CHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 504830

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

PIN # 4629 -52 -8590

APPLICANT/OWNER: Mike Rempe / Soil & Forestry Services | APPLICANT ADDRESS: 143 Draper Drive Statesville NC 28625

SITE ADDRESS: 115 Theron Place Troutman NC | PHONE: 864-991-7857 | ALT. PHONE —

SITE DIRECTIONS: Morrison Farm Rd Rt on April Left on Windwood Left on Theron Pl | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL&T | SECTION: 17 | LOT # 101 | LOT AREA: .74 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction		
Pump Make		Model	Serial #	Repair System Description:	LPP - PDBPS - 50% Reduction.		
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width	36	Trench Bottom Depth	36 max	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement w/o plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees —

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: * Well must be Abandoned Prior to A/C
well abandoned 5/17/21

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas, PA

LSS # 12/18

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 Permitted.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/25/2020 Installed by: [signature]

IMPROVEMENT PERMIT by: [signature] Date: 8/31/2020 OPERATION PERMIT by: [signature] Date: 6-4-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/4/21 Existing System Inspected by: Date:

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

PROPERTY ID #: 4629528590
COUNTY: Iredell

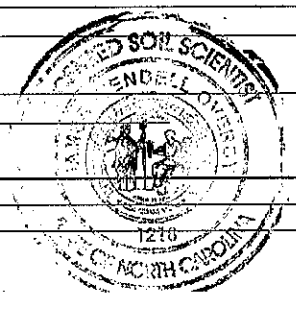
SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Mike Rempe — APPLICATION DATE
ADDRESS: 143 Draper Drive, Statesville, NC 28625 — DATE EVALUATED: 2/19/2020
PROPOSED FACILITY: New house — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: .74
LOCATION OF SITE: 115 Theron Place, Troutman, NC — PROPERTY RECORDED: >1983
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring x☐ Pit ☐ Cut — TYPE OF WASTEWATER: x☐ 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 SAP CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L / 17%	0-5	B SL WFGr	Fr SS SP	N/A	50	PS		PS .3
		5-32	R C WMS	Fi SS SP					
		32-50	R CL WFS	Fr SS SP					
		50-69	VAR SL MASS	Fr NS NP					
2	L / 16%	0-4	B SL WFGr	Fr SS SP	N/A	39	PS		PS .3
		4-18	R C WFS/A	Fr SS SP					
		18-39	BR CL WFS/A	Fr SS SP few sap					
		39-70	VAR L MASS	VFr NS NP					
3	L / 25%	0-4	YB CL WFGr	Fr SS SP	N/A	24	PS		PS .3-.35
		4-16	R C WFS/A	Fr SS SP					
		16-24	YR CL WFS/A	Fr SS SP					
		24-74	VAR SL MASS	VFr NS NP					
4	L / 16%	0-13	YB SL WFGr	Fr SS SP	N/A	63	N/A		PS .3
		13-38	R C WFS/A	Fr SS SP few YB					
		38-63	R CL WFS	Fr SS SP few sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	ACCEPTED	PPBPS
Site LTAR	.3	.3

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



COMMENTS:

PROPERTY ID #: 4629528590
COUNTY: Iredell

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

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ADDRESS: 143 Draper Drive, Statesville, NC 28625
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APPLICATION DATE
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1	L / 17%	0-5	B SL WFGr	Fr SS SP	N/A	50	PS		PS .3
		5-32	R C WMS	Fi SS SP					
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2	L / 16%	0-4	B SL WFGr	Fr SS SP	N/A	39	PS		PS .3
		4-18	R C WFS/A	Fr SS SP					
		18-39	BR CL WFS/A	Fr SS SP few sap					
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3	L / 25%	0-4	YB CL WFGr	Fr SS SP	N/A	24	PS		PS .3-.35
		4-16	R C WFS/A	Fr SS SP					
		16-24	YR CL WFS/A	Fr SS SP					
		24-74	VAR SL MASS	VFr NS NP					
4	L / 16%	0-13	YB SL WFGr	Fr SS SP	N/A	63	N/A		PS .3
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Available Space (.1945)	300	200
System Type(s)	ACCEPTED	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

August 22, 2020

Iredell County Environmental Health
Attn: Ben Botkins
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for 115 Theron Place-Troutman

Mr. Botkins,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in aecordance with SL 2018-114 Section 11.(c)."

Owner: Mike Rempe:

Signature:_____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



Three (3) Bedroom Accepted Septic System Design using Gravity Distribution for 115 Theron Place

Contents: **Page**

Information for the Installer---------- 1

Design Information

Design Specifications---------- 2-3

Layout Specifications---------- 4

Site Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

Iredell County Septic Application---------- 8-9

Iredell County Zoning Permit---------- 10

Agent Authorization---------- 11

Environmental Health Requirements for Well and Septic Permits---------- 12

Owner: Michael Rempe

864 991-7857

August 3, 2020

Job #20-1006

Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution**
- **Repair specified as VPPBPS with LPP distribution**
- **System trenches installed on 9' minimum; 3' wide trenches**

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Mike Rempe
Phone:	(864) 991-7857
County:	Iredell
Location:	115 Theron Place

