IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 30108

PIN # 4711453495

APPLICANT/OWNER: Doug Schotte

APPLICANT ADDRESS: 118 Shenandoah Loop Troutman

SITE ADDRESS: 159 Laurel Cove Road Troutman NC Stat 28677

PHONE: 704-650-8151 ALT. PHONE 704 929-5726

SITE DIRECTIONS: Buffalo Shoals Ch L on Laurel Cove Rd Lot on L

SUBDIVISION: Buffalo Shoals Park

SECTION: - LOT # 29 LOT AREA: .5 Acre

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .3

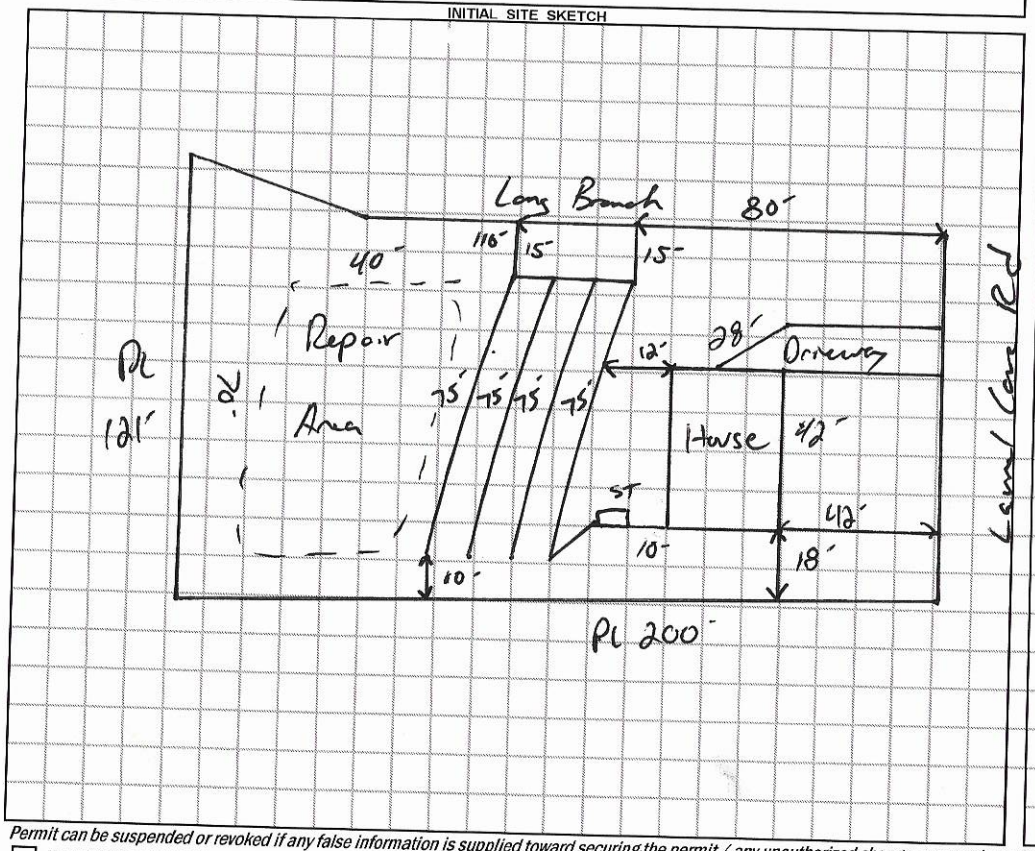
Septic Tank	1000 (gal)	STB	700	Date	11-2-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

