ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 311337 - 11 - 6868

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

PIN # 4741

APPLICANT/OWNER: TrueNorth Homes LLC — APPLICANT ADDRESS: 631-300 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 202 Autumn Leaf Rd Troutman, NC 28166 — PHONE: 704-363-2845 — ALT. PHONE —

SITE DIRECTIONS: Hwy 21 to Autumn Leaf 202 Autumn Leaf Rd will be on Right — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .43 Acres — DESIGN FLOW: 360 — L.T.A.R.: .30

Septic Tank	1250 (gal)	STB	760	Date	2-28-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity - 25% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Subsurface Drip.		
# Nitrification Fields	1	# Lines	6	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36.	Trench Bottom Depth(~~Low side~~)	30 in max	Gravel Depth	—	☒ 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:

INITIAL SITE SKETCH

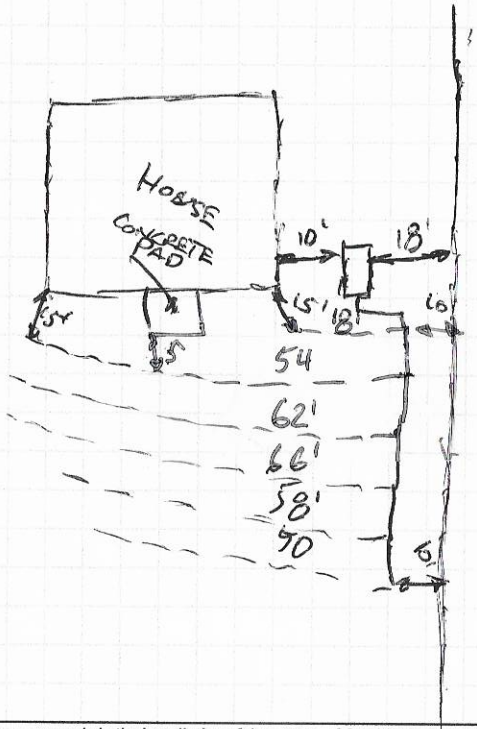
This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas PA

LSS # 1231.

