generic Action		03/29/2023 8:15
~~Fees Paid v.1~~	Generic Action		03/29/2023 8:15
Fees v.1		03/29/2023 8:16	
Issue Invoice v.1	Generic Action		03/29/2023 8:16
Fees Paid v.1	Generic Action		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


136
4874-91-3656
149
4874-91-7031
178

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

Sheet 1 of 2
PROPERTY ID #: 4974913656
COUNTY: Iredell

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

OWNER: Bobby Sizemore
ADDRESS: PO Box 1143
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 240GPD
LOCATION OF SITE: 136 Barnard Mill Rd

APPLICATION DATE 7/28/2021
DATE EVALUATED: 8/24/2021
PROPERTY SIZE: 37.5 acres
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	SS 10%	0-7	Plow Layer	—	—	52"	—	—	PS.3
		7-17	L SBK/ABK	Fr SS SP SaxP					
		17-52	CL SBK	Fr SS SP SaxP					
2	SS 10%	0-6	Plow Layer	—	—	55	few Litho indurs at bottom	—	PS.3
		6-18	C SBK/ABK	Fr SS SP SaxP					
		18-55	CL SBK	Fr SS SP SaxP					
3	SS 11%	0-8	Compacted Plow Layer ABK	Fr SS SP SaxP	few Distinct Lay	60"	Litho indurs-Soft common to sandy saprolite	—	PS.275
		8-13	C SBK/ABK	Fr SS SP SaxP					
		13-60	CL SBK	Fr SS SP SaxP					
		60-63	Sandy Sap Mats	VFr					
4	SS 12	0-5	Plow Layer	—	—	70"	Litho indurs common throughout saprolite	—	PS.3
		5-14	C SBK/ABK	Fr SS SP SaxP					
		14-50	CL SBK	Fr SS SP SaxP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	218'
System Type(s)	Gravity 25%	Gravity 25%
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Alan M, Cory L

COMMENTS: Sunny

Updated February 2014

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

Sheet 2 of 2
PROPERTY ID #: 9874913656
COUNTY: Iredell

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

OWNER: Bobby Sizemore
ADDRESS: PO Box 1143
PROPOSED FACILITY: Newsingleton PROPOSED DESIGN FLOW (.1949): 240GPD
LOCATION OF SITE: 136 Barnard Mill Rd

APPLICATION DATE 7/28/2021
DATE EVALUATED: 8/24/2021
PROPERTY SIZE: 37.5 acres
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
5	SS	0-6	Plow Layer	—	Chroma 4 matrix scattered throughout	60"	Fifth inclusions common more common at bottom	—	PS.275
1	8%	6-36	CL Strong ABK	FrSSSPSmP					
		36-60	CL SBK/ABK	FrSSSPSmP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	218'
System Type(s)	Gravity 25%	Gravity 25%
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Alan M, Cory W

COMMENTS: Sunny

RECEIVED SEP C 7 2021

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* AP-320047 $550.00

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: BOBBY SIZEMORE Address: P.O. Box 1143 Zip: 27012
Applicant Email: BOBBYSIZEMORE@GMAIL.COM Phone: 336-749-1347 Alt. Phone: N/A
Owner Name: BOBBY SIZEMORE Address: P.O. Box 1143 Zip: 27012
Owner Email: Bobby Sizemore@gmail.com Phone: 336-749-1347 Alt. Phone: N/A

Property Information:

Street Address: 136 BARNARD MILL RD

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

Driving Directions: 21 to BARNARD then on BARNARD MILL RD about 1/2 MI 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: 1
Maximum Number of Occupants: 1
( ) 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: Bobby Sizemore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

well 9/7/21
7/28/21
DATE

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ _____
Signature of Owner(s) Date

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

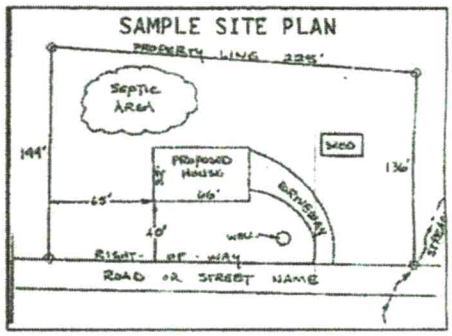
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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:

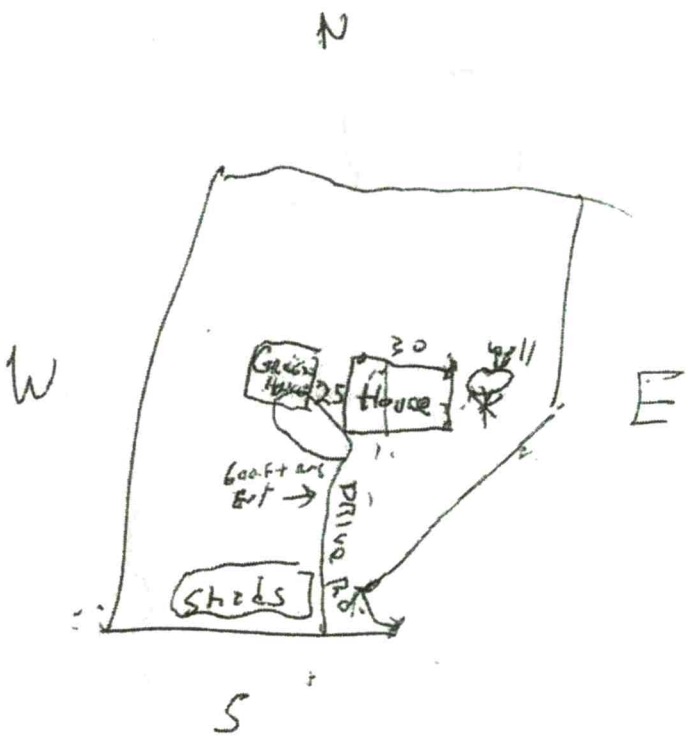
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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



