ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

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

PERMIT # 243756

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

PIN # 4741-25-3397.414

APPLICANT/OWNER: Kelly Const. Inc

APPLICANT ADDRESS: 167 Perthwood Dr. Troutman, NC

SITE ADDRESS: 414 Perry Rd. Troutman, NC 28166

PHONE: 704-657-9693 ALT. PHONE 704-528-4901

SITE DIRECTIONS: Rt 21/115 N from I-77 → R on S. Eastway Dr. → R on Perry Rd → House/lot on R

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.456 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	1012	Date	10-27-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	17	Date	11-9-19	System Description: PM - PPBPS (Horizontal) [50% Reduction]				
Pump Make	Goulds	Model	WE0512HHL		Serial #	#19514983	Repair System Description: LP - PPBPS (50% Reduction)				
# Nitrification Fields	1	# Lines	4		Linear Ft	202	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)				28"	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: See installer notes on page 2 regarding existing system abandonments. The two existing homes on the property are to be removed. (with both septics decommissioned)

Recommend pumping septic tank every 3-5 years and setting control floats to dose system at 90 gallons per pumping event.

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consultants

Dated: 6/20/2019 LSS: Adrian L. Pruett

AS BUILT SKETCH

3/2/20 Checked tanks & supply line 104ft from ST to house

3-4-20 - L1 - 10 panels
CCN L2 - 13 panels
L3 - 13 panels
L4 - 10 panels

	Date	Initials
Drain Lines Checked	3-4-20	CCN
Tanks Checked	3/2/20	MD
Pressure Manifold or Valve Box Checked	3-11-	BB
Pressure Head Set	3-11-	BB
Electrical Checked	3-11-20	BB
Floats Set	3-11-20	BB
Alarm Checked	3-11-20	BB
Maintenance Contract Y / (N)	N-A	

Supply line checked 3/2/20 MA

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: Jeff Bell Date: 2-15-19

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/12/2019

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/15/2019

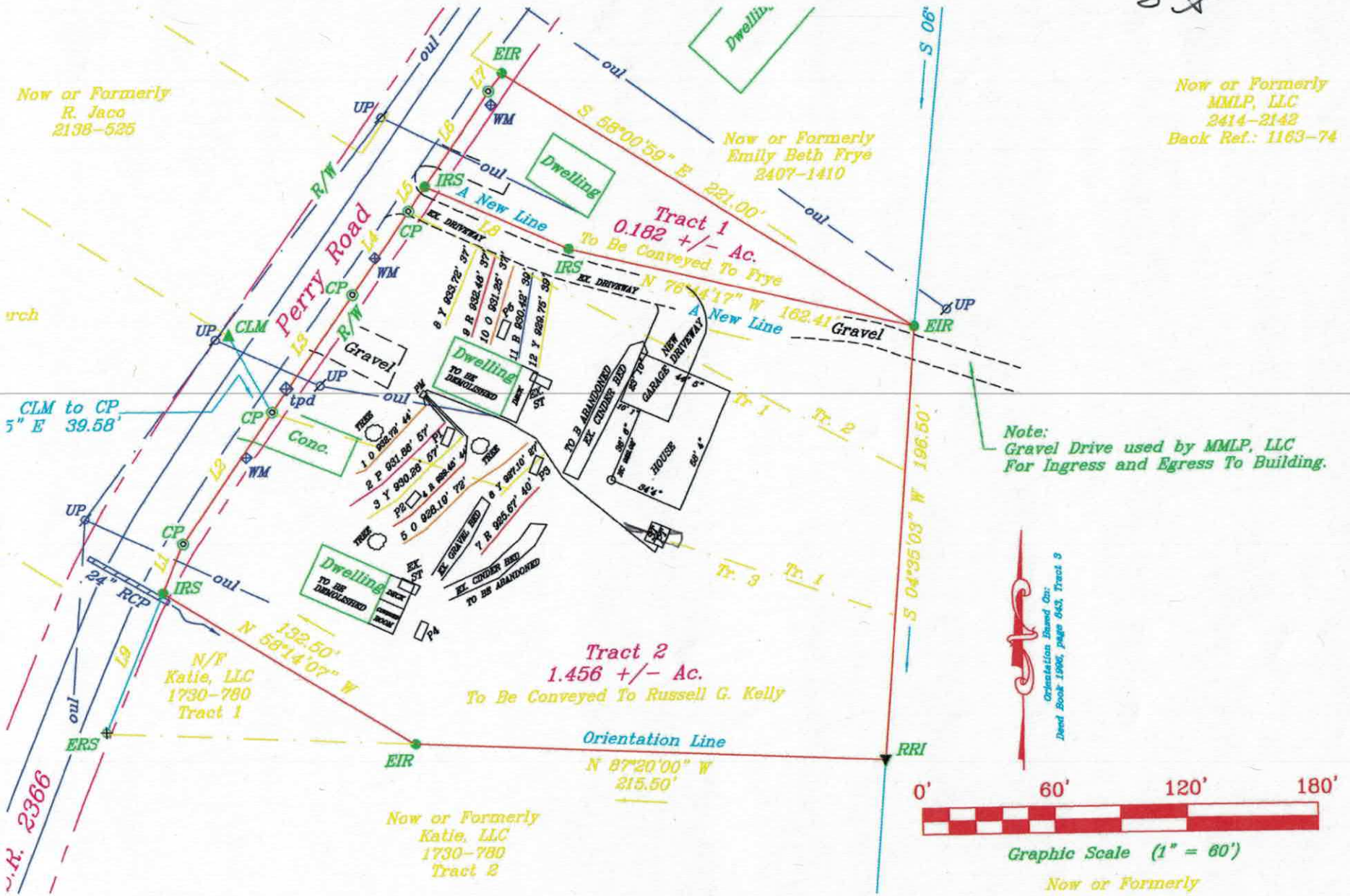
Installed by: Steve Jordan

OPERATION PERMIT by: Benjamin Bell Date: 3-11-2020

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.

APPROVED JUL 12 2019



Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115
Phone: (704) 202-5791 Email: adrianpruett@yahoo.com
NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Attached is a proposed design for a HORIZONTAL PPBPS Septic System with PRESSURE MANIFOLD distribution for a 3 bedroom single family residence 414 Perry Rd. Troutman, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
- Install Specifications---------- 2
- Field Layout Specifications---------- 3
- Pressure Manifold Tapsheet---------- 4

Typical Pressure Manifold Diagram---------- 5

Site Plan/System Plan---------- 6

Dosing Calculations---------- 7

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

June 20, 2019
Job Number: 19094
Design By: Adrian L. Pruett LSS

APPROVED JUL 12 2019

INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material over panels, rake trench walls, lime side walls, install trenches 36" wide.
- **System is specified as a Horizontal PPBPS with Pressure Manifold Distribution.**
- **Repair is specified as a Horizontal PPBPS with Pressure Manifold Distribution.**
- **Horizontal Panels should be placed on 6 inches of sand followed by a 1"x6" board. Two SCH 40 PVC pipes shall be ran along each side and connecting the center chamber of each panel to the next, until the last panel of the line is reached. At the beginning of each line the 2 pipes will need to be wyed together to form a single pipe leading back to the Pressure Manifold. For additional information refer to the attached information from the Design, Installation and and Maintenance of the T & J Panel Wastewater Treatment System.**

APPROVED JUL 12 2019

PRESSURE MANIFOLD SYSTEM DESIGN SPECIFICATIONS

Location:	414 Perry Rd.
Owner:	Katie Whalen
Address:	414 Perry Rd. Troutman, NC 28166
Client:	Katie Whalen
Telephone Number:	704-682-5902
Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	202
Total Lateral Length Required:	200
Trench Depth:	28 in. LOW SIDE
Trench Width:	36 in.
Trench Bottom Area:	606
Trench Spacing:	9
Repair Trench Depth:	32 in.
Repair Trench Spacing:	9 ft.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	135
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	23.49
Dosing Volume:	231.84
Pump Tank Draw Down:	11.0
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	19.52
Total Dynamic Head:	28.71
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	**N/A**
Additional Comments:	Soil suitability was performed by Adrian L. Pruett, LSS

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**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

FIELD LAYOUT SPECIFICATIONS
414 PERRY RD., TROUTMAN

LAYOUT FOR 3 BEDROOM HOME — June 20, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					936.30		
INSTR. 1							
HOUSE					923.26		
TANK					918.20		
1	***ORANGE***				***932.72***	***50***	***44***
2	***PINK***				***931.86***	***67***	***57***
3	***YELLOW***				***930.26***	***64***	***57***
4	***RED***				***929.45***	***45***	***44***
5	ORANGE				928.19	78	72
6	YELLOW				927.10	27	27
7	RED				925.67	53	40
8	YELLOW				933.72	37	37
9	RED				932.46	37	37
10	ORANGE				931.25	37	37
11	BLUE				930.42	39	39
12	YELLOW				929.75	39	39
					Total	**573**	**530**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***202***	***MOD.***	***0.300***	***HORIZONTAL PPBPS***	**PRESSURE MANIFOLD**
Repair	328	MOD.	0.250	HORIZONTAL PPBPS	LOW PRESSURE

Notes:
** TBM located at left front corner.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: Existing septic tanks on both houses to be properly abandoned by pumping, crushing and backfilling or complete tank removal.
Existing Cinder Bed septic systems to be abandoned and removed as needed.
Existing Gravel Bed septic system to remain and used as future repair as needed.
Follow manufactures specifications for Horizontal LP PPBPS installation.
Iredell County Environmental Health has CS&SC's permission to move or relocated distribution devices and tank locations.

APPROVED JUL 12 2019

PRESSURE MANIFOLD TAPSHEET - 414 PERRY RD., TROUTMAN

SYSTEM

Line #	Color	Elevation	Length	Pipe Size	Flow/Tap	Line GPD	Line Capacity	Line Trench Area	Flow/Line	Line LTAR	# of Panels
1	***RED***	*932.72*	*44*	*SCH 80 1/2*	*5.48*	*50.46*	*36.55*	*88*	*1.15*	*0.57*	*10*
2	***PINK***	*931.86*	*57*	*SCH 40 1/2*	*7.11*	*65.46*	*47.35*	*114*	*1.15*	*0.57*	*13*
3	***YELLOW***	*930.26*	*57*	*SCH 40 1/2*	*7.11*	*65.46*	*47.35*	*114*	*1.15*	*0.57*	*13*
4	***RED***	*929.45*	*44*	*SCH 80 1/2*	*5.48*	*50.46*	*36.55*	*88*	*1.15*	*0.57*	*10*
											46
		total feet =	**202**	**gal/min =**	**25.18**						
			Des. Flow	**360**							
			Pump Run=	**9.21**							
			soil LTAR	**0.300**							

GPD=Gallons Per Dose

CALCULATIONS

Location 414 Perry Rd., Troutman
Subdivision:
Section
Lot Number

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gpd}/_{ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	135	ft.
Supply Line Volume	23.49	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	202	ft.
Gallons per Minute	25.18	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	7.2	
Number of Panels	46	
Dosing Volume	231.84	gal.

Note: Dosing Volume based on 70% of # of panels times 7.2gal/panel

Tank Draw Down	11.0	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	9.21	minutes
Elevation Head	19.52	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	2.40	ft.
Total Dynamic Head (+20%)	28.71	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 JUL 12 2019

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

Sheet ___ of ___
PROPERTY ID #: 4741 25 3397
COUNTY: Iredell

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

OWNER: Kelly
ADDRESS: 167 Northwood Dr. Troutman, NC
PROPOSED FACILITY: 3 BR SFR
LOCATION OF SITE: 414 Perry Rd. Troutman, NC

APPLICATION DATE 4/29/19 + 6/7/19 (2nd set of notes)
DATE EVALUATED: 5/10/2019
PROPERTY SIZE: 1.456 acres
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 360 GPD

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	Foot slope 8%	0-13	SCL V.W. SBk	Sl. Friable, SS, Sp, Soap	Platy 24"-32" ← 5YR 5/6 matrix	54"	—	—	.2 Drip?
		13-29	clay m-s ABk w. SBk	Sl. Firm, sticky, Sp, Soap					
		29-54	clay M. ABk/ SBk	Firm, Sticky, Sp, Soap	7.5YR 7/2 Tiger Dirt 22"-54"				
2	FS 6%	0-10	SCL V.W. SBk	Sl. Friable, SS, Sp, Soap	Platy 15"-23" 10YR 6/4	62"	—	—	U
		10-25	clay Strong ABk Platy 15-23"	Sl. Firm, Sticky, Sp, Soap					
		25-62	clay m. ABk/ SBk	Firm, Sticky, Sp, Soap	2.5YR 10/1 25"-62" Tigerdirt 26"-62"				
3	FS 7%	0-13	SCL V.W. SBk	Sl. Friable, SS, Sp, Soap	Free H_2O weeping @ 19" 7.5YR 6/4 matrix 4-15"	63"	—	—	0.1 Drip?
		13-28	clay loam m. ABk/SBk Platy 18-22"	Sl. Friable, SS, Sp, Soap	Platy 18-22"				
		28-63	clay m. ABk/SBk	Sl. Firm, SS, Sp, Soap	Tigerdirt 29-65"				
4	FS 8%	0-11	SCL V.W. SBk	Sl. Friable, SS, Sp, Soap	7.5YR 7/2 26"-62" Tigerdirt	62"	—	—	U
		14-24	clay Platy 14-24"	Sl. Firm, Sticky, Sp, Soap					
		24-62	clay m. ABk/ SBk	Sl. Firm, Sticky, Sp, Soap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): U
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Heath Snow (2nd Opinion)

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

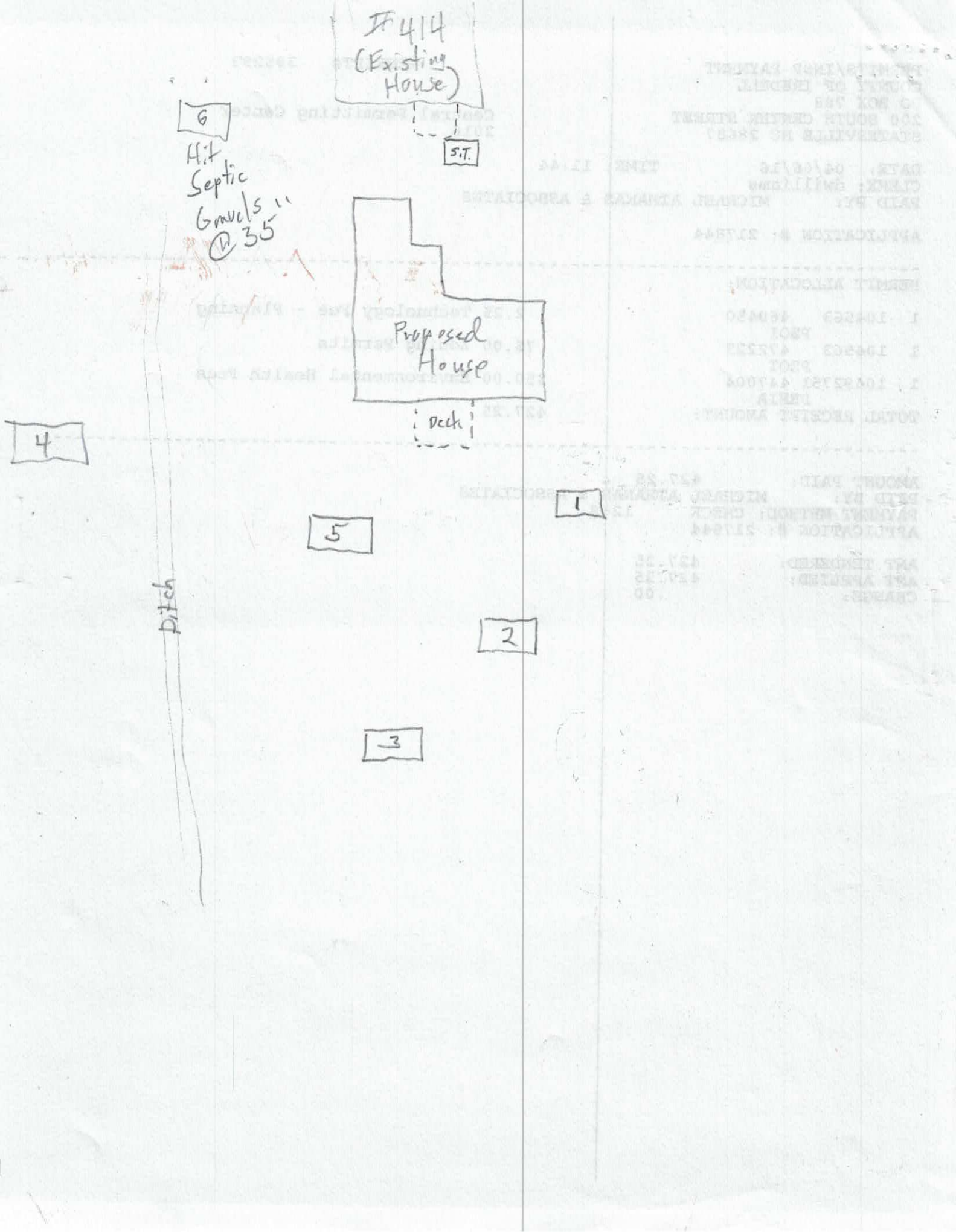
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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	
1	LSS 9%	0-9	SCL V, V, SBK	Friable, SS, Sp, Sop	10YR 6/2+ 6/3 Tr-red.mt Chromas 22"-59"	59"	—	—	U
		9-23	Clay Platy 19"-23"	Sl. Firm, Sticky, Sp, Sop					
		23-59"	Clay Platy 23"-Bottom	Sl. Firm, SS, Sp, Sop					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____


If 414
(Existing House)
6
Hit Septic Gravels @ 35"
S.T.
Proposed House
Deck
4
1
5
2
3
Ditch

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Perry Rd PROPERTY RECORDED: _____
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
P1	LSS 5%	0-4	F'll			49"	PS	—	PS .3
		4-10	B SCL Gr	fr SS SP SE xP					
		10-33	R C MS BL	fr SS SP SE xP					
		33-49	R CL MS BL	fr SS SP SE xP	Con Sap				
		49-51	Var SL Sap	fr NS NP NE xP					
P2	LSS 6%	0-5	F'll			41"	PS	—	PS .3
		5-13	B SCL Gr	fr SS SP SE xP					
		13-29	R C MS BL	fr SS SP SE xP					
		29-41	R CL MS BL	fr SS SP SE xP	con Sap, few MR				
		41-49	Var SL Sap	fr SS SP SE xP	few MR, con CL				
P3	LSS 6%	0-11	F'll			11-49"	—	—	PS .25
		11-26	B SCL Gr	fr SS SP SE xP	Con Gravel				
		26-49	R C MS AB	fr SS SP SE xP	few/con YB				
P4	LSS 6%	0-18	B SCL Gr	fr SS SP SE xP		40"	—	—	PS .25
		18-40	R C MS AB	fr SS SP SE xP	few YB				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

