BLDR-2023-1614

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324369

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

PIN # 4722 -- 84 -- 3380

APPLICANT/OWNER: Alexander Woods APPLICANT ADDRESS: 240 Guy Farm LN Statesville 28625

SITE ADDRESS: 140 Trotman Farm Road PHONE: 704-450-7405 ALT. PHONE 704-902-4215

SITE DIRECTIONS: Old Mountain Road Ron Trotman Farm Road SAP CONTROLLED: ☐ YES ☒ NO

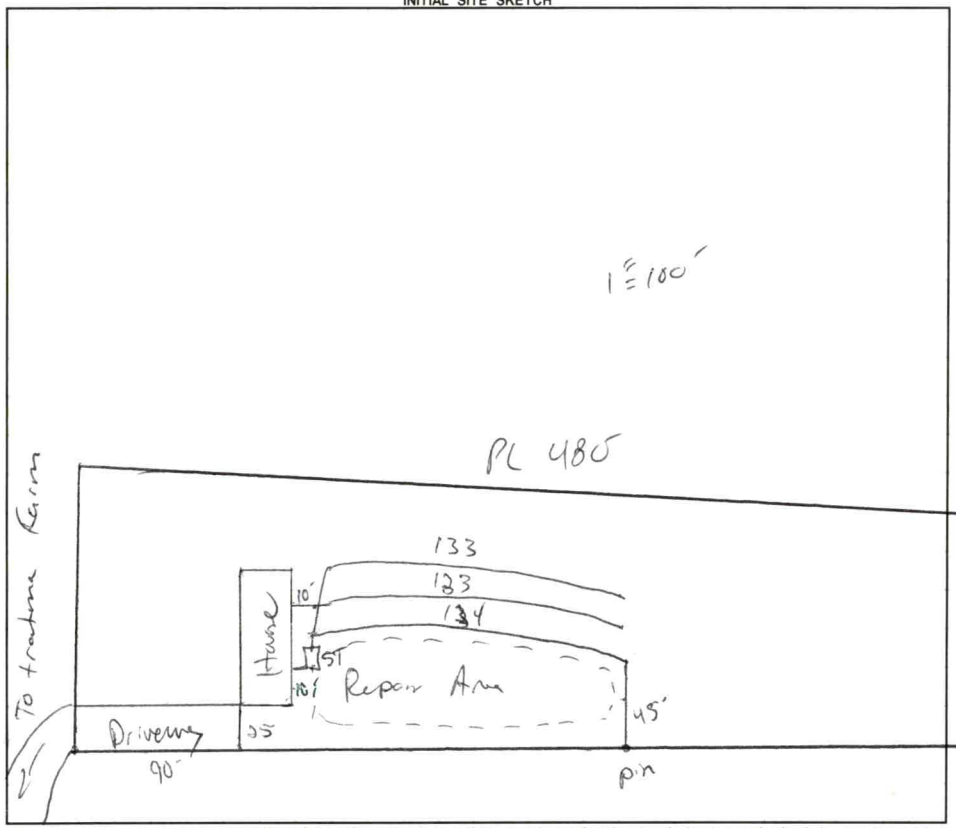
SUBDIVISION: - SECTION: - LOT # 1 LOT AREA: 1.5 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 1012	Date 1-23-23	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 2S2 Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: 2SS Reduction Pm		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(~~Low side~~) Max 36"		Gravel Depth -	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Contour of land, use serial distribution, well is off property on adjacent land, 480' property line needs to be marked at time of inspection

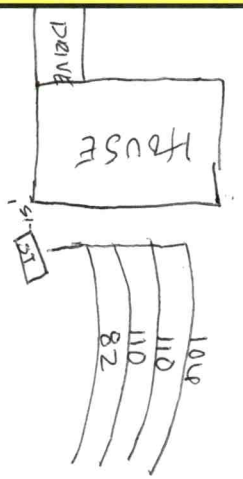
Recorded 7/14/22 BK 77 PG 63

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.



