IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231769

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

PIN # 4629762072 ✓

APPLICANT/OWNER: Rodney Dean Leopard APPLICANT ADDRESS: 135 Abington Ln Troutman NC

SITE ADDRESS: ✓ 135 Abington Ln Troutman NC PHONE: 704-576-3887 ALT. PHONE N/A

SITE DIRECTIONS: State Park Rd, T/L Morrison Farm, T/R Abington on Left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: ✓ CL+T SECTION: 17 LOT # 173 LOT AREA: .870 DESIGN FLOW: 360 L.T.A.R.: 0.325

Septic Tank	1000 (gal)	STB	in Filtrator	Date	plastic	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	50% Reduction			[ ] Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	TS11 Drip			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	185'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Per specs by Michael Athanas + Associates

Septic tank 15' from house. Installed as permitted.

INITIAL SITE SKETCH

See plan by:

Michael Athanas + Associates

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**

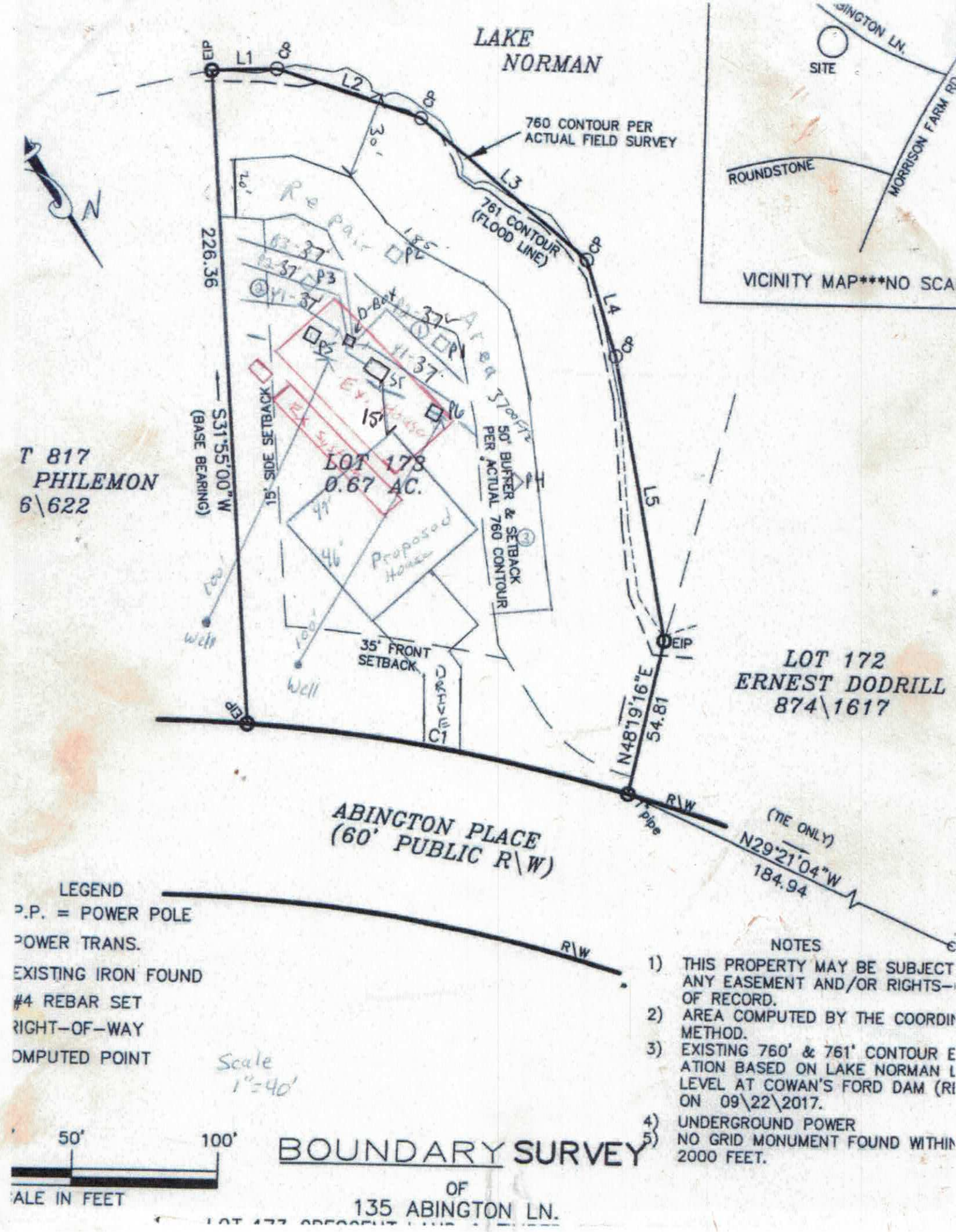
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2/26/18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Date: 02/27/18 OPERATION PERMIT by: Carla C. Cabe Date: 11/7/18

