ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-321485

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

PIN # 4711 -- 38 -- 5404

APPLICANT/OWNER: LEROY RITCHIE | APPLICANT ADDRESS: 216 TROUTMAN SHOALS ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 197 TROUTMAN SHOALS ROAD, STATESVILLE, N.C. 28677 | PHONE: 704-880-2229 | ALT. PHONE

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (R) ON TROUTMAN SHOALS, LOT ON (L) | SAP CONTROLLED: [x] YES [ ] NO

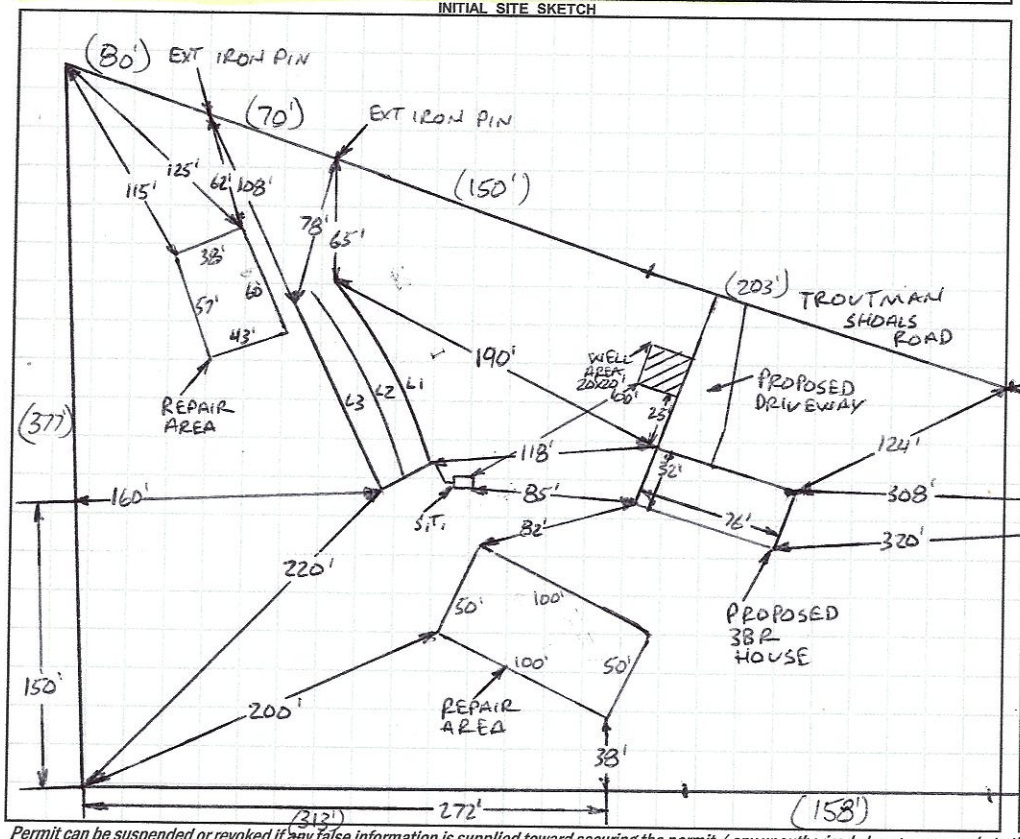
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.68 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275 (0.25) REPAIR

Septic Tank	1000	(gal)	STB 1012	Date	11/15/21	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION		
# Nitrification Fields	1	# Lines	3	Linear Ft	330 FT	Maintenance Agreement Required:	[ ] YES	[x] NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE		

[x] Residence	No. Bedrooms	3	**Water Supply**
[ ] Business	No. Persons	6	[x] Private
[ ] Other	No. Employees	—	[ ] Public
[ ] Slab	[x] Crawl Space		[ ] Community
[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9 FT CENTERS. UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 31 IN MAX TRENCH DEPTH, MAINTAIN 100 FT FROM ALL WELL

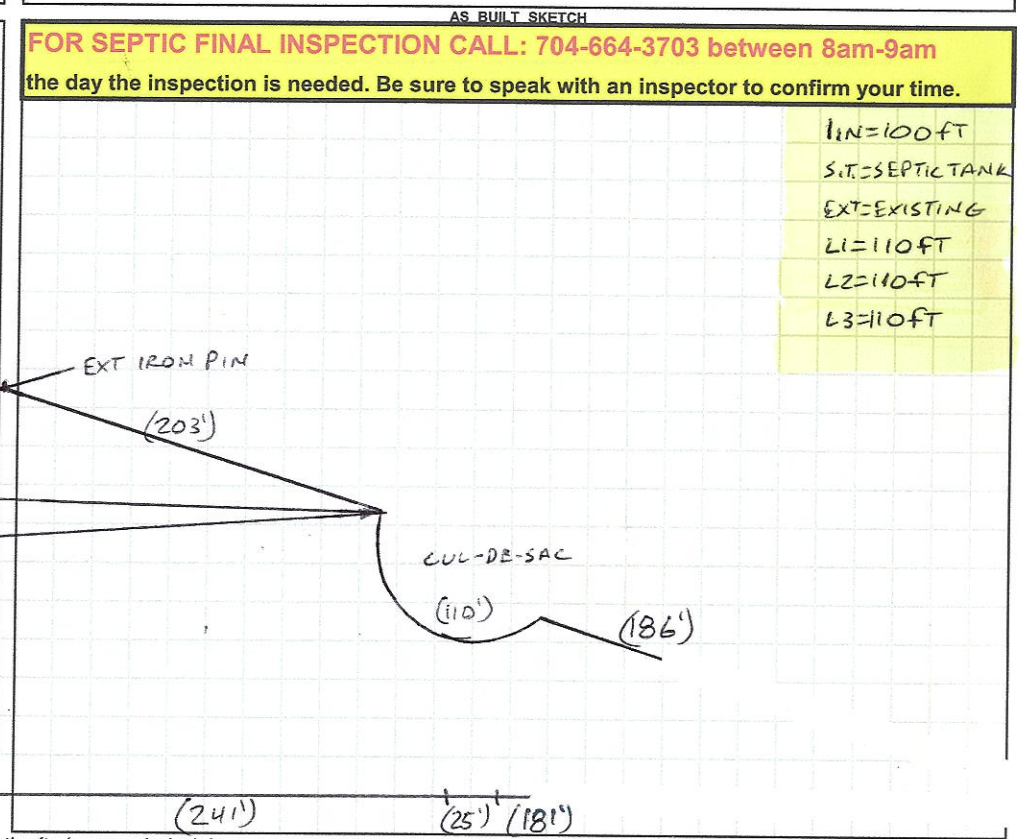
INITIAL SITE SKETCH



AS BUILT SKETCH

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

1 IN = 100 FT
S.T. = SEPTIC TANK
EXT = EXISTING
L1 = 110 FT
L2 = 110 FT
L3 = 110 FT



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.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Leroy L Ritchie | Date: 11-18-21 | Installed by: G and R Dirtwork Leroy J. Ritchie

IMPROVEMENT PERMIT by: Buzzy C. White | Date: 11-17-2021 | OPERATION PERMIT by: Buzzy C. White | Date: 1-28-2022

AUTHORIZATION TO CONSTRUCT by: Buzzy C. White | Date: 11-22-2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

PROPERTY ID #: 4711-38-5460
DATE OF EVALUATION: 10-12-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 5%	0-11	SCL, GR	VFR, SS, SP, SEXP	SAP INC THRU OUT FEW F1-VF1 Y/B MOT 12-29" 10YR6/8 @ 19"	50"+	NT	NA	PS .25
		11-28	C, ABK	F1, S, P, SEXP					
		28-50	CL, WABK	F1, SS, SP, SEXP					
2	LINEAR SIDE 8%	0-7	SCL, GR	VFR, SS, SP, SEXP	SAP INC THRU OUT FEW F1-VF1 Y/B MOT 9"-34" 10YR6/3 @ 27"	52"+	NA	NA	PS .25
		7-32	C, ABK	F1, S, P, SEXP					
		32-52	CL, WABK	F1, SS, SP, SEXP					
3	LINEAR SIDE 9%	0-6	SCL, GR	VFR, SS, SP, SEXP	SAP INC THRU OUT FEW F1-VF1 FEW Y/B 8"-20"	54"	PS II SL	NA	PS .275
		6-24	C, ABK	F1, S, P, SEXP					
		24-34	CL, WABK	FR, SS, SP, SEXP					
		34-52	SAP, MAS	FR, NS, NP, SEXP					
4	LINEAR SIDE 10%	0-10	SCL, GR	VFR, SS, SP, SEXP	SAP INC THRU OUT FEW F1 FEW Y/B 11"-22"	48"	NA	NA	PS .275
		10-31	C, ABK	FR, SS, SP, SEXP					
		31-48	CL, WABK	FR, SS, SP, SEXP					

