IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235048

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

PIN # 473 0355590

APPLICANT/OWNER: Ronnie Williams / CS & SC APPLICANT ADDRESS: 13824 Osprey Links Rd Apt 189 Orlando FL

SITE ADDRESS: 162 Rushing Water Ln, Troutman 28166 PHONE: 407-408-3774 ALT. PHONE 704-202-5791 (Adrian Prieft)

SITE DIRECTIONS: I-77 S → R on Perth → R on state park rd → L on Rushing water → lot at end on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Twin Creek Estates SECTION: 1 LOT # 12 LOT AREA: .76 ac DESIGN FLOW: 480 gpd L.T.A.R.: .35

Septic Tank 1000 (gal) STB Infiltrator Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 343

Trench Width 36" Trench Bottom Depth(Low side) 28" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction

Repair System Description: 25% reduction - PM1

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

TO Get OP, following items needed:

INITIAL SITE SKETCH

See attached design by Carolina Soil & Septic Consulting, PLLC

AS BUILT SKETCH

(1) Left property line needs to be marked & location of drain lines verified - 10ft setback

(2) Drain pipe removed from drain field. - Removed 10/7

(3) Basin in backyard filled - Basin no longer considered Basin one side considered

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**

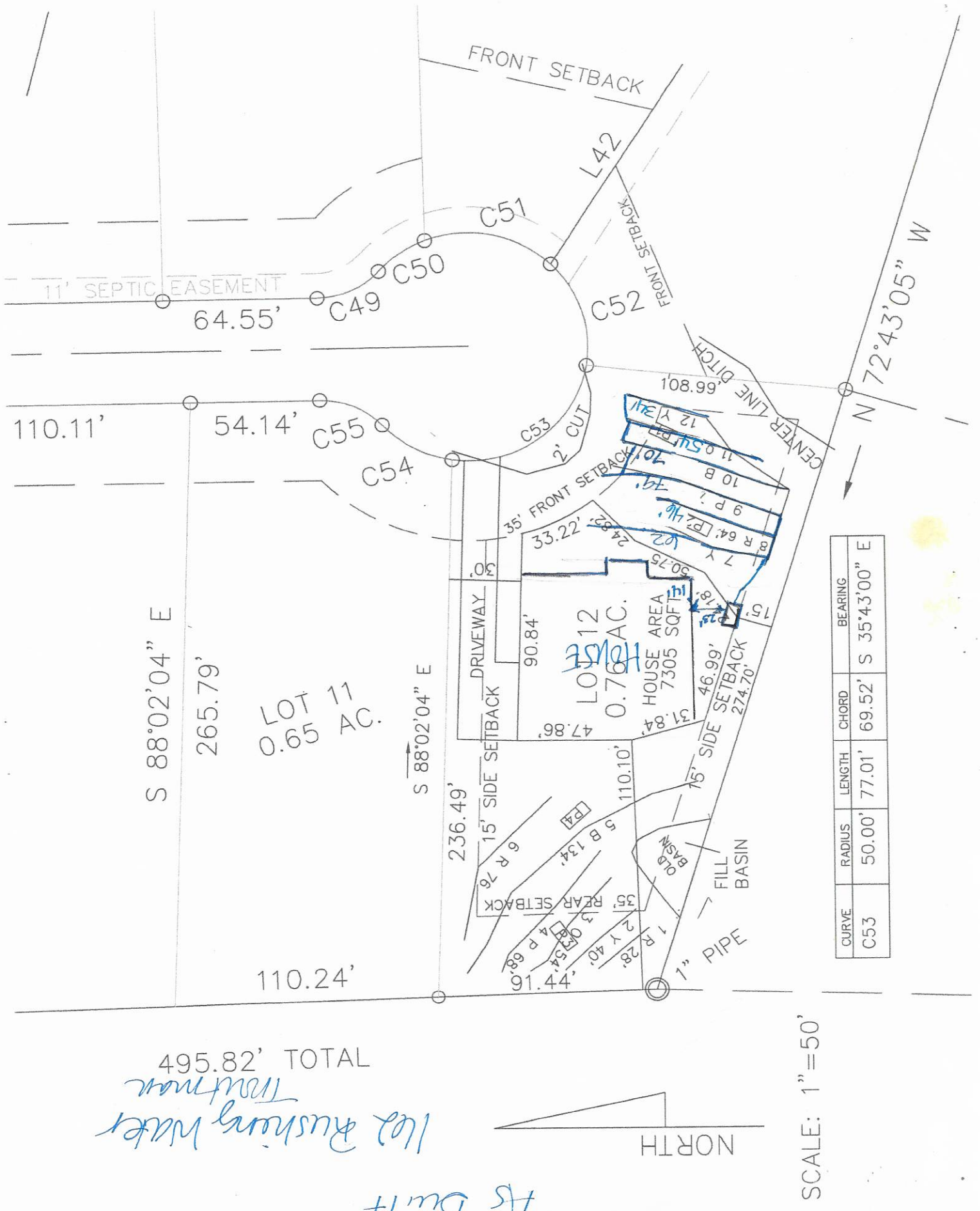
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5-18-18 Installed by: Ammons Septic

