ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 312781

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

PIN # 4740 -- 62 -- 9839

APPLICANT/OWNER: Brittany Teague | APPLICANT ADDRESS: 2631 Brodie Ct, Kannapolis

SITE ADDRESS: 310 Flower House Lp, Troutman 28166 | PHONE: 704-402-9113 | ALT. PHONE

SITE DIRECTIONS: 21 N - Flower House Lp | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - | SECTION: - | LOT # 3 | LOT AREA: 0.953 acres | DESIGN FLOW: 240 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	2-7-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	365	Date	2-15-22	System Description:	25% reduction (pm)			☐ Business	No. Persons 4	☒ Private
Pump Make	Zoeller	Model	151	Serial #	7242608	Repair System Description:	50% reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	18 in	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not park, drive, or grade septic area

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
Tanks / Lines / PM 3/22/22.
FLOATS, ALARM, ELECTRICAL, PRESSURE HEAD CHECKED 4-6-2022 BCW

Dose = 93 gpd
Flow = 20 gpm
Time = 46
Drawdown = 44 in
2 in supply
2 Ft head

3/4 sch 40 Tabs

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: Kristy Teague | Date: 1-7-22 | Installed by: A & J Plumbing

IMPROVEMENT PERMIT by: Coy White | Date: 12/26/21 | OPERATION PERMIT by: Bryant C. White | Date: 4-6-2022

AUTHORIZATION TO CONSTRUCT by: Coy White | Date: 1/11/22 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312781

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

PIN # 4740 -- 62 -- 9839

APPLICANT/OWNER: Brittany Teague | APPLICANT ADDRESS: 2631 Brodie Ct, Kannapolis

SITE ADDRESS: 310 Flower House Lp, Troutman 28166 | PHONE: 704-402-9113 | ALT. PHONE

SITE DIRECTIONS: 21 N - Flower House Lp | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: – | SECTION: – | LOT # 3 | LOT AREA: 0.953 acres | DESIGN FLOW: 240 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	768	Date	2-7-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	1000 (gal)	PT	365	Date	2-15-22	System Description:	25% reduction (pm)	☐ Business	No. Persons 4
Pump Make	Zoeller	Model	151	Serial #	7421408X	Repair System Description:	50% reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft	200	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	18 in	Gravel Depth	–		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not park, drive, or grade septic area.

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.
Tanks / Lines / PM 3/22/22.

Dose = 93 gpd
Flow = 20.2
Time = 4.6
Drawdown = 4.4 in
2 in supply
2 Ft head

3/4 Sch 40 Tubs

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: Kimberly Teague | Date: 1-7-22 | Installed by: A+J Remodeling

IMPROVEMENT PERMIT by: Cory Whitt | Date: 12/20/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whitt | Date: 1/11/22 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312781

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

PIN # 4740 -- 62 -- 9839

APPLICANT/OWNER: Brittany Teague | APPLICANT ADDRESS: 2631 Brodie Ct, Kannapolis

SITE ADDRESS: 310 Flower House Lp, Troutman 28166 | PHONE: 704-402-9113 | ALT. PHONE

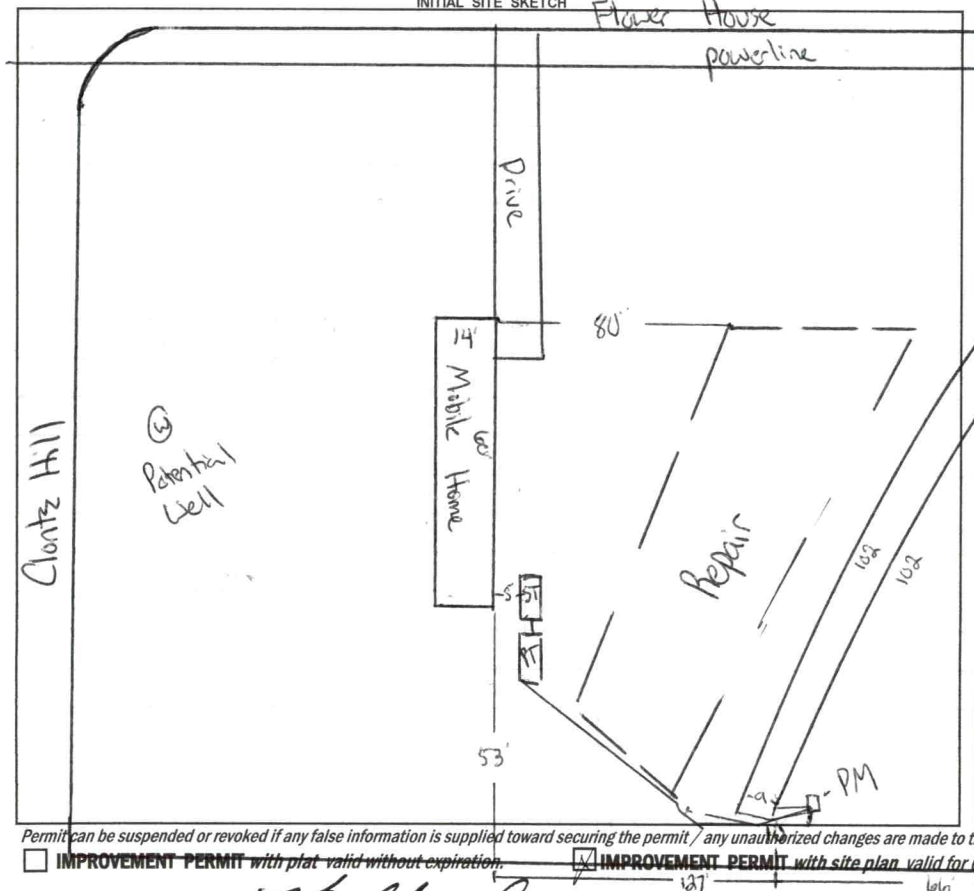
SITE DIRECTIONS: 21 N - Flower House Lp | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - | SECTION: - | LOT # 3 | LOT AREA: 0.953 acres | DESIGN FLOW: 240 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	25% reduction (pm)			☐ Business	No. Persons	4	☒ Private
Pump Make		Model	Serial #	Repair System Description:	50% reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft: 200'	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	18 in	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

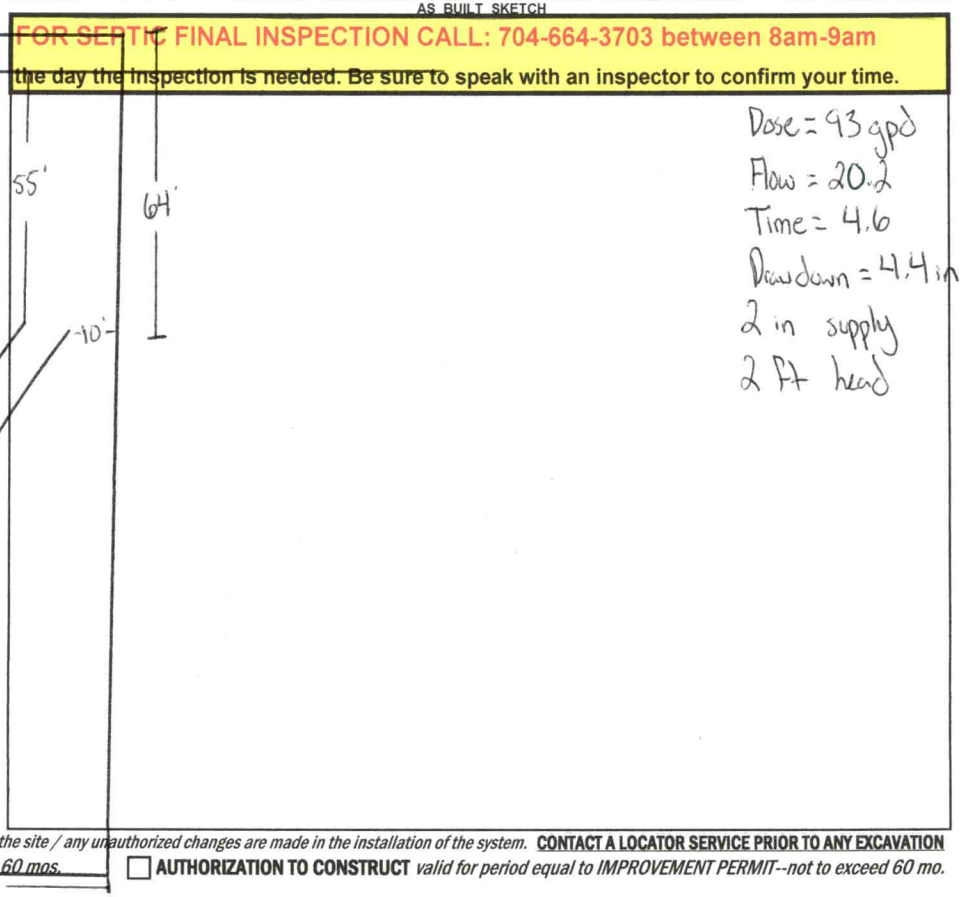
Comments / Conditions: Do not park, drive, or grade septic area.

