IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233144

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

PIN # 4629772337

APPLICANT/OWNER: Pinnacle Building Services APPLICANT ADDRESS: 127 A Promenade Drive Mooresville NC 28117

SITE ADDRESS: 188 Service Drive Troutman, NC 28166 PHONE: 704-361-1084 ALT. PHONE ~

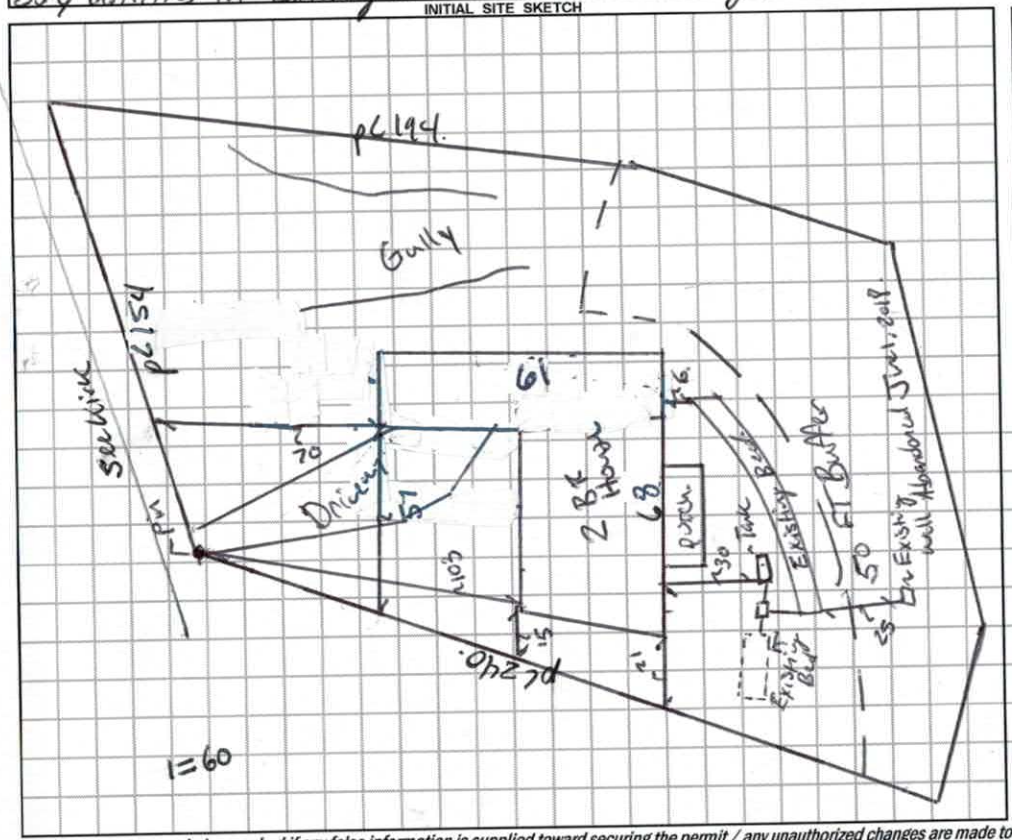
SITE DIRECTIONS: State Park Rd to Morrison Farm Rd, RT on Service Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 18 LOT # 88 LOT AREA: .93 DESIGN FLOW: 240gpd L.T.A.R.: EXT

Septic Tank EXT	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI		☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons 4	☒ Private
Pump Make		Model	Serial #	Repair System Description: Existing		☐ Other	No. Employees	☐ Public
# Nitrification Fields EXT	# Lines EXT		Linear Ft EXT	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width EXT	Trench Bottom Depth(Low side) EXT		Gravel Depth EXT	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: System working @ Time of inspection. Maintain 5ft from any part of the septic system. Do not Drive, park, pave, grade or bury utilities in Existing Drainfield area - Existing Zia well Abandoned on June 1, 2018.

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: 6/12/2018 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Benjamin A. Butler Date: 6/8/2018

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.

