IREDELL COUNTY

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

APPLICATION NUMBER
204599
Issue Date: 07/11/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639173670.000	246 APACHE ROAD, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: CURRY NILES P+JANET W	Applicant: CURRY NILES P+JANET W
Address: 246 APACHE RD, TROUTMAN, NC 28166	Address: 246 APACHE RD TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
ADDING A GREAT ROOM, UTILITY AND OFFICE WITH BASEMENT. UNDER MOVING SEPTIC TANK	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	35.00	50.00	15.00	15.00	CACL	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	17035	TOTAL FEES	$ 77.25

Please call before 30 days

RECEIVED JUL 1 1 2014 RH

Paid $500.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Application For:

( ) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Niles P. Curry Address: 246 Apache Rd, Troutman, NC 28166 Phone: 704-996-9792

Owner Name: Niles P. and Lori W. Curry Address: 246 Apache Rd, Troutman, NC 28166 Phone: 704-996-9792

Property Information:

Street Address: 246 Apache Rd, Troutman, NC 28166

Subdivision Name: N/A

Section/Phase: _____ Lot Number: _____

Driving Directions: Exit 45 to Shore Park Rd to Morrison Farm Rd to Apache Rd LEFT to End of Road

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: OFF/Ground Room

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed: _____

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: _____ PAID 7-11-2014

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

7/11/14

IREDELL COUNTY HEALTH DEPARTMENT

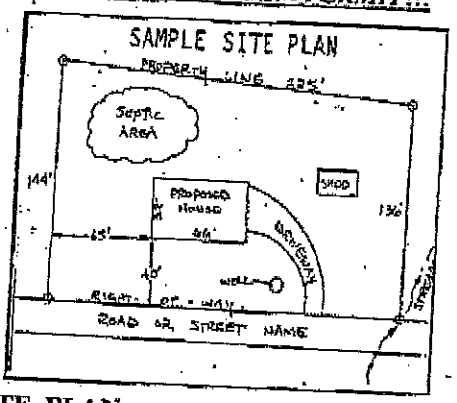
ENVIRONMENTAL HEALTH DIVISION

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

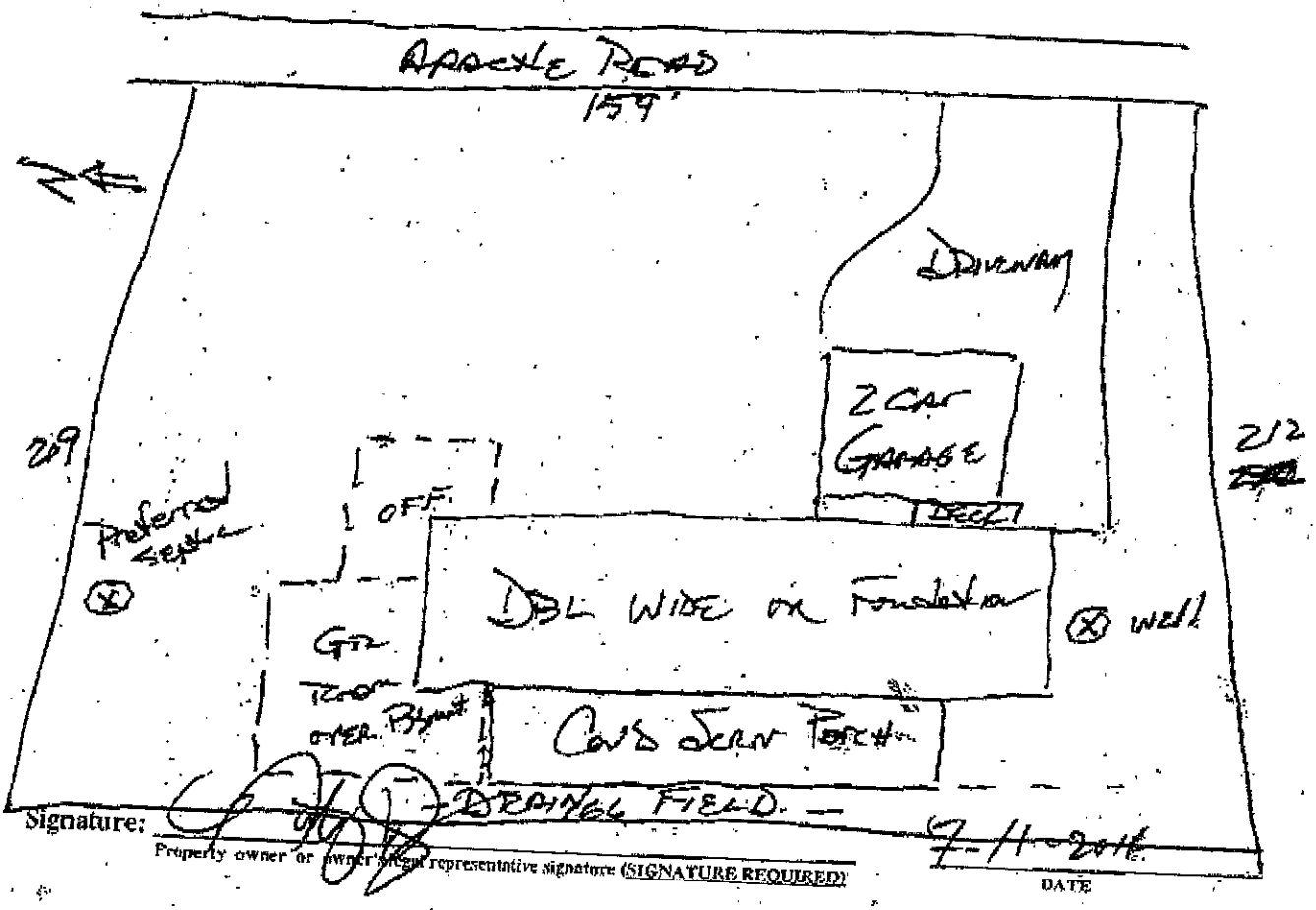


Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 7-11-2014

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. **Questions?** Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office (704)871-3456 (8:30-12:30 M-F)
Mooresville Office (704)660-3625

1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the site information Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**. (New)
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

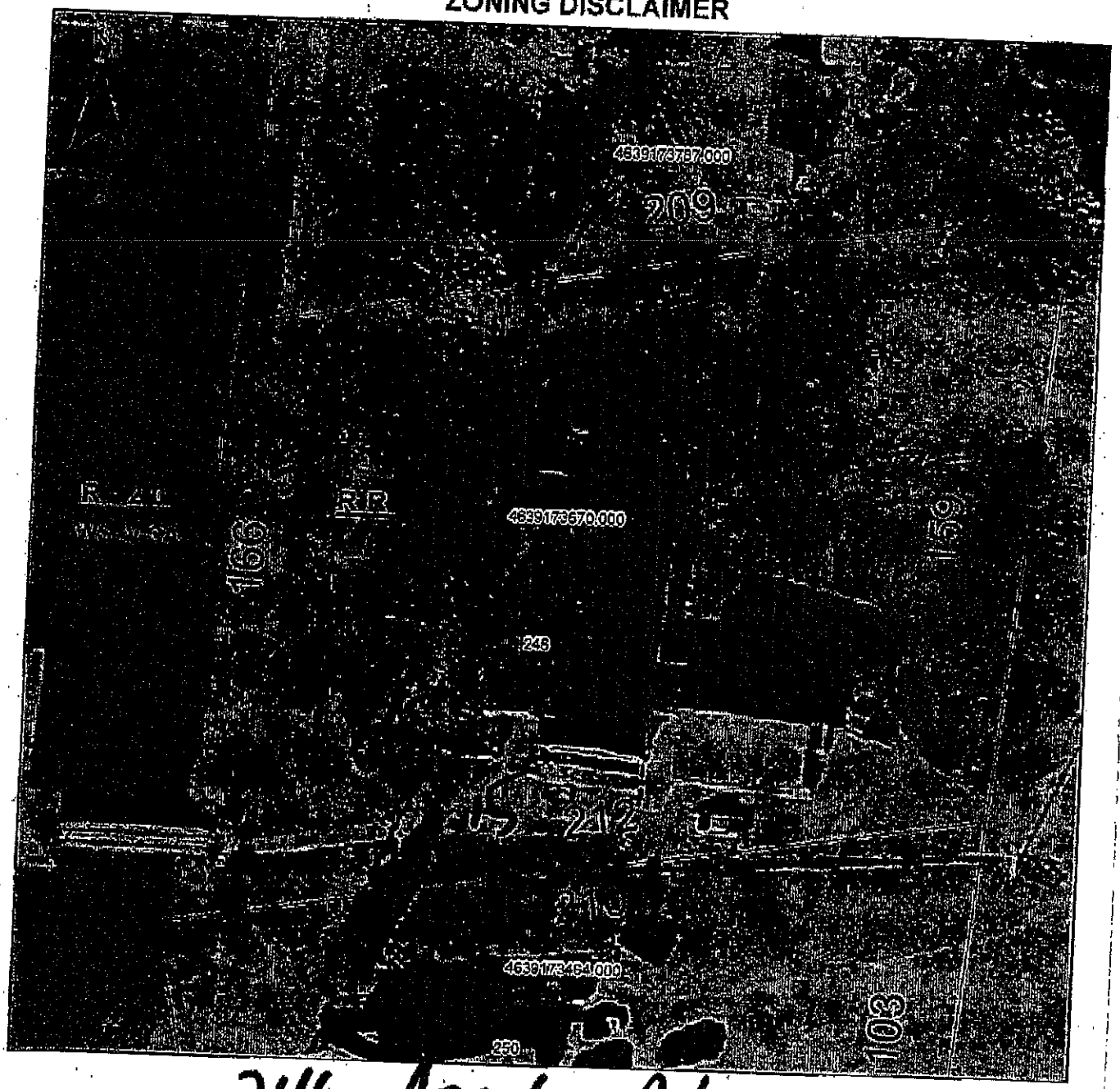
By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 7-11-2014

