PJB 2100

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239148

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

PIN # 4639-69-5060 ✓

APPLICANT/OWNER: First in Flight Const. | APPLICANT ADDRESS: 250 Neill Farm Rd. Trowtman, NC 28166

SITE ADDRESS: 250 Neill Farm Rd. Trowtman, NC ✓ | PHONE: 704-578-4951 | ALT. PHONE

SITE DIRECTIONS: Perth Rd → Neill Farm Rd → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Janet Egner Property ✓ | SECTION: — | LOT # 4 ✓ | LOT AREA: 3.796 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	794	Date	7-15-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines		3	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		22"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: At time of site visit(s) on 9/13 + 9/16, house already built w/sewer line plumbed in too deep. Sewer line must be modified to ensure septic tank may be installed shallow enough for a 22" trench bottom. Recommend pumping septic tank every 3-5 years. Red filter

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA

Kathleen Saunders LSS #1313

Dated: 9-9-19

AS BUILT SKETCH

12.5 ft from ST to house

Installed Quick 4

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: _____ Date: _____

IMPROVEMENT PERMIT by: Tom Shuda Date: 9/17/19

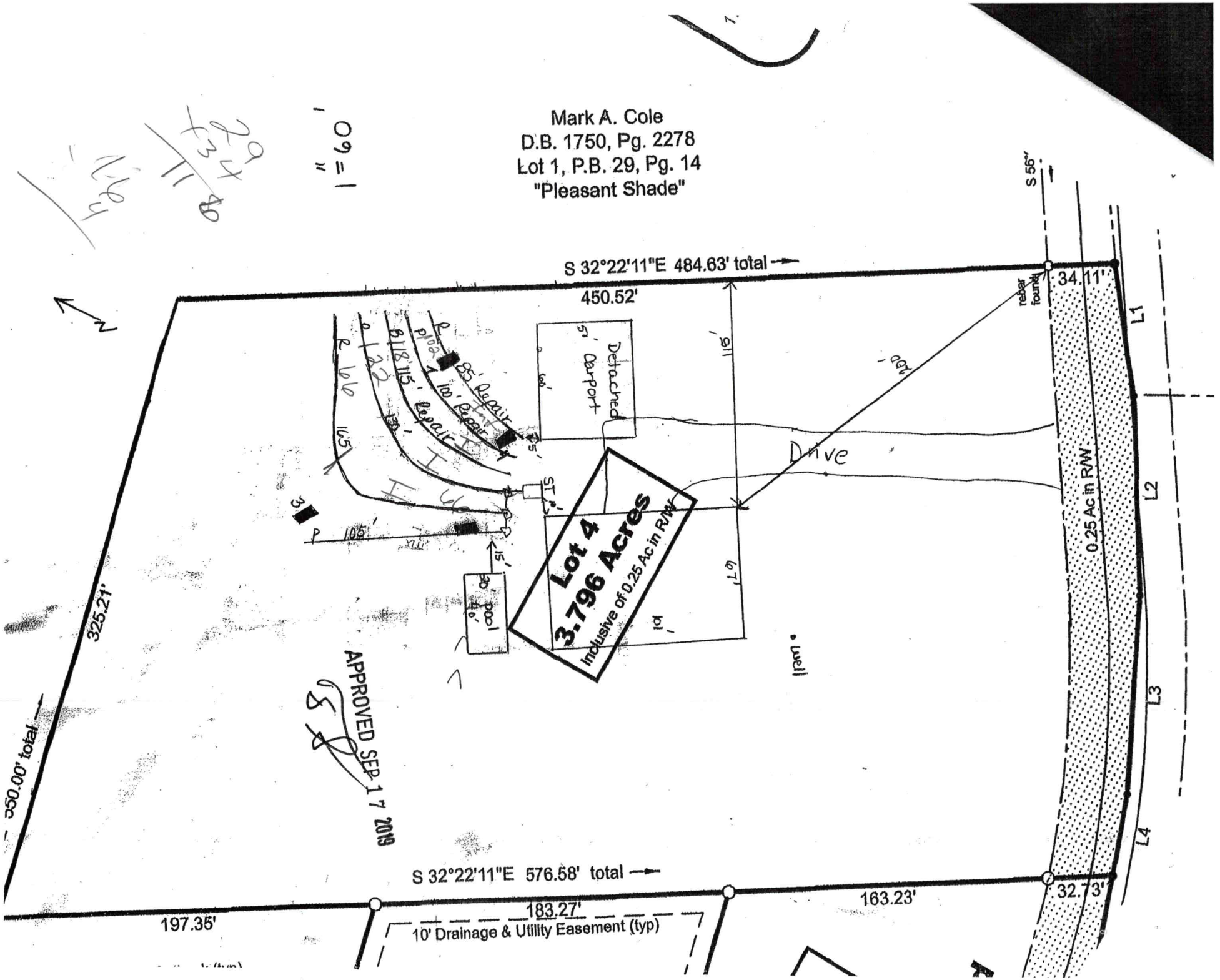
AUTHORIZATION TO CONSTRUCT by: Tom Shuda Date: 9/17/19

