IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 242224

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

PIN # 4646982521

APPLICANT/OWNER: Greg Troutman APPLICANT ADDRESS: 130 Clipper Ln. Mooresville, NC 28117

SITE ADDRESS: 130 Clipper Ln Mooresville, NC 28117 PHONE: 704619-2943 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Sunfish TL Clipper's Ln 2nd lot on right SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: Clipper's Run SECTION: — LOT # 16 LOT AREA: 1.264 Ac DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank	Exist.	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	3	Linear Ft	200'			
Trench Width	24"		Trench Bottom Depth(Low side)	Exist.	Gravel Depth	Exist.			

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Existing Gravity PPBPS

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☒ Slab Access. Bld. ☐ Crawl Space

☒ Basement w/plumbing house ☐ Basement w/o plumbing

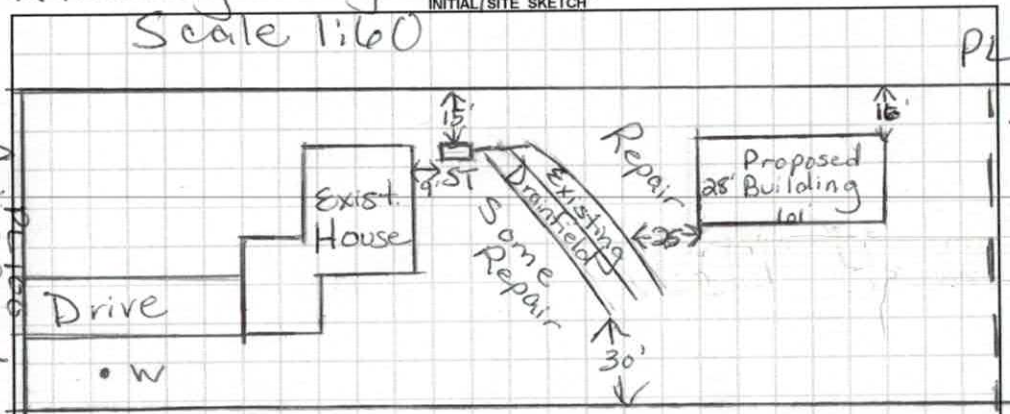
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be functioning ok at time of inspection.

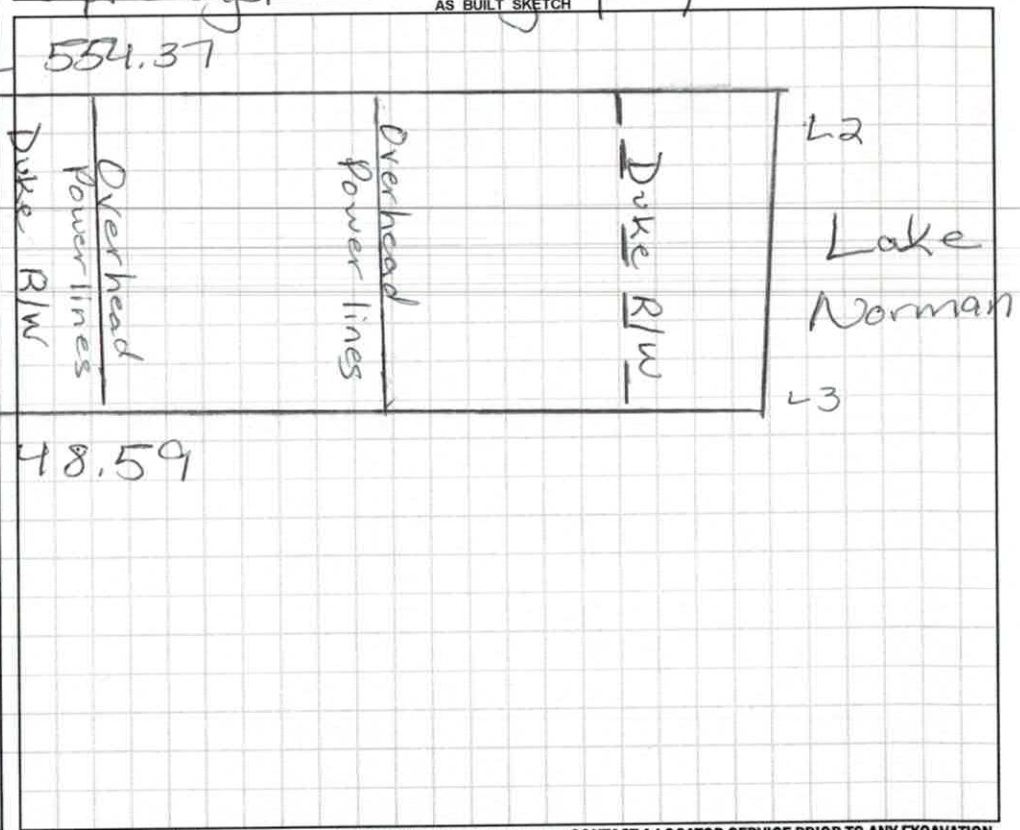
* Following Zoning requirements for setbacks.

** No Vehicular traffic over ST or Drainfield. Must keep building a minimum of 5ft from Septic System (including repair)

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 3-6-19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 3/6/19

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.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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) 619-2943

Applicant Name: Greg Troutman **Address:** 130 Clipper LN **Zip:** 28117

Applicant Email: gdtformco@Hotmail.com **Phone:** 704-619-2443 **Alt. Phone:**

Owner Name: Greg Troutman **Address:** 130 Clipper LN **Zip:** 28117

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 130 Clipper LN

Subdivision Name: Clipper Run **Section/Phase:** **Lot Number:** 16

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
(X) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 (X) 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: 2-14-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

GDTFORMCO@Hotmail.com

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Greg Twatman, am the legal owner(s) of the property located at 130 Clipper Ln, identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ 2-14-19

Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

I, DAVID M. MEDLIN CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION. LEGAL DESCRIPTION RECORDED IN DEED BOOK 2504 PAGE 1368; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS FROM INFORMATION FOUND IN DEED BOOK 2504 PAGE 1368; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS THE 10th DAY OF FEB., A.D., 2019.

David M. Medlin

DAVID M. MEDLIN NCPLS

NORTH CAROLINA PROFESSIONAL SEAL L-4286 LAND SURVEYOR DAVID M. MEDLIN



NC GRID COORDS (NAD 83/2011)
N: 668,738.20'
E: 1,449,322.32'

Line Table		
Line #	Direction	Length
L1	S31° 34' 43"W	29.99'
L2	N54° 50' 46"W	78.72'
L3	N56° 16' 06"W	20.94'
L4	N31° 31' 32"E	30.00'

moving Building back 20ft

GT

3-1-2019

LEGEND:

R/W : RIGHT OF WAY
EXISTING PROPERTY LINES
LINES NOT SURVEYED (OR AS NOTED)
EXISTING RIGHT OF WAY LINE
EXISTING IRON FOUND
EXISTING PIPE FOUND
COMPUTED POINT (NO POINT SET)

GRAPHIC SCALE

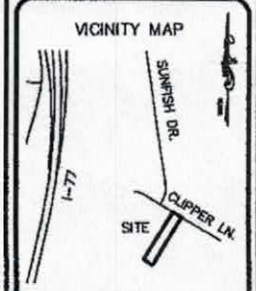
0 100 150 200 300

(IN FEET)
1 inch = 100 ft.

NOTES:

1. THIS PLAT IS SUBJECT TO ALL R/W'S, EASEMENTS AND RESTRICTIVE COVENANTS OF RECORD.
2. NO TITLE SEARCH OR ENVIRONMENTAL INVESTIGATION BY MEDLIN SURVEYING CO.
3. AREA BY COORDINATE METHOD.
4. THE RECORDING OF THIS PLAT IS FOR ILLUSTRATION PURPOSES ONLY.

VICINITY MAP



NOT TO SCALE

PLOT PLAN FOR:

GREG D. TROUTMAN
130 CLIPPER LANE
MOORESVILLE, NC 28117
LOT 16 OF CLIPPERS RUN
DAVIDSON TOWNSHIP, IREDELL CO., N.C.

