IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

Plup Rec'd 5/4/17. 1:00 Type 4 - Standard/Alternate

PERMIT # ~~215258~~ 222600

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

PIN # 4629879010

APPLICANT: Rollans Soil & Environmental Services APPLICANT ADDRESS: PO Box 832 Mooresville NC 28115

SITE ADDRESS: 357 Stillwater Rd. - Troutman PHONE: 704-746-5046 ALT. PHONE: N/A

SITE DIRECTIONS: State Park Rd. to Morrison Farm Rd TL Dayvault Cut TL Stillwater Property on Right

SUBDIVISION: CL & T SECTION: 18 LOT # 884 LOT AREA: 1.8 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.275

Septic Tank	1060 (gal)	STB TP 1012	Date 9-12-16.	☑ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT TP-17-1000	Date 2-28-17.	System Description:	Low Pressure PPBPS
Pump Make	Goulds	Model ~~1/3 HP~~	Serial # WE03IIM	Repair System Description:	TS II DRIP
# Nitrification Fields	1	# Lines 4	Linear Ft: 295'	Maintenance Agreement Required:	☑ YES ☐ NO
Trench Width	24"	Max. Trench Bottom Depth	28" Lowside	Gravel Depth	N/A ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install trench bottoms @ 28" Low Side. WE03IIM.

Tanks & drainlines Checked 5/4/17. * Check with Mark *

INITIAL SITE SKETCH

Refer to attached plan by:
Rollans Soil & Environmental Services

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	5/4/17	BB
Tanks Checked	5/4/17	BB.
Pressure Manifold or Valve Box Checked	5/5/17	BB.
Pressure Head Set	5/5/17	BB.
Electrical Checked	5/11/17	BB.
Floats Set	5/5/17	BB.
Alarm Checked	5/5/17	BB.
Maintenance Contract Y / N		

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**

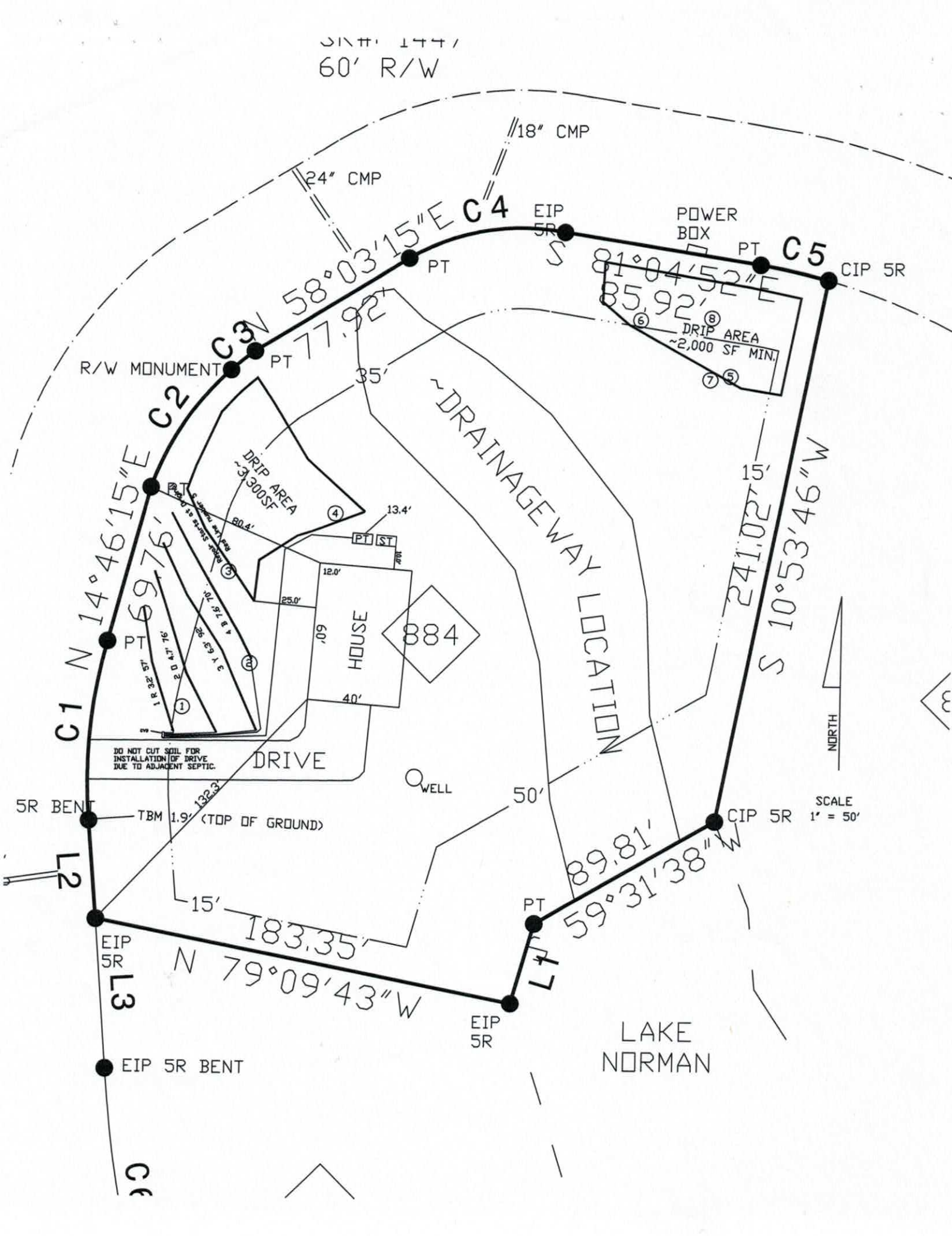
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/24/16 Installed by: Tommy Fox - Craig Thompson

