IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232326

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

PIN # 4751079727. ✓

APPLICANT/OWNER: Durham Carpentry Fine — APPLICANT ADDRESS: 131 Kimmel Drive Troutman NC

SITE ADDRESS: ✓ 146 Fieldhaven Place Troutman NC 28166 — PHONE: 704-363-7167 — ALT. PHONE 704 528-1017.

SITE DIRECTIONS: Hwy 21 TR Ostwalt Amity TL Pilch TL Pear Tree TR Fieldhaven Place — SAP CONTROLLED: ☐ YES ☒ NO

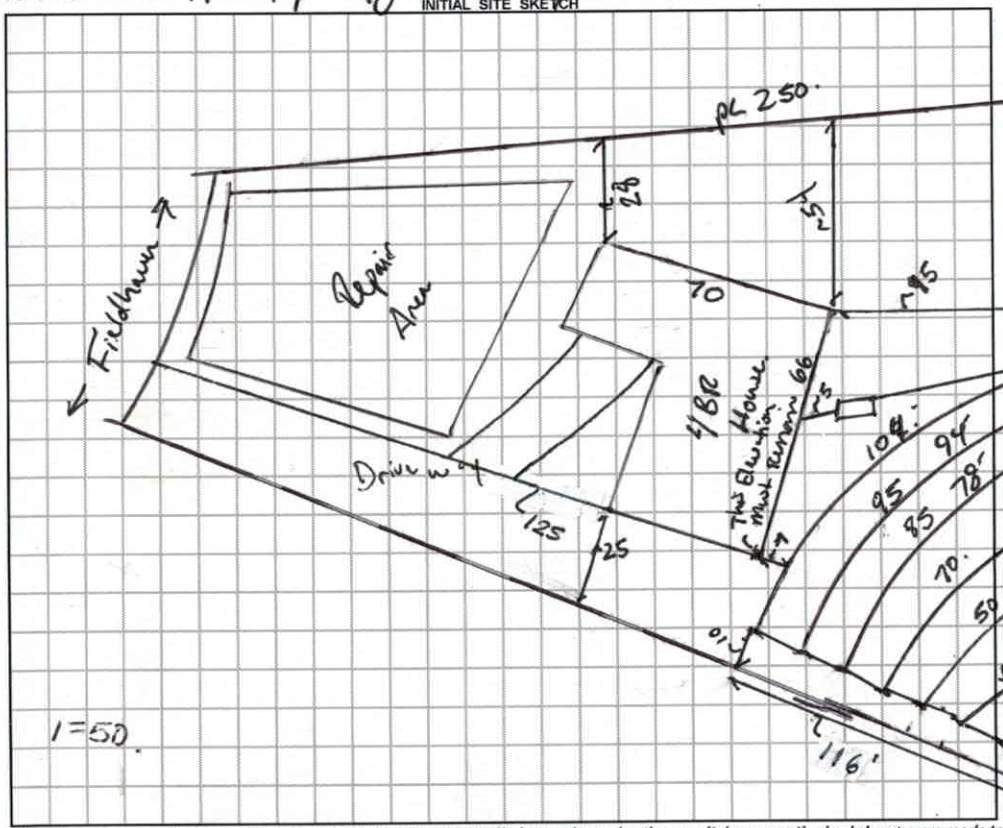
SUBDIVISION: ✓ Kelly Farmstead — SECTION 3 LOT # 55 LOT AREA: 0.87 Acres. — DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Plastic	Date	~	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	25% Reduction.			☐ Business	No. Persons 8	☐ Private
Pump Make	~	Model	~	Serial #	~.	Repair System Description:	LP Panel Blocks			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36.	Trench Bottom Depth(Low side)	36	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

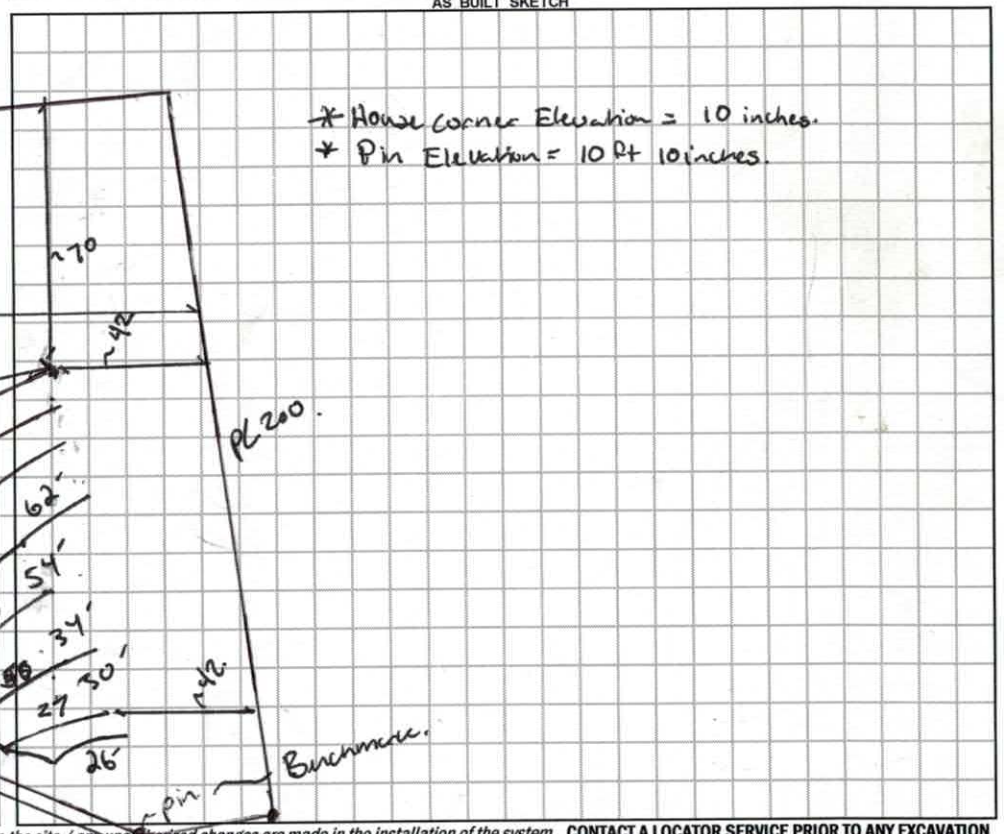
Comments / Conditions: * House Grade to Remain the same where shown. Install Septic drainlines on the contour of the land & utilize Serial distribution. DO not drive, park, place, grade or bury utilities in the drainfield area.

11/13/18 ST moved OK — MD

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: 2-13-2018 Installed by: Hager Trailer Park (Ryan)

IMPROVEMENT PERMIT by: _____ Date: 2/13/2018 OPERATION PERMIT by: _____ Date: 11-19-18

AUTHORIZATION TO CONSTRUCT by: _____ Date: 2/13/2018. 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.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4751079727
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Evon Flury
ADDRESS: 238 Lippard Spring Cir
PROPOSED FACILITY: 4BR SFD
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 146 Fieldhaven PL
WATER SUPPLY: • Private • Public • Well • Spring • Other N/A
EVALUATION METHOD: • Auger Boring • Pit • Cut
APPLICATION DATE 7-16-13
DATE EVALUATED: 8-6-13
PROPERTY SIZE: .87 acres
PROPERTY RECORDED: Yes
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	16.5% HS	0-7	SC SBK	Fr SS/SP Mod SE	>48"	>48"	>48"	>48"	PS 0.25
		7-28	C mica ABK	Fr SS/SP Mod SE					
		28-48	CL mica WABK	Fr mod SE					
2	15% HS	0-5	SC SBK	Fr SS/SP mod SE	>48"	>48"	>48"	>48"	PS 0.25
		5-27	C mica ABK	Fr SS/SP mod SE					
		27-48	CL mica WABK	Fr Mod SE					
3	10% HS	0-6	SC SBK	Fr Mod SE	>48"	>48"	>48"	>48"	PS 0.25
		6-24	C mica ABK	Fr Mod SE					
		24-48	SCL mica WSBK	Fr Mod SE					
4	11% slight HS	0-6	SC SBK	Fr mod SE	>48"	>48"	>48"	>48"	PS 0.25
		6-30	C mica ABC	Fr mod SE					
		30-48	CL mica WABK	Fr mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~III~~	~~IV~~
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Justin Henderson
OTHER(S) PRESENT: N/A

COMMENTS: N/A

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 2 of 2
PROPERTY ID #: 47516-79727
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gran Flury
ADDRESS: 238 Lippard Springs Cir
PROPOSED FACILITY: 4BR SFD PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 196 Fieldhaven Pl.
WATER SUPPLY: • Private • Public • Well • Spring • Other N/A
EVALUATION METHOD: • Auger Boring • Pit • Cut TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

APPLICATION DATE 7-16-13
DATE EVALUATED: 8-6-13
PROPERTY SIZE: .8 acres
PROPERTY RECORDED: Yes

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	7% Slight HS	0-6	SC SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.25
		6-27	C micaceous SBK	Fr Mod SE					
		27-42	CL micaceous SBK	Fr Mod SE					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Just Ofenders
OTHER(S) PRESENT: N/A

COMMENTS: N/A

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 475107972
DATE OF EVALUATION: 11-8-18
COUNTY: Iredell

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
	SS 15%	0-10	SBK SCL	Fr SS SP Scp	PS	64"	PS	PS	PS .25
		16-33	ABK C	Fr SS SP Scp					
		33-64	SBK CL	Fr SS SP Scp					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

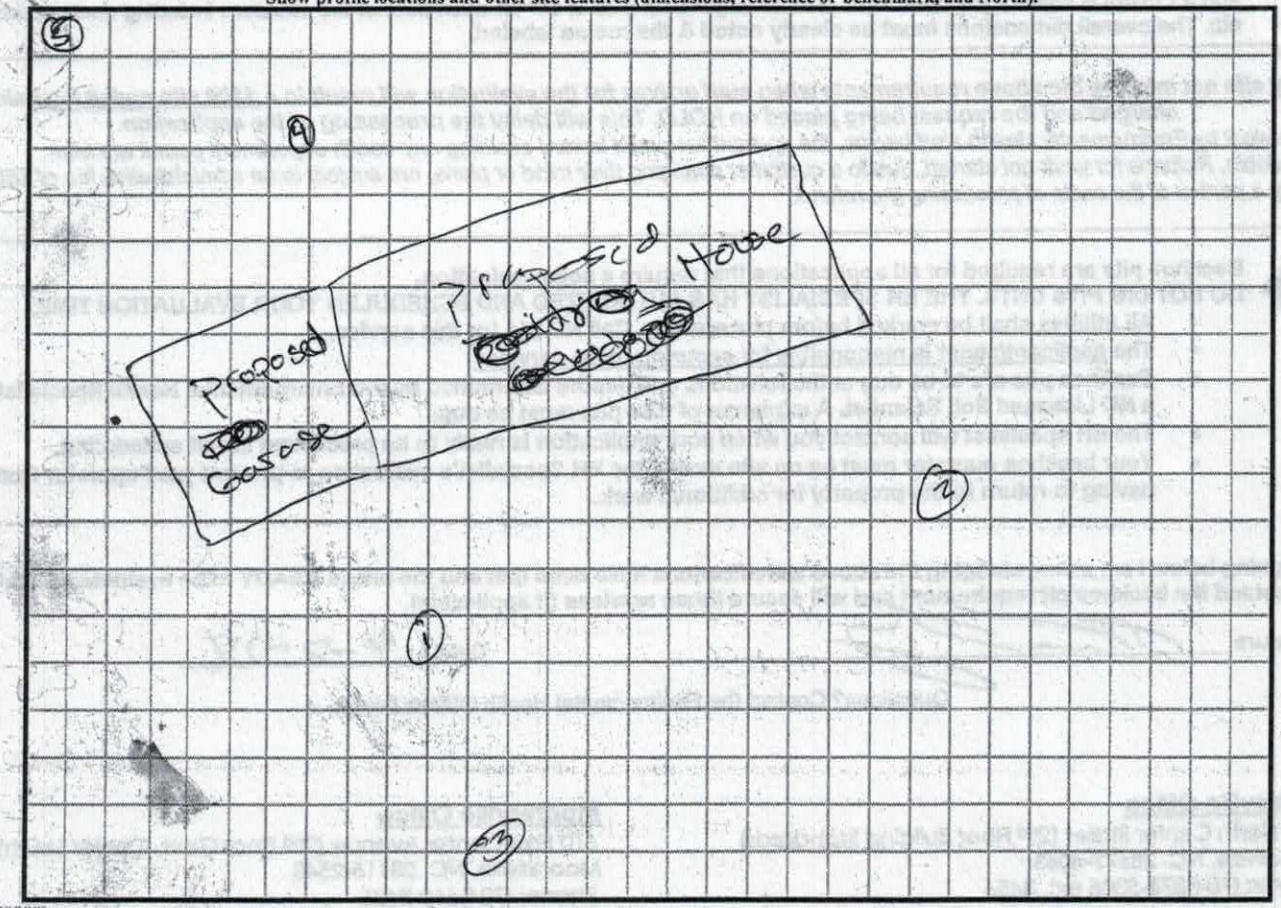
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

