IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243519

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

PIN # 4741693538.000.

APPLICANT/OWNER: Ursula Klinger APPLICANT ADDRESS: 181 Scotsman Drive Troutman NC 28166

SITE ADDRESS: 128 Scotsman Drive Troutman NC 28166 PHONE: 704 995 3006 ALT. PHONE 704 995 3005

SITE DIRECTIONS: Murdock Rd to Hoover Rd to Scotsman Drive Property @ Corner of Hoover + Scotsman SAP CONTROLLED: ☐ YES ☒ NO

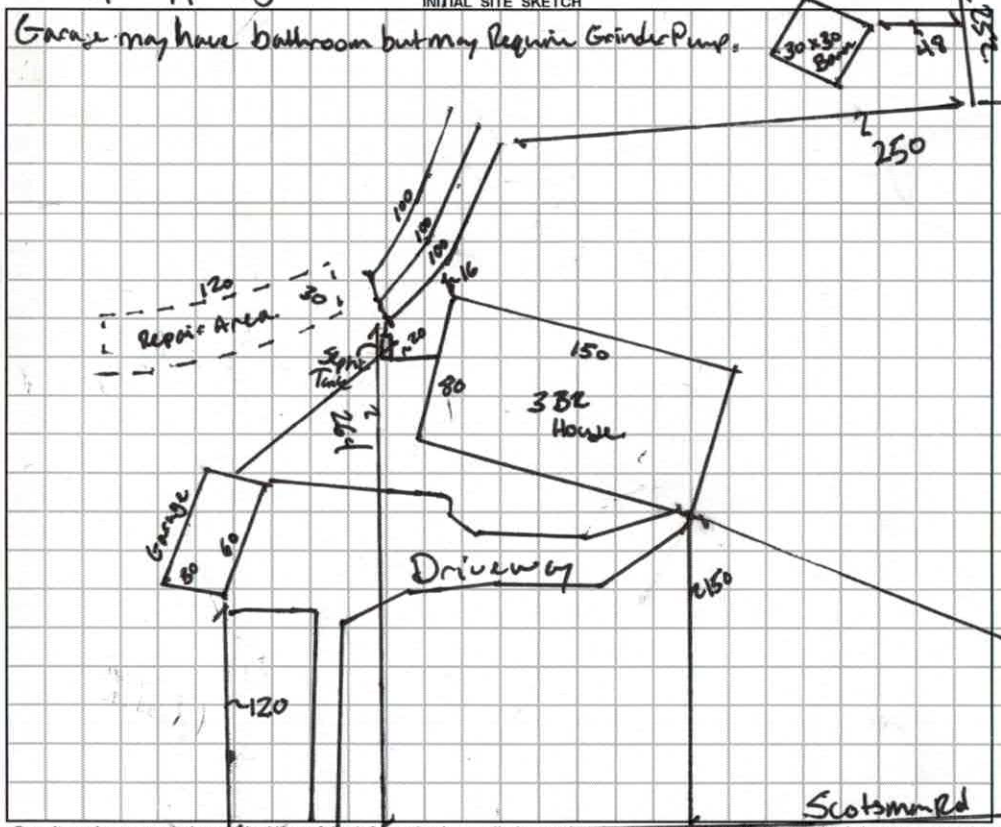
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 13.8 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	1000	Date	5-7-20	☒ 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:	Gravity 25% Reduction			
# Nitrification Fields	1	# Lines		3	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		33	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

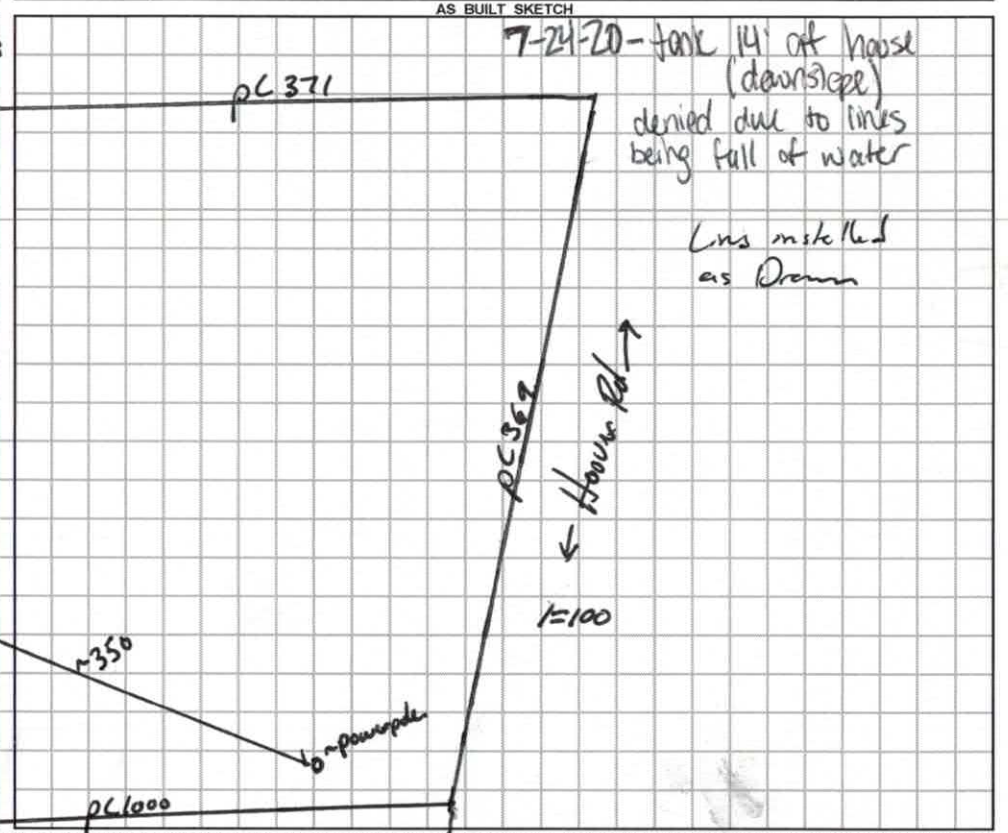
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the Contour of the Land and Utilize Serial distribution. Do not exceed max depth of 36 inches. Do not park, pave, grade of bury utilities in drainfield area.

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: Date: 5.15.19 Installed by: Sammy Reavis

IMPROVEMENT PERMIT by: Benjamin A. Botkin Date: 5/8/19 OPERATION PERMIT by: Date: 7-27-20

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botkin Date: 5/8/19 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.

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)

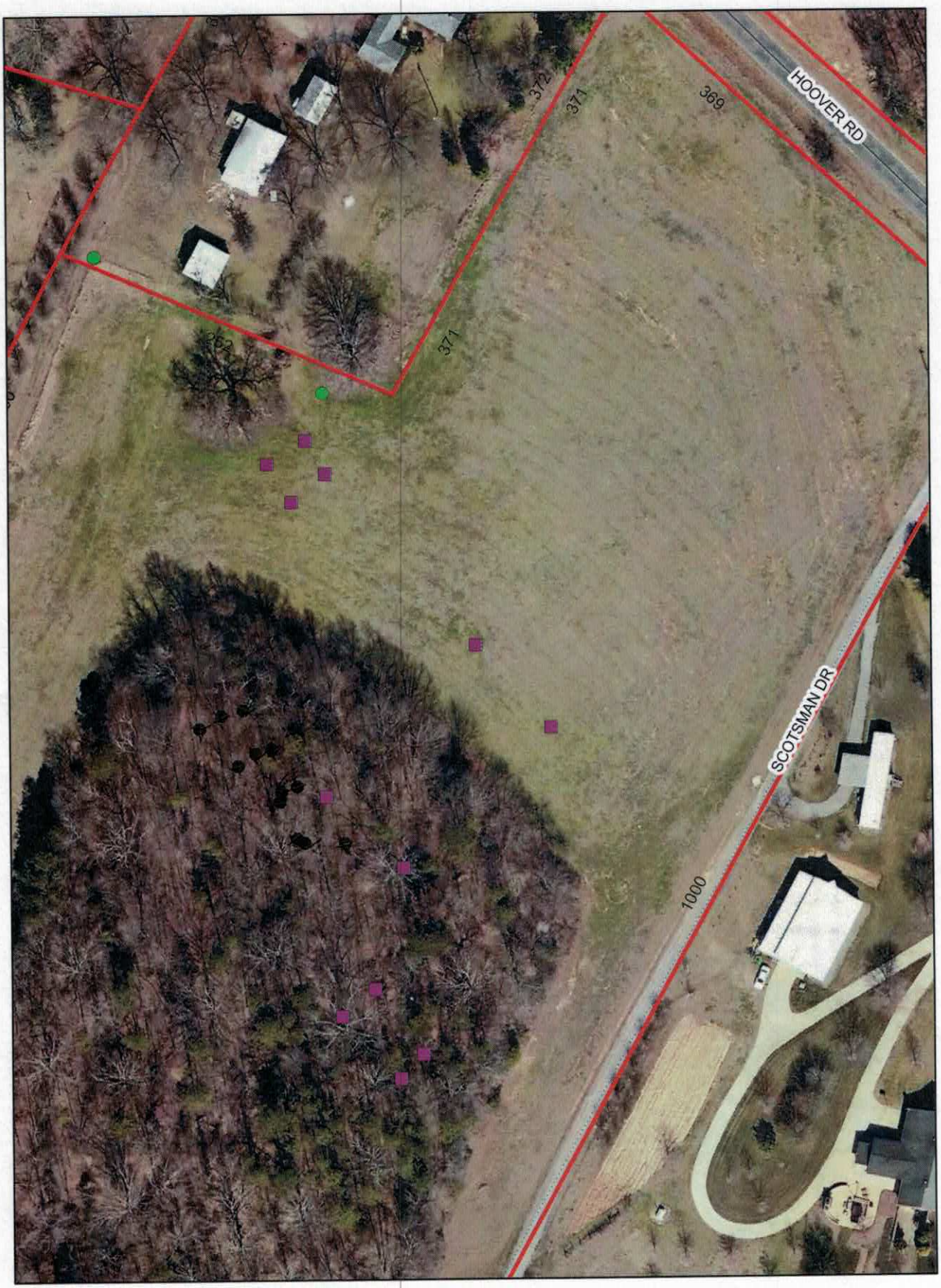
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 8%	0-8 8-32 32-50	Sc wSBk C SBk CL wSBk	SS Sp FR SEp SS Sp FR SS Sp FR	2.5 YR 4/6	50	—	Lithomatrix 42	PS .3.
2	Side 9%	0-9 9-28. 28-48.	Sc wSBk C SBk CL wSBk	SS Sp FR SEp SS Sp FR SS Sp FR	2.5 YR 4/6	48.	—	Lithomatrix ~33.	PS .3.
3	Side 6%	0-6 6-27 27-48	Sc wSBk C SBk CL wSBk	SS Sp FR SEp SS Sp FR SS Sp FR	2.5 YR 4/6	48.	—	Lithomatrix 42.	PS .3
4	Side 6%	0-9 9-25 25-48	Sc wSBk C SBk CL wSBk	SS Sp FR SEp SS Sp FR SS Sp FR	2.5 YR 4/6	48	—	Lithomatrix ~30	PS .30

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: _____ Hand Cave 150 From Scalpment
35± From Pond Shoreline



1 inch = 100 feet

Please CALL prior to inspection

Name: Ursula to verify staked out

Number: 704-995-3006

RECEIVED APR 8 - 2019

Paid $500.00

#243519

DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Ursula Klinger Address: 181 Scotsman Dr. Troutman Zip: 28166
Applicant Email: uklinger@hotmail.com Phone: 704 995 3006 Alt. Phone: 704 995 3005
Owner Name: Marc & Ursula Klinger Address: 181 Scotsman Dr Troutman Zip: 28166
Owner Email: mklinger@bellsouth.Net Phone: 704 995 3005 Alt. Phone: 704 995 3006

Property Information:

Street Address: 128 Scotsman Dr Troutman 28166

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

Driving Directions: ~~Hoover~~ Murdock Rd to Hoover Road to Scotsman Dr. Property is the corner of Hoover & Scotsman

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

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

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

Signature: _____ 4/2/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

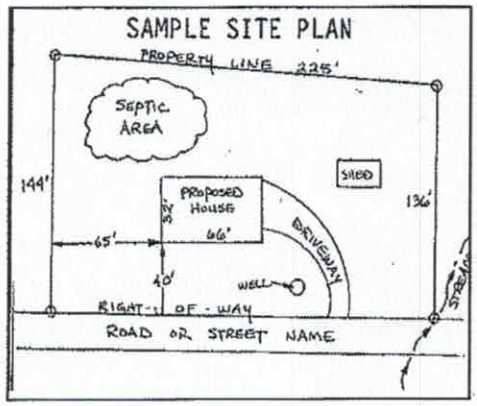
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached

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

4/2/2019
DATE

Klinger - Site Plan
128 Scotsman Drive, Trout Run
PIN: 4741693538

North

Scotsman Drive

100'

35' BUILDING SETBACK

GARAGE

WELL

POOL

SEPTIC

HOUSE

BARN

15' BUILDING SETBACK

737'

30'

35' BUILDING SETBACK

252'

15' BUILDING SETBACK

371'

35' BUILDING SETBACK

369'

Hoover Road

PIN 474169353800

AREA CALCULATIONS:

See Attached Dimensions

Klinger
128 Scotsman Drive
PIN# 4741693538.000

Estimated dimensions of outbuilding and structures

Garage	30 x 60	1800 sf
Barn	30 x 30	900 sf
Pool	25 x 25	625 sf

House 78'x149' Per Ursula 4/9/19

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*) _____

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, Ursula Klinger & Marc Klinger am the legal owner(s) of the property located at 128 Scotsman Dr Troutman, identified as PIN (Parcel Identification Number) 4741693538, 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

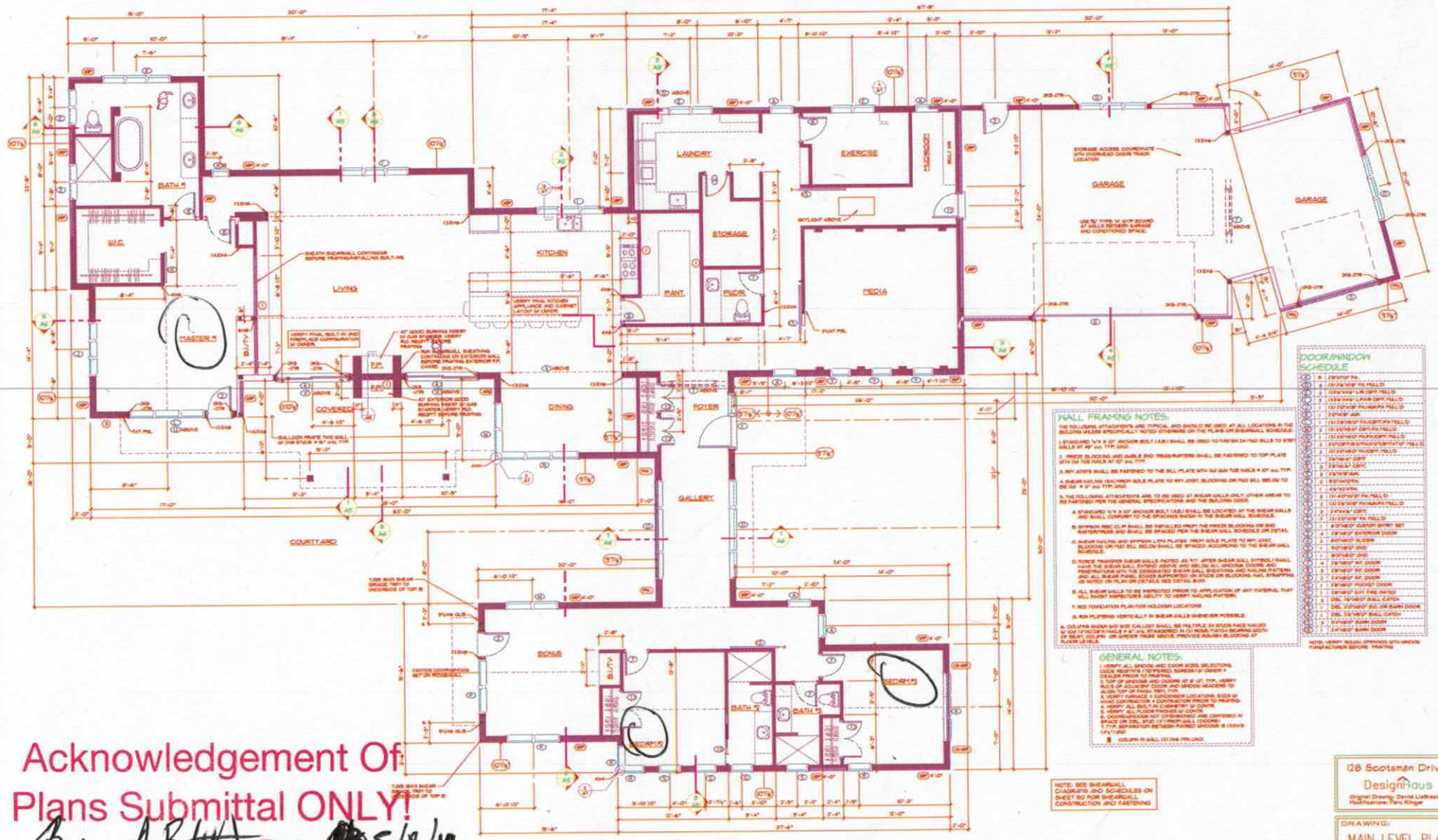
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

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



Acknowledgement Of Plans Submittal ONLY!

Brijan A Batt Date 5/9/19

Date 5.15.19

128 Scotsman Drive

DesignHaus

Original Drawing: David LieBrecht

Modifications: Tara Klinger

DRAWING:

MAIN LEVEL PLAN

DATE: Dec. 16, 2018

FILE: 787-P.DWG

SHEET NO:

A2

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
243519
Issue Date: 04/08/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4741693538.000	128 SCOTSMAN DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: MEINERT TERESA H	Applicant: KLINGER MARC+URSULA
Address: 14610	Address: 181 SCOTSMAN DR
IREDELL CO, NC 28625	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.800	35.00	35.00	15.00	15.00	NO	X

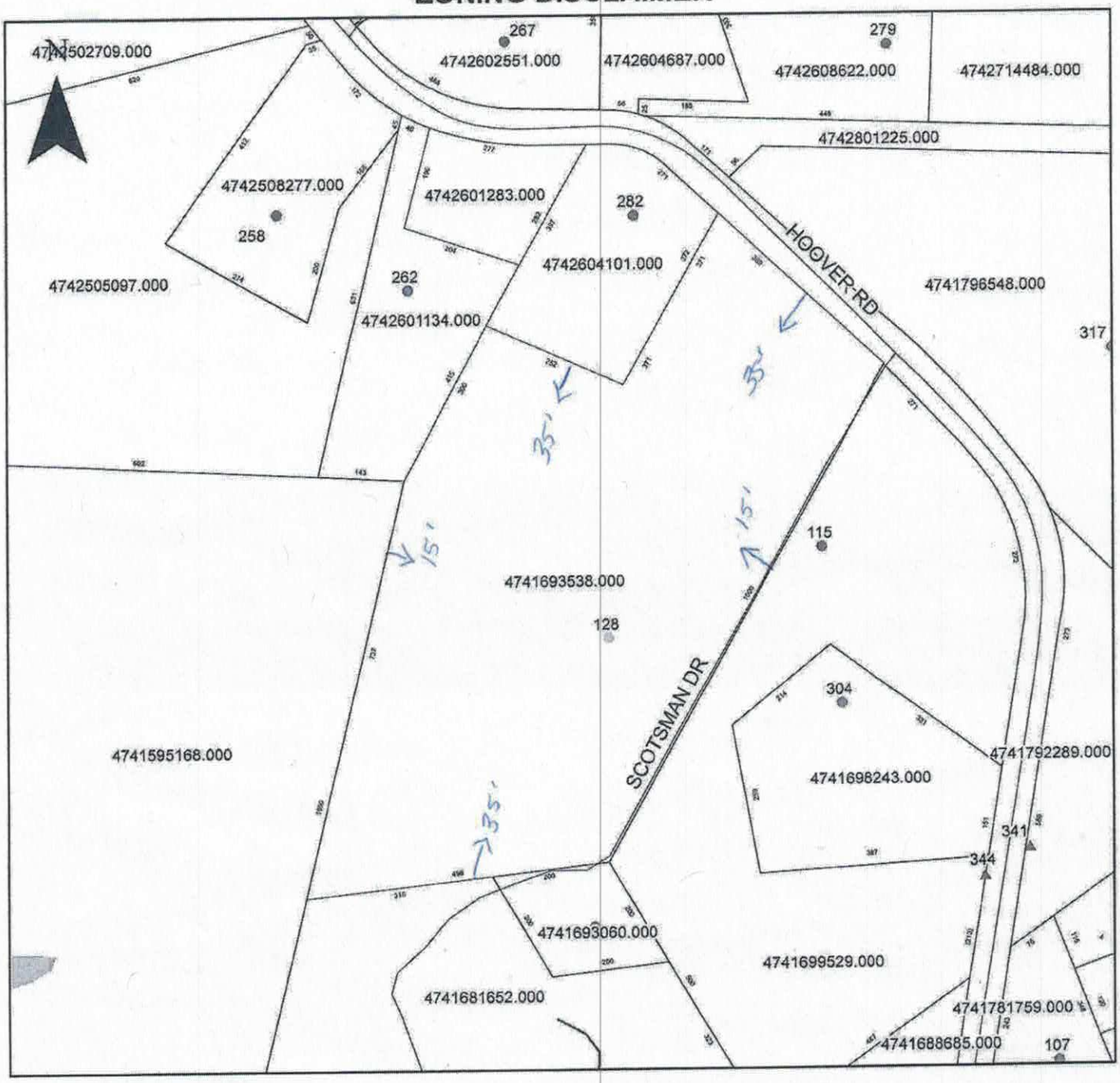
Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	173225	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 128 Scotsman Dr.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

4/2/2019
Date