IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227291

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

PIN # 4730 58 5186

APPLICANT/OWNER: DP6 Properties LLC APPLICANT ADDRESS: 7679 Lynwood Ln Sherrills Ford NC 28673

SITE ADDRESS: 101 Scotch Irish Ln Troutman NC PHONE: 704-928-5600 ALT. PHONE N/A

SITE DIRECTIONS: 21S T/R Perth T/R State Park T/R Meadow Glen SAP CONTROLLED: ☐ YES ☒ NO

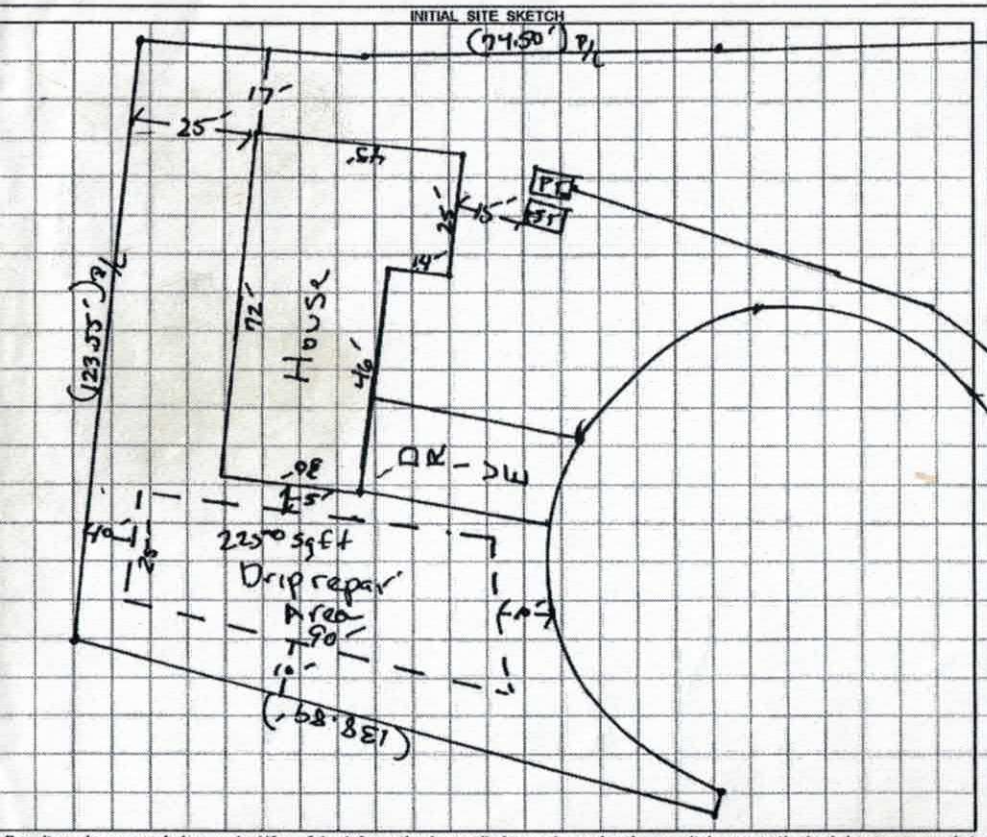
SUBDIVISION: Meadow Glen SECTION: N/A LOT # 131 LOT AREA: .699 DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB 825	Date 8-4-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT 302	Date 5/20/17	System Description:	LP PPBPS			☐ Business	No. Persons	6	☐ Private
Pump Make	Zoeller	Model N-152	Serial #	Repair System Description:	Drip			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 240	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

