ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322586.

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

PIN # 4629 --61 --2899

APPLICANT/OWNER: Tim Whelan APPLICANT ADDRESS: 152 Keven Drive Troutman

SITE ADDRESS: 152 keven Drive Troutman NC 28166 PHONE: 704-400-3932 ALT. PHONE 704-662-6460

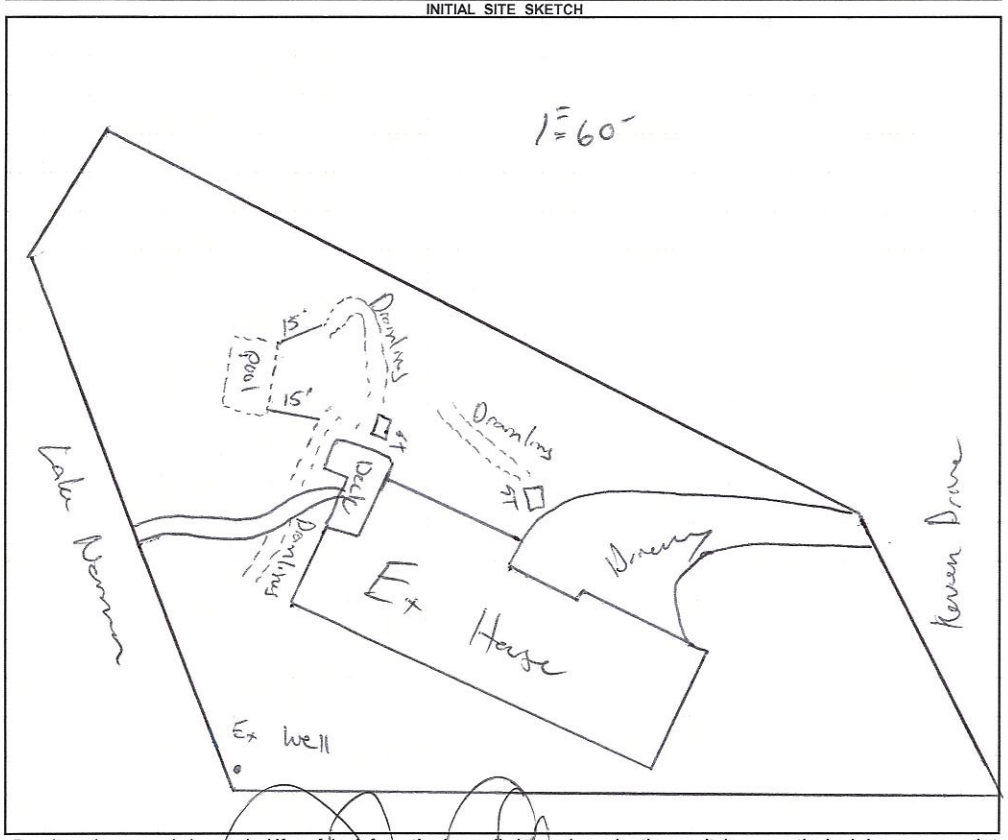
SITE DIRECTIONS: Perth Road to State Park Ln Morrison Farm R on Penicillin Point Rd keven SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL&T SECTION: 17 LOT # 84 LOT AREA: 0.84 Acre DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Ex	Water Supply
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons	Ex	☒ Private
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Ex System functioning properly at time of Inspection.

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.

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: 3-27-2022 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 3.14.22

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

RECEIVED FEB 1 - 2022

JB

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

AP-322586

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $250.00

Application For: ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tim Whelan Address: 152 Keven Drive Troutman NC Zip: 28166
Applicant Email: timwhelan@whelanhomes.net Phone: 704-400-8932 Alt. Phone: 704-662-6460
Owner Name: Dave Hammon Address: 917-337-0757 Zip: _____
Owner Email: _____ Phone: dave@acklem.com Alt. Phone: 704-662-6460

Property Information:

Street Address: 152 Keven Drive Troutman NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: 84
Driving Directions: Perth Road to State Park Road . Then left on Morrison Farm Road . Follow to right on Penicillan Point and then Quick right on Keven . House all the way at end on right . Shared Driveway until you get to

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: want to add pool
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
(X) 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: _____

( ) New Well (X) 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: Tim Whelan T. Whelan Homes Inc. 704-400-8932 10/20/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Dave Hannon, am the legal owner(s) of the property located at 152 Keven Drive Troutman NC 28166, identified as PIN (Parcel Identification Number) 4629612899, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tim Whelan / T. Whelan Homes Inc. _____, 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.

