IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 247436

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

PIN # 4629747914

APPLICANT/OWNER: BOWEN BUTLER APPLICANT ADDRESS: 187 CANTERBERRY PLACE ROAD, MOORESVILLE, NC, 28115

SITE ADDRESS: 565 MORRISON FARM ROAD, TROUTMAN, NC, 28166 PHONE: 704-310-1832 ALT. PHONE 704-576-3387

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FALLS PARK SECTION: P3C LOT # 28 LOT AREA: 1.437 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.3/0.125 REPAIR

Septic Tank	1000 (gal)	STB	160	Date	3-6-20	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	DRIP	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 3FT CENTERS ALTHOUGH FLOOR PLAN SHOWS A 3BR HOUSE A 4BR SYSTEM MUST BE INSTALLED UTILIZE PARALLEL DISTRIBUTION, SITE PLAN MUST BE ATTACHED TO PERMIT AT ALL TIMES OF PERMITS INVALID

INITIAL SITE SKETCH

PLEASE SEE ATTACHED

SITE PLAN FROM

MICHEAL ATHANAS AND

ASSOCIATES LICENSED

SOIL SCIENTIST LSS #1252

AS BUILT SKETCH

110

110

106

74

25' from PL to Supplyline

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**

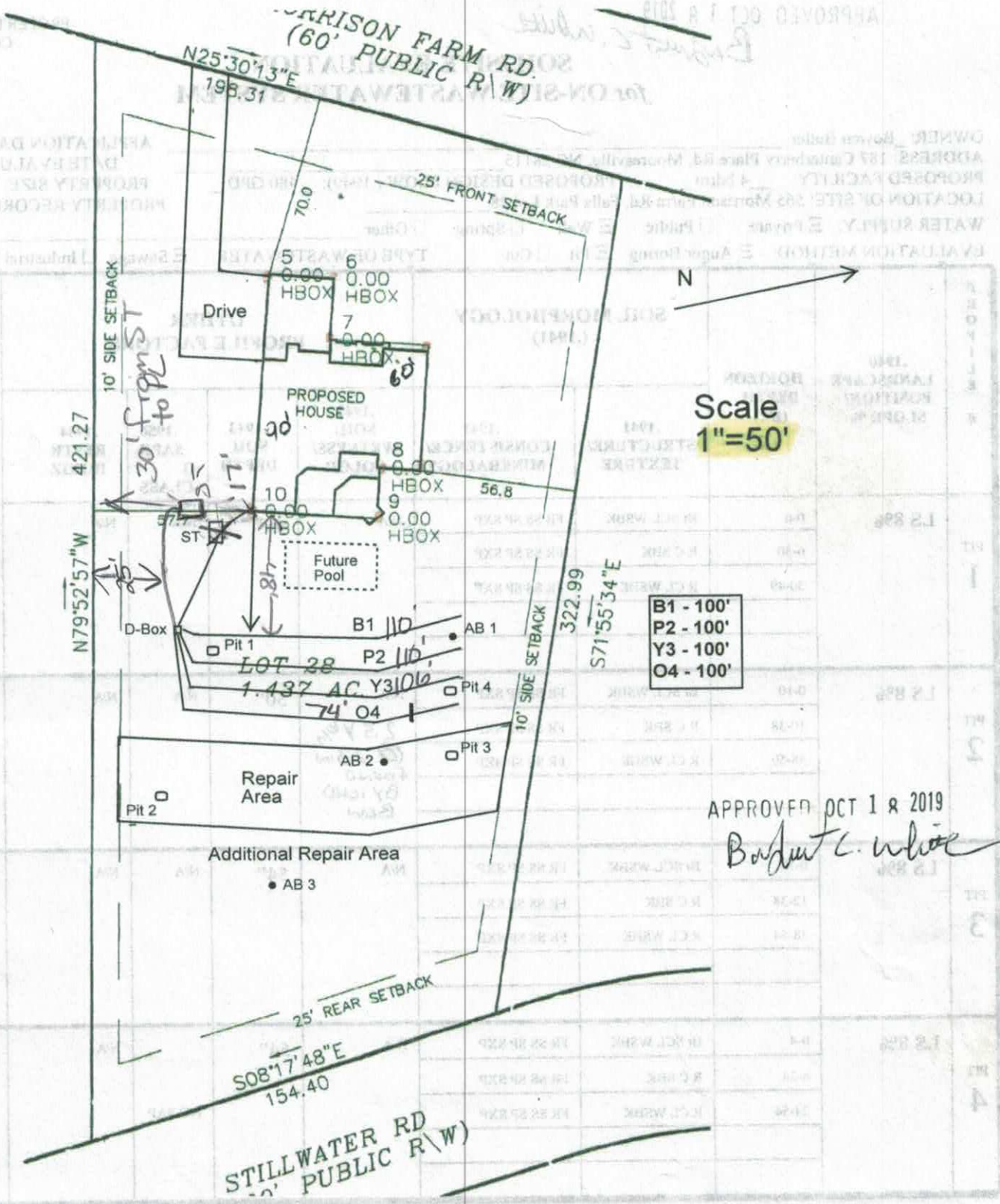
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bowen T. Butler Date: 10/23/19 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Burkett C. White Date: 10-18-19 OPERATION PERMIT by: Maria Dotson Date: 4/16/2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 10-22-19 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 inpsector to confirm your inspection time.


