ICHD - ENVIRONMENTAL HEALTH DIVISION

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

HS 2:30

PERMIT # AP 235770

PIN # 4629-95-4303

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

APPLICANT/OWNER: 4G Design Build/Mauer APPLICANT ADDRESS: 488 Pineville Rd Statesville, NC 28677

SITE ADDRESS: 449 Stillwater Rd Troutman, NC 28166 PHONE: 704 634-3647 ALT. PHONE

SITE DIRECTIONS: State Park Rd TL Morrison Farm TL Dayvault TR Stillwater lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C L & T SECTION: 17 LOT # 12 LOT AREA: .77 Acres DESIGN FLOW: 480 L.T.A.R.: 3/.275 Reg

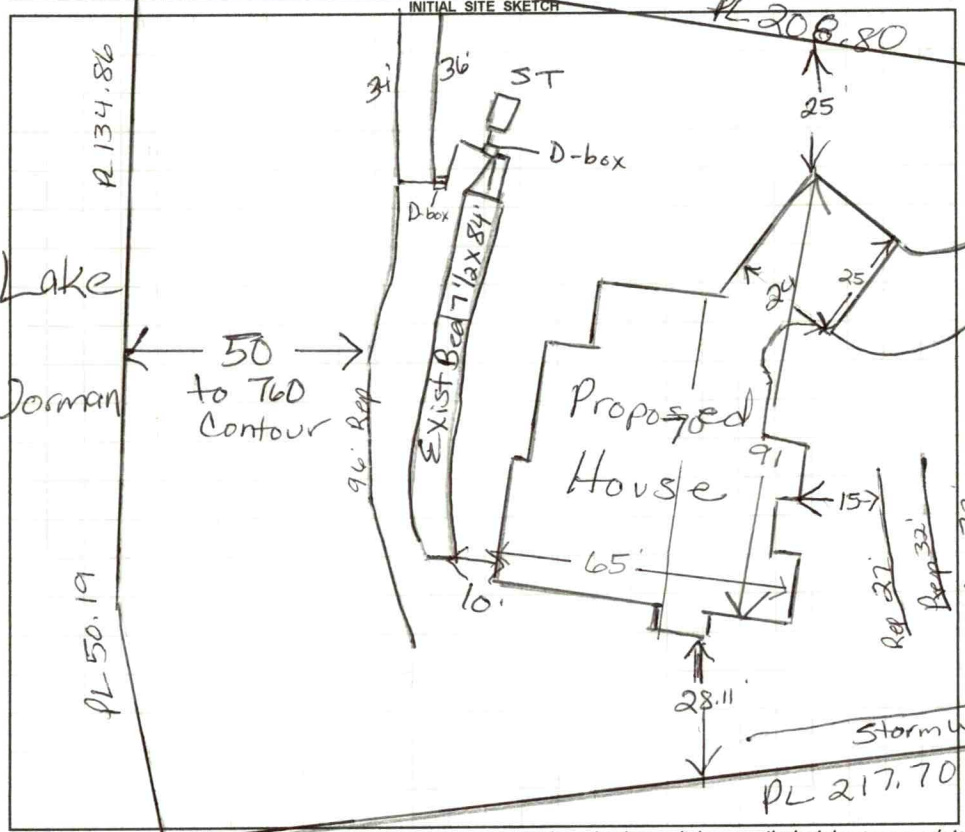
Septic Tank	(1000) Ext (gal)	STB	Exist.	Date	Exist	☒ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: Gravity PBBPS + Existing		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: TS II Pretreatment-PBBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	70'	Maintenance Agreement Required: ☐ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)			30"	Gravel Depth N/A	☐ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

* No cut > 24" within 15ft of Septic System. Any future pool must be minimum of 15ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Scale 1:40

9-20-22 - Unable to get fall to existing Septic Tank. Lines checked

9-21-22 - New Grinder tank set due to plumbing Elevation & basement cut. (Shoal 760) 7-3-22.

