IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 27595

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

PIN # 4629720232

APPLICANT: Jeremy Adair APPLICANT ADDRESS: 5153 Driftwood DR Davidson. NC

PHONE: 704 315 8106 ALT. PHONE: 704 770 8681

SITE ADDRESS: 109 Keven Drive Troutman

SITE DIRECTIONS: Park RD to Stale Pass RD Left on Morrison From RD RT on Penicillin RT on Keven Drive.

SUBDIVISION: CL+T SECTION: 17 LOT # 847 LOT AREA: 1.03 DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 1012 Date 1/16/18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 400

Trench Width 36 Max. Trench Bottom Depth 36. Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space

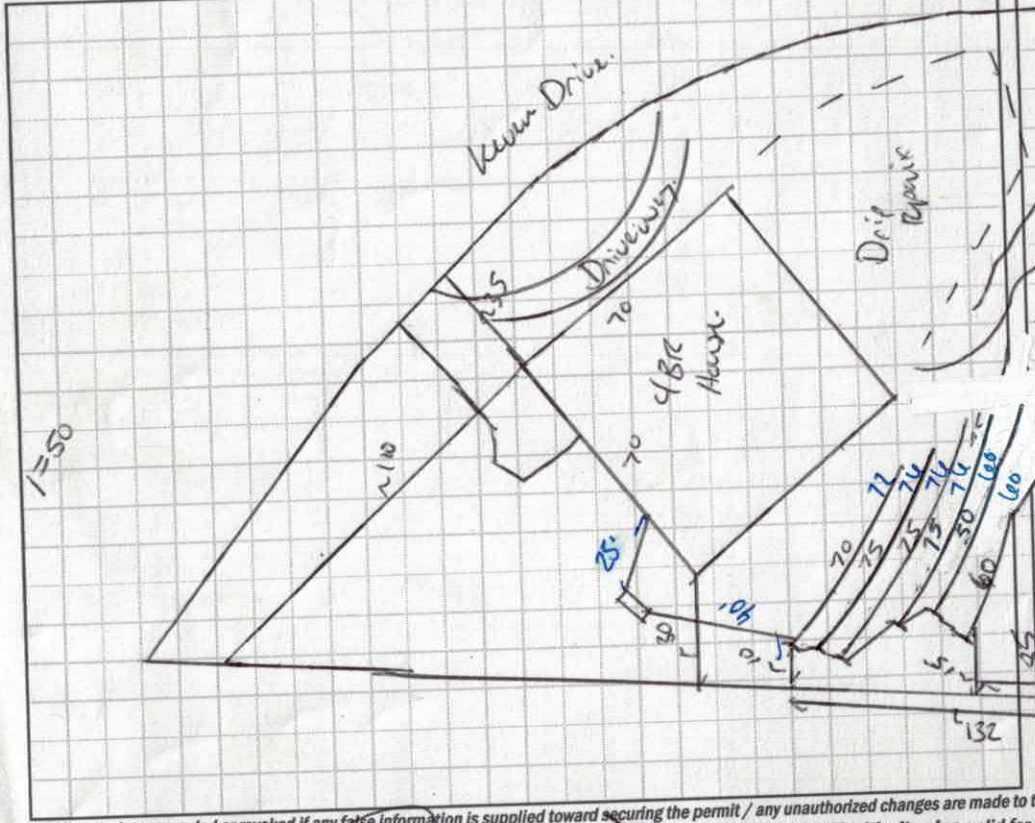
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

