PJB

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-304945

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

PIN # 4740104790

APPLICANT/OWNER: Iron Ivey LLC | APPLICANT ADDRESS: 935 Bronx River Ave. Bronx, NY

SITE ADDRESS: 172 Brook Creek Dr. Troutman, NC | PHONE: 704-746-5046 | ALT. PHONE —

SITE DIRECTIONS: Perth → R on Clontz Hill → R on Ridge Creek → R on Brook Creek → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Rocky Creek Cove | SECTION: 4 | LOT # 70 | LOT AREA: .83 ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 7090	Date 2-5-20	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: gravity PPBPS		☐ Business	No. Persons 6	☑ Private
Pump Make	Model	Serial #	Repair System Description: LP horizontal PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 7	Linear Ft 208'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 24" (min)	Trench Bottom Depth (Low side) MAX 36"	Gravel Depth —	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install at max trench depth of 36". Fill all gullies as shown on site plan. No foundation drain to be installed behind house.

INITIAL SITE SKETCH

See attached site plan by Rollans Soil + Environmental Services, PA

AS BUILT SKETCH

- tank + lines checked 5-8-20
needs d-box + header ditch - CCN checked

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: 2-25-20 | Installed by: Jake Williams

IMPROVEMENT PERMIT by: Kayla Witten Date: 2-24-20 | OPERATION PERMIT by: [signature] Date: 5-11-22

AUTHORIZATION TO CONSTRUCT by: Kayla Witten Date: 2-24-20 | Existing System Inspected by: Date:

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

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for a PPBPS Septic System with gravity dist. for a 3 bedroom single family residence on Lot 70, 172 Brook Creek Dr. Troutman 28166, (PIN 4740104790), Iredell County, North Carolina.

Contents:

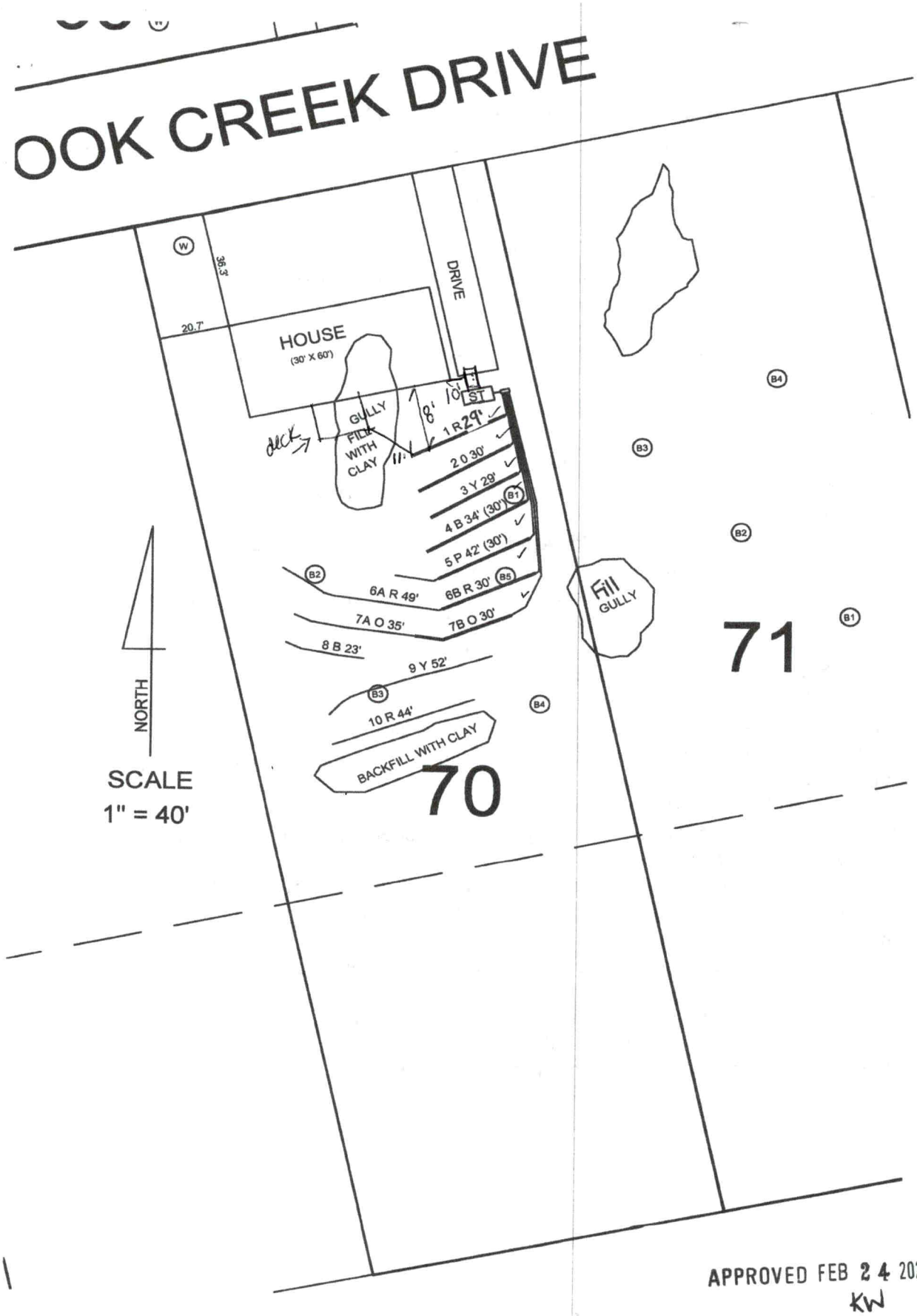
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February 11, 2020
Project #: 01-3196
Design By: Rollans Soil & Environmental Services, PA

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 PPBPS installation.
- Repair is specified as a PPBPS with gravity installation.



APPROVED FEB 24 2020
KW

IREDELL COUNTY HEALTH DEPARTMENT

PJB

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SUBDIVISION: Rocky Creek Cove SECTION: 4 LOT # 70 LOT AREA: .83ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft 208'

Trench Width 24"(min) Trench Bottom Depth(~~Low side~~) MAX 36" Gravel Depth —

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

System Description: gravity PPBPS

Repair System Description: LP horizontal PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install at max trench depth of 36". Fill all gullies as shown on site plan. No foundation drain to be installed behind house.

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P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

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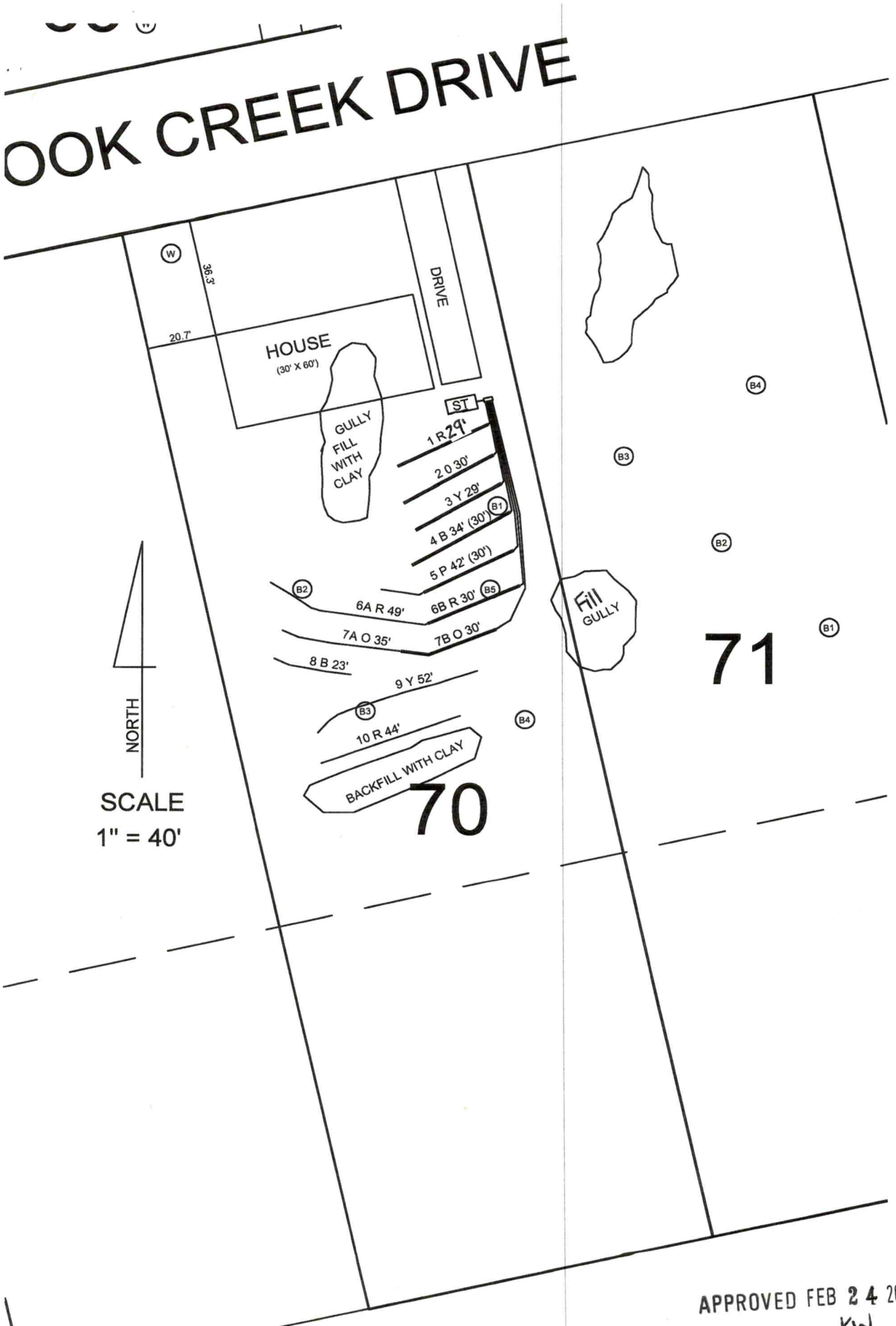
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APPROVED FEB 24 2020
KW

GRAVITY PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Applicant: Iron Ivey LLC

Address: 935 Bronx River Avenue
Bronx, NY 10473

Phone: 704.360.2874

County: Iredell

Location: 172 Brook Creek Drive
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: ~~209~~ 208

Loading Rate (gpd/ft.^{2}): 0.3

Depth of Gravel in Trench: N/A

Gravel Size: N/A