IMPROVEMENT PERMIT by: Carla A Cave Date: 5/4/18 OPERATION PERMIT by: Date: 10-7-2021

AUTHORIZATION TO CONSTRUCT by: Date: 1-28-21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



Los Rushing Water
Mobile Home

As Built

SCALE: 1"=50'

NORTH

495.82' TOTAL

CURVE	RADIUS	LENGTH	CHORD	BEARING
C53	50.00'	77.01'	69.52'	S 35°43'00" E

7" PIPE

1 R 28'
2 Y 40'
3 O 54'
4 P 68'
91.44'

35' REAR SETBACK

FILL BASIN

OLD BASIN

5 B 134'
P4

6 R 76'

15' SIDE SETBACK

110.24'

236.49'

S 88°02'04" E

S 88°02'04" E

265.79'

LOT 11
0.65 AC.

110.10'

15' SIDE SETBACK

31.84'

47.86'

LOT 12
0.76 AC.

HOUSE AREA
7305 SQFT

DRIVEWAY

90.84'

30'

274.70'

46.99'

15'

24.18'

50.75'

24.82'

33.22'

35' FRONT SETBACK

ST

7 Y 50'
8 R 64'
P2
9 P 74'
10 B 74'
11 O 46'
P1
12 Y 35'

CENTER LINE DITCH

108.99'

N 72°43'05" W

2' CUT

C53

C54

C55

54.14'

110.11'

C52

C49

64.55'

C50

C51

11' SEPTIC EASEMENT

FRONT SETBACK

C47

FRONT SETBACK

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System using Gravity distribution for a 4 bedroom single family residence on Lot 12 of Twin Creek Estates Subdivision Phase 1, 162 Rushing Water Ln. in Troutman, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2
Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Soil Profile Descriptions	6

April 17, 2018
Job Number 18038
Design By: Adrian L. Pruett



OWNER INFORMATION

Owner:	Ronnie Williams
Address:	13824 Osprey Links Rd., Apt. 189 Orlando, FL 32837
Client:	Ronnie Williams
Address:	13824 Osprey Links Rd., Apt. 189 Orlando, FL 32837
Contact:	Ronnie Williams
Phone:	407-468-3774
County:	Iredell
Location:	TWIN CREEK ESTATES, PHASE 1 LOT 12, 162 RUSHING WATER LN
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.350
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	343
Total Lateral Length Required:	342.86
Trench Depth:	28 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1029
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	9 ft.
Repair Trench Depth:	32 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	8
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	2.88
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett LSS

TWIN CREEK ESTATES, PHASE 1 LOT 12, 162 RUSHING WATER LN
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

April 17, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	RED	NA	NA	28	28
2	YELLOW	NA	NA	40	40
3	ORANGE	NA	NA	54	54
4	PINK	NA	NA	68	68
5	BLUE	NA	NA	134	134
6	RED	NA	NA	76	76
7	***YELLOW***	*NA*	*NA*	***50***	***50***
8	***RED***	*NA*	*NA*	***125***	***64***
9	***PINK***	*NA*	*NA*	***74***	***74***
10	***BLUE***	*NA*	*NA*	***74***	***74***
11	***ORANGE***	*NA*	*NA*	***46***	***46***
12	***YELLOW***	*NA*	*NA*	***35***	***35***
			Total	**804**	**743**

System	LINE LENGTH *343*	SYSTEM TYPE *ACCEPT.*	SOIL LTAR GPD/FT^2 *0.350*	TRENCH SYSTEM *25% RED.*	DISTRIBUTION *GRAVITY*
Repair	400	*ACCEPT.*	0.300	25% RED.	PRESSURE MANIFOLD

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

DOSING CALCULATIONS

Location TWIN CREEK ESTATES
Lot No: 12
Address: 162 RUSHING WATER LN.

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\,day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	8	ft.
Supply Line Volume	2.88	gal.
Required Feet of 25% RED. Line	342.85714	ft.
Amount of Line from Layout	343	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	223.979	gal.

PROPERTY ID #: 4730355590
COUNTY: Iredell

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

OWNER: Ronnie Williams — APPLICATION DATE
ADDRESS: 13824 Osprey Links Rd., Apt. 189, Orlando, FL 32837 — DATE EVALUATED: 4/16/18
PROPOSED FACILITY: Res — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.76 ac.
LOCATION OF SITE: 162 Rushing Water Ln., Troutman — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	LSS 21%	0-6	B L WFSBK	FR SS SP SEXP	N/A	32"	PS	N/A	PS
		6-19	R C/CL MFSBK	FR SS SP SEXP					
		19-32	YR L VWFSBK	FR SS SP SEXP	-COM SAP				
		32-70	VAR FSL SAP M	FR SS SP SEXP	Sap				0.35 GPD/SQFT
P 2	LSS 20%	0-3	B L WFSBK	FR SS SP SEXP	N/A	35"	PS	N/A	PS
		3-11	R CL MMSBK	FR SS SP SEXP	Sap @ 30"				
		11-35	YR L VWFSBK	FR SS SP SEXP	-COM SAP				
		35-64	VAR L SAP M	FR SS SP SEXP	-COM R CL				0.35 GPD/SQFT
P 3	LSS 8%	0-5	RB C MMSBK	FR SS SP SEXP	N/A	64"	N/A	N/A	PS
		5-26	R C MMABK	FI S P SEXP					
		26-47	YR CL MFABK/SBK	FR SS SP SEXP	-COM SAP				
		47-64	YR L WFSBK	FR SS SP SEXP	-COM SAP				0.3 GPD/SQFT
P 4	LSS 7%	0-9	RB CL MMSBK	FR SS SP SEXP	N/A -FEW SAP	42"	PS	N/A	PS
		9-26	R C MMABK	FI S P SEXP					
		26-42	YR CL WFSBK	FR SS SP SEXP	-COM SAP				
		42-60	VAR L SAP M	FR SS SP SEXP	-FEW CL				0.325 GPD/SQFT