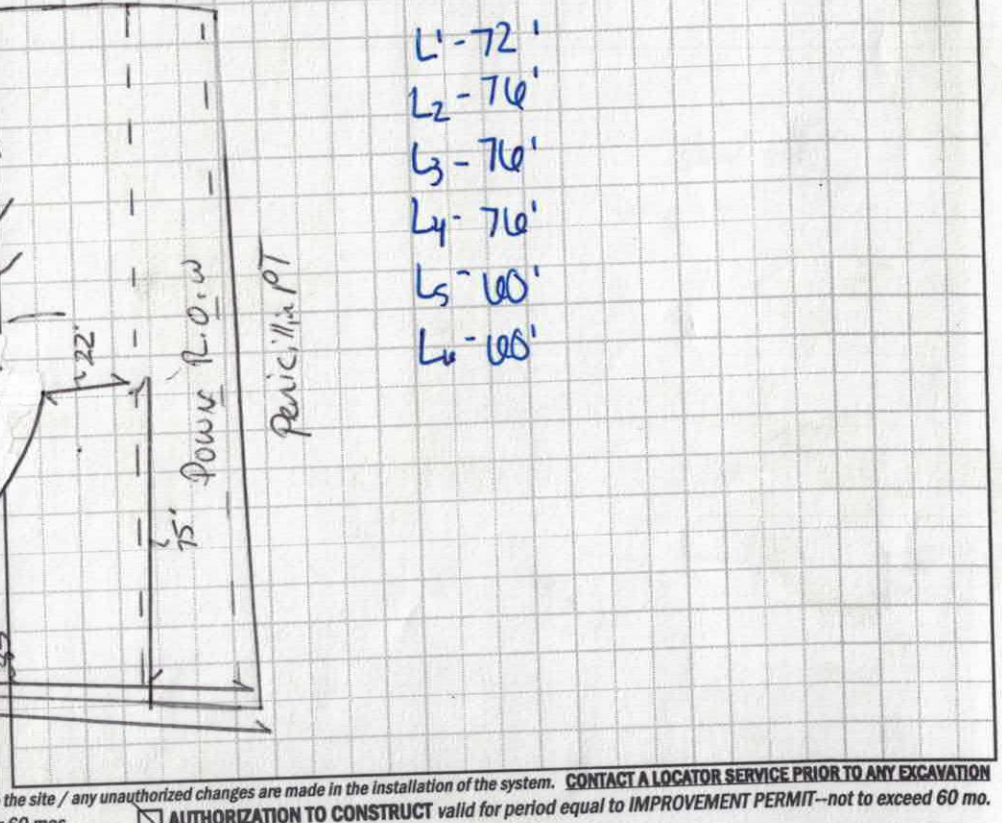
Comments / Conditions: Do not exceed max depth of 36 inches. Install system on the contour of the land + utilize serial distribution. Do not drive, pave, grade, or bury utilities in the drainfield area.

House construction unfinished at time of install *

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 4/24/17 Installed by: Yountz Grading

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 4/13/17 OPERATION PERMIT by: Carla C. Cave Date: 4/20/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 4/24/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Vertical Drill

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4629720252
COUNTY: Iredell

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

Max 30

OWNER: Jeremy Adams
ADDRESS: 5153 Driftwood Dr Denver
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949): 4/60
LOCATION OF SITE: 109 Vernon Dr TNR
APPLICATION DATE 3/28/17
DATE EVALUATED: 4/10/17
PROPERTY SIZE:
PROPERTY RECORDED:

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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 6%	0-8	scl wsbk	ss sp FR sfk	2.5Y R4/6.				PS .3
		8-32	c sbk	ss sp FM					
		32-46	cl wsbk	ss sp FR					
2	Side 6%	0-11	scl wsbk	ss sp FR	2.5YR4/6.				PS .3.
		11-20	c sbk	FM					
		20-44.	cl wsbk	FR					
		44-49	sp.	FR					
3	Side 5%	0-5	scl sbk		10YR6/6 2.5YR4/6. 10YR5/6 10YR6/c				Chum Eq. .1 Tiju Dirt
		5-24	c sbk						
		24-30	c sbk						
4	Side 6%	0-12	scl sbk		10YR5/6 2.5YR4/6. 10YR6/c				Chum .1 c_{20} Tiju Dirt
		12-20	c sbk						
		20-24	c sbk						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

Minimum Setback Line
285
15'
10
75
75
60
74
22'
40'
70'
10
45'
135
100'
35
12'
①
②
③
④

22595

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

JEREMY ADAIR	5153 DRIFTWOOD DR DAVIDSON NC 28036	704 315 8106	704 770 8681
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
DENNIS & ANNETTE STANLE			704 451 3443
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

109 KEVEN DRIVE TROUTMAN NC	CRESCENT LAND & TIMBER	SEC 17 LOT 847
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: STATE PARK RD, LEFT ON MORRISON FARM RD, RIGHT ON PENICILLIN POINT, IMMEDIATE RIGHT ON KEVEN DR.

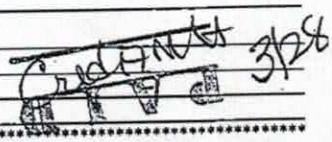
5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

- (X) STEM WALL OR (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats



6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3/28/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