SCALE: 1"=100'
DATE: 2-10-2019
PIN: 4646982521.000
DRAWN BY: DMM
PLAT REF: 17-21
DEED REF: 2504-1368

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT SUBJECT PROPERTY IS LOCATED WITHIN FEMA AREA "X" AS SHOWN ON FIRM COMMUNITY PANEL 3710464600J
DATED: 3/18/2008

MEDLIN SURVEYING CO.
2915 STALLINGS RD.
HARRISBURG, N.C. 28075
Cell:(704) 201-4332
MEDLINSURVEY@YAHOO.COM

E:\SURVEYING FILES\LAND PROJECTS 3\PHYSICALS\130 CLIPPER ST.DWG

10777

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4646-98-2521

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert E. Leonard DATE Aug 28, '90 PERMIT NO. 2T-11-A-16

PHONE: Business _____ Home _____

LOCATION 215 S. TR 1100 (Brawley Sch. Rd.) TL Sanfish TL Clipper's Lane, 2nd Lot on Right S. R. No. _____

SUBDIVISION NAME Clipper's Run LOT NO. 16 SECTION OR BLOCK NO. _____

ENTERED

House (✓) Mobile Home ( ) Business ( ) Other _____

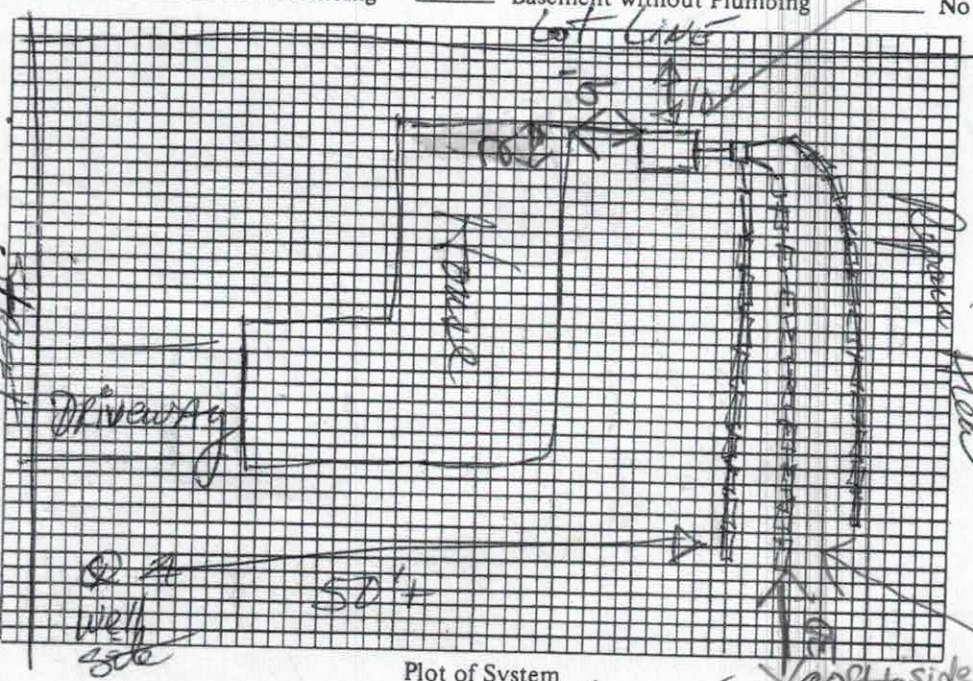
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Lot Area 1 Ac. ±

Character & Porosity of Soil PS clay
Percolation Rate .3-4
Topography 2-4%
Depth to Water Table 4'±
Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'±
Depth of Stone in Lines 16" 17"±
Water Supply: Individual (✓) 4 panels gravity flow
Public ( )

Installed by Dennis Gallihar

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

From house
B-60
W 71
R 79

IMPROVEMENTS PERMIT BY DBH

COMMENTS: Well not installed.

CERTIFICATE OF COMPLETION BY Patricia R. Hanson REHS DATE 8-28-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 242224 Subdivision: CLIPPERS RUN

Proposed Use: ACCESORY STRUCTURE - GARAGE

Location: 130 CLIPPER LANE

Tax PIN: 4646982521.000 Zoning: Single-Family Residential-2 Lot: 16 Size: 1.264

Owner/Applicant: TROUTMAN GREGORY D
Address: 130 CLIPPER LN
MOORESVILLE, NC 28117

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent

Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 5.00 Corner Yard Depth:

Remarks:

APPROVAL FOR ACCESSORY STRUCTURE GARAGE
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

THE REAR SETBACK IS 5 FEET FROM THE REAR DUKE POWER ROW

GM
Approved By:

02/14/2019
Date

$50.00
Application Fee