232326.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Durham Carpentry Inc	131 Kincaid Dr Troutman NC 28166	704-363-7167	704-528-1017
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Evan Flucy	238 Lippard Springs Ct NC 28677	704-929-9735	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
146 Field Haven Place Troutman	Kelly Forest Ls	Lot 55 PH 3 Sect 2

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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) 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 ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: _____ 1-19-18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Evan Flinn, am the legal owner(s) of the property located at 146 Feldmeier Place Troutman NC 28166 identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dax Dotson Durham Excavating 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	1.19.18		1-19-18

Please return this signed form to the appropriate office:

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

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:

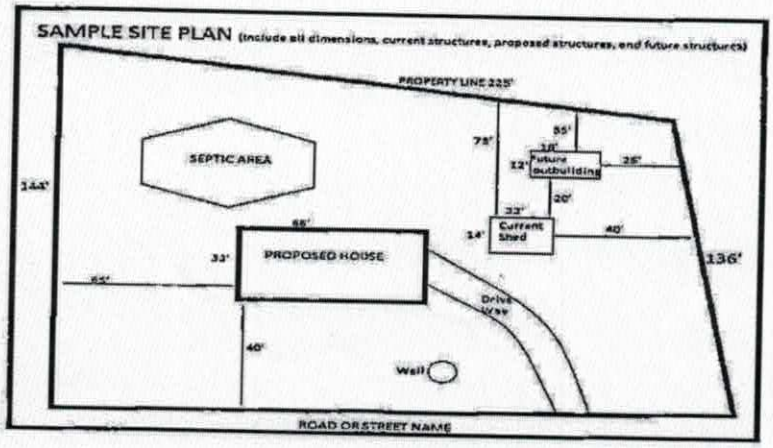
- X **Property Line measurements are clearly identified...**
- Y **All proposed structures are indicated...**

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

- X **Front and side setbacks from property line...**
- X **Area you prefer your septic system to be placed...**
- X **Preferred driveway location and configuration, preferred well location...**
- X **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

See Attached Survey

Signature: _____

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

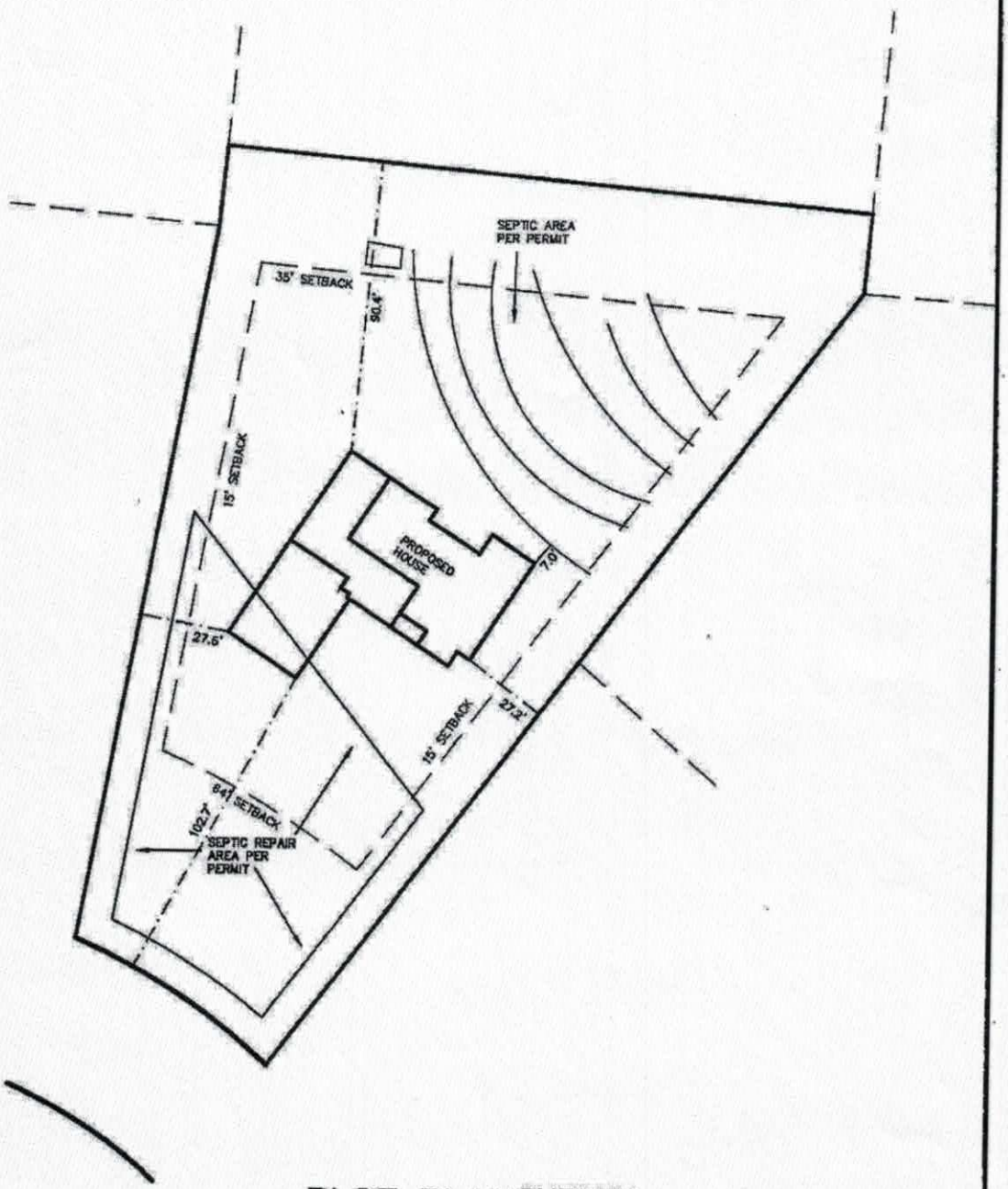
11-19-18

DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book_____, page_____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the _____, day of _____, A.D. 20_____.