AUTHORIZATION TO CONSTRUCT by: Date: 02/23/18 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 inpsector to confirm your inspection time.



LEGEND

P.P. = POWER POLE

POWER TRANS.

EXISTING IRON FOUND

#4 REBAR SET

RIGHT-OF-WAY

OMPUTED POINT

NOTES

1) THIS PROPERTY MAY BE SUBJECT ANY EASEMENT AND/OR RIGHTS- OF RECORD.
2) AREA COMPUTED BY THE COORDIN METHOD.
3) EXISTING 760' & 761' CONTOUR E ATION BASED ON LAKE NORMAN L LEVEL AT COWAN'S FORD DAM (RI ON 09\22\2017.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

BOUNDARY SURVEY

OF

135 ABINGTON LN.



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

Reference: Data Sheet for 135 Abington Ln, CL&T Sec 17 Lot 173
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Existing private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.325 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip irrigation
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length
Yellow 1	37'/37'	85'
Pink 2	37'/37'	85'
Blue 3	37'	40'

Initial System: 185' **Repair System:** 2880+ FT2

Comments:
MA&A are proposing a new system and repair area for a new house. The existing system is partially in the proposed new house box.

PROPERTY ID #: 4629762072_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rodney Leopard_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: __3 bdrm_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: _0.67 AC_____
LOCATION OF SITE: 135 Abington Ln, CL&T Sec 17 Lot 173_____ PROPERTY RECORDED: _6/3/1976_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 10%	0-19	R C SBK	FR SS SP SEXP	N/A	38"	F-C SAP PS	NA	PS 0.325-0.35
		19-38	R CL WSBK	FR SS SP SEXP					
		38-63	VER L SAP M	VFR SS SP SEXP					
PIT 2	LS 12%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	33"	F-C SAP PS	N/A	PS 0.325-0.4
		4-19	R C SBK	FR SS SP SEXP					
		19-33	R CL WSBK	FR SS SP SEXP					
		33-68	VER SL SAP M	VFR SS SP SEXP					
PIT 3	LS 12%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	33"	F-C SAP PS	N/A	PS 0.325-0.4
		6-18	R C SBK	FR SS SP SEXP					
		18-33	R CL WSBK	FR SS SP SEXP					
		33-63	VER L SAP M	FR SS SP SEXP					
PIT 4	LS 15%	0-7	Br SCL WSBK	FR SS SP SEXP	N/A	44"	F-C SAP PS	N/A	PS 0.325-0.35
		7-20	R C SBK	FR SS SP SEXP					
		20-44	R CL WSBK	FR SS SP SEXP					
		44-67	VER SL SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	370 FT2	2880+ FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.325	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____ HS✓
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4629762072____
DATE OF EVALUATION: _____
COUNTY: _Iredell_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 10%	0-30	R CL WSBK	FR SS SP SEXP	N/A	30"	PS	N/A	PS 0.35-0.4
		30-60	VER L SAP M	VFR SS SP SEXP					
AB 2	LS 12%	0-24	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		24-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 15%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	44"	F-C SAP PS	N/A	PS 0.3-0.35
		4-28	R C SBK	FR SS SP SEXP					
		28-44	R CL WSBK	FR SS SP SEXP					
		44-48	VER L SAP M	FR SS SP SEXP					

