ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-311368

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

PIN # 4629 - 60 - 9188

APPLICANT/OWNER: O. KOHLER HOMES / STEVEN STAHLSCHMIDT APPLICANT ADDRESS: 167 MAPLE VIEW DRIVE, TROUTMAN, N.C. 28166

SITE ADDRESS: 242 ALLENDALE CIRCLE, TROUTMAN, N.C. 28166 PHONE: 704-309-0227 ALT. PHONE —

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

SUBDIVISION: Allendale Point SECTION: — LOT # 25 LOT AREA: DESIGN FLOW: L.T.A.R.:

Septic Tank	EXT	(gal)	STB	—	Date	—	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	EXT	(gal)	PT	—	Date	—	System Description:	EXISTING			
Pump Make	EXT	Model	—		Serial #	—	Repair System Description:	EXISTING			
# Nitrification Fields	2	# Lines	1BED + 3LINES		Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES	☐ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☐ 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: SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF INSPECTION. SEE ATTACHED EASEMENTS FOR DUKE POWER AND N.C.D.O.T.

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN FROM KATHLEEN SAUNDERS LSS DATED 11-25-2020

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **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: (+Parties) Date: 11/25/2020 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

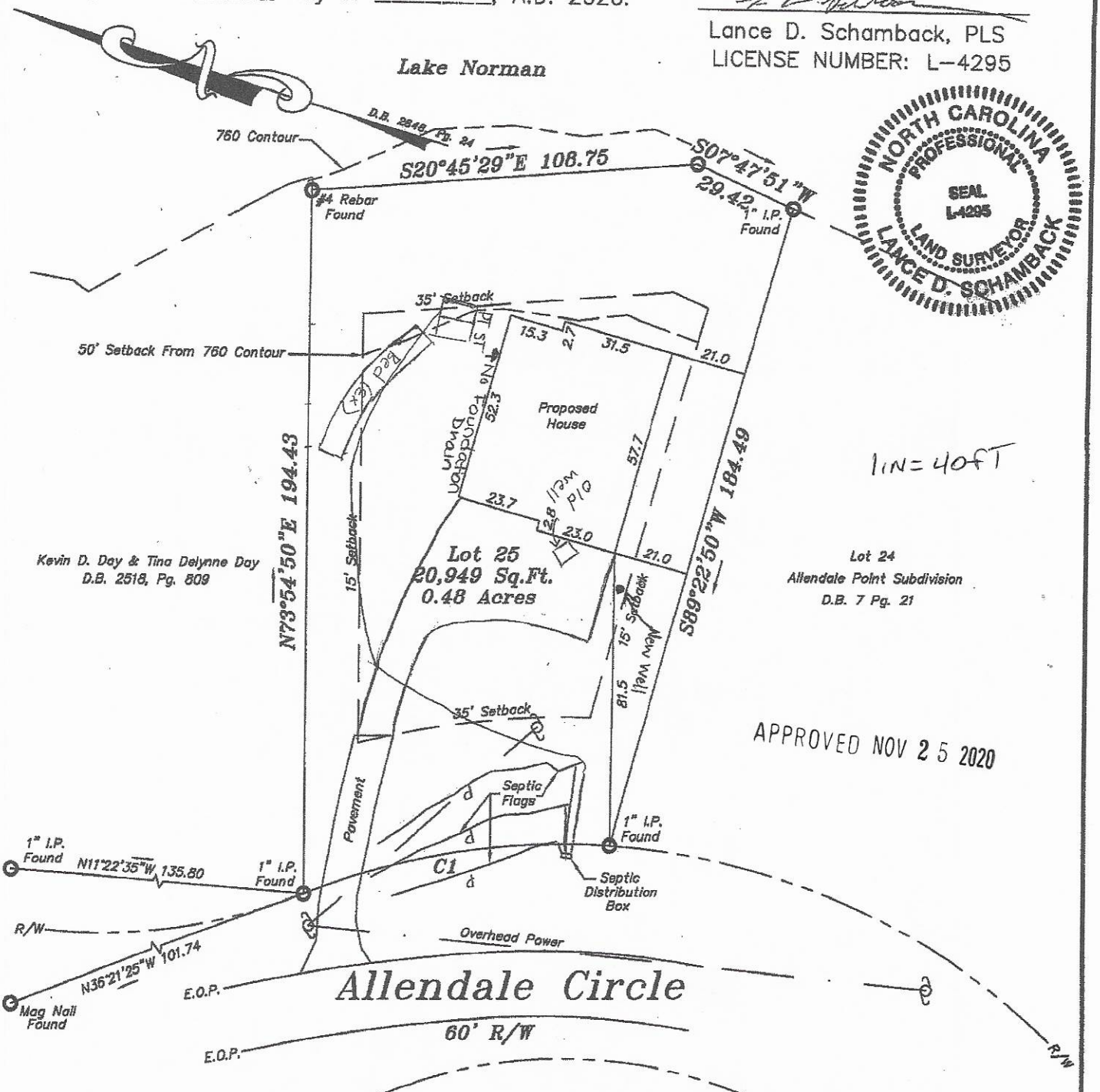
AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Burkett E. White Date: 11-25-2020

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

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 7, Page 21. That the boundaries not surveyed are indicated as drawn from information as shown on the survey; that the ratio of precision as calculated is 1: 10,000+ that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600). This 20 day of October, A.D. 2020.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK



CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	87.89	194.94	87.15	N25°02'22"W

Notes:
1) This property may be subject to Any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 7 at Page: 21 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing

GRAPHIC SCALE

40 0 20 40 80

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
~v~ = Not to scale
⊡ = Cable Box

Rec'd 9/30/2020 AP 311368 Paid $250.00 Ex. Sep. ck. 550.00 new well 9-30-20 @

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: O Kohler Homes Address: 167 Maple View Dr Zip: 28166
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Steven Stanlschmidt Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 242 Allendale Cir, Troutman
Subdivision Name: Allendale Point Section/Phase: 3 Lot Number: 25
Driving Directions: State Park Rd, Morrison Farm, Allendale

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

CHECK FOUNDATION TYPE

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

Water Supply: (X) Replacement Well – Reason: moving to new location
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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: Kathleen Saunders 9-30-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Needs to meet on site

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Oscar Koehler Jr, am the legal owner of the property located at 242 Allendale Cir, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, THE OAKS GROUP, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

(OKS) 9/30/2020

Signature of Owner Date

_____ _____

Signature of Witness Date

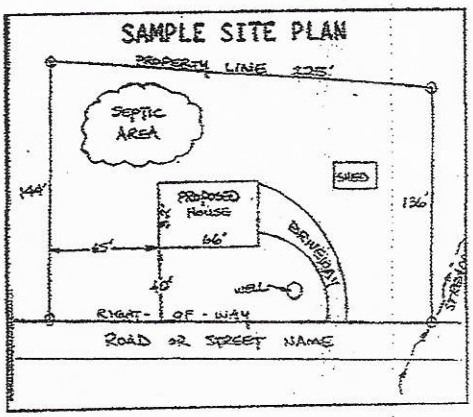
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

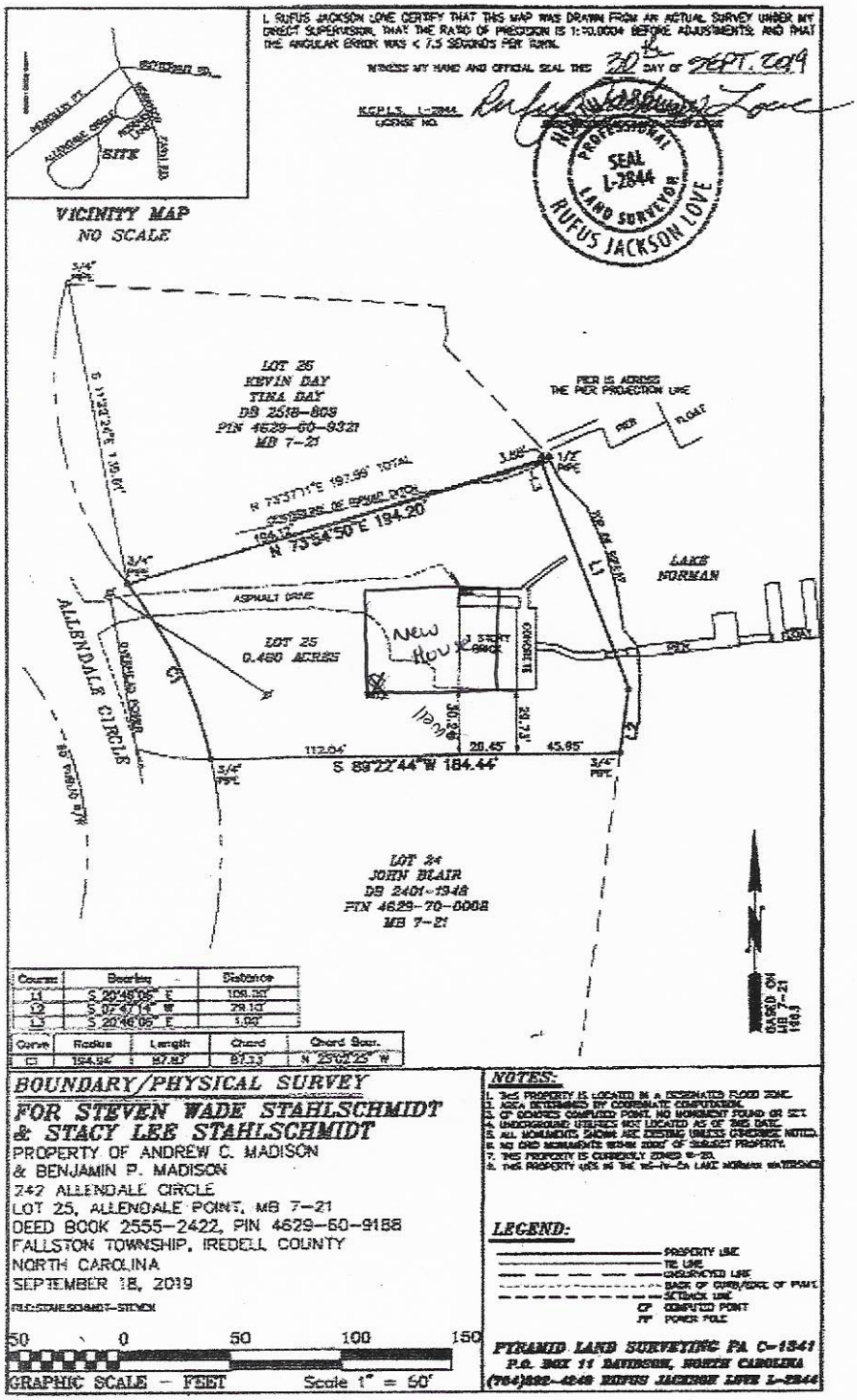
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

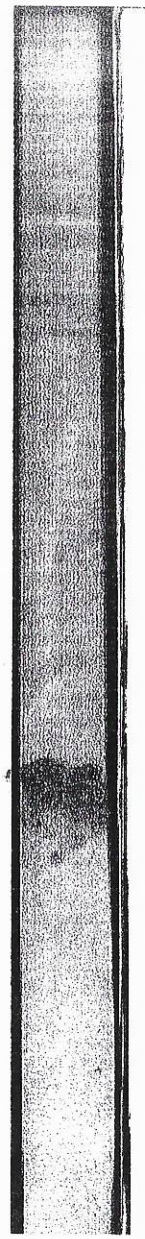
Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

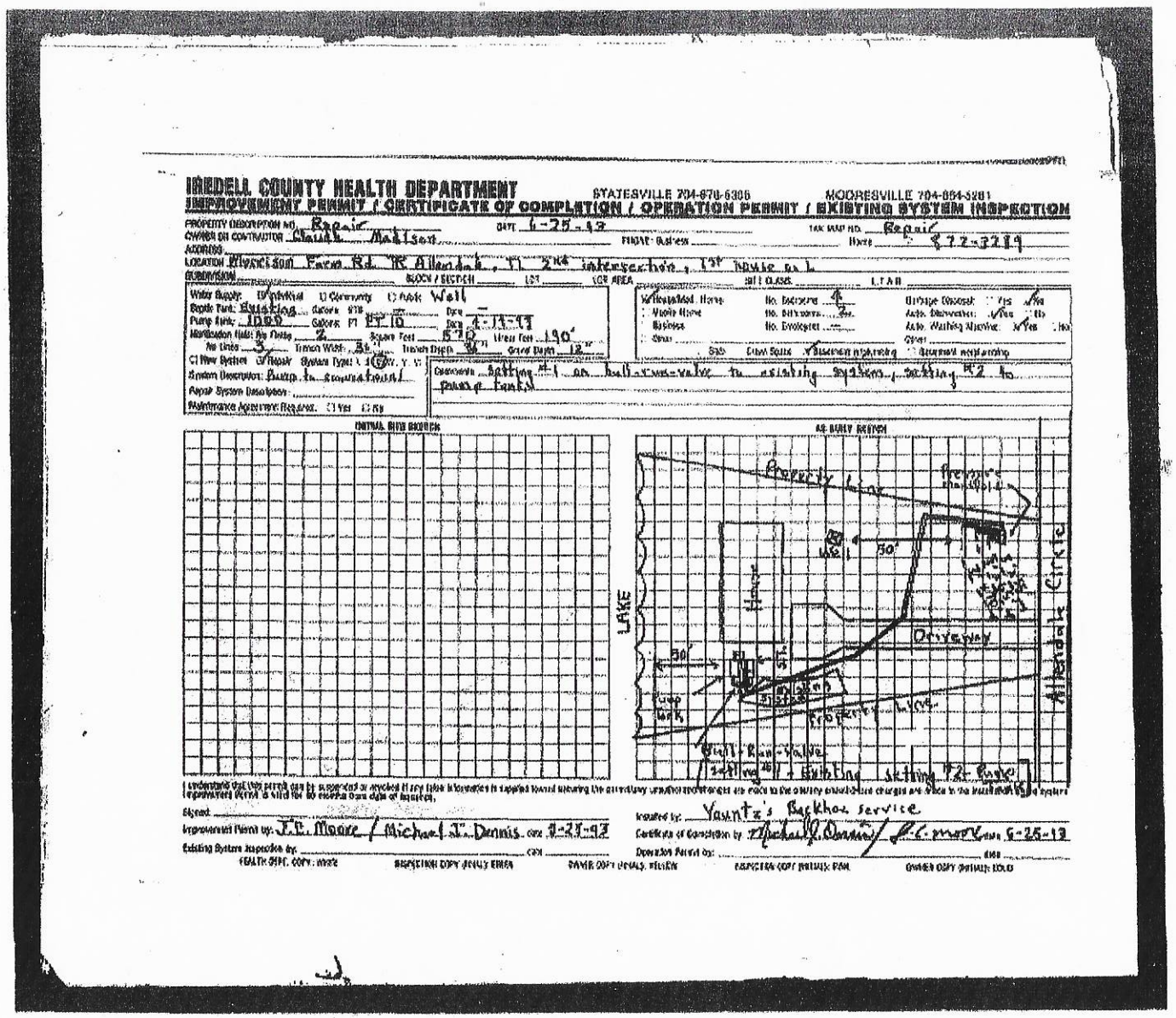
9-30-2020
DATE



Course	Bearing	Distance
L1	S 20°46'06" E	108.35'
L2	S 0°47'14" W	29.10'
L3	S 20°46'06" E	5.00'

Curve	Radius	Length	Chord	Chord Bear.
C1	194.94'	87.40'	87.33'	N 25°08'25" W





IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-6366 MOORESVILLE 704-664-3281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION AS: Repair DATE: 6-25-13 TAX MAP NO.: Repair

OWNER OR CONTRACTOR: Chuck Mattson PHONE: Home: 872-3219

ADDRESS:

LOCATION: Mattson Farm Rd. & Allendale Ct. 2nd intersection, 1st house on L

SUBDIVISION: BLOCK / SECTION: LOT: LOT AREA: SOIL CLASS: LTAR:

Water Supply: ☐ Individual ☐ Community ☐ Public Well

Septic Tank: Existing Gallons: Date:

Pump Tank: 1000 Gallons: PT 10 Date: 6-13-13

Manifold Valve: No. Trenches: 2 Square Feet: 570 Area Feet: 190'

No. Lines: 3 Trench Width: 36" Trench Depth: 24" Gravel Depth: 12"

☐ New System ☐ Repair System Type: Conv. X

System Description: Pump to Ground Level

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

Comments: Setting #1 on ball-valve to existing system, setting #2 to pump tank

Wells Located: Home No. Bedrooms: 4 Garbage Grinder: ☐ Yes X No

Public Water: No. Bathrooms: 2½ Auto. Dishwasher: X Yes ☐ No

Business: No. Employees: Auto. Washing Machine: X Yes ☐ No

Other: Other:

Soil: Class Saprolite ☐ Restrictive horizon ☐ Seasonal saturation

INITIAL SITE SKETCH

AS BUILT SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied thereon, allowing the agent/any unauthorized entry on site to the owner constitutes consent and access to the premises for inspection. This permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: J.E. Moore / Michael T. Dennis Date: 3-27-13

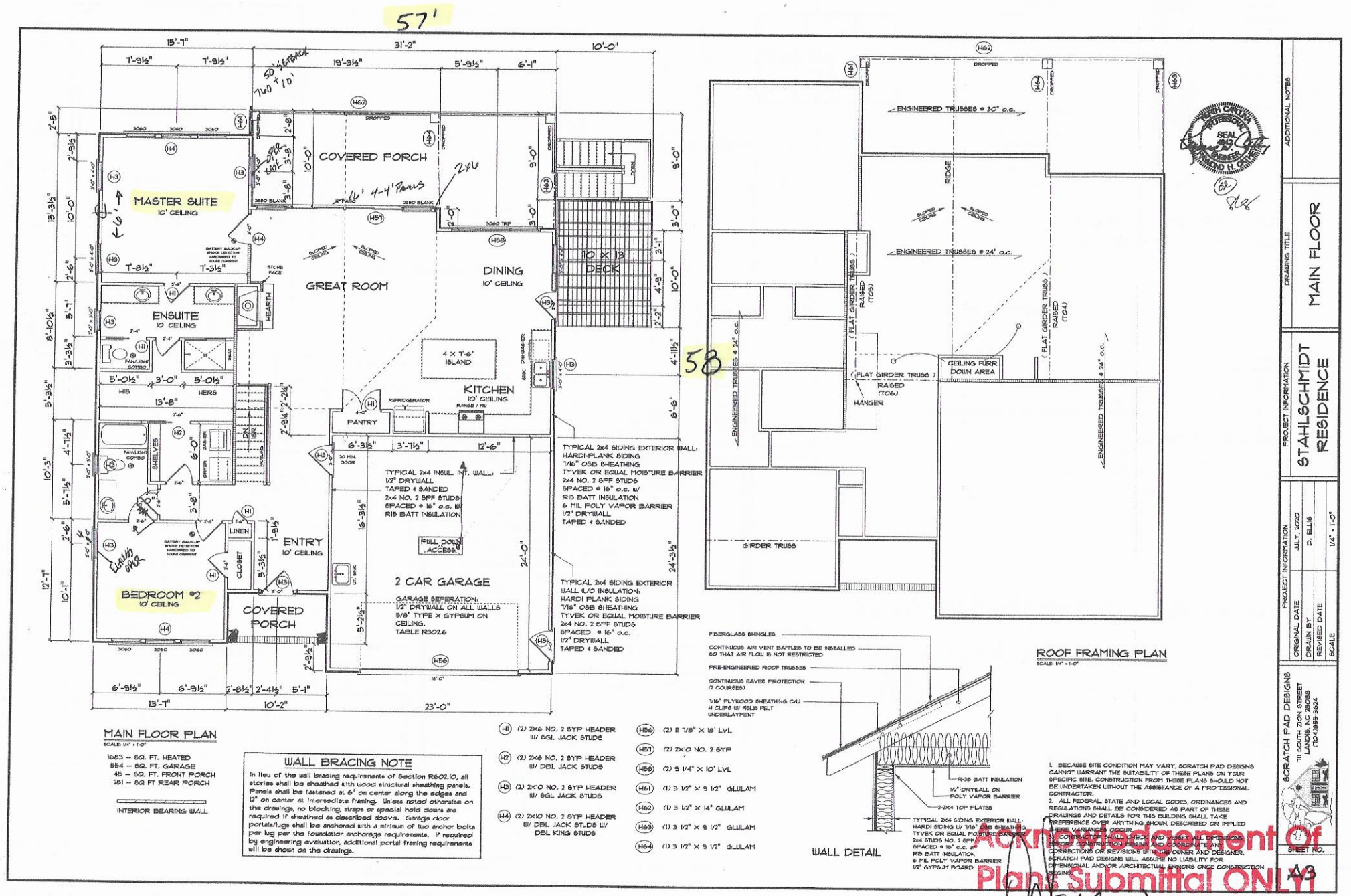
Existing System Inspected by: Date:

Issued by: Yaunt's Backhoe Service

Certificate of Completion by: Michael T. Dennis / J.E. Moore Date: 6-25-13

Operation Permit by: Date:

HEALTH DEPT. COPY: WHITE INSPECTION COPY: CANARY PAGE COPY: PINK/BLUE INSPECTOR COPY: GOLDENROD OWNER COPY: GREEN



MAIN FLOOR PLAN

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

1663 – SQ. FT. HEATED
554 – SQ. FT. GARAGE
45 – SQ. FT. FRONT PORCH
281 – SQ FT REAR PORCH

INTERIOR BEARING WALL

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

- (H1) (2) 2x6 NO. 2 SYP HEADER W/ SGL JACK STUDS
- (H2) (2) 2x6 NO. 2 SYP HEADER W/ DBL JACK STUDS
- (H3) (2) 2x10 NO. 2 SYP HEADER W/ SGL JACK STUDS
- (H4) (2) 2x10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS
- (H56) (2) 11 7/8" X 18" LVL
- (H57) (2) 2x10 NO. 2 SYP
- (H58) (2) 9 1/4" X 10" LVL
- (H61) (1) 3 1/2" X 9 1/2" GLULAM
- (H62) (1) 3 1/2" X 14" GLULAM
- (H63) (1) 3 1/2" X 9 1/2" GLULAM
- (H64) (1) 3 1/2" X 9 1/2" GLULAM

ROOF FRAMING PLAN

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

WALL DETAIL

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER.
4. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTIAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE: MAIN FLOOR

PROJECT INFORMATION: STAHLSCHMIDT RESIDENCE

PROJECT INFORMATION	
ORIGINAL DATE	JULY, 2020
DRAWN BY	D. ELLIS
REVISED DATE	
SCALE	1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO. A3

Acknowledgement Of Plans Submittal ONLY

Date 11/25/20

Date

Brandt C. White 11-25-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER

311368
Issue Date: 09/30/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629609188.000	242 ALLENDALE CIR	Iredell County

Owner Information	Applicant Information
Name: STAHLSCHMIDT STACY L+STEVEN W	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

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

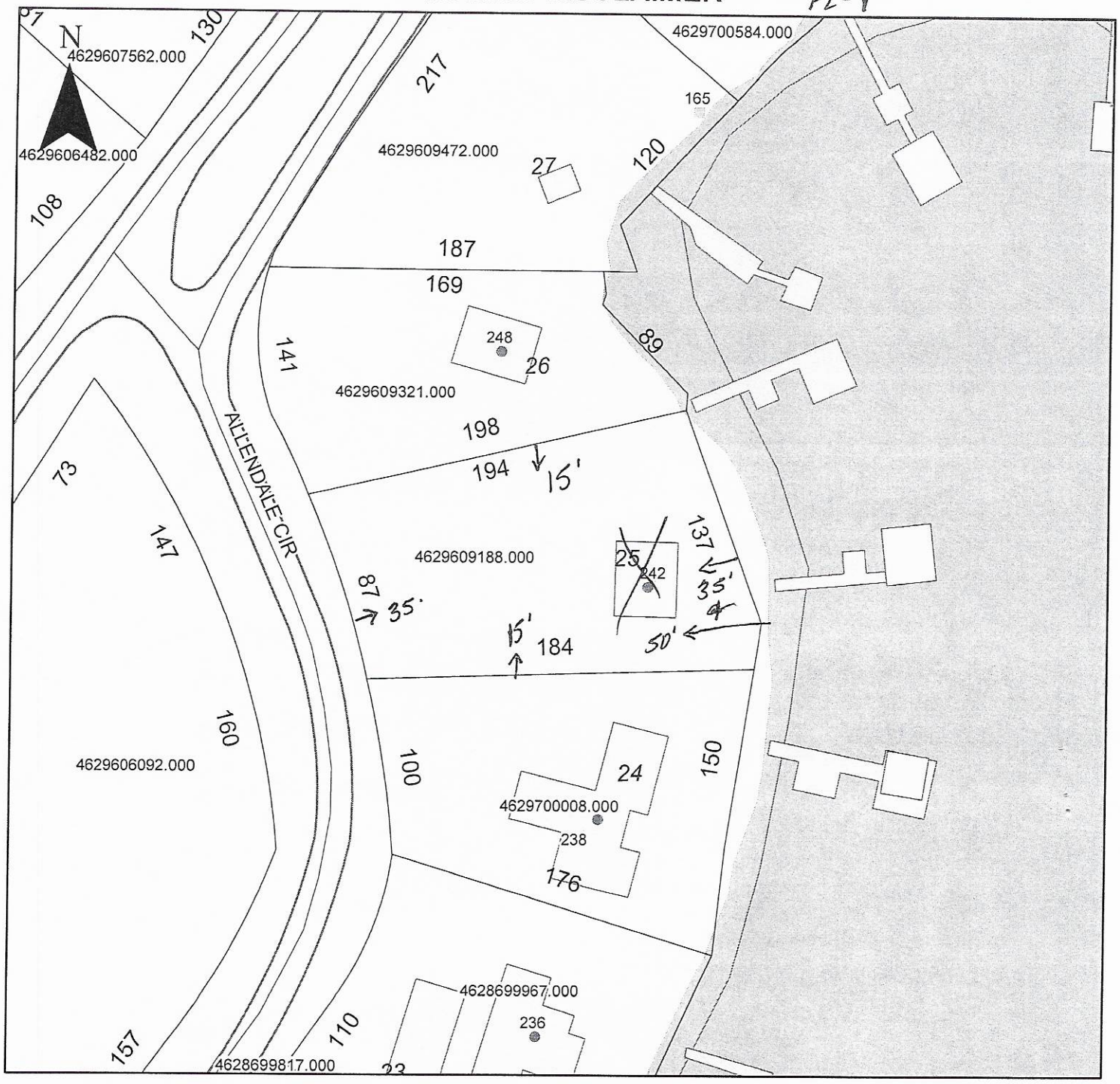
Date: 09/30/2020

Permit Number	311368	TOTAL FEES:	$77.25

311368

R-20 .446
WS IV CA C/LN
FL-X

ZONING DISCLAIMER



Property Address 242 Allendale Cir.

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.

Kathleen Saunders
Applicant

9-30-2020
Date