IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234783

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

PIN # 4629-63-6630

APPLICANT/OWNER: Americas Home Place APPLICANT ADDRESS: 1206 Greenland Dr. Statesville, NC

SITE ADDRESS: 129 April Rd. Troutman, NC 28166 PHONE: 704-657-0847 ALT. PHONE

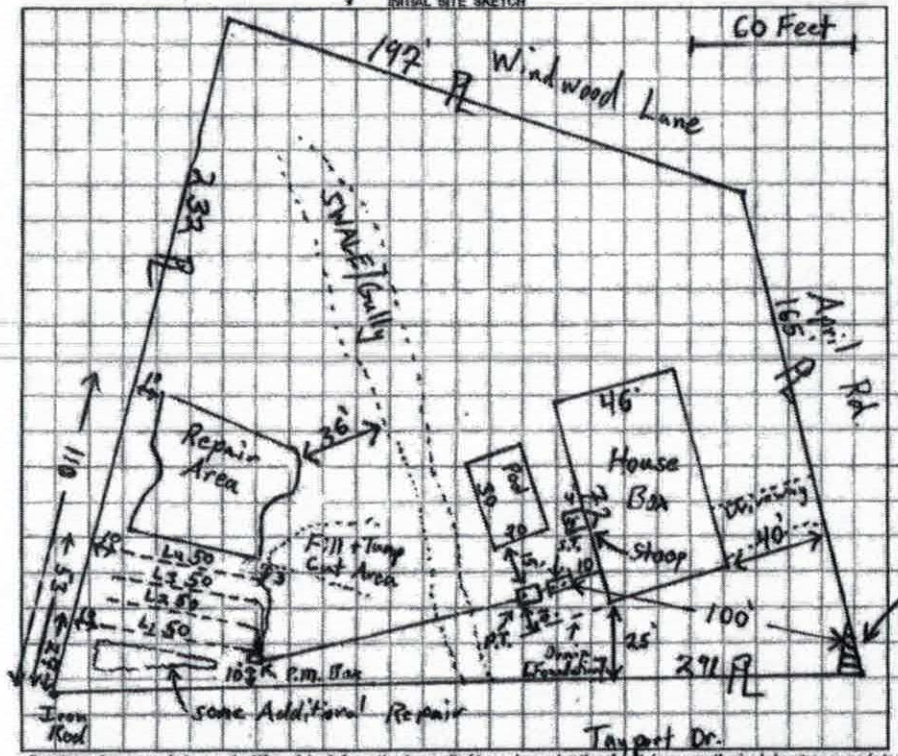
SITE DIRECTIONS: Perth Rd → State Park Rd → Morrison Farm Rd → R on April Rd → Lot/House on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: CL+T SECTION: 17 LOT # 1 LOT AREA: 1.00 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.3 (Reg.) / 0.36 (Repair)

Septic Tank	1000 (gal)	STB	7-16-18	Date	7-24.	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	4/15/18	Date	2-83.	System Description: PM-PPBPS (50% Reduction)		☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description: LP-PPBPS (50% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Fill + Tamp area of ext adjacent primary + repair septic areas. PM box to utilize 4x 1/2" SCH-80 taps (3).92 GPM) with 11 panels per line (44 total). Recommend setting control floats to dose system 120 gallons per pumping event.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	10/16	BB
Tanks Checked	10/16	BB.
Pressure Manifold or Valve Box Checked	12/5	KW
Pressure Head Set	12/5	KW
Electrical Checked	12/5	KW
Floats Set	12/5	KW
Alarm Checked	12/5	KW
Maintenance Contract Y (N)		
Comments:		

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 to 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: Steven Shelton Date: 9/17/18 Installed by: Abernathy Grading & Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/7/18 OPERATION PERMIT by: Kayla Watson Date: 12-5-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/7/18 Existing System Inspected by: Date:

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 inspection time.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4629-63-6633
COUNTY: Iredell

H I

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeremy Wayne Overcash
ADDRESS: PO Box 906 Troutman, NC
PROPOSED FACILITY: 3 BR SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 129 April Rd. Troutman, NC