COMMENTS:

BW

RECEIVED SEP 1 5 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-321485 $500.00

Application For:

(✓) New Well Permit
(✓) Septic Improvement Permit (No floorplan submitted with App.)
( ) Authorization to Construct (Floorplan submitted with App.)
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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: *Place an (X) 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

Applicant Information: (PRINT CLEARLY)

Applicant Name: LeRoy Ritchie Address: 216 TRoutman Shoals Rd Zip: 28677
Applicant Email: Sonrise elec 22e yahoo.com Phone: 704-880-2229 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: Same as above. Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 197 TRoutman Shoals Rd.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Buffalo Shoals Rd to TRoutman Shoals Rd - end of the Road on left

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

(✓) 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 3 bath 11-10-21
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____
Year existing system installed: _____

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: LeRoy Ritchie
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-15-21
DATE

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)* Jeby Rutt

Applications for permits require the "s gnature 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, Jeby Rutt - Laura Rutt, am the legal owner(s) of the property located at 197 Troutman Shoals Rd, identified as PIN (Parcel Identification Number) 4711-38-5404, 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.

Jeby Rutt
Signature of Owner(s)

9-15-21
Date

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

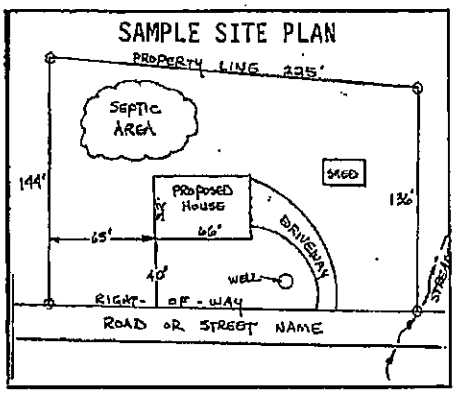
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