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: 9/22/22 Installed by: Shady Knoll Septic

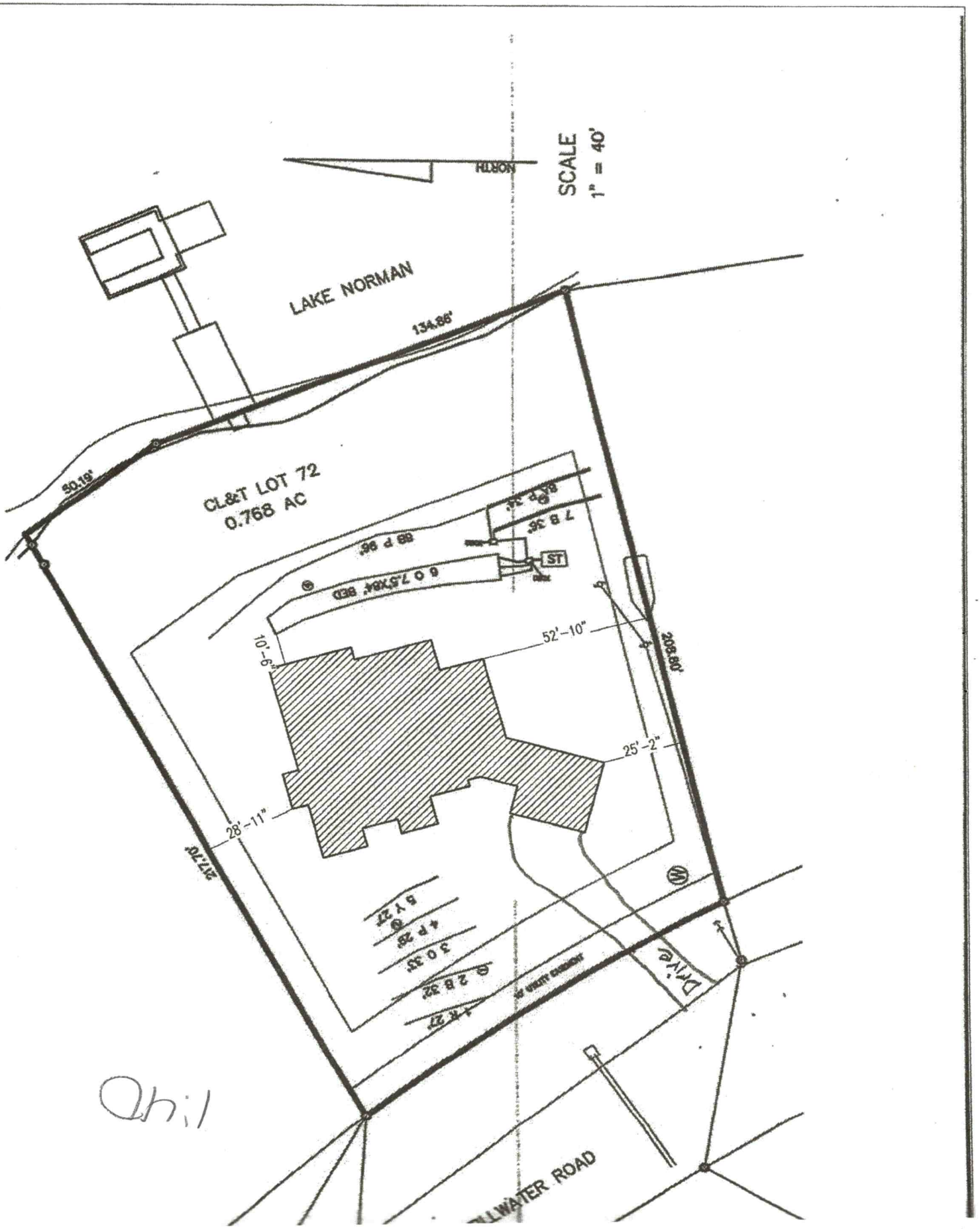
IMPROVEMENT PERMIT by: Maria Dotson Date: 9/19/22 OPERATION PERMIT by: Benjamin Bolton Date: 9-21-22

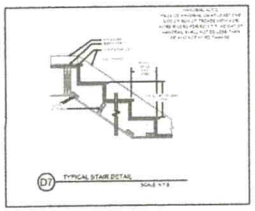
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/22/22 Existing System Inspected by: Date:

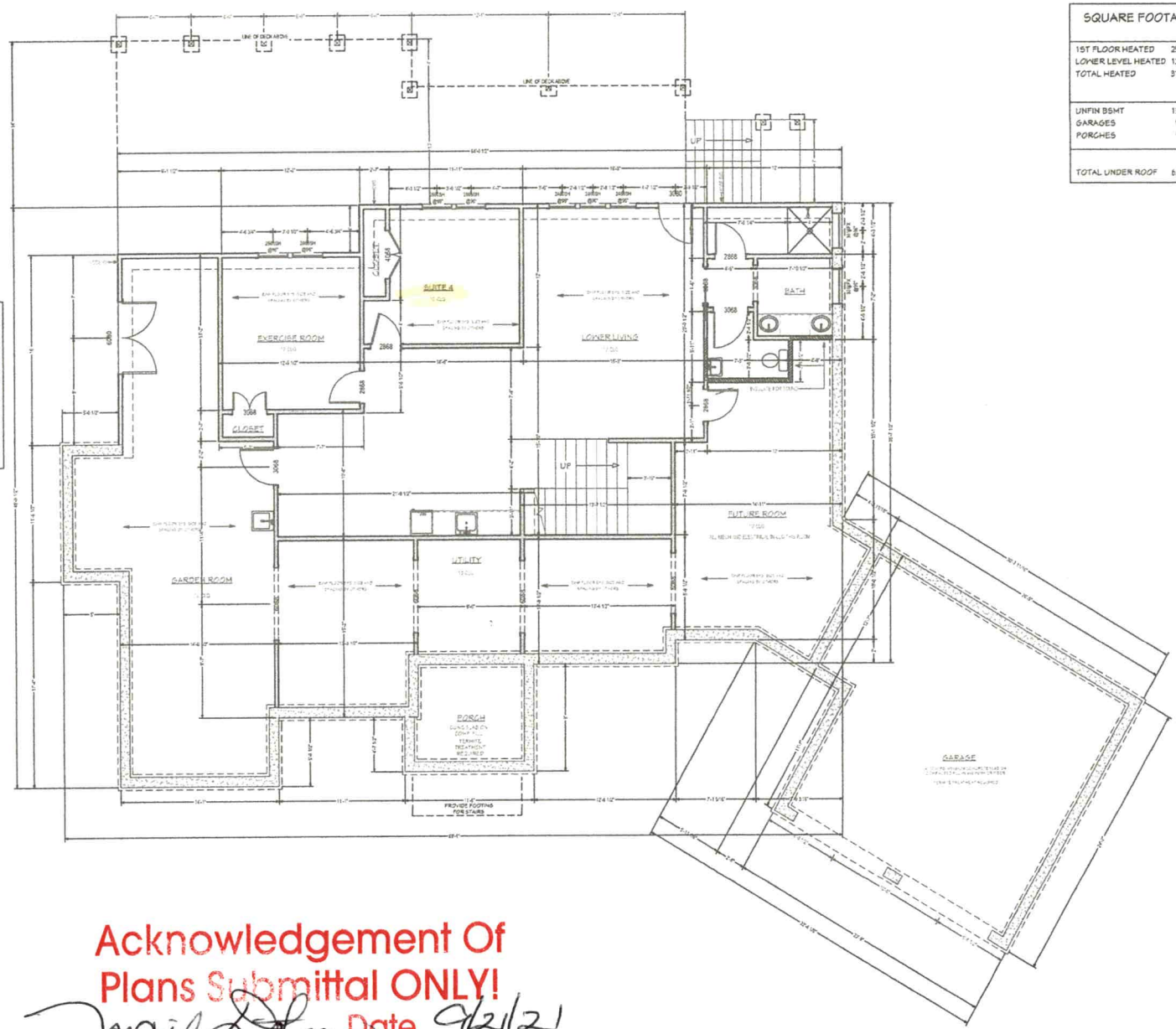
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


NORTH
SCALE
1" = 40'
LAKE NORMAN
134.86'
50.15'
CL&T LOT 72
0.768 AC
ST
52'-10"
10'-9"
28'-11"
209.80'
217.70'
25'-2"
Drive
WATER ROAD





SQUARE FOOTAGE	
1ST FLOOR HEATED	2508
LOWER LEVEL HEATED	1262
TOTAL HEATED	3770
UNFIN BSMT	1356
GARAGES	583
PORCHES	551
TOTAL UNDER ROOF	6260

FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of
Plans Submittal ONLY!