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: 3-24-22 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 3-14-2022 OPERATION PERMIT by: Sydney Hulland Date: 4/11/23

AUTHORIZATION TO CONSTRUCT by: Date: 2/8/23 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Alex Woods
ADDRESS: 290 gray Farm
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 140 Tratman Farm
APPLICATION DATE 1-4-22
DATE EVALUATED: 3-11-22
PROPERTY SIZE: 1.5 A
PROPERTY RECORDED: ☐

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) .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	2-4% SS	0-14	STSL SCL	FrSSSPSmP	Few YB mottles	48+	N/A	N/A	PS .25
		14-30	ABK C						
		30-48	SPX CL						
2	3-4% SS	0-10	SCL STSL		N/A	48+	N/A	N/A	PS .3
		10-23	C SPX						
		23-40	CL STSL						
		40-48	SAP						
3	SS 3-4%	0-8	STSL SCL		N/A	48+	N/A	N/A	PS .3
		8-34	STX C						
		34-48	SPX CL						
4	SS 3-4%	0-8	STSL SCL		N/A	48+	N/A	N/A	PS .3
		8-24	SCL C						
		24-48	STSL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	480'
System Type(s)	2S	2S
Site LTAR	.3	.25

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	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.

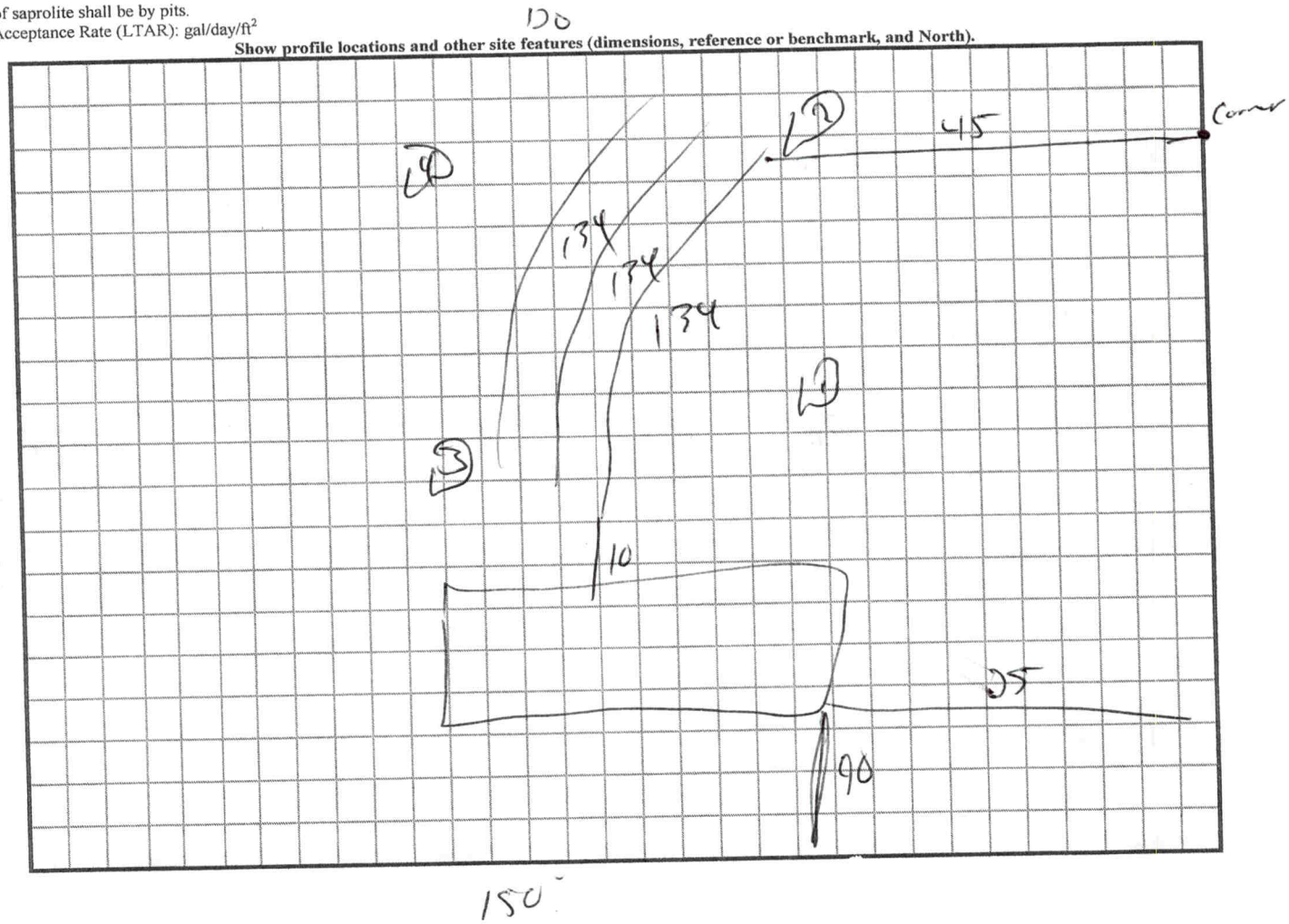
NOTES

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).



4

#13

RECEIVED JAN 06 2022

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-324369 $500.00

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: (X) 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: Alexander Woods Address: 290 Gay Farm Ln Zip: 28625