APPLICATION DATE 8/7/18
DATE EVALUATED: 8/13/18 8-23-18
PROPERTY SIZE: 1.00 acre
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 8/13/18	LSS LSS 18%	0-8	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		46"	—	—	0.3 PS
		8-14	clay common m/c w.ABK, M.SBK	Sl. Firm, Sticky, Sp, Sexp					
		14-46	V.SBK comp clay Loam Saprolite	Sl. Friable, SS, Sp, Sexp					
		46-73	MA Loamy Saprolite	Friable + moderately Drained					
2 8/13/18	HS LSS 22%	0-8	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		52	—	—	0.25 PS
		8-28	Clay M.ABK/SBK	Sl. Firm, Sticky, Sp, Sexp	Magnanese @ 12"-70"				
		28-52	Clay Loam w/ some Saprolite w.SBK	Sl. Friable SS, Sp, Sexp					
		52-71	MA Loamy Saprolite	Friable, Poorly Drained [Don't Use]					
3 8/23/18	Woods below Existing system LSS 27%	0-4	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		18"	—	—	0.40 PS
		4-18	clay Loam + w.SBK common Saprolite	Friable + SS, Sp, Sexp					
		18-40	MA Loamy Saprolite	Very Friable + Well Drained					
		40-72	MA Sandy Saprolite	Very Friable + Excellent Drainage	(≈0.5')				
4 8/23/18	Clearing [Ex Repair Area 24% LSS	0-9	SCL V.W.SBK	Sl. Fr, SS, Sp, Sexp		27"	—	—	0.35 PS
		9-27	clay Loam V.W.SBK some Saprolite	Friable, SS, Sp, Sexp					
		27-70	MA Loamy Saprolite	Very Friable, Very Well Drained					

172 Need

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Existing	208' (172 needed)
System Type(s)		PPBPS
LTAR		0.35

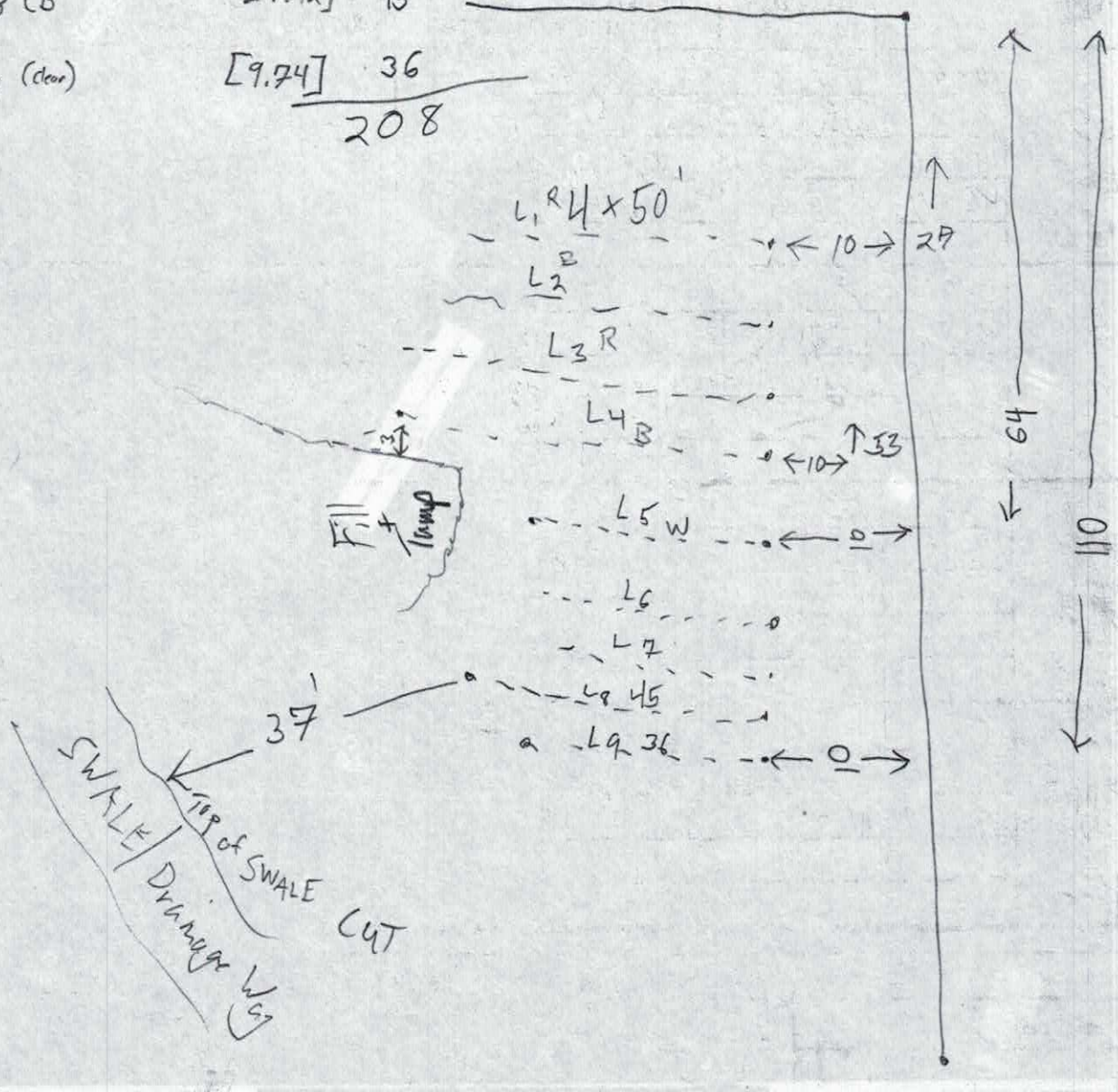
OTHER FACTORS (.1946): Fill + Tamp Cut (2') areas
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

