219485 Init. Redraw

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

( ) Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit (X) 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 (5) 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS

Does a Site Plan Handout from MUST accompany this application?

The following options determine what may be submitted: (X) Survey Plat, scaled no more than 1 inch = 50 feet; ( ) Custom Site Plan, scaled no more than 1 inch = 50 feet

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Falls Park LLC Address: 501 Springcrest Dr Fort Mill SC 29715 Phone:

Owner Name: Same Address: Phone:

Property Information:

Street Address: 620 Stillwater Rd Troutman 29715

Subdivision Name: Falls Park **Section/Phase:** **Lot Number:** 33

Driving Directions: Perth Rd. TR on State Park Rd, TL on Morrison Farm, Top of hill TL on Willow Point, Lot on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Pier/Post with Footing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employees:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) Dug Well ( ) Drilled Well (X) 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: Emma Hall 11/22/17

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

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, Greg Whitehead, am the legal owner of the property located at 620 Stillwater Rd Troutman, identified as PIN(Parcel Identification Number) 4629 74 6073, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BRIAN LAMBERT, Manager, Lindrick Homes, 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.

7/20/15
Signature of Owner — Date

Mara Jane Ojeda — 7/20/15
Signature of Witness — Date

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

1/23/17 (Date)

Owner: Greg Whitted
Address: 501 Springcrest Dr.
Fort Mill SC 29715

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit ID 219485
620 Stillwater Trautman
Falls Park lot 33

I, Gregory P. Whitted, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6/20/16 (date) for a system

25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5336 Mooresville Office (704) 660-3625 PERMIT # 219485

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

PIN # 4629746073

APPLICANT: Falls Park LLC/Lirewell Homes APPLICANT ADDRESS: 501 Spring Crest Dr Fort Mill SC 29715 PHONE:

SITE ADDRESS: Lot 20 Stillwater Trail Troutman NC 28166 AGT. PHONE: Kathleen 704 578-4965

SITE DIRECTIONS: Perth Rd TR State Park Rd TL Meadow Farm TR Dayvault TR Stillwater Lot on right

SUBDIVISION: Falls Park SECTION: LOT # 33 LOT AREA: 2.115 Ac DESIGN FLOW: 600gpd L.T.A.R.: .8

Septic Tank 1500 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 15% Reduction		☐ Business	No. Persons 10	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines	Lineal Ft 600'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Child Spaces	☐ Community
Trench Width 24"	Max. Trench Bottom Depth 24"	Gravel Depth 6"	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See attached approved plan by The Oaks Group PA (dated 6/9/16)

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing this permit / any unauthorized changes from plans to the site / any unauthorized changes are made in the location(s) of the system. CONTACT A LOCATION 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: 6/30/16 Installed by:

IMPROVEMENT PERMIT by: Maria D. Date: 6/16/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria D. Date: 6/16/16 Existing System Inspected by: Date: