IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 247687

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

PIN # 4741679848

APPLICANT/OWNER: Eileen Rossen APPLICANT ADDRESS: 408 Hoover Rd Troutman NC 28166

SITE ADDRESS: 408 Hoover Rd Troutman NC 28166 PHONE: 704 658-4639 ALT. PHONE –

SITE DIRECTIONS: Murdock Rd turn on Hoover Rd 1.2 miles on Right SAP CONTROLLED: ☐ YES ☐ NO

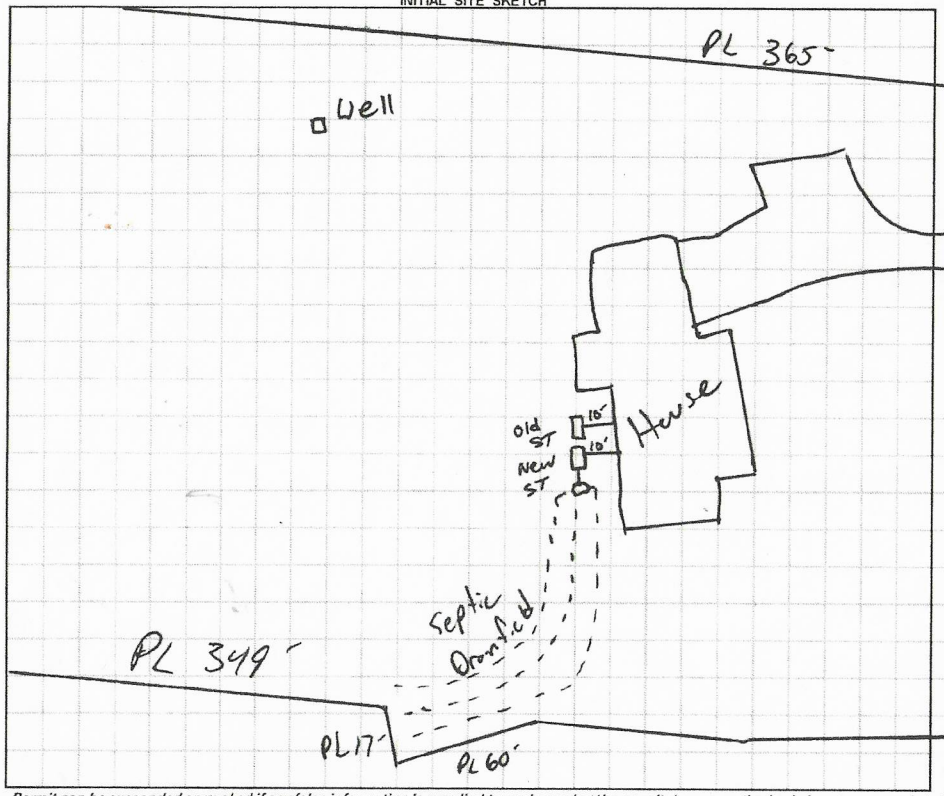
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 3.46 Acre DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB: Plastic	Date: Infiltrator	☐ 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: Gravel				☐ Business	No. Persons 6	☒ Private
Pump Make	–	Model		Serial #	Repair System Description: Tank				☐ Other	No. Employees	☐ Public
# Nitrification Fields	~~2~~ X + 5	# Lines	Fin	Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth Existing		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

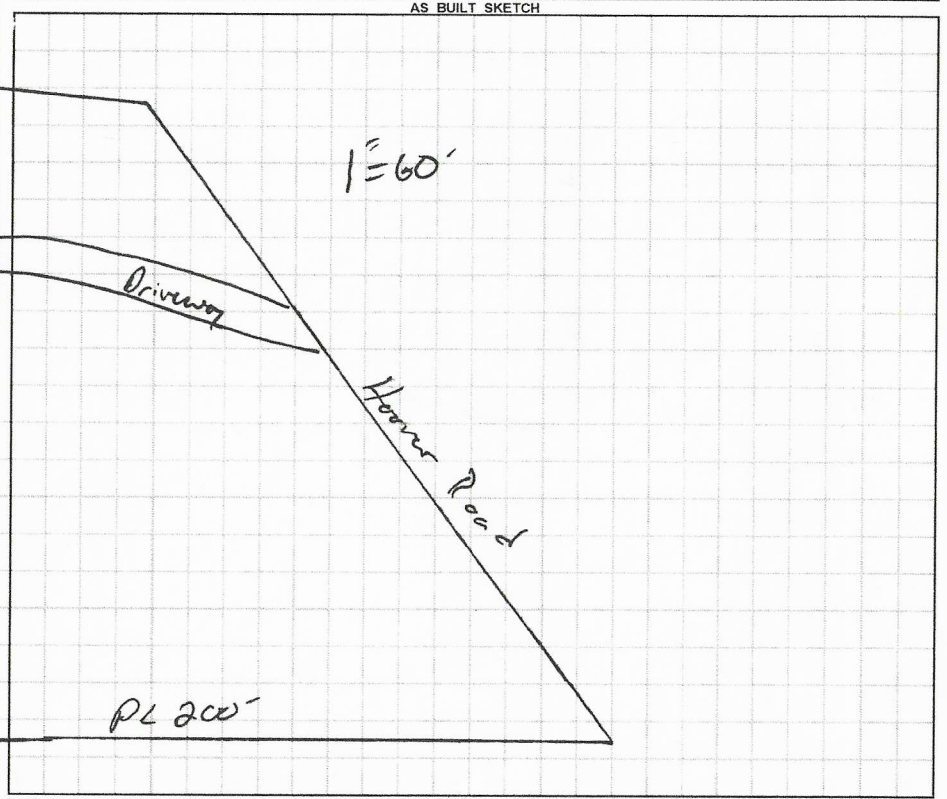
Comments / Conditions: Pump Crush and fill old tank. Inspect and replace D Box if needed. ST 19ft from house

Deed Book & Page Number Required for A/C Bk 2655 Pg 1525-1527

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: Eileen R Rossen Date: 9-27-19 Installed by: TW Ammons

IMPROVEMENT PERMIT by: Date: 9-24-19 OPERATION PERMIT by: Maria Dobson Date: 11/6/19

AUTHORIZATION TO CONSTRUCT by: Date: 11-5-19 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.

RECEIVED AUG 20 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

$ 247687

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: Eileen Rossen Address: 408 Hoover Road, Troutman, NC Zip: 28166
Applicant Email: Errossen@gmail.com Phone: 704-458-4639 Alt. Phone: _____
Owner Name: Eileen Rossen Address: same as above Zip: _____
Owner Email: Errossen@gmail.com Phone: same as above Alt. Phone: _____

Property Information:

Street Address: 408 Hoover Road, Troutman, NC 28166
Subdivision Name: None Section/Phase: _____ Lot Number: _____
Driving Directions: Murdock Rd, turn on Hoover Rd, 1.2 miles 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
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 7
( ) Swimming Pool
( ) Other Addition/Structure: _____
✓ Tank ? Drain lines Describe Problem: 3rd drain line appears to be over property line

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: 1987
(✓) 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?

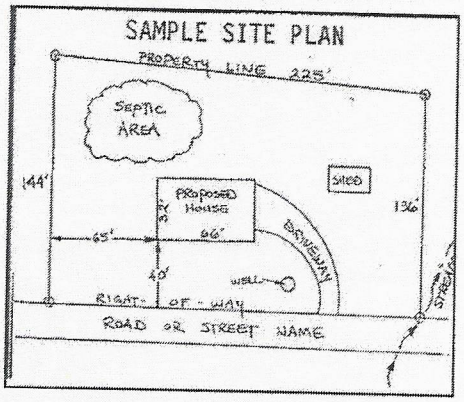
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Eileen R Rossen 8/20/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

- Please see septic permit
- Please let us know if printed survey must accompany as property is only currently staked out.

New tank 10' From Home

Drain lines on property line

Signature: Eileen B. Rossen 8/20/19

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

05161

I

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 Grady L. Cloninger DATE 7-16-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Murdock Rd Turn on Hoover Rd 1.2mi on Rt. S. R. No. _____

