WE0511H

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825

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

PERMIT # 221730

PIN # 4629771739

APPLICANT: Scott Stewart

APPLICANT ADDRESS: 1820 Dunmore Ln Clemmons, NC 27012

SITE ADDRESS: 176 Seekirk Drive Troutman, NC 28166

PHONE:

ALT. PHONE: 336 971-1451

SITE DIRECTIONS: State Park Rd TL Morrison Farm TR Seekirk house on right

SUBDIVISION: Lot 1

SECTION: 18 LOT # 92 LOT AREA: .82

DESIGN FLOW: 1200 gpd T.A.R.: .3

Septic Tank 1000 (gal) STB Plastic Date

Pump Tank 1000 (gal) PT Date Tanks

Pump Make Gravity Model WE0511H Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 160ft

Trench Width 24" Max. Trench Bottom Depth 28" Gravel Depth N/A

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

System Description: Pump-PM-PPBPS (Type 3)

Repair System Description: Same

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms

☐ Business No. Persons

☐ Other No. Employees

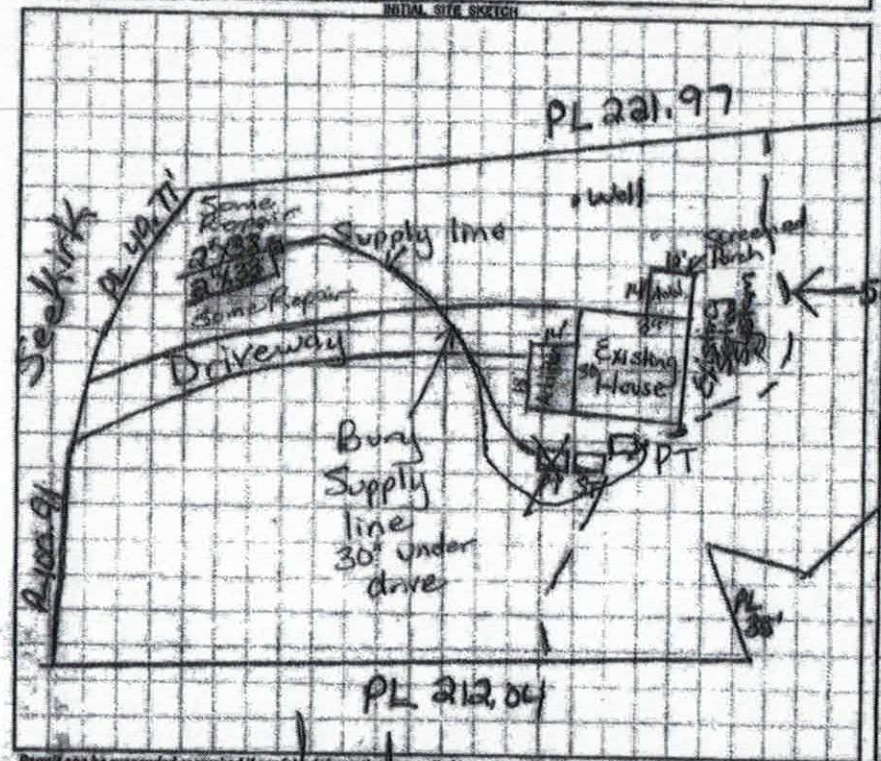
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: * Note: Expanding total bedrooms to 3. Originally Soil/Site Evaluation done by Jaime Stewart

