ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # Munis #212414 ~~AP-303732~~

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

PIN # 4629 -43 -6245

APPLICANT/OWNER: RIDGEWATER CONSTRUCTION LLC APPLICANT ADDRESS: PO BOX 4211 MOORESVILLE, N.C. 28117

SITE ADDRESS: 110 NAUTILUS COURT, TROUTMAN, N.C. 28166 PHONE: 704-657-4876 ALT. PHONE 704-787-2379

SITE DIRECTIONS: (S) ON 21 (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON APRIL, (L) ON NAUTILUS, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: HAWKES BAY SECTION: - LOT # 28 LOT AREA: 0.88 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

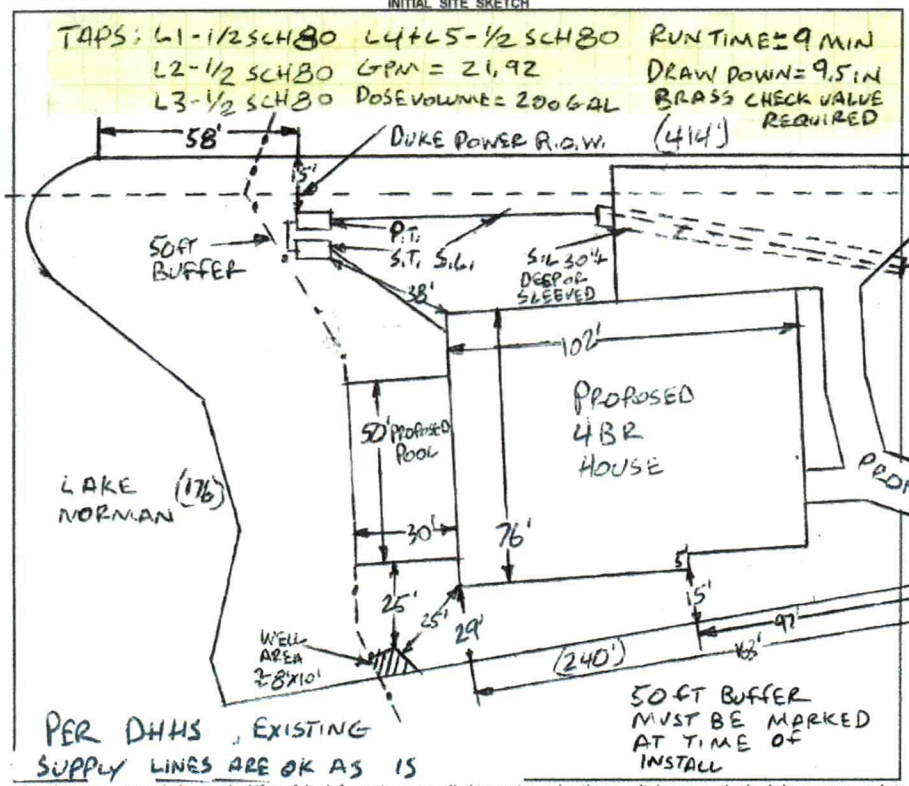
Septic Tank	1000	(gal)	STB	7100	Date	6/22/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	3603	Date	6/28/22	System Description:	25% REDUCTION - P.M.			
Pump Make	Liberty		Model		Serial #		Repair System Description:	50% REDUCTION - PPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	406 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)		26 IN		Gravel Depth	-	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ 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 PRESSURE MANIFOLD DISTRIBUTION, REMOVE BERM FROM OFF SITE DRAINFIELD, SEE SOIL NOTES FROM PREVIOUS PERMIT

OFFSITE APPEARS TO HAVE BEEN WET AT TIME OF CLEARING & WAS RUTTED, 12 IN IN PLACES. DO NOT EXCEED 32 IN MAX TRENCH BOTTOM AND DO NOT SHALLOW UP

INITIAL SITE SKETCH



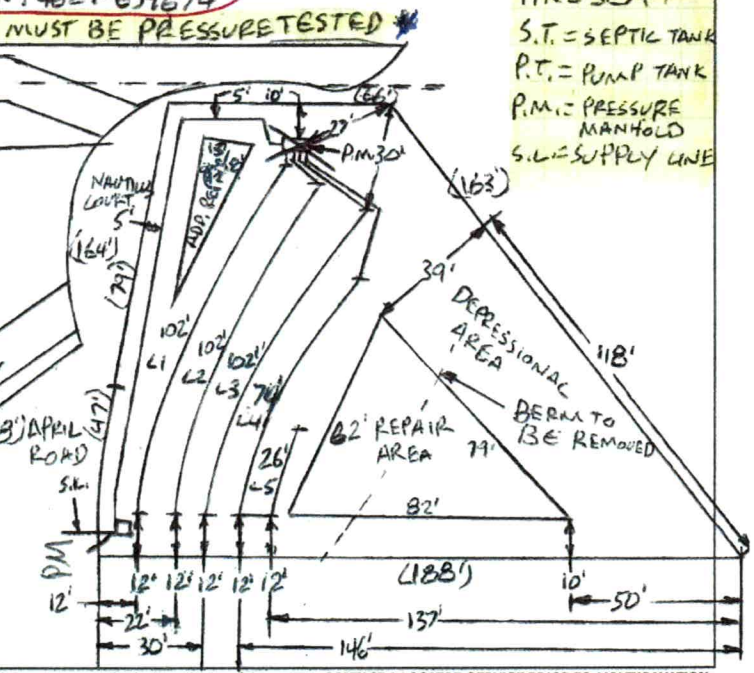
AS BUILT SKETCH

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.

OFFSITE PIN: 4629-631674

PUMP LINE MUST BE PRESSURETESTED *

1IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
P.M. = PRESSURE MANHOLD
S.L. = SUPPLY LINE



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: Andrea Stewart Date: 9-21-2020 Installed by: ROWAN Septic

IMPROVEMENT PERMIT by: Bonnie C. White Date: 9-17-2020 OPERATION PERMIT by: D. Wieberg Date: 8/1/23

AUTHORIZATION TO CONSTRUCT by: Bonnie C. White Date: 9-17-2020 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	8/11/22	CW
Tanks Checked	8/11/22	CW
Pressure Manifold or Valve Box Checked	8/11/22	CW
Pressure Head Set	7/31/23	DW
Electrical Checked	↓	↓
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)		
Comments: Supply Line	8/11/22	CW
Risers	8/1/23	DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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PERMIT # Munis #212414 AP-~~303732~~

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

PIN # 4629 -43 -6245

APPLICANT/OWNER: RIDGEWATER CONSTRUCTION LLC | APPLICANT ADDRESS: PO BOX 4211 MOORESVILLE, N.C. 28117

SITE ADDRESS: 110 NAUTILUS COURT, TROUTMAN, N.C. 28166 | PHONE: 704-657-4876 | ALT. PHONE 704-787-2379

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON APRIL, (L) ON NAUTILUS, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

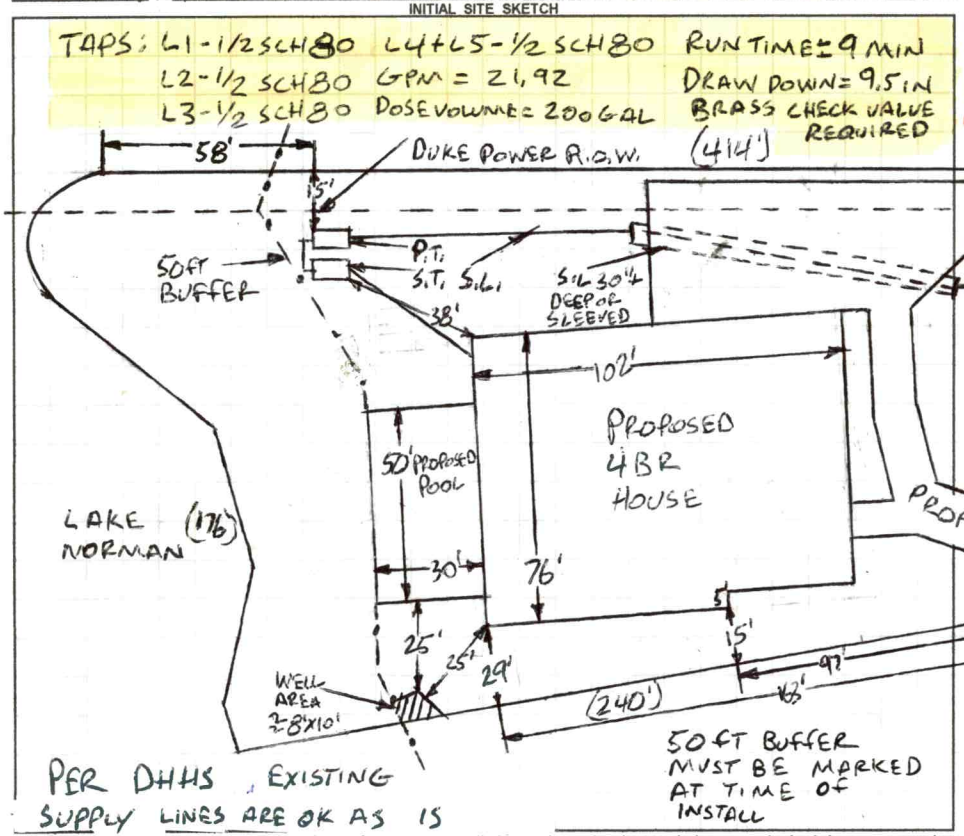
SUBDIVISION: HAWKES BAY | SECTION: — | LOT # 28 | LOT AREA: 0.88 AC | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB 760	Date 6/22/22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	**Water Supply**
Pump Tank	1000 (gal)	PT 363	Date 6/28/22	System Description:	25% REDUCTION - P.M.	☐ Business	No. Persons 8	☑ Private
Pump Make	Liberty	Model	Serial #	Repair System Description:	50% REDUCTION - PPBPS	☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines 5	Linear Ft 406 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, REMOVE BERM FROM OFFSITE DRAINFIELD, SEE SOIL NOTES FROM PREVIOUS PERMIT

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INITIAL SITE SKETCH



AS BUILT SKETCH

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OFFSITE PIN: 4629-634674

PUMP LINE MUST BE PRESSURETESTED *

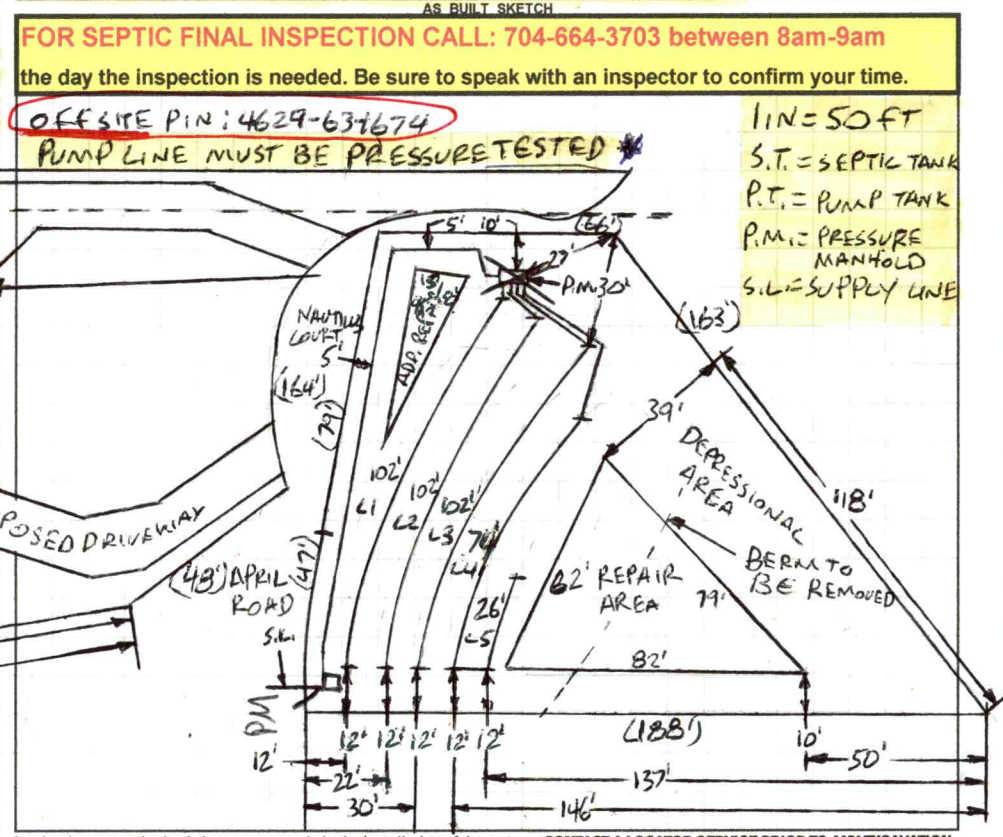
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Owner / Applicant Signature: Jessica Stuart | Date: 9-21-2020 | Installed by: ROWAN Septic

IMPROVEMENT PERMIT by: Bradford C. White | Date: 9-17-2020 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Bradford C. White | Date: 9-17-2020 | Existing System Inspected by: | Date:

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

Bryant White

From: Bryant White
Sent: Tuesday, August 10, 2021 12:46 PM
To: 'rachael@ridgewatercustomhomes.com'
Subject: 110 Nautilus Court

Rachael –
It has come to my attention that the well on Lot 18 (186 April Road) was drilled less than 50' from the supply lines that run to the offsite easements in Hawkes Bay. Therefore, we will need to sleeve the supply line for 110 Nautilus where it passes within 50' of this well. The well is supposedly 44' from the supply line so it should not be a significant amount that needs sleeved, but it will need to be verified at inspection before we can issue the Operation Permit.

