ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 326733

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

PIN # 4730 -- 14 -- 9132

APPLICANT/OWNER: Mike Ryon | APPLICANT ADDRESS: 432 State Park Rd Troutman, NC

SITE ADDRESS: 406 State Park Rd Troutman, NC 28166 | PHONE: 704361-1084 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N TL State Park Rd property on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: State Park Farms | SECTION: | LOT # 5 | LOT AREA: .77 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 12/9/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side) max	32"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

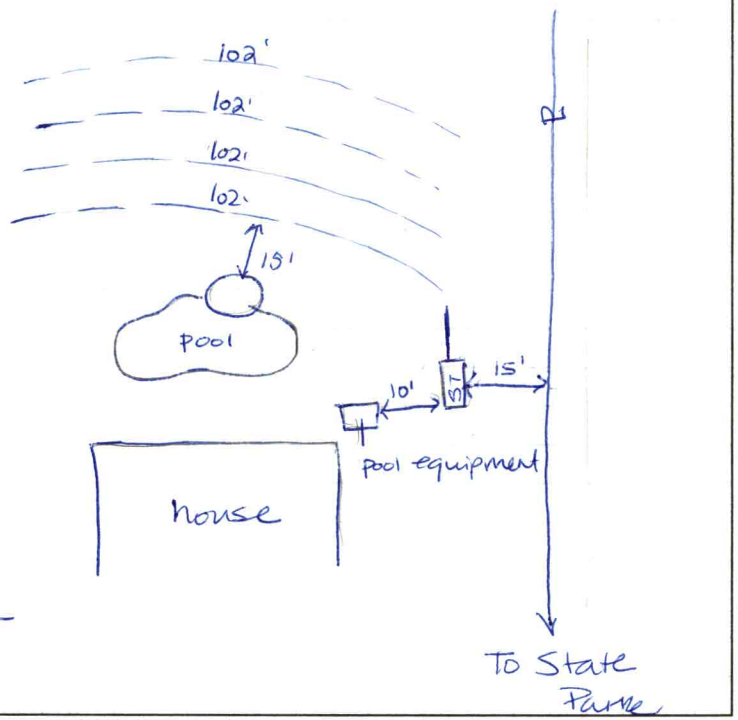
This permit is issued pursuant to Section 11. (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

S. Ashley Rollans

LSS# 1231

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.



As Built - NTS

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: 5/2/22 | Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Maria Dotson | Date: 4/22/22 | OPERATION PERMIT by: D. Imeberg | Date: 3/15/23

AUTHORIZATION TO CONSTRUCT by: Bryant Bost | Date: 4/25/22 | 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? _____	

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0031
April 8th, 2022

Mike Ryon
Attn:
Email: ryon3700@yahoo.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence at State Park Rd (LOT 5 State Park Farms), Troutman, NC 28166, PIN # (4730149132), Iredell County.

Mr. Ryon:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open field. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation Don Allen & Associates. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. We established the max house envelope in AutoCAD.

Methodology

We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property flagged and located via GPS. All four of the soil borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via stakes and set by the builder. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

406 State Park Rd- Lot 5 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 719 linear feet of line. The primary system is proposed as 400 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 32 inches. The repair system is proposed as 267 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 32 inches. There is 319 linear feet of repair available.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Print Name Michael Ryon
Signature _____ 4/8/2022

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 406 State Park Road- Lot 5, Troutman, NC 28166 may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence at 406 State Park Rd, Lot 5, PIN#(4730149132) Troutman 28166, Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

Septic Application---------- 8-9

Agent Authorization---------- 10

Green Sheet---------- 11

LICENSED SOIL SCIENTIST
Samuel A. Rollins
1284

April 8, 2022
Project #: 20-0031
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a low pressure 50% reduction Modified Conv. PPBPS installation.

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Mike Ryon
Address:	127 Promenade Dr Mooresville, NC 28117
Phone:	704.361.1084
County:	Iredell
Location:	406 State Park Rd- Lot 5 Troutman NC 28166
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	400	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	32 in.	Repair Trench Bottom 32 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	23	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	15.02	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

406 State Park Rd- Lot 5

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	23
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 406 State Park Rd

Project #: 20-0031

LAYOUT FOR 4 BEDROOM HOME

April 8, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	BLUE					45	45
2	***PINK***					***130***	***100***
3	***ORANGE***					***127***	***100***
4	***RED***					***127***	***100***
5	***YELLOW***					***133***	***100***
6	BLUE					99	99
7	PINK					58	58
					Total	719	602

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	319	0.300	MOD.	0.300	PPBPS	LOW
Plus 30' on lines # 2			CONV.			PRESSURE
Plus 27' on lines # 3 & 4						
Plus 33' on line # 5						