WILLIAM M. ALLEN, PLS



PLOT PLAN SURVEY

OF

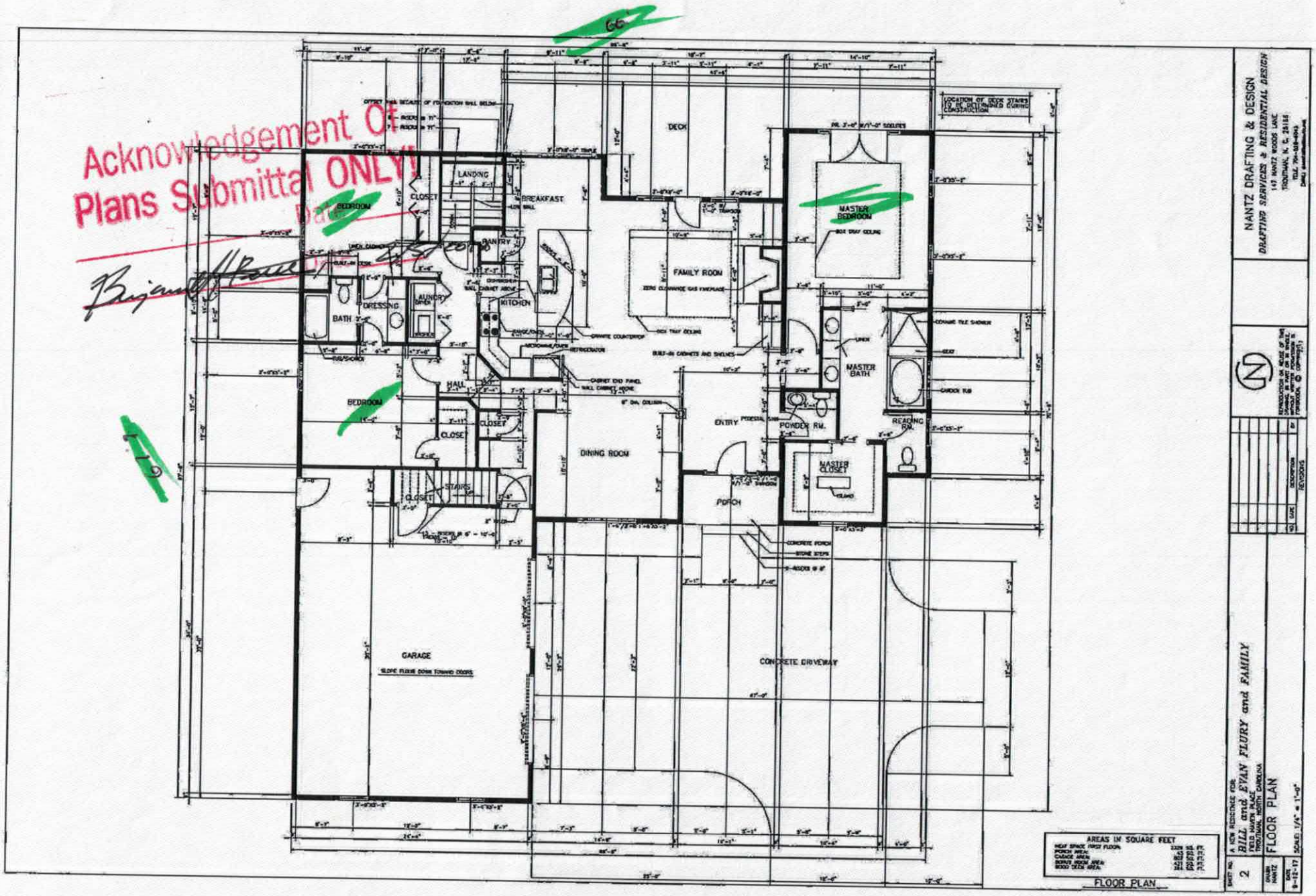
ROAD

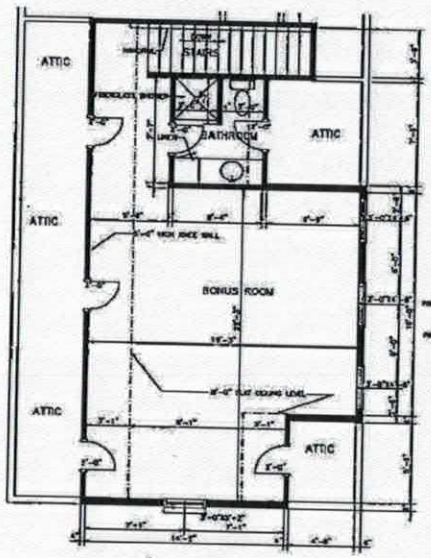
LOT 55 KELLY FARMSTEADS, PH. 3, SEC.T 2

SCALE 1" = 40'

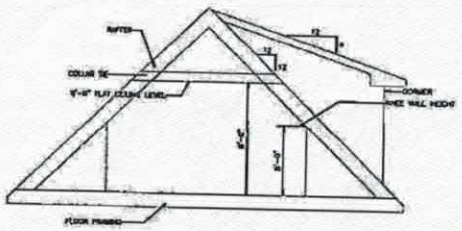
ACQUIRED BY:

FIELD BOOK:
FILE:
DC FILE:
TAX MAP NO:

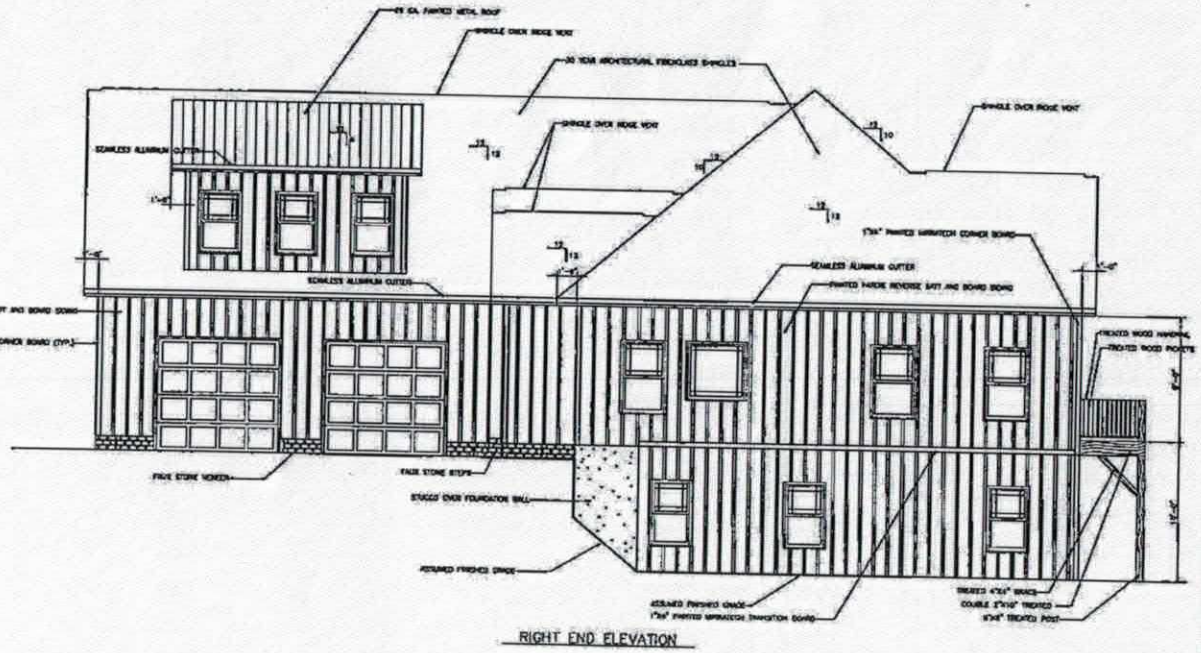

Acknowledgement Of
Plans Submittal ONLY!
Date
66'
611
LANDING
CLOSET
BEDROOM
BREAKFAST
PANTRY
DECK
LOCATION OF DECK STAIRS TO BE DETERMINED DURING CONSTRUCTION
MASTER BEDROOM
FAMILY ROOM
LAUNDRY
DRESSING
BATH
KITCHEN
HALL
BEDROOM
CLOSET
CLOSE
CLOSET
DINING ROOM
ENTRY
POWDER RM.
MASTER BATH
READING RM.
MASTER CLOSET
PORCH
CLOSET
STAIRS
GARAGE
SLOPE FLOOR DOWN TOWARD DOORS
CONCRETE DRIVEWAY
CONCRETE PORCH
STONE STEPS
AREAS IN SQUARE FEET
FLOOR PLAN
NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
A NEW RESIDENCE FOR:
BILL and EVAN FLURY and FAMILY
FIELD HAVEN PLACE
TROUTMAN, NORTH CAROLINA
FLOOR PLAN
SCALED: 1/4" = 1'-0"
DRAWN: NANTZ
DATE: 8-12-17
SHEET NO. 2



BONUS ROOM FLOOR PLAN



ROOF FRAMING PROFILE FOR BONUS ROOM



RIGHT END ELEVATION

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
147 NANTZ WOODS LANE
TROUTMAN, N. C. 28166
TELE. 704-528-6643
EMAIL jnantz@carolina.rr.com