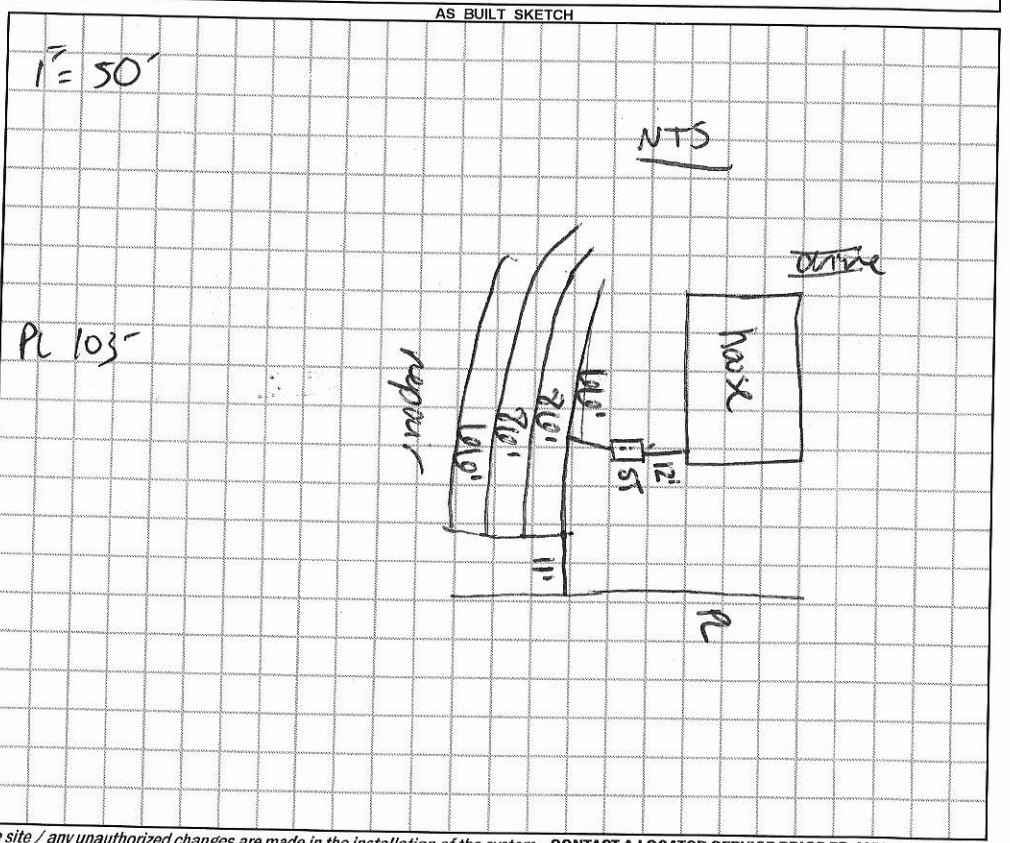
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land and use serial distribution.

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: 11-7-19

IMPROVEMENT PERMIT by: [signature] Date: 11-7-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-7-19

Installed by: Stutts Grading

OPERATION PERMIT by: Carla C. Nicks Date: 3-2-20

Existing System Inspected by: Date:

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.

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

Sheet 1 of 1
PROPERTY ID #: 471453485
COUNTY: Iredell

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

OWNER: Doug Schottle
ADDRESS: 154 Land Cove
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 104 Land Cove Rd
APPLICATION DATE 9-20-19
DATE EVALUATED: 10-20-19
PROPERTY SIZE: -
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS 4-5%	0-6	SBK SCL	Fr SSSPSemp	N/A	48+	N/A	N/A	PS .3
		6-32	SBK C	Fr SSSPSemp					
		32-48	SBK CL	Fr SSSP Semp					
2	SS 4-5%	0-6	SBK SCL	Fr SS SP Semp	N/A	48+	Sap Inc @ 42"	N/A	PS .3
		6-32	SBK C	Fr SS SP Semp					
		32-48	SBK CL	Fr SSSP Semp					
R 3	4-5% SS	0-6	SBK SCL	Fr SS SP Semp	N/A	48+	N/A	N/A	PS .3
		6-24	SBK C	Fr SCSP Semp					
		24-48	SBK CL	Fr SSSP Semp					
R 4	4-5% SS	0-6	SBK SCL	Fr SSSP Semp	N/A	48+	N/A	N/A	PS .3
		6-32	SBK C	Fr SSSP Semp					
		32-48	SBK CL	Fr SSSP Semp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25% Reduction	25% Reduction
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

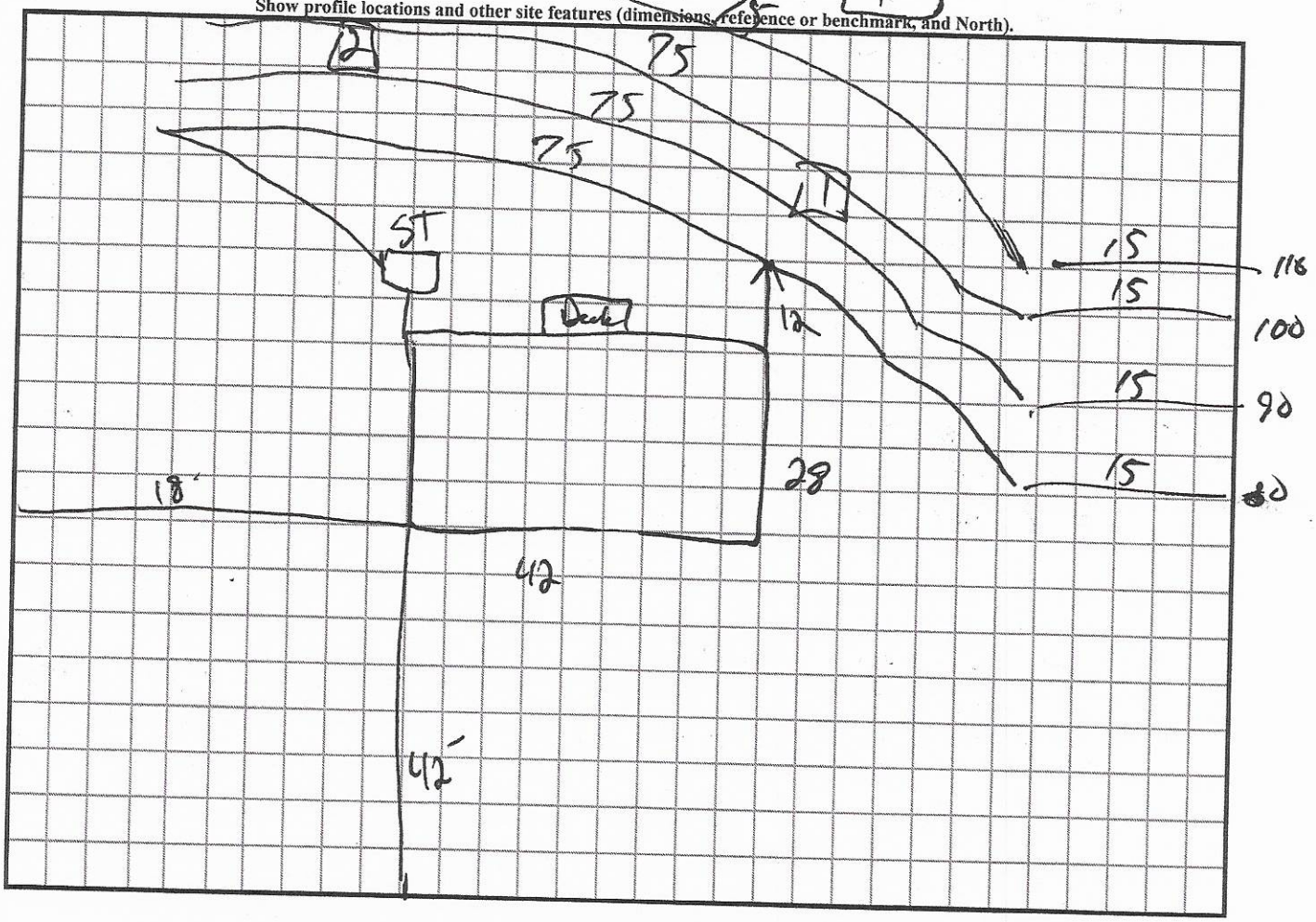
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



not marked 9-27

AP 301081

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH $500

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: (PRINT CLEARLY)