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: [signature] Date: 11/2/20

Installed by: (RUSSELL WILLIAMS) Wastewater Solutions + Design

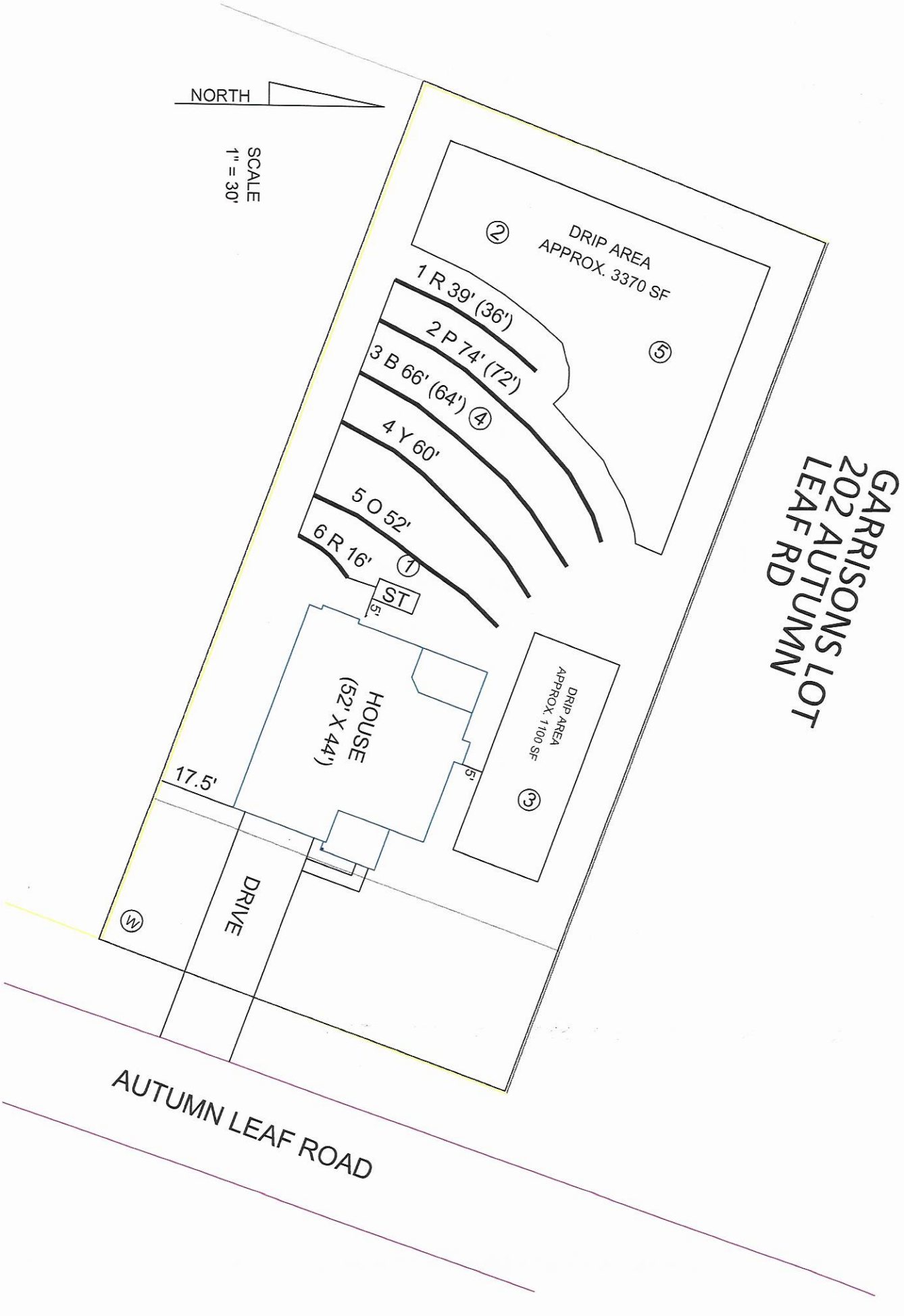
IMPROVEMENT PERMIT by: Benjamin A. Batton Date: 10/26/20

OPERATION PERMIT by: Burnett C. White Date: 4-28-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Batton Date: 11/5/20

Existing System Inspected by: Date:

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


NORTH
SCALE
1" = 30'
② DRIP AREA
APPROX. 3370 SF
1 R 39' (36')
2 P 74' (72')
3 B 66' (64') ④
4 Y 60'
5 O 52'
6 R 16'
①
ST
5'
⑤
HOUSE
(52' X 44')
17.5'
5'
DRIP AREA
APPROX. 1100 SF
③
DRIVE
W
GARRISONS LOT
202 AUTUMN
LEAF RD
AUTUMN LEAF ROAD

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0101
September 23rd, 2020

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

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 202 Autumn Leaf Rd, Troutman, NC 28166. PIN # (4741116868).

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 pine/hardwood. 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 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 setbacks to property lines.

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. All five of the 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 was performed using a laser level. Pin flag locations of the layout were also located by tape measure. The drip irrigation repair area is based on square footage and was scaled using a tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

202 Autumn Leaf Rd *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 612 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system is proposed as 200 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 30 inches. There is 281 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

* Print Name Garrison A. Davis
* Signature _____ 10/13/20

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 220 Autumn Leaf Road, 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*

202 Autumn Leaf Rd (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 307 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system is proposed as 4,470 SF of area for drip irrigation drainfield. Trench depth is specified at 6 inches.

