IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223653

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

PIN # 4750-89-0438.217

APPLICANT: Whitney Troutman APPLICANT ADDRESS: 217 Overcash Rd. Troutman, NC

SITE ADDRESS: 217 Overcash Rd. Troutman, NC PHONE: 704-977-6360 ALT. PHONE:

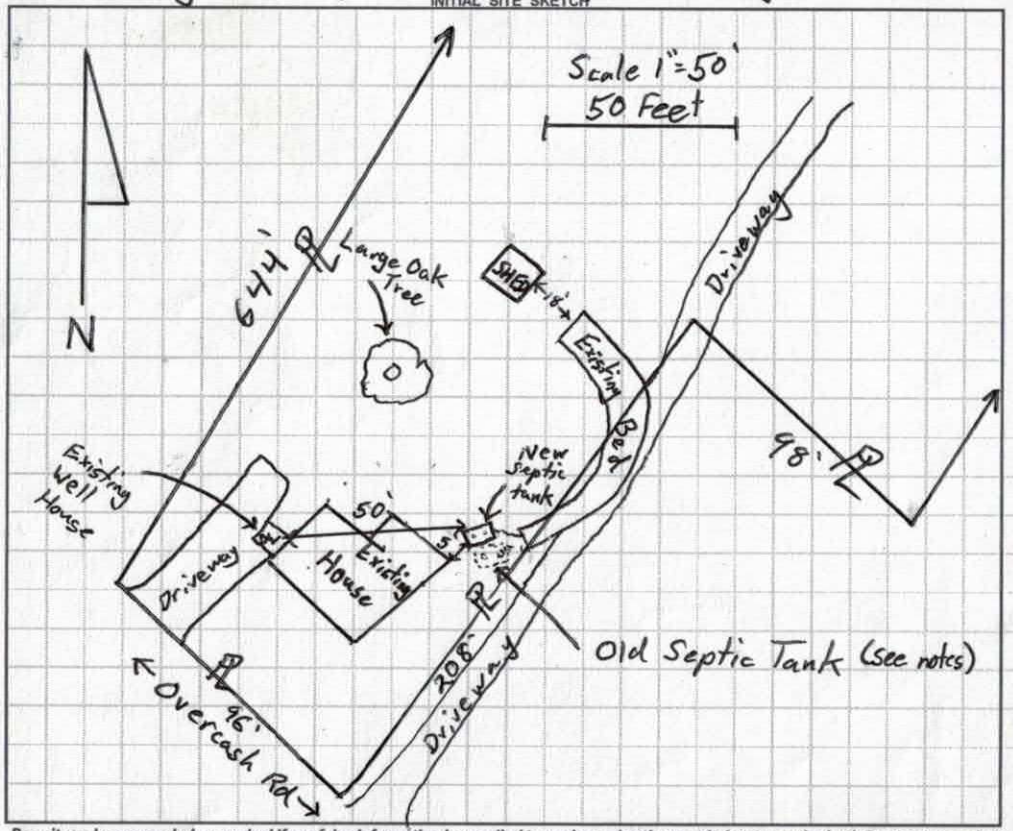
SITE DIRECTIONS: Shinville Rd N from Rt 21 → L on Weathers Creek Rd → L on Overcash Rd → On Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.21 acres DESIGN FLOW: 360 GPD L.T.A.R.: —

Septic Tank	1000	(gal)	STB	760	Date	10-15	☐ 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:			(Existing Bed)	☐ Business	No. Persons	6	☒ Private			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	Replace Septic Tank As Requested			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	Existing		Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	Ex	Max. Trench Bottom Depth	Ex.		Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Replace septic tank as needed. Old tank shall be pumped, limed and 1) crushed in place 2) Hauled Away or 3) Filled with clean flowable fill that is essentially self-leveling (sand, cement or gravel). A portion of the septic bed/conveyance is located beneath an adjacent driveway and the condition of the system components is unknown. Do not drive across new septic tank or septic components. Recommend moving driveway off of septic area. Recommend pumping septic tank every 3-5 years + replacing any crushed/blocked piping.

INITIAL SITE SKETCH



AS BUILT SKETCH

*Per County GIS/land records, a portion of the septic system may cross the property line. It is recommended that you seek the services of a surveyor to determine the actual PL + create an easement for any encroaching septic components *

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: Whitney Troutman Date: 12/29/16 Installed by:

IMPROVEMENT PERMIT by: Tom Shuch Date: 12/28/16 OPERATION PERMIT by: GUNTER BAILEY Date: 2-17-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuch Date: 12/28/16 Existing System Inspected by: Date:

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

122304

223653

Paid $150.00
12-29-16

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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

Applicant Name: Whitney Trautman Address: 217 Overcash RD Trautman NC Phone: 704 977 6364

Owner Name: Antonio Trautman Address: 217 overcash RD Trautman NC Phone: 704 390 7915

Property Information:

Street Address: 217 overcash RD. trautman NC 28166

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

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: Whitney Trautman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/7/16
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!!!***

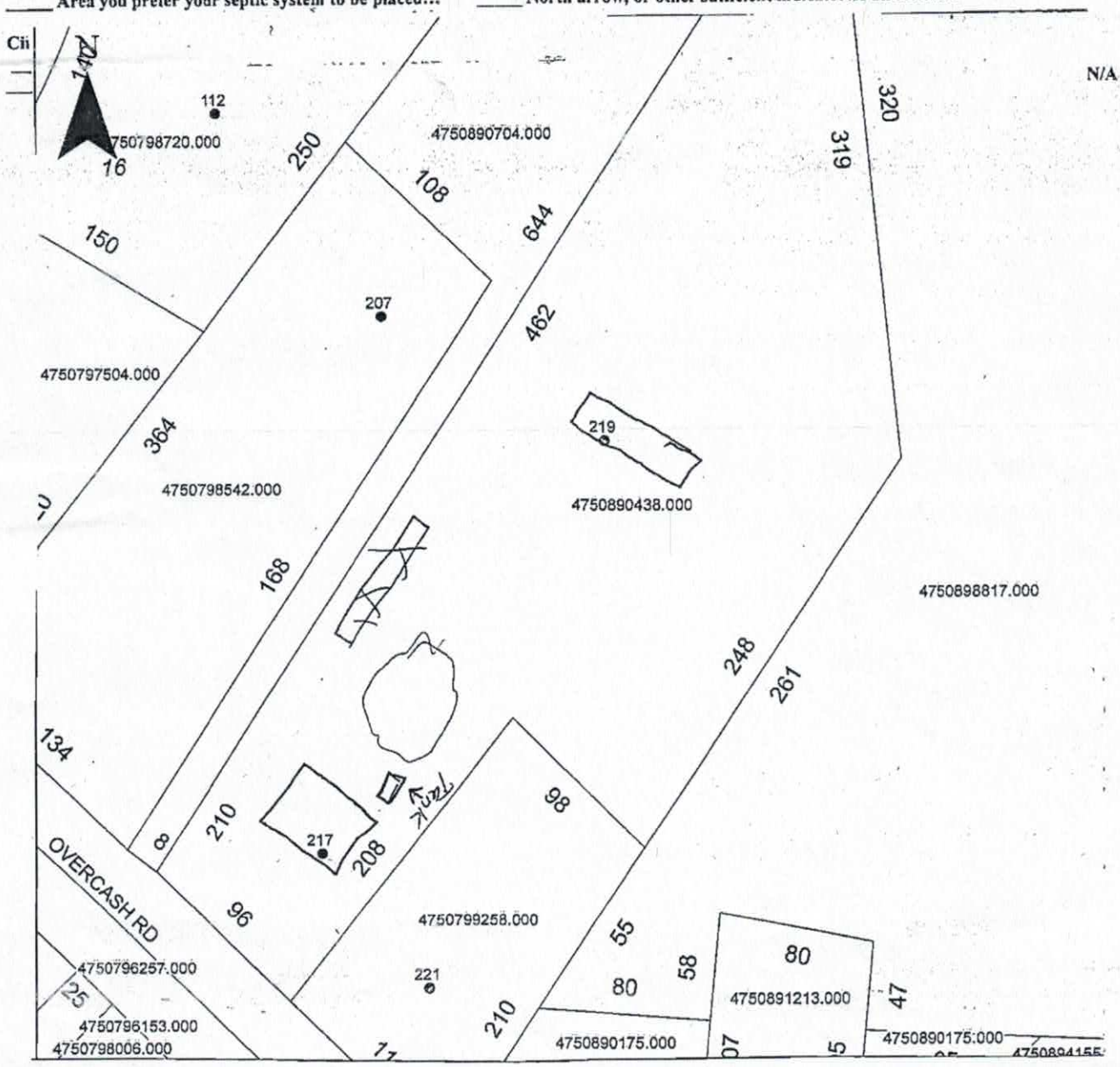
Place an (X) beside each item as you complete the site plan:

_____ **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…**



Signature: Whitney Trowbridge

REQUIRED **property owner or owner's legal representative signature.**

12/7/14

DATE