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

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	
P S	LSS 6%	0-4	Fill			48"	—	—	PS .3
		4-7	B scl Gr	fr sss PSG xP					
		9-41	RC MFSBk	fi s PS ExP	fav sap				
		41-48	R C L MSBk	fr sss PSG xP	fav/com	sap; fav	RC upl s		

RECEIVED APR 29 2019

Please CALL prior to inspection

Name: Jeff Kelly Wants to meet on site

Number: 704-657-9693

243756

RTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: KELLY CONST. INC Address: 167 PEARTHWOOD DR. TROUTMAN, NC Zip: 28166
Applicant Email: JANE KELLY 1954@YAHOO.COM Phone: 704-657-9693 Alt. Phone: 704-528-4901
Owner Name: RUSS & KATIE KELLY Address: 414 PERRY RD. TROUTMAN, NC Zip: 28166
Owner Email: KATIE WHALEN PHOTOGRAPHY@GMAIL.COM Phone: 704-657-9934 Alt. Phone: N/A

Property Information:

Street Address: 414 PERRY RD. TROUTMAN, NC 28166
Subdivision Name: NONE Section/Phase: _____ Lot Number: _____
Driving Directions: 21 S TO TROUTMAN T LFT ON S. EASTWAY DR. T LFT. ON PERRY RD. LOT ON RT.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 6
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

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

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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Russ Kelly 4-29-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

5163

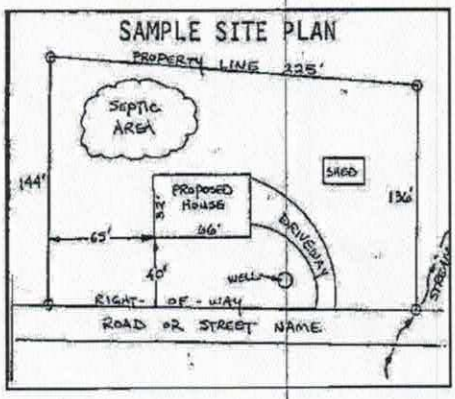
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