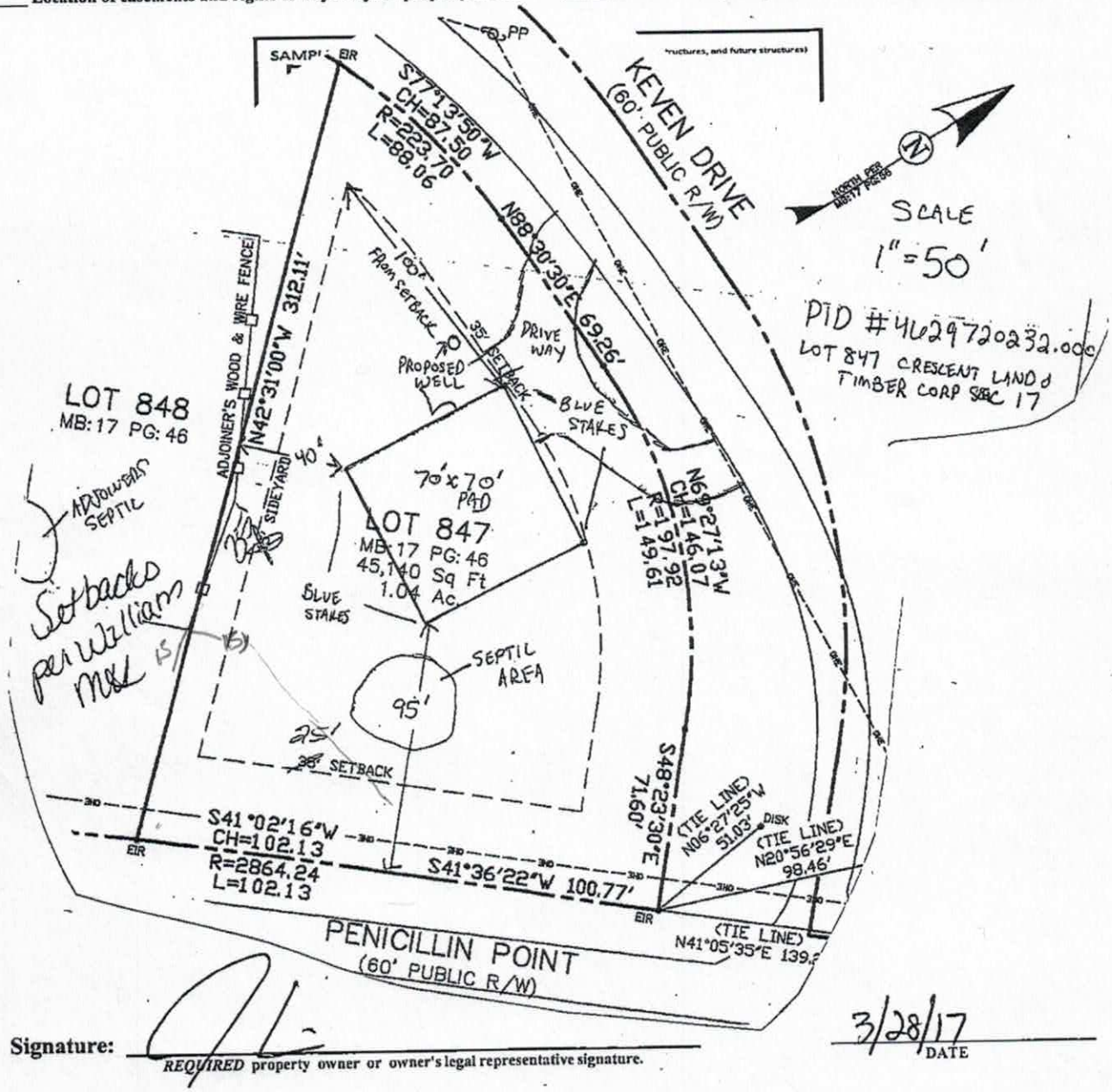
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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**