Applicant Name: Doug Schotte **Address:** 118 Shenandoah Loop Troutman, NC **Zip:** 28166
Applicant Email: dschotte@ymail.com **Phone:** 709-650-8151 **Alt. Phone:**
Owner Name: Gisela Dunn **Address:** 181 Longbranch Rd **Zip:** 28677
Owner Email: None **Phone:** 704-929-5726 **Alt. Phone:**

Property Information:

Street Address: 159 Laurel Cove Rd
Subdivision Name: Buffalo Shoals Park **Section/Phase:** 1 **Lot Number:** 29
Driving Directions: Buffalo Shoals west TL on to Laurel Cove Rd. Lot on left corner of Laurel cove Rd & Longbranch Rd.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) 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 ( ) Existing Well (X) 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 (X) 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: Doug Schotte 9-20-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

OFFER TO PURCHASE AND CONTRACT - VACANT LOT/LAND
[Consult "Guidelines" (form 12G) for guidance in completing this form]

: This contract is intended for unimproved real property that Buyer will purchase only for personal use and does not have immediate plans to subdivide. It should not be used to sell property that is being subdivided unless the property has been platted, properly approved and recorded with the register of deeds as of the date of the contract. If Seller is Buyer's builder and the sale involves the construction of a new single family dwelling prior to closing, use the standard Offer to Purchase and Contract New Construction (Form 800-T) or, if the construction is completed, use the Offer to Purchase and Contract (Form 2-T) with the New Construction Addendum (Form 2A3-T).

For valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Buyer offers to purchase and Seller upon acceptance agrees to sell and convey the Property on the terms and conditions of this Offer To Purchase and Contract and any addendum or modification made in accordance with its terms (together the "Contract").

1. **TERMS AND DEFINITIONS**: The terms listed below shall have the respective meaning given them as set forth adjacent to each term.

(a) **"Seller"**: Gisela S Dunn

(b) **"Buyer"**: Douglas Matthew Schotte

(c) **"Property"**: The Property shall include all that real estate described below together with all appurtenances thereto including the improvements located thereon

: If the Property will include a manufactured (mobile) home(s), Buyer and Seller should consider including the Manufactured (Mobile) Home provision in the Additional Provisions Addendum (Standard Form 2A11-T) with this offer.

Street Address: 29 Lon branch rd
City: Statesville Zip: 28677
County: Iredell , North Carolina

: Governmental authority over taxes, zoning, school districts, utilities and mail delivery may differ from address shown.

Legal Description: (Complete *ALL* applicable)
Plat Reference: Lo Unit L29 Block/Section Subdivision/Condominium
as shown on Plat Book/Slide _____ at Page(s) _____
he PIN/PID or other identification number of the Property is 4 11-4 -349
Other description. L29 Buffalo Shls PK PB 1 0 61
Some or all of the Property may be described in Deed Book _____ at Page _____

(d) **"Purchase Price"**:

$18,000	paid in U.S. Dollars upon the following terms:
$0	BY DUE DILIGENCE FEE made payable and delivered to Seller by the Effective Date
$500	BY INITIAL EARNEST MONEY DEPOSIT made payable and delivered to Escrow Agent named in Paragraph 1(f) by ☐ cash ☑ personal check ☐ official bank check ☐ wire transfer, ☐ electronic transfer, EITHER ☑ with this offer OR ☐ within five (5) days of the Effective Date of this Contract.
$0	BY (ADDITIONAL) EARNEST MONEY DEPOSIT made payable and delivered to Escrow Agent named in Paragraph 1(f) by cash, official bank check, wire transfer or electronic transfer no later than 5 p.m. on _____ ***TIME BEING OF THE ESSENCE.***
$0	BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum (Standard Form 2A6-T).
$0	BY SELLER FINANCING in accordance with the attached Seller Financing Addendum (Standard Form 2A5-T).
$17,500	BALANCE of the Purchase Price in cash at Settlement (some or all of which may be paid with the proceeds of a new loan)

Should Buyer fail to deliver either the Due Diligence Fee or any Initial Earnest Money Deposit by their due dates, or should any

