ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-308986

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

PIN # : 4731-43-7992

APPLICANT/OWNER: DENALI HOMEBUILDERS/ERAMA MATHIS APPLICANT ADDRESS: 1270 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 495 TALLEY ROAD, TROUTMAN, N.C. 28166 PHONE: 704-224-1440 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON TALLEY STREET, STRAIGHT ON TALLEY ROAD. LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

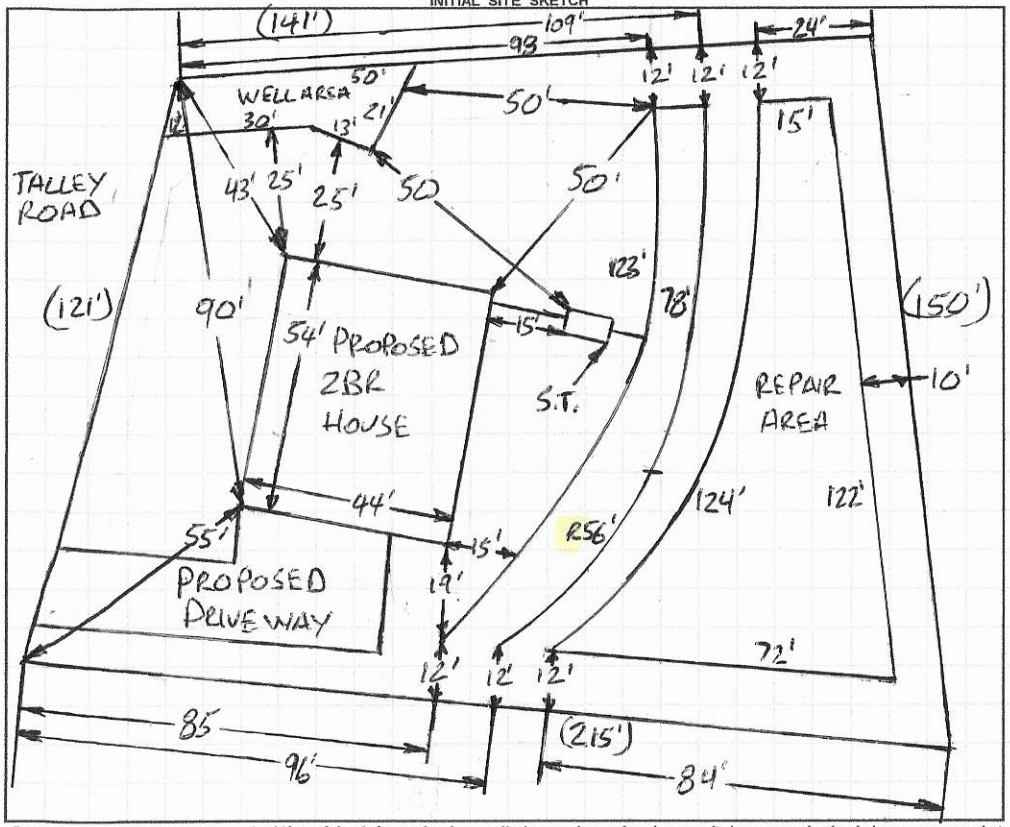
SUBDIVISION: DAVID D. BROWN + JENNY B. BROWN SECTION: — LOT # 3 LOT AREA: 0.586 AC DESIGN FLOW: 240 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	1-26-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons	4	☑ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:			25% REDUCTION	☐ Other	No. Employees	—	☐ Public	
# Nitrification Fields	1	# Lines	2		Linear Ft	201 FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)			3.0 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DIVERT SURFACE WATER AWAY FROM SYSTEM

HOUSE MUST MEET ZONING SETBACKS

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Installed as Drawn

1 IN = 40 FT
S.T. = SEPTIC TANK
R = REPAIR

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: 8/24/20 Installed by: (Tommy) T-Z Grading + Repair

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-14-2020 OPERATION PERMIT by: [signature] Date: 4-7-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-14-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 473443792
COUNTY: IREDELL

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

OWNER: ERMMA MATHIS
APPLICATION DATE 6-15-2020
ADDRESS: 1290 NORTH SIDE DRIVE, STATESVILLE, NC. 28625
DATE EVALUATED: 7-29-2020
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 0.586 AC
LOCATION OF SITE: 495 TALLEY ROAD, TROUTMAN, N.C. 28166
PROPERTY RECORDED: YES
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	LINEAR SIDE 4%	0-11	SCL, SBK	~~FR~~, SS, SP, SEXP	SAP INC THRU OUT 0"-18" GRAVELLY MICA COMMON	58"+	NA	NA	PS .3
		11-34	C, SBK	~~FR~~, S, P, SEXP					
		34-58	CL, WSBK	~~FR~~, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-9	SCL, SBK	~~FR~~, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		9-29	C, SBK	FR, S, P, SEXP					
		29-60	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-11	SCL, SBK	~~FR~~, SS, SP, SEXP	SAP INC THRU OUT 0"-20" GRAVELLY MICA COMMON	~~60"+~~ 51"	NA	PS II SL ~~NA~~	PS .3
		11-27	C, SBK	FR, S, P, SEXP					
		27-~~51~~	CL, WSBK	FR, SS, SP, SEXP					
		51-65	SAP, MAS	VFR, NS, NPSEXP					
4	LINEAR SIDE 5%	0-7	SCL, SBK	~~FR~~, SS, SP, SEXP	SAP INC THRU OUT 0-12" GRAVELLY MICA COMMON	60"+	NA	NA	PS .3
		7-27	C, SBK	~~FR~~, S, P, SEXP					
		27-60	CL, WSBK	~~FR~~, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkett C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

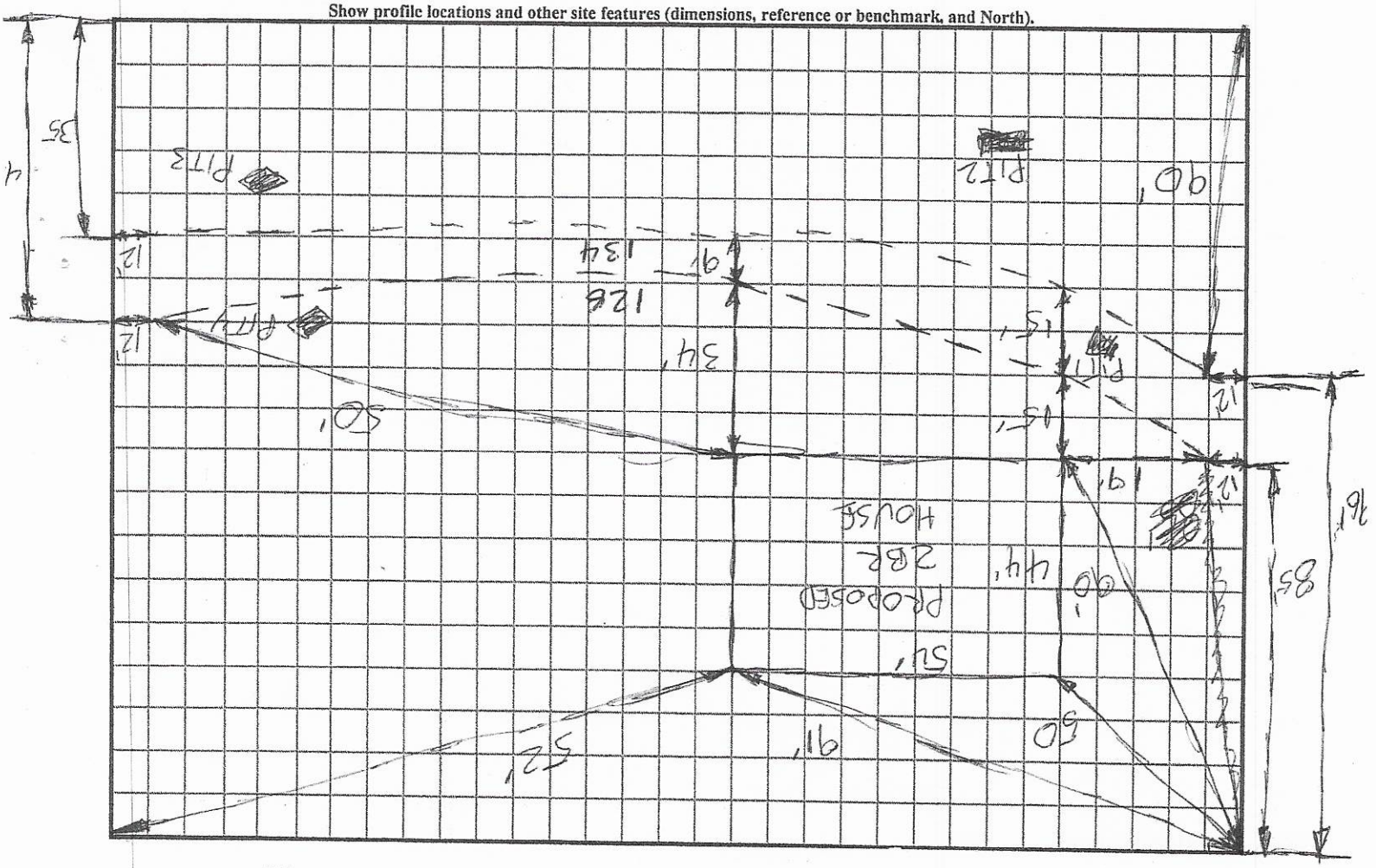
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JUL 16 2020

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-308986 Paid $500.00

Application For: (X) 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: Denali Home Builders Address: 1270 Northside Drive Zip: 28625

Applicant Email: denalihomebuilders@gmail Phone: 704 224 1440 Alt. Phone: _____

Owner Name: Erma Mathis Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 495 Talley Rd Trotman NC 28166

Subdivision Name: David D Brown & Jenny B. Brown Section/Phase: _____ Lot Number: 3

Driving Directions: @ Wilson W Lee South to 21 south 4.9 Miles (R) on Talley Rd 1 mile on Left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: _____

(X) 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 (X) 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.

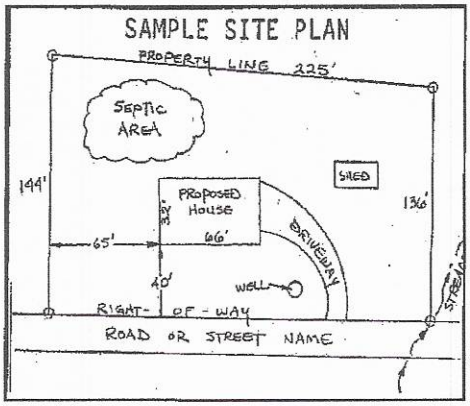
Signature: _____ 6/15/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

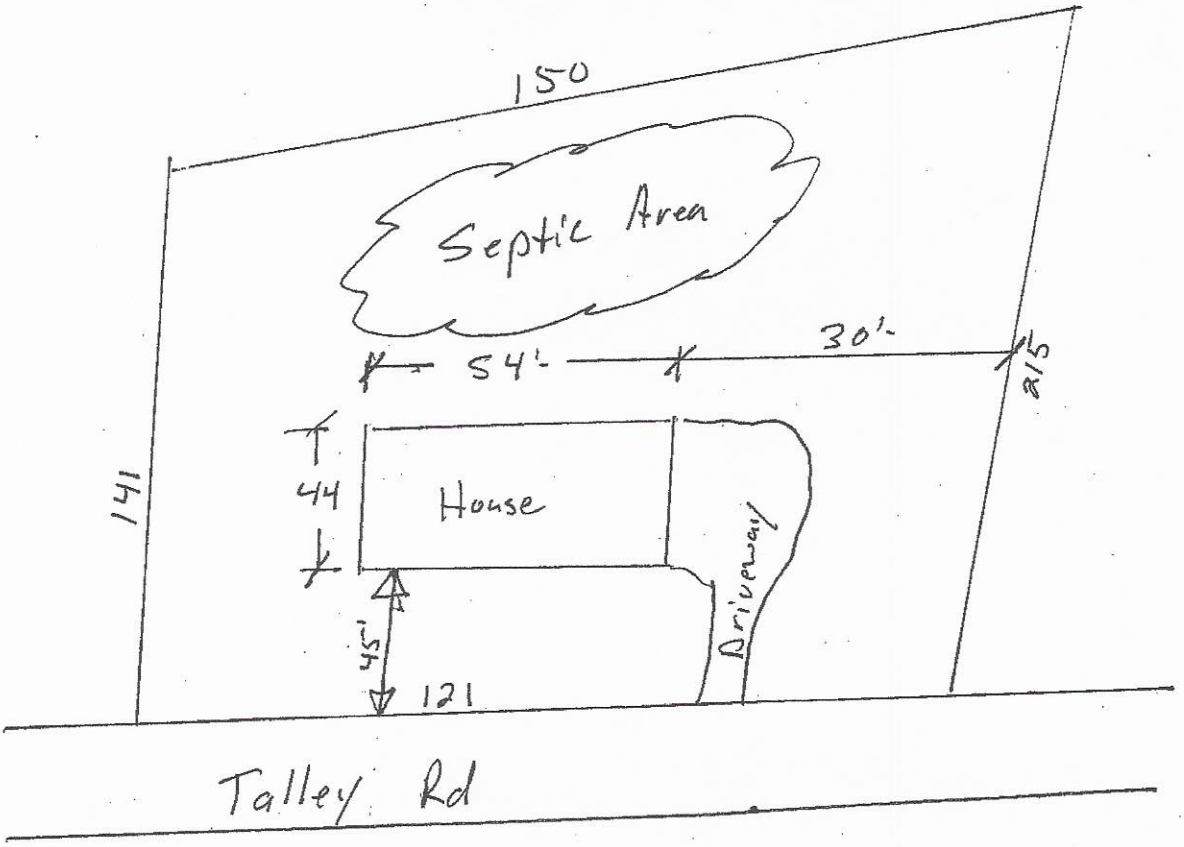
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

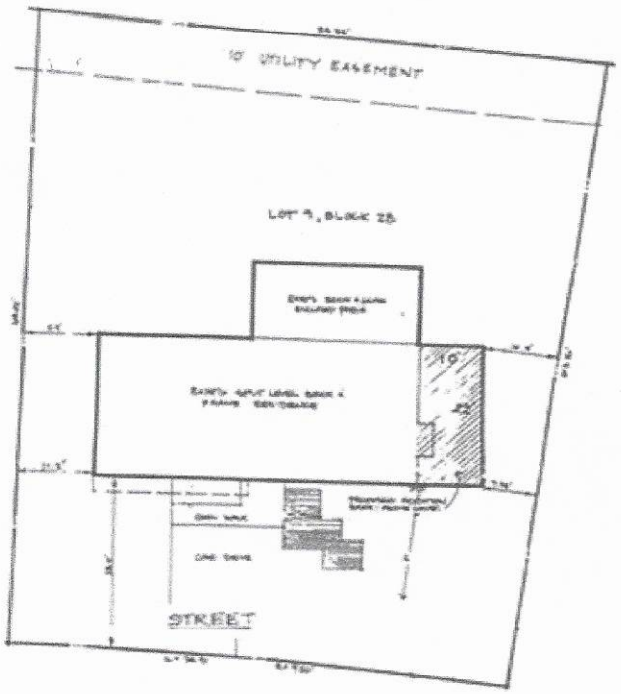
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 6/15/20

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



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.

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, Erma Mathis, am the legal owner(s) of the property located at 495 Talley Rd Troutman NC, identified as PIN (Parcel Identification Number) 4731437992, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kent Jackson Denali Builders, 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.