Max.Trench Depth: ~~30 in.~~ 36" SAR

Repair Trench Bottom ~~30 in.~~ 25" SAR

Trench Width: 24 in.

Septic Tank Size: 1000

Estimated Supply Line Length: 2

Supply Line Diameter: 4 in. SCH 40 PVC

Supply Line Volume: 1.31

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 Rollans Soil & Environmental Services

APPROVED FEB 24 2020
KW

172 Brook Creek Drive

PPBPS SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	418
TOTAL LATERAL LENGTH:	209
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	200
SUPPLY LINE LENGTH:	2
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

APPROVED FEB 24 2020
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Layout Specifications - 172 Brook Creek Drive-Lot 70

Project #: 01-3196

LAYOUT FOR 3 BEDROOM HOME

2/11/2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					*30*	~~30~~ 29
2	***ORANGE***					*30*	*30*
3	***YELLOW***					*29*	*29*
4	***BLUE***					*34*	*30*
5	***PINK***					*42*	*30*
6A	RED					49	49
6B	***RED***					*30*	*30*
7A	ORANGE					35	35
7B	***ORANGE***					*30*	*30*
8	BLUE					23	23
9	YELLOW					52	52
10	RED					44	44
					Total	428	412

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	~~*209*~~ 206	*0.300*	**MOD. CONV**	*0.300*	***PPBPS***	***GRAVITY***
Repair	203	0.300	MOD. CONV	0.300	PPBPS HORIZONTAL SAND	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

APPROVED FEB 24 2020
KW

GRAVITY PPBPS SPECIFICATIONS - 172 Brook Creek Dr.

