IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5300 — M.A.D.

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

PIN # 4629-84-0351 ✓

APPLICANT/OWNER: John Michalek / CST+SC — APPLICANT ADDRESS: 18779 Vineyard Point Ln Cornelius NC

SITE ADDRESS: ✓ 621 Stillwater Rd. Troutman, NC — PHONE: 704-614-252[illegible] — ALT. PHONE

SITE DIRECTIONS: Perth Rd North → L on State Park → L on Morrison Farm → L on Willow Pt. → L on Stillwater → on Right — SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ✓ CL+T — SECTION: 17 — LOT # 873 — LOT AREA: 1.06 acres — DESIGN FLOW: 360 GPD — L.T.A.R.: 0.3.50

Septic Tank	1000	(gal)	STB	760	Date	4-21-18	☒ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT	363	Date	3-10-18	System Type: I II III IV V VI		
Pump Make	Goulds	Model	1160 1115	½HP	Serial #	JE03111m	System Description:	25% Reduction	
# Nitrification Fields	1	# Lines	5		Linear Ft.	229	Repair System Description:	LP-PPBPS (50% Reduction)	
Trench Width	24"	Trench Bottom Depth(Low side)	31"/36"	High side	Gravel Depth	—	Maintenance Agreement Required:	☒ YES ☐ NO	
								☐ GRAVITY ☒ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Micro-topographic features around must be filled/smoothed out as directed on site plan. Recommend setting on/off floats to dose the system no more than 131 gallons per pumping event AND install an event counter in the control panel to track the pumping events. Also recommend sleeving the pump line up to 20 to either side and through the drainage ditch. Building Envelope 54x56 O.K. Does not effect Septic Area.

INITIAL SITE SKETCH

See attached plans from Rollans Soil + Environmental Services, PA.

Dated: 8/2/2017 — Samuel A. Rollans LSS #1231

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	6-21-18	KW
Tanks Checked	6-21-18	KW
Pressure Manifold or Valve Box Checked	6-21-18	KW
Pressure Head Set	6-21-18	KW
Electrical Checked	7/18/18	BB
Floats Set	7/18/18	BB
Alarm Checked	7/18/18	BB
Maintenance Contract Y/N	not required	
Comments:		

*Supply line exactly 100' during time of inspection

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 site plan valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date:

IMPROVEMENT PERMIT by: Benjamin A. Bolkins Date: 7/11/2018

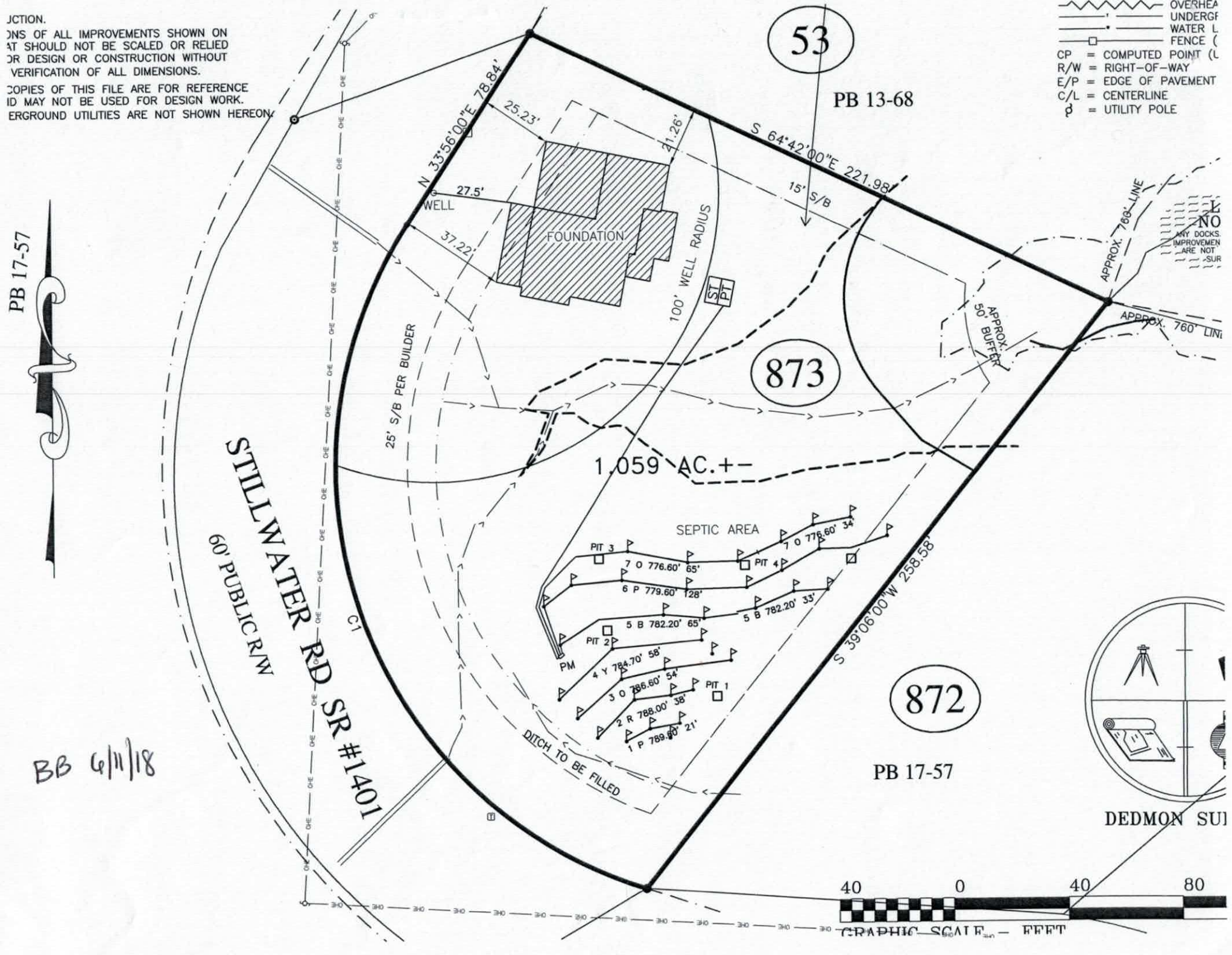
AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkins Date: 10/11/2018

Installed by: Tommy Frye Grading (Craig Thompson)

OPERATION PERMIT by: Benjamin A. Bolkins Date: 7/18/18

Existing System Inspected by: Date:

JCTION.
ONS OF ALL IMPROVEMENTS SHOWN ON
AT SHOULD NOT BE SCALED OR RELIED
OR DESIGN OR CONSTRUCTION WITHOUT
VERIFICATION OF ALL DIMENSIONS.
COPIES OF THIS FILE ARE FOR REFERENCE
ID MAY NOT BE USED FOR DESIGN WORK.
ERGROUND UTILITIES ARE NOT SHOWN HEREON.



BB 6/11/18

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed design for an Accepted 25% reduction Septic System with Pressure Manifold distribution for a 3 bedroom single family residence on Lot 873 Section 17 of CL&T, 621 Stillwater Rd., Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3
- System Tapsheet---------- 4
- Pressure Manifold Diagram---------- 5

Site Plan/System Plan---------- 6-7

Calculations---------- 8

June 5, 2018
Job Number: 18074
Design By: Adrian L. Pruett

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer when requested.
- All tanks shall be properly back filled and compacted to prevent slumping at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank riser is used it should be a minimum of 6" above finished grade or within 6" below finished grade.
- Design precludes use of foundation drains on the residence and assumes back filling for positive drainage unless other wise noted.
- Trench walls should be raked, limed and installed at the depth specified by this design.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **System is specified as an Accepted Pressure Manifold 25% reduction installation.**
- **Repair is specified as an modified Low Pressure PPBPS installation.**
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	John Michalek
Address:	18779 Vineyard Point Ln. Cornelius, NC 28031
Contact:	Chris Crater/Bluto Builders
Phone:	704-614-2570
County:	Iredell
Location:	621 STILLWATER RD., CL&T LOT 873 SECTION 17
Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.35
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	258
Total Lateral Length Required:	257.1428571
Trench Depth:	26 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	774
Repair Trench Spacing:	9 ft. on center
Repair Trench Depth:	36 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	144
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	25.06
Dosing Volume:	117.93
Pump Tank Draw Down:	5.6
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.27
Elevation Head:	15.50
Total Dynamic Head:	23.19
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Iredell County and Rollans Soil & Environmental Services

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

621 STILLWATER RD., CL&T LOT 873 SECTION 17
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM HOME

June 5, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE					770.70		
TANK					771.70		
1	PINK				789.60	21	21
2	RED				788.00	38	38
3	ORANGE				786.50	54	54
4	YELLOW				784.70	58	58
5	BLUE				782.20	33	33
5	***BLUE***				***782.20***	***65***	***65***
6	***PINK***				***779.60***	***128***	***128***
7	***ORANGE***				***776.60***	***65***	***65***
7	ORANGE				776.60	34	34
					Total	**496**	**496**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***258***	***ACCEPT.***	***0.350***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	238	MOD.	0.350	PPBPS	LOW PRESSURE