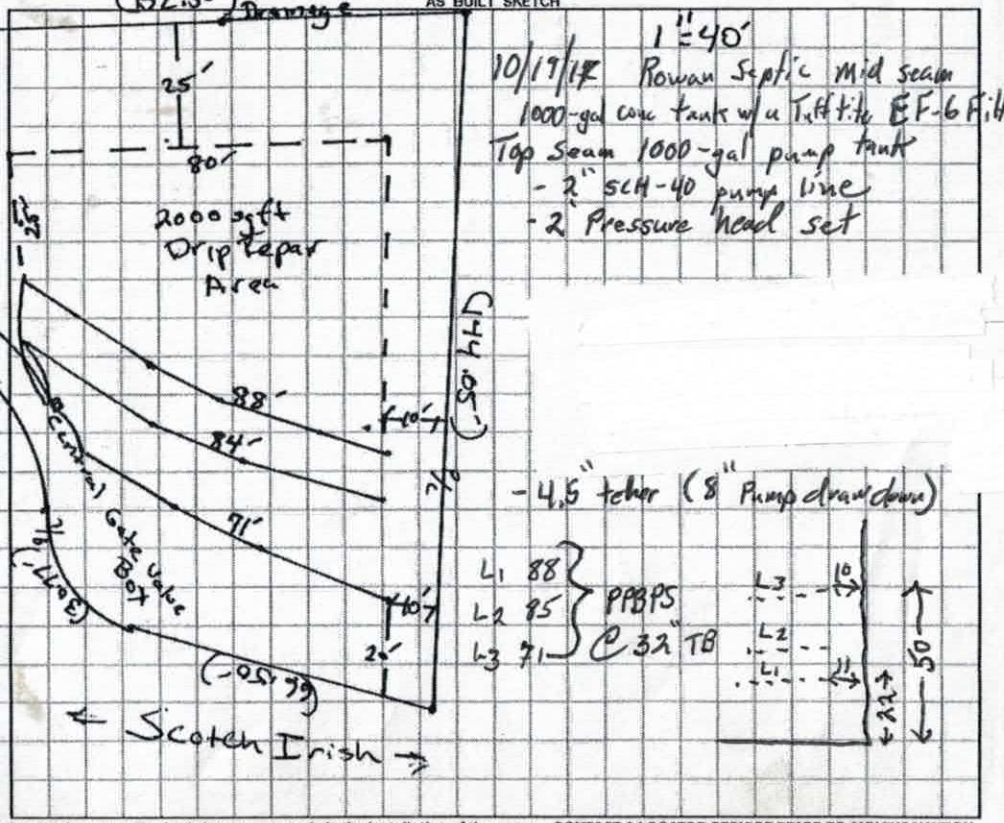
Comments / Conditions: Install panel block system on contour with pressure distribution

Use 55 panels in total
Use 3/16" hole @ 2 ft head
6 min run time

INITIAL SITE SKETCH



AS BUILT SKETCH



1" = 40'

10/19/17 Rowan Septic Mid seam
1000-gal conc tank w/ a Tuff-Tite EF-6 Filter
Top Seam 1000-gal pump tank
- 2" SCH-40 pump line
- 2" Pressure head set

- 4.5" tether (8" Pump drawdown)

L1 88
L2 85
L3 71
} PPBPS @ 32" TB

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 EXCEDVATION**

☐ **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: 6/23/17 Installed by: Kevin Kirkpatrick (Rowan Septic)

IMPROVEMENT PERMIT by: [signature] Date: 06/22/17 OPERATION PERMIT by: Jon Shuck @ pt Munis Date: 10/19/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/22/17 Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 97305
COUNTY: Iredell