COMMENTS: _____

RECEIVED NOV 2 7 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 # 231769

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: Rodney Dean Leopard **Address:** 135 Abington Ln, Troutmam, NC **Zip:** 28166

Applicant Email: sleopard@bigtimeproducts.net **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 135 Abington Ln

Subdivision Name: CL&T **Section/Phase:** 17 **Lot Number:** 173

Driving Directions: State Park Rd, TL Morrison Farm, TR Abington, on LT

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

CHECK FOUNDATION TYPE

(✓) 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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: _____

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: _____ 11/29/2017
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

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, RODNEY DEAN LEOPARD, am the legal owner(s) of the property located at 135 ABINGTON LANE TROUTMAN NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Adams & Assoc., 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.

Rodney Dean Leopard 11-16-17
Signature of Owner(s) Date

11-16-17
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

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:

_____ Property Line measurements are clearly identified… **_____ 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

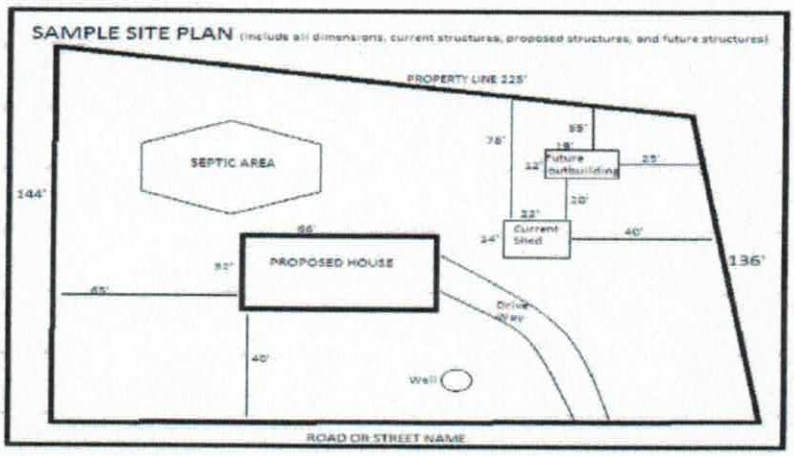
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ 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