Notes: **All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

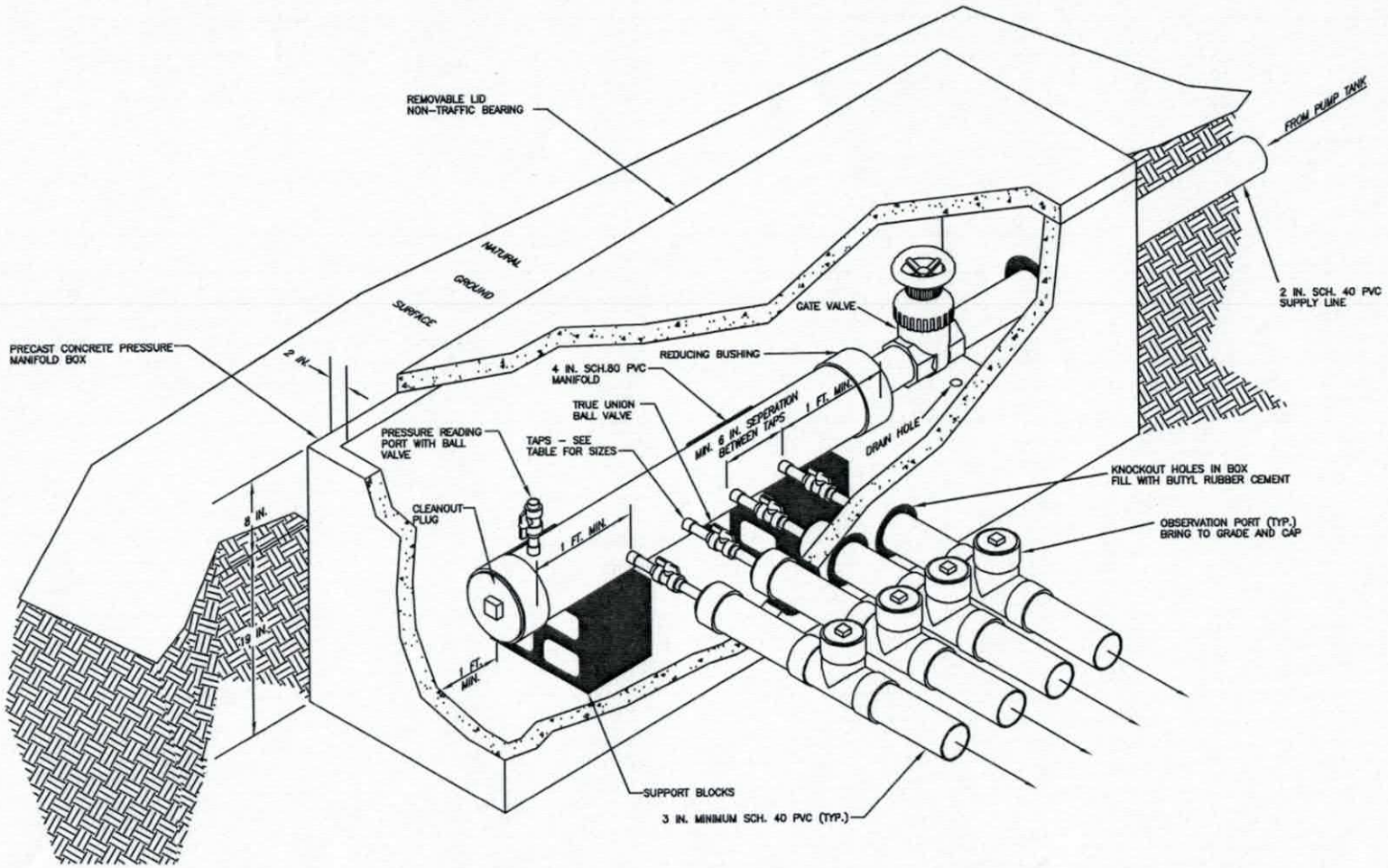
Comments: Small ditch above upper most repair line to be backfilled and tamped with clay.
Soils data and application rate based on existing Iredell County Improvement Permit dated 8/11/17.
Septic line locations provided by Blue Ridge Engineering via Auto CAD drawing, originally located for