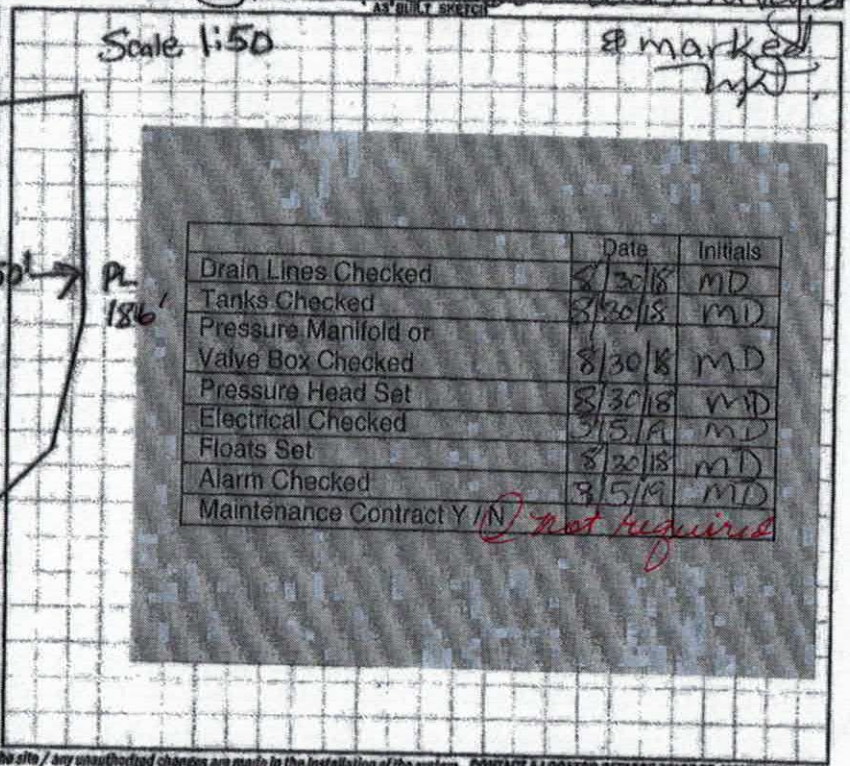
INITIAL SITE SKETCH



8/30/18 ST 6 ft from house, Checked tanks, drainlines, supply line & set pressure. 50ft setback to 160 was surveyed & marked MD

AS-BUILT SKETCH

Scale 1:50



	Date	Initials
Drain Lines Checked	8/30/18	MD
Tanks Checked	8/30/18	MD
Pressure Manifold or Valve Box Checked	8/30/18	MD
Pressure Head Set	8/30/18	MD
Electrical Checked	3/5/19	MD
Floats Set	8/30/18	MD
Alarm Checked	3/5/19	MD
Maintenance Contract Y / N	not required	

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: Scott Stewart Date:

IMPROVEMENT PERMIT by: Marian Gibson RS Date: 11/1/16

AUTHORIZATION TO CONSTRUCT by: Marian Gibson RS Date: 11/1/16

Installed by: Gary Leathermon

OPERATION PERMIT by: Marian Gibson Date: 3/5/19

Existing System Inspected by: Date:

Health Dept. Copy - WHITE

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: DSH Sekirk
ADDRESS: 176 Seekirk
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 1BR
LOCATION OF SITE: _____

APPLICATION DATE _____
DATE EVALUATED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-8	CL	FR		8	SL	>60	.3 PS
		8-30	SAP/CL	FR					
		30-60	SAP	FR					
2		0-8	CL	FR		8	L	>60	.3 PS
		8-32	SAP/CL	FR					
		32-60	SAP	FR					
3		0-10	CL	FR		10	SL	>60	.3 PS
		10-29	SAP/CL	FR					
		29-60	SAP	FR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

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

COMMENTS: _____

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Scott Stewart	1820 Dunmore Ln. Clemmons, NC 27012	NA	(336) 971-1451
Owner Name: Same as above	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
176 Seekink Ln. Troutman, NC 28166	NA	Lot 92

Driving Directions: South from Troutman on Perth Rd., Right onto State Park Rd., Left on Morrison Farm Rd., Right on Seekink

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
(X) Other Addition to existing home / Addition of 1½ stories to current basement

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms 1

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:
( ) New Well (X) 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 1984 (Year)
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other Pump System

8. 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. 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: _____ 9/13/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

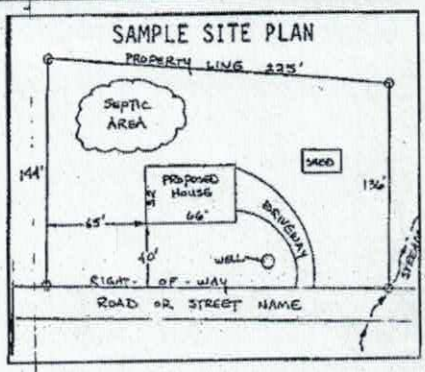
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator of direction

