ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 245902

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

PIN # 4740-51-8209

APPLICANT/OWNER: Randal Randazzo | APPLICANT ADDRESS: 129 Carlyle Rd. Troutman, NC

SITE ADDRESS: 149 Carlyle Rd. Troutman, NC 28166 | PHONE: 704-308-4050 | ALT. PHONE

SITE DIRECTIONS: Rt 115/21 N from Mooresville → L on Flowerhouse Lp → L on Carlyle → site on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Randal Randazzo Property | SECTION: — | LOT # 3 | LOT AREA: 0878 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275

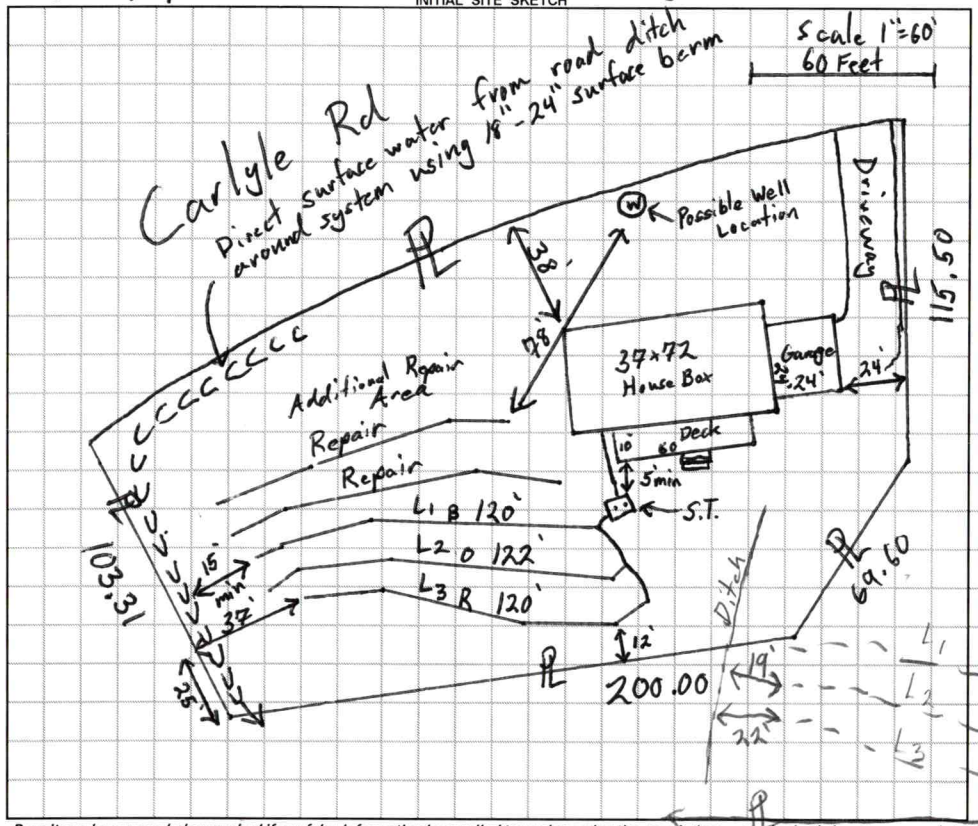
Septic Tank	1000 (gal)	STB	1012	Date	12-30-2019	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (Serial distribution)	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction (CPPBPS)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	328	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