Please CALL prior to inspection

RECEIVED MAY 22 2018

Name: Mike Ryon
704-361-1084

Y DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $250.00 #233144

Number:

Application For: (Y) New Well Permit ( ) Well Repair Permit (Y) Well Abandonment
( ) Septic Improvement Permit (Y) Authorization to Construct (Y) 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: (Y) 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: Pinnacle Building Corp LLC Address: 127 A Pinewood Dr Mocksville Zip: 27107
Applicant Email: Ryon3702@yahoo.com Phone: (704) 361-1084 Alt. Phone: (704) 799-8641
Owner Name: Diane Morena Address: 186 Seckirk Troutman NC Zip: 28166
Owner Email: dena1502@gmail.com Phone: 1-516-316-1774 Alt. Phone:

Property Information:

Street Address: 188 Seckirk Drive Troutman NC 28166
Subdivision Name: Section/Phase: Lot Number: 88
Driving Directions: State Park Rd to Morrison Farm Rd RT on Seckirk

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

(Y) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(Y) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: (Y) Replacement Well – Reason: Too close to Existing septic system
( ) Multi-connection Well Number of Houses: Number of Persons:
(Y) New Well (Y) Existing Well (abandon) ( ) 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 (Y) No Does the site contain any jurisdictional wetlands?
( ) Yes (Y) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (Y) 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: Mike Ryon Pinnacle Building Corp LLC 5/10/2018
Property owner or owner's legal representative signature (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, Duane Puigo-Morna, am the legal owner of the property located at 188 Seabird Dr. Troutman, identified as NC. 28166 PIN(Parcel Identification Number) 4629772337.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Mike Ryon Pinnacle Building Services LLC 127 B Promenade Drive Mooresville, NC 28117 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.

Duane Puigo-Morna 2-21-2018
Signature of Owner Date

Patricia Colagioia FEB 21, 2018
Signature of Witness Date

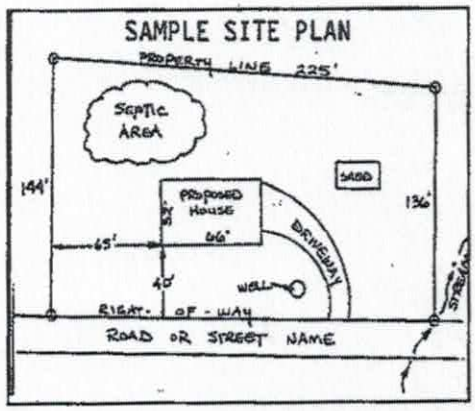
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

