ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 307503

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

PIN # 4672965407

APPLICANT/OWNER: Julie + Ross Luce APPLICANT ADDRESS: 119 Farley Ln Troutman

SITE ADDRESS: 119 Farley Ln, Troutman 28166 PHONE: 412-215-5171 ALT. PHONE —

SITE DIRECTIONS: Morrison Farm → R on Bandstone → R on Farley → on L SAP CONTROLLED: ☐ YES ext ☐ NO

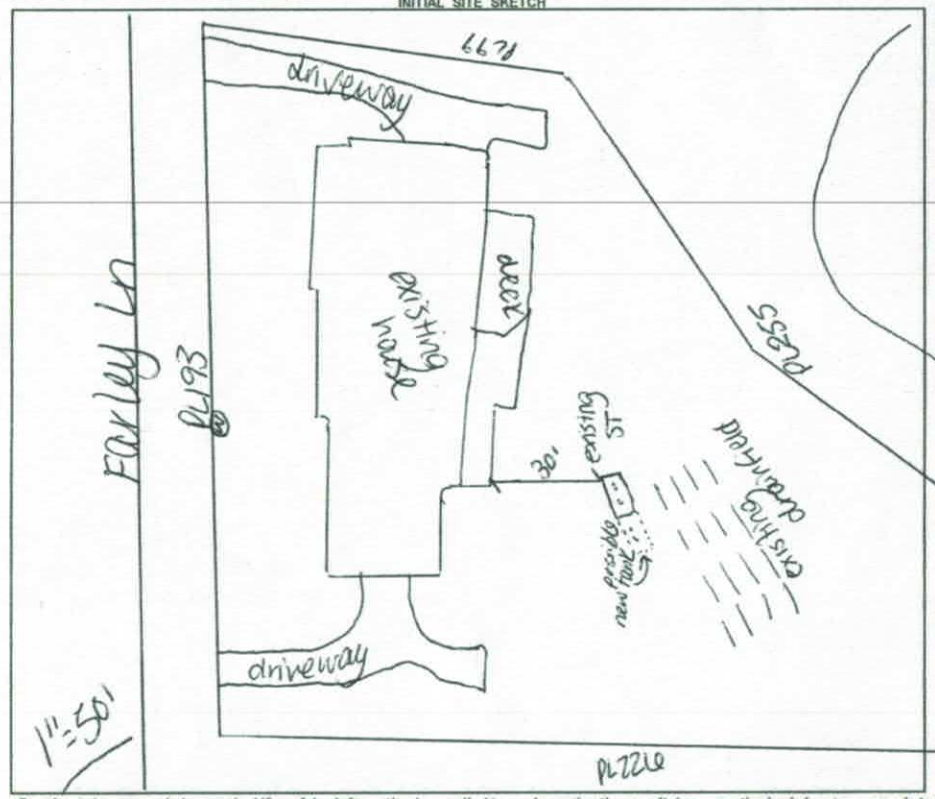
SUBDIVISION: CL+F SECTION: 17 LOT # 190 LOT AREA: .75ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank	1000 (gal)	STB Infiltrator	Date Infiltrator	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	tank			☐ Other	No. Employees
# Nitrification Fields	# Lines		Lineal Ft.	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☑ Crawl Space
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

