# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 2193/3

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

PIN # 4703469634 25

APPLICANT: Troutman Family APPLICANT ADDRESS: 232 Davie Ave Statesville NC

SITE ADDRESS: 190 N. Shady Rest Rd - Statesville NC PHONE: 704-873-5233 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 W T/R North Shady Rest Rd Lot on right past Adkins Ln

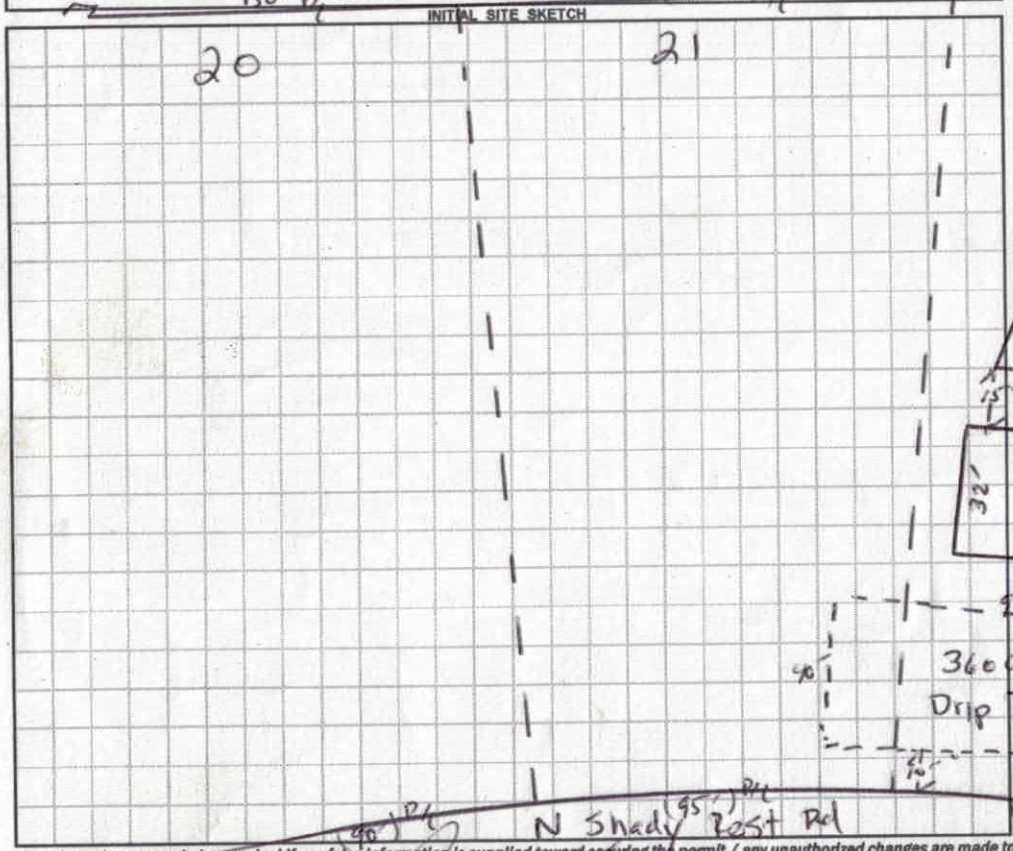
SUBDIVISION: Morrow Meadows SECTION: N/A LOT # 20,21,22 LOT AREA: 1.67 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 760. | Date 4/20 | [X] New System [ ] Repair [ ] Expansion | System Type: I II [III] IV V VI | [X] Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | (gal) | PT | Date | System Description: | 25% Reduction | [ ] Business | No. Persons | 6 | [ ] Private |
| Pump Make | | Model | Serial # | Repair System Description: | Drip | [ ] Other | No. Employees | | [X] Public |
| # Nitrification Fields | 1 | # Lines 6 | Linear Ft: 360 | Maintenance Agreement Required: | [ ] YES [X] NO | [ ] Slab | [X] Crawl Space | | [ ] Community |
| Trench Width | 36" | Max. Trench Bottom Depth | 18" Lowside | Gravel Depth | N/A | [ ] Basement w/plumbing | | | [ ] Basement w/o plumbing |

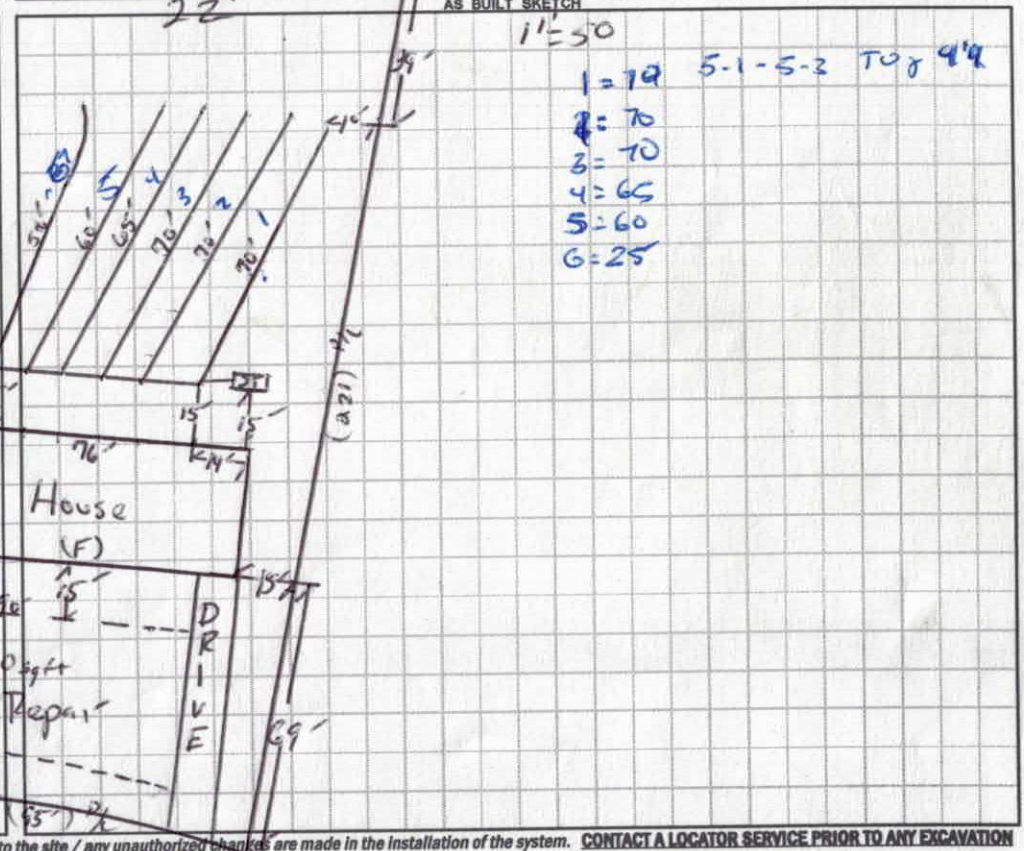
Comments / Conditions: Install 25% reduction on contour with serial distribution. No cutting to lot to maintain gravity system.

* Recommend pumping septic tank every 3-5 years. Lots were combined 2-14-17 per BK 2474 Pgs 814-816 of land records (see page 3)

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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date:

IMPROVEMENT PERMIT by: Date: 11/24/15

AUTHORIZATION TO CONSTRUCT by: Date: 3/3/17

Installed by: T.W Allen

OPERATION PERMIT by: Benjamin A. Botkins Date: 6/26/2017

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 1703696
COUNTY: Iredell

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

OWNER: Troutman Family
ADDRESS: 194 Shady Rest Rd
PROPOSED FACILITY: SFD
LOCATION OF SITE: 70 W to Shady Rest Rd
APPLICATION DATE: 10/21/15
DATE EVALUATED: 11/20/15
PROPERTY SIZE: 1.67ac
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 360
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
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 17% | 0-8 | Gr SCL | fr SE | PS | PS | 38" | 38" | PS .25 |
| | | 8-22 | SBK C | fi SE | | | | | |
| | | 22-38 | WABK BC | fi/fr SE | | | | | |
| | | 38-48 | Mass Sprk (C) | fr N/A | | | | | |
| 2 | L 10% | 0-10 | Gr SCL | fr SE | PS | PS | W/A | W/A | PS .3 |
| | | 10-25 | SBK C | fi SE | | | | | |
| | | 25-48 | WABK BC | fi/fr SE | | | | | |
| 3 | L 10% | 0-9 | Gr SCL | fr SE | PS | PS | 30" | 30" | Drip |
| | | 9-30 | SBK C | fi SE | | | | | |
| | | 30-48 | Mass Sprk (C) | fr W/A | | | | | |
| 4 | L 16% | 0-6 | Gr SCL | fr SE | PS | PS | 36" | 30" | Drip |
| | | 6-24 | SBK C | fi SE | | | | | |
| | | 24-36 | WABK BC | fi/fr SE | | | | | |
| | | 36-48 | Mass Sprk (C) | fr W/A | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | III | IV |
| Site LTAR | .25 | .1 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:

214373

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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)*

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

**********

2. 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 check ( ) beside whichever is submitted if applicable* ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

**********

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Troutman Family | 232 Davie Ave Statesville | 704-873-5233 | |
| Same | | | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |

**********

4. **Property Information:**

194 Shady Rest Road (Street Address) — Morrow Meadows (Subdivision Name) — Lots 20, 21, 22 (Section/Phase and Lot Number)

Driving Directions: Hwy 70 West - Right on North Shady Rest Road

**********

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

**********

6. **Proposed Water Supply:**

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

**********

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: L Troutman — 10-2-15

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Lonnie Troutman, am the legal owner(s) of the property located at 194 Shady Rest Road, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4703-46-9634, 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.

L Troutman 10-21-15 Karen Clark 10-21-15

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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...**

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

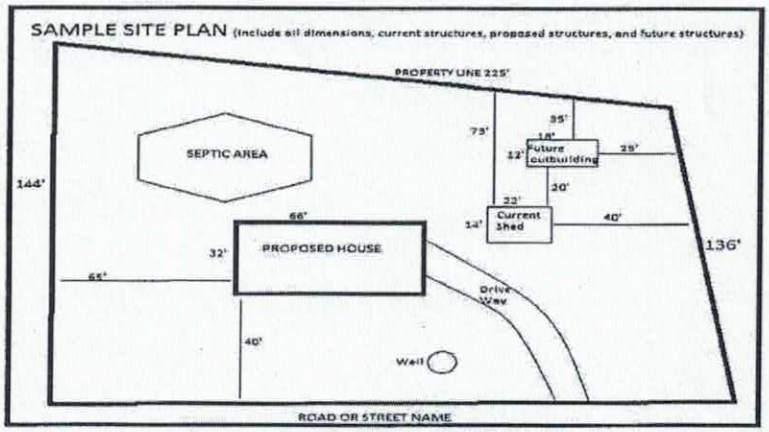
**_____ Front and side setbacks from property line...** **_____ Preferred driveway location and configuration, preferred well location...**

**_____ Area you prefer your septic system to be placed...** **_____ North arrow, or other sufficient indicator of direction...**

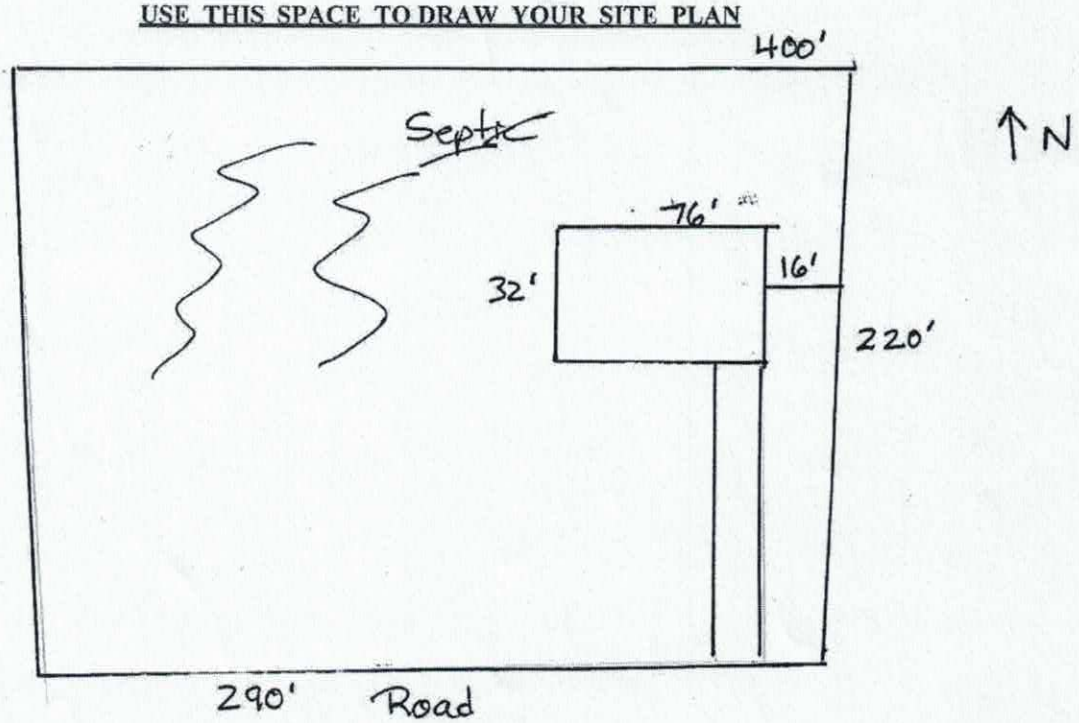
**Circle N/A on the following if appropriate:**

**_____ 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**




**Signature:** L Fontana

*REQUIRED* property owner or owner's legal representative signature.