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

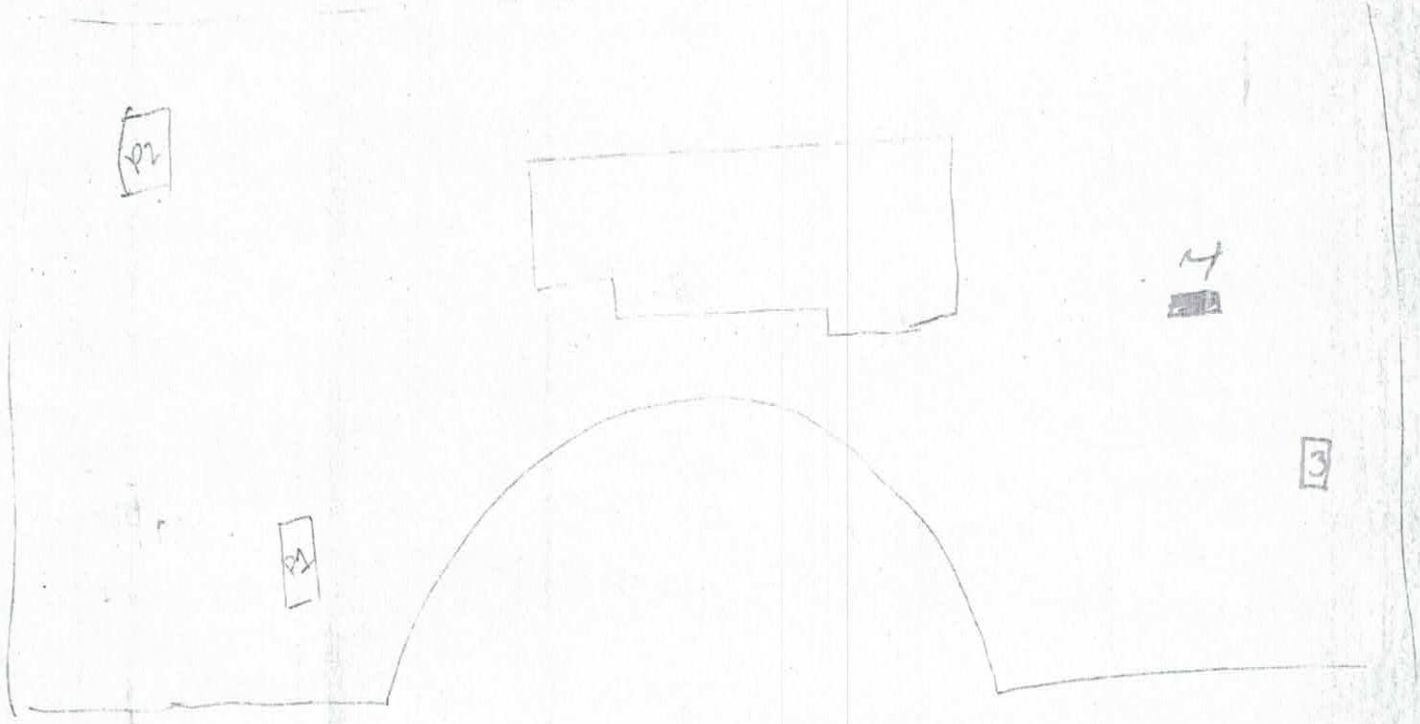
OWNER: DPG Properties LLC — APPLICATION DATE: 5/19/17
ADDRESS: 7679 Lynwood Ln Sherrills Ford NC 28673 — DATE EVALUATED: 5/24/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 0.699 Acres
LOCATION OF SITE: 101 Scotch Irish Ln. — PROPERTY RECORDED: 3/7/2008
WATER SUPPLY: ☐ 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) .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	(6%)	0-9	WSBKSCL	FrSSSPSEXP	@33"	ABL 48"			2nd opinion may soil @33" US 12" above 21" 0.2
		9-40	PLATY C	FiSP SEXP					
		40-48	WSBK CL	FrSSSPSEXP	6/2 8/1 10YR				
2	5%	0-10	Compacted						2nd opinion
		10-23	Platy(?) C	SABL FiSPSEXP					
		23-27	CL	WSBK FrSSSPSEXP		27"			
		27-50"	MASS SAP	Fr					
3	6%	(1-4)	WSBKSCL	FrSSSPSEXP					2nd opinion PS .25
		4-17	(11-17) Fill?	FiSPSEXP Clay					
		17-35	WSBK CL	FrSSSPSEXP		35"			
		35-61	MASS SAP	Fr					
4	LSS 15%	0-24	SBKCC	fr SE	PS	PS	PS	W/17	PS .25
		24-46	WSBK BC	fi/f SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	I	I
Site LTAR	.25	.1

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

COMMENTS:


P2
4
3
P1

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: _____ 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	.1943 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
K	#308	0 - 6	Wk, sbk, scl	Fi, ss, sp	C - Sap. Indus.				0.30
		6 - 30	Wk, sbk, scl	Fr, ss, sp					
		30 - 44	Wk, sbk, scl	Fr, ss, sp					
	#309	0 - 21	Fill Material		F - Sap. Indus.				0.30
		21 - 40	Mo, sbk, CL	Fr, ss, sp					
		40 - 52	Wk, sbk, CL	Fr, ss, sp					
		52 - 62	Mois., L - Sap.	Fr, ss, sp					
	#310	0 - 9	Wk, sbk, scl	Fi, ss, sp					<31" 0.20 - 0.25
		9 - 21	Wk, sbk, scl	Fr, ss, sp	- Yell.-Brwn. Matrix				
		21 - 31	Wk, sbk, scl	Fr, ss, sp					
		31 - 55	Wk, sbk, scl	Fr, ss, sp	C - M Gray Mottles				>31" US
	#311	0 - 6	Wk, sbk, scl	Fr, ss, sp					<36" 0.20 - 0.25
		6 - 19	Wk, sbk, scl	Fr, ss, sp	Frc Y/B Mottles				
		19 - 36	Wk, sbk, scl	Fr, ss, sp					
		36 - 48	Wk, sbk, scl	Fr, ss, sp	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: MEM
OTHER(S) PRESENT: _____

1

0-5 CL

5-48 SBLC f1 SE
Chroma 2's @ 16"

2 0-24
SBLC f1 SE

24-48
WSBL BC f1/4 SE

0-3 CL
3-30 SBLC f1 SE
30-48 WSBL BC f1/4 SE
Chroma 2's @ 25"

4 0-19
SBLC f1 SE

19-35 WSBL BC f1/4 SE

35-60 Mass Sqpu) for W/L



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

Sheet ___ of ___
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): 6PD — PROPERTY SIZE: ___
OCATION OF SITE: LOT 131 Meadow Glen Subdivision — PROPERTY RECORDED: ___
VATER 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	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
	#312	0-6	Wk, sbk, scl	Fr, SS, sP	F-C Y/B Mottles				0.25
		6-38	Mo, Abk/sbk, C	Fr, SS, sP					
		38-48	Wk, sbk, CL	Fr, SS, sP					
	#313	0-4	Wk, sbk, scl	Fr, SS, sP	F-Sap. Inclus. M-Sap. Inclus.				0.30
		4-30	Mo, sbk, CL	Fr, SS, sP					
		30-45	Wk, sbk, CL	Fr, SS, sP C-					
		45-50	Mass, L-Sap	Fr, SS, sP					
	#314	0-9	Wk, sbk, scl	Fr, SS, sP	F-Sap. Inclus C-Sap. Inclus. (F Y/B @ 22-30" in one pocket)				0.27 5 (0.3)
		9-22	Mo, sbk, CL	Fr, SS, sP					
		22-49	Wk, sbk, CL	Fr, SS, sP					
	#307	0-7	Wk, sbk, scl	Fr/Fr, SS, sP	C² Sap. Inclus.				0.30
		7-25	Mo, sbk, CL	Fr, SS, sP					
		25-34	Wk, sbk, CL	Fr, SS, sP					
		34-48	Mass, L-Sap	Fr, SS, sP					

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

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

EMARKS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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

3. **Applicant Information:** Let them know day before so he can have back hoe there!

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
OPG Properties LLC	7679 Lynwood Lane Sherrills Ford NC 28673	704-928-5600	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
OPG Properties LLC	7679 Lynwood Lane Sherrills Ford NC 28673	704-928-5600	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
101 Scotch Irish Lane	Meadow Glen	131

Driving Directions: Perth Road to State Park Road to (R) on Meadow Glen Drive to (R) on to (R) on Scotch Irish Lane to cul de sac

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

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

(X) 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 (X) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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:** Gary M. Bauer — 5/18/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