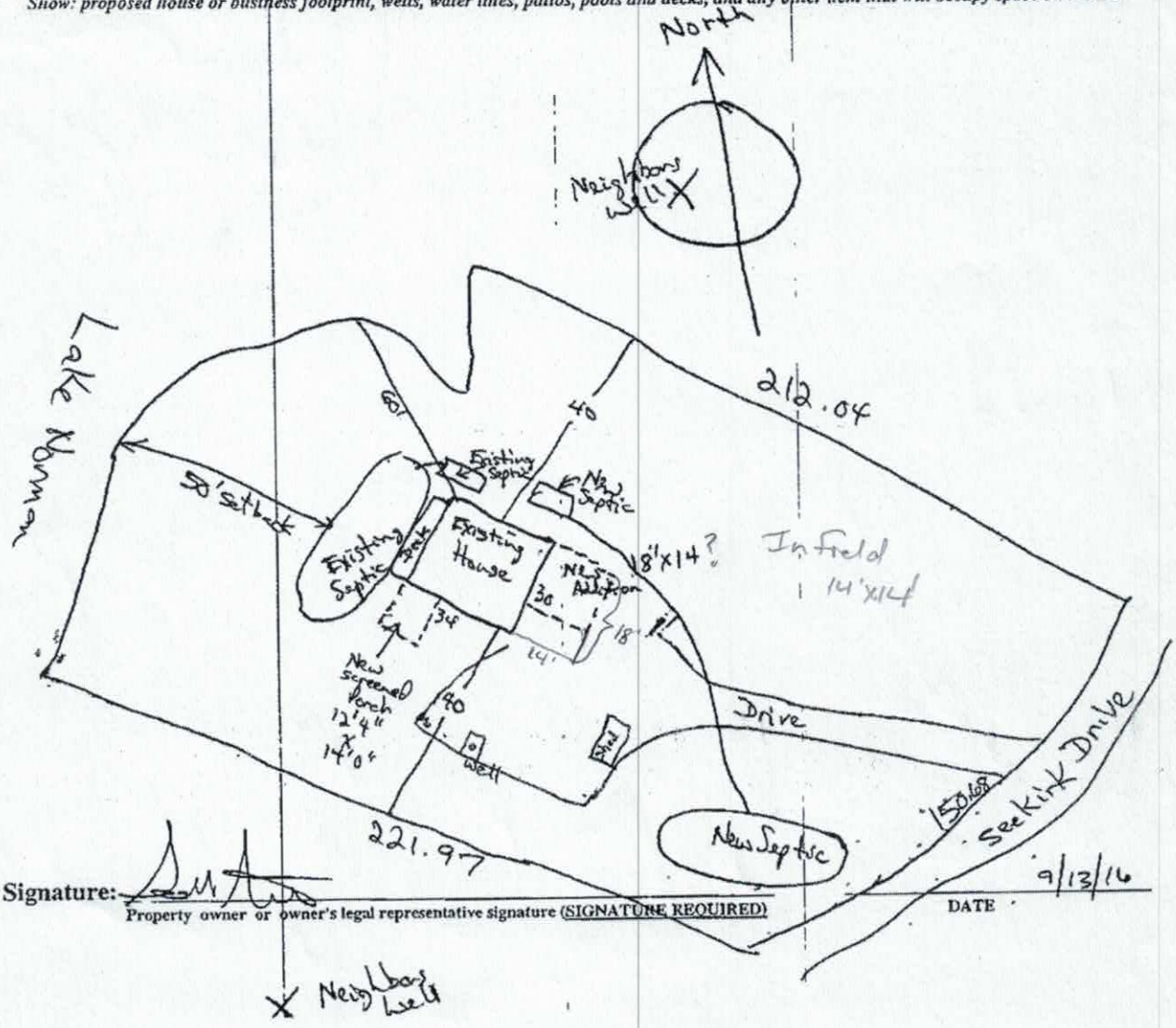


Circle N/A on the following if appropriate:

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)