NO.	DATE	DESCRIPTION	BY
		REVISIONS	

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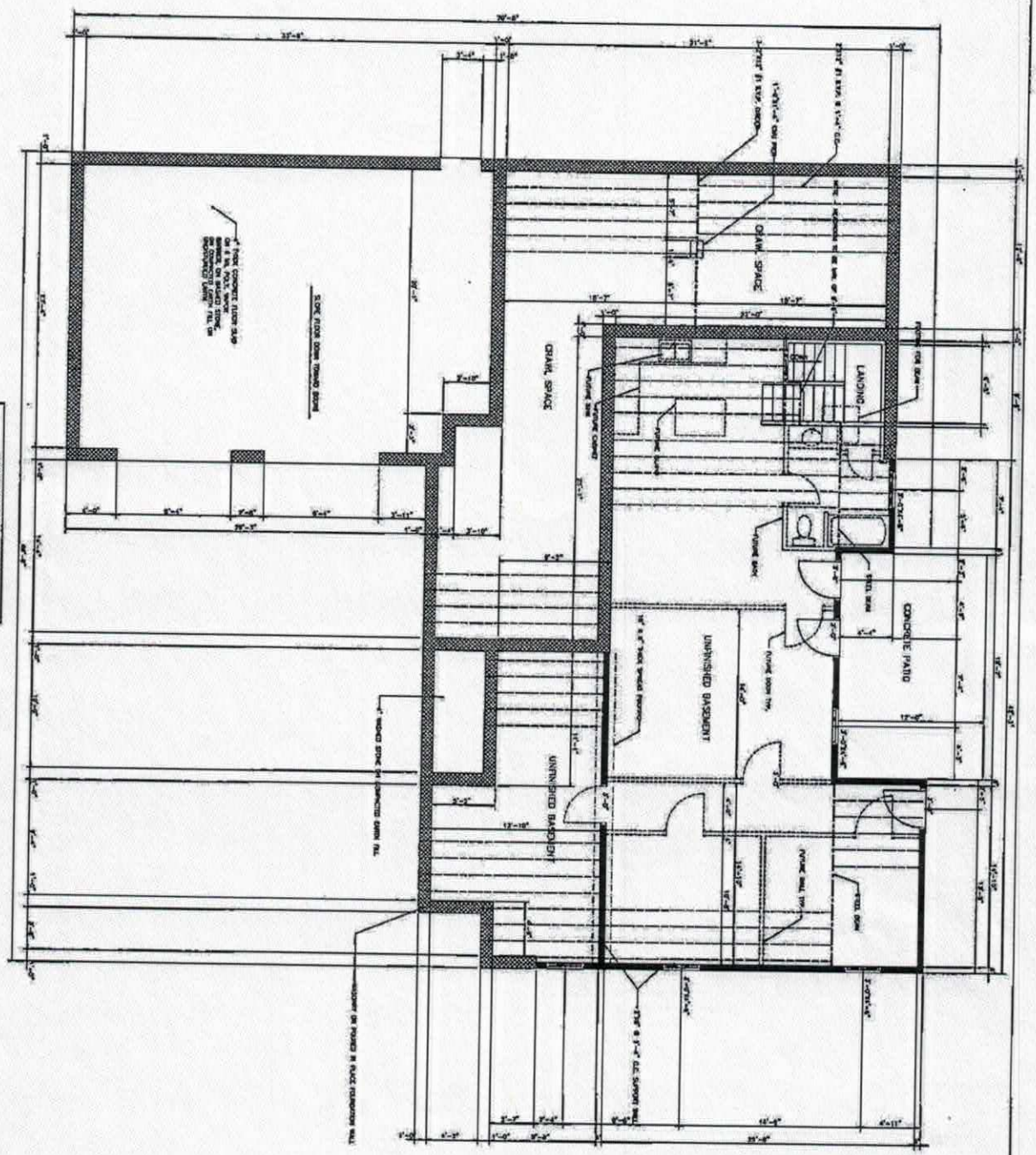
SHEET NO. 4

A NEW RESIDENCE FOR:
BILL and RYAN FLURY and FAMILY
FOLD HAVEN PLACE
TROUTMAN, NORTH CAROLINA

DRAWN: NANTZ
DATE: 3-12-17

RIGHT END ELEVATION
BONUS ROOM FLOOR PLAN

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



BASEMENT & FOUNDATION PLAN

AREAS IN SQUARE FEET

SHEET NO.	A NEW RESIDENCE FOR:			
1	*BILL and EVAN FLURY and FAMILY*			NANTZ DRAFTING & DESIGN
	FIELD HAVEN PLACE TROUTMAN, NORTH CAROLINA			*DRAFTING SERVICES & RESIDENTIAL DESIGN*
DRAWN NANTZ	BASEMENT & FOUNDATION PLAN			147 NANTZ WOODS LANE TROUTMAN, N. C. 28166 TELE. 704-528-6043
DATE 9-12-17	SCALE: 1/4" = 1'-0"	NO. DATE DESCRIPTION BY REVISIONS	REPRODUCTION OR REUSE OF THIS DRAWING, IN PART OR IN WHOLE, WITHOUT WRITTEN PERMISSION IS FORBIDDEN. © COPYRIGHT	EMAIL: dnantz@earthlink.net