× _____ 10/20/2021
Signature of Owner(s) Date

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

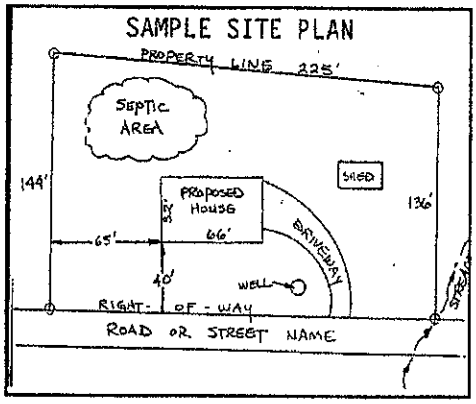
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 complete survey with location of pool requested

Tim Whelan

Signature: _____ 10/20/2021

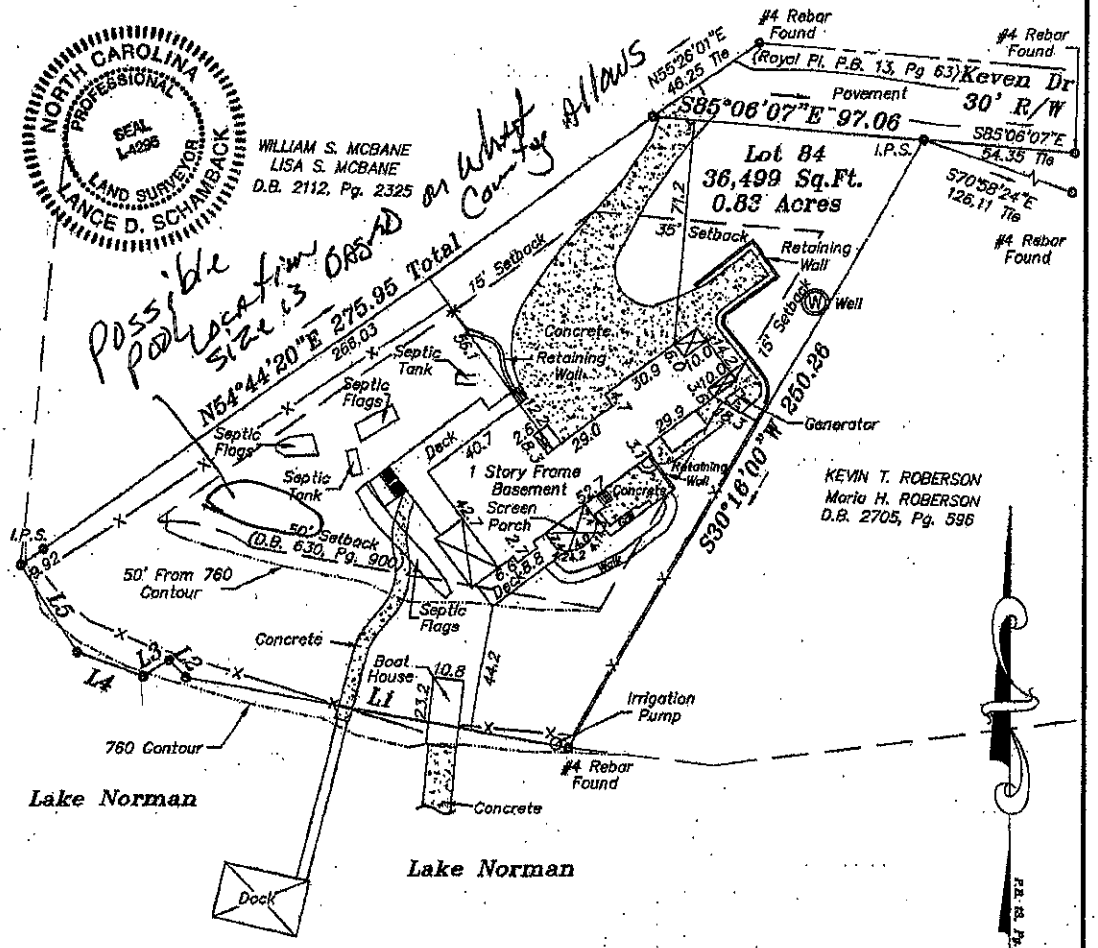
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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: 13, Page 63. 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 16 day of October, A.D. 2021.