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	0.00 gpm

Design Specifications

Drainfield Size:	300 lf
Loading Rate:	0.3 gpd/ft.^{2}
Depth of Gravel in Trench:	n/a
Gravel Size:	n/a
Trench Depth:	36 in
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	10 lf
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	3.70 gal
Dosing Volume:	gal

Recommended Float Controls:

Recommended Control Panel:

Pressure Head:	0 ft.
Friction Head:	ft
Elevation Head:	ft
Total Dynamic Head:	ft
Threaded Union:	
Gate Valves:	
Check Valves:	
Anti-Siphon Hole:	
Recommended Pump:	

115 Theron Place
Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.3 gpd/ft.^{2}	
TOTAL AREA TRENCH BOTTOM:	900	sf
TOTAL LATERAL LENGTH:	300	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	lf
SUPPLY LINE LENGTH:	10	lf
TOTAL DYNAMIC HEAD:	0.00	gpm
DOSING VOLUME:	0.00	gal
PUMP TANK DRAW DOWN*:	0.0	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

115 Theron Place

Layout for a 3 bedroom home

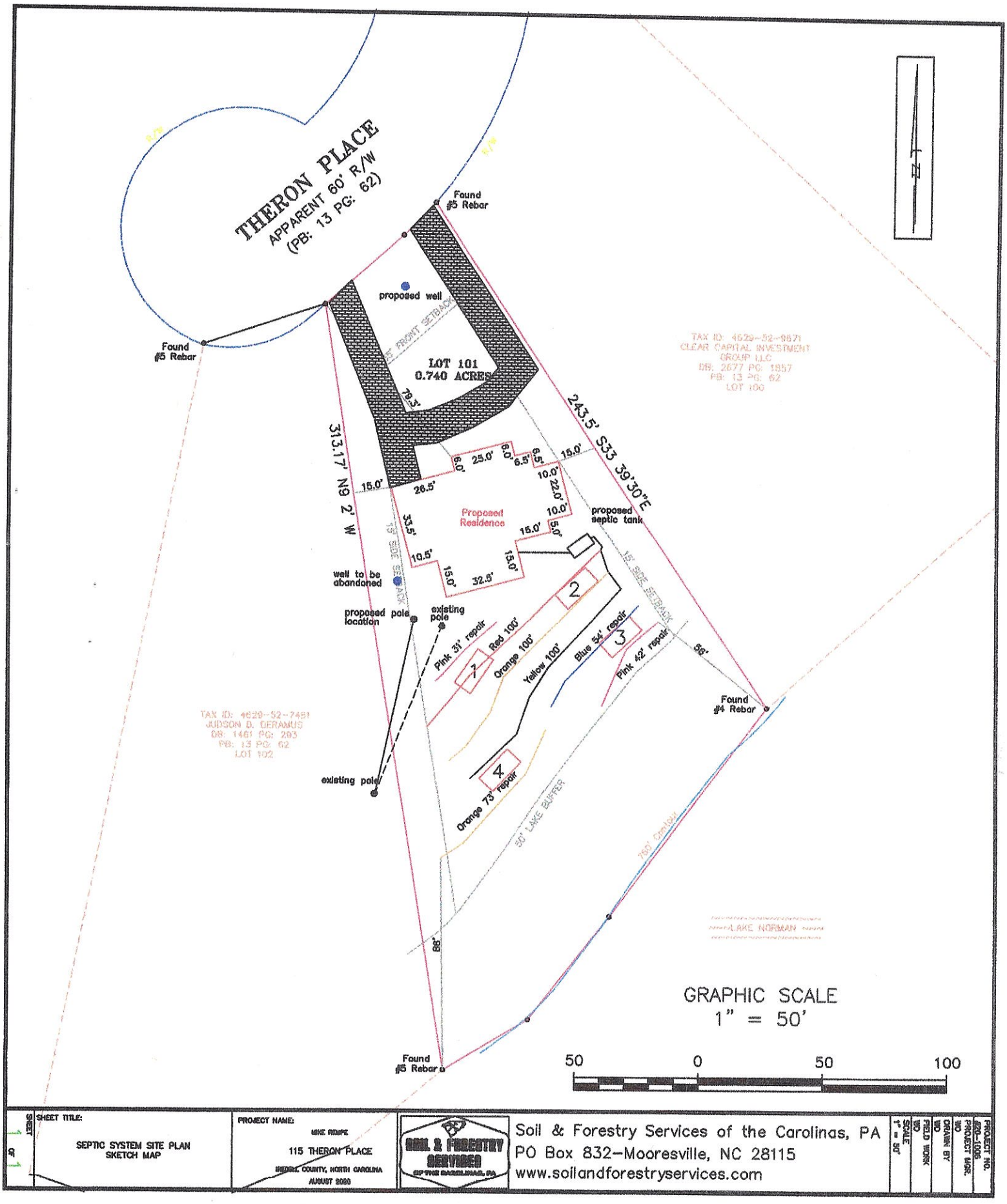
Aug 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
			REPAIR				
1	Pink				1.7	32	31
			SYSTEM				
2	Red				3.3	100	100
3	Orange				5.7	113	100
4	Yellow				8.4	105	100
			REPAIR				
5	Orange				9.8	73	73
6	Blue				10.6	54	54
7	Pink				13.0	42	42

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPT	25%	GRAVITY	36
REPAIR	200	0.300	PPBPS	50%	LPP	36

Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings



SHEET 1 of 1	SHEET TITLE: SEPTIC SYSTEM SITE PLAN SKETCH MAP	PROJECT NAME: MIKE RIMPE 115 THERON PLACE IREDELL COUNTY, NORTH CAROLINA AUGUST 2020	SOIL & FORESTRY SERVICES SEPTIC SYSTEMS OF THE CAROLINAS, PA	Soil & Forestry Services of the Carolinas, PA PO Box 832–Mooresville, NC 28115 www.soilandforestryservices.com	SCALE: 1" = 50'	FIELD WORK BD	DRAWN BY BD	PROJECT MGR. BD	PROJECT NO. 620-1026

CALCULATIONS

Location 115 Theron Place

Project Number 20-1006

Lot No: 101 CL&T

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\,day}$
Accepted? (YES OR NO)	Yes	
Supply Line Length	10	ft.
Supply Line Volume	3.7	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	0.00	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	0.00	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	0.0	in.
	Generic Draw Down of 21 gal.per in.	
Pump Run Time	#DIV/0!	minutes
Elevation Head	0	ft.
Pressure Head	0	ft.
Friction Factor	0	ft./100 ft. *(From the interpolater.)*
Friction Head	0.00	ft.
Elevation Head +15%	0	
Total Dynamic Head	0.00	ft.

RECEIVED AUG 13 2020

304830

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

Paid $350.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) Septic Improvement Permit (X) 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: (X) Survey Plat, sealed no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, sealed no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: _____ Address: _____ Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Mike Rempe Address: 143 DRAPER DR, STATESVILLE Zip: 28625

Owner Email: mike.rempe@outlook.com Phone: 864-991-7857 Alt. Phone: _____

Property Information:

Street Address: 115 THERON PLACE, TROUTMAN, NC

Subdivision Name: _____ Section Phase: _____ Lot Number: 101

Driving Directions: ~~STATE~~ MORRISON FARM RD, RT. ON APRIL, LEFT ON WOODWARD, LEFT ON THERON PL.

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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing WALKOUT
( ) 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: EXISTING WELL TO PROPOSED SEPTIC SETBACK
( ) 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: WCR 8/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

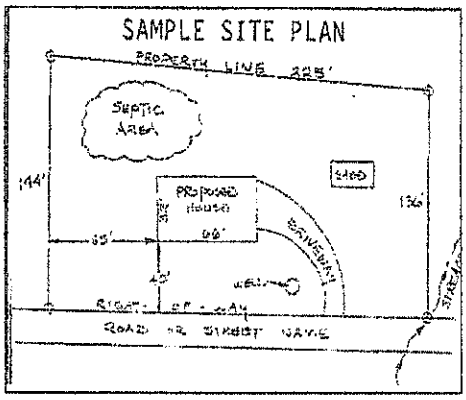
304830

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

See MMC460

Signature: W Cly

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

8/3/2020

DATE

304830

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, MICHAEL J. RAMPE, am the legal owner(s) of the property located at 115 THERON PLACE, TROUTMAN NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDELL OVERBY SOIL & FORESTRY SERVICES, 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.

_____ 2/10/2020
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

304830

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

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)
PIER, GAZEBO

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 2 and stories? 1

Please describe project (Details, Purpose, or Use): REMOVE EXISTING HOUSE, BUILD NEW HOUSE

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ~ 2400

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 MIKE RENPE / CRYSTAL KELLY Phone # 864-991-7857

Owner's Current Address 143 DRAPER DR., STATESVILLE, NC 28625

Property Information

Property Address 115 THELON PLACE, TROUTMAN, NC Parcel # _____

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

Directions to property (from a MAIN ROAD) MORRISON FARM, LEFT ON APRIL RD, LEFT ON WINDWARD, LEFT ON THELON

Application Information

Applicant's Name or Company MIKE RENPE Applicant's Phone # 864-991-7857

Applicant's Address 143 DRAPER DR

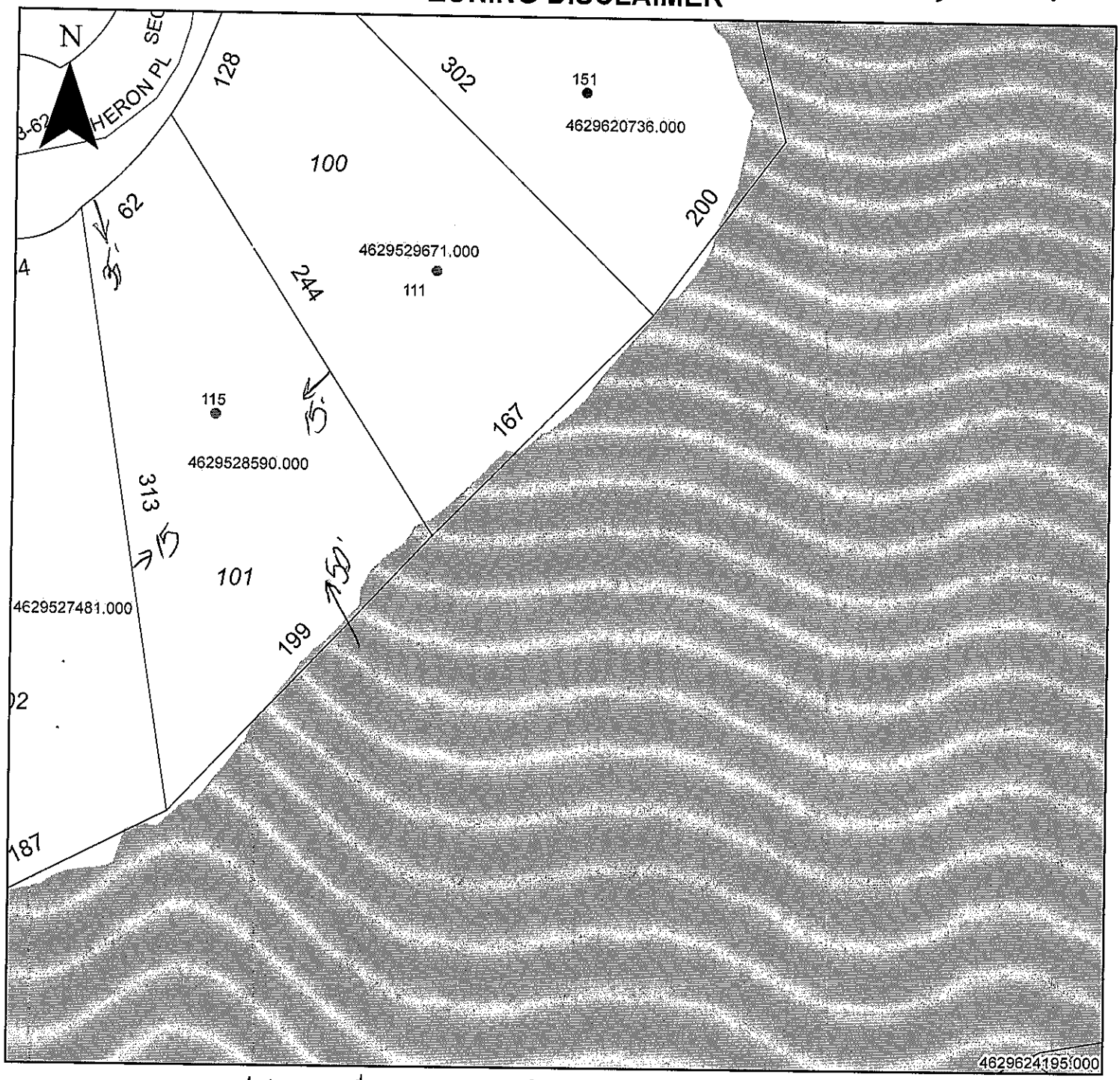
If Company, Representative's Name and Title:_____

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 _____ DATE 2/7/2020

304830

ZONING DISCLAIMER



Property Address 115 Theron PL

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.

V

Applicant

V

Date

IREDELL COUNTY

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

APPLICATION NUMBER
304830 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629528590.000	115 THERON PL	Iredell County

Owner Information	Applicant Information
Name: KELLY CRYSTAL L+MICHAEL J REMPE Address: Phone:	Name: KELLY CRYSTAL L+MICHAEL J REMPE Address: Phone:

Use Requested	Zone Code
OTHER	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.74	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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: 08/11/2020

Permit Number	304830	TOTAL FEES:	$77.25

RECEIVED MAY 18 2021 316819

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:

( ) Septic Improvement Permit (X) ~~New Well Permit~~ (L) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection (X) 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(I) FOR DETAILS.

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

The following optional attachments may also be submitted: (X) 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: Javier Chavez Address: 226 Walker Valley Dr. Stony Point Zip: 28678

Applicant Email: Javiepmainvestments11c.com Phone: 704-622-1881 Alt. Phone: 704-658-9514

Owner Name: Mike Rempe Address: 143 Draper Dr. Statesville Zip: 28625

Owner Email: _____ Phone: 864-991-7857 Alt. Phone: _____

Property Information:

Street Address: 115 Theron Place, Troutman, NC 28166

Subdivision Name: _____ Section/Phase: _____ Lot Number: 101

Driving Directions: Perth to State Park Rd (L) Morrison Farm (R) April Rd (L) Windwood Ln, (L) Theron Pl

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

(X) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____

(Y) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Valerie Chavez 4-14-2021

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

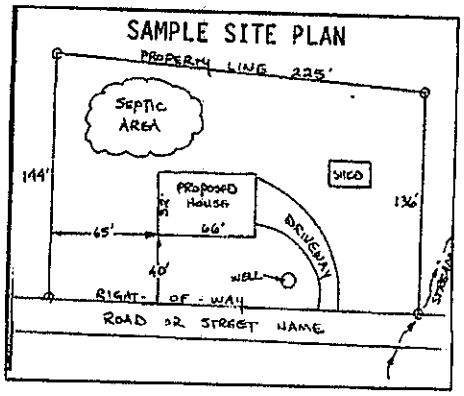
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached

Signature: Valerie Chavez — 4-14-2021

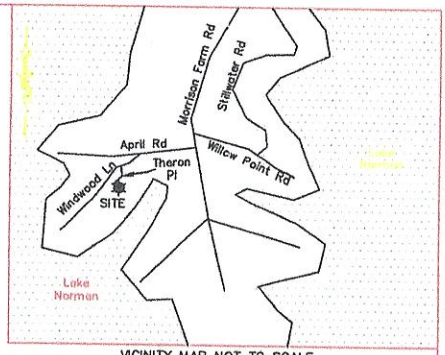
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

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.

