ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-315580

PIN # 4730 -- 13 --5390

APPLICANT/OWNER: JOHN + TONYA MYATT

APPLICANT ADDRESS: 433 STATE PARK ROAD, TROUTMAN, N.C. 28166

SITE ADDRESS: 433 STATE PARK ROAD, TROUTMAN, N.C. 28166

PHONE: 704-677-4776 ALT. PHONE 704-787-1839

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: JEFFREY W. STULL + JANICE L. STULL

SECTION: — LOT # 1 LOT AREA: 9.001 AC

DESIGN FLOW: 480GPD L.T.A.R.: 0.3

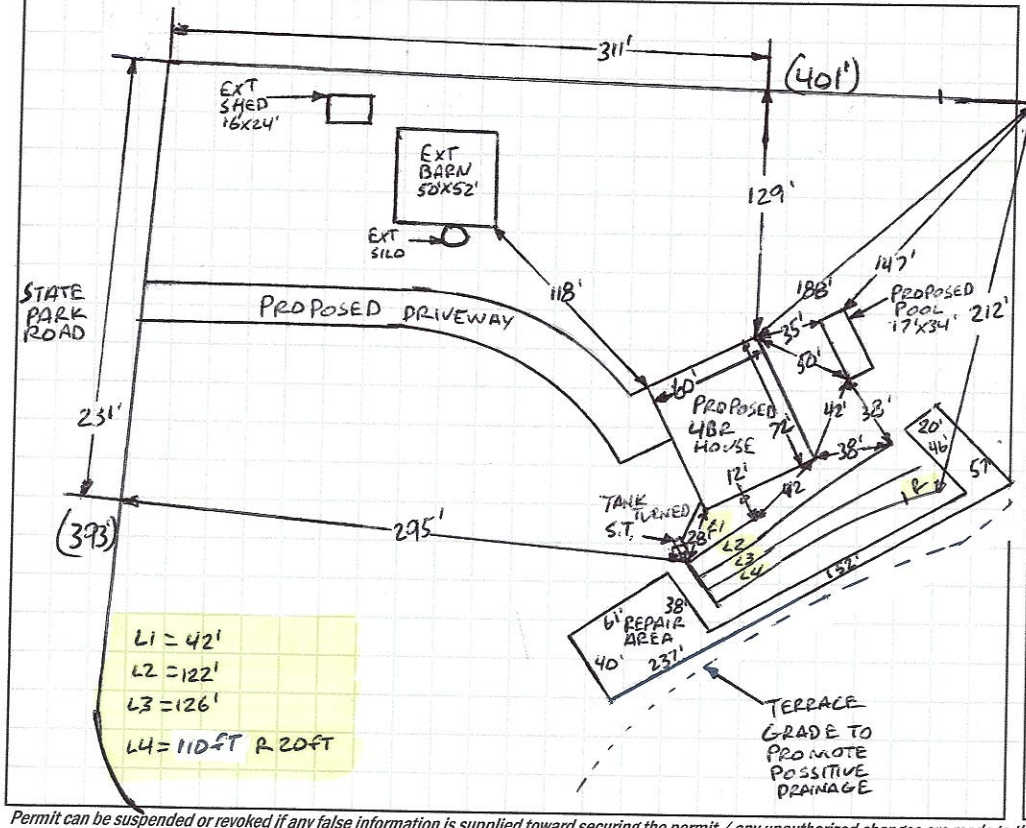
Septic Tank	1000	(gal)	STB	1012	Date	10-4-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—		Model	—	Serial #	—	Repair System Description:			50 % REDUCTION	
# Nitrification Fields	1		# Lines	4	Linear Ft	400FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)	26 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 32IN TRENCH BOTTOM, WATER LINE MUST BE 10FT FROM ALL PARTS OF SEPTIC

