20442 7726

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

8632950.00

$ PAID

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 ✓ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*

___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

George S Dulin — Applicant Name
136 Mott Rd. Mooresville — Mailing Address
704-787-9032 — Home Phone #
Deina 704-239-3693 — Alternate Phone #

Krautman Family LTDP RLLP — Owner Name
232 Davie Ave Statesville — Mailing Address
Home Phone # / Alternate Phone #

4. Property Information:

140 Adkins Ln. — Street Address
Morrow Meadows — Subdivision Name
Lot 30 — Section/Phase and Lot Number

Driving Directions: (R) on G Bagnal - (L) on 70 W - (R) on N. Shady Rest Rd - (R) on Adkins Ln - property on (R)

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(✓) 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 ( ) Other Public Water

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

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

8. 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. 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: Deina Dulin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/1/14
DATE

IREDELL COUNTY HEATLH 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…**
  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:

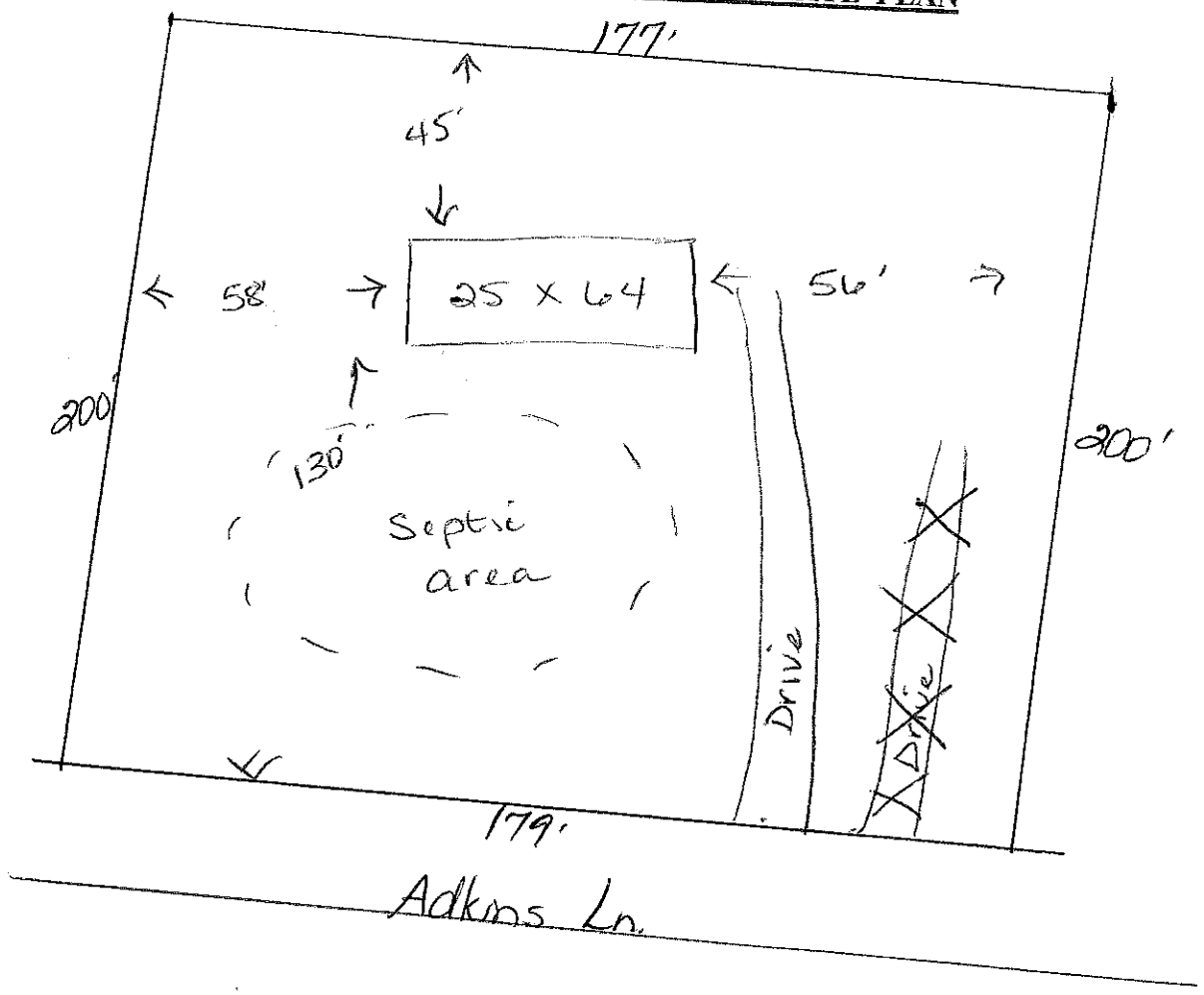
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