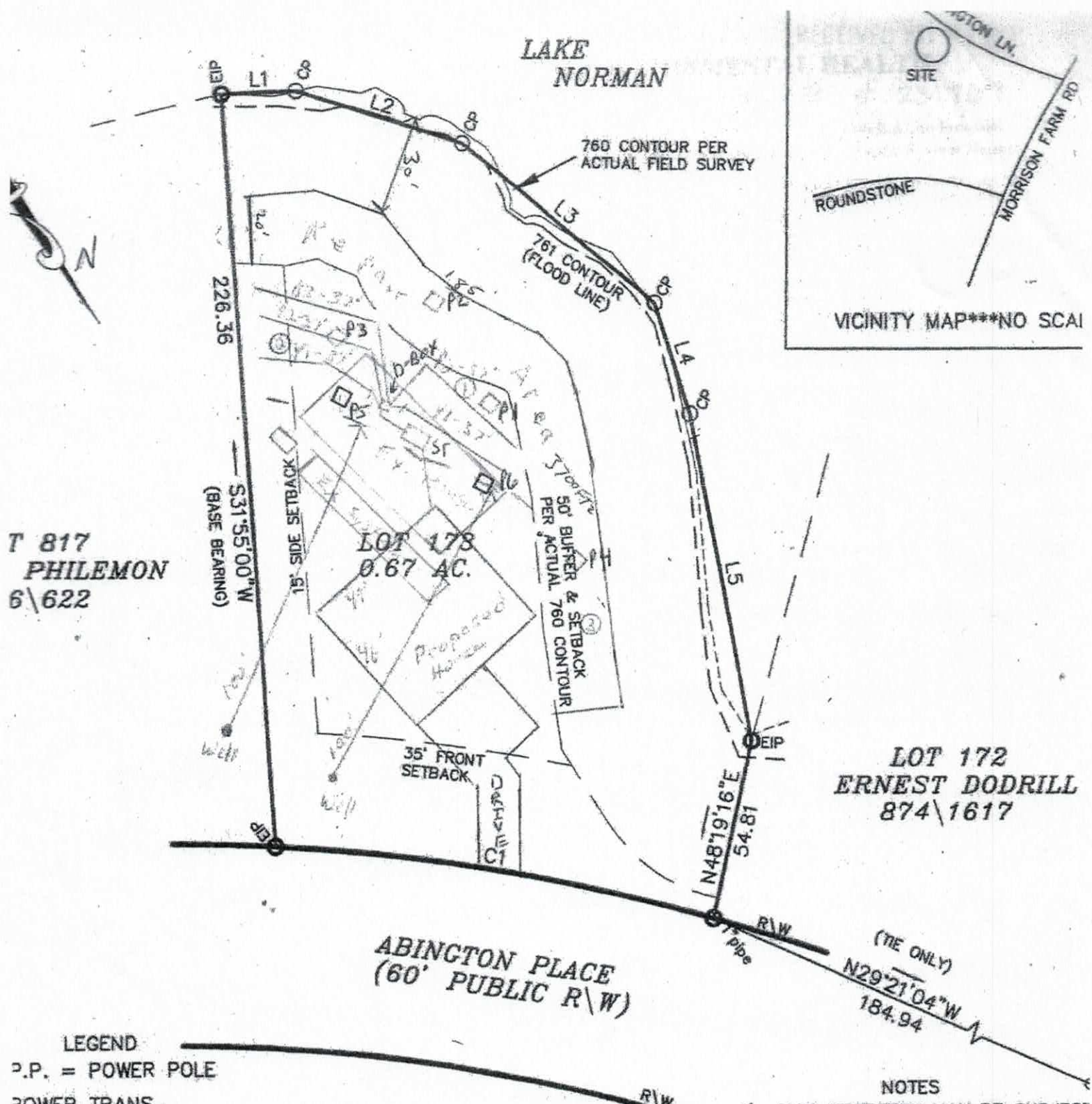
See Attached Site Plan

Signature: _____

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

11/22/2017

DATE



LEGEND

P.P. = POWER POLE
POWER TRANS.
EXISTING IRON FOUND
#4 REBAR SET
RIGHT-OF-WAY
OMPUTED POINT

Scale
1"=40'

50' 100'

ALE IN FEET

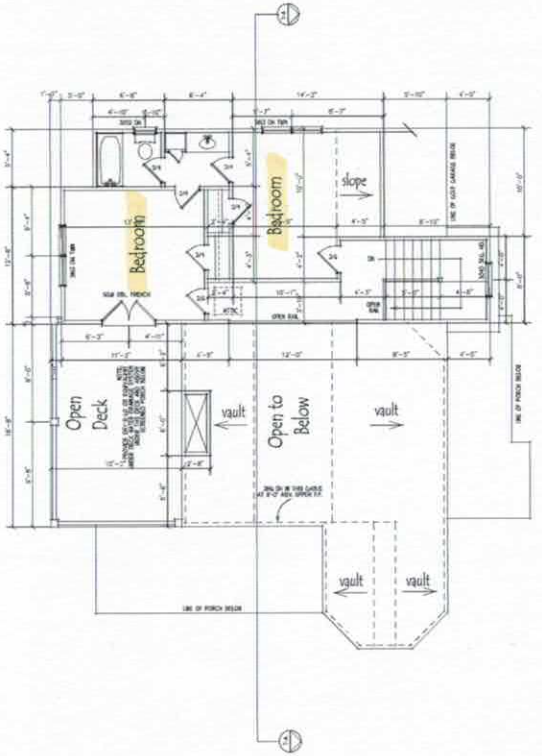
NOTES

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4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITH 2000 FEET.