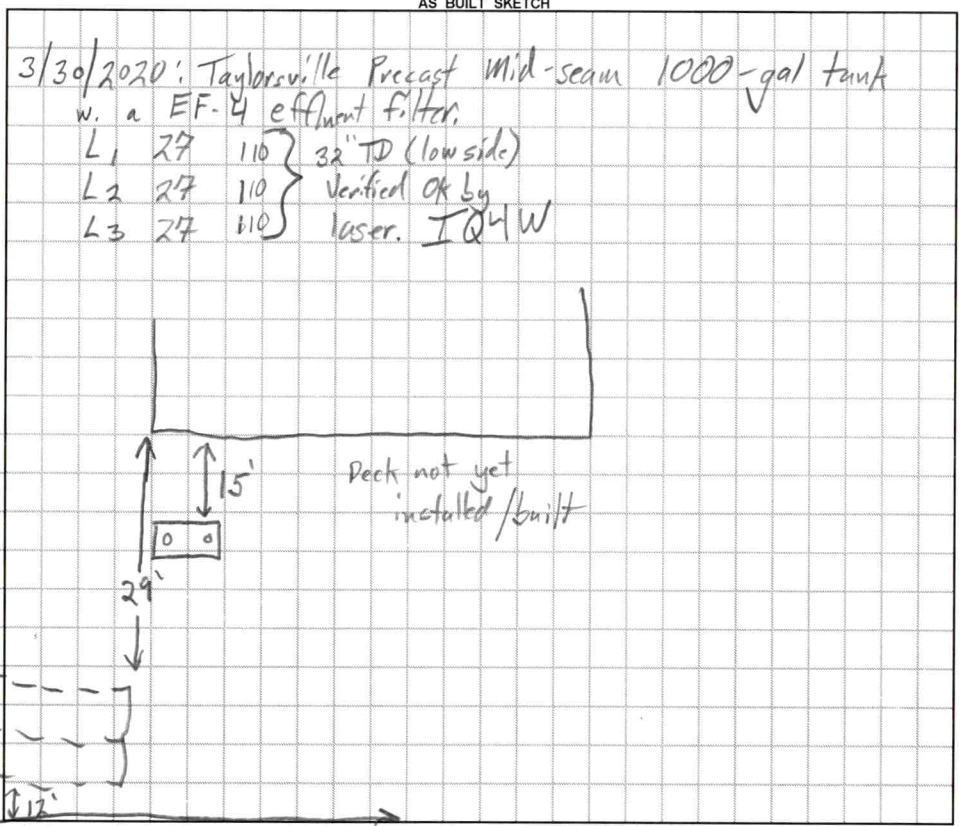
Comments / Conditions: Though x 360 l.f. of line has been laid out/flagged, only 328 l.f. need be installed. Spare area to be set aside for repair purposes. Plat in land records DB 70 Pg 35.

Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Randal Randazzo | Date: 7-5-19 | Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Tom Shuck | Date: 7/5/2019 | OPERATION PERMIT by: Tom Shuck | Date: 3/30/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 7/5/2019 | 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.

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

Sheet ___ of ___
PROPERTY ID #: 4740-51-8209
COUNTY: Iredell

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

OWNER: Randal Randazzo
ADDRESS: 129 Carlyle Rd Troutman, NC
PROPOSED FACILITY: 3BR-SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 149 Carlyle Rd Troutman
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 6/19/19
DATE EVALUATED: 6/27/19
PROPERTY SIZE: 0.878 (proposed)
PROPERTY RECORDED: unknown

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
1	LSS ~8-10%	0-7	SCL V.W.SBK	SI Firm, SS, Sp, Sexp	some light brown mottles [Chroma 4/5]	60	—	—	0.25 PS
		7-34	Clay m-s ABK	SI Firm, Sticky, Sp, Sexp					
		34-60	Clay Loam W.SBK Trace Sap	SI Friable, SS, Sp, Sexp					
2	Repair LSS ~8-10%	0-15	SCL V.W. SBK	SI Friable, SS, Sp, Sexp	Sexp —	62	—	—	0.275 P
		15-62	Clay m-s ABK w.SBK 48"-62"	SI Firm, Sticky, Sp,					
3	Prim Distal LSS	0-15	SCL V.W.SBK ABK	SI Friable, SS, Sp, Sexp	—	66	—	Qtz vein 30"-38" (not restrictive)	0.275 PS
		15-42	Clay M.SBK/ABK	SI Firm, Sticky, Sp, Sexp					
		42-66	Clay W.SBK Loam common mica	SI Friable, SS, Sp, Sexp					
4	Repair Near LSS	0-9	SCL V.W.SBK		—	63	—	—	0.275 PS
		9-38	Clay M-Strong ABK	SI Firm, Sticky, Sp, Sexp					
		38-63	Clay W.SBK Loam some mica						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360+	250+
System Type(s)	25% Reductio	50% Reductio
Site LTAR	0.275	0.250

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Paul Pennegar
* Needs Diversion Berm around system area *

#245902
6-20-19
$500
$550

CALL PAUL PENNINGTON FOR SITE VISIT

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM 704-996-6330

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Randal Randazzo Address: 129 CARLYLE RD TROUTMAN NC Zip: 28166
Applicant Email: krk129@att.net Phone: 704.308.4050 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 149 Carlyle Road
Subdivision Name: Randal Randazzo Property Section/Phase: _____ Lot Number: 3
Driving Directions: Hwy 21 North, TL Flowerhouse, TL Carlyle, lot on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% Red.

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: Randal Randazzo 6-19-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Randal Randazzo, am the legal owner(s) of the property located at Carlyle Rd, identified as

PIN (Parcel Identification Number) 4705182282.000 located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting _____, 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.