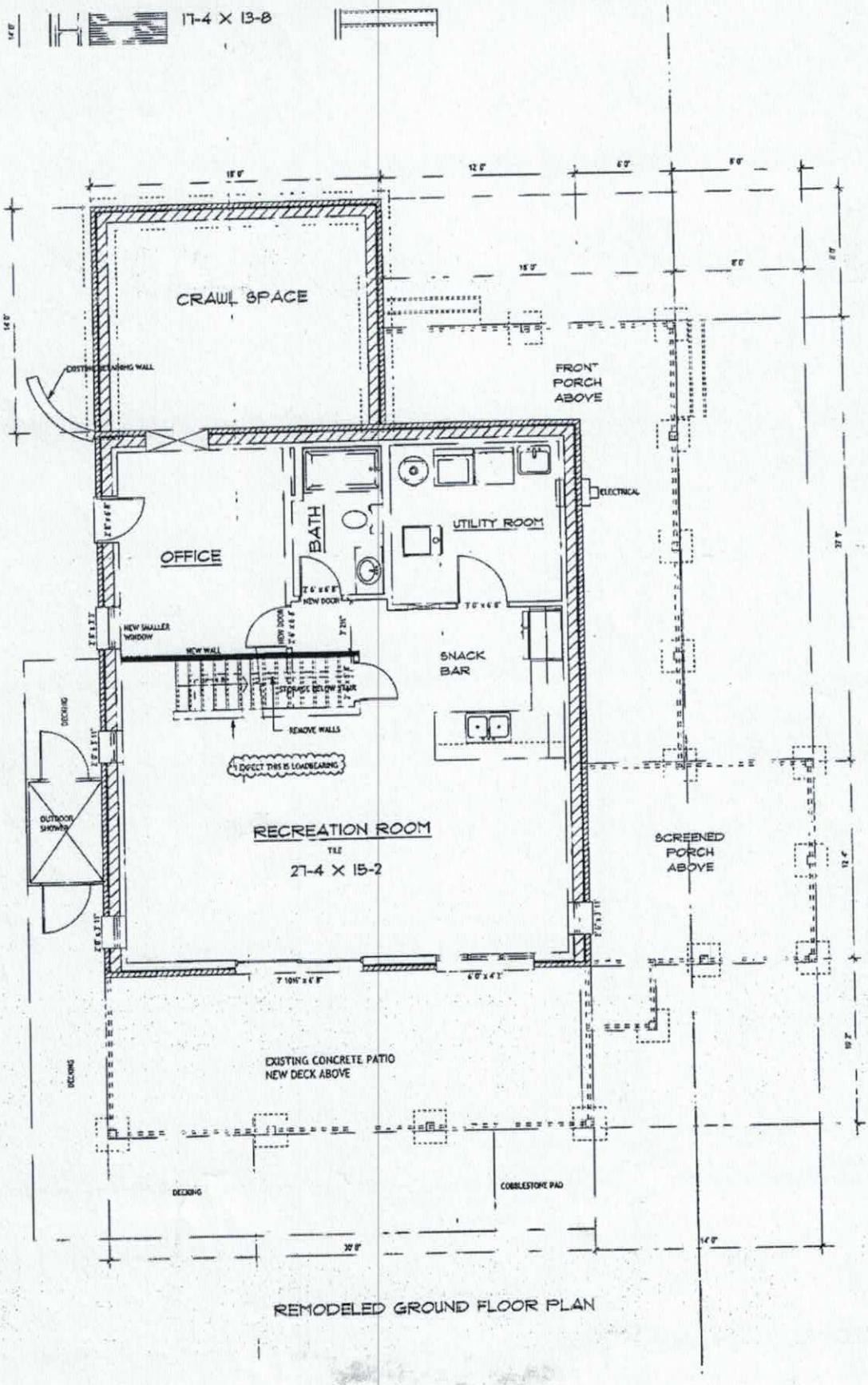
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