NTS:

L_4 (Blue)	5.90		2
L_5 (R) (W)	7.80		48
L_6 (W)	9.30		41
L_7 (B)	11.27	[4.85]	38
L_8 (B		[7.42]	45
L_9 (clear)		[9.74]	36
			208

Repair

23% Slope
5.27" of correction for 24" trenches



RECEIVED AUG 7 - 2018

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

234783

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Americas Home Place Address: 1206 Greenland Dr Statesville, NC Zip: 28677
Applicant Email: lbarker@americashomeplace.com Phone: 704-657-0840 Alt. Phone: 704-872-4400
Owner Name: Jeremy Wayne Overcash Address: P.O. Box 906 Troutman, NC Zip: 28166
Owner Email: jovercash2808@yahoo.com Phone: 704-796-0261 Alt. Phone: 704-658-7719

Property Information:

Street Address: 129 April Rd Troutman, NC 28166
Subdivision Name: N/A Section/Phase: N/A Lot Number: 1
Driving Directions: Perth Rd → State Park Rd → (left) Morrison Farm Rd → (right) April Rd. Corner lot between Tayport Dr. and Glindwood Ln.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (✓) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
( ) 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:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (1) 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: Lynn Barker 8-7-2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Jeremy Wayne Overcash, am the legal owner(s) of the property located at 129 April Rd, Troutman, NC 28166, identified as

PIN (Parcel Identification Number) 4629636630.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** America's Home Place, _____, 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.

_____ 8-7-2018

Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

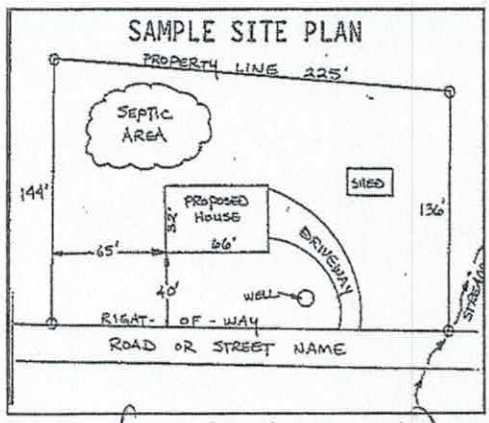
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- ( ) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