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	# of Panels
1	***RED***	*N/A*	~~30~~ 29	*N/A*	*N/A*	60	7
2	***ORANGE***	*N/A*	*30*	*N/A*	*N/A*	60	7
3	**YELLOW**	*N/A*	*29*	*N/A*	*N/A*	58	7
4	**BLUE**	*N/A*	*30*	*N/A*	*N/A*	60	7
5	**PINK**	*N/A*	*30*	*N/A*	*N/A*	60	7
6B	**RED**	*N/A*	*30*	*N/A*	*N/A*	60	7
7B	**ORANGE**	*N/A*	*30*	*N/A*	*N/A*	60	7
						418	49

total	**feet =**	**208**	**gal/min =**	**N/A**	
		Des. Flow	**360**		
		Pump Run=	**N/A**		
		soil LTAR	**0.3**		
		LTAR +5%	**0.315**		
		LTAR with mod.	**0.6**		
		LTAR with mod.. + 5%	**0.63**		

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CALCULATIONS

Location 172 Brook Creek Drive
Troutman, NC 28166
Project Number 01-3196

Lot No: 70 Rocky Creek Cove

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) YES

Supply Line Length 2 ft.

Supply Line Volume 1.306 gal.

Required Feet of Line 200 ft.
Amount of Line from Layout 209 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

APPROVED FEB 24 2020
KW

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

Sheet 1 of 2
PROPERTY ID #: 4740 1047
COUNTY: Iredell

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

OWNER: Iron Ivey LLC
ADDRESS: 935 Bronx River Ave., Bronx NY 10473
APPLICATION DATE
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED: 1/17/202
LOCATION OF SITE: 172 Brook Creek Drive, Troutman NC 28166 Lot 70
PROPERTY SIZE: 0.83 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/5%	0-10	RBCL wfsbk	Fr SS SP SEXP		50			PS .3
		10-44	RC wmsbk	Fr SS SP SEXP					
		44-50	RBCL wfsbk	Fr SS SP					
B 2	L/5%	0-40	RBCL wfsbk	Fr SS SP SEXP	+C.SAP	48			PS .35
		40-48	RBL vwfsbk	Fr SS SP					
B 3	L/5%	0-10	RBCL wmsbk	Fr SS SP SEXP		45			PS .3
		10-45	RC wmsbk	Fr SS SP SEXP					
		45-AR			+Floater Quartz				
B 4	L/5%	0-2	RBCL wmsbk	Fr SS SP		49			PS .3 Deep Only
		2-45	BRC wmsbk/ABK	Fr SS P	+Ch.R 2'S@11"-24" Fe Dep				
		45-49	RBCL wmsbk	Fr SS SP					

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

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

COMMENTS: Fill gully below B3

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4740104790
DATE OF EVALUATION: 7/11/20
COUNTY: Iredell

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
B5	L/5%	0-14	RBCL wfsbk	Fr SS SP					PS .3
		14-42	RC wmsbk	Fr SS SP					
		42-48	RBCL wfsbk	Fr SS SP	*FewSAP				

RECEIVED FEB 1 2 2020

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Paid $ 350.00
AP-304945

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonme ( ) Septic System Re

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE S IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMIT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETA

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 ft

Applicant Information:

Applicant Name: Iron Ivey LLC Address: 935 Brook River Avenue, Bronx NY 10473 Phone: 7043602

Owner Name: Iron Ivey LLC Address: 935 Brook River Avenue, Bronx NY 10473 Phone: 7043602

Property Information:

Street Address: 172 Brook Creek Drive Troutman NC 28166

Subdivision Name: Rocky Creek Cove Section/Phase: SHT 4 Lot Number: [redacted]70

Driving Directions: Hwy 150, Right Perth Rd, Right Clontz Hill, on Right [redacted] Ridge Creek Drive, Right on Brook Creek Dr. 128 Brook Creek (Lot 70) will be on right.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: Year existing system installed:

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: [signature] 2/11/20 [redacted]

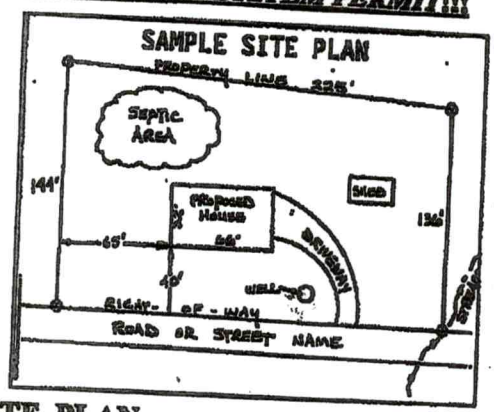
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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
( ) Preferred driveway location and well location
( ) 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

SEE ATTACHED DRAWING

Signature: [signature] 2/11/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

304945

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Iron Ivey LLC, am the legal owner(s) of the property located at TBD Brook Creek Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4744-10-4790, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes, _____, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	2/11/20		2/11/2020

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Iron Ivey, LLC **, am the legal owner(s) of the property located at** 172 Brook Creek Drive, Troutman NC 28166 Lot 70 **, identified as PIN (Parcel Identification Number)** 4740104790 **, located in Iredell County, North Carolina.**

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans Rollans Soil & Environmental Services **, 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.

	9/27/19		9/27/19.
Signature of Owner(s)	**Date**	**Signature of Witness**	**Date**

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
304945 Issue Date: 02/12/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740104790.000	172 BROOK CREEK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: IRON IVEY LLC	Name: IRON IVEY LLC
Address: 935 BRONX RIVER AVENUE	Address: 935 BRONX RIVER AVENUE
BRONX, NY 10473	BRONX, NY 10473
Phone:	Phone:

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.83	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 02/12/2020

Signature of Owner/Contractor

Permit Number	304945	TOTAL FEES:	$77.25

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

Sheet 1 of 1
PROPERTY ID #: 4740104790
COUNTY: Iredell

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

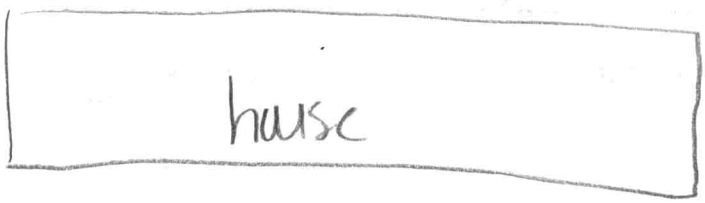
OWNER: Iron Ivey LLC — APPLICATION DATE 2-11-20
ADDRESS: 172 Brook Creek Dr. — DATE EVALUATED: 2-24-20
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: .83 ac
LOCATION OF SITE: Perth → R on Clontz Hill → R on Ridge Creek → R on Brook Creek → lot on R — PROPERTY RECORDED: 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		0-10	SABK C	Fr,SS,SP,SE	—	37	10-37 com-many SAP inc		PS
		10-37	WSBK CL	Fr,SS,SP,SE					
		37-48	L SAP mass	Fr, NS, NP					
R	LS								.3
2		0-12	WSBK SCL	Fr,SS,SP,SE	—	50			PS
		12-32	ABK C	Fr, SS, SP, SE					
		32-50	WABK CL	Fr,SS,SP,SE					
R	LS								.3
3		0-8	WSBK SCL	Fr,SS,SP,SE	—	50	31-50 few-com SAP inc.		PS
		8-31	ABK C	Fr,SS,SP,SE					
		31-50	WSBK CL	Fr,SS,SP,SE					
I	LS								.3
4		0-7	WSBK SCL	Fr,SS,SP,SE	7-24 few YB mottles (only 1 area of pit)	52	34-50 few SAP inc.		PS
		7-34	ABK C	Fr,SS,SP,SE					
		34-50	WSBK CL	Fr-Fi,SS,SP,SE					
I	LS								.3

