ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329545

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

PIN # 4731 -- 91 -- 2997

APPLICANT/OWNER: Tru North Homes APPLICANT ADDRESS: 631-300 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 593 Lake Circle Troutman NC 28166 PHONE: 704-363-2845 ALT. PHONE —

SITE DIRECTIONS: N Main St Wagner Drive to Lake Circle SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: JP Holthouser SECTION: — LOT # 25 LOT AREA: .709Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 760	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description: Gravity - 25% Reduction				☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: CP - PPBPS - 50% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36in.	Trench Bottom Depth ~~(Low side)~~	36in max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

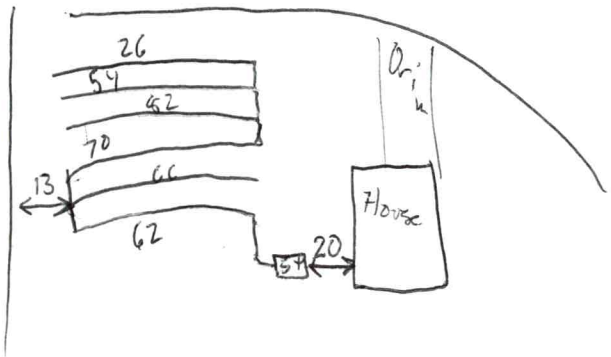
This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas, PA

LSS # 1231 Dated June 3, 2022

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.



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: Date: 7/11/22 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Date: 7-1-2022 OPERATION PERMIT by: Date: 9/23/22

AUTHORIZATION TO CONSTRUCT by: Date: 7-1-2022. Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Sheet 1 of 2
PROPERTY ID #: 4731912997
COUNTY: Iredell

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

OWNER: Stutts Family
ADDRESS: 28136 Tamarack Ln, Santa Clarita, CA 91390
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 593 Lake Circle, Troutman NC 28166
APPLICATION DATE
DATE EVALUATED: 3/22/22
PROPERTY SIZE: 0.709 AC
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	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
B 1	L/6-8%	0-8	BSL Gr	Fr SS SP SEXP		50	-	-	PS 0.3
		8-36	RC wmsbk	Fr SS SP					
		36-50	RBSCL wfsbk	Fr SS SP	- Many SAP Inclusions				
B 2	L/6-8%	0-11	BSL Gr	Fr SS SP SEXP		50	-	-	PS 0.25 Shallow 0.3 Deep
		11-34	BRC wmsbk	Fr SS SP	- Few Fe Depl 20-32"				
		34-50	RBCL wfsbk	Fr SS SP					
B 3	L/6-8%	0-15	BSL Gr	Fr SS SP SEXP		50	-	31	PS 0.25
		15-22	RBSCL wmsbk	Fr SS SP	- Fe Depl @ 22"				
		22-38	RBC wmsbk	Fr SS SP	- Cl. R2's @ 31"				
		38-50	RBCL wfsbk	Fr SS SP	- Few SAP				
B 4	L/5%	0-6	BSL Gr	Fr SS SP SEXP		50	-	-	PS 0.3 - 0.325
		6-31	BRC wmsbk	Fr SS SP					
		31-50	RBCL wfsbk	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted 25% Gravity	PPBPS/w Gravity
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

LICENSED SOIL SCIENTIST S. Ashley A. Rollins 1231

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: Same
DATE OF EVALUATION: Same
COUNTY: Same

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	
B 5	L/8%	0-10	BSL Gr	Fr SS SP SEXP	- Few Fe Depl.	50	—	—	PS 0.25-0.275
		10-15	RBSCL wmsbk	Fr SS SP					
		15-33	BRC wmAbk/sbk	Fr SS SP					
		33-50	RC wmsbk	Fr SS SP SEXP					

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 22-0040
June 3, 2022

TRUNORTH HOMES, LLC
Attn: *Garrison Davis*
Email: garrison@trunorthhomes.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 593 Lake Circle (LOT 25), Troutman, NC 28166, PIN # (4731912997), Iredell County.

Mr. Davis:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open with scattered trees/shrubs. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Bateman Civil Survey Co. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. The house envelope was located via Survey by Bateman Civil Survey Co. The attached Survey provided has house plot and acreage.

Methodology

We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five boring locations on the property flagged and located via GPS. Three of the five soil borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

DocuSign Envelope ID: 9B7960D5-C314-4C83-A766-DD4F173D9D48

593 Lake Circle (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 648 linear feet of line. The primary system is proposed as 360 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 36 inches. The repair system is proposed as 240 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 36 inches. There is 280 linear feet of repair available.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Kenneth Stutts and Patricia Stutts

Print Name

Signature DocuSigned by: Kenneth Stutts 1D5C8D9B4BB64D7... DocuSigned by: Patricia Stutts 1D5C8D9B4BB64D7... 6/7/2022

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 593 Lake Circle, Troutman, NC may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,



S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 593 Lake Circle PIN#(4731912997) Troutman 28166, Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Septic Application---------- 9-10

Zoning Permit---------- 11

Agent Authorization---------- 12

Green Sheet---------- 13

Survey---------- 14

LICENSED SOIL SCIENTIST
Samuel A. Rollins
1231
STATE OF NORTH CAROLINA

June 3, 2022
Project #: 22-0040
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a low pressure 50% reduction Modified Conv. PPBPS installation.

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant: TruNorth Homes, LLC

Address: 631-300 Brawley School Rd
Mooresville, NC 28117

Phone:

County: Iredell

Location: 593 Lake Circle
Troutman, NC 28166

Source of Wastewater Flow: 3 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 360

System Flow: N/A

Design Specifications

Drainfield Size: 360

Loading Rate (gpd/ft.^{2}): 0.25

Depth of Gravel in Trench: N/A

Gravel Size: N/A

Max.Trench Depth: 36 in. Repair Trench Bottom 36 in.

Trench Width: 36 in.

Septic Tank Size: 1000

Estimated Supply Line Length: 18

Supply Line Diameter: 4 in. SCH 40 PVC

Supply Line Volume: 11.75

Dosing Volume: N/A

Supply Manifold: N/A

Supply Manifold Length: N/A

Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A

Friction Head: N/A

Elevation Head: N/A

Total Dynamic Head: N/A

Threaded Union: N/A

Gate Valves: N/A

Check Valves: N/A

Anti-Siphon Hole: N/A

Additional Comments: Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

593 Lake Circle

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1080
TOTAL LATERAL LENGTH:	360
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	360
SUPPLY LINE LENGTH:	18
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 593 Lake Circle

Project #: 22-0040

LAYOUT FOR 3 BEDROOM HOME — June 3, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	BLUE					32	32
2	PINK					42	42
3	RED					49	49
4	ORANGE					57	57
5	***YELLOW***					***62***	***60***
6	***BLUE***					***65***	***64***
7	***PINK***					***68***	***68***
8	***RED***					***76***	***76***
9	***ORANGE***					***60***	***60***
10	***YELLOW***					***58***	***32***
11	BLUE					41	41
12	PINK					38	38
					Total	648	619

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***360***	***0.250***	***ACCEPT.***	***0.250***	***25% RED***	***GRAVITY***
Repair	285	0.250	MOD. CONV.	0.250	PPBPS	LOW PRESSURE

Notes:
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**Nitrification lines were located by tape measures & GPS.
**Property lines, corners & house were located by a Professional Land Surveyor.

CALCULATIONS

Location	593 Lake Circle Troutman, NC 28166	
Project Number	22-0040	
Lot No:	25	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.250	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	18	ft.
Supply Line Volume	11.754	gal.
Required Feet of Line	360	ft.
Amount of Line from Layout	360	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

RECEIVED JUN 8 - 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-329545

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: JCW North homes **Address:** 631-300 Brawley School Rd Mooresville **Zip:** 28117
Applicant Email: garrison@jcwnorthhomes.com **Phone:** 704-363-2845 **Alt. Phone:** _____
Owner Name: Stutts Family TR **Address:** 28136 Tamarack Ln Santa Clarita CA **Zip:** 91390
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 593 Lake Circle Troutman NC 28166
Subdivision Name: JP Holthouser **Section/Phase:** _____ **Lot Number:** 25
Driving Directions: N Main St, Wagner Dr, Lake Cir.

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: 6 — (✓) 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: Accepted

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: _____ 6/7/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

DocuSign Envelope ID: 9B7960D5-C314-4C83-A766-DD4F173D9D48

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*) DocuSigned by: Kenneth Stutts 1D5C8D9B4BB64D7... DocuSigned by: Patricia Stutts 1D5C8D9B4BB64D7...

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, Stutts Family TR, am the legal owner(s) of the property located at 593 Lake Circle Troutman NC 28166, identified as PIN (Parcel Identification Number) 4731912997, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name** SFS/Ashley Rollans/Randi Williams, 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.

→ DocuSigned by: Kenneth Stutts 1D5C8D9B4BB64D7... DocuSigned by: Patricia Stutts 1D5C8D9B4BB64D7... 6/7/2022

Signature of Owner(s) Date

Mooresville - Environmental Health

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

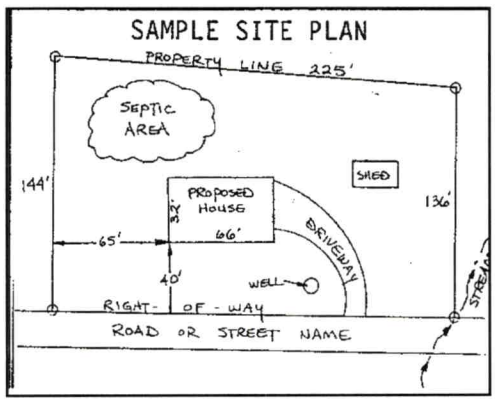
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and 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)

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 attached

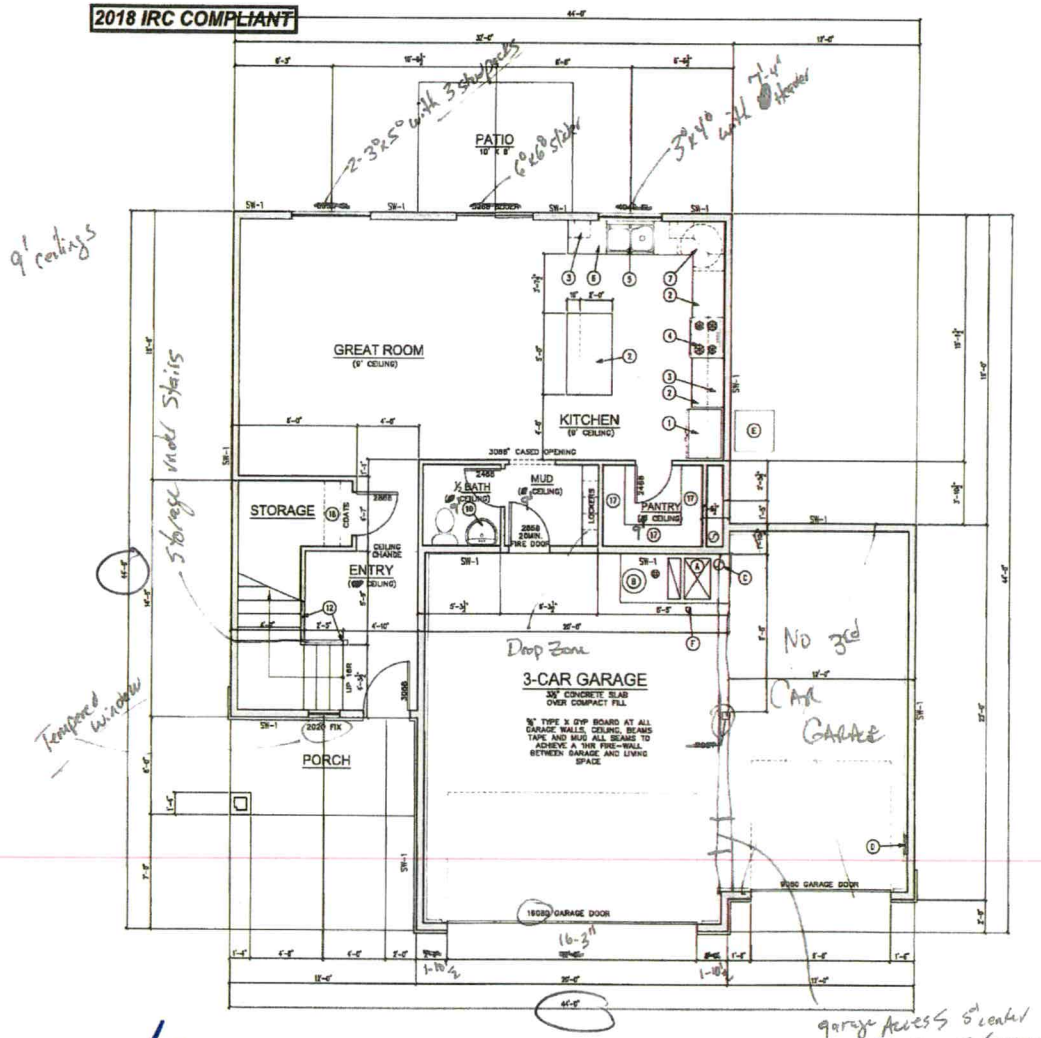
Signature: Randi Winn

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

6/7/22

DATE

2018 IRC COMPLIANT



MAIN FLOOR PLAN

SCALE: ¼" = 1'-0"

5/19/22

7/1/2022

KEY NOTES:

1. 39" WIDE REFRIGERATOR SPACE, (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 8'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUZAN
8. 24" X 36" CRAWL SPACE ACCESS
9. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
10. PEDESTAL SINK
11. SHELF OR CABINETS ABOVE WASHER AND DRYER
12. 36" HIGH RAILING WITH BALUSTERS SPACED SO THAT A 4" SPHERE CAN NOT PASS THROUGH
13. COUNTERTOP OVER 32" HIGH BASE CABINET
14. 30" X 60" TUB / SHOWER (2.5GPM SHOWER HEAD)
15. 42" X 60" TUB IN TILE OR MARBLE PLATFORM
16. TILE OR MARBLE SHOWER WITH SAFETY GLASS ENCLOSURE
17. (4) 18" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
18. 12" SHELF AND ROD
19. (2) 12" SHELVES AND (2) RODS
20. SINGLE UTILITY SINK

SQUARE FOOTAGE SCHEDULE:

FINISH MAIN FLOOR PLAN:	794
FINISH UPPER FLOOR PLAN:	1090
TOTAL FINISHED SQ. FT:	1884
GARAGE:	734
TOTAL PROJECT SQ. FT:	1884

SHEAR WALL NOTES

ALL EXTERIOR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL HORZ EDGES WITH 2" NOM. OR WIDER 2" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED WHERE 8d NAILS ARE SPACED 3" O.C. OR LESS. SHEATHING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING ON UPPER EXT. WALLS. NAILS SHALL BE PLACED NOT LESS THAN ½" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING. EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 4" O.C.

SHEAR WALL SCHEDULE

TYPE	SHEATHING	NAIL	EDGE	FIELD	STAPLE 6G
TYPICAL	7/16" ONE SIDE	8d	6" O.C.	12" O.C.	16G @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16G @ 3" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	2" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8d NAILS AT 1/2 SPACING ON TYPICAL AND SW-1. SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

MECHANICAL KEY NOTES

A. 80% MIN. EFFICIENT DIRECT VENT FURNACE.
B. 40 GALLON GAS WATER HEATER WITH TEMPERATURE SAFETY VALVE.
C. FLUE
D. ELECTRICAL PANEL
E. 13 SEER A/C UNIT
F. 4" DIAMETER STEEL BOLLARD

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ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
TERRY MICHELSON (360) 891-3466

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/29/15
PERMIT SET DATED: 5/15/15

REVISIONS:

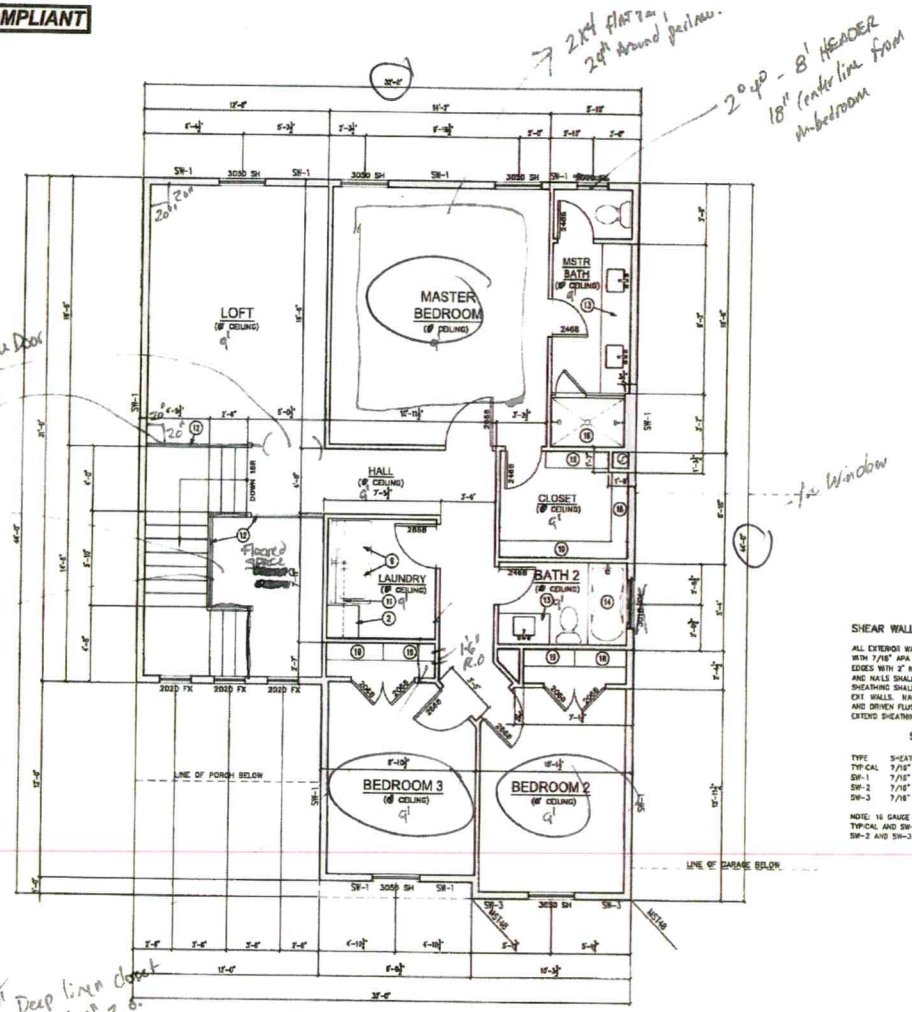
DATE: 10/30/05 CRAWL
DATE:
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 6

2018 IRC COMPLIANT



UPPER FLOOR PLAN

SCALE: ¼" = 1'-0"

5/19/22

7/1/2022

KEY NOTES:

1. 39" WIDE REFRIGERATOR SPACE, (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 6'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUZAN
8. 24" X 36" CRAWL SPACE ACCESS
9. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
10. PEDESTAL SINK
11. SHELF OR CABINETS ABOVE WASHER AND DRYER
12. 36" HIGH RAILING WITH BALUSTERS SPACED SO THAT A 4" SPHERE CAN NOT PASS THROUGH
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20. SINGLE UTILITY SINK

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SHEAR WALL SCHEDULE

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SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

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ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
www.archwaydesigns.com

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED:
4/28/22
PERMIT SET DATED:
5/12/22

REVISIONS:

DATE: 10/20/20 CRAWL
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 7

Zoning Permit # 329545 See reverse for new construction.

Fee $ 45 **Code** 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	06/08/22	Tax Parcel #	4731912997
	Business Name or Property Owner	STUTTS Family TR.		
	Street Address	593 Lake Circle Dr.		
	Business Type and/or Project Description	New Construction		
APPLICANT	Applicant	TruNorth Homes LLC.	Preferred Phone	704-363-2845
	Address City/State/Zip	631-300 Brawley School Rd. PMB 217 Mooresville NC 28117		
	E-Mail	garrisondavis@TruNorthhomes.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

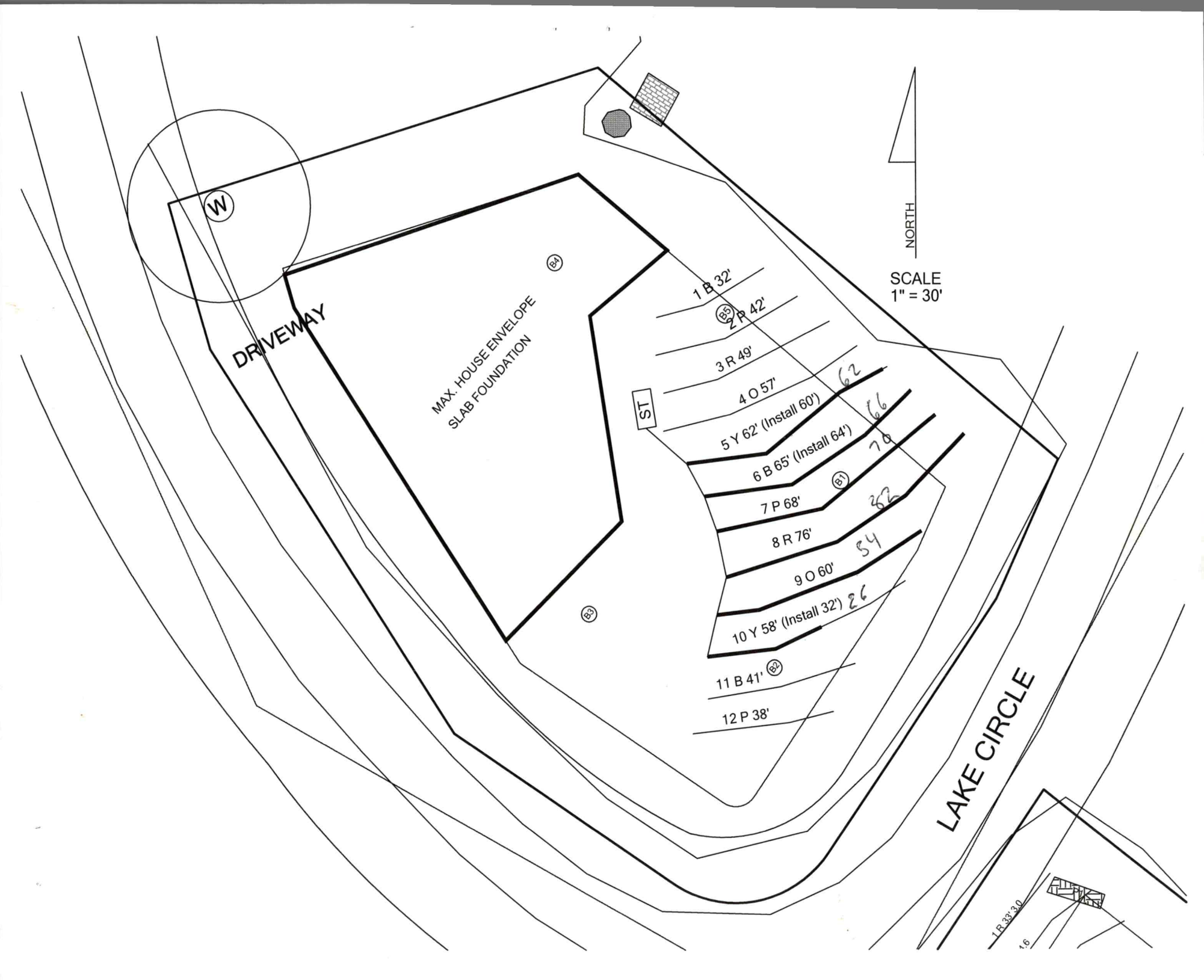
Zoning District(s)	RS	Plans Attached	Yes ☐ No ☒
Utilities	N/A (ETJ)	Floodplain	Yes ☐ No ☒
Permitted Use of Property	Single-Family Res		
Minimum Setback Requirements	Front 25', Rear 25', Right Side 25', Left Side 25' *Setback measured from nearest projecting point of structure to Property Line.*		
Comments: Single-Family Home			

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 Administrator


W
DRIVEWAY
MAX. HOUSE ENVELOPE
SLAB FOUNDATION
B4
B5
B1
B3
B2
ST
1 B 32'
2 R 42'
3 R 49'
4 O 57'
5 Y 62' (Install 60')
6 B 65' (Install 64')
7 P 68'
8 R 76'
9 O 60'
10 Y 58' (Install 32')
11 B 41'
12 P 38'
62
66
70
82
84
86
NORTH
SCALE
1" = 30'
LAKE CIRCLE
1 R 33' 3.0
1.6