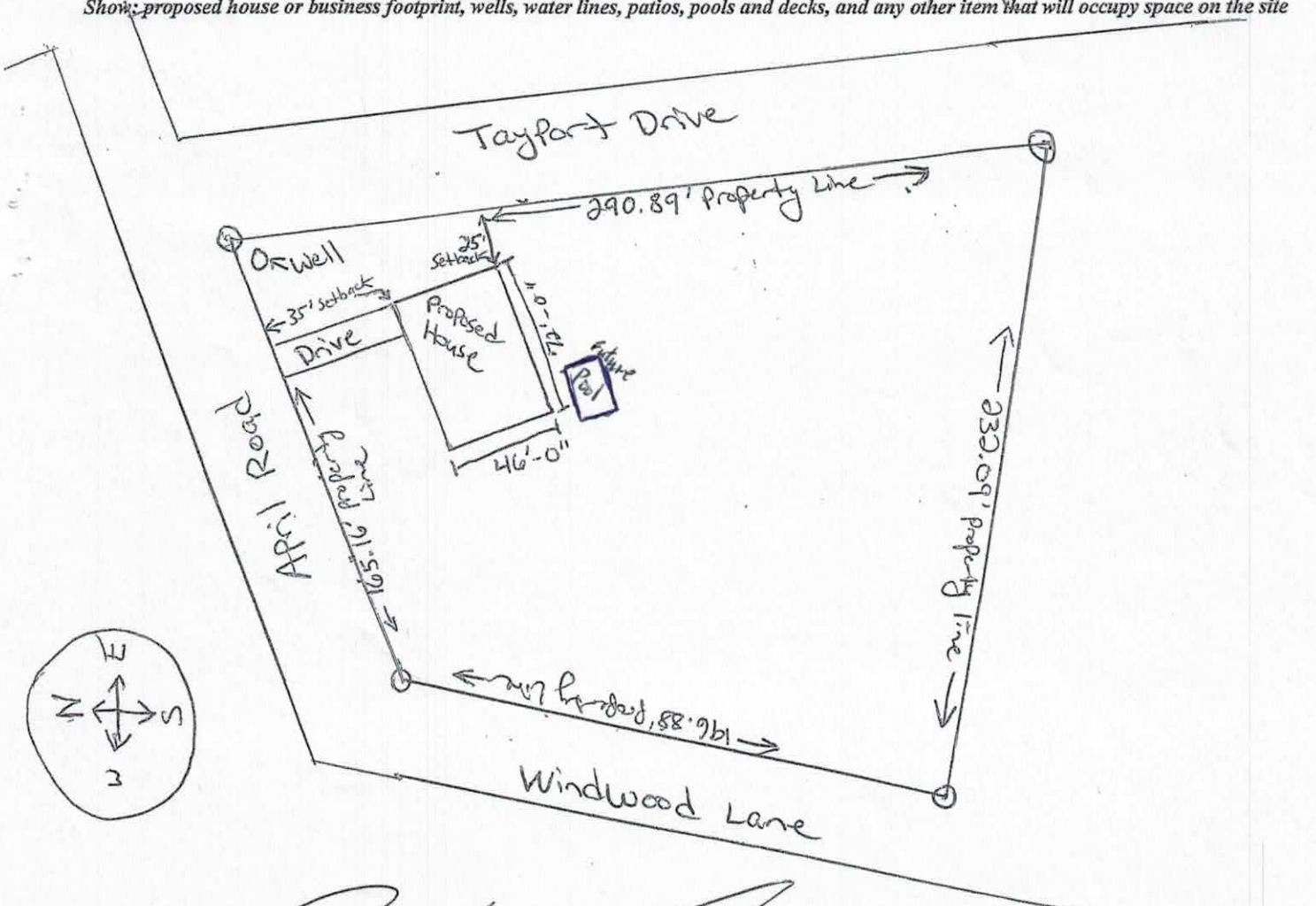


Circle N/A on the following if appropriate:

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



Signature: Tammy L Thomas 4/11/18

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

Holly Dee Anderson 4/11/18

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office - Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