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

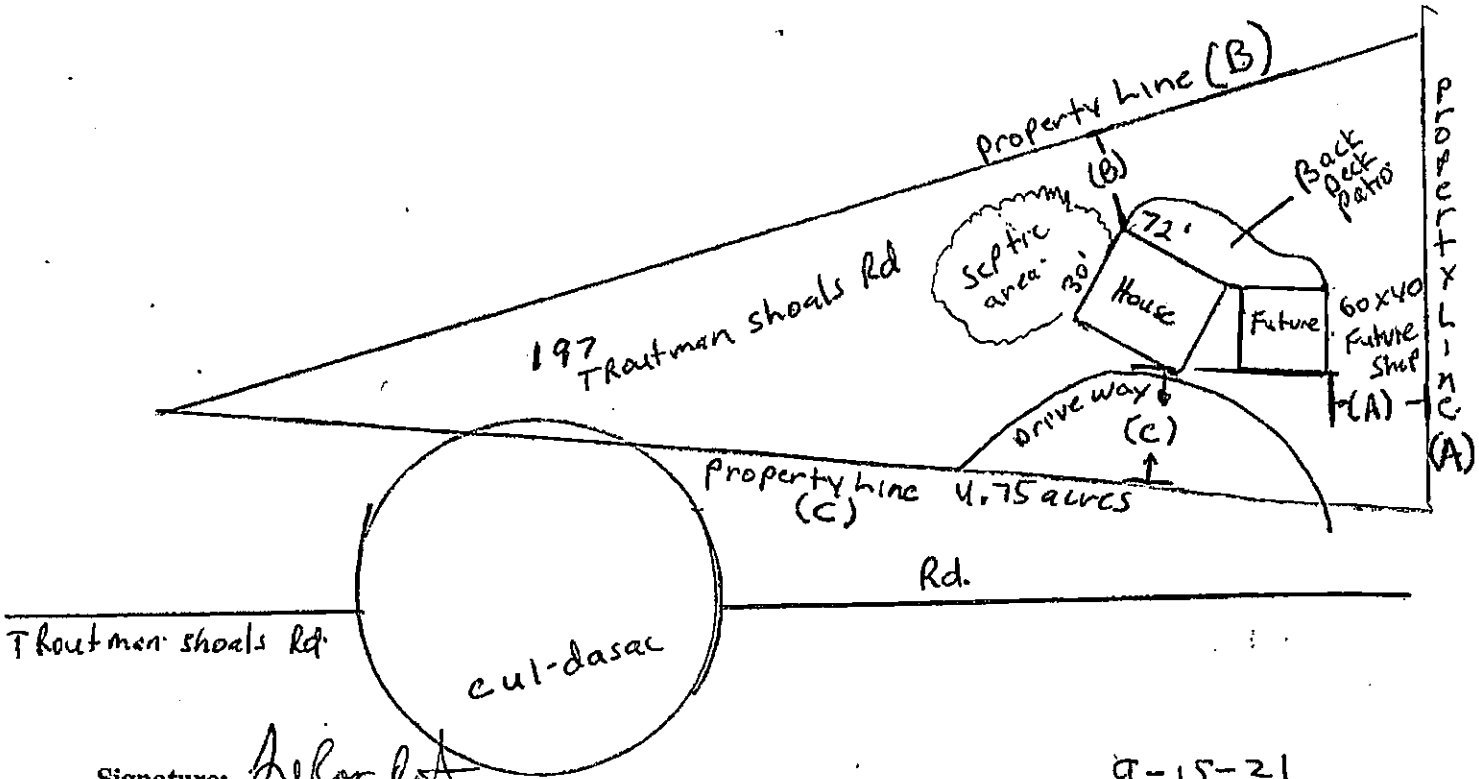
Circle N/A on the following if appropriate:

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

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

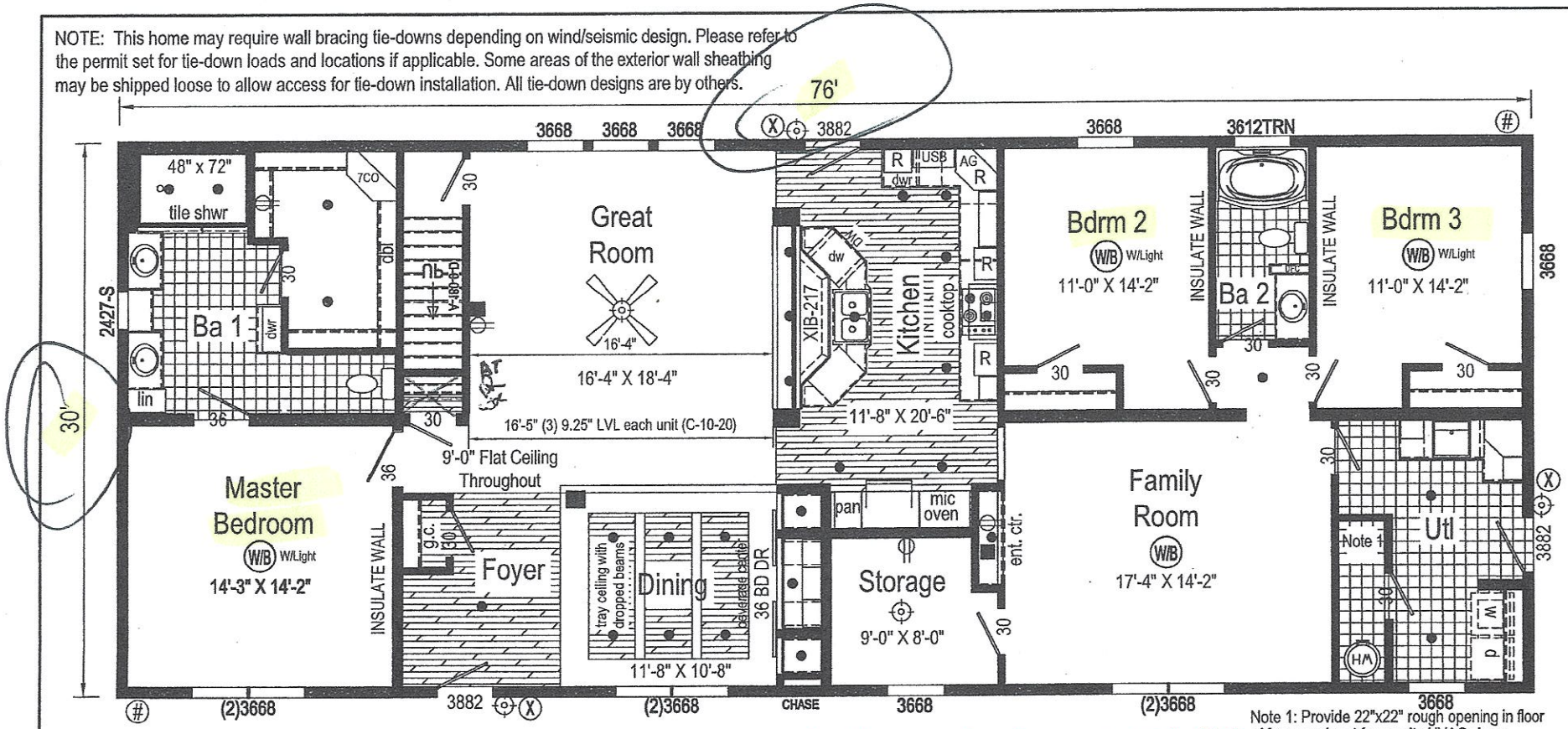
property Line A to shop 120'
property Line B to house 180'
property Line C to house 120' +-