Please let me know if you have any questions.

Regards,

Bryant C. White

Environmental Health Specialist
On-Site Water Protection Program
Iredell County Public Health Department
349 North Center Street
Statesville, NC 28677
(704) 902-0273 Mobile
(704)871-3483 Fax

https://www.co.iredell.nc.us/214/Environmental-Health

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #: 6745
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: J. PARKER
APPLICATION DATE 7/20/15
ADDRESS: [illegible]
DATE EVALUATED: 9/20/15
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: .880
LOCATION OF SITE: 110 NAUTILUS CT. @ TROUTMAN NC
PROPERTY RECORDED: —
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
P 1	LS 12%	0-6	SL, GR	VFR, SS, SP	FEW Y MOTTLES 44"-48"	48"	F-C SAP INCL 24-48"	N/A	.3 ABOVE 44" .275 BELOW 44"
		6-24	SCL, WSBK	FR, SS, SP					
		24-48	RCL, SBK/ABK	" " "					
P 2	HS 15%	0-4	SL, GR	[illegible]	N/A	33"	C-M SAP INCL PS SL SAP 33"-61"	N/A	.3
		4-23	RCL, ABK/SBK	FR, SS, SP					
		23-33	RCL, SBK	FR, SS, SP					
		33-61"	MASS SL SAP	[illegible]					
P 3	LS 12%	0-4	SCL, VWSBK	FR, SS, SP	N/A	36"	F-C SAP INCL 24"-36" PS SL SAP 36-60"	N/A	.3
		4-24	RC, SBK/ABK	FR, SS, SP					
		24-36	RCL, SBK	FR " "					
		36-60"	MASS SL SAP	VFR, SS, SP					
P 4	HS	0-12	SCL, WSBK	FR, SS, SP	N/A	48"	F SAP INCL 44"-48"	N/A	.3
		12-46	RC, SBK/ABK	FR, SS, SP					
		46-48	RCL, SBK	FR, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	APPROVED	APPROVED
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SHANE WASHBURN
OTHER(S) PRESENT: J. PARKER

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

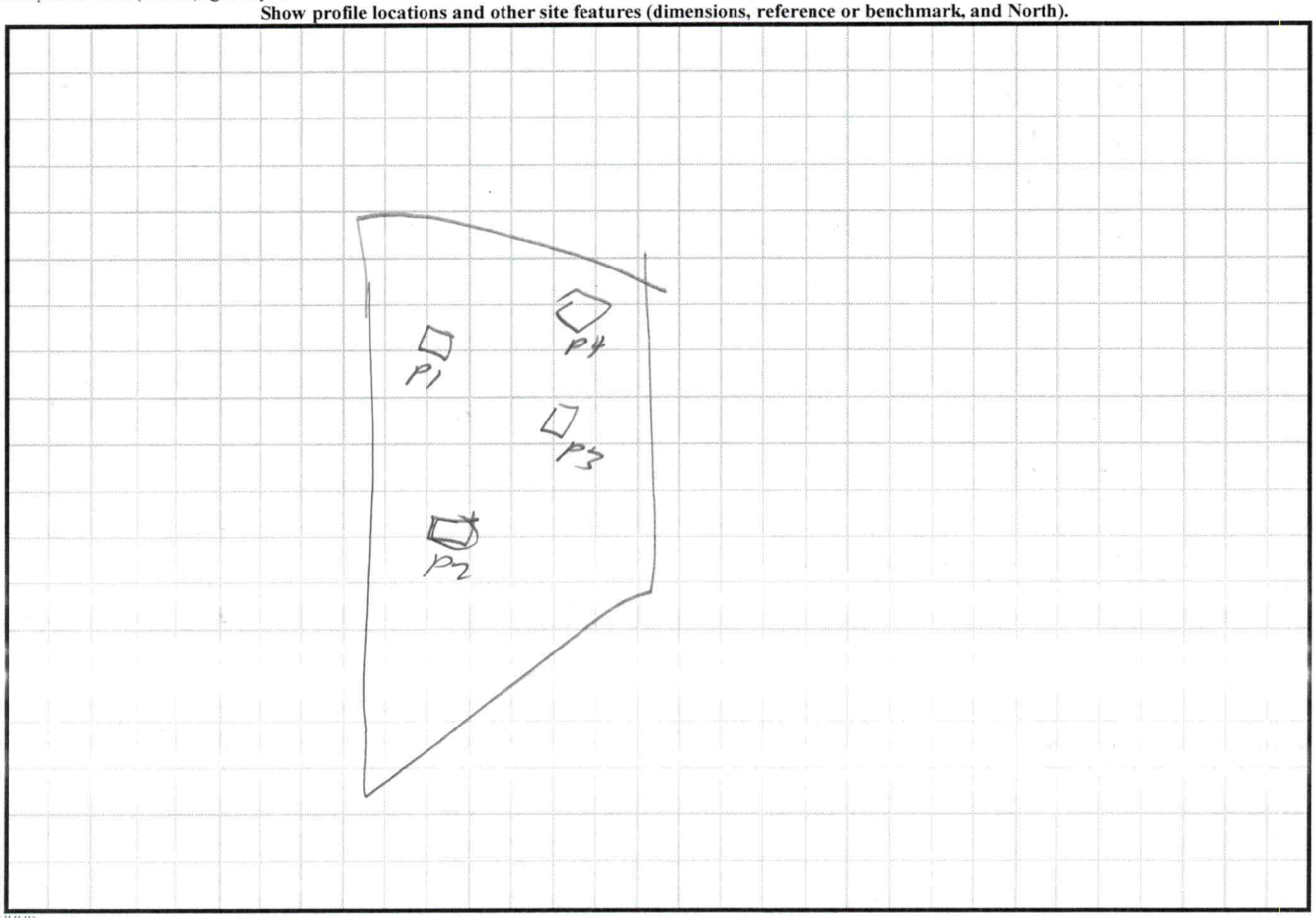
NOTES

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)

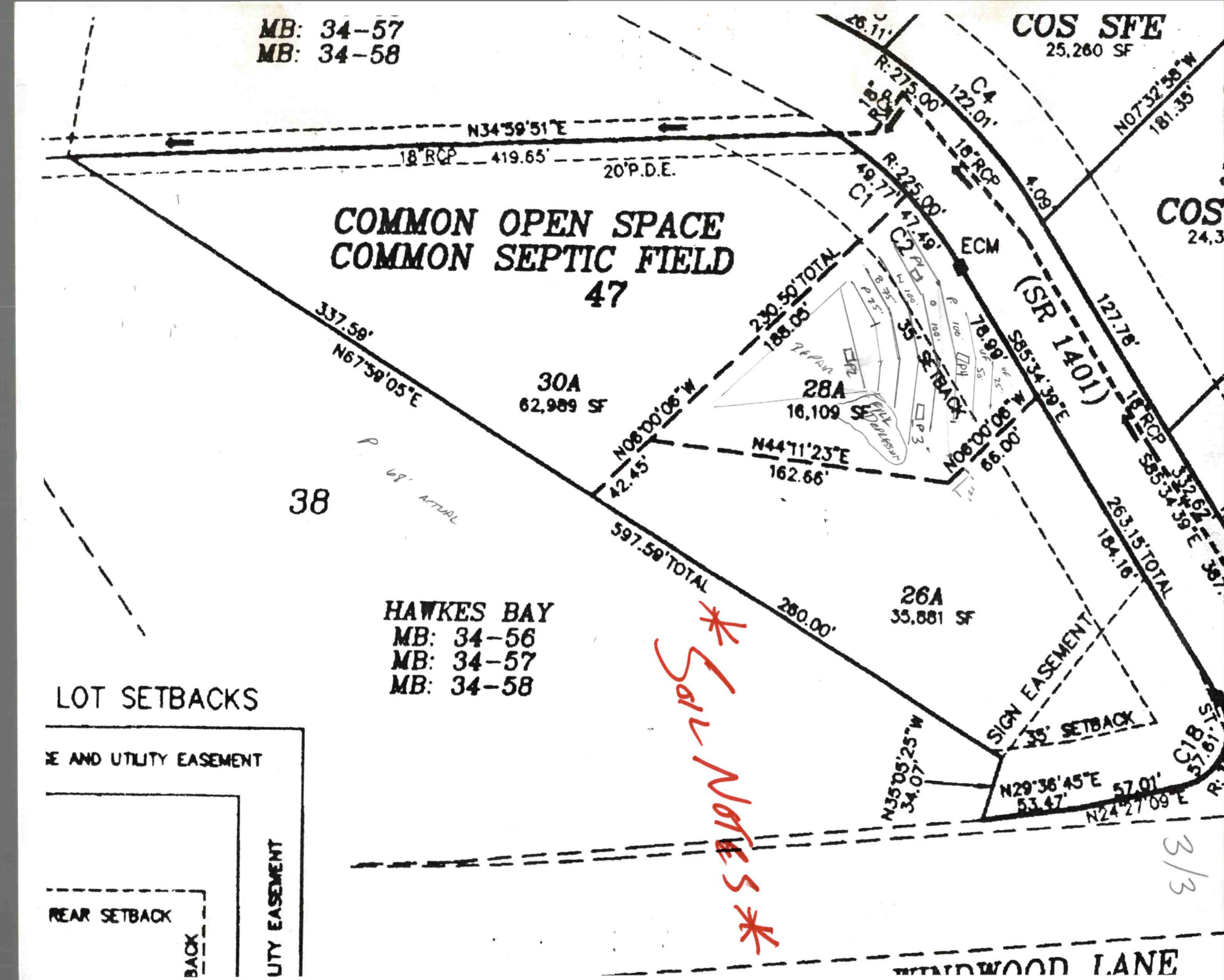
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)


