IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # AP-310955

PIN # 4730477687

APPLICANT/OWNER: DPG Properties

APPLICANT ADDRESS: 7679 Lynnwood Ln Sherrills Ford NC 28673

SITE ADDRESS: 129 Shenandoah Lp Troutman NC 28166

PHONE: 704-928-5600 ALT. PHONE

SITE DIRECTIONS: Stat Park Rd (R) on Meadow Glen (L) Shenandoah - 6th lot on left

SUBDIVISION: Meadow Glen

SAP CONTROLLED: ☐ YES ■ NO

SECTION: N/A LOT # 31-33 LOT AREA: 1.649ac

DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 828 Date 1-10-21

Pump Tank 1000 Septic Tank PT Date 4-27-21

Pump Make Liberty Model 280 Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 360

Trench Width 36" Max Trench Bottom Depth 19" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM 25% Reduction

Repair Pretreated 25% Reduction

Maintenance Agreement Required: ☐ YES ■ NO

☐ GRAVITY ■ PRESSURE

■ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

■ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Follow all guidelines set in attached plan.

1 30 ch.
2 30 ch
3 29 ch

INITIAL SITE SKETCH

See attached site plan

AS BUILT SKETCH

Installed Quick 4 as Shown
6/10/21 Checked tanks, lines & set pressure.

Set floats, checked alarm, checked electrical 6/28/21
DW

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: 10/6/20

IMPROVEMENT PERMIT by: [signature] Date: 10/02/20

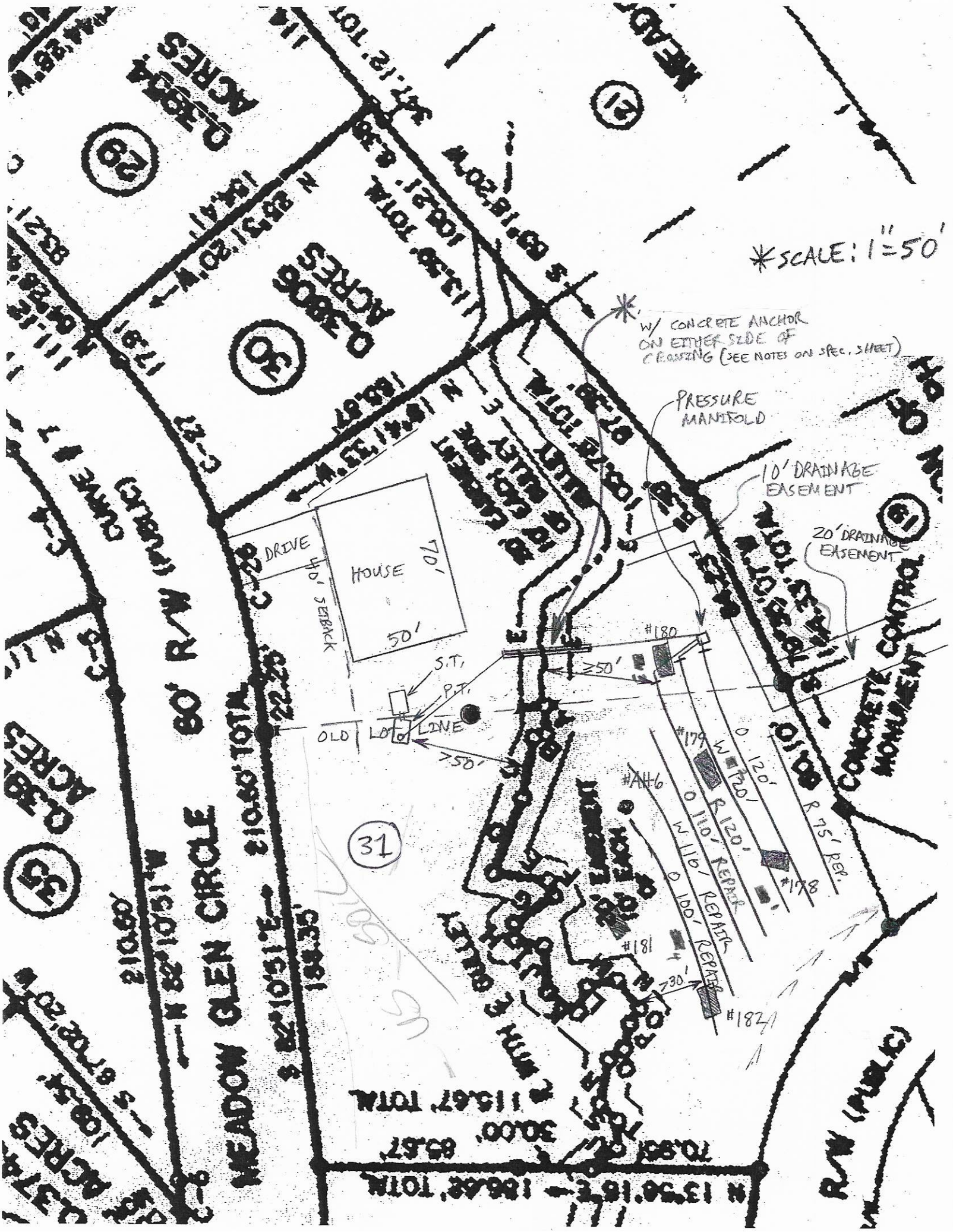
AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/6/2020

