Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 176690ZO

Printed: 1/15/2013

Master #: 176690

Associated Permits:
176690ZO Zoning

Applicant

Name: Billy Franklin Little, Jr
Address: 1014 Perth Road
Troutman, NC 28166
Phone: 704-528-1504

Parcel

Parcel Number: 4730559738.000
Address: 000 PERTH RD
TROUTMAN, NC 28166
Subdivision:
Zoning: R20
Township: 1500
Area: 1.483
Lot(s):
Directions to Parcel: PERTH ROAD, LOT BEHIND 1006 PERTH RD

Owners

Name: ROBERT & JODI LITTLE
Address: 1006 PERTH RD
TROUTMAN, NC 28166
Phone: 704-528-5625
Cellular: 704-880-3068

Contractors

Contractor Type: Building
Name: Billy Franklin Little, Jr
Address: 1014 Perth Road
Troutman, NC 28166
Phone: 704-528-1504

Fees and Receipts:

Number	Description	Amount
FEE-273479-07	Zoning - Permit Application	$75.00
FEE-273480-07	Technology Fee - Code Enforcement	$2.25
FEE-273481-07	Environmental Health - Gravity System	$500.00

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

$ PAID 1285 1-15-13

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ✓ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Best #

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Little	1006 Perth Rd. Troutman	704-528-5625	704-880-3068
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Robert Little	1006 Perth Rd Troutman	704528-5625	704880-3068

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: South 115 HWY from Statesville to Troutman turn right on Wagner St which turns to Perth Rd. Go 3½ mile from light lot on ~~Left~~ Right. Past State Park Rd. turn Right past 4 Houses on perth

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (✓) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Robert Little — 1-15-13

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

IREDELL COUNTY HEATLH 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...
- *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- X — Front and side setbacks from property line...
- X — Preferred driveway location and configuration, preferred well location...
- X — Area you prefer your septic system to be placed...
- X — North arrow, or other sufficient indicator of direction...

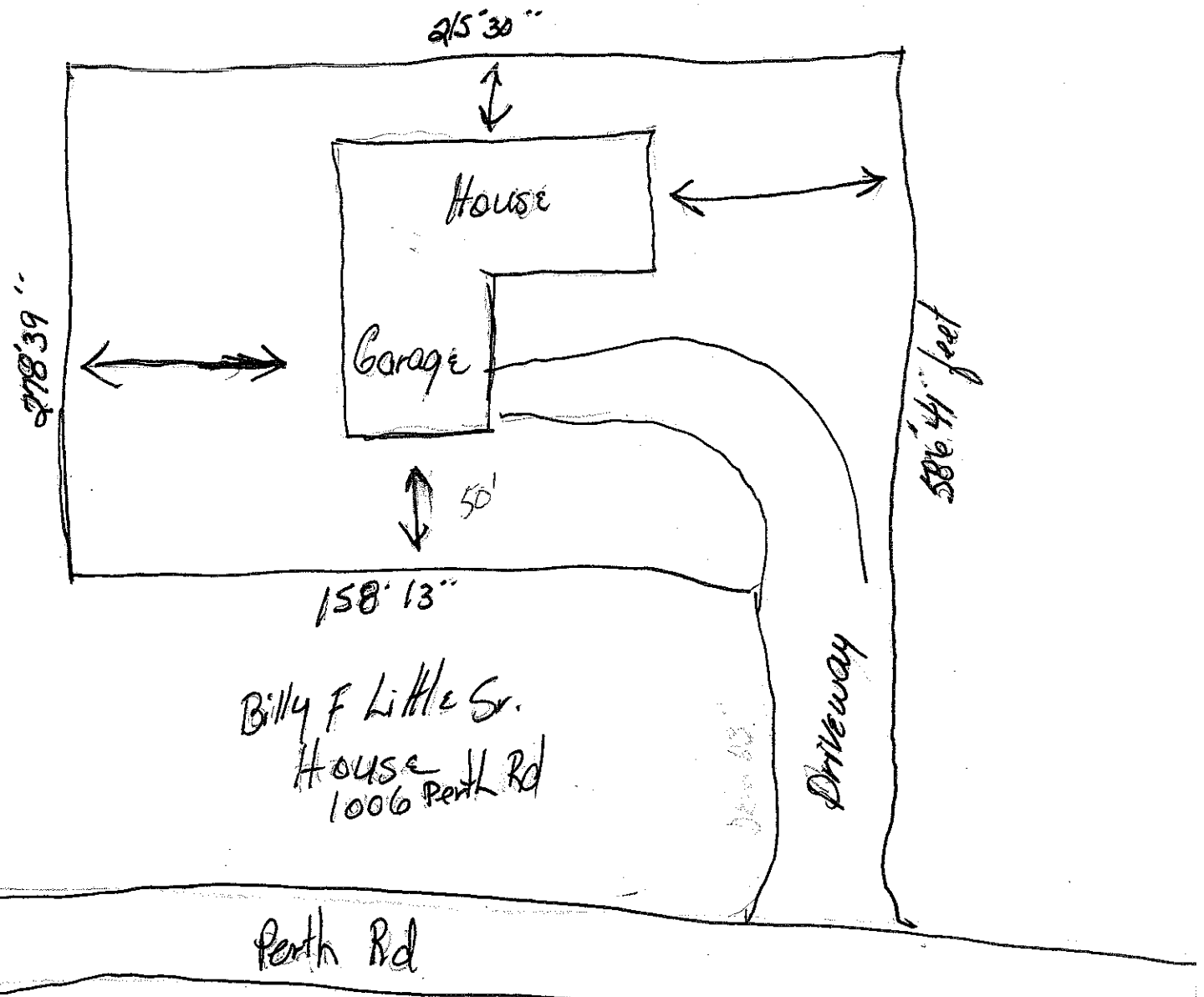
Circle N/A on the following if appropriate:

- 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**

Signature: B Little — 1-16-13

REQUIRED property owner or owner's legal representative signature. **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN



DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4730659738
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Billy Franklin
ADDRESS: 1014 Perth Road
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE:
WATER SUPPLY: • X Private • Public • Well • Spring • Other
EVALUATION METHOD: • X Auger Boring • Pit • Cut

APPLICATION DATE 4-23-13
DATE EVALUATED: 2-21-13
PROPERTY SIZE: 1.483
PROPERTY RECORDED: n/a
TYPE OF WASTEWATER: • X 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	8 LS	0-24	CL SBK	SS SP	Chr 4 @ 39"	48"	N/A	n/a	.25 PS
		24-48	C SBK	SS SP					
2	8 LS	0-24	CL SBK	SS SP	Chr 4 @ 39"	48"	n/a	n/a	.25 PS
		24-48	C SBK	SS SP					
3	8 LS	0-24	CL SBK	SS SP	Chr 4 @ 39"	48"	n/a	n/a	.25 PS
		24-48	C SBK	SS SP					
4	8 LS	0-24	CL SBK	SS SP	Chr 4 @ 39"	48"	n/a	n/a	.25 PS
		24-48	C SBK	SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	~~400~~ PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): none
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: James Stewart
OTHER(S) PRESENT: none

COMMENTS:

Acknowledgement Of Plans Submittal ONLY!

Date 4-23-13

Date 4-23-13