REALTOR®
This form jointly approved by:
North Carolina Bar Association
North Carolina Association of REALTORS, Inc.
EQUAL HOUSING OPPORTUNITY

Buyer's initials DMS 08/06/19 9:31 PM EDT ____ Seller's initials GD ____

STANDARD FORM 12-T
Revised 7/2019
© 7/2019

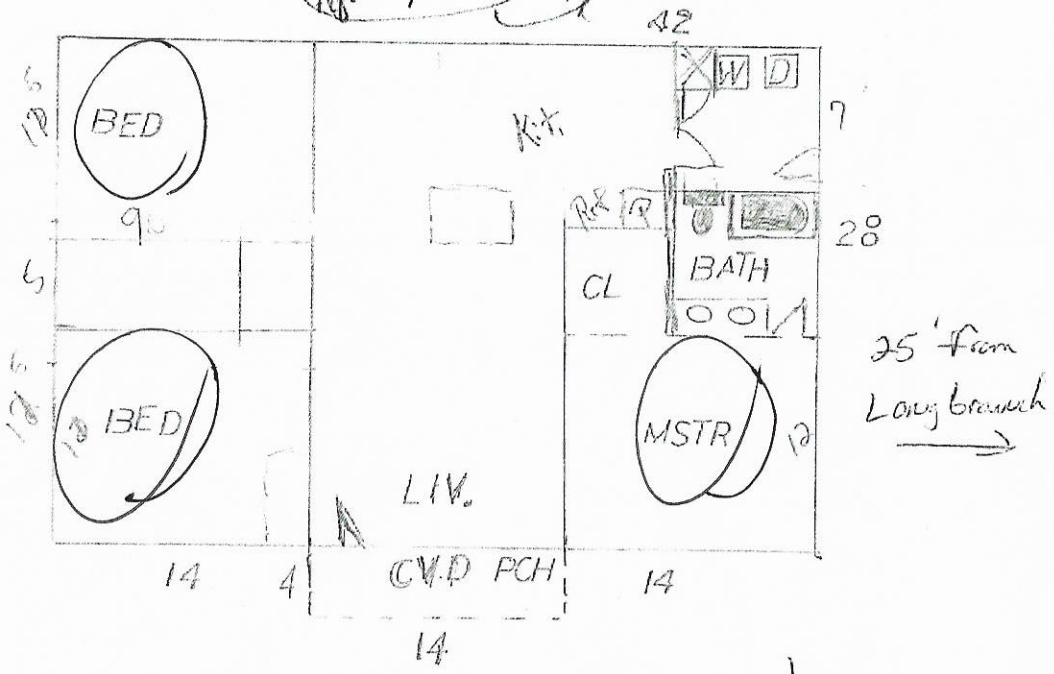
159 Laurel Cove Rd.

Unlisted
Lot 28 Longbranch Rd
4711-45-3294

Listed
Lot 29 Longbranch Rd
4711-45-3495

Spoke with Rashia 9-9-19
Aqua America
1-877-987-2782

Works with Aqua N.C. 704-655-6963



Comm. Well?
How it works
How much to tap
Is a tap already on land

48 ft from Laurel Cove

Listing Realtor - Grace Cunningham
Cell # 704-929-5726

Acknowledgement Of Plans Submittal ONLY!
Date 9-20-19
Date 11-7-19

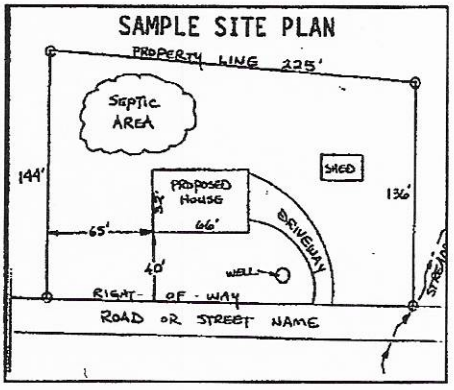
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- N/A ( ) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