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	PM 25%
Site LTAR	0.35	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN PRUETT
OTHER(S) PRESENT: DAVID BEANE

COMMENTS:

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- 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 pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as Pressure Manifold 25% reduction installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

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*

Application For:

( ) 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: RIDGEMONT CONSTRUCTION Address: PO BOX 480731 CHARLOTTE NC Zip: 28269

Applicant Email: JIMRC@BELLSOUTH.NET Phone: 704-999-6111 Alt. Phone: 704-947-9850

Owner Name: GLENN SULLIVAN Address: 2377 DEER CREEK TRAIL FLORIDA Zip: 33442

Owner Email: SULLYBE2001@YAHOO.COM Phone: 603-289-5677 Alt. Phone: _____

Property Information:

Street Address: 162 RUSHING WATER LANE TROUTMAN NC 28166

Subdivision Name: TWIN CREEK ESTATES Section/Phase: 1 Lot Number: 12

Driving Directions: US-21 TO PERTH RD LT, RT ON STATE PARK RD, LT ON RUSHING WATER LANE LOT IS ON RIGHT.

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

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: III

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: Jamy Lawson RIDGEMONT CONSTRUCTION 1-22-21

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.

X 2. I, Glenn P Sullivan & Caroline M Sullivan, am the legal owner(s) of the property located at 62 Rushing Water Lane Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4730-35-5590, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) RIDGEMONT Construction _____, 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.

GPSullivan Caroline M Sullivan
Signature of Owner(s)

22 JAN 2021
22 Jan 2021
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

RECEIVED APR 2 3 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #235048

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: Ronnie Williams/CS&SC Address: 13824 Osprey Links Rd., Apt. 189, Orlando, FL Zip: 32837
Applicant Email: rwilliams232@yahoo.com Phone: 407-468-3774 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 162 Rushing Water Ln., Troutman
Subdivision Name: Twin Creek Estates Section/Phase: 1 Lot Number: 12
Driving Directions: Hwy 115 S., TR on Perth, TR on State Park, TL on Rushing Water, Lot on R in cul-de-sac

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: _____

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: _____ 4-23-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 547B94DE-BD67-40BC-AD3E-82CC421E2F62

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Ronnie Williams, am the legal owner(s) of the property located at 162 Rushing Water LN, Troutman NC 28166, identified as PIN (Parcel Identification Number) 4730-35-5590.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett / Carolina Soil + Septic Consulting 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.

DocuSigned by: R Williams 31ABE1432C3545A...
3/22/2018 | 11:51 AM EDT
Signature of Owner(s) Date

DocuSigned by: Courtney Cress 827FDA403002455...
3/22/2018 | 3:26 PM EDT
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

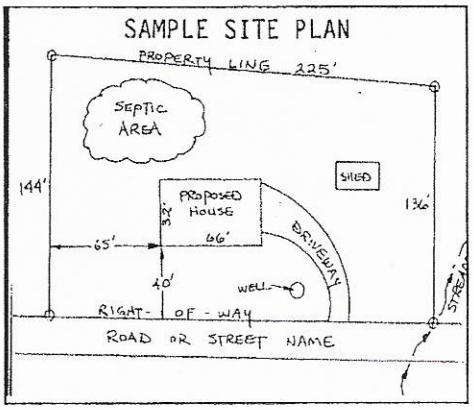
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