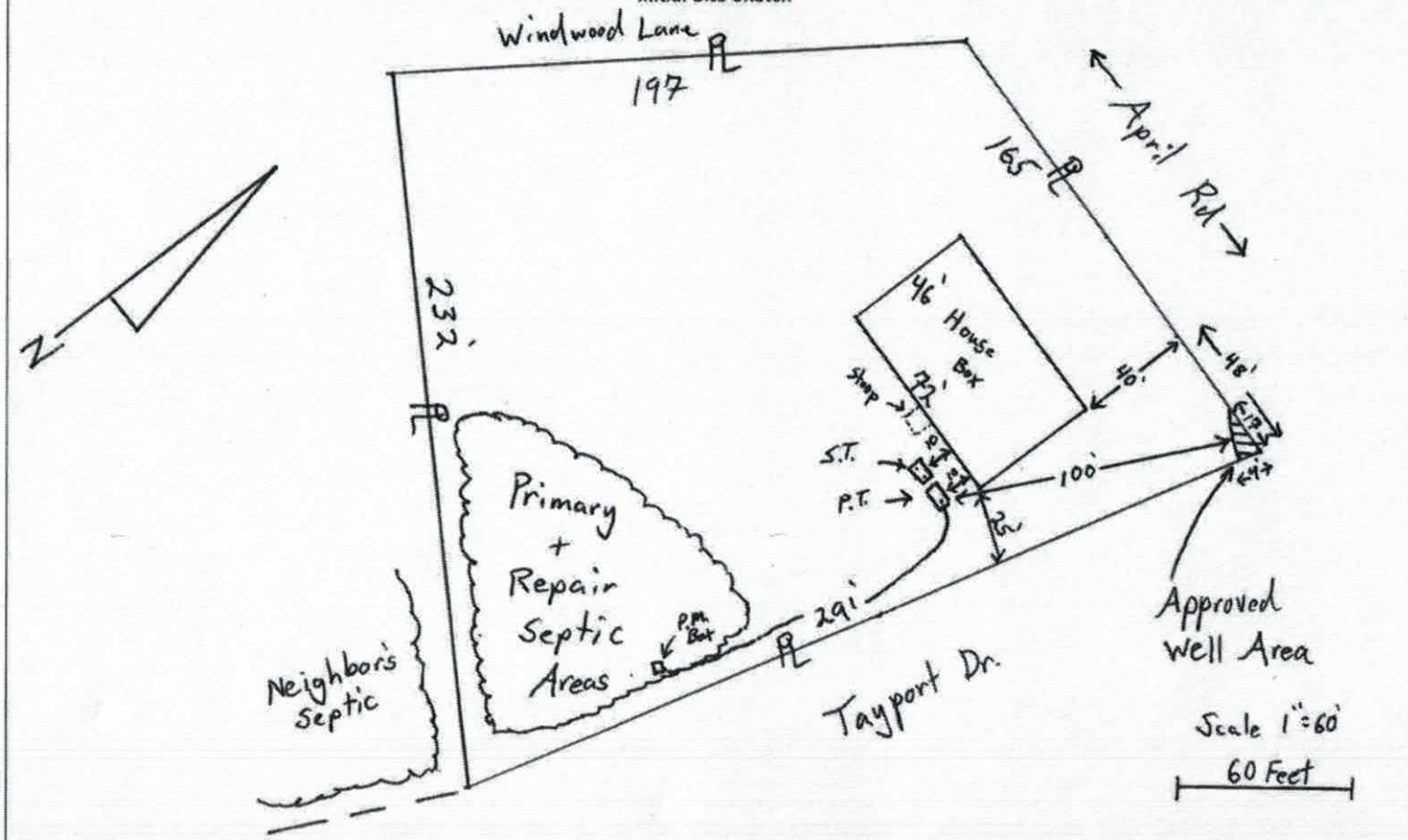
PRIVATE DRINKING WATER WELL PERMIT # 234783 PIN # 4629-63-6630 Type of Permit (circle one): (New) Repair Abandonment

APPLICANT/OWNER NAME: Jeremy Wayne Overcash ADDRESS: P.O. Box 906 Troutman, NC 28166 PHONE: 704-796-0261

DIRECTIONS TO SITE: State Park Rd West from Perth Rd → L on Morrison Farm Rd → R on April Rd → Lot on left

SITE ADDRESS: 129 April Rd. Troutman, NC 28166 SUBDIVISION: CL+T SECTION/LOT: 17/1

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all N.C. well rules. Well MUST be 100' from all septic components (per septic permit)

WELL PERMIT ISSUED BY: Tom Shuck DATE: 4/24/2018 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