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

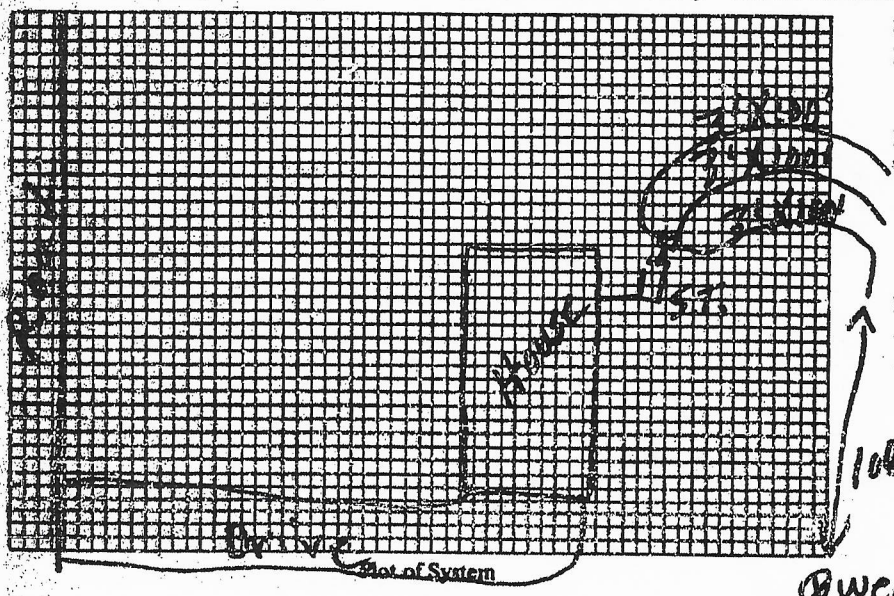
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	12
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area 2.0 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Cathren

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 7-16-87

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)* Eileen R. Bossen

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, _____, am the legal owner(s) of the property located at _____, identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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

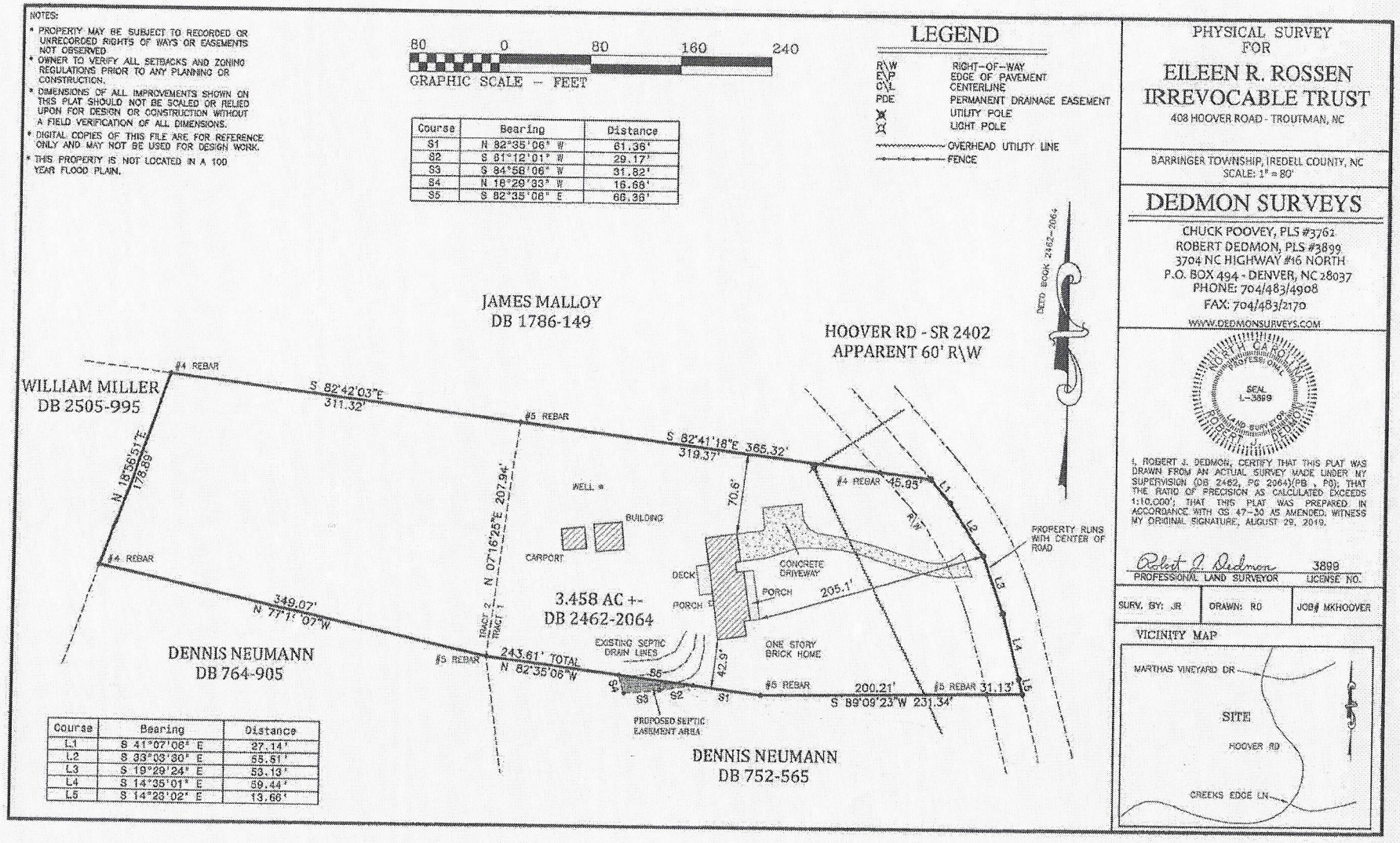
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