V:\FORMS\OSWP\Green Sheet.doc

Revised 1/3/2014

ZONING DISCLAIMER



Property Address 246 Apache Rd.

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

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 337209

DATE: 07/11/14 TIME: 12:32
CLERK: dwilliams
PAID BY: CURRY NILES P+JANET W

APPLICATION #: 204599

PERMIT ALLOCATION:

1	104563 460450 PZOI	2.25	Technology Fee - Planning
1	104563 472223 PZOI	75.00	Zoning Permits
1	10492751 447004 PEHIA	500.00	OSWP & WELL Fees

TOTAL RECEIPT AMOUNT: 577.25

AMOUNT PAID: 577.25
PAID BY: CURRY NILES P+JANET W
PAYMENT METHOD: CREDIT CAR045327
APPLICATION #: 204599

AMT TENDERED: 577.25
AMT APPLIED: 577.25
CHANGE: .00

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4639173670
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Niles Curry
ADDRESS: 246 Apache Rd
PROPOSED FACILITY: SFD
LOCATION OF SITE: 246 Apache Rd
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE 7-11-14
DATE EVALUATED: 8-22-14
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 0.74 acres
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed N/A

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	13% L	0-19	Manipulated		30" 2.5Y 8/1 5Y 8/1	30"	30"	30"	US
		19-30 C	Y/B mottles	SBK FR MOD SLS/E					
		30-48 CL	Y/B mottles	WSBK FR Mod					
2	10% L	0-5	BSL	SBK FR Mod SE	5Y 8/1 @ 28"	28"	28"	28"	PS 0.2
		5-26 C		SBK FR Mod SE					
		26-39 CL	Y/B mottles	WSBK FR Mod					
3	>2% L	0-7	BSL	SBK FR Mod SE	>48" @ 5Y 7/4 7/3	>48"	>48"	>48"	PS 0.25
		7-28 C		SBK FR SLS/E Mod					
		28-48 CL	Y/B mottles	WSBK FR Mod SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
...ail able Space (.1945)		
...tem Type(s)		
LTAR		

...MENTS:

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948):
EVALUATED BY: Justin Henderson
OTHER(S) PRESENT: Adrian Pruitt 8-27-14 ← 2nd opinion