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.



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: Kimberly Teague | Date: 1-7-22 | Installed by:

IMPROVEMENT PERMIT by: Cory Wilson | Date: 12/20/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory Wilson | Date: 1/11/22 | 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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4706296639
COUNTY: Iredell

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

OWNER: Brittany Teague
ADDRESS: 2631 Brodie Ct Huntersville NC
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 310 Flower House Lp
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
APPLICATION DATE: 11-18-20
DATE EVALUATED: 12/3/20
PROPERTY SIZE: 0.95ac
PROPERTY RECORDED: Yes
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
1	L 10%	0-18	6v SLL	fr SE	2.5yr 7/2 @ 33"	PS	N/A	N/A	PS .25
		18-50	SBK C	fi SE					
2	L 3%	0-7	6v SLL	fr SE	2.5yr 6/2 @ 25"	PS	N/A	N/A	PS Shallow placement .25
		7-50	SABK C	fi SE					
3	L 3%	0-6	6v SLL	fr SE	2.5yr 7/2 @ 33"	PS	N/A	N/A	PS .25
		6-51	SBK C	fi SE					
4	L 8%	0-14	6v SLL	fr SE	2.5yr 7/2 @ 47"	PS	N/A	N/A	PS .3
		14-53	SBK C	fi SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	I-II	II
Site LTAR	.3	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

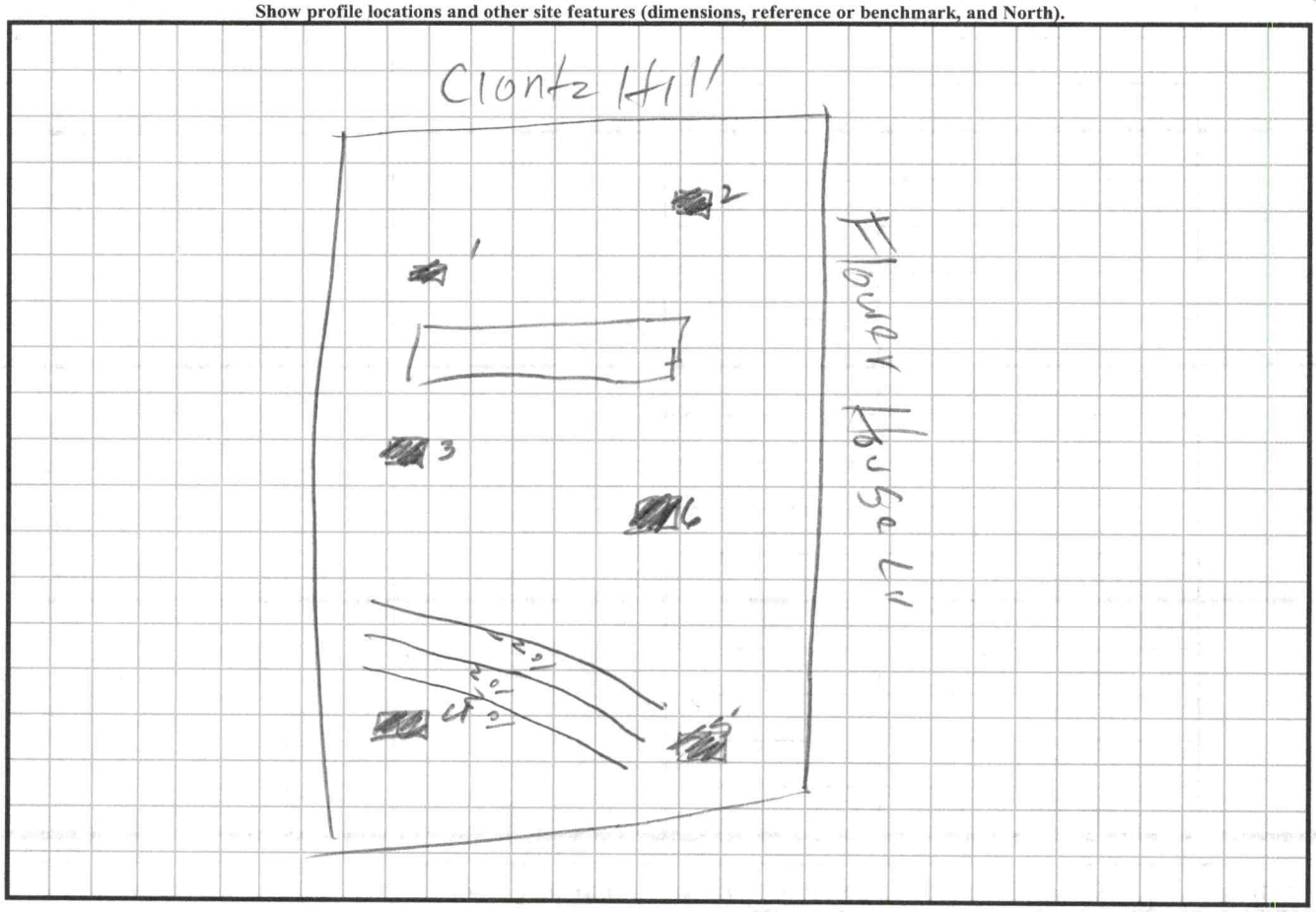
NOTES

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

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

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

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
5	L 8%	0-5	gr SCL	fr SE	2.5yr 8/1 @ 34"	PS	N/A	N/A	PS .3
		5-34	SBK C	fi SE					
		34-53	WABK BC	fi/fr SE					
6	L 4%	0-6	gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		6-36	SBK C	fi SE					
		36-53	WABK BC	fi/fr SE					

COMMENTS: _____

TRU

DELIGHT

14x60

Kimberly Forge 1288



TRS14602A

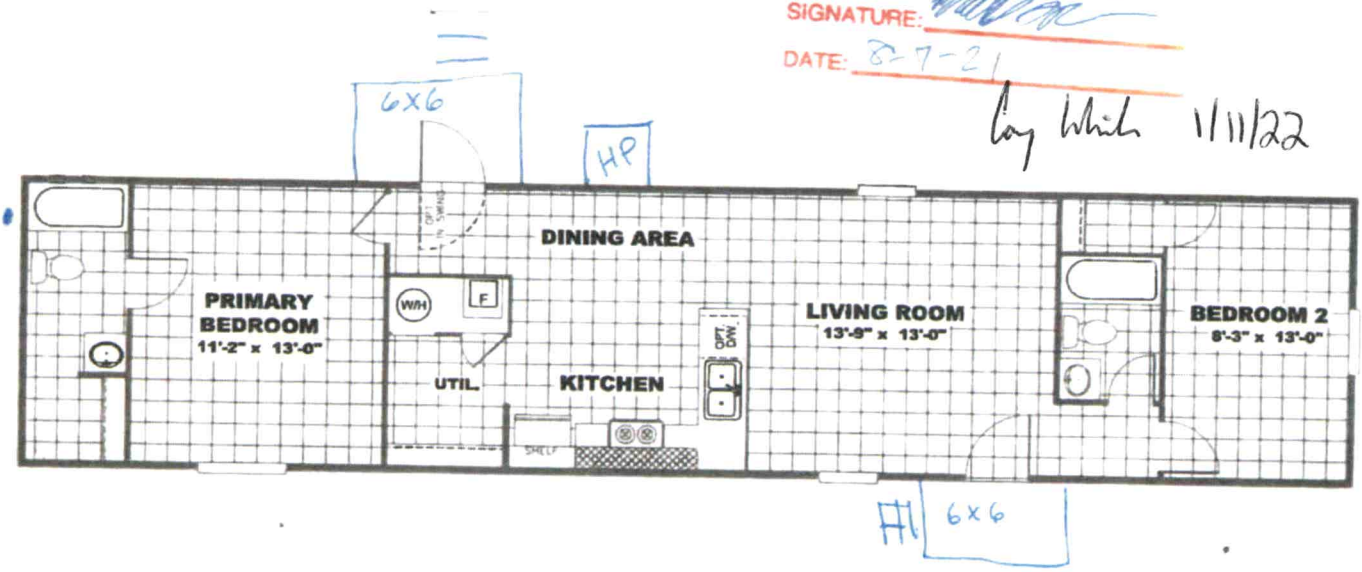
820 sq ft // 2 beds // 2 baths

APPROVED

SIGNATURE:

DATE: 8-7-21

Ray Whitt 1/11/22





The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2020 TRU. All rights reserved.

CW

RECEIVED DEC 14 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP-312781 $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* * Limited Relayout *

Application For: ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/ Kimberly Frye **Address:** 1124 Charlotte Hwy Troutman **Zip:** 28166
Applicant Email: Kimsneed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____
Owner Name: Brittany Teague **Address:** 2631 Brodie Ct Kannapolis **Zip:** 28083
Owner Email: _____ **Phone:** 704-402-9113 **Alt. Phone:** _____

Property Information:

Street Address: 310 flowerhouse Loop Troutman, NC 28166

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: 21 N. Turn Left flowerhouse loop lot on left Before Clontz Hill Rd

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — **CHECK FOUNDATION TYPE**
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (X) Crawl Space Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ — ( ) 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 (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: Kimberly Frye — 12-8-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

DocuSign Envelope ID: F3F4B004-57DB-40E2-BF18-ADFF23A025B8

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, Brittany Teague, am the legal owner(s) of the property located at 310 Flower House Loop Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4740629839.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kimberly Frye, 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.

Brittany Teague (DocuSigned by: 7990D18CCD5B48C...)	12/9/2021	Kimberly Frye	12-9-21
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

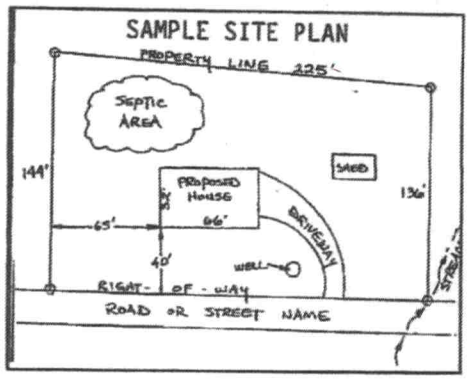
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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**
- ( ) **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