Installed by: Rowan Septic

OPERATION PERMIT by: [signature] D. Weberg Date: 6/28/21

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3762 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.


*SCALE: 1"=50'
W/ CONCRETE ANCHOR ON EITHER SIDE OF CROSSING (SEE NOTES ON SPEC. SHEET)
PRESSURE MANIFOLD
10' DRAINAGE EASEMENT
20' DRAINAGE EASEMENT
HOUSE
DRIVE
40' SETBACK
50'
70'
#180
#179
#178
#181
#182
#AH6
S.T.
P.T.
OLD LOT LINE
≥50'
≥30'
31
MEADOW GLEN CIRCLE
80' R/W (PUBLIC)
CONCRETE MONUMENT
R/W (PUBLIC)
W 120'
R 120'
W 116' REPAIR
O 100' REPAIR
R 75' REP.
O 120'
O 110' REPAIR
N 82°10'31" E 210.35'
N 13°30'18" E 188.66' TOTAL
30.00'
83.67'
113.67' TOTAL
C-27
C-28
C-29
C-30
C-31
C-32
C-33
C-34
C-35
29
30
31
32
33
34
35

Lot 31 Meadow Glen Subdivision Fast Track Septic System Information

Number of Bedrooms	**3**	
Basement or Crawl	**Basement**	
Design Flow (gpd)	**360**	
Primary System LTAR (gpd/ft2)	**0.25**	
Primary System Type	**25% Reduction**	
No. Lines	3 (See Table)	
Total Linear Feet	360'	
Trench Width	3' min.	
Trench Spacing	9' min.	
Max Trench Depth	**19"**	(will require cap)
Pump Required	Yes	
Distribution Device	Pressure Manifold	
Maintenance Agreement Required	No	
Length and Diameter of Supply Pipe	~140' of 2" SCH 40 PVC	
Flow Rate through the system	16.5 gpm	
Elevation head	26'	
Pressure head	2.0'	
Friction head	2.0'	
20% Contingency	2.0'	
Total Head	32'	
Pump Requirements	16.5 gpm @ 32' of head ***To be designed by installer** **NOTE: Elevations taken from topo map only and must be verified by installer at time of installation**	
Maximum Dosing Volume	156 gal - 2.3 doses/day @ design flow	
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)	
Pump Run per dose	approx. 9.4 min.	
Check Valve	No	
Siphon Break hole	Yes	
Repair System	**Pretreatment LP 25% Reduction**	
Total Linear Feet	395'	
Repair Loading Rate	0.25	360' Required
Repair Max Trench Depth	18"	(will require cap)

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Topo Map Elevation (Ft.)
1	Repair	Red	25% Reduction	75	~865'
2	**System**	**Orange**	**25% Reduction**	**120**	
3	**System**	**White**	**25% Reduction**	**120**	
4	**System**	**Red**	**25% Reduction**	**120**	
5	Repair	Orange	25% Reduction	110	
6	Repair	White	25% Reduction	110	
7	Repair	Orange	25% Reduction	100	~845'
				Total System: 360'	
				Total Repair: 395'	