Notes: **All measures in feet

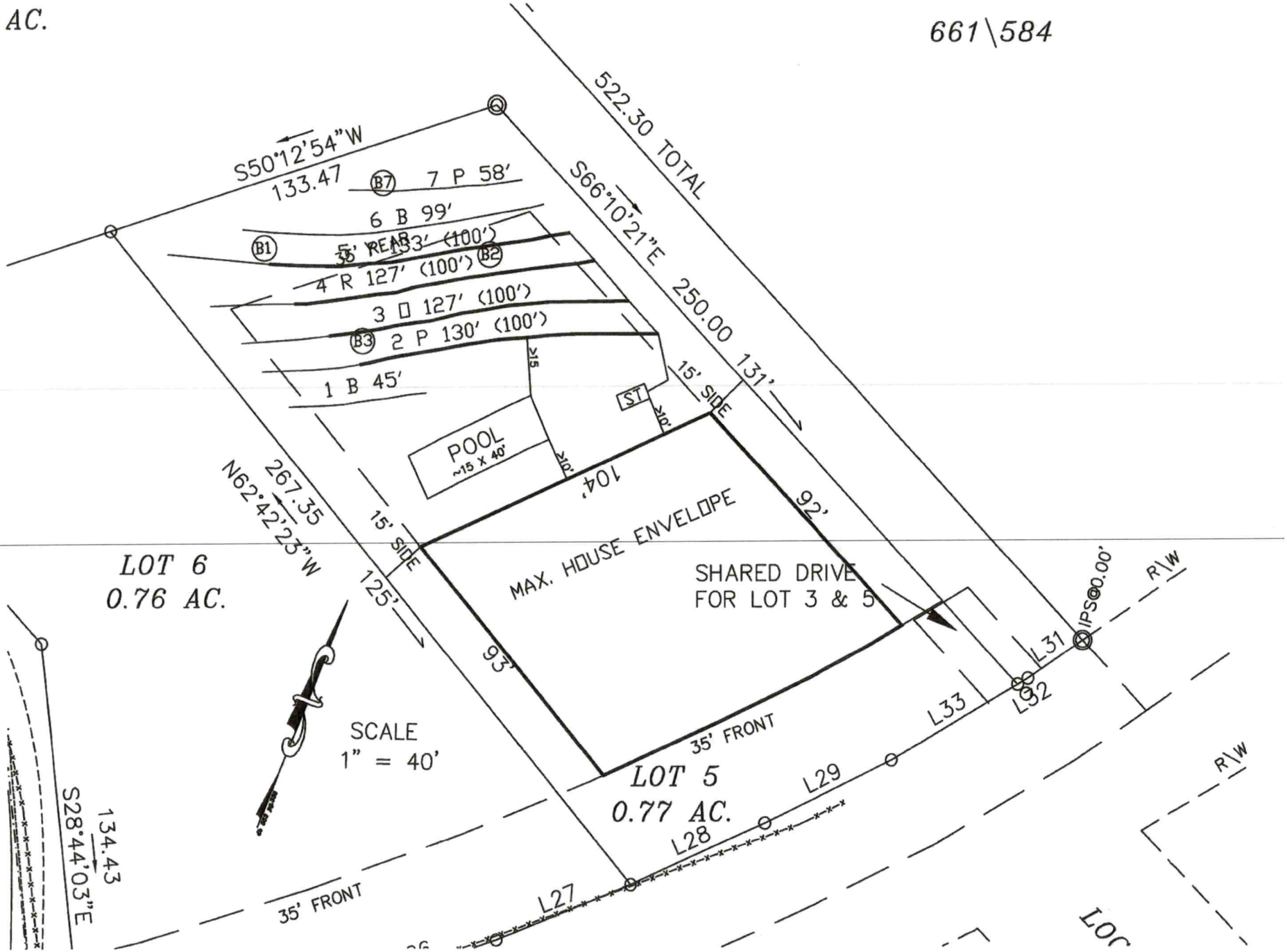
**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by tape measures & GPS.

**Property lines & corners were located by a Professional Land Surveyor.

AC.

661\584


522.30 TOTAL
S50°12'54"W
133.47
S66°10'21"E 250.00 131'
B7 7 P 58'
6 B 99'
B1 5' REAR
35' 133' (100')
4 R 127' (100') B2
3 □ 127' (100')
B3 2 P 130' (100')
1 B 45'
POOL
~15 X 40'
≥15'
≥10'
ST
15' SIDE
104'
92'
MAX. HOUSE ENVELOPE
SHARED DRIVE
FOR LOT 3 & 5
267.35
N62°42'23"W
15' SIDE
125'
93'
35' FRONT
LOT 6
0.76 AC.
LOT 5
0.77 AC.
SCALE
1" = 40'
134.43
S28°44'03"E
35' FRONT
L27
L28
L29
L33
L32
L31
IPS@0.00'
R\W
R\W

CALCULATIONS

Location	406 State Park Rd Troutman, NC 28166	
Project Number	20-0031	
Lot No:	5	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	23	ft.
Supply Line Volume	15.019	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 of 1
PROPERTY ID #: 4730149132
COUNTY: Iredell

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

OWNER: Mike Ryan
ADDRESS: 432 State Park Rd, Troutman NC 28166
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 406 State Park Rd, Troutman NC 28166
APPLICATION DATE
DATE EVALUATED: 3/10/22
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.77 AC
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	
B 1	L/5%	0-6	BCL wfsbk	Fr SS SP	Few to C. SAP	50	–	–	PS 0.3
		6-30	RC wmsbk	Fr SS SP					
		30-50	RBCL wfsbk	Fr SS SP					
B 2	L/5%	0-8	RBCL wfsbk	Fr SS SP		50	–	–	PS 0.3
		8-28	RC wmsbk	Fr SS SP					
		28-50	RBCL wfsbk	Fr SS SP					
B 3	L/6%	0-10	BCL wfsbk	Fr SS SP		50	–	–	PS 0.3
		10-30	RC wmsbk	Fr SS SP					
		30-50	RBCL wfsbk	Fr SS SP					
B 4	L/5%	0-6	BCL wfsbk	Fr SS SP		50	–	–	PS 0.3
		6-33	RC wmsbk	Fr SS SP					
		33-50	RBCL wfsbk	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted 25%	PPBPS/wLow Pressure
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

Updated February 2014

Acknowledgement Of
Plans Submittal ONLY!