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-24-16 OPERATION PERMIT by: Benjamin A. Bolkins Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-20-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


60' R/W
18" CMP
24" CMP
C4
EIP 5R
POWER BOX
PT
C5
CIP 5R
S 81°04'52"E
85.92'
DRIP AREA ~2,000 SF MIN.
N 58°03'15"E
77.92'
C3
R/W MONUMENT
PT
C2
35'
~DRAINAGEWAY LOCATION
15'
241.02'
S 10°53'46"W
N 14°46'15"E
69.76'
C1
DRIP AREA ~3,300SF
13.4'
80.4'
PT
ST
12.0'
25.0'
HOUSE
884
60'
40'
DO NOT CUT SOIL FOR INSTALLATION OF DRIVE DUE TO ADJACENT SEPTIC.
DRIVE
WELL
50'
NORTH
SCALE 1' = 50'
5R BENT
TBM 1.9' (TOP OF GROUND)
132.3'
L2
CIP 5R
89.81'
S 59°31'38"W
15'
PT
183.35'
N 79°09'43"W
L1
EIP 5R
L3
EIP 5R
EIP 5R BENT
LAKE NORMAN

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for a PPBPS Septic System with Low Pressure distribution for a 4 bedroom single family residence on CL&T Lot # 824 (PIN# 4629879010), Stillwater Road, Iredell County, North Carolina.

357

Contents:

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Design Information	
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Profile Descriptions	10-11
Septic Application	12-13
Zoning Permit & Receipt	SUBMITTED
Agent Authorization	SUBMITTED (New One is Attached)
Expedited Review Process Checklist	SUBMITTED

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

2/22/16

February 22, 2016
Project #: 01-3097
Design By: Rollans Soil & Environmental Services, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate 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 is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation with low pressure distribution.
- Repair is specified as pretreated TS-II Subsurface Drip Irrigation System.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Liane Cooper
Current Address:	106 Aspen Lane Troutman, NC 28166
Phone:	607.793.0807
County:	Iredell
Location:	CL&T Lot # 884

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480 gpd
System Flow:	47.01

Design Specifications

Drainfield Size:	295
Loading Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	28 in. (Low Side), Repair 6 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

Estimated Supply Line Length:	154
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	27.49
Dosing Volume:	164.02 5-6 inches.
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A

Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head:	2 ft.
Friction Head:	2.81
Elevation Head:	17.00
Total Dynamic Head:	25.08

Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

CL&T Lot # 884

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	590
TOTAL LATERAL LENGTH:	295
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	290.9090909
SUPPLY LINE LENGTH:	158
TOTAL DYNAMIC HEAD:	25.08
MANIFOLD SIZE:	N/A
DOSING VOLUME:	164.02
PUMP TANK DRAW DOWN*:	7.8"
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

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

STILLWATER ROAD (CL&T LOT # 884)

Project #: 01-3097

LAYOUT FOR 4 BEDROOM HOME

February 22, 2016

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		1.9			100.00		
INSTR. 1			101.90				
HOUSE CNR				12.00	89.90		
P. TANK				13.40	88.50		
1	***RED***			***1.80***	***100.10***	***57***	***57***
2	***ORANGE***			***3.00***	***98.90***	***76***	***76***
3	***YELLOW***			***4.70***	***97.20***	***92***	***92***
4	***BLUE***			***5.30***	***96.60***	***100***	***70***
DRIP	REPAIR	Marked with blue flagging				5,300 SF	5,300 SF
					Total	**325**	**295**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***295***	***0.275***	***MOD.***	***0.275***	***PPBPS***	**LOW PRESSURE**
Repair	5,300 SF	0.1- .125	INNOV.	0.1-0.125	DRIP IRRIGATION TS-II	LOW PRESSURE

Notes:

** TBM located on top of ground at EIP (SEE SITE PLAN)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET -CL&T Lot # 884

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*RED*	*100.10*	*57*	*0.156*	*0.41*	*171*	*13*
2	*ORANGE*	*98.90*	*76*	*0.156*	*0.41*	*228*	*18*
3	*YELLOW*	*97.20*	*92*	*0.156*	*0.41*	*276*	*21*
4	*BLUE*	*96.60*	*70*	*0.156*	*0.41*	*210*	*16*

	total	feet =	295	gal/min =	27.88		68
			Des. Flow	480			
			Pump Run=	5.88			
			soil LTAR	0.275			
			LTAR +5%	0.28875			
			LTAR with mod.	0.55			
			LTAR with mod.. + 5%	0.5775			

.156 equals 5/32 inch hole

CALCULATIONS

Location	CL&T Lot # 884	
Project Number	01-3097	
Lot No:	884	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	158	ft.
Supply Line Volume	27.492	gal.
Required Feet of Line	290.9091	ft.
Amount of Line from Layout	295	ft.
Gallons per Minute	27.88	$^{gal}/_{min}$ Pump Run Time 5-6 mins
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	68	
Dosing Volume	164.02	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

Tank Draw Down	7.8	~inch b/w pump on + off. *Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes ✓
Elevation Head	17	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	2.81	ft.
Total Dynamic Head (+15%)	25.08	ft.

21 gpm in

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

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

Sheet 1 of 2
PROPERTY ID #: 4029890106
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Garret Kimmel Lyane Cooper
ADDRESS: 410 Crotton Court, Statesville, NC 28677 106 Aspen Ln, Troutman NC 28166
PROPOSED FACILITY: 4BR-Single Family PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Lot 884 Stillwater Rds, Troutman NC 28166
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 4/2015
DATE EVALUATED: 11/2015
PROPERTY SIZE: 1.0 AC
PROPERTY RECORDED:

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
B 1	L/13%	0-7	BL Gr	Fr SS SP		48"	—	—	PS [redacted] .295
		7-14	BCL wfsbk	Fr SS SP					
		14-24	BRC wmsbk	Fr SS SP	Black Mineral				
		24-48	RBC wmsbk	Fr SS SP	Black Mineral; Few Fe Depl. @ 44" & 48"				
B 2	L/13%	0-8	BL Gr	Fr SS SP		48"	—	—	PS .295-.3
		8-13	BRCL wmsbk	Fr SS SP					
		13-38	RBC wmsbk	Fr SS SP					
		38-48	RCL wmsbk	Fr SS SP	Magn @ 40"; Few Fe Depl. @ 45" on				
SB 3	L/13%	0-6	BL Gr	Fr SS SP		48"	—	—	PS .295-.3
		6-13	BCL wmsbk	Fr SS SP					
		13-24	BRC wmsbk	Fr SS SP					
		24-39	RBC wmsbk	Fr SS SP					
		39-48	RBCL wfsbk	Fr SS SP	Few Fe Depl. & Magn. @ 45"				
B 4	L/11%	0-12	RBL/CL Gr wsbk	Fr SS SP		45"	—	—	PS .25
		12-30	RBC wmsbk	Fr SS SP					
		30-45	RYCL wfsbk	Fr SS SP	Few SAP Incl.; Fe Depl. @ 40"; Ch. Rx @ 45"				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~1 PPBTS~~ Accepted	Subsurface Drip w/ TS II
Site LTAR	.295	.125-.1