Signature: Jeffrey Rost
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-15-21
DATE

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



LEGEND

W/B =WIRE AND BRACE | =STANDARD FAN | =FLOOD LIGHT | # =HOSE BIBB | X =EXT GFCI | X =EXT GFCI UNDER LIGHT | =BATH LIGHT/FAN COMBO | =VENTILATION FAN

=STANDARD LIGHT | R =RECESSED CAN LIGHT | T =THERMOSTAT | =PHONE JACK | =TV JACK | J =JUNCTION BOX | F =FIRE EXTINGUISHER

IMPORTANT NOTES:

1. LOCATIONS OF RECEPTS / LIGHTS / SWITCHES / FANS / FLOOR AND CEILING REGISTERS ARE SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE, DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

Note 1: Provide 22"x22" rough opening in floor of furnace closet for on-site HVAC chase with std. return air in ceiling and 18" flex duct run into ceiling for furnace closet with 45amp breaker and 6-6-8 wire run below floor under panel box location for on site furnace. Run wire under floor for on-site exterior GFCI receptacle under panel box location.

Acknowledgement Of Plans Submittal ONLY!

Date _____

Bryant C. Wilson Date 11-22-2021

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Home Owner: _____ Date: 5-7-21

Laurie Ritchie Date: 5-7-2021

Retailer: Cathy Tilly Date: 5-7-2021

1R2203-V51 3276 Approx. 2280 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3276	Revisions	Scale: 1/8" = 1'-0"	Date: 05/05/2021	Cust: RITCHIE	Model/Eng. No.: 1R2203-V51
Title: Literature		Drawn By: RR	Reference: NONE		Dlr: SELECT HOMES S/N: .	Pg.: LIT

IREDELL COUNTY · NC

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

APPLICATION NUMBER
321485 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711385404.000	197 TROUTMAN SHOALS RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: RITCHIE LEROY J+LAURIE E	Name: RITCHIE LEROY J+LAURIE E
Address: 216 TROUTMAN SHOALS	Address: 216 TROUTMAN SHOALS
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone: (704)880-2229	Phone: (704)880-2229

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.68	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR HOME

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.