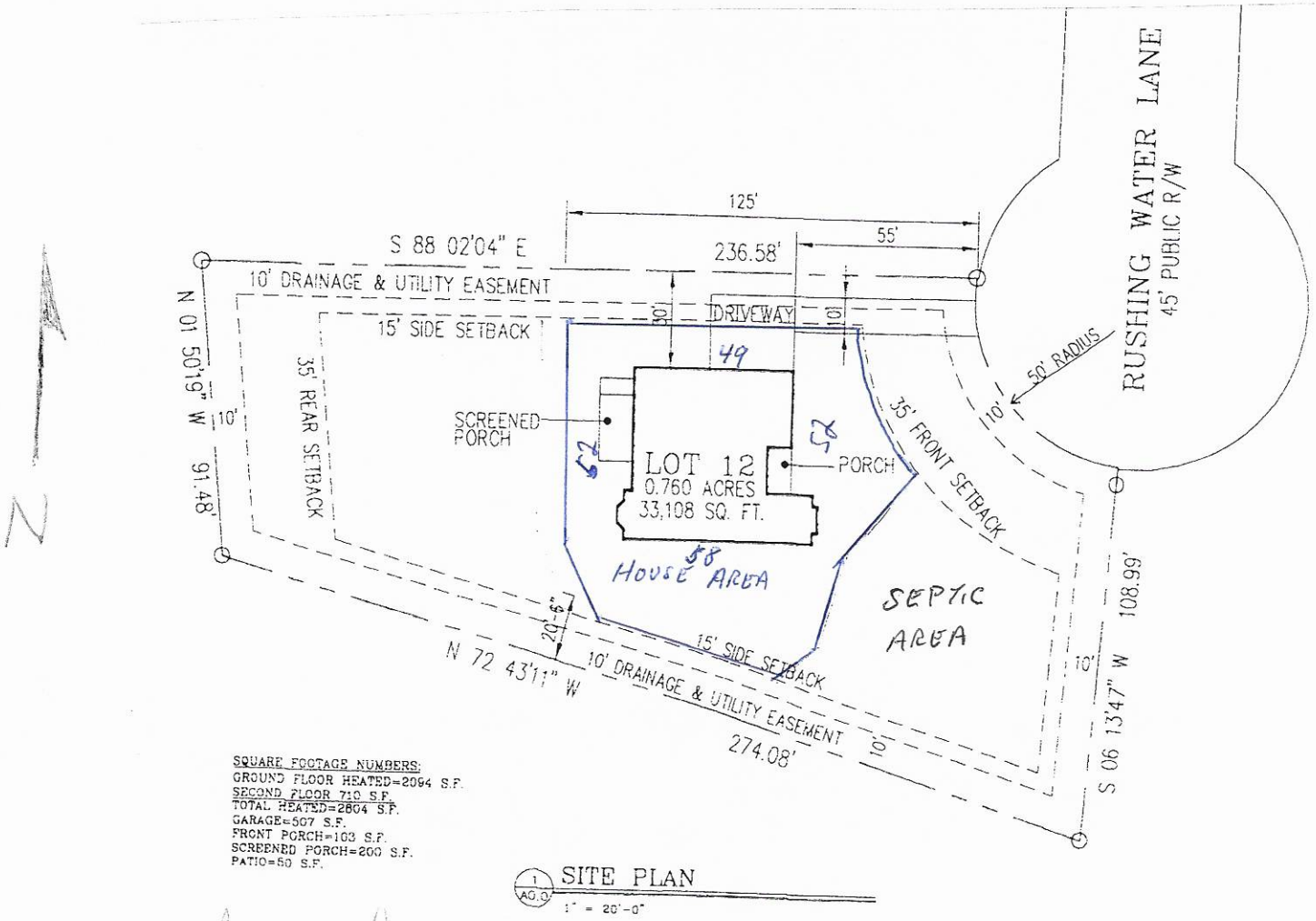
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



SQUARE FOOTAGE NUMBERS:
GROUND FLOOR HEATED=2094 S.F.
SECOND FLOOR 710 S.F.
TOTAL HEATED=2804 S.F.
GARAGE=507 S.F.
FRONT PORCH=103 S.F.
SCREENED PORCH=200 S.F.
PATIO=50 S.F.

1 / A0.0 SITE PLAN
1" = 20'-0"

Signature: Jamy Lora Roosment (Owner) 1-22-21

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

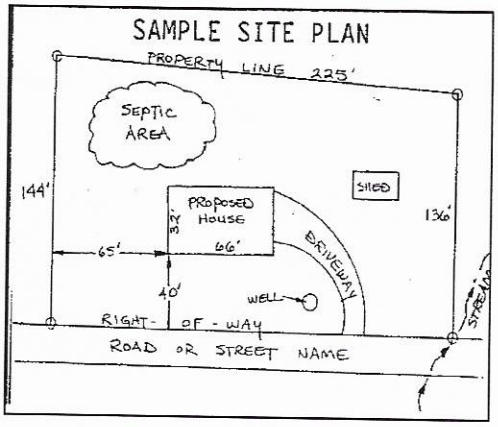
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Site Plan and Design

Signature: _____

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

4-23-18

DATE

NORTH

ALE: 1"=50'

#162 Fairhope water Ln.

5.82' TOTAL

110.24'

91.44'

1" PIPE

1 R 28'

2 Y 40'

3 O 54'

4 P 68'

35' REAR SETBACK

FILL BASIN

OLD BASIN

5 B 134'

P4

6 R 76'

236.49'

S 88°02'04" E

15' SIDE SETBACK

110.10'

15' SIDE SETBACK

274.70'

46.99'

31.84'

47.86'

HOUSE 7305 AREA SQFT

LOT 12 0.76 AC.

90.84'

DRIVEWAY

30'

LOT 11 0.65 AC.

265.79'

15'

24.18'

50.75'

24.82'

33.22'

35' FRONT SETBACK

S1

7 Y 50'

8 R 64'

P2

9 P 74'

10 B 74'

11 O 46'

P1

12 Y 35'

CENTER LINE DITCH

108.99'

N 72°43'05" W

2' CUT

C53

C54

C55

54.14'

C52

C49

C50

4.55'

FRONT SETBAC

EMENT

CURVE	RADIUS	LENGTH	CHORD	BEARING
C53	50.00'	77.01'	69.52'	S 35°43'00" E

Clarus - Cyberdrive Illinois

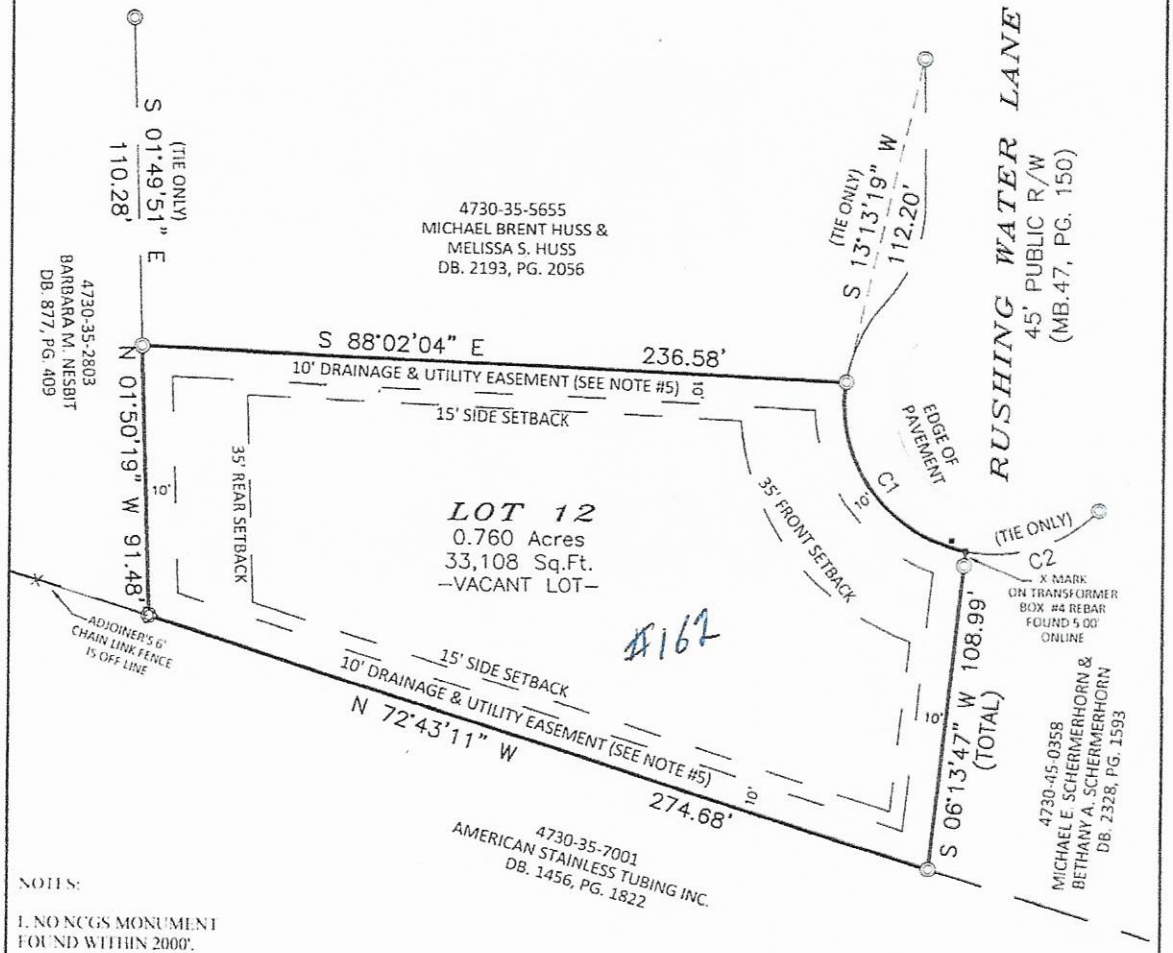


NORTH PER MAP BOOK 47, PAGE 150

BRIAN K. EVERSOLE, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NORTH CAROLINA PROFESSIONAL SEAL L-4674 LAND SURVEYOR BRIAN K. EVERSOLE 2/20/18

CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	77.02'	50.00'	69.63'	S 35°40'20" E
C2	48.92'	50.00'	46.99'	S 72°02'20" W



NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'.

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. SETBACKS SHOWN ARE PER MB. 47, PG. 150.

4. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.

5. LOT 12 IS SUBJECT TO A 10' DRAINAGE AND UTILITY EASEMENT ALONG EACH LOT LINE PER MB. 47, PG. 150.

Graphic Scale
50 25 0 50
Scale of Drawing 1 Inch = 50 Feet

LEGEND:
1" PIPE FOUND
#4 REBAR FOUND
UTILITY PEDESTAL
SUBJECT PROPERTY LINE
ADJOINER PROPERTY LINE
BUILDING SETBACK
DRAINAGE & UTILITY EASEMENT
FENCE LINE

Physical Survey of LOT 12 OF TWIN CREEK ESTATES, PHASE 1

Professional Property Surveyors, Inc.
18335 Old Statesville Road Ste. A
Cornelius, N.C. 28031
704-765-5134 Phone/Fax
Firm License C-3666

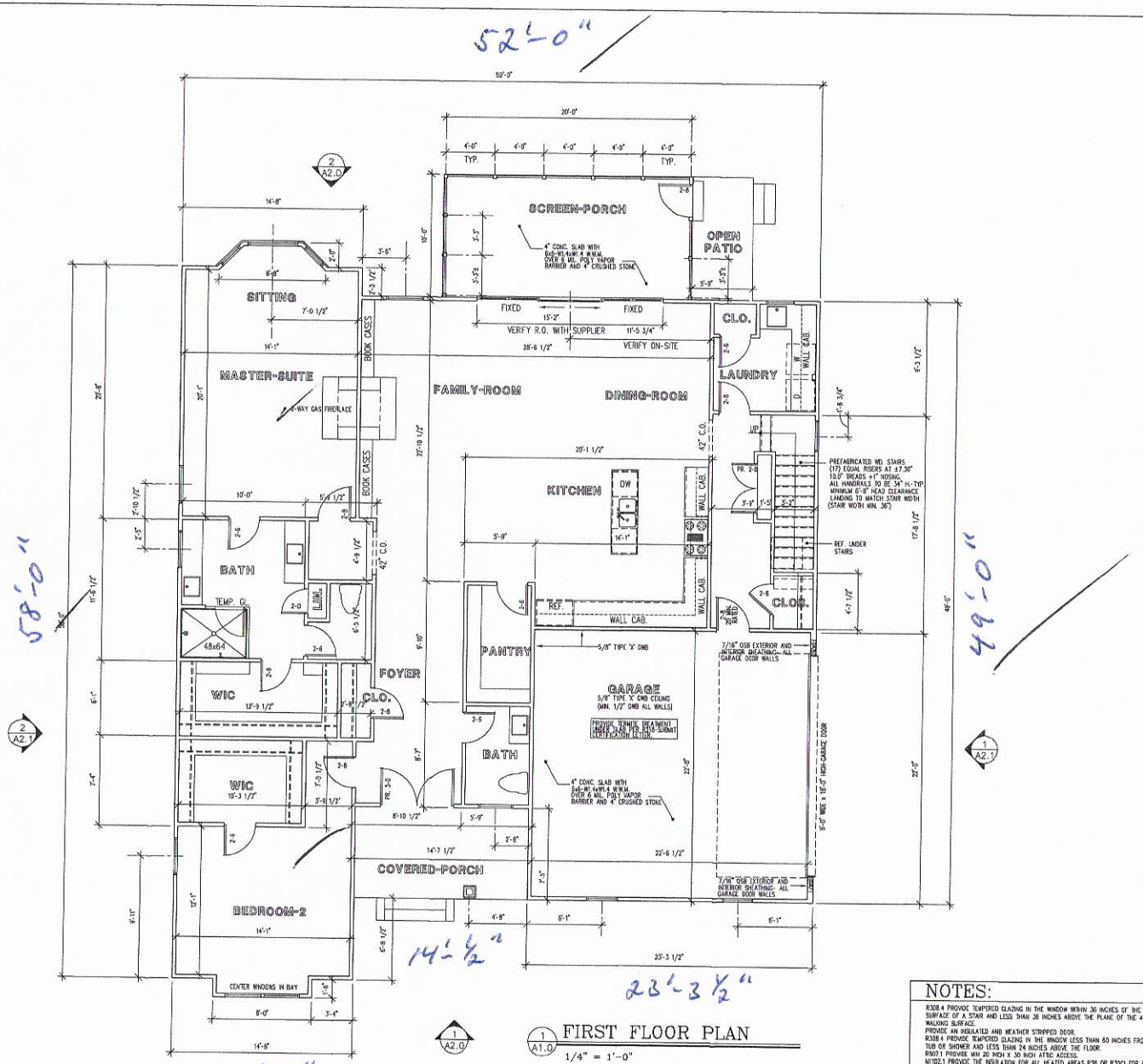
Property of:	As Recorded in:	Site Address:
RONNIE WILLIAMS	MB. 47, PG. 150 DB. 1690, PG. 845	162 RUSHING WATER LANE TROUTMAN, NC 28166 IREDELL COUNRY

021318-02	JEC	≥ 1:10,000	1" 50'	4730-35-5590	162 RUSHING	1 of 1	02.15.2018
Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date

Acknowledgement of Plans Submittal ONLY!

Date 1-22-21

Date 1-29-21.