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

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON III

PB: 13, PG: 62
Dated: 6/3/1976



VICINITY MAP NOT TO SCALE

THERON PLACE
APPARENT 60' R/W
(PB: 13 PG: 62)

Found #5 Rebar

proposed well

35' FRONT SETBACK

LOT 101
0.740 ACRES

Breeze-way 10'x22' Detached Garage

TAX ID: 4629-52-9671
CLEAR CAPITAL INVESTMENT GROUP LLC
DB: 2677 PG: 1857
PB: 13 PG: 62
LOT 100

Found #5 Rebar

Proposed Residence

25.0' 6.0' 6.5' 5.0' 10.0' 22.0' 10.0' 5.0' 15.0' 15.0' 32.5' 10.5' 15.0' 33.5' 26.5'

15' SIDE SETBACK

15' SIDE SETBACK

proposed pole location

existing pole

proposed septic tank

Pink 46' repair
Red 100'
Orange 100'
Yellow 100'
Blue 54' repair
Pink 42' repair

TAX ID: 4629-52-7481
JUDSON D. DERAMUS
DB: 1461 PG: 293
PB: 13 PG: 62
LOT 102

Found #4 Rebar

existing pole

Orange 68' repair

50' LAKE BUFFER

760' CONTOUR

LAKE NORMAN

Found #5 Rebar

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N48°12'00"E	42.27'
L2	S37°52'00"W	53.34'
L3	S58°50'00"W	39.92'

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	159.56'	18.30'	N 43°49'33" E	18.29'

LEGEND

R/W = Right-of-way

GRAPHIC SCALE

40 0 20 40

(IN FEET)
1 inch = 40 feet

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 SURVEY IS BASED ON DEED BOOK 2474 PAGE 74 AND PLAT BOOK 13 PAGES 62 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) THIS LOT LIES WITHIN A SUBDIVISION THAT WAS PREVIOUSLY TIED TO THE NORTH CAROLINA GRID SYSTEM.

5) BASIS OF BEARINGS: PLAT BOOK 13 PAGE 62 - DATED: JUNE 03, 1976.

6) 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 PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.

7) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

8) THIS PROPERTY LIES IN FLOOD ZONE "X" AND "AE" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710462900K, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.

PLOT PLAN
LOT 101
CRESCENT LAND & TIMBER CORP
LAKE NORMAN
SECTION 17
PLAT BOOK 13 PAGES 62
115 THERON PLACE
DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

Prepared For (Owner):
MIKE REMPE & CRYSTAL KELLY REMPE
143 DRAPER DRIVE
STATESVILLE, NC 28625

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	Project No.
Tax Parcel ID: 4629-52-8590		1" = 40'	19076
Date: APRIL 7, 2020			Sheet No.
File: 19076			1 of 1

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Michael T. Rempe, am the legal owner(s) of the property located at 115 Theron Pl, identified as PIN (Parcel Identification Number) 4639528590, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) PMA Investments, LLC, 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.

_____ 4/14/2021

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

WELL ABANDONMENT RECORD

For Internal Use ONLY

1. Well Contractor Information:
Alfred Kiesling Jr.
Well Contractor Name (or Well Owner if abandoning well on his/her property)
3266-A
NC Well Contractor Certification Number
B & K Well Drilling Inc
Company Name

2. Well Construction Permit #: 30483
(If more than one permit, attach a list of permit numbers. Contact DWR Central Office Staff if unknown)

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☒ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☐ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 5/17/21

5a. Well location:
Javier Chavez
Facility Owner Name
Facility ID# (if applicable)
115 Theron Place
Physical Address, City, and Zip
Iredell
County
4629528550
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(at well field, one location is sufficient)
_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
*Attach well construction record if available. For multiple injection or non-water supply wells **ONLY** with the same construction, abandonment, you can submit one form.*

6a. Well ID#: _____

6b. Total well depth: 45 (ft.)

6c. Borehole diameter: 18 (in.)

6d. Water level below ground surface: 20 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: 1

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:
*7c. Type of disinfectant used: Chlorine
*7d. Amount of disinfectant used: 32 ounces

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☒ Sand Cement Grout	☐ Dry Clay
☒ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout:	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:
5½ yards concrete

7g. Provide a brief description of the abandonment procedure:
Poured

8. Certification:
Alfred Kiesling
Signature of Certified Well Contractor or Well Owner
5-17-21
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0108 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