MB: 34-57
MB: 34-58
COS SFE
25,260 SF
N34°59'51"E
18" RCP
419.65'
20' P.D.E.
R: 275.00'
C4
122.01'
18" RCP
N07°32'38"W
181.35'
4.09
R: 225.00'
49.77'
C1
47.49'
C2
ECM
COMMON OPEN SPACE
COMMON SEPTIC FIELD
47
230.50' TOTAL
188.05'
337.58'
N67°58'05"E
30A
62,989 SF
28A
16,109 SF
35' SETBACK
78.99'
S85°34'39"E
(SR 1401)
127.78'
18" RCP
S85°34'39"E
332.62'
N08°00'08"W
42.45'
N44°11'23"E
162.66'
N08°00'08"W
66.00'
S85°34'39"E
263.15' TOTAL
184.16'
38
69' ACTUAL
597.58' TOTAL
280.00'
26A
35,881 SF
HAWKES BAY
MB: 34-56
MB: 34-57
MB: 34-58
SIGN EASEMENT
35' SETBACK
N35°05'25"W
34.07'
N29°36'45"E
53.47'
57.01'
N24°27'09"E
C18
57.61'
LOT SETBACKS
E AND UTILITY EASEMENT
REAR SETBACK
UTY EASEMENT
Soil Notes
3/3
WINDWOOD LANE

* See Notes *

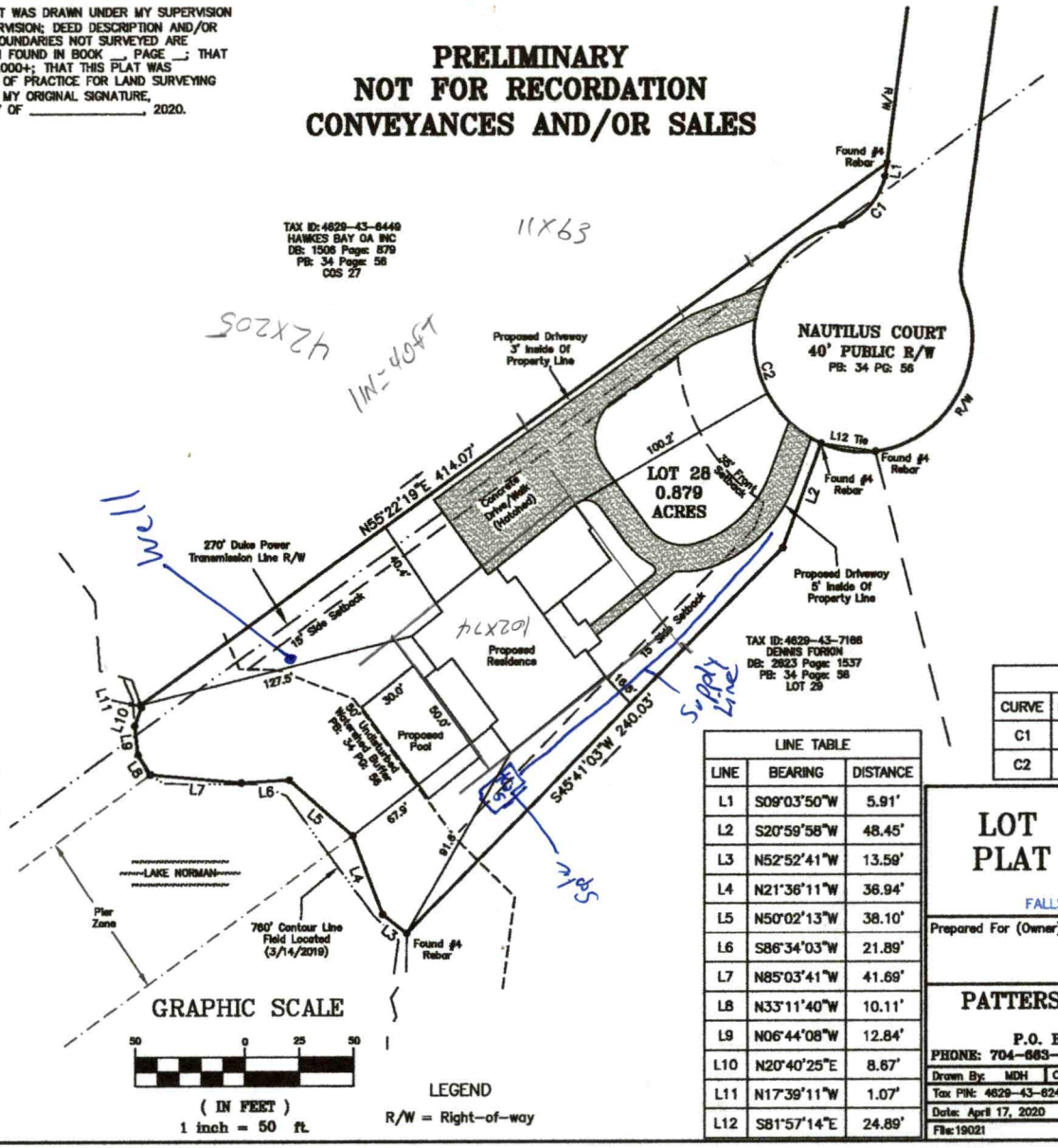
I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK __, PAGE __; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF _____, 2020.

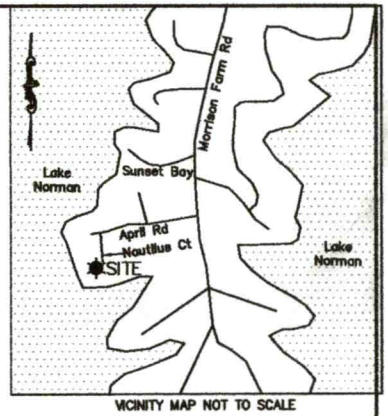
PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

Plat Book 34 Page 56 Dated: 11/18/1999

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES





VICINITY MAP NOT TO SCALE

SURVEYOR NOTES

1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS PLOT PLAN IS BASED ON DEED BOOK 2638 PAGE 339 AND PLAT BOOK 34 PAGE 56 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4. BASIS OF BEARINGS: PLAT BOOK 34 PAGE 56 - DATED: NOVEMBER 18, 1999..
5. THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6. THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7. THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANELS 3710462900K, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.
8. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.

GRAPHIC SCALE

50 0 25 50

(IN FEET)
1 inch = 50 ft.

LEGEND

R/W = Right-of-way

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S09°03'50"W	5.91'
L2	S20°59'58"W	48.45'
L3	N52°52'41"W	13.59'
L4	N21°36'11"W	36.94'
L5	N50°02'13"W	38.10'
L6	S86°34'03"W	21.89'
L7	N85°03'41"W	41.69'
L8	N33°11'40"W	10.11'
L9	N06°44'08"W	12.84'
L10	N20°40'25"E	8.67'
L11	N17°39'11"W	1.07'
L12	S81°57'14"E	24.89'

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	30.00'	30.12'	S 43°19'21" W	28.87'
C2	50.00'	127.20'	S 05°41'40" W	95.57'

PLOT PLAN

LOT 28 - HAWKES BAY
PLAT BOOK 34 PAGE 56

110 NAUTILUS COURT
FALLSTOWN TOWNSHIP, IREDELL COUNTY, NC

Prepared For (Owner):
ADAM N. & JESSICA R. STEWART
110 NAUTILUS COURT
TROUTMAN, NC 28166

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: MDH	Checked By: JHP	Scale: 1" = 50'	Project No.: 19021
Tax PIN: 4629-43-6245			
Date: April 17, 2020			Sheet No.: 1 of 1
File: 19021			

Relax Redraw RECEIVED JUL 24 2020 AP-303732 $320.00

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
(X) 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: Ridgewater Construction LLC **Address:** PO Box 4211 Mooresville NC **Zip:** 28117
Applicant Email: Rachael@ridgewatercustomhomes.com **Phone:** 704-657-4876 **Alt. Phone:**
Owner Name: Adam & Jessica Stewart **Address:** 205 April Rd. Troutman NC **Zip:** 28166
Owner Email: **Phone:** 704-787-2379 **Alt. Phone:** 704-657-4876

Property Information:

Street Address: 110 Nautilus Ct Troutman, NC 28166
Subdivision Name: Hawkes Bay **Section/Phase:** **Lot Number:** 28
Driving Directions: State Park Rd. (L) on Morrison Farm, (R) on April (L) on Nautilus Lot on Cul-de-sac

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 8
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

( ) 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: 1 Number of Persons: 5

(✓) 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.

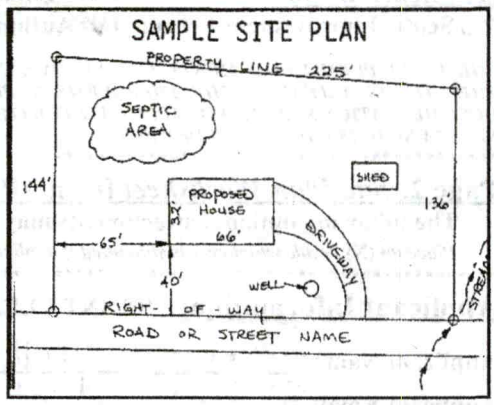
Signature: Rachael Nolde 7/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) 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

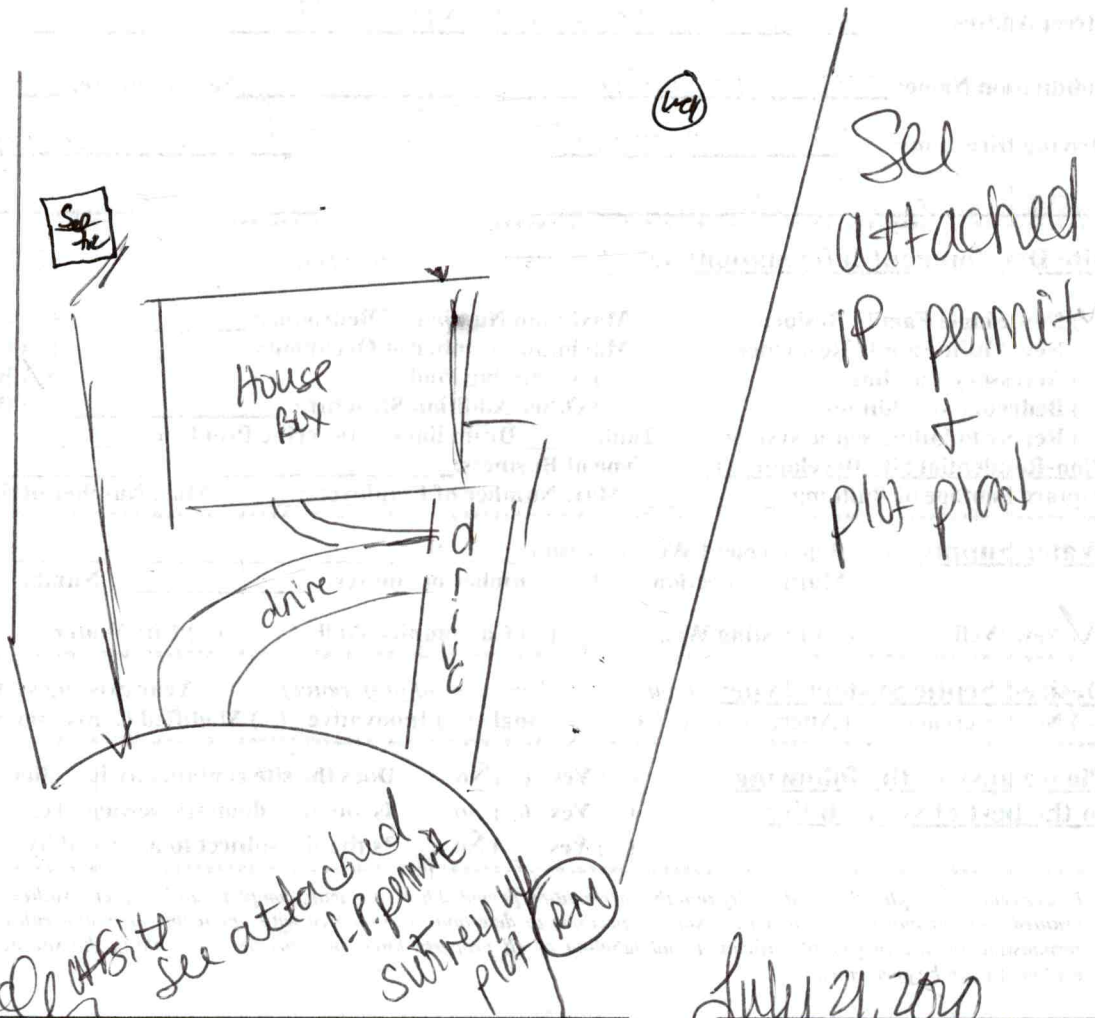
See attached

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: Rachael McCall per site visit — **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