ORRISON FARM RD.
(60' PUBLIC R\W)
N25°30'13"E
198.31
25' FRONT SETBACK
70.0
10' SIDE SETBACK
421.27
30' from ST
Drive
5
0.00
HBOX
6
0.00
HBOX
7
0.00
HBOX
60'
PROPOSED HOUSE
90'
8
0.00
HBOX
56.8
10
0.00
HBOX
9
0.00
HBOX
ST
17'
Future Pool
81'
N79°52'57"W
D-Box
B1 110'
AB 1
Pit 1
P2 110'
LOT 28
1.437 AC.
Y3 101'
Pit 4
74' O4
AB 2
Pit 3
Repair Area
Pit 2
Additional Repair Area
AB 3
10' SIDE SETBACK
322.99
S71°55'34"E
N
Scale
1"=50'
B1 - 100'
P2 - 100'
Y3 - 100'
O4 - 100'
APPROVED OCT 1 8 2019
25' REAR SETBACK
S08°17'48"E
154.40
STILLWATER RD
PUBLIC R\W)



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 565 Morrison Farm Rd, Falls Park Lot 28
House Footprint: See attached plan
Building Setbacks: 25' front/rear, 15' side (Troutman Zoning)
Water Source: Troutman Water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Irrigation
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

APPROVED OCT 18 2019

Line	Design Length	Actual Length
Blue 1	100'	119'
Pink 2	100'	119'
Yellow 3	100'	120'
Orange 4	100'	120'

Initial System: 400' **Repair System:** 4000+ FT^2

Comments:



APPROVED OCT 18 2019
Brent C. White

PROPERTY ID #: 4627747914
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bowen Butler
ADDRESS: 187 Canterberry Place Rd, Mooresville, NC 28115
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 565 Morrison Farm Rd, Falls Park Lot 28
APPLICATION DATE
DATE EVALUATED: 9/2019
PROPERTY SIZE: 1.437 AC
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
PIT 1	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	49"	N/A	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-49	R CL WSBK	FR SS SP SXP					
PIT 2	LS 8%	0-10	Br SCL WSBK	FR SS SP SXP	N/A 2.5Y 6/2 @ 28in FOUND BY ICHD BCW	50"	N/A	N/A	~~PS 0.3~~ 0.125 DRIP BCW
		10-38	R C SBK	FR SS SP SXP					
		38-50	R CL WSBK	FR SS SP SXP					
PIT 3	LS 8%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		12-38	R C SBK	FR SS SP SXP					
		38-54	R CL WSBK	FR SS SP SXP					
PIT 4	LS 8%	0-4	Br SCL WSBK	FR SS SP SXP	N/A	54"	F-C SAP	N/A	PS 0.3
		4-24	R C SBK	FR SS SP SXP					
		24-54	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT²	1161 FT²
System Type(s)	25% Reduction	~~PPRPS~~ DRIP
Site LTAR	0.3	~~0.3~~ 0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED OCT 18 2019
Barrett C. White