Date 4/14/2022

Date 4/25/2022

General Notes

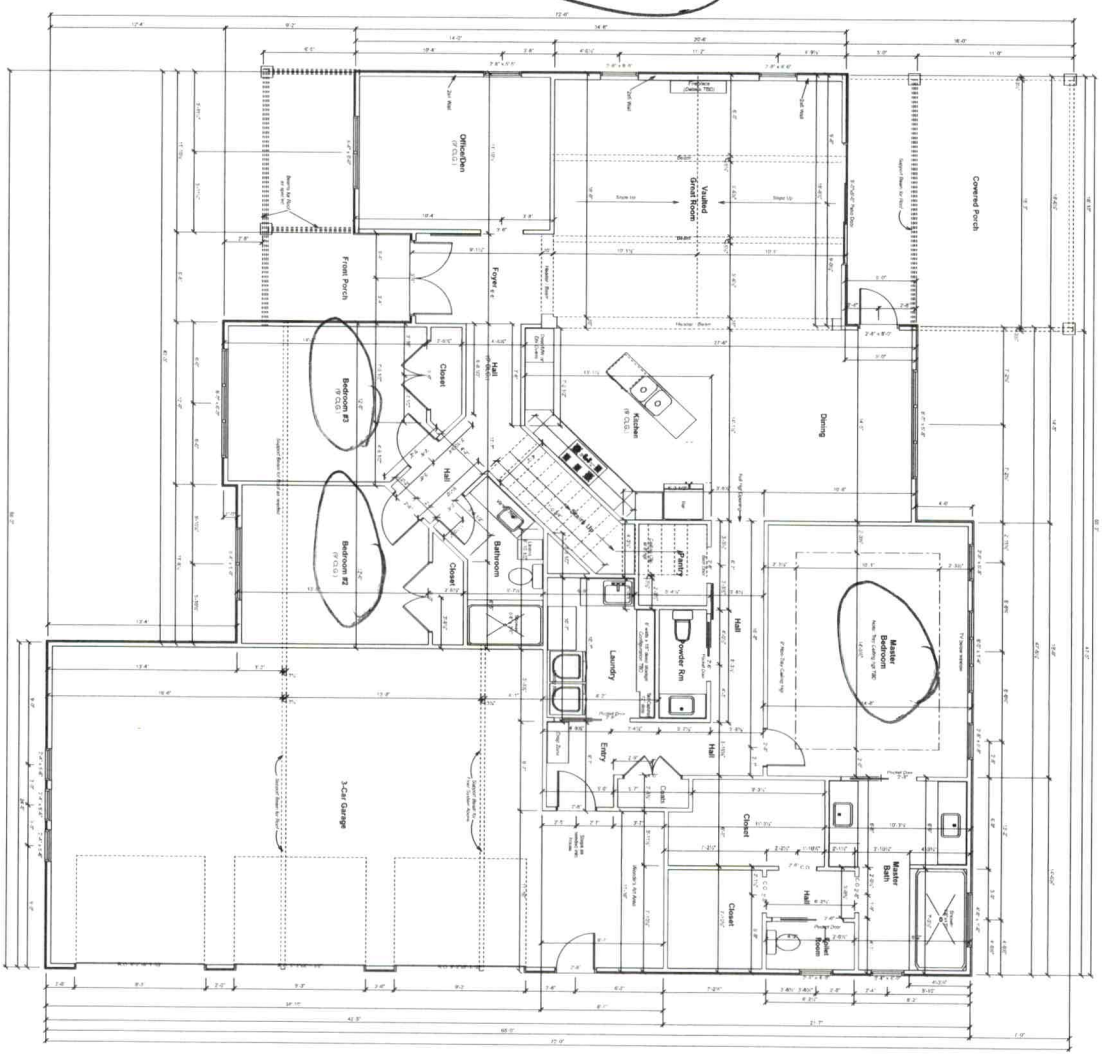
1. All work shall comply with current editions of North Carolina State Building Codes
2. Prior to construction, the contractor shall verify all dimensions and conditions. Should there exist any discrepancies, the contractor is to contact the Architect before proceeding with the work.
3. Contractor is responsible for verifying the accuracy of these plans prior to construction.
4. Notes from Professional Engineer supersede all plan drawings or plan notes.
5. All Doors and Windows (openings) are unit openings, not Rough Openings. Builder to provide proper rough openings.
6. All exterior wall measurements are to the exterior of sheathing which is even with the face of studs on 2x4 @16" O.C. construction unless noted otherwise. (ONO)
7. All interior wall measurements are to the face of studs (ONO) unless noted otherwise.
8. Contractor to be responsible for the verification of all dimensions and conditions prior to construction.
9. Contractor to be responsible for the verification of all dimensions and conditions prior to construction.
10. Slab Foundation to be engineered by P.E.
11. Typical assumed to be 2X10 with plates down & footer - bottom of header (B.O.H.) @ 6'-8" A.F.F. U.N.O.
12. All beams are to be 2X10 #2 SYP, 2x12 #2 SYP, LVL or Unspecified by P.E.
13. All Headers are to be 2X10 #2 SYP, 2x12 #2 SYP, LVL or Unspecified by P.E.
14. All Hip, valley and ridge rafters to be 2x10 #2SYP or as specified by P.E.
15. Attic access panel to be minimum 22" x 30" and located in hallway.
16. Walk is to be fully sheathed with horizontal sheathing prior to framing roof.

