IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226418

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

PIN # 4741357966

APPLICANT: Linda & Marcus Gillon APPLICANT ADDRESS: 502 Perry RD Troutman NC 28166

SITE ADDRESS: 502 Perry RD Troutman NC 28166 PHONE: 704 437 2441 ALT. PHONE: 704 880 5769

SITE DIRECTIONS: 115/21 Through Troutman Left onto Eastway / Left onto Perry ... 502 on Right

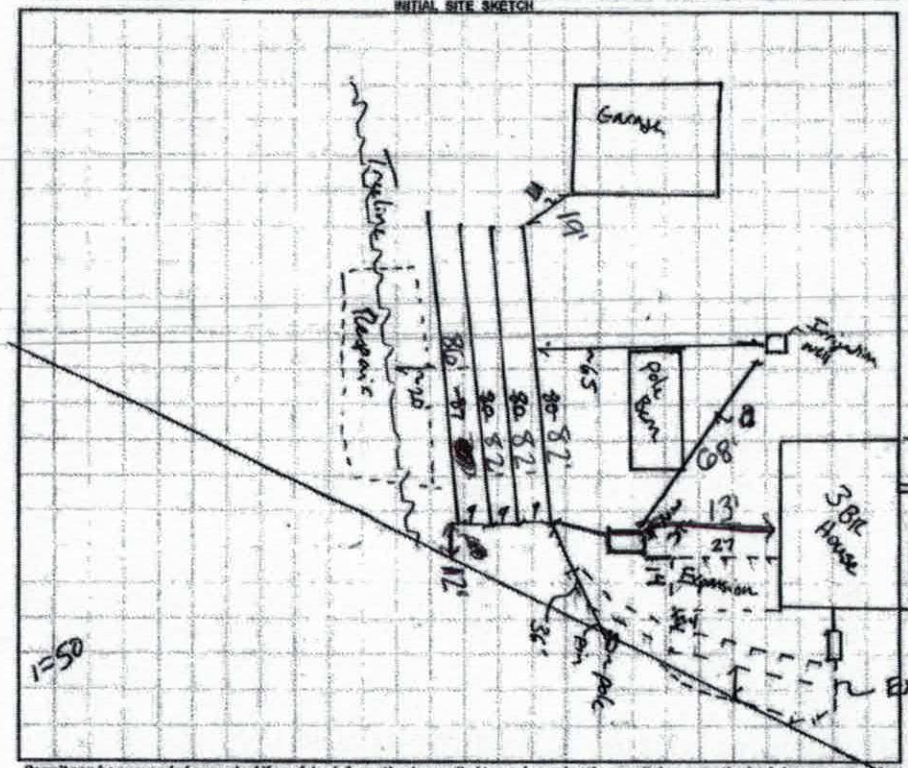
SUBDIVISION: SECTION: — LOT # — LOT AREA: 1.94 Acres DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank EXIST 1000 (gal)	STB EXIST 1017	Date EXIST 7-14-98	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank — (gal)	PT —	Date —	System Description: 25% reduction		☐ Business	No. Persons 6	☒ Private
Pump Make —	Model —	Serial # —	Repair System Description: 25% reduction		☐ Other	No. Employees —	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 327	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36.	Max. Trench Bottom Depth 36	Gravel Depth —		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

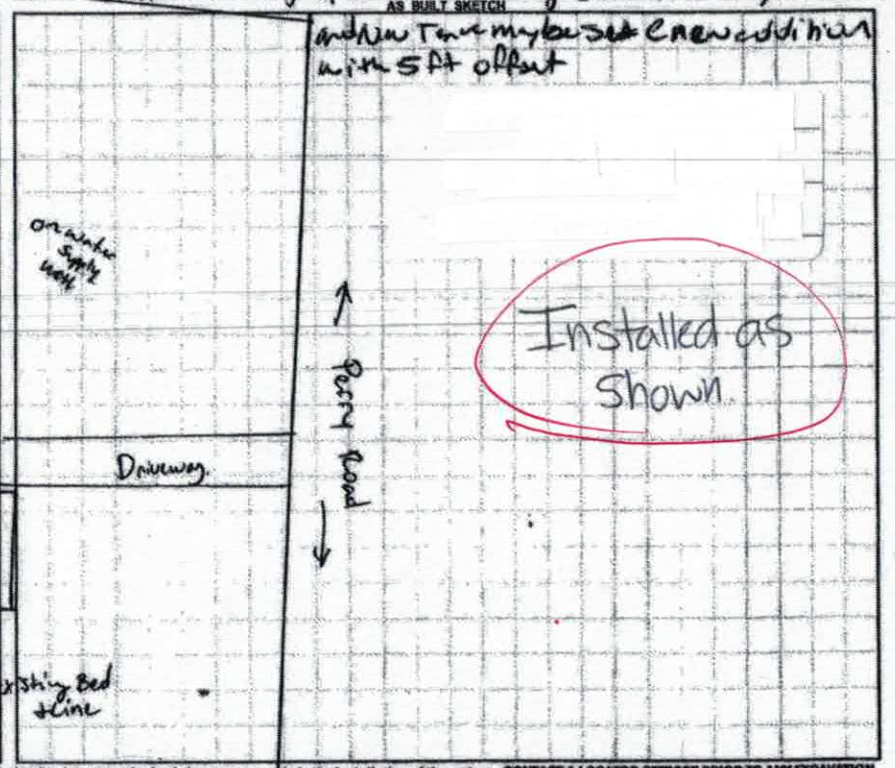
Comments / Conditions: * Final Grade to encourage to Sub-Surface water runoff

* Existing Bed + Drainline that is within 10ft of Property line + 5ft of New addition must be abated + Dam up. Set new box to feed existing viable bed first then Step down to new 25% reduction system. Install new Pilke into existing Septic tank. / Existing Bed + Tank may be used and New Tank may be set near addition with 5ft offset

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: Marcus Gillon Date: 5/16/17 Installed by: Yountz Grading + Septic

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 5/15/17. OPERATION PERMIT by: Kayla Wilson Date: 9-7-18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 5/15/17. Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 4741357966
COUNTY: Iredell

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

OWNER: Marcus Gillian. APPLICATION DATE 4/19/17.
ADDRESS: 502 Perry RD Tnty. DATE EVALUATED: 5/1/17.
PROPOSED FACILITY: BBR. Hse. PROPOSED DESIGN FLOW (.1949): 360 l PROPERTY SIZE:
LOCATION OF SITE: 502 Perry RD Troutm PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Foot 5%	0-20 20-48	scl sbk c wsbk	ss sp sep FM	2.5Y 4/6.	48	-		.3
2	Foot 5%	0-13 13-44 44-48	scl sbk c wsbk cl wsbk	ss sp sep	" "	48.			.275 In old garden Holding water & ponding
3	Foot 4%	0-8 8-33 33-48	scl wsbk c wsbk cl wsbk	ss sp sep	" "	48			.275
4	Foot 4%	0-6 6-28 28-48.	scl wsbk c wsbk cl. wsbk	ss sp sep	" "	48.			.3.

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Y	Y
System Type(s)	25% reduct	25% reduct
Site LTAR	.275	.3.

OTHER FACTORS (.1946): Area ponding due to Topo/garden
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botting
OTHER(S) PRESENT:
Max 36

COMMENTS:

Need to do Expansion

226418

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ✓ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Linda & Marcus Gillon	502 Perry Rd. Troutman, NC 28166	704-437-2441	704-880-5769
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Linda & Marcus Gillon	502 Perry Rd. Troutman, NC 28166	704-437-2441	704-880-5769

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
502 Perry Rd. Troutman, NC 28166		

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms 3

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) Existing system--installed in 1960 *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. 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. industry) 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.

9. Signature: Marcus G. Gillon 04/18/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

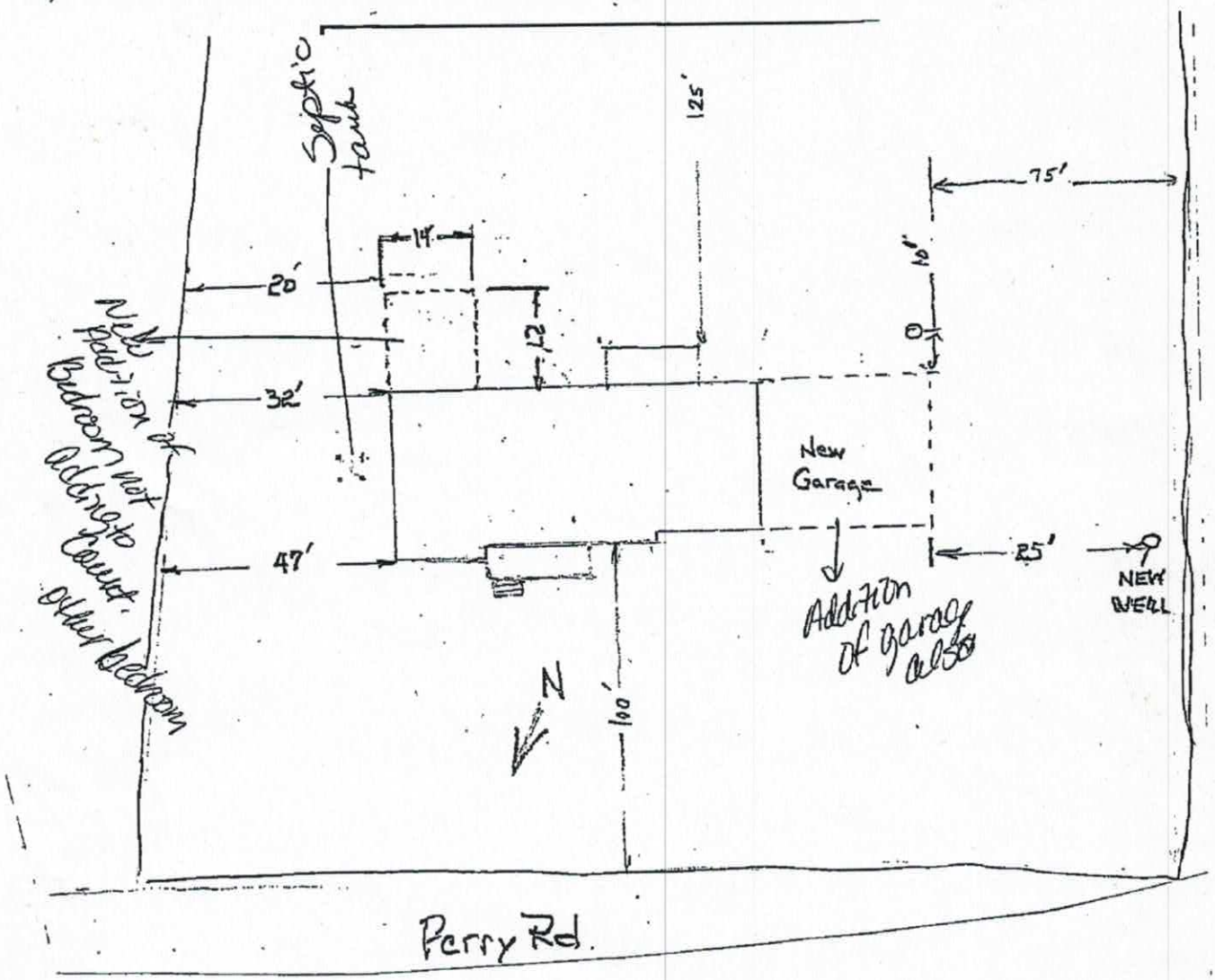
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