PROPERTY ID #: 4629747914
DATE OF EVALUATION:
COUNTY: IREDELL

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 8%	0-4	Br SCL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		4-18	R C SBK	FR SS SP SXP					
		18-48	R CL WSBK	FR SS SP SXP			F-C SAP		
AB 2	LS 8%	0-14	Br SCL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		14-40	R C SBK	FR SS SP SXP					
		40-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 8%	0-30	Br SCL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R C SBK	FR SS SP SXP					

COMMENTS:

HP 2494436 $350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Bowen Butler **Address:** 187 Canterberry Place Rd, Mooresville, NC **Zip:** 28115

Applicant Email: BoButler@arhomes.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 565 Morrison Farm Rd

Subdivision Name: Falls Park **Section/Phase:** _____ **Lot Number:** 28

Driving Directions: _____

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: _____

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) 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~~ ( ) 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: Accepted

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: _____ 10/1/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

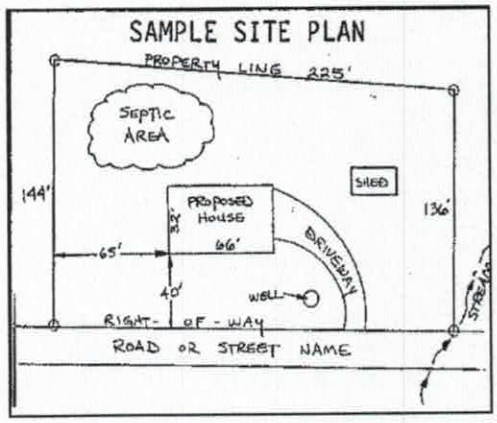
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