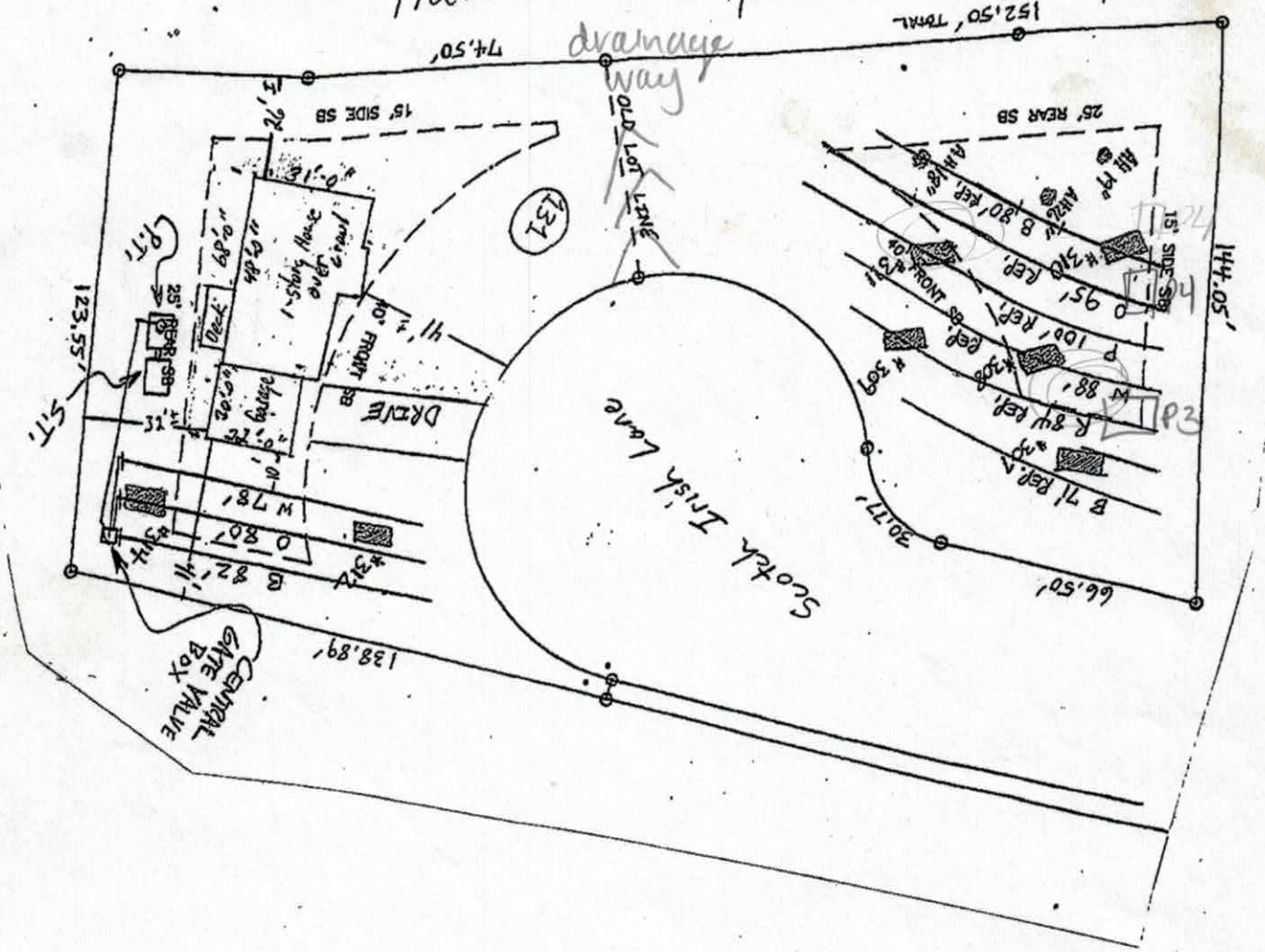
X Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

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**

This is from the previous septic permit



Signature: Gary M. Gaw

REQUIRED property owner or owner's legal representative signature.

5/18/17
DATE

Zoning Permit # 227291
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	05/18/17	Tax Parcel #	4930585186.000
	Business Name or Property Owner	DPG Properties, LLC		
	Street Address & Lot Number	101 Scotch Irish Lot 131 Scotch Irish Lane		
	Business Type and/or Project Description	Construction		
APPLICANT	Applicant	DPG Properties LLC	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 (exception, single family residential additions/expansions). 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: Septic Permit Only * Hold additional Permits until Troutman Zoning is approved.

2-Front Yard Trees, 2 Rear 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.