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

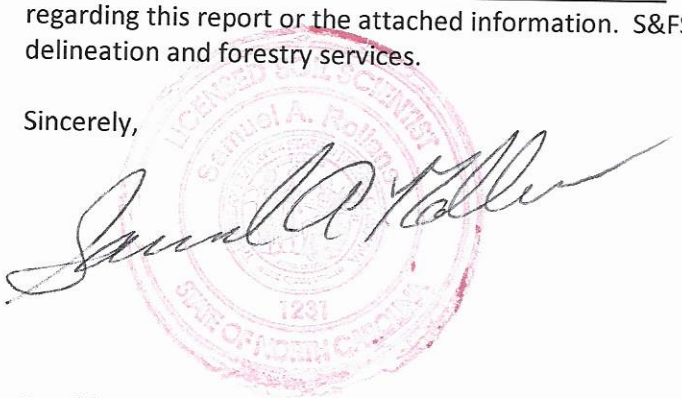
Print Name_____
Signature_____ _____

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 202 Autumn Leaf Road, 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 202 Autumn Leaf Rd, PIN # (4741116868) 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
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Zoning Permit & Receipt	10
Application	11-12
Green Sheet	13
Agent Authorization Form	14

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

9/23/2020
Project #: 20-0101
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 subsurface drip irrigation installation.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Garrison Davis
Address:	631/300 Brawley School Road Mooresville, NC 28117
Phone:	704.363.2845
County:	Iredell
Location:	202 Autumn Leaf Rd 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:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	30 in.	Repair Trench Bottom 6 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	7
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	4.57
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

202 Autumn Leaf Rd

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	7
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 - 202 Autumn Leaf Rd

Project #: 20-0101

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	9/23/2020 DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					*39*	*36*
2	***PINK***					*74*	*72*
3	***BLUE***					*66*	*64*
4	***YELLOW***					*60*	*60*
5	***ORANGE***					*52*	*52*
6	***RED***					*16*	*16*
Drip Irrigation						~4470 SF	~4470 SF
					Total	307	300

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*
Repair Drip Irrigation	~ 4470 SF	0.100	INNOV.	0.100	Subs. Drip Irrigation	Low Pressure

Notes:
- **All measures in feet
- **Nitrification lines are demonstrated on contour via colored pin flags
- **Property & House envelope surveyed by Bateman Civil Survey
- **Septic Layout located via tape measure and scale

CALCULATIONS

Location 202 Autumn Leaf Rd
Troutman, NC 28166
Project Number 20-0101

Lot No:

No. of Bedrooms 3

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

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

PPBPS? (YES OR NO) NO

Supply Line Length 7 ft.

Supply Line Volume 4.571 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 300 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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4774116068
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rachel Dishman
ADDRESS: 198 Autumn Leaf Rd, Troutman NC 28166 — APPLICATION DATE
PROPOSED FACILITY: 3 BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — DATE EVALUATED: 7/11 9/8/20
LOCATION OF SITE: 202 Autumn Leaf Rd, Troutman NC 28166 — PROPERTY SIZE: 0.48 AC
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other — PROPERTY RECORDED: Yes
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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 1	L/4%	0-6	BSL Gr	Fr SS SP	Few SAP	50"	–	–	PS .3
		6-9	RBSCL wfsbk	Fr SS SP					
		9-32	RC wmsbk	Fr SS SP					
		32-50	RBCL wfsbk	Fr SS SP					
B 2	L/6-8%	0-5	BSL Gr	Fr SS SP	Few to C. Fe Dep Few SAP Fe to Many SAP Incl.	36"	–	–	PS .3 Need Pit
		5-8	RBSCL wfsbk	Fr SS SP					
		8-22	BRC wmsbk	F SS P					
		22-36	RBSCL vwfsbk	Fr SS SP					
		36-48	WEA SL MASS	Fr SS SP					
B 3	L/6-7%	0-3	RBCL wfsbk	Fr SS SP		30	–	–	PS .1-.125
		3-20	RC wmsbk	Fr SS SP					
		20-30	RBCL wfsbk	Fr SS SP					
B 4	L/6-7%	0-6	BSL Gr	Fr SS SP SLEXP	Few SAP Increasing @ 24" C. SAP Incr.	51	–	–	PS .3
		6-12	RBCL wmsbk	Fr SS SP SLEXP					
		12-33	RC wmsbk	Fr SS SP SLEXP					
		33-51	RBSCL wfsbk	Fr SS SP SLEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted 25% Red. Gravity	Innov. Subs. Drip
Site LTAR	.3	0.1