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

COMMENTS:

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

OC
JH

Sheet 2 of 2

PROPERTY ID #: 4602989010
DATE OF EVALUATION: 11/2015
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
B5	L/15%	6-11	BSL Gr	Fr SS SP					
		11-18	YBSCL wmsbk	Fr SS SP					PS
		18-36	YRSC/SCL wmsbk	Fr SS SP	Few Fi Dist Consol. @ 24" Chk cls @ 33"	33"	—	—	.15
B6	L/10%	0-12	BSL Gr	Fr SS SP					
		12-24	BSCL wfsbk	Fr SS SP					PS
		24-30	BRSL wmsbk	Fr SS SP	Comm Fe Dist Chk cls @ 26"	26"	—	—	.125
B7	L/14-15%	0-9	BSL Gr	Fr SSSP					
		9-14	YBSCL wmsbk	Fr SSSP					UW
		14-20	YRSC wmsbk	Fr SSP Mixed	Chk 25@15"	20	—	—	
B8	L/14%	0-10	BSL Gr	Fr SSSP SEW					
		10-18	BRSCL wmsbk	" " " "					PS
		18-29	BRSL/SCL wmsbk	Fr SS P SEW	chk cls @ 25" few fe dist/con.	29	—	—	0.125

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**

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Rollans Soil & Env. Svcs	P.O. Box 832 Mooresville NC 28115		704 746 5046

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Liane Cooper	106 Aspen Lane, Troutman NC 28166		607 793 0807

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
357 Stillwater Rd Troutman NC 28166	CL&T	884

Driving Directions: State Park Rd, Lt on Morrison Farm, Lt on Dagnall Cut, Lt on Stillwater, Lot on Rt.

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

(✓) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **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** ( ) **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** _____ *Year*

( ) **Alternative** ( ) **Conventional** ( ) **Innovative** (✓) **Modified Conventional** ( ) **Other** _____

8. 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. industry) 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.

9. Signature: Daniel A Rollans — 2/23/16

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

215258

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, Liane A. Cooper, am the legal owner(s) of the property located at 357 STILLWATER RD., identified as PIN (Parcel Identification Number) 4629-87-9010.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) KEN KREAMER (KELLER WILLIAMS), 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.

Liane A Cooper 2/24/16 _____ _____

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

01-3097

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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, LIANE Cooper, am the legal owner(s) of the property located at Lot 884 Stillwater Rd, identified as PIN (Parcel Identification Number) 4629-87-9010.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeff Levis and Ashley Rollins, 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.

Liane Cooper 1/21/16
Signature of Owner(s) Date

Kathryn A. Stuart 1/21/16
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

Certificate of Survey and Accuracy

I, T. Riley Casey, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1722, page 1892) ; that the boundaries not surveyed are clearly indicated as drawn from information found in as shown Book _____, page ____; that the ratio of precision as calculated is 1:10,000 + ; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this 05 day of November, A.D., 2015.

This is to certify that the property does not lie within a 100 year flood plain.

T. Riley Casey PLS L-4896

_____

T. Riley Casey PLS L-4896 11-05-2015

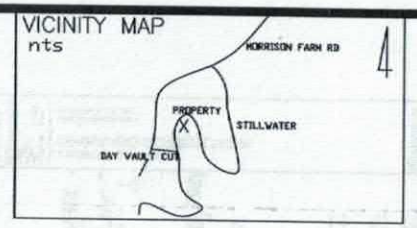
Curve	Radius	Length	Chord	Chord Bear.
C1	230.25'	79.21'	78.82'	N 04°56'46" E
C2	125.31'	62.27'	61.63'	N 33°23'26" E
C3	125.31'	13.23'	13.22'	N 50°39'02" E
C4	96.10'	69.91'	68.38'	N 79°47'54" E
C5	261.10'	30.13'	30.11'	S 77°50'41" E
C6	505.46'	100.05'	99.88'	S 09°50'52" E