Randal Randazzo _____ 6-19-19
Signature of Owner(s) Date

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

THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN
THE SUBDIVISION REGULATIONS OF THE COUNTY OF
NA AND THAT THIS PLAT HAS BEEN APPROVED BY THE
TOR FOR RECORDING IN THE OFFICE OF REGISTER OF
TY.

TOR
ROLINA

6-5-19
DATE

149 CARLYLE Rd
RANDAL RONDA320
SEPTIC SITE PLAN
6-12-19

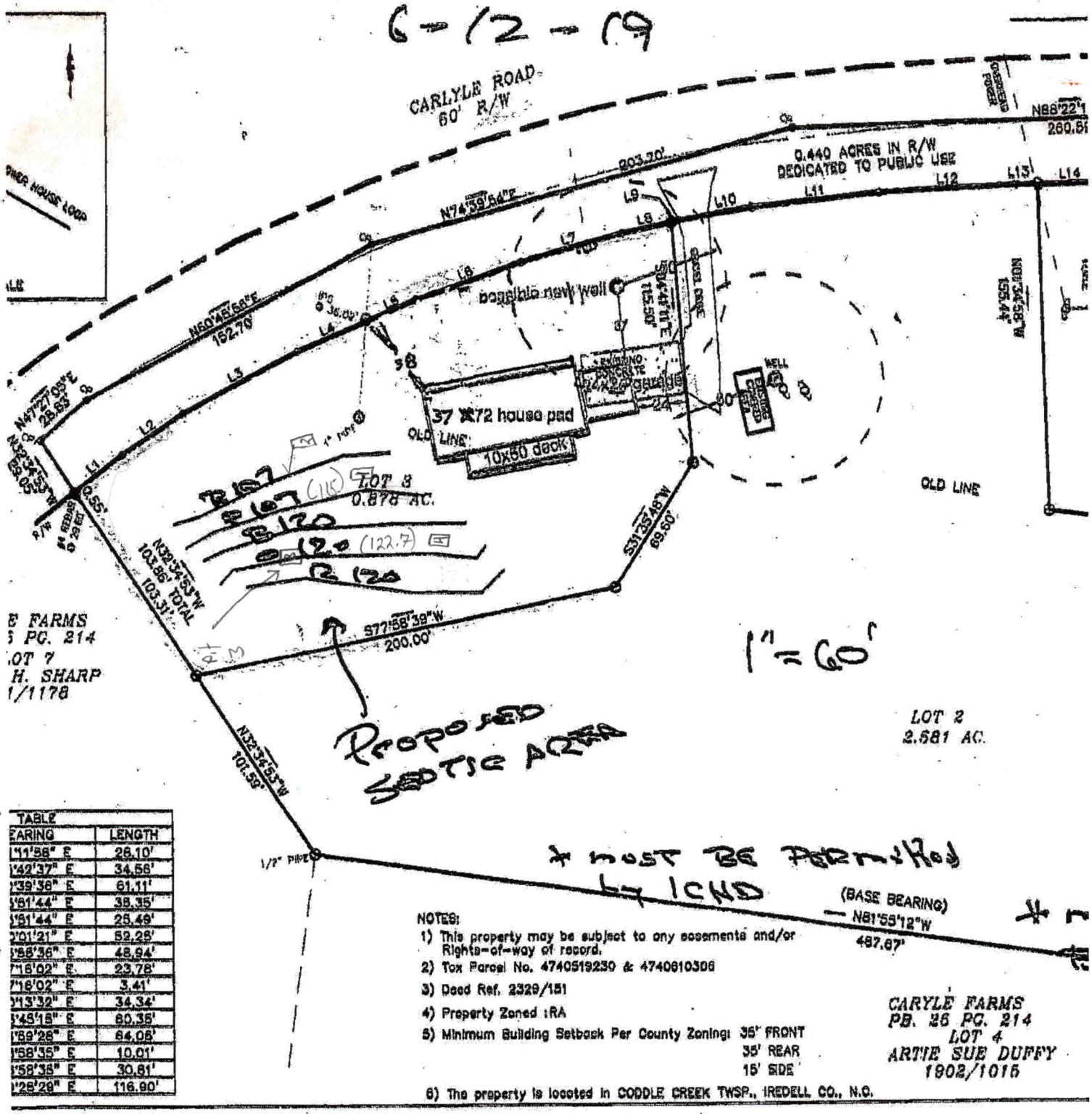


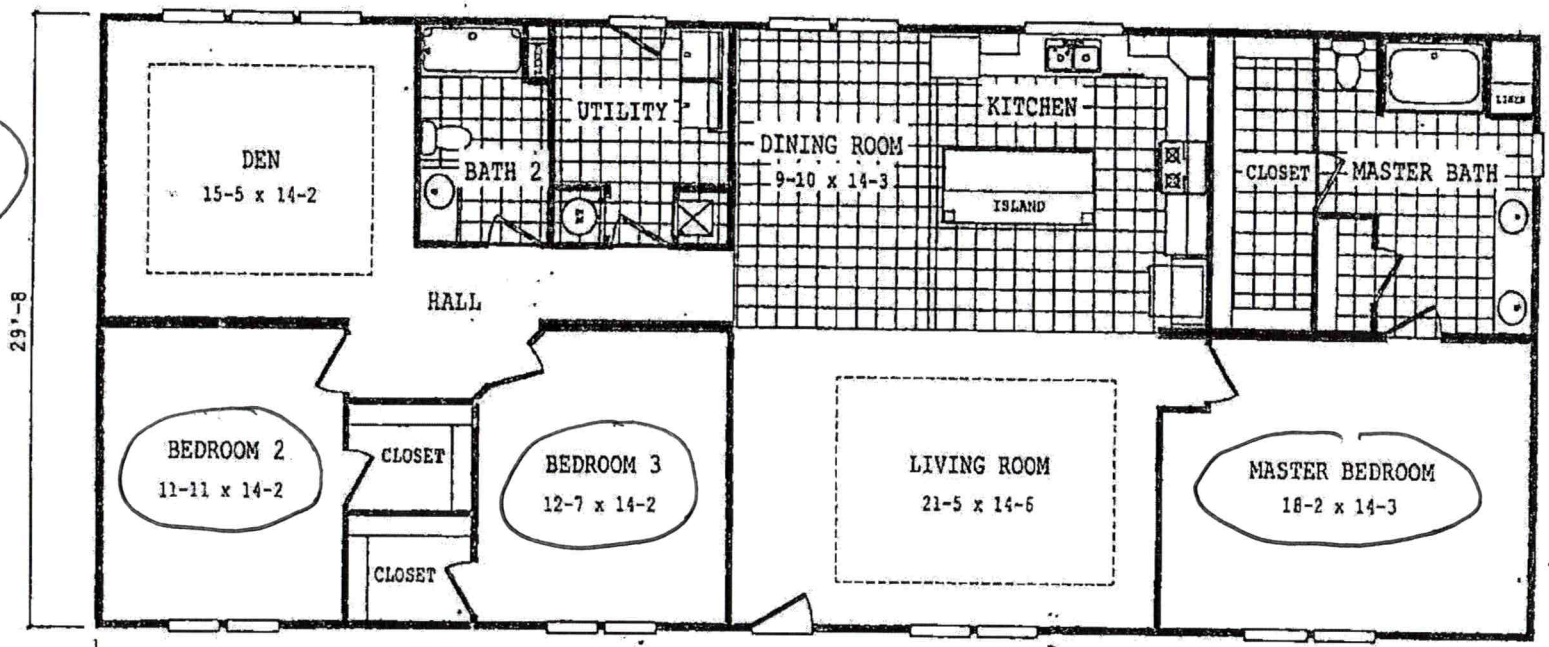
TABLE	
EARING	LENGTH
"11'58" E	26.10'
'42'37" E	34.56'
'39'36" E	61.11'
'61'44" E	38.35'
'51'44" E	25.49'
'01'21" E	52.28'
'58'36" E	48.94'
'16'02" E	23.78'
'16'02" E	3.41'
'13'32" E	34.34'
'45'18" E	60.35'
'59'28" E	64.06'
'58'35" E	10.01'
'58'35" E	30.61'
'28'29" E	116.90'

NOTES:
1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. 4740519230 & 4740610306
3) Deed Ref. 2329/151
4) Property Zoned :RA
5) Minimum Building Setback Per County Zoning: 35' FRONT
35' REAR
15' SIDE
6) The property is located in CODDLE CREEK TWSP., IREDELL CO., N.C.

CARYLE FARMS
PB. 25 PG. 214
LOT 4
ARTIE SUE DUFFY
1902/1015

Acknowledgement Of
Plans Submittal ONLY!
Paul Redmon Date 6-20-19
Date

STARDUST



27

72.0

Acknowledgement Of
Plans Submittal ONLY!
see above Date
Tom Shuck Date 7/5/19

IREDELL COUNTY

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

APPLICATION NUMBER
245902
Issue Date: 06/20/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4740518209.000	149 CARLYLE ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: RANDAZZO, RANDAL	Applicant: RANDAZZO, RANDAL
Address: 149 CARLYLE RD	Address: 149 CARLYLE RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	X

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.

Applicant: _____ Date: _____

Permit Number	182202	TOTAL FEES:	$ 77.25