Applicant Email: 0795alex@gmail.com Phone: 7044567405 Alt. Phone: _____
Owner Name: ~~Sam~~ John Troutman Address: 188 Troutman Farm Zip: 28677
Owner Email: N/A Phone: 7049024215 Alt. Phone: _____

Property Information:

Street Address: 140 Troutman Farm RD

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Driving down Troutman Farm you will pass 114 and 136 Troutman Farm on Right it's on Right Right after the 2nd Home, Alexander Woods

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

(X) 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
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
(X) Multi-connection Well Number of Houses: 1 house 1 barn Number of Persons: _____
( ) New Well (✓) Existing Well 5 ( ) 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: John S. Troutman
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

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☒ 2. I, Sam Troutman, am the legal owner(s) of the property located at 140 Troutman Farm Rd, identified as PIN (Parcel Identification Number) 4722-84-0340 4722-84-4011, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Wayne Woods and Taylor Woods, 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.

John S. [illegible]
Signature of Owner(s)

1/4/22
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

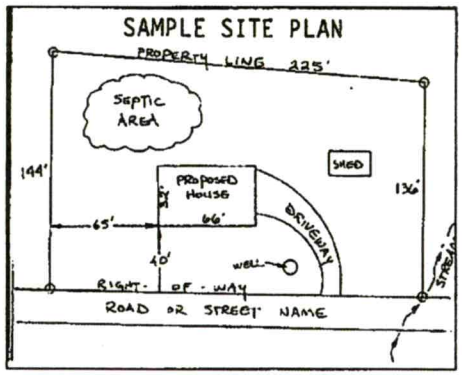
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