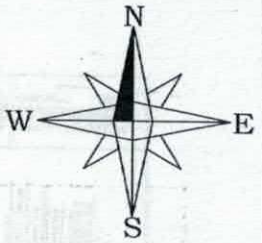
Course	Bearing	Distance
L1	S 15°37'05" W	36.09'
L2	N 04°54'33" W	43.16'
L3	S 04°24'46" E	65.34'

LEGEND:

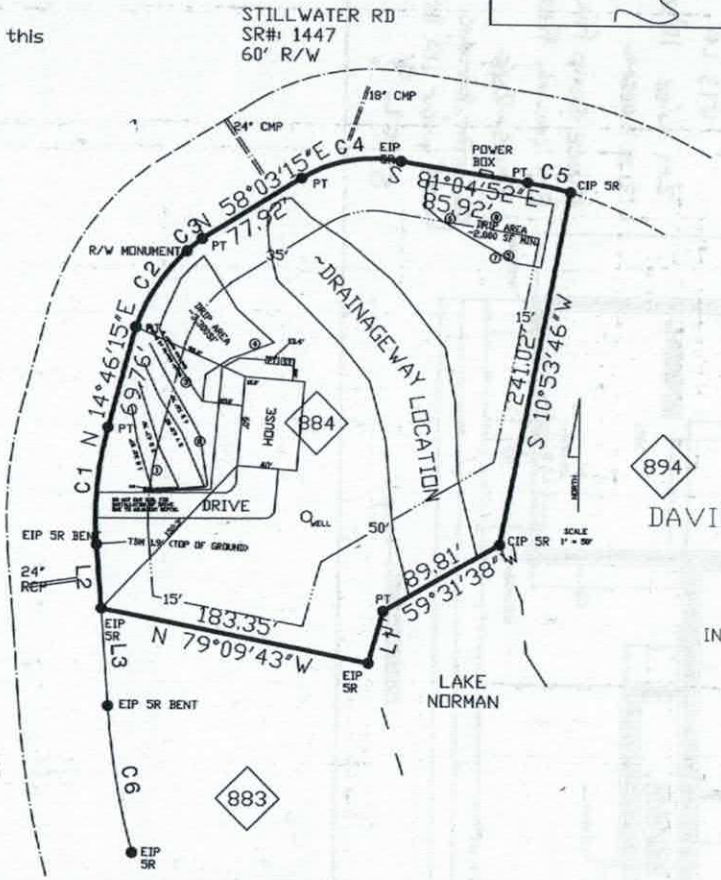
NIP	New Iron Pin
EIP	Existing Iron Pin
CIP	Control Iron Pin
PT	Point
RW	Right-of-way
PP	Power Pole
PL	Power Line
OHU	Overhead Utility
PED	Utility Pedestal
CO	Clean Out
WV	Water Valve
LP	Light Pole
PKS	PK Nail Set
PKF	PK Nail Found
WM	Water Meter
YI	Yard Inlet

DATA:
Total Acreage: 1.80 AC +/-
PID #: 46299879010.000
Subdivision: CRESENT LAND & TIMBER SECT. 18
Lot #: 884
Job File:





NORTH REFERENCE
DB 968
PG 1612



PHYSICAL SURVEY
FOR
LIANE COOPER

DAVIDSON TOWNSHIP IREDELL COUN
NORTH CAROLINA

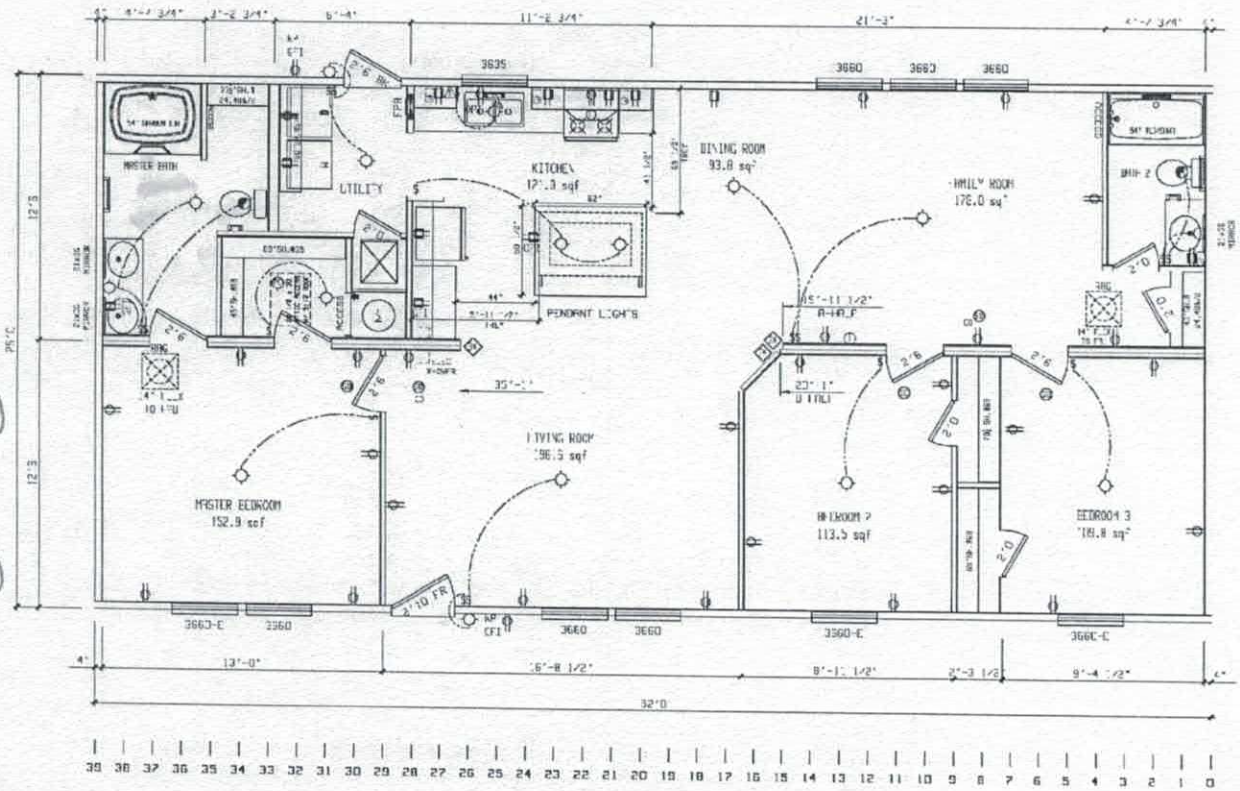
BEING RECORDED IN DEED BOOK 1722, PAGE 1892
IN THE REGISTER OF DEEDS OFFICE FOR IREDELL COUNTY.

HENLINE INC
LAND SURVEYORS
1991 MAIDEN SALEM RD
MAIDEN, NC 28650
(704) 740-5148

Cooper

HOME MAY BE FLIPPED
END TO END
OR SIDE TO SIDE

Acknowledgement of Plans Submittal ONLY!
Date 1-20-17
Date 1-20-17



APPROVED BY
NTA INC.
10/15/2013
David Richter

366PLF ENTIRE EXTERIOR FOR 90MPH UP TO 130MPH
PER ENGINEERED MULTI-OJ SEL
SHEAR CHARTS THAT ARE INCLUDED IN APPROVAL PACKAGE

ON-FRAME ZONE 5 IS NOT PERMITTED WITH THIS MODEL

RETURN AIR REQUIREMENTS	
(1) 20"x16" GRILL REQUIRED	⟨1⟩ INDICATES REQUIRED NUMBER OF STUDS IN COLUMN
(2) 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT	⟨N⟩ "N" SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS
(3) DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.	
(4) 4"x24" OR 6"x14" GRILL REQUIRED	

BRAND	SERIES
SCHULT	CL25

CMH MANUFACTURING, INC.