ADJOINERS SEPTIC

Setbacks per William MBL 15 6

Signature: _____ 3/28/17 DATE

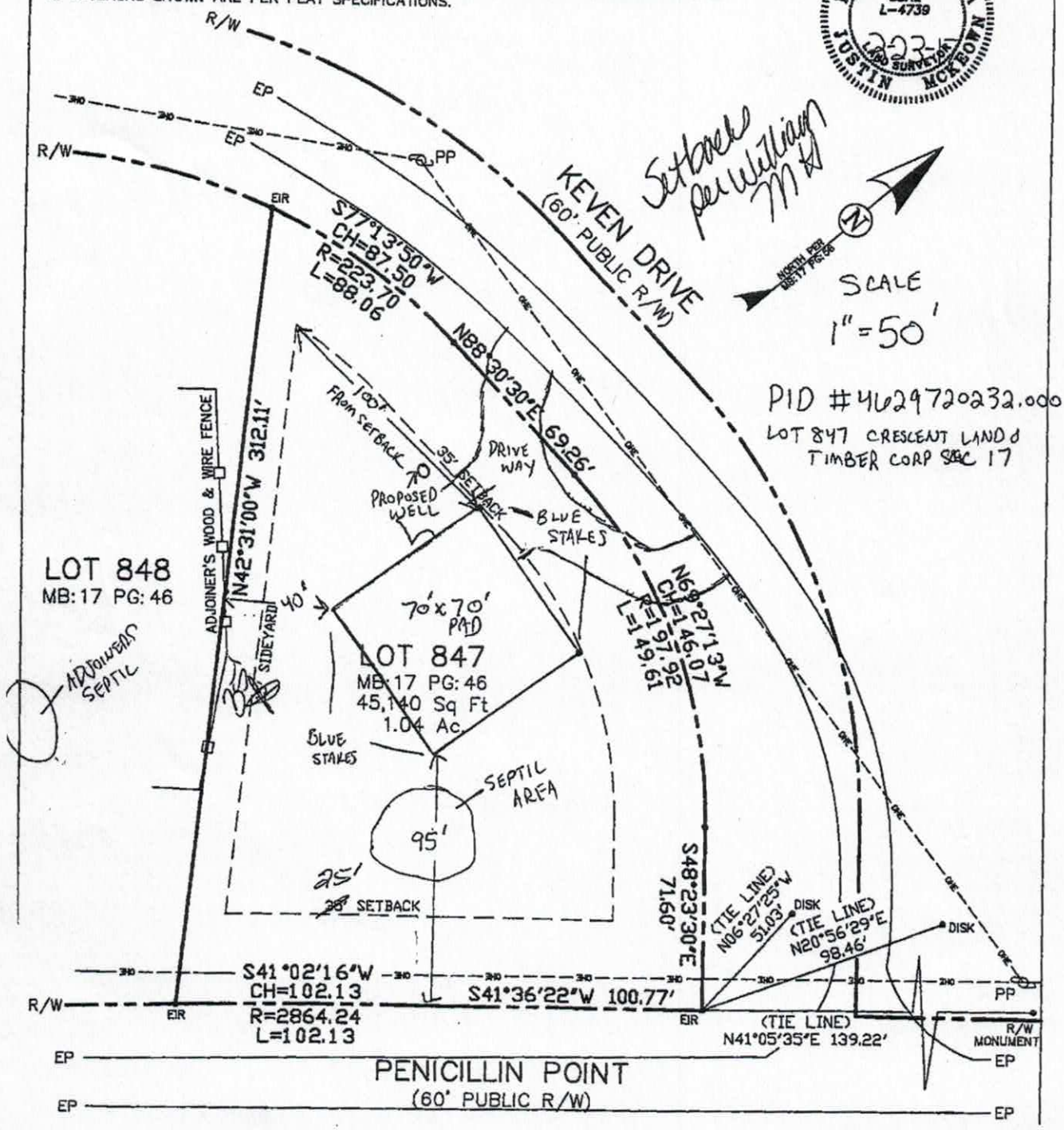
REQUIRED **property owner or owner's legal representative signature.**

THIS IS TO CERTIFY THAT ON THE 23RD DAY OF MARCH 2017, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

NOTES:
1. PID: 4629720232.000
2. DEED RECORDED AT DB: 2158 PG: 1553
   MAP RECORDED AT MB: 17 PG: 56
3. AREA COMPUTED BY COORDINATE METHOD.
4. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.
5. THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE F.E.M.A. AND FEDERAL INSURANCE ADMINISTRATION.
6. SETBACKS SHOWN ARE PER PLAT SPECIFICATIONS.