PRESSURE MANIFOLD TAPSHEET - 621 STILLWATER RD., CL&T
LOT 873, SECTION 17
SYSTEM

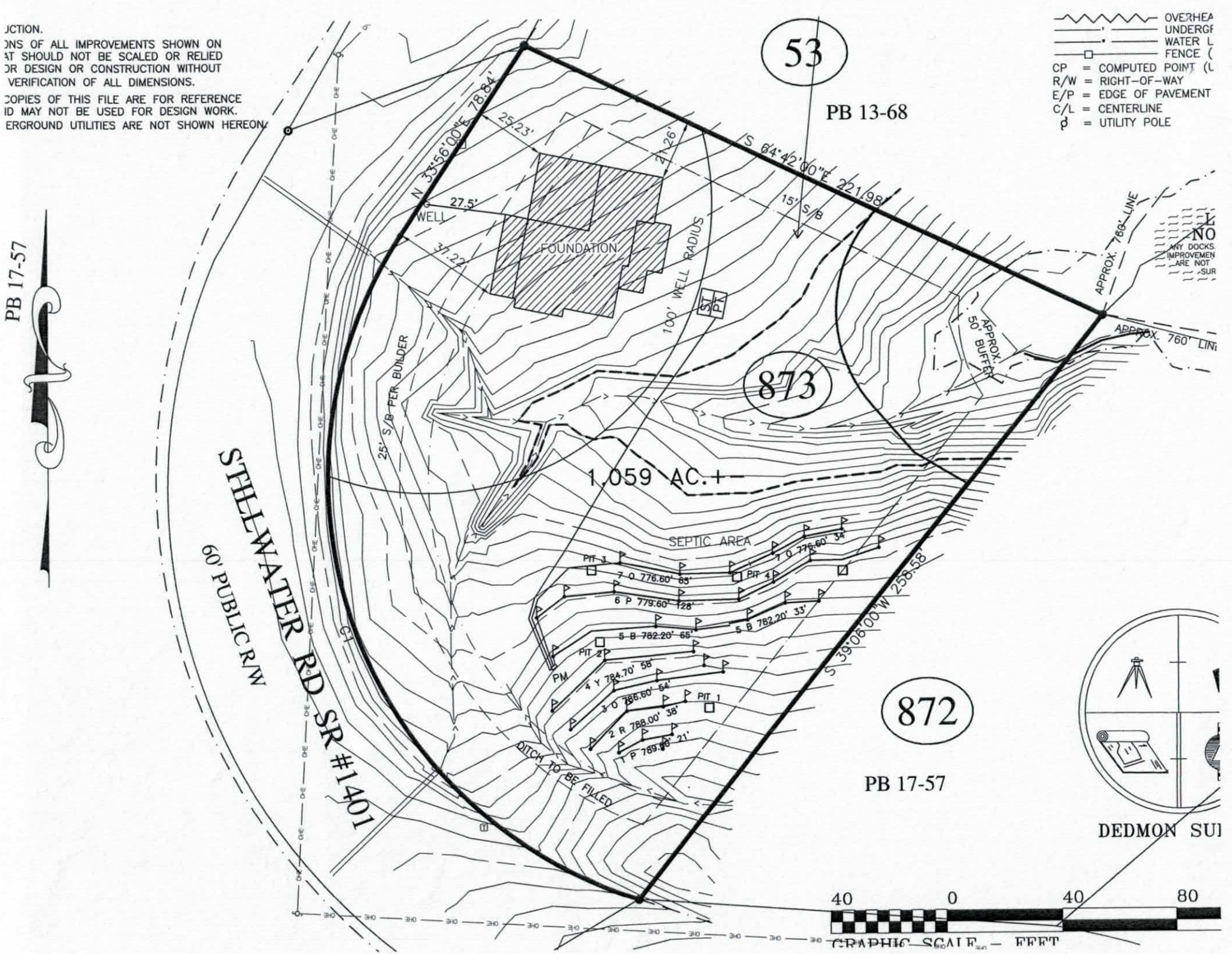
Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
5	*BLUE*	*782.20*	*65*	SCH 80 1/2	**5.48**	30.69	195	0.16
6	*PINK*	*779.60*	*128*	SCH 80 3/4	**10.1**	56.56	384	0.15
7	*ORANGE*	*776.60*	*65*	SCH 80 1/2	**5.48**	30.69	195	0.16
	total	**feet =**	**258**	**gal/min =**	**21.06**			
			Des. Flow	**360**				
			Pump Run=	**5.60**				
			LTAR	**0.350**				

Some lines flagged longer in the field, shorten to lengths shown here.

TYPICAL PRESSURE MANIFOLD DETAIL



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CALCULATIONS

Location 621 STILLWATER RD.
Subdivision: CL&T
Lot No: 873
Section: 17

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.35	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	144	ft.
Supply Line Volume	25.056	gal.
Required Feet of Line	257.1429	ft.
Amount of Line from Layout	258	ft.
Gallons per Minute	21.06	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	168.474	gal.
Dosing Volume	117.93	gal.