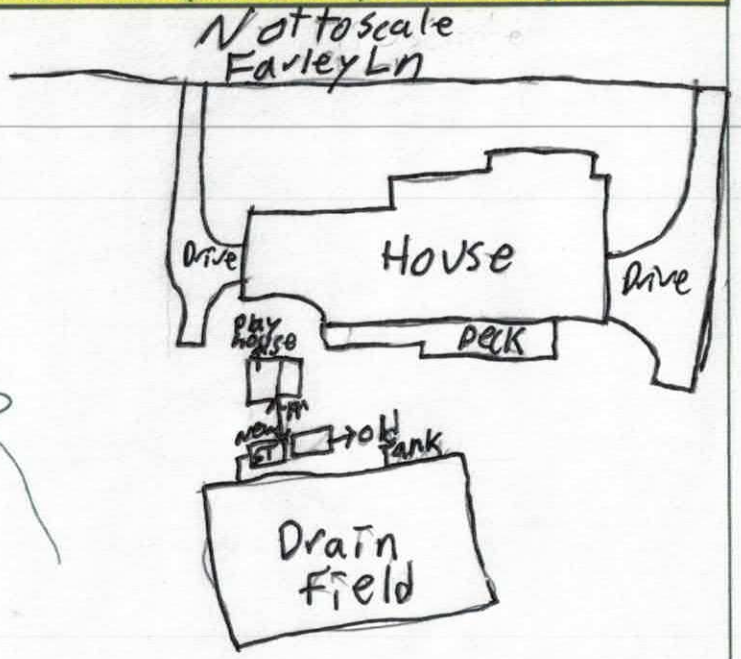
Comments / Conditions: Pump, crush, + fill existing cracked tank
Inspect + replace d-box if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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: Acceptance of Permit Rec'd Date: 5-19-20 Installed by: Lentz

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 5-18-20 OPERATION PERMIT by: Patrick J Boyle III Date: 5/26/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 5-18-20 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, JULIE LUCE, am the legal owner or the agent of the property located at 119 FARLEY LN TROUTMAN 28166 identified as PIN(Parcel Identification Number) 4629650408, located in Iredell County, North Carolina.
Permit # 307503.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner/Authorized Agent — Date: 5/18/2020

Signature of Witness — Date: 5/18/2020

email: jrluce@msn.com

RECEIVED MAY 1 5 2020

AP-307503

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Repair Evaluation - No Chg.

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: JULIE & ROSS LUCE Address: 119 FARLEY LN Zip: 28166
Applicant Email: jrluce@msn.com Phone: 412 215 6171 Alt. Phone: 412 400 2958
Owner Name: same Address: same Zip: _____
Owner Email: same Phone: same Alt. Phone: _____

Property Information:

Street Address: 119 FARLEY LN TROUTMAN NC 28166
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 EXIT 42 W to WAGNER, (L) ON WAGNER (turns in to PERTHRD, (R) on State Park Rd, (L) ON MORRISON FARM RD (R) on Roundstone, (R) ON FARLEY

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
X Tank ___ Drain lines Describe Problem: Replace Cracked tank

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ 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: 1987
( ) No Preference ( ) Alternative (X) 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: _____ Ross G Luce
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/15/2020
2/10/2020
DATE

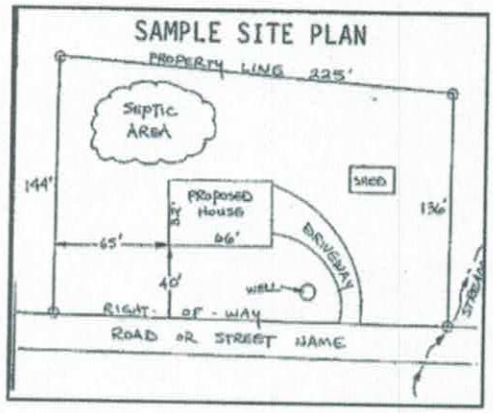
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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**
- (X) **Preferred well location**
- (X) **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