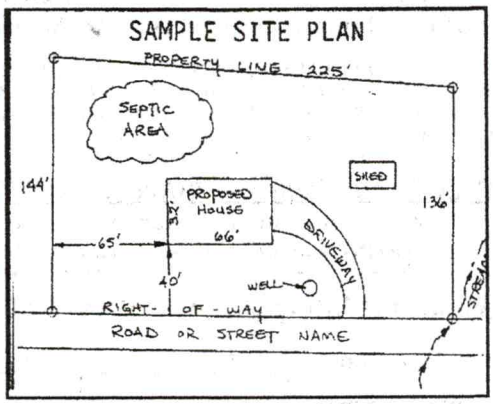
July 21, 2020 — **DATE**

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
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

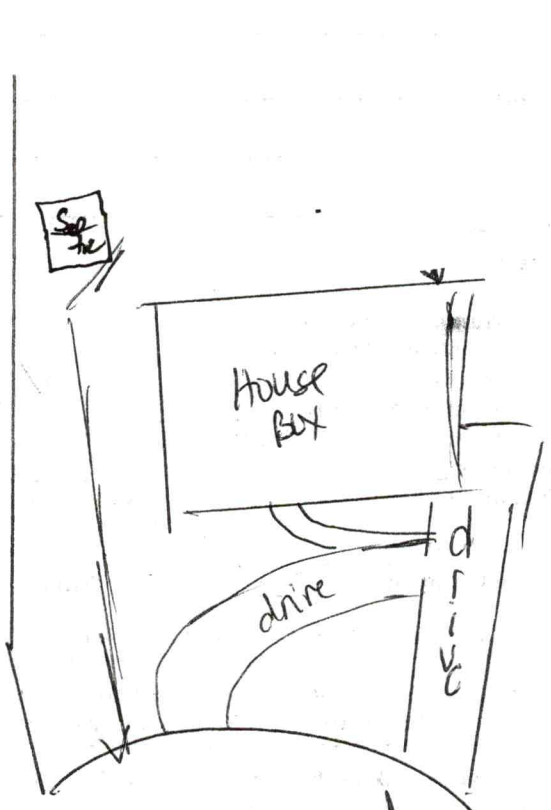
See attached

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

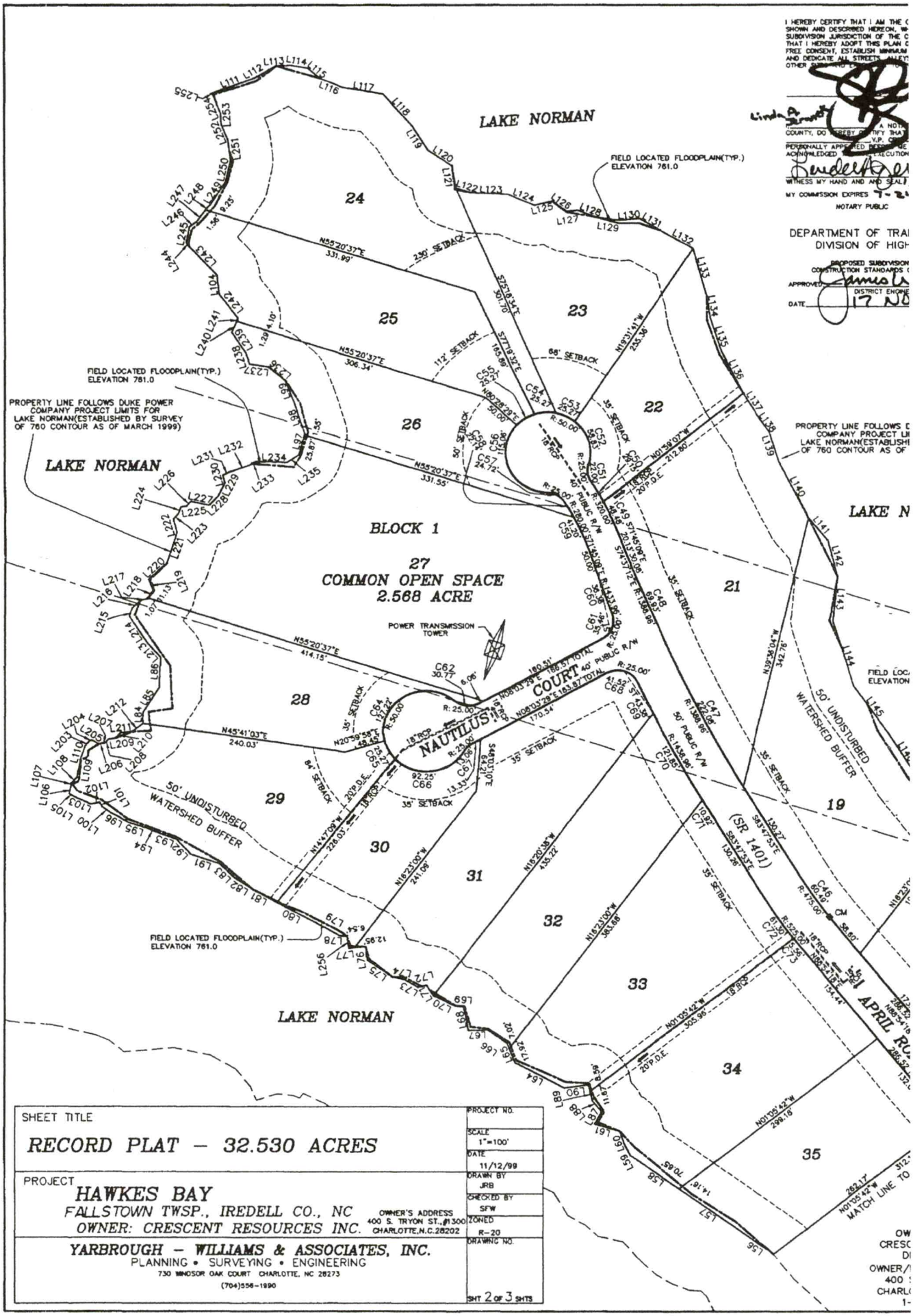
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



See attached IP permit + plot plan

Signature: Rachael McLeod (HHSS'd) See attached I.P. permit + survey plot (RM) July 21, 2020

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



I HEREBY CERTIFY THAT I AM THE O
SHOWN AND DESCRIBED HEREON, W
SUBDIVISION JURISDICTION OF THE C
THAT I HEREBY ADOPT THIS PLAN O
FREE CONSENT, ESTABLISH MINIMUM
AND DEDICATE ALL STREETS, ALLEY
OTHER

A NOTA
COUNTY, DO HEREBY CERTIFY THAT
V.P. O
PERSONALLY APPEARED BEFORE ME
ACKNOWLEDGED THE EXECUTION

WITNESS MY HAND AND AND SEAL,
MY COMMISSION EXPIRES 7-2
NOTARY PUBLIC

DEPARTMENT OF TRA
DIVISION OF HIGH

PROPOSED SUBDIVISION
CONSTRUCTION STANDARDS
APPROVED
DISTRICT ENGINE
DATE 17 NO

PROPERTY LINE FOLLOWS D
COMPANY PROJECT LI
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OF 760 CONTOUR AS OF

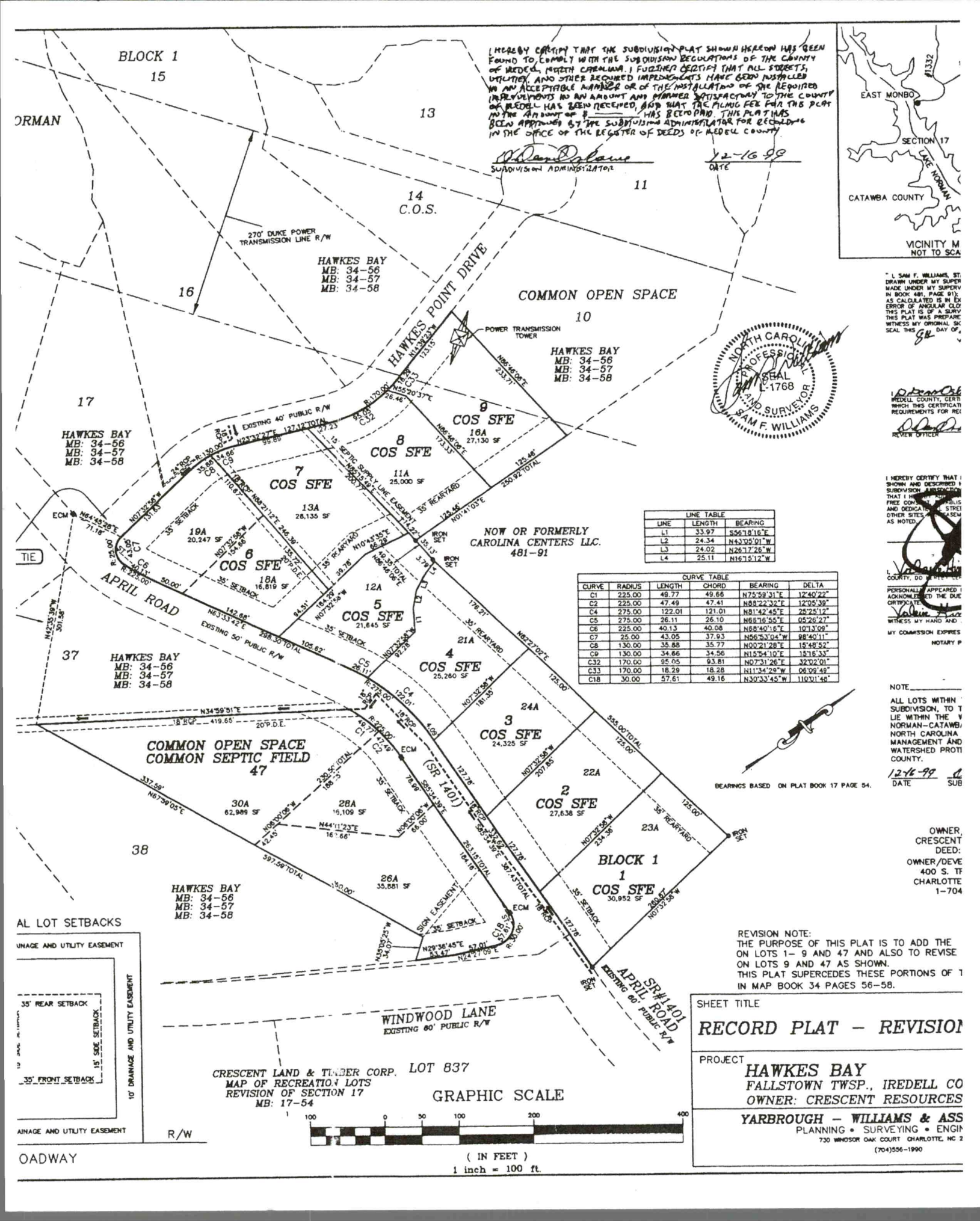
LAKE N

FIELD LOCA
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MATCH LINE TO

OW
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OWNER/
400
CHARL
1-

SHEET TITLE *RECORD PLAT – 32.530 ACRES*	PROJECT NO.
	SCALE 1"=100'
	DATE 11/12/99
PROJECT *HAWKES BAY* *FALLSTOWN TWSP., IREDELL CO., NC* *OWNER: CRESCENT RESOURCES INC.* OWNER'S ADDRESS 400 S. TRYON ST., #1300 CHARLOTTE,N.C.28202	DRAWN BY JRB CHECKED BY SFW ZONED R-20
YARBROUGH – WILLIAMS & ASSOCIATES, INC. PLANNING • SURVEYING • ENGINEERING 730 WINDSOR OAK COURT CHARLOTTE, NC 28273 (704)556-1990	DRAWING NO. SHT 2 OF 3 SHTS



LINE TABLE		
LINE	LENGTH	BEARING
L1	33.97	S56°18'16"E
L2	24.34	N43°05'01"W
L3	24.02	N26°17'26"W
L4	25.11	N16°15'12"W

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	225.00	49.77	49.66	N75°59'31"E	12°40'22"
C2	225.00	47.49	47.41	N88°22'32"E	12°05'39"
C4	275.00	122.01	121.01	N81°42'45"E	25°25'12"
C5	275.00	26.11	26.10	N68°16'55"E	05°26'27"
C6	225.00	40.13	40.08	N68°40'16"E	10°13'09"
C7	25.00	43.05	37.93	N56°53'04"W	98°40'11"
C8	130.00	35.88	35.77	N00°21'28"E	15°48'52"
C9	130.00	34.66	34.56	N15°54'10"E	15°16'33"
C32	170.00	95.05	93.81	N07°31'26"E	32°02'01"
C33	170.00	18.29	18.28	N11°34'29"W	06°09'49"
C18	30.00	57.61	49.16	N30°33'45"W	110°01'48"

Stewart Residence
110 Nautilus Ct.
Troutman North Carolina

RIDGEWATER
CUSTOM HOMES

ISAAC BUEHLER
RESIDENTIAL DESIGN
Email: ibresidentialdesign@gmail.com
Phone: (704) 605-7813
7750 Curtwood Ct
Tega Cay, SC 29708

Project No: 19.20
Date: 06/20/2020
Construction Documents
Title: Lower Level Floor Plan
Revision:
Drawn By:
Checked By:

Sheet No. 3

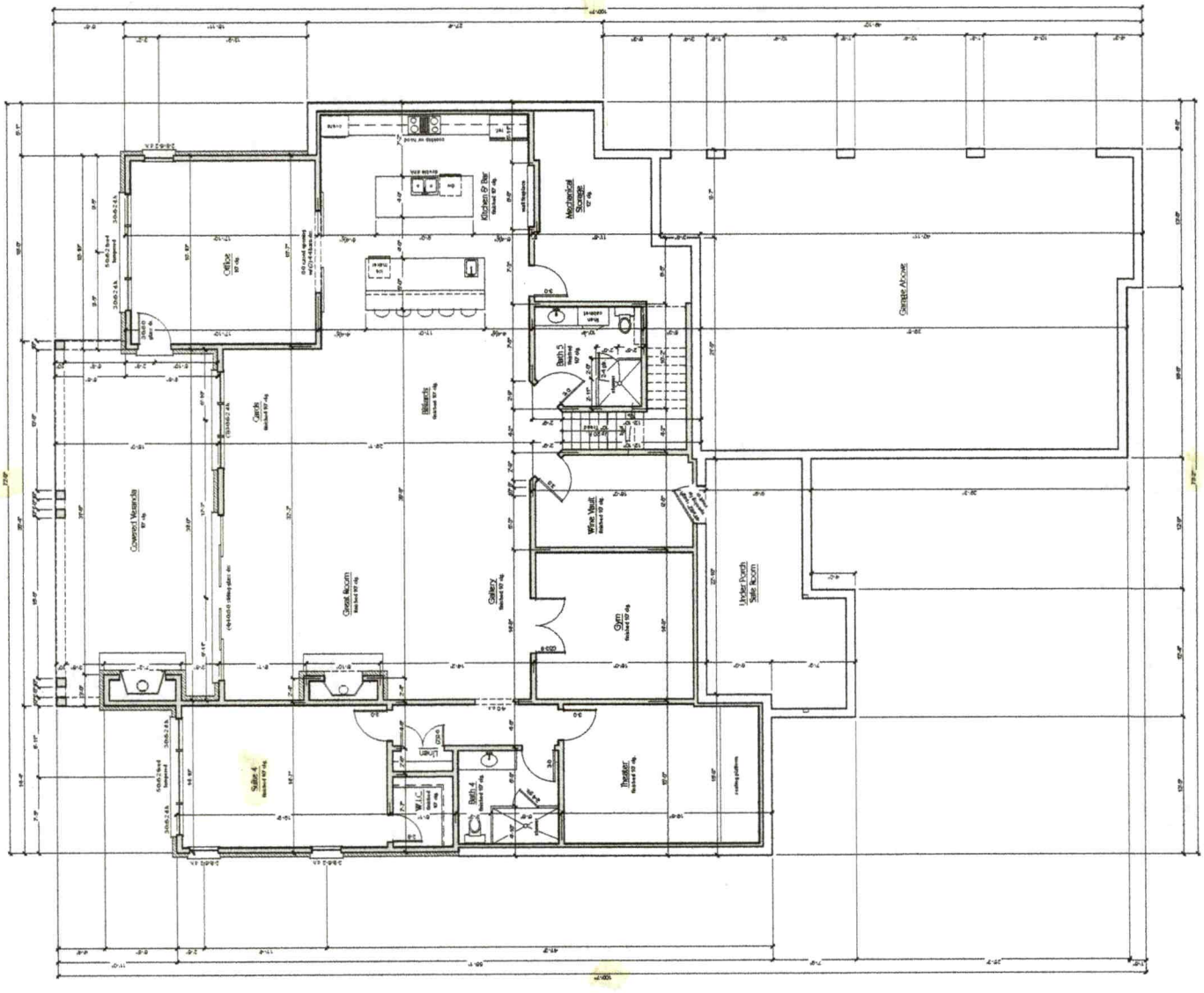
Acknowledgement Of
Plans Submittal ONLY!
Jessica Stewart Date 9-21-2020
Burgent C. White Date 9-17-2020

Framing Notes:
All wall framing 16in from face to face
2x6 @ 16" o/c

Lower Level Notes:
- All angled walls are 45°+/-.
- All door and closet openings within 4ft of 45 +/-.
- All load bearing walls and beams to meet the requirements of section R302 & all shaping notes

Lower Level Floor Plan

Scale: 1/4" = 1'-0"



Stewart Residence
110 Nautilus Ct.
Troutman North Carolina

RIDGEWATER
CUSTOM HOMES

ISAAC BUEHLER
RESIDENTIAL DESIGN
Email: ibresidentialdesign@gmail.com
Phone: (704) 616-7612
8760 Olmstead Dr.
Twin City, Ohio 45371

Project No: 19-20
Date: 08/03/2020
Coordination Documents
Main Level Floor Plan
Revisions:
Drawn By: BT
Checked By:

Sheet No. **5**

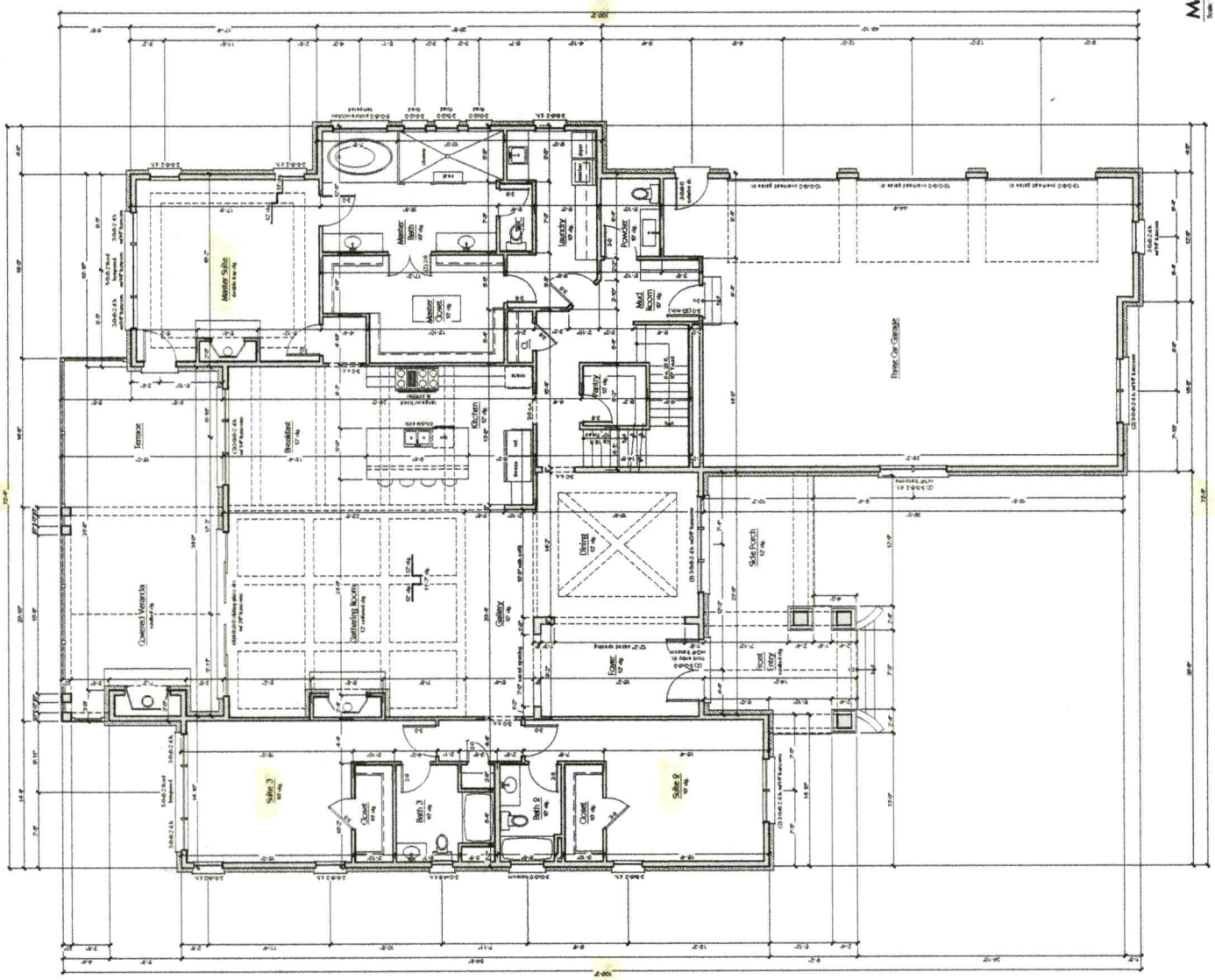
Acknowledgement Of Plans Submittal ONLY!

Joshua Stewart Date 9-20-2020

Benjamin C. Whitten Date 9-17-2020

Square Footage	
Lower Level Heated	3599 Sq Ft
Lower Level Unheated	3326 Sq Ft
Main Floor	7901 Sq Ft
Total Heated	7,240 Sq Ft
Main Car Garage	1,737 Sq Ft
Lower Level Garage	1,737 Sq Ft
Covered Veranda	312 Sq Ft
Lower Covered Veranda	324 Sq Ft
Lower Level Front Porch/Stoop	324 Sq Ft
Total Unheated	2,061 Sq Ft
Total Main Roof	9,278 Sq Ft

Main Level Floor Plan
Scale: 1/8" = 1'-0"



Stewart Residence
110 Nautilus Ct.
Troutman North Carolina

RIDGEWATER CUSTOM HOMES

ISAAC BUEHLER RESIDENTIAL DESIGN
Email: ibrdesigns@gmail.com
Phone: (716) 628-7512
8780 Curtwood Dr
Tipp City, Ohio 45371

Project No: 19128
Date: 09/15/2020
Construction Documents
Title: Upper Level Floor Plan
Revisions:
Drawn by:
Checked by:
Sheet No. 7

Acknowledgement Of Plans Submittal ONLY!