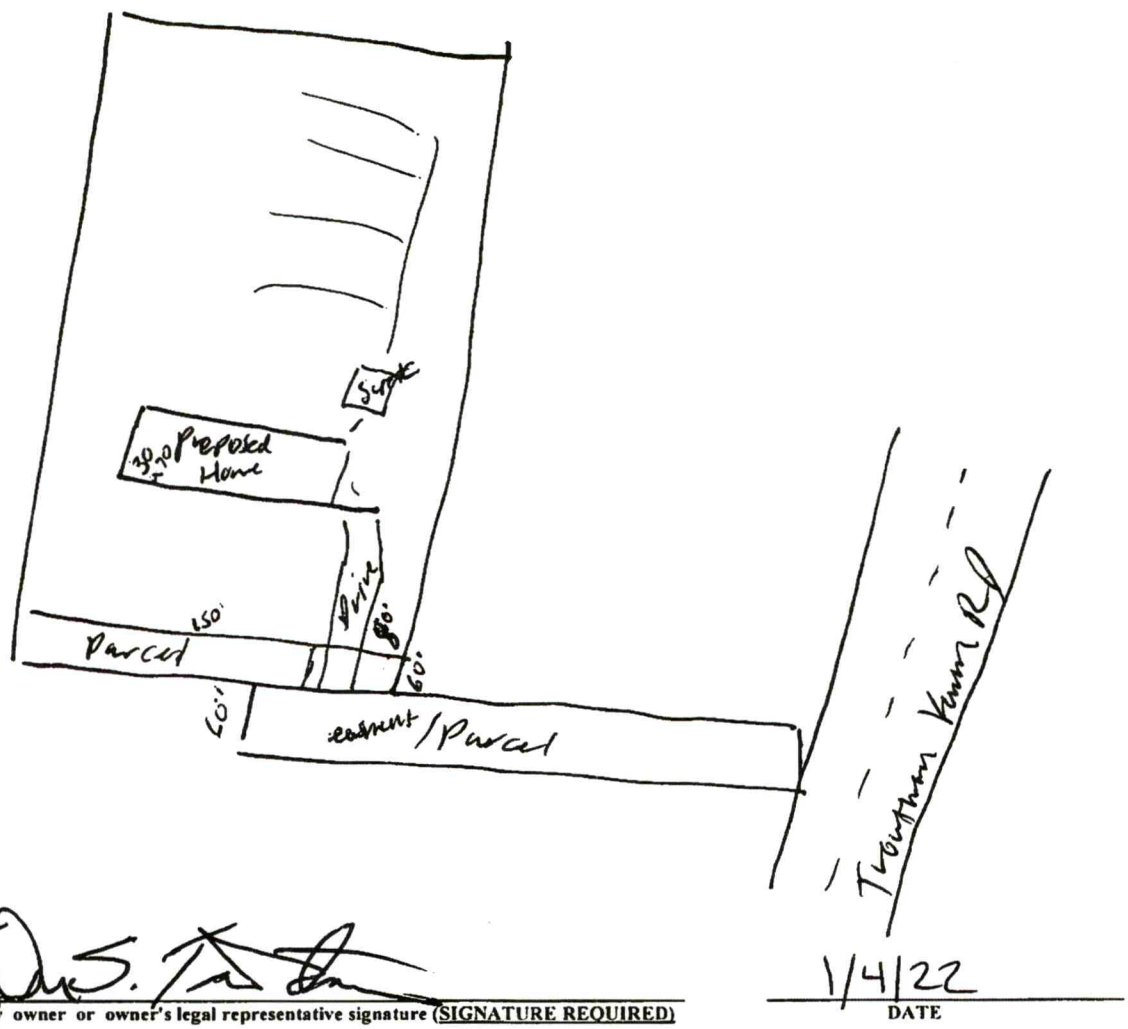
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