4BR SYSTEM MUST BE INSTALLED

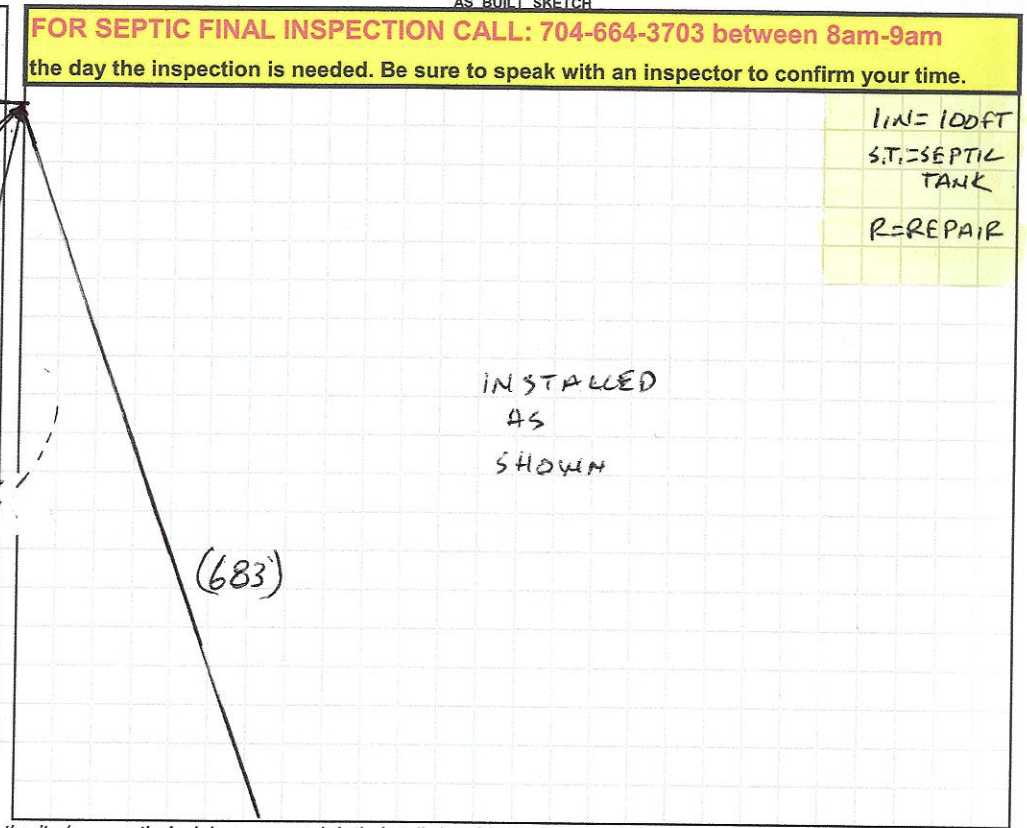
INITIAL SITE SKETCH



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.

1IN = 10DFT
S.T. = SEPTIC TANK
R = REPAIR



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: 5-10-2021

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-5-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-5-2021