Installed by: Dellinger Grading

OPERATION PERMIT by: Marion Olson Date: 9/18/19

Existing System Inspected by: _____ Date: _____

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


Mark A. Cole
D.B. 1750, Pg. 2278
Lot 1, P.B. 29, Pg. 14
"Pleasant Shade"
1" = 60'
S 32°22'11"E 484.63' total
450.52'
S 56°
34.11'
rebar found
L1
L2
L3
L4
0.25 Ac in R/W
Detached 5' Carport
Drive
Lot 4
3.796 Acres
inclusive of 0.25 Ac in R/W
Pool
well
septic
325.21'
350.00' total
APPROVED SEP 17 2019
S 32°22'11"E 576.58' total
197.35'
183.27'
10' Drainage & Utility Easement (typ)
163.23'
32.73'

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: ____ APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 9/19/18
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 3.8 AC
LOCATION OF SITE: Neill Farm Rd 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
1	L 3-5%	0-7	MO GR SL	FR NS/NP	B, R; R, C SAP; YEL R	48	PS	N/A	0.3
		7-36	MO SBK C	FR SS/SP					
		36-48	WK SBK C	↓					
		48-55	MA L SAP	↓					
2	L 3-5%	0-7	MO GR SL	FR NS/NP	R BR; R; R, C SAP	50+	N/A	N/A	0.3
		7-26	MO SBK C	FR SS/SP					
		26-50	WK SBK CL	↓					
3	L 3-5%	0-18	MO SBK C	FR SS/SP	R; R YEL; C SAP; YEL BR	32"	PS	N/A	0.3
		18-32	WK SBK CL	↓					
		32-60	MA L SAP	↓					
4	L 3-5%	0-24	MSBK C	FR SS/SP	R; R, C SAP	60+	N/A	N/A	0.3
		24-60	WK BK CL	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III a	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: Tom Shuck (Pits 2+4) 10/5/18

COMMENTS: ____

250 Neil Farm Rd Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	320
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	22"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	300
Repair Loading Rate	0.3
Repair trench depth	36"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Pink	25% Reduction	105 endfed
2	System	Red	25% Reduction	165 endfed
3	System	Orange	25% Reduction	130 endfed
4	Repair	Blue	LP PPBPS	115
5	Repair	Pink	LP PPBPS	100
6	Repair	Red	LP PPBPS	85
				Total System: 400'
				Total Repair: 300'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

APPROVED SEP 17 2019

AP 239148
$75 pd

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: First in Flight Const. **Address:** _____ **Zip:** _____

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Janet Egner **Address:** 250 Neill Farm Rd **Zip:** _____

Owner Email: _____ **Phone:** 704-578-4951 **Alt. Phone:** _____

Property Information:

Street Address: 250 Niell Farm Rd

Subdivision Name: Janet Egner Property **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: Perth to Neill Farm Rd, property on R

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

CHECK FOUNDATION TYPE

(X) 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
(X) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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:** _____

(X) 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 (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-9-19
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, _Darla Jamison_____, am the legal owner of the property located at

__250 Neill Farm Rd. Troutman, NC_____, identified as PIN(Parcel Identification Number) 4639695060.000 _____, located in Iredell County, North Carolina.