Plan Notes:

1. Ceiling Heights 9'-1/2" typical except in Master Great Room
2. Slab Foundation (Engineered & stamped) in Great Room
3. Slab Foundation (Engineered & stamped) by P.E.
4. All Door Heights 6'-8" unless noted otherwise or Great Room & Foyer

72'-0"

66'-3"



MAIN FLOOR FRAMING PLAN

Scale: 1/4" = 1'-0"

SQUARE FOOTAGE	
Main Floor	2450 sq ft
2nd Floor	642 sq ft
Garage	941 sq ft
Covered Patio	301 sq ft
Covered Front Porch	147 sq ft

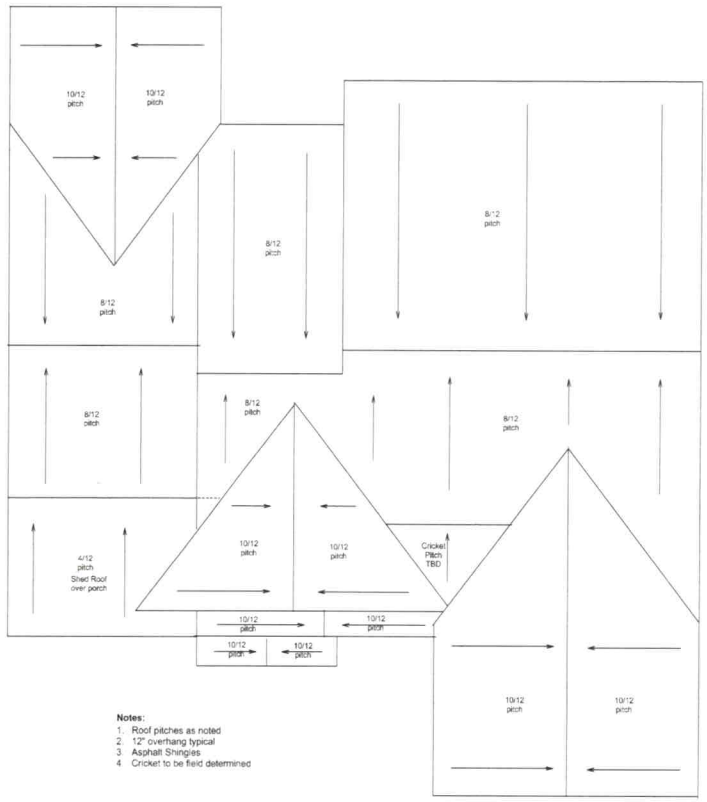
Drawings, specifications and designs prepared by Graceful Living, Inc. (Designer) are instruments of service and shall remain the property of Designer. Such plans are not to be changed or copied in any form or manner whatsoever nor are they to be assigned to any third party without first obtaining the express written permission and consent of Designer. In the event of unauthorized reuse of these plans by any third party, the person using or authorizing such reuse agrees to hold harmless and indemnify Designer against all claims, damages, losses and expenses including attorney's fees arising out of or resulting therefrom. Any such use which is not specifically authorized by Designer is at the sole risk of the user. Submission or distribution of these plans to meet official regulatory requirements or for other purposes in connection with the project is not to be construed as publication in derogation of Designer's reserved rights.

Page	Scale: as noted	Date: 02/08/2022 Version #: 3.3	MAIN FLOORPLAN	Designed for: GOBLE RESIDENCE	Pinnacle Building Services, LLC 127 Promenade Dr Mooresville, NC 28117 Mike Ryon 704-361-1064	Paula J. Bostic Graceful Living, Inc. Design & Building Consultation 467 Hugh Massie Road Waynesville, NC 28786 704-634-4776 PJBEAGLE@ADL.COM
3						

Acknowledgement Of Plans Submittal ONLY!

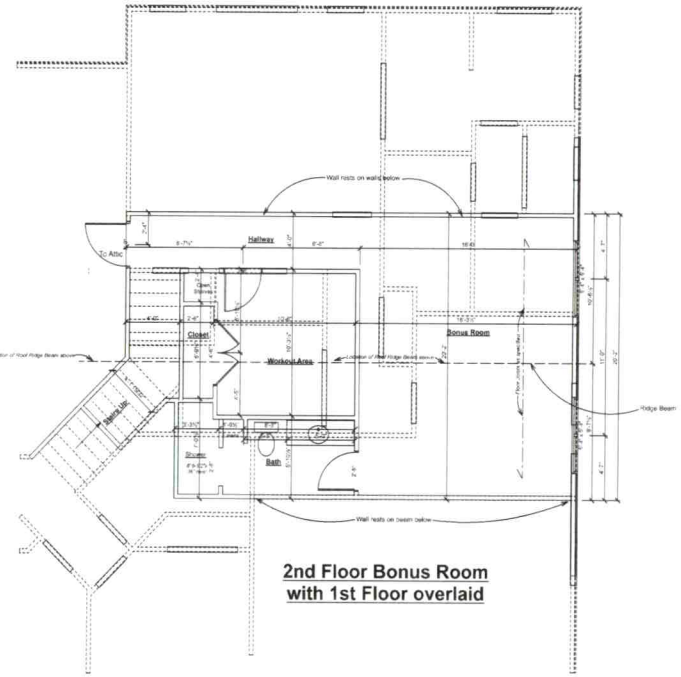
Mike Ryon Date 4/14/2022

Date

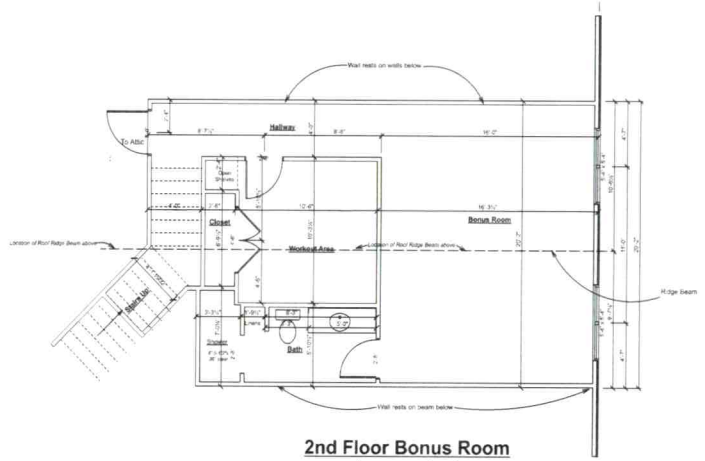


Notes:
1. Roof pitches as noted
2. 12" overhang typical
3. Asphalt Shingles
4. Cricket to be field determined

Roof Plan
Scale: 3/16" = 1'-0"



2nd Floor Bonus Room with 1st Floor overlaid



2nd Floor Bonus Room (no overlay)

SQUARE FOOTAGE	
Main Floor	2450 sq ft
2nd Floor	642 sq ft
Garage	941 sq ft
Covered Patio	301 sq ft
Covered Front Porch	147 sq ft

DISCLAIMER: These Construction Drawings are provided "as is". Graceful Living, Inc. does not provide any guarantees concerning these plans and assumes no responsibility for any damages, including but not limited to, structure failures due to any deficiencies, omissions or errors in design or decisions made by General Contractor or Purchaser. Purchaser and/or his/her (its) General Contractor are solely responsible for assuring that construction of these plans meets all applicable Local, State and Federal Building Codes. Graceful Living, Inc. assumes no responsibility for these plans meeting any applicable Building Codes. The seal of Construction Drawings must be stamped by a Professional Engineer (P.E.) licensed in the state where construction will occur or refer to the seal. Purchaser of plan or his/her assignee, General Contractor are always responsible for having these plans stamped by a P.E. prior to the commencement of construction. The maximum liability in any instance that can be imposed upon Graceful Living, Inc. by Purchaser or any third party shall not exceed half of the original price Purchaser paid for plans. Graceful Living, Inc. reserves ownership, plus all copyright, trade and design rights to this design.

Design & Building Consultation
Paula J. Boelig
Graceful Living, Inc.
467 Hugh Morton Road
Waynesville, NC 28786
704-634-4776
PJB@GLLEARN.COM

Pinnacle Building Services, LLC
127 Promenade Dr Mooresville, NC 28117
Mike Ryon 704-361-1064

Prepared for: GOBLE RESIDENCE

2nd Floor Plan & Roof Layout

Date: 02/08/2022
Version #: 3.3

Scale: as noted

RECEIVED APR 1 4 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 326733 Paid $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: Mike Ryan **Address:** 432 State Park Rd Troutman NC **Zip:** 28166

Applicant Email: Syan3700@yahoo.com **Phone:** 704-361-1084 **Alt. Phone:** _____

Owner Name: Same **Address:** Same **Zip:** _____

Owner Email: Same **Phone:** Same **Alt. Phone:** _____

Property Information:

Street Address: 406 State Park Rd Troutman NC 28166

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: Peeth Rd, State Park Rd.

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
Maximum Number of Occupants: 8
(✓) 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)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Accepted

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.

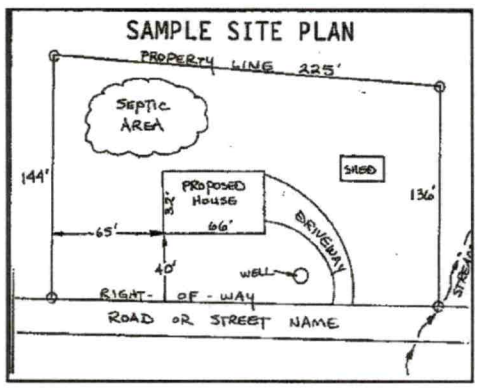
Signature: _____ 4/8/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

See attached

Signature: Samuel A Tollison
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/8/22
DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Mike Ryan, am the legal owner(s) of the property located at 4046 State Park Rd Troutman NC 28166, identified as PIN (Parcel Identification Number) 4730149132, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** SFS / Ashley Rollens, _____, 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.

X _____ 4/8/2022

Signature of Owner(s) 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

SAR **Complete all Environmental Health forms:**

- ___ Application
- ___ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

SAR **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SAR **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SAR **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

SAR **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4/8/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED MAR 17 2022

Old Submittal

MD

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-326733 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (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: Pinnacle Bldg Services Address: 127-A Promenade Dr. Mooresville, NC Zip: 28117
Applicant Email: Ryon3700@yahoo.com Phone: 704-361-1084 Alt. Phone: _____
Owner Name: Michael Ryon Address: 432 State Park Rd, Troutman NC Zip: 28166
Owner Email: Ryon3700@yahoo.com Phone: 704-361-1084 Alt. Phone: _____

Property Information:

Street Address: Lot 5, 406 State Park Rd
Subdivision Name: State Park Farms Section/Phase: _____ Lot Number: 5
Driving Directions: Perth Rd to State Park Rd, property on right near 432 State Park Rd

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: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (X) 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.