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 96.00
FLOOR FRAMING SPACING = 16

DRAWING TITLE
MASTER PLAN

MODEL NAME		SQ. FT.
TRUE PERFORMANCE		1300
PLANT	DESCRIPTION	MODEL NO.
958	25X52 3BR-2BA	2551
DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
RXP	09/25/2013	10/07/2013	1-1

357 Stillwater

PDF created with pdfFactory trial version www.pdffactory.com

IREDELL COUNTY

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

APPLICATION NUMBER
215258
Issue Date: 12/03/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629879010.000	357 STILLWATER ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: KIMMEL GARRET J+MICHELINE BOUJ U	Applicant: ROLLANS SOIL & ENVIRON
Address: 427 IREDELL CO, NC 28625	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.800	35.00	50.00	15.00	15.00	CA	AE

Remarks:

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	55311	TOTAL FEES:	$ 77.25

J.C. Moore
Maintenance Contract

State of North Carolina

County of Iredell Permit Number 215258

THIS AGREEMENT is made and entered into this the 5th day of May, 2017, by and between Liane A Cooper (hereinafter the "Owner") and J.C. Moore (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IVA system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A. 1961 to manage a Type IV - A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the owners systems located at 357 Stillwater Road Troutman, NC 28166

A. The Contractor shall inspect the system at least at the frequency required in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type IV - A system.

B. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit.

(1) Inspect the structural integrity and maintain all of the physical and mechanical components of the system.
(2) Inspect the performance and condition of the drain field.
(3) Flush and clean the laterals of the system.
(4) Check and set pressures in the system.
(5) Check and adjust pump delivery rate of the system.
(6) Clean septic tank filter if applicable and accessible.
(7) Perform any other requirements of the Operations Permit.

C. The Contractor shall report the result of its inspections to home Owner after each inspection and to the local Health Department at the frequency specified in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type System.

D. If an inspection indicates the need for system repairs, the Contractor shall notify the local Health Department within 48 hours of the inspection.

E. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine mainteriance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system that require the use of hand tools only at the request of the Owner and shall be entitled to payment therefore at the Contractors normal charge for services and materials. The Contractor shall not perform repairs that require the use of heavy equipment, electrical license or plumbing license.

2. The Owner's Obligations.

A. The Owner shall pay the Contractor upon signing this contract, the sum of for the first year of periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be renewed at the end of each 12-month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not increase more that 20 percent per year. The Owner shall pay in the following methods.

( ) to be paid at the time of the signing of this agreement and to be paid before the second scheduled inspection.

($1250.00) dollars to be paid at the time of the signing of this agreement.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system $25.00 dollars per hour, with minimum of one hour, plus cost of material(s) as a result of nonscheduled service or maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system.

D. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term: This Agreement shall remain in effect until termination.

A. Automatic Termination
This Agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of erminate by mutual consent to the local Health Department thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement this Agreement shall continue in effect; or
(b) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4 below.

4. Assignment

A. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

B. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A. 1961 to manage a Type IVA system upon thirty (30) days written notice to the Owner and the local Health Department.

5. Representations

The Parties represent to each other that each has the power, authority, and legal right to enter into and perform its obligations as set forth in this Agreement.

6. Regulatory Amendments

References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

7. No Implied Waiver

The waiver by either Party of a default or a breach by the other Party of any provision of this agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

8. Notice

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by mail and addressed as follows:

To the Owner:

Liane Cooper
357 Stillwater Road
Troutman, NC 28166

To the Contractor:

J.C. moore
1727 Troutman Dr.
Statesville NC 28625

To the Local Health Department

Iredell Co Environmental Health
349 N Center St.
Statesville, NC 28677

The date of any Notice shall be the date of delivery. Changes in the respective addresses to whic notice may be directed may be made from time to time by either Party by notice to the other Part

9 Place of Agreement

This Agreement and any questions concerning its validity, construction of and performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution c the order in which the signatures of the Parties are affixed.

10 Entire Agreement and Amendment.

This Agreement supersedes all prior negations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

11 Severability

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agre to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination implement and give effect to the intentions of the Parties as reflected in this Agreement, and th other provisions of this Agreement shall as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplic originals, one of which is retained by each of the Parties, the day and year first above writter

(OWNER) Craig Thompson

(CONTRACTOR) J.C. Moore