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

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

COMMENTS:



(4)

(3)

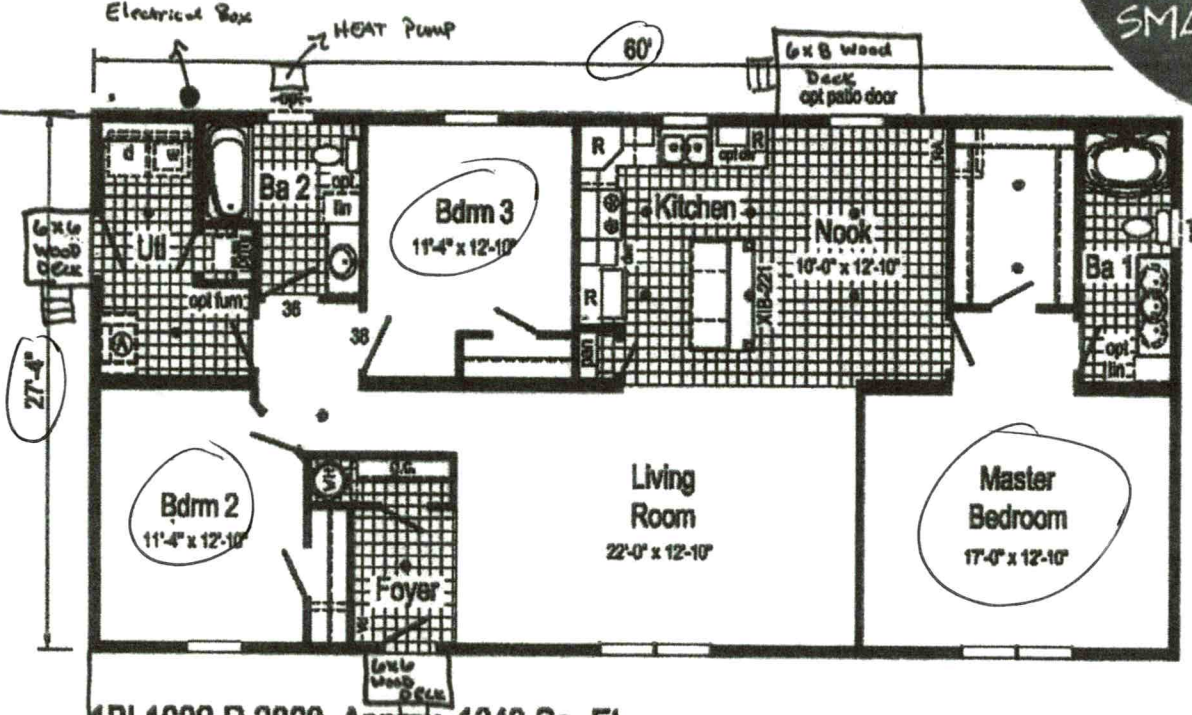
(1)

(2)

Construction Placement

3049945

The Winston



1BL1002-R 2860 Approx. 1640 Sq. Ft.

Blue Ridge Limited

R = Std. 30/36 staggered overhead
Ⓐ = std frz spc or opt utl sink.
● = Std. can light

APPROVED
SIGNATURE: [signature]
DATE: 2/8/2020

[signature] 2-24-20

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 2860	Revisions: Date / Number	6/5/19	Scale: 1/8" = 1'-0"	Date: 1/3/19	Cust: -	Modeling No.: 1BL1002-R
Title: Literature		4/8/19		Drawn by: CV	Reference: BL28601-A	Dir: -	Pg: LIT
		5/21/19				Str: .	