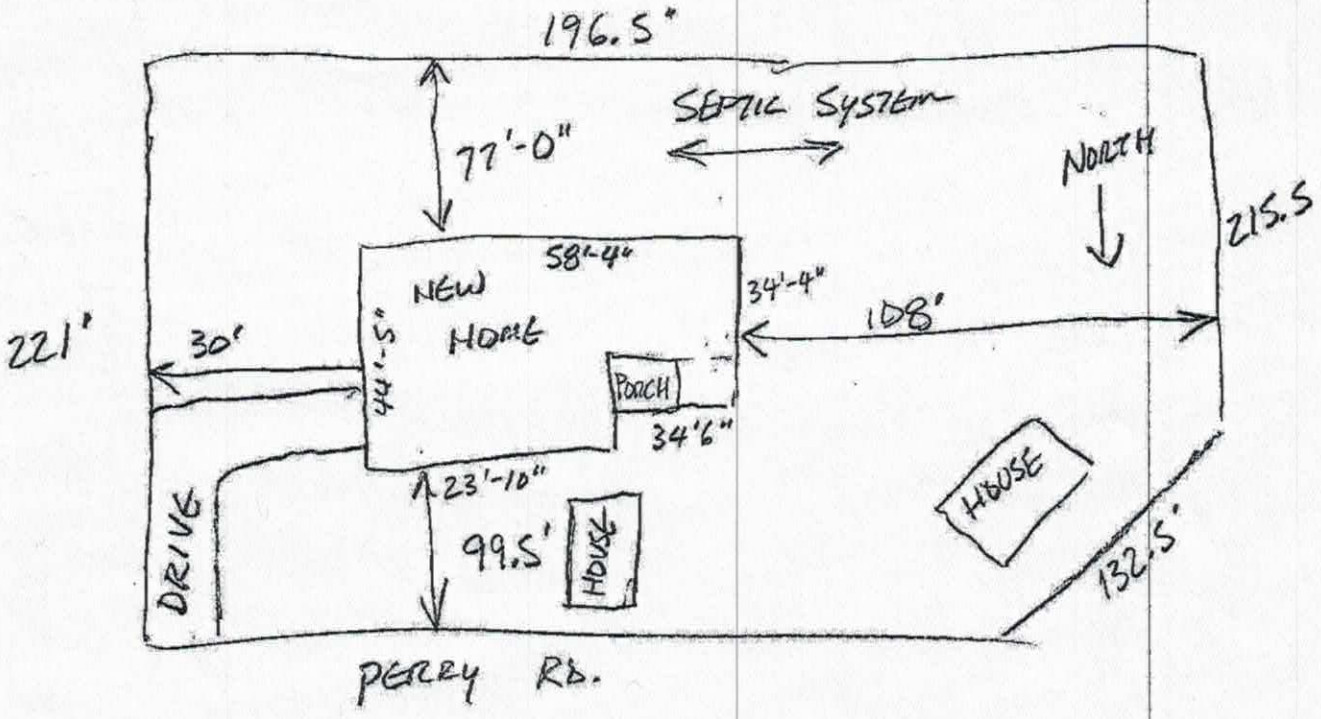


Circle N/A on the following if appropriate:

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



Signature: Jodd Kelly
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-29-19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Clyde Maney DATE 6-13-85 PERMIT NO. 215

PHONE: Business _____ Home _____

LOCATION 3rd House on Rt Barry Rd Troutman

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

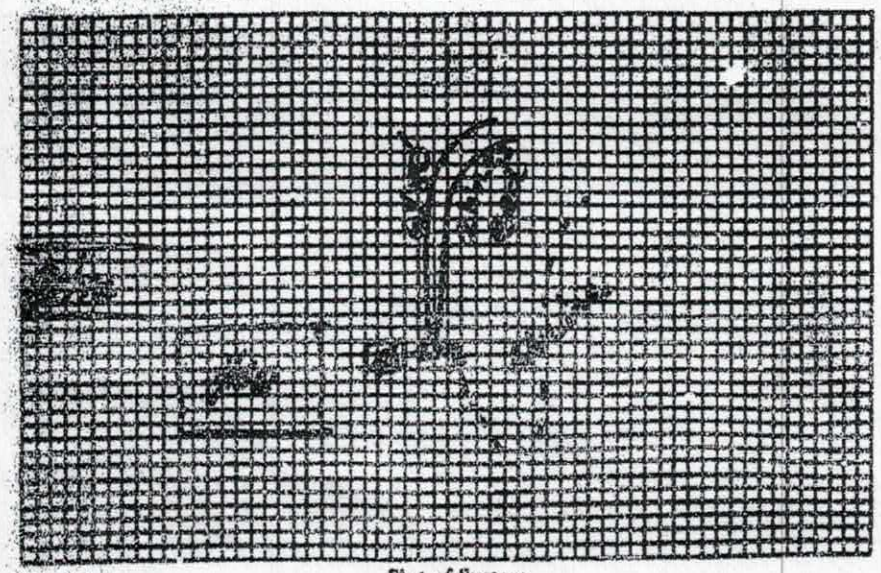
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	
Auto. Dishwasher	Yes ( )	No ( )	Topography	Rolling
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table	10' +
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	None

Character & Porosity of Soil Clayey

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 120 Lineal Ft. 60
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Al Backhoe

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J Moore DATE 6-13-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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*) Russell Kelly

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, Russell Kelly, am the legal owner(s) of the property located at 414 Perry Rd, Troutman, NC 28166, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kelly Construction Inc., 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