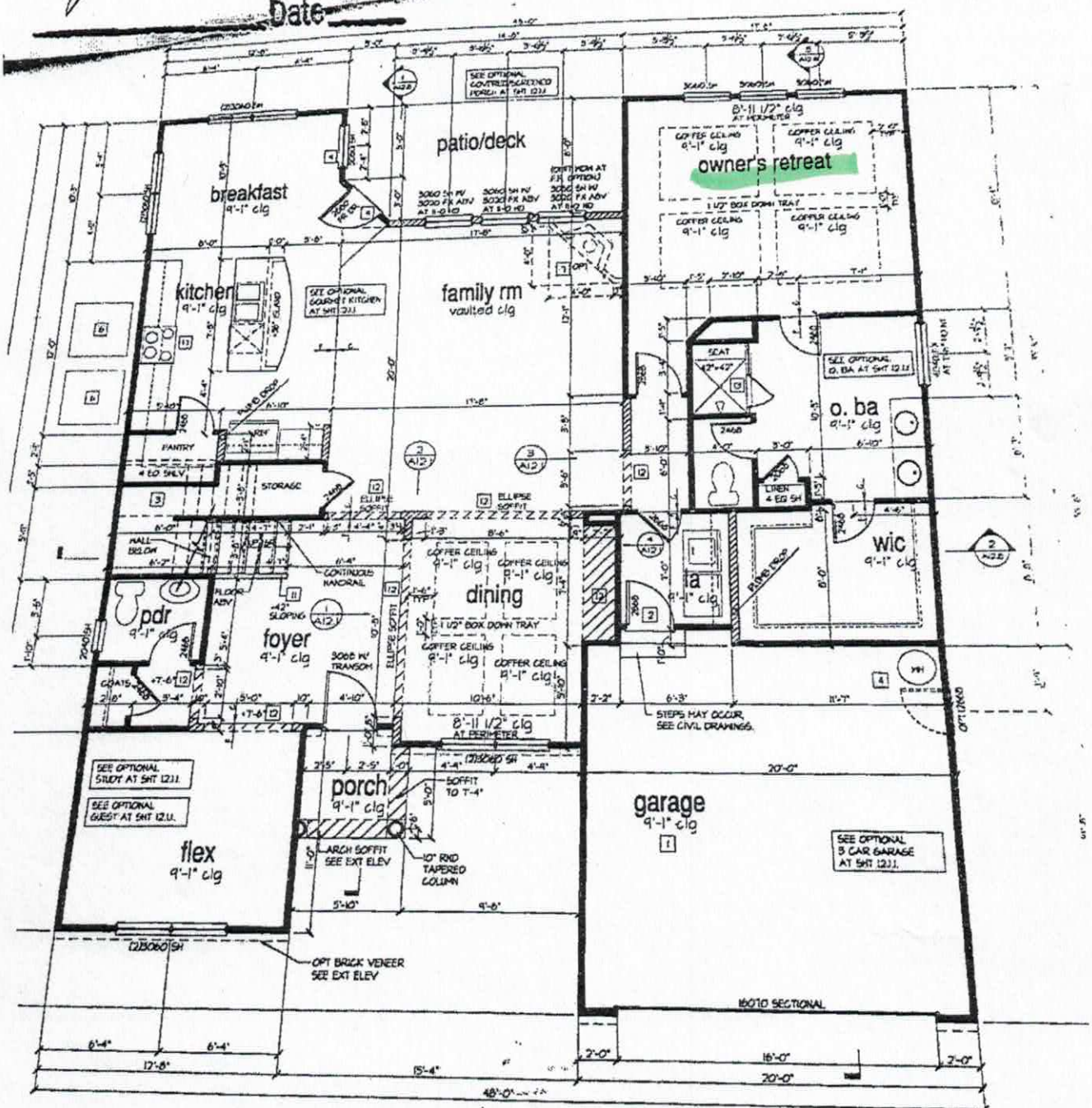
Justin McKeown
JUSTIN MCKEOWN, PLS L-4739

NORTH CAROLINA PROFESSIONAL SEAL L-4739 LAND SURVEYOR JUSTIN MCKEOWN 3-23-17



Acknowledgement Of
Plans Submittal ONLY!
Date 3/28/17

Date



Main Level Plan 'TD1'

SCALE: 1/4"=1'-0" AT 22"X34" LAYOUT 1/8"=1'-0" AT 11"X17" LAYOUT

PLACE:
WRITTEN INSTRUCTIONS.

TO REMOVE LARGEST PIECE
(W 90"x22". FIRE RATED
CODES.)

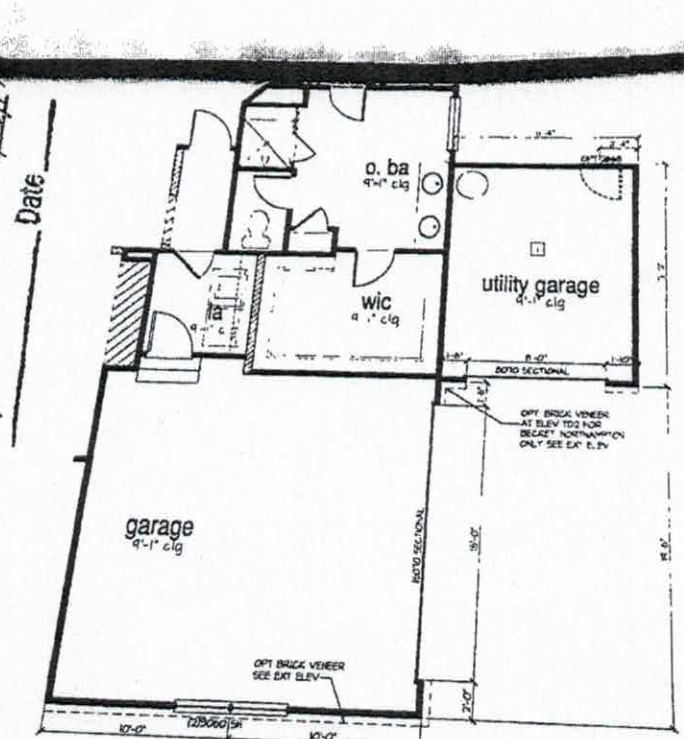
BATHS:

[13] SHOWER, TEMPERED GLASS ENCLOSURE.