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

LINE TABLE		
LINE	LENGTH	BEARING
L1	139.14	N79°49'53"W
L2	8.54	N44°31'36"W
L3	10.82	S58°36'24"W
L4	25.08	N69°39'36"W
L5	37.32	N32°44'36"W

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



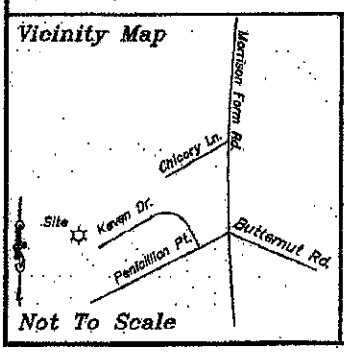
Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 13 at Page: 63, recorded in the Iredell County Register of Deeds.
3) No Title Commitment was provided or reviewed.
4) This survey is of an existing parcel or parcels of land.
5) Area by coordinate method.

GRAPHIC SCALE (IN FEET)
1 inch = 50 ft.
50 0 25 50 100

Legend
E.O.P. = Edge of Pavement
R/W = Right-of-way
= Not to scale
Ⓢ = Sanitary Sewer Manhole
= Catch Basin
RCP = Reinforced Concrete Pipe
I.P.S. = #4 Rebar Set

Vicinity Map



Not To Scale

Boundary Survey
FOR
David James Hannon

PROPERTY DESCRIPTION
Lot 84, Section 17
Crescent Land & Timber Corp.
Plat Book 13 at Page 63
Davidson Township, Iredell County, NC

SCALE: 1" = 50'
FIELD BOOK:
FILE: 2021-245
Tax Pin #: 4629612899

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

-15.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR A. T. SKEEN DATE 8-2-89 PERMIT NO. 36-6-A

PHONE: Business _____ Home _____

LOCATION Morrison Fayetteville Pt. off State Park Rd. - T.R. on Pencillia Pt. Rd. immediately on distal. - go to end on left. S. R. No. _____

SUBDIVISION NAME SECTION 17 LOT NO. 84 SECTION OR BLOCK NO. _____

NEW HOUSE

House (✓) Mobile Home ( ) Business ( ) Other _____

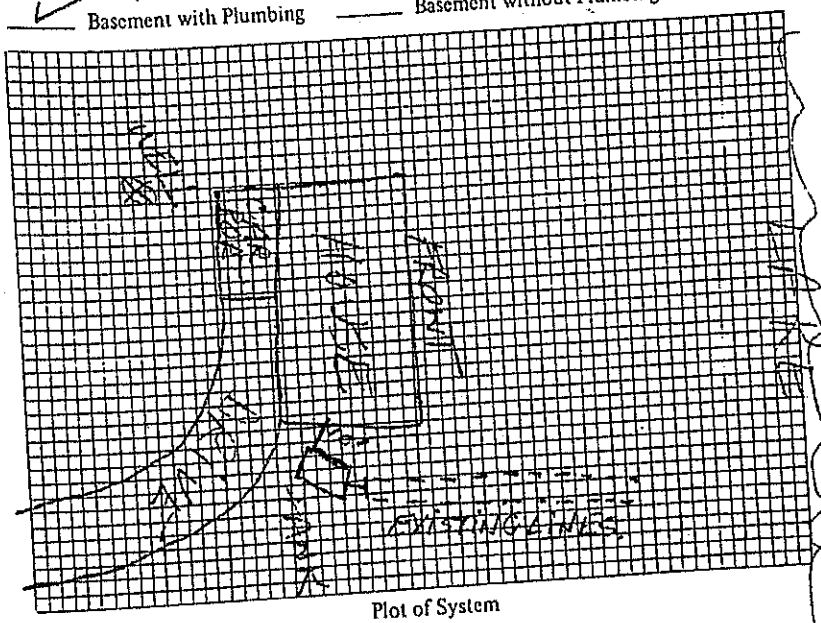
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil EXISTING SEPTI
Percolation Rate _____
Topography _____
Depth to Water Table TANK SYSTEM.
Rock or other impervious formations _____

Lot Area EXISTING.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank EXISTING

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install se system as specified on this Impr Permit.