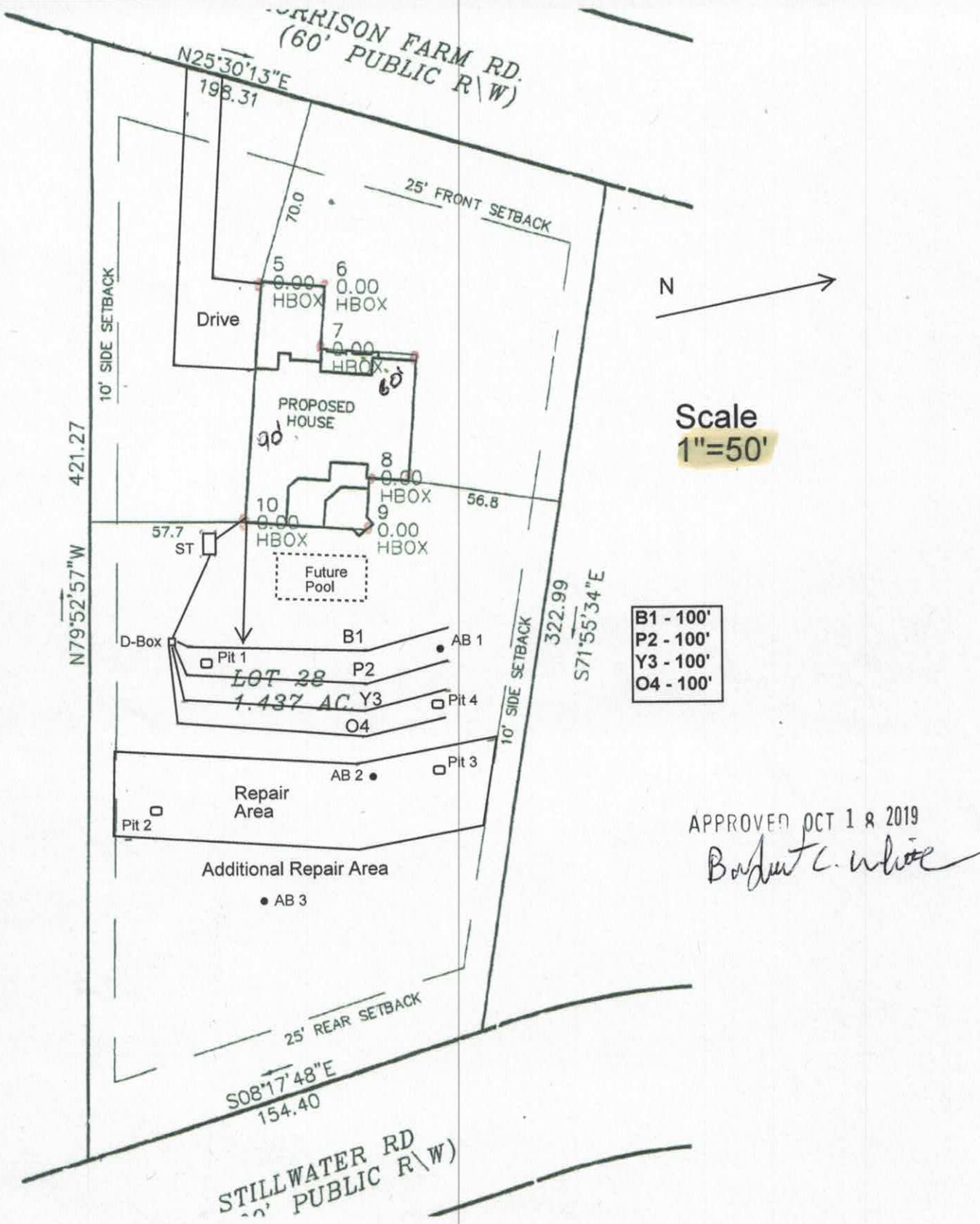
USE THIS SPACE TO DRAW YOUR SITE PLAN

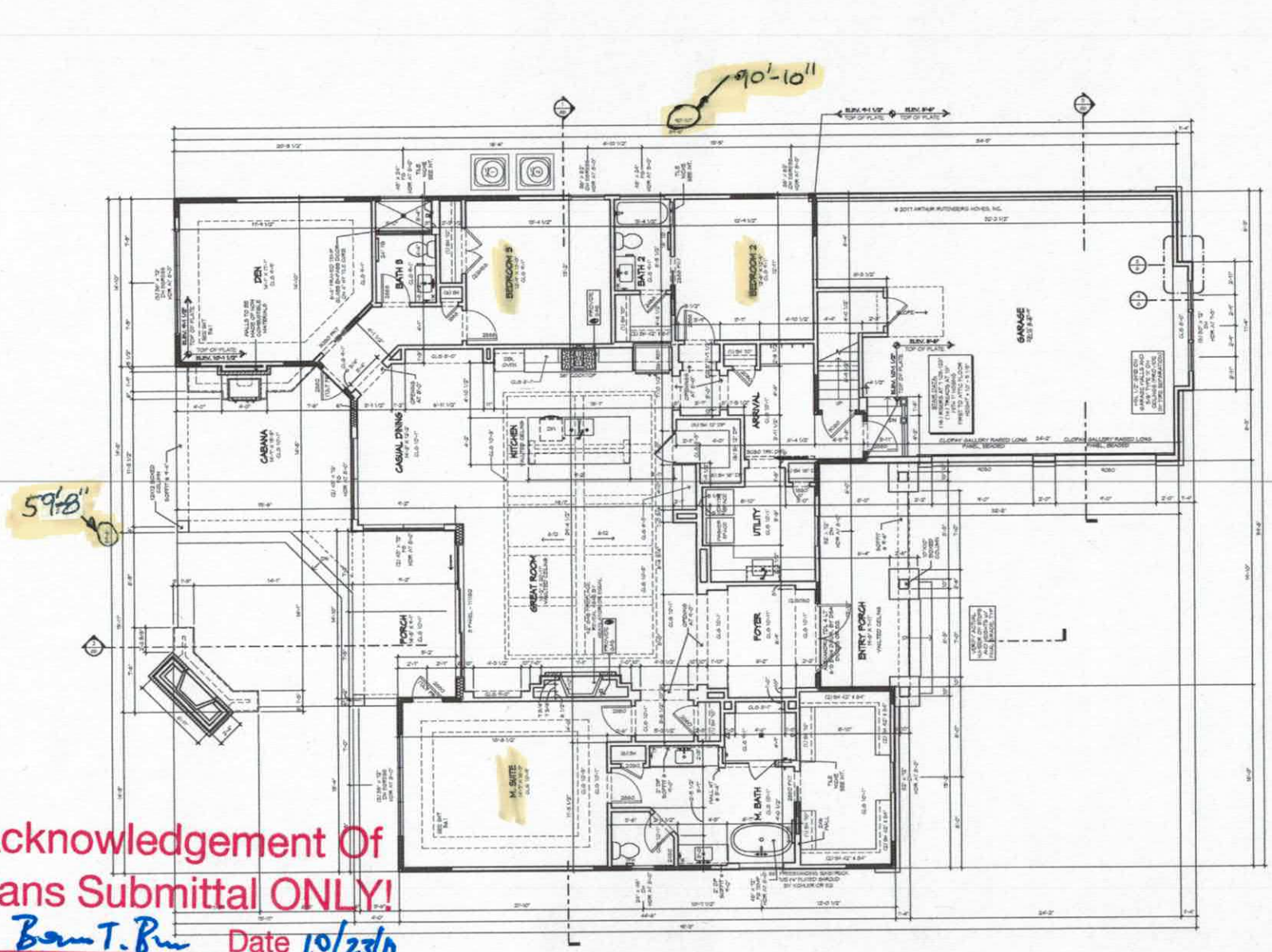
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 10/1/2019

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


ORRISON FARM RD.
(60' PUBLIC R\W)
N25°30'13"E
198.31
70.0
25' FRONT SETBACK
10' SIDE SETBACK
421.27
N79°52'57"W
5
0.00
HBOX
6
0.00
HBOX
7
0.00
HBOX
Drive
PROPOSED HOUSE
90'
60'
8
0.00
HBOX
56.8
10
0.00
HBOX
9
0.00
HBOX
57.7
ST
Future Pool
D-Box
B1
AB 1
Pit 1
P2
LOT 28
1.437 AC.
Y3
Pit 4
O4
AB 2
Pit 3
Repair Area
Pit 2
Additional Repair Area
AB 3
10' SIDE SETBACK
322.99
S71°55'34"E
25' REAR SETBACK
S08°17'48"E
154.40
STILLWATER RD
PUBLIC R\W)
N
Scale
1"=50'
B1 - 100'
P2 - 100'
Y3 - 100'
O4 - 100'
APPROVED OCT 1 8 2019



Acknowledgement Of Plans Submittal ONLY!

Barry T. Burr Date 10/23/19

Barbara C. White Date 10-22-19

AREA SCHEDULE - FRAME LIVABLE

MAIN LEVEL LIVING	2955
TOTAL	2955

AREA SCHEDULE - FRAME

ENTRY PORCH	78
GARAGE / 2NTH STAIRS	1012
MAIN LEVEL LIVING	2955
PORCH	70
SUPPRESSED ATTIC	1012
TOTAL	4467

AREA SCHEDULE - MISC

DECK	1012
TOTAL	1012

GENERAL NOTES:

VERIFY ALL REFERENCE ROUGH OPENINGS W/ MFR SPECS. SEE PLAN FOR REFERENCE HOME NOTES.

ALL POCKET DOOR WALLS TO BE SHEATHED WITH OSB.

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS WITH MFR. REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS.