[14] TUB-SHOWER COMBO, TEMPERED GLASS ENCLOSURE.

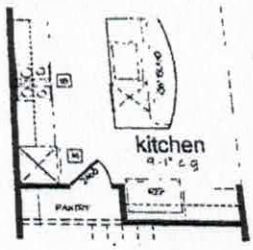
[15] CERAMIC TILE FINISH

Acknowledgement Of
P Submittal ONLY
Date 3/28/11
Date



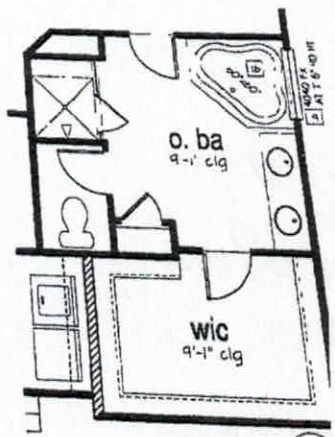
Optional Utility Garage

SCALE: 1/4"=1'-0" AT 22"X34" LAYOUT 1/8"=1'-0" AT 11"X17" LAYOUT



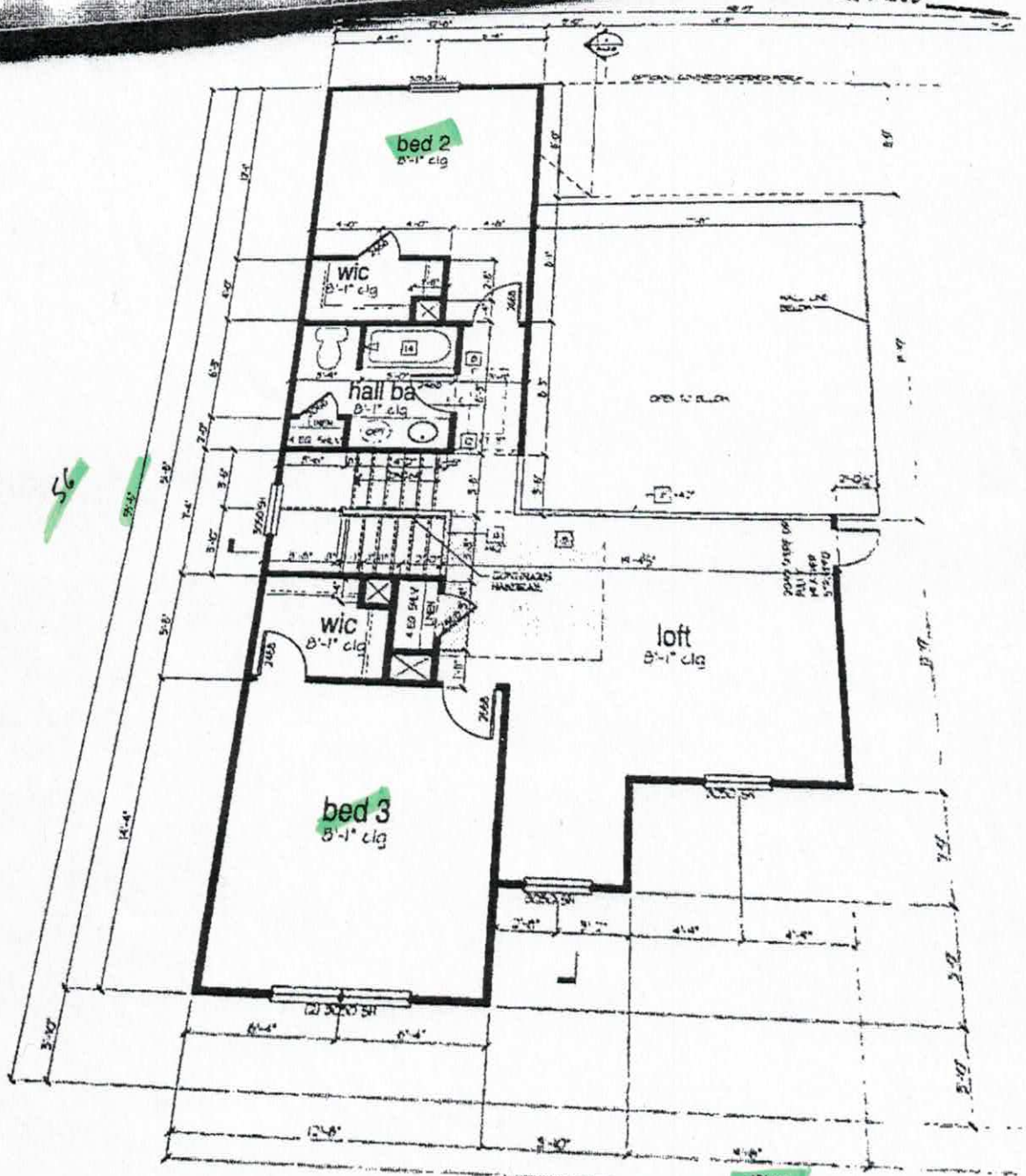
Optional Gourmet Kit

SCALE 1/4"=1'-0" AT 22"X34" LAYOUT 1/8"=1'-0" AT 11"X17" LAYOUT



Acknowledgement Of
P ittal ONLY!
Date 2/5/...