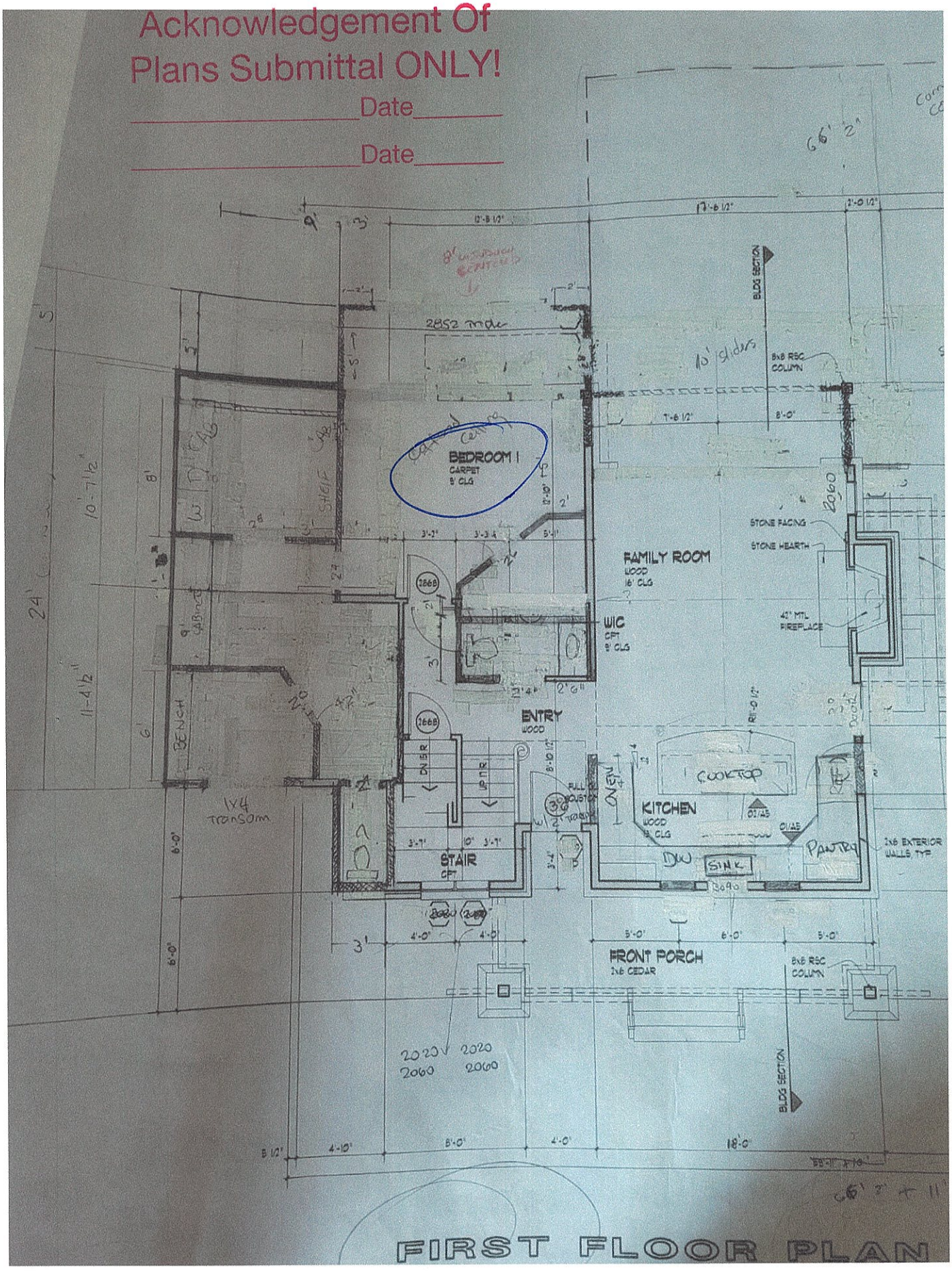
Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

Acknowledgement Of
Plans Submittal ONLY!

_____Date_____

_____Date_____

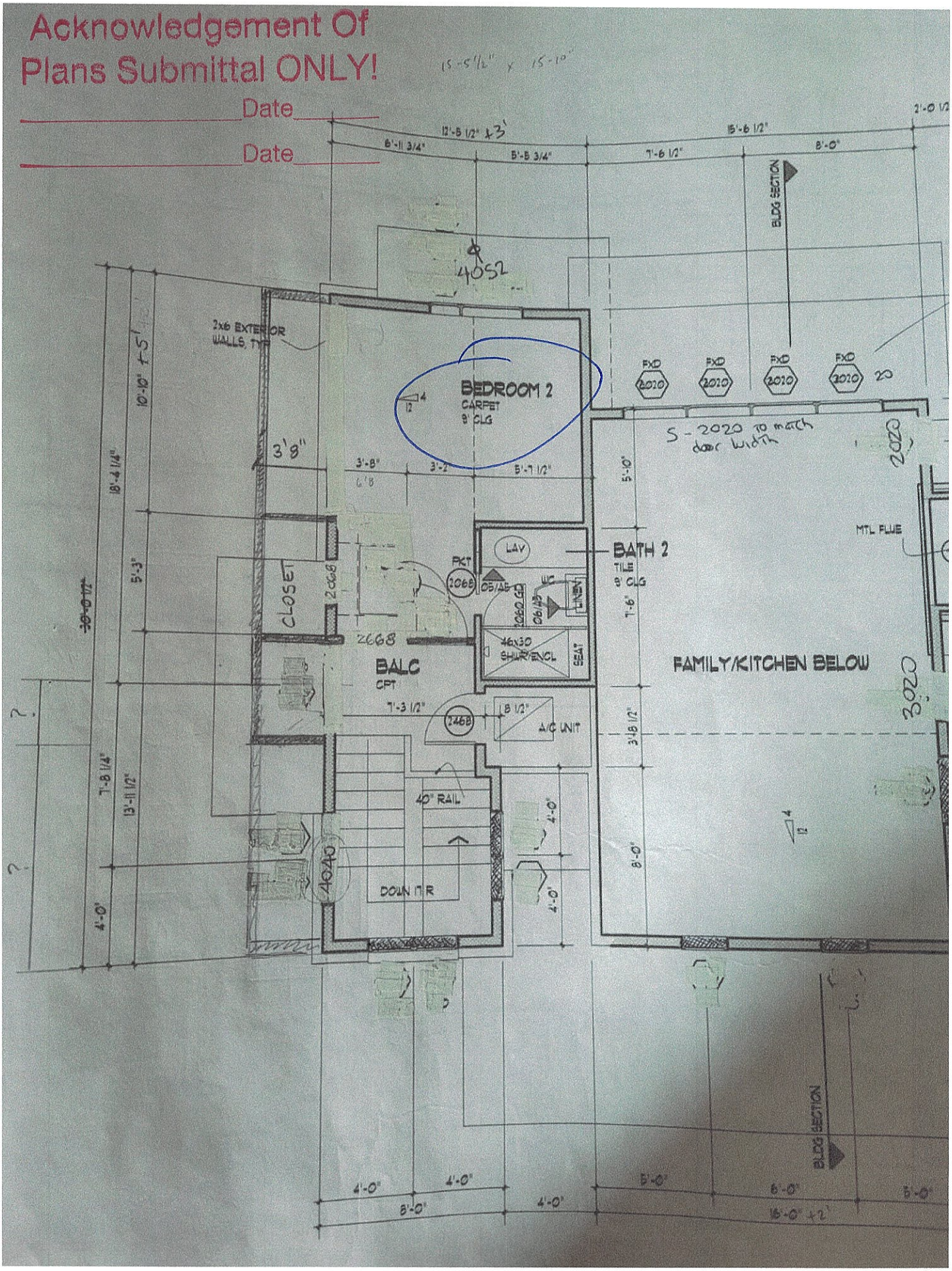


FIRST FLOOR PLAN

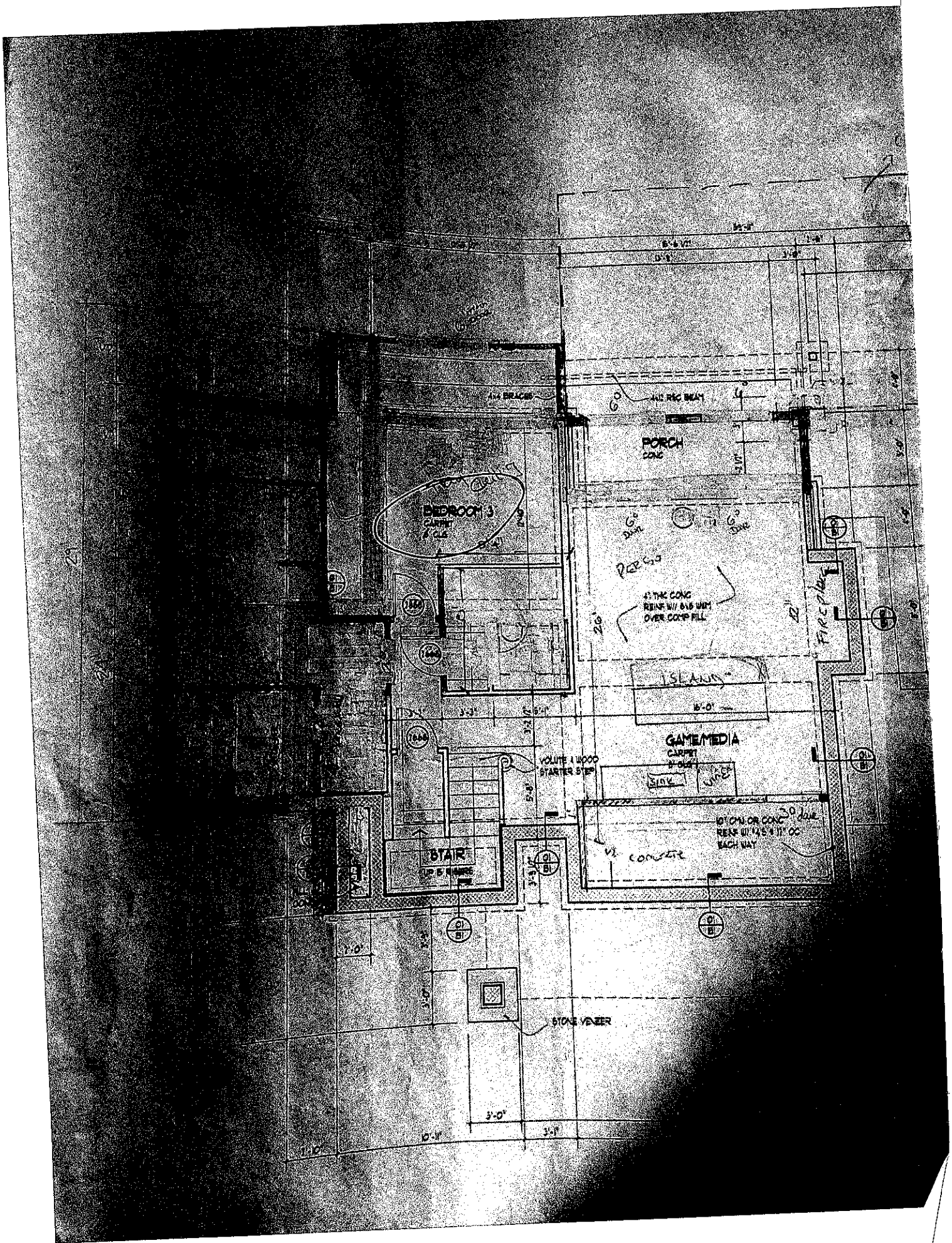
Acknowledgement Of
Plans Submittal ONLY!

