IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21527S

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM M.A.D. PIN # 4711478706 ✓

APPLICANT/OWNER: Joey Smith APPLICANT ADDRESS: 133 Deal Ln Statesville, NC

SITE ADDRESS: 141 Trotman Shoals Rd - Stat. PHONE: 7049022818 ALT. PHONE 704 252-6879

SITE DIRECTIONS: Buffalo Shoals Rd towards Catawba Co TR Trotman Shoals Rd on left SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: Trotman Trace II SECTION: -1- LOT # 6 LOT AREA: .66 ac DESIGN FLOW: 300gpd L.T.A.R.:

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft 330+
Trench Width Existing Trench Bottom Depth(Low side) Gravel Depth 12"

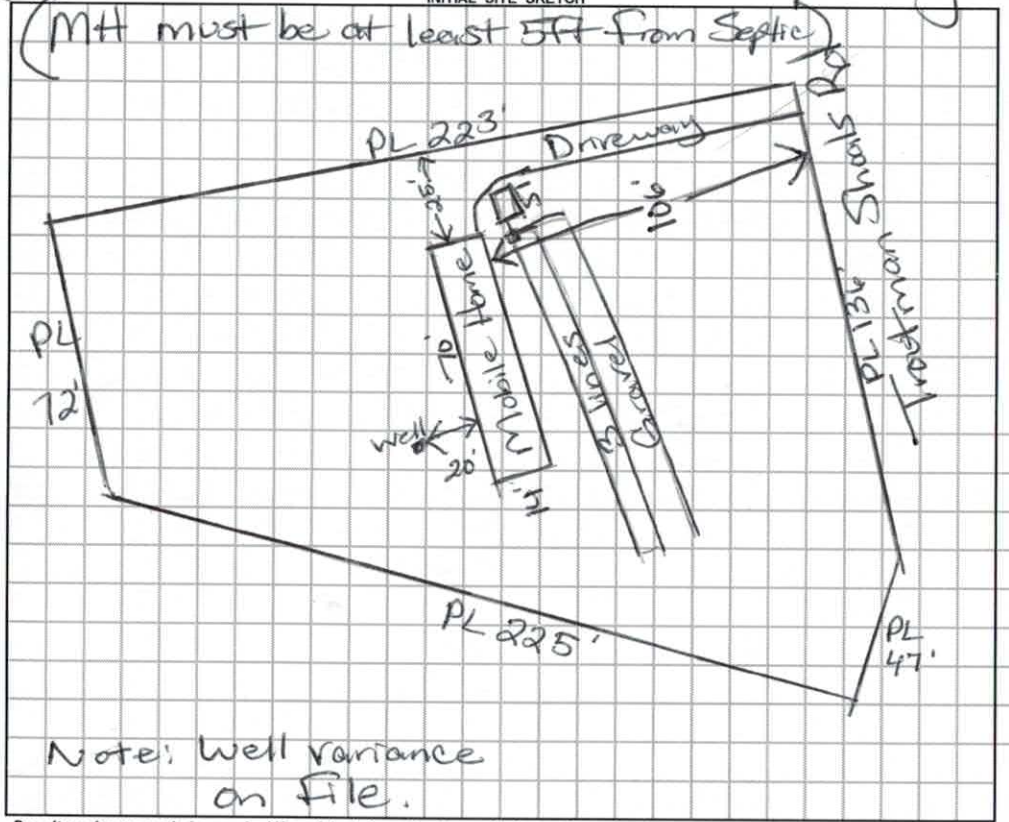
☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: Existing Gravity Conventional
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private Existing
☐ Public
☐ Community

Comments / Conditions: Existing Septic System appears to be functioning OK at the time of the inspection.
*Note: Septic System originally designed for 3 Bedrooms, however new MH only has 2 bedrooms.
*No Vehicular Traffic over Septic System.

INITIAL SITE SKETCH



Note: Well variance on file.

AS BUILT SKETCH

Scale 1:50

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: Date: 7-20-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 7/11/17

RECEIVED JUN 2 9 2017

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) Pd $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct (X) Existing System Inspection

#215275

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 #
Joey Smith	133 Deal In Statesville	704-902-2818	704-252-6879
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Joseph Elizabeth Smith	133 Deal In Statesville	704-902-2818	704-252-6879

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
141 Trautman Shoals RD		6

Driving Directions: Buffalo Shoals toward Catawba. Turn Right on Trautman Shoals Rd. 1/10 mile on left in turn.

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

( ) 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 2
Maximum Number of Occupants 4
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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

9. Signature: _____ 6-28-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Richard O. Brajer
Secretary

Daniel Staley
Division Director

Onsite Water Protection Branch
January 12, 2016

Deborah Goforth
141 Troutman Shoals Rd
Statesville, NC 28677

Re: Approval No. JMB707

Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
141 Troutman Shoals Rd
Statesville, NC 28677

Dear Ms. Goforth;

On January 8, 2016 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that is proposed to serve a single family dwelling. A home is planned for the property that will be within twenty-five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty five foot setback would be difficult given the challenges of the property.