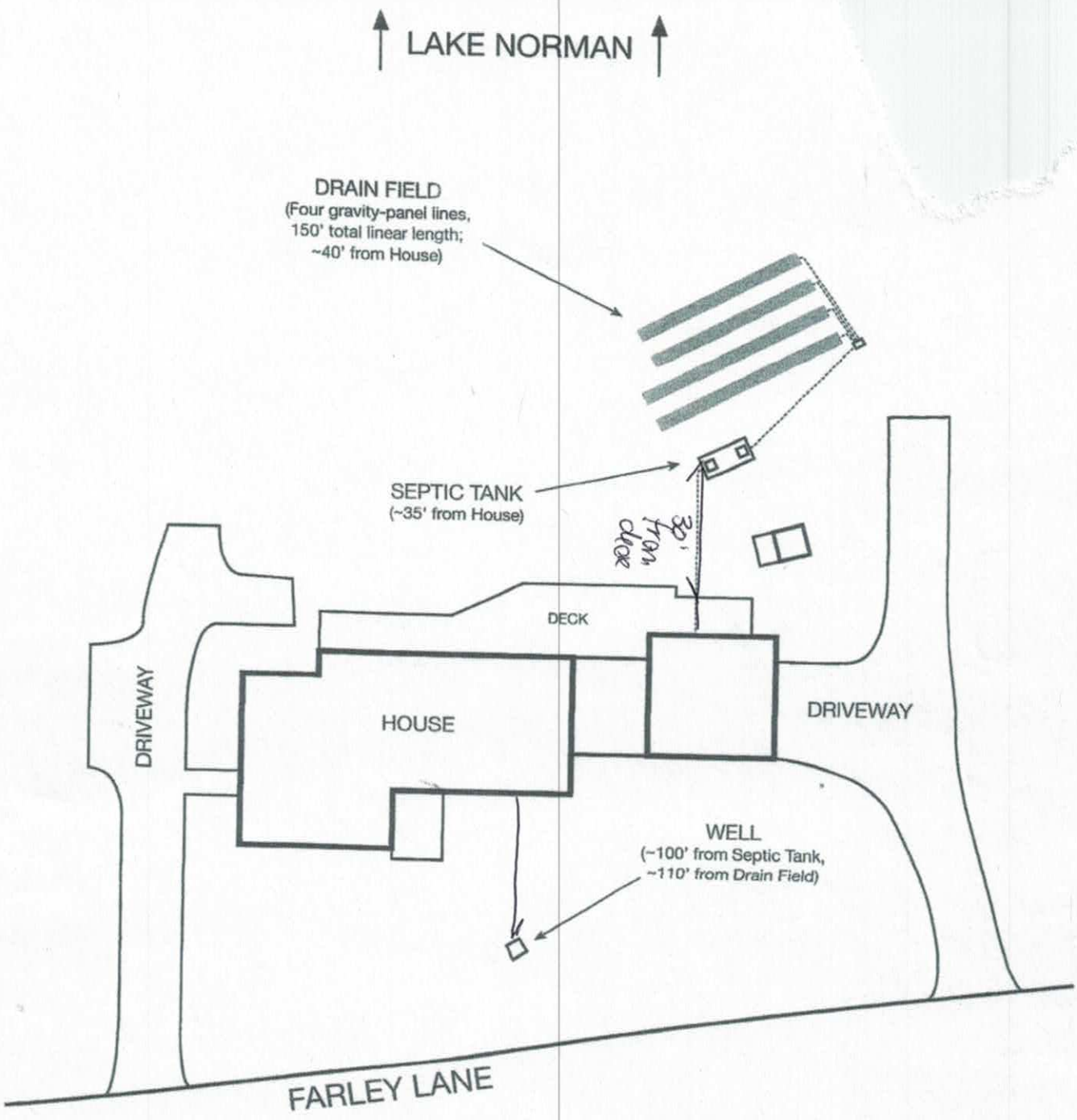
see attached drawing from septic inspector before our purchase of the home in Nov 2019 as well as existing permit.