Date

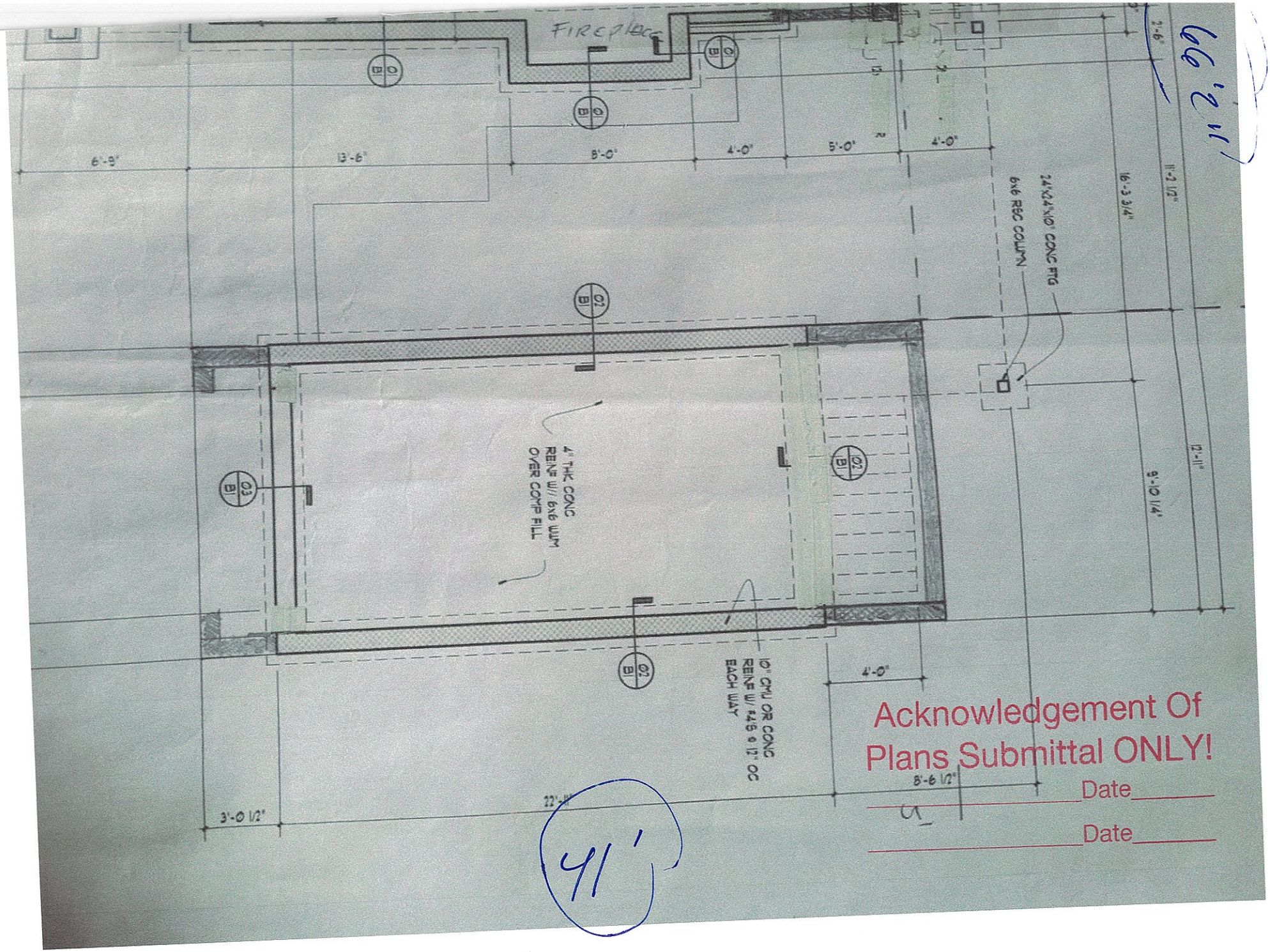
Date



2nd. PLAN


BEDROOM 3
CARPET
6" CLG
PORCH
CONC
4" THK CONC
REINF W/ 6x6 WWM
OVER COMP FILL
ISLAND
6'-0"
GAME/MEDIA
CARPET
6" CLG
VOLUTE 1 WOOD
STARTER STEP
STAIR
CUP & RISERS
STONE VENEER
FIREPLACE
3'-0"

BASEMENT


FIREPLACE
6'-9"
13'-6"
8'-0"
4'-0"
5'-0"
4'-0"
2'-6"
11-2 1/2"
16'-3 3/4"
24"x24"x10" CONC FTG
6x6 REC COLUMN
12'-11"
9'-10 1/4"
4" THK CONC
REINF W// 6x6 WWM
OVER COMP FILL
10" CMU OR CONC
REINF W/ #4 @ 12" OC
EACH WAY
4'-0"
5'-6 1/2"
3'-0 1/2"
22'-11"
Acknowledgement Of
Plans Submittal ONLY!
Date
Date