ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-302977

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

PIN # 4730495374

APPLICANT/OWNER: DPG Properties LLC APPLICANT ADDRESS: 7679 Lynwood Ln. Sherrills Ford, NC

SITE ADDRESS: 196 Meadow Glen Dr. Troutman, NC 28166 PHONE: 704-928-5600 ALT. PHONE —

SITE DIRECTIONS: State Park Rd. → R on Meadow Glen → lot on R SAP CONTROLLED: ☐ YES ☑ NO

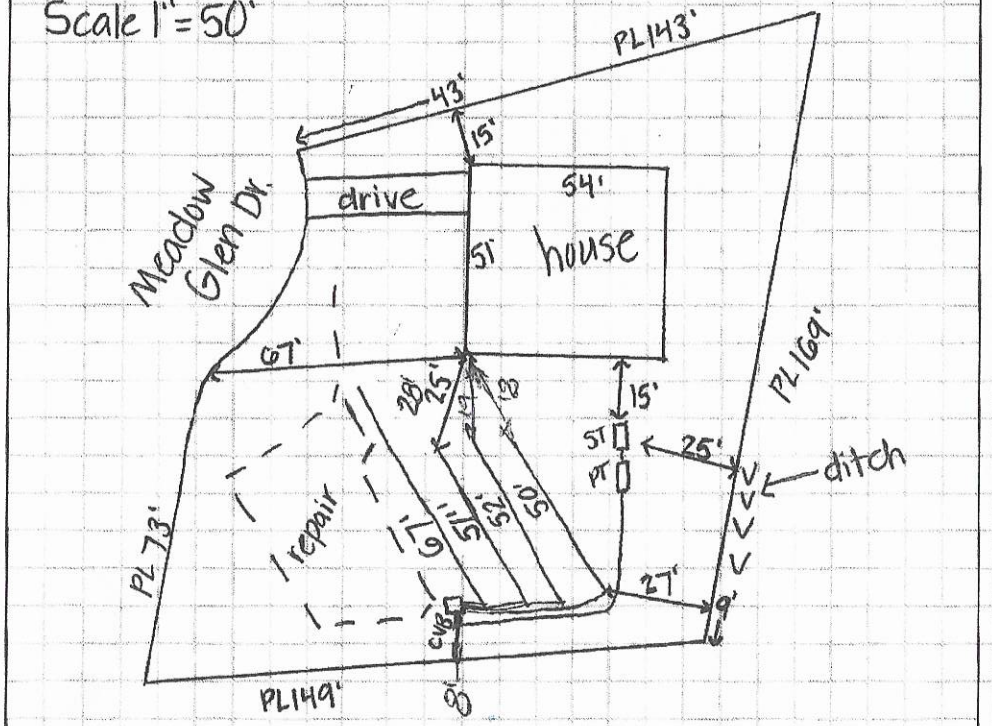
SUBDIVISION: Meadow Glen SECTION: – LOT # 113 LOT AREA: .492 DESIGN FLOW: 360gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	825	Date	1-03-2021	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	2-28-2021	System Description:	LP PPBPS	☐ Business	No. Persons	6	☐ Private
Pump Make	LIBERTY	Model		280	Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees		☑ Public
# Nitrification Fields	1	# Lines		4	Linear Ft	220'	Maintenance Agreement Required:	☑ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth (Low side)		AAAX 36"	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Maintain 25' from ditch. Tanks must be set 15' from house.

1n 10/21 Need seal in electrical box & riser Needs to be 6" above grade on PT — mp

INITIAL SITE SKETCH



AS BUILT SKETCH

4-27-2021 BCW
- TANKS CHECK
- SUPPLY LINE CHECKED
- DRAINFIELD CHECKED
- CVB CHECKED
- FLOATS CHECKED
- PRESSURE HEAD CHECKED

INSTALLED AS SHOWN

6-10-21
Alarm box needs seal.
PT riser not 6"

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: 12/13/19 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Kayla Wilson Date: 12-6-19 OPERATION PERMIT by: James Beggs Jr Date: 6-15-2021

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 12-6-19 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.

RECEIVED DEC 3 - 2019

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

Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 302977

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: DP G Properties LLC Address: 7679 Lynnwood Lane Sherrills Ford NC Zip: 28673
Applicant Email: GRaynard13@aol.com Phone: 704-928-5600 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 196 Meadow Glen Drive, Troutman, NC 28166
Subdivision Name: ~~196~~ Meadow Glen ~~Drive~~ Section/Phase: _____ Lot Number: 113
Driving Directions: State Park Rd to (R) Meadow Glen DR. to cul de sac. Lot on (R)

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Gary M. Raynard Manager — 11/18/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, 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.

_____ 11/9/19

Signature of Owner(s) Date

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

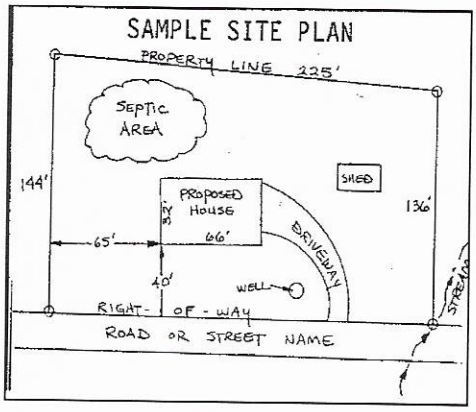
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) 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:

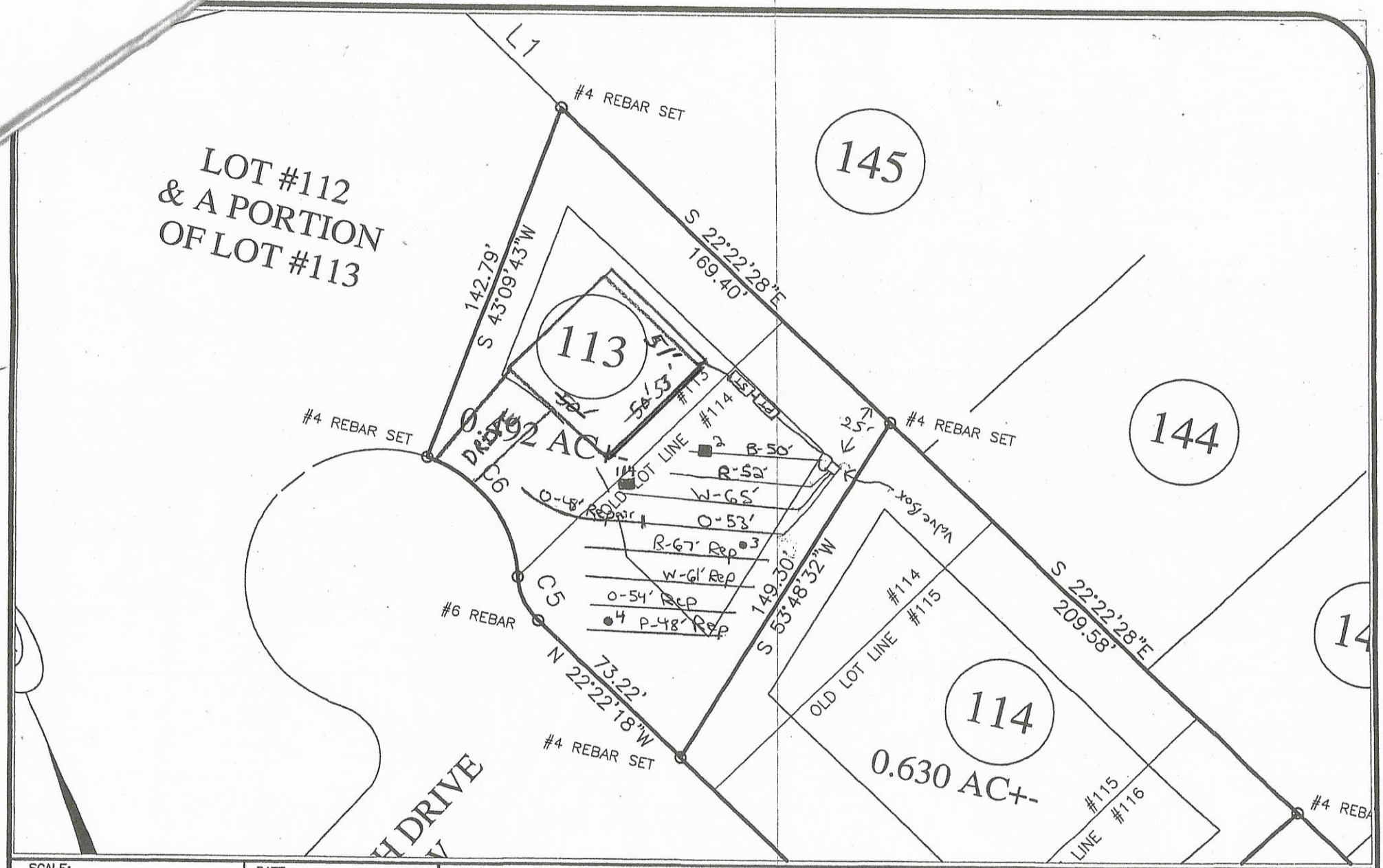
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

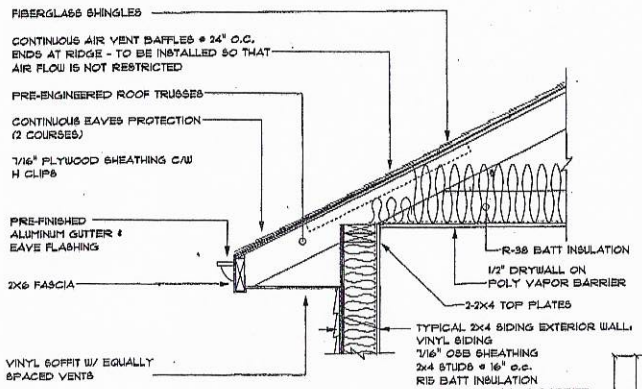
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Gary M. Brown manager 11/19/19

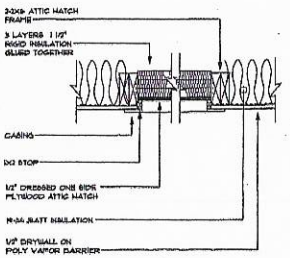
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



SCALE: 1" = 50'	DATE: 03/20/2008	S&ME	Lot 113	FIGURE NO. 1
PROJECT NO. 1588-08-015	DRAWN BY: PLM	3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7180 FAX. 336-288-8980	Meadow Glen Subdivision Iredell County, NC	
	CHECKED BY: PGP	WWW.SMEINC.COM		

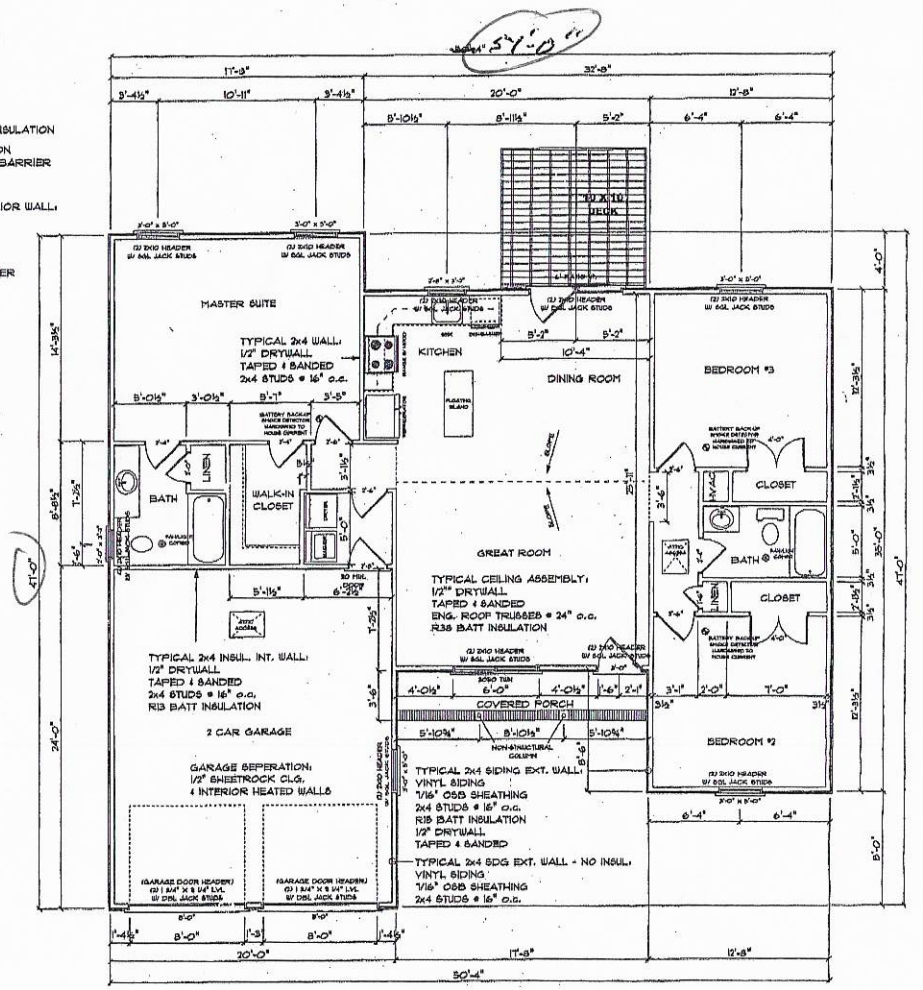


WALL DETAIL



ATTIC HATCH

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.



FLOOR PLAN
SCALE: 1/4" = 1'-0"

HEATED - - - - - - - - 1371 SQ. FT.
COVERED PORCH - - 62
GARAGE - - - - - - - - 413

Acknowledgement Of Plans Submittal ONLY!

Signature Date 12/3/19

Signature Date 12-6-19

BUILDER INFORMATION
G&G Builders of Lake Norman, LLC
3168 Fair Oak Drive
Statesville, Pond, NC 28673
(O) 828-478-3698 (C) 443-745-2222
License: 66624

DRAWING TITLE
FLOOR PLAN

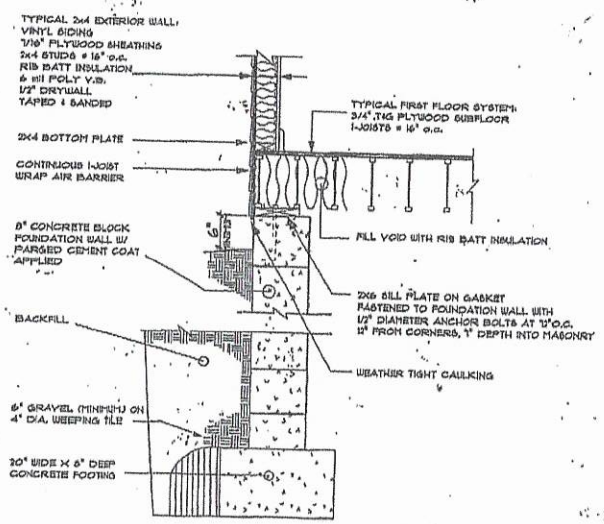
PROJECT INFORMATION
MODEL 1371

PROJECT INFORMATION
PERMIT NO.
ORIGINAL DATE JAN. 208
REVISED DATE
DRAWN BY D. ELLIS
SCALE 1/4" = 1'-0"

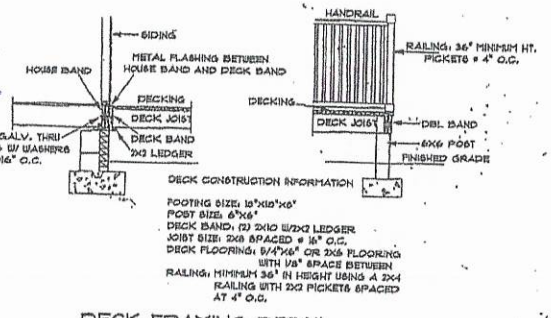
SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
704-855-3624

SHEET NO.
A2

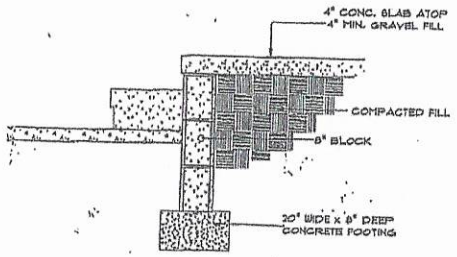
Lot 113



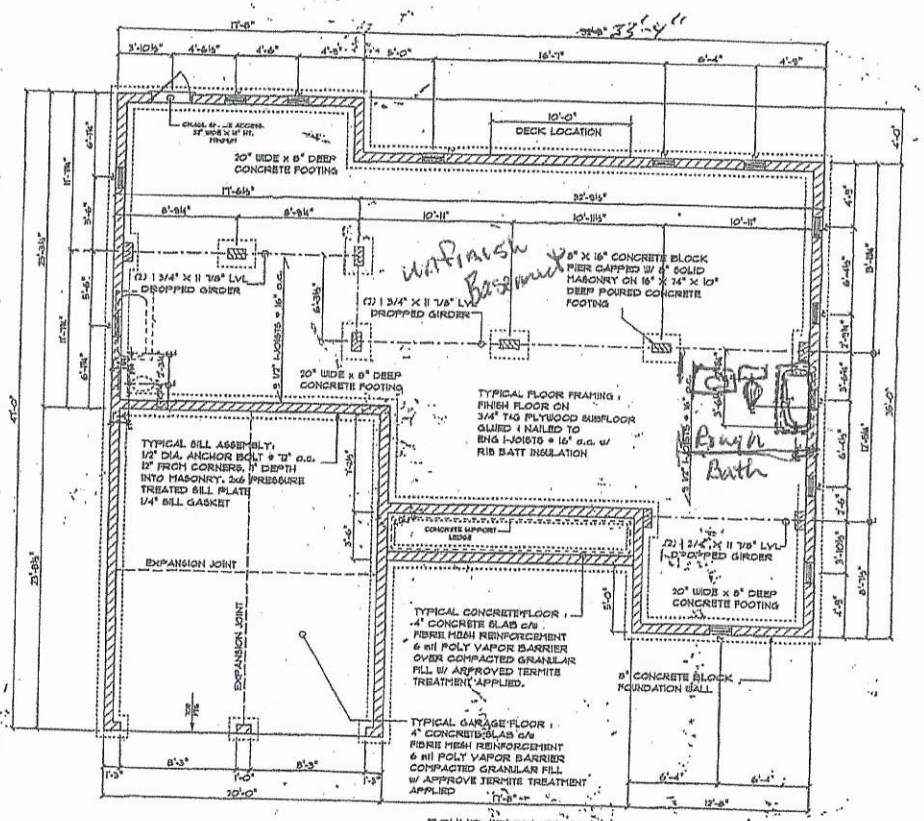
8" BLOCK FOUNDATION WALL



DECK FRAMING DETAIL



FRONT PORCH SLAB ON FILL



FOUNDATION PLAN

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DRAWING WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

NOTICE TO CONTRACTOR:

ALL FOOTINGS TO BE LOCATED BELOW FROST LINE (SEE LOCAL CODE) ON HARD PAN W/ UNDISTURBED SOIL (MIN. 2,000 LB TEST)
IF BACKFILL EXCEEDS 48", REINFORCE FOUNDATION WALL AS PER CODE

FOUNDATION VENTILATION CALCULATIONS

CRAWL SPACE AREA = 1380 SQ. FT.

CALCULATIONS: TOTAL AREA OF 8"x16" VENT =120 S.I. = .89 S.F. ASSUMED NET FREE AREA = .72 S.F. PER VENT
TOTAL S.F. OF VENTILATION NEEDED = 1380 DIVIDED BY 150 = 9.20 S.F. TOTAL. 8"x16" FOUNDATION VENTS NEEDED AT .72 S.F. PER VENT = 13 VENTS

FOUNDATION VENTS 36" MIN FROM CORNERS.

TOTAL AREA OF VENTILATION OPENINGS MAY BE REDUCED TO 1/1500 OF THE UNDER FLOOR AREA WHERE THE GROUND SURFACE IS COVERED WITH 6 MIL POLY VAPOR BARRIER. VENTS MAY HAVE OPERABLE LOUVERS.

BUILDER INFORMATION
G&G Builders of Lake Norman, LLC
3360 Fair Oak Drive
Sherrills Ford, NC 28673
(o) 828-478-3606 (c) 440-749-9222
License #66204

DRAWING TITLE
FOUNDATION PLAN

PROJECT INFORMATION
MODEL 1311

PROJECT INFORMATION
PERMIT NO.
ORIGINAL DATE JAN. 2018
REVISED DATE
DRAWN BY D. ELLIS
SCALE 3/4" = 1'-0"

SCRATCH PAD DESIGNS
32 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-5504

SHEET NO.
A3

Approved Department Of Planning & Inspections ONLY
Date 12-6-19
Date 12/3/19

Zoning Permit # ~~302997~~ 302977
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	11/25/19	Tax Parcel #	4730495394
	Business Name or Property Owner	DPG Properties LLC		
	Street Address & Lot Number	196 Meadow Glen Drive, Troutman, NC 28166		
	Business Type and/or Project Description	SFD		
APPLICANT	Applicant	DPG Properties LLC	Preferred Phone	704-928-5600
	Address City/State/Zip	2679 Lippwood Lane Statesville, NC 28673		
	E-Mail	GBarnard13@aol.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). 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).

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	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: Front of home should be parallel to Street or front lot line. Use of existing trees encouraged.

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 McBarnard 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.

Darrell Upright
Signature of Zoning Administrator