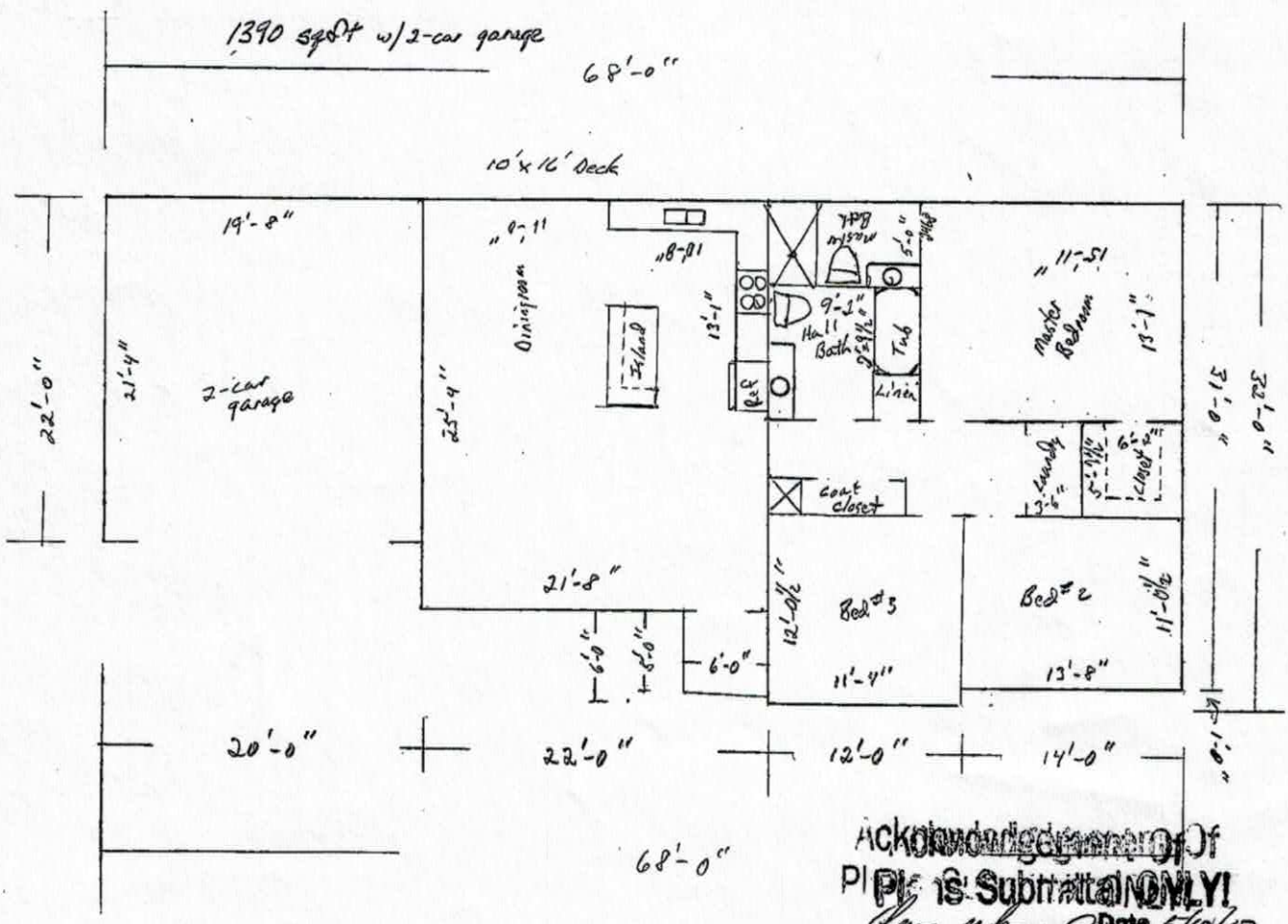
Gary M. Barnard
Signature of Applicant

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.

Daniel Wright
Signature of Zoning Administrator

Lot 151 - Meadow Glen

1390 sqft w/2-car garage



Acknowledgement of Plans Submittal ONLY!

Date 5/16/17

Date 06/22/17