10-21-15

DATE

new PIN 4703-46-9625

Type: CONSOLIDATED REAL PROPERTY
Recorded: 7/11/2017 1:38:34 PM
Fee Amt: $26.00 Page 1 of 2
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2499 PG 1728 - 1729

MAIL AFTER RECORDING TO: Grantee @
THIS INSTRUMENT WAS PREPARED BY: MARK E. RANDOLPH, Attorney at Law
**Stamps: $ 0.00**
17-01-193
NORTH CAROLINA )
) **NORTH CAROLINA GENERAL WARRANTY DEED**
IREDELL COUNTY )

**THIS DEED** made this 11th day of July 2017, by and between CMH Homes, Inc., whose address is 5000 Clayton Road Maryville, TN 37804, GRANTOR; and CMH Homes, Inc., whose address is 5000 Clayton Road Maryville, TN 37804, GRANTEE.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

**WITNESSETH**, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Iredell County, North Carolina and more particularly described as follows:

BEING ALL OF Lots, 20, 21, 22 of Morrow Meadows as shown on plats recorded in Plat Book 45, Page 121 and 122 and in Plat Book 55, Page 122 in The Office of Register of Deeds of Iredell County, North Carolina, to which plat references are hereby made for a more particular description.

This deed is made for the purpose of combining Lots 20,21, 22 into one lot for Iredell County mapping purpose.

Parcel #: 4703560631.000

Property Address: 190 N. Shady Rest Road, Statesville, NC 28677

Submitted electronically by "Mark E. Randolph, Attorney At Law"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

**TO HAVE AND TO HOLD** the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions: Easements, restrictions, rights of way and declarations of record, if any, and ad valorem taxes here after becoming due and payable.

**IN WITNESS WHEREOF**, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

CMH Homes, Inc.

By: _____

Vice President

TENNESSEE )
)
Blount COUNTY )

I, Tracie Elmendorf, a Notary Public of Blount County and State aforesaid, certify that Matthew Mallery personally appeared before me this day and acknowledged that he is Vice President of CMH Homes, Inc., and that he, as Vice President, being authorized to do so, executed the foregoing instrument on behalf of the corporation.