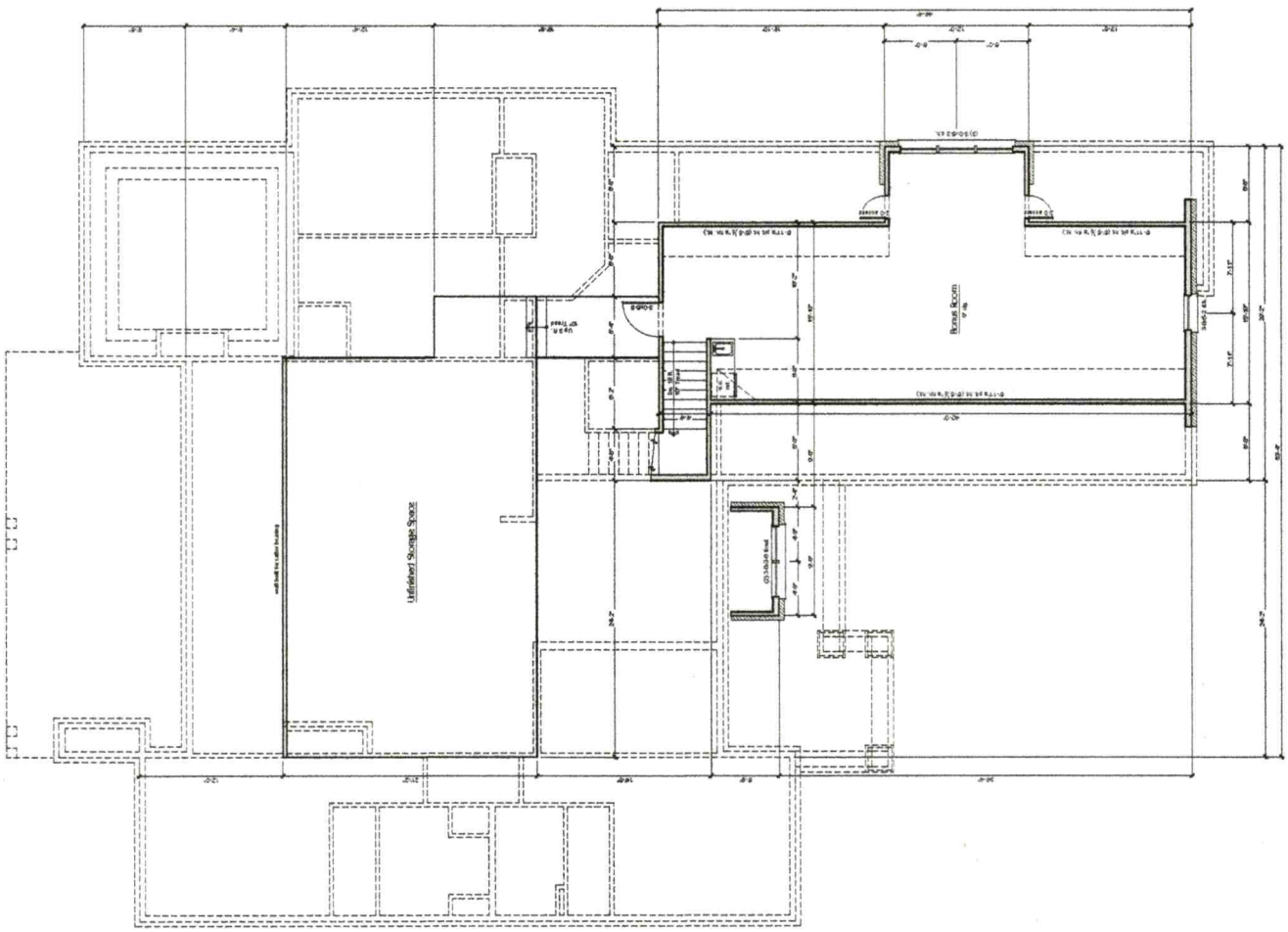
Jessica Stewart Date 9-20-2020

Burfust C. White Date 9-17-2020

Upper Level Floor Plan

Scale: 1/8" = 1'-0"

Upper Level Notes:
- All dimensions are +/- a.n.o.
- All doors and wood openings on the North to be 6'8" tall a.n.o.



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)

9-17-2020 (Date)

Owner: ADAM AND JESSICA STEWERT
Address: 205 APRIL ROAD, TROUTMAN, N.C. 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
110 NAUTILUS COURT, TROUTMAN, N.C. 28166
HAWKES BAY LOT 28
PIN: 4629-43-6245

I, Jessica Stewart 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 9-24-2015 for a system
(date)
25% REDUCTION - PIM
(system name)

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

Jessica Stewart
Signature of Property Owner

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

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

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

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
09/17/2020

Owner: Adam and Jessica Stewert
Address: 205 April Road, Troutman, N.C. 28166

Subject: Notice of Intent to Revoke/Suspend: 110 Nautilus Court, Troutman, N.C. 28166

Dear Adam and Jessica Stewert:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 110 Nautilus Court 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 09/17/2020. 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,

Bridget C. White

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 PERMIT # 212414

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

PIN # 4629-43-6245.000

APPLICANT: HARRY THOMAS APPLICANT ADDRESS: PO Box 951 STATESVILLE NC

SITE ADDRESS: 116 NAUTILUS COURT, TROUTMAN NC PHONE: 704-752-0252 ALT. PHONE:

SITE DIRECTIONS: PERTH, TR STATE ROCK, TL MORRISON FARM, TR APRIL, TL NAUTILUS COURT.

SUBDIVISION: HAWKES BAY SECTION: LOT # 28/28A LOT AREA: .880 ACRE DESIGN FLOW: 480 GPD. L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description: 25% REDUCTION - PUMP				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: LD - PPISPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4 @ 100' Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	*32"* Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

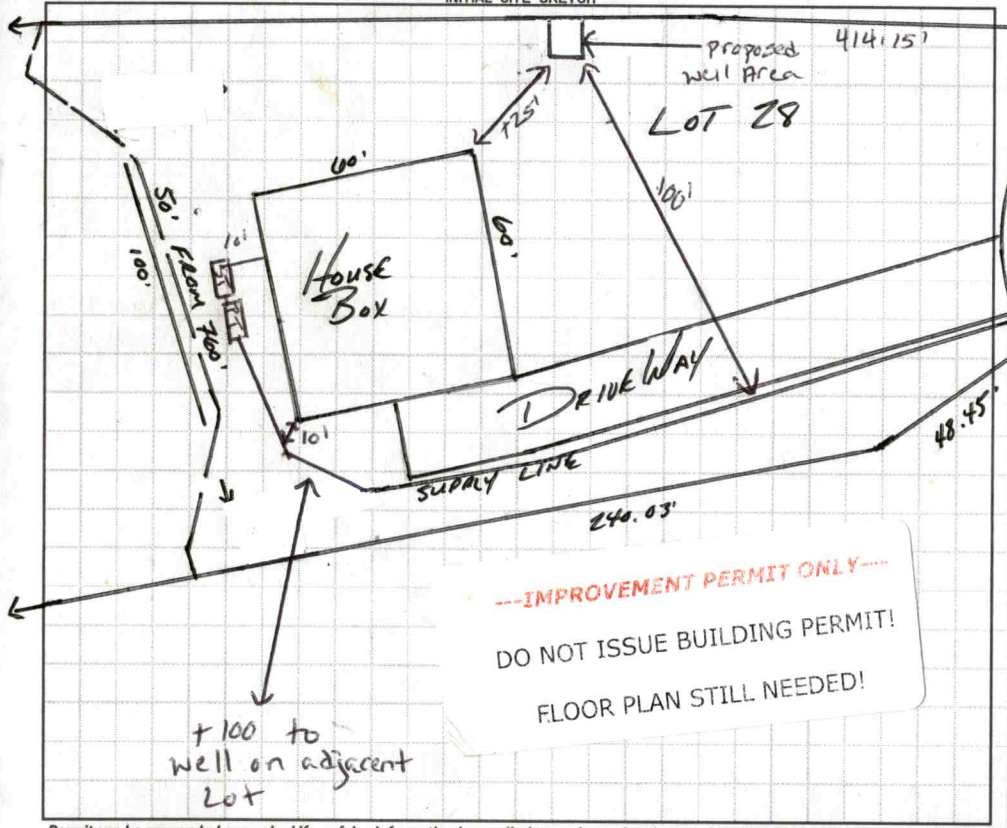
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: IF SUPPLY LINE MUST CROSS UNDER DRIVEWAY USE DUCTILE IRON PIPE OR USE 30" OR MORE COMPACTED COVER. FOLLOW NC STATE RULES.

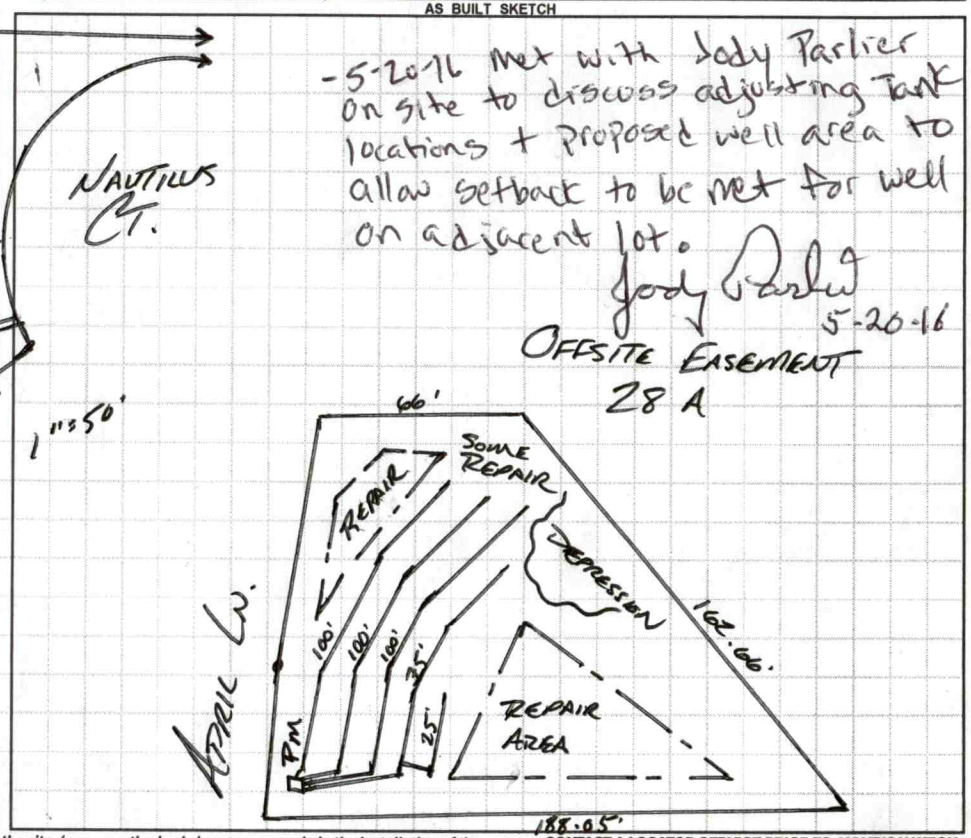
BEFORE OP CAN BE ISSUED, SUPPLY LINE (ALREADY INSTALLED) MUST BE PRESSURE TESTED.

USE 1/2" SCH. 40 TAPS

INITIAL SITE SKETCH



AS BUILT SKETCH



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Date: 10-5-15 Installed by:

IMPROVEMENT PERMIT by: APPROVED Date: SEP 24 2015 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

RECEIVED JUL 2 8 2015

Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT #212414

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $700.00 10-5-15

Application For:

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

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Haym M Tsumas for Pantian et al Address: 719 Mapelwood Lane Statesville NC Phone: 7048737000 7048722421

Owner Name: " Address: " " Phone:

Property Information:

Street Address: 110 Nautilus Ct. Troutman, NC 28166

Subdivision Name: Hawkes Bay Section/Phase: Lot Number: 28

Driving Directions: ~~Hwy~~ State Park Rd, L on Morrison Farm, R on April L on Nautilus, Lot in Culdesac

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(✓) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

PAID V4807 7/28

Water Supply:

(✓) 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: Haym Tsumas 7/28/15

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

212414

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

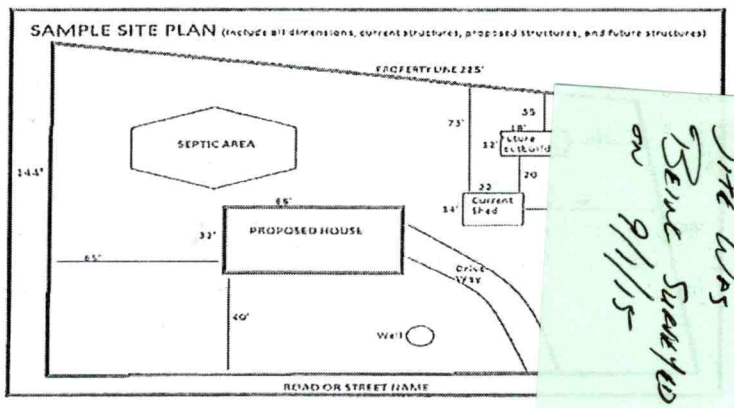
SITE PLAN WORKSHEET

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:
_____ 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
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred 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 was done 8/11/15

Statesville's AP said for us to do.

HTsumas @ Tsumas Real Estate. com 8/27/15

Waiting for Answer To Supply Line Easement. SE

See Attached Lot 28

110 Nautilus

Signature: _____
REQUIRED property owner or owner's legal representative signature.

7/28/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

212414

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

PERMIT# 086084 PIN# ~~4659734457~~ (pt) DATE Dec 16, '99

OWNER OR CONTRACTOR Crescent Resources, Inc. PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION STATE PARK RD. TL Morrison Farm Rd. TR April Lane (SFE 28A ~200' on Left) TL Nautilus Ct. at end

SUBDIVISION Hawkes Bay BLOCK / SECTION _____ LOT 28, 28A LOT AREA 38,348 + 16,109 sf SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .3 SFE 28A

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: 1000 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PM-Innovative-25% Red. on 28A

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

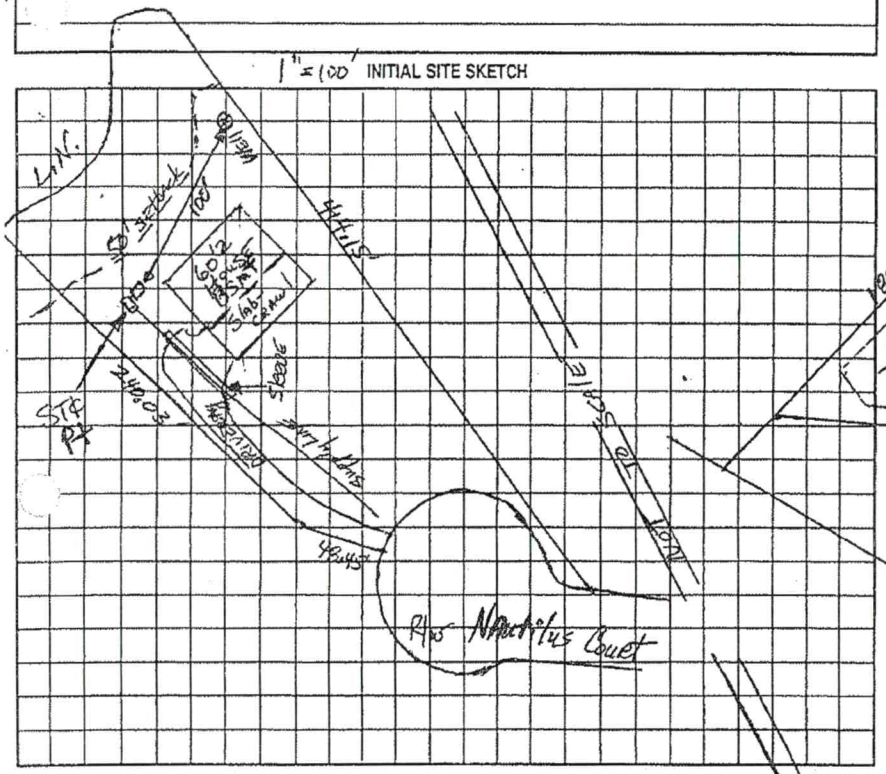
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

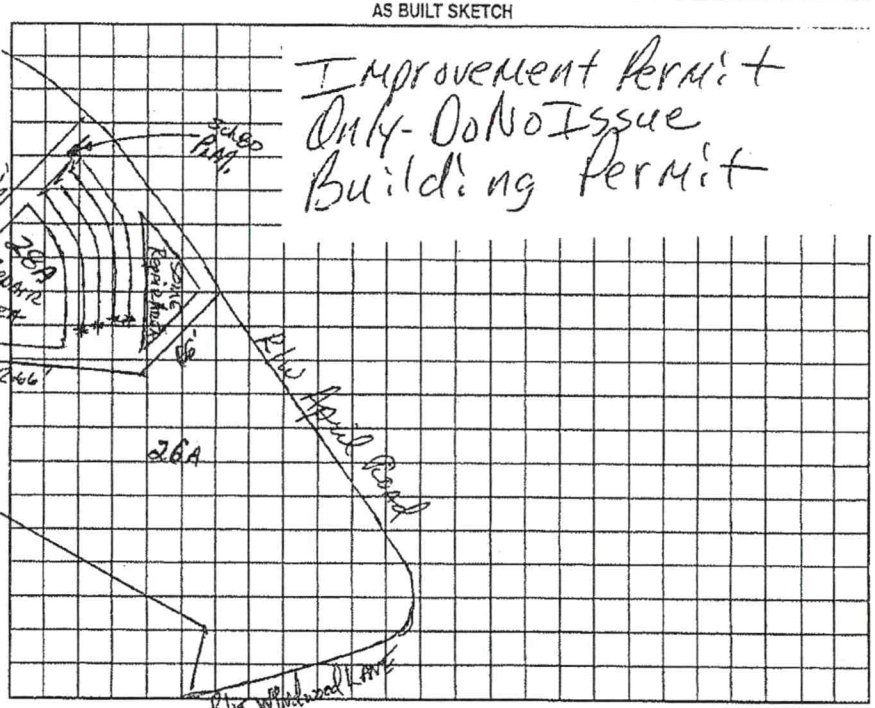
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL.

Comments:/Conditions: (PARTIAL)

1" = 100' 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 12-17-99 Installed by: _____

Improvement Permit by: _____ date 12-16-99 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

PERMITS/INSP PAYMENT RECEIPT# 371455
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

DATE: 07/28/15 TIME: 14:18
CLERK: amanda.horton
PAID BY: TSUMAS, HARRY M.

APPLICATION #: 212414

PERMIT ALLOCATION:

1	104563	460450	2.25	Technology Fee - Planning
		PZOI		
1	104563	472223	75.00	Zoning Permits
		PZOI		
1	10492751	447004	500.00	Environmental Health Fees
		PEHIA		

TOTAL RECEIPT AMOUNT: 577.25

AMOUNT PAID: 577.25
PAID BY: TSUMAS, HARRY M.
PAYMENT METHOD: CHECK 4807
APPLICATION #: 212414

AMT TENDERED: 577.25
AMT APPLIED: 577.25
CHANGE: .00

Shane Cashion

From: Harry Tsumas <htsumas@tsumasrealestate.com>
Sent: Monday, August 31, 2015 11:07 AM
To: Shane Cashion
Subject: RE: Nautilus Ct.

Shane,
Thanks for going out to look at lot 29 first as that one is under contract for sale. I did get some input from our attorney Rusty Chapman. He said the declarations (Article 8) are very clear in regards to easements. He said the declarant can use any portion of unsold lots. This this when they installed the lines. He said specifically they can use the road ROW and if not can use any 10' side and front line of any property for drainage and utility. If you still have questions, fell free to call him direct. 704-878-6400. Hope this helps.

Harry M. Tsumas
704-252-0252
Tsumas
REAL ESTATE AND DEVELOPMENT

From: Shane Cashion [mailto:shane.cashion@co.iredell.nc.us]
Sent: Thursday, August 27, 2015 9:15 AM
To: Harry Tsumas
Subject: Found it

Henry,

I ended up finding the updated plat but I do not see where there is an easement for the supply line to the septic field. Maybe you can shed some light on this.

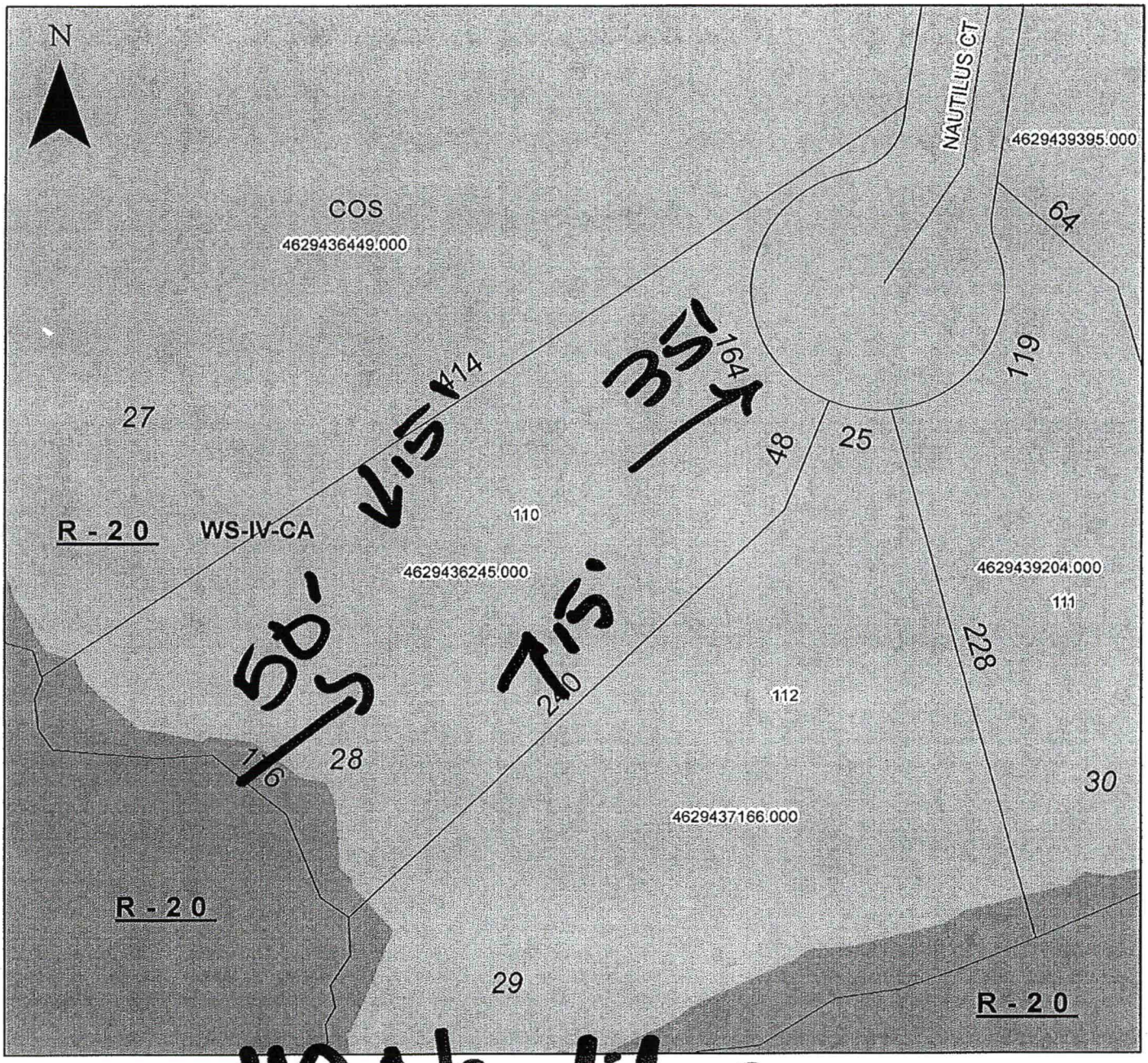
Shane Cashion
Iredell County Health Dept.
704-664-3703
shane.cashion@co.iredell.nc.us

Accredited Health Department 2010-2014

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

Pursuant to North Carolina General Statues Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. We will withhold confidential correspondences that are tagged as "Confidential" from public record requests. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

ZONING DISCLAIMER



Property Address 110 Nautilus

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

7/28/15
Date

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jody B Parlier, Parlier, etal. Michael Parlier Living Trust, am the legal owner(s) of the property located at 110, 111, 112 Nautilus Court, Troutman, NC., identified as PIN (Parcel Identification Number) 4629 43 7166, 4639 73 4457, 4629 43 6245, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Harry M. Tsumas, Tsumas Real Estate + Development 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.