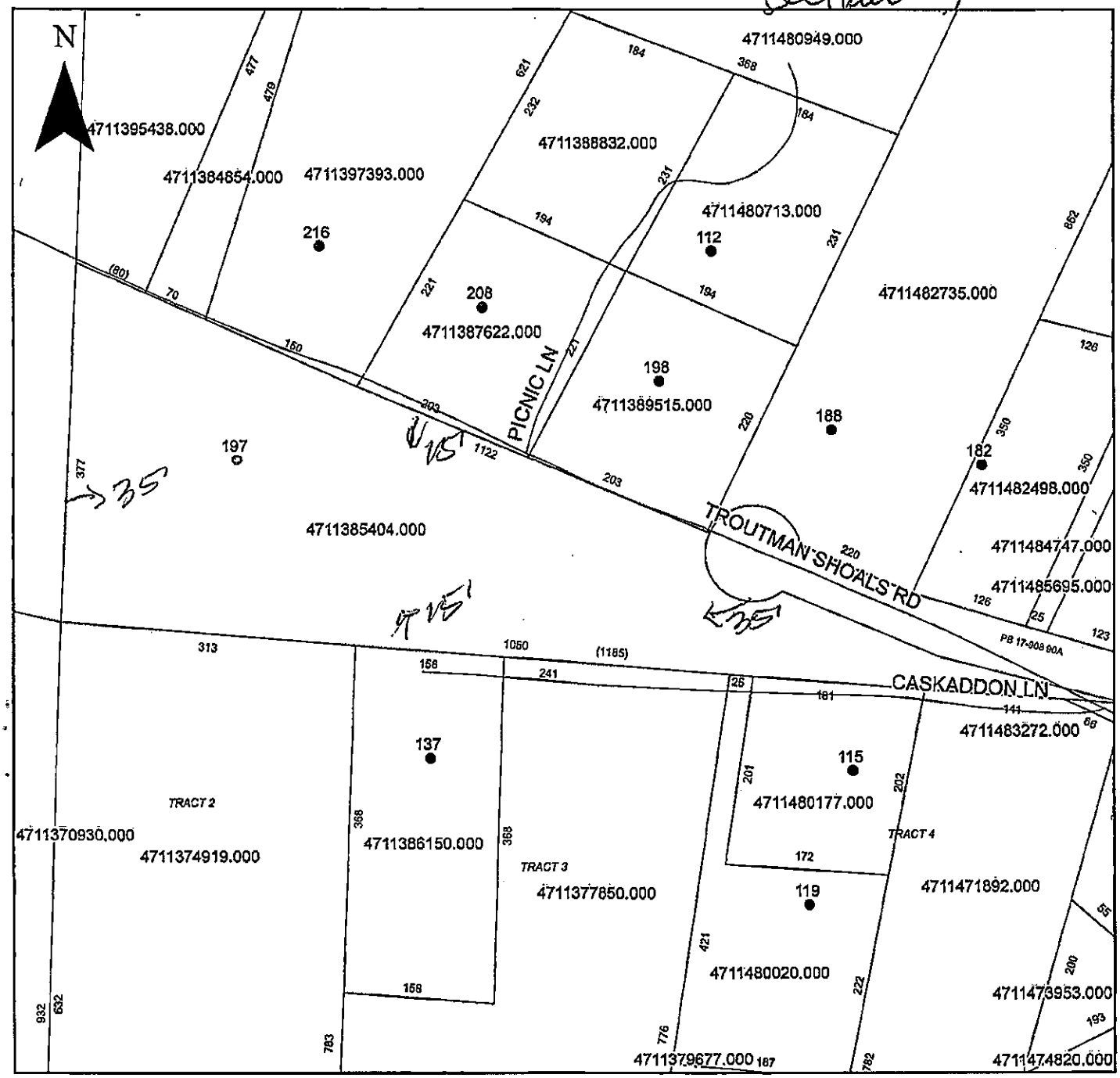
Date: 09/15/2021

Signature of Owner/Contractor

Permit Number	321485	TOTAL FEES:	$77.25

ZONING DISCLAIMER

32145 Setbacks per LM.



Property Address 197 Troutman Shoals

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. Applicant further acknowledges that the 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.

LeRoy MA

Applicant

9-15-21

Date