Erma Mathis
Signature of Owner(s)

5/21/20
Date

Mooresville - Environmental Health

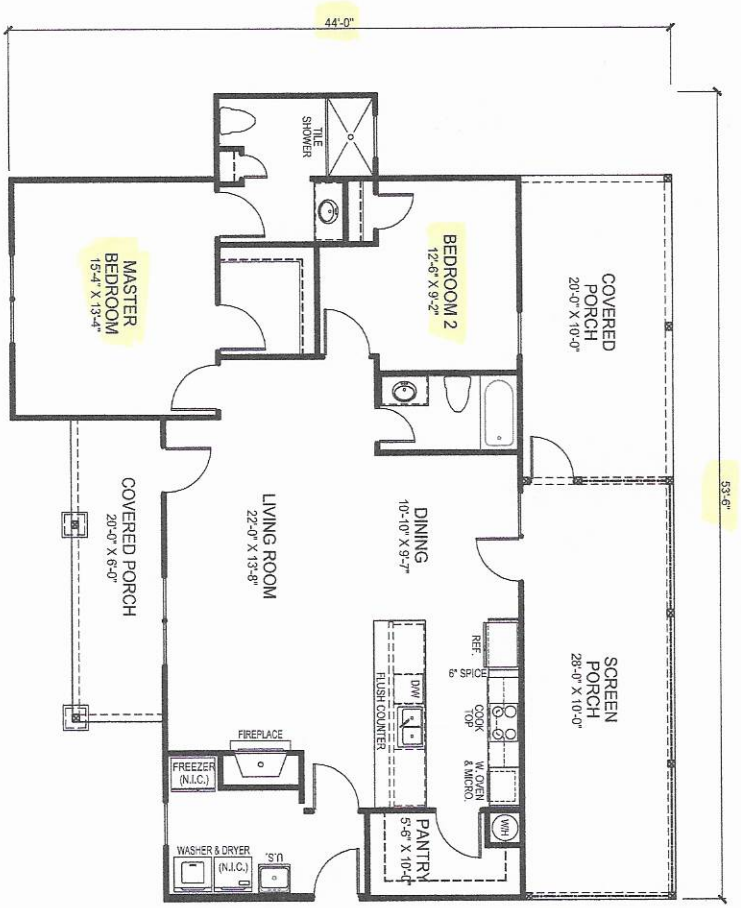
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of Plans Submittal ONLY!

Bryant Cubitt Date 8-14-2020

Date 8-24-20



PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION

B2.2

DRAWN BY: DOUG GAITHER
DESIGN NO: DH-2020-105
SCALE: 1/8" = 1'-0"
BASE PLAN: CUSTOM
REVISION: 07/22/20
TRANSFER: KENT JACKSON
DATE DRAWN: 05/22/20

SQUARE FOOTAGE	
MAIN LEVEL	1372 S.F.
FRONT PORCH	120 S.F.
SCREENPORCH	280 S.F.
REAR PORCH	200 S.F.
TOTAL HEATED -	1372 S.F.

MATHIS RESIDENCE

Address Line ◆ ADDRESS LINE

FLOOR PLAN

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AS IT REMAINS THE PROPERTY OF DENALI HOME BUILDERS. ALL RIGHTS RESERVED
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DENALI HOME BUILDERS
1270 Northside Drive
Statesville, NC
(704) 872-1581

Zoning Permit # 308986

Fee $303.85 **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	07/10/20	**Tax Parcel #**	4731437992.000
	Business Name or Property Owner	MATHIS ERMA N		
	Street Address & Lot Number	495 TALLEY RD		
	Business Type and/or Project Description	SFD		
APPLICANT	**Applicant**	Denali Home Builders	**Preferred Phone**	(704)224-1440
	Address City/State/Zip	1270 Northside Drive UNKNOWN Statesville, NC 28625		
	E-Mail			
	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: YES | ETJ: NO**	Plans Attached	**YES**
	Utilities			Floodplain	**NO**
	Permitted Use of Property	SFD			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:				

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.

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 Adminstrator