W/B (Rental Property) 2130

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED JUN 20 2014

2009188

Paid $105.00 Ltd Relayout

PAGE 1: APPLICATION FORM

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:

5529

77737 Applicant Name: Walter Leach Address: 373 Carlyle Rd Phone: 704-528-55??

Owner Name: Walter Leach Address: _____ Phone: _____

Property Information:

Street Address: 379 Carlyle Rd. Troutman 28166

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Flower House Lp; R Carlyle; on left across from Jasmine Circle (on Rt.)

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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)* Year existing system installed: _____

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

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: Walter Leach
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-2-2014
DATE

PAID
$100.00 #7725
Card 1-2-2014

Liner also submitted

IREDELL COUNTY HEALTH DEPARTMENT

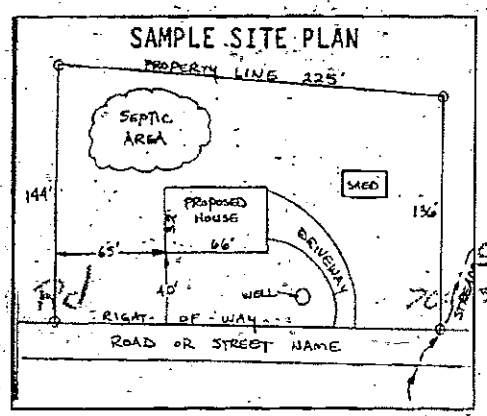
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location.
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction



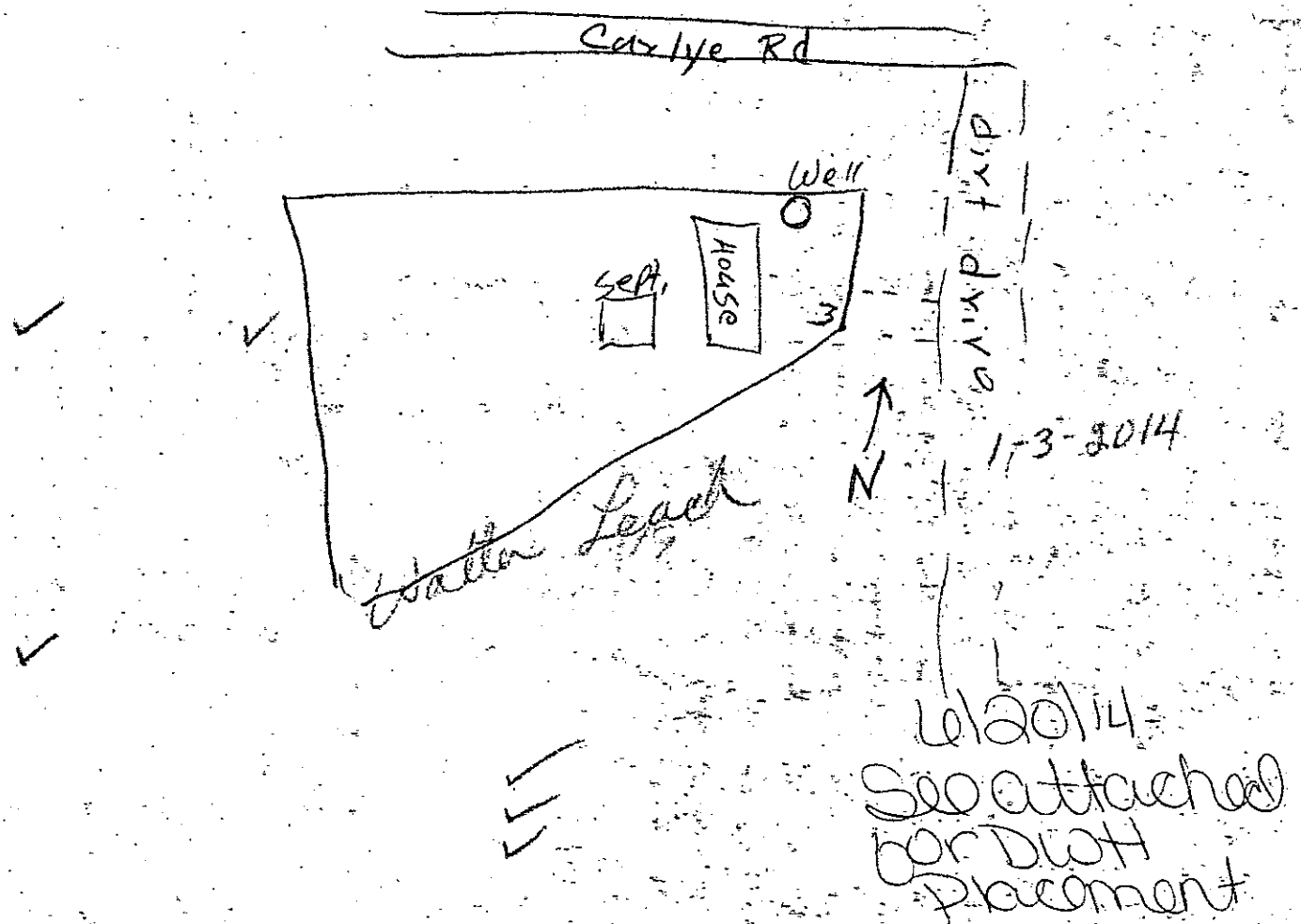
Circle N/A on the following if appropriate:

Walter Leach 373 Carlye Rd

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



Signature: Walter Leach — 1-2-2014

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

IREDELL COUNTY

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

APPLICATION NUMBER
200988
Issue Date: 01/02/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649373721.000	379 CARLYLE ROAD, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: LEACH WALTER C+BEVERLY A	Applicant: LEACH, WALTER C.
Address: 373 CARLYLE RD TROUTMAN, NC 28166	Address: 373 CARLYLE ROAD TROUTMAN, NC 28166
Phone:	Phone: 704-528-5529

Use Requested	Zone Code
PLACING NEW SW MH ON SITE CUT FROM 4+ AC TRAC	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.190	35.00	35.00	15.00	15.00	PACL	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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	3964	TOTAL FEES:	$ 77.25

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4649373721
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: WALTER LEACH
ADDRESS: 373 CARLYLE RD
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 373 CARLYLE RD
WATER SUPPLY: • Private • Public • Well • Spring • Other _____
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE 1/14
DATE EVALUATED: 2/14
PROPERTY SIZE: .89AC
PROPERTY RECORDED: _____
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	4% L	0-3	SCL SBK M	FR SS/SP/SEP	—	48	—	—	.35 PS
		4-38	C SBK M	FR SS/SP/SEP					
		39-48	CL SBK M	FR SS/SP/SEP					
2	6% L	0-4	SCL SBK W	FR SS/SP	—	48	—	—	.35 PS
		5-34	C SBK M	FR/FI SS/SP					
		35-48	CL SBK W	FR SS/SP/SEP					
3	10% L	0-2	SCL SBK W	FR SS/SP/SEP	—	48	—	—	.35 PS
		3-22	C SBK M	FR/FI SS/SP					
		23-48	CL SBK M	FR SS/SP					
4	10% L	0-1	SCL SBK W	FR SS/SP SEP	—	48	—	—	.35 PS
		2-25	C SBK M	FI SS/SP SEP					
		25-35	CL SBK M	FR SS/SP/SEP					
		35-48	CL SBK W	VFR SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% RED	PBPPS
Site LTAR	.35	.35

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: FREEMAN / MELTMORE
OTHER(S) PRESENT: _____

COMMENTS: _____