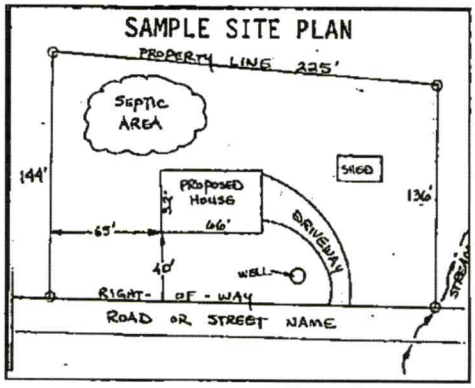
Signature: _____ 3-16-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

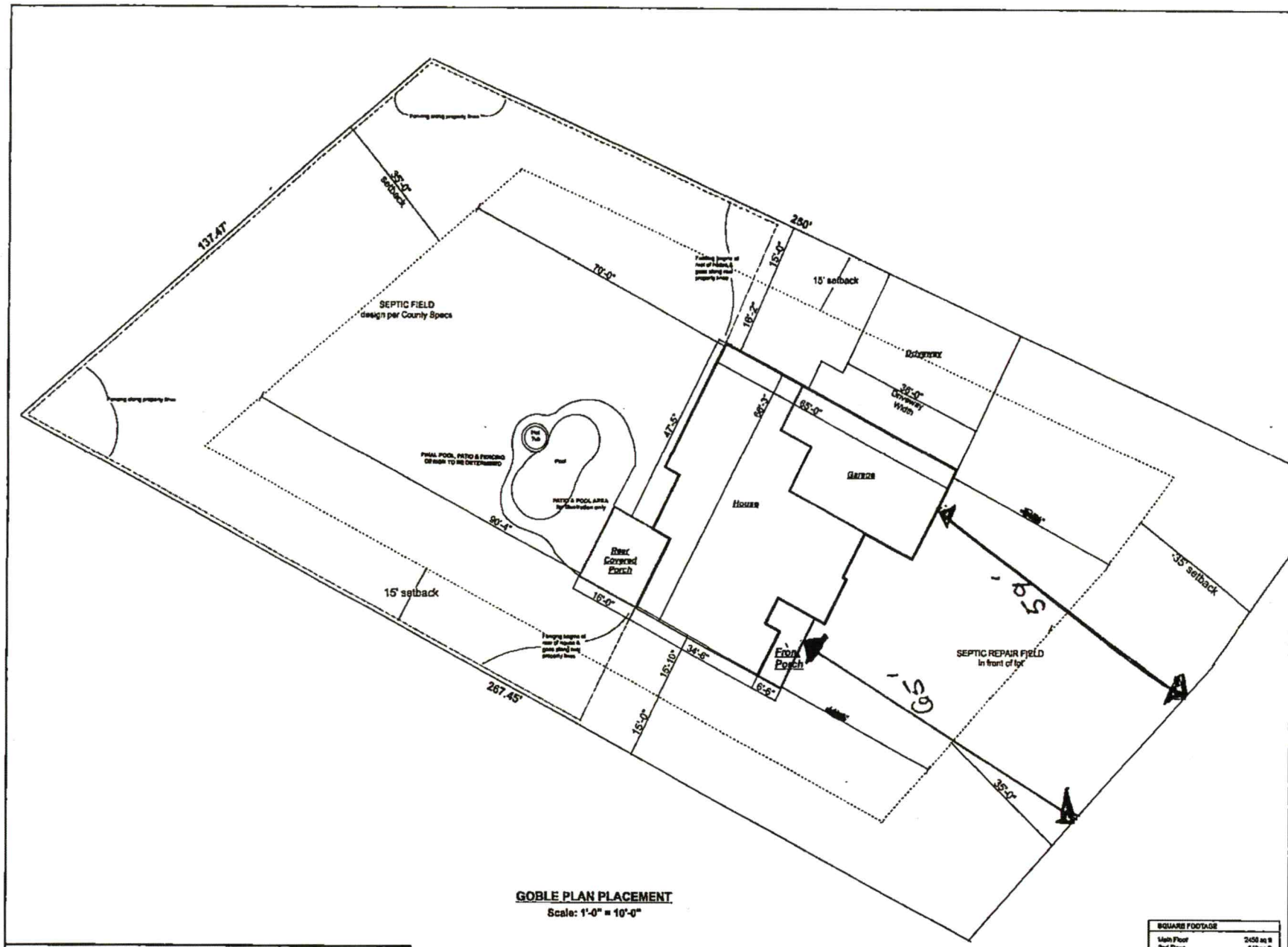
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 3-16-22

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

406 State Park rd.



GOBLE PLAN PLACEMENT
Scale: 1'-0" = 10'-0"

SQUARE FOOTAGE	
Main Floor	2450 sq ft
2nd Floor	643 sq ft
Garage	541 sq ft
Covered Patio	80 sq ft
Covered Front Porch	107 sq ft

Pinnacle Building Services, LLC
127 Promenade Dr Mooresville, NC 28117
Mike Ryan 704-361-1064