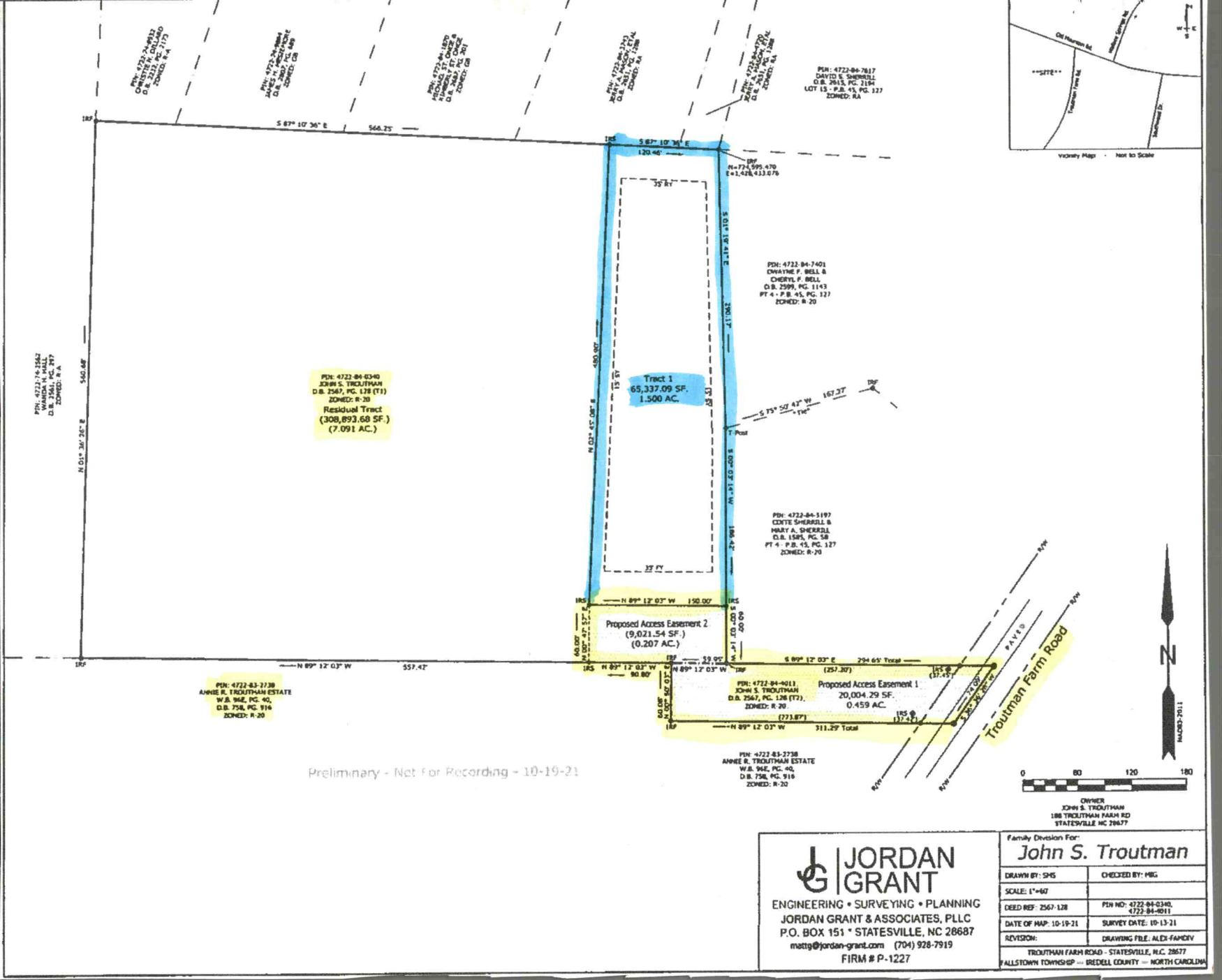


Signature: _____

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

1/4/22

DATE



Preliminary - Not For Recording - 10-19-21

OWNER
JOHN S. TROUTMAN
188 TROUTMAN FARM RD
STATESVILLE NC 28677

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Family Division For:
John S. Troutman

DRAWN BY: SHS	CHECKED BY: MBG
SCALE: 1"=60'	
DEED REF: 2567-128	PIN NO: 4722-84-0340, 4722-84-4011
DATE OF MAP: 10-19-21	SURVEY DATE: 10-13-21
REVISION:	DRAWING FILE: ALEX-FAMDIV

TROUTMAN FARM ROAD - STATESVILLE, N.C. 28677
FALLSTOWN TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA



IREDELL COUNTY · NC

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

APPLICATION NUMBER
324369 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4722840340.000	140 TROUTMAN FARM RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: TROUTMAN JOHN S	Name: TAYLOR WOODS
Address:	Address:
Phone:	Phone: (704)241-3297

Use Requested	Zone Code
Modular	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.8	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR

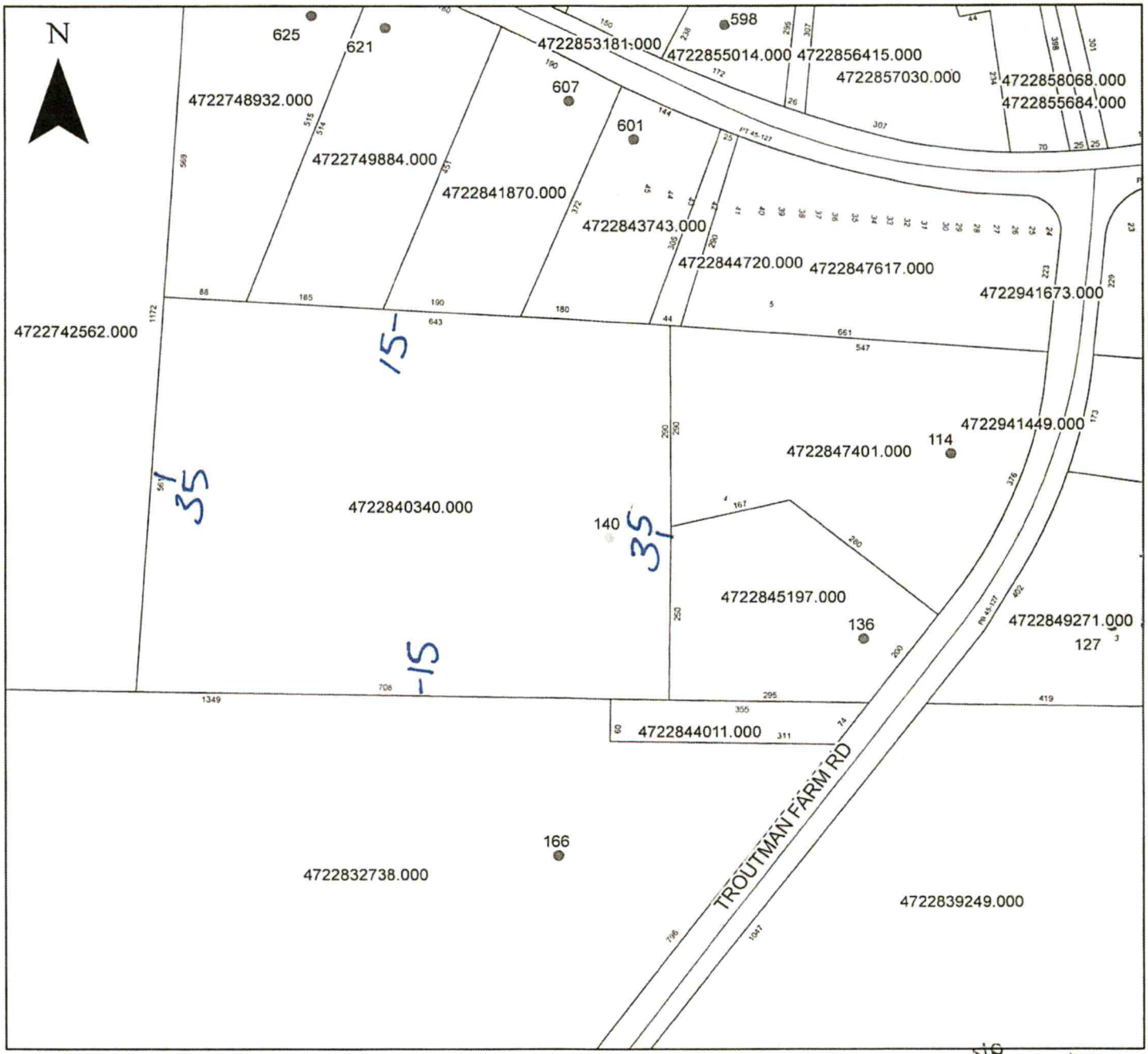
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/04/2022