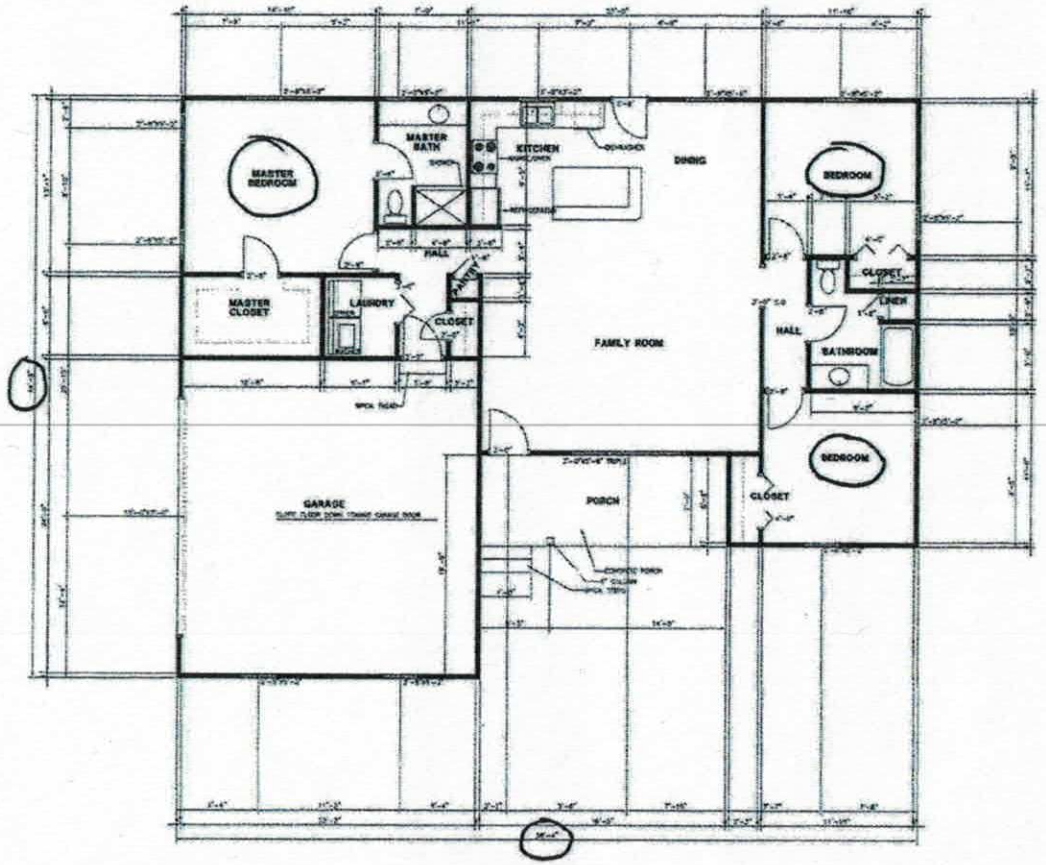
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Russell Kelly
Signature of Owner(s)

4/29/19
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



AREAS IN SQ. FT.

FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Katie Kelly Date 7-15-19
Tom Kluck Date 7/15/19

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN

A NEW HOME FOR:
RUSS and KATIE KELLY

FLOOR PLAN

SCALE: 1/4" = 1'-0"

SHEET NO. 2

Zoning Permit # 243786 See reverse for new construction.

Fee $ 45.00 Code 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	4-15-19	Tax Parcel #
	Business Name or Property Owner	RUSSELL & KELLY	4741053588.000
	Street Address & Lot Number	414 PERRY RD.	
	Business Type and/or Project Description	NEW HOME TO BE BUILT	
APPLICANT	Applicant	KELLY CONSTRUCTION	Preferred Phone 704-657-9693
	Address City/State/Zip	167 REDTWOOD DR. TROUTMAN, NC 28166	
	E-Mail	JUNE KELLY 1954 @ YAHOO.COM	
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)	

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

Office Use Only				
Zoning District(s)	RS	TL ☐ ETJ ☑	Plans Attached	Yes ☑ No ☐
Utilities	WATER		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:	414 Perry Road dwelling to be removed prior to CO occupancy of new construction. NO approval of CO until old dwelling demolished.			

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