Signature: _____

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

5/15/2020 JR
2/10/2020

DATE



119 Farley Ln
Troutman, NC 28166
2019 October 02
(Not to scale)

05728

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 JOHN DAVID MONTGOMERY DATE 11-6-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off Duke Power Estate Park Rd. - T.R. on Mary's Lane, go to fork, bear R - 100 yds on left. S. R. No. _____

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

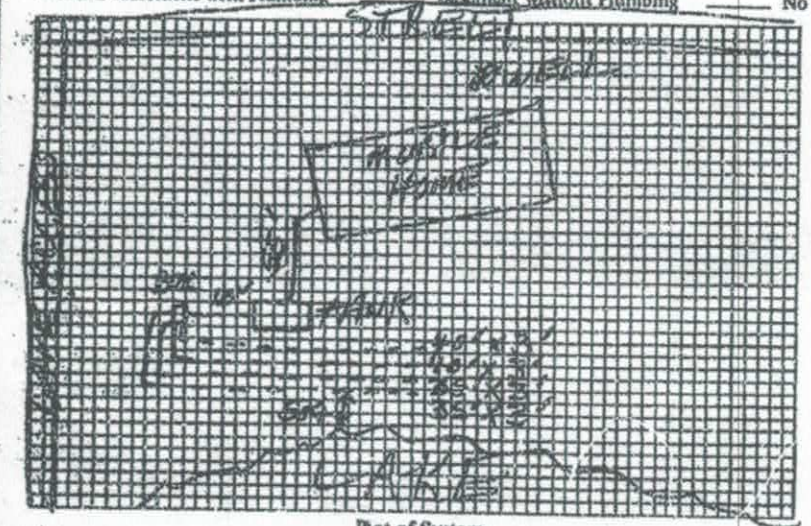
~~OWNER~~ NOW

House ( ) Mobile Home ( ) Business ( ) Other Manufactured House later.

No. Bedrooms 3	No. Bathrooms 2.5	Character & Porosity of Soil	Prev. Suitable
Garbage Disposal Unit	Yes ( ) No ( )	Percolation Rate	4 gal/sq. ft.
Auto. Dishwasher	Yes ( ) No ( )	Topography	6-10%
Auto. Wash. Machine	Yes ( ) No ( )	Depth to Water Table	12+
Site Suitable	Yes ( ) No ( )	Rock or other impervious formations	none observed.

Lot Area 87 acres.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 500 Linear Ft. 150
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

T & J Panel system (16").

Installed by AAA Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Weeks, R.S.