Installed by: PIEDMONT BACKHOE

OPERATION PERMIT by: Bryant C. White Date: 12-20-2021

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

1611 GATE

PROPERTY ID #: 4730-13-5392
DATE OF EVALUATION: 4-6-2021
COUNTY: IREDELL

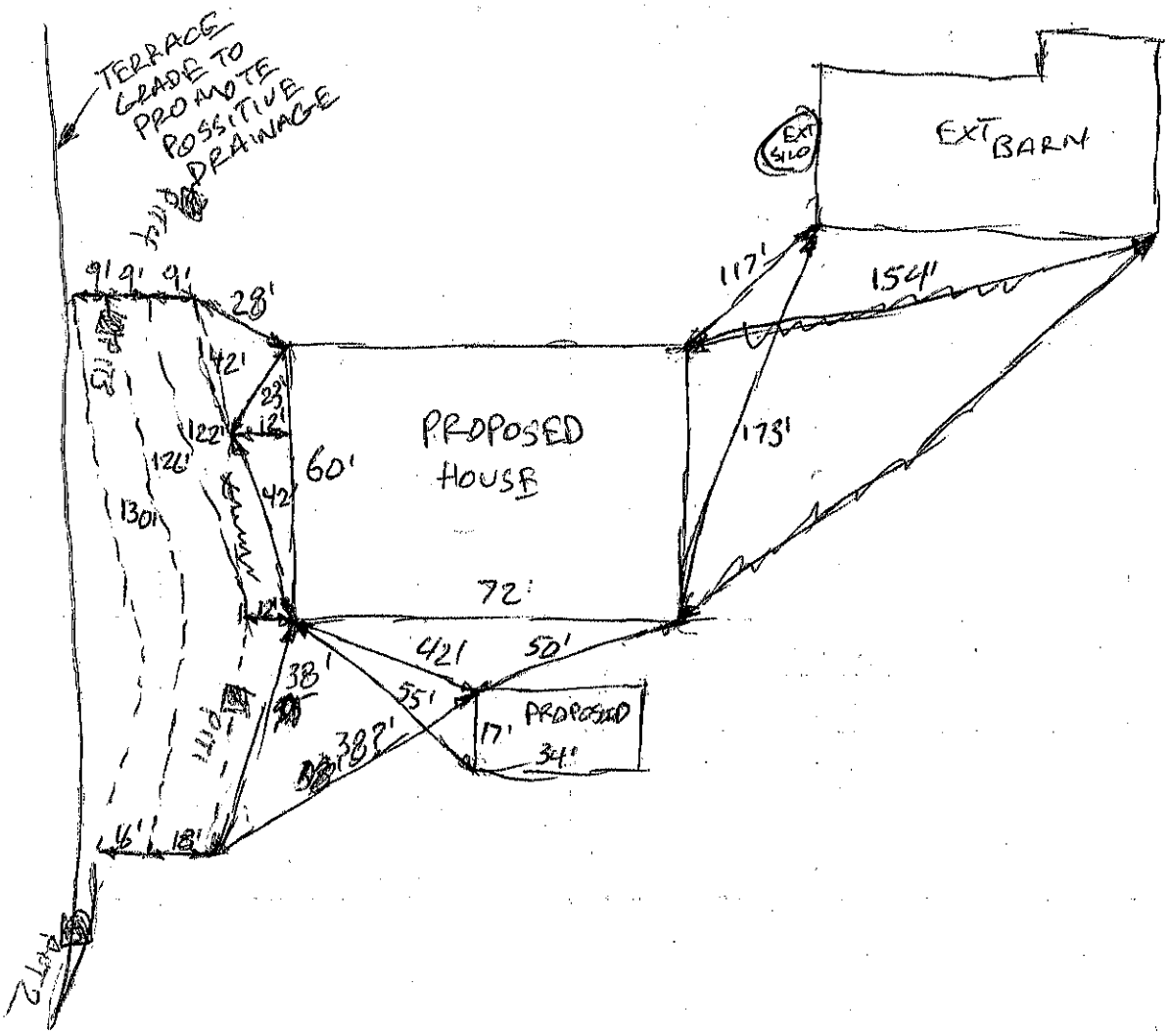
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 7%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		6-30	C, SBK	FR, S, P, SEXP					
		30-56	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE TERRACE 7%	0-9	FILL	MIXED	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		9-27	C, SBK	FR, S, P, SEXP					
		27-60	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3
		6-24	C, SBK	FR, S, P, SEXP					
		24-52	CL, WSBK	FR, SS, SP, SEXP					
4	HEAD 10%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	74"	PS II L	NA	PS .3
		5-16	C, SBK	FR, S, P, SEXP					
		16-44	CL, WSBK	FR, SS, SP, SEXP					
		44-54	SAP, MAS	VFR, NS, NP, SEXP					

COMMENTS:

STATE PARK ROAD

NTS

110/0



RECEIVED MAR 10 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- 315580 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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: John & Tonya Myatt Address: 433 State Park Rd Zip: 28166
Applicant Email: jcmyatt@yahoo.com Phone: 704-677-4776 Alt. Phone: 704-787-1859
Owner Name: John & Tonya Myatt Address: 433 State Park Rd Zip: 28166
Owner Email: jcmyatt@yahoo.com Phone: 704-677-4776 Alt. Phone: _____

Property Information:

Street Address: 433 State Park Rd., Troutman, NC, 28166
Subdivision Name: NA Section/Phase: _____ Lot Number: _____
Driving Directions: Perth Rd to State Park Rd. Property on Corner of State Park Rd & Morrison Farm Rd.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) 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 ( ) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 03/08/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

315580

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ Signature of Owner(s)

03/08/21 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

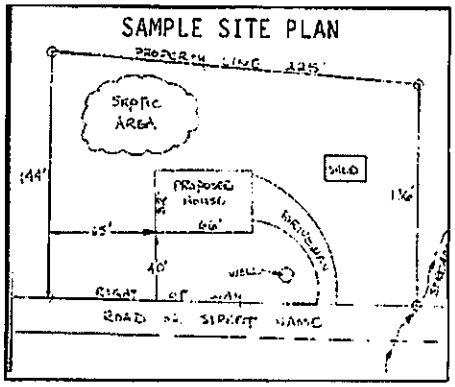
315580

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:

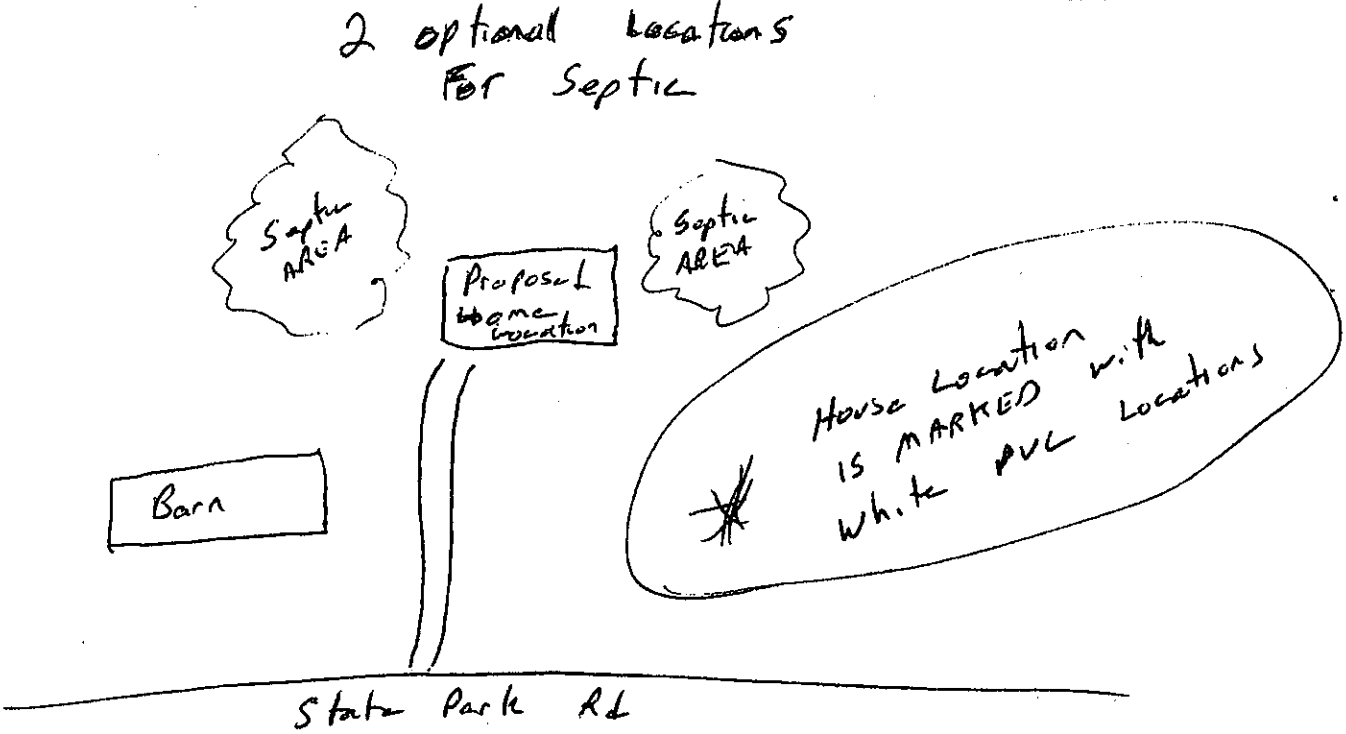
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