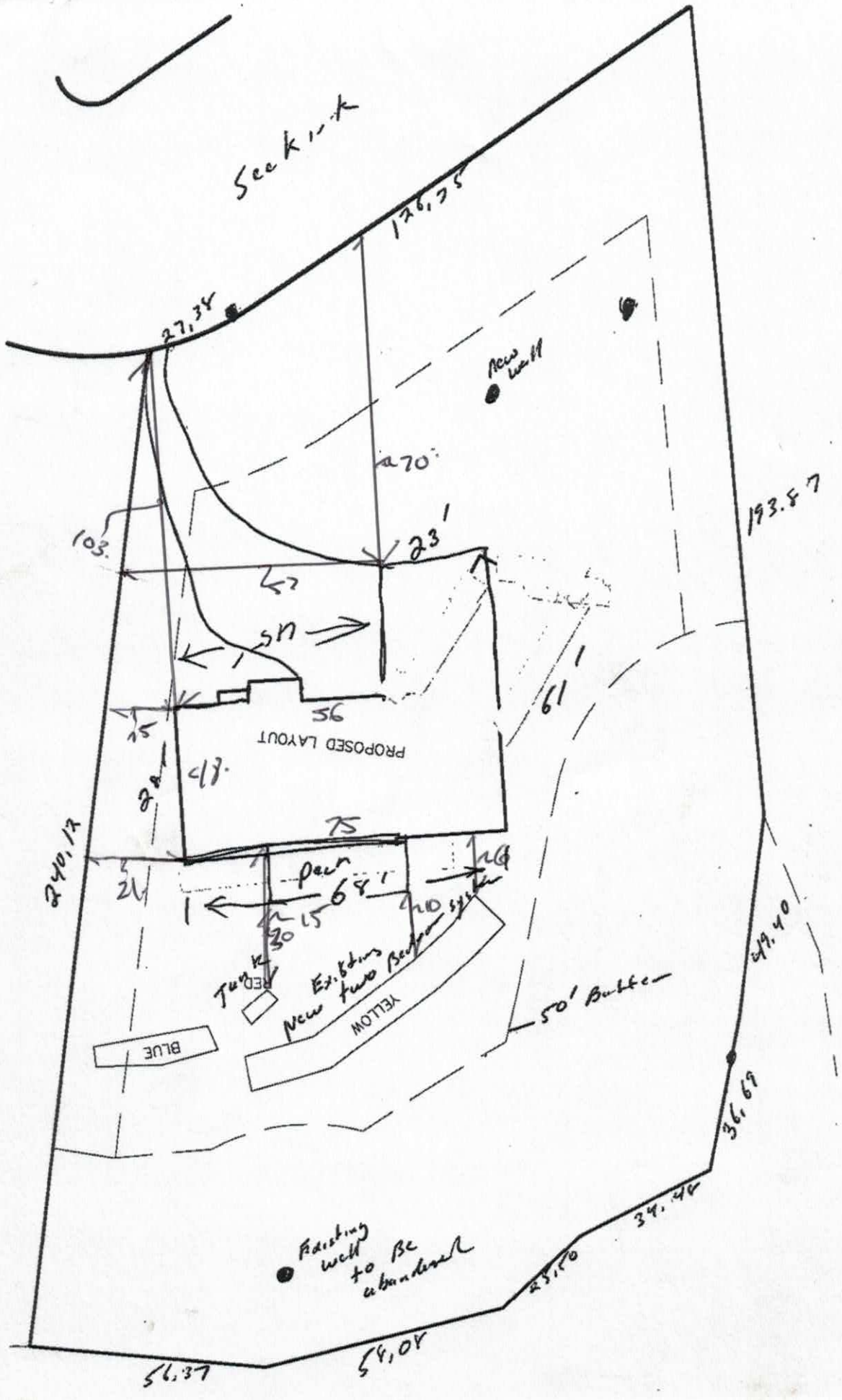
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 survey

Signature: Mark G Simmons Balcombe — 5/10/2017

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


Seek Ln
126.75
27.34
New well
70'
193.87
103.
23'
5ft
15
36
PROPOSED LAYOUT
48'
8ft
75
61'
240.13
24
Pave
68'
15
30
20
Tank
RED
Existing New two Septic system
YELLOW
BLUE
50' Buffer
49.40
36.69
34.46
Existing well to be abandoned
43.50
54.07
56.37

PATTERSON LAND SURVEYING, P.A.

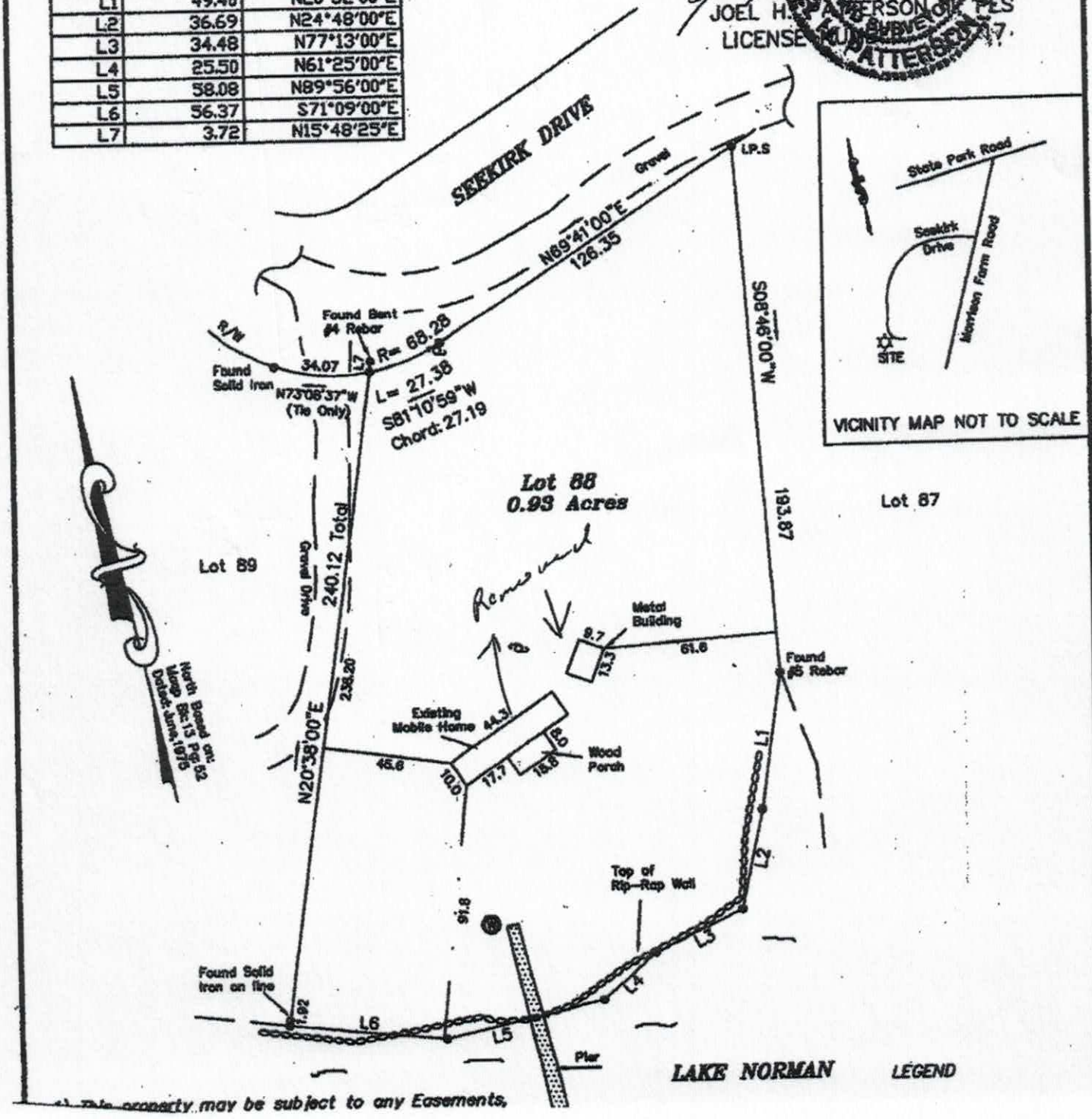
P.O. Box 5010, Mooresville, NC 28117 O-(704) 663-0110 M-(704) 361-0415

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 596, Page 718. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 11th day of SEPTEMBER,

NORTH CAROLINA PROFESSIONAL SEAL L-4017 SURVEYOR PATTERSON

JOEL H. PATTERSON, PLS
LICENSE NUMBER L-4017

LINE TABLE		
LINE	LENGTH	BEARING
L1	49.40	N20°52'00"E
L2	36.69	N24°48'00"E
L3	34.48	N77°13'00"E
L4	25.50	N61°25'00"E
L5	58.08	N89°56'00"E
L6	56.37	S71°09'00"E
L7	3.72	N15°48'25"E



1) This property may be subject to any Easements.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Troy Howard DATE 8-27-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn on Perth Rd at Troutman - T.R. on State Park Rd # 1321. T.R. 2nd Drive below old Burned Farmhouse S. R. No. _____

SUBDIVISION NAME Trailer at End of Drive LOT NO. 88 SECTION OR BLOCK NO. 18

House ( ) Mobile Home (+) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (+)
Auto. Dishwasher	Yes ( )	No (+)
Auto. Wash. Machine	Yes (+)	No ( )
Site Suitable	Yes (+)	No ( )