Signature: Bobby Sizemore

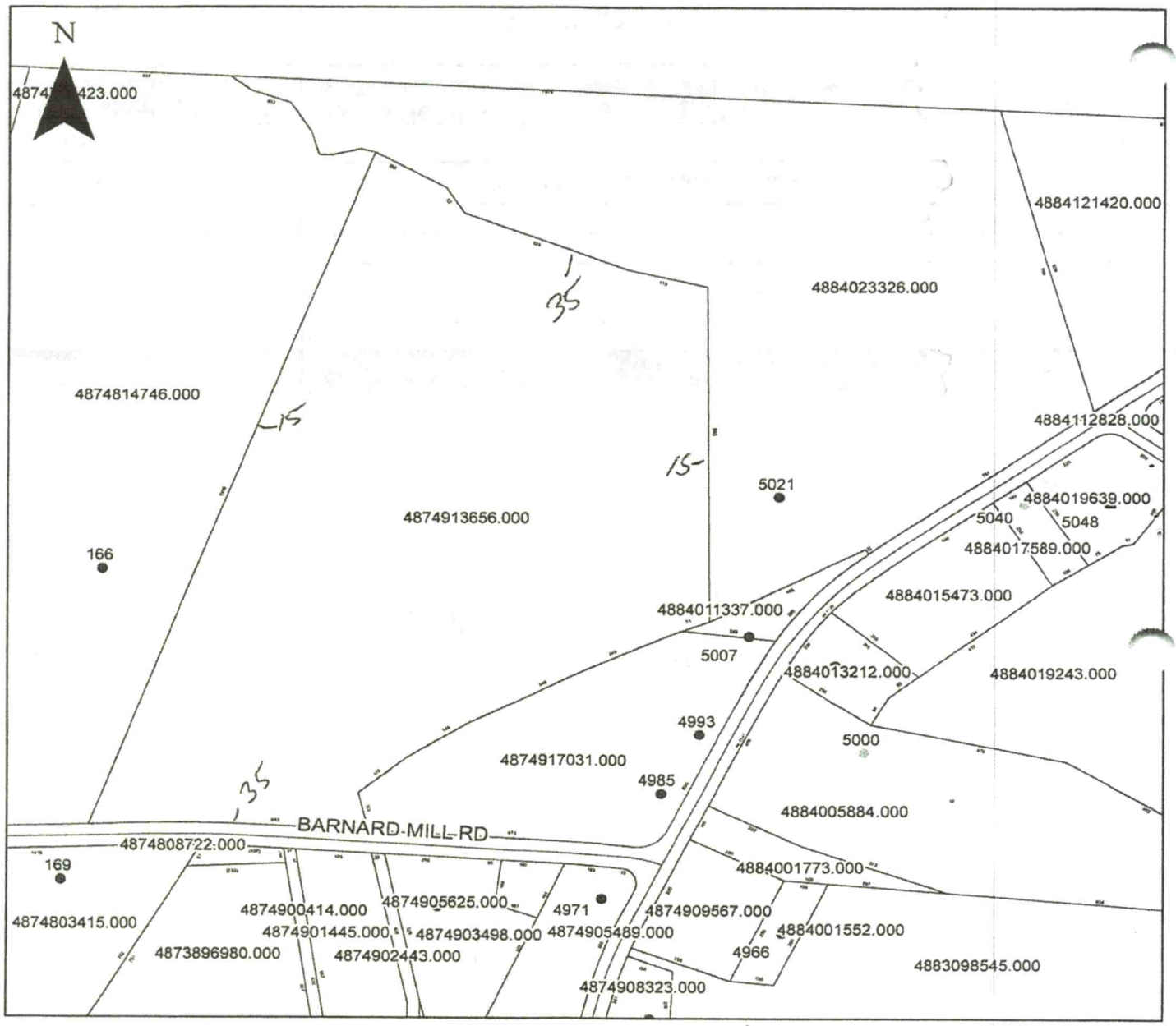
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

well 9-7-21

7/28/21

DATE

ZONING DISCLAIMER



Property Address 136 Barnard Mill

37.5 Iredell RV-R Hunting Creek

WS-III Bow No-Flood

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.

Bobby Lyons

Applicant

7/28/21

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R12060

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-320029 Address: WELCH RD APN: 4874913656.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT: R12060			**$577.25**

Date Paid: Wednesday, July 28, 2021

Paid By: SIZEMORE BOBBY W

Cashier: JMP

Pay Method: CHECK 2523

SUPERION

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

320029

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular ✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings; sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Bobby Sizemore Phone # 336-749-1347

Owner's Current Address P.O Box 1143 Clemmons, N.C. 27012

Property Information

Property Address 136 Barnard Mill Parcel # _____

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) 21 to Barnard To Barnard Mill Property on Right

Application Information

Applicant's Name or Company Bobby Sizemore Applicant's Phone # 336-749-1347

Applicant's Address P.O. Box 1143 Clemmons, N.C. 27012

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Bobby Sizemore DATE 7/27/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320029
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4874913656.000	WELCH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SIZEMORE BOBBY W	Name: SIZEMORE BOBBY W
Address: 4683 GREENDALE WAY	Address: 4683 GREENDALE WAY
PO BOX 1143	PO BOX 1143
CLEMMONS, NC 27012	CLEMMONS, NC 27012
Phone: (336)749-1347	Phone: (336)749-1347

Use Requested	Zone Code
Modular	IREDELL

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
37.5	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks
MODULAR

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.

Signature of Owner/Contractor

Date: 07/28/2021

Permit Number	320029	TOTAL FEES:	$77.25