Signature of Owner/Contractor

Permit Number	324369	TOTAL FEES:	$77.25

ZONING DISCLAIMER



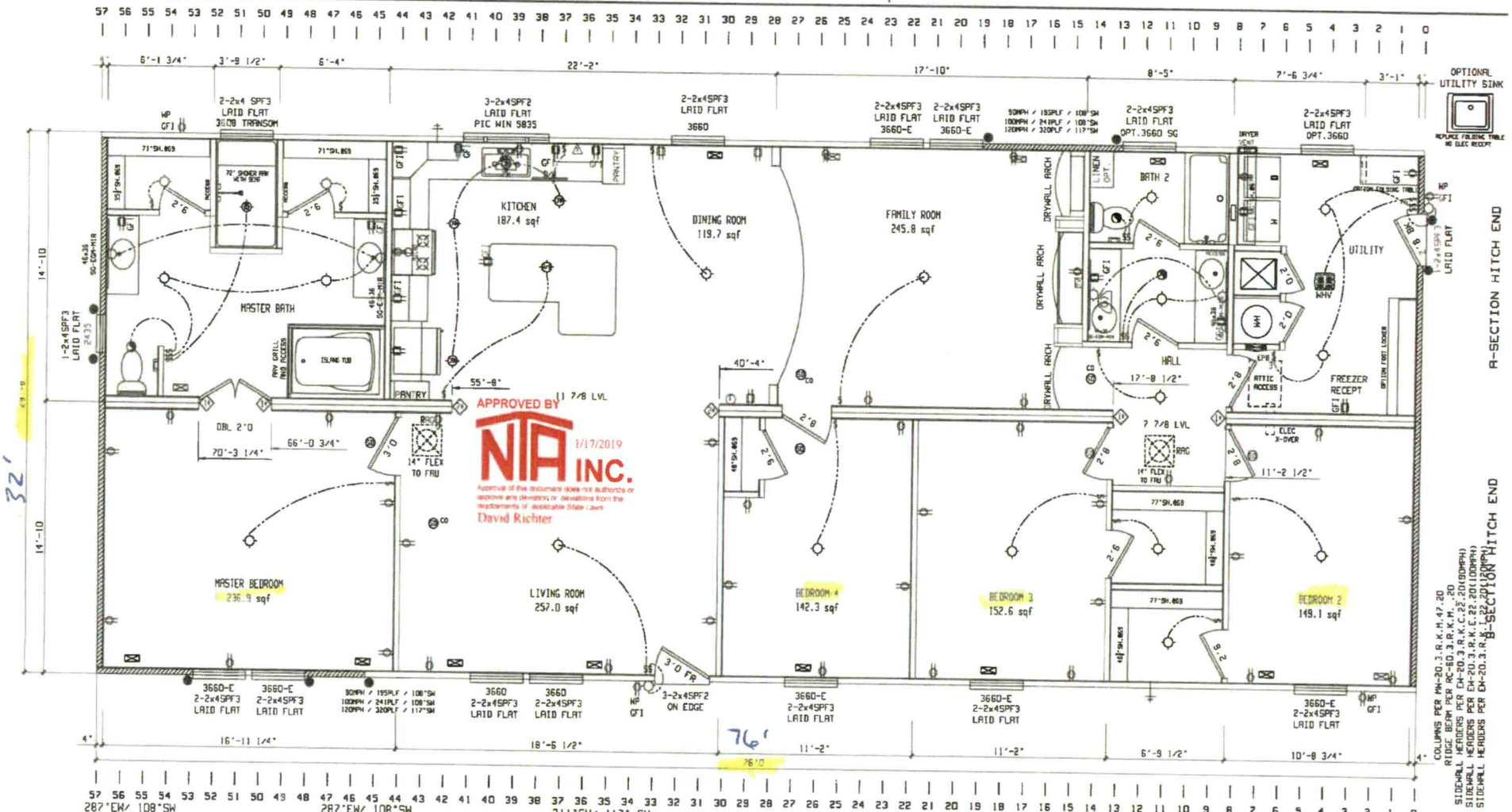
Property Address 140 Trautman Farm Rd.

NO
8.801
R-20
WS-IV-PA

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.

Applicant _____ Date _____

Cay Whl 218/23



287*EW/ 108*SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.C.17._.78.1-2 ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
90 MPH WIND SPEED

287*EW/ 108*SW
241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.E.17._.78.1-2 ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3898.1
100 MPH WIND SPEED

311*EW/ 117* SW
320PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.I.17._.78.1-2 ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3898.1
120 MPH WIND SPEED

INSULATION FOR NORTH CAROLINA/2018 PRESCRIPTIVE METHOD
CZ3: R=38 CEILING R=15 WALLS R=22 FLOOR
CZ4: R=38 CEILING R=15 WALLS R=22 FLOOR
CZ5: R=38 CEILING R=17.3 WALLS R=30 FLOOR
U=0.35 / SHGC=0.28

RETURN AIR REQUIREMENTS
(1) 20"x16" GRILL REQUIRED
(2) 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
(3) DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
(4) 4"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FREE END SHEAR WITH BLOCKING

(H) THE # SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	MD32

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 96.00
FLOOR FRAMING SPACING = 16
TOTAL WINDOW SQFT = ENTER TOTAL CALCULATED

DRAWING TITLE

MASTER PLAN

MODEL NAME		SQ. FT.
4710-GE		2254
PLANT	DESCRIPTION	MODEL NO.
958	32X76 4BR-2BA	4710-GE
DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
GCK	08/21/2018	01/16/2019	1-1