X Jody Parlier
X Michael Parlier — 7/27/15
Signature of Owner(s) — Date

Signature of Witness — 7/27/15
Date

Please return this signed form to the appropriate office:

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.*

*** Initial each statement to indicate you have read and agree. ***

HF Complete all Environmental Health forms: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

HF Lots must be cleared to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

HF Clearly mark all property corners. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

HF Stake or flag the footprint of the proposed building structure or addition to match site plan application. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

HF Where an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

N/A In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that you are responsible for securing these services. This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ Date 7/24/15

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 - 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY

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

APPLICATION NUMBER
212414
Issue Date: 07/28/2015

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629436245.000	110 NAUTILUS COURT, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PARLIER MARY A+CATHERINE+W	Applicant: TSUMAS, HARRY M.
Address: 118 STOCKTON ST TROUTMAN, NC 28677	Address: PO BOX 951 STATESVILLE, NC 28687
Phone:	Phone: 704-252-0252

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.880	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

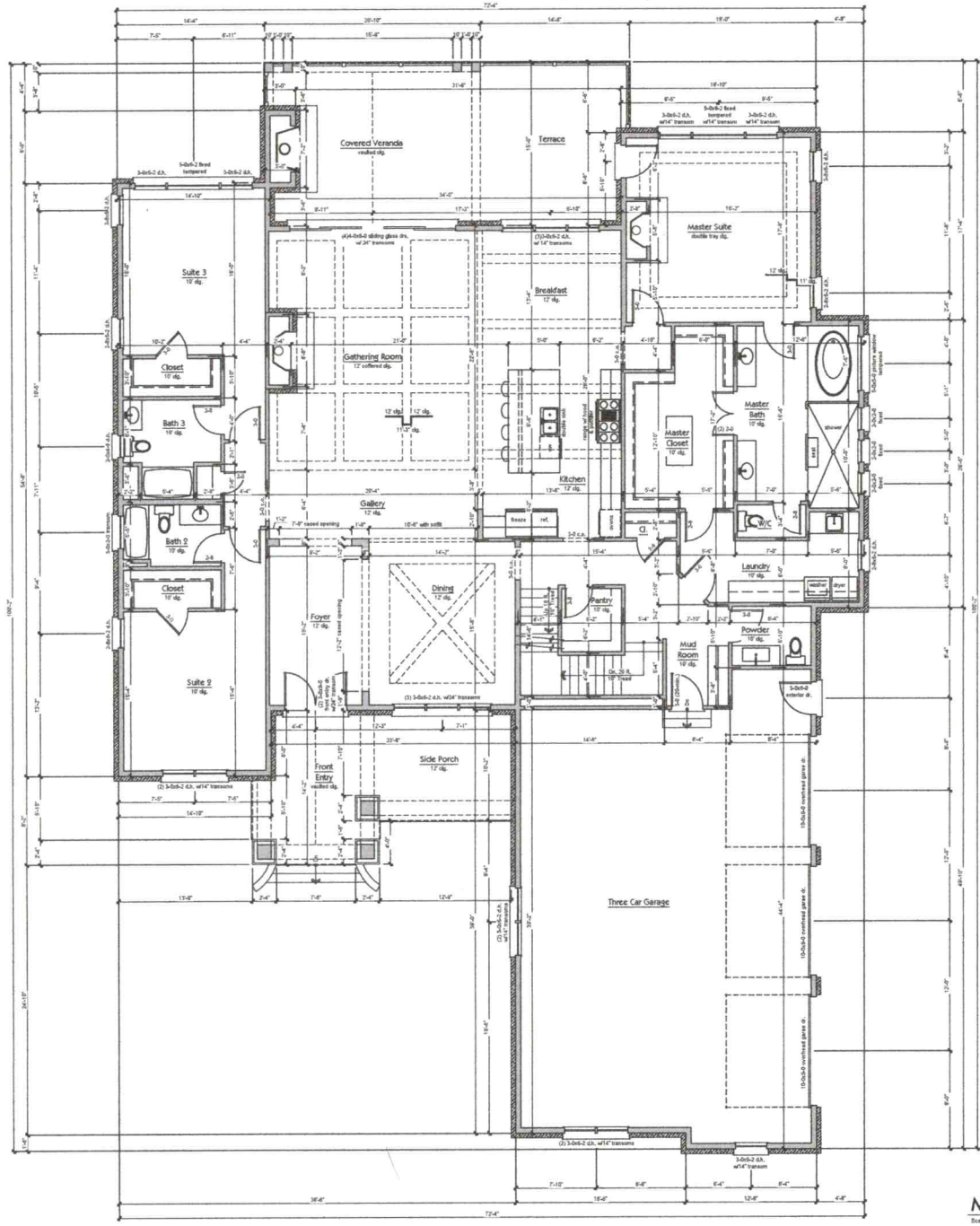
PAID
7/28

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.

See Attached

Applicant: _____ Date: _____

Permit Number	44875	TOTAL FEES:	$ 77.25



Applying for ~~PP~~ Relayout w/SS

Framing Notes:

All exterior wall framing this level to be 2x6's @ 16" o/c

Main Level Notes:

- All angled walls are 45° u.n.o.
- All doors and cased openings on this level to be 9' tall u.n.o.
- At least one window will need to meet the requirements of section R310 in all sleeping rooms

Square Footage

Lower Level Heated	3,894 Sq.Ft.
Main Level Heated	3,391 Sq.Ft.
Bonus Room	760 Sq.Ft.
Total Heated	7,245 Sq.Ft.
Three Car Garage	1,217 Sq.Ft.
Front Entry Porch	398 Sq.Ft.
Covered Veranda	312 Sq.Ft.
Lower Covered Veranda	482 Sq.Ft.
Mechanical Storage & Storage	224 Sq.Ft.
Total Unheated	2,531 Sq.Ft.
Total Under Roof	9,776 Sq.Ft.

Main Level Floor Plan

Scale: 1/4" = 1'-0"

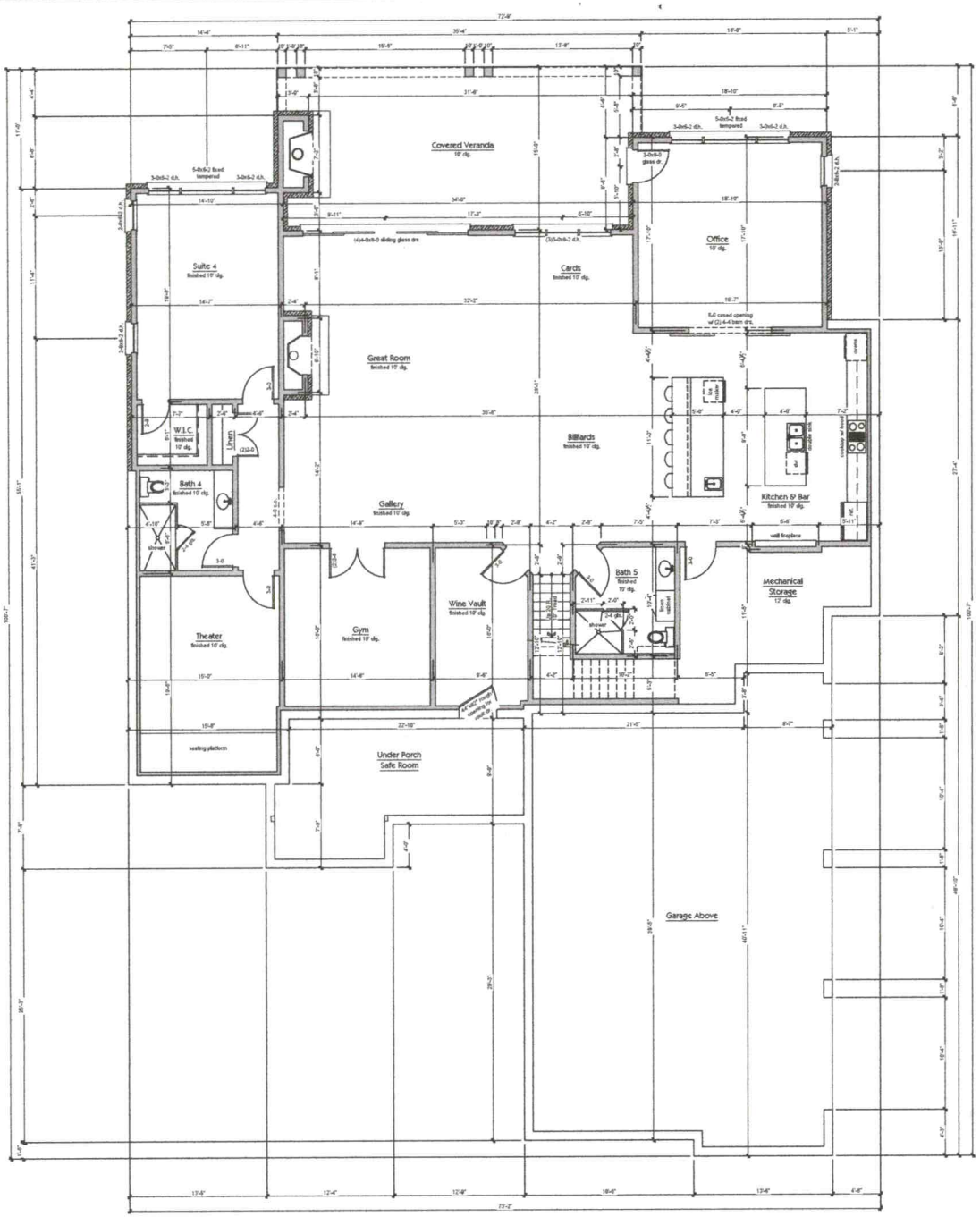
Stewart Residence
110 Nautilus Ct.
Troutman North Carolina

RCA RIDGEWATER CUSTOM HOMES

ISAAC BUEHLER RESIDENTIAL DESIGN
Email: bonsaidesigns@gmail.com
Phone: (704) 615-7512
6760 Old Statesville Rd
Tega City Ohio 45371

Project No:	119-20
Date:	04/21/2020
Construction Documents	
Title: Main Level Floor Plan	
Revisions:	
Drawn by:	IB
Checked by:	-

Sheet No.
5



Framing Notes:

All wall framing this level to be 2x6's @ 16" o/c

Lower Level Notes:

- All angled walls are 45° u.n.o.
- All doors and cased openings on this level to be 6' tall u.n.o.
- At least one window will need to meet the requirements of section R310 in all sleeping rooms

Lower Level Floor Plan

Scale: 1/4" = 1'-0"

Stewart Residence

110 Nautilus Ct.
Troutman North Carolina

RCA RIDGEWATER
CUSTOM HOMES

ISAAC BUEHLER
RESIDENTIAL DESIGN
Email: ibresidentialdesign@gmail.com
Phone: (704) 608-7532
4760 Cypress Point Dr
Tega City Ohio 45371

Project No:	119-20
Date:	04/21/2020
Construction Documents	
Title:	Lower Level Floor Plan
Revisions:	
Drawn by:	IB
Checked by:	-

Sheet No.

3

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Adam Stewart, am the legal owner(s) of the property located at 110 Nautilus Ct Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4629-43-6245.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ridgewater Construction LLC Rachael McClure, 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.

_____ 7-21-20

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