Based upon information provided by you and Iredell County Health Department, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
2) No potential sources of groundwater contamination shall be stored near the well-head.
3) No termite treatment shall be applied within twenty-five feet of the well unless alternative methods are approved by the Iredell County Health Department.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335..

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

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:

X Property Line measurements are clearly identified... **X 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

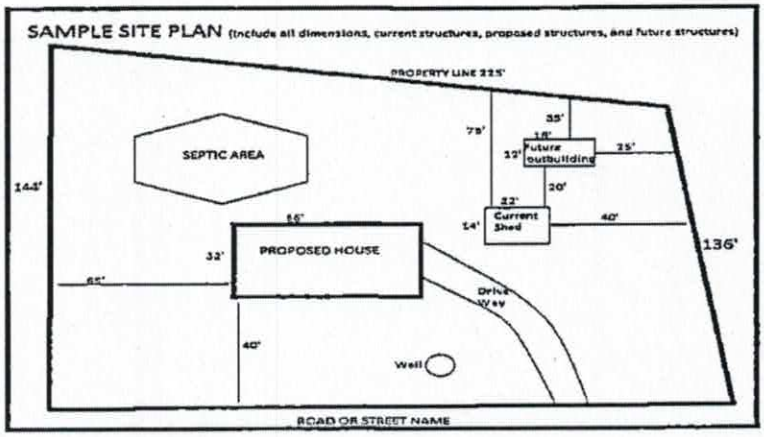
____ Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

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

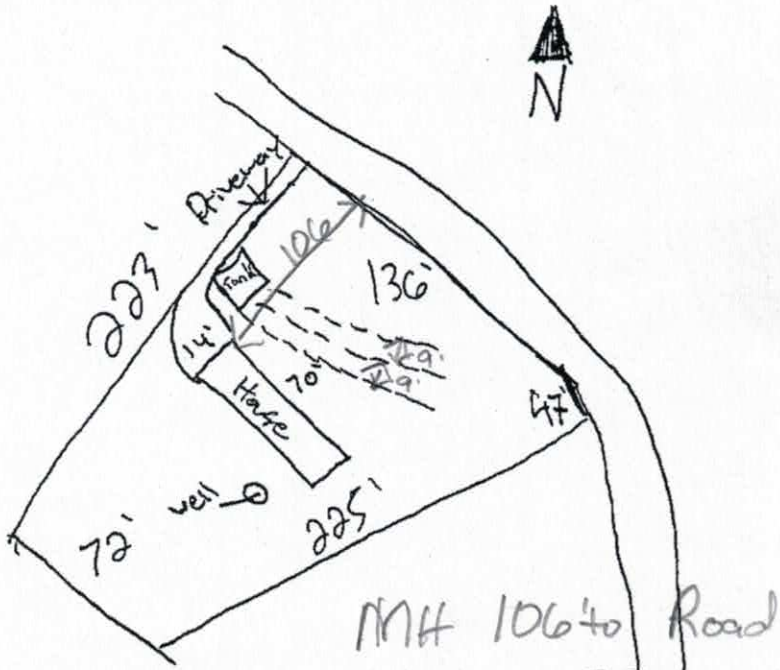
Circle N/A on the following if appropriate:

____ 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



ST 15' to side line
MH ~ 25'

Top Drain line 96' from Rd 2nd 88' to Rd

MH 106' to Road
10' above ST

MH 20' to well

Signature: _____ 6-28-17

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

12000.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR MIKE MAYBERRY DATE 10-16-90 PERMIT NO. 32-4-A-90

PHONE: Business _____ Home _____

LOCATION Buffalo Heights west - past Pinewild Apt. R on dirt rd. across from Taylor rd. Pl. - go to end of rd. turn left - 1st lot on left. S. R. No. _____

SUBDIVISION NAME TRAUTMAN TRACE II LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Sandy Loam Suitable.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 1 in 4 ft

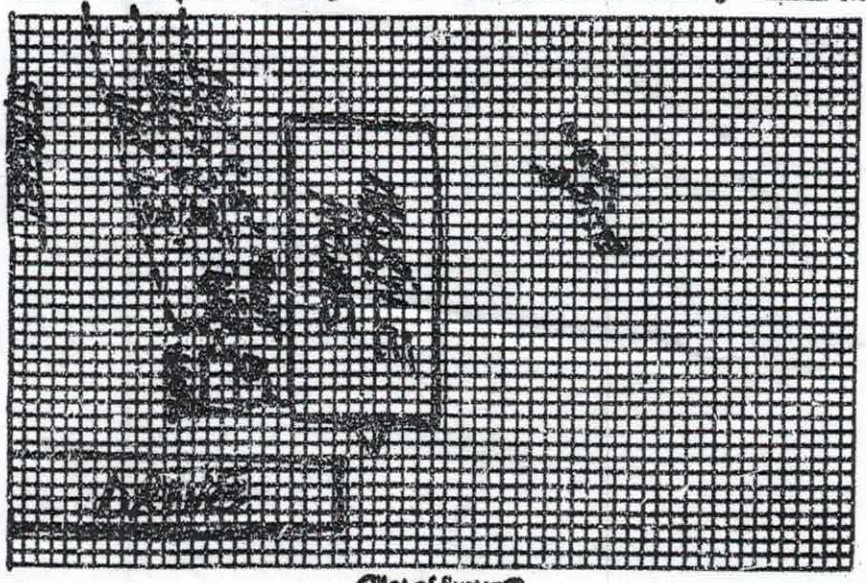
Auto. Dishwasher Yes ( ) No (✓) Topography Level

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 30"

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None observed.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 270 Linear Ft. 350
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wes Lytton

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-16-90

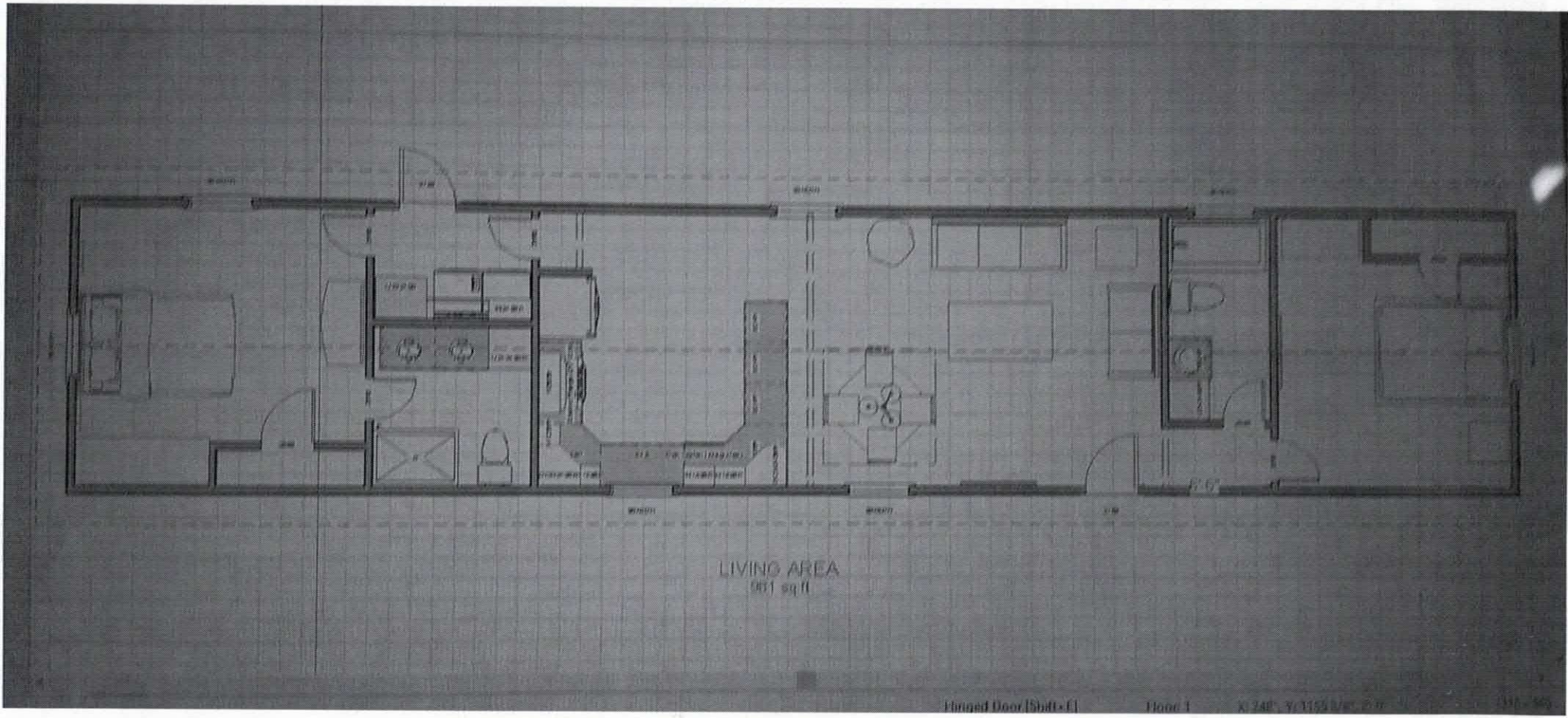
EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Joey Smith
141 Trotman Shoals Rd.