Note: Dosing Volume based on 70% of lateral line volume

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	5.6	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.60	minutes
Elevation Head	15.5	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.83	ft.
Total Dynamic Head (+20%)	23.19	ft.

PROPERTY ID #: 4629840357
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: John Kindley — APPLICATION DATE: 8/2017
ADDRESS: 114 Morlake Dr, Suite 104 Mooresville NC 28117 — DATE EVALUATED: 3/2017
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480 spd — PROPERTY SIZE: 1.06 ac
LOCATION OF SITE: 621 Stillwater Rd, Troutman — PROPERTY RECORDED: Yes
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
B 1	13%	0-6	BCL WF SBK	FR SS SP	C-SAP-INC C-M SAP INC	48	–	–	PS. 3-.35
		6-24	RC WM SBK	" " "					
		24-48	RBCL WF SBK	FR " "					
B 2	16%	0-6	RBCL WF SBK	FR SS SP	C SAP	40	–	–	PS. 3-.35
		6-26	RC WM SBK	" " "					
		26-40	BRCL WM SBK	" " "					
		40-48	VLSL MASS	" " "					
		35"-63"	Loamy MA SAP	well drained + V. Fr.					
B 3	20%	0-11	BCL WM SBK	FR SS SP	F-C SAP	48	–	–	PS. 3
		11-45	RBC WM SBK	" " "					
		45-48	BRCL WF SBK	" " "					
		43"-64"	Loamy MA SAP	well drained + V. FR					
B 4	15%	0-12	RBCL WF SBK	FR SS SP	C SAP	48	–	–	PS. 3-.35
		12-36	RC WM SBK	" " "					
		36-48	BRCL WF SBK	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT:

COMMENTS: * Adjacent wells are 100' from system (pulled with tape)

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

621 Stillwater

3-20-17

PROPERTY ID #: 462984035 1
DATE OF EVALUATION: 3-20-17
COUNTY: Iredell
PMS 3/28/17

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
B5	L/2%	0-5	RBCL wf SBK	FR SS SP	C SAP	38	–	–	PS, .3 .35
		5-26	RC wm SBK	" " "					
		26-38	RBCL wf SBK	" " "					
		38-48	VL mass	" " "					
P1	L/20%	0-3	BL s-	FR SS SP SE XB		31	PS	–	PS 0.35- 0.4
		3-7	RBCL wf sbk	" " " "					
		7-22	RC wm sbk	" " " "					
		22-31	BRCL wf sbk	" " " "	- f-CSAP				
		31-67	var l/sl mass	" " " "	- FWR				
P2	16%	0-5	BRCL wf SBK	FR SS SP	F SAP	34	PS	–	PS .35- .4
		5-24	RC wm SBK	" " "					
		24-34	BRCL wf SBK	" " "					
		34-72	VL/SL mass	" " "					
P3	13%	0-8	BCL GR	FR SS SP	FWR INC F SAP	37	PS	–	PS .35- .4
		8-23	RC wm SBK	" " "					
		23-37	BRCL wf SBK	" " "					
		37-70	VL/SL mass	" " "					
P4	26%	0-5	BRCL GR	FR SS SP	F SAP	39	PS		P .35- .4
		5-11	RBCL wf SBK	" " "					
		11-25	RC mf SBK	" " "					
		25-39	BRCL wm SBK	" " "					
		39-72	VL/SL mass	" " "					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

[redacted]
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

621 Stillwater R

PROPERTY ID #: 462984/3351
DATE OF EVALUATION: 3-28-17
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PS	20%	0-5	BRCL WFSBK	FRSS SP	FSAP	28	PS	—	PS .35
		5-21	RC MM SBK/ABK	FRSSSP					
		21-28	RBRCL WF SBK/SBK	" " "					
		28-65	VL/SL MASS	" " "					

LIMITED RE-LAYOUT 229184

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: John Michalek/CS&SC Address: 18779 Vineyard Point Ln., Cornelius, NC Zip: 28031

Applicant Email: ccrater0@gmail.com Phone: 704-614-2570 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 621 Stillwater Rd., Troutman

Subdivision Name: CL&T Section/Phase: 17 Lot Number: 873

Driving Directions: Hwy 115 N, TL on Connector, Straight on to Cornelius, TR on Judas, TR on Perth, TL on State Park, TL on Morrison Farm, TL on Willow Point, TL on Stillwater, Lot on R

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: 3
Maximum Number of Occupants: 6
( ) 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: _____

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: _____ 6-7-18
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, Bluto Builders Inc., am the legal owner(s) of the property located at 621 Stillwater Rd. Troutman NC 28166, identified as PIN (Parcel Identification Number) 4629840351, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, CS&SC, 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.