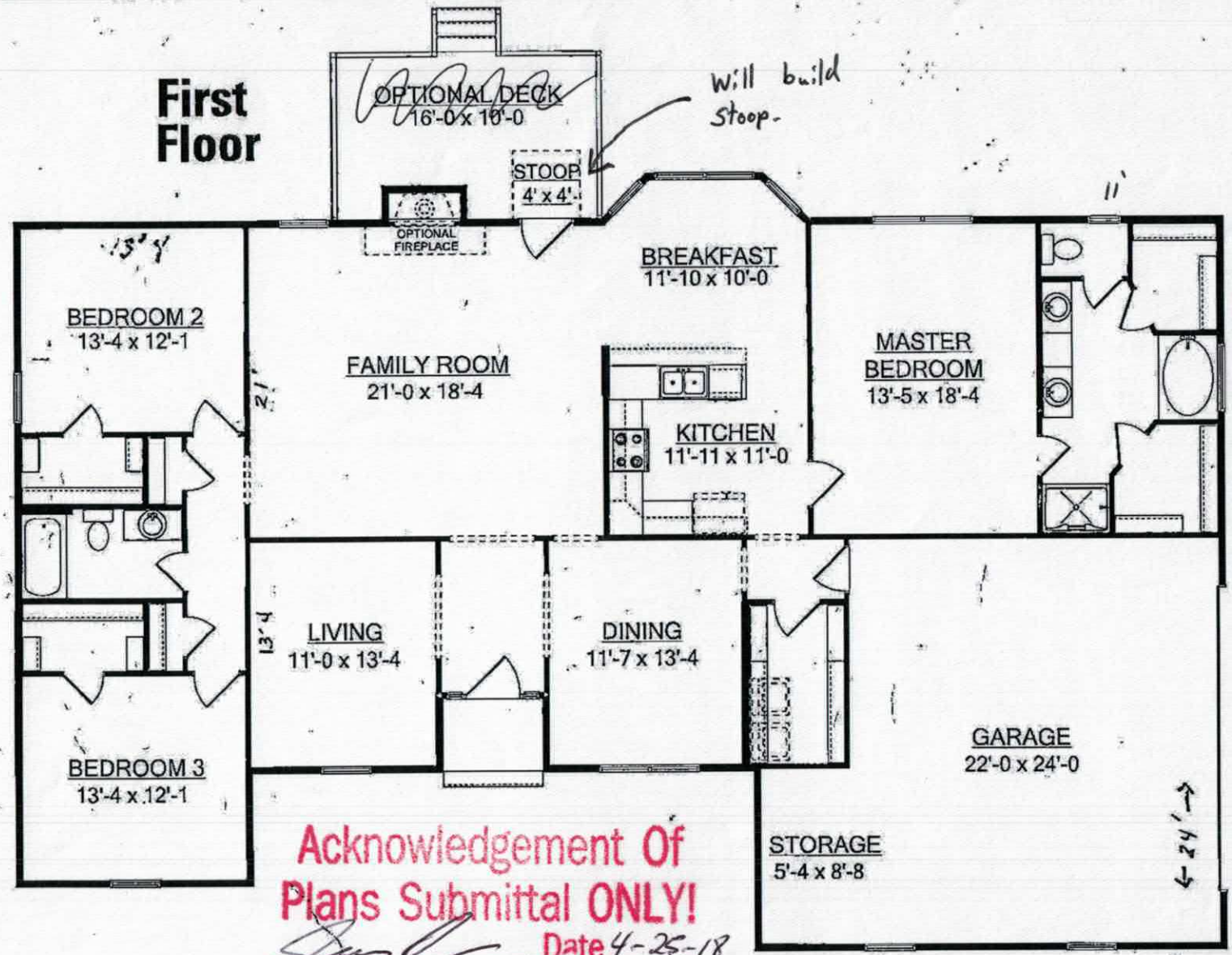
WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

First Floor



Acknowledgement Of
Plans Submittal ONLY!