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4741116868
DATE OF EVALUATION: 7/11 & 9/8/20
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B5	L/7-9	0-35	RBCL wfsbk	Fr SS SP SEXP	Few to C SPD	35	—	—	PS .125 Drip
		35-42	VAR L/FSL MASS	Fr SS SP					

RECEIVED OCT 16 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Session Law - Paid $500.00

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 AP- 311337

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: TruNorth Homes, LLC Address: 631-306 Brawley School Rd, Mooresville NC Zip: 28117
Applicant Email: garrison@trunorthhomes.com Phone: 704-363-2845 Alt. Phone:
Owner Name: Rachel Dishman Address: 198 Autumn Leaf Rd, Troutman NC Zip: 28166
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 202 Autumn Leaf Rd, Troutman NC 28166
Subdivision Name: Wagner Heights II Section/Phase: Lot Number:
Driving Directions: Hwy 21 to Autumn Leaf Rd. 202 Autumn Leaf Rd will be on right.

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

(✓) 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
( ) 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:
(✓) 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:

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] 10/5/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: D2C03C74-E882-4D73-8CAF-84F12949CD25

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, * Rachel Dishman, am the legal owner(s) of the property located at 202 Autumn Leaf Rd, Troutman NC 28166, identified as PIN (Parcel Identification Number) 4744116868.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Garrison Davis SFS / Ashley Reilans, 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:
* Rachel Dishman — 10/9/2020
Signature of Owner(s) — Date

Signature of Witness — 10/9/20
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

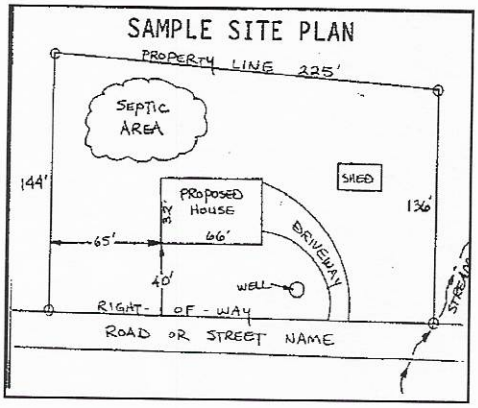
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (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)

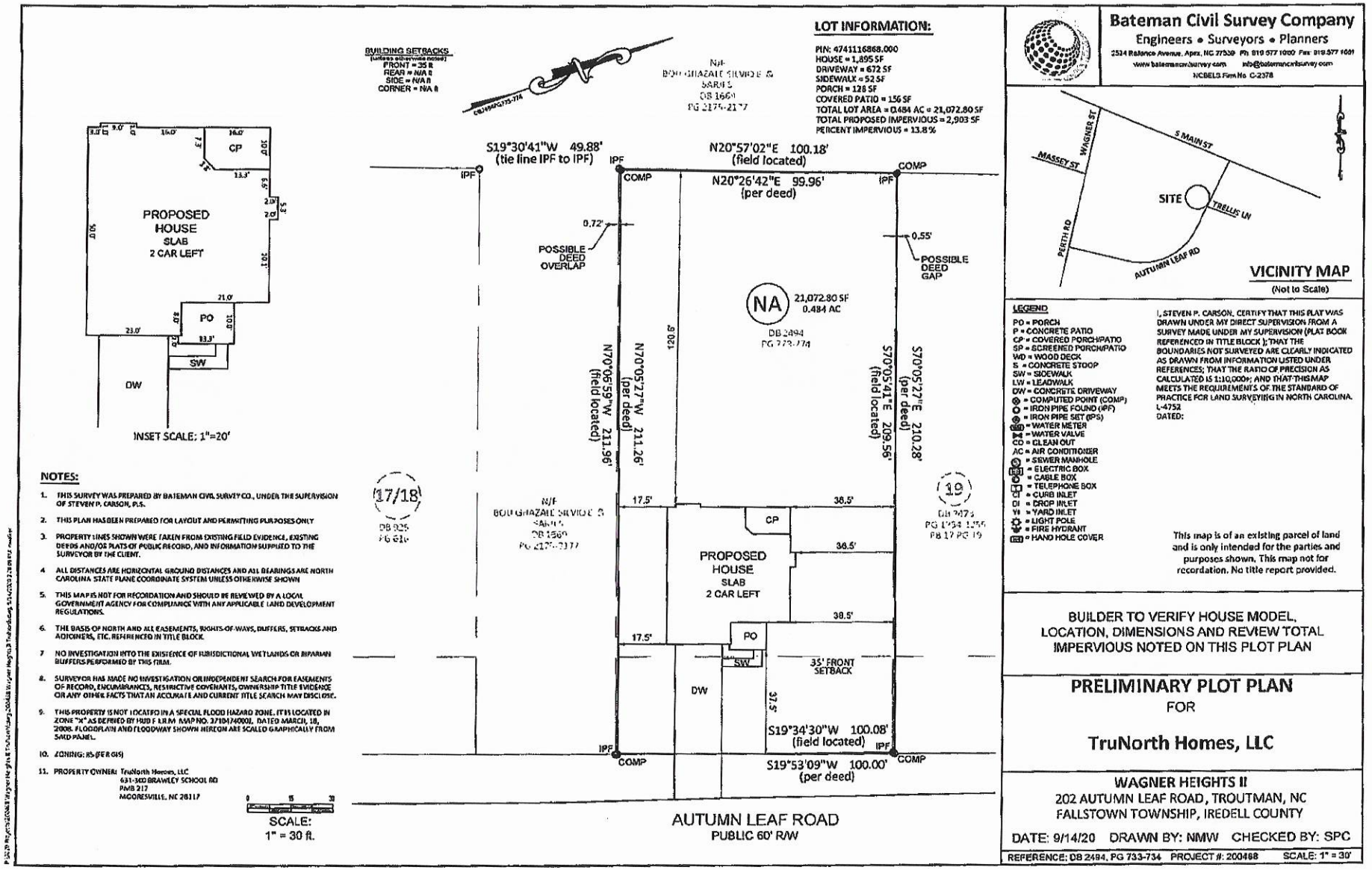
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____ 10/5/20

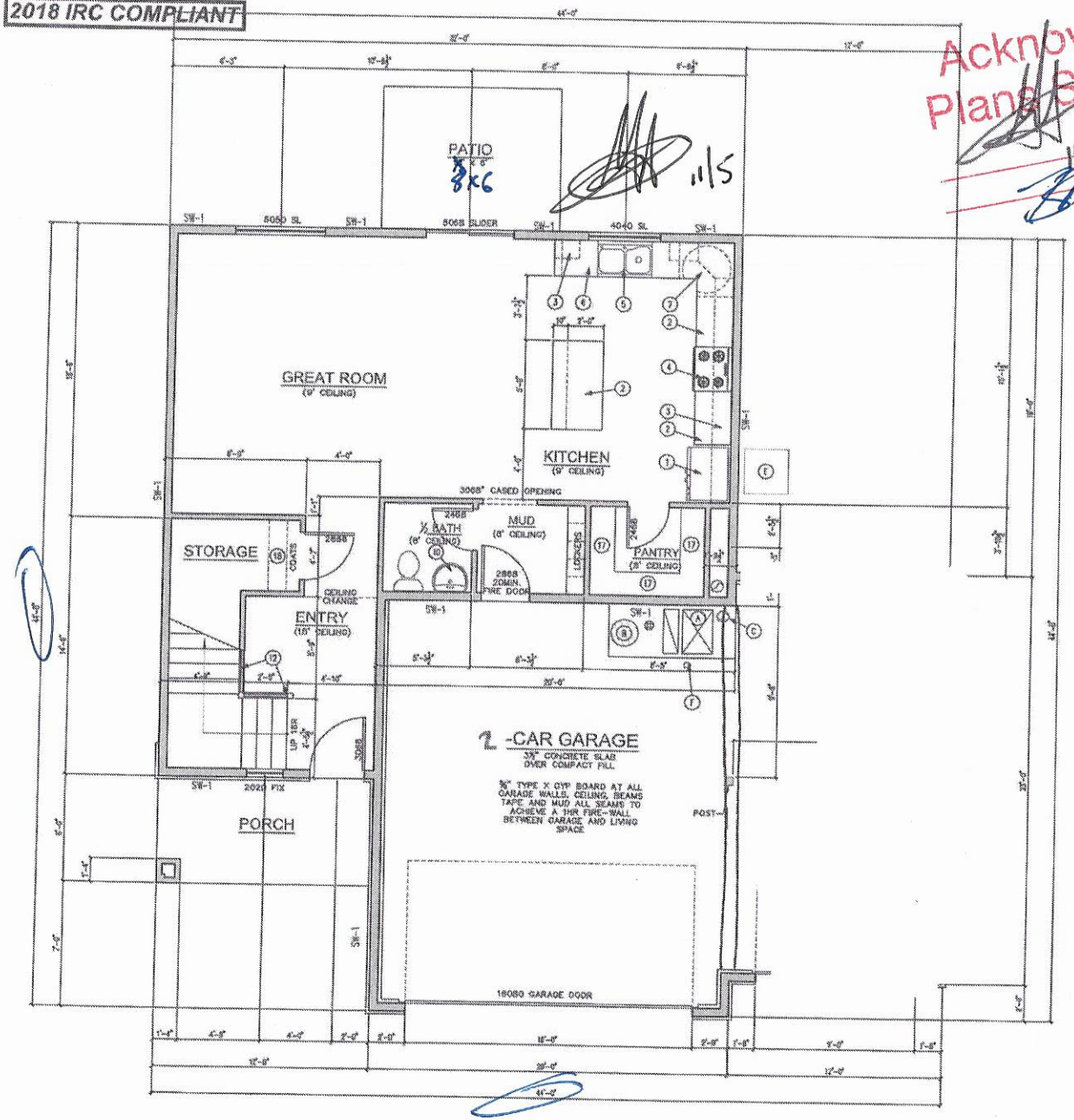
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN
5. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD ZONE. IT IS LOCATED IN ZONE "X" AS DEFINED BY HUD F.I.R.M. MAP NO. 3710474000J, DATED MARCH, 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING: RS (PER GIS)
11. PROPERTY OWNER: TruNorth Homes, LLC
631-300 BRAWLEY SCHOOL RD
PMB 217
MOORESVILLE, NC 28117

2018 IRC COMPLIANT



MAIN FLOOR PLAN
SCALE: ¼" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

11/5/2020 Date

11/5/2020 Date

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) 16" 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:	450
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 6d 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 1/2" 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 @ 2" 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 2X OR (2) 2X ON JOINING PANEL EDGES.

MECHANICAL KEY NOTES

A. 90% 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
www.archwaydesigns.com

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/26/18
PERMIT SET DATED: 5/15/18

REVISIONS:
DATE: 10/30/20 CRAWL
DATE:
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