COMMENTS: _____

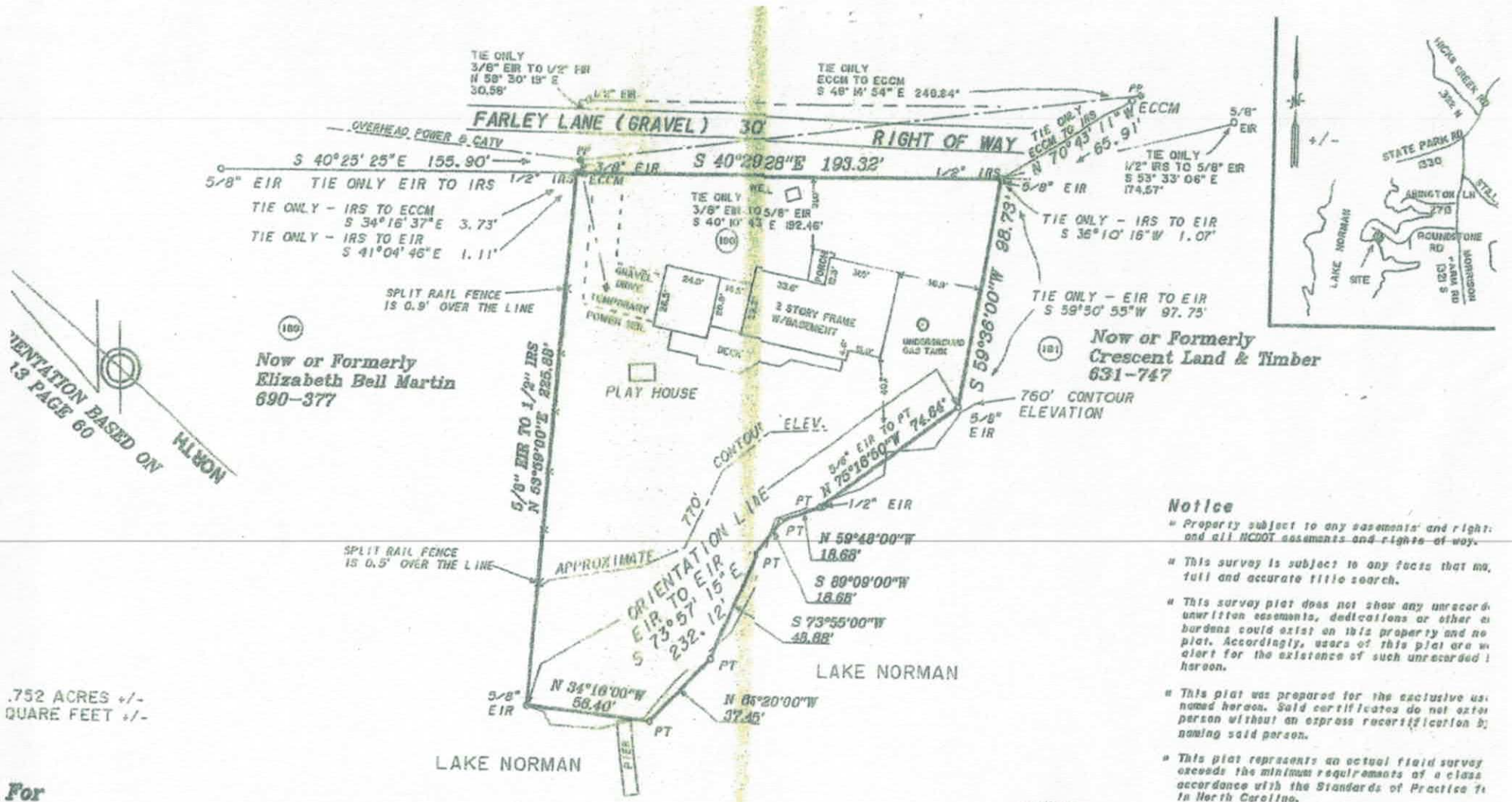
CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-6-87

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



Notice

- Property subject to any easements and right: and all NCDOT easements and rights of way.
- This survey is subject to any facts that ma, full and accurate title search.
- This survey plat does not show any unrecorde unwritten easements, dedications or other e burdens could exist on this property and no plat. Accordingly, users of this plat are w alert for the existence of such unrecorded l hereon.
- This plat was prepared for the exclusive us named hereon. Said certificates do not exte person without an express recertification b naming said person.
- This plat represents an actual field survey exceeds the minimum requirements of a class accordance with the Standards of Practice f in North Carolina.
- The ratio of precision before any adjustmen
- Survey Based On Physical Evidence Found.

Ted M. Benbow

NORTH CAROLINA REGISTERED SEAL L-3175 LAND SURVEYOR TED M. BENBOW

For

I DAVID MONTGOMERY & WIFE
IY KEARNS MONTGOMERY

Township
unty, NC
Record: John David Montgomery & wife
Kathy Kearns Montgomery
: 777-114
#: 3C - 11 A 190
29559452
0
13 Page 60 Section 17
2705
13, 1993 REVISED: MAY 10, 1994 (IMPOVEMENTS ADDED)

TED BENBOW & ASSOCIATES ©
LAND SURVEYING
SUITE 1, 216 HARRILL STREET
STATESVILLE, N. C. 28677
PHONE (704) 878-9661

LEGEND:
EIR.....EXISTING IRON ROD
ECCM....EXISTING CONCRETE MONUMENT
IRS.....IRON ROD SET # 4 REBAR w/plastic cap
PP.....POWER POLE
PT.....POINT
CATV....CABLE TELEVISION

N/A

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____ _____ _____
Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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