SEE CLG SURFACES, BOTH HORIZONTAL AND VERTICAL, SHALL HAVE SMOOTH FIN.

SEE SHEET 9 FOR SPECIFIC SUBV DETAILS.

⚠ ATTENTION ⚠

NOTE: IT IS THE RESPONSIBILITY OF THE BUILDER TO COORDINATE THE INSTALLATION OF ALL WATER PROOFING METHODS NECESSARY TO PROVIDE A WATER TIGHT BUILDING ENVELOPE. REFER TO MFR. INSTALLATION RECOMMENDATION FOR ALL SELECTED WATERPROOFING MATERIALS, FLASHING, SEALERS, AND 3RD PARTY COMPONENTS.

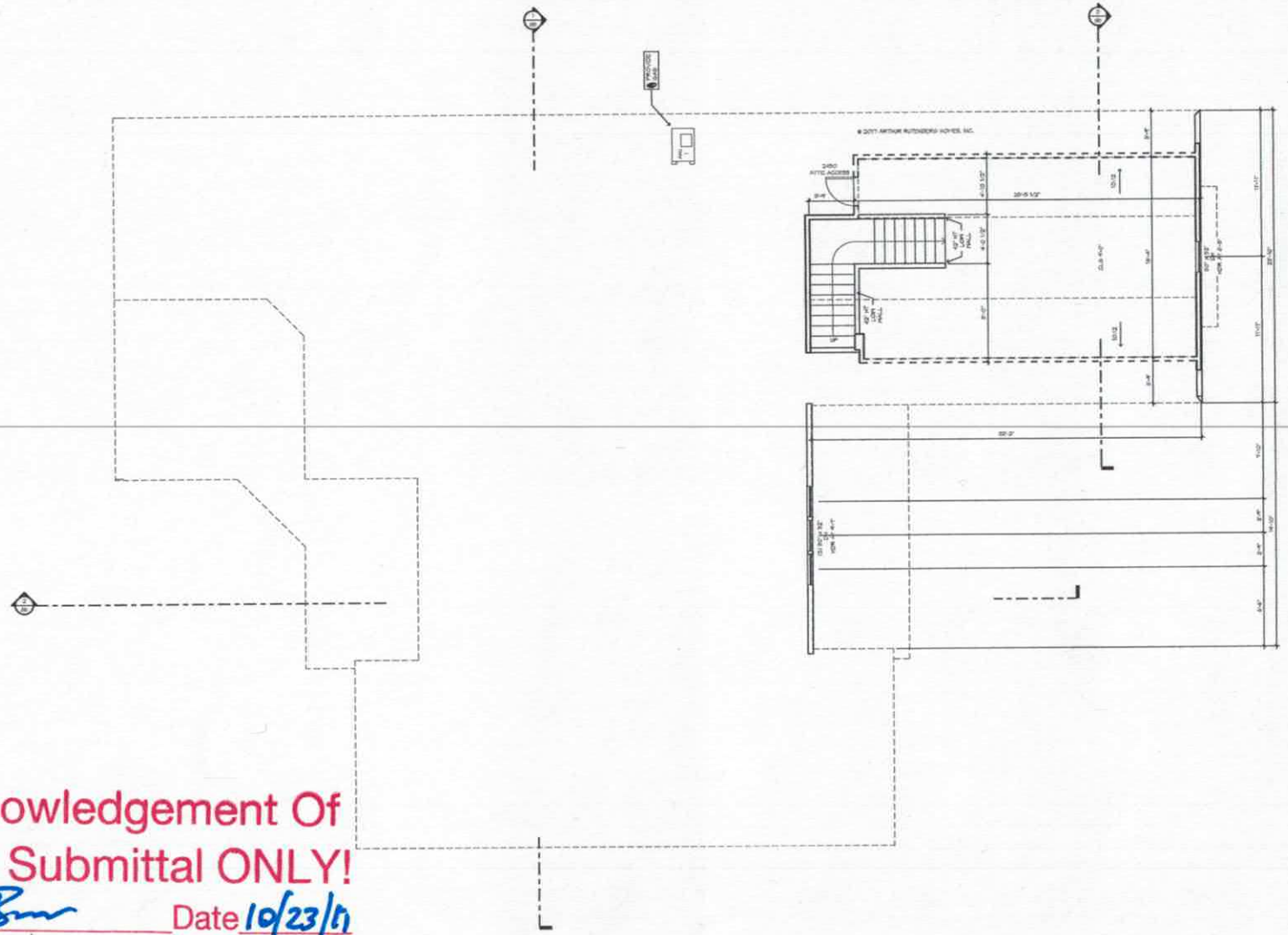
Arthur Rutenberg Homes

1579F - THE ACACIA MODEL AT THE BLUFFS

MAIN LEVEL FLOOR PLAN

FINAL SET

5



UPPER LEVEL

AREA SCHEDULE - FUTURE LIVABLE

FUTURE BONUS	451
TOTAL	451

GENERAL NOTES:

VERIFY ALL HEIGHTS FOR ROUGH OPENS W/ MFR. SPECS. SEE PLAN FOR HEIGHT ATTIC.

ALL POCKET DOOR FRAMES TO BE SHEATHED WITH OSB.

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS WITH MFR. REQUIRED EDITS IN RELATION TO FINISH FLOOR MATERIALS

REC CLG SURFACES, BOTH HORIZONTAL AND VERTICAL, SHALL HAVE SMOOTH FIN.

SEE SHEET A FOR SPECIFIC ELEV DETAILS.

⚠ ATTENTION ⚠

NOTE: IT IS THE RESPONSIBILITY OF THE BUILDER TO COORDINATE THE INSTALLATION OF ALL WATER PROOFING METHODS NECESSARY TO PROVIDE A WATER TIGHT BUILDING ENVELOPE. REFER TO MFR. INSTALLATION RECOMMENDATION FOR ALL SELECTED WATERPROOFING MATERIALS, FLASHING, SEALERS AND MEMBRANE COMPONENTS

Acknowledgement Of
Plans Submittal ONLY!
Bo Bonn Date 10/23/19
Bryant C. White Date 10-22-19

Arthur Rutenberg Homes

15'HF - THE ACACIA MODEL AT THE BLUFFS

JAS, INC.

UPPER LEVEL FLOOR PLAN

FINAL SET

5b

IREDELL COUNTY DEPARTMENT OF
ENVIRONMENTAL HEALTH