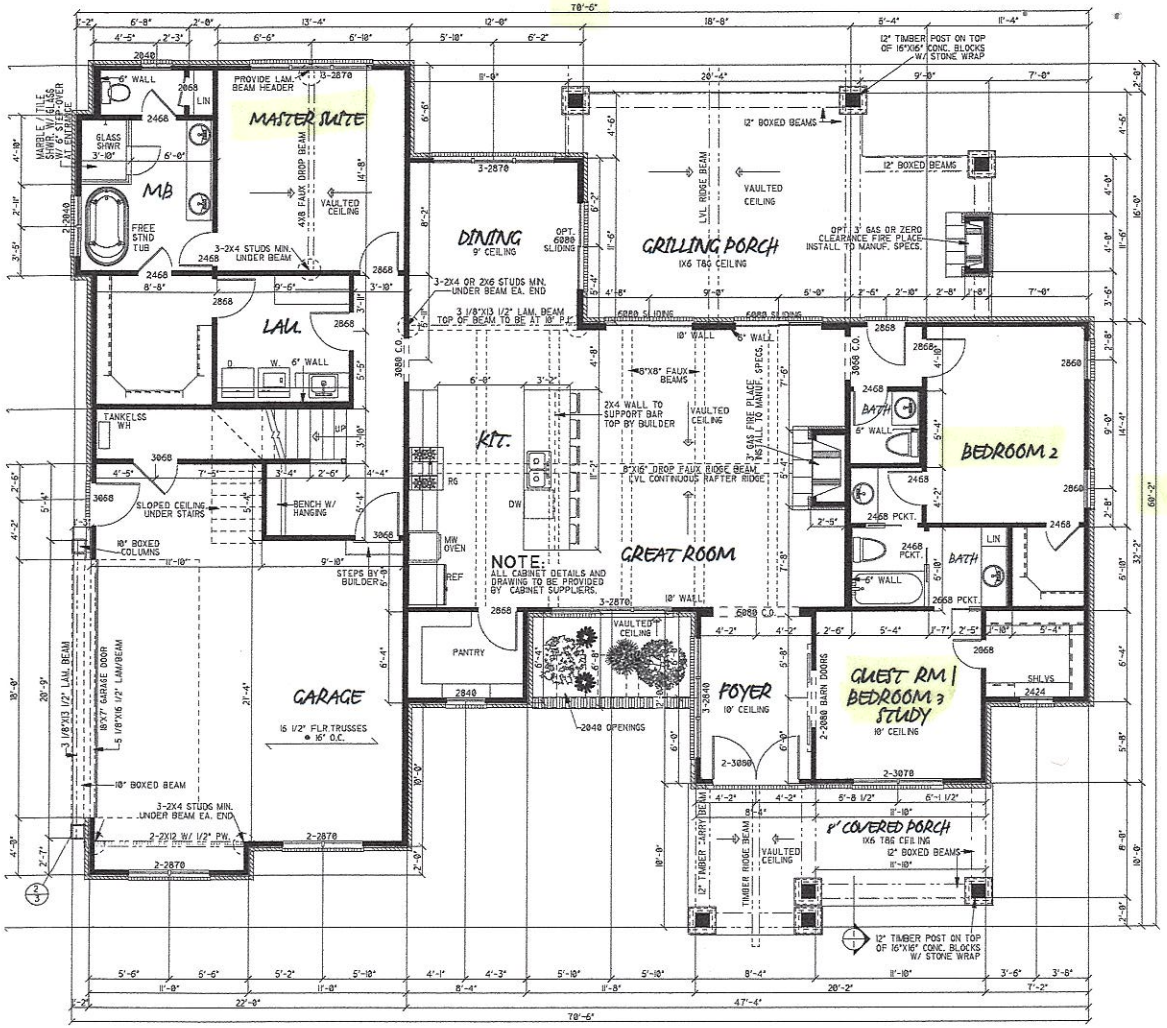
USE THIS SPACE TO DRAW YOUR SITE PLAN

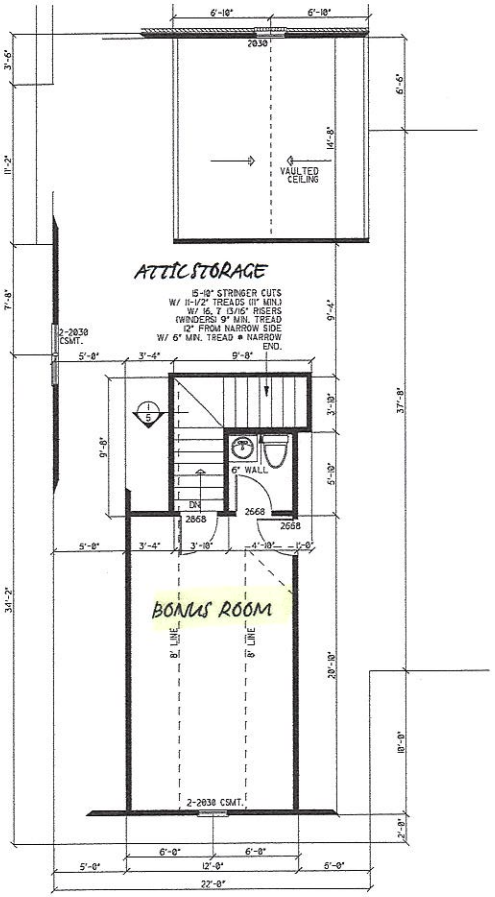
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 03/08/21