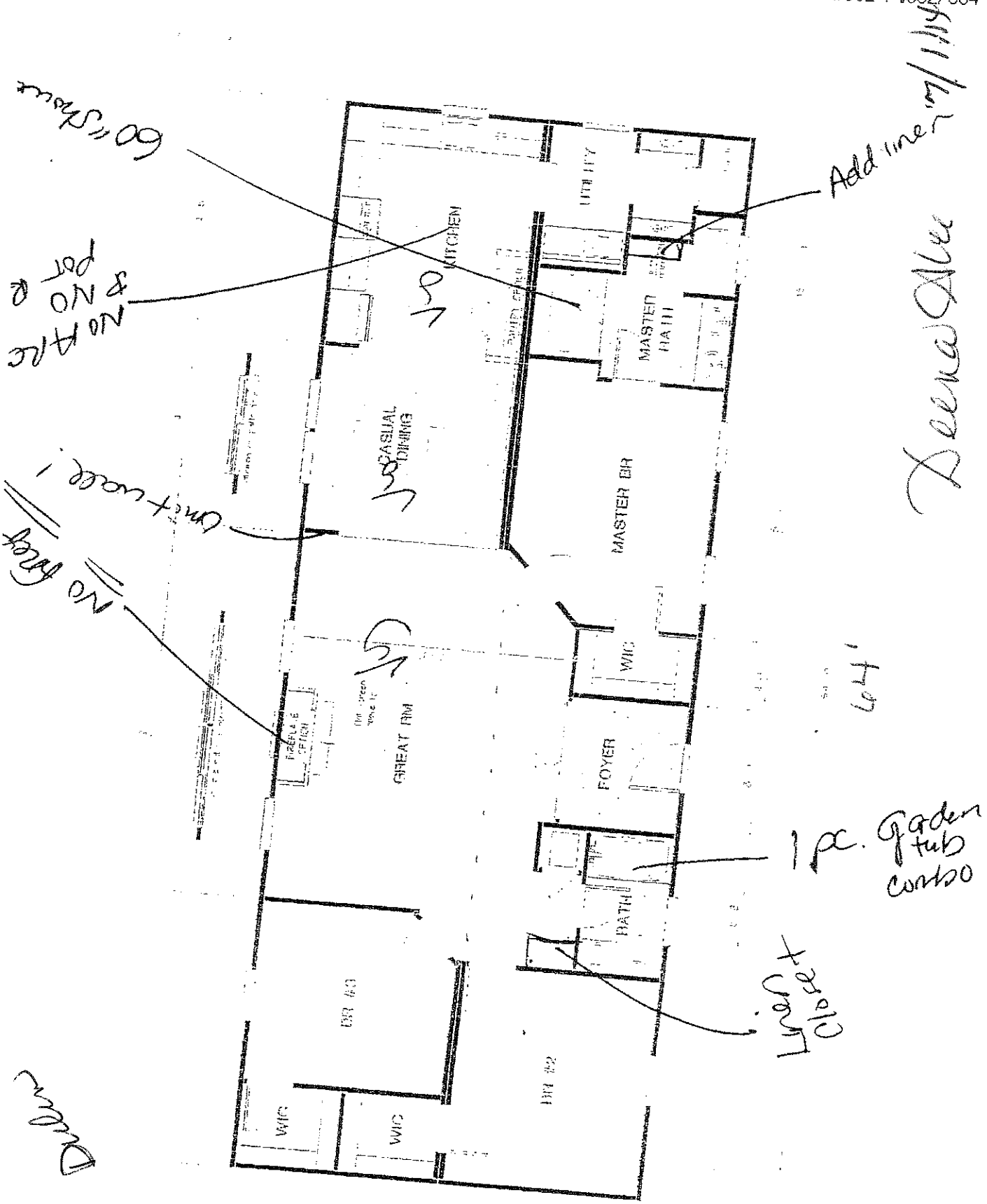
Signature: Dena Abee

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

7/1/14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN




KITCHEN
UTILITY
MASTER BATH
CASUAL DINING
MASTER BR
GREAT RM
FOYER
WIC
BATH
BR #3
BR #2
WIC
WIC

IREDELL COUNTY

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

APPLICATION NUMBER
204422
Issue Date: 07/01/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4703571170.000	140 ADKINS LANE, STATESVILLE, NC 28677	STATESVILLE

Owner Information	Applicant Information
Owner: TROUTMAN FAMILY LTDP RLLLP	Applicant: ABEE'S CLEARING & GRAD
Address: ,	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693

Use Requested	Zone Code
MODULAR HOME	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.818	35.00	35.00	15.00	15.00	PACL	X

Remarks:

500.00 EH
77.25 ZO
577.25

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: Deena McCee Date: 7/1/14

Permit Number	16436	TOTAL FEES:	$ 77.25

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

Lot 31

Sheet 1 of 2
PROPERTY ID #: 4203571
COUNTY: Iredell

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

OWNER: George Dulin
ADDRESS: 1400 Adkins Ln
PROPOSED FACILITY: SFD
LOCATION OF SITE: 70 to Shady Rest to Adkins