Lot Area 0.93 Acre

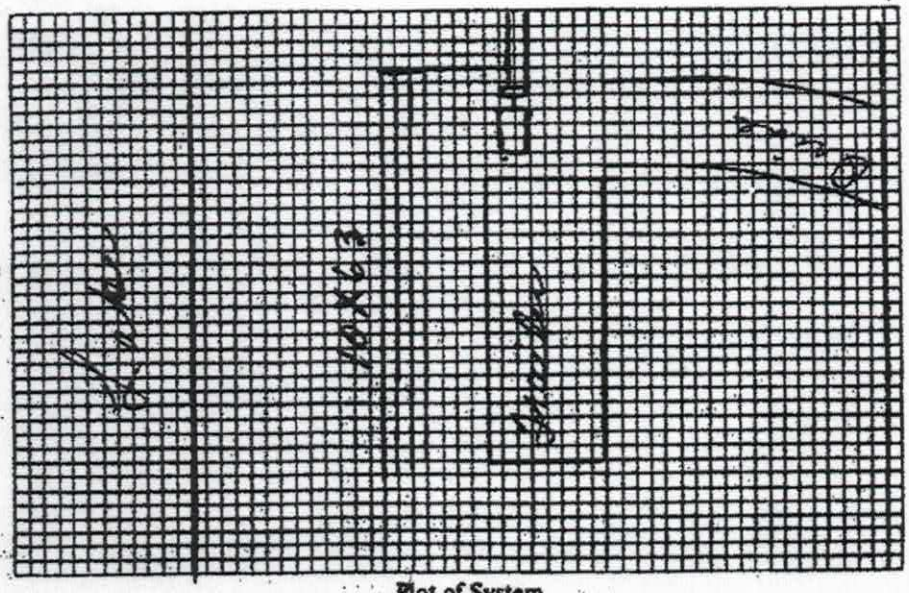
Character & Porosity of Soil Cecil

Percolation Rate _____

Topography Steel Slope to Lake

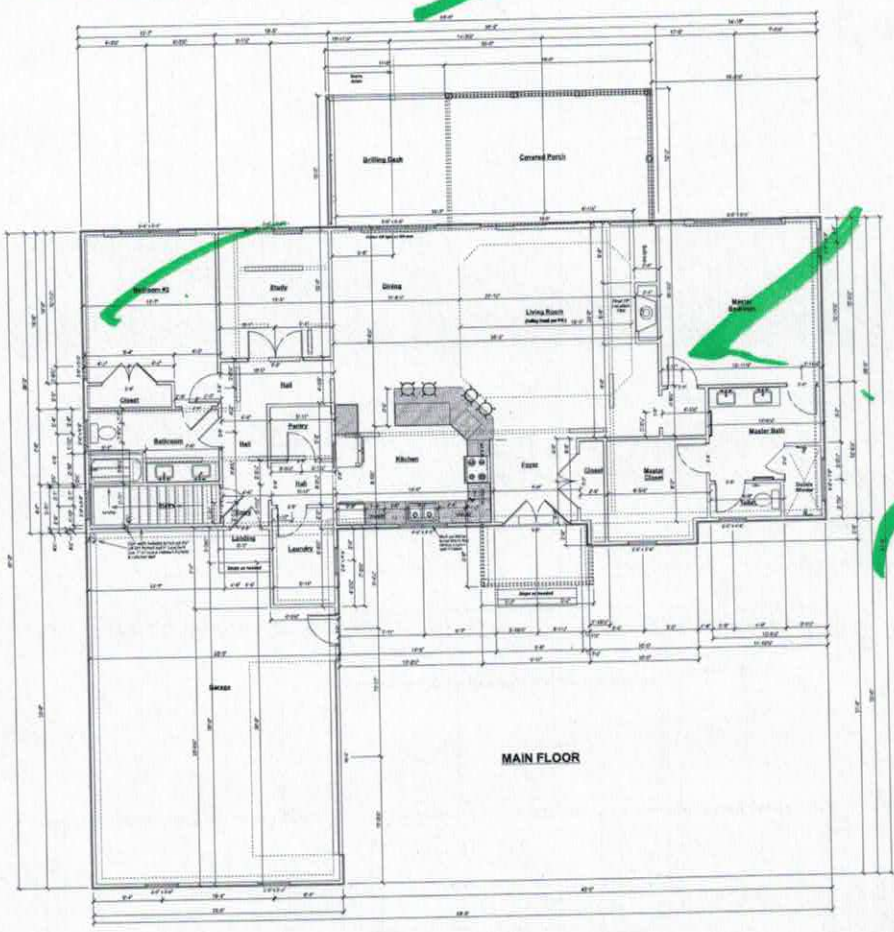
Depth to Water Table Low

Rock or other impervious formations Shale rock in bottom of Ditch Existing


10'
10'
10'

Acknowledgement Of
Plans Submittal ONLY!
Date 6/8/17
Date

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61.