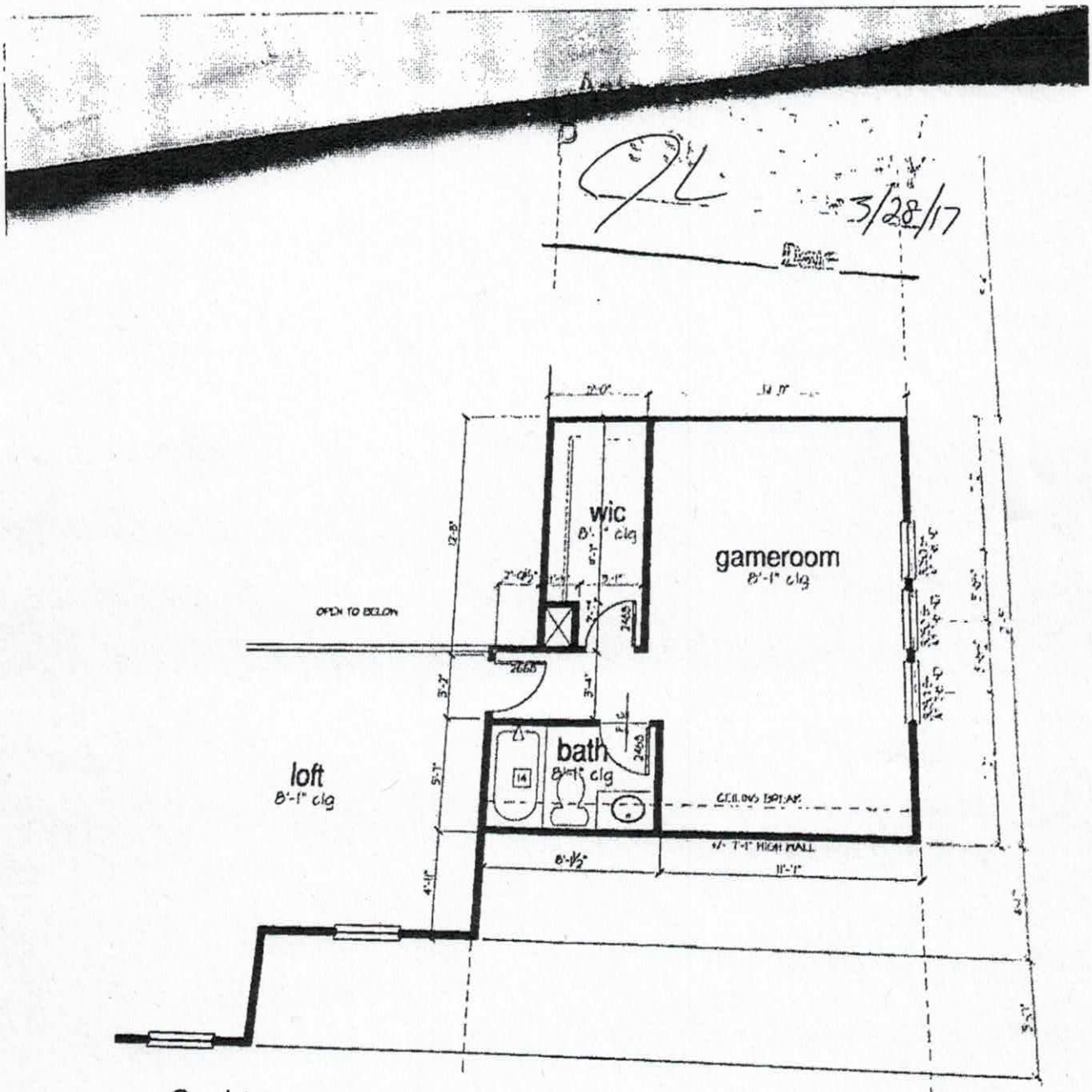
Date



56

Upper Level Pl

SCALE: 1/4"=1'-0" AT 22"x34" LAYOUT



Optional Game room w/ Bath

SCALE: 1/4"=1'-0" AT 22"X34" LAYOUT 1/8"=1'-0" AT 11"X17" LAYOUT

IREDELL COUNTY

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

APPLICATION NUMBER
225951
Issue Date: 03/28/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629720232.000	109 KEVEN DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: STANKE DENNIS C	Applicant: ADAIR, JEREMY
Address: 0 IREDELL CO, NC 28625	Address: 5153 DRIFTWOOD DR DAVIDSON, NC 28036
Phone:	Phone: 704-315-8106