Date 4-25-18

Date 4/24/2018

Oxford
Elevation A

Total Heated	2140
Front Porch	26
Garage	604
Total Under Roof	2770
Rear Stoop	16
Optional Deck	160

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IREDELL COUNTY

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

APPLICATION NUMBER
234783
Issue Date: 04/11/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629636630.000	129 APRIL ROAD, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NEW HORIZON BUILDERS INC	Applicant: JEREMY AND HOLLY OVERC
Address: 176 FERN HILL RD	Address: 129 APRIL RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone: 704-658-7719

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.050	35.00	35.00	25.00	25.00	CACL	X

Remarks:

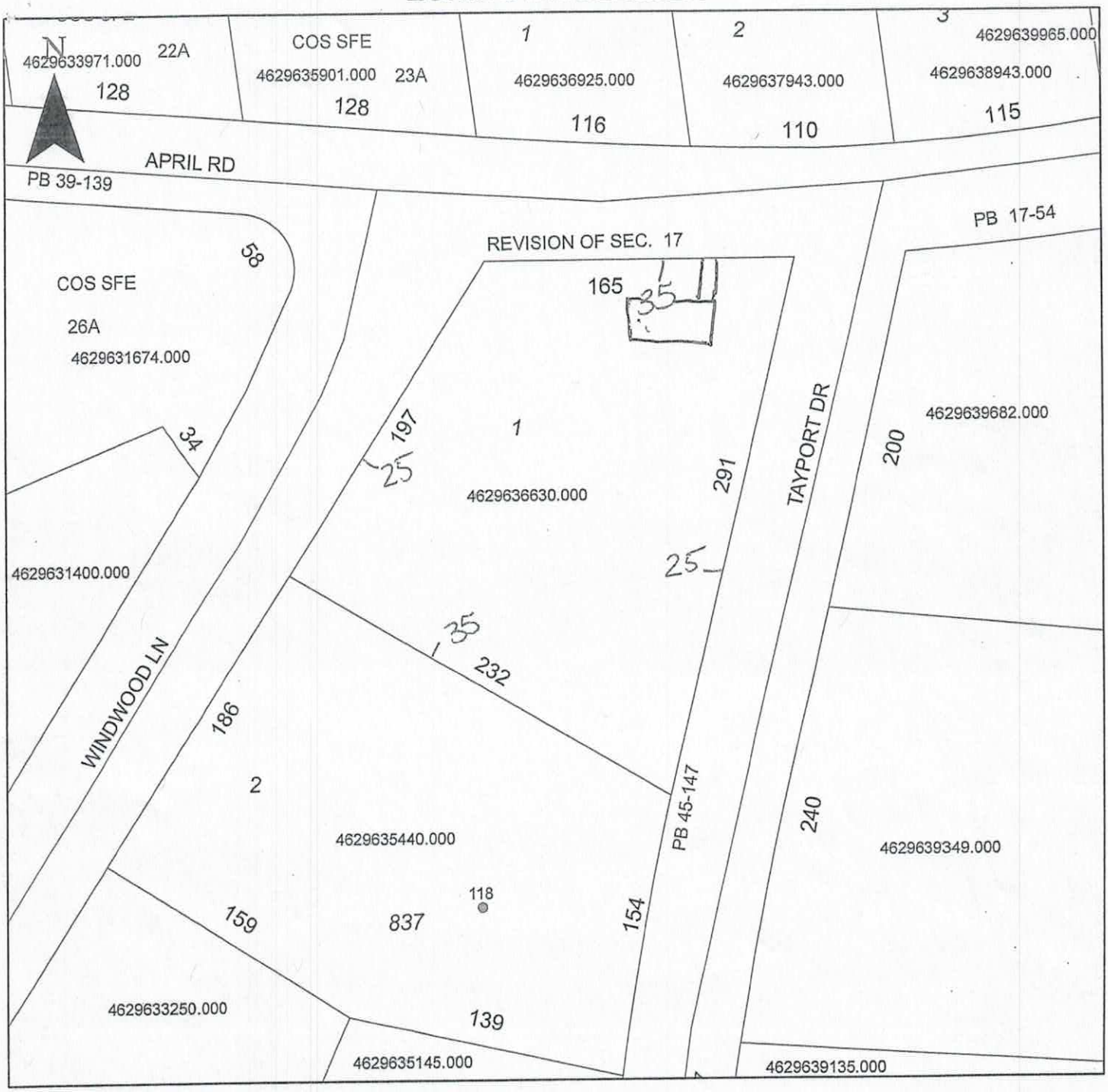
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	135164	TOTAL FEES:	$ 77.25

234785
124637

ZONING DISCLAIMER



Property Address 129 April

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.

X _____ X 9/11/18