NOTES:

1. All work shall comply with the applicable Building Codes.
2. Contractor shall verify all conditions before commencing construction.
3. These plans shall be engineered and stamped by a Licensed North Carolina Professional Engineer (P.E.)
4. Notify Plan Professional Engineer or Structural Engineer to supervise all plan stamp- at each noted.
5. Builder is responsible for verifying the accuracy of these plans prior to commencement of construction.

GENERAL FRAMING SPECIFICATIONS:
(Contract Professional Engineer's (P.E.) design & notes are to override these specifications)

1. All Main Floor walls are 9'-1-1/2" in height, including plates, unless noted otherwise (U.N.O.)
2. All walls are 2x6, 12" O.C. unless noted otherwise.
3. Exterior to be sheathed with 7/16" OSB (3/4-Hr Assembly)
4. All exterior walls to be insulated with R-19 batt insulation.
5. All angles are either 45, 60 or 90 TO degrees.
6. All beams/lintels/headers to be as follows (U.N.O.): (2)2x6 @ 4'0" or LESS (to be specified by P.E.)
7. Floor System material (min.): Joists (12"O.C.) 2x10 #2 SYP @ 16"O.C. - Band (2)2x10 #2 SYP- Mid Plate (2)2 #2 SYP
8. Floor System material (min.): Joists (16"O.C.) 2x10 #2 SYP @ 16"O.C. - Band (2)2x10 #2 SYP- Mid Plate (2)2 #2 SYP
9. Floor System material (min.): Joists (24"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
10. Floor System material (min.): Joists (12"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
11. Floor System material (min.): Joists (16"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
12. Floor System material (min.): Joists (24"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
13. Floor System material (min.): Joists (12"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
14. Floor System material (min.): Joists (16"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
15. Floor System material (min.): Joists (24"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
16. Floor System material (min.): Joists (12"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
17. Floor System material (min.): Joists (16"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
18. Floor System material (min.): Joists (24"O.C.) 2x12 #2 SYP @ 16"O.C. - Band (2)2x12 #2 SYP- Mid Plate (2)2 #2 SYP
19. Roof System Framing members to be specified by P.E.
20. All ceiling joists and rafter bracing to bear on load bearing walls & will be specified by P.E.
21. Exterior Walls to be completely sheathed with continuous, structural sheathing and fully braced prior to framing roof
22. Exterior Wall Sheathing to extend to highest point of wall, including top of any Gable end or raised gables above roofline

HEATED:	
Main Floor	1990
Basement	1140
UNHEATED:	
Basement (Mech Rm)	194
Basement Garage	534
Main Garage	716
Rear Deck	368
Front Porch	68

Design / Build / Consult
Gracegul Living, Inc.
Paula J. Evans
127 Promenade Dr Mooresville, NC 28117
704-914-1775
pje@bellsouth.com

Pinnacle Building Services, LLC
127 Promenade Dr Mooresville, NC 28117
Mike Pyon 704-361-1064

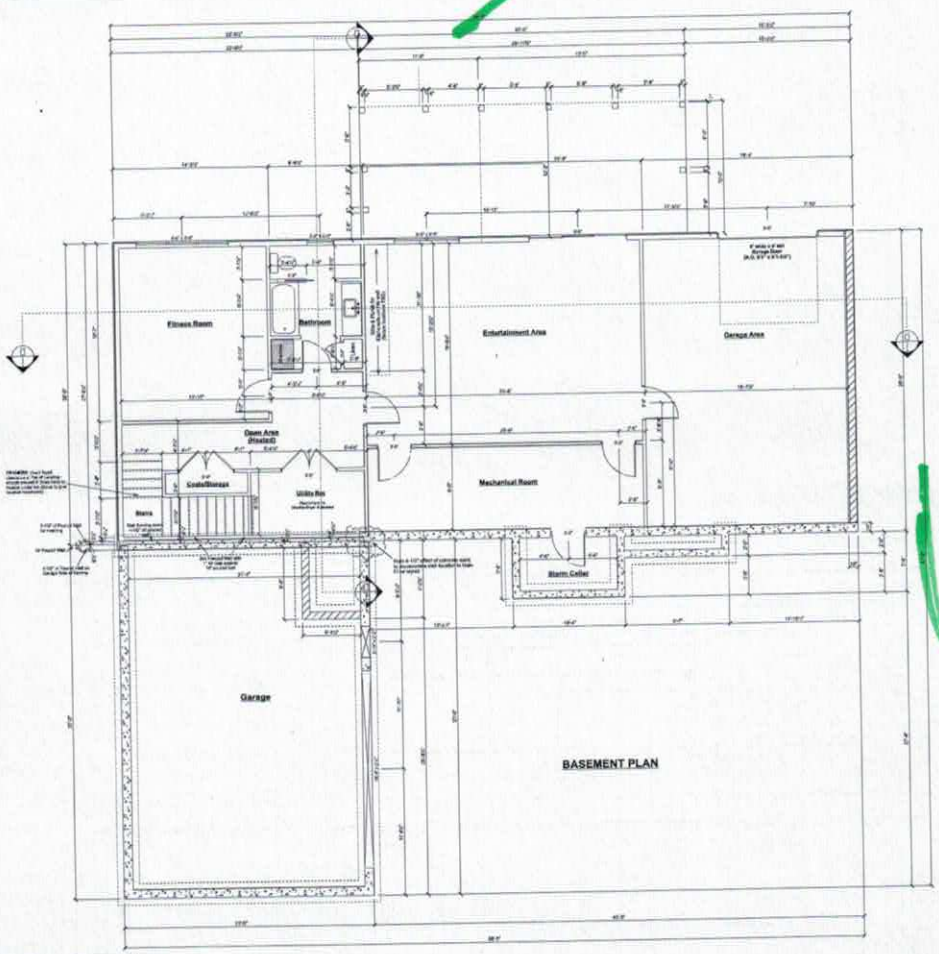
Designed for:
MORENA RESIDENCE
188 Seakirk Drive
Troutman, NC 28166

MAIN FLOOR

Date: 5/7/18
Version #: 4.6
Scale: 1/4" = 1'-0"
Page 3 of 4

Acknowledgement Of
Plans Submittal ONLY!
Benjamin A Bass Date 6/9/17
PMS Date

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BASEMENT PLAN

HEATED:	
Main Floor	1890
Basement	1148
UNHEATED:	
Basement (Mech Rm)	194
Basement Garage	534
Main Garage	716
Rear Deck	369
Front Porch	68

Design / Build Consult
Paula J. Smith
Graceful Living, Inc.
2301 Hwy 421 S
Wilkesboro, NC 28697
(336) 838-4729
PAULA@GRACELIVING.COM

Pinnacle Building Services, LLC
127 Promenade Dr Mooresville, NC 28117
Mike Ryan 704-361-1864

Dwelling at/for:
MORENA RESIDENCE
188 Seakirk Drive
Troutman, NC 28166

BASEMENT

Date: 5/7/18
Version #: 4.6
Scale: 1/4" = 1'-0"
Page 2 of 4

IREDELL COUNTY

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

APPLICATION NUMBER
233144
Issue Date: 02/01/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629772337.000	188 SEEKIRK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PIZO CHARLES+PIZO-MORENA DIANE	Applicant: PINNACLE BUILDING SERV
Address: 1707 ALTO ST	Address: 127 A PROMENADE DRIVE
W BABYLON, NY 11704	MOORESVILLE, NC 28117
Phone:	Phone: 704-799-8641

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.930	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

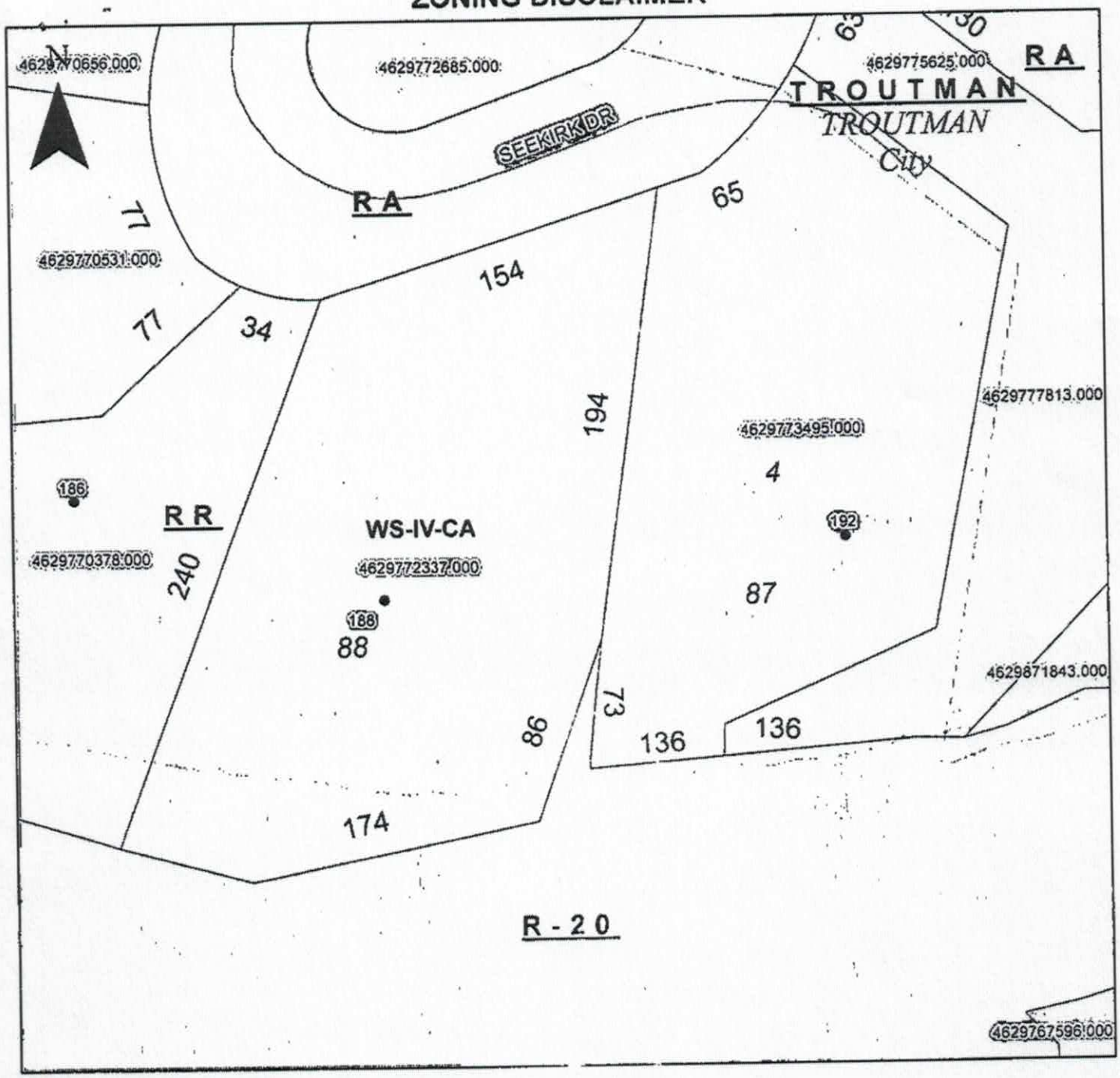
Lake Lots: must meet both the 50-foot setback from the 760 contour line and the 35-foot setback from the rear property line for any structure.

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	127426	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address _____

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 Date