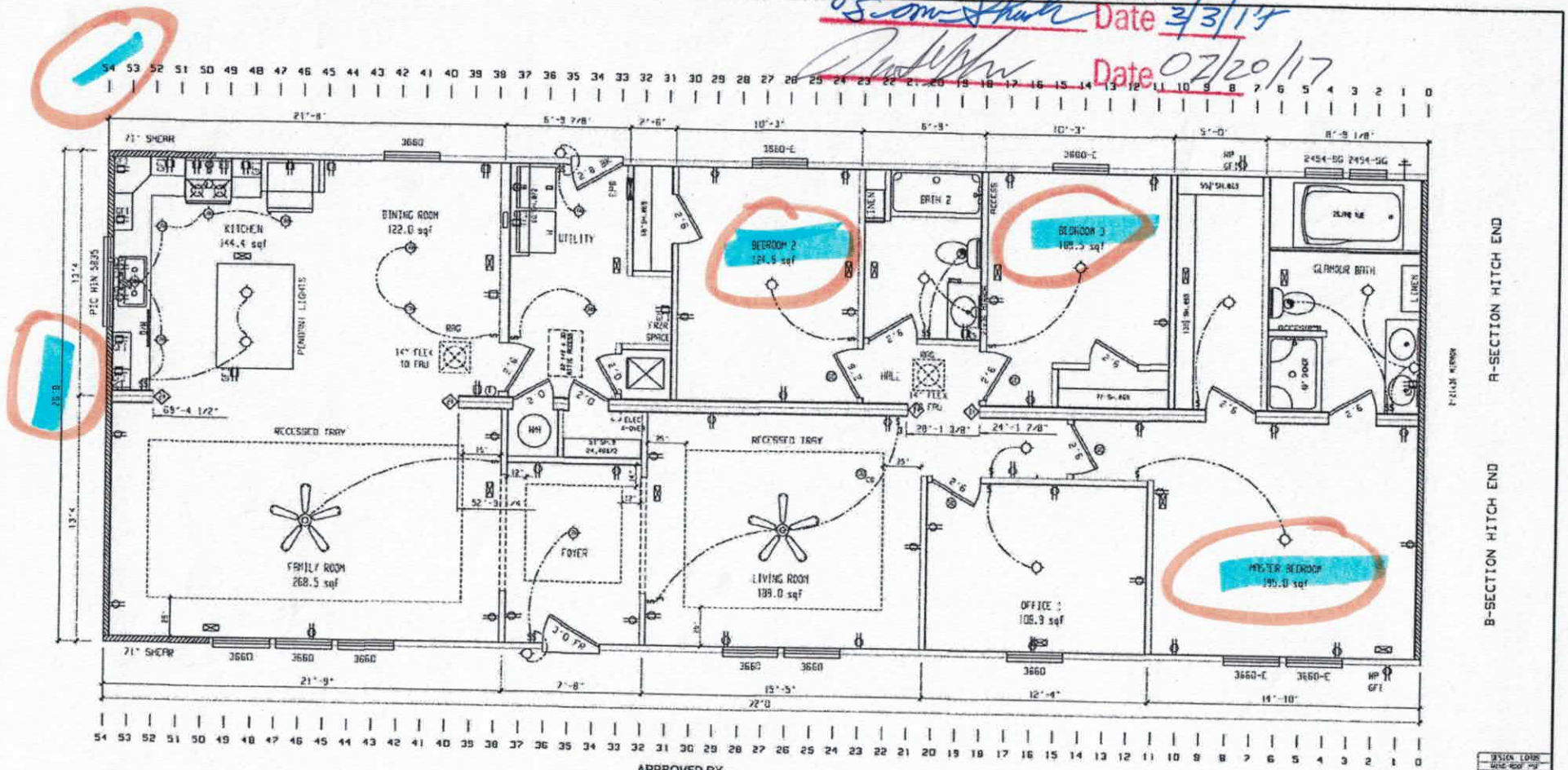
Witness my hand and official stamp or seal, this 11 day of July, 2017.

(SEAL)

TRACIE ELMENDORF
NOTARY PUBLIC
STATE OF TENNESSEE
BLOUNT COUNTY

Tracie Elmendorf
Notary Public
My commission expires: 11-30-20

Acknowledgement Of
Plans Submittal ONLY!
Date 2/7/17
Date 3/3/17
Date 07/20/17




APPROVED BY
NTA INC. 5.2.2016
Approval of the documents does not authorize or approve any deviation or omissions from the requirements of applicable State Laws.
David Richter

320 PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.E.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3898.1

| RETURN AIR REQUIREMENTS | |
|---|---|
| (1) 20"x16" GRILL REQUIRED | (X) INDICATES REQUIRED NUMBER OF STUDS IN COLUMN |
| (2) 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT | (10) THE X SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS |
| (3) DOOR(S) MUST BE UNDERCUT 2 1/2" MIN. | |
| (4) 4"x24" OR 6"x14" GRILL REQUIRED | |

| BRAND | SERIES |
|---|---|
| CLAYTON | CL28 |

CLAYTON HOME BUILDING GROUP

| REVISIONS | BY | DATE |
|---|---|---|
| | | |

GENERAL NOTES
CEILING HEIGHT = 108.0
FLOOR FRAMING SPACING = 16
TOTAL WINDOW SQFT = ENTER TOTAL CALCULATED

DRAWING TITLE
MASTER PLAN

| MODEL NAME | | SQ. FT. |
|---|---|---|
| 5571 | | 1920 |
| PLANT | DESCRIPTION | MODEL NO. |
| 958 | 28X72 3BR-2BA | SN247868 |
| DRAWN BY | ORIG. DATE | DATE PRINTED |
| TXH | 04/22/2016 | 04/27/2016 |

SHEET NO. 1-1

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 214373 |
| Issue Date: 10/21/2015 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4703469634.000 | 194 NORTH SHADY REST ROAD, STATESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: TROUTMAN FAMILY LTDP RLLLP | Applicant: TROUTMAN REALTY |
| Address: 232 DAVIE AVE<br>STATESVILLE, NC 28677 | Address: 232 DAVIE AVE<br>STATESVILLE, NC 28677 |
| Phone: | Phone: 704-873-5233 |

| Use Requested | Zone Code |
|---|---|
| NEW MODULAR | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .527 | 35.00 | 35.00 | 15.00 | 15.00 | PACL | 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 | 52087 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|