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, Bowen T. Butler, am the legal owner(s) of the property located at 9165 Morrison Farm Rd, Troutman NC 28166, identified as PIN (Parcel Identification Number) 4629747914, located in Iredell County, North Carolina.

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

Bowen T. Butler 9/26/19

Signature of Owner(s) Date Signature of Witness
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

[illegible]@co.iredell.nc.us

Fax: 704-662-4249

610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

[illegible]@co.iredell.nc.us

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677

Zoning Permit # 247436
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	8/12/19	Tax Parcel #	4629747914
	Business Name or Property Owner	Bowen T. Butler		
	Street Address	565 Morrison Farm Rd, Troutman, NC 28166		
	Business Type and/or Project Description	Single Family Home		
APPLICANT	Applicant	Bo Butler	Preferred Phone	(704) 662-2688
	Address City/State/Zip	187 Canterbury Place Rd., Mooresville, NC 28115 ~~565 Morrison Farm Rd, Troutman, NC 28166~~		
	E-Mail	tribotri@AOL.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	Plans Attached	Yes ☑ No ☐
Utilities	Public WA / Septic	Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR		
Minimum Setback Requirements	Front 25', Rear 25', Right Side 15', Left Side 15' *Setback measured from nearest projecting point of structure to Property Line.*		
Comments: Landscaping required. Front of home must be parallel with front lot line. See attached for landscaping requirements.			

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Bowen T. Butler
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Danielle Wright
Signature of Zoning Administrator