DigiSign Verified: 3323E8B0-1B3E-4F10-A4DD-F40558EE988F

Type: CONSOLIDATED REAL PROPERTY
Recorded: 11/1/2019 9:25:48 AM
Fee Amt: $29.00 Page 1 of 3
Revenue Tax: $3.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2655 PG 1525 - 1527

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $3.00

Parcel Identifier No: Part of 4741-77-0674 Verified by _____ County on the ____ day of _____, 20__
By: _____

Mail/Box to: The Law Offices of Brent F. King, PLLC, 8604 Cliff Cameron Drive, Suite 187, Charlotte, NC 28269

This instrument was prepared by: The Law Offices of Brent F. King, PLLC, 8604 Cliff Cameron Drive, Suite 187, Charlotte,

Brief description for the Index: _____

THIS DEED made this 1st day of November, 2019 by and between

GRANTOR	GRANTEE
Dennis Peter Neumann and wife Susan Catherine M. Neumann 420 Hoover Road Troutman, NC 28166	Eileen R. Rossen, Trustee under the Eileen R. Rossen Irrevocable Trust, dated June 25, 2013 408 Hoover Road Troutman, NC 28166

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Troutman, _____ Township, Iredell County, North Carolina and more particularly described as follows:

See attached Exhibit "A"

The property hereinabove described was acquired by Grantor by instrument recorded in Book 752 page 565.

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association

Submitted electronically by "The Law Offices of Brent F King PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

EXHIBIT "A"

BEGINNING at a point which is located N 82-35-06 W 61.36 feet from a #5 rebar, said #5 rebar being located S 89-09-23 W 231.34 feet from a point in the centerline of Hoover Road (SR 2402) said point in the centerline of Hoover Road (SR 2402) being the southeast corner of the property of the Eileen R. Rossen Irrevocable Trust, dated June 25, 2013 (see Deed Book 2462, Page 2064); and running from the beginning point the following courses and distances: (1) S 81-12-01 W 29.17 feet to a point; (2) S 84-58-06 W 31.82 feet to a point; (3) N 18-29-33 W 16.68 feet to a point in the common line of the properties of Dennis Peter Neumann and Susan Catherine M. Neumann, now or formerly, (see Deed Book 752, Page 565) and the Eileen R. Rossen Irrevocable Trust, dated June 25, 2013, now or formerly (see Deed Book 2462, Page 2064); and (4) along the common line of the properties of Neumann and Rossen as described above, S 82-35-06 E 66.36 feet to the point and place of BEGINNING, according to a survey by Dedmon Surveys dated August 29, 2019, reference to said survey being made for a more complete and accurate description.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (Entity Name)
By: _____
Print/Type Name & Title: _____
By: _____
Print/Type Name & Title: _____
By: _____
Print/Type Name & Title: _____

Dennis Peter Neumann (SEAL)
Print/Type Name: Dennis Peter Neumann
Susan Catherine M. Neumann (SEAL)
Print/Type Name: Susan Catherine M. Neumann
_____ (SEAL)
Print/Type Name: _____
_____ (SEAL)
Print/Type Name: _____

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Dennis Peter Neumann and wife Susan Catherine M. Neumann personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal, this 1st day of ~~November~~ OCTOBER, 2019.

DEBRA L JOHNSON
Notary Public
Iredell Co., North Carolina
My Commission Expires April 24, 2020

(Affix Seal)

April 20, 2024

Debra L Johnson
Notary Public

DEBRA L. JOHNSON
Notary Public
Iredell Co., North Carolina
My Commission Expires April 24, 2020

Debra L Johnson
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, __he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____

Witness my hand and Notarial stamp or seal, this _____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

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