1 A1.0 FIRST FLOOR PLAN

1/4" = 1'-0"

NOTES:

R308.4 PROVIDE TEMPERED GLAZING IN THE WINDOW WITHIN 36 INCHES OF THE WALKING SURFACE OF A STAIR AND LESS THAN 36 INCHES ABOVE THE PLANE OF THE ADJACENT WALKING SURFACE.
PROVIDE AN INSULATED AND WEATHER STRIPPED DOOR.
R308.4 PROVIDE TEMPERED GLAZING IN THE WINDOW LESS THAN 60 INCHES FROM THE TUB OR SHOWER AND LESS THAN 24 INCHES ABOVE THE FLOOR.
R807.1 PROVIDE MIN 20 INCH X 30 INCH ATTIC ACCESS.
N1102.1 PROVIDE THE INSULATION FOR ALL HEATED AREAS R38 OR R30CI FOR CEILING, R19 FLOORS, R13 OR R13 CAVITY PLUS R2.5 CONTINUOUS FOR WALLS.
R312.1.3 EXCEPTION 2 HANDRAIL PICKETS TO NOT ALLOW A 4 3/8 INCH SPHERE TO PASS THROUGH.
R311.7.8.1 PROVIDE HANDRAIL HEIGHT MIN 34 INCHES-MAX 38 INCHES.
R312.1.2& 3 PROVIDE GUARD RAIL MIN 35 INCH HEIGHT WITH PICKETS TO NOT ALLOW A 4-3/8 INCH SPHERE TO PASS THROUGH.

GERALD GOLDBACH

P.O. BOX 11068
Charlotte, N. Carolina
28220

704/366-3639
704/364-9578 FAX

GERALD WILLIAM GOLDBACH REGISTERED ARCHITECT 5428 NORTH CAROLINA CHARLOTTE, N.C.

11/24/2020

RIDGEMONT CONSTRUCTION

RESIDENCE AT
162 RUSHING WATER LANE
TROUTMAN, NORTH CAROLINA
FOR
GLENN AND CAROL SULIVAN

Content:
FIRST FLOOR PLAN

Project 20620
Date 11/24/20
Revisions

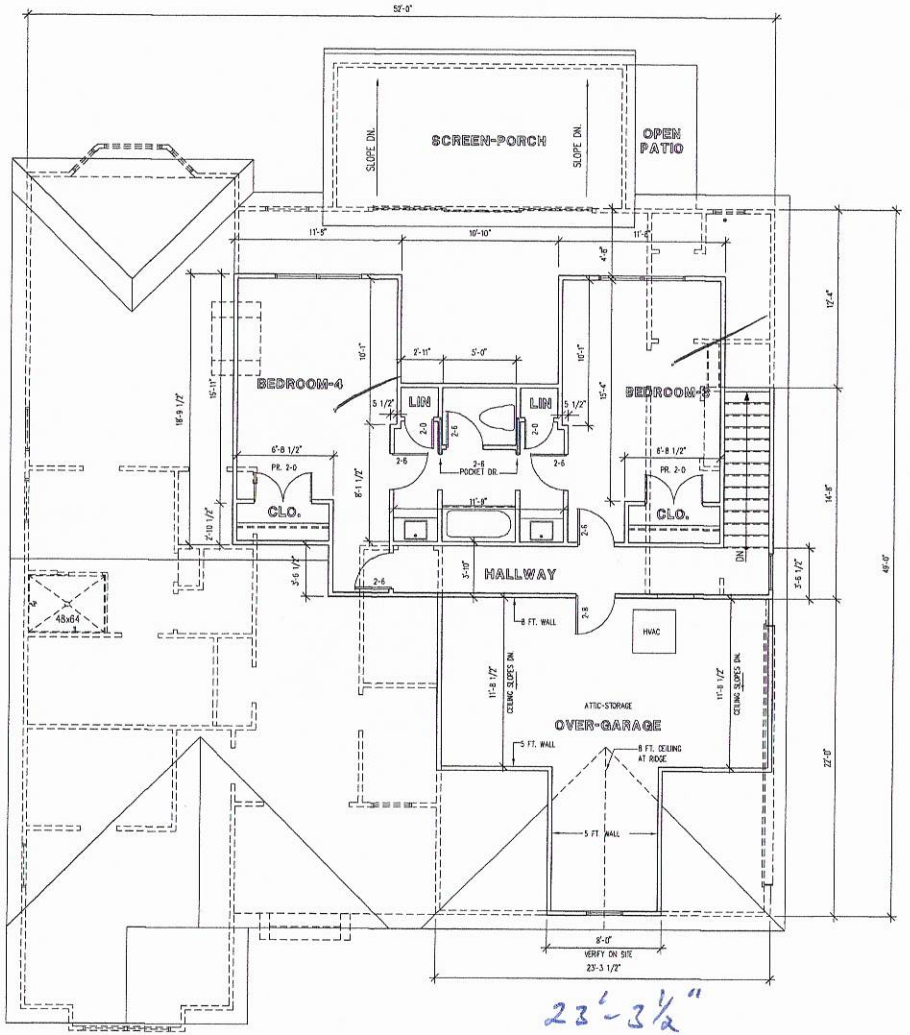
Sheet
A1.0

Acknowledgement of
Plans Submittal ONLY!