Tank	Orange	1000 gal (2 compartment)	
Pump Tank	Orange	1000 gal.	~845'
House	Blue	Front Left Corner	~850'

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

*** Pump specifications should be verified by installer**

NOTE:

1) Use Max trench depth of 19" for initial system

2) Elevations taken from topo map only and must be verified by installer

3) Supply line pipe will cross the stream. If crossing occurs the pipe must be ductile iron (with mechanical joints) or steel pipe. The pipe must be anchored 10 feet on either side of crossing (this can be accomplished by anchoring the pipe with a concrete strip on either side of crossing)

4) Initial system will require a 4" soil cap placed over the drainfield area. This soil cap must consist of a Group II or III soil (SL - CL in texture) and must be approved by the Iredell County Health Department prior to placing over the drainfield area.

5) Repair system will require TS-II level of pretreatment to reduce stream setback

(e) Collection sewers, force mains, and supply lines shall be located at least the minimum horizontal distance from the following:

(1)	Any public water supply source, including wells, springs, and Class I or Class II reservoirs	100 feet, unless constructed of leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 50 feet;
(2)	Any private water supply source, including wells and springs	50 feet, unless constructed of similar leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 25 feet;
(3)	Any waters classified as WS-I, WS-II, WS-III, B, SA, or SB	50 feet, unless constructed of similar leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 10 feet;
(4)	Any other stream, canal, marsh, coastal waters, lakes and other impoundments, or other surface waters	10 feet;
(5)	Any basement	10 feet;
(6)	Any property line	5 feet;
(7)	Top of slope of embankments or cuts of two feet or more vertical height	10 feet;
(8)	Drainage Systems:	
	(A) Interceptor drains, storm drains, and storm water diversions	5 feet;
	(B) Ground-water lowering ditches and devices	10 feet;
(9)	Any swimming pool	10 feet;
(10)	Any other nitrification field	5 feet.

(f) Sewer lines may cross a water line if 18 inches clear separation distance is maintained, with the sewer line passing under the water line. When conditions prevent an 18-inch clear separation from being maintained or whenever it is necessary for the water line to cross under the sewer, the sewer line shall be constructed of ductile iron pipe or its equivalent and the water line shall be constructed of ferrous materials equivalent to water main standards for a distance of at least ten feet on each side of the point of crossing, with full sections of pipe centered at the point of crossing.

(g) Sewer lines may cross a storm drain if:

(1) 12 inches clear separation distance is maintained; or

(2) the sewer is of ductile iron pipe or encased in concrete or ductile iron pipe for at least five feet on either side of the crossing.

(h) Sewer lines may cross a stream if at least three feet of stable cover can be maintained or the sewer line is of ductile iron pipe or encased in concrete or ductile iron pipe for at least ten feet on either side of the crossing and protected against the normal range of high and low water conditions, including the 100-year flood/wave action. Aerial crossings shall be by ductile iron pipe with mechanical joints or steel pipe. Pipe shall be anchored for at least ten feet on either side of the crossing.

(i) Septic tanks, lift stations, wastewater treatment plants, sand filters, and other pretreatment systems shall not be located in areas subject to frequent flooding (areas inundated at a ten-year or less frequency) unless designed and installed to be watertight and

EPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: DPG Properties, LLC — APPLICATION DATE:
DDRESS: — DATE EVALUATED:
ROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): GPD — PROPERTY SIZE:
OCATION OF SITE: LOT 31 Meadow Glen Subdivision — PROPERTY RECORDED:
/ATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
VALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	#178	0 - 8	Wk, Gr, SL	VFr, NS, NP					
		8 - 36	Wk, sbk, C	Fr, SS, SP	F - Yell.-Brwn, mottles				< 36" 0.25
		36 - 52	Wk, sbk, C	Fr, SS, SP w	F - C - Sap. Inclus.				
					F - Yell./Brwn + Gray	mottles			> 36" US
	#179	0 - 8	Wk, Gr, SL	VFr, NS, NP					
		8 - 40	Wk, sbk, C	Fr, SS, SP	F - Y/B + Brwn (Mn)				0.25 - 0.275
		40 - 48	Mass., L-Sap.	Fr, SS, SP w	C - Clay Pockets				
	~6-10% Slope								
	#180	0 - 9	Mo, Gr, SL	VFr, NS, NP					
		9 - 23	Mo/Wk, sbk, C	Fr, SS, SP					< 31" 0.25
		23 - 31	Wk, sbk, C	Fr, SS, SP w	F - C Y/B mottles				
		31 - 48	Wk, sbk, C	Fr, SS, SP	C - M - Gray mottles				> 31" US
	#A4-6 Auger	0 - 36	Mo/Wk, sbk, SCL	Fr, SS, SP					
		36 - 48	Wk, sbk, SCL	Fr, SS, SP	F - C Sap. Inclus.				< 36" 0.30
					F - C Gray mottles				
									> 36" US

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)		
em Type(s)		
LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		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	
	(#181)	0 - 16	Gr, SCL	VFr, SS, SP	C. Gray Mottles			(Due to SHWT)	<16" PS
		16 +	SCL	Fr, SS, SP					>16" US
	(#182)	0 - 12	Wk, Gr, SL	VFr, NS, NP	F-C Y/Br Mn F-M-Gray Mottles				<30" 0.25
		12 - 30	Wk, SBk, SCL/SC	Fr, SS, SP					
		30+	—	—					>30" US

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)		
em Type(s)		
LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

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

Sheet 1 of 1
PROPERTY ID #: 4730477687
COUNTY: Iredell

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

OWNER: PPG Properties
APPLICATION DATE: 9-22-20
ADDRESS: 7679 Lynwood Ln. Sherrills Ford
DATE EVALUATED: 10-1-20
PROPOSED FACILITY: 3 BD
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: 1.652 ac
LOCATION OF SITE: 129 Shenandoah Cp
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ r/m
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 10%	0-14	SBK SCL	FR SE	PS	PS	NA	NA	PS.3
		14-35	SBK C	FI SE					
		35-48	WABK BC	FI/FR SE					
2	LSS 10%	0-6	SBK SCL	FR SE	Chroma 2s @ 33"	PS	NA	NA	PS.25
		6-32	WSBK C	FI SE					
		32-50	WABK BC	FI/FR SE					
3	LSS 10%	0-9	Mo Gr SL	FR NS NP	Chroma 2s @ 31"	PS	NA	NA	PS.25
		9-23	WKSBK C	FS SS SP					
		23-31	WKSBK C	FR SS SP w					
		31-48	WKSBK C	FR SS SP C-M					
4	LSS 10%	0-13	SBK SCL	FR SE	Chroma 2s @ 36"	PS	NA	NA	PS.25
		13-36	WKSBK C	FI SE					
		36-48	WKSBK C	FI/FR SE					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED SEP 2 2 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-310955

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: DPG Properties, LLC **Address:** 1679 Lynwood Lane, Sherrills Ford **Zip:** 28673
Applicant Email: GBarnard13@aol.com **Phone:** 704-928-5600 **Alt. Phone:**
Owner Name: Same **Address:** **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 129 Shenandoah Loop, Troutman, NC 28166
Subdivision Name: Meadow Glen **Section/Phase:** **Lot Number:** 31-33
Driving Directions: State Park Road to (R) on Meadow Glen Dr. to (L) on Shenandoah Loop Lot on left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) 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:

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

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

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(X) No Preference ( ) Alternative ( ) 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: Gary M. Barnard Manager 9/15/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

(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) Date

Mooresville - Environmental Health

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

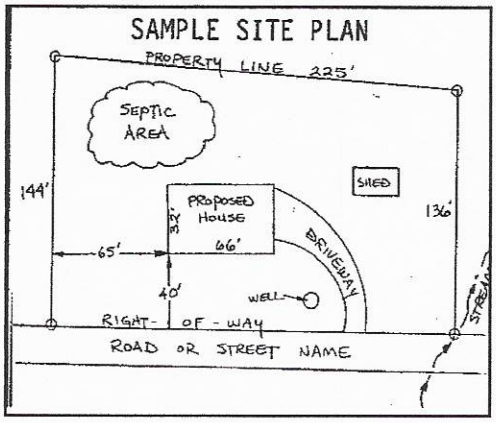
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

- (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**
- (X) **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

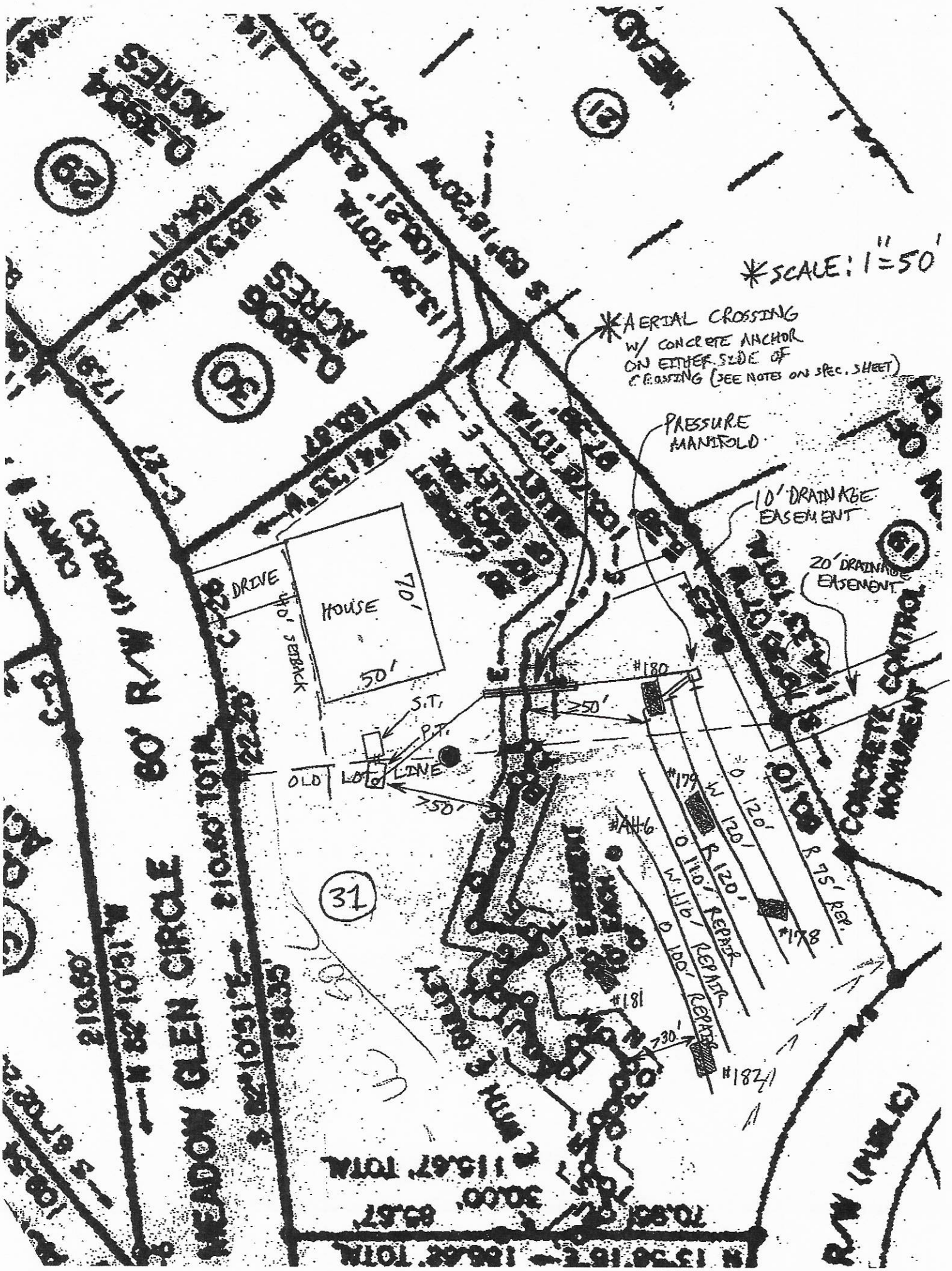
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Larry M. Pearson Manager

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

9/15/20

DATE


*SCALE: 1"=50'
*AERIAL CROSSING
W/ CONCRETE ANCHOR
ON EITHER SIDE OF
CROSSING (SEE NOTES ON SPEC. SHEET)
PRESSURE MANIFOLD
10' DRAINAGE EASEMENT
20' DRAINAGE EASEMENT
HOUSE
70'
50'
DRIVE
40' SETBACK
#180
#179
#178
#181
#182
#AH-6
S.T.
P.T.
OLD LOT LINE
≥50'
≥30'
80' R/W MEADOW GLEN CIRCLE
CONCRETE MONUMENT
31
N 82°10'31" W 215.67' TOTAL
S 82°10'31" E 215.67' TOTAL
N 15°36'18" E 180.00' TOTAL
S 15°36'18" W 180.00' TOTAL
N 82°10'31" W 30.00'
S 82°10'31" E 30.00'
N 15°36'18" E 83.67'
S 15°36'18" W 83.67'
N 82°10'31" W 70.85'
S 82°10'31" E 70.85'
N 15°36'18" E 83.67'
S 15°36'18" W 83.67'
N 82°10'31" W 30.00'
S 82°10'31" E 30.00'
N 15°36'18" E 180.00' TOTAL
S 15°36'18" W 180.00' TOTAL
N 82°10'31" W 215.67' TOTAL
S 82°10'31" E 215.67' TOTAL

Curve	Radius	Length	Chord	Chord Bear.
C1	260.00'	71.22'	71.00'	N 89°58'14" E
C2	175.00'	121.34'	118.92'	N 47°09'37" W

NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

SHENANDOAH LOOP - 60' PUB. R\W

1.649 AC+- TOTAL
LOT #31 REVISED

COMBINATION OF LOT #31 - LOT #33
PLAT BOOK 32-147

C.O.S.
PB 32-146

REBAR

S 82°10'51"E 210.60'
188.35'

22.25'

C1

REBAR

41.0'

25.3'

42.0'

PROPOSED HOME

47.0'

47.0'

40.5'

42.0'

PLAT BOOK 32-146

LOT
PB 3

S 19°41'33"E
165.87'

N 13°58'16"E 186.62'

20' DRAINAGE EASEMENT EACH SIDE OF GULLY

OLD LOT LINE

OLD PROPERTY LINE BETWEEN LOT 32 & 33

20' DRAINAGE EASEMENT EACH SIDE OF GULLY

Park Area

REBAR

REBAR

LOT #.
PB 32-1

NEW 10' DRAINAGE EASEMENT

S 65°18'20"W 105.78'

REBAR

S 79°35'07"W 144.33'

55.76'
S 82°54'00"W

REBAR

REBAR

C2

MEADOWFALL LN
50' PUBLIC R\W

LOT #20
PB 32-106

LOT #19
PB 32-106

LOT #18
PB 32-106

STRICT

TED WITHIN
DISTRICT.

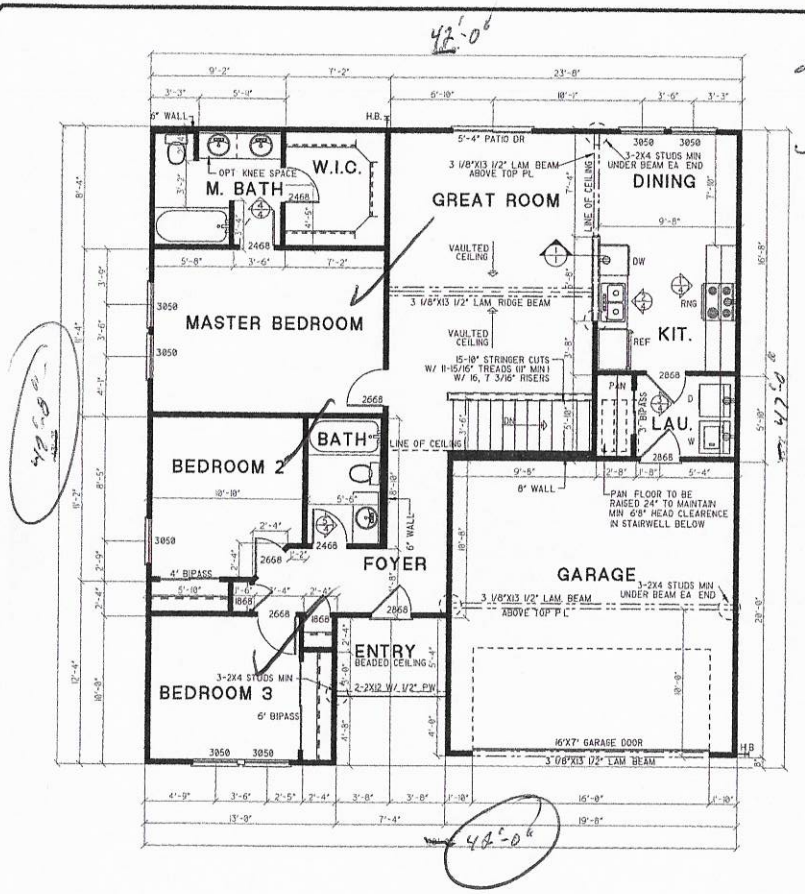
OPERTY
IN
JTMAN
N WITHIN
AND

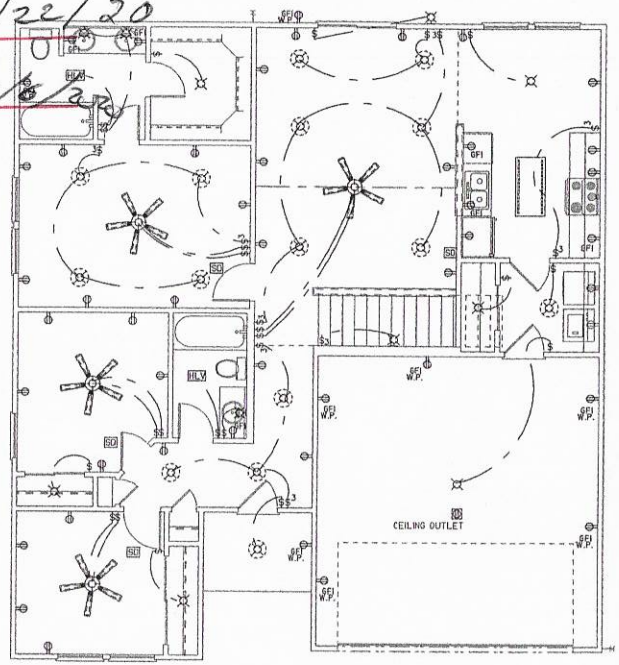
COUNTY
RESAID
ALLY APPEARED
THE FOREGOING
OR SEAL,

DATE

NOTES:

Acknowledgement Of
Plans Submittal ONLY!
Date 9/22/20
Date 10/6/20





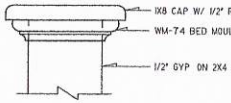
NOTE:
1 - OWNER TO VERIFY & APPROVE ALL ELECTRICAL & POSSIBLE FLOOR OUTLET LOCATIONS NOT NOTED
2 - PROVIDE ARC-FAULT INTERRUPTER PROTECTION FOR ALL BEDROOMS. REFERENCE IRC SECTION E3802
3 - OWNER TO LOCATE AND VERIFY PHONE & CABLE JACKS
4 - SEE OWNER FOR ALL OUTDOOR ELECTRICAL NEEDS AND LIGHTING

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 FORM PUBLIC VIEW VISUAL IMMPACT 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 BEFOR FABRICATION
9. BEDROOM WINDOWS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQ.FT. 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" FORM FINISH FLOOR
10. ALL GLASS LOCATED WITHIN 18" OF FLOOR, 12" OF A DOOR OR LOCATED WITHIN 69" 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. WALLS COMMON TO GARAGE AND HOUSE SHALL HAVE A LAYER OF TYPE "X" GYPSUM BOARD AT GARAGE SIDE.
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.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
(F)	EXHAUST FAN		FLOOD LIGHT
	CEILING FAN		WALL MOUNTED LIGHT
			ELECTRICAL OUTLET
			220V ELECTRICAL OUTLET
			CEILING MOUNTED OUTLET
			FLOOR MOUNTED OUTLET
	CEILING FAN W/ LIGHT		HIDDEN OUTLET
			SWITCHED OUTLET
			BREAKER BOX
			PHONE
EFL	EXHAUST FAN W/ LIGHT	SD	SMOKE DETECTOR
HLV	HEAT, LIGHT AND VENT	$	SWITCH
	LIGHT		STACKED SWITCHES
	4' FLORESCENT LIGHT	3	THREE WAY
		4	FOUR WAY
	2' X 4' FLORESCENT LIGHT	GFI	GROUND FAULT INTERRUPTER
		WP.	WATERPROOF
	6" RECESSED CAN LIGHT		ELECTRICAL WIRE
	3" RECESSED CAN LIGHT		CABLE TV
			TRACK LIGHTING



1 WALL CAP DETAIL
3" = 1'-0"

FLOOR PLAN SPECIFICATIONS

HEAT/COOLED:	1250 SQ. FT.
GARAGE, STORAGE & PORCH:	438 SQ. FT.
TOTAL:	1688 SQ. FT.

NOTE:
1 - ALL MAIN FLOOR CEILINGS TO BE 8'-1" UNLESS NOTED.
2 - OWNER / BUILDER TO APPROVE ALL PLANS BEFORE CONSTRUCTION
3 - SEE OWNER FOR ALL CLOSET ROD LAYOUTS
4 - H/W & HVAC TO BE LOCATED IN ATTIC UNLESS NOTED

REVISIONS	BY
24x36	

Nelson Design Group LLC
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MICHAEL E. NELSON
PBD Cert No. AR-184

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DATE	2/1/02
SCALE	1/4" = 1'-0"
PLAN	
JOB	NDG634-1R
DRAWN BY	

1 OF 4

NOTICE DUTY OF COOPERATION
NELSON DESIGN GROUP, LLC, or Michael E. Nelson assumes no liability for any HOME 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 arising out of such changes. Only qualified Designer, Architect, Contractor, or Structural Engineer should attempt to modify any portion of this design. Written dimensions on these drawings shall have precedence over scaled dimensions; contractors shall verify and be responsible for all dimensions and conditions on the job. This office must be notified of any variations from the dimensions and conditions shown by these drawings. Shop details must be submitted to this office for approval before proceeding with fabrication.

MAIN FLOOR PLAN / ELECTRICAL PLAN / NOTES

NDG634-1R

" Where Traditional Values and Family Come Together "

CAD DESIGNED

Zoning Permit # 310955
Fee: $ 45.00 CODE 104

*See reverse side for new construction

Zoning Permit

Please allow a minimum of 72 business hours for completion of zoning approvals and final inspections.

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677 704-878-3118). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

LOCATION	Date (mm/dd/yy)	09/14/20	Tax Parcel / PIN #	Parcel ID 4732477689
	Business Name or Property Owner	DPG Properties, LLC		
	Street Address & Lot Number	129 Shenandoah Loop, Troutman, NC 28166 Lot 31-33		
	Business Type and/or Project Description	Meadow Glen Subdivision		
APPLICANT	Applicant	G&G Builders of Lake Norman, LLC	Preferred Phone	704-928-5600
	Address City/State/Zip	7679 Lynwood Lane, Sherrills Ford, NC 28673		
	E-Mail	GBarnard13@aol.com		

Office Use Only

Zoning District(s)	RS	TL ☐ ETJ ☑	Plans Attached Yes ☑ No ☐
Utilities	Public WA / Septic		Floodplain Yes ☐ No ☑
Permitted Use of Property	SFR		
Minimum Setback Requirements	From 25 Rear 25 Left Side 10 Right Side 10		

Setback measured from nearest projecting point of structure to Property Line.

Comments: 2 front yard trees

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Gary M. Barnard manager
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance

Doreen Uphoff
Signature of Zoning Administrator