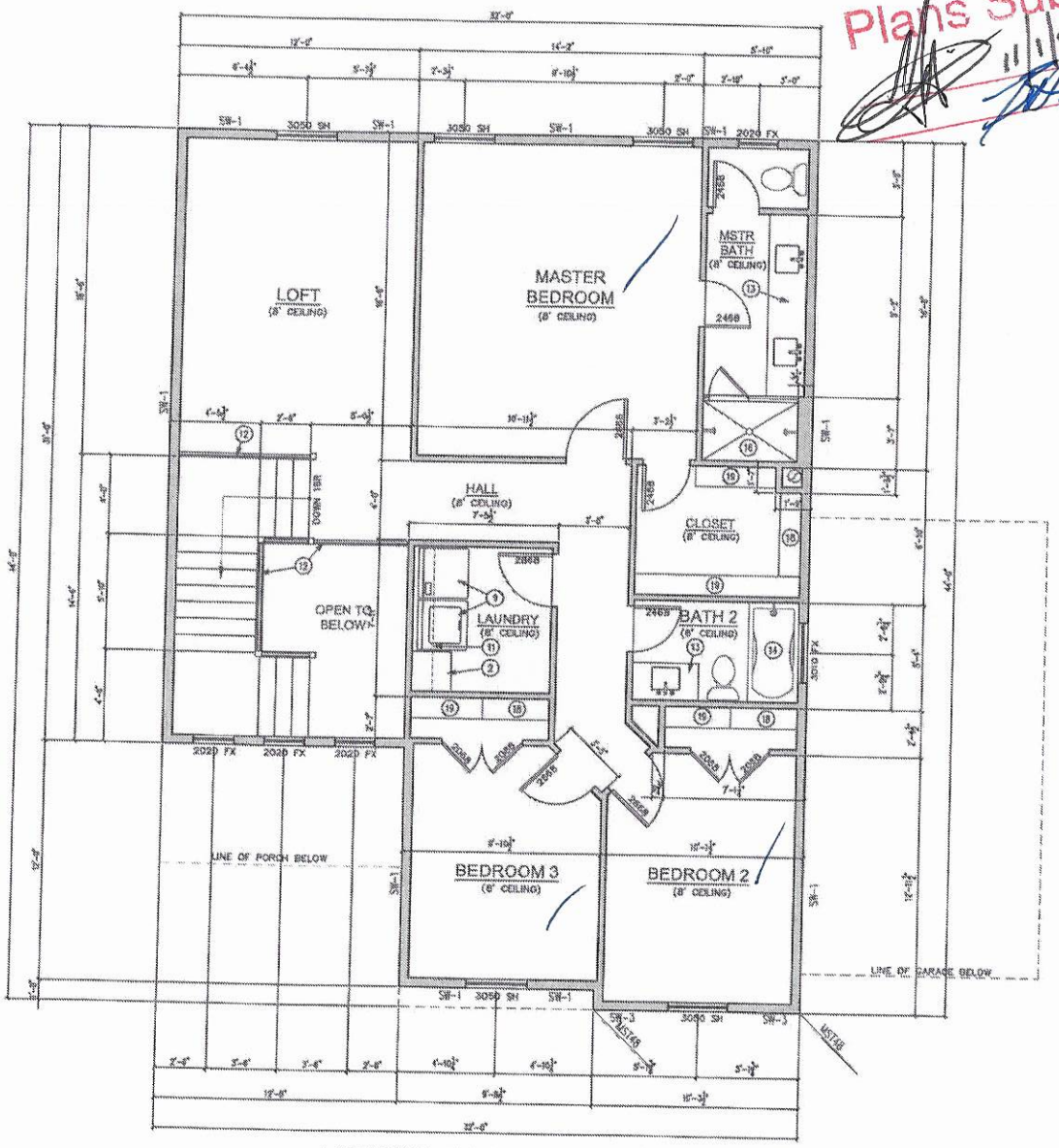
PAGE: A 6

2018 IRC COMPLIANT

Acknowledgement of Plans Submittal ONLY!

11/1/20 Date

Date



UPPER FLOOR PLAN

SCALE: ¼" = 1'-0"

KEY NOTES:

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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
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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: 4/28/18

PERMIT SET DATED: 5/15/18

REVISIONS:

DATE: 10/26/20 CRAWL

DATE:

DATE:

DATE:

DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 7

Zoning Permit # 311337
Fee: $ 4500 CODE 104

*See reverse side for new construction

Zoning Permit

Please allow a minimum of 72 business hours for completion of zoning approvals and final inspections.

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677 704-878-3118). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

LOCATION	Date (mm/dd/yy)	9/28/20	Tax Parcel / PIN #	4741116868
	Business Name or Property Owner	Rachel M. Dishman		
	Street Address & Lot Number	202 Autumn Leaf Rd Lot#?		
	Business Type and/or Project Description	Spec home 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	garrison@trunorthhomes.com		

Office Use Only					
Zoning District(s)	RS	TL ☐ ETJ ☑	Plans Attached	Yes ☑ No ☐
Utilities	Well/Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25 Rear 25 Left Side 15' Right Side 15' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: Front home should be parallel with street / lot line. 10% of tract plus each residential lot must have at least one large canopy tree, per 5,000 square feet. At minimum, 50% of the required trees must be located in the front yard. The preservation of existing healthy trees is preferred to new plantings.

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