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





NOTE

1.- HVAC TO BE IN ATTIC. VERIFY W/ BUILDER.
2.- UPPER FLOOR CEILING HEIGHTS TO BE 8'-0" UNLESS NOTED.
3.- UPPER FLOOR JOIST TO BE 16-1/2" OPEN WEB FLOOR TRUSSES @ 16" O.C. W/ 3/4" T&G ADVANTECH FLOOR GLUED & SCREWED. SEE TRUSS MANUF. FOR FLOOR TRUSS LAYOUTS.
ALL OPEN WEB FLOOR TRUSSES TO BE DESIGNED & ENGINEERED BY TRUSS MANUF. TRUSS MANUF. WILL PROVIDE TRUSS LAYOUT BASED ON ENGINEERING. TRUSS MANUF. TO SUPPLY TRUSSES W/ CHAMFERED END ON SELECTED UNITS TO ALLOW FOR EXT. WALL SUPPORT & RAFTER CLEARENCE.
4.- HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.

FLOOR PLAN NOTES:

1. ALL STRUCTURAL INFORMATION SHOWN FOR REFERENCE PURPOSES ONLY. CONTRACTOR SHALL HAVE LICENSED STRUCTURAL ENGINEER REVIEW AND DESIGN ALL STRUCTURAL ELEMENTS SUCH AS ALL FRAMING WALLS, BEAMS, CONNECTIONS, HEADERS, JOISTS AND RAFTERS.

2. ALL DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD UNLESS NOTED OTHERWISE.

3. WINDOW SIZES INDICATED ON PLANS ARE NOTED BY APPROXIMATE ROUGH OPENING SIZE. REFER TO PLANS AND EXTERIOR ELEVATIONS FOR WINDOW TYPES.

4. COORDINATE LOCATION OF UTILITY METERS WITH SITE PLAN AND LOCATE AWAY FROM PUBLIC VIEW. VISUAL IMPACT SHALL BE MINIMIZED, I.E. MOUNT AS LOW AS POSSIBLE.

5. PREFABRICATED FIREPLACE CONSTRUCTION SHALL MEET OR EXCEED ALL APPLICABLE CODES REGARDING USE OF FIRE SEPARATIONS, CLEARANCES, ETC. IT IS THE CONTRACTOR'S RESPONSIBILITY TO ENSURE THAT ALL ITEMS AND CONSTRUCTION MEET OR EXCEED CODE. OVERALL FLUE HEIGHT SHALL BE COORDINATED TO MATCH HEIGHT SHOWN ON PLANS AND SHALL NOT EXCEED THE TOP OF CHIMNEY CHASE AS CONSTRUCTED.

6. CONTRACTOR SHALL COORDINATE ALL CLOSET SHELVING REQUIREMENTS.

7. DO NOT SCALE DRAWINGS, FOLLOW DIMENSIONS ONLY.

8. CONTRACTOR SHALL FIELD VERIFY ALL CABINET DIMENSIONS BEFORE FABRICATION.

9. BEDROOM WINDOWS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQFT. A MINIMUM NET CLEAR OPENABLE WIDTH OF 20". A MINIMUM NET CLEAR OPENABLE HEIGHT OF 24" AND HAVE A MAXIMUM FINISH SILL HEIGHT OF 43" FROM FINISH FLOOR.

10. ALL GLASS LOCATED WITHIN 18" OF FLOOR, 12" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED.

11. ALL EXPOSED INSULATION SHALL HAVE A FLAME SPREAD RATING OF LESS THAN 25 AND A SMOKE DENSITY RATING OF LESS THAN 450.

12. PROVIDE COMBUSTION AIR VENTS, WITH SCREEN AND BACK DAMPER, FOR FIREPLACES, WOOD STOVES AND ANY APPLIANCE WITH AN OPEN FLAME.

13. BATHROOMS AND UTILITY ROOMS SHALL BE VENTED TO THE OUTSIDE WITH A MINIMUM OF A 90 CFM FAN. RANGE HOODS SHALL ALSO BE VENTED TO OUTSIDE.

14. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.

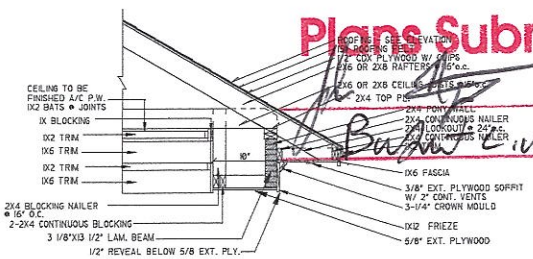
15. ALL WALLS AND CEILINGS IN GARAGE AND GARAGE STORAGE AREAS TO HAVE 5/8" TYPE-X GYP. BOARD W/ 1-HOUR FIRE RATING. ALL EXT. DOORS IN GARAGE TO BE METAL OR SOLID CORE DOORS INCLUDING DOORS ENTERING HEAT/COOLED PORTION OF RESIDENCE.