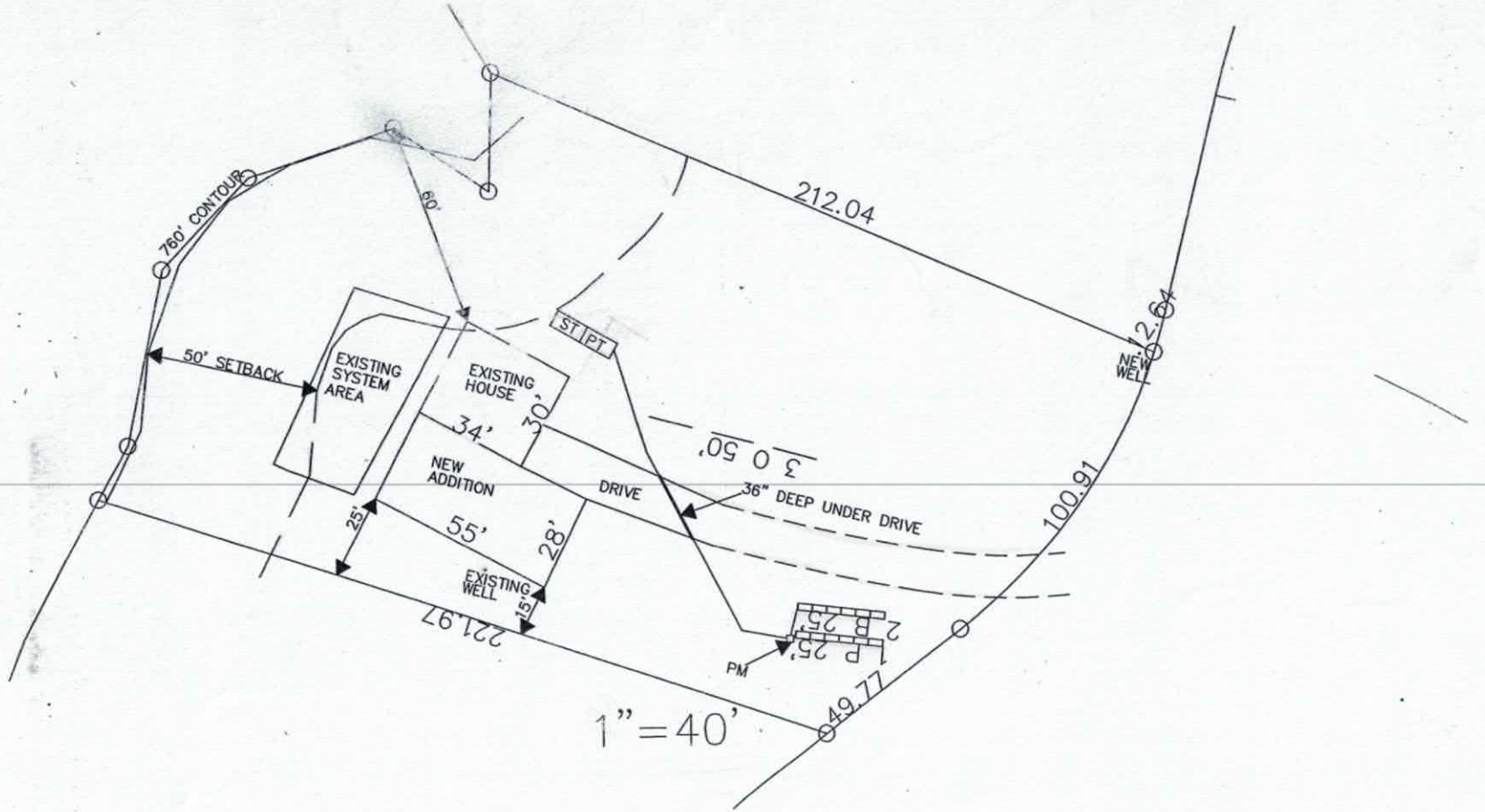


Signature: _____ 9/13/16

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



REMODELED GROUND FLOOR PLAN


760' CONTOUR
60'
212.04
ST PT
NEW WELL
12.64
50' SETBACK
EXISTING SYSTEM AREA
EXISTING HOUSE
30'
34'
NEW ADDITION
DRIVE
36" DEEP UNDER DRIVE
3 0 50'
100.91
25'
55'
28'
EXISTING WELL
15'
221.97
2 B 25'
1 P 25'
PM
49.77
1"=40'

IREDELL COUNTY

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

APPLICATION NUMBER
221730
Issue Date: 09/13/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4629771739.000	176 SEEKIRK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STEWART SCOTT F+JULIE J	Applicant: STEWART SCOTT F+JULIE
Address: 1820 DUNMORE LANE CLEMMONS, NC 27012	Address: 1820 DUNMORE LANE CLEMMONS, NC 27012
Phone:	Phone:

Use Requested	Zone Code
SFD REPLACES EXP 144370	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.820	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