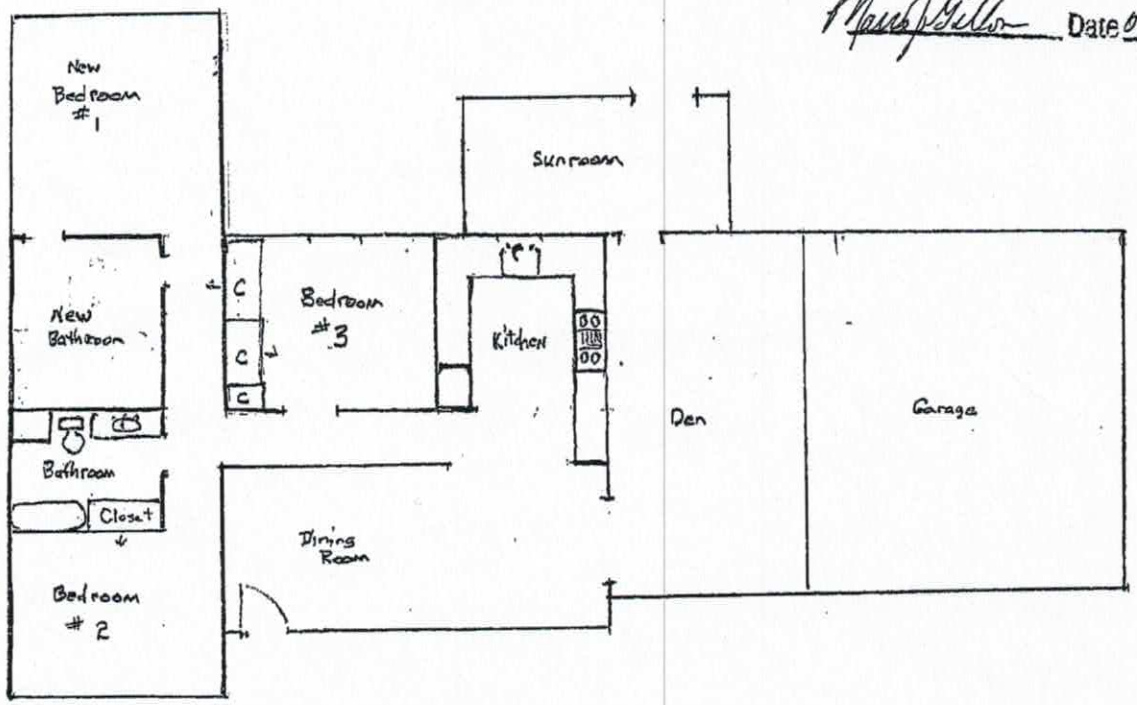
n/a Location of easements and rights of ways on your property... (N/A) **n/a Location of any designated wetlands on the property.. (N/A)**



Signature: Marvin J. Gallon
REQUIRED property owner or owner's legal representative signature.

04/18/17
DATE

P... Supplemental ONLY!
Barry Parker Date
Date 04/18/17



Zoning Permit # 22604 18
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	~~01/09/17~~ 04/18/17	Tax Parcel #	4741357946
	Business Name or Property Owner	Linda O. and Marcus J. Gillon		
	Street Address & Lot Number	502 Perry Rd.		
	Business Type and/or Project Description			
APPLICANT	Applicant	Linda and Marcus Gillon	Preferred Phone	704-437-2441
	Address City/State/Zip	502 Perry Rd. Troutman, NC 28166		
	E-Mail			
	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 (exception, single family residential additions/expansions). 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	N/A		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: Addition (See attachment)

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.

Marcus J. Gillon
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.

Danielle Wright
Signature of Zoning Administrator