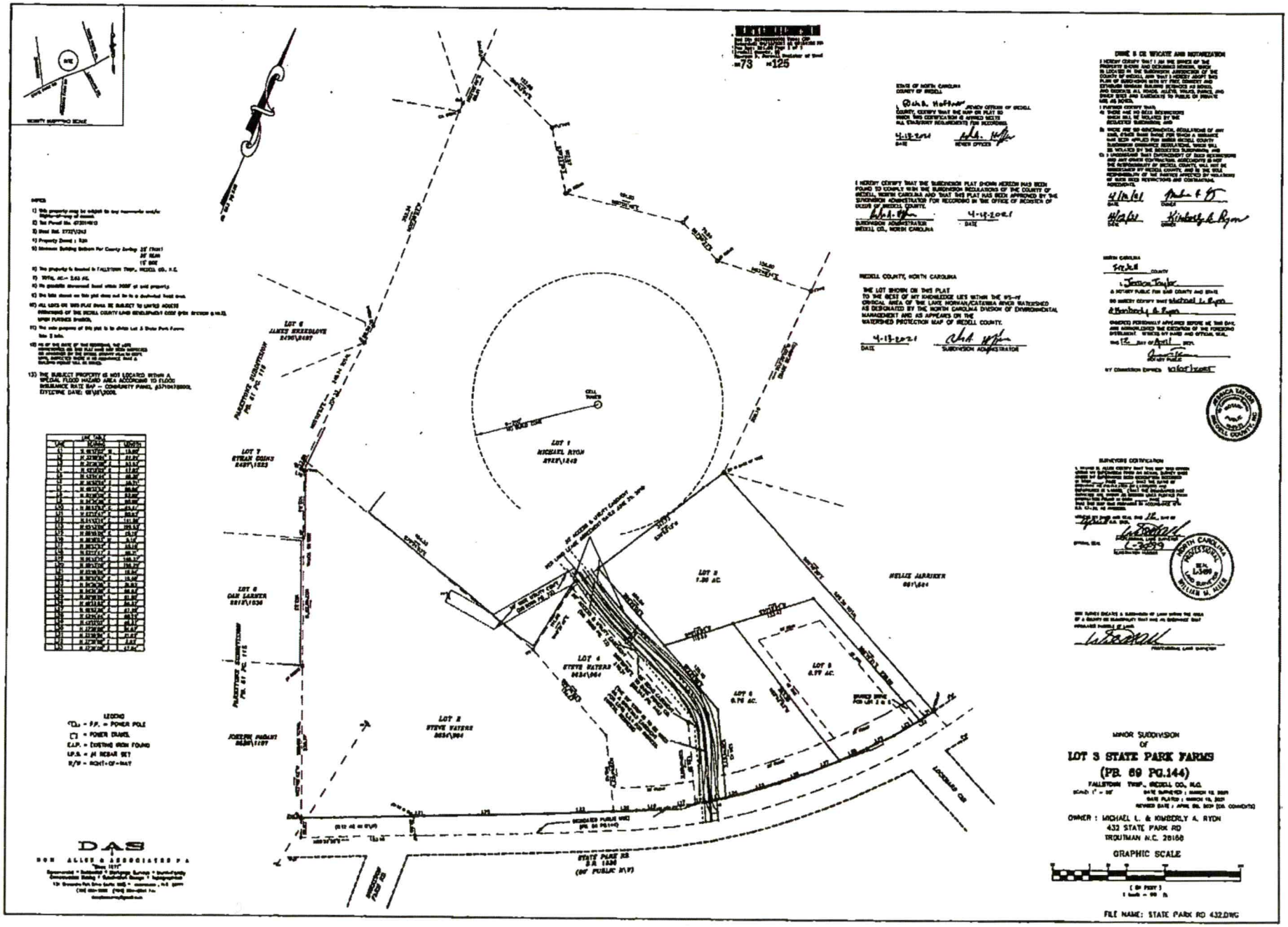
Graceful Living, Inc.

GOBLE PLAT PLAN

Date: 02/08/2022
Version #: 3.3

Scale: as noted

Page
3


MINOR SUBDIVISION
OF
LOT 3 STATE PARK FARMS
(PB. 69 PG.144)
FALLSTOWN TWP., IREDELL CO., N.C.
OWNER : MICHAEL L. & KIMBERLY A. RYDN
432 STATE PARK RD
TROUTMAN N.C. 28166
GRAPHIC SCALE
DAS
DON ALLEN & ASSOCIATES P.A.
FILE NAME: STATE PARK RD 432.DWG

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, Michael W Ryon, am the legal owner(s) of the property located at Lot 5 State Park Farms, identified as PIN (Parcel Identification Number) 4730149132.00, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans/Soiland Forestry Services of the Carolinas PA 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.

Michael L Ryon
Signature of Owner(s)

3-16-22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

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MR **Complete all Environmental Health forms:**

MR Application
MR Site Plan including the dimensions of proposed structure, addition, pool etc.
MR Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
MR Copy of Zoning Permit when applicable
MR Sign this sheet after you have completed all items

MR **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

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MR **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

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DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3-16-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326733 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730149132.000	406 STATE PARK RD	Iredell County

Owner Information	Applicant Information
Name: RYON MICHAEL L+KIMBERLY A	Name: RYON MICHAEL L+KIMBERLY A
Address: 432 STATE PARK RD	Address: 432 STATE PARK RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone: (704)361-1084	Phone: (704)361-1084

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.77	35	35	15	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.