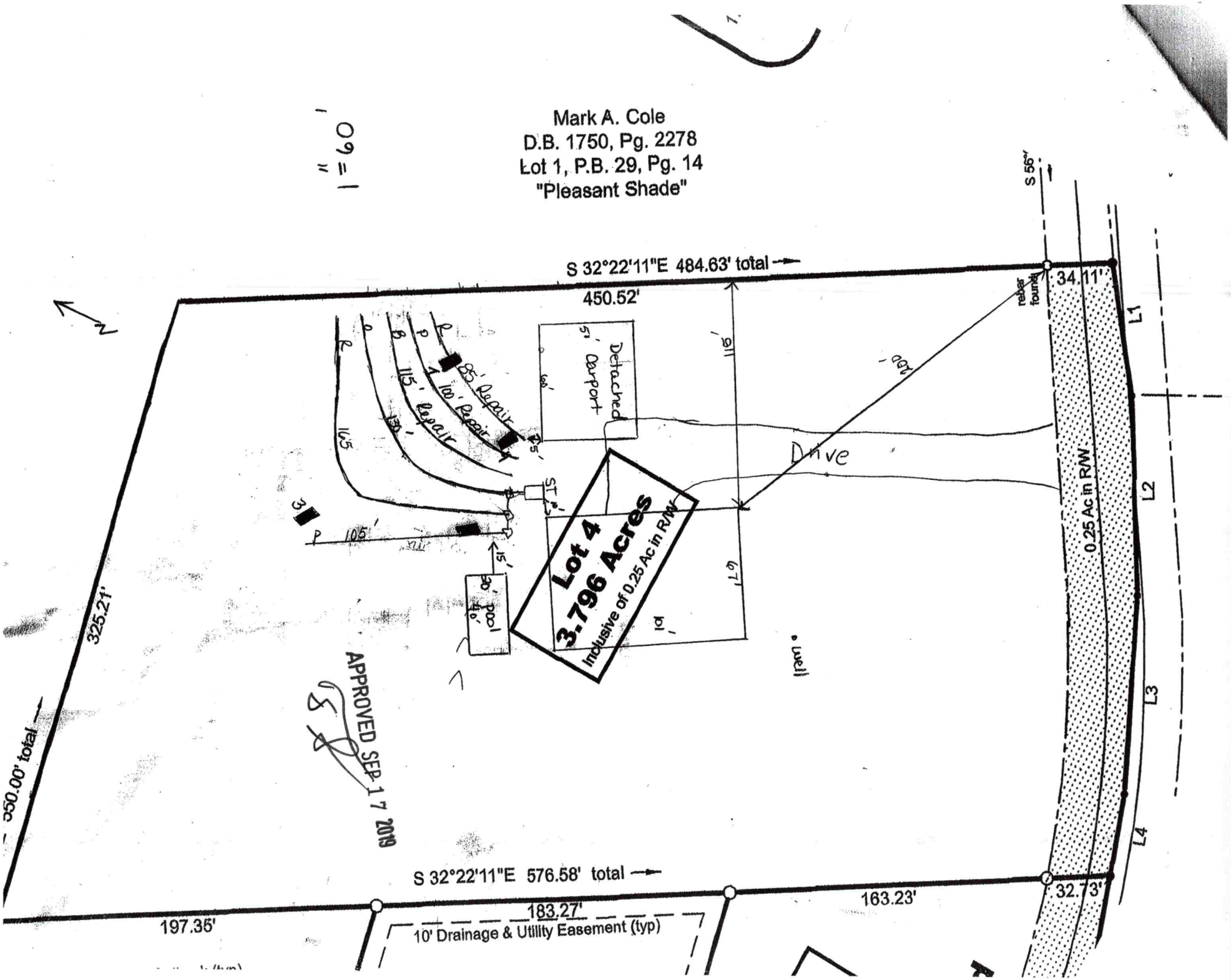
I do hereby authorize (print authorized agent/company name) __First in Flight Construction, Inc.____, The Oaks Group _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