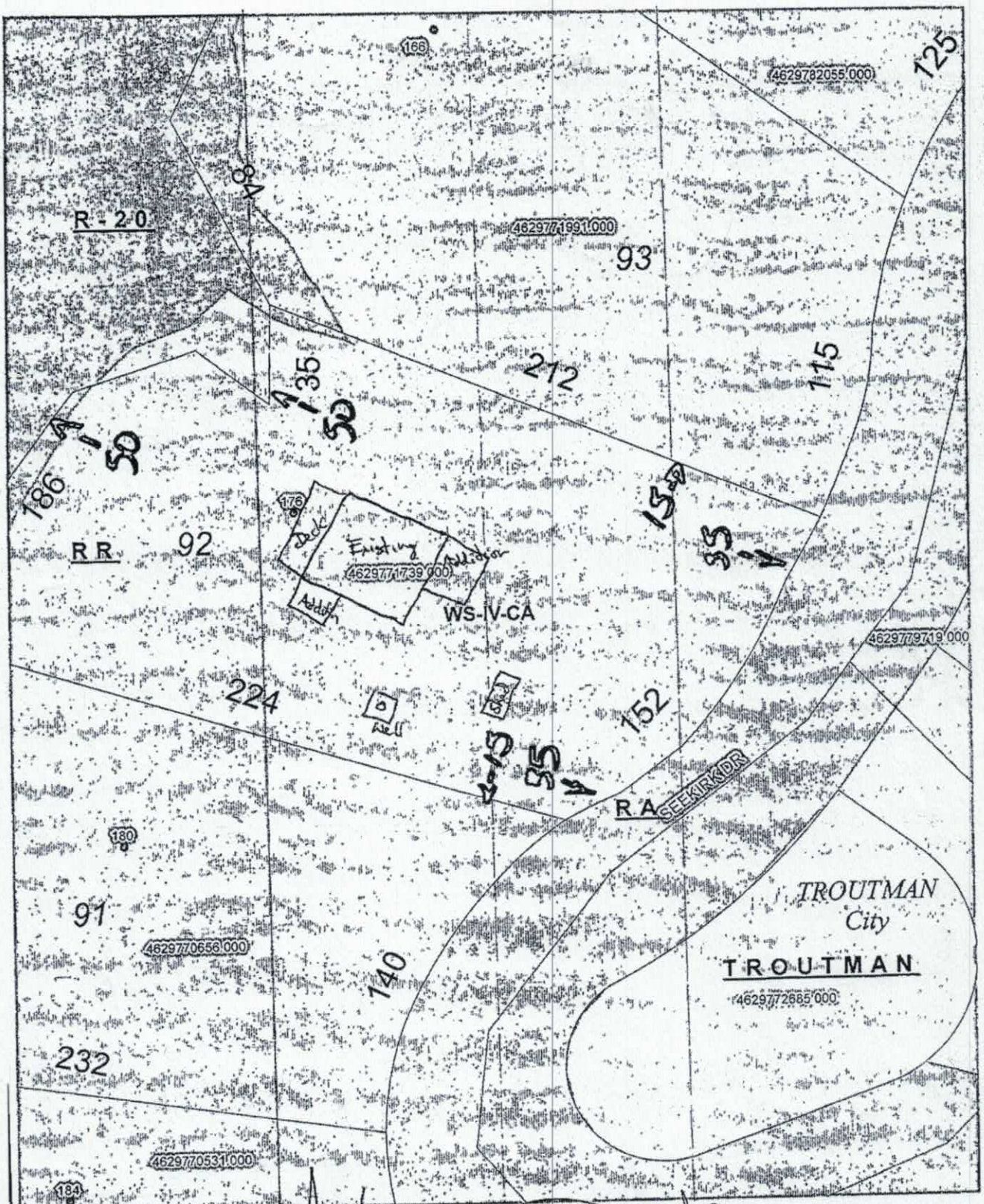
$PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	80260	TOTAL FEES:	$ 77.25


R - 20
RR
RA
WS-IV-CA
Existing
Addition
Deck
Addition
Well
Shed
SEEKIRK DR
TROUTMAN
City
TROUTMAN
4629782055 000
4629771991 000
4629771739 000
4629779719 000
4629772685 000
4629770656 000
4629770531 000
166
176
180
184
125
115
135
212
224
152
140
232
186
92
93
91
88
50
35
55
15
Date 9/13/16