Date: 03/17/2022

Signature of Owner/Contractor

Permit Number	326733	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 4481

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Michael Ryon Phone # 704-361-1084

Owner's Current Address 432 State Park Rd, Troutman NC 28166

Property Information

Property Address State Park Farms Parcel # 4730149132.00

Subdivision:_____ Lot: 5 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Perth Rd to State Park Rd
1st on right side. NEAR 432 STATE PARK Rd

Application Information

Applicant's Name or Company Pinnade Bldg Svcs Applicant's Phone # 704-361-1084

Applicant's Address 127-A Promenade Dr, Mooresville NC 28117

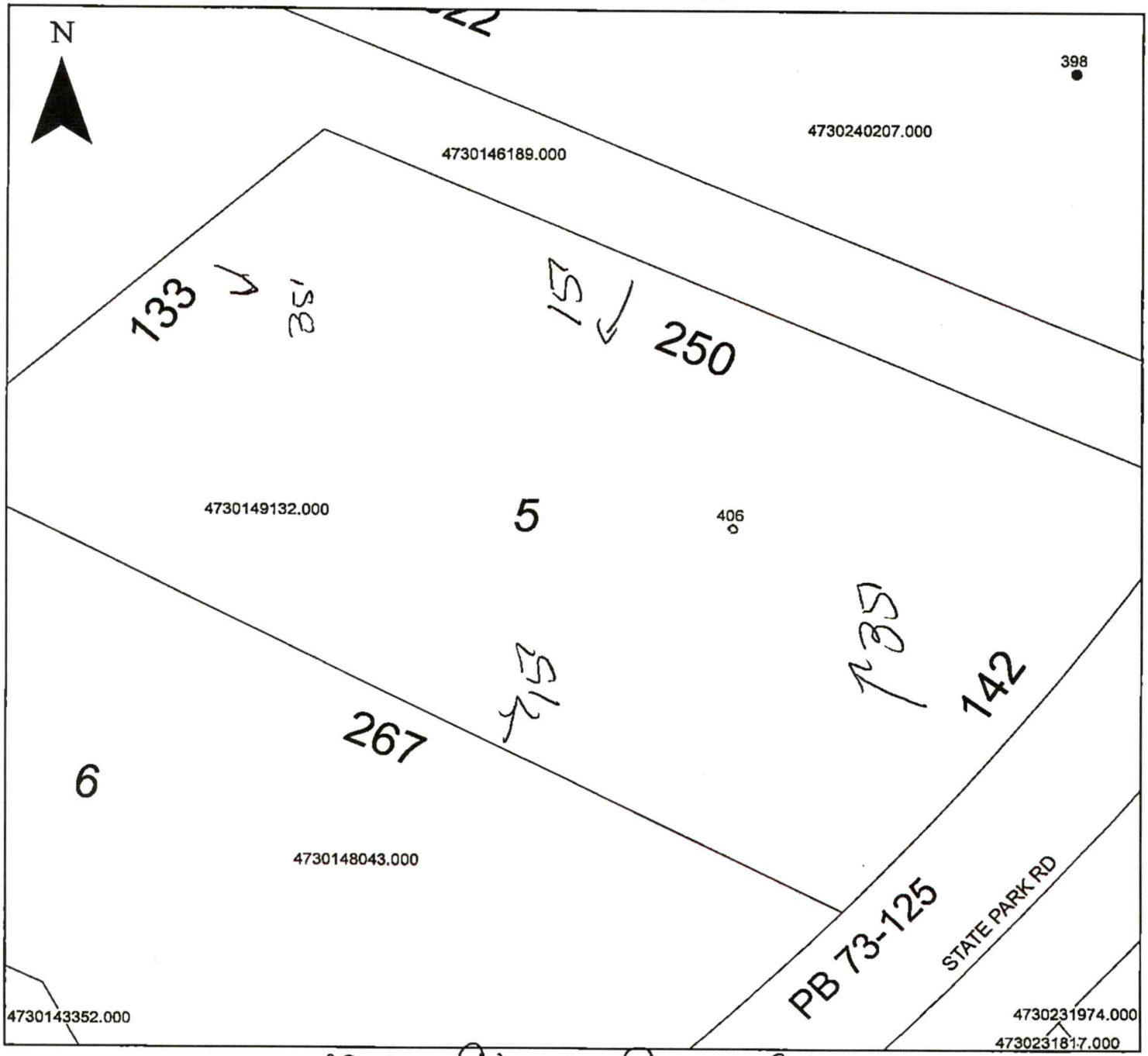
If Company, Representative's Name and Title Michael Ryon manager/owner

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 3/16/22

.77 R/C
IVCA Cod
D

ZONING DISCLAIMER



Property Address 406 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.

Violeneta Ryle

Applicant

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R15485

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-326733 Address: 406 STATE PARK RD APN: 4730149132.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R15485			**$577.25**

Date Paid: Thursday, March 17, 2022

Paid By: RYON MICHAEL L+KIMBERLY A

Cashier: MJH

Pay Method: CREDIT CARD 075831

SHOAF PRECAST SEPTIC TANK, INC.

4130 West U.S. Hwy. 64
Lexington, NC 27295
Telephone: (336) 787-5826
FAX No. (336) 787-2826
Email Address: info@shoafprecast.com

TO WHOM IT MAY CONCERN:

This letter is to certify that the following tanks were vacuum tested to 5'' hg and held for two minutes with no leakage.

Contractor	Piedmont Backhoe Service - Steve Jordan
Invoice #	48184
Job Info:	406 State Park Rd, Troutman, NC 28166

Tank Size	Description	NC Approval #	Qty
1,000 gal.	Non-Traffic Mid Seam Septic Tank w/ filter & 2 - 6" x 20" EZset Risers cast in	STB-760	1

Phillip Shoaf
Vice President
Shoaf Precast Inc.

Date: 3/13/23