Date 1-23-21

Date 1-28-21

52'-0"



23'-3½"

49'-6"

1 A1.1 SECOND FLOOR PLAN

1/4" = 1'-0"

GERALD GOLDBACH

P.O. BOX 11068
Charlotte, N. Carolina
28220

704/366-3639
704/364-9578 FAX

GERALD WILLIAM GOLDBACH
REGISTERED ARCHITECT
5428
NORTH CAROLINA
CHARLOTTE, N. C.

11/24/2020

RIDGEMONT CONSTRUCTION

RESIDENCE
AT
162 RUSHING WATER LANE
TROUTMAN,
NORTH CAROLINA

FOR

GLENN AND CAROL SULIVAN

Content:
SECOND FLOOR PLAN

Project 20620
Date 11/24/20
Revisions

Sheet
A1.1

IREDELL COUNTY

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

APPLICATION NUMBER
235048
Issue Date: 04/20/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4730355590.000	162 RUSHING WATER LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: WILLIAMS, RONNIE	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 13824 OSPREY LINS RD APT 189	Address: 162 WEST B ST	Address: 162 WEST B ST
ORLANDO, FL 32837	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone: 407-468-3774	Phone: 704-202-5791	Phone: 704-202-5791
		License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD OK TO ISSUE PER MT

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

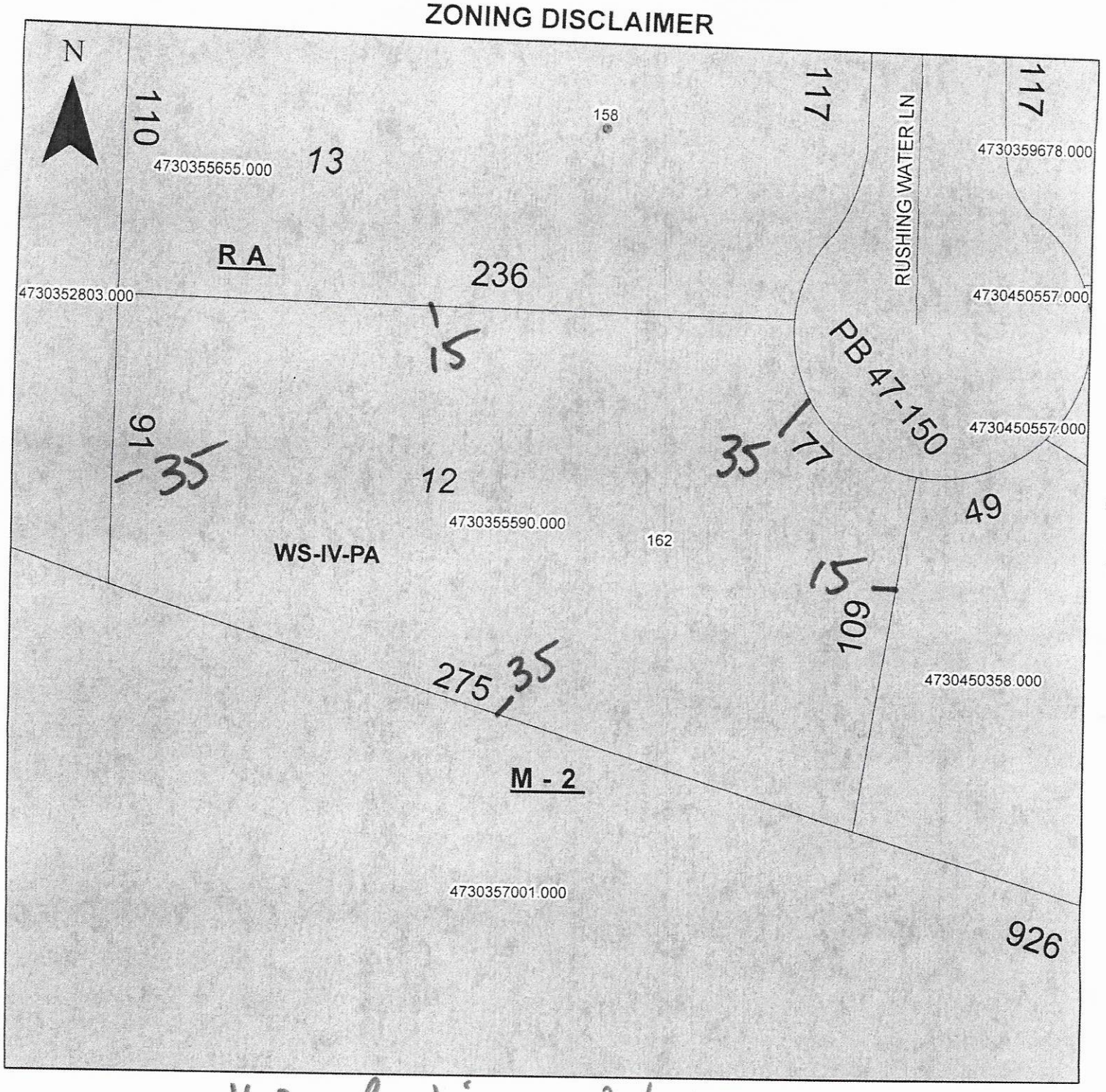
Signature of Owner/Contractor

Date: 04/20/2018

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	136308	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 162 Rushing Water

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

4-23-18
Date