Attached

Signature: Kimberly Gray

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

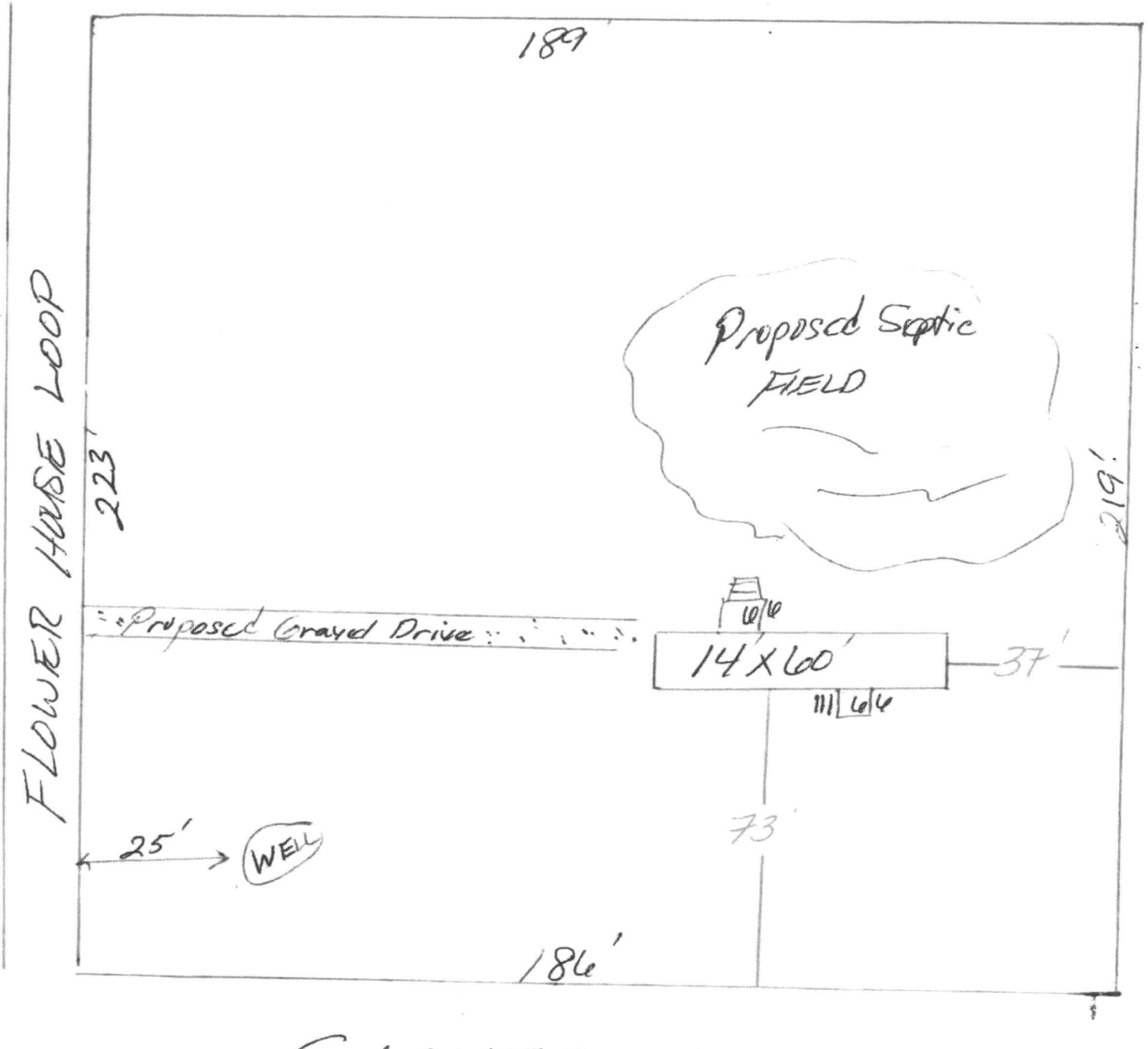
12-8-21

DATE

PLOT PLAN

N.T.S.

TEAGUE
TBD FLOWER HOUSE LP
TROUTMAN



CLONTZ HILL RD.