Date 9/21/21

Date 9/22/21

FIELD

NO.	DESCRIPTION	BY	DATE

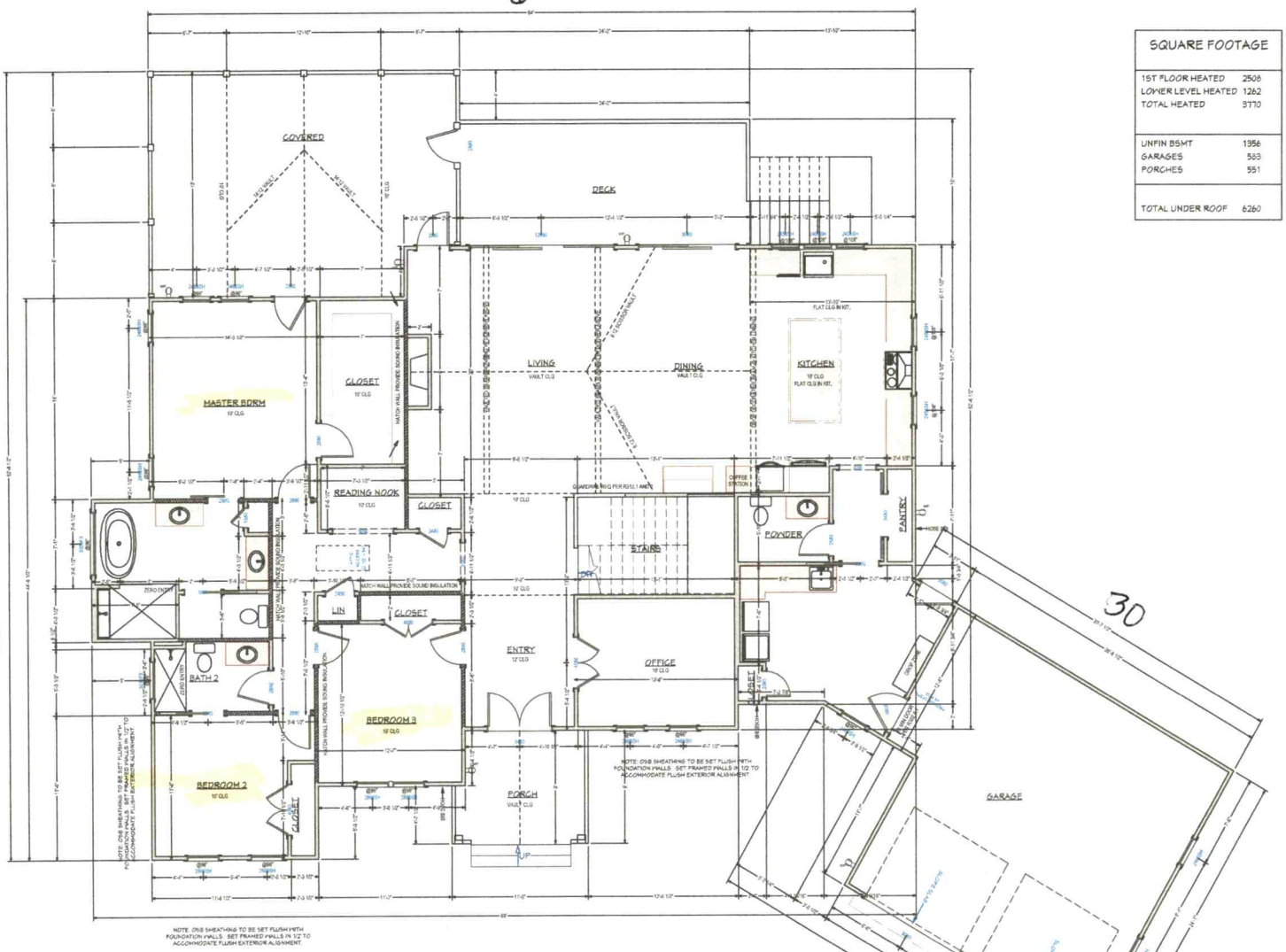
PROJECT DESCRIPTION:
Mayer Residence
449 Stillwater Rd
Troutman NC 28166

BUILD4G.com
488 Pinevile Rd
Statesville NC 28677
704-685-7578

DATE: 9/8/2021

SCALE:

SHEET: A-5

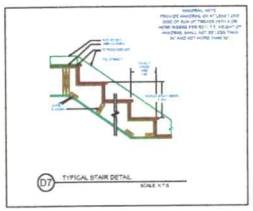


WINDOW AND GLAZING NOTE:

ALL WINDOWS TO COMPLY WITH NCSLL. ANY WINDOW OPENING GREATER THAN 72" ABOVE FINISHED GRADE AND LESS THAN OR ABOVE FINISHED FLOOR SHALL HAVE FALL PROTECTION DEVICES PER R312.2 OR JTL OPENING LIMITING DEVICES PER R 312.