[signature]	6-7-18	Chris Crotts	6-7-18
Signature of Owner(s)	Date	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

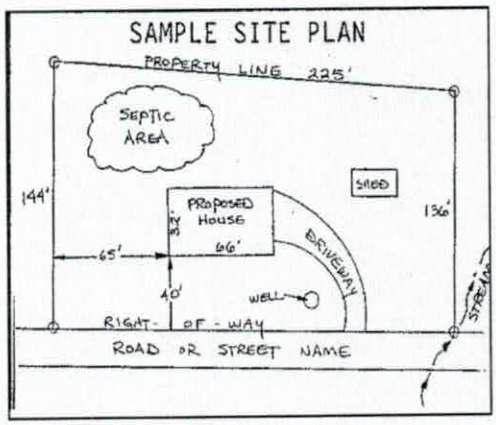
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

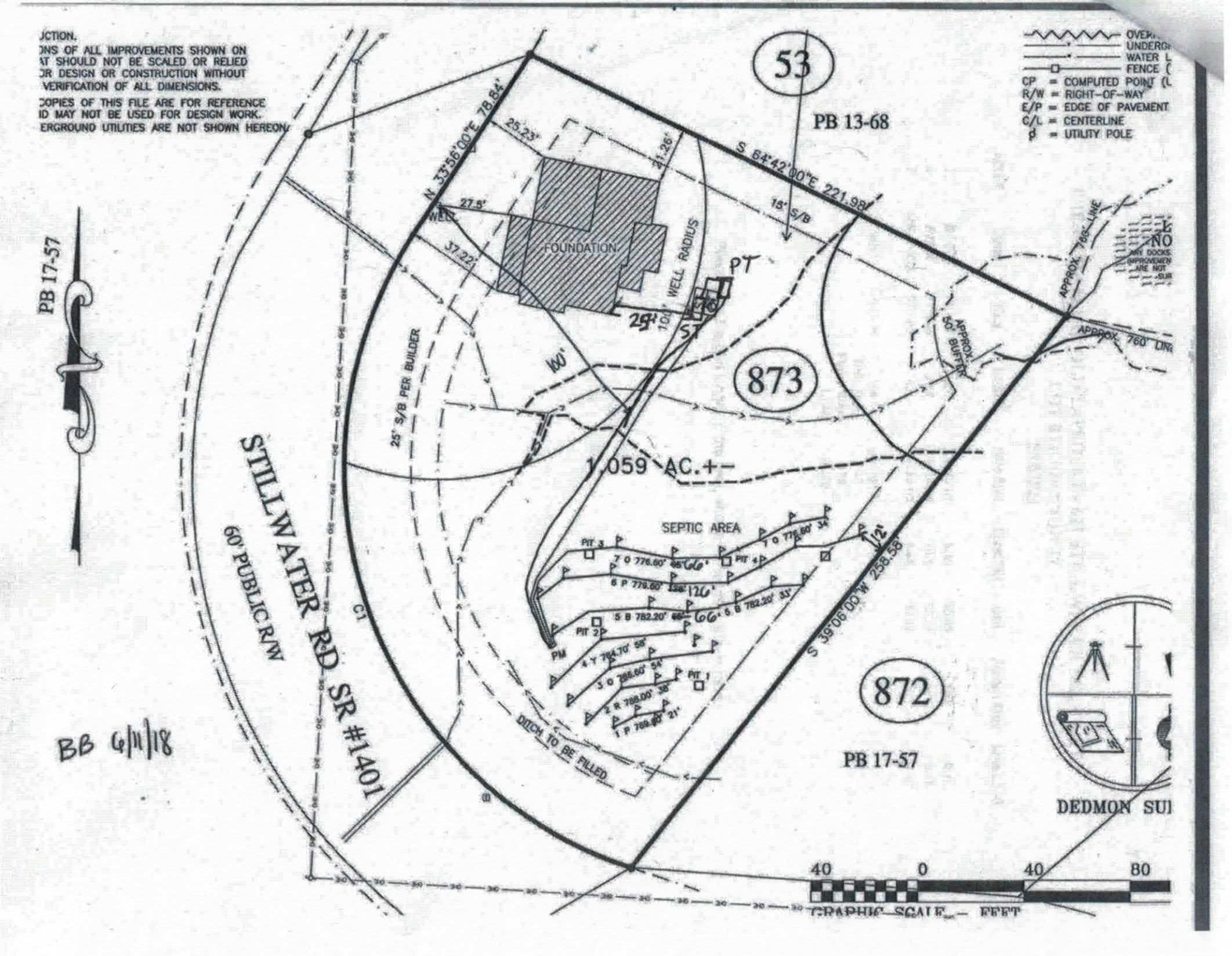
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