WATER SUPPLY: ☒ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 7/11/14
DATE EVALUATED: 08/04/14
PROPERTY SIZE:
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	HS 4%	0-30	Fill		N/A	N/A	N/A	N/A	UNS
		30-62	SC fi	SBk SE					
2	HS 4%	0-62	Fill		N/A	N/A	N/A	N/A	UNS
3	HS 12%	0-11	SCL fr	gr SE	Chroma 2's 43"	PS	N/A	N/A	PS .2
		11-30	C fi	SBk SE					
		30-60	BL fi/l	WABK SE					
			Chroma 7's 43"						
4	LSS 9%	0-8	SCL fr	gr SE	Chroma 2's 30"	PS	N/A	N/A	PS .2
		8-20	SC fi	SBk SE					
		20-65	BL fi/l	WABK SE					
			Chroma 7's 30"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	UNS	UNS
System Type(s)	—	—
Site LTAR	—	—

OTHER FACTORS (.1946): UNS
SITE CLASSIFICATION (.1948): UNS
EVALUATED BY: H. Snow
OTHER(S) PRESENT: J. Henderson
COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Lot 31

PROPERTY ID #: 4702571120
DATE OF EVALUATION: 08/04/14
COUNTY: Iredell

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
5	HS 14%	0-40	Fill	—	N/A	VWS	N/A	N/A	VIIS
		40-65	BC f:l	WABK SE					
6	HS 10%	0-13	BSCL SBK	F. Mod SE	Chroma 2's @ 39"	+64"	+64"	39"	P5 6.2
		13-33	C SBK	F. Mod SE					
		33-64	BC1 Y/B Mottles WABK	F. Mod SE					
7	HS 9%	0-10	BSCL SBK	F. Mod SE	Chroma 2's @ 24"	+64"	+64"	39"	P5 Drip
		10-24	C ABK	F. Mod SE					
		24-64	BC1 WABK	F. Mod					
			Chroma 2's 24-64"						

COMMENTS: