Site Address: 151 Scotch Irish Ln. Iron

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~II-P-03-08~~ 239520 PIN# 4730 49 8052 ✓ DATE 3-31-08

OWNER OR APPLICANT DPG Properties LLC PHONE: Business 443-745-2222 Home

ADDRESS 9160 Eric OAKS Drive Statesville Ford NC 28673

LOCATION PERTH RD (R) STATE PARK (R) MEADOW GLEN (R) VALLEY GLEN (L) Scotch Irish

SUBDIVISION MEADOW GLEN BLOCK / SECTION 4 LOT 141 LOT AREA 1496 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 10-15-19

Pump Tank: 1000 Gallons: PT 302 Date 8-12-19

Pump Make: LIBERTY Model 290 Serial No. BCV200

Nitrification Field: No Fields ___ Square Feet EW 1440 Linear Feet 200'

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LOW Pressure 50% REDUCT

Repair System Description: LOW Pressure 50% REDUCT

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth N/A ☐ Gravity ☑ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees ___

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) MAINTAIN SETBACKS, TANKS MUST BE 15' OFF [redacted] BASEMENT DRAIN (2) READ DESIGN MANUAL BY SOME (3) SYSTEM MUST BE 25' UPSLOPE FROM BASEMENT DRAIN & 15' SIDESLOPE

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LEWIS COOK, R.S

	Date	Initials
Drain Lines Checked	12-6-19	BCW
Tanks Checked	12-6-19	BCW
Pressure Manifold or Valve Box Checked	12-6-19	BCW
Pressure Head Set	12-6-19	BCW
Electrical Checked	12-18-19	MD
Floats Set	12-6-19	BCW
Alarm Checked	12-17-19	[illegible]
Maintenance Contract (Y) / N	12-18-19	MD

Comments:/Conditions: FROM Basement Drain. (1) KEEP House Cut of Ground & BACK Fill For Positive Drainage REQMTS.

* A/C with Site visit 10/18/18 - Maintain 15ft from Ditch.

* Home Box + System where permitted - Patio not to exceed 13ft in length.

ELETRICAL + ALARM

AS BUILT SKETCH

NEEDS TO BE CHECKED

ALL OTHER CHECKED 12-6-19 BCW

NEED MAINTENANCE AGREEMENT

SEE ATTACHED AS BUILT BACK OF PAGE 3

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Henry M. Brown date 3/31/08

Improvement Permit by: [signature] date 3-31-08

Authorization to Construct by: Benjamin D. Bottoms date 9/12/19

Installed by: ROWAN SEPTIC

Operation Permit by: Maria Dotson date 12/18/19

Existing System Inspection by: ___ date ___

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Site Address: 151 Scotch Irish Dr - rev

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~II-P-08-08~~ 237520 PIN# 4738 49 8052 ✓ DATE 3-31-08

OWNER OR APPLICANT DPG Properties LLC PHONE: Business 443-745-2222 Home

ADDRESS 91668 Fair Oaks Drive Statesville NC 28673

LOCATION North Rd (R) State Park (R) Meadow Glen (R) Valley Glen (R) Scotch Irish

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 141 LOT AREA .496 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 10-15-19

Pump Tank: 1000 Gallons: PT 302 Date 8-12-19

Pump Make: LIBERTY Model 290 Serial No. BCV200

Nitrification Field: No Fields ___ Square Feet EL=1440 Linear Feet 200'

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: Low Pressure 50% Reduct

Repair System Description: Low Pressure 50% Reduct

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees ___

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) MAINTAIN SETBACKS. TANKS MUST BE 15' OFF [redacted] BASEMENT DRAIN (5) READ DESIGN MANUAL BY STATE (5) SYSTEM MUST BE 25' UPSLOPE FROM BASEMENT DRAIN & 15' SIDESLOPE

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LARRY COOK, P.E.

Comments/Conditions: FROM Basement Drain. (4) KEEP House Cut of Ground & BACKFILL For Positive Drainage REQMTS.

* A/C with Site visit 10/18/18 - Maintain 15ft from Ditch.

* Have Box + System where permitted - Patio not to exceed 13ft in length.

AS BUILT SKETCH

ELETRICAL + ALARM NEEDS TO BE CHECKED

ALL OTHER CHECKED 12-6-19 BCW

NEED MAINTENANCE AGREEMENT

SEE ATTACHED AS BUILT BACK OF PAGE 3

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Larry M. Cook date 3/31/08

Improvement Permit by: Larry Cook PS date 3-31-08

Authorization to Construct by: Benjamin A. Bolton date 9/12/19

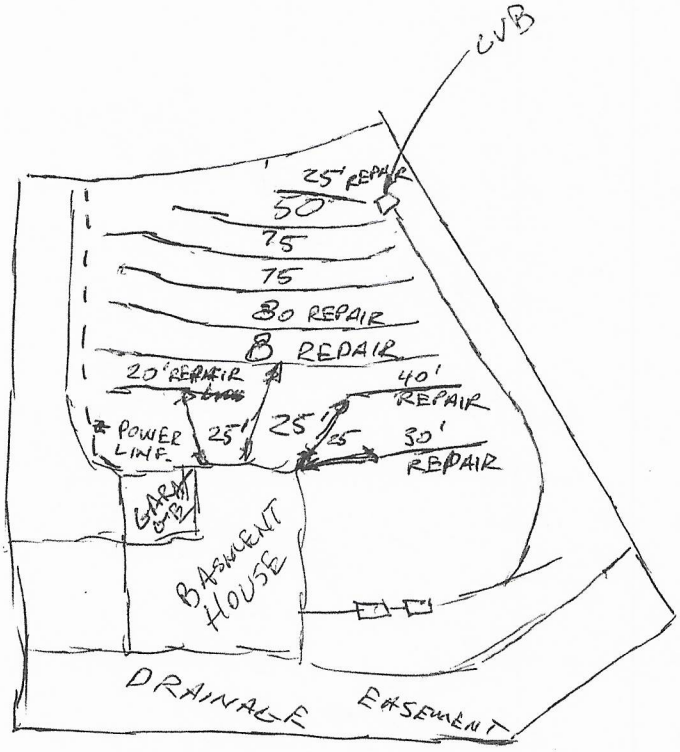
Installed by: ROWAN SEPTIC

Operation Permit by: ~~Benjamin A. Bolton~~ date ~~12/18/19~~

Existing System Inspection by: Mara Dotson date 12/18/19

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

	Date	Initials
Drain Lines Checked	12-6-19	BCW
Tanks Checked	12-6-19	BCW
Pressure Manifold or Valve Box Checked	12-6-19	BCW
Pressure Head Set	12-6-19	BCW
Electrical Checked	12-18-19	MLO
Floats Set	12-6-19	BCW
Alarm Checked	12-18-19	SF
Maintenance Contract (Y) / N	12-18-19	MLO


CVB
25' REPAIR
50'
75
75
80 REPAIR
8 REPAIR
20' REPAIR
40' REPAIR
POWER LINE
25'
25'
25'
30' REPAIR
GARAGE
BASEMENT HOUSE
DRAINAGE EASEMENT

AS BUILT

S&ME

To: Iredell County Environmental Health

From: Paul G. Penninger, LSS
Patrick Mitchell, RS, LSS-IT

RE: Meadow Glen Subdivision – DPG Properties, LLC – Lot 141 Fast Track

Date: March 27, 2008

Attached is the Fast Track information required to place Lot 141 in Meadow Glen Subdivision on your fast track work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Health Department (ICHD) with the site evaluation. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the use of DPG Properties, LLC in acquiring permits under the Fast Track Program. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

Lot 141 Meadow Glen Subdivision

Fast Track Septic System Information

Number of Bedrooms:	**3**
Design Flow (gpd):	360
Foundation Type:	**Basement w/ Plumbing**
Initial System Type:	**LP PPBPS**
LTAR (gpd/ft2):	**0.30**
No. Lines:	3
Total Linear Feet:	200
Trench Width:	2' min.
Trench Spacing:	8' min.
Max Trench Depth (in.):	36"
Pump Required:	Yes
Distribution Device:	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required:	Yes
Length and Diameter of Supply Pipe:	~135' of 2" SCH 40 PVC
Size of laterals:	1 1/4" SCH 40 PVC
Flow Rate through the system (gpm):	23
Approx. Elevation head (ft.):	25
Pressure head (ft.):	3
Friction head (ft.):	1.5
20% Contingency (ft.):	1
Total Head (ft.):	30.5
Approx. Pump Requirements:	**23 gpm @ 31 ft. of head**

***To be designed by installer at time of installion**

Dosing Volume (gal/dose/day @ design flow): 165.6 gallons — 2.2 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.)

Approx. Pump Run Time per dose (min.): 7.2

Check Valve:	Yes
Siphon Break hole:	Yes
Repair System:	**LP PPBPS**
Total Linear Feet:	209
Repair LTAR:	0.3

200 ft. Required

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Lot 141 Meadow Glen Subdivision Fast Track Septic System Information

Table 1: Summary of Initial LPPPBPS System Specifications

Line No.	Line Color	Length (ft)	# Panels	**Rod Reading Elev. (Ft.)	Hole Size(In.) per panel
1	Red	53	12	19'	5/32"
2	Blue	87	20		5/32"
3	White	60	14		5/32"
Totals		**200**	**46**		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
1	White	31	
2	Orange	103	
3	Red	35	11'
4	NF	40	
Totals		**209**	

			Elev. (ft.)
Tank	Orange	1000 gal (2 compartment)	
Pump Tank	Orange	1000 gal.	0'
House	Blue	Front Right Corner	8'

**** Elevations should be verified by surveyor at time of installation**

NOTES: ** Place one 5/32" hole per panel

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: DPS / Meadowglen SD
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 DATE EVALUATED: 3/5/08
LOCATION OF SITE: Lot 141 PROPERTY SIZE: ___
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: ___
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	pit #171 L	0-5	MoGR SL	FR ns/np	Br				
		5-24	wk/mo SBK C	FR SS/SP	Red				
		24-50	WK SBK CL	FR SS/SP	Red		F/C Sap;	F Rock	0.3 PS
2	pit #172 L	0-20	Mo SBK C	FR SS/SP	Red				
		20-36	WK SBK C	FR SS/SP	Red; F/C	yel Br			0.25 to 36"
		36-50	WK SBK C	FR SS/SP	Red; C/M	yel Br, F	Gray		>36" US
3	pit #173 L BC	0-24	WK SBK C	FR SS/SP	Red				
		24-34	WK SBK C/CL	FR SS/SP	Red		C Sap;	F Rock	
		34-48	CL & L Sap	MIX WK SBK	FR SS/SP				0.3 PS
	pit # 5 L		SCL						
		~32	C				FWR,	Rock inc.	0.275 - 0.3 PS
		32-50	CL & Sap	MIX					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
stem Type(s)		
e LTAR		

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

MMENTS: * NOTE PIT # 172 IS NOT IN SYST. OR ROCK

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

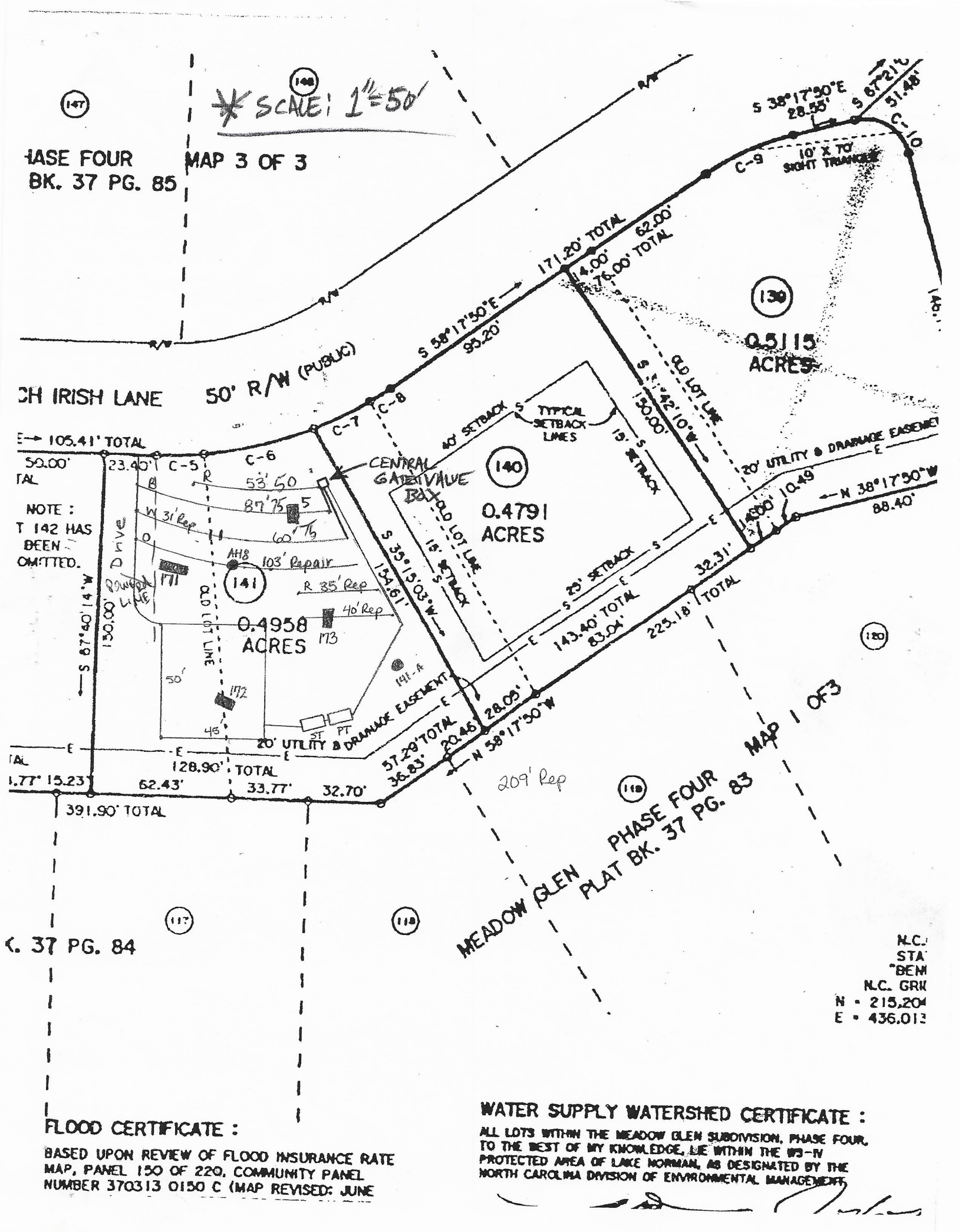
OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☐ 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	
K	AH 141-A L	0-8	Mo GR SCL	FR SS/NP	Br		F Sap		0.3 PS
		8-24	Mo/WK SBK C	FR SS/SP	Red				
		24-30	WK SBK CL	FR SS/SP	Red		C/M Sap		
		30-48	MA L Sap	FR SS/SP	multi; F	CL inc			
R	AH 8 AUGER	0-5	WK, SBK, SCL	Fr, SS, SP	F-Rock				0,30
		5-31	Mo, SBK C	Fr, SS, SP	F-Sap. Inclus.				
		31-48	WK, SBK, CL	Fr, SS, SP	C-Sap. Inclus.				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
stem Type(s)		
e LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PGP, PLM, KMS, RW, KMW
OTHER(S) PRESENT: _____

fMENTS: _____



FLOOD CERTIFICATE :

BASED UPON REVIEW OF FLOOD INSURANCE RATE MAP, PANEL 150 OF 220, COMMUNITY PANEL NUMBER 370313 0150 C (MAP REVISED: JUNE

WATER SUPPLY WATERSHED CERTIFICATE :

ALL LOTS WITHIN THE MEADOW GLEN SUBDIVISION, PHASE FOUR, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV PROTECTED AREA OF LAKE NORMAN, AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT.

RECEIVED OCT 16 2018

AC w/ Inspection - No chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#239520

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: G & G Builders of Lake Norman Address: 1679 Lynwood Lane, Statesville NC Zip: 28673
Applicant Email: GBarnard13@aol.com Phone: 704-928-5600 Alt. Phone:
Owner Name: DPG Properties LLC Address: 1679 Lynwood Lane, Statesville NC Zip: 28673
Owner Email: GBarnard13@aol.com Phone: 704-928-5600 Alt. Phone:

Property Information:

Street Address: 157 Scotch Irish Lane, Troutman
Subdivision Name: Meadow Glen Section/Phase: Lot Number: 141
Driving Directions: 21 south to (R) on Keith Rd to (R) State Park Rd to (R) Meadow Glen Dr. to (R) on Valley Glen to (L) on Scotch Irish Lane, on Left

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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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 (X) 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 10/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
DPG Properties, LLC	9168 Fair Oaks Drive Sherrills Ford, NC 28673		

~~Owner Name~~	~~Mailing Address~~	~~Home Phone~~	Work Phone
	SHME, Inc.	704-998-8047	OR 704-662-8625

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Meadow Glen	Lot 141

Driving Directions: Perth Rd., State Park Rd., Right into Meadow Glen.

****

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

- X ( ) **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- X ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

F Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

. Proposed Water Supply:

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

****

. Desired Septic System Type: ***(You may rank in order of preference, if any)***

X **Alternative** **( ) Conventional** X **Innovative** **( ) Modified Conventional** **( ) Other**___ **( ) No Preference**

****

. 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. industry) to be generated?**
( ) Yes	X ( ) No	**Is the site subject to approval by any other public agency?**

****

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 try to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification id labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

. Signature: [signature] — SHME, Inc. 03/24/2008

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

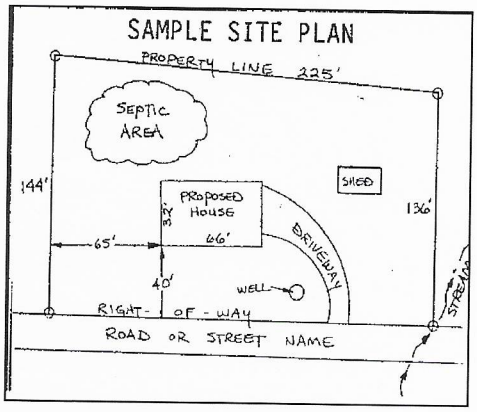
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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 Septic Permit

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

10/12/12

IREDELL COUNTY HEATLH DEPARTMENT

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...**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ____ **Front and side setbacks from property line...**
- ____ **Preferred driveway location and configuration, preferred 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**

Signature: [signature] SHME, Inc

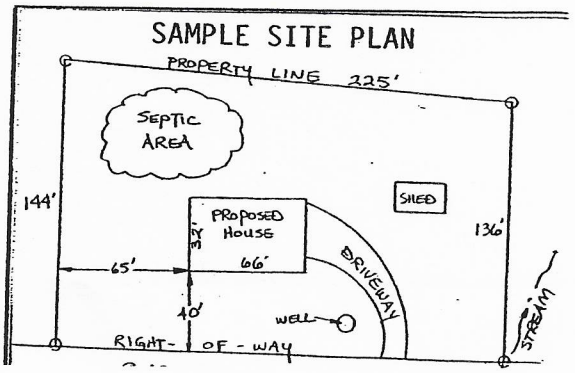
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

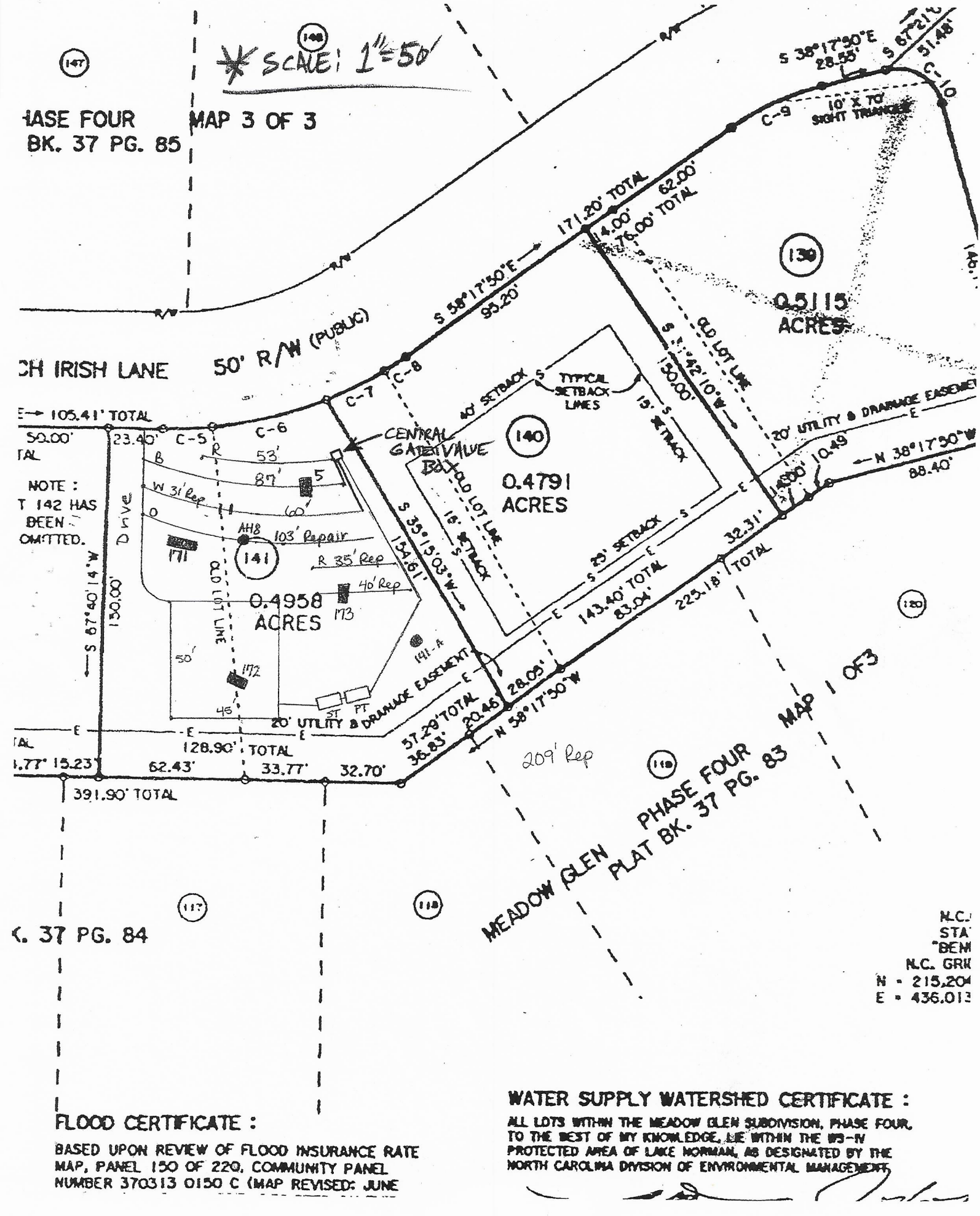
03/24/08

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Attached.





FLOOD CERTIFICATE :

BASED UPON REVIEW OF FLOOD INSURANCE RATE MAP, PANEL 150 OF 220, COMMUNITY PANEL NUMBER 370313 0150 C (MAP REVISED: JUNE

WATER SUPPLY WATERSHED CERTIFICATE :

ALL LOTS WITHIN THE MEADOW GLEN SUBDIVISION, PHASE FOUR, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV PROTECTED AREA OF LAKE NORMAN, AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT.

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, Garry M. Barnard, am the legal owner(s) of the property located at 157 Scotch Irish Lane, Troutman, identified as

PIN (Parcel Identification Number) 4730498052.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) G+G Builders of Lake Norman, LLC, 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.

Garry M. Barnard manager
Signature of Owner(s)

10/12/18
Date

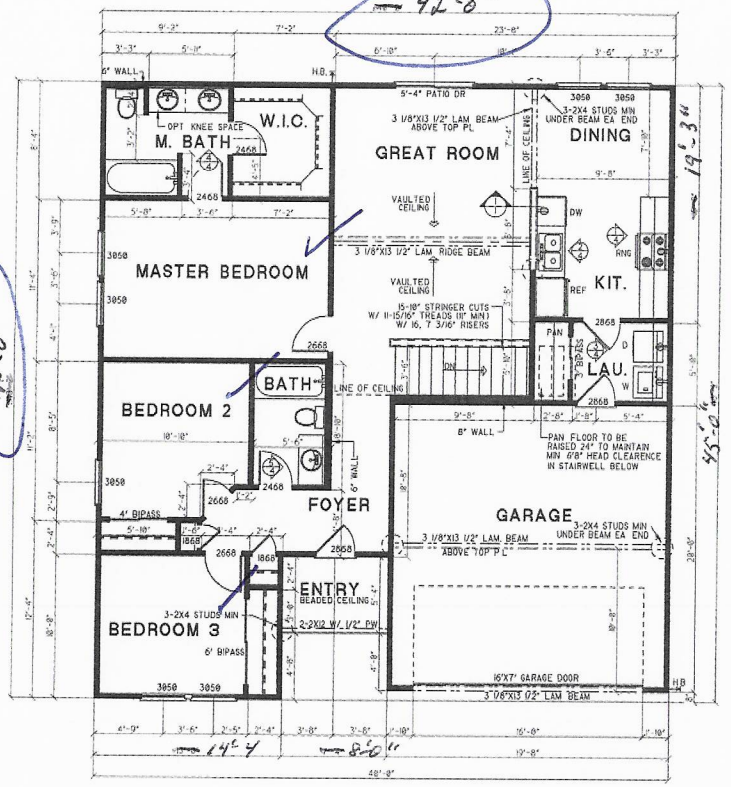
Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

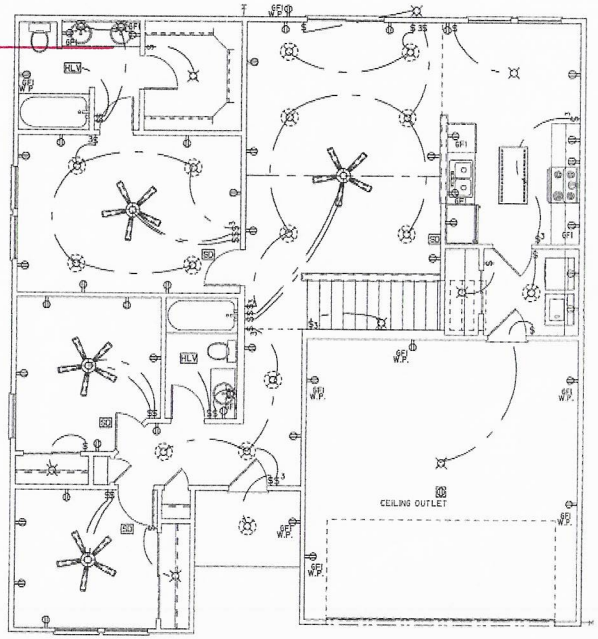
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 9/12/19

Date





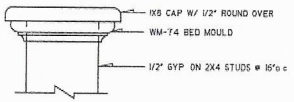
NOTE:
1- OWNER TO VERIFY & APPROVE ALL ELECTRICAL & POSSIBLE FLOOR OUTLET LOCATIONS NOT NOTED
2 - PROVIDE ARC-FAULT INTERRUPTER PROTECTION FOR ALL BEDROOMS REFERENCE IRC SECTION E3802
3.- OWNER TO LOCATE AND VERIFY PHONE & CABLE JACKS
4 - SEE OWNER FOR ALL OUTDOOR ELECTRICAL NEEDS AND LIGHTING

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 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED
11. ALL EXPOSED INSULATION SHALL HAVE A FLAME SPREAD RATING OF LESS THAN 25 AND A SMOKE DENSITY RATING OF LESS THAN 450.
12. PROVIDE COMBUSTION AIR VENTS, WITH SCREEN AND BACK DAMPER, FOR FIREPLACES, WOOD STOVES AND ANY APPLIANCE WITH AN OPEN FLAME.
13. BATHROOMS AND UTILITY ROOMS SHALL BE VENTED TO THE OUTSIDE WITH A MINIMUM OF A 90 CFM FAN RANGE HOODS SHALL ALSO BE VENTED TO OUTSIDE.
14. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
15. 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
		220	220V ELECTRICAL OUTLET
			CEILING MOUNTED OUTLET
			FLOOR MOUNTED OUTLET
			HIDDEN OUTLET
	CEILING FAN W/ LIGHT		SWITCHED OUTLET
			BREAKER BOX
			PHONE
EL	EXHAUST FAN W/ LIGHT	SD	SMOKE DETECTOR
HLV	HEAT, LIGHT AND VENT	$	SWITCH
	LIGHT	$$	STACKED SWITCHES
	4' FLORESCENT LIGHT	3	THREE WAY
	2' X 4' FLORESCENT LIGHT	4	FOUR WAY
		GFI	GROUND FAULT INTERRUPTER
		W.P.	WATERPROOF
	6" RECESSED CAN LIGHT		ELECTRICAL WIRE
	3" RECESSED CAN LIGHT	TV	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

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http://www.nelsondesigngroup.com

MICHAEL E NELSON
PBD Cert No. AR-184

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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

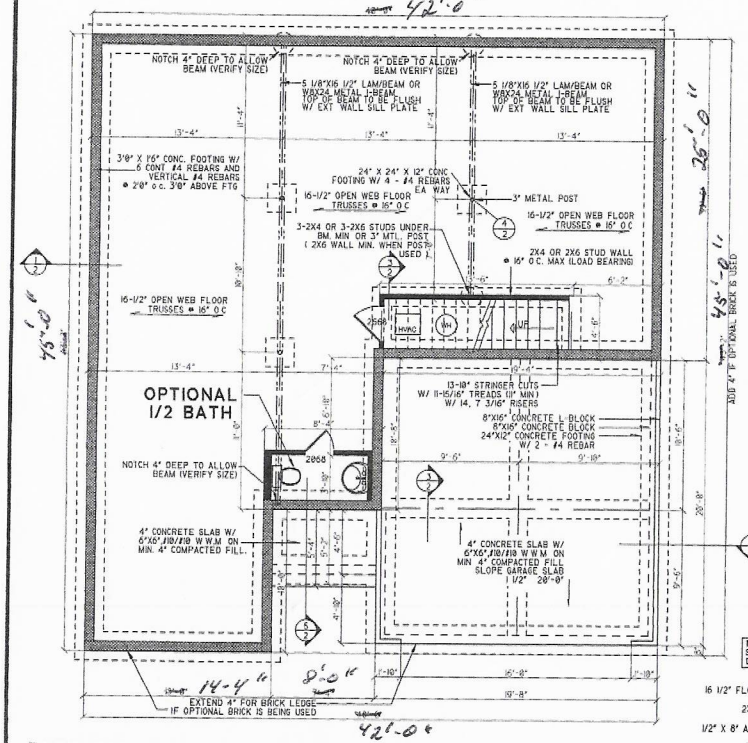
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SCALE	1/4" = 1'-0"
PLAN	
JOB	NDG634-1R
DRAWN BY	

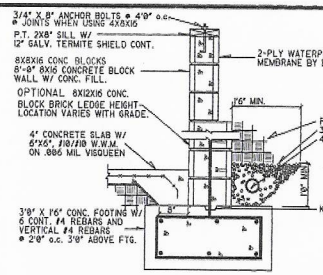
1 OF 4

Acknowledgement Of
Plans Submittal ONLY!

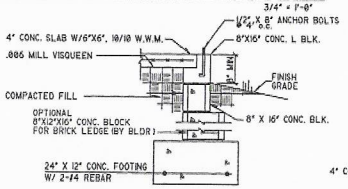
Date 9/19/19

Date



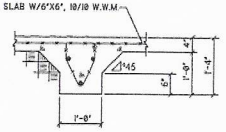


1 CONCRETE BLOCK WALL DETAIL

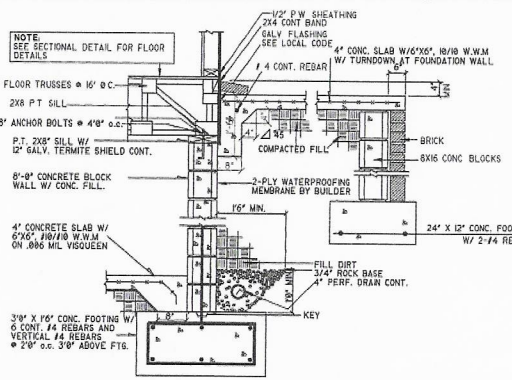


2 GARAGE FOUNDATION DETAIL
3/4" = 1'-0"

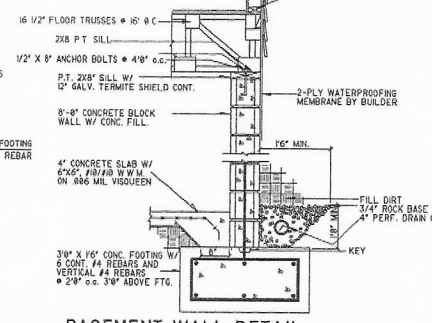
NOTE:
ALL DIMENSIONS ARE FROM EXTERIOR STUD WALL WHEN LAYING 8"X12"X16" COURSES, ALLOW 4" TO ALL EXTERIOR DIMENSIONS FOR OPTIONAL BRICK LEDGE



3 BEARING FTG DETAIL
3/4" = 1'-0"



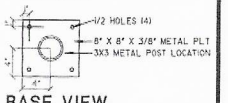
5 STEP DOWN BASEMENT DETAIL
3/4" = 1'-0"



BASEMENT WALL DETAIL
3/4" = 1'-0"

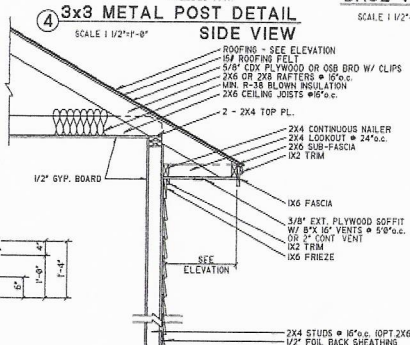


TOP VIEW
SCALE 1 1/2"=1'-0"



BASE VIEW
SCALE 1 1/2"=1'-0"

4 3x3 METAL POST DETAIL SIDE VIEW
SCALE 1 1/2"=1'-0"



FOUNDATION NOTES:

1. ALL FOOTINGS SHALL REST ON VIRGIN, UNDISTURBED SOIL
2. ASSUMED SOIL SHALL BE SAND OR GRAVEL, WITH MINIMUM TRACES OF DRY CLAY WITH A MINIMUM BEARING CAPACITY OF 2000 LBS/SQ FT
3. UNLESS OTHERWISE NOTED, ALL SLABS ON GRADE SHALL BE 3000 P.S.I (28 DAY COMPRESSIVE STRENGTH CONCRETE ON 4" SAND OR GRAVEL FILL MINIMUM WITH 6X6 - W1.4XW1.4WWM REINFORCING. INTERIOR SLABS SHALL BE PLACED ON 6 MIL STABILIZED POLYETHYLENE VAPOR BARRIER
4. PROVIDE 1/2" EXPANSION JOINT MATERIAL BETWEEN ALL CONCRETE SLABS ON ABUTTING CONCRETE OF MASONRY WALLS OCCURRING IN EXTERIOR OR UNHEATED INTERIOR AREAS
5. PLACE 1/2" DIAMETER X 18" OR 12" SILL PLATE ANCHOR BOLTS AT EACH VERTICAL REBAR WHERE OCCURRING OR AT 4'0" O.C. AND AT EACH CORNER AND BOTH SIDES OF OPENINGS
6. FOOTING SIZES SHOWN ARE ONLY TYPICAL FOR STATED SOIL PRESSURES AND CONTINENT COMPACTION, WHICHEVER IS MORE RESTRICTIVE
7. CONTRACTOR TO VERIFY FOOTINGS DEPTHS WITH LOCAL FROST REQUIREMENTS OR EXISTING SOIL CONDITIONS, WHICHEVER IS MORE RESTRICTIVE
8. PROVIDE TERMITE PROTECTION AS REQUIRED BY LOCAL CODES
9. PROVIDE DEEP SCORE CONTROL JOINTS AT MID POINTS OF ALL GARAGES, BOTH DIRECTIONS
10. MASONRY VENEER MUST BE ANCHORED TO BACK-UP CONSTRUCTION WITH GALVANIZED CORRUGATED METAL TIES SPACED 16" O.C HORIZONTALLY AND 24" O.C VERTICALLY.
11. INSTALL CONTINUOUS APPROVED FLASHINGS AND COTTON CORD WEEPS AT 48" O.C WITHIN FIRST EXPOSED COURSE ABOVE GRADE
12. CRAWL SPACE FOUNDATIONS PROVIDE CRAWL SPACE VENTILATION PER LOCAL CODE REQUIREMENTS

NOTE:

1 - BUILDER TO VERIFY ALL SOIL CONDITIONS BEFORE CONSTRUCTING FOUNDATION IF POOR CONDITIONS EXIST CONSULT A STRUCTURAL ENGINEER
2 - BUILDER TO VERIFY FOUNDATION DETAILS W/ LOCAL BUILDING CODES
3 - VERIFY ALL FLOOR OUTLETS, RANGE & DRYER VENTS IN SLAB
4 - BUILDER TO LOCATE FOUNDATION ACCESS LOCATION VERIFY W/ SITE ELEVATIONS IF APPLICABLE
5 - VERIFY 4" PERF. MIN. FRENCH DRAIN LOCATIONS IF NEED. VERIFY W/ SITE CONDITIONS
6 - BUILDER TO VERIFY BASEMENT LAYOUT W/ OWNER VERIFY W/ SITE CONDITIONS
7 - ADDITIONAL BASEMENT DESIGN LAYOUTS OR HELP MAY BE OBTAINED BY CONTACTING NELSON DESIGN GROUP @ 860-598-2437
8 - BUILDER TO VERIFY AND APPROVE ALL BASEMENT DETAILS BEFORE CONSTRUCTION
9 - 8" CONCRETE WALLS MIN MAY BE USED IN LIEU OF BLOCK WALLS
10 - BASEMENT WALL HEIGHT TO BE 8'-0" UNLESS NOTED.
11 - OPTIONAL 12X16 CONC. BLOCKS MAY BE USED IN LIEU OF FIRST COURSES OF 8X8X16 BLOCKS FROM FOOTINGS TO ALLOW FOR BRICK LEDGE. INSIDE OF ALL BLOCKS TO BE ALIGNED. 12X16 BLOCK HEIGHT TO BE DETERMINED BY GRADE ELEVATIONS
ALL EXTERIOR DIMENSIONS ARE TO 8X16 CONC. BLOCK LINE.
4" BRICK LEDGE CREATED BY 12X8X16 CONC. BLOCK TO BE ON OUTSIDE OF 8X8X16 BLOCK LINE (SEE DETAIL)
12 - UNLESS OTHERWISE NOTED, ALL BASEMENT FLOOR JOIST TO BE 16-1/2" OPEN WEB FLOOR TRUSSES @ 16" O.C. SEE TRUSS MANUF. FOR ENGINEERED FLOOR TRUSS LAYOUT. ALL TRUSS SPANS HAVE BEEN BASED ON 16-1/2" HIGH TRUSSES

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DATE	2/1/02
SCALE	1/4" = 1'-0"
PLAN	
JOB	NDG634-1R
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FOUNDATION PLAN (BASEMENT) / NOTES

NDG634-1R

" Where Traditional Values and Family Come Together "

CAD DESIGNED

Zoning Permit # 239520
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	10/12/18	Tax Parcel #	4930498052.000
	Business Name or Property Owner	DPG Properties LLC		
	Street Address & Lot Number	151 Scotch Irish Lane, Troutman Lot 141		
	Business Type and/or Project Description	SFD		
APPLICANT	Applicant	G+G Builders of Lake Norman	Preferred Phone	704-928-5600
	Address City/State/Zip	7679 Lynwood Lane, Sherrills Ford, 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 water ~~Public sewer~~ / 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: 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.

Signature of Zoning Administrator

PAID
MAR 28
TOWN OF TROUTMAN

TOWN OF TROUTMAN
ZONING CLEARANCE APPLICATION
PERK TEST ONLY

Change of Principal Use
New or Enlarged Principal Use ✓
New or Enlarged Accessory Structure

PERMIT 11 -p- 03-08 **DATE OF APPLICATION** 3-28-2008

APPLICANT'S NAME Gary Bernard w/DPG Properties LLC
APPLICANT'S MAILING ADDRESS 9168 Fair Oaks Drive, Sherrills Ford NC 28673

DAY TIME PHONE # (443 745-2222

PROPERTY LOCATION: Meadow Glen Lot 141

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN): 4730-49-8852

EXISTING ZONING: RS **IN A SPECIAL FLOOD HAZARD AREA?** Yes ___ No X

LOT DIMENSIONS: (Fill in all four blanks)
Length 150 Area 0.496
Width 150 Street Frontage 90'

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: SF Res.

PROPERTY OWNER'S NAME: same as above

PROPERTY OWNER'S MAILING ADDRESS

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER —

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION

Front: Right Side:
Rear: Left Side:

STRUCTURE REQUIREMENT (Note: A separate application must be completed for each structure)

(Set Backs)	Required	Proposed
Lot Area	Increased existing	0.496
Side Yard—Left	15'	60'
Side Yard—Right	15'	30'
Front Setback(from road R/W)	40'	72'
Building Height	50' max	<50'
Lot Width at Building Line	80'	115'
Rear Yard Setback	25'	25'

*Additional ten feet (10') required on all side yards which abut a public or private street

Comments: **PERK TEST ONLY!!!!**