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.030	35.00	35.00	25.00	35.00	CA	X

Remarks:

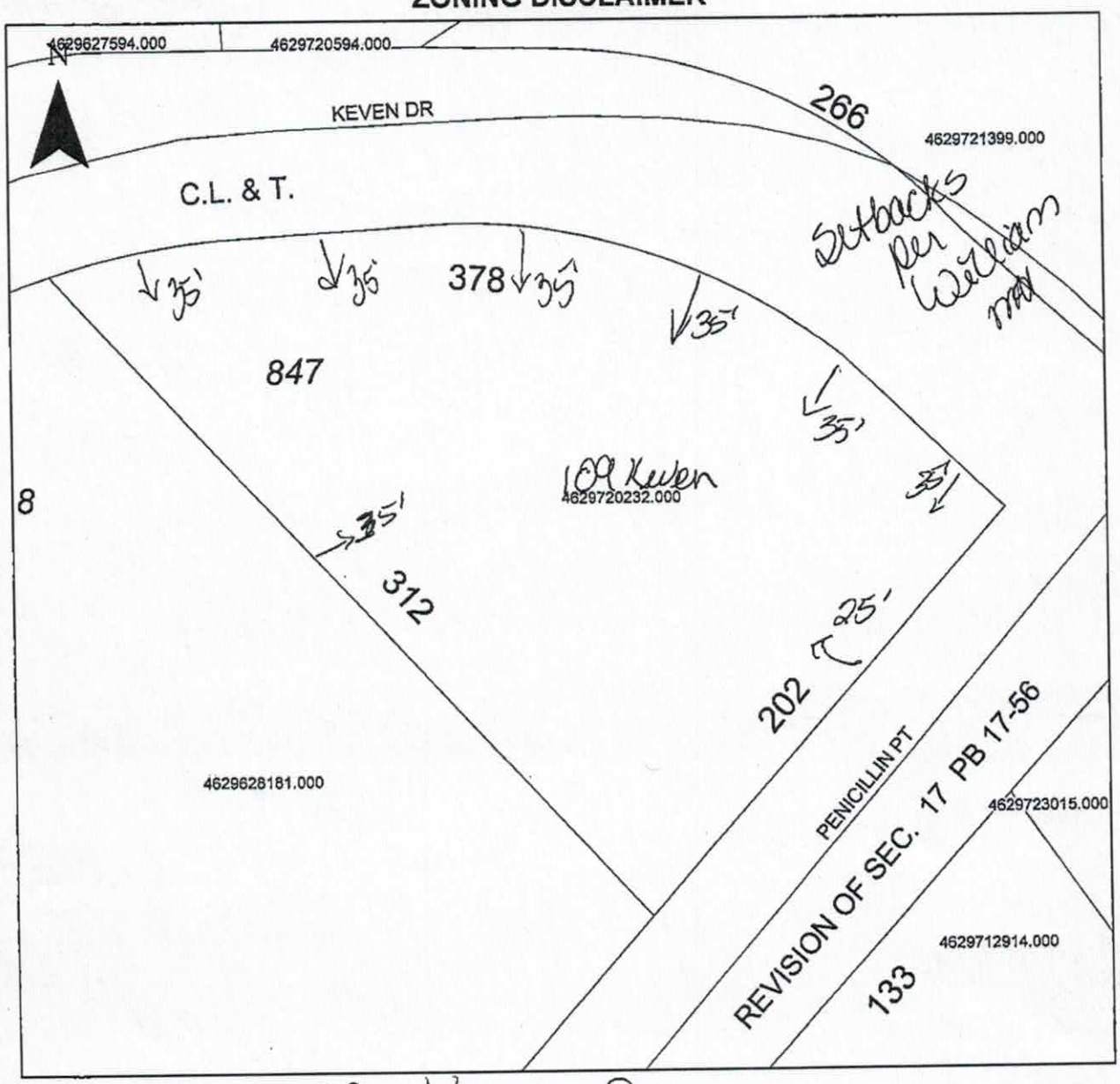
PIE SHAPED LOT SETBACKS PER WA 35' OF KE
VEN 25 OFF PENICILLIN AND 35' OFF 312'
ASKED MT HOW TO ENTER IN SETBACKS MH

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	97885	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 109 Keven Dr

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.

Applicant

3/28/17
Date