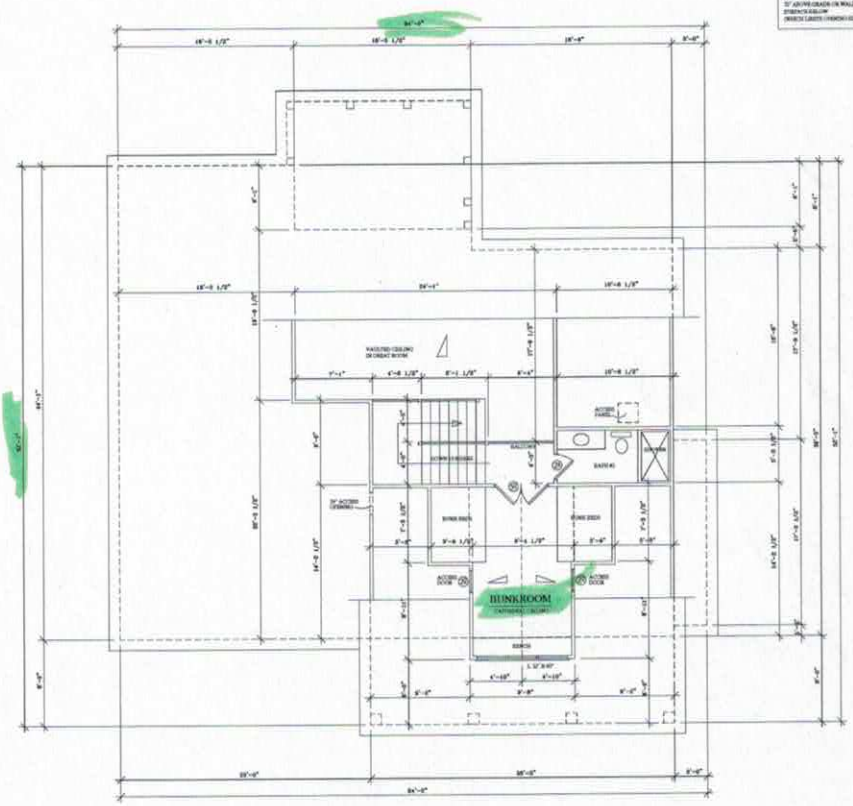
SEE ATTACHED SITE PLAN.

Signature: _____ 6-7-18

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


JCTION.
ONS OF ALL IMPROVEMENTS SHOWN ON
AT SHOULD NOT BE SCALED OR RELIED
OR DESIGN OR CONSTRUCTION WITHOUT
VERIFICATION OF ALL DIMENSIONS.
COPIES OF THIS FILE ARE FOR REFERENCE
ID MAY NOT BE USED FOR DESIGN WORK.
ERGROUND UTILITIES ARE NOT SHOWN HEREON
OVER
UNDERG
WATER L
FENCE (
CP = COMPUTED POINT (L
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ϕ = UTILITY POLE
53
PB 13-68
PB 17-57
N 33°56'00"E 78.84'
25.23'
21.26'
S 64°42'00"E 221.98'
15' S/B
27.5'
37.22'
FOUNDATION
WELL RADIUS
PT
25'
10'
ST
APPROX. 760' LINE
APPROX. 50' BUFFER
25' S/B PER BUILDER
100'
873
1.059 AC.+-
SEPTIC AREA
PIT 3
PIT 4
PIT 2
PIT 1
PM
7 O 776.60' 66'
6 P 779.60' 126'
5 B 782.20' 66'
4 Y 784.70' 58'
3 O 786.60' 54'
2 R 788.00' 38'
1 P 789.80' 21'
S 39°06'00"W 258.58'
STILLWATER RD. SR #1401
60' PUBLIC R/W
C1
DITCH TO BE FILLED
872
PB 17-57
DEDMON SU
40 0 40 80
GRAPHIC SCALE — FEET
BB 6/11/18

NOTES:



SECOND FLOOR PLAN
303 SQ.FT.
SCALE: 1/4" = 1'-0"