BOUNDARY SURVEY

OF

135 ABINGTON LN.



UPPER LEVEL FLOORPLAN

AREA SUMMARY

Acknowledgement Of Plans Submittal ONLY!
Date 2/26/18
Date 02/23/18

MAIN LEVEL FLOORPLAN
1/4" = 1'-0"

AREA SUMMARY	
MAIN LEVEL:	111 s.f.
UPPER LEVEL:	506 s.f.
TOTAL:	1865 s.f.
LOWER LEVEL:	1668 s.f.

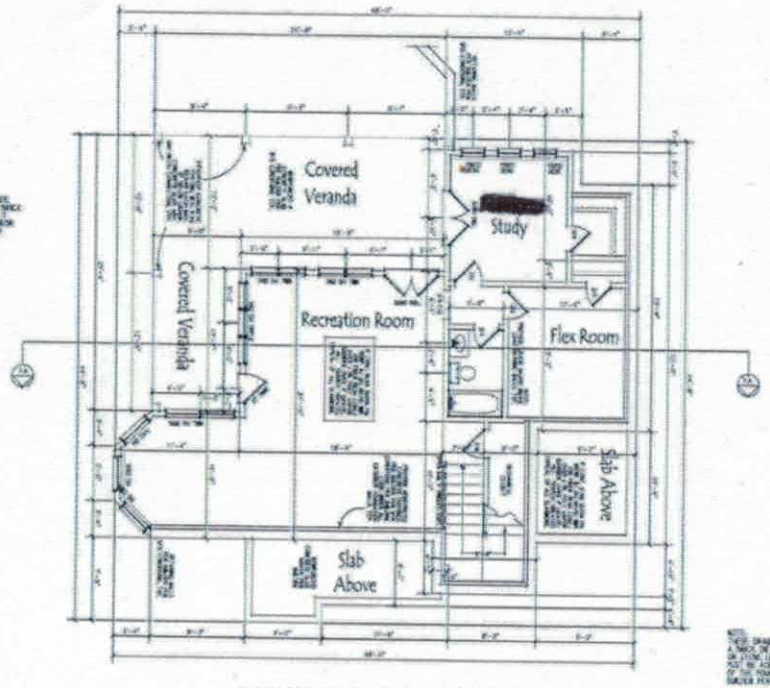
Acknowledgement Of
Plans Submittal ONLY!
Date 2/26/18
Date 2/23/18

© COPYRIGHT
RAY HILBRIGHT DESIGN
CARROLLTON, GEORGIA
THIS PLAN IS THE PROPERTY OF RAY HILBRIGHT DESIGN AND IS NOT TO BE REPRODUCED OR USED IN ANY FORM WITHOUT THE WRITTEN PERMISSION

GENERAL NOTES

Residential Design
Block Plans
CAD Drafting
Ray Hilbright
706-301-4254

DRAWN
HMF
DATE
10-4-2010
SCALE
1/4" = 1'-0"
JOB NO.
FOOTHILLS COTTAGE
SHEET
4
OF SEVEN SHEETS



LOWER LEVEL / FOUNDATION

AREA SUMMARY

Acknowledgement Of Plans Submittal ONLY!

Date 2/26/18

Date 02/23/18

3

IREDELL COUNTY

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

APPLICATION NUMBER
231769
Issue Date: 11/27/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4629762072.000	135 ABINGTON LANE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LEOPARD RODNEY DEAN	Applicant: MICHAEL ATHANAS & ASSO
Address: 135 ABINGTON LANE TROUTMAN, NC 28166	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.870	35.00	50.00	15.00	50.00	CACL	AE

Remarks:

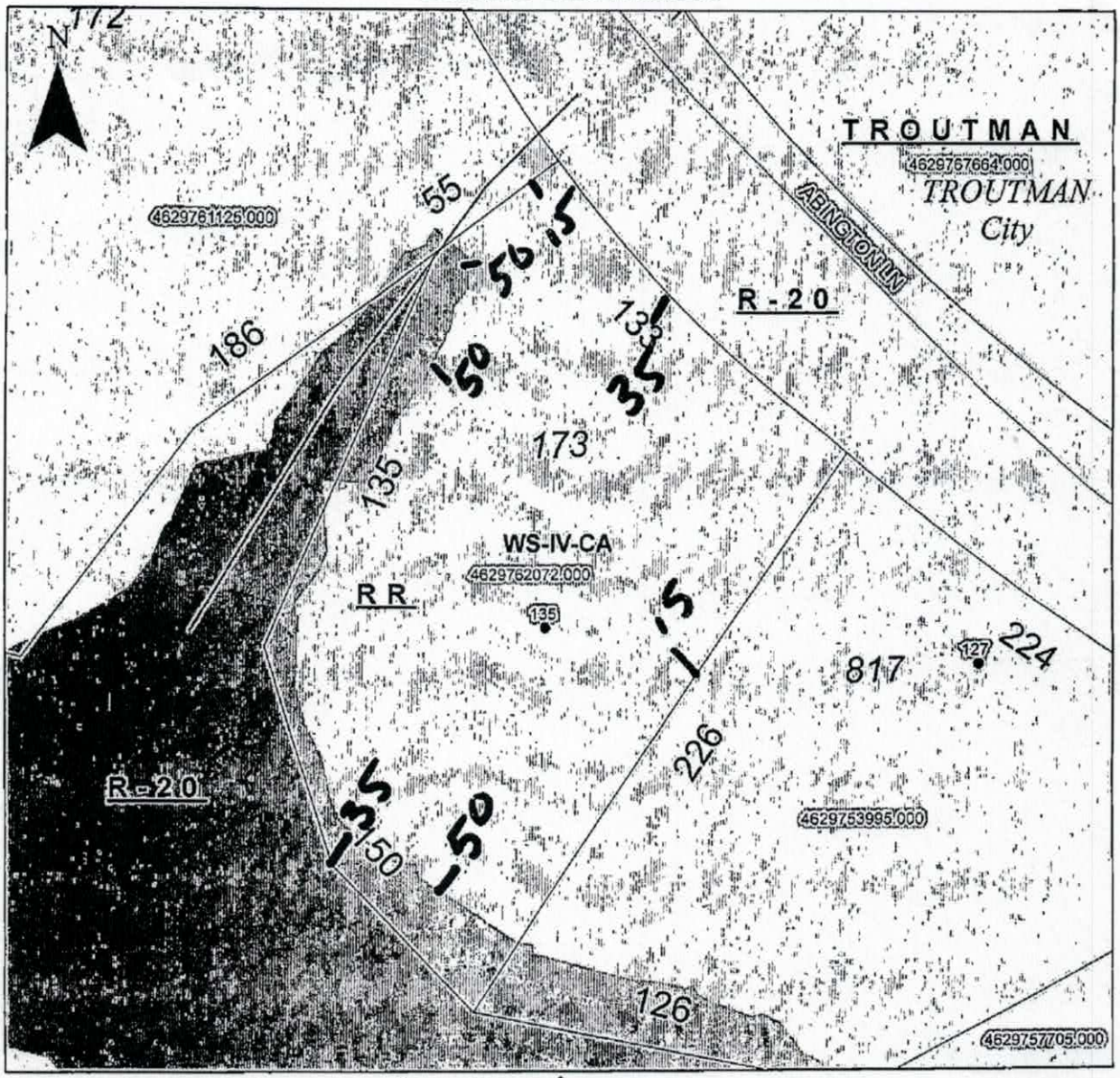
Lots with frontage on the lake must meet both the 50 foot setback from the 760 contour line and the 35 foot setback from the rear property line for any structure.

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	121581	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 135 Abington Ln

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Applicant

11/27/2017
Date