IREDELL COUNTY HEALTH DEPARTMENT

BB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # AP-312781

PIN # 4740629839

APPLICANT/OWNER: Brittany Teague

APPLICANT ADDRESS: 2631 Brodie Ct Kannapolis NC 28083

SITE ADDRESS: 310 Flower House Lp Troutman NC

PHONE: 704-402-9113

ALT. PHONE N/A

SITE DIRECTIONS: 21 N T/L Flower House Lp Lot on Left before Clontz Hill Rd

SUBDIVISION: N/A

SECTION: N/A LOT # 3 LOT AREA: 0.953ac

SAP CONTROLLED: ☐ YES ■ NO

DESIGN FLOW: 360 L.T.A.R.: 0.3

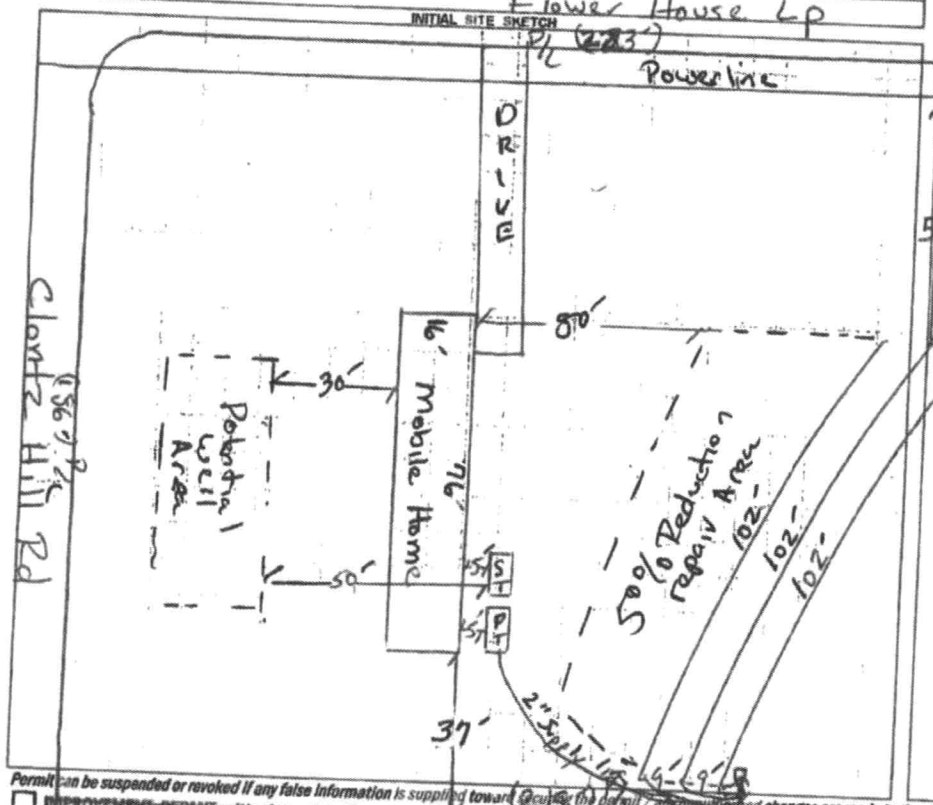
Septic Tank	1000 (gal)	STB	Date	■ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	Date	System Description:	PM 25% Reduction		
Pump Make		Model	Serial #	Repair	50% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ■ NO
Trench Width	36"	Trench Bottom Depth(Lowside)	18"	Gravel Depth	N/A	☐ GRAVITY	■ PRESSURE

■ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	■ Private
☐ Other	No. Employees		☐ Public
☐ Slab	■ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution

Use 3 1/2 sch 40 taps 2' pressure head.
Drawdown 7'
Dose 139 gpd

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40

Revised

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Wanting to Change this to A 2BR System. House Size Change to 14x60

Permit can be suspended or revoked if any false information is supplied toward obtaining the permit, unpermitted 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]

IMPROVEMENT PERMIT by: [signature] Date: 12/3/20

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

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.