16. ALL FIREPLACE CHASE WALLS SHALL BE INSULATED INSIDE AND OUTSIDE. PROVIDE HORIZONTAL "DRAFT STOPS" AT EACH FLOOR LEVEL BY PACKING 6" (R-19) INSULATION BETWEEN 2X4 JOISTS.

17. ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING, TAPE FLOAT AND SAND. (3 COATS) USE 5/8" GYPSUM BOARD ON CEILINGS WHEN SUPPORTING MEMBERS ARE 24" O.C. OR GREATER. USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.

18. ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.

19. ALL GARAGE CEILINGS TO HAVE 5/8" TYPE-2 GYP BRD. OPTIONAL ALL SIDES WALLS.



1 BOX LAM. BEAM SECTIONAL DETAIL
3/4" = 1'-0"

FLOOR PLAN SPECIFICATIONS

HEAT/COOLED:	2873 SQ. FT.
GARAGE, STORAGE:	596 SQ. FT.
PORCHES:	595 SQ. FT.
TOTAL:	3258 SQ. FT.
BONUS ROOM:	283 SQ. FT.

NOTE:

1.- ALL CEILINGS TO BE 9'-0" UPPER TO BE 8'-0" UNLESS NOTED.
2.- BUILDER TO APPROVE & VERIFY ALL PLANS BEFORE CONSTRUCTION.
3.- VERIFY ALL PLANS W/ LOCAL BUILDING CODES.
4.- HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.
5.- PROVIDE SHUT-OFF VALVE FOR ALL GAS APPLIANCES. REFERENCE IRC SECTION G2419
6.- ALL GLASS LOCATED WITHIN 18" OF FLOOR, 24" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED
7.- WINDOW SIZES SHALL BE CONSTRUCTED IN ACCORDANCE WITH 2006 IRC SECTION R602.10 BRACED WALL LINES. SAID SHEARWALLS MAY ALSO BE CONTRUCTED USING SIMPSON STRONG TIE PRODUCTS. REFER TO SIMPSON STRONG TIE FOR "STRONGWALL" APPLICATIONS. THIS MAY BE REQUIRED TO MEET ANY CODE REQUIREMENTS FOR NARROW WALLS NEXT TO GARAGE DOORS. CORRECT PRODUCT SELECTION IS SENSITIVE TO BOTH SEISMIC AND WIND ZONE PARAMETERS AND SHOULD BE VERIFIED LOCALLY PRIOR TO CONSTRUCTION. ALSO DUE TO THE NATURE OF THE SIMPSON INSTALLATION PROCESS, THE DECISION TO USE THE "STRONG-WALL" SYSTEM SHALL BE MADE PRIOR TO FOUNDATION CONCRETE PLACEMENT. SINCE THESE PLANS ARE NOT SITE OR LOCATION SPECIFIC THE MECHANICS TO MEET CODE REQUIREMENTS SHALL BE VERIFIED BY QUALIFIED PERSONS AT THE LOCAL LEVEL PRIOR TO CONSTRUCTION.
SEE DETAILS 1 & 2 ON PAGE SSW2, SHEARWALL "GARAGE WALL OPTIONS".

Acknowledgement Of Plans Submittal ONLY

Date 5-10-2006

Date 5-5-2006

NOTICE DUTY OF COOPERATION © 2019 Michael E. Nelson Designs, LLC.
MICHAEL E. NELSON DESIGNS, LLC or Michael E. Nelson assumes no liability for any BOMR constructed from this plan. Release of these plans contemplates further cooperation among the owner, his contractor and the designer. Design and construction are complex. Although the designer and his consultants performed their services with due care and diligence, they cannot guarantee perfection. Communication is imperfect and every contingency cannot be anticipated. Any ambiguity or discrepancy discovered by the use of these plans shall be reported immediately to the designer. Failure to notify the designer compounds misunderstanding and increases construction costs. A failure to cooperate by a simple notice to the designer shall relieve the designer from responsibility for all consequences. Changes made from the plans without the consent of the designer are unauthorized and shall relieve the designer of responsibility for all consequences arriving out of such changes. Only qualified Designer, Architect, Contractor, or Structural Engineer should attempt to modify any portion of this design.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315580 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730135390.000	433 STATE PARK RD	Iredell County