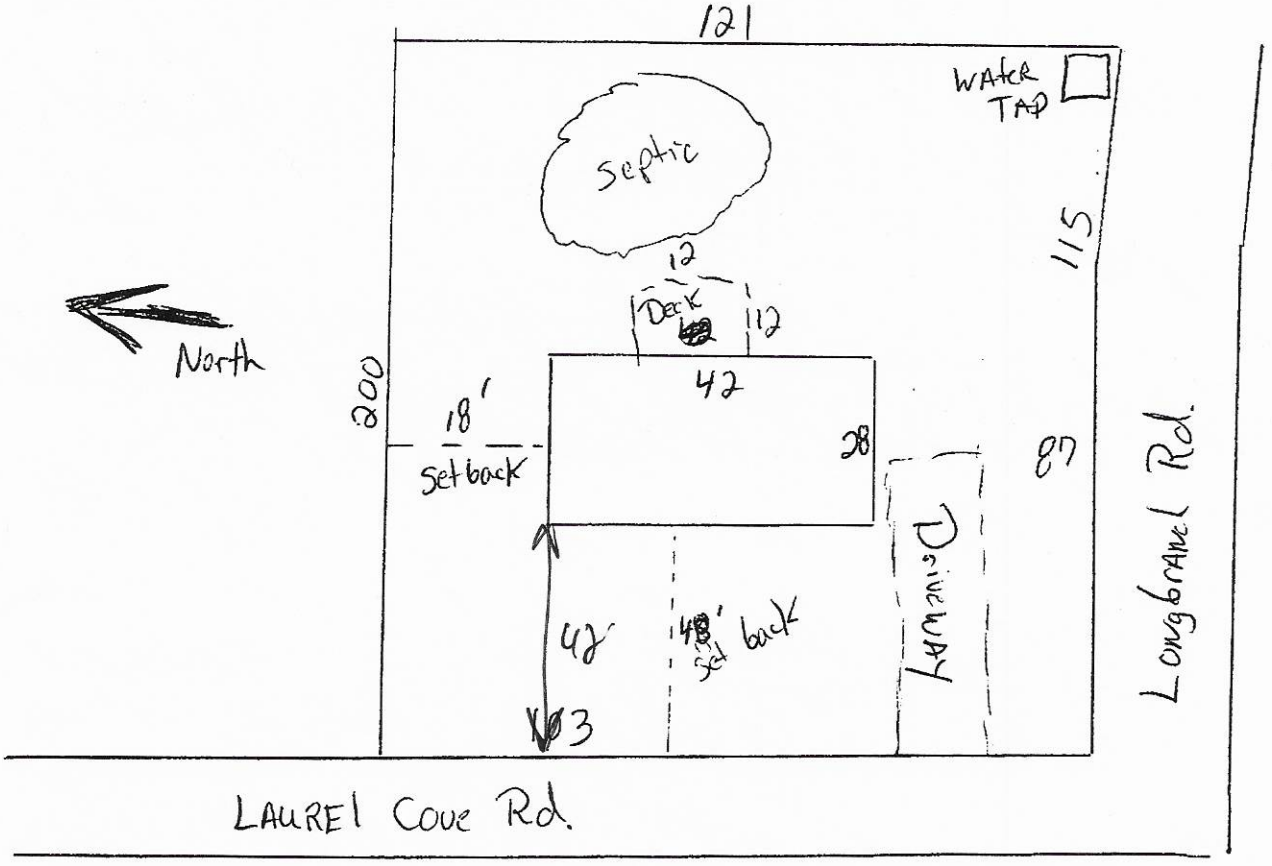


Circle N/A on the following if appropriate:

- 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



Signature: _____ 9-20-19

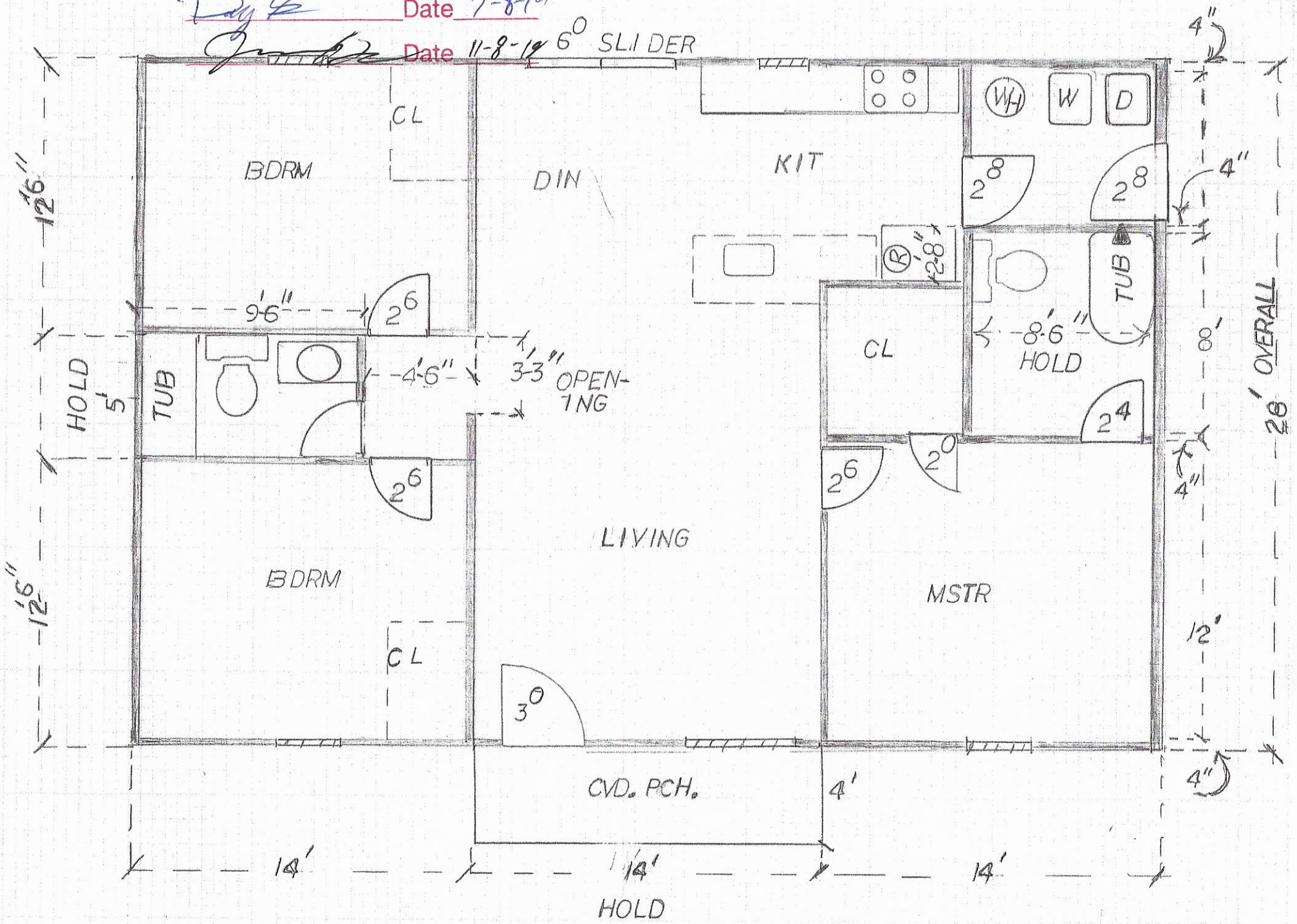
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Acknowledgement Of
Plans Submittal ONLY!

Day [illegible] Date 7-8-19

[illegible] Date 11-8-19

159 Laurel Cove Rd



IREDELL COUNTY · NC

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

APPLICATION NUMBER
301081 Issue Date: 09/20/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4711453495.000	159 LAUREL COVE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: DUNN GISELA S	Name: SCHOTTE DOUGLAS M
Address: 181 LONGBRANCH RD	Address: 118 SHENANDOAH LOOP
STATESVILLE, NC 28677	TROUTMAN, NC 28166
Phone:	Phone: (719)650-8151

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	25	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 09/20/2019

Permit Number	000351

TOTAL FEES:	$77.25