Signed: X A. T. Skee

IMPROVEMENTS PERMIT BY _____ DATE _____

COMMENTS: Existing septic tank system functioning properly at time of inspection. Mobile home to be removed from upon completion of house.

CERTIFICATE OF COMPLETION BY Steve Brown 878-5305 DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULA

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in maki Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Go

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR A. T. SKEEN DATE 12-5-89 PERMIT NO.

PHONE: Business Home

LOCATION Morrison Farm Rd. off State Park Rd. - go down T.R. on this paved rd. - then T.R. immediately on dirt rd. - go to end on left S. R. No.

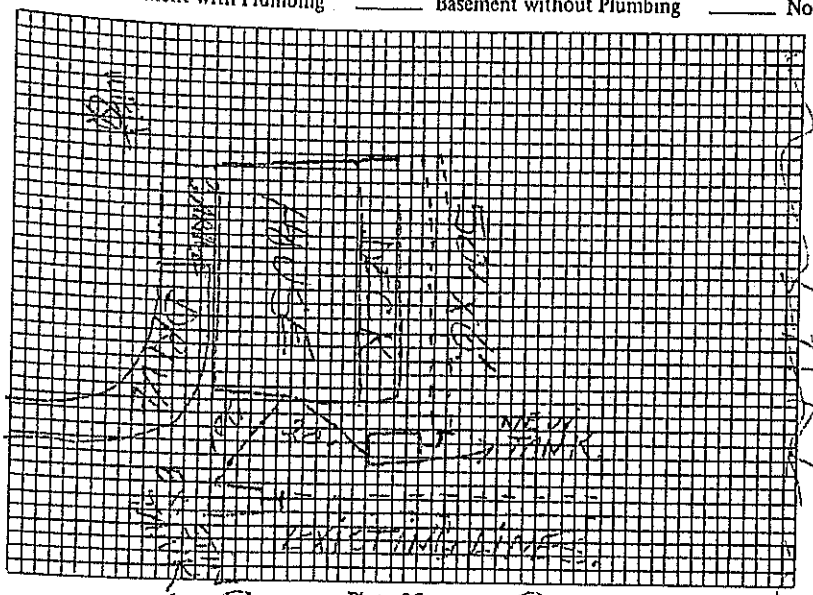
SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House (1) Mobile Home ( ) Business ( ) Other Separate septic tank system for home

No. Bedrooms No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (1)	Character & Porosity of Soil	Gray, Suitable, Plenty
Auto. Dishwasher	Yes ( )	No (1)	Percolation Rate	4gal/sq.ft
Auto. Wash. Machine	Yes ( )	No (1)	Topography	2-10%
Site Suitable	Yes (1)	No ( )	Depth to Water Table	10' +
Lot Area Ample.			Rock or other impervious formations	None Encountered

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1000 Gals

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12

Water Supply: Individual (1)
Public ( )

Installed by

I understand and agree to install septic tan system as specified on this Improvement Permit.