Acknowledgement of
Plans Submittal ONLY!

Date 7/11/17

Date 7-28-17

IREDELL COUNTY

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

APPLICATION NUMBER
215275
Issue Date: 06/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4711478706.000	141 TROUTMAN SHOALS ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GOFORTH DEBORAH C	Applicant: GOFORTH DEBORAH C
Address: C/O ROBERT GOFORTH 193 BEULAH RD STATESVILLE, NC 28677	Address: C/O ROBERT GOFORTH 193 BEULAH RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
PLACING SW WHERE THERE USED TO BE A SW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	35.00	15.00	15.00	PACL	X

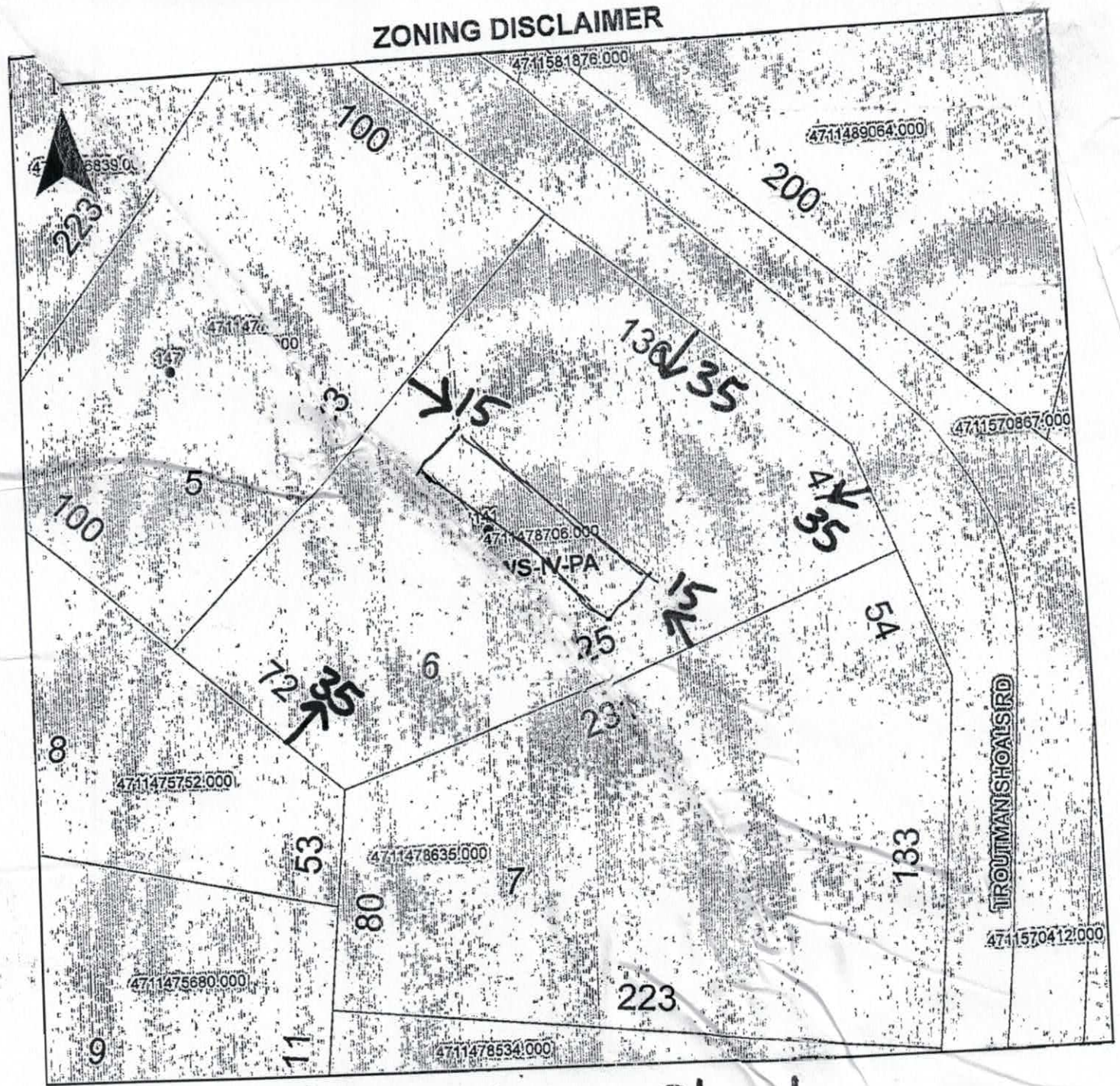
Remarks:

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	107728	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 141 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.

X _____

Applicant

X 6-29-17

Date