JEFFERY D. GRAY
RESIDENTIAL DRAFTING & DESIGN

PROJECT:
MICHALEK RESIDENCE

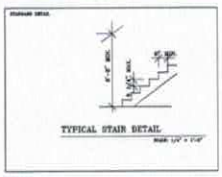
DATE:
REVISION:

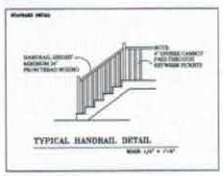
FILE NUMBER:

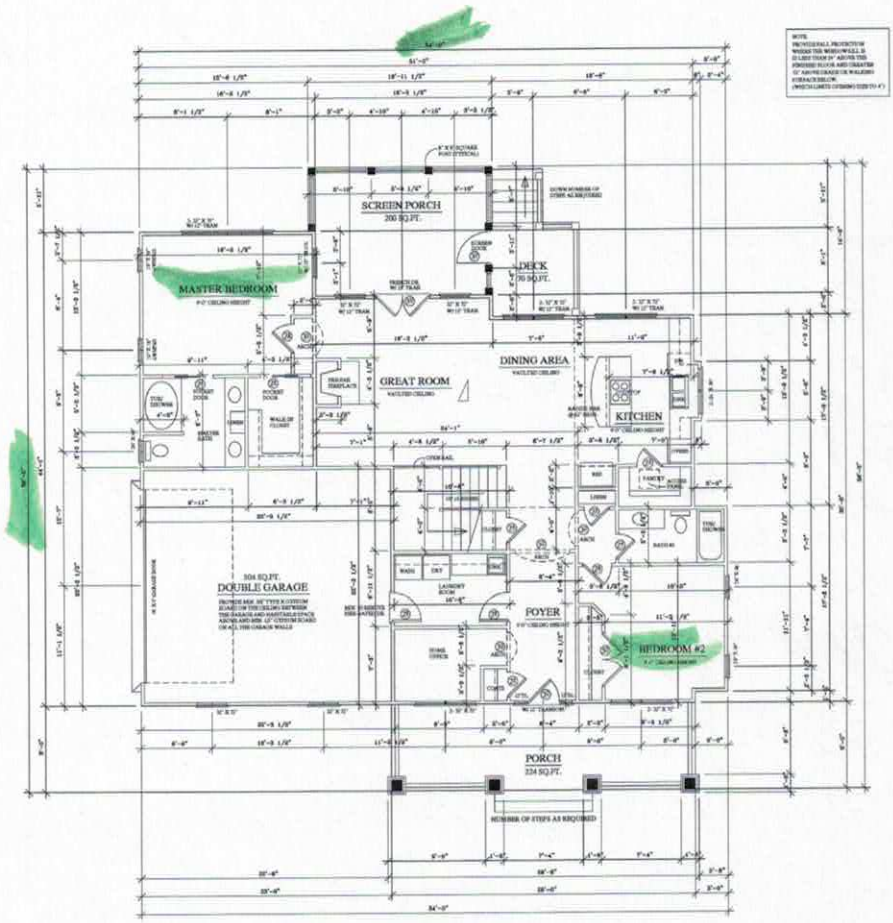
SHEET:
5 OF 5

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   RECOMMENDED LOCATIONS ARE AS FOLLOWS:
   THE WATER HEATER MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE GARAGE.
   A FURNACE MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE ATTIC IN SINGLE STORY HOMES, IN THE CRAWL SPACE IN THE FIRST FLOOR AND IN ATTIC FOR TWO STORY PLANS IN TWO STORY HOMES.
   A/C EQUIPMENT IN ATTIC SHALL BE ACCESSIBLE BY ARCHWAY AS LARGE AS THE LARGEST PIECE OF EQUIPMENT AND BY NO CASE LESS THAN 22"X30".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION
4. INSULATE AROUND ALL BATHS AND UTILITY ROOMS
5. TYPICAL WALL IS 2X6 @ 16" O.C. UNLESS OTHERWISE DIMENSIONED
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE
7. PROVIDE DOORBELL TRANSFORMER AND CHIME
8. ALL LOUVERS SHALL BE 1/4" TO 1/2" HOLES AT 16" ON CENTER UNLESS NOTED OTHERWISE







FIRST FLOOR PLAN
1547 SQ.FT.
SCALE: 1/4" = 1'-0"

JEFFERY D. GRAY
RESIDENTIAL DRAFTING & DESIGN

PROJECT:
MICHALEK RESIDENCE

DATE: NOV. 3, 2017
REVISIONS:
SEPT 25, 2017

FILE NUMBER
2017MICHALEK

SHEET
4 OF 6