Signed: X

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Stay 50' off high water mark of Lake. This permit is for 3 bedroom septic tank. A proper application must be obtained for 4 bedroom.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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

APPLICATION NUMBER
322586 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629612899.000	152 KEVEN DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: HANNON DAVID JAMES	Name: T WHELAN HOMES INC
Address:	Address: PO BOX 4419
	MOORESVILLE, NC 28117
Phone:	Phone: (704)400-8932

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.84	35	50	10	10	WSIV-CA Catawba/Lake Norman	YES

Remarks

POOL **needs existing system*

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

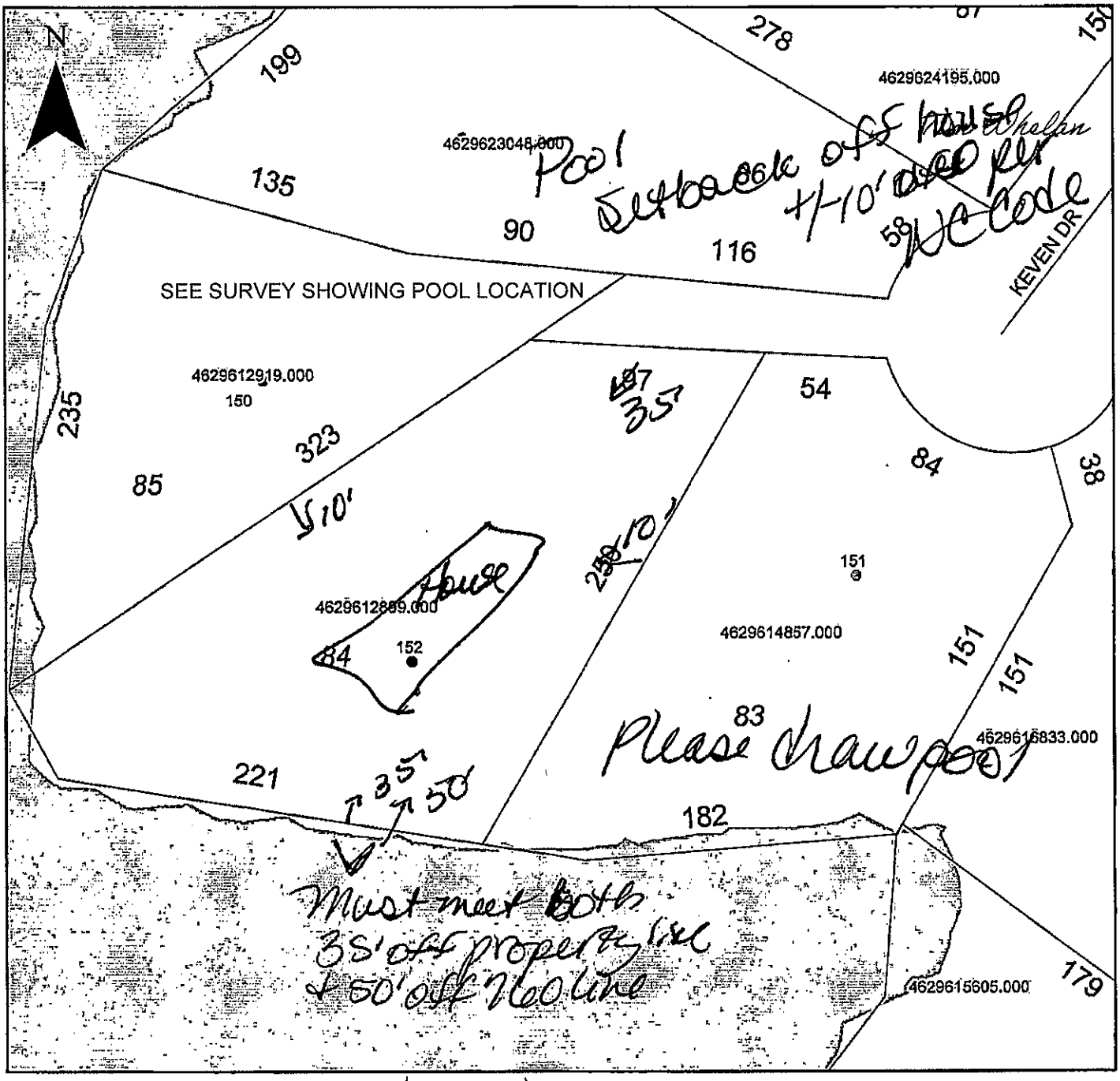
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 10/25/2021

Permit Number	322586	TOTAL FEES:	

ZONING DISCLAIMER



Property Address 152 Keven

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.

Tim Whelan T. Whelan Homes Inc 10/26/2021

Applicant Date