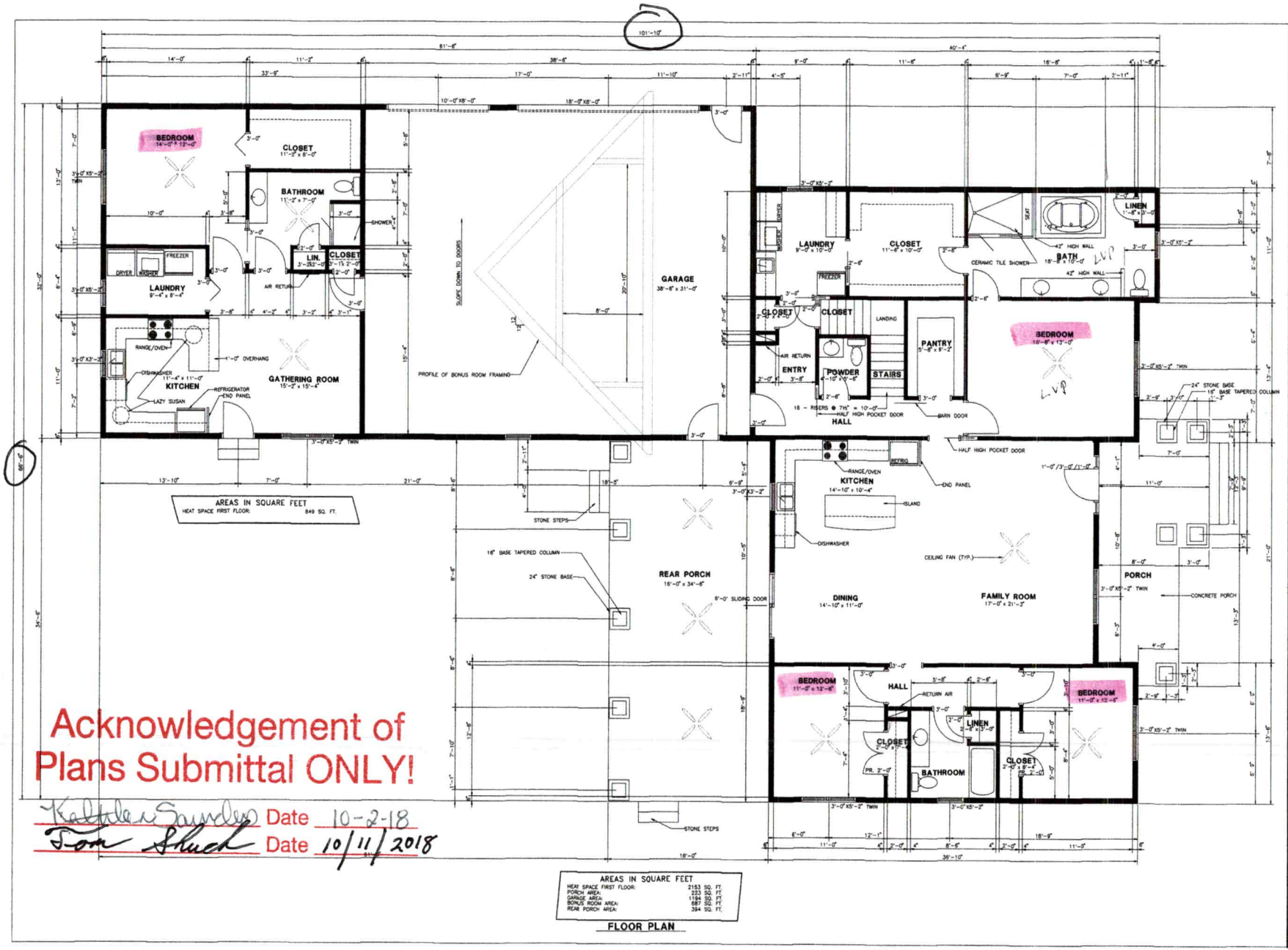
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Darla Jamison _____ 9/6/2019
Signature of Owner Date

_____ _____
Signature of Witness Date


Mark A. Cole
D.B. 1750, Pg. 2278
Lot 1, P.B. 29, Pg. 14
"Pleasant Shade"
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S 32°22'11"E 484.63' total
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S 56°
34.11'
rebar found
L1
L2
L3
L4
0.25 Ac in R/W
Detached 5' Carport
85' Repair
100' Repair
115' Repair
165'
130'
105'
Drive
Lot 4
3.796 Acres
Inclusive of 0.25 Ac in R/W
30' pool
40'
15'
well
APPROVED SEP 17 2019
325.21'
350.00' total
S 32°22'11"E 576.58' total
197.35'
183.27'
10' Drainage & Utility Easement (typ)
163.23'
32.73'



Acknowledgement of Plans Submittal ONLY!

Kathleen Saunders Date 10-2-18

Tom Shuck Date 10/11/2018

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
147 NANTZ WOODS LANE
TROUTMAN, N. C. 28166
TELE. 704-528-6043
EMAIL: dnantz@bellsouth.net

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NO.	DATE	DESCRIPTION REVISIONS	BY

A NEW RESIDENCE FOR:
MIKE and DARLA LANE and JANET EGNER
NEIL FARM ROAD
TROUTMAN, NORTH CAROLINA

FLOOR PLAN

SHEET NO. 2
DRAWN NANTZ
DATE 11-28-17
SCALE: 1/4" = 1'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
239148
Issue Date: 09/27/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639695060.000	250 NEILL FARM ROAD, TROUTMAN, NC 28166	

Owner Information		Applicant Information	
Owner:	EGNER GEORGE F+JANET	Applicant:	KATHLEEN SAUNDERS
Address:	1500	Address:	121 HOLT LANE
	IREDELL CO, NC 28625		MOORESVILLE, NC 28117
Phone:		Phone:	704-578-4951

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CACL	X

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	153781	TOTAL FEES:	$ 77.25