ALL GLAZING TO COMPLY WITH R308

PROVIDE FOR EGRESS REQUIREMENTS PER R310 AND R311



D7 TYPICAL STAIR DETAIL

SCALE: NTS

SQUARE FOOTAGE	
1ST FLOOR HEATED	2508
LOWER LEVEL HEATED	1262
TOTAL HEATED	3770
UNFIN BSMT	1356
GARAGES	583
PORCHES	551
TOTAL UNDER ROOF	6260

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of
Plans Submittal ONLY!
Date 9/21/21
Date 9/21/21

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Mayer Residence
449 Stillwater Rd
Troutman NC 28166

4G DESIGN BUILD
BUILD4G.com
488 Pineville Rd
Statesville NC 28677
704-685-7578

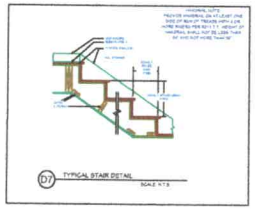
DATE: 9/8/2021

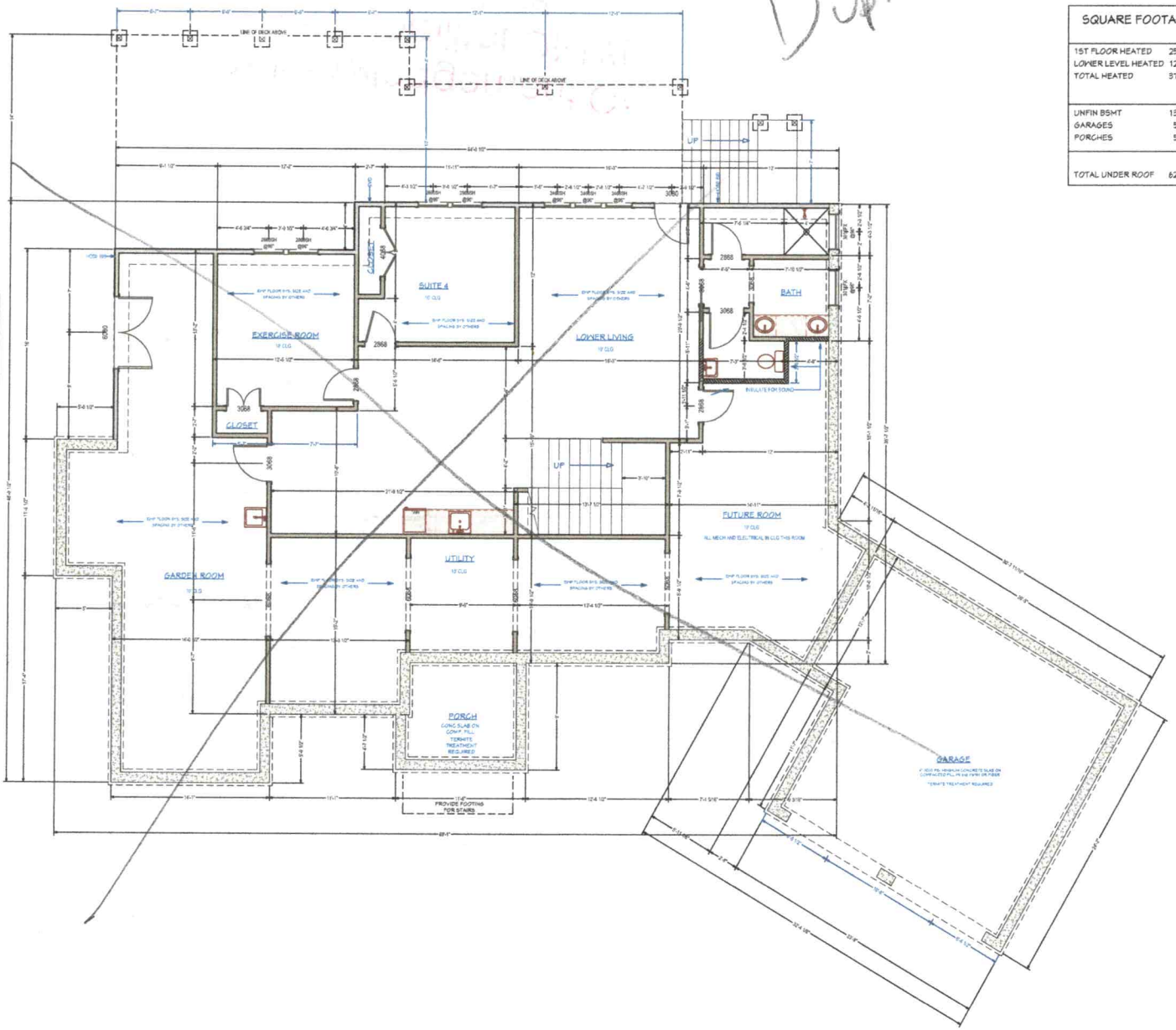
SCALE:

SHEET: A-6

Duplicate

SQUARE FOOTAGE	
1ST FLOOR HEATED	2508
LOWER LEVEL HEATED	1262
TOTAL HEATED	3770
UNFIN BSMT	1356
GARAGES	593
PORCHES	551
TOTAL UNDER ROOF	6260





FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Mayer Residence
449 Stillwater Rd
Troutman NC 28166

4G DESIGN BUILD
BUILD4G.com
488 Pinerille Rd
Statesville NC 28677
704-685-7578

DATE: 9/8/2021

SCALE:

SHEET: A-5

RECEIVED AUG 2 4 2021

Comprehensive Re-Draw for House Box Old IP 235770

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-320772 $500.00

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: 46 DesignBuild **Address:** 486 Pineville Rd. Statesville **Zip:** 28677
Applicant Email: Quinton@Build46.com **Phone:** 704-634-3647 **Alt. Phone:** _____
Owner Name: Kim Mayer **Address:** 201 Prospect Ave. Galax Va. **Zip:** 24333
Owner Email: jgmsocdoc@Gmail.com **Phone:** 847-899-7670 **Alt. Phone:** _____

Property Information:

Street Address: 449 Stillwater Rd. Troutman, NC 28166
Subdivision Name: Crescent Land & Timber/Stillwater **Section/Phase:** 17 **Lot Number:** 72
Driving Directions: Perth to State Park to Morrison Farm Rd. to Stillwater Rd.

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: 4
Maximum Number of Occupants: 8
( ) 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: 50% T+T Panel

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.

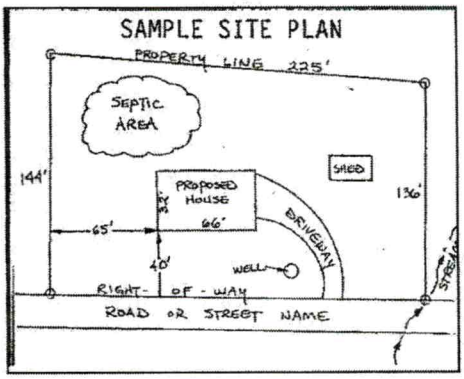
Signature: _____ 7-29-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See attached new site plan

Signature: _____ 7-29-21

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

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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☒ **2.** I, KIM A. MAYER, am the legal owner(s) of the property located at 449 STILLWATER ROAD TROUTMAN, NC 28166, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build, QUINTON GANDY, 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.

✓ Kim A Mayn
Signature of Owner(s)

7/26/21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320772 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629954303.000	449 STILLWATER RD	Iredell County

Owner Information	Applicant Information
Name:	Name: 4G DESIGN BUILD, LLC
Address:	Address: 488 PINEVILLE RD STATESVILLE, NC 28677
Phone:	Phone: (704)634-3647

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.77	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
sfd replacing permit 235770

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.

Date: 08/24/2021

Signature of Owner/Contractor

Permit Number	320772	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? Trailer was removed and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Kim A. Mayer Phone # 847 899 7670

Owner's Current Address 207 Prospect Ave. Galax Va. 24333

Property Information

Property Address 449 Stillwater Rd. Troutman Parcel # 4629954303

Subdivision: Crescent Land and Timber Lot: 12 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Davidson

Directions to property (from a MAIN ROAD) Perth Rd. to State Park Rd. TL Morrison Farm Rd. TL Day Vault Rd TR Stillwater Rd.

Application Information

Applicant's Name or Company 46 Design Build, LLC Applicant's Phone # 704-634-3647

Applicant's Address 488 Pineville Rd. Statesville 28677

If Company, Representative's Name and Title Quinton Gandy Mem. Mgr.

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Quinton Gandy DATE 8-10-21