Owner Information	Applicant Information
Name: STULL JEFFREY W+JANICE L Address: Phone:	Name: STULL JEFFREY W+JANICE L Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.001	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

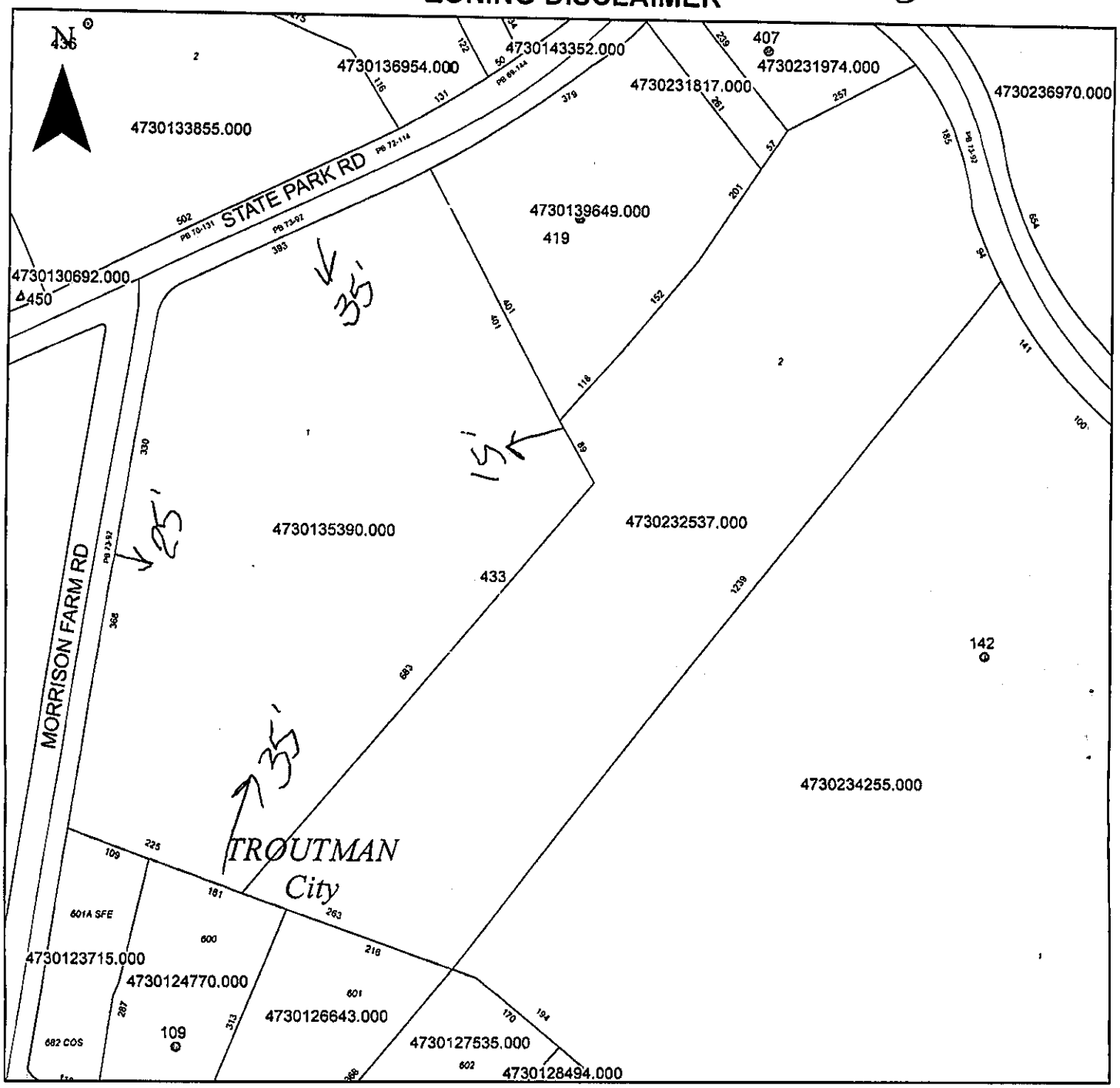
Date: 03/08/2021

Permit Number	315580

TOTAL FEES:	$77.25

315580

ZONING DISCLAIMER



Property Address 433 State Park Rd

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

03/08/21
Date